

Crisis prevention planning is meant to prepare individuals for times when life seems too hard to manage.

# **Session 11**

## **Suicide Prevention and Planning for Crisis Situations**

Is designed to support conversations about planning for future crisis situations. It includes tips and resources on what to do if someone comes to you for support in a crisis situation.

## **Suicide Myths and Facts**

***Myth: There is nothing that can be done if someone wants to take their own life.***

**Fact:** Suicide is preventable. People who consider suicide don't necessarily want to die but do want their pain to stop. Getting the person into treatment is the best way to help them.

***Myth: People who consider suicide are crazy.***

**Fact:** Most people who attempt suicide have a medical condition or chemical imbalance that puts them at risk for suicide. It can result from prolonged or intense stress. It can result from health conditions like depression, heart disease, or diabetes. It can be a side effect from medications. It can be from changing hormone levels. It can be from alcohol or drug use.

***Myth: Talking about suicide will encourage people to do it.***

**Fact:** Research has shown that asking someone in crisis about their intentions and plans does not encourage them to do it. It is important to take any talk about wanting to die seriously. Don't joke about it. Don't dare them to do it.

***Myth: People who attempt suicide are of weak character.***

**Fact:** Thinking about, planning for, or attempting suicide has nothing to do with one's character. Good people can experience depression and suicidal thoughts.

***Myth: People who talk about wanting to die won't really do it.***

**Fact:** Talking about wanting to die, not having a reason to live, and being a burden to others are warning signs for suicide. It should be taken seriously.

***Myth: People who are suicidal will always be suicidal.***

**Fact:** People who get treatment may never become suicidal ever again. In the short-term, people who do attempt suicide may try repeated attempts. Follow-up care is very important for someone who has attempted suicide.

***Myth: Young people are the ones who usually take their own lives.***

**Fact:** Suicide rates are much higher for adults than for youths. The suicide rate is highest for adult men. Their deaths do impact young people. Counseling can often help a family who has experienced a loss due to suicide.

***If you or someone you know needs to talk to someone about suicide, call the National Suicide Lifeline 1-800-273-8255 and 988. (The Lifeline and 988 provides free, confident support 24/7.)***

## **How to talk to someone who may be struggling**

***If a person says they are considering suicide, have an honest conversation***

If you think someone is thinking about suicide, ASSUME you are the only one who will reach out.

Here's how to talk to someone who may be struggling with their behavioral health.

- Be direct. Talk openly and matter-of-factly about suicide.
- Ask directly about suicide.
- Be willing to listen. Allow expressions of feelings. Accept the feelings.
- Be non-judgmental. Don't debate whether suicide is right or wrong, or whether feelings are good or bad. Don't lecture on the value of life.
- Get involved. Become available. Show interest and support.
- Don't dare him or her to do it.
- Don't act shocked. This will put distance between you.
- Don't be sworn to secrecy. Seek support.
- DO Offer hope that alternatives are available but do not offer glib reassurance.
- Act. Remove means, like weapons or pills.
- If unsure - Get help! Follow your agency's protocol, call 988

**Never keep it a secret if someone tells you about a plan to hurt themselves. Call 988 so that you can find out what resources are available in your area, or encourage your loved one to call. Calls are routed to the Lifeline center closest to your area code that can provide you with local resources.**

## **KNOW THE LINGO**

### **What Are Risk Factors?**

Risk factors include characteristics or circumstances that indicate an increase in the chance of that person dying by suicide. Risk factors are important to determine as they help alert gatekeepers (friends, family members, health professionals, etc.) of heightened suicide risk.

- Mental health disorders; particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders
- Alcohol and other substance use disorder
- Local clusters of suicide
- Lack of social support and sense of isolation
- Stigma associated with asking for help
- Lack of health care, especially mental health and substance use treatment
- Cultural and religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma
- Exposure to others who have died by suicide (in real life or via the media and Internet)
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Major physical illnesses or chronic illnesses
- Previous suicide attempt
- Family history of suicide
- Recent job or financial loss
- Recent loss of relationship
- Easy access to lethal means

## What are Protective Factors?

Protective factors are characteristics that make a person less likely to engage in suicidal behavior. Moreover, protective factors can promote resilience and ensure connectedness with others during difficult times, thereby making suicidal behaviors less likely.

- Effective clinical care for mental, physical and substance use disorders
- Easy access to a variety of clinical interventions
- Restricted access to highly lethal means of suicide
- Strong connections to family and community support
- Support through ongoing medical and behavioral health care relationships
- Skills in problem solving, conflict resolution and handling problems in a non-violent way
- Cultural and religious beliefs that discourage suicide and support self-preservation

*This list comes from SAMSHA's Suicide Prevention Resource Center document, "Risk and Protective Factors for Suicide." To view the Examples of Risk and Protective Factors in a Social Ecological Model visit SAMSHA at <https://www.samhsa.gov/>*

## What is 988?

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In July of 2022, 988 became the national three-digit phone number for all mental health, substance use, and suicide crises. 988 calls will be routed to the National Suicide Prevention Lifeline centers in each state, transitioning from the current Lifeline number, 1-800-273-8255. 988 offers rapid access to behavioral health support through connection with trained crisis specialists. While 988 will be available nationally, it is up to each state to ensure crisis services are adequately funded and available to anyone, anywhere, anytime. Missouri's 988 Task Force is developing a 988 plan and exploring long-term funding options.

988 is opening the door to a robust crisis system that can de-escalate mental health crises and connect individuals to the most appropriate care. With 988 as the first component of our system, we hope to see:

- A change in the community response to behavioral health crises
- A decrease in suicides and other poor mental health outcomes
- A reduction in health care spending and use of law enforcement with more cost-effective early intervention

## How will it work?

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When someone calls, chats, or texts 988, they can expect to be connected to a crisis specialist who is trained and prepared to deliver support to anyone experiencing a crisis. Because a crisis is defined by the person or family experiencing it, the crisis specialist will engage with the person to understand and address the person's unique concerns and needs. The intervention may include assessment, stabilization, referral, and follow-up for individuals at high risk for suicide and/or poor mental health outcomes. If a higher level of care is needed, the crisis specialist will work with the caller and other supports to connect them to a mobile crisis response team to respond to the person in the community.

## When should you call 988?

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Anyone in need of crisis support for themselves or someone else should call 988 starting on July 16, 2022. Until that time, help can be found at 1-800-273-8255.

For more information visit the Missouri Department of Mental Health's Website at [www.dmh.mo.gov/behavioral-health/988-suicide-and-crisis-lifeline](http://www.dmh.mo.gov/behavioral-health/988-suicide-and-crisis-lifeline)

Session 11 – Review questions – Suicide Prevention and Planning for Crisis Situations

- 1) What is 988?
  
- 2) What are protective factors?
  
- 3) True or False: When someone is suicidal, be direct. Talk openly and matter-of-factly about suicide.