

INTRO TO SUICIDE PREVENTION

The time in an **emerging adult's** life is full of milestones - changes to living environment, relationships, or employment - resulting in increased risk for behavioral health challenges. **Suicide** is the **second-leading cause of death** for ages 10 - 34, second only to unintentional injuries.¹ However, **suicide is preventable**, especially when a trusted adult knows the facts and openly speaks with an **emerging adult**.

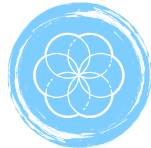
Suicidal Ideation

"Thoughts or a preoccupation with killing oneself, often as a symptom of a major depressive episode. Most instances of **suicidal ideation do not progress to attempted suicide**."²

10 Things Learned from **Suicide** Research³



Suicide is related to brain functions that affect decision-making and behavioral control



No one takes their life for a single reason



Reducing easy access to a means of **suicide** dramatically decreases **suicide** rates



Asking someone if they're thinking about **suicide** won't "put the idea in their head"



54% of individuals that completed **suicide** did not have a known mental health condition⁴



Certain medications can help reduce **suicidal** thoughts



Depression, bipolar, and substance use disorders are strongly linked to **suicidal** thinking and behavior



If someone can get through the intense & short moment of **suicidal** crisis, chances are they will not die by **suicide**



Certain therapies are proven to help manage **suicidal** ideation (e.g., Cognitive Behavioral Therapy, Dialectical Behavioral Therapy)



Most people who survive a **suicide** attempt (85% - 95%) go on to engage in life

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The following information shows some statistics and disparities among **emerging adults** who considered or attempted **suicide**.

Rates for attempted **suicide** for **emerging adults** has increased

52%

between 2000 - 2021⁵

9%

of high school students reportedly attempted **suicide** in 2021⁶



1 in 8 high school students, and



1 in 4 college students reported seriously considering **suicide** in 2022⁷

Additionally, **suicide** affects sub groups of **emerging adults** disproportionately.⁸ Youth of the following groups are more **at risk to die by suicide**:



“

LGBTQ young people with at least one accepting adult in their life reported significantly lower rates of attempting suicide

”

- The Trevor Project¹⁰



BIPOC

Black, Indigenous, People of Color



VETERANS



RURAL COMMUNITIES



PEOPLE WITH DISABILITIES



THE LGBTQ+ COMMUNITY

An acronym for the Lesbian, gay, bisexual, transgender and queer with a "+" sign to recognize additional identities⁹

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Words matter when talking with an **emerging adult** about **suicide**. Being mindful that language is not about being politically correct, it's about **saving lives**. Language can reinforce stigma that prevents people from seeking help when they need it. As a professional, use the following guidelines and language reframes when speaking about **suicide**.¹¹

Instead of saying...

“ commit/
committed
suicide ”

“ successful/
unsuccessful suicide
complete/
failed suicide ”

“ [Name] is
suicidal ”

“ They're a
schizophrenic
She is bipolar
They are
mentally ill ”

Try saying...

“ died by suicide/death by
suicide/lost their life to suicide ”

“ fatal suicidal behavior/
non-fatal suicidal behavior ”

“ [Name] is thinking of
suicide/has experienced
suicidal thoughts ”

“ They're living with schizophrenia
She has bipolar
They are living with mental illness ”

Why?

The word “commit” is associated with crime and bad behaviors such as “commit arson”. It is rooted in the historical context of **suicide** being criminal.

Death is never the goal and words with negative/positive meanings should not be linked to **suicide**.

Suicidal ideation and actively engaging in **suicide** are two different things.

A person is NOT their mental illness / symptoms.

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It's also important to gain awareness of **risk factors** for **suicidal ideation** and **protective factors** that can **deter** a person from **acting on** these thoughts.

Risk Factors



Protective Factors



Stressors (e.g., school, aging and maturation, moving, a relationship ending, starting or changing a job)



Having a behavioral health professional process how these stressors impact one's behavioral health



Depression and other behavioral health conditions



Proper diagnosis and treatment



Feelings of hopelessness and despair



Contacting a loved one or a crisis hotline



Substance use



Healthy coping skills (exercise, listening to music, talking to a friend)



Family history of suicide



Open conversations about what family members went through



Lack of trusted adults to talk to about emotions and thoughts



Having an adult that can listen without judgement to an emerging adult express their feelings



Easy access to a lethal means for suicide (gun, pills, etc.)



Keeping guns,* pills, or other lethal items locked up or not in household¹²

*Safe household firearm storage could prevent 6% to 32% of youth firearm deaths (by suicide and unintentional firearm injury).