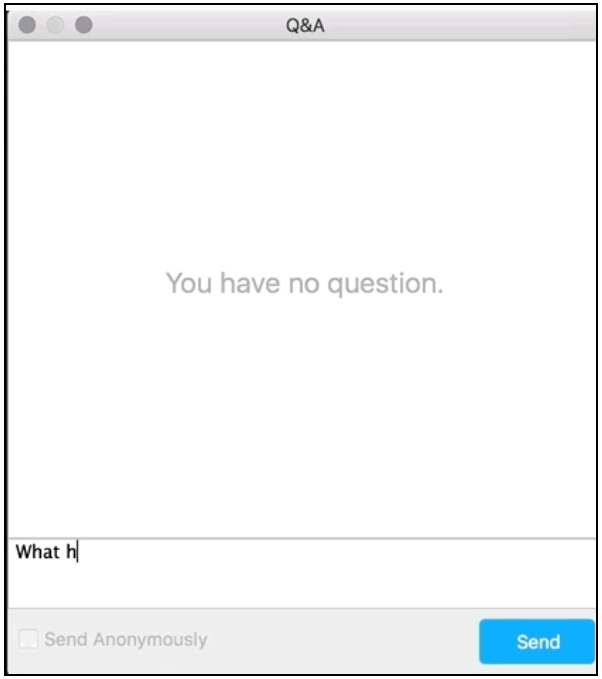
Tuesday, June 19, 2018

Webinar Procedures

- All lines will be muted
- Please submit all questions using the “Q&A” chat box
- Email Diane Engel at dengel@nebgh.org with any issues during this webinar



Speakers

David L. Ginsberg, MD

Elizabeth Sudler, ACC, LCSW-R, CEAP

Mark Cunningham-Hill, MD

Webinar Agenda

- What are common risk factors for suicide?
- How do you identify warning signs?
- What are the right questions to ask if you suspect someone is thinking about suicide?
- What is the best workplace response for employees who might be at risk?
- How do you create a workplace culture that supports employee mental health and has appropriate interventions for those at risk?
- Questions & Discussion

Suicide: A Major Public Health Crisis

- Every 15 minutes someone dies by suicide in the U.S.
  - Nearly 45,000 people in 2016
  - Rates increased > 30% in 50% of states since 1999
- 2nd leading cause of death: *children*
  - Bully victims 2-9x more likely to consider suicide
- 3rd leading cause of death: *adolescents*
- 4th leading cause of death: *adults*
- Majority of suicide decedents
  - See their doctor prior to their death
    - 80% in the year prior
    - Opportunity for prevention
  - 54% did not have a known mental health condition
- 2nd most common cause of **death in *military***
  - In 2010, suicide doubled among army reservists and national guardsmen
  - Air Force: 9 suicides in the first 15 days of this year
- 1st or 2nd leading cause of death in *law enforcement officers*
  - In 2011, nearly 3x as many policepersons died by suicide as were killed in the line of duty
- Most common cause of death in *incarcerated persons*
  - Suicide rates 9x general population
  - 31% of incarcerated youth have made an attempt.

Suicide is a preventable public health problem –
prevention efforts depend upon appropriate identification and screening.

Characteristics of Suicide

Attempt to solve a problem perceived as unsolvable by any other means and associated with intense emotional pain.

The individual may obtain temporary attention, support, or even popularity after a suicide attempt.

Suicide may sometimes be less a wish to die but rather a wish to escape the intense emotional pain generated from what appears to be an inescapable or unsolvable problem.

Kalafat, J. & Underwood, M. *Making Educators Partners in Suicide Prevention.* Lifelines: A School-Based Youth Suicide Prevention Initiative. Society for the Prevention of Teen Suicide. http://spts.pldm.com/

Characteristics of Suicide

Person is often ambivalent:

The person is feeling two things at the same time: there is a part of that person that wants to die and another part that wants to live; both parts must be acknowledged.

While we line up with and unequivocally support the side that wants to live, this can't be done by ignoring or dismissing the side that wants to die.

Kalafat, J. & Underwood, M. *Making Educators Partners in Suicide Prevention.* Lifelines: A School-Based Youth Suicide Prevention Initiative. Society for the Prevention of Teen Suicide. http://spts.pldm.com/

Characteristics of Suicide

Suicidal solution has an irrational component: “Permanent solution to a temporary problem.”

People who are suicidal are often unaware of the full consequences of suicide on the people in their lives who care about them.

They usually are not thinking clearly about the impact of their death on others, or they may hold a perception that they will somehow still be present to see how others react to their deaths, or even that their loved ones would be better off without them.

This irrationality demonstrates how trapped and helpless the person feels.

Kalafat, J. & Underwood, M. *Making Educators Partners in Suicide Prevention.* Lifelines: A School-Based Youth Suicide Prevention Initiative. Society for the Prevention of Teen Suicide. http://spts.pldm.com/

Suicide attempt

- A self-injurious act committed with at least some intent to die as a result of the act
  - There does not have to be any injury or harm, just the potential for injury or harm (e.g. gun failing to fire)
  - Any "non-zero" intent to die – does not have to be 100%
  - Intent and behavior must be linked
  - A suicide attempt begins with the first pill swallowed or scratch with a knife

Suicidal Behavior

- Not a normal response to stress
- A complication of untreated psychiatric illness
- Most common illness associated with suicide (60%) or suicide attempts is depressive illness
- Psychiatric illness leads to social crises
- Social crises then trigger suicide in the context of that psychiatric illness

Death by Suicide and Psychiatric Diagnosis

Psychological autopsy studies done in various countries from over almost 50 years report the same outcomes:

- 90% of people who die by suicide are suffering from one or more psychiatric disorders:
  - Major Depressive Disorder
  - Bipolar Disorder, Depressive Phase
  - Alcohol or Substance Abuse
  - Schizophrenia
  - Personality Disorders such as Borderline Personality Disorder
- Most are untreated; comorbidity increases risk

Clayton, J. *Suicide Prevention: Saving Lives One Community at a Time.* American Foundation for Suicide Prevention. http://www.afsp.org/files/Misc_//standardizedpresentation.ppt

Bio-psychosocial Risk Factors

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders
- Alcohol and other substance use disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Some major physical illnesses
- Previous suicide attempt
- Family history of suicide

Suicide Prevention Resource Center. *Risk and Protective Factors for Suicide. http://www.sprc.org/library/srisk.pdf*

Environmental Risk Factors

- Job, financial loss, drop out of school
- Homelessness
- Relational or social loss
- Easy access to lethal means
- Exposure to violence

Suicide Prevention Resource Center. *Risk and Protective Factors for Suicide. http://www.sprc.org/library/srisk.pdf*

Protective Factors for Suicide

- Strong connections to family and community support
- Skills in problem solving, conflict resolution, and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self-preservation.
- Restricted access to highly lethal means of suicide
- Effective clinical care for mental, physical, and substance use disorders
- Easy access to a variety of clinical interventions and support for help-seeking for medical and mental health care

Suicide Prevention Resource Center. *Risk and Protective Factors for Suicide. http://www.sprc.org/library/srisk.pdf*

Suicide Warning Signs

- Feeling like a burden
- Being isolated

- Increased Anxiety
- Feeling trapped or in unbearable pain

- Increased substance use
- Looking for a way to access lethal means

- Increased anger or rage
- Extreme mood swings

- Expressing hopelessness
- Sleeping too little or too much

- Talking or posting about wanting to die
- Making plans for suicide

Centers for Disease Control and Prevention (CDC), VitalSigns, June 2018.

Ask the questions

Ask the person directly whether he or she is suicidal:

"Are you having thoughts of suicide?"

"Are you thinking about killing yourself?"

Ask the person whether he or she has a plan:

"Do you have a plan?"

"What is your plan?"

"Have you collected the things you need to carry out your plan?"

CHECK FOR TWO OTHER RISKS

- Has the person been using alcohol or other drugs?
- Has he or she made a suicide attempt in the past?

If you can't ask the question and you are concerned, find someone who can

How to Talk with a Person Who Is Suicidal

DO	DON'T
• Let the person know you are concerned and are willing to help. • Discuss your observations with the person.	• Express a negative judgment, guilt or threats. • Agree to keep anything a secret.

Ideation but no plan or means: listen to what they do to stay safe and /or cope. Point to other supportive community/psychological/spiritual/physical resources that can help, and validate their current self-care

Ideation and vague plan and/or means: listen and connect to resource **for further assessment**: EAP, suicide hotline, emergency contact, physician/psychotherapist etc.

Ideation plus plan and means: **connect to resources as soon as possible**: 911, EAP, suicide hotline, hospital. Goal is to ensure safety

Keeping the Person Safe

Stay with them – warm hand off

- To the extent possible, ensure privacy
- Emergency contact may be a consideration
- Involve them in decision making
    - Example: maybe the EAP can help. Would you like to call? Should I call and hand the phone to you? Where would you like to make the call etc.
- Do not let them leave the building alone if they have ideation, a plan and means
    - If they do leave the building, follow company policy and/or notify authorities

The Workplace

- A work environment that fosters communication, a sense of belonging and connectedness, trust, compassion and respect
- Timely seamless stigma-free access to appropriate resources

Elements of a Culture that Supports Mental Wellbeing

Appropriate Interventions

Prevention

- Workplace culture
- Employee Wellbeing
- MH Literacy
- Manager training
- Resilience training
- Flexible work
- EAP, Mindfulness
- Restrict Access to Potentially Lethal Means
- Employee groups
- Financial tools
- Peer support

Support

- Workplace culture
- Access to Quality Care
- EAP
- Technology
- Medical leave & return to work programs
- Flexible work arrangements
- Accommodations
- Mindfulness
- Financial help

Intervention

- Contain the crisis
- Respectful communication
- EAP +/- onsite counsellors
- Healthy grieving
- Restore
- Honor
- Sustain

Questions & Discussion

Resources

- The Columbia Lighthouse Project http://cssrs.columbia.edu/
- The National Suicide Prevention Lifeline (NSPL)
  - 1-800-273-TALK (8255)
  - 24-hour confidential crisis hotline www.suicidepreventionlifeline.org
- Lifenet (1-800-LIFENET or 1800-543-3638) can provide referral and support 24/7 in most languages.
- Suicide Prevention Resource Center (SPRC) www.sprc.org
- American association of Suicidology www.Suicidology.org
- Jason Foundation National organization funded through corporations which has a curriculum that is implemented in schools across the nation www.jasonfoundation.com
- Suicide Prevention Action Network USA (SPAN USA) - National non-profit that works to increase awareness regarding the toll of suicide on our nation and to develop political will to ensure that the government effectively addresses suicide www.spanusa.org
- American Foundation for Suicide Prevention (AFSP) - Dedicated to advancing out knowledge of suicide and our ability to prevent it www.afsp.org
- Suicide Awareness Voices of Education (SAVE) - Dedicated to educating about suicide and speaking for suicide survivors www.save.org

The Columbia-Suicide Severity Rating Scale (C-SSRS) Screen Version

- Screens for both ideation (thoughts) and behavior.
- Contains a total of **three or six** questions depending upon the response to QUESTION 2.
- Takes only a few minutes to administer, don't need to be a mental health professional to use.
- Used across the lifespan, available in over 100 languages, adopted by the CDC

Review of the C-SSRS Questions

1. **Wish to be Dead:** In the past month, have you wished you were dead or wished you could go to sleep and not wake up?

2. **Suicidal Thoughts:** In the past month, have you actually had any thoughts of killing yourself?

3. **Suicidal Thoughts with Method (without Specific Plan or Intent to Act):** In the past month, have you been thinking about how you might kill yourself?

4. **Suicidal Intent (without Specific Plan):** In the past month, have you had these thoughts and had some intention of acting on them?

5. **Suicide Intent with Specific Plan:** In the past month, have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

6. **Suicide Behavior Question:** Have you ever done anything, started to do anything, or prepared to do anything to end your life? If yes, how long ago did you do any of these? <3 months ago 3 months ago to 1 year ago >1 Year ago

- EVERY PATIENT MUST BE ASKED QUESTIONS 1, 2, AND 6.
- IF THERE IS A "YES" TO QUESTION 2, ASK QUESTIONS 3-6.