

University Interfaith Association

11/30/11

1. Announcements
2. Program – Suicide Prevention training
 - a. Instructors
 - i. Louise Douce, Ph D – Assistant VP of Student Life
 - ii. Darcy Granello, Ph D – oversees Suicide prevention program
 - b. OSU Campus Suicide Prevention R.E.A.C.H. Training program
 - c. Reviewed packet, including handouts.
 - d. REACH reach.osu.edu
 - i. Recognize warning signs
 - ii. Engage with empathy
 - iii. Ask directly about suicide
 - iv. Communicate hope
 - v. Help suicidal individuals access care & treatment
 - e. There is usually a buildup of anxiety and despair. Lack of sleep at night is one sign.
 - f. They have looked at training housekeeping and maintenance.
 - g. Suicide affects many of us. We want to be supportive of students, faculty and staff. You need to take care of others.
 - h. www.poodwaddle.com/clocks/worldclock/ - at the beginning of the session, the number of suicides in America was 771,367. At the end of the 2 hour training, the number had risen to 777,529.
 - i. Q&A
 - i. 36,000 Americans die each year by suicide
 - ii. 98 Americans die each day by suicide
 - iii. Suicide is the 2nd leading cause of death for college students (behind accidents). Some deaths, such as accidents of single car crashes or drug overdoses, if there are not clear evidences of suicide will be listed as accidents.
 - iv. For every 2 murders in the US, there are 5 suicides – more than twice as common as murder. The media is asked to report in specific ways on suicide to prevent contagion. The flip side is that we think murder is more common.
 - v. What is your reaction?
 1. Even as we are talking about, people will be taking their lives.
 2. 18 Americans between years of 14 and 21 will take their lives each day.

3. It is small compared with people who die in car crashes, but these things are preventable.
 4. Imagine if a plane crashed today and 100 people died, then tomorrow, then the next day. How long would it be before you quit flying? As a country, we ignore it.
- vi. Suicide pyramid – US Population ages 15-54
1. Usually use completed suicide, not committed, which has moral overtones.
 2. 1 suicide, 45 attempters, 250 people who seriously considered suicide.
 3. 840,000 suicide attempts every year in this country. There are typically 8 million Americans considering suicide
- vii. Understanding suicide
1. Suicide is complex. It is ambivalent. People asking for help are not sure if they want to live or die. The key is getting people to come in and talk about what they are thinking. The numbers are higher than reported.
 2. There are specific risk factors and warning signs – most people give some type of warning signs.
 3. Protective factors can help reduce risk
 4. Certain groups are at higher risk
- viii. Within the last year at OSU – student related
1. 1 in 3 reported prolonged periods of depression
 2. Depression with elevated anxiety is very high risk, their mind won't turn off. They are at greater risk because they have the energy to do something. Most people who take their lives do so to end the pain or depression or anxiety.
 3. Permanent solution to a temporary problem of anxiety or depression
 4. 600 attempts a year.
 5. There have been 40+ documented suicides on Columbus campus (2000-2010). Theoretically access to guns reduces suicides. Also, access to help. So, if you get help, it works. Only 2 of the 40 were in active counseling when they had a completed suicide
 6. 16% say they have suicidal tendency at intake.
- ix. Groups at elevated risk
1. 20 something men who refuse to get help
 2. Older students – graduate and professional students
 3. International students

4. Returning veterans – they are at very high risk. Because there is such stigma on PTSD, it puts stigma on all veterans.
- x. Risks – problems with thinking
1. Hopelessness – we need to encourage hope
 2. Black & white thinking – no middle ground.
 3. Perfectionism – for OSU students, it is high because of their history of very high achievement. Some students have a need to be perfect and be the best.
 4. Isolation – students not connected to others.
- xi. Risk – Mental Health Problems
1. Primarily depression – 90% have a mental illness at time of death, most commonly depression. The combination of depression, hopelessness, agitation and substance abuse. Substance use often causes your life to fall apart and builds up over time. At the time of death, 33% of suicides show the student was high. Alcohol is a depressant.
 2. Impulsivity is a risk factor, but it is less easy to diagnose.
 3. It is a complex interplay of all these risk factors.
 4. Stigma keeps people from getting the help they need.
 5. There is a continuum of people progressing towards suicide. There are many opportunities to intervene.
- xii. Protective factors
1. A campus culture of caring – people are aware that help is available. There are 70 campus groups working together. They are working to list free counseling on all syllabus’.
 2. The average number of sessions people have at the center is 4.5. Students identified as urgent can get in that day. Normal processing is 2 weeks till first appointment. Typically, students parents would not know they are seeking help. Only if students who are 17 and younger would they potentially notify parents after 4 sessions. There is no permanent record on your academic report.
 3. Strong connections to others
 4. A campus that supports help seeking.
 5. We have high quality free counseling & assistance
 6. In our culture we talk about depression for when we are sad. When we have clinical depression, which is highly treatable, we tell people to just get over it.
 7. What happens if you have too little dopamine in your brain – Parkinson’s disease. What if you have too much dopamine

in your brain – schizophrenia. We often treat very chemical deficiencies completely differently, sometimes extending grace, sometimes hiding from the stigma.

8. The best protective factor is you. the help center can help, but they can only work with the students if they come for help. Please let students know our services exist

xiii. What can you do? video

1. Youtube search OSU RUOK
2. [www.youtube.com](https://www.youtube.com/watch?v=K3_qL8M-7ao) K3_qL8M-7ao
3. R U OK? Buckeye Campaign Against Suicide
4. A single conversation can save a life.
5. 52% of college students with suicidal thoughts confide in a peer.
6. BCAS – no buckeye should be blue.

xiv. **Recognize Warning Signs**

1. Prior to suicide – 90% demonstrate clear warning signs. 80% tell someone. All signs count, we can help and prevent suicide.
2. However, the most common response is – silence. People do not know what to say. Silence is acquiescence, but it ends up affirming what the other person says.
3. People who are suicidal do not want to die, they want the pain to end. They are looking for a viable solution.
4. Look for statements, red flags, situational triggers.
 - a. I wish I were dead.
 - b. I am going to kill myself
 - c. Nobody cares if I live or die
 - d. I just can't do this anymore, I'm tired.
 - e. I don't want to be a burden.
 - f. What would God think if I took my life? Some students want to make peace with their religion.
 - g. Trust your intuition, is this a cry for help. Try to use their phrase. What you say does not matter as much as just saying something. Asking the next question helps. Let them know you care, sell hope, things could be different, keep the dialog going.
 - h. There is really good research that having the conversation lowers the risk.
 - i. A lot of information that use to be private is now public.

5. Red flags
 - a. Withdrawal from social and academic activities
 - b. Dropping out of school or missing classes
 - c. Unexplained anger / aggression – bigger with men.
Most depression studies have been on women.
 - d. Increasing use of drugs/alcohol
 - e. Putting personal affairs in order
 - f. Giving away prized possessions
 - g. Acquiring a gun or stockpiling pills
 6. Situational triggers
 - a. In persons already at risk, these might trigger
 - i. Public embarrassment or shame
 1. Public breakup of relationship
 2. Academic warning, probation, suspension
 3. Social embarrassment.
 4. When people feel their heart is breaking, is really despair.
 - ii. Relational or social loss
 1. Lack of social support from friends, family
 - iii. Job or financial loss – self or family
 - iv. Rejection, isolation
 - v. Illness and pain
 - vi. Mental illness
 - b. People are beginning to use facebook to notify friends of their personal struggles. More people are becoming aware of peoples struggle, but typically do not know what to do.
 - c. Mental health in children and teens is just beginning to be studied.
 7. Skills are transferrable through all areas of life. The older white males get, the higher their suicide rate.
- xv. **Engage with Empathy**
1. People typically respond to suicide thoughts with silence because they do not know what to say.
 2. How to use empathy
 - a. Let them know you want to help. Let them tell their story. Tell them what you have seen in a reflective way and say that you care.

- b. Listen and respond – don't interrupt!
- c. Speak slowly and calmly. Speak in really short sentences. People in crisis cannot hold lots of information at a time. Convey that there are resources. When your questions come down in tone at the end, it conveys it as a statement, and that you can help them.
- d. Focus on the person and their story, not yours
- e. Refrain from judging and giving advice – do not give them advice about solving the problem. If someone is in crisis, giving a pat answer can minimize what they have gone through. Tell them there are resources that can help.
- f. Be yourself! Make a human connection. Be present and make a connection, use a bridge. Be open, open your heart. Talk less, be emotionally present.
- g. Suicide crisis number 221-5445, 800-273-8255 a clearinghouse
- h. Create a safety contract – 3-4 things you will do to be safe, then add the local suicide crisis number to the contract, or even to their phone. Men are more likely to call a hotline than to go and talk with someone.
- i. They are working on stress tracking apps.

3. How to engage

- a. Reach out
 - i. Call
 - ii. Text
 - iii. Talk after class
 - iv. Talk in private

xvi. **Ask About Suicide**

- 1. Now it's time to act
 - a. Don't wait
 - b. When you are concerned, do something
 - c. By the time you notice, the person is already in distress
- 2. By the time we are concerned about someone, they probably have already had thoughts about suicide.
- 3. Asking the question, puts the issue on the table for discussion and opens up conversation.

4. Who knows CPR? If you do nothing, you will not save someone's life. If you do something, can you help? It is hard to say, but you might as well try. CPR is giving help while the professionals are on their way. We want to be conduits to get people to the help they need.
5. Talking about suicide will not put the idea in someone's head.
6. How to ask?
 - a. I noticed _____ and that has me worried. I want to help
 - b. It seems like you are _____ (feeling hopeless, having a really difficult time, giving up, etc)
 - c. Sometimes when people are _____ (really depressed, going through these kind of things, feeling like you are) they think about suicide/killing themselves. Is that something you have been thinking about?
 - d. Are you thinking that life isn't worth living?
7. Responding to a Yes
 - a. I don't want you to do anything to hurt yourself, and I am really glad you are talking to me about this.
 - b. I'm so glad you shared that with me. I want you to know that I will do whatever I can to help you get through this.
 - c. I am so sorry that you are feeling so bad, and I want you to know I care about your situation.
8. Responding to a No
 - a. I'm glad to hear you are not thinking about suicide, but I still think it might be helpful for you to talk with someone.
 - b. Thank you for talking with me about this. I care about you, and I'd like your permission to keep checking in with you.
 - c. I know it's hard to talk about this stuff, and I want you to know if anything changes or you want to talk, you can talk to me.
 - d. Think about what you are able to offer them. Are you creating a space that prevents them from getting the help they need?
9. Some tips for asking

- a. Be gently persistent
- b. Follow-up
- c. Explore safe people – do not send them to people who have conditional love.
- d. Ask again. Be consistent voice of caring
- e. Recognize that it's uncomfortable
 - i. I know it's hard to talk about...
- f. Remind them that you care and want to help.

10. What if the person won't move to the next step to get help?

- a. Get into sales mode. You deserve someone with more expertise than I have. Limit the amount of time you can spend with them. Always encourage them to the next step. You need greater skill than what I have.
- b. Trust is a treasure. When students get to know us, they come to us and talk about things they are not talking with others.
- c. 4th fl of Younkin success center. 614-192-5766

xvii. **Communicate Hope**

- 1. Let them know
 - a. They are not alone
 - b. There are options
 - c. There are people and services to help
- 2. Offer assistance – don't offer quick fix
- 3. This is not the same as telling someone what to do or minimizing their problems.
- 4. Tell them you are willing to help them get connected to resources
 - a. The important thing right now is that we work together to make sure you are going to be safe today and get connected with help.

xviii. **Help Access Care / Treatment**

- 1. How to help them access care
- 2. Get them to the resources
- 3. We need to make sure you are safe and get you some help right now.

j. **Questions**

- i. How do you do this cross culturally?
 - 1. This is a hard conversation to have in any culture.

- ii. You do not have to be sick to get better. We can all benefit from counseling.
- k. CCS – Counseling & Consultation Services
- l. The campus police have all been trained to be gatekeepers.
- m. Story of man who survived jumping off the Golden Gate bridge.
 - i. On the 90 minute bus ride – if anyone asks me about it, then I won't kill myself. If anyone even talks to me. If anyone even makes eye contact with me.
 - ii. He gets off the bus, walking across the bridge. If anyone honks a car horn.
 - iii. He is on the other side of the railing, if anyone honks or talks to me. A woman walks up and ask him to take a picture of her.
 - iv. So he jumped.
 - v. We just need to reach out with basic human kindness.
- n. Certificates
 - i. Participants received a certificate stating that they had “completed the training and met all the requirements for the REACH training program and are a **Certified OSU Campus Suicide Prevention Gatekeeper.**”
- o. Further Training options for our specific groups.
 - i. Louis and Darcy are available to provide training for individual groups on campus. Please allow at least 60 minutes for the program, but prefer 2 hours to more adequately cover the material.