# Suicide Prevention


Greta H Mayer

Mental Health & Recovery Board
of Clark, Greene and Madison Counties

# One of the Last Taboos

- We now talk about sex, drugs, AIDS, incest and other topics that used to be 'off limits'
- What makes us reluctant to talk about suicide?
- Do you know someone who has completed suicide?
- Have you believed an accidental death may have really been suicide?

# Suicide

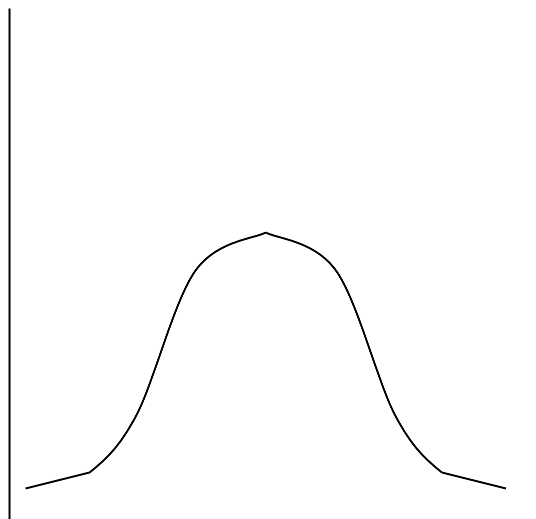
- Suicide deemed public health crisis by CDC & WHO
- About 32,000 Americans die by suicide each year
- 85 Americans take their own lives *everyday*
- Gender differences: women *perceived* at higher risk
  - Women attempt 4x more often than men
  - Men complete suicide 4x more often than women

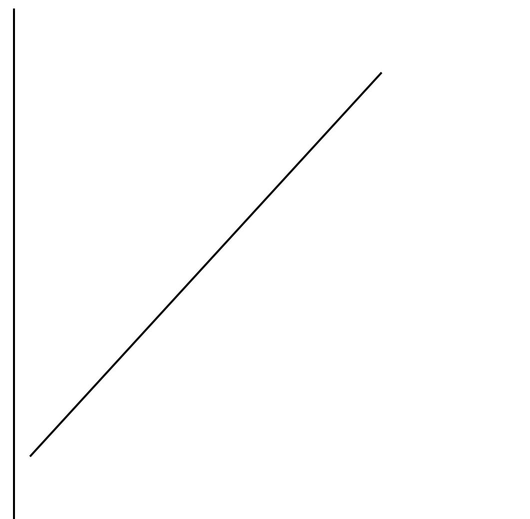
# Suicide in Ohio

- Suicide is the 2nd leading cause of death for young people ages 19-25 in Ohio
- Ohio averages 3 suicides per day
- For every homicide, there are two suicides
- Suicide is ranked 11th cause of death statewide
- 79% of completed suicides are male (5x the rate)
- 21% are female

# Suicide & Gender

- Gender differences in suicide risk





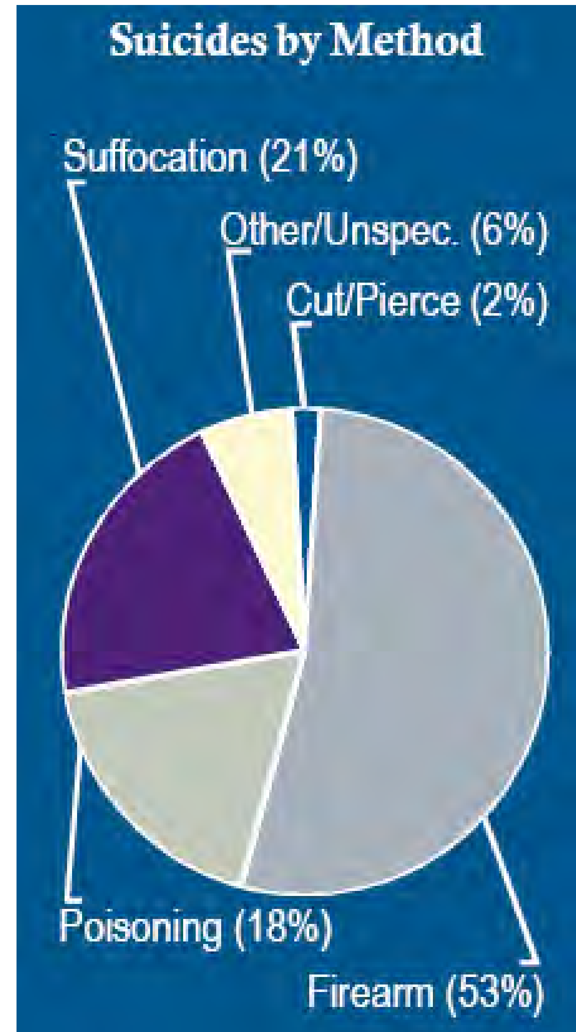
Women

Men

LIFETIME

# Suicide Methods

- Ohio Data 1999-2005
- Suicide Prevention Resource Center



# Suicide and Incarceration

- Convicted persons have problems that make them at higher risk for suicide
- Suicide rates in correctional facilities are about 9x higher than in the general population
- Suicide is leading cause of death in jails, 3rd leading death in prisons, behind natural causes and HIV/AIDS
- Risk factors: security of facility, crime committed, and inmates phase of imprisonment, pre-incarceration suicidal behavior, size

From Anderson, 2008 (Sattar, 2001; Soc, 1999)

# Suicide and Incarceration

- In 2006, over 2.5 million of US state/federal prisoners & local jail inmates had serious mental health problems
- Environmental factors in jail that impact suicide
  - An authoritarian environment—regimentation
  - Loss of control over future, fear, and uncertainty over legal process
  - Isolation from family, friends and community
  - The shame of incarceration - "Pillars of Community" become high-risk suicide candidates
  - Dehumanizing aspects of incarceration--viewed from inmate's perspective

# Suicide and Incarceration

- Environmental factors in jail that impact suicide
  - Fears—based on TV and movie stereotypes
  - Officers familiar with arrest and incarceration, may forget impact on offender
  - Trauma of arrest often inversely proportionate to offense
- Inmates charged with alcohol or drug related crimes were more suicidal and committed suicide during the first hours and days after arrest
- Particular stressors included acute trauma, disrupted relationships, sentence hearing, and/or acute medical condition

(Peat, 2001)

# Profile of Suicide and Incarceration

- 94% of suicides were by hanging; 48% used bedding
- 89 % of victims were not screened for potentially suicidal behavior at booking
- 78% of victims had prior charges
- 75% were detained on non-violent charges (27% detained on alcohol/ drug charges)
- 60% of victims were under the influence of alcohol / drugs
- 51% of suicides occurred within the first 24 hours of incarceration
- 33% of the suicide victims were in isolation
- 30% of suicides occurred between midnight and 6 a.m.
- 29% occurred within the first three hours (Suicide Prevention in Jails, TCLE, 1995)

# Comparative US Rates & Ethnicity

| | |
|---|---|
| **National average** | **11 per 100,000*** |
| **Males over 85** | **67.6** |
| **White males** | **19.9** |
| **Hispanic males** | **10.7** |
| **African-American males** | **9.1** ** |
| **Asians** | **5.2** |
| **Caucasian females** | **4.8** |
| **African American & Hispanic females** | **1.5** |

Estimated Annual *Attempts* – 810,000

150-1 completion for the young; 4-1 for the elderly (Reproduced from Anderson, 2008)

*AAS website **Significant increases among African Americans in the past 10 years (Toussaint, 2002)

# Stigma Lingers Today

- Treatment has become more humane
- Despite advocacy efforts and consumer movement
  - People feel shame about diagnoses like depression, substance abuse, and especially suicide
- Greatest risk factor for suicide?
  - **Depression—Ohio ranked one of the 10 worst states**
- Second greatest risk factor for suicide?
  - **Substance Abuse**

# Depression & Substance Abuse

- 90% who complete suicide have mental illness and/or substance abuse problem
- A suicide attempt is a desperate cry for help to end excruciating, overwhelming, & unremitting pain

# The Challenge with Suicide

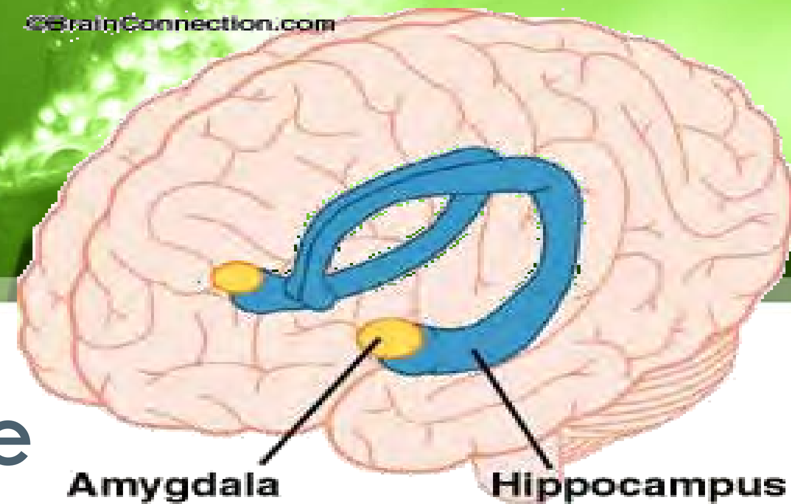
- Coroners may consider death ‘accidential’, judgement call
  - Estimated  2-3x complete suicide
- Ambiguity about whether a death is actual suicide
  - Suicide notes are left less often, as low as 10%

# Which Group is Most At-Risk?

- The most frequent rates of suicide completion are white, middle-aged men

| | 2009 | 2010 |
|---|---|---|
| Clark County | 14 | 12 (as of Aug.) |
| Greene County | 26 | 8 (as of June) |
| Madison County | 2 | ? |

# Depression is a Disease




- 20 years of brain research demonstrates symptoms are the **behavioral** result of
  - **Internal changes in the physical structure of the brain**
  - **Damage to brain cells in the hippocampus, amygdala & limbic system**
- As Diabetes is the result of low insulin production by the pancreas, depressed people suffer from a physical illness – what we might consider "faulty wiring"

From Anderson, 2008 (Braun, 2000; Surgeon General's Call To Action, 1999; Stoff & Mann, 1997)

# Depression Defined

1. Weight gain/loss
2. Sleep problems
3. Sense of tiredness, exhaustion
4. Sad mood
5. Loss of interest in pleasurable things, lack of motivation
6. Irritability
7. Confusion, loss of concentration, poor memory
8. Negative thinking
9. Withdrawal from friends and family
10. Sometimes, suicidal thoughts

Physical, body regulation (items 1–3)

Emotional (items 4–6)

Thoughts (items 7–10)

(DSM-IV-TR, 2000)

# Jimmy Brown, Firefighter

- “My **daily routine** was shot. I didn’t have the **energy** to do anything. I got up because the dog had to be walked and my wife needed to go to work. <u>fatigue</u> The day would go by and I didn’t know where it went. <u>helpless</u> I wanted to get back to normal. I just wanted to be myself again…There were days when I thought I’d never be myself again.” <u>hopelessness</u>

**http://www.nimh.nih.gov/health/publications/real-men-real-depression.pdf**

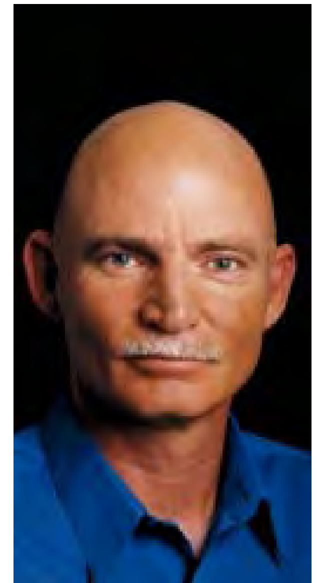
# Rene Ruballo, Police Officer

- "They would ask their mother, 'Why is Daddy not getting up?' sleep +/- They didn't do anything to me. easily irritated I just didn't want to do anything. fatigue, withdrawal I'm thinking there's got to be something wrong emotional pain because I'm waking up and going, but I feel like nothing matters confusion, hopeless…I **lost interest in doing things** with the kids…going to the movies, things that families do."

**http://www.nimh.nih.gov/health/publications/real-men-real-depression.pdf**

# Patrick McCathern,
# 1st Sergeant US Air Force, Retired

- "It starts **slowly** and the only person you're talking to is yourself. You're lost. <u>helpess, isolated</u> It's **dark,** the **pain** is twenty-four/seven. <u>endless emotional pain</u> I **tried to numb** my head. I mean, we're talking many, many beers to get to that state where you could shut your head off. But you have to deal with it. It doesn't just go away…It's like you're falling down this **big sinkhole** <u>pain & suffering</u> and you can't pull yourself out."



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# What if Depression Goes Untreated?

- High risk for suicidal thoughts, attempts, & possibly death
- Significant risk of increased alcohol and drug use
- Likely significant relationship problems
- Increased behavior problems, including criminal activity
- Untreated, recurrent depression worsens over time

# Talking about Suicide

- Be willing to talk about suicide
- 80% of people who complete suicide talk about it prior to doing it
- Never use ‘reverse psychology’
- Most people who attempt suicide *WANT* to be stopped, but often do not believe anyone will listen or believe that they can be helped

# Role of a Corrections Officer

- Be aware of symptoms displayed by inmate prior to suicide attempts
- Tune in to obvious or subtle signals
- Notice sudden behavioral changes
- A positive role model officer may save a life

(Suicide Prevention in Jails, TCLE, 1995)

- Identified by Dr. Paul Quinnett (2000)
- **Question**—ask about suicide
- ***Persuade***—get the person to talk, seek help
- ***Refer***—get the person to professional help

# Ask Questions

- You seem down. Do things feel hopeless? Have you ever thought about hurting yourself? Have you ever wished you were dead? (Empathy, listen, be direct)
- Talking about suicide will NOT make somewhat do it
- Often suicidal folks are surprised and relieved that their secret it revealed
- If you get a ‘yes’ answer—stay calm & ask more questions

# Assess Risk

- Consider if danger is imminent
- Find out if he/she had previous attempts
- Does he/she have a plan?
- Is the plan specific?
- Do they have access to means?

# What to Do

- Talk openly, reassure them that they can be helped
- Try to instill realistic hope
- Encourage expression of feelings
- Listen without being judgemental
  - Trust warning signs & get help fast
- Use empathy
  - You feel like life isn't worth living
- Stay calm, relaxed, & rational

# What to Avoid

- Arguing or lecturing
- Fostering guilt, be patronizing
- Promising confidentiality or false reassurances
- Offering simplistic solutions ‘all you need is a good night’s sleep’
- Minimizing the problem
- Daring the person to do it
- Leaving the person alone

- The earlier the better—when you see symptoms or signs of depression
- Whenever risk is imminent or likely
- Know your community resources
- Develop relationships with local providers (e.g., schools, substance abuse treatment facilities, mental health treatment providers, hospitals/ERs)
- Share what you have observed with local providers

# Points to Remember

- Persons with psychosis, regardless of cause, can have greater risk of violence
  - Paranoid delusions
  - Belief mind is controled by external forces
  - Command hallucinations
- About 1% of persons with psychotic disorders are dangerous to others
- Use caution if psychosis is suspected

- Over 10% police calls involve someone with mental illness
- Inadequacy of police training may lead to municipal liability due to failure to train
- Commands can backfire, be alert
- Use calm, caring voice, like someone who understands the illness, meds, the 'voices'
- Practice camouflaging a combat-ready status

(Woody, 2003, 2005)

# Steps to Take

1. Get collateral information and cooperation on safety issues
   - Check safety concerns with family/friends at the scene, get their cooperation
   - If diagnosis is unknown, ask about typical behavior, symptoms, and recent history
   - If some are not taking the suicide threat seriously, assure them it cannot be ignored

# Steps to Take

2. If no immediate danger: talk
   - If there is no obvious immediate danger, go low and slow
   - Move slowly and casually and make normal eye contact
   - Allow space and time for panic, fear, anger, grief or other emotions to cool
   - If subject is highly agitated or threatening, say "we need to have a friendly talk about your troubles and your safety. Let's sit down and talk"
   - Avoid a confrontational position
   - The suicidal person needs to feel safe first, then they can consider help

# Steps to Take

- Use first names and speak slowly:  "We are here to help you. Are you able to understand me?"
- Wait for answer and explain: "We need to make sure you are safe"
- Wait for an answer. "I understand if you are feeling a lot of pain and maybe it's difficult to talk. Can you tell me what's troubling you, so we can help"
- Wait for an answer. If the subject is unable to respond coherently to such questions, medical attention may be urgently needed

# Steps to Take

3. Establish safety and control, removing weapons, pills
   - **If the subject is responsive**, "Bob, how can I help? Do you want to tell me about the thoughts you're having right now"
   - **If suicidal impulses are obvious**: "We need to get you some help and medical attention. We need to work together to make sure you are safe, OK? Nothing dangerous should be near you right now (such as pills, weapons or potential weapons, car keys). Anything like that, we need to secure them so you won't be harmed"
   - **Make sure no medications can be accessed**. Don't leave the suicidal person alone or with any pills until a hospital assumes care

# Steps to Take

4. Be non-judgmental
   - To help establish rapport and trust, be non-judgmental
   - Show empathy for how the subject feels
   - Engage the subject and work together
   - Keep your remarks short and simple. Listen attentively
   - Give honest responses
   - Show that you understand the subject's views and concerns (even if you don't agree with them)

(Justice Institute of BC, 2005)

# Steps to Take

5. Positive steps & problem-solving
   - "What are your thoughts about staying alive? What would make it easier for you to cope with your problems?" Wait for answers
   - "Problems can be solved. We will get help for you. What is the one problem that is overwhelming you right now?"
   - Get an immediate commitment from trusted family members/friends to work on neutralizing that problem if possible
   - Have them agree to make arrangements for referral to the support system - mental health caseworker, clergy, advocacy group

# Steps to Take

6. Sudden attempts and the use of force
   - The unexpected can always happen: an interruption of carefully built rapport, a topic that touches a raw nerve, and the subject instantly makes a suicide attempt
   - It may be risky but the only choice is rapid physical response to interrupt the act
   - Usually such a crisis fades quickly and the subject probably won't try again at the time

# Steps to Take

7. Medication
   - Ask the suicidal person about medication (possible overdose or stopped taking meds)
   - Ask one simple question at a time: "Are you on any medication or other treatment? What is it? Are you forgetful about taking it? How many taken in last 24 hours? Do you have your medication with you? Where is it?"
   - Have someone bring it to you
   - Note the doctor's name on the label, have someone call the doctor's office to inform them of the crisis
   - Of course, try to learn about any other drugs taken

# Steps to Take

- If subject is forgetful about taking medication, health professionals and family can devise a management plan
- Make sure the medication accompanies the subject to hospital (in your possession or with ambulance driver)
- If medical treatment has failed, different medication and other supports may work better
- Subject may be cynical about treatment/support, so don't over-promise, don't raise false hopes

# Steps to Take

8. Discuss accepting treatment - no shame
   "Depressed feelings are like an engine that needs tune up, and this can be treated with success. There is no shame in asking for help, just like you would ask a mechanic to tune up your engine"

- Stigma about mental health or substance abuse treatment is everywhere, and they need to hear treatment normalized

# Steps to Take

- To Hospital:
  - "Now we need to get help for you, some medical attention and support. It's for your personal health and safety. OK, let's go. You can come along quietly and everything will be all right. Someone can come with you and be in the waiting room. The ambulance will bring you to hospital to be seen by a doctor"
- If hospital attention is not indicated
  - There may still be follow-up attention needed
  - Ask subject "who are you going to see tomorrow?" Get agreement for trusted family member or friend to be involved in the follow-up, and to ensure subject is not left alone

# Self Care

- Police are at-risk for suicide
- Officers are killed by suicide twice as often as in the line of duty
- Lack of knowledge about PTSD and depression make it difficult to recognize what is happening
- Criminal justice culture and job stress make it difficult for officers to seek help for depression
- Learn about depression and suicidal thinking so that you can get the help you need if you begin to think about suicide

# Self Care

- Stress creates brain changes that cause people to feel suicidal
- Be aware of your risk in your job
- Find healthy ways to relax or decompress
- Find what you enjoy and do it
- Consult www.policesuicide.com to set up a suicide prevention program in your department

- American Association of Suicidology
  www.suicidology.org
- American Foundation for Suicide Prevention
  www.afsp.org
- CABLE CT Alliance to Benefit Law Enforcement
  www.cableweb.org
- Police Suicide Foundation
  www.psf.org
- Suicide Awareness/Voice of Education
  www.save.org
- Suicide Prevention Advocacy Network
  www.spanusa.org
- Suicide Prevention Resource Center
  www.sprc.org

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