HOW MUCH DO YOU KNOW ABOUT SUICIDE AND ITS EFFECTS ON YOUTH IN OUR STATE?

MA DEPARTMENT OF PUBLIC HEALTH
SUICIDE PREVENTION PROGRAM

September 2016

OBJECTIVES

- Understand relevant data and how it can be useful in suicide prevention efforts
- Recognize risk factors, warning signs of suicide and how protective factors can be instrumental in helping an individual
- Learn resources that may help you help save a life (e.g. screening tools, safety planning apps, etc.)

POLL #2

FACTS AND STATS

- Asking or talking about suicide will **NOT** put the thought of suicide in someone's head
- Nationally suicide is the **10th** leading cause of death for all ages
- Nationally suicide is the **2nd** leading cause of death for ages 10-24

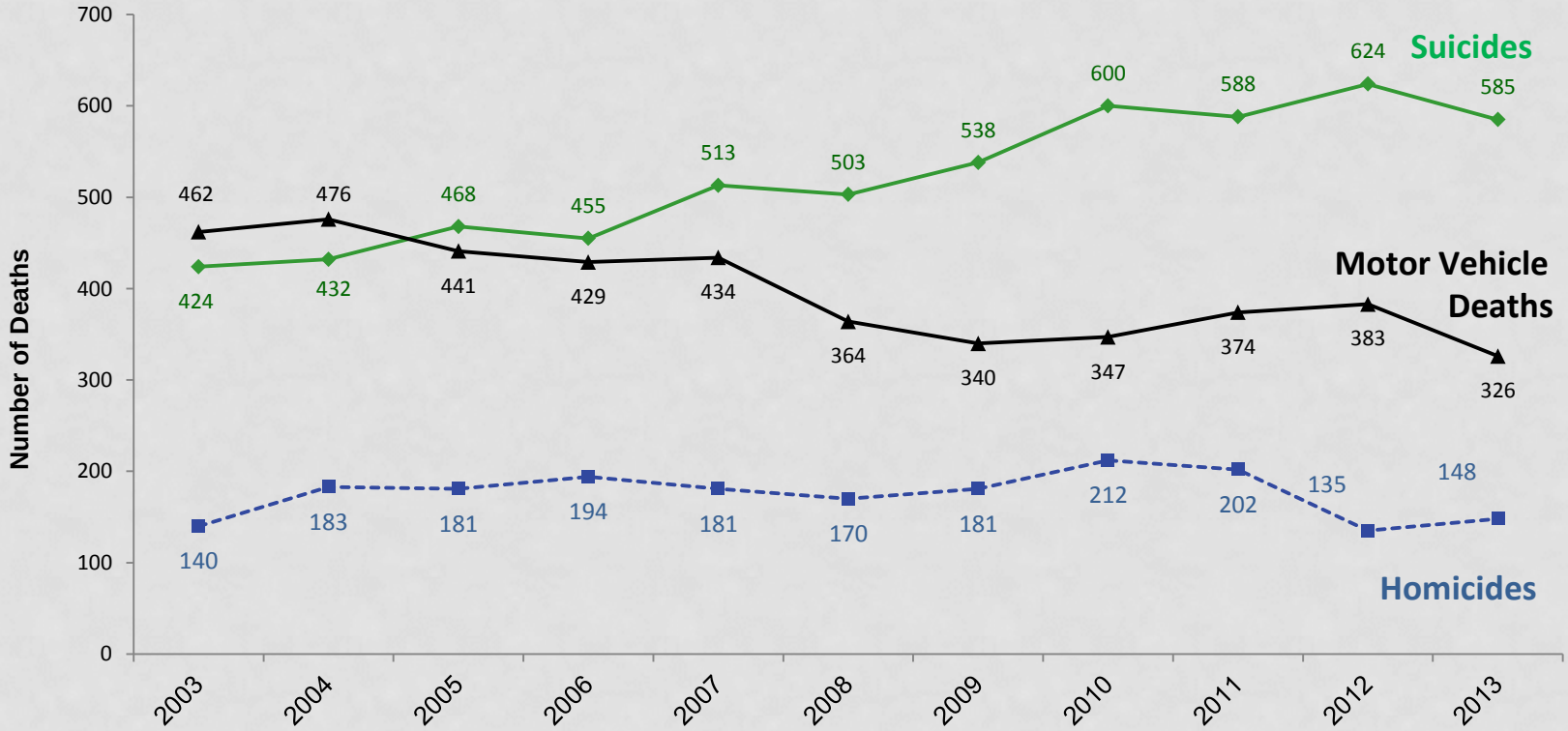
10 Leading Causes of Death by Age Group, United States – 2014

	Age Groups										
Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	Total
1	Congenital Anomalies 4,746	Unintentional Injury 1,216	Unintentional Injury 730	Unintentional Injury 750	Unintentional Injury 11,836	Unintentional Injury 17,357	Unintentional Injury 16,048	Malignant Neoplasms 44,834	Malignant Neoplasms 115,282	Heart Disease 489,722	Heart Disease 614,348
2	Short Gestation 4,173	Congenital Anomalies 399	Malignant Neoplasms 436	Suicide 425	Suicide 5,079	Suicide 6,569	Malignant Neoplasms 11,267	Heart Disease 34,791	Heart Disease 74,473	Malignant Neoplasms 413,885	Malignant Neoplasms 591,699
3	Maternal Pregnancy Comp. 1,574	Homicide 364	Congenital Anomalies 192	Malignant Neoplasms 416	Homicide 4,144	Homicide 4,159	Heart Disease 10,368	Unintentional Injury 20,610	Unintentional Injury 18,030	Chronic Low. Respiratory Disease 124,693	Chronic Low. Respiratory Disease 147,101
4	SIDS 1,545	Malignant Neoplasms 321	Homicide 123	Congenital Anomalies 156	Malignant Neoplasms 1,569	Malignant Neoplasms 3,624	Suicide 6,706	Suicide 8,767	Chronic Low. Respiratory Disease 16,492	Cerebro-vascular 113,308	Unintentional Injury 136,053
5	Unintentional Injury 1,161	Heart Disease 149	Heart Disease 69	Homicide 156	Heart Disease 953	Heart Disease 3,341	Homicide 2,588	Liver Disease 8,627	Diabetes Mellitus 13,342	Alzheimer's Disease 92,604	Cerebro-vascular 133,103
6	Placenta Cord. Membranes 965	Influenza & Pneumonia 109	Chronic Low. Respiratory Disease 68	Heart Disease 122	Congenital Anomalies 377	Liver Disease 725	Liver Disease 2,582	Diabetes Mellitus 6,062	Liver Disease 12,792	Diabetes Mellitus 54,161	Alzheimer's Disease 93,541
7	Bacterial Sepsis 544	Chronic Low Respiratory Disease 53	Influenza & Pneumonia 57	Chronic Low Respiratory Disease 71	Influenza & Pneumonia 199	Diabetes Mellitus 709	Diabetes Mellitus 1,999	Cerebro-vascular 5,349	Cerebro-vascular 11,727	Unintentional Injury 48,295	Diabetes Mellitus 76,488
8	Respiratory Distress 460	Septicemia 53	Cerebro-vascular 45	Cerebro-vascular 43	Diabetes Mellitus 181	HIV 583	Cerebro-vascular 1,745	Chronic Low. Respiratory Disease 4,402	Suicide 7,527	Influenza & Pneumonia 44,836	Influenza & Pneumonia 55,227
9	Circulatory System Disease 444	Benign Neoplasms 38	Benign Neoplasms 36	Influenza & Pneumonia 41	Chronic Low Respiratory Disease 178	Cerebro-vascular 579	HIV 1,174	Influenza & Pneumonia 2,731	Septicemia 5,709	Nephritis 39,957	Nephritis 48,146
10	Neonatal Hemorrhage 441	Perinatal Period 38	Septicemia 33	Benign Neoplasms 38	Cerebro-vascular 177	Influenza & Pneumonia 549	Influenza & Pneumonia 1,125	Septicemia 2,514	Influenza & Pneumonia 5,390	Septicemia 29,124	Suicide 42,773

Data Source: National Vital Statistics System, National Center for Health Statistics, CDC.
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.

DATA BRIEF: SUICIDES AND SELF-INFLICTED INJURIES IN MASSACHUSETTS 2013

Figure 1. Suicides, Homicides, and Motor Vehicle Deaths, MA 2003-2013



Sources: MA Violent Death Reporting System, MA Department of Public Health; Fatality Analysis Reporting System (FARS), National Highway Traffic Safety Administration (NHTSA)

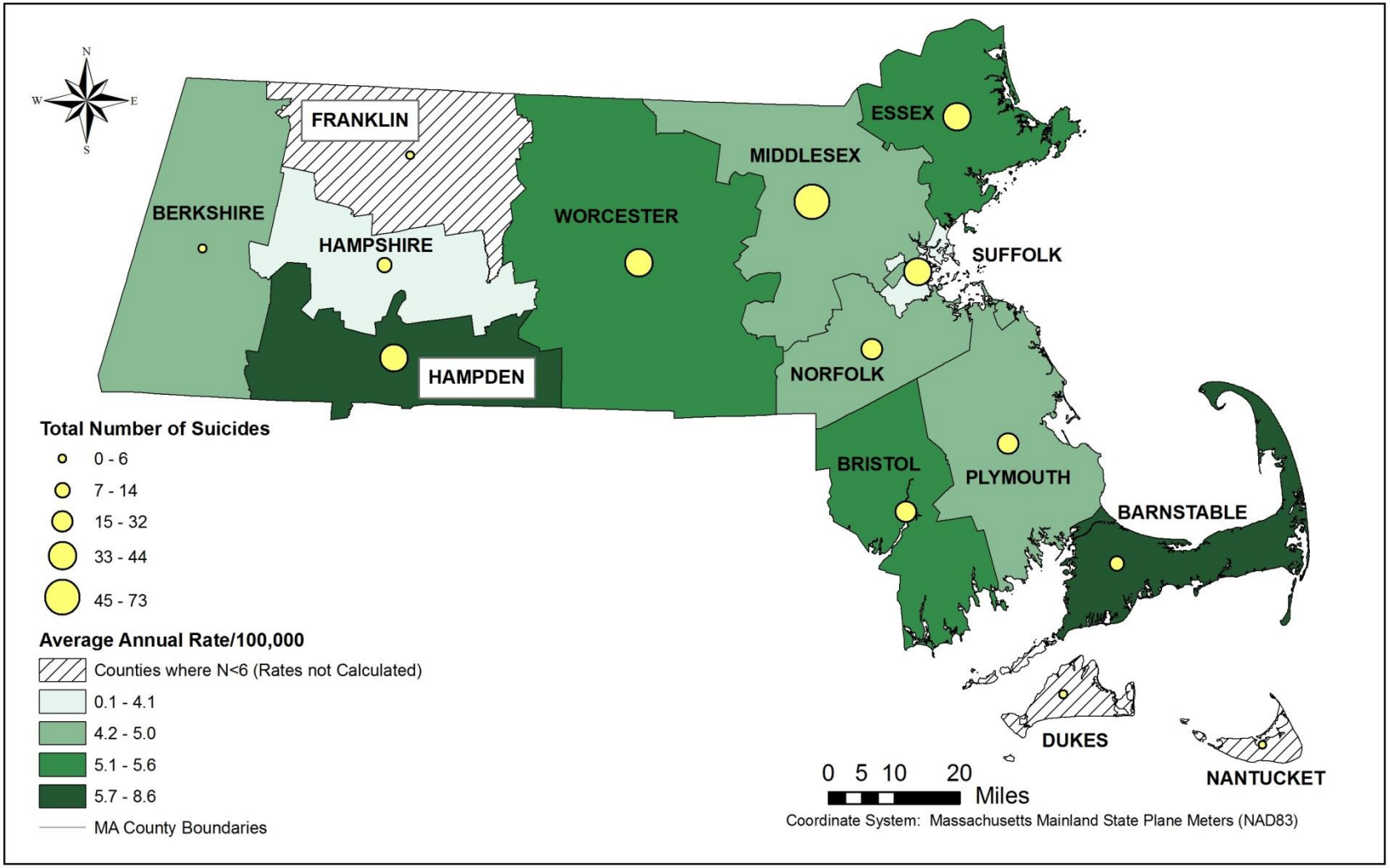
FACTS AND STATS

- **90%** of those who die by suicide have a **mental illness** at the time of their death *(diagnosed or undiagnosed)*

- MA data for 2014 shows **608** people died by suicide (73 are between the ages of 0-24)

- **Leading Methods**:
  - Nationally – Firearms
  - Massachusetts – Suffocation by hanging

Number and Rate of Suicides by County, Ages 10-24, MA 2009-2013

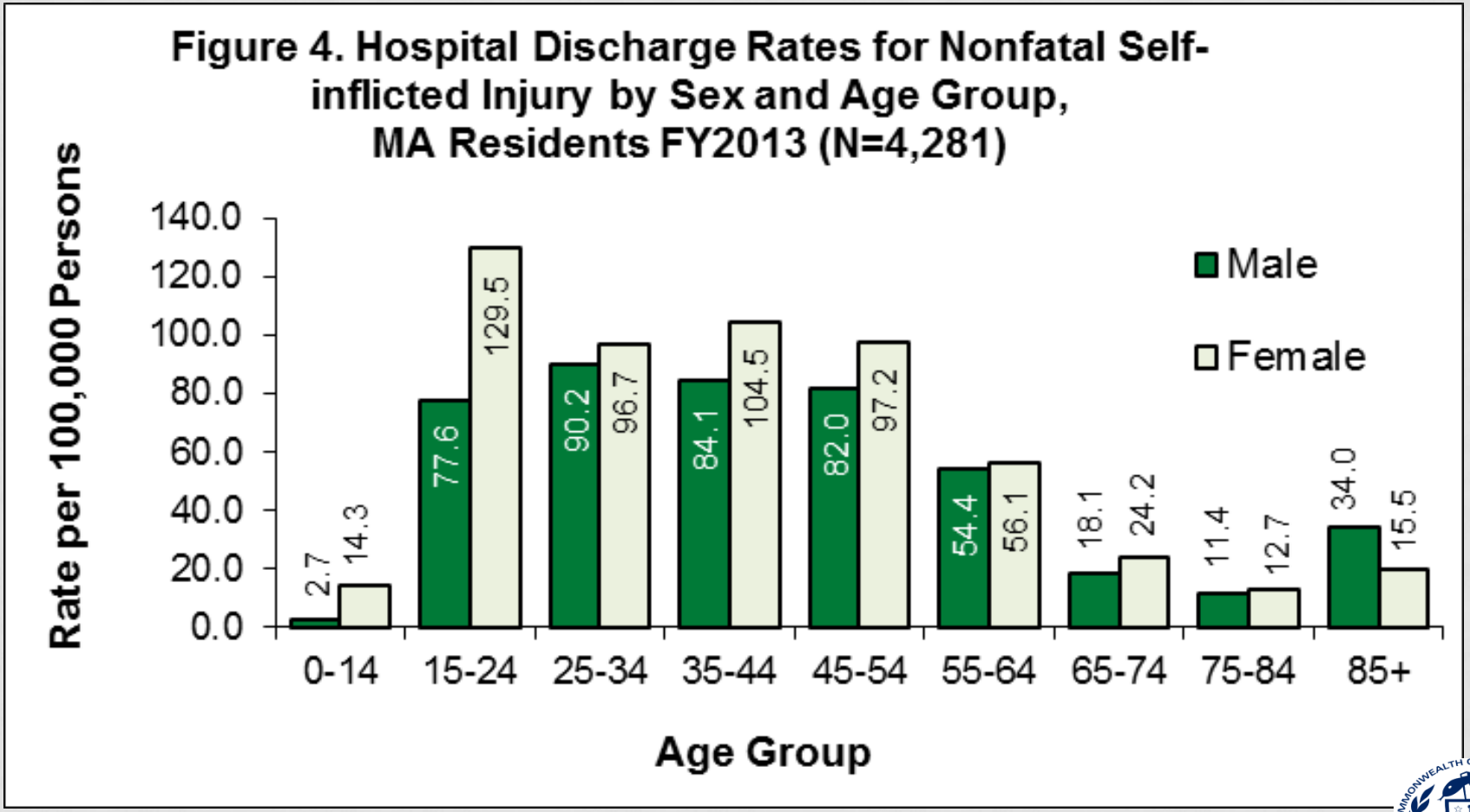


Data Sources: Massachusetts Violent Death Reporting System (MAVDRS), Massachusetts Department of Public Health

Geographic data supplied by:
Massachusetts Executive Office of Environmental Affairs, MassGIS.

POLL #3

NONFATAL SELF-INFLICTED INJURY



“IT’S NOT ABOUT THE NAIL”

RISK FACTORS

- Mental illness (Mood Disorders)
- Drug or alcohol addiction
- Loss: Death, Financial, Relationships, Job, etc.
- Previous suicide attempt or loss of a loved one to suicide
- Trauma or Abuse
- Impulsive and/or aggressive behaviors
- Physical illness

WARNING SIGNS

- Reckless/Risky behaviors (such as: drinking and driving, binge drinking, increase drug or alcohol use, etc.)
- Talking about suicide or posting thoughts of suicide or hurting someone else
- Missing work or school on regular basis
- Isolation
- Talk about being a burden to others

WARNING SIGNS

- Mood changes
- Withdrawal
- Change in sleeping patterns
- Change in eating patterns
- Putting ones affairs in order
- Saying "good byes"

PROTECTIVE FACTORS

- Effective behavioral health care
- Connectedness to individuals, family, community, and social institutions
- Life skills (including problem solving skills and coping skills, ability to adapt to change)
- Self-esteem and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide

WHAT CAN YOU DO TO HELP?

Sentinel Event Alert

A complimentary publication of The Joint Commission
Issue 56, February 24, 2016

Detecting and treating suicide ideation in all settings

The rate of suicide is increasing in America.[1] Now the 10th leading cause of death,[2] suicide claims more lives than traffic accidents[3] and more than twice as many as homicides.[4] At the point of care, providers often do not detect th suicidal thoughts (also known as suicide ideation) of individuals (including children and adolescents) who eventually die by suicide, even though most them receive health care services in the year prior to death,[5] usually for reasons unrelated to suicide or mental health.[5-7] Timely, supportive contin of care for those identified as at risk for suicide is crucial, as well.[8]

Through this alert, The Joint Commission aims to assist all health care organizations providing both inpatient and outpatient care to better ident treat individuals with suicide ideation. Clinicians in emergency, primary behavioral health care settings particularly have a crucial role in detectin suicide ideation and assuring appropriate evaluation. Behavioral health professionals play an additional important role in providing evidence-bas treatment and follow-up care. For all clinicians working with patients wit suicide ideation, care transitions are very important. Many patients at ris suicide do not receive outpatient behavioral treatment in a timely fashion following discharge from emergency departments and inpatient psychiat settings.[6] The risk of suicide is three times as likely (200 percent higher) first week after discharge from a psychiatric facility[9] and continues to be especially within the first year[6,10] and through the first four years[11] after discharge.

This alert replaces two previous alerts on suicide (issues 46 and 7). Th suggested actions in this alert cover suicide ideation detection, as w screening, risk assessment, safety, treatment, discharge, and fol of at-risk individuals. Also included are suggested actions for ed staff about suicide risk, keeping health care environments saf at risk for suicide, and documenting their care.

Some organizations are making significant progress i The "Perfect Depression Care Initiative" of the Beha Division of the Henry Ford Health System achieve quarters without an instance of suicide among p program. The U.S. Air Force's suicide preven one-third over a six-year period. Over a pe Hospital near Oslo, Norway implemented continuity-of-care strategies and achieved a 54 percent decline in suicide attempts in a high-risk population with a history of poor compliance with follow-up. Additionally, the hospital's multidisciplinary suicide prevention team accomplished an 88 percent success rate for getting patients to the aftercare program to which they were referred.[8] Dallas' Parkland Memorial Hospital became the first U.S. hospital to implement universal screenings to assess whether patients are at risk for suicide. Through preliminary screenings of 100,000 patients from its hospital and emergency department, and of more than 50,000 outpatient clinic patients, the hospital has found 1.8 percent of patients there to be at high suicide risk and up to 4.5 percent to be at moderate risk.[13]

Published for Joint Commission-accredited organizations and interested health care professionals, *Sentinel Event Alert* identifies specific types of sentinel and adverse events and high risk conditions, describes their common underlying causes, and recommends steps to reduce risk and prevent future occurrences.

Accredited organizations should consider information in a *Sentinel Event Alert* when designing or redesigning processes and consider implementing relevant suggestions contained in the alert or reasonable alternatives.

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The Joint Commission

www.jointcommission.org

"The suggested actions in this alert cover suicide ideation detection, as well as the screening, risk assessment, safety, treatment, discharge, and follow-up care of at-risk individuals. Also included are suggested actions for educating all staff about suicide risk, keeping health care environments safe for individuals at risk for suicide, and documenting their care."

For more information on Zero Suicide: www.zerosuicide.com

SCREENING TOOLS

- **C-SSRS (Columbia Suicide Severity Rating Scale)**
  - Developed by Dr. Kelly Posner (Columbia University)
  - Most common (and easiest!) screening tool to determine suicidality (free tool!)
  - 5 questions – rates lifetime vs. 1 month
  - Visit website: http://www.cssrs.columbia.edu
  - Online training available at no cost!

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.	**Lifetime: Time He/She Felt Most Suicidal**		**Past 1 month**	
1. 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 thought about being dead or what it would be like to be dead?*** ***Have you wished you were dead or wished you could go to sleep and never wake up?*** ***Do you ever wish you weren't alive anymore?*** If yes, describe:	**Yes** ☐	**No** ☐	**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 thought about doing something to make yourself not alive anymore?*** ***Have you had any thoughts about killing yourself?*** If yes, describe:	**Yes** ☐	**No** ☐	**Yes** ☐	**No** ☐
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 it…and I would never go through with it."* ***Have you thought about how you would do that or how you would make yourself not alive anymore (kill yourself)? What did you think about?*** If yes, describe:	**Yes** ☐	**No** ☐	**Yes** ☐	**No** ☐
4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan Active suicidal thoughts of killing oneself and subject reports having <u>some intent to act on such thoughts</u>, as opposed to *"I have the thoughts but I definitely will not do anything about them."* ***When you thought about making yourself not alive anymore (or killing yourself), did you think that this was something you might actually do?*** ***This is different from (as opposed to) having the thoughts but knowing you wouldn't do anything about it.*** If yes, describe:	**Yes** ☐	**No** ☐	**Yes** ☐	**No** ☐
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 ever decided how or when you would make yourself not alive anymore/kill yourself? Have you ever planned out (worked out the details of) how you would do it?*** ***What was your plan?*** ***When you made this plan (or worked out these details), was any part of you thinking about actually doing it?*** If yes, describe:	**Yes** ☐	**No** ☐	**Yes** ☐	**No** ☐

ASKING THE QUESTION…

- Ask the question…BE DIRECT…

Good

"Do you sometimes feel so bad that you think of killing yourself?"

"I'm concerned about you, are you thinking of suicide?"

Bad

"You're not suicidal are you?"

"Don't tell me you want to kill yourself!"

SOCIAL MEDIA SUPPORT

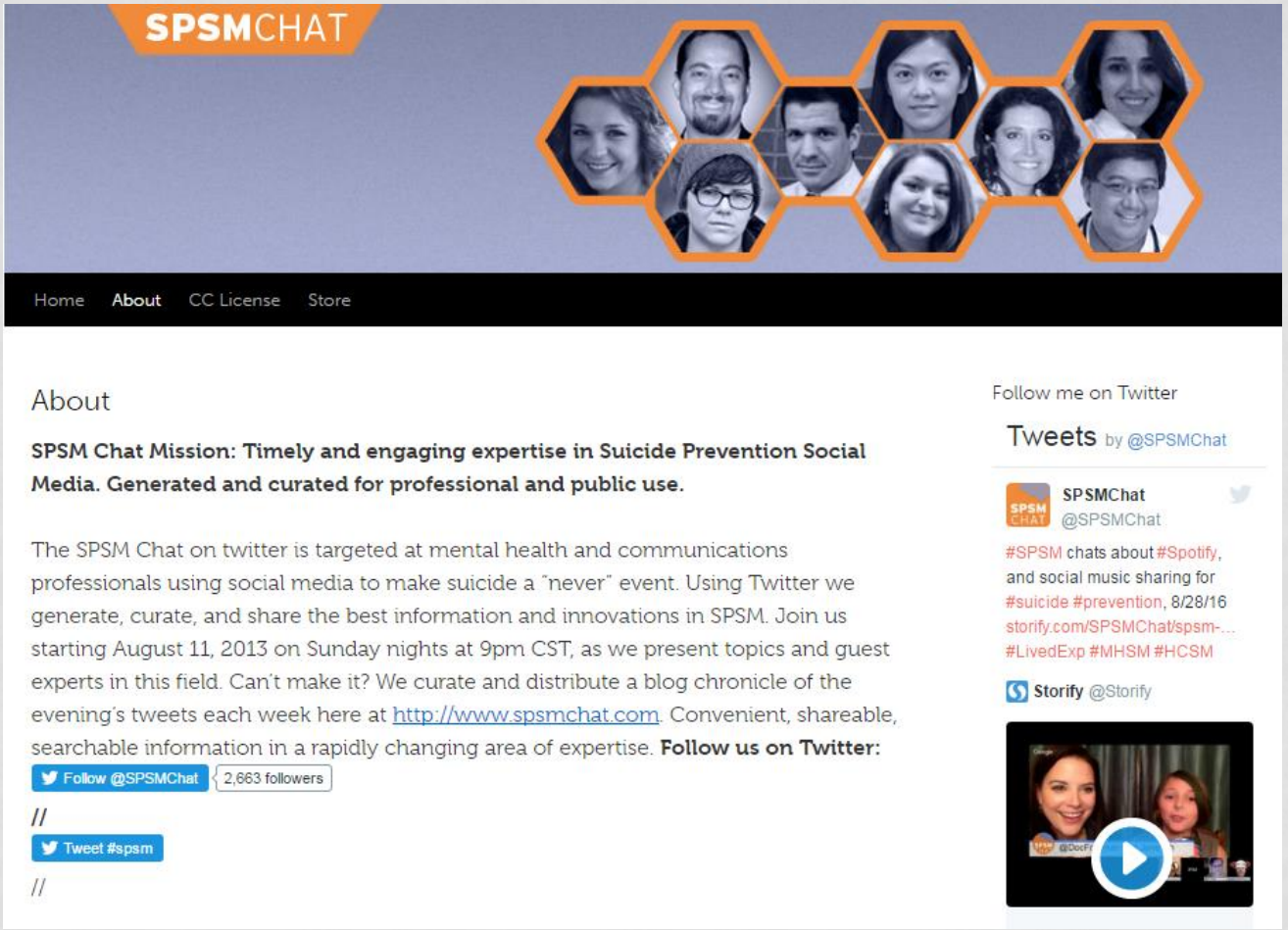
Suicide Safe mobile app (SAMHSA) – equips health providers with education and support resources to assess a patient's risk of suicide, communicate effectively with patients and families, determine appropriate next steps, and make referrals to treatment and community resources.

Available for download through Google Play or the App Store

SOCIAL MEDIA SUPPORT

MY3 app – great for the suicidal or depressed client. Allows them to program in their support systems and safety plan. ***(App Store and Google Play)***

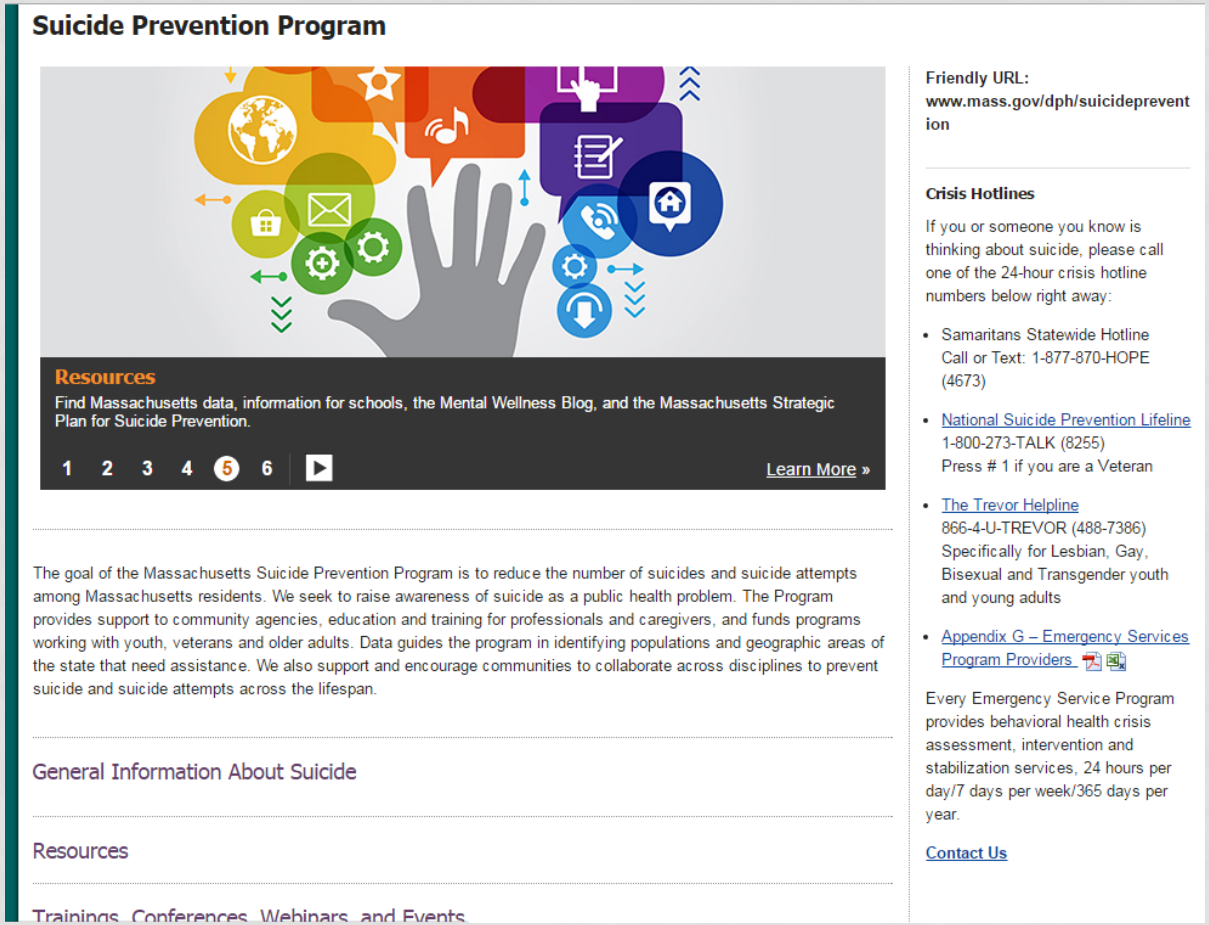
SOCIAL MEDIA



https://SPSMChat.com

EMPATHY VS. SYMPATHY

RESOURCES - DPH



Suicide Prevention Program

The goal of the Massachusetts Suicide Prevention Program is to reduce the number of suicides and suicide attempts among Massachusetts residents. We seek to raise awareness of suicide as a public health problem. The Program provides support to community agencies, education and training for professionals and caregivers, and funds programs working with youth, veterans and older adults. Data guides the program in identifying populations and geographic areas of the state that need assistance. We also support and encourage communities to collaborate across disciplines to prevent suicide and suicide attempts across the lifespan.

General Information About Suicide

Resources

Trainings, Conferences, Webinars, and Events

Friendly URL:
www.mass.gov/dph/suicideprevention

Crisis Hotlines

If you or someone you know is thinking about suicide, please call one of the 24-hour crisis hotline numbers below right away:

- Samaritans Statewide Hotline
  Call or Text: 1-877-870-HOPE (4673)
- National Suicide Prevention Lifeline
  1-800-273-TALK (8255)
  Press # 1 if you are a Veteran
- The Trevor Helpline
  866-4-U-TREVOR (488-7386)
  Specifically for Lesbian, Gay, Bisexual and Transgender youth and young adults
- Appendix G – Emergency Services Program Providers

Every Emergency Service Program provides behavioral health crisis assessment, intervention and stabilization services, 24 hours per day/7 days per week/365 days per year.

Contact Us

Check out our website: www.mass.gov/dph/suicideprevention

RESOURCES - TRAININGS

- **IM Hear_**
  Visit www.imhear.org
  Monday - Thursday 6:00 - 9:00 PM
  Online instant messaging program of Samaritans, Inc. dedicated to providing online emotional support and prevention of suicide among high school students.

- **Riverside Trauma Center**
  For help after a traumatic event, call 888-851-2451, 24 hours a day, 7 days a week, and ask to speak to a Riverside Trauma Center Manager.

Evidence-Based Suicide Prevention and Intervention Programs

- Comprehensive School-Wide Suicide Prevention and Intervention Training Programs
  Suicide prevention and intervention trainings for students and school personnel that take a comprehensive, school-wide approach.

- Suicide Prevention and Intervention Checklists, Guidelines and Toolkits
  Toolkits, guidelines, and model programs to assist schools and school districts in designing and implementing strategies to prevent suicide and promote behavioral health, as well as policies and protocols for managing and coping with a suicide or mental health crisis.

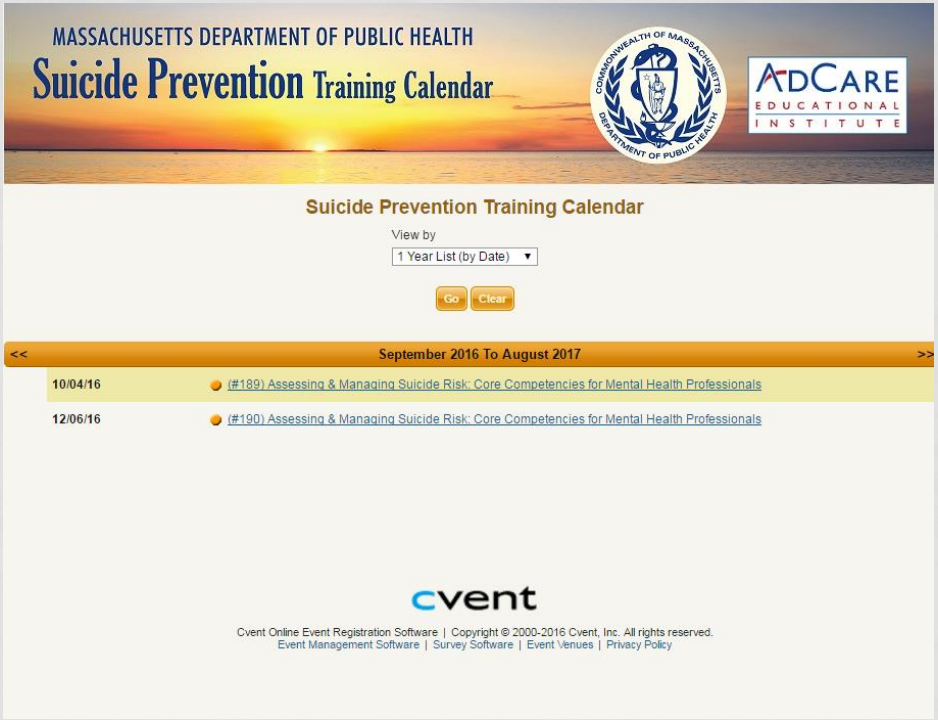
- Suicide Prevention and Intervention Training Programs
  Suicide prevention and intervention trainings for school personnel. Online and in-person training options are listed.

- **General Suicide Prevention Trainings**
  For a list of suicide prevention trainings provided by the Massachusetts Department of Public Health Suicide Prevention Program, click to www.cvent.com/Events/Calendar/Calendar.aspx?cal=09c0c137-816f-4931-99c1-ebc4e6cda259 to view the Training Calendar.

This information is provided by the Suicide Prevention Program within the Department of Public Health.

Check out our website: www.mass.gov/dph/suicideprevention

RESOURCES - TRAININGS



Check out our website periodically for up future trainings and our annual statewide suicide prevention conference.

www.mass.gov/dph/suicideprevention

RESOURCES - MCSP

Massachusetts Coalition for Suicide Prevention (MCSP)

Join one of our 10 Regional Coalitions or one of many Community Coalitions.

www.masspreventssuicide.org

RESOURCES

- Samaritans Statewide Toll Free Number/Text: 1-877-870-HOPE (4673)
- National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- National Alliance for Mental Illness MA (NAMI) - www.namimass.org
- MA Dept. of Public Health, Suicide Prevention Program - www.mass.gov/dph/suicideprevention
- Massachusetts Coalition for Suicide Prevention (MCSP) – www.masspreventssuicide.org

RESOURCES

- Suicide Prevention Resource Center (SPRC) – www.sprc.org
- Screening for Mental Health – www.mentalhealthscreening.org
- Families for Depression Awareness – www.familyaware.org
- American Foundation for Suicide Prevention (AFSP) www.afsp.org

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