

**SUICIDE:
BREAKING THE
SILENCE**

**INFORMATION
and
DISCUSSION GUIDE**

Colorado
PTA[®]
everychild.one voice.

Dear PTA/PTSA Members:

We hope that you will use this informational program and accompanying discussion guide as a means of thinking about and educating yourself, friends, community groups, fellow community members, colleagues and others about the issues of depression and suicide. The discussion guide is meant to serve as a starting point and offers suggestions on how to begin to openly discuss issues of mental health and suicide. In addition, we have included various local, state, and national resources that can serve as additional means of education on depression, suicide, and suicide prevention. We hope that the initial discussion and self-directed learning will educate, raise awareness, and combat the stigma of suicide.

Thank you for your interest.

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DISCUSSION TOPIC: What is the definition of suicide?

Discussion question: What is the definition of suicide?

Invite members to share.

Possible answers:

- Self-murder
- Killing oneself on purpose
- Religious beliefs
- Death with dignity (terminal illness)
- Result of mental illness

SUMMARY:

Mayo Clinic:

Suicidal thoughts have many causes. Most often, suicidal thoughts are the result of feeling like you can't cope when you are faced with what seems to be an overwhelming life situation. You may experience a sort of tunnel vision, where in the middle of a crisis you believe suicide is they only way out.

Medical Dictionary:

Suicide is defined as the intentional taking of one's own life. Prior to the late 19th century, suicide was legally defined as a criminal act in most Western countries. In the social climate of the early 2000's, however, suicidal behaviors is most commonly regarded and responded to as a psychiatric emergency.

DISCUSSION TOPIC: Stigma – Why isn't suicide and/or mental health talked about?

Discussion Question: What is the definition of stigma surrounding suicide and/or mental illness?

Invite members to share.

Definition:

Merriam Webster / Dictionary.Com

Stigma:

- a mark of shame
- discredit
- an identifying mark or characteristic
- a specific diagnostic sign of a disease
- a mark of disgrace or infamy
- a mental or physical mark

Other discussion questions might also be:

- Related to stigma what issues of suicide and/or mental illness have you ever experienced or witnessed?
- What are some ideas you have to decrease the stigma surrounding suicide and mental health?

SUMMARY:

Suicidologists have long recognized how society stigmatizes those who complete suicide and their surviving relatives. Historical records show that during the Middle-Ages suicide corpses were regularly mutilated to prevent the unleashing of evil spirits; suicides were denied burial in church cemeteries; afterwards, property of surviving kin was usually confiscated and families excommunicated. Today analysts claim suicide stigma is more subtle with blame being cast upon survivors and survivors being subjected to informal isolation and shunning. Today it is often noted that stigmatization promotes more grief difficulties and mental health problems for survivors.

The Stigma of Suicide and How it Affects Survivors' Healing, by William Feigelman, Ph.D.
<http://www3.ncc.edu/faculty/soc/feigelba/stigmaashortversion.pdf>

People with mental illness represent, perhaps, one of the most deeply stigmatized groups in American culture. Many of the over 46 million Americans who suffer from some type of mental health disorder may describe and define stigma using one of these words or phrases: hate, discrimination, prejudice, fear inducing, humiliating, hurtful.

SCENARIO: The following scenario may help answer the question, “What is stigma?” Imagine you have breast cancer. Now imagine that instead of NFL football players supporting your illness by wearing sneakers with pink cleats and pink logos on their jerseys, society blames you for your illness. Imagine others looking at you with accusing eyes and whispering about you behind your back when they find out you have breast cancer. Imagine feeling fearful of seeking proper medical help because you are afraid you will lose your job if anyone finds out about it.

People with mental disorders must cope with this type of stigma on a daily basis. But why should they? Mental illness is a disease just like cancer. No one wants to develop cancer. No one wants to deal with mental illness either.

Healthy Place for Your Mental Health
<https://www.healthyplace.com/stigma/stand-up-for-mental-health/what-is-stigma/>

DISCUSSION TOPIC: Suicide Myths – True / False

Suicide carries with it many myths and misconceptions. This is because it is such a difficult subject to understand and talk about.

Unfortunately, misconceptions and myths can be dangerous because they demonstrate a lack of understanding that could prevent vulnerable people from getting the right help they need at the right time.

It is vital that we get to the bottom of these suicide myths. But first let's start with a true or false test.

_____ Suicide is the 2nd leading cause of death among young people ages 15-24 in the United States?

TRUE

_____ Among teenagers, more girls than boys try to kill themselves?
Can you tell me the methods that girls use?

TRUE: *Over dose of medication and/or asphyxiation*

_____ Every 1 hour and 25 minutes a young person dies by suicide in the United States?

TRUE

_____ For men/boys the most common method of suicide is the use of a firearm?

TRUE

_____ For every 1 suicide there are 25 attempts?

TRUE

_____ Colorado is ranked 5th in the nation in most suicides?

TRUE: *As of February 2018*

NOTE: The following myths convey only a small number of myths that surround suicide.

Ask members to answer. When complete ask members if they may know of more.

MYTH # 1 – Talking about suicide or asking someone if they feel suicidal will encourage suicide attempts?

FACT: Talking about suicide provides the opportunity for communication and to express thoughts and feelings about something they may have been keeping secret. Discussion brings it into the open and allows an opportunity for intervention.

MYTH # 2 – If a person is serious about killing themselves then there is nothing you can do?

FACT: You might think there is very little you can do when someone appears to be in complete turmoil, but it is important to realize that their feelings are probably temporary. Feeling actively suicidal usually only lasts for a short period of time and that allows for enough time to find help.

MYTH # 3 – Suicide only strikes people of a certain gender, race, financial status, age, etc.

FACT: Suicide can strike anyone.

MYTH # 4 – People who talk about suicide when under the influence of alcohol or drugs do not need to be taken seriously?

FACT: Anyone who talks about suicide should be taken seriously. Alcohol and other medications or drugs are a component of many suicides.

MYTH # 5 - When someone seems to be suicidal someone else will take care of it? It is not my business to interfere.

FACT: Suicide is a community responsibility. Any concerned person can make a difference. Many distraught people do not have networks of support to fall back on – so step up and don't look away.

MYTH # 6 – Suicide is painless?

FACT: Many suicide methods are very painful. Fictional portrayals of suicide do not usually include the reality of the pain.

MYTH # 7 – If a person attempts suicide and survives they will never make a further attempt?

FACT: A suicide attempt is regarded as an indicator of further attempts. It is likely that the level of danger will increase with each further suicide attempt.

MYTH # 8 – The only effective intervention for suicides comes from professional psychotherapists with extensive experience in the area?

FACT: Professionals rely heavily on family and friends to provide a network of support.

DISCUSSION TOPIC: What You Can Do to Help

GET HELP! The best thing you can do for someone who is suicidal is to get help immediately. Prior to calling 911, talk to the person. Don't argue with the person, just be empathetic to the situation and promise that you are going to get help. Once you ask a few questions about the person's situation, determine how likely you think the person will carry out the act. Ask:

- Whether the individual has a plan
- Whether the person has a method
- If the person knows when it would do it
- Ask if the individual still has an intention

If the person says they have a plan and method, you may want to recruit extra help. If you are able to remove potentially lethal methods from the person's possession, take this step.

QUESTION: What are the three most common methods of suicide? Invite members to share.

ANSWER:

1. Firearms – remove from the home until safe and/or stored in a gun safe with only limited individuals having the key/code.
2. Alcohol - It may not be wise to keep alcohol in the home when someone is at risk.
3. Medications – make sure that all medications are in a safe and secure place. This is also true if family and friends have medications that are easily available.

Continue to offer help and support and encourage the individual to seek treatment. Also come up with a safety plan of contact to further minimize the risk of self-harm. It takes a lot of courage to intervene when someone is suicidal, but at the end of the day, you know that you may have saved someone's life.

TAKE IT SERIOUSLY

- All suicide threats and attempts must be taken seriously.

BE WILLING TO LISTEN

- Take the initiative to ask what is troubling the individual and persist to overcome any reluctance to talk about it.
- If professional help is indicated, the person is more apt to follow such a recommendation if you have listened.

- If the person is depressed, don't be afraid to ask whether the person is considering suicide, or even if they have a particular plan or method in mind.
- Do not attempt to argue anyone out of suicide. Rather, let the person know you care and understand, that the person is not alone, that suicidal feelings are temporary, that depression can be treated and that problems can be solved. Avoid the temptation to say, "You have so much to live for," or "Your suicide will hurt your family."

IN AN ACUTE CRISIS

- Take the person to an ER or walk-in clinic at a psychiatric facility.
- Do not leave the person alone until help is available.
- Remove from the vicinity any firearms, drugs or sharp objects that could be used in a suicide attempt.
- Hospitalization may be indicated and may be necessary at least until the crisis abates.
- If a psychiatric facility is unavailable, go to the nearest hospital or clinic.
- If the above options are unavailable, call your local emergency number (911) or **CALL COLORADO CRISIS SERVICES at 1-814-493-8255.**
- Be actively involved in encouraging the person to see a physician or mental health professional immediately. Individuals contemplating suicide often don't believe they can be helped, so you may have to do more.
- You can make a difference by helping the person in need of help to find a knowledgeable mental health professional or reputable treatment facility.

REMEMBER

A simple way to remember what to do in a crisis situation is to remember:

A - ask		A - ask
C - care	or	C - care
E - escort		T - tell

DISCUSSION TOPIC: What are the Warning Signs?

The emotional crisis that usually precedes suicide are often recognizable and treatable.
Discussion Question: What are the warning signs of suicide and/or depression?

Invite members to share what they think warning signs are.

After discussion distribute the warning signs handout and continue the discussion.

SUMMARY:

The emotional crisis that usually precedes suicides is often recognizable and treatable. One can help prevent suicide through early recognition.

According to the American Foundation for Suicide Prevention (AFSP): “Most suicides give some warning of their intentions. The most effective way to prevent a loved one from taking their life is to recognize when someone is at risk, take the warning signs seriously, and know how to respond.”

50 to 70% of those considering suicide will give someone a warning sign.

Suicide Warning Signs Resources:

- American Foundation for Suicide Prevention (AFSP)
(<https://afsp.org/about-suicide/risk-factors-ad-warning-signs/>)
- American Association of Suicidology
(<http://www.suicidology.org/ncpys/Warning-Signs-Risk-Factors>)
- Mayo Clinic Patient Care and Health Information
(<https://www.mayoclinic.org/diseases-conditions/suicide/symptoms-causes/syc-20378048>)
- National Alliance of Mental Illness (NAMI)
(<https://www.nami.org/Learn-More/Know-the-Warning-Signs>)
- Suicide Prevention Resource Center
(http://www.sprc.org/sites/default/files/resource-programs/RS_warningsigns.pdf)

HANDOUT - SUICIDE WARNING SIGNS

- A severe drop in school or work performance
- An overwhelming sense of shame or guilt
- Being hopeless, helpless, worthless
- Change in appearance becoming less concerned about personal appearance
- Change in personality
- Deep sadness
- Doing risky or self-destructive things such as using drugs/alcohol then driving recklessly
- Emotionally high one day and deeply depressed the next
- Feeling trapped or hopeless about a situation
- Getting the means to take one's own life such as buying a gun, knowing where a family gun is located
- Giving away personal items and/or possessions
- Having mood swings
- Having trouble concentrating or thinking clearly
- Having no sense of purpose in life
- Increasing alcohol or drug use
- Losing interest in things once cared about
- Making comments such as, "it would be a better place if I wasn't here," or "the family would be better off without me"
- Perceives one's self to be a burden
- Preoccupied with death, dying or violence
- Restlessness and/or irritability
- Saying goodbye to family and friends without explanation
- Searching online for methods of committing suicide
- Seeing no reason for living
- Showing signs of anger and/or rage or talking about revenge
- Sleeping too little or too much
- Stockpiling medication
- Sudden calmness – suddenly becoming calm after a period of depression or moodiness can be a sign that the person has made a decision
- Talking about suicide and/or making suicide statements
- Unexpectedly writing a will
- Wanting to be left alone
- Withdrawal from social contact – family, friends, class mates, co-workers
- Writing letters about death, songs, poems, separation, and loss

HANDOUT - RESOURCES: Informational

- Adolescent Coping with Depression (CWD-A)
(http://www.ori.org/files/Static%20Page%20Files/ACWDadolescent_workbook.pdf)
- All Health Network: Emergency /Crisis Intervention
(303-730-3303), Appointments (303-730-8858)
- American Association of Suicidology
(<http://www.suicideology.org>)
- American Foundation for Suicide Prevention (AFSP)
(<https://afsp.org/>)
- American Indian Life Skills Development / Zuni Life Skills Development
(<https://uwpress.wisc.edu/books/0129.htm>)
- Break Free From Depression: A Curriculum Addressing Adolescent Depression
(<http://www.childrenshospital.org/breakfree>)
- Centers for Disease Control and Prevention
(<https://cdc.gov/>) Search Suicide
- Colorado Children's Hospital Pediatric Mental Health Institute
Parent Smart Health Line (720-777-0123)
Uptake / Appointments (720-777-6200)
Resource Navigation (720-777-4878)
- Colorado Office of Suicide Prevention
(303-692-2539), (www.coosp.org)
- GLBT Center / Rainbow Alley
(303-831-0442), (www.glbtcolorado.org)
- Jed Foundation
(<https://www.jedfoundation.org/>)
- Mental Health FIRST AID Colorado
(www.mhfacolorado.org),
Training program (www.mhfacolorado.org/find-a-class)
- National Action Alliance for Suicide Prevention
(<http://actionallianceforsuicideprevention.org/>)
- National Alliance on Mental Illness of Colorado (NAMI)
(www.namicolorado.org), Help Line (303-321-3104),
(helpline@namicolorado.org)
- National Institute of Mental Health
(<https://www.nimh.nih.gov/index.shtml>)
- Second Wind Fund
(720-962-0706), Referral Line (303-988-2645)

- Society for the Prevention of Teen Suicide
(<http://www.sptsusa.org/>)
- StopBullying.gov
(<https://www.stopbullying.gov/>)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
(<https://www.samhsa.gov/>)
- Suicide Prevention among LGBT Youth
(<http://www.sprc.org/training-institute/lgbt-youth-workshop>)
- Suicide Prevention Coalition of Colorado
(<http://www.suicidepreventioncolorado.org>)
- Suicide Prevention Resource Center
(<http://www.sprc.org/>)
- Trevor Project (LGBTQ)
(www.thetrevorproject.org/pages/get-help-now)
- Yellow Ribbon Suicide Prevention Project
(<https://yellowribbon.org/>)
- Youth Suicide Prevention Program (YSPP)
(http://www.yspp.org/curriculum/HELP_curriculum.htm)

HANDOUT - RESOURCES: Immediate Referral

- 911
- Colorado Crisis Services / Rocky Mountain Crisis Partners
24 hour (1-844-493-8255 (TALK), 24 hour Text (TALK to 38255),
(coloradocrisiservices.org)
- Crisis Text Line
(www.crisistextline.org), Text (text HOME to 741741)
- National LGBT Youth Suicide Hotline (The Trevor Project)
(1-866-488-7386)
- National Suicide Prevention Lifeline
(1-800-273-8255)
- Safe2Tell
(877-542-7233)
- SAMHSA Treatment Referral Hotline
(1-800-662-4357)
- Second Wind Fund
(720-962-0706), Referral Line (303-988-2645)
- Trevor Project
(1-866-488-7386)
- Trans Lifeline
(1-877-565-9960)
- Veterans Crisis Line
(text 828255)

COLORADO CRISIS SERVICES

**If you are considering suicide and need someone to
restore hope, call crisis counseling**

1-844-493-8255

Confidential and Immediate Support 24/7/365

Text TALK to 38255

**Asking for help is a sign of strength, not weakness, and
we can assure you that recovery is possible**