The Power of Human Connections: Improving the Treatment of Suicidality with the Insights of Lived Experience

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Funding and Disclaimer

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Disclosures

No financial relationships or conflicts of interest to report.
About SPRC

The Suicide Prevention Resource Center (SPRC) is the only federally funded resource center devoted to advancing the implementation of the National Strategy for Suicide Prevention. SPRC is supported through a grant from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA).

SPRC builds capacity and infrastructure for effective suicide prevention through consultation, training, and resources for state, tribal, health/behavioral health, and community systems; professionals and professional education programs; and national public and private partners and stakeholders.
This activity is being accredited and implemented by the American Psychiatric Association (APA) as part of a subaward from the Suicide Prevention Resource Center (SPRC).

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education. The APA is accredited by the ACCME to provide continuing medical education for physicians. The American Psychiatric Association designates this live activity for a maximum of 1 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The Suicide Prevention Resource Center is the sole owner of the activity content, including views expressed in written materials and by the speakers.
How To Download Handouts

Desktop
Use the “Handouts” area of the attendee control panel.

Instant Join Viewer
Click the “Page” symbol to display the “Handouts” area.
How To Participate in Q&A

Desktop
Use the “Questions” area of the attendee control panel.

Instant Join Viewer
Click the “?” symbol to display the “Questions” area.
World literature, research and lived experience throughout history all show the value of personal transformative struggle including suicidal intensity …

Q: How can we support people in “growing through” their suicidal intensity without taking harmful action in the spirit of dignity and partnership?

At least 50 million people consider suicide each year in the U.S. alone.

About 5% of them attempt suicide.
A social impact company driven by lived expertise.

The mission of Humannovations is to create a healthier future through innovative solutions that empower people and communities, and reduce the global burden of mental ill-health and suicide.
Eduardo Vega

**Personal Mission and Experience**

- Building recovery/growth-oriented approaches to mental health and suicide prevention driven by lived expertise, human rights and community empowerment
- 15+ years executive management and strategic growth in non-profit, government, etc. (CEO MHASF 2010-2016); State Commissioner; Fulbright Fellow
- 30 years in mental health, social services, advocacy including homeless services outreach/shelters, etc.
- Nationally/internationally active as leader in mental health policy, programs, advocacy, research, peer support programs
- Training and mentorship of crisis counselors, peer specialists and consumer advocates
- Executive Committee of National Action Alliance for Suicide Prevention; Steering Comm. Natl Suicide Prevention Lifeline
WELCOME/OBJECTIVES

1. Identify core issues relating to the intersection of psychiatric care, mental health treatment and the personal lived experience of suicide
2. National and state level themes in crisis, peer support, suicide lived experience and suicide prevention
3. Review known initiatives and directions integrating lived experience with conventional and recent suicide prevention practice
4. Discuss alternative model of suicide recovery/growth
5. Review key humanizing terms/reframes related to crisis and intensity
6. Identify directions, challenges and opportunities
PEOPLE WITH LIVED EXPERIENCE OF SUICIDE

Trying to be honest with my therapist but not so honest that I get involuntarily hospitalized
Past-Year Suicidal Thoughts, Plans, and Attempts among Adults (18+) by Age, United States 2019

Source: SAMHSA, 2019

www.sprc.org
Suicidal Behavior, United States 2019

47,478 Suicide Deaths (includes adults and youth)

1,375,000 Reported Suicide Attempts* (18+)

3,455,000 made any suicide plans in past year* (18+)

11,951,000 Had serious thoughts of suicide in past year* (18+)

*Self-Report

Source: CDC, 2021; SAMHSA, 2020
Suicidal Behavior and Past-Year Serious Psychological Distress, United States 2019

- Serious Thoughts of Suicide: 26.4%
- Made a Suicide Plan: 9.1%
- Attempted Suicide: 0.3%
- Attempted Suicide (Serious Psychological Distress): 3.6%
- Attempted Suicide (No Serious Psychological Distress): 0.1%

Source: SAMHSA, 2019

www.sprc.org
BACKGROUND – NATIONAL STRATEGY

Objective 10.3

Engage suicide attempt survivors in suicide prevention planning, including support services, treatment, community suicide prevention education, and the development of guidelines and protocols for suicide attempt survivor support groups.

http://actionallianceforsuicideprevention.org/NSSP
BACKGROUND – THE WAY FORWARD

- Pivotal report provides recommendations for advancing goals of NSSP based on the experience and expertise of suicide attempt survivors

- Core Values
  - Inspire hope, meaning and purpose
  - Preserve dignity, counter stigma, stereotypes, discrimination
  - Promote community connectedness

http://actionallianceforsuicideprevention.org/task-force/suicide-attempt-survivors
THE WAY FORWARD

1. Coercive treatment feels like punishment, not care

2. Dehumanization, disregard and microaggression undermine recovery and trust in providers

3. Alternatives that include others “who have been there”

http://actionallianceforsuicideprevention.org/task-force/suicide-attempt-survivors
ACTIVATING HOPE
EARLY ADOPTER PILOT
A PARTNERSHIP WITH LINES FOR LIFE
Disruptive Change: Changing systems based in clinical practice, institutional stigma and fear related to suicide

- Is complex, difficult, risky
- Challenges professional training/roles and expectations
- Encourages change and learning
- Requires change in culture
- Requires soft and hard skills
- Cannot be achieved alone
- Can be approached with strategy and planning
ORGANIZATIONAL CLIMATE FOR ENGAGEMENT
VOLUNTEER/STAFF SURVEY @LINES FOR LIFE

- N = 117
  - 47% Volunteers (2/3 Adult, 1/3 Youth)
  - 33% Crisis Counselors (3/4 Full-Time)
  - 78% Female; Mean Age = 35 years

- Mean Wellness Supports rating = 2.9 (out of 4)
- Mean Overall Wellness Rating = 2.4 (out of 4)

- Ratings of Wellness Supports associated with Self-Rated Wellness
- Ratings of Positive Engagement Practices associated with Opportunities for Participation
HOW WE GOT INVOLVED
SEEING DIFFERENTLY, THINKING DIFFERENTLY, SPEAKING DIFFERENTLY

SEEING
- SEEING people living with distress and despair

THinking
- THINKING about role of crisis/distress in change

SPEAKING
- SPEAKING in terms of dignity and growth
NORMALIZING SUICIDAL INTENSITY

IS SUICIDE (DEATH) PREVENTION
NORMALIZING INTENSITY
AND THE 5 D’S

- Distress
- Despair
- Disability
- Death
- Discomfort
THE 5 P’S (PROTECTIVE FACTORS)

- Purpose
- Prospects
- Perseverance
- Presence
- Pleasure
GROWTH/RECOVERY LANGUAGE FOR SUICIDE

- Person-first
- Non-clinical, non-pathologizing, Non-criminalizing
- Focus on process, possibility and growth
- Growth/strength-based (not deficit-focused)

- Inquiring, not labeling or judging
- Chosen versus given/received identities
- Descriptive, phenomenological
- Natural everyday vs. clinical/power-based words
Traditional/Clinical Term

- CRISIS
- TRIGGERING
- TRIGGER (N)
- COMMIT SUICIDE
- ACT OUT

Growth/Recovery Alternative

- TRANSFORMATIVE STRUGGLE
- ACTIVATING
- BUTTON/SPOT
- DIE OF/COMPLETE SUICIDE
- EXPRESS INTENSITY
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<th>Traditional/Clinical Term</th>
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PEER/LIVED EXPERIENCE SUPPORTS FOR SUICIDE
WHERE LIVED EXPERIENCE WORKS IN BH SYSTEMS OF CARE

- Suicide prevention
- Suicide response
- Mobile crisis services
- Peer respite services
- Phone, text or online crisis response
- Peer support groups
BH PREVENTION INTERVENTION (US PUBLIC & PRIVATE)

LE/PEER SUPPORT ROLES TODAY

PEER/MUTUAL SUPPORTS

Subthreshold need/access

Recovery, Maintenance (Therapy, meds)

DISTRESS/ SUBACUTE

Intensive (IP, PH/IOP, RTF)

Crisis/Acute/Emergent/IP, Crisis Line/Center Rescue, Crisis Center
CURRENT NEED

(PROJECTED)

Subthreshold need/access

Maintenance (therapy, meds)

DISTRESS/SUBACUTE

Intensive (IP, PH/IOP, RTF)

Crisis/Acute/Emergent
KEY
PSYCHOSOCIAL INTERCEPT

- Subthreshold need/access
- Maintenance (therapy, meds)
- DISTRESS/SUBACUTE
- Intensive (IP, PH/IOP, RTF)
- Crisis/Acute/Emergent

PEER/MUTUAL SUPPORTS
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<td>Post-Crisis Peer Support and Suicide Prevention Support</td>
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KEY STEPS AND QUESTIONS

TRAINING READINESS: Are PS prepared, confident?

INTEREST Are PS interested to do this work? Is it in conflict with their values?

COMMUNITY SUPPORT Does the MH/BH/PS system support PS in these roles?

Funding Is the larger system invested in integrating PS? Are service lines and funding available for these jobs?
“My lived experience with crisis and suicide was incredibly painful . . .

I would never give it up because it made me who I am today...
And I like who I am today”
LET’S TALK!

Contact us: e.vega@Humannovations.net

Learn more at: https://www.humannovations.net
HOW TO CLAIM CREDIT

Simply follow the instructions below. Email LearningCenter@psych.org with any questions.

1. Attend the virtual event.
2. Submit the evaluation.
3. Select the CLAIM CREDITS tab.
4. Choose the number of credits from the dropdown menu.
5. Click the CLAIM button.

Claimed certificates are accessible in My Courses > My Completed Activities.
Resources

Suicide Prevention Resource Center:
www.sprc.org

Engaging People with Lived Experience:
https://sprc.org/keys-success/lived-experience

Substance Abuse and Mental Health Services Administration:
www.samhsa.gov

National Action Alliance for Suicide Prevention:
www.actionallianceforsuicideprevention.org
Thank you!

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