

Recognizing and Responding to Suicide Ideation



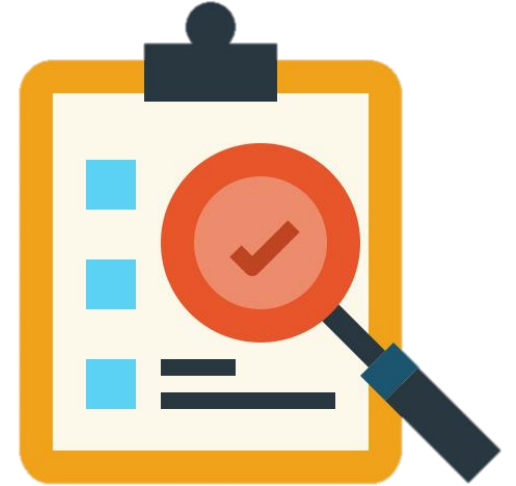
ALEXANDER MALIK KHADDOUMA, PHD, ABPP

LICENSED PSYCHOLOGIST | BOARD CERTIFIED IN COUPLE AND FAMILY PSYCHOLOGY

UNIVERSITY OF HAWAII AT MĀNOA

Agenda

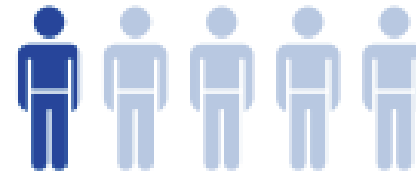
- Understand who is at risk for suicide
- Debunk myths about suicide
- Recognize warning signs of suicide
- How to ask about suicide
- On- and off-campus mental health resources
- Resources for further training



Building a Community of Care



**NEARLY 1 IN 5 ADULTS (19%) SAY
THEIR MENTAL HEALTH IS WORSE
THAN THIS TIME LAST YEAR**



BY GENERATION

34% of Gen Z adults



19% of millennials



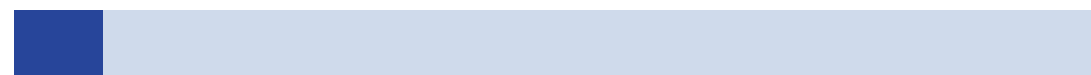
21% of Gen X



12% of boomers



8% of older adults

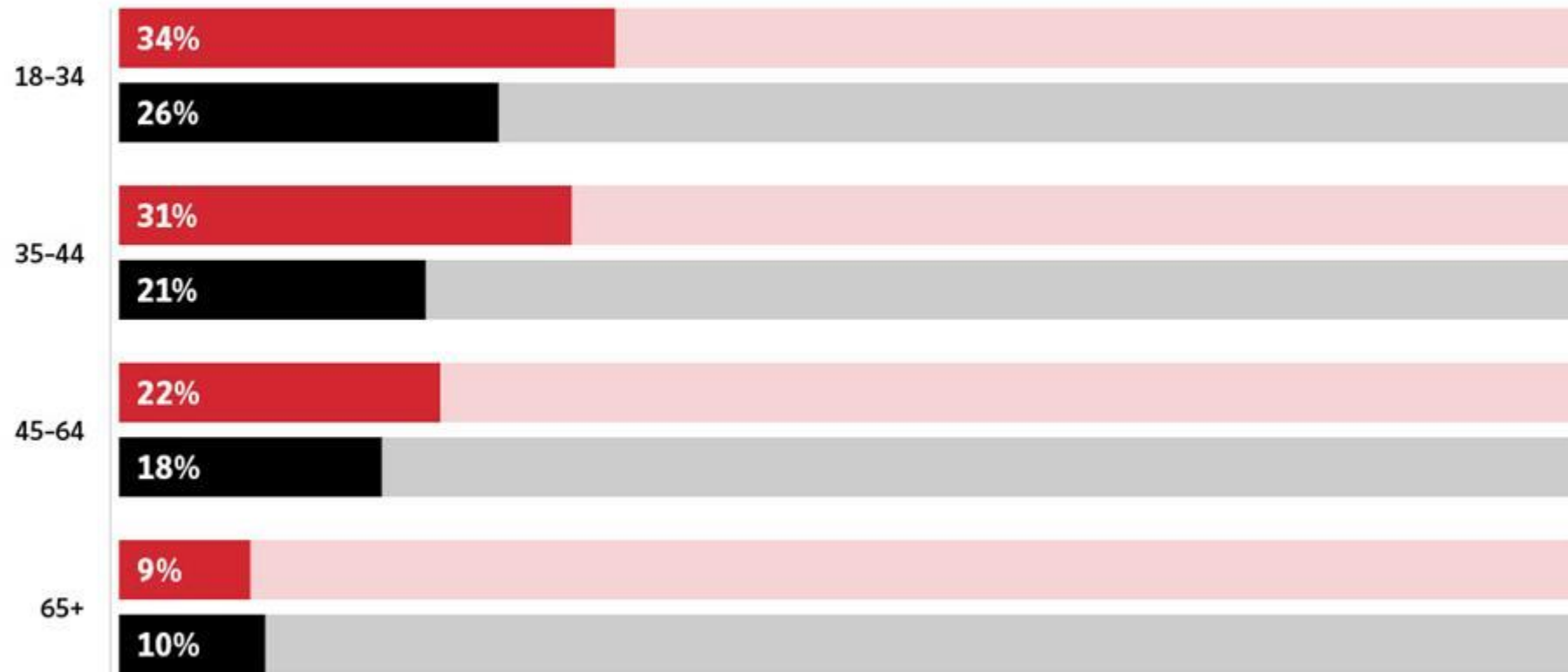


PRE- AND POST-PANDEMIC STRESS LEVEL COMPARISON BY AGE

% OF ADULTS WHO RATE THEIR AVERAGE STRESS BETWEEN EIGHT AND TEN*



■ 2023 ■ 2019



*Respondents were asked to rate their average level of stress during the past month on a scale of 1 to 10, where 1 means "little or no stress" and 10 means "a great deal of stress"

STRESS IN AMERICA™ 2023

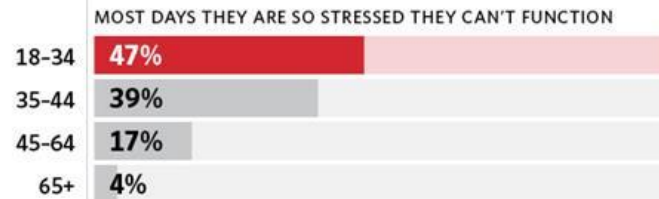
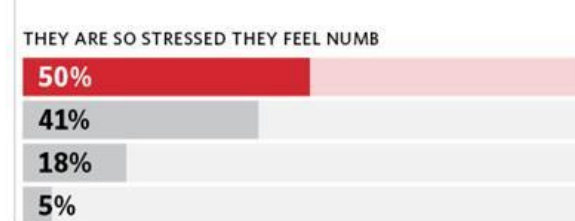
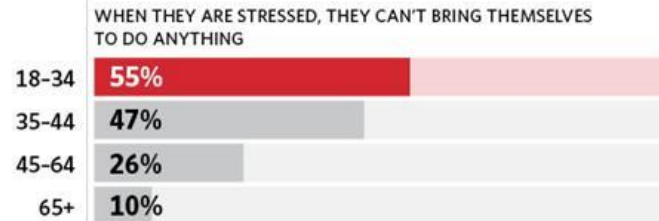
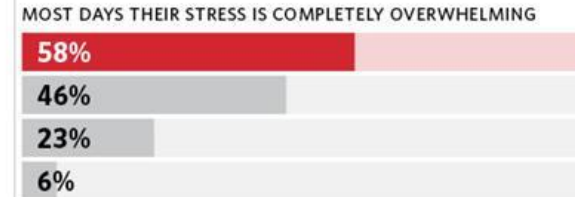
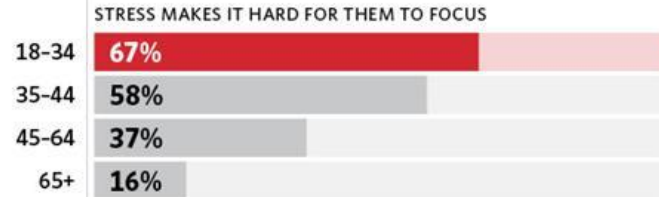
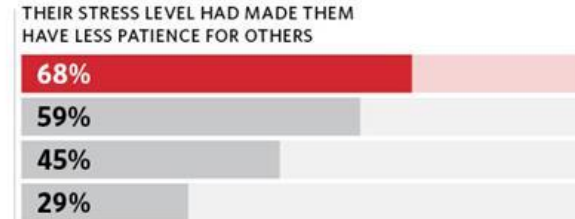
© 2023 American Psychological Association

YOUNGER ADULTS REPORT EFFECTS OF STRESS THE MOST

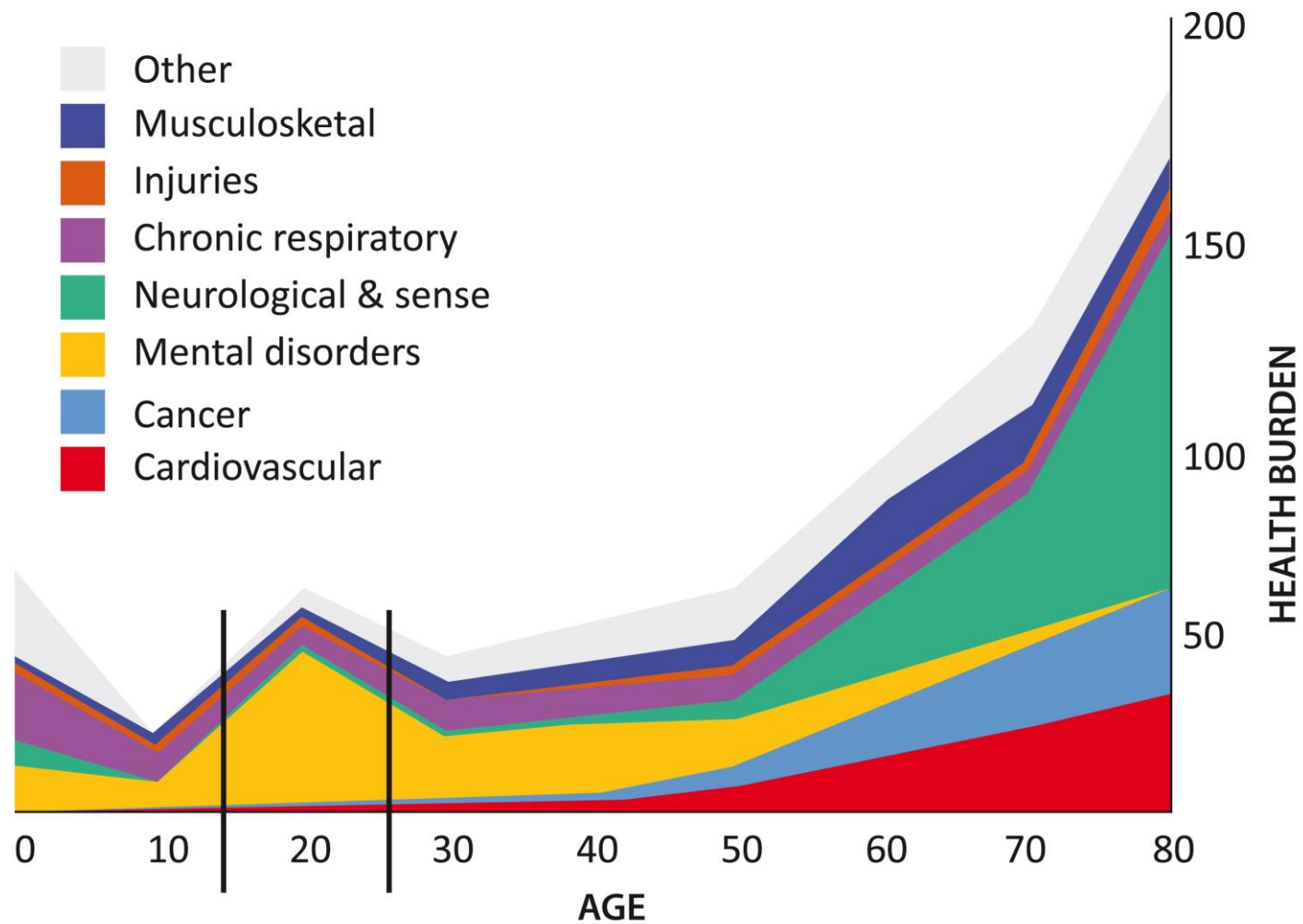


EFFECTS OF STRESS

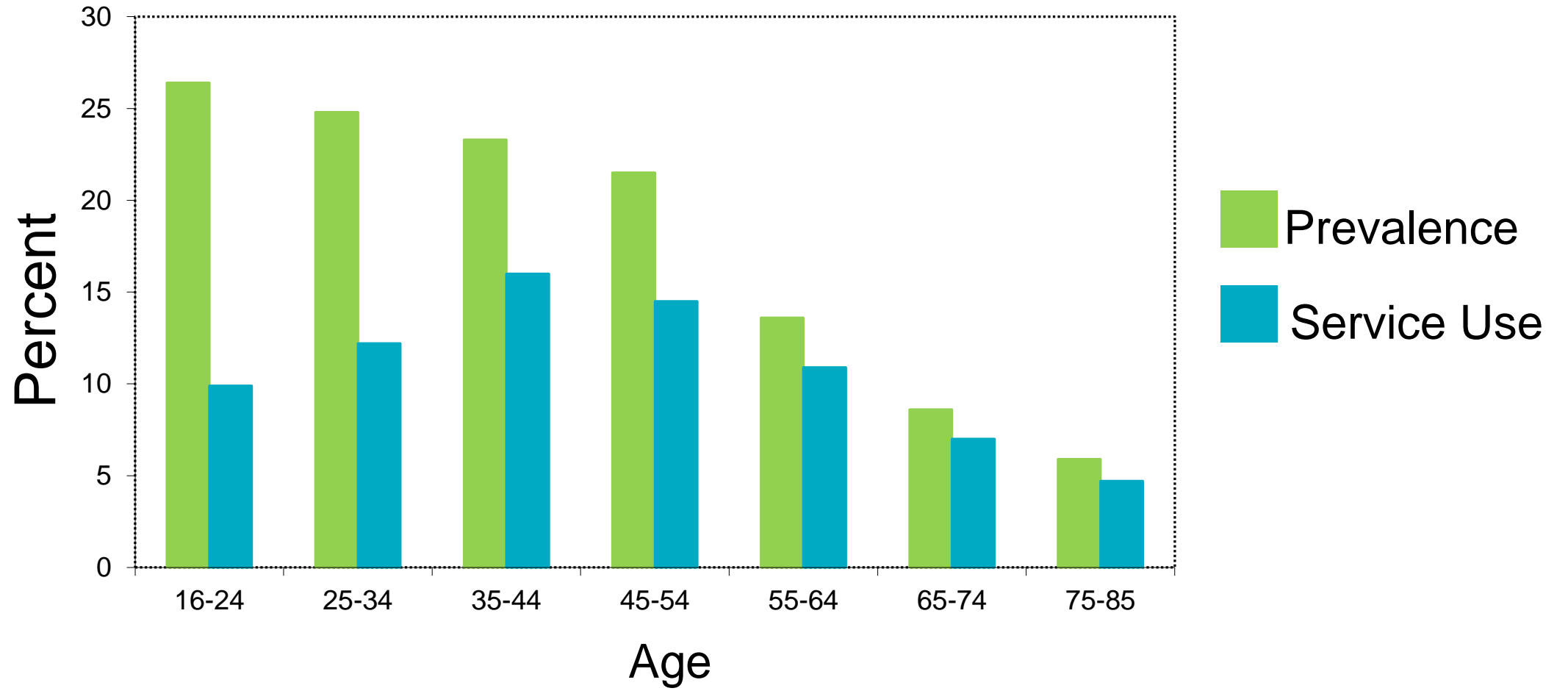
% STRONGLY/SOMEWHAT AGREE



Disease Burden Across Age



Mental Health Prevalence vs. Service Use Across Age



Suicide rates

Suicide rates increased 37% between 2000-2018 and decreased 5% between 2018-2020. However, rates returned to their peak in 2022.

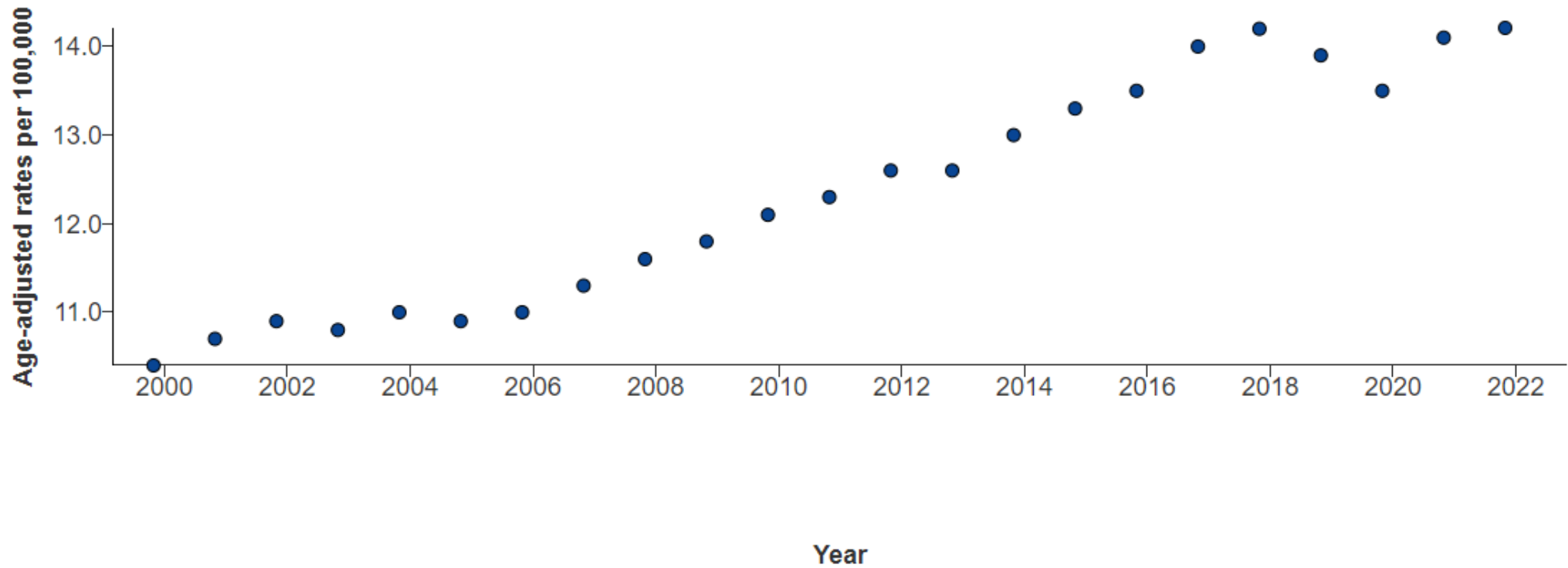
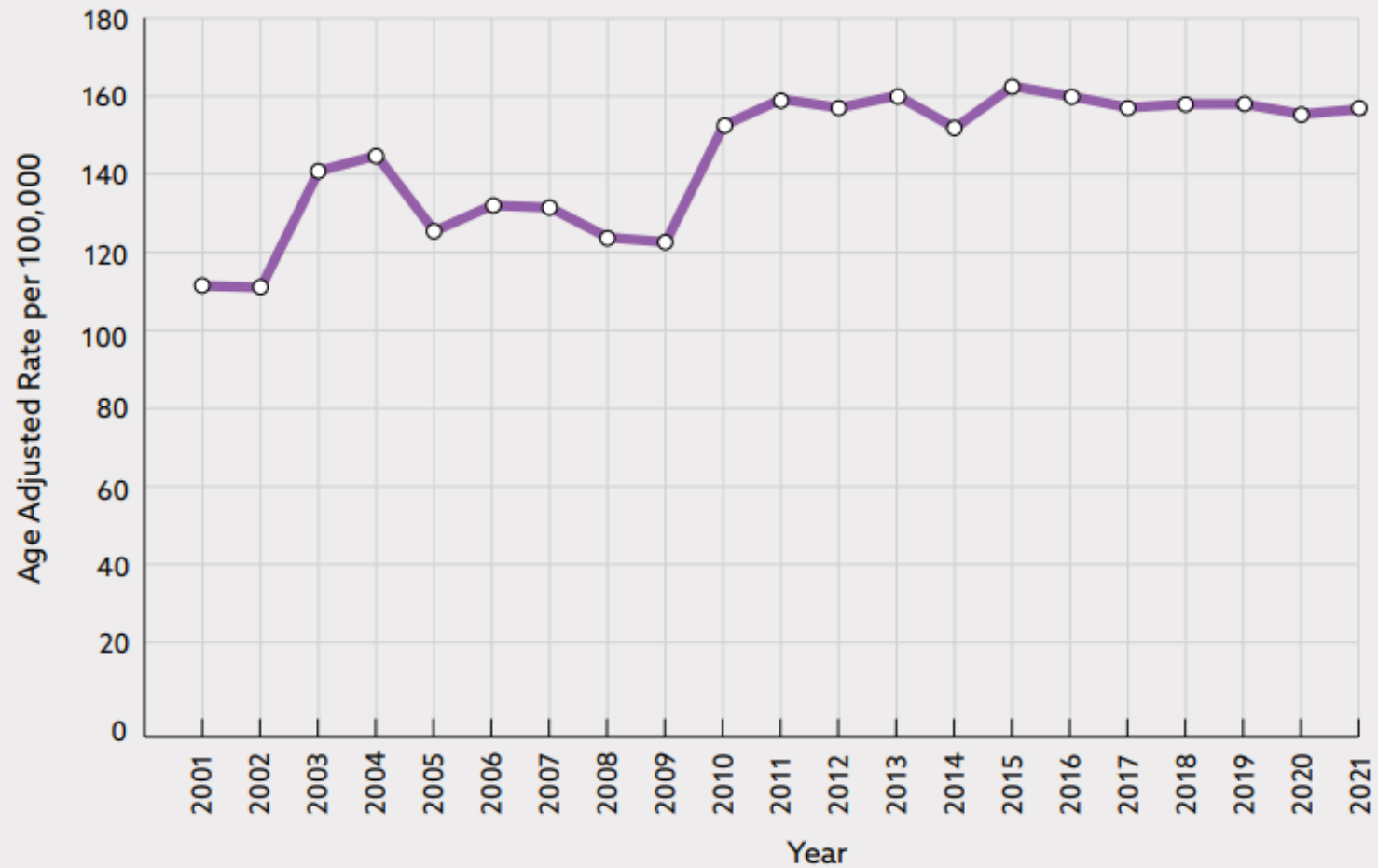


Figure 3. Age-adjusted rates for nonfatal self-harm visits to EDs, 2001–2021

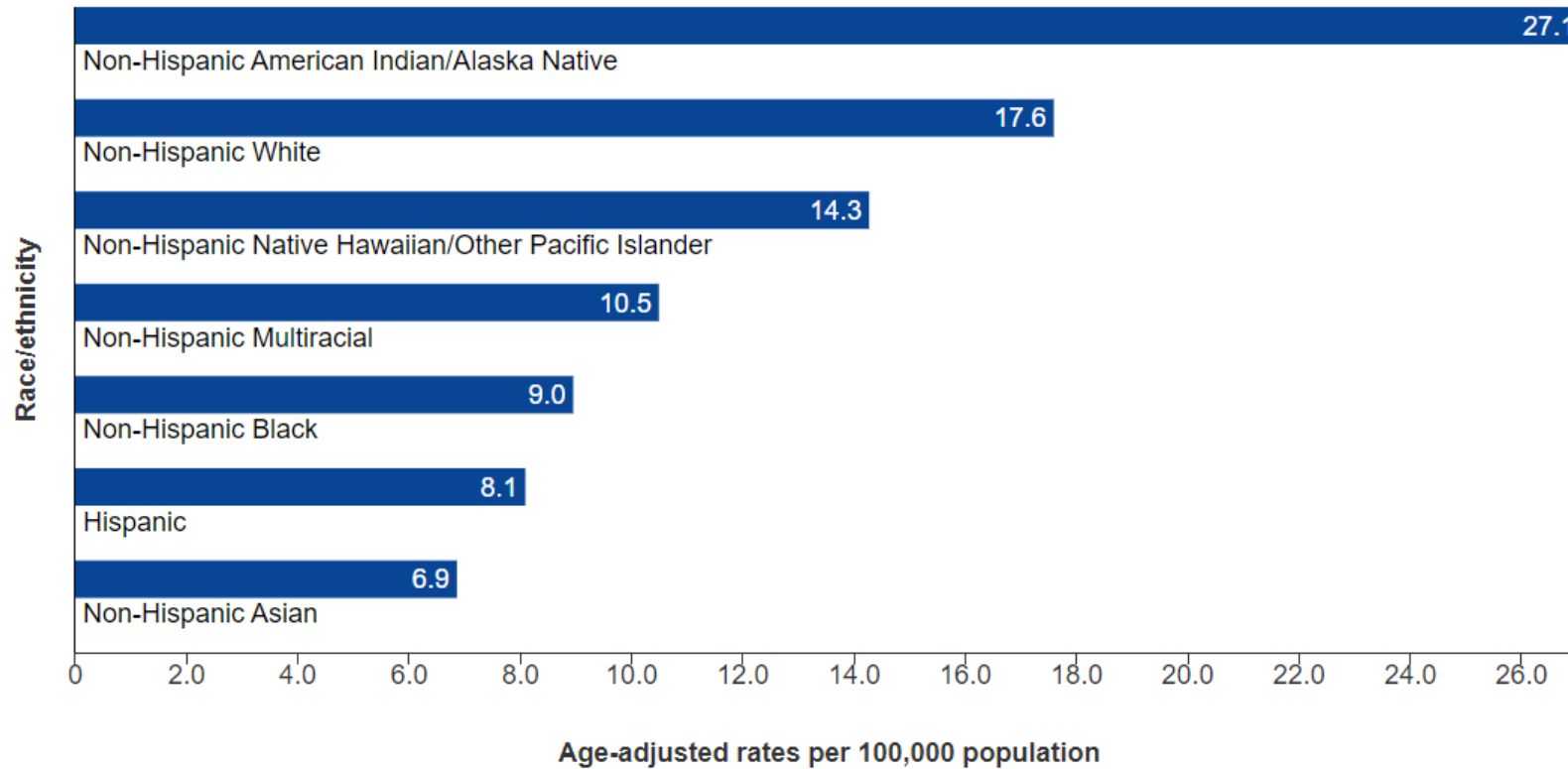


Source: CDC, 2024b

Suicide rate disparities

Some groups have disproportionately high rates of suicide.

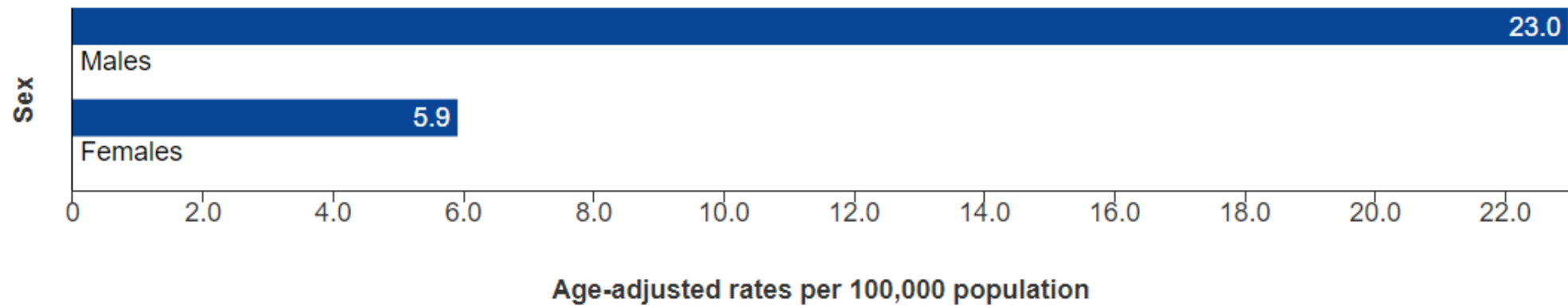
The racial/ethnic groups with the highest rates in 2022 were non-Hispanic American Indian and Alaska Native and Alaska Native people and non-Hispanic White people.



Suicide rate disparities

Some groups have disproportionately high rates of suicide.

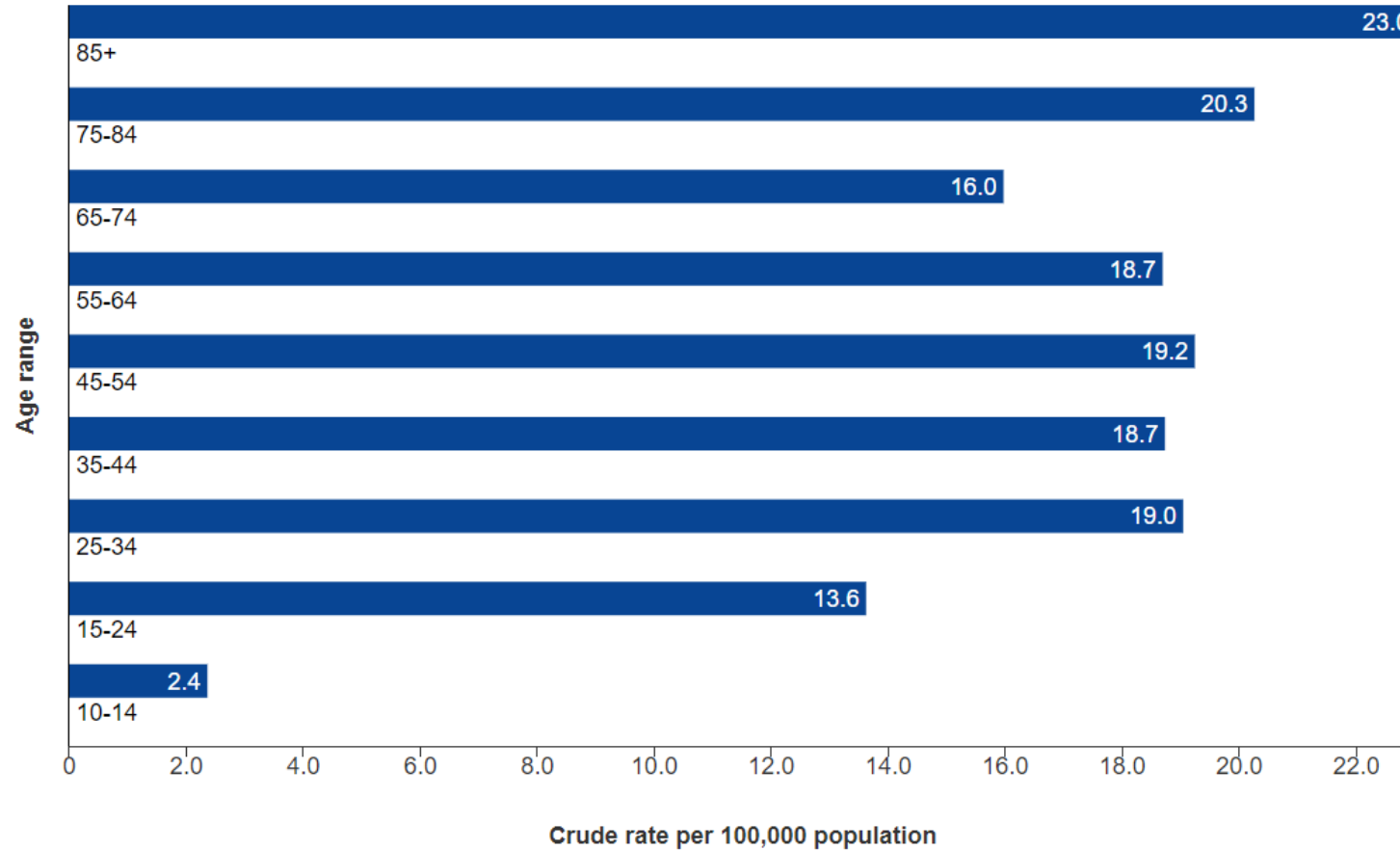
The suicide rate among males in 2022 was approximately four times higher than the rate among females. Males make up 50% of the population but nearly 80% of suicides.



Suicide rate disparities

Some groups have disproportionately high rates of suicide.

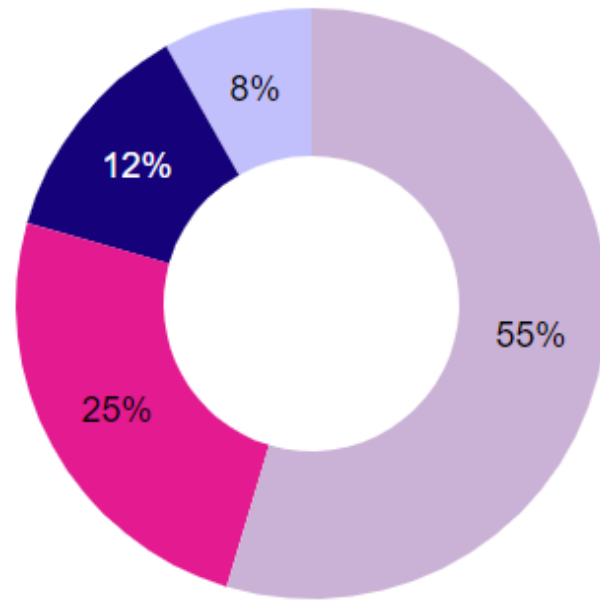
People ages 85 and older had the highest rates of suicide in 2022.



Source: [Centers for Disease Control and Prevention \(CDC\)](#)

Suicide methods

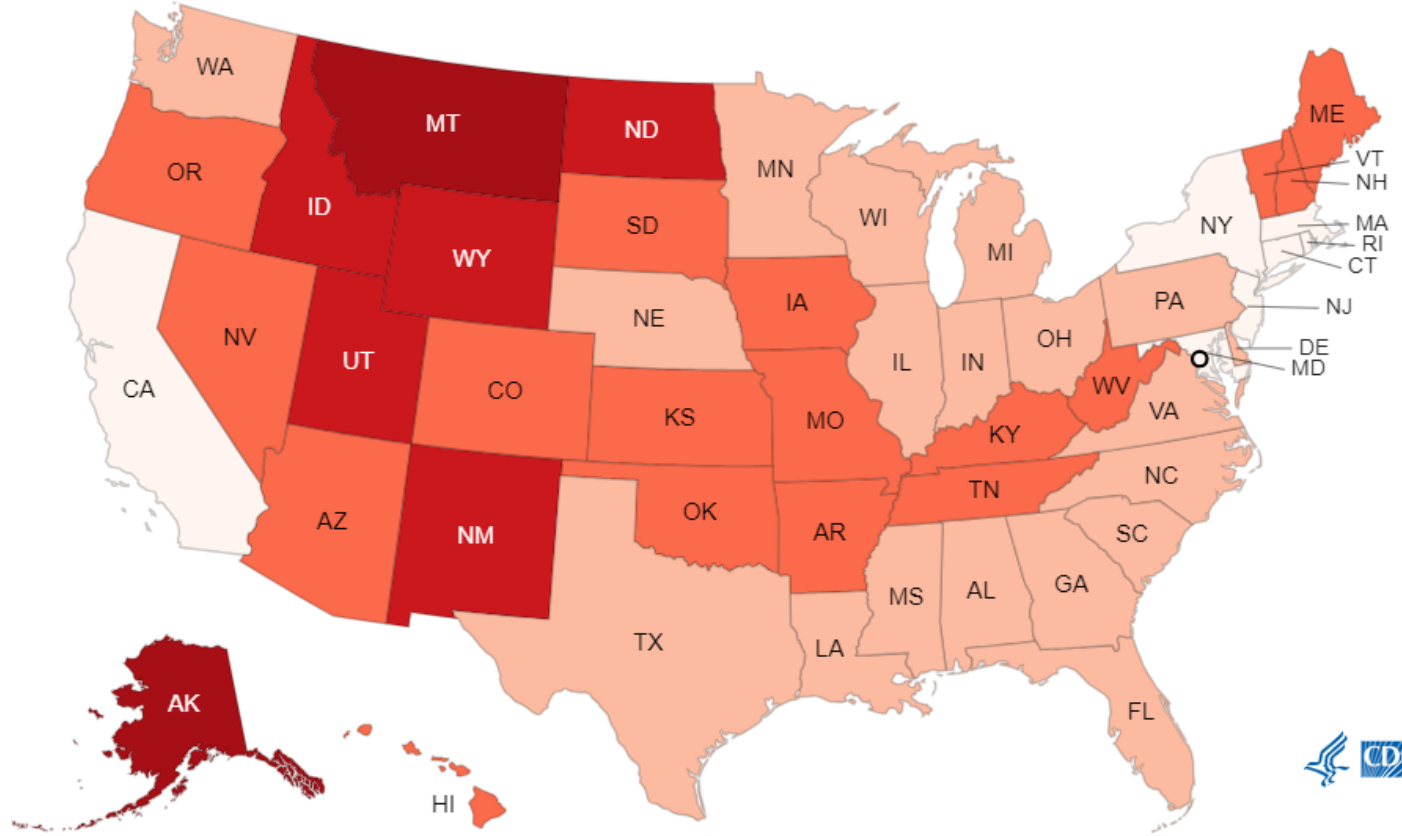
Firearms are the most common method used in suicides. Firearms were used in more than 50% of suicides in 2022.



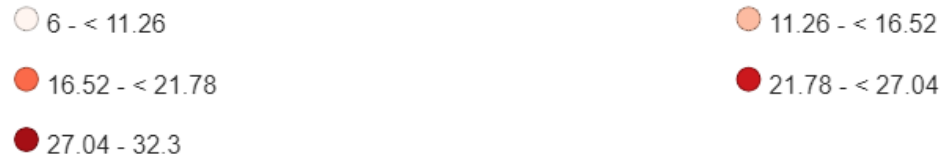
- Firearm
- Suffocation
- Poisoning
- Other

Year
2022

Suicide Mortality by State:



Age-Adjusted Death Rates¹



Source: [Centers for Disease Control and Prevention \(CDC\)](https://www.cdc.gov)

Myths about Suicide:

- Talking about suicide increases the chance a person will act on it.
- People who talk about suicide are just seeking attention.
- Suicide can't be prevented.
- People who take their own lives are selfish, cowardly, or weak.
- Suicide only affects individuals with a mental health condition.
- Teenagers and college students are the most at risk for suicide.
- Barriers to bridges, safe firearm storage, and other actions to reduce access to lethal methods of suicide don't work.
- Suicide always occurs without warning.
- Talk therapy and medications don't work.

Willing to Reach Out

Most faculty members "strongly agree" or "agree" that they would reach out to a mentally distressed student, although some aren't sure they would recognize if a student needed help.



Chart: Audrey Williams June • Source: [Boston University School of Public Health/The Healthy Minds Network/Mary Christie Foundation](#) • [Get the data](#) • Created with [Datavrapper](#)

Talking About Mental Health

One out of five faculty members had 10 or more conversations with students about their mental or emotional health this spring.

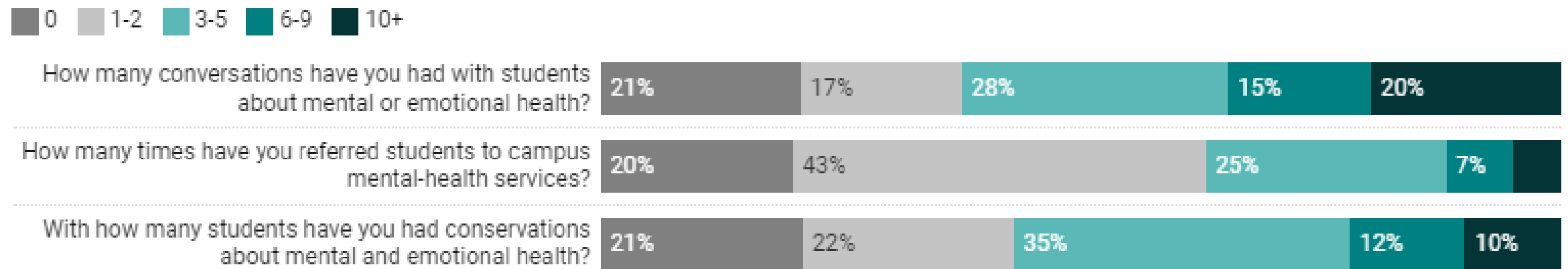


Chart: Audrey Williams June • Source: [Boston University School of Public Health/The Healthy Minds Network/Mary Christie Foundation](#) • [Get the data](#) • Created with [Datawrapper](#)

Table 4. Risk and protective factors for suicide based on levels of the Social Ecological Model

Category	Risk factors	Protective factors
Individual	<ul style="list-style-type: none"> • History of: <ul style="list-style-type: none"> ◦ Suicide attempt(s) ◦ Depression ◦ Other mental illness ◦ Substance use ◦ Adverse childhood experiences ◦ Violence (as victim, perpetrator, or both) • Negative life stress: <ul style="list-style-type: none"> ◦ Severe illness ◦ Chronic pain ◦ Criminal and/or legal problems ◦ Financial loss or instability ◦ Job problem or loss ◦ Intergenerational trauma • Experiences of: <ul style="list-style-type: none"> ◦ Hopelessness ◦ Impulsivity ◦ Aggression ◦ Social isolation ◦ Loneliness 	<ul style="list-style-type: none"> • Beliefs in: <ul style="list-style-type: none"> ◦ Reasons for living ◦ Cultural identity • Effective life skills: <ul style="list-style-type: none"> ◦ Coping
Relationship	<ul style="list-style-type: none"> • Negative life events: <ul style="list-style-type: none"> ◦ Family or loved one's suicide ◦ Loss of relationship(s) • Negative relationships: <ul style="list-style-type: none"> ◦ High conflict or violent relationships ◦ Bullying ◦ Social exclusion ◦ Interpersonal racism and discrimination 	<ul style="list-style-type: none"> • Connection: <ul style="list-style-type: none"> ◦ Social support ◦ Close relationships with positive peers, parents, family, significant others ◦ Variety of relationships and frequency of interactions

continued on the next page →

Category	Risk factors	Protective factors
Community	<ul style="list-style-type: none"> • Traumatic history: <ul style="list-style-type: none"> ◦ Historical trauma ◦ Suicide cluster • Risk environment <ul style="list-style-type: none"> ◦ Community violence ◦ Discrimination • Disconnection: <ul style="list-style-type: none"> ◦ Stress of acculturation ◦ Lack of access to health care 	<ul style="list-style-type: none"> • Healthy environment: <ul style="list-style-type: none"> ◦ Accessible and affordable high-quality health care (physical and behavioral) • Connection to: <ul style="list-style-type: none"> ◦ School ◦ Community ◦ Social institutions
Societal	<ul style="list-style-type: none"> • Negative stereotypes about: <ul style="list-style-type: none"> ◦ Help-seeking ◦ Mental illness • Risk environment: <ul style="list-style-type: none"> ◦ Unsafe media portrayals ◦ Easy access to lethal means of suicide among people at risk ◦ Systemic or institutional racism and discrimination 	<ul style="list-style-type: none"> • Objections to suicide from: <ul style="list-style-type: none"> ◦ Culture ◦ Morals ◦ Religious beliefs • Reduced access to lethal means of suicide

Sources: CDC, 2022b; Alvarez et al., 2022; Coimbra et al., 2022

Warning Signs:

- Talks about dying by suicide
- Has trouble eating or sleeping
- Exhibits drastic changes in behavior
- Withdraws from friends or social activities
- Loses interest in school, work, or hobbies
- Prepares for death by writing a will and making final arrangements
- Has attempted suicide before
- Takes unnecessary risks
- Has recently experienced serious losses
- Seems preoccupied with death and dying
- Loses interest in their personal appearance
- Increases alcohol or drug use



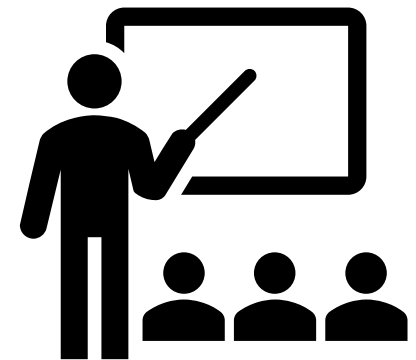
Warning Signs:

- Unusual behavior with potentially lethal items such as firearms or pills
- Giving away cherished belongings
- Excessive or insufficient sleep
- Withdrawing or isolating oneself
- Getting highly intoxicated or driving recklessly
- Talking about wanting to die, via suicide or otherwise
- Struggling to come up with reasons to live
- Feeling like a burden, unneeded or as if they don't belong anywhere or with anyone
- Feeling hopeless
- Substance abuse issues
- A history of trauma
- Experiencing mental disorders such as depression, anxiety, schizophrenia and personality disorders, especially if not receiving treatment
- Personal or family history of suicide
- Easy access to potentially fatal means
- Loss of interest in activities or school



How to Help:

- **Take care of yourself**
- Implement flexible, **trauma-informed practices** in your work with students
- **Increase your knowledge** of on- and off-campus mental health resources
- **Grow your skills** in communicating with distressed students
- **Orient your students** and **new hires** to on-campus support services
- **Support efforts** to increase students' access to university mental health services
- **Get trained** in suicide prevention and intervention



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

5 Tips for Addressing Suicide:

- 1. Take it seriously!** Suicide is a serious problem and any suicide threat or attempt should be taken seriously.
- 2. Recognize their pain:** Recognize when someone is in severe emotional pain, such as feeling consistently depressed or sad, hurting themselves, or thinking frequently about suicide or ending their life.
- 3. Be a source of support and direction:** Be a good listener, acknowledge the situation, make sure they are in a safe environment, and encourage them to seek help from a mental health professional.
- 4. Ask directly:** Don't be afraid to bring up the topic of suicide with someone who you are worried about – it is often best to ask directly so you can know how to help them.
- 5. Get help right away:** Connecting them to crisis resources is the most active step you can take to protect someone in their time of need.



How to Talk to Others about Getting Help

- 1. Treat it like any other health problem.**
 - Foster hope with seeking help for their situation.
 - Getting help is considered a sign of good judgment/strength.
 - It is ok to just go and check it out (not obligated for long term).
- 2. Be mindful of judgment and stigma.**
- 3. Show compassion and care.**
 - You can offer to assist in locating/contacting providers.
- 4. Mental health professionals meet people with a range of concerns (large and small).**
- 5. Promote that most mental health concerns can get better over time with proper care, and can get worse without it.**



How to Ask about Suicidal Ideation

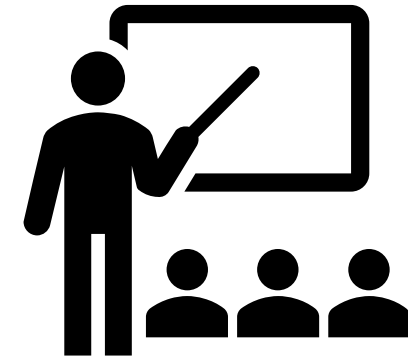
1. What do you mean when you say “_____”?
2. Are you thinking about suicide?
3. I am worried about you because of _____, _____, & _____.
4. Are you able to keep yourself safe?
5. Are you able to keep yourself alive?
6. Let’s discuss next steps to keep you safe right now.

***Remember that suicidal ideation is a life-threatening condition, and should be treated as such!**

Mental Health Resources

- **Mental healthcare services:**

- [Counseling and Student Development Center \(CSDC\)](#)
- [Employee Assistance Program \(EAP\)](#)
- Private health insurance portals
- Mental healthcare provider referrals:
 - [Hawai'i Psychological Association](#)
 - [Psychology Today](#)
- If uninsured:
 - [Hawai'i Mental Health Pro Bono Project](#)
 - [Adult Mental Health Division \(Department of Health\)](#)



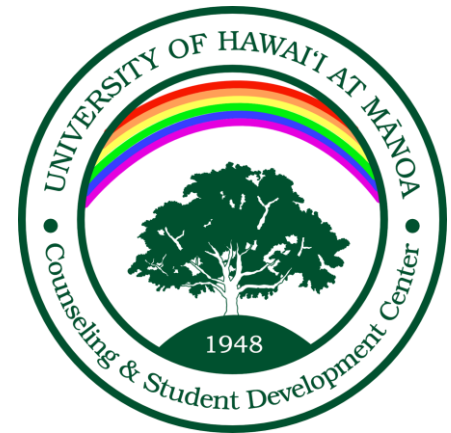
- **Crisis services:**

- National Suicide & Crisis Lifeline
<https://suicidepreventionlifeline.org/>
Call, chat, or text: 988
- Hawaii CARES
<https://hicares.hawaii.gov/>
Call, chat, or text: 988 | Specify location in Hawai'i



Counseling and Student Development Center

- **Counseling and Student Development Center (CSDC)**
 - Focused on serving the **mental health** needs of students.
 - Staffed by licensed mental healthcare professionals.
 - Training site for mental health professionals.
 - Telehealth or in-person services available. Walk-ins welcome.
- **Eligibility for services:**
 - Currently **enrolled** students who have paid the Health Fee are eligible for an initial appointment.
 - Services available for students **within State of Hawai'i**.
- **Trainings and consultation** available for faculty/staff.



LOVE LIFE



Friday, September 27th @ 10:00am - 2:00pm
Campus Center Courtyard

Join us for our annual:

LOVE LIFE EVENT

Hosted by the Counseling and Student
Development Center!

Stop by to check out mental health resources on
campus, learn skills to improve your well-being,
pet a therapy dog, and win a prize!

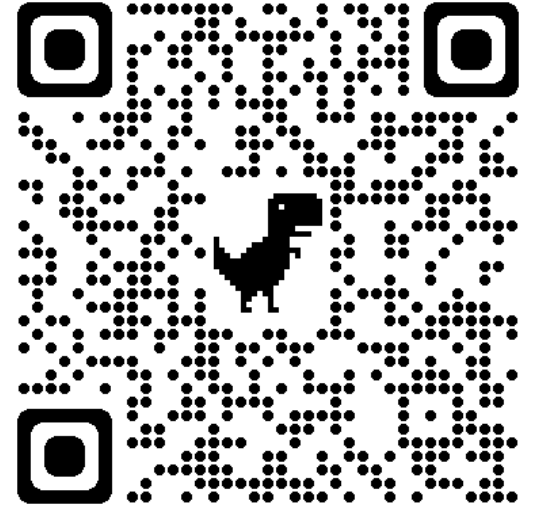
For more information, call (808) 956-7927!

Resources

Therapy Assistance Online (TAO)

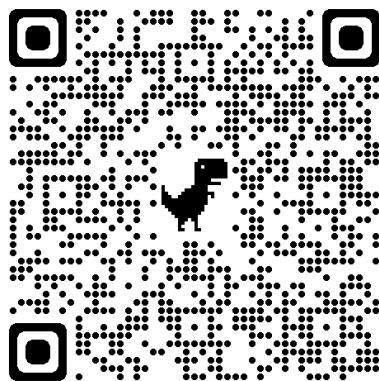
http://www.manoa.hawaii.edu/counseling/outreach/tao_connect.php

TAO includes over 150 brief, effective, educational sessions covering over 50 common topics and skills related to mental health, wellness, and substance use issues. TAO includes interactive sessions, mindfulness exercises and practice tools all aimed at helping you achieve your goals.



Resources

Download the CSDC's comprehensive resource guide!



<http://www.manoa.hawaii.edu/counseling/downloads/UHM%20CSDC%20Assisting%20Students%20in%20Distress%20guide.pdf>

University of Hawai'i at Mānoa
Counseling and Student Development Center

Green Folder Project

ASSISTING STUDENTS IN DISTRESS

QUICK REFERENCE GUIDE FOR FACULTY AND STAFF ON HOW TO RECOGNIZE, SUPPORT, AND REFER DISTRESSED STUDENTS

As college students navigate new responsibilities and experiences, they are typically challenged by a multitude of stressors (i.e., academic, personal, family, financial, future). While many students cope successfully with the demands of college life, the pressures may become overwhelming or lead to life-threatening distress for others.

Faculty and staff are in a unique position to recognize students in distress and refer them to appropriate resources. Your expression of interest and concern may be a critical factor in helping students obtain the support they need. The Counseling and Student Development Center (CSDC) is available to provide consultation on how to intervene and assist in these situations.

CSDC CONSULTATION & EMERGENCY/CRISIS SERVICES

IF YOU ENCOUNTER A DISTRESSED STUDENT,
YOU MAY HAVE QUESTIONS ABOUT HOW TO BEST HANDLE THE SITUATION.
DO NOT HESITATE TO REACH OUT!

CSDC counseling staff are able to help you:

- Assess the situation, its severity, and the potential for referral;
- Learn about resources (both on and off campus) so you may suggest the most appropriate course of action when speaking with the student;
- Find the best way to make the referral, if appropriate;
- Clarify your own feelings about the student and consider ways you can be most effective;
- Discuss follow-up concerns after the initial action or referral.

In addition, CSDC provides emergency/ crisis services for students who urgently need to speak with a counselor (i.e., in significant distress) and cannot wait several days for an appointment. Students may call the CSDC front desk at 808-956-7927 during normal business hours (Monday through Friday, 8:30 am to 4:30 pm) to schedule an emergency/ crisis appointment. You may also call and ask to speak with the on-call counselor about the distressed student and provide the counselor with a description of the situation that has led to your concern. (Please note that third parties are unable to schedule appointments for students.)

PRIVACY CONCERNS

In an emergency, the Family Educational Rights and Privacy Act (FERPA) permits school officials to disclose without consent education records, including personally identifiable records, to protect the health or safety of students or other individuals. In a health or safety emergency, records and information may be released to appropriate parties such as law enforcement officials, public health officials, and trained medical personnel. See 34 CFR 99.31(a)(1)(D) and 99.36. This exception is limited to the period of the emergency.

FERPA does not prohibit a school official from disclosing information about a student if the information is obtained through the school official's knowledge or observation, and not from the student's education records.

School officials are asked to balance the interests of safety and privacy for individual students.

NCES is a Family Educational Rights and Privacy Act (FERPA) National Center for Education Statistics. Revised March 2022. For <https://nces.ed.gov/ipeds/data/nciresources/optional-materials/fair-education-guides.pdf>

Mental health professionals are required by law to maintain client confidentiality. While they will gladly accept any information you are able to provide regarding a student's well-being, they cannot share information with you without the student's written consent. Students may sometimes grant permission for a counselor to speak with a faculty/ staff member, but this is not always the case. It is important that you follow up with the student about your concerns and check in directly.

CRISIS

UHM Counseling and Student Development Center
OLC55 312
808-956-7927
<http://www.manoa.hawaii.edu/counseling>
Monday through Friday, 8:30 am to 4:30 pm

Hawaii CARES (Coordinated Access Resource Entry System)
Call from any island: 808-832-3100
Toll-free: 800-753-6879
<https://hicare.hawaii.gov>
Free, 24/7 coordination center for support

National Suicide Prevention Lifeline
1-800-273-8255
<https://suicidepreventionlifeline.org>
24/7, free and confidential support

Crisis Text Line
Text HOME to 741741 from anywhere in the United States
<https://www.crisistextline.org>
Free 24/7 support

IN CASE OF AN EMERGENCY

UHM Department of Public Safety:
808-956-6911
Honolulu Police Department: 911

Learn More:

- [How to Comfort Someone When They're Sad](#)
- [How to Tell if Someone Is at Risk for Suicide](#)
- [How to Talk to Someone About Suicide](#)
- [5 Things You Should Know About Suicide](#)
- [Recognize the Warning Signs of Suicide](#)
- [How to be a Trauma-Informed Teacher](#)
- [How to be a Trauma-Informed Administrator](#)

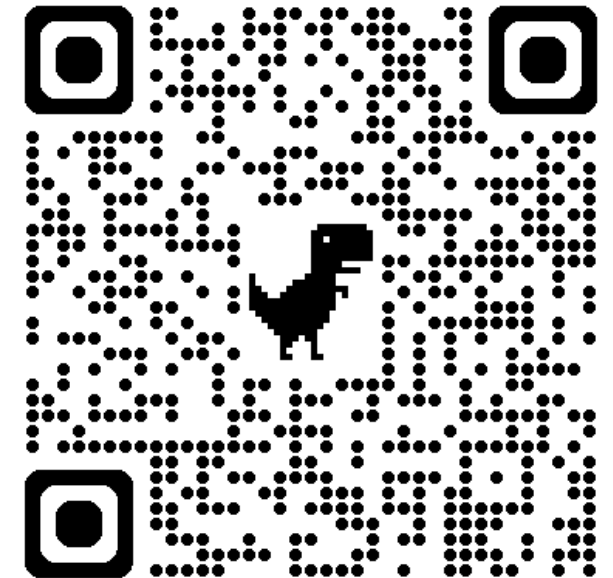
- [2024 National Strategy for Suicide Prevention](#)
- [CDC's Suicide Prevention Resource for Action](#)
- [Webinars for university professionals on collegiate mental health](#)

Suicide Prevention and Education Resources:

- [988 Suicide and Crisis Lifeline](#)
- [Center for Disease Control and Prevention \(CDC\)](#)
- [National Institute on Mental Health \(NIMH\)](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)
- [American Psychological Association \(APA\)](#)
- [American Psychiatric Association \(APA\)](#)
- [Hawai'i CARES](#)

Suicide Prevention Trainings:

- [Applied Suicide Intervention Skills Training \(ASIST\)](#)
 - Approved by the World Health Organization
 - Can arrange workshops provided by trained facilitators
 - Increases willingness, confidence, and capacity to provide suicide first aid.
 - Learn how to identify when someone may be at risk for suicide, intervene, and help connect them to further support.
- [SafeTALK](#)
 - Equips people to be more alert to someone thinking of suicide and better able to connect them with further help.



SafeTALK

Wednesday October 16

9:00 AM - 1:00 PM

QLCSS 412

- Learn how to prevent suicide
- Gain valuable skills for helping students
- Be a rolemodel for your community

SafeTALK is a FREE in-person four-hour training that equips people to be more alert to someone thinking of suicide and better able to connect them with further help. Using a simple yet effective model, SafeTALK empowers everyone to make a difference.

Register by Scan or [Click](#)



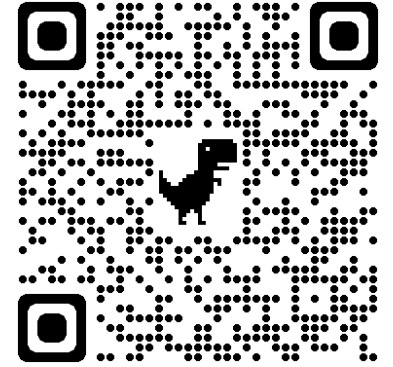
Hosted by the Division of Student Success

Sign up:

<https://forms.gle/TztTt4uuUuV4WCFS8>



Questions? Reach out!



Questions about today's presentation:

- Dr. Alexander Khaddouma, PhD, ABPP
akhaddou@hawaii.edu

Counseling and Student Development Center:

- Phone: (808) 956-7927
- In person:
 - 2600 Campus Road
Queen Lili'uokalani Building
Room 312
- Hours:
 - Monday – Friday 8:30am-4:30pm
- Website:
 - <http://www.manoa.hawaii.edu/counseling/>