

From Compassion to Action

*A Community Guide to Suicide Prevention
And Support in Marin County 2022*





We invite you to dedicate this book in honor of someone meaningful in your life. It might be someone you lost to suicide, someone in recovery, or a person who you believe is a voice for compassion and action.

**I AM DEDICATING
THIS BOOK TO:**

Dear Reader,

We know that no one sits down casually to read about suicide. It is a topic that carries the weight of pain, fear and stigma. It is complex, and complex feels scary. So if you're here reading with us, you've already taken the essential first step in connecting with and talking about this important issue.

Suicide has touched the lives of many people who live in Marin County and some have shared their story with us in this booklet. Suicide loss creates a ripple effect, felt first by family, friends, and then the larger community. In the United States, there are over 1.4 million people who attempt suicide and 48,000 people who die by suicide annually. For every loss, there are many more people whose lives are irrevocably impacted. In Marin County, long rated as one of the healthiest counties in the state by most measures, we also have one of the highest rates of suicide in the Bay Area.

But there is hope. We know that suicide can be prevented.

As a caring community, most of us feel compassion for people who are in distress, grief for those who have died by suicide, and deep sympathy for those who have lost a loved one to suicide. However, few of us understand the simple but powerful role each of us can play in creating positive change. We all can play a role as we work to prevent suicide, offer support to survivors and family members, and build a safer and more compassionate community for those in distress. Consider this: Over the past 4 years, 83% of the time that first responders negotiated with someone in distress at the Golden Gate Bridge, they were successfully able to bring that person to safety. Our action matters.

While we can feel helpless or overwhelmed by the complexity and urgency of the issue, there are supportive steps that we can take to intervene. We can recognize the signs of distress, provide connection and support, and be a part of recovery. Most importantly, we can use the power of human connection to cultivate belonging and acceptance. This booklet is designed to empower each of us to do just that.

We are all first responders.

Jei Africa, PsyD, MSCP, CATC-V
Director, Behavioral Health and Recovery Services

IF YOU OR SOMEONE YOU KNOW IS IN DISTRESS, PLEASE CONTACT:

- National Suicide Prevention Lifeline: 1-800-273-8255
- Linea Nacional de Prevención del Suicidio: 1-888-628-9454
- Crisis Text Line (text MARIN to 741741)
- Additional support resources can be found on the [BHRS Prevention and Outreach website](#)

Compassion Through Knowledge

THE FACTS ABOUT SUICIDE

When we don't know all the answers, it can feel like we can't take action. What if I say the wrong thing? If I mention suicide, will it cause someone to take their life? But we don't need to know everything about suicide in order to take action to save lives. To make a difference, we need to build our understanding of those who are in distress or have lost someone to suicide, and we need to recognize the power of our own presence. This is how we start to empathize, hold compassion for, connect with and support one another as a community.

LET'S START BY LEARNING SOME BASICS ABOUT SUICIDE

SUICIDE IS A COMPLEX HEALTH ISSUE

There is no easy answer as to why someone may take their life. Suicide may result from a combination of factors including, but not limited to, mental and physical health, environmental and societal influences, as well as genetic and interpersonal relationships. When someone has feelings of despair and hopelessness without readily available coping skills, it can impact the way they think, their ability to solve problems, and their capacity to see that there are people who want to help.

SOCIAL CONNECTEDNESS IS A PRIMARY PROTECTIVE FACTOR

The concept of connectedness, which is the degree of social closeness between individuals or groups, can reduce social isolation and loneliness, and increase feelings of belonging and acceptance. Importantly, any one of us has the ability to contribute to someone else's sense of connection.

TALKING ABOUT SUICIDE WON'T GIVE SOMEONE THE IDEA TO TAKE THEIR LIFE

We may worry that if we talk or ask about suicide, it will cause someone to take their life. But avoiding these conversations may, in fact, keep a person at risk. When we talk openly about suicide with someone in distress, it reduces anxiety and offers relief to a person who may be keeping their feelings a secret. Talking directly and openly validates feelings, reduces stigma, and opens the door for someone to obtain help—and hope.

PEOPLE WHO ATTEMPT SUICIDE AREN'T TRYING TO PROVE SOMETHING OR GET ATTENTION

Sometimes people think that someone attempts suicide for attention, to get sympathy, or to make a statement. When we talk about suicide attempts as a “cry for attention,” it can inadvertently invalidate the seriousness of the situation and further isolate a person who is in emotional or psychological pain. A person who attempts suicide is certainly in need of help, and an attempt is, in fact, one of the greatest risk factors for a person dying by suicide.



REDUCING ACCESS TO LETHAL MEANS SAVES LIVES

Creating a safe environment by locking up and safely storing prescription medications and firearms (unloaded and separate from ammunition) can be life-saving. If you are concerned that someone who has access to a firearm may harm themselves or others, a Gun Violence Restraining Order (GVRO) allows family members, roommates, teachers, employers/employees and law enforcement to petition the court for the temporary removal of firearms and ammunition and prevent the purchase of new guns in order to prevent a tragedy.

THERE IS A CONNECTION BETWEEN SUICIDE, MENTAL ILLNESS AND SUBSTANCE USE

People who misuse alcohol and other substances are at higher risk for suicide and suicide attempts than the general population. Substance use disorder and suicide share risk factors, including depression. Substance use also reduces inhibitions and judgment, and influences poor decision making, impulsivity and risky behaviors. This can result in self-harm, including suicide. It is important to note that simply having a mental health condition or substance use disorder does not mean that someone will take their life. However, these risk factors should be noted for a person in distress.

CULTURAL BELIEFS AND SOCIAL ATTITUDES ABOUT SUICIDE VARY

Cultural, social or religious beliefs about suicide can impact help-seeking behaviors as well as an individual's response to support that is offered. For example, attitudes such as "you'll go to hell" or "men don't cry" reflect the view that suicide or help-seeking is shameful or weak. These attitudes may lead a person in distress to feel greater isolation or embarrassment and keep a person at risk. In addition, social and cultural influences can impact beliefs about what it means to "be a man," contributing to disproportionate risk among military members and veterans, and men and boys across the lifespan.

RACISM AND DISCRIMINATION IMPACT SUICIDE RISK

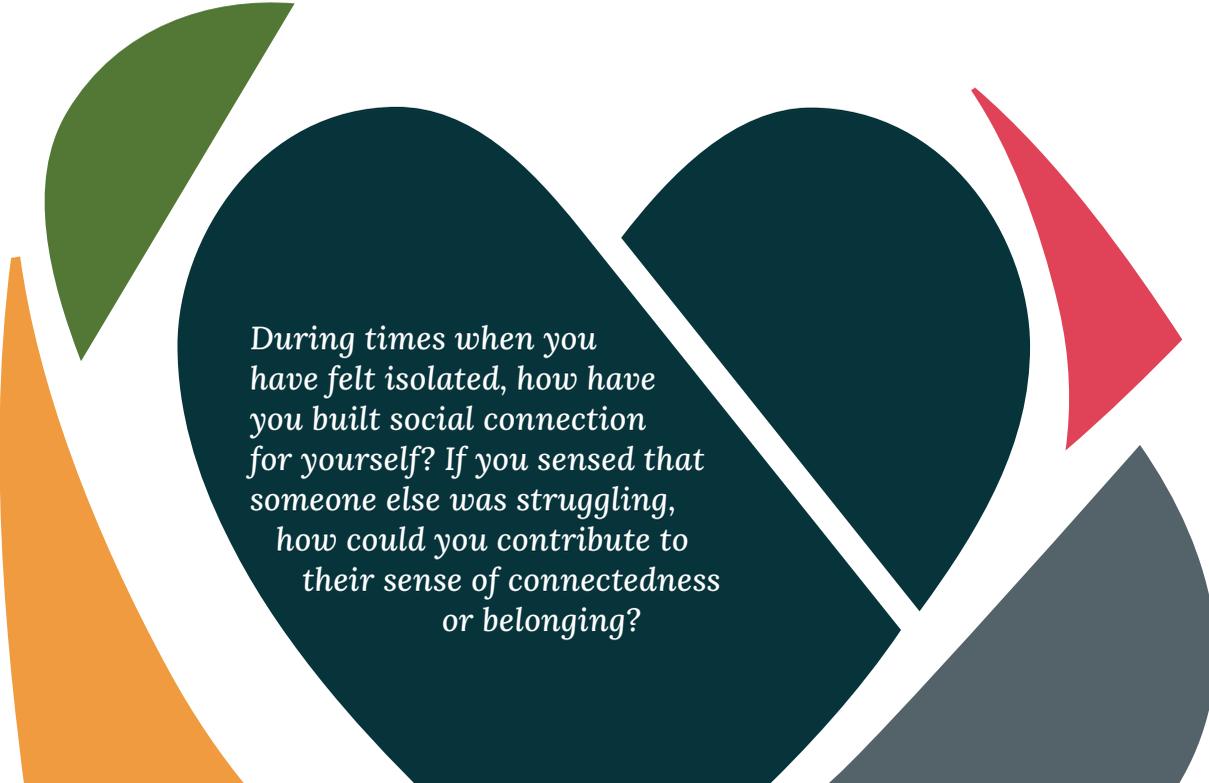
Everyone is vulnerable to suicide, yet there are groups that are disproportionately impacted. We know that racism and discrimination are risk factors for suicide, and increased rates of suicide among marginalized groups highlights the role that inequities and systemic oppression play in a person's life. For example, American Indians and Alaskan Natives, LGBTQ individuals, and people in the justice system or child welfare system, often experience unequal economic conditions and/or discrimination that contribute to and magnify other sources of distress.

PEOPLE IN DISTRESS ARE AMBIVALENT

We know from those who have attempted suicide that there is ambivalence about dying. Many describe wanting an end to their pain, but do not want to die. As helpers, we can use their ambivalence to help learn about their pain and reasons for living, and find hope. Someone in distress may just be waiting for you to connect and say, "Are you okay? Can I sit with you? I'm here to listen."

RESOURCES ARE A LIFELINE TO HOPE

Providing someone who is struggling with resources is a pathway to choose life. There are resources listed at the back of this book to help. You can be the person to offer resources, and hope, to someone in distress.



During times when you have felt isolated, how have you built social connection for yourself? If you sensed that someone else was struggling, how could you contribute to their sense of connectedness or belonging?

“ I am a suicide attempt survivor.

I was diagnosed with schizophrenia at age 21 and have attempted suicide four times. It was a time in my life where my symptoms were overwhelming, and it was very confusing. I struggled with being happy. I just didn't want to be here anymore. I struggled with loneliness. If I had my medicine I would have been okay. Where I was living was scary. I was in a homeless shelter at the time. Hearing things like, "you are safe" and "you are okay" could have been helpful. I was very mistrustful and if I were asked if I was suicidal I might not say exactly how I am feeling right away. One of the things that helped me in my recovery was being able to trust people. I am doing much better today, taking my medicine and spending time with family and friends. I hope for a future where I can stay safe and well.

-A Suicide Attempt Survivor

STIGMA

Stigma is a set of negative and unfair or inaccurate beliefs that people have about something, that generally leads to discrimination, judgment, or negative attitudes. Stigma remains a major barrier for anyone impacted by suicide.

STIGMA MAKES IT HARDER FOR SOMEONE IN DISTRESS TO SEEK HELP

The stigma associated with mental health—whether personal or public stigma—is still a primary reason why people do not get the behavioral health support that they need. It can impact whether people reach out for professional mental health support, continue with treatment, or even receive effective treatment. Stigma also impacts caregivers and recovery for a survivor of a suicide attempt, and exacerbate pain and grief for loss survivors.

RELIEVING THE IMPACT OF STIGMA

Because stigma is a set of negative beliefs that is socially constructed, we, as a community, have the power to break down these harmful attitudes. Here's how:

- Have open conversations about mental health that normalize emotional distress and help-seeking
- Examine your own biases about mental health and suicide
- Don't allow discomfort to lead to withdrawal from people who may benefit from your care
- Connect with people in distress when you see warning signs
- Support campaigns that are designed to reduce stigma and advocate on behalf of suicide issues
- Avoid using stigmatizing language such as "committed suicide or successful/completed suicide." Instead, we can say that someone "died by suicide" or "is experiencing suicidal thoughts or behaviors."





Moving Compassion To Action

We've already looked at some of the ways that you can make a difference, including connecting with someone who may be isolated, asking someone if they're okay, passing on life-saving resources and working against stigma to normalize mental health and suicide. Now we take a deeper look at how to help in a situation when someone may be at risk, and how to be a supportive community member after a suicide.

PREVENTING A SUICIDE

We know that there are factors that can place a person at risk as well as offer protection against suicide. Importantly, the presence of risk factors will not cause someone to take their life. However, you should note more than one risk factor. For example:

RISK

- Access to lethal means (eg, firearms, substances, etc.)
- Prior suicide attempt
- Misuse and abuse of alcohol or other drugs
- Mental health disorders
- Knowing someone who died by suicide
- Social isolation
- Chronic disease and disability
- Lack of access to behavioral health care
- Lack of self- or familial-acceptance of sexual orientation or gender identity
- Identification with a group that has experienced systemic oppression bias or discrimination

PROTECTION

- Social connectedness
- Effective behavioral health care
- Life skills such as problem solving and healthy coping, ability to adapt to change or set backs
- Self-esteem and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide
- Social skills such as decision-making and anger management
- A sense of hope for the future
- Sobriety
- Impulse control
- Strong sense of self-worth and self-determination

RECOGNIZE THE SIGNS

In most cases, a person in distress will display warning signs that may be expressed through changes in a person's feelings, words or actions. Importantly, warning signs are different from the risk factors already discussed. Consider them as "red flags" that suggest an urgent need for attention. While not a comprehensive list, warning signs may include:

WARNING SIGNS

- Firearm in the home
- Stockpiling medications
- Increased alcohol or drug use
- Reckless behavior
- Putting affairs in order
- Disrupted sleep patterns
- Giving away possessions
- Talking about wanting to die
- Increased anxiety or agitation
- Feeling hopeless, desperate, ashamed, or trapped
- Withdrawing from loved ones or valued cultural or social activities
- Talking about being a burden to others
- Expressing not having a purpose
- Uncontrolled anger

Make a Connection

Sometimes we may be nervous to reach out to someone displaying warning signs. What if I offend someone? Am I overreacting? Is it my business? In a potential life or death situation, we have to overcome our concerns about being nosy or being wrong. You can assume two things: That a person in distress may not get help on their own, and that you can help. When we don't step forward to intervene, we leave someone alone in their pain and suffering. But by taking note of warning signs, we can shorten the crisis and initiate the recovery process.

If a person is talking openly about death or suicide, expressing feelings of having no reason to live, or actively seeking a way to take their life, these are urgent signs to get help. Do not delay or keep it a secret.



ASK, LISTEN, REFER

When we recognize warning signs or someone has shared their pain with us, it's normal to be afraid that we won't know what to do or say. But this is an important moment for us to show up, not as someone who knows exactly what to do, but as someone who simply cares and is willing to listen. Remember that our avoidance can be seen as stigma, judgment, and further isolation. So staying present and connected is the most important action you can take.

To simplify the way that we can make a difference in a critical situation, let's use a framework that guides us to do three things: Ask, Listen, and Refer.

ASK

You do not have to be a counselor or a doctor to talk to someone about suicide. While it might feel new or scary to talk about at first, suicide is, in fact, a health issue, and we can learn to talk about it without fear or stigma. Remember: Asking directly will not make someone take their life, but is a straightforward and caring way to get important information to help. Also, keep in mind that cultural and social attitudes towards suicide can influence how a person hears or responds to your question. Stay connected to the signs that raised your concern.

Try some of these ways of asking by referring to warning signs you've noted as a door opener for a conversation:

"I've noticed that you seem more withdrawn/sad/angry lately. Are you thinking about suicide?"

"I'm sorry you're in this much pain. Are you feeling like you have lost hope? Sometimes when people feel this way, they may think about suicide. Are you?"

LISTEN

Deep listening is a part of connecting with someone and making them feel safe and heard. Some simple ways to let someone know that you are listening include making eye contact, nodding, or leaning towards someone when they speak. Resist the temptation to interrupt their story.

Try some of these active and reflective ways of letting someone know you are listening:

- Listen without judgment. It is important to validate what a person is feeling and experiencing in this moment. You can nod or offer statements such as:
"I hear you" or "I understand how that would be upsetting."
- Allow the person to pace the conversation, including periods of silence or discomfort. You may offer brief encouragement for them to continue, such as:
"I'm here to listen and support you."
- Restate, summarize and reflect what you are hearing. Try statements that begin with language such as:
"So for you, it feels like..." or "I hear you saying that...Is that correct?"

REFER

A referral is any call we make for help. Immediate referral is important in this situation, whether that means calling the parent or caregiver of a young person or family member, sitting with a friend or neighbor while they call their therapist, or making a call together to a suicide prevention hotline.

For example, you could say:

"I want to make sure that you stay safe. Let's call the hotline together for support."

After you've Asked, Listened and Referred, you should connect shortly after with a call, text, or a card. This follow up reinforces feelings of acceptance and belonging, and that connection can make all of the difference in a person's life and their recovery. Contact the [National Suicide Prevention Lifeline](https://www.suicideline.com/): 1-800-273-8255 y en español: 1-888-628-9454.



AFTER A SUICIDE

When someone in our community has died by suicide, many lives are touched. Grief, shock, and even anger and guilt may be present. For those people who are closest to the person who died, grieving after a suicide can be very isolating. Many find comfort in attending support groups for grief and loss, or seeking the help of a pastoral or spiritual counselor or mental health provider. For a community in grief, knowing how to respond to a loss can be confusing. In the aftermath of a loss, connection and support from a community that shows up with compassion and care is critical. You can be a person who reaches out to offer life-saving connection and hope. Here's how:

- Ask a loss survivor what they need and how they'd like to receive your support
- Expect and honor changing emotions
- Know that there is no timeline for grief
- Ask for stories and pictures to learn more about their loved one
- Share your own warm stories, memories, and photographs of their loved one
- Stay connected by telephone calls, getting together, or sending notes
- Be aware of significant milestones such as birthdays, anniversaries and other special moments
- Run errands or provide meals
- Use this booklet to redirect any rumors or gossip with facts and meaningful conversations about suicide
- We can take better care of other people when we are also mindful of our own limits, needs for connection, regular sleep, exercise and joy
- Respect that there are varying sociocultural expectations and norms after a suicide
- Respect the privacy of family and close friends by avoiding speculation on cause of death or sharing information

From a Loss Survivor:

“ I appreciated when people would check in and say things like “I’ve been thinking about you and your family” or, “I’m holding your family in my thoughts and prayers.” It helped me feel that people cared about us and what we were going through.

Today people assume because I am doing well outwardly that I’m okay now. The truth is, I will never be okay and I still have bad days. I may be busy with advocacy work and supporting other loss survivors, but that doesn’t mean I don’t still need support myself! In fact, I need it just as much, because the work I do is difficult and emotionally draining.

I suffer from depression, so it really helps when others check in, make plans to get me out and spend time with me. Getting out for walks in nature and heart-to-heart talks are especially healing for me. This helps me avoid isolating and spending too much time at home. I am able to reach out when I need support but many aren’t. Please remember to check in on your ‘strong’ friend. We may seem to be fine outwardly but suffering silently inside. ”

-Mother, Loss Survivor and Advocate



We Can Save Lives

As a community, and as individuals, we have tremendous power to shape the conditions that prevent suicide, and that provide support to survivors of suicide attempts and suicide loss. If you take nothing else from this booklet, we hope that you remember the importance of compassion and connection. We hope that you replace silence and stigma with facts, outward conversation, direct questions to those in distress, and initiative to reach out to those who have suffered loss.



When we can move our compassion one step further to take action, we can save lives.

RESOURCES

HOTLINES AND TEXT LINES:

Marin Suicide Prevention Hotline: 415-499-1100

Marin County Mobile Crisis: 415-473-6392

Marin County Crisis Stabilization Unit: 24 hours a day, 7 days a week, 415-473-6666

National Suicide Prevention Lifeline: 1-800-273-8255
y en español: 1-888-628-9454

Veteran's Crisis hotline: 1-800-273-8255, press "1"

Crisis Text Line: Text MARIN to 741741

National Alliance for Mental Illness-Marín (NAMI): 415-444-0480

The Trevor Lifeline: 1-866-488-7386

Institute on Aging Friendship Line (60+): 1-800-971-0016

ONLINE RESOURCES FOR ATTEMPT SURVIVORS:

American Foundation for Suicide Prevention: 925-804-6494

With Help Comes Hope

A Journey Toward Health and Hope: Your Handbook for Recovery After a Suicide Attempt

POSTVENTION AND GRIEF SUPPORT GROUPS AND ORGANIZATIONS:

Marin Schools Wellness Collaborative and Crisis Response: Suicide Prevention and Postvention Protocols

Buckelew Programs SOS Allies for Hope: 415-492-0614

Felton Institute Local Outreach to Suicide Survivors (LOSS) Team: 415-726-4685

Compassionate Friends-Marín Chapter: 415-457-3123

Josie's Place: 415-513-6343

By the Bay: 415-927-2273

ABOUT THE MARIN COUNTY SUICIDE PREVENTION COLLABORATIVE

This booklet is a product of the Marin County Suicide Prevention Collaborative and the Division of Behavioral Health and Recovery Services. The Collaborative launched in June 2020 following the approval of the County's first Suicide Prevention Strategic Plan by the Board of Supervisors. The Collaborative works to achieve seven core strategies related to suicide prevention, intervention and postvention throughout Marin County.

To join the Collaborative, please visit the website at prevention.marinbh.rs.org or email: BHRSPreventionandOutreach@marincounty.org



MARIN COUNTY BHRS PREVENTION AND OUTREACH TEAM:

www.prevention.marinbhros.org or

BHRSPreventionandOutreach@marincounty.org

MARIN COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES:

www.marinbhros.org

