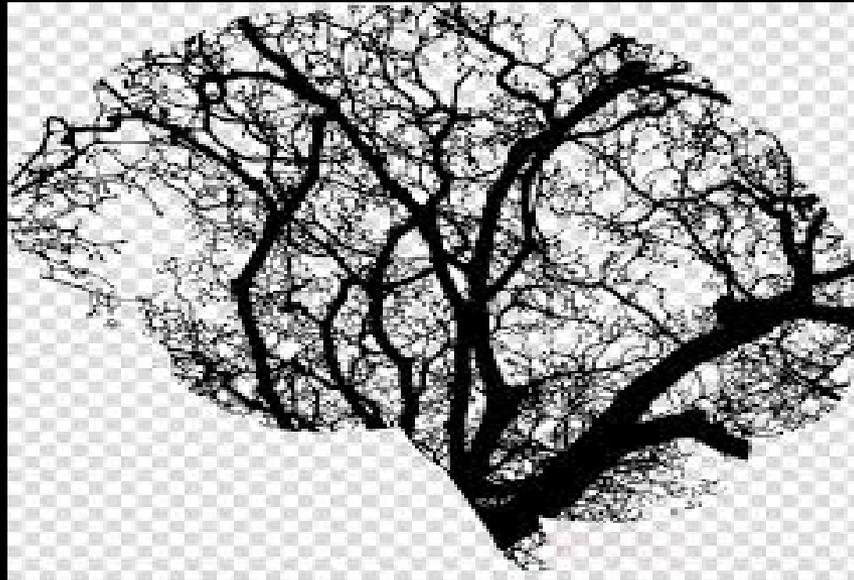


SUICIDE RISK AND PREVENTION STRATEGIES FOR COMMUNITY MEMBERS



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WHY IS SUICIDE RELEVANT?

- ✘ Global, national, and local suicide rates are increasing
- ✘ Suicide concerns the health and safety of our entire community
- ✘ Suicide is preventable

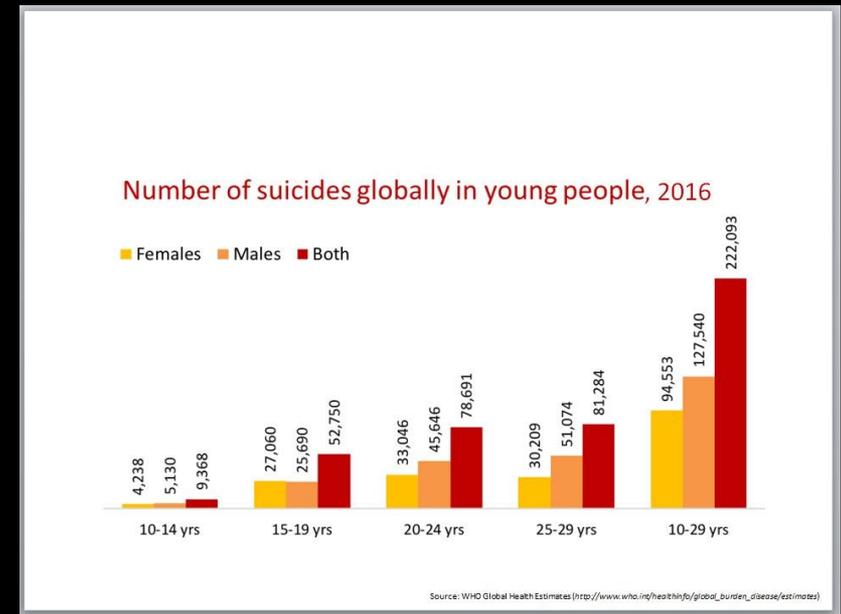
GLOBAL SUICIDE RATES ARE INCREASING

✘ Suicide is a global crisis

- Suicide occurs in all populations and all demographics
- Suicide is the **2nd** leading cause of death for **15-29 year olds** worldwide, and the **18th** leading cause overall
- There are over **800,000** suicide deaths annually
- Since **1976**, global suicide rates have seen a **60%** increase

GLOBAL, NATIONAL, & LOCAL SUICIDE RATES INCREASING

- ✘ Suicide amongst youth is a particularly disturbing recent trend
- ✘ Self-harm and attempted suicide are also increasingly problematic. Approximately 157,000 youth aged 10 to 24 receive emergency treatment for self-inflicted injuries in the USA annually.



WHO reports that nearly 10,000 10-14 year olds completed suicide in 2016 worldwide

NATIONAL, AND LOCAL SUICIDE RATES ARE INCREASING

✘ United States

- + Suicide is the 10th leading cause of death nationally as of 2016
- + Nearly 45,000 people complete suicide in USA annually
 - ✘ That's about 123 daily...
 - ✘ ...or 1 human life every 12 minutes

✘ New Mexico

- + Suicide is the 9th leading cause of death in NM
- + NM has the fourth highest suicide completion rate (per capita) in the US
- + NM had 491 completed suicides in 2017

SUICIDE IS A MATTER OF PUBLIC SAFETY AND HEALTH

- ✘ “Copycat suicides,” the Werther-effect,” and Survivors of Suicide
 - + The contagious aspect of suicidal ideation has been studied on a retrospective basis and has shown to have significant impact on suicide attempts
 - + Measures have been taken to repair media reporting on suicide to be less harmful (e.g., Austrian subway suicides)
 - + **An estimated quarter million people** each year become suicide survivors. That represents a significantly growing at-risk population

SUICIDE IS A MATTER OF PUBLIC SAFETY AND HEALTH

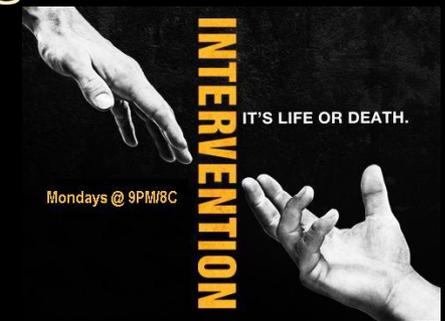
- ✘ First Responders have high rates of completed suicide likely due to combination of high stress, trauma, and access to lethal means
- ✘ Suicide is a complex issue that requires multiple perspectives and a community approach to address
- ✘ Suicide is expensive. Suicide and Self Injury cost tens of billions in US tax dollars annually for triage, intervention, processing, treatment, etc...

SUICIDE IS PREVENTABLE...

...and you can help!

CDC supports a community approach to combat suicide by focusing on big-picture strategies for intervening such as:

- ✘ Identifying and supporting people who are at risk
- ✘ Promoting connectedness
- ✘ Teaching coping, and problem-solving, and parenting skills
- ✘ Strengthening economic supports
- ✘ Creating protective environments
- ✘ Strengthening access and delivery of suicide care



Luckily, Social Services providers have already begun focusing on many of these areas!

WHO IS AT RISK?

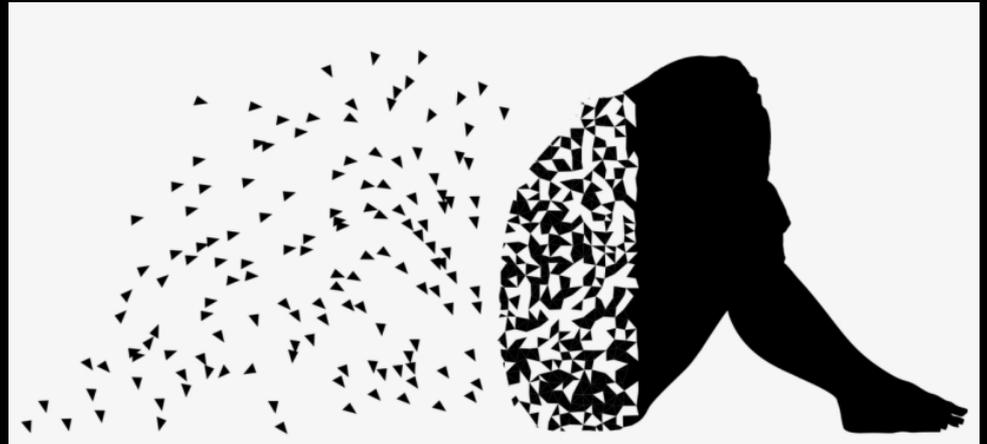
The 4 greatest risk factors for suicide are:

- ✗ Previous Suicide attempts
- ✗ Alcohol and drug abuse
- ✗ Mood and anxiety disorders
- ✗ Access to lethal means

OTHER RISK FACTORS

The following factors also affect the rates of suicide attempts:

- ✗ Age
- ✗ Gender
- ✗ Sexual Orientation/ Gender Identity
- ✗ Socioeconomic Status
- ✗ Race
- ✗ Impulsiveness and poor self-control
- ✗ Recent losses—physical, financial, personal
- ✗ Recent discharge from an inpatient unit
- ✗ Family history of suicide
- ✗ History of abuse—physical, sexual, or emotional
- ✗ Co-morbid health problems, especially a newly diagnosed problem or worsening symptoms
- ✗ Adverse Childhood Experiences (ACEs)

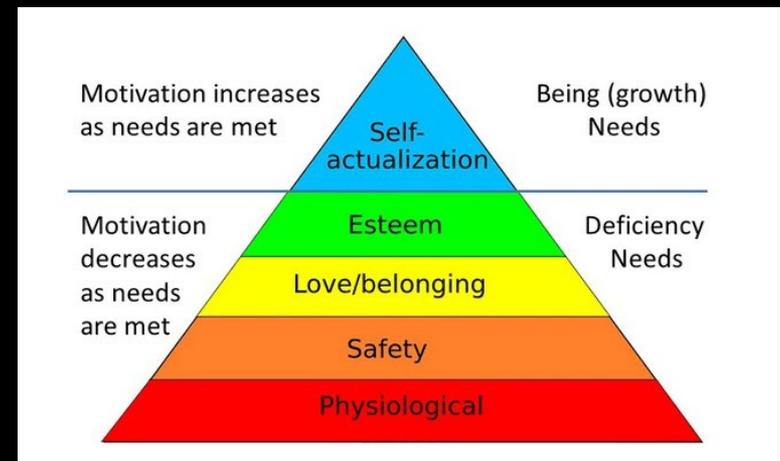


While these factors may be, static, chronic, or underlying, suicide crises themselves are most often short-term, or even momentary. This provides an opportunity for intervention

SOCIAL SUPPORT AND MASLOW

- ✘ Having trusted friends and family members is a factor that overwhelmingly reduces suicide rates
 - + Simply discussing suicide typically reduces the immediate risk of attempt
 - + Having someone/something to live for is protective factor
- ✘ Satisfying employment also reduces suicide rates
- ✘ Drug abuse is correlated with both suicide and lack of belongingness
- ✘ The experience of humiliation, such as being bullied, is a risk factor, but similar experiences can extend to mature emotional situations

Maslow's Hierarchy of Needs



WHAT DOES 'MEANS' MEAN?

- ✘ Over 50% of suicides in the US are completed by firearm
- ✘ In 2016, firearms were the most common means of suicide among males aged 15 and over.
- ✘ Contingency plans are part of safe gun ownership. If you own guns, consider who you might ask to guard them if you or someone you live with is having a suicide crisis

Why are suicides by firearm so common?

LETHAL MEANS

Suicide *completion* rates are highly affected by an individual's **access to lethal means**

- ✘ Every completed suicide represents 25-50 attempts in the U.S.
- ✘ Public agencies have been able to reduce suicide rates by:
 - + Building bridge barriers
 - + Detoxifying domestic fuels (e.g., 1950s U.K.)
 - + Changing pesticide formulas (e.g., 2010s SE Asia)
 - + Improving medication packaging
 - + Changing media guidelines on reporting suicide (Werther Effect)
 - + And, of course, encouraging responsible firearm ownership and storage



HOPELESSNESS: THE EMOTIONAL STATE OF SUICIDE

The overwhelming condition of suicidal ideation is a pervading sense of hopelessness.



What is hopelessness?

- ✘ having no expectation of good or success
- ✘ not susceptible to remedy or cure
- ✘ incapable of redemption or improvement

What makes you feel hopeless?

What would help you if you were feeling that way?

SUICIDE AND CRISIS PREVENTION MODELS

- ✘ Applied Suicide Intervention Skills Training (ASIST)



- ✘ “Gatekeeper Training” methods such as Question, Persuade, Refer (QPR)
- ✘ Mental Health First Aid (MHFA)
- ✘ Many others...
- ✘ All of these methods build upon elements of nonviolent de-escalation, trauma informed care, crisis intervention, active listening, etc., all of which are excellent/necessary skills to possess for effective suicide intervention.

ASSESSING SUICIDE RISK

Some examples of effective tools available online for simple suicide risk assessment:

- ✘ [Crisis and Trauma Institute: Informal Suicide Risk Assessment Checklist](#)
- ✘ [SAFE-T for Mental Health Professionals](#)
- ✘ [NSPL Suicide Risk Assessment Standards](#)
- ✘ [VA Suicide Risk Assessment Guide](#)
- ✘ [MD Anderson Suicide Risk Flowchart for Medical Providers](#)

ACTIVE LISTENING & RAPPORT: TRUST IS TRICKY

Active Listening is Vital in Suicide Intervention. Some skills are especially effective:

- Convey how much you care
- Suspend your judgement, hold your criticism, and avoid arguing
- Ask for clarification/ Use Motivational Interviewing
- Summarize

+ Actually listen, actively

- × Use open, relaxed, warm body language and tone of voice, speak as though to a friend
- × When listening, make note of any possible protective factors for use later. Does your subject have:
 - ★ A family?
 - ★ A therapist or provider?
 - ★ A cherished activity?
 - ★ A pet?
 - ★ A god or belief system?

ACTIVE LISTENING AND RAPPORT

Active Listening is Vital in Suicide Intervention. Some skills are especially effective:

+ Mirroring

- × Maintain eye contact and eye-level (if possible)
- × Mirror volume level and slowly transition to lower volume
- × Mirror intensity by using descriptive language that is relatable for your subject
- × Paraphrase and allow your subject to correct you

+ Validation / Humanization

- × Use your subject's preferred name and gender pronouns. If you don't know it, learn it
- × Acknowledge that it's okay to feel however one feels
- × Acknowledge what is hard/unbearable about their unique situation

ASKING THE DAM QUESTION

The best way to determine an individual's level of suicidal intent (after building rapport) is to ask them directly:

- *“Are you considering suicide?”*
- *“Do you want to kill yourself?”*
- *“Are you planning to harm yourself?”*
- *“Are you making a plan to die?”*
- *“Are you suicidal/having suicidal ideation?”*

Your subject will likely experience relief when you ask



TALKING ABOUT DYING

- ✘ OK. Your subject is in suicide crisis. It's time again for validation and active listening:
 - + “I can't possibly imagine having that happen to me; it sounds like you have been managing the impossible!”
 - + “I think I'd feel desperate in your shoes”
 - + “You have an unbelievable amount of hard stuff going on”

TALKING ABOUT DYING

- ✗ Ask for elaboration about their thoughts and allow them to talk
 - + This is the time to complete a risk assessment – shoot for informal and direct:
 - ✗ “What is going on that you are thinking about harming yourself?”
 - ✗ “What happened to you?”
 - ✗ “Can you tell me more about your plan?”
 - + Sit with your subject in their hell for a short period of time before trying to guide them out
 - + Practice beforehand!

WORKING THROUGH AMBIVALENCE

- ✘ Ultimately, a combination of patience, validation, and active listening will usually result in your discovery of some reasons that your subject may want to live (or protective factors).
- ✘ Sometimes those reasons won't seem very important to us: often people experience suicide crises because they genuinely do not have a lot of objectively great reasons to live
- ✘ Operate under the assumption that everyone has a reason to live, because they do, even if that reason is small or seems insignificant:
 - ✘ Their pet hamster, Larry
 - ✘ Weekly coffee dates with a neighbor
 - ✘ What's happening on the 87th season of Big Brother...

TALKING ABOUT LIVING

- ✘ Talking about living is one of the easiest, most relaxed components of Suicide Intervention
- ✘ If you are engaging with your subject about life and living it, you are moving in the right direction
- ✘ Have an easy manner and convey that you care about them
- ✘ If you find yourself talking about reasons to live with your subject, it's time to create a safety plan

SAFETY PLANNING

- ✘ A safety plan can be as simple or as complex as the person experiencing the crisis needs it to be
- ✘ Safety plans are most effective when addressing the following needs, questions, and concerns:
 - + Can we **disable the means** of suicide?
 - + Can subject agree to **stay safe** for a period of time?
 - + Can subject identify a **specific person to whom they will connect** at the end of that period?
 - + Can the subject agree to **do an activity** during the “safe period?”

SUICIDE RESOURCES IN ALBUQUERQUE

✘ National Suicide Prevention Lifeline

+ Hotline: 1-800-273-8255

✘ Veteran's Crisis Hotline

+ Hotline: 1-800-273-8255, press 1 for veterans

+ Text: 838255

+ Online Chat: <https://www.veteranscrisisline.net/get-help/chat>

✘ Agora Crisis Center

+ Volunteer-Operated Warmline: 505-277-3013

+ Online Chat Service: <http://www.agoracares.org/chat-service.html>

✘ Albuquerque Healthcare for the Homeless

+ 1220 1st St NW

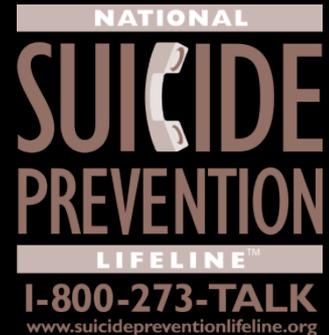
+ Behavioral Health:(505) 242-4644

✘ Walk-ins on first-come, first served basis M-F 7:30-4

✘ UNM Psychiatric Emergency Services

+ 2600 Marble NE

+ (505) 247-1121



I'M AN OPEN BOOK!

If you find that you have further questions or comments after this presentation, let's chat!

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