

Your EAP|Here4TN! for you and your family

**PARTNERS
FOR HEALTH**
EMPLOYEE
ASSISTANCE
PROGRAM

Suicide in Tennessee

Suicide can happen to anyone. An estimated 930 men, women, and children die by suicide each year in our state— which is more people than are lost to homicide, AIDS, or drunk driving. Suicide is the third-leading cause of death among young adults age 15 – 24 in Tennessee. According to the Tennessee Department of Health, over the past five years there were 4,782 recorded suicide deaths in our state.

Many individuals suffer from depression, which affects more than 17 million Americans yearly. When the spiral of isolation and misery is left unchecked, suicide may appear to be the only answer, and those in this situation may feel helpless or ashamed of his or her feelings. With proper diagnosis and treatment of depression, suicide can be prevented.

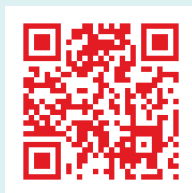
Those who commit suicide leave behind survivors: friends, and family members who have to live with the loss. Special care must be taken to help survivors move through their feelings of grief and sadness. Being proactive and recognizing the symptoms of someone who may feel depressed or suicidal can help with treatment and prevention. Individuals struggling with suicidal feelings should know that people care and there are many different mental health tools and resources available. Through public discourse, education, and awareness, each of us can play our part in reducing the frequency of suicide in our communities. With compassion and courage, we can give a loved one hope in time of despair.

We need everyone's support in this ongoing struggle. You are invited to visit www.tspn.org to find out how you can join the suicide prevention movement and save lives in Tennessee. For more information on Suicide Prevention Awareness Month or the Tennessee Suicide Prevention Network, contact Executive Director Scott Ridgway, MS, at (615) 297-1077 or sridgway@tspn.org.

The week of September 7 – 13 is National Suicide Prevention Week. It's a good time to pause and reflect on the health and wellness of those around us, and to be aware of how someone at risk for suicide may need us to intervene on their behalf.

If someone is considering suicide, it's crucial to get help right away. The National Suicide Prevention Lifeline is a service available to anyone 24 hours a day, seven days a week toll-free at **1-800-273-TALK (8255)**. When you call, you'll reach a skilled crisis counselor in your area. You may call for yourself or for someone you care about, and all calls are confidential. (Online crisis chat is also available at www.suicidepreventionlifeline.org.)

Your ParTNers EAP also provides responsive help if someone in your family has a crisis. Confidential in-person and telephonic counseling is available toll-free at **1.855.Here4TN (1.855.437.3486)**. Visit the www.HERE4TN.com website to learn more about suicide.



Myths and Realities About Suicide

There are a number of myths associated with suicide and depression. Here are several examples.

Myth: Only certain types of people commit suicide.

Reality: There is no suicide “type.” Suicide is not hereditary, nor are all individuals who commit suicide mentally ill. All kinds of people end their own lives. Anyone can become suicidal.

Myth: A suicide attempt is a bid for attention. Ignoring it will discourage another attempt.

Reality: The major cause of suicide is depression. With depression come feelings of hopelessness and helplessness. All of the individual’s previous coping skills are not helping them deal with the situation. As a result, they feel that they have no other option but to end their life. Ignoring it will not make it go away, but it will increase the feelings of isolation and desperation.

Myth: People do not show signs of being suicidal.

Reality: There is usually some will to live in addition to a desire to die. People who are thinking about suicide often give clues to their intentions in hopes of receiving help. The clues given will vary by individual. Some people might admit to having thoughts about death; others will give very subtle hints.

Myth: If a person just talks about suicide, then they probably won’t actually go through with it.

Reality: Talking about suicide is usually a cry for help which should not be ignored. If you hear someone talking about suicide, take them seriously and encourage them to get help. Be persistent and attentive.

Myth: If a person is suicidal once, he or she will always be suicidal.

Reality: Suicidal people who receive help can live very happy, productive lives, even after a suicide attempt.

Myth: It is not a good idea to discuss suicide with depressed people because it puts the notion in their minds to commit suicide.

Reality: Talking about suicide can help depressed people realize that others care about them. It can actually help reduce the possibility of suicide.

Myth: Only people who are really depressed commit suicide.

Reality: Anyone exhibiting five or more warning signs (see the article at right) could be contemplating suicide.

Know the Warning Signs

Suicide and suicidal behaviors are tragic reactions to life situations. However, the impulsive act of suicide can be prevented if you’re able to spot the warning signs of suicide and arrange prompt, professional treatment. When someone is at risk for suicide, they may:

- Withdraw and become isolated from family and friends
- Give away prized possessions
- Often talk about death, seem to wish for death or having not being born, or make statements such as, “There’s nothing left to live for”
- Engage in daring and risk-taking behavior
- Show stark personality changes (e.g., withdrawal, aggression, moodiness) or large emotional swings
- Be depressed
- Have attempted suicide in the past
- Exhibit a change in appetite, weight or sleeping patterns
- Obtain items that could be used in a suicide such as a gun or medications
- Lose interest or pleasure in regular activities, or express a lack of interest in the future
- Be fatigued or lose energy.

If you recognize a number of these symptoms in a friend or loved one, quickly contact a mental health provider, physician, or suicide/crisis hotline for advice and help.

Who is Most at Risk?

Extensive research has identified the most common risk factors for suicide. The strongest risks for people's suicides are depression, substance abuse, and relationship breakups. Also, men are more likely than women to commit suicide.

A person may be most at risk if they have:

- Experienced a relationship, family or employment loss
- Attempted suicide in the past
- Depression or other mental health problem (research findings suggest that about 60 percent of people committing suicide are depressed)
- An alcohol or other substance abuse disorder (most people who die by suicide have a combination of behavioral and substance abuse problems)
- A family history of suicide
- A family history of mental illness or substance abuse
- Overwhelming feelings of hopelessness
- Family violence, including physical or sexual abuse
- Firearms in the home
- Exposure to suicidal behavior of others, such as family members, peers, or media figures.



Additional risk factors for suicide specifically in teenagers include:

- Having a history of hurting themselves on purpose
- Having a history of being neglected, abused or bullied
- Living in communities where there have been recent outbreaks of suicide in young people
- Romantic breakups.

Sources: *The National Institute of Mental Health/National Institutes of Health, A.D.A.M.*

Suicide Interventions

If an individual has attempted suicide, a number of safety and treatment supports may follow.

- **Rapid response:** A person may need emergency treatment after a suicide attempt. They may need first aid, CPR, or mouth-to-mouth resuscitation.
- **Hospital care:** Hospitalization is often necessary when a person's risk of suicide is high. People who try to commit suicide may need to stay in a hospital for treatment and to reduce the risk of future attempts.
- **Counseling:** Psychotherapy with a counseling professional can help the individual recover from depression and develop coping skills. Addiction treatment may be necessary if the individual is struggling with drug or alcohol dependence.
- **Medication:** An FDA-approved drug to treat the symptoms of depression or anxiety may be prescribed as indicated.
- **Education and support:** Psycho-education for the suicide survivor and family, plus ongoing participation in a support group, can help the individual further his or her recovery.

Prevent a Suicide—Save a Life

Suicide is a major public health problem throughout the U.S. and beyond. It can devastate families and communities. However, if we take the time to become aware of the risk factors for suicide—along with steps to take if a potential suicide is suspected—we can prevent a tragedy and save a life. Here are some key things to know about suicide.



- **Understand the sources of suicidal thoughts.** People with suicidal thoughts are usually struggling with a painful life situation such as a relationship problem, financial crisis or deep depression. As the situation worsens, they begin to lose their ability to elude their crisis. At some point they may develop “tunnel vision” and believe that suicide is the only solution.
- **Recognize the warning signs.** When a person is beginning to feel trapped by a life-threatening problem, they may show subtle or more obvious clues that they are considering suicide. Listen closely to what they say, and take it seriously. Don't seem shocked—or be critical or judge someone—if they refer to ending their life.
- **Talk openly about the issues.** If you suspect suicide risk in someone you know, don't avoid the issue. Instead, talk about it so that they know they are understood and cared for. Ask direct questions about their plans, and assess their responses (vague versus detailed) to gauge their level of risk.
- **Remove dangerous items.** If the at-risk individual is in your home, remove items such as firearms and medications that could be used in a suicide attempt.
- **Take action to help ensure safety.** If a loved one or friend is having suicidal thoughts or is thinking about harming him- or herself, call 911 or a suicide hotline immediately—even if the person resists your efforts. Don't swear to secrecy if this is requested. Early intervention can make the difference between life and death.
- **Support the individual's treatment.** Once the danger of suicide is past, help the individual arrange ongoing counseling with a mental health professional. Some combination of therapy, medication and psycho-education can put him or her on a path to greater stability and wellness.

ParTNers EAP can assist with counseling sessions and resources. Call us at any time if you or a loved one is thinking about suicide, 1.855.Here4TN (1.855.437.3486).

Taking Suicide Seriously

Suicide prevention should be taken seriously. If you or someone you know is talking about suicide, it is important to get help right away. Through your ParTNers EAP you can call and speak with a professional confidentially at any time day or night. You can also visit the www.HERE4TN.com website to learn more about the risks and prevention of suicide.

Additional Suicide Resources:

- *National Suicide Prevention Lifeline:* 1-800-273-TALK (8255)
- *Suicide Prevention Life Line:* www.suicidepreventionlifeline.org
- *American Foundation for Suicide Prevention:* www.afsp.org
- *National Institute of Mental Health:* www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml

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