Suicide Prevention

BEST PRACTICES

We can all prevent suicide
You don't need special training to have an open and authentic conversation about suicide. Often, just talking about it can be the first important step in understanding where someone is with their mental health.

Practice brave listening
It takes courage to listen to the answer you fear. If someone tells you, yes, they're considering suicide, they might retreat if you're judgmental, upset/angry or closed off once hearing about it.

- Responding without judgement and/or without minimizing someone's concerns demonstrates you're really listening to what they have to say and that you care.
- Resist giving advice, lecturing, and offering reassurance instantly. Jumping into fix-it mode can make a person feel unheard and shut down.
- Offer validation by conveying to the person that they're feelings are understandable from their vantage point. This doesn't mean you have to agree with them. *Ex."We're wired to escape pain, so it makes sense you'd think of suicide if you believe you'll never stop hurting."*
- Try reflecting on what the person said by paraphrasing, or summarizing key statements. *Ex. "You feel really bad about yourself."*

Express empathy & compassion
Even though it's impossible to fully understand what a person's thinking and feeling you can try. Be present and open with the person suffering. Offer a hug or show you care by asking open-ended questions to learn more.

Convey hope - Offer support & information
After you've listened provide realistic statements of hope. Take care not to be overly positive and gloss over the person's problems. Stick to truths that look to the future. Be clear that suicidal thoughts are a symptom of a problem, and that the problem is almost always changeable or treatable in some way. Remind them that help is available and they are not alone. Ask them if they would be willing to go with you to get help.

Encourage delay & maintain connection
Stay with them as long as possible, sometimes suicidal ideation weakens overtime. Encourage them to take action other than suicide. Connect regularly by text, phone or in person. Ask how they are doing. Ask *"What can I do to support you?"* Spend time together - connection is a protective factor!

What to do if you're shut out
If you suspect that someone is considering suicide but they won't talk about it with you, consider contacting someone else in their life or 988 (Suicide & Crisis Lifeline).

JUNEAU SUICIDE PREVENTION COALITION
A PROGRAM OF NAMI JUNEAU

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Suicide Prevention

MYTHS & FACTS

MYTHS	FACTS
Once someone decides to end their life, there's nothing you can do to stop them.	Suicide can be prevented. Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide. People can be helped. Immediate, practical help such as staying with the person, encouraging them to talk and helping them build plans for the future, or calling a crisis line can avert the intention to attempt suicide. Once immediate help is offered, ongoing support and professional treatment may be required for long-term recovery.
Everyone who dies by suicide has a mental illness.	Many individuals with mental illness are not affected by suicidal thoughts and not all people who attempt or die by suicide have mental illness.
Suicide is hereditary.	Although suicide can be over-represented in families, attempts are not genetically inherited. Exposure to trauma can increase suicide risk and a loss of a love one to suicide is a traumatic event.
Most suicides happen without warning.	Warning signs — verbally, behaviorally or situationally — precede most suicides. Warning signs may not be recognized, making it seem like the suicide was sudden or without warning. Therefore, it's helpful to learn and understand the warnings signs associated with suicide. Any change to a person's behavior is a good opportunity to check in with how they're doing.
Talking about or asking about suicide will put the idea in their head or increase their risk.	Talking openly about suicide allows the person to express how they are feeling. It also helps the person feel less alone. A simple inquiry about whether or not the person is planning to end their life can start the conversation.

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MYTHS & FACTS

MYTHS	FACTS
Suicidal thoughts will last a lifetime.	Most people are suicidal for a limited time-period. However, suicidal feeling can recur, and preparing a safety plan can help someone or yourself navigate a suicide crisis.
People who attempt once are destined to die by suicide.	A suicide attempt can be an indicator of future attempts. However, many people go on to live fulfilling lives after a suicide attempt.
A suicide attempt is just a cry for help or attention.	All suicide attempts must be treated as though the person has the intent to die. If someone is “only” crying out for help or attention, doesn’t that mean they need it? Seeking help for a mental health problem is not easy. We should encourage healthy help-seeking behavior.
Suicide is normal and unavoidable in Indigenous communities.	Suicide can affect anyone regardless of nation, culture, ethnicity, gender, education, socio-economic status or age bracket. Discrimination and intergenerational trauma have affected Indigenous communities which can lead to increase suicide rates. However, protective factors (such as connection to one’s culture, interpersonal connectedness and comfort talking about suicide) can reduce suicide rates.
If a suicidal youth tells a friend, the friend will access help.	Talking about suicide can be uncomfortable. We shouldn’t take for granted that a young person will feel comfortable telling an adult that they or a friend is suicidal. Our work is to make both young people and adults more comfortable talking about suicide.

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SAFETY PLANNING BEST PRACTICES

Emphasize the benefits of a safety plan

- ***Why create and use a safety plan?***
  - To inspire hope that difficult times can get better
  - To recognize that help is available and that we are not alone
  - To develop a habit of checking- in with ourselves
  - To recognize our mental health status
  - To communicate our preferences of care when we are feeling unwell
  - To establish what help looks like with our support person(s)

(NOTE: The plan is flexible, it serves as a menu of options when help is needed, and should be regularly reviewed to see if updates are needed.)

Strive for cultural sensitivity

- Recognize that speaking directly about suicide is difficult for most, and culturally taboo for some.
- Talking about suicide in Alaska Native communities often requires talking about historical trauma.

Acknowledge that it's a hard conversation

- Suicide is personal. It can be difficult to talk about and may cause distress, perhaps triggering the memory of a traumatic event.
- Point out how to access free support and 24/7 crisis lines (988)

Share your humanity

- Be vulnerable as a support person
- Empathize and validate to foster connection
- As a support person share your personal examples *safely*
  - Anecdotes should have a message of hope and not be too recent
  - Personal sharing should be limited

Offer encouragement with supportive communication

- Approach the conversation with active listening and without judgment
- Create a safe space for the individual to share their feelings
- Remind the individual of the importance of reaching out for help when needed
- Affirm that a safety plan is something we should all have!

Dikeede wooch gayishaat Hold each other up

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Juneau AK (2022)

SUICIDE / MENTAL HEALTH STATISTICS

Suicide Deaths 2022	Alaska	Southeast	Juneau
	197	13	5

Annual average number of suicide deaths over the last 20 yrs

6 adult residents

2 residents between ages 15-30 yrs

Residents who received in-patient and emergency services for suicidal ideation in the past year.

61

residents 15-30 yrs

134

adults over 30 yrs in age

Demand for Mental Health Services

91% of residents indicated they have felt the need to talk with a mental healthcare professional at some point.

Mental Healthcare Access During Crisis

39% of residents either could not identify, or were unsure if they knew, how to seek crisis help.

36% of residents did not feel comfortable talking about their own mental health with family and friends.

References

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Juneau Mental Health Needs Assessment Survey (2022)
Youth Risk Behavior Survey (YRBS) (2022)