

Suicide Prevention and Intervention in Colorado Mental Health and Substance Abuse Webinar 02.04.15

Jarrod Hindman, MS
Violence and Suicide Prevention Section Manager
jarrod.hindman@state.co.us / 303.692.2539

Office of Suicide Prevention



Linking Communities, Building Awareness,
Preventing Suicide
www.coosp.org



CO L O R A D O

Department of Public
Health & Environment



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
 - Suicide Prevention Commission (SB 2014-088)
 - Hospital Initiative (HB 2012-1140)
 - Man Therapy – www.mantherapy.org
 - Bridging the Divide: Suicide Prevention and Awareness Summit
 - Public information and education campaigns, clearinghouse, & presentations
 - Community grant making
 - 1.800.273.TALK (8255)
 - Children’s Hospital Means Restriction Education
 - CO Gun Shop Project Pilot



COLORADO
Department of Public
Health & Environment

Attitudes about Suicide

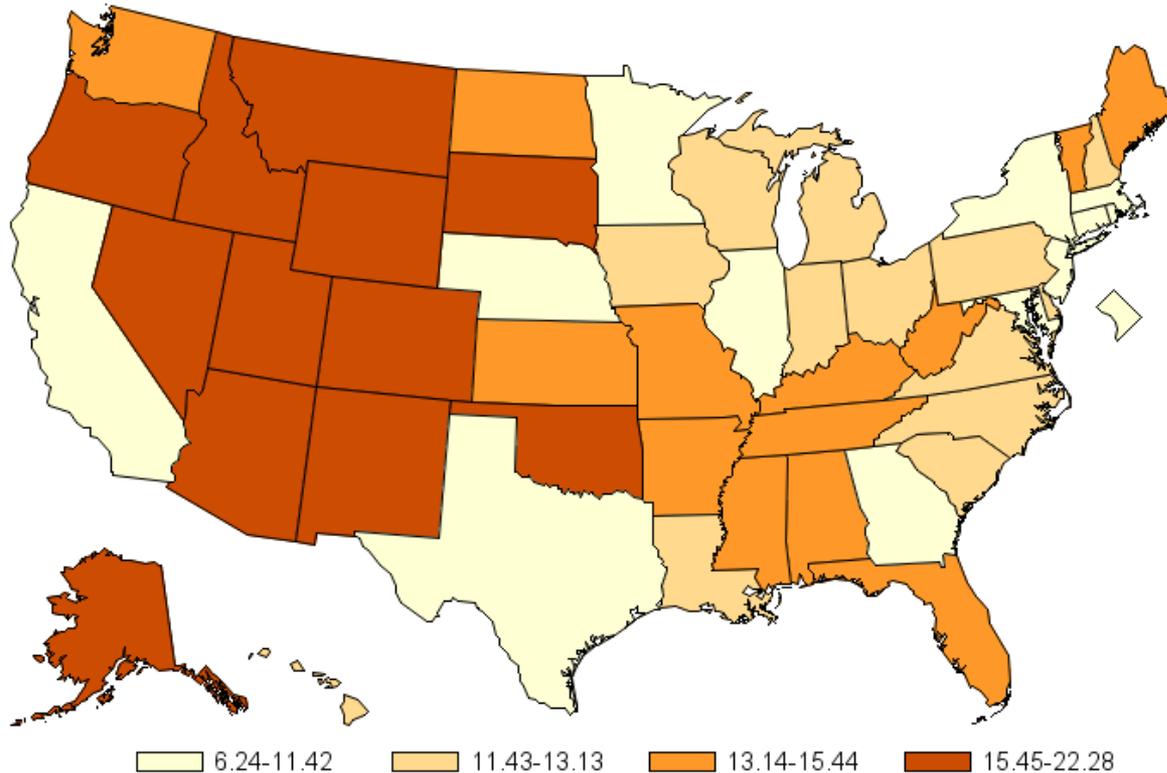
Sin . . .

Weakness . . .

If someone wants to take their life, there's not
much I can do about it . . .



2008-2010, United States
 Age-adjusted Death Rates per 100,000 Population
 All Injury, Suicide, All Races, All Ethnicities, Both Sexes, All Ages
 Annualized Age-adjusted Rate for United States: 11.81



Top States (2013)

1. Montana (23.9)
2. Alaska
3. Wyoming
4. New Mexico
5. Utah
6. Nevada
7. **Colorado (19.1)**
8. Idaho
9. Main
10. Vermont
11. Oregon
12. North Dakota
13. Arizona (17.6)

US: 13.0/100,000

CDC WISQARS
 on 01/29/15

Reports for All Ages include those of unknown age.

* Rates based on 20 or fewer deaths may be unstable. States with these rates are cross-hatched in the map (see legend above). Such rates have an asterisk
 The standard population for age-adjustment represents the year 2000, all races, both sexes.

Produced by: the Statistics, Programming & Economics Branch, National Center for Injury Prevention & Control, CDC
 Data Sources: NCHS National Vital Statistics System for numbers of deaths; US Census Bureau for population estimates.

The Cost of Suicide in Colorado

Each suicide death in CO costs:

- \$3,088 in direct costs
(health care, autopsy, law enforcement investigation)
- \$1,100,885 in indirect costs (work loss cost)
- 2013 = More than \$1 Billion

Leading Causes of Death, All Ages

In 2013, there were:

58 HIV deaths

186 Homicides

507 Motor vehicle deaths

537 Breast cancer deaths

608 Influenza & Pneumonia deaths

786 Diabetes deaths

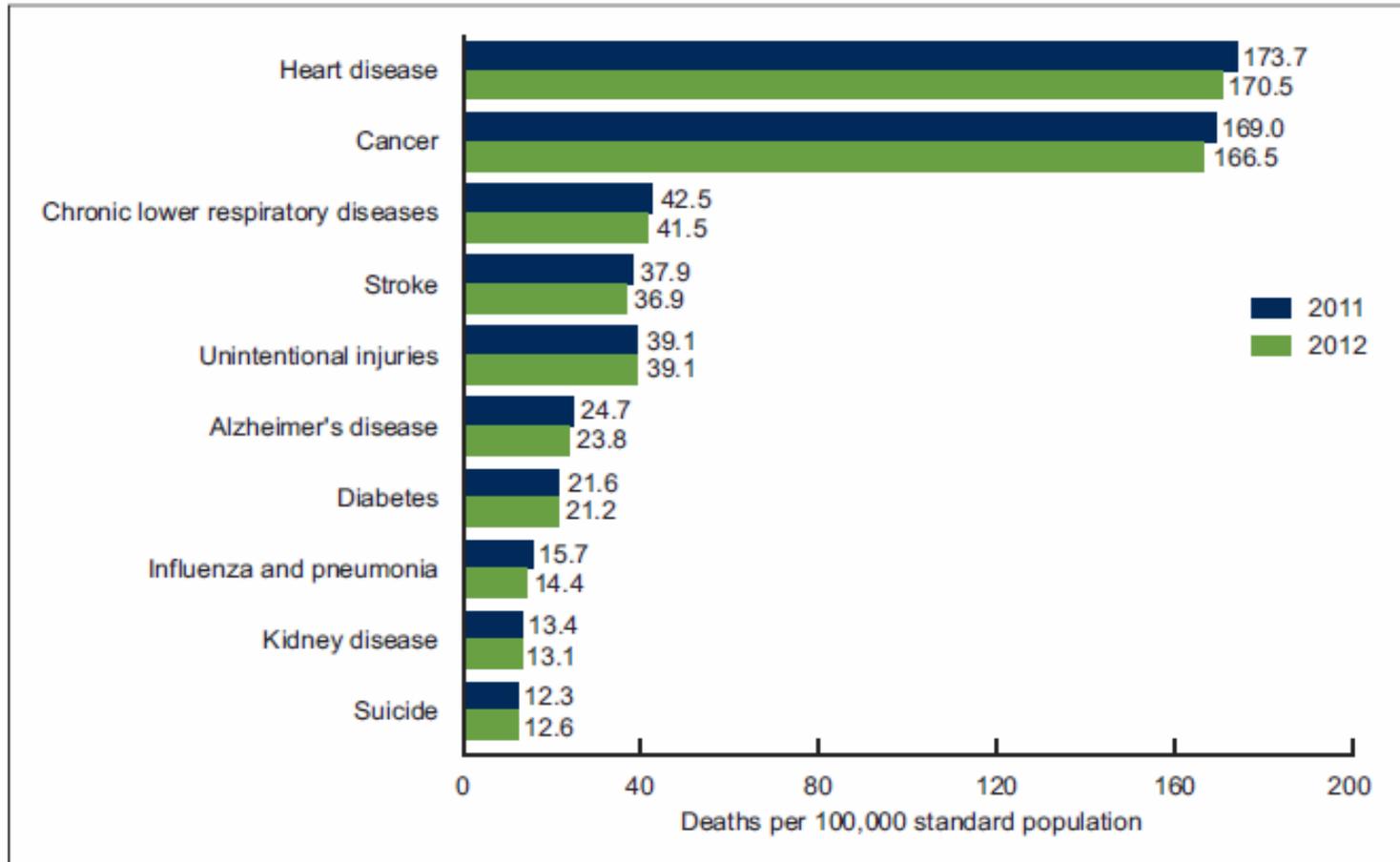
1,004 deaths by Suicide

Suicide is the 7th leading cause of death in CO for all ages

Suicide is the 2nd leading cause of death in CO for those ages 10-34

From 2011 to 2012, age-adjusted death rates declined significantly for 8 of the 10 leading causes of death, and remained the same for 1. The rate for suicide increased significantly (2.4 percent)

Figure 3. Age-adjusted death rates for the 10 leading causes of death in 2012: United States, 2011–2012

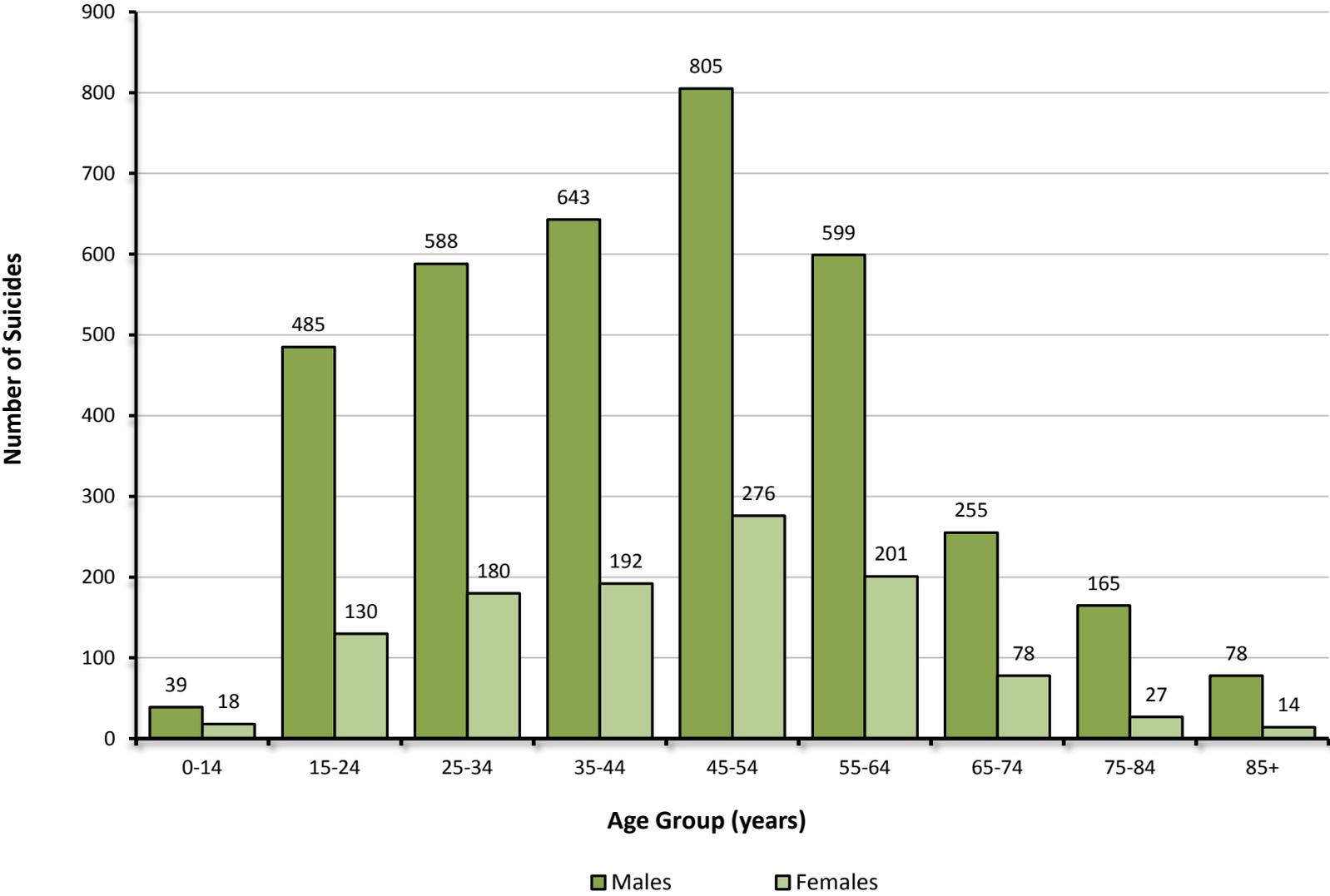


CO Suicide deaths and age adjusted rates, 2008-2013

Year	n	Age-adjusted Rate*
2008	801	16.0
2009	940	18.7
2010	867	16.8
2011	909	17.4
2012	1,053	19.7
2013	1,004	18.5

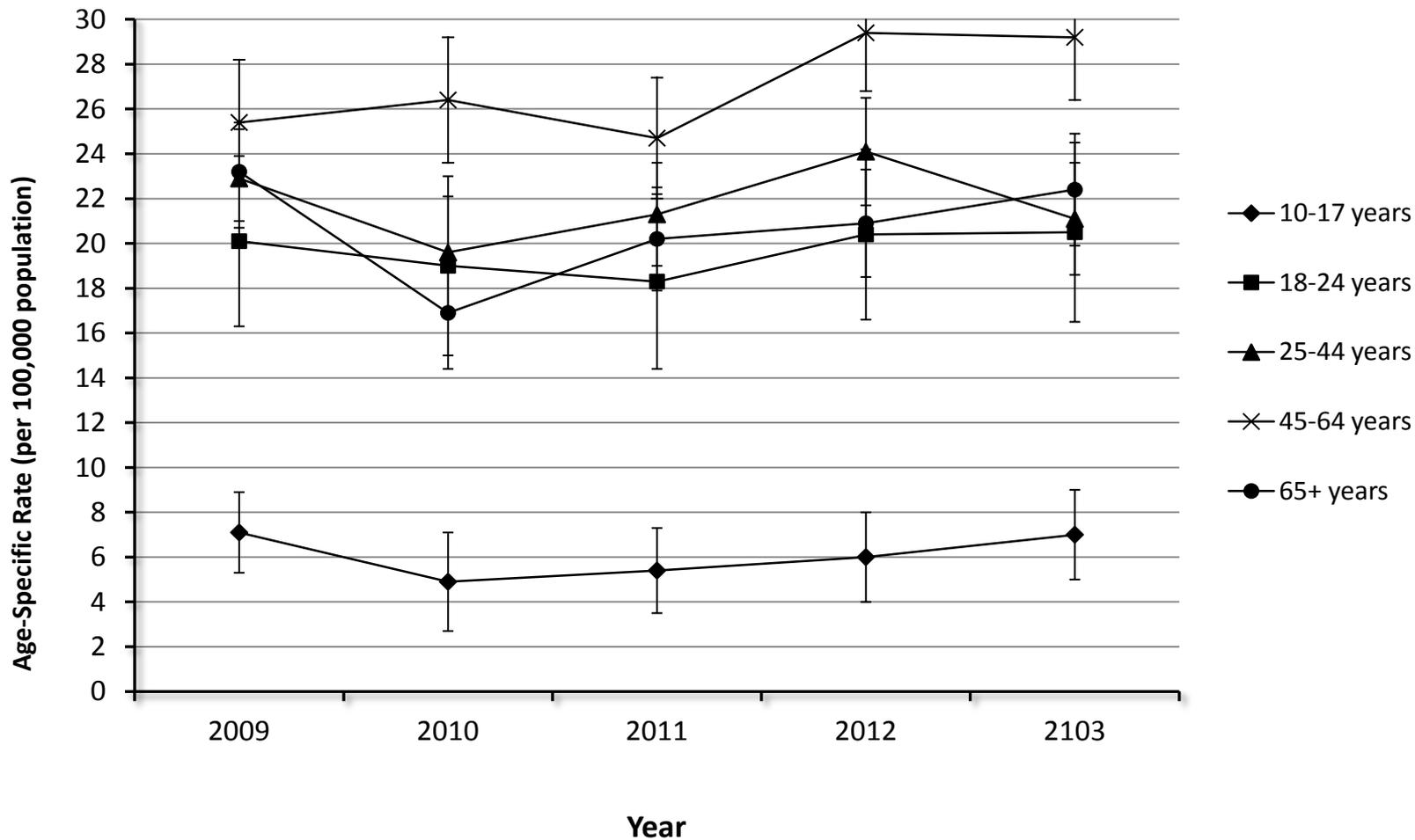
*per 100,000 population

Suicide deaths by age and gender, 2009-2013

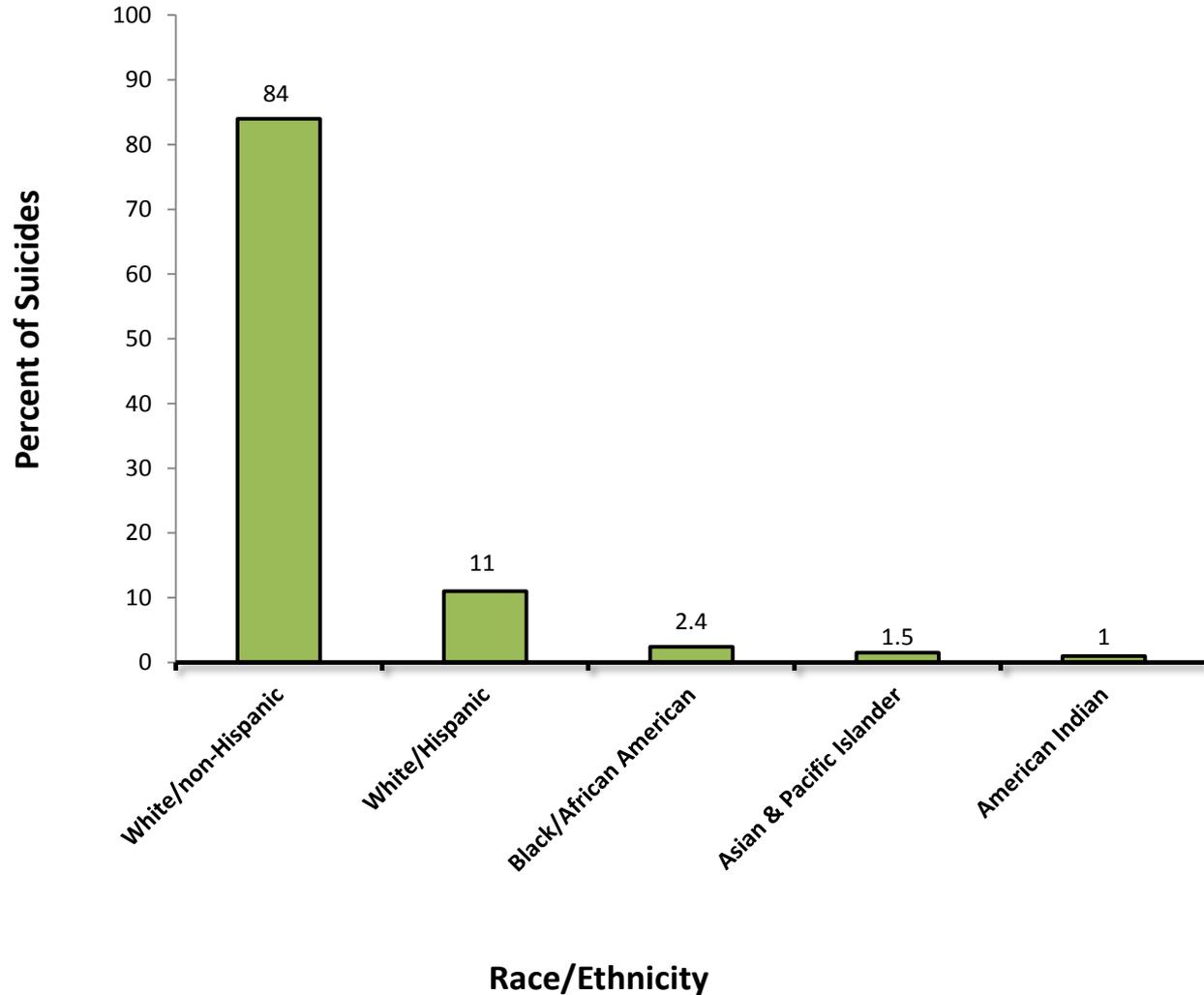


Source: COHID

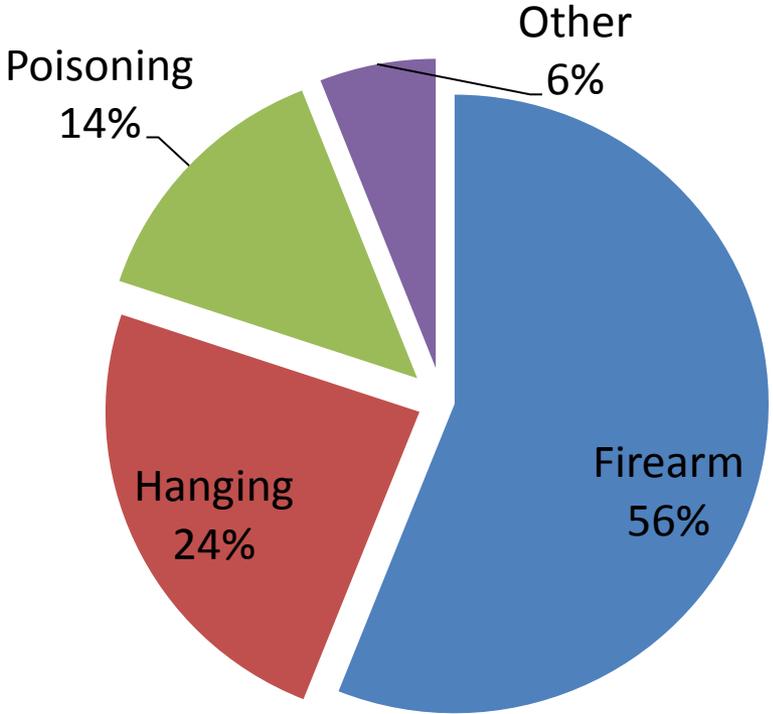
Age-specific suicide rate, 2009-2013



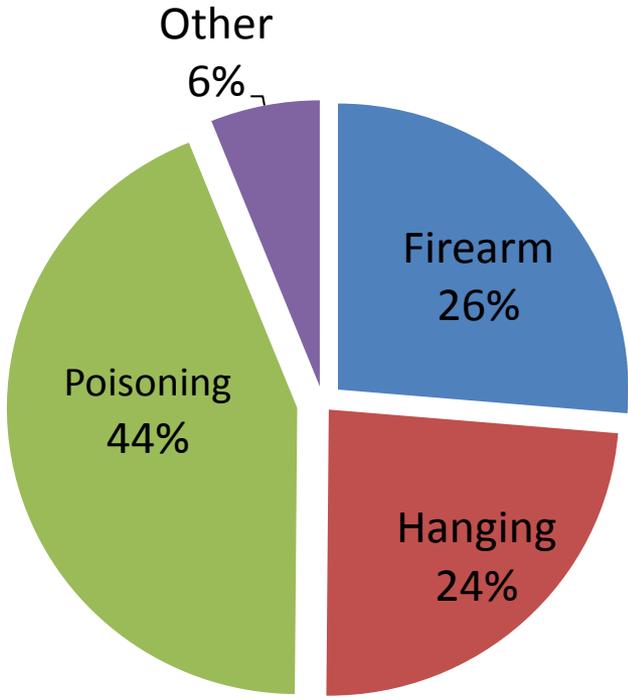
Suicide deaths by race/ethnicity, 2009-2013



Suicide deaths by method and gender, 2009-2013



Males, n= 3,657



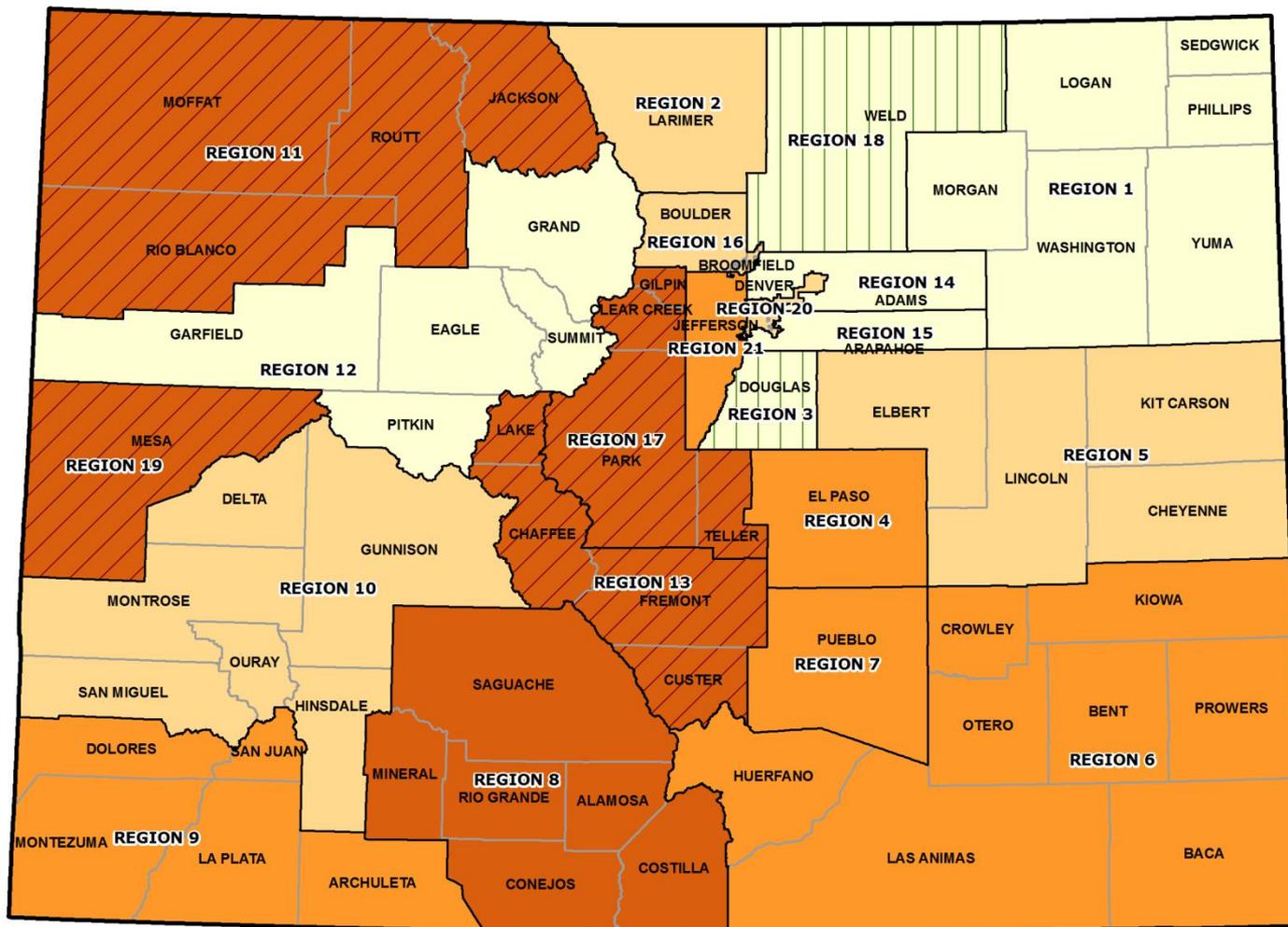
Females, n=1,117

Colorado Age-Adjusted Suicide Rate, 2008-2012

Colorado Residents, by Health Statistics Region



Colorado Department
of Public Health
and Environment



5-Year Suicide Rate Per 100,000 Residents (2008-2012, Age-Adjusted)

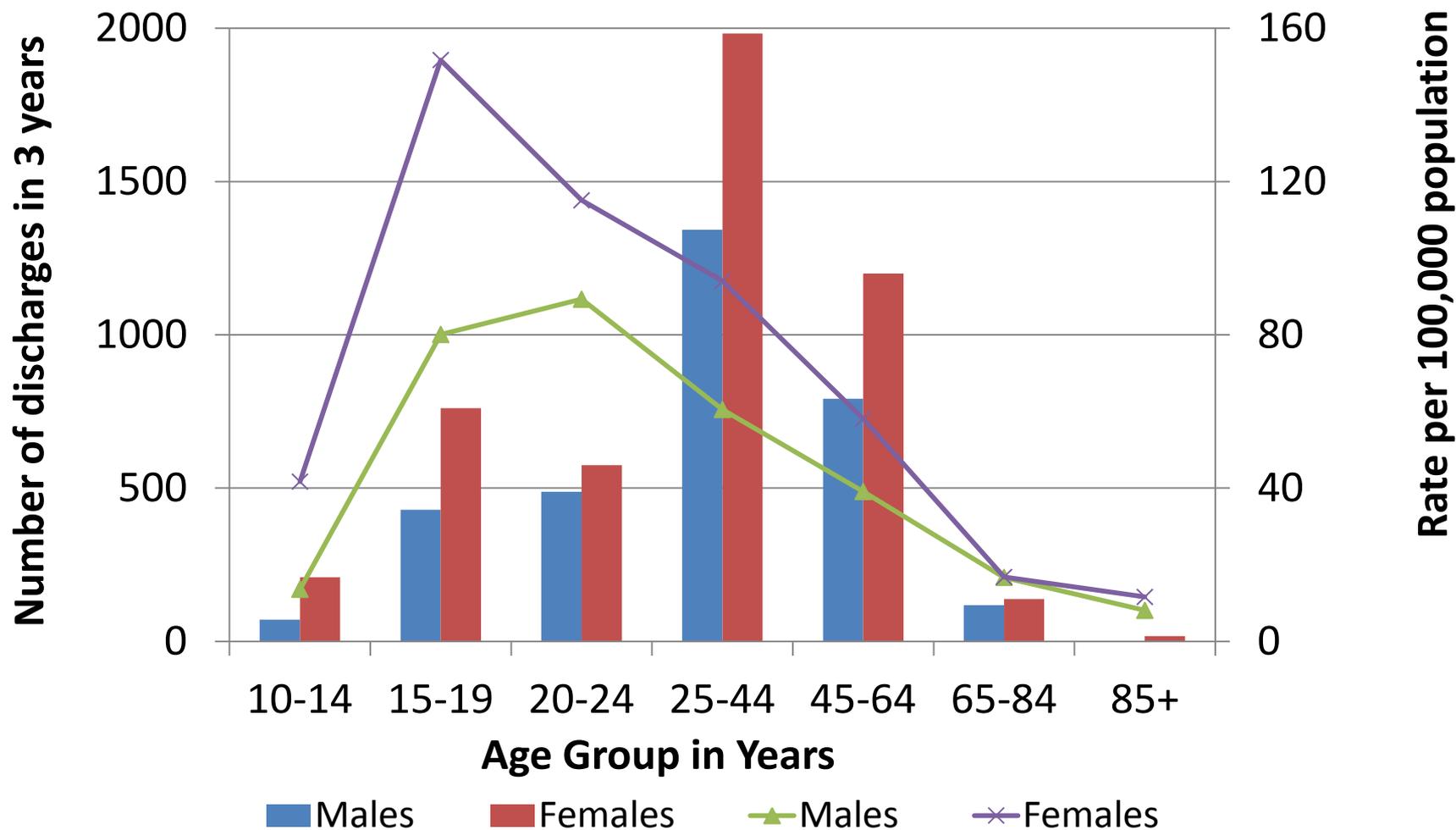
By Health Statistics Region

- Lowest Quartile (13.7 - 15.6)
- Second Quartile (15.7 - 17.5)
- Third Quartile (17.6 - 20.6)
- Highest Quartile (20.7 - 26.5)

State Average 17.4 (95% C.I.: 16.8 - 17.9)

- Statistically Lower than Average
- Statistically Higher than Average

Hospitalizations for Suicide Attempts* by age group and gender: Colorado residents, 2010-2012



Data Source: Hospital discharges from the Colorado Hospital Association

* excluding persons who died or were discharge to hospice

2013 Healthy Kids CO Survey

Completed by 9th through 12th graders in public high schools in Colorado

- 24.3 percent reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months (LGB – 59.4%; Hispanic Female – 38.7%).
- 14.5 percent reported seriously considering attempting suicide during the past 12 months (LGB – 48.5%; Native Hawaiian/other Pacific Islander Male – 26.5%; Black female – 24.6%).
- 6.6 percent attempted suicide one or more times during the past 12 months (LGB - 28.2%; Native Hawaiian/other Pacific Islander Male – 15.7%; American Indian/Alaska Native – 14.5%).

Office of Suicide Prevention Colorado Projects / Priorities

Office of Suicide Prevention



**Linking Communities, Building Awareness,
Preventing Suicide**

www.coosp.org

CO House Bill 2012 - 1140

- 88 CDPHE licensed short-term, critical access, licensed general, and Psych hospitals in CO
- Information and materials at time of discharge for patients and families
- Assessment of hospitals to identify current practices, gaps and needs



Suicide Prevention Commission

CO Senate Bill 2014 – 088

- Expand public and private partnerships for suicide prevention in CO
- Set statewide suicide prevention priorities and establish **workgroups** to develop priorities
 - Emergency Services
 - Training and Development
 - Strategic Plan Development



High Risk Populations & Communities

- LGBTQ Youth
 - Active Duty Military & Veterans
 - Working-age Men
 - Hispanic/Latino Youth (Females)
 - Older Adults
-
- High Quartile Health Statistics Regions



Sources of Strength



School-based suicide prevention through promotion of protective factors and development of resiliency



MANTHERAPY.ORG /



CAMPAIGN GOALS /

1. Create social change among men and the general population about mental and overall wellness
2. Empower men to take ownership of their mental health and overall wellness and increase male help-seeking behavior
3. Long-term – Reduce suicidal thoughts and deaths among men



*Sometimes life's dog takes
a dump on your lawn.*

Clean it up at mantherapy.org



*Remember that thing that
happened that sucked?*

Turn the page at mantherapy.org



Emergency Departments

- Continuity of Care for Suicide Prevention (SPRC)

http://www.sprc.org/sites/sprc.org/files/library/ContinuityCare_Suicide_Prevention_ED.pdf

- Assessing and Managing Suicide Risk (AMSR)

<http://www.sprc.org/training-institute/amr>

- Kognito – At-risk in the ED

<http://www.kognito.com/products/er/>

- eMed Colorado, Inc.

<http://www.emedcolorado.org/>

- Counseling on Access to Lethal Means –
Children's Hospital

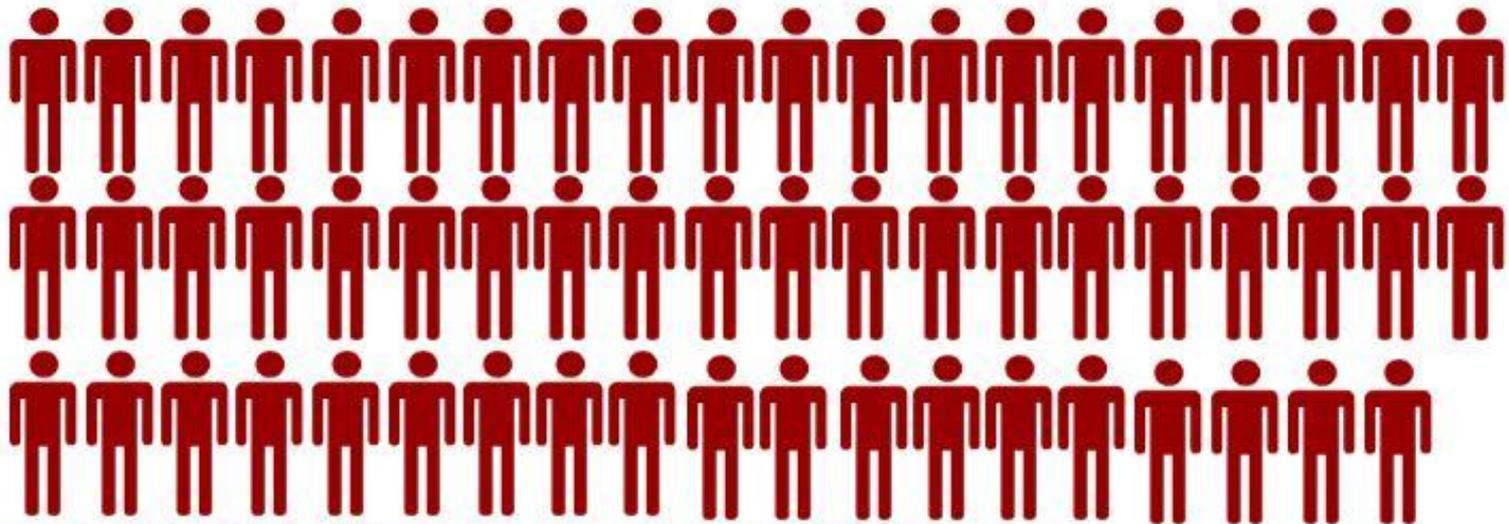


Firearm Deaths in Colorado, 2005-2013

 For every 1 unintentional
firearm death,



there were 14 firearm homicides



and 59 firearm suicides.

ED-CALM



COLORADO
Department of Public
Health & Environment



**Children's Hospital
Colorado**



Pediatric Injury Prevention,
Education and Research
Program (PIPER)

COLORADO SCHOOL OF PUBLIC HEALTH

UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS



HICRC
Harvard Injury Control Research Center



CALM

Center on Access to Lethal Means at
Dartmouth

Simple steps can help protect your children.

How to Safe-Guard Your Home

If your child is experiencing a mental health problem or life crisis, these simple steps can help protect your family and possibly save your child's life.

STORE FIREARMS OFFSITE

- Ask a trusted friend or family member to keep them temporarily until the situation improves.
- Call your local police precinct, gun range, or shooting club to see if they will offer temporary storage.
- If you can't store the firearms away from the home, store them unloaded and locked in a gun safe or lock box. You can also lock them using a cable or trigger lock. Locking devices using combinations are safer than those using keys.

LOCK UP MEDICATIONS

- Store all medications in a lock box or locked medicine cabinet.
- To dispose of unused medications, locate a medicine take-back program in your community or follow the FDA guidance: Mix the medicines with kitty litter or used coffee grounds in a sealable plastic bag. Then throw away the mixture in the trash.

PROVIDE SUPPORT

- Pay attention to your child's moods and behavior.
- If you notice significant changes, ask them if they're thinking about suicide.
- If you think your child is in crisis, call 911 or go to the nearest emergency room. For a non-urgent consultation, work with your primary care doctor to make a referral to mental health services.
- Make sure your child knows how to access the suicide prevention lifeline.

FIREARMS

Store Them Offsite.

The safest option is to temporarily store all firearms away from your home. If removal isn't an option, store all firearms safely and securely.

FACT: Firearms are used in close to **half of teen suicide deaths.**

MEDICATIONS

Lock Them Up.

FACT: Teens who attempt suicide use **medications more than any other method.**

SUPPORT

Listen and Ask.

FACT: **15% of Colorado teens seriously consider attempting suicide each year.**

HELP IS AVAILABLE

NATIONAL SUICIDE PREVENTION LIFELINE
24/7 free & confidential, 1-800-273-TALK (8255)

Colorado Gun Shop Project - Pilot

FIREARM DEATHS IN COLORADO

Over the past several years, unintentional firearm deaths in Colorado have averaged less than 10 per year, thanks largely to increased awareness of gun safety. Unfortunately, Colorado still has a tragically high number of suicide deaths by firearms - more than 3,367 between 2005 and 2012.

 For every 1 unintentional firearm death,



there were 15 firearm homicides



and 57 firearm suicides.

For every unintentional firearm death from 2005-2012, there were approximately 15 firearm homicides and 57 firearm suicides.

The first step to reduce these numbers is to follow the 11 commandments of gun safety. The latest addition addresses suicide prevention. Firearms are the leading method of suicide in Colorado, contributing to about half of all suicides.

If a family member is going through a difficult period (like depression, a relationship break-up, or drug problem), make sure they can't get to your guns. To learn ways to get help for them, call the **National Suicide Prevention Lifeline: 1-800-273-TALK [8255]**.



GUN SAFETY RULES

11
10 COMMANDMENTS OF GUN SAFETY

Look inside to see what's new!

SHOOTING A GUN

1. Seek proper instruction. Attend a reputable firearms safety handling course or seek private instruction before attempting to use a firearm. Before handling a new gun, learn how it operates. This includes knowing its basic parts, how to safely open and close the action, and how to safely remove any ammunition if loaded. Remember, a firearm's mechanical safety device is never foolproof. The safety device can never replace safe firearm handling.

2. Wear eye and ear protection as appropriate. Firearms are loud. They can also emit debris and hot gases that can cause injury. For these reasons, safety glasses and ear protectors are recommended.

3. Be sure your gun and ammunition are compatible. Only cartridges or shells designed for a particular gun can be safely fired by that gun. Most guns have their cartridge or shell type stamped on the barrel. Ammunition can be identified by information printed on the box and stamped on each cartridge. Do not fire the gun if there is any question about the compatibility of the gun and ammunition.

4. Carry only one gauge/caliber of ammunition when shooting. Smaller ammunition can be accidentally placed in a gun chamber designed for larger ammunition, creating an obstruction and a very hazardous situation. Remove unfired ammunition from clothing when you are through shooting to avoid accidentally mixing different ammunition next time you go shooting.

5. Be sure of your target—and what's beyond. Be absolutely sure you have identified your target without any doubt. Equally important, be aware of the area beyond your target. This means observing your prospective area of fire before you shoot. Never fire in a direction where there are people or any other potential for mishap. It's simple: think first, shoot second.

6. Don't mix alcohol or drugs with shooting. Alcohol, as well as any other substance likely to impair mental or physical functions of the body, should not be used before or while handling firearms.

OWNING & HANDLING A GUN

7. Keep your finger off the trigger until you are ready to shoot. There's a natural tendency to place your finger on the trigger when holding a gun. Avoid it! Your trigger finger should be extended, pointing forward, pressed against the side of the firearm, above the trigger area.

8. Keep the action open and the gun unloaded until ready to use. Whenever you pick up any gun, immediately check the action and check to see that the chamber is unloaded. If the gun has a magazine, make sure it is empty. Even if the magazine is empty or removed, a cartridge may still remain in the firing chamber. If you do not know how to open the gun's action, leave it alone or get help from someone who is knowledgeable.

9. Always point the muzzle in a safe direction. Whether you are shooting or simply handling your gun, never point the muzzle at yourself or at others. Common sense should dictate which direction is safest depending on your location and various other conditions. Generally speaking, it is safest to have the gun pointed upward or towards the ground.

10. Store your guns safely and securely when not in use. Hiding guns where you think children or others will not find them is not enough. Always store your guns unloaded and locked in a case or gun safe when not in use, with ammunition locked and stored in a separate location.

Newly added:

11. Consider temporary off-site storage if a family member may be suicidal. When an emotional crisis (like a break-up, job loss, legal trouble) or a major change in someone's behavior (like depression, violence, heavy drinking) causes concern, storing guns outside the home for a while may save a life. Friends as well as some shooting clubs, police departments, or gun shops may be able to store them for you until the situation improves.

CONCERNED ABOUT A FAMILY MEMBER OR FRIEND?

Are they suicidal?

- Depressed, angry, impulsive?
- Going through a relationship break-up, legal trouble, or other setback?
- Using drugs or alcohol more often?
- Withdrawing from things they used to enjoy?
- Talking about being better off dead?
- Losing hope?
- Acting reckless?
- Feeling trapped?

SUICIDES IN COLORADO
far outnumber homicides

FIREARMS ARE THE LEADING METHOD
for every 15 firearm homicides, there are 57 firearm suicides

ATTEMPTS WITH A GUN ARE FREQUENTLY MORE DEADLY
than attempts with other methods



GUN OWNERS CAN HELP!

Keep firearms out of reach or locked up until peak suicidal thoughts or moments of depression are over.

You may save a life.

For ways to help, call the
National Suicide Prevention Lifeline:
1-800-273-TALK [8255]

Poster adapted from:



REPS
REACHING EVERYONE
PREVENTING SUICIDE
Preserving, Protecting, Promoting Life.

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





“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.