

**Suicide Prevention:
What to Know, What to Do**

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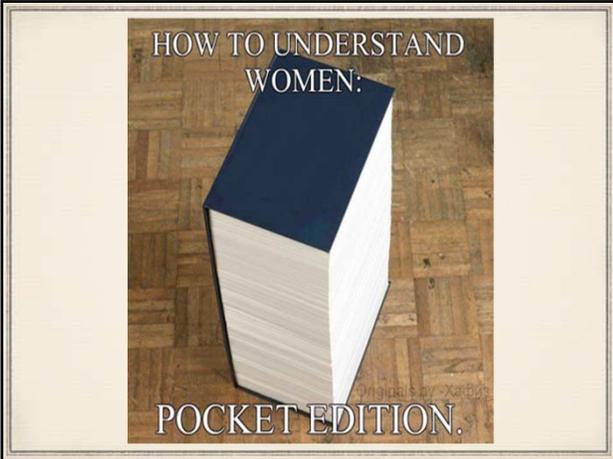
SESSION OBJECTIVES

After attending this presentation, attendees will be able to:

- ◊ Understand the size and scope of the suicide problem in Idaho
- ◊ Learn concrete ways to decrease and prevent suicide in your community.
- ◊ Learn how to talk about suicide and make the topic easier to discuss, without fear of making things worse.

Why are you here?





What is the best predictor of future behavior?

Who is dying?
Why are they dying?
What can we do about it?

Idaho Statistics

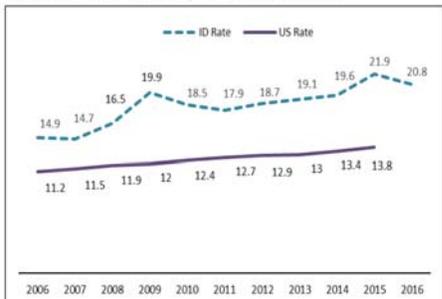
- Idaho had the **5th** highest suicide rate in the nation in 2015
 - 57% higher than the national average
- Idaho had the **8th** highest rate in 2016.
 - Decrease in completed suicides by 8. (359 → 351)

Rank	State (Division)	Deaths	Rate
1	Alaska (P - West)	191	28.0
2	Montana (M - West)	267	21.8
3	Wyoming (M - West)	144	24.6
4	New Mexico (M - West)	473	22.6
5	Nevada (M - West)	600	22.1
6	California (M - West)	1,168	22.1
7	Oklahoma (W-MC - South)	822	21.0
8	Idaho (M - West)	352	20.9
9	Utah (M - West)	620	20.3
10	West Virginia (S-A - South)	382	19.8

- Statewide, suicide is the **2nd leading cause of death** for ages 15-34.

Idaho and U.S. Suicide Trend

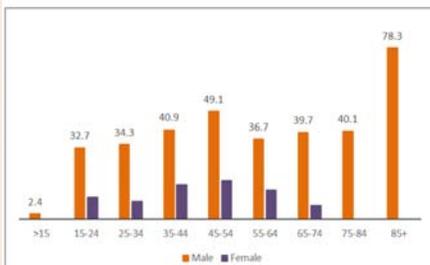
Idaho & US Rates by Year: 2006-2016



*Rate per 100,000 population

Idaho Suicide Rates by Age and Gender: 2012-2016 Combined

(*Rate per 100,000 population)



*Note: Rates are unreliable when the rate is calculated with a numerator (number of deaths) of less than 20.

Terms

Suicide attempt

Intentional, self-enacted, potentially injurious behavior with any (nonzero) amount of intent to die, with or without injury

Suicidal ideation

Thoughts of ending one's life or enacting one's death

Nonsuicidal self-injury

Intentional, self-enacted, potentially injurious behavior with no (zero) intent to die, with or without injury

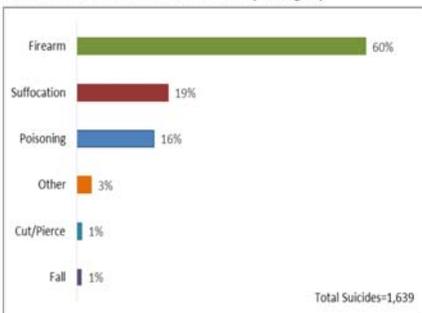
Nonsuicidal morbid ideation

Thoughts about one's death without suicidal or self-enacted injurious content

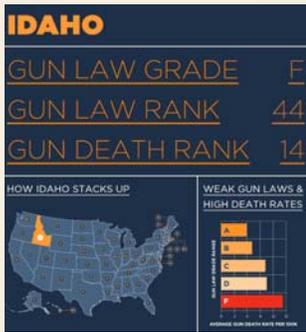
Community Interventions

MEANS RESTRICTION?

Idaho Method: 2012-2016 (All Ages)



You gonna recommend Gun laws in Idaho?



Decreasing gun deaths works like all things in mental health

- ◊ YOU CAN'T FORCE IT, THEY MUST DO IT THEMSELVES WITH YOUR ENCOURAGEMENT

Suicide Prevention Awareness and Education

- ◊ Education in schools (Sources of Strength)
- ◊ Community Awareness events

Personal (in office) Interventions

THE QUESTION

◊ Why is it so #*&!ing hard to predict suicide?

Suicidal Risk is Fluid



On the bridge, Baldwin counted to ten and stayed frozen. He counted to ten again, then vaulted over. "I still see my hands coming off the railing," he said. As he fell, Baldwin recalls, "I instantly realized that everything in my life that I'd thought was unfixable was totally fixable—except for having just jumped."

Golden Gate Jump Survivor:
Kevin Hines

There were tons of people, it was 10 in the morning, bikers, joggers, tourists, workers, cops biking around. I found my spot. And I said to myself, if just one person, just one, comes up to me and asks me if I need help, I'll tell [them] everything. And this beautiful woman walked up to me, and she goes, "Will you take my picture?" And I thought, "What? Lady, I'm going to kill myself, are you crazy?" But she had sunglasses on, her hair blowing in the wind, she was a tourist, all she could see was this guy standing right where she wanted her picture taken. I must have taken five pictures of this lady. She had no clue.

I thought at that moment, nobody cares. Nobody cares. So I handed her the camera. She walked away. I walked as far from the railing, closest to the traffic as I could, I ran, and I catapulted myself over the bridge. I didn't get on the ledge to have people talk me down. I just jumped.

- How do women attempt suicide?
- How do men attempt suicide?
- Who attempts suicide more often?
 - Men or Women
- Who completes suicide more often?
 - Men or Women

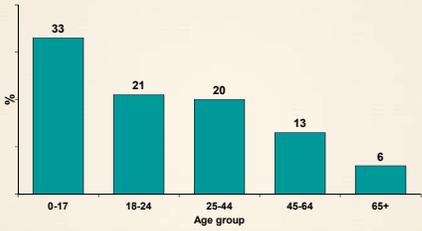
Do Suicidal Behaviors Progress?

- Does Self Harm?
- Does Drug use?
- Does Risky Behavior?

Willingness
and
Tolerance
Build



How urgent is it?



Age group	%
0-17	33
18-24	21
25-44	20
45-64	13
65+	6

CRISIS and % same day attempt by age

SO

- CRISIS is a huge risk
- Suicidal risk is fluid
- How do we know they are hitting a crisis?

Red Flags they are in Crisis

- **Willingness to act** (motivation to die)
 - People talk about reasons for dying
- **Preparation to act** (preparation and rehearsal behaviors)
 - People prepare for their death
 - Will, letters, finances, research
- **Capability to act**
 - Builds over time with exposure
 - Ordinarily people engage in the behavior for some time prior to death
 - High Risk Behavior
 - Self-mutilation
 - Suicide Attempts
- **Barriers to act** (reasons for living)
 - People will discuss their ambivalence about death
 - Relationships critical

Assessment Tools

PHQ-9 - PATIENT HEALTH QUESTIONNAIRE-9

C-SSRS - COLUMBIA-SUICIDE SEVERITY RATING SCALE

(they're free)

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)				
Over the past 2 weeks, how often have you been bothered by any of the following problems? (Check "N/A" to exclude your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Thoughts that you would be better off dead or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Five correct answers: _____ *
*Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Developed by Drs. Robert L. Spitzer, Janet D.W. Williams, Karl Roemer and colleagues, with an educational grant from Pfizer Inc. No permission is required to reproduce, translate, adapt, or distribute.

Does hospitalization decrease suicide rates?

What does it do?

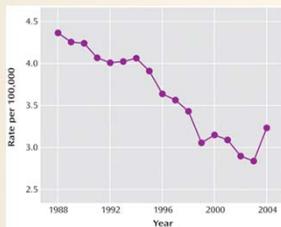
So what medical help is there?

1. Medication can help with mental health disorders and symptoms
2. **BUT WHAT ABOUT THE BLACK BOX WARNING ABOUT INCREASED SUICIDAL IDEATION?**

Don't ignore that risk. It is real. It is serious

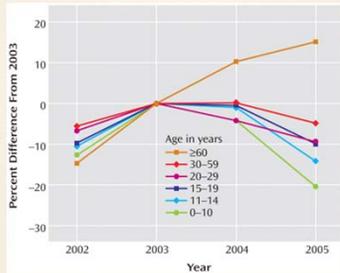
Also - don't jump on either bandwagon.

Not all disorders need meds. Not all meds are bad.



US Youth suicide rate (ages 5-19)

SSRI Prescription rates compared with 2003 rate



Medications treat symptoms and disorders.

Do any actually decrease suicide rates?

1. Lithium (20 years of studies)

The suicide prevention effect of lithium: more than 20 years of evidence—a narrative review
U Levitzka et al.
International Journal of Bipolar Disorders 2015; 3:15

2. Clozapine (one study)

Clozapine Treatment for Suicidality in Schizophrenia International Suicide Prevention Trial (InterSePT)
Herbert Y. Meltzer et al.
Arch Gen Psychiatry. 2003;60(1):82-91.

SO

When anyone says they are suicidal we should make sure they are prescribed Lithium or Clozapine?

ONLY IF THE DIAGNOSIS FITS

What's the best treatment?

- Medications or Therapy?
- It depends on the diagnosis. Usually both.

My experience teaching medical students

- Gunners hate psych.
- Your treatment is only as good as your diagnosis.
- Your diagnosis is only as good as the information you elicit.

How many of you could comfortably teach a patient how to properly use a condom?

Can you easily ask them if they are gay, or straight, or bi, or pan, etc?

Easily ask about guns, abortion, drug use, abuse, legal charges, etc?

They are only as open as you can handle.



My best rapport building tool with adolescents?

- My Smartphone

The More Specific, The Better

- Nature of Suicidal Thinking
 - Ideation:
 - Frequency, intensity/severity, duration, specificity (plans),
 - Relationship to intent to die
 - Method:
 - availability/accessibility,
 - Multiple methods
 - Active behaviors
 - Preparation and rehearsal

} [From Thinking to Doing](#)

What can we learn from clinical trials?
Simple Things that Work

5 Things that Save Lives

1. Keep It Simple Stupid
Use an Easy to understand treatment model

- Three targets
 - Thoughts (and core beliefs)
 - Motivation for dying
 - Feelings (physiological/emotional)
 - Behavior (increasing adaptive)

5 Things that Save Lives

2. A focus on treatment they'll actually do (compliance)

- Specific interventions and techniques
- Clear directions about *what to do* if they are struggling (non-compliance)

How about No-Suicide Contracts?

- A total of 21 articles identified about them
- No-Suicide Contracts helped one thing:
 - the clinician feel better

5 Things that Save Lives

3. Focus on skills-building

- Identification of skills deficits with opportunity for skills building and practice
 - Emotion Regulation
 - Interpersonal
- Clear understanding of "what is wrong" and "what to do about it"
- Separate from identity

Skills

- DISTRACTION IS ONLY ONE SKILL
- (with a million permutations)

Emotion regulation strategies

- Relaxation training
- Mindfulness training
- Reasons for living list
- Survival kit
 - Including Reasons for Living
- Sleep hygiene / stimulus control
- Recognize critical role of shame/guilt/grief

5 Things that Save Lives

- 4. Taking Personal responsibility**
- Emphasis on patient self-reliance and self-management
 - *Commitment to Treatment Statement*
 - *Crisis management/safety plan*
 - Patients assume high level of responsibility for their care, including crisis management

Those 21 studies on No-Suicide Contracts did yield useful results:

Elements of a Good Agreement?

- Defined as a commitment to
 - *Living*
 - *Treatment and care*
- Incorporates a crisis management or response plan
- Specifically identifies responsibilities
 - Patient
 - Clinician

Never make a goal that would be easier to meet if you were dead.

Commitment to Treatment Statement

- *Being actively involved during sessions*
- *Completing homework assignments*
- *Experimenting with new behaviors and new ways of doing things*
- *Taking medication as prescribed*
- *Implementing my crisis response plan.*

Commitment to Treatment Statement

- *I also understand that, to a large degree, my progress depends on the amount of energy and effort I make. If it's not working, I'll discuss it with my therapist. In short, I agree to make a commitment to living for.....*
- *I also understand that this means we're working toward the common goals of*
 - *Feeling better*
 - *Improving my abilities to handle different situations and problems*
 - *Finding direction and meaning in my life*

5 Things that Save Lives

5. Easy access to treatment and crisis services

- Clear plan of action for emergencies
 - Crisis management/safety plan
- Dedication of time to practicing skills necessary to identify true crisis, using crisis plan, and using external support services judiciously

Practice, Practice, Practice

- *When I find myself making plans to suicide, I agree to do the following:*
 1. Use my survival kit.
 2. Review my treatment journal
 3. Do things that help me feel better for about 30 minutes, including taking a bath, listening to music, and going for a walk
 4. If the thoughts continue, get specific, and I find myself preparing to do something, I call the emergency number XXX-XXXX
 5. If I'm still feeling suicidal and don't feel like I can control my behavior, I go to the emergency room

SUMMARY

- 1) Idaho has a serious problem, with no single solution
- 2) Medicine is part of the answer, it's not the answer.
 - Medications have serious risks.
 - Many can help with symptoms and treating mental illness. Some can decrease suicide rates
3. Therapy is part of the answer.
4. Your treatment is only as good as your diagnosis.
 - Identify Risk Factors
 - Limit Access to Lethal Means
 - Engage them, make them responsible for their treatment.

Useful Quotes to Remember

1. All behavior makes sense
2. Treat always, medicate occasionally
3. Treatment only works if the patient works harder than the clinician
4. Never make a goal that would be easier to reach if you were dead.

Useful Quotes to Remember

5. Emotions are not good or bad, they are useful
6. Thoughts Happen
7. Everyone wants to feel better
8. Suicide Risk is about crisis moments
9. Everyone is doing their best. Everyone can do Better.