

Strategies for Suicide Assessment, Prevention and Postvention

Learning Goals

- Describe demographics, risk factors, and Protective factors in order to complete a culturally competent suicide risk assessment.
- Identify effective postvention strategies to utilize with clients and families for clinical scenarios involving death by suicide and suicide attempts.
- Discuss counter-transference issues that may impact a mental health worker's ability to accurately assess suicidality.
- Discuss the risk to mental health clinicians for increased suicidality and techniques to prioritize clinician self-care.



Suicide Can Be a Difficult Topic



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Lets take a moment to Ground and Focus



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Poll Question- Getting to Know You

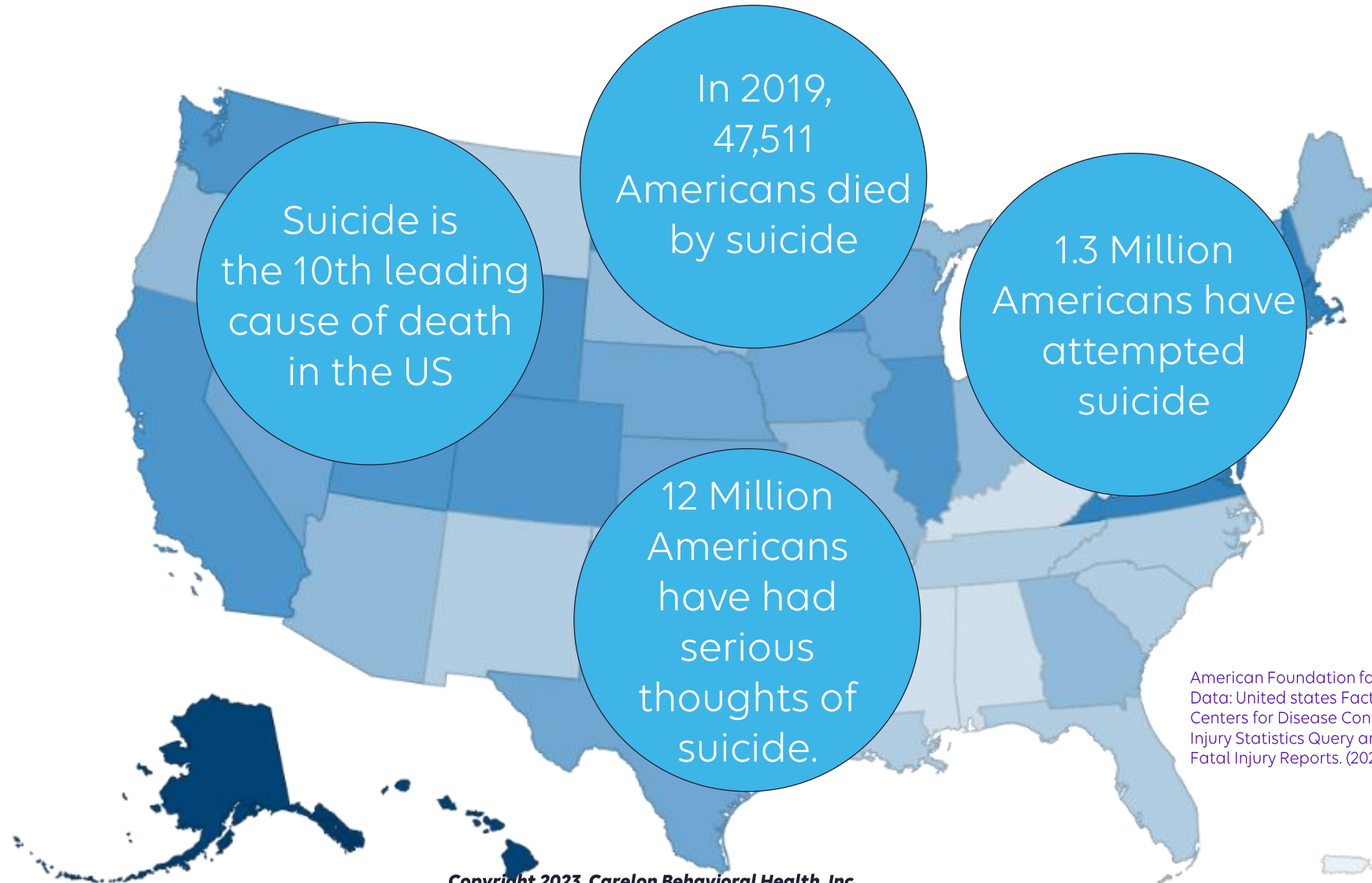


Please share your level of experience with suicide assessment and prevention.

- A. Suicide assessment is the main part of my job.
- B. I am frequently required to assess for suicidality ie several times a month
- C. I am rarely required to assess for suicidality ie: less than once a month
- D. I don't assess for suicidality and I am here to learn



Today in the U.S.....



American Foundation for Suicide Prevention: Suicide Data: United States Fact Sheet (2020)
Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) Fatal Injury Reports. (2020, February 20).



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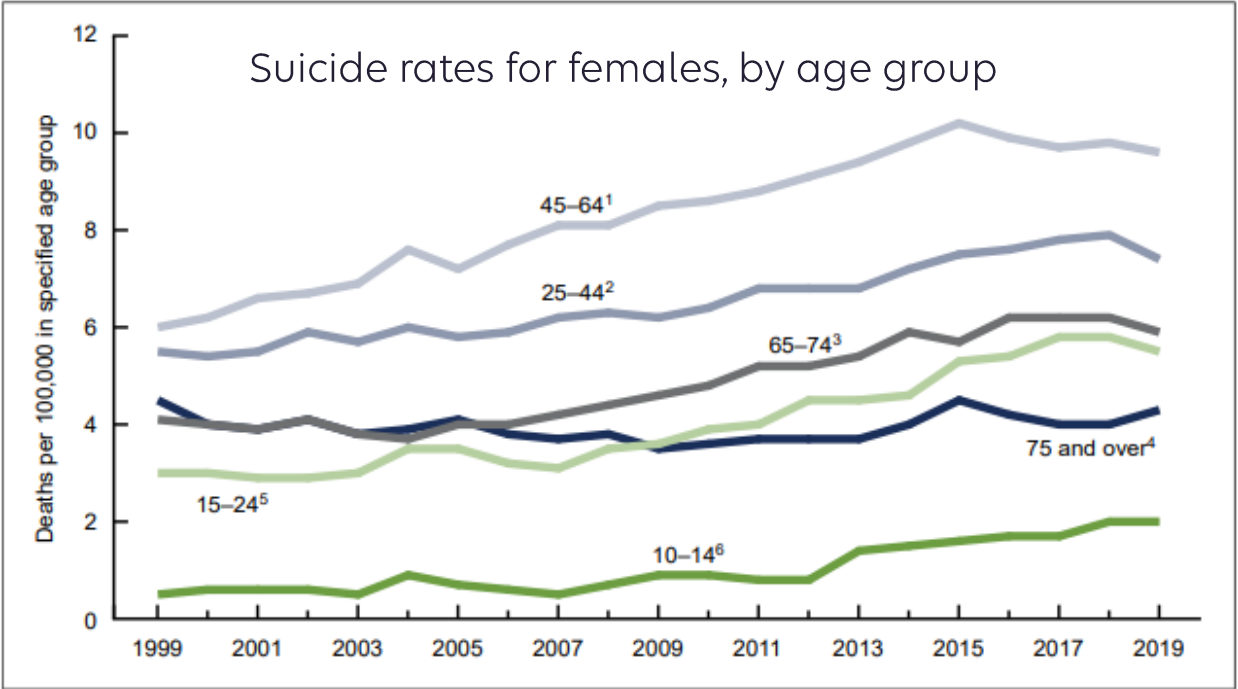
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Nationally, Women attempt suicide at a rate two times higher than men.

Women aged 45 to 65 had the highest female suicide rate in the country in 2019.

In 2019, Rates for Female Suicide by Firearm Increased.

In 2019, Suicide Rates Decreased in Females Ages 10 to 14 & 25 to 44



Suicide Mortality in the United States, 1999-2019
NCHS Data Brief No. 398, February 2021

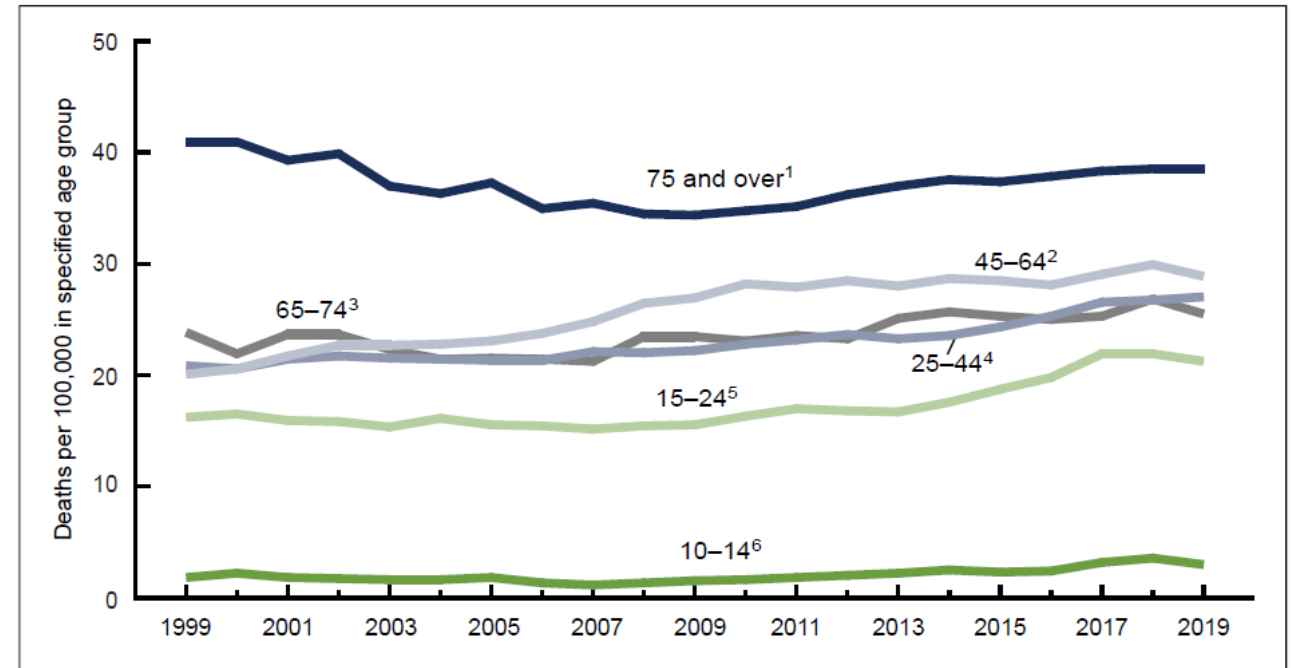


Nationally, Men die by suicide at a rate four times higher than women

In 2019, CDC reported a **Significant Reduction** in the Male suicide rates for age groups

- 10-14
- 45-64
- 65-74

Suicide rates for males, by age group



Suicide Mortality in the United States, 1999-2019

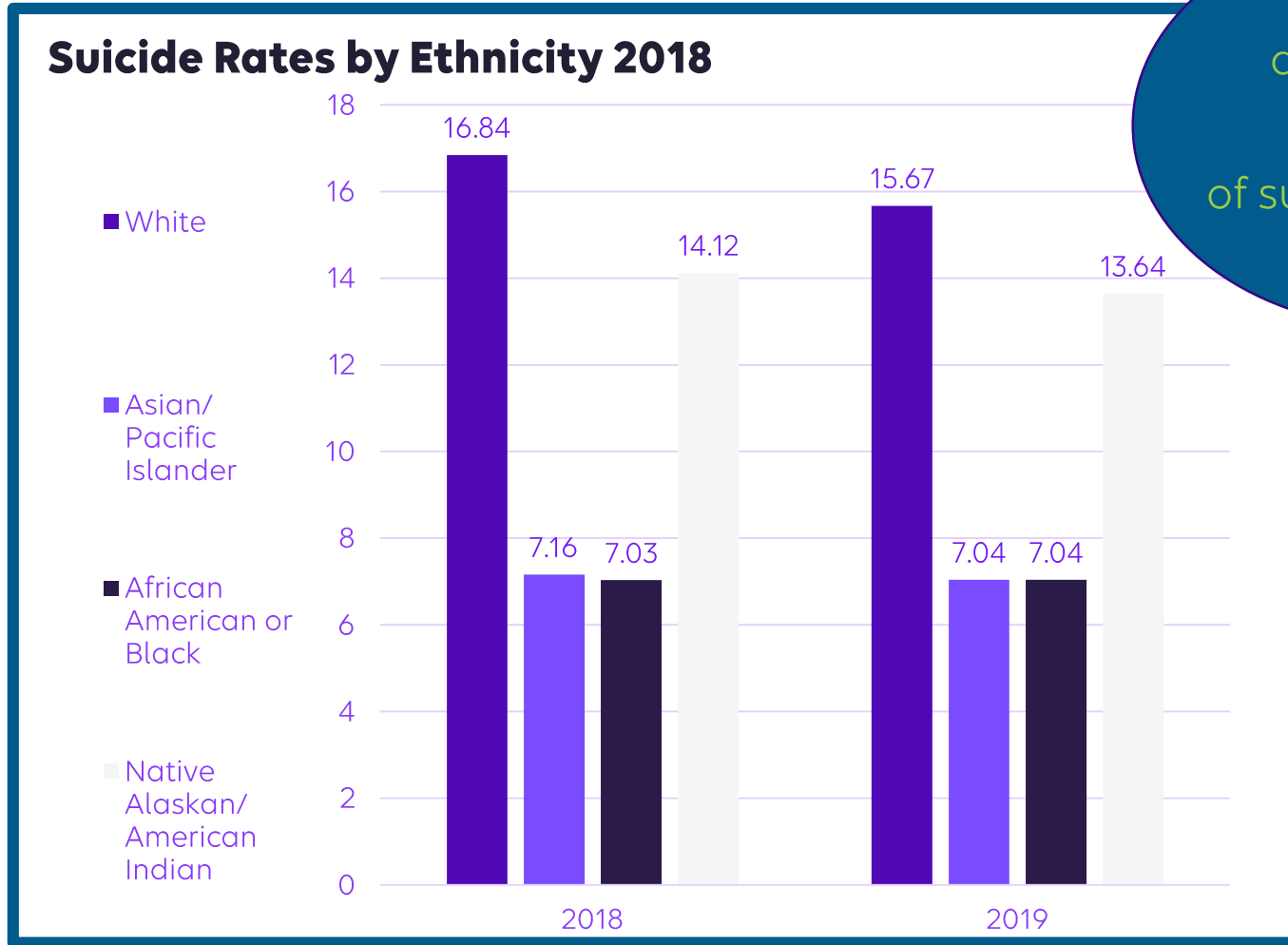
NCHS Data Brief No. 398, February 2021



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Highest national suicide rate- White Males over 75



White Males accounted for **69%** of suicide deaths in 2019

The Suicide rate for **Men, over 75**, has increased regardless of ethnicity

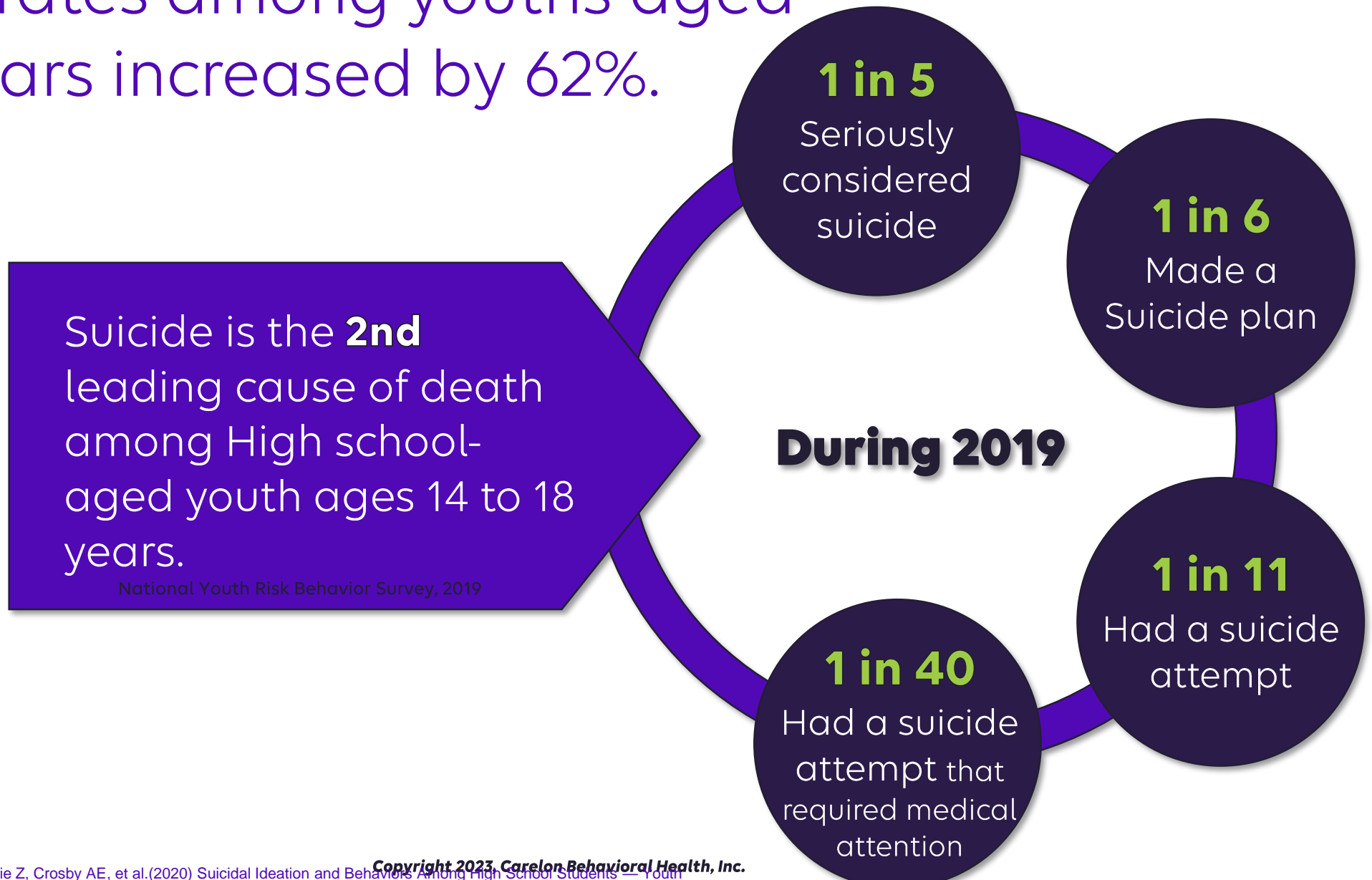


American Foundation for Suicide Prevention. Suicide statistics.(2021) <https://afsp.org/suicide-statistics>

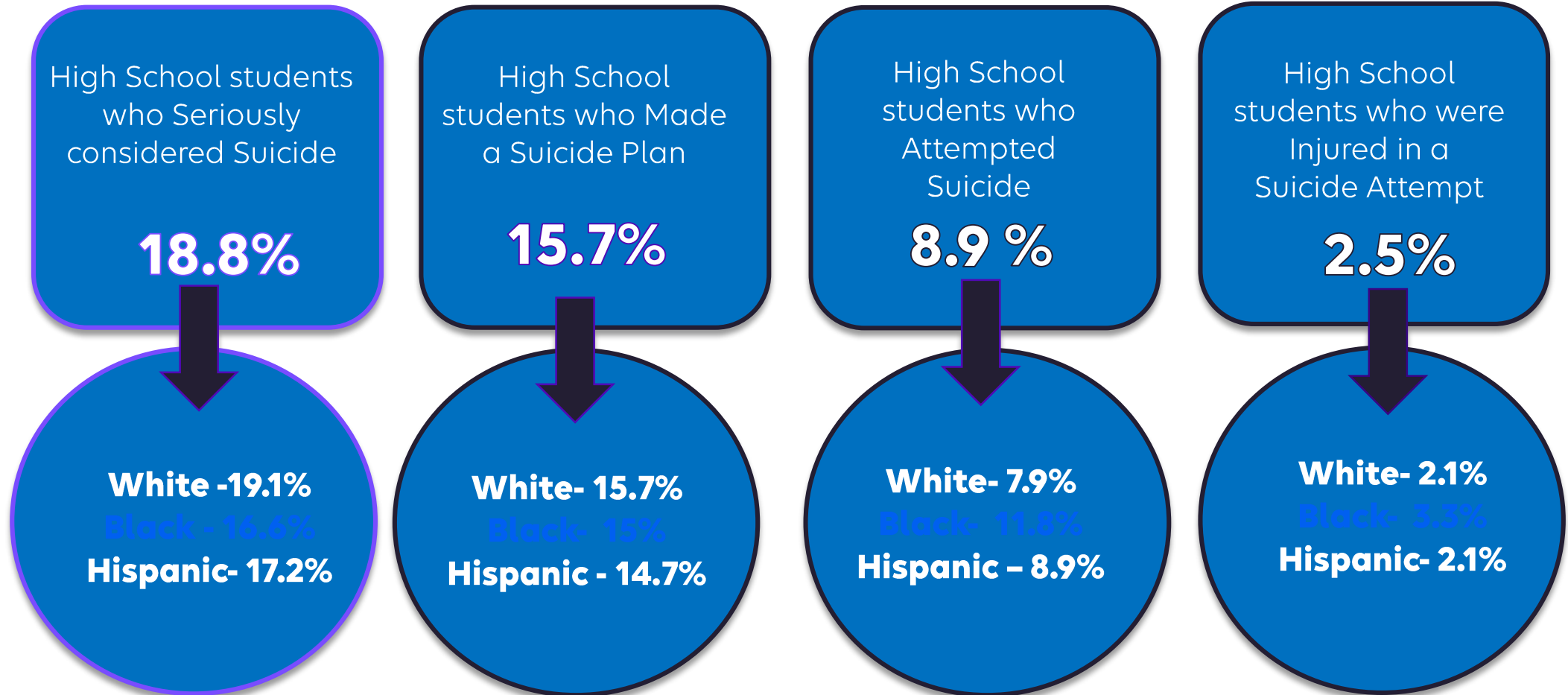
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Suicide rates among youths aged 14–18 years increased by 62%.



A Growing Crisis: The suicide death rate among **Black youth is increasing faster** than any other racial/ethnic group.



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Ivey-Stephenson AZ, Demissie Z, Crosby NE, et al. Part of this training may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.



LGBTQ youth reported higher risk of poor mental health and suicide than heterosexual students.

54% of Transgender and non-binary youth considered suicide

Of Those who considered suicide

29% of Transgender and non-binary youth attempted Suicide

40% of transgender adults reported having made a suicide

Of Those who reported a Suicide attempt

92% reported having attempted suicide **before the age of 25.**

In June 2020

20% of LGBTQ Americans, didn't receive desired mental health care due to providers lack of experience & education with the LGBTQ community.

47% of Gay Lesbian or Bisexual High School students **Seriously considered Suicide**

40% of Gay Lesbian or Bisexual High School students **made a suicide plan**

23% of Gay Lesbian or Bisexual High School students **attempted suicide**

6% were Injured in the **suicide Attempt**

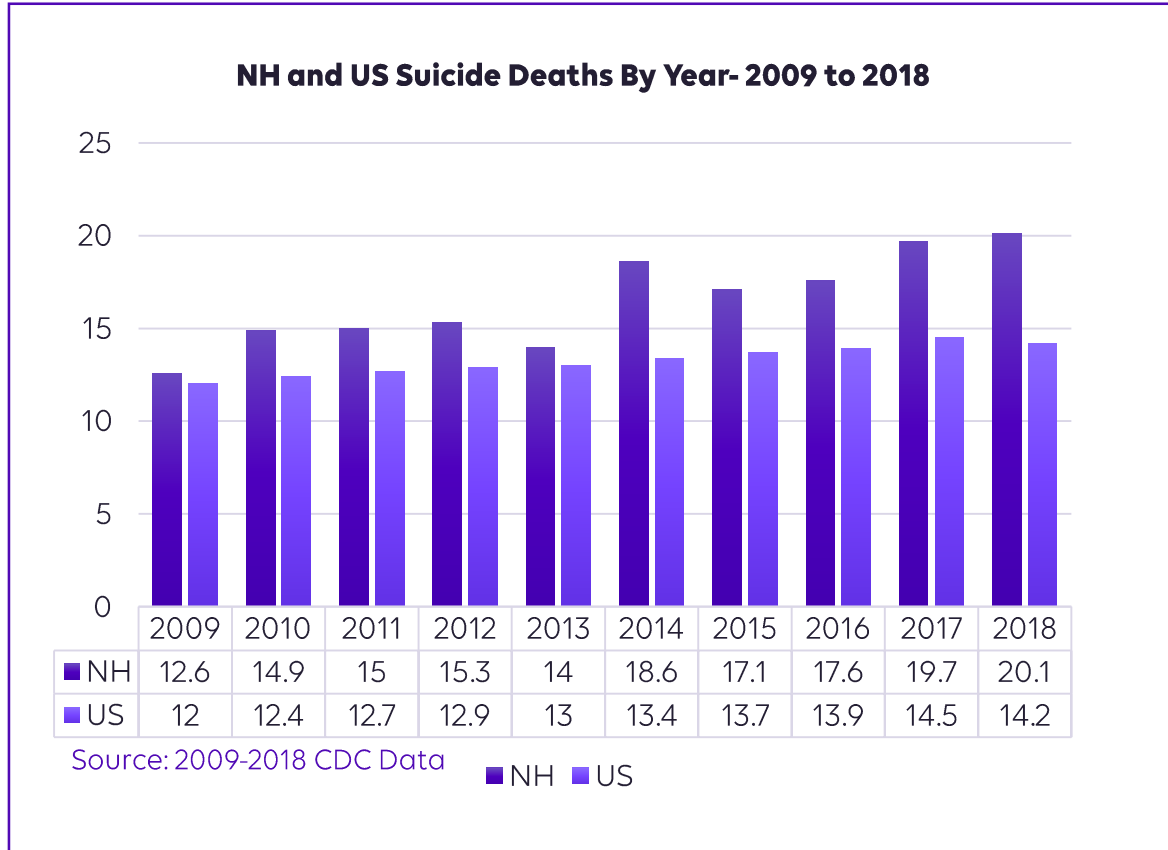


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The Trevor Project. (2019). National Survey on LGBTQ Mental Health. New York, New York: The Trevor Project. <https://www.thetrevorproject.org/survey-2019/?section=Methodology>

New Hampshire Statistics vs. National Statistics



New Hampshire Department of Health and Human Services(2019)- State suicide Prevention council 2019 Annual report
<https://www.dhhs.nh.gov/dphs/bchs/spc/documents/2019-annual-suicide-report.pdf>

Race and Ethnicity Source US Census Bureau 2019		
	NH	US
White	92.6%	72.0%
Black	1.6%	12.8%
American Indian/Alaskan Native	0.1%	0.9%
Asian	2.6%	5.7%
Persons reporting two or more races	2.2%	3.4%
Persons of Hispanic or Latino Origin	4.0%	18.4%

Mental Health Indicators- Age 18 and up National Survey on Drug use and Health 2017-2018		
	NH	US
Serious Mental Illness- Past Year	5.34%	4.55%
Major Depressive episode- Past Year	8.14%	7.14%
Thoughts of Suicide – Past Year	4.91%	4.34%

Substance Use- Ages 12 and up National Survey on Drug use and Health 2017-2018		
	NH	US
Marijuana use- Past Month	14.24%	9.83%
Alcohol use- Past Month	63.26%	51.37%
Tobacco Use- Past Month	20.71%	21.96%



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NH Suicide Prevention Council was Established in 2008



2021

NEW HAMPSHIRE

■ **Suicide Prevention Plan**
2021-2024

■

New Hampshire Suicide Prevention

Annual Report
2019

Training Professionals & Communities in
Suicide Prevention & Response®

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Today in New Hampshire.....

For every homicide
in NH, there are
approximately 14
suicides.

Carrol County, Coos County, &
Sullivan County
have the highest rate of death
by suicide in the state.

One person dies
by suicide every 31
hours
in New Hampshire

Males in NH die
by suicide at a
rate that is three
times the rate for
females

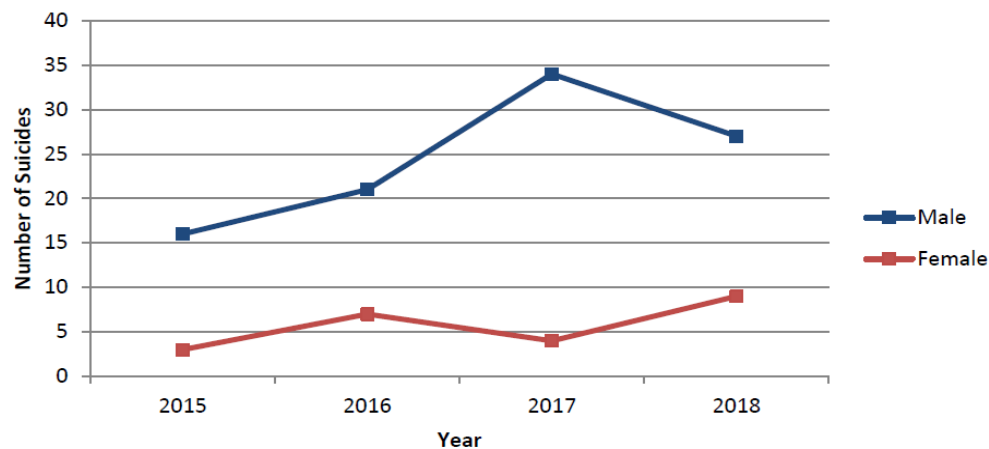


New Hampshire Male Youth suicide rates have continued to increase.

Figure 5

NH Male Youth Suicide Deaths Increased 2015-2018, While Female Youth Rates have Remained Relatively Stable.

New Hampshire Youth Ages 10-24 Suicides from 2015 to 2018 by Gender

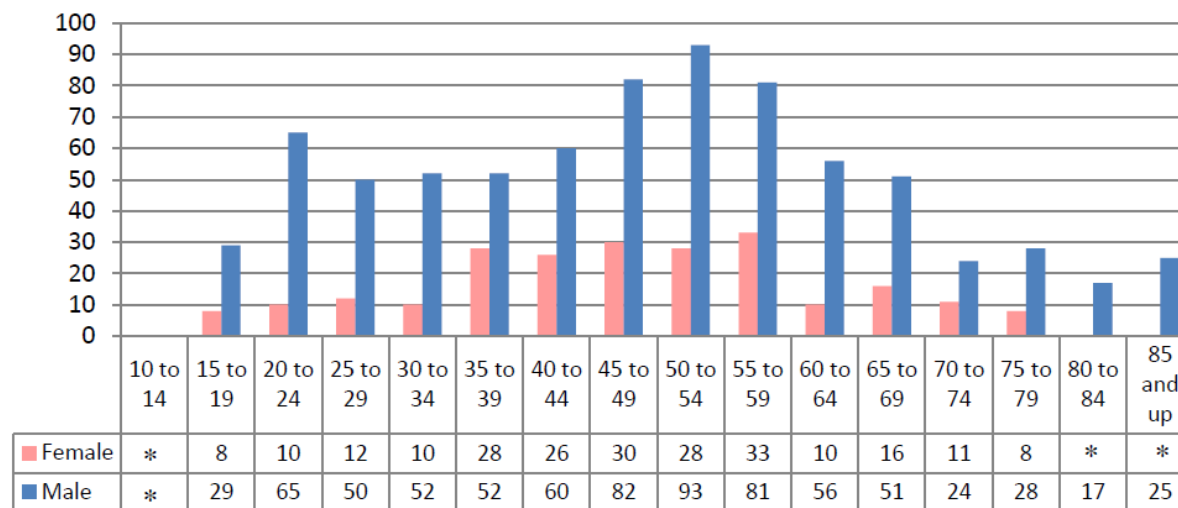


Data Source: NH-VDRS data prepared by the NH DHHS Injury Prevention Program

Figure 10

The highest numbers of suicides deaths are seen in males and females in the 40 and 50-year-old age groups.

New Hampshire Resident Suicide Deaths by Age Group, 2015-2018

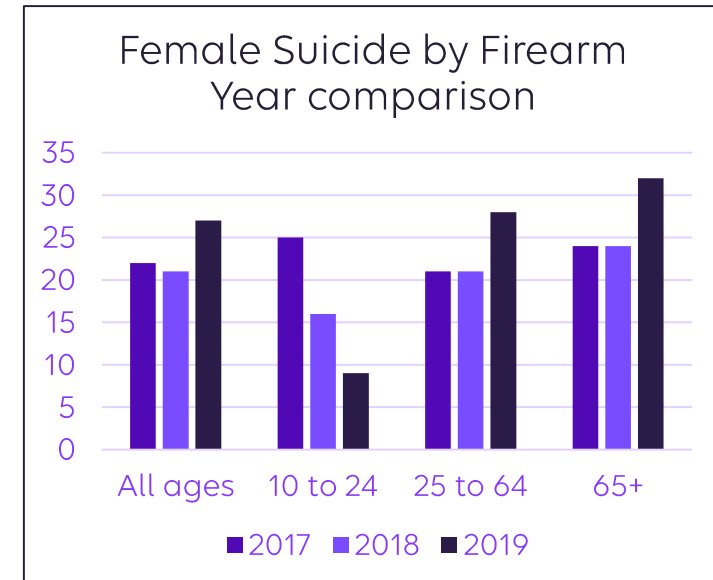
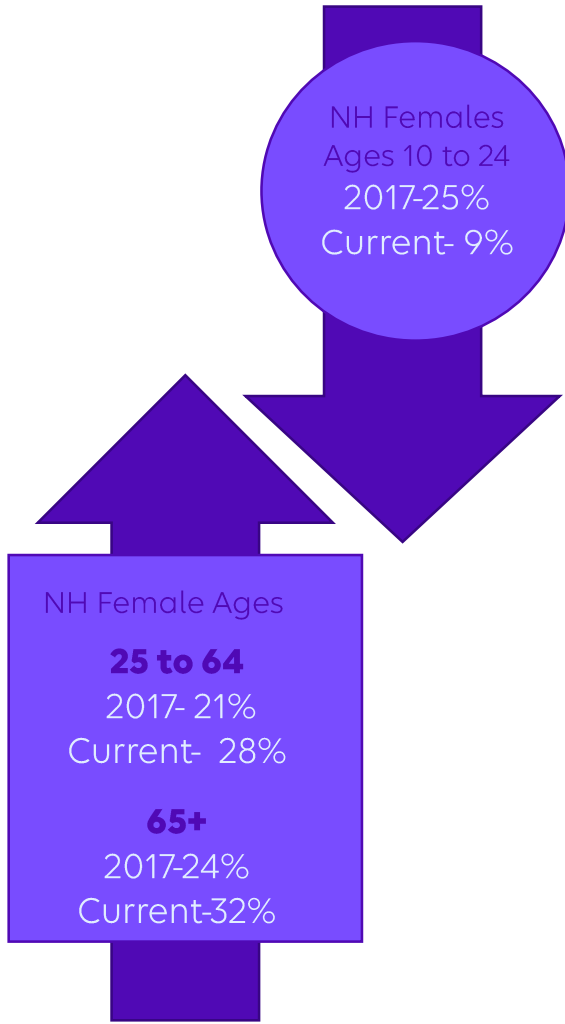
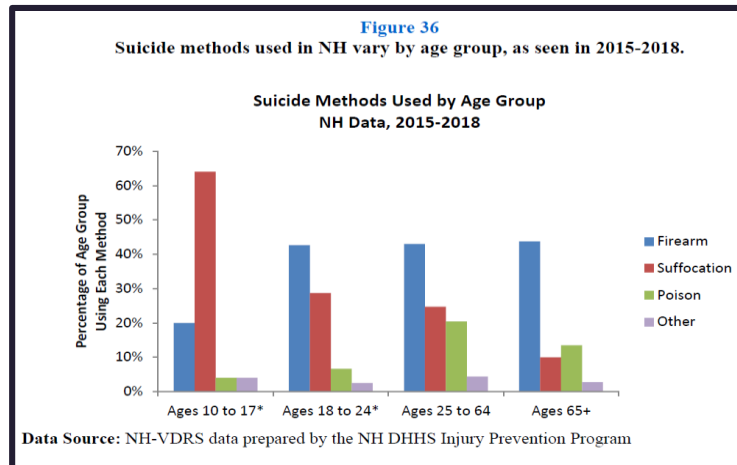
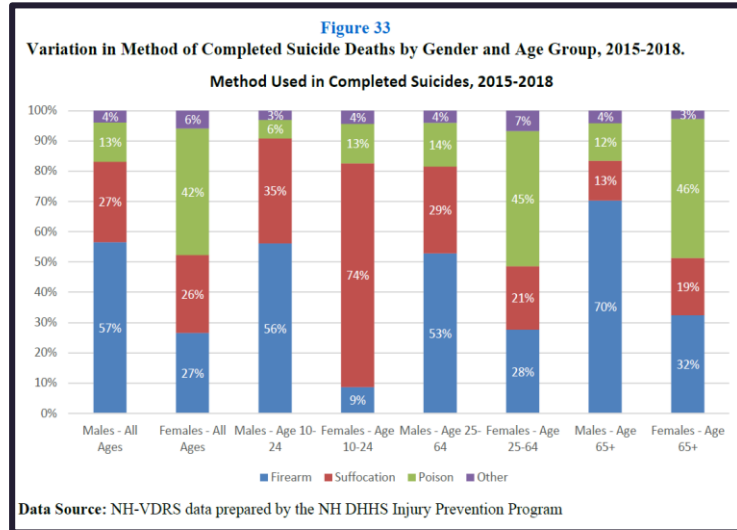


*Note: Counts/Rates for categories with fewer than six deaths have been suppressed.

Data Source: NH-VDRS data prepared by the NH DHHS Injury Prevention Program



90% of all NH deaths involving a firearm were suicides.



New Hampshire has the 19th highest suicide rate in the US

No. 1




Wyoming
29.60%

No. 2




Alaska
28.51%




No. 3



Montana
24.86%



New Hampshire
No. 19
17.5%

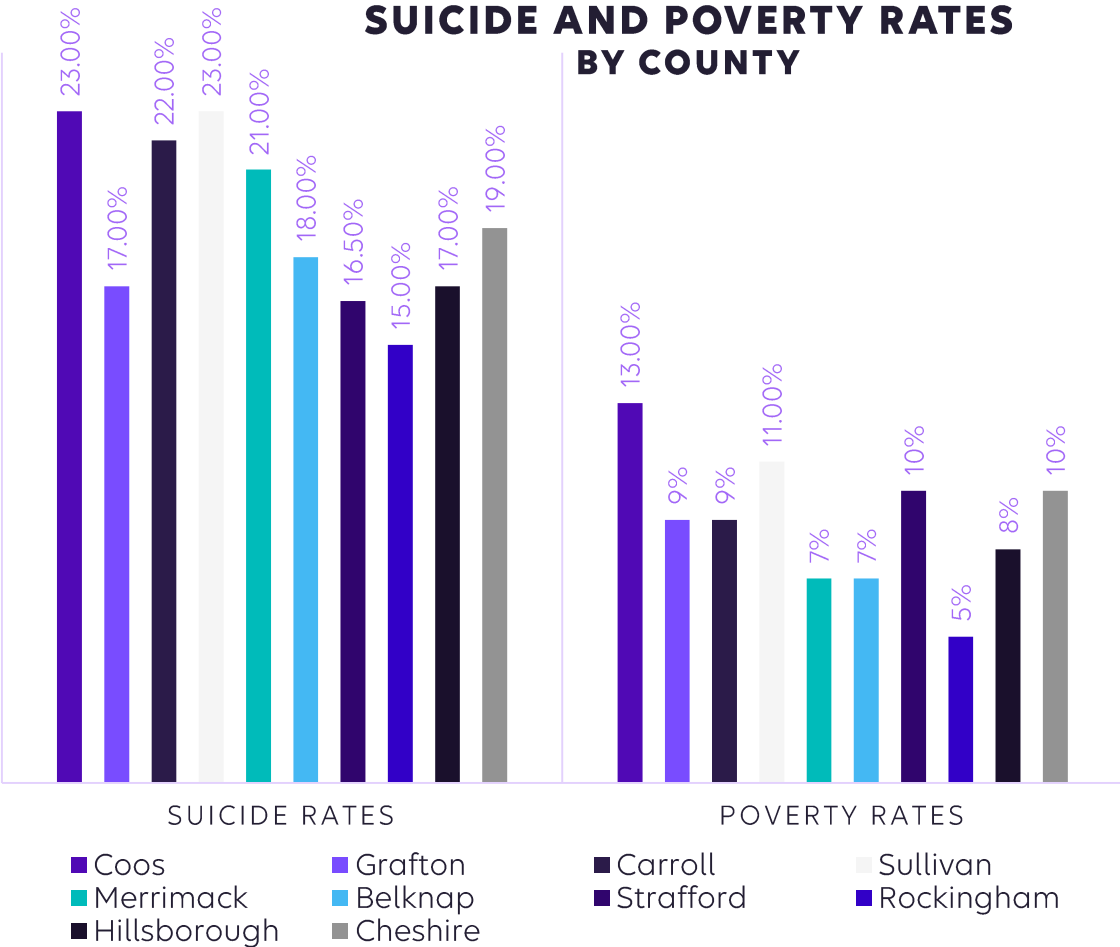
Maine No.12 19.4%	Vermont No. 26 16.0%	Massachusetts No.47 8.7%
		



Suicide Rates Rise in Rural Populations in New Hampshire

In U.S Counties with Poverty rates at 20% Or higher

Youth ages 5 to 19 years are **37%** more likely to die by suicide & **2 Times** As likely to die by firearm suicide

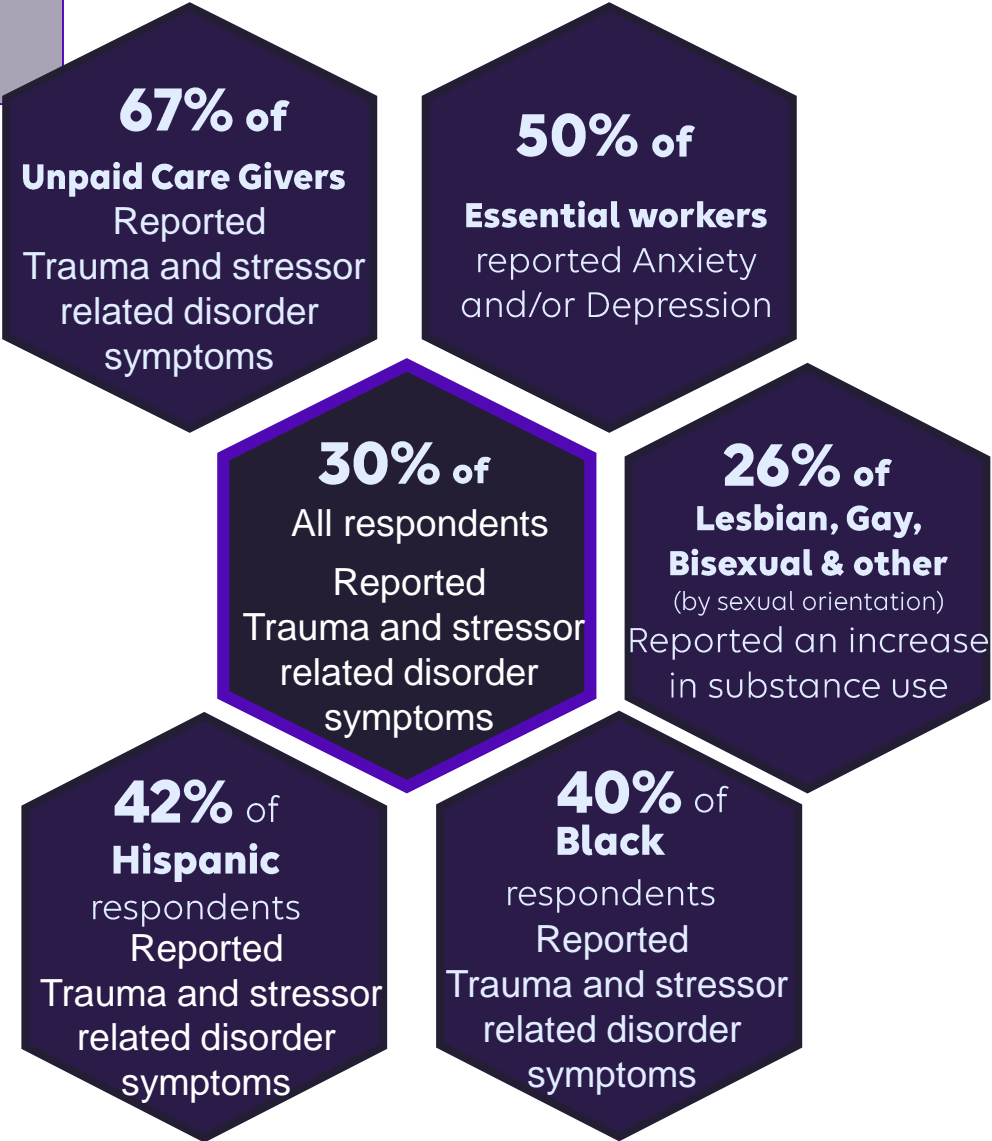
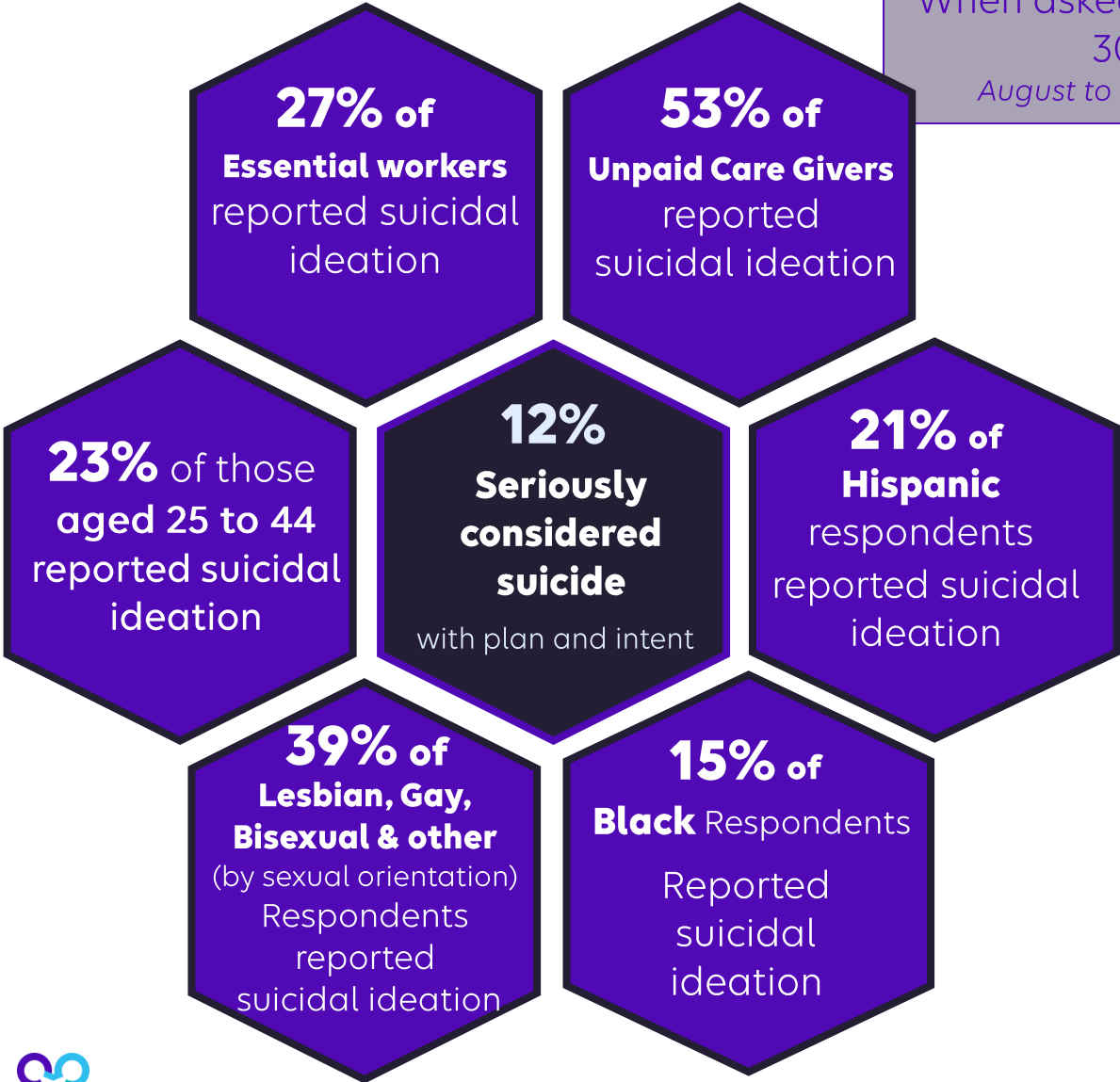


Hoffmann JA, Farrell CA, Monuteaux MC, Flegler EW, Lee LK.(January 2020)
 Association of Pediatric Suicide With County-Level Poverty in the United States, 2007-2016.

COVID Impact- September 2020

CDC report released February 2021

When asked about the last 30 days August to September 2020



Silver linings....

“As a Result of the Pandemic, it's More Important Than Ever to Make Suicide Prevention a National Priority”

81% Agree-

36% strongly; 45% somewhat

19% Disagree-

14% strongly 5 % somewhat

2 in 3

Say COVID-19 has made them more empathetic

50%

Are more open to talking about mental health since COVID-19

75%

Are more aware of the importance of taking care of their mental health



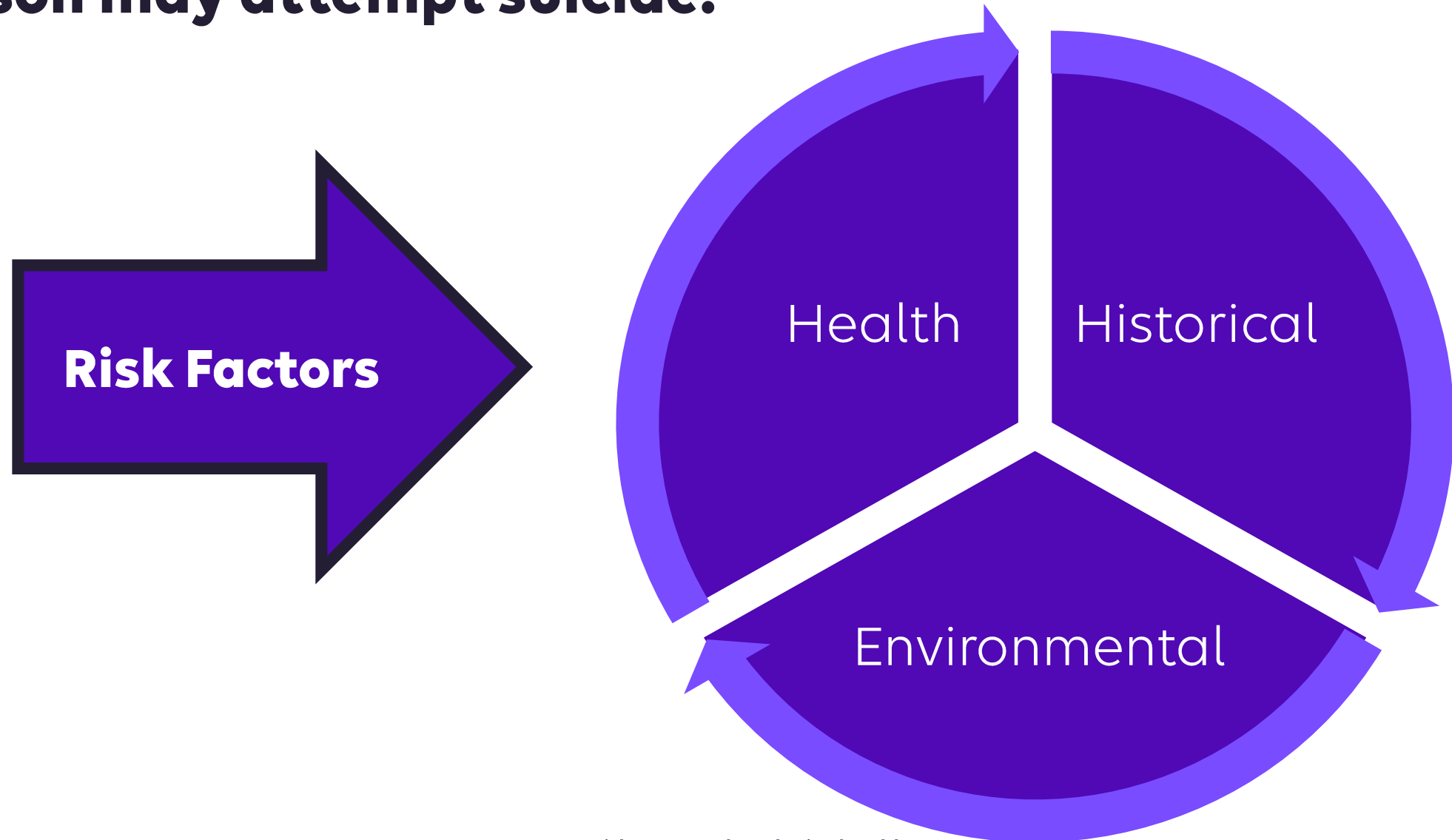
Risk Factors



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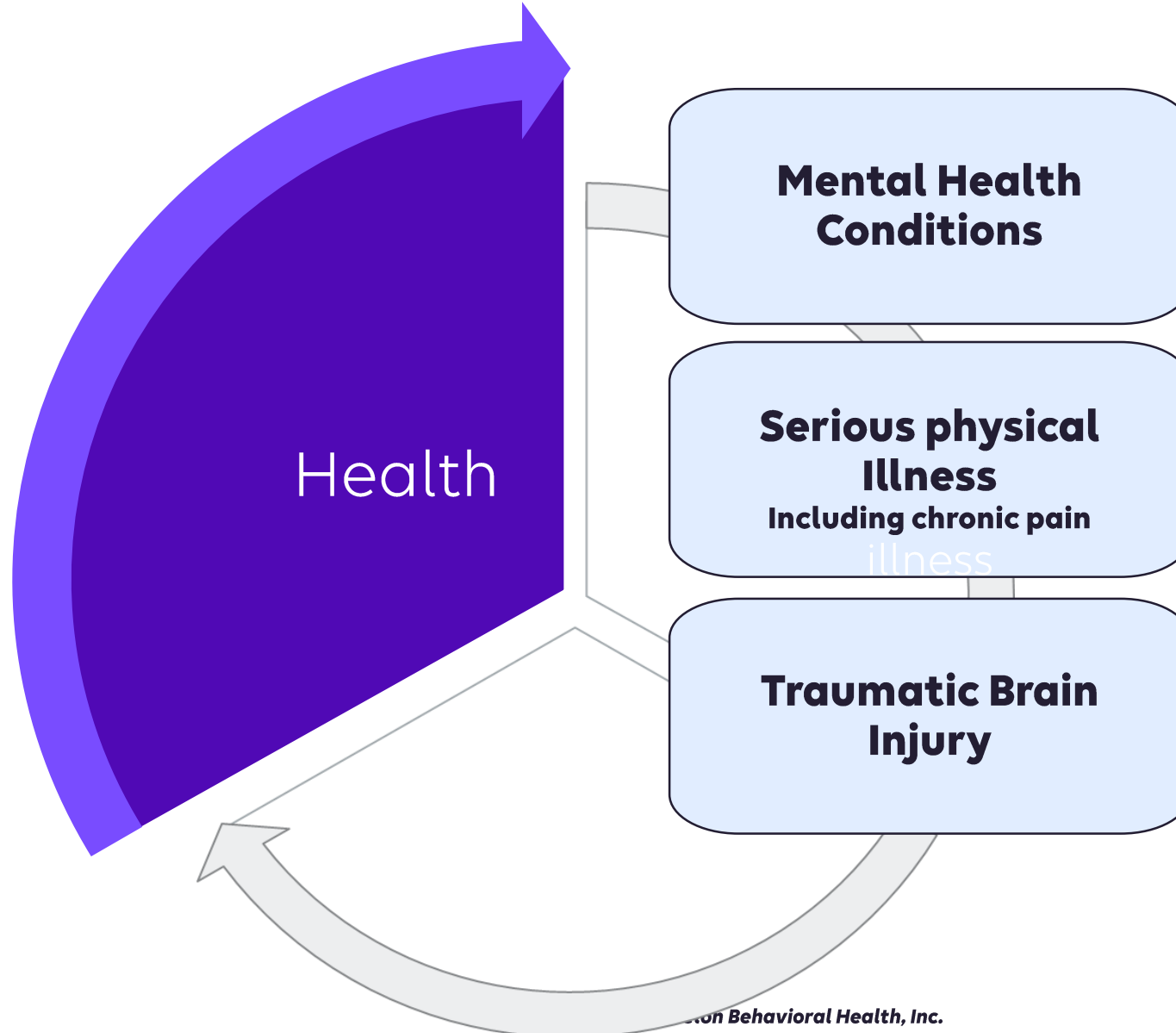
Characteristics or conditions that increase the chance that a person may attempt suicide.



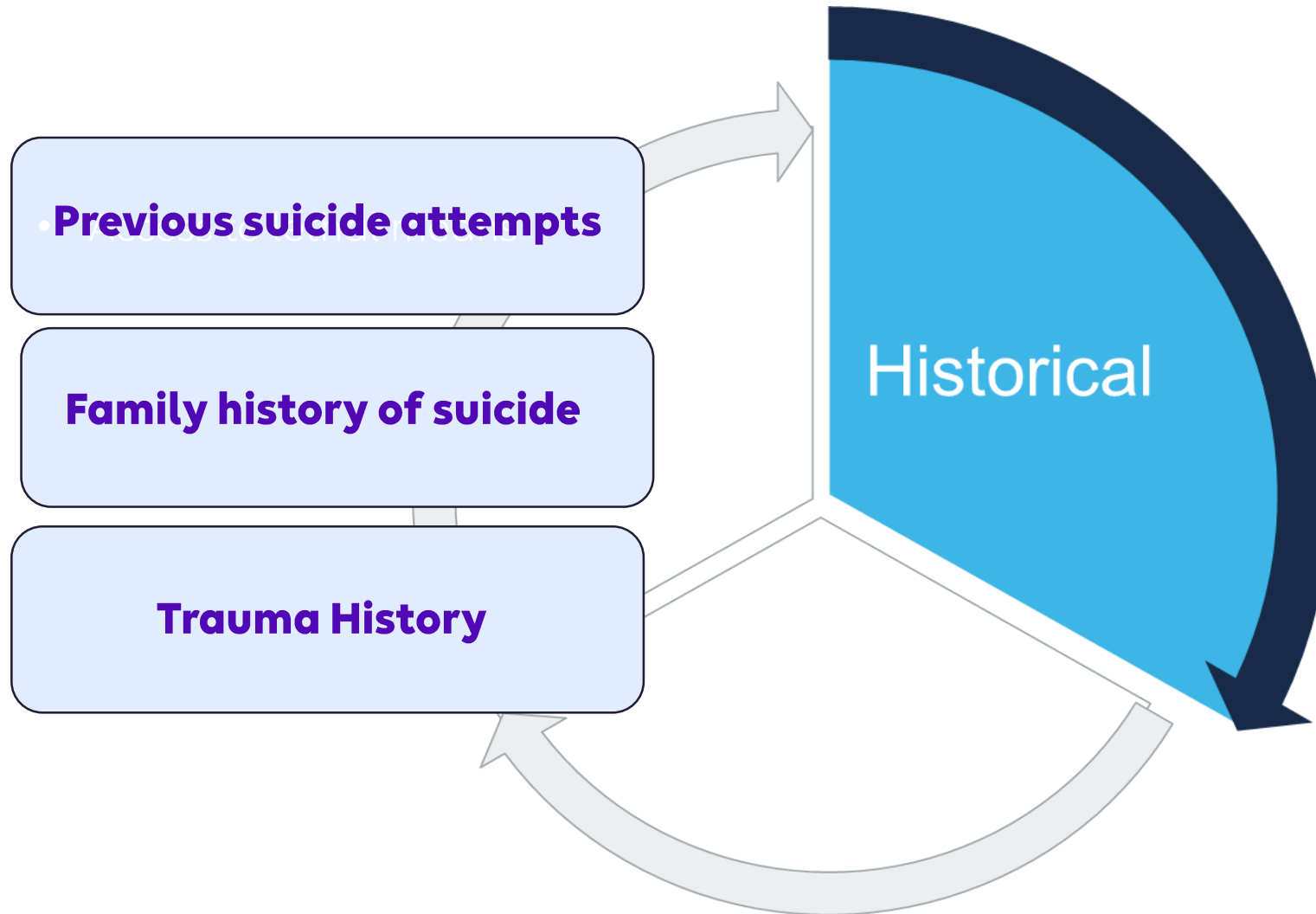
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Risk factors related to Health



Risk Factors related to a persons History



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Risk Factors related to the Environment



• **Access to lethal means**

Exposure to suicide

**Acute stress or stressful
life events**

Prolonged stress

**Beliefs that suggest
suicide as a solution**

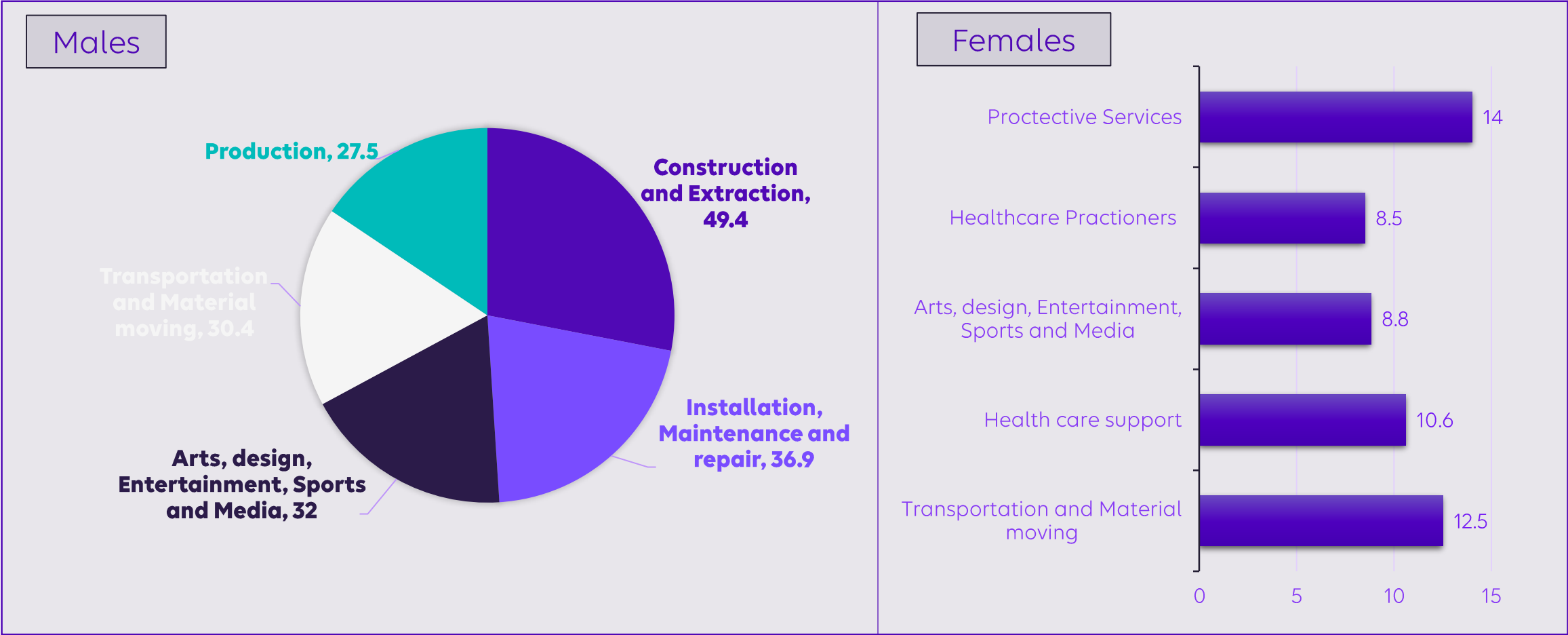


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Some occupational groups are at higher risk for suicide

Top 5 Occupational groups at higher risk for suicide by gender



Suicide rates for U.S. Veterinarians are much higher than those of the general population.



A January 2019 study published by the **Centers for Disease Control and Prevention** examined 36 years of death records covering 11,620 U.S. veterinarians.

Female veterinarians were
3.5 times
as likely to die by suicide.

37%
of suicide deaths among
veterinarians were caused
by pharmaceutical
poisoning.



Tomasi, S. E., Fechter-Leggett, E. D., Edwards, N. T., Reddish, A. D., Crosby, A. E., & Nett, R. J. (2019). Suicide among veterinarians in the United States from 1979 through 2015. *Journal of the American Veterinary Medical Association*, 254(1), 104–112. <https://doi.org/10.2460/javma.254.1.104>

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Cultural Considerations



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Cultural Considerations



Culture is

.....an umbrella term which encompasses the

social behavior and norms found in

human societies,

as well as the

knowledge, beliefs, arts, laws,

customs, capabilities and habits

of the individuals in these groups.

What are some other cultures to consider??



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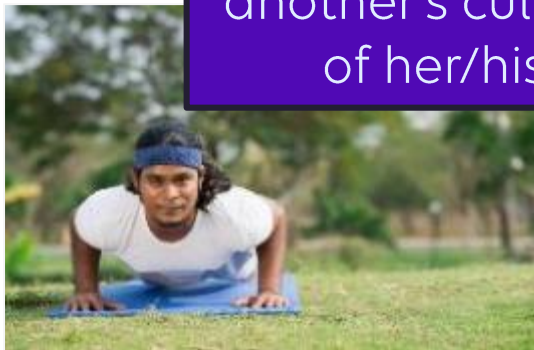
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Cultural Considerations: Cultural Humility

“The National Institutes of Health defines Cultural Humility as:



“A lifelong process of self-reflection and self-critique whereby the individual not only learns about another’s culture, but one starts with an examination of her/his own beliefs and cultural identities.”



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An implicit bias, or implicit stereotype, is the unconscious attribution of particular qualities to a member of a certain social group



Go find out!

<https://implicit.harvard.edu/implicit/takeatest.html>

Project Implicit®

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- Asian IAT** *Asian American ('Asian - European American' IAT).* This IAT requires the ability to recognize White and Asian-American faces, and images of places that are either American or Foreign in origin.
- Race IAT** *Race ('Black - White' IAT).* This IAT requires the ability to distinguish faces of European and African origin. It indicates that most Americans have an automatic preference for white over black.
- Skin-tone IAT** *Skin-tone ('Light Skin - Dark Skin' IAT).* This IAT requires the ability to recognize light and dark-skinned faces. It often reveals an automatic preference for light-skin relative to dark-skin.
- Sexuality IAT** *Sexuality ('Gay - Straight' IAT).* This IAT requires the ability to distinguish words and symbols representing gay and straight people. It often reveals an automatic preference for straight relative to gay people.
- Age IAT** *Age ('Young - Old' IAT).* This IAT requires the ability to distinguish old from young faces. This test often indicates that Americans have automatic preference for young over old.
- Arab-Muslim IAT** *Arab-Muslim ('Arab Muslim - Other People' IAT).* This IAT requires the ability to distinguish names that are likely to belong to Arab-Muslims versus people of other nationalities or religions.
- Weapons IAT** *Weapons ('Weapons - Harmless Objects' IAT).* This IAT requires the ability to recognize White and Black faces, and images of weapons or harmless objects.
- Disability IAT** *Disability ('Disabled - Able' IAT).* This IAT requires the ability to recognize symbols representing able and disabled individuals.
- Gender-Science IAT** *Gender - Science.* This IAT often reveals a relative link between liberal arts and females and between science and males.
- Weight IAT** *Weight ('Fat - Thin' IAT).* This IAT requires the ability to distinguish faces of people who are obese and people who are thin. It often reveals an automatic preference for thin people relative to fat people.
- Native IAT** *Native American ('Native - White American' IAT).* This IAT requires the ability to recognize White and Native American faces in either classic or modern dress, and the names of places that are either American or Foreign in origin.
- Religion IAT** *Religion ('Religions' IAT).* This IAT requires some familiarity with religious terms from various world religions.
- Presidents IAT** *Presidents ('Presidential Popularity' IAT).* This IAT requires the ability to recognize photos of Donald Trump and one or more previous presidents.
- Gender-Career IAT** *Gender - Career.* This IAT often reveals a relative link between family and females and between career and males.

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Cultural Considerations

The Suicide rate for Black Children ages 5-12 is TWICE the rate for White Children

Protective Factors

- Embedded Achievement*
- Community, Cultural and Race Affiliation

Risk Factors

- Systemic Racism
- Higher Rate of Childhood Adverse Events*



Bridge JA, Horowitz LM, Fontanella CA, et al. Age-Related Racial Disparity in Suicide Rates Among US Youths From 2001 Through 2015. *JAMA Pediatrics*. 2018; 172(7):697–699.

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Cultural Considerations

Suicide rate for American Indian/Alaska Native adults is about 20 % higher compared to the non-Hispanic White population

Protective Factors

- Community Control
- Spirituality
- Cultural identity

Risk Factors

- Systemic Racism
- Alcohol and Drug use
- Other sociocultural risk factors



Cultural Considerations

The Suicide rate for Hispanic Populations is about HALF of the overall National Rate

Protective Factors

- Religious affiliation
- Community and Family affiliation
- Ethnic affiliation

Risk Factors

- Use/Misuse of Alcohol
- Availability of culturally competent Mental health services*



Cultural Considerations

As a group, the Suicide rate in Asian, Pacific Islander and Hawaiian Native communities is amongst the lowest for US populations

Protective Factors

- Cultural Identity
- Family relationships
- Help Seeking with Native Healers

Risk Factors

- Systemic Racism
- Family conflict
- Other risk factors



Cultural Considerations

In a National study, 40% of Transgender Adults reported having made a suicide attempt

Protective Factors

- Family Acceptance
- Community and peer support
- Sense of safety

Risk Factors

- Family rejection
- Depression or other mental health problems
- Harassment, bullying, violence
- Stress from prejudice and discrimination
- Feelings of social isolation



The Trevor Project. (2019). National Survey on LGBTQ Mental Health. New York, New York: The Trevor Project. <https://www.thetrevorproject.org/survey-2019/?section=Methodology>

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Suicide Assessment and Triage



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Assessing Suicide: The Basics

IS PATH WARM?

Ask about suicidality specifically

Listen for a plan and access to lethal means

Are you thinking of killing your self?
Have you ever tried to hurt yourself before?
Have you thought of ways that you might hurt yourself?
Do you have pills/weapons in the house?

Listen and Observe for Impulsivity

Trust your "Gut Feeling"

I
S
P
A
T
H
W
A
R
M

Ideation-Threatened or communicated
Substance abuse- Excessive or increased

Purposeless- No reasons for living

Anxiety- Agitation/Insomnia

Trapped- Feeling there is no way out

Hopelessness

Withdrawing- From friends, family, society

Anger (uncontrolled)- Rage, seeking revenge

Recklessness- Risky acts, unthinking

Mood changes (dramatic)

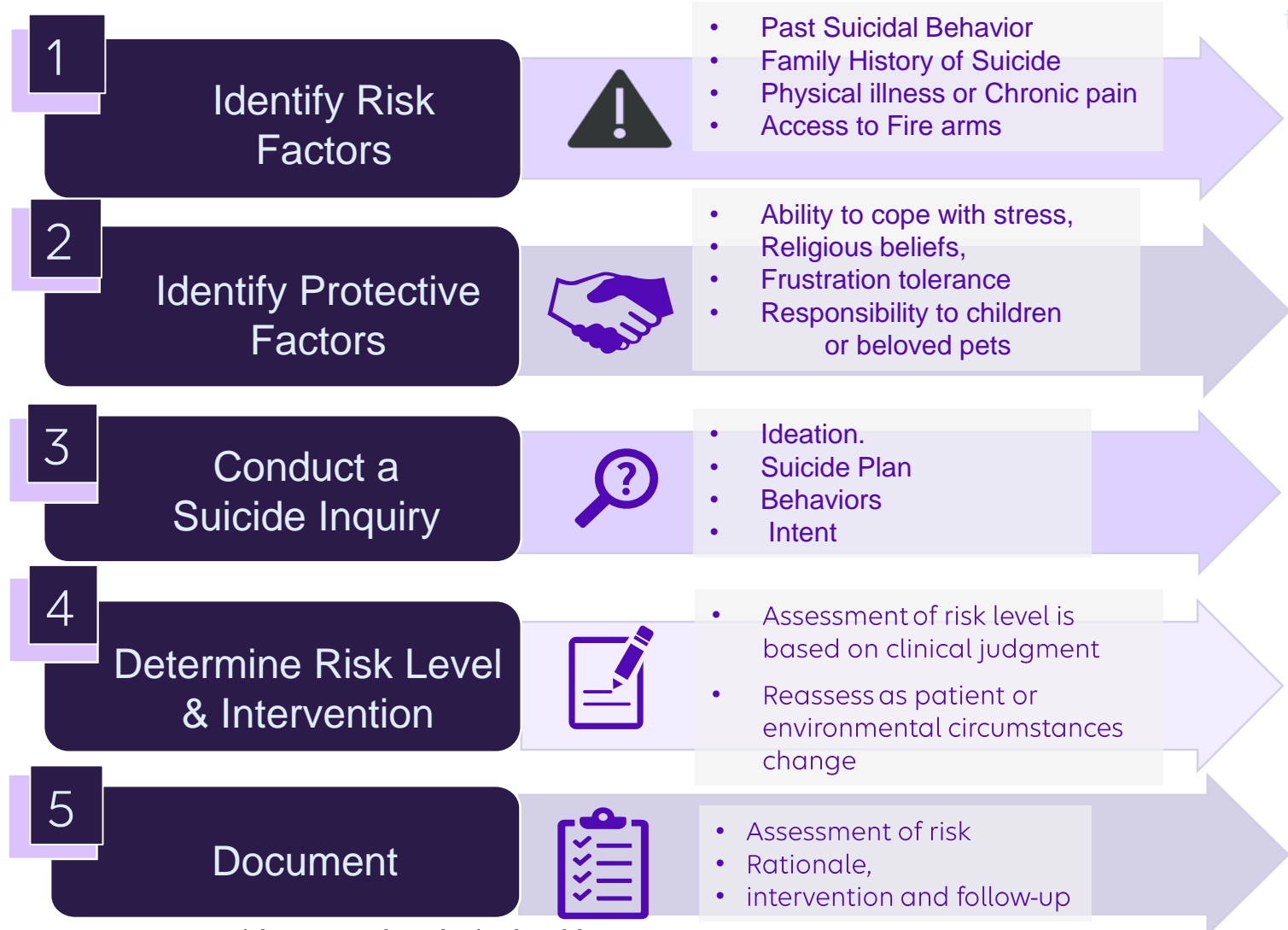


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Suicide Assessment Using SAFE-T Protocol

Suicide Assessment Five-step Evaluation & Triage



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Suicide Assessment and Triage

Identify Risk and Protective Factors

Protective Factors

Internal

External

Risk Factors

- 1) History of Suicidal Behavior
- 2) Current or Past Psychiatric
- 3) Presence of Key Symptoms
- 4) Family History
- 5) Recent Precipitants & Stressors
- 6) Changes in Treatment
- 7) Access to Firearms



Suicide Assessment and Triage

Conduct Suicide Inquiry

Assess

- 1) Ideation
- 2) Plan
- 3) Past &/or Recent Suicidal Behaviors
- 4) Intent



Suicide Assessment and Triage

Documentation

Document

- 1) Risk Level & Rationale
- 2) Treatment plan to address and reduce current risk
- 3) **Follow-up Plan**
- 4) *Firearms instructions*



Suicide Assessment and Triage

Risk Level and Interventions

RISK LEVEL	Risk/Protective Factors	Suicidality	Possible Interventions
High	Psychiatric diagnoses with severe symptoms Acute precipitating event No significant protective factors	Potentially lethal suicide attempt Persistent ideation with strong intent or suicide rehearsal(s)	Inpatient admission is generally indicated unless a significant change reduces risk
Moderate	Multiple Risk Factors Few Protective Factors	Suicidal ideation with plan, but no intent or behavior	Admission may be necessary depending on risk factors. Develop or modify crisis plan Provide emergency/crisis numbers
Low	Modifiable Risk Factors Strong Protective Factors	Thoughts of death, no plan, intent, or behavior	Outpatient referral Symptom reduction Provide emergency/crisis numbers



Suicide Assessment Instruments

COLUMBIA-SUICIDE RISK ASSESSMENT
Revised: 2011. Columbia Suicide Severity Rating Scale, Beck Scale for Suicidal Ideation, Reasons for Living Scale, and Suicide Probability Scale
 © 2011 by Columbia University in the City of New York

Patient name: _____ Date of interview: _____ Physician: _____

Instructions: Check all that apply and provide the date that applies. This has to be completed following the patient interview, usually in a locked, secure office or examination room with the clinician present and no other staff present.

Positive Words	Suicidal thoughts or impulses (Recent)	Attempts	Clinical status (Recent)
<input type="checkbox"/> Actual suicide attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Depressed
<input type="checkbox"/> Interoptic ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Major depressive episode
<input type="checkbox"/> Attempted self-harm (suicide attempt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Minor affective episode (e.g., Bipolar)
<input type="checkbox"/> Other preparatory act to kill self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Current suicidal ideation to kill self
<input type="checkbox"/> Self-harm (suicide attempt) without suicidal intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> History of suicide ideation
Suicidal Ideation: Check Most Severe in Past Month			<input type="checkbox"/> Duration abuse or dependence
<input type="checkbox"/> Thoughts of death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Engaged in suicide ideation
<input type="checkbox"/> Suicide thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Received care for suicidal thoughts
<input type="checkbox"/> Suicide thoughts with intent to kill oneself (suicide attempt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Clinically significant suicidal ideation in past 12 months (C-SSRS, CASPI, etc.)
<input type="checkbox"/> Suicide intent (without specific plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> History of ideation
<input type="checkbox"/> Suicide intent with specific plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Aggravated behavior (suicidal ideation)
Activating Events (Recent)			<input type="checkbox"/> Medical or surgical intervention (past, etc.)
<input type="checkbox"/> Recent loss of loved one (suicidal ideation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> History of a suicide attempt with specific plan
<input type="checkbox"/> Recent loss of job (suicidal ideation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Suicide ideation (Recent)
<input type="checkbox"/> Recent loss of relationship (suicidal ideation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Family history of suicide (Recent)
<input type="checkbox"/> Recent loss of income (suicidal ideation)	<input type="checkbox"/>	<input type="checkbox"/>	Protective Factors (Recent)
<input type="checkbox"/> Recent loss of hope (suicidal ideation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Family or social support
<input type="checkbox"/> Recent loss of faith (suicidal ideation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ability to identify and seek help
<input type="checkbox"/> Recent loss of religion (suicidal ideation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Responsiveness to therapy (ongoing, past, etc.)
<input type="checkbox"/> Recent loss of family (suicidal ideation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Supportive relationships (past, etc.)
<input type="checkbox"/> Recent loss of friends (suicidal ideation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Past of suicidal ideation due to pain and suffering
<input type="checkbox"/> Recent loss of hope (suicidal ideation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Effective suicidal ideation (light, sporadic)
<input type="checkbox"/> Recent loss of faith (suicidal ideation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Response to suicidal ideation
<input type="checkbox"/> Recent loss of religion (suicidal ideation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Recent loss of family (suicidal ideation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Recent loss of friends (suicidal ideation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Recent loss of hope (suicidal ideation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Recent loss of faith (suicidal ideation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Recent loss of religion (suicidal ideation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe any suicidal, self-harm or aggressive behavior (include dates): _____

Physician's assessment of risk for suicide on this date: **LOW** **MODERATE** **HIGH**

Action taken: _____

- Columbia Suicide Severity Rating Scale (C-SSRS)*
- The Beck Scale for Suicidal Ideation (BSS)
- Reasons for Living Scale (RFL-Long and short form)*
- Suicide Cognitions Scale*
- Child-Adolescent Suicidal Potential Index (CASPI)
- Inventory of Suicide Orientation-30 (ISO-30)
- The Spectrum of Suicidal Behavior Scale (SSB)
- Adult Suicidal Ideation Questionnaire (ASIQ)
- Firestone Assessment of Self-destructive Thoughts (FAST)
- Suicide Probability Scale (SPS)



Suicide Prevention-Evidence Based Practices

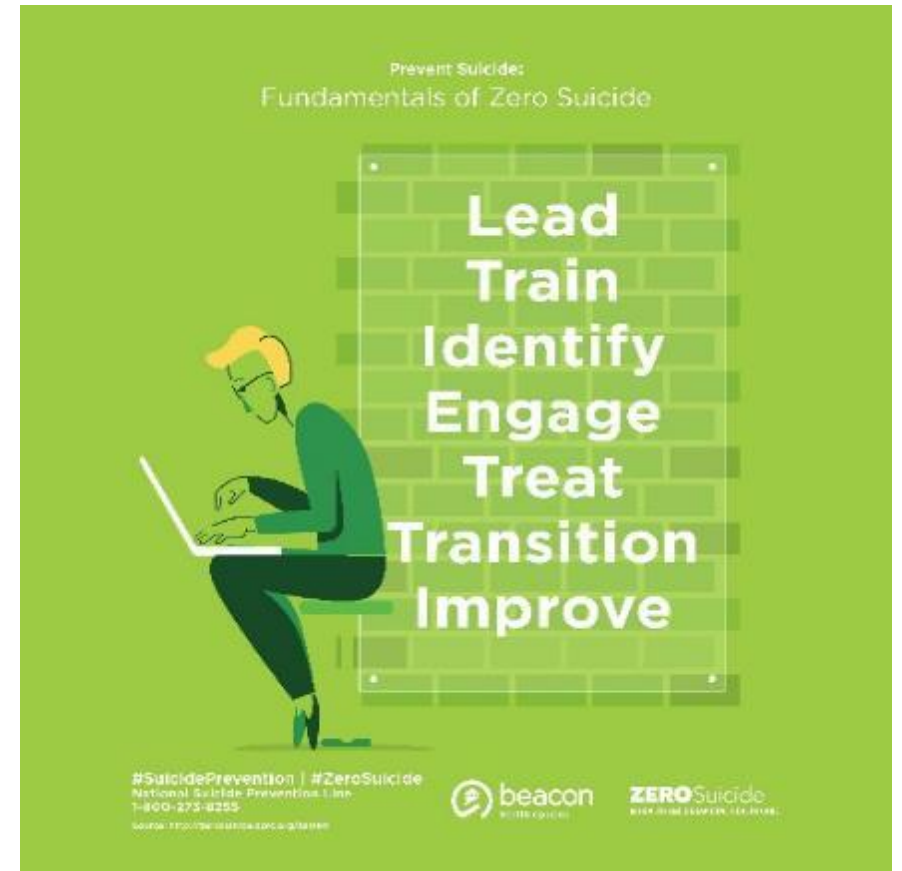
Zero Suicide Model

A framework to coordinate a multilevel approach to implementing evidence-based practices.

CAMS-

Collaborative **A**ssessment and **M**anagement of **S**uicidality

CALM- **C**ounseling on **A**ccess to **L**ethal **M**eans



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Crisis Response Planning



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Crisis Planning: What to cover

- Reduce Access to Means
- Recognize the Warning Signs
- Help yourself skills
- Ask for Help
- Professional Help

Personal Crisis Plan

I know I am triggered when I notice: _____ _____ _____	What other people may see when I am triggered _____ _____ _____
Help Yourself Skills to regulate my nervous system. _____ _____ _____	
Things I can do to distract myself _____ _____ _____	
Reasons to live: _____ _____ _____	
My Professional Supports My Therapists Name and Phone number _____ My Psychiatrists name and phone number _____ My PCPs Name and phone number _____	People I can reach out to: 1 _____ 2 _____ 3 _____ 4 _____

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ALWAYS Take Suicide Threats
and
Suicide Attempts Seriously.

A past history of **Suicide Attempts** is one of the strongest risk factors in death by suicide.



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After Crisis and/or Hospitalization: Transition Plans

- Collaborate with clients on increasing safety and support in their home environment
- Obtain releases to involve significant persons (school personnel, family, friends.)
- Educate all about risk factors, warning signs and access to means.
- Help enhance protective factors.
- Provide 24-hour emergency number.



Postvention



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What is Postvention?

Postvention

An organized response in the aftermath of a suicide to accomplish one or more of the following:

- To facilitate healing in those impacted
- To mitigate negative effects of exposure to suicide, including contagion.
- To prevent suicide among people who are at high risk after exposure to suicide

This definition developed by the Survivors of Suicide Loss Task Force.



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Postvention Planning-Communities and Organizations

A **Postvention Plan** is a crucial part of any community organization's overall Suicide Response and Prevention Plan

Who is your response team?
Who is your media representative?

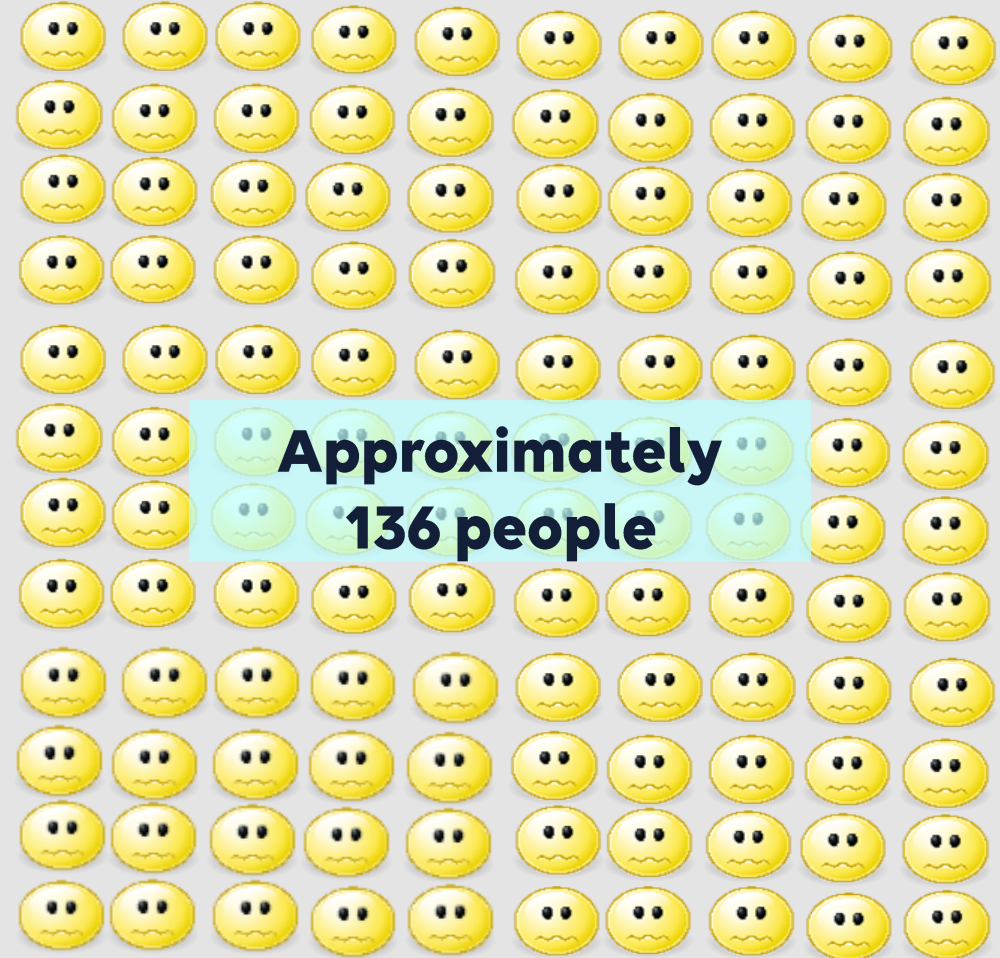


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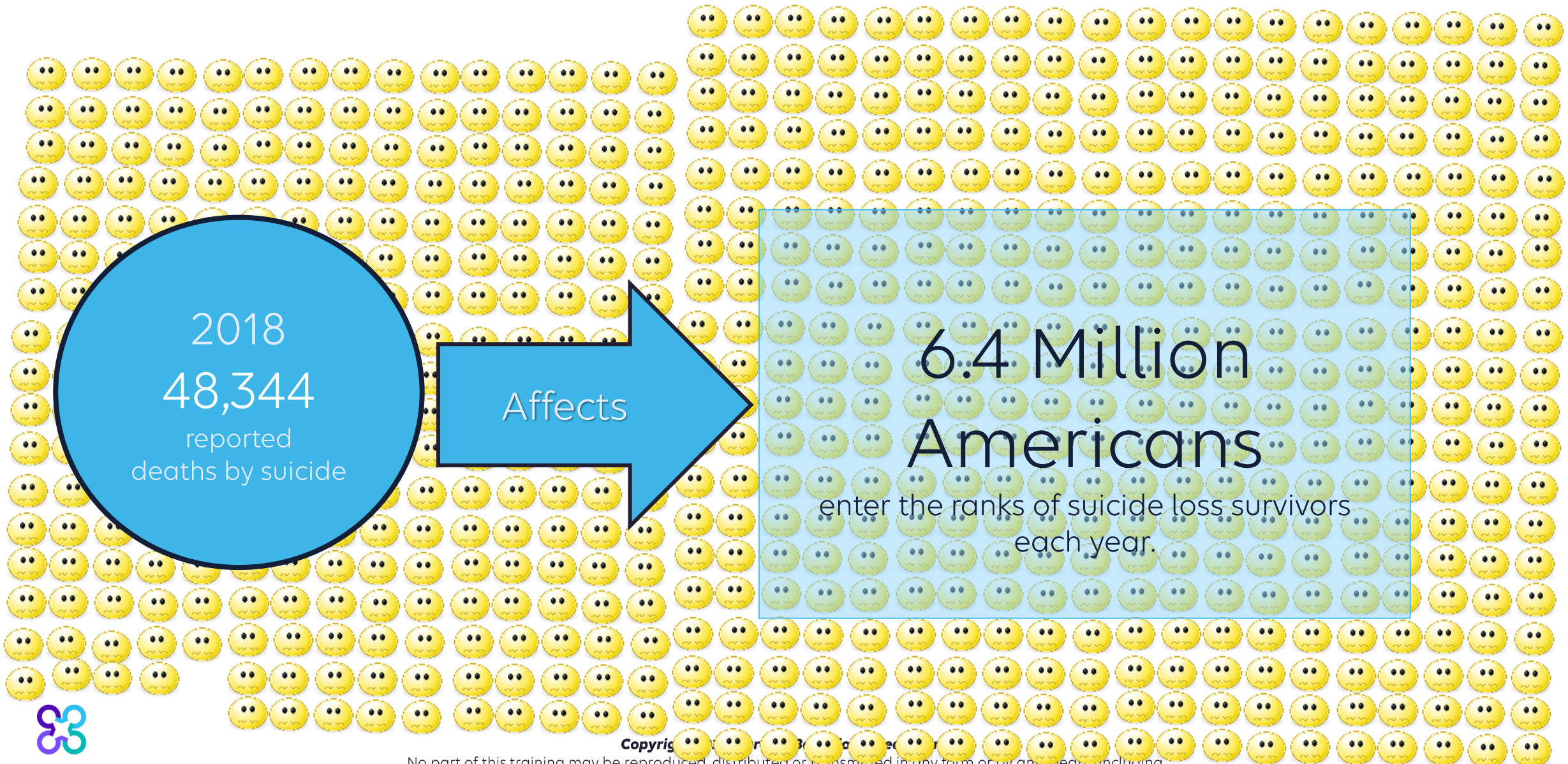
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Who is Affected?- Exposure to suicide

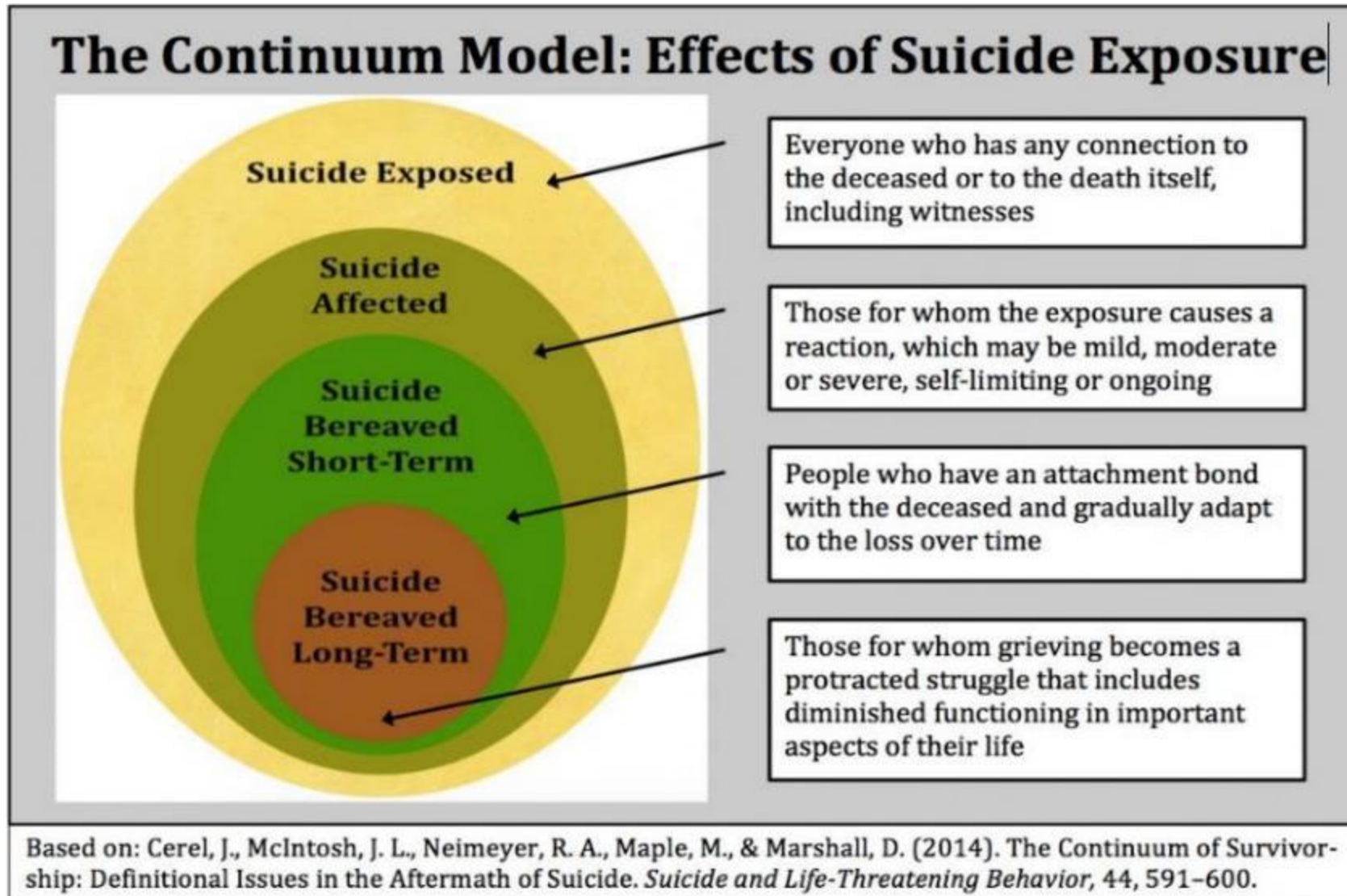
One
Death
by
Suicide



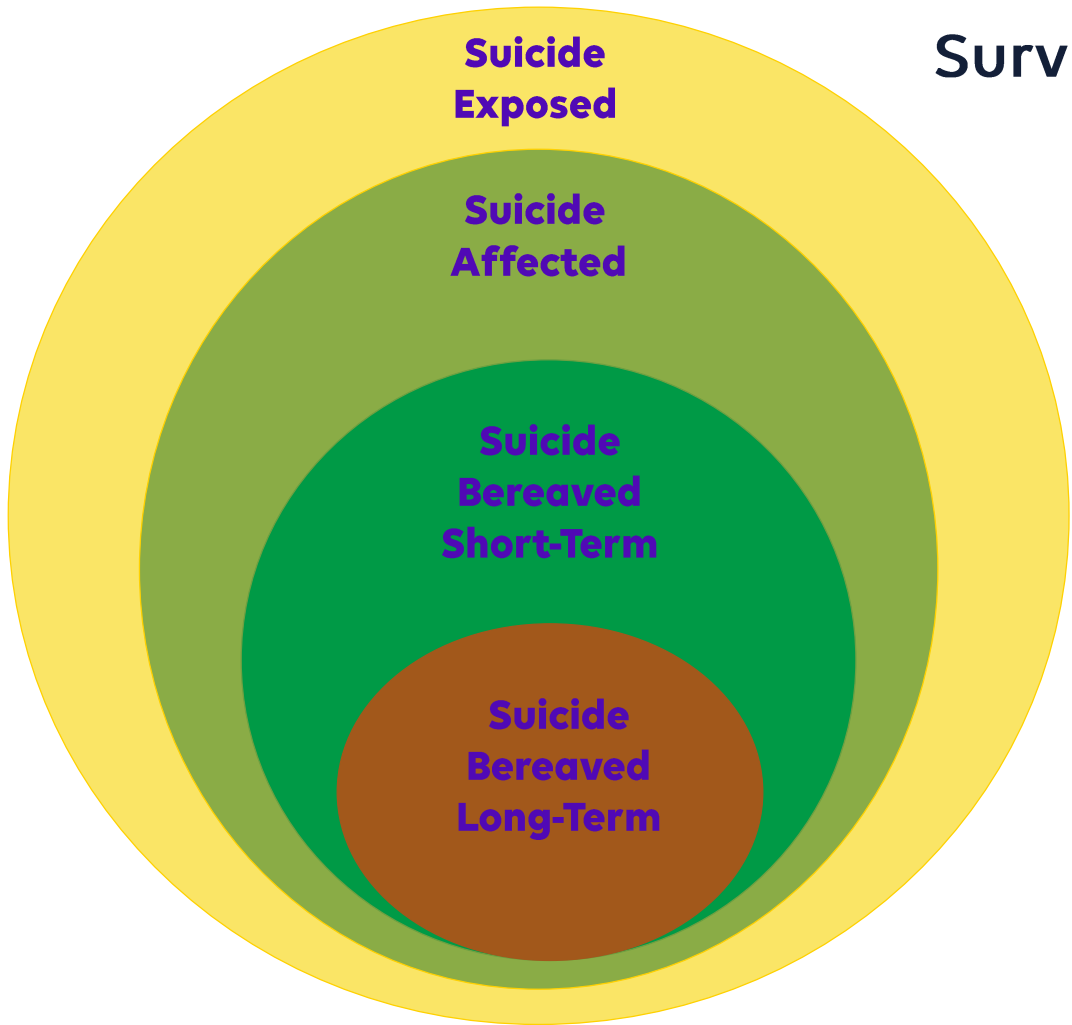
Who is Affected?- Exposure to suicide



The Continuum Model



The Continuum Model



Survivors of suicide loss can be affected by three sources of trauma:

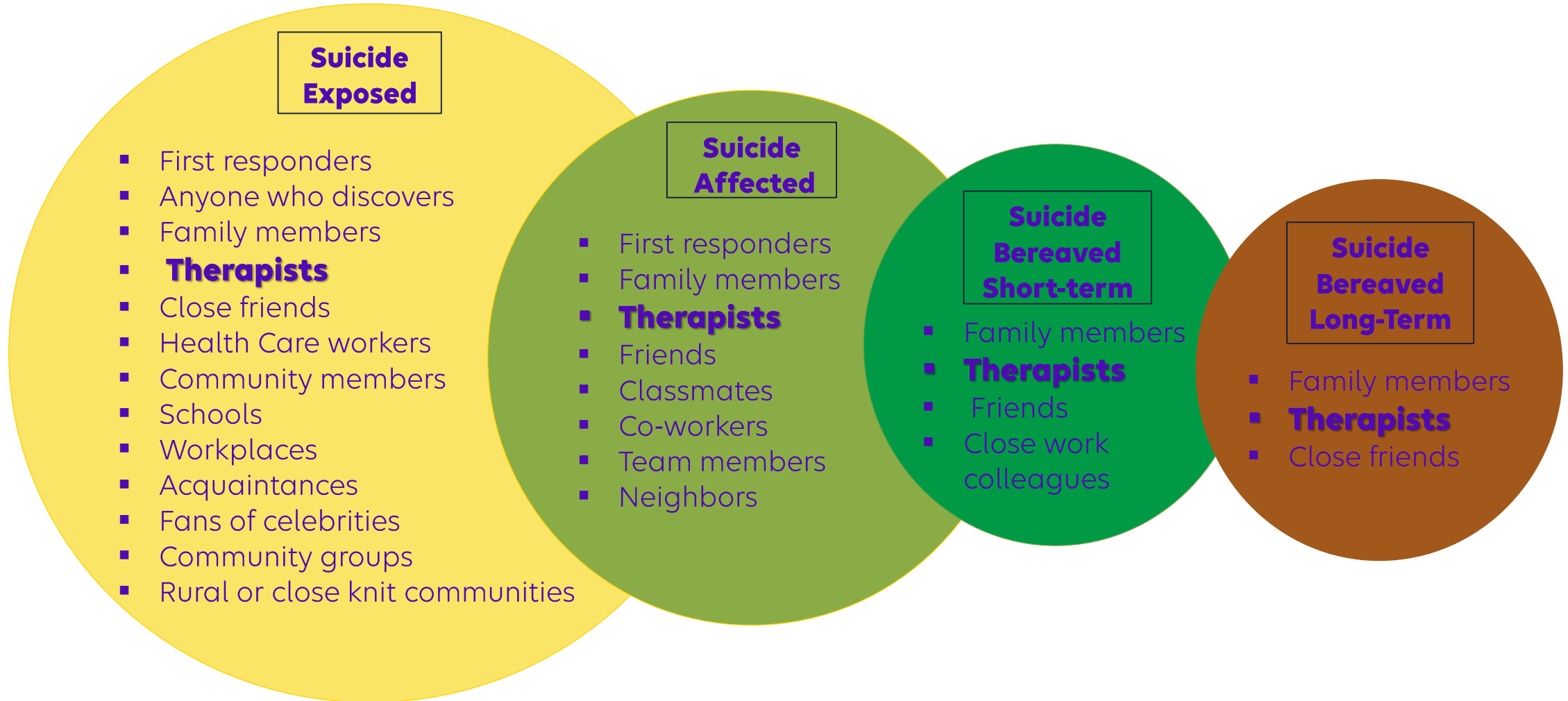
Imagined exposure

Direct exposure

Psychological trauma



The Continuum Model- Who is affected?



Self-Care for Clinicians and other Mental Health Professionals



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“Self-care is not selfish or self-indulgent. We cannot nurture others from a dry well. We need to take care of our own needs first, then we can give from our surplus, our abundance.”

Jennifer Louden

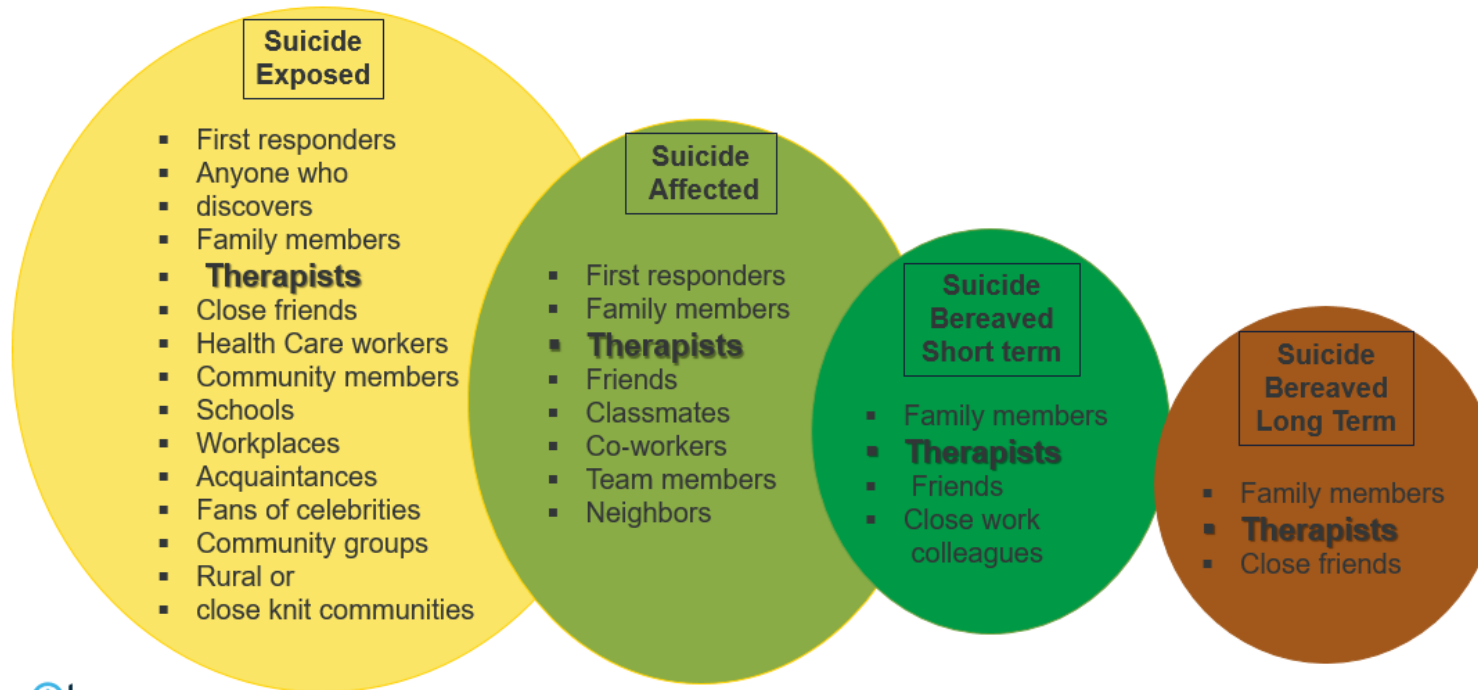


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Effects of Suicide Exposure On Mental Health Professionals

The Continuum Model- Who is effected



Effects of Suicide Exposure: Mental Health Professionals

Approximately
1 in 5 Therapists
and as many as
1 in 2 psychiatrists and psychiatric trainees,
loses a client to suicide
during the course
of their career.

Suicide exposed & Bereaved Mental Health Professionals may experience:

- Loss of confidence in clinical skills, especially with suicidal clients
- Feelings of incompetence
- Hypervigilance/ minimization of suicide potential
- Impairment of empathetic response
- Isolation
- Depression
- Suicidal Ideation



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Something to Think About...

In a 2020 study published in the American Journal of Psychiatry

78% of participants
screened positive for burn out

of those that
screened
positive for
burnout

20% scored in the
moderate to severe range for
depression on the PHQ-9

In a 2015 study,

15% of social workers
met criteria for PTSD,
as opposed to

8% of the General
Population.



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Self Care

The 2009 APA Colleague Assistance survey revealed psychologists Frequently Reported Barriers to asking for Help:



1. Lack of time
2. Minimization/ denial of issues
3. Privacy or confidentiality concerns
4. Shame, guilt, or embarrassment
5. Lack of knowledge of available resources
6. Fear of loss of professional status
7. Inadequate social support



Something to Think about...

As Mental Health Professionals we have a Moral and Ethical obligation to care for our own Mental Health.

- ❖ What do you do to take care of yourself?
- ❖ What do you do to process the emotion related to your work?
- ❖ Are you feeling burnt out?
- ❖ Do you have a self-care plan?

What does your agency offer for support?
What message does your agency send around self care?



Resources

Full list of citations available upon request

Assessment Five-Stage Evaluation and Triage (SAFE-T): Pocket Card for Clinicians

Available at <http://store.samhsa.gov/product/Suicide-Assessment-Five-Step-Evaluation-andTriage-SAFE-T-/SMA09-4432>

Is PATH WARM wallet card

Available at: <https://suicidepreventionlifeline.org/wp-content/uploads/2016/09/risk-assessment-suicide-prevention-lifeline-wallet-card.pdf>

National Suicide Prevention Lifeline

www.suicidepreventionlifeline.org

Linehan M.M., Goodstein J.L., Nielsen S.L., & Chiles J.A. (1983). Reasons for Staying Alive When You Are Thinking of Killing Yourself: The Reasons for Living Inventory. *Journal of Consulting and Clinical Psychology*, 51, 276-286

American Foundation for Suicide Prevention

<https://afsp.org/about-suicide/state-fact-sheets>

Center for Disease Control

<https://search.cdc.gov/search/?query=suicide&action=search&utf8=%E2%9C%93&affiliate=cdc-main>

National Alliance on Mental Illness New Hampshire chapter

www.naminh.org

The Connect Program

www.theconnectprogram.org

The Trevor Project- Saving young LGBTQ Lives

TheTrevorproject.org

Department of Health and Human Service- NH

www.dhhs.state.nh.us <https://www.dhhs.nh.gov/dphs/bchs/spc/documents/2019-annual-suicide-report.pdf>

Action Alliance for Suicide Prevention

www.actionallianceforsuicideprevention.org

Suicide Prevention Resource Center

www.sprc.org

<https://sprc.org/resources-programs/treating-suicidal-patients-during-covid-19>

Society for the Prevention of Teen Suicide

www.sptsusa.org

American Association suicidology

<https://suicidology.org>

Ring the Alarm: The Crisis of Black Youth Suicide in America

A Report to Congress from The Congressional Black Caucus
Emergency Task Force on Black Youth Suicide and Mental Health

https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf



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