

Addressing Suicide Risk and Intervention in People with Diabetes

Ashley Moss, PhD, Seattle Childrens; Erin M. Akers, BA, DBH; Dawn Lee-Akers, BA, CertCMHC, DBH

Depression Screen with Suicide Risk Items

Child Depression Inventory (CDI, CDI-2)

Kutcher Adolescent Depression Scale

Patient Health Questionnaire - 9 (PHQ-9)

PHQ-Adolescents

Beck Depression Inventory 2

ADA Standards of Care recommends annual screening for depression

What do you wish your doctor would say?
"You are going through some [crappy] times right now. I'm here to listen."

When to start a conversation¹

- Consider starting a conversation based on depression or suicide screeners, observation of behavior or emotions, and what patients share with you

How to have the conversation¹

- **Initiate with empathic statements or questions**
 - "I'm concerned about you. You don't seem like yourself. What's going on?"
- **Listen empathically**
 - Give them your full attention with body turned towards the patient.
 - Acknowledge their pain or suffering; don't judge or try to fix the issues.
- **Directly ask about suicide**
 - "Sometimes when people struggle with XYZ, they begin thinking about suicide.
 - "Are you having thoughts about suicide or killing yourself?"
- **Use specific language when asking about suicide**
 - For example, "hurting yourself" is vague and can be mis-interpreted or lead to an unclear response.

Suicide Specific Screeners

Suicide Specific Screeners	Description
Columbia Suicide Severity Rating Scale (C-SSRS)	Ages 4 – adult Covers suicide thoughts, plan, intent, preparatory behaviors, history of attempts.
Ask Suicide-screening Questions (ASQ)	Ages 8 – adult Covers suicide thoughts, history of attempts, current thoughts of killing oneself.
Patient Safety Screener (PSS-3)	Ages 12 – adult Covers suicide ideation, history of attempts.

Suicide specific screeners are the most reliable ways of assessing risk. All screeners stratify risk, integrate protocols for further assessment and triage recommendations.

What do you wish your doctor would say?
"I would like it if you could call into an agency and just vent what's going on; see what else you can do."

"I live in the gray area - not caring if I die, but not actively planning to kill myself."

Signs of Suicide Risk³

Feeling trapped or wanting to escape
Feeling others would be better off without them
Extreme feelings of hopelessness
Talking, joking or researching about death
Changes in personality, outlook on life, sleep, or academic/work performance
Isolating from others or from daily life
Increasing abuse of alcohol/drugs, reckless behavior
Giving away possessions

Protective Factors³

Coping and problem-solving skills
Connection with family
Engaged with healthcare
Supportive relationship with providers and caregivers
Identifies multiple reasons to live

Endorsement of having suicidal ideation or attempted suicide⁴

	People with T1D	People without T1D
Yes	24.8%	6.2%
No	75.2%	93.8%
Total Sample	1,391,500	349,936

How to respond and take action¹

- Determine the immediacy of danger; Ask if there is
 1. A plan for suicide
 2. Means or method to carry out the plan
 3. An identified time they are considering attempting suicide
- Focus on steps for an immediate crisis
 - Contact crisis service together (988, national and local crisis lines)
 - Save crisis service contact in their phone
 - Discuss strategies for reducing harm
- Engage in safety planning
 - Identify triggers and warnings of crisis (thoughts, feelings, behaviors)
 - Identify internal coping strategies – solo ways to distract oneself
 - Identify external coping strategies – people and places that can offer distraction
 - Review list of mental health emergency contacts and crisis contact phone numbers
 - Identify and discuss how to restrict or reduce risk to relevant means
 - Identify reasons to live, not kill themselves, and things that give hope for the future
- Refer patient to a Mental Health Specialist, preferably with chronic illness experience

T1D-related Risk Factors for Suicide Ideation²

Psychological Pain

- Perceived burdensomeness of day-to-day management, demands for time, financial cost
- Social isolation, bullying, T1D-related stigma
- Diabetes distress and burnout

Physical Pain and Discomfort

- Frequent pokes, symptoms of hypoglycemia, hyperglycemia, and rapid changes in BG

Other Mental Health Considerations

- Elevated risk for depression, anxiety, eating disorders, substance misuse
- Medical-related trauma (e.g., medical diagnosis)

T1D-related Risk Factors for Suicide Attempt²

Acquired Capability

- Acclimation to pain through diabetes self-care tasks (e.g., finger sticks, injections) and discomfort from glycemic excursions

Access to Lethal Means

- Insulin

Selected References:

¹Forefront Suicide Prevention, University of Washington. (2023). *Forefront Suicide Prevention LEARN® Skills*. <https://intheforefront.org/learn-saves-lives/>

²Hill, R.M., Gallagher, K. A. S., Eshtehardi, S. S., Uysal, S., & Hilliard, M., E. (2021). Suicide risk in youth and youth adults with type 1 diabetes: A review of the literature and clinical recommendations for prevention. *Current Diabetes Reports*, 21(51).

³RESCUE Collaborative Community. (n.d.). *REducing SuICide rates amongst individUals with diabetes*. The US Food and Drug Administration (FDA). <https://www.rescuediabetes.com>

⁴Pompili, M., Forte, A., Lester, D., Erbuto, D., Rovedi, F., Innamorati, M., Amore, M., & Girardi, P. (2014). Suicide risk in type 1 diabetes mellitus: A systematic review. *Journal of Psychosomatic Research*, 76(5), 352-360.

For more information
Contact DawnLeeAkers@DBH.org
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