



# **Suicide Prevention Basics**

Kathleen Little Leaf, MSW, LAC

Little Leaf Cultural Consulting ~ December 26, 2023

# Blackfoot Prayer

**Ayo lih-tsi-pai-ta-pii-yio'pa**

Dear Creator

**Iss-pom-moo-kin-naan**

Help us

**Ni-tah-kai-kim-moo-tsii-sin-naan**

To love one another,

**Ni-tah-ka-yii-ka-ki-mah-sin-naan**

To try hard (in life/school)

**Ni-tah-kai-ksik-kim-moh-sin-naan**

To respect ourselves.

**Iss-pom-moos**

Help

**Ni-tsi-ta-pii-min-nan-niksi**

Our relatives

**Ayo ni-tah-kai-ta-pai-ksik-ky-sin-naan**

To walk toward

**Ik-kii-na-pi**

Gentleness

**li-ta-ma-pi**

Happiness

**Ki**

And

**Ka-nai-soo-ka-pi**

All that is good.

**Ayo Ka-moo-ta-ni**

To succeed in life

**Sta-wa-tsi-ma-ni**

For proper nurturing

**Na-pi-yoo-sin**

For long life.

**Ai**

Amen



## World Suicide Prevention Day Poetry to Raise Awareness

The dark days,  
The unmovable  
Days, the days  
That feel like  
Forever ----

The days  
Wherein  
Happiness  
Isn't something  
You can remember,

Know this weight will  
Pass, and however long  
It takes, give yourself  
Kindness, give yourself  
Grace.

-p.bodi (Instagram)



# Suicide Awareness

Copyright 2020 © American Association of Suicidology. All rights reserved.

Some of what we know according to the American Association of Suicidology data for 2019:

- Fatal Outcomes for men is 77.9 % and for women 22.03%
- 1 person every 11.1 minutes kills themselves
- 3.6 Male suicides for every female death by suicide
- 26.1 rate of suicide of white men per 100,000 pop.
- 1.2 million suicide attempts using a 25:1 ratio
- 26 Attempt every 26.6 seconds
- 3 Female attempts for every male attempt
- As many as 40-50% of the population have been exposed to suicide in their lifetime (Feigelman et al., 2017)
- Increased Alcohol use also increases the risk of violence, including homicide, suicide, sexual assault, and intimate partner violence.
- Social isolation regardless of race is a risk factor for suicidal ideation



In Montana according to the Centers for Disease Control and Prevention (CDC), suicide is the second-leading cause of death among Native adolescents and young adults at a rate 2.5 times higher than the National Average. Rates for death by suicide among non-Native populations peak in older adulthood, whereas rates of death by suicide among Native populations peak during adolescence and young adulthood (Center for Disease Control).

**Table 3. Percentage of suicide-related death rates among youth: 2007–2009 (by age, sex, and race)**

Age Range Area	US Youth of All Races			Native Youth, I.H.S. Service		
	Both Sexes	Male	Female	Both Sexes	Male	Female
5-14	0.5	0.7	0.3	3.3	3.6	3.1
15-24	9.9	16.0	3.5	39.7	58.7	20.2

# Washington Suicide and Armed Forces Participation

- a) Males over 45 years old
- b) People in rural areas – isolation, fewer resources
- c) American Indian/Alaska Natives and Whites
- d) People from areas with higher poverty & lower educational attainment
- e) Veterans and their families
- f) People with access to firearms

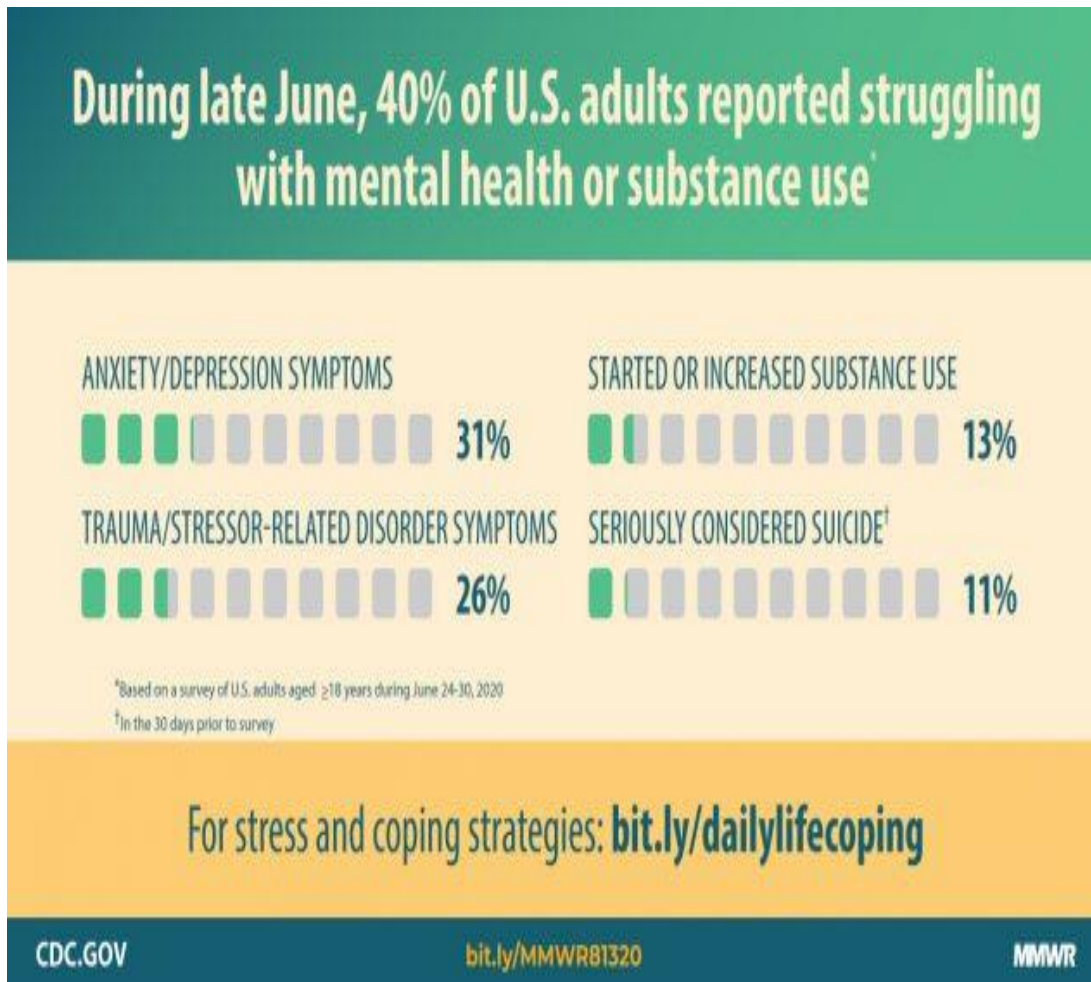


# Lesbian/Gay/Bisexual Youth Suicidal Thoughts & Experiences (CDC report)

- [LGB Suicidal Thoughts & Experiences Data |Violence Prevention |Violence Prevention|Injury Center|CDC](#)

## Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>



CDC Report 2020 (Discussion)

- Overall, 40.9% of 5,470 respondents who completed surveys during June reported an adverse mental or behavioral health condition, including those who reported symptoms of anxiety disorder or depressive disorder (30.9%), those with Trauma & Stress Related Disorder (TSRD) symptoms related to COVID-19 (26.3%), those who reported having started or increased substance use to cope with stress or emotions related to COVID-19 (13.3%)  
<https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>
- **CDC new report 2022:**
- The number of suicides was higher in nine months during 2021 compared to 2020, with the largest increase occurring in October (+11%).
- The increase in suicides was higher among males (4%) than females (2%), as was the increase in the suicide rate (+3% for males and +2% for females).
- The largest increase in the rate of suicide occurred among males ages 15-24 – an 8% increase. Suicide rates also increased for males ages 25-34, 35-44, and 65-74.



# Preventing and Responding to Suicide Clusters in American Indian and Alaska Native Communities

## REPORT

[Preventing and Responding to Suicide Clusters \(samhsa.gov\)](https://www.samhsa.gov)

# Risk Assessments – Columbia Suicide Severity Risk Assessment

Long Form

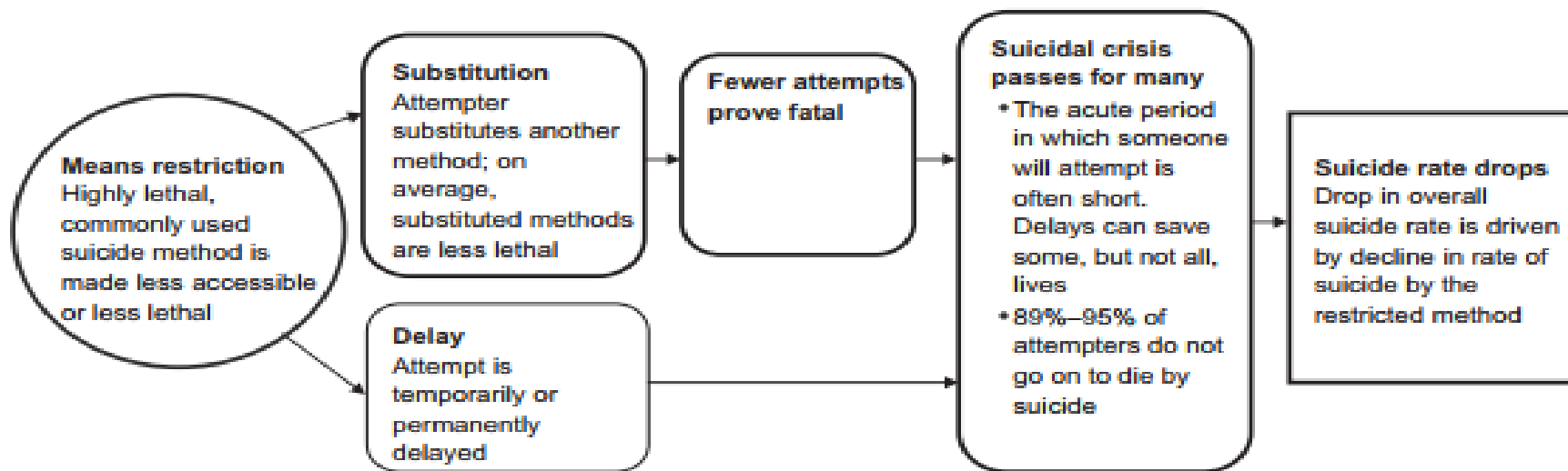
[Columbia.pdf \(rmu.edu\)](#)

- Short Form
- [CSSRS fillable 0.pdf \(deploymentpsych.org\)](#)

[SOARS-MODEL.PDF](#)

# SOARS model Risk Assessment of nonsuicidal self-injury screener





**Figure 1.** Conceptual model of how reducing access to a highly lethal and commonly used suicide method saves lives at the population level

Note: When the restriction is effectuated by making a highly lethal method less lethal at the population level (e.g., reducing carbon monoxide content of motor vehicle exhaust), the substitution is passive. That is, people attempting suicide with the method are unaware that, in effect, a less lethal method has been substituted for a more lethal method.

**“Approximately 90% of attempters who survive a nonfatal attempt will not go on to die by suicide thereafter.”**

Research has shown time and again that restricting access to lethal means or “means restriction” can save lives. By restricting access to firearms and other highly lethal methods the decline in suicide rates by that method and overall suicide rates begin to decline. Restricting access to lethal means does not always lead to fewer deaths, but is one suicide prevention measure that merits further research and more individual-level intervention training to make lethal means less readily available.

The conceptual model below depicts how restricting a suicidal person’s access to lethal means can save lives.

SUICIDE AWARENESS  
VOICES OF  
EDUCATION

SUICIDE PREVENTION:  
REDUCING ACCESS TO  
LETHAL MEANS –  
SAVE

# Suicide Prevention and the 3 Sisters

<https://youtu.be/Ga20cMMWxkQ>

- Resources & Recommendations for Working with Suicidal Patients
- CRISIS INTERVENTION AND RESPONSE PROCEDURE
- When considering the type of resolution, staff should consider the following:
  - If an emergency, follow the SUICIDE ASSESSMENT ACTION PLAN.:
    - Determine this is a non-emergent situation that can be resolved using problem-solving resources and skills.
    - Identify the type of crisis.
    - Develop an action plan.
    - Attempt to defuse the situation and/or reassure the individual and family.
  - Once the situation is calm:
    - Identify and contact available community resources in your service area that may be able to assist the individual and/or family through the identified crisis.
    - Document events to the extent possible, maintaining confidentiality when required.
  - Maintain professional skills and resources:
    - Identify and post information about available community resources.
    - Keep all community resource information updated.
    - Seek additional opportunities when available to empower individuals and/or families.



LEVEL OF URGENCY	LEVEL OF SEVERITY	TYPICAL PRESENTATION	MANAGEMENT PRINCIPLES
<b>Immediate</b>	Life-threatening Risk(s)	Violent Behavior Possession of Weapon Self-destructive behavior related to Mental Health Emergency Imminent Risk to Self or Others	<b>Supervision</b> ✓ Initiate Emergency Response Protocols ✓ Continuous Visual Surveillance 1:1 Ratio w/out weapons involved <b>Action</b> ✓ Alert 911 ✓ Maintain Safe Environment ✓ Silence Cell Phones <b>Consider</b> ✓ Intoxication by alcohol or other drugs as they may escalate behavior
	<b>Emergent</b> (within 10 minutes)	Probable Risk of Danger to Self or Others Extreme Agitation/Restlessness Physically/Verbally Aggressive Confused/Unable to Cooperate Hallucinations/Delusions Paranoia High Risk of Not Waiting for Professional Help/Unable to Wait Safely Attempt at Self-injury Threat of Self-harm or Harm to Others	<b>Supervision</b> ✓ Continuous Visual Surveillance 1:1 Ratio w/out weapons involved <b>Action</b> ✓ Alert 911 ✓ Maintain Safe Environment <b>Consider</b> ✓ Access to a Mental Health Professional until Emergency Medical Services Arrive. ✓ Intoxication by alcohol or other drugs as they may escalate behavior
<b>Urgent</b> (within 30 minutes)	Possible Danger to Self or Others	Agitation/Restlessness Intrusive Behavior Confused Ambivalence about Treatment Not Likely to Wait for Help Suicidal Ideation Situational Mental Health Crisis Hallucinations/Delusions Paranoia Disordered Thoughts Bizarre Behavior Severe Symptoms of Depression Withdrawn/Uncommunicative	<b>Supervision</b> ✓ Close Observation & Support <b>Action</b> ✓ Alert Mental Health Professionals (if available) ✓ Alert 911 if Mental Health Professionals is unavailable ✓ Maintain Safe Environment <b>Consider</b> ✓ Re-triage if Evidence of Increasing Behavioral Disturbances ✓ Intoxication by alcohol or other drugs as they may escalate behavior
	Semi-Urgent Moderate Emotional Distress or Behavioral Disturbances	No Agitation/Restlessness Irritable without Aggression Cooperative Gives Coherent Information Pre-existing Mental Health Needs Symptoms of Anxiety or Depression without Suicidal Ideation Willing to Wait for Help	<b>Supervision</b> ✓ Intermittent Observation <b>Action</b> ✓ Consult with Mental Health Professionals if available ✓ Connect individual with Mental Health Services <b>Consider</b> ✓ Re-triage if Evidence of Increasing Behavioral Disturbances ✓ Intoxication by alcohol or other drugs as they may escalate behavior
<b>Non-Urgent</b>	No Acute Emotional Distress or Behavioral Disturbances	Cooperative Communicative and Able to Give Information Able to Discuss Concerns Follows Instructions	<b>Supervision</b> ✓ General Observation <b>Action</b> ✓ Provide Support ✓ Offer Appointment Help <b>Consider</b> ✓ <b>Additional Community Resources and Connections</b>



# Asking About Suicide & What to do

Asking about Suicide can be very uncomfortable, but it is important to ask directly using direct language and using the word suicide. Here is a list of questions for example:

- 1. Are you suicidal? Or Are you thinking of killing yourself?
- 2. Do you have a plan for suicide?
- 3. Have you ever thought about suicide before or tried to harm yourself?
- 3. Do you know when or a time of when you would do it?
- 4. Do you have access to what you would use or do?

Gaining information by asking direct questions will allow you to make the best connections to help and resources and connecting to health care and professionals. There may be situations where an individual is not interested in seeking professional help then we would call 911 for immediate assistance. As professionals we have an ethical and legal responsibility to ensure the safety of any individual actively suicidal.

## What to do:

- Offer hope
- Tell someone (No Secrets)
- Don't leave them alone
- Take them to the ER or call 911
- Lock up Guns and Pills

# Confidentiality

Limited confidentiality reflected in these scenarios:

- 1. Duty to warn of violent behaviors.
- 2. Suicide, homicide, and/or self-injury behaviors.
- 3. Imminent risk of serious bodily harm or death.
- 4. Mandatory reporting of suspected abuse and/or neglect of child, elder, or individuals with developmental disorders.

Within these scenarios gives limited confidentiality which permits individuals to share limited health information to ensure the safety and well-being of individuals. These limits do not allow individuals to share this information outside of connecting individuals at risk to health care professionals. Maintaining client confidentiality and maintaining privacy rules is of the utmost importance.

# RISK FACTORS

- Prior suicide attempt or attempt history
- Depression or other mental health disorder
- Substance use disorder
- Family history of mental health or substance use disorder
- Family history of suicide
- Family violence, including physical or sexual abuse
- Access to guns or other firearms in the home
- Being in prison or jail
- Being exposed to other's suicidal behavior
- Medical illness
- Ages between 15 and 24 or over 60
- Trauma history



# WARNING SIGNS

- Talking about wanting to die
- Talking about having no reason to live, feeling helpless or hopeless, shame and guilt
- Increased Substance Use
- Giving away Possessions
- Withdrawing from family and friends
- Talking about being a burden to others
- Changing eating and/or sleeping (too much or too little)
- Anger or irritability
- Taking risks that could lead to death, e.g.. reckless driving
- Expressing thoughts of death
- Deterioration in hygiene
- Noticeable mood swings, e.g. from extreme anger to calm and happy
- Giving away possessions
- Saying goodbye to friends or family
- Putting affairs in order, making a will
- Self-injury or harming behaviors
- Family history of suicide
- Exposure to Family violence and or abuse
- Access to guns or other firearms in the home
- Being exposed to other's suicidal behavior (e.g. suicidal clusters in rural areas)
- Medical illness
- Bullying
- Trauma history

# Survivors

- According to the Center for Disease Control survivors of a loved one's suicide may experience ongoing pain and suffering including complicated grief, stigma, depression, anxiety, posttraumatic stress disorder, and increased risk of suicidal ideation and suicide. Less discussed but no less important, are the financial and occupational effects on those left behind.

(<https://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf>)

# “Self Care a Sacred Responsibility”

# Recognizing Compassion Fatigue, Vicarious Trauma, and Burnout in the Workplace

[RECOGNIZING COMPASSION FATIGUE, VICARIOUS TRAUMA, AND  
BURNOUT IN THE WORKPLACE - YOUTUBE](#)

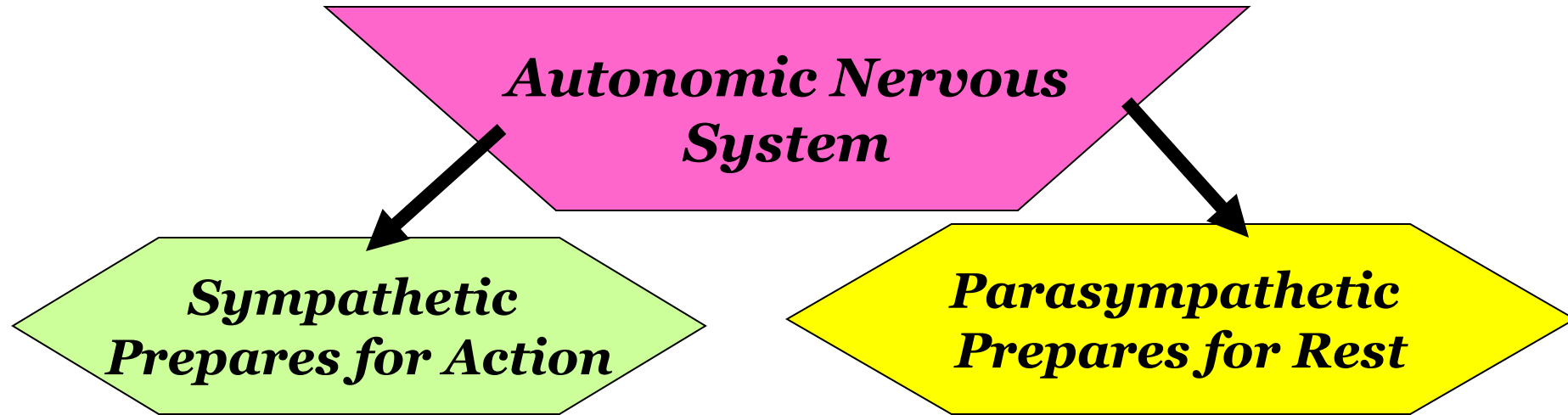
**“Focusing on the Physical Health to reset our Central Nervous system”**

**Community Resiliency Model by the Trauma Resource Institute.**





# Tracking the Autonomic Nervous System



*The SNS controls organs during times of stress*

*Breathing rate  
Heart rate  
Pupils Dilate  
Blood Pressure  
Sweating  
Stress Hormones*

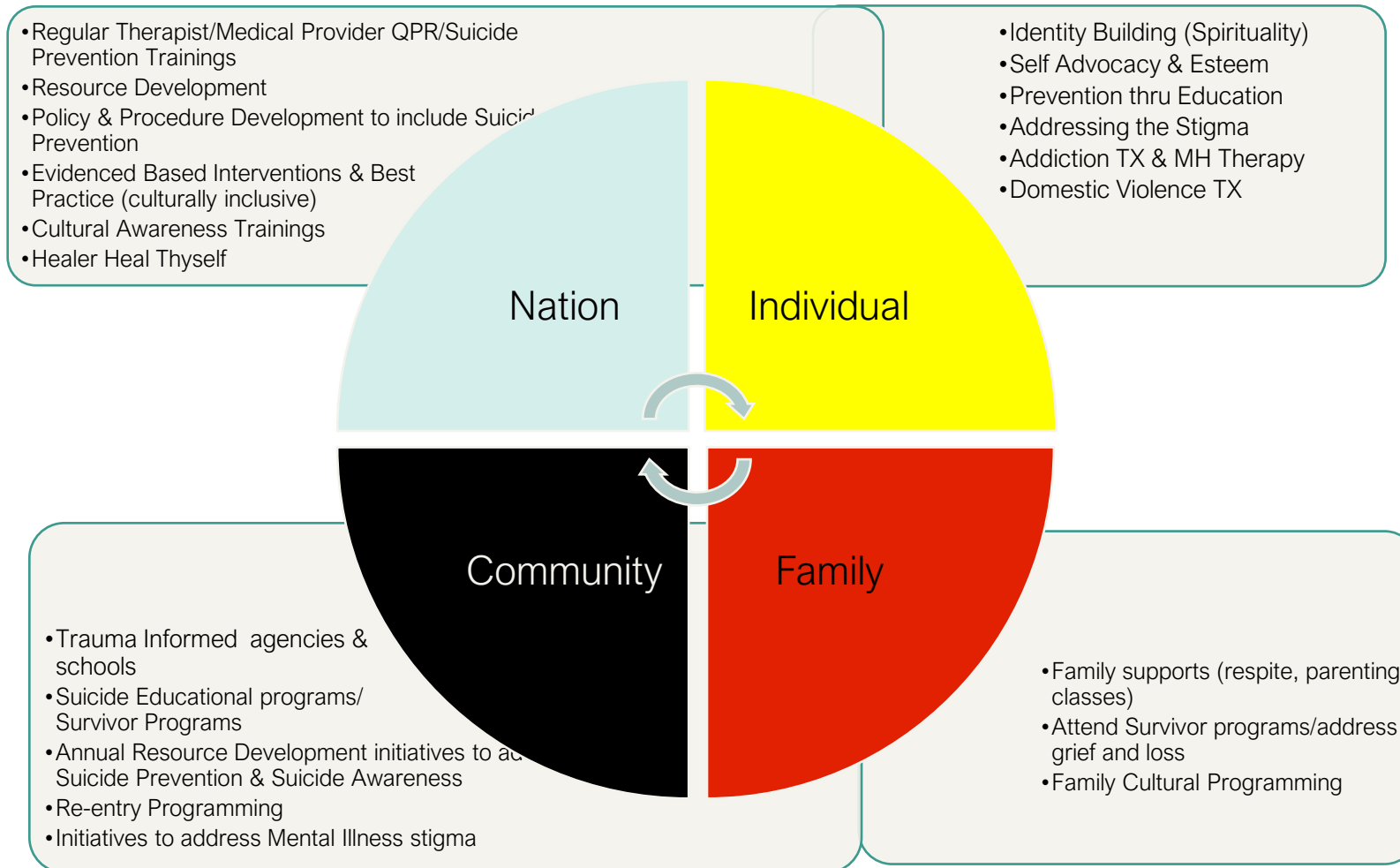
*Digestion  
Saliva*

*The PNS controls the body during rest*

*Breathing rate  
Heart rate  
Pupils Constrict  
Blood Pressure  
Sweating  
Stress Hormones*

*Digestion  
Saliva*

# Suicide Prevention a Holistic Model



# Suicide Awareness

If you are in crisis and want help,  
call the Montana Suicide  
Prevention Lifeline, 24/7, at

**1-800-273-TALK**

**(1-800-273-8255)**

**Or text “MT” to 741 741**

Or text, call or chat by calling 988 a  
Suicide & Crisis Lifeline



# References

Liz Newman, 2019, *Read Poetry* 2/18/2021 <https://www.readpoetry.com/7-poems-for-world-suicide-prevention-day/>

Deb Stone, ScD, MSW, MPH Kristin Holland, PhD, MPH Brad Bartholow, PhD Alex Crosby, MD, MPH Shane Davis, PhD Natalie Wilkins, PhD, 2017, *Preventing Suicide: A Technical Package of Policy, Programs, and Practices* 2/18/2021 <https://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf>

Jo Ann Kauffman, President Dr. Iris PrettyPaint, Subject Matter Expert Anna Whiting Sorrell, Consultant Julie Cahoon, Project Manager 2018, *Montana Native Youth Suicide Reduction Strategic Plan – Updated for 2018 Kauffman & Associates* 2/18/2021 <https://dphhs.mt.gov/Portals/85/suicideprevention/MontanaNativeYouthSuicideStrategicPlan.pdf>

Deb Stone, ScD, MSW, MPH Kristin Holland, PhD, MPH Brad Bartholow, PhD Alex Crosby, MD, MPH Shane Davis, PhD Natalie Wilkins, PhD, 2017, *Preventing Suicide: A Technical Package of Policy, Programs, and Practices* 2/18/2021 <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>

Karl Rosston, LCSW, 2017, *Suicide Prevention/Department of Health and Human Services*, 2/18/2021 <https://dphhs.mt.gov/suicideprevention>

*J Ment Health*. 2018 Oct;27(5):388-394. doi: 10.1080/09638237.2017.1417570. Epub 2018 Jan 6. *Social capital and burnout among mental healthcare providers*. Eliacin J et al.

*Acad Psychiatry*. 2018 Feb;42(1):109-120. doi: 10.1007/s40596-017-0868-0. Epub 2017 Dec 18. *Web-Based Tools and Mobile Applications To Mitigate Burnout, Depression, and Suicidality Among Healthcare Students and Professionals: a Systematic Review*. Pospos S et al.

*Clin Gastroenterol Hepatol*. 2018 Mar;16(3):311-317. Doi:10.1016/j.cgh.2017.06.043. Epub 2017 Jun 30. *Physician Burnout: The Hidden Health Care Crisis*. Lacy BE<sup>1</sup>, Chan JL<sup>2</sup>.

Zamora-Kapoor, Nelson, Barbosa-Leiker, Comtois, & Walker, 2016

Elaine Miller, Trauma Resource Institute, 2021, *Community Resiliency Model* <https://www.traumaresourceinstitute.com/crm>



# Agenda

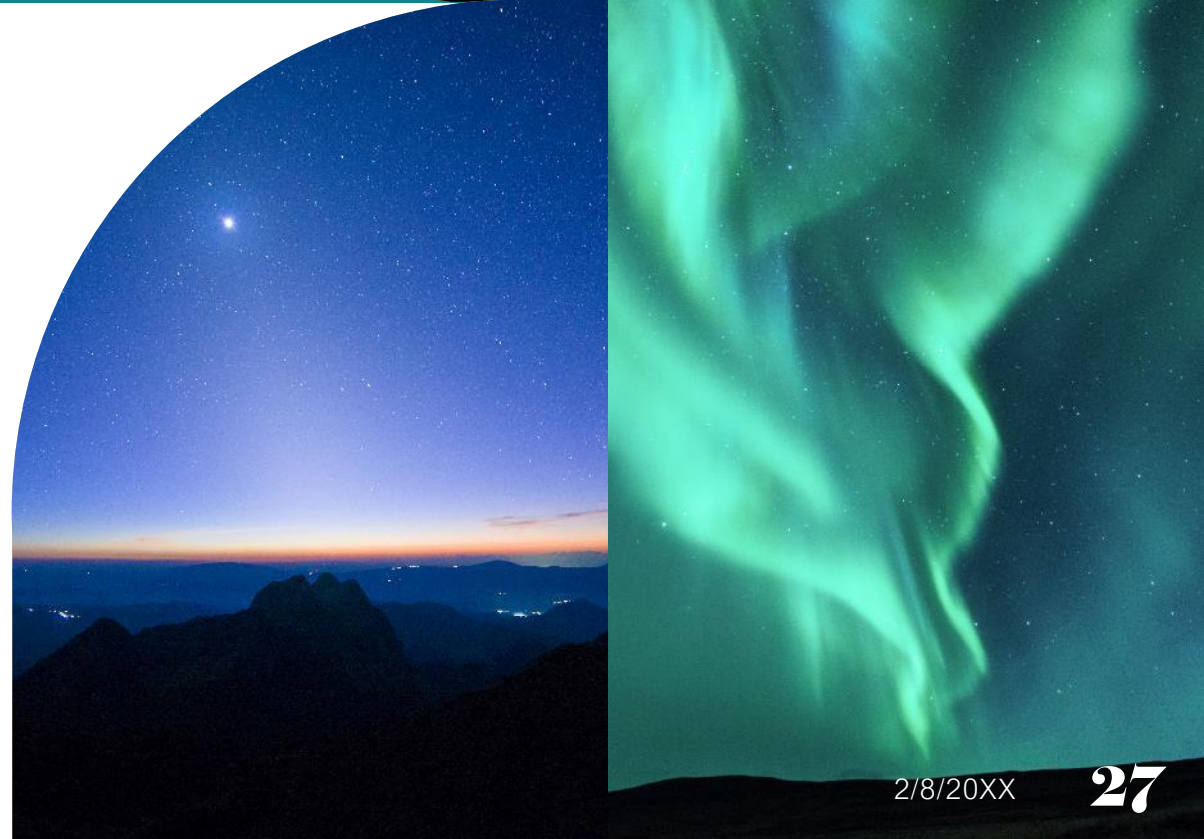
Topic one

Topic two

Topic three

Topic four

Topic five







# Introduction

With PowerPoint, you can create presentations and share your work with others, wherever they are. Type the text you want here to get started. You can also add images, art, and videos on this template. Save to OneDrive and access your presentations from your computer, tablet, or phone.

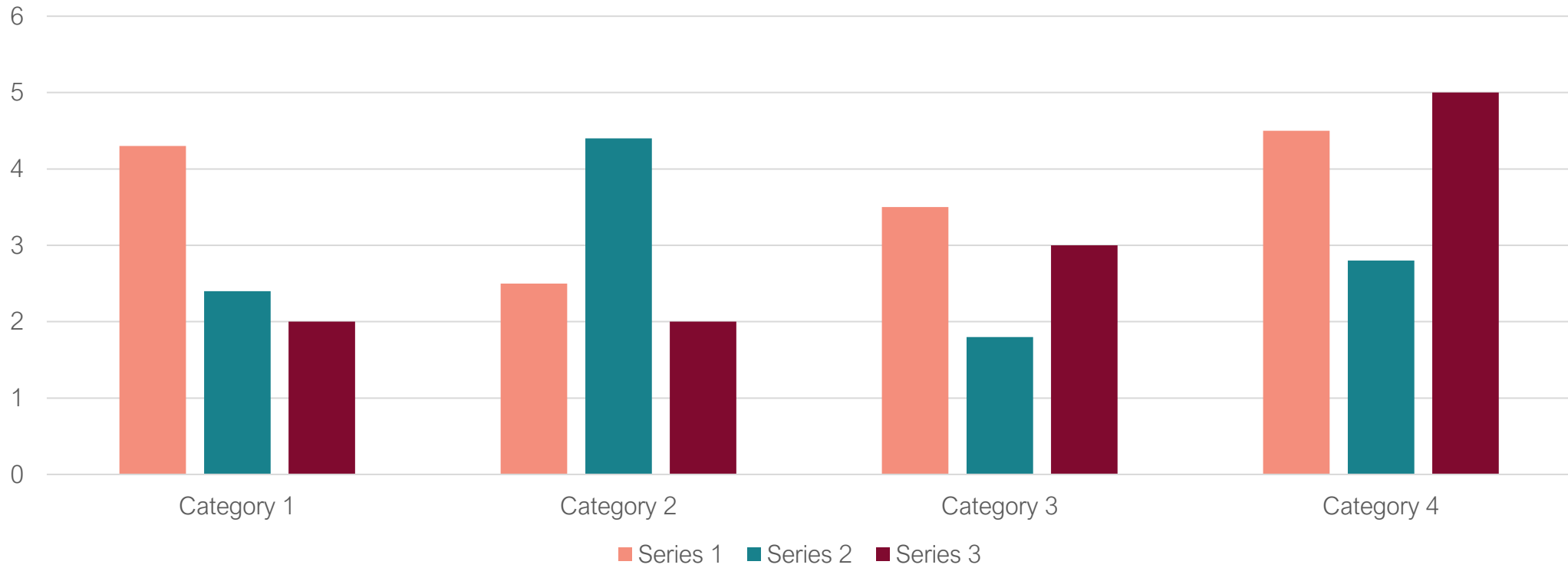
# Topic One

Subtitle



# Chart

Chart Title



# Table

	Category 1	Category 2	Category 3	Category 4
Item 1	4.5	2.3	1.7	5
Item 2	3.2	5.1	4.4	4
Item 3	2.1	1.7	2.5	2.8
Item 4	4.5	2.2	1.7	7

**The way to get started  
is to quit talking and  
begin doing.**

Walt Disney



# Team



Name

Title



Name

Title



Name

Title



Name

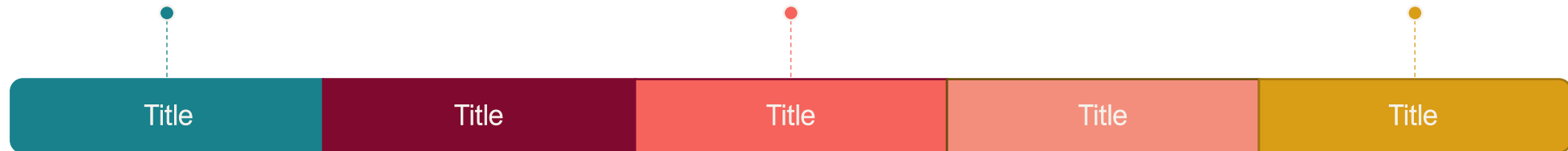
Title

# Timeline

To start a presentation, go to the Slide Show tab, and select From Beginning.

During your presentation, the speaker notes are visible on your monitor, but aren't visible to the audience.

If you don't see the Notes pane or it is completely minimized, click Notes on the task bar across the bottom of the PowerPoint window.



To display Presenter view, in Slide Show view, on the control bar at the bottom left select the three dots, and then Show Presenter View.

The Notes pane is a box that appears below each slide. Tap it to add notes.

# Content

## SUBTITLE

- Add text, images, art, and videos.
- Add transitions, animations, and motion.
- Save to OneDrive, to get to your presentations from your computer, tablet, or phone.

## SUBTITLE

- Open the Design Ideas pane for instant slide makeovers.
- When we have design ideas, we'll show them to you right there.

# Content Two

## SUBTITLE

- Add text, images, art, and videos.
- Add transitions, animations, and motion.
- Save to OneDrive, to get to your presentations from your computer, tablet, or phone.

## SUBTITLE

- Open the Design Ideas pane for instant slide makeovers.
- When we have design ideas, we'll show them to you right there.

## SUBTITLE

- This PowerPoint theme uses its own unique set of colors, fonts, and effects to create the overall look and feel of these slides.
- PowerPoint has tons of themes to give your presentation just the right personality.

# Summary

With PowerPoint, you can create presentations and share your work with others, wherever they are. Type the text you want here to get started. You can also add images, art, and videos on this template. Save to OneDrive and access your presentations from your computer, tablet, or phone.





# Thank You

Presenter Name

Email Address

Website Address