YOUTH SUICIDE PREVENTION FOR FIRST RESPONDERS

GATEKEEPERS ON THE FRONT LINES

Nationwide Children's
When your child needs a hospital, everything matters.

CENTER FOR SUICIDE PREVENTION AND RESEARCH (CSPR)

- Consultation about prevention, assessment, intervention & postvention
- Provide gatekeeper trainings – "training trusted adults"
- Reduce stigma and build MH awareness
- Identify natural supports & coping strategies
- As part of our mission, "we *engage each community member to understand their role in preventing suicide*".

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TRAINING OBJECTIVES

1. Learn about youth suicide key terms and statistics
2. Highlight warning signs and major risk/protective factors associated with youth suicide
3. Discuss effective strategies for responding to youth at risk for suicide
4. Review topics for first responder self-care

KEY DEFINITIONS

- **Suicide**—death caused by injurious behavior to the self with an intent to die
- **Suicide attempt**—a non-fatal, potentially injurious behavior to the self with an intent to die; might not result in injury
- **Suicidal ideation**—Thinking about, considering, or planning suicide

  Centers for Disease Control and Prevention
- **Self injury**.—Purposeful acts of physical harm to the self with the potential to damage body tissue but performed *without* the intent to die

  Nock & Favazza, 2009

CHECK THE FACTS

You do **NOT** cause a person to consider killing themselves by talking about suicide.

In fact, bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

CHECK THE FACTS

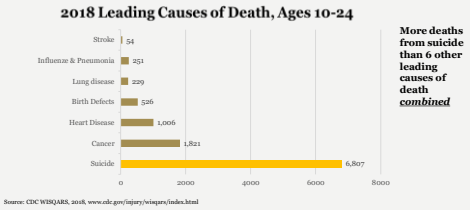
Teens who talk about killing themselves **ARE** more likely to attempt suicide than teens who don't.

Almost everyone who dies by suicide has given some clue or warning.

Do not ignore suicide threats, even when presented as a joke.

THE PROBLEM OF YOUTH SUICIDE

- 2nd leading cause of death for ages 15-24 – 6,211 in 2018
- 2nd leading cause of death for ages 10-14 – 596 in 2018



Source: CDC WISQARS, 2018, www.cdc.gov/injury/wisqars/index.html

YOUNGER CHILDREN AND SUICIDALITY

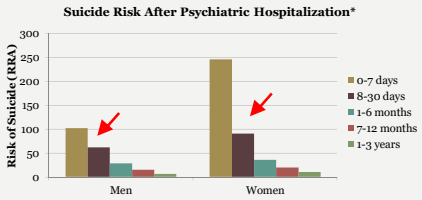
Even children under 12 year of age plan, attempt and complete suicide

- 12% of children age 6 to 12 have suicidal thoughts
- 2nd leading cause of death for 12 year-olds
- 8th leading cause of death for children under 12

Sources: CDC, 2018; Tishler, Reiss, & Rhodes, 2007; Natl Vital Stat Rep, 2006

CONCENTRATION OF SUICIDE RISK

Roughly 1 in 3 (39%) suicide deaths in the first year following hospital discharge occur in the first 28 days



Source: Qin et al., Arch Gen Psychiatry, 62(4):427-32, 2005; Goldacre et al., 1993

THE GOOD NEWS

Suicide is Preventable

Timely and *effective* mental health treatment.

Awareness and support from our community!

RISK FACTORS & WARNING SIGNS

UNDERSTANDING WHAT TO LOOK FOR CAN PREVENT SUICIDE

DEFINITIONS

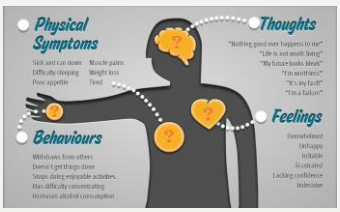
- **Risk factor**—any personal or environmental quality that is associated with increased risk of suicidal behavior
- **Precipitating event**—an event that triggers an individual from thinking about suicide to making an attempt
- **Warning sign**—an indication that an individual may be experiencing depression or thoughts of suicide
- **Protective factor**—a personality or environmental quality that can reduce the risk of suicidal behavior.

RISK FACTORS FOR SUICIDE

- Mental illness
  - Over 90% of people who die by suicide have a least one major mental illness (Gould et al., 2003)
- The strongest risk factors for suicide in youth
  - depression
  - alcohol and drug use
  - previous attempts (NAMI, 2003)

SIGNS OF DEPRESSION

MAJOR CHANGES FOR TWO WEEKS OR MORE IN SEVERAL AREAS:



HOW CAN DEPRESSION IMPACT CHILDREN?

Cognitively	Socially	Behaviorally
Poor working memory	Fighting with peers/ family	Oppositional/ Disruptive
Challenges with planning/decisions	Not interacting with others	Not participating in activities
Doubt their abilities		Giving up easily
Future goals matter less		Easily distracted/ lack attention

ADDITIONAL RISK FACTORS FOR SUICIDE

Biological considerations

- Gender
- Distress related to LGBTQ+ identities
- Family psychiatric history

Environmental implications

- Access to things that can be used to attempt suicide
- History of bullying others or being bullied
- History of trauma - sexual, physical, and emotional abuse
- Knowing someone that died by suicide

SUICIDE TRIGGERING EVENTS

No single event causes suicidality

Examples:
*breakup
*bullying
*school problems
*rejection or perceived failure
*sudden death of a loved one
*suicide of a friend or relative
*family stressors like divorce, jail, deployment

WATCH FOR WARNING SIGNS

- Most people who attempt suicide give warning signs of suicide
  - Wanting to be alone all of the time
  - ↓ interest in usual activities
  - Giving away important belongings
  - Risky or reckless behavior
  - Self-injury
  - Increase in energy following a period of depression

WARNING SIGNS

- **Seek Immediate Help**
  - Threatening to attempt suicide
  - Obtaining a weapon or seeking means to kill oneself
  - Talking or writing about wanting to end one's life in school or social media

Do not leave the child alone if these warning signs are present!

WHAT YOU CAN DO

IMPORTANT TIPS AND APPROACHES TO RESPONDING TO SUICIDE CONCERNS IN YOUTH

FIRST RESPONDER RESPONSE TO SUICIDE

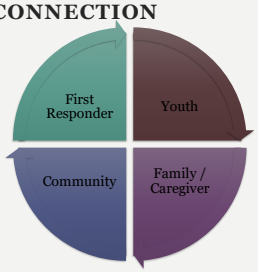
- As a first responder, you may be:
  - Responding directly to thoughts of suicide (known)
    OR
  - Discovering thoughts while in an unrelated situation (unknown)

THE POWER OF A TRUSTED ADULT!

https://www.youtube.com/watch?v=3B8yqa7bhto

COMMUNICATION, COLLABORATION, & CONNECTION

CIT trainings recommend a "5 legged stool" approach: training, community, crisis system, behavioral health, and family/advocates.



DE-ESCALATION

Calm → Assess → Facilitate

1. **Calm**: decrease the intensity of the situation for yourself *and* others
2. **Assess**: determine best response based on the situation presented
3. **Facilitate**: promote change and resolution based on your assessment

http://www.cit.memphis.edu/

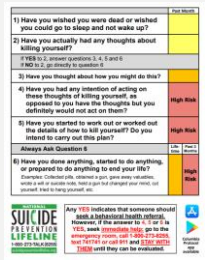
SCREENING FOR SUICIDE IN THE FIELD

- Asking about suicide saves lives
- Asking directly is one of the most helpful things you can do
  - Direct question → Direct answer
- Important information for crisis response and coordination with other responders/providers
- Duty – Asking with the intent to save lives is taking responsibility, negligence is in *not* asking
- Reduces anxiety and increases preparedness

THE COLUMBIA SCALE

- C-SSRS
  - Effective - Strong evidence-base supporting use
  - Simple - Questions only take a few moments
  - Efficient - Direct questions increase accuracy
  - Universal – Suitable for all ages and special populations in different settings
  - Structured, but flexible tool that helps identify suicide risk and need for intervention
  - Use of this tool allows for a common language

THE COLUMBIA SCALE



THE COLUMBIA SCALE

First Responder Demonstration:

https://www.youtube.com/watch?v=fx3N3uDUQbo&feature=youtu.be

THE COLUMBIA SCALE

Link to full online training (20-30 minutes):
https://cssrs.columbia.edu/training/training-options/

Under "**ONLINE OPTIONS**" click "interactive C-SSRS training module"

First responder specific information:
https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/first-responders/

SUICIDE SCREENING

- Keep in mind:
  - Asking saves lives
  - Comfort increases with experience
  - Tools do not replace policy, protocols, or judgement

PLANNING FOR SAFETY

- Personal warning signs
  - How do you know when you are in a crisis?
- Coping skills and protective factors
  - What can you do to feel better?
- Supports - peer and trusted adults
  - Who can you turn to if you need help?
- Crisis line numbers
- Assess safety
  - Parent/Caregiver ability to keep the child safe
  - Remove access to lethal means

PROTECTIVE FACTORS

Individual Characteristics	Family/Other Support	Mental Health	Restricted Access to Means	School
Coping skills	Feeling connected	Access to care	Firearms	Positive experience
Self-esteem	Social support	Therapeutic Support	Medications	Feeling connected
Spiritual faith			Chemicals	Sense of respect
			Sharps	

HEALTHY HABITS – "FREE MEDICINE"

- Nutrition, Sleep and Exercise work together to keep our mind and body working at its best
- They are behaviors that can prevent and treat depression

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POSTVENTION

RESPONDING TO A LOSS AS A FIRST RESPONDER

POSTVENTION

Interventions to facilitate the grieving process for those affected by a suicide.

- Initiates the healing process
- Mitigates negative effects of exposure to a suicide
- Prevents suicides among people who are at high risk after exposure

POSTVENTION AS PREVENTION

POSTVENTION

- Goals:
  - Prevent further suicides
  - Support those impacted by the loss
    - Promote calm, safety, connectedness, and hope
    - Monitor for reactions and needs
  - Counteract negative effects of exposure to suicide
    - Reduce exposure
    - Provide resources and grief support as needed
    - Consider messaging/media – avoid glamorizing

RESPONDING TO A SUICIDE DEATH

- Stay calm – modeling/encouraging others
- Use de-escalation skills if needed
- Ask about suicidal thoughts in family, friends, and/or bystanders – provide resources
- Provide information on postvention as appropriate

TRAUMA IN CHILDREN

Trauma is…

- A very upsetting event in which one may experience physical or emotional injury.

OR

- Witnessing *or hearing about* a serious injury to or the death of someone else.

- Emotions may be confusing and difficult to express
- Different children react in different ways
- Development affects understanding of the situation

Preschool Children	Elementary School Children	Middle and High School Children
• Feel helpless and uncertain • Fear of being separated from their parent/caregiver • Cry and/or scream a lot • Eat poorly and lose weight • Return to bedwetting • Return to using baby talk • Develop new fears • Have nightmares • Recreate the trauma through play • Are not developing to the next growth stage • Have changes in behavior • Ask questions about death	• Become anxious and fearful • Worry about their own or others' safety • Become clingy with a teacher or a parent • Feel guilt or shame • Tell others about the traumatic event again and again • Become upset if they get a small bump or bruise • Have a hard time concentrating • Experience numbness • Have fears that the event will happen again • Have difficulties sleeping • Show changes in school performance • Become easily startled	• Feel depressed and alone • Discuss the traumatic events in detail • Develop eating disorders and self-harming behaviors such as cutting • Start using or abusing alcohol or drugs • Become sexually active • Feel like they're going crazy • Feel different from everyone else • Take too many risks • Have sleep disturbances • Don't want to go places that remind them of the event • Say they have no feeling about the event • Show changes in behavior

http://ccfasd.northwestern.edu/family/child-trauma/

SUICIDE CONTAGION

- Adolescents exposed to suicide directly or indirectly are at increased risk for attempts
- Imitative suicides account for up to 5% of teen suicides
- Media coverage can influence suicide rates positively AND negatively

- Why does this happen?
  - Modeling / observational learning
  - Identification with peers
  - Increased emotional stress

MEDIA

- There are many ways that we can use media to combat suicide risk:
  - Change perceptions and reduce stigma
  - Promote meaningful dialogue
  - Educate and humanize mental health struggles
  - Attach value to support and treatment options
  - Promote mastery and coping to manage crisis
  - Connect at-risk individuals with caring communities

HELPING THE HELPER

TAKING CARE OF YOURSELF AND YOUR TEAM AS AN IMPORTANT TASK WORKING WITH YOUTH SUICIDE

SECONDARY STRESS & TRAUMA

- **Secondary traumatic stress (STS)** - Emotional response to the experience of witnessing others' suffering.
  - Adverse reactions to empathizing with others
  - May impact emotional, cognitive, and/or physical health
- **Vicarious trauma:** Long-term distress resulting from secondary stress.
  - Symptoms parallel PTSD.
  - Impacts personal view about the world, self, and others

WHAT TO WATCH FOR

Stress reactions are common and normal.

Physical	Cognitive	Emotional	Behavioral
Fatigue	Uncertainty	Grief	Withdrawal
Chills	Confusion	Fear	Increased alcohol use
Thirst	Nightmares	Guilt	Change in Communication
Chest Pain	Poor concentration	Anger/Frustration	Loss/increase in appetite
Headaches	Poor decision making	Sadness/Depression	Difficulty sleeping
Dizziness	Poor problem solving	Anxiety/Worry	

WHEN TO SEEK HELP

- Stress reactions last for a prolonged period – 4 weeks or longer
- Significant impact in function at work or home
- You experience distress with thoughts, emotions, or physical symptoms
- Your reactions are worsening over time instead of getting better
- Important relationships with others in your life are being impacted negatively by your reactions
- Increased use of alcohol or drugs

DEBRIEFING

- Debrief meetings should occur shortly after the event happens – 24-72 hours
  - Debriefs should be held in small group formats
  - Not everyone may need to debrief or feel comfortable participating
- A check-in is also recommended between 3-6 months after the initial debrief meeting
  - This could be a quick phone call or email with reminders of ongoing coping and resources
  - Symptoms may have a delayed onset or some individuals may not be ready to seek services initially
  - Additional check-ins should occur at the anniversary of the event if significant

DEBRIEFING

- What does a debrief meeting look like?
  - Introduction - review the purpose of the meeting and establish ground rules for respectful interactions
  - Review the event with attendees – What happened?
  - Discuss reactions to the event
  - Provide resources/information on normalizing reactions
  - Reinforce coping and support skills – Handouts with service providers and other resources helpful
  - Discuss improvement in services - What can we do better next time?
  - Wrap-up

MORE SELF-CARE RESOURCES

Ohio Mental Health & Addiction Services (OHMAS)

First Responder Liason: Steven M Click

Steven.click@mha.ohio.gov – 614-466-9938

- FREE Trainings offered:
  - **ASSIST Program:** Post critical incident seminar to process the event. Participant driven, peer facilitated, and clinician supported.
  - **After the Call:** Training to provide administrators ideal, concepts, and techniques to help during a critical or traumatic incident.
  - **Crisis Awareness Training:** Training provides information on identifying crisis after a traumatic event. An additional hour of training can be added to this on addiction awareness.
  - **Self-Care Training:** Course reinforces concepts of self-care for first responders.
  - **QPR (Question, Persuade, and Refer):** First Responder Suicide Awareness and Prevention Training.

WANT MORE TRAINING?

- 1st Responder Conferences: https://1stresponderconferences.org/
  - Health & Wellness Training for Everyday Heroes
- Crisis Intervention Team (CIT): https://www.citinternational.org/
  - First-responder model of training to help persons with mental disorders/addictions
- Psychological First Aid (FREE online): https://learn.nctsn.org/course/
  - Trauma considerations for responding to disaster scenes
- Critical Incident Stress Management (CISM): https://ccism-cert.org/
  - Training to support first responders following stressful incidents

- Personal mental health screen: https://www.helpyourselfhelpothers.org/
  - Free and anonymous personal screening for mental health concerns

Q & A

The Center for Suicide Prevention and Research

http://www.nationwidechildrens.org/suicide-prevention

Phone: 614-355-0850

Email: suicideprevention@nationwidechildrens.org