

Suicide Risk Assessment and Intervention Tactics

Amber Baldet

This won't be depressing.

Trigger Warning:

**Discussion of mental health, self-harm,
substance use/abuse, trauma, suicide**

amberella@attrition.org 

[@amberbaldet](https://twitter.com/amberbaldet) 

The Numbers

Leading Causes of Death in the United States, 2010:

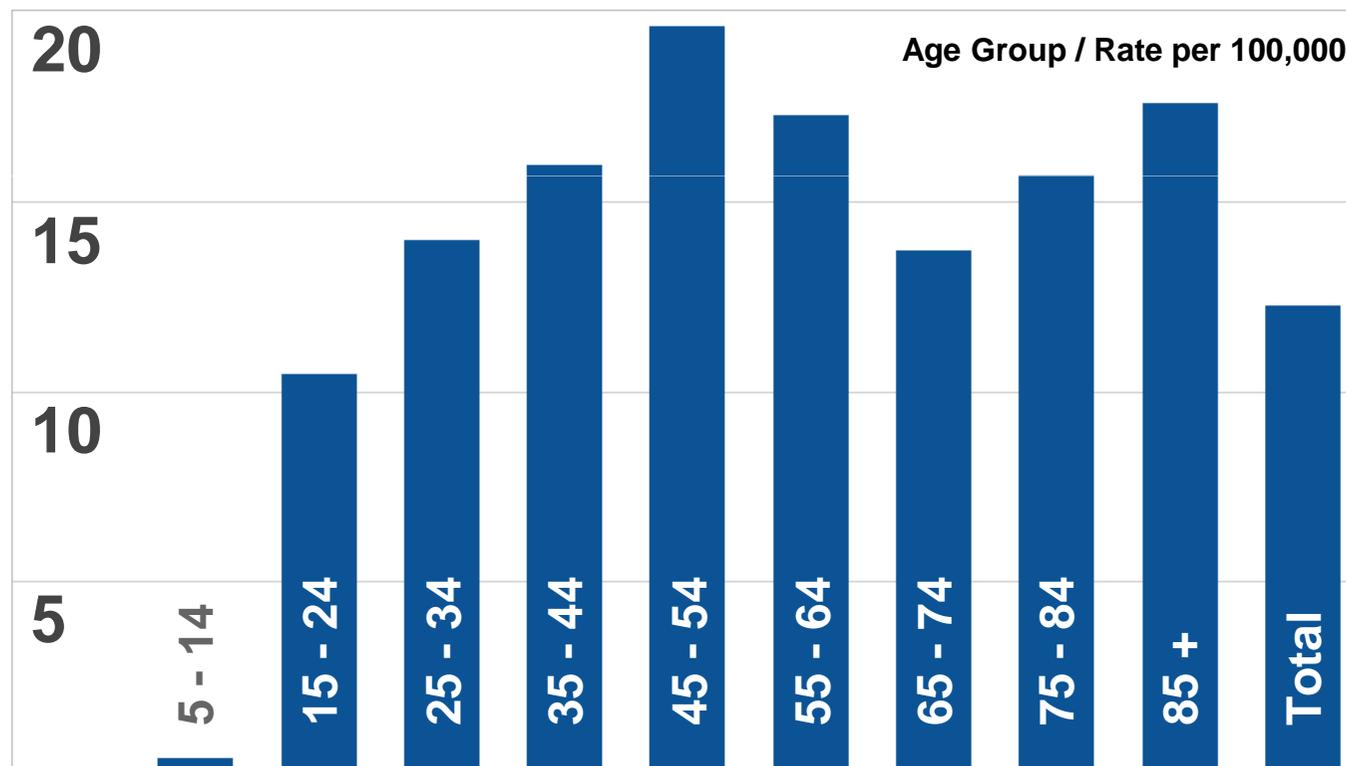
1. Heart disease
2. Cancer
3. Chronic lower respiratory diseases
4. Stroke
5. Accidents (unintentional injuries)
6. Alzheimer's disease
7. Diabetes
8. Nephritis (kidney failure)
9. Influenza & Pneumonia
- 10. Suicide (intentional self-harm)**
11. Septicemia (infection)
12. Chronic liver disease (cirrhosis)
13. Hypertension
14. Parkinson's disease
15. Pneumonia

| Cause of Death | Count |
|---------------------|---------------|
| Suicide | 38,364 |
| involving a firearm | 19,392 |
| by other means | 18,972 |
| Homicide | 16,259 |
| involving a firearm | 11,078 |
| by other means | 5,181 |

Source: [Number of deaths for leading causes of death \(2010\)](#), CDC

The Numbers

Suicide Rate for All Age Groups (US), 2010

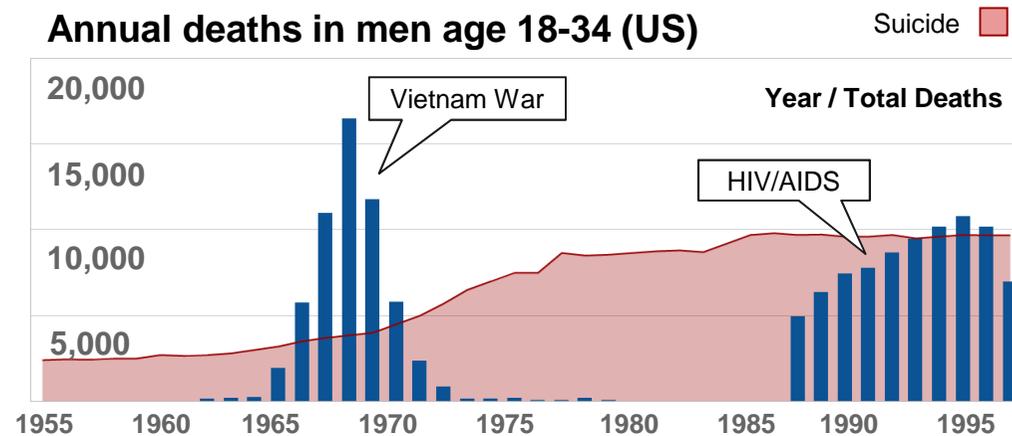


Source: American Association of Suicidology, *Suicide in the USA* Based on 2010 Data

The Numbers

Frequency of Suicide Completion

- **Tenth** most common cause of death among the total US population
- **Third** behind accidents and homicide for males age 15 - 24
- **Second** only to accidental death among males age 25 - 34



*Chart: Jamison, Kay
Redfield. Night Falls Fast:
Understanding Suicide.*

How Did We Get Here?

History of Stigma



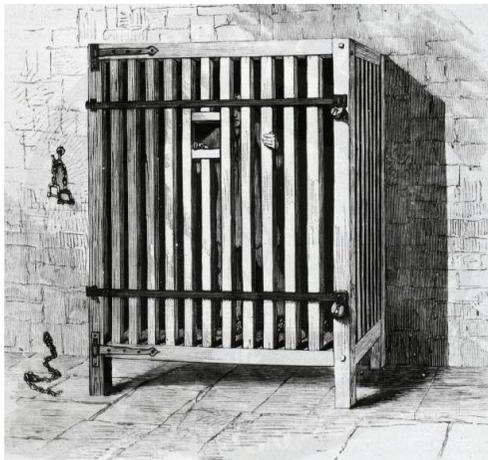
Clinical alternatives to "Committed"

- Died by
- Completed ← instead of "successful"
- Was a victim of
- Killed themselves

Stop saying "committed" suicide.

How Did We Get Here?

Evolution of Mental Health Treatment



Our Community

Selected Mathematician & Scientist Suicides

| | | | |
|---------------------|---------------------------------------|--------------------|------------------------------------|
| Ludwig Boltzman | 1906, statistical mechanics | Hans Fischer | 1945, nobel prize for chemistry |
| Paul Drude | 1908, electromagnetism | Yutaka Taniyama | 1958, modularity theorem |
| Clara Immerwahr | 1915, chemical weapons | Jenő Egerváry | 1958, combinatorial algo optim. |
| Aleksandr Lyapunov | 1918, stability, physics, probability | Renato Caccioppoli | 1959, differential calculus |
| Emil Fischer | 1919, nobel prize for chemistry | Hessel de Vries | 1959, radiocarbon dating |
| Clemens von Pirquet | 1929, bacteriology, immunology | Percy Bridgman | 1961, nobel prize for physics |
| Ludwig Haberlandt | 1932, hormonal contraception | Jon Hal Folkman | 1969, combinatorics |
| George Eastman | 1932, eastman kodak | C.P. Ramanujam | 1974, number theory |
| Paul Ehrenfest | 1933, quantum mechanics | George R. Price | 1975, game theory, geneticist |
| Wallace Carothers | 1937, organic chemistry, nylon | D.R. Fulkerson | 1976, network maximum flow |
| Lev Schnirelmann | 1938, differential geometry | John Northrop | 1987, nobel prize for chemistry |
| William Campbell | 1938, NAS president, relativity | Valery Legasov | 1988, chernobyl investigation |
| Paul Epstein | 1939, epstein zeta function | Bruno Bettelheim | 1990, jungian/freudian child psych |
| Wolfgang Doeblin | 1940, markov processes | Andreas Floer | 1991, manifolds, homology |
| Hans Berger | 1941, EEG, alpha wave rhythm | Robert Schommer | 2001, astronomy, astrophysics |
| R. Schoenheimer | 1941, isotope tagging | Garrett Hardin | 2003, tragedy of the commons |
| Felix Hausdorff | 1942, topology, set theory | Denice Denton | 2006, electrical engineering |
| Dénes König | 1944, graph theory | Andrew E. Lange | 2010, astrophysics |

Our Community

Selected Mathematician & Scientist Suicides

| | | | |
|---------------------|--|-----------------------|--|
| Ludwig Boltzman | 1906, statistical mechanics | Hans Fischer | 1945, nobel prize for chemistry |
| Paul Drude | 1908, electromagnetism | Yutaka Taniyama | 1958, modularity theorem |
| Clara Immerwahr | 1915, chemical weapons | Jenő Egerváry | 1958, combinatorial algo optim. |
| Aleksandr Lyapunov | 1918, stability, physics, probability | Renato Caccioppoli | 1959, differential calculus |
| Emil Fischer | 1919, nobel prize for chemistry | Hessel de Vries | 1959, radiocarbon dating |
| Clemens von Pirquet | 1929, bacteriology, immunology | Percy Bridgman | 1961, nobel prize for physics |
| Ludwig Haberlandt | 1932, hormonal contraception | Jon Hal Folkman | 1969, combinatorics |
| George Eastman | 1932, eastman kodak | C.P. Ramanujam | 1974, number theory |
| Paul Ehrenfest | 1933, quantum mechanics | George R. Price | 1975, game theory, geneticist |
| Wallace Carothers | 1937, organic chemistry, nylon | D.R. Fulkerson | 1976, network maximum flow |
| Lev Schnirelmann | 1938, differential geometry | John Northrop | 1987, nobel prize for chemistry |
| William Campbell | 1938, NAS president, relativity | Valery Legasov | 1988, chernobyl investigation |
| Paul Epstein | 1939, epstein zeta function | Bruno Bettelheim | 1990, jungian/freudian child psych |
| Wolfgang Doeblin | 1940, markov processes | Andreas Floer | 1991, manifolds, homology |
| Hans Berger | 1941, EEG, alpha wave rhythm | Robert Schommer | 2001, astronomy, astrophysics |
| R. Schoenheimer | 1941, isotope tagging | Garrett Hardin | 2003, tragedy of the commons |
| Felix Hausdorff | 1942, topology, set theory | Denice Denton | 2006, electrical engineering |
| Dénes König | 1944, graph theory | Andrew E. Lange | 2010, astrophysics |

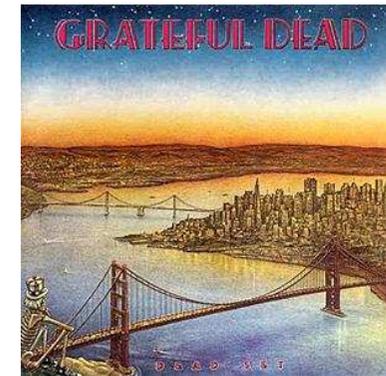
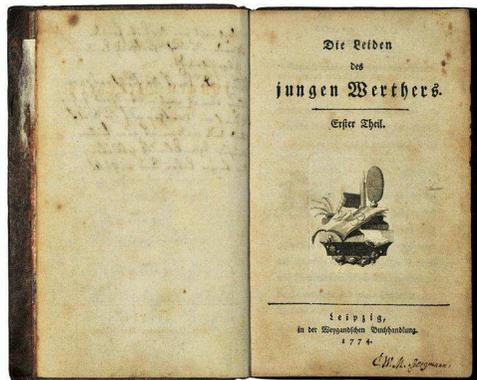
Our Community

Selected Computer Science Suicides

| | |
|-----------------------|---|
| Alan Turing | 1954, computation, cryptanalysis |
| Klara Dan von Neumann | 1963, wrote ENIAC controls, MANIAC programmer |
| Chris McKinstry | 2006, artificial intelligence (mindpixel), VLT operator |
| Push Singh | 2007, artificial intelligence (openmind common sense, MIT) |
| Jonathan James | 2008, DOD intrusion (ISS software), TJX implication |
| Sam Roweis | 2010, machine learning (vision learning graphics, NYU) |
| Bill Zeller | 2011, software development, government release of public data |
| Len Sassaman | 2011, cypherpunk, cryptography, privacy advocate |
| Ilya Zhitomirskiy | 2011, free software development (diaspora) |
| Charles Staples Stell | 2012, UGA data breach suspect |
| Aaron Swartz | 2013, open development, CC, RSS, digital rights activism |
| Igal Koshevoy | 2013, open source development (osbridge, calagator) |

Talking About Suicide

Contagion: Exposure to suicide or suicidal behavior directly or indirectly (via media) influences others to attempt suicide.



Talking About Suicide

Responsible Journalism & Social Media Standards

What We Should Say

"Committed"

Instead, use "completed" or "died by"

Suicide is **never the result of a single factor** or event

Suicide is the **result of extremely complex interactions** between psychological, social, and medical problems

Suicide results, most often, from a **long history of problems**

How We Should Say It

Don't present suicide as a **means to a certain end**, a valid **coping mechanism**, or an understandable **solution** to a specific problem

Don't make venerating statements out of context (e.g. "She was a great kid with a bright future.")

Do temper coverage of displays of grief

Do promote coping strategies and post links to prevention resources

Talking About Suicide

Important Terms

| | |
|--------------------------------|--|
| Suicidal Ideation | Thoughts of suicide, varying in seriousness depending on specificity of plan |
| Suicidal Intent | Subjective expectation and desire for a self destructive act to end in death |
| Suicide Attempt | Self-injurious behavior with intent to die, with non-fatal outcome |
| Aborted Suicide Attempt | Potentially self-injurious behavior with intent to die, stopped before harm caused |
| Self Harm | Willful infliction of painful, destructive, or self-injurious acts without intent to die |
| Lethality | Likelihood of a specific act to cause death. Perceived lethality often differs from objective lethality. |
| Comorbidity | Presence of one or more diseases or disorders in addition to a primary disease or disorder |
| Person in Crisis (PIC) | During an intervention, the distressed person |
| Risk Assessment | Evaluation of risk & protective factors to determine potential suicide risk & mitigation recommendations |
| Threat Analysis | Evaluation of criticality of the current crisis situation, identification of prescriptive interventions |

Talking About Suicide

Mental Illnesses Most Closely Related to Suicide

Mood Disorders

Depression
Major depression
Bipolar disorder (manic-depressive)

Schizophrenia

Auditory hallucinations, paranoid or bizarre delusions, significant social or occupational dysfunction

Personality Disorders

Cluster A - paranoia, anhedonia
Cluster B - antisocial, borderline, histrionic, narcissistic
Cluster C - avoidant, dependent, obsessive compulsive

Anxiety Disorders

Continuous or episodic worries or fear about real or imagined events
Panic disorder, OCD, PTSD, social anxiety

Alcoholism / Substance Abuse

Physical dependence on drugs or alcohol

A Quick Sidebar

On Depression:

- A period of depression is not the same as having a mood disorder
 - Online tests can help you self-diagnose and follow up with a professional.
 - You don't need to be diagnosed with a mental illness to benefit from talking about life.
 - Depressive (and manic) phases ebb and flow in severity. Use the calmer times to make a safety plan.
- Avoid these well intentioned slippery slopes:
 - "You have to cultivate happiness"
 - "We create the world around us"
 - "You just need more will power"

**People with mental illnesses can't
"just snap out of it"**

A Quick Sidebar

Things we can talk about at happy hour:

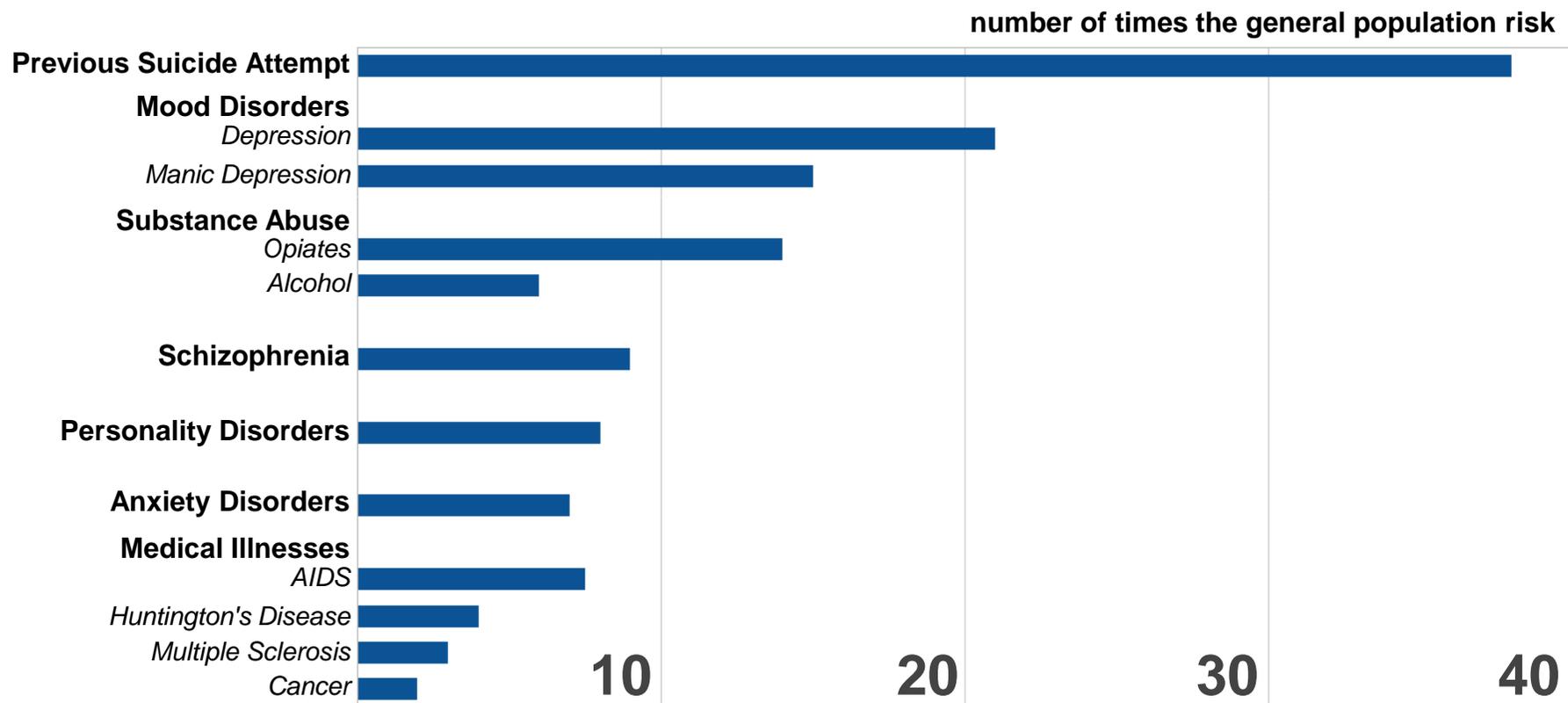
- Rational suicide
- Physician assisted suicide
- (In)voluntarism of suicidal acts
- Free will, choice
- Genetic predispositions, heredity
- Harm reduction strategies
- Ethics of intervention & reporting
- Human rights concerns of involuntary commitment



Keyword: Pragmatism

Talking About Suicide

Suicide Risk Correlation



Source: Jamison, Kay Redfield. *Night Falls Fast: Understanding Suicide*.

Our Community

Underdiagnosis of Mood Disorders

Startup culture & "The Show"

- Mania is the desired state
- Depression is stigmatized
- Constant cycle of youth / burnout
- Chronically under-insured
- Drug/alcohol use is trivialized

I'll sleep when I'm dead,
too busy CRUSHING IT



Our Community

Underdiagnosis of Personality Disorders

Antisocial Behavior

Paranoia

Isolation

Obsession

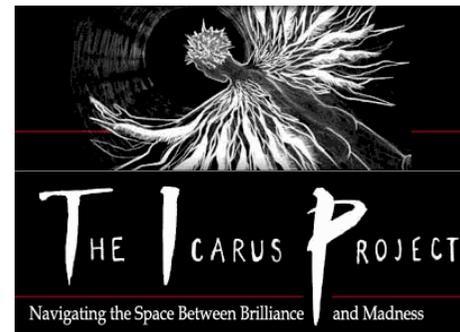
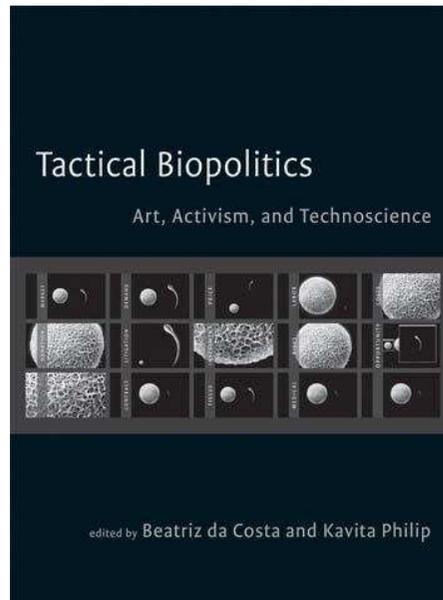
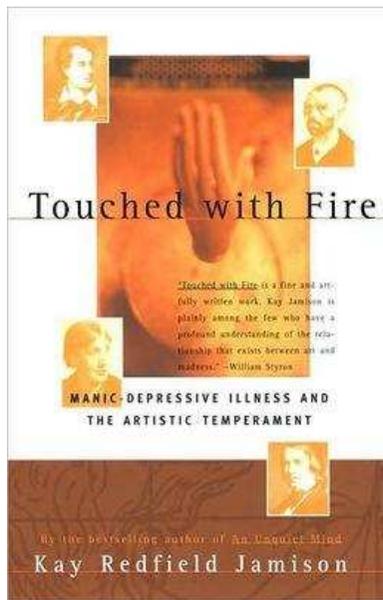
- Expected
- Tolerated
- Encouraged
- Idolized

- Some employees of U.S. Government agencies have access to dedicated mental health resources (possibly with Clearance)
- Difficult to find qualified resources in the private sector
- Trust is critical to therapeutic relationships

**Just because you're paranoid
doesn't mean they're not after you**

So what do we do?

Brilliant Madness



So what do we do?

Crowd Sourced Intervention: A Fickle Mistress

The image shows a screenshot of a Reddit thread and a Hacker News comment. The Reddit thread is titled "I am going to kill myself in a few hours. AMA" and is posted by user "self.casualiama". It has 213 submissions and 502 comments. The top comment is by user "FueledByTesla" with 513 points. The comment text is partially obscured by a green box. The Hacker News comment is by user "Pitarou" with 507 points. The comment text is partially obscured by a green box.

Reddit Thread:

reddit CASUALIAMA comments related

↑ I am going to kill myself in a few hours. AMA (self.casualiama)
213 submitted 5 days ago by throwaway1937459
↓ 502 comments share

top 200 comments show 500
sorted by: top ▾

[-] FueledByTesla 513 points 5 days ago

↑ I am going to give you the benefit of the doubt and assume that this is completely true. First things first, I don't know you. I am just some random guy on the internet who has posted. I don't know your situation, your life story, your social habits, your favorite color here's the thing: Life is beautiful.

I'm not very religious myself, and I won't lie when I say that I like to think that what's beautiful, if not pretty exciting to wonder about. But we don't know what's there. No premature will send you to an unknown place, and there is no coming back from that.

Also, don't get me wrong when I say "Life is Beautiful"; I know damn well how difficult with just a flick over to Quote:
it is still beautiful. Then meet, love, hate, disagree
But what do I know? I'm hell can't. But I will cry your choice. Which, in
Either way, I wish you
permalink

[-] throwaway1937459
↓ Thank you.

Hacker News Comment:

Hacker News new | comments | ask | jobs | submit login

▲ Why you shouldn't do what Aaron did
507 points by Pitarou 91 days ago | comments

Hi,

TL;DR If Swartz's death is triggering suicidal thoughts, you must understand that this will pass, and life will be worth living.

After seeing the impact of Aaron Swartz's death on the Hacker News community, I am concerned about the Werther effect (the tendency of a prominent suicide to trigger other suicides). I hope I can help by sharing what I learnt through 10+ years of depression and recovery.

Depression robs you of the ability to: 1. remember happiness 2. feel happiness 3. anticipate happiness 4. make considered decisions

#1-#3 make you miserable, but #4 is the killer. Bits of your brain actually shut down, and you run on pure emotion. For example, when I was depressed, I was easy prey for offers like "4 for the price of 3 on this crappy overpriced chocolate" because I couldn't weigh it up. All I could think was "chocolate: good. 4 for 3: good. 4 for 3 chocolate: irresistible". But if you're running on pure emotion and your emotions tell you "everything sucks" well ... suicide looks like a good option.

So why didn't I kill myself? Somewhere in my guts, there was a stubborn belief that "this will pass". You might even call it a sense of entitlement: "come on world -- you can give me something better than this!" And you know what? It DID! Thanks to some wonderful people, and to Cognitive Behavioral Therapy, I found a way to recover.

With the best 10+ years of my life lost to depression, starting from scratch in my 30s has been hard, but it's still a life, and I swear that life is worth more than you can possibly understand when you're depressed.

Stay strong,
Pitarou

Green Boxed Text:

If you are considering killing yourself you are obviously not giving a crap anymore. So... instead of killing yourself, yell the !!!! out.

Leave your house, leave the country, go on an adventure, do something awesome. Go kill a shark with a harpoon. Going up against 100% death rate before, you're better off.

Fook everything, the world is your oyster. Sometimes that barrel out of my mouth and point it in the air.

Start a revolution - LIVE.

Move to Barcelona, hit the bars, then maybe when you're done, you wouldn't want to kill yourself because you would see how beautiful the world is.

So what do we do?

Crowd Sourced Intervention: A Fickle Mistress



So what do we do?

Online Crisis Response

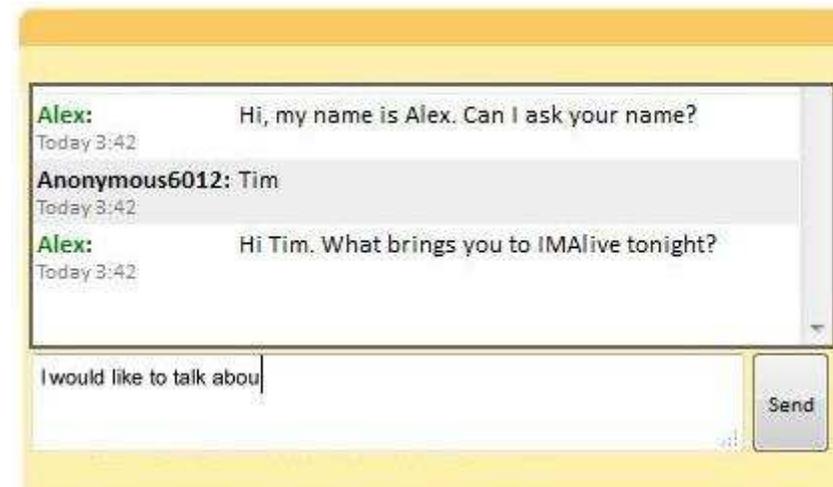
30% of callers to suicide hotlines hang up

Efficacy appears to be equivalent, though data analysis is more difficult online

For basic users, somewhat more anonymous than phone

IMAlive has very consistent training

Volunteer pairing has the same "luck of the draw" as via phone



So what do we do?

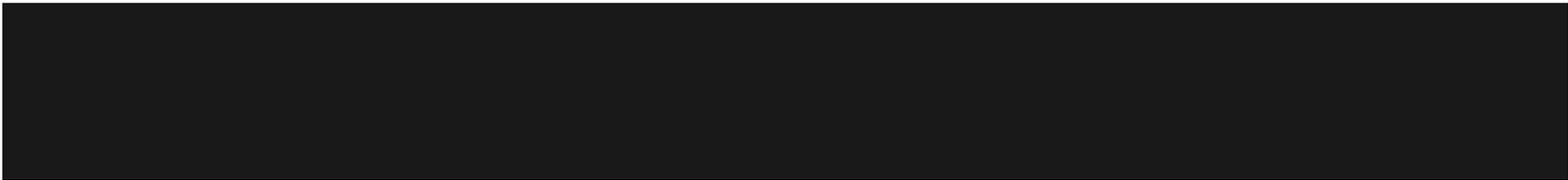
Learn QPR Gatekeeper Training

- Community education program
- Not a form of counseling or treatment, but does offer hope & referrals
- Confronts common myths and encourages proactive intervention
- Teaches common verbal, behavior, and situational clues
- Encourages participants to directly ask “**The S Question**”
- Offers examples of how to **persuade** the PIC to accept help
- Instructs participants how to make a relevant **referral**.

QPR = Question | Persuade | Refer

<http://www.QPRInstitute.com>

Intervention Tactics



Crisis Intervention is Easy

...Supporting a depressed friend is hard.

Crisis Intervention Hotline

Person in Crisis (PIC) seeks you out
PIC assumes you are qualified, +1 to credibility

Interactions has finite bounds

- Hotline volunteers must remain anonymous
- Therapists can set their hours of availability

Lack of personal involvement allows clarity

Frientervention

You may need to proactively confront a friend

Friend sees you as a peer

Friends may have an expectation of "always on" access

- IM, Email, Text, Phone, Residence - no boundaries!
- Not reaching you can make them feel cut off or ignored

Personal involvement may introduce bias

Lack of improvement in their situation may degrade their perception of your credibility over time

Emotional exhaustion

Integrity Karma

Even if they don't feel better today...

Even if you missed that call that time...

Even if you don't know what to say sometimes...

**If they know you care, friends
(and sometimes strangers!)
will reach out to you when it counts.**

Risk Assessment

Fundamental Risks

Biological

Genetic Load

Mood/Personality Disorders, Family History
Disorders/diseases comorbid with depression

Biological Sex

Sexual Orientation

Age

Ethnicity

Personal / Psychological

Child Abuse

Loss of a Parent

Drugs / Alcohol

Culture Shock / Shift

Values / Religious Beliefs

Bullying

Genetic Knowledge

Therapy History

Civilian / Military

PTSD

Career Identity

Environmental

Season

Geography

Isolation

Urban / Rural

Sociopolitical Climate

Model for Suicide

Proximal Risks

Triggers / "Last Straws"

Relationship Crisis

Loss of Freedom

Public Shame

Fired / Expelled

Medical Diagnosis

Financial Debt

Relapse

Any Major Loss

Perceived Loss

= Real Loss

All causes are "real"

Increasing hopelessness & contemplation of suicide as a solution

WALL OF RESISTANCE

Death

Risk Assessment

The Wall of Resistance (Protective Factors)

| | | |
|------------------------|-------------------------------|--------------|
| Counselor or Therapist | Treatment Availability | |
| Duty to Others | Difficulty of Access to Means | |
| Strong Relationships | Good Health | Job Security |
| Fulfilling Career | AA or NA Sponsor | |
| Fear of Death | Medication Compliance | Friends |
| Positive Self-Esteem | Support of Significant Other | |
| Safety Agreement | Calm Environment | Pets |
| Moral Prohibition | Responsibility for Children | |
| *** Sobriety *** | | |

*Graphic adapted from
QPR Instructor
supplemental training
materials*

Threat Analysis

1. Is a suicide attempt in progress now?

2. What's wrong?

Ideation

Current suicidal thoughts? Within the past two months?
Frequency of recurrence? Length of episodes?

Desire

Why now?

Intent

With what? (has not decided | has means now | easy access | lethality)
Where and when? (vague | detailed | preparatory acts)

Capability

Where and when in the past? (attempts | rehearsals | self-harm)

1. Who is involved?

- Degree of isolation (physical and psychological)
- Negative relationships (risks), Positive relationships (buffers)

2. Why **NOT** now?

- Identify reasons for living, protective factors

Threat Assessment

Determine as many as possible:

| Desire | Intent | Capability | Buffers |
|-------------------------------|--------------------------------------|---|-----------------------------------|
| Current ideation | Suicide attempt in progress | History of suicide attempts | <u>Internal</u> |
| Psychological pain | Plans to kill self with method known | Exposure to death by suicide | Ability to cope with stress |
| Expressing hopelessness | Plans to kill other as well as self | History of / current violence toward others | Spiritual beliefs |
| Reporting helplessness | Expressed intent to die | Available means of killing self / other | Core values / purpose in life |
| Feels like a burden on others | Preparatory behaviors | Currently intoxicated | Frustration tolerance |
| Feels trapped | Has secured means | Substance abuse (recent current) | Planning for the future |
| Feels intolerably lonely | Practice with method | Acute symptoms of mental illness | <u>External</u> |
| | | Recent dramatic mood change | Immediate supports |
| | | Out of touch with reality | Strong community bonds |
| | | Not sleeping | People connections |
| | | Aggression, Rage, Impulsivity | Familial responsibility |
| | | Recent change in treatment | Pregnancy |
| | | Access to firearms | Engagement with you |
| | | | Positive therapeutic relationship |

Threat Assessment

Threat Level:

This chart is meant to represent a range of risk levels and interventions, not actual determinations

| Risk Level | Risk / Protective Factors | Suicidality | Possible Interventions |
|-----------------|---|---|--|
| HIGH | Psychiatric disorders with severe symptoms, or acute precipitating event; protective factors not relevant | Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal | Admission generally indicated unless a significant change reduces risk. Suicide precautions |
| MODERATE | Multiple risk factors, few protective factors | Suicidal ideation with plan, but no intent or behavior | Admission may be necessary depending on risk factors. Develop crisis plan Give emergency / crisis numbers |
| LOW | Modifiable risk factors, strong protective factors | Thoughts of death, no plan, intent or behavior | Outpatient referral, symptom reductions Give emergency / crisis numbers |

Reporting Obligations

Legal / Ethical Responsibility to Report:

- Doctors, nurses, trained medical professionals
- Counselors, therapists, psychologists, psychiatrists, etc.
- Licensed teachers & administrators
- Social workers (duty to warn and protect)
- Crisis hotline volunteers (as possible)
- Scientific researchers

Are you a licensed professional being paid to evaluate the PIC's mental state?

Active Listening



Active Listening

Building Rapport & Trust:

Constructive

Ask one question at a time

Give the person time to respond

Repeat back the person's input as output to confirm that what you heard is what they meant

Say when you don't understand, ask for clarification

Ask open ended questions

Destructive

Interrupting

Asking questions in succession

Promising to keep a secret

"Leading the witness"

Trying to solve their problems

Rational/Philosophical arguments

Minimizing their concerns or fears

**GOAL: Get the PIC to accept your help
in finding better qualified help**

Active Listening

Organic Threat Assessment:

Be direct in creating a safe space

PIC: *Whatever, I don't want to bother you.*

Responder: *No worries, I have some time to talk. But first I want to make sure you're safe now. Did you hurt yourself at all tonight?*

PIC: *No. I thought about it but not yet.* Responder: *That's good to hear. Are you drinking or did you take anything?*

PIC: *I had a few beers.*

Responder: *Ok, thanks for telling me. Do you think you can hold off on drinking any more while we talk?*

PIC: *Yeah, sure.*

Responder: *I appreciate it, it's easier for us to focus that way. You said before you didn't hurt yourself "yet" ... Can you tell me more about what you meant by that?*

Elicit risks and protective factors

PIC: *I never say the right thing. I don't have friends. No one understands me.*

Responder: *It sounds like you feel lonely and misunderstood. Does that sound right?*

PIC: *Yeah.*

Responder: *Have you ever told anyone else you feel that way? OR When you feel like that, what do you usually do?*

Active Listening is not Social Engineering

Active Listening

Separate Feelings from States of Being

"I **AM** lonely [and *no one will ever* love me]."

"I **FEEL** lonely right now, but I could talk to a friend."

"I **AM** a mess [and I *could not* change even if I wanted to]."

"I **FEEL** *heartbroken and exhausted and furious and overwhelmed* right now, but I didn't always feel this way in the past, and I won't always feel this way in the future. I can't change what happened, but I can change how I react to how I feel about it."

Active Listening

Identify feelings that can be addressed directly

"I feel ~~sad~~ | ~~depressed~~ | ~~suicidal~~"

Afraid

Apprehensive

Frightened

Panicked

Annoyed

Dismayed

Impatient

Angry

Outraged

Resentful

Averse

Repulsed

Hungry

Confused

Hesitant

Lost

Disconnected

Bored

Cold

Distracted

Numb

Disquieted

Restless

Shocked

Uncomfortable

Lonely

Embarrassed

Guilty

Self-Conscious

Fatigued

Exhausted

Tired

Worn Out

Pain

Grief

Heartbroken

Regretful

Discouraged

Hopeless

Tense

Anxious

Edgy

Frazzled

Overwhelmed

Vulnerable

Fragile

Shaky

Yearning

Jealous

Nostalgic

Wistful

Hateful

Active Listening

Identifying Root Feelings

- "I am so burnt out."
- "I feel exhausted from working all the time and going home just stresses me out more."
- "I feel exhausted from working all the time and angry that I have to be on call 24/7 just to get an ounce of recognition from my boss, and the attitude I take home isn't making my family life any better. And this new guy at work is eyeing my stapler, that bastard."
- "That new guy seems pretty good, and I'm terrified he's going to replace me if I can't prove to everyone that I'm on his level. But what if I try to learn the new stuff, I'll find out I'm not as fast at it as I used to be? My family would be so disappointed in me if they knew. I've been shutting them out, and now I feel guilty that it's gone on for so long that I can't bring it up and admit this is all my fault. I think about home when I'm at work, and work when I'm at home, and get nothing constructive done at either."

Solutions

Make the Hand-Off

(assuming Threat Level is low)

- Identify professional resources in your area
- Use the Googles to find local resources
- Find out about the PICs insurance plan
- Find out about current/past therapy relationships
- Make the call for an appointment
- Go together or schedule a meet up before or after the appointment

Solutions

Enlist buffers

- Distribute risk, don't be a single point of contact
- Identify people who can help whom the PIC trusts
- Get the PIC to **agree** to talk to them
- Identify recurring appointments, ensure they continue
- Document in the crisis plan

Solutions

Proactive Crisis Plan

- Formulate while in the more rational phase of a cycle
- Distribute to friends, secure their support ahead of time
- Example is an abbreviated version, for full plan see supplemental materials

| | | |
|---|---|--|
| <p>For when I'm feeling</p> <ul style="list-style-type: none">• Overwhelmed• Angry• Helpless• Confused• Lonely <p>Possible Activities</p> <ul style="list-style-type: none">• Play MMO• Walk around the city• Work on blog• Make a gift for someone• Learn to cook a new thing• Read at the cafe | <p>MY CRISIS PLAN</p> <ol style="list-style-type: none">1. Take a deep breath2. Ask for suicidal thoughts to be removed from my brain3. HALT4. Take another deep breath5. Identify feelings6. Practice Feelings vs. Facts7. Write down the feeling for later review8. "Do in spite of how I feel"9. Choose an activity | <ol style="list-style-type: none">10. See who's online / call someone Jeff xxx-xxx-xxxx Mark xxx-xxx-xxxx Julie xxx-xxx-xxxx11. 5 minutes of meditation12. Choose a task and practice doing it in the present13. Call emergency contact Therapist xxx-xxx-xxxx Psych Center xxx-xxx-xxxx Hotline xxx-xxx-xxxx14. Put down weapons and keep both hands on the phone |
|---|---|--|

Resources

Tactical Crisis Response

You!

Talking to someone trusted who is educated about suicide intervention can save a life. If possible, talk in person. While implementing QPR, you can research alternate referral options and help get the PIC to a safe space.

911

If you think/know an attempt is in progress, call Emergency Services immediately.

Current or Past Therapist

Professionals with knowledge of the PIC's medical / psychological history are invaluable. Past therapists can help make quality referrals (e.g. after a move or due to insurance change). If the PIC won't make the call, you can.

Hospital / Counseling Center

Making the physical move to safe environment drastically lowers mortality risk.

Hotlines

| | |
|--|---------------------|
| National Suicide Prevention Lifeline | 800.273.TALK (8255) |
| National Hopeline Network | 800.784.2433 |
| The Trevor Lifeline | 866.488.7386 |
| Boys Town National Hotline | 800.448.3000 |
| National Domestic Violence Hotline | 800.799.SAFE (7233) |
| Rape, Abuse, Incest National Network (RAINN) | 800.656.HOPE (4673) |

Internet Chat

IMAlive

imalive.org

Resources

Education & Advocacy

Reddit



/r/suicidewatch
/r/suicidology
/r/reasonstolive

Blue Hackers



Mental health for the hacker community
[Bluehackers.org](https://bluehackers.org)

American Association of Suicidology



Advancement of suicidology as a science
suicidology.org

Stop a Suicide



Educational resources, screenings, intervention tools
stopasuicide.org

American Foundation for Suicide Prevention



Research funding, policy advocacy
afsp.org

Kristin Brooks Hope Center

Education, runs Hopeline hotline

The Trevor Project



Resources for LGBT youth
tproject.org

References

Books:

- Blauner, Susan Rose. *How I Stayed Alive When My Brain Was Trying to Kill Me*. ISBN: 0060936215
- Conroy, David L, Ph.D. *Out of the Nightmare: Recovery from Depression and Suicidal Pain*. eISBN: 978-1-4502-4734-4
- Jamison, Kay Redfield. *Night Falls Fast: Understanding Suicide*. eISBN: 978-0-307-77989-2
- Jamison, Kay Redfield. *Touched with Fire: Manic-Depressive Illness and the Artistic Temperament*. eISBN 978-1-439-10663-1
- Quinnett, Paul G. *Counseling Suicidal People: A Therapy of Hope*. ISBN: 978-0-9705076-1-7
- Quinnett, Paul G. *Suicide: The Forever Decision*. ISBN: 0-8245-1352-5

Data & Resources

- QPR Gatekeeper Certification Program: qprinstitute.com
- Suicide Prevention Resource Center: Suicide Assessment Five-step Evaluation & Triage (SAFE-T) sprc.org
- Center for Disease Control: Deaths and Mortality Final Data for 2010 cdc.gov

Images & Screenshots:

- Patient in a Cage - Mass Media Depictions of Mental Illness, historypsychiatry.com
- Ringing of the Mental Health Bell - The Story of Our Symbol, mentalhealthamerica.net
- Brick Wall - Solna Brick wall vilt forband, wikimedia.org
- Burial at the Crossroads, historynotes.info
- Goethe, The Sorrows of Young Werther, wikimedia.org
- Godzilla escapes Mount Mihara, flixter.com
- Golden Gate Bridge - Dead Set, Grateful Dead wikipedia.org
- Scumbag Brain - anomicofficedrone.wordpress.com
- Why you shouldn't do what Aaron did - Hacker News
- thatfatcat images - [imgur 1](http://imgur.com) [imgur 2](http://imgur.com) [imgur 3](http://imgur.com)
- I am going to kill myself in a few hours. AMA - Reddit
- IMAlive chat interface - imalive.org