

STRIPES[®]

**WORLD MENTAL
HEALTH DAY**

**SUICIDE
PREVENTION**

OCTOBER 10, 2019

THE FACTS

- Suicide is a major public health issue all over the world.
- Close to 800,000 people die by suicide annually.
- Suicide is the 2nd leading cause of death among people aged 15- 19 years.
- Every 40 seconds someone loses their life to suicide.
- 79% of global suicides happen in low and middle-income countries.
- For every suicide recorded, research indicates that at least 20 other people made an attempt.
- Apart from the actual loss of life, suicide also has a tremendously negative impact on those left behind i.e. family, friends struggling to make sense of the actions of the one who took their life.

Suicide is preventable.

RISK FACTORS FOR SUICIDE

- Mental illness especially *clinical depression*
- Chronic pain
- Significant physical illness
- History of abuse- physical, sexual, emotional
- Alcohol and substance abuse
- Cultural and religious beliefs (e.g., belief that suicide is a noble resolution of a personal dilemma)
- Loss (relational, social, work, or financial)
- Discrimination, bullying including cyberbullying
- A previous suicide attempt

MYTHS VS FACTS

Myth - Once a person is seriously considering suicide, there is nothing you can do.

Fact - Most suicidal crises are time limited and based on unclear thinking, with help these feelings or desires can be resolved.

Myth - Suicide happens without warning.

Fact - Studies show that a suicidal person often provides clues and warnings regarding their intentions. Alertness to these clues/ subtle cries for help may save their lives.

Myth - Improvement following a suicidal crisis means that the risk of suicide is over.

Fact - Most suicides occur within three months after the onset of the period of “improvement”. Relatives and health care providers should be vigilant during this period.

MYTHS VS FACTS

Myth - Asking about suicidal intentions, encourages the individual to actually commit suicide

Fact - The opposite is true, asking direct questions about suicidal thoughts will often lower anxiety levels and act as a deterrent.

HOW CAN YOU HELP?

Be Alert!

Look out for:

- Feelings of hopelessness, intense sadness or uselessness.
- Increasing alcohol or drug use.
- Decreasing or very low self esteem, self loathing.
- Withdrawal from friends and family.
- Reckless behaviour.
- Anxiety, agitation.
- Strong feelings of rage, anger, revenge.
- Episodes of Bullying.
- Saying goodbye or putting affairs in order.
- Sudden sense of calm, in the absence of a change in circumstance.
- Talking or writing about death, dying or suicide.

WHAT NEXT?

- Once it has been determined the person is at high risk for suicide, you should take action to keep them safe.
- **Gently explain that confidentiality may have to be broken in this instance, in order to seek appropriate help.**
- Ask if there is someone they would like to call (our would not mind if you called on their behalf).
- Notify Line Manager, HR and the Medical team as per Company Policy.
- Identify and notify support system-family, friends, faith groups etc.

MANAGING AN ACTIVE SUICIDAL CRISIS

- Remove guns, drugs, knives, and other potentially lethal objects from the vicinity.
- Call for help –Security, Medical.
- Ensure your personal safety.
- Don't get involved physically if the person is distressed.
- Observe from a safe position until help arrives
Ensure the person isn't left alone.
- Encourage them to talk.
- Take care of yourself, offering help to suicidal individuals can be stressful on you too.

DO's and DON'T's

DO's

- Be patient and calm.
- Listen without judging.
- Ask open ended questions.
- Show that you are listening by summarizing.
- Express empathy e.g. “I may not be able to understand exactly how you feel, but I care about you and want to help.”
- Offer hope-Reassure the person that help is available and that the suicidal feelings are temporary.
- Let the person know that his or her life is important to you.

DO's and DON'T's

DO NOT

- Interrupt with stories of your own.
- Dare them to kill themselves.
- Communicate a lack of interest.
- Use guilt or threats to prevent suicide.
- Attempt a diagnosis if you are not trained to do so.
- Deny or trivialize the persons feelings.
- Share your opinion on if suicide is wrong or right.
- Give glib advice like don't worry or cheer up!
- ***Use the word "suicide".***

SUICIDE PREVENTION

AN INDIVIDUAL APPROACH

- Rest
- Adequate Hydration and Nutrition
- Exercise
- Cut down on alcohol
- Engage in your hobbies
- Stay connected, talk about it
- Avoid toxic relationships
- Identify and minimize stressors
- Build coping skills- resilience, mindfulness practice, meditation, religious activities etc.
- Seek help early

SUICIDE PREVENTION

AN ORGANIZATIONAL APPROACH

- Mental Health Policy
- Destigmatization of mental illness
- Zero tolerance for bullying and harassment
- Employee Assistance Programs
- Open and Honest Conversations Vs Gossip
- Occupational Health Support
- Fun activities at work, building relationships and fostering a sense of community among employees
- Tool Box talks about Mental Health

CONCLUSION

- Suicide is a global problem taking a heavy toll on individuals, families and communities worldwide
- Suicide prevention is possible
- Prevention efforts require coordination and collaboration among multiple sectors of society, beginning with YOU and I