Suicide: Causes, Recognition and Prevention Strategies

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I. Some basic pointers to be aware of

A. 90-95% of people who die by suicide have a diagnosable psychiatric illness, much, much more than with serious medical disorder – therefore, detection and intervention is key

B. Some statistics - Suicide is the 11th leading cause of death overall in the US. Men die by suicide more than **3.5x** more often than women (women make more attempts). Older single white men at highest risk – 7 out of 10 suicides in 2015

C. Firearms account for **almost 50%** of all suicides.

A. **Talking about suicide does not put dangerous ideas into peoples' heads. In fact, talking about suicide is your best chance at preventing death**

B. Impulsivity

1) many suicides are impulsive

2) many suicidal crises are self limiting – romantic break-up, loss, etc.
90% of people who survive suicide attempts do not go on to die in suicide

II. Prevention - Recognizing Depression
14% of people with severe depression commit suicide

A. Know the symptoms and **don't be afraid to ask**

1. **despondent mood, lowered self esteem, feeling ashamed, like a failure**
2. (change in sleep, appetite, concentration, libido)
3. substance use
4. psychotic symptoms – command hallucinations
5. **thoughts of suicide**
6. **history of suicide attempts**

B. Assess suicidality

1. Always, check out your own emotional pulse, your own sense of urgency
2. Why now? What has tipped the balance? Loss, shame, stopped medication?
3. Ask about previous attempts
4. Does the person have a plan – does he/she have the means to carry it out?
5. Has he/she made preparations, considered the aftermath
6. Asses the urgency of intervention – who needs to be involved? 911, family, etc. What are the congregant's resources? (family, therapist, agency, etc.)

C. When is a pastoral response appropriate? Message of hope, faith, perseverance. Can you challenge his/her notion of “they’ll be better off with me gone?” “Suicide is a permanent solution to a temporary problem”

II. <u>Aftermath of suicide</u> – immediate and long term – impact on family, friends, community

A. Take your own pulse – this is one of the worst experiences a parent/ rabbi/teacher can have – terrible tear in the fabric of life
B. Establish a neutral, compassionate tone – be ready to hear and accept whatever the congregant(s) says. Anticipate guilt, anger, blame (at self, at God. Allow congregant to speculate religiously
C. Address fact of/possibility of suicide openly – if you don’t, who will? Acknowledge the tragedy of mental anguish
D. Pay special attention to the shiva house
    1. people who are tending the shiva house (friends, shiva tending committee) need support
    2. watch out for people who hang out too long, are kind of voyeuristic – discuss this with the shiva tenders
E. Involve the family in the funeral, encourage ritual, allow personal choice, don’t require everyone to be present
F. Consider how to help the community – Yom Iyun on Mental health, etc.
G. Maintain follow-up – shame, stigma, guilt
H. Long term follow up – what happens to the siblings?