



Part V

Other Possible Situation

Seminar #25

“Suicide Prevention”

Introduction

Suicide, addiction, and depression have a very close and interconnected relationship. More than 90% of people who fall victim to suicide suffer from depression, have a substance abuse disorder, or both. Depression and substance abuse combine to form a vicious cycle that all too often leads to suicide. Many who experience such severe depression (as a result of Major Depression, Bipolar Disorder, Obsessive Compulsive Disorder, and other conditions) frequently turn to drugs, alcohol, gambling, and other risky behaviors to numb their pain and/or alleviate their negative feelings.

However, substance abuse and addiction increase the severity and duration of depressive episodes, despite any temporary relief they may provide, actually greatly increasing the likelihood of suicidal thoughts (suicidal ideation).

This is exacerbated by the fact that addiction frequently damages or destroys familial, professional, personal, and financial relationships, further increasing the risk of suicide. Even worse, many substances severely impact judgment, leading to suicide attempts.

Common Risk Factors

Some of the most common risk factors for suicide include:

- Suicidal thoughts
- Previous suicide attempts
- Depression
- Drug and alcohol abuse
- Family/community history of suicide
- Family history of violence and/or sexual abuse
- Previous incarceration
- Violent behavior towards others

Individuals with a substance abuse disorder are nearly six times as likely to attempt suicide at some point in their life.

Of all addictions, perhaps none is more likely to result in suicide than opioid addiction. In 2015, over 33,000 Americans died from opioids. Due to the nature of overdose, it is impossible to know how many of these deaths were accidental and how many were suicides. Men with an opioid use disorder were twice as likely to fall victim to suicide, and women with an opioid use disorder were eight times as likely to fall victim to suicide. Opioid use is associated with a 40%-60% increased likelihood of suicidal thought, and a 75% increased likelihood of suicide attempt. Some studies suggest that opioid and injection drug users are 13 times as likely to die by suicide.

Common Warning Signs

The most common warning signs for suicide include:

- Expressing a desire for death
- Expressing a feeling of being trapped
- Acting agitated or anxious
- Reckless behavior
- Isolation from friends and family
- Avoiding social situations
- Abandoning hobbies or other sources of enjoyment
- Insomnia
- Heavy drug and alcohol use
- Extreme irritability
- Hopelessness
- Sudden decrease in work or academic performance

Children of Parents that Use Drugs

Over the past 15 years, the suicide rate among young people in the United States has increased dramatically, researchers pointed out, as has opioid use among adults.

“Until now, there has been little focus on the association between the increase in opioid use among adults and the risk of suicidal behavior by their children,” said study senior author Robert D. Gibbons, PhD, a biostatistics professor and director of the Center for Health Statistics at the University of Chicago in Illinois. “We theorized such a link was plausible because parental substance abuse is a known risk factor for suicide attempts by their children. In addition, depression and suicide attempts by parents—which are known to be related to suicidal behavior in their offspring—are more common among adults who abuse opioids.”

Silent Contributor to Overdose Deaths

As the toll of opioid-overdose deaths in the United States rises, we face an urgent need for prevention. But preventing such deaths will require a better understanding of the diverse trajectories by which overdoses occur, including the distinction between intentional (suicide) and unintentional (accidental) deaths, be they in patients with chronic pain who overdose on their opioid analgesics or in those with a primary opioid use disorder (OUD).

Interventions to prevent overdose deaths in suicidal people will differ from interventions targeted at accidental overdoses.

Yet most strategies for reducing opioid-overdose deaths do not include screening for suicide risk, nor do they address the need to tailor interventions for suicidal persons. Moreover, the inaccuracy of available data on the proportion of suicides among opioid-overdose deaths — which are frequently classified as “undetermined” if there is no documented history of depression or a suicide note — hinders deployment of appropriate prevention services. (NEJM)

At Immediate Risk

- Call 911 or the Suicide Prevention Lifeline (1-800-273-8255), which is available 24/7
- Take your child to the nearest emergency room
- If you or anyone in your household owns a gun, knife or other dangerous weapon, place these items in a safe, securable location
- Remove any other objects that could be harmful
- Make sure your child isn't left alone
- Remove any medications that a child could use to overdose

Having Suicidal Thoughts

- Take any and all statements related to suicide seriously
- Talk to your child to figure out exactly what's causing these thoughts
- Approach the situation calmly and make sure your child knows you are there to provide understanding, love and support
- Find a therapist that can provide professional support to your child, and possibly a psychiatrist or psychologist if a medical course of treatment is deemed necessary
- Work together to create a plan that avoids people or situations that trigger these thoughts
- Keep track of their social media activity; consider monitoring their phones to watch for bullying or other harmful behavior
- Consider an in-patient rehabilitation program
- Get him or her involved in some sort of physical activity to increase endorphins

At Immediate Risk

- Call the college campus health center and let them know the student is exhibiting dangerous behaviors
- Call 911 and ask them to go to your child's dorm room
- Call the resident director of your child's dorm and ask them to assess the situation to ascertain the best course of action
- Ask campus security or local police to go check on your child
- Ask one of their friends to stay with your child until help can arrive
- If the school isn't far away, drive there yourself to check on your child
- Having Suicidal Thoughts
- Encourage your child to go see a therapist or counselor, on or off campus, if they haven't already
- Find out if your child has been taking any prescribed medications regularly
- Reinforce your love and support
- Ensure you're speaking regularly and encourage your child to call you whenever help is needed
- Remind your child that it's fine to take time off from school if it's too overwhelming
- Suggest transferring to a school that's closer to home
- Encourage them to speak to their RD and professors to let them know of the situation and ask for help, if needed

We strongly recommend you visit this sight for more information:

<https://www.accreditedschoolsonline.org/resources/suicide-prevention/>



Part V
Other Possible Situation

Seminar #25
"Suicide Prevention"

The Seminar Goals:

1. The attendee will be able to name the four (4) domain parts in the family system.
2. The attendee will be able to identify how the degree of functionality and potentiality of each family member will impact the outcome of dealing with a family issue.
3. Using the "Functionality & Potentiality Worksheet", the attendee will be able to provide their understanding of each family members role in working to meet a desired family outcome.



Issues a family face

Worried about Suicide? Learn the Facts

Are you concerned that someone you know may be at risk for suicide? Your first step in helping may be as simple as learning the FACTS or warning signs. The following signs may mean that a youth is at risk for suicide, particularly if that person attempted suicide in the past.

FEELINGS

- Expressing hopelessness about the future.

ACTIONS

- Displaying severe/overwhelming pain or distress.

CHANGES

- Showing worrisome behavioral cues or marked changes in behavior, including withdrawal from friends or changes in social activities; anger or hostility; or changes in sleep.

THREATS

- Talking about, writing about, or making plans for suicide.

SITUATIONS

- Experiencing stressful situations including those that involve loss, change, create personal humiliation, or involve getting into trouble at home, in school or with the law. These kinds of situations can serve as triggers for suicide.

Suicide is a preventable problem.

By taking the time to notice and reach out to a peer, you can be the beginning of a positive solution.

Don't Forget - Youth Suicide Prevention is Everyone's Business!

If you notice any of these warning signs, you can help!

1. Express your concern about what you are observing in their behavior
 2. Ask directly about suicide
 3. Encourage them to call the National Suicide Prevention Lifeline at 800-273-TALK (8255)
 4. Involve an adult they trust
- Remember, if you have IMMEDIATE concern about someone's safety, call 911 right away!



Obstacles a family is likely to face

Should I talk to my child about suicide?

A lot of people get confused by this. Just like you would want to talk about drug or alcohol use with your child, it's important to address the issues of suicide. It's a myth that talking about suicide can plant the idea in someone's mind. Kids hear about suicide from a variety of sources and this is nothing new to them. In fact, talking about it can be a real relief. It's like having a secret you feel no one will want to hear; once you can talk about and expose it to reality, you have a much better chance of figuring out what to do about it.

School counselor suggested mental health counseling.

Usually school counselors base these kinds of referrals on their professional experience. This recommendation was most likely developed in response to concerns from your child's teachers or a conversation the counselor had directly with your child. First, talk to the counselor to find out why she's concerned. Try not to be defensive. Remember that the school is obviously concerned that something you may not be aware of is going on and that your child may benefit from professional help.

It's important for you to understand why the counselor is making this referral because you'll need this information when you speak with a mental health professional. Most mental health agencies will have releases you can sign that give them permission to talk with the school directly. The school's input can be critical to make sure that your child gets the services needed. It may be helpful to know that those releases only go one way. What that means is that the school has permission to share information with the counselor, but unless you specify, the counselor does not have permission to share information with the school.



Solutions to Issues and Obstacles

Suicide can happen... it's a real danger for adolescents. It is important to educate yourself about the things that may signal your child could be at risk. A good way to organize your thinking about youth suicide's warning signs is the acronym FACTS:

F-stands for feelings. Feelings of hopelessness, anger, worthlessness, emptiness, anxiousness, or excessive worry are examples of feelings that should really concern us. Talking about being a burden on the family or being trapped in a horrible place from which they can't escape should also get our attention.

A-indicates actions. Actions include things like trying to get access to a gun or pills, risky or dangerous behaviors, increasing drug or alcohol use, or getting into fights. Bulling someone else or being bullied are also actions of concern. Self-harm behaviors also fit into this category as do looking online for ways to die or hurt one's self. Your child may suddenly stop going to school or ask to leave school early. Schools have told us that some of the actions they pay attention to during the school day are frequent visits to the school nurse or to the restroom, and problems at lunch or in the cafeteria.

C-indicates changes in moods, attitudes or behaviors. For example, kids who were active may become withdrawn, quit athletic teams, stop paying attention to personal appearance, daydream more, or start to cut class. It would be impossible to list all the potential behaviors you might see... so concentrating on simply recognizing changes in your child's behaviors, from as little as two weeks ago, is the real key.

T-shows that some kids "Talk" about suicide or actually make "Threats. These can be specific verbal statements, like "I don't want to live anymore" or "I'm thinking of killing myself" or worrisome innuendos in text messages, blogs, or school assignments. When these statements or messages aren't in sync developmentally with your child's peers, you may want to explore their meaning. For example, for a 7-year-old to be preoccupied with bombs and superheroes is developmentally appropriate; if a 12-year-old shares those same preoccupations, you would be wise to see what's going on. Whether the statements are specific or vague, what these threats tell us is that a child is thinking about death or suicide - and that's why we need to be concerned.

S-refers to "Situations" that may serve as triggers for a suicide or suicide attempt. These are situations where your child's coping skills are really challenged... and he or she may not think they have a way out. These can include circumstances like getting into trouble at home, in school, or experiencing the loss of something or someone important like a death, the end of a relationship or something less concrete like the loss of a hope or a dream. Some children are very undone by changes in their environment. Being exposed to the death of a peer or a role model is also a situation you want to talk about. (You'll find a handout under the 'parent tab' that can give you some help with that conversation.)

Scales for Assessing Suicide

See also: [*Assessment of suicide risk § In practice*](#)

- Beck Scale for Suicide Ideation
- Nurses' Global Assessment of Suicide Risk
- Suicidal Affect-Behavior-Cognition Scale (SABCS)^[9]
- [Columbia Suicide Severity Rating Scale](#)

**We strongly recommend visiting this site:
<https://www.sptsusa.org/not-my-kid/>**

VIDEO ONE:



ASSIGNMENT VIDEO: On www.youtube.com/

Search Title: Suicide Assessment of Client with Initially Subtle Warning Signs of Suicide

Duration: 22:01 min

Link: <https://www.youtube.com/watch?v=P2a9102jifM>