Suicide Safe Care for Maternal and Women's Health Populations, Settings and Providers

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Another Life Lost to Suicide

Ariana Sutton, who died on May 31, 2023, left behind twin babies, her husband, and her 4-year-old daughter — just 9 days after she gave birth.

Husband speaks out about postpartum depression after wife dies by suicide - Good Morning America
Suicide Experiences

- Suicide experiences are not uncommon. Each year:
  - 10 million American adults think seriously about killing themselves
  - 3 million make suicide plans
  - 1 million make a suicide attempt

Substance Abuse and Mental Health Services Administration. HHS Publication No. (SMA) 13-4795 2013
Language Matters
Choosing Compassionate & Accurate Language

Died of/by Suicide vs Committed Suicide
Suicide vs Successful Attempt
Suicide Attempt vs Unsuccessful Attempt
Describe Behavior vs Manipulative/Attention Seeking
Describe Behavior vs Suicidal Gesture/Cry for Help
Diagnosed with vs they're Borderline/Schizophrenic
Working with vs Dealing with Suicidal Patients
• 2018 deaths among all ages
  • Influenza and pneumonia: ~55,000 deaths a year = 150 per day
  • Among 10 to 24-year-olds: ~241 deaths a year = 4 per week

• Motor vehicle accidents: ~39,000 deaths = 108 deaths a day
  • Among 10 to 24-year-olds: ~7,000 deaths = 19 deaths a day

• Suicide: ~48,000 deaths = 132 deaths a day
  • Among 10 to 24-year-olds: ~6,800 deaths = 18 deaths a day
Maternal Suicide

- The United States has the highest maternal mortality rate among developed countries; suicide is a leading cause.
  - The global maternal mortality rate decreased by 38% between 2000 and 2017, whereas it increased by 26.6% between 2000 and 2014 in the US.\(^1\)
  - Up to 20% of maternal deaths are attributable to suicide.\(^{1,2}\)

- Most maternal suicides occur during the postpartum period.
  - 62% of pregnancy-related suicides occur between 43 days and 1 year postpartum, 24% during pregnancy, and 14% within 42 days postpartum.\(^3\)
  - 74% of postpartum women who died by suicide or drugs made ≥1 emergency department or hospital visit between their delivery and death.\(^4\)
Risk Factors

- Frequent thoughts of self-harm in depressed postpartum women have been linked to an increase in anxiety symptoms.\(^5\)
  - 5-14% of women have thoughts about suicide during pregnancy and/or the postpartum period.\(^2\)

- Women with bipolar disorder have a higher risk of maternal suicide due to the increased risk of postpartum psychosis.\(^5\)

- According to the CDC, 34% of pregnancy-related suicides were preceded by a documented prior suicide attempt.\(^6\)

- Women with a postpartum psychiatric admission are 70 times more likely to die by suicide in their first postpartum year.\(^7\)
Race & Maternal Suicide

- Maternal mortality and suicide rates are highest among American Indians and Alaska Natives, followed by non-Hispanic Whites and Asians and Pacific Islanders.⁵

- Women who self-report as “other race” are nearly 3 times more likely than White women to report suicidal ideation in the postpartum period.⁸

- Hispanic and Black women are twice as likely as White women to report suicidal ideation.⁸
Why Focus on Health Care Settings?

• 84% of those who die by suicide have a health care visit in the year before their death.

• 92% of those who make a suicide attempt have seen a health care provider in the year before their attempt.

• Almost 40% of individuals who died by suicide had an ED visit, but not a mental health diagnosis.

Suicide by Firearm

- In 2021, suicide ranked as the 11th leading cause of death in the United States.
  - According to CDC data, there were 48,830 firearm-related deaths in the US in 2021, of which 54% were suicides and 43% were homicides.\(^1\)
  - Suicides accounted for less than 40% of firearm-related deaths among adults aged 20 to 35.\(^1\)
  - By age 75, 94% of firearm-related deaths were suicides.\(^1\)

\(^1\) USAFacts, 'Most firearm deaths are suicides,' 2023.
Youth Suicidal Behavior and Ideation

- **2019 Youth Risk Behavior Survey (YRBS)**
  - 8.9% of high school students attempted suicide one or more times in the past year
  - 18.8% of high school students reported “seriously considering attempting suicide” in the past year
The suggested actions in this alert cover suicide ideation detection, as well as the screening, risk assessment, safety, treatment, discharge, and follow-up care of at-risk individuals. Also included are suggested actions for educating all staff about suicide risk, keeping health care environments safe for individuals at risk for suicide, and documenting their care.”
Patient Safety and Error Reduction

Adapted from James Reason's "Swiss Cheese" Model Of Accidents
Zero Suicide

Access at:

www.zerosuicide.com
What We Hear Sometimes...

• “I don’t have the knowledge to assess or intervene.”

• “With such a short amount of time, I don’t have time to ask or address suicide risk.”
Storage Statements

In Your Office

• Do not panic.

• Be present listen carefully and reflect)

• Say suicide

• Provide some hope

  Ex. “You have been through a lot, I see that strength”

  LANGUAGE MATTERS!
Identification

- Many of you are screening for depression
- Ask patients directly (ask what you want to know)
- Social determinants play a role
- Many patients don’t have depression
- Substance and alcohol use play a role
- Transitions are a time of risk
Population of Patients at Risk for Suicide

- Do you know how many are in your organization?
- Are you adding ICD10 codes to your problem list?
- Do you have expectations/standards for BOTH newly identified patients and patients following up?
- What does excellent care for patients at risk for suicide in your organization look like?
The Patient Health Questionnaire (PHQ-9)

The Patient Health Questionnaire (PHQ-9) is a self-report measure that assesses the severity of depression symptoms over the past 2 weeks. Each item is rated on a 4-point scale, with scores ranging from 0 (not at all) to 3 (nearly every day). The total score is calculated by summing the item scores, with a higher total indicating more severe depression.

**Instructions:**
- Over the past 2 weeks, how often have you been bothered by any of the following problems?
- Rate each item on a scale of 0 (not at all) to 3 (nearly every day).

**Columns:**
- Not at all
- Several days
- More than half the days
- Nearly every day

**Column Totals:**

**Add Totals Together:**

**10. If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?**

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

**Office use only:**

Modified with permission from the PHQ (Spitzer, Williams & Kroenke, 1995) by J. Johnson Johnson, 2002
**Ask Suicide-Screening Questions**

**Ask the patient:**
1. In the past few weeks, have you wished you were dead? Yes No
2. In the past few weeks, have you felt that you or your family
   would be better off if you were dead? Yes No
3. In the past week, have you been having thoughts
   about killing yourself? Yes No
4. Have you ever tried to kill yourself? Yes No

When:

If the patient answers Yes to any of the above, ask the following safety questions:

5. Are you having thoughts of killing yourself right now? Yes No

If yes, please describe:

**Next steps:**

1. If patient answers “No” to all questions (excluding ask the patient if you are) and no
   instruction is provided. 
2. If patient answers “Yes” to all questions, continue to screen. If there is a concern, the
   team will complete a suicide assessment.

- **Setting:** Ask questions in a private, non-threatening, confidential setting.
- **Ask questions:** “Is there anyone you can talk to about your thoughts?”
- **Response:** “Yes” = refer for further evaluation.
- **Response:** “No” = ask about any thoughts of harming others.
- **Provide reassurance:** “It’s important to talk about these feelings.”
- **Follow-up:** “If you think about killing yourself, you’re not alone.”
- **Repeat:** “It’s important to talk about these feelings.”

**Provide resources to all patients:**

- 1-800-273-TALK (82553)
- 1-800-273-TALK (English)
- 1-888-628-9454
- 1-800-273-TALK (Spanish)
- Text “WANT TO TALK” to 741741

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**Script for nursing staff**

**Say to parent/guardian:**

“National safety guidelines recommend that we screen all
children and adolescents for suicide risk. Here are some
questions to ask your child:

1. In the past few weeks, have you wished you were dead?
2. In the past few weeks, have you felt that you or your family
   would be better off if you were dead?
3. In the past week, have you been having thoughts
   about killing yourself?
4. Have you ever tried to kill yourself?

If yes, please describe:

**Once parent steps out, say to patient:**

“Now I’m going to ask you a few more questions.”

Administer the ASQ and any other questions you want to
ask in private.

**If patient screens positive, say to patient:**

“I’m so glad you spoke up about this. I’m going to talk to
your parent and your medical team. Someone who is
trained to talk with kids about suicide is going to come
and speak with you.

**If patient screens positive, say to parent/guardian:**

“We have some concerns about your child’s safety that we

- would like to further evaluate.
- It’s really important that

During today’s visit, we will ask you to step out of the room
for a few minutes so a nurse can ask your child some
additional questions about suicide risk and offer safety
issues in private.

If we have any concerns about your child’s safety, we will let
you know.

Suicide is the 2nd leading cause of death for youth. Please
note that asking kids questions about suicide is safe, and is
very important for suicide prevention. Research has shown that
asking kids about thoughts of suicide is not harmful and does
not put thoughts or ideas into their heads.

Please feel free to ask your child’s doctor if you have any
questions about your patient safety efforts.

Thank you in advance for your cooperation.
Appropriate Levels of Care

* Not everyone needs an alternate level of care

* There is no “emergency room” magic
Assessing Risk

- Can happen in your setting
- Anyone can have the conversation
- Have the tools!
### Response Protocol

#### Ask questions that are in bold.

<table>
<thead>
<tr>
<th>Ask Questions 1 and 2</th>
<th>Past Month</th>
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<tbody>
<tr>
<td>1. Have you wished you were dead or wished you could go to sleep and not wake up?</td>
<td><strong>YES</strong></td>
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<tr>
<td>2. Have you had any actual thoughts of killing yourself?</td>
<td><strong>YES</strong></td>
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If **YES** to 2, ask questions 3, 4, 5 and 6. If **NO** to 2, go directly to question 6.

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<th>3. Have you been thinking about how you may do this?</th>
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<td><strong>Example:</strong> &quot;I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it...and I would never go through with it.&quot;</td>
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<th>4. Have you had these thoughts and had some intention of acting on them?</th>
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<td><strong>Example:</strong> &quot;I have the thoughts but I definitely will not do anything about them.&quot;</td>
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<tr>
<th>5. Have you started to work out or worked out the details of how to kill yourself?</th>
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<td><strong>Example:</strong> &quot;I have the thoughts but I definitely will not do anything about them.&quot;</td>
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<tr>
<th>6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?</th>
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<tr>
<td><strong>Example:</strong> &quot;Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn’t swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn’t jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.&quot;</td>
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If **YES** to question 6, ask: **Was this in the past 3 months?**
What are reasons you would not die by suicide today?

Some common protective factors:
- Kids
- Family/spouse/parents
- Pets
- Religion
- Job
What is Safety Planning?

Safety Planning Intervention consists of a written, prioritized list of coping strategies and sources of support that patients can use to alleviate a suicidal crisis.
The Minimum WHAT (to do)

BEFORE THEY LEAVE YOUR OFFICE

• Suicide Prevention Lifeline or Crisis Text Line in their phone
  – 988 and text the word “Hello” to 741741

• Give them a caring message (NowMattersNow.org “More”)
NowMattersNow.org Works

Website visits are associated with decreased intensity of suicidal thoughts and negative emotions. This includes people whose rated their thoughts as “completely overwhelming”
SuicideIsDifferent.org provides suicide caregivers with interactive tools and support to:

- Learn About Suicide
- Process Your Feelings
- Adapt to Change
- Set Safe Boundaries
- Talk About Suicide

“I’m a suicide caregiver and this is exactly what I didn’t know I needed! Thanks for reminding me to take care of myself.” - Suicide Is Different User
Safety Plan

NowMattersNow.org Emotional Fire Safety Plan

Select boxes that fit for you. Add your own. Form is based on research and advice from those who have been there. Visit nowmattersnow.org/safety-plan for instructions (coming soon). Do not distribute. ©2018 All Rights Reserved (V 18.05.27)

Direct advice for overwhelming urges to kill self or use opioids

— Shut it down —
Sleep (no overdosing). Can’t sleep? Cold shower or face in ice-water (30 seconds and repeat). This is a reset button. It slows everything way down.

— No Important Decisions —
Especially deciding to die. Do not panic. Ignore thoughts that you don’t care if you die. Stop drugs and alcohol.

— Make Eye Contact —
A difficult but powerful pain reliever. Look in their eyes and say “Can you help me get out of my head?” Try video chat. Keep trying until you find someone.

Things I Know How To Do for Suicidal Thoughts and Urges to Use (practice outside of crisis situations)

☐ Visit NowMattersNow.org (guided strategies) ☐ Opposite Action (act exactly opposite to an urge)
☐ Paced Breathing (make exhale longer than inhale) ☐ Mindfulness (choose what to pay attention to)
☐ Call/Text Crisis Line or A-Team Member (see below) ☐ Mindfulness of Current Emotion (feel emotions in body)
☐ “This makes sense: I’m stressed and/or in pain” ☐ “I can manage this pain for this moment”
☐ “I want to feel better, not suicide or use opioids” ☐ Notice thoughts, but don’t get in bed with them
☐ Distraction:
## Patient Safety Plan Template

<table>
<thead>
<tr>
<th>Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:</th>
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<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<tr>
<th>Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):</th>
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<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<tr>
<th>Step 3: People and social settings that provide distraction:</th>
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<tbody>
<tr>
<td>1. Name________ Phone________</td>
</tr>
<tr>
<td>3. Place________</td>
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<tr>
<th>Step 4: People whom I can ask for help:</th>
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<tbody>
<tr>
<td>1. Name________ Phone________</td>
</tr>
<tr>
<td>2. Name________ Phone________</td>
</tr>
<tr>
<td>3. Name________ Phone________</td>
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<tr>
<th>Step 5: Professionals or agencies I can contact during a crisis:</th>
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<tbody>
<tr>
<td>1. Clinician Name________ Phone________</td>
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<tr>
<td>2. Clinician Name________ Phone________</td>
</tr>
<tr>
<td>3. Local Urgent Care Services</td>
</tr>
<tr>
<td>4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)</td>
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<tr>
<th>Step 6: Making the environment safe:</th>
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<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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The one thing that is most important...
Safety Planning

• Can the activity happen all times of the day and all times of the year

• Call someone from the patient's team “Sarah and I would like to speak with you, she has listed you on her suicide safety plan.”

• Be creative – Walmart!

• How can we keep you safe today?
Lethal Means Restriction

- Temporary
- Matter of Fact
- Standard Practice
- Safety Approach (Public Health!)
- Preferred method is important to know and note
• How much medication is in your home? (neighbors, family)

• Medication boxes, family, individual wrapping, “pill packs”

• Gun locks, boxes, family or surrender for holding

• The time to talk to the pharmacy is now .........
Henry,
I don’t know you well yet, I am glad that you told me a little more about your life. I have lots of hope for you – you’ve been through a lot. I hope you’ll remember that and come back to see us. With care, -Nurse Matt
Caring Messages

We asked over 1000 people. Here are the top results. Please use and adapt these any way you like for those you care about.

Dear you, Yes you! Remember that one time you fell connected to the universe. No one can take that away from you. It’s yours. — Ursula Whitehead

You may feel you don’t matter but you do and see no future. Yet it is there — please let it evolve because the world needs you and your contribution. — Kristine Laakinen

If I could fill the world with more people who feel the world, I would. Understanding suffering is a heavy burden to carry at times for sure — but you are never a burden for bearing it. — Nina Smith

When threats have been rough, I think of things or lines that give me a sense of pride, joy, encouragement, or hope. Sometimes memories that remind me I’m okay and things often change quickly — I don’t know if that will help for you. — Daniel DeBowe

This is part of a poem from Jane Hirshfield. “The work pays off, we only the strength we have and we give it. Then it asks more, and we give it.” — Sara Smucker Barnwell

Just like winter, the long dark days slowly get shorter until there is more light than dark. Please believe this while you wait to see the light. — Debbie Ross

I’ve been there that place where you do nothing to stop the pain. It’s a dark, suffocating burn, not a better place. Life changes can suck but nothing ever changing sucks more. — KathNeil Bartholomew

I was trapped in the Dark Place. Dwelling in it. Lost in the fog. Sinking in the quicksand. Unable to get out. Slowly, slowly, slowly, I am. You might be able to too. Just get through today. — Amy Graet

Things can be completely dark for some of us sometimes. I don’t know where you are today, or if this message can shine through. But I’m here sending you a tiny bit of light — a light beam. — Ursula Whitehead

This is a favorite line of mine from Descartes: “You are a child of the universe, no less than the trees and the stars; you have a right to be here.” — Andy Bagan

I’ve found this Franklin D. Roosevelt quote helpful. “A smooth sea never made a skilled sailor.” We’re prepared for something bigger. — Ursula Whitehead

Wanting to be rid of pain is the most human of impulses. You are brave to hold that you are worth so much. Because you exist. And because the Contingent is nothing else. — Sara Smucker Barnwell
FOR ADDITIONAL QUESTIONS OR RESOURCES PLEASE CONTACT:

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