



Suicide Prevention

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MISSION STATEMENT

Reaching out to adults and children in Northeast Ohio to end homelessness, prevent suicide, resolve behavioral health crises and overcome trauma.

Presentation Overview

- 1) Review of Deaths by Suicide in Portage County, Ohio and U.S.**
- 2) Discussion about the increasing suicide rates.**
- 3) What can be done to address the increasing suicide rate.**
- 4) Columbia Suicide Severity Rating Scale (C-SSRS).**

FrontLine Service, Cleveland

- Mobile Crisis Team Program Manager, 1995 – 2004
- Director of Crisis Services, 2004 –

2018 – Mobile Crisis Team

16,000+ Calls

2,400 Assessments

Crisis Stabilization Unit

450 Admissions





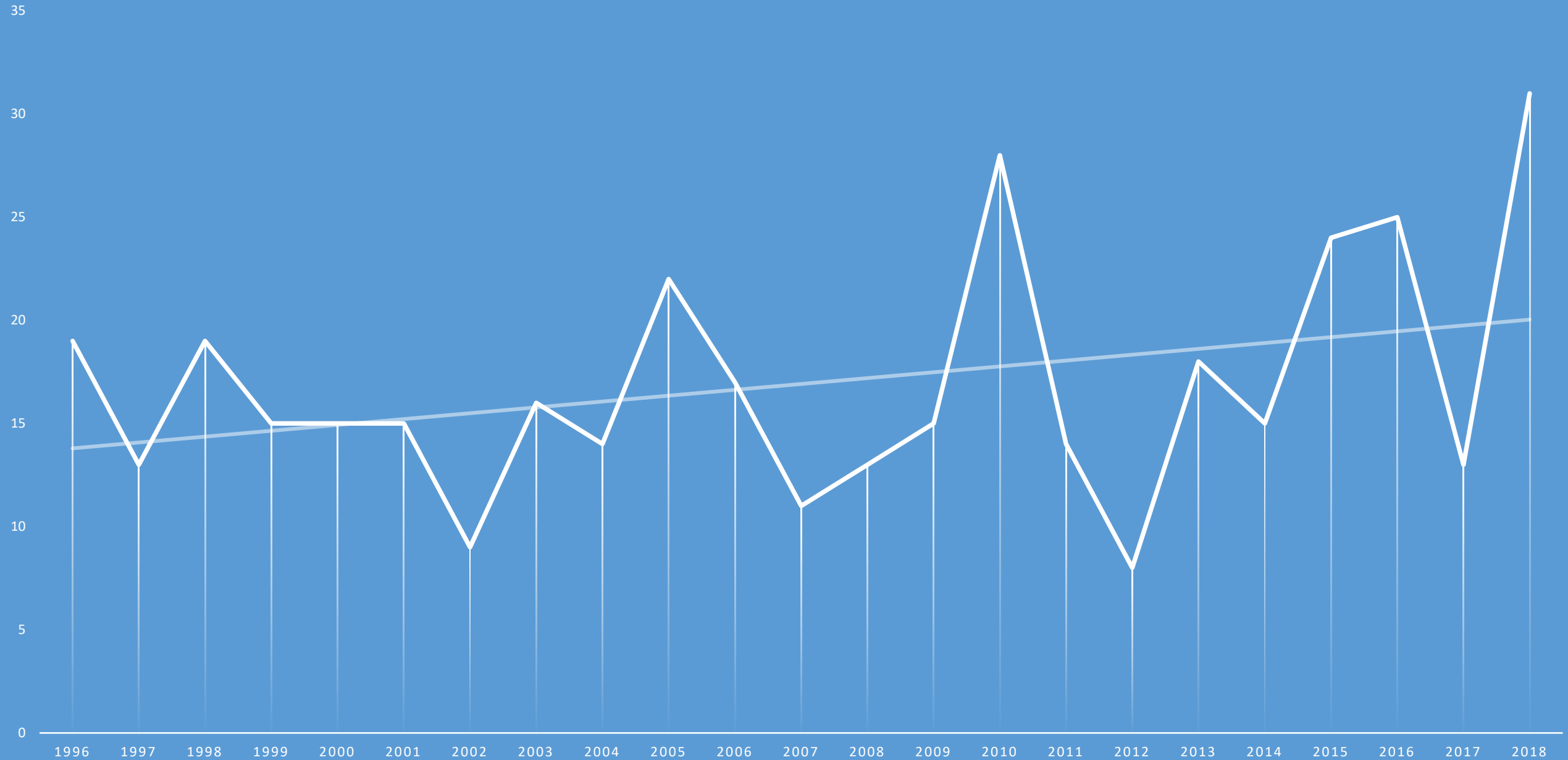
Language Matters

- **Died by Suicide** - instead of “Committed Suicide”
- **Suicide** - instead of “Completed Suicide”
- **Suicide Death** - instead of “Successful Attempt”
- **Suicide Attempt** - instead of “Unsuccessful Attempt”
- **Working with** - instead of “Dealing with Suicidal Patients”
- **A person has Schizophrenia**, they aren’t “Schizophrenic”

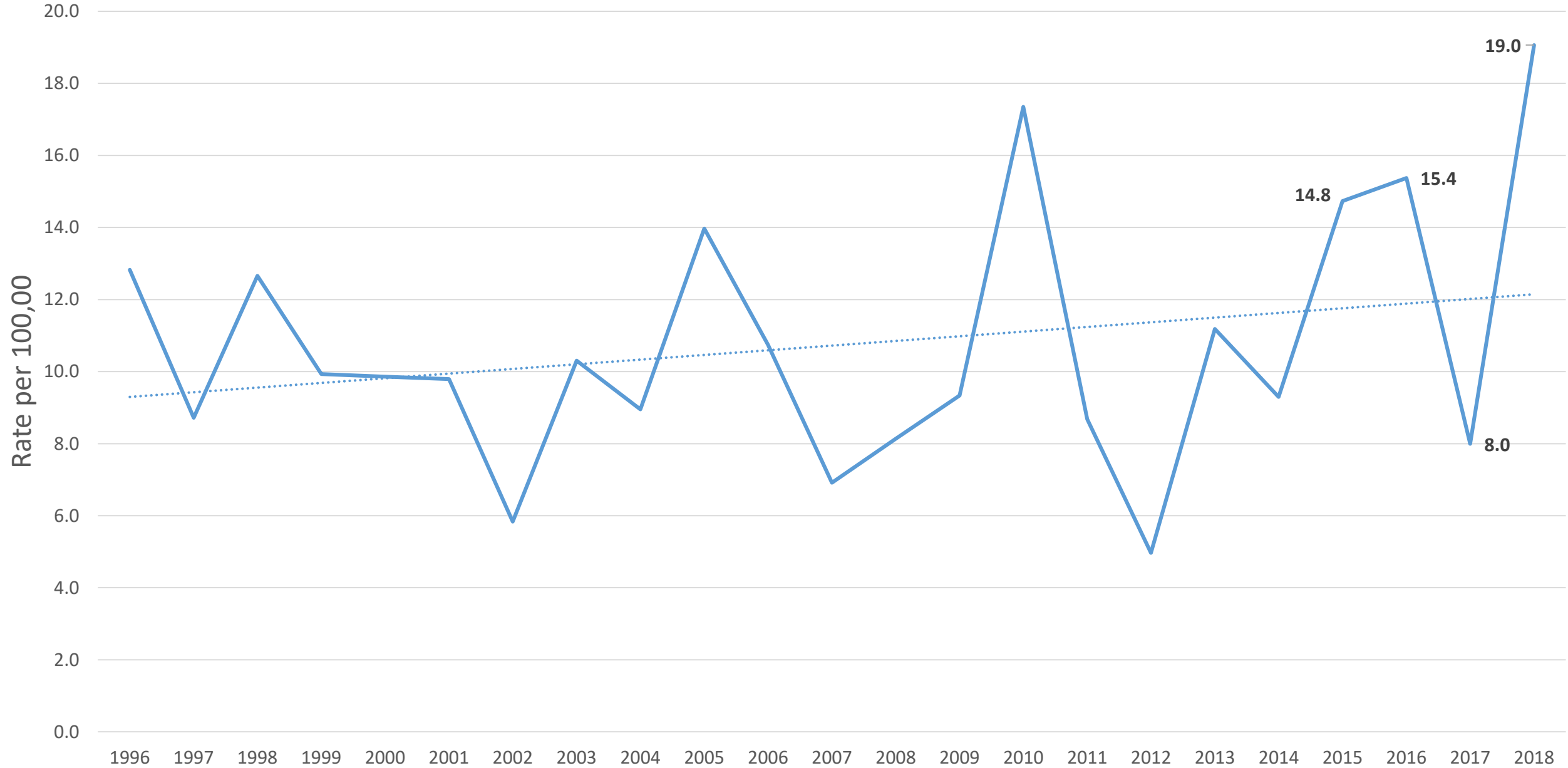
Suicide - Public Health Issue in the US

- Suicide is the 10th leading cause of death in the US.
- 47,173 people lost their lives to suicide in the US in 2017
 - Men die by suicide 3.5x more often than women
 - White males account for about 70% of the suicide deaths
 - Firearms accounted for 50.57% of all suicide deaths
 - 50% increase among females between 2000 (4.0) and 2016 (6.0)
 - 21% increase among males between 2000 (17.7) and 2016 (21.4)
- There were an estimated 1,400,000 suicide attempts in 2017

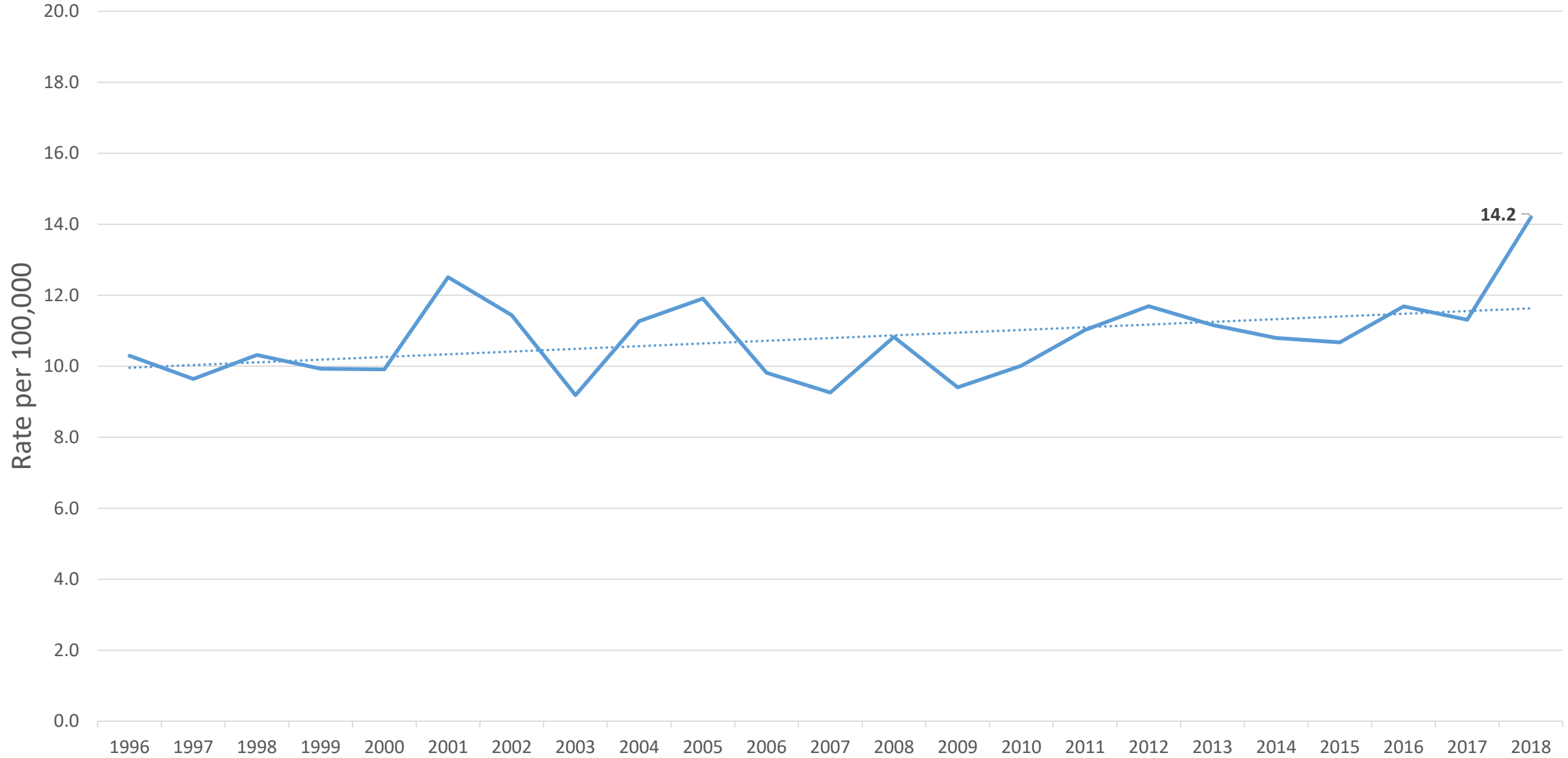
PORTAGE COUNTY NUMBER OF DEATHS BY SUICIDES



Portage County Ruled Suicides

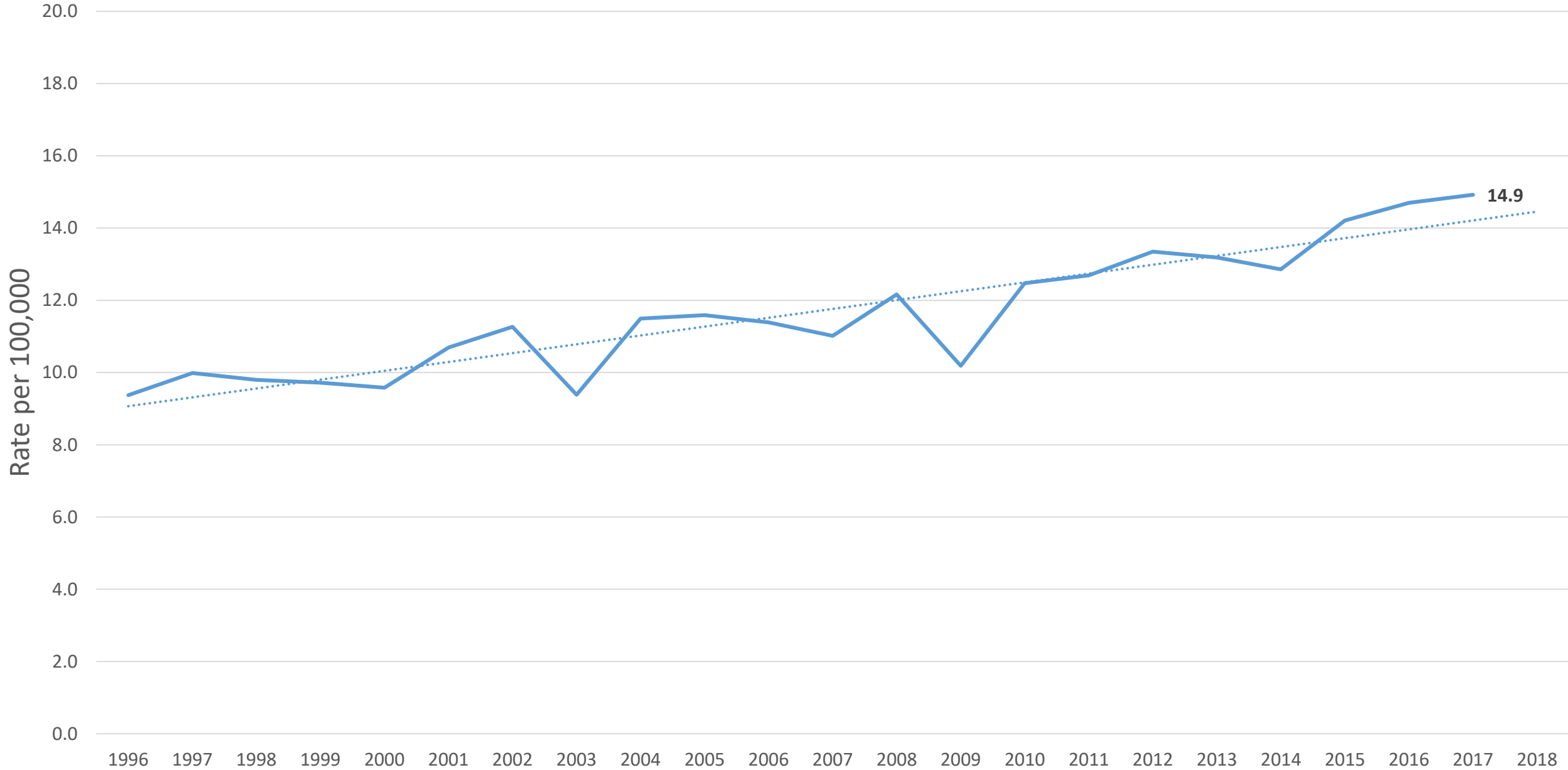


Cuyahoga County Deaths by Suicide

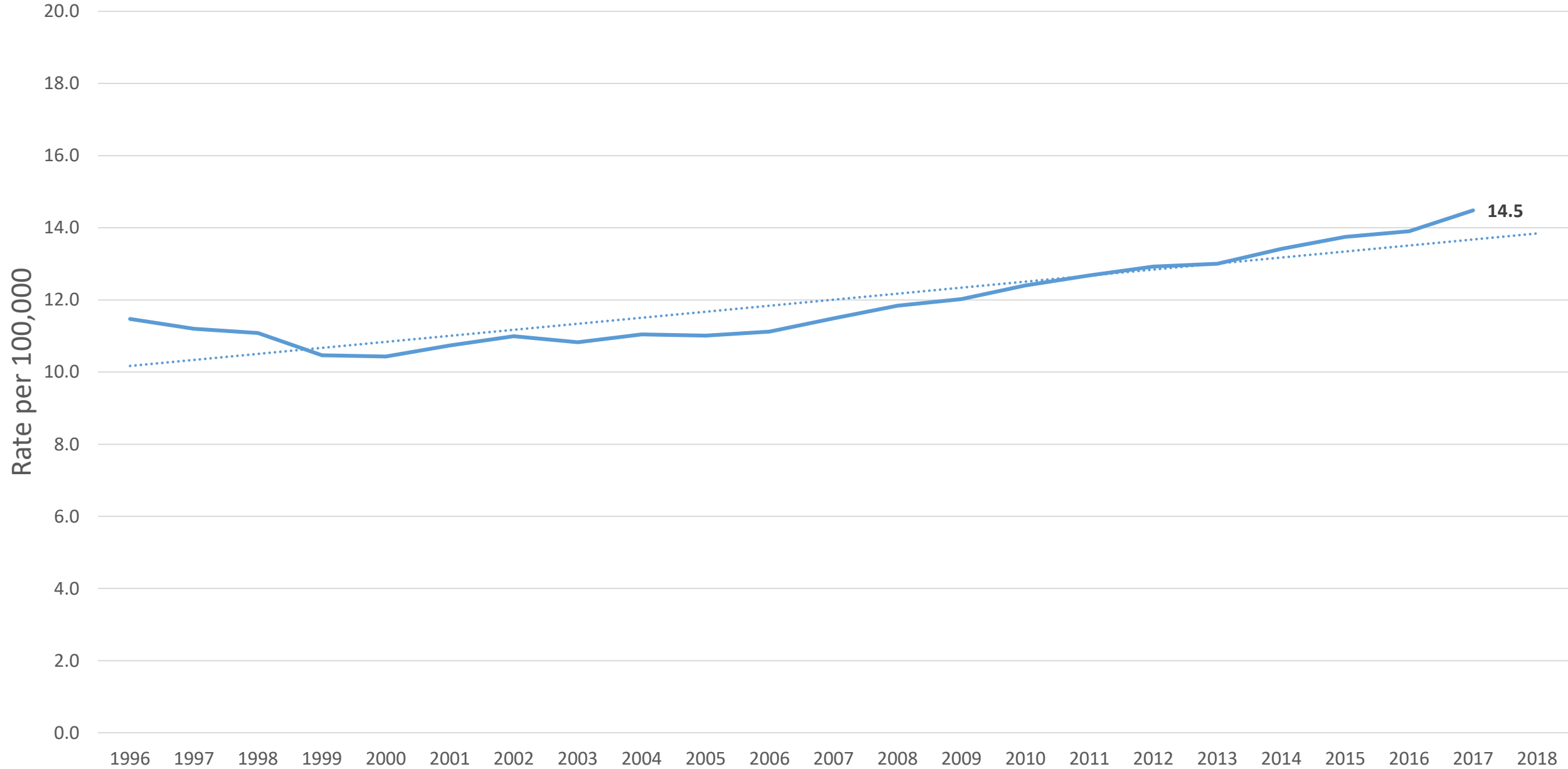


Ohio

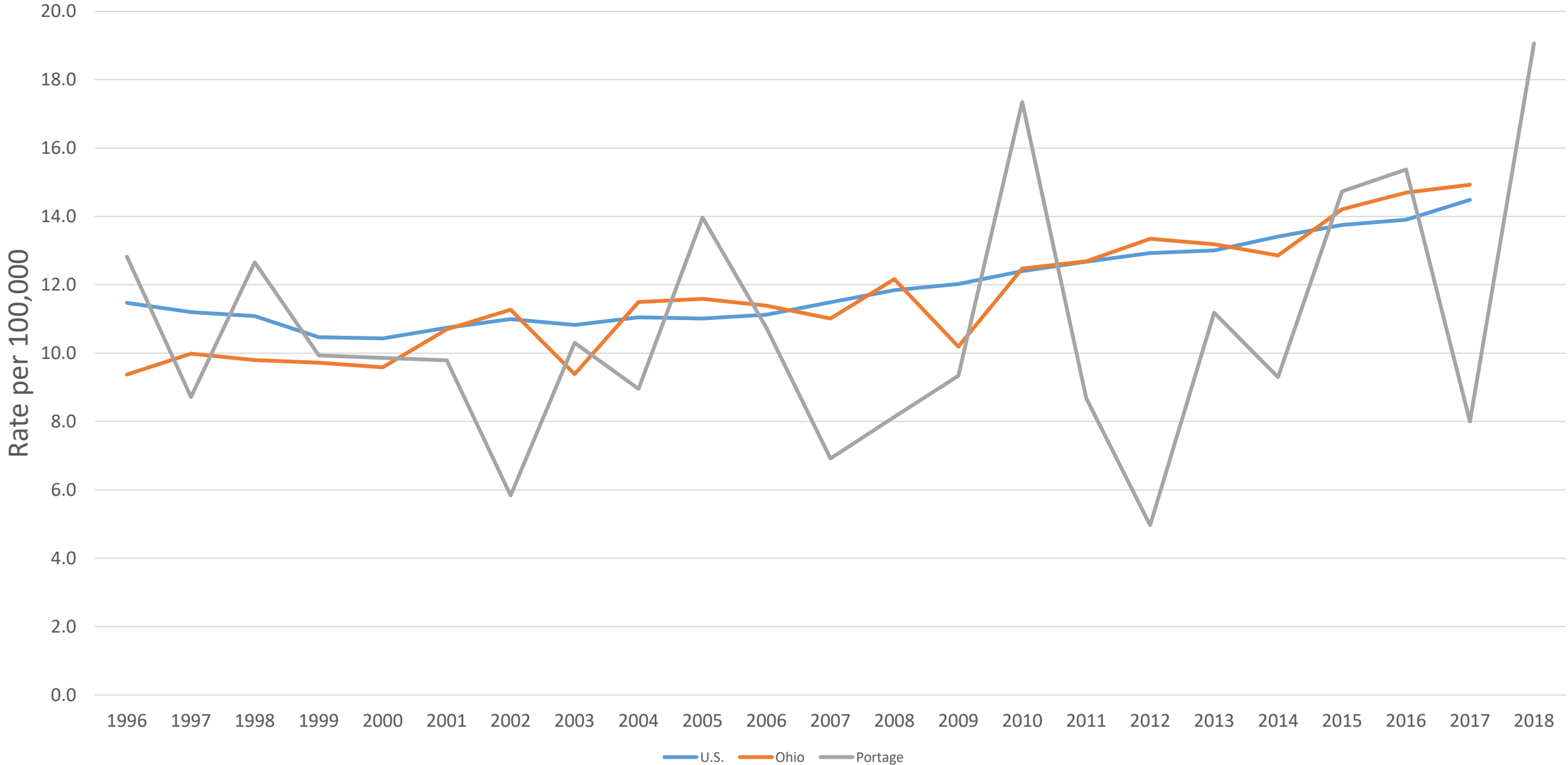
Deaths by Suicide



United States Deaths by Suicide



U.S., Ohio, Portage County Deaths by Suicide



Why Do People Die by Suicide?

Suicide occurs when an individual feels there is no escape from their emotional pain.

They don't want to die, they want to end the pain!

Many factors contribute to suicide among those with and without known mental health conditions.

Relationship problem
(42%)



Crisis in the past or upcoming two weeks
(29%)



Problematic substance use
(28%)



Physical health problem
(22%)



Job/Financial problem
(16%)



Criminal legal problem
(9%)



Loss of housing
(4%)



Note: Persons who died by suicide may have had multiple circumstances. Data on mental health conditions and other factors are from coroner/medical examiner and law enforcement reports. It is possible that mental health conditions or other circumstances could have been present and not diagnosed, known, or reported.

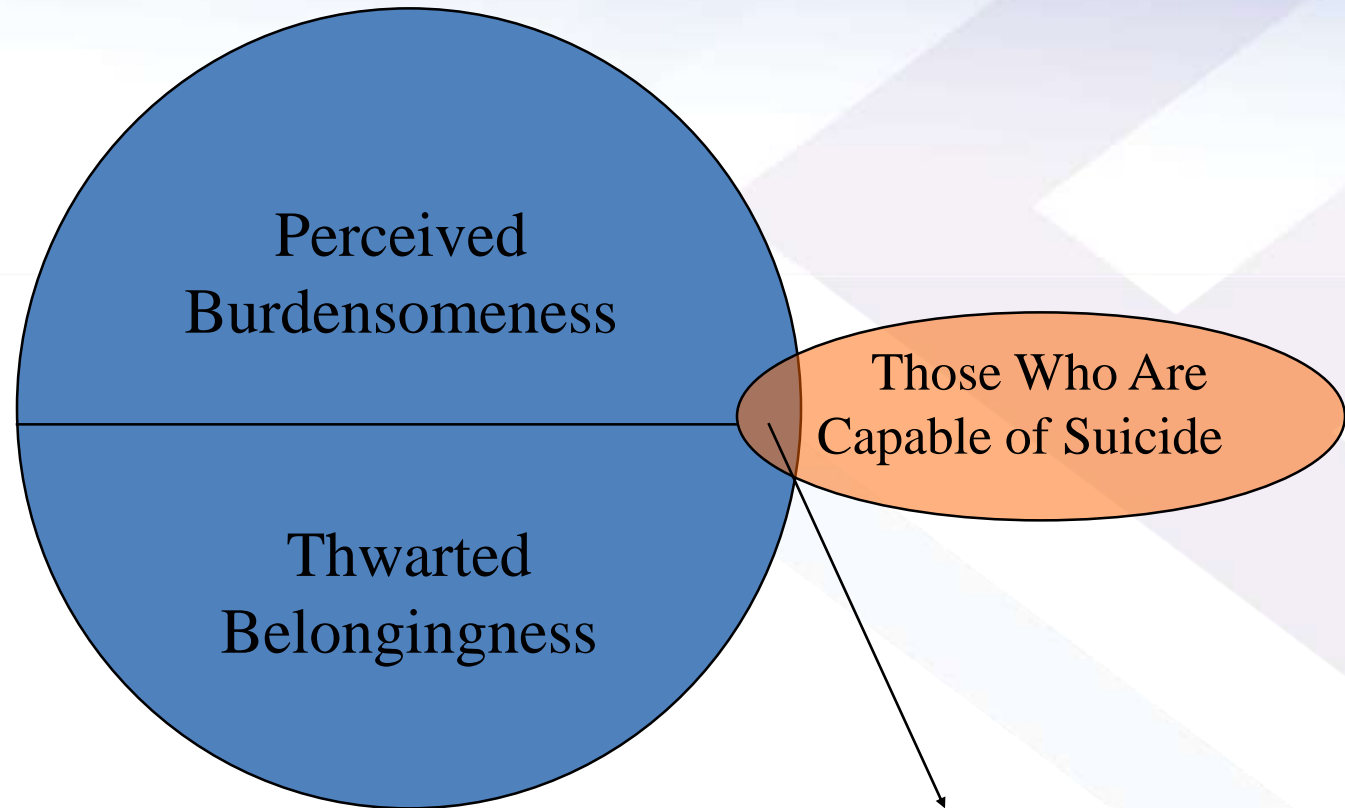
SOURCE: CDC's National Violent Death Reporting System, data from 27 states participating in 2015.

What is driving the increase in suicides

- **Stigma** (Shame, Embarrassment)
 - Asking for help is seen as a weakness, not a strength
 - Depression in men: Nobody needs me, nobody for me to help, fix,
- **Access to Firearms**
 - US has 5% of the world population, but about 50% of the guns (43%)
- **More Suicides = more suicide survivors**, more people at risk
 - Exposure can change the social norm, makes it “acceptable”
- **Social Media** (Not always affirming, can be isolating)

Interpersonal Theory (Thomas Joiner - 2005)

Those Who
Desire Suicide



Serious Attempt or Death by Suicide

The Acquired Capability to Enact Lethal Self-Injury

“Accrues with repeated and escalating experiences involving pain and provocation, such as:

- Past suicidal behavior, but not only that...
- Repeated injuries (e.g., childhood physical abuse).
- Repeated witnessing of pain, violence, or injury (ED physicians, dentists, police, fireman, military).
- Any repeated exposure to pain and provocation.

FrontLine's Current Risk Assessment form

- **Suicidal Desire**
- **Suicidal Capacity**
- **Suicidal Intent**
- **Protective Factors**

Symptoms that should prompt closer clinical attention

Emotional Pain + Hopelessness = Suicide Attempt

- **Helplessness/Hopelessness**
- **Sense of being a Burden**
- **Acute Anxiety/Agitation**
- **Social isolation**
- **Insomnia**

What can we do?

General Transition from Prediction to Safety and Prevention

- **Means Restriction**
 - Counseling on Access to Lethal Means (CALM) <https://training.sprc.org/enrol/index.php?id=20>
- **Safety Planning**
 - Stanley/Brown <https://www.sprc.org/resources-programs/safety-planning-guide-quick-guide-clinicians>
- **Care Transition** https://www.sprc.org/sites/default/files/resource-program/SPRC-Prevention_in_Practice-NH_Care_Transitions.pdf

#BeThe1To help someone through a crisis.

- 1)Ask 2)Keep them Safe 3)Be there
4)Help Them Connect 5)Follow-up*

The best form of **suicide prevention** we have may simply be a caring person with the right knowledge being available in the right place at the right time.

What can we do?

- **We need to be more comfortable talking about suicide**
- **Improve Access to Care**
 - 3 digit suicide hotline
- **Build Resilience**
 - Build connection with others
- We need to be “kinder and gentler” to ourselves and those around us.
- **Zero Suicide**

There is Hope, we are making a difference

- For every person who dies by suicide annually, there are another 280 people who have thought seriously about suicide who don't kill themselves, and nearly 60 people who have survived a suicide attempt.
- The overwhelming majority of these individuals will go on to live out their lives.

What is Zero Suicide?

- The foundational belief of Zero Suicide is that suicide deaths for individuals under the care of health and behavioral health systems are preventable.
- The Zero Suicide framework is a set of tools and strategies to promote organization-wide transformations toward safer suicide care in health and behavioral health care systems.
- For systems dedicated to improving patient safety, Zero Suicide presents an aspirational challenge and practical framework for system-wide transformation toward safer suicide care.

What is Zero Suicide?

- *A priority* of the National Action Alliance for Suicide Prevention
- *A goal* of the National Strategy for Suicide Prevention
- *A project* of the Suicide Prevention Resource Center
- *A framework* for systematic, clinical suicide prevention in behavioral health and health care systems
- *A focus* on safety and error reduction in healthcare
- *A set of best practices* and tools for health systems and providers

Zero Suicide Core Components

- Leadership commitment
- Standardized screening and risk assessment
- Suicide care management plan
- Workforce development and training
- Effective, evidence-based treatment
- Follow-up during care transitions
- Ongoing quality improvement and data collection

ZS Standard of Care - OP BH Setting

- Routinized suicide **screening @** intake, and periodically thereafter, utilizing standardized, evidence-based instrument.
- For patients with elevated risk:
 - Administer evidence-based **assessment** tool
 - Create collaborative **safety plan**
 - Utilize evidence-based **treatment** to reduce risk
 - **Reassess risk**, update safety plan @ every visit until risk reduced
- Patients with elevated risk placed on **Care Path in EMR**

Zero Suicide Is Feasible

Health and behavioral health care organizations have found:

- It's feasible—without additional funding.
- It's working—lives are being saved.

For resources and additional information:

www.ZeroSuicide.com

Columbia Suicide Severity Rating Scale (C-SSRS)

- The scale is evidence-supported and is part of a national and international public health initiative involving the assessment of suicidality.
- FrontLine will be using a slightly modified version to meet the National Suicide Prevention Lifeline's Risk Assessment Standards. The following components were added: helplessness, feeling trapped, and engaged with phone worker.