Risk Factors and How to Respond

Matthew B. Wintersteen, PhD
Thomas Jefferson University
Department of Psychiatry & Human Behavior

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Mental Health and Suicide Risk in College Students

- 94% overwhelmed by all they had to do
- 44% depressed → functional impairment
- 18% with depressive disorder
- 12% with anxiety disorder
- 8.9% students sought counseling in past year

- 9% seriously considered suicide
- 1.3% actually attempted suicide

- 18 million enrolled students = 642 suicide attempts ***every day***

National College Health Assessment, 2008

Suicide Risk in College Students

- Big Ten Student Suicide Study (Silverman et al., 1997)
  - Attending college is a protective factor (7.5 per 100,000)
  - Graduate students at greater risk (32% of campus suicides)
  - Campus prohibitions against firearms credited for lower rate

Suicide Risk in College Students

- National Research Consortium Survey of College Student Suicidality (Drum et al., 2009)
  - 26,000 students surveyed across 70 campuses
  - 44% UG and 49% G have sought MH services in lifetime
  - 18% UG and 15% G students seriously considered suicide in lifetime
  - Why consider attempting?
    - Emotional/physical pain
    - Relationship problems
    - School problems
    - Peer problems
  - Why not attempt suicide?
    - Disappointing family and friends
    - Hope for future
    - Wanting to finish school

Risk Factors vs. Warning Signs

- Risk Factor:
  - A measureable characteristic, variable, or hazard that increases the likelihood of the development of an adverse outcome
  - A risk factor precedes the outcome in time
    - Examples: mental illness (especially depression and other mood disorders), victimization, LGBTQ, being male?
- Warning Sign:
  - A measureable change in behavior, thoughts, feelings, or other indicators in the near future (e.g., minutes, days, up to 1 week) prior to a life-threatening suicidal behavior
    - Relates to current, episodic functioning with proximal relationship to behavior
    - This is what clinicians want to know

Risk Factors vs. Warning Signs

- Key difference = warning signs are near-term risk factors with the greatest available evidence suggesting the highest likelihood of a suicidal behavior occurring in the immediate future

Risk Factors - Behavioral/Psychiatric

- Depressive Disorders
- Substance Abuse and Dependence
- Delinquency/Conduct Disorders
- Other disorders (Anxiety, Eating D/O)
- Previous suicide attempt
- Self-injury

Risk Factors – Individual Characteristics

- Hopelessness
- Isolation, lack of belongingness
- Loneliness
- Bullying
- Anger, hostility
- Risky and impulsive behavior
- Low frustration tolerance
- Poor problem-solving and coping skills
- Sense of burdensomeness

Risk Factors – Adverse, Stressful Life Circumstances

- Interpersonal difficulties, relationship problems***
- School or work problems
- Financial problems
- Physical, sexual, or psychological abuse (current or past)
- Chronic physical illness
- Insomnia, sleep problems

Risk Factors – Family Characteristics

- Family history of suicide
- Parental psychiatric problems
- Family violence
- Family instability
- Lack of parental support

Risk Factors – Community Variables

- Limited access to care
- Stigma
- Negative school emotional environment
- Exposure to discrimination and stigma against students
- Access to lethal means
- Exposure to media normalizing or glamourizing suicide

Warning Signs for Suicide

1. Talking about or making plans for suicide
2. Expressing hopelessness about the future
3. Displaying severe/overwhelming emotional pain or distress
4. Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:
    - Withdrawal from or changing in social connections/situations
    - Recent increased agitation or irritability
    - Anger or hostility that seems out of character or out of context
    - Changes in sleep (increased or decreased)

Know the Warning Signs of *Acute* Suicide Risk

IS PATH WARM?

I Ideation – Threats or talk of wish to hurt or kill self

S Substance Abuse – Increasing alcohol or drug use

P Purposelessness – Expressing no reasons for living

A Anxiety – Agitation, restlessness, unable to sleep

T Trapped – Feeling that there is no way out

H Hopelessness – Self lacks value, others do not care, future is unchanging

W Withdrawal – From friends, family members; sleeping all the time; anhedonia

A Anger – Uncontrolled and excessive expressions of anger

R Recklessness – acting reckless; high-risk behaviors

M Mood Changes – dramatic shifts from typical mood state

? Ask to get more information

What Can Anyone Do When Concerned?

1. Ask if they are ok or if they are having thoughts of suicide
2. Express your concern about what you are observing in their behavior
3. Listen attentively and non-judgmentally
4. Reflect what they share and let them know they have been heard
5. Tell them they are not alone
6. Let them know that there are treatments available that can help
7. If you are or they are concerned, guide them to professional help

Where are we now?

1. Notice student may be at-risk for suicide
2. Intervene and ask
3. Determine assistance is needed
4. Follow campus crisis response plan
5. Counseling Center (or other crisis team):
    a. Assess risk
    b. Triage
    c. Crisis planning
    d. Schedule follow-up

Collecting Valid Data - Clinicians

1. Any hesitancy may = suicidal thoughts, even if followed by denial of these thoughts.
2. “No, not really” may = SI, but clinician may not be interested due to lack of serious consideration
3. Pay attention to body language indicative of deception or anxiety
4. Taking notes during assessment may = clinician disinterest
   - The clinician can document the assessment while also reviewing the accuracy of the information during a summary
5. Avoid any evidence of personal discomfort during the assessment interview.
6. Avoid appearing hurried
   - Individuals with borderline personality disorder, in particular, may be thrown into a state of emotional dysregulation when feeling rushed (Linehan, 1993).

Crisis Planning

Crisis Planning

Step 1: Warning Signs

- *How will you know when the safety plan should be used?*
- *What do you think about when you start to think about suicide or feel extremely depressed?*

Step 2: Internal Coping Strategies

- *What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?*
- *How likely do you think you'd be able to do this step during a time of crisis?*
- *What might stand in the way of you thinking of these activities or doing them if you think of them?*

Crisis Planning

Step 3: Social Contacts Who May Distract from the Crisis

- *Who or what social settings help you take your mind off your problems at least for a little while?*
- *Who helps you feel better when you talk to him/her?*

Step 4: Family Members or Friends Who May Offer Help

- *Among your family and friends, who do you think you could contact for help during a crisis?*
- *Who is supportive of you, and who do you think you could talk to when you're under stress?*

Crisis Planning

Step 5: Professionals and Agencies to Contact for Help

- *Who are the mental health professionals that should be on your safety plan?*
- 1-800-273-TALK (National Suicide Prevention Lifeline)

Step 6: Making the Environment Safe

- *Do you own a gun or firearm?*
- *What other means do you have access to and may use to attempt to kill yourself?*
- *How can we go about developing a plan to limit your access to these means?*

Safety Planning Resources

- Videos on How to Develop a Safety Plan:
  - http://zerosuicide.sprc.org/sites/zerosuicide.sprc.org/files/sp/course.htm
- FREE Safety Plan Template
  - http://www.sprc.org/sites/sprc.org/files/SafetyPlanTemplate.pdf

What is the ***only*** intervention for suicidal individuals that has been shown to reduce the suicide death rate?

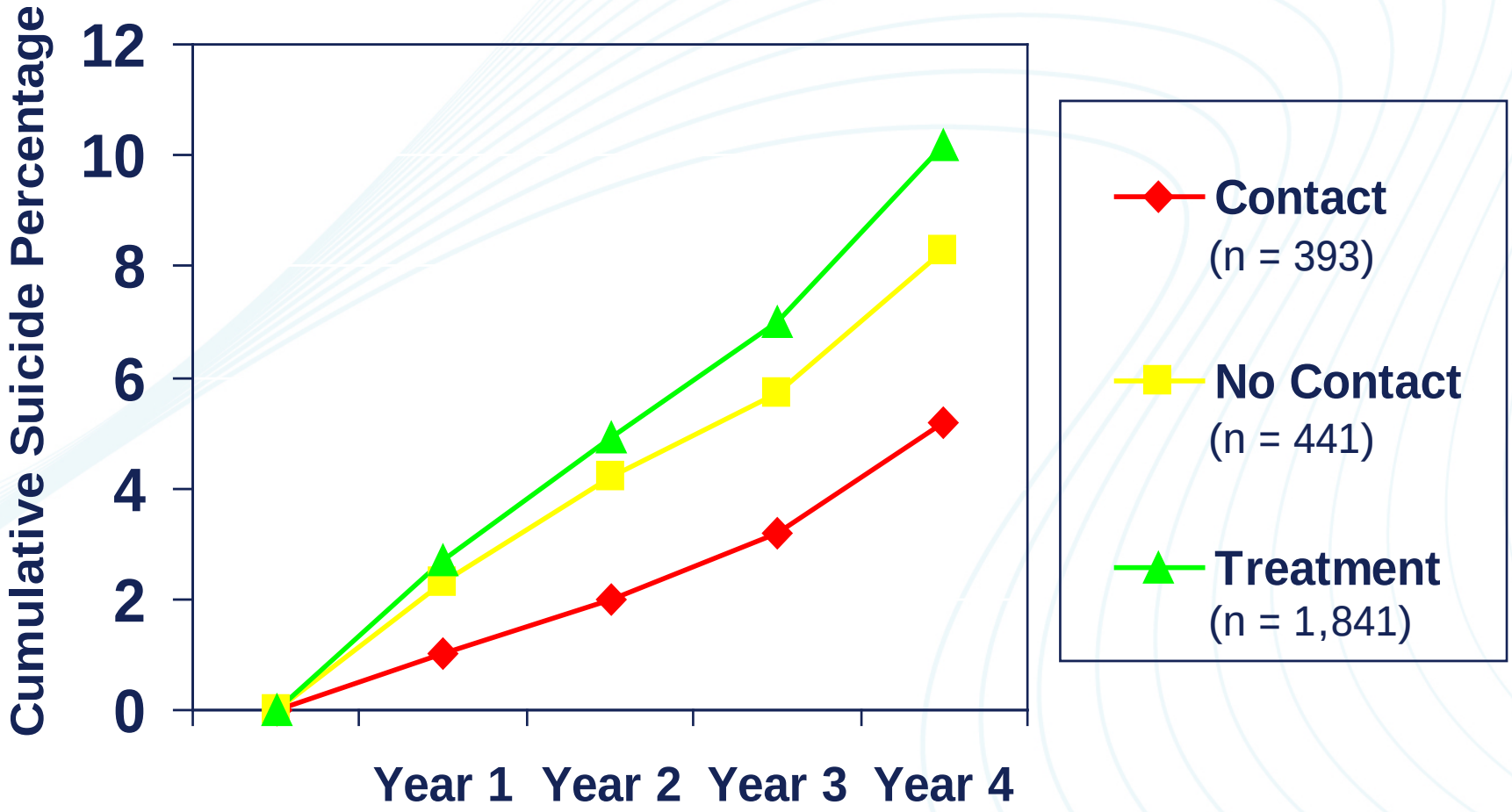
Interventions to Reduce Suicide Deaths

Dear ____:

It has been some time since you were here at the hospital, and we hope things are going well for you. If you wish to drop us a note we would be glad to hear from you.

- 24 contacts over 5 years
- Key points:
  - Brief expression of care
  - Non-demanding

Percentage of Suicide Deaths Over Four Years Following Hospitalization

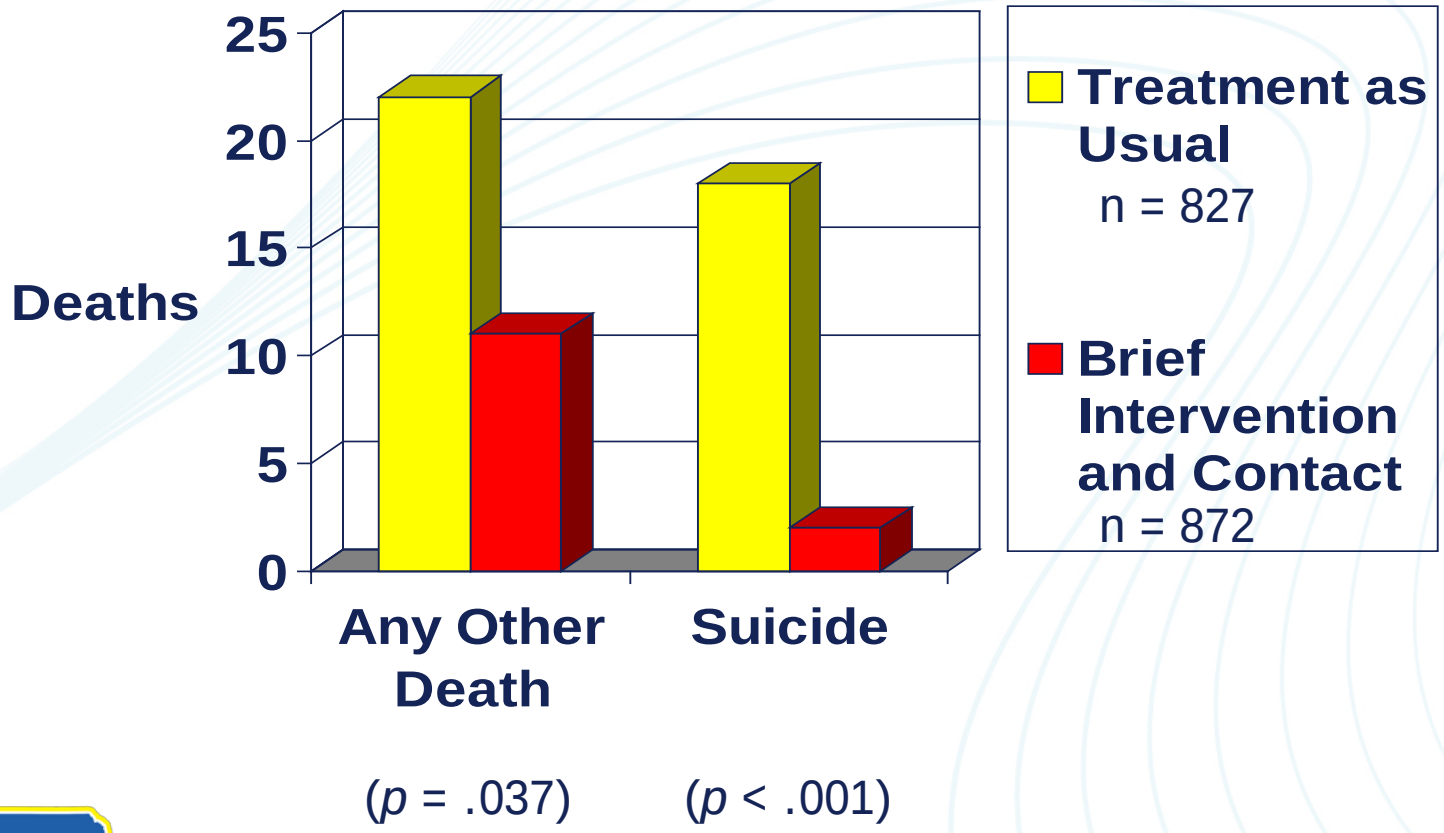


Motto (1976)

Interventions to Reduce Suicide Deaths

- World Health Organization study (Fleishchmann et al., 2008) took place in five culturally different countries
  - Brazil, India, Sri Lanka, Iran, China
  - Provided psycheducation and a series of personalized follow-up contacts either by telephone or in person to a randomly selected group of suicide attempters (n = 1,876).
  - 9 contacts over 18 months

Deaths in an 18 month period post hospitalization



(p = .037) (p < .001)

Fleischmann et al. (2008)

Applicability of Caring Letters for Youth

- No study has systematically evaluated effectiveness of caring letters approach with college students
- Incredibly inexpensive
- May it improve outcome of attending follow-up care?
- Text messaging – works for self-injurious adults in Australia (Carter et al., 2007)

NATIONAL SUICIDE PREVENTION LIFELINE™

1-800-273-TALK (8255)

suicidepreventionlifeline.org

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A Life in the Community for Everyone

SAMHSA

Substance Abuse and Mental Health Services Administration

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Thank you!

Questions?

For more information:

Matthew B. Wintersteen, Ph.D.
Associate Professor, Director of Research
Thomas Jefferson University
Department of Psychiatry & Human Behavior
Division of Child & Adolescent Psychiatry
833 Chestnut Street, Suite 210
Philadelphia, PA 19107

(215) 503-2824 – phone
(215) 503-2852 – fax

matthew.wintersteen@jefferson.edu