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# Suicide Awareness, Assessment and Intervention for Allied Health Professionals

## Module 5: Suicide Management and Advocacy

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# Angela Moss, PhD, RN, APRN-BC

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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 90 minute module, participants will be able to:

1. Differentiate between short-term and long-term management best practices for those experiencing suicidal ideation or at risk for completing suicide
2. Differentiate between short-term and long-term management techniques for suicide survivors
3. Identify a variety of advocacy options



# Introduction

- Suicide is a complex social problem requiring comprehensive short and long term management plans for individuals at risk for suicide and for suicide survivors
- It is essential that healthcare providers understand:
  - Warning signs
  - Comorbid risk factors
  - Screening tools available
  - Referral principles
  - Advocacy measures to reduce the stigma to save lives!



# People with Suicidal Ideation



# People with Suicidal Ideation

## Short-term Management:

- Learn to recognize warning signs
- Be aware of comorbid risk factors, environmental factors, life
- Tell the person you care and you want to help
- Clearly state that thoughts of suicide are often associated with a treatable mental illness
- Use screening tools to help further investigate – but if no time – ask directly and without judgement “Are you thinking of harming yourself?”



# People with Suicidal Ideation

## Short-term Management:

- Remove firearms, alcohol, drugs, poisons or sharp objects that could be used in a suicide attempt
- Consider referral options using clinical reasoning and screening tools/techniques
- When unsure of what to do – call the U.S. National Suicide Prevention Lifeline (800-273-TALK) for help
- Seek assistance from law enforcement (call 9-1-1) if the person has a weapon or is behaving aggressively toward you



# People with Suicidal Ideation

## Short-term Management:

How to keep a person safe in acute situations:

**AN ACTIVELY SUICIAL PERSON SHOULD NOT BE LEFT ALONE**

- If you cannot stay with the person then arrange for someone else to do so
- Help the person think about people or things that have helped in the past – possibly other healthcare providers, family or friends, church or support groups
- Invite the person to talk about their feelings – typically a suicidal crisis is triggered by an event or a series of events
- Listen to the person with empathy and free of judgement – do not try to offer solutions to their problems



# People with Suicidal Ideation

## Short-term Management:

When to refer?

- ALWAYS refer when you encounter a patient with:
  - Multiple comorbidities
  - Multiple risk factors
  - Who is displaying warning signs
  - Screens positive
  - Whom you assess is acutely at risk



# People with Suicidal Ideation

## Short-term Management:

- To whom to refer:
  - Primary care provider
  - Psychologist or psychiatrist
  - Therapist
  - Case manager
  - Social worker
  - Emergency services (9-1-1 or ED)



# People with Suicidal Ideation

## Long-term Management:

- Incorporate all of the principles of short term management to assess for immediate danger AND employ long-term strategies
- Many long-term options are available – these include:
  - Psychotherapies
  - Medication
  - Inpatient hospitalization
  - Electroconvulsive therapy



# People with Suicidal Ideation

## Long-term Management:

- Treatment often involves a combination of multiple methods used concurrently or consecutively
- Treating the underlying cause of suicidal ideation is important, however:

ALL TREATMENTS MUST INCLUDE  
TEACHING SKILLS THAT HELP THE  
PERSON REGULATE AND TOLERATE  
THEIR EMOTIONS



# People with Suicidal Ideation

## Long-term Management:

- Several referral options are available:
  - Outpatient referral vs. Inpatient referral
  - Primary care provider
  - Mental health professional
  - Clinical social worker
  - Clinical psychologist
  - Marriage and family therapist
  - Psychiatrist
  - Advance practice psychiatric nurse
- The decision of whom to refer to is based upon practical availability and logistics, as well as clinical reasoning



# People with Suicidal Ideation

## Long-term Management:

- A critical element of long-term management is prevention strategies – these include:
  - Teaching coping skills
  - Rewiring the brain – neuroplasticity
  - Mindfulness
  - Meditation
  - Developing strong social support
  - Hope box or other tools



## Protective Factors

- Protective factors to help buffer individuals from suicidal ideation
- Protective factors include but are not limited to:
  - Effective clinical care for mental, physical, and substance abuse disorders
  - Easy access to a variety of clinical interventions and support for help seeking
  - Family and community support (connectedness)
  - Support from ongoing medical and mental health care relationships
  - Skills in problem-solving, conflict resolution, and nonviolent ways of handling disputes
  - Cultural and religious beliefs that discourage suicide and support basic instincts for self-preservation



# Suicide Survivors



## Suicide Survivors

- **Suicide survivor** = a family member or friend of a person who died by suicide
- **Suicide *attempt* survivor** = a person who has attempted suicide and survived
- These terms are often confused thereby perpetuating stigma through misunderstanding



## Suicide Survivors

- Suicide has been described as “*a death like no other...*”
- Studies suggest at least 6 people are intimately traumatized by the death when someone dies by suicide
- Suicide survivors may encounter blame, judgement, or social exclusion from society due to the stigma that surrounds suicide



## Stages of Grief

- Developed by Elisabeth Kubler Ross & David Kessler as a framework describing how individuals learn to live with a loss
- Originally developed to describe the grief experienced by terminally ill patients after a diagnosis
- The stages can and often have been applied to other kinds of grief, including the loss of a loved one to suicide
- Widely used, but also widely critiqued – this is because grief is complex and each stage does not occur linearly!



## Stages of Grief

- Denial – trying to avoid the inevitable
- Anger – frustrated outpouring of bottled-up emotion
- Bargaining – seeking in vain for a way out
- Depression – final realization of the inevitable
- Acceptance – finally finding the way forward
- *Shock\** - initial paralysis at hearing the bad news
- *Testing\** - seeking realistic solutions



## Suicide Survivors

- **Shock** – The daze one feels immediately after a tragedy is the mind’s first line of defense
- **Denial** – often “nothing makes sense” to a survivor and it is easier to deny the situation than cope and try to process
- **Anger** – directed at the person who died, at self related to feelings of guilt, or toward a real or perceived culprit
- **Bargaining** – the “what if” and “if only” questions
- **Depression** – Despair and hopelessness in the face of grief; “how can I go on?”
- **Acceptance** – not an acknowledgement all is OK, but that life will go on and happiness is possible



## Suicide Survivors

- Distinctive bereavement issues:
  - Significant bewilderment, surprise, shock
  - Overwhelming guilt
  - Self-blame
  - Anger, rage
  - Disappointment
- Due to the stigma, many people have trouble discussing suicide and therefore might not reach out to support a suicide survivor
- At high risk for feelings of isolation or abandonment



## Suicide Survivors

- In the immediate aftermath of the loss, suicide survivors are at higher risk for self-harm or attempting suicide themselves
- Must be evaluated for immediate suicide risk



## Suicide Survivors

### Short-term Management:

- Remove firearms, alcohol, drugs, poisons or sharp objects that could be used in a suicide attempt
- Tell the person you are there for them – do not be afraid to bring up the subject
- Use language that is empathetic and free of judgement
- LISTEN!



## Suicide Survivors

### Short-term Management:

- Consider referral options using clinical reasoning and screening tools/techniques
- When unsure of what to do – call the U.S. National Suicide Prevention Lifeline (800-273-TALK) for help
- Seek assistance from law enforcement (call 9-1-1) if the person has a weapon or is behaving aggressively toward you



# Suicide Survivors

## Short-term Management:

- Referral resources specific to suicide loss include:
  - Faith-based counseling and resources
  - Individual grief counseling
  - Suicide loss support groups
  - A Handbook for Survivors of Suicide (Jeffrey Jackson)



## Suicide Survivors

### Long-term Management:

- Maintain regular health check-ups with a healthcare professional
- Practice self-care
- Do not attempt to ignore the ongoing grief process
- Write a script for self to help answer uncomfortable questions



## Suicide Survivors

### Long-term Management:

- Acknowledge milestones such as holidays, birthdays, the anniversary of the suicide
- Participate in support groups
- Consider advocacy



# Suicide Survivors

## Long-term Management:

- Learn to live with unanswered questions
- Allow time for bad memories
- Acknowledge feelings of anger
- Turn guilt into forgiveness
- Accept the loneliness
- Draw from personal spiritual resources
- Rebuild self esteem
- Be patient with self
- Reach out to others



## Suicide Survivors

### Talking with kids:

- Do not use lies to shelter children from reality
- Teach that the person they've lost had an “illness inside their brain, and it made them so sad that they didn't want to live anymore”
- Careful balance between not portraying the suicide victim as a bad person but making clear that their choice was bad
- Reinforce that not everyone who gets sick or feels sad dies from it
- Teach them that there is help available for people who get sick or feel depressed – healthcare professionals, friends, teachers, and you!



## Suicide Survivors

- Mourning is already an overwhelming and stressful process, further complicated by the stigmatization surrounding death by suicide
- Survivors may have real or imagined perceptions of what others are thinking – for example – are we judging, or worse, blaming them?
- “The majority of us simply do not know how to broach the subject of suicide with the bereaved – so we try not to”



## Suicide Survivors

- U.S. National Survivors of Suicide Day – occurs annually on the Saturday before Thanksgiving
- International Survivors of Suicide Loss Day – last year (2017) there were close to 400 Survivor Day events in more than 20 countries
- Survivor Outreach Program (AFSP)
  - Trained peer support volunteers available to help loss survivors cope, connect, and heal in time
  - Available by phone, video call (Google Hangout, Skype, Facetime) and in person (limited availability for in person, specific to local area)



## Suicide Survivors

### Online Survivor Resources:

- Friends and Family of Suicide online support group
- The American Association of Suicidology
- The American Foundation for Suicide Prevention
- Compassionate Friends
- SPAN USA – Suicide Prevention Action Network



# Survivor Resources

## Books/Written Resources:

- No Time to Say Goodbye  
-Author: Carla Fine, published by Doubleday
- Why Suicide?  
-Author: Eustace Chesser, published by Arrow Books
- Healing After the Suicide of A Loved One  
-Author: Ann Smolin and John Guinan, published by Simon & Schuster
- Life After Suicide: A Ray of Hope For Those Left Behind  
-Author: E. Betsy Ross, published by Insight Books
- My Son...My Son: A Guide to Healing After Death, Loss or Suicide  
-Author: Iris Bolton with Curtis Mitchell, published by Bolton Press



# Reducing the Stigma



# The Stigma

The stigma surrounding suicide is rooted in:

- Fear of social rejection
- Misunderstanding
- Ridicule
- Discrimination
- Judgement

The people responsible for perpetuating suicidal stigma engage in behaviors such as distrust, stereotyping, shunning, and avoidance toward those affected by suicide



## Reducing the Stigma

- Plain and simple language free of judgment is the simplest method of reducing stigma around suicide and also mental health in general
- Examine your own feelings about suicide and mental illness
- Talk openly without shame or self-consciousness about your own experience of mental illness or that of your family
- If you have the sense someone around may be struggling, have the courage to ask them how they are doing



# Advocacy



## Definitions

- **Advocacy** = the act of speaking on behalf of or in support of another person, place or thing
- **Health advocacy** = direct service to the individual or family as well as activities that promote health and access to healthcare in communities and the larger public



# Advocacy

## How to be an advocate:

- Know thyself – your values, goals, preconceived notions
- Learn the facts, research, current trends
- Speak out, share your story and passion
- Volunteer
- Research local, regional, national, international work and find alignment with your goals
- Join or start a local chapter
- Become an ambassador



## Advocacy Examples

### The Centers for Disease Control:

- Authored a large document titled “Preventing Suicide: A Technical Package of Policy, Programs, and Practices” (2017)
- It is a compilation of a core set of strategies to achieve and sustain substantial reductions in suicide
- Created to help communities and states prioritize prevention activities based on the best available evidence
- For example, there is evidence suggesting that strengthening household financial security and stabilizing housing can reduce suicide risk
  - The Neighborhood Stabilization Program





# Summary

- The “it takes a village” mentality is essential for healthcare professionals to provide comprehensive, effective short and long term management for individuals experiencing suicidal ideation or in crisis
- Care and attention must be paid to suicide loss survivors including comprehensive short and long term management plans
- Multiple options are available to promote advocacy and awareness within your local community, nationally and internationally



## In Closing

- Suicide is often described as a multifactorial “perfect storm” causing feelings of hopelessness, despair and intense pain
- There are almost always warning signs

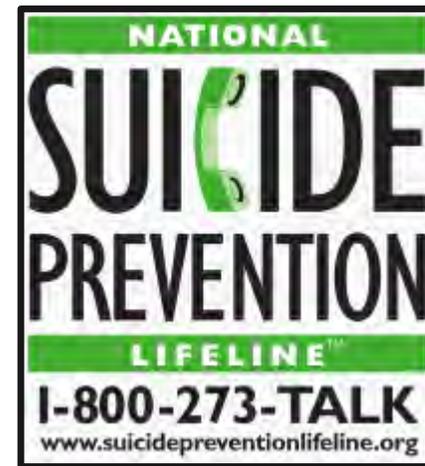
### SUICIDE CAN BE PREVENTED

- Always take talk of suicide seriously
- Suicide affects all people regardless of age, race/ethnicity, socioeconomic status, geography, educational attainment
- Responsible healthcare professionals must examine their own perceptions of suicide and mental illness in general in order to become effective advocates for their patients, and advocates for social change related to suicide and mental health awareness



# 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

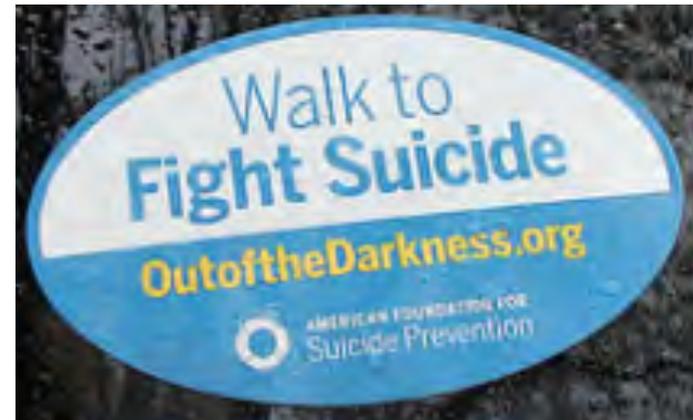


- Online Resources  
[www.Suicide.org](http://www.Suicide.org)  
[www.CDC.gov](http://www.CDC.gov)
- Local Resources



# 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



# 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>



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