

Suicide: What to know, What to do, and How EAP can help

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<https://youtu.be/RfuzFRsE4qU>





About Me

- Native of Northern MI
- Masters of Clinical Social Work from Michigan State University in 2007
- Licensed Independent Clinical Social Worker (LICSW) in the State of Washington
- Experience includes inpatient and outpatient mental health, substance abuse, domestic violence, and juvenile probation
- Served nearly 10 years as a Clinician and Commissioned Officer with the US Air Force
- Deployed in support of Operation Iraqi Freedom in 2010





Overview

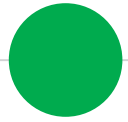
- Common Scenarios
- Stats
- Risk Factors
- Warning Signs
- TBI
- Opioids
- Addiction
- Seeking Help
- Assessing Risk/Response
- Suicide Comments
- Talking about Suicide
- EAP



Before We Begin

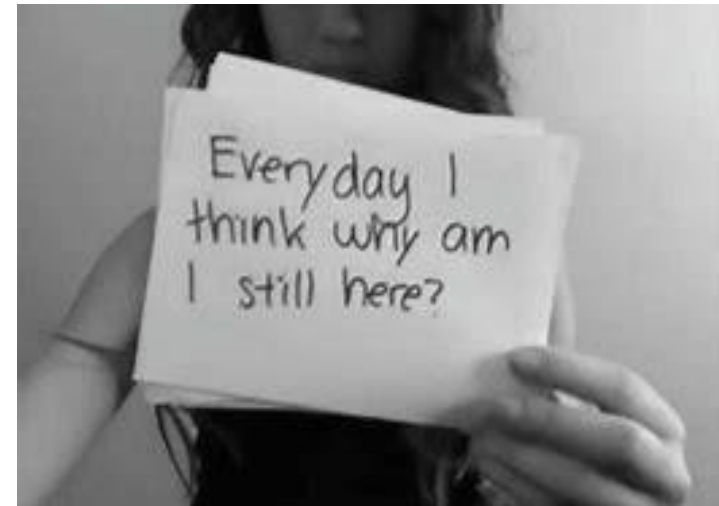
- Suicide is a sensitive topic
- If you feel upset and need to excuse yourself from this presentation please feel free to do so
- You can always call the EAP or chat with me later today

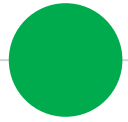
take
GENTLE
care
= OF =
yourself.



Suicidal Ideation

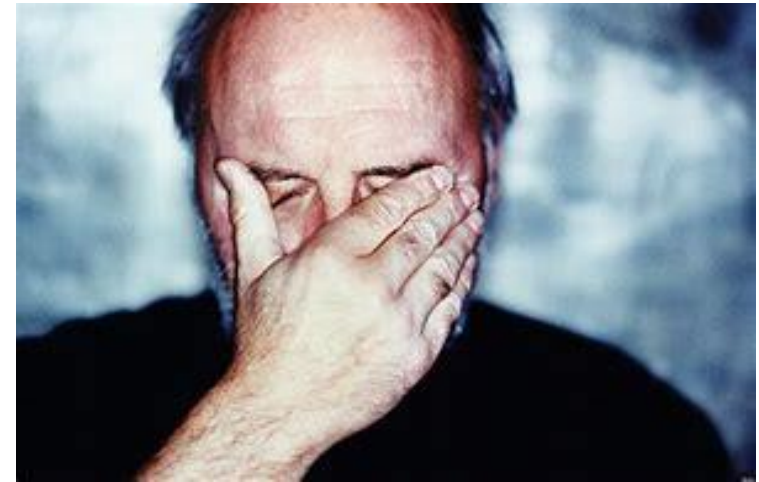
- Thinking about suicide
- Ranges from fleeting thoughts to extensive thoughts to detailed planning, role playing and preparation
- A suicide attempt is when someone actively tries to kill themselves
- Helpless
- Hopeless
- Worthless
- Lonely
- Burden

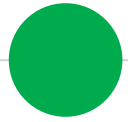




The Risky Employee

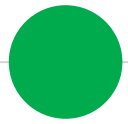
- White male
- Going through divorce
- Not acting himself
- Distracted at work
- Made the comment "life sucks"
- Losing weight
- Drinking more





What would you do?

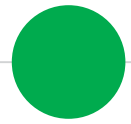
- Very often, people will:
 - Minimize
 - Avoid
 - Hope



The Risky Teenager

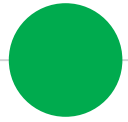
- 15 year old daughter
- Mood swings
- Grades have dropped
- Isolating in room
- Making comments "I'd rather be dead"
- Starting to scratch on wrists





What would you do?

- Very often, people will:
 - Minimize
 - Avoid
 - Hope



In this Presentation

- We will learn to:
 - Confront
 - Address
 - Support



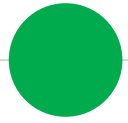
General Suicide Stats

- 10th leading cause of death in USA
- Each year, 45K Americans die by suicide
- From 1999-2014 suicide rate jumped 24% and continues to increase
- 122 suicides per day
- For every death by suicide, 25 attempt
- Firearms account for 51% of all suicides in 2016
- Men die by suicide 3.5x more likely than women
- White males account for 7 out of 10 suicides in 2016
 - Highest in middle age white males
- Suicide costs the US 69 billion dollars annually



Young People & Suicide

- 2nd leading cause of death for people ages 10-34
- Risk increases dramatically when teens have access to firearms at home
- Increased risks include
 - Psychological Disorder (Depression, Anxiety, Bipolar, ADHD)
 - Family History of Depression or Suicide
 - Emotional, physical or sexual abuse
 - Lack of support network, poor relationship with parents or peers
 - Dealing with bisexuality or homosexuality in unsupportive family, community or hostile school environment



Suicidal Ideation in the Workplace

It is estimated that 1 in 20 employees in the workplace are considering suicide



Most Common Lethal Means

- Firearm, Suffocation (includes hanging), and Poisoning (medications and overdoses)
- Guns are not most common form of attempt, but they result in more deaths than any other method (2/3 of all suicides)
- States with highest gun ownership rates have highest suicide rates
- In every state, guns in the home increase the risk of suicide
- Keeping guns away from suicidal people can save lives
- Doctors often don't talk to suicidal patients about guns
- Bottom line: Keep guns locked, remove weapons from suicidal persons





Risk Factors

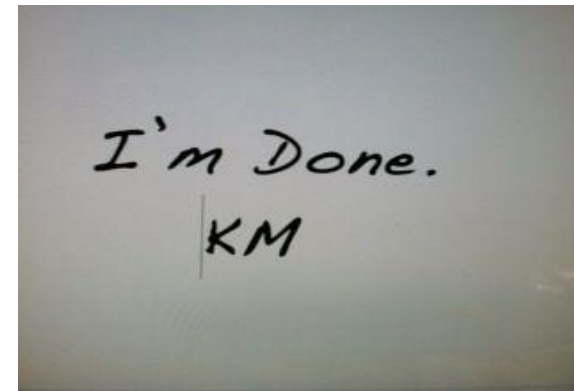
- No single cause for suicide
- Mental health conditions
- Substance abuse disorders
- Serious physical health conditions including pain
- Traumatic Brain Injury
- Access to lethal means including firearms and drugs
- Prolonged Stress such as harassment, bullying, **relationship problems** or unemployment
- Rejection, **divorce**, financial crisis or other life transition/loss
- Exposure to another person's suicide
- Previous suicide attempt
- Family history of suicide
- Childhood abuse, neglect or trauma

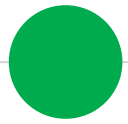




Warning Signs

- No single cause for suicide
- Talking about killing themselves, feeling hopeless, having no reason to live, being a burden, feeling trapped, unbearable pain
- Increased use of alcohol or drugs
- Searching online for methods to kill themselves
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye

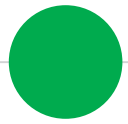




Warning Signs Continued...

- Giving away prized possessions
- Irritability/Aggression
- Fatigue
- Depression
- Anxiety
- Humiliation/shame
- Relief of sudden improvement

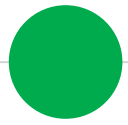




Warning Signs at Work

- Change in performance
- Communication problems
- Low morale
- Isolation
- Argumentativeness
- Increased absenteeism
- Conflict
- Controlling or demanding
- Power struggles

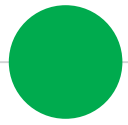




Other Issues that can lead to Suicide

- Traumatic Brain Injury (TBI)
- Opioid Epidemic
- Addiction





What do they have in common?

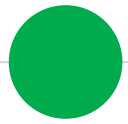




Traumatic Brain Injury (TBI)

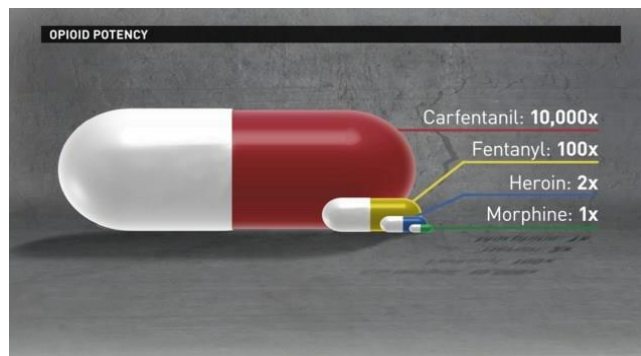
- Three times more likely to commit suicide after a concussion
- US Military and NFL have strict protocols in place when it comes to head injuries
 - Many players suffer from Chronic Traumatic Encephalopathy (CTE) which affects memory, cognitive function and mood
 - In NFL, players are immediately removed from the field, given exam, not allowed to return to play if they have suffered concussion
- Weekend concussions have more risk compared to weekday concussions (work protocols vs recreation)
- Seek treatment EARLY for head injuries
- Take ANY head injury very seriously

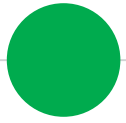




Opioid Crisis

- Opioids are prescription pain killers
 - Vicodin, OxyContin, Percocet, Morphine, Codeine and Fentanyl
- Teenagers often get these from their parents'/grandparents' medicine cabinets
- When they can no longer afford opioids, they move to heroin which produces a similar high for much cheaper cost
- For people with Opioid Use Disorder (OUD), men are twice as likely to commit suicide and women are eight times more likely
- In 2016, 42K died of opioid overdose
- Opioid overdoses increased by 30% between 2016-2017





Addiction

- Suicide and addiction often go hand in hand
- Those struggling with addiction are 6x more likely to take their own lives
- NIH study found that a third of people who die by suicide have a substance abuse disorder
- While mood disorders are often #1 risk factor for suicide, substance abuse is #2 risk factor





Why don't they ask for
help?

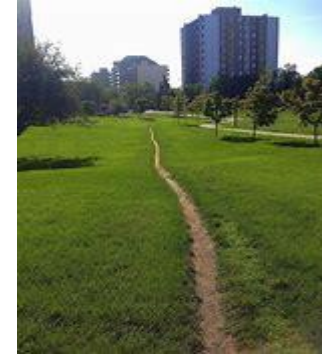


Shame.



Why don't they ask for help?

- Shame
- Stigma
- It's one method to control the situation
- Thinking repetitively about suicide can start a neuro pathway that can become permanent and can develop into a stronger default thought habit
- People struggling with these thoughts are not trying to kill themselves, but desperately trying to stay alive
- They have no idea why they cannot stop thinking about suicide (neuro pathway)
- Positive comments about death can be enticing: "She's in a better place", "He is no longer in pain"

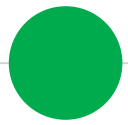




What is the good news?

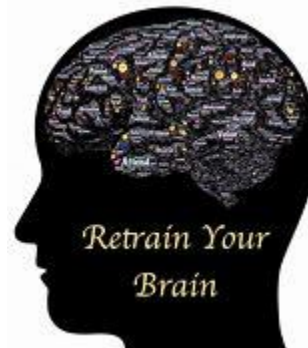


Suicidal Ideation is Treatable



Suicidal Ideation is Treatable

- Counseling
- Medication
- Peer support
- Conscious effort to retrain the brain and develop new neuro pathways





If You Suspect an Employee is Suicidal...

- Confront, address and support
- Act immediately- it's better to take action and be wrong then not to take action and be right
- Consult with EAP:
 - Coach you on what to say before meeting with employee OR;
 - Put EAP counselor on speaker phone with employee and manager OR;
 - Employee can speak confidentially with EAP counselor

RIGHT HERE
RIGHT NOW



The Talk

- Begin by telling the employee that you are concerned about them
- Tell them why you are worried/concerned- what they have said or demonstrated
- Ask the employee:
 - Are you feeling so bad you're **thinking** about hurting or killing yourself?
 - Do you have a **plan** to take your own life?
 - Do you have **means** to carry out this plan?
 - Do you have any **guns** at home?
 - Are you **going** to take your own life? **(Intent)**
- Refrain from asking the employee:
 - "You don't feel unsafe do you?"
 - "You're not considering suicide are you?"



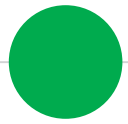
Determining Risk

- A licensed clinician can determine suicide risk and make further recommendations
- Low Risk
 - Some Ideation, no plan, no means, no intent
 - Counselor likely to recommend outpatient counseling, follow up with PCP
- Moderate Risk
 - Ideation with plan but no means or no intent
 - Counselor likely to recommend outpatient counseling, PCP
- High Risk
 - Ideation with plan, means, intent
 - Call 911, will likely will be admitted to inpatient unit
- Bottom line: They need to verbalize safety- if they are unable to do so, call 911
- If they have intent to die by suicide, call 911



Determining Risk with Teens

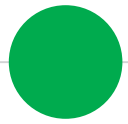
- When it comes to teens, if there is any suicidal ideation, I ALMOST ALWAYS recommend the teen is taken to the ER for evaluation
- Why?
 - Suicide is the 2nd leading cause of death
 - Teens are unlikely to be truthful to their parents
 - Teens can be highly impulsive
 - You are letting your child know that you CARE and that you are taking their mental health VERY SERIOUSLY



If Employee is High Risk

- Call 911
- Do not leave the person alone or let the person leave the area alone
- Remove any items (drugs, sharp objects) that could be used to commit suicide
- If the person already has a counselor, offer to contact to talk about risk
- Ask if you can call the employee's spouse or a family member
- Not a good idea to drive person to ER- call ambulance instead
- If the person runs, do not attempt to run after them or restrain; let the police handle this situation





Suicidal Comments

- Some people think that suicidal comments are attempt to “get attention”
- Take every suicidal comment seriously
- Especially with kids and teenagers- always take them to the ER for evaluation
- Check in with your loved ones if they are exhibiting warning signs or risk factors
- Don't be afraid to ask someone if they're suicidal
- Be mindful of defense mechanisms like humor, putting self down





Talking about Suicide

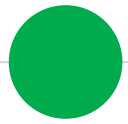
- Understand that how we feel and talk about suicide, we might perpetuate the shame and stigma associated with suicide
- If you want someone to be able to talk about their thoughts of this with you, be the person that will be open to the conversation and not judge them
- Reflect on your communication with others about suicide:
 - “They are selfish”
 - “They are weak”
 - “They took the easy way out”
- Consider replacing these comments with:
 - “That is very sad”
 - “They must have been in a lot of pain”





How you can help in the workplace

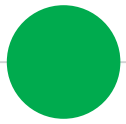
- Be in reality about suicide; educate yourself
- Self-reflect on how you may or may not perpetuate MH stigma and work to improve this if needed
- Don't be afraid to ask questions and talk with those you are concerned about
- Persuade them to get help and refer if possible
- Remove barriers to care
 - Allow them to attend appointments during work day
 - Encourage them to nurture health/wellness
 - Encourage them to call EAP
 - Check in regularly about this
- Set good example of healthy self-care and wellness



Self-Care & Wellness

- Try to eat mindfully; emphasize whole foods and water
- Get as much sleep as you can
- Practice proactive stress management
- Nurture the 4 pillars of wellness
 - Physical
 - Spiritual
 - Emotional
 - Mental





EAP Website Help

- Assessments
 - PHQ-9
 - GAD
 - Resilience Scale
 - AUDIT
- Emotional Wellbeing
 - Stress
 - Suicide
 - Depression
- My Benefits
 - Request an Appointment
 - Managers Toolbox

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "0" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Thinking or worrying so much that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

For every problem, 0 = _____, 1 = _____, 2 = _____, 3 = _____
Total score: _____

If you checked off any problems, how difficult have these 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
0	1	2	3



Member Services

Counseling Sessions

- 1-6 Sessions
- Individual, Couples or Family
- Parenting
- Grief & Loss
- Change & Life Transitions
- Depression
- Anxiety
- Domestic Violence
- Alcohol & Drug
- And More

Assessment Process

- 24 hour number/online request
- Greeted by CSR
- Describe Problem
- Preferences
- Provider calls within 24-48 business hours
- Satisfaction Survey

Work Life Resources

- Legal Assistance
- Financial Resources
- ID Theft
- Childcare Resources
- Eldercare Resources
- Home Ownership Program

Who is Covered?

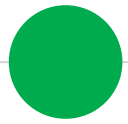
- Employees
- Household Members
- Children up to the age of 26

Crisis Support

- 24/7 Telephonic Support with EAP Provider

Confidentiality

- Contacts with EAP confidential
- Exceptions to confidentiality
 - Intent to harm self/others
 - Child abuse
 - Elder Abuse



Call the EAP

- Always call the EAP when you are concerned about someone
- Available 24/7
- (800) 777-4114





National Suicide Hotline

1 (800) 273-8255



Thanks!

Any questions?