

Suicide Awareness Presentation



Didi Hirsch Mental Health Services/Suicide Prevention Center

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



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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

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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



AAS youth suicidal behavior fact sheet based on 2010 data, CDC, National Center for Injury Prevention Control, WISQ

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

AAS Youth Suicidal Behavior Fact Sheet, CDC

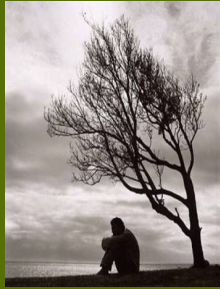
Firearms and Suicide



- 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

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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

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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

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Ambivalence

- Suicidal people are uncertain if they want to die or live.
- They only want to end their severe psychological pain.



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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

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Risk Factors

- Untreated Depression and other mental disorders **(#1 Cause)**
- 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

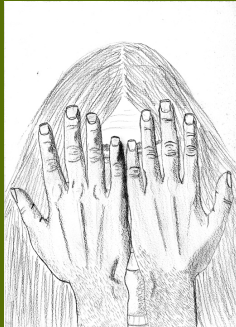
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Suicide Warning Signs

- 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

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Hopelessness



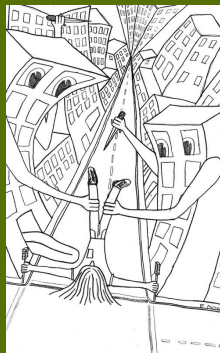
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Withdrawal



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Helplessness



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Drawing About Death



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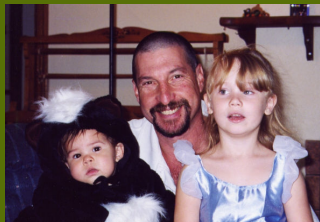
Drawing About Suicide



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Ed Mogil

1954 to 2003



“Our son, brother, uncle, husband, father, grandfather.”

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How Do You Manage a Suicidal Person?

Most importantly, if you think
they are at risk...

ASK!

Are you thinking of
killing yourself?

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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.”

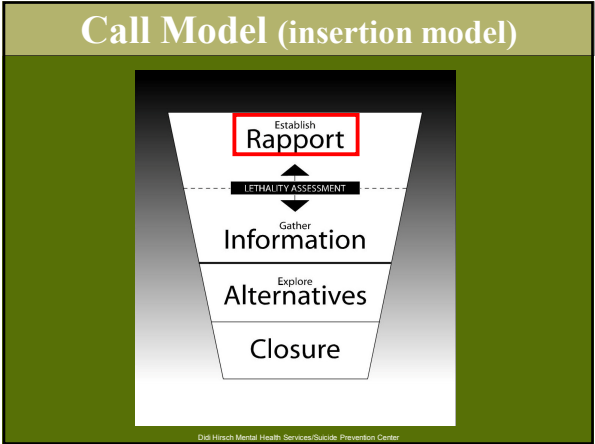
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How Do You Manage a Suicidal Person?

•Follow School/District
Policies and Protocols:

•If you are unclear, review
this with your district or
administration

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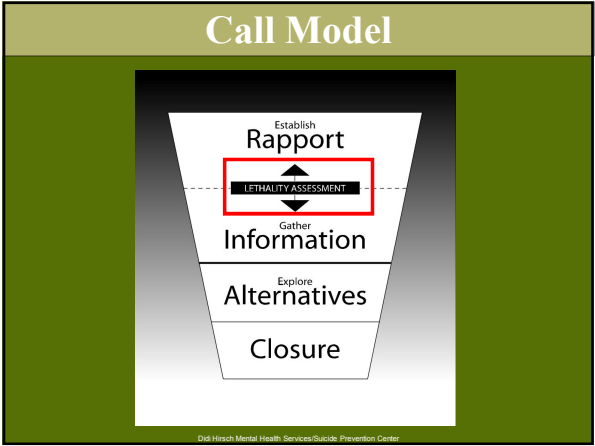
Establish Rapport

- 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

A photograph of two women, one with dark hair and one with red hair, sitting and talking. The woman with dark hair is gesturing with her hand while speaking.

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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?”

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Lethality Assessment

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)
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Call Model

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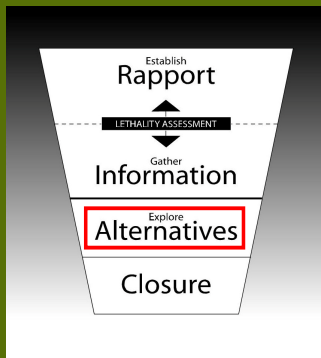
Gather Information



- 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

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Call Model



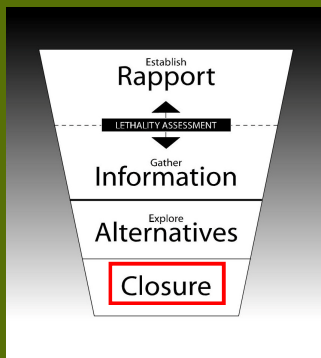
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Explore Alternatives

- 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

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Call Model



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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.)

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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

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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

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Resources

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

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