Reaching Zero Suicide in Rural ND

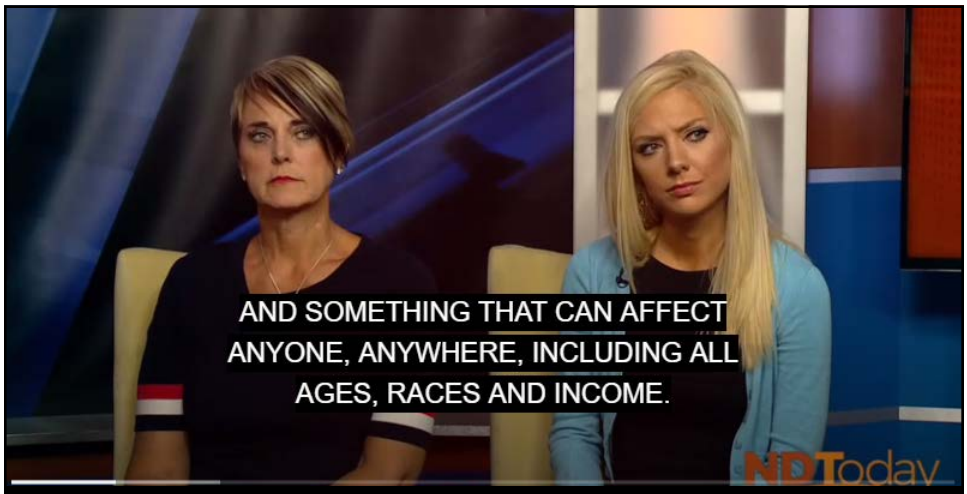
By Kora Dockter, Pediatric Nurse & Alison Traynor, MPH, LSW

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



Kora Dockter

ND Suicide Prevention Coalition Chair, BSW, Survivor Advocate

Steven's Story

Steven's Story: Steven & family

Steven's Story Continues

Hot Potato

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

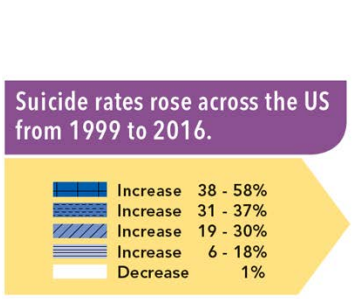
You will answer the question.

Then toss it back to me.

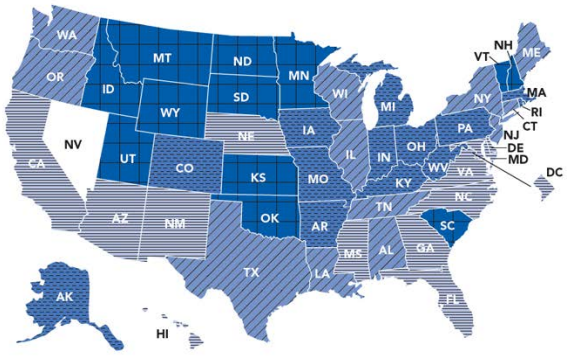
"What are some reasons we are scared to ask about suicide?"

Why Rural Communities have the Highest Rates

Suicide rates rose across the US from 1999 to 2016.

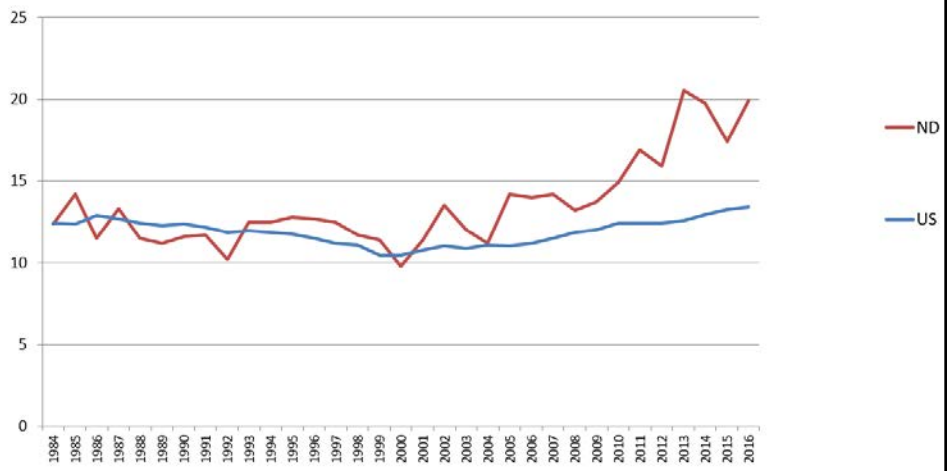


SOURCE: *CDC's National Vital Statistics System; CDC Vital Signs, June 2018.*



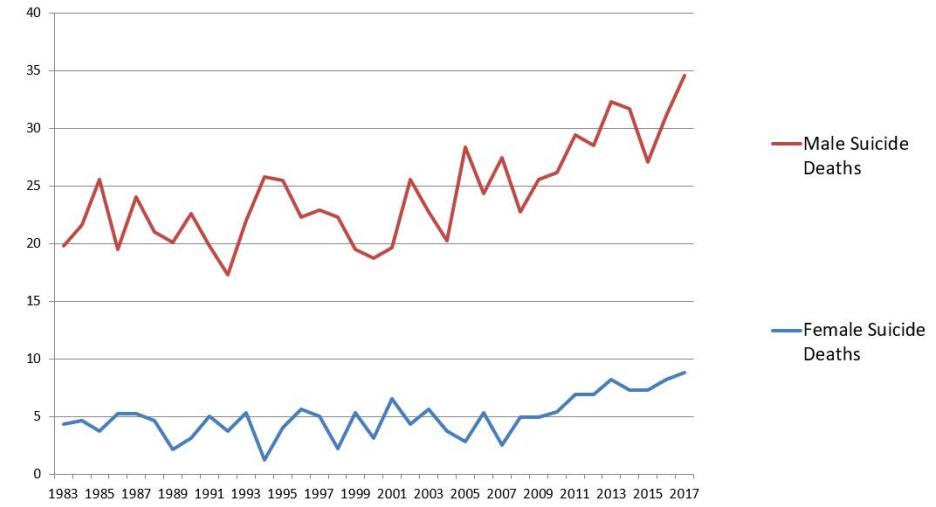
- North Dakota experienced the largest rate percent increase at 58% since 1999
- Suicide is the second leading cause of death for North Dakotans ages 10-35.

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



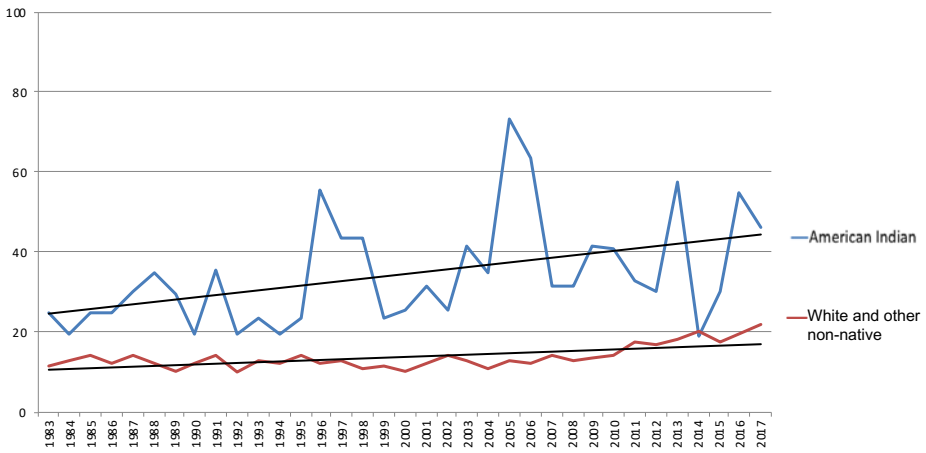
ND Department of Health Vital Statistics, 2018

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, For every suicide death, 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

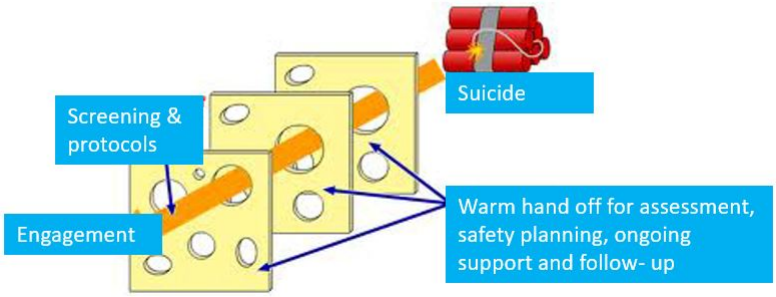
Why Healthcare?

- 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

Jerry Reed, PhD, MSW, Director, Suicide Prevention Resource Center. Primary Care: A Crucial Setting for Suicide Prevention

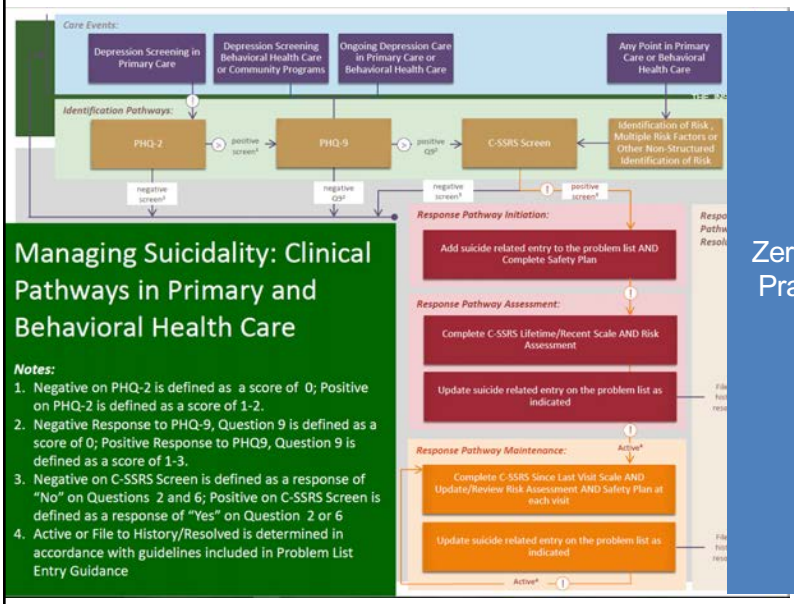
What is Zero Suicide?

- 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%



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



Zero Suicide in Practice looks like this

Why should we start the Zero Suicide process?

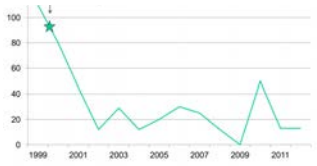
- Increases revenue while saving lives
- Only framework shown to reduce suicide as much as 80% and shown to maintain a 75% reduction over ten years
- Aligns with HEDIS Measures and Joint commission's recommendations
- State and federal funding opportunities
- Decrease costs associated with loss to follow-up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

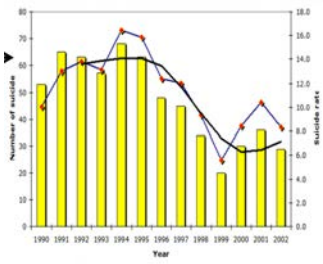
Healthcare System Successes

- 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.

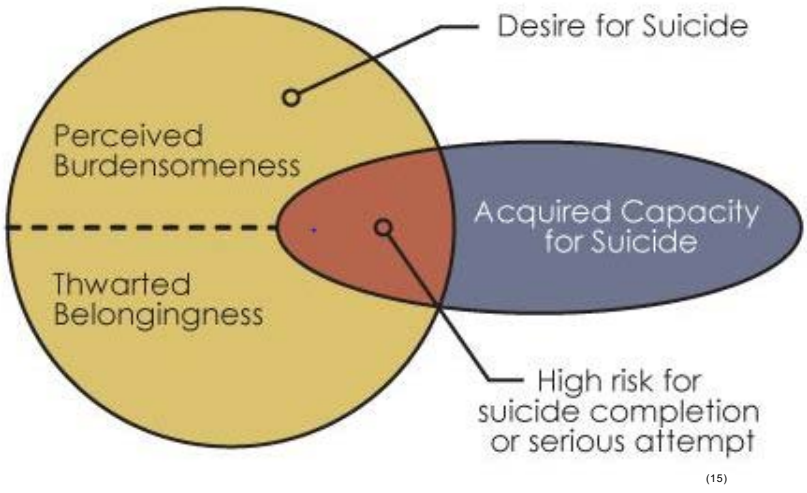
When distress and suffering exceeds one's ability to cope

Consider a scale, Harvard Children's Video:

- https://youtu.be/1r8hj72bfGo

Thomas Joiner's Why People Die By Suicide

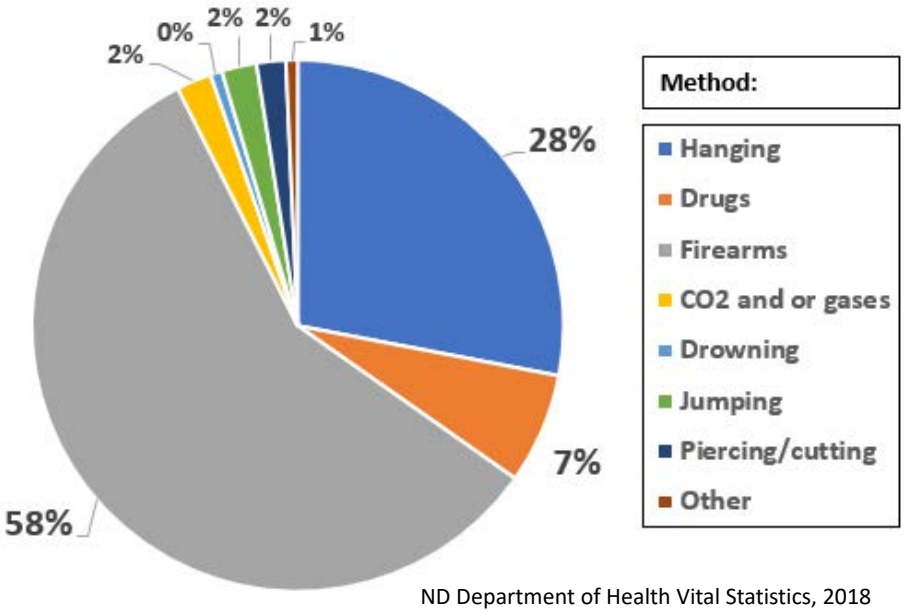
Meta-Study of All Available Suicide Studies



(15)

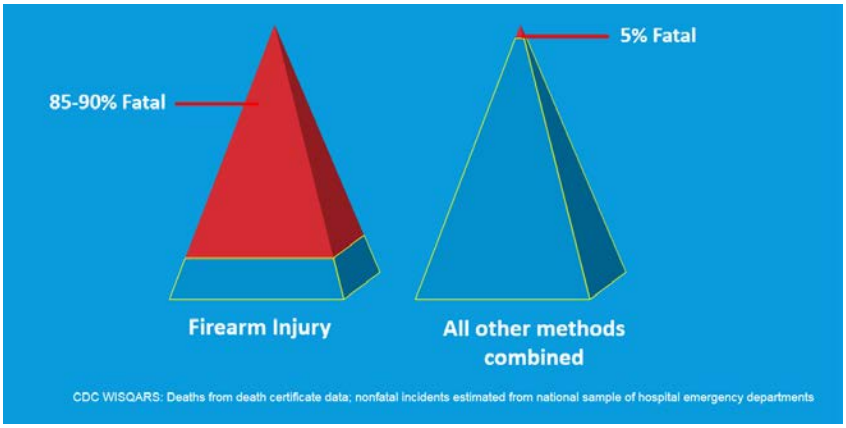
Figure 1: Thomas Joiner's model of suicide risk, 2006

2016-2017 North Dakota Suicide Deaths



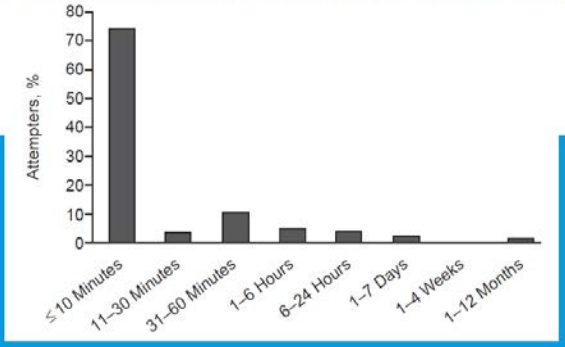
ND Department of Health Vital Statistics, 2018

Suicide Fatality



- Suicidal Crises are often brief

Time Between Thoughts of Suicide and Suicidal Behavior



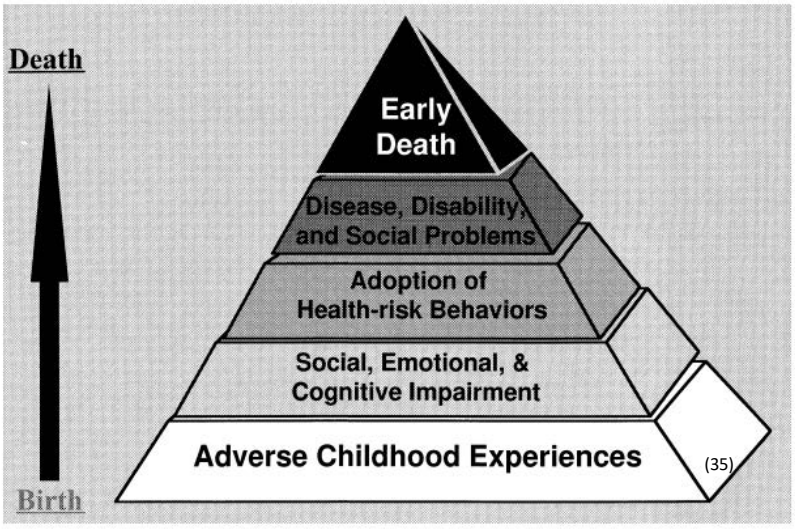
Deisenhammer et al. 2009. Journal of Clinical Psychiatry, *70*(1):19-24.

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



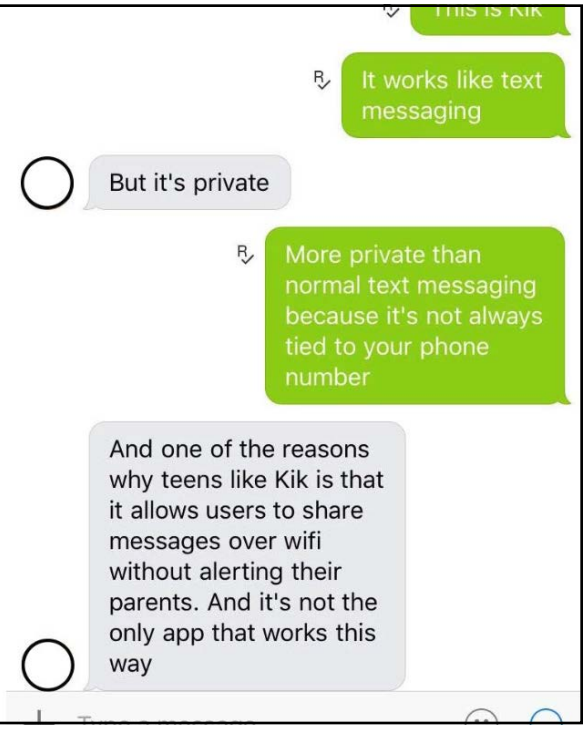
ure 2. Potential influences throughout the lifespan of adverse childhood experiences.

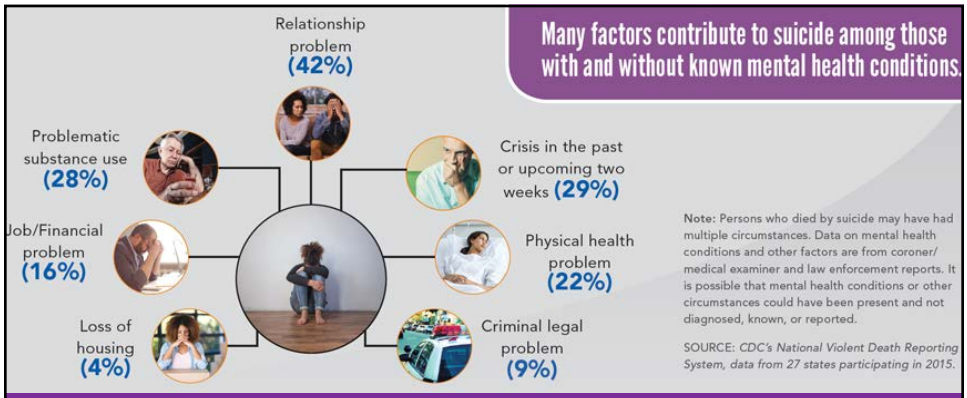
More Access Predatory Apps, Sites & Games

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

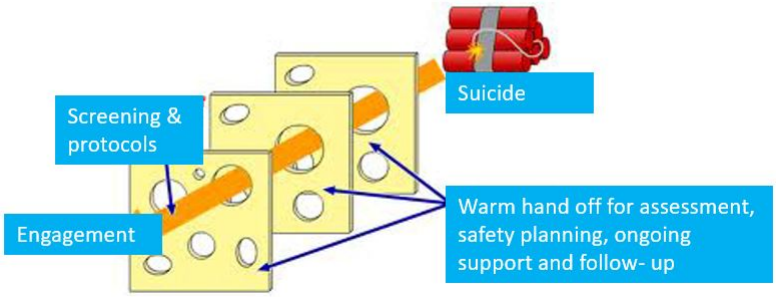
Behavioral Health Shortage

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

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.
3. Be there https://youtu.be/1Evwgu369Jw
4. Help them connect. Dial **1.800.273.TALK** (8255) for local help
5. Follow up.

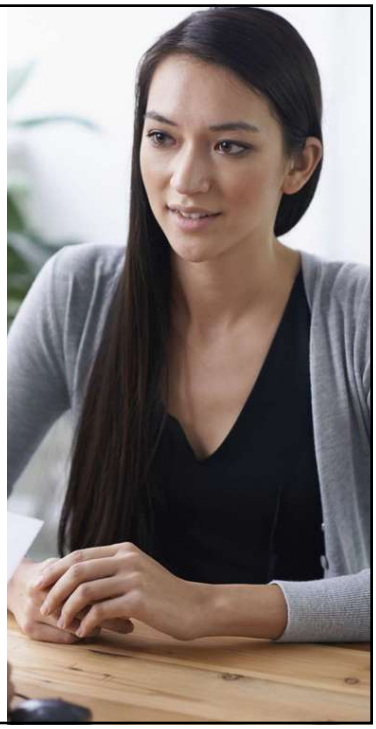
Find out why this can save a life by visiting: www.BeThe1To.com

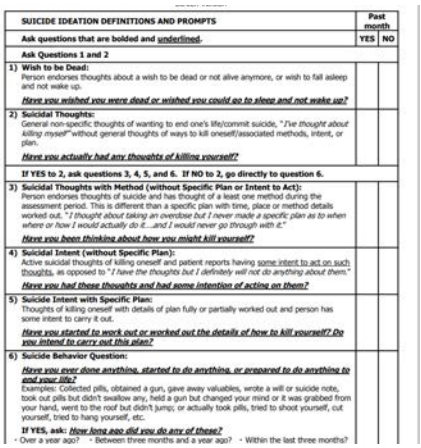
Asking the Question

- 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.

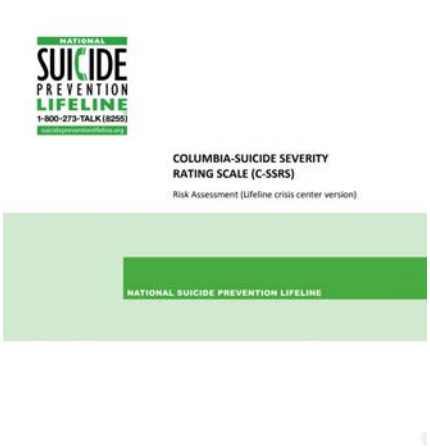
How to Ask

- 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?



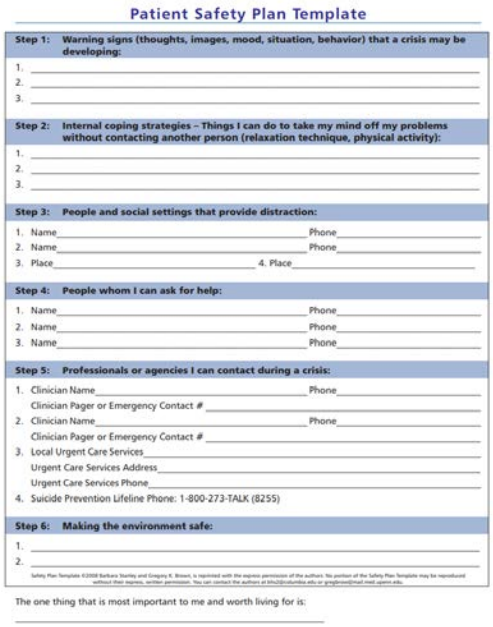


SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and underlined.	YES	NO
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "*I've thought about killing myself*" without general thoughts of ways to kill oneself/associated methods, intent, or plan. ***Have you actually had any thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it…and I would never go through with it.*" ***Have you been thinking about how you might kill yourself?***		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "*I have the thoughts but I definitely will not do anything about them.*" ***Have you had these thoughts and had some intention of acting on them?***		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		
6) Suicide Behavior Question: ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask:** ***How long ago did you do any of these?*** • Over a year ago? • Between three months and a year ago? • Within the last three months?		



https://youtu.be/Ted_gI-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.



Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

Step 4: People whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

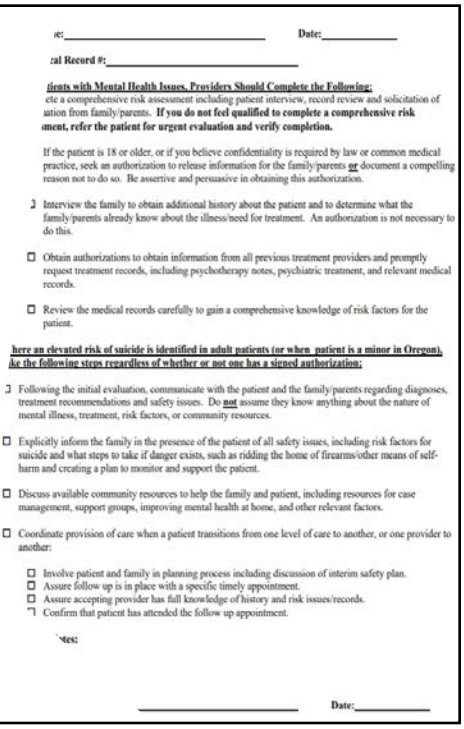
1. _____
2. _____

The one thing that is most important to me and worth living for is:

_____

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.



#:_____ Date:_____

al Record #:_____

ients with Mental Health Issues, Providers Should Complete the Following:

ete a comprehensive risk assessment including patient interview, record review and solicitation of ation from family/parents. **If you do not feel qualified to complete a comprehensive risk sment, refer the patient for urgent evaluation and verify completion.**

If the patient is 18 or older, or if you believe confidentiality is required by law or common medical practice, seek an authorization to release information for the family/parents **or** document a compelling reason not to do so. Be assertive and persuasive in obtaining this authorization.

☐ Interview the family to obtain additional history about the patient and to determine what the family/parents already know about the illness/need for treatment. An authorization is not necessary to do this.

☐ Obtain authorizations to obtain information from all previous treatment providers and promptly request treatment records, including psychotherapy notes, psychiatric treatment, and relevant medical records.

☐ Review the medical records carefully to gain a comprehensive knowledge of risk factors for the patient.

here an elevated risk of suicide is identified in adult patients (or when patient is a minor in Oregon), ike the following steps regardless of whether or not one has a signed authorization:

☐ Following the initial evaluation, communicate with the patient and the family/parents regarding diagnoses, treatment recommendations and safety issues. Do **not** assume they know anything about the nature of mental illness, treatment, risk factors, or community resources.

☐ Explicitly inform the family in the presence of the patient of all safety issues, including risk factors for suicide and what steps to take if danger exists, such as ridding the home of firearms/other means of self-harm and creating a plan to monitor and support the patient.

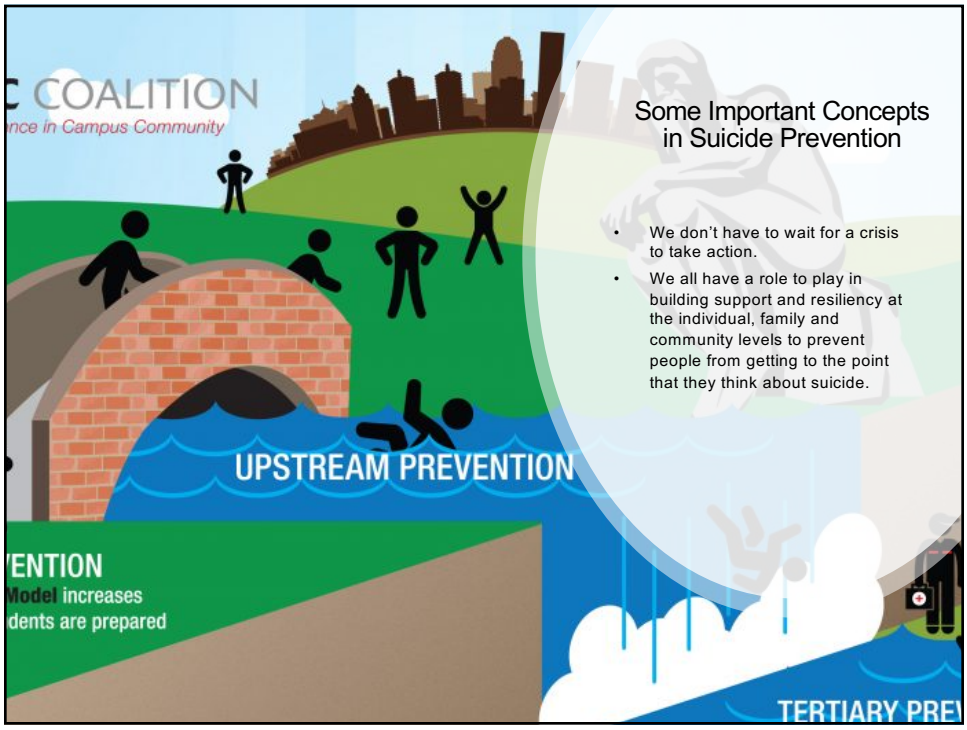
☐ Discuss available community resources to help the family and patient, including resources for case management, support groups, improving mental health at home, and other relevant factors.

☐ Coordinate provision of care when a patient transitions from one level of care to another, or one provider to another:

- ☐ Involve patient and family in planning process including discussion of interim safety plan.
- ☐ Assure follow up is in place with a specific timely appointment.
- ☐ Assure accepting provider has full knowledge of history and risk issues/records.
- ☐ Confirm that patient has attended the follow up appointment.

tes:

_____ Date:_____



Some Important Concepts in Suicide Prevention

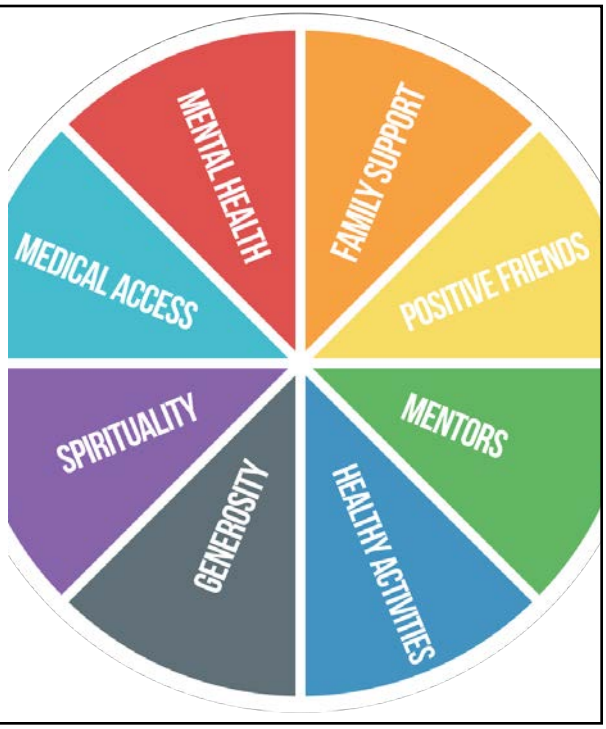
- We don't have to wait for a crisis to take action.
- We all have a role to play in building support and resiliency at the individual, family and community levels to prevent people from getting to the point that they think about suicide.

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



YOU 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
- https://zerosuicide.sprc.org/video/collaborating-safety-plans

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/Zero%20Suicide%20Organizational%20Self-Study.pdf

Questions?

Zero Suicide Video Overviews

Watch this short overview video
https://youtu.be/6L3AeGnUbuQ

Watch this overview Webinars

https://youtu.be/Ji0c1QObzqU

https://youtu.be/GSkAtvHomCY

https://youtu.be/-Jx9nTKH9Ys