

## Mental Health CPR

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### MYTHS AND MISCONCEPTIONS

- **Once someone is suicidal, they will always be that way: FALSE**
  - Suicidal risk is often short term and situation dependent. While certainly thoughts can return, they are not permanent.
- **Someone who is suicidal is determined to die. There is nothing we can do: FALSE**
  - Many people who are suicidal just feel like they are out of options. They have a failure of problem solving. They don't necessarily want to die, they just don't want to live like they are anymore. Talking with them and helping them see another path can be life saving.
- **Only people who are mentally ill are suicidal: FALSE**
  - There is a difference between wellbeing problems and mental illness. Both can contribute to suicidal thoughts. Many people with mental illness are not suicidal and many people who take their own life do not have a diagnosed mental illness.
- **If I ask about suicide, I'll plant the idea of suicide in their head: FALSE**
  - Checking in about suicide prevents suicides. If you are concerned that someone is suicidal, it's likely that they are already thinking about it. Opening the lines of communication can improve the situation.
- **People who talk about suicide don't really mean it: FALSE**
  - Most people who are suicidal do try to communicate these feelings to at least one person before they attempt. It is important to take statements about suicide seriously.
- **Suicide happens with no warning: FALSE**
  - Most people will attempt to reach out and communicate their distress to at least one other person. These communications can be subtle, so it's important to pay attention and ask direct questions, especially if they are showing other warning signs.

### RECOGNIZE

#### Verbal Statements

As discussed, many people will attempt to reach out before they attempt suicide. Sometimes the statements are direct. Other times they can be subtler. Statements like "I can't live like this anymore" can be said in hyperbole by people who are not suicidal, but they also may be how a suicidal person expresses themselves. Expressions of hopelessness, feelings of being trapped, statements about things being unbearable- these should all set off a red flag to the listener. If someone says something concerning, check in.

#### Behavioral Cues

- Increased use of alcohol or drugs
- Isolating themselves from friends or family
- Withdrawing from activities that use to bring them joy
- Putting things in order
  - Legal documents
  - Giving things away
  - Saying goodbye
- Change in sleep patterns

#### Mood Cues

- Mood swings
- A sudden happiness after a long period of depression/hardship

### QUESTION

If you have concerns, it's important to ask if the person has suicidal intent.

It's important to ask if a person is suicidal in a way that is non-judgmental. It's important to leave words like "crazy" and "stupid" out of this conversation. This is a very difficult thing for a person to admit- make it easy on them! Ask the question in a way it's easy to say "yes" if that is in fact what they are feeling.

If a person expresses that they are suicidal, we need to establish if they have a plan and a timeline. If they have a plan, do they have access to the means to that plan.

## **TRIAGE**

### **Predisposing Factors**

- Stressful life events: Suicidality can be triggered by life events. Sometimes they are major, like the death of a loved one. Sometimes they are smaller, like an unexpected tax bill. Suicidality is often a building of circumstances, but there is usually a straw that breaks the camel's back.
- Prolonged Stress: As mentioned, this can be a building of circumstances. Prolonged stress can exceed our ability to compensate.
- Suicide Contagion: Being exposed to the suicide of a friend, loved one or someone you respect can increase your personal risk of suicide.
- Family and Personal History: Personal or familial mental illness and/or a history of suicide attempts increases risk.
- Chronic health conditions: Like chronic stress, chronic health conditions can complicate life to the point where a person has difficulty coping and therefore problem solving.

### **Increased Active Risk**

- Access to lethal means
  - Veterinary medicine has an elevated risk of dying by "pharmaceutical poisoning" due to our access to euthanasia solution. Firearms are also a common method.
- Currently drunk/high: No one makes better decisions when they are drunk/high.
- Being alone: Being physically with someone decreases the chance that you will commit suicide. If you can be physically with them, do so. If you cannot, stay on the phone with them and try to get someone else to be with them.

### **Barriers to suicide**

- Goals & Dreams
- Hobbies & Passions
- Friends & Family
- People or pets who depend on them
- Support of a therapist or psychiatrist

## **REFER**

It is important to realize your role is not to fix this person's problems. You are here for support. In the ideal scenario, we listen and support this person. Just in this act, many people will start to feel better. Some will begin to solve their own problems and become the agent of their own solutions. This is wonderful. Sometimes people need more help. It's important to ask a person what sort of help they think they need, and listen. Be respectful of them, their experience and their needs whenever possible.

High-Level: People who are actively suicidal, have plans and means to commit suicide today.

- Emergency mental health appointment: if they have a therapist, call the therapist and see if they can be seen on an emergency basis
- Emergency room: the ER is not a perfect place for a mental health crisis, but if you have immediate concerns, take the person there. It can be a scary and frustrating place, so try to go with them and support them.
- Calling the police: This is an option of last resort. This breaks trust. However, if a person is engaged in an active attempt and will not go to care, you can call the police and ask them to assist you.

Mid-Level: These people may be suicidal, but have no active plans. I find they need not only your support, but need help executing task to help themselves

- Find them a therapist: If they don't have a therapy provider, help them find one. Psychology today has a great search tool. <https://www.psychologytoday.com/us/therapists>
- Help make them an appointment.
- Make a safety plan: discuss these steps explicitly. Write down the answers so they have a reference when they are in distress. Make sure all contact info is readily available. Put the numbers in their phone.
  - Warning signs that a crisis may be developing
  - Internal coping strategies
  - People and social settings that provide distraction
  - People to ask for help
  - Professionals to contact during crisis
  - Steps to make the environment safe
  - A pledge not to drink or use drugs
  - Remove access to means
- Make plans and follow up

Low Level:

- These people are experiencing negative circumstances, and perhaps have negative wellbeing, however they are not considering suicide nor in crisis. These people absolutely need the support of friends, but in this group, we can give a little advice. We can encourage them to draw healthy boundaries, practice self care and consider therapy.
- It is important to continue to check in, because things can change over time.

It's important to remember your own self-care after an intervention. This is an incredibly stressful and emotional event.

### **Suggested Readings and Additional Resources**

- QPR Training: [www.qprinstitute.com](http://www.qprinstitute.com)
- Safety Plan App: <http://my3app.org/>
- American Foundation for the Prevention of Suicide: <https://afsp.org>
- Not One More Vet, Peer to Peer Support Group for Veterinarians: [www.nomv.org](http://www.nomv.org)
  - Resources Listed by region: <https://www.nomv.org/support-resources.html>
- National Suicide Prevention Hotline: <https://suicidepreventionlifeline.org/> 1-800-273-TALK
- Crisis Text Line: <https://www.crisistextline.org> Text CONNECT to 741741