



**Duke Psychiatry & Behavioral Sciences**

Duke University School of Medicine

# Understanding and Preventing Suicide in Adults

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# Understanding the Scope of the Problem

# Worldwide Deaths by Suicide

In 2016, death by suicide accounted for ~**800,000 deaths worldwide** and was responsible for more deaths than ...

Parkinson's disease

Ovarian cancer

Thyroid cancer

Hodgkin's lymphoma

Natural Disasters

War

Opioid Use Disorders

***Combined***

*(WHO 2018)*

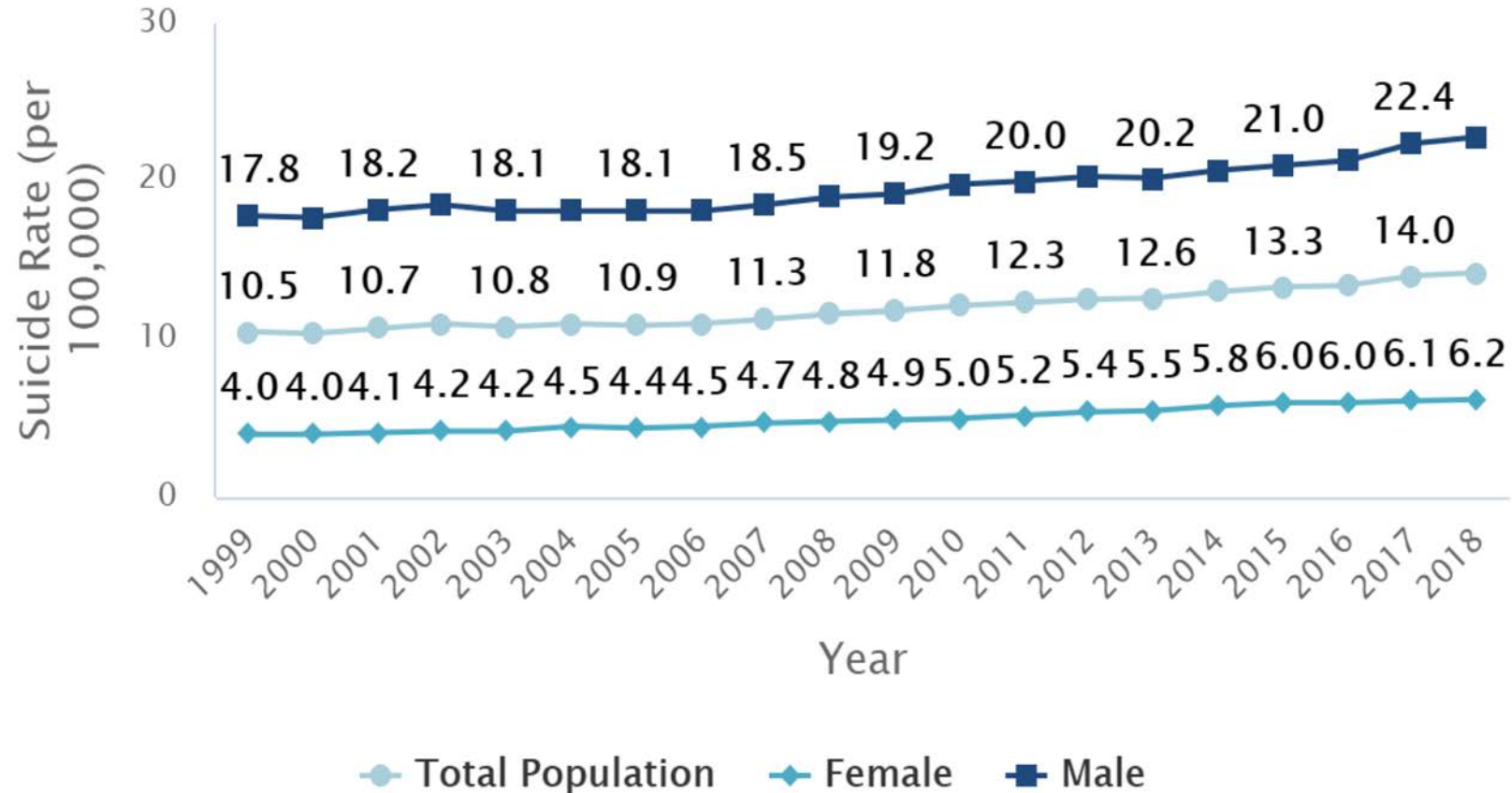
# Suicide Statistics within the U.S.

- Suicide is the **10<sup>th</sup> leading cause of death** in the U.S.
- There are **two and a half times more suicides** per year in the U.S. as there are homicides
- In 2019, **47,511 Americans died by suicide**
- In 2019, there were **1.38 million suicide attempts** in the U.S.
- The suicide rate in the U.S. **increased by 35%** since 1999

# The Suicide Rate in the U.S. Has Increased by 35% since 1999

Age-Adjusted Suicide Rates in the United States (1999–2018)

Data Courtesy of CDC





# **Identifying and Intervening with Individuals at Risk for Suicide**

# Two Complimentary Approaches for Communicating with Someone who May Be Suicidal

1. The **S.A.V.E. Approach** is a suicide prevention training that describes the steps to take so that **ANYONE** can help prevent suicide
  - Originally developed by Dr. Janet Kemp at the VISN 2 CoE for suicide prevention
  - <https://psycharmor.org/courses/s-a-v-e/lessons/s-a-v-e/>
  
2. Five Action Steps for communicating with someone who may be suicidal
  - From Be The One to Save a Life
  - Supported by evidence in the field of suicide prevention
  - <https://www.bethe1to.com/>

# The S.A.V.E. Approach

**S** = Signs of suicidal thinking

**A** = Ask questions

**V** = Validate the person's experience

**E** = Encourage treatment and Expedite getting help

[https://www.mentalhealth.va.gov/docs/suicide\\_prevention\\_community\\_edition-shortened\\_version.pdf](https://www.mentalhealth.va.gov/docs/suicide_prevention_community_edition-shortened_version.pdf)

<https://psycharmor.org/courses/s-a-v-e/lessons/s-a-v-e/>



# S = Signs of Suicidal Thinking

- Talking or writing about death, dying or suicide
- Threatening to hurt or kill self
- Looking for ways to kill self (e.g., seeking access to pills, weapons or other means)
- Hopelessness
- Rage, anger, or seeking revenge
- Acting reckless/risky behaviors
- Feeling trapped
- Increasing drug or alcohol abuse
- Withdrawing from friends, family and society
- Anxiety, agitation
- Dramatic changes in mood
- No reason for living, no sense of purpose in life
- Difficulty sleeping
- Giving away possessions

[https://www.mentalhealth.va.gov/docs/suicide\\_prevention\\_community\\_edition-shortened\\_version.pdf](https://www.mentalhealth.va.gov/docs/suicide_prevention_community_edition-shortened_version.pdf)

<https://psycharmor.org/courses/s-a-v-e/lessons/s-a-v-e/>

# Top Longitudinal Predictors of Suicide and Suicide Attempts

- Prior psychiatric hospitalization
- Prior suicide attempt
- Prior suicidal ideation
- Lower socioeconomic status
- Stressful life events
- Prior non-suicidal self-injury (NSSI)
- Positive screen on screening instrument
- Axis II diagnosis (Personality Disorder)

(Franklin et al., 2017)

# Demographic Characteristics of Suicide Decedents

While **suicide affects individuals from every background**, in general, individuals who die by suicide in the U.S. are more likely to be:

- Male
- Older (75+)
- White or American Indian
- LGBTQ
- Veteran
- History of a mental health disorder
- Access to lethal means (e.g., firearms)

# A = Ask the Most Important Question of All

The most important step is to ask the question:

**“Are you thinking of killing yourself?”**

When you ask, it’s important to be direct and to specifically use the words “killing yourself” or “suicide.”

Using words like “hurting yourself” is not asking about suicide, because “hurting yourself” means different things to different people.

[https://www.mentalhealth.va.gov/docs/suicide\\_prevention\\_community\\_edition-shortened\\_version.pdf](https://www.mentalhealth.va.gov/docs/suicide_prevention_community_edition-shortened_version.pdf)

<https://psycharmor.org/courses/s-a-v-e/lessons/s-a-v-e/>

# Do's and Don'ts for Speaking With Someone about Suicide

- Do remain calm and act with confidence
- Do listen more than you speak
- Do maintain eye contact
- Do use supportive and encouraging comments
- Do be as honest and as “up front” as possible
- Don't promise to keep their suicidal thoughts secret
- Don't argue with them
- Don't judge them
- Don't ask the question as though looking for a “no” answer  
(e.g., “*You aren't thinking of killing yourself, are you?*”)

# V = Validate the Person's Experience

## Validate the person's experience by:

- Showing them that you are listening carefully to what they are telling you
- Acknowledging their feelings and providing them with emotional support
- Accepting their situation for what it is and not passing judgement on them
- Letting them know that their situation is serious and deserving of attention
- Communicating to them that you are here to help

# E = Encourage Treatment and Expedite Getting Help

1. Explain that there are trained professionals available to help them.
2. Explain that treatment works.
3. Explain that getting help for this kind of problem is no different than seeing a specialist for other medical problems.
4. Tell them that getting treatment is his or her right.
5. If they tell you that they have had treatment before and it has not worked, try asking: “***What if this is the time it does work?***”

# **Evidence-based Interventions That Have Been Shown to Reduce Suicide Risk\***

**Lethal Means Restriction**

**Safety Planning/Crisis Response Planning**

**Cognitive-Behavioral Therapy for Suicide Prevention**

**Problem-Solving Therapy**

**Dialectical Behavior Therapy**

**Evidence-Based Treatment for Underlying Mental Disorders**

*\*Not an Exhaustive List*



# Safety Planning Intervention

*(Stanley & Brown, 2012; Stanley et al, 2018)*

The Safety Planning Intervention is a 30-60 minute intervention that has been shown to reduce the risk of attempting suicide by ~50%

- Step 1: Identify **Warning Signs**
- Step 2: Identify **Solo Activities** to help cope with suicidal thoughts
- Step 3: Identify **Social Distractions** to help cope with suicidal thoughts
- Step 4: Identify **Supportive Family and Friends** to contact
- Step 5: Identify **Professional to Contact**
- Step 6: **Make the Environment Safe** (i.e., lethal means restriction)

<http://suicidesafetyplan.com>

# Five Action Steps from BeThe1ToSaveALife

Five Action Steps for communicating with someone who may be suicidal are supported by evidence in the field of suicide prevention

1. ASK THE QUESTION

“Are you thinking about suicide?”

2. BE THERE

3. KEEP THEM SAFE

4. HELP THEM CONNECT

5. FOLLOW UP

<https://www.bethe1to.com/>

# Follow Up with the Person and Continue to Provide Them with Support

- Make sure to also **FOLLOW UP** with the person to see how things are going for them now and to provide them with additional support as needed
- Helping people to **feel supported and socially connected** is one of the most important things we can do (in addition to helping to connect people to appropriate treatment resources)

<https://www.bethe1to.com/bethe1to-steps-evidence/>

# MENTAL HEALTH RESOURCES AT DUKE & BEYOND

## Duke Emotional Support & Well-Being Line: 919-681-1631

- Free & confidential service available M-F, 8am-5pm (closed holidays)
- Have a supportive conversation, get connected with resources and/or schedule an appointment with a clinician
- Open to Duke faculty, staff, trainees, students and their families

## Duke Personal Assistance Services (PAS): 919-416-1727

- Free assessment, short-term counseling & referrals
- Open to Duke faculty and staff and their families
- Visit [pas.duke.edu](https://pas.duke.edu) for more information

## Clinical Appointments in Duke Psychiatry & Behavioral Sciences

- 919-684-0100 (Adult Care; 18+)
- 919-385-3232 (Pediatric Care)

***Additional well-being resources: [bit.ly/dukewellsupport](https://bit.ly/dukewellsupport)***



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**24/7 HELP**

**National Suicide  
Prevention Lifeline**  
800-273-TALK

**Hope4NC Helpline**  
855-587-3463

**SAMHSA Disaster  
Distress Helpline**  
Call 800-985-5990 or  
text *TalkWithUs* or  
*Hablanos* to 66746





# Additional Suicide Prevention Resources

- **SAVE Information**

- <https://psycharmor.org/courses/s-a-v-e/>
- [https://www.mentalhealth.va.gov/docs/suicide\\_prevention\\_community\\_edition-shortened\\_version.pdf](https://www.mentalhealth.va.gov/docs/suicide_prevention_community_edition-shortened_version.pdf)

- **Bethe1to**

- <https://www.bethe1to.com/>

- **Suicide Prevention Resource Center**

- <https://www.sprc.org/>

- **American Foundation for Suicide Prevention**

- <https://afsp.org/>

# Safety Planning Resources

- Safety Planning Intervention: A Brief Intervention to Mitigate Suicide Risk
  - Website with information about the Safety Planning Intervention:  
<http://suicidesafetyplan.com>
  - Journal article:  
[http://suicidesafetyplan.com/uploads/Safety\\_Planning\\_-\\_Cog\\_Beh\\_Practice.pdf](http://suicidesafetyplan.com/uploads/Safety_Planning_-_Cog_Beh_Practice.pdf)
  - Stanley, B., & Brown, G. (2012). *Cognitive and Behavioral Practice*.
- Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version
  - <https://www.sprc.org/resources-programs/safety-plan-treatment-manual-reduce-suicide-risk-veteran-version>
  - Stanley, B., Brown, G. K., Karlin, B., Kemp, J. E., & VonBergen, H. A. (2008). Washington, DC: United States Department of Veterans Affairs.

# Other Crisis Resources (available 24/7)

- **National Suicide Prevention Lifeline**

<https://suicidepreventionlifeline.org/>

- **North Carolina Mobile Crisis Resources (24 hours a day/7 days a week)**

- If you or the patient resides in **Alamance, Caswell, Durham, Orange, or Person counties**: 1-866-275-9552
- If you or the patient resides in **Cumberland, Johnston, and Wake counties**: 1-877-626-1772
- **Looking for a county not listed above?** Visit [Crisis Solutions North Carolina](http://crisissolutionsnc.org/) to find crisis resources for every county in North Carolina (<http://crisissolutionsnc.org/>)

- **Veterans Crisis Line**

- 1-800-273-8255, press 1
- <https://www.veteranscrisisline.net/>

- **911** will be the most appropriate option in some situations



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**Questions?**





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**Thank You!**