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**Department of Public
Health & Environment**

Suicide Prevention in Colorado Health Systems

Michael Lott-Manier
Colorado Office of Suicide Prevention

michael.Lott-Manier@state.co.us

Overview

- Talking about suicide
- Colorado Office of Suicide Prevention
- Suicide nationally and in Colorado
 - Public health data
 - Risk and protective factors
- Zero Suicide Colorado
- Follow-Up Project
- Resources

Language Matters

- » Died of/by Suicide vs. ~~Committed Suicide~~
- » Suicide Death/Attempt vs. ~~Successful/Unsuccessful~~
- » Describe Behavior vs. ~~Manipulative/Attention Seeking~~
- » Describe Behavior vs. ~~Suicide Gesture/Cry for Help~~
- » “Diagnosed with” vs. ~~She’s a Borderline/Schizophrenic~~
- » Working with vs. ~~Dealing with Suicidal Patients~~

Source: Ursula Whiteside, Zero Suicide Faculty & Founder of Now Matters Now <http://nowmattersnow.org>



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Colorado Office of Suicide Prevention

Mission: To serve as the lead entity for statewide suicide prevention and intervention efforts, collaborating with Colorado communities to reduce the number of suicide deaths and attempts in the state.

- **OSP Activities**

- Suicide Prevention Commission (SB14-088)
- Community Grant Making
- Man Therapy www.mantherapy.org
- Zero Suicide (SB16-147)
- SAMHSA Zero Suicide Grant
- Follow-Up Project
- Hospital Initiative (HB12-1140)
- Gun Shop Project
- Public information and education
- School grants (SB18-272)
- SAMHSA GLS grant to expand youth (ages 10-24) suicide prevention efforts
- Colorado-National Collaborative



Suicide Prevention Strategies

- Community connection
- Protective factors / resilience
- Stigma reduction
- Temporary means safety
- Access to mental health care
- Collaborative safety planning
- Follow-up and caring contacts



Colorado Data

In **2017** there were:

55 HIV deaths

279 Homicides

672 Motor vehicle deaths

638 Breast cancer deaths

576 Influenza & Pneumonia deaths

1,017 Diabetes deaths

1,175 Deaths by Suicide

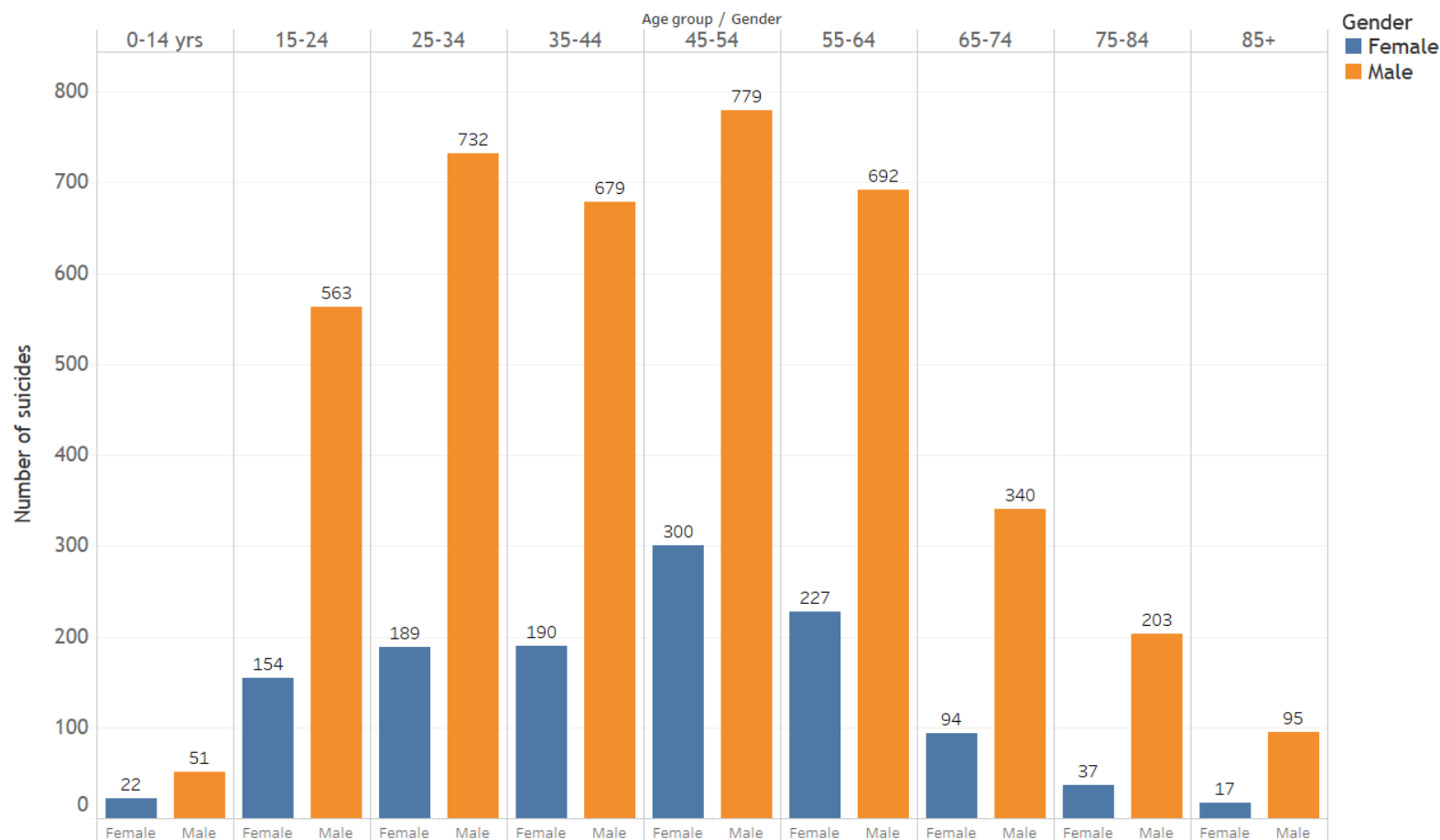
Source: Colorado Violent Death Reporting System



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Colorado Data: Age and Gender

Suicide deaths by age and gender, 2012-2016



Sum of Number of suicides for each Gender broken down by Age group. Color shows details about Gender.

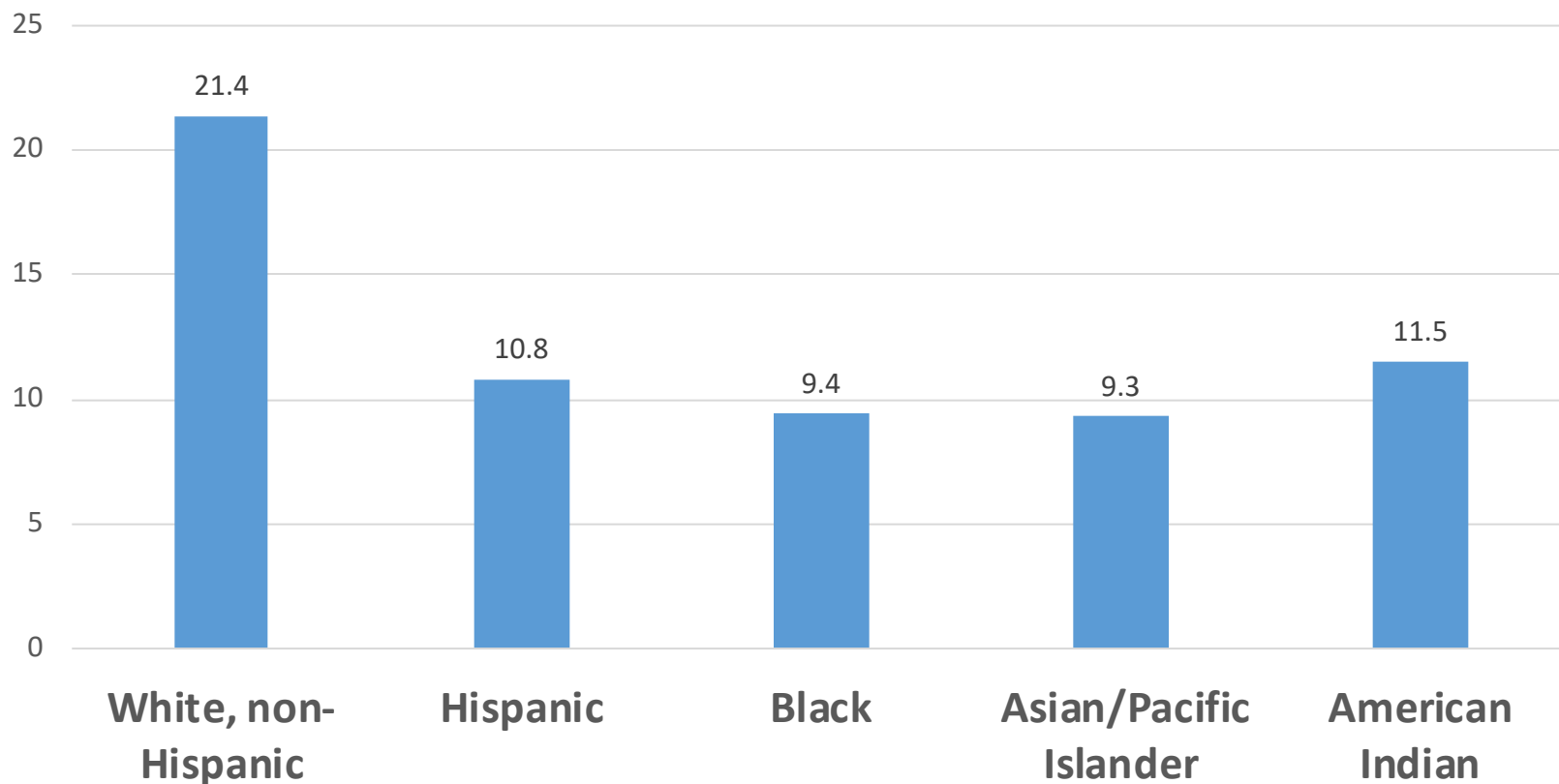


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Source: Colorado Violent Death Reporting System

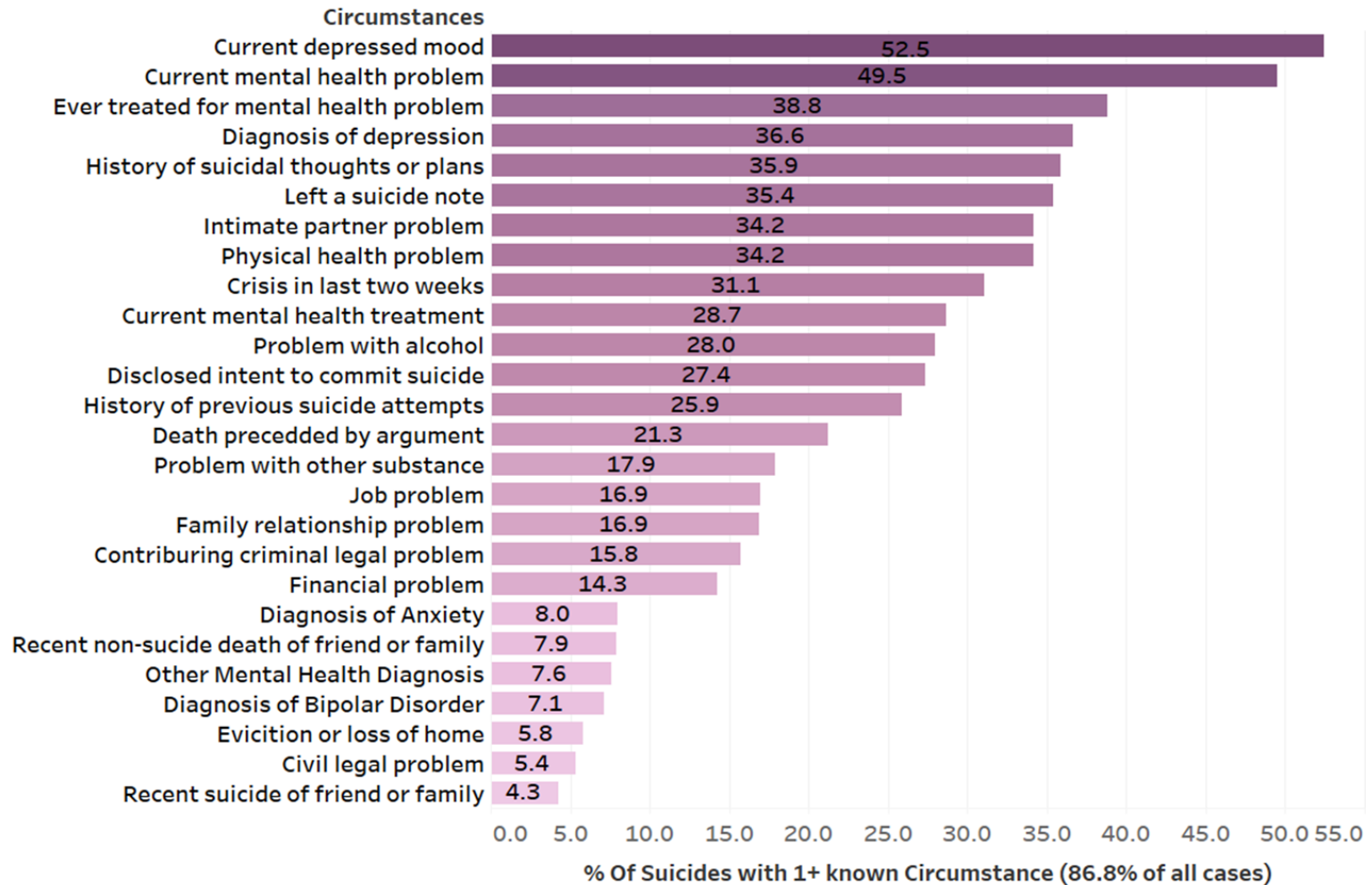
Colorado Data: Race and Ethnicity

Age-adjusted suicide rates per 100,000 population by race/ethnicity, Colorado residents, 2011-2015



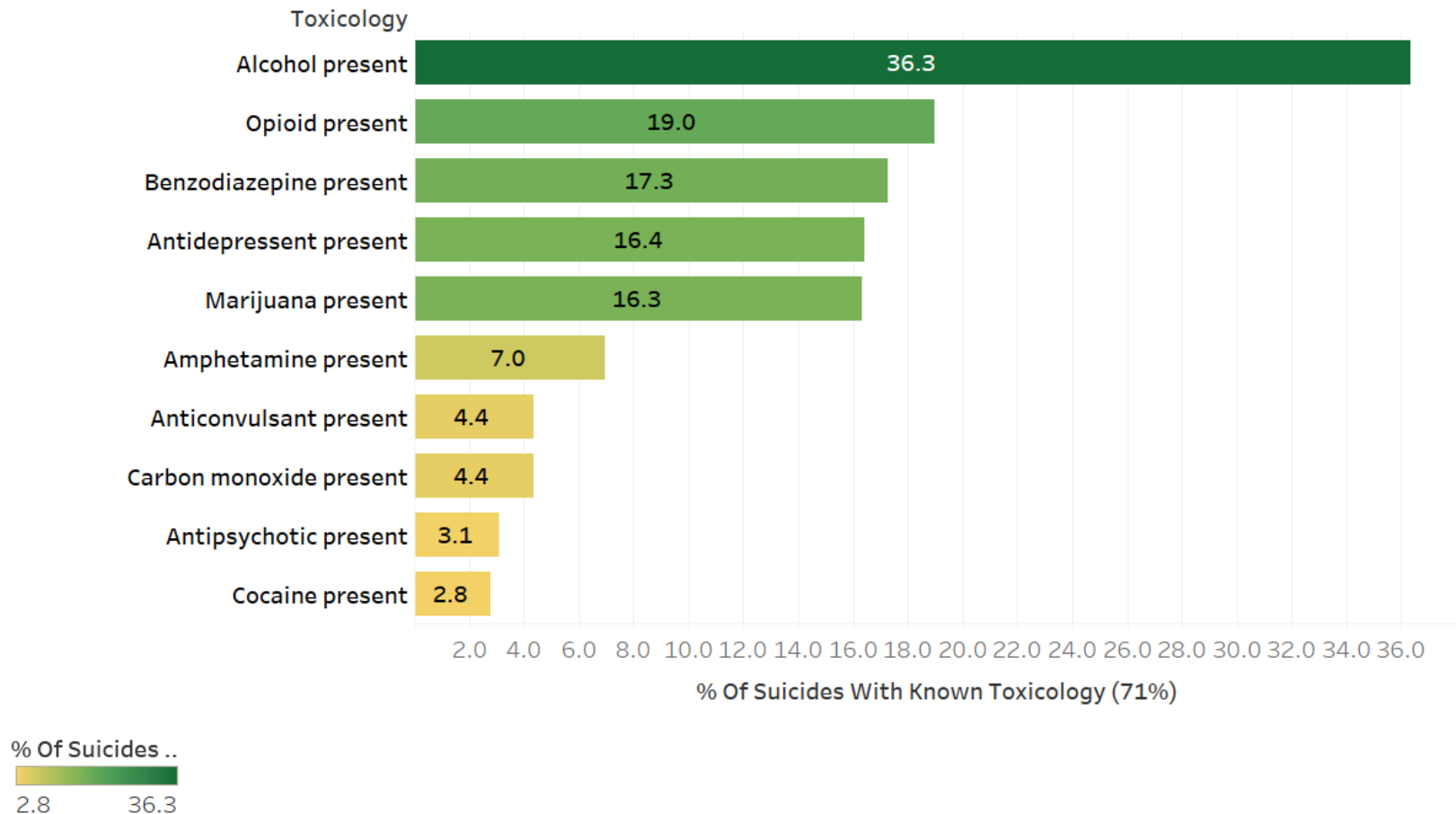
Colorado Data: Circumstances

Suicide Circumstances Colorado, 2012-2016



Colorado Data: Toxicology

Toxicology of suicide victims, Colorado, 2012-2016

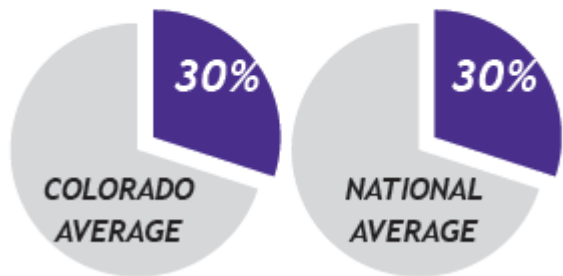


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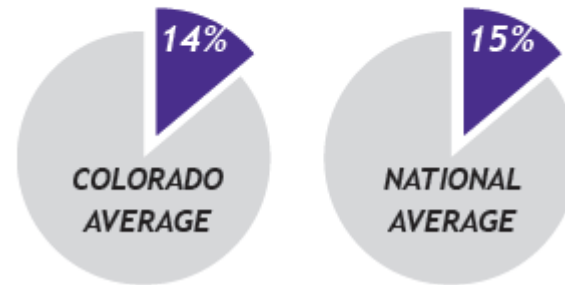
Source: Colorado Violent Death Reporting System

Colorado Data: Youth

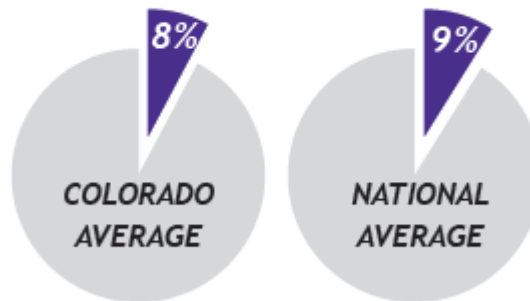
YOUTH WHO FELT SAD OR HOPELESS EVERY DAY FOR 2 WEEKS



YOUTH WHO MADE A SUICIDE PLAN IN THE LAST YEAR



YOUTH WHO ATTEMPTED SUICIDE AT LEAST ONCE IN THE LAST YEAR



Colorado Data

SEXUAL ORIENTATION

SUICIDE PLAN



11% of Heterosexual Youth
22% of Youth who are not sure
31% of Gay or Lesbian Youth
41% of Bisexual Youth

SUICIDE ATTEMPT



6%
13%
24%
26%

SEX

SUICIDE PLAN



10% of Males
18% of Females

SUICIDE ATTEMPT



4%
11%

GENDER IDENTITY

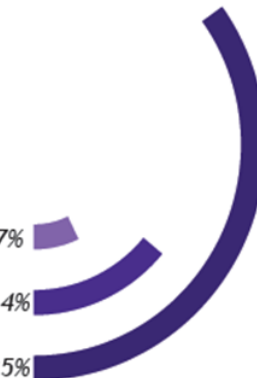
SUICIDE PLAN



14% of Cisgender Youth (non-transgender)
23% of Questioning Youth

40% of Transgender Youth

SUICIDE ATTEMPT



7%
14%

35%

Colorado Data: Firearms

 For every 1 unintentional firearm death,



there were 18 homicides



and 78 firearm suicides.



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Source: Colorado Violent Death Reporting System

Timing and Means Matter

- In the US, estimated 25 attempts for each death by suicide
- Over 90% of those who survive an attempt do NOT go on to die by suicide
- Many suicide attempts occur with little planning during a short-term crisis
- Intent isn't all that determines whether someone lives or dies; means also matter
- Access to firearms is a risk factor for suicide
- Firearms used in youth suicide usually belong to a parent
- Reducing access to lethal means saves lives

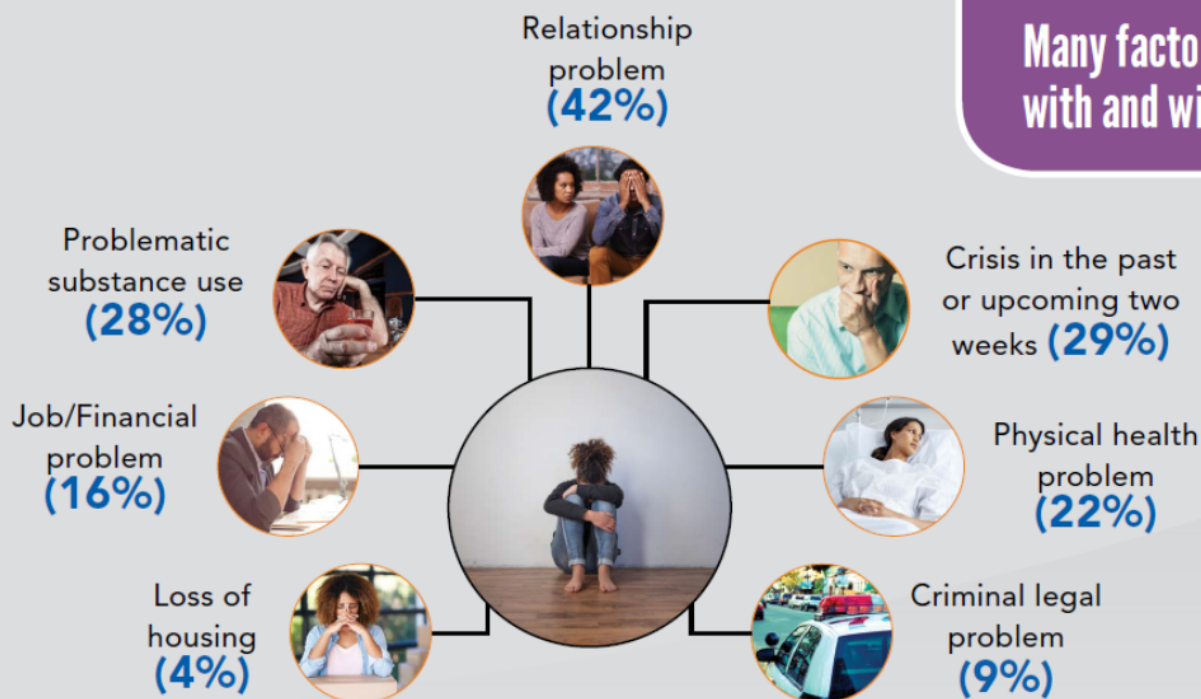


2018 CDC Vital Signs Report

54%

More than half of people who died by suicide did not have a known mental health condition.

Many factors contribute to suicide among those with and without known mental health conditions.



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.

SOURCE: CDC's National Violent Death Reporting System, data from 27 states participating in 2015.



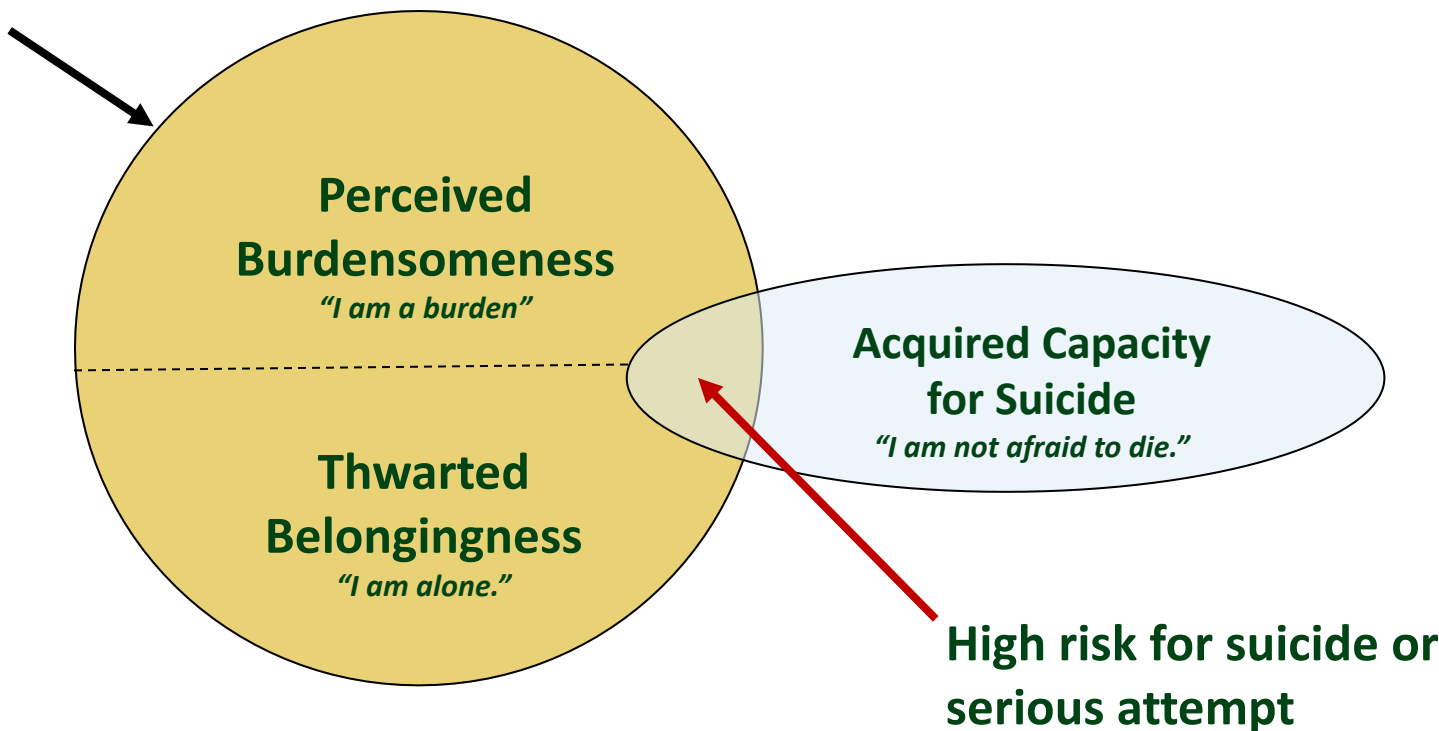
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Social Model of Suicide Risk

Desire for
Suicide



Risk Factors- Evolving Issue



Traditional models of suicide risk have to change to incorporate cultural, economic, and social factors. Suicide is a public health issue, not a subset of mental and behavioral health.

Traditional risk factors:

- **Mental Health Conditions**
 - Depression, bipolar disorder, schizophrenia
 - Psychotic symptoms
 - Impulsive or aggressive tendencies
 - Feelings of hopelessness
- **Substance Abuse**
- **Serious or chronic health conditions or pain**
- **Historical Factors**
 - History of trauma or abuse
 - Prior attempt
 - Family history of suicide or attempts

Remember!
Risk factors are not
predictive



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Protective Factors

FACTORS THAT CAN HELP REDUCE YOUTH SUICIDE ATTEMPTS



Trusted Adults:

Youth who have an adult to go to for help are 3.5x LESS likely to attempt suicide.



School Safety:

Youth who feel safe at school are 3.2x LESS likely to attempt suicide.



Extracurricular Activities:

Youth who participate are 1.7x LESS likely to attempt suicide.



Suicide and Health Systems: What If?

“If we provided perfect suicide care to every person in behavioral health care, we’d touch about 30% of all people who die by suicide, and that would be enough to flatline suicide rates.”

- Dr. Mike Hogan, Zero Suicide Institute



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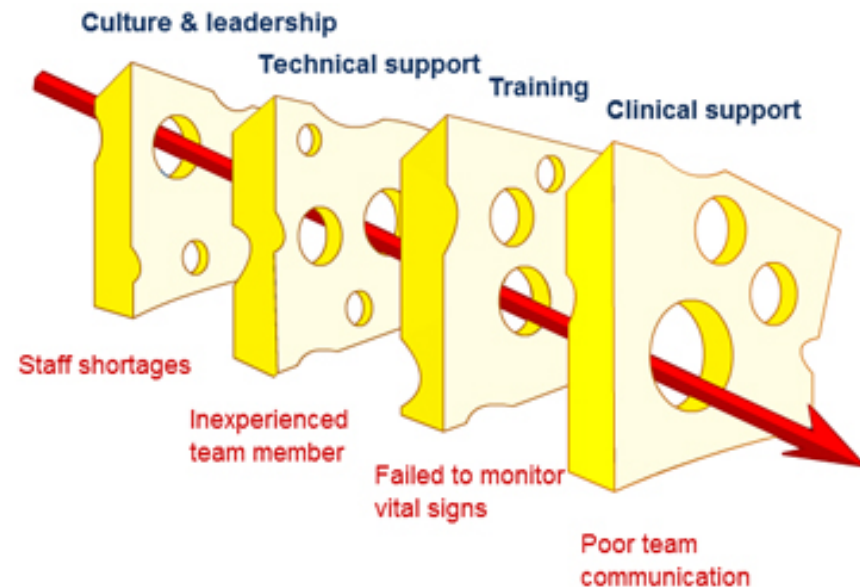
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Suicide Error Reduction

Hazards and Crashes (not “accidents”)

- James Reason: pathways between hazards and accidents full of “Swiss cheese” attempts at prevention
 - Screening
 - Safety planning
 - Treating suicidality
 - Continuity of care
 - Following Up
 - Continuous improvement



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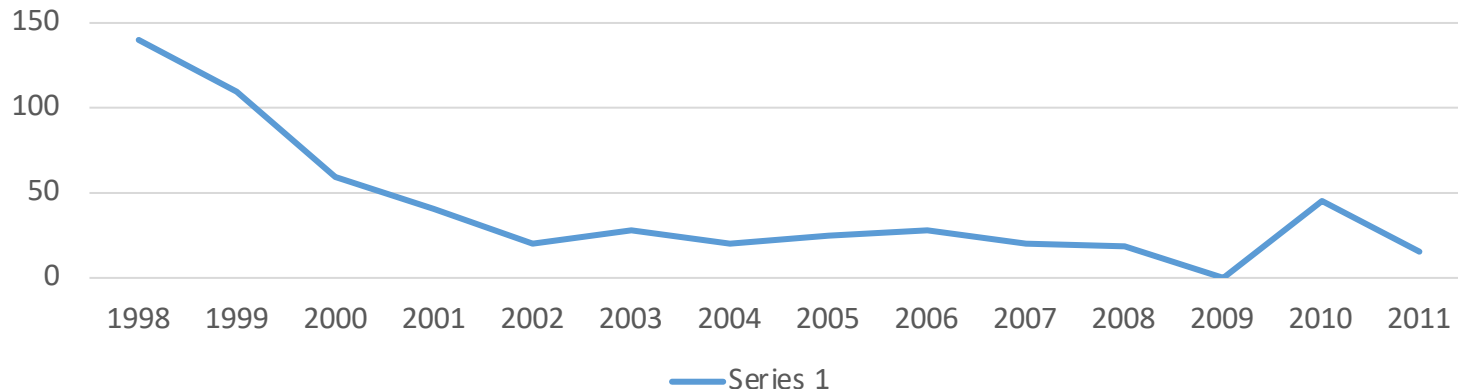
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Zero Suicide Background

- Based on successful example of 75% reduction in suicide deaths in Henry Ford Health System in Detroit
- Demonstrated 35% reduction in suicide deaths in Centerstone Mental Health (FL, IL, IN, KY, TN) after 3 years of Zero Suicide implementation
- Adopted by the National Action Alliance in its prevention strategy

Suicide Deaths per 100,000 members of Henry Ford Health System HMO



Sources: Zero Suicide Institute



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Zero Suicide Background

- Successful when implemented comprehensively health care service delivery systems
 - Committed leadership drives a process of culture change
 - Workforce is empowered with training and targeted support
- Leadership buy-in and culture change are essential

Pre-Zero Suicide Perspective	Culture Change Perspective
Suicide is inevitable	Suicide deaths are preventable
Assigning Blame	Recognizing nuance of individual's ambivalence, resilience, and recovery
Risk assessment and mitigation	Collaborative safety and treatment planning
Referring to specialized "go-to" clinicians	Part of everyone's job
Individual judgment and actions	Institutionalized policies and procedures
Hospitalization during a crisis is standard	High-quality interactions throughout care continuum
"If we can save one life..."	"How many deaths are acceptable?"

Source: National Action Alliance

Zero Suicide Framework

- Transforming systems of care to reduce errors and improve safety
 - Include people with experience as patients in the health system as leaders
 - Screen patients, assess for risk, develop collaborative care plans
 - Transition between care settings
 - Focus on continuous improvement shaped by real-time data



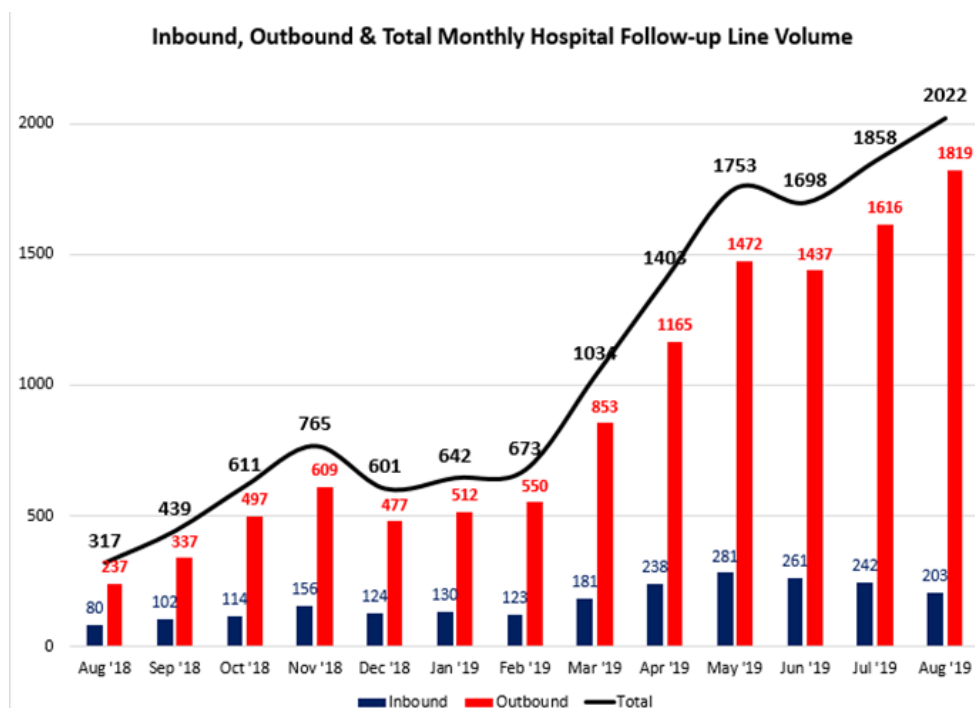
Zero Suicide Learning Collaborative

- Monthly Learning Collaborative calls
 - Part of OSP contract with EDC
 - Chance to hear from national experts and share experiences
 - Sample topics: data definitions and tracking, peer services, community partnerships, celebrating successes
- Opportunity for field-building and prevention of burnout and quality improvement fatigue
- Contact Michael to participate



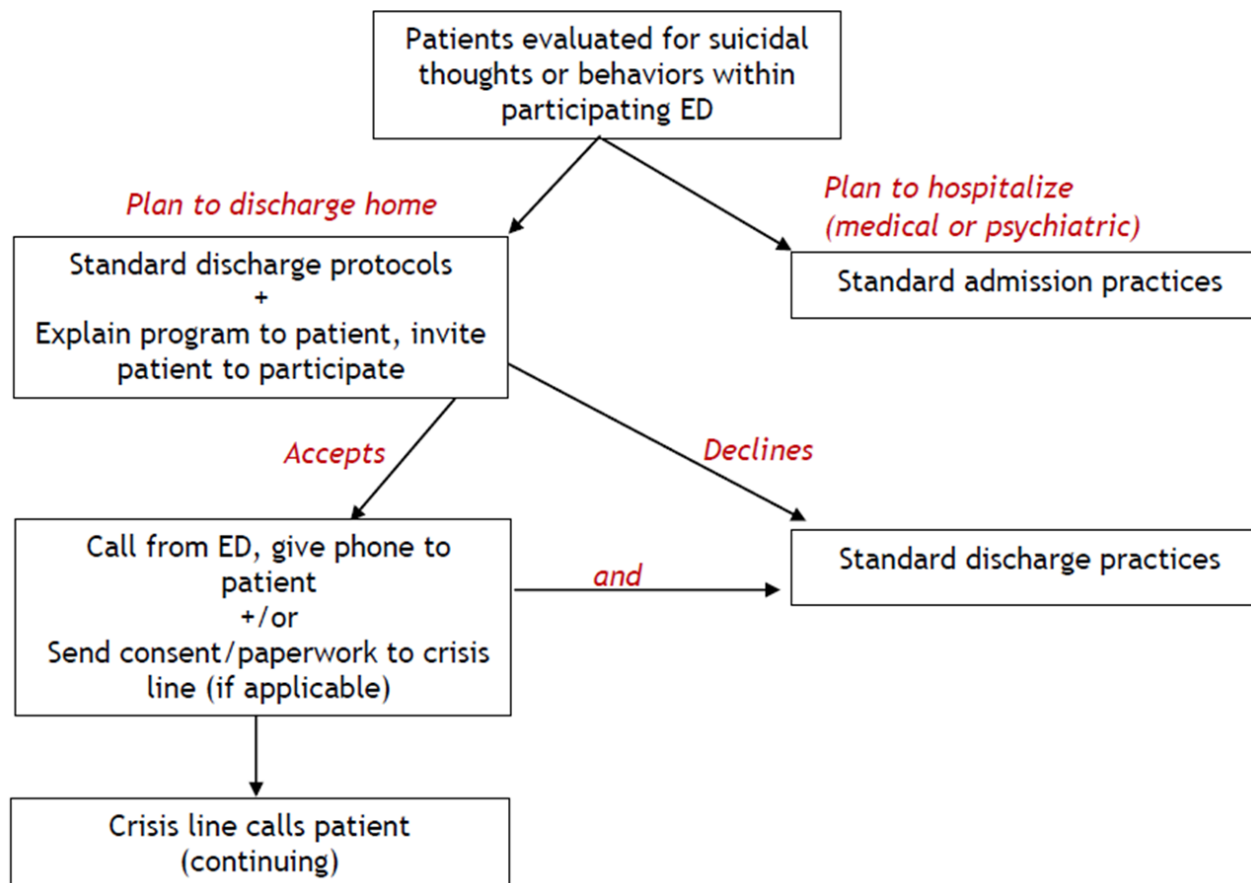
Hospital Follow-Up Project

- The Follow-Up Project provides telephonic follow-up services for patients after discharge from an ED visit for suicide attempts, evaluation, or suicide-related inpatient stay.
- Post-vention approach
- CO Crisis Services hotline
- Collaboration & safety focus
- Promote access to care
- Model ED suicide follow-up
- Collect data about attempts



Hospital Follow-Up Project

Program Overview



Warning Signs

- Talking about:

- Killing themselves
- Being a burden
- Feeling trapped
- Unbearable pain
- No reason to live

- Mood:

- Depressed
- Loss of Interest
- Rage, anger, irritability
- Humiliation
- Anxiety

- Behavior Change:

- Increased substance use
- Searching for materials or means
- Acting recklessly
- Withdrawal from friends, family, activities
- Saying “goodbyes:
- Giving away possessions
- Aggression
- **Change in sleep patterns**



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What To Do

- Be **direct** - talk openly and matter-of-factly about suicide.
- Ask open-ended questions
- Be willing to **listen**. Allow expression of feelings. Accept.
- Be **non-judgmental**. Don't lecture on the value of life.
- Show interest and support.
- Don't act shocked - this may put distance between you.
- Don't be sworn to secrecy. Seek support.
- Offer hope that alternatives are available.
- Take action.
- Get help from people specializing in crisis intervention and suicide prevention.



What Else To Do

- Get trained in suicide prevention (QPR; ASIST; safeTALK; MHFA, etc.) and be willing to intervene
- Have a protocol that includes collaborative partners and agencies
- Know the protocol!
- If risk is **high**: Call 911 or take the individual to the emergency room
- If risk is **medium**: Connect the person to:
 - ✓ Crisis Hot Line 1-800-273-TALK (8255), 1-844-493-TALK(8255)
 - ✓ Primary care physician
 - ✓ Social supports



Trainings

Applied Suicide Intervention Skills Training (ASIST)

www.livingworks.net

safeTALK

www.livingworks.net

Question, Persuade, Refer (QPR)

www.qprinstitute.com

Colorado Mental Health First Aid

www.mhfaco.org



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Colorado Crisis Services

- Crisis Line: 1-844-493-8255
- 24/7 walk-in clinics
- Respite care facilities
- Acute care units
- Mobile crisis teams
- Crisis Line with peer support and follow up
- Services available regardless of county, region, or insurance



Denver Metro Locations:

- | | |
|---|---|
| - 2551 W 84th Avenue
Westminster, CO 80031 | 4353 E. Colfax Avenue
Denver, CO 80220 |
| - 6509 S. Santa Fe Drive
Littleton, CO 80120 | 12055 W. 2nd Place
Lakewood, CO 80228 |
| - 2206 Victor Street
Aurora, CO 80045 | 3180 Airport Road
Boulder, CO 80301 |



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Other Colorado Resources

Office of Suicide Prevention

www.coosp.org

Colorado Crisis Services

1-844-493-8255

Second Wind Fund

www.thesecondwindfund.org

Mental Health First Aid

www.mhfaco.org

One Colorado

www.one-colorado.org



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National Resources

- **National Suicide Prevention Lifeline:** 1-800-273-8255; www.suicidepreventionlifeline.org
- **Suicide Prevention Resource Center:** www.sprc.org
- **American Foundation for Suicide Prevention:** www.afsp.org
- **Trevor Project (LGBTQ+ youth):** 1-866-488-7386; www.trevorproject.org
- **Crisis Text Line:** 741-741; www.crisistextline.org
- **Zero Suicide Initiative:** www.zerosuicide.sprc.org
- **Live Through This:** livethroughthis.org
- **Now Matters Now:** www.nowmattersnow.org



Questions?



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Michael.Lott-Manier@state.co.us

303.691.4081