SUICIDE ASSESSMENT & PREVENTION

Creating Hope Transforming Lives
Catholic Charities
DIOCESE OF SYRACUSE
Chenango County

Introduction

Suicide is one of the most underestimated community health problems. For every 1 person who dies by suicide, there are as many as 100 times more people who injure themselves from non-fatal suicidal behaviors.

In any given year, 6% of the population has serious thoughts of suicide. People of all ages are at risk. A suicide safer community includes prevention, intervention, treatment and appropriate therapy.

Introduction

Suicide has a history of being a hidden and taboo subject, and it also brings with it a stigma to those who have experienced it. This can also alter the feelings of those working with people at risk in powerful ways. We must put aside any common notions or beliefs that we have about suicide. This presentation will offer some facts, and how we can better intervene in a suicidal situation.

Most suicides are not spontaneous

In most cases, there is time for others to recognize the warning signs and intervene. People do not suddenly decide to end their lives. Even after they consider suicide as an option, they usually go through a period of deliberation, planning and procrastination before attempting to kill themselves.

- Some young people behave very impulsively and move quickly toward suicide
  - They find themselves in increasingly difficult circumstances in which their coping skills are overwhelmed by their problems
- In other cases, people can contemplate suicide for days, weeks, or even years without attempting self-harm

Dispelling Myths About Suicide

- **FACT: Most suicidal adults/youth want help.**
  - Some ask for help directly
  - Others “ask” for help indirectly or through non-verbal gestures
    - Physical signs
    - Emotional reactions
    - Behavioral cues
  - The overwhelming majority of formerly suicidal adults/adolescents express gratitude for the intervention of others

Dispelling the Myths About Suicide

- **FACT: Few suicides or suicide attempts happen without some warning.**
  - Research indicates that warning signs were present in more than 80% of the suicide deaths
  - Sometimes people claim they did not see any warning signs. It is more likely that the warning signs were not identified and recognized

Dispelling the Myths About Suicide

- **FACT: Talking about suicide or asking someone if they are thinking about suicide will not cause that person to kill him/herself.**
  - Most people who are thinking about suicide want to talk about how they feel and are relieved when someone recognizes their pain. Avoiding the subject can be deadly

Dispelling the Myths About Suicide

- **FACT: Suicide "secrets" and/or "notes" must be shared.**
  - Confidentiality should not be maintained in the face of the potential for harm…Safety comes before privacy
  - People need to be informed about limits to confidentiality, and that disclosures will be focused on safety needs
  - An apology for violating confidentiality or sharing secrets is always better than allowing a person to harm him or herself

Dispelling the Myths About Suicide

- **FACT: Youth most commonly share their thoughts, problems, and feelings with other youth.**
  - Youth are far more likely to confide their suicidal thoughts to their friends rather than an adult
  - Be open to young people who have concerns about their friends

Dispelling the Myths About Suicide

- **FACT: People who talk about suicide may attempt suicide.**
  - Seven of every ten suicide attempts or suicide deaths are preceded by talk of suicide
  - Talk about suicide is often a call for help
  - All talk of suicide must be taken seriously

Dispelling the Myths About Suicide

- **FACT: Suicidal behavior is not just a way to get attention.**
  - Suicide threats and attempts must be treated as though the person has the intent to die
  - The attention given to a person at-risk may very well save their life

Dispelling the Myths About Suicide

- **FACT: Any type of person can attempt suicide.**
  - People of all ages, genders, races, cultures and income levels die by suicide
  - People who are popular, well-connected, rich and poor, from one or two parent homes die by suicide
  - People who attempt suicide do not have to have a diagnosable mental illness
    - Males are 3-5 times more likely to commit suicide than females
      - Elderly Caucasian males have the highest suicide rates

Dispelling the Myths About Suicide

- **FACT: People who are suicidal may have a treatable psychiatric illness.**
  - Studies suggest that between 70-90% of people who die by suicide have a diagnosable psychiatric illness (based primarily on adults)
  - While it is not certain what proportion of youth have a psychiatric illness prior to their death, adolescents who die from suicide are believed to be in psychological distress at the time of their death

Dispelling the Myths About Suicide

- **FACT: People at high-risk for suicide may appear to be happy, while extremely depressed people may not be contemplating suicide.**
  - Some suicidal people may appear happier when they get closer to their self-destructive act because they believe they have found a “solution” to their problems
  - Some extremely depressed people may be too apathetic to attempt suicide

Dispelling the Myths About Suicide

- **FACT: People who show marked and sudden improvement after a suicide attempt or depressive period may still be at risk.**
  - The apparent lifting of a depressed mood could mean the person has made a firm decision to kill himself and feels better because of this
  - The initial support and attention may be waning, and life is returning to “normal”. The person may be facing the same problems and may have the energy to plan the next attempt

Dispelling the Myths About Suicide

- **FACT: Suicide is painful. It is not an "easy way out".**
  - Many suicide methods are very painful
  - Fictional portrayals of suicide do not usually include the reality of the pain
  - The pain to the suicide victim extends to the survivors of the victim as well

Dispelling the Myths About Suicide

- **FACT: Suicide is preventable.**
  - We cannot prevent all suicides, just as we cannot prevent all unintentional injuries or cases of preventable disease
  - Most people who are considering suicide will be suicidal for a relatively short period of time. Given proper assistance and support, there is a strong possibility there will not be another suicidal crisis
  - The more effort that is made to identify stressors and develop problem-solving skills during the post-suicidal crisis period, the better the prognosis

Risk Factors

Characteristics statistically associated with suicide.

Risk factors do not predict imminent danger for a particular person; rather they are an indication that an individual *may* be at higher than normal risk.

Personal Risk Factors

- Isolation
- Psychiatric Disorders
  - e.g. Depression, bipolar, schizophrenia, personality disorders
- Alcohol and other drug abuse (especially when combined with depression)
- Poor impulse control
- Confusion or conflict about sexual orientation
  - Gays, lesbians and bi-sexual are at higher risk than heterosexuals
- Loss of significant relationships e.g. death of a parent
- Compulsive, extreme perfectionism
- Deficits in social skills
  - e.g. decision-making, conflict and anger management, problem solving
- Loss (perceived or real) of identity or status
- Feelings of powerlessness, hopelessness, or helplessness
- Pregnancy or fear of pregnancy
- Exaggerated humiliation or fear of humiliation
- Certain religious/cultural beliefs e.g. that suicide is noble
- Major illness/persistent pain

The Link Between Psychiatric Illness and Suicide:

- Although the great majority of people who have a psychiatric illness do not die by suicide, most disorders are associated with an increased likelihood of self-harm or suicide.
- Having more than 1 disorder makes the risk even higher, but treatment for the disorders decreases the risk. Illnesses that are risk factors for suicide include:
  - Depressive Disorders: Strongest relationship to suicide…however, not all persons depressed have thoughts of suicide
    - Bipolar
    - Dysthymia
  - Schizophrenias
  - Substance Abuse Disorders
    - Studies show that ½ of all completed suicides were associated with legal intoxication
  - Borderline Personality Disorder
  - Antisocial personality Disorder
  - Conduct Disorder

Behavioral Risk Factors

- Prior suicide attempts
  - The rate of suicide for those who have previously attempted is 40 times greater than the general population. Following hospitalization for an attempt, dying by suicide is more likely within the first few months. Although the percentage of those who will eventually kill themselves is quite small (10%) the increased risk is ongoing for many years
- Aggression/ rage/ defiance
- Running away from home
- School failure, truancy
- Fascination with death, violence

Family Risk Factors

- Family history of suicide or attempts
  - Suicide is a learned behavior
- Family history of depression
- Changes in family structure e.g. death, divorce, remarriage, etc.
- Family involvement in alcoholism/other drug abuse
- Lack of strong bonding/attachment within the family
- Withdrawal of support
- Unrealistic parental expectations
- Violent, destructive parent-child interactions
- Inconsistent, unpredictable parental behavior
- Family history of abuse e.g. physical, emotional, or sexual

Environmental Risk Factors

- Stigma associated with help-seeking
- Lack of access to helping services
- Access to lethal means e.g. firearms
- Frequent moves and changes in living situation
- Social isolation or alienation from peers
- Exposure to suicide of a peer
- Anniversary of someone else's suicide or unexpected death
- Incarceration or loss of freedom; trouble with the law
- High levels of stress, including the pressure to succeed
- High levels of exposure to violence in mass media

Personal Protective Factors

Characteristics statistically associated with a decrease in vulnerability/risk

Risk Factors Vs. Protective Factors

- Understanding a person's risk of suicide involves evaluating the balance of risk factors and protective factors – as well as the warning signs that may be evident
- Protective factors, like risk factors, are a consequence of the interaction among familial, biological, social and environmental factors
- Even though protective factors are present, always err on the side of caution, and respond to any threat

Personal Protective Factors

- Attitudes, values, and norms prohibiting suicide, e.g. strong beliefs about the meaning and value of life
- Good social skills, e.g. decision-making, problem-solving, and anger management
- Good health and access to health care
- Friends, supportive significant others
- Cultural, religious or spiritual beliefs
- A healthy fear of risky behaviors and pain
- Hope for the future
- Sobriety
- Medical compliance and a sense of the importance of health and wellness
- Good impulse control
- Strong sense of self-worth
- Sense of personal control

External/Environmental Protective Factors

- Strong interpersonal bonds, particularly with family members and other caring adults
- Opportunities to participate in and contribute to school and/or community projects/activities
- A reasonably safe, stable environment
- Restricted access to lethal means
- Responsibilities/duties to others
- Pets

Warning Signs of Suicide

Situations; Physical Changes; Behaviors; Thoughts & Feelings

Possible Warning Signs for Suicide:

It is important that you are knowledgeable regarding the people you work with. Be open/aware to these potential warning signs and be ready to respond. Many times these signs are "invitations to help".

- Learn about ***SITUATIONS:***
  - *Relationship Problems; friends and family*
  - *Work problems/failing grades-decrease in academic performance*
  - *Trouble with the law*
  - *Recent publicized suicide/violence*
  - *Almost anything, depending on how the person feels about it*

Possible Warning Signs for Suicide:

- Ask about ***PHYSICAL CHANGES:***
  - *Lack of interest/pleasure in all things*
    - activities/friends
  - *Lack of physical energy*
  - *Disturbed sleep...too much or too little*
  - *Change/loss in sexual interest*
  - *Change/loss in appetite/weight*
  - *Persistent physical health complaints*
  - *Neglect of appearance/hygiene*

Possible Warning Signs for Suicide:

- Observe and question ***BEHAVIORS:***
  - *Crying/Emotional Outbursts*
  - *Alcohol/drug misuse/abuse;* especially if the person has not been involved in this previously or if experimentation turns into habitual use
  - *Recklessness*
  - *Fighting/law breaking/aggression*
  - *Withdrawal*
  - *Dropping out*
  - *Prior suicidal behavior*
  - *Putting affairs/life in order*

Possible Warning Signs for Suicide:

- Listen for ***THOUGHTS:***
  - *Need to Escape*
  - *No future*
  - *Guilty*
  - *Alone*
  - *Damaged*
  - *Helpless*
  - *Preoccupied with death*
  - *Talk of suicide or death* (often expressed through music or poetry)
  - *Planning for suicide*

Possible Warning Signs for Suicide:

- Sense and respond to ***FEELINGS***:
  - *Desperate*
  - *Angry*
  - *Sad*
  - *Ashamed*
  - *Worthless/failure*
  - *Lonely*
  - *Disconnected*
  - *Hopeless*

More Warning Signs for Suicide:

- Loss or religious or spiritual beliefs
- "Roller coaster" moodiness; more often and for longer periods than usual
- Difficulty concentrating
- Restlessness, agitation, anxiety, aggression
- Refusing help, feeling beyond help
- Sudden improvement in mood after being down or withdrawn (may have decided on suicide)

Imminent (Late) Warning Signs:

- Dropping out of activities
- Increasing hopelessness and helplessness
- Giving away favorite possessions
- Verbal clues
- A detailed plan for how, when, and where
- Obtaining a weapon
- Suicide gestures (e.g. overdose, cutting)

From the Suicidal Person's Point of View

- Those at risk of suicide often view the world differently than those not at risk
- *Suicidal thinking is irrational*: They develop a tunnel vision that prevents them from seeing that suicide is not the only solution to their problems
- Almost all suicidal people are ambivalent:
  - They wish to live AND they wish to die, but they welcome a reason to live…help them identify those reasons, they may not be aware of them
- Suicidal behavior is an act of communication: Suicide, suicide attempts and suicidal gestures are desperate cries for help

Common Motives for Suicide:

- To seek help
- To escape from an impossible situation
- To get relief from a terrible state of mind
- To try to influence some particular person
- To show how much they loved someone
- To make things easier for others
- To make people sorry
- To frighten someone or to get their own way
- To make people understand how desperate they were feeling
- To find out whether they are really loved
- To do something in an unbearable situation
- Loss of control
- Desire to die

The Three Basic Steps to a Suicide Intervention

- Show you care (Be engaging)
- Ask the question (Explore-Review Risk)
- Get help (Take action)

Initial Response to Suicide Risk

- The basic goal of the initial response is to engage the person, review their risk and disable their plan, even if it is for a limited, set period of time. If someone is unable to control the impulse to harm or kill themselves they will require immediate transportation to the crisis center
- As you begin your intervention, keep in mind the goals that you need to achieve and what you need to do. Safety is a primary concern, for the person and for yourself. Your job is to intervene until the immediate crisis has passed, or until additional help can be obtained
- The safe planning process is for now and the immediate future, and is not long term problem solving which requires more time

Show you care (Be engaging)

- Share observations and concerns you've noticed about risk factors, behaviors, warning signs and gut feelings
- Be respectful and connect in a personal way
- Listen with support and understanding for those *Thoughts, Feelings, Situations*
- Acknowledge their concerns/feelings
  - Show that you are taking them seriously
- Keep pace with the distressed person (don't get too far ahead or behind in discussion)
- Be gently persistent

"*Recently I've noticed that..."*
"I'm concerned about you...about how you feel."

Ask the Question (Explore Invitations)

- Thoughts of suicide are the clearest invitations to help prevent suicide. These thoughts may not be directly or openly stated. When they are, they are often stated in an indirect or roundabout way. To find out for sure:
  - Ask if they are thinking about suicide
  - Be direct (but non-confrontational) and caring

- If the answer to the question about suicidal feelings is yes, proceed to getting help
  - Convey the understanding that you realize suicide is an option but also that there are other options. Pick up on cues from the conversation regarding their reasons to live

"I hear that you are thinking of suicide. Something must have gotten you very upset to reach this point. I'm concerned and I would like to help you find another way of handling this."

Ask the Question

- If the person denies such feelings, be gently persistent and continue the conversation
- If the person says no, he/she is not suicidal and you feel confident they are speaking honestly, stop here

"You just don't seem like yourself lately. How have you been feeling?"

“Are you thinking about suicide?" ; “What is your plan?”

"I'm going to help you get the support you need right now."

Has a Suicide Plan been Prepared?

- Finding out the plan helps both the worker and the person at risk. The more detailed the plan, the more likely that suicide has been selected as the only solution. Once a person has developed a plan, the pressure to finish what has been started can often make completing the plan more likely.

Suicide Plans

- Ask these questions:
  - How they plan to do it
    - Do they have the means; Be careful about making judgments on this
  - How prepared they are
    - Has means been acquired or is easily accessible; have they written a note
  - How soon it may happen
    - Do they have a specific time, how close is it
- If the person will not disclose their plan, assume they have planned in great detail

Get Help! (Take Action!)

- Don't leave the person alone-Disable the plan
- Negotiate a plan: Remove potential hazards, have the person agree not to act on their thoughts for a specific period of time
- Identify potential resources together (the more the better) Let them know they are not alone; Help person connect with professional support
- Have them promise to abstain from Drugs/Alcohol
- Explain legal or ethical mandates (policy of agency, etc.)
- Contact authorities if necessary

"I care about you and will not leave you alone."

Safe Plans-Contracts for Safety

This involves the worker and the person agreeing on a plan that prevents the immediate risk of suicide. Safe plans should include:

- Freedom to think about suicide
  - The desired promise is for them not to act on their thoughts during a specified period of time
- Specifics
  - What will be done; who will do them
    - Provide follow-up to assure its been done
- Limited Objectives
  - This is not a solution to all their problems, the main purpose is to create a safe place

Safe Plans-Contracts for Safety

- Real Agreement
  - Ask them to repeat the plan, and look for sincerity and a sense of ownership. If they can't, make adjustments
- Crisis Support
  - Arrangement for emergency support if safe plan can not be carried out. Use formal and informal resources; rehearse contacting them; write down phone numbers
- Suicide-Safe the Environment
  - When their plan includes a chosen means of harm, this needs to be removed, along with other dangerous means from the environment
    - e.g.: medications, weapons (**contact law enforcement to secure firearms)**

Contract for Safety

- **Contract For Safety**: “I agree to keep myself safe until I meet with X. I can think about suicide, but I can not act on those thoughts. If anything goes wrong, I will contact Y , I will not act on thoughts of suicide, I will contact Y”
- Finally, follow-up on the commitments to the safe plan
  - “How will we check back with each other or with your resources to make sure everything is done?”

Resources

TYPES OF RESOURCES	INFORMAL	FORMAL
24 Hour	Family & friends who can stay with person at risk	CPEP
Longer Term	Informal advisors & mentors	Mental Health Workers/Case Managers
Life-Long	Personal connections of all kinds	Community resources of all kinds

Risk Specific Safe Plans

- If the person has a plan…
  - Disable it
- If they are desperate…
  - Help to ease their pain
- If they feel alone…
  - Link to more resources
- If they have had previous suicide behavior
  - Protect them, support past survivor skills and link them to professional help

Do's and Don'ts:

- **Do talk about suicide** directly, clearly, and calmly. The worker should discourage the attitude that suicidal thoughts are something to be concealed
- **Do ask about suicide** as directly as you can in order to determine the intent of the person
- **Do listen / show concern**, because listening shows that the worker cares. Listening saves lives

More Do's and Don'ts

- **Do acknowledge concerns** e.g. *"I see this is upsetting to you and I'm here to help."*
- **Do remove the means**: The worker should ask about and separate the lethal means of suicide from the person, if this is possible
- **Do get help:** While workers can intervene and save lives, they also learn to identify and help people and their families access the resources and help people to resolve their long-term risk

Some Major Don’ts

- **Don't judge**, lecture, or get angry with the person
- **Don't argue** about whether suicide is right or wrong
- **Don't challenge** or get into a power struggle with the person, e.g. *"You wouldn't really do that."*
- **Don't preach** or moralize, e.g. *"You have everything to live for."*
- **Don't discount** the threat, e.g. "*You don't really want to kill yourself."*
- **Don't minimize** the person's concerns, e.g. *"This is not worth killing yourself over."*
- **Don't overreact** or act shocked, which can escalate a crisis. Stay calm. Look at the person directly and speak in a calm but clear and concerned tone

Some Major Don’ts

- **Don't promise confidentiality**: It is essential for gatekeepers to be able to share all information with other helping professionals
- **Don't rush:** Take time to establish rapport with the person
- **Don't provide reassurance only:** Take immediate steps that provide help
- **Don't leave a suicidal person alone**, even momentarily, (even the bathroom!) until additional assistance has been obtained or it is certain that there is no imminent threat of self-harm. Let the person know that you are not going anywhere
- **Don't send the person away** or put them off until later

Getting Support for Yourself

- **Acknowledge feelings and history**
  - Engaging in a suicide intervention can bring out intense feelings in workers. It is important for the worker to be aware of their limits. For instance, interacting with a suicidal person can bring up old anger or resentment from a past loss or may arouse suicidal feelings in the worker. If this happens, it is important to find someone else who can take over in the situation. It is essential for the worker to gain a clear and comfortable understanding of such feelings and to get professional counseling, if necessary

Support for the Worker

- **Avoid over-involvement**
  - Related to awareness of feelings, it is helpful for the worker to be aware of the fine line between involvement, which is helpful, and over-involvement, which is not. One person alone cannot provide all of the support a suicidal individual needs. Trying to do it all, to be invincible, is not helpful for either suicidal individuals or the worker. Use all supports/resources available

Getting Needed Support

- **Understand the role responsibility**
  - While there is a lot that staff can do to help prevent a suicide, they cannot do everything. Ultimately the responsibility lies within the suicidal individual. This is a difficult fact to accept, especially if an individual does take his or her life. Discussing the specifics of these situations during Supervision, regardless of outcome, is essential for the workers well-being.

Getting Needed Support

- Other built in supports available to staff may include peers, other agency personnel and EAP. Since any suicidal incident is emotionally charged, feelings may linger even if the suicide was successfully prevented. The worker should take time to talk through the incident and gain the perspective of others who can provide supportive feedback. It is then important for people to take time to unwind and rejuvenate themselves so they can be effective should another incident arise.
  - Contact EAP, or call HR for available staff resources