

HEALTHY U.

ASK M.E.?

Joseph Trolan, MA, LPCC-S, LICDC-CS
Executive Director
Richland County Mental Health and Recovery Services Board

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ASK M.E.?

Ask, Motivate, Empower

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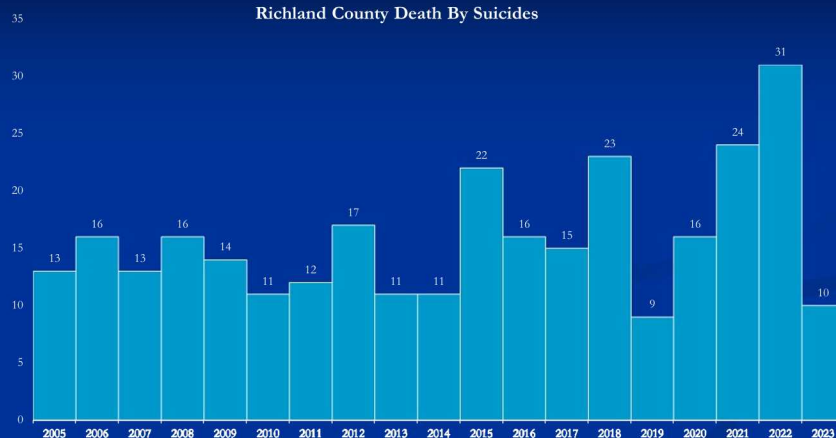
ASK M.E.?

- Ask M.E. is not counseling or for professionals.
- Ask M.E. offers compassion of friends and family and builds hope.

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ASK M.E.: 101 *Just The Facts*

Richland County Death By Suicides



Average 15.71 or 13.01 Per 100,000
State of Ohio Rate Per 100,000 15.2

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Pay Attention to the 4 R's

- Realization: People's experiences and behaviors must be understood in the context of coping strategies. Both past and present trauma play a significant role.
- Recognition: Signs of distress: physical, verbal, passive and active.
- Respond: Interaction is needed and be prepared to see it through paying attention to Safety, Emotional Management, Loss and a person's Future must be acknowledged.
- Resist Re-Traumatization: Avoid creating additional stress through the process of helping someone find help.

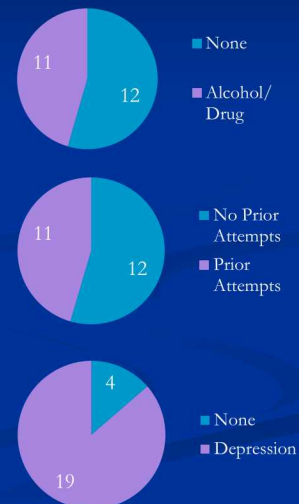
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2018 Suicide – Alcohol/Drug (Realization)

3 factors that are common in suicide:

- (1) prior attempts or threats,
- (2) history of alcohol or drug abuse, and
- (3) history of depression or other mental illness.

In fact, in the thirteen years from 2005 through 2018 there were 210 suicides, and all but 21 of them had at least one of the three factors, 126 (60%) had at least two of the factors, and 63 (30%) had all three factors.



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Suicide Myths and Facts

- **Myth** No one can stop a suicide, it is inevitable.
- **Fact** If people in a crisis get the help they need, they will probably never be suicidal again.
- **Myth** Confronting a person about suicide will only make them angry and increase the risk of suicide.
- **Fact** Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.
- **Myth** Only experts can prevent suicide.
- **Fact** Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide

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Ask M.E.?

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Suicide Clues And Warning Signs (Recognition)

The more clues and signs observed, the greater the risk. Take all signs seriously!

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Direct Verbal Clues:

- “I’ve decided to kill myself.”
- “I wish I were dead.”
- “I’m going to commit suicide.”
- “I’m going to end it all.”
- “If (such and such) doesn’t happen, I’ll kill myself.”

Indirect Verbal Clues:

- “I’m tired of life, I just can’t go on.”
- “My family would be better off without me.”
- “Who cares if I’m dead anyway.”
- “I just want out.”
- “I won’t be around much longer.”
- “Pretty soon you won’t have to worry about me.”

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Behavioral Clues:

- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Co-occurring depression, moodiness, hopelessness
- Putting personal affairs in order
- Giving away prized possessions
- Sudden interest or disinterest in religion
- Drug or alcohol abuse, or relapse after a period of recovery
- Unexplained anger, aggression and irritability

Situational Clues:

- Being fired or being expelled from school
- A recent unwanted move
- Loss of any major relationship
- Death of a spouse, child, or friend, especially if by suicide
- Diagnosis of a serious or terminal illness
- Sudden unexpected loss of freedom/fear of punishment
- Anticipated loss of financial security
- Fear of becoming a burden to others

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Ask M.E. 301

Tips for Asking the Suicide Question

(Respond)

- If in doubt, don't wait, ask the question
- If the person is reluctant, be persistent
- Talk to the person alone in a private setting
- Allow the person to talk freely
- Give yourself plenty of time
- Have your resources handy; One-Pagers, phone numbers, counselor's name and any other information that might help

Remember: How you ask the question is less important than that you ask it

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Ask

Less Direct Approach:

- "Have you been unhappy lately?
Have you been very unhappy lately?
Have you been so very unhappy lately that you've been thinking about ending your life?"
- "Do you ever wish you could go to sleep and never wake up?"

Direct Approach:

- "You know, when people are as upset as you seem to be, they sometimes wish they were dead. I'm wondering if you're feeling that way, too?"
- "You look pretty miserable, I wonder if you're thinking about suicide?"
- "Are you thinking about killing yourself?"

NOTE: If you cannot ask the question, find someone who can.

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How *Not* to Ask the Suicide Question

“You’re not suicidal, are you?”

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M Motivate

ASK M.E. 401

(Resist Re-Traumatization)

USE S.E.L.F

- Safety: recognize the need of all individuals to be emotionally, psychologically, socially and morally safe.
- Emotional management: be prepared to assist helping the individual with coping skills.
- Loss: Acknowledge loss and recognize the impact
- Future: help to find future focus.

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E Empower

- Suicidal people often believe they cannot be helped, so you may have to do more.
- The best referral involves taking the person directly to someone who can help.
 - “Will you go with me to get help?”
- The next best referral is getting a commitment from them to accept help, then making the arrangements to get that help.
 - “Will you let me help you get help?”
- The third best referral is to give referral information and try to get a good faith commitment not to complete or attempt suicide. Any willingness to accept help at some time, even if in the future, is a good outcome.
 - “Will you promise me not to kill yourself until we’ve found some help?”

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YOUR WILLINGNESS TO LISTEN AND TO HELP
CAN REKINDLE HOPE, AND MAKE ALL THE
DIFFERENCE.

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Referral Sources

- Helpline: 419-522-HELP(4357)
- Warmline: 419-522-5300
- Mobile Response and Stabilization Service 419-564-7305
- Crisis Text Line: Text 4 Hope to #741741
- Catalyst Life Services: 419-756-1717
- Family Life Counseling: 419-774-9969
- National Alliance on Mental Illness: 419-522-NAMI(6264)
- First Call for Help 211
- Veteran's Crisis Line: 800-273-8255 or text #838255
- Richland County MHRS Board: 419-774-5811
- KNOWITB4UNEEDIT.COM

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REMEMBER

WHEN YOU APPLY Ask M.E.,
YOU PLANT THE SEEDS OF
HOPE.
HOPE HELPS PREVENT
SUICIDE.

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