



SUICIDE PREVENTION AND INTERVENTION WORKGROUP

Wednesday, May 9, 2012

North Carolina Institute of Medicine, Morrisville

10:00 am – 4:00 pm

Meeting Summary

Attendees

Members: Debra Farrington (co-chair), Flo Stein (co-chair), Renee Batts, Mark Besen, Willa Casstevens, Mary Edwards, Peggy Handon, David Humes, Jeff McKay, Phil Morse, Stephanie Nissen, Janice Petersen, Susan Robinson, Jennifer Rothman, Amy Smiley, Chris Wassmuth

Steering Committee and NCIOM Staff: Krutika Amin, Pam Silberman, Anne Williams

Other Interested people: Shadé Shakur

WELCOME

Flo Stein, MPH

Chief

Community Policy Management Section

NC Division of Mental Health, Developmental Disability, and Substance Abuse Services

Debra C. Farrington, MSW, LCSW

Network Manager

OPC Community Operations Center

PBH

GROUP DISCUSSION

The workgroup reviewed, made comments on, and provided necessary information for the drafts of the following chapters of the Suicide Prevention and Intervention report:

- Introduction
- Vision for a Suicide Prevention and Intervention Plan
- Evidence-based Suicide Interventions Appendix

Drafts were emailed to all workgroup members.

Selected Discussion:

- Introduction
 - Workgroup members considered whether risk and protective factors should be introduced before or after the section on Demographic Differences in Suicide Attempts and Deaths. Most members agreed to keep the demographic discussion before the risk and protective factors discussion.

- Vision for a Suicide Prevention and Intervention Plan
 - Members suggested that further explanation of PHQ-2 and PHQ-9 may be necessary in the discussion of the two-step screening tool/process. An example of a clinical protocol and the PHQ-2/PHQ-9 screening tools will be included in the appendix.
 - Workgroup members recommended that there be a state online resource that includes information about the crisis service providers organized by type.
 - The workgroup further discussed levels of care coordination available in the current system and the recommendation for improving care transitions.
 - The workgroup discussed the type of critical incidence debriefing system that is most appropriate for those traumatized by a suicide.
 - Members suggested that there should be clearer acknowledgment of the discrepancies between North Carolina and national data.
 - The workgroup agreed that the Division's working plan should be updated annually.

NEXT STEPS

- The workgroup members in attendance voted for preliminary approval of the report given the discussed revisions. A revised version will be distributed the workgroup members for final review.
- Further comments on the report via email are welcome.
- The group left it open as to whether they would meet on June 1st depending on whether there were outstanding concerns regarding the report.