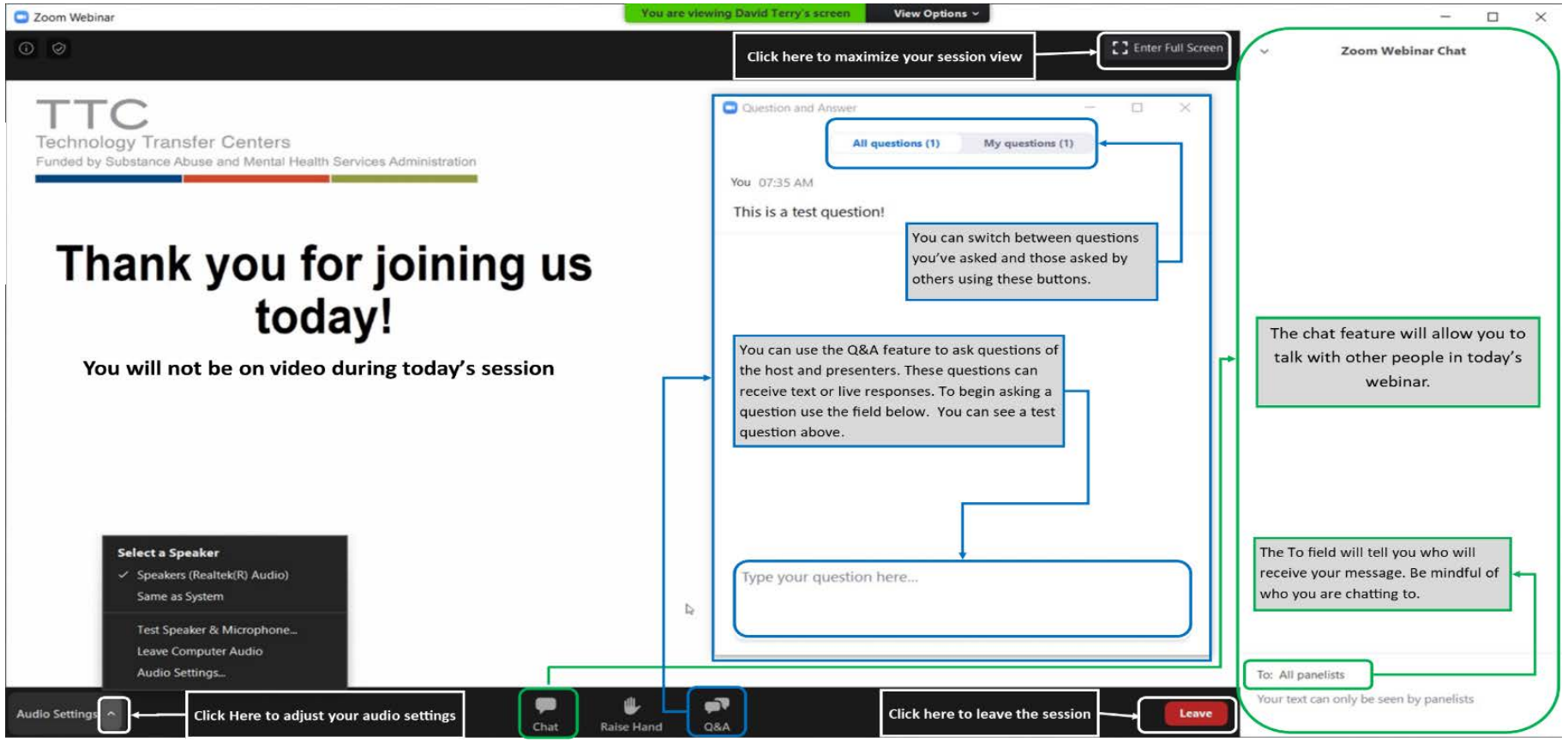
The Zoom Interface



All attendees are muted. Today's session will be recorded.

Suicide: Facts, Approaches, and Interventions

Kenneth Kinter, MA, LPC

Department of Psychiatric Rehabilitation and Counseling Professions

ken.kinter@rutgers.edu

3/21/22

SAMHSA
Substance Abuse and Mental Health Services Administration

About Us

The Northeast and Caribbean MHTTC received 5 years (2018 – 2023) of funding to:

- Enhance capacity of behavioral health workforce to deliver evidence-based and promising practices to individuals with mental illnesses.
- Address full continuum of services spanning mental illness prevention, treatment, and recovery supports.
- Train related workforces (police/first responders, primary care providers, vocational services, etc.) to provide effective services to people with mental illnesses.

Supplemental funding to:

- Support schoolteachers and staff to address student mental health
- Support healthcare providers in wellness and self-care activities

Grow Your Knowledge and Skills

Keep up with the latest effective practices, resources, and technologies!

Subscribe to receive our mailings.
All activities are free!

https://bit.ly/3IU0xF4

We Want Your Feedback

Our funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which requires us to evaluate our services. We appreciate your honest, ANONYMOUS feedback about this event, which will provide information to SAMHSA, AND assist us in planning future meetings and programs.

Feedback about this training will assist us in developing future trainings that are relevant to your professional needs. Therefore, your feedback counts!

Video Recording Information

Please Note:

We will be recording this webinar and posting it to our website along with the presentation slides and any relevant resources.

Disclaimer

This presentation was prepared for the Northeast and Caribbean Mental Health Technology Transfer Center (MHTTC) under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Northeast and Caribbean Mental Health Technology Transfer Center (MHTTC). This presentation will be recorded and posted on our website.

At the time of this presentation, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

This work is supported by grant H79SM081783 from the DHHS, SAMHSA.

Your Interactions With Us

Question and Answers

- Q & A will occur at the end of the call.
- Type your questions in the Q & A feature in Zoom located on the task bar (hover over task bar).
- Note: your question is visible to all participants.

Chat and Polls

- Throughout the webinar, we will be asking for your input.
- Use the Chat or Poll features in Zoom located on the task bar.
- You can control who can see your chat comments.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Healing-centered and trauma-responsive
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Email
kinterke@shp.rutgers.edu

Ken Kinter

Faculty

Kenneth T. Kinter, MA, LPC has worked with people with mental illness and addictions throughout his 30-year career. This includes 25 years working in psychiatric emergency settings, partial care programs and in a county jail. Much of this work consisted of doing intake/lethality assessments, crisis interventions, and running therapeutic groups. His current faculty appointment is comprised of two different projects: implementing evidence-based practices in psychiatric hospitals, and implementing Motivational Interviewing at several NY/NJ service providers as part of the Mental Health Technology Transfer Center (MHTTC) grant by SAMHSA. Mr. Kinter is currently completing his Ed.D. and his dissertation involves predicting and preventing 30-day readmissions to state psychiatric hospitals. He has also published on Lean Thinking / Six Sigma, deinstitutionalization, wellness centers, and Illness Management and Recovery. He and his wife also operate a therapy practice in Bordentown, New Jersey. In his spare time, he plays bass, sleeps, and spoils numerous animals.

Objectives

- Describe recent statistics about suicide across numerous demographic populations
- Describe recent trends in suicide
- Compare suicide prevalence to other common forms of mortality in U.S.
- Differentiate between different types of suicidality
- Provide tips for helping someone who is suicidal
- Identify resources and sources for additional training

Poll

Suicide

- 12th leading cause of death in US (and NY) in 2020 (49th)
- 130 completed per day
- 45,979 suicides in US in 2020 (down from 2019)
- Males complete 3.88 times more often, but women attempt 3 times more (differences in method)
- Firearms (53%) and hanging (29%) most common methods
- White more than twice as many suicides as nonwhite
- Highest completion age range: 55-64 years old
- Divorced, widowed and single more than married
- Each suicide costs $1 million and directly impacts 10 people, including 6 survivors

Suicide stats by age group

- Suicide is the **2nd** leading cause of death for people aged 10-34
- Suicide is the **4th** leading cause of death for people aged 35-54
- Suicide is the **9th** leading cause of death for people aged 55-64
- Suicide is the **18th** leading cause of death for people aged 64 and over

Suicide stats

- 2% increase in the suicide rate from 2017-18, has dropped from 2018 through 2020.
- In 2008-9, 8.3 million adults seriously considered suicide (3.7% of population). Of those, 2.2 million (1%) made a plan and 1 million attempted (0.5%)
- This comes out to 1 attempt every 31 seconds
- 1 completion out of every 25 attempts
- These numbers increase for people diagnosed with depression, addictions, schizophrenia, conduct disorder, and autism
- 1 in 12 teens has attempted suicide
- LGBTIQ+ community at higher attempt risk (2.65 to 4x)

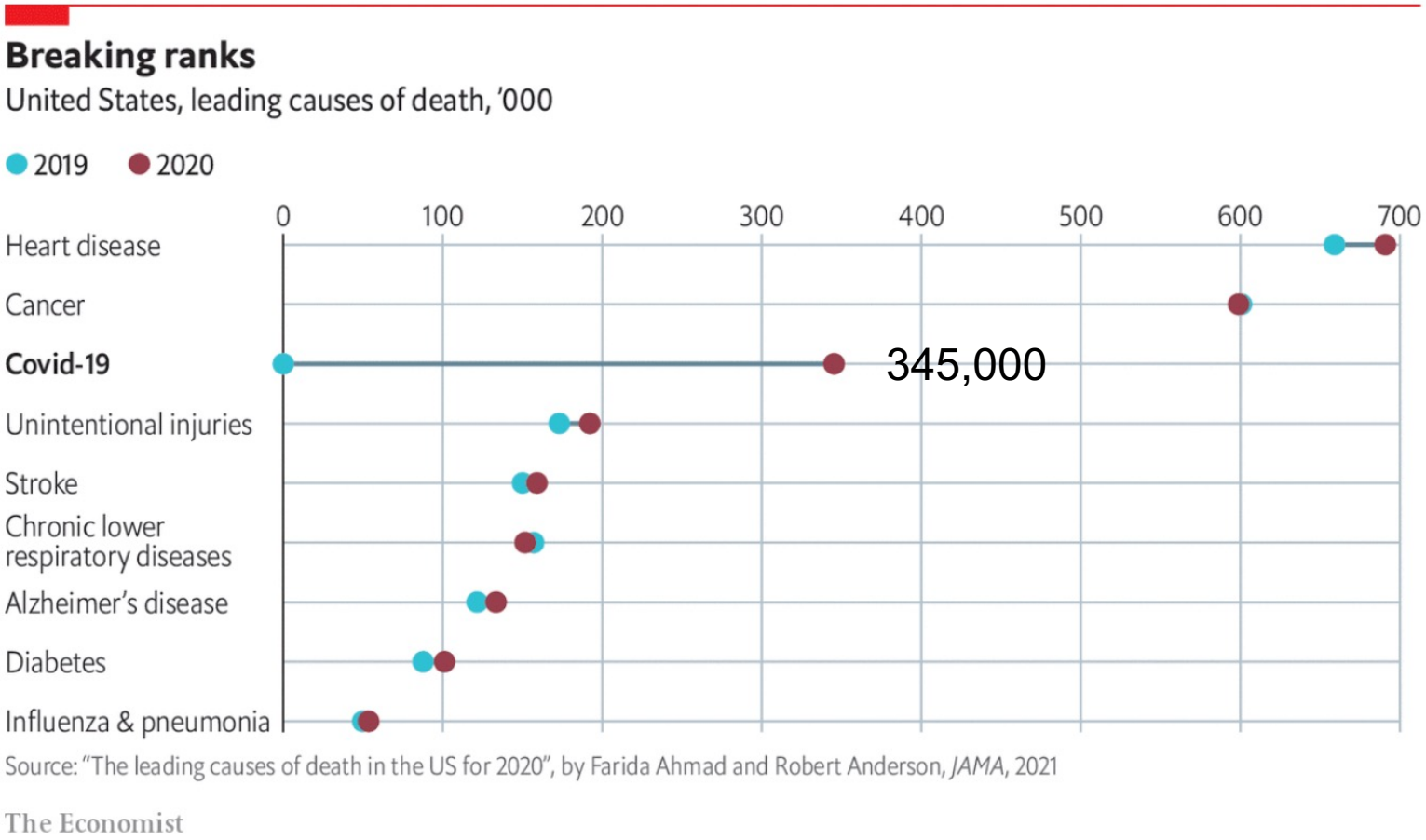
2020

1) Heart disease: 696,962
2) Cancer: 602,350
3) COVID-19: 350,831
4) Accidents (unintentional injuries): 200,955
5) Stroke (cerebrovascular diseases): 160,264
6) Chronic lower respiratory diseases: 152,657
7) Alzheimer's disease: 134,242
8) Diabetes: 102,188
9) Influenza and pneumonia: 53,544
10) Nephritis, nephrotic syndrome, and nephrosis: 52,547
11) Suicide: 45,979

2014

1) Heart disease: 614,548
2) Cancer: 591,699
3) Chronic lower respiratory diseases: 147,101
4) Accidents (unintentional injuries): 136,053
5) Stroke (cerebrovascular diseases): 133,103
6) Alzheimer's disease: 93,541
7) Diabetes: 76,488
8) Influenza and Pneumonia: 55,227
9) Nephritis, nephrotic syndrome and nephrosis: 48,416
10) Suicide: 42,773

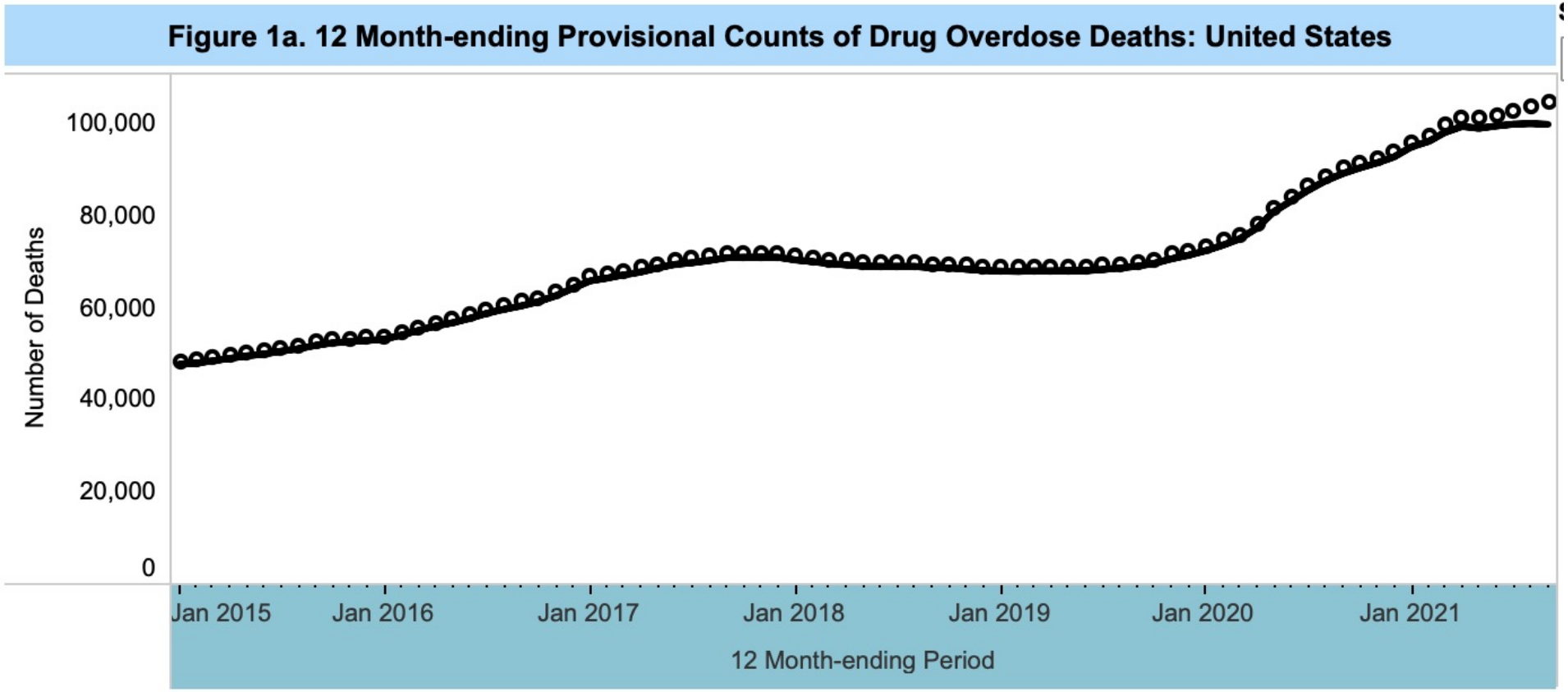
2020 was not hindsight!



18% increase in death in U.S. from 2019-2020

Overdose deaths in US

Based on data available for analysis on: 2/6/2022



https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm#dashboard

“New” trends

- 6x more deaths by suicide than car accidents in 2020
- 56.59% of firearm deaths were suicides. 26.69% of all suicides were by firearms. (NY has among the strictest gun control laws of any state)
- A one-dollar increase in the real minimum wage was associated on average with a 1.9% decrease in the annual state suicide rate
- The largest increases were men in their 50’s and women in their early 60’s
  - “Baby boomers” worried about financial, medical, job, and life issues with access to high-lethality prescription medications
  - Veterans and active-duty military

What can Vocational Rehabilitation staff do?

Photo by Alex Green from Pexels

Inter- / Pre- vention

- The best crisis intervention is crisis PRE-vention and begins as soon as possible in the relationship, meaning suicide should be discussed as early as possible
- At first contact, begin working on goals and what that person wants. That will be helpful if that person loses hope later on

Levels of Suicidality

- Death wishes
- Hopelessness
- Thoughts
- Ideations
- Plan (danger zone begins)
- Intent
- Access
- History (self and family)
- Impulsivity vs. planning

Equation of Suicidal Intent

Intent equals:

stated intent PLUS

reflected intent PLUS

withheld intent (very often method)

CASE Approach

(Chronological Approach of Suicide Events)

1) Presenting – triggers in last 2 days
2) Recent – last 6-8 weeks
3) Past – particularly history of attempts
4) Immediate – right now and going forward

Important to Remember

- Self-mutilation in not necessarily suicidal
- Discuss suicide openly and seriously – you can't "make" someone suicidal
- Don't keep any of this to yourself, even if it is told to you in confidence. You are legally obligated to respond.
- If someone is suicidal, consult your supervisor and refer as needed.
- Use direct language "Are you thinking about killing yourself?"

Columbia Suicide Severity Ratings Scale

(C-SSRS)

	Past 1 Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If **YES** to 2, answer questions 3, 4, 5 and 6 If **NO** to 2, go directly to question 6		
3) Have you thought about how you might do this?		
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	**High Risk**	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	**High Risk**	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you 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, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.		**High Risk**

NATIONAL SUICIDE PREVENTION LIFELINE™
1-800-273-TALK (8255)
suicidepreventionlifeline.org

Any YES indicates that someone should seek behavioral healthcare.
However, if the answer to 4, 5 or 6 is YES, seek immediate help: go to the emergency room, call 1-800-273-8255, text 741741 or call 911. STAY WITH THEM until they can be evaluated.

Download Columbia Protocol app

More about C-SSRS

- Free trainings for individuals and systems
- Used in countless treatment settings
- Versions for families/friends, healthcare providers, and many other settings

- 1-800-273-TALK (8255)
- https://cssrs.columbia.edu

Scenario

Jason arrives at your office looking very disheveled. He just got fired and he is saying some things that are concerning. Even though he isn't directly stating that he plans to hurt himself, he is making suggestions in that direction, saying things like "I might as well give up; they were right to fire me because I'm pretty worthless."

How would you respond?

Summary

- Suicide entered/left the top 10 causes of death in U.S.
- The suicide rate increased from 1999-2018 and has decreased slightly since then, but overdoses are up
- Certain populations are at higher risk for suicide (rural, White, adults over 55, divorced/widowed/single, LGBTIQ+)
- There are different levels of suicidality and it is necessary to assess
- Talking about suicide is critical, both early in a relationship and in times of crisis
- People may not tell you how suicidal they really are
- It is always better to talk to a person about it than avoid it and hope they are okay
- DON’T KEEP SECRETS! CONSULT CONSULT CONSULT!

Resources

American Association of Suicidology https://suicidology.org
For a full list of Crisis Resources, visit suicidology.org/resources/crisis-resources

The Lighthouse Project – The Columbia-Suicide Severity Ratings Scale
http://cssrs.columbia.edu

Mental Health First Aid - https://www.mentalhealthfirstaid.org
“CPH for suicide”
Also Youth Mental Health First Aid

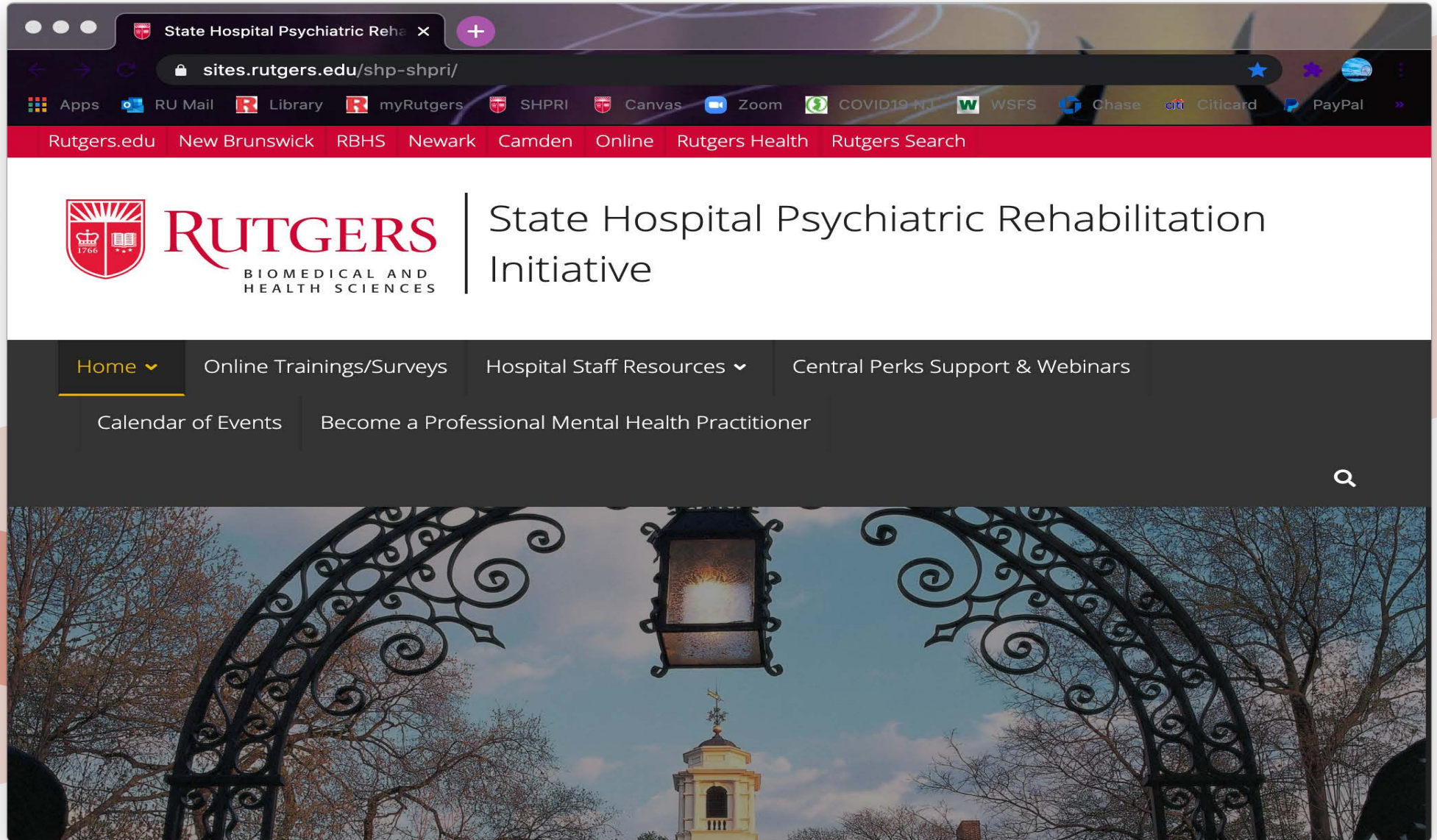
National Suicide Prevention Lifeline: 1-800-273-8255
Crisis Text Line: Text HOME to 741 741

NY State Office of Mental Health

- Suicide Prevention website

https://omh.ny.gov/omhweb/suicide_prevention/

Access additional trainings and resources at https://sites.rutgers.edu/shp-shpri/



Thanks to:

Gertner, A. K., Rotter, J. S., & Shafer, P. R. (2019). Association Between State Minimum Wages and Suicide Rates in the U.S. *American Journal of Preventative Medicine.* 000(000):1−7.

Shea, S. C. (1998). *Psychiatric Interviewing: The Art of Understanding. (2nd Edition)*. Philadelphia: W.B. Saunders.

Shea, S. C. (2002). *The Practical Art of Suicide Assessment*. New York: John Wiley & Sons.

Seeger, M. W., Sellnow, T. L., & Ulmer, R. R. (1998). Communication, organization, and crisis. *Communication Yearbook*, *21*, 231-275.

Venette, S. J. (2003). Risk communication in a High Reliability Organization: APHIS PPQ's inclusion of risk in decision making. Ann Arbor, MI: UMI Proquest Information and Learning.

https://www.cdc.gov/violenceprevention/communicationresources/infographics/sp.html?msclkid=329706dca63011ec92bd1fb71c80a446

https://afsp.org/suicide-statistics/

http://www.nytimes.com/2013/05/03/health/suicide-rate-rises-sharply-in-us.html?_r=0

http://www.nydailynews.com/life-style/health/1-12-teens-attempted-suicide-report-article-1.1092622

https://www.rt.com/usa/us-suicides-crisis-cdc-report-761/

http://www.save.org/index.cfm?fuseaction=home.viewPage&page_id=705D5DF4-055B-F1EC-3F66462866FCB4E6

www.suicidology.org

shortreports@samhsa.hhs.gov (Sept. 17, 2009)

http://www.washingtonsblog.com/2013/05/more-americans-committing-suicide-than-during-the-great-depression.html

http://www.usatoday.com/story/news/nation/2014/10/09/suicide-mental-health-prevention-research/15276353/

Question and Answer

Evaluation Information

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's training please take a moment to complete a **brief** survey about today's training.

Toward Wellness and Recovery

Our Podcast Channel

Check out our latest podcast series!

Flourishing at Work: A Plan for Helping Professionals

Search then Subscribe wherever you get your podcasts!

Spotify Apple Music Podbean

Connect With Our Center

Phone: (908) 889-2552

Email: northeastcaribbean@mhttcnetwork.org

Website: https://mhttcnetwork.org/centers/northeast-caribbean-mhttc/home

Like and follow us on social media!

- Facebook: Northeast & Caribbean MHTTC
- Twitter: @necmhttc
- LinkedIn: @Northeast and Caribbean MHTTC

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

CONNECT WITH US

MHTTCnetwork.org

Sign-Up for Newsletter

MHTTC News

SAMHSA

Substance Abuse and Mental Health Services Administration