Balance of State

MANAGING SUICIDE RISK: QPR

Brad Munger

Workshop Notes & Norms

- Serious topic
- Touches many of us—personally or professionally
- Create shared understandings
- Respect for one another
- Can be light-hearted
- Companion booklet is yours to keep
- Other norms we should have *{Brainstorm}*

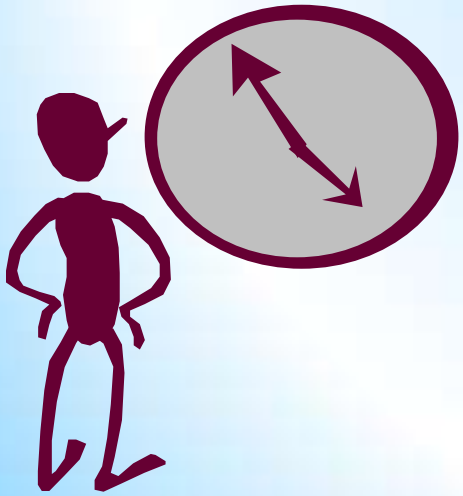
2010	38,364
2009	36,909
2008	36,035
2007	34,598
2006	33,300
2005	32,637
2004	32,439

42,773 Deaths Annually in US in 2014—Wisconsin 769

attributed to suicide

Timing of USA suicides

1 suicide every 14 minutes

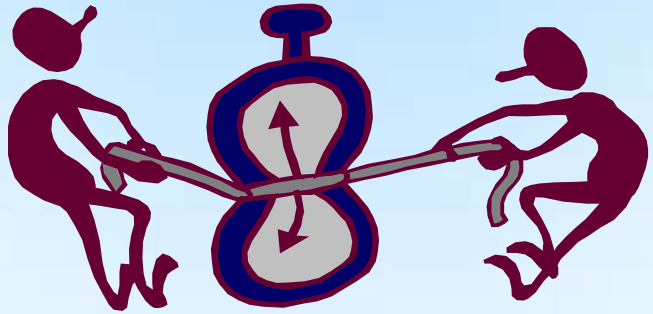


OR

105 suicides every day

4600 young people

(age 15-24)
die by suicide each year (2010)



at a rate of
one suicide every two hours

Suicide is a leading cause of death (2010)

Rank & Cause	*Number of deaths*
1. Diseases of the heart	597,689
2. Malignant neoplasms (cancer)	574,743
3. Chronic obstructive pulmonary diseases	138,080
4. Cerebrovascular diseases (stroke)	129,476
5. Accidents	120,859
6. Alzheimer's Disease	83,494
7. Diabetes mellitus	69,071
8. Nephritis, nephrosis	50,476
9. Pneumonia and influenza	50,097
10. Suicide	**38,364**

Homicide deaths in 2011 for the US was 16,238:

- 11,068 firearm
- 5,170 other

Ranking 10th in the USA and WI (2011)

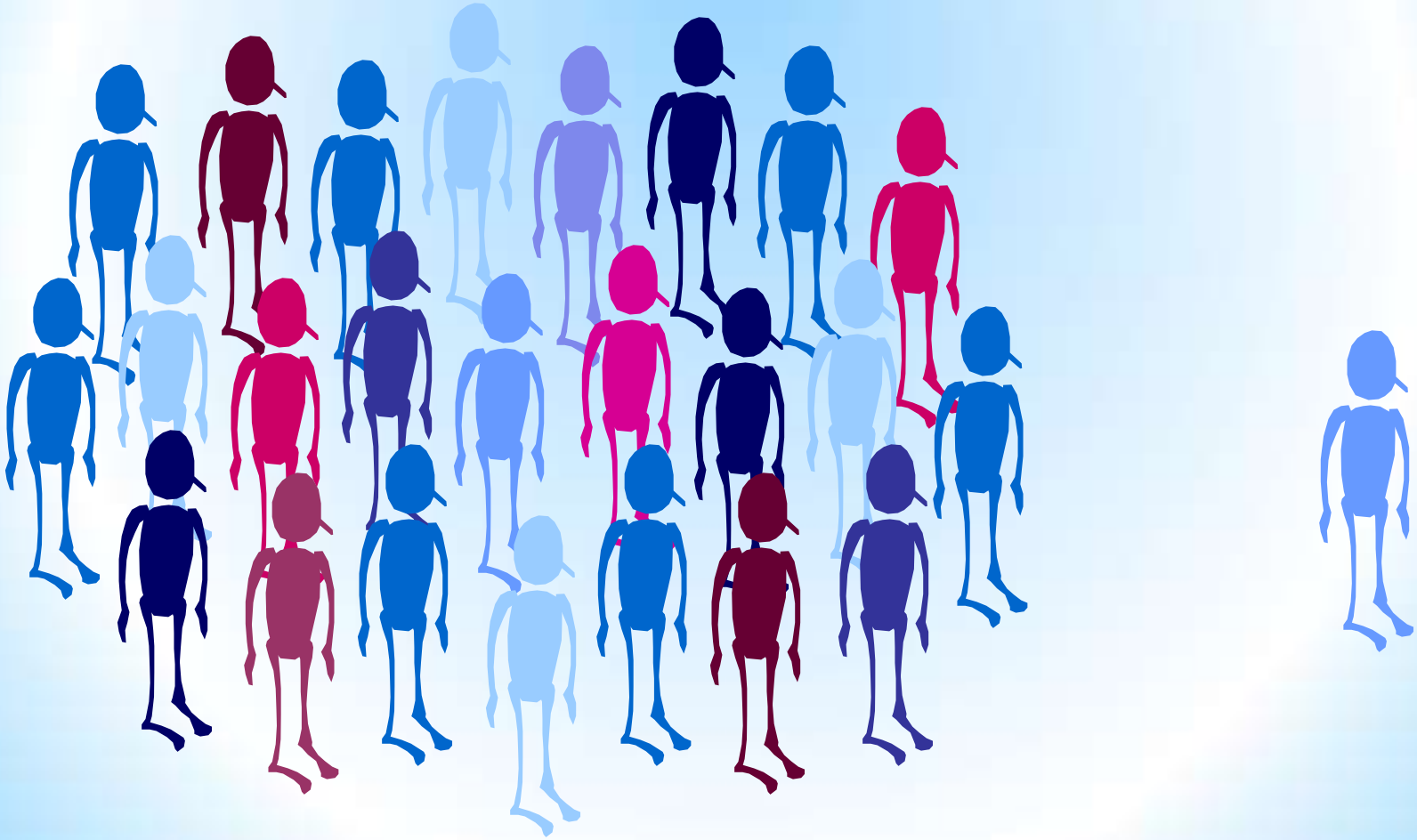
National ranking and rate of suicide, 2010

01	Wyoming	23.2
02	Alaska	23.1
03	Montana	22.9
04	Nevada	20.3
05	New Mexico	20.1
06	Idaho	18.5
07	Oregon	17.9
08	Colorado	17.2
08	South Dakota	17.2
10	Utah	17.1
10	Arizona	17.1
11	Vermont	16.9
13	Oklahoma	16.5
14	North Dakota	15.8
15	Arkansas	15.3
16	Hawaii	15.2
17	West Virginia	15.1
18	New Hampshire	14.9
18	Tennessee	14.9
20	Florida	14.8
20	Kentucky	14.5
21	Missouri	14.3
23	Washington	14.2
23	Alabama	14.2
25	Kansas	14.1
26	Maine	14.0
27	*Wisconsin*	*13.9*
28	South Carolina	13.8
29	Indiana	13.3
29	Mississippi	13.1
31	Michigan	12.8
32	Ohio	12.5
33	Pennsylvania	12.4
34	North Carolina	12.3
34	Louisiana	12.3
34	Rhode Island	12.3
37	Iowa	12.2
38	Virginia	12.0
39	Delaware	11.8
40	Georgia	11.7
41	Texas	11.5
42	Minnesota	11.4
43	Nebraska	10.6
44	California	10.5
45	Connecticut	9.9
46	Illinois	9.2
47	Massachusetts	9.1
48	Maryland	8.7
49	New Jersey	8.2
50	New York	8.0
51	Washington, DC	6.8

USA Total Rate 12.4

Wisconsin: 724 suicides per year on average 2007-11

Estimates on attempted suicide



25 attempts for each documented death

(<u>Note</u>: 38,000 suicides translates into 950,000 attempts annually)

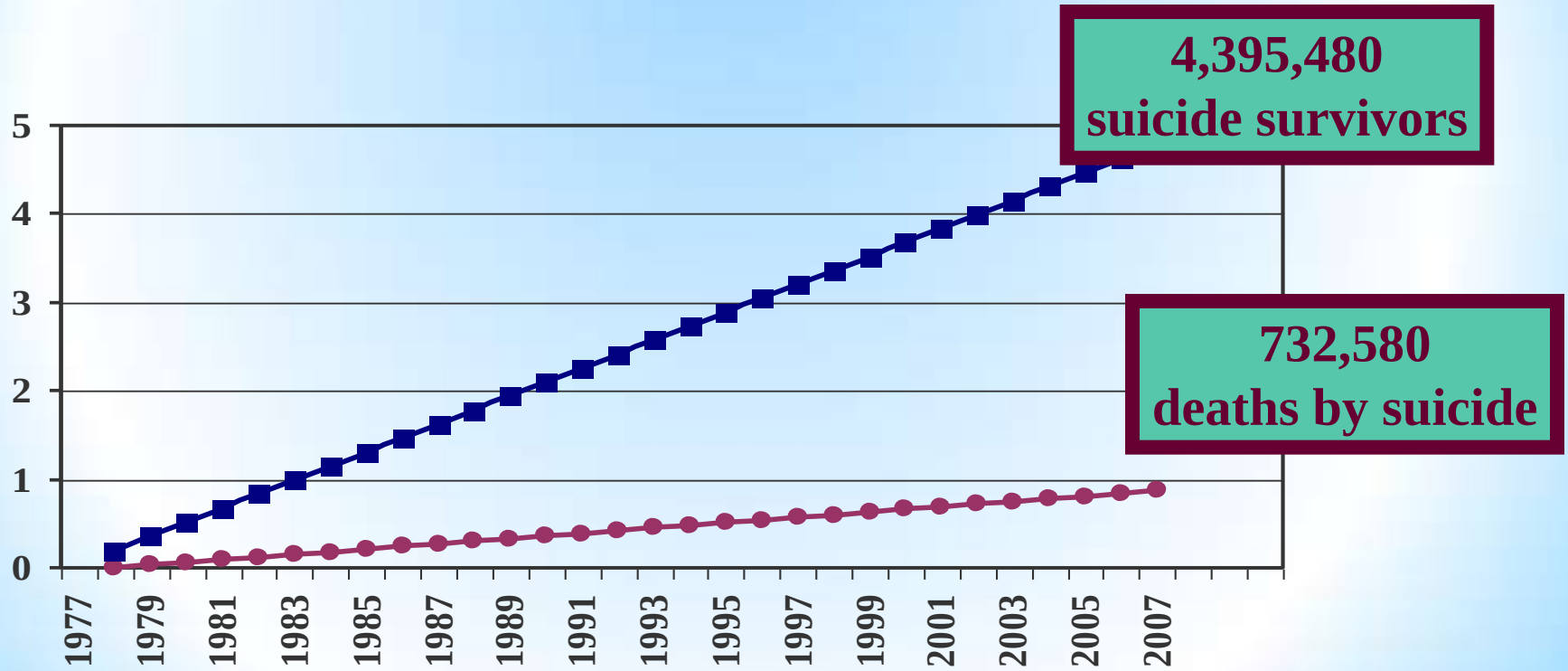
Number of suicide survivors

It was once estimated that there are

6 survivors
for each death by suicide
—probably closer to 25

<u>Note</u>: A "suicide survivor" is someone who has lost a loved one to death by suicide

Survivors in the U.S. population



1 of every 62 Americans

is estimated to be a suicide survivor

*Terminology

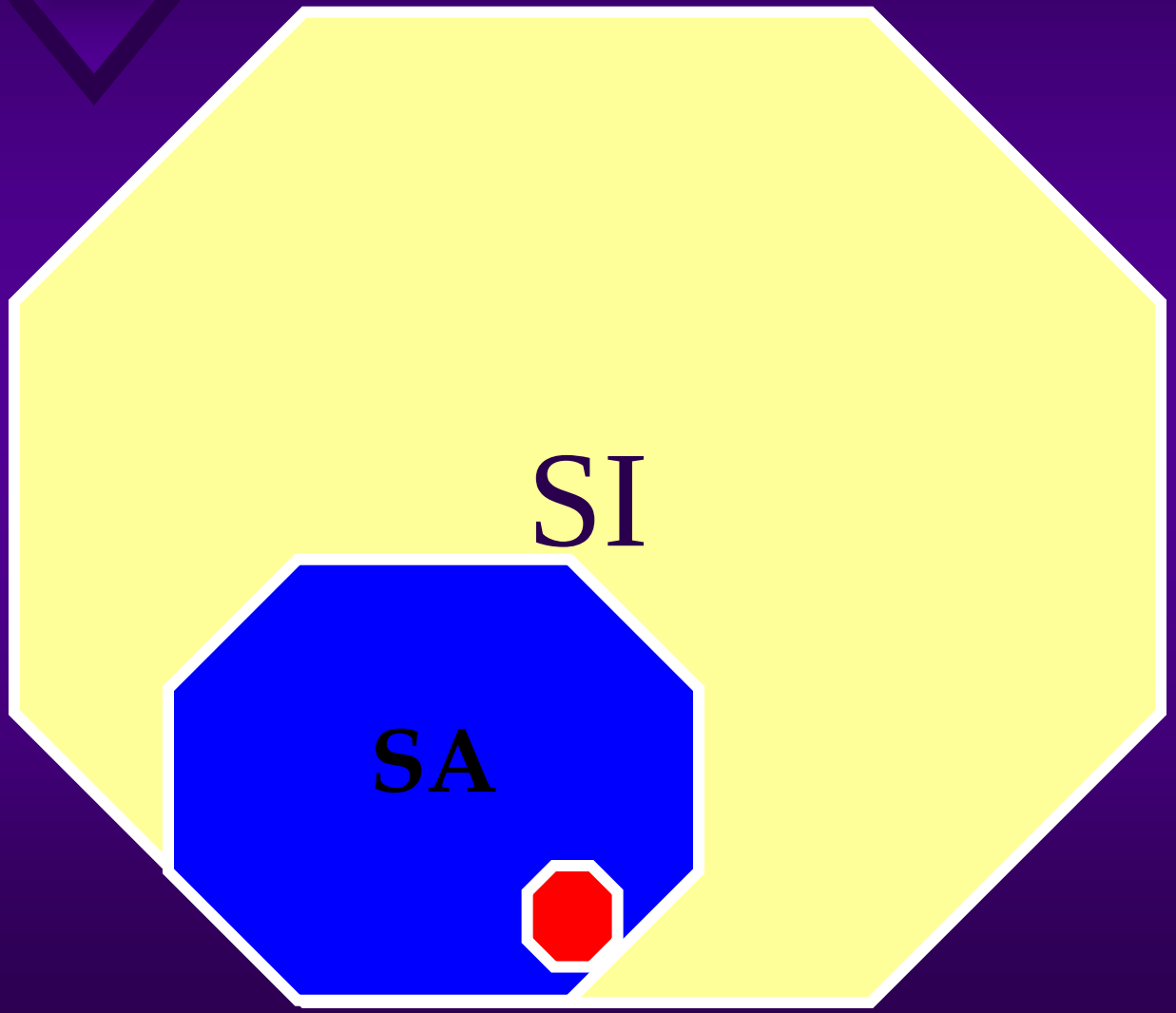
Suicide. Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Suicide Attempt. A non-fatal self-directed potentially injurious behavior with any intent to dies as a result of the behavior. A suicide attempt may or may not result in injury.

Suicidal Ideation. Thinking about, considering, or planning for suicide.

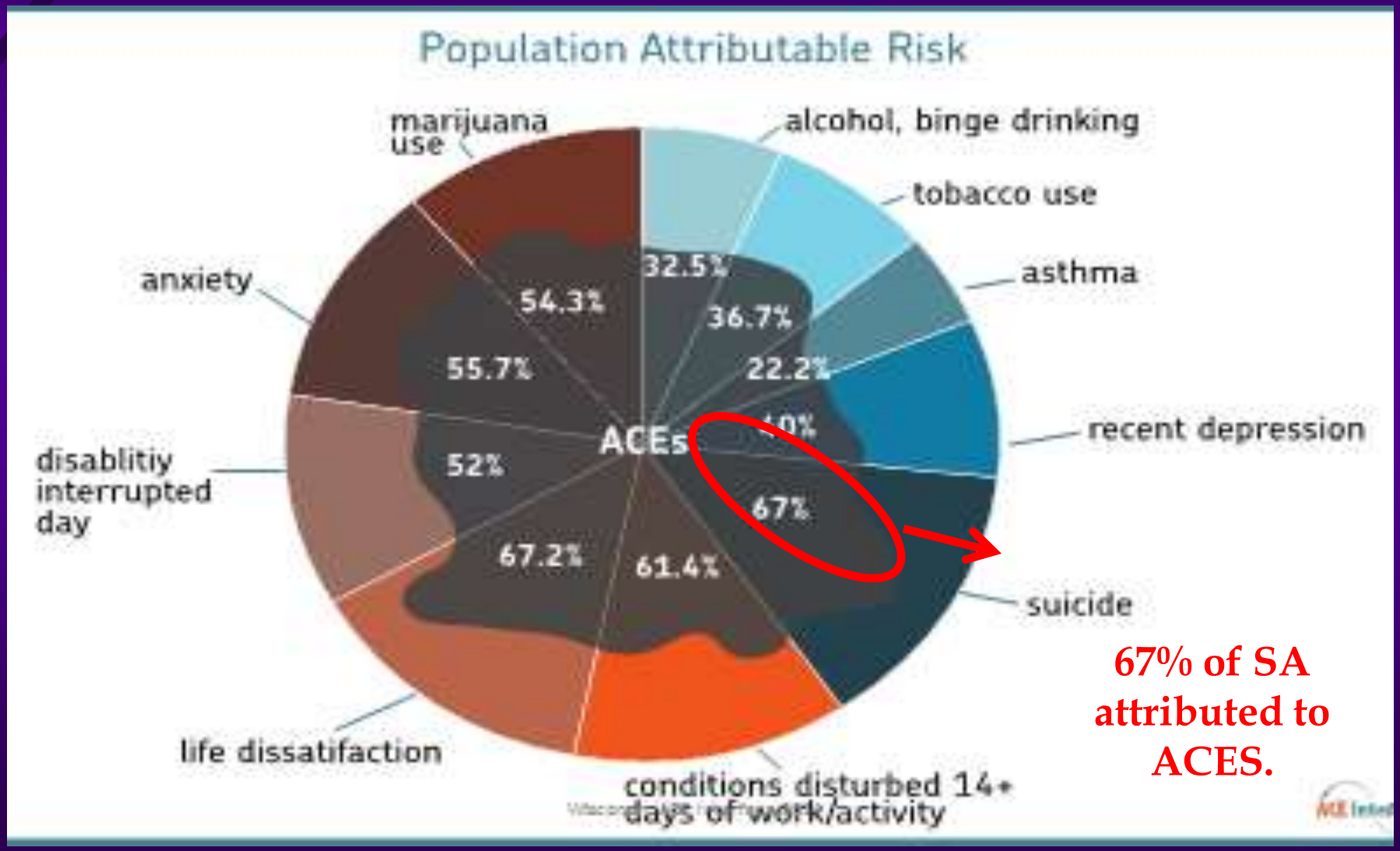
Self-directed violence surveillance; Uniform definitions and recommended data elements. CDC National Center for Injury Prevention and Control, Division of Violence Prevention

Suicide vs. Attempts and Ideation



- 42,773 SU in US in 2014 (WI 769)
- 1.3 percent of all deaths in U.S.
- 13.1/100,000 in Wisconsin
- 10th ranking cause of death in Wisconsin in 2014
- Murder-SU in US: 0.1-0.3/100k

Adverse Childhood Experiences



67% of SA attributed to ACES.

Wisconsin Suicide with Known Circumstances (2007-2011)

- 2007-2011 rate was relatively constant:
  - 22,000 years of productive living lost on average.
  - $4.5 million in Emergency Department costs on average.
  - $74 million in inpatient hospital stays on average.

- 2004-2011 rate of suicide increased over the 8 year period.

Wisconsin Suicide with Known Circumstances (2007-2011)

- **Northern and Western regions** experienced the highest rates of suicide.
- **Ages 45-54** were at the greatest risk of dying by suicide www.ManTherapy.org
- **Teens and young adults** more likely to seen in emergency department or hospital for attempt: Text Hopeline to 741741
- **Suicides:** 4 out of 5 were male
- **Suicide Attempts Hospitalized:** 3 out of 5 were female.
    - **Whites** had highest suicide rate followed by American Indians/Alaskan Natives, Asian/Pacific Islanders, Blacks, and Hispanics.
- **Racial and ethnic minority students** were more likely to report suicidal thoughts and behaviors.

Wisconsin Suicide with Known Circumstances (2007-2011)

- **Less than a high school degree** at heightened risk for suicide while people with a graduate or professional degree appeared at reduced risk.
- **Divorced people** heightened risk—married appeared at reduced risk.
- **LGBT** teens more likely to report poor mental health, suicidal ideation, and suicidal behavior.
- **Veterans** 1 out of 5 suicides.

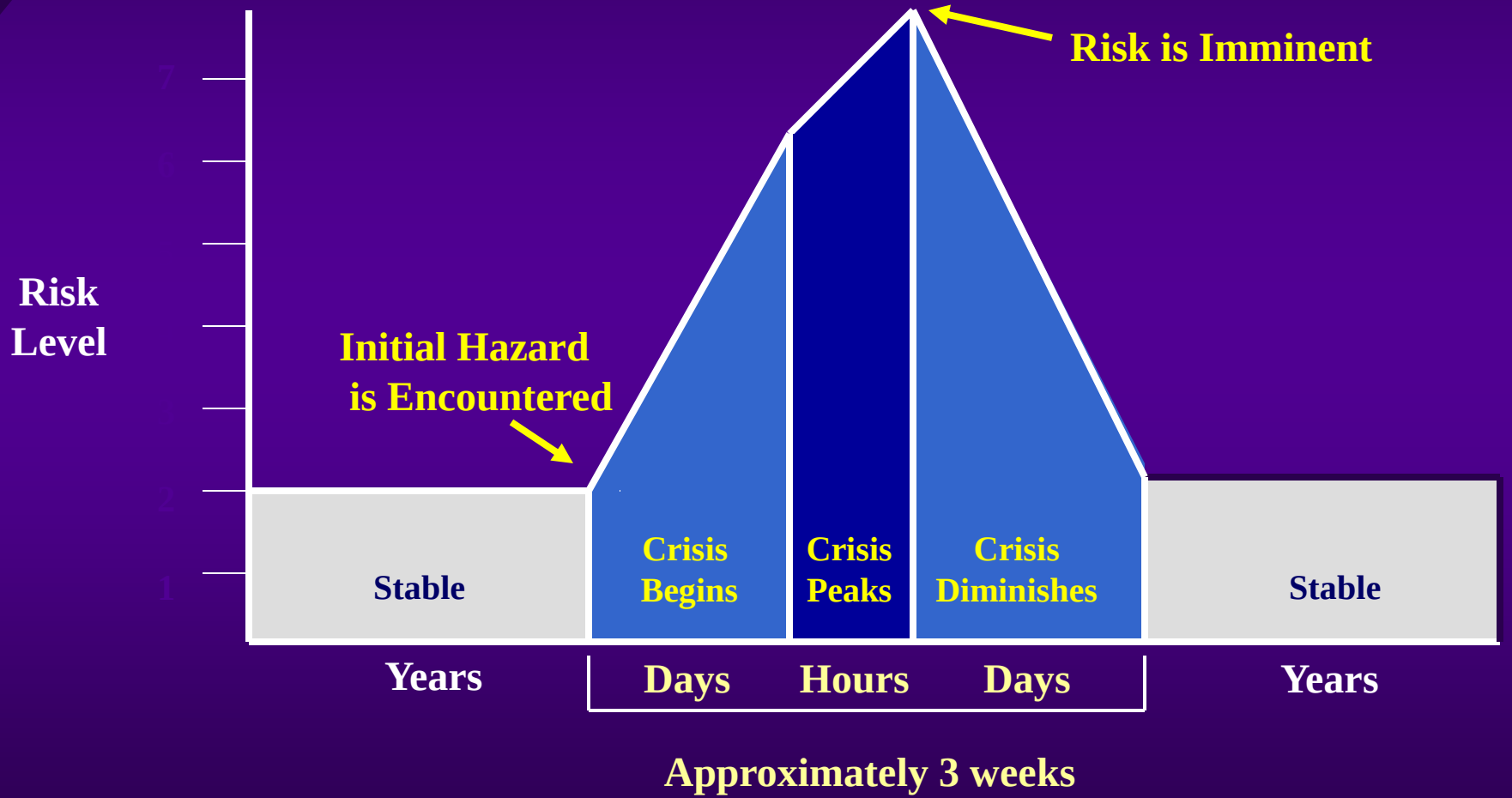
Wisconsin Suicide with Known Circumstances (2007-2011)

- **Firearms** most frequently utilized means (45%): males > females
- **Mental Health Problem:** 51% of suicide deaths had a problem—43% currently in treatment
- **Life stressors:** physical health or job problems nearly a quarter of suicide
- **Intimate partner problems:** 35% of suicides
- **Victims with History of Attempts:** 24% of SU
- **Victims with Disclosed Intent:** **3**4% disclosed their intent to die by suicide

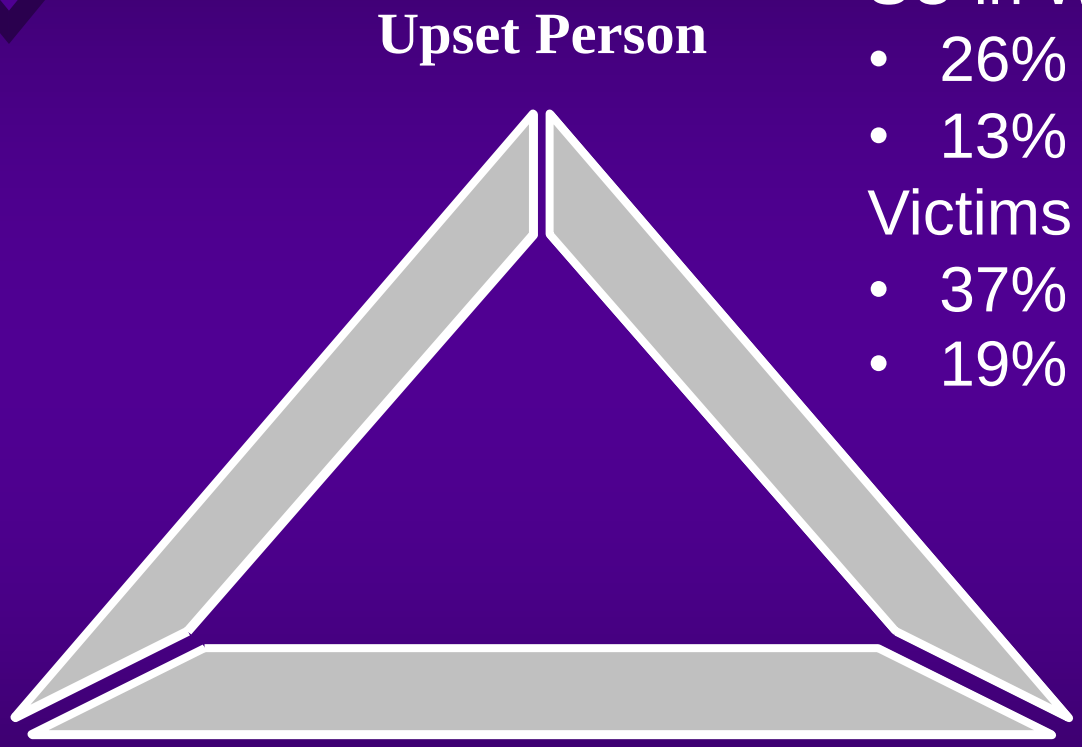
Substance Use Disorder and SU

- Suicide is the leading cause of death in persons with substance use disorder.
- Co-occurring mental illness further increases risk.
- Individuals treated for alcohol abuse or dependence are at about 10 times the risk of the general population.
- Alcohol is present in about 30 to 40 percent of suicides and suicide attempts.
- Frequent psychiatric crisis among co-occurring mental illness and substance abuse.

Suicidal Crisis Episode



The Lethal Triad



SU in Wisc. with Known Circumstance:

- 26% A**lcohol problem**
- 13% Other **substance abuse**

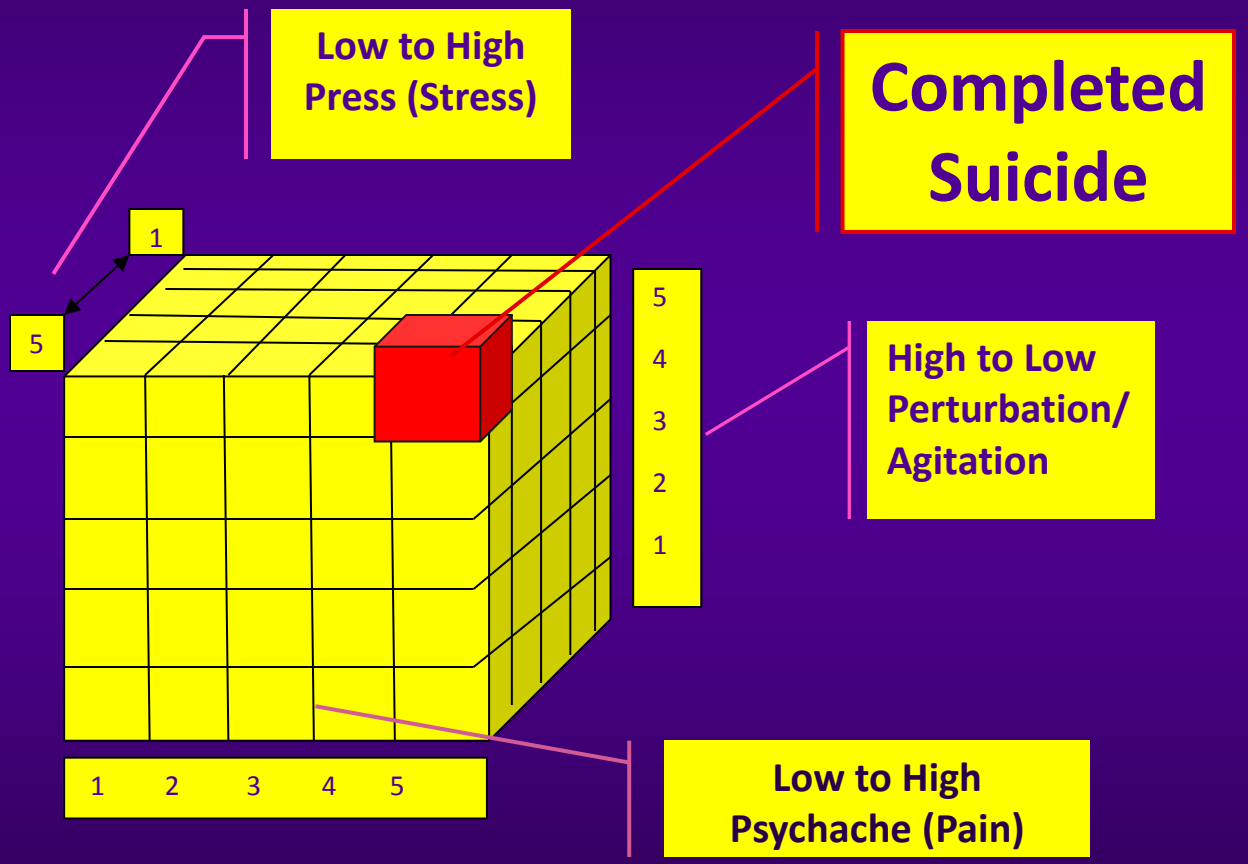
Victims w/toxicology testing :

- 37% positive for alcohol
- 19% positive for opiates

When these three are present—risk of violence is high.

Shneidman's Cubic Model of Suicide

(1987)



Loss

- Types of Loss:
  - Autonomy
  - Choice
  - Pets
  - Belongings
  - Mobility
  - Cognition
  - Independence

IS PATH WARM?
Warning Signs Mnemonic

- **I** Ideation
- **S** Substance Use—alcohol or drug.

- **P** Purposelessness—no reason for living
- **A** **<u>Anxiety/Agitation</u>**—including sleep disturbance
- **T** Trapped—no way out
- **H** **Hopelessness**

- **W** Withdrawing—from friends, family or society
- **A** Anger—rage, seeking revenge
- **R** Reckless—risky activities seemingly w/o thinking
- **M** Mood Changes—esp. if dramatic

QPR

- QPR is not intended to be a form of counseling or treatment.
- QPR is intended to offer hope through positive action.

QPR

Suicide Myths and Facts

- **Myth** No one can stop a suicide, it is inevitable.
- **Fact** If people in a crisis get the help they need, they will probably never be suicidal again.
- **Myth** Confronting a person about suicide will only make them angry and increase the risk of suicide.
- **Fact** Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.
- **Myth** Only experts can prevent suicide.
- **Fact** Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide

QPR

Myths And Facts About Suicide

- **Myth** Suicidal people keep their plans to themselves.
- **Fact** Most suicidal people communicate their intent sometime during the week preceding their attempt.
- **Myth** Those who talk about suicide don't do it.
- **Fact** People who talk about suicide may try, or even complete, an act of self-destruction.
- **Myth** Once a person decides to complete suicide, there is nothing anyone can do to stop them.
- **Fact** Suicide is the most preventable kind of death, and almost any positive action may save a life.

How can I help? Ask the Question...

Mental Illness

". . . Please believe that I do this because I am convinced that my illness cannot be helped for any length of time and I cannot bear to be a burden on anyone any longer," Please convey my love to everyone I leave behind. I just can't keep fighting myself and my own biochemistry any longer . . . “

-Suzannah McCorkle

In a note to friend Thea Lurie

QPR

Direct Verbal Clues:

- "I've decided to kill myself."
- "I wish I were dead."
- "I'm going to commit suicide."
- "I'm going to end it all."
- "If (such and such) doesn't happen, I'll kill myself."

QPR

Less Direct Clues

- “I’m tired of life, I just can’t go on.”
- “My family would be better off without me.”
- “Who cares if I’m dead anyway.”
- “I just want out.”
- “I won’t be around much longer.”
- “Pretty soon you won’t have to worry about me.”

QPR

Behavioral Clues

- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Co-occurring depression, moodiness, hopelessness
- Putting personal affairs in order
- Giving away prized possessions
- Sudden interest or disinterest in religion
- Drug or alcohol abuse, or relapse after a period of recovery
- Unexplained anger, aggression and irritability

QPR

Situational Clues:

- Being fired or being expelled from school
- A recent unwanted move
- Loss of any major relationship
- Death of a spouse, child, or best friend, especially if by suicide
- Diagnosis of a serious or terminal illness
- Sudden unexpected loss of freedom/fear of punishment
- Anticipated loss of financial security
- Loss of a cherished therapist, counselor or teacher
- Fear of becoming a burden to others

QPR

More situational clues:

- Diagnosis of a serious or terminal illness
- Financial problems (either their own or within the family)
- Sudden loss of freedom/fear of punishment
- Feeling embarrassed or humiliated in front of peers
- Victim of assault or bullying

QPR

Tips for Asking the Suicide Question

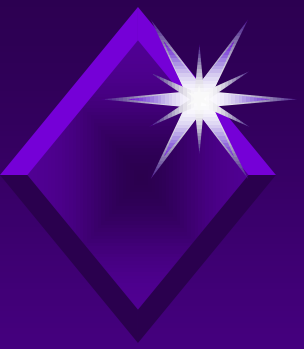
- If in doubt, don't wait, ask the question
- If the person is reluctant, be persistent
- Talk to the person alone in a private setting
- Allow the person to talk freely
- Give yourself plenty of time
- Have your resources handy; QPR Card, phone numbers, counselor's name and any other information that might help

Remember: How you ask the question is less important than that you ask it

Techniques for Raising the Topic of Suicide

- Indirect vs. Direct

- Normalization N
- Shame Attenuation SAt

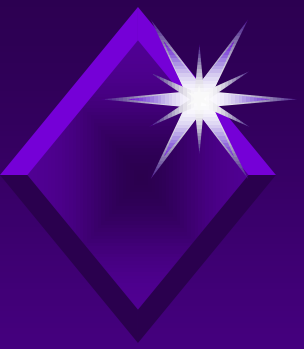


Q QUESTION

Less Direct Approach:

- "Have you been unhappy lately?
  Have you been very unhappy lately?
  Have you been so very unhappy lately that you've been thinking about ending your life?"

- "Do you ever wish you could go to sleep and never wake up?"



Q QUESTION

Direct Approach:

- "You know, when people are as upset as you seem to be, they sometimes wish they were dead. I'm wondering if you're feeling that way, too?"
- "You look pretty miserable, I wonder if you're thinking about suicide?"
- "Are you thinking about killing yourself?"

NOTE: If you cannot ask the question, find someone who can.

How Not to Ask the Question

"You're not suicidal, are you?"

P

PERSUADE

HOW TO PERSUADE SOMEONE TO STAY ALIVE

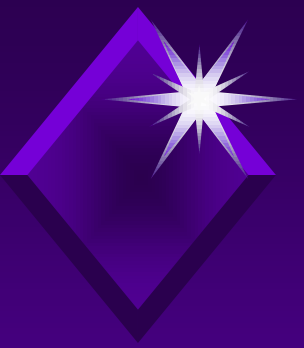
- Listen to the problem and give them your full attention
- Remember, suicide is not the problem, only the solution to a perceived insoluble problem
- Do not rush to judgment
- Offer hope in any form

P PERSUADE

Then Ask:

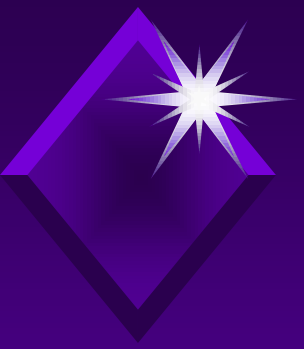
- Will you go with me to get help?”
- “Will you let me help you get help?”
- “Will you promise me not to kill yourself until we’ve found some help?”

YOUR WILLINGNESS TO LISTEN AND TO HELP CAN REKINDLE HOPE, AND MAKE ALL THE DIFFERENCE.



R REFER

- Suicidal people often believe they cannot be helped, so you may have to do more.
- The best referral involves taking the person directly to someone who can help.
- The next best referral is getting a commitment from them to accept help, then making the arrangements to get that help.
- The third best referral is to give referral information and try to get a good faith commitment not to complete or attempt suicide. Any willingness to accept help at some time, even if in the future, is a good outcome.



REMEMBER

Since almost all efforts to persuade someone to live instead of attempt suicide will be met with agreement and relief, don't hesitate to get involved or take the lead.

Role Play

Pair up and take a several minutes to practice off the vignettes.

Share observations as a group

- One person present as the client relating a real or fictitious struggle that is causing distress, pain, anxiety.
- The other person acting as the therapist practice asking about suicide risk using techniques of normalization or shame attenuation.
- Provide feedback after one another is finished:
  - How did it feel to be asked?
  - How did it feel to be asking the person?
  - Ask the person if there is any follow-up required?

Dyad Exercise

- One person present as the client relating a real or fictitious struggle that is causing distress, pain, anxiety.
- The other person acting as the therapist practice asking about suicide risk using techniques of normalization or shame attenuation.
- Provide feedback after one another is finished:
  - How did it feel to be asked?
  - How did it feel to be asking the person?
  - Ask the person if there is any follow-up required?

Some Basic Guidelines

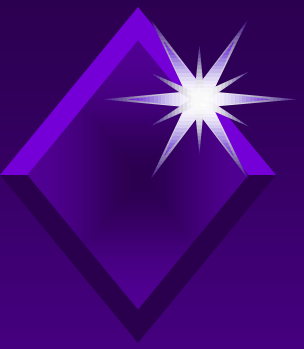
- Hospitalization: There is no evidence that hospitalizing a suicidal person helps deter suicidal behavior or thoughts.
- People are most likely to consider suicide when they are newly released form a hospital for suicidal ideation or an attempt.
- No-Suicide Contracts: 41% of people who signed contracts either considered or attempted suicide. 77% of people who were actively suicidal denied suicidal ideation.
- Best Practice: Focus specifically on the suicidal thoughts and the suicidal behavior. Focus on managing suicidal thoughts and behavior and reducing lethality.
- Use a collaborative approach: Do not blame or shame. Instead open a direct and honest dialogue about suicide. Working together with complete honesty is the best practice.
- One of the most effective tools you have is to listen and care about the person. A leading indicator of effective therapy has always been that the client actually believes that you as a helper, genuinely care about them (therapeutic relationship is key).

Some Basic Guidelines

- Acknowledging my own pain and suffering helps to provide safety for a person to share thoughts of suicide (reduces shame).
- View the person's reasons for suicidal thoughts as legitimate pain in their lives. This reduces the shame that we put on our clients inadvertently.
- Focus on reducing/eliminating suicidal thoughts/behavior as a coping skill.
- Increase focus on reasons to live. Includes protective factors.
- Empower person to be an active participant in their own care.
- Do not attempt to "talk them out of it" or provide glib reassurance that "everything is going to be fine."

REMEMBER

WHEN YOU APPLY QPR, YOU PLANT THE SEEDS OF HOPE. HOPE HELPS PREVENT SUICIDE.



Why Does Reducing Access to Firearms Work to Prevent Suicide?

Why Means Matter

- Suicidal crises are often relatively brief.
- Suicide attempts are often undertaken quickly with little planning.
- Some suicide methods are far more deadly than others ("case fatality" ranges from 1% for some methods to 85-90% for the most deadly).
- 90% of those who survive even nearly-lethal attempts do not go on to later die by suicide.

See: www.meansmatter.org for studies examining each of these concepts.

Focus on Firearms

- Firearms are the leading suicide method in the U.S.
- Gun owners and their families are at about 3 times higher risk of suicide than non-gun owners.
- This isn't because they're more suicidal. Gun owners are NO more likely to be mentally ill, to think about suicide, or to attempt suicide.
- Rather, they're simply more likely to die in a suicide attempt.

Sources:

- Miller M, Injury Prevention 2009 Findings also in ICARIS-2 survey
- Betz M, Suicide Life Threat Behavior, 2011. Miller M, Injury Prevention, 2009. Ilgen M, Psychiatr Serv, 2008. Sorenson & Vittes, Eval Rev, 2008.

Reducing a Suicidal Person's Access

- A simple step to increase a suicidal person's safety is to reduce access to firearms at home.
- Many counselors and providers and family members of at-risk people don't think to do this.
- This temporary safety intervention is not anti-gun.

For more information

Prevent Suicide Wisconsin: www.preventsuicidewi.org

Suicide Prevention Resource Center: www.sprc.org

QPR Institute: www.qprinstitute.com

American Association of Suicidology: www.suicidology.org

Zero Suicide: www.zerosuicide.sprc.org

Perfect Depression—*Zero Suicide* Initiative at Henry Ford Health System

1. Commit to “perfection” (zero defects) as an aspirational goal.
2. Develop a clear vision of how each patient’s care will change.
3. Partner with patients to ensure their voice in care redesign.
4. Conceptualize, design, and test strategies for improvement in four high-leverage domains (patient partnership, clinical practice, access to care, and information systems).
5. Implement relevant measures of care quality, using rapid-cycle quality improvement approaches.
6. Communicate the results and celebrate the victories.

http://www.henryford.com/body.cfm?id=46335&action=detail&ref=1104

Columbia-Suicide Severity Rating Scale (C-SSRS)

www.cssrs.columbia.edu

Making the Optimal Impact - Saving Lives, Redirecting Resources and Minimizing Risk

Posner, K.; Brent, D.; Lucas, C.; Gould, M.; Stanley, B.; Brown, G.; Zelazny, J.; Fisher, P.; Burke, A.; Oquendo, M.; Mann, J.

Kelly Posner, Ph.D.

Principal Investigator Columbia/FDA Classification Project for Drug Safety Analyses

Principal Investigator Center for Suicide Risk Assessment Columbia University

C-SSRS

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and underlined.	YES	NO
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan. Have you actually had any thoughts of killing yourself?		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it." Have you been thinking about how you might kill yourself?		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them." Have you had these thoughts and had some intention of acting on them?		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		
6) Suicide Behavior Question: Have you ever done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: How long ago did you do any of these? ☐ Over a year ago? ☐ Between three months and a year ago? ☐ Within the last three months?		

Thank you for your kind attention!

Engender Hope . . .

I'll hang around for awhile afterwards if you have any additional concerns you'd like to discuss . . .

Thanks for your assiduous work to prevent suicide!

Suicide and Mental Illness

- Mental Illness defined: It is a pattern of dysfunctional thoughts emotions and behaviors which cause harm.
- Mental Illness is very common. 50% of mental illness starts by the age of 14.
- 75% of Mental Illness starts by the age of 24.
- How common is mental illness? In a study of 9000 people in 2012 5.8% were diagnosed with a serious mental illness, 24.8% had a mild to moderate mental illness and 32.4% had either a mental illness or an addiction. If we look at people across their lifetime over 50% of them report some form of mental illness. 16.9% of the American population has had depressed mood. This is the leading indicator of suicide.
- 60% of WVH residents are diagnosed with depression or anxiety.

Suicide and Mental Illness

- Causes of Mental Illness:
- Biological Causes-Inheritance from parents. Mental illness runs in families.
- Environmental Causes-Learned helplessness; in old experiments with dogs being shocked. After a while they stopped trying to avoid the painful stimulus which is what people do also (we give up after a while). If we feel trapped and can not protect ourselves.
- Psychological Causes-The patterns we learn from our families. They lead to addictions, self-destructive behaviors and anxieties.
- Situational Causes-Death, grief, loss of job and divorce etc.

Suicide and Mental Illness

- 10% to 13% of people diagnosed with schizophrenia complete suicide
- 15% of people diagnosed with Bi-Polar Disorder complete suicide (highest among mental illness diagnoses)
- In a study of 92 people who had a diagnosis of schizophrenia and attempted suicide 78% were in the active phase of their illness (American Journal of Psychiatry)
- People diagnosed with personality disorders were three times more likely to die by suicide then the general population
- Suicide is the leading cause of death in people diagnosed with schizophrenia
- 75% to 95% of people diagnosed with schizophrenia who attempted suicide were male 2011
- 64% of people who attempt suicide see a doctor the month before their attempt and 38% see the doctor one week before their attempt (screening?) (Mental Health America)
- Stigma often impedes people's help-seeking behavior

Famous People with Mental Illness

- Buzz Aldrin had major depression with suicidal ideation and ETOH addiction.
- Winston Churchill had severe depression and ETOH addiction.
- Thomas Nash was diagnosed with schizophrenia.
- Drew Carey had major depression with two suicide attempts and ETOH addiction.

Suicide Trends

- 25% of people leave a suicide note.
- People who smoke have a three times higher rate of suicide then non-smokers.
- 85 and older has a rate of 65 per 100,000.
- It is estimated that 90% of people who suicide have some form of mental illness.
- People who eat a very low cholesterol diet have increased rate of suicide. Journal of Psychiatric Research reported that people with extremely low cholesterol levels have a 7 time more likely to die by suicide or accidents.
- People who sleep less then 8 hours per night have more risk of suicide. Some schools are now opening after 0830 to give adolescents more sleep time to help this.
- Having a pet improves mood with people having mild and moderate depression.
- Eden Alternative: Client centered care. They use animal care to improve mood in long term care facilities.
- Kitchen table philosophy: Have a central location where people spend time in the family or facility. It promotes interaction and common interests and decreases time spent alone.

Suicide Trends

- Golden Gate bridge completed in 1937. 1200 people attempted suicide and a few have survived. All of them reported that they regretted jumping after they jumped.
- Suicide is the 10th leading cause of death for all age groups.
- Currently Psychiatrists have the highest suicide rate.
- Farmers have the lowest suicide rate.
- Divorced people have three times the suicide rate of non-divorced.
- Montana has highest suicide rate 32 per 1000,000.
- New jersey has lowest rate of 8 per 100,000.
- Wisconsin is ranked 24th in rate of suicide (recent unfinished study revealed that when the Packers win there is less depression, suicide and domestic violence in Wisconsin).

Suicide Trends

- LGBT has 4 times higher suicide rate.
- New info shows no “season for suicide”. It occurs fairly evenly across the calendar.
- People who attend church are 10% less likely to attempt suicide.
- 75% of older adults who suicide have never attempted before.(U.S. National Institutes of Health).
- A snap shot of a high risk person: has more then 3 alcoholic drinks per day, sleeps more then 9 hours per night, has a negative and cynical world view and is divorced.
- Suicides in long term care facilities are less likely to use firearms and 2.5 times more likely to die from jumping.
- A larger LTCF facility and higher staff turn over rates lead to higher suicide rates.