Suicide Risk Awareness and Prevention

Okay. All right. With no further ado, I'm going to start recording. And we will begin the presentation. So welcome, everyone, to suicide risk awareness and prevention. My name is Melanie, and I will be your moderator for today. I am extremely pleased to introduced our guests. Dr. Stephen Pratt has experience working with many behavioral health organizations . Dr, Pratt also created the clinical program for what is now called the crisis residence. And the head of the mental County health center. Dr, Pratt has been a senior medical director with Magellan Health since 2017. He has been instrumental in moving the organization towards a more collaborative approach. He has overseen the development and operations of Magellan Health's centers of excellence for substance use disorder. With that, I will head over to you, Dr, Pratt.

Thank you very much, and thank you for allowing me the opportunity to be here and to present. What I am going to cover today is to start with talking about risk factors and protective factors for suicide. I will define the warning signs of suicide , discuss how to speak to someone about concerns, and then finally provide some resources for assisting. When picking about suicide risk, it is important to note that suicidal thoughts can affect anyone at any age, gender, or background. Suicidal thoughts are relatively common and are often very serious. I had a colleague tell me what's that anyone who tells you they did not think about suicide is lying. Because we have all thought about it at some point or another. At some point or another, the thought crosses people's minds. Maybe they dismiss it quickly, but there is a solution when you find yourself in a painful situation. I don't know if that is true, I think it may be. But it kind of highlights that they are common. And so given that suicidal thoughts are relatively common, we need to know more than just whether or not someone has had a suicidal thought, to assess risk. So who is at risk? Well, about 70% of those who die by suicide are male. That means men are almost four times more likely to die by suicide than women. However, at the same time, women attempt suicide more often than men . So what accounts for the difference in outcome? Men tend to use more lethal means such as guns, and also not all suicide attempts are made with intent to die. And I will talk about that a little bit more in the second. Suicide is the second leading cause of death for people between the ages of 10 and 34 . And the suicide risk -- suicide rates in the United States has increased by 35% since 1999. 46% of people who die by suicide had a diagnosed mental health condition, and 90% of those who die by suicide experienced mental health symptoms. A number of years ago, there was a debate in psychiatry about whether or not people could commit suicide without having a mental health condition. And many people argued that the fact that someone committed suicide it showed that they had mental health conditions. Well, I don't think that is true. There is something called compassionate suicide, assisted suicide , where people can make a rational choice about ending their lives. And it is often done in the context of having a terminal health condition, where the future looks like worsening functions, increasing discomfort, and people make the decision to end their lives rather than go through that kind of suffering. Assisted suicide is legal in nine states in the United States, and in the District of Columbia. So there are cases where probably people commit suicide without having a mental health condition, but the vast majority have a mental health condition. Also , drug and alcohol use is extremely common in people who commit suicide, or make suicide attempts. 22% of people who commit suicide in the U.S. are intoxicated on alcohol at the time that they die. About 20% involve opiates, 20% marijuana, 5% cocaine. And all in all, or 50% of the people who commit suicide have some sort of drug or alcohol use issues. So next, I will talk about the community impact. Annually, the prevalence of serious suicidal thoughts is about 5% of adults, 12% of young adults, 19% of high school students , and 47% of LGBTQ people. Native Americans , Alaskan natives

, and white people are at the highest risk of suicide. Amongst different ethnicities. Lesbian and gay and bisexual youths are four times more likely to attempt suicide, and transgender adults are nearly total transfer likely to attempt suicide. I will talk about them later , the protective factors, which help explain the lack of protective factors in these cases. Suicide is the leading cause of death in local jails. So what is going on in the United States? Well , worldwide, the suicide rate is down 33% since 1990. But in the United States, up 35% since 1999 , and has been steadily increasing for decades. Interestingly, however, the suicide rate fell by 3% in 2020, when the pandemic hit, which is a surprise to many people who expected that the suicide rate would go up. The rate of adolescent suicide attempts did increase, especially for girls, during 2020, and remains high in 2021. But what might help to explain this is the previous findings that suicide rates declined in the aftermath of disasters . I think what happened is that the external focus becomes so predominant in people's awareness, that they are less focused on what they are experiencing internally. The external focus of trying to cope with the aftermath of disaster , and people have that outward focus, rather than being focus inwardly to the pain they are experiencing. One study, after Hurricane Katrina, found that rates and mental health conditions went up and suicidal thoughts went up, but suicidal rates did not go up. So again, the aftermath of disasters are different situation. That is probably what accounts for the decrease in suicide rates during the pandemic. Next, I will talk about the range of suicidality. First of all, there is suicidal ideation, or suicidal thought. I can be passive thoughts of wishing to die but with no plans. It can be thoughts with a plan, but no intent. Thoughts with intent but no plan, or people can have thoughts of wanting to die, a plan for how they're going to do it, and intent to die. When that is the case, it is an emergency. Next we'll talk about is para-suicidal behavior. Para means next to or close to. Para-suicidal behavior means people who are themselves but they do not die. And that can be acting with intent to die, but did not, or their intent was not to die , but to harm themselves for some other reason. And to give you an example of that, I was doing consult on a man in the intensive care unit , had overdosed on lithium, and he was laughing and giggling and not taking things seriously . And I said to him you know, you almost died. And he sat up and said what? I didn't think lithium was dangerous, I thought it was just assault. So he acted by taking an overdose of lithium, but not with the intent to die. So there is a range of people's intentions when they seek these actions. And then , finally, there is death by suicide. That is the range of suicidality . And next , as far as risk factors go, I will talk about health problems. People with health problems are at higher risk. That can include mental health conditions such as substance use problems, which I talked about earlier, depression, bipolar disorder, schizophrenia, certain premise analogy traits such as aggression or having rapid mood changes, or having poor relationships. Conduct disorders for adolescents. And anxiety disorders are all things that put people at high risk. Physical health conditions. When physical health is poor, you are at higher risk. In particular, traumatic brain injuries, which can affect people's abilities to reason and talk themselves out of acting impulsively. Next there is environment. Access to lethal means such as guns increases the risk . Being harassed or bullied, having relationship problems, being unemployed. Having a range of stressful life situations also put people at high risk. Then there is exposure to another person's suicide, the copy -- copycat effect. It is interesting that that the has not been found to be the case when talking about suicide. Only when someone is aware of another person who completed suicide that led to that risk. So talking about suicide , especially if you do it with compassion and empathy, does not raise the risk of suicide. And then there is historical risk factors. Previous suicide attempts make people more likely to attempt suicide in the future. The best predictor of the future is the past. Not always a valid predictor, but is a normal one. Family history of suicide put people at high risk. And childhood abuse, neglect, or trauma also put people at risk. Next, I will talk about the risk -- other things that increase the risk. Frequency and

intensity of thoughts increase the risk. Lethality of someone's plan. You know, planning to gouge their skin with their fingernails is not real likely to lead to death. I plan to hang one's self or shoot one's self is. Hopelessness. Hopelessness is a very strong risk factor. When someone sees no way out of a painful situation that they are in. Also, it should be noted that suicide is not thought of as a disease in and of itself. Certain types of psychopathology may lead to suicide. But suicide itself is not a disease. It may be the outcome of a disease. Next, we'll talk about predictive factors. And what happens in the absence of protective factors. So, first of all, let's talk about this with what is going on in the United States. With the LGBTQ population. Access to mental health care and being proactive about mental health are protective factors. And it would seem that we are relatively well off in this country with those factors . There are shortages and troubles. But compared to most of the world, we have more providers and more access to mental health care. So that does not account for why rates are going up in the United States and down around the world. Staying connected to family and communities. I think this one is a major issue in the United States. I want to talk for just a couple of minutes about society's changes over the last 150 years, which -- many of which have many positive impacts overall . But also some negative impacts. 150 years ago, most of the country lived in a rural communities and engage in farming, lives with extended family, went to church regularly , knew all their neighbors, neighbors would get together to help each other out with harvests and with building new barns and whatnot. People were very connected to their community. Our society has changed. The majority of the population now lives in urban areas. We are -- we are very mobile. We do not stay in the areas that we grew up. Cars one of the first things that really enable people to move around. Very positive in many ways, but decreased the level of connection and community integration that we have. In a more recent times, the Internet's and having social connections changed from being in a person to online. I know this is particularly big with the younger generations . You know, even before the pandemic, a lot of younger people socialized primarily via social media . And families have become less and less extended. Also something that changed somewhat at the beginning of the pandemic, where children moved home and there was , and still is a growing trend to more work more extended family living together. So talking about why suicide rates fell when the pandemic started, that might be another factor. But overall, the workplace has changed. 50 years ago, people got jobs that they stayed in for their full career. And lived and worked with a cohort of coworkers for decades at a time. That has changed . Now the workplace has changed to largely to a gig economy, where people get short-term jobs for a while, then switch. So they do not maintain that same level of connection to coworkers. So we have just -- again, many of these things are positive. Not being bound to an employer means that people have more flexibility in how they can live their lives. Divorce rates going up . That seems me -- may be bad on the surface. Women do have to stay in relationships if they did a 50 or hundred years ago. There are positive aspects to it. But it has led to less connection to family and community. Problem-solving and coping skills -- back to connection. LGBTQ people often feel more disconnected from anyone else. People talk about a sense of being alone. Of going through it alone. Having to come to a sense of who they are of recognition, a recognition of their gender identity , of their sexual identity alone. And are stigmatized and discriminated against when they come out. Which further leaves them to keeping things to themselves and being alone and isolated. So I think that is the aspect . Also the harassing and bullying that people often experience are factors that lead to increased levels of suicide -- suicide Natalie. Having problem solving and coping skills is a protective factor. Knowing how to do with stress and get through stressful situations. That means you do not look at it hopeless -- hopelessly with limited options. Limited access to lethal means is another protector factor. There has been a lot of focus on this in our country, recently. There are red flag laws. And can we remove guns from people when they are at risk of harming

themselves. I'm not going to get into the politics of it . Just to say that is what that is about. Limiting access to lethal means. Cultural and religious beliefs that encourage connecting and help seeking , discourage suicidal behavior, or create a strong sense of purpose or self-esteem are protective factors. So now I will get into warning signs . Warning signs of suicide can include talking about wanting to die , feeling great guilt or shame, being a burden to others . Feeling empty, hopeless, trapped, having a reason to live , feeling extremely sad or anxious. Agitated or full of range -- rage. Having unbearable emotional or physical pain. When I was in residency , one of my supervisors said that suicide is the most hurtful thing a person can do to others around them. And the implications was that when people act suicidally, the genesis of the action -- with the impact it will have on others -- I don't think that is true. What I was taught is -- there may be times when people act suicidally in order to have an impact on others . To hurt others. There is nothing more hurtful you can do to people who love you than to take your own life. But I don't think that that is a common reason. I think the most common reason is the last one . Feeling unbearable emotional or physical pain, and seeing no way out of it. So moving along. Additional warning signs. If you see changes in behavior . Such as people planning or researching ways to die. Withdrawing from friends, saying goodbye, giving away important items were making a will. Taking dangerous risks. Fast driving, that is one example. Extreme mood swings. Eating less or sleeping more . And using drugs or alcohol more often are all risk factors . I mean all warning signs, sorry. Okay. Next, how to talk and more importantly, how to listen to someone experiencing suicidal thoughts. Ask questions. And then if the answer is yes, follow up . So what kinds of questions should you ask ? If you see a person , you know, a pursuer close to in some way, whether at work or a friend, or family member, if you see them looking sad or more distraught, how are you doing? You want to ask questions in an empathic and compassionate way . You need to show that you are caring when you ask. How are you doing? Are you getting by okay? You really seem down. Have you had any thoughts about harming yourself? Do you ever think about killing yourself? As I mentioned earlier, talking about suicide does not raise the risk. So it is okay to ask these questions. If the answer , especially to those last two, is yes, then important follow-up questions can be have you ever tried to harm yourself before? Have you ever tried to kill yourself before? Have you ever thought about how you would do it? Do you have a plan? And we will also get to resources for how to help at the end of this. So that you know what to do when you ask these questions, and hear these answers. Other additional questions that are important to ask include what held you back? What do you have to live for? One of the most common things I hear , as a psychiatrist treating patients, is I just couldn't do that to my family. I could not do that to my kids. So then the next statement I would make is your kids are very important to you? Yes. So more on how to talk to someone . How to talk and listen. Be an active listener . That means that you show that you are paying attention by reflective listening. I think what I heard you say is that you are feeling a lot of emotional pain right now. Is that right? And you have to do these things in a nonjudgmental and accepting way. We are not passing judgment saying really, you think that? There has been some research on how we communicate that shows that 70% of communication is nonverbal. It is body language, posture , hand movement, facial expressions . 20% of mitigation is tone of voice, how rapidly or slowly we speak. And 10% of indication is the words we use. Someone picking about that, and talking to someone, if we are concerned for me having -- if we are concerned they may be having suicidal thoughts, you may want to use a gentle tone and display empathy and compassion. And then verifying for restating and summarizing . So again, I think I heard you say. So what you are telling me is. Did I get this right? Because you do not want to assume that you heard and interpreted their words exactly right. Did I understand you right? And then respect the pace and flow of the conversation. If someone is talking really slow , that does not mean that you need to interrupt

and ask the next question. It means you need to wait. So it seems like you're having some trouble expressing yourself. What is getting in the way? And then watch for nonverbal cues. If someone is getting frustrated with you , then you need to back up and just express empathy. I am sorry for what you're going through. It sounds really tough. I would like to be able to help you in some way, if I can. So as I mentioned , the last thing I will come to is resources. So this is the national suicide prevention and awareness month. NAMI. The national alliance of mental illness, has services. And these lines are available for download on the slides. What I have included in them is active links. That is a link to NAMI. And then there is the national suicide prevention lifeline. Which has the number there. 800-273-TALK. That was the old number. Or of course, 911. Then there is the new 98 national suicide prevention line, which rolled out recently. Then there is the national Institute of mental health. They have a website where they have warning signs of suicide. Risk factors, predictive factors, and warning signs are at the -- I forget what AFSP stands for. Suicide prevention is the last part of it. And then how to talk and listen to someone experiencing suicidal thoughts is another resource from NAMI . So there, I come to the end of my presentation . And I will turn it back over to the Lenny. Melanie.

Thank you so much, Dr, Pratt. We appreciate you sharing your expertise with us. I want to remind everyone that we know this is a serious topic we're discussing today. It is often one that people are hesitant to discuss with others. So we wanted to bring this time together with you to be able to educate you and give you information. But we also know that this is not going to give you everything that you need. And some of the questions that we have, we have just a few questions. Some of them are really personal. So I would like to say that Dr, Pratt will not answer personal questions , because it is not the platform to do this on. It will be best for you to call into your program and speak with someone. I would like to remind you that you all have a benefit. Your program is available to you and is confidential. No one from your employer , or the number you called in, unless you ask us to tell them . I do want to encourage you to use your benefits. If you ever, at all, have a question about something related to health and wellness, feel free to call us. We have companies from across the United States today . I do not have all of your companies' individual telephone numbers for your program. You need to reach out to your manager or HR department , or something of that sort, so that you can ask them for your benefit information. So again, you will have your own company toll-free number. You also have your own website that you would go to where you can gather more information on this topic and other health and wellness topics. So with that, it looks like we have a few minutes , Dr, Pratt, free a few questions. So it seems like there is some people asking about [Indiscernible] . I guess they were saying -- it says since suicide rates have fallen down by 33% since 1990, but was steadily increasing for decades. Can you explain that a little bit further?

Yes. The suicide rates are down 33% around the world. I meant to make that edit on that slide, but did not get to it. It should say worldwide. In the United States , steadily increasing for decades. The suicide rate is down 33% globally, but up 45% in the United States since 1999. So I was talking about the protective factors, some of a lack of protective factors that we have in the United States as a means of attempting to explain that. I think , you know, a decreased community cohesion , decreased living with extended family has led to greater isolation in the United States. I think that is different from much of the world . There are three positive aspects of it. We focus a lot in our society on independence and autonomy. Those things are very good. But there's also a price. The price is a social isolation.

The great. Thank you, Dr, Pratt. We also have another question. What would be the next step to do after the person admits to having a suicidal plan?

Yeah. That is where resources come in. You know, so 988 is the national suicide prevention lifeline. If you hear somebody say yes they have a plan, I am really concerned about you, I would

hate to see something happen to you. Can we call the national suicide prevention lifeline? You know, if you're with the person , you know, can we do it right here? While I am standing next to you or sitting with you? If the person -- if you are talking to them on the phone or interacting via text messages or something, you want to keep them engaged . Trying to have someone else make that call . When we are on phones with people , and we understand that the person -- we learn that somebody is suicidal, actively suicidal, the person was on the phone with them will flag the call for help. While the person is talking to them, and they will keep them engaged on the phone. It is a situation where, you know, leaving somebody alone for a few minutes can be tragic.

Thank you so much, Dr, Pratt. That is why I brought up the resource reference page. It is so important , my Dr, Pratt said. If you know someone who is having suicidal thoughts, it is important to take it serious. It is okay to say let's do this together. It likely -- giving them the number may not be the next that they make. I also have somebody asking how do -- how does someone cope if they have been impacted by somebody completing suicide?

Yeah. That is a good question. It can be a devastating thing to go through. Grief and loss groups can be a resource. Therapy. Calling your program. Getting into some counseling sessions. Reaching out to friends and family . Seek connections.

That brings up another point. Dr, Pratt. I think it is the elephant in the living room in some ways. Everyone around the country is feeling this. The lack of mental health providers and their availability. Can you speak a little bit. If someone is in a crisis and somebody mentioned it being impossible to be able to see a qualified provider. I hear the word crisis and getting someone to see a mental health professional. Any recommendation in the moment, if there is a crisis?

Yeah . That is absolutely true. The things to do to intervene are to call the national suicide prevention lifeline. Call your program. And if nothing can be done quickly enough, emergency room is a resource . Emergency rooms are one of the most common places that people receive behavioral healthcare these days, unfortunately. It is not ideal. But it is there and emergency room staff are becoming more and more able to deal with mental health because of how frequently they have to. So those are the resources. And of course, we all wish there was more. And we wish someone could get into see a therapist immediately when they have a need.

Thank you so much, Dr, Pratt. That is a good point point when I am -- when I worked in the hospital, I did do psychiatric intake through the emergency room. We did connect people with mental health providers. So that is -- of course nobody wants to go to the emergency room. If you do have someone in an immediate crisis, that is the place you can go for help. Somebody is asking though, how do you know -- what are the signs that someone is -- that suicide is imminent and that they need help right away?

Yeah. So if you could go back to slide 11 ? So when people are talking about wanting to die , having great guilt or shame, being a burden to others, those are really important things to be in a tune too. One -- the one on the very bottom. Being in unbearable emotional or physical pain. I think if someone is there, even if they're not saying they're suicidal, I just cannot go on, I cannot cope with this or do with this anymore, there is a risk. All of these things that are listed here are reasons to be concerned and to consider intervening rapidly. The last one is, I think, an emergency. Going to slide 12, planning or researching ways to die. Withdrawing from friends . Giving away important items. That one , in my experience, has often been really close to one people do commit suicide. They start giving away their most prized possessions . They are probably at risk of suicide within the next few days or sooner.

Okay, thank you so much, Dr, Pratt. I do want to say we have quite a few people with a lack of therapists . Your program does not have psychiatrist's. That is not part of your program. Your program is really kind of a starting place to get assistance. We can also help in a crisis. So I do

want to let you know we have lots of therapists. There are options for virtual therapy. Is becoming something that is kind of filling in the gaps for some of the provider like that we have across the country . It is touching almost everyone. I do want to encourage you to call into your programs. If you got program numbers before, it was for an in person session. Please try considering a virtual session. You can do that like face to face on a zoom call. You can do it texting. You can do it via phone. There are many ways to get help today. Sometimes it is that we have to open up our minds and maybe think a little bit differently about how we might be able to get help. And of course if it is something that serious, the resources we have are so important. So it looks like we are up are about out of time. I hope we have time for any more questions. I do want to put our closing poll. As well as your certificate of completion. If you would like , go ahead and download the certificate of completion the same we downloaded the handouts. However on the title, click that arrow downward, and save that certificate somewhere on your computer where you know to find it. Also, please feel free to answer our poll questions here. The first one is please rate your overall satisfaction . The answers are very satisfied, satisfied, dissatisfied, or very dissatisfied. If you click on the video clip button , I guarantee you we are getting those votes, we are just not broadcasting them to everyone. You will not be able to see the responses. Lastly, please let us know if there's any other topic you're interested in. Would love to hear from you. Type your answer in the bottom where it says type answer here. And click the callout icon to the right. It does look like we're out of time. Dr, Pratt, thank you so much for taking time out of your busy schedule to share on this important topic of today.

Thank you very much.

All right. Let's end our presentation. Have a wonderful rest of your day.