

# Suicide Prevention and Intervention

***“Saving Tomorrows Today”***

Romaine Riddle  
Director of Community Outreach & Education



Mental Health Association  
In NC

# Suicide is the third leading cause of death for youth ages 10-24 years in North Carolina



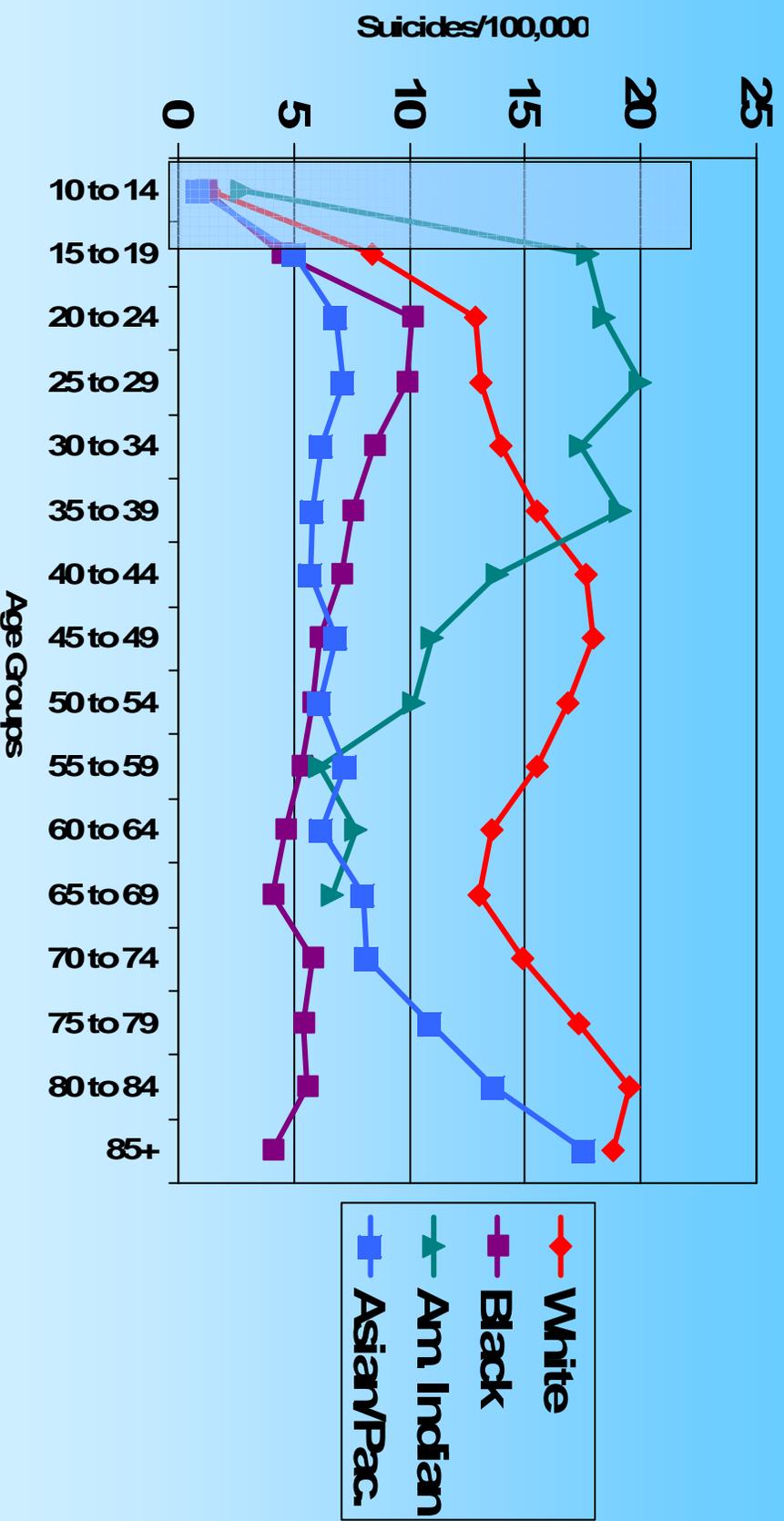
- **First:** Unintentional Injuries
- **Second:** Homicide (ages 15-24 yrs); Malignant Neoplasms (ages 10-14 yrs)

# Suicide Reporting

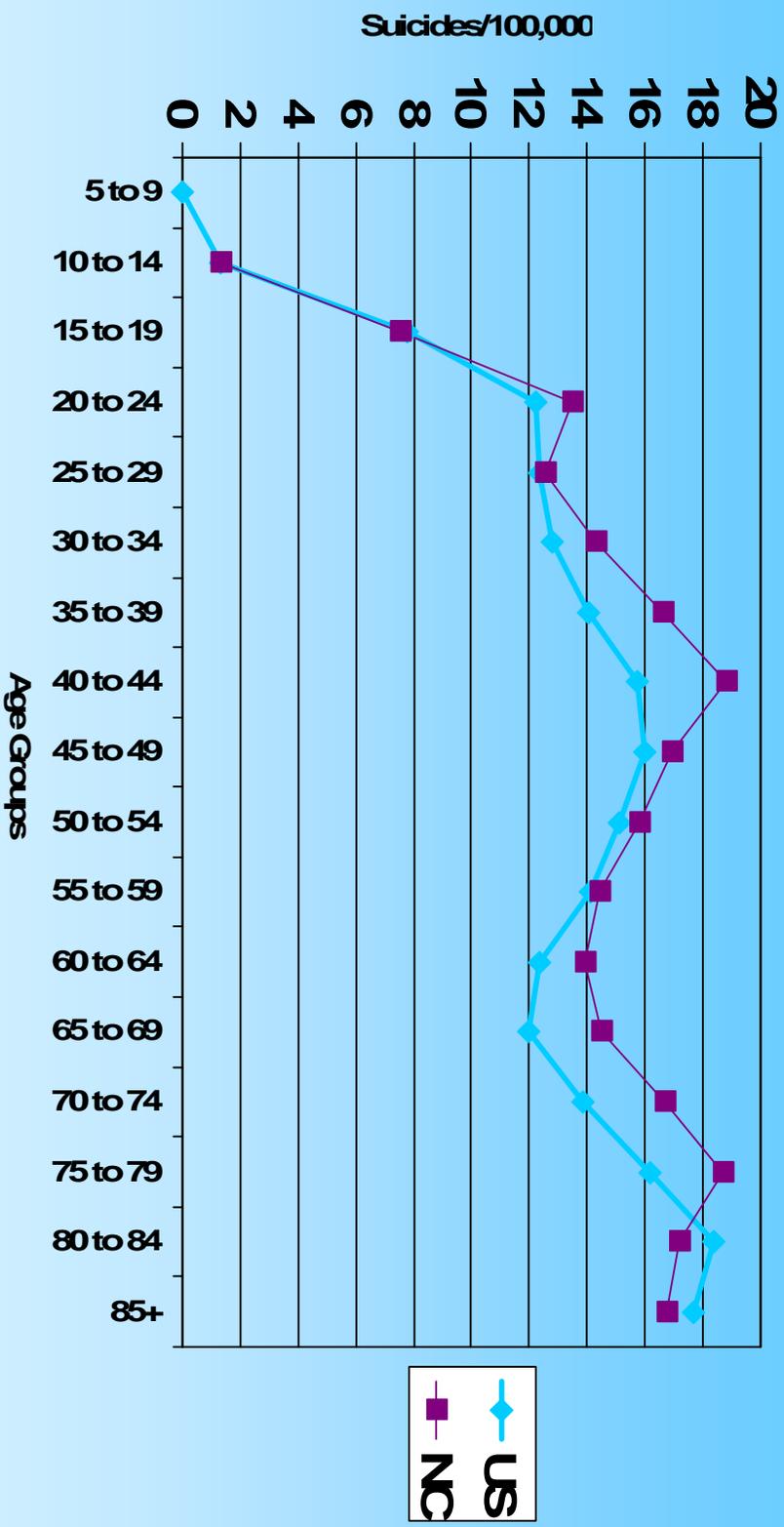
- Under-reported and underestimated
  - Questions of intent
  - Regional differences in definition of suicide
  - Regional differences in training of coroner/medical examiner
- Attempt rates are estimates
- Reporting improving
  - CDC WISQARS
  - 2004 NC Violent Death Reporting System
  - Hospital reporting is more comprehensive

**Improved surveillance systems is one of the central goals of the National Strategy & the NC State Plan**

# United States Suicide Rates by Age Group and Race: 2000 - 2004

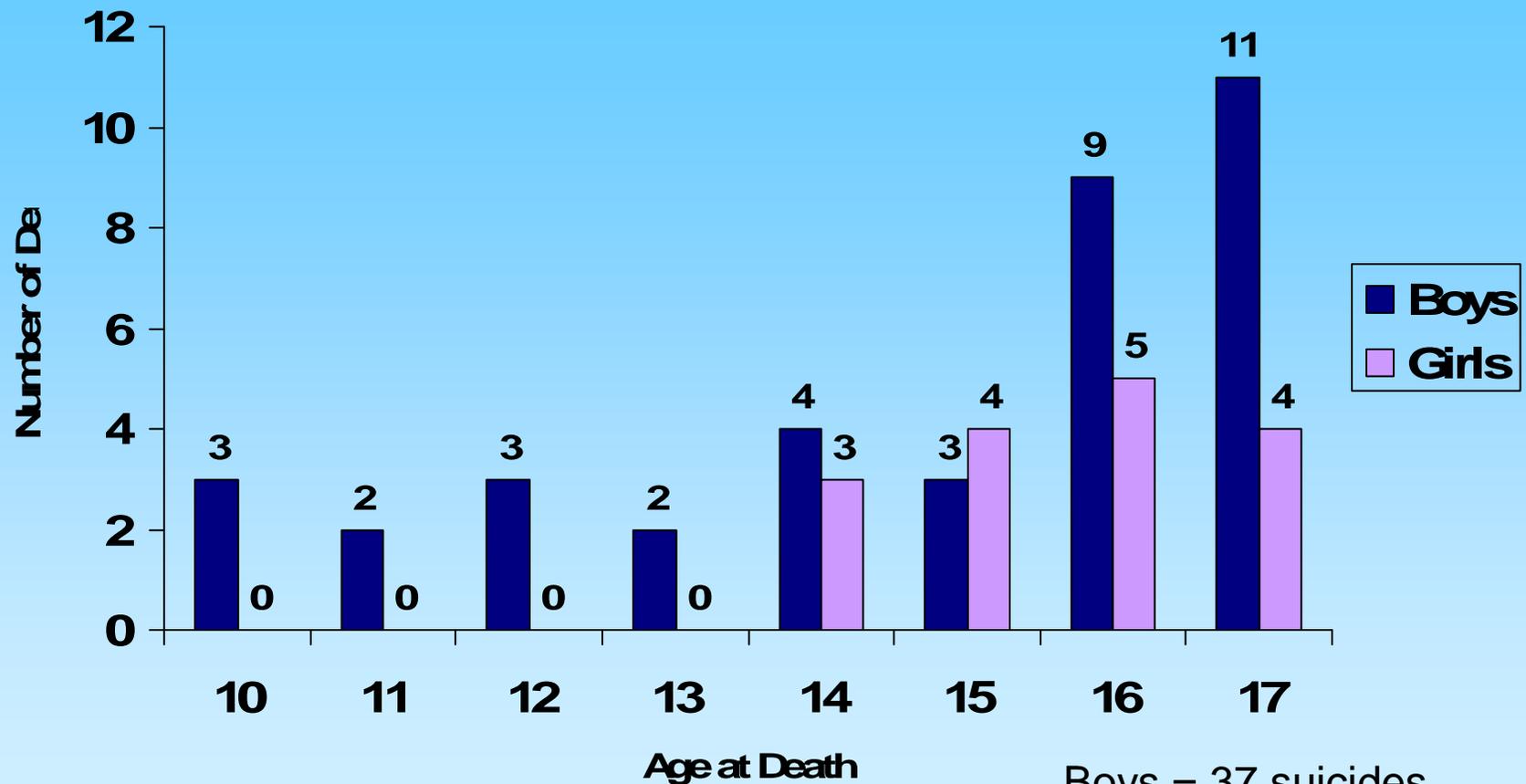


# United States and North Carolina Suicide Rates by Age: 2000 - 2004



CDC-WISQARS

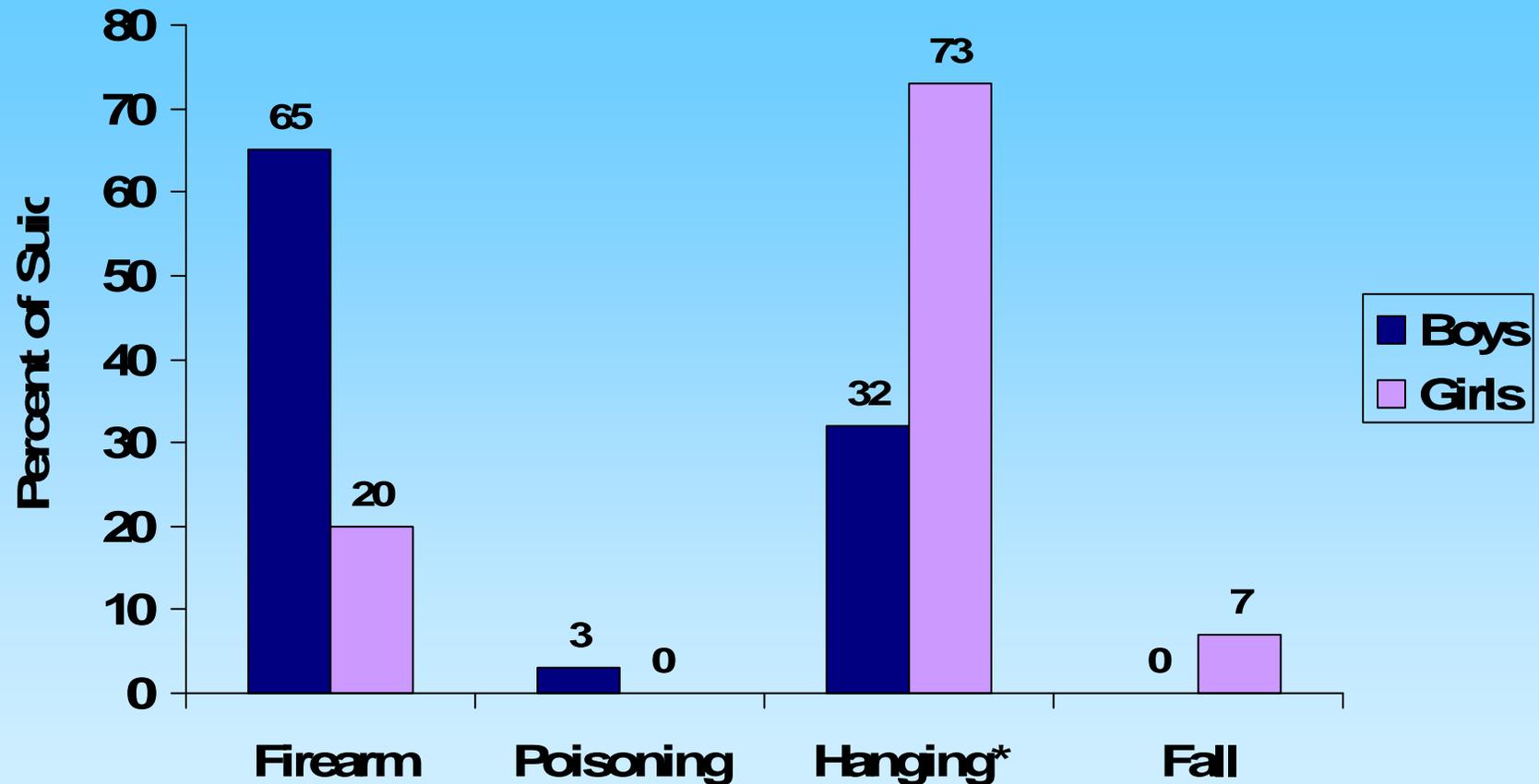
# Suicides in Youth by Age and Sex: North Carolina, 2004 - 2005



Boys = 37 suicides

Girls = 15 suicides

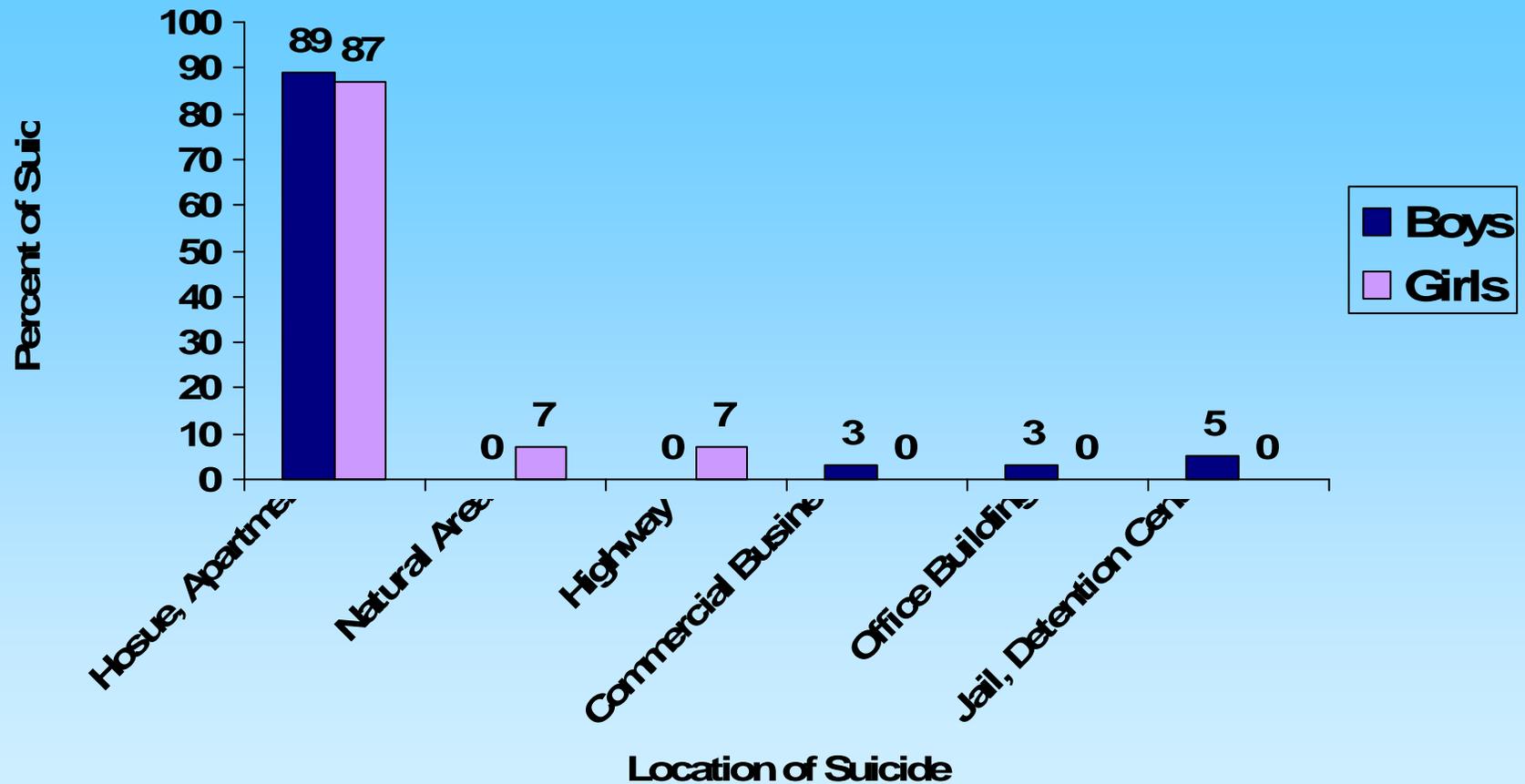
# Suicide Methods/Weapons (%) in Youth by Sex: North Carolina, 2004 - 2005



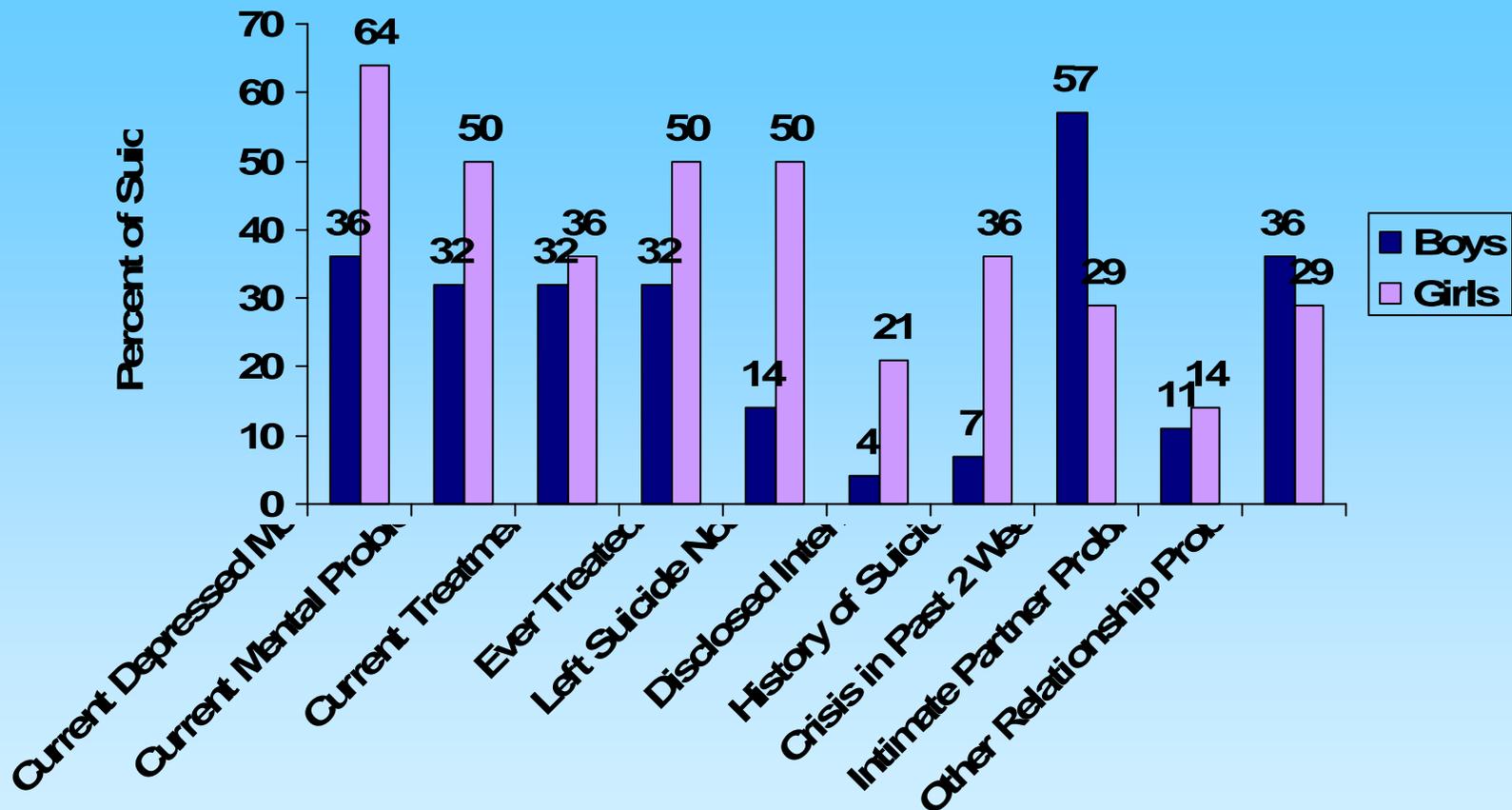
\*Hanging, Strangulation or Suffocation

Source: NC Violent Death Reporting System

# Suicide Locations (%) in Youth by Sex: North Carolina, 2004 - 2005



# Suicide Circumstances (%) in Youth by Sex: North Carolina, 2004 - 2005



# Causes of Suicide

- Most explanations are too simplistic: NEVER the result of a single factor or event.
- No single CAUSE of suicide; only CAUSES
- Highly complex interaction of biological, psychological, cultural, sociological factors.

# Causes of Suicide

## Multiple risk factors increase risk:

- **Mental disorders** (#1 predictor of suicide - NC Academy of Sciences)
- Firearm in home
- Substance abuse
- Genetics
- History of Trauma
- Relationship loss
- Economic hardship
- **Impulsiveness** (More than 1/2 of suicide attempts occur within a premeditation period of less than five minutes.)

# Suicide & Youth

- Tripled in the last 35 years in US and throughout the world
  - Genetics
  - Increased alcohol use/gun access
  - More accurate reporting (coroners and medical examiners are more correctly identifying death as suicide rather than “accidents”)
  - Decreasing onset of puberty (coincides with the first significant rise in the rate of suicide)
  - Environmental pollutants
- One in five high school students reports having seriously considered suicide

## 2005 Youth Risk Behavior Survey Middle School

Percentage of students who ever thought about killing themselves.

	<b>Total</b>	<b>Males</b>	<b>Females</b>
<b>Total</b>	<b>20.8</b>	<b>14.4</b>	<b>26.7</b>

## 2005 Youth Risk Behavior Survey High School

Percentage of students who seriously considered attempting suicide during the past 12 months.

	<b>Total</b>	<b>Males</b>	<b>Females</b>
<b>Total</b>	<b>15.6</b>	<b>12.5</b>	<b>18.7</b>

Percentage of students who made a plan about how they would attempt suicide during the past 12 months.

	<b>Total</b>	<b>Males</b>	<b>Females</b>
<b>Total</b>	<b>13.1</b>	<b>10.8</b>	<b>15.4</b>

Percentage of students who actually attempted suicide one or more times during the last 12 months.

	<b>Total</b>	<b>Males</b>	<b>Females</b>
<b>Total</b>	<b>13.1</b>	<b>12.7</b>	<b>13.3</b>

# What Do the Numbers Tell Us?

## Average cost per suicide:

<u>Ages</u>	<u># Suicides</u>	<u>Medical Cost</u> (each)	<u>Projected Work Loss Cost</u> (each)
5-14	8	\$ 18,074	\$ 1,561,842
15-29	42	\$ 6,195	\$ 1,696,391
<b>Total</b>		<b>\$ 404,782</b>	<b>\$72,810,264</b>

## Attempts:

5-14	139	\$ 7,028	\$ 13,759
15-29	596	\$ 6,800	\$ 10,192
<b>Total:</b>		<b>\$5,029,692</b>	<b>\$ 7,986,933</b>

**Does not include immeasurable cost of pain & anguish of families and the diminished quality of their lives.**

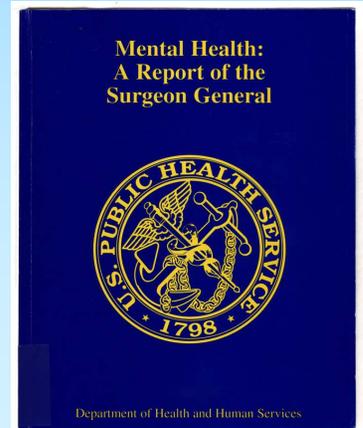
# Barriers To Treatment

- Stigma – results in less opportunities and lower self-esteem
- Screening for depression & mental illness is not routine in primary care
- Minority populations
  - Traditionally underserved
  - Language barriers
  - Cultural barriers or sanctions
  - Tend to seek help first from spiritual or traditional healers

# Suicide Prevention Milestones

## Federal Level

- 1966 Center for Studies of Suicide Prevention established
- 1985 CDC started a task force on suicide prevention
- 1994 CDC published suicide reporting guidelines for media
- 1996 World Health Organization urged member nations to address issue of suicide
- SPAN USA organized
- 1998 Conference in Reno, NV – Surgeon General, Dr. David Satcher, declares suicide a national public health problem, summarizes recommendations.
- 1999 Surgeon General issues “Call to Action to Prevent Suicide”



## Federal Level (cont'd)

2000 US DHHS published national strategy for suicide prevention stating goals and objectives for action

2002 Institute of Medicine publishes report “Reducing Suicide – A National Imperative”

SPRC (Suicide Prevention Resource Center) established to provide:

- evidence-based practices directory
- training and research-based information
- technical assistance
- resource materials
- regional conferences

2003 President’s new Freedom Commission Report calling for implementation of National Strategy

2004 Garrett Lee Smith Suicide Prevention Act approved by Congress

# What's Going on in NC

## Grassroots Level

### **Triangle Consortium for Suicide Prevention (TCSP)**

- Founded 5-6 years ago by 2 survivors
- Promotes and supports the annual Survivors of Suicide conference in November
- Began “Out of the Darkness” walk for suicide awareness and prevention in 2006 with 60 participants in Chapel Hill. 2008 had over 300 participants in Raleigh.
- Sponsors scholarships to attend the American Association of Suicidology Conference and other trainings.
- Sponsor presentations in the Triangle by nationally known suicide prevention specialists and researchers.
- Assists in forming other grassroots groups across the state



# TCSP Members

- Duke Child and Family Study Center, Dept. of Psychiatry, Duke University School of Medicine
- Duke Community Bereavement Services (Unicorn Bereavement Center)
- Holly Hill Hospital
- Mental Health Association in NC
- Mental Health Association in Orange County
- NC DHHS, Div. of Public Health, Injury and Violence Prevention Branch
- UNC Dept. of Psychiatry, Crisis Services
- UNC School of Social Work, Family & Children's Resource Program
- VA Medical Center in Durham
- Other interested persons and volunteers

# Other Activities

- **“Out of the Darkness” walks in several communities** – Wilmington, Wake Forest, Winston-Salem, Asheville, Charlotte and others
- **PCSP (Piedmont Consortium for Suicide Prevention) in Forsyth, Stokes** have sponsored an ASIST, Law Enforcement Training and a safeTALK in the community.
- **ASAP – Ashe County** – sponsored conferences, an ASIST for school personnel, safeTALK, Law Enforcement Training, established “Sunshine Sunday” with sermons on depression and suicide in all churches and work with funeral directors.
- **Franklin County** – conducted ASIST for all school counselors and Yellow Ribbon in all junior and high schools
- **Davie County** – sponsored three ASISTs, Law Enforcement Training, presentations on suicide prevention.

# Other Activities

## Universities:

- NC State – trained RAs in ASIST
- UNC-CH – trained psychiatric nurse practitioners, social workers, psychology students in ASIST
- Elizabeth City State University – sponsored staff in safeTALK
- NC A & T and UNC-Greensboro sponsoring upcoming ASISTs
- NC Central University conducted suicideTALK.





# MHA/NC

- State's largest private, non-profit 501©(3) mental health advocacy organization with affiliates and direct services presence across the state.
- 1998 - Joined the newly-formed NC Youth Suicide Prevention Task Force.
- 2002 - Assisted in planning the NOPCAS conference.
- 2003 - Sponsored Dr. David Satcher as keynote speaker at MHA/NC Annual Conference



# MHA/NC

- 2005 – Co-sponsored and conducted a state-wide conference “Saving Tomorrows Today” to kick off the State Plan for Suicide Prevention. This was an effort to link together grassroots organizations to share information, support each other, and to continue a dialogue. Speakers included:
  - Lloyd Potter from SPRC
  - Paul Quinnette from QPR in Tacoma
  - Judy Collins
  - and other suicide prevention specialists from across North Carolina

# MHA/NC

- Sponsored other presenters at subsequent Annual Conferences:
  - Dr. Alvin Poussaint
  - Dr. Kay Redfield Jamieson
- MHA/NC personnel were trained as ASIST trainers – by 2009 conducted 35 ASIST workshops, educating over 900 gatekeepers.
- Presently have 4 safeTALK trainers on staff and 5 ASIST trainers.
- Sponsor Law Enforcement Trainings and other suicide prevention presentations across the state in response to community requests.

# The North Carolina Youth Suicide Prevention Task Force

- NCDHHS Division of Public Health – Injury & Violence Prevention Branch
- NCDHHS Div. Mental Health
- NC Office of the Governor
- NC Dept. of Admin.
- NC Dept. of Juvenile Justice
- NC Child Fatality Prevention Team
- NC Dept. of Public Instruction
- NC Suicide Prevention Advocacy Network
- UNC-CH Injury Prevention Research Center
- UNC Counseling Center
- Mental Health Association in North Carolina

# NC Youth Suicide Prevention Task Force

- Formed in **1998** to:
  - Identify small grassroots coalitions across state
  - promote grassroots efforts around suicide prevention
  - write a state plan for suicide prevention
  - Use a public health approach for significant and sustained reduction in suicide:
    - define the problem
    - identify risk factors
    - design and test interventions
    - implement and evaluate

# NC Youth Suicide Prevention Task Force

- The Task Force chose six of the goals set forth by the Surgeon General to implement in NC:
  - Promote awareness that suicide is a preventable public health problem
  - Develop and implement community based programs
  - Promote efforts to reduce access to lethal means
  - Implement training for recognition of at-risk behavior and delivery of effective treatment
  - Improve access to and community linkages to mental health and substance abuse services
  - Improve and expand surveillance systems

# NC Youth Suicide Prevention Task Force

- **2001** - Developed and distributed a fact sheet on suicide in NC
- **2002** - Governor's Crime Commission Grant Investigated gatekeeper training.  
ASIST (Applied Suicide Intervention Skills Training – an two-day, intensive, interactive, suicide first aid training) was chosen:
  - gatekeepers needed in-depth training,
  - ASIST used adult learning theory and role-playing
  - studies reported
    - An increase in knowledge of intervention skills
    - More prepared & confident in dealing with a person at risk
    - More willing & able to discuss suicide
    - Heightened awareness of signs & symptoms
    - Increased connections with youth
    - Shared information

# NC Youth Suicide Prevention Task Force

2003 - Task Force members attended bi-regional suicide prevention training conference – “Taking Action – Implementing the National Strategy for Suicide Prevention”

- 14 ASIST trainers were created
- 35 trainings to date, not including those done by Dept. of Juvenile Justice and military
- Evaluations of ASIST participants are positive – 95% of participants would recommend training to others

2004 State Plan “Saving Tomorrows Today” published and distributed

2005 Co-sponsored conference with MHA/NC to kick off State Plan

2008 Awarded Garrett Lee Smith Suicide Prevention grant

# Garrett Lee Smith Suicide Prevention Grant

## First Year:

- **Communications Campaign:** develop a campaign that will include promotional products (e.g., brochures, banners, posters, t-shirts, bracelets), public service announcements for media, and an interactive, youth-focused website.
- **ASIST Training for Trainers:** Partner with NC Student Community Health Alliance to train selected Alliance members and other interested/committed candidates as ASIST trainers. 50% of grantees are using ASIST.
- **safeTALK Training for Trainers:** Train selected Alliance members and other interested/committed candidates as safeTALK (suicide awareness for everyone, Tell, Ask, Listen, Keepsafe) trainers. This is a two to three hour training that prepares participants to identify persons with thoughts of suicide and connect them to resources.
- **RFAs** sent to middle and high schools connected with school health education centers to participate in grant activities.

# Second Year



- Choose 10 middle and high schools from the RFAs.
- Train their school personnel in ASIST and/or safeTALK.
- Implement school program to students. The program will be the school's choice of either "Response" or "Lifeline" – both of which are curricula based – to be integrated into the Healthful Living curriculum.
- Roll out the communications campaign with promotional products, announcement of the website and media PSAs in geographic locations of selected schools.



# Third Year

- Evaluate the effectiveness of the programs – UNC-CH Injury Prevention Research Center
- Revise communications campaign, if necessary.
- Identify community colleges with highest concentration of students in the targeted age range that are attending to obtain their GED.
- Implement programs in identified community colleges.
- Communications campaign in geographic locations of selected colleges.



# Why Choose These Activities?

- Addresses several of the Surgeon General's Goals
- Addresses several goals selected by the NC State Plan
- Studies show efficacy of activities



# Evidence of Effectiveness

Causes of suicide are so varied, there is no ONE strategy, there has to be a comprehensive approach.

- evaluation of suicide prevention activities is challenging due to:
  - 1) a multitude of variables
  - 2) usually activities are of short duration
  - 3) lack of planning and funding for evaluation
- Universal programs blanketing a school or community have been shown to be effective.
- Current data supports importance of awareness and skills training programs in schools. Shows increased adaptive coping skills and some decreased ideation and attempts.
- School based programs have been shown to enhance social support, self-efficacy and self-esteem.
- A report on gatekeeper training such as ASIST and SOAR showed participants having increased knowledge and confidence with a person at risk, significantly more likely to know suicide warning signs, to learn appropriate helper attitudes and have high behavioral intentions.

# If the Task Force is Going to Make Recommendations, What is Needed?



- Recognition and support of the State Plan. Activities are already in place based on the recommended strategies of the Surgeon General
- Task force needs assistance to sustain the present activities after the grant is done.
- Increase number of certified crisis lines – only one connected to 1-800-273-TALK

# What Can the Medical Community Do?

- Help erase stigma by educating primary care physicians and their patients.
- Increase awareness of mental illness and suicide with primary care physicians – they are the first person interfacing with a person at risk of suicide.
- Implement training curricula on the topic in medical schools.
- NC IOM report brought to light that the distribution of psychiatrists in NC is mostly in urban areas – some counties have no psychiatrists. How can this problem be addressed?



# Suicide Prevention Resources

- National Suicide Prevention Lifeline

**1-800-273-TALK (8255)**

- American Association of Suicidology – [www.suicidology.org](http://www.suicidology.org)
- American Foundation of Suicide Prevention – [www.afsp.org](http://www.afsp.org)
- Families for Depression Awareness – [www.familyaware.org](http://www.familyaware.org)
- LivingWorks Education – [www.LivingWorks.net](http://www.LivingWorks.net)
- Suicide Prevention Action Network – [www.spanusa.org](http://www.spanusa.org)
- Suicide Prevention Resource Center – [www.sprc.org](http://www.sprc.org)
- National Institute of Mental Health – [www.nimh.nih.gov](http://www.nimh.nih.gov)
- [www.mentalhealth.samhsa.gov/suicide](http://www.mentalhealth.samhsa.gov/suicide)

## Resources (cont'd)

- Yellow Ribbon Program – [www.yellowribbon.org](http://www.yellowribbon.org)
- Veteran's Administration – [www.va.gov](http://www.va.gov)
- Mental Health Assoc. – [www.mha-nc.org](http://www.mha-nc.org)
- TCSP – [www.TCSP.org](http://www.TCSP.org)
- NC Council of Community Programs – [www.nc-council.org](http://www.nc-council.org)