



Suicide Prevention and Intervention Workgroup

An Overview of the Problem and the Current MHDDSAS System

Susan E. Robinson, Manager/Planner
Community Policy Management
NC Division of MHDDSAS

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The Problem

- **Suicide** is best understood as a very complex human behavior, with no single determining cause.
- Those who attempt or complete suicide typically experience a combination of risk factors
 - often one precipitating factor that leads to a suicide attempt
 - many risk factors may be balanced by protective factors with no suicide attempt

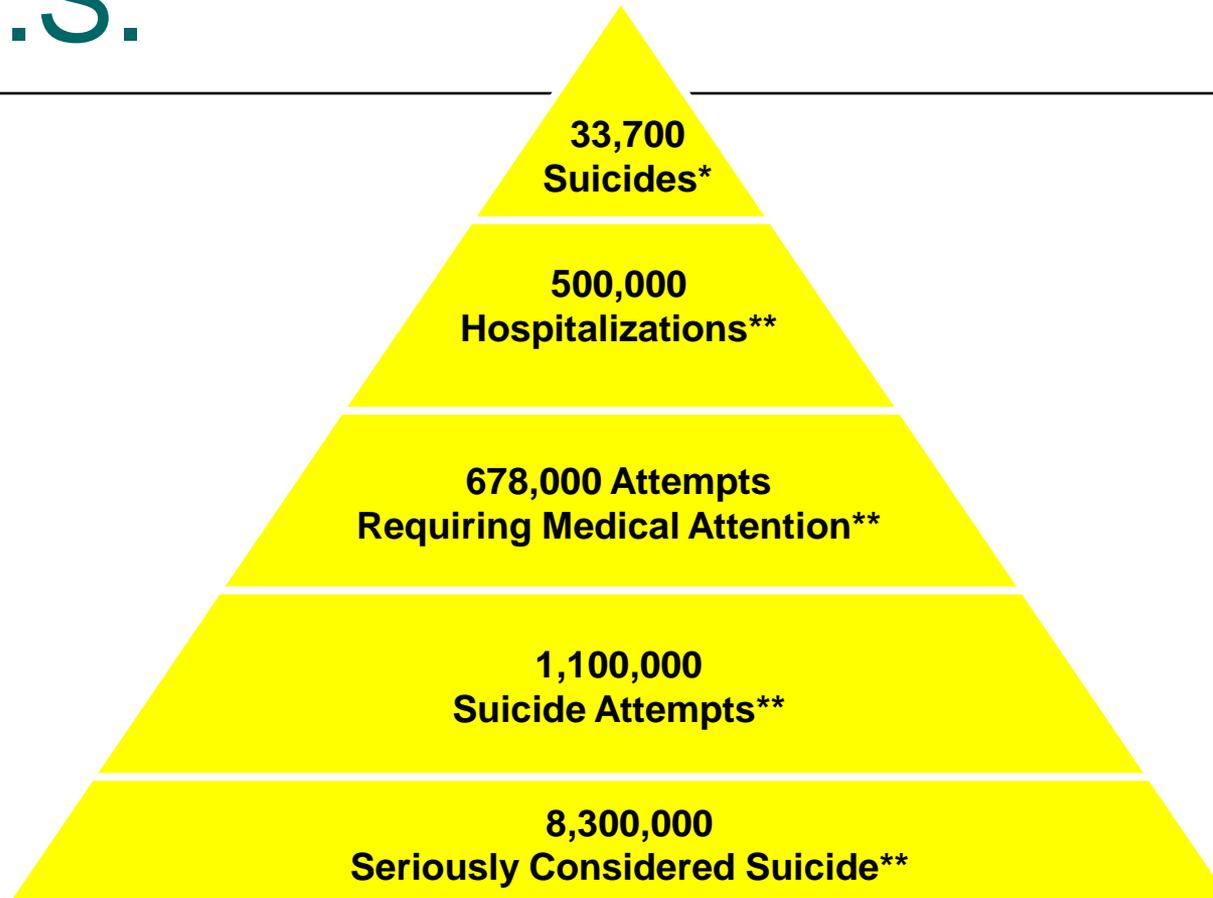
What do we know?

- Risk factors may be thought of as leading to or being associated with suicide; that is, people "possessing" the risk factor are at greater potential for suicidal behavior.
 - Risk factors include mental illness, substance abuse and loss of a loved one.
- Protective factors, on the other hand, reduce the likelihood of suicide. They enhance resilience and may serve to counterbalance risk factors.
 - Protective factors include support networks and access to mental health care.

What do we know?

- The impact of some risk factors can clearly be reduced by certain interventions such as providing lithium for manic depressive illness or strengthening social support in a community (Baldessarini, Tando, & Hennen, 1999).
- Risk factors that cannot be changed (such as a previous suicide attempt) can alert others to the heightened risk of suicide during periods of the recurrence of a mental or substance abuse disorder or following a significant stressful life event (Oquendo et al., 1999).
- Protective factors are quite varied and include an individual's attitudinal and behavioral characteristics, as well as attributes of the environment and culture (Plutchik & Van Praag, 1994)

Pyramid of Suicidal Behaviors- - U.S.



Source:

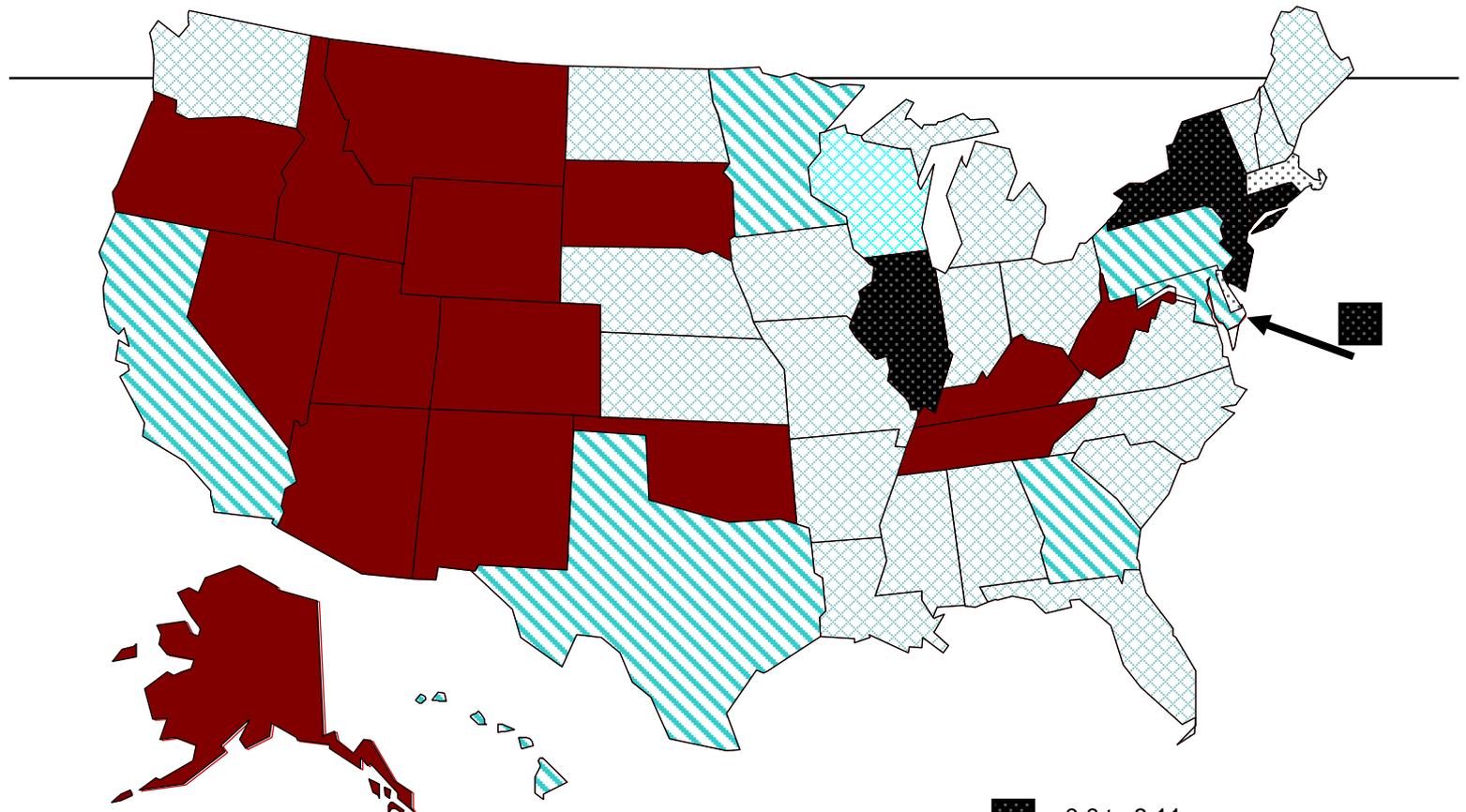
• Source: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. (2009).

• *Web-based Injury Statistics Query and Reporting System (WISQARS)*. Available from: www.cdc.gov/injury/wisqars/index.html.

**Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2009).

The NSDUH Report: Suicidal Thoughts and Behaviors among Adults. Rockville, MD.

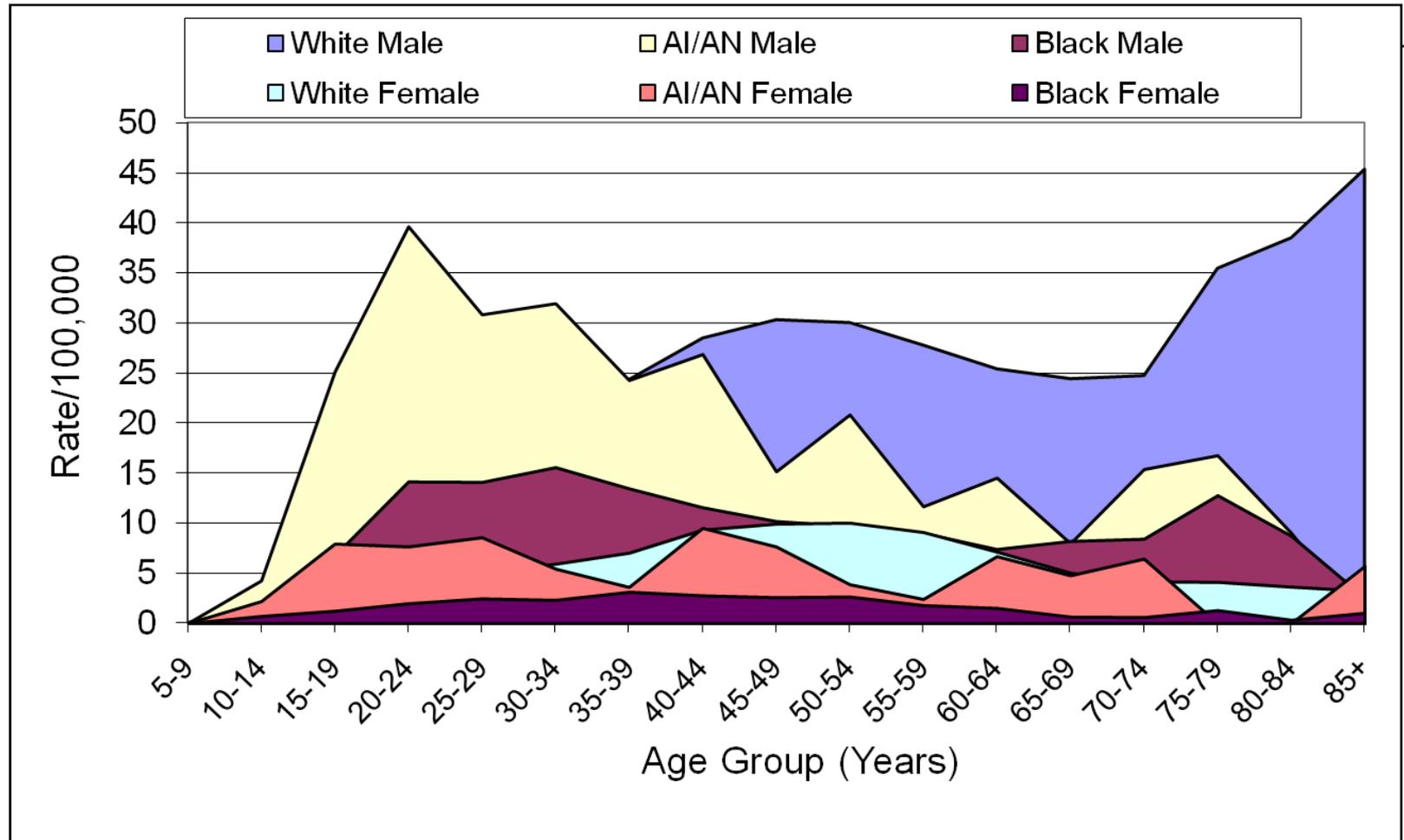
Age-Adjusted Suicide Rates Among All Persons by State -- United States, 2006 (U.S. Avg. 10.95)



State (Lowest & Highest)	Age-adjusted Rate (per 100k)
New Jersey	6.7
Source: Centers for Disease Control and Prevention (CDC) vital statistics	
Alaska	22.1

Suicide Rates by Age, Race, and Gender

United States, 2007



Source:

National Center for Health Statistics

Note: Non-Hispanic Ethnicity

Moving Beyond

the Demographics

Suicides:

- Male : female = 4:1
- Elderly white males -- highest rate
- Working aged males – 60% of all suicides
- **Concern for SMHA's :**
 - **People with serious mental illness: rate 6-12x;**
 - **People with health concerns: 50%+ of suicides w/in 30 days of Primary Care Physician visit**

Attempts:

- Female >> male
- Rates peak in adolescence and decline with age
- **Concern:** Latina & Native American youth and LGBT

Source:

National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. (2009).

Web-based Injury Statistics Query and Reporting System (WISQARS). Available from: www.cdc.gov/injury/wisqars/index.html.

Suicide prevention efforts tend to focus on “at-risk” groups (rates greater than general population)

White Males 65+ 3-4x



Veterans/Military 2-4x



Alaskan Natives/
American Indians (AN/AI) 2-4x



Lesbian, Gay, Bisexual,
Transgender (LGBT) Youth 2-3x



We should focus intervention on those at highest risk



Individuals with Serious Mental Illness (SMI) 6-12x

White Males 65+

The American Association of Suicidology reports the 2006 suicide rate for elderly white males was 31 per 100,000, but 48 per 100,000 for those over 85.

<http://bit.ly/men-s>

Veterans/Military

In 2010, *USA Today* reported the current U.S. Army suicide rate at 22 per 100,000 (<http://usat.ly/army-s>), but the Fort Hood rate was 47 per 100,000. <http://bit.ly/ft-s>

AN/AI

In the Suicide Prevention Resource Center (SPRC) library, Alaskan Native/American Indian males ages 15 to 24 had the highest rate at 28 per 100,000. *USA Today* reported in 2010 a suicide rate for those AN living in Alaska of 42 per 100,000. <http://usat.ly/an-ak>

LGBT Youth

The SPRC library says little can be said with certainty about death rates. However, other research suggests two to three times the national rate.

<http://bit.ly/wik-lgbt>

Individuals with SMI

In 2008, a UK study by Osborn et al. found the hazard ratio for individuals with SMI, including schizophrenia, to be nearly 13 times the general population. In Dec. 2010, King's Health Partners found the risk to be 12 times greater during the first year following diagnosis of a serious mental illness.

<http://bit.ly/SMI-suicide-12x>

Note: The suicide rate in the general population was 11.5 per 100,000 in 2007.



Nationally...

AIMS OF THE NATIONAL STRATEGY

- ✓ **Prevent premature deaths due to suicide across the life span**
- ✓ **Reduce the rates of other suicidal behaviors**
- ✓ **Reduce the harmful after-effects associated with suicidal behaviors and the traumatic impact of suicide on family and friends**
- ✓ **Promote opportunities and settings to enhance resiliency, resourcefulness, respect, and interconnectedness for individuals, families, and communities**

Nationally...

Prevention began with...

- **1998 – 1st National Suicide Prevention Conference – review & consolidate science**
- **1999 – Surgeon General's Call to Action to Prevent Suicide**
- **2001 – National Strategy for Suicide Prevention**
- **2010 – World Suicide Prevention Day –
National Action Alliance for Suicide Prevention
~ A nation free of tragic experience of suicide ~**



*Behavioral Health is Essential to Health
Prevention Works - People Recover
Treatment is Effective*

Text Size: S M L
SHARE [Facebook] [Twitter] [Email]

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Suicide Prevention



Goal -- Provide individuals, families, professionals, and organizations with information and resources to seek help, provide assistance, and/or implement suicide prevention programs in their communities.

SAMHSA
Facebook provides first-of-a-kind service to help prevent suicides

SAMHSA and the National Suicide Prevention Lifeline collaborate with Facebook to help prevent suicides. [Learn more.](#)

Resources and New Publications

- [The National Suicide Prevention Lifeline](#) - 1-800-273-TALK (8255) - a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress.
- [Suicide Prevention Resource Center](#) - provides prevention support, training, and resources to assist organizations and individuals to develop suicide prevention programs, interventions and policies. Also, provides SAMHSA suicide grant and grantee meeting information.
- [National Action Alliance for Suicide Prevention](#) - public/private partnership that catalyzes planning, implementation,

Featured Resource

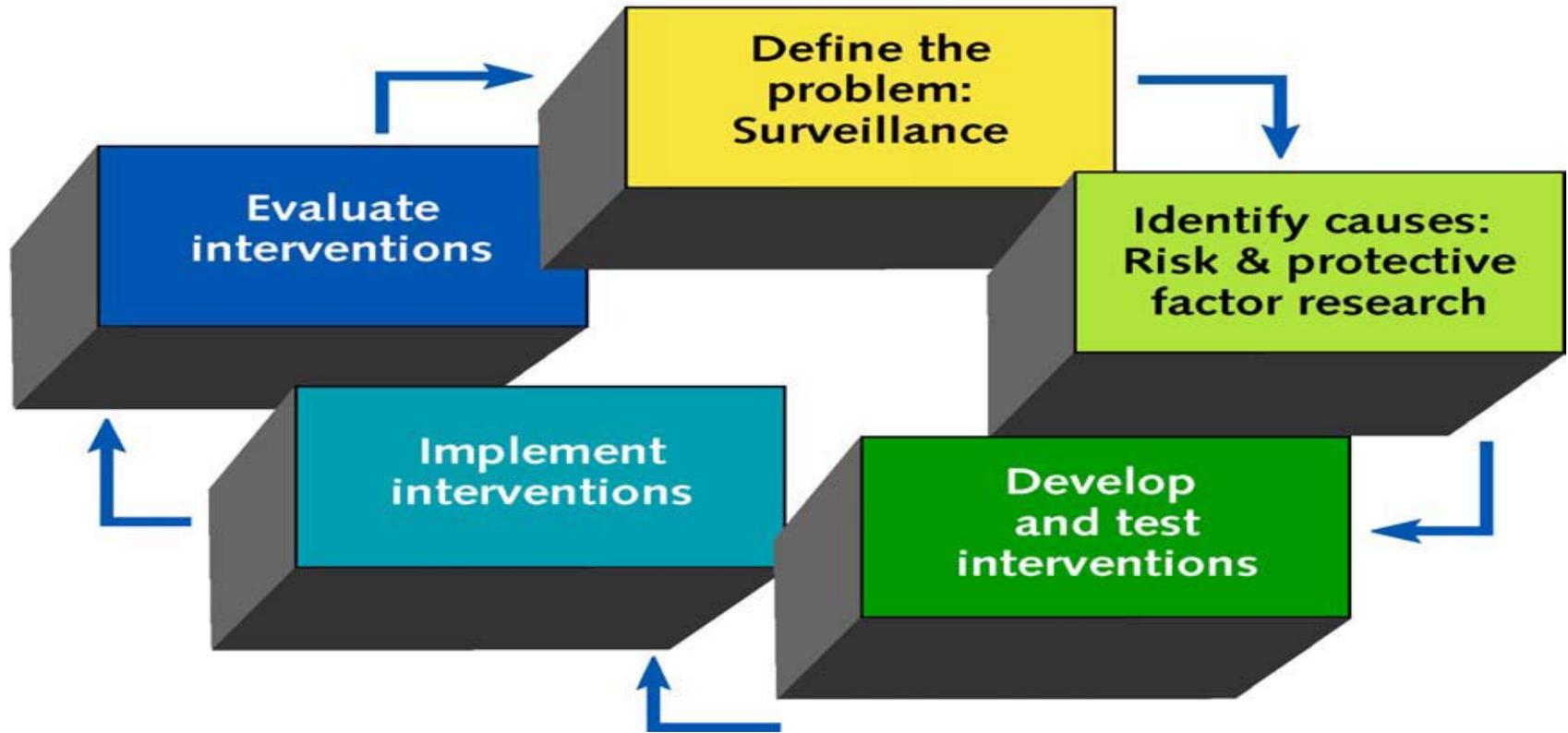
Addressing Suicidal Thoughts And Behaviors in Substance Abuse Treatment

Federal Charge to States

- **SAMHSA Goal** -- Provide individuals, families, professionals, and organizations with information and resources to seek help, provide ^{SAMHSA} assistance, and/or implement suicide prevention programs in their communities.
 - **SMHA - State Suicide Prevention Plan will be developed**

SAMHSA - Substance Abuse Mental Health Services Administration
SMHA – State Mental Health Agency

The Public Health Approach to Prevention



MATRIX OF INTERVENTIONS FOR SUICIDE PREVENTION EXAMPLES

	BIOPSYCHOSOCIAL	ENVIRONMENTAL	SOCIOCULTURAL
<p>UNIVERSAL</p> <p>(The intervention is designed to affect everyone in a defined population)</p>	Incorporate depression screening into all primary care practice	<p>Promote safe storage of firearms and ammunition</p> <p>Package drugs in blister packs</p>	<p>Teach conflict resolution skills to elementary school children</p> <p>Provide programs that improve early parent-child relationships</p>
<p>SELECTIVE</p> <p>(The intervention is designed especially for certain sub-groups at particular risk for suicide)</p>	Improve the screening and treatment for depression of the elderly in primary care practices	Reduce access to the means for self-harm in jails and prisons	Develop programs to reduce despair and provide opportunities (increase protective factors) for high risk populations, such as Native American youth
<p>INDICATED</p> <p>(The intervention is designed for specific individuals who, on examination, have a risk factor or condition that puts them at very</p>	Implement cognitive-behavioral therapy immediately after patients have been evaluated in an emergency department following a suicide attempt	Teach caregivers to remove firearms and old medicines from the home before hospitalized suicidal patients are discharged	Develop and promote honorable pathways for law enforcement officers to receive treatment for mental and substance use disorders and return to full duty without prejudice

The Burden of Suicide in North Carolina

The Burden of Suicide in North Carolina

February 2011

North Carolina
Injury & Violence
PREVENTION Branch



In North Carolina....

Suicides, 1999-2005 Statewide

- 11th ranking cause of all deaths
- Average of 975 residents died by suicide each year
- Suicide rate: 12.6 per 100,000
- Average of 2.7 suicides every day

In North Carolina...

Suicides, 1999-2005 Statewide

- 3rd leading cause of death for youth/young adults age 15-24 years
- Those with the highest suicide rate are 70+ years
 - 13% of the state's suicides
 - 2.3 times the rate for 15 to 19 year olds
- Male suicide rate is 3.8 times the female rate

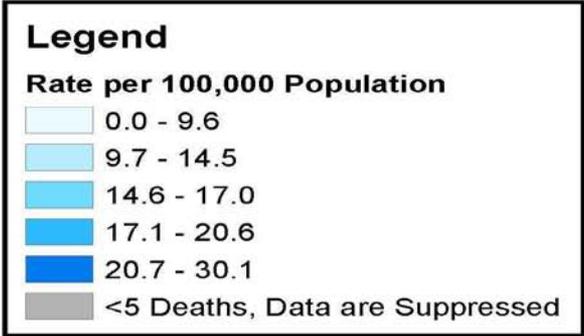
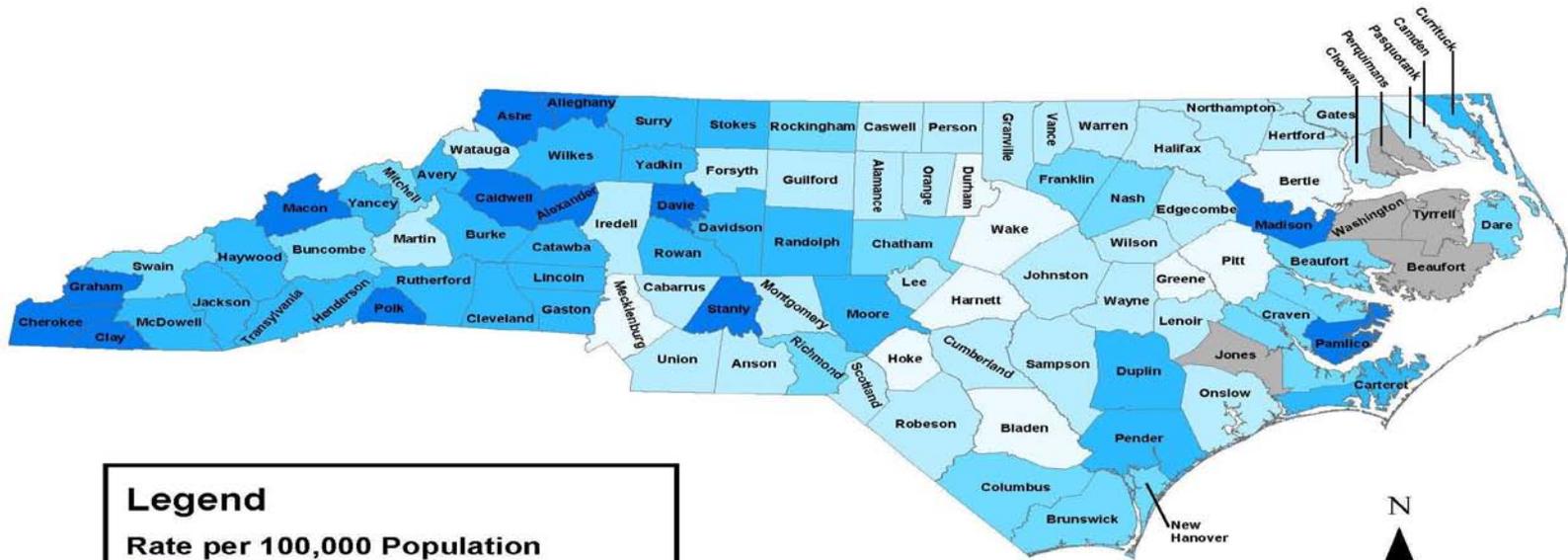
In North Carolina....

Suicides & Attempts, 2004-2008 Statewide

- a total of 5,366 suicides (14.0 per 100,000)
- 29,091 self-inflicted injury hospitalizations (76.0 per 100,000)
- 24,867 self-inflicted injury emergency visits (106.3 per 100,000) 2006 to 2008 (79% of emergency departments were reporting in 2006)

Map of Suicide Rates for Ages 10 or Older by North Carolina County of Residence (2004-2008)

Source: The Burden of Suicide (DHHS/DPH, 2011)



In North Carolina.... Circumstances

(approx. 92% of those who died by suicide):

- Current mental health problem – 47%
- Current or past mental health treatment – 46%
 - Depression or dysthymia -82%
 - Bi-polar disorder – 10%
- Other health:
 - 27% problem with intimate partner
 - 20% physical health
 - 14% alcohol**
 - 13% other drugs
- Other known:
 - 16% prior attempts known
 - 24% disclosed intent to die by suicide
 - 28% left notes
 - 32% alcohol present (male >>female)

****Native American-32%**, whites-25%, blacks– 19%, Asian/Pacific Islanders – 16%

Source: The Burden of Suicide in NC (DHHS/DPH, 2011)

NC Division of MHDDSA Services

Recipients

Incident Reporting & Improvement System (IRIS)

- July 1, 2010-June 30, 2011 (preliminary data)
- Enrolled & receiving community based MHDDSA services
- Provider/LME incidents reported (GS 122C; 10ANCAC 27G .0600)
 - Suicides: 67
 - Child/adolescent: 3
 - Adults: 64
 - Ethnicity:
 - White: 53
 - African American: 6
 - Hispanic/Latino: 3
 - Other (Native American, Asian, Pacific Islander): 2
 - Not reported: 3
 - Attempts: 280

NC Division of MHDDSA Services Recipients

North Carolina Treatment Outcomes Program Performance System – NCTOPPS

➤ **Substance Abuse** Services (initial interview)

- Adult and adolescent data is reported by the consumer

Experienced Suicidal Thoughts

- Adult 21%
- Adolescent 14%

Suicide Attempts

- Adult 20%
- Adolescent 10%

Attempted to Hurt Self

- Adult 6%
- Adolescent 7%

NC Division of MHDDSA Services Recipients

North Carolina Treatment Outcomes Program Performance System – NCTOPPS

➤ ***Mental Health*** Services (initial interview)

- Adult, adolescent, child data is reported by the consumer

Experienced Suicidal Thoughts

- Adult 37%
- Adolescent 19%
- Child 9%

Suicide Attempts

- Adult 34%
- Adolescent 11%
- Child 3%

Attempted to Hurt Self

- Adult 11%
- Adolescent 12%
- Child 11%

Prevention in North Carolina...



- **Community MHDDSAS System –**
 - Local Management Entity (LME)
 - Managed Care Organization (MCO)
 - Qualified provider networks
 - Coordinated/integrated care – primary health care
 - Critical Access Behavioral Health Agency (CABHA)
 - **Crisis services**
 - 1-800 24/7/365 access & NC Suicide Prevention Lifeline
 - Screening, Triage & Referral (STR)
 - Mobile Crisis Teams
 - **Community education, outreach & engagement**
 - Gatekeeper training – ASIST, QPR, SOS, IMPACT
 - Primary Care Tool Kit –
 - Trauma-informed/sensitive care
 - Natural supports – social connectedness



Mecklenburg County, NC

Area Mental Health

Search [MecklenburgCountyNC.gov](#)[News](#)[How Do I ...](#)[Online Services](#)[Public Records](#)[Adult Mental Health](#)[Adult Substance Abuse](#)[Child and Adolescent](#)[Children's Developmental](#)[Developmental Disabilities](#)[SIS Frequently Asked Questions](#)[Supports Intensity Scale](#)[Suicide](#)[Mecklenburg County](#) > [Area Mental Health](#) > [Our Services](#) > Suicide

Suicide

Knowing the Symptoms and Resources Helps Cope with Life's Ups and Downs.

Times are tough. People are scared, overwhelmed and feeling helpless. Knowing that more than 1 in 4 Americans may be experiencing symptoms of depression and anxiety right now can help save a life.

The Symptoms of Suicide

Recognizing and responding to these symptoms could save your life, a family member or friend.

- Expressions of hopelessness and helplessness
- Depression or anxiety
- Previous suicide attempts
- Personality changes or isolation
- Giving away prized possessions



Prevention in North Carolina...



➤ **NC Suicide Prevention Lifeline**

- DHHS CareLine 1-800 access 24/7/365 (Dec 2010 – May 2011)
- **REALCrisis Intervention 1-800-273-8255** (August 2011— present)
 - American Association of Suicidology (AAS) certified call center
 - National Suicide Prevention Lifeline state call center
 - 24/7/365 person-staffed response to every call
 - All calls originating in NC receive internal state response
 - Warm line transfers to community LMEs, MH providers, first responders
 - Follow-up as determined per call triage
 - More than 2000 calls/month

REAL Crisis Intervention

Here to Help

1011 Anderson St.
Greenville, NC, 27858
252-758-4357
realcrisis@embarqmail.com

- Home
- Contact
- Find Us
- Job Postings
- PRC
- Suicide Intervention**
- Victim Services
- Volunteering

Suicide Intervention



**24 hours a day there is
someone there for
you....**

Just dial 252.758.HELP (4357)



1-800-273-TALK
1-800-SUICIDE



Please login to Facebook after clicking icon to view our page

View our profile on: **facebook.**

Search for:

Announcement

REAL Crisis Intervention Inc. was nominated by Ms. Lisa Wilbourne as a candidate for the prestigious Best-Irons Humanitarian Organization Award and the Distinguished Inclusive Community Award. Ms. Wilbourne is a volunteer Crisis Counselor at REAL and serves as the Volunteer



[Get Help Now](#) | [Contact](#) | [FAQs](#) | [Crisis Center Login](#)

National Suicide Prevention Lifeline

With Help Comes Hope



Are you in crisis? Please call 1-800-273-TALK

What You Can Do to Help End Bullying

While bullying doesn't cause suicide, a stressful environment and persistent, emotional victimization can increase a person's risk of suicide. Together, we can create awareness about the dangers of bullying and give emotional support to those who may be contemplating suicide. If you or someone you know is in an emotional distress or suicidal crisis, please call the Lifeline at 1-800-273-TALK (8255).

Watch a True Story of a Bullied Teen

You Can Never Count The Stars: Shania & S



Are you a veteran in emotional distress?

- Call 1-800-273-TALK and press 1
[Go to the Veterans Crisis Line home](#)
- Chat live 1-to-1 with a counselor
[Veterans chat service](#)
- Veteran's self-check quiz
[Take the quiz](#)

Lifeline Gallery

www.lifeline-gallery.org



Are you a suicide attempt survivor?
Have you lost a loved one to suicide?
Do you support suicide prevention?
Share your story on the Lifeline Gallery and help others connect to help and hope.

Home

Get Help

Veterans

Materials

Get Involved

Crisis Centers

Newsroom

About

Are you or a friend at risk of suicide?

Check Lifeline's Suicide Warning Signs.



Crisis Center Locator

Find us on:



SUICIDAL DESIRE	SUICIDAL CAPABILITY	SUICIDAL INTENT	BUFFERS/CONNECTEDNESS
Suicidal Ideation • Killing self and/or others	History of suicide attempts	Attempt in progress	Immediate supports
	Exposure to someone else's death by suicide		Social supports
	History of/current violence to others		
Psychological pain	Available means of killing self/other	Plan to kill self/other • Method known	Planning for the future
Hopelessness	Currently intoxicated		Engagement with helper • Telephone worker
	Substance abuse		
Helplessness	Acute symptoms of mental illness, for example: • Recent dramatic mood change • Out of touch with reality	Preparatory behaviors	Ambivalence for living/dying
Perceived burden on others			
Feeling trapped	Extreme agitation/rage, for example: • Increased anxiety • Decreased sleep	Expressed intent to die	Core values/beliefs
Feeling intolerably alone			Sense of purpose



Dial 1-800-273-8255 **PRESS 1**

Text to **838255**

Confidential Veterans Chat

I am **Veteran**

I am **Active Duty/Reserve and Guard**

I am **Family/Friend**

Confidential Help for Veterans and Their Families | Signs of Crisis | Resources | Get Help | About



"I AM A VETERAN.
VA gave me the opportunity to connect with people who are looking out for me and really care."
Pete Martinez,
U.S. Marine Corps, 1989-1993

Welcome to the **Veterans Crisis Line Website**

The Veterans Crisis Line connects Veterans in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text. Veterans and their loved ones can call **1-800-273-8255** and **Press 1**, **chat online**, or send a text message to **838255** to receive confidential support 24 hours a day, 7 days a week, 365 days a year. [More about the Veterans Crisis Line](#)

Are You a Veteran or Concerned About One?

Act Now

Dial **1-800-273-8255 PRESS 1**
to talk to someone NOW

- Confidential Veterans Chat**
- Text to 838255 to Get Help NOW**
- Take a Self-Check Quiz**
- Confidential Homeless Veterans Chat**

Learn Now

- Identify the Warning Signs**
- Concerned About a Veteran? You Can Help**
- Suicide and Crisis Resources**
- About the Veterans Crisis Line**

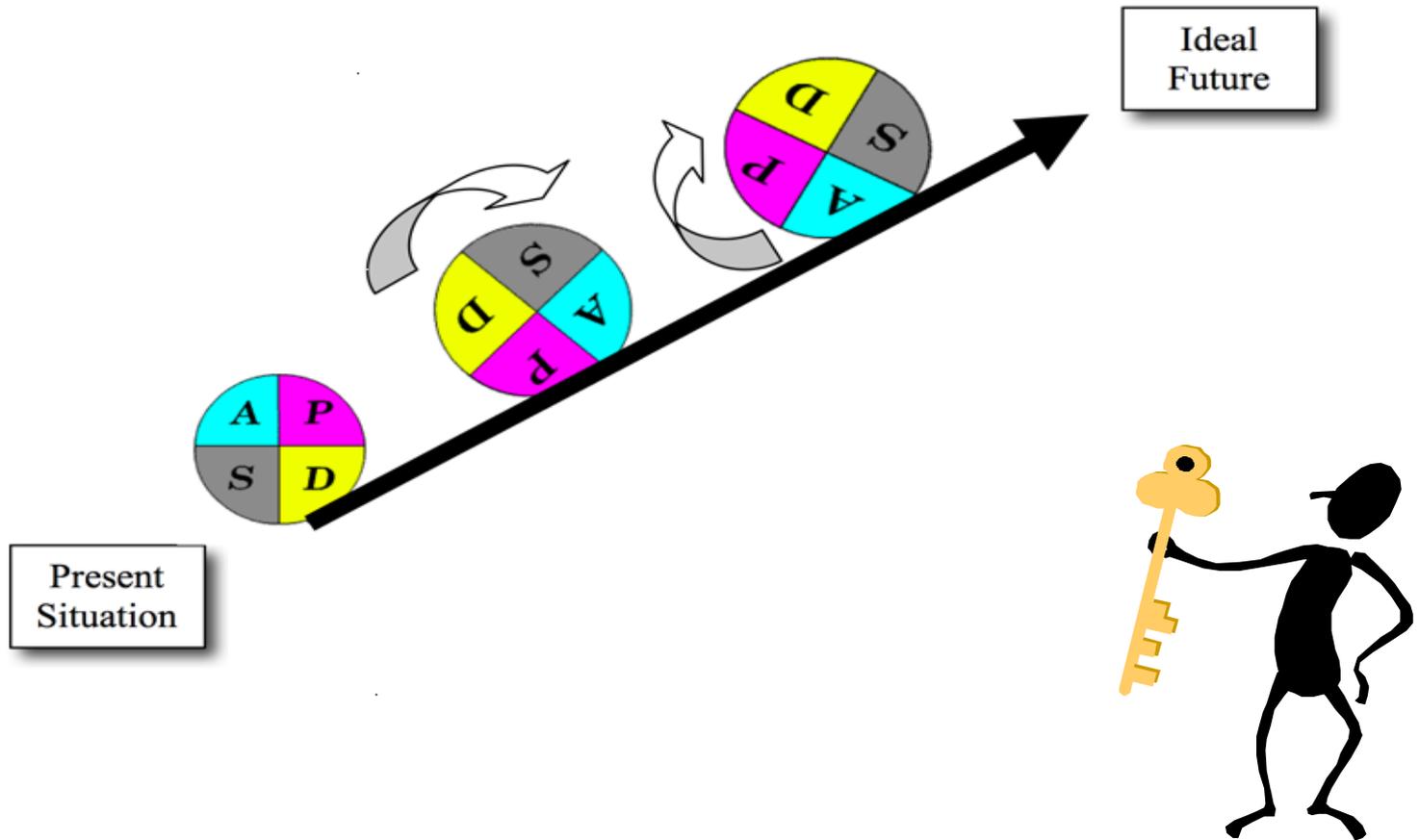


System elements in place:

- Surveillance – data informed
- Plan developed – what step can be taken to get closer to desired outcome
- Implement strategy
- Evaluate & inform
- Plan & implement

System Elements in Place

Plan – Do – Study – Act ~PDSA~



North Carolina Plans & Initiatives

- *Saving Tomorrows Today: Youth Suicide Prevention Plan* (DHHS, 2004)
- Crisis Services Plan (DMHDDSAS, 2008)
- Healthy North Carolina 2020 (2010)
- Garrett Lee Smith Suicide Prevention Grants
 - State & Community (DHHS, 2008, 2011)
 - Campus Grants (UNC-CH, 2007; NCSU, 2011)
- *From Crisis to Recovery: Strategic Planning for Response, Resilience and Recovery* Emergency Department Length of Stay Action Plan (DMHDDSAS, 2011)
- NCIOM Studies & Reports – Military, Adolescent Health, Prevention, Substance Abuse, among others

Strategic Suicide Prevention Planning

- Redefines what is possible
 - Suicides are preventable.
 - Future deaths are avoidable.
- Examples:
 - U.S. Air Force – Targeted prevention & intervention; reduced by nearly 60% in 5 years
 - Maricopa County, CA – Reduced suicide rate by nearly 50% in 4 years



Healthy North Carolina 2020

- Reduce the suicide rate (per 100,000)
- Decrease the average number of poor health days among adults in the past 30 days
- Reduce the rate of mental health-related visits to emergency departments (per 100,000)

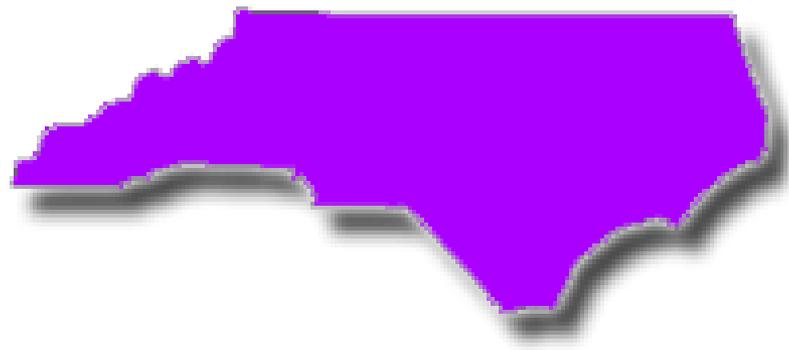
Healthy North Carolina 2020

- Reduce percentage in:
 - Alcohol use
 - Illicit drug use
- Increase number of adult good health days (decrease poor health days)

In past 30 days per 100,000 population

Strategic Suicide Prevention Planning for MHDDSA

- Strengths & Challenges
 - Focus on most in need of MHDDSA services
- Panels
 - Inform plan components
 - Next Steps



Questions? Let's Talk....





Insight & Perspective

Phil Morse

- **Survivor Family Story**
- **The Triangle Consortium for Suicide Prevention (TCSP)**

<http://www.trianglesuicideprevention.org/>

Triangle Consortium for Suicide Prevention

Education, Resources and Support - It's Up to All of Us

Home

Resources

Calendar

Warning Signs

Numbers to Call in an Emergency

If you are currently suicidal or are concerned that a loved one may be, you can call:

HopeLine

919-231-4525

or toll free 1-877-235-4525

Teen TalkLine

919-231-4525

or toll free 1-877-235-4525

**National Suicide
Prevention Lifeline:
1-800-273-TALK (8255)**

If there is an emergency where you or someone has attempted suicide, call 911 or

OUR MISSION

The Triangle Consortium for Suicide Prevention (TCSP) brings together a network of health services dedicated to the promotion of efforts related to education, awareness, prevention, and postvention of suicide in the community.

OUR PURPOSE



Over 34,000 people in the United States die by suicide every year. It is the fourth leading cause of death for adults between the ages of 18 and 65 years in the United States and the 11th leading cause of death among all persons. Suicide is the 3rd leading cause of death among young people, ages 15-24.

A person dies by suicide about every 15 minutes in the United States. Every day, approximately 90 Americans take their own life. There are four male suicides for every female suicide, but three times as many females as males attempt suicide.

There are an estimated 8-25 attempted suicides for every suicide death. The suicide rates for men rise with age, most significantly after age 65.

The rate of suicide in men over 65 is seven times that of females who are over 65.

Ninety percent of all people who die by suicide have a diagnosable psychiatric disorder at the time of



Thank you...

For more information:

NC Division of MHDDSAS

- **Flo Stein**
- **Flo.stein@dhhs.nc.gov**
- **919-733-4670**

Susan E. Robinson

- **Susan.robinson@dhhs.nc.gov**
- **919-715-5989 x228**
- **919-218-9164**