

Suicide Prevention: Ask the Question

KENTUCKY RURAL BEHAVIORAL HEALTH SYMPOSIUM
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Learning Objectives

- ▶ Develop understanding of the warning signs of suicidal behavior and identification of individuals who are at greatest risk of completing a suicidal act.
- ▶ Report data from recent CDC reports on the number of suicidal deaths in Kentucky and the region.
- ▶ Demonstrate the connection between rural health care and treatment of mental illness, specifically depression.
- ▶ Defend why all rural providers should have a suicidal patient protocol for their offices and facilities.

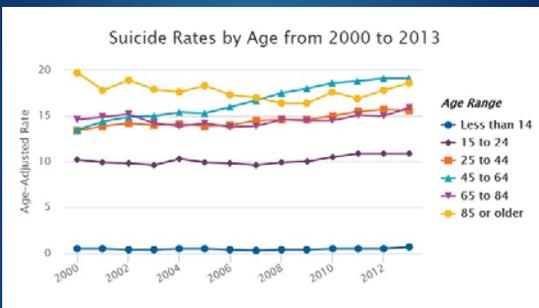
The Story of Kevin Hines



Suicide Awareness Quiz

- ▶ What is the age group with the highest suicide rate?
 - ▶ A. 45 to 64
 - ▶ B. 15-24
 - ▶ C. 25-44





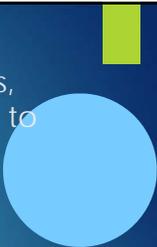
The season of highest suicide risk is:

- ▶ A. Winter
- ▶ B. Fall
- ▶ C. Spring



On the average, when young people make suicide attempts, they are ____ to die compared to elderly persons

- ▶ More likely
- ▶ Less likely
- ▶ Just as likely



In Kentucky, men comprise approximately what percentage of suicide deaths:

- ▶ A. 55%
- ▶ B. 60%
- ▶ C. 80%



Most people who die by suicide leave a note.

A. True
OR
B. False



Facts about suicide

- ▶ In 2013, there were 42,773 suicides in the U.S. (CDC).
- ▶ There were 105 suicides each day- 1 death every 13 minutes.

Facts about suicide in Kentucky

- ▶ Over 600 Kentucky citizens die by suicide annually (more than die in motor vehicle crashes)
- ▶ Suicide is the second leading cause of death for Kentuckians who are 15 to 34 years of age
- ▶ Suicide deaths outnumber homicide deaths THREE to one in Kentucky
- ▶ Sixty-nine percent of suicide deaths in Kentucky were caused by firearms

Facts about suicide

- ▶ There are at minimum an average of 6 survivors for each person who dies by suicide; 1 of every 65 Americans is estimated to be a suicide survivor.
- ▶ Based on the 787,761 suicides from 1985-2009, there are 4.73 million survivors of suicide in the United States.



High Risk Populations

- ▶ All demographic groups have some level of risk. *It is important not to dismiss any individual as being free of risk because they belong to a low-risk demographic group.* However, there are some demographic groups that are at relatively greater risk than others.

Veterans

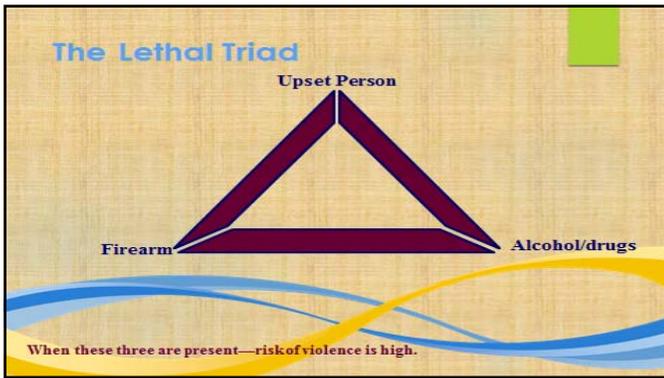


- ▶ U.S. veterans often have multiple risk factors for suicide, including: male gender, elderly, diminished social support, medical and psychiatric conditions associated with suicide, and knowledge of and access to lethal means.
- ▶ Veterans who die by suicide are also more likely than non-veterans to own firearms and to use firearms to end their lives.
- ▶ Veterans frequently return to rural home towns far from military or veterans services.

Lesbian, Gay, Bisexual, and Transgendered Individuals



- ▶ Disproportionately high rates of suicide attempts
- ▶ Likely due to being victims of discrimination and having increased risk of social isolation and depression
- ▶ Whether LGBT youths perceive their parents as being accepting or rejecting appears to play a major role

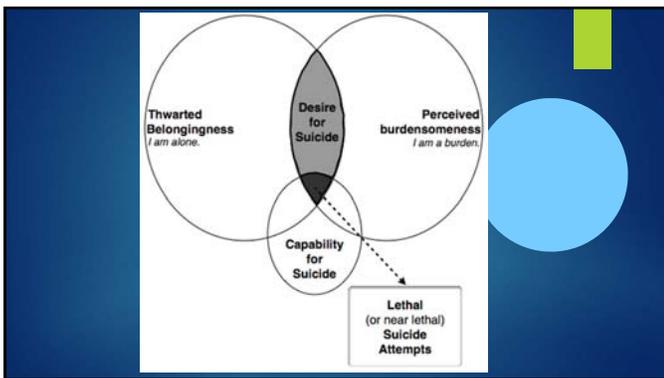


The Interpersonal-Psychological Theory of Suicidal Behavior

▶ Thomas Joiner, PhD, University of Florida

▶ Proposes that, "An individual will not die by suicide unless s/he has both the desire to die by suicide and the ability to do so. What is the desire for suicide, and what are its constituent parts? What is the ability to die by suicide and in whom and how does it develop?"





"I am a burden"

- ▶ Perceived burdensomeness
- ▶ The belief that one's existence burdens family, friends, and/or society
- ▶ Potentially fatal misperception
- ▶ Research supports strong correlation between perceived burdensomeness and suicidal ideation
- ▶ Psychological autopsy (suicide notes) reveals feelings of being a burden
- ▶ Psychache-psychological and emotional pain that reaches intolerable intensity

Low belonging/social alienation

- ▶ Social alienation
- ▶ Research evidence is the most robust for the presence of social isolation as factor present in suicidal deaths
- ▶ Present across diverse populations, including young adolescents, college students, elderly, and psychiatric inpatients
- ▶ Peak deaths among college students is in summer months due to low belonging at this time when campus is less active (other populations late spring peak)

Acquired ability to enact lethal self-injury

- ▶ Battle with self-preservation motives
- ▶ Repeated exposure to pain and self-harm instills the capacity to act
- ▶ Habituation occurs
- ▶ Joiner, "Habituation is a higher tolerance for pain and a sense of fearlessness in the face of death."
- ▶ Future suicidal acts are more likely
- ▶ Thus, a history of suicide attempts is a predictor of future suicidal behaviors and death

Opponent-process theory

- ▶ Repeated exposure to an affective stimulus, the reaction to that stimulus shifts over time such that the stimulus loses its ability to elicit the original response and, instead, the opposite response is strengthened (Solomon, 1980).

Opponent-process theory

- ▶ Richard Solomon's motivational theory based on opponent processes. States that "every process that has an affective balance, (i.e. is pleasant or unpleasant), is followed by a secondary, opponent process. This opponent process sets in after the primary process is quieted. With repeated exposure, the primary process becomes weaker while the opponent process is strengthened.

Fear or Pleasure??

Present in drug addiction (pleasure vs. withdrawal) and sky-diving

Opponent-process theory at work



Acquired capacity

- ▶ Repeated exposure to painful and fear-inducing experiences
- ▶ Not limited to prior suicidal behavior only
- ▶ NSSI (non-suicidal self-injury)
- ▶ Child-abuse
- ▶ Self-starvation or anorexia
- ▶ Trauma of combat or war

Veteran's

- ▶ *"Veterans are at increased risk for lethal suicidal behavior and are more likely to use firearms as the suicide method," (Kaplan, Huguet, McFarland, & Newsom, 2007).*

Risk factors for suicide (empirically demonstrated)

- ▶ Family conflict
- ▶ Mental disorders-95% of all suicides
 - ▶ Major depressive disorder
 - ▶ Bipolar disorder
 - ▶ Borderline personality disorder
 - ▶ Anorexia nervosa
 - ▶ Substance abuse
 - ▶ Conduct disorder in youth

Risk factors for suicide

- ▶ Previous suicide attempts
- ▶ Physical illness
- ▶ Social isolation
- ▶ Unemployment
- ▶ Others such as agitation, hopelessness, and sleep disturbances including nightmares



Rural Physicians-What should you be doing?

- ▶ *As a provider of primary care services you are in a unique position to prevent suicides among your patients. Research tells us that people who die by suicide are more likely to have seen their primary care provider shortly before their death than any other health care professional.*



Rural Physicians

A federally-funded study — based on a longitudinal review of more than 5,800 people who died by suicide from 2000 to 2010 — found that nearly all of these individuals (83 percent) saw a doctor or received some kind of health care in the year prior to their death, but half of those individuals did not have a mental health diagnosis. “Only 24% had a mental health diagnosis in the 4-week period prior to death.”

Resources

- ▶ In case of an emergency or an imminent threat of harm call 911 or go immediately to the SCRMC ED
- ▶ Suicide prevention hotline-Lifeline call 1-800-273-TALK
- ▶ SAMHSA's suicide prevention app for treatment providers-Suicide Safe free download
- ▶ Local community mental health center
- ▶ www.SPRC.org
- ▶ www.Nami.org
- ▶ <https://afsp.org>