SxSW Webinar: Suicide Prevention Basics and How to Get Started

Presenters: Smita Varia | Richard Burleson | Brandi Pouncey

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Meeting Orientation

- If you are having any technical problems joining the webinar please contact the Adobe Connect at 1-800-416-7640.

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- This webinar will be recorded and archived and a copy of this session will be sent out to all registrants after the meeting.
The nation’s only federally supported resource center devoted to advancing the National Strategy for Suicide Prevention.
Suicide Prevention Basics and How to Get Started

Smita Varia, MA
October 23, 2013
Today’s Presentation

✓ The Burden of Suicide
✓ How Prevention Works
✓ Examples of Programs
The Burden of Suicide

✓ The Problem

- Suicide Deaths in the United States
- Suicide Attempts in the United States
- Gender Disparities
- Racial and Ethnic Disparities
- Risk and Protective Factors
Suicide Deaths in the United States

✓ Suicide is the 10th leading cause of death among Americans. ¹

✓ There are far more suicides each year than homicides. In fact, from 2008 - 2010, the number of suicides was more than twice that of homicides. ¹

✓ In 2010, more than 38,000 people died by suicide. ¹
Suicide Attempts in the United States

✓ There is one attempt of suicide every 32 seconds. ²

✓ Over the age of 65, there is one estimated suicide for every 4 attempted suicides. ¹

✓ For youth and young adults, there is 1 suicide for every 100-200 attempts. ¹
Age Group Differences

✓ Suicide is the second leading cause of death among 25- to 34-year-olds and the third leading cause of death among 15- to 24-year-olds. ¹

✓ Suicide among 45- to 54-year-olds is a growing problem; the rate of suicide is higher in this age group than in any other. ¹

✓ Although older adults engage in suicide attempts less than those in other age groups, they have a higher rate of death by suicide. ¹
Gender Disparities: Males

✓ Men die by suicide four times as often as women and represent 78.8% of all U.S. suicides.¹

✓ Suicide rates for males are highest among those aged 75 and older.¹

✓ Firearms are the most commonly used method of suicide among males.¹
Gender Disparities: Females

- Women attempt suicide three times as often as men. ¹
- Suicide rates for females are highest among those aged 45-54. ¹
- Poisoning is the most common method of suicide for females. ¹
Racial and Ethnic Disparities

- The highest suicide rates are among American Indian/Alaskan Natives and Non-Hispanic Whites.
- Asian/Pacific Islanders have the lowest suicide rates among males.
- Non-Hispanic Blacks have the lowest suicide rate among females.
How Prevention Works

“Each and every one of us has a role to play in preventing suicide and promoting health, resilience, recovery and wellness for all.”
- National Strategy for Suicide Prevention, 2012

SPRC stresses the importance of using the Public Health Approach.

- Focus on identifying broader patterns of suicide and suicidal behavior throughout a group or population.
- This is in contrast to the clinical approach that explores the history and health conditions leading to suicide in the individual.
Key Elements of a Public Health Approach

- Population focus
- Starts and ends with data
- Primary, secondary, tertiary prevention levels

The Public Health Model:
- Define the problem
- Identify risk and protective factors
- Assume widespread adoption
- Develop & test prevention strategies
Define the Problem

Suicide in the United States 2000-2010

Figure 2. Suicidal Thoughts and Behaviors in the Past Year among Adults, by Gender: 2008

- Had Serious Thoughts of Suicide:
  - Male: 3.4%
  - Female: 3.9%

- Made Any Suicide Plans:
  - Male: 0.9%
  - Female: 1.1%

- Attempted Suicide:
  - Male: 0.4%
  - Female: 0.6%

Source: 2008 SAMHSA National Survey on Drug Use and Health (NSDUH).
Key high-risk groups

- Individuals in justice and child welfare settings

- Specific populations:
  - American Indian/Alaska Native
  - Lesbian, gay, bisexual, and transgender
  - Members of the armed forces and veterans
  - Men in mid-life
  - Older men

- Individuals who:
  - engage in non-suicidal self-injury
  - have been bereaved by suicide
  - have a medical condition(s)

Risk and Protective Factors

Main Risk Factors
- Prior suicide attempt(s)
- Substance abuse
- Mood disorders
- Access to lethal means

Main Protective Factors
- Effective mental health care
- Connectedness
- Problem-solving skills
- Contacts with caregivers

Suicide Prevention Strategies

- Identify Individuals At Risk
- Increase Help-Seeking Behavior
- Provide Effective Mental Health Services
- Follow Crisis Response Procedures
- Restrict Access to Potentially Lethal Means
- Develop Life Skills
- Promote Social Networks

Develop & test prevention strategies
SPRC/AFSP
Best Practices Registry

✓ Section I: NREPP (evidence-based)
✓ Section II: Consensus Statements
✓ Section III: Adherence to standards
Public Health Intervention Levels

Tertiary Prevention:
- Continuity of Care
- ED Follow-Up

Secondary Prevention:
- Screening
- Gatekeeper training
- Improving treatment

Primary Prevention:
- Teaching life and coping skills
- Promoting connectedness
- Early childhood interventions
Program Examples: Hawai‘i

✓ Mobilizing Communities At-Risk
  ✓ Based on the YRBS, Native Hawaiian adolescents are at the highest overall risk for suicide-related behaviors in the U.S.
  ✓ Community Coordinators have been trained as gatekeepers.
  ✓ Youth leaders have been trained as gatekeepers, they run public awareness campaigns and do advocacy activities.
    ✓ These youth are developing their own life skills, while also helping their peers.
Program Examples: Three Rivers Community College, CT

✓ The college is located in the county with the highest suicide rate in Connecticut.

✓ There is no therapist on campus, therefore they train students and staff as gatekeepers who are able to direct at-risk students to outside mental health organizations.

✓ They hold mental health activities on campus to promote wellness.

✓ They created a crisis protocol for staff to know how to respond.
Visit www.sprc.org

- There is information on suicide prevention efforts happening in each state
- There are free trainings throughout Training Institute
- Browse best practices for suicide prevention in the SPRC/AFSP Best Practices Registry
- Sign up for our weekly e-newsletter
References

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Contact Us

Smita Varia
Prevention Specialist
Suicide Prevention Resource Center
202-572-3718
svaria@edc.org

EDC Washington DC
1025 Thomas Jefferson Street, NW
Suite 700
Washington, DC 20007

edc.org
Poll Question
Alabama Youth Suicide Prevention and Awareness Program: Building from the Ground Up

Alabama Department of Public Health
Program Staff and Oversight

- Richard Burleson, MBA, MPH
  - Director, Injury Prevention Branch
- Betsy Cagle
  - Manager, Injury Prevention Programs
- Brandi Pouncey
  - Program Manager, AYSPAP
- Debra Hodges, PhD
  - Data Manager, AYSPAP
- Wendy Caraway
  - Administrative Assistant, Injury Prevention
Alabama Background

- Mental Health not within ADPH
- No statewide suicide prevention program
- No discretionary Injury Prevention funds
- Existing statewide coalition (ASPARC)
- Youth suicide brochures (CDR)
Garrett Lee Smith (GLS) Grants

- Youth suicide prevention grants
- Named for son of Sen. Gordon Smith
- Administered by SAMHSA
- Three types of GLS grants
  - State
  - Tribal
  - College and University Campus
- Three-year grant cohorts
GLS Grantees
Alabama GLS History

• Unsuccessful applications 2009 and prior
• 2011 application recommended, but unfunded
• 2012 invitation to re-submit
• Awarded August 2012
  – Year 1 = August 2012 – July 2013
  – Year 2 = August 2013 – July 2014
  – Year 3 = August 2014 – July 2015
Program Sub-grantees

- ASPARC
- UAB Counseling and Wellness Center
- Birmingham Crisis Center
- Family Counseling Center of Mobile
- Crisis Services of North Alabama
Crisis Center Coverage

The Crisis Centers will provide Lifelines Training to the middle and high schools in their counties and QPR Training to parents, faculty, and staff in these schools, as well as the staff at boys’ and girls’ clubs and organizations where they have an existing relationship.
Major Program Goals

- Statewide awareness efforts
- QPR Gatekeeper training
- Lifelines training in schools
- Crisis hotlines
- Faith-based initiatives
- Resource guides
Leveraging Resources

- New grant funding
- Departmental infrastructure
- Internal expertise
- Existing relationships
Expected Barriers

- Stigma
- Limited partners
- Community support
- Audience reception
- No additional funding
Social support is the best protective factor against suicide.

In 2011, 82 people ages 10 to 24 died by suicide in Alabama.

Talking about suicidal thoughts helps reduce the pain.

There are more suicides than murders in Alabama every year.

1 suicide in the US occurs every 14.2 minutes.

1-800-273-TALK (8255)
- It is a confidential call. No one will know you called but you.
- If you or a friend are having suicidal thoughts, just talk about it...to a friend, to a teacher, to a coach, to a leader, to us...but TALK!
There are more suicides than murders in Alabama every year.

It's a confidential call...no one will know you called but YOU!

Open 24 hours a day

If a friend has had suicidal thoughts

Talking about suicidal thoughts help reduce the pain.

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suicidepreventionlifeline.org

ADPH.ORG

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
Unexpected Barriers

- Late start – FY challenges
- Sub-grantee issues
- Territorial issues
- Internal and State issues
Future Plans

• “Catch up” to funding & carry-forward
• Improve performance and data
• Expand program scope
• (Hopefully!) Successfully re-apply
QUESTIONS?
Alabama Youth Suicide Prevention and Awareness Program

For more information:

www.adph.org

THANK YOU!