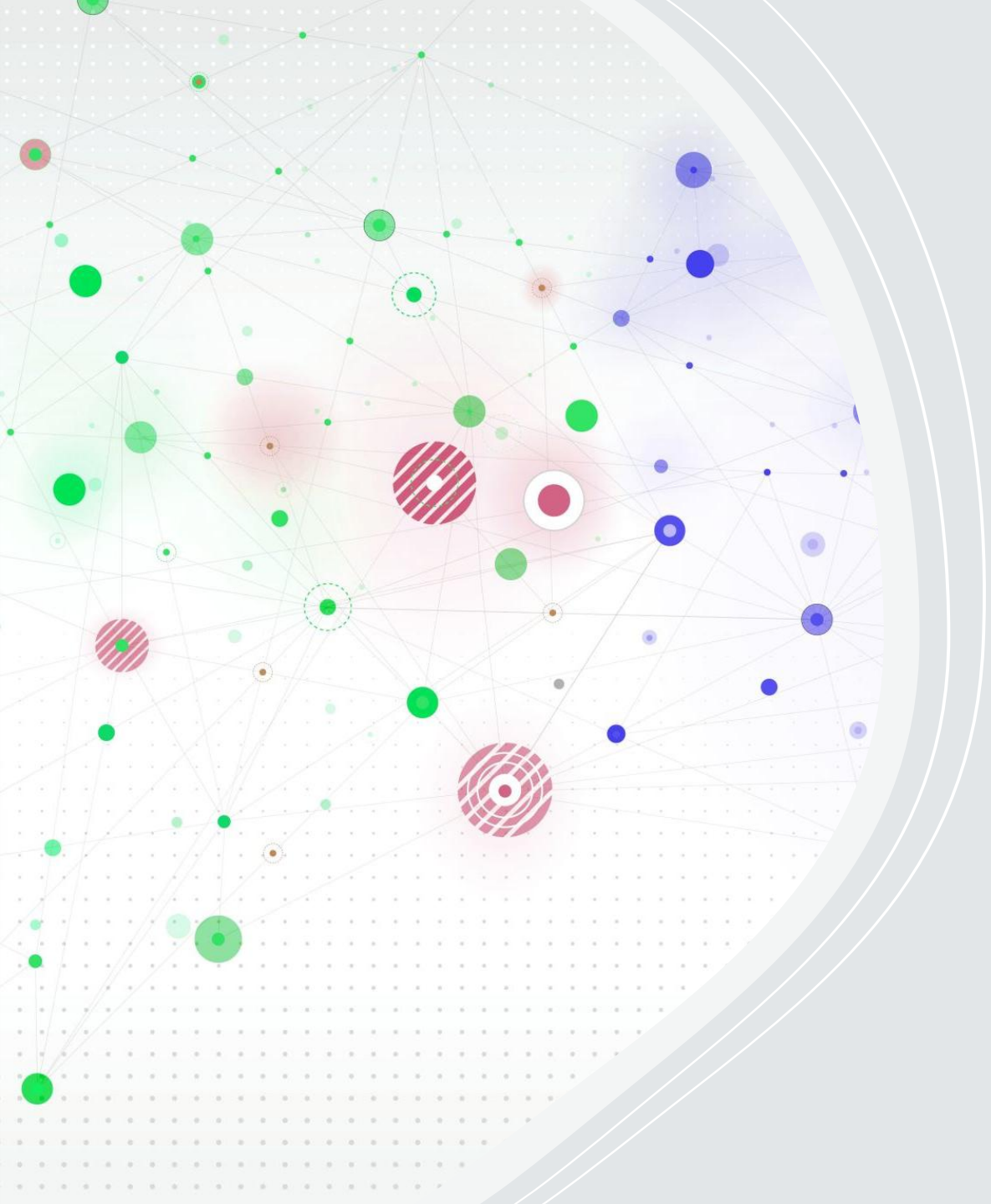

Exploring Suicide: Risk Factors, Warning Signs, and Lifesaving Resources

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&

Essential Touchstones Psychological Services, LLC

Special Thanks

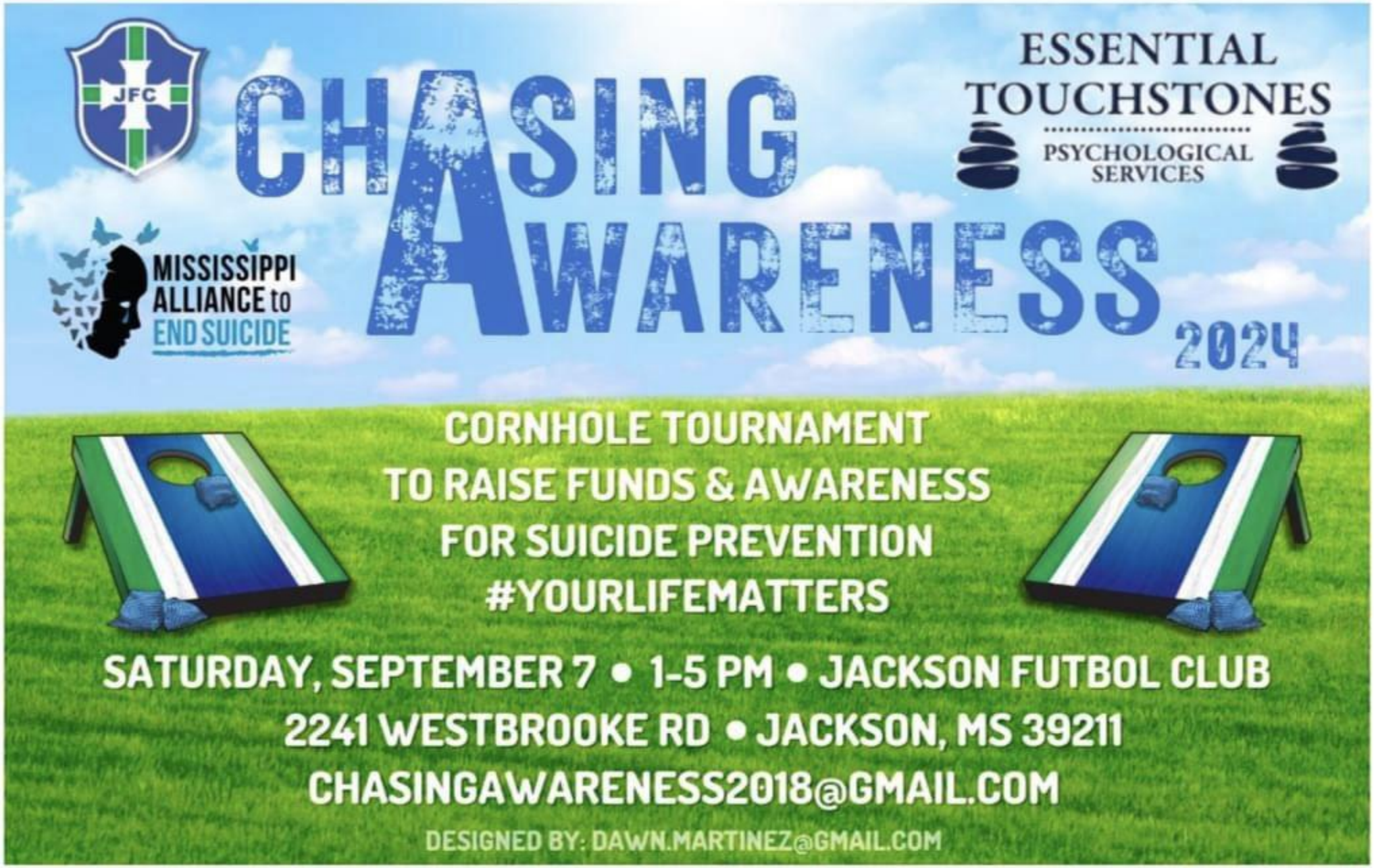
To Ms. Mary Winters

SPIRITUAL CARE NETWORK

BRIDGING THE GAP BETWEEN MENTAL HEALTH & FAITH

Greater awareness and understanding can save lives and foster a more supportive and informed community.

This presentation is in honor of CHASE LANKE, his mom, Mel, and all families suffering from similar loss or facing similar struggles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WE ARE EXCITED TO ANNOUNCE

ESSENTIAL TOUCHSTONES
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a new partnership

Why Understanding Suicide Matters

Early Identification & Support

Reducing Stigma

Effective Prevention

Compassionate Support

Greater awareness and understanding can save lives and create a more supportive community.

Patient Health Questionnaire-2 (PHQ-2)

The PHQ-2 inquires about the frequency of depressed mood and anhedonia over the past two weeks. The PHQ-2 includes the first two items of the PHQ-9.

- The purpose of the PHQ-2 is to screen for depression in a "first-step" approach.
- Patients who screen positive should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

Over the **last 2 weeks**, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	+1	+2	+3
2. Feeling down, depressed or hopeless	0	+1	+2	+3

- A PHQ-2 score ranges from 0-6. The authors identified a score of 3 as the optimal cutpoint when using the PHQ-2 to screen for depression.
- If the score is 3 or greater, major depressive disorder is likely.
- Patients who screen positive should be further evaluated with the PHQ-9, other diagnostic instruments, or direct interview to determine whether they meet criteria for a depressive disorder.

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, & Kurt Kroenke with an educational grant from Pfizer.

Demographic Factors

Age

Gender

Individuals with Different Experiences of Gender and Relationships

Protective Factors

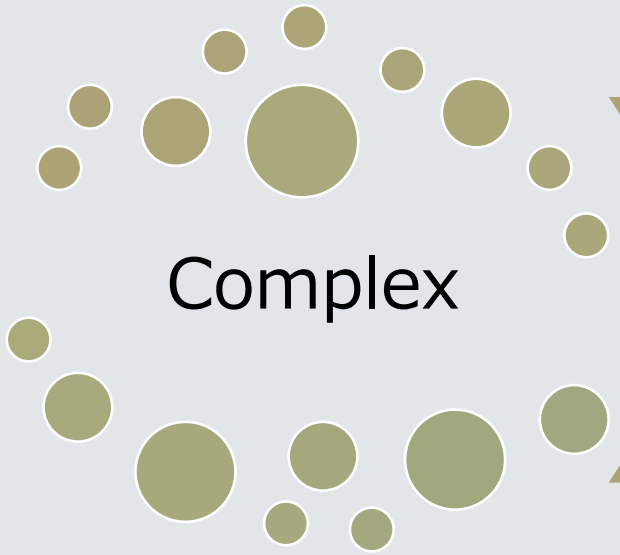
Strong Social Support: Close relationships with family, friends, or community members.

Access to Mental Health Care: Availability of quality mental health services.

Problem-Solving and Coping Skills: Ability to manage stress and handle difficult situations.

Cultural and Religious Beliefs: Beliefs that discourage suicide and promote self-preservation.

Causes



Complex

Rarely caused by a single factor

Interplay between:

- Biological
- Psychological
- Social
- Environmental factors

Biological Factors

GENETIC VULNERABILITY

NEUROBIOLOGICAL FACTORS

CHRONIC HEALTH CONDITIONS

Historical Factors

- Previous Suicide Attempts
- Family History of Suicide
- Childhood Trauma

Psychological Factors

Mental Health Conditions

Hopelessness

Trauma and Abuse

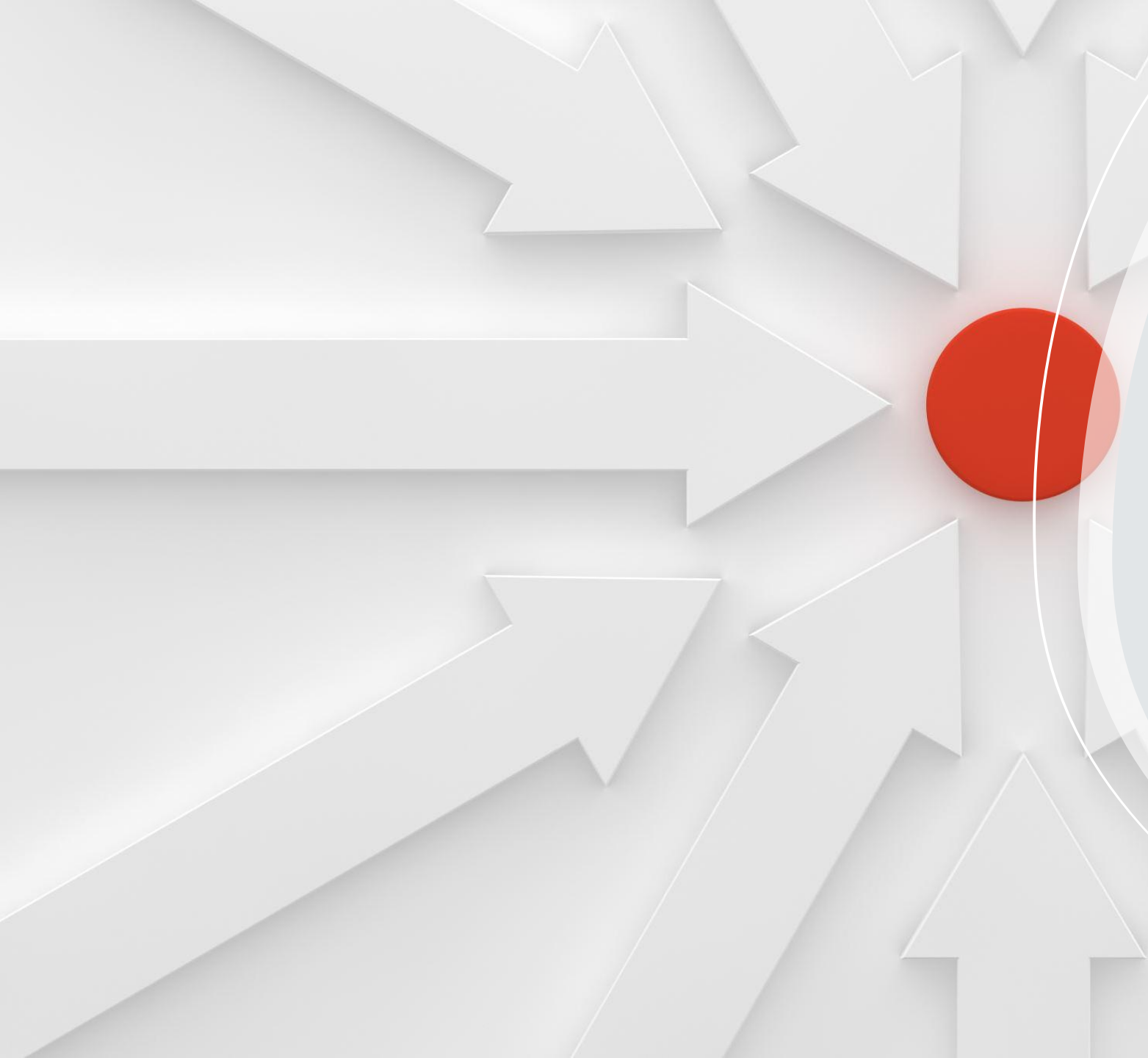
Social and Environmental Factors

- Social Isolation
- Stigma & Discrimination
- Economic Hardship

Cultural and Societal Influences

Cultural Norms

Media Influence



Situational Factors

- Life Transitions
- Access to Means

Interpersonal Factors

- Relationship Issues
- Bullying and Cyberbullying

Behavioral Warning Signs

Withdrawal

Increased Risky Behavior

Giving Away Possessions

Changes in Sleep Patterns

Substance Use and Suicide Risk

Individuals with substance use disorders are **6 times more likely to die by suicide**.

20-25% of suicides involve individuals with alcohol or substance use disorders.

Opioids are present in 30-40% of suicide overdose deaths in the U.S.

Connection Between Opioids and Suicide:

Chronic Pain and Addiction:	• Chronic pain, often treated with opioids, is a significant risk factor for both substance misuse and suicide.
Impulsivity and Disinhibition:	• Opioids and other substances can impair judgment, increasing impulsivity and suicidal behavior.
Overdose Ambiguity:	• Many opioid overdoses are considered **intentional or "undetermined,"** highlighting the blurred line between accidental overdose and suicide.

Verbal Warning Signs

Direct Statements: “I wish I were dead,” “I’m going to end it all,” or “I can’t go on.

”**Indirect Statements**: “I feel like a burden,” “There’s no way out,” or “Things will never get better.”

Expressing Hopelessness: Talking about feeling trapped, hopeless, or having no reason to live.

Emotional Warning Signs

Sudden Mood Changes: Rapid shifts from very sad to very calm or even happy, especially after a period of intense sadness.

Despair or Hopelessness: Persistent feelings of sadness, anxiety, or hopelessness.

Increased Irritability or Anger: Unexplained outbursts or agitation.

Situational Warning Signs

Significant Life Changes: Divorce, job loss, or other major transitions.

Recent Loss: Death of a loved one, breakup, or other significant loss.

Access to Means: Access to firearms, medications, or other lethal methods.

Physical Warning Signs

Neglect of Personal Appearance:
Lack of interest in personal hygiene or appearance.

Chronic Pain or Illness:
Complaints of chronic physical pain or illness without clear medical reasons.

Changes in Eating Habits:
Sudden weight gain or loss, changes in appetite.

How to Respond to Warning Signs

Be Direct: Ask, “Are you thinking about suicide?” It shows you care and are willing to listen.

Listen Without Judgment: Offer support and understanding, avoid dismissing their feelings.

Encourage Professional Help: Suggest talking to a mental health professional, calling a helpline, or reaching out to support networks (988).

Stay Connected: Check in regularly and offer ongoing support.

How to Ask Responsibly

Be Direct but Gentle: Use language that is clear and non-judgmental, such as “Have you been feeling like you don’t want to be here anymore?” or “Are you thinking about ending your life?”

Listen with Empathy: Be prepared to listen without interrupting or offering quick solutions. Show empathy and understanding.

Offer Support: If they express suicidal thoughts, offer to help connect them to a mental health professional, a crisis helpline, or other resources.

Crisis Resources

- 988
- Mississippi Alliance to End Suicide (endingsuicides.org)
- Mobile Crisis Teams – operated by Community Mental Health Centers
- *Region 8 Community Mental Health Services Crisis Line: 877-657-4098*
    - Serves Copiah, Lincoln, Madison, Rankin, & Simpson Counties
    - Crisis Stabilization Unit (Adult)
- *Region 9 Community Mental Health*
    - Serves Hinds County
    - Crisis Stabilization Unit (Adult and Children)
- *Other Private Hospitals: Psychamore (https://psycamore.com)*
    - Flowood: 601.939.5993

Conclusion

BE AWARE

BE SUPPORTIVE

PROMOTE HOPE & SUPPORT

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