Suicide Prevention and Intervention

Kim Myers, MSW
May 2, 2017
Overview

- Suicide in Utah
- Suicide Risk & Protective Factors
- Suicide Warning Signs
- C-SSRS
- Safety Plan
  - Means Reduction
How many people died by suicide in Utah in 2015?

609

Data Source: Utah Violent Death Reporting System, Utah Department of Health Violence and Injury Prevention Program
Utah Ranks 5th in the Nation

Data Source: WISQARS 2014 Suicide Fatality Rates ages 10+
Utah and U.S. Suicide Trend

Rate of Suicides per 100,000 Population Ages 10+ by Year, Utah and U.S., 1999-2015

Data Source: Utah Death Certificate Database, U.S. Centers for Disease Control and Prevention
Youth ages 10 to 17 have a significantly higher risk of suicide compared to all other age groups? **False**
Suicide Rate by Age Group and Sex, Utah, 2013-2015

Rate of Suicide per 100,000 Population by Age Group and Sex, Utah 2013-2015

- **Males**
- **Females**

Data Source: Utah Death Certificate Database, Utah Department of Health
Utah and U.S. Youth Suicide Trends

Rate Of Suicides by Year, Youth Ages 10-17, Utah and U.S., 1999-2014

Data Source: Utah Death Certificate Database, U.S. Centers for Disease Control and Prevention
Suicide and Motor Vehicle Crashes

Rate of deaths per 100,000 population ages 10-17, Utah, 1999-2015

- **Suicide**
- **Motor Vehicle Crash**

Data Source: Utah Death Certificate Database, Utah Department of
Causes of Death and Injury

- Firearm closely followed by suffocation
- Poisoning
Firearm Related Death

Figure 2: Percentage of firearm-related deaths by intent, Utah, 2007-2011

- Unintentional: 0.9%
- Suicide: 10.7%
- Homicide: 3.0%
- Undetermined: 1.2%
- Other: 84.3%
Protective Factors

- Effective clinical care for mental, physical and substance use disorders
- Family connectedness and school connectedness
- Reduced access to firearms (other means)
- Safe schools
- Academic achievement
- Self-esteem
Risk Factors

- Mental Illness
- Substance Abuse
- Previous Suicide Attempts
- Exposure to friend/family suicidal behavior - family history of suicide
- Stressful life event or loss
- Incarceration - loss of freedom
- Access to means - firearms in the home
Recently Released from Treatment

- Overall number of suicide fatalities 2012-2014: 1,653
- Number recently released from treatment or incarceration within 30 days prior to their death: 155 (or 10.7% of the total)

**Suicide victims recently released from treatment, by institution or facility type, 2012-2014**

- Hospital: 34%
- Psychiatric hospital: 32%
- Jail, prison, or detention facility: 26%
- Other psychiatric institution: 5%
- Supervised residential facility: 3%
Suicide in Older Adults

- 65+ 9.3% of the population and 10.7% of all suicide deaths
- 20.6 per 100,000
  - Males 39.9 per 100,000
  - Females 4.9 per 100,000
- Risk highest among males 85 and older
- 78% of deaths occurred in the home
- 79% used a firearm
- Physical health problems significant risk factor
- In people over age 65, there are only 4 attempts for every completed suicide.
- 75 percent had been seen by a physician within a month of their suicide.
Suicide & Physical Health

• 1 in 10 linked to chronic illness including
  ◦ Neurological Diseases
  ◦ Neoplasms
  ◦ Pain Disorders
  ◦ HIV/AIDS
  ◦ Chronic Renal Disease
  ◦ Liver Disease
  ◦ Bone and Joint Disorders
  ◦ Cardiovascular Disease
  ◦ Gastrointestinal Disorders
  ◦ Disabilities of locomotion
  ◦ Blindness and Deafness
System Involved Youth

- Youth in child welfare or juvenile justice 3 to 5x more likely to die by suicide than youth in general
- Youth in foster care 4x more likely to attempt suicide
- Adverse Childhood Experiences- abuse, neglect, family dysfunction, etc...increase risk of mental health disorders, substance use, and suicide.
- The more types of ACE’s the higher the risk
ACE’s

- Abuse:
  - Emotional
  - Physical
  - Sexual

- Neglect:
  - Emotional
  - Physical

- Household Dysfunction:
  - Mother treated violently
  - Household substance abuse
  - Household mental illness
  - Parental separation or divorce
  - Incarcerated household member
Interpersonal Theory of Suicide

Figure 1

- Desire for Suicide
- Perceived Burdensomeness
- Thwarted Belongingness
- Acquired Capacity for Suicide

High risk for suicide completion or serious attempt

Desire for Suicide

- Perceived Burdensomeness
  - Perception of being a burden to others
  - Psychological pain
  - Hopelessness
  - “I am worth more dead to people I love than alive”

- Thwarted Belongingness
  - Social disconnection to something larger than oneself
  - Social isolation
Acquired Capacity for Suicide

- Disinhibit from fear of death
- Fearlessness
- Painful experiences across life
  - Trauma and abuse
  - High risk behaviors
  - Comfort with deadly means of suicide
  - Prior suicide attempts
Ideation to Action Framework

An effort to get away from building a never ending list of risk factors for suicide overall.

Instead to work on understanding what prompts suicidal ideation versus plans versus non-lethal attempts versus death and in what contexts those variables have the most influence.

To focus on moderators and mediators rather than simple main effects and to be more specific about the precise nature of their outcome variables.
At any given moment, most people are not thinking about suicide
Unfortunately, however, a sizable minority are having such thoughts.
Unfortunately, however, a sizable minority are having such thoughts.
Nonetheless, the vast majority of those individuals thinking about suicide will not make an attempt.
Taking it a step further, the vast majority of those who do attempt, will not die from that attempt.
Ideation to Action

Development of suicidal ideation and progression from ideation to attempts are distinct processes with distinct explanations.
Ideation to Action

Suicidal ideation results from the combination of pain (usually psychological) and hopelessness.

Connectedness is a key protective factors against escalating ideation.

Progression from ideation to attempts is facilitated by dispositional, acquired, and practical contributors to the capacity to
Suicidal Ideation occurs, often in presence of psychological disorder coupled with pain and hopeless

Connection to other people, job, project, role, interest- any perceived purpose or meaning. Connection to life > pain

Capacity for suicide
Disposition
Acquired
Practical
1) Are you in pain and hopeless?
   No
   ▶ No ideation
   Yes
   ▶ Suicidal Ideation

2) Is your pain greater than your connectedness?
   No
   ▶ Moderate Ideation
   Yes
   ▶ Strong Ideation

3) Are you capable of attempting suicide?
   No
   ▶ Ideation Only
   Yes
   ▶ Suicide Attempt
Signs That Immediate Help is Needed

- Talking about wanting to die or to kill themselves.
- Looking for a way to kill themselves, such as searching online or buying a gun.
- Talking about feeling hopeless or having no reason to live.
- 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 isolating themselves.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.
Utah Suicide Prevention Plan 2017-2021
Key Strategies

- Availability and access to care
- Social norms supportive of help-seeking and recovery
- Reduce access to lethal means
- Connectedness- safe and supportive school and community-environments
- Safe media portrayals
- Coping and problem solving skills
- Support to survivors
- Prevention and early intervention
- Data collection and analysis
Zero Suicide Utah

- Lead
- Train
- Identify
- Engage
- Treat
- Transition
- Improve
What is Zero Suicide? Mike Hogan, Ph.D.
Zero Suicide Utah

Identify

Treat
Suicide Prevention depends upon appropriate identification and screening
Columbia Suicide Severity Rating Scale

- Shared language
- Catches things that may be missed with other tools
- Can rely on multiple sources to gather information
- Only need to prompt until all relevant information gathered
- Provides tool for documentation and liability - can clearly show why we did what we did
Screening Version
As few as 3 questions
Find training at http://zerosuicide.actionallianceforsuicideprevention.org/

<table>
<thead>
<tr>
<th>COLUMBIA-SUICIDE SEVERITY RATING SCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Screen Version</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUICIDE IDEATION DEFINITIONS AND PROMPTS:</th>
<th>Past month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask questions that are bolded and underlined.</td>
<td>YES NO</td>
</tr>
<tr>
<td><strong>Ask Questions 1 and 2</strong></td>
<td></td>
</tr>
<tr>
<td>1) Wish to be Dead:</td>
<td></td>
</tr>
<tr>
<td>Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.</td>
<td></td>
</tr>
<tr>
<td><em>Have you wished you were dead or wished you could go to sleep and not wake up?</em></td>
<td></td>
</tr>
<tr>
<td>2) Suicidal Thoughts:</td>
<td></td>
</tr>
<tr>
<td>General non-specific thoughts of wanting to end one’s life/commit suicide, “I’ve thought about killing myself” without general thoughts of ways to kill oneself/associated methods, intent, or plan.</td>
<td></td>
</tr>
<tr>
<td><em>Have you actually had any thoughts of killing yourself?</em></td>
<td></td>
</tr>
<tr>
<td>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</td>
<td></td>
</tr>
<tr>
<td>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</td>
<td></td>
</tr>
<tr>
<td>Person endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. “I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it…and I would never go through with it.”</td>
<td></td>
</tr>
<tr>
<td><em>Have you been thinking about how you might kill yourself?</em></td>
<td></td>
</tr>
<tr>
<td>4) Suicidal Intent (without Specific Plan):</td>
<td></td>
</tr>
<tr>
<td>Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to “I have the thoughts but I definitely will not do anything about them.”</td>
<td></td>
</tr>
<tr>
<td><em>Have you had these thoughts and had some intention of acting on them?</em></td>
<td></td>
</tr>
<tr>
<td>5) Suicide Intent with Specific Plan:</td>
<td></td>
</tr>
<tr>
<td>Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.</td>
<td></td>
</tr>
<tr>
<td><em>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</em></td>
<td></td>
</tr>
<tr>
<td>6) Suicide Behavior Question</td>
<td></td>
</tr>
<tr>
<td><em>“Have you ever done anything, started to do anything, or prepared to do anything to end your life?”</em></td>
<td></td>
</tr>
<tr>
<td>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn’t swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn’t jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</td>
<td></td>
</tr>
<tr>
<td>If YES, ask: <em>How long ago did you do any of these?</em></td>
<td></td>
</tr>
<tr>
<td>· Over a year ago? · Between three months and a year ago? · Within the last three months?</td>
<td></td>
</tr>
</tbody>
</table>
COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Children’s Baseline

Version 6/23/10
1) **Wish to be Dead**: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.

*Have you wished you were dead or wished you could go to sleep and not wake up?*

2) **Suicidal Thoughts**: General non-specific thoughts of wanting to end one’s life/commit suicide, “I’ve thought about killing myself” without general thoughts of ways to kill oneself/associated methods, intent, or plan.”

*Have you actually had any thoughts of killing yourself?*
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):

Person endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. “I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.”

Have you been thinking about how you might kill yourself?
4) Suicidal Intent (without Specific Plan):

Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to “I have the thoughts but I definitely will not do anything about them.”

Have you had these thoughts and had some intention of acting on them?
5) Suicide Intent with Specific Plan:

Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.

Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?
COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version with Triage Points

II. Reading Hospital Response Protocol to C-SSRS Screening
(Triage points developed by Pumariega and Millsaps)

(Linked to last item answered YES)

Item 1 – Mental Health Referral at discharge
Item 2 – Mental Health Referral at discharge
Item 3 – Care Team Consult (Psychiatric Nurse) and Patient Safety Monitor/ Procedures
Item 4 – Psychiatric Consultation and Patient Safety Monitor/ Procedures
Item 5 – Psychiatric Consultation and Patient Safety Monitor/ Procedures
Item 6 – If over a year ago, Mental Health Referral at discharge
    If between 1 week and 1 year ago- Care Team Consult (Psychiatric Nurse)
    and Patient Safety Monitor
    If one week ago or less- Psychiatric Consultation and Patient Safety Monitor

Disposition:
• Mental Health Referral at discharge
• Care Team Consult (Psychiatric Nurse) and Patient Safety Monitor/ Procedures
• Psychiatric Consultation and Patient Safety Monitor/ Procedures
Suicidal Behavior

- Actual Attempt
- Interrupted Attempt
- Aborted Attempt
- Prepatory Acts or Behaviors
Each behavior is equally predictive to an attempt.

- No Behavior: 28,303
- Actual Attempt: 70
- Interrupted Attempt: 178
- Aborted Attempt: 223
- Preparatory Behavior: 71

472 Interrupted, Aborted and Preparatory (87%) vs. 70 Actual Attempts (13%)
Risk Assessment

Key tool to help understand risk, highlight protection, and plan to mitigate risk and enhance protection when possible

<table>
<thead>
<tr>
<th>Past 3 Months</th>
<th>Suicidal and Self-Injurious Behavior</th>
<th>Lifetime</th>
<th>Clinical status (Recent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual suicide attempt</td>
<td>□</td>
<td>□</td>
<td>Hopelessness</td>
</tr>
<tr>
<td>Interrupted attempt</td>
<td>□</td>
<td>□</td>
<td>Major depressive episode</td>
</tr>
<tr>
<td>Aborted or Self-Interrupted attempt</td>
<td>□</td>
<td>□</td>
<td>Mixed affective episode (e.g., Bipolar)</td>
</tr>
<tr>
<td>Other preparatory acts to kill self</td>
<td>□</td>
<td>□</td>
<td>Command hallucinations to hurt self</td>
</tr>
<tr>
<td>Self-injurious behavior without suicidal intent</td>
<td>□</td>
<td>□</td>
<td>Highly Impulsive behavior</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suicidal Ideation</th>
<th>Check Most Severe In Past 3 Months</th>
<th>□</th>
<th>Substance abuse or dependence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wish to be dead</td>
<td>□</td>
<td>□</td>
<td>Agitation or severe anxiety</td>
</tr>
<tr>
<td>Suicidal thoughts</td>
<td>□</td>
<td>□</td>
<td>Perceived burden on family or others</td>
</tr>
<tr>
<td>Suicidal thoughts with method (but without specific plan or intent to act)</td>
<td>□</td>
<td>□</td>
<td>Chronic physical pain or other acute medical problems (HIV/AIDS, COPD, cancer, etc.)</td>
</tr>
<tr>
<td>Suicidal intent (without specific plan)</td>
<td>□</td>
<td>□</td>
<td>Homicidal ideation</td>
</tr>
<tr>
<td>Suicidal intent with specific plan</td>
<td>□</td>
<td>□</td>
<td>Aggressive behavior towards others</td>
</tr>
</tbody>
</table>

| Activating Events (Recent) | □ | □ | Method for suicide available (gun, pills, etc.) |
|---------------------------|----------|--------------------------|
| Recent loss(es) or other significant negative event(s) (legal, financial, relationship, etc.) | □ | □ | Refuses or feels unable to agree to safety plan |
| Describe: | □ | □ | Sexual abuse (lifetime) |
| □ | □ | Family history of suicide (lifetime) |

| Protective Factors (Recent) | □ | □ | Identifies reasons for living |
|-----------------------------|----------|--------------------------|
| Pending incarceration or homelessness | □ | □ | Responsibility to family or others; living with family |
| Current or pending isolation or feeling alone | □ | □ | Supportive social network or family |
| Treatment History | □ | □ | Fear of death or dying due to pain and suffering |
| Previous psychiatric diagnoses and treatments | □ | □ | Non-compliant with treatment |
| Hopeless or dissatisfied with treatment | □ | □ | Not receiving treatment |
| Fear of death or dying due to pain and suffering | □ | □ | Engaged in work or school |
| Non-compliant with treatment | □ | □ | |

| Other Risk Factors | □ | □ | |

| Other Protective Factors | □ | □ | |

Describe any suicidal, self-injurious or aggressive behavior (include dates)
Suicide Risk: Signs of Possible Imminent Risk

**Perceived Burdensomeness**
Feeling ineffective to the degree that others are burdened is among the strongest sources of all for the desire for suicide.

**Thwarted Belongingness**
Our need to belong to valued groups and relationships is so powerful that, if frustrated or thwarted, serious negative health consequences follow – including suicide. Hopeless alienation

**Suicidal Capacity**
- Disinhibit from fear of death
- Fearlessness
- Painful experiences across life

Screening, Risk Assessment and other clinical information should guide treatment.
Brief Intervention to Mitigate Risk

Comprehensive and Collaborative Safety Planning- evidence based brief intervention
TIP 50

Suicide contracts are not recommended and NEVER sufficient
Safety Planning

For training on the Safety Plan visit www.zerosuicide.com

Effective safety planning is collaborative

### Sample Safety Plan

<table>
<thead>
<tr>
<th>Step</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1:</strong></td>
<td>Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:</td>
</tr>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td><strong>Step 2:</strong></td>
<td>Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):</td>
</tr>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td><strong>Step 3:</strong></td>
<td>People and social settings that provide distraction:</td>
</tr>
<tr>
<td>1. Name</td>
<td>Phone</td>
</tr>
<tr>
<td>2. Name</td>
<td>Phone</td>
</tr>
<tr>
<td>3. Place</td>
<td>4. Place</td>
</tr>
<tr>
<td><strong>Step 4:</strong></td>
<td>People whom I can ask for help:</td>
</tr>
<tr>
<td>1. Name</td>
<td>Phone</td>
</tr>
<tr>
<td>2. Name</td>
<td>Phone</td>
</tr>
<tr>
<td>3. Name</td>
<td>Phone</td>
</tr>
<tr>
<td><strong>Step 5:</strong></td>
<td>Professionals or agencies I can contact during a crisis:</td>
</tr>
<tr>
<td>1. Clinician Name</td>
<td>Phone</td>
</tr>
<tr>
<td>Clinician Pager or Emergency Contact #</td>
<td></td>
</tr>
<tr>
<td>2. Clinician Name</td>
<td>Phone</td>
</tr>
<tr>
<td>Clinician Pager or Emergency Contact #</td>
<td></td>
</tr>
<tr>
<td>3. Local Urgent Care Services</td>
<td></td>
</tr>
<tr>
<td>Urgent Care Services Address</td>
<td></td>
</tr>
<tr>
<td>Urgent Care Services Phone</td>
<td></td>
</tr>
<tr>
<td>4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)</td>
<td></td>
</tr>
<tr>
<td><strong>Step 6:</strong></td>
<td>Making the environment safe:</td>
</tr>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
</tbody>
</table>

The one thing that is most important to me and worth living for is: 

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Warning Signs
Coping Strategies

**Let's make a Coping Skills Toolbox!**

**Distraction**
(Taking your mind off the problem for a while)

- Examples:
  - Puzzles, books, artwork, crafts, knitting, crocheting, sewing, crossword puzzles, sudoku, positive websites, music, movies, etc.

**Opposite Action**
(Doing something the opposite of your impulse that’s consistent with a more positive emotion)

1. Affirmations and Inspiration
   (ex: looking at or drawing motivational statements or images)
2. Something funny or cheering
   (ex: funny movies / TV / books)

**Mindfulness**
(Tools for centering and grounding yourself in the present moment)

- Examples:
  - Meditation or relaxation recordings, grounding objects (like a rock or paperweight), yoga mat, breathing exercises.

**What is it?**
A Coping Skills Toolbox is a place for you to keep things that calm you down in periods of distress. If you have everything gathered in one place, it’s easier to remember to use your coping skills, rather than using negative behaviors.

**Self-Soothing**
(Comforting yourself through your five senses)

1. Something to touch
   (ex: stuffed animal, stress ball)
2. Something to hear
   (ex: music, meditation guides)
3. Something to see
   (ex: snowglobe, happy pictures)
4. Something to taste
   (ex: mints, tea, sour candy)
5. Something to smell
   (ex: lotion, candles, perfume)

**Emotional Awareness**
(Tools for identifying and expressing your feelings)

- Examples:
  - A list or chart of emotions, a journal, writing supplies, drawing / art supplies

**Crisis Plan**
(Contact info of supports and resources, for when coping skills aren’t enough.)

- Family / Friends
- Therapist
- Psychiatrist
- Hotline
- Crisis Team / ER
- 911

**Put it all together!**
Once you’ve gathered all of your items, put them together in a box or other container, decorate it to your heart’s content, and put it in a place where you’ll remember it. Then USE IT!
Distractions & Supportive People
Professional Supports

National Suicide Prevention Lifeline
1-800-273-TALK (8255)
suicidepreventionlifeline.org
Reasons For Living

DO SOMETHING TODAY THAT YOUR FUTURE SELF WILL THANK YOU FOR.

“In the middle of every difficulty lies opportunity.” — Albert Einstein
Lethal Means Restriction

IF THEY FIND IT, THEY’LL PLAY WITH IT.
Making the environment safe

TIPS For Talking About a Safe Environment

- Openly discuss thoughts of suicide
- Openly discuss method
- Openly discuss the possibly of things escalating quickly

- Understand why reducing access to lethal means is a key suicide prevention strategy
Why talk about method?

- Suicidal crises are often relatively brief.
- Suicide attempts are often undertaken quickly with little planning.
- Some suicide methods are far more deadly than others (“case fatality” ranges from 1% for some methods to 85-90% for the most deadly, like firearms).
- 90% of those who survive even nearly-lethal attempts do not go on to later die by suicide.

See: www.meansmatter.org for studies examining each of these concepts.
Ask about firearms

- Ask about firearms in the home

- A crisis can escalate quickly
  - Reducing access is like taking keys from someone who is drinking alcohol; doing it prior to a crisis/intoxication is far more effective

- Discuss storage options
Openly discuss storage options

- **Best Option**: Temporary storage outside of the home
  - Trusted friend or relative
  - Firearm storage facility
  - Gun shops/ranges
  - Police Department

When working on a plan to store outside of the home—get specific!
Openly discuss storage options

- Storing inside the home
  - Another member of the home:
    - Unload all guns
    - Lock up guns (multiple layers of locks preferred, change passwords)
    - Store ammunition separately
Ask About Medication

- Use lower toxicity medication when possible
- Limit quantities (i.e. require weekly refills)
- Take into account OTC, other medication and alcohol use.

- Engage support network
- Remove unnecessary medication from home
- Consider use of a medication lockbox
“Since you say you're still feeling suicidal at times, it's a good idea for us to check in pretty frequently. So I'm going to write your prescription on a weekly basis—which is safer because there are fewer pills. Even at this safer amount, though, taking too many pills can be harmful, so let's review your safety plan if you do start feeling suicidal again.”
Assess Plan & Address Barriers

- Discuss realistically how likely the individual is to implement the plan
- Be realistic and don’t minimize emotions/reactions regarding firearms
- Discuss timetable
- Ongoing conversation
- Engage support system
Role Play

- John Jones is a 74-year-old Caucasian male being treated for severe, chronic back pain associated with degenerative changes in the lumbar spine. He was recently widowed. He reports that he holds little hope that his condition will improve.

- Jane Jones is a 16-year-old Hispanic female being treated for epilepsy. She has been missing school and parents have seen her grades drop. She had a recent break up with her boyfriend.
# Adaptations to Management and Treatment

<table>
<thead>
<tr>
<th>Treatment Approach</th>
<th>Cultural Adaptation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide Prevention</td>
<td>Live a meaningful life</td>
</tr>
<tr>
<td>Suicide Risk</td>
<td>Suicidal Drivers: Anger, Sleep disturbance, relationship problem</td>
</tr>
<tr>
<td>Talking/Dialogue</td>
<td>Skills Training</td>
</tr>
<tr>
<td>Relaxation</td>
<td>Controlled Breathing</td>
</tr>
<tr>
<td>Safety planning</td>
<td>Action Plan</td>
</tr>
<tr>
<td>Hope Box</td>
<td>Survival Kit</td>
</tr>
<tr>
<td>Skills Practicing</td>
<td>Building Muscle Memory</td>
</tr>
</tbody>
</table>
There is no greater act than acknowledgment. And acknowledgment requires no training, no special skills, no expertise. It only requires the willingness to be present with a wounded soul, and to stay present, as long as is necessary.

TIM LAWRENCE

The Lifeline | suicidepreventionlifeline.org
You are not alone - Help is available

Suicide Facts
Suicide is the second leading cause of death for youths in Utah.

www.utahsuicideprevention.org
Thank You

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For more information, please visit:

dsamh.utah.gov

www.utahsuicideprevention.org

utah department of human services

Division of Substance Abuse and Mental Health