

# Suicide Prevention Awareness

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The National Alliance on Mental Illness [NAMI] has declared September Suicide Prevention Awareness Month. This is in part because it has been shown that many suicides can be prevented with adequate awareness and resources.

The suicide rate is the highest it's been in this country since 1942. Though men continue to be at the highest risk of suicide, the rate is increasing most rapidly among girls and women and the gap is closing. Older men remain the highest risk but the rate in children and teens are also rapidly rising. Overall, there's been a 33% increase in suicides in the United States since 2000 [that year was our lowest on record.] In 2017, 14 of every 100,000 people in the US died from suicide.



*Photo by Barry Weatherall on Unsplash*

Sociologists can't pinpoint any single reason why this might be. The opioid overdose epidemic is thought to be partially responsible. The damage from opioids goes beyond the user and into the families and communities, making these people at a higher suicide risk. The role of social media is also not clear, though some experts worry that especially younger people are at risk for on-line bullying and talk of suicide without the supportive intervention of a healthy family or trustworthy community [friends, worship group, etc.] There is also the increased incidence of stress and worry on many surveys, across all demographics, in the US since 2000. Despite our relatively high standard of living, we have not been able to help our residents feel supported or find relief from stress. Finally, a few experts suggest that part of the increase is due to better recognition and reporting of suicide deaths than in the past.

Addressing a problem of this magnitude must happen on several levels. As a country, we want to be sure the support for mental health care, through insurance, provider availability and screening programs

is as strong as it is for our physical health. We need to normalize the need for mental health care. Recent advances in counseling and medications make many mental and emotional conditions much more manageable and treatable than in the past.

We should insist on mental health training for our primary providers, police officers, educators, clergy and jail employees. They should be trained not necessarily to provide treatment but to recognize and refer people at risk for suicide.

As laity, we need to recognize risk factors and be willing to ask if our friend, child, co-worker, colleague is at risk. This may be: Are you thinking of hurting yourself? Do you think of dying? Do you wish you were not here? How would you kill yourself if you were going to do it?

We should also be open to looking for and listening for the signs: “Everyone would be better off without me.” “Sometimes I don’t feel like I can go on.” Buying or cleaning a gun, stockpiling medications, putting one’s affairs in order -- these types of signs should encourage us to go further with the conversation and the questions.

There are many resources available. Asking someone about suicide doesn’t increase the risk or cause them to think of something they hadn’t considered. An intervention by a concerned friend or family member can save someone struggling with this issue.

## RESOURCES

Need help now? Call 1-844-493-TALK (8255), text TALK to 38255, or access chat via [www.coloradocrissservices.org](http://www.coloradocrissservices.org)

National Suicide Hotline 1-800-273-TALK [8255]

You may text NAMI if you’re uncomfortable talking on the phone: 741-741 to be connected to a free trained crisis counselor on the crisis line.

In addition, there are many support groups for kids, spouses, family and friends left behind by a suicide. Please talk to your care provider or call NAMI [303-321-3104] for a group close to you, or use the link below:

<https://www.colorado.gov/cdphe/categories/services-and-information/health/prevention-and-wellness/suicide-prevention>

**If it the situation is an emergency, call 911 immediately.**