Suicide Awareness, Assessment, Intervention, and Prevention

Tulsa CAPS
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Outline

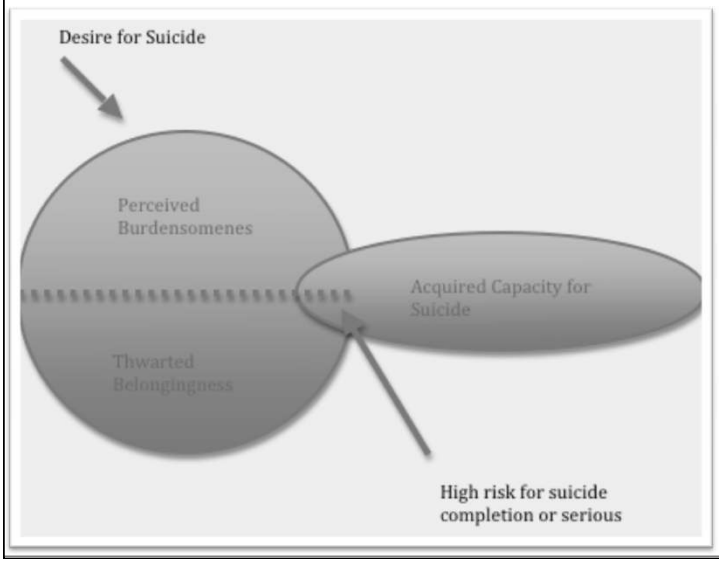
- Public Health perspective
- Risk Factors
- Theory of suicide
- Crisis recognition/intervention techniques
  - IS PATH WARM
  - Stay Alive Agreements (Dr. Berman)
  - Systemic intervention
- Postvention efforts
  - Language
  - Community support
  - debriefing

Relevant Risk Factors

- 90% of suicides that take place in the U.S. are associated with mental illness, including disorders involving the abuse of alcohol and other drugs
- Approx 50 % of those who die by suicide were in treatment with a mental health professional at the time of their death
- 50 percent of those who die by suicide were afflicted with major depression
  - and the suicide rate of people with major depression is eight times that of the general population

Goldsmith, S. K., Pellmar, T. C., Kleinman, A. M., & Bunney, W. E. (Eds.). (2002). *Reducing suicide: A national imperative*. Washington, DC: The National Academies Press.

Interpersonal-Psychological Theory of Suicide



Adapted from: Joiner, T. (2005). Why people die by suicide. Massachusetts: Harvard University Press

Intervention – When to Assess Further

Ideation (thoughts of suicide or dying)
Substance abuse

Purposelessness
Anxiety
Trapped
Hopeless

Withdrawal
Anger
Recklessness
Mood changes

Acronym:
IS PATH WARM

Movie Clip- "Let's Do It Again"

"Stay Alive" Contracts

Drye et. al. (1973)

- Developed a questionnaire to assess level of suicide risk and help in treatment planning
- Not designed as a contractual agreement or intervention strategy
- Included in the questionnaire was the item requesting consideration of the following statement:
  - *"No matter what happens, I will not kill myself accidentally or on purpose at any time."*
- If the patient could not fully agree, then a follow up question explored under what modifications of this statement could the patient agree.

"Stay Alive" Contracts

"Minnesota Study" (2000)

- 57% of 267 psychiatrists responding to a survey reported using some form of contract
- 41% of those who did use a contract found that they didn't always work
- Conclusion: Stay Alive contracts have "limited effectiveness"

"Stay Alive" Contracts

J. of Psychiatric and Mental Health Nursing (2008)

- Review article of existing research concluded:
  - *"There is a lack of quantitative evidence to support such contracts as clinically effective tools"*

    and
  - *"There is strong opposition to the tool"*

Down side to stay alive contracts?

- Poor substitute for a thorough assessment
- Poor substitute for a thorough safety plan
- May create a false sense of confidence in therapist that risk has been reduced
- Effectiveness may be dependent upon the quality of the relationship previously established with the care provider
  - (Doesn't work in the ER!)
- May create a false sense of protection ("CYA") against therapist liability
  - (It is not the "standard of care")

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Is there an upside to a stay alive contract?

- No evidence that it increases risk of suicide
- 59% of psychiatrists in the Minnesota study found it always worked (placebo?)
- If the client doesn't have your phone number, they can't call you, and you can't intervene
- Helpful to explain intervention strategy as part of contract

Systemic Interventions

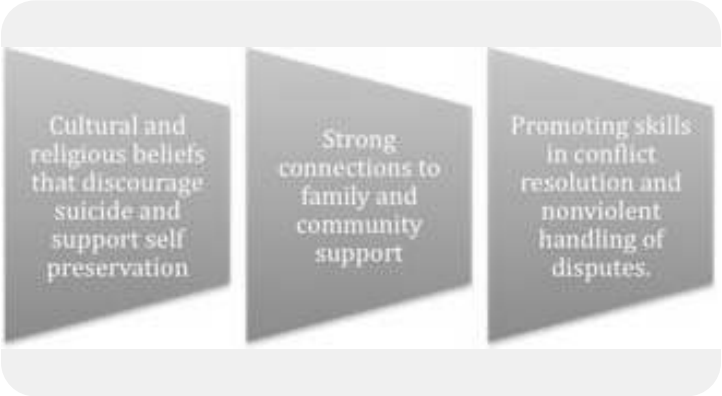
- Involve families, partners, loved-ones
  - Educate about warning signs
  - Release of Information to involve
- QPR
  - Question, Persuade, Refer
- Systemic involvement in faith communities

Preventative Factors for Suicide

- Effective clinical care for mental, physical and substance use disorders
- Easy access to a variety of clinical interventions and support for helpseeking
- Restricted access to highly lethal means of suicide
- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self preservation

Source: SPRC

Preventative Factors Supported by faith communities



Postvention

- Cautious language
  - "completed" vs. "committed"
- Prevent *contagion effect*
  - Discuss the individual, not the act
  - Watch out for warning signs in survivors
- Self-care for helpers/survivors
  - Debriefings
  - Timelines
  - Grief processing

Discussion and Questions

References and Additional Resources

- American Association of Suicidology(AAS) www.suicidology.org
- Suicide Prevention Resource Center (SPRC) www.sprc.org
- People Prevent Suicide (peoplepreventsuicide.org)
- Joiner, T. (2005). Why people die by suicide. Massachusetts: Harvard University Press.
- Doty, T.D., Spencer-Thomas, S. (2009). The role of faith communities in suicide prevention: A guidebook for faith leaders. Westminster, CO: Carson J Spencer Foundation
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