Suicide: Facts, Figures & Fallacies
Practical Tips & Tools

Dr. Denise Bulling
Dr. Mario Scalora

University of Nebraska Public Policy Center
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Understanding Suicide

- Terminology
- Facts / Stats
- Experience
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](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.

Source: Assessing & Managing Suicide Risk, © Education Development Center Inc. 2019
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

%

52

Other

Poisoning

Suffocation

Firearms

1 in 12 College Students Have Serious Thoughts of Suicide
Nebraska & US Suicide Rates by Year (10-24 year olds)

Suicide Rates per 100,000

<table>
<thead>
<tr>
<th>Year</th>
<th>US</th>
<th>Nebraska</th>
</tr>
</thead>
<tbody>
<tr>
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<td>2017</td>
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Nebraska & US Suicide Rates - 5 Year Running Averages (10-24 year olds)

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Regional Differences

Nebraska Local Health Departments
### NE Regional Rate Differences (10-24 Year Olds)

<table>
<thead>
<tr>
<th>District</th>
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<td>Public Health Solution</td>
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<td>North Central District</td>
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<tr>
<td>Northeast Nebraska Public</td>
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2011 – 2016 Average Suicide Rates by Nebraska Public Health District

Suicide Rates:
- 6.7
- 7.8 - 7.9
- 8.4 - 8.9
- 9.7 - 10.0
- 11.5 - 11.7
- 12.5 - 12.7
- 13.6 - 13.7
- 20.2

State Total: 9.9
Suicides per 100,000
10-24 Year Old Suicide Rate
Metro vs. Non-Metro, 5 Year Averages

Suicide Rate per 100,000

<table>
<thead>
<tr>
<th>Year</th>
<th>NE Rate - Metro</th>
<th>NE Rate Non-metro</th>
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10-24 Year Old Suicide Rate by Race
5 Year Averages

Suicide Rate per 100,000

<table>
<thead>
<tr>
<th>Year</th>
<th>US -White</th>
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10-24 yr old Suicide by Firearm Rates
5 Year Averages

Suicide Rates by 100,000

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<tr>
<th>Year</th>
<th>United States</th>
<th>Nebraska</th>
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<tr>
<td>2013-17</td>
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<td>5.18</td>
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</table>
Nebraska Lifeline Calls Ages 10-24 by Year

<table>
<thead>
<tr>
<th>Year</th>
<th># of Calls Ages 10-24</th>
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<td>376</td>
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<tr>
<td>2017</td>
<td>580</td>
</tr>
<tr>
<td>2018</td>
<td>754</td>
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2011 – 2018 Boys Town Lifeline Call Rates by County

Calls per 1,000 Population

- None
- 0.38 - 4.14
- 4.43 - 6.59
- 7.17 - 9.32
- 9.98 - 14.82
- 18.74 - 25.00

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

Suicidal Thinking

Protective Factors

Connectedness
Life Skills
Access to Care
Purpose
Beliefs

Risk Factors

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

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

- Individual Context
- Community Context
- Societal 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 Status + Risk State = Overall Risk

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

Available Resources

Potential Precipitating Events

Source: Assessing & Managing Suicide Risk, © Education Development Center Inc. 2019
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
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

Grievance

Ideation

Breach

Attack

Calhoun and Weston, 2009
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

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
Contagion Effect
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

Denise Bulling
dbulling@nebraska.edu

Mario Scalora
mscalora1@nebraska.edu

University of Nebraska Public Policy Center
215 Centennial Mall South Suite
401, 68588-0228