Welcome to
ASTHO’s Payment and Delivery Reform Technical Assistance Call Series

Applying the Public Health Approach to Suicide Prevention

June 15, 2016
Presented by ASTHO and the Centers for Disease Control and Prevention

Participant call-in number: (877) 666-9610; Required conference ID: 22031002
Objectives of the call:

- Highlight the unique role of state health agencies in creating safe and supportive communities and environments.

- Learn about emerging promising practices in outreach to at-risk populations.

- Discuss challenges in collaborating with and coordinating efforts among various professionals and the public.
Speakers

Elly Stout, MS
Director, Grantee and State Initiatives
Suicide Prevention Resource Center at EDC
Speakers

Jarrod Hindman, MS

Violence and Suicide Prevention Section Manager

Violence and Injury Prevention-Mental Health Promotion Branch

Colorado Department of Public Health and Environment
Speakers

Melissa Heinen, RN, MPH
Minnesota Violent Death Reporting System Coordinator
Injury and Violence Prevention Unit
Minnesota Department of Health
Suicide Prevention Resource Center
Promoting a public health approach to suicide prevention

The nation’s only federally supported resource center devoted to advancing the National Strategy for Suicide Prevention.
Suicide Prevention: The National Landscape

ASTHO Webinar
June 15, 2016

Elly Stout, M.S.
Director of Grantee and State Initiatives
Suicide Prevention Resource Center at EDC
A bit about SPRC

- Funded since 2002 by SAMHSA, housed at EDC
- National Resource Center
- Training and Technical Assistance for SP Grantees and State leadership
- Support for health and behavioral health care organizations
- Secretariat support for the National Action Alliance for Suicide Prevention
Suicide in the United States 2004-2014

Source: CDC WISQARS Fatal Injuries Report, 1999-2014
Suicide in the United States 2004-2014

Figure 6. Suicide Attempts in the Past Year among Adults Aged 18 or Older, by Age Group and Gender: Percentages, 2014

Sources:
- CDC WISQARS Fatal Injuries Report, 1999-2014
A Strategic Public Health Approach to Suicide Prevention

- Population focus
- Starts and ends with data
- Spectrum of prevention
- Aim: burden reduction

Effective Suicide Prevention: SPRC’s model
Part 1: Comprehensive Approach

- Identify and Assist
- Increase Help-Seeking
- COMPREHENSIVE APPROACH TO SUICIDE PREVENTION
- Effective Care/Treatment
- Care Transitions/Linkages
- Respond to Crisis
- Postvention
- Reduce Access to Means
- Life Skills and Resilience
- Connectedness
Part 1: Comprehensive Approach

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The Zero Suicide Initiative

- Framework for comprehensive safer suicide care in health and behavioral healthcare systems
- Aspirational goal of zero
- Implemented in over 200 health care systems around the country
- State leadership in disseminating through public and private systems
Zero Suicide Implementation

- Online toolkit walks health systems through 7 key elements
- Academies and training nationwide through national faculty of experts
- Early indicators of success

zerosuicide.sprc.org
Part 2: Strategic Planning

**STEP 1:** Describe the problem and its context

**STEP 2:** Choose long-term goals

**STEP 3:** Identify key risk and protective factors

**STEP 4:** Select or develop interventions

**STEP 5:** Plan the evaluation

**STEP 6:** Implement, evaluate, and improve

**The Strategic Planning Approach to Suicide Prevention**
Part 3: Keys to Success
Effective Suicide Prevention: SPRC’s model

- Comprehensive Approach
- Strategic Planning
- Keys to Success
State suicide prevention efforts
State suicide prevention funding

- Federal funding streams
  - Garrett Lee Smith and National Strategy grants
  - NVDRS expansion
  - Block grant funding (Mental Health, Maternal/Child health, Public Health)
  - Grants on related efforts

- State funding/legislation

- Foundations and private donors

- Private investment (workplaces, health care systems, etc.)
Emerging issues in state suicide prevention

**OPPORTUNITIES**
- Strong national momentum
- Growing evidence base
- Promising new approaches
- Involvement of new sectors
- Upstream approaches

**CHALLENGES**
- Sustaining efforts
- Need to ‘bend the curve’
- Attempt surveillance
- Funding challenges and turnover
SPRC.org Resources

- Online trainings: training.sprc.org
- State pages
- Weekly Spark newsletter
- Toolkits, white papers, and pages on American Indian/Alaska Native prevention
- Men in the Middle Years (forthcoming)
- Prevention in schools and universities
Other key resources

- Zero Suicide website: zerosuicide.sprc.org
- Action Alliance website: actionallianceforsuicideprevention.org
- Framework for Successful Messaging: SuicidePreventionMessaging.org
- National Suicide Prevention Lifeline: suicidepreventionlifeline.com
- American Foundation for Suicide Prevention: afsp.org
References


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www.edc.org
Preventing Suicide Among Working Age Men
ASTHO Webinar
06.15.16

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Office of Suicide Prevention
Linking Communities, Building Awareness, Preventing Suicide
www.coosa.org

CDPHE | COLORADO
Department of Public Health & Environment
D. BOONE /

“I WAS NEVER LOST BUT I WAS POWERFULLY BEWILDERED ONCE FOR THREE DAYS.”
UNDERSTANDING MALE SUICIDE

The Male Cultural Stigma to Seeking Help

• Men are far less likely to report depression. While there is no evidence that women experience higher rates of depression, men account for only 1 in 10 diagnosed cases of depression.¹

• Men have a resistance to asking for help, communicating inner feelings and forming groups around emotional issues.²


## SUICIDE IN COLORADO/ 2009-2014

<table>
<thead>
<tr>
<th>Year</th>
<th>n all ages</th>
<th>Rate* all ages</th>
<th>n Men 25-64</th>
<th>Rate* Men 25-64</th>
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</thead>
<tbody>
<tr>
<td>2009</td>
<td>940</td>
<td>18.7</td>
<td>510</td>
<td>36.9</td>
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<td>2010</td>
<td>867</td>
<td>16.8</td>
<td>483</td>
<td>34.5</td>
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<td>910</td>
<td>17.4</td>
<td>520</td>
<td>36.7</td>
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<td>2012</td>
<td>1,053</td>
<td>19.7</td>
<td>594</td>
<td>41.6</td>
</tr>
<tr>
<td>2013</td>
<td>1,004</td>
<td>18.5</td>
<td>528</td>
<td>36.7</td>
</tr>
<tr>
<td>2014</td>
<td>1,058</td>
<td>19.4</td>
<td>566</td>
<td>39.0</td>
</tr>
</tbody>
</table>

*per 100,000 population

Source: Vital Statistics Program, Colorado Department of Public Health and Environment
MALE HEALTH DISPARITIES

- More unintentional injuries and death
- More HIV/AIDS
- More liver disease, heart disease, heart attacks
- More smoking, binge drinking, HBP
- More homicides
- More suicides (4 to 1)
- More uninsured
CONSTRUCTION OF MALENESS

• **No Sissy Stuff** – Stigma of all stereotyped feminine qualities including openness and vulnerability. Never resemble women or display strongly feminine characteristics for fear of being a “sissy”.

• **The Big Wheel** – Success, status and the need to be looked up to for what one can do or has achieved.

• **The Sturdy Oak** – A manly air of toughness, confidence and self-reliance.

• **Give ‘em Hell** – The aura of aggression, violence and daring.

SOURCE – Advancing Suicide Prevention (2007)
CAMPAIGN GOALS

1. Create social change among men and the general population about mental and overall wellness

2. Empower men to take ownership of their mental health and overall wellness and increase male help-seeking behavior

3. Long-term – Reduce suicidal thoughts and deaths among men

You can’t fix your mental health with duct tape.

mantherapy.org
CONCLUSIONS AND APPROACH

1. Soften the mental health language in initial communication
2. Show role models of hope and recovery
3. Connect the dots: physical symptoms
4. Meet men where they are
5. Target “double jeopardy men”
6. Offer opportunities to give back & make meaning out of the struggle
7. Coach the people around the high-risk men
8. Give men at least a chance to assess and “fix themselves”
FISH WHERE THE FISH ARE
THERAPY from the creators of pork chops and fighter jets

Man Therapy is a tool designed to help men with their mental health. The more you tell me, Dr. Rich Mahogany, about what you're up against, the more I can cater the content you see below to your situation. Carry on!
Sometimes life’s dog takes a dump on your lawn.
Clean it up at mantherapy.org

Remember that thing that happened that sucked?
Turn the page at mantherapy.org

Men have feelings too.
No, not just the hippies.
mantherapy.org
Methods of suicide deaths for males and females, Colorado residents (2009-2013)

Male:
- Poisoning: 6.2%
- Hanging: 14.0%
- Firearms: 56.0%

Female:
- Poisoning: 6.4%
- Hanging: 43.3%
- Firearms: 26.3%
- Other: 23.9%

Source: Violent Death Reporting System, Colorado Department of Public Health and Environment
Colorado Gun Shop Project - Pilot

GUN SAFETY RULES

1. Keep your finger off the trigger until you are ready to shoot. There’s a natural tendency to place your finger on the trigger when holding a gun. Avoid it!

2. Always point the muzzle in a safe direction. Whether you are shooting or simply handling your gun, never point the muzzle at yourself or at others. Generally speaking, it is safest to have the gun pointed upward or towards the ground.

3. Be sure of your target—and what’s beyond. Be absolutely sure you have identified your target without any doubt. Equally important, be aware of the area beyond your target. Never fire in a direction where there are people or any other potential for mishap.

4. Seek proper instruction. Attend a reputable firearms safety handling course or seek private instruction before attempting to use a firearm.

5. Wear eye and ear protection as appropriate. Firearms are loud. They can also emit debris and hot gases that can cause injury.

6. Be sure your gun and ammunition are compatible. Only cartridges or shells designed for a particular gun can be safely fired by that gun. Most guns have their cartridge or shell type stamped on the barrel. Ammunition can be identified by information printed on the box and stamped on each cartridge.

7. Carry only one gauge/caliber of ammunition when shooting. Smaller ammunition can be accidentally placed in a gun chamber designed for larger ammunition, creating an obstruction and a very hazardous situation.

8. Don’t mix alcohol or drugs with shooting. Alcohol, as well as any other substance likely to impair mental or physical functions of the body, should not be used before or while handling firearms.

9. Keep the action open and the gun unloaded until ready to use. Whenever you pick up any gun, immediately check the action and check to see that the chamber is unloaded. If the gun has a magazine, make sure it is empty. Even if the magazine is empty or removed, a cartridge may still remain in the firing chamber.

10. Store your guns safely and securely when not in use. Hiding guns where you think children or others will not find them is not enough. Always store your guns unloaded and locked in a case or gun safe when not in use, with ammunition locked and stored in a separate location.

Newly added 11th Commandment: Consider temporary off-site storage if a family member may be suicidal. Consider temporary off-site storage if a family member is suicidal. When an emotional crisis (like a break-up, job loss, legal trouble) or a major change in someone’s behavior (like depression, violence, heavy drinking) causes concern storing guns outside the home for a while may save a life. Family, friends, as well as some shooting clubs, police departments, or gun shops may be able to store guns for you temporarily.

*To become fully informed about making a temporary gun transfer, review Colorado gun laws, including C.R.S. §18-12-112, or consult an attorney.

Over the past several years, unintentional firearm deaths in Colorado have averaged less than 10 per year, thanks largely to increased awareness of gun safety. Unfortunately, Colorado still has a tragically high number of suicide deaths by firearms - approximately 480 per year.

The first step to reduce these numbers is to follow the 11 commandments of gun safety. The latest addition addresses suicide prevention. Firearms are the leading method of suicide in Colorado, contributing to about half of all suicides.

If a family member is going through a difficult period (like depression, a relationship break-up, or drug problem), make sure they can’t get to your guns. To learn ways to get help for them, call the National Suicide Prevention Lifeline: 1-800-273-TALK [8255].

Adapted from:
GUN OWNERS CAN HELP!

CONCERNED ABOUT A FAMILY MEMBER OR FRIEND?
Putting time and distance between a suicidal person and a gun helps keep them safe. Explore options to temporarily store guns out of the home.
You may save a life!

Are they suicidal?
- Depressed, angry, impulsive?
- Going through a relationship break-up, legal trouble, or other setback?
- Using drugs or alcohol more often?
- Withdrawing from things they used to enjoy?
- Talking about being better off dead?
- Losing hope?
- Acting reckless?
- Feeling trapped?

For ways to help, call the
National Suicide Prevention Lifeline:
1-800-273-TALK (8255)

Adapted from:

SUICIDES IN COLORADO FAR OUTNUMBER HOMICIDES
there are about 4 firearm suicides for every firearm homicide

FIREARMS ARE THE LEADING METHOD OF SUICIDE
and are used in about half of all suicide deaths

ATTEMPTS WITH A GUN ARE GENERALLY MORE DEADLY
than attempts with other methods
Zero Suicide – CO SB 2016-147

WHAT IS ZERO SUICIDE?
Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems, and also a specific set of tools and strategies. It is both a concept and a practice.

Its core propositions are that suicide deaths for people under care are preventable, and that the bold goal of zero suicides among persons receiving care is an aspirational challenge that health systems should accept. The Zero Suicide approach aims to improve care and outcomes for individuals at risk of suicide in health care systems. It represents a commitment to patient safety—the most fundamental responsibility of health care—and also to the safety and support of clinical staff, who do the demanding work of treating and supporting suicidal patients.

The challenge of Zero Suicide is not one to be borne solely by those providing clinical care. Zero Suicide relies on a system-wide approach to improve outcomes and close gaps rather than on the heroic efforts of individual practitioners. This initiative in health care systems also requires the engagement of the broader community, especially suicide attempt survivors, family members, policymakers, and researchers. Thus, Zero Suicide is a call to relentlessly pursue a reduction in suicide for those who come to us for care.

The programmatic approach of Zero Suicide is based on the recognition that suicidal individuals often fall through multiple cracks in a fragmented and sometimes distracted health care system, and on the premise that a systematic approach to quality improvement is necessary. The approach builds on work done in several health care organizations, including the Henry Ford Health System (HFHS) in Michigan. Like other leading health care systems, HFHS applied a rigorous quality improvement process to problems such as inpatient falls and medication errors. HFHS realized that mental and behavioral health care could be similarly improved. This insight led to the development of HFHS’s Perfect Depression Care model, a comprehensive approach that includes suicide prevention as an explicit goal. The approach incorporates both best and promising practices in quality improvement and evidence-based care and has demonstrated stunning results—an 80 percent reduction in the suicide rate among health plan members.

SPRC | Action Alliance

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“We will have to repent in this generation not merely for the hateful words and actions of the bad people, but for the appalling silence of the good people.”

Dr. Martin Luther King, Jr.
Prevention Suicides Among American Indian Youth

ASTHO Webinar June 15, 2016

Melissa Heinen
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Based on 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action

MN Statute 145.56
- MDH Coordinate state’s suicide prevention plan
- Comprehensive evidence-based, public health approach
  - Health in all policies
  - Social ecological model
  - Health equity
- Across the lifespan while prioritizing populations with known increased risk such as middle-aged males and American Indian youth.
Suicides in MN

8th leading cause of death in 2014
MN Suicides by Race: 2010-2014

Suicide Rate

- American Indians
- Whites
- Asians/Pacific Islanders
- Blacks
MN Youth Suicide Rate by Race: 2010-2014

10-24 years of age
MN American Indian Population

- 11 Tribes
  - 7 Anishinaabe (Chippewa, Ojibwe)
  - 4 Dakota (Sioux)
- 1.3% (American Indian alone)
- Suicide is 7th leading cause of death
Suicide in American Indian Community in 2013

- Communities report
  - increase number of youth deaths and attempts
  - Contagion and pacts
- Communities request State assistance
- Suicides doubled
  - All ages = 23 (Rate of 21.7 per 100,000)
  - 10-24 years of age = 10 (Rate of 46 per 100,000)
Community Request & State Response

- **State agency workgroup**
  - Department of Health
  - Department of Human Services
  - Department of Education

- **Coordinate response to community (contagion)**

- **Plan support (Postvention)**
Postvention Training

- Connect Suicide Postvention Training
- Spring 2015
- Attendees:
  - Tribes – prevention and human services
  - State agency
  - Metro education programs/districts
- Goal: Build local capacity and prevent suicides
Prior to June 2015, $98,000 for community-based grants

As of July 2016, additional $150,000 for gatekeeper and postvention grants

Increase from 0.5 FTE to 1.0 FTE for MDH Suicide Prevention Coordinator
MDH Suicide Prevention Grant Program

- **Funds for American Indian communities**
  - Lower Sioux Community – Dakota Wicohan
    - Youth resilience program
    - Positive messaging
    - Technical assistance to other communities
- **White Earth Mental Health**
  - Postvention
  - ASIST
  - safeTALK
Community Readiness Assessment

- UMN School of Public Health graduate student + Lower Sioux
  - Community Readiness Manual on Suicide Prevention in Native Communities
  - Score = 4
  - Community Recommendations
    - Expand mental health coordination
    - Support Native Resiliency efforts
    - Social media campaign to decrease stigma
  - MDH Recommendations
    - Collect more data for and with tribes
    - Promote the use of CRM
Next steps

- **Department of Human Services**
  - Funds tribe-specific mobile crisis response efforts
  - Expand Txt4life program to tribal communities

- **Health Department**
  - Promote gatekeeper trainings
  - Social conditions and health inequity
  - Promote the use of CRM
  - Collect and Analyze MNVDRS data
If you have a question, you may type it into the chat box now or press the phone commands to have the operator unmute your line.

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Thank you for joining us!

Please complete our webinar evaluation survey:
http://astho.az1.qualtrics.com/SE/?SID=SV_5axK1PR6XyEcsux

Visit ASTHO’s website for additional resources and to access a recording of today’s presentation:
http://www.astho.org/Programs/Health-Systems-Transformation/Delivery-and-Payment-Reform-TA-Call-Series/

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