SEARCHING FOR HOPE FROM MINDS STEEPED IN HOPELESSNESS:

WHAT PREDICTS, WHAT PREVENTS AND WHAT HEALS A SUICIDAL MIND

Tayyab Rashid, Ph.D., C.Psych | University of Toronto Scarborough Amanda Uliaszek., Ph.D., C.Psych | University of Toronto Scarborough Mark Sinyor, MSc., MD, FRCPC | Sunnybrook Health Sciences Centre

GRATITUDE

This project, in part, was supported through the Mental Health
Innovation Fund (MHIF) from the Ministry of Training of Colleges
& Universities (TCU)

UTSC: Danielle Uy, Arey Maharaj, Irfan Hakim, Dr. Andrew Cooper & Dr. Suzanne Erb Health & Wellness Staff & IITS

OVERVIEW

- What is suicidal behaviour?
- What are insights from existing literature and surveys in post-secondary settings?
- Insights from our study: what are correlates and predictors of suicidal behaviour (symptoms & strengths)
- Who improves and what facilitates improvement?
- Treatment
 - How many seek treatment
 - Engagement
 - Resources

SELF-HARMING BEHAVIOURS

Suicidal Behaviour (SB)

Non-suicidal Self Injury (NSSI)

This presentation is about SB

NONSUICIDAL SELF-INJURY (NSSI)

Deliberate self-harm, parasuicidal behaviour, self-injurious & self-wounding Suicidal Intent is absent

Prevalence: Clinical Samples: 21% adults; 40% adolescents

Onset: 12-16

Signs: repeated cutting, stabbing, burning, hitting, excessive rubbing to inflict self damage to body tissue for socially sanctioned reasons

The focus of this presentation is primarily on Suicidal behaviour, not NSSI

Toprak, S., Cetin, I., Guven, T., Can, G., & Demircan, C. (2011). Self-harm, suicidal ideation and suicide attempts among college students. Psychiatry Research, 187(1), 140-144.

SUICIDAL BEHAVIOUR

Actions taken to deal with intolerable mental anguish & pain

Despair about value of living & hope in life

Suicidal Complexity: Unique mix of interconnected factors

Prevalence

- Stat Can (2009): 11.5 per 100,000
 - Highest rate: age 40-59
 - Gender difference
 - Protective Factors

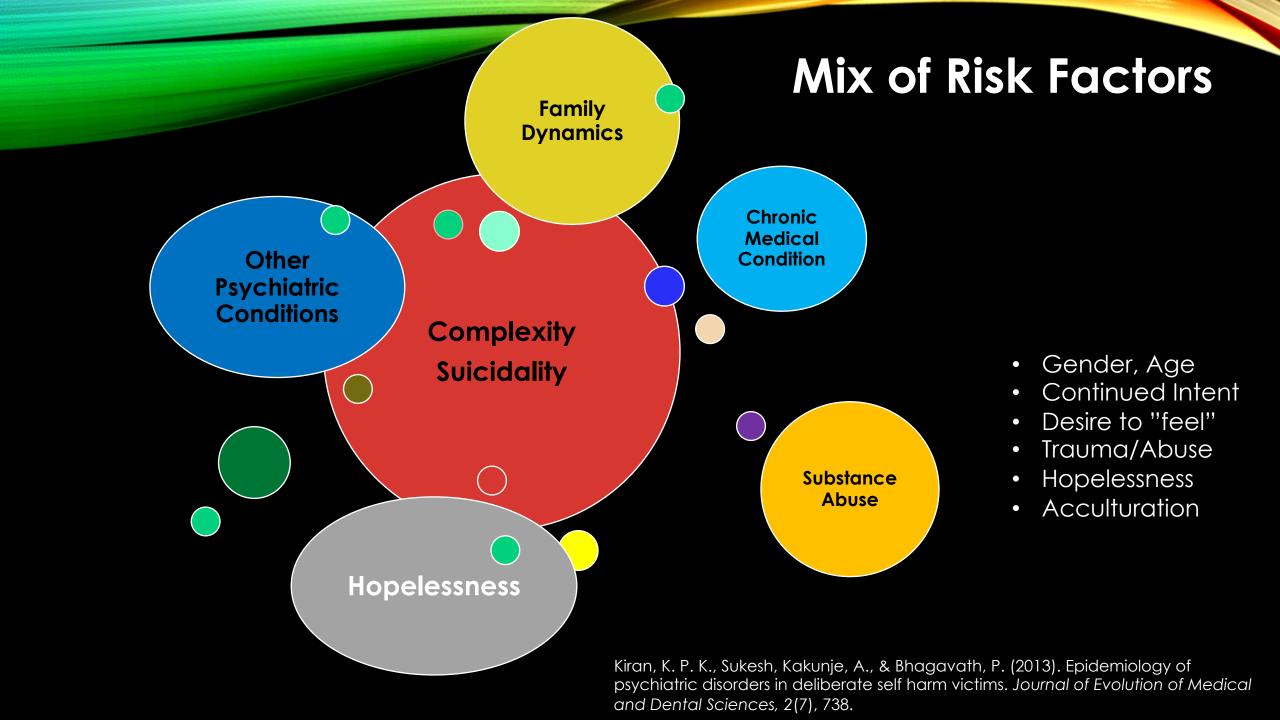
Stat Can Summary: http://statcan.gc.ca/pub/82-624-x/2012001/article/11696-eng.htm

COURSE & PROGRESSION

- Suicide has no clear course & prognosis
- Suicidal ideation is relatively common
- Topography of suicidal thoughts -- on a continuum: from passive longing for death to suicidal intent and plans

The mind scans its options: the topic of suicide comes up, the mind rejects it, scans it again, there is suicide, it is rejected again, and then finally the mind accepts suicide as a solution, then plans it, then fixes on it as the only answer (p. 15; Shnedman, 1996; The Suicide mind.

 60% who transition from ideation to first attempt tend to be within first year year after the onset of suicidal ideation



RISK FACTORS

A relative risk of 1 = there is no difference in risk between individuals with the risk factor and the general population.

A relative risk of < (less than) 1 means the event is less likely to occur in individuals with the risk factor than in the general population.

A relative risk of > 1 means the event is more likely to occur in individuals with the risk factor than in the general population.

Becker, S. P., Holdaway, A. S., & Luebbe, A. M. (2018). Suicidal Behaviors in College Students: Frequency, Sex Differences, and Mental Health Correlates Including Sluggish Cognitive Tempo. *Journal of Adolescent Health*, 63(2), 181–188. https://doi.org/10.1016/j.jadohealth.2018.02.013

RELATIVE RISK OF SUICIDE IN SPECIFIC DISORDERS

Bipolar Disorder 15

Mixed Drug Abuse 19.2

Major Depression 20.4

Eating Disorders 23.1

Previous Attempt 38.4

AGE-SPECIFIC RISK OF SELF-HARM IN SPECIFIC PSYCHIATRIC CONDITIONS (SINGHAL ET Al., 2014)

- Age range: 10-24
 - Depression
 - Bipolar
 - Alcohol Abuse
 - Anxiety
 - Eating Disorders
 - Schizophrenia
 - Substance Abuse

Singhal, A., Ross, J., Seminog, O., Hawton, K., & Goldacre, M. J. (2014). Risk of self-harm and suicide in people with specific psychiatric and physical disorders: comparisons between disorders using English national record linkage. *Journal of the Royal Society of Medicine*, 107(5), 194–204.

CANADIAN CONTEXT SUICIDAL THOUGHTS, PLANS AND ATTEMPTS

	STAT CAN (N= 4, 032) (15-24 years)	NCHA 2016 (N=43,780) 74% (18-24)	NCHA 2019 (N=55, 284) 76% (18-24)
Suicidal Thoughts	14.1%	13%	16.4%
Suicide Attempt	3.5%	2.1%	2.8%
NSSI	N/A	8.7%	6.0 %

SUICIDAL BEHAVIOUR IN POST-SECONDARY STUDENTS

BECKER, HOLDAWAY & LUEBBE, 2018

- 6146 individuals aged 18–33 years, 59% Females, 82% Caucasian, 8% Asian, 6% African Americans,
 - Recruited 2002-03 & followed up 2007-10.
 - 91 cases (no history) of self-reported suicide attempts during the follow-up (5-year incidence of 1.5%)
 - 4% reported previous attempts
 - 2.2% will likely try again someday
 - 7.5% thought of suicide in the last year
 - Of these 41.4% never told anyone
 - 24% classified with suicide risk based on empirically established idea

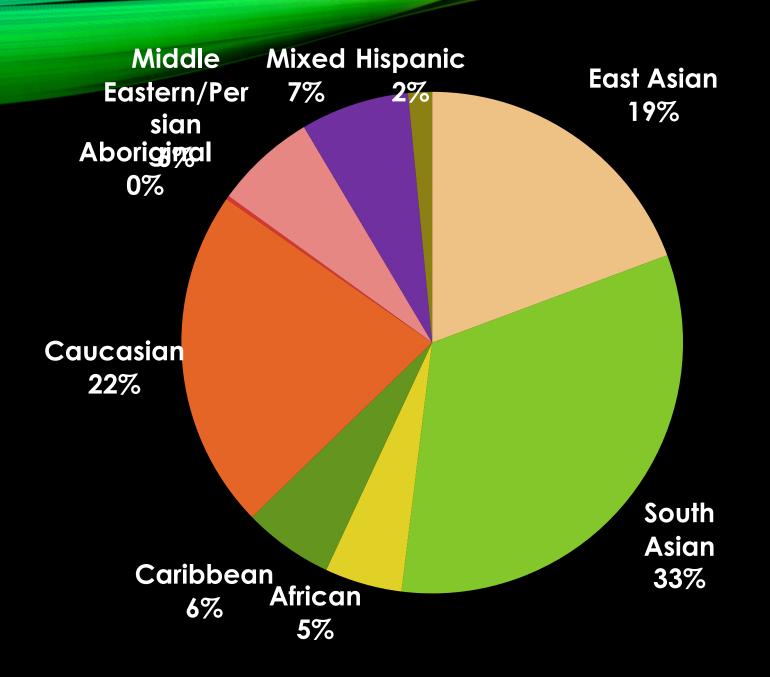
Becker, S. P., Holdaway, A. S., & Luebbe, A. M. (2018). Suicidal Behaviors in College Students: Frequency, Sex Differences, and Mental Health Correlates Including Sluggish Cognitive Tempo. *Journal of Adolescent Health*, 63(2), 181–188. https://doi.org/10.1016/j.jadohealth.2018.02.013

STANDARDIZED ASSESSMENT: A FEW ILLUSTRATIONS

	Tool/Measure	Description
1	Suicide Status Form-SSF III	Psychological Pain, Stress, Agitation, Hopelessness, Self-hate, Reasons for Living, Reasons for Dying
2	The Columbia-Suicide Severity Rating Scale (C-SSRS)	Available in 114 country-specific languages
3	SAF-T: Suicide Assessment Five-Step Evaluation and Triage	Follows American Psychiatric Association Practice Guidelines
4	Cultural Assessment of Risk for Suicide (CARS)	First measure which identifies cultural suicide risk factors not previously attended to in suicide assessment.
5	Beck Scale for Suicide Ideation	BSI is a 21-item self-report questionnaire that may be used to identify the presence and severity of suicidal ideation.

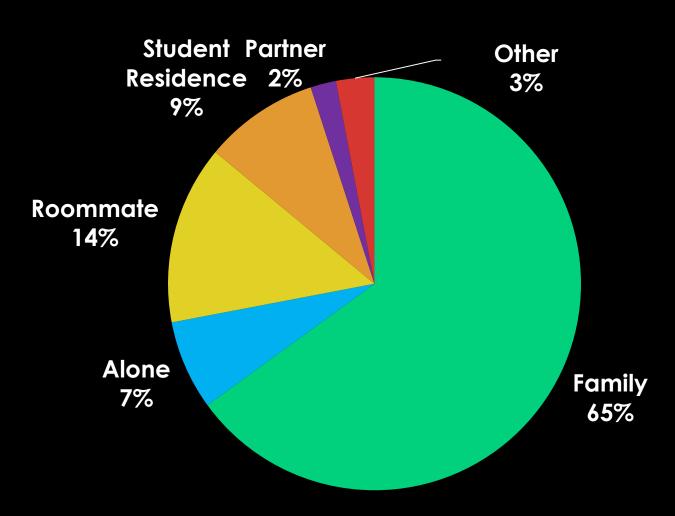
DEMOGRAPHICS: AGE & GENDER

- REB APPROVED (UfT & Sunny Brook)
- N=2757 (2012-1017)
- Age: 20.9 years (SD 3.32)
 - 89% (18-23)
- Gender
 - 60% females
- **Full Time**: 93%



ETHNICITY % N=2757

LIVING SITUATION



METHODOLOGY

Intake: Online & In-person

- Presenting Concerns
 - Client Reported
 - Clinician Interpreted
 - Coding: Grounded Theory (Strauss & Corbin, 1998)
 - Coded Presenting Concerns by 4 coders
 - Weekly meetings to discuss codes, construct clarified
 - Redundant codes incorporated into broader categories

OUTCOME MEASURE

- Intake Process included Outcome Questionnaire (OQ-45)
- Students completed on a tablet, before in-person part of the intake.
- The measure assesses suicidal ideation through an item,
- "I have thoughts of ending my life".
 - Students respond to the question on a 5-point Likert Scale.

IN-PERSON ASSESSMENT

- Have you ever seriously thought about killing yourself?
 - No
 Yes: (if yes, follow-up)
- Are you currently thinking of killing yourself?
- Have you ever engaged in self-harming behaviour?
- Are you currently engaged in self-harming behaviour?

PREVALENCE SUICIDALITY – 2 METHODS

- Intake suicidal ideation question, clinical interview at intake:
 - Yes/No per clinician judgment during initial session

9.8%

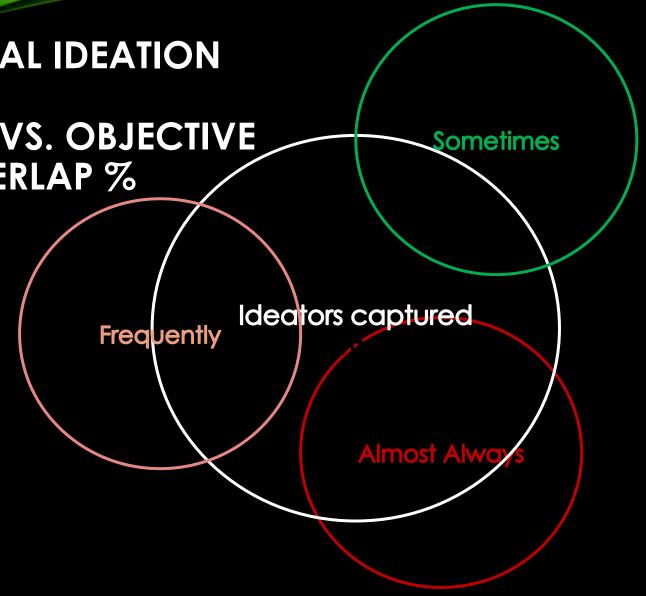
- OQ-45 suicide item, per self-report prior to intake:
 - 1(never) 5 (almost always)*
 - 4+ treated as endorsement

8.5%

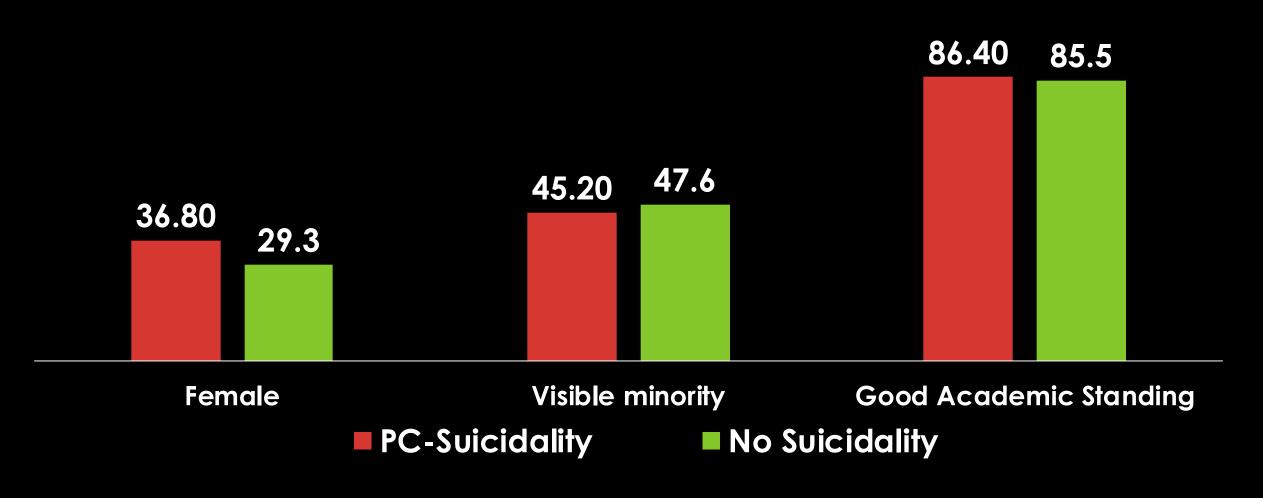
CAPTURING SUICIDAL IDEATION

CLINICAL INTERVIEW VS. OBJECTIVE MEASURE: OVERLAP %

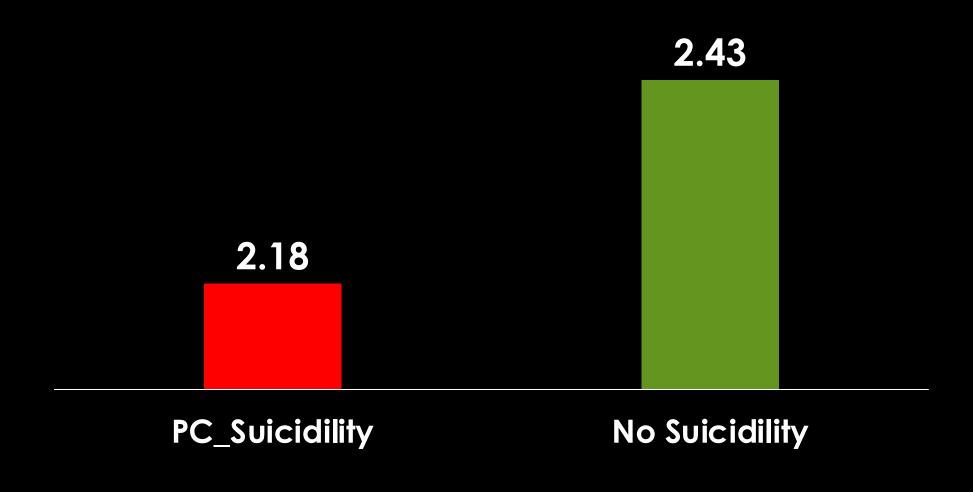
- Almost Always, 66.7%
- Frequently, 51.9%
- Sometimes, 21.4%



SUICIDALITY & DEMOGRAPHICS %

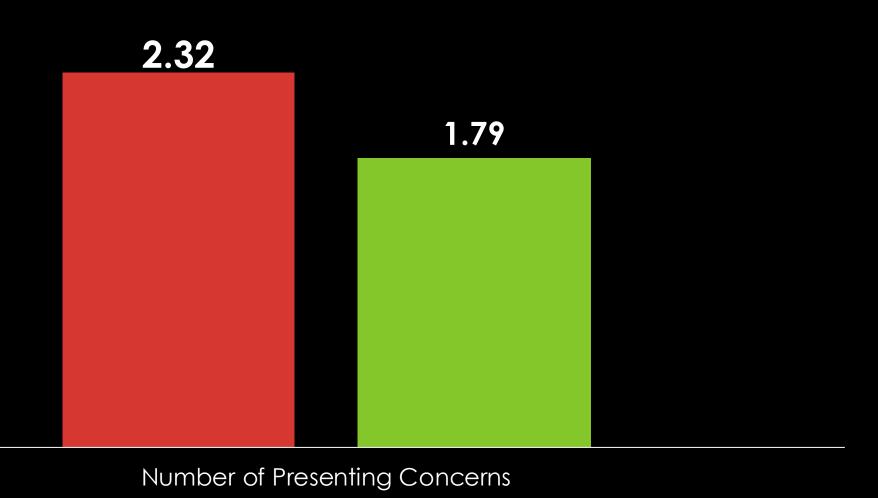


SUICIDALITY AS PRESENTING CONCERNS & CGPA



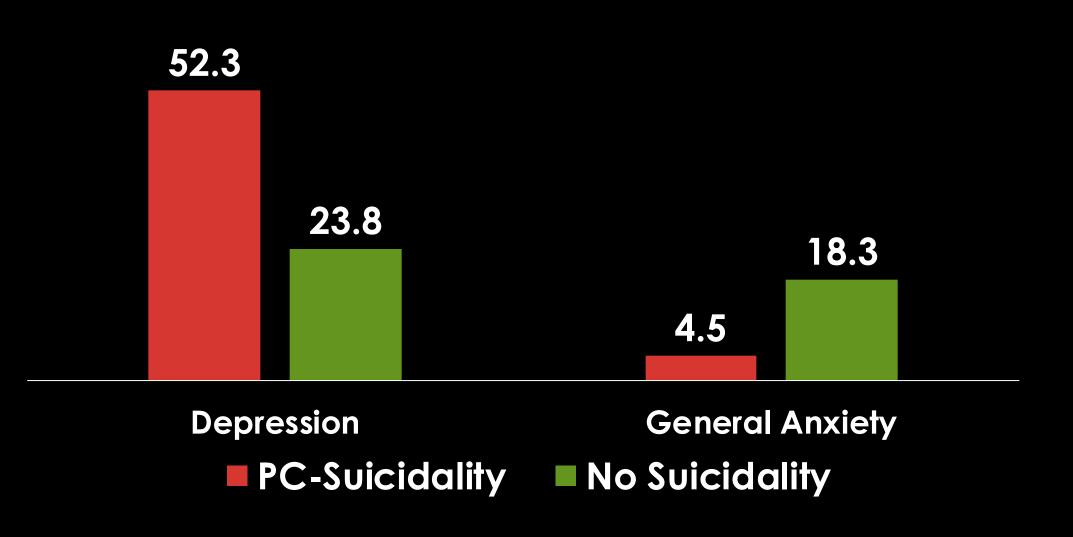
SUICIDALITY & NUMBER OF PRESENTING CONCERNS

PC-Suicidality

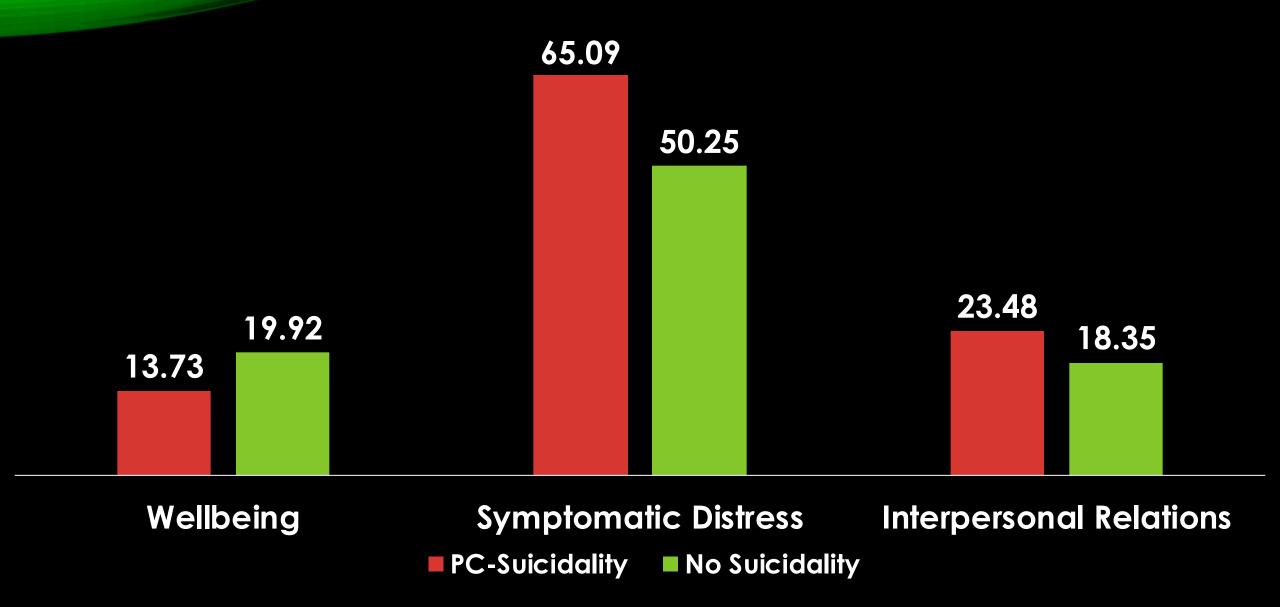


■ No Suicidality

SUICIDALITY & SPECIFIC PRESENTING CONCERNS



SUICIDALITY & SYMPTOM SEVERITY AT THE TIME OF INTAKE



SUICIDALITY & STRENGTHS

- Appreciation of Beauty
- Authenticity
- Curiosity
- Fairness
- Mercy
- Gratitude
- Generosity
- Love of learning
- Humility
- Critical thinking
- Spirituality

- Lower
- Bravery
- Capacity to love
- Creativity
- Emotional Intelligence
- Hope
- Humor & Playfulness
- Leadership
- Perseverance
- Perspective
- Prudence

- Self control
- Teamwork & Citizenship
- Zest

SI: PREDICTORS

- 1. Those who present with suicidal ideation (OQ-45) show significantly more
 - Worthlessness
 - Feeling loved
 - Lower overall wellbeing
 - Higher overall symptomatic distress

2. OQ SI is associated with a greater chance of a presenting concerns related to suicidality, relationship (general), motivation/interest, emotion dysregulation, depressive symptoms, anxiety/panic, general anxiety

SI: PREDICTORS

Does the knowledge of Strengths tell anything about overall distress?

42% of variance in total OQ

• unique predictors of SI included: forgiveness, gratitude, hope, kindness, capacity to love, persistence, prudence, spirituality, self regulation, citizenship, zest

How Much?

Strengths explained 16% of variance in OQ suicidal ideation

Strengths predict incrementally over an above all presenting concerns when predicting OQ Risk

FINAL MODE OF INTAKE IDEATORS

- History of Suicide Attempts: Odds Ratio = 2.35***
- OQ Symptom Distress = OR 1.08***
- Hope .92 .88 .98**
- Persistence 1.08**

^{**}p < .001; ***p < .001

WHO IMPROVES & WHO DETERIORATES

Zest

Hope

Love

Curiosity

Gratitude



TREATMENT AND POLICY IMPLICATIONS FOR POST SECONDARY INSTITUTES

CONFIDENTIALITY

Every encounter/interaction with the self-harming young person is an opportunity to intervene and has the potential to save life

Explain Confidentiality:

- Ensure person understand the limits
- Understand Family/Cultural barriers
- Collaborate how it can work to keep the individual safe but also helps them to "unload"
- "how can we make this a safe and comfortable place to discuss most uncomfortable things."

EXPLORE

Questions

- Are You thinking about Suicide?
- Are you thinking about Killing yourself?
- Are you thinking about ending your life?
- Do you feel hopeless? So hopeless that you will kill yourself?
- Do you ever wish you were dead? When?

(McKeon, 2008)

Evidence

Static: Risk Factors: Strongest one is....?

Dynamic: Warning Signs: Preparations (e.g., note, future mindedness, acquiesces, recent trauma, online groups affiliation)

Contagion Management: impact on others

Ambivalence vs. Assuredness

Questions adapted from: McKeon, R. (2008). Suicidal Behaviour. Hogrefe: Cambridge: MA

REASONS FOR SUICIDAL BEHAVIOR

1. Cognitive Constriction

- Addictive quality
 - Prior to engaging: a period of pre-occupation that is difficult to resist

2. Emotional Anguish

to stop feeling bad, "to feel anything at all, even pain."

3. Interpersonal Entanglement

• To get reaction or attention from others, even if it is negative

4. Control

locus of control

• Canadian Association of Suicide Prevention; https://suicideprevention.ca/

ENGAGEMENT: HOW MANY YOUTH SEEK TREATMENT?

Szumails & Kutcher, 2009 Reviewed quality of online information about suicide

Stat Can (N= 4, 013), age 15-24

- Discuss with Family doctor/GP: 6%
- Seek clinical services: 5%
- Seek psychiatric consultation: 3%
- Use online diagnostic information: 8%
- Share it on social media: 2%

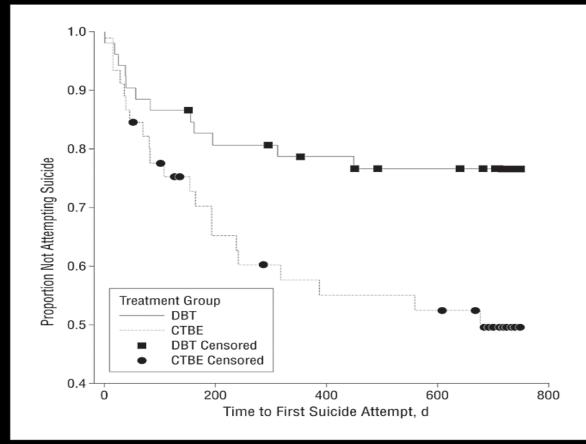
Immigrants are less likely to seek services

EVIDENCE-BASED PROGRAMS FOR SELF-HARMING BEHAVIOUR

Suicide Gatekeeper Training: ASSIST, MH First AID, QPR, KOGNITO, ASK, LISTEN, REFER

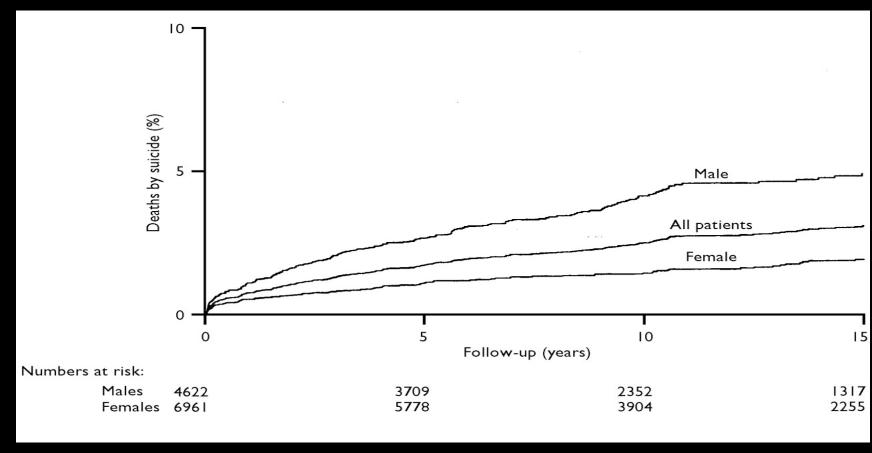
- 1. Cognitive Behaviour Therapy
 - Manual-Assisted CBT: Working Through advantages & disadvantages
- 2. Problem Solving Therapy
 - Problem Definition, Brainstorming, Alternative Solution
- 3. Multi systemic Therapy
 - Behavourial Parenting Training
- 4. Dialectical Behaviour Therapy
- 5. Emergency "Green Cards."
- 6. Mentalization-Based Treatment (MBT)
 - Understanding actions in terms of thoughts & feelings
- 7. Physical Activity

Survival analysis for time to first suicide attempt



Linehan, M. M. et al. Arch Gen Psychiatry 2006;63:757-766.

Cumulative percentages of suicides over the 15-year follow-up period.



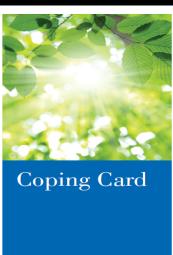
RISK FACTORS VS. WARNING SIGNS

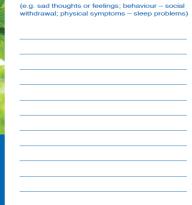
SOME EXAMPLES:

Risk Factors	Warning Signs
Age (older)	Hopelessness
Sex (male)	Seeking access to lethal means
Genetic factors/family history	Threatening to hurt/kill self
Childhood trauma	Escalating substance use
Psychiatric diagnoses	Social withdrawal/isolation
Past suicidal behaviour	Agitation/sleep disruption

What can give my life meaning?	Who can I call for distraction?
(e.g. people, places, activities, values, dreams)	t
	tt
	Who do I trust to share my distress and ask for help?
_	†
	† c
	Who can I contact in my expert support system? (e.g. family doctor, therapist, psychiatrist)
	terg. raming doctor, therapier, psychiatristy
	<u> </u>
	·
	Other Crisis Resources:
	Fully affiliated with the University of Toronto
Bayvlew Campus 2075 Bayvlew Avenue Toronto, Ontario M4N SM5	Sunnybrook HEALTH SCIENCES CENTRE

2075 Bayview Avenue Toronto, Ontario M4N 3M5 Tel: 416.480.6100 sunnybrook.ca





What are my warning signs?



How can I distract myself? (e.g. listen to music, watch TV/movie, play with a

pet, exercise, journaling)

(e.g. breathing exercises, progressive muscle relaxation, meditation, create hope kit, visit: sunnybrook.ca/mentalhealthresources)

What skills can I learn to lower my

Remember to check your it is safe. Stay away from if you have an alcohol problem, avoid having it in your home.

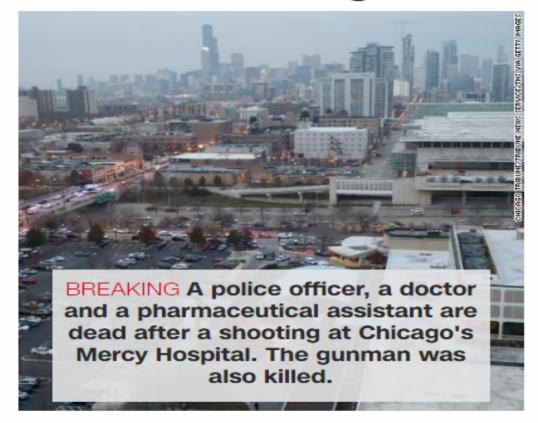


environment and make sure objects or people that could put you at risk. For example





3 killed in hospital shooting



Today in politics



Ivanka Trump used personal account for emails about government business

White House backs down from legal fight, restores Jim Acosta's press pass

There won't be a comedian at the White House press dinner

16 Democrats sign letter opposing Pelosi as House speaker

Brianna Keilar: Trump has a pattern of insulting military leaders (>)

Fact-checking Trump's latest claims about Whitaker and Mueller

Trump on bin Laden: Told you so

Democrats have picked up 37 House seats

Top stories



Multiple people shot in downtown Denver

Federal Air Marshals accused of more than 200 gun mishaps

Doctors start movement in response to NRA, calling for more gun research

Chris Watts gets life in prison for 'inhumane' killings of 2 daughters and pregnant wife

Dow closes down 396 points

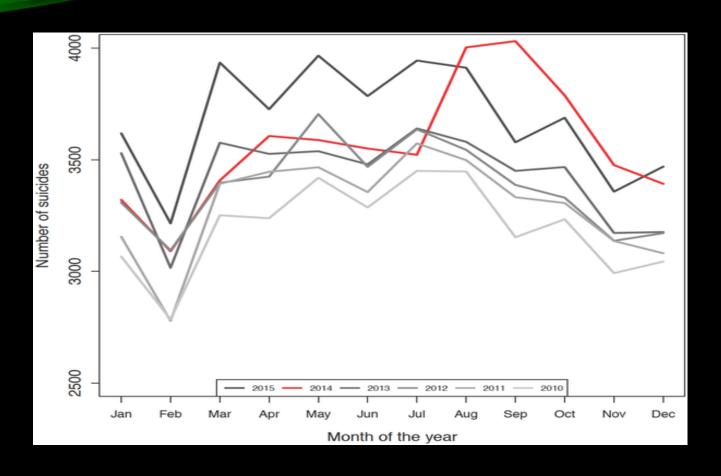
NK defector shares startling insights ()

Nissan boss Carlos Ghosn arrested

Trump has doubts about journalist's death 🕞

Exclusive: Trump expected to give troops authority to protect border personnel

Monthly number of suicides in the United States from January 2010 to December 2015



Aug-Dec 2014

expected: 16,849 deaths

observed: 18,690 deaths

excess: 1,841 deaths (9.85%个)

Fink DS, Santaella-Tenorio J, Keyes KM (2018) Increase in suicides the months after the death of Robin Williams in the US. PLOS ONE 13(2): e0191405. https://doi.org/10.1371/journal.pone.0191405; https://journal.pone.0191405; https://doi.org/10.1371/journal.pone.0191405; https://doi.org/10.1371/journal.pone.0191405; https://doi.org/10.1371/journal.pone.0191405; https://doi.org/10.1371/journal.pone.0191405; https://doi.org/10.1371/journal.pone.0191405; https://doi.org/10.1371/journal.pone.0191405; https://doi.org/10.1371/journal.pone.01



EVIDENCE BASED INTERVENTIONS

- De Silva, S., Parker, A., Purcell, R., Callahan, P., Liu, P., & Hetrick, S. (2013). Mapping the evidence of prevention and intervention studies for suicidal and self-harming behaviors in young people. Crisis: The Journal of Crisis Intervention and Suicide Prevention, 34(4), 223-232.
- Fischer, G., Brunner, R., Parzer, P., Resch, F., & Kaess, M. (2013). Short-term psychotherapeutic treatment in adolescents engaging in non-suicidal self-injury: A randomized controlled trial. *Trials*, 14(1), 294-294.
- Fisher, G. (2016). Managing young people with self-harming or suicidal behaviour. Nursing Children and Young People, 28(1), 25.
- Rutt, C. C., Buser, T. J., & Buser, J. K. (2016). Evaluating a training intervention for assessing nonsuicidal Self-Injury: The HIRE model. Counselor Education and Supervision, 55(2), 123-136.
- Sophie, I. L., Helleman, M., Daukantaite, D., Westrin, A., & Westling, S. (2017). A standardized crisis management model for self-harming and suicidal individuals with three or more diagnostic criteria of borderline personality disorder: The brief admission skane randomized controlled trial protocol (BASRCT). BMC Psychiatry, 17
- Wheatley, M., & Hollin, C. (2005). The development of behavioural coping skills in a repetitive and deliberately self-harming young woman. Behavioural and Cognitive Psychotherapy, 33(2), 237-242.

RESOURCES: BOOKS

Assessment and care of adults at risk for suicidal ideation and behaviour

Registered Nurses' Association of Ontario, 2009

Treating depressed and suicidal adolescents: a clinician's guide

David A. Brent, Kimberly D. Poling, and Tina R. Goldstein. New York: Guilford Press, 2011

Preventing patient suicide: clinical assessment and management

Robert I. Simon. Washington, DC: American Psychiatric Pub., 2011. 1st ed.

RESOURCES: WEBSITES & HELPLINES

jack.org

We're more than just a project.

We're a movement.



1-866 627 3342



Canadian Association of Suicide Prevention https://suicideprevention.ca/
613)702-4446

Suicide Prevention Resource Centre www.sprc.org

Ontario Mental Health Helpline www.mentalhealthhelpline.ca/

1-866-531-2600 See resources on Self-harm & Self-cutting page

Self-Injury Outreach and Support http://www.sioutreach.org