Reaching Zero Suicide in Rural ND

By Kora Dockter, Pediatric Nurse & Alison Traynor, MPH, LSW

Alison Traynor, MPH, LSW
ND Suicide Prevention
Injury and Violence Prevention
Department of Health

- Social Worker in North Dakota for 10 years
- Crisis work, coordination, training and administration
- Sexual Assault & Domestic Violence
- SED Youth and Families
We will review

- Introduce Kora to share Steven’s story
- Describe the problem of suicide in rural ND
- Short activity
- Leading research on the causes of suicide
- Explain Zero Suicide
- What you can do today to save lives in rural ND
Stand up, I am going to ask a question. Raise your hand if you have an answer to this question: I will pass you this kush ball to symbolized our Hot Potato. You will answer the question. Then toss it back to me.

“What are some reasons we are scared to ask about suicide?”
Why Rural Communities have the Highest Rates

Suicide rates rose across the US from 1999 to 2016.

- North Dakota experienced the largest rate percent increase at 58% since 1999
- Suicide is the second leading cause of death for North Dakotans ages 10-35.

ND Crude Suicide Death Rate Compared to the U.S.A Suicide Death Rate 1984 - 2016

Source: ND Department of Health Vital Statistics, 2018
Male and Female North Dakotan Suicide Deaths 1983 -2017

ND Department of Health Vital Statistics, 2018

ND American Indian and Non-native ND Crude Suicide Mortality from 1983 to 2017

ND Department of Health Vital Statistics, 2018
Effects

- Takes twice as many lives as the opioid epidemic
- Cost North Dakotans $140,345,000 in 2010
- For every suicide, 25 attempts, community impacted
- Cross-cutting all ages, ethnicities, socioeconomic groups
- Those who have served, rural-dwelling residents, American Indians and working-age males at highest risk
- Accompanied by shame, guilt and stigma, increasing the risk of suicide for those left behind – making it unlike any other loss

Why Healthcare?

- 83% of people that die by suicide visit healthcare within the year of their suicide.
- 45% of individuals who die by suicide have visited their primary care physician within a month of their death
- More than those reaching out to behavioral health
- Psychiatric patients are at highest risk of suicide within the 24 hours immediately following discharge from an inpatient setting.
- At-risk patients are more likely to present at the emergency departments
**What is Zero Suicide?**

- Is aspirational, no number but zero is an acceptable goal
- It is a comprehensive approach that shifts responsibility from one worker to the entire system
- Shown to reduce customer suicide rates as much as 80%

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**Elements of Zero Suicide**

1. **Lead** system-wide culture change committed to reducing suicides
2. **Train** a competent, confident, and caring workforce
3. **Identify** individuals with suicide risk via comprehensive screening and assessment
4. **Engage** all individuals at-risk of suicide using a suicide care management plan
5. **Treat** suicidal thoughts and behaviors using evidence-based treatments
6. **Transition** individuals through care with warm hand-offs and supportive contacts
7. **Improve** policies and procedures through continuous quality improvement
Managing Suicidality: Clinical Pathways in Primary and Behavioral Health Care

Notes:
1. Negative on PHQ-2 is defined as a score of 0; Positive on PHQ-2 is defined as a score of 5+
2. Negative Response to PHQ-3, Question 9 is defined as a score of 0; Positive Response to PHQ-3, Question 9 is defined as a score of 1-5
3. Negative on C-SIRS Screen is defined as a response of “No” on Questions 2 and 6; Positive on C-SIRS Screen is defined as a response of “Yes” on Question 2 or 6
4. Active or Not to History/Question is determined in accordance with guidelines included in Problem List Entry Guidance

Zero Suicide in Practice looks like this

Why should we start the Zero Suicide process?

- Increases revenue while saving lives
- Only framework shown to reduce suicide as much as 80% and shown to maintain a 75% reduction over ten years
- Aligns with HEDIS Measures and Joint commission’s recommendations
- State and federal funding opportunities
- Decrease costs associated with loss to follow-up and unnecessary hospitalizations
- Reduces liability
- Insurance companies have actually paid for some systems to implement
Healthcare System Successes

- Henry Ford Health System
- U.S. Air Force

Starts with a shift in culture to believe that suicide is preventable and that everyone has a role to play.

Associated with 80% fewer patient suicides, fewer costs due to increased engagement and fewer hospitalizations.

Why?

To understand the Zero Suicide model, we need to understand why people take their own life.

When distress and suffering exceeds one’s ability to cope

Consider a scale, Harvard Children’s Video:

- [https://youtu.be/1r8hj72bfGo](https://youtu.be/1r8hj72bfGo)
Thomas Joiner's Why People Die By Suicide
Meta-Study of All Available Suicide Studies

Desire for Suicide
Perceived Burdensomeness
Acquired Capacity for Suicide
Thwarted Belongingness

High risk for suicide completion or serious attempt

Figure 1: Thomas Joiner’s model of suicide risk, 2006

2016-2017 North Dakota Suicide Deaths

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hanging</td>
<td>28%</td>
</tr>
<tr>
<td>Drugs</td>
<td>7%</td>
</tr>
<tr>
<td>Firearms</td>
<td>58%</td>
</tr>
<tr>
<td>CO2 and or gases</td>
<td>2%</td>
</tr>
<tr>
<td>Drowning</td>
<td>2%</td>
</tr>
<tr>
<td>Jumping</td>
<td>2%</td>
</tr>
<tr>
<td>Piercing/cutting</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
</tr>
</tbody>
</table>

ND Department of Health Vital Statistics, 2018
Suicide Fatality

Suicidal Crises are often brief

Summary on Lethal Means

• Many suicides are impulsive
  – Meta-analysis showed that 70 percent of individuals who attempted suicide and survived report deciding to take their own life within 10 minutes of the act
  – 25 percent within 5 minutes of the act
• 90 percent of those that survive a suicide attempt do not go one to die by suicide
• Putting time and distance between people and highly lethal means like fire arms can saves lives
• Prohibit children’s unsupervised access to firearms

Harvard School of Public Health Means Matter: https://www.hsph.harvard.edu/means-matter/

Adverse Childhood Experiences (ACEs) AKA Childhood Trauma

[Diagram showing the pyramid of adverse childhood experiences]

Note: 2. Potential influences throughout the lifespan of adverse childhood experiences.
More Access
Predatory Apps, Sites & Games

13 Reasons Why
Blue Whale
Kik
Whisper
Yik Yak
Exit Plan

Block, Limit, Monitor

- Predatory Apps exist and are being created every day for profit and sadism.
- Kids are dying from suicide and we don't fully understand why, but this is not helping.
- Block what you can, but don't assume that will address it. Also limit and monitor social media and internet use.
**RURAL DISPARITY ASSOCIATIONS**

**Cultural**
- Rugged Individualism “Cowboy up” mentality
- Populations at-risk due to historical trauma and generational factors (American Indians, Veterans, aging individuals)

**Lethality**
- Increased Physical and Cognitive Access to Firearms
- Decreased Access to Urgent Care – Long Distances Traveled After an Attempt

**Behavioral Health Shortage**

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**Most Predictive Factors**

- **Past Suicide Attempt**
- Diagnosis of mood or personality disorder
  - Depression, Borderline, Bipolar, acute anxiety
- Increasing use/abuse of alcohol or drugs
- History of self-harm (e.g. cutting)
- Unsupervised access to a firearm
- High ACE scores

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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.

Applying the Data in Zero Suicide

- Screening everyone using evidence-based tools and motivational interviewing
- Use trauma informed, person-centered and culturally appropriate approaches
- Form MOUs or arrangements to assess, intervene, treat and follow up immediately through local providers, telemedicine or the local human service centers (recently approved to receive additional support for crisis response).
- What else is needed in capacity building: culture, electronic health system.

Simple Overview

5 Steps to help someone at risk

1. Ask.
2. Keep them safe.
4. Help them connect. Dial **1.800.273.TALK** (8255) for local help
5. Follow up.

Find out why this can save a life by visiting: [www.BeThe1To.com](http://www.BeThe1To.com)
Asking the Question

- Will NOT put the idea in their head.
- Does not increase risk, usually report feeling relieved.
- Asking everyone directly about suicide reveals 2X as many people at risk.
- Ask during intake and times of transition, such as when they return home.
- Avoid the word “Commit” as some people feel that implies a crime and makes it less likely that they will answer truthfully.

How to Ask

- Normalizing or validating statement followed by the question.
- With everything you have been through, have you ever had thoughts of killing yourself?
- It is common for people who are dependent on drugs or alcohol to have thoughts of suicide. Have you ever thought about suicide?
- When was the last time you thought about suicide?
- Do you currently have thoughts of suicide? Have you ever had thoughts of suicide?
https://youtu.be/Ted_gl-UXi8
• Promote Zero Suicide Tools like SAFETY PLANS to address lethality and safety during transitions.
• Involve collaterals, family, formal or informal supports if they will be an asset to safety planning.

Communication Checklist & Collaterals

• “When my son was discharged from the psychiatric unit, I was passed a baton in a race, but I didn’t know where or how far to run”
• Family, friends or other natural supports are our biggest asset
• Let family members know their role.
Some Important Concepts in Suicide Prevention

- We don’t have to wait for a crisis to take action.
- We all have a role to play in building support and resiliency at the individual, family and community levels to prevent people from getting to the point that they think about suicide.

Connectedness

Connection results in a 2-fold decrease in suicide risk. Caring adult interaction each day and weekly positive activities decreases the risk for youth. Daily meaningful interaction decreases most health risk, including the risk of suicide.
Sources of Strength

- EBP for Suicide, SUD, Bullying and researching Violence
- Youth-Adult Relationships
- Coping skill development
- Protective factors
- Shift social culture/social norms
- Decrease isolation by increasing relationships
- Decrease sense of burdensomeness by increasing purpose

YEUX ARE THE ANECDOTES TO ISOLATION & BURDENSOMNESS

Connection/relationships
- We are valued and cared for

Purpose/give life meaning
- We are making a difference!

Isolation
- I am all alone, no one cares

Burdensomeness
- The world would be better off without me

Source: Joiner, T. American Association of Suicidology. 2007 (15)
What I can do today

Visit the Zero Suicide Toolkit resources and videos:

- https://zerosuicide.sprc.org/toolkit/identify
- https://zerosuicide.sprc.org/video/pathway-care
- Peers and Lived Experience
- https://zerosuicide.sprc.org/video/lived-experiences
- Safety Planning

Form a small Zero Suicide team of your system leaders to complete the short organizational self-study
http://zerosuicide.sprc.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/ZeroSuicideOrganizationalSelfStudy.pdf

Questions?

Zero Suicide Video Overviews
Watch this short overview video
https://youtu.be/6L3AeGnUbuO

Watch this overview Webinars
https://youtu.be/ji0c1QOhqzU
https://youtu.be/G5kAkvHomCY
https://youtu.be/-Jx9nTHHry6