

Supporting People *at Risk of Suicide*

Worcester Addresses Childhood Trauma
Collaborative for Youth and Community Justice at Clark University
Kiva Centers



September 20, 2022

Steven J. Karaiskos, PhD
Senior Director of Community Education & Outreach

Goals for Today

- Raise awareness about suicide
- Learn and practice how to...
 - Actively listen
 - Ask about suicide
 - Get help for those having thoughts of suicide
- Reflect on grief support
- Take care of yourself during and after the workshop
- Spread some hope

Things to remember:

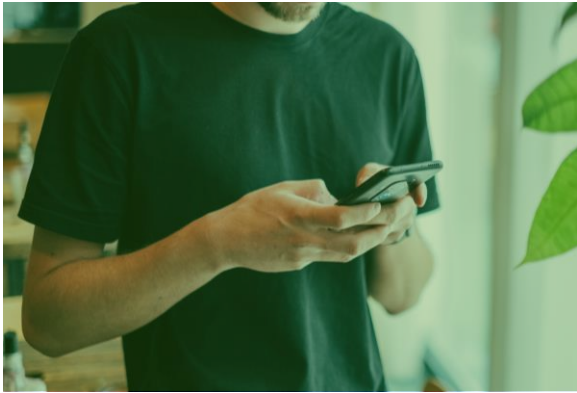
- Suicide is a heavy topic
- Take care of yourself as needed during this time and after this presentation
- Ask questions (I won't be able to monitor chat will leave time for questions/reflections at the end)
- Reach out if you need help
- Visit www.samaritanshope.org for information



samaritans

you are not alone

Our Programs



24/7 Helpline



Community
Education &
Outreach



Grief Support
Services

Samaritans 24/7 Helpline

(877) 870-4673 (HOPE)

Call or Text

Free | Confidential | Anonymous







- In 2020, Congress designated a new three-digit dialing code – 988 – that will route callers to the existing [National Suicide Prevention Lifeline](#) (NSPL). The new three-digit code will take effect on July 16, 2022.
- Switching to a three-digit number means that callers who might be experiencing suicidal thoughts, who are at risk of suicide, or who are struggling with emotional distress will be able to call 988, an easy-to-remember number.

Reflection

Preston Mitchell

Director of Advocacy &
Government Affairs with
The Trevor Project

"Two realities can exist at the same time: this new three-digit code is a groundbreaking step forward toward addressing mental health crises in this country, but significant work must be done to ensure that it can provide safe, effective, and equitable life-saving services to all who reach out."

To Acknowledge

- The world of suicide prevention and research has a lot of work to do in support of underserved and minority communities impacted by suicide
- Samaritans is actively engaged with this focused work and is looking for partners within these communities to connect, collaborate, and communicate

Mental Health

What are the first words that come to mind when you hear “mental health”?

Please put your words in chat...

Suicide prevention is...

HOPE

A small, vibrant green seedling with three leaves grows from a crack in a grey asphalt surface. The word "HOPE" is written in large, bold, semi-transparent white letters across the middle of the image, with the plant's stem passing through the letter 'O'. The background is a blurred outdoor setting with soft, out-of-focus lights.

THINGS WE DO KNOW...

ENGAGEMENT, BURNOUT, & STRESS

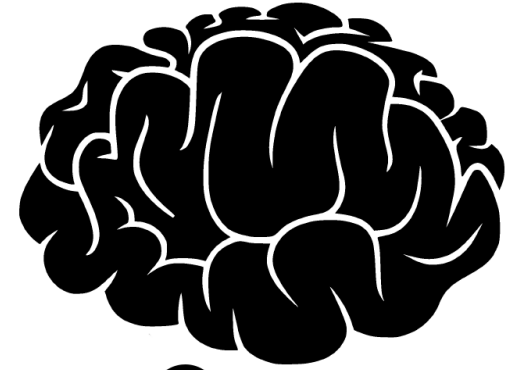
- 20-40% of students are disengaged at school
- 50-60% of employees are disengaged at work
- 85% of teachers say work/life balance is impacting and affecting their ability to teach
- 13% of employees say they are “miserable”

- Yale Center for Emotional Intelligence, 2021

Is there a mental health
crisis?

Yes

And, the way we talk about
it, frame the conversation,
and provide culturally
competent supports is
critically important



**STOP
THE
STIGMA**



Suicide Prevention is HOPE...

- Teaches skills to help oneself
- Teaches skills to help a another
- Builds skills applicable throughout life - personally and professionally
- Lessens stigma
- Increases connection
- Increases conversation about challenging topics
- Builds community
- Empowers the individual

Complexity *of* Suicide

- Suicide is often described as a point at which pain exceeds an individual's ability to cope
- In order to reduce stigma, language change from “died by suicide,” from “commit suicide”
- Many layers and narratives to every human – the same is true for suicide

Suicide Facts & Figures



10th

leading cause of death
overall for all ages



45-64

year-olds have the highest
reported suicide rate,
specifically white males;
second highest rate
occurred in those 85+



3.6x

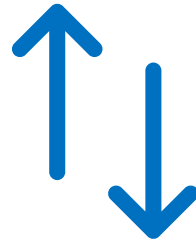
as many men die by suicide
compared to women,
though women attempt
more often

Suicide Facts & Figures



48,344

people die by suicide annually in the U.S., with more than 1.3 million attempts nationwide



States with the highest rates of suicide include Montana, Alaska, Wyoming, & New Mexico
States with lowest include Rhode Island, Massachusetts, New Jersey, & New York



800,000

people die by suicide annually in the world – one person every 40 seconds

Youth & Suicide

2nd

leading cause of death
for youth ages 10-24

1 in 6

high school students report
having thoughts of suicide

2X

as many lesbian and gay youth
report having suicidal thoughts,
compared to straight peers

Communities at higher risk:

Black, Latinx, and Indigenous youth, LGBTQ+ folks, and
those involved in child welfare and imprisonment system

College Students & Suicide

40%

of college students
suffer from depression

4.8%

of college students have
attempted suicide in their
lifetimes

1 in 12

college students has
a suicide plan

22%

of college students have
suicidal thoughts

80-90%

of college students who die by
suicide were not receiving help
from college counselors

LGBTQ+ Community & Suicide

3.5X

as many LGB youth have attempted suicide compared to straight peers

40%

of transgender adults reported having made a suicide attempt

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of high school students who identify as gay, lesbian, bisexual, or questioning have seriously considered suicide



each episode of harassment or abuse increases the likelihood of self-harming behavior by 2.5x

24%

of young teen deaths by suicide occurred in those identifying as LGBTQ+

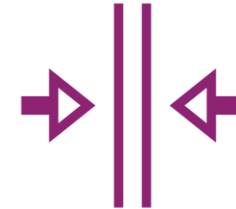
Young Women & Suicide

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increase in women's
suicide rates between
2000 and 2016 for all ages

4%

increase in suicide rate
expected for women of all ages



discrepancy between male and
female suicide rates is narrowing,
and has been since 2007

3X

increase in suicide rate for women
ages 10-34 from 2000 to 2016

People of Color & Suicide

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as many Black youth (5-12) die by suicide than white youth of the same ages



suicide rates for Black men are rising faster than other races

4X

as many LGBTQ+ youth of color die by suicide compared to those outside of this group

Suicide in the Black Community

- Approximately 3,254 Black American die by suicide each year, with the lifetime prevalence of suicidal ideation for Black Americans is estimated at 11.7%
- Rates of suicide death among Black men increased by 25.3% between 2007-2017

*-Sean Joe, Ph.D., MSW, Race & Opportunity Lab, Brown School
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Reflections on Suicide *within* Communities



Lack of access to culturally competent healthcare



Socioeconomic conditions



Cultural differences



Lack of information & understanding



Stigma



Trauma



Language



Unique individual and/or collective societal history & experiences

Risk Factors



family history of suicide



previous suicide attempts



physical/mental illness or depressive disorders



physical, sexual, domestic, verbal, and child abuse/trauma



substantial loss (relational, social, work, financial, etc.)



facing oppression and injustice, such as racism and/or sexism



substance use or addiction, including behavioral addictions



lack of access to healthcare



challenges that LGBTQ+ people face, particularly youth



homelessness

Warning Signs



talking, writing, or joking about death, dying, or suicide



direct statements like *"I'm tired of being a burden"* or *"No one would miss me if I were gone"*



changes in weight, appetite, hygiene, or appearance



sleeping too little or too much



declining school or work performance



impulsive behavior or seeking lethal means



loss of pleasure or interest in hobbies and activities



giving away prized possessions and putting one's affairs in order



extreme mood swings, including a sudden mood lift



withdrawing from friends, family, or society

Resiliency & Risk Mitigating Factors



sense of purpose and hope



effective behavioral healthcare



life skills (problem solving, coping, adapting, etc.)



asking for help



family and social support and connections



limiting access to means



interests, hobbies, and goals



faith and/or values



ability to express emotions



sense of humor

Suicide Myths and Facts

Myth

No one can stop a suicide, it is inevitable.

Myth

Asking a person about suicide will only make them angry and increase the risk of suicide.

Fact

Directly asking about suicidal intent lowers anxiety, opens up communication and lowers the risk of an act of self-destruction.

Suicide Myths and Facts

Myth People considering suicide keep their plans to themselves.

Fact Most people considering suicide communicate their intent sometime during the week preceding their attempt.

Myth Once a person decides to attempt suicide, there is nothing anyone can do to stop them.

BREATHE





BREATHE



How Can You Help Someone?



Listen



Ask



Get Help

Listen




Active Listening



Active Listening is the intent to "listen for meaning", in which the listener checks with the speaker to see that a statement was correctly heard and understood.

Active Listening When Someone is Struggling

Allow the person who's talking express their emotions without judgment.



Listen with the intent to understand their experience



Respond to further understand the person's experience.



Listen with your heart not your words

RSA
SHORT



“What makes something better is connection.”

-Brene Brown



So how do you respond?

Reflections

Validations

Open Ended Questions

Reflections

Communicates that we've heard what someone has said and checks our understanding of what someone has told us.



Types of Reflections

Simple (Mirroring)

Repeating verbatim what has been said

Paraphrasing

Using our own words to restate what has been said

Summarizing

Capturing multiple thoughts that were stated

Complex

Noticing a theme or related thoughts stated earlier in the conversation and connecting it to what has been said

Validations

Conveys that we have heard an emotion and that emotion makes sense, is normal, or the pain of the emotion is very real.

Validations identify an emotion and says why that emotions makes sense.



Normalizing not Personalizing

We want to avoid “I” statements when validating because it may accidentally turn the conversation around to be about us.

Good ways to begin a validation

It's only natural to...

It's understandable to...

It's normal to...

It makes sense...

Anyone would...

No one would...

That would be ___ for anyone...

It can ___ to...

It must be ___ to...

Using Caution with Validations

Be careful that your validation doesn't accidentally affirm something negative that someone has said. Validate emotions, not experiences/situations.

Open-Ended Questions

Questions that typically aren't answered with a one-word response.

Often start with "how" or "what" (it's important to avoid "why" questions)

Explores the emotions of an experience rather than the factual details of
the situation



Exploring the Experience

- What was/is it like for you...?
- How was it/is that for you...?
- How did/does it feel when...?
- How did you experience...?

Clarifying Questions

- How so?
- When you say ____, what do you mean?
- What does ___ mean to you?

Narrowing the Focus

- What was/has been the hardest part...?
- What do you fear most about...?
- What do you miss most about...?
- Of all the things you're facing, which is causing you the most pain?

Steering Towards the Pain

Steer ourselves towards someone else's pain. This means we don't give suggestions or focus on ways to feel better. We won't try and silver line their experiences but rather sit with them in the pain and focus on that. We want to communicate that we are comfortable hearing their pain and create a safe space for them to share.



How to talk with someone experiencing suicidal thoughts

Tips for asking someone if they are feeling suicidal.

- If you have cause for concern, don't wait, ask the question
 - Be gentle but to the point (using a reflection can help here!)
- Don't be afraid to ask someone directly and use the word "suicide"
- Talk to the person in a private setting
- Allow the person to talk freely
- Give yourself plenty of time to respond, but don't be quiet for TOO long

Direct Approach to Asking about Suicide

When possible, it's best to ask someone directly if they are thinking about suicide:

- *It seems like you have had a lot going on recently and you are feeling overwhelmed. I'm wondering, are you feeling suicidal?*
- *I can hear how hard it's been coping with everything and that you just don't feel like living is worth it. When you say that it makes me wonder, are you thinking about killing yourself?"*

Indirect Approach to Asking about Suicide

It can be scary to ask someone directly if they are feeling suicidal. If you aren't comfortable with the direct approach, you can ask them more indirectly:

- *I can see that you've been really struggling. Do you feel like you've gotten to a point where you don't want to keep living?*
- *Do you ever wish you could go to sleep and never wake up?*

Ask

If the person says yes, they are feeling suicidal, stay calm and gain more information by asking the following questions:

- **Plan:** *Have you thought about how you might take your life, if you were to?*
- **Means:** *Have you thought about what you may use to take your life, if you were to?*
- **Access to means:** *Where are you in relation to [the means] right now?*
- **Timeframe:** *If you were to take your life, have you thought about when you may do so?*

Get Help



Get Help

- Convene with others and work together – never worry alone
- Ask the person if there is anyone that you can call together
- Connect them directly with someone who can help (counselor, social worker, doctor)
- Help them make arrangements to get help
- Give them resources that they can access immediately (Samaritans, Interface)



If someone's life is in imminent danger and they have already taken steps to end their life

Call 911

Get Help - Considerations

911

- Can be traumatic, especially for those with police trauma
- Racial considerations for people of color
- Some Police Departments do not have clinicians that ride along, nor do they have mental health de-escalation training

Emergency Services Teams

- Teams dedicated to psychiatric crises; organized by catchment area
 - For those with MassHealth call 877-382-1609 and enter zip code
- Depending on insurance you may need to present to closest emergency room

Samaritans 24/7 Helpline

(877) 870-4673 (HOPE)

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988

SUICIDE
& CRISIS
LIFELINE

Keep listening and involve them in getting help

Breathe deeply, stay calm and engage with the person to reduce their stress (and yours!). Keep reflecting, validation, and asking questions to continue learning about their experience and feelings. Then start working towards next steps.


"Will you go with me to get help?"

"Can you work with me until we've found some help?"

"Will you let me help you get help?"

Safety Planning

Safety planning actively engages the person who you are concerned about to use the tools that may work best for them to stay alive



“Would you be willing to discuss ways you could stay safe?”

1. Internal Coping Strategies
2. External Coping Strategies
3. People I can ask for help
4. Professional resources
5. A safer environment

Manage Your Reactions

- Show that you're calm
- You don't need have all the answers
- Know that there are others to support you
- Be mindful of your limitations and know when to reach out

Where do you feel?

Consider how you feel about this process and what you can do.



**Postvention –
support for
those grieving
after a loss**

Postvention – support for those grieving from a loss to suicide

What to say - *Though it can be awkward or uncomfortable:*

Acknowledge the situation. Example: "I heard that _____ died by suicide."

Always make sure you choose an appropriate time and place to have a conversation like this, so your friend can feel safe talking to you about their loss.

Express your concern. Example: "I'm sorry to hear that this happened. I am here when you need me."

Reflect on their emotions. Example: "You're sad and confused about why all this happened."

Postvention – support for those grieving from a loss to suicide

Be genuine in your communication, and don't hide your feelings.

Example: "I'm not sure what to say, but I want you to know I care."

Offer your support. "I want you to know I'm here for you. Tell me what I can do."

Ask how they feels

Listen – be willing to listen without judgement, argument, or criticism

Listening when someone is grieving

Accept and acknowledge all feelings.

Let the grieving person know that it's OK to cry in front of you, to become angry, or to break down. Don't try to reason with someone over how they should or shouldn't feel.

Be willing to sit in silence.

Let your friend talk about the suicide.

Offer comfort without minimizing the loss.

Comments to avoid...

"I know how you feel." We can never know how another may feel. Instead, it may be more helpful to ask your friend how they feel.

"Look at what you have to be thankful for." Your friend there are things to be thankful for, but part of grieving is being able to experience the feelings of sadness and loss.

"They are in a better place now." Your friend may or may not share your religious beliefs. It's best to keep your personal spiritual beliefs to yourself unless asked.

"This is behind you; it's time to get on with your life." Moving on is easier said than done. Grief has a mind of its own and works at its own pace. Giving room to grieve is important in the recovery process.

Saying, **"You should..." or "You will..."** Advice-giving, especially when unsolicited, is rarely helpful. Instead, you could begin your comments with: **"Have you thought about..." or "You might..."**



Well-Being & Self-Care

Side Effects



Creating an ethos of well-being with self-care activities

- Multifaceted and can include elements of wellness that go beyond mental and physical
- How do you take care of yourself professionally?
- How do you practice self-care throughout the work day? The school day? On week nights? On weekends?



Physical



Emotional



Environmental



Financial



Intellectual



Social



Spiritual



Occupational



i am
taking care
of myself
today by

Artist: Carissa Potter Carlson / peopleiveloved.com

Final Thoughts (for today)

- We all have a role to play in suicide prevention
- Active, nonjudgmental listening goes a long way
- For many, thoughts of suicide are temporary and with time and support, things can get better
- Take care of yourself by engaging in a relaxing or enjoyable activity



The human soul doesn't want to be
advised or fixed or saved.

It simply wants to be witnessed...exactly as it is.

—Parker Palmer

Samaritans 24/7 Helpline

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Call or Text

Free | Confidential | Anonymous



New Support



Feeling overwhelmed?

We understand. Hey Sam is a support line for young people, staffed by young people.

Text for any reason, 9AM - 9PM.

text: 1-877-832-0890





988

**SUICIDE
& CRISIS
LIFELINE**

SEPTEMBER
**SUICIDE
PREVENTION**
AWARENESS MONTH



Reach out for
support/ideas



Back-to-School Panel

Advocating for LGBTQ+ Youth

Thursday 9/22
6pm



Saturday
Sept. 24, 2022

Join us
*Create a team with
your students, walk as
a school, run as an
individual, volunteer*



Moment of Compassion

Taking care of you can sometimes means finding joy, belonging, compassion, and/or gratitude

Consider a compassionate action you may do in the next 24 hours for
yourself

Consider a compassionate action you may do in the next 24 hours for
someone else

Contact Us

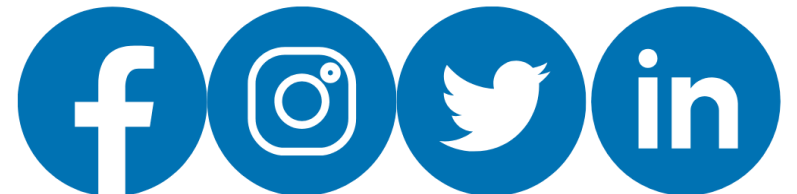
Steven J. Karaiskos

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Any Questions?





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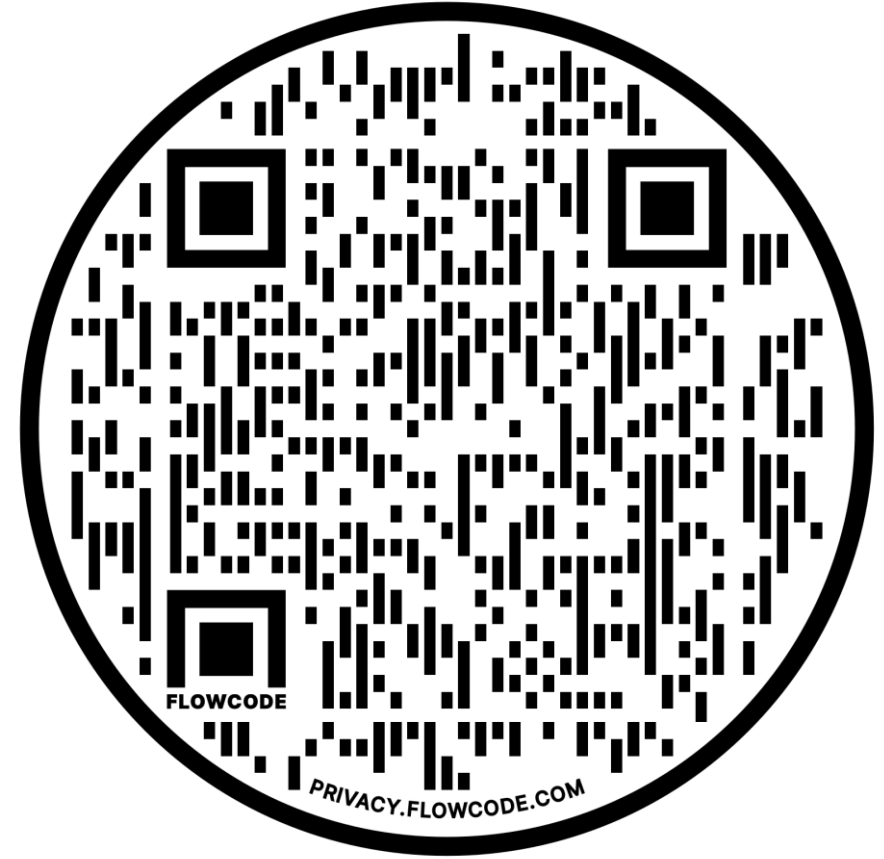
you are not alone

Help Our Program

Your feedback helps us continue to improve our suicide prevention workshops!

<https://tinyurl.com/Samaritansadultsurvey>

This link has been posted in the chat.. Please open it now and take a few minutes to complete it or complete it after the workshop has ended.



Appendix

A: Resources



Resources

- **Samaritans Statewide Crisis Helpline**
877-870-4673 or texting/chatting (SamaritansHope.org)
- **National Suicide Prevention Hotline**
800-273-8255 or texting/chatting (SuicidePreventionLifeline.org)
- **The Trevor Project for LGBTQ Youth Crisis Line**
866-488-7386 or texting/chatting (TheTrevorProject.org)
- **Veterans Crisis Line**
800-273-8255, Press 1 or texting/chatting (VeteransCrisisLine.net)
- **Local Emergency Services Programs (ESPs)**
877-382-1609 and enter zip code
- **Interface Referral Service**
888-244-6843, 9am – 5pm



Resources to learn more

- [Zero Suicide Project](#)
- [Question, Persuade, Refer](#)
- [Stanley Brown Safety Plan](#)
- [SPRC Counseling on Access to Lethal Means \(CALM\) Training](#)
- [Collaborative Assessment and Management of Suicidality \(CAMS\)](#)
- [American Association of Suicideology \(AAS\)](#)
- [Nock Lab - Harvard University](#)



Resources in the Community

- [NSPL](#)
- [Samaritans, Inc.](#)
- [Samaritans Southcoast](#)
- [Samaritans on Cape Cod & the Islands](#)
- [Samaritans of Merrimack Valley](#)
- [Call2Talk](#)

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Resources *for the* LGBTQ+ Community

- Trevor Project
 - Provides crisis intervention and suicide prevention services to LGBTQ+ young people under 25
 - <https://www.thetrevorproject.org/>
- Trans Lifeline
 - Grassroots hotline and micro-grants organization offering direct emotional and financial support to trans people in crisis
 - <https://www.translifeline.org/about>

Resources *for* Postvention

- **Samaritans' Grief Support Services**

- SafePlace meetings, Survivor to Survivor Visits, and information regarding grief after suicide

- GSS@Samaritanshope.org

- [Grief Support Services Request Form](#)

- **Riverside Trauma Center**

- Critical incident services to community spaces following a traumatic event, including death by suicide

- riversidetraumacenter.org or (781) 433-0672

TBI and Suicide Research

- Rates and Predictors of Suicidal Ideation During the First Year After Traumatic Brain Injury

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4056207/>

- Association of Concussion With the Risk of Suicide

<https://jamanetwork.com/journals/jamaneurology/fullarticle/2712851>

Appendix

B: Data & Statistics



Youth & Suicide

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leading cause of death
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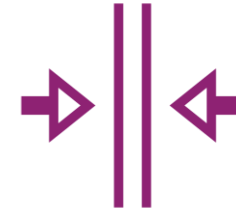
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More data/statistics about specific communities and identities impacted by suicide can be found in Appendix B

Risk Factors *for* Youth



low self-esteem



exposure to stigma



challenges at home (i.e. divorce)



family history of mental health disorders



self-harm or injury



poor coping or problem-solving skills



social isolation



school stress and high expectations



bullying and cyberbullying



access to lethal means

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