Suicide Prevention & Intervention
In North Carolina

Susan E. Robinson
Mental Health Program Manager/Planner
Suicide Prevention Coordinator
NC Division of MH/DD/SAS
Susan.Robinson@dhhs.nc.gov
919-715-2262

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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....
Crisis Services Continuum

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

Prevention
- 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

Early Intervention

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

Stabilization

Hospital Units
- Community (including 3-way beds)
- State Psychiatric & ADATC

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
- *It's 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

[Website Link]

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
  - Depression, suicide, attempted suicide

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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.