

Coping with Thoughts of Suicide: Consumers' Strategies

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Introduction

- Suicide is a devastating public health problem
- Research indicates that
 - people with prior attempts are at the greatest risk to complete suicide,
 - followed by persons with depression and other major mental and substance use conditions

Study Objective

Because there is little direct input from individuals with severe mental illness and a history of suicidal behavior into suicide prevention efforts, this study sought to identify how this population copes with suicidal thoughts

Methods

- Consumers participated in 14 regional consumer-run Recovery Dialogues in New York State (n=205)
- Participants had history of suicidal thoughts or attempts
- Participants were asked to identify up to 5 strategies they use to deal with suicidal thoughts
- Strategies were classified by consumers and researchers using grounded theory

Demographic Characteristics

Gender	Men	42%
	Women	58%
Age Groups	18-30	14%
	31-40	21%
	41-50	32%
	51-60	24%
	Over 60	6%
Race/Ethnicity	Caucasian	61%
	African American	16%
	Hispanic	10%
	American Indian	10%
	Other/Not specified	4%

Results: Consumers Named a Wide Range of First-Line Coping Strategies

Spirituality/religious practices	18 %
Talking to someone/companionship	14 %
Positive thinking	13 %
Using mental health system	12 %
Considering consequences to people close to me	9 %
Using peer supports	8 %
Doing something pleasurable	8 %
Protecting myself from means	5 %

Doing grounding activities	4 %
Considering consequences to myself/fear	2 %
Doing tasks to keep busy	2 %
Maintaining sobriety	1 %
Finding a safe place	1 %
Helping others	0.5%
Seeking emotional outlets	0.5%

Results: Key First-line Coping Strategies

	%
– Spirituality & religious practices	18
– Talking to someone & companionship	14
– Positive thinking	13
– Using the mental health system	12
– Considering consequences for others	9
– Using peer supports	8

Results

- Although a majority reported that therapeutic supports were available, fewer than 12 % indicated that they considered the mental health system as a first line strategy
- Instead, respondents relied more frequently on family, friends and faith as sources of hope and support

Results: Men and Women Have Different First-line Coping Strategies

Men

Rank		%
1	Spirituality	23
2	Positive thinking	19
3	Talking/companionship	14
4	Use MH system	6
5	Peer support	6
6	Consider consequences to people close to me	5
7	Do something pleasurable	5

Women

Rank		%
1	Spirituality	16
2	Talking/companionship	15
3	Use MH system	14
4	Consider consequences to people close to me	12
5	Positive thinking	10
6	Peer support	8
7	Do something pleasurable	8

Wilcoxon Test of Rank Sums $z=-2.6196$; $p < .01$ (2-sided)

Conclusions

Consumers rely on therapeutic, peer and family supports

Education and support for dealing with individuals in despair and crisis should be targeted to the social networks of this high-risk population

Consumers most frequently name Spirituality as their first line coping strategy.

In substance abuse work, spirituality is viewed as a solution. In mental "health" work spirituality is viewed as a symptom

Conclusions

Consumers rank formal mental health crisis services fourth among their coping strategies.

Suicide prevention efforts aimed at formal systems should evaluate whether they can effectively engage high-risk populations as they struggle to cope with despair.

Next Steps

Preliminary analysis of data from consumers in a Colorado MCO suggests that the 'consequentiality' of naming and talking about suicide in the mental health system is too high