Suicide Prevention & Intervention
In North Carolina

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What we know…

Understanding Suicide

▪ Is complex
  ▪ Combination of risk factors – no one cause
  ▪ Often not one precipitating event
  ▪ Population groups at higher risk than others
  ▪ Protective factors can balance risks
  ▪ Effective prevention – a set of strategies sustained over time

▪ Has many perspectives – Those who:
  ▪ have died by suicide
  ▪ have attempted suicide
  ▪ have been touched by suicide
  ▪ are resilient and are able to see/seek help
  ▪ provide services & supports (formal/informal)
  ▪ are in recovery
What we know: Understanding suicide

**Prevention** is possible ~ is population based
- Everyone has a role in suicide prevention.
- Safe messages

**Intervention** requires many strategies
- *Strengthen protective factors*
- Reduce risks
- Safety planning & Harm reduction

**Treatment**
- Informed by what works (evidence)
- Reduces risk factors
- Sees risk factors as “alerts” (attempt)

**Postvention & Recovery**
- How we treat survivors = prevention
Suicide Prevention in North Carolina

• 2015 *NC Suicide Prevention Plan*
  - Developed by DHHS, co-led by Divisions of Public Health & Mental Health/Developmental Disabilities, Substance Abuse Services (DMH/DD/SAS)
  - Aligns National Strategic Plan on Suicide Prevention

• 2012 *Suicide Prevention & Intervention Plan*
  - Developed by NC Institute of Medicine for the NC Division of MH/DD/SAS
  - Focuses on clinical provider roles to reduce suicide contemplations, attempts, deaths
NSSP & State Plan Strategic Directions

- Create supportive safe environments that promote healthy & empowered individuals, families, and communities
- Enhance clinical and community preventive services
- Promote availability of timely treatment & support services
- Improve suicide prevention surveillance collection, research, & evaluation
Suicide Intervention

24 hours a day there is someone there for you....

AMERICAN ASSOCIATION OF SUICIDIOLOGY

Veterans Crisis Line
1-800-273-TALK
1-800-273-8255
PRESS 1

SUICIDE PREVENTION LIFELINE
1-800-SUICIDE
1-800-273-TALK (8255)

MH | DD | SAS
Division of Mental Health, Developmental Disabilities, & Substance Abuse Services
Crisis Services Continuum

...building a crisis services continuum to match a continuum of crisis intervention needs

Early Intervention
- Peer Bridgers/Navigators
- Critical Time Intervention
- Same Day Access Program
- Outpatient Provider
- LME-MCO Access Center
- Primary Care Physician
- MH First Aid
- Psychiatric Advance Directives
- WRAP
- Person Centered Crisis Planning
- Family & Community Supports

Response
- Peer Operated Crisis Respite
- Mobile Crisis Team
- CIT Partnership
- EMS Partnership
- 24/7 BH Urgent Care
- Hospital Emergency Dept.
- Non-Hospital
- 23 hour Observation
- Facility Based Crisis Non-hospital Detox
- Hospital Units
- Community (including 3-way beds)
- State Psychiatric & ADATC

Prevention
- Transition Supports
- LME-MCO Access Center
- Primary Care Physician
- MH First Aid
- Psychiatric Advance Directives
- WRAP
- Person Centered Crisis Planning
- Family & Community Supports
- Same Day Access Program
- Outpatient Provider

Stabilization
- Peer Bridgers/Navigators
- Critical Time Intervention
- Same Day Access Program
- Outpatient Provider
- LME-MCO Access Center
- Primary Care Physician
- MH First Aid
- Psychiatric Advance Directives
- WRAP
- Person Centered Crisis Planning
- Family & Community Supports

Transition Supports
- Peer Bridgers/Navigators
- Critical Time Intervention
Mental Health First Aid

In-person 8 hour training

Mental Health First Aid teaches you:

• Signs of addictions and mental illnesses.
• 5-step action plan to assess situation and help.
• Impact of mental and substance use disorders.
• Local resources and where to turn for help.
What has been used in North Carolina?
Who has experience delivering these programs in NC?

- Crisis Intervention Teams (CIT)
- Mental Health First Aid – Youth, Adult, Vets
- Active Minds – campus-based
- Kognito - avatar
- Psychological First Aid
- Suicide Survivor Support Groups
- CALM – Counseling on Access to Lethal Means
- Trauma-informed systems of care & treatment
- Transition coordination/ rapid response
What has been used in North Carolina?
Who has experience delivering these programs in NC?

• Awareness education with ROTC
• Teen Summits – Faith & Tribal Communities
• Media – best practices & safe messaging
• Work with VA Suicide Prevention Coordinators
• Suicide Survivor Support Groups
• CALM – Counseling on Access to Lethal Means
• CAMs
• Promote Tool Kits – SAMHSA, VA, National Action Alliance
Prevention in North Carolina

For each of us as individuals –

- NC Suicide Prevention Lifeline 1-800-273-8255
- *Its Ok To Ask*” & chat lines
- *Text for Teens:* NAMI in partnership with MCOs (7 county pilot)
- NC Youth MOVE
- NAMI for Veterans, NAMI on Campus, Family to Family & Peer Supports
- Evidenced based and informed services and supports
- Preventive health care

For family members –

- LME/MCO Crisis Lines & Mobile Crisis Services
- Support Groups: Prevention & Postvention
- Outreach & support – consumer, youth & family organizations
- Web sites: *LME/MCO, state and national resources*
- Evidenced based and informed services and supports
Prevention & Intervention in North Carolina

For communities at large –

**Gatekeeper Trainings**
- Learn signs & symptoms & ways to get help needed
  - Question Persuade Refer (QPR)
  - Counseling on Access to Lethal Means (CALM)
  - Applied Suicide Intervention Skills Training (ASIST)

**Curricula Programs for Communities**
- Mental Health First Aid Training
- Training and Technical Assistance
- Prevention Coalitions and Community Collaboratives
- Pro-social activities & leadership development
- Supports for those touched by suicide
- Trauma informed community engagement – “it takes a village”
- Outreach to high risk groups – foster care, military families
- Public – private partnerships – faith, businesses, EAPs, SROs, CITs, higher education
Integrated Care – MHDDSA & Primary Care

SAMHSA Primary Care Tool Kit

- Qualified licensed practitioners
- Coordinated care: transition & rapid response
- Ongoing monitoring & care management
- Recurrent episodes
- Ongoing assessment
- Medication monitoring & management
- Reduction of symptoms
Challenge: What is Zero Suicide?

Part of National Strategy for Suicide Prevention


GOAL 8: Promote suicide prevention as core component of health care services, to include promoting "zero suicides", continuity of care, coordinating services, and developing collaboration.

GOAL 9: Promote and implement effective clinical and professional practices for assessing and treating those at risk for suicidal behaviors
Making Connections: Adverse Childhood Experiences: ACE Studies

• 47,000 people

• ACEs = increasingly higher incidence of:
  – Smoking, alcoholism, drug abuse, obesity, HIV
  – Heart disease, stroke, diabetes, emphysema
  – Bronchitis, hepatitis, liver/kidney disease
  – Cancers, STDs, arrests, irritable bowel syndrome

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Dedication

To those:

- who have lost their lives by suicide,
- who struggle with thoughts of suicide,
- who have made an attempt on their lives,
- caring for someone who struggles,
- left behind after a death by suicide,
- in recovery, and

To all those who work tirelessly to prevent suicide and suicide attempts in our nation.

We believe that we can and we will make a difference.