

# Office of Suicide Prevention



**YOUTH SUICIDE PREVENTION IN NEVADA**

**STATE OF THE STATE**

**CAN PREVENT CONFERENCE**

**JUNE 15<sup>TH</sup>, 2016**

# What you will learn in this presentation



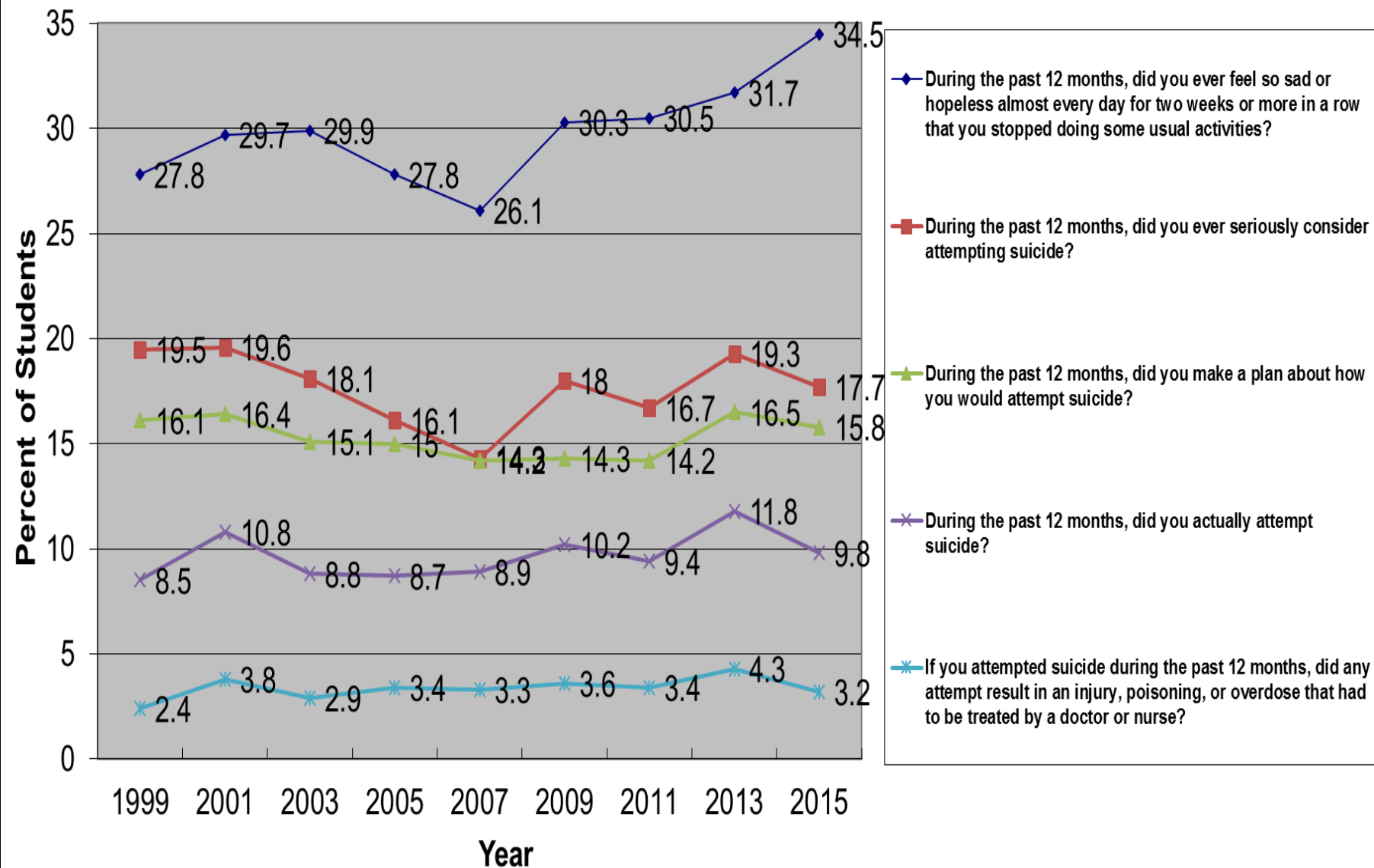
- State of the State
- Some facts and statistics
- How to talk about suicide in a way that does not stigmatize
- Risk and protective factors
- Warning signs that someone may be at risk of suicide
- Intervention strategies – what to do if someone you know is at risk
- Resources for people at risk
- Professional Considerations
- Further training opportunities

# History of Suicide Prevention Efforts in Nevada



- 2003 Suicide prevention legislation (SB49, SB36, SCR 3, 4, & 5) adopted in Nevada
- 2005 Nevada Coalition for Suicide Prevention established; State of Nevada receives Cohort 1 Garrett Lee Smith grant \$1.2 million;
- 2005 Nevada Office of Suicide Prevention established;
- 2007 Nevada Suicide Prevention Plan released;
- 2008-2011 Three Garrett Lee Smith Awards come to Nevada (ITCN/IHBN, OSP and Pyramid Lake Paiute Tribe; 4 MSPI grants awarded to NV tribes;
- 2009 State of Nevada awarded Garrett Lee Smith grant for \$1.5 million, funding ended June 2013;
- 2013 Fund for a Healthy Nevada funds office and two state positions added;
- 2014 SAMHSA grants impacting mental health, safe and healthy learning environments and youth suicide prevention (Project Aware: school-based mental health and YMHFA)
- 2015 TMCC Awarded Campus Suicide Prevention grant;  
AB 93, MH/BH suicide prevention training
- 2016 State plan updated, CRSF Report recommendations implementation plan; 10 year anniversary

# Nevada Youth Risk Behavior Survey: 1999-2015



# Iceberg – NV High School Students



*Suicide Attempt that resulted in treatment from a doctor or nurse (3.2%)*

**Became Visible to Health Services**

*Suicide Attempt (9.8%)*

*Suicide Ideation: Made a Plan (15.8%)*

*Suicide Ideation: Seriously Considered (17.7%)*

*Felt so sad or hopeless almost every day that you stopped doing some usual activities (34.5%)*

Youth Risk Behavioral Surveillance Survey, 2015

# Suicide in Nevada



- ❖ In 2014, suicide was the 8<sup>th</sup> leading cause of death; Nationally, suicide is 10<sup>th</sup>;
- ❖ Nevada had the 5<sup>th</sup> highest rate in 2014
- ❖ Youth rates in Nevada for 2014 were
  - ❖ 10-18                      NV: 4.83                      US: 4.73
  - ❖ 10-24                      NV: 10.50                      US: 8.51
- ❖ Suicide is 2<sup>nd</sup> leading cause of death for Nevadans 15-34;
- ❖ More Nevadans die by suicide than by homicide or motor vehicle crashes;
- ❖ Youth have the 2<sup>nd</sup> highest attempt rates in Nevada;
- ❖ Preliminary rate for 2015 17.2

# Suicide Deaths



- 30% to 40% of persons who died by suicide have made a previous attempt
- Nearly three-fourths of all people who died by suicide visited a doctor in the four months before their deaths, and half in the month before



Source: Action Alliance for Suicide Prevention

# Suicide Prevention Initiatives



## ❖ **Wellness, Early Identification, Intervention and Prevention of Suicide**

### **--SOS, Signs of Suicide Education and Screening Program**

Implemented in Clark, Lyon, Washoe, Storey, Nye, Lincoln, Pershing, Humboldt, Carson, White Pine and Churchill counties

### **--Youth Mental Health First Aid training (YMHFA)**

Implemented in Washoe, Lyon, Clark, Elko, Pershing, Humboldt, Lander, Carson, Nye, Lincoln and Douglas



# Suicide Prevention Initiatives



- ❖ **Suicide Prevention Crisis Intervention Services: Hotline and TextToday**
  - Over 42,000 contacts per year (10% suicide-specific)
  - Over 3,500 contacts per month
  - OSP has partnered with Crisis Call Center to implement the nation's first 24-hour, text-based crisis intervention service: *TextToday*; **One third of all contacts are by text message**

# Suicide Prevention Initiatives



## ❖ Suicide Prevention Awareness, Education and Training

--2015	16,442 Nevadans
--2014	8,336 Nevadans
--2013 =	12,984 Nevadans
--2012 =	6,794 Nevadans
--2006-2015 total =	55,590 Nevadans

# Suicide Prevention Initiatives



- ❖ **Increase in number of local or regional groups that collaborate with the Office of Suicide Prevention to implement the state plan**
  - Community planning
  - Youth Mental Health First Aid training
  - Zero Suicide Initiative: reducing suicide among people under care
  
- ❖ **Strategic Plan for Service Members, Veterans and their Families**
  - Participating in upcoming policy implementation academy to implement our goals for helping military and veterans' families
  - Partnering with UNLV Mental Health Awareness & Suicide Prevention Task Force
  - Over 200 Nevada National Guardsmen trained in safeTALK and ASIST, including leadership
  
- ❖ **Reducing Access to Lethal Means**-educated over 3,300 state firearm owners in firearm security and safety, to include gun shop and shooting range employees in Suicide Alertness and Intervention skills.
  - Suicide-Proof Your Home
  - 11 Commandments of Gun Safety
  - Lok it Up

# Suicide Prevention Initiatives



## ❖ **Continuity of Care for Suicidality**

- Community planning
- Survey of facilities, health care providers, and staff
- Follow-up aftercare

# Committee to Review Suicide Fatalities



**RECOMMENDATION #1:** Adopt standardized protocols for following up with suicidal patients after discharge from emergency departments (ED) and other hospital settings.

**RECOMMENDATION #2:** Acquire additional funding to move statewide suicide prevention efforts forward.

**RECOMMENDATION #3:** Ensure notification is sent to the Veterans Health Administration by each Coroner's Office whenever they are aware of a military member or veteran death.

**RECOMMENDATION #4:** Increase outreach to those affected by decedents' suicide deaths through Coroner's Office staff and others.

**RECOMMENDATION #5:** Follow up on contact with mortuaries to increase opportunities for survivor support.

# Committee to Review Suicide Fatalities



RECOMMENDATION #6: Develop a relationship with the Board of Pharmacy to facilitate exploration of offering CEUs to pharmacy technicians and pharmacists for taking suicide awareness and prevention courses.

RECOMMENDATION #7: - Partnering with the Board of Pharmacy, work to implement suicide hotline phone number labels on prescription bottles.

RECOMMENDATION #8: Improve the collection of data pertaining to suicide attempts.

RECOMMENDATION #9: Increase outreach to human resources departments of large corporations, other businesses and unions to establish suicide awareness and prevention trainings.

RECOMMENDATION #10: Focus on the connections between substance use disorders and suicide prevention.

RECOMMENDATION #11: Increase public awareness around the *Reducing Access to Lethal Means* program and expand participation of diverse partners to reduce access to other common but more challenging means.

RECOMMENDATION #12: Reduce stigma in the Hispanic community through culturally appropriate outreach.

# Facts about Suicide...



1. Talking about suicide will not cause a person to kill themselves.
2. Few suicides happen without warning.
3. There is no “suicide type.”
4. Suicidal people can help themselves.
5. Suicide “secrets” and/or “notes” must be shared

# Facts about Suicide...



6. Depression, anxiety, mood disorders, substance abuse and conduct disorders are the most common factors found in suicidal individuals.
7. Suicide is preventable.
8. Youth most commonly share their thoughts, problems, and feelings with other youth.
9. Suicide is not painless...not an “easy way out.”



# Facts about Suicide...



10. People who show marked and sudden improvement after a suicide attempt or depressive period may be in great danger.
11. People who talk about suicide may very well attempt or complete suicide.
12. Suicidal behavior is not just a way to get attention

# Facts about Suicide...



14. There is strong evidence that LGBTQ individuals are more likely than their peers to think about and attempt suicide.
15. Any concerned, caring friend can be a “gatekeeper” and may very well make the difference between life and death.
16. Not every death is preventable.



# **Changing The Way We Talk About Suicide**

# Suicide Prevention 101



What to look for and how to help

# Risk factors



- Certain mental disorders:
  - Depression
  - Bipolar Disorder
  - Anxiety Disorders
  - Schizophrenia
  - Conduct Disorder (in youth)
  - Psychotic Disorders
  - Impulsivity and aggression, related to a mental health diagnosis

# Risk factors



- History of trauma
- Alcohol or substance dependence or abuse
- Problem gambling
- Previous suicide attempt(s)
- Family history of attempted or completed suicide
- Serious medical condition or pain

American Foundation for Suicide Prevention, 2013  
National Council on Problem Gambling

# Risk factors



- A highly stressful life event such as losing someone close, financial loss, or trouble with the law
- Prolonged stress due to adversities such as unemployment, serious relationship conflict, harassment or bullying
- Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide (contagion)
- Access to lethal methods of suicide during a time of increased risk

# Protective factors



- Receiving effective mental health care
- The skills and abilities to solve problems
- Connectedness – positive connections with family, peers, community and social institutions that foster resilience
- Reduced access to lethal means



## *Wall of Resistance to Suicide*

<b>Counselor or therapist</b>	<b>Duty to others</b>	<b>Others?</b>	
<b>Good health</b>	<b>Medication Compliance</b>	<b>Fear</b>	
<b>Job Security or Job Skills</b>	<b>Responsibility for children</b>	<b>Support of significant other(s)</b>	
<b>Difficult Access to means</b>	<b>A sense of HOPE</b>	<b>Positive Self-esteem</b>	
<b>Pet(s)</b>	<b>Religious Prohibition</b>	<b>Calm Environment</b>	<b>AA or NA Sponsor</b>
<b>Best Friend(s)</b>	<b>Safety Agreement</b>	<b>Treatment Availability</b>	
<b>-- Sobriety --</b>			

### *Protective Factors*

Developed by Paul Quinnette, Ph.D.  
Director, QPR Institute

# Signs that someone might want help with thoughts of suicide **IS PATH WARM?**

**I – Ideation**

**S – Substance Abuse**

**P – Purposelessness**

**A – Anxiety**

**T – Trapped**

**H – Hopelessness**

**W – Withdrawal**

**A – Anger**

**R – Recklessness**

**M – Mood Change**

**Source:  
American Association  
of Suicidology  
2006**

# What to do if you think someone is at risk



- **Take it Seriously**
- **Ask Questions**
- **Encourage Professional Help**
- **Take Action**
- **Follow-Up on Treatment**

# What to do...



- **Take it Seriously**
- 50% to 75% of all people who attempt suicide tell someone about their intention.
- If someone you know shows the warning signs, the time to act is now.

# What to do...



- **Ask Questions**
- Share your concern with what you have recognized
- Don't be afraid to ask whether the person is considering suicide
- Do not try to argue someone out of suicide. Instead, let them know that you care, that they are not alone and that they can get help. Avoid pleading and preaching to them with statements such as, “You have so much to live for,” or “Your suicide will hurt your family.”

# What to do...



- **Encourage Professional Help**
- Actively encourage the person to see a physician or mental health professional immediately.
- People considering suicide want help but often believe they cannot be helped. If you can, assist them to identify a professional and schedule an appointment. If they will let you, go to the appointment with them.

# What to do...



- **Take Action**
- If the person is threatening, talking about, or making specific plans for suicide, this is a crisis requiring immediate attention. Do not leave the person alone.
- Remove any firearms, drugs, or sharp objects that could be used for suicide from the area.
- Take the person to a walk-in clinic at a psychiatric hospital or a hospital emergency room.
- If these options are not available, call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for assistance.

# What to do...



- **Follow-Up on Treatment**
- The suicidal person may need your support to continue with treatment after the first session.
- If medication is prescribed, support the person to take it exactly as prescribed.
- Help the person understand that it may take time and persistence to find the right medication and the right therapist. Offer your encouragement and support throughout the process, until the suicidal crisis has passed. **Check in to make sure discharge plan is working.**



# Resources for People at Risk for Suicide

- Mobile Crisis
- Emergency services, 9-1-1, local hospitals
- Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- Veterans Crisis Line: 1-800-273-TALK (8255), press 1
- Problem Gamblers HelpLine 1-800-522-4700
- The Trevor Lifeline: 1-866-488-7386
- Counseling programs, private therapists
- Others?



# Postvention



***The provision of crisis intervention, support and assistance for those affected by a completed suicide.***

*The American Association of Suicidology*

## **Goals:**

- **Support the survivor bereavement experience**
- **Encourage safe and effective public messaging and media reporting of suicide**
- **Prevent further suicides**

**POSTVENTION IS PREVENTION!**

# Professional Considerations



- **Clinical Workforce Preparedness—AB 93**
- **93.75% reported that their board did not require specific training in suicide prevention prior to initial licensure/certification and all reported that there is no specific training requirement for continuing education in suicide prevention.**
- **19% of respondents reported that their degree programs preparing professionals for the clinical workforce required specific coursework where the content was entirely about suicide prevention.**
- **Clinician survivors of client suicide**

# Other Training Opportunities



- **safeTALK: (Suicide Alertness) 3-4 hours**
- **ASIST: (Applied Suicide Intervention Skills Training) Two day workshop**
- **CAMS Online**
- **TMCC and CASAT online trainings**
- **Suicide Prevention Resource Center Online Training**

**Counseling on Access to Lethal Means (CALM) Choosing and**

**Implementing a Suicide Prevention Gatekeeper Training Program**

**Planning & Evaluation for Youth Suicide Prevention**

# References & Resources



Nevada Office of Suicide Prevention, <http://suicideprevention.nv.gov/Suicide-Prevention/>  
Suicide Prevention Resource Center, [www.sprc.org](http://www.sprc.org)  
SAMHSA, [www.samhsa.gov](http://www.samhsa.gov)  
American Association of Suicidology, [www.suicidology.org](http://www.suicidology.org)  
Centers for Disease Control, [www.cdc.gov](http://www.cdc.gov)  
The Trevor Project, [www.thetrevorproject.org](http://www.thetrevorproject.org)  
The American Foundation for Suicide Prevention, [www.afsp.org](http://www.afsp.org)  
The Mayo Clinic, [www.mayoclinic.com](http://www.mayoclinic.com)  
Nevada Council on Problem Gambling, [www.nevadacouncil.org](http://www.nevadacouncil.org)  
Washington Youth Suicide Prevention Program, [www.yspp.org](http://www.yspp.org)  
Suicide Prevention Action Network (SPAN USA), [www.spanusa.org](http://www.spanusa.org)  
Surviving Suicide (survivor support) web site, [www.survivingsuicide.com](http://www.survivingsuicide.com)

# Office of Suicide Prevention

## **Suicide Prevention Coordinator**

Misty Vaughan Allen, MA  
9670 Gateway Dr, Ste. 200  
Reno, NV 89521  
Phone: (775) 687-0848  
E-mail: [mvallen@health.nv.gov](mailto:mvallen@health.nv.gov)

## **Suicide Prevention Training and Outreach Facilitator**

Richard Egan  
3811 W. Charleston, 204  
Las Vegas, NV 89104  
Phone: (702) 486-8225  
E-mail: [regan@health.nv.gov](mailto:regan@health.nv.gov)

## **Administrative Assistant IV**

Angela Friedman  
9670 Gateway Dr, Ste. 200  
Reno, NV 89521  
Phone: (775) 687-0849  
[angelafridman@health.nv.gov](mailto:angelafridman@health.nv.gov)

## **Suicide Prevention Training and Outreach Facilitator**

Janett Massolo  
9670 Gateway Dr, Ste. 200  
Reno, NV 89521  
Phone: (775) 687-0847  
E-mail: [jmassolo@health.nv.gov](mailto:jmassolo@health.nv.gov)

## **Youth Mental Health First Aid**

Susan Ripsom  
9670 Gateway Dr, Ste. 200  
Reno, NV 89521  
Phone: (775) 687-0843  
E-mail: [sripsom@health.nv.gov](mailto:sripsom@health.nv.gov)

## **Administrative Assistant**

Florece Bolden  
3811 W. Charleston, 204  
Las Vegas, NV 89104  
Phone: (702) 486-8225  
E-mail: [fbolden@health.nv.gov](mailto:fbolden@health.nv.gov)



# National Strategy for Suicide Prevention

[www.mentalhealth.org/suicideprevention](http://www.mentalhealth.org/suicideprevention)

A Collaborative Effort of SAMHSA, CDC, NIH, HRSA



***“MUCH OF THE WORK OF SUICIDE PREVENTION MUST OCCUR AT THE COMMUNITY LEVEL, WHERE HUMAN RELATIONSHIPS BREATHE LIFE INTO PUBLIC POLICY ...”***

**-- DR. DAVID SATCHER  
IN THE PREFACE OF THE NATIONAL STRATEGY  
FOR SUICIDE PREVENTION (1998)**