



EHN CANADA

Understanding Suicidal Ideation

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Note

Skills and techniques in this discussion derive from two treatment models/philosophies:

1. Cognitive Behavioural Therapy (CBT)
2. Collaborative Assessment and Management of Suicidality (CAMS)



Terminology

Suicidal Ideation: suicidal thoughts

Active Suicidal Ideation: thoughts about suicide with a plan to carry it out

Passive Suicidal Ideation: thoughts about death and/or suicide but no plan or imminent intent to carry it out

Suicidal Crisis: suicidal thought with associated feelings of hopelessness and helplessness and belief one might imminently act on the thought¹

Suicidality: covers suicidal ideation, plans, and attempts

Why Discuss Suicide Now?

Estimated that 11 Canadians die by suicide per day

For every suicide death, there are an estimated 20-25 attempts

Approximately 275 people attempt suicide per day in Canada²

Effects of COVID-19 on suicide rates are yet to be seen

- Canada Suicide Prevention Service reports 50% more interactions since pandemic began and 62% increase in active rescues (emergency services required due to imminent risk of harm or suicide in progress)
- Economic recessions and subsequent rise in unemployment rates is associated with higher suicide rates³

Risk Factors

No single cause can explain or predict suicide.

Certain population groups have higher rates and risk of suicide:



Men and boys



Youth (ages 15-24)



Survivors of suicide attempts and suicide loss



People serving federal sentences



Some First Nation communities⁴

Risk Factors

Other Factors that Contribute to Suicidality⁴

- ▶ Lack of supports/social isolation
- ▶ Mental health issues (e.g. depression)
- ▶ Misuse of alcohol or other substances
- ▶ Chronic physical pain or illness
- ▶ History of trauma
- ▶ Significant loss
- ▶ Major life changes or stressors
- ▶ Lack of access to mental health services
- ▶ Personal identity struggle

Recognizing Warning Signs

- Talking, writing, reading, or drawing about death and/or suicide
- Talking about:
 - feelings of hopelessness or having no purpose
 - feeling trapped
 - being in unbearable pain (emotional or physical)
 - being a burden to others
 - disliking oneself (low self-esteem, high self-hate)
- Increased use of substances
- Withdrawing from others/increased isolation
- Giving away belongings/making a will
- Acquiring lethal means

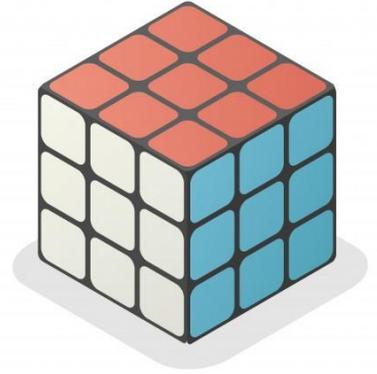


Recognizing Warning Signs

Cubic Model of Suicide^{5,6,7}

3 factors create the “perfect storm” of suicide risk

- 1) Psychache: general psychological pain reaching intolerable intensity that encompasses shame, guilt, humiliation, loneliness, fear, angst, and dread.
- 2) Stress: external or internal pressures, stressors or demands that affect the individual (e.g. job loss, relational conflicts)
- 3) Perturbation (Agitation): individual’s impulsive desire or psychological energy to do something immediately to change unbearable situation.



Treating Suicidality



Two Facets of Treating Suicidality

1. Managing Suicidal Crises

- Safety Plans

2. Reducing Suicidal Ideation/Relationship to Suicide

- Accurate assessment and therapy
- Increasing protective factors

Managing Suicidal Crises



Safety Contracts

Written agreements between clinicians and service users in which service users commit to not harming themselves.

Has been widely used but **not recommended**^{7,8,9}

- Potential for coercion by clinician for their own protection
- Removes control from service user
- Not found to be clinically effective

Managing Suicidal Crises

Safety Plans (a.k.a. Crisis Response Plans or Stabilization Plans)

- Plans developed collaboratively between service user and service provider to help service user cope effectively in a suicidal crisis
- Assets-based approach focusing on person's strengths
- To be developed when a person is not in crisis
- Can be modified based on effectiveness/ineffectiveness of certain strategies
- To be kept in an easily accessible place^{1,7,8}



Managing Suicidal Crises

Safety Plans

Starts with strategies a person can use on their own at home and ends with 24/7 emergency contact numbers that can be used when earlier strategies did not work.

Plans can include:

- Personal warning signs for suicidal crisis
- Coping strategies to use when feeling suicidal
- People who are sources of support
- Reasons for living
- How to reduce access to lethal means
- Emergency/crisis contact information



Reducing Suicidal Ideation

The key to reducing suicidal ideation is accurately assessing and understanding why suicide is considered the best/only option⁷



What is driving a person to a suicidal state?



What problems, issues, or concerns make a person most want to end their life?

Reducing Suicidal Ideation

Possible Drivers for Suicidal Crisis

Desire to escape
high-stress
situation/environment

Interpersonal issues
(often at the core of
suicidality for people
with multiple attempts)¹

Chronic pain

Unresolved trauma

Lack of alternative ways
to get needs met
(e.g. attention, care)

Reducing Suicidal Ideation

Case Study #1

- 54-year old Caucasian male
- Receives long-term disability for workplace injury and subsequent chronic back and neck pain
- Passive thoughts of suicide throughout life due to childhood trauma but no past attempts
- Serious suicide attempt in form of hanging; rescued by daughter



Risk Factors: Male, history of trauma, major life change, chronic pain

Warning Signs: Social isolation, talked about being a burden, high pain and stress

Treatment: CBT (behavioural activation and reframing negative beliefs)

Reducing Suicidal Ideation

Case Study #2

- 24-year old Asian female
- Recently completed university and working at first full-time job in administration
- History of self-harm and multiple non-lethal suicide attempts



Risk Factors: Age, survived previous attempts, dx bipolar disorder, lack of supports

Warning Signs: Acquiring lethal means, disliking self, high pain and emotion dysregulation

Treatment: Discovering values, reframing beliefs, interpersonal skills

Reducing Suicidal Ideation

Creating a “life worth living”

Build on existing or create new protective factors, such as:

- Sense of hope, purpose, belonging, meaning
- Support network
- Healthy self-esteem
- Good coping skills (e.g. effective safety plans)
- Awareness of where to go for help when needed



Where to Find Help

1. Anyone can complete/help someone complete a safety plan¹⁰
2. The Canada Suicide Prevention Service is available 24/7 by phone (1-833-465-4566) and 4:00pm-midnight by text (45645)
3. Most regions have their own local crisis lines that are available 24/7
4. Emergency Departments can be accessed for suicidal crisis.
5. Hospital outpatient mental health departments and private therapists can provide psychotherapy for reducing suicidal ideation and relationship to suicide.

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THANK YOU!

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