NAVIGATING THE COMPLEXITIES OF PSYCHOSIS AND SUICIDE

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AGENDA

Purpose of the Presentation

Defining Psychosis

Differentiating symptoms and diagnoses

Statistics on Suicide

Evaluating the Situation

Preparing to Act

Final Q&A

Resources

PURPOSE OF THE PRESENTATION:

THIS COURSE WILL PROVIDE IN-DEPTH KNOWLEDGE ABOUT PSYCHOSIS AND SUICIDE, INCLUDING RISK FACTORS, WARNING SIGNS, AND PREVENTION STRATEGIES. BY THE END OF THIS COURSE, YOU WILL BE ABLE TO IDENTIFY EARLY WARNING SIGNS OF PSYCHOSIS AND SUICIDAL BEHAVIOR, IMPLEMENT EFFECTIVE INTERVENTION AND PREVENTION TECHNIQUES TO HELP THOSE AT RISK, ULTIMATELY SAVING LIVES.

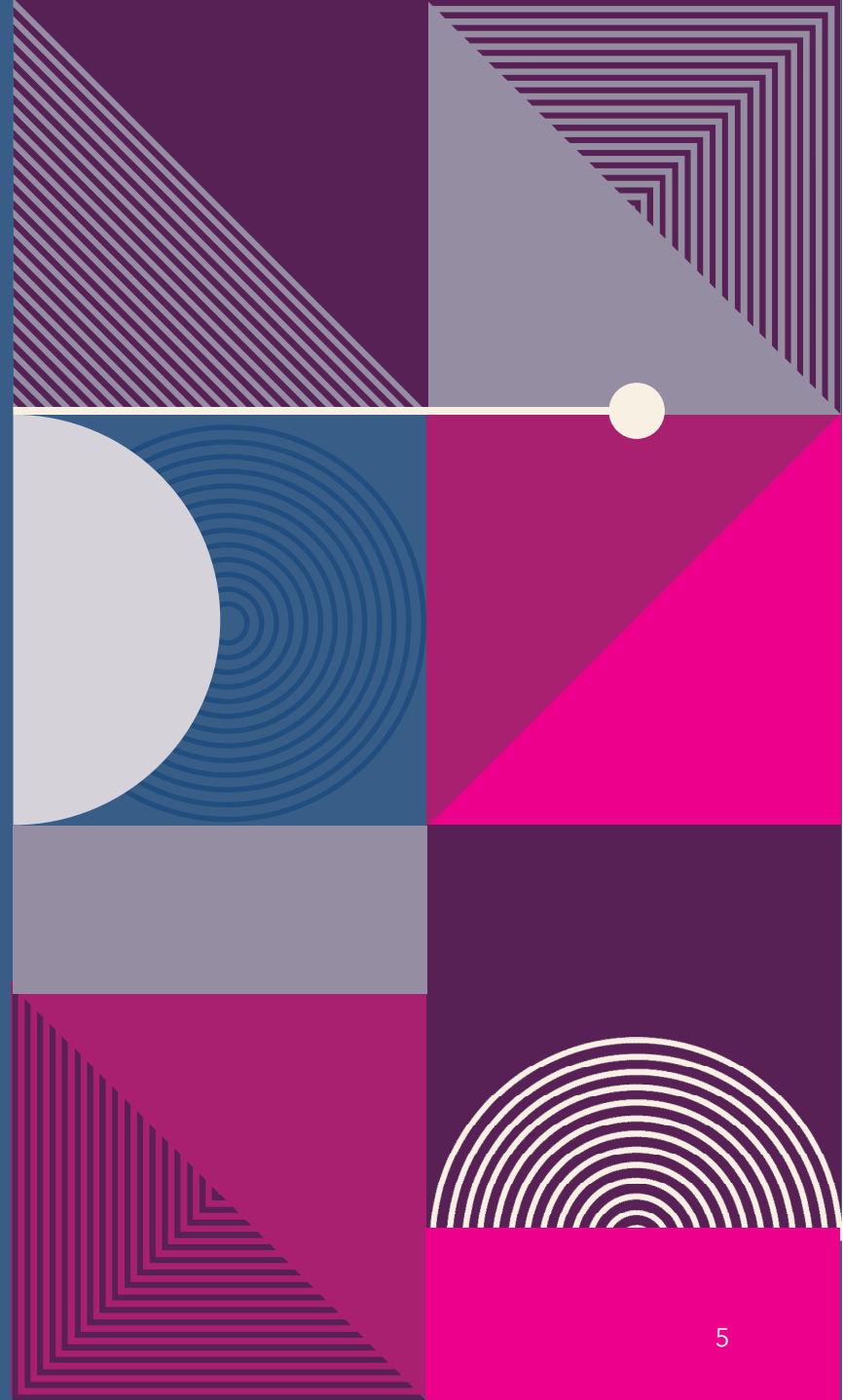
PSYCHOSIS

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines Psychosis as a range of abnormalities in one or more of the following five domains:

- Delusions: Fixed beliefs that are not open to change, even when presented with conflicting evidence.
- Hallucinations: Sensory experiences that occur without an external stimulus.
- Disorganized thinking: Patterns of thinking that are not logical, linear or goal-directed
- Disorganized behavior: Patterns of behavior that are unpredictable or inappropriate.
- Negative symptoms: A decrease or loss of normal functioning, such as stopping the expression of emotions.

ADDITIONAL DIAGNOSES:

- Delusional disorder
- Brief psychotic disorder
- Schizophrenia
- Schizoaffective disorder
- Substance/medication-induced psychotic disorder
- Psychotic disorder due to another medical condition
- Catatonia.



DIFFERENTIAL DIAGNOSIS

- A list of possible conditions that could be causing a patient's symptoms, and the process of narrowing down the most likely cause.

What are the person’s symptoms?

How long have they been experiencing them?

Any triggers to the symptoms?

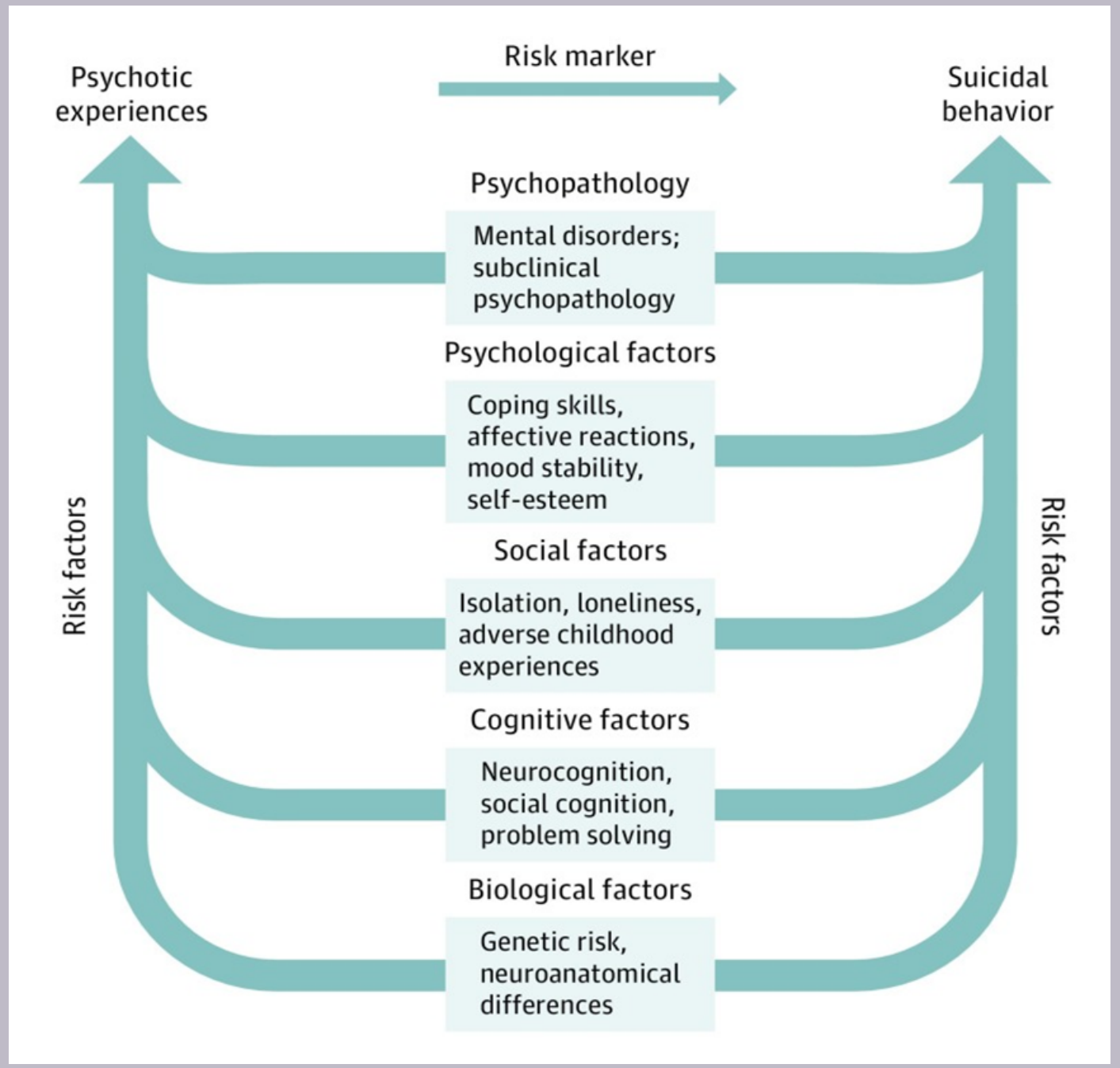
Family history of specific symptoms, conditions or diseases?

Taking prescription medications?

Alcohol, tobacco or other substance use?

PSYCHOSIS & SUICIDE

- Psychotic experiences are important clinical markers of risk for future suicidal behavior.
- 50% higher risk for suicide and repeated attempts.
- Other factors - a brain tumor, abuses alcohol, has Parkinson's disease, or experiences a traumatic event.
- Correlation between psychotic experiences and risk markers in relation to suicidal behavior


Psychotic experiences
Risk marker
Suicidal behavior
Psychopathology
Mental disorders; subclinical psychopathology
Psychological factors
Coping skills, affective reactions, mood stability, self-esteem
Social factors
Isolation, loneliness, adverse childhood experiences
Cognitive factors
Neurocognition, social cognition, problem solving
Biological factors
Genetic risk, neuroanatomical differences
Risk factors
Risk factors

Over

49,000

people died by suicide in 2022

1 death every

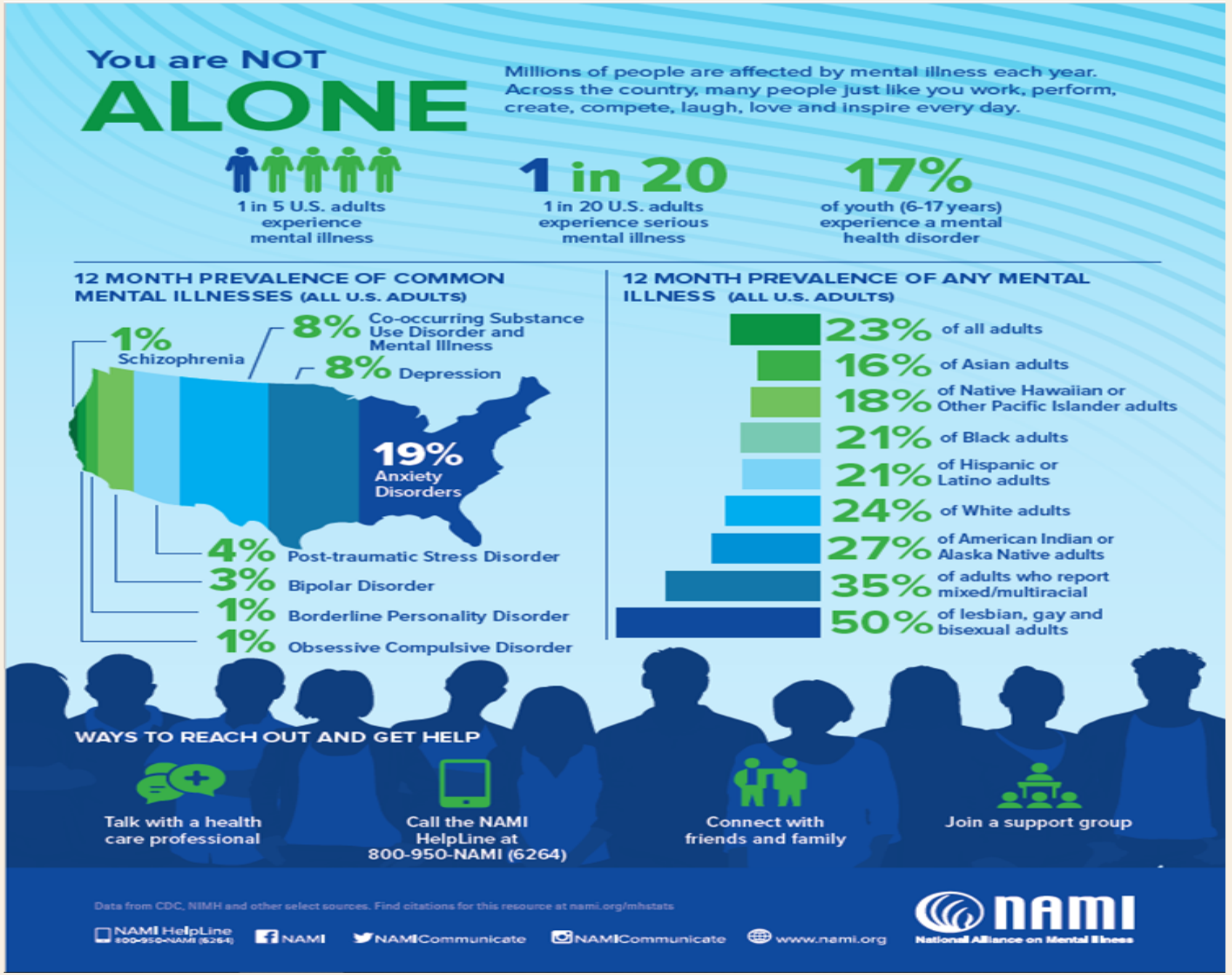
11 minutes

Many adults think about suicide or attempt suicide

13.2 million
Seriously thought about suicide

3.8 million
Made a plan for suicide

1.6 million
Attempted suicide


You are NOT
ALONE
Millions of people are affected by mental illness each year. Across the country, many people just like you work, perform, create, compete, laugh, love and inspire every day.
1 in 5 U.S. adults experience mental illness
1 in 20
1 in 20 U.S. adults experience serious mental illness
17%
of youth (6-17 years) experience a mental health disorder
12 MONTH PREVALENCE OF COMMON MENTAL ILLNESSES (ALL U.S. ADULTS)
1% Schizophrenia
8% Co-occurring Substance Use Disorder and Mental Illness
8% Depression
19% Anxiety Disorders
4% Post-traumatic Stress Disorder
3% Bipolar Disorder
1% Borderline Personality Disorder
1% Obsessive Compulsive Disorder
12 MONTH PREVALENCE OF ANY MENTAL ILLNESS (ALL U.S. ADULTS)
23% of all adults
16% of Asian adults
18% of Native Hawaiian or Other Pacific Islander adults
21% of Black adults
21% of Hispanic or Latino adults
24% of White adults
27% of American Indian or Alaska Native adults
35% of adults who report mixed/multiracial
50% of lesbian, gay and bisexual adults
WAYS TO REACH OUT AND GET HELP
Talk with a health care professional
Call the NAMI HelpLine at 800-950-NAMI (6264)
Connect with friends and family
Join a support group
Data from CDC, NIMH and other select sources. Find citations for this resource at nami.org/mhstats
NAMI HelpLine 800-950-NAMI (6264)
NAMI
NAMICommunicate
NAMICommunicate
www.nami.org
NAMI
National Alliance on Mental Illness

RISK IS DETERMINED BY A VARIETY OF FACTORS

Individual Risk Factors

(personal factors):

- Previous suicide attempt
- History of depression and other mental illnesses
- Serious illness such as chronic pain
- Criminal/legal problems
- Job/financial problems or loss
- Impulsive or aggressive tendencies
- Substance use
- Current or prior history of adverse childhood experiences
- Sense of hopelessness
- Violence victimization and/or perpetration

Societal Risk Factors

(cultural and environmental factors within the larger society):

- Stigma associated with help-seeking and mental illness
- Easy access to lethal means of suicide among people at risk
- Unsafe media portrayals of suicide

RISK IS DETERMINED BY A VARIETY OF FACTORS

Relationship Risk Factors

(harmful or hurtful experiences within relationships):

- Bullying
- Family/loved one's history of suicide
- Loss of relationships
- High conflict or violent relationships
- Social isolation

Community Risk Factors

(challenging issues within a person's community):

- Lack of access to healthcare
- Suicide cluster in the community
- Stress of acculturation
- Community violence
- Historical trauma
- Discrimination

EVALUATING THE SITUATION

- How is the person presenting themselves to me?
  - Body language
  - Speech
  - Mental Status
  - What, if any, symptoms are present?
  - How well do I know this person? (This is in regard to evaluating them and the situation at hand. Is this their normal presentation?)
- Am I in an immediate danger?
  - Where are we meeting? Do I know how to get to safety?
  - Who can I call for assistance? Other team members? Family? Police? Crisis?
- Ways of engaging the person?
- Seeking professional help in obtaining a diagnosis

PREPARING TO ACT
(WARNING SIGNS)

- Behavior:
  - Increased use of alcohol or drugs
  - Acting recklessly
  - Isolating and withdrawing from activities
  - Change in sleep, appetite, energy level
  - Visiting or calling people to say goodbye
  - Giving away prized possessions
  - Aggression or agitation
  - Discomfort due to psychosis

- Things they Say:
  - Killing themselves
  - Having no reason to live
  - Being a burden to others
  - Feeling trapped
  - Unbearable pain
  - Hopelessness

- Mood:
  - Depression, despair
  - Loss of interest
  - Rage
  - Irritability
  - Humiliation
  - Anxiety

PREPARING TO ACT
(EVALUATING RISK)

- "Proactive" Suicide Risk Management
  - Initial and ongoing risk assessment (e.g. CSSRS, SBQ-R, ASQ)
  - Proactive interventions: Psychoeducation, Safety planning intervention (SPI)
- "Reactive" Suicide Risk Management
  - Crisis Management, including Safety Planning and increased monitoring
- Reaching out to Supports
  - Family
  - Friends
  - Mental Health supports
  - Roommates/Housemates
  - Other social supports

PREPARING TO ACT
(BUILDING A TEAM)

- Building Rapport, within your household and community
- Psychoeducation to better educate yourself and those affected
- Seeking professional assistance/education:
  - Medication Education/Management
  - Outpatient Therapy
  - Individual Therapy
  - Group Therapy
  - Assertive Community Treatment (ACT)
  - Partial Hospital Programs (PHP)
- Inpatient Treatment

THERAPEUTIC INTERVENTION STRATEGIES

- Medications
  - Antipsychotics:
    - Risperidone
    - Seroquel
    - Zyprexa
    - Invega
    - Abilify
    - Clozaril
- Cognitive Behavioral Therapy (CBT)
- Cognitive Enhancement Therapy (CET)
- Family Therapy
- Self-care/Healthier Lifestyles
- Continued Psychoeducation

PREVENTION STRATEGIES

Strategies to Prevent Suicide

Strengthen economic supports

- Improve household financial security
- Stabilize housing

Create protective environments

- Reduce access to lethal means among persons at risk of suicide
- Create healthy organizational policies and culture
- Reduce substance use through community-based policies and practices

Improve access and delivery of suicide care

- Cover mental health conditions in health insurance policies
- Increase provider availability in underserved areas
- Provide rapid and remote access to help
- Create safer suicide care through systems change

Promote healthy connections

- Promote healthy peer norms
- Engage community members in shared activities

Teach coping and problem-solving skills

- Support social-emotional learning programs
- Teach parenting skills to improve family relationships
- Support resilience through education programs

Identify and support people at risk

- Train gatekeepers
- Respond to crises
- Plan for safety and follow-up after an attempt
- Provide therapeutic approaches

Lessen harms and prevent future risk

- Intervene after a suicide (postvention)
- Report and message about suicide safely

OTHER RESOURCES

- Local Mental Health services:
  - Lenape Valley Foundation: 499 Bath Rd. Bristol, PA 19007; (215) 458-4200
  - Lenape Valley Foundation: 500 N. West St. Doylestown, PA 18901; (215) 345-5300
  - Penndel Mental Health Center: 1517 Durham Rd. Penndel, PA 19047; (215) 752-1541
  - NAMI Bucks County: 1432 Easton Rd., Suite 2D Warrington, PA 18976; (215) 343-3055
- Mental Health resources:
  - National Alliance of Mental Illness (NAMI): www.nami.org/home
  - National Institute of Mental Health (NIMH): www.nimh.nih.gov/
  - Center for Disease Control and Prevention (CDC): https://www.cdc.gov/mentalhealth
- National Mental Health resources:
  - 988: Suicide and Crisis Lifeline
  - 1-800-273-8255: Suicide and Crisis Lifeline
  - Text HOME to 741741 to connect with a volunteer Crisis Counselor
  - www.pa.gov/guides/mental-health/
- Please reach out to your Local and State Representatives and fight for more affordable/obtainable mental health services.

Q&A

THANK YOU

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SOURCES

- CDC Wonder
- CDC
- NAMI