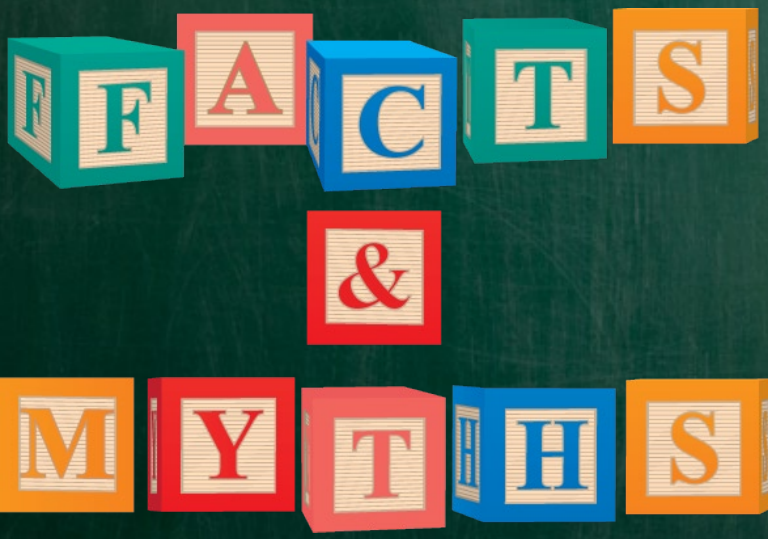
SUICIDE PREVENTION PRIMER



Suicide Prevention Resource Toolkit

CENTRE FOR SUICIDE PREVENTION

INTRODUCTION

Many people have been impacted by suicide or at least know someone who has. It is not someone else's problem. It is our problem. Fortunately, suicide is preventable. Most people who die by suicide do not necessarily want to die. They simply want the pain of living to stop. We can help.

One of the mandates that we have at the Centre for Suicide Prevention is to inform and educate the public about the facts of suicide. One way we educate is by training people how to identify and intervene with someone at risk of suicide. We are making a real difference on both counts.

This toolkit is a collection of basic statistics,facts, myths and suicide prevention resources.

THE WORLD

Every year, almost one million people die from suicide. There is a "global" mortality rate of 16 per 100,000. In the last 45 years suicide rates have increased by 60% worldwide (http://bit.ly/19WNBEL)

UNITED STATES

In 2010, 38,364 suicides were reported, making suicide the **10th** leading cause of death for Americans (http://bit.ly/18ilmJX)

CANADA

There were 3,890 deaths by suicide in Canada (**2009**). **2,989** were male. **901** were female.

Men aged **40-60** had the highest number of suicides In Canada with **1361**, followed by males aged **20-39** with **892.**

Suicide accounts for 24% of all deaths among **15-24** year olds (http://bit.ly/U0pCLr)

ALBERTA

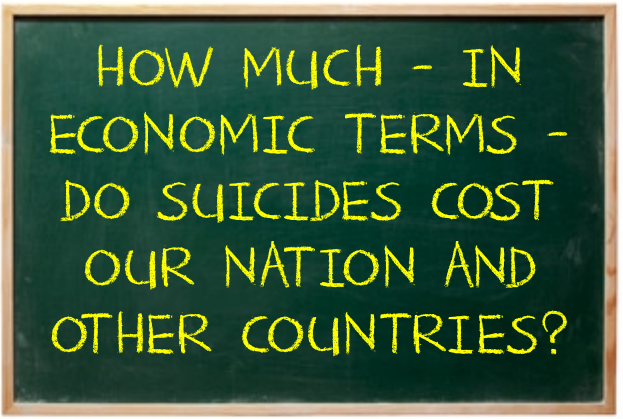
In **2009**, in Alberta, there were 483 suicidal deaths. **377** were male, **106** were female (http://bit.ly/19KuSsB)

In **2010,** there were **1,833** attempted suicide/self-inflicted injury-related hospital admissions.

There were **5,053** attempted suicide/self-inflicted injury-related emergency department visits.

Females accounted for **58%** of the hospital admissions and **61%** of the emergency department visits for attempted suicide/self-inflicted injuries. (http://bit.ly/17jKilk)

ECONOMICS OF SUICIDE



- Mental health issues cost Canada upwards of 51 billion dollars a year, and these figures may not even account for less calculable illnesses such as depression and anxiety. (See this bulletin of costs of mental illness done by the Canadian Mental Health Association: http://bit.ly/UGkl9e
- A study in New Brunswick in 1996 found the cost of suicide per death to be $849,877.80 (Clayton, 93).
- In 2000, the cost of total suicides in the U.S. was estimated to be $12.4 billion in lost wages and productivity for approximately 30, 000 suicides (CDC, 46).
- In 2002 in New Zealand, the cost of 460 nation-wide suicides was $206,192,000 and the cost for 5095 attempted suicides was $238,531,000 (O'Dea, ix).

MYTH

SUICIDE NOTES ARE ALWAYS LEFT AT TIME OF SUICIDE.

FACT: Notes are rarely left by someone who dies by suicide. According to Antoon Lenaars, the percentage of those who leave notes varies from **12%** to **15%** (1988).Thomas Joiner mentions a figure of **25%** (2010). It is a troubling myth because many believe a note must be present to deem a death a suicide. This can be especially important to those bereaved by a suicide. If a death is not accepted as a suicide, the grieving process can only become more difficult and closure may become more elusive.

MYTH

PEOPLE WHO TALK ABOUT SUICIDE SHOULD NOT BE TAKEN SERIOUSLY.

FACT: The American Association of Suicidology (AAS) has suicidal talk as a major warning signs for suicidal risk. This myth suggests that those who talk about suicide are just trying to get attention. Suicidal behaviour should always be taken seriously. Suicidal talk often begins with suicidal thoughts which can escalate to suicidal acts such as attempted suicide if the appropriate interventions are not made.

MYTH

CHILDREN DO NOT DIE BY SUICIDE.

FACT: It is widely believed that children are incapable of dying by suicide because they lack the mental development necessary to carry out such an act. Although cases of suicide of children 10 and under are rare, it is known to be under-reported. Some deaths of children are documented as accidental but many are actual suicides.

MYTH

TALKING TO YOUTH ABOUT SUICIDE WILL INFLUENCE SUICIDAL BEHAVIOUR.

FACT: On the contrary, talking about suicide with someone who may be suicidal reduces the risk that they may attempt. They should be asked directly if they are having suicidal thoughts or have a plan in place. It has been shown that when someone at risk is given the opportunity to talk, their threat to carry through with suicide diminishes (Suicide Resource Group, 1999).

MYTH

ONCE SOMEONE HAS ATTEMPTED SUICIDE, THEY WILL NOT ATTEMPT AGAIN.

FACT: People who have attempted in the past are the most at-risk for future attempts. The chief predictor of a future suicide is a past attempt. The rate of suicide is **40** times higher for those who have attempted already. It is particularly a harmful myth when studied in a health care setting. Some reports suggest that health care workers view attempters as attention seekers instead of people at risk of dying. An emphasis needs to be placed on getting those who have attempted suicide to get the (mental) health attention they require (SPA, 2009).

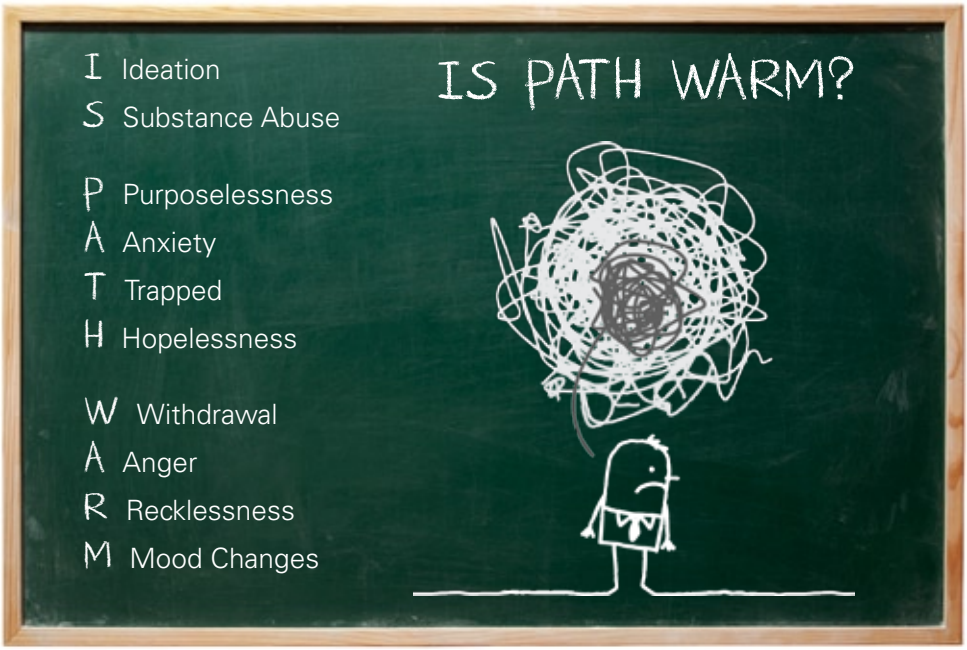
MYTH

THE SUICIDE RATE IS HIGHEST AROUND CHRISTMAS.

FACT: This is not true. In fact, though the rate is fairly constant throughout the year, it rises slightly after the holidays in January and peaks in early spring. Some think the holiday season can be a protective factor for those at risk (CSP, 2013). Joiner calls it a "time of togetherness" (2010) and can definitely lessen the chances of a suicide as someone feels more connected or more obliged to make it through the holiday season in the interest of harmony.

WARNING SIGNS

The American Association of Suicidology has developed a mnemonic to remember suicidal warning signs.



WARNING SIGNS OF ACUTE RISK INCLUDE:

- Threatening to hurt or kill him or herself, or talking of wanting to hurt or kill him/herself; and/or,
- Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means; and/or,
- Talking or writing about death, dying or suicide, when these actions are out of the ordinary.
  (http://bit.ly/17cfxT2)

WORKSHOPS

The Centre for Suicide Prevention offers several comprehensive workshops that will educate you on the topic of suicide.

While all of our workshops are about suicide prevention, they all have specific purposes and goals.

Straight Talk: Youth Suicide Prevention Workshop
Straight Talk is a youth-focused workshop for people working with youth ages 12 to 24.

Tattered Teddies: Preventing Suicide in Children
This half-day workshop will examine warning signs in a child and intervention strategies.

River of life: Aboriginal Youth Suicide Prevention
The River of Life course discusses strategies designed to strengthen the protective factors of youth at risk.

ASIST: Applied Suicide Intervention Skills Training
Attending this two-day course will train you to intervene with an individual who is suicidal.

safeTALK: suicide awareness for everyone
This three hour workshop emphasizes the importance of recognizing the signs, communicating with the person at risk and getting help or resources for the person at risk.

Please visit http://bit.ly/HK3hZ7 for more information.

American Association of Suicidology (AAS) - An education and resource organization.
www.suicidology.org

Canadian Association for Suicide Prevention (CASP) - Provides information and resources to communities to reduce the suicide rate and minimize the harmful consequences of suicidal behaviour.
www.suicideprevention.ca

Canadian Mental Health Association (CMHA) - Promotes the mental health of all and supports the resilience and recovery of people experiencing mental illness through advocacy, education, research and service.
www.cmha.ca

International Association of Suicide Prevention (IASP) - Dedicated to preventing suicidal behaviour, alleviating its effects, and providing a forum for academics, mental health professionals, crisis workers, volunteers and suicide survivors.
www.iasp.info

Suicide Prevention Australia - Provides policy advice to governments, community awareness and public education, increased involvement in research and a future role in leading Australia's engagement internationally.
suicidepreventionaust.org

Suicide Prevention Resource Center (SPRC) - Provides technical assistance, training, and materials to increase the knowledge and expertise of suicide prevention practitioners and other professionals serving people at risk for suicide.
www.sprc.org

Alberta Centre for Injury Control and Research. (2012). Suicide/self-inflicted injuries in Alberta. Retrieved from http://acicr.ca/Upload/Newsletter-data-pages/Suicides%202010%20data.pdf

American Association of Suicidology.(2013). Know the warning signs.Retrieved from http://www.suicidology.org/stats-and-tools/suicide-warning-signs

American Foundation for Suicide Prevention.Facts and figures: Suicide deaths. Retrieved from http://www.afsp.org/understanding-suicide/facts-and-figures

Canadian Mental Health Association. (2012). *Mental health is costly—but how costly?* Retrieved from http://calgary.cmha.ca/public_policy/mental-illness-is-costly-%e2%80%93-but-how-costly/

Center for Disease Control. (2012). Suicide facts at a glance. Retrieved from http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/index.html

Centre for Suicide Prevention.(2013). Is it true that most suicides leave notes?*Frequently Asked Questions*.Retrieved from http://suicideinfo.ca/Library/AboutSuicide/FAQ.aspx

Clayton, D. and Barcelo, A. (1999). The cost of suicide mortality in New Brunswick. Chronic Diseases in Canada.20(2),89-95.

King, K.(1999). Fifteen prevalent myths concerning adolescent suicide. *Journal of School Health*,69(4),159-161.

Joiner, T. (2010).*Myths about suicide*.Cambridge, MA.:Harvard University Press.

Leenars, A.(1988). Suicide notes: Predictive clues and patterns.New York: Human Sciences Press.

Marcus, E.(2010).*Why suicide: Questions and answers about suicide, suicide prevention and coping with the suicide of someone you know*.New York: HarperOne.

O'Dea, Des and Tucker, Sarah. (2005).The cost of suicide to society. Wellington: Ministry of Health

Office of the Chief Medical Examiner, Alberta Justice. (2009). 2009 annual review. Retrieved from http://justice.alberta.ca/programs_services/fatality/ocme/Documents/2009-OCME-Annual-Review.pdf

Schurtz, D., Cerel, J. and Rodgers, P.(2010).Myths and facts about suicide from individuals involved in suicide prevention. *Suicide and Life-Threatening Behavior*,40(4),346-352.

Statistics Canada.(2013). Suicides and suicide rate, by sex and by age group (Both sexes no.).Retrieved from http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/hlth66a-eng.htm

Suicide Prevention Australia. (2009). Position statement: Supporting suicide attempt survivors. Retrieved from http://suicidepreventionaust.org/wp-content/uploads/2012/01/SPA-SuicideAttemptSurvivors-PositionStatement.pdf

Suicide Reference Group.(2006).The Myths of Suicide. Retrieved from http://www.wrspc.ca/pdf/mythsofsuicide.pdf

World Health Organization.(2013). Suicide Prevention. Retrieved from http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/

WWW.SUICIDEINFO.CA

Resource Toolkit produced by the
Centre for Suicide Prevention

Released September 2013

Canadian Mental Health Association
Mental health for all

CENTRE FOR SUICIDE PREVENTION

Centre for Suicide Prevention
Suite 320, 105 12 Avenue SE Calgary, Alberta T2G 1A1
Phone (403) 245-3900 Fax (403) 245-0299 Email csp@suicideinfo.ca