CRISIS FOR PARAMEDICS

Unit 3: Suicide

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Learning Objectives

- Identify common risk factors for suicide
- Identify behaviours associated with those at risk for death by suicide
- Discuss intervention and prevention strategies
- Discuss the assessment and treatment for those patients at risk
- Discuss management of family members and loved ones

The Statistics (Health Canada 2016)

- ~11 people die by suicide each day (~ 4000/year)
- 1/3 of deaths by suicide are in the 45-59 year age group
- Suicide is the second leading cause of death among youth (15-24)
- Suicide rates are ~3x higher for men compared to women (women have higher attempt rates)
- Rates are higher among specific groups
  - *Youth, inmates, indigenous peoples, people with MH illness*

Statistics (Health Canada)

- Thoughts:
  - *11.8% report thoughts of suicide in their lifetime*
  - *2.5% report thoughts of suicide in the past year*
- Plans
  - *4% report having made plans in their lifetime*
    - 7% of this group are in the lowest level of income and 3% in the highest
- Attempts
  - *3.1% report having made an attempt in their lifetime*
  - *3x higher among people born in Canada than among immigrants to Canada**
  - *For every person who dies by suicide it is suspected that >100x people will injure themselves in a non-fatal attempt*
- ***Data is thought to underestimate the total number of reported deaths, attempts, plans, and thoughts due to stigma and other factors

What is Suicide? (CAMH)

- Suicide is not about wanting to die but rather about not wanting to live
- It is about escaping unbearable pain
- Looked at as a means to escape or end a situation in which a person feels trapped and there is no other way out

Why Are Numbers So High?

- Stigma
  - *Many feel that talking about suicide carries more risk than not talking about it*
  - *“if I ask about suicidal thoughts I may put the thought in their head that wasn’t there before”*
  - *“I would know, there would be signs”*
  - *“if they are talking about it then they won’t actually do it”*
  - *“they are just looking for attention, they aren’t really serious”*
  - *“if they are really serious about it, there’s nothing I can do to stop them”*

Joiner's Theory (2005) of why people die by suicide

- According to Joiner, suicide occurs when an individual:
  - *Experiences both perceived burdensomeness and failed belongingness*
    - They perceive they are a burden to those around them or are "worth" more dead than alive
    - Lost a sense of social connection, lost relationships, isolation
  - *Has acquired the ability to engage in potentially lethal self-harm and become habituated to pain and violence (medical, police, soldiers)*
    - Learned to overcome the strong instinct to preserve life

Joiner's Theory (2005) of why people die by suicide

- They can (i.e. they have the ability to) AND
- They want to (they have the desire)

Golden Gate Bridge Study

- Although it is said that those individuals with a previous attempt are at a greater risk for suicide:
  - *Sneiden (1978) examined 515 individuals who were restrained from jumping off the Golden Gate Bridge from 1937 – 1971*
    - Findings: 94% did NOT later die by suicide
    - In fact research shows that despite that higher risk of future suicide attempts (for a lifetime), with treatment, most survivors will live out their lives and die from natural causes (Attempters' Longterm Survival | Means Matter | Harvard T.H. Chan School of Public Health)
    - Literature review shows that Approximately 7% (range: 5-11%) of attempters eventually died by suicide, approximately 23% reattempted nonfatally, and 70% had no further attempts.

    WE CAN HELP!!!

Bell Let's talk

- Began in September 2010
  - *Created to increase awareness and conversation about mental health illness*
  - *Reduce the stigma surrounding mental health illness*
  - *Provide funding and help create positive change*
  - *4 pillars; anti-stigma; care and access, research, workplace health*
- Offers 5 cents from every applicable call, text, tweet or Tik Tok video using #BellLetsTalk, social media video view and use of FaceBook frame or Snapchat filter
  - *In 2022 a record* 164,298,820 *messages of support for mental health resulted in:*
    - Total of $8,214,941 (beating the 2021 record of $7,96 million) in Bell funding for mental health initiatives in Canada
- 2025 brought a new strategy and encourages a text-to-donate campaign. They matched every $5 donation with $5 (up to $1 million) and a total of $ 10 million to six organizations that support youth mental health crisis.

Recognize and Understand Impulsivity

- Prefrontal cortex associated with impulsivity and decision making
  - *Not fully developed until 25 yrs of age*
  - *Ages 10-24 are characteristically impulsive*
    - "A study conducted in 2001 on 13- to 34-year-olds who had attempted suicide found that approximately 50 percent of participants spent *only 5 to 19 minutes in suicidal deliberation before their attempt." (4)*

Facts and Myths

- Myth -Suicide rates are higher at Christmas time
  - *Fact – Suicide rates actually peak in the springtime, although rates of depression do spike during the holiday season*
- Myth - Never ask a person if they are suicidal as this will put the idea into their head
  - *This is just untrue – in fact some findings suggest the opposite; that acknowledging and talking about the suicidal thoughts may reduce ideation and lead to individuals seeking and/or getting help*
- Myth - Most people will leave a note
  - *Only about 15-25% will leave a note and it often explains little about the "why"*
- Fact – Back to school is an especially high-risk time for youth (bullying)
  - *Even more so for indigenous youth (autumn is often referred to as "suicide season"*

Facts

- Feelings of suicide are often well hidden.
- More often, those where there are no signs will commit suicide,
- those that “cry out” will show signs and are looking for help (“attention seeking”)
  - *we should be happy about the attention seeking behaviour. Leaves room for intervention*

Risk Factors

- Major separation trauma
- Major physical stress
- Loss of Independence
- Lack of goals and plan for the future
- Suicide of same-sexed parent
- Expression of plan for suicide
- Possession of the mechanism for suicide

Warning Signs

- Feeling like a burden
- Being isolated; loss of interest in previously enjoyed activities/ friends/ socializing
- Increased anxiety
- Feeling trapped or in unbearable pain
- Increase in risky behaviours; substance use, gambling, sex, extreme sports/activities)
- Looking for a way to access lethal means
- Increased anger or rage
- Extreme mood swings
- Expressing hopelessness. Negative comments about oneself
- Sleeping too little or too much
- Sudden changes in behaviour or appearance
- Talking or posting about wanting to die
- Making plans for suicide – telling final wishes to someone, making amends, giving away important personal effects, putting “personal affairs in order”

Warning signs

- Being bullied
- Experienced the death of another person by suicide
- Problems that create a sense of ‘out of control”
  - *Financial difficulties, divorce, identity, job loss*
- Serious medical problems – chronic pain
- Experienced/ing abuse, trauma
- Loss (family member or loved one)
- Isolation and loneliness
- Sudden happiness after a long depression*
- First 10 days on an anti-depressant – mood and energy changes may be seen, but thought process has not yet changed

Warning Signs

- Pneumonic: American Association of Suicidology :
- “IS PATH WARM”
  - *I – Ideation (suicidal thoughts)*
  - *S – Substance Abuse*
  - *P – Purposelessness*
  - *A – Anxiety*
  - *T – Trapped*
  - *H – Hopelessness/Helplessness*
  - *W – Withdrawal*
  - *A – Anger*
  - *R – Recklessness*
  - *M – Mood changes*

Words Matter

- “commit or committed suicide,” implies criminality
- term “successful” does not reflect the reality - every suicide death is a tragedy, not a success.

Recommended:

- death by suicide
- died by suicide
- suicide / suicide death
- These terms are non-judgmental and consistent with how we describe other types of death

Words Matter

- When there is no death, words like “failure,” “unsuccessful,” or “incomplete” are not helpful or accurate
- these terms imply that the person who attempted suicide is a failure
- a suicide attempt that does not result in death gives the person the opportunity to find help and hope

Recommended:

- “non-fatal suicide attempt” or just “suicide attempt”

Assessment

- Scene assessment (police should be on scene)
  - *Ensure personal safety*
  - *Fine line between suicide and homicide ideation*
- Primary assessment
  - *General impression*
    - Consider posturing, hand gestures, and signs of aggression
    - Observe the patient's awareness, orientation, cognitive abilities, and affect
    - Their affect is a window to their emotional state

Assessment/Management

- Engage the person in a serious conversation about how they are feeling
  - *You don't need to have answers, you need to **LISTEN***
  - *You are there to offer hope and resources (remember they are looking for pain to stop or a way out of a situation – not just to die)*
  - *No judgement! – Be empathetic, be supportive about their being open to suicide*
  - *Do not minimize their feelings or their pain*
- Ask about suicide (directly)
  - *Don't be afraid to use the word "suicide"*
  - *Normalize these thoughts and feelings – they are not the only ones feeling this way*

Assessment/Management

- Explore risk – Explore reasons for wanting to die BUT also their reasons for wanting the LIVE
  - ***Plan:*** *Do they have a plan? is it specific? How much detail do they offer?*
  - *Do they have supports?*
  - ***Means:*** *violent or passive (overdose)? How realistic are they?*
  - ***Intent:*** *to what extent does the person expect to carry out the plan & believe it to have a lethal or self harming outcome?*
  - ***Future Orientation:*** *Has the person made plans in the up coming days, weeks, months?*
  - ***Protective Factors****: factors that may mitigate risk of suicide*

LEVEL OF RISK	LOW	MODERATE	HIGH
Suicidal Ideation Frequency (how often?)	Occasional	Intermittent	Continuous
Intensity (how strong?)	Mild	Strong	Overwhelming
Lethality of method	Not High	Possibly lethal	Overwhelming
Availability of means	Doesn't have access	Can get access	Has immediate access
Specificity of plan (how, what, where, when)	Not considered	Considered details	Details worked out

Assessment/Management

- Engage the person in a plan for safety
  - *Attempt the disable the immediate plan – work co-operatively*
  - *Help them agree not to kill themselves for a manageable period of time*
  - *Ensure they are not left alone*
  - *Find resources and connect them with appropriate professional help*
  - *Never agree to keeping it a secret*

Assessment/Management

It is important to:

- Tell the suicidal person that you care and that you want to help them.
- Express empathy for the person and what they are going through
- Clearly state that thoughts of suicide are often associated with a treatable mental disorder, as this may instill a sense of hope for the person
- Tell the person that thoughts of suicide are common and do not have to be acted on
- Suicidal thoughts are often a plea for help and a desperate attempt to escape from problems and distressing feelings.
- encourage the suicidal person to do most of the talking, if they are able to
- They need the opportunity to talk about their feelings and their reasons for wanting to die and may feel great relief at being able to do this
- do not attempt to ‘solve’ the problems yourself
- Once you’ve established they’re a risk to themselves or others, they ARE going to the hospital
  - *But don’t use this as a threat*

Important Key Points - Summary

- Listen
- Spend time
- Reassure
- Silence is ok
- Place yourself at the patient's level
  - *or keep a safe and proper distance prn*
- Appear comfortable
- Be non-judgmental
- Be honest and frank - but appropriate

Documentation/ Care

- Treat medical/traumatic injuries as per standards
- Knowledge of toxidromes is important
- Alcohol combined with OD is worse

Document:

- Observations about the scene that may be valuable to mental health professionals
- Any notes, plans, or statements made by the patient

Resources

- Family, therapist, victim services
- Local crisis centers
- Canada Suicide Prevention Service (1-833-456-4566)
- Kids Help phone
- distress centres and crisis organizations
- Preventing suicide: Warning signs and how to help - Canada.ca
- Police (Especially for cases where there may be resistance to transport)

Police Assistance

Police can only apprehend patients who are an **immediate** risk to themselves or others:

- Those they *suspect* are suffering from a **mental disorder** that is likely to result in serious harm to themselves or another person
- It would be **dangerous** to proceed to obtain a form 1 or 2 (this takes a bit of time)

Police assistance - Apprehension

Past/ Present Test:

- Has and/or is threatening or attempting to cause bodily harm to self;
- Has and/or is behaving violently towards another person or is causing another to fear bodily harm from patient; or
- Has shown or is showing lack of competence to care for self

Future Test- person's current behaviour is likely to result in:

- Serious bodily harm to the person;
- Serious bodily harm to another person: *or*
- Serious physical impairment of the person

Management: Refusal of Service:

- Offer the patient transport to hospital, if they refuse complete aid to capacity/refusal of service
- Police not as a patient's substitute decision maker, but their witness of refusal conversation should be documented
- High risk sign off procedure for all patients that should be transported to the hospital but refused whether or not they have capacity
- If patient is going with police after a valid refusal, risk conversations can be held with police the same as you would do with family or friends that will be with the patient after you depart

Questions?????

Resources

1. suicide presentation power point (camhs.ca)
2. suicide-deterrent-seiden-study.pdf (goldengate.org)\
3. What's it like to survive a suicide attempt? Survivors share their stories – TODAY
4. 7 Simple Steps for Suicide Prevention | Psychology Today