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Suicide Awareness, Assessment and Intervention for Allied Health Professionals

Module 1: Suicide Risk Factors and Awareness

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Disclosures

- **Presenter Disclosure:** Financial: Angela Moss received an honorarium for presenting this course. Nika Ball is an employee of continued.com. Non-financial: Nika Ball and Angela Moss have no relevant non-financial relationships to disclose.

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Learning Objectives

At the completion of this 60 minute module, participants will be able to:

- Relate general suicide definitions, concepts and epidemiology

- Differentiate between suicide risk factors and warning signs of suicidal behavior

- Relate state of the science regarding current suicide prevention and research

- Identify resources for additional information on suicide

Myth or Fact?

Once a person decides they want to die by suicide, there is nothing anyone can do to stop them.

- Suicide can be prevented
- Most people who are suicidal do not want to die – they want to stop their pain
- There are almost always warning signs
- Asking people if they are thinking about suicide does not give them the idea for suicide - it is important to talk about suicide with people who are suicidal because you will learn more about their mindset and intentions

Myth or Fact?

Suicide only strikes people who are depressed or "weak".

- Untreated depression is the number one cause of suicide - BUT – there are usually several causes, not just one, for suicide

- Many people die by suicide because depression is triggered by several negative life experiences and the person does not receive treatment

- Suicide can affect anyone

- Many people who are very "strong" die by suicide

Myth or Fact?

A person who talks about suicide isn't really going to do anything – they just want attention from other people.

- People who die by suicide usually talk about it first
- Suicidal people often reach out for help because they do not know what to do and have lost hope
- Talking about suicide isn't just "manipulation" or "attention seeking" by a person - assuming so is insensitive and uninformed
- Always take talk about suicide seriously

Myth or Fact?

Young people never think about suicide because they have their whole life ahead of them.

- Suicide is the second leading cause of death for young people aged 10-34
- Though less common, sometimes children under age 10 die by suicide
- Most people are suicidal for a limited period of time - though suicidal feelings can recur

Definitions

- Suicide:

  The act or instance of taking one's own life voluntarily and intentionally

- Suicide Attempt:

  A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior; might not result in injury to oneself

Definitions

- Suicidal Ideation (SI):

    Thinking about, considering, or planning suicide

- Self-Directed Violence (SDV):

    A range of violent behaviors, including acts of fatal and non-fatal suicidal behavior, and non-suicidal intentional harm

- Suicide Survivor:

    A family member or friend of a person who died by suicide

Concepts

- Pain and suicide:

    Suicide survivors overwhelmingly say the one feeling they had when suicidal was pain

- Language used to talk about suicide:

    Saying someone "committed" suicide vs. "died by" suicide

- Social stigma and suicide:

    What are your beliefs about suicide? About mental illness in general?

Epidemiology

Epidemiology

Incidence:

- Suicide is the 10th leading cause of death in the United States

- Suicide is the 2nd leading cause of death between ages 10-34

Epidemiology

Incidence:

- It was responsible for nearly 45,000 deaths in 2016, with approximately one death every 12 minutes or 123 suicides per day

- More than twice as many suicides (44,965) in the U.S. as there were homicides (19,362) in 2016
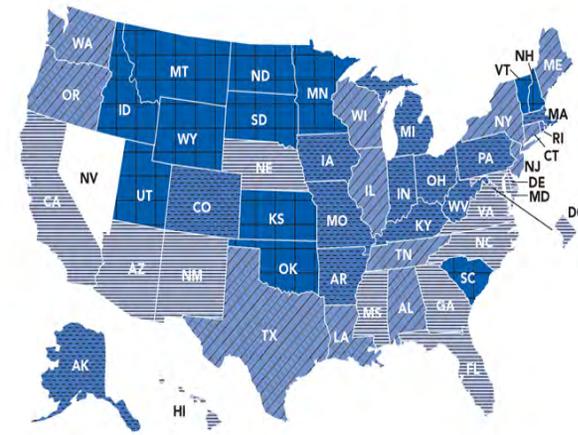
Epidemiology

Distribution:

- 30% increase in suicide rates since 1999 across all racial and ethnic groups, in men and women, in cities and rural areas, and across ALL age groups

Suicide rates rose across the US from 1999 to 2016.

Increase	38 - 58%	
Increase	31 - 37%	
Increase	19 - 30%	
Increase	6 - 18%	
Decrease	1%	

SOURCE: CDC's National Vital Statistics System; CDC Vital Signs, June 2018.

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

Epidemiology

Demographics:

- Suicide rates vary by race and ethnicity, age, and other demographics – but in general the highest rates are among:

    -Non-Hispanic Whites

    -Non-Hispanic American Indians and Alaskan Natives

Epidemiology

Demographics:

- Other groups disproportionately impacted by suicide include:

  -Veterans and other military personnel

  -The "Triple-F" occupational groups: Farming (agricultural workers), Fishing, and Forestry

 -Sexual minority youth

Epidemiology

<u>Demographics</u>:

- Men die by suicide 3.53 times more often than women

- White males accounted for 7 of 10 suicides in 2016

- Rate of suicide is highest in middle age – white men in particular – and suicide rates for whites have been climbing faster than those for other racial and ethnic groups

Epidemiology

Methods:

- Firearms is the most common method of suicide among males (56.6%), and poisoning is the most common among females (33.0%)

- Suicide accounted for $50.8 billion (24%) of fatal injury cost

Suicide Deaths by Method in the United States (2015)
Data Courtesy of CDC
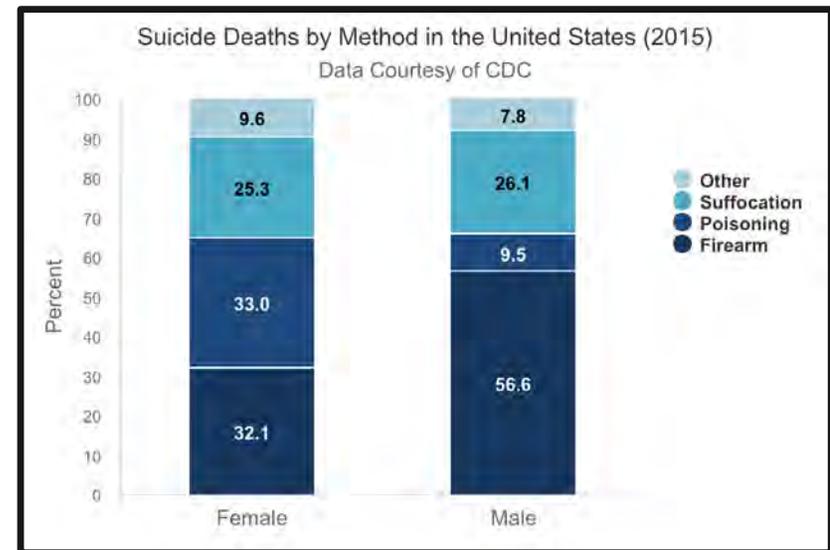
Epidemiology

<u>Points to consider</u>:

- Many people think about suicide and survive

- In 2016:

  -9.8 million American adults seriously thought about suicide

  -2.8 million made a plan to commit suicide

  -1.3 million attempted suicide

Warning Signs vs. Risk Factors

Warning Signs

Warning signs = Change in behavior or sudden occurrence of completely new behaviors

- Could be related to a sudden change in life, some type of loss or painful event

- Things to look for:
    - Change in the way a person talks
    - Change in behavior
    - Change in mood

Warning Signs

Talk of:

- Killing themselves
- Feeling hopeless
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain

Warning Signs

Behavior:

- Increased use of drugs or alcohol
- Looking/researching a way to end their life
- Withdrawing from activities
- Isolating themselves from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression
- Fatigue

Warning Signs

Mood:

- Depression
- Anxiety
- Loss of interest
- Irritability
- Humiliation/Shame
- Agitation/Anger
- Relief/Sudden Improvement

Risk Factors

- Risk factors are characteristics or conditions that increase the chance that a person may try to take their life

- Risk factors include:
    - Health
    - Environmental factors
    - Historical factors

Risk Factors: Personal Health

Mental Health Conditions:

- Depression
- Anxiety
- Substance abuse
- Bipolar
- Schizophrenia
- Aggression, mood swings, poor social skills/relationships
- Conduct disorder

Risk Factors: Personal Health

<u>Physical Health Conditions</u>:

- Chronic physical health conditions such as cardiovascular disease, diabetes, obesity, cancer, arthritis

- Chronic pain and functional disability

- Traumatic injuries including traumatic brain injury

- Spinal cord injury

- Postpartum depression

Risk Factors

Environmental:

- Access to lethal items such as firearms, poison, drugs, etc.

- Prolonged stress such as homelessness

- Stressful life events such as death of a loved one, divorce or relationship instability, financial crisis, unemployment

- Lack of social support

- Exposure to sensationalized accounts of suicide

Risk Factors

Historical:

- Previous suicide attempts

- Family history of suicide or suicidal ideation

- Family history of mental illness – particularly bipolar affective disorder and alcoholism

- Childhood abuse, neglect, trauma

- Prolonged trauma or stress at any time in past

- Poor problem solving skills

- Surviving the loss by suicide of a loved one

Case Study

Ms. A is a 19-yr-old college student who recently moved out of her family home at the beginning of this semester and is living in her own apartment. She is struggling with gender identity. She states that she "ignored" her thoughts about self-identity but realizes that she may have had these gender identity issues for many years. She recently confided in a close friend who has now rejected her. She feels closed off from her family as she believes they wouldn't be supportive. She has started skipping classes and not going to work at her part-time job on-campus. She is in danger of losing her scholarship if she is unable to maintain good grades. She presents at the student center health clinic as her roommate encouraged her to "go to the nurse" as she was thought to be sick due to her staying in bed for three days and not leaving the apartment.

Points to consider:

- Fear of rejection

- Belief of limited/minimal support system

- Fear of the unknown

- Lack of knowledge of local resources and support

- Unwillingness to seek help because of the stigma attached

What To Do

If someone you know exhibits warning signs of suicide:

- Do not leave the person alone

- Remove any firearms, alcohol, drugs or sharp objects that could be used in a suicide attempt

- Call the U.S. National Suicide Prevention Lifeline at 800-273-TALK (8255)

- Take the person to an emergency room or seek help from a medical or mental health professional

Resources

- National Suicide Prevention Lifeline

  1-800-273-TALK (8255)

  A national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week

- Text **741-741** if in crisis to talk to a trained counselor 24 hours a day, 7 days a week
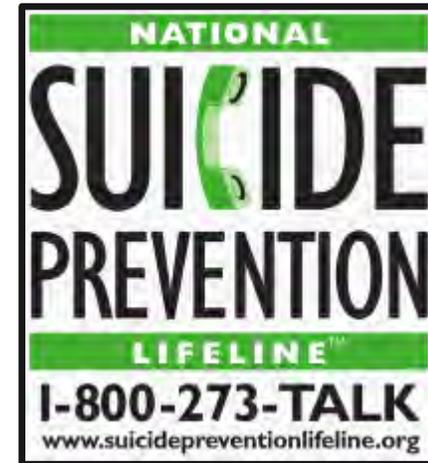
- Online Resources

  www.Suicide.org

  www.CDC.gov

- Local Resources

  Example: Chicago's Sip of Hope coffee shop

Resources

- American Foundation for Suicide Prevention (AFSP)

- American Association of Suicidology

- Substance Abuse and Mental Health Services Administration Suicide Prevention Program (SAMHSA)
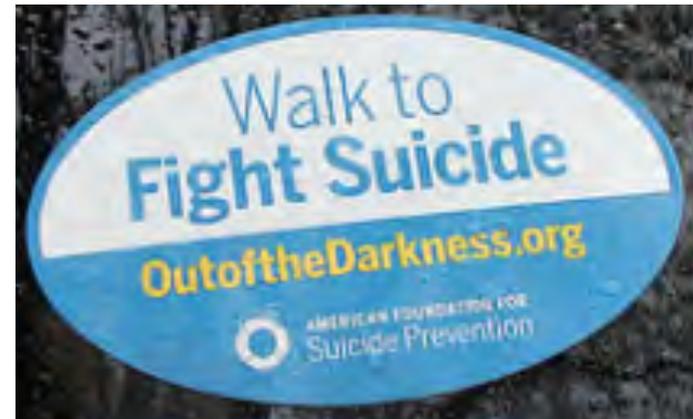
Resources

- Indian Health Service Suicide Prevention Program

- National Alliance for Suicide Prevention

- National Child Traumatic Stress Network

- National Institute of Mental Health

- U.S Department of Defense Suicide Prevention Office

- U.S. Department of Veterans Affairs (VA) Suicide Prevention

Prevention

Prevention

- Reduced social stigma around suicide and mental illness

- Improved protective factors like social connectedness and easy access to health care

- Improved coverage of mental health conditions in health insurance plans

Prevention

- Improved education in health professions to recognize "non-mental health factors further upstream", risk factors and warning signs before a person is in suicide crisis

- Reduces access to lethal means such as firearms

Current Research

Current Research

Talking is KEY!

- A meta-analysis of 18 studies from 2000 to 2017 found that exposure to suicide-related content in research studies led to significant reductions in suicidal ideation and a lower likelihood of suicidal behavior

- Adolescents showed twice as large a reduction from pre to post exposure as adults

Current Research

Barriers:

- Research suggests the two major barriers to seeking help for individuals at risk of suicide are (1) stigma and (2) geographical isolation

- Mobile technology-based suicide interventions is a potential means of delivering evidence-based interventions with greater specificity to the individual and at the time that it is needed

- Outcomes on mobile health (mHealth) in suicide prevention is still lacking

Current Research

Media:

- Adolescents' depressive symptoms, suicide-related outcomes, and suicide rates increased between 2010 and 2015, especially among females

- Adolescents who spent more time on new media were more likely to report mental health issues, and adolescents more time on nonscreen activities were less likely

Current Research

Hotlines:

- Telephone hotlines are the most widely available resource for suicide intervention in the U.S.

- The majority of hotline responders are female, yet the incidence of suicide is more common among males

- One area of research is exploring whether implicit gender bias is negatively impacting the effectiveness of telephone crisis support for suicide intervention

Current Research

The Opioid Epidemic:

- Significant increases in both opioid-overdose deaths and suicide rates have contributed to reduced life expectancy in the U.S.

- These two epidemics are intermingled - studies suggest persons with opioid use disorder (OUD) are about 75% more likely to make suicide plans and twice as likely to attempt suicide as people who do not report opioid use

Current Research

The National Suicide Hotline Improvement Act:

- On Monday July 23, 2018, the House of Representatives passed H.R. 2345, **the National Suicide Hotline Improvement Act,** by a vote of 379 to 1. Passed by the Senate last November, this important legislation will initiate a federal study on the effectiveness of the National Suicide Prevention Lifeline (1-800-273-TALK) and the feasibility of determining three-digit phone number for a national suicide prevention and mental health crisis hotline system.

Summary

- Suicide does not discriminate – it affects all ages and race/ethnicities

- Suicide is described as a multifactorial "perfect storm" causing feelings of hopelessness, despair, and intense pain

- Suicide rates are rising rapidly, thus awareness and prevention are critical for health professionals

Cultural Competence

- For additional information regarding standards and indicators for cultural competence, please review the NASW resource: *Standards and Indicators for Cultural Competence in Social Work Practice*
  https://www.socialworkers.org/LinkClick.aspx?fileticket=7dVckZAYUmk=&portalid=0

References

American Foundation for Suicide Prevention (2018). Risk factors and warning signs. Retrieved from
https://afsp.org/about-suicide/risk-factors-and-warning-signs

Blades, C., Stritzke, W., Page, A., & Brown, J. (2018). The benefits and risks of asking research participants about suicide: A meta-analysis of the impact of exposure to suicide- related content. Clinical Psychology Review, 64, 1-12. DOI: 10.1016/j.cpr.2018.07.001

Centers for Disease Control and Prevention (2018). Suicide rising across the US. Retrieved from
https://www.cdc.gov/vitalsigns/suicide/infographic.html#graphic1

Centers for Disease Control and Prevention (2018). Violence prevention. Retrieved from
https://www.cdc.gov/violenceprevention/suicide/definitions.html

Cole-King, A. & Lepping, P. (2010). Suicide mitigation: Time for a more realistic approach. British Journal of General Practice, 60(570), e1-e3. DOI: 10.3399/bjgp10X482022

Cramer, R. J., La Guardia, A. C., Wright-Berryman, J., Long, M. M., & Adams Tufts, K. (2019). Integrating Interprofessional Education into Suicide Prevention Training: Results from A Pilot Evaluation. Social Work in Public Health, 34(7), 628–636. https://doi.org/10.1080/19371918.2019.1635950

Frey, L. M., Fulginiti, A., Sheehan, L., Oexle, N., Stage, D. L., & Stohlmann-Rainey, J. (2020). What's in a word? Clarifying terminology on suicide-related communication. Death Studies, 44(12), 808–818. https://doi.org/10.1080/07481187.2019.1614111

Hill, R. M., Dodd, C. G., Gomez, M., Do, C., & Kaplow, J. B. (2020). The Safety Planning Assistant: Feasibility and Acceptability of a Web-Based Suicide Safety Planning Tool for At-Risk Adolescents and Their Parents. In Evidence-Based Practice in Child & Adolescent Mental Health (Vol. 5, Issue 2, pp. 164–172). https://doi.org/10.1080/23794925.2020.1759469

H.R.2345 - National Suicide Hotline Improvement Act of 2017, 115d Cong., 1st Sess. (2018).

Hunt, T., Wilson, C., Woodward, A., Caputi, P., & Wilson, I. (2018). Intervention among suicidal men: Future directions for telephone crisis support research. Frontiers in Public Health, 6, 1. DOI: 10.3389/fpubh.2018.00001

References

Kaplan, M. S., & Mueller-Williams, A. C. (2019). The Hidden Epidemic of Firearm Suicide in the United States: Challenges and Opportunities. *Health & Social Work*, *44*(4), 276–279. https://doi.org/10.1093/hsw/hlz029

Katz, C. C., Busby, D., & McCabe, C. (2020). Suicidal behaviour in transition-aged youth with out-of-home care experience: Reviewing risk, assessment, and intervention. *Child & Family Social Work*, *25*(3), 611–618. https://doi.org/10.1111/cfs.12733

Law, Y. W., Yeung, T. L., Ip, F. W. L., & Yip, P. S. F. (2019). Evidence-Based Suicide Prevention: Collective Impact of Engagement with Community Stakeholders. *Journal of Evidence-Based Social Work (2640-8066)*, *16*(2), 211–227. https://doi.org/10.1080/23761407.2019.1578318

Melina, R., Francis, K., Dugan, J., Bogue, J., O'Sullivan, M., Chambers, D., & Young, K. (2018). Mobile health technology interventions for suicide prevention: Protocol for a systematic review and meta-analysis. JMIR, 7(1), e28. DOI: 10.2196/resprot.8635

National Institute of Mental Health (2018). Suicide. Retrieved from https://www.nimh.nih.gov/health/statistics/suicide.shtml

Oquendo, M. & Volkswagen, N. (2018). Suicide: A silent contributor to opioid-overdose deaths. New England Journal of Medicine, 378, 1567-1569. DOI: 10.1056/NEJMp1801417

Parrott, S., Britt, B. C., Hayes, J. L., & Albright, D. L. (2020). Social Media and Suicide: A Validation of Terms to Help Identify Suicide-related Social Media Posts. *Journal of Evidence-Based Social Work (2640-8066)*, *17*(5), 624-634. https://doi.org/10.1080/26408066.2020.1788478

Public Health Law Strategies for Suicide Prevention Using the Socioecological Model. (2019). *Journal of Law, Medicine & Ethics*, *47*, 31–35. https://doi.org/10.1177/1073110519857312

Scheyett, A. (2020). Suicide Prevention: Clinic, Community, Classroom. *Social Work*, *65*(2), 101–103. https://doi.org/10.1093/sw/swaa003

References

Schuman, D. L., Cerel, J., & Praetorius, R. T. (2019). Suicide in U.S. Women Veterans: An Interpersonal Theory Perspective on Suicide Prevention Policies. *Social Work in Public Health*, *34*(5), 418–429. https://doi.org/10.1080/19371918.2019.1616028

Secrest, S., Ballew, P., Matthieu, M. M., Glowinski, A. L., Scherrer, J. F., & Behrman, G. U. (2019). Improving pediatricians' knowledge and skills in suicide prevention: Opportunities for social work. *Qualitative Social Work*, *18*(5), 868–885. https://doi.org/10.1177/1473325018771727

Suicide.org (2018). Suicide Myths. Retrieved from https://www.suicide.org/suicide-myths.html

Twenge, J., Joiner, T., Rogers, M., & Martin, G. (2017). Increases in depressive symptoms, suicide-related outcomes, and suicide rates among U.S. adolescents after 2010 and links to increased new media screen time. Clinical Psychological Science, 6(1), 3-17. DOI: 10.1177/2167723376

Walton, T., & Stuber, J. (2020). Firearm Retailers and Suicide: Results from a Survey Assessing Willingness to Engage in Prevention Efforts. *Suicide & Life-Threatening Behavior*, *50*(1), 83–94. https://doi.org/10.1111/sltb.12574

Wood, D. S., Wood, B. M., Watson, A., Sheffield, D., & Hauter, H. (2020). Veteran Suicide Risk Factors: A National Sample of Nonveteran and Veteran Men Who Died by Suicide. *Health & Social Work*, *45*(1), 23–30. https://doi.org/10.1093/hsw/hlz037