What We Know About Suicidality and Suicide Prevention in a Pandemic

Evergreen Council on Problem Gambling Mid-Month Training October 2020

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THIS PRESENTATION IS BASED ON THE RESEARCH OF SUICIDOLOGIST AND PSYCHOTHERAPIST **RANDI J. JENSEN, MA, LMHC, SUDP**

Some of the following information is surprising & new.

How you interpret and use this information depends greatly on your attitudes and perceptions of suicidality.

Suicide is a sensitive topic. No matter how well processed therapeutically, it can bring to the surface deeply emotional reactions. Please ask for assistance. I will be available by email and phone in the future.

It is understood that use of the term "suicidal person" does not limit the characterization of that person only to their suicidality.

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CONTENTS

- What's going on? What's happening in the current pandemic?
- Overall view of a suicidal mindset
- Metaphorical signs of suicide and what to watch and listen for
- What stressors increase in a pandemic
- Responding instead of Reacting to stressors in preventing suicide
- Unrealized etiologies of suicidality
- Influences of social media
- What can clinicians do? Using Telehealth

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LEARNING OBJECTIVES

TO UNDERSTAND THE FOLLOWING:

- Increased use of substances and gambling in different areas of the world
- Possible etiologies of stress and coping mechanisms, i.e.: gambling and substance use increases
- Current data contributing to the growing knowledge of stressors that increase stress and consequent suicidality, especially during this pandemic
- Methods (pros and cons) of telehealth and proactively reaching out to patients

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WHAT DO WE MEAN BY "SUICIDALITY" ARE WE ON THE SAME PAGE?

(SAMHSA, 2009)

A spectrum of thought patterns and behaviors encompassing:

- Thoughts of dying by suicide
- Warnings of dying by suicide
- Plans for dying by suicide
- Attempts to die by suicide
- Death by suicide

- Chronic – stages of suicidality undulating over a period of time possibly including multiple attempts and changing degrees of lethality
- Acute – immediate danger of lethal attempt

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WHAT'S GOING ON IN THE U.S.A.?

(NIMH, 2019)

SUICIDE RATE IS HIGHEST SINCE WWII

Up 33% since 1999…

14/100,000 Americans kill themselves each year =

~47,000 Americans per year

47,000 people would fill Madison Square Garden - TWICE OVER!

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WHAT'S GOING ON IN THE WORLD?

(WHO, 2019)

800,000 people in the world kill themselves every year…

That's the population of

DETROIT, MICHIGAN!

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What's going on? What's happening in the current pandemic?

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PANDEMIC STRESSES

(SHER, QJM: AN INTERNATIONAL JOURNAL OF MEDICINE, HCAA202)

- COVID-19 pandemic is associated with **distress, anxiety, fear of contagion, depression and insomnia** in the general population and **among healthcare professionals.**
- Social isolation, anxiety, fear of contagion, uncertainty, chronic stress and economic difficulties **may lead to the development or exacerbation of depressive, anxiety, substance use and other psychiatric disorders** in vulnerable populations including individuals with pre-existing psychiatric disorders and people who reside in high COVID-19 prevalence areas.

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REPORTS FROM WORLD SOURCES – USA, SPAIN, CHINA

(AUG.2020, GREATER GOOD MAGAZINE BERKELEY. EDU)

- Domestic violence has increased
- Pervasive loneliness reported especially among seniors and the elderly
- Disadvantaged groups suffer worse effects (everyone is not in the same boat)
- Effects are compounded by racism (Black community is reported to be more likely to be infected, less likely to be tested and treated, and less likely to survive if they contract the virus. -- *Andrea King Collier, Greater Good)*

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ARE SUICIDES INCREASING DURING THIS PANDEMIC?

WE ARE LEARNING AND WE ARE WORRIED -

won't actually know the full extent for many months

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HOWEVER, LATEST REPORTS BODE BAD NEWS

(CDC, AUG. 14, 2020)

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REPORTS OF INDIVIDUALS TURNING TO OLD AND NEW COPING MECHANISMS TO DEAL WITH OVER-RIDING WORRY

(MEDICAL NEWS TODAY, OCT 6, 2020)

- Existing substance users reported worrying about COVID-19 more than non-users (opioid use was not included)
- Those studied who had the highest level of worry began using substances during the pandemic
- Increases by individuals using online gambling compared to those reporting no increase: *(ncbi.nim.gov)*
  - .62 of those studied showed increase in online casino gambling
  - .76 showed increase in online horse betting
  - .73 showed increase in online lotteries
  - .11 showed increase in sports betting

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The earliest signs of whether the pandemic is driving up suicides will likely emerge among **those who have had a history of managing persistent waves of self-destructive distress.** Many of these people, who number in the millions worldwide, **go through each day compulsively tuned to the world's casual cruelties — its suspicious glances and rude remarks — and are prone to isolate themselves, at times contemplating a final exit plan.**

That's how I am," said Josh, 35, a college instructor in North Carolina who has been consumed in the past with thoughts of suicide. "I see all the bad, the suffering, and I have a tendency to crawl into a hole. Now, with this Covid threat, we're being told to isolate and stay away from others. It's like, 'Oh, I was right all along, and the world was crazy.'" He added, "I haven't backslid, I haven't moved. But longer term — I don't know....

(New York Times "Is the Pandemic Sparking Suicide" Carey, B, May 2020)

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Overall view of a suicidal mindset

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THE SUICIDAL MINDSET

- Secretly, I am convinced that I am part of the reprehensible world. I cannot openly or cognitively realize that. I can't reveal or fix things I don't realize as true.
- I don't know why I can't quit thinking about suicide.
- Down deep – I know no one really cares or would miss me.
- It's never been a matter of "if" – it's always been a matter of "when".
- If I look good, no one will know.
- Why should I plan for a future that will never be a reality?

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SUICIDAL MINDSET IN A PANDEMIC NOT WHAT YOU MIGHT THINK!

(NEW YORK TIMES "IS THE PANDEMIC SPARKING SUICIDE" CAREY, B, MAY 2020)

- ***"I was in a relatively good place when this started, and I think one of the reasons I've stayed that way is that, having had all this experience with depression and anxiety, you learn a lot of skills that are applicable in this pandemic," said Michelle, 37, a New York teacher with a history of chronic suicidal tendencies, including two attempts.***
- ***"It's interesting, I'm having conversations where everyone is feeling anxious about the same thing," she said. "It's been awhile — since grad school, I think — that I have been a part of conversations like that, and it's strangely nice."***

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STIGMA PROVES TO THE SUICIDAL MIND IT IS USELESS TO REACH OUT TO ANYONE
(CDC, COMPASSIONATE FRIENDS NETWORK)

What is stigma?

- **the shame or disgrace attached to something regarded as socially unacceptable**

How is it experienced

- **By the individual struggling with suicidality?**
- **By the survivors of persons who have died by suicide?**

De-stigmatize:

- ✓**Eliminate *"commit suicide"* or *"successful suicide"***
- ✓**Use *"died by suicide", "died of suicide"***
- ✓***"completed suicide" is questionable and not recommended***

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Metaphorical signs of suicide and what to watch and listen for

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WATCH FOR METAPHORICAL STATEMENTS BE AWARE OF THE CONSPIRACY OF DENIAL

- **Ask the next question after an incongruous or a questionable statement**
- **Question unusual body marks, recent scars, abrasions and bruises**
- **Do not assume your meaning is their meaning – ASK!**

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LET EVERYONE KNOW THAT MEANS MATTER!
REDUCE EASY ACCESS TO DANGEROUS SUBSTANCES
FROM WWW.MEANSMATTER.ORG DOWNLOAD A FREE HANDOUT TO PROVIDE IN YOUR OFFICES.

Firearms – b/c firearms are the most lethal among suicide methods, **lock them securely**.

Medications - **Don't keep lethal doses** at home. Be particularly aware of **keeping prescription painkillers (such as oxycodone and methadone) under lock and key** both because of their lethality and their potential for abuse.

Alcohol - Alcohol can both increase the chance that a person makes an unwise choice, like attempting suicide, and it can increase the lethality of a drug overdose. **Keep only small quantities** at home or none at all.

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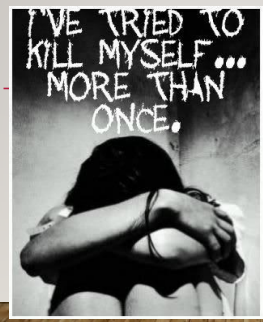

Up to 75% of people who attempt suicide talk about their suicidal thoughts, feelings and plans before the act.
(AFSP)

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Responding instead of Reacting in preventing suicide -
Building your knowledge & understanding

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THE ADVERSE CHILDHOOD EXPERIENCES (ACE) STUDY

(KAISER PERMANENTE & CDC) N = 17,000

- **Trauma, particularly during childhood, is common among people who attempt suicide.**
- Traumatic memories can be **activated by both internal and external events**. External precipitants include day-to-day stressors, most revolving around interpersonal relationships, particularly if they are abusive in nature**.**

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ACE STUDY, CONT'D

- **It is more common, though, for internal events to activate the suicidal crisis** (i.e.: thoughts, feelings, images, and sensations, some that even the client is not fully aware of at the time.)
- Memories of previous trauma can bring shame, guilt, helplessness, and feelings of being a burden — **facilitating hopelessness and thoughts of suicide.**

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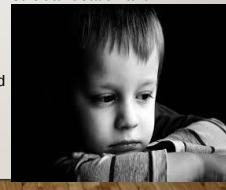
ASPECTS OF CHILDHOOD SUICIDE

(YOUNG-CHUN ET AL, 2017)

- **Childhood sexual abuse is a strong predictor** of suicidal ideation.
- **Anxiety underpins** the relationship between suicidal ideation and both physical abuse and emotional abuse.
- Interventions to reduce suicidal ideation among survivors of childhood trauma should **focus on anxiety symptoms and attempt to increase their social support**.



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DEVELOPMENTAL CONSIDERATIONS

Prepubertal children

- "primarily engage in **concrete operational thinking**, which leads to rigid cognitive patterns and limited ability to problem solve or create multiple solutions to problematic situations" *(Pfeffer, 1997; Piaget & Inhelder, 1969)*
- "Want things to be better, but they can't come up with more effective ways to handle their problems or lessen their distress, so suicide looms as an appealing option" *(Kennedy-Moore, 2016)*

Be careful not to incentivize suicide

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MORE RECENT THEORIES

- **Psychological –**
  - **Interpersonal** (Joiner, 2011**) –** thwarted belongingness & perceived burdensomeness, acquired ability
  - **Suicidality as coping mechanism** (Jensen, 2012) – childhood trauma with inability to alter situation creates a neural pathway of "not wanting to be here" which leads to a subconscious default suicidal thought pattern

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Unrealized etiologies of suicidality

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CONSIDER POSSIBLE ETIOLOGIES OF SUICIDALITY

- **Situational Suicidality** (depression with SI) *(Wu, 2016, medical newstoday.com)*
- **Psychotic state** – persistent or cyclical *(psychiatrictimes, 2014)*
- **Early trauma with chronic course** - suicidality with roots in childhood or adolescent trauma *(ACES, 1998)*

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SITUATIONAL SUICIDALITY DERIVED FROM DEPRESSION

(FRONTIERBEHAVIORALHEALTH.ORG, 2014; PSYCHCENTRAL.COM, 2017)

Situational depression, formerly referred to as adjustment disorder, is a short-term form of depression that follows a traumatic change to your normal life. *(psyweb.com, 2014)*

- Sudden rejection by a loved one
- Recent move
- Death of a spouse, child, friend (especially unexpected or by suicide)
- Diagnosis of a terminal illness
- Argument or distress within a meaningful relationship
- Antepartum and postpartum as situational depression

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SCHIZOPHRENIA AND SUICIDALITY

(WEBMD.COM, 2016)

Marked by hallucinations, delusions, and disordered forms of thinking.

A person with schizophrenia who attempts suicide may:

- Be a male under age 30
- Have a higher IQ
- Have been a high achiever as a teen and young adult
- Be painfully aware of schizophrenia's effect on themselves

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EARLY TRAUMA WITH CHRONIC COURSE –Suicidality as coping mechanism for untenable trauma

(Mazza, Catalano et al, Jnl of Adol Hlth, 2009)

- ~40% of kids attempting suicide make their **first try in middle or elementary school**
- ~ **1 in 9 children have attempted suicide before their high school graduation**, making plans as early as elementary school
- Childhood **physical and emotional abuse associated with anxiety can prompt suicidal ideation.** *(Bahk et al, 2016)*

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THE DISTINCTION BETWEEN ACUTE AND CHRONIC RISK

"Assessment of acute risk alone is how the overwhelming majority of clinicians approach the task. Over the past decade, converging scientific evidence suggests it is important to address enduring or "chronic" suicidality in patients. More specifically, those who have made two or more suicide attempts likely have a "chronic" aspect to their presentation. Although acute risk may well resolve, it is important for the clinician to make a note about the individual's enduring vulnerabilities and continuing suicide risk."

(Suicidologist David Rudd)

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Any beginning can lead to a chronic expression with the same ending.

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SUICIDALITY AS A COPING MECHANISM
(HULJICH, 2012)

The Brain is a SURVIVAL mechanism *(Tenno, 2017)*

- The brain does everything it can to **stay in control of its surroundings** (to stay alive longer).

ANY SENSE OF CONTROL IS CRITICAL!

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COPING MECHANISMS:

- **Allow avoidance of the root cause of pain or stress through some form of distraction**
- **Have an addictive quality to them – b/c they are reinforcing (endorphinergic, dopaminergic, etc.)**
  - **we feel some degree of compulsion toward them**
  - **we experience some level of difficulty in resisting them**
  - **they are no longer true choices**
  - **they become unconscious habits that often PREVENT us from dealing directly with the root cause of stress**

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THE PSYCHOBIOLOGY BEHIND SUICIDAL THOUGHT AS A COPING MECHANISM
(JENSEN, 2012)

When childhood trauma creates an inability to alter a threatening or dangerous situation, the brain must find a way to survive the trauma. Finding the answer through thinking of "not being here" produces a rush of "feel good" neurochemicals in the brain. This leads eventually to a subconscious default suicidal thought pattern. Thus, suicidal thought can begin as a coping mechanism – a way to save one's life.

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"HOPE" OF RELIEF RELEASES PAIN-RELIEVING ENDORPHINS.

- **Continued thinking of anything that relieves pain, driven by endorphins and other "feel good" neurochemicals (endorphins, enkephalins, serotonin, dopamine, etc.) builds a neural pathway that can get used repeatedly & unconsciously.**
- **Endogenous opioids (endorphins) relieve pain by binding to brain cell receptors called mu-opioid receptors, which stops the transmission of pain signals from one nerve to the next.** *(Zubieta et al, 2005; Benedetti et al, 2005)*

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Just thinking about a way to relieve pain, can relieve pain.

(Petrovic, P., Kalso, E., Petersson, K. M., & Ingvar, M., 2002)

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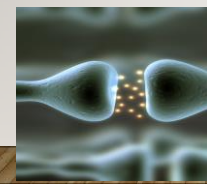
HOW ARE NEURAL "THOUGHT" PATHWAYS FORMED?

First, understand…

The average brain is born with 100 billion neurons each over time make tens of thousands of connections which translates to **10 quadrillion calculations per second.**
(Disabled World, 2008; Eagleman, 2011)



Then, know…

The "thought" or stimulus message in the brain is an electrical impulse which jumps the microscopic spaces (synapses) from neuron to neuron.
Over time, similar stimuli create highways of synaptic trails known as "neural pathways".
(Rodi, C., 2009; Bernard, S, 2010; Mengia-Seraina Rioult-Pedotti, 2000)

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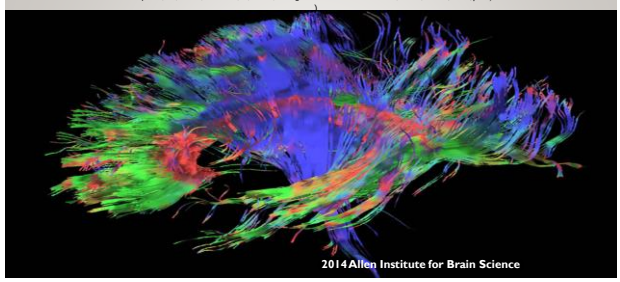
And, finally… Cells are activated leaving "neural" connection trails known as "**Neural Pathways**".

(Rodi, C., 2009; Bernard, S, 2010; Mengia-Seraina Rioult-Pedotti, 2000, Schatz, I 992, p. 64).



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LIVE NEURONS CONNECTING & PRUNING

(HTTP://WWW.DRJOEDISPENZA.COM/INDEX.PHP?PAGE_ID=LIVE_NEURONS_CONNECTING_PRUNING)

(Fabricofcreation - "pictures" video)

Creating new neural-net connections in the brain by learning, thinking, and choosing new experiences.

"My goal is that you understand and can see how there might be a scientific basis for accepting that your thoughts can create your reality. For the doubter, I would like you to entertain the possibility that the way you think directly affects your life."

Dr. Joe Dispenza

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NEURAL PATHWAYS

"...we, as human beings, develop neural pathways, and the more we use those neural pathways over years and years, **they become very stuck and deeply embedded, moving into deeper portions of the brain**,"... By the time we get to the age of 25, we just have so many existing pathways that our brains rely on, it's hard to break free of them.

One reason is the brain …will always "choose the most energy efficient path"…

(Tara Swart, "Neuroscience for Leadership", 2015)

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A DEFAULT NEURAL PATHWAY CAN BECOME THE UNCONSCIOUS PROCESS FOR COPING WITH PSYCHOLOGICAL PAIN OR TRAUMA

- It's about biology and how the brain will always think of ways to relieve pain – that is what it is designed to do.
- To explain using the right brain and left brain hemispheres
- The pain-relieving thoughts start out like this trail…

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And end up looking like this…

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PEOPLE STRUGGLING WITH SUICIDALITY ARE NOT TRYING TO KILL THEMSELVES, THEY ARE DESPERATELY TRYING TO STAY ALIVE. THEY HAVE NO IDEA WHY THEY CANNOT STOP THINKING ABOUT SUICIDE.

Suicidal thinking is not volitional….. It is an unconscious process.

"The unconscious handles a variety of important tasks that are best accomplished automatically, with great speed and no opportunity for deviation, or, in other words, no room for choice."

(Viamontes & Beitman, 2007)

Once suicide becomes the "right" and only thing to do – Confirmation bias sets in - there is no room for problem-solving. A default thought pathway is fully developed and stronger because it is deeply developed and it's the easiest fastest way to get relief from pain.

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POLL QUESTION #1

Do you think that social media has contributed to increased anxiety and worry during the pandemic?

- ❑ **YES**
- ❑ **NO**
- ❑ **I Don't Know**

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Influences of social media

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SOCIAL MEDIA – USE & EFFECTS

(ACADEMY OF PEDIATRICS, O'KEEFE & CLARK-PEARSON, 2011;)

- Research has shown that distress and **anxiety can be increased by exposure to social media**
- Social media platforms like Facebook and Twitter while facilitating important conversations about the virus, also **allow sensationalism and misinformation** to spread. *(Time, Mar, 2020)*
- 22% of teenagers log on to their favorite social media site more than 10 times a day
- Using Social Media and exposure to media in general wisely:
  - Can enhance
    - Communication
    - Socialization
    - Learning opportunities
    - Access to correct health information

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What can clinicians do?

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IN A PANDEMIC ESPECIALLY… HELP YOUR CLIENTS TO:

- Limit exposure to news reports that engender hopelessness and helplessness
- Realize shared support thru video conferencing, uplifting social media
- Reach out instead of waiting others to reach out to you
- Use general self care
- Focus on an attitude of gratitude
- Do more of what safely makes you feel good

What do you do?

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GO TO CHAT ROOM

Tell us what you do to keep yourself on an even keel dealing with all the uncertainty during this challenging time.

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WHAT DO YOU DO?
ACTIVE LISTENING- LEARNING THE DIFFERENCE BETWEEN REACTING AND RESPONDING

(THINGS YOU CAN TEACH THE SUPPORT TEAM – NOTICE THERE IS NO PROBLEM SOLVING)

Listen attentively and ask about:

- **What's been going on in your life?**
- **How long has it been going on?**
- **How long has suicide been a consideration in your life?**
- **Does anyone but you and I know about how you're feeling right now?**
- **Do you have a plan right now?**

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SAFETY PLANS VS NO HARM CONTRACTS

(APA Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors)

No Harm Contracts have not been shown to be any protection against future suicide attempts or legal suits. Ultimately, **therapeutic alliance and peer support are the strongest protections against continued suicide attempts.**

It is advisable to develop a **Safety Plan together**

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SAFETY PLANS INCLUDE:

- A list of self-interventions, diversions from suicidal ideation
- Agreement for keeping environment safe (removal of weapons)
- A list of supportive family and friends with contact info for each
- Contact info for therapists, spiritual support, physicians, etc.
- Agreement to follow through on hospitalization or safe location if needed in crisis

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UNDERSTANDING DIFFERING LEVELS OF RISK - THINGS TO SAY/NOT TO SAY

(SUICIDE PREVENTION RESOURCE CENTER)

How you ask is as important as what you ask

- Ask questions in the positive not negative
  - "Do you feel safe?" instead of "You don't feel unsafe, do you?"
  - "Have you ever considered ending your life?" instead of "You're not considering suicide, are you?"

  With Children: "Have things ever gotten so bad that you've thought about hurting yourself?" or "Have you ever wished you were dead?" or "Have you ever wanted to go to sleep and never wake up?" or even "Sometimes when kids feel very upset, they think about killing themselves. Has that ever happened to you?"

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POLL QUESTION #2

Do you think it is safe to send a suicidal person to the ER in the midst of a pandemic?

- ❑ **NO**
- ❑ **YES**
- ❑ **I Don't Know**

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Just because someone says they are thinking of suicide does not mean that they must be hospitalized.

The difference between wanting to die and not caring whether you live or die - realistic fears in a pandemic

But when does suicidality require hospitalization?

The benefits of hospitalization should be divided into two questions:

#1 - Is containment necessary? intensive psychiatric treatment with close observation?

#2 - Are the unique medical resources of a hospital necessary to provide treatment? medication administration/titration?

(2000-2014 Magellan Health Services)

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The hallmark of all suicidality is helplessness and hopelessness.

- **Determine precipitating factors** and/or discover the **sources of the hopelessness** and ***advocate for solving those problems*** (abuse – sexual, physical, verbal, bullying, learning d/o, medical issues)
- **Facilitate agency** to deal with those problems **(provide advocacy not only moral support)**
- **Increase self-efficacy** in general and in **problem-solving** specifically. (provide facility to consultation for problem-solving)
- **Maintain contact** use uplifting messages, private texting or calling – (never any social media)
- **Help build trusted, educated, goal-directed peer support**

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THE IMPORTANCE OF PEER AND THIRD PARTY SUPPORT

("BEST PRACTICES FOR PEER SUPPORT PROGRAMS", DCOE, 2011)

Benefits provide:

- **LISTENING!!** Help in understanding and reframing events, emotional validation (honesty and openness in age appropriate explanations with children)
- **Elevated self-esteem/self-efficacy**
- Feelings of control through self-knowledge and **education**
- Help in **problem-solving**
- Help developing new health-affirming **endorphin-creating activities**

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INDIVIDUALS SHOULD KNOW THEY ARE IN CHARGE OF THEIR OWN ENDORPHINS.

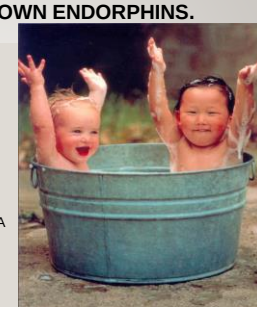
- Build a comedy library
- Purposeful laughter –

"Benefits of laughter with John Cleese"

Take YOUTUBE mini breaks for chuckles:

- Brian Regan http://youtu.be/89frRi8GgGA
- News reader cannot stop laughing

http://www.youtube.com/watch?v=_0eINGyJHz8



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THE SITUATION WITH TELEHEALTH

BENEFITS:

CONVENIENCE

LESS NO SHOWS

EASIER – NO NEED FOR PHYSICAL INTERACTION

CHALLENGES:

Not everyone is tech savvy

Dependent on adequate internet coverage and bandwidth

Cannot control their environment or patient's appreciation of confidentiality requirements

Inability to see whole person or possible smell probable substance use

AS OF YET WE DO NOT HAVE A STANDARD OF EFFICACY THAT IS UNIVERSAL – HOW DO WE SHOW THAT THIS VENUE IS EFFECTIVE IN LOWERING PROBLEMATIC SITUATIONS?

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PREVENTING SUICIDE IS ACTING ON WHAT YOU HAVE LEARNED TODAY:

- **DO YOU UNDERSTAND IT?**
- **HOW DO YOU FEEL ABOUT IT?**
- **ARE YOU WILLING TO TALK ABOUT IT? ASK THE QUESTION(S)?**
- **DO YOU FEEL CONFIDENT WHEN TALKING TO SOMEONE ABOUT IT?**
- **IT'S EVERYONE'S RESPONSIBILITY**
- **NO ONE HAS TO DO EVERYTHING – EVERYONE HAS TO DO JUST ONE THING….**

LISTEN!

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A MOMENT OF SHAMELESS SELF-PROMOTION!

IF YOU'RE FEELING YOU'D LIKE MORE CONFIDENCE IN WORKING WITH ANY PATIENT WHO IS STRUGGLING WITH SUICIDALITY…

I am teaching the DOH required Suicidality course,

"Youth & Adult Suicide: Recognition, Assessment & Treatment of Suicidality"

FRIDAY, DECEMBER 18, 2020

Register at:

http://www.cascadia-training.com

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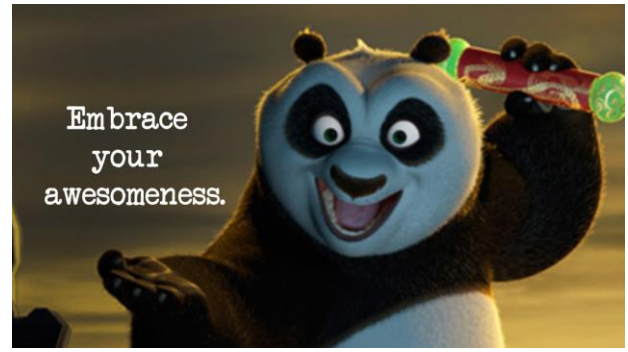

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RESOURCES

FOR LGBTQ POPULATION:

- The Trevor Project – thetrevorproject.org - leading nat'l org providing crisis intervention & suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24 - its accredited, free and confidential phone, instant message and text messaging crisis intervention services offers the largest safe social networking community for LGBTQ
- "It Gets Better Project" - Its goal is to prevent suicide in LGBT youth
- "Camp Ten Trees" Residential Summer Camps in Seattle/NW area for LGBTQ youth and parents– more info at www.//http:camptentrees.org
- "Family Acceptance Project" – education & resources for mental health targeting LBTQ population

Monitored CHAT LINES (online only) http://www.suicidepreventionlifeline.org/

/r/SuicideWatch /r/offmychest

/r/trueoffmychest /r/depression

(These reddit chat lines are rigorously monitored for trolls)

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- Jensen Suicide Prevention Peer Protocol http://www.jsp3.org
- TWLOHA – To Write Love on Her Arms http://www.twloha.com
- Int'l Association for Suicide Prevention (IASP) http://www.iasp.info
- American Association of Suicidology http://www.suicidology.org
- Suicide Prevention Resource Center http://www.sprc.org
- American Foundation for Suicide Prevention http://www.afsp.org
- Suicide.org (Suicide Survivors) http://www.suicide.org
- Zero Suicide http://zerosuicide.org
- Half of Us http://www.halfofus.org
  - Talk about anything bothering you -Text START to 741-741 or call 1-800-273-TALK (8255)
- The Jed Foundation http://www.jedfoundation.org
- Stop Soldier Suicide: Military & Vet Suicide Prevention - http://www.stopsoldiersuicide.org
- Veterans Crisis Line Suicide Prevention Hotline, Chat, & Text https://www.veteranscrisisline.net/

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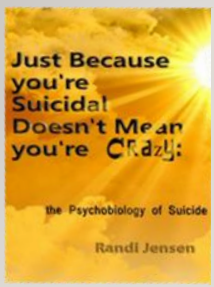

"Just Because You're Suicidal Doesn't Mean You're Crazy: The Psychobiology of Suicide"
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"With eloquence, compassion and a big dose of brain chemistry, Randi Jensen's book provides a rich tapestry of information and support for those struggling to understand suicide. This is possibly the most useful self-help book ever – where else can one learn how to stay alive and help someone else stay alive? A must read for clinicians, family and friends." – *Terry Courtney, MPH, LAc, former Dean, School of Acupuncture and Oriental Medicine, Bastyr Univ.*

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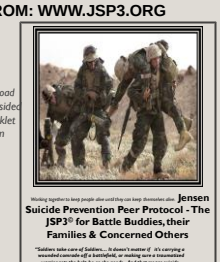

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Call 911	1-800-SUICIDE (1-800-784-2433)
SuicidePreventionLifeline.org 1-800-273-TALK (1-800-273-8255)	Text Telephone: 1-800-799-4TTY (1-800-799-4889)
Military Veterans Crisis Line: 1-800-273-8255 (Press 1)	Suicide Hotline in Spanish: 1-800-273-TALK (Press 2)
Teen line: Call (310) 855-HOPE from 6pm to 10pm PST.	Teen Talk Line: Call 866.825.5856, or Text 215.703.8411
LGBT Youth Suicide Hotline: 1-866-4-U-TREVOR	For a list of hotlines statewide: http://www.suicide.org/hotlines/washington-suicide-hotlines.html

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THANK YOU!

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