Suicide Awareness & Prevention

Didi Hirsch Mental Health Services/Suicide Prevention Center

Suicide Prevention Center
There is hope and there is help...

History of Didi Hirsch MHS

- Founded in 1942
- 11 sites: 10 in Los Angeles County and 1 in Orange County
- Approximately 500 employees and 200 volunteers
- Serves 70,000 people each year
- Broad range of services

SPC Suicide Crisis Hotline

24-hour Hotline

- English and Spanish speaking counselors available 24/7
- Various language capabilities
- Chat program (4:30pm-12:30am)
- Text support for Deaf and Hard of Hearing (text ‘HEARME’ to 839863)
- Staffed by highly trained volunteers; supervised by paid staff
- Anyone can volunteer!
OC- Suicide Survivor Support Services

• Survivors After Suicide (all ages)
• Survivors of Suicide Attempts (adults only)
• Community Outreach

Survivor Loss Statistics

Research shows that during our lifetime:
• 60% of us will personally know someone who dies by suicide
• 20% of us will have a suicide within our immediate family

5,000,000+ survivors over the past 25 years

Suicide Statistics
Suicide Statistics

**SUICIDE DEATHS: 2010**

- 8.3 Million with Thoughts
- 1 Million Attempts
- 38,000 Suicides

- 10th leading cause of death
- Statistically 25 suicides per month in Orange County
- Women attempt 3x more than men, but men die by suicide 4x more than women
- Most lethal means: firearms
- Anybody can be at risk
- To learn more about suicide statistics, visit [www.suicidology.org](http://www.suicidology.org)

SUICIDE STATISTICS

- Statistics from CDC and/or SAMHSA Study

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
- 1 in 5 teens consider suicide

Understanding Suicide

- Talking about suicide will not put the idea in a person's head
- Suicide is not the result of one event
- Stressors often times paired with mental illness (such as depression) can lead to suicidal thoughts and behaviors
Tunnel Vision

Hopelessness, helplessness
Unbearable pain
Cognitive Distortions - mood congruent memory
Persistent thoughts of death

What We’re Looking for in the Darkness

Ambivalence

• Simultaneously having the desire to die and the desire to live
  • Psychological pain

“Psychache” and Mental Illness

90% of people who die by suicide were struggling with untreated mental illness

60% have Depression
Personality Disorders
Psychotic Disorders
Bi-polar Disorder
Substance Abuse / Addiction
Risk Factors

- Mental Illness
- Substance abuse
- Aggressive tendencies or impaired impulse control
- Access to a firearm
- Suicide in the family
- History of suicide attempts
- Exposure to physical abuse, verbal abuse or 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

Warning Signs: Invitations

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

How Do You Help a Suicidal Person?

Most important thing to do if you think someone is at risk…

ASK!

“Are you thinking of killing yourself?”
ASK cont.

• IF THE ANSWER IS YES…..

- Take a deep breath…and
- Follow up with an empathetic statement

Our Reaction

The Reaction They Need..
How Do You Manage a Suicidal Person?

Follow your agency, school or district policies and protocols:

If you are unclear, review this with your supervisor or administration

Risk Assessment Model

When to initiate a rescue?

3 Indicators
1. Attempt in progress
2. At risk person is not able to participate in the intervention
3. During safety planning, at risk person is not able to give a time frame they feel they can stay safe from acting on suicidal thoughts
Step 1: Establish Rapport

Components of Balancing Rapport

(Moving away from painful topics)
(Offering immediate assurance)
(Minimizing / Discounting)

Listen (GO TO THE PAIN/DEATH)
Express Concern and empathy
Identify feelings
Take thoughts seriously

Step 2: Assessing Risk
**Assessment Questions**

Do you have a plan? (where, when how, means?)
IF YES: Do you have access to means?
ALWAYS ASK: Access to a gun?
Have you already done something to hurt yourself?

Have you thought about suicide before?
Have you attempted to kill yourself before?

On a scale from 1 to 5, where 1 represents “not likely” and 5 represents “extremely likely,” how likely are you to act on your suicidal thoughts and feelings at this time?

**Step 3: Gather Information**

**Gathering Information**

- Was the assessment enough?
- Getting the full story...

- Support systems?
- Recent changes?
- Recent crisis?
Step 4: Explore Alternatives

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

What a Safety Plan is **NOT**:

- A No-Suicide Contract
- Asking people to *promise* to stay safe without telling them how
- Assurance for the caregiver
- Just a list of resources
- Hospitalizing as a first resort
Safety Planning

What a Safety Plan IS:

• Prioritized list of coping strategies and resources for use during a suicidal crisis
• Plan to provide a sense of control
• Brief, easy-to-read, using the person-at-risk’s own words
• Agreement to encourage a commitment to coping
• Outline to survive and actively counteract suicidal crisis

Safety Planning

Safety Plan My3 App:

• Connects individuals at risk to their support network
• Free
• Highly customizable
• Spanish version coming soon

Step 5: Closure
Closure

• Summarize the safety plan
• Collaboration is highly encouraged
• Always give choices (i.e. we need to call a parent, who would you like to call first?)
• Always explain what you are doing
• Involuntary intervention is only used as a last resort

Closure

• Don’t leave a suicidal person alone
• Plan for follow-up
• Continue to assess for risk

Remember:
Caregivers need care too!
• Consult
• Debrief / Call SPC
• Self-care

Summary of Crisis Intervention

1. Build rapport
2. Assess risk
3. Gather information
4. Explore alternatives
5. Closure/ Safety Planning
Community Resources

- 911 Emergency Services
- Centralized Assessment Team: 1-866-830-6011
- Suicide Prevention Crisis Line: 1-877-727-4747
- DHMHS- SSS (OC office): 717-547-0885
- 211 (social services information and directory service)
- Teen Line 1-800-852-8336 (6pm to 10pm)
- Trevor Line (LGBTQI) 1-866-488-7386