"I've been here before"
Hope Holding as Suicide Prevention

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Department for Behavioral Health, Developmental & Intellectual Disabilities
About me...

- He/Him/His
- a son, brother, uncle and godpapa
- Benson and Mamba’s housing provider
- a friend
- Donut connoisseur
- Want to be handyman/home renovator
- Transgender
- Lived experienced with suicide
Pause
Suicide and Self-Harm Among Kentuckians in 2020

• Kentucky Injury Prevention and Research Center
• Last Updated: 5/6/2021
All data on these slides are from vital statistics death certificate data and hospital discharge data in Kentucky.
Annual Counts of Kentucky Residents

- Suicide deaths in 2020 increased very slightly from the historical average (2%)
  - 2019’s suicide death count was lower than 2016 to 2018 and thus percent changes from 2019 to 2020 may show higher increases than from the historical (2016 to 2019) average

- The overall 2020 annual counts for ED visit and inpatient hospitalization encounters for self-harm decreased

Sources: Kentucky Outpatient Services Database and Kentucky Inpatient Hospitalization Claims Files, Office of Health Data and Analytics, Cabinet for Health and Family Services and Kentucky Outpatient Services Database and preliminary death certificate data from the Office of Vital Statistics via the Kentucky Violent Death Reporting System. Prepared by KPRC under contract with the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities, which is funded by the Substance Abuse and Mental Health Services Administration, COVID-19 Emergency Response Suicide Prevention Award. Data from 2009–2020 are provisional and subject to change. Data were pulled on May 6, 2021 and may be incomplete.
Comparing 2020 Monthly Counts of Kentucky Residents to Historic Monthly Averages

- Note that dashed lines of each color represent the historical average while the solid lines represent 2020 counts.

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Male Kentuckians

- Deaths by suicide in 2020 increased 9% from historic average
- ED visits and inpatient hospitalizations decreased

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Female Kentuckians

• All indicators decreased

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Kentucky Youth

- ED visits decreased by 5% (compared to historical averages)

- Inpatient hospitalizations and deaths increased slightly, by 8% and 11%, respectively (compared to historical averages)

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Kentucky Residents Aged 25 to 44

- Deaths increased by 10% in 2020 compared to historic average
- ED visits and inpatient hospitalizations decreased

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Kentucky Residents Aged 45 to 64

• All indicators decreased in 2020 compared to 2016 through 2019

• Inpatient hospitalizations are higher than ED visits across all years (unlike younger age groups)

Sources: Kentucky Outpatient Services Database and Kentucky Inpatient Hospitalization Claims Files, Office of Health Data and Analytics, Cabinet for Health and Family Services and Kentucky Outpatient Services Database and preliminary death certificate data from the Office of Vital Statistics via the Kentucky Violent Death Reporting System. Prepared by KIPRC under contract with the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities, which is funded by the Substance Abuse and Mental Health Services Administration, COVID-19 Emergency Response Suicide Prevention Award. Data from 2009–2020 are provisional and subject to change. Data were pulled on May 6, 2021 and may be incomplete.
Kentucky Residents Aged 65 and Older

• Both inpatient hospitalizations and deaths are higher than ED visits across all years (unlike younger age groups)

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White Kentuckians

• Decreased ED visits and inpatient hospitalizations in 2020

• Increased deaths in 2020 compared to 2019, but only slight increase of 1% from historic average
Black Kentuckians

- Increases in ED visits and deaths, by 18% and 28%, respectively (compared to historical averages)

Sources: Kentucky Outpatient Services Database and Kentucky Inpatient Hospitalization Claims Files, Office of Health Data and Analytics, Cabinet for Health and Family Services and Kentucky Outpatient Services Database and preliminary death certificate data from the Office of Vital Statistics via the Kentucky Violent Death Reporting System. Prepared by KIPRC under contract with the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities, which is funded by the Substance Abuse and Mental Health Services Administration, COVID-19 Emergency Response Suicide Prevention Award. Data from 2009–2020 are provisional and subject to change. Data were pulled on May 6, 2021 and may be incomplete.
WARNING SIGNS

Some warning signs may help you determine if a person is at risk for suicide, especially if the behavior is **new, has increased, or seems related to a painful event, loss, or change.**

- Talking about wanting to die or to kill themselves
- Looking for a way to kill themselves, like 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 or returning to the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
<table>
<thead>
<tr>
<th>Risk Factors</th>
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<tbody>
<tr>
<td>Mood disorders, schizophrenia, anxiety disorders, and certain personality disorders</td>
</tr>
<tr>
<td>Alcohol and other substance abuse</td>
</tr>
<tr>
<td>Hopelessness</td>
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<tr>
<td>Impulsive and/or aggressive tendencies</td>
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<tr>
<td>History of trauma or abuse</td>
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<tr>
<td>Major physical illnesses</td>
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<tr>
<td>Previous suicide attempt(s)</td>
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<td>Family history of suicide</td>
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<td>Job or financial loss</td>
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<tr>
<td>Loss of relationship(s)</td>
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<td>Easy access to lethal means</td>
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<tr>
<td>Local clusters of suicide</td>
</tr>
<tr>
<td>Lack of social support and a sense of isolation</td>
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<tr>
<td>Shame associated with asking for help</td>
</tr>
</tbody>
</table>
Peer-to-peer support saves lives

• Don’t underestimate your role in preventing suicide
  • Relationships can heal.

• Yes, suicide is a big deal
  • Talking about it doesn’t have to be.

• There’s no one-size-fits-all guidebook
Don’t underestimate your role
Relationships can heal

• The predominant factors that lead to suicide are:
  o Pain
  o Hopelessness
  o Lack of connection
  o Feeling like a burden

• Our goal here is to up the hope (just a bit), and down the pain (just a bit).

• Feeling connected is critical: today and for the long run.

• Peer-to-peer is about you and me.
Yes, suicide is a big deal
Talking about it doesn’t have to be

• By asking the question openly and directly, you’re letting that person know that you are willing to ‘go there’ and talk openly about suicide

• Don’t worry about having all the answers, just be present and listen
There’s no one-size-fits-all guidebook

• Instead of telling someone what you think they need, ask them

• Be ready to listen

• Ask about their safety plan - or make one together

• Thoughts of suicide don’t go away overnight, your ongoing support will be important

• These talks can be tough and emotionally taxing, so have layers of help -- a network of support to call

• Talking can help ease the feeling of being a burden and create a community of understanding
How to talk with someone dealing with thoughts of suicide
POLL
Discussion on how to respond

• ASK + LISTEN + HAVE COMPASSION
  - Compassion is less, “Look on the bright side,” and more, “It sounds like things are really not great right now. Can you tell me more about that?”

• The root of the problem is PAIN, thoughts of suicide are the effect

• What we can do is try to better understand their pain in order to help connect and give hope that this will get better
Discussion on how to respond

Take the conversation deeper by asking...

“Are you thinking about suicide?”

“Can you tell me about these thoughts?”

“Do you have a plan?”
THINGS NOT TO SAY:

"HOW WOULD YOUR FAMILY FEEL IF YOU DID THAT?"

"THAT'S SELFISH."

"SUICIDE IS A PERMANENT SOLUTION TO A TEMPORARY PROBLEM."

...CAN YOU THINK OF A FEW OTHERS?
Core values for supporting attempt survivors

All activities designed to help suicide attempt survivors should be consistent with one or more of the following values:

• Foster hope and help people find meaning and purpose in life
• Preserve dignity and counter stigma, shame, and discrimination
• Connect people to peer supports
• Promote community connectedness
• Engage and support family and friends
• Respect and support cultural, ethnic, spiritual beliefs and traditions
• Promote choice and collaboration in care
• Provide timely access to care and support
Task force recommendations – programs

• Develop, evaluate, and promote support groups specifically for persons who have lived through a suicidal crisis; such groups are encouraged to use a peer leader or co-facilitator

• Develop certified peer specialist positions that are specific to lived experience of a suicidal crisis

• Develop a technical assistance center focused on helping individuals with lived experience of a suicidal crisis
Task force recommendations – policy

• Establish training protocols and core competencies for peer supports around suicidal experiences, and methods for assessing them

• Provide warm line staff with basic training for working with suicidal callers, including how to refer or transfer callers to crisis services
Task force recommendations – practice

• Train agency/organizational leaders and managers working with persons with lived experience of a suicidal crisis
  • Protecting confidentiality and privacy
  • Facilitating support for their employees

• Engage attempt survivors as partners in behavioral health and suicide prevention efforts

• Support the attempt survivor to define their support network
  • Assist in the process
  • Don’t insist on persons to include or exclude
how to talk with someone who has lost loved ones to suicide
How to respond:

What’s the right thing to say when someone says they lost a loved one to suicide?

1. Instead of saying “tell me about them,” ask:
   • What was their name?
   • What did they like to do?
   • What was your favorite thing about them?
   • Take the time to talk about the person and who they were in life
   • Try to be thoughtful around birthdays, holidays and the anniversary of the death (Give a call, stop by, spend some time)
   • Let the person know that you haven’t forgotten either
How to respond:

What’s the right thing to say when someone says they lost a loved one to suicide?

2. *Try not to wrap a bow around it:*
   - We can’t always understand why
   - Don’t try to find the logic in a suicide death
   - Be an active listener
Safety planning helps empower people to support themselves

Don’t throw a life vest, teach them to swim

• Consider helping them create a safety plan
• Distractions
• Honesty opens doors
Be an advocate

• We can’t afford to wait another minute

• What we say and how we say it, matters

• What does it mean to be an advocate?
Mental wellness

Try making a self-care assessment

Have a self-care plan

Give a real answer

It’s all about community
SECONDARY TRAUMATIC STRESS:

“the cost of caring”

“...the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other – the stress resulting from helping or wanting to help a traumatized or suffering person.”

Charles Figley, 1995
Signs and symptoms

Avoidance:
- absenteeism, tardiness,
- not completing things,
- inability to listen,
- minimizing

Intrusions:
- dreams, persistent intrusive thoughts,
- rumination

Physical Symptoms:
- exhaustion, headaches,
- muscle tension, twitches,
- GI problems, poor sleep

Cognitive Changes:
- hopelessness, negativity,
- loss of creativity,
- poor concentration,
- poor memory

Emotional Changes:
- depression, sadness,
- anxiety, exaggerated fears,
- guilt, isolation, feeling numb, anger

Social/ Interpersonal Changes:
- avoidance, lack of initiative,
- lack of interest, inability to have fun
What can we do about STS?

A 
Awareness
Avoid Re-traumatization

B 
Balance
Build Compassion Satisfaction

C 
Connect & Collaborate
Crisis Response
Self-Care/Self-Compassion

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