



Suicide Prevention: Out of the Shadows

April 8, 2021
12:00 – 1:00PM ET

Webinar Procedures



All lines will be muted



Please submit all questions using the “Q&A” dialog box



Email Diane Engel at dengel@nebgh.org with any issues during this webinar



The recording and a PDF of the slides will be shared



Q&A

You have no question.

What h

☐ Send Anonymously Send



Speakers



Mark Schechter, MD

Chair of the Department of Psychiatry
North Shore Medical Center, Mass
General Brigham Healthcare



Mark Jones, PhD

General Director of Health and Medical Services
Union Pacific Corporation



Jerry Reed, PhD, MSW

Senior Vice President for Practice
Leadership, *Education Development Center*
Executive Committee Member, *National*
Action Alliance for Suicide Prevention

COVID-19 and Suicide

What can we expect?

What can we do about it?

Mark Schechter, M.D.
Chair, Department of Psychiatry, North Shore Medical Center
Instructor in Psychiatry, Part-time, Harvard Medical School
Member, Boston Psychoanalytic Society and Institute
Member, Boston Suicide Study Group

Suicide – A Public Health Crisis

- More than 47,500 suicides in US in 2019 (33% increase since 1999) ⁽¹⁾
- 2nd leading cause of death for ages 15-35, 10th for all ages ⁽¹⁾
- Twice as many die by suicide than by MVA or homicide ⁽¹⁾
- Mortality rates for less educated non-Hispanic Whites have *increased*
 - “deaths of despair” - overdoses, suicides, and alcohol-related liver mortality ⁽²⁾
- Suicide by firearm makes up > 50% of suicides nationally (tracks with gun ownership, rural) ⁽³⁾
- Suicide is a low frequency event, but *many more* suffer with ideation and/or make attempts
- Public health messaging that suicide is “preventable (e.g., CDC website) has unintended negative consequences

Suicide and Mental Illness

- Often stated that 90% of suicides had *diagnosable* psychiatric illness, but this is probably overestimated ⁽¹⁾
- Most recent CDC data: 54% of suicides had no *diagnosed* mental illness ⁽²⁾
- All mental illnesses and substance use disorders (especially ETOH and opioids) increase risk
- But - some who die by suicide do NOT have a pre-existing mental illness

1. Hjemeland, 2012; 2. Stone et al, 2018

What actually drives suicide?

- “anguish”, “desperation”, “mental pain”, “psychache”, “emotional dysregulation,” “entrapment” ⁽¹⁾
- Can include anxiety, shame, humiliation, defeat, anger, response to “narcissistic trauma”
- *Escape* most often cited reason for attempt ⁽²⁾
- Loneliness, lack of connection, *aloneness*
- Risk of suicide as “solution” if no perceived alternative
- Suicidal intent often *emerges late* in the process ⁽³⁾

1. Maltzberger, 2004; Hendin et al 2006; Orbach et al 2003; Shneidman 1993; Galynker, 2017; 2. Michel, 1994; 3. Deisenhammer et al, 2009; Milner et al, 2017

How might COVID-19 affect suicide rates?

- COVID has created conditions likely to increase suicide rate
- Increase in anxiety (3x), depression (4x), suicidal thoughts (2x) ⁽¹⁾
 - Especially affected: young adults, Hispanics, Blacks, essential workers, unpaid caregivers for adults, preexisting psychiatric conditions
- Drug overdose deaths have increased (overlap with suicide) ⁽²⁾
- Economic factors are drivers of suicide – unemployment, foreclosures, evictions, economic insecurity ⁽³⁾
- Polarized response to virus – may damage experience of “belongingness”
- Inequities: Disproportionate financial distress, housing, access to technology, access to health/mental health care

What can we do?

- Access to care – eliminating barriers and inequities
- Screening for depression and suicide risk with link to care – in person, web based
- Addressing economic insecurity, strengthening safety net
 - saving jobs → saving lives
- Outreach when social isolation, especially elderly and living alone
- Limit access to means, especially firearms, safe storage
- Education about substance use disorders and suicide, link to resources/treatment, education/availability of Narcan

What can we do?

- Enhance connection, group coherence – even virtually!
- Check in with colleagues, friends, family, patients – and *mean* it
- Finding meaning in what we do – *noticing* the positive experiences
- Talk about feelings, and don't minimize it when others do
- Culture change:
 - Asking for help is a *strength*, not a weakness
 - Importance of “work/life balance”
 - Reach out to *anyone* you are concerned about

Reach out and ask

- Some suicides occur with no warning, but most give off signals
- Don't be embarrassed – not usually felt as intrusive, and asking about suicide DOES NOT put the idea in someone's head
- Start a “caring conversation:”
 - *It seems like you have been feeling down recently – what's going on?*
 - *I've been concerned about you...what have you been feeling lately?*
 - *Has it ever gotten to the point that you've thought that life isn't worth living?*
 - *Have you ever thought that you might act on those thoughts?*
 - *I think it would really help if you had a professional to talk with – can I help you to arrange that?*

Empathic Listening

DO

- Let person express their feelings
- Listen without judgment
- Be compassionate
- Put away distractions
- Have open body language
- Paraphrase what you hear
- Validate the person's experience
- Suggest resources, including linking with professional help if needed

DON'T

- Focus on yourself or your own experiences
- Give too much advice or try to solve their problems
- Tell them what they are feeling is unimportant, wrong, or will pass
- Tell them it's just a phase
- Interrupt or change the topic
- Minimize feelings or experiences

Top 10 Reasons You Might Not ACT (But Should!)*

1. I'm worried, but I don't know how to help
2. They only said it because they were so upset at the time
3. They were only joking...they didn't mean anything by it
4. They posted on social media, so I'm sure other people will help
5. We're not that close...I'm sure they've told someone else
6. They claim they never said it - I must have misinterpreted
7. They are just upset about _____. Once it passes, they'll be fine
8. They said it to manipulate me/get back at me
9. They've threatened before, but have never gone through with it
10. They only said it because they were drunk

****Adapted from ACT®, which is a trademark of MindWise Innovations and is used in the SOS program, an evidence-based program that teaches middle and high schoolers to identify signs of depression and suicide.*

Web resources

Stop a Suicide Today: <https://stopasuicide.org>

American Foundation for Suicide Prevention: afsp.org

CHANGING WORKPLACE CULTURE: The Role of Employers in Suicide Prevention

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Discussion Overview:



- About the Action Alliance
- Suicide Prevention in the Workplace
- Risk Factors, Warning Signs, Protective Factors
- Messaging About Suicide
- Discussion / Q&A



➤ ABOUT THE ACTION ALLIANCE



The Nation's Public-Private Partnership



Bringing together influential public and private sector leaders (representing automobile, construction, defense, education, entertainment, faith, forestry, health, insurance, justice, law enforcement, mental health, military, news media, sports, railroad, technology, and veteran services) **to advance the *National Strategy for Suicide Prevention*.**



Our Priorities



**Transforming
Health Systems**



**Transforming
Communities**

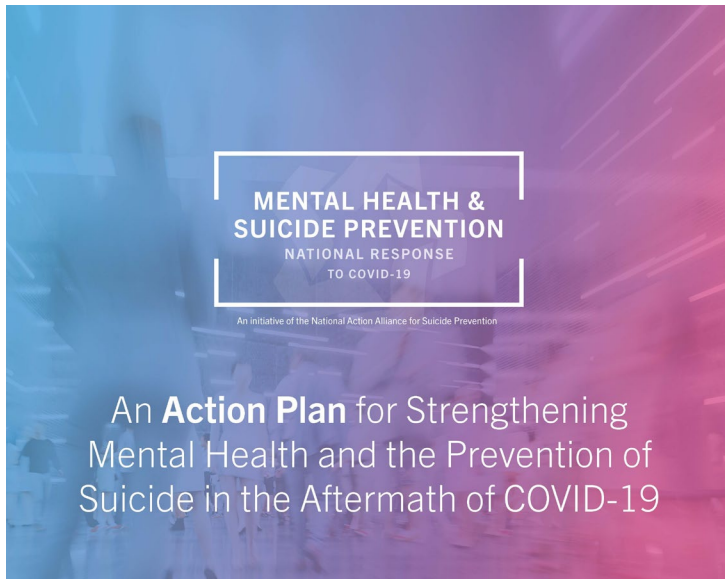


**Changing the
Conversation**



National Response to COVID-19

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- In April 2020, the Action Alliance launched the Mental Health & Suicide Prevention National Response to COVID-19 (National Response).
- This non-partisan public-private partnership is working to create sustainable and comprehensive solutions to the mental health impacts of the pandemic.
- In December 2020, the National Response released its *Action Plan*, which outlines robust strategies to advance six key priorities.

National Response Steering Committee Representation





➤ SUICIDE PREVENTION IN THE WORKPLACE



Economic Costs of Suicide



The average cost of one suicide was **\$1,329,553.**



More than **97 percent of this cost was due to lost productivity.** The remaining 3 percent were costs associated with medical treatment.



The total cost of suicides and suicide attempts was **\$93.5 billion.**



Every \$1.00 spent on psychotherapeutic interventions and interventions that strengthened linkages among different care providers **saved \$2.50** in the cost of suicides.



Transforming Community-based Suicide Prevention:

Workplace Efforts



National Strategy Goal 8:

Goal 1. Integrate and coordinate suicide prevention activities across multiple sectors and settings.

We support suicide prevention efforts to reach individuals at risk who are not engaged with the health system.

We engage workplaces, and other community settings, to be part of the community suicide prevention response.



Transforming Community-based Suicide Prevention: Workplace Efforts



To advance workplace suicide prevention, we:

- **Develop resources** that employers can use to integrate suicide prevention in the workplace
- **Convene diverse leaders** from public and private sectors to identify workplace needs and solutions





Why Address Suicide Prevention



- Workers are an employer's most valuable asset.
- Creating a culture of health and safety is both humane and good for business.
- Good mental and physical health can help enhance workforce productivity.

“Take care of your employees, and they’ll take care of your business. It’s as simple as that. Healthy, engaged employees are your top competitive advantage.”

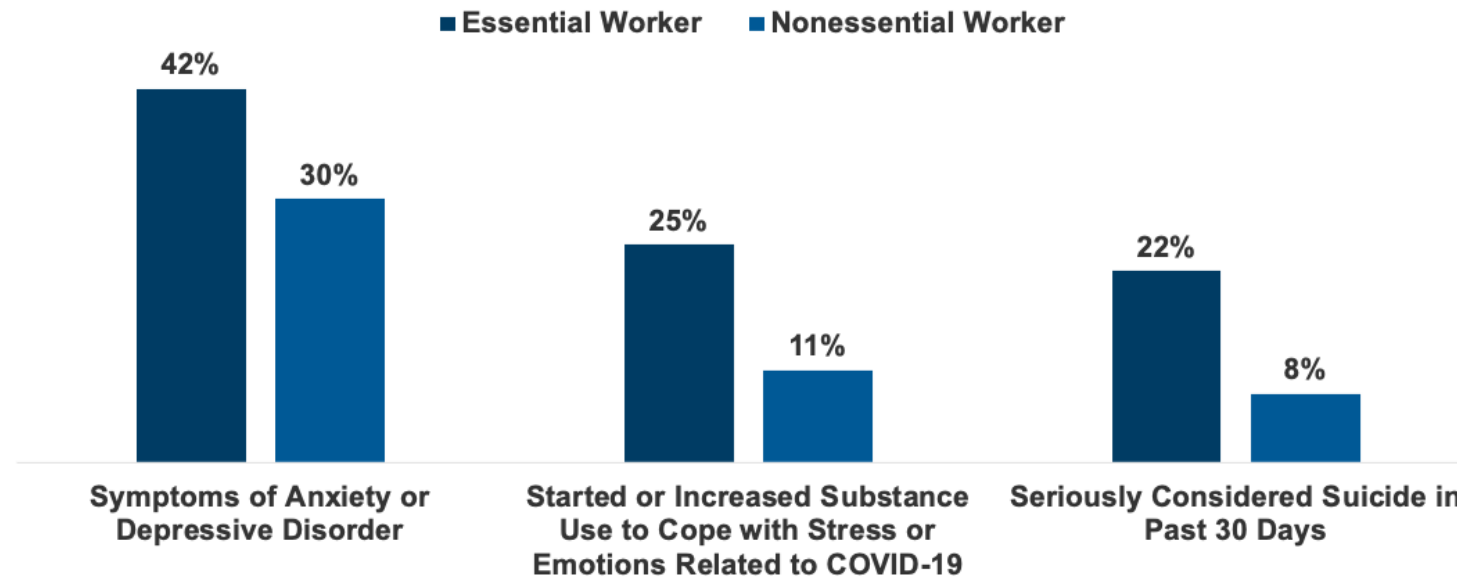
- Richard Branson



Employee Mental Health During COVID-19



Among Essential and Nonessential Workers, Share of Adults Reporting Mental Distress and Substance Use, June 2020



NOTES: Data is among adults ages 18 and above. Essential worker status was self-reported.

SOURCE: Czeisler MÉ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>

KFF



Suicide Prevention in Context of COVID-19



- A recent survey found that as a result of the pandemic:
 - **81%** of Americans believe it's more important than ever to make suicide prevention a national priority
 - **52%** of Americans are more open to talking about mental health
 - **66%** of Americans are feeling more empathetic



Workplace Suicide Prevention



To change workplace culture,
suicide prevention **MUST** be:

- Comprehensive
- Integrated





What YOU Can Do

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Take an **ACTIVE** role:

- Create a work environment that fosters communication, a sense of belonging and connectedness, and respect.
- Organize and integrate suicide prevention training.
- Support veterans in the workplace.
- Make employee wellness and suicide prevention a priority of your Corporate Social Responsibility.

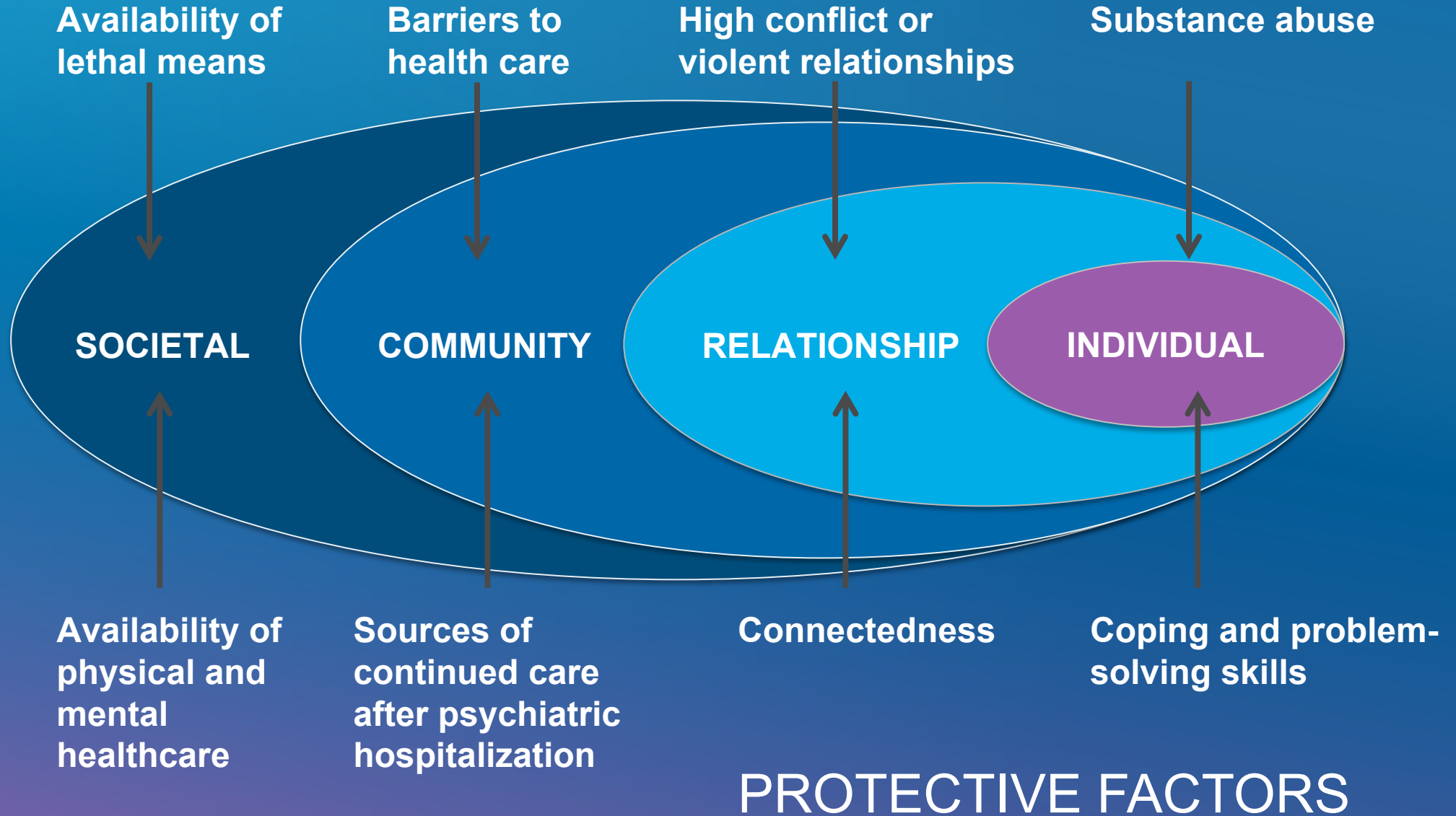


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the Action
Alliance!**



➤ RISK FACTORS, WARNING SIGNS, AND PROTECTIVE FACTORS

Risk Factors





Precipitating Factors and Warning Signs



Precipitating factors are stressful events that can trigger a suicidal crisis in a vulnerable person, such as:

- End of a relationship or marriage
- Death of a loved one
- An arrest
- Serious financial problems



Warning signs are behaviors that indicate that someone may be at immediate risk for suicide.



Two Types of Risk: Immediate & Serious



Immediate Risk

Some behaviors may indicate that a person is at immediate risk for suicide. The following three should prompt you to immediately call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or a mental health professional.

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live

Serious Risk

Other behaviors may also indicate a serious risk—especially if the behavior is new; has increased; and/or seems related to a painful event, loss, or change.

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings



Trainings and Resources for Workplaces

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Trainings

- Assessing and Managing Suicide Risk (AMSR)
- Gatekeeper for Suicide Prevention
- Postvention

Resources

- *Comprehensive Blueprint for Workplace Suicide Prevention*
- *A Manager's Guide to Suicide Postvention in the Workplace*



➤ MESSAGING ABOUT SUICIDE

Overarching Key Messages

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◎ **Suicide is Preventable**

Suicide is a major public health issue but when people receive the care and support they need, it's also preventable.

◎ **Suicide Should Be Treated Like Any Other Health Issue**

We need to talk openly about suicide like we do any other health issue like, cancer, heart disease, or diabetes.

◎ **Connection is A Key Protective Factor**

You don't have to be a clinician to reach out and be there for someone who may be struggling or in crisis.

◎ **Support is Available**

Many people struggle but help is available, and hope is a reality. Share national or local help-seeking resources.

◎ **Use Best Practices**

When messaging about suicide or suicide prevention, always follow best practices

Suicide is Preventable

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- ⦿ Highlight solutions or action steps someone can take to seek help.
- ⦿ Highlight that the vast majority of people who think about and/or attempt suicide do *not* go on to die by suicide.
- ⦿ Emphasize that suicide *can* be prevented.

Suicide Should Be Treated Like Any Other Health Issue

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- ◎ Employers can help create a culture that openly talks about mental health and suicide prevention, just like we talk about other physical health issues—like heart disease, stroke, or cancer.
- ◎ Just as we are taking steps to prevent the physical spread of COVID-19 (hand washing, masks), steps can also be taken to protect employees' mental health and prevent suicide.

Connection is a Key Protective Factor

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- ◎ You don't have to be a clinician or mental health provider to provide social connection and support to those who may be struggling.
- ◎ Resources about how you can #BeThere for others can be found at *theactionalliance.org/bethere*.



Support is Available

- ⦿ If you're thinking about suicide, are worried about someone who might be contemplating suicide, or would like emotional support, help is available.



CRISIS TEXT LINE |

Text HELLO to 741741

Free, 24/7, Confidential

Use Best Practices

④ *Framework for Successful Messaging*





➤ DISCUSSION / Q&A

CONNECT WITH THE ACTION ALLIANCE



www.theactionalliance.org





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Have a question? Use the Q&A box!

Follow NEBGH:



Upcoming NEBGH virtual events:

- **Apr. 12:** Weekly Monday COVID-19 Update w/ Dr. Michael Mina
- **Apr. 19:** Weekly Monday COVID-19 Update: Invite Your CHRO, CFO and Others
- **Apr. 22:** Annual Wellness & Wellbeing Forum – Prevention and Wellness Reboot 2021
- **Apr. 27:** The Kids are Not OK: COVID-19 and Children's Mental Health