

GUN VIOLENCE PREVENTION

CURRICULUM - SUICIDE



GOALS & OBJECTIVES:

To explore the issue of suicide, especially the relationship between guns and suicide.

By the end of the session, participants will have:

- learned about suicide demographics, influences, and prevention techniques.
- reviewed suggestions for how talk about suicide.
- discussed the taboo topic from a faith and pastoral perspective.

Setting	Adult Christian Education Forum, small group or committee meeting	
Materials	__ Candle	__ copies of the suicide handouts
	__ Match	__ Pen/Pencil
	__ Obituaries	__ Bibles
	__ Computer w/internet connection	

opening

- **Read the obituaries** for three different, recent gun violence victims—try to stay as close to the local community as possible. After each is read, **light a candle in memorial of the incident.**

- **Lead the group in this or your own prayer:**

Holy God, we come together today to learn more about our world and your presence in it. We ask that you be with the families and friends of ___ (naming people about whom we have just read) ___. We pray also for the perpetrators, broken people, just like ourselves. Please give us ears to hear and eyes to see your light in the midst of this pain and darkness. Amen.

- **Read** Romans 14: 7-9

presenting & exploring

- **Watch the video:**

<http://www.youtube.com/watch?v=QUzzyyG0H08>

- **Review** the suicide handouts

- **Lead the group in discussion**, going around the room to answer the following questions.

—Note: allow a moment of silence after each question is asked so that introverts may have



the opportunity to consider their answers. It is okay for the discussion to veer from these specific questions as the Spirit leads.—

- o Did you ever think that you would talk about this issue in church? Why or why not?
- o Was there anything that surprised you in the video?
- o Have you had any personal connections to this topic?
- o What emotions are stirred up for you when talking about this issue?
- o How do you think theologically about this issue?
- o What does good care look like for the friends and family of someone who committed suicide?

closing

- **Reread** Romans 14: 7-9
- **Invite the participants to reflect** on what they've learned and how they feel called to move forward in the coming week.
- **Name** a time to come back together for further discussion.
- **End the group in this or your own prayer:**
God, may your life-giving Spirit move through us and inspire us. It is hard to hear about the suffering of our world. We know that you promise a better life, a better way of being together. Help us to find hope in the midst of such sadness and hear your call to action. Amen.

NATIONAL STATISTICS*

general

- Over 36,000 people in the United States die by suicide every year.
- In 2009 (latest available data), there were 36,909 reported suicide deaths.
- Suicide is the fourth leading cause of death for adults between the ages of 18 and 65 years in the United States.
- Currently, suicide is the 10th leading cause of death in the United States.
- A person dies by suicide about every 15 minutes in the United States.
- Every day, approximately 101 Americans take their own life.
- Ninety percent of all people who die by suicide have a diagnosable psychiatric disorder at the time of their death.
- There are four male suicides for every female suicide, but three times as many females as males attempt suicide.
- There are an estimated 8-25 attempted suicides for every suicide death.

youth

- Suicide is the sixth leading cause of death among those 5-14 years old.
- Suicide is the third leading cause of death among those 15-24 years old.
- Between the mid-1950s and the late 1970s, the suicide rate among U.S. males aged 15-24 more than tripled (from 6.3 per 100,000 in 1955 to 21.3 in 1977). Among females aged 15-24, the rate more than doubled during this period (from 2.0 to 5.2). The youth suicide rate generally leveled off during the 1980s and early 1990s, and since the mid-1990s has been steadily decreasing.
- Between 1980-1996, the suicide rate for African-American males aged 15-19 has also doubled.
- Risk factors for suicide among the young include suicidal thoughts, psychiatric disorders (such as depression, impulsive aggressive behavior, bipolar disorder, certain anxiety disorders), drug and/or alcohol abuse and previous suicide attempts, with the risk increased if there is situational stress and access to firearms.

older people

- The suicide rates for men rise with age, most significantly after age 65.
- The rate of suicide in men 65+ is seven times that of females who are 65+.
- The suicide rates for women peak between the ages of 45-54 years old, and again after age 75.
- About 60 percent of elderly patients who take their own lives see their primary care physician within a few months of their death.
- Six to 9 percent of older Americans who are in a primary care setting suffer from major depression.
- More than 30 percent of patients suffering from major depression report suicidal ideation.
- Risk factors for suicide among the elderly include: a previous attempt, the presence of a mental illness, the presence of a physical illness, social isolation (some studies have shown this is especially so in older males who are recently widowed) and access to means, such as the availability of firearms in the home.



depression

- Over 60 percent of all people who die by suicide suffer from major depression. If one includes alcoholics who are depressed, this figure rises to over 75 percent.
- Depression affects nearly 10 percent of Americans ages 18 and over in a given year, or more than 24 million people.
- More Americans suffer from depression than coronary heart disease (17 million), cancer (12 million) and HIV/AIDS (1 million).
- About 15 percent of the population will suffer from clinical depression at some time during their lifetime. Thirty percent of all clinically depressed patients attempt suicide; half of them ultimately die by suicide.
- Depression is among the most treatable of psychiatric illnesses. Between 80 percent and 90 percent of people with depression respond positively to treatment, and almost all patients gain some relief from their symptoms. But first, depression has to be recognized.

alcohol and suicide

- Ninety-six percent of alcoholics who die by suicide continue their substance abuse up to the end of their lives.
- Alcoholism is a factor in about 30 percent of all completed suicides.
- Approximately 7 percent of those with alcohol dependence will die by suicide.

firearms and suicide

- Although most gun owners reportedly keep a firearm in their home for “protection” or “self defense,” 83 percent of gun-related deaths in these homes are the result of a suicide, often by someone other than the gun owner.
- Firearms are used in more suicides than homicides.
- Death by firearms is the fastest growing method of suicide.
- Firearms account for over 50 percent of all suicides.

medical illness and suicide

- Patients who desire an early death during a serious or terminal illness are usually suffering from a treatable depressive condition.
- People with AIDS have a suicide risk up to 20 times that of the general population.
- Studies indicate that the best way to prevent suicide is through the early recognition and treatment of depression and other psychiatric illnesses.

**Figures from the National Center for Health Statistics, 2009.*

When You Fear Someone May Take Their Life**

Most suicidal individuals give some warning of their intentions. The most effective way to prevent a friend or loved one from taking his or her life is to recognize the factors that put people at risk for suicide, take warning signs seriously and know how to respond.

KNOW THE FACTS

PSYCHIATRIC DISORDERS

More than 90 percent of people who kill themselves are suffering from one or more psychiatric disorders, in particular:

- Major depression (especially when combined with alcohol and/or drug abuse)
- Bipolar depression
- Alcohol abuse and dependence
- Drug abuse and dependence
- Schizophrenia
- Post Traumatic Stress Disorder (PTSD)
- Eating disorders
- Personality disorders

Depression and the other mental disorders that may lead to suicide are -- in most cases -- both recognizable and treatable. Remember, depression can be lethal.

The core symptoms of major depression are a “down” or depressed mood most of the day or a loss of interest or pleasure in activities that were previously enjoyed for at least two weeks, as well as:

- Changes in sleeping patterns
- Change in appetite or weight
- Intense anxiety, agitation, restlessness or being slowed down
- Fatigue or loss of energy
- Decreased concentration, indecisiveness or poorer memory
- Feelings of hopelessness, worthlessness, self-reproach or excessive or inappropriate guilt
- Recurrent thoughts of death or suicide

PAST SUICIDE ATTEMPTS

Between 25 and 50 percent of people who kill themselves had previously attempted suicide. Those who have made suicide attempts are at higher risk for actually taking their own lives.

Availability of means: In the presence of depression and other risk factors, ready access to guns and other weapons, medications or other methods of self-harm increases suicide risk.

RECOGNIZE THE IMMINENT DANGERS

The signs that most directly warn of suicide include:

- Threatening to hurt or kill oneself
- Looking for ways to kill oneself (weapons, pills or other means)
- Talking or writing about death, dying or suicide
- Has made plans or preparations for a potentially serious attempt

Other warning signs include expressions or other indications of certain intense feelings in addition to



depression, in particular:

- Insomnia
- Intense anxiety, usually exhibited as psychic pain or internal tension, as well as panic attacks
- Feeling desperate or trapped -- like there's no way out
- Feeling hopeless
- Feeling there's no reason or purpose to live
- Rage or anger

Certain behaviors can also serve as warning signs, particularly when they are not characteristic of the person's normal behavior. These include:

- Acting reckless or engaging in risky activities
- Engaging in violent or self-destructive behavior
- Increasing alcohol or drug use
- Withdrawing from friends or family

TAKE IT SERIOUSLY

- Fifty to 75 percent of all suicides give some warning of their intentions to a friend or family member.
- Imminent signs must be taken seriously.

BE WILLING TO LISTEN

- Start by telling the person you are concerned and give him/her examples.
- If he/she is depressed, don't be afraid to ask whether he/she is considering suicide, or if he/she has a particular plan or method in mind.
- Ask if they have a therapist and are taking medication.
- Do not attempt to argue someone out of suicide. Rather, let the person know you care, that he/she is not alone, that suicidal feelings are temporary and that depression can be treated. Avoid the temptation to say, "You have so much to live for," or "Your suicide will hurt your family."

SEEK PROFESSIONAL HELP

- Be actively involved in encouraging the person to see a physician or mental health professional immediately.
- Individuals contemplating suicide often don't believe they can be helped, so you may have to do more.
- Help the person find a knowledgeable mental health professional or a reputable treatment facility, and take them to the treatment.

IN AN ACUTE CRISIS

If a friend or loved one is threatening, talking about or making plans for suicide, these are signs of an acute crisis.

- Do not leave the person alone.
- Remove from the vicinity any firearms, drugs or sharp objects that could be used for suicide.

- Take the person to an emergency room or walk-in clinic at a psychiatric hospital.
- If a psychiatric facility is unavailable, go to your nearest hospital or clinic.
- If the above options are unavailable, call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

FOLLOW-UP ON TREATMENT

- Suicidal individuals are often hesitant to seek help and may need your continuing support to pursue treatment after an initial contact.
- If medication is prescribed, make sure your friend or loved one is taking it exactly as prescribed. Be aware of possible side effects and be sure to notify the physician if the person seems to be getting worse. Usually, alternative medications can be prescribed.
- Frequently the first medication doesn't work. It takes time and persistence to find the right medication(s) and therapist for the individual person.

***suggestions from the American Foundation for Suicide Prevention*



Talking about Suicide

Give accurate information about suicide

Suicide is a complicated behavior. It is not caused by a single event such as a bad grade, an argument with loved ones, or the breakup of a relationship.

In most cases, suicide is caused by an underlying mental disorder like depression or substance abuse. Mental disorders affect the way people feel and prevent them from thinking clearly and rationally. Having a mental disorder is nothing to be ashamed of, and help is available.

Talking about suicide in a calm, straightforward manner does not put ideas into other people's minds, adults or kids.

Address blaming and scapegoating

It is common to try to answer the question "why?" after a suicide death. Sometimes this turns into blaming others for the death. Ultimately, this question is impossible to answer.

Do not focus on the method or graphic details

Talking in graphic detail about the method can create images that are upsetting and can increase the risk of imitative behavior by vulnerable individuals.

If asked, it is okay to give basic facts about the method, but don't give graphic details or talk at length about it. The focus should be not on how someone killed themselves but rather on how to cope with feelings of sadness, loss, anger, etc.

Address anger

Accept expressions of anger at the deceased and explain that these feelings are normal.

Address feelings of responsibility

Reassure those who feel responsible or think they could have done something to save the deceased.

Encourage help-seeking

Encourage individuals to seek help from a trusted family and a counselor if they or a friend are feeling depressed or suicidal.

NOTES



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<http://www.presbypeacefellowship.org/two/giving>
and designate the funds to our work with Gun Violence Prevention.

If you would like to get more involved with PPF's work with Gun Violence Prevention, please contact us at gvp@presbypeacefellowship.org.

This curriculum was written and edited by Rev. Margaret Leonard and Sara Dorrien.
Cover photo by Katie Rains.