

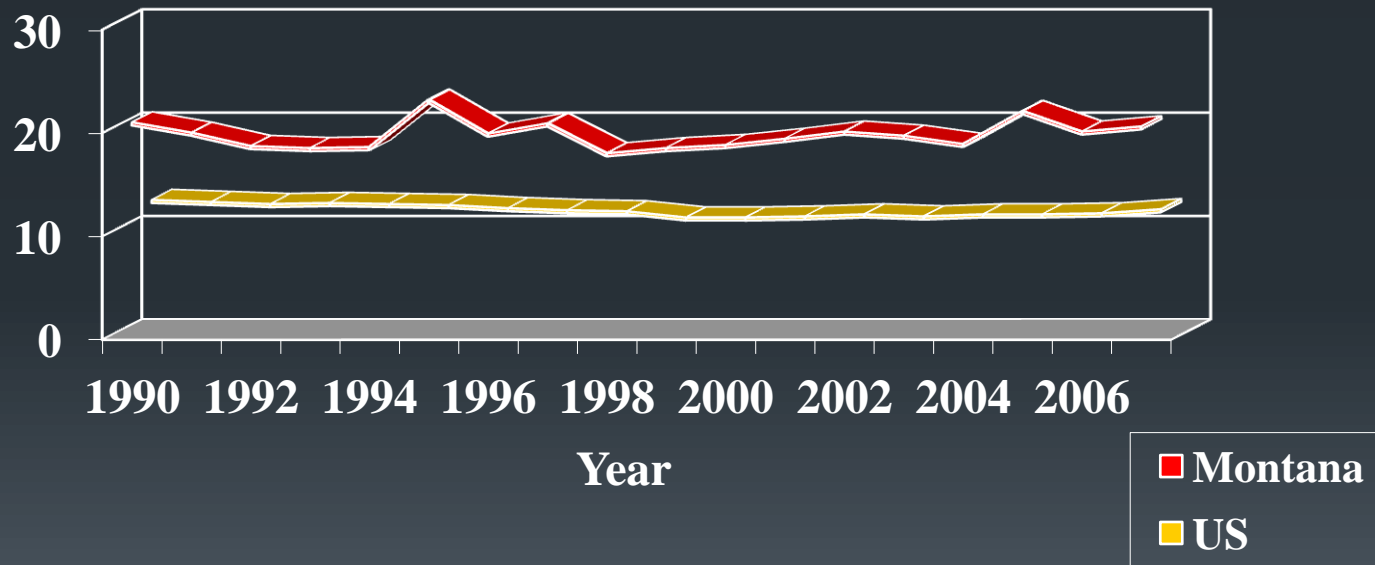


EMS Response to Suicide: When Survivors Become Patients

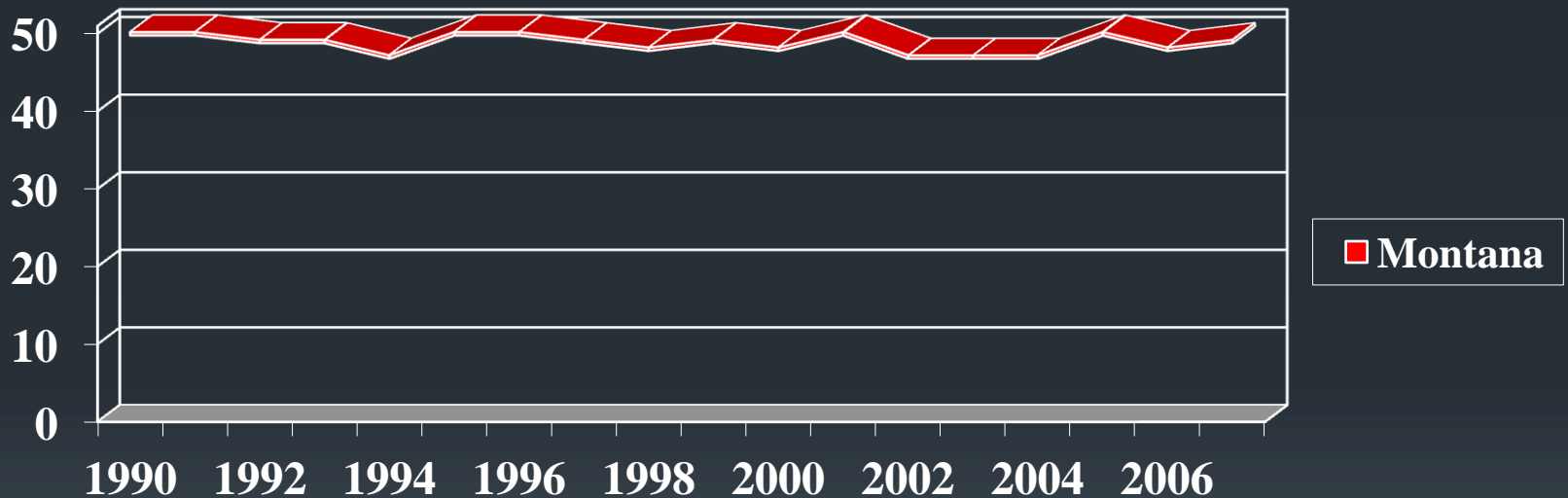
Nels D. Sanddal, PhD, CMO, REMT-B
Montana EMS Association
October 8, 2011

The Problem

Rate Per 100,000
All-Ages, Both Genders



Montana Suicide Ranking (By Rate)



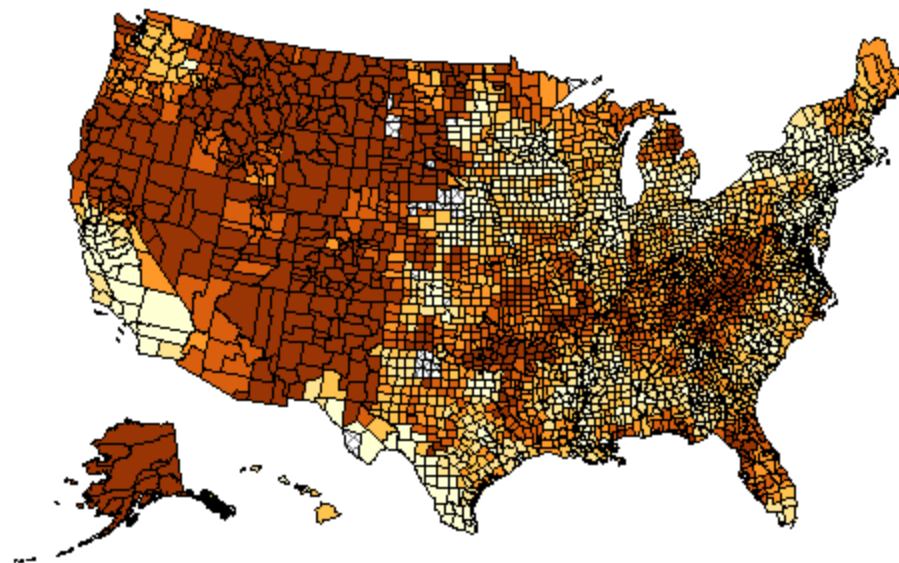
American Association of Suicidology (2011)
<http://www.suicidology.org>

10 Leading Causes of Death, Montana 2003 - 2007, All Races, Both Sexes

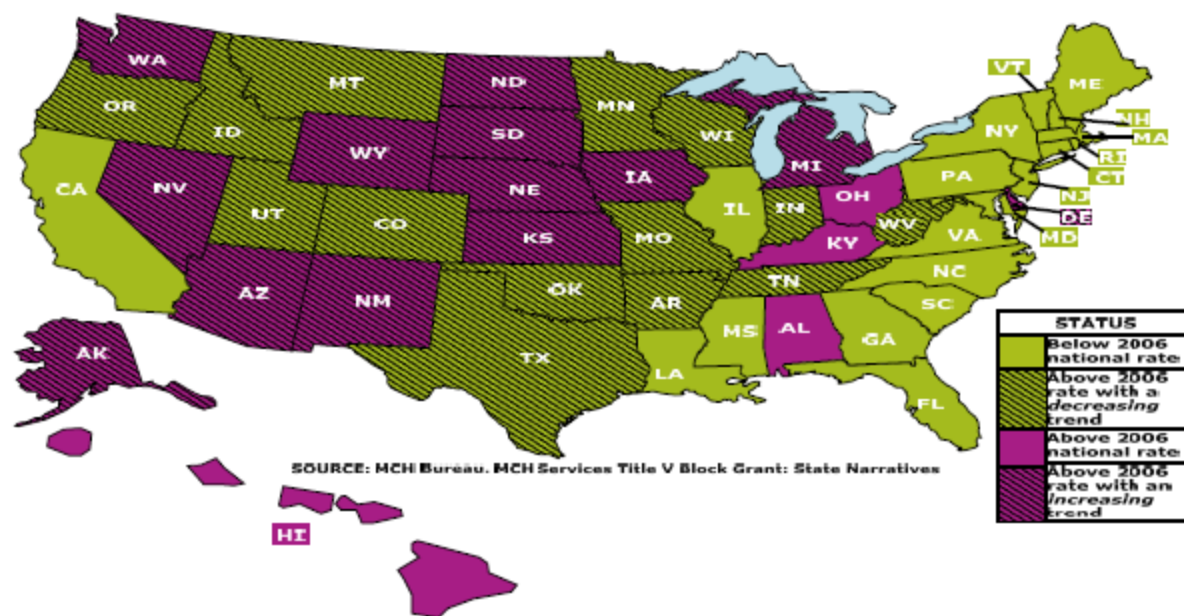
Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 95	Unintentional Injury 33	Unintentional Injury 13	Unintentional Injury 35	Unintentional Injury 434	Unintentional Injury 297	Unintentional Injury 339	Malignant Neoplasms 729	Malignant Neoplasms 1,533	Heart Disease 7,678	Malignant Neoplasms 9,534
2	SIDS 53	Homicide 9	Malignant Neoplasms 7	Suicide 10	Suicide 134	Suicide 147	Suicide 177	Heart Disease 553	Heart Disease 969	Malignant Neoplasms 7,006	Heart Disease 9,416
3	Maternal Pregnancy Comp. 24	Congenital Anomalies 8	Congenital Anomalies 6	Malignant Neoplasms 8	Homicide 38	Malignant Neoplasms 39	Malignant Neoplasms 170	Unintentional Injury 400	Unintentional Injury 287	Chronic Low. Respiratory Disease 2,600	Chronic Low. Respiratory Disease 2,929
4	Short Gestation 23	Malignant Neoplasms 8	Homicide 2	Heart Disease 5	Malignant Neoplasms 34	Heart Disease 38	Heart Disease 156	Suicide 196	Chronic Low. Respiratory Disease 249	Cerebro-vascular 2,244	Unintentional Injury 2,749
5	Placenta Cord Membranes 15	Heart Disease 4	Influenza & Pneumonia 2	Congenital Anomalies 4	Heart Disease 8	Homicide 29	Liver Disease 75	Liver Disease 170	Diabetes Mellitus 184	Alzheimer's Disease 1,206	Cerebro-vascular 2,486
6	Unintentional Injury 14	Chronic Low. Respiratory Disease 2	Benign Neoplasms 1	Homicide 2	Diabetes Mellitus 5	Liver Disease 14	Diabetes Mellitus 30	Diabetes Mellitus 89	Liver Disease 146	Diabetes Mellitus 970	Diabetes Mellitus 1,290
7	Neonatal Hemorrhage 13	Diabetes Mellitus 1	Chronic Low. Respiratory Disease 1	Influenza & Pneumonia 2	Nephritis 5	Diabetes Mellitus 10	Cerebro-vascular 26	Cerebro-vascular 75	Cerebro-vascular 131	Unintentional Injury 897	Alzheimer's Disease 1,216
8	Circulatory System Disease 7	Meningitis 1	Perinatal Period 1	Five Tied 1	Congenital Anomalies 4	Congenital Anomalies 8	Homicide 23	Chronic Low. Respiratory Disease 64	Suicide 117	Influenza & Pneumonia 890	Influenza & Pneumonia 986
9	Three Tied 6	Perinatal Period 1	Pneumonitis 1	Five Tied 1	Four Tied 3	Complicated Pregnancy 6	Septicemia 17	Viral Hepatitis 48	Influenza & Pneumonia 44	Nephritis 492	Suicide 946
10	Three Tied 6	Pneumonitis 1		Five Tied 1	Four Tied 3	Cerebro-vascular 5	Chronic Low. Respiratory Disease 10	Influenza & Pneumonia 32	Septicemia 40	Parkinson's Disease 355	Liver Disease 577

WISQARS™ Produced By: Office of Statistics and Programming, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention
Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

Smoothed, Age-Adjusted Suicide Rates* per 100,000 Population All Races,
All Ethnicities, Both Sexes, Ages 10 Years or Older, United States, 2000-
2006



Suicide Deaths Among Youth, Ages 15-19 Years, 2006 State Rate Comparison to National Rate - 7.32 per 100,000 Population



Fatal Injuries, Both Sexes, All Ages, Montana, 2005

Intent: Suicide

Mechanism: All

**Number of Deaths and Estimated Lifetime Costs
Classified by Intent**

Costs Expressed in Year 2005 State-Specific Prices

Deaths and Type of Cost		Intent	
		Suicide	Total
Deaths	--	206	206
Medical Cost	Average	\$2,391	\$2,391
	Total	\$492,000	\$492,000
Work Loss Cost	Average	\$725,455	\$725,455
	Total	\$149,444,000	\$149,444,000
Combined Cost	Average	\$727,846	\$727,846
	Total	\$149,936,000	\$149,936,000

Self-Inflicted Injuries by Age Group, Gender, and Method, Montana Residents

	Suicides								Estimated Hospitalized Attempts							
	Male		Female		All		Avg Cost Per Case		Male		Female		All		Avg Cost Per Case	
	N	Rate	N	Rate	N	Rate	Medical	Work Loss	N	Rate	N	Rate	N	Rate	Medical	Work Loss
Age Group																
5-14	2	3.8	0	0.2	3	2.0	\$2,932	\$1,450,662	20	32.5	38	65.4	58	48.5	\$6,788	\$12,423
15-19	10	27.3	2	6.4	12	17.2	\$2,475	\$1,551,042	62	176.9	119	365.5	181	267.7	\$6,567	\$9,202
20-29	23	38.6	3	5.4	26	22.7	\$3,942	\$1,645,100	85	128.2	85	141.1	170	134.4	\$7,484	\$11,647
30-49	54	42.0	15	11.5	70	26.7	\$2,351	\$1,282,575	205	163.9	246	195.3	451	179.6	\$8,511	\$8,780
50-69	33	33.6	8	8.1	41	21.0	\$3,066	\$602,328	60	54.2	50	45.7	110	50.0	\$11,315	\$5,784
70+	23	60.8	3	4.9	26	28.5	\$3,577	\$84,358	13	32.9	4	7.5	17	18.4	\$14,284	\$1,754
Method																
Cut/Pierce	1	0.2	1	0.1	1	0.2	\$4,419	\$1,143,891	28	6.4	85	19.4	113	12.9	\$9,113	\$36,566
Firearms	104	24.3	12	2.8	116	13.5	\$2,965	\$1,011,665	16	3.7	3	0.7	19	2.2	\$54,725	\$49,618
Poisoning	18	4.1	13	3.1	31	3.6	\$3,564	\$956,326	366	83.5	444	101.1	810	92.3	\$7,068	\$1,284
Suffocation	21	4.9	4	0.9	25	2.9	\$2,091	\$1,264,376	7	1.6	2	0.5	9	1.0	\$25,792	\$180,306
Other/Unspecified	3	0.7	1	0.3	4	0.5	\$2,890	\$1,009,824	28	6.4	8	1.8	36	4.1	\$26,951	\$45,467
Total	146	34.2	31	7.2	177	20.6	\$2,951	\$1,037,337	445	101.5	542	123.4	987	112.5	\$8,503	\$9,013

Rates are per 100,000 population aged 5 and over. For table details and data sources, see Methods page. Rates based on 5 or fewer cases may be unstable, use with caution. Rows and columns may not add due to rounding. All costs are in year 2006 dollars. Not all self-inflicted injuries are suicide attempts.

The True Costs

Article Archives - Search news, arts and entertainment, classifieds and personal... Page 1 of 9



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Western Montana's Weekly Journal
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Vol 14 No 35

Issue Date 8/28/2003

Originally Published: **8/7/2003** In the **Feature-News** section

Deaths in the family

by Stefanie Newton

NEW CITY.COM
NETWORK MEMBER



Photos by Chad Harder

Brennan Holmgren, 13, holding the poem he wrote after older brother Hildinge committed suicide in April. Brennan titled the poem "Why?"

scenes, news of a popular sophomore's suicide emerged—Ray Madril, the second student to take his own life in two weeks. By day's end, the kids had spent hours embracing in the hallways, or had left early to gather at friends' homes. The girls' basketball team learned of the death as players boarded the bus for a game in Kalispell. The boys' home game that night created a space for students to exchange hugs, distribute blue-ribbon tributes to pin on shirts or backpacks, and talk.

Talking seemed to help, and the next several days brought more conversations, both off campus and inside classrooms, and in voluntary counseling sessions arranged by the school.


Six months later, that discussion seems to be waning, despite the fact that the issue of suicide has become more acute. During the school year, three Sentinel students and one Hellgate student killed themselves—all boys, all between 15

Four teen suicides rocked Missoula high schools last year. Have we finished asking why?

A lone teenage boy cried openly. A band student stopped playing mid-song. A teacher began class by saying, "I know you're going through a hard time."


Nothing seemed right at Sentinel High School on the afternoon of Thursday, December 5. Nothing was.

As students and teachers began piecing together the something's-wrong-here



“A lone teenage boy cried openly. A band student stopped playing mid-song. A teacher began class by saying, ‘I know you are going through a hard time.’”

Deaths in the Family (2003) Missoula Independent 14(25) 8/28/2003
www.missoulanews.com



“As students and teachers began piecing together the something’s-wrong-here-scenes, news of a popular sophomore’s suicide emerged – Ray Madril, the second student to take his own life in two weeks. By day’s end, the kids had spent hours embracing in the hallway, or had left early to gather at friends homes. The girl’s basketball team learned of the death as players boarded the bus... The boy’s home game that night created a space for students to exchange hugs...”

Deaths in the Family (2003) Missoula Independent 14(25) 8/28/2003
www.missoulanews.com



EMS Response

- Suicide Attempts
- Suicide

Suicide Attempts



General Approach to Suicide Attempts

- Assess for danger
- Form an initial impression
- Evaluate the level of responsiveness
- Address medical needs
- Observe and identify current actions and reactions
- Connect with the individual
- Ground the individual
- Provide support
- Normalize the response
- Prepare for the future



Gauging Lethality

- Intent to die or cause self-harm
 - Did the patient truly wish to die?
 - Was the patient seeking help?
- Lethality of selected mechanism
 - Fatality assured – firearms, jumps from heights, etc.
 - Fatality likely if not discovered in time – cutting/piercing, hanging, etc.
 - Fatality uncertain if discovered in time – poisoning, CO gas, etc.
- BE DIRECT, ASK ABOUT INTENT TO DIE




Is Path Warm

- I = Ideation
- S = Substance Abuse

- P = Purposelessness
- A = Anxiety
- T = Trapped
- H = Hopelessness

- W = Withdrawal
- A = Anger
- R = Recklessness
- M = Mood Changes



Interpersonal – Psychological Theory of Suicide

- Lack of Belongingness and/or
- Feeling of Burdensomeness

Coupled With

- Acquired Absence of Fear of Pain/Death

Van Orden, K. A., Cukrowicz, K. C., Witte, T. K., Braithwaite, S. R., Selby, E. A., & Joiner, Jr., T. E. (2010). The Interpersonal Theory of Suicide. *Psychological Review*, 117(2), 575-600.



WARNING!

- ALL SUICIDE ATTEMPTS OR EVENTS INVOLVING PURPOSEFULL SELF-HARM MUST BE TAKEN SERIOUSLY
- National Suicide Hotline **800-273-8255**



When Attempts Become Suicide

- Treat the Decedent with Dignity
- Turn Your Attention to Survivors



Survivors – For Each Suicide

- Six survivors
 - Parents
 - Spouses
 - Children
 - Siblings
 - Classmates
 - Co-workers
 - Friends



The Term

- We apply the term “survivor” to our experience because it accurately reflects the difficulties that face people who have lost a loved one to suicide.
- Suicide is different than a sudden “conventional” death. The survivor must walk a gauntlet of guilt, confusion and emotional turmoil that is, in many ways, unique to survivors of suicide.



Survivors Face

- Guilt
 - Should have done something to prevent
- Stigma
 - May encounter blame, judgment or exclusion
- Anger
 - The murderer is also the victim
- Disconnection
 - Difficult to retain “happy memories”



Intensity

- The American Psychiatric association ranks the trauma of losing a loved one to suicide as “catastrophic” – on par with that of a concentration camp experience.



How to Help

- Approach task as a privilege rather than a burden
- Make contact
 - Let survivors know who you are
 - One person may “click” with survivors
 - Assure them that you are there to help
 - May be chaos and confusion caused by investigation
- Ask how you can help
 - Contact support networks, family, clergy, etc.
 - Making them comfortable



Don't be glib

- You don't know how they feel!
- You don't understand their pain or grief!
- Everything is not going to be o.k. (at least not for a very long time, if ever)!



Help them Understand

- That their loved one is dead
- Assure them that they are not to blame
- What is going on with the investigation
- What will happen to the body
- That you are there to help them



Don't be Afraid Of

- Tears
- Silence
- Anger
- Other responses



Inform

- That there are community resources
 - Survivors groups
 - Grief counseling
 - Mental health
 - Clergy
- Ask if you can stop back in a few days with specific contact information
 - Follow-up
 - Follow-through



Responders as Survivors

- The number of deaths from suicide is 2-3 times higher for emergency responders than the rate of “line-of-duty” deaths.
- Emergency responder suicide rates are thought to be higher than most professions. Based on research among:
 - Police
 - Medical staff



An Option

- If you see suicide enough, does it become an option?
- If you see death enough do you become accustomed to the possibility?
- Most survivors only have to endure one suicide, emergency responders endure many over the course of a career.



A Cumulative Effect

- Suicidal depression... is pain that seems to “accumulate” from many experiences. With each new hurt both great and small, a little more pain is added to this tragic cargo until it becomes unbearable.



Warning Signs Among Teammates

- Talks about suicide
- Has trouble eating or sleeping
- Experiences drastic changes in behavior
- Withdraws from friend or social activities
- Loses interest in hobbies, work, school, etc.
- Prepares for death, will, etc.
- Gives away prized possessions
- Takes unnecessary risks
- Has suffered a recent severe loss
- Increases use of alcohol or drugs



What To Do

- Be direct. Talk about suicide.
- Be willing to listen, allow expressions of feelings, accept the feelings.
- Be non-judgmental. Don't debate. Don't lecture
- Get involved. Show an interest. Be available.
- Don't dare him or her to do it.
- Don't act shocked.
- Don't be sworn to secrecy.
- Offer hope that alternatives are available.



Dangerous Can'ts

- Stop the pain
- Think clearly
- Make decisions
- See any way out
- Sleep, eat or work
- Get out of depression
- Make the sadness go away
- See a future without pain
- See themselves as worthwhile
- Get someone's attention
- Seem to get control



Time for Honesty

- Have you ever thought about suicide?
- Have you ever made a plan?
- Are you considering suicide now?



If

- You experience these feelings... seek help.

800-273-8255

- Know someone exhibiting these feelings, offer help.



Prevention as the Best Medicine

- Make mental health a priority
- Stress management
 - Diet
 - Exercise
 - Avoidance of ETOH and drugs
- Talk about feelings
- Debrief/defuse
- Seek professional help if needed



Web Resources About/For Survivors

- American Association of Suicidology
 - www.suicidology.org
- American Foundation for Suicide Prevention
 - www.afsp.org
- Suicide Prevention Resource Center
 - www.sprc.org
- National P.O.L.I.C.E. Suicide Foundation
 - www.psf.org



Books About/For Survivors

- No Time to Say Goodbye. Carla Fine. Doubleday.
- Why Suicide? Eustace Chesser. Arrow Books.
- Healing After the Suicide of a Loved One. Ann Smolin and John Guinan. Simon & Schuster.
- Life After Suicide: A Ray of Hope for Those Left Behind. E. Betsy Ross. Insight Books.
- My Son... My Son: A Guide to Healing After Death, Loss or Suicide. Iris Bolton. Bolton Press.



Montana Resources

- Karl Rosston, LCSW
- Suicide Prevention Coordinator
- Montana Department of Public Health and Human Services
- 555 Fuller Avenue
- Helena, Montana 59620-2905
- (406) 444-3349
- krosston@mt.gov



Montana Strategic Suicide Prevention Plan





Additional Information

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