

Suicide Prevention

Presented by:
Kaleidoscope Family Solutions

Suicidal Ideation

- ▶ Suicidal ideation is any thought about suicide
- ▶ Range from vague thoughts or urges to meticulously detailed plans
- ▶ Professional intervention is required to determine the extent of someone's suicidal ideation
- ▶ Severe suicidal ideation is a medical emergency requiring immediate medical attention

Suicide

- ▶ **Suicide** is an act deliberately taking one's own life
- ▶ When a person feels overwhelmed and unable to cope, suicide is a risk

Depression and Suicide Stats

- ▶ Suicide is the 10th leading cause of death in the US for all ages
- ▶ About 105 Americans commit suicide per day
- ▶ In Americans older than 18, 20–25% of them are affected by depression each year
- ▶ Only half of all Americans experiencing an episode of major depression receive treatment
- ▶ 80–90% of people who seek treatment for depression are treated successfully using therapy and/or medication
- ▶ About a quarter million people per year become suicide survivors
- ▶ There is one successful suicide per every 25 attempts
- ▶ About 38,000 Americans commit suicide per year

Suicide Facts. (n.d.). Retrieved September 08, 2017, from http://www.save.org/index.cfm?fuseaction=home.viewPage&page_id=705D5DF4-055B-F1EC-3F66462866FCB4E6

Suicide and Gender

- ▶ Men die much more often by means of suicide than do women
- ▶ Men commit suicide about 4x more often than women
- ▶ This may be due to the fact that men are more likely to utilize effective violent means such as guns, hanging and use of knives
- ▶ Women are more likely to have suicidal thoughts than men
- ▶ Women suffer from depression twice as much as men. This two-to-one ratio exists regardless of racial and ethnic background or economic status.
- ▶ Women attempt suicide 3x more often than men (attempt does not mean that it's successful)
- ▶ Women are more likely to use poisoning methods (overdosing on medications)

Suicide and Age

- ▶ Adults between the ages of 18–29 are more likely to have suicidal thoughts, suicidal planning, and suicide attempts than adults who are 30+
- ▶ Suicide is the 3rd leading cause of death for 15–24 year old Americans
- ▶ Suicide is the 4th leading cause of death for adults ages 18–65
- ▶ Suicide rates for females are highest among those ages 45–54
- ▶ Suicide rates for males are highest among those aged 75+
- ▶ Suicide rates among the elderly are highest for those who are divorced or widowed

Sexual Orientation/Gender Identity and Suicide

- ▶ Lesbian, gay, and bisexual kids are 3x more likely than straight kids to attempt suicide
- ▶ Every time an LGBTQ person is a victim of physical or verbal harassment or abuse, they become 2.5x more likely to hurt themselves

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Autism and Suicide

- ▶ Among children with Autism aged 1–16 years old, 14% had suicide ideation or had attempted suicide (Mayes, 2013)
- ▶ In one study, adults with Autism were more likely to attempt suicide by means of cutting, stabbing, and carbon monoxide poisoning than those without Autism (Kato, 2013)

Let's talk

What may a suicidal person be feeling like?

What may a suicidal person be thinking?

What sort of stressors may be happening for a person who is suicidal?

Why Someone May Attempt Suicide

- ▶ They're depressed – depression can change people's mindsets to think, "Everyone would be better off without me."
- ▶ They're psychotic – inner voices can tell someone to be self-destructive
- ▶ They're impulsive – this is often associated with someone using drugs and alcohol which adds to their impulsivity to attempt suicide
- ▶ They're crying out for help – someone may feel like they don't know how to get help unless they attempt suicide to get the attention of other's
- ▶ They have a philosophical desire to die – based on a reasoned decision and sometimes stems from the diagnosis of a terminal illness
- ▶ They've made a mistake – someone may try to achieve a certain experience (getting high off of oxygen deprivation) but may take it too far

(Lickerman, 2010)

Common Risk Factors

A suicidal person most often has a psychiatric diagnosis. This may include but is not limited to:

- ▶ Major Depression
- ▶ Bipolar Disorder
- ▶ Schizophrenia

A suicidal person may be dealing with difficult stressors in their life:

- ▶ An impending separation or divorce
- ▶ Sexual Identify issues
- ▶ Losing a job
- ▶ Death of a loved one
- ▶ A serious illness
- ▶ Chronic pain
- ▶ Financial crisis
- ▶ Etc.

A suicidal person might be feeling:

- ▶ Sad
- ▶ Insecure
- ▶ Humiliated
- ▶ Hopeless
- ▶ Worthless

The Most Common Cause of Suicide

The most common cause of suicide is depression

- Some signs of depression include:
 - Change in eating habits
 - Change in sleeping habits
 - Withdrawal from friends
 - Substance or Alcohol use/abuse
 - Violent or rebellious behavior
 - Risk-taking behavior

Suicide Warning Signs

- ▶ Appearing depressed or sad most of the time
- ▶ Feeling and/or expressing hopeless
- ▶ Withdrawing from family and friends
- ▶ Disrupted sleep patterns; sleeping too much or too little, early morning awakening
- ▶ Having low energy, feeling tired most of the time.
- ▶ Gaining or losing a significant amount of weight
- ▶ Giving away sentimental items

Other Warning Signs

Making statements such as these:

- ▶ "I can't do this anymore."
- ▶ "I hate my life."
- ▶ "There's no point to this stupid life."
- ▶ "This world would be better off without me."
- ▶ "Life is not worth living."
- ▶ "I don't care about anything anymore."
- ▶ "Nothing matters anymore."
- ▶ "I want to die."
- ▶ Any mention of suicide

Some more info on warning signs

- ▶ It should be noted that some people who die by suicide do not show any suicide warning signs.
- ▶ Many people hide their depression because there is still a strong social stigma against mental illness.
- ▶ Also, many people believe that they will be perceived as weak, so they also hide their depression.
- ▶ But most people do show suicide warning signs, so we need to be aware of what the suicide warning signs are, and try to spot them in people. If we do see someone exhibiting suicide warning signs, we need to do everything that we can to help them.

Depression and Suicide

The Link Between Depression and Suicide

- ▶ Research has shows a strong link between suicide and depression
- ▶ 90% of the people who die by suicide have an existing mental illness or substance abuse problem at the time of their death (Vann, 2011)

Depression – DSM V

Depression is present if at least five or more of the following symptoms are present during a two-week period; at least one of the symptoms must be either depressed mood or loss of interest or pleasure in usual activities.

- ▶ Depressed mood most of the day, nearly every day, as indicated by either subjective report (feels sad, empty, hopeless) or observation made by others (appears tearful).
- ▶ Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day
- ▶ Significant weight loss when not dieting or weight gain (a change of more than %5 of body weight in a month), or decrease or increase in appetite nearly every day.
- ▶ Insomnia or hypersomnia nearly every day.
- ▶ Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).

Depression – DSM V (continued)

Continued symptoms:

- ▶ Fatigue or loss of energy nearly every day.
- ▶ Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)
- ▶ Diminished ability to think or concentrate, or indecisiveness, nearly every day.
- ▶ Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

Suicide Prevention |and Depression Treatment

- ▶ Understand depression – it is treatable! It is also recurrent – meaning it can come back
- ▶ Take prescribed medication – antidepressants may help someone who is feeling depressed. Listen to the doctor and take as prescribed
- ▶ Manage insomnia – essentially, depressed people need sleep to help with recovery. Discuss with a doctor potential medications to help with sleep.
- ▶ End drug and/or alcohol dependence – substance abuse can add to a person's depression
- ▶ Treat co-existing mental illness – discuss other mental illnesses with a doctor and get appropriate treatment for each mental illness
- ▶ Hospitalization if necessary – the hospital can help with psychiatric care
- ▶ Stay with the depressed person – do not leave a suicidal person alone and call for help!

Depression and Autism

- ▶ Individuals with autism may not show as much facial emotions as those who are neuro-typical
 - This can make it more difficult for someone to “read” how an individual with autism is feeling
- ▶ Individuals with autism may have a harder time explaining or expressing how they are feeling
- ▶ It may be difficult to diagnose depression in someone with autism due to the reasons above but also because some symptoms of depression could also stem from symptoms of autism
 - Ex: reduced communication with others

Depression/Suicide and IDD

- ▶ In the past, it was thought that individuals with IDD did not experience suicidal ideation because it was thought that IDD acted as a buffer against the behaviors associated with suicide (Smiley, 2005)
 - We now know, this is not true. Individuals with IDD are capable of experiencing suicidal ideation
- ▶ Individuals with IDD may have less knowledge about various coping skills to be able to cope with depressed feelings

Depression and IDD/Autism

- ▶ Individuals with IDD and/or autism who are depressed may experience behavior changes such as: screaming, agitation, self-injury, sleep disturbance, and reduced communication
 - This may be due to the individuals not feeling like they are able to properly express how they are feeling.
 - Their communication about how they are feeling may come out as behaviors instead of verbal communication

Suicide Prevention

(Chapter 3800 regulations for child residential and day treatment facilities)

- ▶ All staff must be trained on suicide prevention
- ▶ Within 24 hours of admission, the child must have a written health and safety assessment completed
 - This must include known or suspected suicide or self-injury attempts or gestures and emotional history which may indicate a predisposition for self-injury or suicide
 - If a child is found to be at risk for suicide or self-injury, the child may not have access to items or furniture that may be a safety risk (shower curtains, razors, electrical outlets, etc.)

Be Aware Of...

...a persons accessibility to destructive means. What is available to aide in the event of a suicide attempt?

- ▶ Do they have access to:
 - Fire arms
 - Knives
 - Medications
 - Drugs
 - Rope or other objects for hanging
 - Bridge
- ▶ Remove these items or remove someone from a potentially harmful environment if you suspect they may be suicidal

How Should You React?

If someone expresses suicidal ideation, it is your responsibility to jump into action.

- ▶ Questions should be direct and asked in several different ways so that the answers obtained have a better chance to be truthful
 - **Ask directly if he or she is thinking about suicide.** This will let them feel that they have permission to talk about suicide and their feelings.
 - Many people think that talking directly about suicide will make that person more suicidal – this is not true!
 - Remember, an individual may not know the definition of “suicide” so this is where it is important to ask questions in multiple ways, such as:
 - “Do you feel suicidal?”
 - “Do you want to hurt yourself?”
 - “Do you wish you could hurt yourself?”

How Should You React?

- ▶ Remember, this person is hurting, and in pain
 - **Be willing to listen.** Allow them to express how they are feeling, accept these feelings, and do not judge him/her for having these feelings.
 - Do not tell a person that they should not be feeling what they are feeling
- ▶ Your initial response should reflect:
 - Kindness
 - Empathy
 - Compassion
 - Sensitivity
 - Assurance
- ▶ Move the person to a safe environment
 - Avoid the kitchen – many potentially harmful objects are in the kitchen
 - The bedroom may be a safer place with more cushioning and there will likely not be as many potentially harmful objects
- ▶ Never leave the person alone!

Some Other Tips

- ▶ Show your love and support.
- ▶ Talk openly and freely about suicide.
- ▶ Be willing to listen. Allow them to express how they are feeling, accept these feelings, and do not judge him/her for having these feelings.
- ▶ Try to understand their feelings, and reflect this understanding back to them.
 - ▶ Ex: “I understand that you are feeling lonely and upset”
- ▶ Remain calm. In most instances, there is no rush. Sit and listen, listen, listen. Give understanding and emotional support for his or her feelings. Try to see it from their perspective.
- ▶ Deal directly with the topic of suicide. Most individuals have mixed feelings about death and dying and are open to help. Do not be afraid to ask or talk directly about suicide.
- ▶ Remember that the person involved in emotional crisis is not thinking clearly. Encourage this individual to refrain from making any serious, irreversible decisions while in a crisis.
- ▶ Remove any dangerous objects that could be used to inflict self-harm and get professional help.

What can we say...

- ▶ “I care about you. Others care about you, and I do not want to see you hurt yourself.”
- ▶ “I can tell you are really hurting. Tell me what you are going through. I love you (care about you), and nothing you say will make me reject you.”
- ▶ “I am concerned for you because you have seemed very sad and down lately. Would you like to talk? I want to listen.”
- ▶ “I want to try to understand what it is you are feeling. If you will not talk to me about it, can we find someone else that you trust to talk about it with?”
- ▶ “I have heard you talking about suicide lately. I am very concerned and what to talk about this with you. Are you feeling so bad that you are thinking of killing yourself.”
- ▶ “I care too much to sit by and ignore what is happening to you. It is time we found someone to give you the help you need.”
- ▶ “I care about you, and I am listening. I know we can get through this together.”

What should we NOT say...

Do not:

- ▶ Tell the person they are fine
- ▶ Tell the person they are just looking for attention
- ▶ Tell the person to suck it up
- ▶ Tell the person to get over it
- ▶ Tell the person other people have it so much worse than you

A few other things to **not** do:

- ▶ Judge the person – do not tell them they are wrong or that feeling this way is bad. They may choose to quit talking to you if they feel judged.
- ▶ Give advice or make decisions for them or tell him/her to behave differently.
- ▶ Ask "why"? This encourages defensiveness. Asking "what has happened to make you feel this way?" is better.

Communication

- ▶ Ensure that you meet the individual on their level of communication when discussing suicide
 - Use smaller/simpler words if needed
 - Do not use childish terms when speaking to an adult though!
 - Use an assistive technology device if needed
 - iPad, tablet, personal FM system, etc.
 - Use alternative modes of communication if needed
 - Ex. writing down questions

If Someone has a Suicide Plan...

If an individual has a plan, even a vague plan, to commit suicide...

- ▶ You must create a safety contract
 - This should be completed in written format.

The written safety contract should:

- Include signatures of all parties
- The individual should read it aloud and then sign it
- Everyone receives a copy
- Format should include other alternatives if individual is contemplating hurting themselves

If You Can't Get a Written Contract...

If for some reason you are not face to face with the suicidal individual, the conversation must include:

- A promise that the individual will not hurt themselves
- A promise that if the person is feeling the urge to hurt themselves, they will immediately tell an someone.
- This other person who will be contacted if someone is feeling the urge to hurt themselves needs to be specifically identified. If this person is not you, this person must be immediately informed of the contract
- Repeat the contract back to the client.

Make it clear to the individual that you and he/she now have a contract. Make sure you reiterate that you care about the individual.

You Must Help the Person in Need

- ▶ There is no evidence to suggest that asking a person directly about suicide increases their likelihood of making a suicide attempt.
- ▶ You have an obligation to assist a person in need.
- ▶ However, DO NOT do it alone. Immediately inform the parent, guardian, or another team member.
- ▶ If you are working in a residential setting or other placement facility, immediately inform your supervisor.
 - It is important that you are aware of your facilities policy on how to manage this situation. They should have an actual policy to follow when a person expresses suicidal ideation.
 - Ask for a copy.

What to do After a Suicide Attempt

(as per Chapter 3800 and 6400 Regulations)

- ▶ Follow your agency's policies and procedures for what to do after an individual expresses suicidal ideation or attempts suicide
- ▶ Ensure that the agency contacts the required parties that must be notified of a suicide attempt (the county, the family, etc.)
- ▶ Ensure that the agency conducts an investigation. Take part in the investigation as you are asked.
- ▶ Ensure that a copy of the incident report is kept on file

Chapter 6400 Regulations: Community Homes for Individual's with an Intellectual Disability

§ 6400.18. Reporting of unusual incidents.

- ▶ (a) An unusual incident is abuse or suspected abuse of an individual; injury, trauma or illness of an individual requiring inpatient hospitalization; suicide attempt by an individual; violation or alleged violation of an individual's rights; an individual who is missing for more than 24 hours or who could be in jeopardy if missing at all; alleged misuse or misuse of individual funds or property; outbreak of a serious communicable disease as defined in 28 Pa. Code § 27.2 (relating to specific identified reportable diseases, infections and conditions); an incident requiring the services of a fire department or law enforcement agency; and any condition that results in closure of the home for more than 1 day.
- ▶ (b) Written policies and procedures on the prevention, reporting, investigation and management of unusual incidents shall be developed and kept at the home.
- ▶ (c) The home shall orally notify the county intellectual disability program of the county in which the home is located, the funding agency and the appropriate regional office of the Department, within 24 hours after abuse or suspected abuse of an individual or an incident requiring the services of a fire department or law enforcement agency occurs.
- ▶ (d) The home shall initiate an investigation of the unusual incident and complete and send copies of an unusual incident report on a form specified by the Department to the county intellectual disability program of the county in which the home is located, the funding agency and the appropriate regional office of the Department, within 72 hours after an unusual incident occurs.
- ▶ (e) The home shall send a copy of the final unusual incident report to the county intellectual disability program of the county in which the home is located, the funding agency and the appropriate regional office of the Department at the conclusion of the investigation.
- ▶ (f) A copy of unusual incident reports relating to an individual shall be kept in the individual's record.
- ▶ (g) A copy of unusual incident reports relating to the home itself, such as those requiring the services of a fire department, shall be kept.
- ▶ (h) The individual's family or guardian shall be immediately notified in the event of an unusual incident relating to the individual, if appropriate

Chapter 3800 Regulations: Child Residential and Day Treatment Facilities

§ 3800.16. Reportable incidents.

A physical act by a child to commit suicide is a reportable incident

(b) The facility shall develop written policies and procedures on the prevention, reporting, investigation and management of reportable incidents.

(c) The facility shall complete a written reportable incident report, on a form prescribed by the Department, and send it to the appropriate Departmental regional office and the contracting agency, within 24 hours.

(d) The facility shall orally report to the appropriate Departmental regional office and the contracting agency within 12 hours, a fire requiring the relocation of children, an unexpected death of a child and a child who is missing from the facility if police have been notified.

(e) The facility shall initiate an investigation of a reportable incident immediately following the report of the incident and shall complete the investigation within a reasonable time.

(f) The facility shall submit a final reportable incident report to the agencies specified in subsection (c) immediately following the conclusion of the investigation.

(g) A copy of reportable incident reports shall be kept.

(h) The facility shall notify the child's parent and, if applicable, a guardian or custodian, immediately following a reportable incident relating to a specific child, unless restricted by applicable confidentiality statutes, regulations or an individual child's court order.

Chapter 3800 Regulations: Child Residential and Day Treatment Facilities

§ 3800.58. Staff training.

(a) Prior to working with children, each staff person who will have regular and significant direct contact with children, including part-time and temporary staff persons and volunteers, shall have an orientation to the person's specific duties and responsibilities and the policies and procedures of the facility, including reportable incident reporting, discipline, care and management of children, medication administration and use of restrictive procedures.

(b) Prior to working alone with children and within 120 calendar days after the date of hire, the director and each full-time, part-time and temporary staff person who will have regular and significant direct contact with children, shall have at least 30 hours of training to include at least the following areas:

- (1) The requirements of this chapter.
- (2) 23 Pa.C.S. § § 6301—6385 (relating to child protective services law) and Chapter 3490 (relating to protective services).
- (3) Fire safety.
- (4) First aid, Heimlich techniques, cardiopulmonary resuscitation and universal precautions.
- (5) Crisis intervention, behavior management and suicide prevention.
- (6) Health and other special issues affecting the population.

(c) If a staff person has completed the training required in subsection (b) within 12 months prior to the staff person's date of hire, the requirement for training in subsection (b) does not apply.

(d) After initial training, the director and each full-time, part-time and temporary staff person, who will have regular and significant direct contact with children, shall have at least 40 hours of training annually relating to the care and management of children. This requirement for annual training does not apply for the initial year of employment.

(e) Each staff person who will have regular and significant direct contact with children, shall complete training in first aid, Heimlich techniques and cardiopulmonary resuscitation at least every year. If a staff person has a formal certification from a recognized health care organization which is valid for more than 1 year, retraining is not required until expiration of the certification.

(f) Training in first aid, Heimlich techniques and cardiopulmonary resuscitation shall be completed by an individual certified as a trainer by a hospital or other recognized health care organization.

(g) Training in fire safety shall be completed by a fire safety expert or, in facilities serving 20 or fewer children, by a staff person trained by a fire safety expert. Video tapes prepared by a fire safety expert are acceptable for the training if accompanied by an affidavit staff person trained by a fire safety expert.

(h) A record of training including the person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Chapter 3800 Regulations: Child Residential and Day Treatment Facilities

§ 3800.141. Child health and safety assessment.

- (a) A child shall have a written health and safety assessment within 24 hours of admission.
- (b) The assessment shall be completed or coordinated, signed and dated by medical personnel or staff persons trained by medical personnel.
- (c) The assessment shall include the following:
 - (1) Medical information and health concerns such as allergies; medications; immunization history; hospitalizations; medical diagnoses; medical problems that run in the family; issues experienced by the child's mother during pregnancy; special dietary needs; illnesses; injuries; dental, mental or emotional problems; body positioning and movement stimulation for children with disabilities, if applicable; and ongoing medical care needs.
 - (2) **Known or suspected suicide or self-injury attempts or gestures and emotional history which may indicate a predisposition for self-injury or suicide.**
 - (3) Known incidents of aggressive or violent behavior.
 - (4) Substance abuse history.
 - (5) Sexual history or behavior patterns that may place the child or other children at a health or safety risk.
- (d) A copy of the assessment shall be kept in the child's record.

Chapter 3800 Regulations: Child Residential and Day Treatment Facilities

§ 3800.274. Additional requirements

(14) Furnishings or other items such as drapery cords, electrical outlets, shower curtains, shoe strings, razors and noncollapsing clothing hooks, that may create a risk for self-injury or suicide may not be accessible to a child whose health and safety assessment specified in § 3800.141 (relating to child health and safety assessment) indicates known or suspected suicide or self-injury attempts or gestures or an emotional history which may indicate a predisposition to self-injury or suicide, except during specific activities while these items are in use and the child is under direct supervision by staff persons.

Summary

If someone expresses suicidal ideation:

1. Ensure the individual's safety (and your own). If your individual (or you) are in immediate danger or harm, and there is no one else to assist, call 911.
2. Remain calm
3. Remove any dangerous objects from the area
4. Do not leave the individual alone
5. Deal directly with the topic of suicide
6. Show your compassion and offer support
7. Call for back-up (other team members, the individual's family members, etc.)
8. Document

Ensure that you follow your agency's policies and procedures!

Resources

- ▶ Hollins, S. (2016, May 03). Depression In People With Intellectual Disabilities. Retrieved September 08, 2017, from <http://www.intellectualdisability.info/mental-health/articles/depression-in-people-with-intellectual-disabilities>
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