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MCES Quest

Montgomery County Emergency Service, Inc. ◆ *Comprehensive Behavioral Health Services*

Some Steps to Suicide Prevention

- ✔ Integrate suicide prevention into existing health care programs to enhance leverage.
- ✔ Disseminate mental health staff training modules on suicide.
- ✔ Develop standardized suicide assessment guidelines for primary care physicians.
- ✔ Help correctional staff to improve screening and supervision of high risk inmates.
- ✔ Include suicide awareness information in Employee Assistance Programs
- ✔ Reduce the disparity between "health" and "mental health" coverage.

National Strategy for Suicide Prevention: Goals and Objectives for Action

"The best way that we know to prevent suicide is to treat mental and addictive disorders."

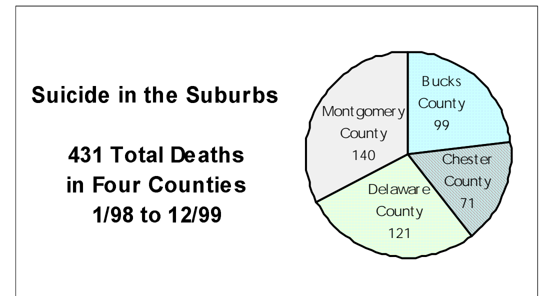
Rocio Nell, MD
CEO/Medical Director
MCES

Suicide: A Preventable Public Health Problem

Recently the Federal government issued the **National Strategy for Suicide Prevention**[1], The NSSP draws on current knowledge about suicide and suicide prevention and lays out a framework for action at the national, state, and local levels.

The NSSP offers several goals in relation to awareness, intervention, and methodology. This issue is oriented to the NSSP's first goal: "Promote awareness that suicide is a public health problem that is preventable."

Suicide is also a preventable mental health problem. Almost all psychiatric disorders, with the exception of dementia and mental retardation, heighten suicide risk. This risk can be reduced by the effective treatments available for these disorders.



Prevention and intervention are often impeded by misconceptions, the lack of information, and the stigma still attached to mental illness and suicide. This issue brings together baseline information about suicide and its incidence in our service area.

[1] *US Department of Health and Human Services, Public Health Service, Rockville, MD, 2001.*

What does it mean to be suicidal?

A suicidal individual may manifest suicidal ideation, suicide threats, self-injurious acts, life-endangering behavior, or a suicide attempt. Not every suicidal individual attempts or completes suicide, but all must be regarded as being at extremely high risk of doing so. Being suicidal involves the potential for self-harm, the completion of suicide, and possibly harm to others.

How to Help a Suicidal Individual

"..it is best to look upon any suicidal act, whatever its lethality, as an effort by an individual to stop unbearable anguish by 'doing something.' Knowing this...guides us as to what the treatment should be. The way to save a person's life is also to 'do something.' Those 'somethings' include putting that information (that the person is in trouble with himself) into the stream of communication, letting others know about it, breaking what could be called a fatal secret, talking to the person, talking to others, proffering help, getting loved ones interested and responsive, creating action around the person, showing response, indicating interest, and, if possible, showing deep concern."

Shneidman, E. S., (1996) "Psychotherapy with Suicidal Patients" in J. Maltsberger and M. Goldblatt (Eds.), Essential Papers on Suicide, New York; New York University Press, 1996.

Terminology

Contagion - Manifestation of suicidality by individuals aware of the suicide of another person.

Lethal Means - Object or method used to complete suicide (e.g., gun, hanging).

Means Restriction - Limiting access to items or places that may be used to complete suicide.

Suicidality - Suicidal thoughts and plans, suicide attempts, and completed suicides.

Suicide Attempt Survivors - Individuals who have survived a suicide attempt.

Suicide Cluster - Several related suicides in a common area and timeframe.

Suicide Rate - Incidence of suicide expressed as deaths per 100,000 population.

Suicidology - The scientific study of suicide and suicidal behavior.

Trigger - Event or process that precipitates suicidal behavior (AKA a proximal risk factor).

Firearms and Suicide: An Overview

Firearms are the prevalent means used to complete suicide in the US. Firearms are involved in 60% of all suicides nationally, and in 65% of the suicides of white males.

In 1992, 69% of white male teen and preteen suicides were by gun. In 1997, 38% of suicides by women were by gunshot. The use of guns is increasing among females. Guns are replacing self-poisoning and raising the number of fatalities among females.

Firearms were involved in 77% of the increase in suicides from 1980-1992, and were disproportionately tied to the increases among the young and the elderly. Among those 15-19, firearms accounted for 81% of the increase in the overall rate for that age group.

In Pennsylvania, the firearms suicide rate increased from 5.6/100,000 in 1980 to 6.6 in 1997. The 791 firearms suicides that year made up almost 57% of all state suicides.

A study of adolescent suicides found that guns were twice as likely to be kept in the homes of victims as in those of attempters. Another report found that a gun in the home raises suicide risk six-fold (nine-fold if the gun is kept loaded). It has been estimated that those who own a gun are 32 times more likely to complete suicide than those who do not.

Sources: Brent, D.A., et. al., (1991). "The presence and accessibility of firearms in the homes of adolescent suicides: A case-control study," Journal of the American Medical Association. 266(21) 2989-2995; Kachur, S.P., et al., (1995). "Suicide in the United States," 1980-1992. Atlanta: CDC, National Center for Injury Prevention and Control; Kellerman, A.L., et al., (1992). "Suicide in the home in relation to gun ownership," The New England Journal of Medicine. 327(7)467-472.

Suicide in Prisons and Jails

In the US suicide is the third leading cause of death in state prisons and the leading cause of death in county and municipal jails. A 1986 study of jail suicides found that holding facilities accounted for 30% of the deaths and detention facilities accounted for 70%.

In the Pennsylvania state prison system there were 82 suicides from 1989-99, a rate of 25.6, more than double the state suicide rate. All of the 8 state prison suicides in 1997 were males, and 50% of the suicides fatalities in 1999 were whites. Approximately 64% of the PA prison suicides in 1998 involved inmates with mental health/mental retardation problems.

The 1986 study of jail suicides found that victims were young, highly traumatized, alcohol-compromised, and often first offenders. 89% had not been screened for suicidal behavior at booking, 51% died in the first 24 hours, and 48% of those who were intoxicated died within the first three hours of their stays.

Critical inmate risk points are when awaiting trial or sentencing, immediately after sentencing, pending release, "special days" (e.g., holidays, birthdays, and the anniversaries of weddings, divorces, deaths, sentencing, imprisonment, etc.), and following "bad news" (e.g., divorce proceedings, further legal difficulties, etc.).

Inmates in isolation are at high risk. Periods of decreased staffing (i.e., weekends, nights, or holidays) and darkness are times when many inmate suicides take place. Risk is amplified by transfers or the loss of a valued prison job. Inmates with HIV/AIDS and those who have been raped or intimated to grant sexual favors are at risk of becoming suicidal.

Sources: Couturier, L. and Maue, F., (2000) "Suicide Prevention Initiatives in a Large Statewide Department of Corrections" Jail Suicide/Mental Health Update 9:4, 1-8; L. Hayes and J. Rowan, (1988) National Study of Jail Suicides. Alexandria, VA: National Center on Institutions and Alternatives.

Suicide Prevention at MCES

MCES was incorporated in the aftermath of two prison suicides. The principal mission of MCES is to address major psychiatric emergencies, which are by definition life threatening. The most critical of these is acute suicidality. In addition to serving those at high risk of completing suicide, MCES also intervenes on behalf of those at risk of becoming suicidal because of serious mental illness, substance abuse, or other behavioral health problems.

MCES operates the crisis and suicide prevention hotline for Montgomery County, Pennsylvania, and provides walk-in and outpatient crisis counseling. Its Mobile Crisis Intervention Service responds to suicide emergencies and comparable situations anywhere in the county. The MCES Inpatient Program provides intensive short-term treatment for suicidal individuals. The "Ranch House," a Crisis Residential Program, offers an alternative to hospitalization for those with behavioral health problems that may lead to suicidality without intervention and treatment.

Members of the MCES psychiatric staff provide on-site consultative and assessment services at the Montgomery County Correctional Facility, which includes evaluation of high risk and at-risk inmates. MCES also delivers educational services related to suicide prevention. The MCES Criminal Justice Program trains local police departments to recognize and safely respond to situations involving serious mental illness, other behavioral health emergencies, and suicide. MCES also serves as an informational and educational resource to other providers and the community on suicide prevention.

What are the signs of suicide?

Talking about suicide or dying, low ambivalence between living and dying, and a preoccupation with death are the most overt signs. Other indicators include helplessness and hopelessness, extreme social withdrawal, self-destructive or risk-taking behavior, giving away prized possessions, sudden changes in mood, behavior, or routines, and an increasing use of alcohol or drugs.

What is a suicide plan?

A suicide plan is a blueprint for completing suicide. It may include a given day, a specific time, a site, and the lethal means to be used. A plan indicates an increased level of risk. The more concrete, formulated, and doable the plan, the greater the danger. Not all victims share their plan prior to completing suicide.

Why does someone become suicidal?

It may happen because of severe stress caused by a serious life crisis or a serious mental illness and/or substance abuse problem. The stress and pain increase as the crisis, or the individual's perception of it, worsens. As this happens, feelings of control and self-esteem deteriorate. Depression may be a precipitant or a side effect of the process. Suicide and suicidal behavior are not normal responses to stress.

Suggested Readings

Blumenthal, S.J., and Kupfer, D.J., (Eds.) (1990). **Suicide over the life cycle: Risk factors, assessment, and treatment of suicidal patients**. Washington, DC: American Psychiatric Press.

Bongar, B. (Ed.) (1992). **Suicide: Guidelines for assessment, management, and treatment.** New York: Oxford University Press.

Doka, K. (Ed.) (1995). **Living with grief after sudden loss: Suicide, homicide, accident, heart attack, stroke**. Washington, DC: Hospice Foundation of America.

Hayes, L.M. (1995). **Prison Suicide: An overview and guide to prevention.** Washington, DC: US Department of Justice, National Institute of Corrections.

Jacobs, D.J. (Ed.) **Suicide and Clinical Practice**. Washington, DC: American Psychiatric Press.

Jamison, K.R. (2000). **Night falls fast: Understanding suicide.** New York: Alfred A. Knopf.

Maris, R.W. et al. (Eds.). (1992). **Assessment and prediction of suicide**. New York: Guilford Press.

More Readings

Maris, R.W., Berman, A.L., and Silverman, M.M. (2000). **Comprehensive textbook of suicidology**. New York: Guilford Press.

Silverman, M.M., and Maris, R.W. (Eds.). (1995). **Suicide prevention: Toward the year 2000.** New York: Guilford Press.

US Public Health Service (1999). **The Surgeon General's call to action to prevent suicide**. Washington, DC: Department of Health and Human Services, US Public Health Service.

Suggested Web Sites

American Association of Suicidology
www.suicidology.org

American Foundation for Suicide Prevention
www.afsp.org

NIMH Suicide Research Consortium
www.nimh.nih.gov/research/suicide.htm

PA Department of Health Bureau of Health Statistics
(Suicide Data)
www.health.state.pa.us/stats

Therapists as Survivors of Suicide: Basic Information
www.iusb.edu/~jmcintos/basicinfo.htm

In Southeastern PA

From January 1, 1998 to December 31, 1999, in Bucks, Chester, Delaware, Montgomery, and Philadelphia, there were 746 total deaths reported as suicides.

476 involved white males (63.8%)
136 involved white females (18.2%)
109 involved nonwhite males (14.6%)
25 involved nonwhite females (3.3%)

43 victims age 19 or younger (5.8%)
289 victims ages 20-39 (38.7%)
281 victims ages 40-64 (37.7%)
133 victims age 65 and over (17.8%)

What is a suicide threat?

An overt expression of intent to complete suicide. Suicide threats must be taken very seriously. Not all those who attempt or complete suicide make suicide threats or otherwise indicate their intentions. However, many do express their intentions. This is often regarded as a "plea for help" or an attempt to communicate distress.

What are suicide risk factors? A prior suicide attempt is a key indicator. Other factors are a family history of suicide, depression or other serious mental illness, gambling, alcoholism, substance abuse, family violence, physical or sexual abuse, a major physical illness, social or relational loss, job or financial loss, and the lack or social supports and isolation.

The Making of An Effective Suicide Prevention Plan

Suicide prevention is mostly done on an individual-by-individual basis. It may become group-focused after a particular incident involving, for example, a school or community.

There is no statewide suicide prevention plan and none at the county level in the suburban area. Such a plan is essential to creating community awareness and mobilizing participation. Here are the basic elements:

- Identify the targeted demographic and/or geographic populations (i.e., general community, teens, elderly, etc.)
- Define concrete, measurable outcomes (e.g., lower the suicide rate in a given group or area)
- Specify the evidence-based interventions (e.g., education) to be used to achieve the outcomes
- Indicate organizational responsibility for each activity.
- Develop the timeframe (multi-year) for implementation
- Monitor the results as activities are proceeding
- Evaluate, document, and disseminate the results

Suicide Prevention Plan In Place?	*Yes*	*No*
Bucks County		✓
Chester County		✓
Delaware County		✓
Montgomery County		✓
State of Pennsylvania		✓

Step one is bringing together the individuals and organizations concerned about the problem.

Suicide isn't painless: A primer on suicide loss

Suicide loss is the subject of almost as many misconceptions as suicide. It is a common belief among suicidal people that no one cares or will be affected by their death. Many in the general public feel that the aftermath of a suicide is comparable to that of other deaths. In virtually all cases these conceptions do not hold.

Suicide loss may be the most severe form of traumatic loss. Suicide is the most abnormal death. It is always sudden, usually unexpected, and often violent. Suicide loss has been characterized as a "personal holocaust." Those "left behind" feel, shame, betrayal, responsibility, guilt, disorientation, anger, and pain. They may come to terms with the loss, but never really "heal."

Relatives, friends, or emergency personnel who witness the death or find the body are vulnerable to post traumatic stress disorder (PSTD). Those touched by the suicide of a loved one or close friend face a long and painful bereavement. Most suffer depression. All are at a higher risk of suicide. Many manifest some level of suicidal behavior. Some complete suicide.

All suicide grievers, sometimes called "suicide survivors," have three basic needs: (i) to learn that the nature of their bereavement is a "normal" consequence of an abnormal loss; (ii) support in coping with the loss; and (iii) an understanding of suicide and the dynamics leading to the loss of their loved one.

Some groups have special needs. Men must often learn how to grieve, and to avoid options such as anger or alcohol. The grief of children and teens is often ignored or unrecognized. This is also the case with the aged who may be told that their loved one "was old and sick and going to die anyway." The grief of the parents of adult victims is also frequently marginalized.

A recent review of the research[1] offers four recommendations: (i) suicide survivors should have the opportunity to interact with other suicide survivors; (ii) support must include psychoeducation about the nature of suicide and suicide bereavement; (iii) support should help with the social aftermath of their loss in their families and elsewhere; and (iv) support must address the high risk of suicide survivors for depression, other disorders, and for suicidality.

The needs of those affected by a suicide are poorly understood by clinicians, providers, schools, employers, and others that they may encounter after their loss. Customary support systems are often compromised by the loss. There are some resources, but suicide grievers may be too confused, debilitated, or in some cases, stigmatized, to reach them. Mutual self-help support groups, such as Survivors of Suicide, where available, may be very helpful.

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[1] *Jordan, J.R., "Is Suicide Bereavement Different? A Reassessment of the Literature" Suicide and Life Threatening Behavior 31(1) Spring 2001, pp. 91-101.*

What is suicidal ideation? It involves persistent or recurrent thoughts of suicide or of suicidal behavior. Suicidal ideation can only be identified when it is self-reported. It is the first level of suicidal behavior. Thinking about suicide is never normal, even in the terminally ill or the frail elderly.

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To Learn More About Suicide

MCES will be hosting two lectures on December 6 & 13. On December 6 our highly skilled staff will be focusing on the topic of suicide, suicide prevention and the aftermath of suicide. The December 13 lecture will focus on high stress situations, which would include suicide and the mental health risks that they present.

We invite you to become better informed and educated about this preventable public health problem. Please refer to the enclosed flyer for details and registration.

Also included is a copy of "What You Should Know About Suicide." This new MCES brochure was prepared for mental health consumers, providers and the community. MCES will be covering suicide in high risk groups and prevention approaches in future lecture series. Check our web site for more information about suicide.

In Memorium

MCES was saddened by the recent death of William T. Donner, MD, a member of our Board of Directors. Dr. Donner was a very strong supporter of MCES who gave many years of dedicated service.

United Way Fall Campaign

Please support MCES through the United Way. Kindly designate your contribution to:

Montgomery County Emergency Service, Inc.
#01801

MCES serves those in severe psychiatric emergencies regardless of their ability to pay. Your generosity will enable us to continue to do so.

01801 is our donor choice number for the United Way of Southeastern PA. If you give to another United Way or other workplace campaign you may designate your contribution on the pledge form with our name and address:

Montgomery County Emergency Service, Inc.
50 Beech Drive
Norristown, PA
19403-5421

THANK YOU!

From Our Staff

'If you think that someone is suicidal, don't beat around the bush. Ask them directly about their feelings and their suicidal thoughts. For example, ask 'Are you having any thoughts about killing yourself?"'

Steven Shapiro, Ph.D.
Director of Psychology

"The seriousness of a suicide attempt does not necessarily correlate with the person's degree of intent to complete suicide. Every attempt indicates a very high risk of suicide and must be responded to similarly."

Robert Bond
Director of Crisis Service

"The lack of ongoing treatment is a very serious problem after a suicide attempt or a suicidal episode. Emergency hospitalization or crisis intervention cannot address the underlying issues. Follow-up such as partial hospitalization, intensive outpatient treatment, and other services may be necessary to reduce the risk of recurrent suicidality."

Muhammad Shamsi, MD
Psychiatrist