Colorado Suicide Prevention

Wednesday May 19, 2020
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Office of Suicide Prevention, CDPHE

OVERVIEW

Data

State Initiatives

Resources and Connections



Language Matters

- » Died of/by Suicide vs. Committed Suicide
- » Suicide Death/Attempt vs. Successful/Unsuccessful
- » Describe Behavior vs. Manipulative/Attention Seeking
- » Describe Behavior vs. Suicide Gesture/Cry for Help
- "Diagnosed with" vs. She's a Borderline/Schizophrenic
- Working with vs. Dealing with Suicidal Patients

Main Points

- 1. The preventability of suicide.
- 2. Most people will recover from suicidal thoughts and behaviors.
- 3. Suicide and suicide prevention are community issues.
- 4. Prevention, intervention, and postvention efforts are <u>all</u> important.
- 5. Suicide prevention cannot just be about keeping people alive. We must work together to create communities worth living in, and lives worth living.

1) Data

Data Resources

- COVDRS, Vital Stats
- Interactive Public Facing Dashboard
- Child Fatality Prevention
 System
- Maternal Mortality Review
 Team
- Hospital and Emergency
 Department Data Sets
- Healthy Kids Colorado Survey (YRBS)
- BRFSS
- Office of Behavioral Health data streams
- Medicaid data
- *Syndromic Surveillance data
- And more!





Statistics are merely aggregations of numbers with the tears wiped away.

99

— Dr. Irving Schikoff

Suicide in the U.S.

- Each year, 9.8 million adults think seriously about killing themselves
- 2.8 million make suicide plans
 - 1.3 million make a suicide attempt
 - In 2018, 48,344 deaths reported

Recovery and resilience are the true norms.

For every 1 death by suicide...

There are 3 hospitalizations...

9 emergency department visits

27 non-medically treated attempts...

and 228 individuals who experience suicidal ideation.

Suicide in Colorado

In 2019, there were 1,287 deaths by suicide.

COVDRS - Data Visualization of Suicide Data

www.coosp.org

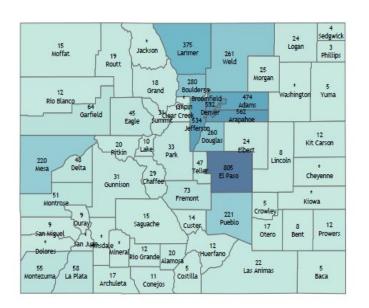
 Counts
 Crude Suicide Rates
 Age-adjusted Suicide Rates
 Medicaid Enrollment
 Circumstances, Toxicology, and Injury Location
 Demographics for Circumstances and Toxicology
 Industry and Occupation
 Resources and Feedback

Suicides in Colorado: Counts Colorado Violent Death Reporting System

Select years:

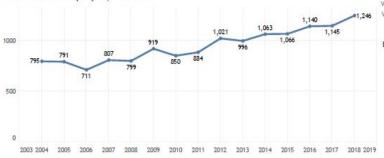
2014 to 2018

Select method used to inflict the fatal injury: All methods



Selected population for all charts on this page

Age: All, Sex: All, Ethnicity: All, Race: All, Marital status: All, Yeteran status: All, Method: All methods, County: All Number of suicides per year, 2004-2018

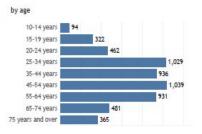


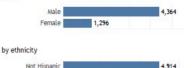
Total suicides for selected populations and years:

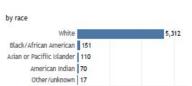
5,660

by sex

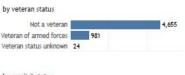
Number of suicides by demographics Click on one or more subgroups below to filter all other charts to that group(s); click again to deselect

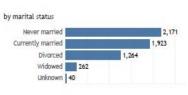




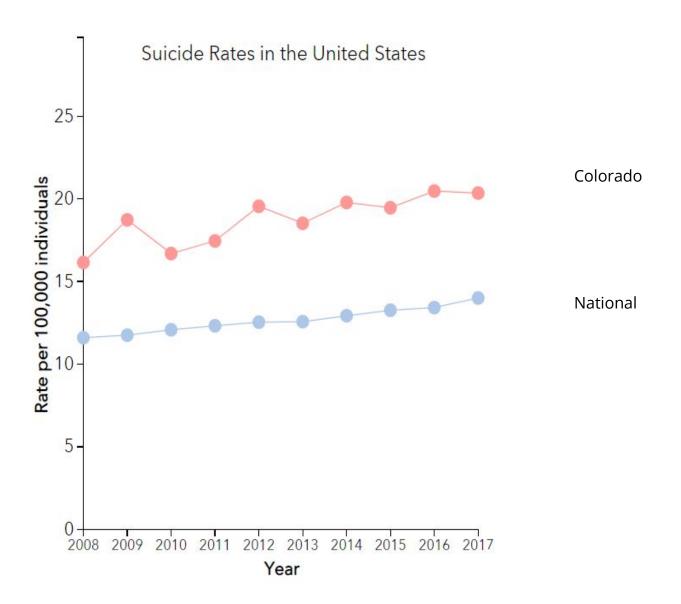


Hispanic |

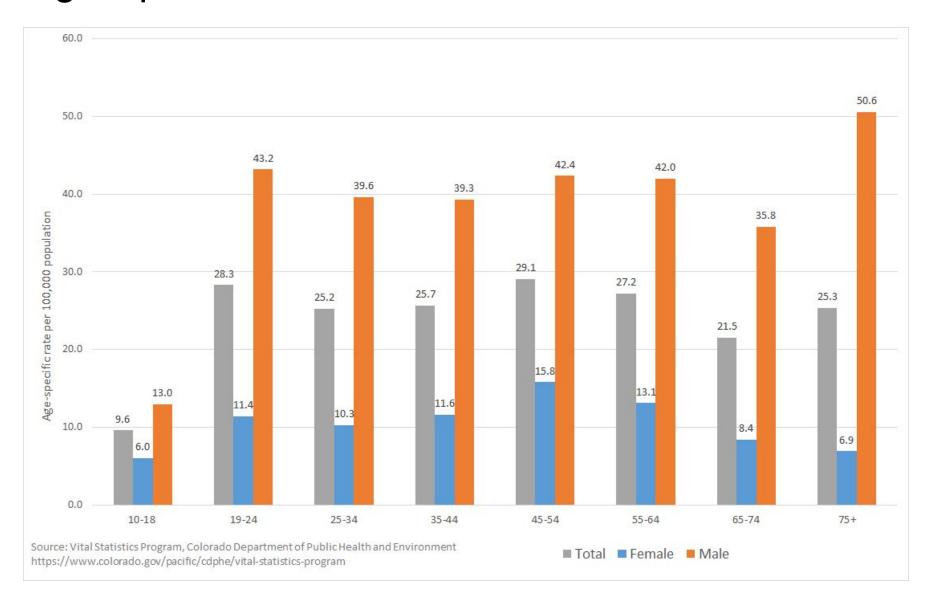




Trends, All Ages



Age-Specific Rates of Suicide Death- 2014-2018



Populations of Focus

Working-Age Adults (25-64)



Veterans



Youth (0-18)



Older Adults 65+



Priority
Occupations





Youth- Overview

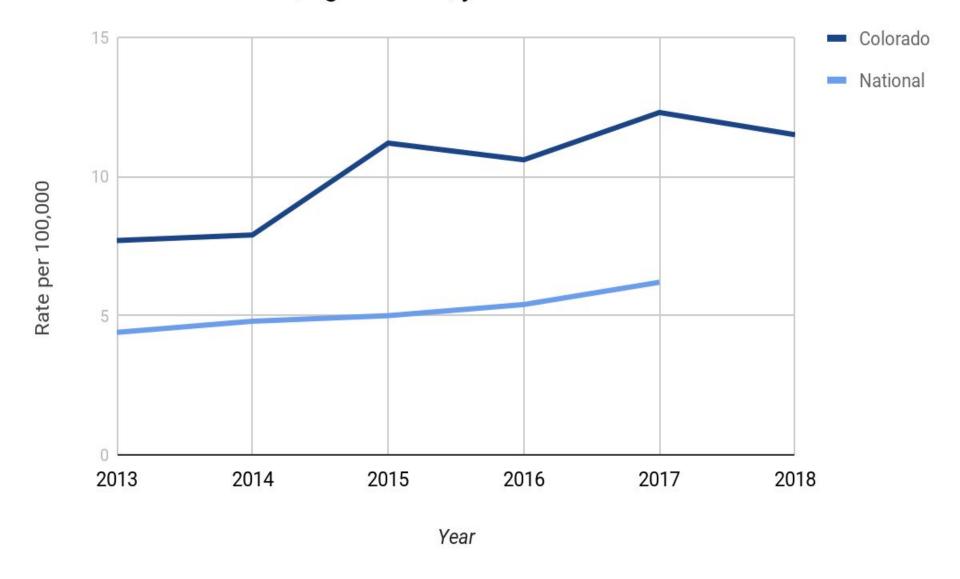
Colorado suicide rates for all ages are among the top 10 in the nation, the same is true for youth.

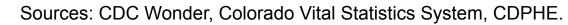
Youth suicide fatalities remain relatively rare, and make up a small percentage of suicide fatalities in Colorado.

Youth suicidal despair is not rare. Rates of attempts peak in adolescence, and Colorado students report thoughts of suicide on par with the nation.



Trend of suicide rate, ages 10-18, years 2013-2018

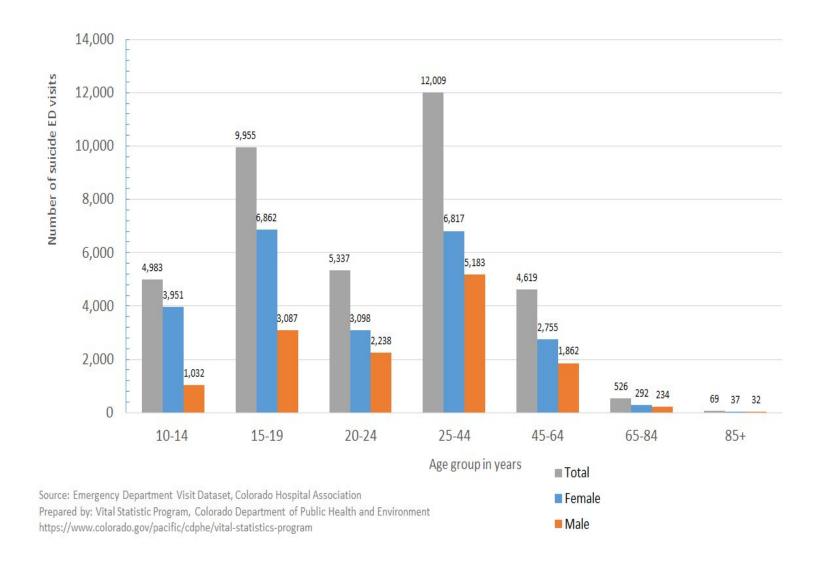






Suicide-Related Emergency Department Visits,

Numbers of ED visits, 2014-2018

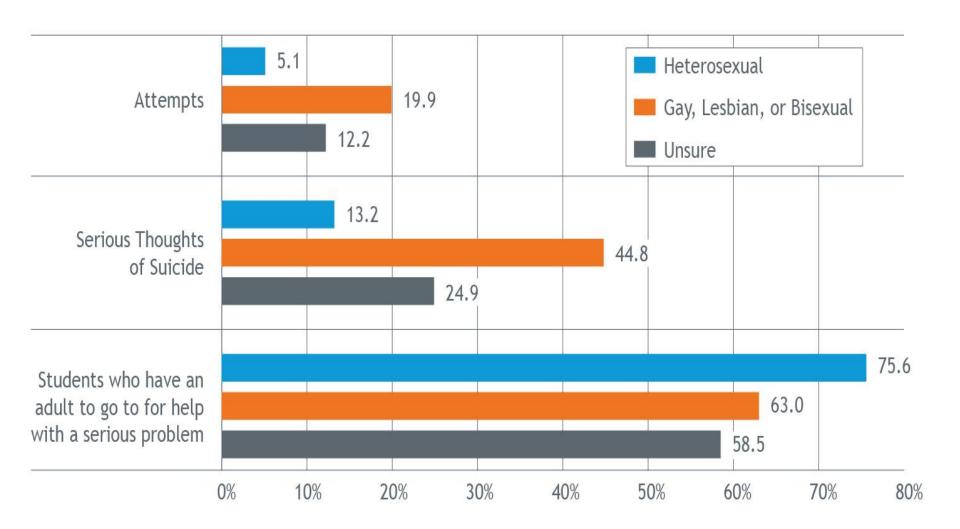


2017 Healthy Kids Colorado Survey

	Felt Sad or Hopeless	Thoughts of Suicide	Attempt in Past Year
Colorado	31.4%	17.0%	7.0%
National	31.5%	17.2%	7.4%



Health Disparities (HKCS 2017)





Priorities for Youth

Lethal means safety- parent and provider training, safe storage practices during crisis

Support after a crisis - Follow Up

Early Social Emotional Learning to navigate stress, conflict, crisis

Connection to caring adults

Access to care



Priorities for Veterans

Lethal means safety

Access to responsive care

Expansion of peer support

Training and support for Veteran-serving organizations

Resource collection/collaboration across agencies



Priorities for Special Occupations

Industry/Occupation provides avenue to reach those who may be at risk

Specific stressors may differ across priority industries

Physical Health

Relationship issues

Substance Use

Men

Lethal Means Safety



2

State Initiatives



VIOLENCE & INJURY PREVENTION - MENTAL HEALTH PROMOTION

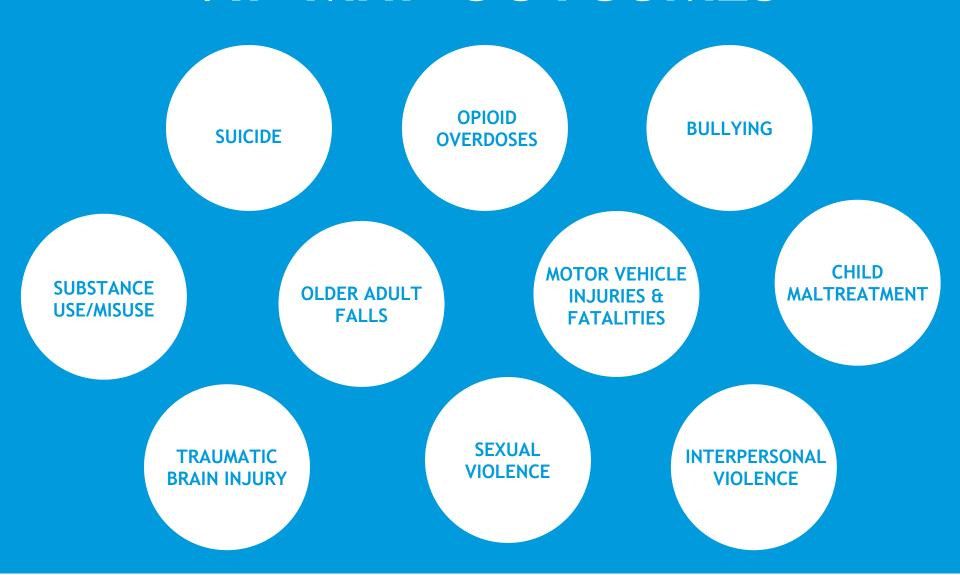
Work to create healthy, thriving and resilient communities free from violence and injury.

Change context at the organizational, community and societal levels to improve the environments where we live, work, learn and play.

Pool resources and share work to change these environments that will impact all of our outcomes.



VIP-MHP OUTCOMES





Office of Suicide Prevention

- Legislative Creations:
 - Suicide Prevention Commission (SB14-88) -Advisory Board
 - Healthcare improvements in statute (SB16-147)
 - School Training Grant (SB18-272)
 - Hospital Outreach Initiative (HB12-1140)
- Additional data-driven/evidence-based strategies:
 - Colorado-National Collaborative
 - Community grants
 - Emergency Department Follow-Up Project
 - Gun Shop Project and Lethal Means Safety
 - Man Therapy <u>www.mantherapy.org</u>
- Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and Their Families
- Public information and education
- Federal grant management
- Cross-agency Collaboration

COLORADO-NATIONAL COLLABORATIVE



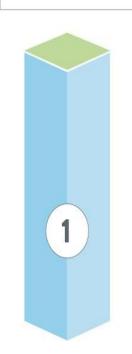


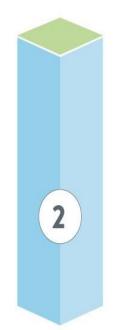


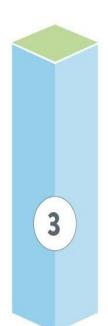


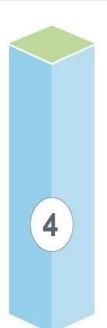


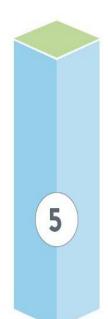


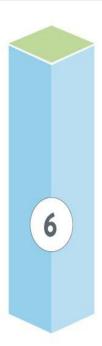


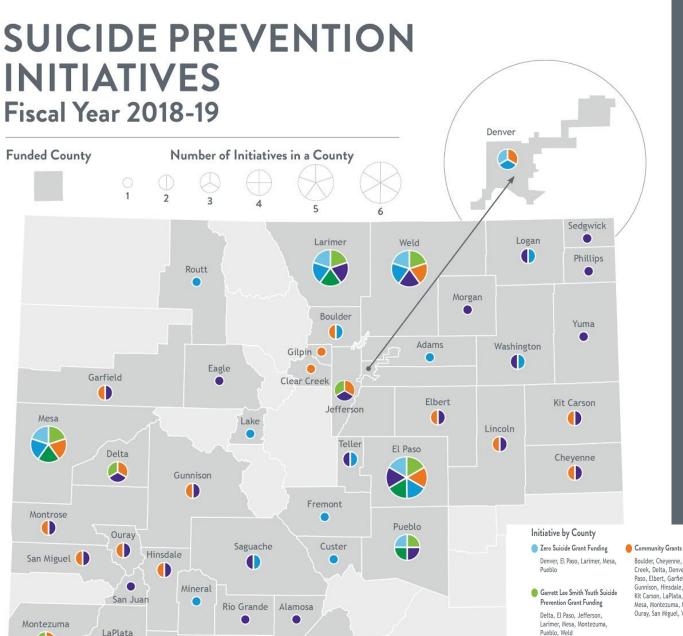












Costilla

Archuleta

Colorado Gun Shop Project

Boulder, Cheyenne, Clear
Creek, Delta, Denwer, El
Saso, Elbert, Garfield, Gilpin,
Gunnison, Hinsdale, Jefferson,
Kit Carson, LaPlata, Lincoln,
Mesa, Montezuma, Montrose,
Ouray, San Miguel, Weld
Puel

Alamosa, Archuleta, Cheyenne, Costilla, Delta, Eagle, El Paso, Elbert, Garfield, Gunnison, Hinsdale, Jefferson, Kit Carson, La Plata, Larimer, Lincoln, Logan, Morgan, Montrose, Ouray, Phillips, Pueblo, Rio Grande, Saguache, San Juan, San Miguel, Sedgwick, Teller, Washington, Weld, Yuma Colorado-National Collaborative for Suicide Prevention

El Paso, La Plata, Larimer, Mesa, Montezuma, Pueblo

 Office of Suicide Prevention School Training Grantees

Adams, Boulder, Custer, Denver, El Paso, Fremont, Lake, Larimer, Logan, Mesa, Mineral, Routt, Saguache, Teller, Washington, Weld

General Fund

12 Community Grantees focused on:

- Zero Suicide
- Sources of Strength
- Man Therapy
- Community-based training/coordination

17 Schools/Districts focused on:

- Staff training
- Policy development and improvement
- School climate initiatives

Mental Health First Aid Training Pass through



Zero Suicide

3 Academies since 2016

All Community Mental Health Centers trained

11 currently funded partners (5 CMHCs, 5 hospital systems, 1 FQHC)

Follow-Up after ED discharge

Collaborative Assessment and Management of Suicidality training

CALM, Safety Planning

Gatekeeper training for all staff

EHR improvements

Monthly Learning Collaboratives



Youth Suicide Prevention (Ages 10-24)

- Regional Youth Suicide Prevention Coordinators
- QPR training
- Sources of Strength
- Policies and Procedures for youth-serving organizations, including schools
- (CAMS and Follow-Up Project)



Veteran Suicide Prevention

- Improving Access to Responsive Care
- Lethal Means Safety
- Training for VSOs
- Resource Collaboration and Collection



Firearm Deaths in Colorado



For every 1 unintentional firearm death,



There were 21 firearm homicides



And there were 89 firearm suicides.

Means Matter

90+% of those who survive an attempt do <u>not</u> go on to die by suicide.

Suicide attempts by firearms are particularly lethal.

Securing firearms or temporarily storing them offsite greatly reduces the risk of someone dying by suicide using a firearm. Access to firearms is a risk factor for suicide.

Additionally, safely and securely storing medications / substances also reduces risk.

Securing lethal means is crucial in preventing suicides, but it is also important to continue to be aware of the individual and their environment. If an individual has shared that they are thinking about suicide, learning more about this despair and if they have a plan can also provide important information on how to keep an environment as safe as possible for that individual and everyone else.

What these conversations are **Not**

- Not engaging in polarizing political debate
- Not asking firearm community to become mental health experts
- Not restriction on firearm ownership
- ✓ This is partnering along shared values: No one matter your political stance, we can all agree that no one wants individuals to use a firearm to attempt suicide.

For a map of Colorado locations offering temporary storage please visit: www.ColoradoFirearmSafetyCoalition.org/gun-storage-map



Firearm Suicide Prevention





Connections and Resources



What To Do:

- •Be direct talk openly and matter-of-factly about suicide.
- Ask open-ended questions
- •Be willing to listen. Allow expression of feelings. Accept.
- •Be non-judgmental. Don't lecture on the value of life.
- •Show interest and support.
- Don't act shocked this may put distance between you.
- •Don't be sworn to secrecy. Seek support.
- •Inquire about increased access to lethal means (stockpiles of medications, firearm access, etc.)
- •Offer hope that alternatives are available.
- •Take action: Get help from people specializing in crisis intervention and suicide prevention.



What Else To Do

- Get trained in suicide prevention (QPR; ASIST; safeTALK; MHFA, etc.) and be willing to intervene
- Have a protocol that includes collaborative partners and agencies
- Know the protocol!
- If risk is high: Call 911 or take the individual to the emergency room
- If risk is medium: Connect the person to: 1-844-493-TALK (8255)
- Additional supports include:
 - Primary care physician
 - Social supports



CDPHE_SuicidePrevention@state.co.us www.Coosp.org

Connect with your local coalition or state coalition

Join a Commission Workgroup Virtual/In person Training Opportunities

Join our Monthly Newsletter Hard Copy
Materials and
Toolkits



Virtual Training Offerings

LivingWorks Start

www.livingworks.net/start

In about one hour online, LivingWorks Start teaches trainees to recognize when someone is thinking about suicide and connect them to help and support.

Cost: currently a reduced price of \$20*

Question, Persuade, Refer (QPR)

www.qprinstitute.comm/individual-training

The course takes approximately one hour to complete. Course includes:

How to Question, Persuade and Refer someone who may be suicidal

How to get help for yourself or learn more about preventing suicide

The common causes of suicidal behavior

The warning signs of suicide

How to get help for someone in crisis

Cost: \$29.95*



In Person Trainings

Applied Suicide Intervention Skills Training (2 days) www.livingworks.net

safeTALK (half day) www.livingworks.net

Question, Persuade, Refer (QPR) 60-90 minutes www.gprinstitute.com

Colorado Mental Health First Aid (8 hours) www.mhfaco.org



COMMISSION RECOMMENDATIONS

SUPPORT INTEGRATED HEALTH CARE



- Adopt the Zero Suicide initiative within health care systems.
- Adopt the Colorado Follow-Up Project as standard protocol for following up with suicidal patients after discharge from emergency departments and inpatient settings.
- Promote screening to identify suicide risk within health care settings.
- Support primary care practices in adopting suicide prevention protocols.

IMPROVE TRAINING AND EDUCATION



- Support training for mental health and substance abuse providers.
- Develop and implement comprehensive suicide prevention strategies for highrisk industries.
- Build capacity within the legal community to identify those at risk for suicide and link them to care.

BUILD COMMUNITY RESILIENCE AND CONNECTEDNESS



- Strengthen economic stability and supports, including food security, affordable housing, livable wages, and other family-friendly workplace policies.
- Create supportive, inclusive, and safe communities, especially for LGBTQ+ youth.
- Support schools and other youth-serving organizations in implementing comprehensive protocols and evidence-based programming focused on enhancing protective factors.

ENHANCE DATA COLLECTION AND SYSTEMS



- Encourage and incentivize coroners, medical examiners, and law enforcement to adopt a standardized suicide investigation form.
- Enhance information sharing between organizations.

Current Workgroups:

- Resilience and community connectedness
- Youth-specific initiatives
- Training and Education
- Gov's Challenge
- Investigating forced treatment



Colorado Crisis Services

- •Crisis Line: 1-844-493-8255 (text and chat also available)
- •24/7 walk-in clinics
- Respite care facilities
- Acute care units
- Mobile crisis teams
- Crisis Line with peer support and follow up
- Services available regardless of county, region, or insurance

www.ColoradoCrisisServices.org



Additional Colorado Resources

Suicide Prevention Coalition of Colorado www.suicidepreventioncolorado.org

Second Wind Fund www.thesecondwindfund.org

Mental Health First Aid www.mhfaco.org

One Colorado www.one-colorado.org

Rocky Mountain MIRECC www.mirecc.va.gov/visn19



National Resources

- •National Suicide Prevention Lifeline: 1-800-273-8255; www.suicidepreventionlifeline.org
- Suicide Prevention Resource Center: www.sprc.org
- American Foundation for Suicide Prevention: www.afsp.org
- •Trevor Project (LGBTQ+ youth): 1-866-488-7386; www.trevorproject.org
- •Crisis Text Line: 741-741; www.crisistextline.org
- •Zero Suicide Initiative: www.zerosuicide.sprc.org
- Live Through This: livethroughthis.org
- Now Matters Now: www.nowmattersnow.org



THANKS!

More questions or ideas?

CDPHE_SuicidePrevention@state.co.us

www.coosp.org

