NASMHPD Technical Report:

Suicide Prevention Efforts for People with Serious Mental Illnesses

Consumer/Attempter Perspectives on suicide
Suicide, Person-centered Care and Recovery

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A Suicide Attempter

"I was in intensive care on a life support system and after three weeks of being unconscious, I came to. I heard the male voice of my doctor . . . Those words hit me so badly. I'm alive. I did not succeed. I wanted more than ever to be dead."

Current Consumer/SOSA initiatives in Suicide Prevention Policy

- National Suicide Prevention Lifeline
  - Consumer-Survivor Subcommittee

- National Summit of Survivors of Suicide Attempts (SOSA) 1/07
    - leading spokespeople who are SOSAs
    - John Kevin Hines ("the Bridge"), Terry Wise (national speaker), et al
    - SAMHSA, Ad Council, etc.
  - What made a difference? Turning points?

- SAMHSA/CMHS Dialogue on Suicide
  - Through SAMHSA Office of Consumer Affairs
  - in progress 2007

Consumers and Suicide Attempts (in progress)

- Caucus at Alternatives Conference (consumer/survivor conference)--10/06;
- Plus multiple contacts
  - Approx 65 consumers who identified themselves as Survivors of Suicide Attempts (SOSA)
  - Qualitative survey on MH consumers experience with crisis intervention, suicide and services after an attempt
  - Consumer-providers who work with hot and/or peer ‘warm’ lines

- What would you like to see in SP?
- What has helped/hindered?

Person-centered prevention

Person-centered prevention approach in following with principles of the recovery model can reduce risk of death by suicide in people with SMI (mental health consumers).

Such approaches include as objectives:

- Reduction of stigma and shame associated with attempts, MI and diagnosis
- Positive meaningful and respectful engagement of all treatment services while in hospital/acute care
- Extensive supportive follow-up with an emphasis on ‘recovering one’s life’, empowerment, resiliency, natural and peer supports

South Carolina findings

- In 2006 South Carolina initiated integration of data from Violent Death Reporting System
- Linking multiple health, safety and human services databases
- New level of information relating to people who died by suicide
- Cross-examined 491 suicide deaths in 2004

South Carolina Integrated Data System

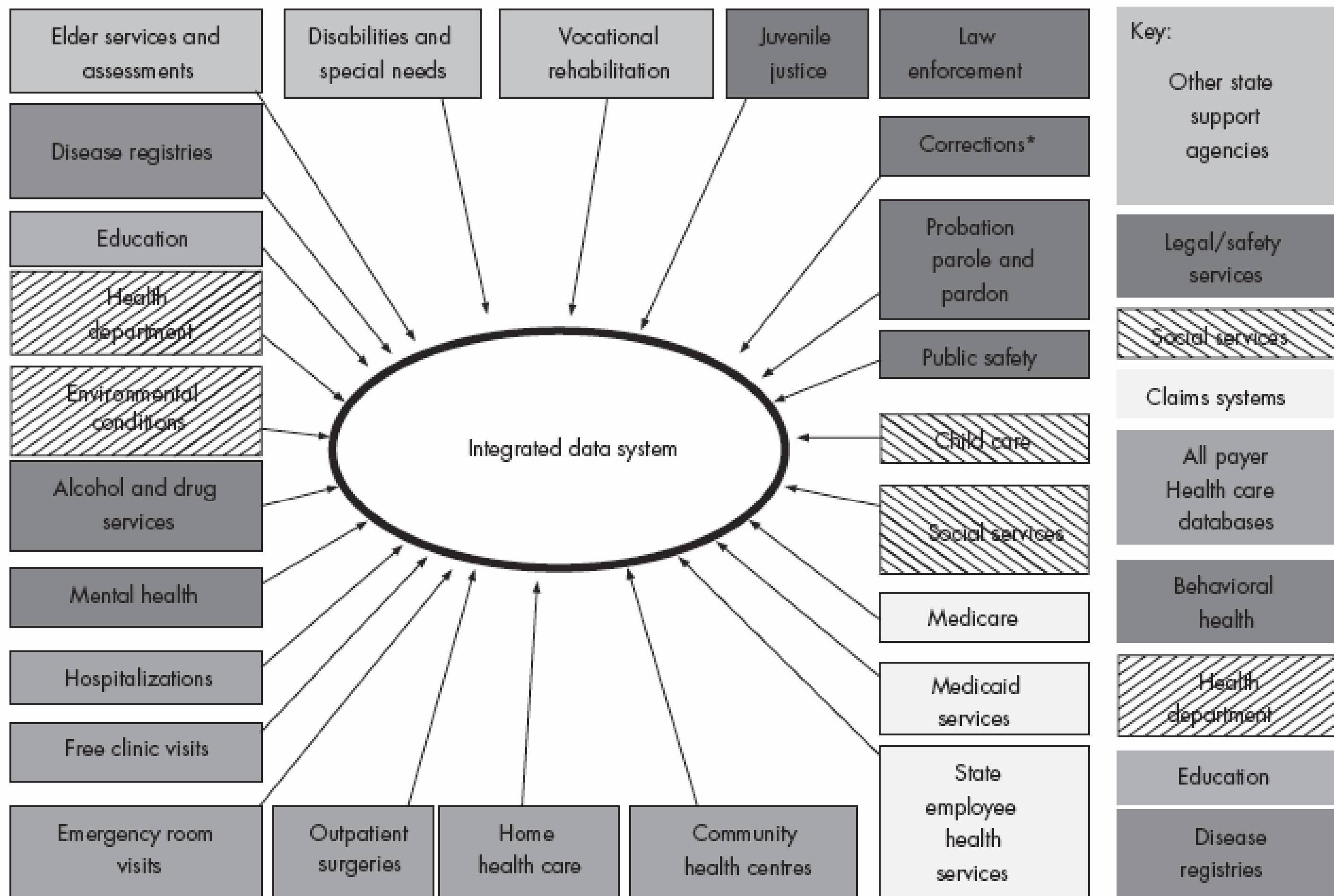

Figure 1 The Data Warehouse.

South Carolina Violent Death Reporting System

Table 1 Number of South Carolina in-patient hospitalizations and emergency room visits for persons who completed suicide in 2004, January 2003–December 2004 (282 linked individuals)

Year of hospital encounter	Type of encounter	Encounters, n	Persons, n	Visits per person, n
2003 & 2004	Total	865	282	3.07
	Emergency room	573	223	2.57
	Inpatient	292	158	1.85
2003	Total	462	189	2.44
	Emergency room	311	147	2.12
	Inpatient	151	93	1.62
2004	Total	403	188	2.14
	Emergency room	262	140	1.87
	Inpatient	141	95	1.48

- 2004 -- N=491 Suicides
- 282 had been previously seen in E R or were hospitalized as inpatients in 2003 or 2004
- N=865 contacts or 3.07 per person

SCVDRS

282 suicide victims died in 2004

after discharge from care

- Approximately 7% (7.1%, n=20) of completed suicides occurred within 1–7 days of the final hospital encounter
- 16.7% (n=47) within 30 days
- 75% dead by suicide within nine months
- Median number of days between discharge and death = 211

SCVDRS

Table 2 South Carolina Year 2004 suicide victims with Department of Mental Health (DMH) contact within 6 months prior to death*

Time	Number of victims	Cumulative number of victims	Percent of total victims with DMH contact
1 day	2	2	2.2
2 days	0	2	2.2
3 days	2	4	4.4
4 days	1	5	5.5
5 days	1	6	6.6
6 days	1	7	7.7
1 week	7	14	15.4
2 weeks	4	18	19.8
1 month	11	29	31.9
2 months	7	36	39.6
3 months	4	40	44.0
4 months	2	42	46.2
5 months	3	45	49.5
6 months	1	46	50.5
Total, 0–6 months	46		

*Ninety one individuals had a DMH record between 1996 and death.

- Of 91 SC suicide victims who had DMH records in the previous 4 yrs
- Over 30% died within 1 month of a DMH contact

Before an Attempt

"People don't want to talk about suicide. . . . As if it's a dirty word . . . For many of us we think about it every day."

Before an Attempt

- Isolation; Burden on others
- Futility; Hopelessness
- Suicidal Obsession
- Threshold behavior—gestures, passive attempt, recklessness/risky bx.
- Euphoria
- Empowerment by suicide decision
  - Active change to position of power over helplessness

During an Attempt

“the second I jumped I knew it was a mistake. And I knew it was too late”

“Calling [the crisis line] is like saying please send me back to the hospital. And that was the last place I wanted to go.”

After an Attempt/ER

Emergency Room

- range of treatment
- providers' responses
- access point issues; getting help/waiting/referral
- punitive, demeaning, coercive practices
- staff resentment
- Treatment/rescue trauma

Survey of consumers and family in E.R. post-attempt

- Over 50% felt punished or stigmatized by staff
- Less than 40% felt staff listened, discussed treatment or even took them seriously

After Hospitalization

"Returning to the world after the hospital is the hardest"

"everything you had is gone"

"no one wants to visit; some won't even talk to you"

After Hospitalization

Multiple losses

- Short- to long-term disabling secondary to attempt
- Employment
- Housing
- Finances
- Loss of social supports including family

Stigma/shame

- Associated with mental illness
- “ with suicide attempt

Mental Health Consumers/Clients

- Long term disenfranchisement/disability
- ‘frequent flyers’
- Low expectations reinforce stigma

Recovery

- Recovery from attempt occurs on multiple domains
  - Physical
  - Psychosocial
  - Psychological
  - Spiritual

"Many people don't realize that you have to recover from something you did to yourself, and that's something totally different"

Recovery

What helps? What changed your mind?

- Opportunity and the belief that one could help others/contribute
- Others’ believing I would get better and get my life back.
- Social supports especially peer supports

Recovery Support

"Dear ___, It has been a short time since you were here at the Newcastle Mater Hospital, and we hope that things are going well for you. If you wish to drop us a note we would be happy to hear from you,"

New Zealand Postcard study

- Handwritten notes sent monthly over a year after hospitalization
- Reduction in repeat attempts and death by suicide near %50

Recommendations

In following with the recommendations of the Technical Report as relate to systems integration, follow-up after discharge, stigma reduction and the development of new and proactive supports for SOSAs the following values in line with the recovery model should be emphasized.

- Pro-active engaged follow-up services
- Natural support networks
- Sensitivity to emergency/treatment trauma
- Support of families and other survivors
- Reduction of shame/humiliation
- Support of personal spirituality
- Peer supports in both formal and informal contexts
- Empowering opportunities to help others
- Respect, compassion, dignity
- Hope and belief in long-term positive outcomes/recovery

Provider/Rescue Services

"Don't keep me alive another day if you can't make it better. And pat yourself on the back that you stopped me. . ."

References

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- True Mental Health Stories. Elimination of Barriers Initiative. http://allmentalhealth.samhsa.gov/mystory.html
- National Mental Health Consumers' Self-Help Clearinghouse. http://www.mhselfhelp .org

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