

# Suicide: Facts, Figures & Fallacies Practical Tips & Tools

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May 20, 2019

# Understanding Suicide



# Terminology

**Died of/by Suicide** vs. Committed Suicide

**Suicide Death/Attempt** vs. Successful/Unsuccessful

**Describe Behavior** vs. Manipulative/Attention Seeking

**Describe Behavior** vs. Suicide Gesture/Cry for Help

**Diagnosed with** vs. They're a Borderline/Schizophrenic

**Working with** vs. Dealing with Suicidal Patients

Source: Ursula Whiteside, Zero Suicide Faculty & Founder of Now Matters Now <http://nowmattersnow.org>

# Terminology

**Suicide:** Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

**Suicide attempt:** A non-fatal, self-directed, potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

**Suicidal ideation:** Thinking about, considering, or planning for suicide.

**Non-suicidal self-directed violence:** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is no evidence, whether implicit or explicit, of suicidal intent.

**Preparatory acts and other suicidal behavior:** Acts or preparation towards making a suicide attempt, but before potential harm has begun.

# Facts & Stats

**National Data**

**State Vital Records Data**

**Boys Town Lifeline Data**



# National Suicide Statistics

Source: CDC, 2015, 2018

**44,193**

Annual Suicide Deaths



**77% Male**



**23% Female**

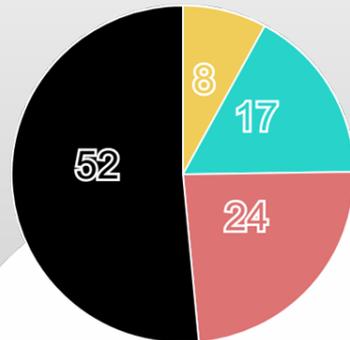


**9.8 million adults had thoughts of suicide**



**1 in 6 High School Students Considered Suicide**

## METHODS %

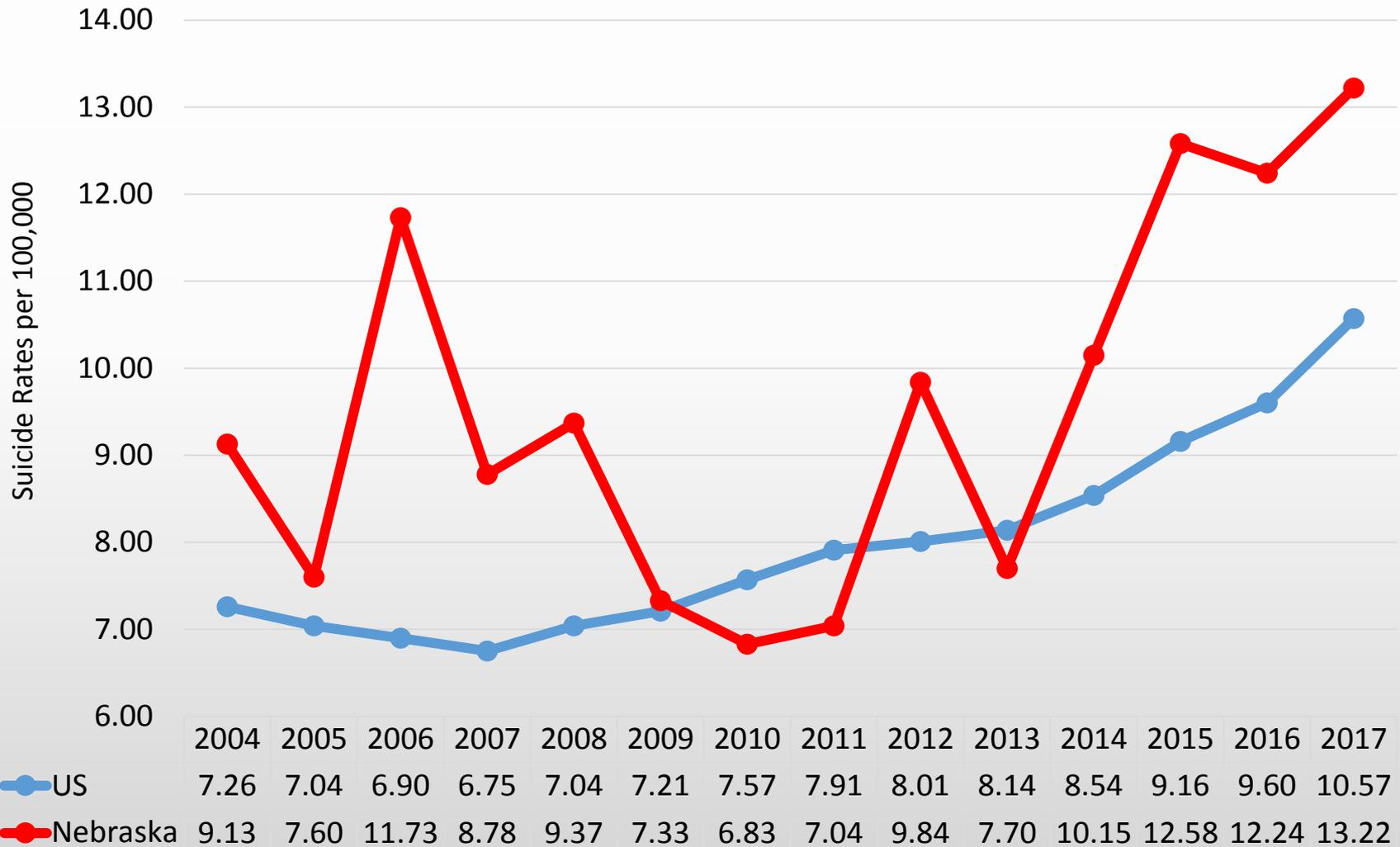


- Other
- Poisoning
- Suffocation
- Firearms

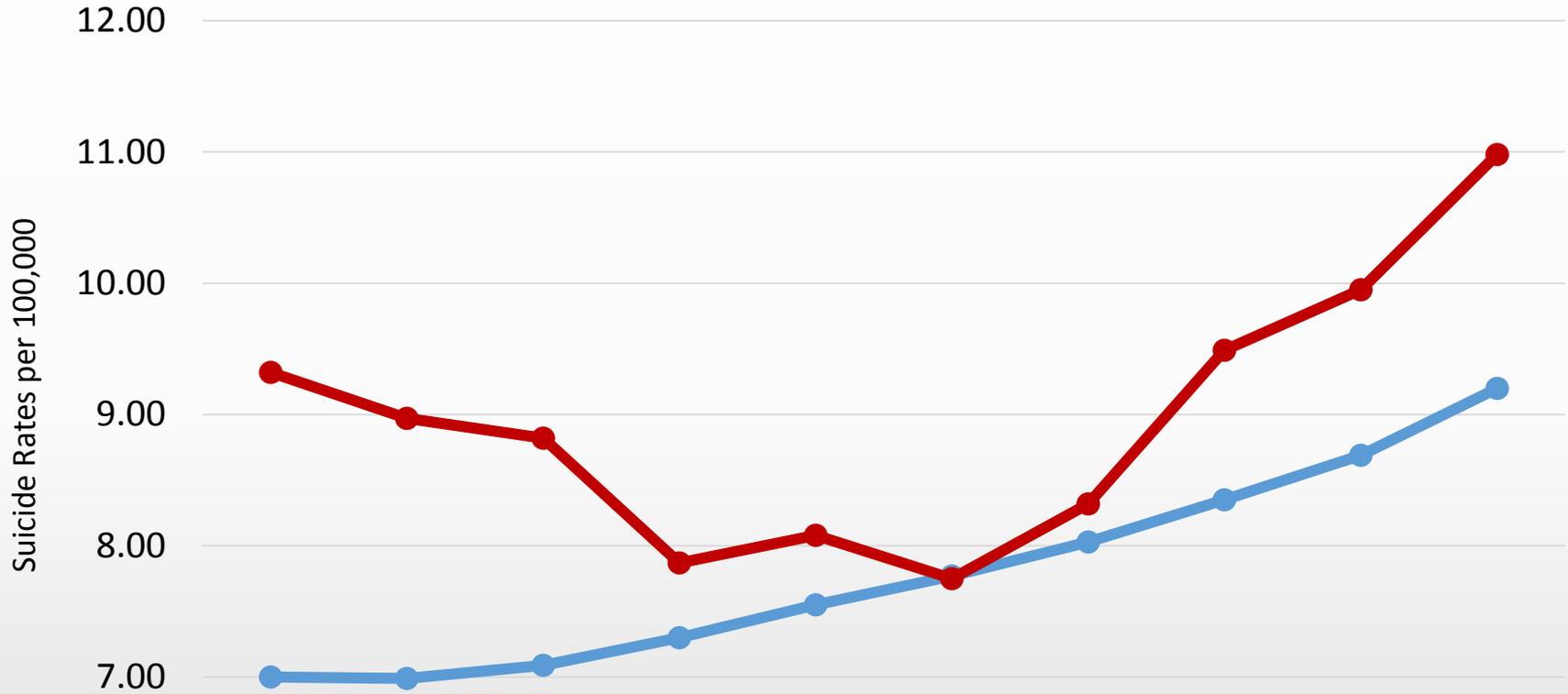


**1 in 12 College Students Have Serious Thoughts of Suicide**

# Nebraska & US Suicide Rates by Year (10-24 year olds)



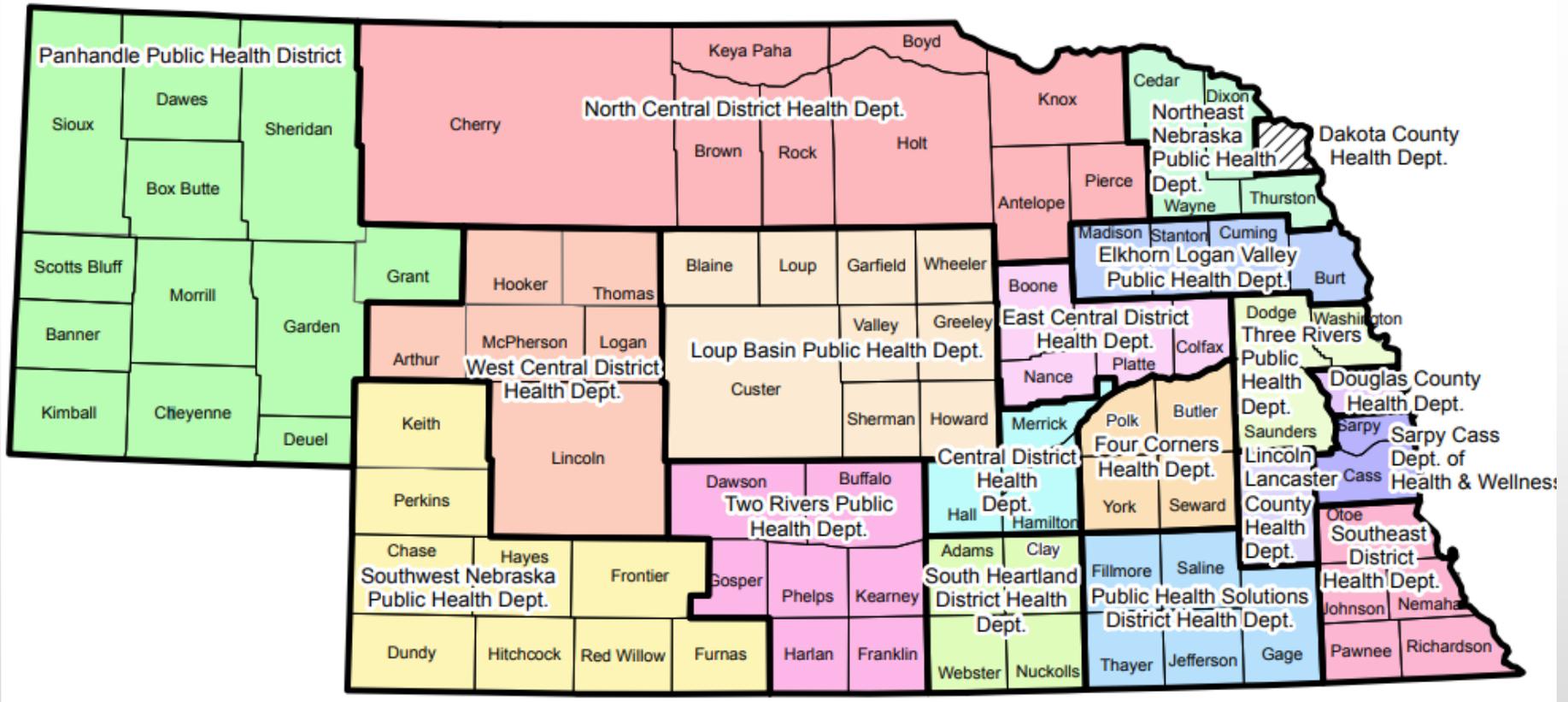
# Nebraska & US Suicide Rates - 5 Year Running Averages (10-24 year olds)



	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	2013-2017
US	7.00	6.99	7.09	7.30	7.55	7.77	8.03	8.35	8.69	9.20
Nebraska	9.32	8.97	8.82	7.87	8.08	7.75	8.32	9.49	9.95	10.98

# Regional Differences

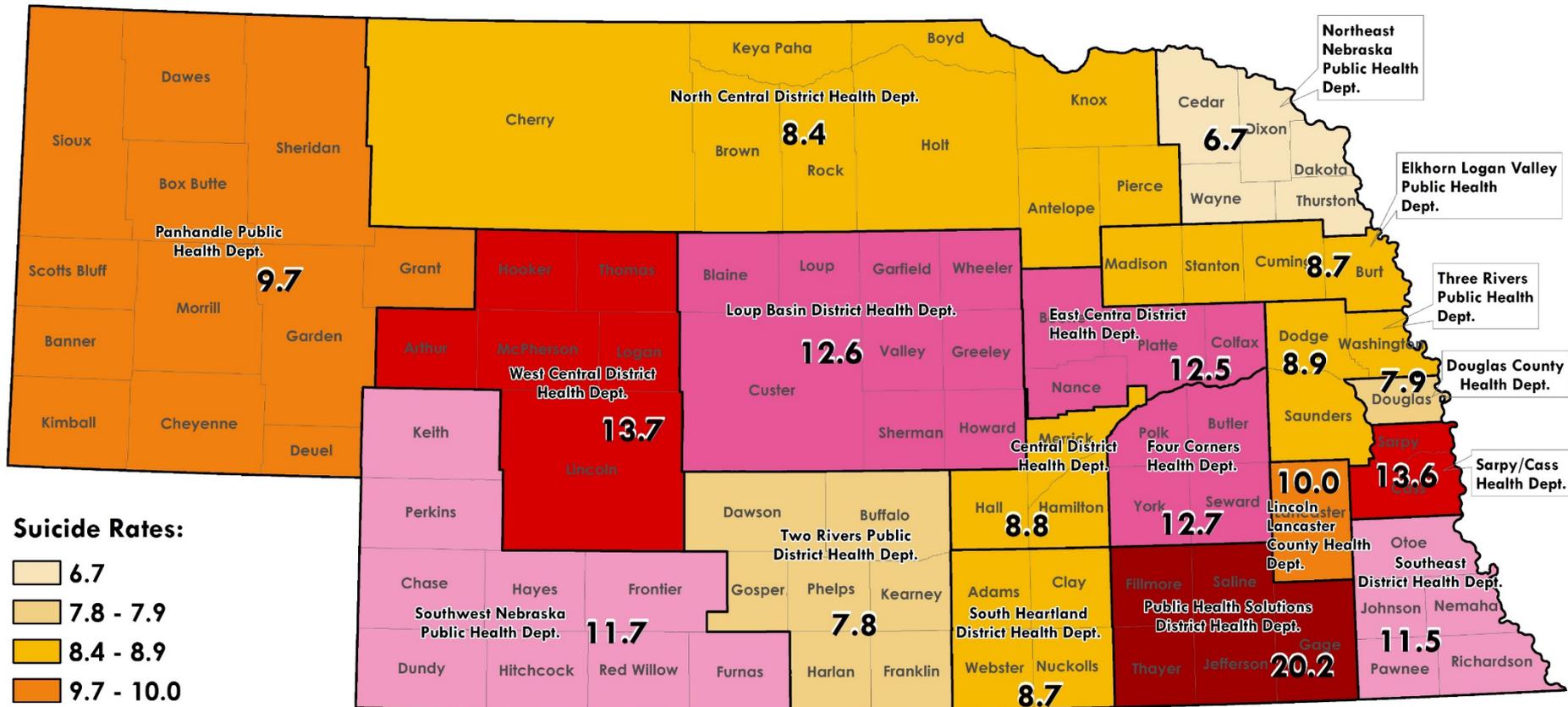
## Nebraska Local Health Departments



# NE Regional Rate Differences (10-24 Year Olds)

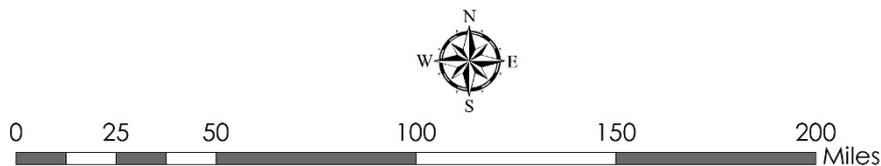
District	2011-2016
Public Health Solution	20.23
West Central	13.74
Sarpy Cass	13.63
Four Corners	12.73
Loup Basin	12.63
East Central	12.48
Southwest Nebraska	11.71
Southeast	11.45
Lancaster	9.97
<b>State Rate</b>	<b>9.91</b>
Panhandle Public	9.74
Three River Public	8.88
Central	8.75
South Heartland	8.74
Elkhorn Logan Valley	8.68
North Central District	8.42
Douglas County	7.90
Two River	7.82
Northeast Nebraska Public	6.70

# 2011 – 2016 Average Suicide Rates by Nebraska Public Health District

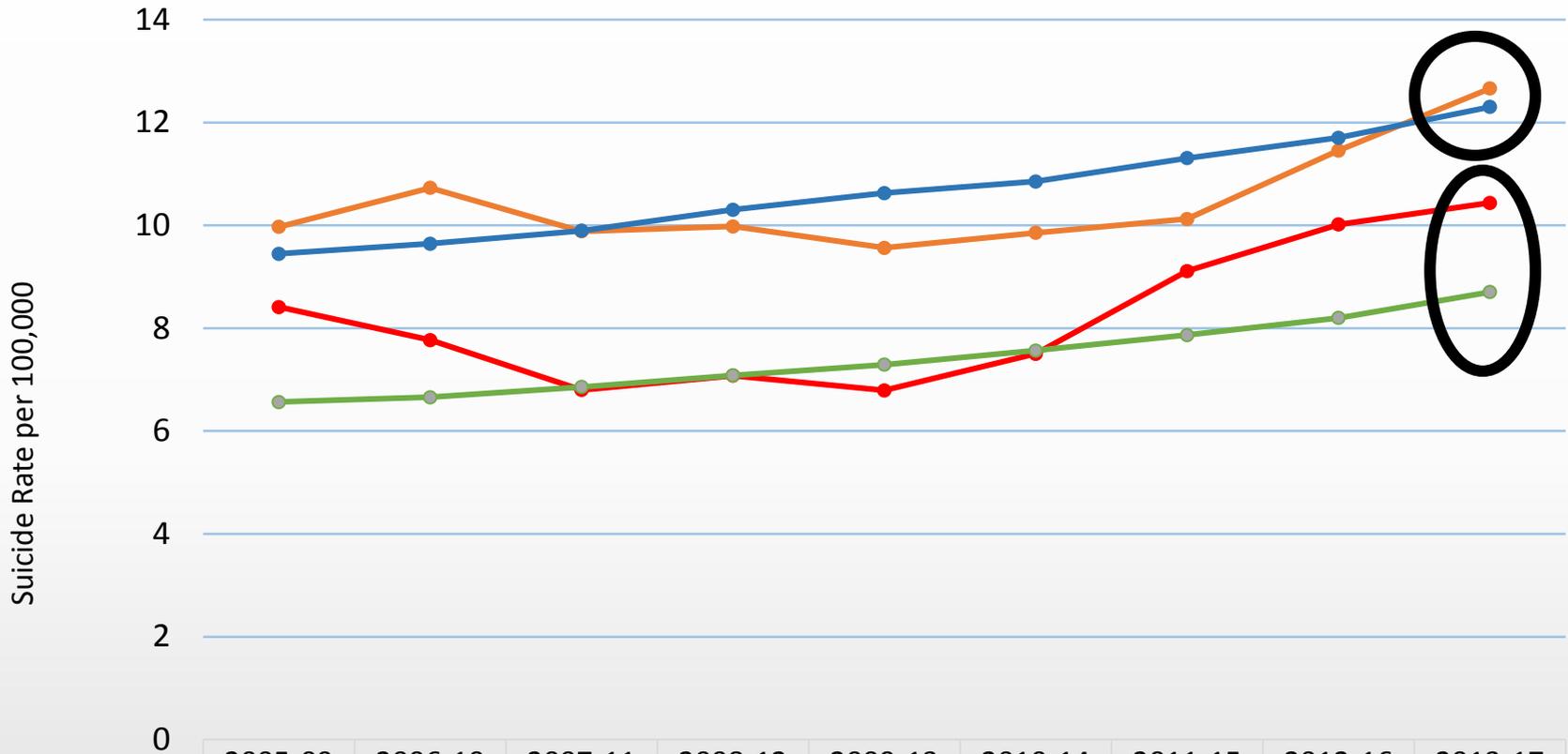


**State Total: 9.9**

Suicides per 100,000

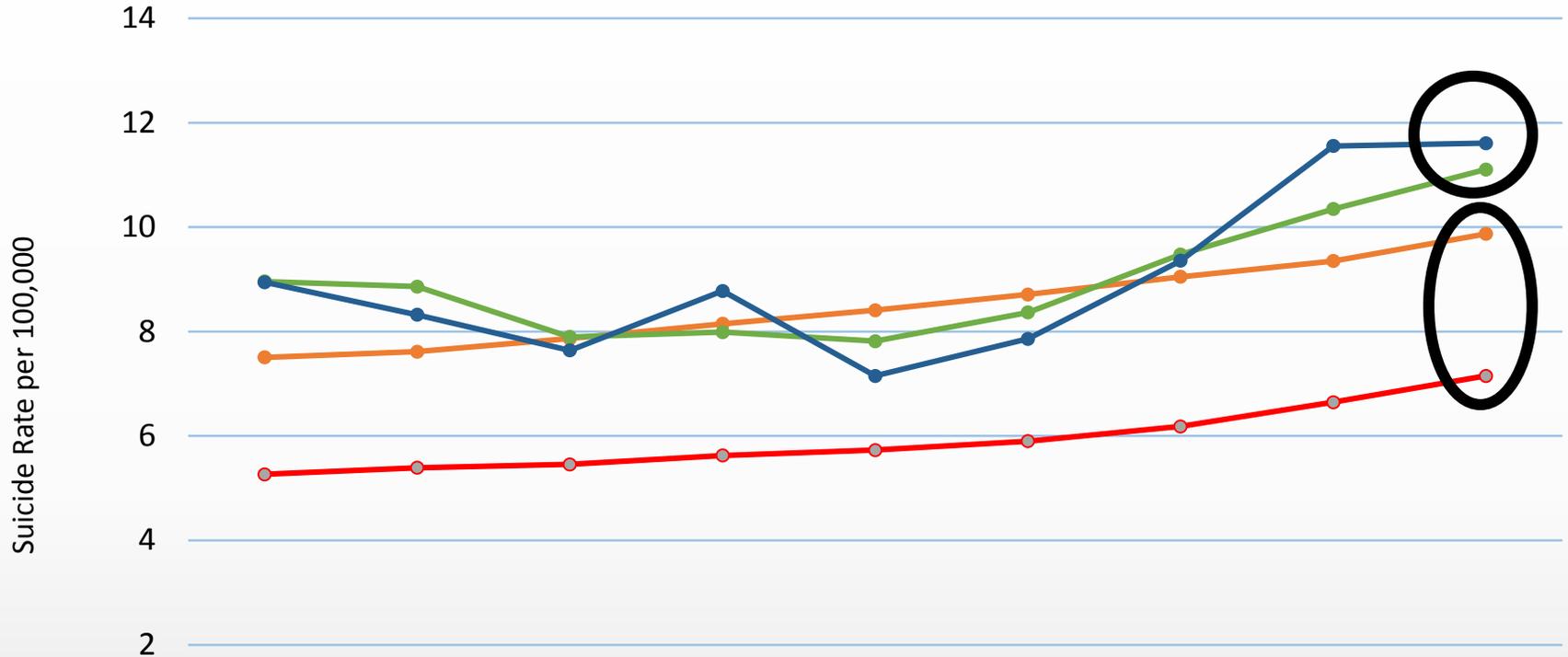


## 10-24 Year Old Suicide Rate Metro vs. Non-Metro, 5 Year Averages



	2005-09	2006-10	2007-11	2008-12	2009-13	2010-14	2011-15	2012-16	2013-17
NE Rate - Metro	8.41	7.77	6.80	7.08	6.79	7.50	9.11	10.02	10.44
NE Rate Non-metro	9.97	10.73	9.88	9.98	9.56	9.86	10.12	11.46	12.66
US Rate - Metro	6.56	6.66	6.86	7.08	7.29	7.57	7.87	8.20	8.70
US Rate - Non-metro	9.45	9.64	9.90	10.30	10.63	10.85	11.31	11.70	12.30

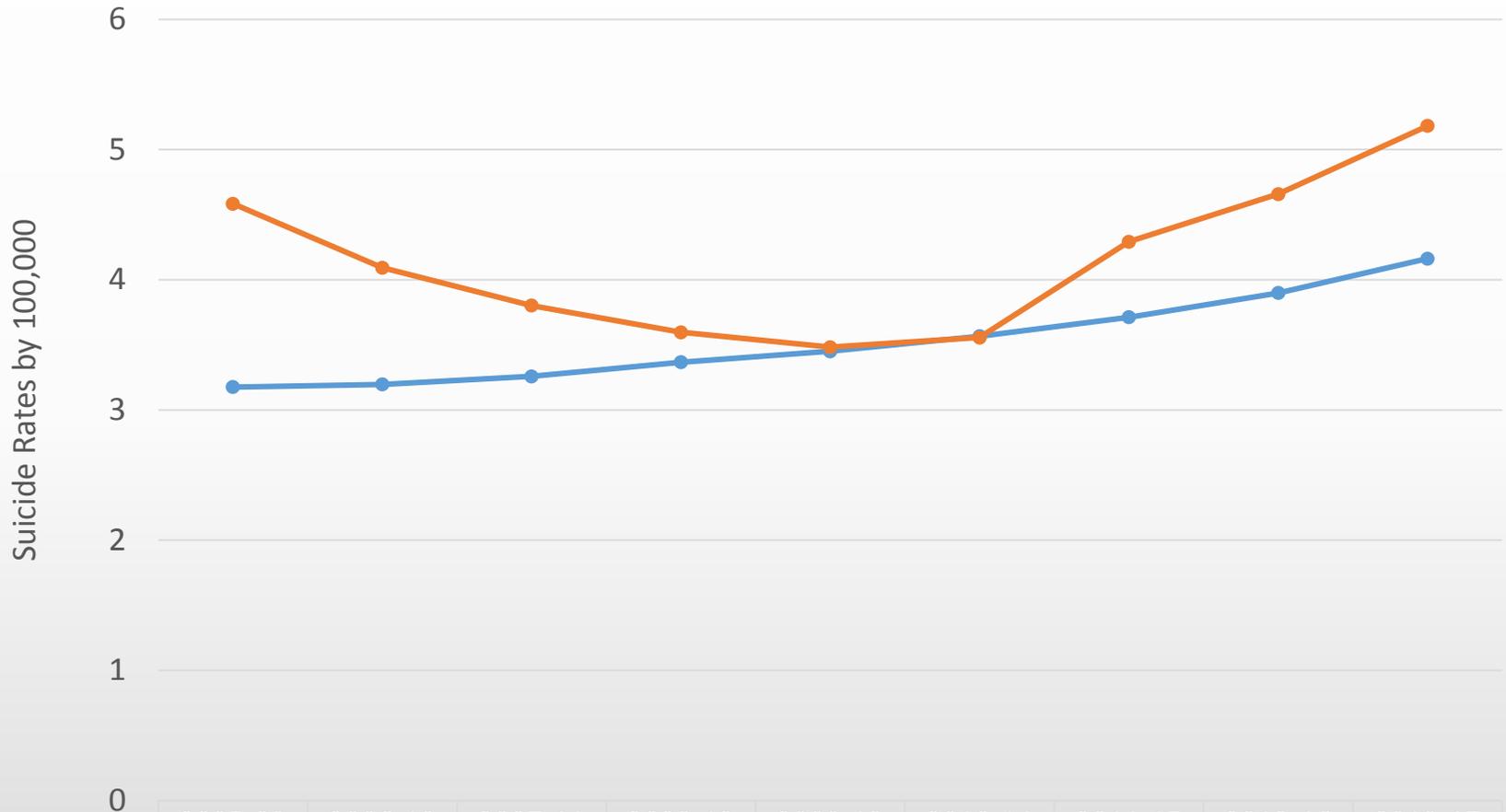
## 10-24 Year Old Suicide Rate by Race 5 Year Averages



	2005-09	2006-10	2007-11	2008-12	2009-13	2010-14	2011-15	2012-16	2013-17
US -White	7.51	7.61	7.87	8.15	8.41	8.71	9.05	9.35	9.87
US -Nonwhite	5.27	5.39	5.46	5.63	5.73	5.90	6.18	6.65	7.15
NE -White	8.96	8.86	7.90	7.99	7.82	8.37	9.48	10.35	11.11
NE -Nonwhite	8.94	8.32	7.64	8.78	7.15	7.86	9.36	11.56	11.61

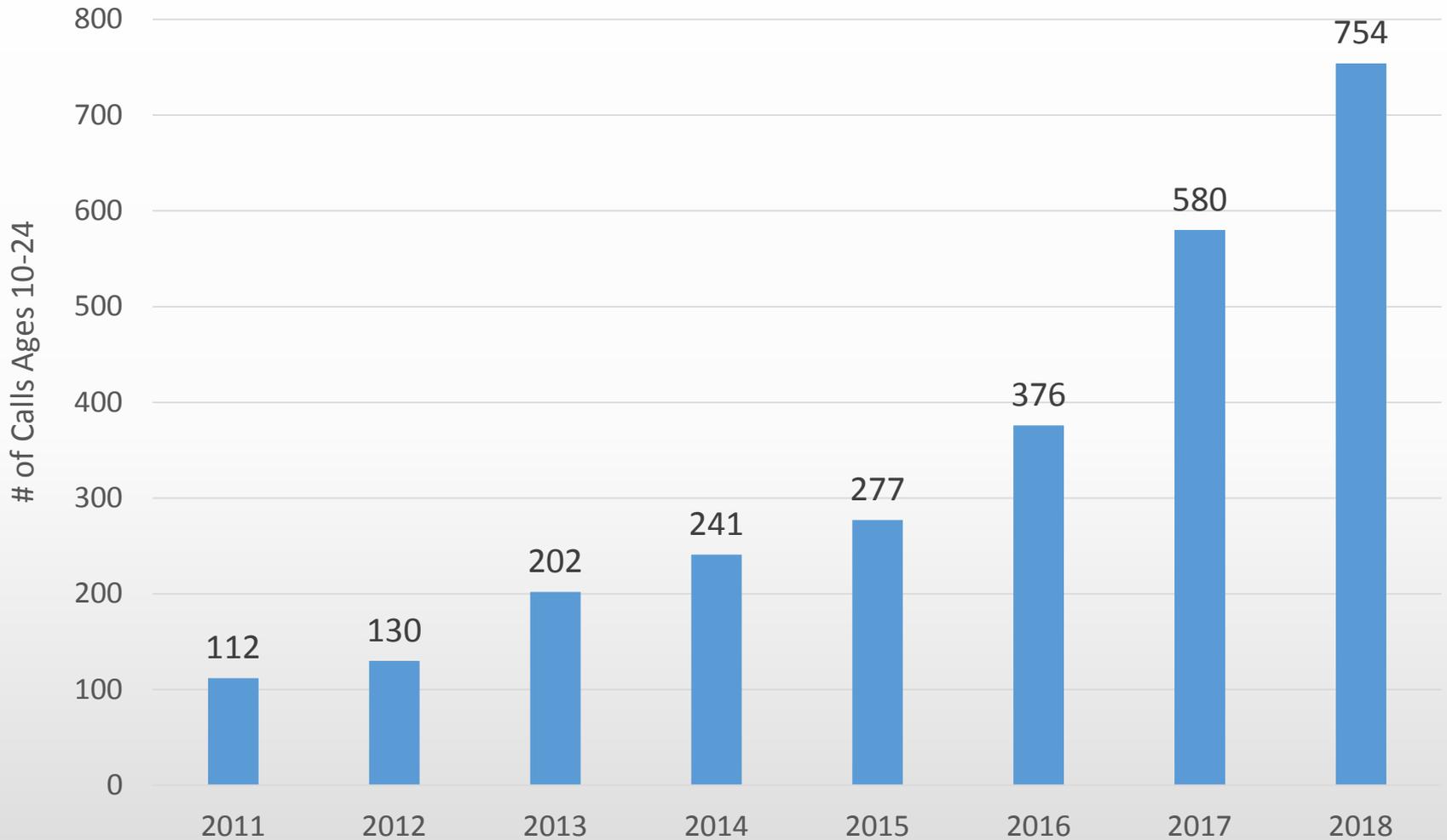
# 10-24 yr old Suicide by Firearm Rates

## 5 Year Averages

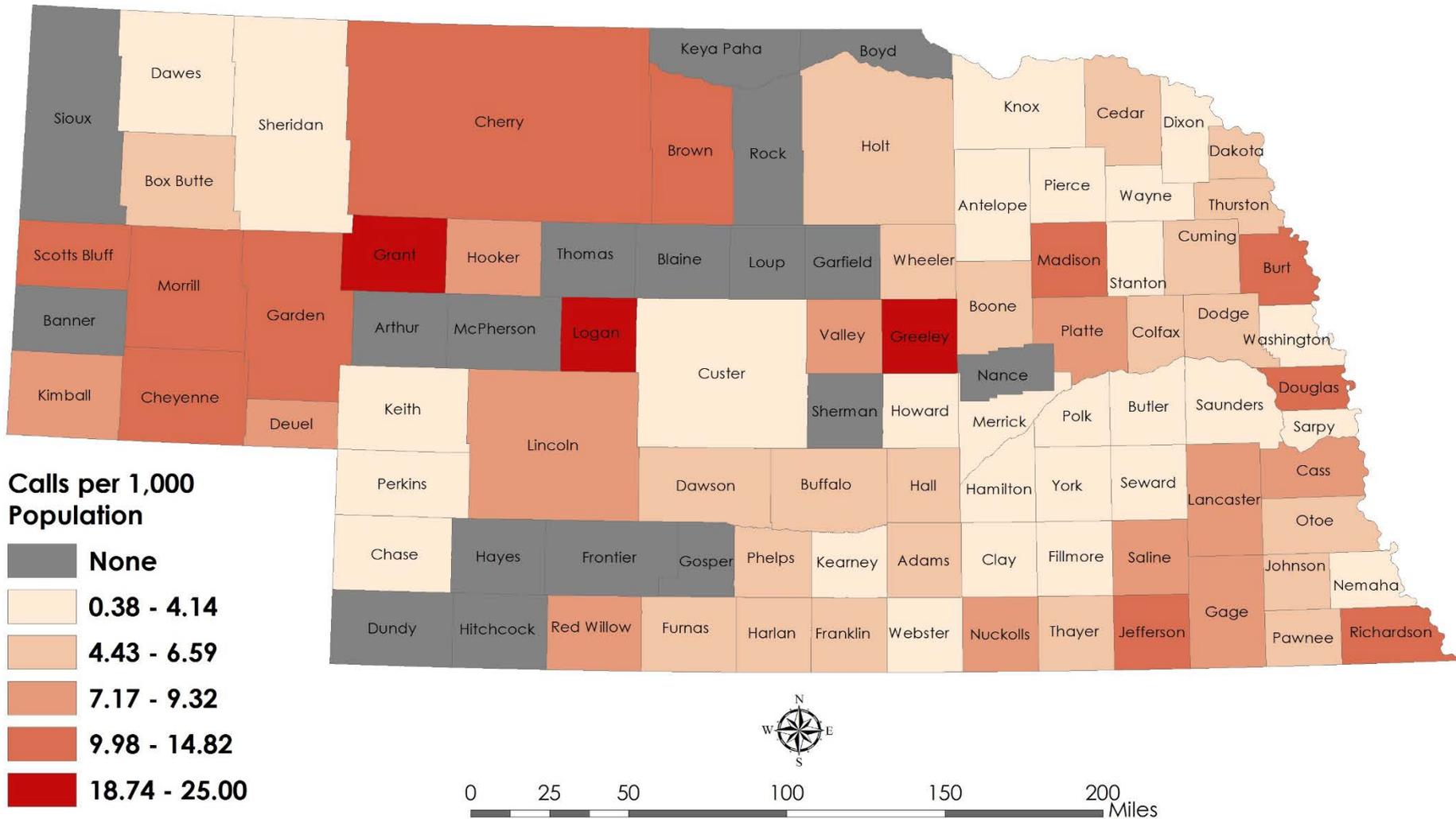


— United States  
— Nebraska

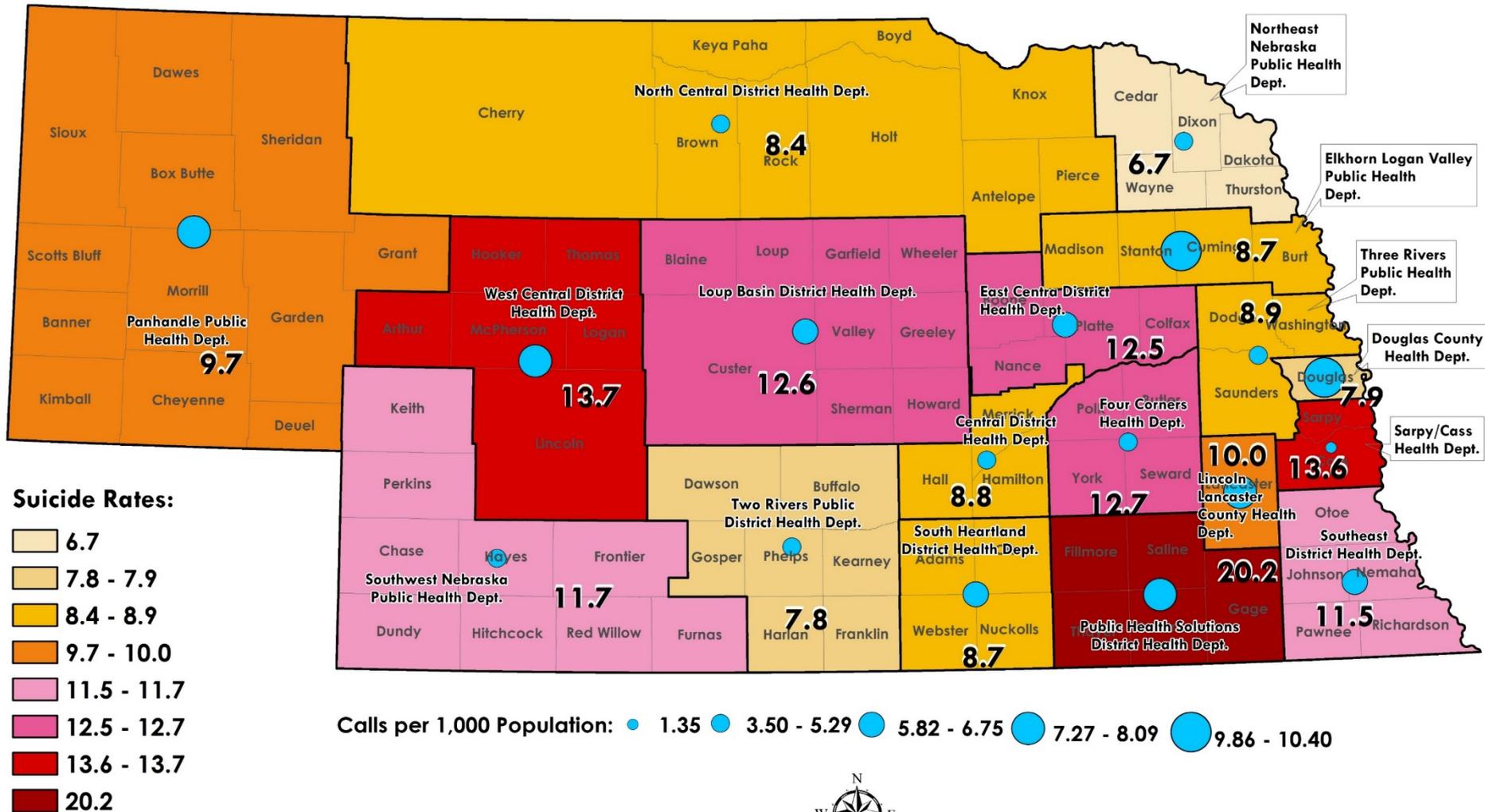
## Nebraska Lifeline Calls Ages 10-24 by Year



# 2011 – 2018 Boys Town Lifeline Call Rates by County



# 2011 – 2016 Average Suicide Rates & 2011 - 2018 Lifeline Calls by Nebraska Public Health District



**State Total: 9.9**

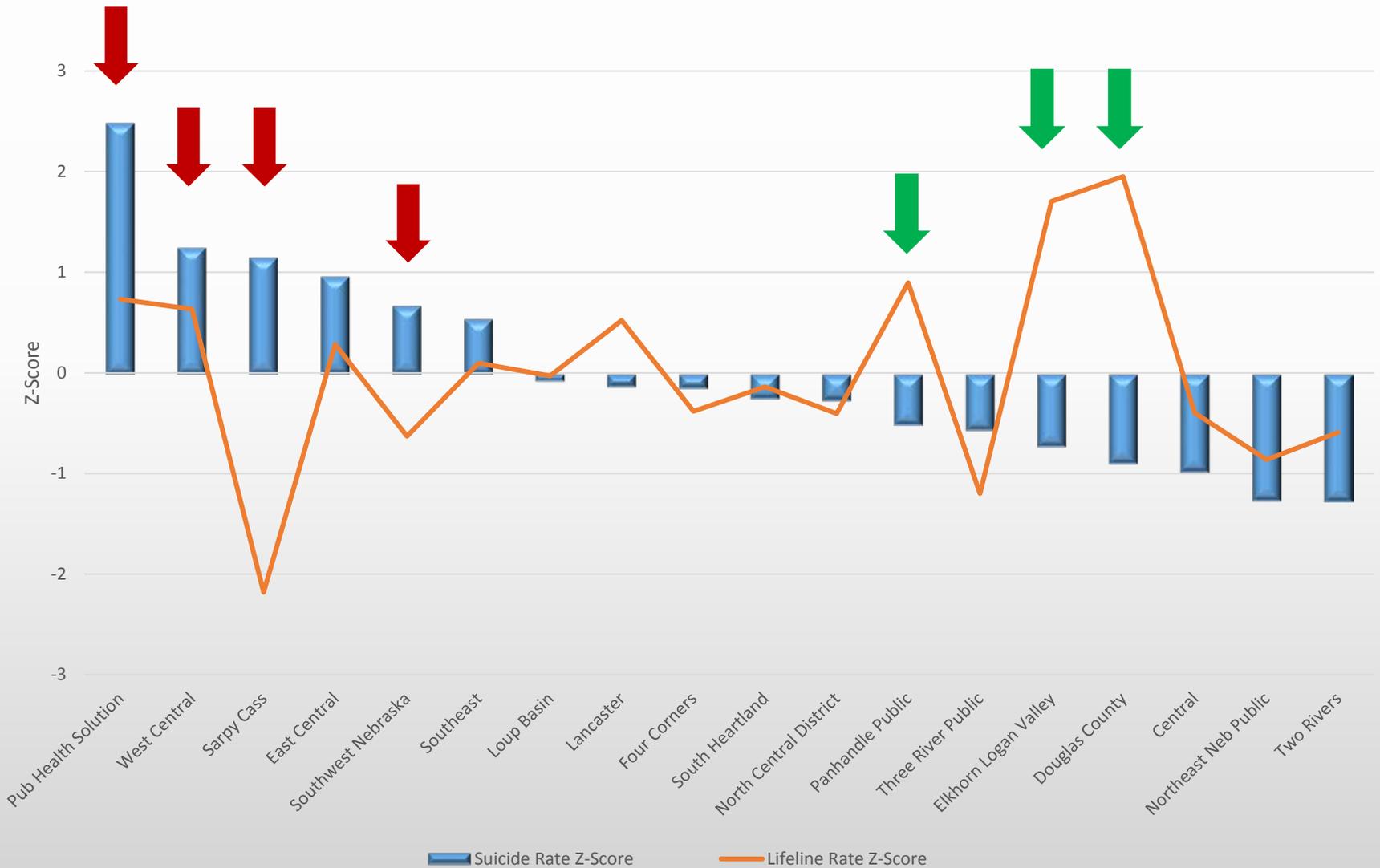
Suicides per 100,000



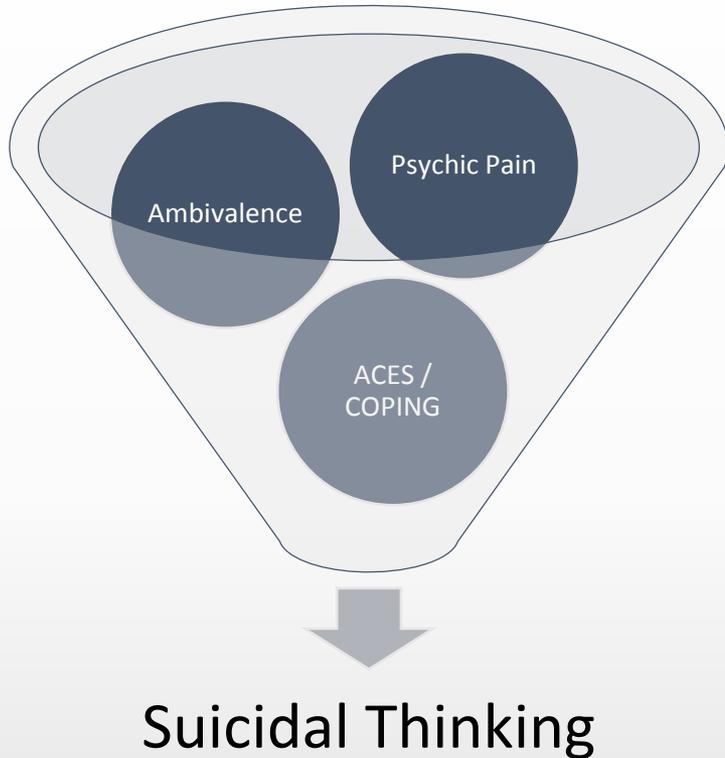
# Average Suicide and Lifeline Call Rate Z-Scores by Public Health District

Average Suicide Rate Z-Scores: 2011-2016

Average Lifeline Call Rate Z-Scores: 2011-2018



# Personal Experience



Protective Factors

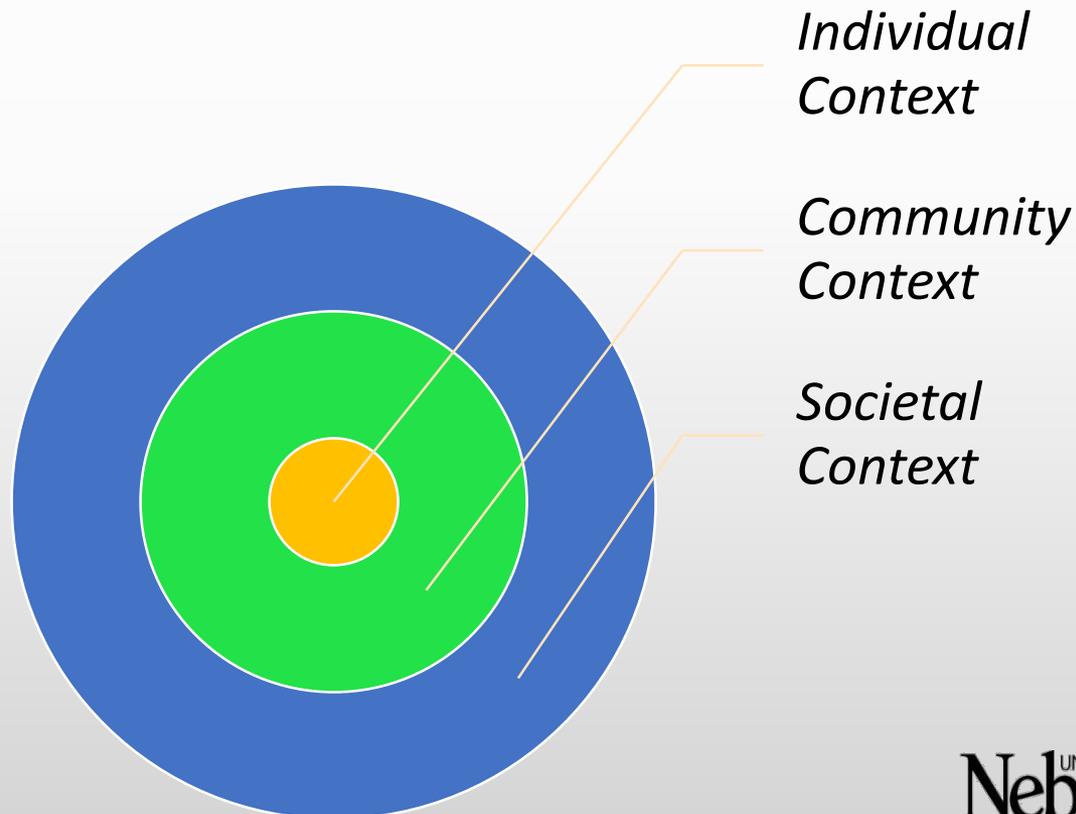
Connectedness  
Life Skills  
Access to Care  
Purpose  
Beliefs

Prior attempts  
Substance use  
Access to means  
Isolation  
Lack of access to care

Risk Factors

# Context

- Violence Risk Assessment & Suicide Risk Assessment each depend upon understanding **CONTEXT**



# ADVERSE CHILDHOOD EXPERIENCES – ACES

What are Adverse Childhood Experiences (ACEs)?

ACEs are potentially traumatic events that occur in a child's life:



Physical Abuse



Emotional Abuse



Sexual Abuse



Domestic Violence



Parental Substance Abuse



Mental Illness



Suicide or Death



Crime or Imprisoned Family

Causing lifelong medical, mental & social suffering

Prediction is not possible....  
We assess so we can engage in

PLANNING



# Information needed to assess suicide risk

- Background
  - Strengths
  - Static Risk Factors (ACES)
  - Impulsivity
- Ideation, Intent, Plans
  - Frequency, Intensity & Severity of Thoughts
  - Suicide Attempts & Prep Behavior
- Dynamic Factors
  - Stressors
  - Clinical Presentation (sadness, anger, withdrawal, etc.)
- Relationships
  - Level of engagement with you
  - Willingness to accurately self-report

# Risk State vs. Risk Status

Risk Compared to a Group (e.g. juveniles on probation, rural youth with a diagnosis of...)



Risk Compared to self at another time point (e.g., at time of entry, since being put on probation, etc.)



# Safety Planning

- Safety Plan Template © 2008, Stanley & Brown
  - Warning signs (collaboratively identified)
  - Internal coping strategies (physical activity, relaxation)
  - Social connections to provide distraction
  - People to ask for help
  - Professionals to ask for help
  - Making the environment safe
  - Reasons for living

**Patient Safety Plan Template**

**Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**Step 3: People and social settings that provide distraction:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
3. Place \_\_\_\_\_ 4. Place \_\_\_\_\_

**Step 4: People whom I can ask for help:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
3. Name \_\_\_\_\_ Phone \_\_\_\_\_

**Step 5: Professionals or agencies I can contact during a crisis:**

1. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_  
2. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_  
3. Local Urgent Care Services \_\_\_\_\_  
Urgent Care Services Address \_\_\_\_\_  
Urgent Care Services Phone \_\_\_\_\_  
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

**Step 6: Making the environment safe:**

1. \_\_\_\_\_  
2. \_\_\_\_\_

Safety Plan Template ©2008 Barbara Stanley and Debra K. Brown. It is published with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express written permission. We can contact the authors at [stanley@unl.edu](mailto:stanley@unl.edu) or [dbrown@unl.edu](mailto:dbrown@unl.edu).

The one thing that is most important to me and worth living for is: \_\_\_\_\_

# Safety Planning

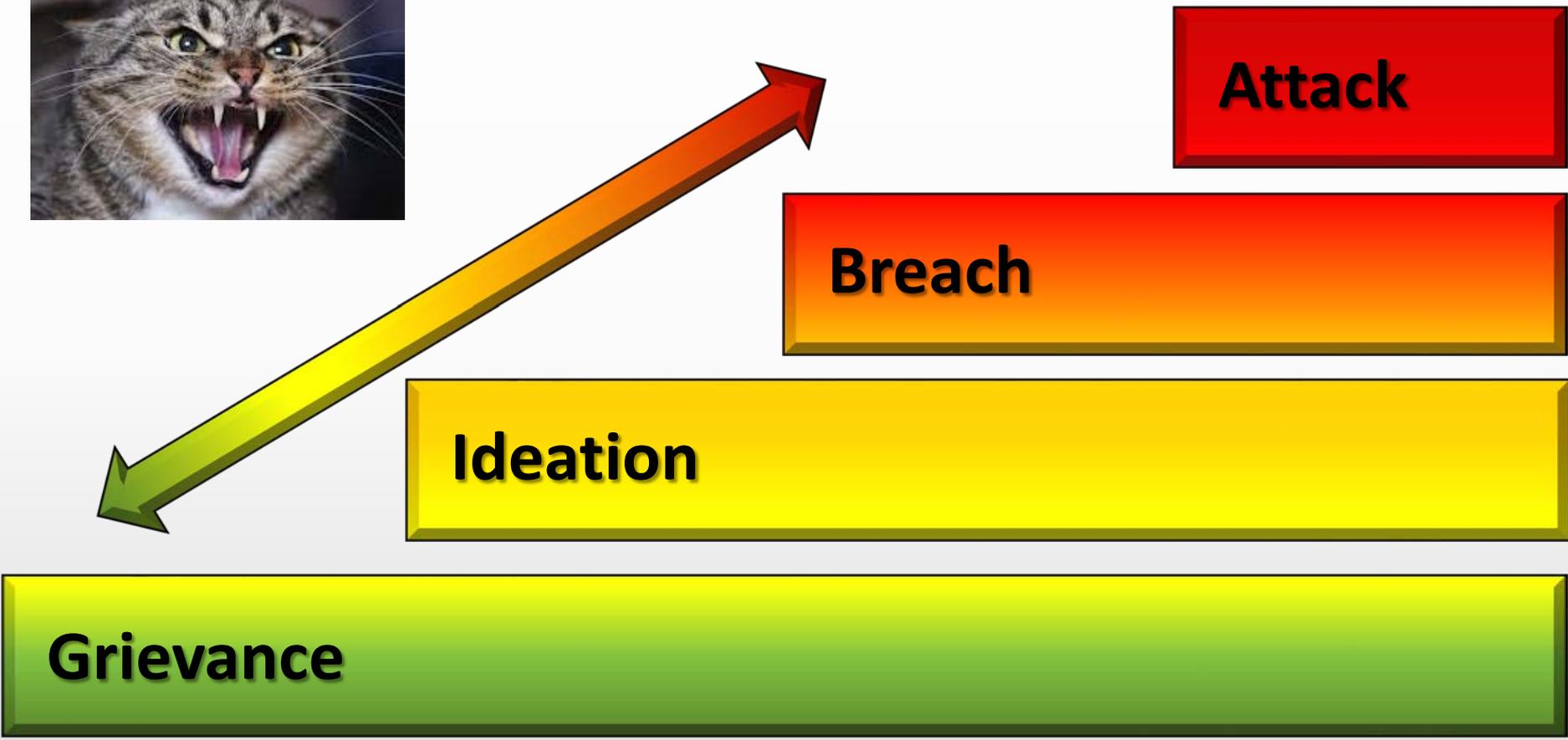
- Youth-Nominated Support Team ©2001, Dept. of Psychiatry, University of Michigan
  - Youth ID Trusted Adult Supporters, with parental permission
  - Trusted Adults receive orientation
  - Youth has weekly check-in with trusted adults
  - Person managing case checks in periodically with trusted adults to 1) obtain a report about how he/she is doing and 2) provide any updates to the trusted adult about conditions/treatment/safety plan for the youth



# Assessing Risk

- Not mutually exclusive of each other
- Violence to self
- Violence to others
- Impulsive Behaviors

# Pathway Toward Violence: Affective



# Leakage

- Leakage in the context of threat assessment is the communication to a third party of an intent to do harm to a target. (Meloy, 2011)
- Leakage occurs when a subject “intentionally or unintentionally reveals clues to feelings, thoughts, fantasies, attitudes, or intentions that may signal an impending violent act.” (O’Toole, 2000)

# Assessment of Suicide

# Commonalities of Suicide

- Common purpose of suicide is to seek a solution
- Common goal is cessation of consciousness
- Common stimulus is intolerable psychological pain
- emotional presentation of hopelessness and helplessness

# Commonalities of Suicide

- cognitive state of ambivalence
- perceptual constriction
- coping skills challenged

# Myths

- Asking about suicide increases the danger/risk of suicide
- Suicide and violence to others do not co-exist
- People who just self harm are not serious about suicide
- Some people state they are suicidal to get attention

# Contagion Effect

The screenshot shows a web browser window with a single tab titled "Viral 'MoMo Challenge' encour...". The address bar displays the URL "https://www.youtube.com/watch?v=r1-eBpkJKRU". The YouTube interface includes a search bar, navigation icons, and a user profile icon labeled "M". The video title is "Viral 'MoMo Challenge' encouraging child suicide terrifies Utah kids", with 164,291 views, 528 likes, and 75 comments. The video is from KUTV2News, published on Feb 27, 2019, and has a "SUBSCRIBE 12K" button. The video description reads: "A terrifying video circulating the web is encouraging children to kill themselves. It's called the 'MoMo Challenge.' A creepy, bugged-eyed woman offers children instructions on how to take their own lives. The horrifying video has been infiltrating popular children sites like YouTube Kids." A link to "https://kutv.com/news/local/viral-mom..." is provided, along with the category "News & Politics" and a "SHOW LESS" option.

File Edit View History Bookmarks Tools Help

Viral 'MoMo Challenge' encour X +

https://www.youtube.com/watch?v=r1-eBpkJKRU 140%

YouTube Search

Viral 'MoMo Challenge' encouraging child suicide terrifies Utah kids

164,291 views 528 75 SHARE SAVE

KUTV2News  
Published on Feb 27, 2019

**SUBSCRIBE 12K**

A terrifying video circulating the web is encouraging children to kill themselves.

It's called the 'MoMo Challenge.' A creepy, bugged-eyed woman offers children instructions on how to take their own lives. The horrifying video has been infiltrating popular children sites like YouTube Kids.

<https://kutv.com/news/local/viral-mom...>

Category **News & Politics**

SHOW LESS

In next

# Contagion Effect

The image shows a screenshot of a web browser displaying a news article on the Rolling Stone website. The browser's address bar shows the URL: <https://www.rollingstone.com/culture/culture-news/13-reasons-why-suicide-spike-link-study-829058/>. The article's main headline is "Is '13 Reasons Why' Linked With a Spike in Teen Suicides?". Below the headline is a sub-headline: "A new study has suggested a correlation between the controversial Netflix show and an increase in teen suicide rates". The author is listed as "By EJ DICKSON". There are social media sharing icons for Facebook, Twitter, Reddit, Email, and a plus sign for more options. A large image of a young man (likely a character from the show) is featured below the text. On the right side of the page, there is a "Trending" sidebar with a list of five items, each with a red number and a thumbnail image. The items are: 1. 'Game of Thrones' Recap: For Whom the Bell Tolls; 2. 'Game of Thrones' Close-Up: Arya, Dazed and Confused; 3. Elon Musk Makes Dad Joke About Tesla Autopilot Pornhub Video; 4. Carrie Underwood's Cry Pretty Tour 360: 10 Things We Learned; 5. On the Trail With Bernie Sanders 2.0. At the bottom of the sidebar, there is an "ADVERTISEMENT" placeholder with a small icon.

File Edit View History Bookmarks Tools Help

13 Reasons Why: Study Finds L X +

https://www.rollingstone.com/culture/culture-news/13-reasons-why-suicide-spike-link-study-829058/

RollingStone Menu Read Next Kodak Black Arrested on Firearms Charges at Miami's Rolling Loud Fest Send Us a Tip Subscribe

## Is '13 Reasons Why' Linked With a Spike in Teen Suicides?

A new study has suggested a correlation between the controversial Netflix show and an increase in teen suicide rates

By EJ DICKSON

f t reddit mail +

### Trending

- 1 'Game of Thrones' Recap: For Whom the Bell Tolls
- 2 'Game of Thrones' Close-Up: Arya, Dazed and Confused
- 3 Elon Musk Makes Dad Joke About Tesla Autopilot Pornhub Video
- 4 Carrie Underwood's Cry Pretty Tour 360: 10 Things We Learned
- 5 On the Trail With Bernie Sanders 2.0

ADVERTISEMENT

# Suicide Risk Factors

- Suicidal ideation
  - Active versus passive thinking
  - e.g., I wish I was dead or I'd be better off dead
  - e.g., Do you ever have thoughts of killing yourself?
- Dimensions to assess:
  - Frequency
  - Duration
  - Severity
  - Specificity of plan
  - Availability & lethality of means
  - Degree of planning/ Rehearsal (mental or physical)

# Suicide Risk Factors

- Related or past suicidal behavior or self-harm
- Presence of morbid thoughts
  - “I wish I was never born.”
  - “Your life would be so much better without me.”
  - “I feel like I’m just taking up space.”
- Presence of hopelessness
  - E.g., Do you feel hopeless about your situation, as though things won’t change or get any better?
- Recent losses/life stressors

# Suicide Risk Factors

- Presence of related homicidal thoughts
- Motivations for self-harm
  - e.g., desire to die, end pain, revenge
- Substance Abuse History
- Mental Illness History
  - Emotional and thought disorders
  - Heightened risk if comorbid substance abuse disorder

# Suicide Risk Factors

- Behavioral shifts (mood cycling, abrupt positive or negative clinical change, negation of help, suicidal communication)
- Final stage behavior suggestive of decision to die
  - Gathering special items to give friends or family
  - Saying what sounds like a final goodbye

# Suicide Risk Factors

## Relationship Issues

- limited therapeutic alliance
- negation of help
- limited meaningful supportive relationships

# Lead-in Statements

- “You seem really sad lately – how are you handling that?”
- “What do you think about your future?”
- “Are you feeling hopeless?”
- “I am worried about you.”
- “I care about you.”
- “I am concerned about you because...”

# Potential Suicide Assessment Questions

- Have you wished you were dead?
- Have you felt that you or your family/friends would be better off if you were dead?
- In the past week, have you been having thoughts about killing yourself?
- Have you ever tried to kill yourself?
- Are you having thoughts of killing yourself right now?
- What are your reasons for living?

# How do I respond?

- Take responses seriously
- Let the person know you are concerned
- “You are not alone”
- Talk about how person may get help or reach out if not suicidal currently but still facing challenges
- Collaboratively construct a safety plan

# Summary

- Assessment of risk is the first step
  - Assess to Plan..... Not to Predict
- Collaborative Safety Planning is a best practice
- Managing risk (to self and others) requires:
  - Frequent Reassessment
  - Adjustment of Safety Plans
  - Engagement with Caring Adults & Professionals
  - Treatment of underlying conditions

# Thank You

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