

# Suicide Prevention and Awareness

**This training is intended for:  
Correctional officers/staff,  
jail commanders and  
administrators,  
mental health and medical  
staff**

# Overview

This course focuses on understanding suicidal behavior and recognizing risk factors, assessment and treatment, response, and the resources available to achieve further understanding and skills to support Washington's initiative to increase awareness and decrease death by suicide

# Learning Objectives

- Understand statistics, trends, and data pertaining to suicide
- Be able to recognize suicidal behavior and risk factors
- Be able to assess suicidal behavior
- Be able to respond to suicidal behavior by referral, treatment, and/or follow-up



# Definitions

CDC Nomenclature:

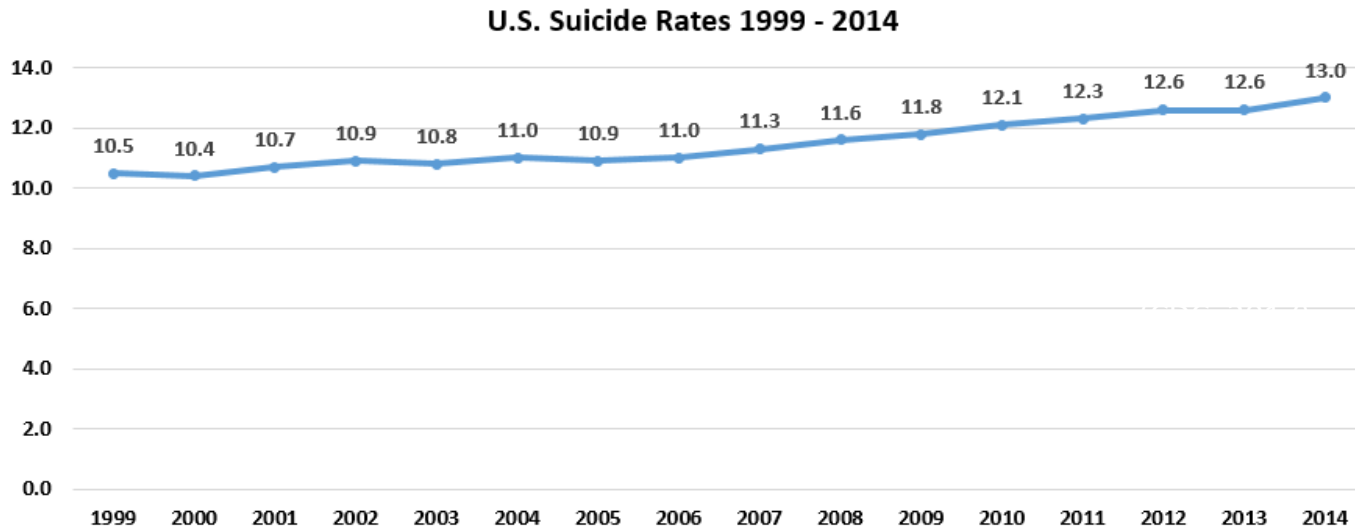
- **Self-directed violence** (analogous to self-injurious behavior) - Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself.
  - **Non-suicidal self-directed violence** - Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is no evidence, whether implicit or explicit, of suicidal intent
  - **Suicidal self-directed violence** - Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is evidence, whether implicit or explicit, of suicidal intent.
- **Suicide**  
Death caused by self-directed injurious behavior with an intent to die as a result of the behavior.
- **Suicide attempt**  
A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior; might not result in injury.
- **Suicidal ideation**  
Thinking about, considering, or planning suicide.

# Statistics

- Suicide rates went up more than 30% in half of states since 1999 and increased in nearly every state from 1999 through 2016.
- From 2011 to 2015, 5263 Washington residents died from suicide. They ranged from 11 to 101 years old. On average, three Washingtonians died by suicide each day in 2016.

# Statistics: Trends

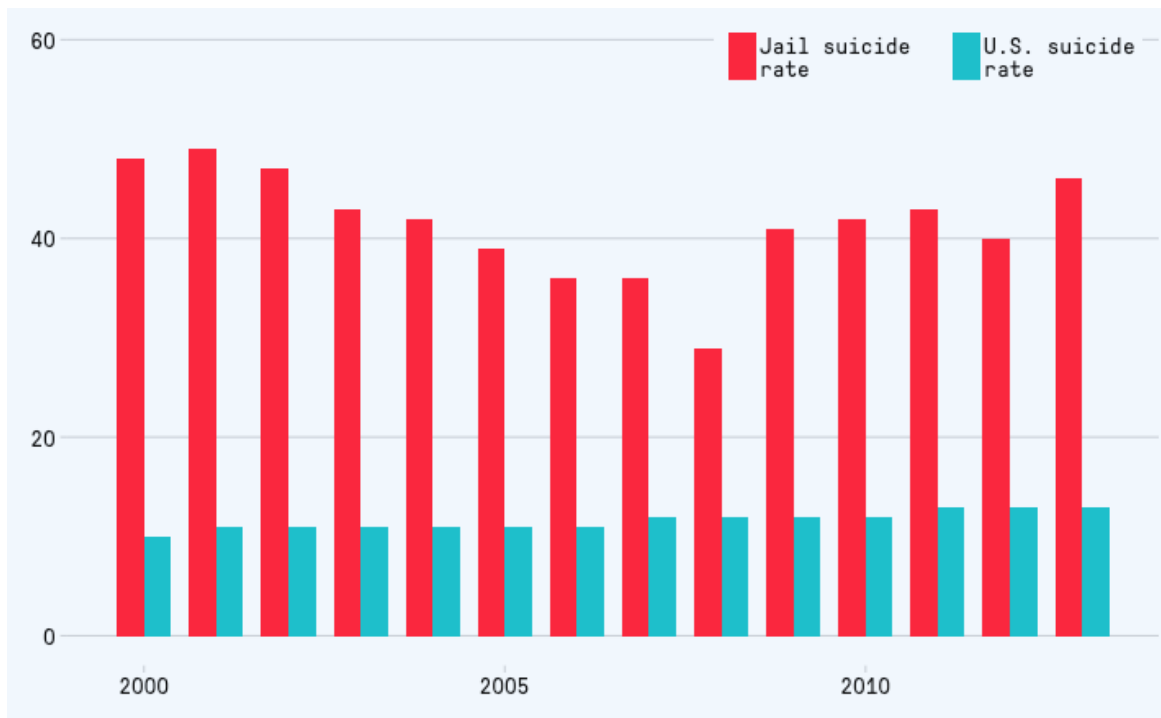
- 24% increase in U.S. suicide rate since 1999
- Increase for both men and women and all age groups (10-74)
- The percentage increase for females was greatest for those aged 10-14
- For males, those aged 45-64



# Suicide rates in Jails vs. U.S.

Rates per 100,000

- Jails





# Suicide in Jails

- Suicide was the leading cause of death in local jails in 2013 (34% of all jail deaths) and has been the leading cause of death in local jails each year since 2000.
- More than half (60%) of all suicides in jails from 2000 to 2013 involved inmates who were age 25 to 44
- The mortality rate for suicide among male jail inmates (43) was 1.5 times the rate for female inmates (28) from 2000 to 2013.
- Over a 10-year span, the average rate in Oregon was 55 per 100k; in Washington, it was 71 per 100k, the highest is the nation.

# Why are suicide rates higher in jails?

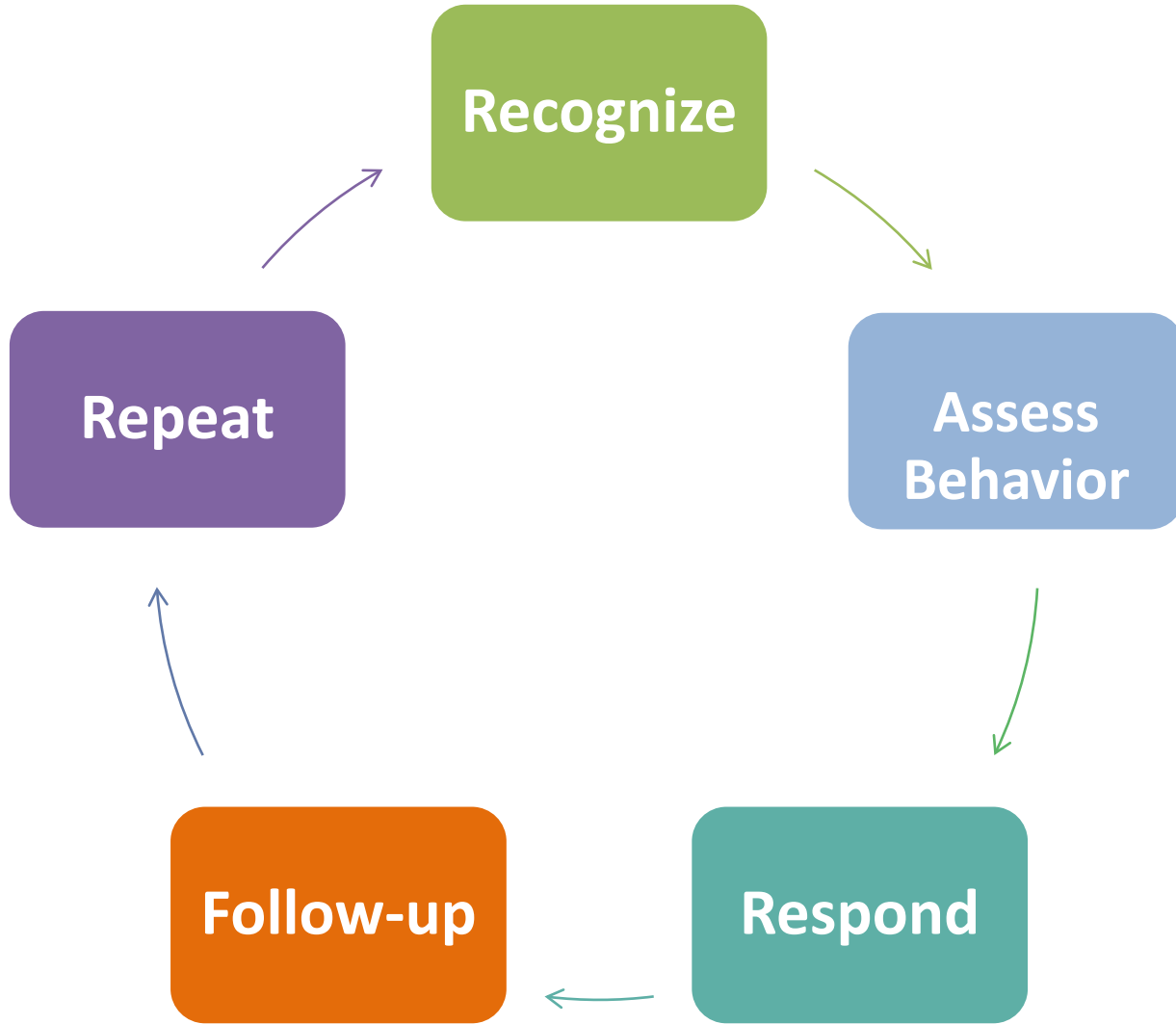
- Jails have less information about the person (psychiatric history, other risk factors are unknown)
- “Shock of Confinement”

# If jail suicide preventable, what's going wrong?

- Inadequate screening (initial and routine)
- Psychiatric medication needs (staff unaware or inmate refusal to comply)
- Staff not trained in screening/recognizing warning signs
- Inmates not checked regularly (due to staffing shortages)

# Suicide in Jails: Causes of Death

1. Hanging (e.g., bed sheets, clothing)
2. Method unknown
3. Asphyxiation
4. Cutting
5. Fall
6. Other



# Recognize

- Risk Factors
  - Individual
  - Relationship
  - Community
  - Societal
- Warning signs
- Occupation/workplace



# Individual Risk Factors

- Prior suicide attempt
- Mental illness
- Family history of suicide
- Medical illness
- Abuse
- Trauma
- Loss of employment or low satisfaction
- Incarceration

# Relationship Risk factors

- Divorce/separation
- Family violence
- Being bullied
- End of a friendship





# Community Risk Factors

- Natural disasters
- Pandemics
- Not fitting in or discrimination
- Being kicked out of a community, such as a church community
- Traffic

# Societal Risk Factors

- Social media
- News
- Laws
- Fitting in
- Workplace bullying



# Warning Signs

## IS PATH WARM:

- Ideation
- Substance Use
- Purposelessness
- Anxiety
- Trapped
- Hopelessness
- Withdrawal
- Anger
- Recklessness
- Mood Change

## Additional signs:

- Looking for a way to end their lives, such as searching online for methods
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away possessions
- Feeling unbearable pain, physical or emotional
- Seeking access to pills, weapons or other means



# Occupational Considerations

Studies suggest that suicide rates may differ by occupation:

According to the suicide Prevention Resource Center, a recent meta-analysis found that suicide rates were highest among people in occupations requiring low-level skills, such as laborers, cleaners, factory workers, machine operators, and fishery workers. The lowest suicide rates were found among high skill level managers and clerical workers. Other occupations that have also been linked to an elevated risk of suicide include health care providers, veterinarians, farmers, and the police.

# Workplace Support

Workplaces can support mental health and contribute to suicide prevention by adopting a range of strategies:

- Increasing awareness of mental health and substance use disorders
- Encouraging help seeking
- Making it easier for workers to access behavioral health care
- Employees need to know it's okay to say to a colleague, "Are you okay?" Or "You don't seem like yourself. Want to talk?"



# Asking the Question

Asking someone about suicide is not harmful. There is a common myth that asking someone about suicide can put the idea into their head.

This is not true



# Assess Behavior

- Ask questions ...
- Interact in a manner that communicates concern and understanding (empathy)
- Encourage the person to talk, but don't pressure them
- Manage your own personal discomfort and reactions
- Ask, the most difficult yet most important question of all –

“Have you had thoughts of harming or taking your own life?”

# Considerations

- Remain calm
- Lend your ears — Listen more than you speak
- Maintain good eye contact
- Be confident
- Use open body language
- Do not argue in any way
- Limit questions to gathering information in casual manner
- Use supportive and encouraging comments
- Be as honest and up front as possible





# Respond

If you or someone you know has warning signs or symptoms of suicide, particularly if there is a change in the behavior or a new behavior, get help as soon as possible



# Screening for Suicide Risk

Early detection is a critical prevention strategy.

Screening tools give health care workers the opportunity to identify those at risk and connect them with mental health resources

# Jail Means Restriction

- Means restriction is the limitation of access to lethal methods used for suicide...
  - Ligature points (use alternatives to bunk beds that sheets can be tied too)
  - Door knobs and shower heads.
  - Remove any possible access to chemicals (cleaners, bleach, etc.)



# Treatment

- A treatment plan addressing suicidal ideation should include targeted symptoms, strategies to achieve wellness, such as psychotherapy, medication management, safety planning, and additional goals and information pertaining to the individual.
- Strategies that have worked well for people who have mental health conditions related to suicide include types of psychotherapies such as cognitive behavioral therapy or dialectical behavioral therapy.

# Follow-up

Check in with the person on a regular basis. Making contact with a an individual after a crisis can make a difference in keeping them alive. This could include ongoing phone calls, texts, emails, or letters

# Postvention

Postvention is a term often used in the suicide prevention field. The definition below is from the U.S. national guidelines developed by the Survivors of Suicide Loss Task Force.

Postvention is an organized response in the aftermath of a suicide to accomplish any one or more of the following:

- To facilitate the healing of individuals from the grief and distress of suicide loss
- To mitigate other negative effects of exposure to suicide
- To prevent suicide among people who are at high risk after exposure to suicide

## After an Event

- Be aware of camaraderie following a suicide or other crisis event and how it may have affected individuals in the workplace
- Encourage managers to check-in on employees to see how they are doing/coping.
- Check in with managers (may have feelings of guilt and grief).

# Training recommendations...

- All correctional, medical and mental health staff should receive training. 8 hours minimum initially, 2 hour refresher yearly is recommended.
- Training should cover:
  - Causes
  - Warning signs and symptoms
  - Evidence –based Screening/Assessment
  - Policy review/liability issues



# Resources

National Institute of Mental Health

[www.nimh.nih.gov/index.shtml](http://www.nimh.nih.gov/index.shtml)

Centers for Disease Control and Prevention:

[www.cdc.gov/violenceprevention/suicide/index.html](http://www.cdc.gov/violenceprevention/suicide/index.html)

National Suicide Prevention Lifeline:

[suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)

Preventing Suicide: A Technical Package of Policy, Programs, and Practices:

[www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf](http://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf)

Washington State Department of Health:

[www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/SuicidePrevention](http://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/SuicidePrevention)

## Resources

The *National Suicide Prevention Hotline* is a free service answered by trained staff 24 hours per day, every day. The number is *1-800-273-8255*.  
Or text *273TALK* to *839863*.

# References

- American Association of Suicidology Depression and Suicide Risk (2014)
- Centers for Disease Control and Prevention (2017). Suicide and Self-Inflicted Injury. Available at: [www.cdc.gov/nchs/fastats/suicide.htm](http://www.cdc.gov/nchs/fastats/suicide.htm)
- Preventing Suicide: A Technical Package of Policy, Programs, and Practices: available at: [www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf](http://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf)
- National Institutes for Mental Health (2018). Suicide Prevention. Available at: [www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml](http://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml)
- Washington State Department of Health: [www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/SuicidePrevention](http://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/SuicidePrevention)