

Central Wyoming

Holding on to Life Toolkit



Natrona County
SUICIDE PREVENTION
TASK FORCE



"Suicide prevention is everyone's business"



CASPER-NATRONA
COUNTY HEALTH DEPARTMENT
prevent promote protect

Do suicidal people want to die?

Suicidal people often believe that they have tried everything to stop the pain. However, the pain makes it difficult to think clearly, consider options, or remember reasons to stay alive.

Seeking professional help is a big step toward easing the emotional pain. With help, your loved one can feel well again

Most suicidal people do not want to die. They are experiencing severe emotional pain, and are desperate for the pain to go away.

What should I remove from my home right now?

It is important to make your home as safe as possible, especially if your loved one is experiencing severe stress, anxiety or depression.

Guns: Firearms should be removed from the home. Ask a relative, neighbor, or friend if they can hold them for you. If you are unable to find a safe place to store them, most police departments will hold your firearms for safekeeping. Call your local police department for more information.

More than half of all suicide deaths are the result of a gunshot wound. If you are unable to remove the weapons from the home, make sure that they are locked up securely. Change the combination code; take gunlock keys and any ammunition out of the home. Typically, young people know where keys are hidden and what the pass codes or PIN numbers are. Many police departments have free gun locks that are given to anyone who asks for them.

Poisons and medications: Removing poisons, pills or any medications, including over-the-counter, everyday medications is important. You can call Poison Control at 1-800-222-1222 to find out a safe amount of medication to keep on hand. The Police Department at 201 N David St has a prescription disposal container that is available at all hours in the lobby.

Alcohol and drugs in the home increase the risk of suicide.

There are other ways people end their lives. Ask your loved one if there is something he or she has thought of using for suicide. If so, remove that as well.

Ask directly about suicide. It will give them permission to talk about it with you.

Do I really need to watch for suicide?

Suicide is the third leading cause of death for adolescents. Understanding why can help you take care of your loved one.

Recent research shows that the part of the brain that limits risky behaviors isn't fully developed until age 25. This means that adolescents are more likely to take sudden action – including suicide – without considering the consequences.

The desire for pain to go away, combined with risky behaviors, increases the risk for suicide. Ask your young person about suicide, and take all suicidal thoughts, threats, and behaviors seriously.

How do I know if my loved one is suicidal?

Behaviors to watch for:

- **Talking or joking about suicide;** (“I wish I were dead.” “I can’t take it any more.” “I’ll just kill myself.” “You’ll miss me when I am gone”)
Always take this seriously!
- **Withdrawing from things that they love to do.**
- **Giving away things that are valuable to them.**
- **Isolating themselves** from family or staying away from people they enjoy spending time with.
- **Drawing or writing about death.**
- **Looking for or talking about ways to die.**
- **Being forgetful;** not being able to concentrate; not doing as well at school or work.

In 2017 there were 47,173 confirmed suicides in the United States.

This averages 129 deaths per day, a death every 9 minutes.

Feelings or moods to watch for:

- **Drastic mood changes,** easily angered or upset.
- **Feeling as if they are a burden** or that people will be better off without them.
- **Worrying and stressing over everything.**
- **Feeling hopeless, depressed, or sad for some time.**
- **A sudden improvement in mood for no apparent reason.** Sometimes when a person makes a plan to die, they suddenly seem to feel better, perhaps because they see an end to their pain.

Painful life events that can increase the risk of suicide:

- **Being bullied;** at school, by text, phone, or social media (Facebook or Twitter).
- **Suffering a trauma** (injury or medical problem, sexual abuse/assault, victim of violence, legal problems).
- **Questioning sexual orientation** or being labeled gay, lesbian, bi-sexual or transgendered.
- **A recent loss** (moving, changing schools, parents’ divorce, relationship breakup, death of someone they love – even a celebrity).

Wyoming has consistently had one of the highest per capita suicide rates in the United States.

A suicidal person is a person in pain, who wants to make the pain go away. Emotional or mental pain makes it difficult to think clearly.

What should I say to my loved one?

Here are a few ideas of what to say. You know your loved one best, so use what makes sense for you.

“I love you and want to make sure you stay safe.” In order to do that, we need to agree on a couple of things. I’m going to be asking you if you’re okay, so let’s decide how often I’m going to ask. You also need to agree to be honest when you answer the question.” This agreement to communicate is an important first step.

“Let’s talk when we’re calmer.” Arguments between you and your loved one can easily occur at this point. Strong words can result in more pain for both of you. Try to avoid a confrontation when emotions are running high.

“I love you...I’m proud of you...you are so important to me...we’re going to get through this together.” Sometimes a person who is feeling depressed or anxious or desperate becomes convinced that other people would be better off without him or her. Keep the encouragement coming so your loved one hears how important he or she is to you and to other people.

“You seem so sad (or withdrawn or angry or worried or...). What’s going on?” Identify a feeling and give your loved one a chance to talk about it. Their feelings won’t always make sense to you. Sometimes the things we feel aren’t logical. So don’t lecture. Just listen. It does help to get their feelings out.

“Are you thinking about killing yourself?...How would you do it?” These are such difficult questions. Ask them anyway. The answers tell you what you need to know to keep your loved one safer. Is there something in your house your young person is tempted to use to hurt or kill himself? Remove it. Can your young person agree on a way to stay safe? If not, it may be time to go to the hospital.

“Remember that time you felt so bad? You got through it and you can get through this.” It helps to be reminded that intense feelings pass, just like storm clouds. There is hope!

Be willing to LISTEN to the person and realize that their feelings are very real to them. Do not dismiss what they are feeling.

What is Depression?

Depression is a common but serious mental illness typically marked by sad or anxious feelings. Generally these feelings pass within a couple of days. Untreated depression that lasts for weeks or longer can interfere with daily activities and can be a major indicator of suicidal thoughts.

Symptoms of depression may include feelings of; Sadness, Anxiety, Hopelessness, Guilt, Worthless, Helpless, Irritable, Restless, Loss of interest in activities that were previously enjoyed, Lack of energy, Physical aches or pains, Problems concentrating.

Depression can be caused by several factors. Some people carry genes that increase their risk for depression in their DNA. Stressful situations and life experiences can trigger depression.

Depression can be treated. Common treatments include antidepressants and psychotherapy. A doctor can best evaluate and prescribe treatments for depression. People often fail to recognize the symptoms of depression in themselves.

Depression can affect people at any age or of any race, ethnic, or economic group.

Depression is not a weakness but a serious health disorder.

It is always better to be safe than sorry when it comes to suicide.

Why Am I Feeling This Way?

When a loved one is in crisis, the family may experience intense feelings and need extra care and attention. This includes you.

Alone: It's easy to think that you are the only one with this problem, especially because so many people avoid talking about mental health issues. You are not alone. Reach out for help from family, friends, professionals, or a family support group.

Guilt/Blame: There is rarely just one reason for your loved one's distress. Blaming yourself or others is not useful. Focus instead on looking for ways to help.

Confused: You may wonder how you didn't see this problem coming, but it's easy to confuse warning signs with typical adolescent behaviors. Educate yourself on suicide prevention and mental health. The more you know, the more you can help.

Angry: Feeling powerless about your loved one's crisis might make you feel angry with them or with the world in general. A healthy way to communicate these strong feelings is to make it clear that you won't just stand by and do nothing while he or she struggles. Let your loved one know you will do everything you can to keep them healthy and safe.

Scared: You may wonder if your sense of alarm or panic will ever go away. You may wonder if your loved one will be safe, or if you'll ever feel safe again. You may fear that your family won't be the same again. These are all normal fears. It will help to talk to someone.

Going through this experience together may help you come out on the other side of this crisis a stronger family than you were before.

There is an estimated 1.1 million suicide attempts in the United States each year, an attempt every 30 seconds.

What should I do to help my loved one?

- **Do ask your loved one if he or she is okay.** Agree on how many times each day you will ask.
- **Do agree on a way to communicate.** Talking, writing, texting - even drawing - are ways your loved one may communicate feelings and ask for help.
- **Do listen to your loved one.**
- **Do ask about suicide.** Use words like "suicide" or "kill yourself."
- **Do assure them that the intensity of their feelings will pass.**
- **Do remove guns, poisons and alcohol from the home.**
- **Do make sure your loved one takes medication as prescribed.**
- **Do make sure you loved one keeps counseling appointments.**
- **Do call or go to the hospital if things get worse.**
 - **Don't argue about how your loved one is feeling,** even if it is uncomfortable to hear.
 - **Don't ask if they are thinking of doing something "crazy" or "stupid" or "drastic."** Say "suicide" when you mean "suicide."
 - **Don't leave your loved one alone if he or she cannot agree on a way to remain safe.**
 - **Don't judge their feelings or lecture about how you think your loved one should feel.** Remember that thoughts of suicide are a result of not being able to think clearly through their pain.

Natrona County averages a suicide every two weeks.

Why are adolescents so moody?

Adolescent years are confusing for everyone. Their moodiness can be exhausting!

Adults often find it difficult to keep up with all the emotional and physical changes adolescents experience. They may look more like adults than kids, but don't think or act like adults. Young people are figuring out who they are in comparison to their parents, siblings, and other important people in their lives. In their transition from childhood to adulthood, they live constantly with conflicting feelings, and this is normal.

It can be difficult to distinguish between normal adolescent moodiness and more serious emotional problems. This is why talking with them, and getting comfortable with the uncomfortable questions, is important. Take the time to listen, and remind them that overwhelming and confusing feelings are a normal part of being an adolescent. If these feelings become too much to cope with, it is best to get help.

It's always best to be direct and ask if they are feeling suicidal.

How do we handle the return to school?

Going back to school (or another regularly attended community group) can feel awkward and uncomfortable after a mental health crisis. If a school counselor or group leader knows about the situation, your loved one may receive some extra care and consideration outside of the home, which can make it easier to return to their normal life.

Think of it in these terms: If this were a physical problem that required medical treatment, necessary accommodations would be made. For example, a broken ankle might require surgery, then a cast or crutches, and follow-up appointments. Emotional and mental health also requires care and treatment for some time after the crisis has passed.

Information to give a school counselor or community group leader: Your loved one has had a mental health crisis; Emotional stress may be affecting his or her grades and causing unusual behaviors (anger outbursts, skipping class); He or she is receiving treatment, and improvements may take time; Absences may be necessary to attend follow up counseling appointments. Ask if the school or group can make any accommodations. •

Telling friends: Assure your loved one that there is nothing to be ashamed of. If they are wondering who to tell or what to say, encourage them to talk with people they believe will be supportive and respectful. Remind them that sharing personal information through texting or social media is never private.

All talk or indications of suicide should be taken seriously. Ask the person directly if they are thinking about suicide.

What should be considered when talking with children about a suicide or a suicide attempt?

It is important to talk to your child about a completed suicide or a suicide attempt to help them understand what has happened. Without support of family/friends, they may try to make sense of this confusing situation themselves. Sometimes children blame themselves for something they may or may not have done. Young children may have their own ideas about what is happening that can be more frightening than the situation itself.

Wyoming per capita suicide rates are nearly twice the US average.

Children will often need lots of reassurance from you, and a sense that problems can be solved. In the case of an attempt, It is important to instill a sense of hope that their parent/relative, while struggling, can get help and get well.

It is important to consider your child's level of development and ability to understand events when deciding how to talk with them. Sticking to the simple facts and answering any questions they ask may be all they need.

Choose a place that is private and comfortable, where your child will feel free to talk. Also, be aware of what they may overhear from other conversations about a family member's suicide or suicide attempt.

The goal is not to overwhelm the child with information, but to answer questions in a calm, non-judgmental way, so they are not afraid to ask more questions.

Be aware of your own feelings and how you are coming across. Your child may be more likely to listen if you appear calm and approachable.

While providing stability, also remain flexible to a child's needs during this disruptive time.

By continuing certain dependable, daily routines even in a difficult time, you can help your child feel cared for and safe. For instance, if you pick your child up at the end of the work or school day, continue to do so if possible. Calming bedtime rituals, such as a bath or reading time will be even more important to your child now.

Older school age children especially may benefit from discussing boundaries about disclosing information with friends, classmates and on social media outlets.

Be prepared to discuss concerns about whether your child is at risk for similar behaviors.

In Wyoming suicide is the 2nd leading cause of death for ages 15-44.

In Wyoming suicide is the 6th leading cause of death.

Links and Resources

Crisis;

Call **911** if you believe a suicide attempt is imminent. Police are trained to help.

National Suicide Prevention Lifeline (available 24/7) - Can help both in Crisis and with questions.

Phone— **800-273-TALK (8255)**

Text—**Text Wyo to 741 741**

Veteran Crisis Line 800-273-8255 or text to 828 255

Web Sites;

American Foundation For Suicide Prevention - www.afsp.org

Suicide Prevention Resource Center - www.sprc.org

Natrona County Suicide Prevention Task Force - www.natronacountysuicideprevention.org/

Man Therapy - www.mantherapy.org

Local Resources (Casper and Natrona County, Wyoming);

The following entity will see someone in crisis 24/7; (free level of care assessment)

Wyoming Behavioral Institute - 2521 E. 15th St., 800.457.9312

The following entities will see someone in crisis during business hours;

Central Wyoming Counseling Center - 1430 Wilkins Cir., 307.237.9583

Community Health - 5000 Blackmore Rd. 307.233.6000

Veteran's Center - 1030 N Poplar, Ste B., 307.261.5355

A list of Casper area mental health resources including Psychiatric care, Psychologists, private mental health specialists and other resources is available at
www.natronacountysuicideprevention.org/

Support groups currently offered in Casper include; (these groups are open to all and there is no charge)

Task Force - This group is for anyone dealing with the loss of a loved one, someone thinking about suicide or anyone with questions about suicide. For more information call Julie at 307.247.4726
Meetings are held the 1st and 3rd Thursdays of each month from 6:30 - 8:00 at 1032 E 1st St.

JR's Hunt; For Life - provides Facebook support as well as 2 grief support groups. For more information call Jenny at 307.259.6032. Meetings are held the 2nd & 4th Wednesdays of each month starting at 5:30 at 500 S. Wolcott St (second floor).

HALO's - is a support group suicide prevention. It meets the every other Tuesday from 6:00-7:30 and meets at 1200 E 3rd St. for more information call Mari at 307.277.5667

The Natrona County Suicide Prevention Task Force is open to all. Meetings are held the 2nd Tuesday of each month on the second floor of the Mercer Family Resource Center 535 W. Yellowstone Ave. from 11:00 - Noon. For more information call Felicia at 307.265.7366