THE
EBRIGHT
COLLABORATIVE

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This document is meant to provide an overview of suicide interventions with the intention of helping suicidal individuals, their loved ones, and their providers navigate a mental health system that can be fractured at times.

FIRST LINE OF DEFENSE: REMOVAL OF MEANS AND SKILLS

When suicidal urges arise, a person is likely experiencing deep misery and hopelessness. Solutions to problems are rarely evident in such moments, but they do exist and are often revealed in time. Suicide is a direct threat to discovering those solutions, and the goal in moments of crisis is to stay alive until ones emotional intensity can return to a more manageable level. Luckily, most suicidal urges can be safely navigated with a few simple interventions. When possible, the first line of defense is to remove any means involved in ones suicide plan. Guns and pills are the most common means, and both can easily be stored safely out of harm's reach until a person no longer has urges to use them to die. Suicide is often an impulsive act, and placing just five minutes of distance between a suicidal person and their means can greatly reduce the odds that suicide occurs.

Crisis survival skills can also assist in safely navigating suicidal urges. STOP, Pros and Cons, TIP, ACCEPTS, Self Soothe, and IMPROVE are examples from Dialectical Behavior Therapy (DBT). One of the first tasks of suicide treatment is to identify behaviorally specific crisis survival skills and work to implement them when crises occur.

Utilization of emergency psychiatric services (e.g. mobile crisis, emergency rooms, 911, inpatient hospitalization) should be a last resort and avoided when possible, as best evidence suggests contact with emergency psychiatric services actually increases the long-term risk of suicide. However, if crisis survival skills are unknown, emergency services or a crisis line (e.g. National Suicide Hotline, Trans Lifeline, or Crisis Test Line) can assist in the short term until treatment addressing skills deficits can occur.

WHEN SKILLS ARE INADEQUATE: EMERGENCY PSYCHIATRIC SERVICES

Despite the long-term risks of utilizing emergency psychiatric services, inpatient hospitalization is sometimes recommended, even if crisis survival skills are known. Such instances include:

- Hallucinations are commanding someone to kill themselves or others
- A person is unable or unwilling to commit to non-harm and using skills
- Hospitalization is aversive and likely to deter future high-risk crisis behaviors
- A family member or provider needs a break
- Hospitalization is medically necessary to safely change medications

If you or a loved one has been hospitalized for suicidality, you should know a few things. First, a person released from a psychiatric hospital is at a heightened risk for suicide for one-month post-release. It is wise to have a plan in place to safely navigate this time, such as living with a loved one until suicidal urges subside. Second, for those currently in DBT, we

cannot treat people while they are under the care of crisis services. The most Ebright providers can do during this time is coach an individual to skillfully get out of the hospital as quickly and safely as possible. Third, the 4-miss rule in DBT applies, even if hospitalized (i.e. a person who misses four individual sessions in a row OR four group sessions in a row is no longer in DBT). This incentivizes clients and providers to keep people out of institutions so treatment can continue with minimal disruption.

More measured approaches (e.g. a wellness check or mobile crisis) are employed when uncertainty occurs, such as when a person hints at suicidality in a text or voicemail, and then cannot be reached for further assessment. If suicide has already been attempted, 911 is urgently recommended.

LONG TERM PREVENTION: SEEKING TREATMENT THAT WORKS

Effective treatments for suicide exist, but they are underutilized and often implemented poorly in real world settings. Therefore, high quality evidence-based treatments for suicide can be surprisingly hard to find. Only three treatments have demonstrated reductions in suicidality in replicated randomized controlled trials, the gold standard for evidence: Dialectical Behavior Therapy (DBT), Cognitive Therapy for Suicide (CT-SP), and Collaborative Assessment and Management of Suicide (CAMS). All three treatments are outpatient and psychosocial. Ebright recommends DBT for chronic, high risk suicidality. DBT is relatively intensive and takes 6-12 months, focusing on building a life worth living. CT-SP and CAMS are shorter (3-4 months), less intensive, and may be more appropriate for individuals experiencing their suicidality as an outlying state of being (e.g. an adult experiences suicidal urges for the first time in response to an unexpected tragedy).

Ebright offers comprehensive DBT in Delaware, so at least one option for evidence-based suicide treatment exists. Demand for our services is perpetually greater than our capacity to meet the need, however. We recommend all suicidal individuals research these three treatments, vet some providers to ensure that they adherently do the treatment, and be placed on a waitlist if necessary. Then, seek interim services while waiting. Psychology Today or your insurance provider are resources to help you find clinicians. In addition, Now Matters Now is an excellent Website dedicated to suicide prevention, and it offers resources such as videos teaching some of the same skills taught in DBT.

Finally, even something as small as a caring letter or text message (e.g. “thinking about you and how thankful I am to know you”) has demonstrated reductions in suicidality among military and general populations. Suicidal individuals often think no one cares about them. Simple expressions of love and support can go a long way. As a general principle to live by, be kind to one another. Doing so just might save a life.

Resources

The National Suicide Hotline:	800-273-8255
Trans Lifeline:	877-565-8860
Crisis Text Line:	Text HOME to 741741
Delaware Mobile Crisis:	800-652-2929
Psychology Today:	https://www.psychologytoday.com/us/therapists
Now Matters Now:	https://nowmattersnow.org/