

MARYLAND DEPARTMENT OF HEALTH

# Suicide Prevention is Everybody's Business

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## Objectives

- Recognize suicide as a public health issue and the impact of suicide
- Identify the role providers can play in suicide prevention
- Become aware of the various resources available in the state for suicide prevention
- Recognize personal beliefs or stigma about suicide

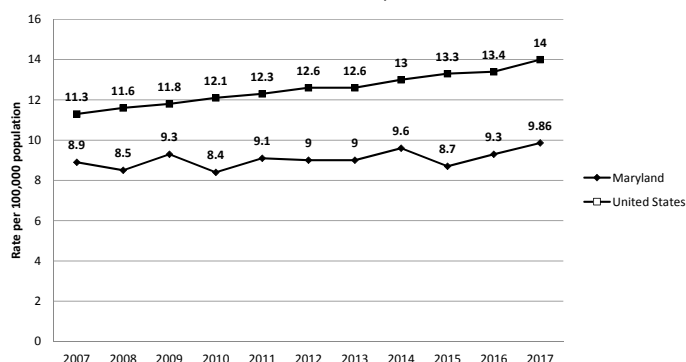
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# Suicide in Maryland

Age-Adjusted Death Rate\* for Intentional Self-Harm (Suicide), Maryland and the United States, 2007-2016



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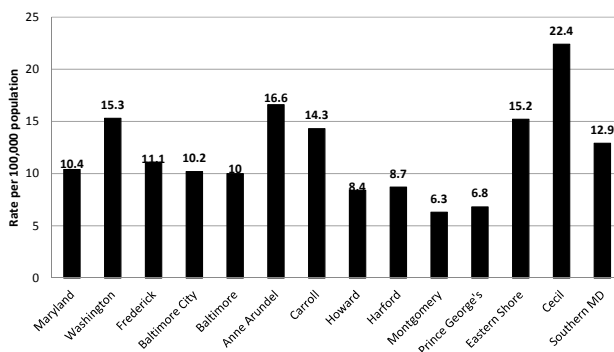
Source: CDC WISQARS Data



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# Suicide Rates by County

Crude Death Rates (Suicide, all ages) by County and Region, Maryland, 2017



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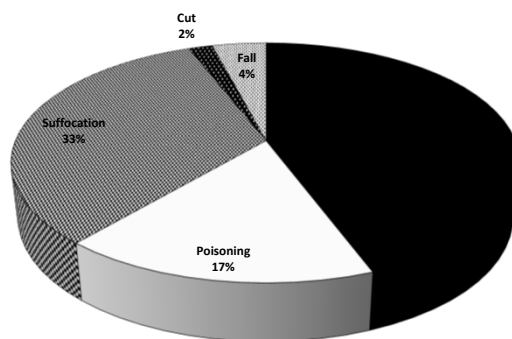
Source: Maryland Vital Statistics Annual Report 2017



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## Suicide by Means

Proportion of Suicides By Means, Maryland, 2017



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Source: CDC WISQARS Data



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## Suicide Circumstances

- 16.45% were current/former military
- 28.23% had current depressed mood
- 58.65% had current mental health problem
- 16.70% had current treatment for mental illness
- 46.92% were ever treated for mental health problem
- 21.07% disclosed suicidal intent
- 36.98% had history of suicidal thoughts or plans
- 20.68% had history of suicide attempts
- 21.27% had alcohol dependence
- 14.91% had other substance abuse problem

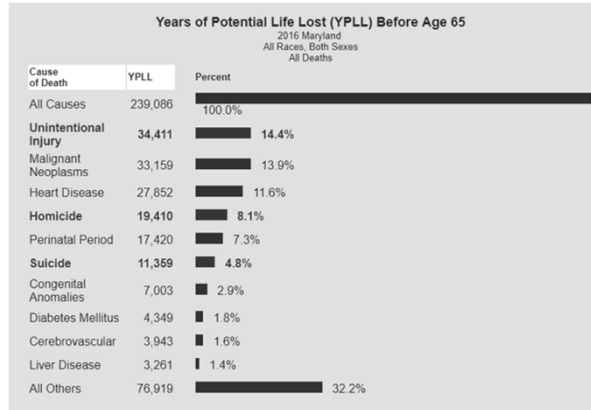
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Source: National Violent Death Reporting System, 2016



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# Years of Potential Life Lost



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Source: CDC WISQARS Data



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IN 1829, A 20-YEAR-OLD  
**ABRAHAM LINCOLN**  
LOST CONTROL AND NEARLY  
**KILLED HIMSELF.**  
HE TRIED TO END HIS AGONY  
**WITH A GUN,**  
BUT FRIENDS STOPPED HIM.

SUICIDE PREVENTION LIFELINE.ORG  
WHOSE LIFE WILL YOU SAVE?

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## Our Duty to Protect

- Legal and ethical considerations
- Clinical considerations
- Protective factors for suicide:
  - Effective clinical care
  - Access to clinical interventions and support for help seeking
  - Support from ongoing medical and mental health care relationships

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## How prepared are providers to address suicide with clients?

- **2%** of accredited counselor education programs and **6%** of accredited marriage and family therapy programs *offer* a suicide-specific course in their curriculum
- **60%** of social workers reported receiving some instruction on suicide prevention in their graduate school program
  - **75%** received fewer than 4 hours of training

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**“Competence in the assessment of suicidality is an essential clinical skill that has consistently been overlooked and dismissed by the colleges, universities, clinical training sites, and licensing bodies that prepare mental health professionals.”**

**- W.M. Schmitz, Psy.D.**

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## **Improving Readiness for Reducing Suicide Risk**

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1. Checking our attitudes about suicide
2. Identifying and assessing for suicide risk
3. Managing and reducing suicide risk
4. Additional resources

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## Checking Our Attitudes about Suicide

- Stigma
  - Language is important
- ✗ Committed suicide
- ✗ Successful suicide
- ✗ Failed attempt
- ✗ Unsuccessful suicide



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## Consequences of Stigma

- Unwillingness to seek help “why try”
- Low self-esteem
- Withdrawal/isolation
- Fear of “being found out”
- Rejection/being excluded by others
- Discrimination

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## Checking Our Attitudes about Suicide

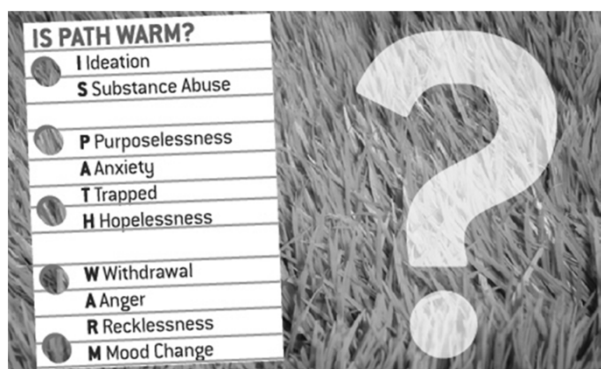
- Check our bias at the door
- What biases do we hold?
  - Selfish
  - Weak
  - Seeking attention
  - Manipulating
  - Can't be helped
- How does this impact our willingness to help?

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## Pain Isn't Always Obvious – Know the Signs



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## Warning Signs

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- Withdrawing from loved ones and activities
- Searching for lethal means
- Increased use of drugs and alcohol
- Changes in sleep
- Giving away possessions
- Making final preparations
- Visiting or calling people to say goodbye

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## Warning Signs Cont.

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- Experiencing unbearable pain
- Being a burden to others
- Having no reason to live
- Feeling trapped
- Talking about suicide or wanting to die

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## **Warning Signs Cont.**

- Depression
- Loss of interest
- Irritability
- Rage
- Humiliation
- Anxiety

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## **Discussion of Potentially Sensitive Topics with Young People**

- Discussions about potentially sensitive topics between health care providers and young people are associated with:
  - Provider explanations about confidentiality
  - Use of screening and/or trigger questionnaires
  - Amount of time spent with their provider

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## Asking About Suicide

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- Don't beat around the bush – ask directly
  - ✗ “Are you thinking about hurting yourself?”
  - ✓ “Are you thinking of suicide?”
  - ✓ “Are you thinking of ending your life?”
  
- Avoid passing judgment or leading questions
  - ✗ “You're not thinking about suicide are you?”
  - ✗ “You aren't thinking about doing something stupid like killing yourself, right?”

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## Why Screen?

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- Screeners are evidence-based
- When used with fidelity, screeners take the 'human error' out of the equation
- Support clinical decision-making
- Better than clinical judgment alone
- Helps to start the discussion around potentially sensitive subjects

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**PHQ-9****PATIENT HEALTH QUESTIONNAIRE-9  
(PHQ-9)**

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

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**Ask- Suicide Screening Questions**


- Takes less than 2 minutes to screen
- For use by non-psychiatric clinicians
- Designed for screening youth ages 10-24 or below age 10 for patients with mental health chief complaints
- Validated in a variety of medical settings

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# Ask Suicide-Screening Questions



NIMH TOOLKIT  
Suicide Risk Screening Tool  
Ask Suicide-Screening Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead?  Yes  No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?  Yes  No
3. In the past week, have you been having thoughts about killing yourself?  Yes  No
4. Have you ever tried to kill yourself?  Yes  No

If yes, how? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

When? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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# Ask Suicide-Screening Questions

If the patient answers Yes to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now?  Yes  No

**Next steps:** \_\_\_\_\_

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (\*Note: Clinical judgment can always override a negative screen).
- If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:
  - "Yes" to question #5 = **acute positive screen** (imminent risk identified)
    - Patient requires a **STAT safety/full mental health evaluation**.
    - Patient cannot leave until evaluated for safety.
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - "No" to question #5 = **non-acute positive screen** (potential risk identified)
    - Patient requires a **brief suicide safety assessment to determine if a full mental health evaluation is needed**. Patient cannot leave until evaluated for safety.
    - Alert physician or clinician responsible for patient's care.

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## C-SSRS

Answer Questions 1 and 2		In the Past Month
	YES	NO
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
<b>If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6</b>		
3) Have you thought about how you might do this?		
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?		
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		
<b>Always Ask Question 6</b>		In the Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life?		

Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.

Any YES must be taken seriously. Seek help from friends, family, co-workers, and inform them as soon as possible.

If the answer to 4, 5 or 6 is YES, immediately ESCORT to Emergency Personnel for care.



DON'T LEAVE THE PERSON ALONE.

STAY ENGAGED UNTIL YOU  
MAKE A WARM HAND OFF TO  
SOMEONE WHO CAN HELP.



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## C-SSRS

- Assesses intensity, duration and frequency of suicidal thoughts
  - Patients with a wish to die are 5-6 times more likely than the general public to die by suicide
  - Ideation with the intent to act is a distinct type of suicidal ideation; the presence of intent to act increases risk for suicidal behavior
- C-SSRS intensity scale was a significant predictor of suicide attempt
- Strong interrater reliability even among non-clinicians

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## **Safety Planning – Not No Suicide Contracts**

- Defined as a best practice by the Suicide Prevention Resource Center and American Foundation for Suicide Prevention
- More effective than no-suicide contracts
- Incorporate several evidence-based risk reduction strategies
- High quality safety plans decrease the likelihood of hospitalization in the year following safety planning

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## **Safety Planning Intervention**

- Written list of coping strategies and sources of support for clients
- The plan should be brief and in the client's own words
- Collaborate with the client to develop a safety plan
- Talk with the child's parents to ensure they are aware of suicide risk and the safety plan
- Means safety is important and family should be incorporated in the plan

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### Patient Safety Plan Template

**Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation techniques, physical activity):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Step 3: People and social settings that provide distraction:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_
3. Place \_\_\_\_\_ 4. Place \_\_\_\_\_

**Step 4: People whom I can ask for help:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_

**Step 5: Professionals or agencies I can contact during a crisis:**


1. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_
2. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_
3. Local Urgent Care Services \_\_\_\_\_  
Urgent Care Services Address \_\_\_\_\_  
Urgent Care Services Phone \_\_\_\_\_
4. Suicide Prevention Lifeline (Phone: 1-800-273-TALK 8255)

**Step 6: Making the environment safe:**

1. \_\_\_\_\_
2. \_\_\_\_\_

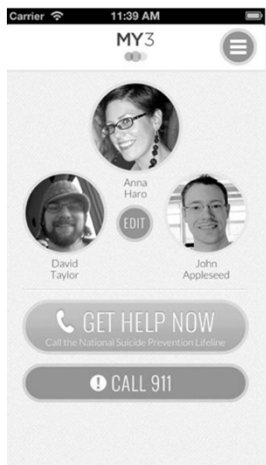
Labels for Template 01000 Patient Safety and Support Kit. Brand is registered and/or trademarked property of their holder. Use of patient or provider information in this template is not intended to be used for publication or distribution without the appropriate consent.

The one thing that is most important to me and worth living for is: \_\_\_\_\_

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## My 3 App




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## Access to Lethal Means

- Putting time and space between lethal means and a person in crisis saves lives!
- If prescribing medication that could potentially be lethal, do not write prescription for lethal amount



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“ People have told us that if Arlyn had not taken the gun, she could have killed herself another way. That’s possible. It’s also possible that the delay as she looked for another way would have given her mind time to move out of the suicidal trance she was in at the moment. That lost opportunity took away our chance to help and save her.”

—KARYL, ARLYN’S MOTHER

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## Therapy Modalities for Suicide

- Cognitive Behavioral Therapy
  - Suicide attempts
  - Targets suicide as a skills deficit
  - Helps people learn tools to notice and label emotions as they enter into a crisis state
  - Develop personalized strategies to calm themselves and stay safe
  - Improves depression/depressive symptoms, suicidal thoughts and behaviors, resilience/self-concept, and social functioning/competence
- Dialectical Behavioral Therapy
  - Borderline Personality Disorder
  - Suicidal Ideation
  - Suicidal Behaviors
  - Emotional regulation and tolerance

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## Therapy Modalities for Suicide

- Collaborative Assessment and Management of Suicidality (CAMS)
  - Uses clinical tool called Suicide Status Form (SSF) to guide the patient's treatment: suicide-specific assessment and treatment plan focused on individual risk-factors/stressors
  - Leads to reduction in suicidal ideation, distress, depression, and hopelessness

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## Cultural Considerations

- Choosing to use emergency intervention with communities or populations who have strained relationships or distrust in law enforcement
- Cultural connectedness as a clinical intervention
  - Native American youth
- Pop Culture
  - Celebrity suicides
  - Blue Whale App
  - 13 Reasons Why
  - Momo Challenge

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## Trainings & Resources

- Counseling on Access to Lethal Means (CALM) – [sprc.org](http://sprc.org)
- MD-SPIN – [health.maryland.gov/suicideprevention](http://health.maryland.gov/suicideprevention)
- Recognizing and Responding to Suicide Risk – [suicidology.org](http://suicidology.org)
- [cssrs.columbia.edu](http://cssrs.columbia.edu)

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## State Initiatives

- Maryland Suicide Prevention & Early Intervention Network
  - ED Screening
  - Schools
  - New proposal
- Maryland Crisis Hotline
- Governor's Commission on Suicide Prevention
  - Three objectives for 2019-2021
- Annual Suicide Prevention Conference
- Lunch & Learn and Webinar Series
- Training

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## Maryland Crisis Connect

- Call 2-1-1, press 1
- Text zip code to 898-211
- MDCrisisConnect.org



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# Contact

Contact

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