



Suicide Prevention Support



Table of Contents

Part 1 Prevention

| | |
|---------------------------------|-----|
| Suicide Prevention | pg4 |
| Example of Special Announcement | pg5 |
| Topics and Seminars | pg6 |

Part 2 Intervention

| | |
|------------------------------------|-----|
| Managing Distress in the Workplace | pg8 |
|------------------------------------|-----|

Part 3 Responding to an Urgent Need

| | |
|--|------|
| Crisis Response | pg10 |
| Suicide FAQ | pg12 |
| CISD Guidelines for Managers | pg14 |
| Organizations and Websites for Survivors | pg15 |

The following is intended as an information resource only. If you are experiencing a life threatening situation, seek medical help or dial 911.

Suicide Prevention

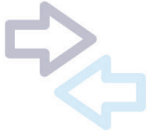
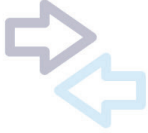
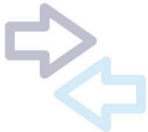
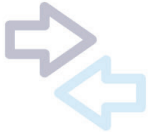
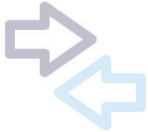
Death by suicide is a serious public health issue. According to the WHO, nearly 800,000 people die by suicide every year, which is 1 person every 40 seconds.

The key to lowering the suicide rate is prevention, including education about recognizing suicidal behavior and improving support resources for those who are at risk.

Addressing Stigma

The topic of suicide is often not talked about, due to stigma around mental health and substance abuse issues. People experiencing a crisis or suicidal behavior may feel fearful about how others will react to them. This can contribute to feelings of isolation and shame, and detracts from crucial suicide prevention resources for those at risk.

It's important when thinking about suicide prevention, to address myths that perpetuate beliefs about suicidal behavior.

| MYTH | | FACT |
|--|---|---|
| <i>People who talk about suicide don't really follow through with it.</i> |  | Almost all people who die from suicide had talked about it before their death. Even if it seems like they are joking, always take this kind of a statement seriously. Remember: it is better to be overly cautious than to disregard the signs. |
| <i>A person only attempts suicide to get attention.</i> |  | Anyone with a history of suicide attempts automatically has a higher lifetime risk of dying by suicide. It is better to offer help than assume you know the reasons for their behavior. |
| <i>Talking about suicide may influence someone to do it.</i> |  | This is not true. Remaining silent and ignoring the topic does nothing to help those who have contemplated suicide. Willingness to discuss the issue openly and objectively, can make a positive difference. |
| <i>If a person was previously suicidal and appears to feel better, they are no longer at risk.</i> |  | It is not uncommon for individuals who have been depressed and/or suicidal to show signs of "feeling better" because they have settled on a plan to end their life. Feeling that they have found the right "solution" to relieve their struggling, a person may appear to no longer be suicidal when in reality they are still at risk. |
| <i>Once a person has decided to end their life, nothing will change their mind.</i> |  | Experts know from studying individuals who have survived suicide attempts that they are ambivalent until the very last moment leading up to the event. The majority do not want to die, they simply want to end their suffering. |



Example of Special Announcement

The EAP can help you with communication about suicide prevention.

Make mental health and suicide prevention a priority

Another effective strategy in suicide prevention efforts, is connecting people with tools and resources proactively, to address their mental health and overall well-being. Effective ways to do this include:

- Clearly communicate with employees that mental health is a priority. Create a work environment that fosters communication, a sense of inclusion, respect and connectedness.
- Engage leaders to clearly communicate EAP benefits and answer questions.
- Partner with the EAP to identify opportunities for training and organizational development.

EAP
Navigator

SPECIAL EDITION

Suicide Awareness

Suicide is a serious problem that affects all sectors of society, and the death of someone by suicide is always an upsetting and shocking occurrence. Here are some suggestions about ways the EAP can support you.

ARE YOU FEELING SUICIDAL?
Talking with someone about your thoughts and feelings can save your life. You may feel like things will never get better or completely overwhelmed. If you are in crisis, there are options available to help you cope.

REACH OUT TO JUST ONE PERSON TO START.
Call your Employee Assistance Program to speak to someone and get support. Access to counselors and confidential support is available 24/7 by calling 1-800-433-2320. Consider talking with a trusted friend, family member, religious adviser, doctor or therapist - someone you trust and who is likely to listen.

WHAT YOU CAN DO TO HELP

ASK.
If you have a friend who is talking about suicide talk about it.

LISTEN.
Listen to your friend without judging. Make sure they are not left alone.

URGE PROFESSIONAL HELP.
Suggest that they call a help line or EAP, see a counselor, or go to a free clinic.

TAKE CARE OF YOURSELF.
Pay attention to your own feelings and seek help if you need it.

DOWNLOAD THE COMPLETE SUICIDE PREVENTION SUPPORT GUIDE

Call: 800-433-2320
Text: 503-850-7721
Email: info@cascadecenters.com



Cascade EAP On-site Seminars and Webinars

General topics

- Compassion fatigue
- Conquering the winter blues
- Intro to emotional intelligence & awareness

For supervisors/managers

- Manager's guide to compassion fatigue
- Manager's guide to critical incidents in the workplace
- Mental illness in the workplace: a manager's role*

Organizational development*

- Focus on mental health bolsters workplace wellness
- How you can help prevent suicide
- Maintaining a safe & professional workplace
- Mental health first aid

Seminar descriptions

Compassion fatigue

Compassion fatigue happens when you care about other people who have been experiencing significant challenges, and you feel responsible for helping. Over time this process can lead to changes in emotional, intellectual, physical, and spiritual well-being. This training explores what compassion fatigue is, who may be "at risk," identifying signs of compassion fatigue and developing new ways to cope.

Conquering the winter blues

This seminar defines both "winter blues," and "seasonal affective disorder," and how to tell the difference. Participants will learn how the winter season affects them and strategies for coping with winter blues.

Intro to emotional intelligence & awareness

This workshop will define emotional intelligence and discuss the importance of managing emotions in the workplace. We'll explore how to better define, cope with, and communicate our emotions to help create more balanced lives. The trainer will incorporate personalized myers-briggs assessments for each attendee. Needs of your employees.

For supervisors/managers

Manager's guide to compassion fatigue

This session is designed to help managers Recognize signs and symptoms of burnout and compassion fatigue in their employees. Learning early interventions and proactive self-care will be discussed, as well as interventions for those already experiencing it.

Manager's guide to critical incidents In the workplace

Managers will be taught how to understand the basics of how humans respond to traumatic events. This seminar will cover how to best assist employees to recover after a critical incident. In addition, participants will become familiar with cascade eap's protocols for providing critical incident response services

Mental illness in the workplace A manager's role*

This session is designed to increase awareness about mental illness in the workplace and how to decrease stigma associated with getting help. Signs and symptoms of mental illness, impact on the workplace, and first steps for getting well are provided. The role of a manager in establishing a supportive culture, early identification, encouraging employees to seek help and respectful treatment when returning to work will also be covered

Organizational development

Focus on mental health bolsters workplace wellness

Many employers are taking a more holistic approach to employee wellbeing. A key component is recognizing the diverse needs within your population. However, many times mental health is left out of the equation. Although 1 in 5 adults in the united states are coping with a mental health issue, adapting your company culture to meet this broad spectrum of needs presents a significant challenge. This session will provide strategies for managers to create an inclusive culture, reduce stigma, and

focused approaches for meeting the mental health needs of your employees.

How can you help prevent suicide

With mental health awareness on the rise in workplaces across the country, colleagues and supervisors are in a unique position to respond to signs of distress and provide support. In this webinar you will learn about the prevalence of suicidal thoughts and behaviors in the workplace, risk factors, and possible warning signs indicating a need to intervene. Tools for prevention and intervention will also be provided, so that employees at all levels of your organization are prepared to act.

Maintaining a safe and professional workplace

This seminar will teach you to recognize inappropriate behaviors in the workplace including bullying, sexual harassment, and/or violence. The course is designed to increase awareness and learn how to create a culture that fosters social, emotional and physical safety.

Mental health first aid

Mental health first aid is a workplace mental health training program that teaches participants how to notice and support an individual who may be experiencing a mental health or substance use concern or crisis and connect them with the appropriate employee resources. Mental health first aid is a skills-based, experiential and evidence-based practice. This training is facilitated by a counselor who is certified in mental health first aid. Employees who attend the course will also become certified. This is a full day training, including materials.

Please allow 3-4 weeks' notice for scheduling.

**Additional fees may apply*

Managing Distress in the Workplace: Intervention

What can I do to help someone who may be suicidal?

WARNING SIGNS OF SUICIDE

You may have heard that people who talk about suicide won't actually go through with it. That's not true, though. People who talk about suicide may be likely to try it. Other warning signs that someone may be thinking of suicide include:

- Talking about suicide or death in general
- Talking about "going away"
- Talking about feeling hopeless or feeling guilty
- Pulling away from friends or family and losing the desire to go out
- Having no desire to take part in favorite activities
- Having trouble concentrating or thinking clearly
- Experiencing changes in eating or sleeping habits
- Engaging in self-destructive behavior (drinking alcohol, taking drugs, or driving too fast, for example)

As a friend or family member, you may also know if the person is going through some tough times. Sometimes, a specific event, stress, or crisis - like a relationship breaking up or a death in the family - can trigger suicidal behavior in someone who is already feeling depressed and showing the warning signs listed above.

WHAT YOU CAN DO

Ask.

If you have a friend who is talking about suicide or shows other warning signs, don't

wait to see if they start to feel better. Talk about it. Most of the time, people who are considering suicide are willing to discuss it if someone asks them out of concern and care.

Some people (both teens and adults) are reluctant to ask someone if they have been thinking about suicide or hurting themselves. That's because they're afraid that, by asking, they may plant the idea of suicide. This is not true. It is always a good thing to ask.

Starting the conversation with someone you think may be considering suicide helps in many ways. First, it allows you to get help for the person. Second, just talking about it may help the person to feel less alone, less isolated, and more cared about and understood - the opposite of the feelings that may have led to suicidal thinking to begin with. Third, talking may give the person a chance to consider that there may be another solution.

The following are just a few examples of conversation-starters, questions, and words of encouragement for a person with suicidal thoughts:

"I have been concerned about you and wanted to see how you are doing."

"How can I help support you right now?"

"Have you considered getting help?"

"I'm here for you. You are not alone."

"I care about you and I want to help."

Listen.

Listen to your friend without judging and reassure them that you're there and you care. If you think your friend is in immediate danger, stay with your friend. Make sure they aren't left alone.

Urge professional help.

Urge your friend to seek professional guidance, either face to face or anonymously. The kind of help your friend chooses is not as important as the fact that they get help. Suggest that they call a help line, see a counselor, go to a free clinic, talk to a doctor, or see a church official regarding their suicidal thoughts and feelings. Get them talking about what is going on with people trained to provide them the guidance they need. You can not “save” them alone and trying to may end up having a negative effect.

Take care of yourself.

It is not uncommon for friends and family members to experience stress or symptoms of depression when supporting others with intense emotions, thoughts and feelings. You can only help the person through their own treatment with encouragement and support. You cannot get better for them. Do not focus all of your energy on the one person, ask friends and family to join you in providing support and keep to your normal routine as much as possible. Pay attention to your own feelings and seek help if you need it.

“You can only help the person through their own treatment with encouragement and support.”



Crisis Response

Responding to an urgent need

If someone is threatening to harm themselves; if someone has let you know they are close to acting on a suicidal impulse, or if you strongly believe they are close to a suicidal act, these steps can help you manage the crisis.

- **Take the person seriously. Stay calm, but don't under-react.**
- **Express concern. Give concrete examples of what leads you to believe the person is close to suicide.**
- **Listen attentively. Maintain eye contact.**
- **Use body language such as moving close to the person or holding their hand, if appropriate.**
- **Ask direct questions. Find out if the person has a specific plan for suicide. Determine, if you can, what method of suicide is being considered.**
- **Acknowledge the person's feelings.**
- **Be understanding, not judgmental or argumentative. Do not relieve the person of responsibility for the actions.**
- **Offer reassurance. Stress that suicide is a permanent solution to a temporary problem, reminding the person that there is help and things will get better.**
- **Don't promise confidentiality. You may need to speak to the person's doctor in order to protect the person from themselves**
- **Make sure guns and old medications are not available.**
- **If possible, don't leave the person alone until you are sure they are in the hands of competent professionals. If you have to leave, make sure another friend or family member can stay with the**

person until they can receive help.

- **Involve other people. Don't try to handle the crisis alone or jeopardize your own health or safety. Call 911, if necessary contact the person's doctor, the EAP the police, a crisis intervention team, or others who are trained to help.**

Are you feeling suicidal?

Suicide has been called a “permanent solution to a temporary problem.” When you are feeling extremely depressed or suicidal, problems do not seem temporary – they seem overwhelming. You feel like things will never get better. But most things do get better, if you wait them out, and get help for the feelings you are experiencing.

Some things to consider:

- **Feeling suicidal does not make you a bad person. Thoughts of ending your own life do not necessarily mean that you truly want to die—they mean, rather, that you have more pain than you can cope with right now. The pain of deep depression is intense. It is too much to bear for long periods of time.**
- **What might be bearable to someone else may not be to you. Many kinds of emotional pain may lead to thoughts of suicide.**
- **The reasons for this pain are unique to every person, and whether or not the pain is bearable differ from person to person.**
- **Give yourself some distance between thoughts and action. Say to yourself, “I will wait 24 hours and won't do anything drastic during that time.” Or, wait a week. Thoughts and actions are two different things—you suicidal thoughts do not have to become a reality. There is no deadline. There's no time limit, no one pushing you to act on these thoughts right now. Wait and put some distance**

between your suicidal thoughts and suicidal action.

- There are people who want to support you during this difficult time. You can choose to live, but first it is important that you find some relief from your pain. To do that, you will need to find a way to increase your connections with people who will listen. Even if it doesn't feel like it right now, there are many people who welcome the chance to support you during this time. They won't try to argue with you about how miserable you feel or to just "snap out of it". They will not judge you. They will simply listen and be there for you. Find someone now.
- Reach out to just one person to start. Call your Employee Assistance Program immediately at 800-433-2320. Call a trusted friend, family member, minister, rabbi, doctor or therapist someone you trust and who is likely to listen. Even if your suicidal feelings have subsided, get help for yourself. Experiencing that sort of emotional pain is itself a traumatizing experience. Finding a support group or therapist can be very helpful in developing strong

coping resources for the future.

Urge professional help.

Urge your friend to seek professional guidance, either face to face or anonymously. The kind of help your friend chooses is not as important as the fact that they get help. Suggest that they call a help line, see a counselor, go to a free clinic, talk to a doctor, or see a church official regarding their suicidal thoughts and feelings. Get them talking about what is going on with people trained to provide them the guidance they need. You can not "save" them alone and trying to may end up having a negative effect.

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Suicide FAQ

The death of someone by suicide is almost always a shocking and upsetting occurrence. When someone you know dies by suicide; there are often unanswerable questions as well as complicated grief. People have wide ranging reactions to the suicide of another person. These reactions can range from anger to guilt to sorrow. Sometimes one may have anticipated this action, while other times the suicide comes as a complete shock. Concern for surviving family members and significant others may become a major concern for you.

Understanding suicide

It's hard to understand suicide. There are some explanations that help to understand someone's actions.

A number of psychiatric conditions have signified depression as one of the characteristics. When depression becomes pervasive enough, some people will begin to feel hopeless and helpless. At times that individual may feel that suicide is the only alternative. Some psychiatric conditions affect the person's ability to think rationally and to control impulses. Sometimes the loss of rational thought coupled with depression can lead a person to think, "the world would be a better place without me." This type of thinking can sometimes develop over time, but with some people can come on rather suddenly. Serious illness, marital, financial or even work related difficulties can sometimes trigger depressive reactions that can develop into suicidal thoughts. This is not to imply, however that the other parties to the person's difficulties are at

fault. The person who dies by suicide may or may not have shared their thoughts and feelings with others.

Ways people react to the suicide

Guilt:

Often people develop feelings of guilt surrounding the suicide of someone they know. These feelings are very normal and common, but are most often not truly justified. Thoughts of suicide, death by suicide and even suicide attempts are often kept private from loving and loyal friends. Even when we know someone is suicidal, we may not be able to stop the person from acting on the desire. It is important to understand that love and caring do not always reach a suicidal individual. Sometimes intense efforts to protect someone from harming themselves are unsuccessful. Those who tried to prevent the suicide should try to understand that even psychiatric hospitals with strict suicidal procedures are sometimes unable to stop a person who is truly committed to ending their life. Guilt often arises when the deceased had given either direct or veiled threats to others about their suicidal feelings. Often people do not take these threats seriously or do not see them for what they are. This is usually not negligence, but a lack of awareness or understanding of depression and suicide. This lack of understanding is much like when a person does not realize the symptoms of a heart attack or skin cancer.

Anger:

It is very common for people to feel angry with the person who died by suicide. This anger may be related to personal or religious beliefs that consider suicide unacceptable. The anger may be due to the impact that the suicide has on the surviving family, friends and co-workers. Often the anger is mixed with grief and can feel very confusing. Sometimes the anger decreases with time as the survivors begin to accept the person's death.

Sadness:

Intense sadness is a normal part of the grieving process for many people. This sadness can be mixed with guilt and anger and can seem overwhelming.

Frustration with not knowing why:

A person's suicide often leaves many questions unanswered. It is very frustrating to not have answers to explain the behavior of someone you care about. Many surviving family and friends report that they were never able to fully understand why the suicide happened. The lack of understanding often complicates the grieving process.

How to help a co-worker

Allow the person to express their feelings. It can be helpful to share with others. Be non-judgmental of the other person's feelings. Each person has their own feelings about death and suicide. It is generally not helpful to push your own feelings.

If the other person is expressing suicidal feelings of their own strongly encourage them to get immediate help, even contacting their family if necessary, to support them.

Helping yourself through grief

Ask for support and nurturance from your friends and family. Regardless of the cause of death, someone you know has died.

Talk out your feelings with people who can be non-judgmental and supportive.

Seek out your co-workers who are having similar feelings, as they can best understand how you feel.

Take advantage of supportive services that are made available to you. Group interventions that are designed to help surviving co-workers pull together can be very helpful in understanding each other's feelings.

Seek additional support if you feel you are having a difficult time coping after the initial shock wears off. If you are currently in treatment for depression or other psychological conditions, it is a good idea to contact your doctor or therapist if you are having trouble handling what has happened. Other supportive services include employee assistance programs, your family doctor, clergy and local grief groups that can be located through your community hospital,



CISD: Guidelines for Managers

As a manager or supervisor, you play an important role in providing support to employees following a critical incident. Employees will need emotional support and understanding while you focus on maintaining a stable work environment.

In preparing for a CISD, it is important to let your employees know that a counselor from Cascade Centers Employee Assistance Program will be on-site to facilitate a group meeting.

Here are some guidelines when organizing a CISD:

- Find a room that is private and quiet. Arrange chairs for an interactive meeting (if possible in a U shape). Group sizes may vary so be flexible.
- Tissues should be easily accessible.
- Anticipate the duration of the CISD to be approximately one hour.
- Cascade EAP will provide handouts for employees and supervisors.
- At the beginning of the group intervention, the on-site EAP counselor outlines what will happen. The counselor facilitates a exploration of the critical incident, including the facts, thoughts, feelings, and reactions to the event. Employees are encouraged to participate at their own comfort level.
- Through written and verbal communication, encourage employees to attend. Assure employees that their participation is voluntary and let them know you have set aside time from their regular duties to enable them to attend.

Here is an example of correspondence explaining the purpose of and what to expect from a CISD:

On (insert day and date here), a counselor from Cascade Centers Employee Assistance Program will meet with us as a group from (insert time)The counselor will facilitate a group discussion allowing you to explore thoughts and feelings related to the (insert description of incident here ie. Death of Jane Doe), and to help you identify coping mechanisms. You are invited to attend this meeting and are encouraged to participate at your own comfort level. If you do not feel comfortable participating in this group discussion, but would like to speak with a counselor over the phone, please do not hesitate to contact Cascade Centers EAP at 1-800-433-2320. Counselors are available 24 hours a day.

“Employees will need emotional support and understanding while you focus on maintaining a stable work environment.”

Organizations and Websites for Survivors

Alliance of hope for Suicide survivors

<http://www.allianceofhope.org/>

This organization for survivors of suicide loss provides information sheets, a blog, and a community forum. Through the forum, survivors can contact others with similar losses, share their stories, and discuss healing from a loss by suicide. The forum operates like a 24/7 support group with a team of trained moderators and a mental health clinician who contributes regularly.

Friends for survival

<http://www.friendsforsurvival.org>

This organization is for people who have lost family or friends to suicide and professionals who work with people who have been touched by suicide. All of the staff and volunteers have been directly impacted by a suicide death. The organization produces a monthly newsletter and runs the Suicide Loss Helpline **(1-800-646- 7322)**, which is available 9 a.m.–9 p.m., seven days a week. It has also published the guide *Pathways to Purpose and Hope*, which provides comprehensive information on building a community-based suicide survivor support program.

Heartbeat: Grief support following suicide

<http://heartbeaturvivorsaftersuicide.org/>

This organization has chapters providing support groups for survivors of suicide loss in various states. Its website provides information sheets for survivors and a leader's guide on how to start a new chapter of HEARTBEAT

Parents of suicides and friends & families of suicides (pos-ffos)

<http://www.pos-ffos.com/>

This website provides a public message board called Suicide Grief Support Forum, a listserv for parents, a separate listserv for others, and an online chat room for an international community of survivors of suicide loss.

Suicide: finding hope

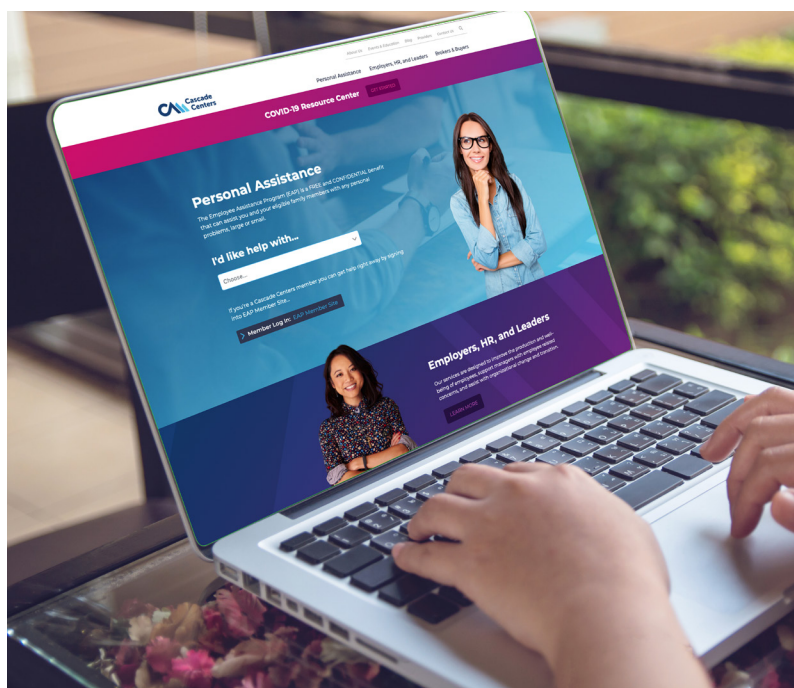
<http://www.suicidefindinghope.com/>

This website provides information sheets, a resource list, and a few brief videos for survivors of suicide loss and also for suicide attempt survivors.

Suicide Prevention Lifeline

<https://suicidepreventionlifeline.org/>

24/7 free & confidential emotional support to people in suicidal crisis or emotional distress
800-273-TALK (8255)





call: 800-433-2320 text: 503-850-7721 email: info@cascadecenters.com