

How Suicide Prevention Fits: The Big Picture

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SUICIDE IS A TOPIC WE NEED TO TALK ABOUT...

- THANK YOU for your time, dedication and commitment to creating safety from opioid use
- Correlation/stigma of Opioid use and suicide
- Identify those who may be having thoughts of suicide
- > Additional trainings to better serve those who need help/

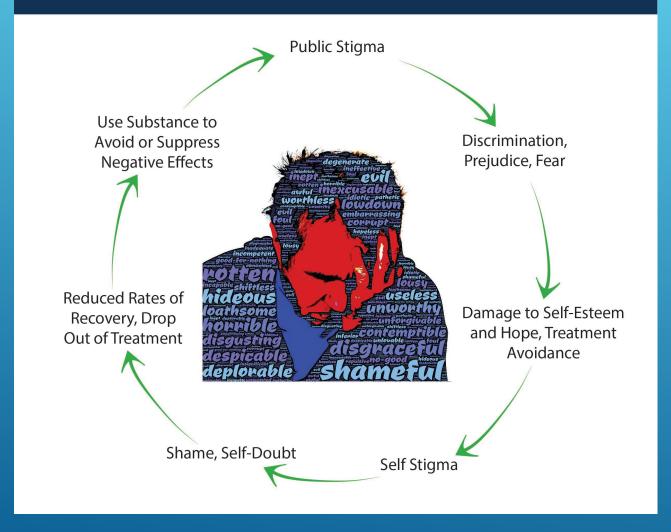
Opioid Use & Suicide...

- OUD and suicide have shared risk factors
- People who misused prescription opioids were 40-60% more likely to have thoughts of suicide (even after controlling for other health and psychiatric conditions)
- People with a prescription OUD were twice as likely to attempt suicide as individuals who did not
- People who use opioids are 14 times more likely to die by suicide compared to the general population
- Overdose intent often unknown



https://www.nimh.nih.gov/about/director/messages/2019/suicide-deaths-are-a-major-component-of-the-opioid-crisis-that-must-be-addressed

Cycle of Stigma



Why this matters...

- Stigma can prevent people from seeking treatment
- Stigma can perpetuate negative stereotypes about people, leading to intense feelings of shame, guilt and anger
- Stigma can push people into secrecy

https://cccmedscoalition.org/stigma-reduction/

LET'S BREAK THRU THE STIGMA!

- Be willing to talk openly/honestly/respectfully
- Ask about suicide if you have any concern
- Encourage equality
- Respectful language
- Respect privacy (while not promising secrecy)
- Demonstrate/encourage help seeking behavior
- ▶ Be aware of what invitations to suicide might look liké
- Connect to appropriate resources
- > Find/take suicide prevention/intervention training

INVITATIONS TO SUICIDE

TALKING ABOUT:



- ▶ Wanting to die
- ▶ Great guilt or shame
- ▶ Being a burden to others

FEELING:



- Empty, hopeless, trapped, or having no reason to live
- Extremely sad, more anxious, agitated, or full of rage
- □ Unbearable emotional or physical pain

CHANGING BEHAVIOR, SUCH AS:



- Making a plan or researching ways to die
- Withdrawing from friends, saying goodbye, giving away important items, or making a will

- ▶ Taking dangerous risks such as driving extremely fast
- Displaying extreme mood swings
- Eating or sleeping more or less
- □ Using drugs or alcohol more often

Life Situations:

- ➤ Opioid Use Disorder
- **≻**Abuse
- ▶ Rejection
- **>**Loss
- ➤ Suicide Experience

**IF INVITATIONS, THEN ASK ABOUT SUICIDE... CLEARLY AND DIRECTLY!

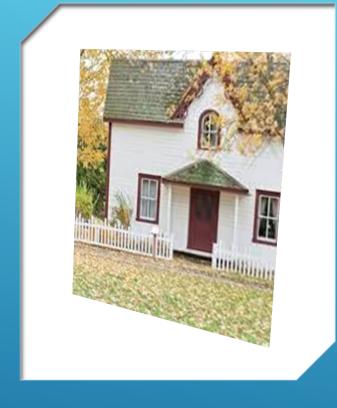
ADDITIONAL RESOURCES

- 988 Call or Text; Crisis Text Line 741741; 911
- > CMH:
 - North Country CMH (24/7 hotline): (877) 470-4668
 - Northern Lakes CMH (24/7 hotline): (833) 295-0616
 - Northeast Michigan CMH Authority: (989) 356-2161/(800) 968-1964
- https://www.michigan.gov/opioids/find-help
- Northern Michigan Opioid Response Consortium (NMORC)
- Northern Substance Abuse Services (NSAS): (989) 732-1791
- ▶ Women's Resource Center (231) 347-0082 or (800) 275-1995
- DV National Hotline (800) 799-7233(SAFE)
- Emergency Shelters:
 - Nehemiah Project (231) 347-0363/(844) 900-0500; Patriot Place (989) 448-2260;
 Emmanuel House (989) 370-8149

EVIDENCE-BASED TRAINING AVAILABLE

- Yellow Ribbon (Best Practice)
- **START**
- > safeTALK
- > ASIST

- https://kierstensride.org/training/ to find more available/ trainings
- > Bring training to your workplace, school, church of community! Let us schedule a training for you!



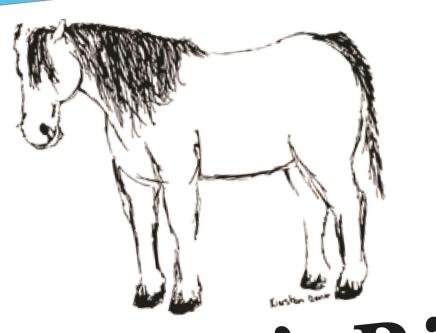




THANK YOU

CONVERSATIONS, EDUCATION AND EMPOWERMENT

BRING HELP AND HOPE, SO LET'S KEEP TALKING... UNTIL THERE IS NOTHING LEFT TO TALK ABOUT.



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Questions?