

SUICIDE PREVENTION: PROMOTING WELLNESS FOR FUTURE GENERATIONS

Leon Altamirano, Psy.D.

Supervisor, Department of Prevention, Intervention and Mental Wellness
Southern Indian Health Council, Inc.



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QPR

Ask A Question, Save A Life

QPR

Question, Persuade, Refer



TOPICS FOR TODAY

- ❖ Background Information
- ❖ National and Local Statistics
- ❖ Connecting the Dots
 - Historical Trauma and Intergenerational Trauma Response
- ❖ ACE's and Basic Neurobiology
- ❖ QPR for Suicide Prevention

BACKGROUND

- ❖ Suicide is a major concern across the United States, and a problem of tragic proportions in Indian Communities¹.
- ❖ 90% of people who die by suicide have a diagnosable mental illness and/or substance abuse disorder².

This DOES NOT mean they are “Crazy”!

- ❖ Each time a young person takes his or her life it dramatically affects the lives of at least six to eight other significant individuals-with sometimes permanent consequences to productivity, self-esteem, or physical or mental health (Maris & Silverman, 1995)



1. The President's New Freedom Commission on Mental Health, 2003.
2. National Center for Health Statistics, 2004.

BACKGROUND

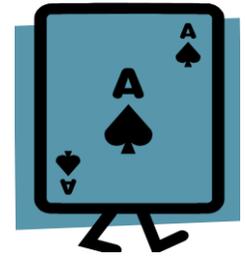
- ❖ There are higher rates of suicide among survivors (e.g., family members and friends of a loved one who died by suicide)³.
- ❖ The risk of cluster suicide increases in communities that are closely linked to each other.
- ❖ Research and anecdotal evidence over the past three decades reveal that suicides are an emerging epidemic the world over.
- ❖ We now know that suicide can often be predicted and prevented⁴.
- ❖ Suicide is due to a complex interaction of social, environmental, biological and cultural factors operating in an individual's life⁴.
- ❖ An intervention strategy that reinforces strengths and reduces risks will assist in preventing suicidal behavior⁴.
 - (A*K*A* communication and No More Secrets)



3. National Institute of Mental Health, 2003.

4. One Sky Center, 2006

NATIVE SUICIDE: CONTRIBUTING FACTORS

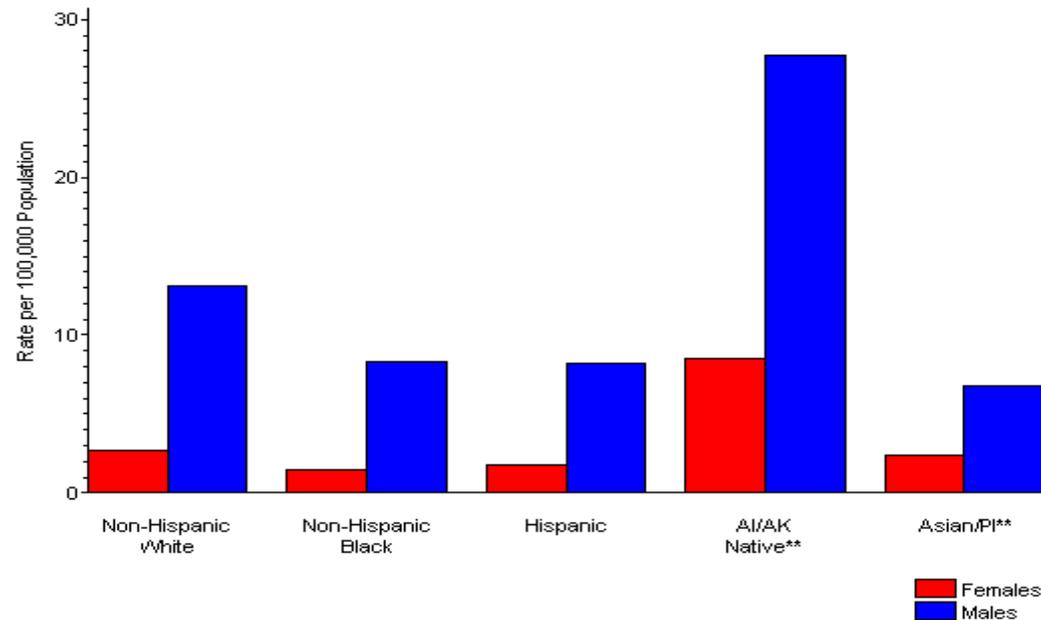


Douglas Jackobs, 2003
R. Dale Walker, MD, 2005

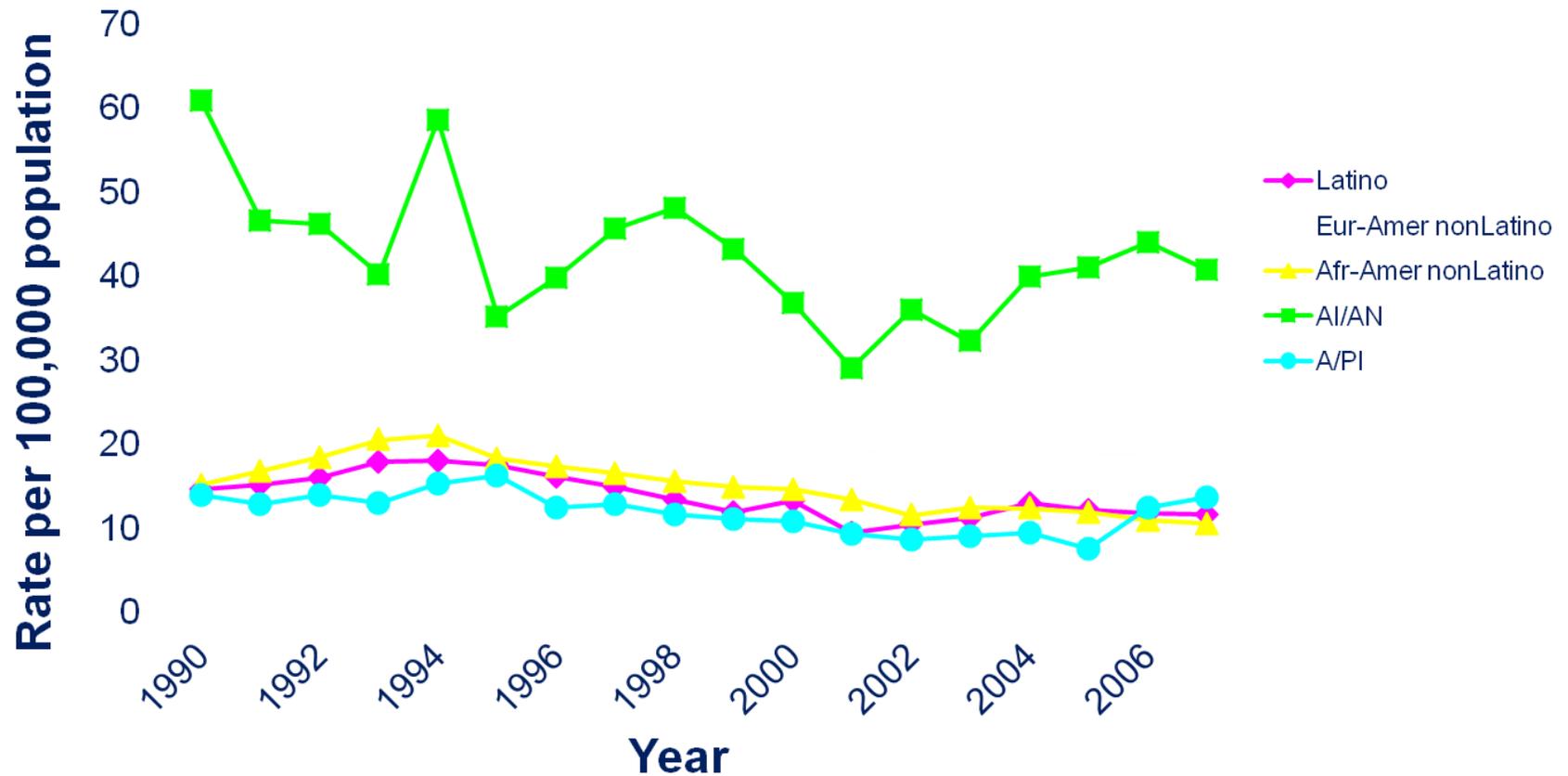
National Suicide Statistics at a Glance

Suicide Rates* Among Persons Ages 10-24 Years, by Race/Ethnicity and Sex, United States.

During 2002-2006, the highest suicide rates for those ages 10-24 years were among the American Indian/Alaskan Natives with 27.72 and 8.50 suicides per 100,000 in males and females, respectively.



SUICIDE RATES AMONG MALES AGED 15-24 YEARS BY ETHNICITY – UNITED STATES, 1990-2007

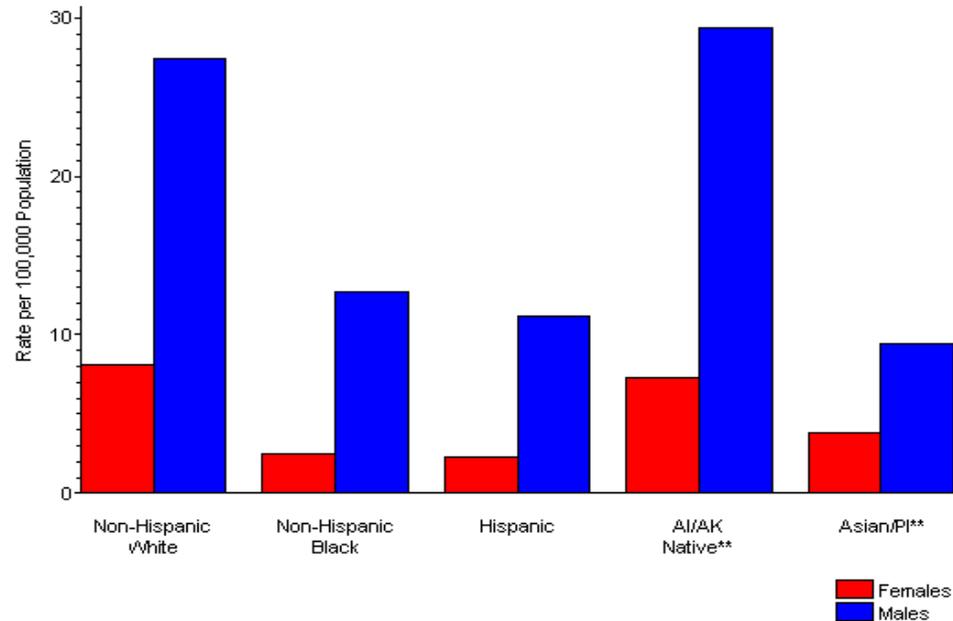


Source: Centers for Disease Control & Prevention
 AI/AN = Amer. Indian/Alaskan Native
 A/PI = Asian/Pacific Islander

National Suicide Statistics at a Glance

Suicide Rates* Among Persons Ages 25-64 Years, by Race/Ethnicity and Sex, United States.

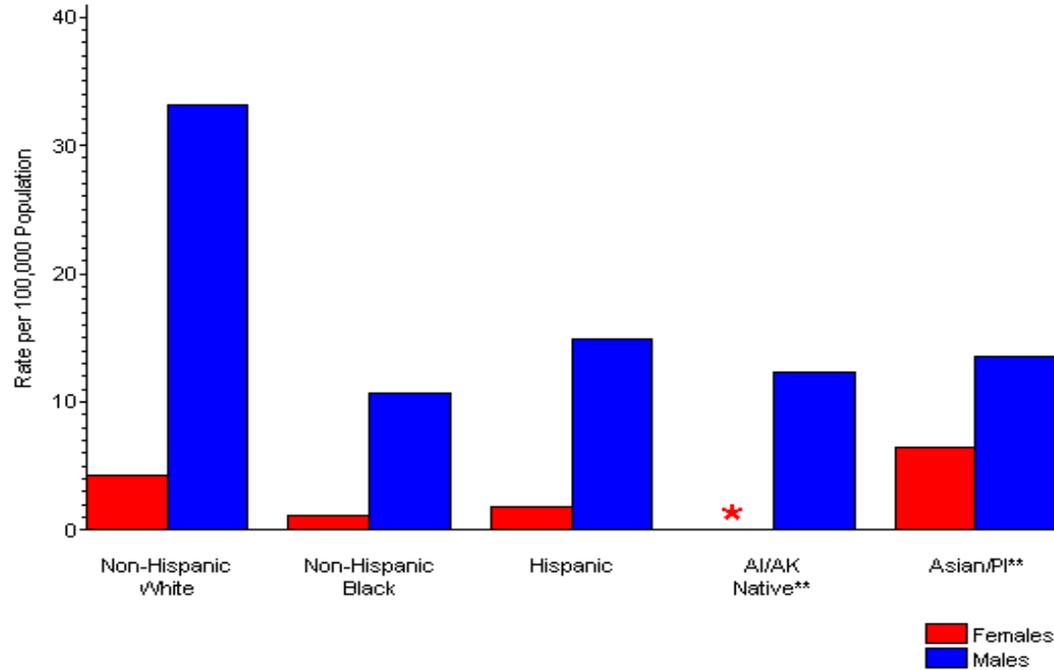
During 2002-2006, the highest suicide rates for males ages 25-64 years were among American Indian/Alaskan Natives with 29.38 suicides per 100,000 followed by Non-Hispanic Whites with 27.40 suicides per 100,000 and the highest rates for females ages 25-64 years were among the Non-Hispanic Whites with 8.12 suicides per 100,000 followed by American Indian/Alaskan Natives with 7.30 suicides per 100,000.



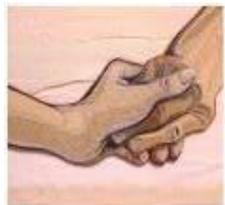
National Suicide Statistics at a Glance

Suicide Rates* Among Persons Ages 65 and older, by Race/Ethnicity and Sex, United States.

During 2002-2006, the highest suicide rates for males ages 65 and older were among the Non-Hispanic Whites with 33.16 suicides per 100,000 and the highest rates for females ages 65 and older were among the Asian/Pacific Islanders with 6.43 suicides per 100,000.



LEADING CAUSES OF DEATH AMONG AI/AN: SELECTED AGES, US, 2007



Rank	10-19 years	20-29 years	30-39 years	40-49 years	50-59 years
1	Unintentional Injuries	Unintentional Injuries	Unintentional Injuries	Unintentional Injuries	Malignant Neoplasms
2	Suicide	Suicide	Heart Disease	Heart Disease	Heart Disease
3	Homicide	Homicide	Liver Disease	Liver Disease	Liver Disease
4	Malignant Neoplasms	Heart Disease	Suicide	Malignant Neoplasms	Unintentional Injuries
5	Complications Pregnancy	Malignant Neoplasms	Homicide	Suicide	Diabetes Mellitus

SUICIDE IN INDIAN COUNTRY: THE NUMBERS STORY (CONTINUED)

- ❖ Suffocation and Firearms were the two most common methods for AI/AN of all ages.
- ❖ American Indian and Alaska Native young people ages 15-34 make up 64 percent of all suicides in Indian Country.

ADVERSE CHILDHOOD EXPERIENCES (ACE'S): BRIDGING THE GAP BETWEEN, . . .

- **Abuse** (Birth to Age 18)

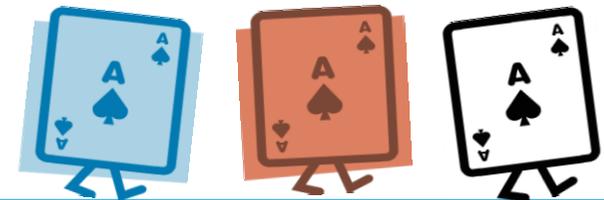
- Emotional – recurrent threats, humiliation
- Physical—beating, not spanking
- Contact sexual abuse

- **Household Dysfunction** (Birth to Age 18)

- Mother treated violently
- Household member was alcoholic or drug user
- Household member was imprisoned
- Household member was chronically depressed, suicidal, mentally ill, or in psychiatric hospital
- Not raised by both biological parents

- **Neglect** (Birth to Age 18)

- Physical
- Emotional

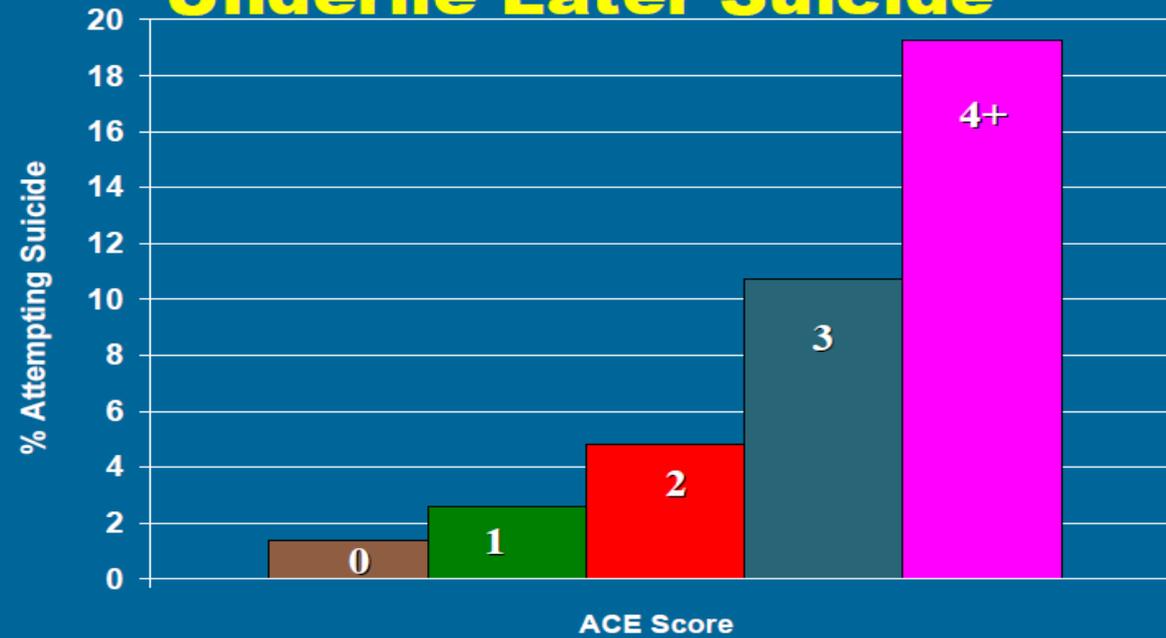


. . . . Historical Trauma, Intergenerational
Transmission of Trauma Response and
Neuropsychological Affects,...



Death

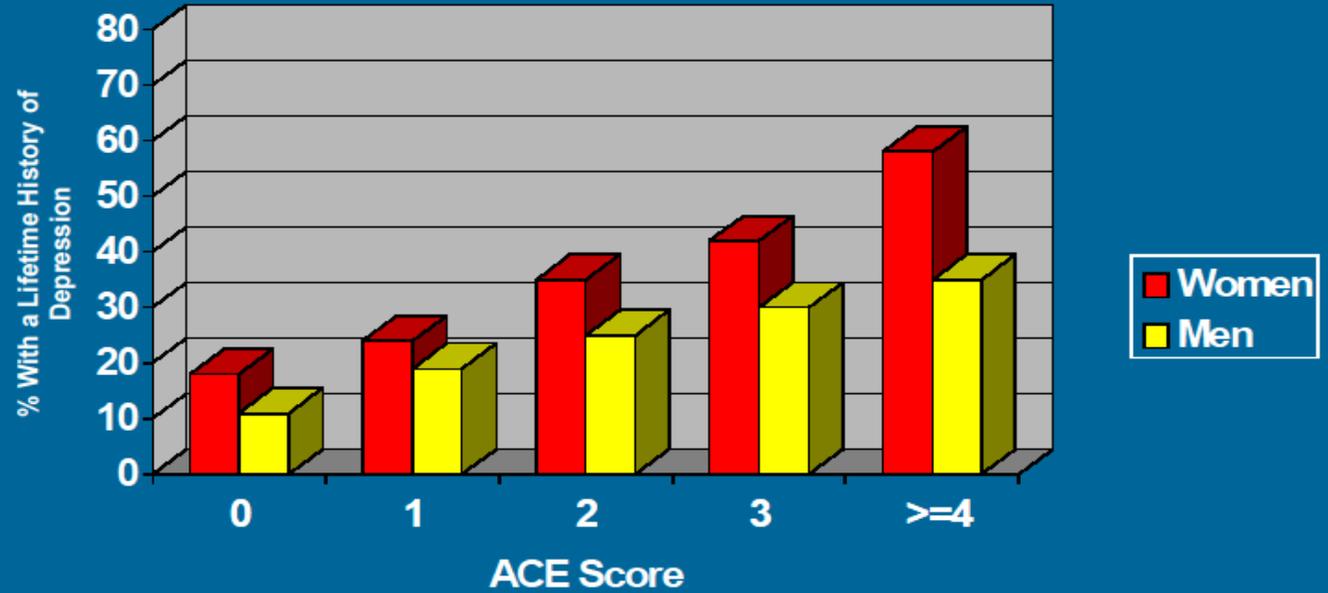
Childhood Experiences Underlie Later Suicide





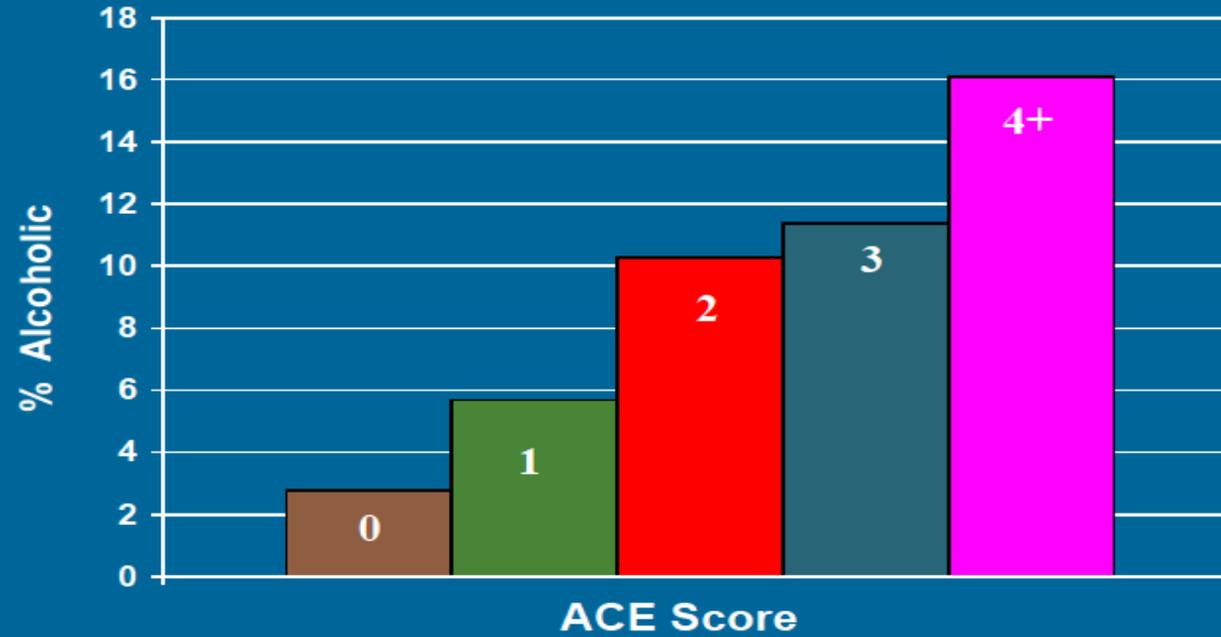
Well-being

Childhood Experiences Underlie Chronic Depression





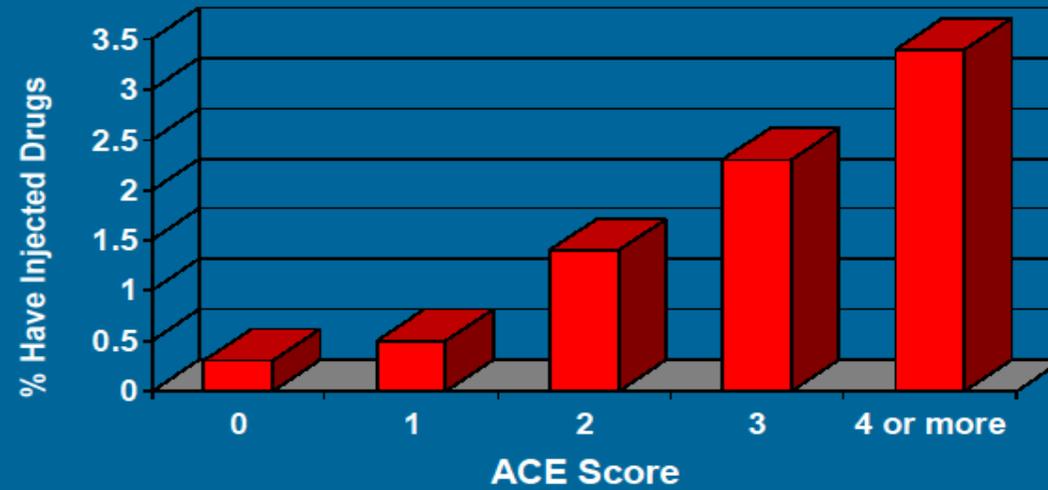
Childhood Experiences vs. Adult Alcoholism





Health risk

ACE Score vs Injection Drug Use

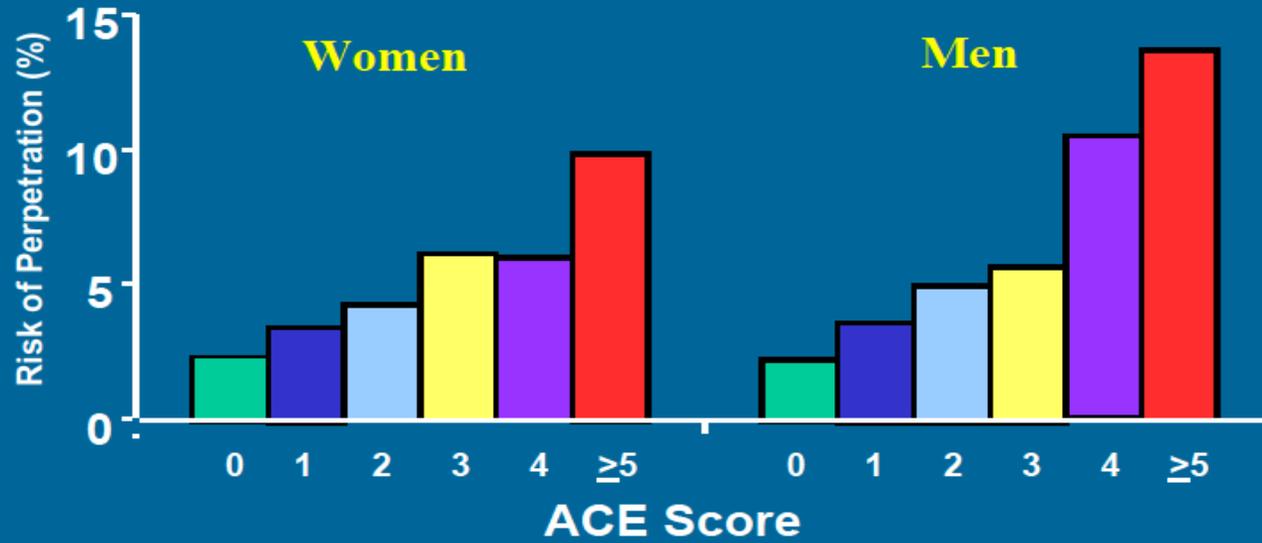


$p < 0.001$



Well-being

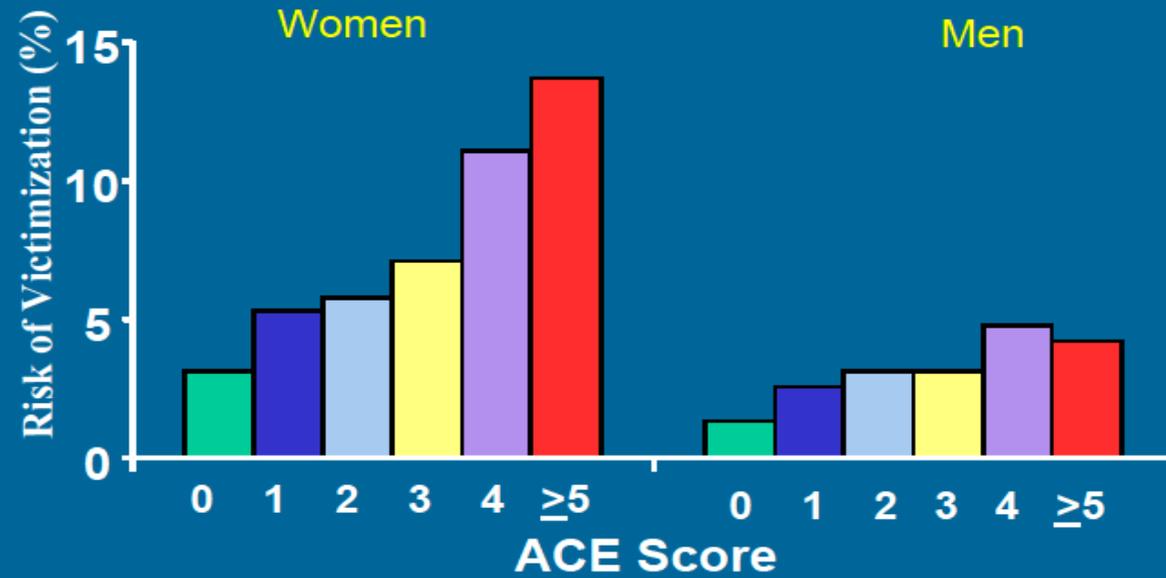
ACE Score and the Risk of Perpetrating Domestic Violence





Well-being

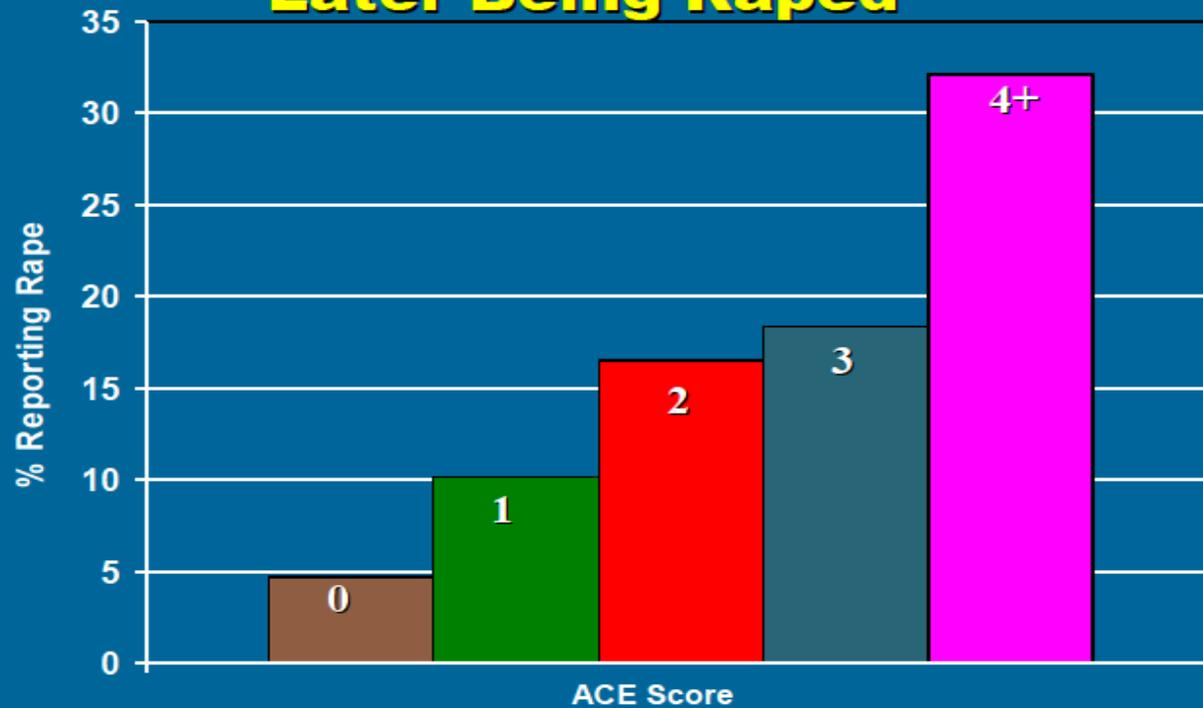
ACE Score and the Risk of Being a Victim of Domestic Violence





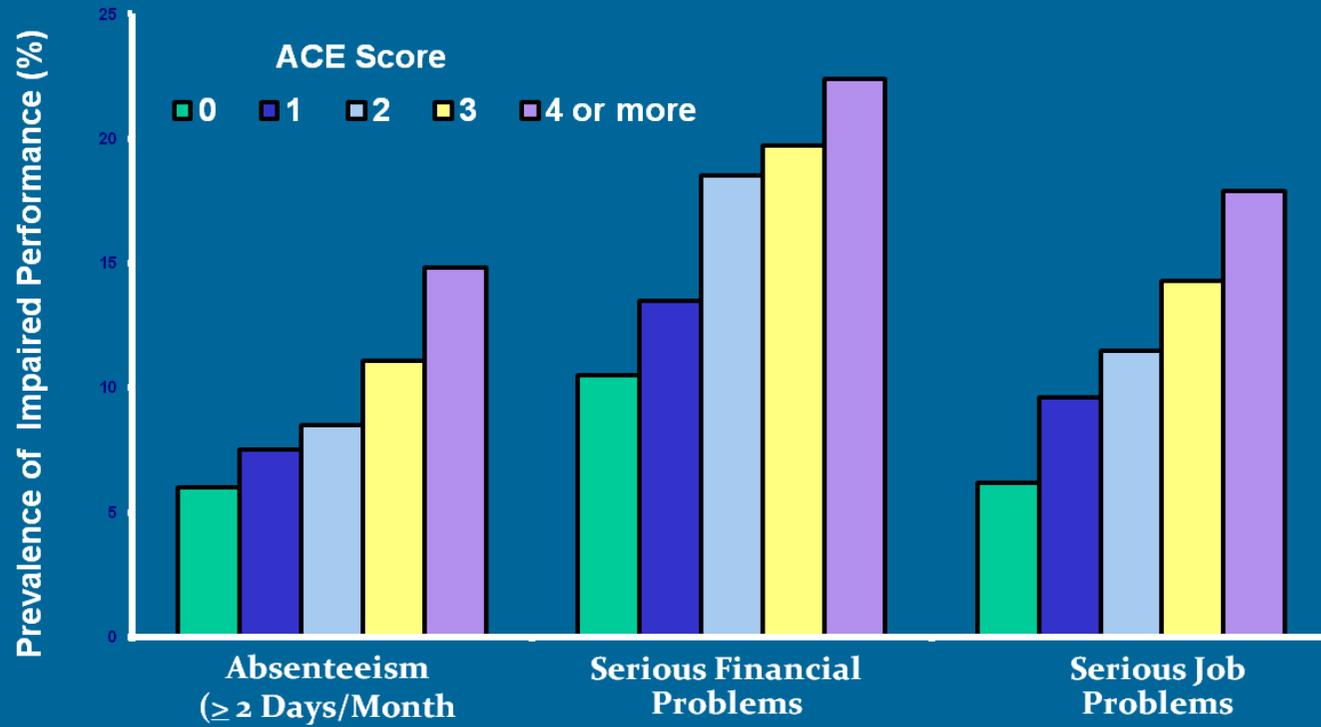
Well-being

Childhood Experiences Underlie Later Being Raped

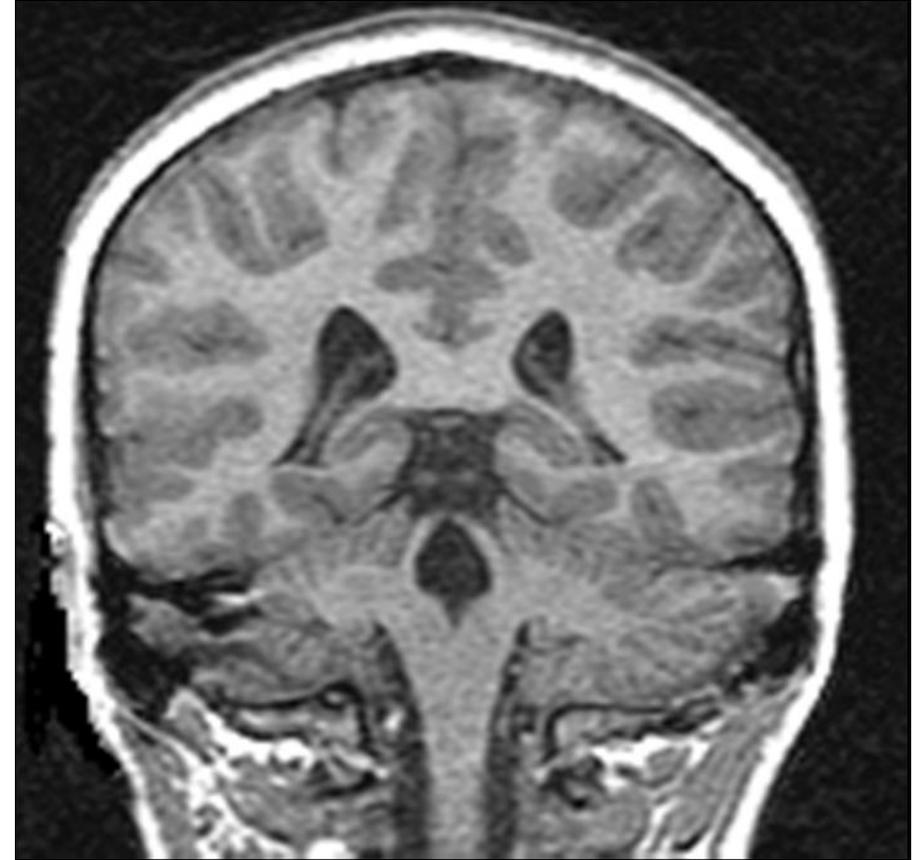
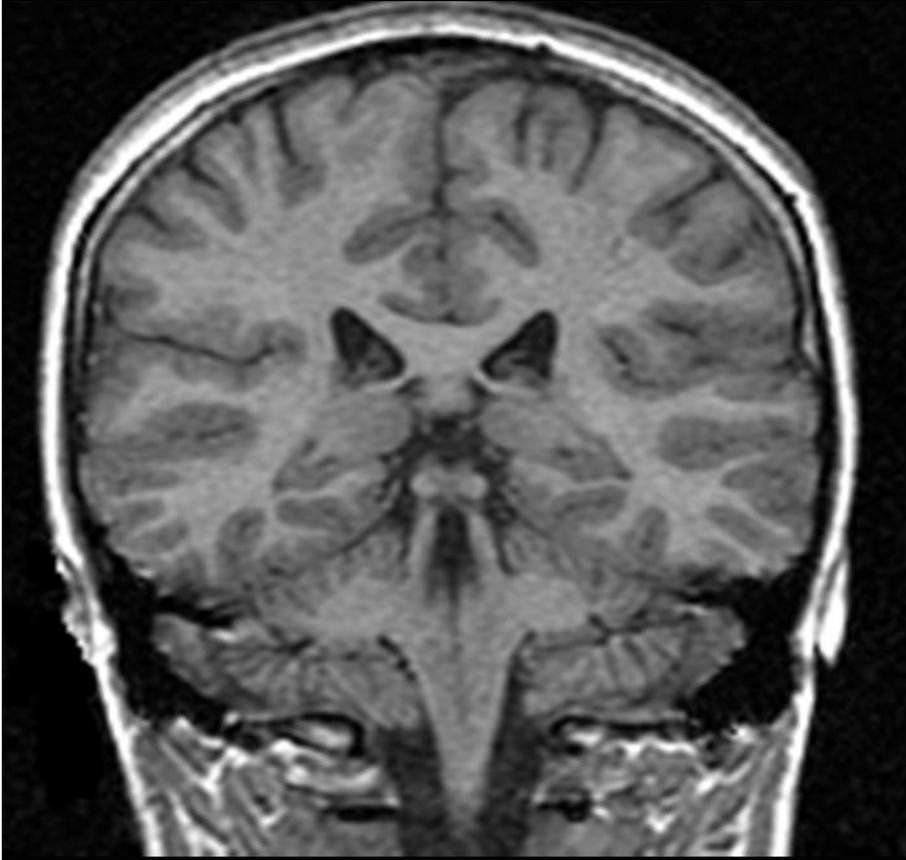




ACE Score and Indicators of Impaired Worker Performance



WHAT HAPPENS TO THE BRAIN?



NORMAL LEVELS OF CORTISOL

Maintain proper glucose metabolism

Regulate blood pressure

Regulate Insulin release & balance of blood sugar

Suppresses immune function

Suppresses inflammatory response

Heightened memory functions

Burst of Increased Immunity

And more,



IMPACT OF PROLONGED CHRONIC STRESS: HIGH LEVELS OF CORTISOL ARE MAINTAINED

Impaired cognitive function

Blood sugar imbalances (eg., Hyperglycemia & Diabetes)

Lowered immunity and inflammation response

Elevated blood pressure

Suppressed thyroid function

Decrease in muscle tissue

Slowed wound healing

Increased abdominal fat

Increased levels of bad cholesterol

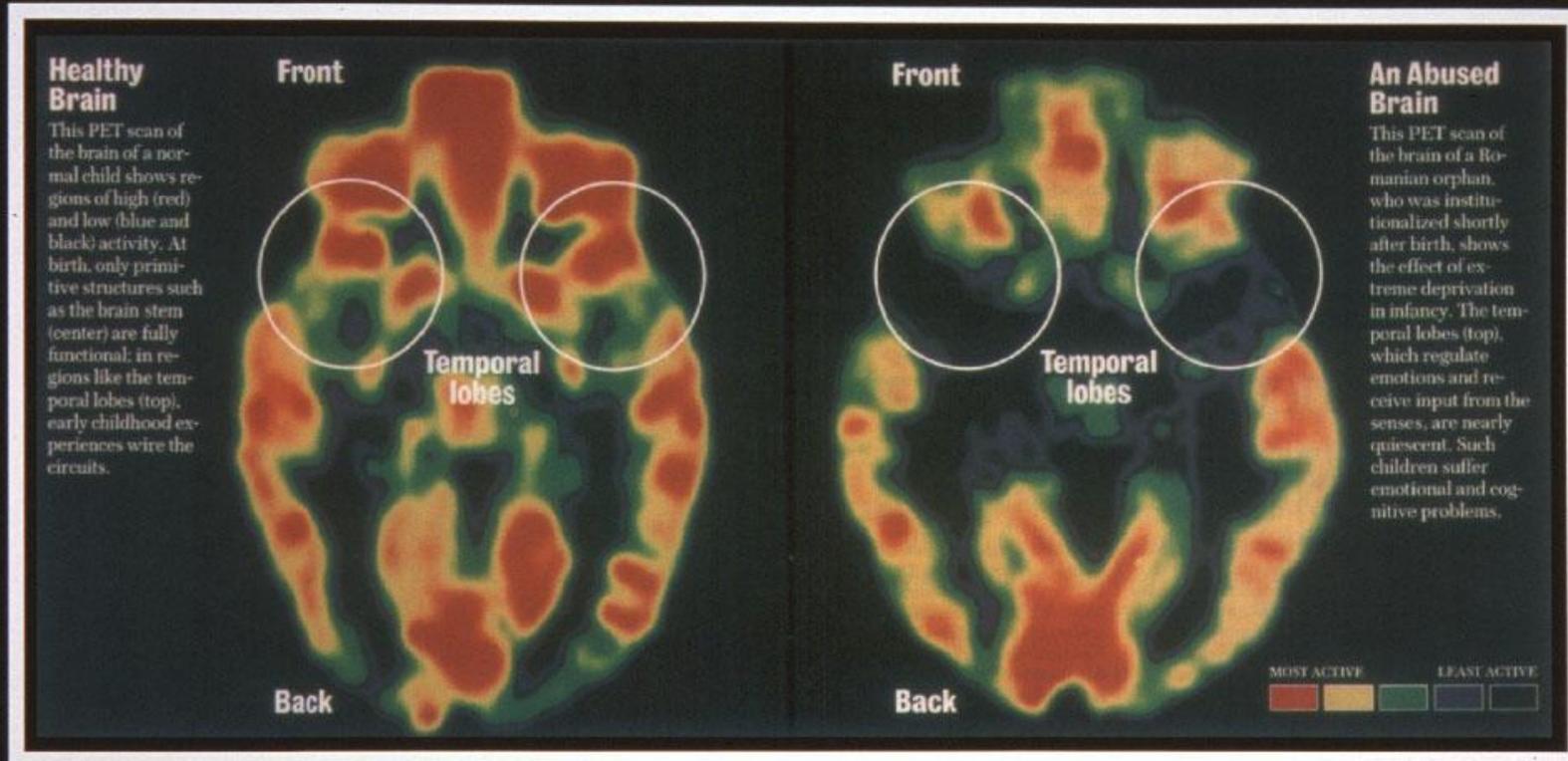
Destabilizes Mood

And more, . . .



ELEVATED LEVELS OF CORTISOL & OTHER NEUROCHEMICALS:

INTERFERES WITH MAINTENANCE OF NORMAL SEROTONIN AND NOREPINEPHRINE LEVELS, . . .
CONTRIBUTES TO DEVELOPMENT OF COMMON CHEMICAL MAKE-UP FOUND IN SUICIDAL INDIVIDUALS.



TOP 10 LEADING CAUSES OF DEATH

American Indians / Alaska Natives

- 1) Heart disease
- 2) Cancer
- 3) Unintentional Injuries
- 4) Diabetes
- 5) Chronic Liver Disease & Cirrhosis
- 6) Stroke
- 7) Chronic lower respiratory disease
- 8) Suicide
- 9) Nephritis, Nephrotic syndrome, and Nephrosis
- 10) Influenza and Pneumonia

Everyone Else

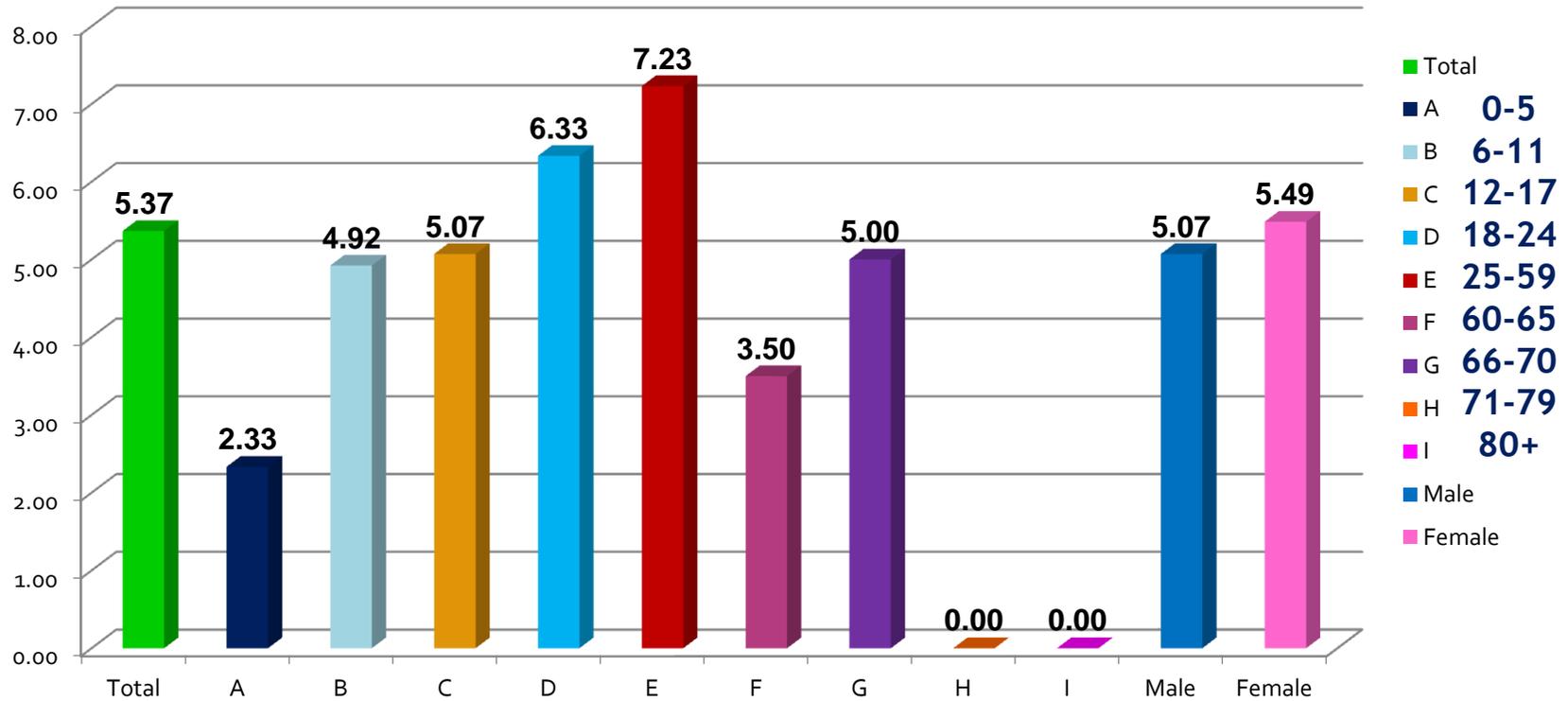
- 1) Heart disease
- 2) Cancer
- 3) Stroke
- 4) Chronic lower respiratory diseases
- 5) Unintentional injuries
- 6) Alzheimer's disease
- 7) Diabetes
- 8) Influenza and Pneumonia
- 9) Nephritis, Nephrotic syndrome, and Nephrosis
- 10) Septicemia

THE REST OF THE STORY IN INDIAN COUNTRY

- 1) Heart disease (1.4 x the national average)
 - 2) Cancer (1.5-2.5x national average depending on type and gender)
 - 3) **Unintentional Injuries** (Ages 1-44 = leading cause of death)
 - 4) Diabetes (2x the national average; Pima Indians = Highest rate in world)
 - 5) Chronic Liver Disease and Cirrhosis (3x the national average)
 - 6) Chronic lower respiratory diseases (COPD, Emphysema, Chronic Bronchitis)
 - 7) Stroke (40% higher chance of dying than Caucasians)
 - 8) **Suicide** (2-9x the national average)
 - 9) Nephritis, Nephrotic syndrome, and Nephrosis (Kidney Disease; Indian Women 40% higher risk of kidney/pelvic cancer death)
 - 10) Influenza and Pneumonia
- ❖ **Indian Infants Have A 40% Higher Risk of Death than Caucasians Infants**

SIHC TRIBAL CONSORTIUM

ACE Average by Age Category and Gender



SUICIDE MYTHS AND FACTS



- **Myth** No one can stop a suicide, it is inevitable.
- **Fact** If people in a crisis get the help they need, they will probably never be suicidal again.
- **Myth** Confronting a person about suicide will only make them angry and increase the risk of suicide.
- **Fact** Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.
- **Myth** Only experts can prevent suicide.
- **Fact** Suicide prevention is everybody's business, and anyone can help prevent these tragedies

MYTHS AND FACTS ABOUT SUICIDE



- **Myth** Suicidal people keep their plans to themselves.
- **Fact** Most suicidal people communicate their intent sometime during the week preceding their attempt.
- **Myth** Those who talk about suicide don't do it.
- **Fact** People who talk about suicide may try, or even complete, an act of self-destruction.
- **Myth** Once a person decides to complete suicide, there is nothing anyone can do to stop them.
- **Fact** Suicide is the most preventable kind of death, and almost any positive action may save a life.

How can I help? Ask the Question...

TIPS FOR ASKING THE SUICIDE QUESTION

- If in doubt, don't wait, ask the question
- If the person is reluctant, be persistent
- Talk to the person alone in a private setting
- Allow the person to talk freely
- Give yourself plenty of time
- Have your resources handy; phone numbers, therapist's name and any other information that might help



Remember:

How you ask the question is less important than that you ask it!

QPR

QPR is not intended to be a form of counseling or treatment.

QPR is intended to offer hope through positive action.

QPR

- ❖ **SUICIDE CLUES AND WARNING SIGNS**
THE MORE CLUES AND SIGNS OBSERVED, THE GREATER THE RISK.
ALL SIGNS MUST BE TAKEN SERIOUSLY.

QPR FOR MEDICAL SETTINGS: MISSED OPPORTUNITIES?

“Most people who complete suicide had contact with a health professional within a year of death, and 40 percent of these contacts were within one month of their death. Many people die by overdose on the prescription medications provided them at these visits.”

Source: Luoma, Martin and Pearson, Am. J. Psychiatry, 2002



CHALLENGES IN PRIMARY CARE

(LIMITED SUMMARY OF THE LITERATURE)

- ❖ There is little reported disclosure of suicidal symptoms to non-psychiatric physicians
- ❖ Some feel that patients may perceive PC physicians as being more superficial and less interested in this issue than mental health providers
- ❖ Many PC providers reportedly lack confidence in their ability to manage suicidal patients and in the training they have received

Source: Luoma, Martin and Pearson, Am. J. Psychiatry, 2002

CHALLENGES (continued)

- ❖ **Practitioners are too busy to conduct lengthy suicide risk assessment interviews.**
- ❖ **Between 50-70% of depressed persons first seek help from a PC provider and 30% or more of suicide victims and attempters visit a personal physician within a month of committing Suicide.**
- ❖ **Screening for suicide potential is possible.**

Source: Luoma, Martin and Pearson, Am. J. Psychiatry, 2002

SUMMARY,...

- ❖ It is not known to what degree this “last contact” might prevent suicide
- ❖ Older adults have the highest rates of “last contact” and, therefore, provide the greatest opportunity for intervention since they are among the highest rates of death by suicide
- ❖ Alternative approaches are needed for identifying those who make no contact

RECOMMENDED QPR SCREENING QUESTIONS FOR: PRIMARY CARE AND EMERGENCY SERVICE DEPARTMENTS

- Have you had any recent thoughts about death or suicide?
- Were you feeling suicidal when this injury occurred?
- Have you ever attempted suicide in the past?
- Are you feeling suicidal now?
 - Anxiety, Sleep disturbance, appetite issues, chronic pain, somatic symptoms, . . . etc

QPR

❖ Direct Verbal Clues:

- “I’ve decided to kill myself.”
- “I wish I were dead.”
- “I’m going to commit suicide.” or “I want to commit suicide.”
- “I’m going to end it all.”
- “If (such and such) doesn’t happen, I’ll kill myself.”

QPR

“I’m tired of life, I just can’t go on.”

“My family would be better off without me.”

“Who cares if I’m dead anyway.”

“I just want out.”

“I won’t be around much longer.”

“Pretty soon you won’t have to worry about me.”

QPR

Behavioral Clues:

- Previous suicide attempt (#1 Predictor of Suicide)
- Acquiring a gun or stockpiling pills
- Co-occurring depression, moodiness, Hopelessness (*Better predictor than depression*)
- Putting personal affairs in order
- Giving away prized possessions
- Sudden interest or disinterest in religion
- Drug or alcohol abuse, or relapse after a period of recovery
- Unexplained anger, aggression and irritability

QPR

Situational Clues:

- Being fired or being expelled from school
- A recent unwanted move
- Loss of any major relationship
- Death of a spouse, child, or best friend, especially if by suicide
- Diagnosis of a serious or terminal illness
- Sudden unexpected loss of freedom/fear of punishment
- Anticipated loss of financial security
- Loss of a cherished therapist, counselor or teacher
- Fear of becoming a burden to others

QPR

Tips For Asking The Suicide Question

- **If in doubt, don't wait, ask the question**
- **If the person is reluctant, be persistent** (Ex: Your kids OR You when you were a kid)
- **Talk to the person alone in a private setting**
 - We can only be lied to when we want to be lied to, don't want to hear the truth or 5 minutes before closing!!!
- **Allow the person to talk freely** (Hear their hints, they want to be heard and understood,...just once!)
 - Give the person (they're hurting and hardly feeling human) and yourself (you're only human too) plenty of time!
- **Have your resources handy; QPR Card, phone numbers, counselor's name and any other information that might help**

Remember: How you ask the question is less important than that you ask it

Q

QUESTION

Less Direct Approach:

“Have you been unhappy lately?”

Have you been very unhappy lately?

Have you been so very unhappy lately that you’ve been thinking about ending your life?”

“Do you ever wish you could go to sleep and never wake up?”

Q

QUESTION

Direct Approach:

“You know, when people are as upset as you seem to be, they sometimes wish they were dead. I’m wondering if you’re feeling that way, too?”

“You look pretty miserable, I wonder if you’re thinking about suicide?”

“Are you thinking about killing yourself?”

NOTE:

If you can’t ask the question, . . . Find someone who can!

(Less than 2% of the U.S. population)

HOW NOT TO ASK THE QUESTION



Translation: _____ "You're not suicidal, are you?"

P

PERSUADE

HOW TO PERSUADE SOMEONE TO STAY ALIVE

Listen to the problem and give them your full attention

Remember, suicide is not the problem, only the solution to a perceived insoluble problem

Do not rush to judgment

Offer hope in any form

P

PERSUADE

Then Ask:

- **“Will you go with me to get help?”**
- **“Will you let me help you get help?”**
- **“Will you promise me not to kill yourself until we’ve found some help?”** (To convince them it’s out there you have to believe it yourself!)

YOUR WILLINGNESS TO LISTEN AND TO HELP CAN REKINDLE HOPE, AND MAKE ALL THE DIFFERENCE.

R

REFER

- ✓ Suicidal people often believe they cannot be helped, so you may have to do more.
- ✓ The best referral involves taking the person directly to someone who can help.
- ✓ The next best referral is getting a commitment from them to accept help, then make the arrangements to get that help.
- ✓ The third best referral (extra rural areas) is to give referral information, get a good faith commitment to cooperate, and make sure there are multiple people to provide around the clock supervision. (If all can't be secured, **GET** 911 for hospitalization or law enforcement assistance. Now, a life and your license are at risk)
- ✓ Any willingness to accept help at some time, even if in the future, is a good outcome.

REMEMBER

*Since most efforts to persuade someone to live instead of attempt suicide will be met with agreement and relief, . . .
. . . don't hesitate to get involved or take the lead.*

FOR EFFECTIVE QPR

Say: “I want you to live,” or “I’m on your side...we’ll get through this.”

Get Others Involved.

Ask the person who else might help. Family? Elder? Friends? Brothers? Sisters? Pastors? Priest? Rabbi? Bishop?
Their Therapist (Hello?) Teacher?

FOR EFFECTIVE QPR

Join a Team. Offer to work with clergy, therapists, psychiatrists or whomever is going to provide the counseling or treatment. Most of the time, it does take a Tribe/Village/Community, . . .

Follow up with a visit, a phone call or a card, and in whatever way feels comfortable to you, let the person know you care about what happens to them. Caring may save a life.

**WHEN YOU APPLY QPR, YOU PLANT
THE SEEDS OF HOPE.**

HOPE HELPS PREVENT SUICIDE!

BONUS INFORMATION, . . . 😊



1. **Restrict Means (Take all guns, knives, pills, booze, etc.)**

If a person says they want to die, . . . Ask how they'd do it. If they won't say, gather family and friends, secure all means, get them to a hospital or take 24 hour shifts to keep them safe.

2. **Screen Regularly.**

You can't know if you don't ask. If you don't know, you can't stop Suicide!

3. **Psychotherapy**

Make sure Therapists understand Trauma-Informed Care and the impact of ACE's. Therapy gets to the root of the problems so people can find peace and get on their path to living again.

BONUS INFORMATION, . . . 😊



4. Chain of Care.

- After a suicide attempt, better structured collaboration between hospitals and teams providing follow-up care improve compliance with treatment and decrease chance of new attempts

5. Gatekeeper Education

- Learn to talk about suicide. Use basic, practical, effective, user friendly language!

6. It is everyone's job to promote Wellness for Future Generations!

IN CLOSING, . . .



- ❖ Your Suicide Prevention Program **MUST** fit your population or be Developed and Implemented Specifically for your Tribe(s)!
- ❖ Suicides, Unintentional Deaths, Homicides and Premature Death can not be tolerated in a population that is less than 2% of the total U.S. population.
- ❖ Too many children have suffered already and all of you now hold the key to life for the people in your areas.

CONTACT INFORMATION



Leon Altamirano, Psy.D.

Southern Indian Health Council, Inc.

Kumeyaay Family Services

Department of Prevention, Intervention & Mental Wellness

4058 Willows Road

Alpine, CA 91901

(619) 445-1188 ext. 242

laltamirano@sihc.org

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