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Minds Advancing Medicine

Suicide Prevention and Awareness:

You are not alone

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Disclosures

I have no financial interest or affiliation concerning the material discussed in this presentation

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Learning Objectives

- Learn about suicide prevalence to raise awareness and reduce stigma
- Learn about the different types of risks and protecting factors associated with suicide
- Recognize the warning signs of suicide
- Learn about approaches in suicide prevention and behavioral health interventions
- Obtain resources for support

Five Common Myths on Suicide

- Suicide only affects individuals with a mental health condition
- Once an individual is suicidal, he or she will always remain suicidal
- Most suicides happen suddenly without warning
- People who die by suicide are selfish and take the easy way out
- Talking about suicide will lead to and encourage suicide

What is Suicide

Suicide is death caused by self-directed injurious behavior with an intent to die as a result of the behavior



You're not alone.

- Suicide is the 11th leading cause of death in the US.
- It claims more than 49,476 lives annually in the US and nearly one million lives annually across the globe.
- Suicide is the 3rd leading cause of death among youth and young adults ages 15 to 24 years old in the US.
- 2nd leading cause of death for ages 25-34.
- 4th leading cause of death for ages 35-44.
- Over one third of people who died by suicide were 55 or older.
- The percentage of suicide victims who have a diagnosable disorder is 90 to 95%.

Suicide Prevalence in At – Risk Groups

- The CDC 2020 National Youth Risk Behavior found high rates of suicidal ideation among students who identified as LGBTQIA:
 - 46% seriously considered suicide
 - 40.2% were planning suicide
 - 23.4% had attempted suicide in the previous year
- LGBTQIA respondents who experienced rejection by family and friend, discrimination, victimization, or violence had elevated prevalence of suicide attempts.

Suicide Prevalence in At – Risk Groups

- Men die by suicide more frequently than women.
- According to the Suicide Prevention Resource Center, men 65 and older have the highest rates of any group in the country.
- Middle aged male veterans are at the highest risk for suicide and rates for male veterans older than 65 is increasing.
- A firearm is the most common means of suicide in the US in more than half of the cases.
- Deaths from suicide are a leading cause of death for individuals in the first year after childbirth, with up to 20% of global post-partum deaths occurring because of suicide.

Risk Factors



Individual Risk Factors

- Previous suicide attempt
- History of depression and other mental illnesses
- Serious illness such as chronic pain
- Criminal/legal problems
- Job/financial problems or loss
- Impulsive or aggressive tendencies
- Substance use
- Current or prior history of adverse childhood experiences
- Sense of hopelessness
- Violence victimization and/or perpetration

Relationship Risk Factors

- Bullying
- Family/loved one's history of suicide
- Loss of relationships
- High conflict or violent relationships
- Social isolation
- Family Dysfunction
- Domestic Violence

Community Risk Factors

- Lack of access to healthcare
- Suicide cluster in the community
- Stress of acculturation
- Community violence
- Historical trauma
- Discrimination
- Bullying

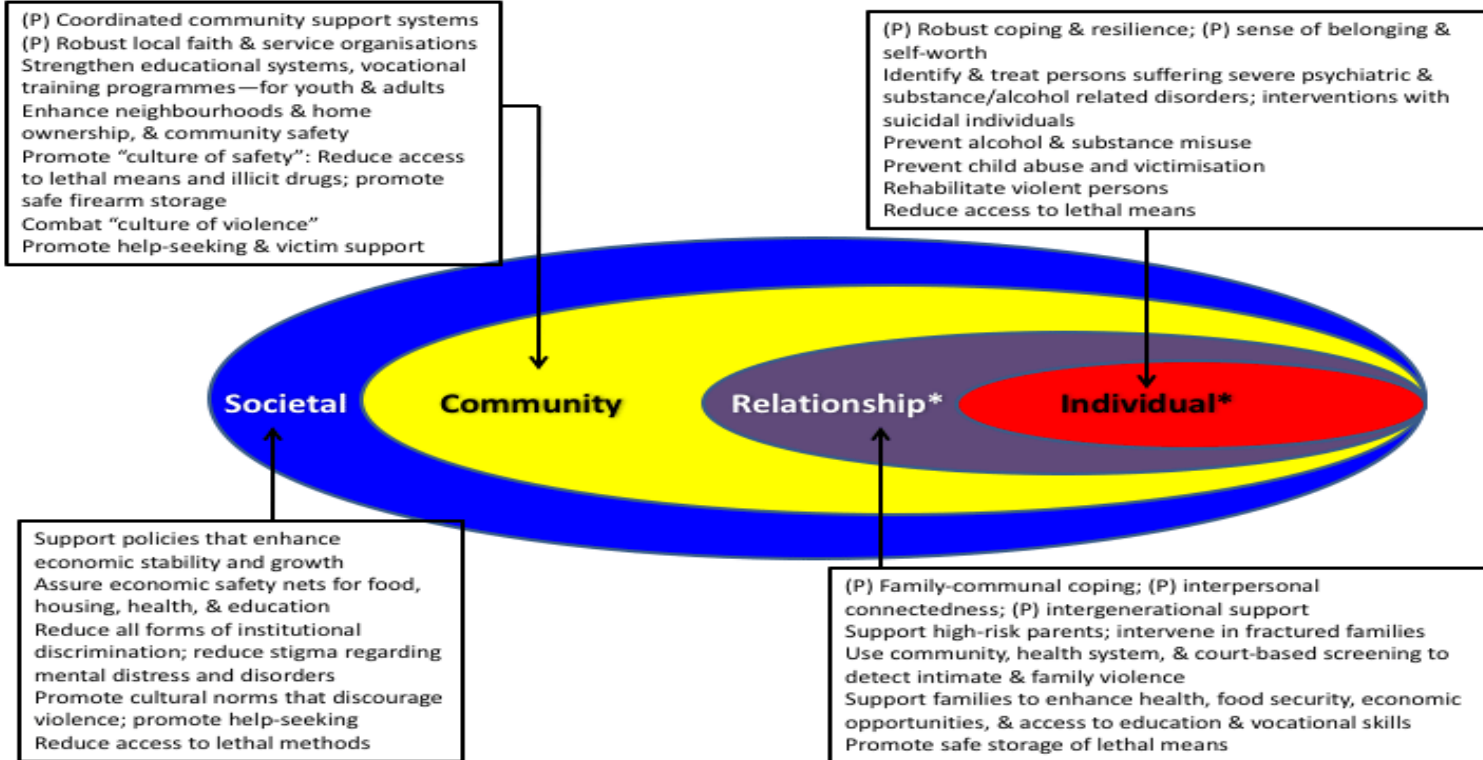
Societal Risk Factors

- Stigma associated with help-seeking and mental illness
- Easy access to lethal means of suicide among people at risk
- Unsafe media portrayals of suicide
- Economic Factors



Protecting Factors

Ecological model: Protective factors (P) and interventions to prevent violence to self and others



*Protective factors & interventions depend on age, sex & gender, and developmental challenges

Caine ED, Reed J, Hindman J, et al. *Inj Prev* 2018;24:i41.

Individual Protecting Factors

- Social and emotional competency
- Resilient temperament
- Belief in societal rules
- Cultural and religious beliefs that discourage suicide and supports self preservation
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Reasons for living (for example family, friends, pets, etc)
- Positive academic performance
- Attachment and commitment to school
- Perceived norms regarding drug use and violence

Relationship Protecting Factors

- Support from partners, friends and family
- Feeling connected to others
- Family management practices
(e.g., frequent monitoring and consistent supervision)
- A discipline practice



Community Protecting Factors

- Support from ongoing medical and mental health-care relationships
- Social organization such as links to community members, capacity to solve community problems and attachment to community
- Safe and secure living environment



Societal Protecting Factors

- Reduced access to lethal means of suicide among people at risk
- Cultural, religious, or moral objections to suicide
- Financial security



Warning Signs for Suicide: IS PATH WARM

- **I**deation – Threats or talk of wish to hurt or kill oneself
- **S**ubstance abuse – Increasing alcohol or drug use
- **P**urposelessness – Expressing no reason for living
- **A**nxiety – Agitation, restlessness, inability to sleep
- **T**rapped – Feeling that there is no way out
- **H**opelessness – Self lack Value, others do not care, future is unchanging
- **W**ithdrawal – From friends and family members, sleeping all the time
- **A**nger – Uncontrolled and excessive expressions of anger
- **R**ecklessness – Acting recklessly, high-risk behaviors
- **M**ood Changes – Dramatic shifts from typical mood state

American Association of Suicidology, 2019



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SUICIDE PREVENTION

A Comprehensive Approach

- Identify and assist
 - Recognize the warning signs and connect with appropriate sources of care
- Increase Help – Seeking
 - There is hope. Individuals with MH problems can get better and may recover completely
- Seek effective care and treatment
 - Treatment should focus on suicide risk and underlying mental and/or substance use disorders
- Be mindful of care transitions among levels of care
 - Involve family, friends, and other love ones in the plans for care transition such follow up care

A Comprehensive Approach

- Respond to Crisis
 - Mobile crisis teams, walk-in clinics, hospital ER, peer based crisis services
- Reduce access to means
 - Limiting access to medications and storing firearms safety when not in use
- Life skills and resilience
 - Critical thinking, stress management, conflict resolution, coping skills can enhance resilience
- Connectedness
 - Build positive attachments between families and organizations in the community

What to do if someone is at risk

- Have an honest conversation
- Talk to them in private
- Listen to their story
- Tell them you care about them
- Ask directly if they are thinking about suicide
- Encourage them to seek treatment or contact their doctor or therapist
- Avoid debating the value of life, minimizing their problems or giving advise
- Take the person seriously
- Stay with them and call or text 988 for the Suicide & Crisis Lifeline

Behavioral Health Interventions

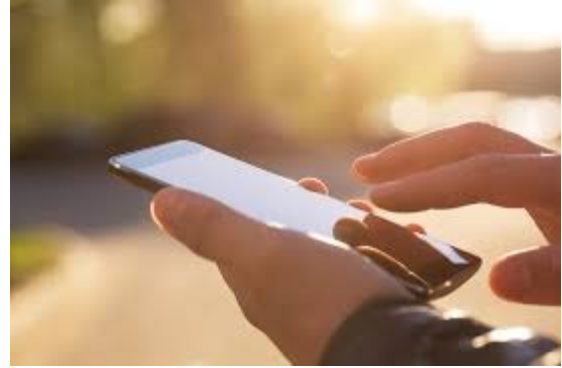
- **Brief Interventions**
 - Effective at reducing risk and helping people live through high-risk periods
- **Therapies**
 - Treatments that focus on psychological and behavioral changes, that include managing suicidal thoughts and reducing behaviors
 - Some include Cognitive Behavioral Therapy – Suicide Prevention, Dialectical Behavioral Therapy
- **Medications**
 - Requires full psychiatric evaluation by an experienced medical (psychiatrist) or mental health professional (Psych Nurse Practitioner) to be considered part of the individual's treatment plan
- **Levels of care**
 - Inpatient hospitalization, Partial Hospitalization Program, Intensive Outpatient Program, Regular outpatient

- **National Suicide and Crisis Lifeline 988**



- **Online chat:** <https://suicidepreventionlifeline.org/chat/> (24/7)
<https://suicidepreventionlifeline.org/>

Crisis Text Line



The Crisis Text Line is a free text messaging resource offering 24/7 support to anyone in crisis. Since August 2013, more than 79 million text messages have been exchanged.

Contact information:

Text HOME to 741741 (24/7)

<https://www.crisistextline.org/>

Local Resources



- Early Intervention (EISS) Catholic Charities
1225 Whitehorse Mercerville Rd Building B Suite 504, Trenton NJ 08619
609-256-4200 – Walk-ins
- Mercer County Mobile Crisis 609-396-4357 or 609-989-7297
- Bucks County PA Mobile Crisis 1800-499-7455
- Mobile Response and Stabilization Services (MRSS)
Crisis response service for **children and adolescents** in New Jersey
1-877-652-7624 (24/7)

The Trevor Project

The Trevor Project offers crisis intervention and suicide prevention to LGBTQ youth through its hotline, chat feature, text feature, and online support center.

Contact information:

866-488-7386 (24/7)

Text START to 678678. (Mon-Fri 3 p.m. to 10 p.m. EST/12 p.m. to 7 p.m. PST)

TrevorCHAT (instant messaging, available seven days a week 3 p.m. to 10 p.m. EST/12 p.m. to 7 p.m. PST)

<https://www.thetrevorproject.org/>



The Veterans Crisis Line

The Veterans Crisis Line is a free, confidential resource staffed by qualified responders from the Department of Veterans Affairs. Anyone can call, chat, or text even those not registered or enrolled with the VA.

Contact information:

800-273-8255 and press 1 (24/7)

Text 838255 (24/7)

Online chat: www.veteranscrisisline.net/get-help/chat (24/7)

Support for those who are deaf or hard of hearing: 800-799-4889

www.veteranscrisisline.net

**Veterans
Crisis Line**



DIAL 988 then
PRESS 1

SAMHSA's National Helpline

The Substance Abuse and Mental Health Services Administration's (SAMHSA) national helpline offers confidential treatment referrals in both English and Spanish to people struggling with mental health conditions, substance use disorders, or both. In the first quarter of 2018, the helpline received more than 68,000 calls every month.



Contact information:

800-662-HELP (4357) (24/7)


TTY: 800-487-4889 (24/7)

www.samhsa.gov/find-help/national-helpline

Teen Health

This online resource helps parents decide whether their child's behavior is just a phase or a sign of something more serious.

[Emotions & Behavior \(for Parents\) | Nemours KidsHealth](#)



Take a moment to remember:
there is help,
there is hope.

SUICIDE AWARENESS MONTH

References

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<https://www.nami.org/stigma/5-common-myths-about-suicide-debunked>
- **Healthline**
<https://www.healthline.com/health/mental-health/suicide-resource-guide#If-your-child-or-loved-one-is-dealing-with-suicidal-thoughts>
- **Suicide Prevention Resource Center**
<https://sprc.org/effective-prevention/comprehensive-approach>
- **American Foundation for Suicide Prevention**
<https://afsp.org/brief-interventions-for-managing-suicidal-crises/>
- **Comprehensive, integrated approaches to suicide prevention: practical guidance** Caine ED, Reed J, Hindman J, et al. Inj Prev 2018;24:i38–i45.
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