

COMMENTARY BY TONY SALVATORE

# Suicide Prevention for the other 364 Days

Saturday is World Suicide Prevention Day. In fact, the entire month of September is dedicated to raising public awareness about suicide prevention. This week, suicide prevention will trend on social media and be addressed at community events.

These activities will hopefully have some impact. However, the reality is that public concern generally rises only as a "bounce" after an observation such as these or when a suicide draws a lot of attention, such as the death of Robin Williams did around this time two years ago. Apathy typically returns after a few days or weeks until the next time we lose a well-known person or there is a high profile suicide in the community.

There are a number of

reasons for the lack of ongoing community support of suicide prevention. Suicide remains highly stigmatized and this keeps many people from even thinking about it, getting personally involved, or, worst of all, not seeking help when they are beset by suicidal thoughts. Suicide is the subject of many myths and misconceptions that do not cast victims in a sympathetic light. Some may also, incorrectly, believe that suicide is not preventable.

Others may just assume that something is being done. There is some truth to that. The military and the VA have mounted aggressive suicide prevention measures, suicide prevention task forces are at work at the community and state levels, and state legislatures have taken steps

to address suicide risk in teens and young adults.

Still reported suicides in the US are moving steadily towards 50,000 per year and closing in on 2,000 in Pennsylvania. Clearly we must do more.

What can we do? The usual answer is more funding, services, and programs. That would certainly help, but action is needed now. There are small scale options at-hand that do not need governmental action. These are things that can be done at the individual level.

## For example, these are "must-dos."

- Immediately call 9-1-1 if someone threatens to kill herself or himself, if someone is looking for ways to kill herself or himself, is talking about suicide or wanting to

die, or cites a specific plan for taking her or his life.

- Get help for anyone voicing hopelessness, a sense of not belonging, or losing control, or who is withdrawing from family and friends or who has dramatic changes in mood.

- Understand that anyone who has made a suicide attempt, especially one that was physically injurious, is at high life-time risk and may need a lot of support and perhaps counseling to cope with the aftermath. They may have survived but they have still have a potentially lethal plan and proved that they are capable of trying to die by suicide.

## These are "should-dos" for all of us.

- Urge primary care physicians to post the warning signs of suicide in their

exam rooms and to screen patients for depression and suicide risk.

- Contact local police about disposing of unnecessary firearms; secure any firearms in the home in tamper-proof gun cabinets or safes.

- Encourage posting suicide prevention information where alcohol is sold as alcohol use is involved in one-third or more of all suicides.

## Finally, these are "could-dos" for us.

- Encourage media coverage of suicides that follows available guidelines and does not give unnecessary and potentially harmful references to the means, site, and rationale for the act.

- Request that web sites for high risk groups (e.g., veterans, police officers, substance abusers, abuse vic-

tims, etc.) and post the National Suicide Lifeline and Veterans Crisis Line (800-273-8255).

- Ask what programs for the elderly are doing to make their staff, those they serve, and family members aware of suicide risk in the aged, particularly in older men.

These steps can be taken without leaving home. They don't require special training or action by a committee. They only require that you care. Suicide prevention must be everybody's business all the time. Then, every day will become suicide prevention day.

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