

Crisis prevention planning is meant to help and prepare individuals for times when life seems too hard to manage.

Session 17

Suicide Prevention and Planning for Crisis Situations

Is designed to support conversations about what would help when additional support or action is needed. This session also covers what to do if you are presented with a crisis situation.

Suicide Myths and Facts

Myth: There is nothing that can be done if someone wants to take their own life.

Fact: Suicide is preventable. People who consider suicide don't necessarily want to die but do want their pain to stop. Getting the person into treatment is the best way to help them.

Myth: People who consider suicide are crazy.

Fact: Most people who attempt suicide have a medical condition or chemical imbalance that puts them at risk for suicide. It can result from prolonged or intense stress. It can result from health conditions like depression, heart disease, or diabetes. It can be a side effect from medications. It can be from changing hormone levels. It can be from alcohol or drug use.

Myth: Talking about suicide will encourage people to do it.

Fact: Research has shown that asking someone in crisis about their intentions and plans does not encourage them to do it. It is important to take any talk about wanting to die seriously. Don't joke about it. Don't dare them to do it.

Myth: People who attempt suicide are of weak character.

Fact: Thinking about, planning for, or attempting suicide has nothing to do with one's character. Good people can experience depression and suicidal thoughts.

Myth: People who talk about wanting to die won't really do it.

Fact: Talking about wanting to die, not having a reason to live, and being a burden to others are warning signs for suicide. It should be taken seriously.

Myth: People who are suicidal will always be suicidal.

Fact: People who get treatment may never become suicidal ever again. In the short-term, people who do attempt suicide may try repeated attempts. Follow-up care is very important for someone who has attempted suicide.

Myth: Young people are the ones who usually take their own lives.

Fact: Suicide rates are much higher for adults than for youths. The suicide rate is highest for adult men. Their deaths do impact young people. Counseling can often help a family who has experienced a loss due to suicide.



Understanding and Helping the Suicidal Individual

BE AWARE OF THE WARNING SIGNS

Are you or someone you love at risk of suicide? Get the facts and take appropriate action. Get help immediately by contacting a mental health professional or calling 1-800-273-8255 (or 988) for a referral should you witness, hear, or see anyone exhibiting any one or more of the following:

- Someone threatening to hurt or kill their self, or talking of wanting to hurt or kill their self.
- Someone looking for ways to kill him/herself by seeking access to firearms, available pills, or other means.
- Someone talking or writing about death, dying or suicide, when these actions are out of the ordinary for the person.

Seek help as soon as possible by contacting a mental health professional or calling 1-800-273-8255 (or 988) for a referral should you witness, hear, or see anyone exhibiting any one or more of the following:

- Hopelessness
- Rage, uncontrolled anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Feeling trapped – like there's no way out
- Increased alcohol or drug use
- Withdrawing from friends, family and society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic mood changes
- No reason for living; no sense of purpose in life

BE AWARE OF THE FACTS

1. Suicide is preventable. Most suicidal individuals desperately want to live; they are just unable to see alternatives to their problems.
2. Most suicidal individuals give definite warnings of their suicidal intentions, but others are either unaware of the significance of these warnings or do not know how to respond to them.
3. Talking about suicide does not cause someone to be suicidal.
4. Approximately 32,000 Americans kill themselves every year. The number of suicide attempts is much greater and often results in serious injury.
5. Suicide is the third leading cause of death among young people ages 15-24, and it is the eighth leading cause of death among all persons.

6. Youth (15-24) suicide rates increased more than 200% from the 1950's to the late 1970's. Following the late 1970's, the rates for youth suicide have remained stable.
7. The suicide rate is higher among the elderly (over 65) than any other age group.
8. Four times as many men kill themselves as compared to women, yet three times as many women attempt suicide as compared to men.
9. Suicide occurs across all age, economic, social, and ethnic boundaries.
10. Firearms are currently the most utilized method of suicide by essentially all groups.
11. Surviving family members not only suffer the trauma of losing a loved one to suicide, and may themselves be at higher risk for suicide and emotional problems.

WAYS TO BE HELPFUL TO SOMEONE WHO IS THREATENING SUICIDE

1. Be aware. Learn the warning signs.
2. Get involved. Become available. Show interest and support.
3. Ask if they are thinking about suicide.
4. Be direct. Talk openly and freely about suicide.
5. Be willing to listen. Allow for expression of feelings. Accept the feelings.
6. Be non-judgmental. Don't debate whether suicide is right or wrong, or feelings are good or bad. Don't lecture on the value of life.
7. Don't dare them to do it.
8. Don't give advice by making decisions for someone else to tell them to behave differently.
9. Don't ask 'why'. This encourages defensiveness.
10. Offer empathy, not sympathy.
11. Don't act shocked. This creates distance.
12. Don't be sworn to secrecy. Seek support.
13. Offer hope that alternatives are available, do not offer glib reassurance; it only proves you don't understand.
14. Take action! Remove means! Get help from individuals or agencies specializing in crisis intervention and suicide prevention.

BE AWARE OF FEELINGS, THOUGHTS, AND BEHAVIORS

Nearly everyone at some time in his or her life thinks about suicide. Most everyone decides to live because they come to realize that the crisis is temporary, but death is not. On the other hand, people in the midst of a crisis often perceive their dilemma as inescapable and feel an utter loss of control. Frequently, they:

- Can't stop the pain
- Can't think clearly
- Can't make decisions
- Can't see any way out
- Can't sleep, eat or work
- Can't get out of the depression
- Can't make the sadness go away
- Can't see the possibility of change
- Can't see themselves as worthwhile
- Can't get someone's attention
- Can't see to get control

TALK TO SOMEONE – YOU ARE NOT ALONE

CONTACT:

- A community mental health agency
- A school counselor or psychologist
- A suicide prevention/crisis intervention center
- A private therapist
- A family physician
- A religious/spiritual leader

American Association of Suicidology
5521 Wisconsin Avenue, NW
Washington, DC 20015
Phone: (202) 237-2280
Fax: (202) 237-2280
Email: info@suicidology.org

Website: www.suicidology.org

What is 988?

In July of 2022, 988 became the national three-digit phone number for all mental health, substance use, and suicide crises. 988 calls will be routed to the National Suicide Prevention Lifeline centers in each state, transitioning from the current Lifeline number, 1-800-273-8255. 988 offers rapid access to behavioral health support through connection with trained crisis specialists. While 988 will be available nationally, it is up to each state to ensure crisis services are adequately funded and available to anyone, anywhere, anytime. Missouri's 988 Task Force is developing a 988 plan and exploring long-term funding options.

988 is opening the door to a robust crisis system that can de-escalate mental health crises and connect individuals to the most appropriate care. With 988 as the first component of our system, we hope to see:

- A change in the community response to behavioral health crises
- A decrease in suicides and other poor mental health outcomes
- A reduction in health care spending and use of law enforcement with more cost-effective early intervention

How will it work?

When someone calls, chats, or texts 988, they can expect to be connected to a crisis specialist who is trained and prepared to deliver support to anyone experiencing a crisis. Because a crisis is defined by the person or family experiencing it, the crisis specialist will engage with the person to understand and address the person's unique concerns and needs. The intervention may include assessment, stabilization, referral, and follow-up for individuals at high risk for suicide and/or poor mental health outcomes. If a higher level of care is needed, the crisis specialist will work with the caller and other supports to connect them to a mobile crisis response team to respond to the person in the community.

When should you call 988?

Anyone in need of crisis support for themselves or someone else should call 988 starting on July 16, 2022. Until that time, help can be found at 1-800-273-8255.

For more information visit the Missouri Department of Mental Health's Website at www.dmh.mo.gov/behavioral-health/988-suicide-and-crisis-lifeline

Resources

Missouri Crisis Access Intervention (ACI) Lines

Regional telephone hotlines staffed by behavioral health professionals who can respond to your crisis 24 hours per day and 7 days per week. They will talk with you about your crisis and help you determine what further help is needed, for example, a telephone conversation to provide understanding and support, a face-to-face intervention, an appointment the next day with a behavioral health professional, or perhaps an alternative service that best meets your needs. They may give you other resources or services within your community to provide you with ongoing care following your crisis. All calls are strictly confidential.

See statewide map below or interactive map at:

<http://dmh.mo.gov/mentalillness/progs/acimap.html>

Goals

- To respond immediately to people who have a behavioral health crisis on a 24 hour, seven day a week basis no matter where the person lives.
- To respond to crisis by providing services in the person's community, e.g., home, school.
- To prevent hospitalization whenever possible.
- To help the person in crisis and refer them to services they need.
- To help people find the services, resources and supports they need for ongoing care following a crisis, including natural support networks.

Components of ACI

- 24-hour "live" phone response - telephone crisis/referral/information.
- Mobile crisis response - 24-hour staffing, provide face-to-face on-site crisis stabilization
- Next day appointments - allow the individual to receive timely services
- Inpatient crisis services - decision of last resort after other options have been tried, or when it is obvious that other options will not work or others will be harmed
- Alternative services - e.g. 23-hour observation beds, respite

Missouri ACI Hotline Numbers

Comm Care Hotline - 1/888-279-8188

Andrew, Atchison, Buchanan, Caldwell, Clay, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Jackson, Linn, Livingston, Mercer, Nodaway, Platte, Putnam, Ray, Sullivan, Worth

Burrell Behavioral Health - 1/800-395-2132

Boone, Carroll, Chariton, Cooper, Howard, Moniteau, Morgan, Pettis, Randolph, Saline

Compass Health Hotline - 1/800-833-3915

Bates, Benton, Camden, Cass, Cedar, Cole, Crawford, Dent, Gasconade, Henry, Hickory, Johnson, Lafayette, Laclede, Maries, Miller, Osage, Phelps, Pulaski, St. Clair, Vernon

Ozark Hotline - 1/800-247-0661

Barton, Jasper, McDonald, Newton

Clark Center Hotline - 1/800-801-4405

Barry, Dade, Lawrence

Burrell System - 1/800-494-7355

Christian, Dallas, Greene, Polk, Stone, Taney, Webster

MOCARS Hotline - 1/800-356-5395

Adair, Bollinger, Butler, Cape Girardeau, Carter, Clark, Douglas, Dunklin, Howell, Knox, Lewis, Macon, Madison, Marion, Mississippi, New Madrid, Oregon, Ozark, Pemiscot, Perry, Reynolds, Ripley, Schuyler, Scotland, Scott, Shannon, Shelby, Ste. Genevieve, Stoddard, Texas, Wayne, Wright

Behavioral Health Response Hotline - 1/800-811-4760

Franklin, Iron, Jefferson, Lincoln, St. Charles, St. Francois, St. Louis City, St. Louis County, Warren, Washington

Arthur Center Hotline - 1/800-833-2064

Audrain, Callaway, Monroe, Montgomery, Pike, Ralls

Resources

HOTLINE NUMBERS CONTINUED

National Suicide Prevention Lifeline



1.800.273.8255 (TALK) TTY: 1-800-799-4889 (hearing impaired)
The national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.
<http://suicidepreventionlifeline.org>

Deafline MO

1-800-380-DEAF (3323) (Voice/TTY). Text HAND to 839863, click here for additional information Deafline MO is a crisis hotline for individuals who are deaf and hard of hearing.

The Trevor Project

(specifically geared to LGBTQ) 1-866-488-7386
The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24.
<http://www.thetrevorproject.org/pages/get-help-now>

KUTO, Kids Under Twenty One

1-888-644-5886 (youth, peer helpline). The Helpline is a safe resource for youth where they are free to express their concerns, explore feelings, identify stressors and realize effective coping mechanisms. The Helpline is available to help young people find the hope and strength to cope positively with the pressures and stress in their lives and to encourage using positive skills to manage stress, mediate conflict and work through feelings. www.kuto.org

Teen Helpline

Information via telephone for behavioral health issues. Teen Helpline: 454-TEEN
<http://www.stlouischildrens.org/our-services/psychology-services/teen-helpline-454teen>

TEXTING AND ONLINE SUPPORT:**Crisis Text Line**

Crisis Text Line, the national not-for-profit that provides free, 24/7 crisis support via SMS
TEXT “HOME” TO 741741 <http://www.crisistextline.org>

Lifeline Crisis Chat A program of National Suicide Prevention Lifeline

Crisis centers across the United States have joined together to form one national chat network that can provide online emotional support, crisis intervention, and suicide prevention services.

<http://chat.suicidepreventionlifeline.org>

Trevor Chat

Online instant messaging with a TrevorChat counselor. Available 7 days a week between 3:00pm - 9:00pm ET/12:00pm - 6:00pm PT

<http://www.thetrevorproject.org/pages/get-help-now>

Trevor Text

Text "Trevor" to 1-202-304-1200. Standard text messaging rates apply. Available on Wednesdays-Fridays between 3:00pm - 9:00pm EST/12:00pm -6:00pm PT

<http://www.thetrevorproject.org/pages/get-help-now>

SUICIDE PREVENTION APP FOR YOUR PHONE

<http://www.mimhtraining.com/suicide-lifeguard/>

OTHER SUICIDE PREVENTION RESOURCES:**National & State Resources****2012 National Strategy for Suicide Prevention**

A report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention

<https://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full-report.pdf>

2012 Missouri Strategy for Suicide Prevention

A Collaborative Effort: Bringing a National Dialogue to the State

<http://dmh.mo.gov/docs/mentalillness/suicideplan.pdf>

National Council for Suicide Prevention

National Council of 7 leading nonprofits working to end suicide in the United States.

<https://www.thencsp.org/>

Missouri Department of Mental Health

Suicide Prevention Resources

<http://dmh.mo.gov/mentalillness/suicide/prevention.html>

State Prevention Resource Centers:

Prevention Resource Centers (PRC) are the primary source of technical assistance support for community coalitions. The goal of the PRC is to facilitate development of teams capable of making changes in substance use patterns in their community. Each PRC has a prevention specialist who works directly with the teams in his or her area and assists with the development of teams and task forces in communities that desire to develop one.

<http://dmh.mo.gov/ada/progs/regionalsupportcenters.html>

Understand your role as a Peer Specialist

Peers play an important role in working with individuals at risk for suicide by encouraging healthy behavior, linking individuals to peer support groups and individuals, and modeling hope and recovery by sharing lived experiences. Work on staying within your scope of practice and competencies. Peers' scopes of practice generally focus on working with their participants by drawing on personal experiences or community ties through the use of shared decision-making, trauma-informed care, recovery oriented perspectives and individualized models of support. Peers help individuals identify natural supports (such as family, friend, clergy, coach) and community resources that are helpful when participants are thinking about suicide.

How does recovery relate to suicidal behavior?

Recovery promotes hope, self-help, help-seeking, problem-solving skills, and improved treatment adherence. Suicidality does the opposite:

Attributes of Recovery	Attributes of Suicidality
• Hope, optimism, positiveness • Adaptability • Capacity to change	• More hopelessness, fear • Maladaptive and negative • Resistance to change
• Autonomy, empowerment, confidence • Self-respect • Sense of value as a person	• Decreased self-control • Decreased self-respect • Decreased self-esteem/self-worth
• Wellness • Self-awareness	• Increased illness and symptoms • Less self-awareness/greater denial
• Peer/family/other supports • Community living	• Loss of peer/family support • Increased risk of hospitalization

It is not enough to only promote recovery. It is also necessary to prevent the onset or return of suicidality in those working on recovery. This is why suicide prevention and postvention must be features of a transformed system.

Suicide loss negatively affects recovery. It undoes wellness, overrides coping mechanisms, and causes extreme stress. It brings anxiety, depression, and panic, and has significant affective and behavioral consequences. It generates emotional pain and shatters feelings of control and safety.

Experiencing a suicide, like experiencing suicidal behavior, changes those that it affects. This change cannot be undone, but it is possible to return to a sense of things being normal that you felt before. This is a different normal, a “new normal.” That is what recovery is all about.

Personal Action / Crisis Prevention Plan

This Plan is meant to help clients/consumers, their support persons and providers prepare for times when life seems too hard to manage. This Plan is designed to support conversations about what would help when additional support or action is needed. It is not just another form to fill out! It may be helpful to talk about this Plan with a person who knows you well enough to understand your strengths and your challenges. It is best to complete this Plan when you are feeling better about yourself and your life.

The list of “Ideas to Help Spark Your Thinking” that is included with the Plan is meant only to start a conversation, and to encourage you to be creative and decide what is important to you. We don’t want you to just “choose one or two and fill in the blank”. Use your own ideas and make this Plan truly fit you. You can fill out this Plan by yourself, with a peer support person or family member or friend, or with a mental health provider.

This Plan is best used by professionals as a tool to begin a series of conversations about recovery, how clients experience good times, and what might help them recognize and cope with times of stress or difficulty.

The Plan is most useful if it is available to you and your support people at moments of crisis. Consider having copies in several places:

- o Where you can find it easily as needed
- o In the file kept by your mental health provider
- o On file with the local psychiatric crisis response team – for many people within the BCN region this would be the Psychiatric Crisis Center (503-585-4965). You can fax the form to the MVBCN at 503-585-4989 and we will get it to the crisis team in your county.

MY CRISIS PLAN WORKSHEET

This worksheet is designed to help you identify early warning signs of crisis and plan ways to prevent a crisis from occurring. You can write your answers right on this worksheet, but if there isn't enough room, you can record this information in the journal found in this kit.

PERSONAL WELLNESS – Being able to notice the differences between good times and bad times can help you identify when you need to take care of yourself and ask for more support. Think about how you feel and the things you do when you are feeling well.

When I am well, I...

Now think about how you feel and the things you do when you're not feeling well.

When I am not well, I...

EARLY WARNING SIGNS – Being self-aware can help you identify early signs that there is a change in your mental health. Examples of early warning signs may include being over-tired, having a hard time getting out of bed, feeling agitated, missing deadlines or being late, and feeling sad, but not knowing why. What are your early warning signs?

I know I am not doing well when...

ACTIVITIES – Finding activities that help you take control or focus your thoughts can be helpful in keeping your symptoms from getting worse. Examples of helpful activities may include calling a friend, eating a piece of fruit, petting the cat, breathing deeply, practicing yoga, or going for a walk.

These activities make me feel more in control and can help me prevent a crisis:

SUPPORT SYSTEM – If you know you are at risk of entering a mental health crisis, calling someone from your support system will help. These are the people who know you have a mental illness and who know what is helpful for you.

These are people I trust and I know I can call when I need support:

<i>Name</i>	<i>Phone Number</i>	<i>Best Time to Call</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

These are my doctors and therapists who can also help me:

<i>Name</i>	<i>Phone Number</i>	<i>Office Hours</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

When I can't reach anyone, I can call the crisis line at 1-800-273-TALK.

MY CRISIS PLAN WORKSHEET

MENTAL HEALTH ASSOCIATION **mHam**
of Minnesota

Steps to Wellness is supported by:

- An educational grant from Lilly USA, LLC
- Janssen, Division of Ortho-McNeil-Janssen Pharmaceutical, Inc.
- Park Nicollet Foundation Healthy Community
- Pfizer Healthcare

Ideas to help spark your thinking when filling out your Plan

Pick any ideas that fit for you -- Add your own ideas -- Use your own words

#2 Signs that I'm doing okay:

- ... I can laugh at myself; find my sense of humor
- ... I feel that life is good; I am grateful
- ... I have confidence in myself; I'm not ashamed or afraid
- ... I can balance both positive and negative aspects of life
- ... I can think things through and am in control of my actions, thoughts, feelings
- ... I make time to see friends; I feel sociable, safe, secure.
- ... I participate in meaningful activities or work; I feel connected to society
- ... I feel energetic, calm and strong.
- ... I take time to exercise
- ... I don't feel nervous or anxious; I'm curious, interested, not bored;
- ... I am focused; I can concentrate; I'm not easily distracted
- ... I enjoy sound sleep; I like waking up

#3 Early signs that I'm not feeling well:

- ... changes in sleep habits: fatigue, insomnia; wanting to sleep all the time
- ... changes in eating; stop eating or eat compulsively
- ... more sensitivity to what I see, hear, smell, or touch
- ... seeing figures, hearing voices
- ... I stop taking care of myself
- ... I start believing that people are against me, but know that my thinking is off
- ... I am bothered by thoughts I can't get rid of
- ... I feel like harming myself or others
- ... I think about getting back into addictive behavior
- ... I feel more anxious or depressed; I experience more panic
- ... I get confused or have increased difficulty with memory
- ... I experience racing thoughts
- ... I'm more irritable or angry; I disagree with people a lot
- ... I stop answering the phone or knocks on the door; I don't open my mail

#4 What I can do to help myself:

- ...hum; sing; read; lie down and rest; take a nap; talk with friends
- ...tell the voices to go away; think "STOP"
- ...watch TV or a video; go to a movie; listen to music
- ...help other people
- ...debate with the voices
- ...exercise; take a walk; clean a room
- ...journal; write a letter; do my hobby
- ...take a bath or shower; soak my feet; fix my fingernails
- ...let someone know that I am having symptoms and what they are
- ...use my mindfulness skills
- ...safely release my anger or frustration
- ...use alternatives to harming myself
- ...make myself a treat or a good meal or buy a flower
- ...pet my dog or cat
- ...breathe
- ...take time to be by myself
- ...call somebody who understands; call a peer support person

#5 Ways others can help me:

- ... listen to my story long enough to really hear what I'm saying
- ... talk to me; encourage and reassure me; show me my successes
- ... encourage me to pace or move around, to listen to my music, to draw or paint
- ... call my peer support person
- ... remind me of my goals, my interests, my connections
- ... hold me; breathe with me; help me become aware of what is happening
- ... ask me if I am hearing voices and how loud they are
- ... tell me that you want to help; ask me what I want from you
- ... accept and respect me; understand that I am doing the best I can
- ... treat me the same as when I am not having problems; take me seriously
- ... give me space; leave me alone
- ... treat me gently, calmly; slow me down
- ... help me communicate my needs to professionals;
- ... if you give me any instructions, make them clear and write them down
- ... problem solve with me on concrete things I can do to take care of myself
- ... be aware of how the volume of your voice affects me
- ... ask me if I've eaten; feed me _____

#6 What I don't want - What doesn't help :

- ... keeping me waiting
- ... dismissing, forgetting, or ignoring what I tell you
- ... asking immediately whether I'm a danger to my self or others
- ... talking to me
- ... touching me
- ... not listening to me; making assumptions about what I need
- ... telling me what to do or what not to do; nagging me; lecturing me
- ... judging me, or criticizing me, or labeling me
- ... trying to control me or threatening me
- ... making me sign a safety contract
- ... putting me in the hospital
- ... taking my choices away; taking my clothes away
- ... putting me in restraints
- ... overwhelming me or pushing me to do things I'm not ready for
- ... patronizing or talking down to me

7 I know I need to get help when:

- ... there are too many noises and sounds-I can't focus on what I want to hear
- ... a voice (not my own) tells me to do things and I can't ignore it
- ... I am convinced that people are out to get me
- ... what I see in the mirror is not me
- ... I talk in ways that don't make sense to others
- ... it feels like something is crawling on my skin
- ... I have a plan to hurt myself or others
- ... I feel out of control
- ... I can't stand myself
- ... I engage in addictive behavior
- ... I can't stand how I feel – I have to do something now!