

Suicide Prevention

Risk Assessment & Interventions by Law Enforcement Officers

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Fact or Myth?

Suicidal people
want to die and
cannot be stopped.

Myth

- Myth: Suicidal people want to die and cannot be stopped.
 - The suicidal state is almost always transient and temporary.
 - Intervention can prevent suicide.

Suicide Statistics

- Worldwide, one million people die by suicide annually. In the U.S., 32,000 each year.
- Suicide rates have increased by 60% over the past 50 years.
- Suicide in the U.S. usually outnumbered homicides 2 to 1.

At what age range is
someone most at risk
for committing
suicide?

Age Risk Statistics

- Suicide rate is higher among the elderly (over 65) than any other age group.
- Suicide is the 3rd leading cause of death for young people ages 15-24.

Who is more likely to
commit suicide,
a man or a woman?

Gender Risk Statistics

- Five to Six times as many men kill themselves as compared to women, yet three times as many women attempt suicide as compared to men.
 - *Suicide attempts often result in serious injury.*

What is the most
common method for
committing suicide?

Most Common Method is...

- Firearms !!!
- Amongst the following groups:
 - Males
 - Females
 - Young
 - Old
 - Whites
 - Non-Whites

College Students

- 1100 college students commit suicide each year nationwide.
- Suicide is the 2nd leading cause of death for college students.
- 9.3% have seriously considered suicide.

Armed Services

- Not including reservists and returning veterans...
 - 2009 = 361 active duty suicides. More soldiers died in by suicide than by combat.
 - 2010 = 434 active duty suicides. Highest number ever recorded in military history.
 - July, 2011 = 32 active duty suicides. Highest number in a month since start of wars.

Per 1000 people, what is
the suicide death rate in
California?

California Statistics

Suicide death rate in
California is 9.7 per
1000 people.

Math Test

If the population of Ventura County was 846,802 people in 2009...and we had 100 suicides...would our suicide death rate be more than or less than the State average of 9.7 ?

Answer

- Ventura County's Suicide Death Rate was 11.8 which exceeded the State's average.
- We also had 314 Non-Fatal Self-Inflicted Injuries as a result of suicide attempts.

Ventura County's Age Risk: The Top 3 Groups

Per # of Suicides
(Highest to Lowest)

Age 45 to 54

Age 55 to 64

Age 35 to 44

Per Suicide Death Rate
(Highest to Lowest)

Age 45 to 54

Age 85+

Age 55 to 64

Ventura County's Gender Risk

- Males

- **81** suicides

- Suicide Death Rate is **19** per 1000 people

- Females

- **19** suicides

- Suicide Death Rate is **4.5** per 1000 people

Ventura County's Race/Ethnicity Risk

- Per Suicide Death Rate...
 - Blacks = 36.5
 - Whites = 16.6
 - Asians = 8.5
 - Hispanics = 5.1
 - American Indians / Alaskan Natives = 0
 - Hawaiians / Pacific Islanders = 0

How Youth Kill Themselves

- #1 Choice for Boys = Gunshot
- #1 Choice for Girls = Hanging / Suffocation
- #2 Choice for Both = Poisoning (pills, chemicals, alcohol/drugs)

How Youth Kill Themselves continued

- #3 Choice for Both = jump from high places, jump in front of cars/trains, intentionally drown, cut their wrists, purposely crash their car
- Girls attempt suicide 3x more than boys
- Boys complete suicide 6x more than girls

WHAT ARE SOME
SUICIDE
WARNING
SIGNS ???

Suicide Warning Signs

- Helpless & Hopeless Statements
- Talking / Writing / Drawing about it
- Increased Stress & Fatigue
- Giving Away Possessions
- Putting Affairs In Order
- Telling People “Goodbye”
- Decrease In Performance / Functioning

Suicide Warning Signs

- Risk Taking Behaviors
- Social & Emotional Withdrawal
- Stays By Self & Avoids Others
- Uncharacteristic Outbursts of Anger or Rage Over Small Problems
- Sudden Positive Mood Change

Suicide Warning Signs

- Not Going to Work or School
- Not Caring About Personal Hygiene
- Not Following Usual Daily Routine
- Starting to Drink or Use Drugs
- Drinking or Drug Use While Alone
- Trying To “Self-Medicate” and Block Out the Emotional Pain

What are some
reasons for
suicide ???

Reasons for Suicide

- Intense emotional pain
 - Can't stand it
 - Want it to stop
- Helpless and Hopeless
 - Helpless = No control over things
 - Hopeless = Not get better in future

A List of CANNOTS

- Can't stop the pain
- Can't think clearly
- Can't make decisions
- Can't see any way out
- Can't sleep / eat / work
- Can't get out of depression
- Can't make the sadness go away

A List of CANNOTS continued

- Can't see the possibility of change
- Can't see themselves as worthwhile
- Can't get someone's attention
- Can't seem to get control

Looking back at the “List of
Cannots”...if you were on scene
and someone told you one of those
“Cannots”, how would you
respond to that?

Are some more socially acceptable?

Assessing Suicide Risk

- Low / Medium / High
- On a continuum
- Active vs. Passive Suicidality
- Level of Lethality

Connect On A Personal Level

“Hello Mary, I am Officer Joe Smith...
I am here to find out how you are doing...
I want to help keep you safe...
I just need you to talk to me about what’s
going on.”

Control / Contain Address All Safety Issues

“I need you to sit over here while we talk and please keep your hands out in front of you...”

Do you have anything on that is not safe, like a gun, or a knife, or a needle?”

Asking the Big Question

“Your wife says that you have been pretty upset tonight. I can see that you are having a tough time. Have you been thinking of hurting yourself or committing suicide?”

If he says “Yes”

“Do you have a plan?...

How would you do this? (get specifics)...

Do you have access to (guns, pills, etc.)?...

When were you planning on doing this?”

Additional Risk Factors

- History of previous attempts:
 - Have you ever tried suicide before?
 - When and how?
 - Why didn't you do it in the past?
 - Why now?

Additional Risk Factors

- Alcohol and/or Drugs
 - Have you been drinking tonight?
 - Have you taken any drugs?
 - Have you taken any kinds of pills? Are they over-the-counter or prescription?
 - How much and when? (May need medical intervention and/or clearance prior to hospitalization.)

Additional Risk Factors

- History of Mental Illness / Emotional Issues
 - Do you take any psychiatric medications?
 - What are they for?
 - Have you been told that you have a diagnosis?
 - Have you ever been in a psychiatric hospital?
 - Are you having any symptoms of depression, anxiety, or hearing voices?

Additional Risk Factors

- Recent severe stress or emotional crisis
- Lack of available support system
- Suicide pacts and anniversary reactions
- Family history of suicide

Active Suicidality Risk

- High

- “I am going to take an overdose tonight.”

- Medium

- “My problems will be over soon, I know where to get a gun.”

- Low

- “I don’t really want to die, but I can get a gun if I need it.”

Active Suicidality Risk

- Regardless of whether they are High, Medium, or Low as a *Active Suicidality Risk*...the risk level greatly increases if the person is:
 - Intoxicated / Under the Influence
 - Involved in a Domestic Dispute
 - Hearing Command Auditory Hallucinations

Active Suicidality Risk

What is the officer's
intervention when
someone has an Active
Suicidality Risk?

Active Suicidality Risk Officer's Intervention

- If there is an Active Suicidality Risk...the person needs to be contained in a secure mental health hospital setting to prevent harm to self and to be evaluated for treatment and released when adequately stable and no longer a danger to self.
- Write a thorough 5150 application.

Passive Suicidality Risk

- Passive Suicidality Risk without a plan to commit suicide:
 - “I wish I just wouldn’t wake up tomorrow, but I’m not going to do anything to hurt myself.”
 - “I don’t know if I can go on, I’ve lost my job, it just seems too hard.”

Passive Suicidality Risk

What is the officer's
intervention when
someone has a Passive
Suicidality Risk?

Passive Suicidality Risk Officer's Intervention

- Establish verbal contract to not harm self.
- Arrange supervision for 24 hours by family or friend to stay with the person.
- Provide referrals to other community resources such as...

Resources

- Adult
 - VCBH Crisis Team / STAR = 1-866-998-2243
- Minor
 - CIRT Mobile Crisis Team = 1-866-431-2478
 - STAR Enrollment = 1-866-998-2243
- National Suicide Prevention Lifeline =
1-800-273-TALK (8255)

Tough Judgment Call

People who now deny
being suicidal – but
earlier made a serious
threat.

If you have time, if the person wants to talk about things, and if you think you can be effective in helping the suicidal person cope better...what are some strategies you can employ???

“Counseling” Done by an Officer

- Emphasize temporary problem vs. permanent death
- Support – provide hope
- Set short term goals
- Guilt – suicide will cause severe emotional pain to family & friends and they will never get over it

“Counseling” Done by an Officer continued

- Find times in the past when the person handled stressful situations well – emphasize that he/she can do it again now
- Change distorted suicidal thoughts into more realistic ones...

Practice changing these distorted thoughts into more realistic ones:

- “I don’t deserve to live.”
- “Nothing I do matters anymore.”
- “I’m causing many problems for everyone.”
- “I’m a burden on my family.”
- “My whole life has sucked.”
- “It hurts too much to keep on living.”
- “I miss my mom & I’ll see her in Heaven”

What happens to the family of suicide victims?

- Surviving family members not only suffer the trauma of losing a loved one to suicide, they themselves may be at a higher risk for both emotional problems and committing suicide.

Aftermath of a Suicide

- Devastating for everyone (*including officers*)
- Irrational guilt
 - “I should have done something more.”
- Can lead to suicide by other family members
 - Refer family to support group for people that have lost someone due to suicide
 - Camarillo Suicide Survivor’s Group (805) 389-6870

Vignette #1

A 17 year old male gets “dumped” for the first time in his life by a girlfriend, he feels hurt and betrayed, he is crying constantly, he chugs down some liquor, and tells his friend “Screw it, I’m going to go lay on the train tracks and I’m done.”

The friend calls 911.

Vignette #2

A 47 year old male loses his job, can't pay the mortgage and other bills, expects to be homeless in a few months, tells neighbors that he has a "plan to take care of everything", smiles and walks back into his house.

He won't answer the door or phone and neighbors know he has a handgun and they are concerned about his wellbeing, they decided to call 911.

Vignette #3

A 52 year old female, who appears to be homeless and has been living in the Ventura river bottom, was seen in a grocery store parking lot, with no shoes on, jumping in front of moving cars. She is agitated and yelling “The voices tell me to die and join Satan.” She will not respond to any verbal instructions and just keeps yelling about “Satan” and running into traffic. The store manager calls 911.

Vignette #4

A 22 year old female college student has been feeling increasingly depressed, has no energy or motivation, can't do the school work, has falling grades and feels that "I have let everyone down – I am a total loser." She gets together all the pills in the house and goes to her room and locks the door. She won't open the door and her roommates call 911.

Vicarious Trauma & Taking Care of Yourself

- Accept that seeing a suicide has caused difficult feelings
- Realize that you are dealing with a new type of stress.
- Talk about what you went through with others and debrief the incident.
- Avoid burnout and poor coping methods (e.g. drinking, not talking about how you feel, bad jokes, etc.)

Vicarious Trauma & Taking Care of Yourself continued

- Consider requesting counseling for stress or “PTSD” from the incident
- Set up ongoing support