

# A Comprehensive Approach to Suicide Prevention



Effective suicide prevention is comprehensive: it requires a combination of efforts that work together to address different aspects of the problem.

Each strategy is a broad goal that can be advanced through an array of possible activities (i.e., programs, policies, practices, and services).

Strategies	Activities and Actions
<p><b>1. Identify and Assist Persons at Risk</b> Many people in distress don't seek help or support on their own. Identifying people at risk for suicide can help you reach those in the greatest need and connect them to care.</p>	<ul style="list-style-type: none"> <li>• Gatakeeper Training</li> <li>• Suicide Screening</li> <li>• Education about warning signs</li> </ul>
<p><b>2. Increase Help-Seeking</b> By teaching people to recognize when they need support—and helping them to find it—you can enable them to reduce their suicide risk.</p>	<ul style="list-style-type: none"> <li>• Promotion of self-help tools and encourage help-seeking</li> <li>• Outreach and education campaigns</li> <li>• Increase knowledge of available resources</li> <li>• Make services more convenient and culturally appropriate</li> </ul>
<p><b>3. Ensure Access to Effective Mental Health and Suicide Care and Treatment</b> A key element of suicide prevention is ensuring that individuals with suicide risk have timely access to evidence-based treatments, suicide prevention interventions, and coordinated systems of care.</p>	<ul style="list-style-type: none"> <li>• Provider training to deliver effective prevention interventions (such as safety planning and evidence-based treatments/therapies)</li> <li>• Adoption of <b>Zero Suicide framework</b> by health and behavioral health systems</li> <li>• Reducing barriers to care (financial, logistical, cultural)</li> </ul>
<p><b>4. Support Safe Care Transitions and Create Organizational Linkages</b> You can reduce patients' suicide risk by assuring them an uninterrupted transition of care and by facilitating the exchange of information among the various individuals that contribute to their care.</p>	<ul style="list-style-type: none"> <li>• Tools and practices that support continuity of care include formal referral protocols, interagency agreements, cross-training, follow-up contacts, rapid referrals, and patient and family education.</li> <li>• Involving families and support networks in care</li> </ul>
<p><b>5. Respond Effectively to Individuals in Crisis</b> Individuals in your school, organization, or community who are experiencing severe emotional distress may need a range of services. Crisis services directly address suicide risk by providing evaluation, stabilization, and referrals to care.</p>	<ul style="list-style-type: none"> <li>• Develop a full continuum of crisis services that could include: hotlines and helplines, mobile crisis teams, walk-in crisis clinics, hospital-based psychiatric emergency services, and peer-support programs.</li> </ul>
<p><b>6. Provide for Immediate/Longterm Postvention</b> A postvention plan is a set of protocols to help your organization or community respond effectively and compassionately to a suicide death.</p>	<ul style="list-style-type: none"> <li>• Develop a formal response to support those affected by a suicide death</li> </ul>
<p><b>7. Reduce Access to Means of Suicide</b> One important way to reduce the risk of death by suicide is to prevent individuals in suicidal crisis from obtaining and using lethal methods of self-harm.</p>	<ul style="list-style-type: none"> <li>• Reduce access to lethal means include educating the families of those in crisis about safely storing medications and firearms, distributing gun safety locks, changing medication packaging, and installing barriers on bridges.</li> </ul>
<p><b>8. Enhance Life Skills and Resilience</b> By helping people build life skills, such as critical thinking, stress management, and coping, you can prepare them to safely address challenges such as economic stress, divorce, physical illness, and aging.</p>	<ul style="list-style-type: none"> <li>• Life skills building programs</li> <li>• Social programs to enhance connectedness and reduce isolation (especially specific populations such as older adults, LGBT youth)</li> </ul>
<p><b>9. Promote Social Connectedness &amp; Support</b> Supportive relationships and community connectedness can help protect individuals against suicide despite the presence of risk factors in their lives.</p>	

# Take Action



## Organizational Response

- Review the suggested strategies and take action as an organization
- Identify an employee to serve on the Planning Committee
- Promote local mental health resources and crisis services with your customers

## Employer Response

- Consider offering suicide prevention training for your employees or your human resource professionals

## Individual Response

- Learn the warning signs of mental health crisis and suicide and look out for your friends and neighbors

## Join the Planning Committee

- Contact Carrie Baird at [carrie@flaglercares.org](mailto:carrie@flaglercares.org) to be added to the notification roster
- **Next meeting:** August 23, 2018, 11:00 a.m. to 12:30 p.m. at the Government Services Building, Chamber Meeting Room, 1<sup>st</sup> Floor

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## TENTATIVE Flagler Lifeline Planning Committee Upcoming Activities

### Awareness Event at Flagler Beach's First Friday Event, September 7<sup>th</sup> in Observance of National Suicide Prevention Week

- Launch of Flagler PSA video
- Free Depression Screening
- Promotion of local mental health resources

### Townhall Meeting, Week of September 10th

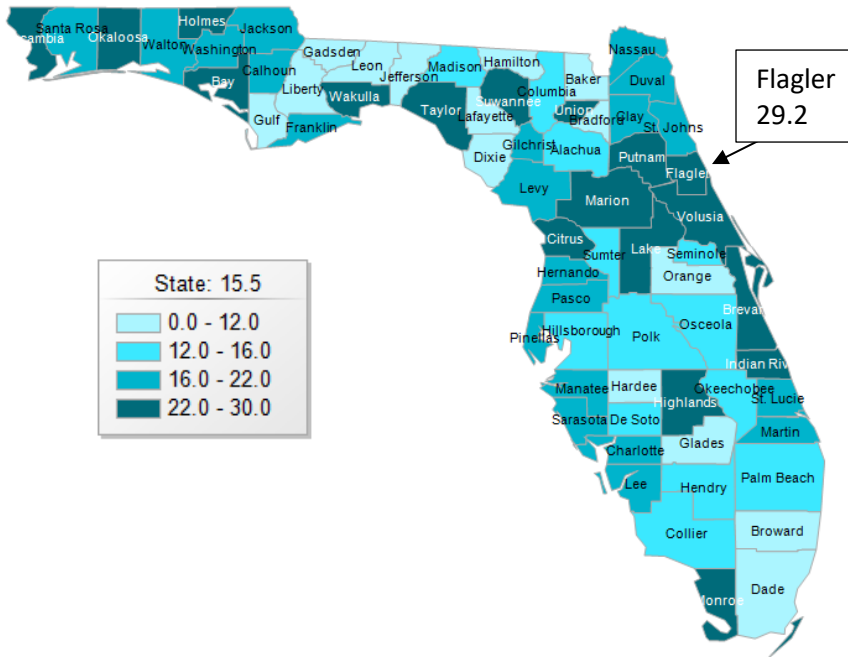


# 2018 Flagler County Suicide Fact Sheet

Produced by Flagler Cares, [www.flaglercares.org](http://www.flaglercares.org)

Flagler County has the highest suicide rate in Florida. Suicide is a major public health concern. Over 40,000 people die by suicide each year in the United States; it is the 10th leading cause of death overall. Suicide is complicated and tragic but it is often preventable.

## Suicide Age-Adjusted Death Rate, 2017 (per 100,000)



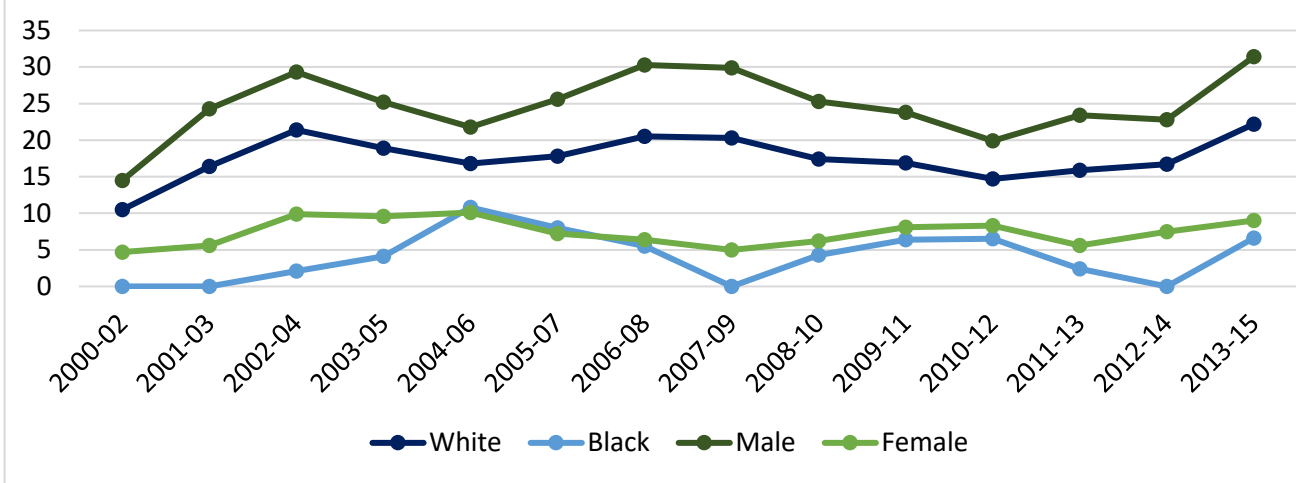
## Flagler Suicide Crude Death Rate (per 100,000)

Year	Count	Rate
2017	31	29.2
2016	20	20.7
2015	26	25.3
2014	20	19.7
2013	17	17
2012	11	11.2
2011	15	15.5
2010	18	18.8
2009	17	17.9
2008	13	13.9
2007	20	21.8
2006	13	15
2005	6	7.6
2004	14	19.7
2003	13	20.4
2002	6	10.3
2001	3	5.5
2000	5	9.9

## Suicide Crude Death Rates, By Age (per 100,000)

	Under Age 18		Age 18-25		Age 26-60		Age 61 and Older		Total (All Ages)	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2017	1	5.4	2	26.3	19	45.9	9	23.4	31	29.2
2016	0	0	2	24.7	16	38	2	5.7	20	19
2015	0	0	8	95.1	7	16.9	11	33.2	26	25.3
2014	0	0	1	12.1	12	28.9	7	22	20	19.7
2013	1	5.1	2	25.5	11	26.7	3	9.5	17	17
2012	0	0	1	13.5	5	12.3	5	16.3	11	11.2
2011	0	0	2	28.4	10	24.9	3	9.9	15	15.5
2010	0	0	1	14.9	7	17.5	10	33.3	18	18.8
2009	0	0	1	14.7	8	20.7	8	24.8	17	17.9
2008	0	0	1	15	10	26	2	6.3	13	13.9
2007	0	0	0	0	12	31.6	8	26.2	20	21.8
2006	0	0	2	33.1	8	22.2	3	10.5	13	15

**Suicide, Age-adjusted Death Rate**  
per 100,000 Population, Three-Year Rolling Rates, by Race and Gender



**Suicide, Age-adjusted Death Rate and Counts**  
per 100,000 Population, Three-Year Rolling Rates, by Race and Gender

Years	White		Black		Male		Female	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count
2000-02	10.5	14	0	0	14.5	11	4.7	3
2001-03	16.4	22	0	0	24.3	17	5.6	5
2002-04	21.4	32	2.1	1	29.3	24	9.9	9
2003-05	18.9	31	4.1	2	25.2	24	9.6	9
2004-06	16.8	29	10.8	4	21.8	24	10.1	9
2005-07	17.8	36	8	3	25.6	31	7.2	8
2006-08	20.5	44	5.5	2	30.3	38	6.4	8
2007-09	20.3	50	0	0	29.9	42	5	8
2008-10	17.4	47	4.3	1	25.3	38	6.2	10
2009-11	16.9	47	6.4	2	23.8	37	8.1	13
2010-12	14.7	41	6.5	2	19.9	30	8.3	14
2011-13	15.9	41	2.4	1	23.4	34	5.6	9
2012-14	16.7	47	0	0	22.8	36	7.5	12
2013-15	22.2	60	6.6	2	31.4	49	9	14
2014-16	23.9	63	6.5	2	28	44	14.8	22
2015-17	28.2	73	13.6	4	37.7	55	13.2	22



**Data Sources**

- Florida Charts, [www.floridacharts.com](http://www.floridacharts.com)
- Florida Department of Health, Bureau of Vital Statistics

[www.flaglerlifeline.org](http://www.flaglerlifeline.org)

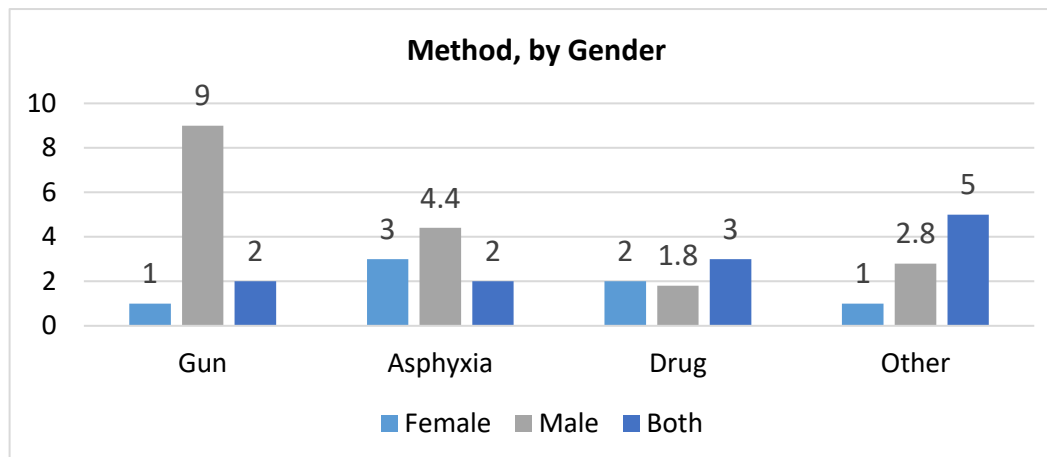
# Summary of Medical Examiner Data, 2017

**Flagler County 2017:** 27 suicide fatalities received by District 23 (not including cases transported to Volusia or Gainesville)

## Demographics

- Average age: 51.2 years (Age range: 17-92 years)
- Ratio of males : females = 2.9 to 1
- 74% of cases were male (20 of 27)
  - Male suicide fatalities average age: 47.8 years (range: 17 to 92)
- 26% of cases were female (7 of 27)
  - Female suicide fatalities average age: 60.9 years (range: 36 to 75 years)
- 100% of the female fatalities were white
- 90% of the male fatalities were white (1 was black, one was Hispanic)

Age range	Females		Males	
	#	%	#	%
15-24	0	0.0%	2	10.0%
25-34	0	0.0%	5	25.0%
35-44	1	14.3%	0	0.0%
45-54	1	14.3%	6	30.0%
55-64	1	14.3%	4	20.0%
65+	4	57.1%	3	15.0%
<b>Total</b>	<b>7</b>	<b>100%</b>	<b>20</b>	<b>100%</b>



## Summary of Findings

- Higher than expected suicide rate for women compared to national average
  - National: 3.53 male to female
  - Flagler: 2.9 male to female
- Higher than expected asphyxia method than national
  - National: 25.9 %
  - Flagler: 40.7%
- Conversely, lower than expected by firearm
  - National: 51%
  - Flagler: 37%
- Older white males are more likely to commit suicide using a gun
- Hanging deaths (asphyxia) in Flagler are occurring in a significantly younger population than other methods
  - Hanging: 41.5 years
  - All other methods: 55.9 years
- Higher and older than expected suicide rate in white female population

# Suicide Risk & Protective Factors

Adapted from Suicide Prevention Resource Center, [www.sprc.org](http://www.sprc.org)

Suicide prevention seeks to reduce the factors that increase suicide risk while increasing the factors that protect people from suicide.

## Risk Factors

Risk factors are characteristics of a person or his or her environment that increase the likelihood that he or she will die by suicide (i.e., suicide risk).

Major risk factors for suicide include:

- Prior suicide attempt(s)
- Misuse and abuse of alcohol or other drugs
- Mental disorders, particularly depression and other mood disorders
- Access to lethal means
- Knowing someone who died by suicide, particularly a family member
- Social isolation
- Chronic disease and disability
- Lack of access to behavioral health care

Risk factors can vary by age group, culture, sex, and other characteristics. For example:

- Stress resulting from prejudice and discrimination (family rejection, bullying, violence) is a known risk factor for suicide attempts among lesbian, gay, bisexual, and transgender (LGBT) youth.
- The historical trauma suffered by American Indians and Alaska Natives (resettlement, destruction of cultures and economies) contributes to the high suicide rate in this population.
- For men in the middle years, stressors that challenge traditional male roles, such as unemployment and divorce, have been identified as important risk factors.

## Protective Factors

Protective factors are personal or environmental characteristics that help protect people from suicide.

Major protective factors for suicide include:

- 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 and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide

## Precipitating Factors & Warning Signs

**Precipitating** factors are stressful events that can trigger a suicidal crisis in a vulnerable person. Examples include:

- End of a relationship or marriage
- Death of a loved one
- An arrest
- Serious financial problems

### Warning Signs: Immediate Risk

Some behaviors may indicate that a person is at immediate risk for suicide.

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live

### Warning Signs: Serious Risk

Other behaviors may also indicate a serious risk—especially if the behavior is new; has increased; and/or seems related to a painful event, loss, or change.

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings