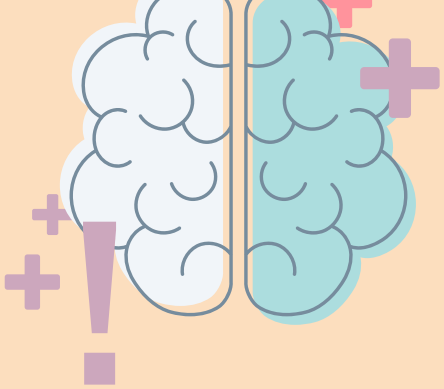
Suicide Prevention India Foundation

MENTAL HEALTH PROFESSIONAL (MHP)

SUICIDE PREVENTION PACKET



96.9%
of
THERAPISTS
meet at least
one client
having thoughts or behaviors of
SUICIDE.

Unfortunately,
70%
of MENTAL HEALTH PROFESSIONALS
(US data)
HAVE NO TRAINING
in handling clients with suicide ideation.

In India this number may be higher.

Dealing with a suicidal individual is one of the most challenging and anxiety provoking situations for a healthcare professional. As a mental health professional, you are in a key position to save a suicidal person's life.

This **Mental Health Professional Suicide Prevention packet** was designed to give you, the MHP, the tools needed to build your confidence with identifying and supporting suicidal clients.

What does this toolkit include?

1. Suicide statistics in India
2. Suicide the Forever Decision (book by Paul Quinnett)
3. Warning signs to look out for
4. Screening and assessment techniques
5. Interventions recommended for suicidal clients
    a. Hope Kits
    b. Safety Planning
    c. Suicide Watch
6. Do's and Don'ts when speaking with someone suicidal
7. Suicide Prevention 101 guide
8. Preventing Self-Harm 101 guide
9. Specialised and advanced training options
10. SPIF's Mental Health Services Directory

SUICIDE STATISTICS - 2021 NCRB REPORT

Broad numbers & increase over the years

- A total of 1,64,033 suicides were reported in the country during 2021, an increase of 7.2% in comparison to 2020.
- 'Family Problems' (33.2%) and 'Illness' (18.6%) were the major causes of suicides

Location

- Majority of suicides were reported in:
  - Maharashtra (22,207, 13.5%)
  - Tamil Nadu (18,925, 11.5%)
  - Madhya Pradesh (14,965, 9.1%)
  - West Bengal (13,500, 8.2%)
  - Karnataka (13,056, 8%)
- Delhi City (2,760), Chennai (2,699), Bengaluru (2,292) and Mumbai (1,436) have reported higher number of suicides.
- The suicide rate in cities (16.1) was higher as compared to All-India suicide rate (12.0)

Demographic suicides

- Those at high risk were:
  - Housewives: constituted nearly 14.1% of total victims who died by suicides
  - Private Sector Enterprise employee (7%, 11,431)
  - Students and unemployed victims, 8% (13,089) and 8.4% (13,714 victims) respectively
  - Self-employed category accounted for 12.3% of total suicide victims
  - Farming sector (10,881, 6.6%)
- 66.9% of the suicide victims were married while 24% were un-married (39,421).

Age and gender

- The overall male : female ratio of suicide victims for the year 2021 was 72.5 : 27.4, which is more as compared to year 2020.
- The age group 18 - below 30 years (34.5%) and persons of 30 years - below 45 years of age (31.7%) were the most vulnerable groups resorting to suicides
- 'Family Problems' (3,233),'Love Affairs' (1,495) and 'Illness' (1,408) were the main causes of suicides among children (below 18 years of age)
- A total of 45,026 females died by suicides during 2021 in the country.
    - Housewifes (23,178, 51.5%)
    - Students (5,693)
    - Daily wage earners (4,246)
- A total of 28 transgender have died by suicide.

Income and education

- 64.2% of suicide victims in 2021 were having annual income of less than 1 lakh.
- 24.0% were educated up to Matriculation/ Secondary level.
- Only 4.6% (7,613 out of 1,64,033 victims) of total suicide victims were graduates and above

Means

- 'Hanging' (57.0%), consuming 'Poison' (25.1%), 'Drowning' (5.1%) and 'Fire/SelfImmolation' (2.6%) were the prominent means/mode of completing suicide.
- 'By Poison' (from 25.0% to 25.1%) and 'By Coming under Running Vehicles/Trains' (from 1.7% to 2.4%) have increased during 2021 over 2020
- The number of male victims were more than females in all means of suicide except those who died by 'Fire/Self immolation' where share of female victims was more.

For more information, access the **NCRB report.**

WARNING SIGNS TO LOOK OUT FOR

Verbal Cues

If the person talks about:

- Wanting to die or kill themself
- Experiencing unbearable pain
- Seeking revenge

They may refer to it indirectly and say things like:

- “If _____ does/ not happen, I’ll kill myself.”
- “I’m tired of life, I just can’t go on.”
- “My family would be better off without me.”
- “I won’t be around much longer.”
- “Pretty soon you won’t have to worry about me.”

Behavioural Cues

If their behaviour signals:

- Past suicide attempt
- Drug/ alcohol abuse, or relapse after a period of recover
- Sleeping too much or too little
- Isolating from friends and family
- Stockpiling pills/ poison
- Co-occurring depression, mood disorder
- Unexplained anger, aggression, and irritability
- Putting personal affairs in order
- Giving away prized possessions
- Sudden interest or disinterest in religion

Emotional Cues

If they show:

- Sudden mood swings
- Feelings of hopelessness, helplessness, worthlessness, and perceived burdensomeness
- Feelings of shame/ humiliation, guilt
- Feeling trapped/ thwarted
- Unexplained anger, aggression, irritability, or relief
- Stress, anxiety, and restlessness
- Depression/low moods
- Loss of interest
- Dissociation/cognitive dissonance

Acute Behavioural Warning Signs

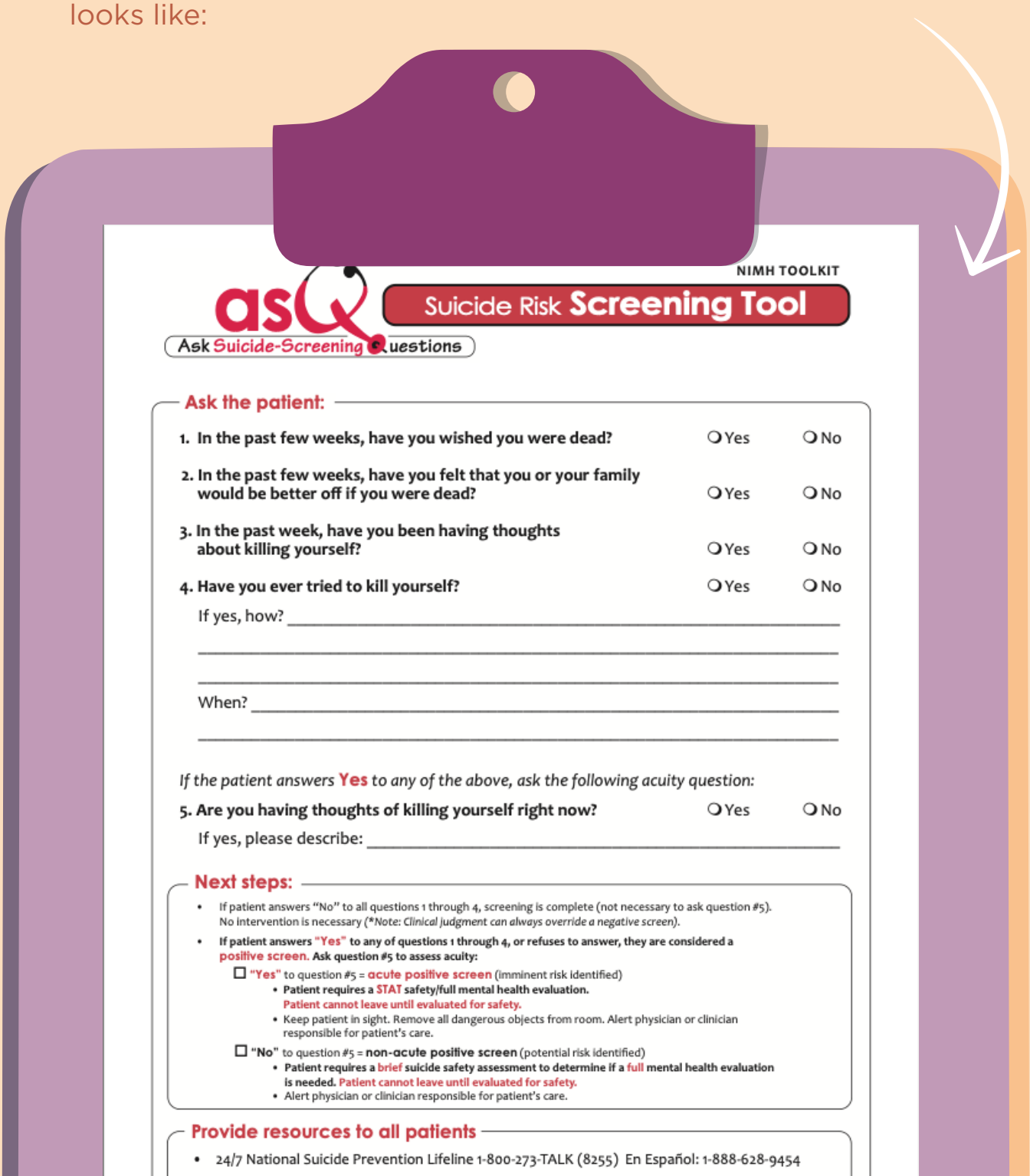
- Suffering from **severe anxiety and turmoil and unable to calm down** even for a short time. They are pacing, wringing their hands, can't sit still, have trouble focusing, and look like they want to jump out of their skin.
- **Ruminating about the same thing over and over,** for example, an irrational fear, and cannot be calmed down. They cannot be easily redirected and return again and again to the same topic.
- Suffering from **recent alcohol intoxication and over-drinking.** Heavy drinking may be an effort to self-medicate to alleviate insomnia and anxiety.
- Suffering **delusions of gloom and doom** and a belief that something terrible and unavoidable is about to happen. If they cannot be talked out this belief, medical intervention is needed.

SCREENING AND ASSESSMENT TECHNIQUES

ASQ

The Ask Suicide-Screening Questions (ASQ) Toolkit is a resource for professionals to identify those at risk of suicide. This screening technique includes five questions and takes 30 seconds to administer. It is usually used at primary care centres and emergency departments.

You can download this free resource **here.** This is what it looks like:



NIMH TOOLKIT

asQ Ask Suicide-Screening Questions

Suicide Risk **Screening Tool**

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

   If yes, how? _____

   _____

   _____

   When? _____

   _____

If the patient answers **Yes** *to any of the above, ask the following acuity question:*

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

   If yes, please describe: _____

Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (**Note: Clinical judgment can always override a negative screen).*
- **If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:**
  - ☐ **"Yes"** to question #5 = **acute positive screen** (imminent risk identified)
    - **Patient requires a STAT safety/full mental health evaluation. Patient cannot leave until evaluated for safety.**
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - ☐ **"No"** to question #5 = **non-acute positive screen** (potential risk identified)
    - **Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. Patient cannot leave until evaluated for safety.**
    - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454

BSSA

The Brief Suicide Safety Assessment is used after a client screen positive for suicide risk on the ASQ. This questionnaire helps the MHP decide what the next best course of action is. This involved everything on the spectrum - from sending the patient home to immediate intervention.

This process entails:

1. Reassuring the patient
2. Assessing the patient
   a) Reviewing their ASQ responses
   b) Determining their frequency of suicidal thoughts
   c) Assessing whether they have a suicide plan in place
   d) Enquiring about past self-injurious or suicidal behaviour
   e) Understanding the client's current symptoms
   f) Exploring their social support networks and stressors
3. Interview the client with their parent/guardian/partner/family member
4. Create a safety plan with your client
5. Determine their disposition
6. Share resources with your client

You can download this assessment worksheet **here.**

INTERVENTIONS

For therapeutic interventions, you can consider using/getting trained to deliver:

- Dialectical Behaviour Therapy (DBT)
- Cognitive Behavioural Therapy for Suicide Prevention (CBT-SP)
- Collaborative Assessment and Management of Suicidality (CAMS)
- Problem Solving Therapy (PST)

To learn more, refer to **this paper.**

Hope Kits

When feeling trapped, thinking that all is lost, and the feelings of hopelessness, helplessness and worthlessness drown you, a Hope Kit might help you feel better.

A **Hope Kit** is a CBT (cognitive behavioural therapy) technique that helps one tide through the crisis by reminding you why life is worth living. It can be put together by yourself or the help of your therapist or friend. It contains items that will lift you, change your mood, and mitigate the current crisis

What can be put in your Hope Kit?

- **List of reasons you want to stay alive:** for example, "I want to travel the world, I want to take care of my parents, I want to finish my Master's degree, I want to start a business, etc."
- **Memorabilia:** like cards or notes that makes you feel happy, joyful or hopeful
- **Photograph that invokes joy:** this could be from the past or of something something you want to do in the future
- **Letter you write to you future self:** could tell you how to tide over the crisis and reassure you that everything will be fine
- **Distracting activities:** like art supplies to express your feelings, puzzles, etc. that can take your mind off the current situation
- **Gratitude list:** reminding you of all that has gone well in life
- **Inspiring words:** your favorite quotes, affirmations, prayers
- **Phone numbers:** of therapist, loved one, suicide crisis helpline, closest hospital
- **Anything** else that will help you

SAFETY PLAN

Reserve some time with your loved one to co-create a safety plan with them. Ensure they are not experiencing suicidal thoughts at the time, and are feeling a little hopeful about living.

Include these elements in the plan, or use **this** to fill out a pre-existing template

- **Warning Signs**

  Thoughts, feelings, bodily sensations, behaviors, and situations indicate you are thinking about suicide or feeling mentally unwell. When you experience any of these, you should go through the rest of the Safety Plan.

  Examples: “I hate myself so much, I shouldn’t exist”, helplessness, the urge to drink alcohol, digging at skin near nails, feeling I’ve let a loved one down

- **Coping Strategies**

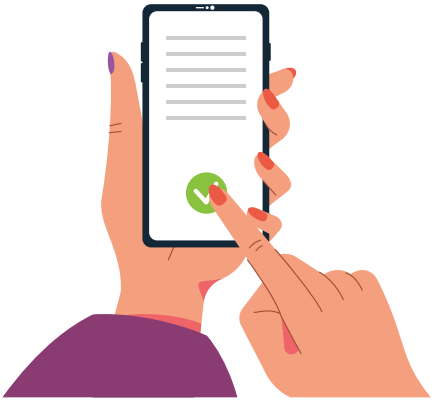
  Activities that can distract you from suicidal thought patterns, including physical activities, relaxation techniques or other activities that help move you into a more positive mental space.

  Examples: mindful meditation, going for a walk, eating comfort food

- **People and Places of Support/Distraction**

  Places you can go, or people you can speak to, can lead your mind away from thoughts of suicide, and to a more positive mental space.

  Examples: the park behind my house, knocking on the door of my flatmate for some coffee (name, phone number), go visit the gym, talk to my friend from school (name, phone number)



- **Emergency Contacts**

  People among your family/friends who can be contacted when your thoughts become overwhelming and you urgently need help. List names, numbers, and email addresses.

- **Hospitals and Crisis Lines**

  Professionals who can help during a suicide crisis, including your therapist, any suicide hotlines, and hospitals close by. List names, numbers, and any people you know.

- **Reducing Means of Suicide and their Removal**

  Easily available means that could be used to die by suicide. You must list out all these different means and include steps to take to make these more difficult to access. Implement this part of the plan as soon as it is created.

  Examples:

  Sharp cleaver - give to my neighbour

  Rope - give to my father

  High open balcony - lock and give keys to my friend

- **Reasons to Live**

  Things that remind you of the positive aspects of your life. It could include answers to questions like:

  When do you feel most at peace during the day?

  What makes you smile when you see it?

  Who are the people you love in your life?

  What activities make you feel really good?

  What used to be important to you?

Using the Safety Plan

Once the safety plan is created, you and your loved one must keep the plan handy, preferably in your wallet or on your phone. It must be easily accessible in instances of an intense suicide crisis. It can be revised as required.

SUICIDE WATCH

This is a monitoring process used on those that exhibit enough warning signs of suicide to indicate that they may be at risk of severely harming themselves and/or others. It's more commonly used in a psychiatric hospital or prison environment, however, can be replicated in a home setting as well.

Suicide watch can be done periodically (frequent periodic checks) or intensely (continual observation), depending on the severity of the risk.

This is something you can communicate to a friend/family member or emergency contact of the client. This should be used if there's no in-patient facility or the client refuses to get hospitalised.

It's important that you:

- Make sure someone is around the person on watch as frequently as possible. It can be helpful to take turns to look out for the person as being a sole caregiver can be quite taxing on your wellbeing.
- Remove any means with which the person can harm themselves.
- Try your best to make sure they are in a safe and comfortable environment and continue to treat them with kindness and respect.

DO'S AND DON'TS WHEN SPEAKING WITH SOMEONE SUICIDAL

THINGS TO AVOID while speaking to someone feeling suicidal:

- Do not make them feel like they are just overthinking this feeling.

  Example: "It's not like this is the worst thing okay. Others have it worse than you".

- Do not make them feel like this feeling will go away with time even if you can't think of an appropriate intervention at the moment.

  Example: "Everything happens for a reason. Think happy thoughts. Everything will be better"

- Do not begin your stories on how to deal with difficult situations since everyone has unique experiences. Let this be their space to share; unless they ask for your journey.Then, stick to details that are helpful and keep it short.

- Do not rush them into speaking. They may need some time to open up to you. Let them know that you'll be there when they feel ready.

- Do not judge them for considering suicide as a solution for their problems.

  Example: "Don't tell me you want to give up just because of this!"

- Do not push them towards anything that is hard for them to come to terms with. Be patient with them.

- Do not jump to conclusions, suggestions or any other assumptions that you think could help them. What they need right now is a listening ear, so don't pressure yourself/them to know all the answers.

- Do not say anything that will either glorify their pain or trivialise it.

  Example: "It could be worse" or "You have so much to live for!"

- Don't make any promises that you can't keep. Most importantly, don't make promises about keeping suicide a secret under all circumstances. Inform them that you will break confidentiality in case of an emergency.

THINGS TO KEEP IN MIND while speaking to someone feeling suicidal:

- Try and acknowledge what is being said with a nod or “hmm”. Reflect their emotions back to them in your own way to ensure that you have understood what they have said and to remind them that you are indeed listening to them.
- Offer compassion throughout your conversation by saying things like, “That sounds hard”, “That sounds difficult”, “I can only imagine how you must be feeling right now”. Remember to have a concerned but neutral tone that is non threatening and non judgemental.
- Notice if the person sharing can slow down so you can nudge them towards that if they are feeling breathless or look overwhelmed. Ask them if they would like to have some water every now and then.
- Take them seriously at all times. Even if they repeat their struggle to you, try not to get bored, irritated or impatient. They need to vent so it's okay for them to repeat themselves. Venting is more helpful than you think
- You could speak only when it's necessary. Talk about their story and what you have noticed in them. This could make them feel like you do care for them.
- Ask for what you could do towards the end of the conversation and make promises that you can stick to.
- This doesn't have to be a solo endeavour for you or them. You could try bringing in their friends or others who they are comfortable talking to about this.
- Focus on their strengths and on the things they have done right without introducing toxic positivity. You could say, "Despite all the difficulties, you've figured out quite a lot by yourself. That's a sign of strength and resilience"
- You could try and ask them questions around how they are coping currently, if they haven’t told you about it. Here’s a prompt:

  "Despite all the pain, you have found a temporary way to manage your problems. I'm proud of you for looking out for yourself. You and I, together, could look at a more long-term solution. Perhaps, you could give therapy a shot?"

SPECIALISED AND ADVANCED GK TRAINING OPTIONS

Online Counselling and Suicide Intervention Specialist

This 40-hr self-paced online training equips you with how to help those in crisis in cyberspace or face-to-face intervention. People in crisis are reaching into cyberspace for help. You can be there for them. The suicide crisis intervention and risk assessment competencies taught in this course are derived from nationally defined standards and recommendations as published by the American Association of Suicidology and the National Suicide Prevention Lifeline. Includes QPR Gatekeeper Training for Suicide Prevention.

Counseling Suicidal People: A Therapy of Hope

This 12 hours of online self-paced training is designed for those who need practical, evidence-based, best-practice interventions for helping the suicidal patients they treat.

QPR-T (Risk Assessment and Management)

The training program includes the risk assessment and risk management of adult and/or youth suicide risk. This interactive course is for professionals responsible for the care and safety of consumers at elevated risk for suicidal behaviors in all settings and across the age span.

QPR Instructor Training

It is a 12-hour online certification course that trains instructors to teach QPR to individuals, schools, colleges, and corporations and effectively promote suicide prevention in their communities. It equips you to gain the competence and confidence to teach others how to save lives and help prevent suicidal behavior in your community by training others to be Suicide Prevention Gatekeepers.

QPR+ Pathfinder

This is a rigorous 14-hour self-paced online training program that is designed to build a new workforce of youth, young adults, adults, and older adults who are competent and confident in their abilities to help others survive the life-threatening crisis of suicide and help set them on a path to better mental health. Designed to produce community-based mental health first responders able to deal effectively with people in a crisis of suicide, the training is built upon an evidence-based public health program that has been used to successfully train more than five million people over the past 20+ years.

More information about our advanced courses can be found **here.**

It is okay to feel confused and anxious when dealing with a suicidal client.

If you have identified signs, help them become less emotionally distressed by talking through their feelings and thoughts.

Conduct the ASQ to screen them and the BSSA to assess their suicide risk.

Depending on the severity of suicidal risk, you should:

- Refer out to a psychiatrist or in-patient facility
- Keep them safe till their emergency contact arrives
- Put them on suicide watch
- Make sure to follow-up on how they are doing

It is equally important to look after your own mental health. Make sure to prioritise your self-care, whether through therapy or other methods. Talk about this with your supervisor as well.