SUICIDE AWARENESS FOR PREGNANT AND NEW MOTHERS
A STORY

https://youtu.be/Nn0szQkhnGA
PRENATAL DEPRESSION and ANXIETY

• 22 % of pregnant women suffer from anxiety
• Of those women, 60% also have depression
• Most women have no idea there is such a thing as “prenatal anxiety” so most of the time it’s not mentioned to their Dr., PA, or midwife
• Symptoms of prenatal anxiety include irritability, constant worry, over-reaction, feeling of lack of control, feeling overwhelmed

www.ncbi.nlm.nih.gov/pmc/articles/PMC2819543/
www.ncbi.nlm.nih.gov/pubmed/26281308
www.ncbi.nlm.nih.gov/pubmed/18067974
PRENATAL DEPRESSION AND ANXIETY

• 23% of pregnant women have depression
• Fewer than 1/3 felt comfortable revealing their feelings to friends or family
• “How could you possibly be depressed, you’re going to have a baby?”
• 80% of depressed pregnant women are never identified
• Having prenatal depression leads to higher risk of having post partum depression

• Nurse practitioner magazine 2015 study
PRENATAL DEPRESSION AND ANXIETY

• All pregnant women should be screened for anxiety and depression
• GAD-2 and DASS-21 for anxiety
• Edinburgh Post Natal Depression Scale (also recommended for prenatal depression) for depression
• If patient scores high for depression, there are treatments available.

• Cope.org.au/about/review-of-new-mental-health-guidelines/
• www.ncbi.nlm.nih.gov/pubmed/26719105
POSTPARTUM DEPRESSION IS THE MOST COMMON PROBLEM ASSOCIATED WITH CHILDBIRTH

1 in 7 women suffers from postpartum depression (PPD)

What is PPD?
PPD is a serious mental health problem characterized by a prolonged period of emotional disturbance, occurring at a time of major life change and increased responsibilities in the care of a newborn infant. PPD can have significant consequences for both the new mother and family.

PPD Symptoms
- Loss of appetite
- Hormones
- Increased irritability and anger
- Overwhelming fatigue
- Loss of interest in sex
- Lack of joy in life
- Feelings of blame, guilt or inadequacy
- Sudden mood swings
- Withdrawal from family and friends
- Difficulty bonding with your baby
- Thoughts of harming yourself or your baby

PPD is often treated with counseling and medication.

It may help to talk through your concerns with a mental health professional. Through counseling, you can find better ways to cope with your feelings, solve problems and set realistic goals.

Antidepressants are a proven treatment for postpartum depression. If you’re breastfeeding, work with your doctor to weigh the potential risks and benefits of antidepressants, as any medication you take will enter your breast milk.

PPD can affect as many as 10% of fathers within the first year.

Within the first 24 HOURS after childbirth, a woman’s hormone levels abruptly return to normal. This change may contribute to PPD.

What are Baby Blues?
Baby Blues begin in the first few days following delivery and are typically gone by about two weeks postpartum. Symptoms tend to be mild.

Baby Blues Symptoms
- Weeping or crying for no apparent reason
- Irritability
- Restlessness
- Anxiety
- Fatigue
- Mood swings
- Gastrointestinal symptoms

Women who have one episode of postpartum depression have 50% chance of experiencing it again with a second pregnancy.

Suicide accounts for about 20% of postpartum deaths and is the second most common cause of mortality in postpartum women.

Symptoms can appear any time during pregnancy and the first 12 months after childbirth.

1 in 7
POSTPARTUM DEPRESSION AND SUICIDE

• One in 7 mothers experience postpartum depression in the year after birth, it’s not the “Baby Blues”
• Only 15% ever get help!
• Many are afraid to ask for help
• Postpartum depression is the most common complication of childbirth
• Death rate statistics for postpartum vary, depending on which study you read and the way the deaths are reported
POSTPARTUM DEPRESSION AND SUICIDE

• Suicide in the 1\textsuperscript{st} year postpartum is not counted as a pregnancy–related death in the United States

• “Thus, the rate of maternal deaths from violent, pregnancy associated causes was more than three times higher than those from the major pregnancy-related issues. Nancy C. Chescheir, editor-in-chief, Obstetrics and Gynecology, Sept 2016 issue

• (includes homicide, suicide, substance use disorder)

• www.postpartumprogress.com/pregnancy-and-suicide
POSTPARTUM DEPRESSION AND SUICIDE

• Every new mother MUST be screened for depression and anxiety
• Chances are they will not tell their health care provider their feelings
• WHY?? Guilt, fear of having baby taken away, shame, fear....

• JAMA Psychiatry 2013-PPD Study
QPR

Ask A Question, Save A Life

©
QPR

Question, Persuade, Refer
QPR

- QPR is not intended to be a form of counseling or treatment.
- QPR is intended to offer hope through positive action.
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Suicide Myths and Facts

- **Myth**  No one can stop a suicide, it is inevitable.
- **Fact**  If people in a crisis get the help they need, they will probably never be suicidal again.
- **Myth**  Confronting a person about suicide will only make them angry and increase the risk of suicide.
- **Fact**  Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.
- **Myth**  Only experts can prevent suicide.
- **Fact**  Suicide prevention is everybody’s business, and anyone can help prevent the tragedy of suicide.
Myths And Facts About Suicide

• **Myth**  Suicidal people keep their plans to themselves.
• **Fact**  Most suicidal people communicate their intent sometime during the week preceding their attempt.

• **Myth**  Those who talk about suicide don’t do it.
• **Fact**  People who talk about suicide may try, or even complete, an act of self-destruction.

• **Myth**  Once a person decides to complete suicide, there is nothing anyone can do to stop them.
• **Fact**  Suicide is the most preventable kind of death, and almost any positive action may save a life.

How can I help?  Ask the Question...
Suicide Clues And Warning Signs
The more clues and signs observed, the greater the risk. Take all signs seriously.
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Direct Verbal Clues:
• “I’ve decided to kill myself.”
• “I wish I were dead.”
• “I’m going to commit suicide.”
• “I’m going to end it all.”
• “If my baby doesn’t stop crying, I’ll kill myself.”
Indirect Verbal Clues:

• “I’m tired of life, I just can’t go on.”
• “My family would be better off without me.”
• “Who cares if I’m dead anyway.”
• “I just want out.” “I’m a terrible mother”
• “I won’t be around much longer.”
• “Pretty soon you won’t have to worry about me.”
Behavioral Clues:

• Any previous suicide attempt
• Acquiring a gun or stockpiling pills
• Co-occurring depression, moodiness, hopelessness
• Putting personal affairs in order
• Giving away prized possessions
• Sudden interest or disinterest in religion
• Drug or alcohol abuse, or relapse after a period of recovery
• Unexplained anger, aggression and irritability
• Neglect of child
QPR

Situational Clues:

• Being fired or being expelled from school
• A recent unwanted move
• Loss of any major relationship
• Death of a spouse, child, or best friend, especially if by suicide
• Diagnosis of a serious or terminal illness
• Sudden unexpected loss of freedom/fear of punishment
• Anticipated loss of financial security
• Loss of a cherished therapist, counselor or teacher
• Fear of becoming a burden to others
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Tips for Asking the Suicide Question

• If in doubt, don’t wait, ask the question
• If the person is reluctant, be persistent
• Talk to the person alone in a private setting
• Allow the person to talk freely
• Give yourself plenty of time
• Have your resources handy; QPR Card, phone numbers, counselor’s name and any other information that might help

Remember: How you ask the question is less important than that you ask it
Direct Approach:

• “You know, when people are as upset as you seem to be, they sometimes wish they were dead. I’m wondering if you’re feeling that way, too?”

• “You look pretty miserable, I wonder if you’re thinking about suicide?”

• “Are you thinking about killing yourself?”

NOTE: If you cannot ask the question, find someone who can.
How Not to Ask the Question

“You’re not suicidal, are you?”

“You wouldn’t do anything stupid would you?”
PERSUADE

HOW TO PERSUADE SOMEONE TO STAY ALIVE

• Listen to the problem and give them your full attention
• Remember, suicide is not the problem, only the solution to a perceived insoluble problem
• Do not rush to judgment
• Offer hope in any form
PERSUADE

Then Ask:

• Will you go with me to get help?”
• “Will you let me help you get help?”
• “Will you promise me not to kill yourself until we’ve found some help?”

YOUR WILLINGNESS TO LISTEN AND TO HELP CAN REKINDLE HOPE, AND MAKE ALL THE DIFFERENCE.
• Suicidal people often believe they cannot be helped, so you may have to do more.
• The best referral involves taking the person directly to someone who can help.
• The next best referral is getting a commitment from them to accept help, then making the arrangements to get that help.
• The third best referral is to give referral information and try to get a good faith commitment not to complete or attempt suicide. Any willingness to accept help at some time, even if in the future, is a good outcome.
REMEMBER

Since almost all efforts to persuade someone to live instead of attempt suicide will be met with agreement and relief, don’t hesitate to get involved or take the lead.
For Effective QPR

• Say: “I want you to live,” or “I’m on your side...we’ll get through this.”

For Effective QPR

• Join a Team. Offer to work with clergy, therapists, psychiatrists or whomever is going to provide the counseling or treatment.

• Follow up with a visit, a phone call or a card, and in whatever way feels comfortable to you, let the person know you care about what happens to them. Caring may save a life.
REMEMBER

WHEN YOU APPLY QPR, YOU PLANT THE SEEDS OF HOPE. HOPE HELPS PREVENT SUICIDE.
Reducing a Suicidal Person’s Access to Firearms – Bonus Module

Recommendations for Gatekeepers on Reducing Gun Violence

The QPR Institute wishes to thank Elaine Frank and Cathy Barber of Dartmouth and Harvard Universities for their contributions to this QPR gatekeeper training program!

What you are about learn is an approved derivative program from Counseling Access to Lethal Means (CALM) - an AFSP/SPRC Registered Best Practice training program.
Traditionally suicide prevention has focused on who takes their life, when, where, and especially why.
We are beginning to understand that how people attempt suicide plays a crucial role in whether they live or die.
Sri Lanka & Pesticides

- Pesticides are the leading suicide method in Sri Lanka.
- Restrictions were placed on sales of the most highly human-toxic pesticides in the mid to late 1990s.
- Suicide rates dropped 50% from 1996 to 2005.
- Nonfatal poisonings and suicide by other methods did not drop.

United Kingdom & Domestic Gas

• Before 1960, domestic gas was the leading method of suicide in the United Kingdom.
• By 1970, almost all domestic gas in the UK was non-toxic.
• Suicide rates dropped by nearly a third.
• The drop was driven by a drop in gas suicides; non-gas suicides increased slightly.

Why Does Reducing Access to Firearms Work to Prevent Suicide?
Why Means Matter

• Suicidal crises are often relatively brief.
• Suicide attempts are often undertaken quickly with little planning.
• Some suicide methods are far more deadly than others ("case fatality" ranges from 1% for some methods to 85-90% for the most deadly).
• 90% of those who survive even nearly-lethal attempts do not go on to later die by suicide.

See: www.meansmatter.org for studies examining each of these concepts.
Focus on Firearms

• Firearms are the leading suicide method in the U.S.
• Gun owners and their families are at about 3 times higher risk of suicide than non-gun owners.
• This isn’t because they’re more suicidal. Gun owners are NO more likely to be mentally ill, to think about suicide, or to attempt suicide.
• Rather, they’re simply more likely to die in a suicide attempt.

Sources:
- Miller M, Injury Prevention 2009  Findings also in ICARIS-2 survey
Reducing a Suicidal Person’s Access

• A simple step to increase a suicidal person’s safety is to reduce access to firearms at home.

• Many counselors and providers and family members of at-risk people don’t think to do this.

• This temporary safety intervention is not anti-gun.
Making a Difference

• Family and friends can protect a suicidal person by temporarily storing all firearms away from home.
  – Have a trusted person outside the home hold onto them until the situation improves.
  – Some storage facilities, police departments, gun clubs, and gun shops will store guns.

• If off-site storage isn’t an option:
  – Lock the guns at home with new locks or combinations.
  – Keep ammunition out of the home or locked separately.
  – Or, remove a key component of the guns, e.g., the bolt.
To keep him safe…

… when, as a young man, Abraham Lincoln was depressed and suicidal, a friend said of him, “Lincoln told me that he felt like committing suicide often.” Seeing suicide warning signs, Lincoln’s neighbors mobilized to keep him safe, watching over him, and removing his knives and pistol. They pulled together the same kind of safety net QPR gatekeepers can build today – and which included making sure our President did not have access to the means of suicide.

It was said that when he again became depressed later in life he “dared not carry even a pocket knife… “

For more information

Means Matter website: www.meansmatter.org
Take CALM-Online—free, online course on Counseling on Access to Lethal Means http://training.sprc.org/
Request technical assistance from Means Matter cbarber@hsph.harvard.edu
Request an in-person CALM training elaine.m.frank@dartmouth.edu
• Ellen J. Eggert
  • Supervisor, Crisis Hotline, School Suicide Prevention Specialist, Grief Recovery Specialist, Substance Abuse Specialist,
  • Suicide Prevention/Intervention Educator/Postvention Support
  • eeggert@kernbhrs.org

• (661) 868-1719

• Kern Behavioral Health and Recovery Services
  Crisis Hotline-1-800 991-5272

• While there is life, there is HOPE