

Understanding and preventing suicide: What you can do to help

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Change how we talk about suicide:

- Don't say "committed suicide"

Use: **"died by suicide"**
"lost to suicide"
"died from depression"
"died of brain illness"

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How common is suicide?

- Suicide is a rare event.
 - U.S. population: 14.2 per 100,000 = 48,000+ / year
- Veterans: 20%+ of all U.S. suicides - 13% population
- Rates rise with age; highest rates among white men in 70s and 80s (51 per 100,000 in men over 85)
- Men far more likely to die by suicide: men 4X more likely to die (80% vs 20%)
- More rural than urban (fewer resources, more isolation, greater access to firearms)

NCVDRS 2019; NCHS, 2018; CDC 2018; Goldsmith 2002; MMWR 2018; DoD, 2016; Stallones, 2005

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Efforts in Prevention

- Limit access to easy, lethal methods
- Mass media coverage
- Religious proscriptions
- Desecration of corpse
- Crime against the state
- Telephone, text, internet crisis lines
- Primary medical care assessment
- School prevention programs
- Gatekeeper programs: MHFA, QPR, ASIST, Kognito
- Hospital non-demand follow-up programs
- Targeting suicidality, not just treating disorder

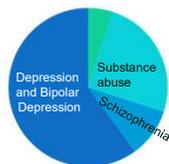
Mostly known what does not work; now have EBTs

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90-95% of suicides have identifiable brain illness

- Depression
- Bipolar disorder
- Schizophrenia
- Substance abuse
- Anxiety disorder; Anorexia, Borderline Personality

Just like heart disease and cancer, these are potentially fatal illnesses



Cavanagh et al 2003; NIMH, 2010

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Suicide: Causes

Most explanations are too simplistic: never the result of single factor or event.

No single CAUSE of suicide; only CAUSES.

- Highly complex interaction of biological, psychological, cultural, sociological factors.
- Multiple risk factors increase risk

- | | |
|-----------------------------|---------------------------|
| • Mental disorders | • Social isolation |
| • Substance abuse | • Pain sensitivity |
| • History of trauma / abuse | • Fearlessness |
| • Head injury/brain trauma | • Stigma re; help-seeking |
| • Modeled by others | • Economic hardship |
| • Firearm in the home | • Insomnia |

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Suicide risk factor with greatest effect

Social isolation: actual isolation from others or feeling left out even when others are around

- Everyone needs to feel part of family/tribe/group where they are valued, loved, supported
- Situations can cause person to **feel they aren't**; risk increases because of **social rejection**, including bullying, child abuse, being LGBTIQ.
- Withdrawal is symptom of depression, but need to know **WHY** person not meaningfully involved

Lack of belonging / social connection greatest risk

Van Geel, 2014; CDC, 2016; Schwartz-Lifshitz, 2012; AASP, 2018; Joiner, 2012; Goldblum, 2015

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Risk potential
is cumulative
Factors converge
at point in time



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Why do people kill themselves?

Don't want to die; want to end intolerable pain.

- Confluence of pain and hopelessness, **alienation** and perceived **burdensomeness** that matters.
- 70% give some warning; having safety plan is critical
- **60-95%** people who attempted and were rescued report being glad they lived

Freedenthal, 2017; Klonsky, 2015; Anestis, 2014; Joiner, 2012

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Depression: Influences

- **Biology:**
 - changes in brain structure and chemistry
 - inflammation
 - hereditary vulnerability
 - injury to brain
- **Environment:**
 - stresses can trigger and/or worsen episodes
- **Cognition:**
 - thoughts / beliefs

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Feedback Loop



Chemistry affects thinking

Thinking affects stress

Stress affects chemistry

Riley, 2000

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Treatment / Intervention

Medication / Treatment Improve brain function. Meds that reduce suicide risk: lithium, clozapine, ketamine

- Electroconvulsive Therapy (ECT)
- Vagus nerve stimulation (VNS)
- Transcranial Magnetic Stimulation (TMS)
- Neurofeedback (NFB)
- Transcranial alternating current stimulation" (tACS)
- Eye Movement Desensitization/Reprocessing (EMDR)

Cognitive Behavioral Therapy (CBT + DBT)

Change negative thoughts that reinforce and worsen feelings. Target suicidality, not just treat disorder

Environmental changes

- Reduce stress
- Increase protective factors

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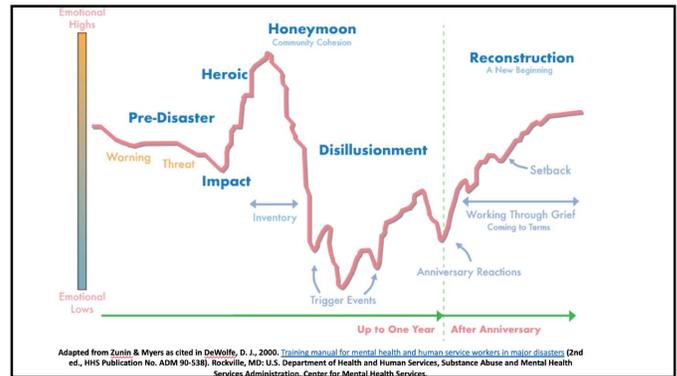
Lack of belonging or social connectedness is great risk

Social isolation: actual isolation from others or feeling left out even when others are around

- Everyone needs to feel part of family/tribe/group where they are valued, loved, supported
- Situations can cause person to **feel they aren't**; risk increases because of **social rejection**, including **bullying, child abuse, LGBTIQ**.

Van Geel, 2014; CDC, 2016; Goldblum, 2015; Schwartz-Lifshitz, 2012; AASP, 2018; Joiner, 2012

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What's different about now?

Always increase in suicides after disasters:
60-90 day from acute impact
Economic downturns longer: year +

- Anxiousness and low mood tripled after onset
Peaked in April, went down to pre-level by June
- Worse with more time on social media
- Breakdown in service delivery system (system operated on narrow margin before; now completely overwhelmed)
Telehealth helpful, but poor / homeless don't have laptops/broadband
- Breakdown in social support (loneliness is worse for humans than smoking or obesity; increases anxiety, depression, substance abuse, health problems)

JAMA, 2020; Newsweek, 2020; Kaufman, 2019; Hoffman, 2019

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Normal reactions to very abnormal event

- Physical, cognitive, emotional arousal is automatic natural reaction to threat
- Fight, flight, freeze: great short-term response, not so great for long-term. Can exhaust us physically, mentally and emotionally
- Intended outcome is: expend energy!
There has to be opportunity to discharge stress
 - This is why exercise works:
expend energy, releases pent-up tension

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Resiliency

- Ability to bounce back from adversity
- People who are more resilient are:
allow themselves to feel bad in adversity, but believe in their ability to cope and resolve problems, resulting in sense of well-being
- Resilient people allow sorrow and joy to coexist, to celebrate life's blessings while acknowledging their grief.
- Resilient people know when and how to ask for help.

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Tired, sad, hard to concentrate?

Normal reactions to very abnormal event

Trauma can lead to long-term growth

- What I learned from this that's made my life better
- Also has potential long-term to deplete our coping mechanisms
 - We intentionally increase our resiliency through awareness and acting on that
 - Don't wait 'til you know you need it.

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How to know when it's a problem?

Anxiety and sadness are different from an anxiety disorder or depression.

- **Everybody** has times when they're worried or anxious. That's normal and not a disorder.
- **Everybody** has times when they're sad or upset. That's normal and not depression.

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When you see a **change** in a person, that lasts more than a short period:

- Affecting their thinking, emotions, behavior
- Severe enough to interfere with their ability to:
 - work or learn
 - carry out daily activities
 - engage in satisfying relationships with others

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Not your job to diagnose...

Notice, listen, and encourage professional help

- "I've noticed... and I'm concerned about you."
- Do you have a doctor or therapist that you could talk to about your symptoms? (Many illnesses have symptoms that mimic those of anxiety and depression)
- Encourage self-help
- Offer resources for treatment and support, (if it's a friend, including yourself!)

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How do you do that? Seize the Awkward commercial by Mental Health Ad Council available on youtube

Listen for comments that worry you:

- I just wish I wouldn't wake up tomorrow.
- Sometimes I don't feel like going on.
- I can't take it any longer.
- I think everyone would just be better off without me.
- Sometimes I wish I were dead.

It's a **myth** that asking someone if they're suicidal will put the idea in their head.

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What would you say?

- Ask the question directly:
 - Are you having thoughts of suicide?
 - Are you thinking of killing yourself?
- If yes, then:
 - Tell me more about that.
 - What have you thought about doing? Do you have a plan?
 - Have you started to collect the things you'd need to act on that?

National Crisis Line: (1-800-273-TALK) Next year: **988**

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Taking Care of Each Other

- Recognize stress in your co-workers or friends and respond: "I know you said you're OK, but you sound..." or "but I've noticed"
- Listen, **without trying to problem-solve**
- Where appropriate, **offer help or resources**. Start with, "If you'd like, I could..."

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Don't:

- Have the same standards or expectations for people as you would pre-pandemic.

“You are not ‘working from home’.
You are ‘at your home’ during a crisis,
trying to work.”

Canadian federal government

That is a big distinction!

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Humans HATE begin out of control.

So, what can I control?

Most importantly, you control your own thoughts.

It's not just what happens.

It's what you tell yourself about what happens.

Example: “I was irritable with my kids today
because I'm so stressed. I'm a terrible parent.”

Or: “I was irritable with my kids today
because I'm so stressed. I'm doing the best
I can right now.”

Example: I can't take this any longer!

Or: This won't last forever.

I can manage right now.

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Do: Talk openly with others

- Remember how the person usually is - not how they are in this moment. Snippy or irritable? You don't have to show up to every argument you get invited to! Instead, try: “That's not like you. How are you doing, really?”
- Decrease stigma. “All of us will have good days and bad days.” It's not about who's strong.

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Do:

Model taking care of yourself for others

- ✓ “I'm taking time off this afternoon, so I won't be answering email.”
- ✓ “As soon as we're done, I'm going out for some exercise.”
- ✓ “I'm having a hard time some days, too.”

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Helpful Tips:

- Express **gratitude** for what you do have.
“Grief and gratitude
can sit at the same table.”
- Be mindful: Find the beauty, peace and comfort in things around you (flowers, art, good food, kindness of others, great music)
- Focus on what you CAN control.
Here's what I can do.
- Chunk your quarantine - week, day, hour, 5 minutes

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Flow: Being so completely absorbed in a project that you lose track of time

People in quarantine: Those who tolerated best were NOT those who were the most optimistic or the most introverted or the most mindful.

They were those who found the most **flow**.

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Helpful Tips:

- Share your feelings with others. Be honest about irritation, sadness, guilt, anger, anxiety you feel. You are **not alone** in it.
- **Not sure how it's affecting you?** Ask someone you really trust to tell you the truth. How am I doing? What have you noticed that's different about me?
- It's a sign of strength to ask for help when you need it.
- Self-soothing: Activities that have a repetitive, left-right action: knit, run, drum, swim, crochet

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Environmental Changes

Reduce stress in any way!

Intervene in:

- conflict with: family, work, bully, teacher, neighbor
- abuse / sexual abuse / domestic violence
- inadequate sleep / exercise / sunlight
- nutrition deficits: B6, B10, D3, zinc, magnesium
- social concerns / hygiene
- meditation / mindfulness / yoga / Tai Chi
- unmet spiritual needs

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Environmental Changes

Increase protective factors:

Engage with nature: 120 minutes/week
lowers blood pressure, pulse rate, cortisol
Hike, garden, plants, walk beach, "forest bathing"

Find purpose / meaning in life:
Work, art, music, dance, hobby, craft
Tell your story: write / audio / video

Dark Chocolate: 1-2 ounces/day

Service to others: Volunteer

- Small acts of kindness

Goldsmith, 2002; Seligman, 2011
White 2019; Klonsky, 2015

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To decrease suicide risk, increase protective factors:

- Increase real, meaningful social connections and warm, nurturing relationships, not ones with conflict or that increase sense of burdensomeness (call/visit, groups, non-demand f/u, faith community)
- Increase optimism / gratitude / hope
- Reduce stigma around help-seeking; provide hotline resources
- Limit time on social media.

(Klonsky, 2015; Goldsmith, 2002; Hockey, 2003; Seligman, 2011)

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Activity: Find the lesson in it for you!

What is something I have learned, experienced, started doing (or picked back up) during this time that I want to keep in my life?

This is one small thing I commit to do that will improve my resilience!

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Preventing Suicide Is Everyone's Business

- *To those who have lost their lives by suicide,*
- *To those who struggle with thoughts of suicide,*
- *To those who have made an attempt on their lives,*
- *To those caring for someone who struggles,*
- *To those left behind after a death by suicide,*
- *To those in recovery, and*
- *To all those who work tirelessly to prevent suicide and suicide attempts in our nation.*

We believe that we can and we will make a difference.

Dedication from the 2012 National Strategy for Suicide Prevention

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