



CABINET FOR HEALTH  
AND FAMILY SERVICES

# **Suicide Awareness and Prevention within SCL Services**

**by Beck Whipple, MSW**

# Objectives

- Understand the importance of suicide awareness within SEL Services.
- Identify suicide warning signs and provide appropriate support, screening, and referral.
- Recognize the role of safety planning in suicide prevention.

# Take Care of Yourself



# Reasons for Being Here Today

Ourselfs



Family



Community

Workplace



# Comprehensive Approach to Addressing Suicide

## Postvention:

Suicide Postvention is the **planned steps** to provide evidence-based support following a suicide loss or attempt within a workplace. Best practices include immediate and ongoing support to mitigate future risks from suicide exposure.



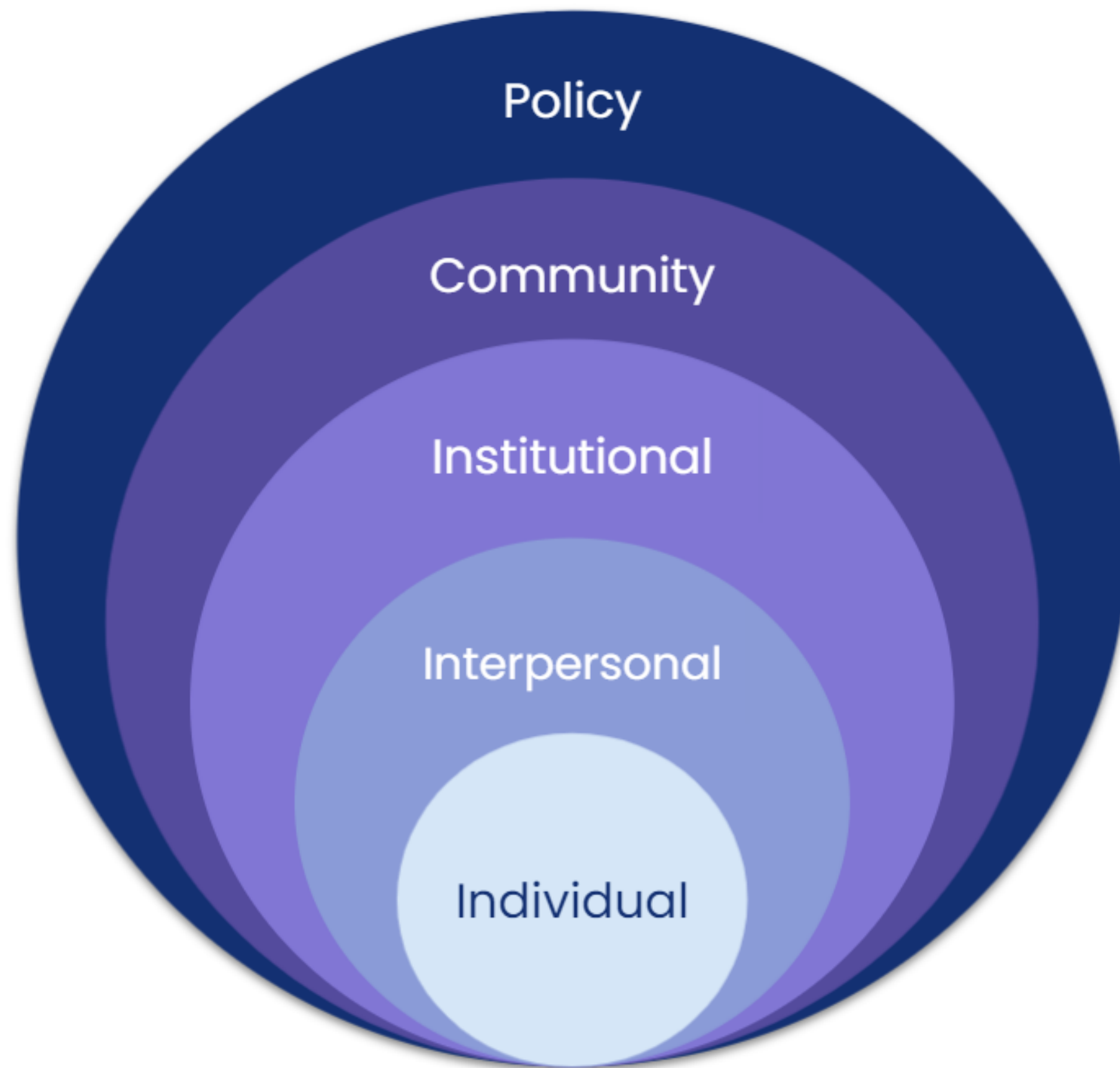
## Intervention:

Suicide Intervention is the **planned steps** to provide compassionate, competent, person-centered care for individuals experiencing suicidal thoughts and behaviors. It should be readily accessible and reviewed often.



## Prevention:

Suicide Prevention is the **planned steps** workplaces take to generate an environment that promotes positive coping skills, reduces stigma, normalizes help-seeking behaviors, and increases mental health awareness.



# Comprehensive Approach

# Language

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## Suicide

- Death caused by self-directed injurious behavior with any intent to die as a result of the behavior

## Suicide Attempt

- A non-fatal, self-directed, potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

## Suicidal Ideation

- Thinking about, considering, or planning for suicide.

# Language

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**Died of/by Suicide** vs ~~Committed Suicide~~

**Suicide Death/Attempt** vs ~~Successful/Unsuccessful~~

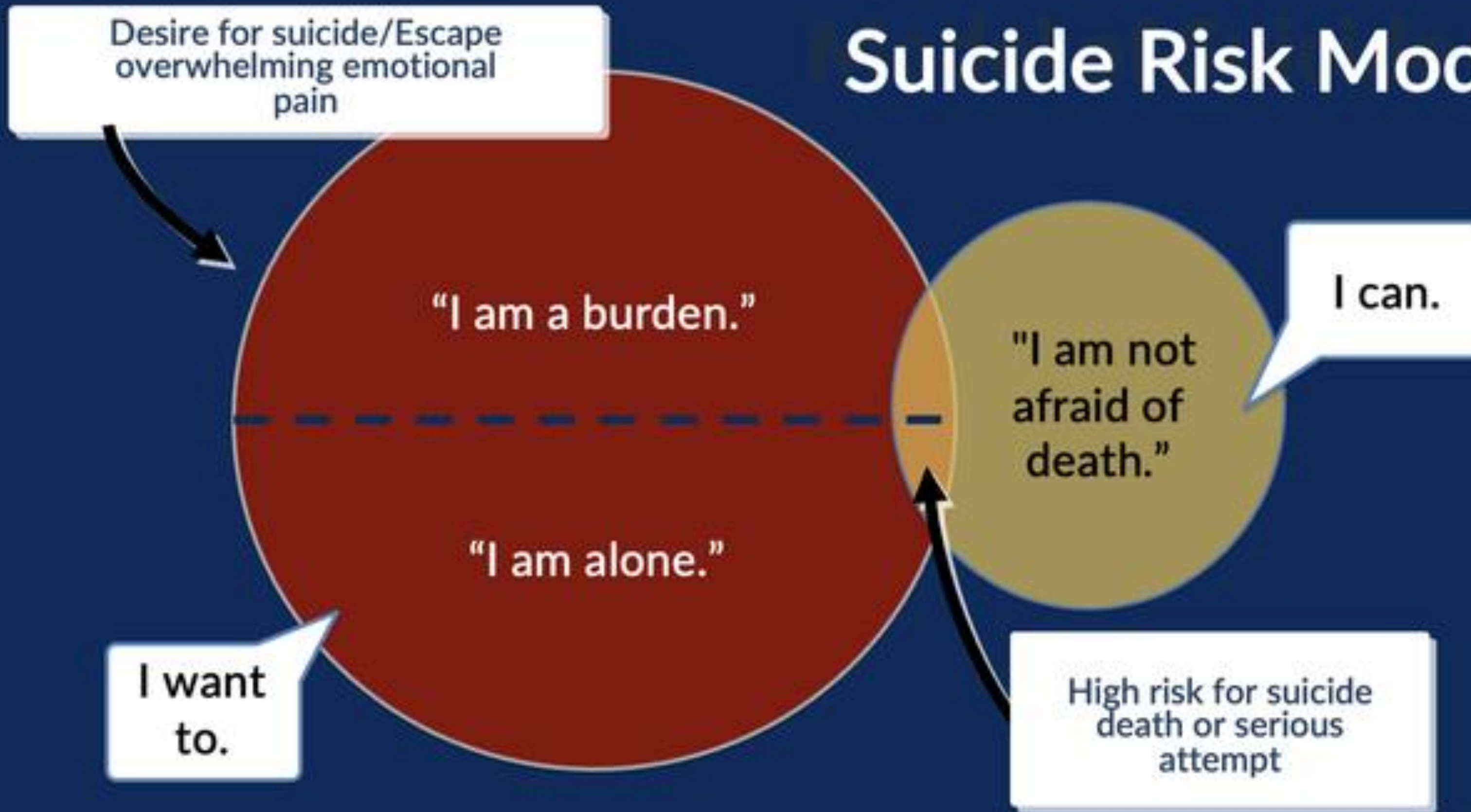
**Describe Behavior** vs ~~Manipulative/Attention Seeking~~

**Describe Behavior** vs ~~Suicide Gesture/Cry for Help~~

**Working with** vs ~~Dealing with Suicidal Patients~~



# Suicide Risk Model



# Prevention Best Practices

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# Awareness of Self



## What we bring into the room

- How do we feel? What is our capacity for handling this information today? How do we show up?

## Biases and Perceptions

- What immediate, automatic thoughts do we have?  
What judgements or perceptions of suicidal individuals/ideation do we have?

## Over vs Under Responding

- What does overreacting look like? What about underreacting? What are the risks of either?

# Warning Signs & Risk Factors

## Risk Factors:

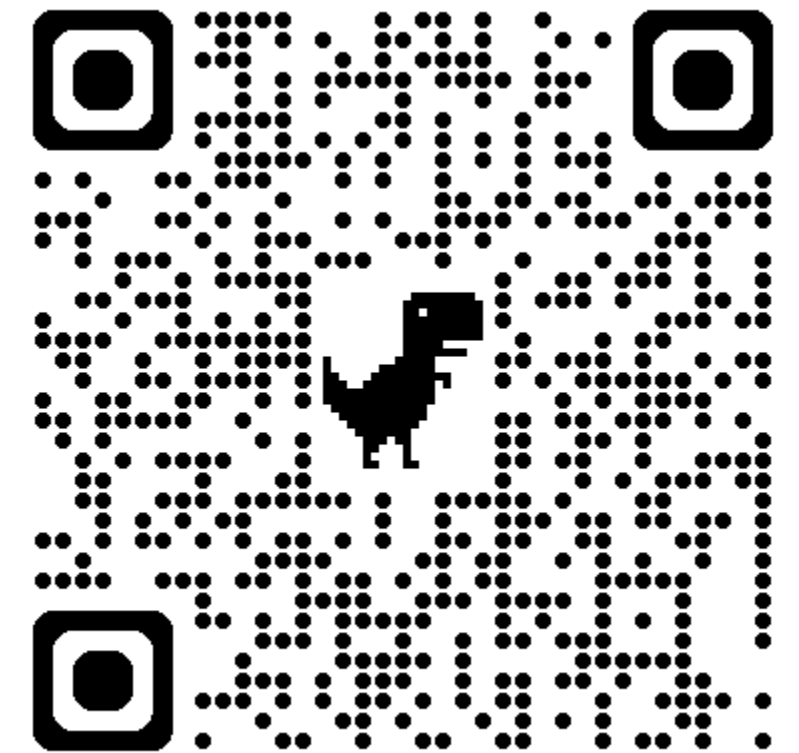
- Relationship stressors / loss
- Death of a loved one
- Family history of suicide
- Legal problems
- Serious financial problems
- Access to lethal means
- Chronic illness or disability
- Prior attempts / behavior
- Lack of access to behavioral health care
- A recent or upcoming crisis (within 2 weeks)

## Warning Signs:

- Talking about suicide or wanting to die
- Researching info
- Talking about:
  - Feeling hopeless / no reason to live / being a burden / feeling lonely or disconnected from others / feeling trapped or in unbearable pain /
- Isolation / withdrawal
- Mood swings
- Changes in sleep habits
- Impulsivity / risk taking behaviors
- Increase in substance use
- Anxious / agitated



# Free Question, Persuade, Refer (QPR) Training



[Click here to learn more!](#)

# Do's of Working with Suicidal Individuals

- **Be direct.** Talk openly and matter-of-factly about suicide.
- **Be willing to listen.** Allow expressions of feelings. Accept the feelings.
- **Be non-judgmental.** Don't debate whether suicide is right or wrong or whether feelings are good or bad. Don't lecture on the value of life.
- **Get involved.** Become available. Show interest and support.
- **Offer hope.** Alternatives are available but do not offer glib reassurance.
- **Take action.** Remove means, like weapons or pills.
- **Get help.** Seek out people or agencies specializing in crisis intervention and suicide prevention.
- **Fix your face.** Shock will put distance between you.
- **Seek support.** Avoid being sworn to secrecy.





**988**  
SUICIDE  
& CRISIS  
LIFELINE

<https://tinyurl.com/988toolkit>



# Intervention Best Practices

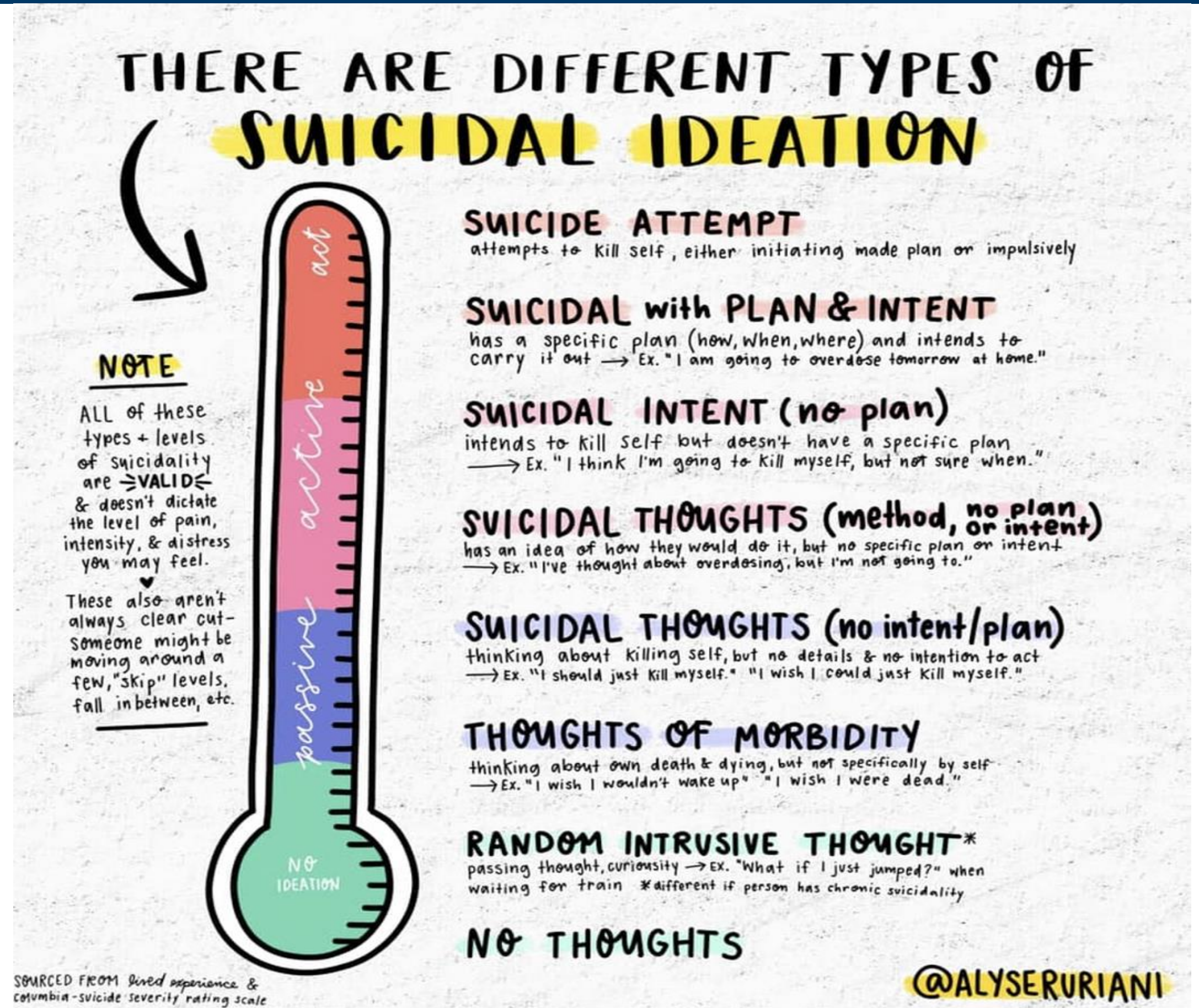
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## Shift your framework

- A person coping with pain that makes suicide an option
- Suicide  $\neq$  Incompetent



Where are we starting?

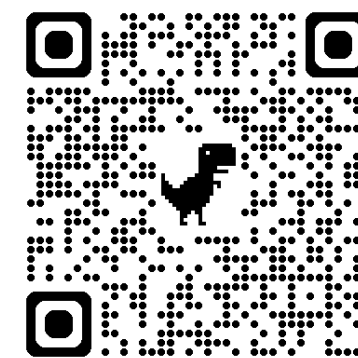




# Start with Screening

**The Columbia Protocol, also known as the Columbia-Suicide Severity Rating Scale (C-SSRS)**

- **Supports suicide risk screening through a series of simple, plain-language questions that anyone can ask.**
- **The answers help users identify whether someone is at risk for suicide, determine the severity and immediacy of that risk, and gauge the level of support that the person needs.**





# Pathways to Care



- **develop policy and procedure for pathway through co-creation**
- **train and provide supervision to managers**
- **disseminate clearly and regularly to all employees**

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## DELAY DECISIONS:

Reduce Access to Lethal Means

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$$\text{SPEED} = \frac{\text{DISTANCE}}{\text{TIME}}$$



**LOCK TO LIVE**

<https://tinyurl.com/lock2live>



**CALM**

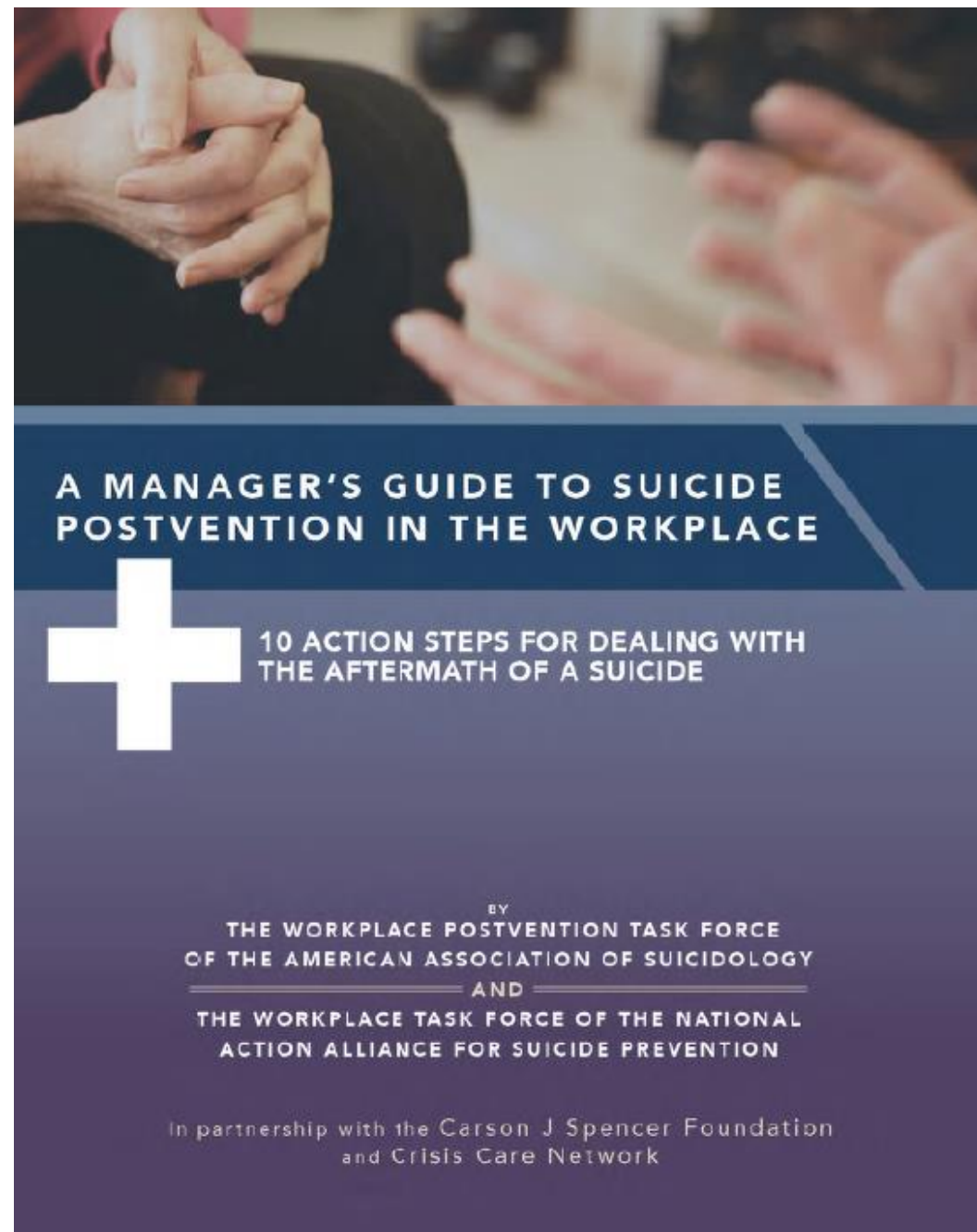
Counseling on Access  
to Lethal Means

[https://tinyurl.com/CALM-  
Training](https://tinyurl.com/CALM-Training)

# Postvention Best Practices

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# Pre-Plan for Death by Suicide



- Preplan for each phase
  - Immediate: Acute
  - Short-Term: Recovery
  - Longer-Term: Reconstructing



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**Thank You**

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# References

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