

Saskatoon, Nov. 2017

WHY SHOULD I ASSESS FOR SUICIDE IN MY PRACTICE?

PRESENTATION OBJECTIVES

- ✖ Why Assess? Building the case
- ✖ What do I need to do to assess? Basic skills
- ✖ ACK! I need more info... what kind of support is there? What else can I learn?
- ✖ Decreasing Stigma

ON A WORLD SCALE

✗ 800 000 suicides in year



✗ That's about 5 jumbo jets crashing every day killing everyone on board!



✗ 1 suicide death every 40 seconds



CANADIAN PICTURE

- ✖ 4000 deaths per year



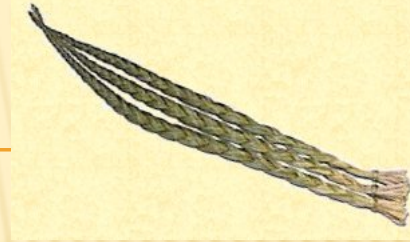
- ✖ Rate for males three times higher than females
- ✖ Ages 40-59 highest rates

WHAT'S GOING ON IN SASKATCHEWAN?

- ✖ 14.2 deaths per 100,000
- ✖ Worse than the Canadian avg.
- ✖ Worst ranked province in Canada



SK FIRST NATIONS COMMUNITIES



- ✖ First Nations girls 10-19 rates of suicide are **26** times higher than non-First Nations girls in SK
- ✖ For boys 6 times higher
- ✖ 25% of suicides by FN people are teens
- ✖ 62% of all suicides by FNs were by people under 30 years of age.
- ✖ 8% of suicides of FNs were by those over 50yrs

WHY SUCH A DIFFERENCE?

Non- Indigenous

- ✗ First attempt is when they are older and often can be related to major depressive disorder

Indigenous

- ✗ First attempt when they are younger, have more risk factors in their life
- ✗ ACE's

ACES STUDY

✖ <https://www.youtube.com/watch?v=ccKFkcfXx-c>

ACE'S

- ✖ 80% of suicide attempts during childhood and adolescents can be attributable to 3 + ACEs.
Adverse Childhood Experiences
- ✖ Higher rates of early childhood adversity put people at greater risk for negative health outcomes



ACE'S AND INDIGENOUS POPULATIONS

“past collective effects can actually accumulate across generations, so really, if we do nothing to address these intergenerational cycles, we can expect that the effects are only going to get worse.” – Amy Bombay (FN psychologist)

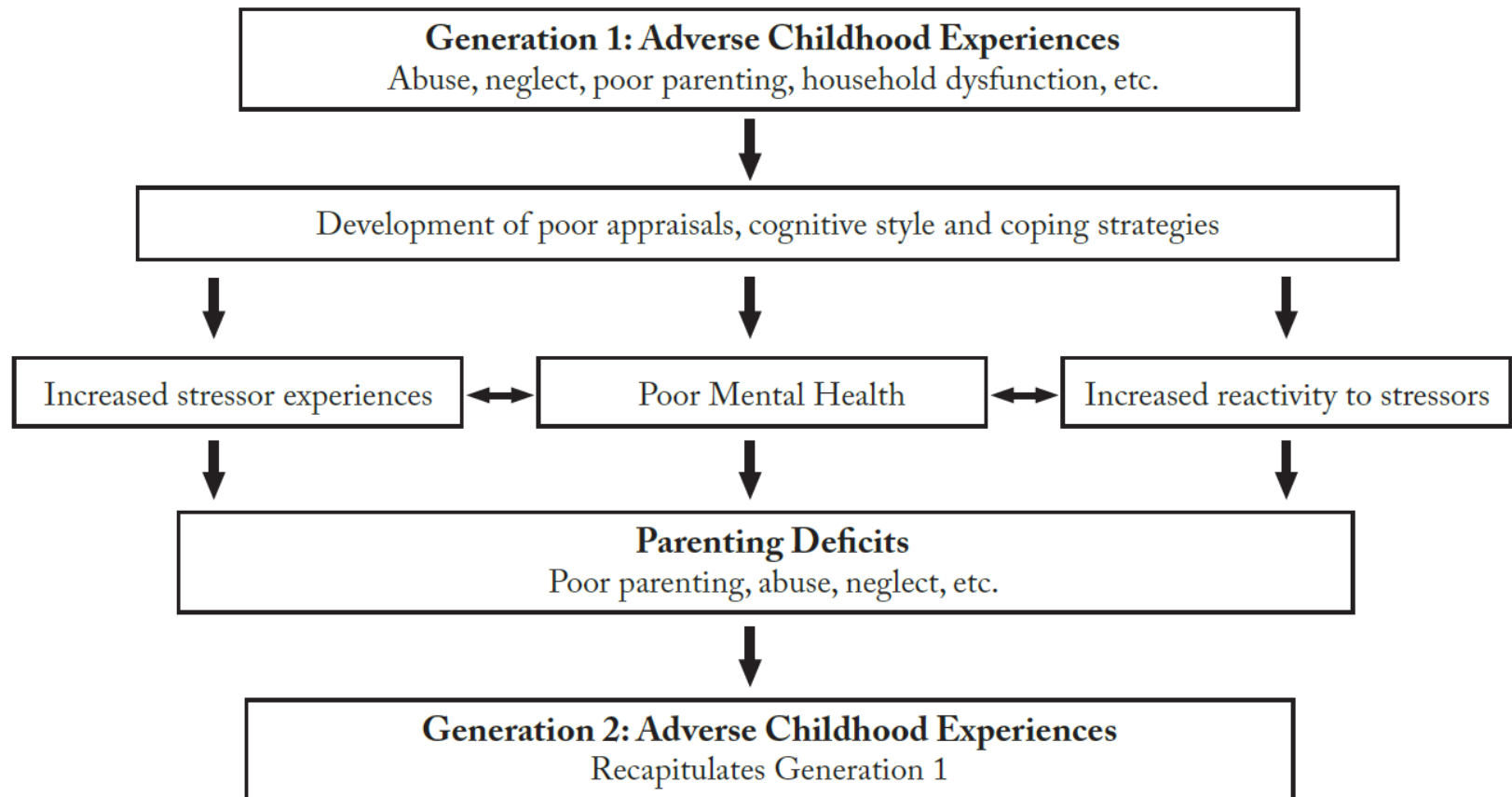


Figure 1. Mediators of the intergenerational transmission of trauma within families

INTERESTING FACT

- ✖ Most people who suicide have visited a healthcare facility in the previous month of their suicide. (Luoma, Martin, & Pearson, 2002)

SO, THIS IS THE WHY?

WHAT CAN WE DO?

SELF EVALUATION

- ✖ What's stopping me?
- ✖ What are my values and attitudes towards suicide?
- ✖ What is my knowledge in this area?
- ✖ What should I say?
- ✖ What is my comfort level in talking with someone about suicide?

WHAT POLICIES ARE DEVELOPED?

✖ SK Suicide Framework for SK Health Care Providers

1. Are you having any feelings of hopelessness, helplessness or depression?
2. Have you had any thoughts, urges or behaviors related to harming yourself?
3. Have you recently engaged in any reckless behavior such as; abusing alcohol or drugs, reckless driving or impulsive actions?
4. Have things been so bad lately that you have thought you would rather not be here?
5. Are you thinking of suicide?
6. Have you made any current plans?
7. Do you have the means to act on your plan?

It is important to clarify the answer and watch for answers that avoid directly answering the questions! If any of the above questions are answered “YES” an assessment of risk level must be done.

DISCUSSION

- ✘ At your table brainstorm signs that one of your clients/patients may be suicidal when they seek services from you.

RECOGNIZING WARNING SIGNS

I – Ideation – thoughts

S – Substance Misuse

P - Purposelessness

A - Anxiety

T- Trapped

H- Hopelessness

W - Withdrawal

A - Anger

R- Recklessness

M – Mood changes

WHAT ABOUT RISK FACTORS?

- ✗ Who is at risk?
- ✗ What factors put people at risk?
- ✗ Do risk factors matter?
- ✗ Can people's risk change?



WHAT CAN I DO NOW?

- ✗ Pay attention
- ✗ ASK
- ✗ Listen
- ✗ Get more help

ANYONE AND EVERYONE CAN HELP

<https://www.youtube.com/watch?v=1OLNETUBsV4>

ANYONE CAN HELP

- ✖ Taxi Watch: Suicide prevention drive that saved 200 lives
- ✖ Alert helpers can be taught.

LOGIC

<https://www.youtube.com/watch?v=Kb24RrHlbFk&list=RDKb24RrHlbFk&index=1>

AFTER THE RELEASE OF THE VIDEO

✕ National Suicide Prevention Lifeline –

“The release of “1-800-273-8255” was a watershed event for the National Suicide Prevention Lifeline. By using his artistic voice, Logic addressed suicide thoughtfully and creatively to inspire fans to seek help and find hope.”

WHAT CAN I LEARN?

SUICIDE INTERVENTION TRAINING PROGRAMS

- ✕ safeTALK
- ✕ ASIST
- ✕ The “Ask” Workshop

SAFETALK

✖ Suicide awareness for everyone

TALK, ASK, LISTEN, KEEPSAFE

safeTALK is like CPR for suicide

- Half day suicide alertness training
- ASK
- Keep safe
- Connect to suicide interventionist

ASIST

✕ Applied Suicide Intervention Skills Training

Suicide First Aid

2 days,

ASK,

Listen

Identify Hope

Build safety

THE 'ASK' WORKSHOP

- ✕ Assessing Suicide in Kids workshop

Under 14 years of age

The “ASK” Workshop

Assessing for Suicide in Kids



A hidden problem

- Parents and professional helpers are often unaware, may deny, or prefer not to believe
- Little data is collected and what exists may not be reliable
- Children who think of suicide often become teens who act on suicide



What you will learn

- Children consciously or unconsciously may signal that they are at risk for suicide



What you will learn

- What do young children really understand about death? About suicide?



What you will learn

- How to talk with a child about death, and about suicide



What you will learn

- New research exists about risk factors, protective factors, and how they interact



What you will learn

- How to use what you learn about risk and protective factors to begin safety planning



What you will learn

- How to work with parents and other helpers to increase safety



What you will learn

- Advocating for a child at risk of suicide



The Outcome

- Leave feeling empowered and hopeful about your ability to make a difference for a child at risk of suicide.




BIGGEST BARRIER - STIGMA

REDUCING STIGMA

- ✖ Addressing Myths
- ✖ Paying Attention to Language
- ✖ Educating

TOP MYTHS OF SUICIDE

MYTH: People who think of suicide have a mental illness.



FACT: Suicidal behaviours indicates deep unhappiness but not necessarily mental illness. Many people living with mental illness are not suicidal. It is true that those with mental illness can be at heightened risk.

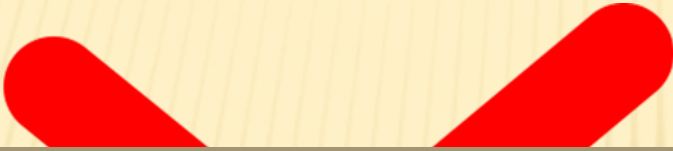
TOP MYTHS OF SUICIDE

MYTH: Open talk about suicide can be interpreted as encouragement.

Fact: Given the widespread stigma around suicide, most people who are contemplating suicide do not know who to speak to. Rather than encouraging suicidal behaviour, talking openly can give an individual other options or the time to rethink his/her decision, thereby preventing suicide.

TOP MYTHS OF SUICIDE

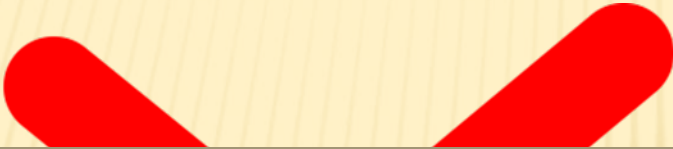
MYTH: Most suicides happen suddenly without warning.



Fact: The majority of suicides have been preceded by warning signs, whether verbal or behavioural. Of course there are some suicides that occur without warning. But it is important to understand what the warning signs are and look out for them..

TOP MYTHS OF SUICIDE

MYTH: Someone who is suicidal is determined to die.



Fact: On the contrary, suicidal people are often ambivalent about living or dying. Someone may act impulsively by drinking or drugging, for instance, and die a few days later, even though they would have liked to live on. Access to emotional support at the right time can prevent suicide

BE A MYTH BUSTER

PAY ATTENTION TO LANGUAGE

Complete suicide

Successful suicide

Commit suicide

Failed suicide attempt

PREFERRED LANGUAGE

- ✗ Died by suicide
- ✗ Suicided
- ✗ Suicide attempt
- ✗ Person with thoughts of suicide

EDUCATION

Educate yourself



memney.co

ROFLBOT

QUESTIONS

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