Suicide Awareness Presentation

History of Didi Hirsch MHS

• Founded in 1942
• 11 sites: 10 in Los Angeles County and 1 in Orange County
• Approximately 400 employees and 200 volunteers
• Serves 58,000 people each year
• Broad range of services
  • Severe mental illness
  • Financially challenged
  • Individuals, couples & families

SPC Services

24-hour Suicide Hotline
• 24 hour, confidential, free suicide counseling
• First 24-hour crisis line in the US (1958) & model crisis line around the world
• 50,000 plus calls in 2011 (less than 4% are emergency calls)
• Toll free in Los Angeles and Orange counties
• One of over 140 certified crisis centers participating in the National Suicide Prevention Lifeline
• Staffed by highly trained volunteers; supervised by staff

Suicide Attempt Survivors
• Support group for those who have attempted suicide

Survivors After Suicide
• Bereavement Program (Support Groups/short term counseling) to cope with loss due to suicide

Community Outreach
• Educational presentations to the community
Youth Suicide Statistics

- 2010 data for youth 15-24 in US
  - 4,600 died by suicide
  - 3rd leading cause of death
  - Gender: male youth die by suicide 4 times more than female youth
  - Methods: 44.5% of youth deaths used firearms and 39.7 deaths by suffocation
  - Race: Native American/Alaska Native youth have the highest rate (20.89 per 100,000); White youth 11.3; Black youth 6.59

Youth Risk Behavior Survey 2011 (high school students)

- 7.8% self reported having attempted suicide 1 or more times in the previous 12 months
- 1 in 5 teens consider suicide
- 12.8% reported having made a plan for a suicide attempt in the previous 12 months
- 15.8% reported having seriously considered attempting suicide in the previous 12 months

Firearms and Suicide

- Most lethal means
- 6 times more likely to die by suicide if there is access to a firearm
- Adolescents with mental illness are at 9 times greater risk of dying by suicide if there is access to a firearm
- 50% of suicides were by firearm
  - 56% of male suicides were by firearm
  - 30% of female suicides were by firearm
What is a Survivor?

Survivor of a Suicide Attempt
Someone who has tried to kill themselves, but did not die.

Survivor of Suicide
Someone who lost someone close to them (friend, relative, etc.) to suicide

Survivor Statistics
Research shows that during our lifetime:

• 20% of us will have a suicide within our immediate family.
• 60% of us will personally know someone who dies by suicide.

5,000,000 survivors over the past 25 years

Ambivalence

• Suicidal people are uncertain if they want to die or live.
• They only want to end their severe psychological pain.
Facts About Suicide

- Asking a depressed person about suicide will not push him/her to die by suicide.
- Suicide is typically the result of untreated psychiatric disorders, not just a single stressful event.
- 90% of people who die by suicide have one or more psychiatric disorders.
  - Major Depressive Disorder
  - Bipolar Disorder
  - Schizophrenia
  - Personality Disorders
  - Alcohol/Substance abuse
  - 50% were legally intoxicated at death.

Risk Factors

- Untreated Depression and other mental disorders
- Substance abuse
- Access to a firearm
- Suicide in the family
  - Anniversary reactions
  - Prior suicide attempts
- Aggressive tendencies or impaired impulse control
- Exposure to physical, verbal abuse or cyber bullying
- Chronic pain or major physical illness
- LGBTQ have 8x the attempts, 6x higher risk of depression
- Absent or limited social support or isolation
- Loss
  - Relationship
  - Social
  - Financial/Job

Suicide Warning Signs

Present in 4 out of 5 suicides

- Statements of hopelessness and/or helplessness
- Threatening suicide and making a plan
- Giving away possessions
- Putting affairs in order
- Decrease in performance/functioning
- Risk taking behaviors
- Social and emotional withdrawal
- Writing or drawing about suicide or death
Drawing About Death

Drawing About Suicide

Ed Mogil
1954 to 2003

“Our son, brother, uncle, husband, father, grandfather.”
How Do You Manage a Suicidal Person?

Most importantly, if you think they are at risk…

**ASK!**

Are you thinking of killing yourself?

Lethality Assessment

*If the person says yes, be sure to say something empathetic before continuing the assessment like…*

“I’m really glad you were able to share that with me.”

“You must be in so much pain.”

“I’m worried about you.”

“Let’s talk about this some more.”

How Do You Manage a Suicidal Person?

*Follow School/District Policies and Protocols:*

*If you are unclear, review this with your district or administration*
Establish Rapport

- Show you care
- Ask open-ended questions
- Identify feelings and summarize to help gain trust and clarity
- Be empathetic
- Be non-judgmental
- Listen carefully

- Things to avoid:
  - Discounting feelings
  - Moving away from painful topics
  - Offering immediate reassurance

Call Model

Call Model (insertion model)
Lethality Assessment

Prompt Questions:

- Are you thinking of killing yourself?
  "I'm really concerned for your safety. Are you thinking of killing yourself?"

If the person says no and you are still worried about them you can ask:

- Have you thought about suicide in the past 2 months?
- If yes, do you have a plan?
  "Do you have the means? What other ways have you thought of?"
- Have you already done something to hurt yourself?
  "You mentioned you were going to take pills to kill yourself, have you already taken some?"

Prompt Questions Continued:

- Have you ever attempted to kill yourself?
  "When was the first time? When was the most recent time? How many times were in between?"
- Do you have access to a gun?
  "You told me you plan to ________ to kill yourself. For your safety I need to know, do you have access to a gun?"
- Scaling question:
  "On a scale of 1 to 5—1 being that suicide is just a thought and 5 being that you are going to try to kill yourself when we get off the phone/when this therapy session ends—where would you rate yourself?"

(Compare your ratings with their self-reports and document)

Call Model
**Gather Information**

- Information to gather (look for changes)
  - Mental health hx
  - Substance abuse hx
  - Brief medical hx
  - Financial situation
  - Family situation
  - Social support
- Be conversational
- Don’t use a checklist approach
- Be more directive with intoxicated or mentally ill adults and teens

**Call Model**

- Rapport
- Information
- Alternatives
- Closure

**Explore Alternatives**

- Discuss ambivalence
- Listen TO reasons for dying and FOR reasons for living
- Reframe the crisis and its emotions as temporary and not permanent
- Suicide is an option, but there may be other strategies to try first
- Help the person come up with their own alternatives,
- Ask if they have felt this way before & how did they cope
- Develop an action plan (safety plan/ crisis support plan)
- Provide information on resources
Call Model

- Rapport
- Information
- Alternatives
- Closure

Closure

- Summarize the meeting and action plan
- Some students remain at high or imminent risk and require intervention
  - Collaboration is highly encouraged
  - Involuntary intervention is only used as a last resort
- Always give choices (ie which parent do you feel the most comfortable in us contacting first)
- Always explain what you are doing (ie. I am calling the school psychologist because I care about you and have to do everything I can to keep you safe.)

Summary

- Don’t be judgmental
- Don’t push your solutions
- Don’t leave a suicidal person alone
- Continue to assess for suicidal risk
- Consult with your supervisor, SPC, and follow school or agency protocol.
- Document, Document, Document
- Debrief
**Focus of Follow-up Clinical Interventions**

- **Monitor the suicidal client**
  (suicidality treatment tracking log or agency form)
- **Continue to assess risk**
- **After suicidal crisis is resolved, clinical interventions should focus on increasing buffers and connectedness, including:**
  - Immediate supports, social supports, engagement, core values and beliefs, sense of purpose, future plans, ambivalence for living

**Resources**

- 911 Emergency Services
- Suicide Prevention Hotline 1-877-727-4747 (Toll free: LA & OC)
- 211-Social services info
- CAT-Centralized Assessment Team 1-866-830-6011
- Teen Line 1-800-852-8336 (6pm to 10pm)
- Trevor Line (LGBTQ) 1-866-488-7386
- National Suicide Prevention Lifeline 1-800-273-TALK
- Warmline Network Services 1-877-910-9276
- Survivors After Suicide 1-714-547-0885
  - Bereavement support groups at Didi Hirsch Mental Health Services