

Suicide Prevention

Thirteenth Judicial Circuit
Family Violence Prevention Council
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www.familyviolence13.org

Introduction

In 1999, former Surgeon General Dr. David Satcher declared suicide a national public health problem. It is the third leading cause of death among 15 – 24 year olds, the fourth leading cause of death among 25 – 44 year olds, and the eighth leading cause of death among 45 – 64 year olds. People 70 plus years have the highest suicide rate. Males are four times more likely to die from suicide than females. However, females are three times more likely to attempt suicide.

Suicide is also a local public health problem. In 2007, approximately 24 residents of Bureau, Grundy, and LaSalle Counties lost their lives as the result of suicide. Many others tried.

Suicide can be prevented.

One step is for community members to have the knowledge and courage to talk about suicide openly. It is our hope that this booklet will be one tool that people can use to learn more about the warning signs of suicide and how to help a friend or family member who may be at risk of suicide. It is our further hope that, by working together, we can save lives.

No, we will likely not be able to prevent all deaths by suicide. However, by working toward a common goal, we can prevent many.

Revised 2009

This book is meant to provide basic information only. It does not offer mental health services including treatment, nor should it be considered a substitute for consulting with a professional.

Risk Factors

Suicide knows no gender, economic, racial, age, professional, or religious boundaries. Anyone can become suicidal. However, there are some risk factors associated with suicide. They include:

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders, and certain personality disorders. According to the Journal of the American Medical Association, 95% of people who die by suicide have a diagnosable psychiatric illness at the time of death. However, it is important to also know that the majority of people who have mental disorders, including depression, do not die by suicide.
- Previous suicide attempt(s). A history of a suicide attempt is one of the strongest risk factors for death by suicide.
- A family history of suicide.
- A history of trauma or abuse.
- A history of alcohol or substance abuse.
- Feelings of hopelessness.
- Impulsiveness or aggressive tendencies.
- Relationship, social, work, or financial loss.
- Easy access to lethal methods.
- Real or perceived isolation from others.
- Problems with school or the law.
- Sexual orientation and/or identity. Suicide is two to three times higher for gay, lesbian, bisexual, transgender, and questioning youth.
- Local clusters of suicide.
- Stigma or others barriers associated with seeking help.

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Protective Factors

Protective factors reduce the likelihood of suicidal behavior.

Some protective factors include:

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

Local Survivor of Suicide Groups:

Dale & Darla Sass

1-815-854-2576

St. Paul's Lutheran Church, Streator

A list of on-line support groups can be found by searching at www.sprc.org.

Websites:

Suicide Prevention Lifeline

www.suicidepreventionlifeline.org

Suicide Prevention Resource Center

www.sprc.org

Yellow Ribbon

www.yellowribbon.org

Information on protective factors is taken from the Suicide Prevention Resource Center document "Risk and Protective Factors for Suicide." www.sprc.org.

Resources

In an emergency, call 911.

National Hotlines:

Girls & Boys Town National Hotline	1-800-448-3000
National Suicide Prevention Lifeline	1-800-SUICIDE (784-2433)
	OR
	1-800-273-TALK (8255)
Trevor Hotline Suicide and crisis prevention for gay & questioning youth	1-866-4-U-TREVOR (1-866-488-7386)

Local and State Resources:

CARES Line (a referral source for youth with Medicaid, those who are wards of the State, and those who are not insured).	1-800-345-9049
Jason Foundation/Community Assistance Resource Line (CARL)	1-877-778-CARL (2275)
Choices (Ottawa Regional Hospital & Health Care Center)	
In-patient	1-815-433-5606
Out-patient	1-815-434-4382
Farm Resource Center	1-877-633-3372
Grundy County Health Department Mental Health Division	1-815-941-3138
Streamwood Behavioral Health Systems	1-630-837-9000
NAMI – Grundy County	Check www.nami.org
NAMI-NCI (Bureau & LaSalle Counties)	Check www.nami.org
North Central Behavioral Health Systems www.ncbhs.org	1-815-224-1610
Will/Grundy Crisis Line	1-815-942-6611

Warning Signs

It is possible to prevent many suicides. In most cases, there are signs that a person may be thinking about suicide. By recognizing the warning signs and responding to them, you may be able to prevent a suicide.

Some warning signs are:

- Talking about suicide.
- Seeing no reason for living or purpose in life.
- Always talking or thinking about death. Statements like “things would be better if I wasn’t here” or “I wish I were dead” or “I’m going to end it all”.
- Statements about hopelessness, helplessness, or worthlessness.
- Giving possessions away, making final arrangements, putting affairs in order, calling or visiting people to say goodbye.
- Suddenly appearing happier, calmer.
- Unexplained anger, aggression, or irritability.
- Exhibiting dramatic mood swings.
- Acting recklessly or engaging in risky activities.
- Sudden interest or disinterest in religion.
- Losing interest in things that one previously cared about.
- Increasing alcohol or drug use.
- Withdrawing from friends, family, and others.
- Fear of becoming a burden to others.
- Acquiring weapons or stockpiling pills.

Remember that there may be other reasons that a person is taking any of the above actions. However, if a person is showing a warning sign, take action immediately. This may include asking the person if he or she is thinking about suicide, contacting a mental health professional, or calling a suicide prevention hotline.

Steps to Take When You Think a Person May Be Suicidal

Ask the person directly if (1) he or she is having suicidal thoughts, (2) has a plan to commit suicide, and (3) has access to lethal means. Asking a person about whether he or she is thinking about suicide will not increase the person's suicidal thoughts.

Some questions you can ask are:

- Are you thinking about killing yourself?
- Have you ever tried to hurt yourself before?
- Do you think you might try to hurt yourself today?
- Have you thought of ways that you might hurt yourself?
- Do you have pills or weapons in the house?

Avoid using negative questions like "you're not thinking about . . ." or making statements like, "are you thinking of doing something crazy or stupid?" When a person is thinking about suicide, they do not perceive it as being "crazy" or "stupid". Instead, it may seem like the only answer at that time.

Respond

Take seriously all suicide threats and attempts. If a person indicates that he or she is considering suicide, ask if they have a plan. This will allow you to find out more about how far they are in their thoughts and whether you need to take emergency action.

Talk to the person non-judgmentally. Listen to the problem and offer hope. Suicide may be perceived as the only solution to a difficult problem. Work with the individual to find hope, to consider other solutions, and to seek help.

If you think that the person may harm himself or herself, do not leave the person alone.

Refer

Refer the person to help. You may also want to go with the person to seek help. Again, if this is an emergency, get help now and stay until it arrives.

This information is taken from various sources, including the National Suicide Prevention Lifeline wallet card for counselors, www.suicidepreventionlifeline.org.