Preventing Suicide Through Family Engagement, Safety Planning, and Skill Building

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Background

STATE OF SUICIDE IN OUR COMMUNITY
The Significance of Suicide

- Global emotional, economic, and societal costs are significant but difficult to holistically quantify.
- Annual estimated economic cost of lives lost to suicide in the U.S. is between $44-93.5 billion.
- ~800,000+ losses to suicide each year globally.
- ~3.5 million US adults made a plan to end their life by suicide in 2019.
- ~300,000 US adults received medical attention each resulting from a suicide attempt.
- In 2018, 48,344 people died in the U.S by suicide.
- In 2018, 14,827 youth and young adults ages 10-34 died by suicide.

The Prevalence of Suicide in Clinical Populations

- ~50% of individuals with suicidal ideation utilize mental health services each year (SAMHSA, 2014)
- 50% of individuals who die by suicide each year are in active mental health treatment (Fawcett, 1999)
  - Those most likely to seek out help are also those most likely to die by suicide
- ~2% of outpatient mental health recipients with MDD die by suicide
- ~9% of inpatient mental health recipients with MDD die by suicide
- ~50% of mental health service utilizers who start treatment with active suicide ideation, or a history of suicide attempts will make a suicide attempt during or immediately after treatment
  - This rate is cut in ½ if receiving DBT, Cognitive Therapy, or Brief Cognitive Behavior Therapy for Suicide Prevention (Linehan et al., 1991; Brown et al., 2005; Rudd et al., 2015)
Suicide in Missouri: Where We Stand
Missouri Institute of Mental Health- January 2021

• 1,130 Missourians died by suicide in 2019- rates had climbed from 2009-2018, then dropped by 7.2% between 2018-2019

• Suicide is the 9th leading cause of death in Missouri

• Missouri's suicide rate is 15th highest in the nation

• Suicide 2nd leading cause of death for 10-17 year olds

• 60% of suicide deaths are firearm related, followed by suffocation (24%) and poisoning/overdose (11%)
Suicide Prevention
Facts and Resources in the Saint Louis Region*

More than 300 people in the St. Louis region died by suicide in 2019

- More than 1 in 3 firearm deaths in the region were suicides
- Suicide is the 12th leading cause of death in St. Louis
- 2nd leading cause of death for 10-17 year olds

- Nearly 60% of all suicides involve firearms

- Regional suicide rates declined by 4% from 2018 to 2019
- Suicide rates have increased by 20% since 2010

- 80% of those who die by suicide are male

- 1 in 7 middle school students
- 1 in 5 high school students
- 1 in 4 college students seriously consider suicide
Engaging Families to Prevent Suicide
Family-Based Interventions to Prevent Suicide

- Family-based interventions have shown promising effects in reducing self-injury and suicide attempts
  - Family-Based Crisis Intervention (FBCI)- ED Focused
  - Dialectical Behavior Therapy for Adolescents (DBT-A)
  - Integrated DBT (I-CBT)
  - Safe Alternatives for Teens and Youths (SAFETY)
  - Familias Unidas
Outcomes are improved when caregivers are involved and supportive of treatment plan.

Caregiver involvement is a function of strength of working relationship.

Caregivers provide structures for supervision and monitoring, which allow for less restrictive interventions.

Caregiver involvement improves intervention adherence.

Caregivers provide essential support, can prompt skill use, and can provide encouragement.
Factors Interfering with Caregiver Engagement

- Beliefs and stigma related to suicide
- Past negative experiences with providers and systems
- Structural barriers making effective support inaccessible and/or culturally unaware
- Functioning from a survival mode
- Normalization of pain (mental health as a luxury)
- Communication difficulties
Steps to Increasing Family Engagement

1. Explore caregiver understanding, conceptualization, and stigma related to suicide
2. Explore caregiver's values, hopes, and fears
3. Provide psychological education about suicide
4. Conduct Skill Building
5. Include in Safety Planning: Means Restriction
**Step 1: Understand Caregiver Conceptualization of Suicide & Associated Stigma**

- How was caregiver taught about why people die by suicide?
- What are caregiver's moral, spiritual, and/or religious beliefs about suicide?
- Does caregiver believe that suicide can be prevented?
- What does the caregiver believe are appropriate and helpful practices to help their child heal?
- What practices does the caregiver believe are harmful to their child's healing?
Familial Explanations of Problem

- How does the family/caregiver define the problem?
- What does the family/caregiver believe is the cause of the problem?
- What does the family/caregiver believe is needed to heal/fix the issue?
Step 2: Explore caregiver values and their role as a parent/support

- What values are most important to the caregiver?
- What values are threatened by mental ill-health?
- What does it mean for a caregiver to have a child who is thinking about suicide?
- What do they fear the most if they acknowledge suicide?
- What do they want most for their child's future?
Step 3: Provide Psychoeducation About Suicide

- Warning signs for suicidal behavior and suicide
- Language for asking about suicidal thoughts and impulses
- Crisis contact information and an emergency plan
- Discussion of the importance of means restriction
- Myth Busters!
  - Asking about suicide won't make your child suicidal
  - Any expression of suicide should be taken seriously
  - Expressing suicidal ideation or behaviors is not a "cry for help" - there are very real risks that must be addressed
  - We absolutely can prevent suicide through improving communication, asking about suicide, prompting to use safety planning activities, and engaging in mental health services
Step 4: Skill Building

- Practice Asking About Suicide and Providing Support
  - Give them the language
    - "have you been thinking about suicide?"
    - "have you been thinking about ending your life by suicide?"
    - "have you been thinking about killing yourself?" (especially for 9 yrs and younger)
  - Have the caregiver practice asking you the question
    - Do this over and over
    - Respond affirmatively
  - Practice what to say next
    - "That must be very scary for you. I am here for you. What do you need from me? How can I help you?"
    - "Are you feeling these thoughts so intensely or having a desire so bad that you don't think you can keep yourself safe?"
    - "What if I stick with you until the intensity comes down?"
    - "Let's take a look at that safety plan that was made?"
Step 4: Skill Building

Teach Them What to Do- Support and Monitoring

• Stay close
• Validate: "I can see this is painful and although I may not know what to do to take away this pain, I am going to be here and we will get through this together."
• Help Cope: "let's try one of those activities on the safety plan."
• Focus on Safety: "all I care about is that you are safe- do you feel you can stay safe with me, at home?"
Step 5: Engage in Safety Planning

- **Include**: Include caregivers in safety planning
- **Discuss**: Discuss means restriction and safe storage of lethal means
- **Identify**: Identify coping that can be done together
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