

The Voice

The Newsletter of NAMI Southwestern Pennsylvania

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A Preventable Tragedy: Suicide in America

The suffering of the suicidal is private and inexpressible, leaving family members, friends, and colleagues to deal with an almost unfathomable kind of loss, as well as guilt. Suicide carries in its aftermath a level of confusion and devastation that is, for the most part, beyond description. ~ Kay Redfield Jamison

As the nation has just acknowledged National Suicide Prevention Week, September 10th through the 16th, the time seems right to utilize this edition of *The Voice* to raise awareness of the prevalence of suicide, the prevention efforts in place, and the resources available. NAMI members know that suicide is too often the unspoken fear that hovers over many individuals and families. For some suicide has become tragically interwoven into the family's story. As anyone who has been close to someone who has committed suicide knows there is no other pain quite like it.

Suicide is a public and private tragedy and a potentially preventable public health problem. According to studies conducted through the National Institute on Mental Health in 2000, suicide was the 11th leading cause of death in the U.S. Specifically, 10 out of every 100,000 persons died by suicide.

Suicide deaths outnumber homicide deaths by five to three. It has been estimated that there may be from 8 to 25 attempted suicides per every suicide death. Data from the Centers for Disease Control indicates that suicide is one of the leading causes of death for young people age 15-24.

17.5% of all suicide deaths according to the National Center for Health Statistics. Especially at risk are elderly white males, as men accounted for 85% of suicides among persons aged 65 years and older. These alarming numbers emphasize the need for placing a priority on carefully designed prevention efforts.

Research conducted through the Suicide Prevention Resource Center, has shown that more than 90% of people who kill themselves have depression or another diagnosable mental illness or substance abuse disorder, often in combination. Also, research indicates that alterations in neurotransmitters such as serotonin are associated with the risk for suicide. Diminished levels of this brain chemical have been found in individuals with depression, impulsive disorders, a history of violent suicide attempts, and in examinations after death.

Risk factors, although perhaps disputed in number or influence, are commonly known to exist. Less often however do people acknowledge the positive effects of protective factors in reducing the likelihood of suicide. Some protective factors include: effective and easily accessible clinical care, strong connections to friends, family and community supports, restricted access to highly lethal means of suicide, and cultural or religious beliefs that discourage suicide and support self preservation.

Suicide Prevention: General Guidelines for Individual Response

Adapted from the Feeling Blue Suicide Prevention Council of Southeast Pennsylvania

What you should do if you suspect someone may be contemplating suicide:

In older adults, the risk factors for suicide increase substantially. Individuals 65 years of age and older comprised 12.3% of the U.S. population yet accounted for

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- TAKE YOUR CONCERNS SERIOUSLY as 75% of all people who commit suicide gave prior warning of their intentions to others.
- All suicide threats (both verbal and physical) and attempts ought to be taken seriously, even among teenagers for whom such threats are more common.
- Listening is a healing art as truly listening to someone suicidal can save a life.
- Trust your instincts-do not keep your concerns to yourself in an ill-advised attempt to keep a confidence.
- Don't be afraid that asking someone about suicide will prompt the idea of suicide, talking about suicide does not increase the risk, but rather decreases it.
- Individuals attempting suicide are not trying to end their lives...they're trying to end their pain.
- Actively encourage the person to seek professional help; if the person is not agreeable, do so on their behalf.

principals, school counselors, school nurses, psychologists, social workers, and liaisons from community mental health and drug and alcohol agencies, assist in identifying students at risk for suicide or other behavioral health problems.

1986- Services for Teens at Risk (STAR-Center) Western Psychiatric Institute and Clinic, a comprehensive research, treatment, and training center begins providing services:

- The STAR-Center is a specialty program addressing the increasing problems related to adolescent suicide and depression, and youth violence. The services were expanded in 1989 to include consultation and training for schools in the area of crisis responding and school safety. The center publishes STAR-Center Link; a newsletter featuring best practices on mental health treatment and violence prevention and its "Survivors of Suicide" program is nationally recognized.

1998-Yellow Ribbon Programs expand in several counties: Decreases the stigma associated with suicidal thoughts/fears by normalizing asking for help. A tangible step that teachers, parents, students and other concerned individuals can take to help prevent suicide and entails:

- Business card size "yellow ribbon cards" are distributed to students and community members and carry the message of hope: there are people who care and will help. The card includes crisis intervention phone numbers.
- Young people contemplating suicide who may be reluctant or don't know how to ask for help are encouraged to hand a "yellow ribbon card" to a trusted adult.
- Adults who participate in the program are given basic training, an explanation of how the program works and a yellow ribbon to wear or display to signify that they are committed to listening and getting help for people in need.
- Participating adults are NOT asked to be experts in any way, but are simply given training so they know where to go for help.

2001- Interagency Committee of the Student Assistance Program (SAP) convenes a work group to formalize a Youth Suicide Prevention Plan:

- In the summer of 2001, various professionals within Pennsylvania inquired as to why Pennsylvania did not have a "formal" youth suicide prevention plan as did many other states. As a result, the Interagency Committee of SAP took the lead in convening a workgroup of about 50 stakeholders from across the Commonwealth to formalize a plan that

Pennsylvania Youth Suicide Prevention Efforts

The history of Pennsylvania's public health approach to suicide prevention has primarily focused on the development of a comprehensive youth suicide prevention plan. Youth suicide statistics reinforce the need for such efforts. Data from the Centers for Disease Control indicates that suicide is one of the leading causes of death for young people age 15-24. Suicide rates for those 15-19 have tripled since 1960. The American Association of Suicidology found that 4-8% of adolescents report an attempted suicide within the prior 12 months. Nationally, approximately 500,000 teens attempt suicide each year (CDC).

Pennsylvania has focused efforts toward the prevention of youth suicide beginning in the 1980's through programs such as the Student Assistance Program (SAP), Services for Teens at Risk (STAR-Center), Yellow Ribbon Program and a variety of other approaches in local areas.

1985- The Departments of Education, Health, and Public Welfare establish the Commonwealth Student Assistance Program (SAP); SAP, which is implemented in all 501 school districts, is designed to assist school personnel in identifying issues including alcohol, tobacco, other drugs, and mental health issues, which pose a barrier to student success:

- Every secondary school building is required to have a student assistance program. Approved trainers provide training for all school core teams and ten Regional SAP Coordinators provide technical

assistance to the state's nine regions. The core teams in each secondary building, comprised of teachers,

includes not only what already exists in Pennsylvania, but also a strategy to address the possible gaps.

2002 and ongoing- Pennsylvania completes its first Youth Suicide Prevention Draft Plan. In 2004 a five-year action plan was developed to ensure for implementation of the recommendations of the plan. Implementation review is being carried out by a small monitoring group (consisting primarily of state government representatives), and an advisory work group comprised of a diverse group of stakeholders, including NAMI Southwestern Pennsylvania.

The goals and objectives of the Prevention Plan ought to provide a blueprint for action. The 11 goals focus on promoting community awareness that youth suicide is a public health problem that is preventable. Input into the plan also resulted in identifying strategies to reduce the stigma for youth associated with being a consumer of mental health and substance abuse services. Current activities include the implementation of training for recognition of at-risk behavior and the delivery of effective treatment.

2004- Potter and Greene Counties implement county-wide teen suicide prevention projects, comprised of counseling and peer intervention programs; Columbia TeenScreen® program is active in all Potter and Greene County schools and a suicide prevention coordinator is hired in both counties.

It has been said that suicide is a permanent solution to a temporary problem. Suicide occurs when the pain is more extensive than a person's coping skills and pain tolerance.

We urge NAMI members to use our collective advocacy efforts to urge policy makers and funders to prioritize expanded suicide prevention efforts. As noted prior, suicide deaths outnumber homicide deaths by five to three.

Yes, strides are being made in youth suicide prevention efforts but we must do more. We must ensure that every local school district offers a full complement of services for children, better implements strategies to identify at risk youth and have incorporated the recommendations of the state's Youth Suicide Prevention Plan. We must advocate for expanded services for seniors, especially at risk older males with a history of depression, and routine depression screenings for all seniors at every point of contact with medical treatment. We must urge for increases in the availability of protective factors accessible to all individuals. Research indicates that when protective factors are easily accessible, existing risk factors may pose less of a threat. Policy makers and funders must place a priority in

expanding ready access to effective mental health treatment and supports. Increasing the availability of integrated physical and behavioral health care into one treatment location and the expansion of mobile treatment options is a step in the right direction.

Through our efforts to increase community awareness of mental illness and the reality of recovery we can lessen the stigma associated with diseases of the brain. In doing so we work to eliminate barriers that may prohibit people in crisis from asking for help. Contact the NAMI Southwestern Pennsylvania office today and find out how you can assist us in our efforts. 🌐

Resources and Where to Turn

In a crisis, contact:

National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
24-hour toll-free crisis hotline, federally funded, that directs callers to a near-by crisis center. www.suicidepreventionlifeline.org

National Suicide Hotline

Kristin Brooks Hope Center: 1-800-SUICIDE (784-2423)
Non-profit organization dedicated to suicide prevention, intervention and healing. www.hopeline.com

The Covenant House Ninline Hotline: 1-800-999-9999

24-hour toll-free crisis hotline offering confidential and immediate crisis intervention and referrals to local community resources. www.covenanthouse.org/programs_nl.html

The Trevor Helpline: 1-800-850-8078

National 24-hour, toll-free suicide prevention hotline aimed at gay and questioning youth. www.thetrevorproject.org

Ulifeline www.ulifeline.org

Site created by the Jed Foundation, providing mental health information and support to college students. Provides links to colleges' mental health crisis centers and offers useful information about mental health issues and suicide warning signs.

Additional information concerning suicide can be found at www.namispwpa.org.