



# Suicide Awareness and Crisis Response

Hana Carmona, Ph.D. | September 05, 2023



# Indigenous Land Acknowledgement

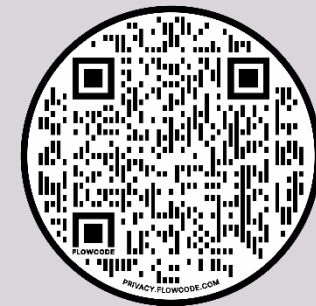
- We respectfully acknowledge that we live and work in territories where indigenous nations and tribal groups are traditional stewards of the land. Our California office resides in Tongva territory.
- Please join us in supporting efforts to affirm tribal sovereignty across what is now known as California and in displaying respect, honor, and gratitude for all indigenous people.

## Whose land are you on?

Option 1: Text your ZIP code to 1-907-312-5085

Option 2: Enter your location at [Native Land CA](#)

Option 3: Access Native Land website via QR Code





# Advocates for Human Potential, Inc. (AHP) MIP Team



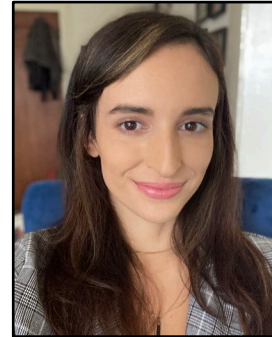
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# Our Learning Objectives

Participants will be able to

**Recognize**

Recognize the risk factors and warning signs associated with suicidal ideation.



**Identify**

Identify at least one evidence-based strategy for suicide prevention.



**Explore**

Explore your role in promoting a culture of safety and reducing stigma around suicide and mental health.

# The Big Question

Who am I in relationship to this training?



# Definitions

## Suicidal ideation:

- Thinking about suicide

## Suicide threat:

- Stating intent to kill self

## Suicide attempt:

- Actually trying to kill self

## Intentional self-harm:

- Behavior related to self-harm but absent of the intent to kill self (cutting, burning, etc.)

## Die by suicide:

- Suicide death

## Survivor of suicide:

- Friend or family member of deceased person

# Suicide as a Public Health Issue



**90%** of those who died by suicide had a diagnosable mental health condition at the time of their death.



**46%** of Americans ages 18+ living with a mental health condition received treatment in the past year.



**72%** of communities in the United States did not have enough mental health providers to serve residents in 2021, according to federal guidelines.

(Adapted from [AFSP](#), 2022)

- In 2021, suicide was the eleventh leading cause of death overall in the United States, claiming the lives of over 48,100 people.
- Suicide rates were higher for males across every age category.
- Firearms were the most common method used in suicide deaths in the United States, accounting for over half of all suicide deaths (24,292).
- For males and females, the highest rate of suicide across ethnicity was found among American Indians (10.8 and 37.4 per 100,000).
- Gender minority college students had significantly higher rates of depression, suicidal ideation, and suicide attempts relative to cisgender students.
- College students of sexual minority were substantially more likely to have suicide risk factors relative to heterosexual students.

([American Foundation for Suicide Prevention](#) [AFSP], 2022; [AFSP](#), n.d.; [National Institute of Mental Health](#) [NIMH], n.d.)

In 2019, the suicide rate was **1.5x higher for veterans** than for non-veteran adults over the age of 18.

There were nearly **2x as many suicides** (45,979) in the United States as there were homicides (24,576).





# Suicide in Childhood

- Rates of suicide attempts and deaths among children have increased in the United States over the past decade.
- Over 95% of child suicides occur in the home, primarily by means of hanging.
- Identified mental health concerns were present in 31.4% of examined suicide deaths, with common diagnoses including ADHD and depression.
- Trauma, including suspected or confirmed abuse, was present in the lives of 21.7% of these children.
- Family-related problems, such as divorce, custody disputes, parental substance use, or a family history of suicide or mental health concerns, were seen in 39.8% of children.
- School problems, such as expulsion, changing schools, or suspension, were also reported for 32% of children who died by suicide.
- According to the Centers for Disease Control and Prevention (CDC), youth who report any involvement with bullying behavior are more likely to report high levels of suicide-related behavior. This is not causal but associated.

([Ruch et al.](#), 2021)

Rank	5-9	10-14
1	Unintentional Injury 685	Unintentional Injury 881
2	Malignant Neoplasms 382	<b>Suicide 581</b>
3	Congenital Anomalies 171	Malignant Neoplasms 410
4	Homicide 169	Homicide 285
5	Heart Disease 56	Congenital Anomalies 150
6	Influenza & Pneumonia 55	Heart Disease 111
7	CLRD 54	CLRD 93
8	Cerebro-vascular 32	Diabetes Mellitus 50
9	Benign Neoplasms 28	Influenza & Pneumonia 50
10	<b>Suicide 20*</b>	Cerebro-vascular 44

# Suicide in Adulthood

- Third leading cause of death among individuals between the ages of 15 and 24
- Second leading cause of death among individuals between the ages of 25 and 34
- Fourth leading cause of death among individuals between the ages of 35 and 44
- Warning Signs
  - Hopelessness, rage, anger, seeking revenge.
  - Acting reckless or engaging in risky activities.
  - Increased drug/alcohol use.
  - Withdrawing from friends/family.
  - Anxiety, agitation.
  - Dramatic changes in mood or functioning.
  - Talking about being a burden.
  - Talking about feeling trapped or in unbearable pain.
  - Looking for a way to access lethal means.
  - Sleeping too little or too much.
  - Talking or posting about wanting to die.
  - Making plans for suicide.

([CDC](#), n.d.; [NIMH](#), n.d.)

**10%** of adult Americans have thought about suicide.



**1.2 million** Americans attempted suicide.

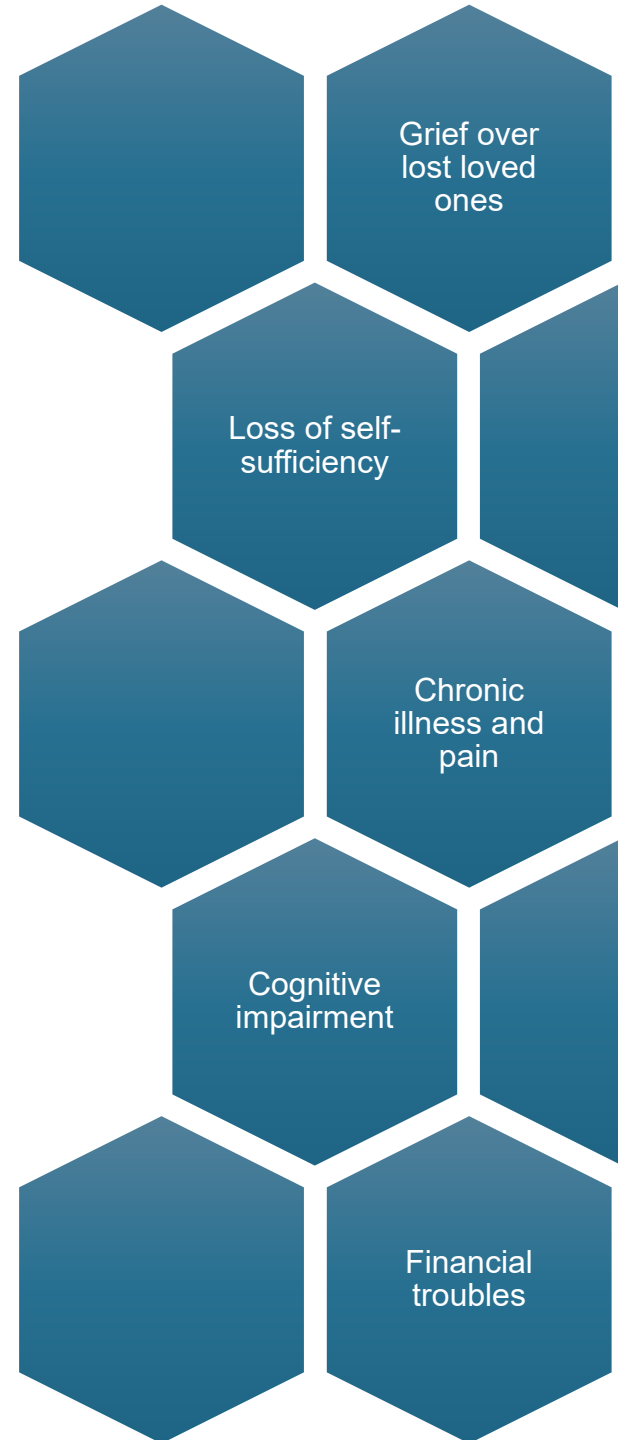
**54%** of Americans have been affected by suicide in some way.

(Adapted from [AFSP](#), 2022)

# Suicide in Older Adults

- The highest rate of suicide was found for males over 75 years old (40.5 per 100,000).
- Warning signs
  - Loss of interest in activities they used to enjoy.
  - Giving away beloved items or changing their will.
  - Avoiding social activities.
  - Neglecting self-care, medical regimens, and grooming.
  - Exhibiting a preoccupation with death.
  - Lacking concern for personal safety.

([National Council on Aging](#), 2021)



# Risk Factors

## Individual Factors

- Previous suicide attempt
- History of depression and other mental illnesses
- Serious illness such as chronic pain
- Criminal/legal problems
- Job/financial problems or loss
- Impulsive or aggressive tendencies
- Substance use
- Current or prior history of adverse childhood experiences
- Sense of hopelessness
- Violence victimization and/or perpetration

## Relationship Factors

- Bullying
- Family/loved one's history of suicide
- Loss of relationships
- High conflict or violent relationships
- Social isolation

## Community and Societal Factors

- Lack of access to healthcare
- Suicide cluster in the community
- Stress of acculturation
- Community violence
- Historical trauma
- Discrimination
- Stigma associated with help-seeking and mental illness
- Easy access to lethal means of suicide among people at risk
- Unsafe media portrayals of suicide

([CDC](#), n.d.)

# Protective Factors

## Individual Protective Factors

- Effective coping and problem-solving skills
- Reasons for living (for example, family, friends, pets, etc.)
- Strong sense of cultural identity
- Sense of worth/confidence

## Relationship Protective Factors

- Support from partners, friends, and family
- Feeling connected to others
- Responsibilities for others/pets

## Community Protective Factors

- Feeling connected to school, community, and other social institutions
- Availability of consistent and high-quality physical and behavioral healthcare

## Societal Protective Factors

- Reduced access to lethal means of suicide among people at risk
- Cultural, religious, or moral objections to suicide

([CDC](#), n.d.)

# Evidence-Based Prevention



There is more work to be done:

- ▶ Means restriction, including firearms, prevents suicide but is sporadically employed.
- ▶ No randomized trials have been reported for gatekeeper training for prevention of adult suicidal behavior.
- ▶ Algorithm-driven electronic health record screening, internet-based screening, and smartphone passive monitoring to identify high-risk patients are under-studied.

([Mann et al.](#), 2021)

# Conceptualizing Suicide Prevention and Clarifying Our Role

- What does helpful response look like?
- Suicide occurs when pain exceeds resources for coping with pain.
- Sunglasses metaphor



# Recognize and Respond

**5** Action Steps for Helping Someone in Emotional Pain

- ASK**  
"Are you thinking about killing yourself?"
- KEEP THEM SAFE**  
Reduce access to lethal items or places.
- BE THERE**  
Listen carefully and acknowledge their feelings.
- HELP THEM CONNECT**  
Call or text the 988 Suicide & Crisis Lifeline number (988).
- STAY CONNECTED**  
Follow up and stay in touch after a crisis.

 **NIMH** National Institute of Mental Health

[nimh.nih.gov/suicideprevention](https://nimh.nih.gov/suicideprevention)

Image: [NIMH](https://nimh.nih.gov)




# Assessing Suicidal Thoughts

- Suicidal ideation is one of the most challenging things to ask about, which is why most people in the community don't ask or don't follow up on suicidal gestures.
- Asking can be simple and straightforward:
  - Have you been thinking about suicide?
  - What kind of thoughts are you having about it?
  - How much have you been thinking about this?
  - How long have these thoughts been happening?
  - Are there times when you can stop them, or they go away?
  - What sort of reasons do you have for wanting to die?

# Assessing Suicidal Behavior and Intent

- No need to rush into these questions if the person is in your presence.
- Try to make it a discussion that helps determine the following:
  - Do you have a plan?
  - Do you have the means to carry out the plan?
  - Do you have a timeline for your plan?
  - Have you done anything to prepare for the plan?
  
  - What do you think might happen if you followed the plan?
  - Have you ever tried to kill yourself in the past?
  - Have you ever tried to kill yourself but stopped or been stopped?
  - What has helped you feel better in the past?



Clarifying  
intent, plans,  
and means



Asking about  
risk and  
protective  
factors

# Emergency Services



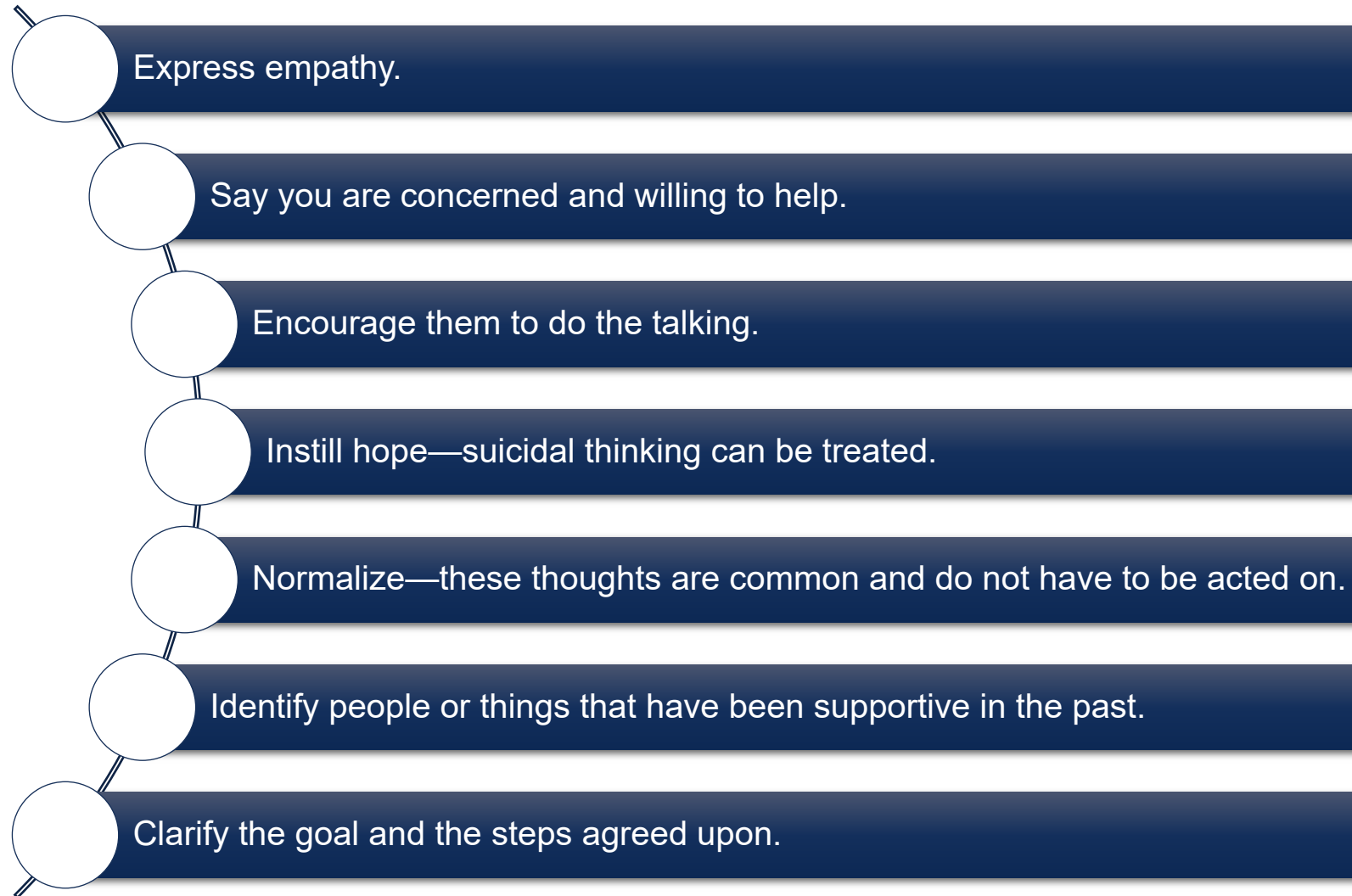
- We call 911 for help with a mental health crisis when a person is expressing imminent threat, is engaging in a behavior that is imminently dangerous to themselves or others, or requires medical attention.
- We also have the option of bringing the person to an emergency room (ER), explaining the situation, and asking if someone can assess them to see if they need to be hospitalized. Doing this is not the same as committing someone to a 5150 (involuntary 72-hour hold).
- If the ER staff determines that the person should be transferred to a different hospital or part of the hospital that can do psychiatric hold, sometimes the person is given the option to go voluntarily, which is a hospitalization that may be shorter than 72 hours.
- Suicidal thoughts with no plan, no means, low intent, or a far-off timeline are best supported by getting the person into mental health treatment or a more appropriate level of treatment.

# Safety Planning

- When there is no imminent risk present, and the suicidal thoughts are recent or ongoing, a safety plan can be helpful.
- Purpose
  - Increase awareness of warning signs.
  - Increase protective factors.
  - Decrease pain from stressors.
- Process
  - Identify 3-5 warning signs.
  - Identify 3-5 coping activities.
  - Identify 3-5 people to connect with.
  - Identify 3-5 people to ask support.
  - Identify professional resources.
- This is *not* a suicide contract.



# Solution-Focused Support



# Scenario-Based Learning

- Yesenia is a 22-year-old first-generation college student in a Master of Education program and is living out of state from her family for the first time. Her new city is culturally very different than where she grew up and she thinks often about how different she feels from others, in her ethnic identity and her physical features. She misses her friends from her college dance team and has not looked into local dance studios due to being busy with school. She has been hiding her academic stress from family and friends, due to not wanting them to worry about her and embarrassment. She knows her younger sister looks up to her. One person from her cohort told her about resources for first-generation college students and for mental health support that they have been utilizing, but Yesenia thinks that being in graduate school means she shouldn't need these kinds of resources anymore. She tells you that she hasn't been sleeping well and dreads going to class. When you express empathy, she shares that she wishes she could just not wake up tomorrow.
- What are this person's risk and protective factors related to suicide?
- What are some clarifying questions you would want to know about this person's situation?
- What could be included in a potential safety plan appropriate to the level of risk you see?

# Suicide Survivors

- Processing feelings of loss plus feelings about the suicide.
  - Greater levels of guilt, stigma, disconnection, urge for explanation/accountability.
- Building a perspective that feels proper and livable—meaning making, perception of choice.
- Accepting life as it is now—we don't get over it, we move through it.
- Survivors may experience inconsistent progress, low levels of support, painful reminders, fear of judgement, difficult anniversaries, suicidal thoughts.
- Treatment: Address symptoms of post-traumatic stress disorder (PTSD); develop a narrative that helps restore a person's sense of psychological safety; move from involuntary to a more voluntary process of grieving.

# Moving from Fiction to Facts: A Tough Process

## Fiction



- It's my fault this happened.
- If I had stopped them, they would've been okay.
- The person I lost is horrible for doing this.
- The person I lost was a saint who could do no wrong.
- I should have seen this coming.
- I can never be happy again.

## Facts



- The only person responsible for suicide is the victim.
- I have no way of knowing what would've happened.
- The person was probably suffering from emotional illness.
- The person I lost made a tragic, regrettable choice.
- I cannot predict the future, and I do the best I can with the info I have.
- My life will forever be changed but will go on.

(Adapted from Jackson, 2003)



# Resources

## National Suicide Prevention Lifeline (988)

- Call 988
- Chat  
988lifeline.org

## Disaster Distress Helpline

- 1-800-985-5990

## Veterans Crisis Line

- Call 988,  
press option 1
- Text 838255

## The Trevor Project Lifeline

- 1-866-488-7386

## Trans Lifeline

- 1-877-565-8860

## Crisis Text Line

- Text HOME  
to 741741

# For Further Discussion

- Myths about suicide
  - People who are talking about won't really do it.
  - Talking about suicide makes someone more likely to kill themselves.
  - Nothing will stop someone if they want to kill themselves.
  - People considering suicide are unwilling to seek help.
  - A person must be psychotic or insane.
- Beliefs and barriers to seeking help
  - Personal weakness (“Suck it up,” “Stop being lazy”).
  - They cannot solve their own problems.
  - Family members don't support getting help.
  - Betraying their family (“don't tell our secrets, embarrass us”).
  - Not praying hard enough.
- Homework challenge: Practice role-playing a situation where you ask someone about whether they are having suicidal thoughts.





# Grounding Exercise

Using Your senses-

- Notice and feel the ground underneath you
- What do you see?
- What do you hear?
- What do you smell?
- What do you taste?
- Notice your breath



# Q & A

# Upcoming Events and Important Reminders

<b>September MIP Events</b>		
Continuing the Conversation-Suicide Awareness and Crisis Response	09/07/2023	1-2 p.m.
Webinar: CalAIM and the CalAim Marketplace	9/12/2023	12-1pm
Mentor Open Office Hour	09/21/2023	12-1 p.m.
Intern Open Office Hour	09/21/2023	2-3 p.m.

# References

- American Foundation for Suicide Prevention (AFSP). (2022, February). *Suicide data: United States*. [https://www.datocms-assets.com/12810/1649682186-14296\\_afsp\\_2022\\_national\\_fact\\_sheet\\_update\\_m1\\_v4.pdf](https://www.datocms-assets.com/12810/1649682186-14296_afsp_2022_national_fact_sheet_update_m1_v4.pdf)
- AFSP. (n.d.). *Suicide statistics*. Retrieved August 28, 2023, from <https://afsp.org/suicide-statistics>
- Centers for Disease Control and Prevention (CDC). (n.d.). *Leading causes of death. U.S. Department of Health & Human Services*. Retrieved August 21, 2023, from <https://www.cdc.gov/injury/wisqars/LeadingCauses.html>
- CDC. (n.d.). *Risk and protective factors. U.S. Department of Health & Human Services (HHS)*. Retrieved November 2022 from <https://www.cdc.gov/suicide/factors/index.html>
- Horwitz, A. G., Berona, J., Busby, D. R., Eisenberg, D., Zheng, K., Pistorello, J., Albucher, R., Coryell, W., Favorite, T., Walloch, J. C., & King, C. A. (2020). *Variation in suicide risk among subgroups of sexual and gender minority college students*. *Suicide & life-threatening behavior*, 50(5), 1041–1053. <https://doi.org/10.1111/sltb.12637>
- Jackson, J. (2003). *SOS: A handbook for survivors of suicide*. American Association of Suicidology.
- Jordan, J. R. (2020). *Lessons Learned: Forty years of clinical work with suicide loss survivors*. *Frontiers in Psychology*, 11, 766. <https://doi.org/10.3389/fpsyg.2020.00766>
- Mann, J. J., Michel, C. A., & Auerbach, R. P. (2021). *Improving suicide prevention through evidence-based strategies: A systematic review*. *American Journal of Psychiatry*, 178(7):611–624. <https://doi.org/10.1176/appi.ajp.2020.20060864>

# References

- National Center for Injury Prevention and Control Division of Violence Prevention. (2014, April). [\*The relationship between bullying and suicide: What we know and what it means for schools\*](https://stacks.cdc.gov/view/cdc/34163). CDC, HHS. <https://stacks.cdc.gov/view/cdc/34163>
- National Council on Aging. (2021, September 7). [\*Suicide and older adults: What you should know\*](https://ncoa.org/article/suicide-and-older-adults-what-you-should-know). <https://ncoa.org/article/suicide-and-older-adults-what-you-should-know>
- National Institute of Mental Health (NIMH). (2023, May). [\*Suicide\*](https://www.nimh.nih.gov/health/statistics/suicide#part_10459). National Institutes of Health (NIH), HHS. Retrieved August 29, 2023, from [https://www.nimh.nih.gov/health/statistics/suicide#part\\_10459](https://www.nimh.nih.gov/health/statistics/suicide#part_10459)
- NIMH. (n.d.). [\*Suicide prevention\*](https://www.nimh.nih.gov/health/topics/suicide-prevention). NIH, HHS. Retrieved August 21, 2023, from <https://www.nimh.nih.gov/health/topics/suicide-prevention>
- Ruch, D. A., Heck, K. M., Sheftall, A. H., Fontanella, C. A., Stevens, J., Zhu, M., Horowitz, L. M., Campo, J. V., & Bridge, J. A. (2021). [\*Characteristics and precipitating circumstances of suicide among children aged 5 to 11 years in the United States, 2013-2017\*](https://doi.org/10.1001/jamanetworkopen.2021.15683). *JAMA network open*, 4(7), Article: e2115683-e2115683. <https://doi.org/10.1001/jamanetworkopen.2021.15683>
- Shain, B., Committee on Adolescence, Braverman, P. K., Adelman, W. P., Alderman, E. M., Breuner, C. C., Levine, D. A., Marcell, A. V., & O'Brien, R. F. (2016). [\*Suicide and suicide attempts in adolescents\*](https://doi.org/10.1542/peds.2016-1420). *Pediatrics*, 138(1), Article e20161420. <https://doi.org/10.1542/peds.2016-1420>
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2022). [\*Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health \(HHS Publication No. PEP22-07-01-005, NSDUH Series H-57\)\*](https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report). Center for Behavioral Health Statistics and Quality, SAMHSA, HHS. <https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report>