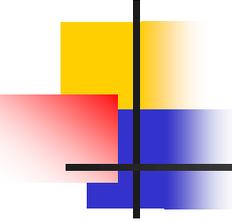




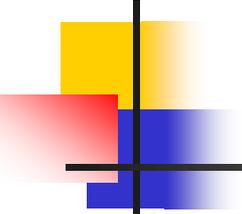
SUICIDE PREVENTION

CIT Training



Suicide Prevention Coalition

- Every county in Ohio has a coalition (Summit County meets 3rd Thursday of the odd months at ADM Board)
- Agencies and individuals from all walks of life
- Goals: increase awareness, decrease stigma, and improve community capability to help people at risk
- Coalition needs law enforcement perspective so think about getting involved!



What we believe about suicide can affect:

those who help

those who need help

The judgmental language we use can matter:

“committed” suicide

“successful suicide”

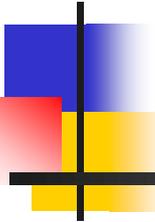
“failed” attempt

Alternatives:

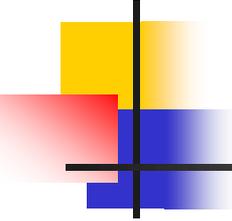
“Died by suicide”

“Survived” attempt

**Suicide is a bad outcome
but the person who dies by suicide is not.**



Correcting the Misconceptions



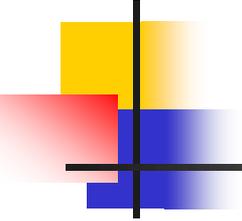
Should we worry about the ones who talk about suicide?

Are people who talk about suicide just
trying to get attention?

Can you “plant the idea” of suicide by mentioning it?

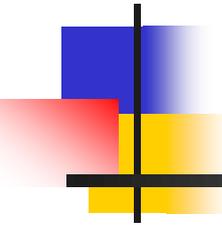
What time of year do most suicides happen?

Is it true that “once someone decides on suicide there’s
nothing we can do to stop them”?

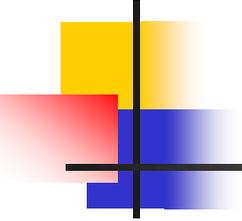


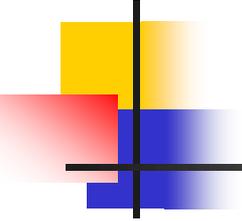
Most people are ambivalent and want to end their pain, not their life.

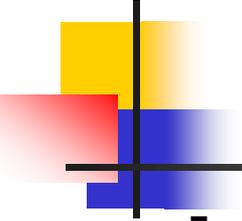




The Numbers

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- 44,695 suicide deaths in U.S. in 2016 (rate of 13.9 per 100,000 population and 10th leading cause of death)
 - 19,362 homicides in U.S. in 2016 (rate of 6.0 and 16th leading cause of death)
 - Ohio ranked 30th in suicide rate in the U.S. in 2016.
 - 91 suicides in Summit County in 2017 .
 - There are 25 suicide attempts for every death by suicide.
 - 2nd leading cause of death for youth (15 – 24).

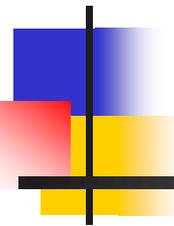
- 
-
- Men are 4 times more likely to die by suicide than women. Men represented 77% of U.S. suicides in 2016.
 - 36% of suicide deaths in U.S. in 2016 were among the middle-aged ages 45 to 64.
 - Firearms are the most common method of suicide for men. Poisoning is the most common method of suicide for females.
 - Suicide rates are highest among white non-Hispanic Americans.



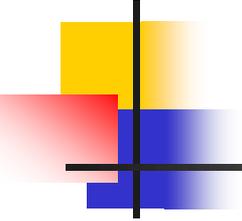
Jail suicides:

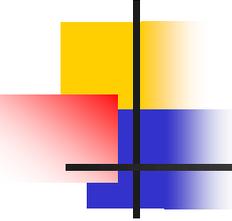
- 24% occurred within first 24 hours, 27% between 2 - 14 days and 20% between 1 – 4 months
- 35% occurred close to date of court hearing (69% occurring in less than 2 days)
- 43% detained on personal and/or violent charges
- 78% had prior charges
- 20% intoxicated at the time of death

Key times to assess for suicide risk are at arrest, during transportation, and at booking



Depression and Suicide

- 
-
- 90% of people who die by suicide have depression or other mental health issue.
 - May self-medicate with alcohol/drugs; substance abuse can worsen symptoms and ↑ risk for suicide.
 - Symptoms of depression caused by biological changes in the brain.
 - Some, but not all, think about suicide.
 - Treatment of mental health problems can ↓ suicide risk.



Physical changes in depression:

- Weight and appetite changes
- Sleep problems; exhaustion

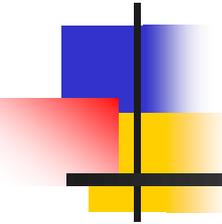
Emotional changes in depression:

- Sad or angry mood; irritability
- Loss of interest; lack of motivation

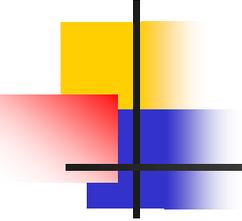
Thinking changes in depression:

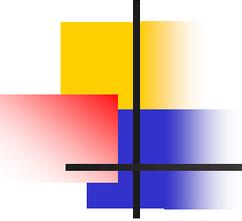
- Confusion; short attention span
- Negative and/or rigid thinking

These changes could affect person's ability to respond appropriately to police commands.

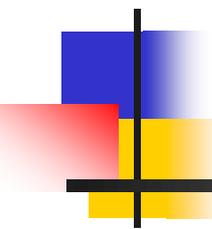


What Happens to the Person?

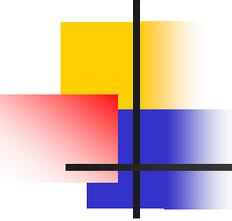
- 
-
- Experiences unbearable emotional pain
 - Tries to cope/make it go away but it doesn't work
 - Hopelessness
 - Helplessness
 - Feels totally alone and that people don't get it
 - Feels trapped
 - Feels like burden to others
 - Focuses more on pain, less on resources (tunnel vision)

- 
-
- Thinks of suicide as solution or way to end pain (may not start as wanting to die)
 - Ambivalent; weighs reasons for living and dying
 - Rigid, “black and white” thinking which **makes sense from their point of view**
 - Level of risk can change from day to day (can involve repeated high risk times/ER visits)
 - Triggers may make more likely to act on thoughts

All this makes communicating a challenge

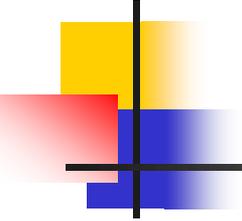


What to Look For



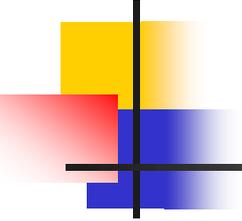
Factors that **increase capability** of acting on thoughts:

- Available lethal means
- Past suicide attempt
- Intoxication or history of substance abuse
- Anger/rage or history of violence
- Anxious or agitated
- Insomnia
- Lost someone to suicide



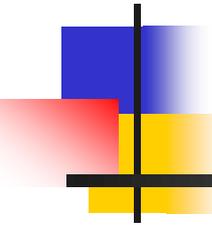
Factors that indicate an **intent to die**:

- Specific, detailed plan
- Preparing for death (giving things away, saying goodbye, writing note, making will, acquiring means)
- Rehearsal

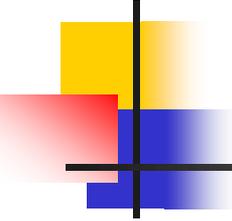


Factors that may **decrease the risk**:

- Connected to support system
- Open to seeking help
- Strong beliefs that argue against suicide
- Receiving medical or MH treatment
- Sees self in future

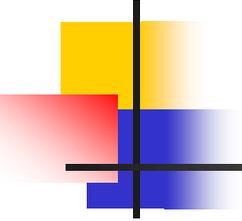


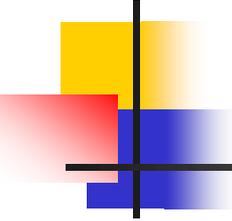
Interventions



Things to Keep in Mind

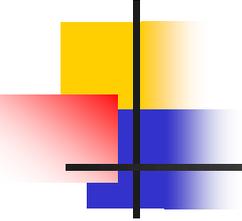
- All talk and threats of suicide have potential risk.
- Potential for volatility or danger to others.
- Better chance engaging person if goal is immediate safety not “talking them out of it” (delaying decision; trying alternative like ER).
- Give it time (or act like you’ve got the time). Rushing it could make it take longer.
- May lie, deny or minimize because honesty about suicide is difficult. Listen to your gut and consider info you have from others.

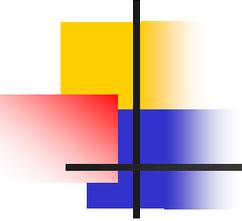
- 
-
- Secure all firearms and lethal means.
 - Give them as much control as you safely can. Be OK with not being right or winning.
 - Create calm space; limit distractions; one person at a time should do the talking.
 - Don't leave person alone.
 - Get as much info as possible from family/others about risk factors.

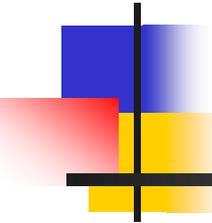


Have a Conversation

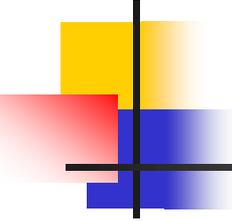
- One way to structure your conversation:
 - get rapport going
 - explore what's upsetting them and let them vent
 - focus on what's causing most distress right now
 - figure out who/what would help stay safe
 - agree on plan
- Listen more than talk. Let them tell their story.

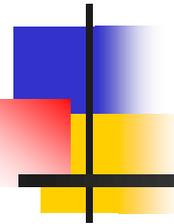
- 
-
- Ask directly and openly about suicidal thoughts.
 - Get more detailed info:
 - Done anything to harm self? Prepare?
 - Have they thought about how? where? when?
 - Past attempts?
 - Be OK with negative feelings; focusing only on positive may not help engage person.

- 
-
- Quick advice, guilt, lecturing, moralizing probably won't help and may make it worse.
 - Don't make promises can't keep/follow through with ones you do make.
 - Convey hopefulness. Just because they don't see another way, it doesn't mean it doesn't exist.

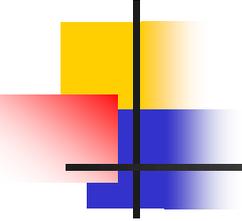


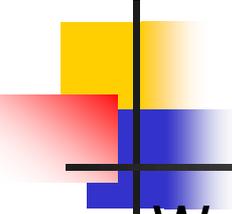
Helping Survivors of Suicide

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- Survivors of suicide are those left behind after a suicide death
 - Issues most survivors face:
 - sudden, traumatic death
 - stigma about suicide
 - unique, intense feelings like anger and disbelief, “why?”
 - grief complicated by circumstances around death, investigation, media
 - Help available thru VAP, crisis line and SURVIVORS group



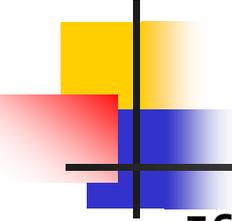
Police Officer Suicide

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- Law enforcement: suicide rate ranges from 4 - 10 times number lost in line of duty
 - Corrections: suicides more than double rate of police officers; about 4 times more likely than death in line of duty



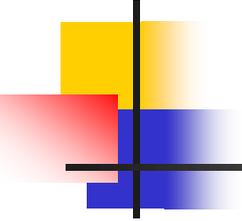
Warning signs that fellow officer may be at risk:

- admitting feeling out of control, overwhelmed or unable to find solutions for problems
- hostile, blaming, argumentative and insubordinate OR passive, defeated and hopeless
- morbid interest in suicide or homicide
- deteriorating job performance
- asking another officer to keep weapon, inappropriately using/displaying weapon, carrying more weapons than needed
- taking unnecessary risks



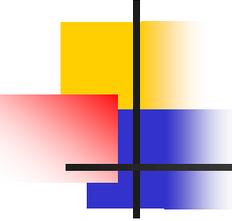
If you believe another officer is at risk:

- ask directly, in private, about suicide and stay persistently involved
- get others involved
- help to find/get to MH help
- help family/friends develop safe plan so not alone until crisis resolved
- give crisis line # (local or Copline) and encourage to contact Safety Forces Chaplaincy



If you find yourself struggling:

- work as hard on finding healthy stress relief as you do on the job
- don't go it alone; find at least one person to tell
- get confidential help



Law enforcement crisis resources:

Copline:

(24/7 for law enforcement; national)

(800) 267-5463

Safe Call Now

(24/7 for first responders; Washington state)

(206) 459-3020

Safety Forces Chaplaincy

(330) 376-0091

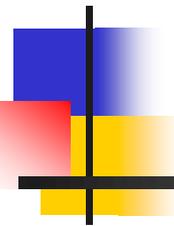
For information:

Tears of a Cop

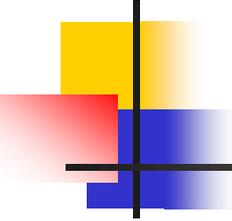
www.tearsofacop.com

National P.O.L.I.C.E. Suicide Foundation

www.psf.org



Local Resources



For the public:

SUPPORT Hotline:

(Anyone in crisis; local)

(330) 434-9144

National Suicide Prevention Lifeline:

(Anyone in crisis; any area)

(800) 273-8255

PIRC Program at Children's Hospital:

(Adults concerned about kids/teens)

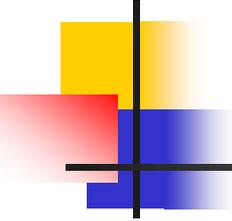
(330) 543-7472

Survivors of Suicide Loss Group

(Have lost loved one to suicide)

(330) 434-1214

(x4106)



Thank you!

Barb Medlock

Summit County Suicide Prevention Coalition

(330) 434-1214 x 4106

bmedlock@portagepath.org