

Alliance for Healthy Communities

Suicide:

Dangerous Myths & Harsh Realities

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Alliance Mission:

Engage the community to reduce youth substance abuse and risks of suicide by raising awareness and changing community norms.



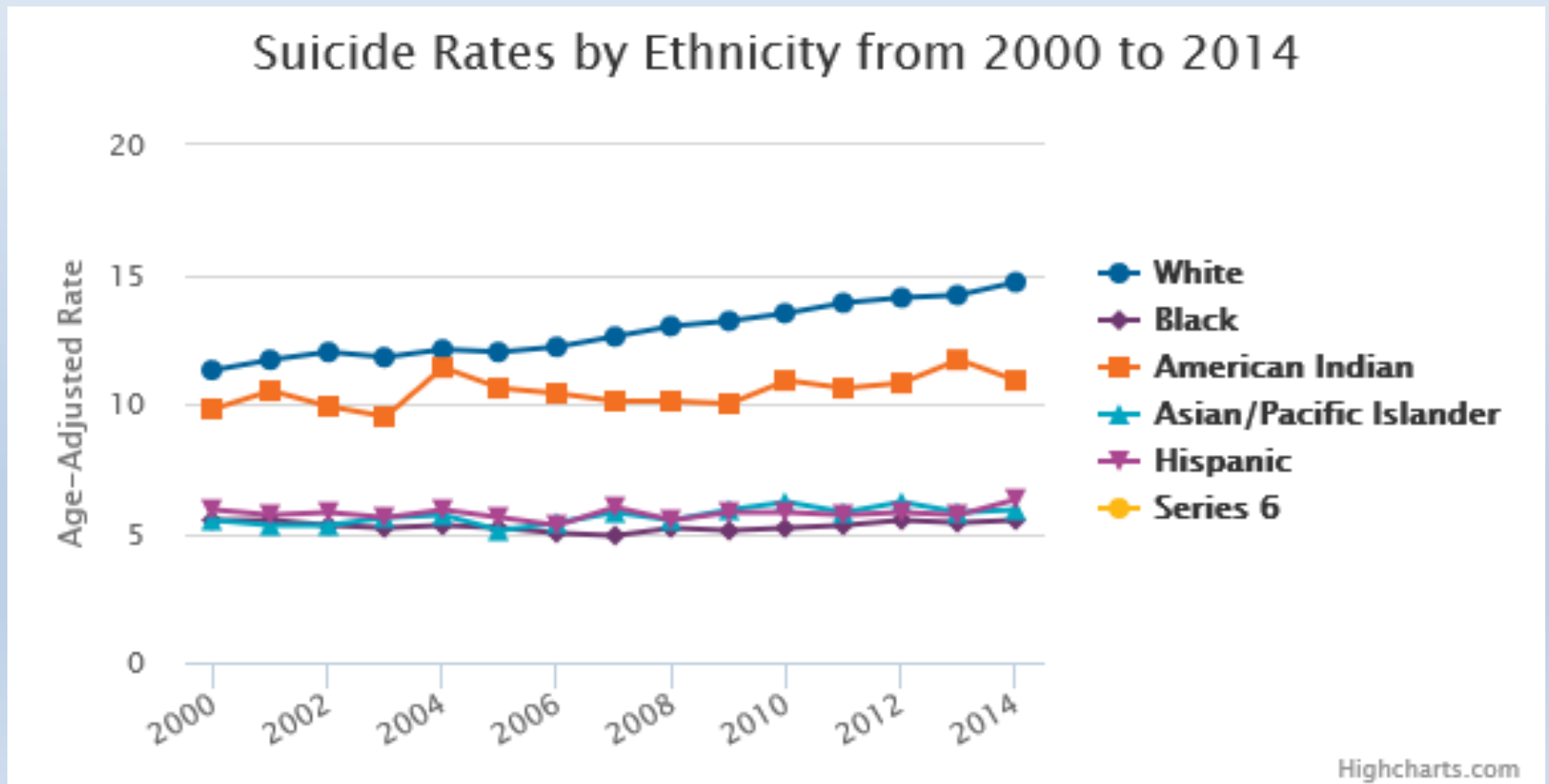
Objectives

- Understanding depression & its link to suicide
- Develop a safety plan to lower risks for youth suicide.
- Effectively refer to local resources for treatment



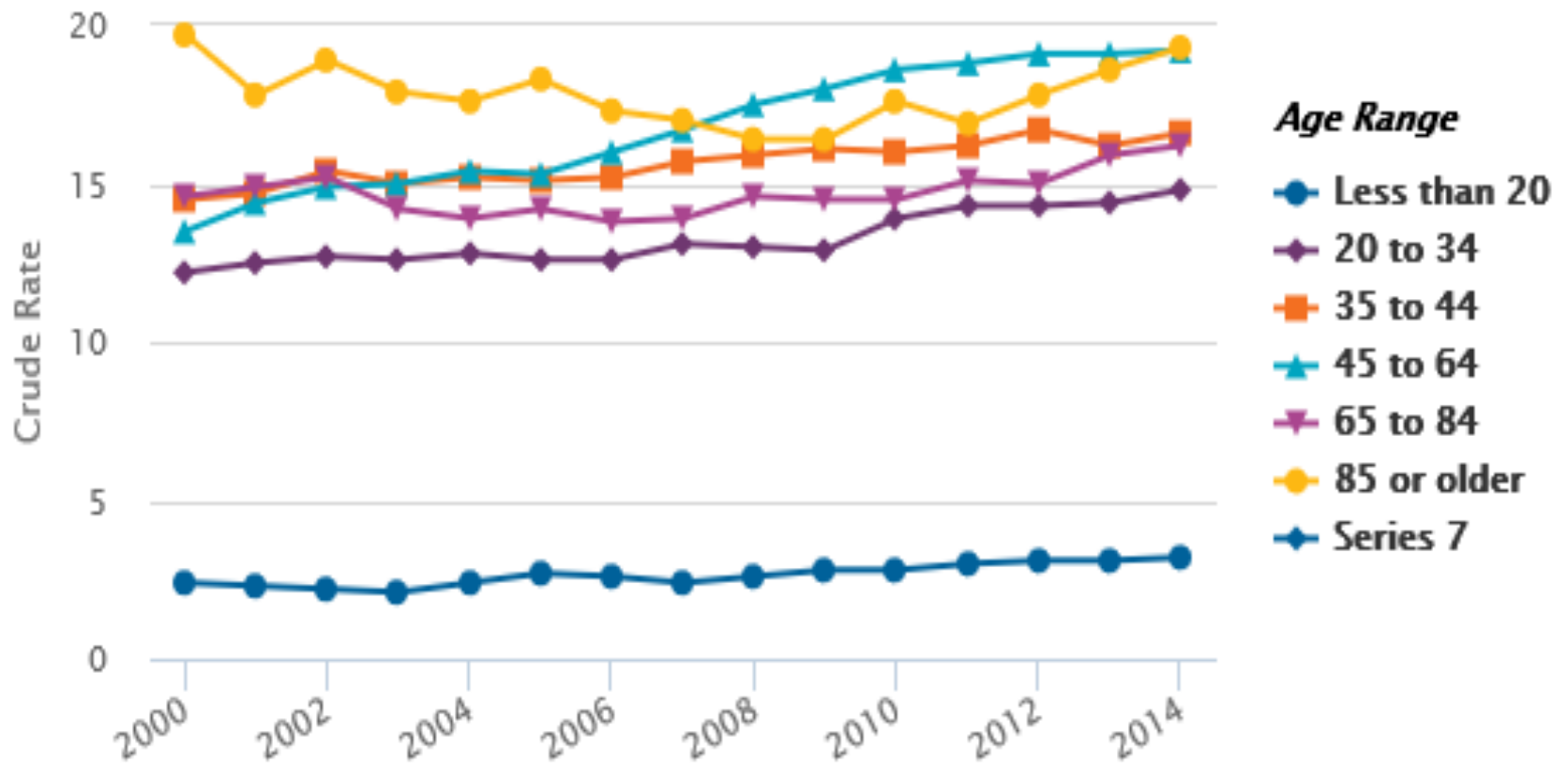
Suicide Statistics

- <https://afsp.org/about-suicide/suicide-statistics/>



Suicide Rates

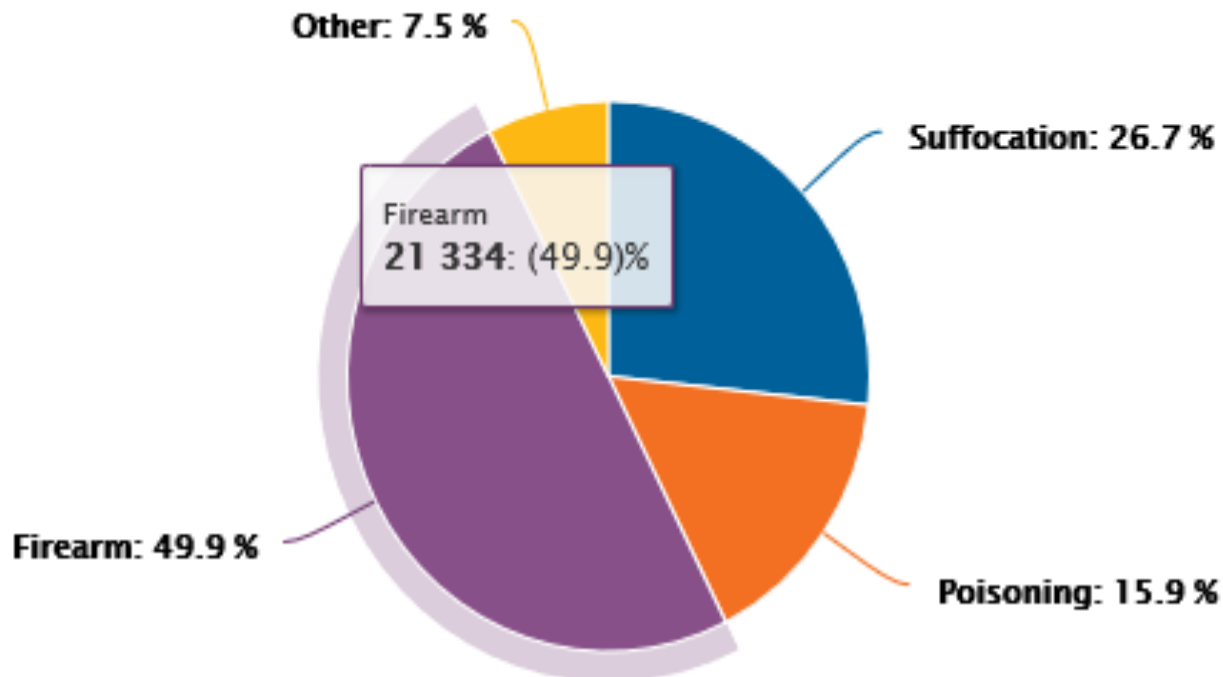
Suicide Rates by Age from 2000 to 2014



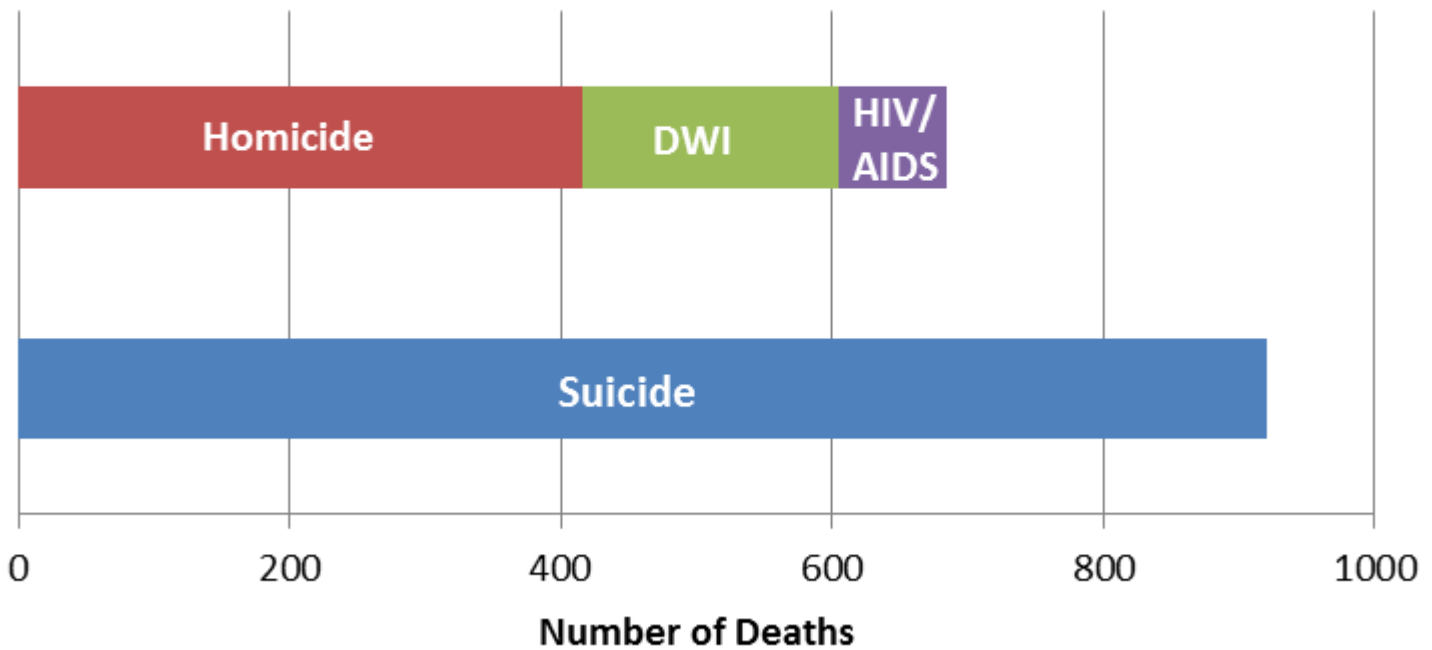
Suicide Methods

Annually, 494,169 people visited a hospital for injuries due to self-harm

Suicide Deaths by Method, 2014



Number of Missouri Deaths in 2011 due to Homicide, DWI, HIV/AIDS, and Suicide



Harsh Facts about Suicide

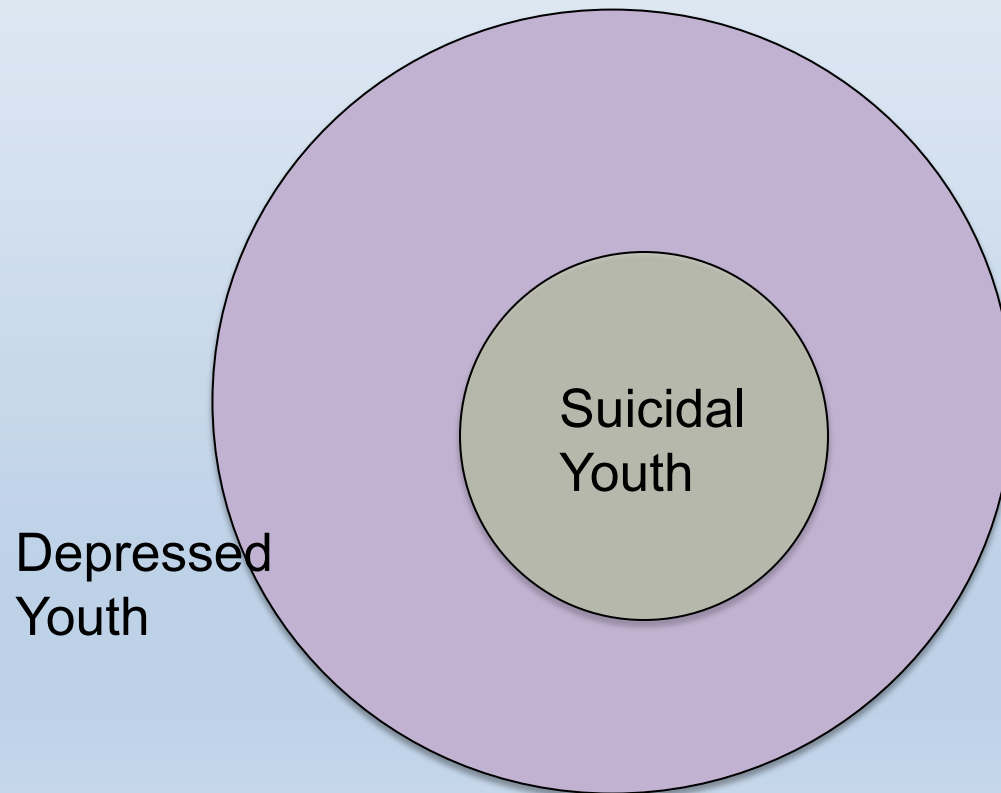
- 3rd leading cause of death In 15-24 year old cohort
- More young adults in this cohort die from suicide than the top 6 medical causes of death combined!
- Males Complete suicide 4 x more than females
- Females attempt suicide 3 x more than males
- White males are at highest risk for completed suicides
- <http://www.worldlifeexpectancy.com/usa/missouri-suicide>

2014 Data: Youth Suicide in Missouri

There was 1 suicide for every 9 suicide attempts
Overall, males die by suicide at 4x the rate of females
Among males, whites represent 90% of suicides
Males represent 78% of all suicides in Missouri



Most youth who are suicidal are depressed,
but most depressed youth are NOT suicidal



Signs & Symptoms Of Depression

BIO:

- Problems with sleeping & appetite
- Physical pain: head-stomach-back aches

PSYCHO:

- Feelings of sadness, lethargy,
- irritability, frustration

SOCIAL

- Isolating behaviors, loneliness becomes unbearable
- Poor grooming and/or inappropriate interactions w/ others

SPIRITUAL

- Loss of interest in activities that formerly brought joy
- Lack of meaning in life

Risk Factors for Suicide Intent

- Talking or writing about suicide
- Speaking of hopelessness & being a burden
- Diminishing impulse control
- Increasing substance abuse
- Giving away favorite items
- High risk behaviors
- A previous suicide attempt
- Escalating problems w/ school/family/social

<https://www.youtube.com/watch?v=atZgfHztSxg>

Signs & Symptoms of **Self-Injury**

Youth who engage in behaviors that harm self:
burning, cutting, scraping, hair pulling, etc.

- These behaviors generally are not suicide attempts
rather
- Attempts to manage intense emotional pain:
abandonment, disappointment, resentment
- A form of distraction from the emotional anxiety

Two key elements of suicide risk

- Suicide is about relieving unbearable pain with no hope of future change

(hopeless)

- The pain is permanent w/ no solution

(helpless)

Note: Sadness is grieving the loss of someone or something of value; trusting that this will pass with adequate & effective internal & external resources.

Don't ask: they don't tell

Ask 3 critical questions in a **straightforward fashion**

- Are you thinking about suicide now?
- Have you ever attempted suicide before?
- What method would you use to end your life?



Hidden Messages

- Youth hide their suicidal intentions because they:
 - believe suicidal thoughts are a sign of weakness or failure,
 - are ashamed to acknowledge it,
 - do not believe that anyone can help,
 - have other personal history reasons.



Screening for Risk Factors

Open and direct talk about:

- Suicide thoughts or plans.
- Intent to act on suicide plans.
- Availability of lethal means.
- Lack of resources.
- A prior suicide attempt.
- Exposure to someone else's suicide.
- Visible signs of depression and/or anxiety.
- Unbearable pain & isolation.

Screening for Protective Factors

Open and direct talk about:

- Reasons for living.
- Meaningful relationships with individuals, family, community.
- Supportive health care from multiple providers.
- Current & effective treatment.
- Identifiable long term goals.
- <http://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>

Suicide Assessment

Pay attention to:

- Youth's responses to direct and indirect questions
- Know the risk factors
- How does this youth behave under stress
- and obtain collateral information
 - From family, PCP, friends, teachers, coaches, etc.



Determining Risk Level

- Make a judgment of the risk that this youth may attempt or complete suicide in the short & long-term.
- Document your assessment & the rationale with your supervisor (and youth's physician).
- Develop a written treatment & service plan that addresses the youth's acute & chronic suicidal ideation & risk for suicide.
- Determine appropriate treatment level referrals.
 - <http://teens.webmd.com/preventing-teen-suicide>

What requires immediate action

- When the youth talks or writes about suicide,
- Speaks about hopelessness & being a burden,
- Diminishing impulse control,
- Increasing substance abuse,
- Giving away favorite items,
- Engaging in high risk behaviors,
- Previous suicide attempt,
- Escalating problems w/ school/family/law.
 - <http://www.youtube.com/watch?v=cOCMsgoM6To>

Eliminate Access to Means

Access to and/or use of:

- Firearms and ropes,
- Medications, including prescription and recreational use,
- Poisonous materials,
- Motor vehicles,
- Carbon monoxide,
- Other?



Screen for substance abuse

SUBSTANCE ABUSE IS A SIGNIFICANT RISK FACTOR

Youth may use alcohol, marijuana, opiates, nicotine to manage intense painful emotions.

Initially these approaches work, and that memory is implanted even when they no longer work.

Thus the need to use more to recover that relief.

- <http://www.hhs.gov/ash/oah/adolescent-health-topics/substance-abuse/>



Developing a Safety Plan

WHAT IS IT?

- An agreement on how to keep the youth safe.
- Facilitate ownership of plan w/youth & family.
- Provide emergency resources w/ 24 hr. tel. #.
- Establish frequency of contact.
- Do not leave youth alone until risk is lowered.
- Plan for contacts with family, friends, school, social service agency, religious institution, and other.
- Enhance protective activities (exercise, sleep, diet).
- TEMPLATE:
- http://www.sprc.org/sites/default/files/Brown_StanleySafetyPlanTemplate.pdf

Additional Screening tools

- Regular screenings in primary care and other healthcare settings enables earlier identification of mental illness which translates into earlier care
- The SAMSHA website offers many different, basic screening tools from physical health to specific mental health disorders.
- <http://www.integration.samhsa.gov/clinical-practice/screening-tools#suicide>

Minority Resources

- Understanding Latino's Suicidal Behaviors and Implications for Practice
 - <http://www.sprc.org/populations/racial-or-ethnic-groups/hispanic-latino>
- Suicide among racial/ethnic populations in the U.S.
 - <http://www.sprc.org/populations/racial-or-ethnic-groups/hispanic-latino>
- Cultural competency: Developing strategies to engage minority populations in suicide prevention
 - http://www.sprc.org/library_resources/items/cultural-competency-developing-strategies-engage-minority-populations-suicid

GLBTQ Resources

- LGB youth are 4 times more likely, and questioning youth are 3 times more likely, to attempt suicide as their straight peers.
- Suicide prevention among gay, lesbian, and transgender youth:
 - <http://www.thetrevorproject.org/pages/facts-about-suicide>
 - http://www.sprc.org/search/apachesolr_search/GLBT?filters=



Local Resources

- Behavioral Health Response
314-469-6644 or 1-800-811-4760
- Life Crisis: 1-800-647-HELP (4357)
- National Suicide Prevention Lifeline:
1-800-243-TALK (8255)
- CHADS Family Support Warm Line:
314-952-8274
- Rainbow Youth Hotline: 1-877-542-8984

Missouri Resources

- [MO Institute of Mental Health](#)
- **Missouri Suicide Prévention Project (MSPP)**
- <https://www.mimh.edu/projects/missouri-suicide-prevention-project-mspp/>



Youth Resources

- **24/7 YOUTH CONNECTION HELPLINE**
- **Crisis line for families/adolescents for support and resource development.**
- **19 & under STL County: 314 628 2929 or**
- **Youth Connection Helpline: 1 (877) 928-2929**
- **<http://www.stlouisco.com/csf/Resources>**

- **24/7 SUICIDE PREVENTION LINE 1 (800) 273-8255 (TALK)**
- **Individuals: <http://www.moasklistenrefer.org/main>**
- **Schools: <http://www.asklistenrefer.org/>**

- **Text 4HLP to 31658**

- **MERCY HOSPITAL WALK-IN EMERGENCY CLINIC: 314 251-4921**
 - For adolescents

Resources

- **18 & under for St. Charles County: 636 642 0642**
- <http://www.stcharlescountykids.org/>
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- **For STL City and Eastern Region: 314 469 6644**
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- **SUICIDE PREVENTION APPS FOR PHONE**
- <http://www.mimhtraining.com/suicide-lifeguard/>
- <http://t2health.dcoe.mil/apps/virtual-hope-box>
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- **FACEBOOK LINK for SUICIDE PREVENTION**
- http://www.huffingtonpost.com/2015/02/25/facebook-suicide-prevention_n_6754106.html?ncid=fbklnkushpmsg00000063
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- **NATIONAL INSTITUTE OF HEALTH**
- <https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml>

National Organizations

- **AMERICAN FOUNDATION FOR SUICIDE PREVENTION:**
- AFSP is the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education and advocacy, and to reaching out to people with mental disorders and those impacted by suicide.
- **Toll Free Phone:** 1 (888) 333-AFSP **Web:** <http://www.afsp.org/>

- **SUICIDE PREVENTION RESOURCE CENTER:**
- SPRC works with the National Action Alliance for Suicide Prevention provides a public health approach to suicide prevention.
- **Phone:** (877) GET-SPRC (438-7772) **Web:** <http://www.sprc.org>

- **SOCIETY FOR THE PREVENTION OF TEEN SUICIDE**
- To reduce the number of youth suicides and attempted suicides by encouraging public awareness through the development and promotion of educational training programs **Web:** www.sptsusa.org