

SUICIDE PREVENTION AND THE HOLIDAYS

WHY GO ON?

BY

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- Introduction
 - Bible Verses
 - Jeremiah 29:11 (KJV) – For I know the thoughts that I think toward you, saith the Lord, thoughts of peace, and not of evil, to give you an expected end.
 - Job 42:12a (KJV) – So the Lord blessed the latter end of Job more than his beginning:
- Why not commit suicide?
 - It is against God’s will. There were seven suicides in the Bible; they were not in God’s will. God is a genius. He has plans for you.
 - A mission remains for you. Eternity is at stake for those you could lead to Christ.
 - Life can get better, but you will have to live to experience better days.
 - Jeremiah 29:11 (KJV)
 - Job 42:12a (KJV)
 - What if Job had completed his thinking in Job 3:11a?
“why died I not from the womb?”
 - Your thinking is not accurate because of chemical imbalance or psychological blockage.
- Suicide data
 - Suicide is common:
 - 1 million annually worldwide
 - 32,000 people in the USA
 - 5,000 children annually
 - Suicide is the 12th leading cause of death in the USA; it is also the 3rd leading cause of death in adolescence.

Suicide percents are high in:

- Bipolar depression – 20%
 - Unipolar depression – 15%
 - Schizophrenia – 10%
 - Alcoholics – 10% (50% of all suicide victims were drinking at the time of suicide)
 - Borderline personality disorder – lower than the above disorders but it is characterized by recurrent suicidal ideations and mood instability and relationship instability.
- Suicide and bipolar disorder

In bipolar disorder:

- the suicide rate is 60 times higher than in the general population
 - 25 to 60 percent will attempt suicide at least once
 - 20 percent will die of suicide
 - substance use ↑ the suicide risk (40 percent of bipolars with substance use attempt suicide)
 - substance abuse is higher in bipolar disorder and schizophrenia (56%)
 - The above is significant because of the high prevalence rate of bipolar disorder:
 - 3.5 percent (schizophrenia is only 1 percent)
- Suicide and psychopharmacology

Suicide is a leading cause of death (12th) in the United States—30,000 per year. In *Johnson v. United States* and *Paradies v. Benedictine Hospital* the court said that “accurate prediction of dangerous and particularly of suicide and homicide, are almost never possible.”

Medications often used today are less likely to result in suicide than medications often used in the past. SSRIs are less dangerous than TCAs; benzodiazepines are less dangerous than barbiturates. This does not mean the medications that can be more dangerous in overdose should never be used. Clozaril carries antisuicide effects in schizophrenics. Lithium also has antisuicide effects. Since the recent black box warning regarding increased suicide ideations (4% on antidepressants

versus 2% on placebo) in children and adolescents on antidepressants, the use of antidepressants has decreased in children and adolescents and the incidence of suicide has increased.

- Suicide consideration factors

- Consideration factors for suicide include:

- depression
 - alcohol intake
 - schizophrenia
 - insomnia
 - loss
 - victimization relationship conflict
 - suicide notes
 - family history of suicide
 - previous suicide attempts
 - previous self-harm
 - single
 - gun ownership
 - male gender
 - caucasian race
 - old age
 - widowed or other recent bereavement
 - separated
 - imprisoned
 - living alone
 - no children in home
 - medical illness
 - pain

- Suicide thinking levels

- brief thought
 - serious consideration
 - suicidal plan

- suicide attempt
- Suicidal helps
 - hospitalization
 - medication
 - psychosocial support
 - counseling
 - church
 - the scriptures
- Conclusion
 - Jeremiah 29:11(KJV) - For I know the thoughts that I think toward you, saith the Lord, thoughts of peace, and not of evil, to give you an expected end.
 - Job 42:12 (KJV) - So the Lord blessed the latter end of Job more than his beginning: