



Training Professionals & Communities in
Suicide Prevention & Response

Connect Suicide Prevention Project



A National Best Practice Program



Reducing Risk and Promoting Healing After A Death From Suicide Global Video Teleconference 9/30/09

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10 Leading Causes of Death, United States 2000 - 2005, All Races, Both Sexes

	Age Groups										
Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 33,674	Unintentional Injury 10,203	Unintentional Injury 7,144	Unintentional Injury 9,088	Unintentional Injury 90,410	Unintentional Injury 75,747	Unintentional Injury 98,224	Malignant Neoplasms 297,001	Malignant Neoplasms 564,507	Heart Disease 3,380,356	Heart Disease 4,097,515
2	Short Gestation 27,649	Congenital Anomalies 3,214	Malignant Neoplasms 3,046	Malignant Neoplasms 3,143	Homicide 31,374	Suicide 30,037	Malignant Neoplasms 93,972	Heart Disease 222,840	Heart Disease 384,000	Malignant Neoplasms 2,336,661	Malignant Neoplasms 3,334,232
3	SIDS 13,690	Malignant Neoplasms 2,410	Congenital Anomalies 1,160	Suicide 1,629	Suicide 24,491	Homicide 27,620	Heart Disease 79,408	Unintentional Injury 91,415	Chronic Low. Respiratory Disease 69,763	Cerebro-vascular 828,377	Cerebro-vascular 945,213
4	Maternal Pregnancy Comp. 9,812	Homicide 2,322	Homicide 782	Homicide 1,265	Malignant Neoplasms 10,224	Malignant Neoplasms 22,757	Suicide 39,838	Liver Disease 43,608	Diabetes Mellitus 61,590	Chronic Low. Respiratory Disease 648,644	Chronic Low. Respiratory Disease 749,140
5	Placenta Cord Membranes 6,359	Heart Disease 1,095	Heart Disease 589	Congenital Anomalies 1,203	Heart Disease 6,342	Heart Disease 18,945	HIV 32,022	Suicide 38,065	Cerebro-vascular 59,401	Alzheimer's Disease 359,512	Unintentional Injury 645,277
6	Unintentional Injury 5,883	Influenza & Pneumonia 717	Influenza & Pneumonia 290	Heart Disease 970	Congenital Anomalies 2,876	HIV 10,751	Homicide 19,929	Cerebro-vascular 36,665	Unintentional Injury 53,182	Influenza & Pneumonia 338,784	Diabetes Mellitus 436,398
7	Respiratory Distress 5,519	Septicemia 540	Benign Neoplasms 277	Chronic Low. Respiratory Disease 468	Cerebro-vascular 1,194	Diabetes Mellitus 3,733	Liver Disease 18,368	Diabetes Mellitus 32,709	Liver Disease 37,744	Diabetes Mellitus 324,933	Influenza & Pneumonia 380,856
8	Bacterial Sepsis 4,646	Perinatal Period 414	Chronic Low. Respiratory Disease 263	Influenza & Pneumonia 315	Influenza & Pneumonia 1,118	Cerebro-vascular 3,466	Cerebro-vascular 14,596	HIV 26,116	Suicide 21,944	Nephritis 205,437	Alzheimer's Disease 363,297
9	Circulatory System Disease 3,665	Benign Neoplasms 327	Septicemia 222	Cerebro-vascular 277	HIV 1,110	Congenital Anomalies 2,692	Diabetes Mellitus 12,168	Chronic Low. Respiratory Disease 21,075	Nephritis 21,749	Unintentional Injury 203,470	Nephritis 246,539
10	Intrauterine Hypoxia 3,364	Chronic Low. Respiratory Disease 318	Cerebro-vascular 211	Benign Neoplasms 255	Chronic Low. Respiratory Disease 1,071	Liver Disease 2,154	Influenza & Pneumonia 5,839	Viral Hepatitis 13,084	Septicemia 20,678	Septicemia 155,206	Septicemia 198,905

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

CONNECT!

A COMPREHENSIVE PUBLIC HEALTH PROGRAM

- Prevention- education about early recognition
- Intervention- skills for responding to attempts and threats
- Postvention- appropriate response after a suicide



Increased Risk/Contagion

- Exposure to a suicide may influence others (who may already be at risk) to take their life or attempt suicide
- Having known someone who dies by suicide is one of the most significant risk factors for suicide
- Though a rare event, research has established the phenomenon of contagion
- Teens and young adults are particularly prone to contagion
- Sensational media reports and inappropriate memorial services may contribute to increased risk/contagion



Activities and response following a suicide death

Goals of postvention include:

- To promote healing
- To reduce risk of contagion
- To identify those at risk and connect them to help
- Postvention planning should occur prior to a suicide death

Personal Impact of Suicide

“I will blame myself for the rest of my life for not doing more to help my son...It never goes away”

General Mark Graham 4/09

Son Kevin 21 (ROTC) died by suicide in 2003



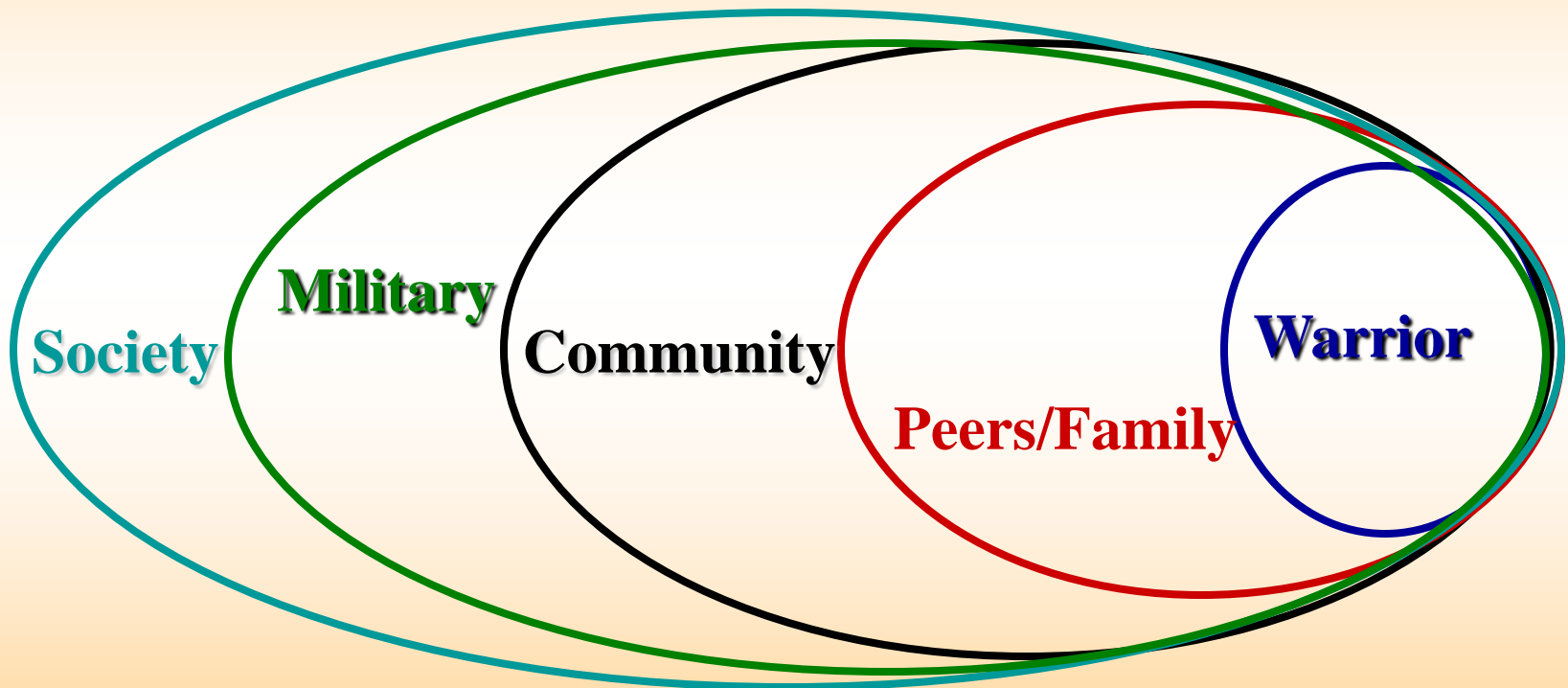
Carol and Mark Graham

WHY?????

- For family, friends, the grief is often combined with a relentless search for an explanation or answer.
- Grieving a suicide can include intense feelings of:
 - **Shame**
 - **Anger**
 - **Guilt**
 - **Regret**
 - **Self-Blame**

Impact of Suicide

Ecological Model



The Implications of Not Addressing Suicide

- Family, friends, combat buddy's feel isolated, blamed.
- People who were impacted may not seek help and counseling that would be beneficial.
- People who are vulnerable, may be at greater risk.
- Facts may be replaced by rumor and innuendo
- The stigma of suicide reinforces the silence around suicide.



Stigma

(the shame or disgrace attached to something regarded as socially unacceptable)

Stigma as it relates to suicide is complex.

- + Positive stigma prevents people from acting on suicidal impulses.
- Negative stigma prevents people from seeking help, or it can isolate family members and fellow Soldiers following a suicide death.

Positive Action:

Encourage help-seeking as a sign of courage

Postvention Planning

- Bring together key stakeholders to plan a coordinated (community) response
- Establish communication links, including after hours contact information
- Discuss roles and limitations in the event of a suicide death
- Involve faith-based communities and funeral directors
- Anticipate that key providers may be directly impacted by the death
- Develop policies regarding funeral honors
- Provide training in Postvention response/protocols

Following a Suicide

- Connect family with CAO and/or TAPS 1-800-959-TAPS (8277) and other supports
- Be honest about cause of death without providing specific details
- Talk openly about self-care and role model self-care as well as providing support to others
- Pay attention to supporting helpers, e.g. SIO, Unit Commander CAO, Chaplains, Family Program staff
- Remember that the healing process will take months and years, and that people grieve in different ways
- Encourage PAO/media to follow media recommendations

Social Networking Sites/Internet

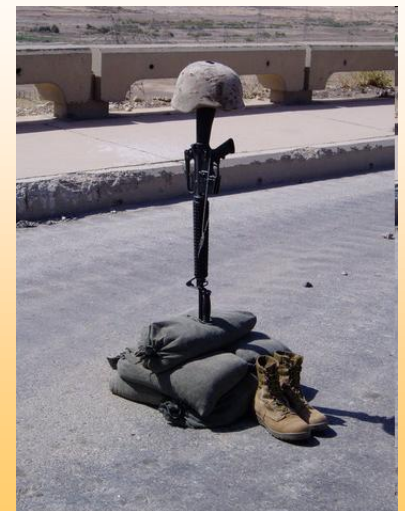
- Search and monitor postings for information related to the death, a suicide pact, or warning signs of the deceased/friends
- Sites can often be deactivated or placed on memorial status when requested by next of kin
- Recognize that social networking sites can serve as a connected community


Positive Action:

- **Notify others of individuals at risk**
- **Post warning signs and NSPL 1-800-273-TALK**
- **Continue to monitor**

Suicide In Theatre

- Often handled differently than a suicide at home
- Can evoke feelings of anger, resentment and even contempt from fellow Warriors
- Memorial services may differ from combat and other deaths





It
takes
the
courage
and
strength
of a warrior
to ask
for help.....

**If you're in an emotional crisis
call 1-800-273-TALK "Press 1 for Veterans"**

www.suicidepreventionlifeline.org

Postvention Training 11/08



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