# Suicide Education and Response

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VIA LINK

Worldwide:
Approximately 1 person dies by suicide every 40 seconds (WHO, 2015)

# 1 death by suicide *every*

# *11.7 minutes* …

**One attempt every 32 seconds**

# Nationally

- Suicide is the 12th leading cause of death
  This ranks higher than homicide, the 16th leading cause
- Suicide is the 2nd leading cause of death among adolescents
  Accidents are the 1st leading cause
- Elderly adults have rates close to 50% higher than the nation as a whole
- 4 times more men than women complete suicide
- Women attempt suicide 3 times more often than men

# In Louisiana

According to AFSP.org (2021):

- On average 1 person dies every 13 hours in the State of Louisiana
- Suicide is the 10th leading cause of death in Louisiana
  - -3rd leading cause of death for ages 10-34
  - -5th leading cause of death for ages 34-44
  - -4th leading cause of death for ages 45-54
  - -10th leading cause of death for ages 55-64
  - -17th leading cause of death for ages 65 & older

**overall death rate and for ages 10 - 54 have all gone up since 2018**

# Suicide: What Is The Big Picture?

According to the CDC as of 2020:

Reported Suicides: 45,979

Unreported Suicides: Anywhere from 1,600 – 8,000

Non-fatal Suicide Behaviors:

Elderly Adults: 4 attempts for every 1 death

Adults: 25 attempts for every 1 death

Adolescents: 100-200 attempts for every 1 death

People with thoughts of suicide: ???

People are dying and we're not talking.

**Even more people are living with suicidal ideation and we are talking about that even less.**

# Talking Saves Lives

By talking about suicide and knowing the facts we can:

Destigmatize

Normalize

Reduce Fear

Gain Hope

Let others know they are not alone!

# The Stigma of Suicide

***The stigma surrounding suicide creates a degree of discomfort, which becomes an obstacle to help seeking and hinders those who wish to provide help.***

***Change language:  Not “commit” suicide.  Attempt or die by suicide***

# Understanding the Stigma

- Fear and shame are the foundation for the stigma surrounding suicide.
- People with thoughts of suicide fear being labeled “crazy” or thought of as “bad.”
- Survivors of suicide feel the shame that our society holds for those who have died by their own hand.
- Be aware of your own attitudes about suicide and how they can be a help or a barrier to someone at risk.

# Stigma in The Church

- Where did it begin?
- Suicide is mentioned in the bible many times without any condemnation
- Stigmatization of suicide began in the Westernworld
- St. Augustine of Hippo (345 – 430 A.D.) then to St. Thomas Aquinas (1245-1274 A.D.)
  - Declared suicide a mortal sin because this “choice” appropriated God's power over life and death
  - Suicide is not a logical choice

# Stigma in The Church

- If we reduce stigma, won't it increase risk?
-
- No – thinking that God has abandoned you because of having a sinful thought increases risk.
- Belief that you are not alone decreases risk

# Stigma carried over

- Often times just the fact of having thoughts of suicide alone makes an individual feel isolated
- They feel like they would be a burden if they let others know how they feel
- These are the two biggest risk factors for suicide:  Isolation and Perceived Burdensomeness

- By letting someone really talk about their thoughts we reduce risk

# Thomas Joiner's Interpersonal Psychological Theory of Suicide (IPTS)

- Desire + Capability
- Importance of understanding there is a difference between suicidal ideation and suicide attempt
- Not everyone who develops SI will attempt
- SI can be long term and even chronic
- Attempt windows are shorter
- Many individuals will never attempt
- Long term therapy vs. built in tools for safety

# Attempt Windows

Can look different for different people
Many people enter an intense state of agitation.
Suicide Crisis Syndrome vs. Suicide Ideation
A suicide crisis state = “fight or flight” mode
As backwards as it may seem:  a suicide attempt is a person’s survival instinct

# Warning Signs
# Vs.
# Risk Factors

# Don’t be limited by this list

**Anyone can potentially be at risk for suicide**

# So then what is the most effective skill?

- Be comfortable talking
- A conversation has shown to be much more effective than a “risk assessment”
    - In fact, a client feeling “assessed” can actually elevate risk
- Be comfortable leaning into feelings and validating your client’s emotions
    - This will allow them to open up
- Understand what you are listening for and your client will give you most of the information you need
- If you have to document on a risk assessment, know the assessment as well as you can so you can conversationally get the information
    - Use active listening and engaging statements to lead into “assessment” questions
- Remember:  conversations in real life are mostly statements - avoid the question answer game

# When asking

Say “Killing yourself” or “suicide”
Do not use euphemisms even if they do
Ask as though you expect an answer
Be able to sit through the uncomfortableness or silence
Be with them in their feelings
Remember:  thoughts of suicide does not mean there is a safety risk.  We will need to listen.

# When talking with another about suicide

Listen patiently to reasons for dying, and persistently for reasons for living

# Hospitalization is Often Not The Best Answer

- The purpose of hospitalization is to physically keep an individual safe during their acute stage of enacting lethal self harm
- This is not therapeutic care
- There is often limited follow-up care

Failure to provide follow up care after a suicide attempt is associated with a higher rate of re-attempt

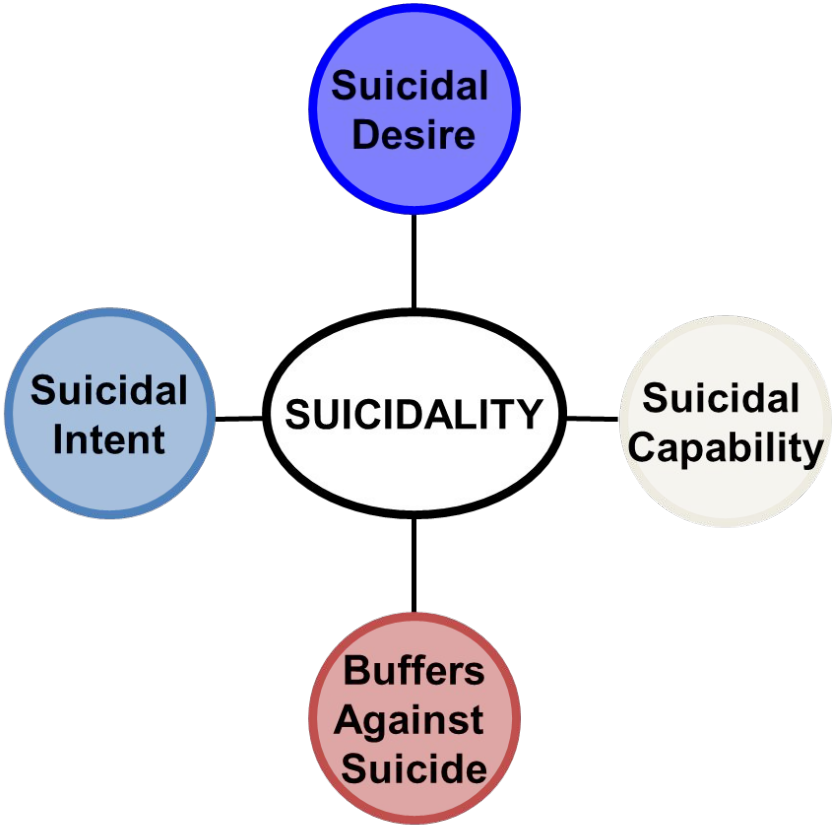
- Many patients report difficult and often stigmatizing experiences with health services
- Risk of reattempt is high, with hospital-treated suicide attempt as the strongest risk factor for subsequent suicide (Carroll, Metcalfe, Gunnell, & Carter, 2014)
- Those who die by suicide often present to the ED in the year before their death (Da Cruz et all, 2011)

# SRA Can Identify Risk Level vs. Imminence

**Hospitalization = Imminence**

**Risk Level = Safety-For-Now Planning, long term therapy**

# Assessing Suicide Risk



# The Conversation

Not about reducing pain or taking away pain
About having a connection and that the person can live/tolerate the pain
Can keep themselves alive while wanting to die
Your main tool:  Listening and Validating
Internally making notes to form ambivalence statement and know what may need to go into safety plan
Conversation is a greater tool than assessment

# Suicide Ideation

- “Desire”
  - Desire for a suicide attempt
  - Desire to no longer be alive
- Stems from:
  - Thwarted sense of belonging
  - Perceived burdensomeness
- Can present in many different ways

- Individual's perception is what is important.  Not necessarily the reality
- Believe their death is worth more than their life

# Desire

*“The need to belong is a fundamental human motive. When this need is thwarted numerous negative effects on health, adjustment, and well being have been documented... the pain of thwarted belongingness may activate similar brain areas (anterior cingulate cortex) as physical pain” (Joiner, 2005)*

- Demonstrates importance of an individual needing to know its okay and they have support during times of suicidal ideation and pain
- Hope + Connection

# Capability

- Competence in ability to enact lethal self harm
- Lose fear of death
- Brain process that makes one capable of a suicide attempt
  - Brain chemistry changes
- "Practice"

  -prior attempts, research on suicide, preoccupation with death, acquiring means

  -provocative behaviors: substance use, violence, isolation

  -moving away from instinctual desire preserve life
- Psychological/Emotional Factors
  - Loss of loved one to suicide, lack of sleep, anxiousness, isolation, mood disruptions

# Capability can be gained before or after onset of SI

- Can be gained before:
  - First Responders, Thrill Seekers, Survivors of Near Death Experiences, Survivors of Abuse, ACES, Illness, Age
- Can be gained after:
  - Preoccupation with death, research on attempts, provocative behaviors, “practice”

# Intent

- This is where you look for imminent risk of attempt
- Imminence = TODAY
- Stated desire to die
- Plan:  means, <u>when</u>, and where
- High Risk does not equal imminence
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- Remember:  if can commit to safety
- may still avoid hospitalization

# Buffers

- When an individual is experiencing suicidal ideation, there is likely some will to live
- Buffers help offset some risk
- When experiencing SI an individual may not be able to see/acknowledge their buffers – it is important to explore and take note of any and all buffers to help the individual get to a place of suicidal ambivalence

# Ambivalence

- Most important buffer
- Acknowledgement that there is some part of them that wants to live
  -Does not discount and may not outweigh part that wants to die
- Part of the person wants to die and part of the person wants to live

Not running towards death but are running from pain of life. Don't need to turn away from death, need to be less afraid of life

“I've heard [x/y/z reasons for dying] and that part of you wants to die. I've also heard [x/y/z buffers] and that part of you wants to live. So while there is a part of you that wants to die, there is also a part of you that does want to live”

# Safety Planning

**“I understand you want to die right now and those feelings are very real and they are a part of you.  I care about you and want to help.  Let's figure out how to cope with those feelings and  keep you safe for now {today}.”**

# Safety Planning/Coping Plan

- Remember:  suicide is a coping mechanism.  You are trying to put short term adaptive coping in place
- Amount of safety vs. coping mechanisms will be determined from your conversation
- Can you get anyone else involved? Contact together
- Removal of means/means restriction (do together)
  - If means are more difficult to get to it engages the frontal portion of the brain and disengages “lizard brain”
- Relaxation/Coping/Distraction
- Follow up
- Longer term therapy (CBT, etc)
- Safety contracts
  - What can they do if a safety risk occurs?

# Change the Conversation

- Empower individuals to believe they can keep themselves alive even though they want to die right now
- Not shy away from talking about suicide
- Support others when they are experiencing suicidal ideation
- Understand that suicide can be a “chronic condition”.
- Normalize
- Destigmatize
- Instill Hope


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LISTENING • UNDERSTANDING • CONNECTING

# Lines Include:

- 2-1-1 (I&R, Crisis, Kinship Caregivers, Disaster or text 898-211)
- **National Suicide Prevention Lifeline/9-8-8**
- Crisis Chat (www.Vialink.org)
- **Crisis Teen Textline (833-TXT-TEEN)**
- Louisiana Parentline (833-LA-CHILD or text 225-424-1533)
- Keeping Calm (866-310-7977)

# Prevent Child Abuse Louisiana (PCAL)

- VIA LINK now houses the Prevent Child Abuse Louisiana (PCAL) Office
- Follow us on Facebook: www.facebook.com/vialink211 for events and information for Child Abuse Prevention Month
- Learn about our trainings and programs offered on our website: www.vialink.org

# Support Group for Teens with SI

“Real Talk”

Free, weekly support group for teens experiencing suicide ideation
Meets every Tuesday from 6 – 7:30
For more information email realtalk@vialink.org

# For Survivors

Free Weekly Online Support Group for any adult who has lost a loved one to suicide
SOS@vialink.org