

Promote Hope & Save Lives: Suicide Prevention 101

Maternal Infant Health Program CoP
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Plan for Today

- Michigan Suicide Data
- Warning signs
- Risk and protective factors
- Have the Conversation
- Resources

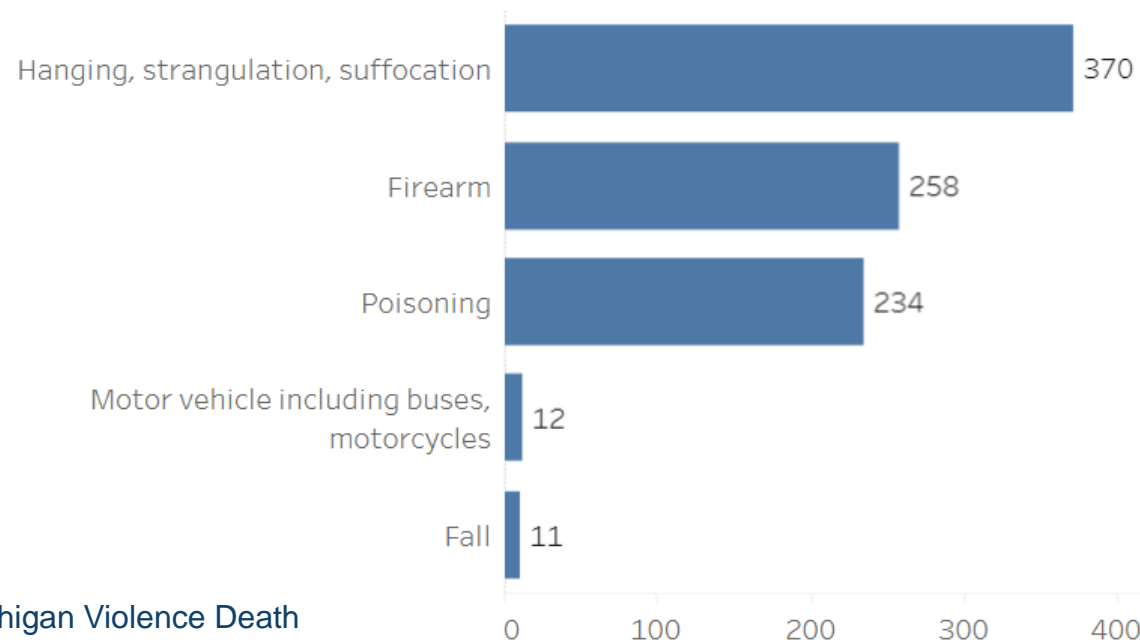
Suicide Mortality Data 2014–2020, Females & Unknown Sex, aged 15–44 in Michigan



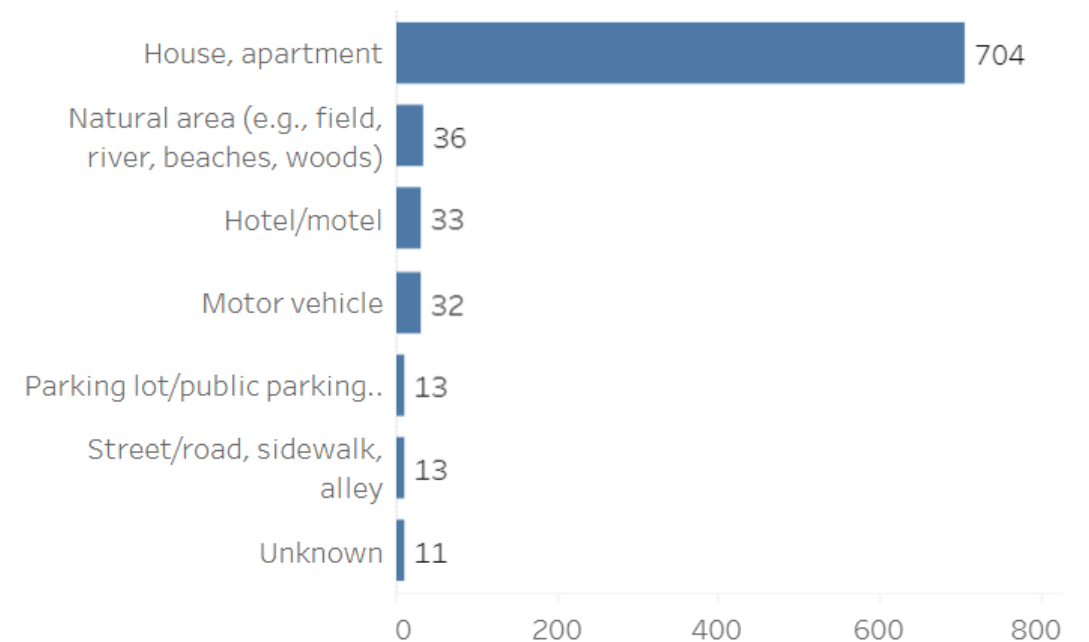
Suicide Deaths by Year



Suicide Deaths by Means**

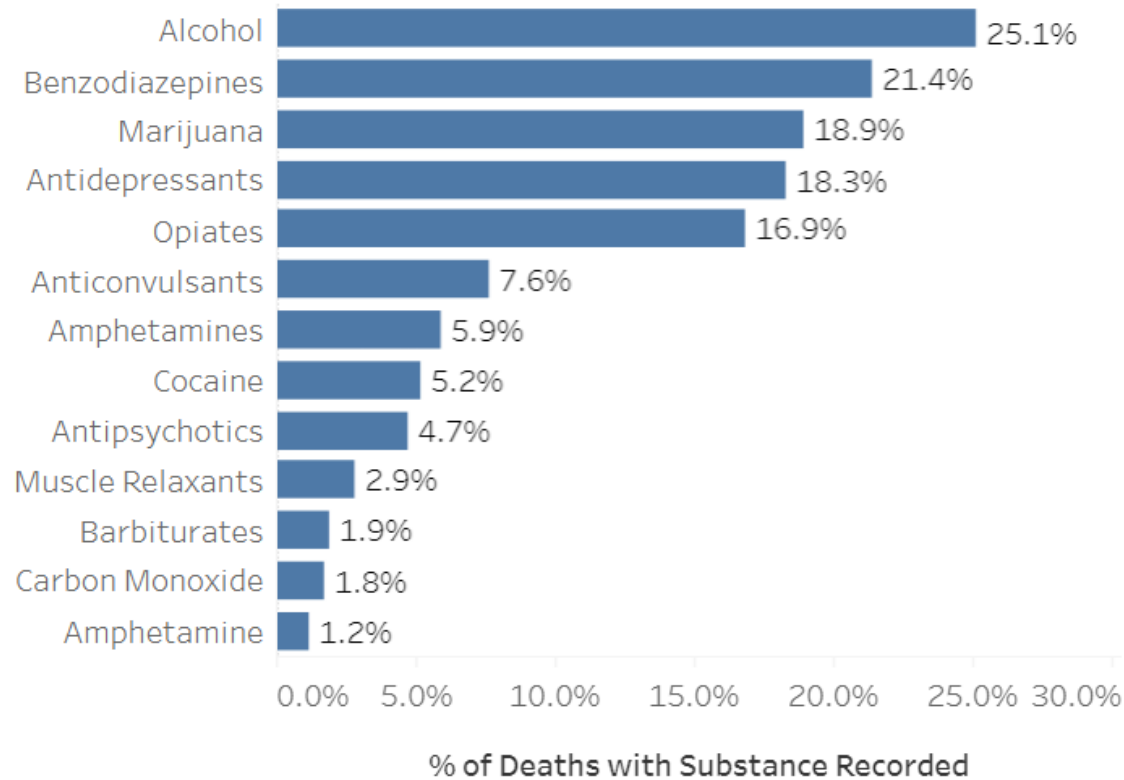


Suicide Deaths by Location Type**

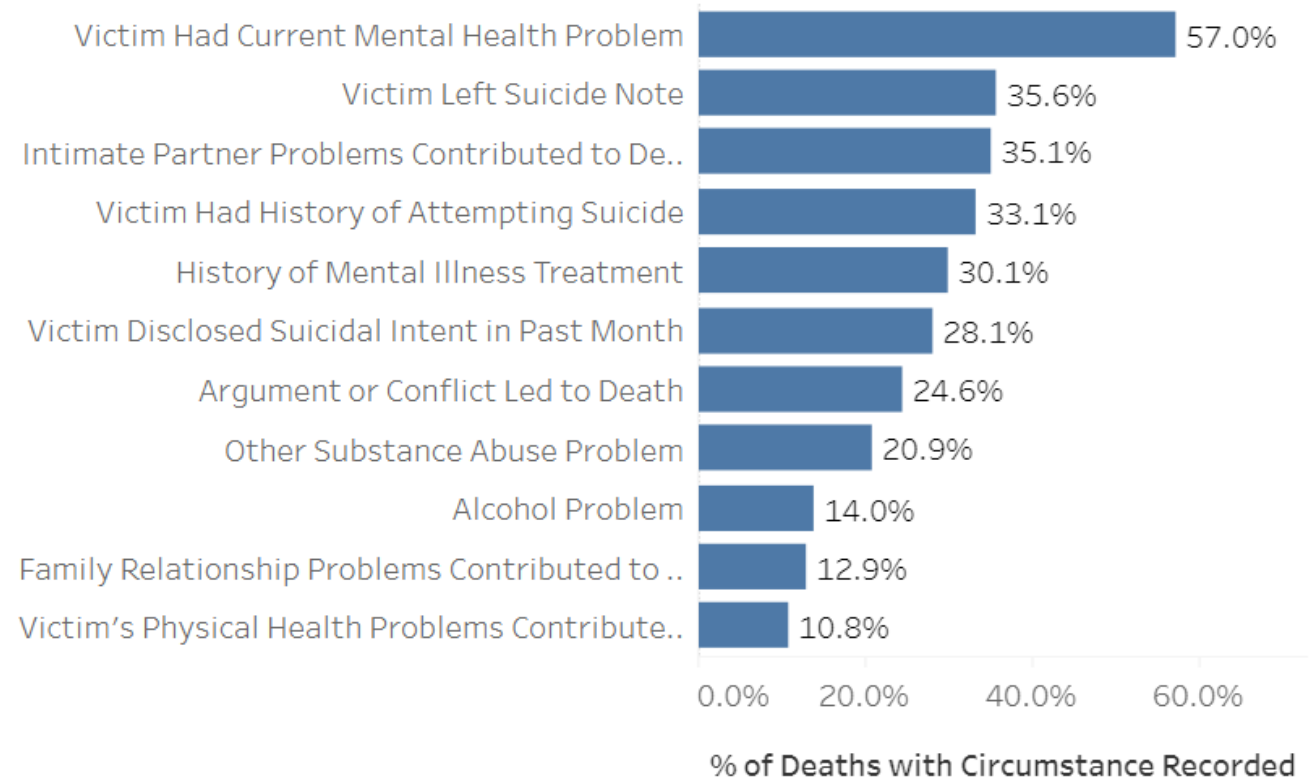


Suicide Mortality Data 2014–2020, Females & Unknown Sex, aged 15–44 in Michigan

Substances Recorded*** in Suicide Deaths



Circumstances Recorded*** in Suicide Deaths



Pregnant and Postpartum Suicide Data



- In Michigan in 2016–2020, suicide accounted for 5% of pregnancy-associated deaths (MDHHS Michigan Mortality Surveillance Program).
- Suicide accounted for 3% of pregnancy-associated, not related deaths in Michigan in 2016–2020 (MDHHS Michigan Mortality Surveillance Program).
- The 2022 CDC report on pregnancy-related maternal mortality revealed mental health conditions (made up of suicide and accidental overdose/poisoning deaths) as the leading underlying cause of pregnancy-related death among Hispanic and non-Hispanic White women.
- Women who self-report as “other race” are almost 3 times more likely than white women to report suicidal ideation in the postpartum period.

MATERNAL SUICIDE IS A LEADING CAUSE OF MATERNAL MORTALITY IN THE U.S.



maternal deaths are due to suicide

making maternal suicide deaths more common than deaths caused by hemorrhage or hypertensive disorders.



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MATERNAL SUICIDE IS A LEADING CAUSE OF MATERNAL MORTALITY IN THE U.S.

Hispanic and Black women are



more likely to report suicidal ideation than White women.



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MATERNAL SUICIDE IS A LEADING CAUSE OF MATERNAL MORTALITY IN THE U.S.

Women diagnosed with **postpartum depression**

have an elevated **risk for suicide** up to

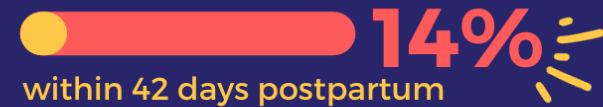
18 years postpartum



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MATERNAL SUICIDE IS A LEADING CAUSE OF MATERNAL MORTALITY IN THE U.S.

While maternal suicides can happen during pregnancy, **most maternal suicides occur in the postpartum period** and not just in the immediate postpartum period.



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Common Questions About Suicide

- Is suicide preventable?
- How do I know someone might be suicidal?
- What can I do to help if I am concerned about someone?
- What resources are available to support someone in crisis?
- How do I cope with loss after suicide?

Words Matter

<i>Use</i>	<i>Don't Use</i>
<i>“died by Suicide” or “took their own life”</i>	<i>“committed suicide”</i> <i>Note: Use of the word commit can imply crime/sin</i>
<i>“attempted suicide”</i>	<i>“successful” or “unsuccessful”</i> <i>Note: There is no success, or lack of success, when dealing with suicide</i>

What “causes” suicide?

- ❑ The causes of suicide are complex.
- ❑ Suicide is not caused by any one factor.
- ❑ Most people who experience risk factors do not die by suicide.



When Hope is Hard Work

- Suicide is often surrounded by stigma, making it less likely someone will seek help, and harder to know when someone really needs help.
- People who are suicidal do not usually want to die, as much as they do not want to go on living with their pain.
- The more we understand about suicide prevention the more we can help the people we care about who are struggling.





What can
be done
to
prevent
suicide?



**Know the warning
signs**

**Ask directly: “Are you
thinking about suicide?”**

**Make a safety plan and
reduce access to lethal
means**

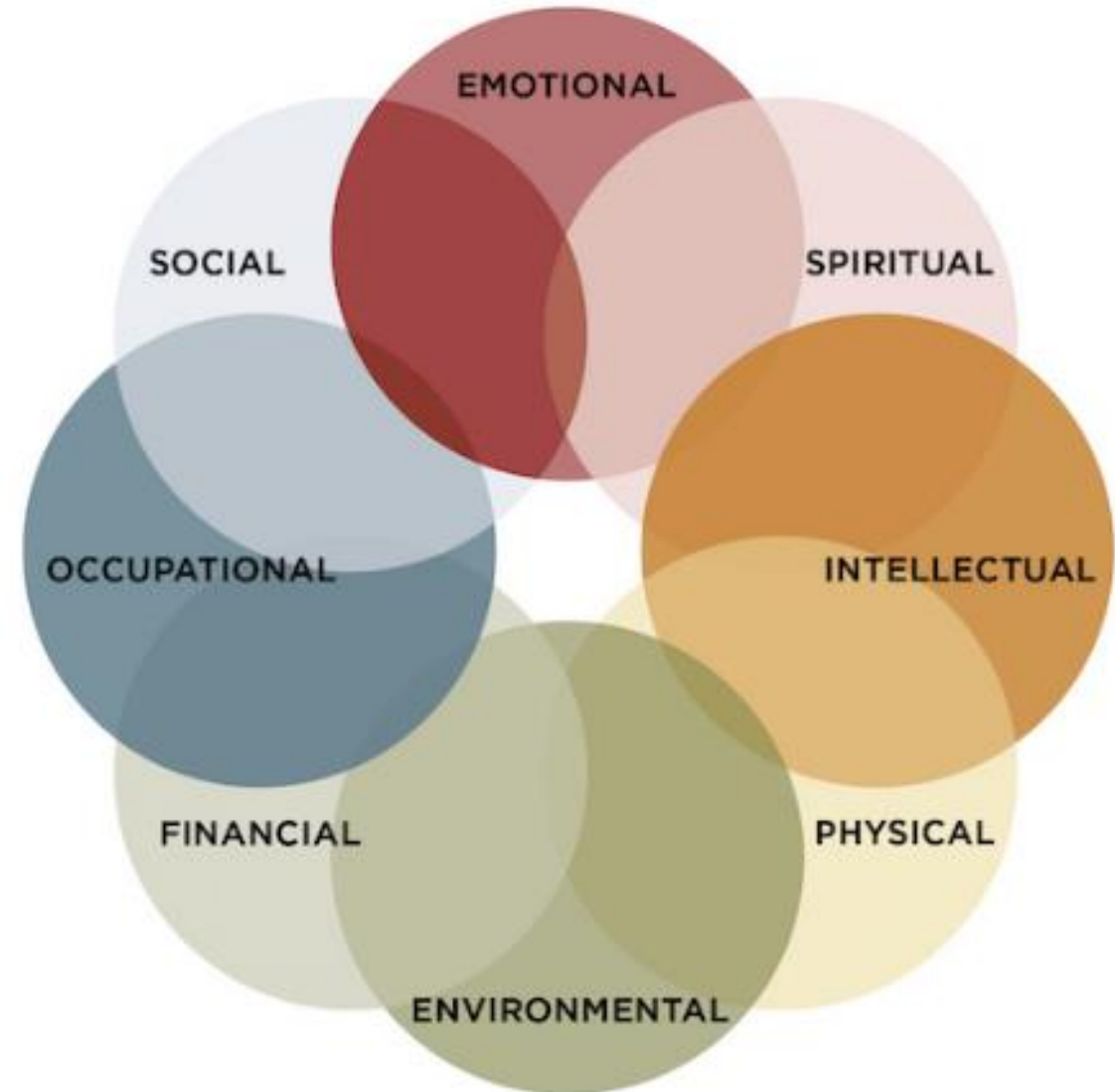
**Connect to providers trained in
suicide prevention treatments (DBT,
CBT-SP, CAMS, etc.)**

**Create systems to respond to
suicide risk in least restrictive (least
traumatizing) way**

Warning Signs & Risk Factors

Warning signs: Specific behavioral or emotional clues that may indicate suicidal intent.

Risk factors: Conditions or circumstances that may elevate a person's risk for suicide.



Awareness – Risk Factors

- Family history of suicide and/or child maltreatment
- Previous suicide attempt(s)
- History of mental disorders, particularly clinical depression
- History of alcohol and substance abuse
- Relationship problems
- Isolation, a feeling of being cut off from other people
- Barriers to accessing mental health treatment
- Loss (relational, social, work, or financial)
- Physical illness
- Loss of housing
- Financial problems
- Feelings of hopelessness
- Easy access to lethal methods
- Unwillingness to seek help because of the stigma attached to mental health, substance use disorders, and suicide

What Groups are Most Impacted by Suicide?



Statistically, the following population groups are disproportionately affected by suicide risk:

- Males
- American Indian/Alaska Natives and Whites
- Older adults
- Veterans
- Those living in rural areas
- LGBTQ youths and adults

Protective Factors

- **Access** to effective behavioral health care
- **Connectedness** to individuals, family, community, and social institutions
- **Life skills**, including problem solving skills and coping skills, ability to adapt to change
- Self-esteem, **sense of purpose**, or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide

Critical Warning Signs



- ❖ Threatening to hurt or kill oneself, or talking of wanting to hurt or kill oneself
- ❖ Making plans for suicide, or looking for ways to kill oneself (purchasing a gun, stockpiling pills, etc.)
- ❖ Talking, posting or writing about death, dying, or suicide, when these actions are out of the ordinary for the person

**Feeling hopeless
or worthless**

**Extreme mood
swings**

**Feeling trapped or in
unbearable pain**

Withdrawal, isolation

**Fear of
becoming a
burden**

**Sudden uplift in mood, without a
reason**

**Sleeping too
much or too little**

**Preoccupation with death or a lack
of concern about personal safety**

**Increasing use of substances,
especially alcohol**

These additional warning signs may not indicate an immediate crisis, but are also cause for concern, ***especially when the behavior is new, has increased, or seems related to a painful event, loss or change.***



Having the Conversation: Getting Ready

You don't have to have all the answers.

The most important thing you can do is listen.

- Take a deep breath
- Create a safe environment
- Give yourself plenty of time (don't rush)
- Be prepared with resources and for their response (yes or no)
- Listen more than you talk
- Make sure to have your own supports in place

It's *OK* to be Direct

**Are you
thinking
about
suicide?**

Talking about suicide
does not increase suicidal
behavior.

By talking openly and
directly, you are sending
the message that you
care and want to help.

- Are you thinking about suicide?
- Have you thought about how you would do it? (*have you made a plan?*)
- When do you feel the most pain? What happens before that leads to you thinking about suicide?
- What have you done in the past to stop you from making an attempt?





If They Say “No”

- Encourage them to talk about how they are feeling
- Support their coping and resiliency. Ask what helps them feel better.
- Encourage them to reach out to resources such as the 988 Suicide & Crisis Lifeline
- Remind them that you are there for them
- Listen without lecturing or judgment
- Be vigilant about the behaviors you are noticing and continue to check in with them on a regular basis.



**If They
Say
“YES”**

- **Take it seriously**
- Remain calm
- Thank them for their honesty and openness
- Encourage them to talk about the reasons they feel this way and listen
- The most important action you can take is to listen...really listen
- Encourage them to reach out for help; offer to make the call with them

Recap: What You Can Do

- If you sense something is wrong, **don't delay asking!**
- **Find the Words** to have this difficult conversation.
- **Express your concern**, mention specific things you have noticed
- **Ask directly if they are thinking about suicide**



Plan for Safety

- Ask them if they have access to weapons or medications, and work with them to safely store those items
- Help them identify signs of crisis and things they can do to help take their mind off their problems.
- Make a list of who they can call when they are in a crisis
- Trusted individuals, professionals, crisis lines

Self-awareness:

These thoughts / feelings / behaviors tell me I'm in a bad place emotionally or becoming dangerous to myself:

Action:

When I notice this happening, I will take care of myself by doing these things:

Friendly people and places:

I will go to these people or places to stay connected or to distract myself (include contact info):

Emotional support

I will share my feelings with these friends or relatives, and I will ask them for help (include contact info):

Turn to professionals:

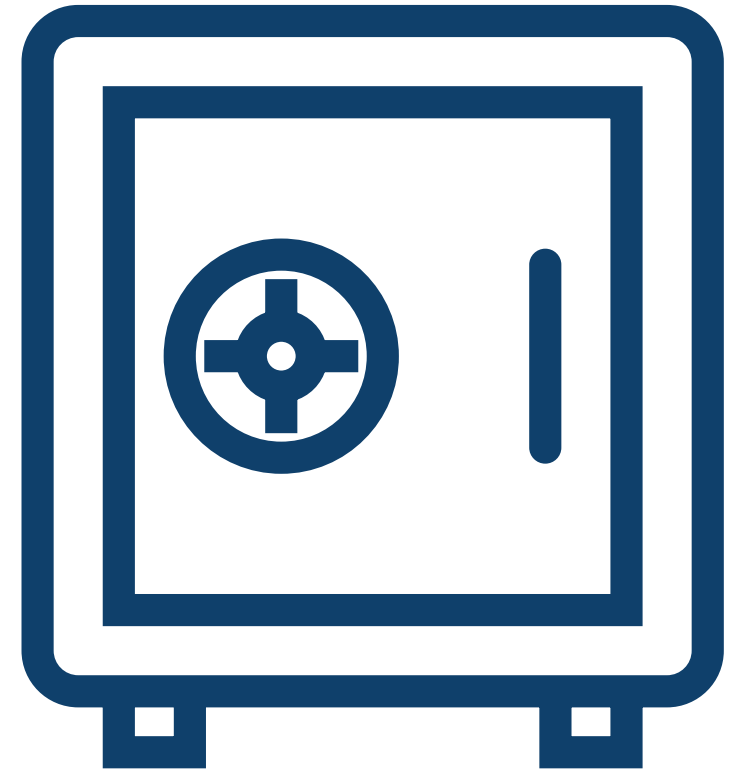
When nothing else seems to be helping, I will call on these professionals (include contact info):

Yes! I can get through this:

If I find myself unable or unwilling to follow these steps, I will remind myself:

Safety Planning – *Means Safety*

- Remove or limit access to expired, excess, and potentially lethal medications.
- Distraught, agitated, depressed, and/or suicidal people are not safe around firearms.
 - Removing firearms from the home during a time of heightened risk is highly recommended.
 - If removal is not possible, locks are the next best option. Keep ammunition and firearms locked separately.
 - Remove keys, change combinations.



Safety Planning Resources



Counseling for Access to Lethal Means:

<https://zerosuicidetraining.edc.org/enroll/index.php?id=20>

Youth Safety Planning Course:

<https://healthknowledge.org/course/index.php?categoryid=114>

Reach Out 24/7



If you or someone you know
needs support now,
CALL OR TEXT: 988
CHAT: 988lifeline.org

Talk with us.



CRISIS TEXT LINE |

Text HELLO to 741741

Free, 24/7, Confidential

You are not alone. There are resources available to help.

Should You Call 911?



- If you have ever been in this position, you know how difficult it can be.
- The fear of saying or doing the wrong thing, or not doing enough, can be overwhelming.
- The safest response might seem like calling 911. While this is true in some situations, in most situations, a less drastic response may be more helpful.
- **Instinct and compassion: two tools you can always count on.** Trust your instinct if it tells you something is wrong.

When Should You Call 911?



- ❖ **Calling 911 connects the situation to first responders, such as law enforcement, firefighters and EMT.** If you suspect someone is about to or has already harmed themselves and requires medical attention, or if you are in danger, you should call 911.
- ❖ **Crisis lines are equipped to deal with crisis situations.** Crisis line counselors quickly assess the level of risk to get the caller to the appropriate services if risk is imminent. They also counsel the person over the phone to reduce their risk.

Resources

- [Suicide Prevention Resource Center](#)
- [2024 National Strategy for Suicide Prevention](#)
- [Michigan Suicide Prevention Plan](#)
- [Maternal Suicide Resource Center](#)
- [National Maternal Mental Health Hotline](#)
 - 1-833-TLC-MAMA
- [Postpartum Support International](#)
- [March of Dimes-Mental Health During Pregnancy](#)
- [Suicide Prevention and the Clinical Workforce- Guidelines for Training](#)
- [Relias Suicide Prevention Training/Webinars](#)

Thank you!

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