Suicide Prevention Efforts in Colorado

NCSL Opioid Policy & Maternal & Child Health Fellows: Policy Solutions and Innovations Meeting
June 24, 2019
Overview

- Research and Data

- Colorado Legislation and related Office of Suicide Prevention Initiatives

- Opportunities

- Discussion
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

Source: Ursula Whiteside, Zero Suicide Faculty & Founder of Now Matters Now [http://nowmattersnow.org](http://nowmattersnow.org)
Attitudes and Misconceptions about Suicide

Sin...
Weakness...
Selfish...

If someone wants to take their life, there’s not much I can do about it...
No one cause: Suicide-related behavior is complicated and rarely the result of a single source of trauma or stress.

Talking about suicide doesn’t put the idea in someone’s head.

Suicide is the result of extreme despair and unbearable pain.

Most suicidal individuals are ambivalent about suicide, which impacts how we think about prevention.
Model of Suicide Risk

Desire for Suicide

Perceived Burdensomeness
"I am a burden"

Thwarted Belongingness
"I am alone."

Acquired Capacity for Suicide
"I am not afraid to die."

High risk for suicide or serious attempt

Dr. Thomas Joiner’s model of suicide risk, 2006
Protective Factors:

• Social support
• Reducing adverse childhood experiences
• Reducing trauma
• Connection to community (social, workforce, family, faith, school, etc.)
• Positive coping and problem-solving strategies
• Destigmatization of mental health problems
• Policies and cultures that accept help-seeking behavior
• For youth, connection to a caring adult
• Access to suicide safe care
• Coordinated care
• Follow-up and caring contacts
• Temporary means safety and collaborative safety planning
• Economic stability, food security, resilient communities
Suicide in the U.S.

- Each year, approximately 10 million American adults think seriously about killing themselves
  - 3 million make suicide plans
  - 1 million make a suicide attempt
  - In 2017, 47,173 deaths reported

Recovery and resilience are the true norms.
Suicide rates rose across the US from 1999 to 2016.

- Increase 38 - 58%
- Increase 31 - 37%
- Increase 19 - 30%
- Increase 6 - 18%
- Decrease 1%

CDC’s Vital Signs June 2018 Report

More than half of people who died by suicide did not have a known mental health condition.

54%

Many factors contribute to suicide among those with and without known mental health conditions.

Relationship problem (42%)

Problematic substance use (28%)

Job/Financial problem (16%)

Loss of housing (4%)

Crisis in the past or upcoming two weeks (29%)

Physical health problem (22%)

Criminal legal problem (9%)

Note: Persons who died by suicide may have had multiple circumstances. Data on mental health conditions and other factors are from coroner/medical examiner and law enforcement reports. It is possible that mental health conditions or other circumstances could have been present and not diagnosed, known, or reported.

Suicide in Colorado

In 2017, there were:

- 55 HIV deaths
- 279 Homicides
- 672 Motor vehicle deaths
- 638 Breast cancer deaths
- 576 Influenza & Pneumonia deaths
- 1,017 Diabetes deaths

1,175 Deaths by Suicide
SUICIDE DEATHS in Colorado
2013-2017 by age

Adults 25-64: 69.9%
Youth 0-18: 5.8%
Young Adults 19-24: 9.5%
Older Adults 65+: 14.8%
Office of Suicide Prevention

**Mission:** To serve as the lead entity for statewide suicide prevention and intervention efforts, collaborating with Colorado communities to reduce the number of suicide deaths and attempts in the state. (HB00-1432)

**OSP Activities**
- Suicide Prevention Commission ([SB14-088](#))
- Colorado-National Collaborative
- Zero Suicide ([SB16-147](#))
- School Training Grant ([SB18-272](#))
- Community grants
- Follow-Up Project
- Means Safety Project
- Man Therapy [www.mantherapy.org](http://www.mantherapy.org)
- Hospital Initiative (HB12-1140)
- Federal Grant Funding to expand youth suicide prevention (ages 10-24) and Zero Suicide efforts (ages 25+!)
- Public information and education
Legislation: SB14-088

The Suicide Prevention Commission was created to provide public and private leadership for suicide prevention efforts, expand partnerships, serve in an advisory capacity to the Office of Suicide Prevention, and make data-driven, evidence based recommendations for Colorado.

The Commission set an aspirational goal of reaching a 20% reduction in Colorado’s suicide rate by 2024.

- Legislation included funding for 0.9 FTE through June 2024, increasing Office of Suicide Prevention’s FTE count to 2.9 FTE
Suicide Prevention Commissioners

26 seats appointed by the Colorado Department of Public Health & Environment’s Executive Director

- Office of Suicide Prevention (OSP)
- Office of Behavioral Health (OBH)
- Law Enforcement
- Higher Education
- K-12 Education
- Employee Assistance Program/Human Resources
- Suicide Prevention Coalition of Colorado (SPCC)
- Licensed Mental Health Professional
- Behavioral Health Transformation Council
- Military, Active Duty or Veteran
- Colorado Youth Advisory Council (COYAC)
- Family Member of a Person Lost to Suicide
- Attempt Survivor Now Thriving
- Philanthropic Foundation
- Medical Provider or First Responder
- Hospital with On-Site Emergency Department
- Agriculture/Ranching
- Oil & Gas, from rural area
- Business Community (3; 1 rural)
- Nonprofit
- Community Service Club
- Interfaith
- School Safety Resource Center
- Health Care Policy & Financing (Medicaid)
### Recommendations Set Forth By Commission  To Date

**Support Integrated Health Care**
- Adopt the Zero Suicide initiative within health care systems.
- Adopt standardized protocols for following up with suicidal patients after discharge from emergency departments.
- Promote universal 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 in Colorado.
- Develop and implement comprehensive suicide prevention strategies for high risk industries.

**Build Resilience and Community Connectedness**
- Increase the prevalence of community-level programs supporting connectedness and positive social norms.
- Support schools in implementing comprehensive protocols and evidence-based programing focused on enhancing protective factors.

**Enhance Data Collection and Systems**
- Encourage coroners, medical examiners, and law enforcement to adopt a standardized suicide investigation form.
- Enhance information sharing between organizations.
Commission Recommendation:
Adopt standardized protocols for following up with suicidal patients after discharge from emergency departments
ED Follow Up Project

Rationale:
Patients discharged from an emergency department (ED) after an evaluation for suicidal thoughts or behaviors are at highest risk for up to one month post-discharge.
As many as 70% do not access behavioral healthcare services after discharge.
National Data indicate 25% of individuals who die by suicide have recently visited an ED prior to their death.

Evidence Base:
Research indicates that telephone follow-up with recently-discharged patients has positive effects for both patients and mental health providers:
• Cost effective
• Protective for reattempts/suicide deaths
• Improves patient motivation, reduces barriers to care
• Improves in-person follow-up with helping resources
**ED Follow Up Project Goals**

- Encourage follow through with discharge plans
- Facilitate connection to supportive services
- Provide caring outreach by Rocky Mountain Crisis Partners (Colorado Crisis Services Hotline) during peak risk period
- Reduce unnecessary trips to the Emergency Department
- Develop blueprint of best practice follow up to be used statewide in all 88 Emergency Departments
- Support efficacy of program through evaluation
ED Follow Up Project

- 2015: Protocol developed by the Suicide Prevention Commission’s Emergency Services Work Group and pilot sites identified

- 2015 - 2016: Leveraged Commission donation and OSP General Fund to pilot ED Follow Up project in 6 sites. Federal SAMHSA funding directly to RMCP to implement in 8 sites.

- 2017: OSP General fund continued in 1 site; others hit pause

- 2018 - 2023: Leveraging federal funding to continue ED Follow Up Project in 14-16 sites
Commission Recommendation: Adopt the Zero Suicide initiative within health care systems
Zero Suicide Core Components

- Leadership commitment
- Standardized screening and risk assessment
- Suicide care management plan
- Workforce development and training
- Effective, evidence-based treatment
- Follow-up during care transitions
- Ongoing quality improvement and data collection
Legislation: SB16-147

- Alignment with the 2015 Suicide Prevention Commission’s recommendation adoption of Zero Suicide by health care systems

- Bill established the Colorado suicide prevention plan within the Office of Suicide Prevention at CDPHE

- Encourages criminal justice systems, health care systems, including mental and behavioral health systems, primary care providers, physical and mental health clinics in educational systems throughout Colorado to adopt components of “zero suicide” model
Zero Suicide in Colorado Now

Colorado Zero Suicide Learning Collaborative
• Monthly calls for attendees of Academies and other interested orgs
• Great opportunity to share best practices and challenges

Office of Suicide Prevention Community Grantees
• Three community grantees were awarded 5 years of funding to support Zero Suicide starting July 1, 2017

Leveraging Federal Funding to Support Zero Suicide Elements
• ED Follow-Up Project
• Collaborative Assessment & Management of Suicidality (CAMS) and Question Persuade Refer (QPR) trainings
• Supporting saturated efforts within health systems in Denver, El Paso, Larimer, Mesa, Delta, Jefferson, Weld, and Pueblo Counties
Commission Recommendation: Support schools in implementing comprehensive protocols and evidence-based programming focused on enhancing protective factors.
Legislation: SB18-272

- Alignment with the 2015 Suicide Prevention Commission’s recommendation

- Bill established a crisis and suicide prevention training grant program administered by Office of Suicide Prevention for annual training for all teachers at staff at public schools and school districts

- Strong collaboration between School Safety Resource Center, Colorado PTA, Colorado Youth Advisory Council, Commission, Colorado Department of Education, and Colorado Suicide Prevention Coalition

- $400,000 per year for 3 years; included 0.3 FTE

- 17 schools or school districts (9 urban counties; 8 frontier/rural)
Challenges / Opportunities

- Sustained funding for suicide prevention initiatives
- FTE cap
- Connection with staff in state departments working hard in these areas

Find your Suicide Prevention Coordinator here:

http://www.sprc.org/states
Colorado Crisis Services
1-844-493-8255
- 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

In Other States:

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org
National Suicide Prevention Lifeline: 1-800-273-8255; [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

Suicide Prevention Resource Center: [www.sprc.org](http://www.sprc.org)

American Foundation for Suicide Prevention: [www.afsp.org](http://www.afsp.org)

Trevor Project (LGBTQ+ youth): 1-866-488-7386; [www.trevorproject.org](http://www.trevorproject.org)

Crisis Text Line: 741-741; [www.crisistextline.org](http://www.crisistextline.org)

American Association of Suicidology: [www.suicidology.org](http://www.suicidology.org)

Zero Suicide Initiative: [www.zerosuicide.sprc.org](http://www.zerosuicide.sprc.org)

Live Through This: [livethroughthis.org](http://livethroughthis.org)

Now Matters Now: [www.nowmattersnow.org](http://www.nowmattersnow.org)
Reconnecting to Purpose

Discussion

www.coosp.org

Let’s Collaborate! Emily.Fine@state.co.us
Warning signs:

- **Talking about:**
  - killing themselves
  - being a burden
  - feeling trapped
  - unbearable pain
  - no reason to live

- **Mood:**
  - depression
  - loss of interest
  - rage, anger, irritability
  - humiliation
  - anxiety

- **Behavior Change:**
  - increased substance use
  - searching for materials or means
  - acting recklessly
  - withdrawal from friends, family, activities
  - saying “goodbyes”
  - giving away prized possessions
  - aggression
  - change in sleep patterns
How to help (interpersonal)

- If you’re concerned about someone (maybe based on warning signs or maybe on a gut feeling):
  
  - **ASK** directly: “Are you having thoughts of suicide?”
  
  - **LISTEN OPENLY WITHOUT JUDGMENT**
  
  - **TAKE ACTION:** Connect to supportive services