

Suicide Prevention: A Conversation with Max Banilivy, Ph.D.



Max, we often hear about the prevalence of suicide annually. What are some of the numbers behind this very human issue?

The most recent annual statistics from CDC states that at least 47,000 people (including children) killed themselves. If you multiply that by fifteen people who the person regularly interacts with, we begin to see the magnitude of the impact on the society at large. This translates into at least half a million people becoming survivors of suicide loss every single year. The rate of those trying to kill themselves is profoundly larger, with minimally suggesting at least from 25 to 100 times the completed suicides. This leaves a significant segment of the population with physical as well as psychological consequences. The magnitude of emotional impact is enormous.

As for youth, the above number include 6,000 youth and young adults (1,500 are from 13-17 and the remainder from 18-24). One hundred and twenty of them are under 12 years of age. Thinking about suicide is rather prevalent in youth, estimated by some to be at 17%. Most concerning is the roughly 7 % that reported trying to kill themselves. With such a large number of young people thinking about it, one has to think about why and what can be done.

Once someone has attempted suicide, they may be 40x more likely to die by suicide than the general population. Worldwide, the latest estimate is close to 1 million people attempt suicide annually. You can see that this is a public health issue which is the most preventable cause of death.

What groups of people statistically are at the greatest risk of suicide?

Here's what we know, according to the CDC, as of 2017 data:

- From 1999 through 2017, the age-adjusted suicide rate increased 33% from 10.5 to 14.0 per 100,000
- Males take their own lives at nearly four times the rate of females and represent almost 78% of all suicides
- White males account for 7 of 10 suicides
- On average in the US, there are 129 suicides a day
- Firearms accounted for 51% of all suicide deaths

- By age:
 - Suicide is the tenth leading cause of death for all ages in 2017 and 2nd in youth deaths
 - In 2016, the highest suicide rate was among adults between 45 and 54 years of age.
 - In 2016, adolescents and young adults aged 15 to 24 had a suicide rate of 13.15 per 100,000.

However, these numbers don't tell the whole story. I believe suicide attempts in particular are grossly underestimated, because a large number of attempted suicides are not reported and the individuals do not seek help. For example, we know that 3x as many women attempt suicide than men. 1 in 20 people have thought about suicide in the last two weeks.

So as you can see from the numbers alone, this is so prevalent, we don't want to leave this solely in the hands of clinical professionals since many people do not seek help and/or are not even in mental health treatment. Almost everyone who has thought about suicide has told someone in some way. We can all watch for signs in people so we can potentially help.

What are some of the signs we should look for in people who may be at risk for suicide?

We can take note of things we see, hear, sense and learn about others. Here are some examples of things you might look for:

- Are there changes in their behavior?
- Is there a lack of connectedness or loss of interest?
- Do they appear lonely?
- Has there been a life event—loss of a friend or family member, job, divorce—that may have them feeling differently about themselves?
- Have they experienced a stressful or traumatic incident?
- Do they exhibit lack of sleep or loss of appetite?
- Have they been neglecting themselves in any way?
- Are they taking excessive risks?
- Are they giving away their possessions?
- Is there abuse of drugs or alcohol or other substances?
- Have they talked to anyone about it expressing despair or the wish not to be here?

Ultimately, it could be almost anything! If you have a relationship with someone, just be aware of any changes in their behavior or their stated feelings as well as what you may sense and learn about their circumstances.

Remember, experience tells us that just about everyone who attempts suicide has told *someone about their thoughts*. I came across an interesting article just recently in The Oprah Magazine (December 10, 2018 issue) called "Inside America's Suicide Crisis". In it, people talk about their experiences with suicide. It shows you that people are reluctant to talk about it, but they do tend to tell someone. The stories are heartbreaking but ultimately uplifting, in that they give both insight and hope.

We should think about the individuals with thoughts of suicide and think about what they may be looking for from you and me.

What are some of the ways to prevent suicide?

Be willing to talk. As human beings, we need social contact. Be direct! You need to be comfortable with using the word “suicide” or “killing yourself”. I know it might be uncomfortable or awkward to be so direct but only saying “harm yourself” or “do yourself in” are not direct enough. “Harm” won’t stop the pain, and people who consider killing themselves are often in great emotional and in some cases physical pain. A caring and compassionate community does work toward open and direct conversation about suicide where and when there is a concern about someone.

Having a conversation may help save a life. I’m not talking about clinical interventions—those are left to the professionals—I’m talking about anyone having a discussion with someone you care about. People considering suicide often feel ambivalence or are uncertain between wanting to kill themselves and wanting to keep going. Talking to them openly is an act of kindness. Like many other expressions of caring and concern and it may be enough to have them take pause and rethink what they want to do. Suicide is about LIFE and DEATH.

Ask them questions: you need to help the person get their thoughts outside of their head. Questions to ask to get important information, such as these that frequently come up in the courses I teach, are:

- How are you doing? (ask sincerely)
- How often do you think about suicide? How long have you thought about suicide?
- Do you have anyone to talk to?
- Do you have family you have discussed this with?
- Do you know anyone who has done it?
- Do you take medication or other substances (drugs/alcohol)?
- Have you tried suicide before?
- Do you have a plan to kill yourself?
- When do you plan to do it?

We can get information to help them help themselves. We can then connect them with the resources in the community—there is a lot of information on-line or available from clinicians. At the end of this article is a short list of resources that are available both locally and on a national basis.

We can especially make a difference with young people, by teaching and developing their resiliency, their coping skills, and their ability to problem solve. If we build those skills at an early age, the rate of suicide would likely drop. We can encourage adults to learn these skills as well.

Ultimately, whether or not a person kills themselves is up to the person contemplating suicide, so all we can do is our best. But you can make a difference--showing you care may help save a life.

RESOURCES:

1. WellLife Network for questions and inquiries; max.banilivy@welllifenetwork.org 631-920-8039
2. 1-800-273-TALK (24/7 suicide prevention hotline)
3. Long Island Crisis Center (Nassau) 516-826-0244
4. Response Crisis Hotline (Suffolk) 631- 751-7500
5. Mental Health Association of Nassau County 516-489-2322
6. Association for Mental Health and Wellness-Suffolk 631-751-7500

WEBSITES:

7. Prevent suicideli.org
8. America Foundation for Suicide Prevention (AFSP): AFSP.ORG
9. Suicide Prevention Resource Center (SPRC): SPRC.ORG
10. JED FOUNDATION: jedfoundation.org
11. Trevor Project: thetrevorproject.org
12. Centers for Disease Control Technical Assistance guide
(<https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>)

Mansour (Max) Banilivy, Ph.D., is the director of clinical training, education and internship programs at WellLife Network in New York City and Long Island , providing comprehensive multidisciplinary behavioral and emotional health services, training and consultation nationally to school districts, private and nonprofit community as well as government including military agencies. Dr. Banilivy is currently spending much of his time, regionally as well as at the state and national level training the community members and professionals on suicide risk identification, prevention, intervention, and postvention. Dr. Banilivy was the co-chair of the Consortium of SUICIDE PREVENTION TRAINERS for New York State until 2015 which focused on education/training for suicide prevention. He is also on the executive board of the SUICIDE PREVENTION COALITION of Long Island (SPCLI), which among others have developed a website and sponsor an annual suicide prevention conference.