

Steven Skros

The Suicide Prevention Scholarship

There is a stereotype of the type of person who commits suicide: a loner from a questionable family, dressed in black, avoiding social situations, belligerent or depressed. In short, someone who wears his pain on the outside. For some time I believed the hype. Then, this past spring, the captain of my school's football team committed suicide. He was the last person you'd expect to kill himself. He was popular and well-liked and had a loving family. He had a girlfriend, was athletic, and had recently been accepted into college. What went wrong? Were there signs? One thing is sure, this young man hid his pain on the inside. The school went into mourning and the questions went unanswered.

Suicide rates are on the rise. Suicide is the tenth leading cause of death in the United States. Surprisingly, many who commit suicide are under the care of a health professional at the time of their deaths. By one measure, it was determined that 45% of people who successfully commit suicide were seen by their primary care doctor within the prior thirty days. Despite this, suicide prevention has not been a primary goal in health care. It is imperative that the health care industry improve its record in identifying those at risk of committing suicide and intervening before the unthinkable happens.

One model of suicide prevention being incorporated into healthcare settings is Zero Suicide, an approach that encompasses screening tools, treatment, and support. Zero Suicide consists of seven elements: leadership, training, screening and assessment, a systematic suicide

care protocol, evidence-based treatment, patient support, and measuring outcomes. Data suggests this health care based approach is responsible for a 65% drop in suicide rates.

Programs such as Zero Suicide are a step in the right direction. However, they are not enough to overcome the problem of suicide in our society. While 45% of those who commit suicide are under medical care at the time of their deaths, 55%, over half, are not. What steps can be taken to identify and help these potential victims? The answer lies in effective legislation aimed at helping prevent suicide in our communities.

According to the Suicide Prevention Resource Center, state laws are effective in helping reduce suicide rates. Laws that encourage training of not only health care professionals, but teachers, school counselors, and police officers are effective in helping with early identification of at risk individuals. Just last month, my mother, an elementary school teacher, underwent two hours of professional development aimed at helping her identify warning signs of suicidal ideation in her students.

Another angle legislators can take when considering lowering the suicide rate is gun legislation. States with the strictest gun legislation have lower rates of deaths from firearms, both homicides and suicides. Ready access to firearms gives members of at risk populations an easy means of successfully ending their lives. By making it harder to obtain a gun, legislators can effectively lower the number of suicides in their states. Laws requiring background checks that include a mental health evaluation to identify those contemplating suicide, raising the age to buy guns to keep them out of the hands of teens who are bent on suicide, and implementing or strengthening existing red flag laws, which allow courts the authority to confiscate weapons from

individuals deemed a threat to themselves are all avenues to explore when considering gun control legislation as a means to reduce suicide rates.

Author Loretta Gizraitis once said, “If someone listens, or stretches out a hand, or whispers a word of encouragement, or attempts to understand a lonely person, extraordinary things begin to happen.” Through efforts like Zero Suicide or increased gun legislation, members of the health care professions and lawmakers can be that listening ear or outstretched hand that saves the life of person contemplating suicide.