

How to help families and students in crisis:
Working with people during acute mental health crisis

Goals

- Base knowledge of suicidal ideation and how to guide students, families, and peers in how to cope with a situation involving suicidal ideation
- Feel confident in responding in a crisis situation and understand what resources exist for student referral

Stigma

- Mental health is often riddled with stigma
- 2008 SAMHSA study shows that 80% of behavioral health treatment is done with primary care providers
- Reasons people don't get help?
- Insurance, shame, access

Rates

- National Suicide completion rate has increased 24% over the past 15 years
- Biggest Risk groups?
- By Age-
- By Gender-

- Several decades of evidence consistently suggests that as many as 90 percent of individuals who do complete suicide experience a mental or substance use disorder, or both.

(Harris and Barraclough 1997; Pages et al. 1997; Moscicki 2001; Conwell et al 1996, Molnar et al. 2001 (reported in IOM 2002))

Risk Factors for Suicide

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders
- Alcohol and other substance use disorders
- Hopelessness
- Impulsiveness and/or aggressiveness
- History of trauma or abuse
- Major physical illness
- Previous suicide attempt
- Family history of suicide

Source: Suicide Prevention Resource Center, 2008

Risk Factors for Suicide

- Job or financial loss in family or self
- Relational or social loss
- Easy access to lethal means
- Local clusters of suicide with a contagious influence

Source: Suicide Prevention Resource Center, 2008

Risk Factors for Suicide

- Lack of social support; sense of isolation
- Stigma of help-seeking behavior
- Barriers to accessing health care, especially mental health care and substance abuse treatment
- Certain cultural and religious beliefs (for instance, the belief that suicide is a noble resolution of a personal dilemma)
- Exposure to (including through the media) and influence of others who have died by suicide

Source: Suicide Prevention Resource Center, 2008

Warning Signs for Suicide

- Talking or writing about death, dying or suicide
- Feelings of hopelessness, being trapped, in pain, burden to others
- Increase in drug or alcohol use
- Changes in sleeping
- Withdrawing/isolating
- Giving away possessions
- Talking about revenge
- Engaging in risky behaviors

Myths About Suicide

- Talking about suicide will plant the idea in someone's head.
 - Asking about suicide does not increase suicidal thoughts. The act of asking the questions simply gives permission to talk about thoughts or feelings.
 - How you ask is important. Be direct and do not skirt the issue. For example ask "are you thinking about killing yourself?" instead of "you aren't thinking of killing yourself, are you?"

Myths About Suicide

- There are "talkers" and there are "doers"
 - Most people who die by suicide have communicated some intent. Someone who talks about suicide gives the clinician an opportunity to intervene before suicidal behavior occurs.
 - **Always take talk of suicidal thoughts and behavior seriously.**

Myths About Suicide

- If somebody wants to die by suicide, there is nothing you can do about it.
 - Most suicidal ideas are associated with treatable disorders. The acute risk for suicide is often time-limited.
 - Safety planning and crisis intervention are preventative measures.

Myths About Suicide

- He/She wouldn't really commit suicide because...
 - He just made plans for vacation
 - She is talking about college
 - He made a promise
 - The intent to die can override any rational thinking.

Protective Factors

- Protective factors are important to assess and important for safety planning.
 - It is important to note that protective factors do not necessarily reduce or eliminate risk

Protective Factors

- Client can identify reasons for living
- Has a supportive social network and/or family
- High spirituality
- Sense of responsibility
- Positive coping skills
- Fear of death, dying or pain
- Positive therapeutic relationship

Language

- It is important to talk about suicidal thoughts and behaviors in a way that is **non-judgmental** and **does not carry stigma**.
- Many of the terms, we commonly hear are not acceptable because they do just that. They imply that suicidal thoughts or behaviors are not being taken seriously or that a person has somehow “failed” because they did not complete a suicide.

“Unacceptable Terms” category

- Failed attempt
- Failed completion
- Para-suicidal behavior
- Nonfatal suicide attempt
- Suicide gesture
- Manipulative act
- Suicide threat

What terms are ok?

- Suicide attempt
- Suicidal behaviors
- Suicidal thoughts and ideation
- Kill themselves
- End their life
 - Basically, you want to be direct about what is happening without using terms that are passing judgment on the person’s thoughts or behaviors.

No Suicide Contracts

- There is no evidence to show that “no suicide” contracts prevent suicidal behavior
- It is possible that contracting may cause patients to withhold information about their desire to kill themselves for fear they will disappoint their clinician by violating the contract

What Isn't Supportive

- Do not just tell the person to “snap out of it”
- Do not be hostile or sarcastic
- Do not adopt an overinvolved or overprotective attitude
- Do not nag the person to do what he or she normally would do
- Do not trivialize the person's experiences
- Do not belittle or dismiss the person's feelings
- Avoid speaking with a patronizing tone
- Resist the urge to try to “cure” the person

Listen Non-judgmentally

Try to

- Understand the symptoms for what they are
- Empathize with how the person is feeling about his or her beliefs and experiences

Try not to

- Confront the person
- Criticize or blame
- Use sarcasm
- Use patronizing statements
- State any judgments about the content of the beliefs and experiences

Listen Non-judgmentally

Key **attitudes** to make the person feel respected, accepted, and understood:

- Acceptance
- Genuineness
- Empathy

Key **nonverbal skills** to show you are listening:

- Attentiveness
- Comfortable eye contact
- Open body posture
- Being seated
- Sitting next to the person rather than directly opposite
- Not fidgeting

Questions to Ask

Ask the person directly whether he or she is suicidal:

- "Are you having thoughts of suicide?"
- "Are you thinking about killing yourself?"

Ask the person whether he or she has a plan:

- "Have you decided how you are going to kill yourself?"
- "Have you decided when you would do it?"
- "Have you collected the things you need to carry out your plan?"

How to Talk with a Person Who Is Suicidal

- Let the person know you are concerned and are willing to help
- Discuss your observations with the person
- Ask the question without dread
- Do not express a negative judgment
- Appear confident, as this can be reassuring

Check For Two Other Risks

- Has the person been using alcohol or other drugs?
- Has he or she made a suicide attempt in the past?

Keeping the Person Safe

- Provide a safety contact number
- Help the person identify past supports
- Involve them in decision making
- Call law enforcement if the person has a weapon or is behaving aggressively

Do Not

- Leave an actively suicidal person alone
- Use guilt and threats to try to prevent suicide
 - *You will go to hell*
 - *You will ruin other people's lives if you die by suicide*
- Agree to keep their plan a secret

Passive v Active

- Passive-"you know if I just went to sleep and didn't wake up, that would be ok."
- Active-"When I leave this office, I'm going to go jump off the McCluggage Bridge."

Five Steps to Help Someone Who is Suicidal

- Step One
 - Stay calm if someone tells you they are thinking about suicide. Listen to their story and let them know you will help them.

Five Steps to Help Someone Who is Suicidal

➤ Step Two

- Get as much information as possible.
- Complete suicide risk assessment. If you are uncomfortable, contact staff or support person with training in this. I.e. counselor, LCSW or ERS to work with the client.

Five Steps to Help Someone Who is Suicidal

➤ Step Three

- Do not leave this person alone. If by the person's responses indicate he/she is at a high risk, seek assistance immediately utilizing your facilities procedures for such instances.

Five Steps to Help Someone Who is Suicidal

➤ Step Four

- Remove any possible dangerous items (e.g. medications, razors), if you find a weapon, move away and call 911.

Five Steps to Help Someone Who is Suicidal

➤ Step Five

- Complete a safety planning intervention (if appropriate)
- Consult with your supervisor
- Treatment plan revision as necessary
- Develop a plan for follow-up

Things to Remember

- Most people do not want to end their lives, they want to end their pain and suffering
- Most people tell others they are thinking about suicide as an **option** for coping with pain
- Most people have psychological problems, social problems and limited coping skills- all things mental health professional are trained to tackle

Communication

- The key to all of this!
- Put yourself in the best position to help the individual and keep yourself safe
- We often overthink communication
- There is no “Siren’s Song” to communication

How to Help

- Approach the person in a caring and nonjudgmental way
- Choose a private time and place, free from distractions
- Let the person know you are concerned and want to help; state the specific behaviors that concern you
- Be sensitive to the way the person is behaving
- Let the person set the pace and style of interaction
- Do not touch the person without permission
- Allow the person to talk about their experiences and beliefs if they want to, but do not force them
- Let the person know you are available to talk in the future
- Respect the person's privacy and confidentiality

Communication Best Practices

- Assist the person by remaining calm
- Talk in a clear, concise way
- Use short, simple sentences
- Speak quietly in a nonthreatening tone at a moderate pace
- Answer questions calmly
- Comply with reasonable requests
- Maintain your safety and access to an exit
- Do not do anything to further agitate the person

Give Reassurance and Information

- Treat the person with respect and dignity
- Offer consistent emotional support and understanding
- Give the person hope for recovery
- Provide practical help
- Offer information that is relevant and helpful
- **Do not make any promises that you cannot keep**

Try to De-escalate the Situation

- Speak slowly and confidently with a gentle, caring tone of voice
- Do not argue or challenge the person
- Do not threaten
- Do not raise your voice or talk too fast
- Use positive words instead of negative words
- Stay calm and avoid nervous behavior
- Do not restrict the person's movement
- Try to be aware of what may exacerbate the person's fear and aggression
- Take a break from the conversation

When Communication Is Difficult

- Respond to disorganized speech by talking in an uncomplicated and succinct manner
- Repeat things if needed
- Be patient and allow plenty of time for responses
- Be aware that just because the person may be showing a limited range of emotions, it does not mean that he or she is not feeling anything
- Do not assume the person cannot understand you, even if the response is limited

Resources-Peoria Region

- Peoria County-24 hour crisis center/service-671-8084
- Tazewell Woodford County ERS-309-347-1148
- CARES line-1-800-345-9049

Questions
