

# Suicide Awareness and Prevention

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## Objectives

Within a multicultural context:

- Learn about the risk and protective factors for suicide
- Identify signs and symptoms of suicide
- Assess risk for suicide
- Identify prevention and intervention resources

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## The Global Problem of Suicide

- Globally, every year, almost one million people die from suicide – one death every 40 seconds.
- Suicide rates have increased by 60% worldwide in the past 45 years.
- Suicide is the second leading cause of death among 10-24 years age group.
- Suicide attempts are up to 20 times more frequent than completed suicide.
- Worldwide, this issue has not been adequately addressed because of:
  - a basic lack of awareness of suicide as a major problem
  - the taboo in many societies to discuss it openly

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## Suicide in the U.S.

- 38,364 people completed suicide in the U.S. in 2010 – an average of 105 people each day.
- Over 487,700 people with self-inflicted injuries were treated in U.S. emergency departments in 2011 – an average of 1335 people each day.
- Suicide is the third leading cause of death among persons aged 15-24.
- Suicide is the second leading cause of death among persons aged 25-34.
- Many people who have suicidal thoughts or make suicide attempts NEVER seek services.

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## WHO – Mental Health Facts

- Mental disorders are one of the most prominent and treatable causes of suicide.
- Half of mental disorders begin before age 14.
- Depression is ranked as the leading cause of disability worldwide.
- More than half of the people who complete suicide are aged between 15 and 44.
- Rates of mental disorder tend to double after emergencies (war, major disasters)
- Levels of stigma are higher in urban areas and among people with higher levels of education.
- There is a lack of integration with primary care.

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## Suicide - Facts

- Suicide is a complex problem. There is no single cause, no single reason.
- It results from a complex interaction of biological, psychological, social, cultural and environmental factors.
- While it is not possible to explain why some complete suicide while others in similar or worse situations do not, we do know that MOST suicides can be prevented.
- Primary health care staff are closely connected to and accepted by a community.
- Their knowledge of the community allows them to gather support from family, friends, organizations.
- They are accessible, knowledgeable, available, and committed to providing care.

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## Risk Factors

- Previous self-destructive or suicidal behavior
- Personal/family history of suicide/psychiatric disorder
- Alcohol or other form of substance abuse
- Any type of loss of parent or loved one
- Social isolation and/or alienation
- History of trauma, abuse, violence, or neglect
- Barriers to accessing health care/treatment
- Easy access to lethal means
- Unwillingness to seek help because of stigma
- Problems with sexual identity
- Cultural/religious beliefs that support suicide
- Loss of job, income, unemployment, benefits

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## Risk Factors – Immigrants

- Family conflict – violence, low levels of support, parent-child
- Acculturation issues – loss of family, culture, language, status, identity, lifestyle, framework of identity
- Gender role issues
- Feeling a lack of purpose, burden to family and society
- Stigma of mental illness
- Pressure to do well
- PTSD/Survivor Guilt?

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## Maslow's Hierarchy of Needs



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## Protective Factors

- Supportive and caring family and friends
- Basic needs are met
- Access to medical and mental health care
- Restricted access to lethal means of suicide
- Connectedness to community, school, organizations
- Learned skills and behaviors
- Access to immediate and ongoing support and care
- Cultural and religious beliefs that discourage suicide
- Cultural identification – greater sense of belonging

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## Warning Signs/Symptoms

- Threatening to hurt or kill oneself
- Seeking access to means
- Feeling hopeless, worthless, trapped, lack of purpose
- Acting recklessly, impulsively, increased risk-taking, NSSI
- Increased alcohol or drug use, increased aggression
- Withdrawal from family, friends, activities
- Difficulty with adjusting to gender identity
- Giving away prized possessions
- Talking or writing about death and dying
- Heightened fixation with death or violence
- Agitation, violent mood swings, changes in personality
- Having a dramatic change in mood

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## Working With Immigrants

- Common Somatic Symptoms: insomnia, low back pain, headaches, abdominal pain, limb pain, sexual dysfunction, fatigue, shortness of breath, dizziness, leg cramps, numbness
- May not express symptoms in Western psychiatric terms
- May not have words for psychiatric illness in their culture
- Recognize the resiliency that the individual has shown
- Educate and advocate – coach on self-care, sleep hygiene, social support.
- Help in educating about new environment.

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## Assessment – First Things First

- Create a safe environment.
- Establish rapport and trust.
- Let the person know you are concerned and willing to help.
- Do not express a negative judgment
- Appear confident – this can be reassuring
- ASK directly: Are you having thoughts of suicide?
- ASK directly: Are you thinking about killing yourself?
- Check: Have they made previous attempts?
- Check: Have they been using alcohol or other substances?

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## Assessment – Clarify

- To assess risk factors:
- Have you wished you could go to sleep and never wake up?
- Do you wish you were dead?
- On a scale of 1-10, with 10 being very bad, how bad do you feel right now?
- Have you thought about a way to end your life?
- How long have you had these thoughts?
- Are you able to divert your thoughts?
- To assess protective factors:
- What has kept you from completing suicide until now?
- What has given you hope until now?
- How will those close to you be affected if you kill yourself?

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## Assessment - Patient Safety

- Know your agency policy and follow it.
  - Always inform a supervisor or colleague to help and support.
  - Never leave an actively suicidal person alone.
  - Never use guilt and threats to try to prevent suicide.
  - Never agree to keep a plan secret.
- DO:
- Help a person identify past supports.
  - Involve the person in decision making.
  - Call law enforcement if the person has a weapon or is behaving aggressively.

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## Points to Remember

- The needs and wants of people from a refugee background are diverse and may change over time. Recognize their strength and resilience factors.
- Culture, which enables us to make sense of the world, is not static or fluid.
- Stigma relating to mental illness is present in all cultures.
- Risk factors are universal across cultures.
- Be aware of your own attitudes, values, and beliefs. They might not be similar to those with whom you work.
- Recognize your limits.

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## Resources

- [http://whqlibdoc.who.int/hq/2000/WHO\\_MNH\\_MBD\\_00.4.pdf](http://whqlibdoc.who.int/hq/2000/WHO_MNH_MBD_00.4.pdf)
- [http://refugeehealthta.org/files/2012/04/RHTAC\\_QPR\\_training\\_slides.pdf](http://refugeehealthta.org/files/2012/04/RHTAC_QPR_training_slides.pdf)
- <http://www.afsp.org/understanding-suicide>
- <http://store.samhsa.gov/shin/content//SMA09-4432/SMA09-4432-a.pdf>
- **National Suicide Prevention Lifeline: 1-800-273-TALK(8255)**

### Handouts:

- Suicide and Violence Risk Assessment – Fairfax-Falls Church CSB

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## References

- [http://www.who.int/mental\\_health/prevention/suicide/suicideprevent/en/index.html](http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/index.html)
- [http://www.cdc.gov/violenceprevention/pdf/suicide\\_factsheet\\_2012-a.pdf](http://www.cdc.gov/violenceprevention/pdf/suicide_factsheet_2012-a.pdf)
- [http://www.who.int/features/factfiles/mental\\_health/mental\\_health\\_facts/en/index.html](http://www.who.int/features/factfiles/mental_health/mental_health_facts/en/index.html)
- <http://pb.rcpsych.org/content/25/5/161.full>
- [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6226a2.htm?s\\_cid=mm6226a2\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6226a2.htm?s_cid=mm6226a2_w)
- <http://www.healthandlearning.org/documents/7.19VTMentalHealthandRefugeeSuicidePresentation7.19.2012.pdf>
- <http://samaritansnyc.org/wp-content/uploads/2013/02/NYC-Suicide-Prevention-Resource-Guide-2013.pdf>

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