



Texas Children's
Hospital®

Baylor
College of
Medicine®

Suicide Prevention

Gatekeeper Training

Sign in for evaluations



<https://redcap.link/gatekeeper>



This training may bring up some difficult emotions for participants who have lived experiences with mental health challenges and/or suicide.

If you need to step out of the training, please feel free to take a break.

*If you need emergency assistance, please call the suicide hotline at **1-800-273-TALK (8255)** or **dial 988**.*



- This Gatekeeper training is a general discussion about mental health and suicide prevention.
- This is not to be interpreted as precise advice in a specific situation.
- Every situation is unique and requires advice to be tailored and adapted to that circumstance.
- If you are looking for advice about a particular person's story involving mental health challenges, please speak with a health care professional.

Course Objectives

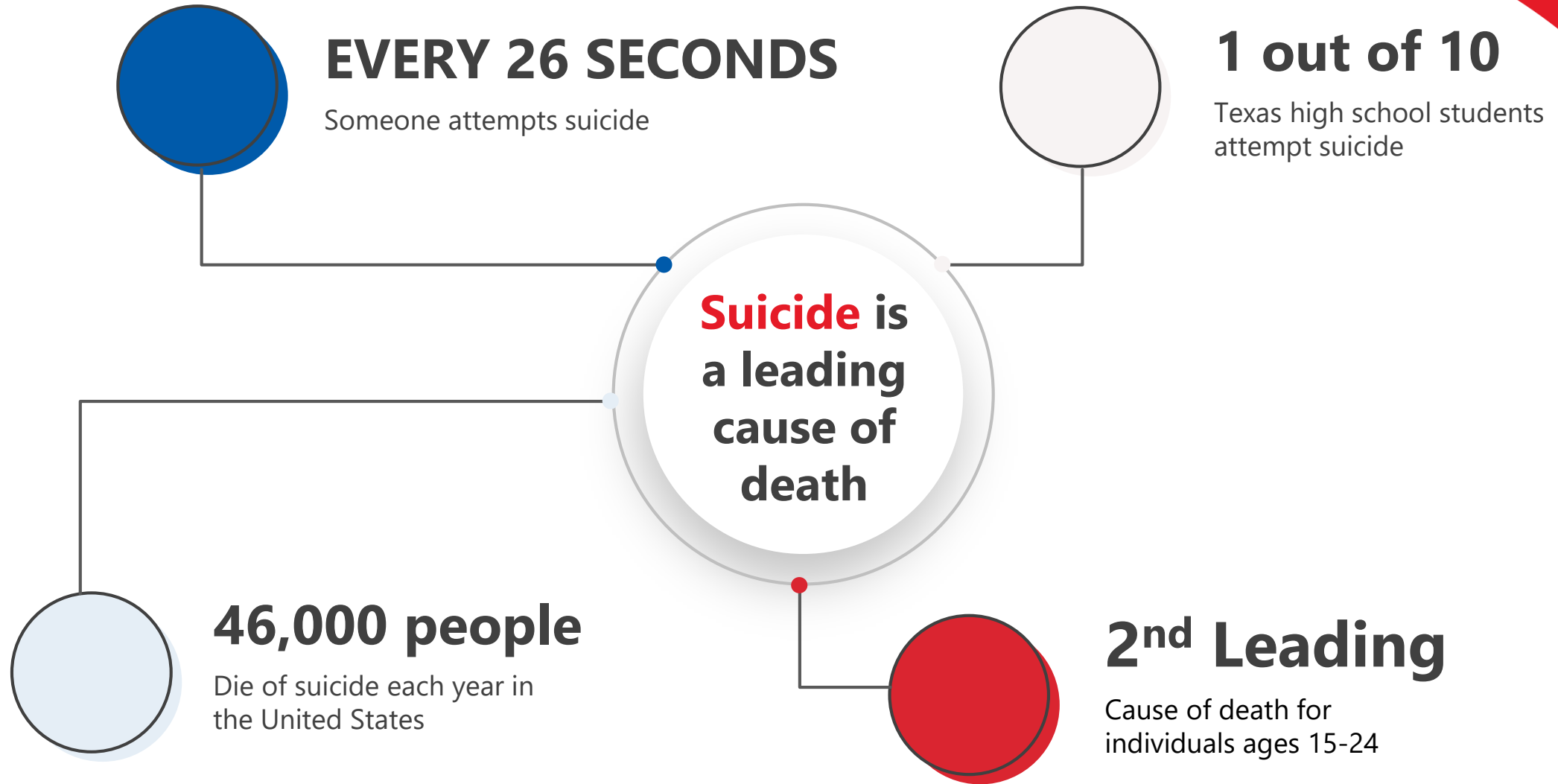
- Define gatekeeper and *why* it is important to everyone
- Present current data around suicide
- Provide general information about suicide and appropriate language
- Describe what someone can do if they are concerned about suicide
- Share available resources



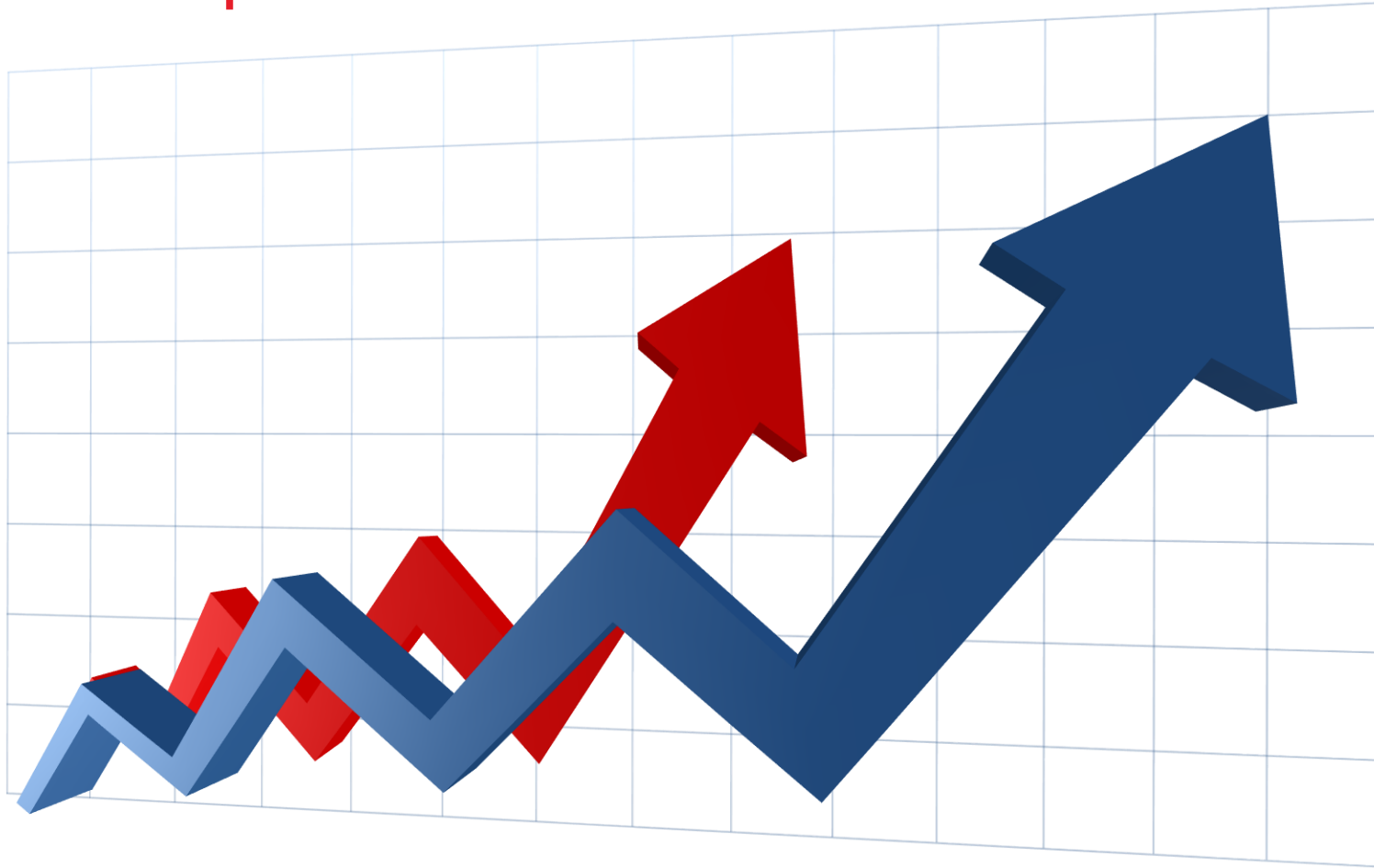


What is Gatekeeper Training?

- Gatekeeper training is for **EVERYONE**
- Provides us information on how to **recognize signs of suicidal ideation**
- Provides us with the **tools** to **open the lines of communication** with someone who may be thinking of suicide
- Provides us a road map to letting people know they are **important** and how to connect them to **resources**



In the last 10 years, Texas Children's Hospital has seen an **INCREASE**



520% INCREASE

For **children** ages 5-10 seeking treatment for suicidal related concerns

700% INCREASE

In **youth** ages 5-18 seeking treatment for suicidal concerns



20%

Postpartum
deaths
are due
to suicide

74%

Postpartum women
who died of suicide
had **1 hospital visit**
before they died

6%

Rise in suicide rates for
perimenopausal and
menopausal women in
the past 20 years

Suicide is a leading cause of **maternal death** in the first year following childbirth.

Death by suicide is more common than deaths caused by postpartum hemorrhage and hypertensive disorder.



Talking about Suicide

Talking about suicide can make us feel **uncomfortable**. However, having an open and honest conversation *could be the difference* for someone.

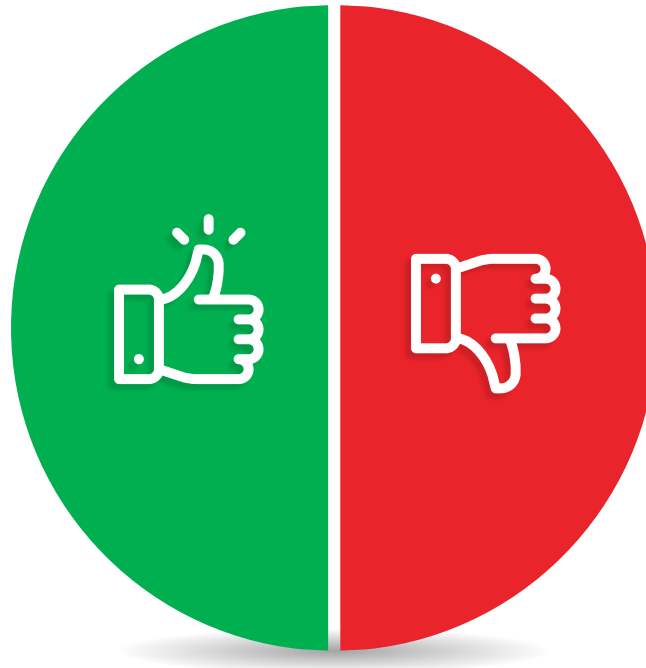
Words DO matter. This presentation will give you the *words* so you know what to say in this situation.

For example, please avoid using the phrase "committed suicide." This implies committing a crime or committing a sin.

By using **appropriate language**, we can allow people to **feel safe** when talking about their experiences and feelings.

SAFE LANGUAGE TO USE

- ✓ Person who died of suicide
- ✓ Person thinking about suicide
- ✓ People who have experience with suicide attempt



PHRASES TO AVOID

- ✗ Committed suicide
- ✗ Successful suicide
- ✗ Completed suicide
- ✗ Failed attempt or successful suicide



Your Role

You are *not here to fix their problems* instead you're reminding them that **they matter! Their feelings matter.** You'll help connect them to a support structure that can assist them in managing their challenges.

Individuals who are thinking of suicide need to determine their own reasons for living.



Avoid phrases like:

- *"You have so much going for you."*
- *"You would really hurt your family if you did this"*
- *"You just want attention"*
- *"You're being selfish"*






Say things like:

- *"Life can be tough, I understand why you may be thinking this way"*
- *"Tell me about someone who is really important to you"*
- *"Tell me about something you enjoy doing"*




Facts



-  Talking about suicide reduces stigma and allows someone to seek help
-  Suicide thoughts can come to anyone and often follow events with life stressors
-  There are often warning signs that someone is thinking of suicide

Myths



-  Talking about suicide will lead to and encourage suicide
-  Suicide only affects individuals with a mental health condition
-  Most suicides happen without warning

SUICIDE DOES NOT DISCRIMINATE

People of all genders, ages, ethnicities, religions, communities and families can be at risk. Suicidal behavior is complex, and there is no one single cause.

Risk Factors For Suicide

Health Concerns

- Mental health conditions
- Serious health conditions, including pain
- Traumatic brain injury
- Postpartum depression
- Autism

Environment or Life Situations

- Stressful life events, such as, divorce, breakups, anniversaries
- Prolonged stress like relationship issues
- Exposure to another person's suicide
- Access to firearms, drugs

Life Events

- Previous suicide attempts
- Family history of suicide
- Abuse
- Trauma

High Risk Group

- Veterans
- LGBTQIA+
- Disaster Survivors
- Native Americans, Alaskan Natives

Talking about

- Making statements about wanting to die
- Sharing they are **feeling like a burden** to others
- **Saying good-bye** or giving away things



Warning signs of suicide

Feeling/Behaviors

- Poor problem-solving skills, or challenges in regulating emotions
- **Extreme emotions** of sadness, hopelessness, rage
- **Withdrawal** from family, friends and activities

Changes

- Eating and sleeping patterns
- **Mood changes**, can be positive and negative (aggression, agitation)
- Increase use in **drugs and alcohol**

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Suicide. A sideways word, a word that people whisper and mutter and cough: a word that must be squeezed out behind cupped palms or murmured behind closed doors. It was only in dreams that I heard the word shouted, screamed.

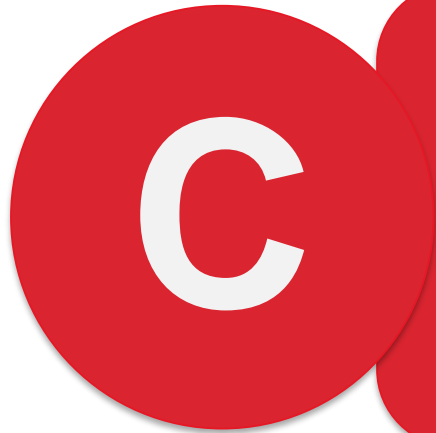
- Lauren Olive

”

What do I do if I have concerns?







COMPASSION



Individuals who are struggling with suicidal thoughts need us to listen and respond with compassion. We must avoid any words or phrases that *do not* take their words seriously or impose judgement.

Believe what the person is **telling you**,
each and every time!

Many of us feel **uncomfortable** asking this question, but it is important to ask.

A

ASK

Asking someone if they are considering suicide helps them know you are concerned.

You can say...

- "Do you have thoughts of killing yourself?"
- "Do you think about falling asleep and not waking up?"
- "Do you think everyone would be better off if you were not here?"



R

RESPOND AND ASK

STEP 1: Responding in a non-judgmental tone

This allows the individual to feel more comfortable engaging in the next steps.

You can say...

- "Thank you for sharing this with me"
- "Thank you for trusting me with this information"

STEP 2: Ask more based on your comfort level.

You can say...

- "Have you thought about how you might kill yourself?"
- "Do you have a plan for killing yourself?"
- "Are you thinking of doing anything right now?"

E

ENGAGE RESOURCES

EMERGENCY RESPONSE: If you are concerned this person is **not safe**, help them **seek emergency treatment**.

You can say ...

- "You are important, and I want to ensure you are safe, would you be willing to go to the emergency room or to your physician with me?"



NOT IN IMMEDIATE RISK:

If you **do not feel** this person is **in immediate risk** to themselves, **connect** this person to **resources**.

You can say...

- "You are important, and I want to ensure you are safe, can I help you make an appointment with your physician or therapist?"

- If this is a **child**, you **MUST** engage their parents.
- If this is an **adult**, you **cannot force** them to seek treatment.

S

SAFETY CHECK

If you are concerned about a family member or someone in the community, there are safety measures that can be taken in addition to treatment.



- **Firearms safety:** gun locks or storing with a trusted individual outside the home
- **Restricting access** to medication, knives, or other items of concern

- If the person at risk is a **child**, it is *the adults who care for this child* who will need to navigate this situation.
- The **family** may need support and education on ways to keep their child safe.

S

SUPPORT BY CHECKING IN

By checking in periodically, **you can show** this person they are important, and they matter.

Ask them, *"would you mind if I checked back with you?"*



- **Send** text messages or reach out through social media
- **Send** emails, letters or cards
- **Call** over the phone





Connecting to Resources

- If you are in a school or organization setting, it is important to follow your **organization's protocol**
- If you are helping and you are stuck in a long wait, here is what you can do:
 - Primary Care Physician or Pediatrician may be a good start while waiting for a specialist
 - Is there someone you can reach out to, talk to in order to get services activated

Resources

- American Foundation for Suicide Prevention (www.afsp.org)
- Suicide Prevention Resource Center (www.sprc.org)
- National Alliance on Mental Illness (www.nami.org)




#NoParentAlone
in the fight for Perinatal Mental Health

PSI HELPLINE
800.944.4773
TEXT OPTION
503.894.9453



NATIONAL
SUICIDE
PREVENTION
LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

GET HELP 24/7:

 TrevorText Text START to 678678	 TrevorChat TrevorChat.org	 TrevorLifeline 866.488.7386
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THE TREVOR PROJECT
Saving Young LGBTQ+ Lives

Surviving a loss

If you have lost someone to suicide and feel you **need additional support** or **want to connect with others** with similar experiences, please feel free to connect with the following resources:

Out of Darkness Community Walks

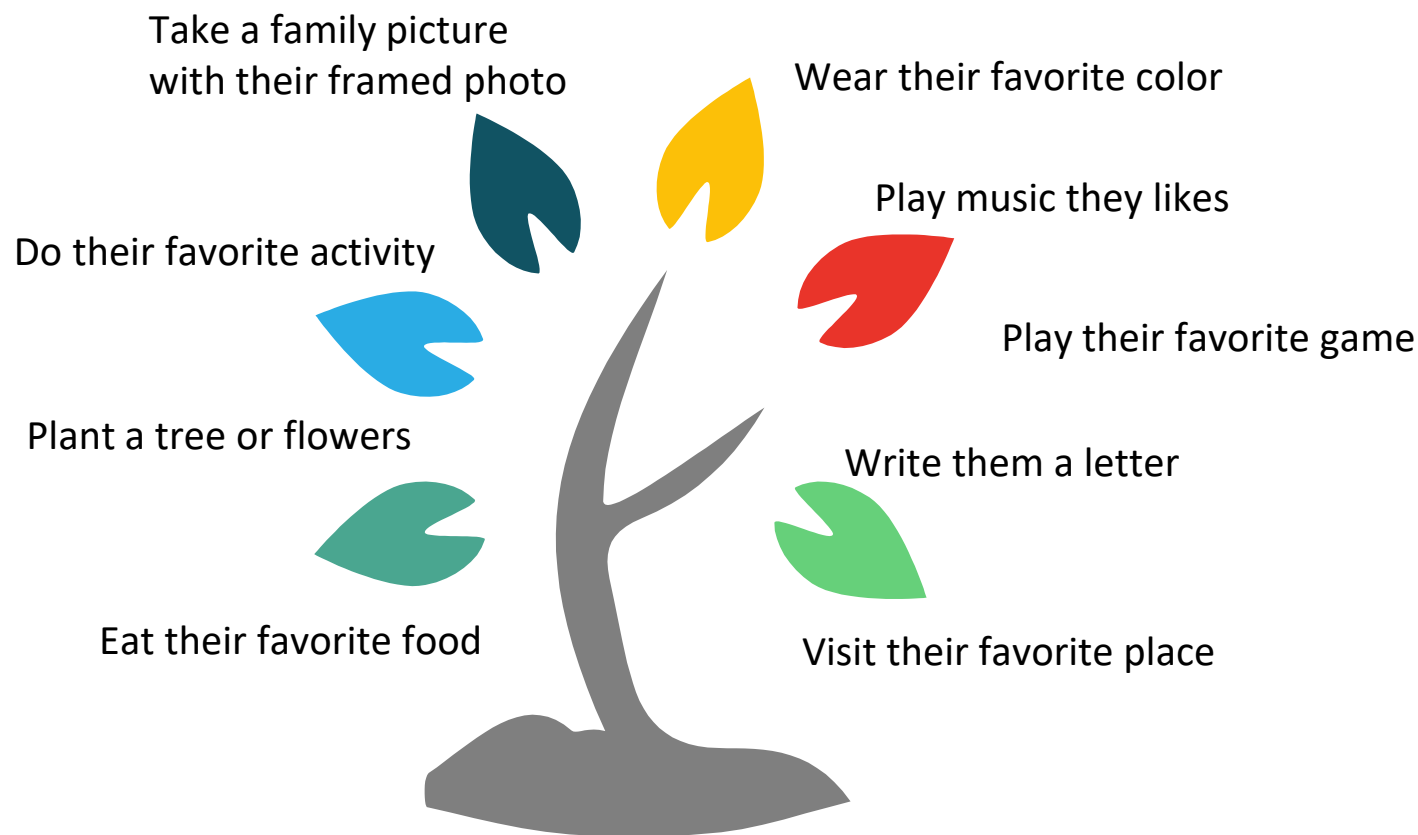
[https://supporting.
afsp.org](https://supporting.afsp.org)

Survivors of Suicide Support Groups

[https://afsp.org/find-
a-support-group/](https://afsp.org/find-a-support-group/)

Surviving a loss

If you have lost a loved one, here are some ways you *can honor and celebrate their life* at home:



References

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