Thank you for joining!

We will begin our webinar shortly.

Before we begin, please check that the sound levels on your computer or phone are turned up to hear clearly.
Suicide: Prevention and care during the COVID-19 pandemic and beyond
Housekeeping items

1. Today’s webinar is one hour, including Q&A.

2. All participants will be muted during the webinar.

3. Please use the Q&A function vs chat. We will monitor questions throughout and answer as many as possible at the end.

4. This webinar is being recorded and will be posted within 24 hours at www.beaconhealthoptions.com/coronavirus/ so you have continued access to the information and resources.
Suicide: Prevention and care during the COVID-19 pandemic and beyond

Today’s speaker:

Wendy Martinez Farmer, LPC, MBA
AVP Crisis Product
Agenda

Learning objective: To provide the most recent information available related to the potential impact of COVID-19 on suicide prevention and care

• Participants will receive information on the most recently released suicide data.

• We will discuss how COVID-19 is impacting suicide risk factors and protective factors and ways to mitigate risk.

• Finally, we will discuss specific implications of the pandemic on screening, treatment and safety planning.
Chapter 01

2018 suicide statistics
Suicide data 2018

<table>
<thead>
<tr>
<th>In 2018, there was 1 death by suicide every 10.9 minutes</th>
<th>48,344 lives lost</th>
</tr>
</thead>
<tbody>
<tr>
<td>10\textsuperscript{th} leading cause of death</td>
<td>For each suicide, 135 people are exposed</td>
</tr>
</tbody>
</table>

https://suicidology.org/facts-and-statistics/
### Population statistics

<table>
<thead>
<tr>
<th></th>
<th>Suicide rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>National suicide rate:</td>
<td>14.8 per 100,000</td>
</tr>
<tr>
<td>White male (33,576)</td>
<td>~26.6</td>
</tr>
<tr>
<td>White female (9,299)</td>
<td>~7.2</td>
</tr>
<tr>
<td>Nonwhite male (4,185)</td>
<td>~12.0</td>
</tr>
<tr>
<td>Nonwhite female (1,284)</td>
<td>~3.4</td>
</tr>
</tbody>
</table>

There has been a recent rise in suicide rates among African-American children of both sexes under the age of 13.

Suicide is the 2nd leading cause of death after unintentional injury for 10 – 14-year-olds.

According to recent CDC estimates, more than 1/2 of those who die by suicide do not have a known mental health condition.

https://www.cdc.gov/vitalsigns/suicide/index.html
According to the Youth Risk Behavior Survey (2017), LGBTQ high school students were more than 4 times as likely as straight peers to have attempted suicide.

39% of LGBTQ youth seriously considered suicide in the previous 12 months.
2018 rates of suicide per 100,000 residents by region

National rate: 14.8

Reason for hope

Suicide is not inevitable. For every person who dies by suicide, 280 people seriously consider suicide but do not kill themselves. Of those who attempt suicide and survive, more than 90% go on to live out their lives.

<table>
<thead>
<tr>
<th>National statistics 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Think about suicide</td>
</tr>
<tr>
<td>Plan suicide</td>
</tr>
<tr>
<td>Attempt suicide</td>
</tr>
<tr>
<td>Died from suicide</td>
</tr>
</tbody>
</table>

Suicide and pandemics

Some limited studies have suggested a rise in suicide rates after the Spanish Flu pandemic in the US in 1918-1919 and among the elderly after the SARS outbreak in Hong Kong in 2003.

In both studies, social factors such as isolation, seemed to influence the rates, and the rise in rates occurred after the peak of mortality from the virus.
Caring for individuals at risk for suicide- COVID-19 considerations
### Interpersonal theory of suicide, Dr. Thomas Joiner

<table>
<thead>
<tr>
<th>Suicidal desire</th>
<th>Suicidal capability</th>
<th>Suicidal intent</th>
<th>Buffers/Connectedness</th>
</tr>
</thead>
</table>
| **Suicidal ideation**  
  - Killing self and or others | History of suicide attempts  
  - Exposure to someone else’s death by suicide  
  - History of/current violence to others | Attempt in progress  
  - Plan to kill self/other  
  - Method known | Immediate supports |
| Psychological pain | Available means of killing/self other | Preparatory behaviors | Social supports |
| Hopelessness | Currently intoxicated | Expressed intent to die | Planning for the future |
| Helplessness | Substance abuse |  | Engagement with the helper |
| **Perceived burden on others** | Acute symptoms of mental illness  
  - Recent dramatic mood change  
  - Out of touch with reality |  | Ambivalence for living/dying |
| Feeling trapped | Extreme agitation/rage  
  - Increased anxiety  
  - Decreased sleep |  | Core values/beliefs |
| Feeling intolerably alone |  |  | Sense of purpose |

**References:**

COVID-19-specific considerations

The virus itself and public health interventions initiated to slow the spread can exacerbate familiar risk factors for suicide and challenge crucial protective factors.

<table>
<thead>
<tr>
<th>Take a second look</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm sales</td>
</tr>
<tr>
<td>Outcomes of national anxiety</td>
</tr>
<tr>
<td>Healthcare professional suicide rates</td>
</tr>
<tr>
<td>Economic stress</td>
</tr>
<tr>
<td>Seasonal variations in rates</td>
</tr>
<tr>
<td>Illness, medical problems and bereavement</td>
</tr>
<tr>
<td>Alcohol consumption</td>
</tr>
<tr>
<td>Decreased access to community and religious support</td>
</tr>
<tr>
<td>Domestic violence and child abuse</td>
</tr>
<tr>
<td>Barriers to mental health treatment (Some may not seek help fearing risk of face-to-face care)</td>
</tr>
</tbody>
</table>

https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2764584


Finances, loneliness and abuse

1 in 5 conversations involved financial issues, which was the same frequency as mention of the virus itself.

12% reported living alone in quarantine and they reported higher rates of anxiety than those living with others.

There continues to be concern that those experiencing domestic violence are facing unique challenges of sheltering in place with mentions of violence or abuse up from 10.5% in February to 13% in April.

43% under 13 mention fear or experience of harm (verbal, physical, or emotional) from people in their home.

https://www.crisistextline.org/mental-health/notes-on-coronavirus-how-is-america-feeling-part-6/
Distress is impacting the population disproportionately

20% of Asian individuals reaching out mentioned having recent experiences of racism and/or discrimination (more than 3x the average)

46% of Hispanic, Latino, or Spanish origin individuals mention current financial issues compared to 1 in 5 others reaching out for help

14% of African-American individuals mentioned having a recent loss of a loved one - almost twice as high as the average person reaching out (8%)

The rate of African Americans showing clinically significant signs of anxiety or depressive disorders jumped from 36-41% in the week after the video of George Floyd’s death became public. That represents roughly 1.4 million people.

https://www.crisistextline.org/mental-health/notes-on-coronavirus-how-is-america-feeling-part-7/
https://www.census.gov/programs-surveys/household-pulse-survey.html
Three key questions

There is no evidence that asking about suicide can put the idea in someone’s head. Most will be relieved that the conversation has started.

Are you thinking of suicide?

Have you thought about suicide in the last two months?

Have you ever attempted to kill yourself?

https://afsp.org/what-we-ve-learned-through-research
Tools for suicide screening: Patient Health Questionnaire-9 and Columbia-Suicide Severity Rating Scale

<table>
<thead>
<tr>
<th>Tool</th>
<th>Description</th>
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</table>
| PHQ-9         | 9 simple questions with a rating scale, available in many languages  
  | Can be completed over the phone, texting, online or on paper  
  | Identifies and monitors depression and suicidal thoughts  
  | Scoring on a scale from 1-27, indicating minimal to severe depression  
  | Developed by the US Preventive Services Task Force, it’s free to use:  
  | www.phqscreeners.com |
| C-SSRS        | Assesses both behavior and suicide ideation through simple questions  
  | Answers help identify someone at risk, assess the severity and immediacy of that risk, and gauge the level of support needed  
  | Multiple versions available to identify lifetime risk, “since last visit” and truncated version for first responders and non-mental health professionals  
  | Short administration time  
  | Located at: http://cssrs.columbia.edu/ |

A positive screening indicates the need for further risk assessment and formulation
COVID-19 screening considerations

- Social isolation
- Social conflict in sheltering together (risk of domestic violence or child abuse)
- Worry about health or vulnerability of self and close others
- Decreased social support or having to isolate with people who are not supportive
- Increased anxiety and fear
- Disruption of routines and support
- Financial concerns

INQUIRE ABOUT INCREASED ACCESS TO LETHAL MEANS

Lethal means access and COVID-19

Reducing access to means is key and the helper must take into account changes in living situation. This may mean modifying existing crisis plans or other plans to restrict means.

COVID-19-related risks

- Large quantities of Tylenol and other over-the-counter meds purchased to prepare for COVID-19
- Many are getting three months or more of prescription medications
- May be living with others with large quantities of medications
- Firearms sales are up
- Potentially living with others/others living with them - verify gun storage practices, which may be different than they are typically for the patient in their own home or when they are living alone
Interventions for suicidal patients with an evidence base

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Author(s)</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dialectical behavior therapy (DBT)</td>
<td>Marsha Linehan</td>
<td>University of Washington</td>
</tr>
<tr>
<td>Cognitive behavioral therapy for suicide prevention (CT-SP)</td>
<td>Greg Brown &amp; Aaron Beck</td>
<td>University of Pennsylvania</td>
</tr>
<tr>
<td>Brief CBT (BCBT)</td>
<td>Craig Bryan and David Rudd</td>
<td>University of Utah</td>
</tr>
<tr>
<td>The collaborative assessment and management of suicidality (CAMS)</td>
<td>David Jobes</td>
<td>Catholic University of America Suicide Prevention Lab</td>
</tr>
</tbody>
</table>

See slide #39 for references
Safety planning has a strong evidence base

<table>
<thead>
<tr>
<th>Step</th>
<th>Patient safety plan template</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Warning signs (thoughts, images, feelings, behaviors) that a crisis may be developing:</td>
</tr>
<tr>
<td>2</td>
<td>Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (distracting and calming activities):</td>
</tr>
<tr>
<td>3</td>
<td>People and social settings that provide distraction: Names/phone numbers/places</td>
</tr>
<tr>
<td>4</td>
<td>People I can ask for help with the crisis: Names/phone numbers</td>
</tr>
<tr>
<td>5</td>
<td>Professionals or agencies I can contact during a crisis: Names/addresses/phone numbers</td>
</tr>
<tr>
<td>6</td>
<td>Making the environment safe (removing or limited access to lethal means):</td>
</tr>
</tbody>
</table>

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

https://www.sprc.org/resources-programs/patient-safety-plan-template
## Safety planning during COVID-19


<table>
<thead>
<tr>
<th>Review any changes in risk factors and protective factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consideration of routine changes and stressors</td>
</tr>
<tr>
<td>Changes in health, self or loved ones</td>
</tr>
<tr>
<td>New access to lethal means</td>
</tr>
<tr>
<td>Interpersonal conflict in close quarters</td>
</tr>
<tr>
<td>Social isolation and loneliness</td>
</tr>
<tr>
<td>Do coping strategies need to be modified?</td>
</tr>
<tr>
<td>Make sure coping strategies don’t increase risk (i.e., consumption of social media/news)</td>
</tr>
<tr>
<td>Discuss sharing the plan with others</td>
</tr>
</tbody>
</table>

Link to download app on slide #35
Initiating contact with a suicidal client

- Document phone number and address (apartment number) at beginning of session
- How can you contact the individual if you are disconnected? Have a plan to reinitiate contact
- Make sure you have updated emergency contact information and know who resides with the individual

- Get permission to contact people living with the individual for safety-planning purposes
- Make sure you have a plan for staying connected while arranging emergency rescue if needed
- Make plans for increased contact, even if only check-ins

Postvention is a strong means of prevention

- There is evidence that exposure to the suicide of another person can increase risk of suicide
- Individuals exposed to suicide need support and intervention
- Several organizations offer postvention services for those impacted by suicide, including clinicians

The American Foundation for Suicide Prevention (AFSP) offers Healing Conversations

https://afsp.org/practical-information-for-immediately-after-a-loss
https://afsp.org/ive-lost-someone
# Lancet recommendations for reducing pandemic-associated risk

<table>
<thead>
<tr>
<th>Issues to address</th>
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<tbody>
<tr>
<td>Mental illness</td>
</tr>
<tr>
<td>Financial stressors</td>
</tr>
<tr>
<td>Experience of suicidal crisis</td>
</tr>
<tr>
<td>Domestic violence</td>
</tr>
<tr>
<td>Alcohol consumption</td>
</tr>
<tr>
<td>Isolation, entrapment, loneliness, and bereavement</td>
</tr>
<tr>
<td>Access to means</td>
</tr>
<tr>
<td>Irresponsible media reporting</td>
</tr>
</tbody>
</table>

[https://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366(20)30171-1.pdf](https://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366(20)30171-1.pdf)
Media reporting on suicide

It is important to remember that suicide is a multi-faceted issue. It involves biological, psychological, environmental and societal causes.

We can’t assume the pandemic is the sole factor in any one suicide.

If you have a public platform, emphasize that suicide is a public health issue and is preventable.

Focus on the importance of increased access to care and that care is effective and needs to continue despite the challenges the pandemic brings.

Optimistic considerations

“There may be a silver lining to the current situation. Suicide rates have declined in the period after past national disasters (e.g., the September 11, 2001 terrorist attacks).

One hypothesis is the so-called pulling together effect, whereby individuals undergoing a shared experience might support one another, thus strengthening social connectedness.”

https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2764584
Chapter 03

Resources
Helplines

National Suicide Prevention Lifeline
1-800-715-4225
https://suicidepreventionlifeline.org/
Lifeline Chat
Crisis Text Line
Text Home to 741741

Treavor Project
1-866-488-7386
Text START to 678678
Treavor Chat
https://www.thetrevorproject.org/

Disaster Distress Helpline
1-800-985-5990
Text TalkWithUs to 66746
https://covidmentalhealthsupport.org
Help for the helpers

• Exposure to trauma and death takes a toll
• Professionals often have difficulty reaching out for help

https://www.physiciansupportline.com/
Telehealth considerations for suicidal patients – COVID-19 specific


Screening and treatment resources

CSSR-S
https://cssrs.columbia.edu/

SAFE-T

CAMS
https://cams-care.com/

PHQ-9

Autism and Suicide
Safety planning


https://www.sprc.org/resources-programs/patient-safety-plan-template
Training resources

Applied Suicide Intervention Skills Training (ASIST)
https://www.livingworks.net/asist

Safe Talk
https://www.livingworks.net/safetalk

CSSR-S
https://cssrs.columbia.edu/training/training-options/

Now Matters Now
https://www.nowmattersnow.org/get-involved

Counseling on Access to Lethal Means (CALM)
http://www.sprc.org/resources-programs/calm-counseling-access-lethal-means
Disaster-specific training and resources

https://www.nctsn.org/
http://strengthafterdisaster.org
http://disasterdistress.samhsa.gov
https://www.fema.gov/media-library-data/1586012635278-78d2af2e31ce723c7ac9cd3805392e2d/COVID19CrisisCounseling.pdf
Web-based resources

Now Matters Now
https://www.nowmattersnow.org/

Vibrant Safe Space
https://www.vibrant.org/safespace/?_ga=2.220918557.465598654.1588346647-1521561953.1588346647

Treavor Space
https://www.trevorspace.org/

Psych Hub
https://psychhub.com/

Love is Louder (Jed Foundation)
https://www.loveislouder.org/
References


Gunnel, D. et. al. Suicide Risk and Prevention During the COVID-19 Pandemic. The Lancet. Published online April 11, 2020

https://www.washingtonpost.com/health/2020/06/12/mental-health-george-floyd-census/?arc404=true