



Make waves

COMMUNITY EDUCATION DAY



**BREAK
THE SILENCE.**

Lindner Center
of HOPE

|  Health.

SUICIDE PREVENTION

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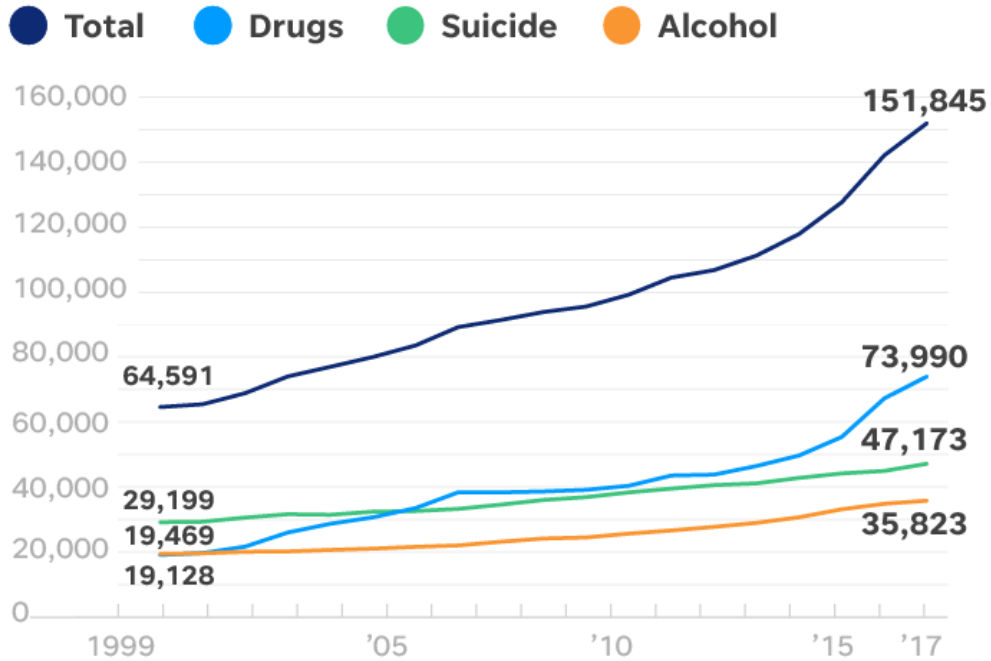
Nelson Rodriguez, MD

Leah Casuto, MD

THE STATS

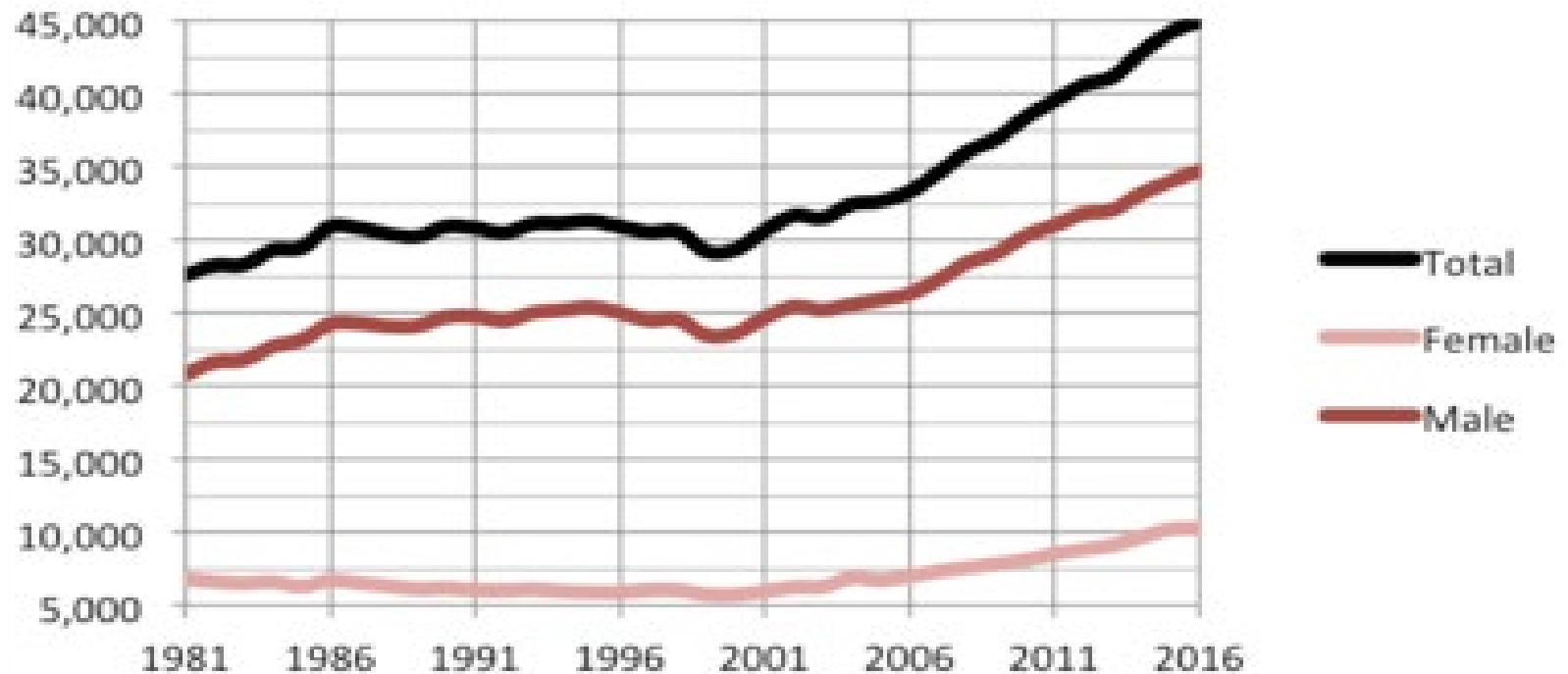


Annual deaths from alcohol, drugs, and suicide in the US:



SOURCE Trust for America's Health and the Well Being Trust.
Analysis of data from National Center For Health Statistics, CDC ; USA TODAY

Total suicides in the United States, 1981-2016



Total suicides in the United States, 1981–2016. Data from CDC WISQARS Fatal Injury Reports.

WHO and WHY?

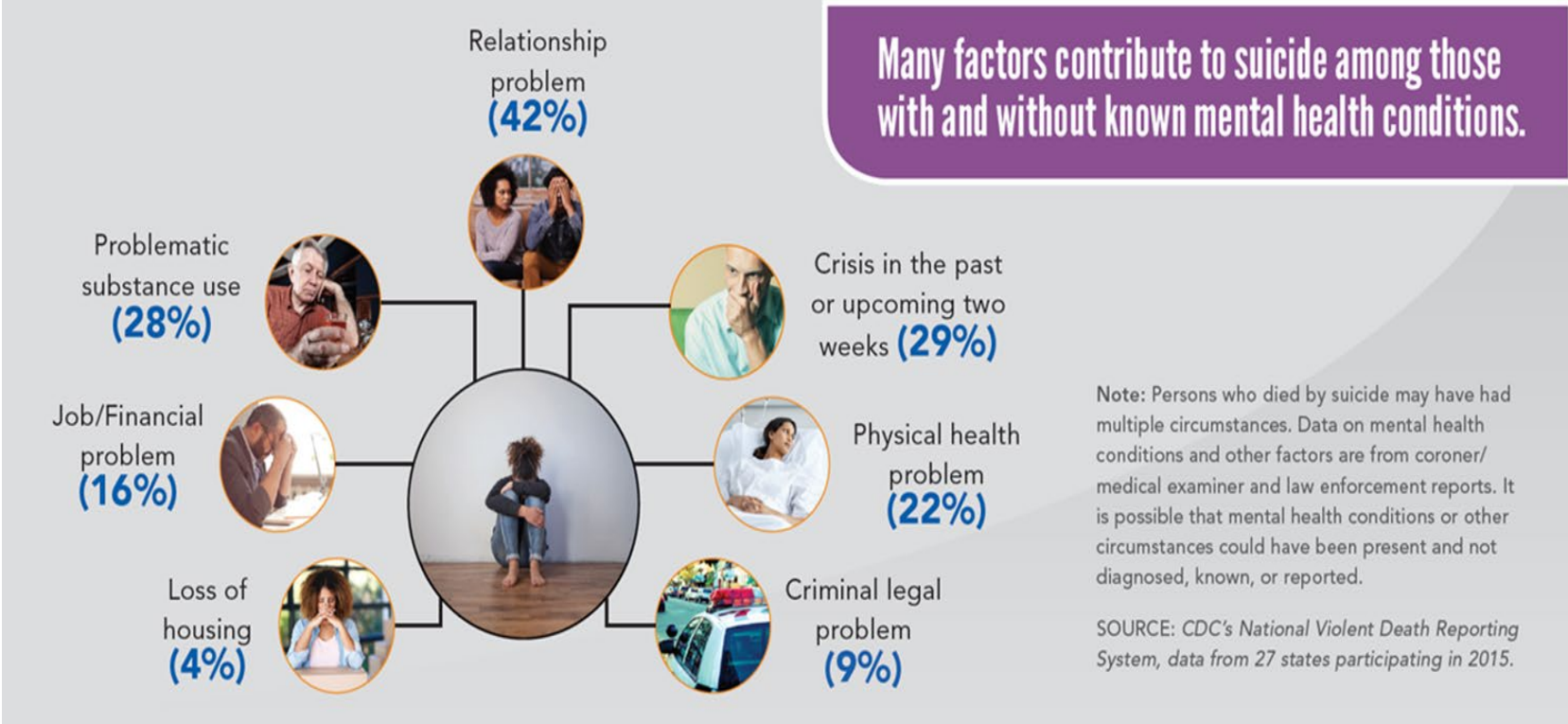


Mental Health Diagnoses Most Often Associated with Suicide

- Major Depressive Episode up to 15%
- Bipolar Disorder
- Anorexia Nervosa
- Schizophrenia 2-13%
- Borderline Personality Disorder 4-10%
- Substance Dependence or Dually Diagnosed

Joiner 2009

54% More than half of people who died by suicide did not have a known mental health condition



<https://www.cdc.gov/vitalsigns/suicide/>

Risk Factors for Suicide

- Prior history of a suicide attempt
- A family history of suicide
- Substance abuse. Drugs and alcohol can result in mental highs and lows that exacerbate suicidal thoughts
- Intoxication. More than one in three people who die from suicide are found to be currently under the influence
- Access to firearms
- A serious or chronic medical illness
- Gender. Although more women than men attempt suicide, men are four times more likely to die by suicide
- A history of trauma or abuse
- Prolonged stress
- Isolation
- Age. above age 65 are at a higher risk for suicide
- A recent tragedy or loss
- Agitation and sleep deprivation
- Impulsive /aggression

nami.org

Factors Contributing to Suicide

- Hopelessness
- Perceived Burdensomeness
- Thwarted Belongingness
- Acquired Capabilities for Self Harm
- Self Hatred
- Psychic Pain
- Stress
- Agitation
- Distortion of reality, delusions or hallucinations

WHAT CAN WE DO?



Typical components of a national suicide prevention strategy

- Restriction of access to commonly used methods of suicide
- Promotion of responsible media reporting
- Access to health and social care services
- Training and education
- Psychotherapeutic interventions intended to reduce repeated suicidal behavior
- Enhanced care/follow-up targeted at people with a history of attempted suicide
- Crisis intervention
- Postvention
- Awareness raising
- Addressing stigmatized attitudes toward mental ill-health and suicidal behavior
- Surveillance, monitoring, and evaluation
- Oversight and coordination

National Suicide Prevention Strategies – Progress and Challenges.

Platt S, Arensman E, Rezaeian M. The Journal of Crisis Intervention and Suicide Prevention 40(2):75-82

RESTRICTING ACCESS





Methods in USA Suicides



Method

% of Total

Number

Firearms

50.5%

19,392

5 of every 10 suicides by firearms



Suffocation

(including hanging, strangulation)

24.7%

9,493



Poisoning

(solid and liquid and gas)

17.2%

6,599



All Other Methods

7.8%

2,880



Firearms the leading method

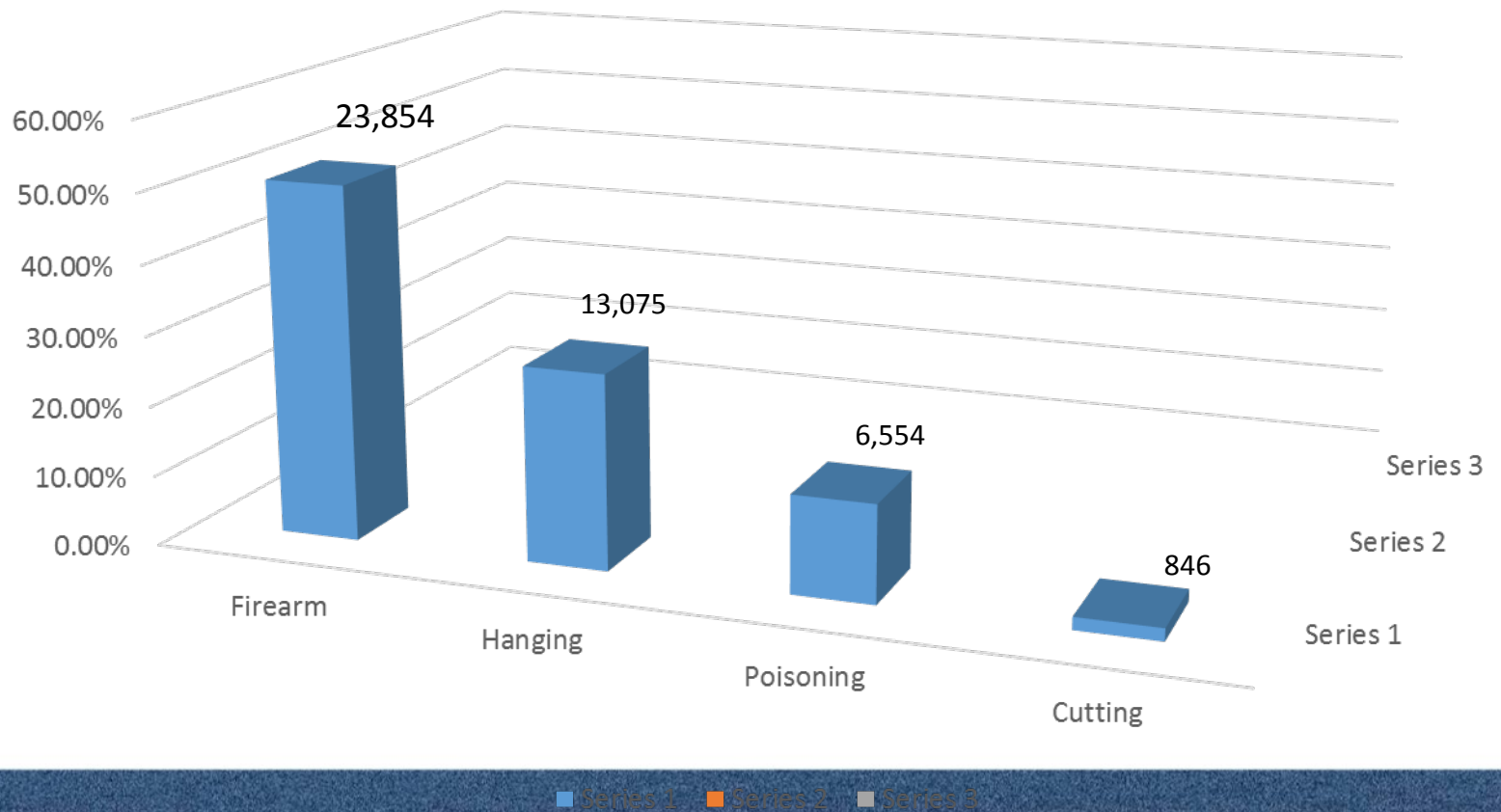
38,364 total suicides

Note: Totals may not equal 100% due to rounding

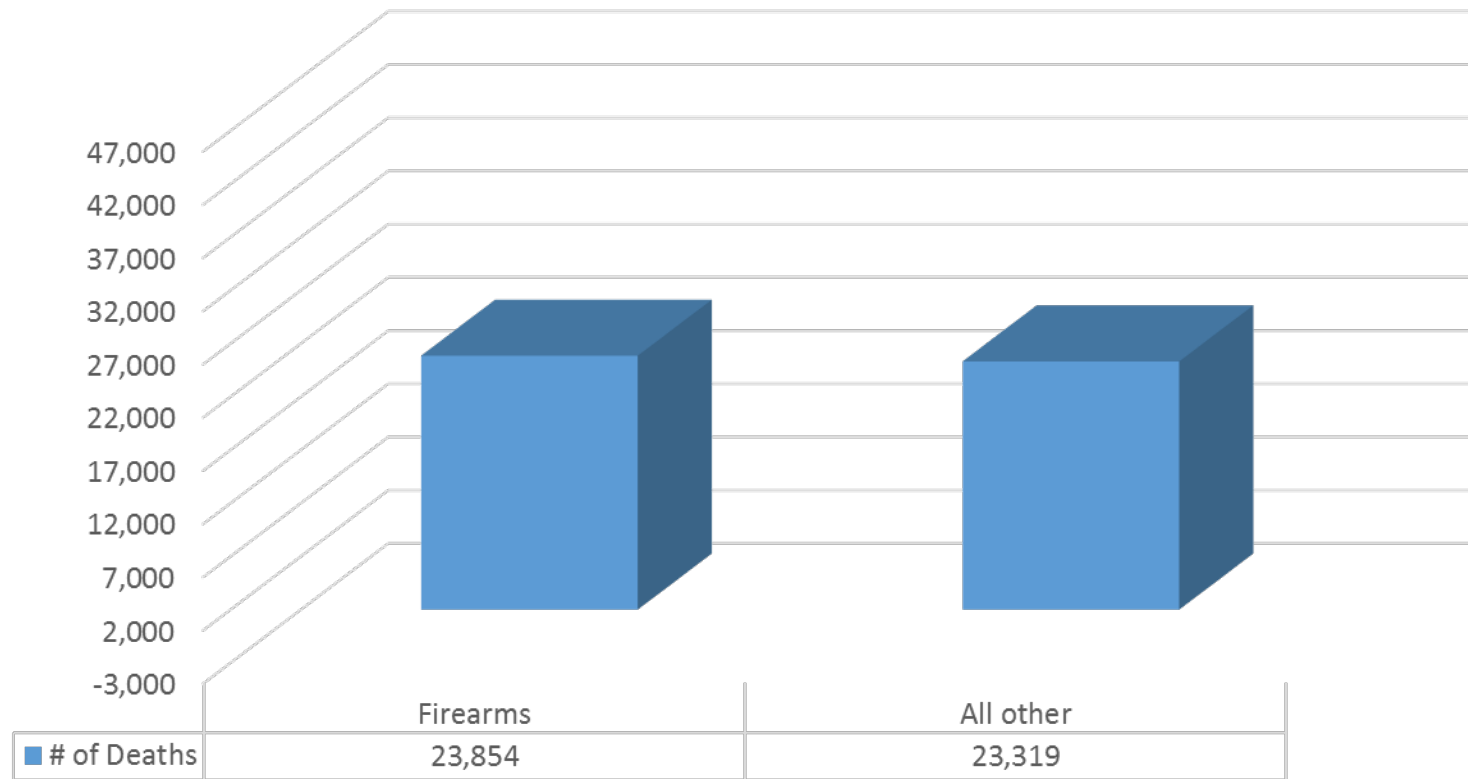
2010 Data

14

2017 Suicide Methods in US



2017 Suicide Method in the US

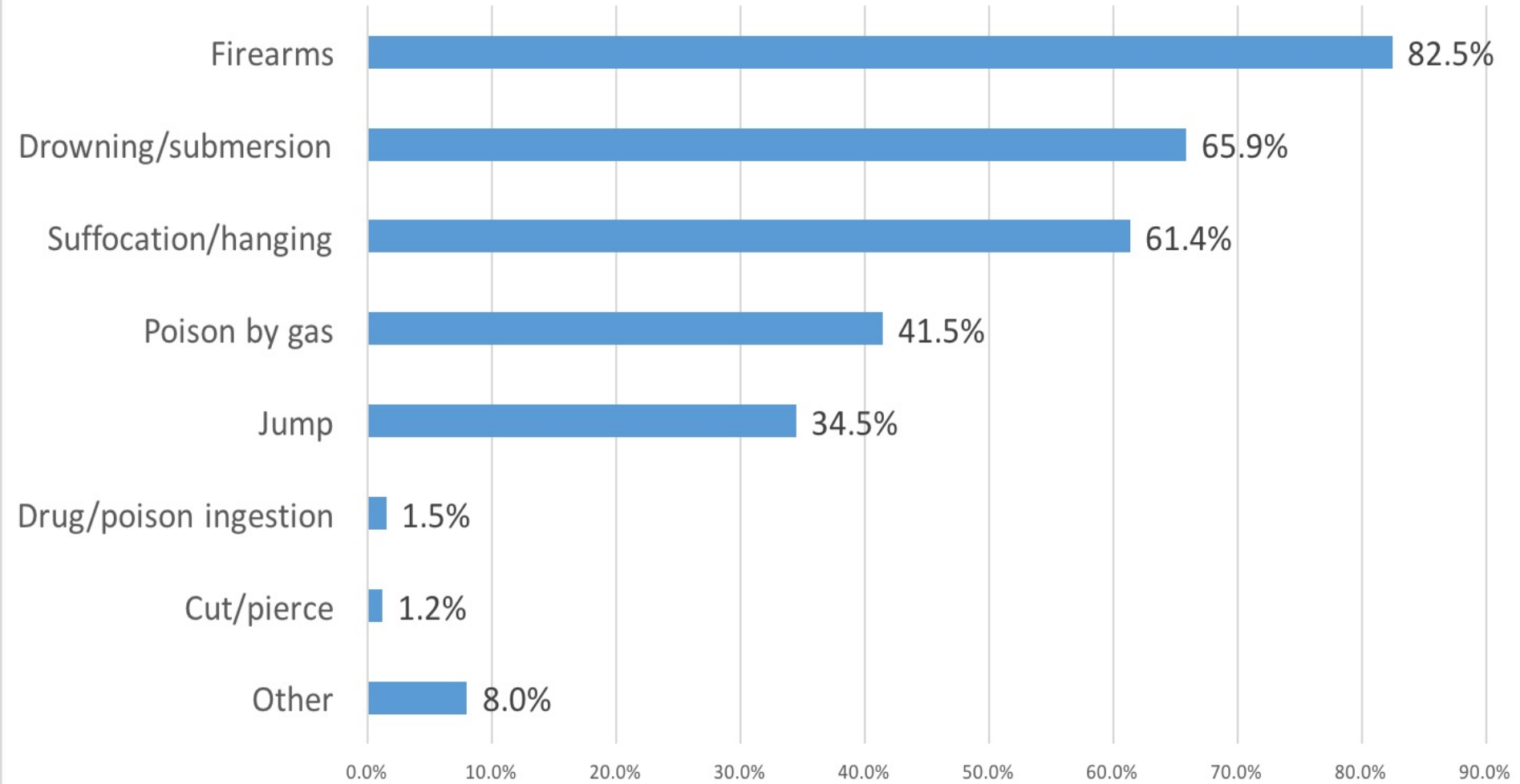


American Association of Suicidology www.suicidology.org

Gun Safety

- Most suicide deaths in the US occur with firearms
- Children and adolescents are at more risk of suicide in homes with firearms '98 Consensus Statement on Youth Suicide by Firearms
- Guns should be removed from the homes of those with suicidal ideation, prior suicide attempts or severe distress
- Proper Guns Storage Practices can reduce risk of youth suicide (locked, unloaded, storing ammunition locked and in a separate location in homes with children and teens) Grossman JAMA 2005

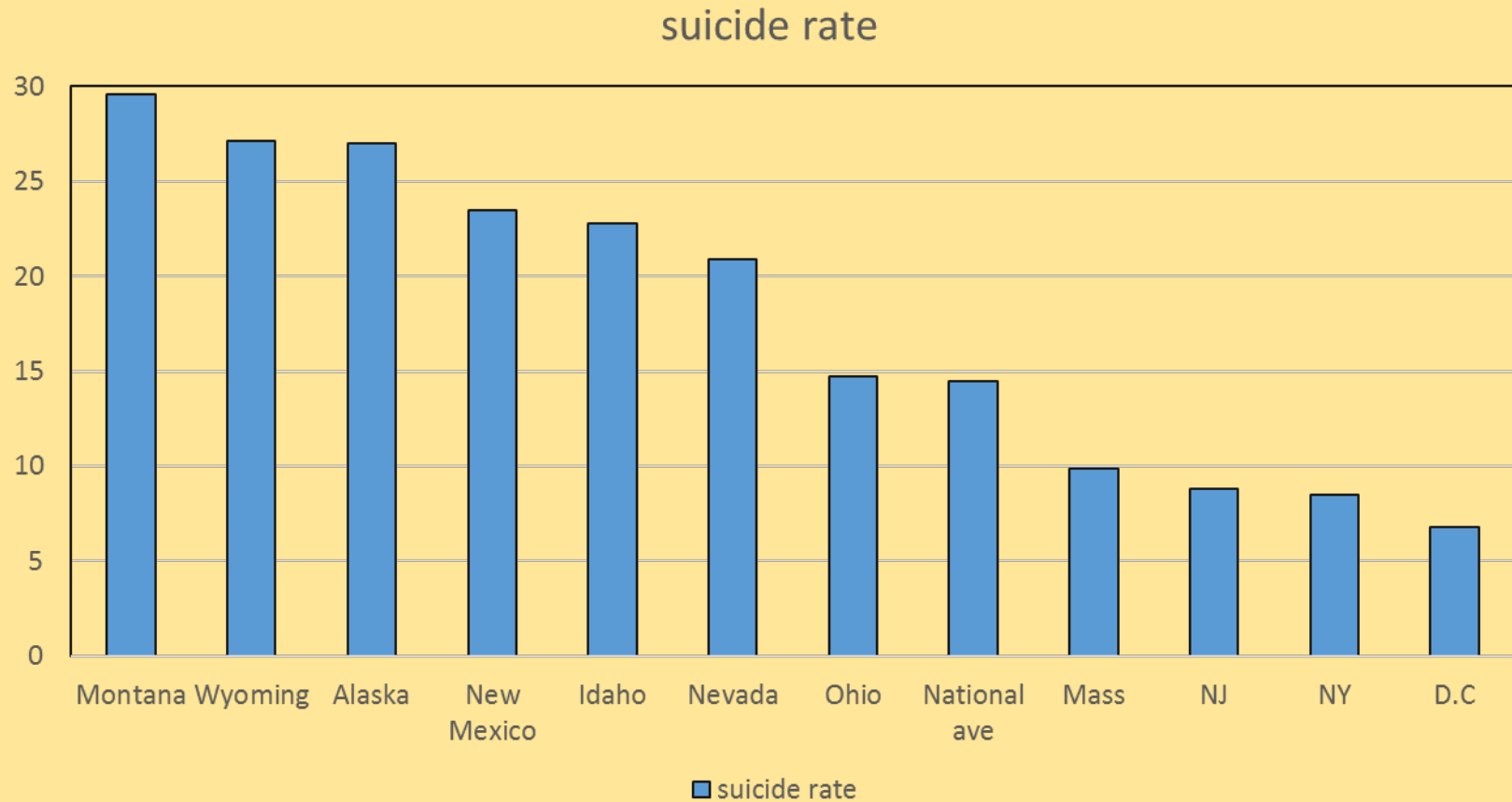
Case Fatality Rates (%) By Suicide Method



Spicer, R.S. and Miller, T.R. Suicide acts in 8 states: incidence and case fatality rates by demographics and method. *American Journal of Public Health*. 2000;90(12);1885.

Rate of Suicide for US States, 2017

per 100,000





Find a Safety Kit

More than 38 million gun locks distributed through local law enforcement.

[Get a Free Lock](#)

<https://www.projectchildsafe.org/>



1-800-468-4357 (HELP)
SUICIDE CRISIS HOTLINE
Confidential Help 24 Hours a Day / 7 Days a Week

Restricting Access

✓ Dispose of unneeded medication

Pharmaceutical disposal is offered throughout Greater Cincinnati.

Hamilton County: www.hamiltoncountyrecycles.org.

Butler County: www.butlercountyrecycles.org

Visit www.rxdrugdropbox.org for a full list of pharmaceutical collection points.

✓ Keep Limited amounts of needed medications unlocked

Info regarding lethal quantities of medications is available from your pharmacist or

Poison Control Center at 1-800-222-1222.

✓ Utilize Lock Boxes These are available on Amazon.

✓ Keep only small amounts of alcohol at home when there are people at risk



Media vigilance

Prevent future risk

- Media can describe helping resources and avoid headlines or details that increase risk.

<https://www.cdc.gov/vitalsigns/suicide/>

As Individuals

- Identify and support people at risk.
- Everyone can learn the signs of suicide, how to respond, and where to access help
- Fight Stigma associated with Mental Health Diagnosis and Treatment

Know the Warning Signs

- Threats or comments about killing themselves, also known as suicidal ideation, can begin with seemingly harmless thoughts like “I wish I wasn’t here” but can become more overt and dangerous
- Increased alcohol and drug use
- Aggressive behavior
- Social withdrawal from friends, family and the community
- Dramatic mood swings
- Talking, writing or thinking about death
- Impulsive or reckless behavior

www.nami.org

Is There Imminent Danger?

Any person exhibiting these behaviors should get care immediately:

- Putting their affairs in order and giving away their possessions
- Saying goodbye to friends and family
- Mood shifts from despair to calm
- Planning, possibly by looking around to buy, steal or borrow the tools they need to complete suicide, such as a firearm or prescription medication

www.nami.org

QPR FOR SUICIDE PREVENTION

- Q** Question the person About Suicide. Do they have thoughts? Feelings? Don't be afraid to ask.
- P** Persuade the Person To Get Help. Listen Carefully. Then say, "Let me help." Or, Come with me to find help."
- R** Refer for Help. If a child or an adolescent, contact any adult, any parent. Or call your minister, rabbi, tribal elder, a teacher, coach or counselor. Or call the resours numbers at the end of this card.

RESOURCE INFORMATION

Resource Numbers 1-800-273-TALK

Your Online QPR Gatekeeper Training access info

Web address: <http://www.qprtraining.com>

User ID: _____

Password: _____

QPR Question

- Have you ever wanted to stop living?
- You look like you feel miserable.
- Are you thinking of killing yourself?
- Are you thinking of suicide?

QPR by Paul Quinnett, PhD

Connect and Express

- Connect by saying things like, “You aren’t alone. I’m here to listen and help” or “I may not understand exactly how you feel, but I know I want to help you in any way I can.”
- Express concern: Let the person know that you are worried and want to help. Just knowing that you care about them, how they are feeling, what they are going through, and their life may help prevent a suicide.
- Say something like, “I don’t know how to solve your problems, but I do know that I am worried about the effect they are having on you. I don’t want you to die.”

Wiki How Stopping Someone Who is Suicidal

QPR Persuade

- Give your full attention (schedule enough time/turn off your phone!)
- Listen
- Do not rush to judge or condemn
- Tame your own fear
- Listen for the problems that death by suicide will solve
- Do not leave this person alone

QPR by Paul Quinnett, PhD

Persuade

Your goal is to get a 'yes' answer

- Will you go with me to get help?
- Will you let me make you an appointment?
- Will you promise me...?
- I want you to live. Won't you please stay alive until we can get some help?

QPR by Paul Quinnett, PhD

NOT Helpful

- Ignoring or dismissing the issue
- Acting shocked or embarrassed
- Panicking, preaching or patronizing
- Challenging, debating, bargaining
- Promising to keep a secret
- Getting irritated
- “You’re Not Suicidal Are You?”

QPR Refer

- Call 911
- 513-536-HOPE (speak with Intake)
- 513-281-CARE
- 1-800-273-TALK (8255)
(National Suicide Prevention Lifeline)
- Text START to 741-741

If you or someone you know needs immediate help, please contact the one of the following crisis hotlines:

- Disaster Distress Helpline: 1-800-985-5990
- National Suicide Prevention Lifeline: 1-800-273-TALK (1-888-628-9454 for Spanish-speaking callers)
- Youth Mental Health Line: 1-888-568-1112
- Child-Help USA: 1-800-422-4453 (24 hour toll free) Coping With Stress

<https://www.cdc.gov/violenceprevention/suicide/copingwith-stresstips.html>

Text START to 741-741

Thanks for texting Crisis Text Line, Where you'll text with a compassionate Crisis Counselor. Our terms of service: crisistext.org/privacy

Text STOP anytime to cancel. We can't receive msgs longer than 160 characters(about a couple of sentences). What's on your mind?

GOOD NEWS



Helpful Medications

- Lithium
- Clozapine
- Ketamine

Promising in Therapy

- **Dialectical Behavior Therapy**

McCauley, E. et al. Efficacy of Dialectical behavior therapy for adolescents at high risk for suicide: a randomized clinical trial *JAMA psychiatry*, 75(8)(2018), pp.777-785

- **Youth-Nominated Support Teams** **King, C. A.** et al. Association of the youth-nominated support team intervention for suicidal adolescents with 11- to 14-year mortality outcomes: secondary analysis of a randomized clinical trial. *JAMA Psychiatry*, (2019)

- **School-based Suicide Prevention Programs** **Wasserman D** et al.

School-based suicide prevention programmes: the SEYLE cluster-randomized controlled trial. *Lancet* 2015; 385: 1536-44.
RHJ Aseltine An outcome evaluation of the SOS suicide prevention program *AM J Public Health*, 94 (2004), pp.446-451. **Wilcox, HC** et al. The impact of two universal randomized first and second-grade classroom interventions on young suicide ideation and attempts *Drug Alcohol Depend*, 95(sup 1)2008, pp. S60-S73.

- **Cognitive Therapy for Suicide Prevention (CT-ST)** **Brown**

GK, Cognitive therapy for the prevention of suicide attempts: a randomized controlled trial. *JAMA* 2005; 294(5):563-70.

- **Collaborative Assessment and Management of Suicidality (CAMS)**

Jobes, D *Managing Suicidal Risk A Collaborative Approach*
2nd Edition 2016 The Guilford Press

Promising Activities

- Suicide Project -Don Wright
- Clarigent App
- SERA Suicide Education Research Advocacy-CCHMC
- NNDC suicide task force

NAMI

- Support Groups- NAMI Connection
- Family to Family-12 week course for Family and Friends of persons living with mental illness
- Peer-to-Peer 10 week course for people living with mental illness
- NAMI Basics 6 week course for parents and caregivers of C/A
- In Our Own Voice-60- 90 min for general public. Two people with mental illness share stories of hope and recovery

Internet Resources

- American Association for Suicidology www.suicidology.org
- American Foundation for Suicide Prevention www.afsp.org
- The Compassionate Friends, Inc. (help for those grieving loss) www.compassionatefriends.org
- National Suicide Research Foundation <https://www.nsrfl.ie>
- Mental Health America <https://www.mentalhealthamerica.net>
- Suicide Prevention Resource Center www.sprc.org
- NAMI SW Ohio www.namiswoh.org
- QPR www.qprinstitute.com/video/qpr_demo
www.qprinstitute.com/video/calmtraining.mp4
 - Preventing Suicide: A Technical Package of Policy, Programs, and Practices
<https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>