



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

July 1, 2020

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



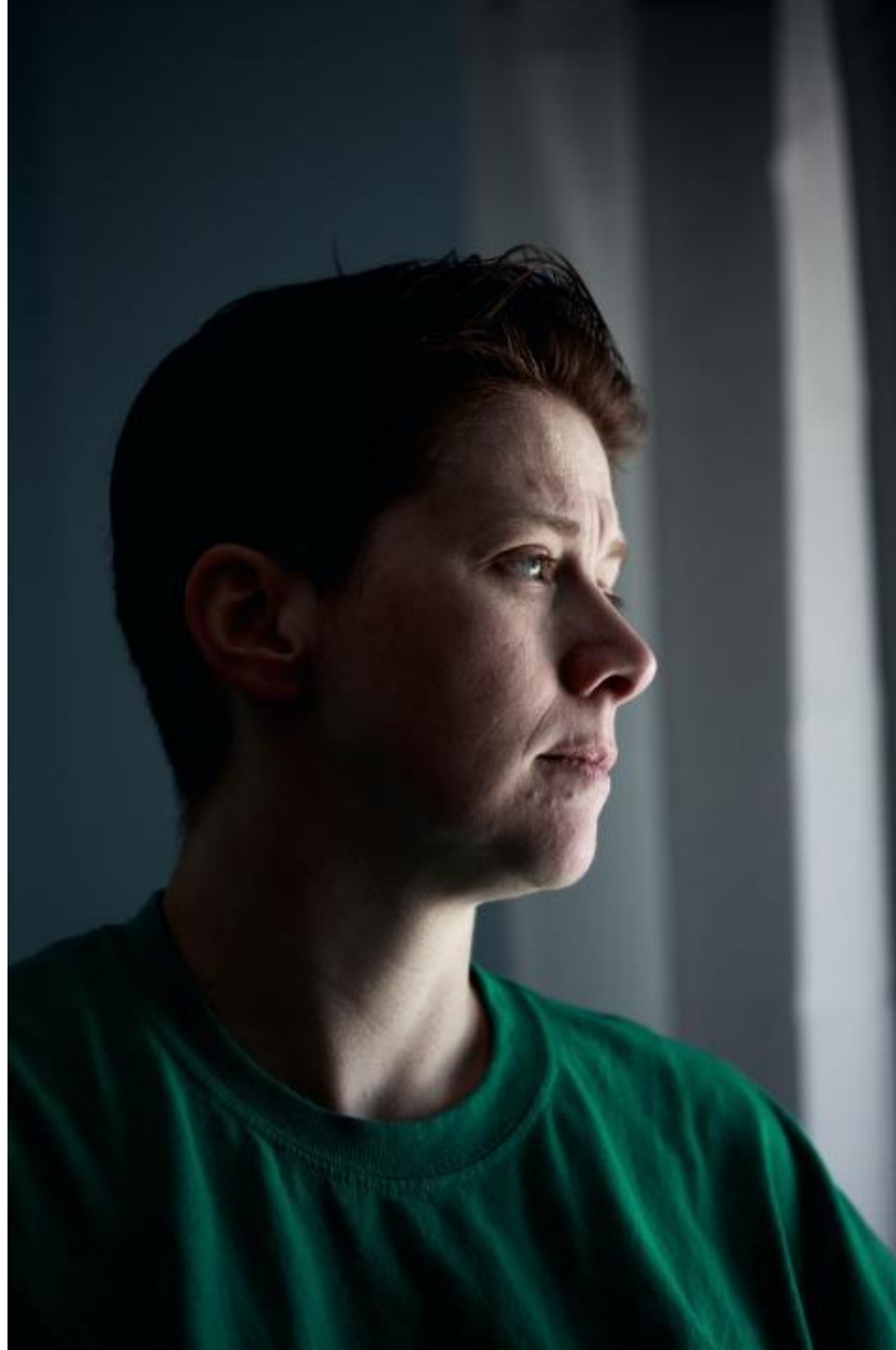
Agenda

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

In 2018, there was 1 death by suicide **every 10.9 minutes**



10th leading cause of death



48,344 lives lost



For each suicide, **135** people are exposed



Population statistics

National suicide rate: 14.8 per 100,000	Suicide rate per 100,000
White male (33,576)	~26.6
White female (9,299)	~7.2
Nonwhite male (4,185)	~12.0
Nonwhite female (1,284)	~3.4

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

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



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

LGBTQ youth

According to the Youth Risk Behavior Survey (2017), LGBTQ high school students were

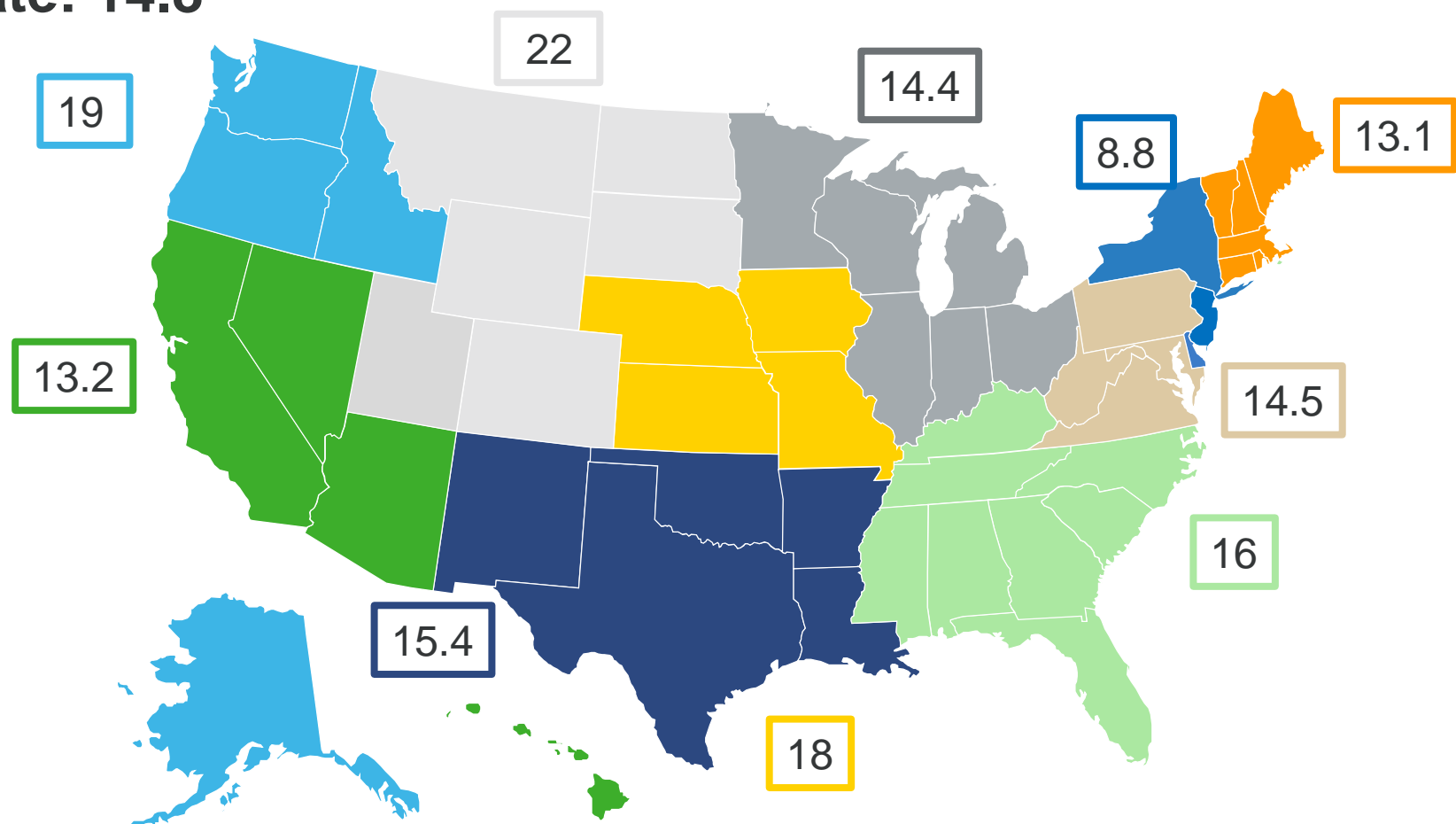
more than **4** times as likely as straight peers to have attempted suicide



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



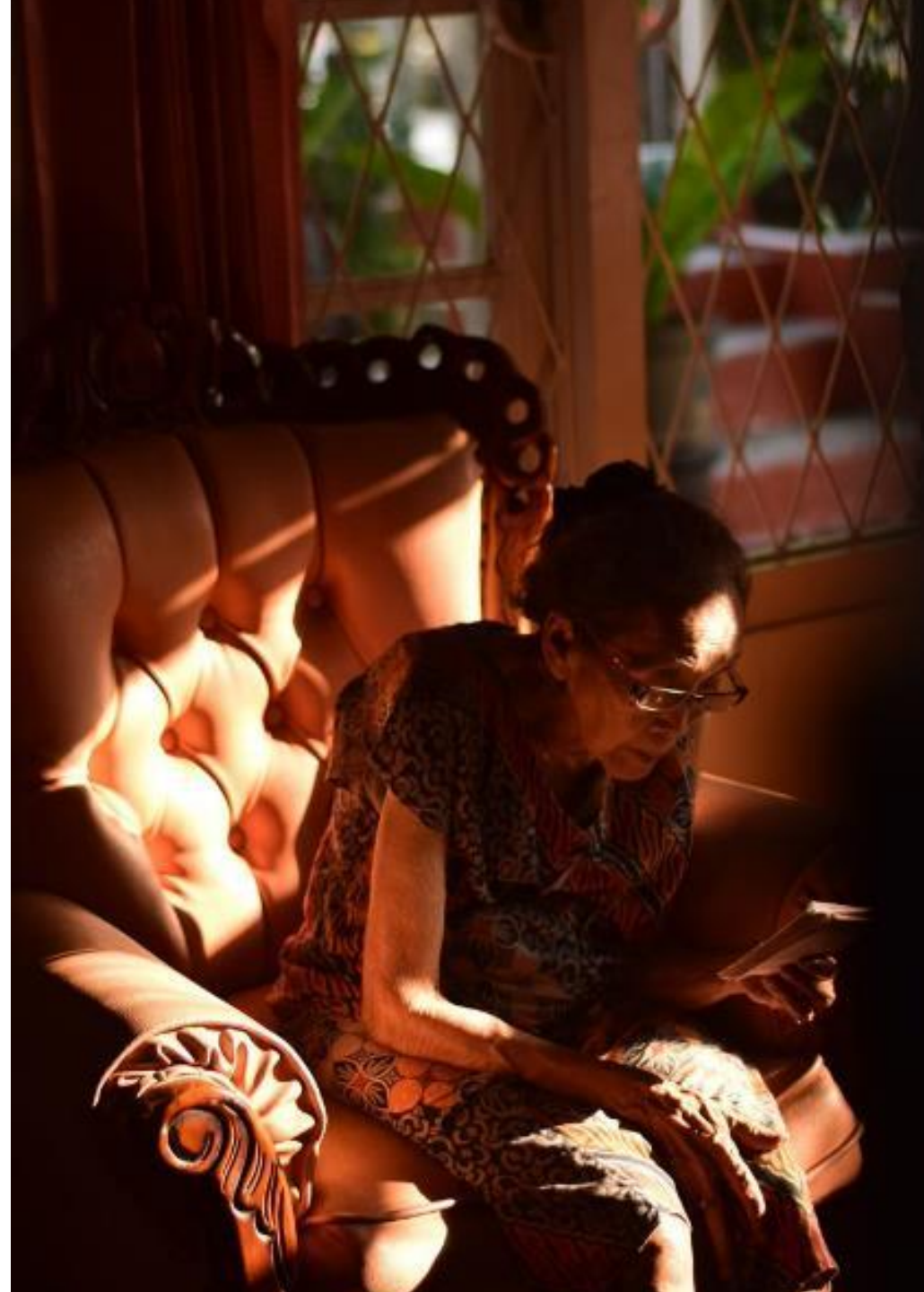
Reason for hope

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

National statistics 2018

Think about suicide	~10.7 M adults
Plan suicide	~3.3 M adults
Attempt suicide	~1.4 M adults
Died from suicide	>40,000 adults



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



Chapter

02



Caring for individuals at risk for suicide- COVID-19 considerations

Interpersonal theory of suicide, Dr. Thomas Joiner

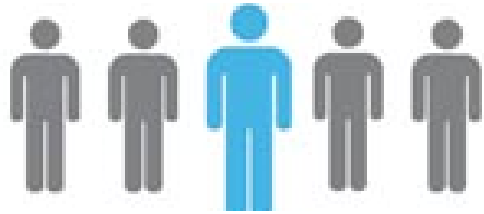
Suicidal desire	Suicidal capability	Suicidal intent	Buffers/Connectedness
Suicidal ideation <ul style="list-style-type: none"> ▪ Killing self and or others 	History of suicide attempts		
Psychological pain	Exposure to someone else's death by suicide	Attempt in progress	Immediate supports
Hopelessness	History of/current violence to others		Social supports
Helplessness	Available means of killing/self other	Plan to kill self/other <ul style="list-style-type: none"> ▪ Method known 	Planning for the future
Perceived burden on others	Currently intoxicated		Engagement with the helper
Feeling trapped	Substance abuse		
Feeling intolerably alone	Acute symptoms of mental illness <ul style="list-style-type: none"> ▪ Recent dramatic mood change ▪ Out of touch with reality 	Preparatory behaviors	Ambivalence for living/dying
	Extreme agitation/rage <ul style="list-style-type: none"> ▪ Increased anxiety ▪ Decreased sleep 	Expressed intent to die	Core values/beliefs
			Sense of purpose

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

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

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

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.

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?



Tools for suicide screening: Patient Health Questionnaire-9 and Columbia-Suicide Severity Rating Scale

Tool	Description
PHQ-9	<ul style="list-style-type: none">▪ 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	<ul style="list-style-type: none">▪ 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/

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

**Dialectical
behavior therapy**

(DBT)

Marsha Linehan
University of Washington

**Cognitive
behavioral
therapy for
suicide
prevention**

(CT-SP)

Greg Brown & Aaron Beck
University of Pennsylvania

Brief CBT

(BCBT)

Craig Bryan and David Rudd
University of Utah

**The collaborative
assessment and
management of
suicidality**

(CAMS)

David Jobes
Catholic University of America
Suicide Prevention Lab

Safety planning has a strong evidence base

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

Safety planning during COVID-19

Review any changes in risk factors and protective factors

Consideration of routine changes and stressors

Changes in health, self or loved ones

New access to lethal means

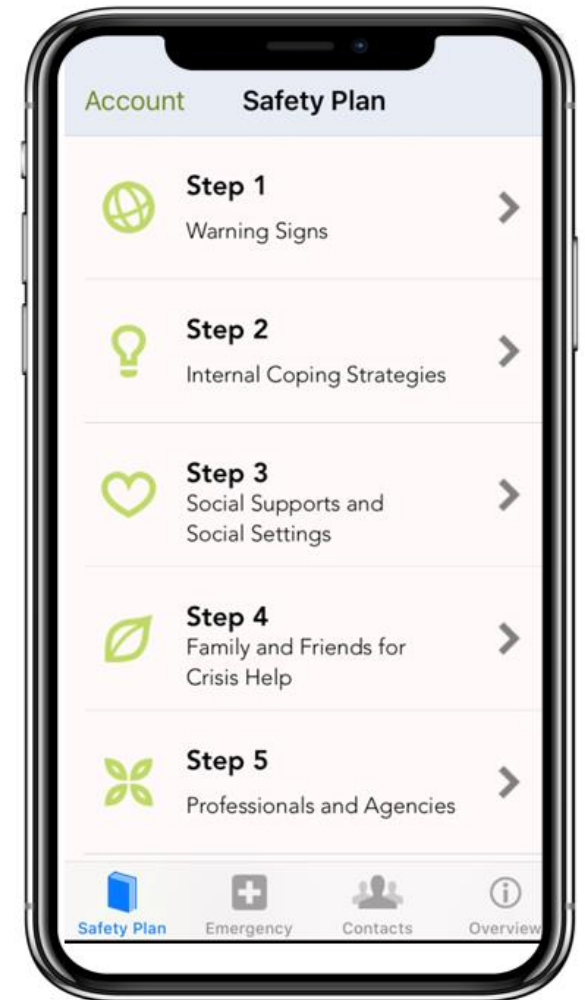
Interpersonal conflict in close quarters

Social isolation and loneliness

Do coping strategies need to be modified?

Make sure coping strategies don't increase risk (i.e., consumption of social media/news)

Discuss sharing the plan with others



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



Lancet recommendations for reducing pandemic-associated risk

Issues to address
Mental illness
Financial stressors
Experience of suicidal crisis
Domestic violence
Alcohol consumption
Isolation, entrapment, loneliness, and bereavement
Access to means
Irresponsible media reporting

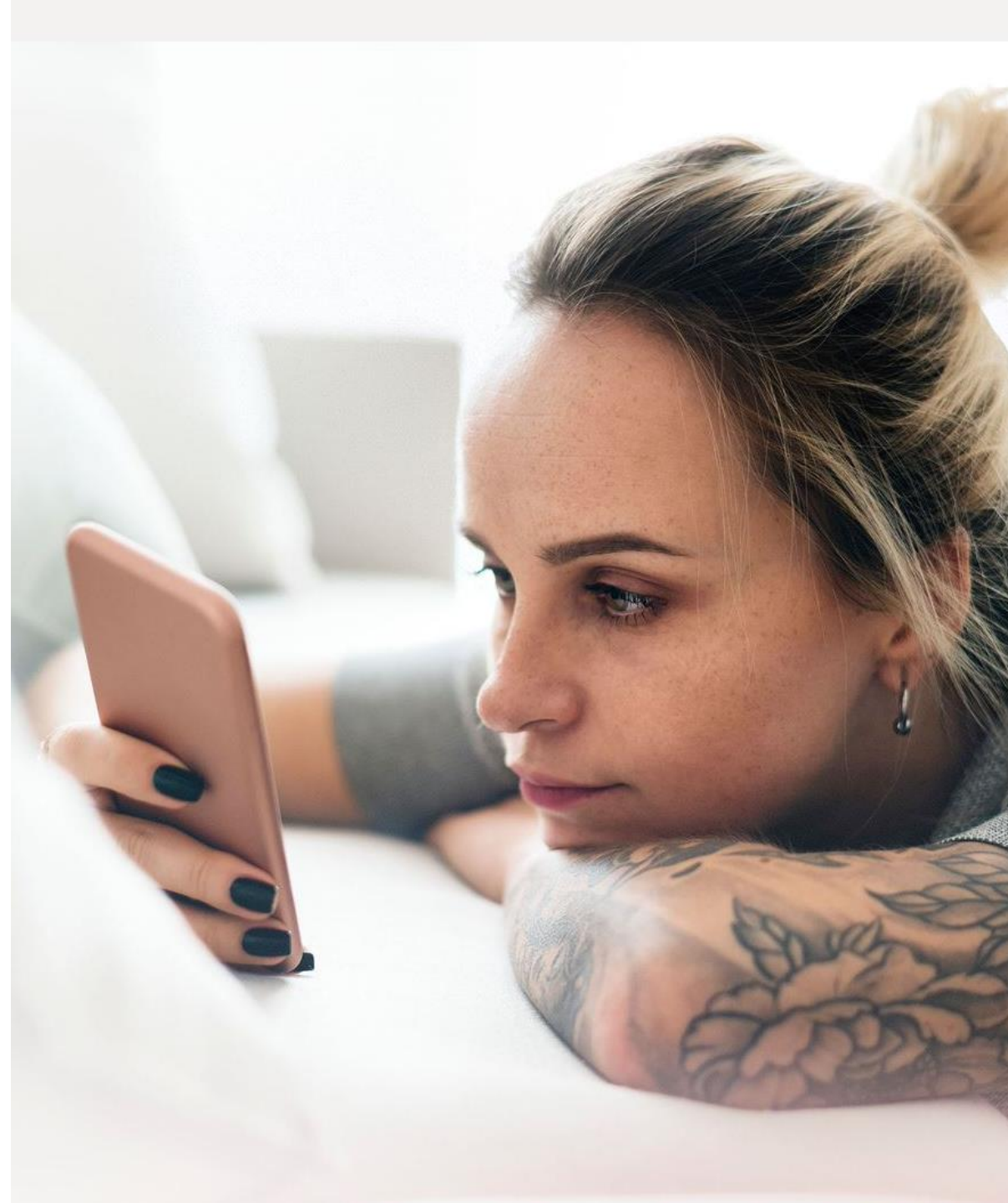
Media reporting on suicide

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.”



Chapter

03



Resources

Helplines

National Suicide Prevention Lifeline

1-800-715-4225



<https://suicidepreventionlifeline.org/>

Lifeline Chat

Crisis Text Line

Text Home to 741741

CRISIS TEXT LINE |



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



1-800-799-7233

Text LOVEIS to 22522



covidmentalhealthsupport.org

Help for the helpers

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

A banner for the Physician Support Line featuring a close-up of a healthcare worker's face, wearing a blue surgical cap and a white face mask. The worker's eyes are visible above the mask, looking slightly to the side. The background is a soft, out-of-focus blue.

About PSL In The Media   [Volunteer Portal](#)

Physician Support Line

1 (888) 409-0141

Helping our colleagues all over the U.S. on the front lines of COVID-19

Free & Confidential | No appointment necessary

Open 7 days a week | 8:00AM - 1:00AM ET

[Call Now](#)

Telehealth considerations for suicidal patients – COVID-19 specific

<https://mhanys.org/wp-content/uploads/2020/03/NYSPI-CPI-Telehealth-Tips-with-Suicidal-Clients-03-25-20.pdf>

<http://www.sprc.org/events-trainings/treating-suicidal-patients-during-covid-19-best-practices-telehealth>

https://cams-care.com/resources/educational-content/cams-telepsychology/?utm_source=social&utm_medium=external_referral&utm_campaign=telepsychology

Screening and treatment resources

CSSR-S

<https://cssrs.columbia.edu/>

SAFE-T

https://www.integration.samhsa.gov/images/res/SAFE_T.pdf

CAMS

<https://cams-care.com/>

PHQ-9

<https://integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf>

Autism and Suicide

<https://suicidology.org/wp-content/uploads/2019/07/Autism-Crisis-Supports.pdf>

Safety planning

<http://apps.apple.com/us/app/stanley-brown-safety-plan/id695122998>

https://play.google.com/store/apps/details?id=com.twopenguinsstudios.safetyplanningguide&hl=en_US

<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.samhsa.gov/sites/default/files/tips-social-distancing-quarantine-isolation-031620.pdf?utm_source=linkedin&utm_medium=socialmedia&utm_campaign=covid19

<https://www.samhsa.gov/sites/default/files/social-distancing-domestic-violence.pdf>

<https://www.nctsn.org/>

<https://save.org/wp-content/uploads/2020/04/COVID-19-Tips-Final.pdf>

<https://save.org/wp-content/uploads/2020/04/Reporting-on-Suicide-During-COVID19-Pandemic-Apr20.pdf>

<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/>

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