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State of Nevada
Department of Health and Human Services

Office of Suicide Prevention
State Suicide Prevention Plan

Richard Egan
April 28th, 2020

Division of Public and Behavioral Health



What you will learn in this presentation



- State Suicide Prevention Plan
- Facts and statistics
- How to talk about suicide in a way which does not stigmatize
- Risk and protective factors
- Warning signs, 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
- What can you do to help

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
- 2005, Nevada Office of Suicide Prevention established; State of Nevada granted \$1.2 Million
- 2007, First 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 \$1.5m, 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, youth suicide prevention (Project Aware: school-based mental health and YMHFA)
- 2015, TMCC Campus Suicide Prevention grant award; AB-93, BH suicide prevention training
- 2015, Counter Violence Extremism
- 2016, CRSF Report recommendations implementation plan; 10 year anniversary
- 2017, State plan updated and AB 105 passed Medical suicide prevention training
- 2018, Zero Suicide starts to be implemented
- 2019, Connectiveness Matters and AB114, school-based trainings

Suicide Statistics

United States, 2016

- 48,344 suicide deaths
- Firearms used in over 50.53% of suicides (NV 54.3%)
- 3.57 male deaths to every female death
- A suicide every 10.87 minutes

Nevada, 2016

- 8th highest rate, 657
- 2nd leading cause of death 20-49, 1st for youth 11-19 years of age
- Nevada's Elderly have highest rates 65+
- More suicides than homicides (255), motor vehicle accidents (370)

Nevada's Strategic Direction



Veterans

- Reduce **veteran suicides** below the national average by 2020.

Older Adults

- Reduce **older adult / senior suicides** below the national average by 2020.

Youth

- Reduce **youth suicides** below the national average by 2020.

Adults

- Reduce **middle-aged adults suicides** below the national average by 2020.

NSPS



Nevada Office of Suicide Prevention Action Plan 2017 - 2019

March 2017 /Edition 1.0



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- Priority 1. Adopt standardized protocols for following up with suicidal patients after discharge from emergency departments (ED) and other hospital settings. Using Zero Suicide initiative for this
- Target Populations. Lifespan (all ages), we look at all possible populations, it is like managing an 18 lane highway

Zero Suicide Initiative



- Suicide prevention is a core responsibility of health care
- Applying new knowledge about suicide & treating it directly
- A systematic clinical approach in health systems, not “the heroic efforts of crisis staff and individual clinicians.”
- System-wide approaches have worked to prevent suicide:
 - United States Air Force Suicide Prevention Program
 - UK (While et al., 2009)

How is Zero Suicide Different?



Shift in Perspective from:	To:
Specialty referral to niche staff	Every suicide in a system is preventable
Assigning blame	Nuanced understanding: ambivalence, resilience, recovery
Risk assessment and containment	Collaborative safety, treatment, recovery
Stand alone training and tools	Overall systems and culture changes
	Part of everyone's job
Individual clinician judgment & actions	Standardized screening, assessment, risk stratification, and interventions
Hospitalization during episodes of crisis	Productive interactions throughout ongoing continuity of care
"If we can save one life..."	"How many deaths are acceptable?"

NSPS



- Priority 2. Utilize syndromic surveillance (attempt data) and partnerships throughout Continuity of Care for Suicidality Workgroup to recognize and monitor trends in real time and develop a system of follow-up care and minimize repeated attempts.
- Target Populations. Lifespan (all ages), Veterans, information is hard to come by on a consistent basis.

NSPS



- Priority 3. Enhance suicide data collection to capture information about specific characteristics of the population including veterans, active duty military and families, LGBTQ, and race/ethnicity.
- Target Populations. Lifespan (all ages)
- Awaiting Violent Death Reporting System reports, started collecting 1 January 2017

NSPS



- Priority 4. Address sustainability of efforts through funding, infrastructure, and system change.
- Target Populations. Lifespan (all ages)
- As we bring systems and infrastructure on board, we look for changing the system verses one-time initiative

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
AB114 has moved this into private and charter schools

--Youth Mental Health First Aid training (YMHFA)

Implemented in Washoe, Lyon, Clark, Elko, Pershing, Humboldt, Lander, Carson, Nye, Lincoln and Douglas. Looking to have an improved push of this training

Suicide Prevention Initiatives



❖ Suicide Prevention Crisis Intervention Services: Hotline and TextToday

- Over 62,000 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



- ❖ **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
 - Mayor's and Governor's Military, Veterans and their Families suicide prevention efforts
- ❖ **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**

- 10 Members who look at Nevada Suicides to help steer how we prevent suicides in Nevada

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.

COVID-19 Facts about Suicide...



Suicides are lower right now than normal for this time of year, Fight or Flight, we are fighting right now

Domestic Violence is up during the reaction to the pandemic, and relationship issues is one main concerns when it comes to suicides

Financial issues are a key to suicide ideations, the Corona fight is causing financial crisis's now or in the future

Isolating from friends and family is a warning sign for suicide, isolating is the core prevention effort for Corona Virus

Are our community members going to choose to flight when they give up the fight

“We are currently facing a severe economic, mental health, and healthcare crisis in which I believe if we do not do something to reach out to the people of Nevada in order to provide guidance and services our suicides are going to spike drastically.”

24 April 2020, Larry Hamm, Office of Suicide Prevention Practicum Student



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
National Council on Problem Gambling

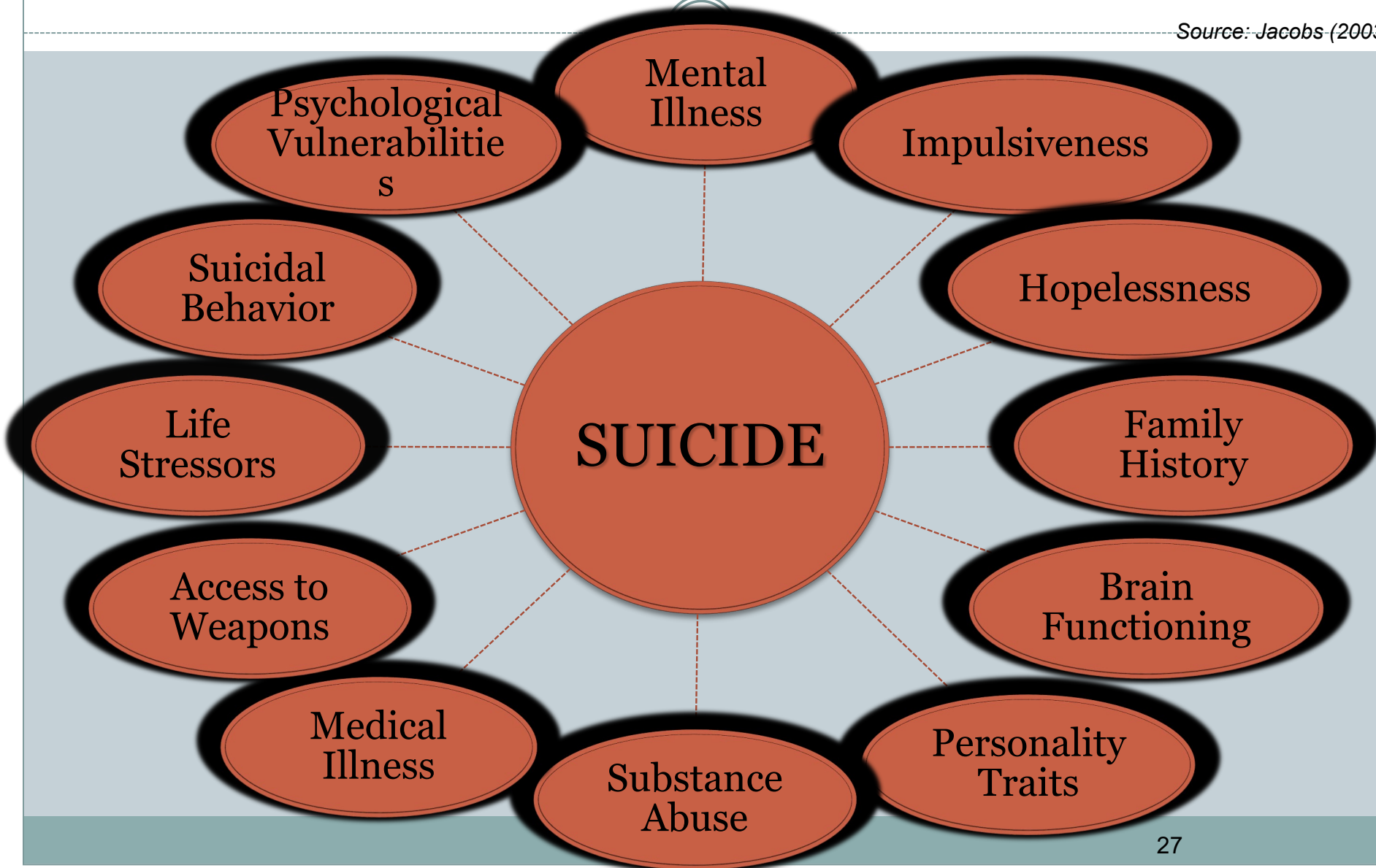
Risk factors



- Relationship issues like a break-up or divorce
- 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

Risk Factors for Suicide

Source: Jacobs (2003)



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

Protective factors



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

Protective Factors

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

What to do if you think someone is at risk



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

American Foundation for Suicide Prevention, 2013

What to do...



- **Take it Seriously**
- 91% 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 The Question**
- 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—SN/Rural: 702-486-7865
NN: 775-688-1670
- 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.

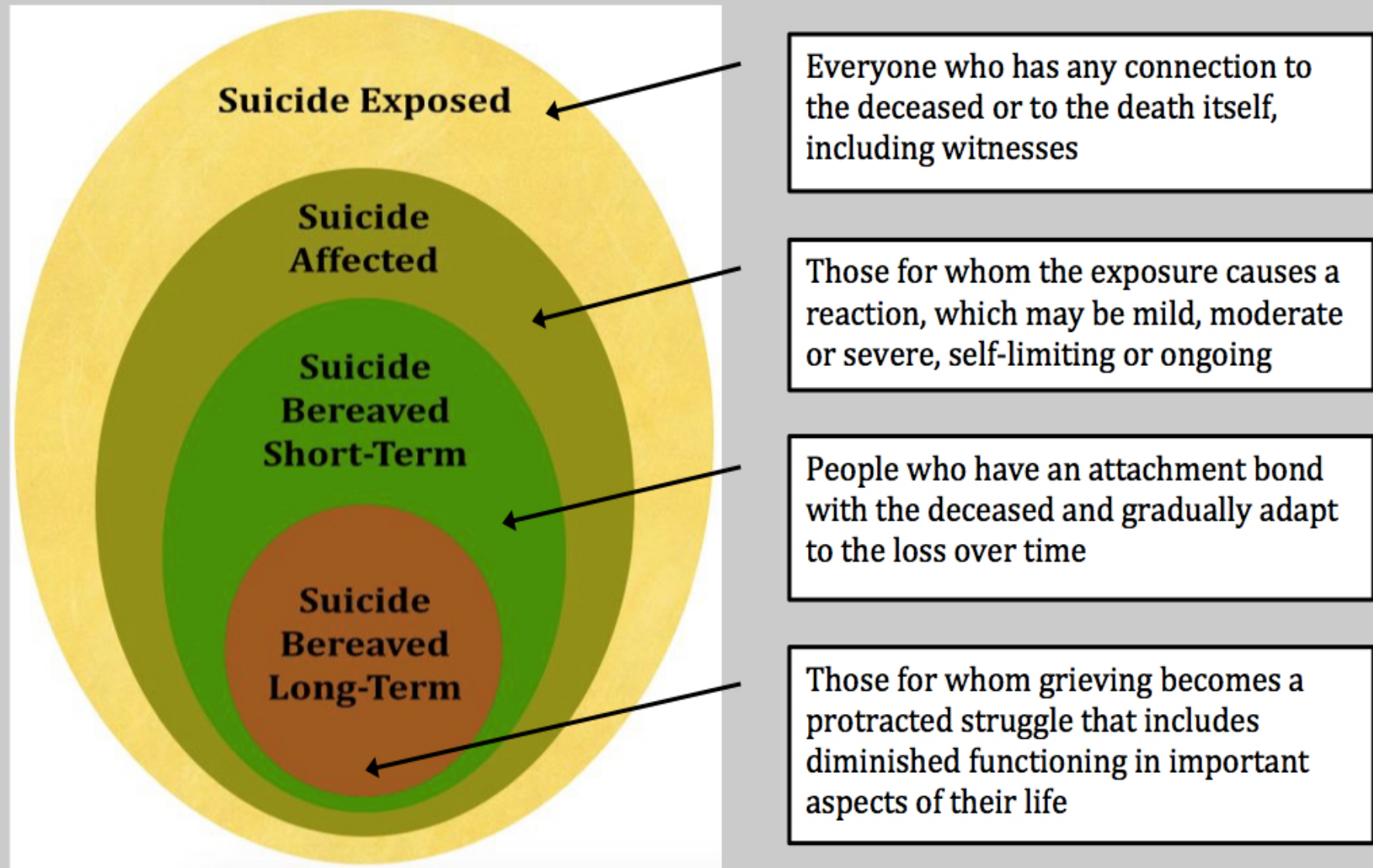
The American Association of Suicidology

Goals:

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

POSTVENTION IS PREVENTION!

The Continuum Model: Effects of Suicide Exposure



Based on: Cerel, J., McIntosh, J. L., Neimeyer, R. A., Maple, M., & Marshall, D. (2014). The Continuum of Survivorship: Definitional Issues in the Aftermath of Suicide. *Suicide and Life-Threatening Behavior*, 44, 591-600.

References & Resources



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

Professional Considerations



- **Clinical Workforce Preparedness—AB 93 and AB 105**
- **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.**

Source: National Action Alliance for Suicide Prevention: Clinical Workforce Preparedness Task Force. (2014). *Suicide prevention and the clinical workforce: Guidelines for training*. Washington, DC: Author.

Other Training Opportunities



- **safeTALK: (Suicide Alertness) 3-4 hours**
- **Youth and Adult Mental Health First Aid, 8-hour training**
- **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) Training**

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National Strategy for Suicide Prevention

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)**