



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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Suicide Prevention Resource Center

Promoting a public health approach to suicide prevention



The nation's only federally supported
resource center devoted to advancing the
National Strategy for Suicide Prevention.

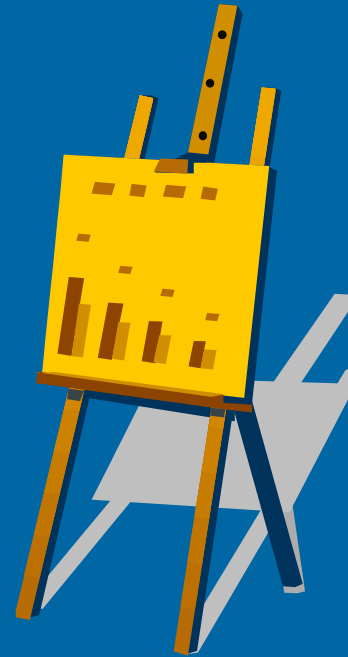
Suicide Prevention Basics and How to Get Started

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

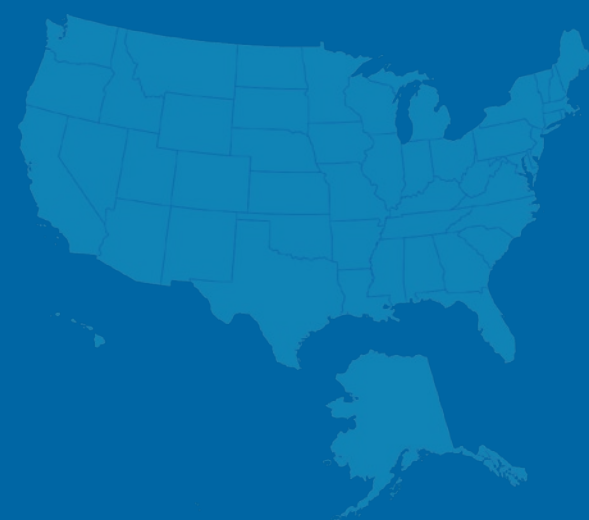
- Suicide Deaths in the United States
- Suicide Attempts in the United States
- Gender Disparities
- Racial and Ethnic Disparities
- Risk and Protective Factors





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



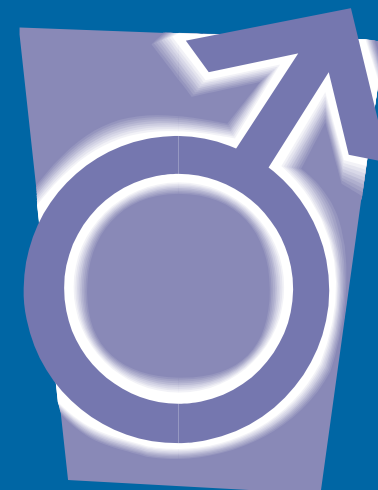
Age Group Differences

- ✓ 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



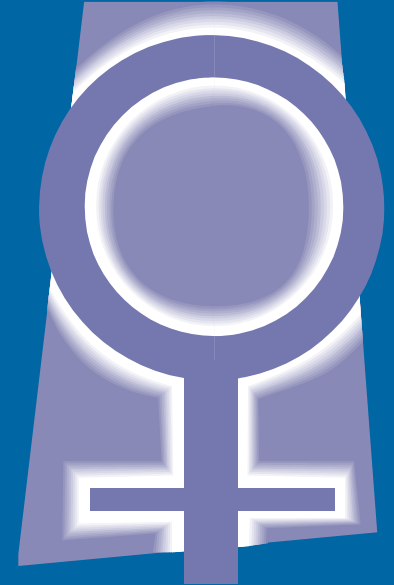
Gender Disparities: Males

- ✓ 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



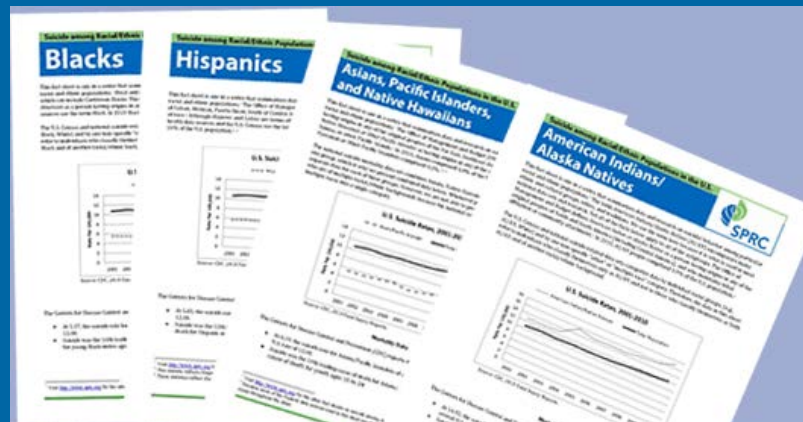
Gender Disparities: Females

- ✓ 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

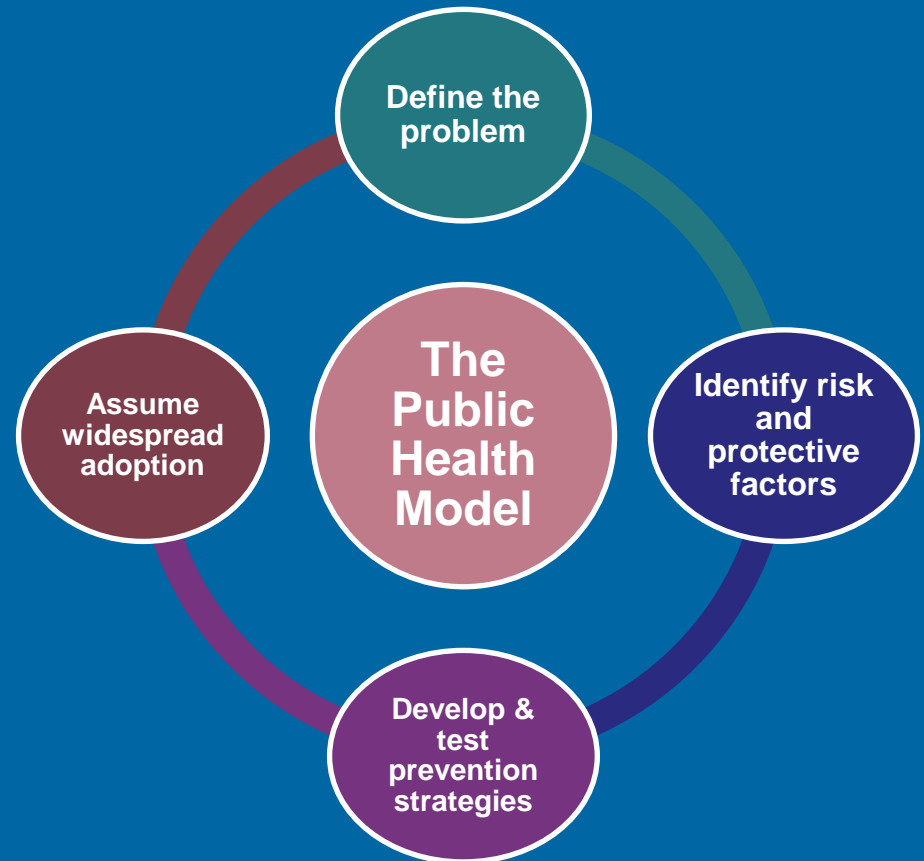
“Each and every one of us has a role to play in preventing suicide and promoting health, resilience, recovery and wellness for all.”

- 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.

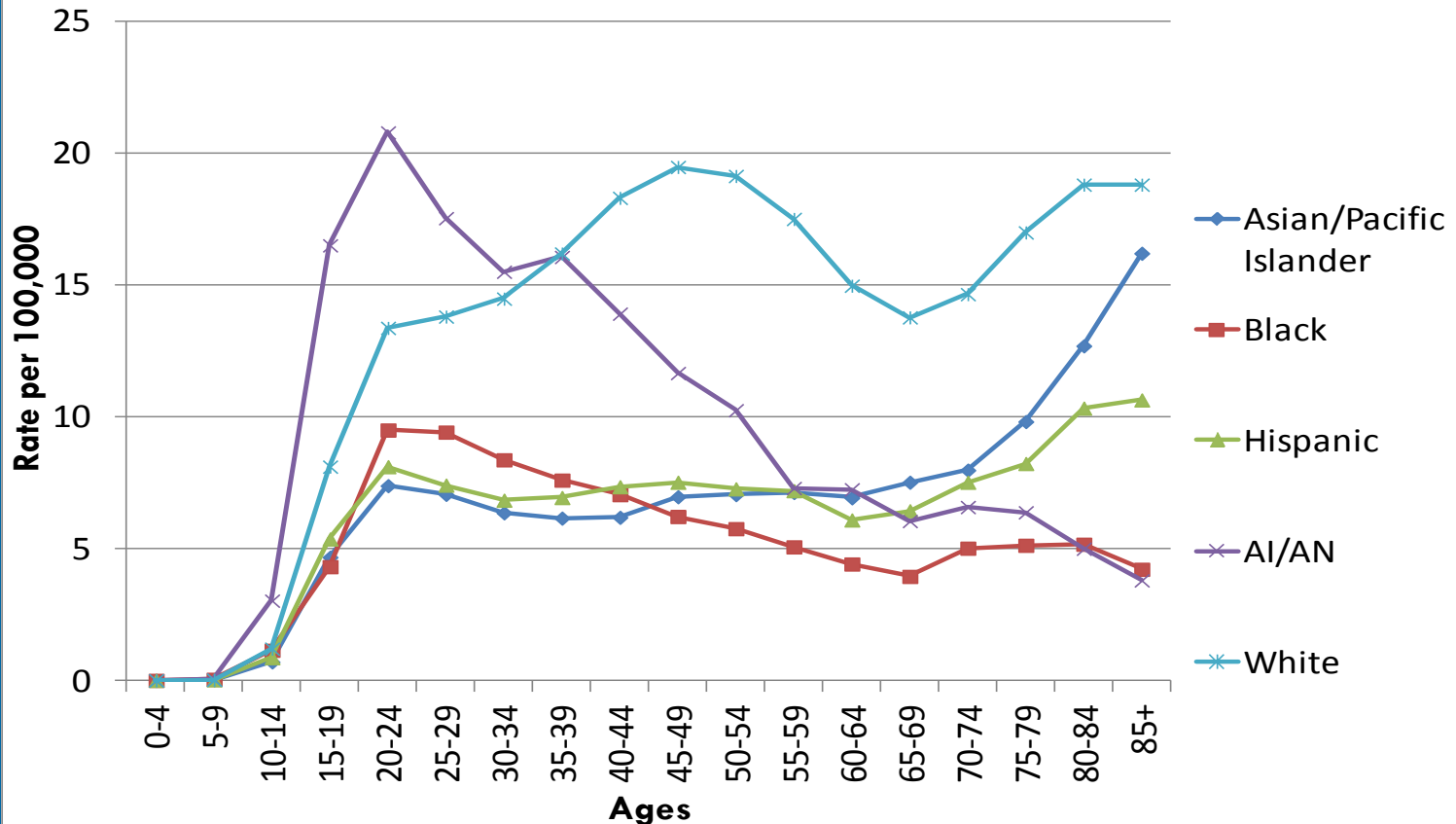
Key Elements of a Public Health Approach

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

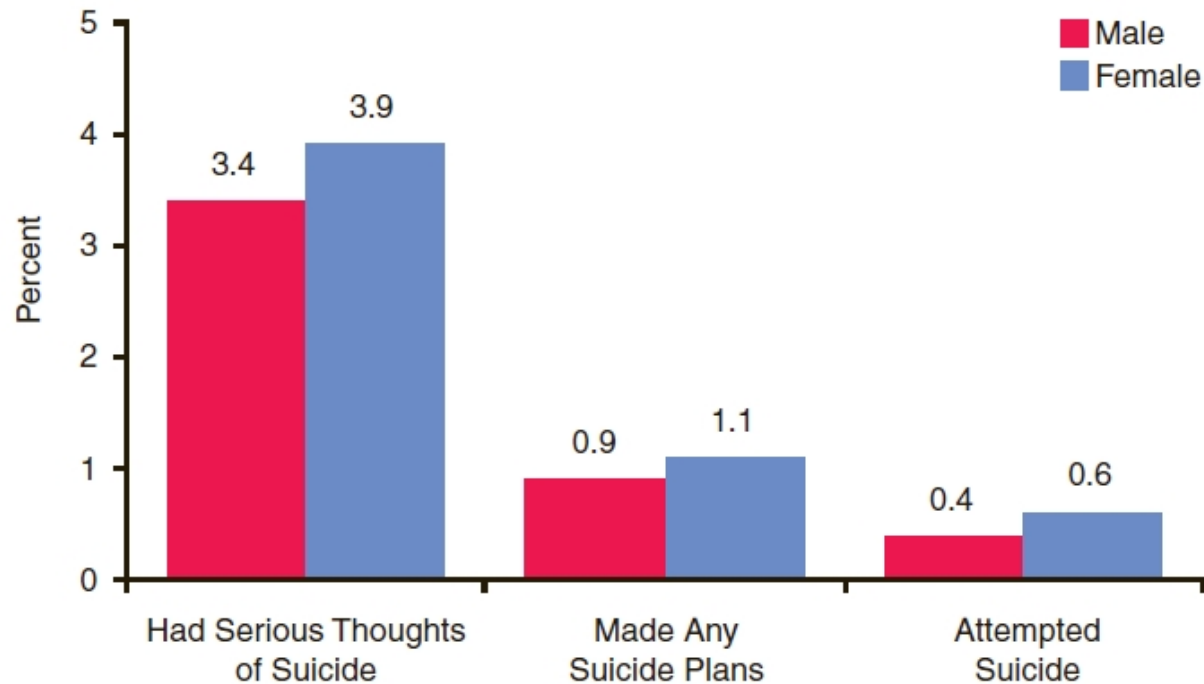


Define the Problem

Suicide in the United States 2000-2010



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



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

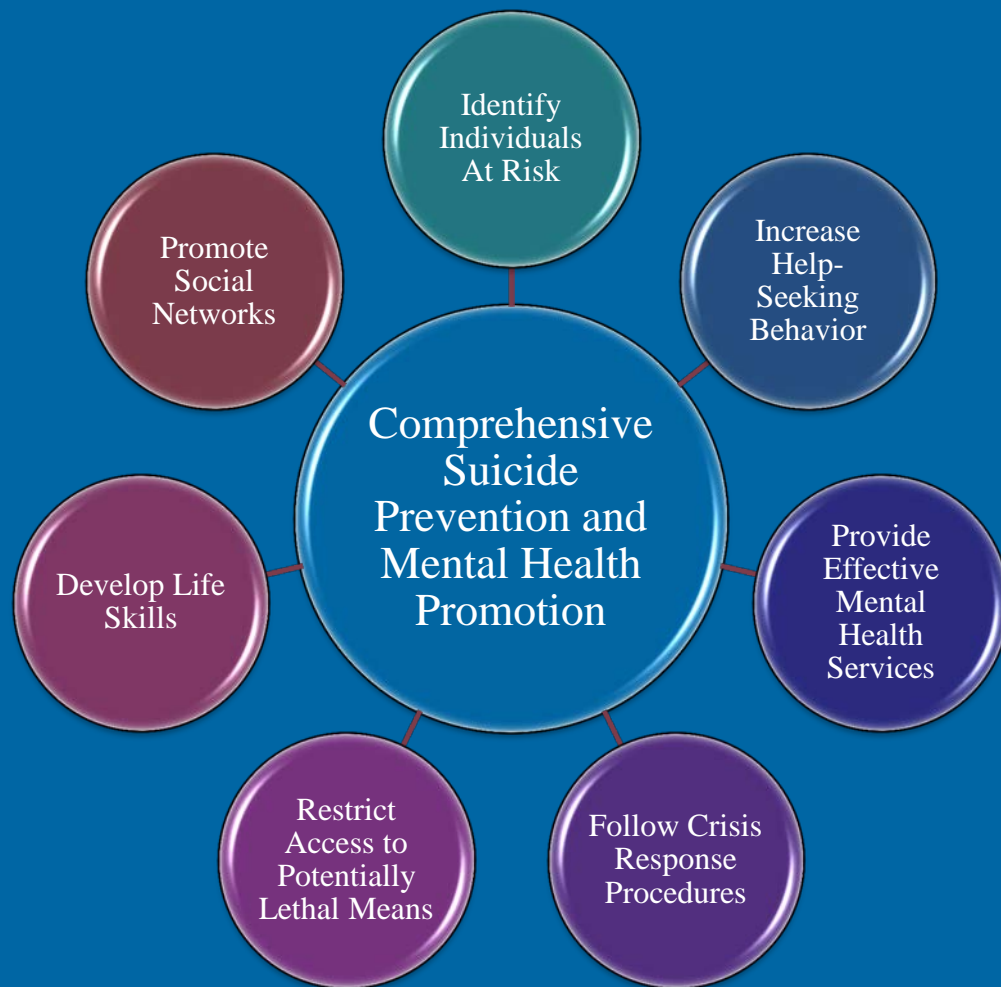


Main Protective Factors

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



Suicide Prevention Strategies



SPRC/AFSP Best Practices Registry

Assume
widespread
adoption

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

The screenshot shows the homepage of the SPRC Best Practices Registry. At the top, there is a navigation bar with links for 'About SPRC', 'Contact Us', 'FAQ', a search bar, and a 'Login' button. The SPRC logo and name are prominently displayed, along with the tagline 'Promoting a public health approach to suicide prevention'. A sidebar on the left lists various resources, including 'Using the BPR', 'Section I: Evidence-Based Programs', 'Section II: Expert/Consensus Statements', 'Section III: Adherence to Standards', 'All Listings', 'BPR FAQs', 'How to Apply', 'Marketing Materials', and 'BPR Search'. The main content area features a grid of buttons for 'BPR Overview', 'Advice on Using the BPR', 'Search All Listings', and three large buttons for 'SECTION I: Evidence-Based Programs', 'SECTION II: Expert/Consensus Statements', and 'SECTION III: Adherence to Standards'. Below these are smaller buttons for 'FAQ', 'How to Apply', 'Help', and 'Marketing Materials'. A paragraph explains the purpose of the BPR, and a section titled 'BPR Structure' provides details on the organization of the registry into three sections.

SPRC • Suicide Prevention Resource Center
Promoting a public health approach to suicide prevention

1-800-273-TALK (8255)
suicidepreventionlifeline.org

Best Practices Registry

Using the BPR

Section I: Evidence-Based Programs

Section II: Expert/Consensus Statements

Section III: Adherence to Standards

All Listings

BPR FAQs

How to Apply

Marketing Materials

BPR Search

For More Information
Program developers are encouraged to contact Philip Rodgers for assistance.

American Foundation for Suicide Prevention

The purpose of the Best Practices Registry (BPR) is to identify, review, and disseminate information about best practices that address specific objectives of the National Strategy for Suicide Prevention. The BPR is a collaborative project of the Suicide Prevention Resource Center (SPRC) and the American Foundation for Suicide Prevention (AFSP). It is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

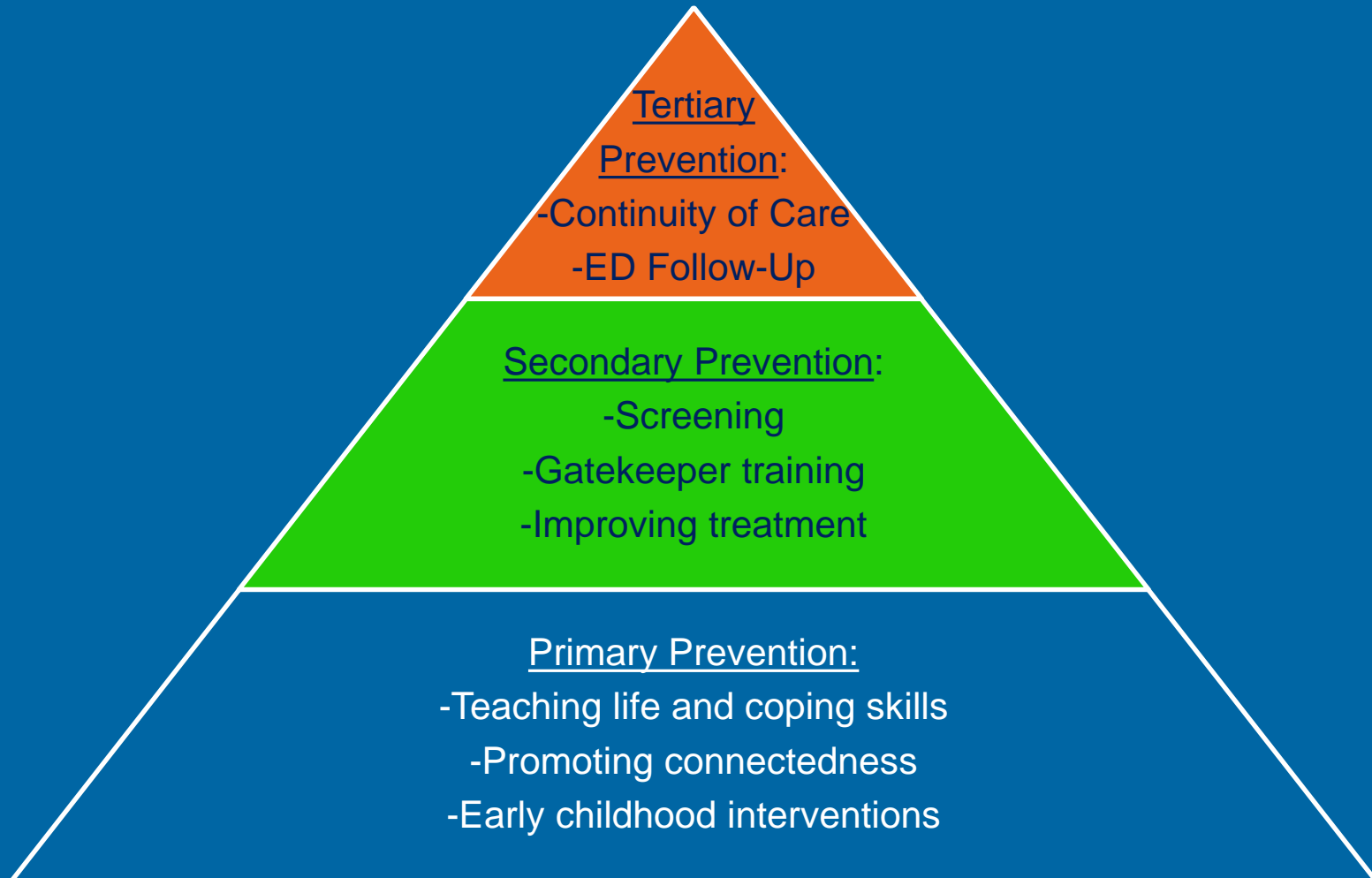
BPR Structure

The BPR is organized into three sections, each with different types of best practices. In essence, the BPR is three registries in one. The three sections do not represent levels, but rather they include different types of programs and practices reviewed according to specific criteria for that section.

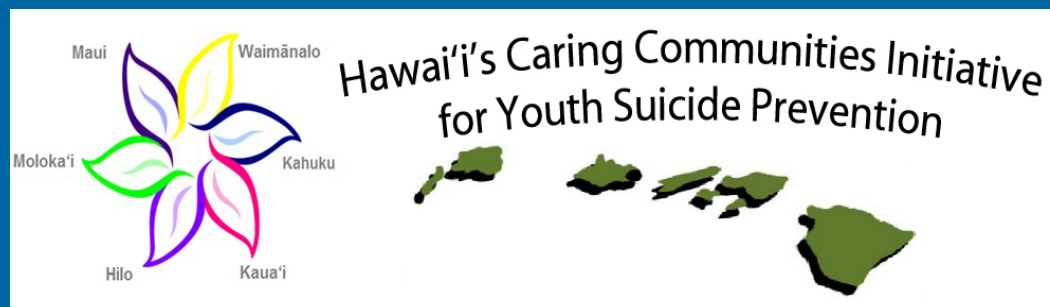
Click on the section name below for section-specific criteria and listings:

- **Section I: Evidence-Based Programs** lists interventions that have undergone evaluation and demonstrated positive outcomes.
- **Section II: Expert and Consensus Statements** lists statements that summarize the current knowledge in the suicide prevention field and provide best practice recommendations to guide program and policy development.
- **Section III: Adherence to Standards** lists suicide prevention programs and practices whose content has been reviewed for accuracy, likelihood of meeting objectives, and adherence to program design standards. Inclusion in this section means only that the program content meets the stated criteria. It does not mean that the practice has undergone evaluation and demonstrated positive outcomes. (Such programs are listed in Section I.)

Public Health Intervention Levels



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

- CDC, National Center for Injury Prevention and Control. Fatal Injury Data: Web-based Injury Statistics Query and Reporting System (WISQARS) [online] (2010). Available from: www.cdc.gov/ncipc/wisqars
- McIntosh, J. L. (for the American Association of Suicidology). (2012). U.S.A. suicide: 2010 official final data. Washington, DC: American Association of Suicidology, dated September 12, 2012, downloaded from <http://www.suicidology.org>.
- SAMHSA Office of Applied Studies. The NSDUH Report: Suicidal Thoughts and Behaviors among Adults. Rockville, MD, 2009.
- SPRC & Rodgers, P. (2011). Understanding Risk and Protective Factors for Suicide: A Primer for Preventing Suicide. Suicide Prevention Resource Center, Inc.

Funding



SPRC funded by the U.S. Department of Health and Human Service's Substance Abuse and Mental Health Services Administration (SAMHSA) under grant no.5U79SM059945-02

SPRC is a project of EDC

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

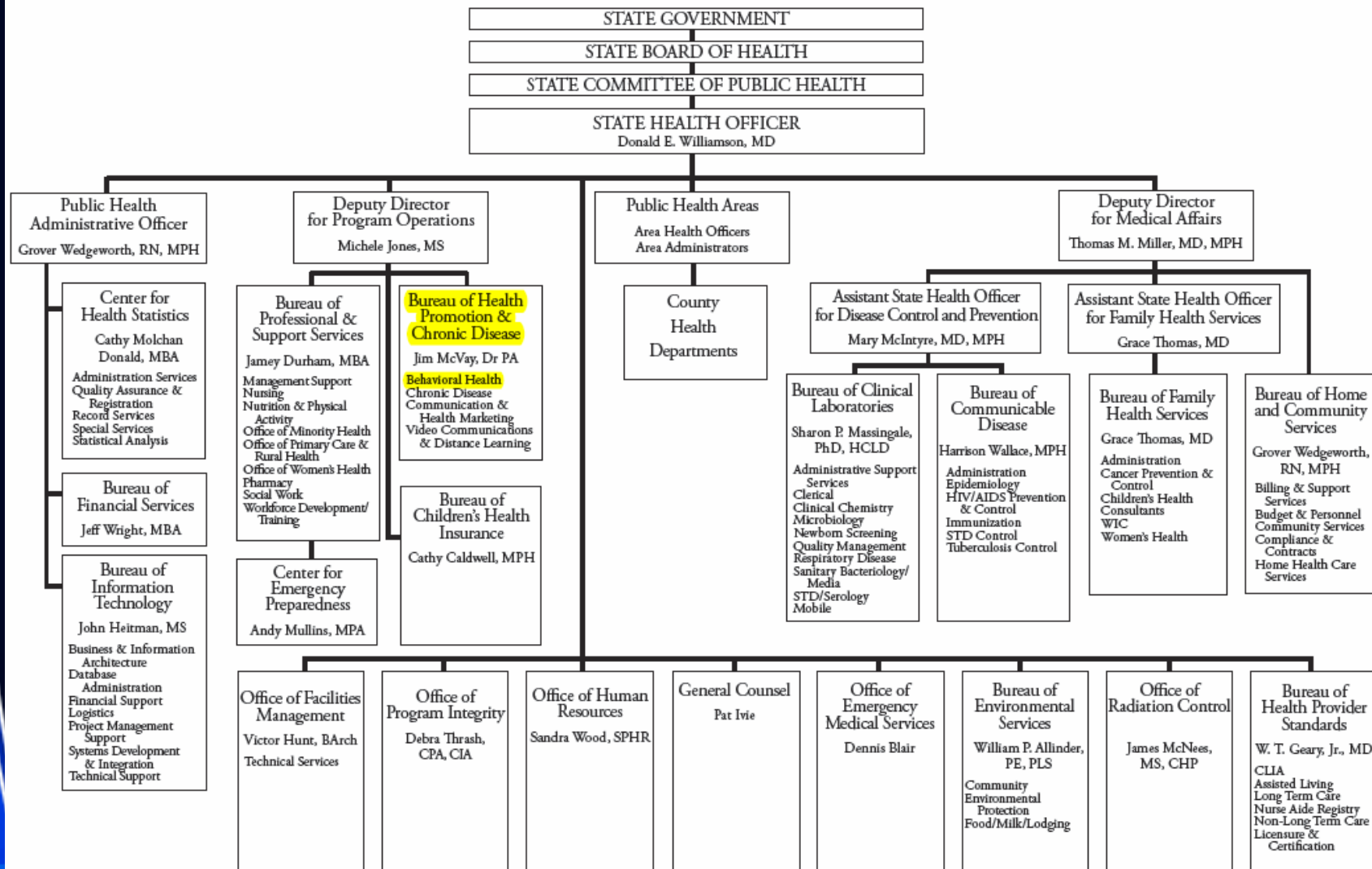
Alabama Department
of Public Health

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

ADPH Organization

ALABAMA DEPARTMENT OF PUBLIC HEALTH



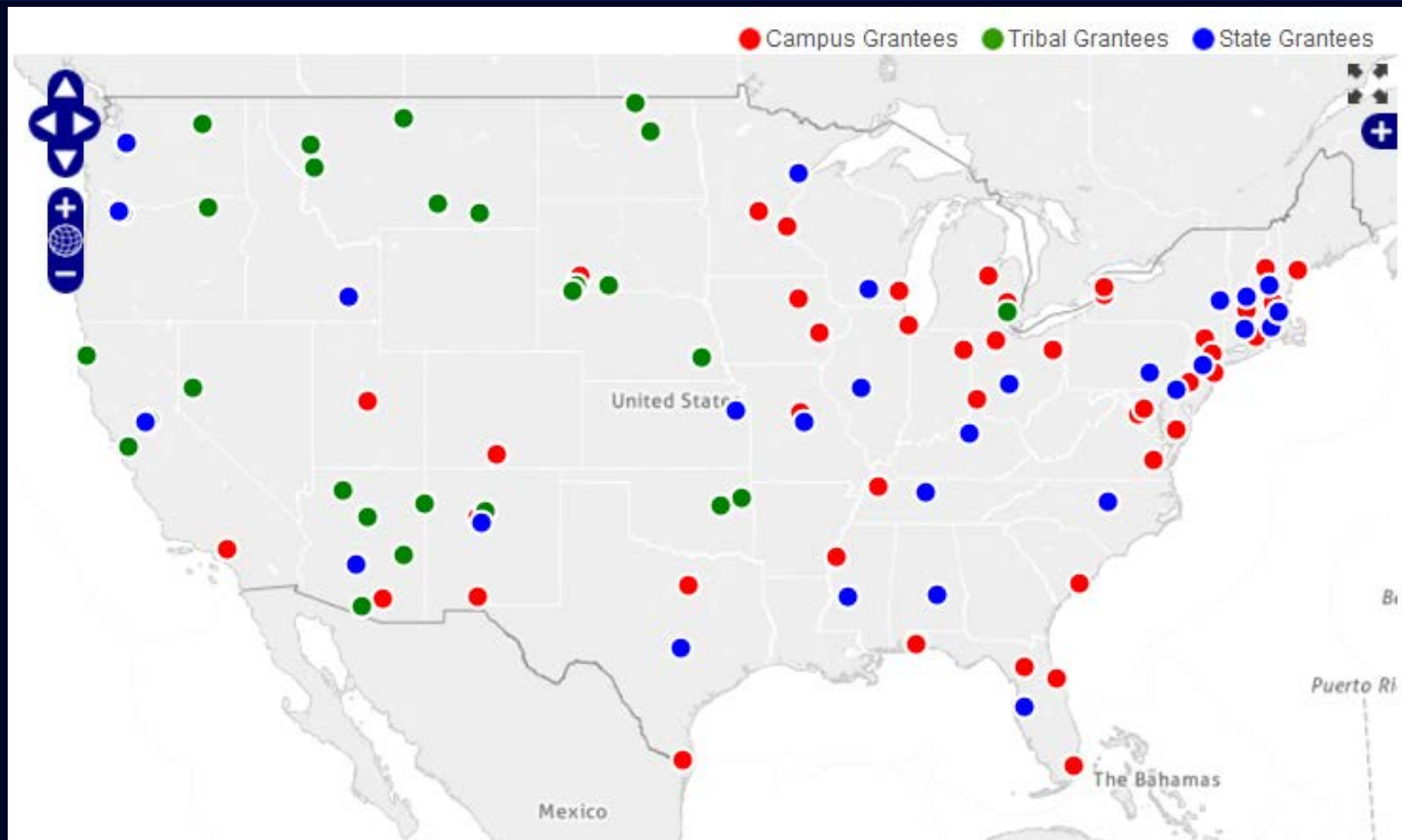
Alabama Background

- 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



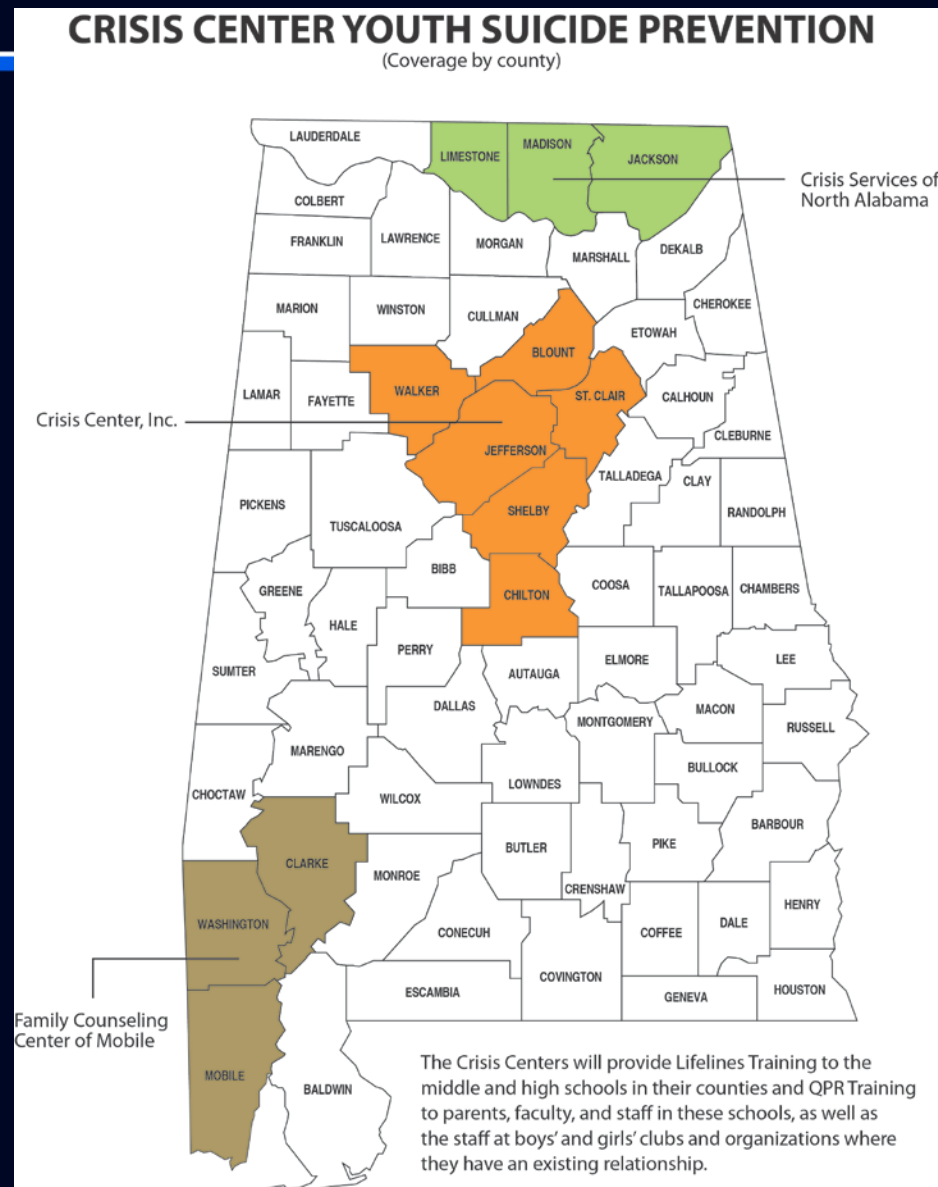
Alabama GLS History

- 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



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.

**JUST
TALK
ABOUT IT!**

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!

ADPH.ORG

**NATIONAL
SUICIDE
PREVENTION
LIFELINE**
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ADPH
Alabama Department of Public Health

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Alabama Department of Public Health

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!