

Suicide Prevention and Intervention in Colorado

Assisted Living Residence Advisory Committee

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Office of Suicide Prevention



**Linking Communities - Building Awareness
Preventing Suicide**

www.coosp.org





Session Overview

- ▶ Overview of the Office of Suicide Prevention
- ▶ Beliefs about suicide
- ▶ Suicide data – National and Colorado
- ▶ Warning signs / risk and protection
- ▶ Assisted living and older adult considerations
- ▶ What can I do?
- ▶ Programs and Resources
- ▶ Questions

“Statistics are merely aggregations of numbers with the tears wiped away.”

Dr. Irving Schikoff

House Bill 00-1432

- ▶ Directed the Colorado Department of Public Health and Environment to set up the office of Suicide Prevention to act as the state coordinator for suicide prevention programs throughout Colorado. The Office of Suicide Prevention was created through legislative action in June 2000.
- ▶ Allocated \$157,830 to fund the OSP

Office of Suicide Prevention

www.coosp.org

- ▶ 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

- Project Safety Net – Start the Conversation
- Public information and education campaigns, clearinghouse, & presentations
- Men and Suicide Campaign
- The Colorado Trust – Preventing Suicide in Colorado
- Community grant making
- The Yellow Ribbon Program
- 1.800.273.TALK (8255)
- First Responder Training

Office of Suicide Prevention

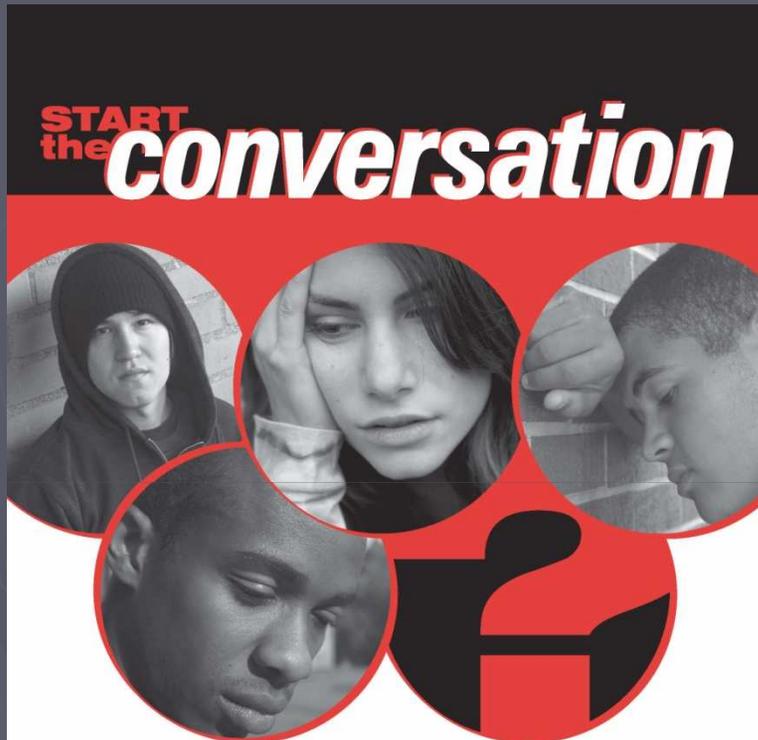


Linking Communities - Building Awareness
Preventing Suicide

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Information and awareness resources

examples:



START the conversation

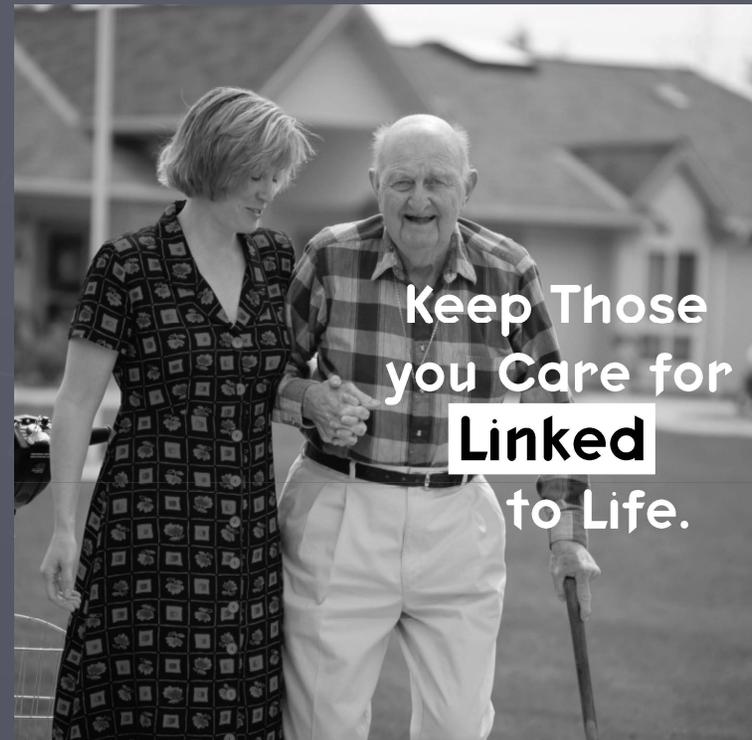
The only way to know if our teens are suicidal is to talk with them.
Don't find out the hard way.
Start the conversation.

1-800-273-TALK

SUICIDE PREVENTION: It's Your Business

Colorado Department of Public Health and Environment
Office of Suicide Prevention

Funding provided by the Colorado Department of Public Health and Environment, Office of Suicide Prevention grant number SMO2749-01 from SAMHSA.



Keep Those you Care for Linked to Life.

Suicide prevention It is your business

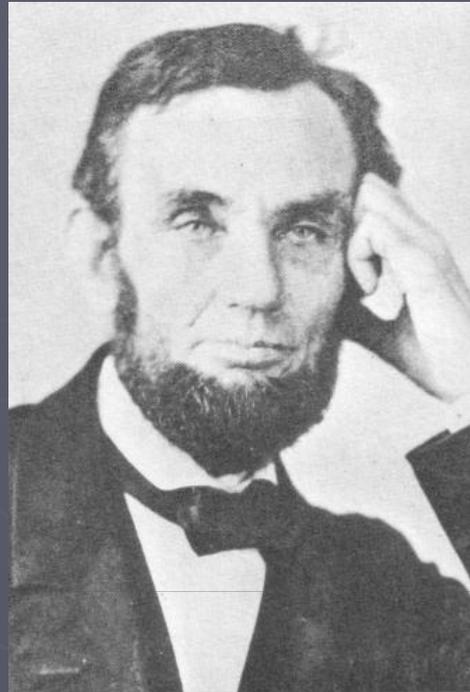
**Call for Help.
1-800-SUICIDE**

Linking Communities, Building Awareness, Preventing Suicide

Colorado Department of Public Health and Environment
Office of Suicide Prevention
for more information call 303-692-3500

Attitudes about Suicide

- ▶ Sin?
- ▶ Weakness?
- ▶ If someone wants to take their life, there's not much I can do?
- ▶ How might your attitudes affect a suicidal person?
 - Would a suicidal person be more or less likely to talk to you if they knew your attitude?



“I am now the most miserable man living. If what I feel were equally distributed to the whole human family, there would not be one cheerful face on the earth. Whether I shall ever be better I can not tell; I awfully forbode I shall not. To remain as I am is impossible; I must die or be better, it appears to me.”

Abraham Lincoln

Status of Mental Health Care in Colorado

- ▶ 1 in 5 Coloradans needs mental health services each year. Of those, less than one-third receive care.
- ▶ In 2006, Colorado ranked 33rd among states for per capita spending on publicly funded mental health care.

NAMI, Grading the States 2006

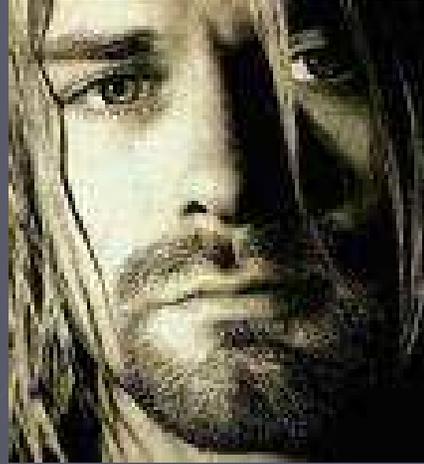
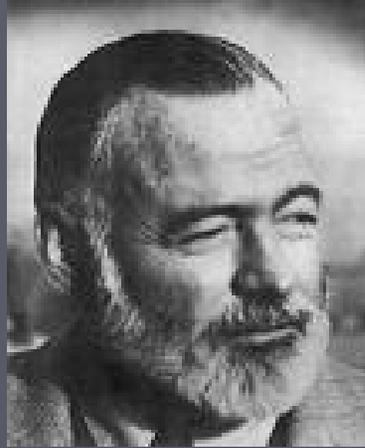
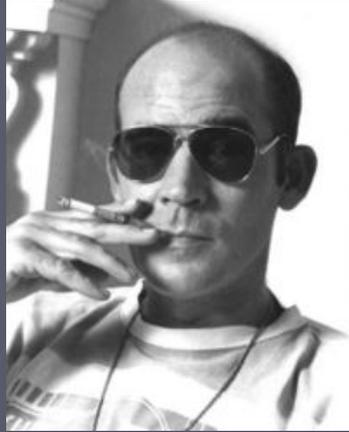
- ▶ Estimates suggest that 90-95% of those who die by suicide have a diagnosable mental health issue

Suicide Prevention Resource Center

Treatment is Effective

- ▶ 80 percent success rate for the treatment of depression.
- ▶ 70-90 percent success rate for panic disorders.
- ▶ 60 percent success rate for schizophrenia.

From Mental Health America of Colorado



"I feel certain that I am going mad again. I feel we can't go through another of those terrible times. And I shan't recover this time. I begin to hear voices, and I can't concentrate. So I am doing what seems the best thing to do. You have given me the greatest possible happiness. You have been in every way all that anyone could be. I don't think two people could have been happier till this terrible disease came. I can't fight any longer. I know that I am spoiling your life, that without me you could work. And you will I know. You see I can't even write this properly. I can't read. What I want to say is I owe all the happiness of my life to you. You have been entirely patient with me and incredibly good. I want to say that – everybody knows it. If anybody could have saved me it would have been you . Everything has gone from me but the certainty of your goodness. I can't go on spoiling your life any longer. I don't think two people could have been happier than we have been."

Virginia Woolf

Model of Suicide Risk

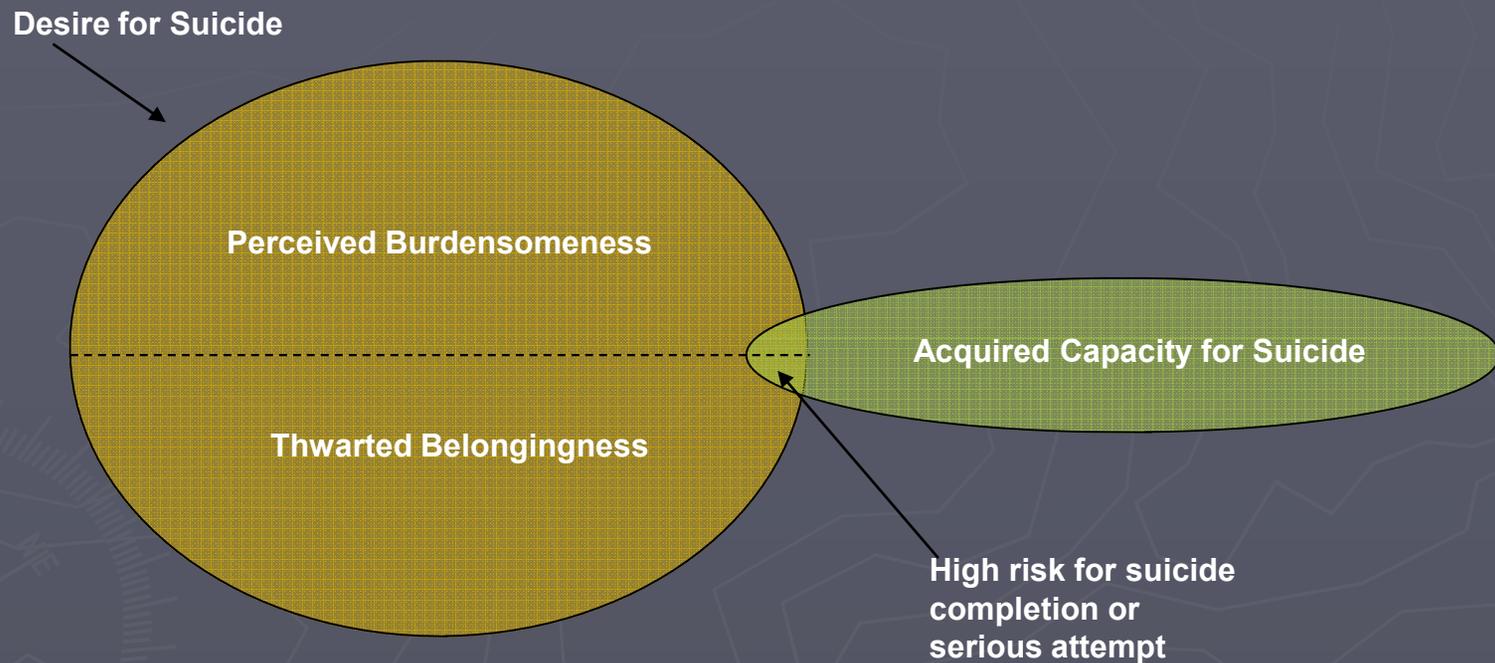


Figure 1: Thomas Joiner's model of suicide risk, 2006

Some Facts

- ▶ In 2006, Colorado had the 9th highest suicide rate of any state in the U.S

1 – Wyoming (22.5)

2 – Alaska

3 – Montana

4 – Nevada

5 – New Mexico

6 – South Dakota

7 – Arizona

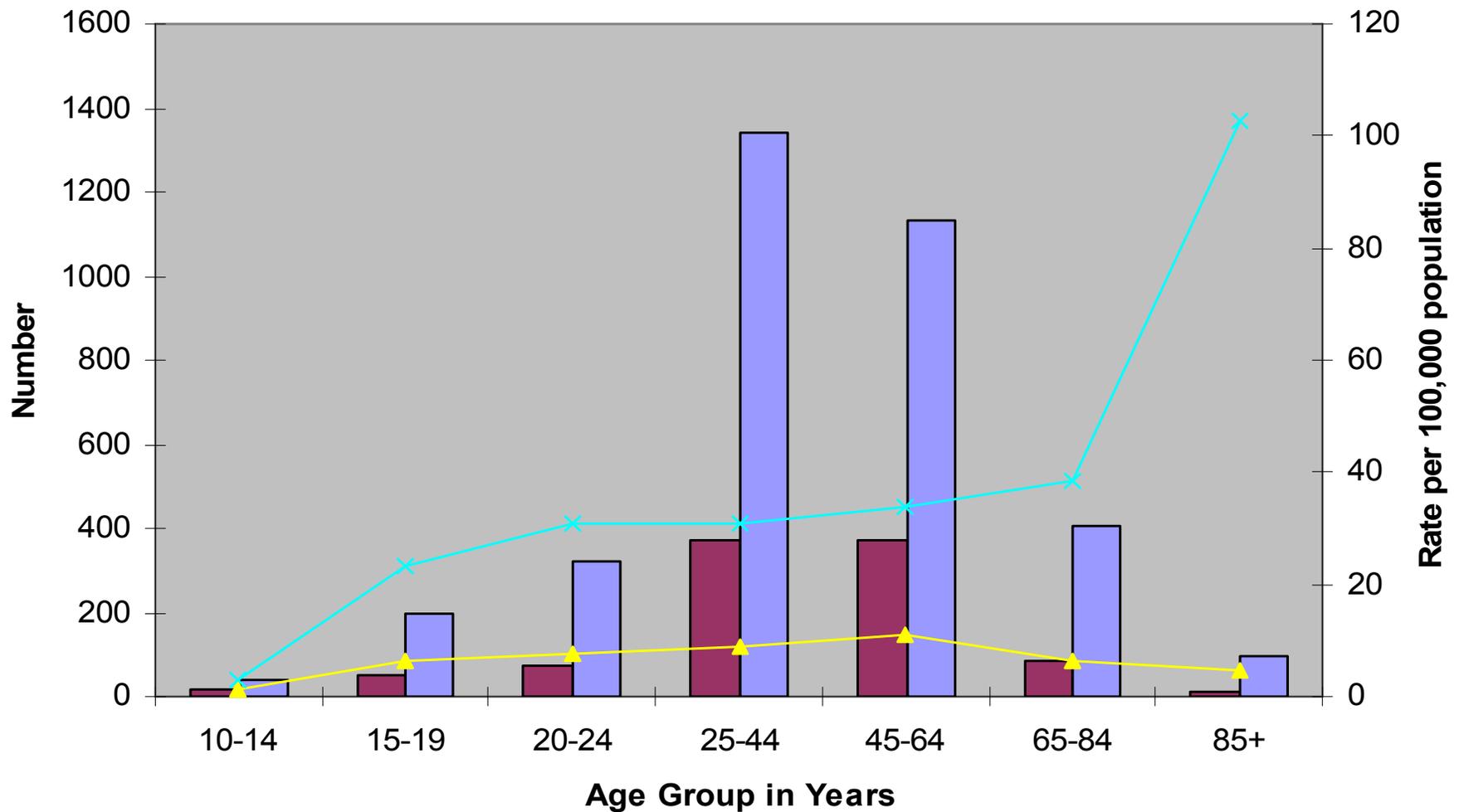
8 – Oregon

9 – Colorado (15.4/100,000)

10 – Idaho

* National (11.1)

Suicide by age group and gender: Colorado residents, 2001-2006



Female Number Male Number Female Rate Male Rate

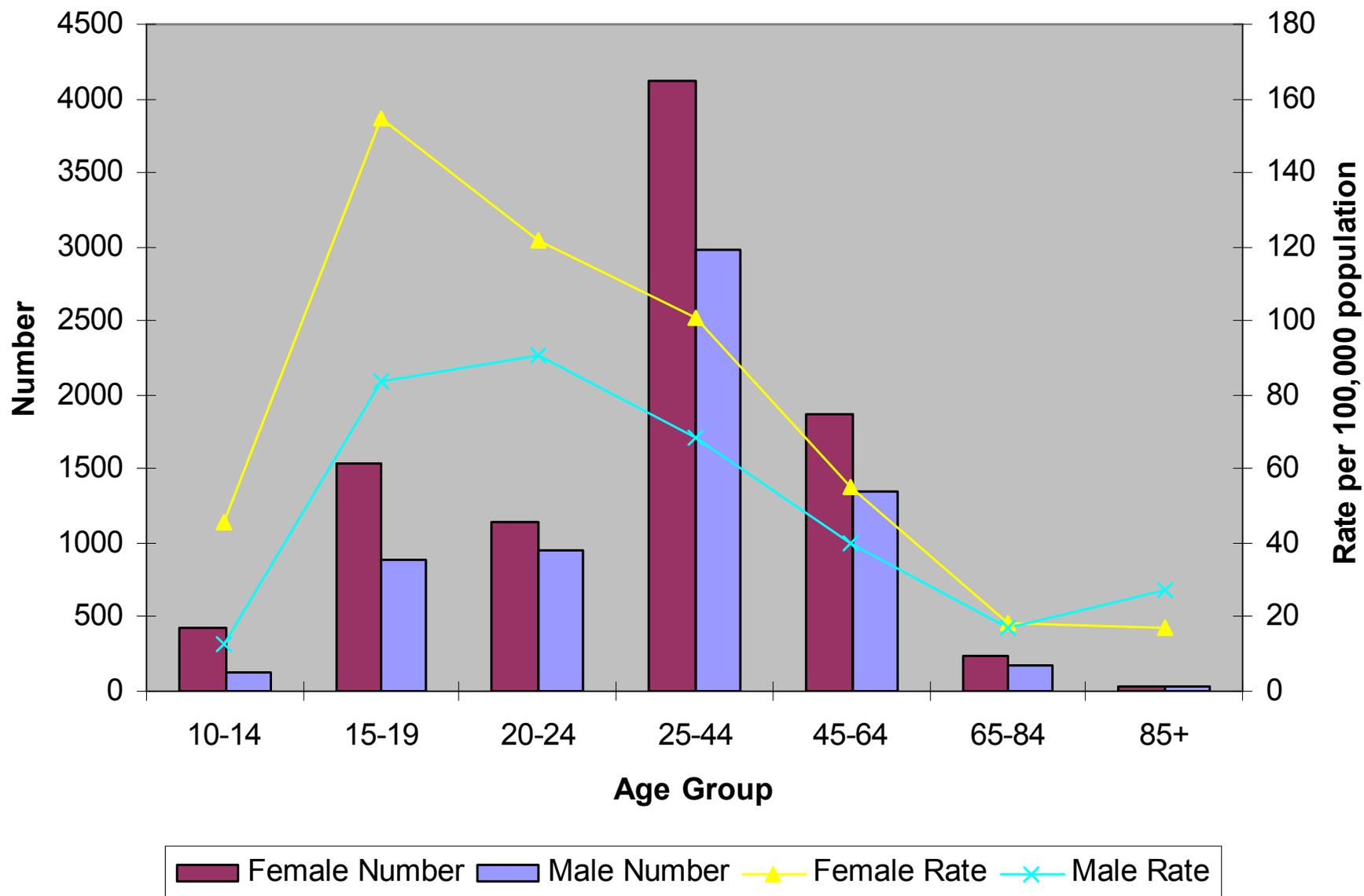
Who is at risk? In 2008:

- ▶ 77 percent of suicide deaths in CO were male
- ▶ 85 percent White Non-Hispanic
- ▶ 10 percent Hispanic
- ▶ 3 percent Black
- ▶ 2 percent Asian
- ▶ 1 percent American Indian

Is suicide really a problem in CO?

- ▶ In 2008, there were:
 - ▶ 36 Influenza deaths
 - ▶ 57 HIV deaths
 - ▶ 191 Homicides
 - ▶ 492 breast cancer deaths
 - ▶ 579 motor vehicle deaths
 - ▶ 647 Pneumonia deaths
 - ▶ 765 Diabetes deaths
- ▶ **801 deaths by Suicide**
- ▶ Suicide is the 7th Leading cause of death in Colorado for all ages
- ▶ Suicide is the 2nd leading cause of death for those ages 10-34

Hospitalizations for Suicide Attempts by age group and gender: Colorado residents, 2001-2006



National Violent Death Reporting System

- ▶ Data system developed and supported by CDC
 - 17 states currently funded
- ▶ Violent deaths include
 - Homicides
 - Suicides
 - Unintentional deaths involving a firearm
 - Legal intervention
 - Selected deaths of undetermined intent

National Violent Death Reporting System

- ▶ Data collected from several sources
 - Death certificates
 - Coroner/medical examiner reports
 - Law enforcement investigations
 - Supplemental Homicide Report
 - State crime lab
 - Child Fatality Review
 - Newspaper clippings

National Violent Death Reporting System

- ▶ Types of data collected include
 - Demographics
 - Circumstances of the event
 - Details about the weapon used
 - Alcohol/drug use by the decedent
 - Type of location where the event happened
 - Details about the suspect; relationship between the decedent and the suspect

Suicide in CO Assisted Living Facilities

From July 2009 through January 2010:

- 6 suicide deaths
- 4 older adults
- 4 male
- 5 via suffocation (4 hanging)

Prevention implications:

- Means restriction
- Screening – At entry and at regular physical check-ups
- Engagement / Connectedness – staff, family, peer
- Training – staff, family, peer

Are Colorado Older Adults at risk for Suicide?

In Colorado in 2008:

- 108 suicide deaths among those 65+
- **22.1/100,000 – suicide rate for those 65+**
- 83% of older adult suicide deaths were male
- **A firearm was used in 71% of the deaths**
- **90.4/100,000 - suicide rate for men ages 85+**
- 16.0/100,000 - Rate for all ages
- Older adults – approximately 12% of the population, accounted for close to 20% of suicide deaths

* Colorado Health Information Dataset (COHID)

Are Older Adults at risk for Suicide?

In the US in 2004:

- ▶ Older adults attempt suicide far less than those in other age groups.
 - For all ages, there is an estimated 1 suicide death for every 25 attempts.
 - Among adolescents (15-24 years) there is an estimated 1 death for every 100-200 attempts.
 - Over the age of 65, there is 1 estimated death for every 4 attempts.

Is Depression a part of Aging?

MORE older adults have a few symptoms of depression but the frequency of depression in older adults is LOWER compared to younger adults.

Mental Health: A Report of the Surgeon General (1999)

Depression is not a normal part of aging

Risk Factors unique to Older Adults

Older adults who had attempted suicide said that the two concerns that contributed most to depression and a feeling of hopelessness were:

- **Inadequate finances** - inflation outpaces social security benefits and Medicare doesn't cover medical expenses, resulting in not being able to pay bills, not knowing where the next meal is coming from and not having enough money to pay bus fare and get out of the house, etc.
- **Social Isolation** - following retirement, older adults no longer need to venture out of the house on a daily basis and have interaction with others.

Hill, R. (2005) A Focused Look at Suicide and Suicide Prevention Among Older Adults in Southern Arizona (Interviews with 38 older adults)

Risk Factors unique to Older Adults

Other concerns mentioned by older adults:

- **The recent death of a loved one** - feeling that there is nothing left to live for.
- **Physical illness with chronic, uncontrollable pain** - not wanting to be a burden to anyone, especially children; not anticipating a full recovery; limited mobility.

Hill, R. (2005) A Focused Look at Suicide and Suicide Prevention Among Older Adults in Southern Arizona

Warning Signs

- ▶ **I** Ideation
- ▶ **S** Substance Abuse

- ▶ **P** Purposelessness
- ▶ **A** Anxiety
- ▶ **T** Trapped
- ▶ **H** Hopelessness

- ▶ **W** Withdrawal
- ▶ **A** Anger
- ▶ **R** Recklessness
- ▶ **M** Mood Changes

Possible Warning Signs

- Depressed mood
- Loss of interest in things previously enjoyable
- A marked noticeable change in a person's behavior, like lack of attention to grooming
- Breaking medical regimens (not taking prescription medications)
- Stock-piling medications or buying a gun

Possible Warning Signs

- Social isolation
- Saying good-byes
- Talking about suicide
- Statements like: "I'm going to go away" or "You won't have to worry about me anymore."
- Reckless behavior like increased substance use

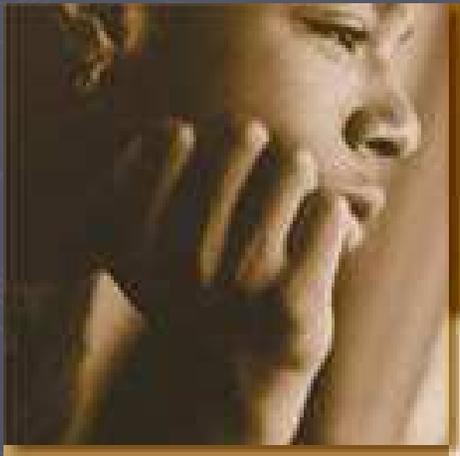
Risk Factors – Biological, Psychological and Social

- ▶ Mental illness
- ▶ Alcohol and other substance abuse
- ▶ Feelings of hopelessness
- ▶ Impulsive or aggressive tendencies
- ▶ History of trauma or abuse
- ▶ Major physical illness
- ▶ Previous suicide attempt
- ▶ Family history of suicide



Risk Factors – Environmental

- ▶ School or job problems
- ▶ Relational or social loss
- ▶ Easy access to lethal means
- ▶ Local clusters of suicides that have a contagious influence on others' plans



Risk Factors – Social and Cultural

- ▶ Lack of social support and sense of isolation
- ▶ Stigma associated with seeking help
- ▶ Barriers to accessing health care, especially mental health and substance abuse treatment
- ▶ Certain cultural and religious beliefs (can also be protective)
- ▶ Exposure to and influence of others who have died by suicide

Protective Factors

- ▶ Social support
- ▶ Effective coping skills
- ▶ Policies and cultures that accept help seeking behavior
- ▶ Destigmatization of mental health problems



What to do

- ▶ ASK— “Are you having thoughts of suicide?”
- ▶ LISTEN— “Tell me what’s been going on for you.”
- ▶ TAKE ACTION— Connect to supportive services

What to do Cont.

- ▶ Be direct – talk openly and matter-of-factly about suicide.
- ▶ Be willing to listen. Allow expression of feelings. Accept.
- ▶ Be non-judgmental. Don't lecture on the value of life.
- ▶ Get involved. Become available. Show interest and support.
- ▶ Don't dare him/her to do it.
- ▶ 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. Remove means, such as guns or stockpiled pills.
- ▶ Get help from people specializing in crisis intervention and suicide prevention.

What actions can I take?

- ▶ Get trained in suicide prevention 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 \(8255\)](tel:1-800-273-TALK)
 - Primary care physician
 - Social supports
 - Faith community

Programs

- ▶ Applied Suicide Intervention Skills Training (ASIST)
www.livingworks.net
- ▶ Safe TALK
www.livingworks.net
- ▶ Question, Persuade, Refer (QPR)
www.qprinstitute.com
- ▶ The Yellow Ribbon Program
www.yellowribbon.org

Resources

- ▶ Colorado Office of Suicide Prevention
www.coosp.org
- ▶ Suicide Prevention Coalition of Colorado
www.suicidepreventioncolorado.org
- ▶ Suicide Prevention Resource Center
www.sprc.org
- ▶ American Foundation for Suicide Prevention
www.afsp.org
- ▶ American Association of Suicidology
www.suicidology.org
- ▶ Suicide Prevention Action Network USA
www.spanusa.org



“We will have to repent in this generation not merely for the hateful words and actions of the bad people, but for the appalling silence of the good people.”

Dr. Martin Luther King, Jr.