



The Caregiver Resource Center



Concierge Case Management & Advocacy

National Suicide Prevention Lifeline Calls Rose 65%

The Suicide Crisis Text Line saw a 116% increase in volume.



People tend to reach out for help following the death of a celebrity, such as the recent deaths by suicide of Kate Spade and Anthony Bourdain, which triggers more conversations and publicity about suicide, depression and available hotline resources.

If you or someone you know may be considering suicide, help is available.

**National Suicide Lifeline
800-273-8255**

Suicide is the 10th leading cause of death in the U.S.

According to the CDC, the suicide rate in the United States has increased more than 25% since 1999.

In 2016 the CDC reported that as many as 45,000 people died by suicide.

June 2018



**Don't Become a
Statistic**

Are you one of the 78% of Americans who are unprepared should a medical emergency strike?

According to the File of Life.org

- 116 million Americans are involved in an accident each year
- 50% of people suffer with chronic illnesses such as high blood pressure, diabetes or asthma
- 58% of all 911 calls involve a senior

DID YOU KNOW?

- A person dies by suicide every 12.3 minutes in the US
- A child age of 13 and under dies by suicide every day in the US
- 43,000 Americans die by suicide every year in the US
- Suicide is the 10th leading cause of death in the United States
 - 2nd leading cause of death for ages 44 and under
 - 5th leading cause of death for ages 45-54
- Veterans comprise 22.2% of all suicides
- 90% of those who die by suicide had a diagnosable psychiatric disorder at time of their death

Source: Centers for Disease Control and Prevention. Suicide – Facts at a Glance

WHY SHOULD I CARE?

Suicide rates have reached their highest peak in 30 years; and suicide impacts people of all ages, races and socioeconomic groups.

Perhaps you personally know someone who attempted or succeeded in a suicide attempt.

JUST THE FACTS

Studies have clearly shown that there are a number of factors that lead to suicide such as substance abuse, mental health issues, or the stigma of people with of a problem seeking help; to name a few.

According to a National Center for Health Statistics Report released on April 22, 2016, "After a period of nearly consistent decline in suicide rates in the United States from 1986 through 1999, suicide rates have increased almost steadily from 1999 through 2014.

An alarming statistic is that in 2016 alone, 45,000 Americans died from suicide, and more than 21,386 were firearm-related deaths.

The Caregiver Resource Center

[Visit Our Website](#)

[Concierge Case Management & Advocacy Brochure](#)

[Successful Aging Brochure](#)

Benefits of Our Services

- Well respected company serving the community since 1990
- All services are individually designed to meet your unique needs
- We are available 7 days a week by appointment and 24/7 for emergencies
- Professional support & guidance
- Our services are provided on-site in the home, ER, hospital, short term rehab, assisted living, and nursing home

From 1999 through 2016, suicide rates in the United States:

- increased by 25%
- increased for both males and females for all ages 10–74
- were highest for females aged 10–14, and for males aged 45–64

Source: American Foundation for Suicide

WOULD IT SURPRISE YOU TO KNOW THAT MOST PEOPLE WHO ATTEMPT SUICIDE DON'T REALLY WANT TO DIE?

They just want to stop hurting.

During my many years of working in the health and mental health field, I have encountered a number of people who were going through a difficult time and considering suicide as a way out.

One such situation occurred in my previous role as the EAP Coordinator for a hospital.

I received a call from the HR Director informing me that they had an employee Patty who had been missing a lot of work. That morning a co-worker called Patty to see how she was, and the co-worker notified HR that Patty sounded very strange. I was asked to call the employee to see if I could help.

While speaking with Patty on the telephone, it became apparent that Patty was very depressed. Based on my training and experience, I was able to ask Patty a number of questions, which lead me to learn that Patty was feeling suicidal, she had a plan, and Patty had the means to carry out her plan.

From there I was able to contact the police in the town where Patty lived, arranged for an officer and EMS to go to Patty's home, and we were able to get Patty to the ER where she was able to get the help she needed. Weeks later Patty acknowledged to me how desperate she had been, and how much she appreciated our help.

Menu of Services *

- Advocacy
- Home Safety Audit
- Emergency Medical Advocacy while in the ER and hospital
- Screening, arranging for and monitoring Care Services
- Crisis Management
- Family Support & Counseling
- Insurance Claims Research & Assistance
- Research of Community Resources
- Referrals to Specialists (e.g. medical, legal, or financial professionals)
- Family Discussions and Issue Mediation
- Transitioning to an alternative living option (e.g. home to assisted living)

* Fee for service

Connect With Us



SUICIDE

ONE MILLION people in the US attempted suicide in 2016, with someone dying by suicide every 12.3 minutes.

Source: American Foundation of Suicide Prevention (most recent data available)

Suicide is a devastating act that almost always seems to friends and family members like a bolt from the blue.

But people often give clues that they're thinking of suicide. Recognizing the warning signs of suicide could result in a life being saved.

WARNING SIGNS

- Giving away cherished possessions, making a will and being preoccupied with death are red flags for impending suicide.
- Furthermore, the old saying that people who talk about suicide don't do it is simply not true. Often such talk is a cry for help before it's too late.
- Depression is another warning sign for suicide.
- Over 90% of people who die from suicide had a clinical depression, or a diagnosable mental health disorder.

According to the Mayo Clinic, "Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depression, major depressive disorder or clinical depression, it affects how you feel, think and behave and can lead to a variety of emotional and physical problems. You may have trouble doing normal day-to-day activities, and depression may make you feel as if life isn't worth living."

The following changes may indicate depression:

- Feelings of hopelessness, helplessness
- Changes in eating, sleeping patterns or behavior
- Withdrawal
- Poor performance at work or school
- Poor concentration

KEEP IN MIND

- Symptoms of depression in the elderly are often confused with symptoms of other ailments (e.g. UTI). An assessment for an elderly person may also need to focus on memory issues, chronic pain and medical problems.
- Complicating a diagnosis of depression is the fact that depression itself is a common symptom of many chronic conditions, as well as a side effect of many drugs commonly prescribed for the elderly and for those with chronic conditions.

RISK FACTORS FOR SUICIDE

Anyone who is depressed or has been depressed is at risk for suicide.

Other Risk Factors Include:

- Alcohol and/or drug use
- History of physical or sexual abuse
- Troubled teenage years
- Death of a friend or family member
- End of a relationship
- One or more previous suicide attempts
- Family history of mental disorder or substance abuse
- Family history of suicide
- Family violence
- Physical or sexual abuse
- Keeping firearms in the home
- Chronic physical illness, including chronic pain
- Exposure to the suicidal behavior of others

SOME WARNING SIGNS OF SUICIDE

Here are some warning signs that a person may be considering suicide:

- Talking or thinking about death
- The presence of a clinical depression (e.g. deep sadness, loss of interest, trouble sleeping and eating)
- Having a “death wish,” or tempting fate by risk
- Losing interest in things that were once enjoyed
- Talking about feeling worthless, hopeless, or helpless
- Tying up loose ends, changing their will or putting affairs in order
- Making comments such as “You would be better if I wasn’t alive” or “I want it to end”
- Sudden transition from being very sad to being in a state of calm or happy
- Talking about killing one’s self or committing suicide
- Taking steps to say goodbye to people or giving away personal belongings

WHAT TO DO IF YOU SUSPECT SOMEONE MAY BE AT RISK OF SUICIDE

The following information is provided courtesy of the American Foundation for Suicide Prevention

TAKE IT SERIOUSLY

- 50% to 75% of all people who attempt suicide tell someone about their intention.

If someone you know shows the warning signs above, the time to act is NOW.

ASK QUESTIONS

- Begin by telling the suicidal person you are concerned about them.
- Tell them specifically what they have said or done that

makes you feel concerned about suicide.

- Don't be afraid to ask whether the person is considering suicide, and whether they have a particular plan or method in mind. These questions will not push them toward suicide if they were not considering it.
- Ask if they are seeing a clinician or are taking medication so the treating person can be contacted.
- Do not try to argue someone out of suicide. Instead, let them know that you care, that they are not alone and that they can get help.
- Avoid pleading and preaching to them with statements such as, "You have so much to live for," or "Your suicide will hurt your family."

ENCOURAGE PROFESSIONAL HELP

- Actively encourage the person to see a physician or mental health professional immediately.
- People considering suicide often believe they cannot be helped.
- If you can, assist them to identify a professional and schedule an appointment. If they will let you, go to the appointment with them.

TAKE ACTION

- If you are experiencing depression, substance abuse or thoughts of hurting yourself or someone else, confidential help is available. Why not call your doctor, a person you trust, or 211 (Info-line) to talk about how you are feeling, while exploring viable options.
- If a person is talking with you about being depressed or thinking about hurting themselves, suggest that you take the person to a walk-in clinic at a psychiatric hospital or a hospital emergency room.
- If you are with someone who is threatening, talking about, or making specific plans for suicide, this is a crisis requiring immediate attention. Do not leave the person alone.

Keep in mind that the most important thing is to keep yourself safe.

Do not handle the situation by yourself. A suicidal person needs immediate assistance from qualified mental health professionals.

CALL 911 or

**THE NATIONAL SUICIDE LIFELINE
800-273-8255**

"We can all help prevent suicide. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals."

- Don't assume this will blow over.
- Share your concerns with someone who is in a position to take charge.
- Getting a person past a suicide crisis involves being very direct.

RESOURCES

Remember that help is just a phone call away!

National Suicide Lifeline (Veterans)

800-273-8255 Press 1

National Suicide Lifeline (Spanish)

800-273-8255 Press 2

National Suicide Lifeline for Gay Teens

866-488-7386 24 hrs. /7 days a week

National Suicide Lifeline (Deaf Hotline)

National Suicide Hotline

TTY 800-799-4889

CONNECTICUT SUICIDE HOTLINE / CRISIS SERVICES

Greater Bridgeport Community Mental Health Center

8am - 8pm

800-586-9903

24 hours / 7 days

Serving Bridgeport, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, Norwalk, Stamford, Stratford, Trumbull, Weston, Westport, & Wilton

Franklin S. Dubois Center

203-358-8500
800-586-9903

Connecticut Mental Health Center

Serving South Central Connecticut
24-Hour Crisis Line
9am - 10pm (203) 974-7735
10pm - 8am (203) 974-7300
TDD (203) 974-7295

**CT PRESCRIPTION OPIOIDS or HEROIN ADDICTION
TREATMENT**

Access Line and Transportation
800-563-4086

Photo from Microsoft



THE CAREGIVER RESOURCE CENTER

We are specialists who assist seniors, people with special needs and their families in implementing ways to allow for the greatest degree of health, safety, independence, and quality of life.

The Caregiver Resource Center is unique in that we are available for our clients whenever and wherever they need us.

Some Benefits of Our Services

- Well respected company serving the community since 1990
- Assistance for seniors, people with special needs, and families; who are dealing with health and mental health challenges
- All services are individually designed to meet the unique needs of the client & their family

- We are available 7 days a week by appointment, and 24/7 for client emergencies
- Our services are provided onsite across the continuum of care whether in the home, doctor's office, ER, hospital, assisted living facility, or nursing home
- Professional Support & Guidance
- Family Discussions & Mediation

For more information contact

Linda Ziac at 203-861-9833

The information in this article is provided as an information resource only, and is not to be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education, does not create any patient provider relationship, and should not be used as a substitute for professional diagnosis and treatment.

Please consult your health care provider for an appointment, before making any healthcare decisions or for guidance about a specific medical condition.

Linda Ziac is the owner and founder of The Caregiver Resource Center. The Caregiver Resource Center is a division of Employee Assistance Professionals, Inc. which Linda founded in October 1990. The Caregiver Resource Center provides a spectrum of concierge case management and advocacy services for seniors, people with special needs and families.

Linda's professional career spans more than 40 years in the health and mental health field as a CT Licensed Professional Counselor, CT Licensed Alcohol and Drug Counselor, Board Certified Employee Assistance Professional, Board Certified Case Manager, and Board Certified Dementia Practitioner. In addition, Ms. Ziac has 15 years of experience coordinating care for her own parents.

Linda assists seniors, people with special needs and their families; in planning for and implementing ways to allow for the greatest degree of health, safety, independence, and quality of life. Linda meets with individuals and family members to assess their needs, and develop a Care

Team, while working with members of the Team to formulate a comprehensive Care Plan (a road map).

Once a plan is in place, Linda is available to serve as the point person to monitor and coordinate services, and revise the plan as needed. This role is similar to the conductor of an orchestra; ensuring that there is good communication, teamwork, and that everyone remains focused on the desired goal.

The Caregiver Resource Center • Greenwich, CT

www.CaregiverResourceCenter.com • 203-861-9833

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