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Preventing Suicide One Community at a Time

Health Care Providers: Crucial Partners in Preventing Suicide



A Program of the Nevada Office of Suicide Prevention Misty Vaughan Allen, MA

Primary Care Providers

Often the first and only medical contact of suicidal patients



NIMH: Primary care physicians saw 70% or more of elderly suicide victims within a month of their death

Only detected 1 out of 6 patients who later died by suicide

Zero Suicide Initiative

- Suicide prevention is a core responsibility of health care
- Applying new knowledge about suicide & treating it directly
- A systematic clinical approach in health systems, not "the heroic efforts of crisis staff and individual clinicians."
- System-wide approaches have worked to prevent suicide:
 - United States Air Force Suicide Prevention Program UK (While et al., 2009)

How is Zero Suicide Different?

Shift in Perspective from:	To:
Accepting suicide as inevitable	Every suicide in a system is preventable
Assigning blame	Nuanced understanding: ambivalence, resilience, recovery
Risk assessment and containment	Collaborative safety, treatment, recovery
Stand alone training and tools	Overall systems and culture changes
Specialty referral to niche staff	Part of everyone's job
Individual clinician judgment & actions	Standardized screening, assessment, risk stratification, and interventions
Hospitalization during episodes of crisis	Productive interactions throughout ongoing continuity of care
"If we can save one life"	"How many deaths are acceptable?"

Role of Health Care Providers in Preventing Suicide

Highly likely to see individuals who may be at risk for suicide

Develop trusting relationship

Observe changes in mood and behavior

Help patients realize that they may be dealing with depression or other mental health concern

Let patients know depression is treatable

Source: Suicide Prevention Resource Center website www.sprc.org

Suicide Statistics

United States

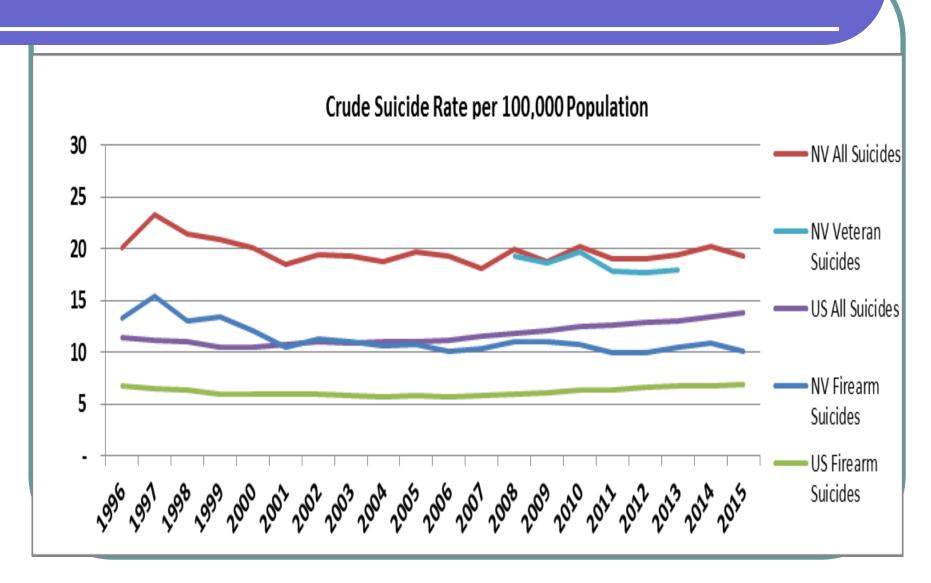
- Over 44,000 suicide deaths
- Firearms used in over 50% of suicides
- 77% of nations suicides are males
- A suicide every 11 minutes 9 seconds

Nevada

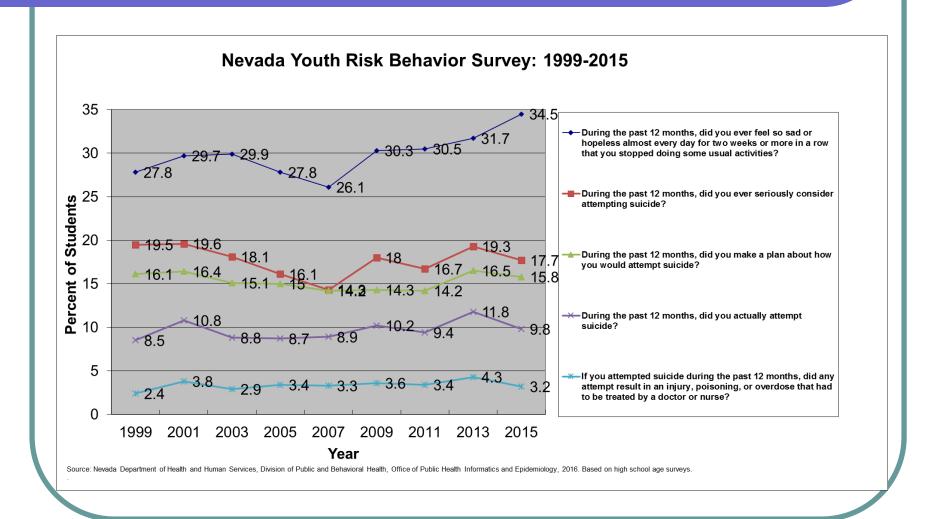
- 11th highest rate
- Nevada's Elderly have highest rates
- 2 times more suicide deaths than homicide deaths.
- More suicides than motor vehicle accident and homicides combined

Source: CDC WISQARS: 2015 Final Data

Suicide Rates in Nevada and the US -- 1996-2015

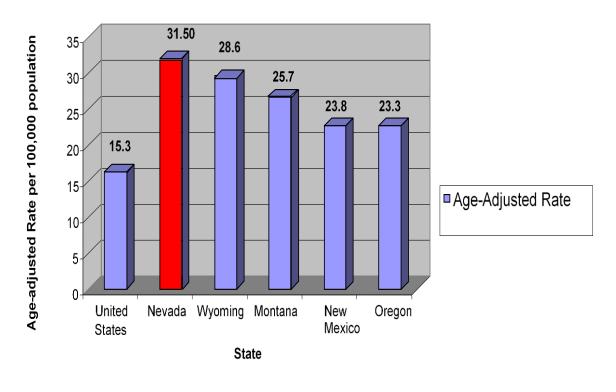


Youth Risk Behavior Survey



Older Nevadans in crisis

States with Highest Average Suicide Rates in the U.S from 1999-2015: Ages 65-85+



Source: CDC, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online] (2017).

Resources for People at Risk for Suicide

- Mobile Crisis—688-1670
- Emergency services, 9-1-1, local hospitals
- Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- Veterans Crisis Line: 1-800-273-TALK (8255), press 1
- Problem Gamblers HelpLine 1-800-522-4700
- The Trevor Lifeline: 1-866-488-7386
- Counseling programs, private therapists
- Others?



Training Opportunities

- safeTALK: (Suicide Alertness) 3-4 hours
- ASIST: (Applied Suicide Intervention Skills Training) Two day workshop
- CAMS Online
- TMCC and CASAT online trainings
- Suicide Prevention Resource Center Online Training

Counseling on Access to Lethal Means (CALM) Choosing and

Implementing a Suicide Prevention Gatekeeper Training Program

Planning & Evaluation for Youth Suicide Prevention

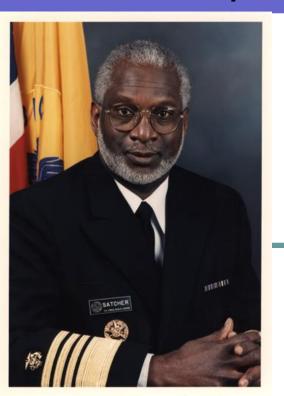


National Strategy for Suicide Prevention

www.mentalhealth.org/suicideprevention

A Collaborative Effort of SAMHSA, CDC, NIH, HRSA

"Much of the work of suicide prevention must occur at the community level, where human relationships breathe life into public policy ..."



-- Dr. David Satcher in the Preface of the National Strategy for Suicide Prevention (1998)