Context Clues: Using Social Determinants of Health (SDOH) to Enhance Treatment: Suicide and Self-Harm

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Suicide & Self-Harm

- 47,500+ deaths by suicide in 2019¹
 - 12 million people had suicidal ideation
 - 3.5 million made a plan for suicide
 - 1.4 million attempted suicide
- Certain people are at greater risk for suicide¹
 - American Indian/Alaska Native
 - Military veterans
 - Sexual minority—LGBTQ+

- Self-harm not intended to be lethal
 → nonsuicidal self-injury (NSSI)²
- Approximately 4% of adults and 15% of teens²
 - Skin cutting: 70-90%
 - Head banging or hitting: 21-44%
 - Burning skin: 15-35%

Suicide & self-harm are related to...

- Economic recessions
- Foreclosure & eviction
- Mental health problems—depression
- Certain occupations—police, military
- Living in detention facilities
- Poor social connections
- Stress & hopelessness

Social Determinants of Health Education **Health Care** Access and Access and Quality Quality Neighborhood Economic and Built Stability Environment اعلاقات Social and Community Context Social Determinants of Health Healthy People 2030

National Center for Injury Prevention and Control. *Preventing Suicide: A Technical Package of Policy, Programs, and Practices.*

Prevention

- Strengthen household financial security and housing stabilization policies
- Reduce access to lethal means with at risk people
- Improve coverage of mental health conditions in health insurance & reduce provider shortages
- Promote connectedness
- Teach coping & problem-solving skills
- Identify and support people at risk



Assessment & Intervention

Available in 114 languages

Columbia-Suicide Severity Rating Scale (C-SSRS)

Suicidal ideation

Active or passive ideation

Intensity

- Frequency
- Duration
- Control
- Reasons for ideation and living

Suicidal behavior

- Suicide attempts
- Planning/prepping
- Non-suicidal self-injury

Suicide-Risk-Assessment-C-SSRS-Lifeline-Version-2014.pdf (suicidepreventionlifeline.org)

Columbia-Suicide Severity Rating Scale (C-SSRS)

SUICIDAL IDEATION		
Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.		
 Wish to be Dead Subject 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? If yes, describe: 	Yes	No
2. Non-Specific Active Suicidal Thoughts General non-specific thoughts of wanting to end one's life/commit suicide (e.g., "I've thought about killing myself") without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period. Have you actually had any thoughts of killing yourself?	Yes	No
If yes, describe:		
3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do itand I would never go through with it". Have you been thinking about how you might do this?	Yes	No
If yes, describe:		
4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan Active suicidal thoughts of killing oneself and subject 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?	Yes	No
If yes, describe:		
5. Active Suicidal Ideation with Specific Plan and Intent Thoughts of killing oneself with details of plan fully or partially worked out and subject 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?	Yes	No
If yes, describe:		

INTENSITY OF IDEATION		
	were type of ideation (i.e., 1-5 from above, with 1 being the least severe	
and 5 being the most severe).	vere type of ideation (i.e.,1-5 from doove, with 1 being the least severe	
and 3 being the most severe).		Most
Most Severe Ideation:		Severe
Type # (1-5)	Description of Ideation	
Frequency		
How many times have you had these thoughts?		
(1) Less than once a week (2) Once a week (3) 2-5 times in wee	ek (4) Daily or almost daily (5) Many times each day	
Duration		
When you have the thoughts how long do they last?		
(1) Fleeting - few seconds or minutes	(4) 4-8 hours/most of day	
(2) Less than 1 hour/some of the time	(5) More than 8 hours/persistent or continuous	
(3) 1-4 hours/a lot of time	•	
Controllability		
Could/can you stop thinking about killing yourself or wantin	g to die if you want to?	
(1) Easily able to control thoughts	(4) Can control thoughts with a lot of difficulty	
(2) Can control thoughts with little difficulty	(5) Unable to control thoughts	
(3) Can control thoughts with some difficulty	(0) Does not attempt to control thoughts	
Deterrents		
Are there things - anyone or anything (e.g., family, religion,	pain of death) - that stopped you from wanting to die or acting on	
thoughts of committing suicide?		
(1) Deterrents definitely stopped you from attempting suicide	(4) Deterrents most likely did not stop you	
(2) Deterrents probably stopped you	(5) Deterrents definitely did not stop you	
(3) Uncertain that deterrents stopped you	(0) Does not apply	
Reasons for Ideation		
What sort of reasons did you have for thinking about wanting	g to die or killing yourself? Was it to end the pain or stop the way	
	ith this pain or how you were feeling) or was it to get attention,	
revenge or a reaction from others? Or both?		
(1) Completely to get attention, revenge or a reaction from others	(4) Mostly to end or stop the pain (you couldn't go on living with the pain or	
(2) Mostly to get attention, revenge or a reaction from others	how you were feeling)	
(3) Equally to get attention, revenge or a reaction from others and to	(5) Completely to end or stop the pain (you couldn't go on living with the	
end/stop the pain	pain or how you were feeling)	
	(0) Door not apply	

Asking about self-harm

Has subject engaged in Non-Suicidal Self-Injurious Behavior?

Yes No

- Have you ever intentionally hurt yourself before?
 - Cutting, burning, scratching, picking at skin
- Frequency
- Intensity
 - Number of cuts, depth of injury (e.g., did person bleed)
- Location of injuries on their body
- What do they use for self-injury
 - Razor blade, pencil, paperclip, eraser, fingernail, etc.
 - Access to means

Safety Planning

- Safety plan ≠ safety contract
- Stanley-Brown Safety Plan

Key components

- 1. Warning signs (e.g., thoughts, feelings)
- 2. Healthy coping strategies
 - Including phone apps
- 3. People or places that can help
- 4. Safe people to talk to and ask for help
- 5. Agencies or professionals that can be called for help
- 6. Reasons for living

Sample Safety Plan

tep 1:	developing:	, mood, situation, behavior) that a crisis may be
2.		
3.		
Step 2:		gs I can do to take my mind off my problems
	without contacting another pers	on (relaxation technique, physical activity):
2		
3		
Step 3:	People and social settings that p	rovide distraction:
l. Name	<u> </u>	Phone
2. Name	<u> </u>	Phone
3. Place		4. Place
Step 4:	People whom I can ask for help:	
1. Name	2	Phone
	<u> </u>	
	2	
Step 5:	Professionals or agencies I can co	ontact during a crisis:
1. Clinic	ian Name	Phone
	ian Pager or Emergency Contact #	
	<u> </u>	Phone_
	nt Care Services Phone	
4. Suicio	de Prevention Lifeline Phone: 1-800-273	-TALK (8255)
Step 6:	Making the environment safe:	
1		
2.	n Template © 2008 Barbara Stanley and Gregory K. Brown, is reprinted w	ith the express permission of the authors. No portion of the Safety Plan Template may be reproduced ct the authors at bhs2@columbia.edu or gregbrow@mail.med.upenn.edu.

Forms - Stanley-Brown Safety Planning Intervention (suicidesafetyplan.com)

Increasing Safety

Environment

Prompt person

Fun

Activities

to do something they enjoy

Strategies

Coping

- Deep breathing
- Mindfulness
- Guided imagery
- Meditation
- Relaxation

Call for help

Go to the ER

- National Suicide Prevention Lifeline
- Crisis Text Line
- Emergency: 911
- If you are unable to keep the person safe take them to the nearest emergency room

 Increase supervision.

etc.

 Have an open door policy.

Reduce access to

Remove or lock up

objects, chemicals,

firearms, sharp

medicines, rope,

lethal means

Resources

Helplines

- National Suicide Prevention Lifeline provides 24/7, free and confidential support
 - Phone: 988
 - Phone: 1-800-273-8255 (TALK)
 - Website: https://suicidepreventionlifeline.org/
- TrevorLifeLine is a 24/7 crisis intervention and suicide prevention service for LGBTQ youth and families
 - Phone: 1-866-488-7386
- TrevorChat/TrevorText is 24/7 confidential online instant messaging with a counselor
 - Website: https://www.thetrevorproject.org/get-help/
- TransLifeline is a national trans-led organization that offers 24/7 crisis hotline for transgender individuals
 - Phone: 1-877-565-8860
 - Website: https://www.translifeline.org/hotline/policies [translifeline.org]
- Veterans Crisis Line is a 24/7, confidential crisis support line for veterans and families
 - Phone: 1-800-273-8255 press 1; Text: 838255
 - Website: https://www.veteranscrisisline.net/

Phone apps

- My3 personalized safety plan
- notOK let support network know you need help
- Calm Harm ways to resist or manage urge to self-harm
- distrACT tips and links for self-harming
- What's Up? CBT and ACT skills
- MoodTools safety plan and CBT
- The Safe Place Black mental health
- Minds of Culture for Black millennials and Gen-Zs
- Shine daily meditations

















AAFP's Framework to Address SDOH

ASK

About SDOH

IDENTIFY

 Resources in patients' communities that can help address SDOH

ACT

 To help connect patients with resources to address patients' SDOH

ICD 40 7 Cadaa	Other Problems Related to Primary Support Group, Including Family Circumstances (Z63)
ICD-10 Z-Codes	Z63.0-1 Problems in relationship with spouse or partner/in-laws
	Z63.3-4 Absence/Disappearance and death of family member
Problems Related to Employment and Unemployment (Z56)	Z63.72 Alcoholism and drug addiction in family
Z56.2 Threat of job loss	Z63.7X Other stressful life events affecting family and household
Z56.82 Military deployment status	Z63.8-9 Other/unspecified problem related to primary support group
Z56.8-9 Other/unspecified problems related to employment	Problems Related to Other Psychosocial Circumstances (Z65)
Problems related to Housing and Economic Circumstances (Z59)	Z65.1 Imprisonment and other incarceration
Z59.0 Homelessness	Z54.3 Problems related to other legal circumstances
Z59.5 Extreme poverty	Z65.5 Exposure to disaster, war, and other hostilities
Z59.6 Low income	Problems Related to Life Management Difficulty (Z73)
Z59.7 Insufficient social insurance and welfare support	Z73.2 Lack of relaxation and leisure
Z59.8-9 Other/unspecified problems related to housing and economic circumstances	Z73.3 Stress, not elsewhere classified
Problems Related to Social Environment (Z60)	Z73.4 Inadequate social skills, not elsewhere classified
Z60.0 Problems of adjustment to life-cycle transitions	Family History of Mental and Behavioral Disorders (Z81.X)
Z60.2 Problems related to living alone	Personal History of Certain Other Diseases (Z86)
Z60.4 Social exclusion and rejection	Z86.5X Personal history of mental and behavioral disorders
Problems Related to Upbringing (Z62)	Personal Risk Factors, Not Elsewhere Classified (Z91)
Z62.0 Inadequate parental supervision and control	Z91.5 Personal history of self-harm
Z62.810-819 Personal history of abuse or neglect in childhood	Z91.82 Personal history of military deployment

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Case Study

- Mother Claudia
- Father Patrick
- Grandmother Ivonne
- Daughter Tyler (age 16)
- Son Elliot (age 13)
- Daughter Edith (age 2)



Risk Factors Related to Suicide & Self-Harm

Income/
Employment

Housing

Sexual Orientation/ Identity

Mental Health

Social

Two employed adults and four unemployed household members

Section 8
voucher;
Tyler preparing
to live
independently

Tyler—bisexual, LGBTQ+ community Depression (Tyler), anxiety and mild TBI (mom) History of partner violence (mom), avoids doctors and social services (dad), widowed (grandmother)

Risk Factors Related to Suicide & Self-

Harm

Income/
Employment

Housing

How do family members cope with stress? Who do they turn to for support or help?

Sexuar Orientation/ Identity

Mental Health

Social

Two employed adults and four unemployed household mem

Section 8
voucher;
Tyler preparing
to live

Quality of family relationships

Tyler—bisexual, LGBTQ+ community Depression (Tyler), anxiety and mild TBI (mom) History of partner violence (mom), avoids doctors and social services (dad), widowed (grandmother)

Access to healthcare

Neighborhood and built environment

Access to community & social connections

Father avoids doctors
Grandmother does not have insurance

Tyler in therapy

Mother takes antidepressant

Live in Section 8 housing 3 bedroom house

Tyler preparing to live independently Grandmother recently moved in with family – change in social supports

Father does not attend church with family

Involvement with LGBTQ+ community

Access to healthcare

Different providers for father?

Neighborhood and built environment

Access to community & social connections

Father avoids doctors

Grandmother does not have insurance

Tyler in therapy

Mother takes

Live in Section 8 housing 3 bedroom house

Free medical care for grandmother?

Tyler preparing to live independently

Grandmother recently moved in with family – change in social supports

Father does not attend church with family

Involvement with LGBTQ+ community

Access to healthcare

Neighborhood and built environment

Is their neighborhood safe?

Live in Section 8 housing 3 bedroom house

Tyler preparing to live independently

paring recently moved in with family – change in social supports

Grandmother

How will Tyler pay for housing? Do they need access to supports?

Access to community & social connections

Father avoids doctors
Grandmother

Grandmother does not have insurance

Tyler in therapy

Mother takes antidepressant

Father does not attend church with family

Involvement with LGBTQ+ community

Access to healthcare Neighborhood and built environment

Access to community & social connections

Father avoids doctors Grandmother does not have

insurance

Tyler in therapy

Mother takes antidepressant Live in Section 8 housing 3 bedroom house

Shared community for grandmother? Others from Ecuador, age group, etc.

Tyler preparing to live independently

recently moved in with family – change in

Father does not attend church with family

Involvement with LGBTQ+ community

Is family supportive

of Tyler's

orientation/identity?

Does father isolate from others outside of not attending church? Other social connects?

References

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