

SUICIDE PREVENTION WITHIN THE ATHLETIC COMMUNITY

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PRESENTER CONFLICT

- THE VIEWS PRESENTED TODAY ARE MINE, EXCEPT WHERE CITED
- MY VIEWS MAY NOT BE REPRESENTATIVE OF THE VIEWS OF CENTRAL CONNECTICUT STATE UNIVERSITY OR MY COLLEAGUES
- PARTICIPANTS MUST USE DISCRETION WHEN USING INFORMATION CONTAINED IN THIS PRESENTATION.

ADJUSTMENT TO COLLEGE

- TRANSITION TO COLLEGE IS CHALLENGING
 - DECREASED PARENTAL SUPERVISION
 - MORE INDEPENDENT WITH MORE RESPONSIBILITY
 - HAVING MORE "NEW" TASKS TO COMPLETE
 - NEW ENVIRONMENT
 - EXPANDED SOCIAL NETWORK
- IN A STUDY BY DRUM, LADDA, GEARY AND FITZPATRICK (2014)
 - ATHLETES ADJUSTED BETTER TO COLLEGE THAN NON-ATHLETES

RISK FACTORS

- PRIOR SUICIDE ATTEMPT(S)
- MISUSE AND ABUSE OF ALCOHOL OR OTHER DRUGS
- MENTAL DISORDERS, PARTICULARLY DEPRESSION AND OTHER MOOD DISORDERS
- ACCESS TO LETHAL MEANS
- KNOWING SOMEONE WHO DIED BY SUICIDE, PARTICULARLY A FAMILY MEMBER
- SOCIAL ISOLATION
- CHRONIC DISEASE AND DISABILITY (RECENT INJURY)
- LACK OF ACCESS TO BEHAVIORAL HEALTH CARE

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DEPRESSION AND ALCOHOL

- IN A STUDY BY DVORAK, LAMIS, AND MALONE (2013)
- HIGH LEVELS OF ALCOHOL USE AND DEPRESSIVE SYMPTOMS INCREASE SUICIDE PRONENESS.
- DEPRESSIVE SYMPTOMS, URGENCY, AND ALCOHOL USE, ESPECIALLY HIGH USE INCREASE SUICIDE PRONENESS.

ANXIETY

- EXCESSIVE WORRY
- HOPELESSNESS, HELPLESSNESS
- CHANGES IN SLEEP AND APPETITE
- A SENSE OF FOREBODING
- RESTLESSNESS, PURPOSELESS ENERGY
- INTERFERES WITH WORK, SCHOOL, RELATIONSHIPS
- INTERFERES WITH CONCENTRATION AND MEMORY
- FEELING EXHAUSTED

DEPRESSION

- BURDENSOMENESS
- SOCIAL ISOLATION
- HOPELESSNESS, HELPLESSNESS
- CHANGES IN SLEEP AND APPETITE
- FOCUSED ON THE NEGATIVE – A SENSE OF FOREBODING
- LITTLE IF ANY ENERGY
- NO PLEASURE IN ONCE PLEASURABLE ACTIVITIES
- INTERFERES WITH WORK, SCHOOL, RELATIONSHIPS
- DIFFICULTY WITH CONCENTRATION AND MEMORY

SUICIDE EXPOSURE

- IN A STUDY ON SUICIDE EXPOSURE, AWARENESS AND ATTITUDES IN COLLEGE STUDENTS, CEREL, BOLIN, AND MOORE (2013) FOUND:
 - 65% OF THEIR PARTICIPANTS KNEW AT LEAST ONE PERSON WHO ATTEMPTED AND OR DIED BY SUICIDE
 - MORE THAN 1 IN 5 STUDENTS IDENTIFIED AS A "SUICIDE SURVIVOR"
 - 85% OF STUDENTS BELIEVED THAT SUICIDE IS PREVENTABLE
 - LEADING THE AUTHORS TO SUGGEST TRAINING TO INCREASE STUDENT EFFICACY IN REFERRING PEERS.

WARNING SIGNS OF SUICIDE

- HOPELESSNESS
- SOMEONE THREATENING TO HURT OR KILL THEMSELVES
- SOMEONE LOOKING FOR WAYS TO KILL THEMSELVES: SEEKING ACCESS TO PILLS, WEAPONS, OR OTHER MEANS
- SOMEONE TALKING OR WRITING ABOUT DEATH, DYING, OR SUICIDE
- RAGE, ANGER, SEEKING REVENGE
- ACTING RECKLESS OR ENGAGING IN RISKY ACTIVITIES, SEEMINGLY WITHOUT THINKING
- FEELING TRAPPED—LIKE THERE'S NO WAY OUT
- INCREASING ALCOHOL OR DRUG USE

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WARNING SIGNS OF SUICIDE

- WITHDRAWING FROM FRIENDS, FAMILY, OR SOCIETY
- ANXIETY, AGITATION, UNABLE TO SLEEP, OR SLEEPING ALL THE TIME
- DRAMATIC MOOD CHANGES
- NO REASON FOR LIVING; NO SENSE OF PURPOSE IN LIFE

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PROTECTIVE FACTORS

- EFFECTIVE BEHAVIORAL HEALTH CARE
- CONNECTEDNESS TO INDIVIDUALS, FAMILY, COMMUNITY, AND SOCIAL INSTITUTIONS
- LIFE SKILLS (INCLUDING PROBLEM SOLVING SKILLS AND COPING SKILLS, ABILITY TO ADAPT TO CHANGE)
- SELF-ESTEEM AND A SENSE OF PURPOSE OR MEANING IN LIFE
- CULTURAL, RELIGIOUS, OR PERSONAL BELIEFS THAT DISCOURAGE SUICIDE

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SUICIDE: CONNECTICUT 2016 FACTS & FIGURES

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Connecticut	376	9.71	47
Nationally	42,773	12.93	

\$ Suicide cost Connecticut a total of **\$410,800,000** of combined lifetime medical and work loss cost in 2010, or an average of **\$1,163,740** per suicide death.

IN CONNECTICUT, SUICIDE IS THE...

2nd leading cause of death for ages 15-24	3rd leading cause of death for ages 25-34	4th leading cause of death for ages 35-44
6th leading cause of death for ages 45-54	8th leading cause of death for ages 55-64	17th leading cause of death for ages 65 & older

Over three times as many people die by suicide in Connecticut annually than by homicide. The total deaths by suicide reflect a total of **6,431** years of potential life lost (YPLL) before age 65.

Suicide is the 13th leading cause of death overall in Connecticut.

On average, one person dies by suicide every **23 hours** in the state.



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SCREENING ATHLETES

- CURRENTLY SCREEN FOR HEALTH RELATED CONCERNS
- NEED TO SCREEN FOR ANXIETY/DEPRESSION*
- PHQ-9 AND GAD-7 CAN BE USED*
- COMMUNITY CULTURE OF "CHECKING IN" WITH ONE ANOTHER

- RAO AND HONG UNDERSTANDING DEPRESSION AND SUICIDE IN COLLEGE ATHLETES: EMERGING CONCEPTS AND FUTURE DIRECTIONS 2015

ASK THE QUESTION

BARRIERS TO PROFESSIONAL HELP

- IN A STUDY OF STUDENTS BY CZYZ, HORWITZ, EISENBERG, KRAMER, AND KING (2013)
- OVER 1/3 SCORED IN THE MODERATE TO SEVERE DEPRESSION RANGE ON PHQ-9
- 30% REPORTED LIFETIME HISTORY OF A SUICIDE ATTEMPT
- 66% BELIEVE THEIR PROBLEMS WERE MINOR OR TRANSIENT IN NATURE
- 26.8% REPORTED A LACK OF TIME

WHO DO STUDENTS TURN TO FOR HELP?

- STUDENTS WILL SEEK OUT 3-4 PEOPLE PRIOR TO GETTING HELP
- MANY ATHLETES WILL SEEK OUT A COACH, TRAINER, ACADEMIC ADVISOR, AND/OR TEAMMATE BEFORE SEEING A MENTAL HEALTH PROFESSIONAL
- ATHLETICS INVOLVES TEAMS, QPR IS ANOTHER TEAM WORKING TOGETHER FOR SUCCESS

QPR

- SUICIDE PREVENTION GATEKEEPER TRAINING
- QUESTION, PERSUADE, REFER – DR. PAUL QUINNETT
 - 90 MINUTE TRAINING
 - PROVIDES INFORMATION ON SIGNS AND SYMPTOMS OF A POTENTIALLY SUICIDAL PERSON
 - PROVIDES TECHNIQUES IN ASKING THE SUICIDE QUESTION
 - HOW TO PERSUADE THE PERSON TO GET HELP
 - MAKING A REFERRAL WITHIN YOUR COMMUNITY

CREATING A SAFETY NETWORK

- WHO TO TRAIN
 - EVERYONE WHO HAS CONTACTS WITH STUDENTS IN ANY WAY
- HOW TO TRAIN
 - IN TEAMS, EVERYONE CAN BE THERE
 - DURING STAFF AND FACULTY MEETINGS
- WHEN TO TRAIN
 - ATHLETES DURING OFF-SEASON
 - COACHES, TRAINERS, ACADEMIC SUPPORT – LATE MAY, EARLY JUNE
- WHY TRAIN
 - EVEN THE LOSS OF ONE LIFE IS TOO MANY

QUESTIONS?

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