A SUICIDE PREVENTION STRATEGY: FACILITATING CRITICAL CONNECTIONS DURING TIMES OF TRANSITIONS

A SUICIDE PREVENTION MONTH WEBINAR

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SEPT. 22, 2020, 12 P.M.

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QUESTIONS?

Please be advised that your cameras and microphones

will be off during the webinar.

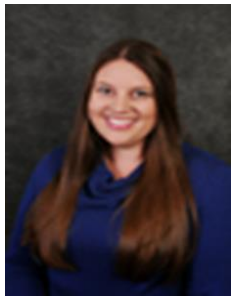
We encourage you to ask questions via

the **Zoom Q & A** or **Chat Box** during the webinar.

We will be happy **to respond** to them **at the end of the presentation**.

You may also email bestcenter@neomed.edu

The Role of Loved Ones During Times of Transition



Danelle R. Hupp, Ph.D.
Senior Consultant & Trainer for Family-based Services
Best Practices in Schizophrenia Treatment (BeST) Center

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WE CAN ALL PLAY IMPORTANT ROLES IN PREVENTING SUICIDE

- A 2015 poll found that 45% of Americans identified barriers that prevent them from trying to help someone at risk for suicide.
- A 2018 poll found that 78% of Americans would like to know how to help someone who may be at risk for suicide.
- We can all play important roles in preventing suicide. This webinar aims to show us how.

(Source: National Action Alliance for Suicide Prevention; American Foundation for Suicide Prevention; Harris Poll)

A SUICIDE PREVENTION STRATEGY: FACILITATING CRITICAL CONNECTIONS DURING TIMES OF TRANSITIONS

LEARNING OBJECTIVES

- Appreciate the prevalence of suicide and suicide risk during critical transitions
- Understand the importance of fostering connections during times of transition in reducing suicide risk
- Identify programs that help to promote connection during critical transitions

PREVALENCE OF SUICIDE RISK

- **70-80%** of those who die by suicide had co-occurring mental illness and substance use disorder
- Suicide **risk increases with more than one** mental illness or substance use disorder
- Risk for suicide is particularly high during **times of transitions**, such as:
  - Discharge from psychiatric hospitalization
  - Release from jail/prison
  - Between 10-24 years of age

(Sources: Institute of Medicine; Moscicki; National Action Alliance for Suicide Prevention)

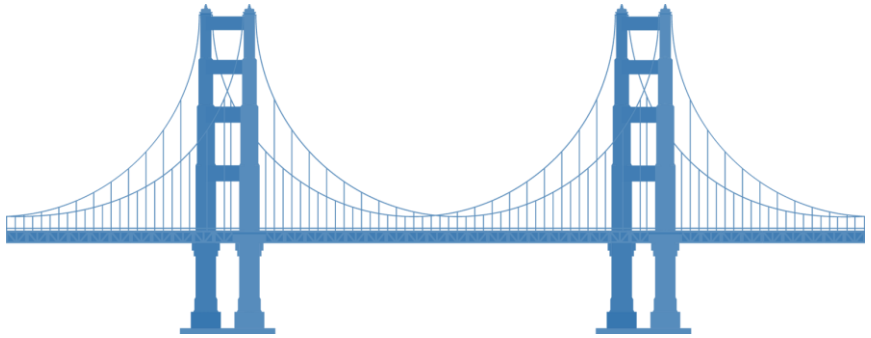
A **NEED** FOR CONNECTION

THE **POWER** OF CONNECTION

- Connection and social support leads to:
  - Increased resiliency to suicide
  - Decreased likelihood of lifetime suicide attempt
  - Decreased suicidal ideation
- Indirectly reduces the risk by increasing protective factors and resources for coping

(Sources: Cobb; Kleiman & Liu; Chioqueta & Stiles; Meadows et al.; Yang & Clum)

WE CAN SAVE MORE LIVES
DURING HIGH-RISK TRANSITIONS



(Source: National Action Alliance for Suicide Prevention)

PROGRAMS THAT **PROMOTE CONNECTION** DURING CRITICAL TRANSITIONS

- Loved Ones Involved in a Network of Care (LINC)
- Community Re-entry from Prison
- Collaborative Program Development Grants
- CARE Teams
- FIRST Coordinated Specialty Care for First Episode Psychosis programs (FIRST)

SUICIDE RISK FACTORS FOLLOWING PSYCHIATRIC HOSPITALIZATION

- Individuals with suicide risk leaving inpatient psychiatric care have a 200-300 times greater risk of suicide in the first four weeks following transition to outpatient care

(Source: National Action Alliance for Suicide Prevention; Chung et al.; World Health Organisation)

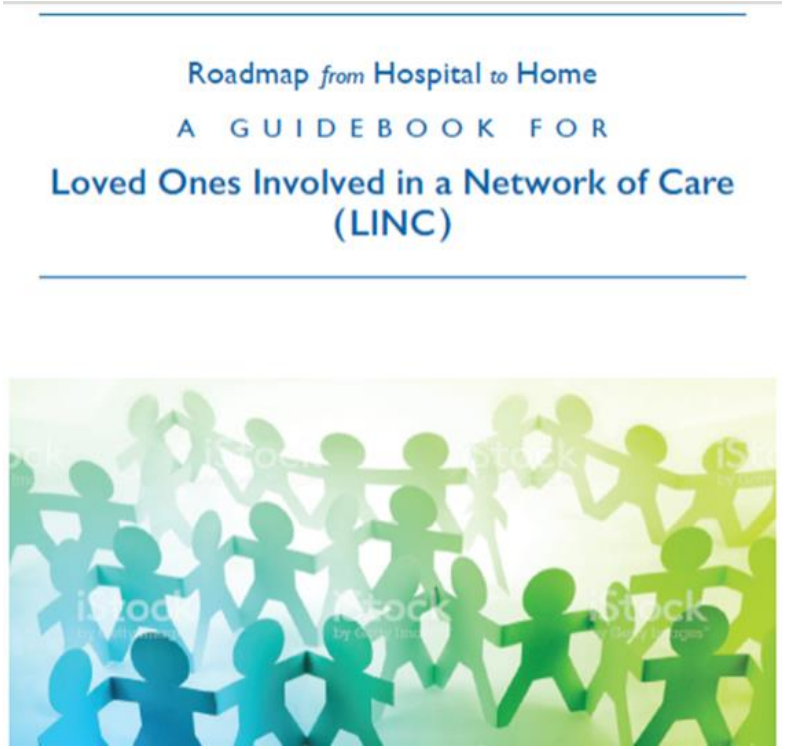
REDUCING RISK: **ENGAGING LOVED ONES**

- When knowledgeable and supportive loved ones are engaged in treatment, outcomes improve:
  - Improved family well-being, family relationships
  - Improved social functioning, treatment adherence, psychiatric symptoms
  - Reductions in relapse and re-hospitalization

(Sources: Cuijpers; Dixon & Lehman; Dyck et al.; Falloon; Jewel et al., McFarlane et al., Compton, Rudisch, Craw, Thompson, & Owens; National Institute of Mental Health)

LOVED ONES INVOLVED IN A NETWORK OF CARE (LINC)

- **Short-term psychoeducation and engagement** program
- Schizophrenia spectrum disorders, bipolar disorders or major depressive disorders **and their loved ones**
- Provides **practical, immediate help and support:** during crisis/hospitalization and **transition** between inpatient and outpatient treatment
    - Sessions held in inpatient and outpatient settings



LINC: **FOSTERING CONNECTION, PREPAREDNESS AND HOPE**

- Engages loved ones **during** hospitalization and outpatient treatment
- Allows for loved ones to be contacted in gap between inpatient and outpatient care
- Ensures a warm handoff to knowledgeable providers and loved ones
- Discusses roadblocks to treatment that occur after discharge
  - Engages loved ones in problem-solving and planning ahead
- Provides the individual and loved ones with resources, access, information, a plan, and **HOPE**

WHAT **YOU** CAN DO TO HELP LOVED ONES UNDERSTAND THE ROLE THEY PLAY

- Help them recognize and understand the **warning signs and risk factors** of suicide
- Underscore the importance of **not leaving the individual alone** during times of crisis if they have a plan for suicide
- Advise them of **who to call** or where to get help, such as requesting a **Crisis Intervention Team (CIT) officer** when calling 911
- Help them **connect their loved ones with programs/activities that increase structure**
- Help them **identify needs and roadblocks** and to be **actively engaged** in planning and problem-solving

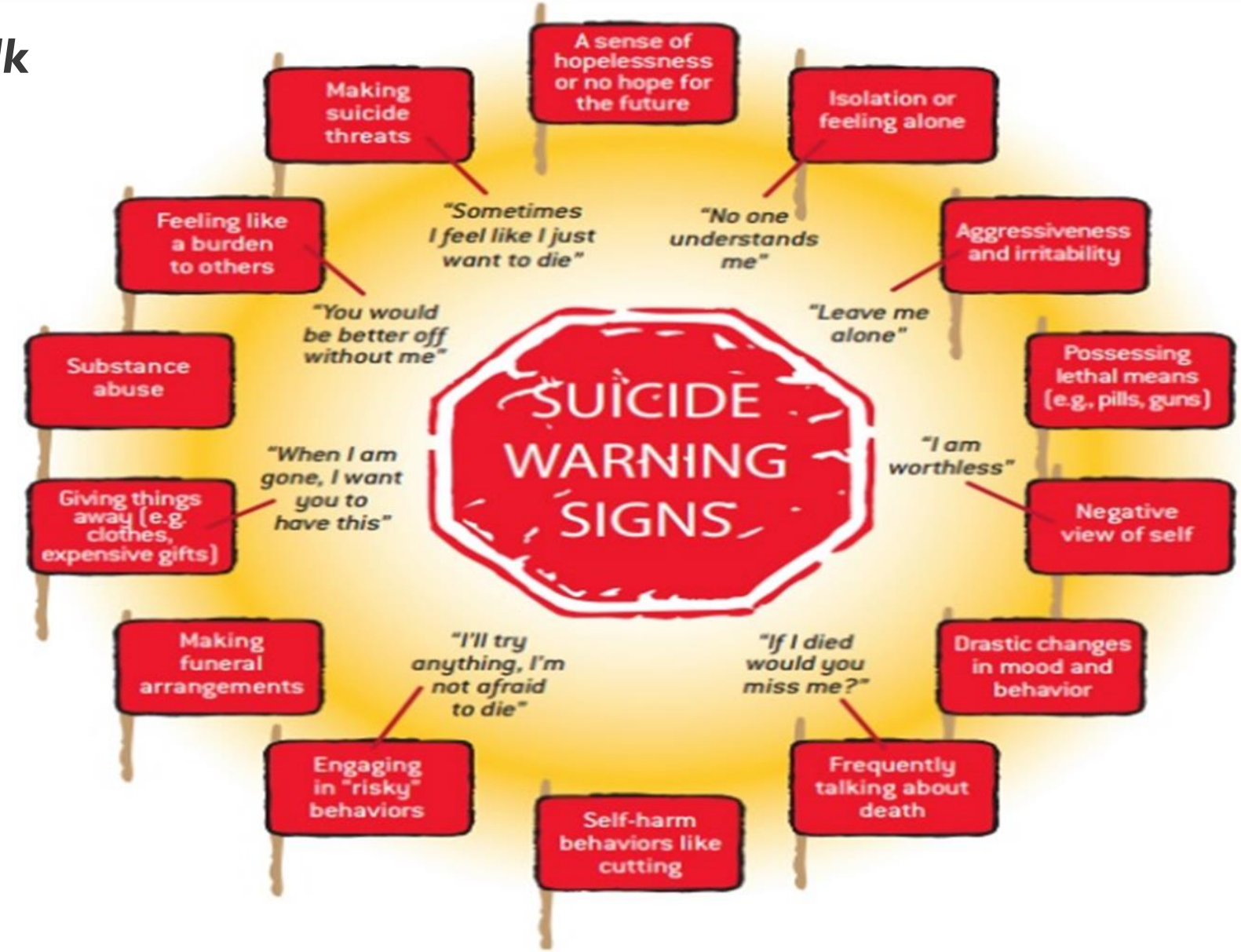
(Source: Suicide Prevention Resource Center)

WHAT **YOU** CAN DO TO HELP LOVED ONES UNDERSTAND THE ROLE THEY PLAY

- Help them to encourage the individual to **seek treatment** and follow recommendations
- **Encourage loved ones to observe behaviors, feelings, events**
  - Vigilant, but not hypervigilant
- **Encourage open and frequent communication**
  - **Ask direct questions**
  - Give the individual a chance to talk
  - Express concern and a desire to help
  - Be persistent and **give the individual hope**

(Source: Suicide Prevention Resource Center's *It's Time to Talk About It: A Family Guide for Youth Suicide Prevention* at https://www.sprc.org/sites/default/files/resource-program/Time2TalkAboutItFamilyGuide.pdf)

It's Time to Talk About It, A Family Guide for Youth Suicide Prevention



(Source: Suicide Prevention Resource Center's *It's Time to Talk About It: A Family Guide for Youth Suicide Prevention* at https://www.sprc.org/sites/default/files/resource-program/Time2TalkAboutItFamilyGuide.pdf)

It's Time to Talk About It, A Family Guide for Youth Suicide Prevention

- Previous suicide attempts
- History of substance abuse
- History of mental illness (e.g., depression, anxiety, bipolar, PTSD)
- Relationship problems (e.g., conflict with parents and/or boy/girlfriends)
- Legal or disciplinary problems
- Access to a gun or other harmful means (e.g., pills)
- Recent death of a family member or a close friend
- Ongoing exposure to bullying
- Losing a friend or family member to suicide
- Physical illness or disability

By becoming aware and knowledgeable of these warning signs and risk factors, you can be the first line of defense in preventing youth suicide.

(Source: Suicide Prevention Resource Center's *It's Time to Talk About It: A Family Guide for Youth Suicide Prevention* at https://www.sprc.org/sites/default/files/resource-program/Time2TalkAboutItFamilyGuide.pdf)

Transitioning to Community Re-Entry from Prison and Risk Factors of Suicide

Jenny O'Donnell, Psy.D.
Forensic Director and CEO, Forensic Evaluation Service Center
Criminal Justice Coordinating Center of Excellence Consultant

PREVENTING SUICIDE IN A VULNERABLE POPULATION: RE-ENTERING THE COMMUNITY FROM PRISON

"During the first 2 weeks after release, the risk of death among former inmates was 3.5 times higher than other state residents"

~ 1993-2003 data from Washington State.

Suicide is just one contributing factor for death among re-entry individuals.

Let's talk about how we can prevent this.

(Source: Binswanger et al.)

WHAT ARE THE CAUSES OF **POST RE-ENTRY DEATHS**?

IDENTIFIED CAUSE OF DEATH

1. OVERDOSE
   Cocaine, Methamphetamines, Heroin and prescription pills
2. CARDIAC ARREST
   Some were drug-related, but not the majority
3. HOMICIDE & **SUICIDE**
   primarily gun-related violence
4. CANCER
5. Motor Vehicle Accidents

UNDERLYING CAUSES

- Drug intolerance after periods of abstinence or limited access
- Reconnecting with anti-social peers
- Minimal access to healthcare in prison
- Limited access to healthcare out in the community
- Changes in medication regimens (no refills, withdrawal from medications); drug-drug interactions
- Homelessness, etc.

(Source: Successful Re-Entry)

DIFFICULTIES FACING THOSE WITH RETURNING TO THE COMMUNITY AFTER INCARCERATION

For many, it can feel like a return to the CHAOS of a *newly unstructured and dangerous* world.

- Housing Instability
- Economic Instability
- Reintegration into toxic family/social connections
- Addiction and access to illicit drugs and alcohol
- Lack of basics (food, clothing, transportation, ID)
- Emotional Overload/Anxiety/Stress
- Reporting requirements
- Loss of personal identity or socially outcasted
- From heavily restricted/regimented to no structure
- Medically compromised
- Psychotic Disorder when coupled with substance abuse*

(Source: Haglund et al.)

PRACTICAL GUIDE FOR EFFECTIVE EVIDENCE-BASED INTERVENTIONS

- **PRE-PLANNING & TRAINING is VITAL to SUCCESSFUL Intervention**
- **Find the tools that you are comfortable using**
- **Know your local go-to resources**
- Collaborate across resources to find what works

(Source: 2019 National Commission; Suicide Prevention Resource Center, The Role of Law Enforcement Officers…)

PRACTICAL GUIDE FOR EFFECTIVE EVIDENCE-BASED INTERVENTIONS

- **Assessment**
  - **Ask in plain language:**

    Are you thinking of harming yourself or killing yourself?

    Ask about the presences of risk factors (see next slide)

    Ask about access to weapons, etc.
- **Monitoring**
  - **How are you doing (in the moment) – and listen.**
- Develop a **safety plan for the NOW,** and for the next 24-72 hours.
  - Check for weapons or access to weapons
  - Explain that you are taking them *out of the current high stress* situation – for their own safety
  - Ask who they want you to contact for support – and support that connection
- Ask about the individual's **reasons for living**
  - **If you could fix it all, what is the first thing you'd want fixed, and why?**
- Get Crisis Professionals involved
  - **Build strong therapeutic alliance** and use them to build **coping skills and appropriate future-oriented thinking**
- **Use practical language, education, and CBT techniques for decreasing anxiety and stress**
  - Explain the symptoms of depression and anxiety
  - Teach new effective coping skills

(Source: 2019 National Commission; Suicide Prevention Resource Center, The Role of Law Enforcement Officers…)

WHAT ARE **INDICATIONS** OF SUICIDAL **IDEATION**?

The call comes in as a "general disturbance" or maybe a domestic violence, rarely is it identified as a possible suicide situation.

What information will you need to know to make an informed response?

- Hopeless. Talking about suicide or "ending it."
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

(Source: 2019 National Commission; Preventing Suicide: A Resource for Police…)

KEY **PREVENTATIVE** STRATEGIES

- Identifying the transitional needs of the individuals ***prior to release*** from prison to plan for success
  - Is there stable, appropriate and available housing? (Will they really be going there?)
  - Level of financial resource and when is it available?
  - Will they allow others to help them? And who?
- Who are the **support team?**
  - Positive role-models for guidance to stability
  - Family members with realistic expectations of the difficulties; and the tools & willingness to help
  - Sober/Abstinent supports – options for after relapse
  - Knowledgeable
- Allow for a sense of **purpose, hope, and engagement**
  - Vocational
  - Religious
  - Community
  - Family & Social
- **Positive Future-Oriented Planning**
  - Realistic based upon their circumstances
    - Social & problem-solving skill level
    - Reporting requirements
    - Payment of back child support
    - Permission to be around their children

(Source: 2019 National Commission)

KEY **PREVENTATIVE** STRATEGIES

- **Recognition of the RISK FACTORS**
  - Transition difficulties
  - Prior suicide attempt(s)
  - Alcohol and drug abuse
  - Mood and anxiety disorders, e.g., depression, posttraumatic stress disorder (PTSD)
  - Access to a means to kill oneself, i.e., lethal means
- **"Warm handoff"** to mental health and medical care providers from prison to community
  - Identified providers
  - Medication refills readily available/accessible
  - Recognition difficulty negotiating appointments, transportation, etc. is normal and not "non-compliance"
  - Look for signs of client being overwhelmed, disenfranchised or disoriented

(Source: 2019 National Commission)

KEY **PREVENTATIVE** STRATEGIES

- COMMUNICATION BETWEEN PARTNERS
  - First Responders
  - Family Members
  - Treatment Providers
  - Medical Community
  - Vocational Support

- **Gradual development of autonomy through success**
  - Help the individual define and deliver on relevant, obtainable, personal accomplishments finding graduating degrees of autonomy through the successful negotiation of everyday tasks.

(Source: 2019 National Commission)

Reducing Suicide Risk Among College-Aged Individuals

Russell Spieth, Ph.D., and Jessica Zavala, MPA
Ohio Program for Campus Safety & Mental Health

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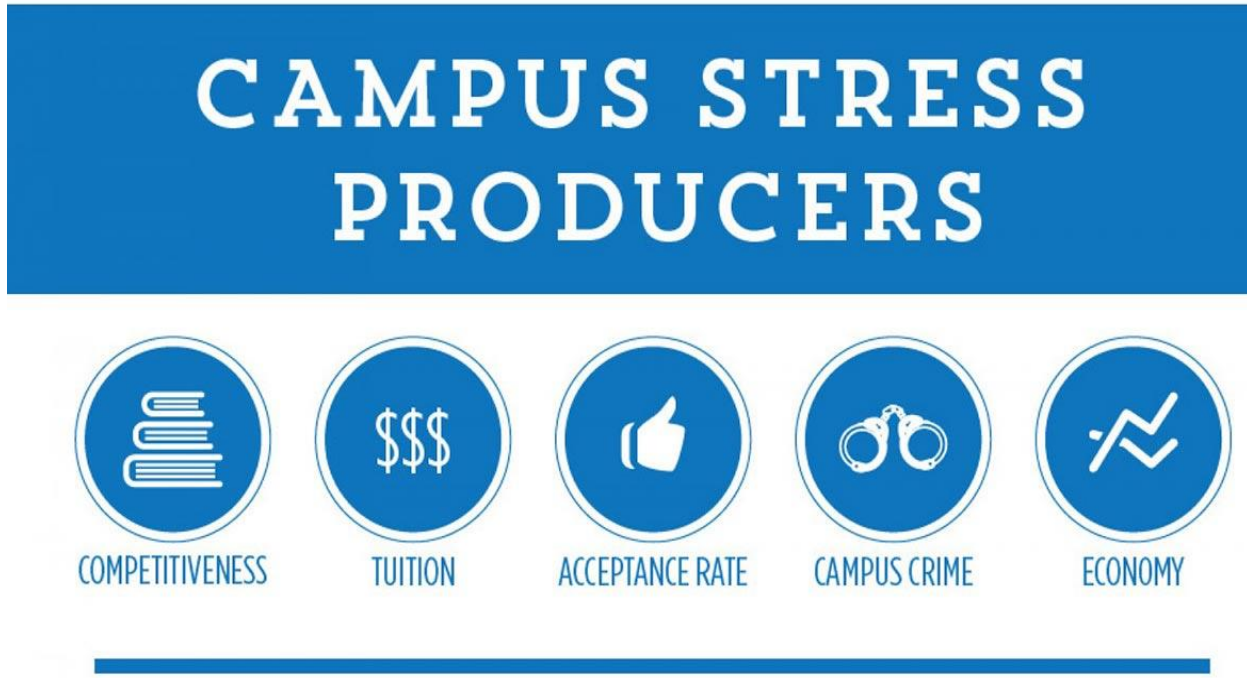
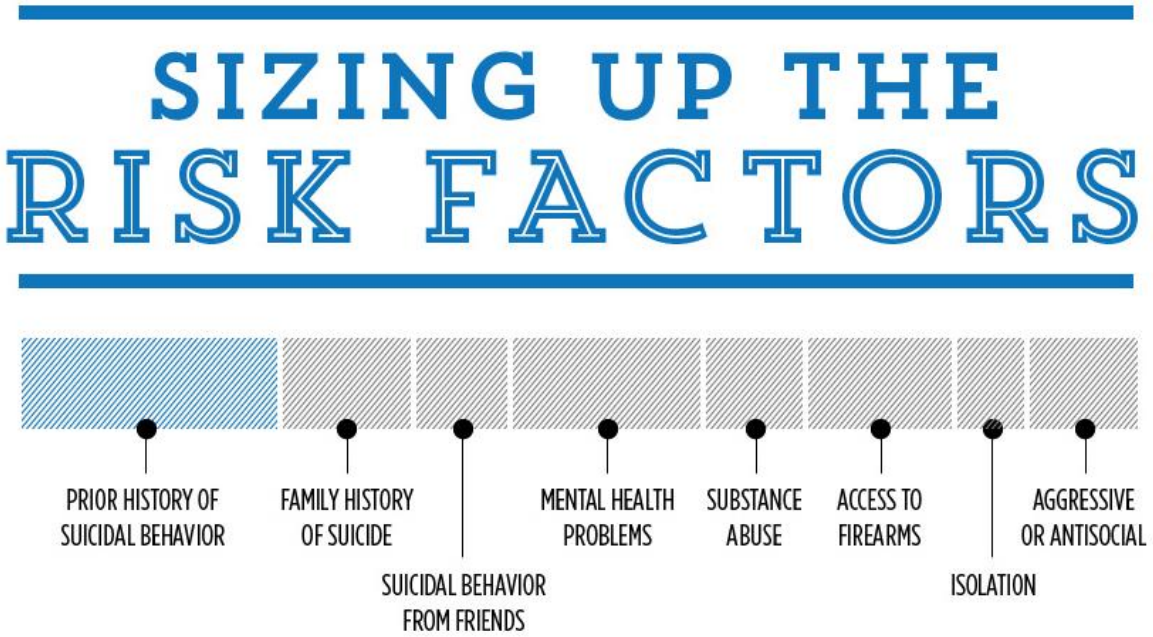
PREVALENCE OF SUICIDE AMONG **COLLEGE-AGED POPULATION**

- The prevalence of suicidal thoughts is significantly higher among young adults aged 18-29 years old
- 1,100 suicides at colleges each year, 7.5 per 100,000 students
- Suicide 2nd leading cause of death for 10-24
- 10% of full-time college students ages 18 to 22 had serious thoughts of suicide in the past year…nearly half of each group did not tell anyone

(Sources: Center for Disease Control; American College Health Association; Substance Abuse and Mental Health Services Administration; Suicide Prevention Resource Center; University Mental Health Centers…; Ohio House Bill 28)

CAMPUS TRENDS: CHALLENGES IN MENTAL HEALTH





(Source: Active Minds; Mental Health & Addiction Advocacy Coalition; Suicide in Ohio Monographs Released)

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PROTECTIVE FACTORS

- Curriculum encompassing academic and personal resilience
- A sense of belonging
- Cultural integration
- Academic performance
- Significant campus-wide public education on mental health and stigma reduction
- Frequent opportunities for community building and non-clinical support

(Source: Museus et al.; Crisis on Campus; U.S. Department of Veterans Affairs; The Trevor Project)

ELEMENTS OF QUALITY PROGRAMS

- Screening programs
- Targeted education programs for faculty, staff and students
- Broad-based, campus-wide public education
- Psychoeducation for students and families
- Off-campus referrals
- Emergency services

(Sources: Suicide Prevention Resource Center; JED Foundation; Substance Abuse and Mental Health Services Administration)

ELEMENTS OF QUALITY PROGRAMS

- Post-vention programs
- Medical leave policies
- Stress reduction programs
- Nonclinical student support networks (e.g., NAMI on Campus, Active Minds, Collegiate Recovery Communities)
- Onsite medical/counseling services

(Sources: Suicide Prevention Resource Center; JED Foundation)

ELEMENTS OF QUALITY PROGRAMS

- Leadership to promote mental health and suicide prevention
- Life skills development
- Restriction to access of common means of suicide
- Social marketing
- Social network promotion

(Sources: Suicide Prevention Resource Center; JED Foundation)

ELEMENTS OF QUALITY PROGRAMS: THE CULTURALLY ENGAGING CAMPUS ENVIRONMENT

- **Cultural Relevance**
  - Cultural familiarity
  - Culturally relevant knowledge
  - Cultural community service
  - Meaningful cross-cultural engagement
  - Culturally validating environments
- **Cultural Responsiveness**
  - Collectivist cultural orientation
  - Humanized educational environments
  - Proactive philosophies
  - Holistic support

(Source: Museus et al.)

CARE TEAMS

A CARE team (e.g., Behavioral Intervention Team, Student of Concern, Campus Assessment Team) is a multi-disciplinary group whose purpose is to support its target audience (e.g., students, employees, faculty) via an established protocol designed to help detect early indicators of the potential for disruptive conduct, self-harm, suicide and the risk of violence to others.

(Source: National Behavioral Intervention Team Association)

CARE TEAMS

- The CARE team tracks concerns over time, detecting patterns, trends and disturbances in individual or group behavior. When a CARE team receives reports of concerning behavior, the team:
  - Conducts an investigation
  - Performs a threat assessment
  - Determines best mechanisms for support, intervention, warning/notification and response.

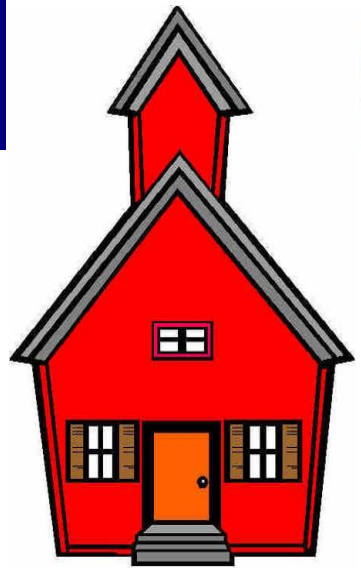
(Source: National Behavioral Intervention Team Association)

Addressing Suicide Risk in First Episode Psychosis

Danelle R. Hupp, Ph.D.
Best Practices in Schizophrenia Treatment (BeST) Center

SUICIDE RISK IN FIRST EPISODE PSYCHOSIS

- First episode psychosis often occurs during teenage years/early adulthood, when they are engaged in numerous other transitions
- Individuals often come to early serious mental illness treatment programs from other transitions with high-suicide risk



(Source: Power; Birchwood et al.; Birchwood)

SUICIDE RISK IN FIRST EPISODE PSYCHOSIS

- 5-10% of people with schizophrenia will die by suicide; risk increases during the early phase of illness, specifically:
  - During emerging psychosis (prodromal phase)
  - Immediately prior to and following hospitalization
  - Several months following symptom remission

(Source: Power; Birchwood et al.; Birchwood)

FIRST COORDINATED SPECIALTY CARE FOR FIRST EPISODE PSYCHOSIS

- 13 BeST Center-affiliated FIRST Coordinated Specialty Care for First Episode Psychosis programs
- Team-based, integrated care to individuals experiencing an initial episode of psychotic illness and their loved ones
- BeST Center FIRST Consultant and Trainers Crystal N. Dunivant, MSW, LSW, and Nick Dunlap, LPCC, provide training, consultation and other assistance
- FIRST treatment services include: psychiatric care, individual resiliency training (counseling), family education and support, case management, among others. FIRST team members routinely assess FIRST individuals for suicide risk.

SHARED GOALS OF PROGRAMS THAT PROMOTE CONNECTION DURING TRANSITIONS

Remember that Facilitating Connections During Times of Transitions is an EFFECTIVE STRATEGY to Reduce Suicide Risk.

WE CAN ALL PLAY IMPORTANT ROLES IN PREVENTING SUICIDE

Know your resources:

- When calling 911, request **Crisis Intervention Team (CIT)** officers respond to crises
- **Coordinating Centers of Excellence** resources
  https://www.neomed.edu/ccoe/mental-health-resources/suicide-prevention/
- **National Action Alliance for Suicide Prevention,** ***Best Practices in Care Transitions for Individuals with Suicide Risk: Inpatient Care to Outpatient Care***
  https://theactionalliance.org/sites/default/files/report_-_best_practices_in_care_transitions_final.pdf
- ***It's Time to Talk About It, A Family Guide for Youth Suicide Prevention***
  https://www.sprc.org/sites/default/files/resourceprogram/Time2TalkAboutItFamilyGuide.pdf

WE CAN ALL PLAY IMPORTANT ROLES IN PREVENTING SUICIDE

- Know your resources:
  - Law Enforcement Toolkit https://spark.adobe.com/page/iGuBDtdEB5j5o/
  - Ohio Department of Mental Health & Addiction Services, Suicide Prevention https://mha.ohio.gov/Families-Children-and-Adults/Suicide-Prevention
  - National Suicide Prevention Lifeline: 1.800.273.8255
  - National Helpline: 1.800.662.HELP (4357)
  - Crisis Text Line: Text HOME to 741741

KNOW YOUR RESOURCES

Ohio Department of Mental Health & Addiction Services

Early Serious Mental Illness Project Providers

Visit this page to learn of FIRST Coordinated Specialty Care for First Episode Psychosis and other early serious mental illness programs in Ohio:

https://mha.ohio.gov/Health-Professionals/About-Mental-Health-and-Addiction-Treatment/Early-Serious-Mental-Illness/Early-Serious-Mental-Illness-Project-Contacts

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WE CAN ALL PLAY IMPORTANT ROLES IN PREVENTING SUICIDE

Learn more about partnering with the

NEOMED Coordinating Centers of Excellence

to promote recovery and improve the quality of care and quality of life for individuals with serious mental illnesses, their families and their communities by contacting:

Ruth H. Simera, M.Ed., LSW
Executive Director, Coordinating Centers of Excellence
330.325.6670
rsimera@neomed.edu

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ADVANCED CIT TRAINING

This webinar is considered an Advanced Crisis Intervention Team (CIT) training opportunity.

Certificates of completion may be requested by contacting

Haley Farver at hfarver@neomed.edu

with the following CIT training code:

OHIOCIT

QUESTIONS?

We encourage you to ask questions via

the **Zoom Q & A** or **Chat Box** during the webinar.

You may also email bestcenter@neomed.edu with questions following the webinar.

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