

SUICIDE

Bruce Ray
Pastor, Juanita Community Church
Chaplain, Bothell Police, Fire & EMS
Chaplain, Northshore Fire Department
Member, International Conference of Police Chaplains
Member, Federation of Fire Chaplains
Member, Washington State CISM Network

Key Verse

“For I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future. Then you will call upon me and come and pray to me, and I will listen to you. You will seek me and find me when you seek me with all your heart.”

Jeremiah 29:11-13



- This presentation may revive difficult memories for some people.
- Monitor your reactions and be prepared to talk with someone you trust afterwards if necessary.

What is suicide?

- *The word ‘suicide’ is without a doubt one of the most dreadful expressions in the English language. People wince at the sound of it and avoid using it to describe the tragic death it implies. Leprosy and cancer are spoken of in the same hushed tones. And yet it must be faced squarely and discussed openly because it has become one of the leading causes of death among both the young and the very old in this country. No one can be sure of the exact figures because suicides are deliberately misreported and misdiagnosed as an accident.*

My own personal experience with it is still a nightmare. The death of my nineteen-year-old daughter, Diane, after experimenting with LSD, changed my life and the lives of everyone in my family. We still find it difficult to understand or discuss.

- Art Linkletter (1993)

You never “get over it.” This was written 24 years after the fact... Art Linkletter died May 26, 2010.

Describing suicide

- Suicide is the _____ killing of oneself.
- Suicide is a _____ solution to what may be a _____ problem.
- Suicide is “a social ailment peculiar to modern society” (Masaryk, 1938) and “the common cold of psychological disorders” (Myers, 1989)

Some myths & misperceptions

- *Suicide is always caused by depression.*
Often other factors such as anger, revenge, remorse (Judas) and drug/alcohol abuse may be more dominant influences.
- *People who talk about suicide won't really do it – they just want attention.*
Danger: remember the boy who cried “Wolf!”
- *Thinking about suicide means you will commit suicide*
Many people have fleeting occasional suicidal thoughts but do not act on them. Key concern is making a plan.

More myths...

- *If you talk about suicide to a suicidal subject, you may encourage them to do it.*
Actually, it may be a release.
- *A true believer cannot commit suicide.*
Medical side-effects and other factors may prevail.
- *Suicide happens without warning.*
Actually, most people give warning signs.
- *Once suicidal, always suicidal.*
Not so. A 72-hour hold enables a suicidal subject to get past a critical period.

Just a few more...

- *The risk goes down when the mood goes up.*
Actually, the mood may improve because decision has been made.
- *Suicidal people are intent on dying.*
More often, they want to end the pain and think they are out of options and out of hope.
- *Suicide runs in families.*
True, but not hereditary. Look for patterns and “permission”.

US Suicide Statistics

- There are **25-30,000** confirmed suicides in the United States every year.
- That's **70** per day, **3** every hour.
- In 2006, 594,000 ER visits were attributed to suicide attempts.
- The group at highest risk of *attempting* suicide is _____.
- The group at highest risk of *succeeding* is _____, ages _____ and _____.

San Diego County Statistics

- Suicide ranked as the _____ leading cause of non-natural death for all ages from 1998-2007, slightly behind MVAs and followed by drug overdoses and falls.
- Suicides outnumbered homicides by 2.6:1, claiming approximately one person every day.
- Among young people ages 15-19, suicide was the _____ leading cause of non-natural death.

- Among the population ages 20-74, suicide was either the first or second leading cause of non-natural death.
- “Moreover, for every one completed suicide, there are an estimated _____ attempted suicides...”

(SD County statistics from *Suicide in San Diego County: 1998-2007*; Community Health Improvement Partners (CHIP); www.sdchip.org)

Why do so many people take their own lives?

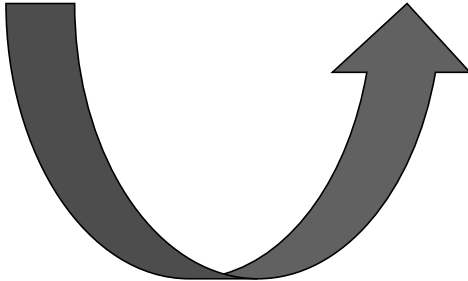
Anger	Loneliness
Jealousy	Rejection
Depression	Loss of Status/income/power
Self-pity	Bored – loss of meaning
Pride	Ultimate act of autonomy
Shame	Divorce/death of spouse
Guilt	Bad relationships
Revenge	Accidental (drugs/sexual asphyxia)
To avoid greater pain	Stress Bad theology

What do all of these people have in common?

- Most of them have not lost their _____.
- All of them have lost _____ due to sin.
- All of them have developed _____ vision.

Suicide & Depression

- Where are the most dangerous zones for suicide?

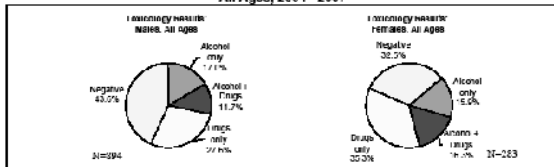


Suicide, Alcohol & Drugs

- 56.4% of men tested positive for one or more in toxicology screen
- 67.5% of women tested positive
- Actual number higher – many prescription & OTC drugs not part of routine toxicology screen

CHIP Report on Suicide in San Diego County: 1998-2007, p 10

Figure 1.6: Toxicology Results for Alcohol and Drugs of Abuse by Gender, All Ages, 2004-2007

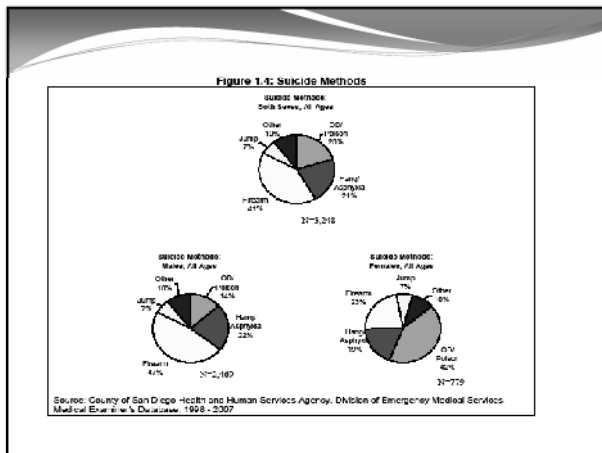


Sources: County of San Diego Health and Human Services Agency, Emergency Medical Services, Medical Examiner (December 2010 - 2011)
 Note: "Drugs of Abuse" include methamphetamine, opiates, cocaine, cannabinoids, and benzodiazepines.
 This graph does not include antidepressants.

Suicide Methods

- Males – 47% Firearm
 22% Hang/Asphyxia
 14% OD/Poison
 10% Other
 7% Jump
- Females – 42% OD/Poison
 23% Firearm
 19% Hang/Asphyxia
 10% Other
 7% Jump

CHIP Report on Suicide in San Diego County: 1998-2007, p 6



What Are We to Think of Suicide?

- Some cultures _____ and even _____ suicide. Oregon and Washington have physician-assisted suicide laws (PAS). Only 35 states have specific laws making PAS a crime.
- With such patterns and “permission” in the culture, we can expect teen suicide rates to rise.

- *Augustine* (354-430) framed the early response of the church to suicide
 - Suicide violates the 6th Commandment and is an assault on the *imago dei* (Exodus 20:13; Genesis 9:5,6)
 - Suicide is a sin with no possibility of repentance
 - Suicide is a cowardly act
- *Aquinas* (1225-1274) argued further,
 - Suicide is unnatural (against the will to survive)
 - Suicide is an offense against the whole community affecting many people
 - Suicide usurps God’s power and authority over life and death

How can you respond to suicide?

- **Suicide Prevention** (*pre + venire = come before*)
- **Suicide Intervention** (*inter + venire = come between*)
- **Suicide Postvention** (*post + venire = come after*)

Suicide Prevention

- “Suicidal individuals will appear at your door whether or not you are prepared to deal with them.”
(*Timothy Tatum, US Army Chaplain, Ret*)
- “Ninety percent of suicides are preventable, provided help is available.”
(*Suicide Prevention/Quick Series/ICISF*)

3 Keys to Suicide Prevention

- Look, listen, and ask!
- 70 - 75% of people who commit suicide tell someone about their plans or give warning signs
- Signs of possibly suicidal thinking may be both _____ and _____.

Some verbal signs

- *I wish I were dead*
- *I wish I had never been born*
- *The world would be better off without me*
- *I don't see any way to get out of this mess*
- *Nobody cares if I live or die*
- *I can't handle this...*
- *I can't live without _____.*
- *Life doesn't mean anything to me since...*
- *You'll be sorry when I'm gone*
- *Next time I'll take enough pills to do the job right*

Some behavioral signs

- *Dramatic mood swings*
- *Loss of interest in normal activities; withdrawn*
- *Declining performance at school or work*
- *Giving away possessions, pets*
- *Fixation on death/suicide in writing, pictures, music*
- *Drug/alcohol abuse – recent increase?*
- *Changes in personality*
- *Getting affairs in order (writing a will, paying off debt)*
- *Evidence of planning, such as buying a weapon*

To prevent a suicide...

- **Know the warning signs.**

While it is true that many people give clues that they are thinking of suicide, it is also true that most people do not recognize the signs until *after the fact*.

Suicide prevention educators should continue to teach the warning signs, but you cannot depend on them to prevent suicides

To prevent a suicide...

- Be willing to talk about suicide plainly.
- Show genuine care and concern.
 - What do most suicidal subjects want?
- Take others seriously by not discounting their concerns. Don't say, "It's not that bad..." To them it is.
- Don't tell them what to do, but show them biblically what God wants them to do... Help them to take every out of control thought captive to make it obedient to Christ (2 Cor. 10:5).

To prevent a suicide...

- What one thing do all suicidal subjects lack?

- Who or what is the source of hope? (Rom 15:13)

How can we obtain hope from God? (Rom 15:4)

How then can you best help a suicidal subject? (Rom 15:14)

- In Christ you have the character and knowledge (of Scripture) to confront suicidal subjects for the purpose of bringing about desirable change in their lives
- Get help from other appropriate people.
 - Confidentiality: information shared in secret, or in confidence/trust?

Suicide Intervention

- Intervention places you in harm's way, between a suicidal subject and his/her goal
- Your priority in intervention must always be your own personal safety
- Don't try to be a hero
- Don't become a victim
- Call for appropriate help

PARAMEDIC ATTACKED BY SUICIDAL PATIENT AT EMS RUN IN BUCKS CO, PA

- It is with sincere regret that we advise you that Bensalem EMS medics responded to the scene of a reported suicidal male around 1900 hours this evening- Bensalem is near Philadelphia. While operating at the scene, a 37 year old Paramedic was reportedly attacked by the suspected suicidal male. Following that, it is unknown exactly yet what happened but the Paramedic died in the Line of Duty.
- The suspect is in custody- additional details to follow. Our sincere condolences to all affected- especially his family and the members of Bensalem EMS/Rescue.
- Take Care-BE CAREFUL.
- BillyG
- The Secret List 3-7-10 / 2145 hrs
- www.FireFighterCloseCalls.com

A Threat Assessment Tool

For Counselors

SLAP DIRT



SLAP DIRT

If previous attempt.

SPECIFIC PLAN	DANGEROUSNESS
LETHALITY	IMPRESSION
AVAILABILITY (of means)	RESCUE
PROXIMITY (of help)	TIMING

A Formula for Trouble

- Current specific suicide plan + available means + lethal method + previous history (personal attempts or suicide among other family members or friends) + one or more other risk factors + lack of resources available
= **potentially deadly outcome**

(Suicide Prevention/Quick Series/ICISF)

Intervention: Do Not

- Do not leave the person alone
- Do not overlook verbal and behavioral signs
- Do not sound shocked
- Do not interrupt while the person is still speaking
- Do not make promises you can't keep
- Do not argue
- Do not debate morality
- Do not remain the only person helping
- Do not agree to keep this a secret or cover it up

Intervention: Do

- Do pray without ceasing...
- Do remain calm - panic leads to mistakes
- Do be patient. Do not rush a suicidal person - slowing down his thoughts and behavior buys more time
- Do help to define the problem accurately
- Do rephrase thoughts for clarity and context
- Do focus on the central issue
- Do stay physically close to the person & secure surroundings
- Do emphasize the temporary nature of the problem
- Do listen very carefully and respond appropriately

If suicide is imminent or in progress

CALL 9-1-1



A Final Word

To him who is able to keep you from falling and to present you before his glorious presence without fault and with great joy – to the only God our Savior be glory, majesty, power and authority, through Jesus Christ our Lord, before all ages, now and forevermore! Amen.

(Jude 24)

To contact me....

Bruce Ray
425-821-8444 (church)
revcop@gmail.com

