

Problem

Suicide in the Suburbs: By the Numbers

Total Number of Suicides by Year:

- 2007 = **92**
- 2006 = **63**
- 2005 = **60**
- 2004 = **53**
- 2003 = **49**
- 2002 = **55**
- 2001 = **43**
- 2000 = **61**
- 1999 = **61**
- 1998 = **60**
- 1997 = **59**

Key Definitions of Suicide

The Task Force has adopted the following terminology recommended in S.K. Goldsmith et al. (Eds.), *Reducing Suicide: A National Imperative* (Washington, DC: Institute of Medicine, 2002):

"Suicide: Fatal self-inflicted destructive act with explicit or inferred intent to die."

"Suicide Attempt: A non-fatal, self-inflicted destructive act with explicit or inferred intent to die."

"Suicidal Ideation: Thoughts of harming or killing oneself."

"Suicidal Communication: Direct or indirect expressions of suicidal ideation or of intent to harm or kill oneself, expressed verbally or through writing, artwork, or other means."

"Suicidality: All suicide-related behaviors and thoughts including completing or attempting suicide, suicidal ideation or communications."

The Task Force encourages use of the phrase "completing suicide" instead of "committing suicide." The former is more consistent with the understanding that suicide is most often the outcome of a process of debilitation.

Prevention Principles

These principles are from "Suicide Prevention: Prevention, Effectiveness, and Evaluation" (Atlanta, GA: SPAN USA, 2001):

"Prevention programs should be designed to enhance protective factors."

"Family-focused prevention efforts may have a greater impact than strategies that focus only on individuals."

"Community programs need to strengthen norms that support help-seeking behavior in all settings, including family, work, school, and community."

"Prevention programming should be adapted to address the specific nature of the problem in the local community."

"Community programs that include media campaigns and policy changes are more effective when individual and family interventions accompany them."

These principles will guide the Task Force's efforts in Delaware County.

Task Force Plans

Click [here](#) to view the Task Force's Action Plan for 2009-2011.

Information

- "What You Should Know About Suicide in Delaware County" - Trends
- Speakers Bureau for Community Groups
- "Know the Warning Signs of Suicide" Campaign
- Firearms Suicide Risk Material for Gun Safety Programs

Education:

- Suicide Assessment for Primary Care
- Suicide In-services for Behavioral Health Providers
- Suicide Risk Awareness Training for Clergy, Police, Schools
- Suicide Postvention Training for Police, EMTs, ER Staff

Activities:

- County/Municipality Suicide Prevention Plans
- Annual Remembrance Service
- Suicide Awareness Walk/Run
- On-line Newsletter

Suicide Risk Factors

- A prior suicide attempt
- Experiencing a serious personal loss
- Family history of suicide
- History of abuse, abusiveness, or family violence
- Severe depressive episode Long-term depression or other serious mental illness
- Having a dual diagnosis (i.e., mental illness and substance abuse)
- Using/abusing alcohol, drugs, or other substances

- Having a disabling and/or chronic illness and/or severe pain
- Being arrested, jailed, or imprisoned

[Read more about risk factors](#)

from the [American Foundation for Suicide Prevention \(AFSP\)](#)

Suicidal Behavior Triggers

Certain stressful events may bring about suicidal behavior. These are "triggers." They are things that happen to or around an individual. They may push someone with one or more risk factors toward suicidality.

Some common triggers are:

- The break up of a close personal relationship (e.g., engagement or marriage), losing old friends, or interpersonal conflicts
- The death of a close relative or friend
- Suicide loss, especially a child, parent, spouse, or sibling
- Financial loss or incurring major indebtedness
- Rejection (e.g., not getting a job or promotion, not be accepted to a college or graduate school, etc.)
- Loss of self-esteem or status (e.g., losing a job, failing at school, being cut from a team, etc.) or feeling humiliated.
- Becoming seriously ill or disabled
- Facing arrest, trial, prison, or other legal difficulty

It is thought that triggers interact with risk factors to produce suicidal thoughts (ideation), which may lead to other more serious forms of suicidal behavior.

Suicide Warning Signs

Warning signs indicate that someone may be suicidal. They show that something is very wrong. Though they appear clear and concrete they are often hard to see in someone that we are close to or in ourselves. Warning signs are not always present, but it is important that they be identified when they are evident.

- Hopelessness, worthlessness, feeling a loss of control, helplessness
- Threatening to harm oneself or completing suicide
- Having a definite plan for completing suicide
- Acquiring the means to complete suicide (e.g, getting a gun)
- Rehearsing or visiting a place to complete suicide
- Increased use of alcohol and/or drugs
- Changes in eating, sleeping, and personal care Apathy, lack of energy, inability to focus
- Talking or writing about death, drawing images of death
- Withdrawing from social relationships or activities
- Losing interest in hobbies, work, school
- Giving away highly valued personal items or possessions
- Undergoing significant changes in mood and personality
- Engaging in reckless or dangerous behaviors

- Making a will, funeral arrangements, or telling others how affairs should be handled

For more about warning signs see ["Understanding and Helping the Suicidal Person"](#) from the [American Association of Suicidology](#)

See also ["Suicide Help"](#) from the [Mental Health Association of Southeastern PA](#)

Protective Factors

Protective factors are things about an individual's personality, background, beliefs and values, social or family situation, environment, and so forth that can help in preventing or overcoming suicidal feelings. They enhance an individual's response to chronic stress or traumatic events in her/his life. They are related to the concept of "resilience." Some protective factors are:

- Optimism and a positive orientation towards the future
- Good coping capability
- Strong problem-solving skills
- Willingness to readily seek and accept help
- A good sense of self-esteem and self-worth
- Strong spiritual values and religious ties
- Close family or social bonds
- Emotional stability (i.e., not being impulsive or short-tempered)

Other important protective factors are a personal awareness of the nature of suicide, [risk factors](#), [warning signs](#), and when and [where](#) to get help.

Suicide prevention at the individual level is basically a matter of strengthening existing protective factors and facilitating the addition of new ones. Protective factors may change or weaken and need to be maintained and reinforced on an ongoing basis.

Myths & Misconceptions About Suicide

Most common beliefs about suicide are potential lethal misconceptions that hinder understanding and timely intervention. Here are some of the prevailing myths and corresponding realities of suicide:

Misconceptions:

- "Those who talk about suicide won't do it."
- "Telling someone to do it will snap them out of it."
- "Suicide attempters really want to die."
- "Talking about suicide will give some 'ideas'."
- "Suicide victims were all psychotic."
- "Most suicides occur with no warning."
- "If someone is suicidal, she/he will be so forever."
- "Someone who has attempted suicide won't try again."

- "People who say they're suicidal only want attention."

Realities

- Many who talk about suicide complete suicide.
- This is the single most dangerous thing to do.
- Suicidal people want to end their suffering.
- Talking about suicide shows that you care.
- Most suicidal people are in touch with reality.
- Many suicidal victims show warning signs.
- Suicidality is not permanent; it will pass.
- Most victims have made one or more attempts.
- Suicidal behavior is often a "plea for help."

STATEMENT FROM THE DELAWARE COUNTY SUICIDE PREVENTION AND AWARENESS TASK FORCE:

A Call to Action after the Norwood Events

It is the mission of the Delaware County Suicide Prevention and Awareness Task Force to define suicide as a preventable problem in Delaware County, to assess the status of suicide prevention efforts in the County, and to present a strategy to expand suicide prevention education in the County. The Task Force is driven by the loss of lives we experience each year, by the effect of suicide on family members and others, and by the burden that completed suicides and suicide attempts place upon police, emergency medical services, hospitals, crisis centers, and mental health providers.

Delaware County experiences an average of 45 to 60 suicides every year. There were 90 deaths by suicide in 2007. There have been 20 suicides since January 1. Suicide is a public health problem that crosses all age, race, gender, socioeconomic, ethnic and cultural boundaries.

In all cases these deaths come as a shock to the victim's loved ones, others who knew the person even casually, and to the community. Survivors of suicide loss experience the grief that typically accompanies death in addition to struggling with stigma, guilt and shame.

Understanding the interaction of risk factors, triggers and warning signs is best communicated through ongoing suicide prevention educational programs, suicide assessment training, speaking with trained mental health professionals such as psychiatrists, psychologists, and social workers, and the accurate, responsible

reporting of the media including television, newspapers, and the internet. When postvention efforts become necessary, only trained mental health professionals should be called upon.

The Task Force strongly recommends that all mental health providers have policies for the initial screening of all new clients for suicide risk and for continual ongoing assessment of all those individuals found to be at risk.

The Task Force strongly recommends that all schools, public, private, and parochial, develop policies and strategies that promote good mental health and suicide prevention, educate staff and students about suicide risk factors, triggers, and warning signs, and provide protocols and procedures for postvention activities and crisis response.

Media exposure never helps anyone cope with or understand a suicide loss and can in fact encourage some people to attempt suicide. The Task Force strongly recommends that the media adhere to the 2005 recommendations of the Suicide Prevention Resource Center, which state that the media needs to report responsibly and proactively on suicide prevention, and keep abreast of the research. Reporting on suicide can be accomplished in ways that serve public health. Provide your audience with information about how and why such tragedies occur and exercise your ethical obligation to friends and families of the deceased to minimize the emotional pain caused by media attention to the suicide. The media must be part of the solution rather than part of the problem.

The events of Norwood remind us that suicide deaths can impact entire communities and counties, particularly when the deaths are common knowledge, have unrelenting media coverage, and have the potential to lead to further suicides.

Suicide pacts can form and unfold quickly and, although rare, they do happen and young people are especially vulnerable. The only effective preventative measure is education, information, and responsible, appropriate communication.

Members of suicide pacts may manifest individual signs of suicide. Indications include hopelessness, withdrawal from family or friends, dramatic mood changes, feelings of burdensomeness, allusions to death or suicide, giving away possessions or pets, and other signs that signal risk and need to be assessed by a mental health professional.

Lastly, we are reminded that the priorities after a suicide must be, 1) preventing further suicidal behavior and, 2) assuring support to the bereaved.

The Task Force is committed to dispelling myths and stigma that create barriers that keep people from seeking help and further complicate the grieving process.

The Task Force is committed to disseminating accurate information about the trends and reasons why suicide occurs and to raise awareness that this is a preventable community-wide problem.

The Task Force is committed to educating the community about suicide prevention and postvention using evidence-based programs.

The Task Force is committed to ensuring appropriate support is available and

accessible in a timely manner following a suicide.

We are working to implement a protocol for an immediate and effective response to a community-wide suicide crisis. We will need the support of all Delaware County communities, and the cooperation and collaboration of police and other first responders, the media, public and private health and human service organizations, schools, and the clergy. Our goal is to be ready if and when a tragedy such as Norwood happens again.

This is our message: suicide is preventable in whatever form it occurs. We ask you to join us in our efforts to spread this message.

This statement is a compilation of multiple sources and individuals, cited below.

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References:

The Delaware County Suicide Prevention and Awareness Task Force (2009), Suicide Prevention in Delaware County: An Action Plan for 2009-2011.

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The Jason Foundation, Programs for the Awareness and Prevention of Youth Suicide, Working To Give Our Youth A Promise For Tomorrow, informational brochure. Hendersonville, TN.

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