



Hope Illuminated

A Community Approach to Suicide Prevention

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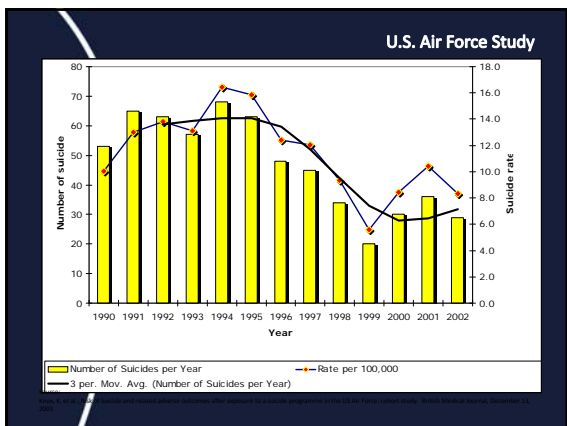
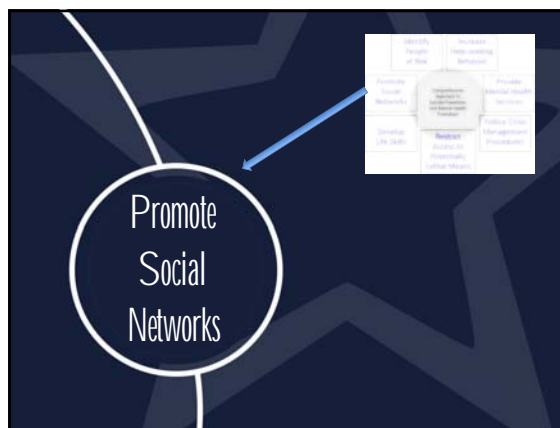
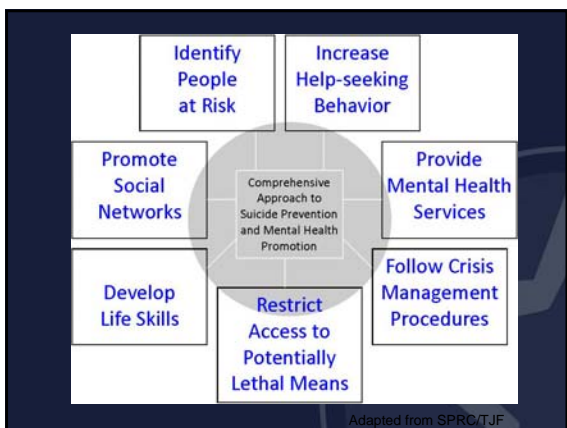



“Be vocal, be visible, be visionary.
There is no shame in stepping forward, but there is great risk in holding back and just hoping for the best.”



Leadership Call to Action

Higher Education Center



Power of Belonging

9/11
Poets who died by suicide shifted from “We” to “I” in their verse as death approached (J. Psychosomatic Medicine, 2001)

Women with 6 or more children had 1/5 the risk of suicide of age-matched controls (1 million Norwegian women, Arch. Gen. Psychiatry 1993)

Active in faith community, lower rates

of American adults with “close friends”

Young People and Suicide Prevention




Building Effective Coalitions

- Broad, integrated, reciprocal
- Need community organizer and leader/champion (co-chairs)
- Diverse stakeholders (wiifm)



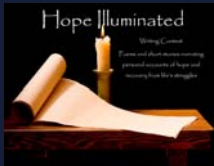





The Arts & Community

Facilitate emotional expression
Not alone
Brings people together




Goals of Coalitions

- Assess the gaps
- Build capacity
- Integrate resources
- Influence policy

Develop Life Skills



“People are like stained-glass windows. They sparkle and shine when the sun is out, but when the darkness sets in, their beauty is revealed only if there is a light from within.”

Elisabeth Kubler Ross



What is Mental Resiliency?



Promoting Positive Social Norms

What is Mental Resiliency?



Safe Messaging and Suicide Prevention

- Portray help-seeking as a reasonable action
- Provide resources to choose from
- Give people who are willing to help others something to do
- While you may want to communicate the importance of the issue, be careful not to normalize suicide
- Emphasize that suicide can be prevented and treated successfully
- Help distressed individuals to feel competent that they can do what needs to be done
- Avoid giving very specific details of the tragedy

Identifying People at Risk

National Depression Screening Day (October)
 National Eating Disorders Program (February)
 National Alcohol Screening Day (April)
 National Anxiety Disorders Screening Day (May)

Nationally Recognized Screening Days

Screening

- GOAL: Identifying mental illness early in its progression, linking people to appropriate care
- Universal tool, “check up”
- Who screens?
 - Schools, workplaces, primary care

Increasing Help Seeking Behavior


Screening Questions for Suicide

(A) 0 I do not have thoughts of killing myself.	(C) 0 I am not having thoughts about suicide.
1 Sometimes I have thoughts of killing myself.	1 I am having thoughts about suicide but have these thoughts completely under my control.
2 Most of the time I have thoughts of killing myself.	2 I am having thoughts about suicide but have these thoughts somewhat under my control.
3 I always have thoughts of killing myself.	3 I am having thoughts about suicide but have little or no control over these thoughts.
(B) 0 I am not having thoughts about suicide.	(D) 0 I am not having impulses to kill myself.
1 I am having thoughts about suicide but have not formulated any plans.	1 In some situations I have impulses to kill myself.
2 I am having thoughts about suicide and am considering possible ways of doing it.	2 In most situations I have impulses to kill myself.
3 I am having thoughts about suicide and have formulated a definite plan.	3 In all situations I have impulses to kill myself.

Metalsky, G. I., & Joiner, T. E. Jr. (1997). The hopelessness depression symptom questionnaire. *Cognitive Therapy and Research*, 21, 359–384.

Suicide Prevention Gatekeeper Training

- Model: CPR
- Goal: link double jeopardy
 - “open the gate”
- Connect with people in their own environments
 - “unusual suspects”
- Increase surveillance
- Behavioral rehearsal



Multiple Models

- QPR: "Question, Persuade, Refer
- ASIST
- Yellow Ribbon
- safeTALK
- Campus Connect
- SOS




Mental Health Services Concerns

- Access to care
- Good fit
- "Mental health professionals don't know what they don't know."

Who are your gatekeepers?

Discussion



Suicide is an Occupational Hazard

- #1 fear = Suicide of client, 97% of clinicians
- one out of every five mental health service providers will experience a client suicide each year

McInosh, John (2010, April 22). Therapists as Survivors of Client Suicide: . AAS Conference 2010




Provide Mental Health Services



Evidence-Based Treatments

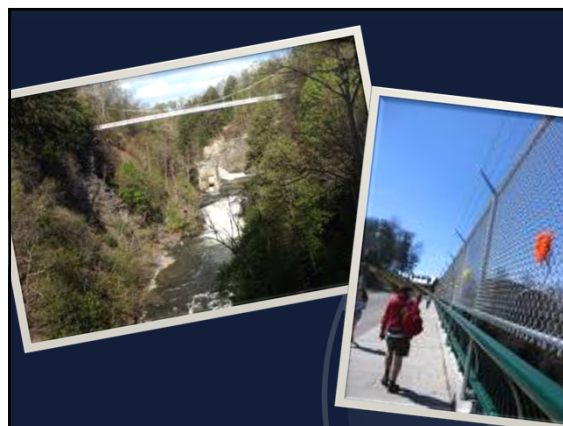

- **Cognitive-behavioral Therapy** (Brown & Beck) – targeting impulsivity and hopelessness
- **Dialectical Behavior Therapy (DBT)** (Linehan)
- **Lithium**
- **Clozapine**



Psychological Buffers: Perceived Immediate Supports

1. Whom can you count on to listen to you when you really need to talk?
2. Whom can you count on to console you when you are very upset?
3. Whom can you count on in a crisis situation even though they would have to go out of their way to help you?

Sarason, I. G., Levin, H. M., Basham, R. B., & Sarason, B. R. (1983). Assessing social support: The Social Support Questionnaire. *Journal Personality and Social Psychology*, 44, 127-139.





Other Clinical Issues

- Collaborative therapeutic stance
- Importance of follow up (“caring letters” study)
- Safety Plans (VIP) (Joiner)
 - Voluntary hospitalization
 - Intensifying help-seeking
 - Phone calls



Follow Crisis Management Procedures




Restrict Access to Lethal Means



Communication Vortex


- Small bits of concerning behavior or communication are noticed in different areas of a student’s life. By themselves they are not necessarily alarming, but when they are pulled together, they can paint a very concerning larger picture

Nicoletti, Spencer-Thomas & Bollinger (2010) *Violence Goes to College*.



Suicide Prevention Lifeline 101


- 1-800-273-8255
- Certified crisis counselors
- 24/7, free
- Routes locally
- Veteran's option
- Warm transfer; wait time
- Shift in prototypical caller
- They work!



Postvention

The SPRC's Postvention Workgroup defines it as, "The provision of crisis intervention and other support after a suicide has occurred to address and alleviate possible effects of suicide."

Smith, Kent, Rivest, Estela & Conroy, Deborah (2010, June 8) Postvention as a Prevention Tool: Developing a Comprehensive Postvention Response for Your Campus. A webinar of the Suicide Prevention Resource Center.



Pros and Cons of Hotline

<p>Perceived Benefits of the Hotline</p> <ul style="list-style-type: none"> •Anonymity •Convenient/ accessible 24/7 •Free •Objective •A resource for remote people •Lowered fear of reprisal 	<p>Concerns about the Hotline</p> <ul style="list-style-type: none"> •Impersonal •Awkward •Questions about credentialing •Uncertainty about follow up •Fear of losing control •Felt desperate, extreme
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Postvention Goals and Tensions

- 1) Stabilize community
- 2) Prevent contagion
- 3) Return to normalcy



Postvention




Harmful Practices

- Unsafe Messaging
 - Romanticizing and glamorizing
 - Describing means
 - Oversimplifying
- Unsafe Memorial Practices
- Inaccessible or unqualified postvention mental health services



Small Group Exercise

1. Pick one component of comprehensive model
2. Set a goal for change related to the target group selected earlier
3. Develop preliminary strategy for change – a top goal; two strategic partners, and three first action items
4. 20 minutes, spokesperson report back



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