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Basics in Suicide Prevention: 10 Tips

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Objectives

- Identify at least five ‘risk factors’ for suicide
- Identify at least five 'warning signs' that indicate suicide risk
- Demonstrate how to effectively and directly ask about suicide
- Name at least three steps to take if a person is experiencing a suicide crisis
- Describe at least three resources for suicide prevention

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What's the Data Say?

- 48,344 in 2018.....38,364 in 2010
  - RATES have gone up, not just raw numbers
  - 1 every 11 minutes
  - US 14.8/100,000; 15.7 in PA compare to 25+ in NM, WY, AK
- 10th leading cause of death; always in top three for youth
- 25 attempts for every death
- Impacts vary

COVID: Recent Surveys

- 1 in 3 report serious concerns
- 25% of youth 15-24 have had serious thoughts of suicide in last 30 days
- Other noted groups: minorities, essential workers, caregivers of dependent adults
- Individuals with pre-existing risks

Risk factors and invitations

- There are known risk factors, but it is important to know exactly what that means when it comes to helping ***individuals***
- *What is a **RISK FACTOR?***

- At the same time, **anyone** can become suicidal
- **Any loss** can be a precipitant
- When you see **any change**, it can be an invitation
  - Common examples: giving things away, saying goodbye, change in religious behaviors, “I’m done”, etc.

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Some Risk Factors Can't Be Changed...but SOME CAN

- Previous Attempts
- Lethality of Attempts
- **Life Events** (Precipitant)
  - Loss, Trauma, Divorce, Abuse, Job Disruption, etc.
- Male
- Age
- Ethnicity
- Exposure to Suicide
- Exposure to Trauma
- Family and Personal **MH or DA History**
- History of Incarceration
- Discharge from Hospital
- Chronic Health condition
- Sexual and/or Gender Identity* and isolation because of it

- **Agitation** level & **sleep disturbance**
- Coping skills & looking at suicide as an option
- Guns in home
- Irrational Thinking patterns: **"no way out" and trapped or burdensome**
- DA use
- Current/Pending Charges
- Isolation
- Treatment attendance
- Symptoms: mood, anxiety, voices, grief
- Feelings of worthlessness, hopelessness
- Fear
- Financial
- Health

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Tip #1: don't be fooled by 'at risk' Stats

- Look for **BEHAVIOR and CHANGE**
- Any person can be at risk:
  - Risk groups **can** be identified (e.g. youth or vets)
  - It's not just about a *particular demographic*
- Any Loss is difficult:
  - Losses **do** matter (e.g. abuse)
  - The common theme is loss, but each *loss is unique*
- Any Change is notable
  - Some changes are more **obvious**
    - **Direct and Indirect Messages**
  - Some changes are *very personal or vary by group*

  - *The major message here is that EVERY person needs to be considered. Interventionists must be more open to who is at risk, vs. an academic look at risk groups. Statistical analysis is very different than individual work.*
  - *This is the framework of the ASIST training, which focusing on helping, not analyzing.*

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Tip #2: Be Direct - ASK!

- It is ok to use the word suicide…it does not come from asking

- Please ask about suicide vs…
  - *Limit to asking about harm to self*
  - Ask, “you aren’t…”
  - Imply a moral judgment when you ask, “you would never hurt your family like that, right?”

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Tip #3: connect, connect, connect

- **Don’t rush**
- The person who is willing to talk
  - Has reasons to live
  - Has reasons to die
  - Needs to process it, and can often find their own reason to live if they are *heard and helped*
- ***Do not leave a person who is dealing with a suicide crisis alone – a plan and a warm handoff matter greatly.***

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Tip #4: Listen for *meaning*

- Hopeless
- Helpless
- Worthless
- Trapped
- Burdening
- Agitating
- Frustrated
- Angry
- Empty
- Isolated

Can the person see anything else? This tells you how the person is doing, but also enables you to gather info.

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Scenarios that demonstrate ‘clues’

- “I can’t believe I didn’t get into Penn State. My dad has been dressing me in his team colors since I was a baby. I just can’t face him… I have not back up plan. I’m just going to do it.”
- “I miss her so much. I think about how when she died, she must have known. She must have felt so at peace…she wouldn’t need to worry about any of this anymore. I just don’t think I can do it… I want to be with her again, now. And, the weight of all this…why continue?

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Tip #5: Disable the plan

- Identify the PLAN and DISABLE it
- Is there a prior plan?
  - **PRACTICE** matters greatly
  - **MEANS** matter greatly
- How would you go about doing this? When? Do you have…, etc.? *Ask about multiple plans.*
- Start thinking about how we can address the plan specifically.
- **Impulsivity *matters greatly***
  - **Today, yesterday, two weeks, two months, this year**
  - **What's different if a person says things are 'fine' now.**

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Tip #6: address risky behavior

- Deal with **Drug and Alcohol Use**
  - **The majority of completed suicides involve d/a**
  - Be realistic about it
- Address a need for a referral and letting someone know – this is going to vary by context and person, but we want to connect the person to help that is both formal and informal.
- Vehicles-did the person drive here?
- **Guns**, Razors, Pills, etc.
  - We do not routinely ask about guns
  - Do not dismiss self-injury
- ***Don't leave the person alone***

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Tip #7: significant others

- Keep calm
- Consider your responsibility if no one assists when you reach out to them…
  - ***What if you get told it's 'for attention'?***
- SOMEONE HAS TO KNOW
  - Maybe you can negotiate around who to tell first
- Convey the seriousness of the risk
  - Deal with "attention seeking" remarks
  - Understand that anyone who needs attention so badly that they would self harm, NEEDS IT…what are we missing?
  - Help the family/friends identify possible risks that you may not have been aware of
  - Help the family/friends make changes in their environment to limit risks.
    - For example, guns and automobiles, razors, meds.

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Tip #8: Make a MH referral

- Find out about past services or interfaces
- Get the person hooked up with a MH professional
  - In some cases you are the MH professional! So, that might mean you have some options with what you do based on the situation:
    - Inpatient referral, or crisis stabilization
    - Psychiatric connection
    - Increased services
    - Safety planning
    - Drawing in supports
    - Involuntary processes
    - Etc.

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Tip #9: know your resources

- 24/7/365
  - Crisis Services for Beaver – what does that look like?
  - LIFELINE 1-800-273-TALK
- ER's and Inpatient
- SAP
- Outpatient
- Case Management
- Recovery/Peer
- Substance Use Disorder Services

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Beaver County Crisis Intervention Services

- **24 Hour Crisis Hotline**
- **Walk-In Clinic**
- **Mobile Crisis Assessment**
- **Telehealth Crisis Assessment**

Beaver County Crisis Intervention Services

- Voluntary program
- Bachelor's and Master's level clinicians
- Serves ALL residents of Beaver County
- Consumer-identified crisis
- All services include:
  - Triage with consumers and any natural supports they include
  - Assessment
  - Safety Planning
  - Referral/Service Coordination

Phone Crisis Services

- 24/7, 365 days a year
- Phone Counseling
- Crisis Assessments
- Warm transfers
- Resources

Mobile Crisis Services

- Monday-Friday 10am -6pm
- Respond anywhere within County limits
- Plain clothed partners of two
- Company Vehicle
- Linkage and collaboration with other treatment providers
- Follow-up

Walk-In Crisis Services

- 5 days week, 9am-4pm
- Comfortable, welcoming environment
- Triage
- Follow up

Tip #10: Don't Neglect Protective Factors

- **YOU are the first of those – follow up**
- Fan these flames!
- Stay Safe **Plan**
  - This is a PLAN, not a statement
- Spirituality
- Reasons to Live
- Coping Skills
- Flexible Thinking-can see other options still
- Futuristic Thinking
- Seeks Help Willingly
- Caring Others/Proximity to Help

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Helpful Resources

- Columbia Suicide Severity Rating Scale Training: http://cssrs.columbia.edu/
- Jason Foundation: http://jasonfoundation.com/get-involved/student/
- Jed Foundation: https://www.jedfoundation.org/
- Harvard's Means Matter info: https://www.hsph.harvard.edu/means-matter/
- Suicide Prevention Resource Center: https://www.sprc.org/
- SAMHSA SAFE-T and app: https://store.samhsa.gov/product/SAFE-T-Pocket-Card-Suicide-Assessment-Five-Step-Evaluation-and-Triage-for-Clinicians/sma09-4432
- CCBH Crisis Recovery Plan document: https://www.ccbh.com/providers/memberhelp/recoveryplan/index.php

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Helpful resources

- CDC Vital Signs on 2016 Suicide Data: https://www.cdc.gov/vitalsigns/suicide/index.html
- National Center for Injury Prevention and Control Kit around Suicide Prevention: https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf
- Question, Persuade, Refer gatekeeper training: https://qprinstitute.com/
- Applied Suicide Intervention Skills Training: https://www.livingworks.net/programs/asist/
- National Suicide Prevention Lifeline: https://suicidepreventionlifeline.org/

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