



SUICIDE PREVENTION FOR ATHLETES

Presented by Cassandra Walton, Pikes Peak Suicide Prevention Partnership

“

I PUT SO MUCH PRESSURE ON MYSELF TO BE PERFECT. BETWEEN HOMEWORK, SPORTS, DRAMA, AND BEING SOCIAL, I SLEPT FOR ABOUT 4 HOURS A NIGHT THROUGH HIGH SCHOOL AND COLLEGE ”

~ Alison Williams

“The most over-parented, over-coordinated, over-indulged generation yet; our parents are loving us to death.” ~ Student Athlete/Survey Respondent





LET'S CHANGE THE CONVERSATION

Physical Health + Mental Health = HEALTH

Why does the word “mental” carry such a stigma?

We teach our athletes to condition their bodies with an increased focus on injury prevention. We need to do the same with their brain and their ability to effectively manage emotions and self-regulate.



DEFINING THE ISSUE

- In 2019, suicide was the 10th leading cause of death in the United States.*
 - 47,511 deaths by suicide*
 - 1.38M suicide attempts*
- For each death by suicide, 115 other lives are impacted, with 1 in 5 reporting devastating effects to everyday life.
- In 2019, 5,463,765 lives were impacted by a suicide death.

*Data from CDC Data & Statics Fatal Injury Report 2019



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Truth or Lie: Asking someone directly about suicidal intent lowers anxiety, opens communication and lowers the risk of an impulsive act.

Truth or Lie: Suicidal people keep their plans to themselves.

Truth or Lie: Suicide is the most preventable kind of death, and almost any positive action may save a life.



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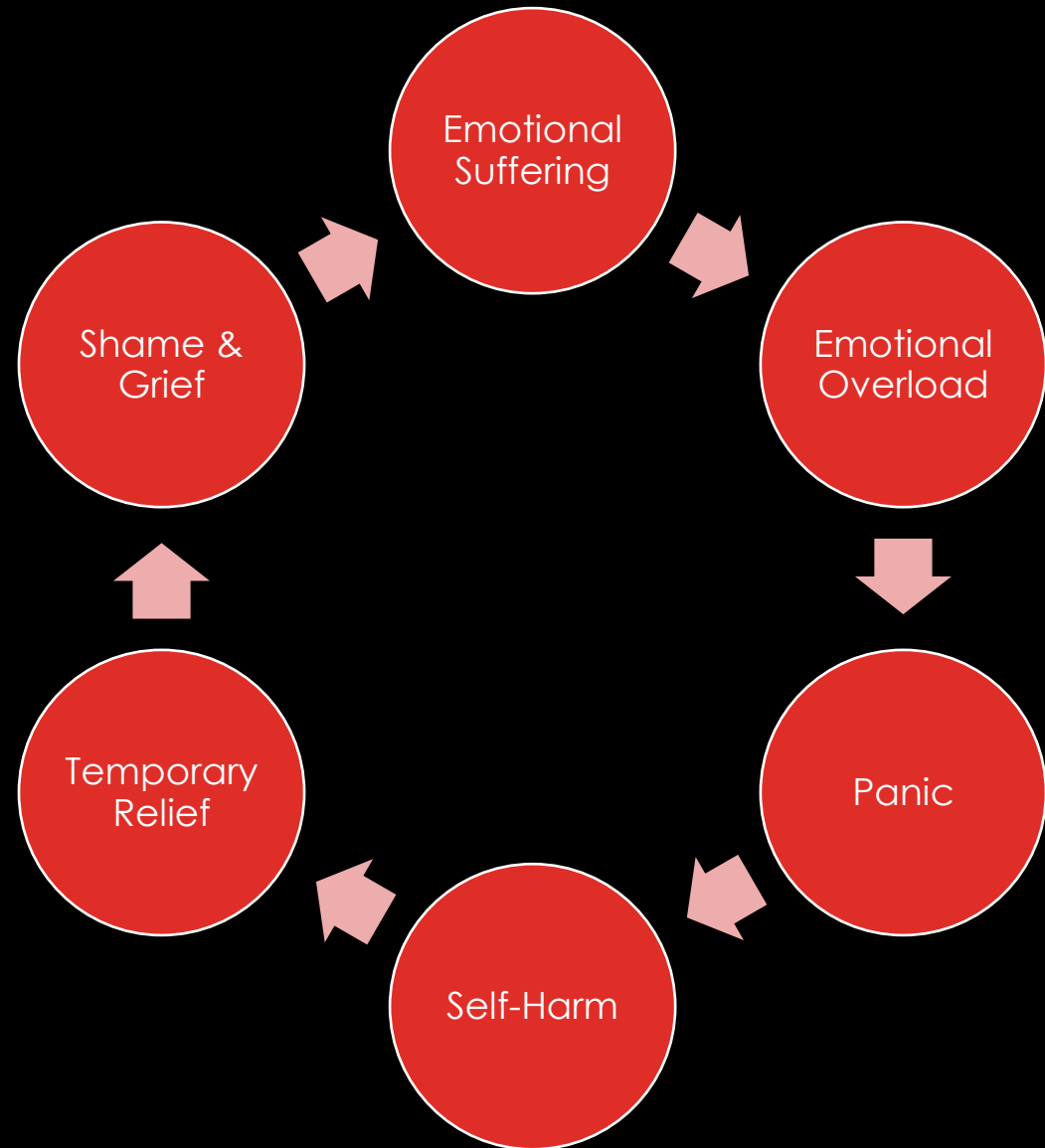
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SELF-HARM BEHAVIORS

- Cutting
- Eating Disorders
- Over-training
- Substance Abuse
- Promiscuity

DOES SELF-HARM = SUICIDAL INTENT?

- Self-Harm behaviors often serve as an unhealthy coping mechanism and are indicative of a self-regulation skill deficit. In order to reduce self-harm behaviors a replacement behavior must be present.
- Self-harm can serve as an exposure exercise to increase tolerance to enact lethal self-injury. (Joiner, 2005)





PROACTIVE PREVENTION

Policy and Procedures

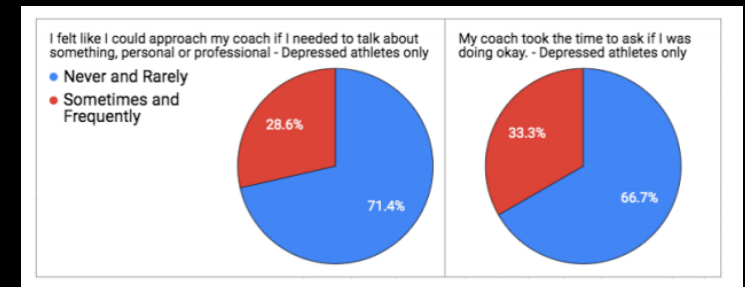
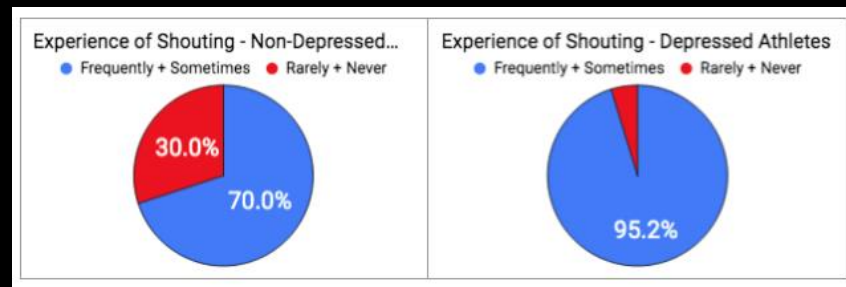
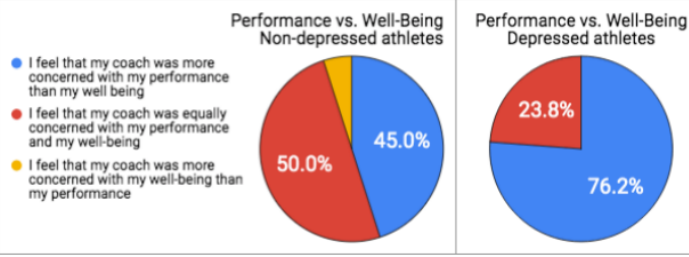
- Codes of Conduct
- Mental Health Check-Ins
- Suicide Prevention Training
- Clear/Defined Roles
- Standard Expectations/Consequences
- Productive Communication Practice

Create a Culture of Care

- Mental Health Warm-ups and Conditioning
- Accountability to a positive culture
- Encourage Realistic Expectations
- Promote Self-Care
- Peer to Peer Support

PROTECTIVE FACTOR: TRUSTED ADULT/PERSON

This role is often filled by the coach. Coaches must understand the weight of their words and their ability to impact the athlete. Coaches can support, inspire and teach. At a minimum, the coach should serve as the guardian of emotional safety in the athletic environment.



Rates of Depression & Emotional Abuse in Elite United States Synchronized Swimmers, Alison Williams, 2019

SUICIDE CLUES & WARNING SIGNS

- The more clues and signs observed, the greater the risk. Take all signs seriously.

VERBAL CLUES

Direct Statements

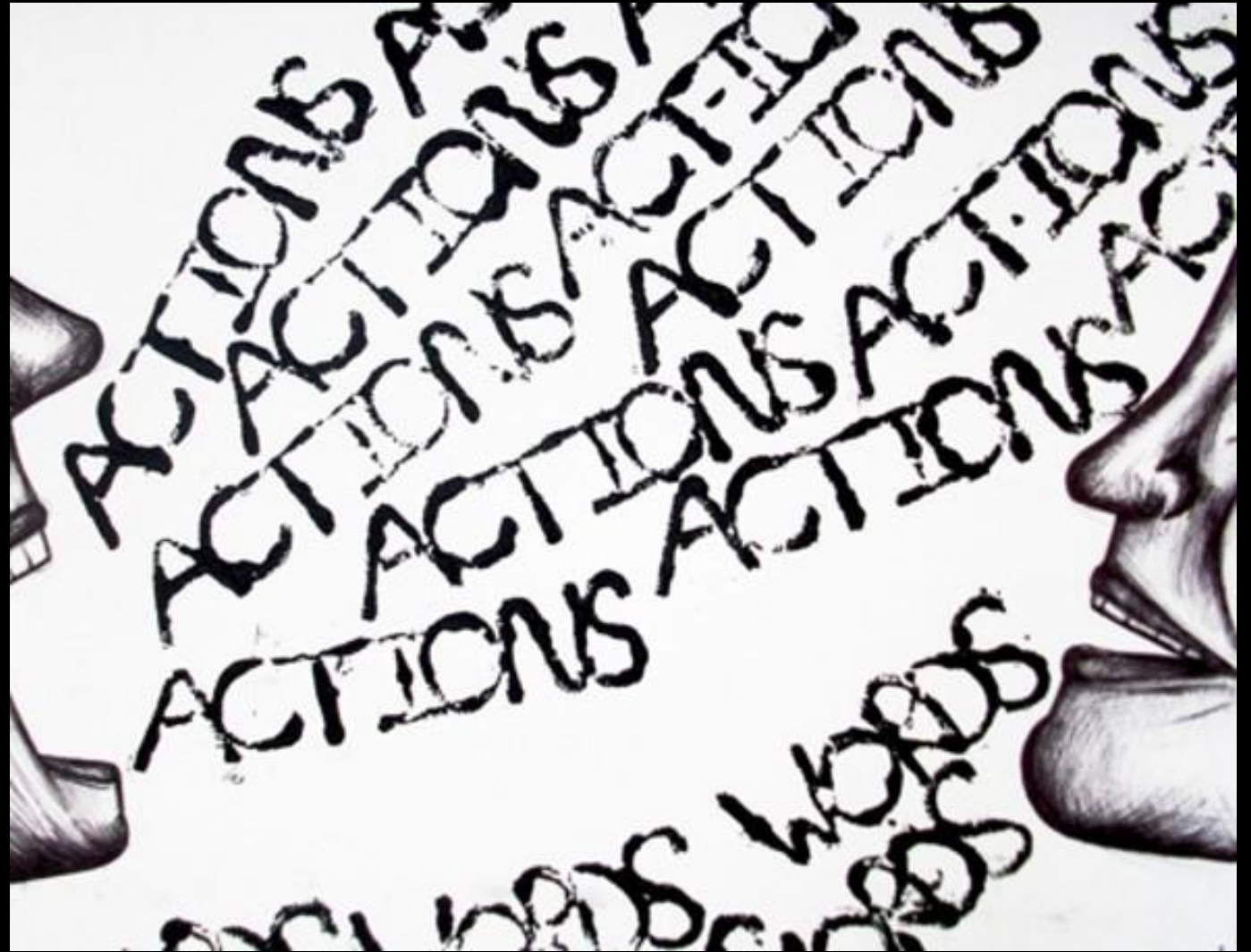
- “I wish I were dead.”
- “I just want to die.”
- “I’m going to end it all!”
- “If _____ does/doesn’t happen I am going to kill myself.”

Indirect Statements

- “I just want to go to sleep and never wake up again.”
- “They would be better off without me.”
- “Pretty soon you won’t have to worry about me.”
- “I just feel like giving up.”

BEHAVIORAL CLUES

- Any previous suicide attempts
- Acquiring a gun or stockpiling pills
- Co-occurring depression, moodiness or hopelessness
- Putting personal affairs in order
- Giving away prized possessions
- Unexplained Outbursts
- Isolating or Avoiding
- Change in substance abuse



SITUATIONAL CLUES

- Being fired, expelled or cut from a team
- A recent, unwanted move
- Loss of any major relationship
- Death of a loved one, especially to suicide
- Diagnosis of serious illness or injury
- A publicly shaming experience
- Fear of becoming a burden



TIPS FOR ASKING THE SUICIDE QUESTION

Don't wait – if in doubt, don't wait, ask the question

Be Persistent – if the person is reluctant, be persistent

Remove the Audience – Talk to the person in a private setting

Actively listen – Allow the person to talk freely

Don't Rush – Give yourself plenty of time

Resources – know your community resources, proactive p & p are recommended

JUST ASK! – REMEMBER THAT HOW YOU ASK THE QUESTION IS LESS IMPORTANT THAN THAT YOU ASK IT!



HAVING THE CONVERSATION

Listen – listen to the
problem and give
them your full
attention

Suicide is not the
problem. Suicide is a
perceived solution to
what is felt to be an
impossible problem.

Zero judgement – do
not rush to judgment
or assumptions

Offer hope in any
form



GETTING HELP AND SAFETY

Let's get help together

- “Will you go with me to get help?”

Will you let me

- “Will you let me help you get help?”

Commitment to Safety

- “Can you stay safe for now?”

Safety Plan

- “Let's create a plan to help you stay safe while we are getting help.”

PREFERRED OUTCOMES

- The best outcome involves taking the person directly to someone who can help.
- The next best outcome is getting a commitment from the to accept help and then arranging for them to get that help.
- The third best outcome is to give referral information and try to get a good faith commitment of safety.

Any willingness to accept help, at some time, even in the future, is a good outcome.



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HELPFUL HINTS

Say: "I want you to live," or "I'm on your side" or "We'll get through this."

Get others involved; build a support team.
Family? Friends? Mentor? Therapist?
Teacher? School Counselor? Coach?

Follow up with a visit, phone call, text and/or a card. Let the person know you care about what happens to them. Caring may save a life.

RESOURCES

- National Suicide Prevention Hotline
1-800-273-8255
- National Eating Disorder Association
(NEDA) 1-800-931-2237
- National Sexual Assault Hotline
800.656.HOPE (4673)
- Free Walk-in Assessment
Centers/Emergency Rooms
- Providers who specialize in suicide
prevention modalities: CAMS, CBT
for Suicide Prevention, DBT, EMDR
- Peer Support Groups



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CONTACT INFORMATION

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