

NC DIVISION OF MH/DD/SAS



Suicide Prevention & Intervention

Child Behavioral Health Services & Supports

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What we know...

Understanding Suicide

- Is complex
 - Combination of risk factors
 - Often not one precipitating event
 - Population groups at higher risk than others
 - Protective factors can balance risks
 - Preventable
 - Intervention & Supports are effective
- 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

Intervention requires many strategies

- Strengthen protective factors
- Reduce risks

Treatment

- Is informed by what works (evidence)
- Reduces risk factors (depression, substance abuse)
- Sees risk factors as “alerts” (attempt)

Recovery takes a long time

- Individual & Peer Support
- Family & Support Groups

MATRIX OF INTERVENTIONS FOR SUICIDE PREVENTION EXAMPLES

	BIOPSYCHOSOCIAL	ENVIRONMENTAL	SOCIOCULTURAL
<p>UNIVERSAL</p> <p>(The intervention is designed to affect everyone in a defined population)</p>	Incorporate depression screening into all primary care practice	<p>Promote safe storage of firearms and ammunition</p> <p>Package drugs in blister packs</p>	<p>Teach conflict resolution skills to elementary school children</p> <p>Provide programs that improve early parent-child relationships</p>
<p>SELECTIVE</p> <p>(The intervention is designed especially for certain sub-groups at particular risk for suicide)</p>	Improve the screening and treatment for depression of the elderly in primary care practices	Reduce access to the means for self-harm in jails and prisons	Develop programs to reduce despair and provide opportunities (increase protective factors) for high risk populations, such as Native American youth
<p>INDICATED</p> <p>(The intervention is designed for specific individuals who, on examination, have a risk factor or condition that puts them at very</p>	Implement cognitive-behavioral therapy immediately after patients have been evaluated in an emergency department following a suicide attempt	Teach caregivers to remove firearms and old medicines from the home before hospitalized suicidal patients are discharged	Develop and promote honorable pathways for law enforcement officers to receive treatment for mental and substance use disorders and return to full duty without prejudice

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 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 in North Carolina

For communities at large –

- Gatekeeper Trainings
 - Learn signs & symptoms & ways to get help needed
 - Question Persuade Refer (QPR)
 - Applied Suicide Intervention Skills Training (ASIST)
- Curricula Programs for Schools and Professional Groups
 - Mental Health First Aid Training
 - Parents and Teachers as Allies
 - Training and Technical Assistance
- Prevention Coalitions and Community Collaboratives
- Parent Resource Centers
- Positive Parenting Programs
- Pro-social youth 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



Access



Hospital



Schools



DSS & DJJDP



Self Referral

Other

Not in need of DMHDDSAS Services

Screening



LME
Staff
Person

OR



Contract
Provider

DMHDDSAS
Problem

Triage

Urgent

Emergent

Routine

Community Resources

Assessed
for
Potential
Target
Population



Not Eligible
for Target
Population

Target
Population
Identified

Referral for
Basic
Benefits



Client Chooses
Provider

Referral for
Enhanced
Benefits



Client Chooses
Provider

SUICIDAL DESIRE	SUICIDAL CAPABILITY	SUICIDAL INTENT	BUFFERS/CONNECTEDNESS
Suicidal Ideation • Killing self and/or others	History of suicide attempts	Attempt in progress	Immediate supports
	Exposure to someone else's death by suicide		Social supports
	History of/current violence to others		
Psychological pain	Available means of killing self/other	Plan to kill self/other • Method known	Planning for the future
Hopelessness	Currently intoxicated		Engagement with helper • Telephone worker
	Substance abuse		
Helplessness	Acute symptoms of mental illness, for example: • Recent dramatic mood change • Out of touch with reality	Preparatory behaviors	Ambivalence for living/dying
Perceived burden on others			
Feeling trapped	Extreme agitation/rage, for example: • Increased anxiety • Decreased sleep	Expressed intent to die	Core values/beliefs
Feeling intolerably alone			Sense of purpose

Community MHDDSAS System of Care – LME/MCOs & Provider Networks

- **Access units & provider networks**
 - 1-800 LME-MCO 24/7/365 response
 - Walk-in Crisis Centers
 - Mobile Crisis Teams
 - NC Suicide Prevention Lifeline
 - 1-800-273-8255
- **STR - screening, triage & referral**
 - Emergent < 2 hours
 - Urgent < 48 hours
 - Routine < 7 days
- **Community Re-entry – hospital, justice**
 - Aftercare plan
 - Follow-up appointment
 - Care Coordination – rapid response
 - System of Care Coordinators

MHDDSA Treatment Services

❖ **Psychotherapies & Psychosocial Interventions**

- ❖ Supportive care for depression

- ❖ Psychotherapy

 - ❖ 1st line of treatment

 - ❖ Qualified licensed MH/SA treatment practitioner (scope of practice)

- ❖ Combined psychotherapy and medications

❖ **Pharmacological Treatment**

- ❖ Medications w/ treatment (therapy, psychosocial)

MHDDSA

Intensive Treatment Services

Child & Adolescent Mental Health Needs:

- Intensive In Home Services (IIH)
- Multi-systemic Therapy (MST)
- Child & Adolescent Day Treatment
- Therapeutic Foster Care
- Child Residential Treatment Services

Child Substance Abuse Needs:

- Substance Abuse Intensive Outpatient Program (SAIOP)*
- Alcohol and/or Drug Services *– Individual & Group

Child Intellectual/Developmental Disability Needs

Children/Youth with Co-occurring Needs

MHDDSA Rehabilitation Services

Child Developmental Disability (IDD) Needs:

In addition to Mental Health Treatment Services

- Developmental Therapy
- Personal Care Supports
- Targeted Case Management
- Community Alternative Program (CAP)
- Innovations Waiver (coordinated with 1915 (b)/(c) Waiver)

Child & Family Teams

Person Centered Plans –

Crisis Plan

Wellness Recovery Action Planning (WRAP)

Crisis Plan

Post Crisis Plan

Wellness Tools

Daily Maintenance

Triggers & Response Plan

Early Warning signs & an Action Plan

When Things are Breaking Down & Response Plan

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

Prevalence

It is estimated that between 13-20% of children and adolescents experience a mental health disorder in a given year.



Some children can have challenging symptoms that never rise to the level of a disorder/diagnosis. But we can address the distress these young people are experiencing.

Distressing Symptoms

A young person may not have a diagnosable disorder but still have distressing symptoms including:

- Considering suicide
- Using prescription drug without a prescription
- Experiencing interpersonal violence

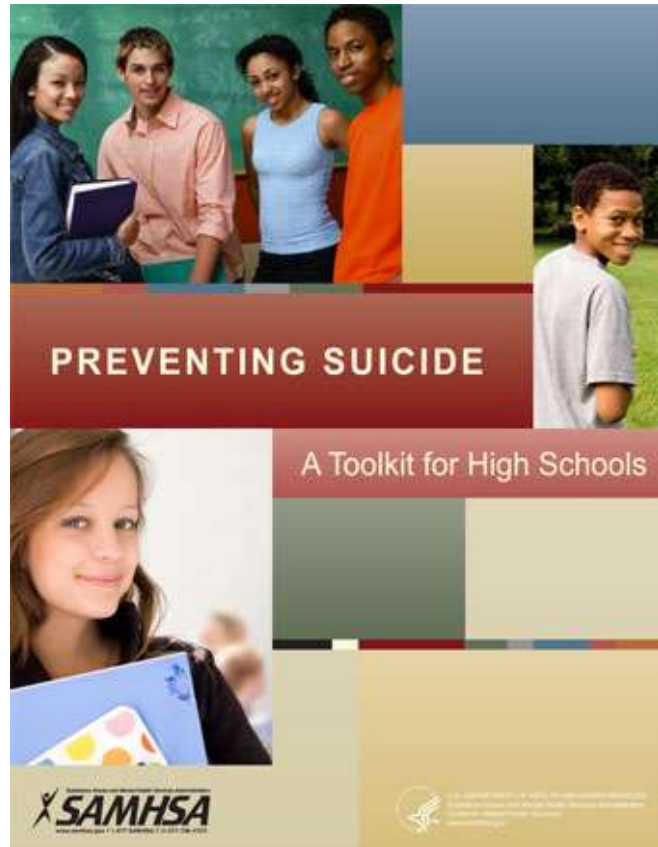


Youth Mental Health First Aid

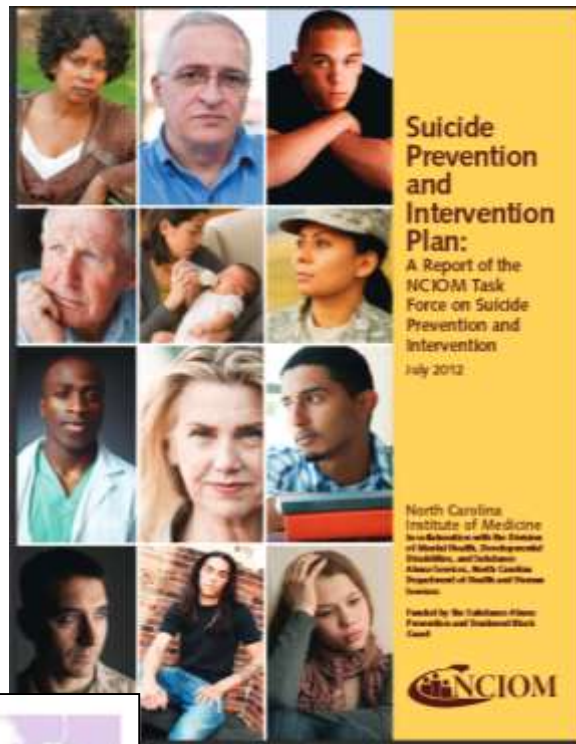
Youth Mental Health
First Aid:
Teaches people who
work/live/interact with
teenagers to recognize
signs of mental health
problems and reach out
a helping hand to
connect with
professionals as needed



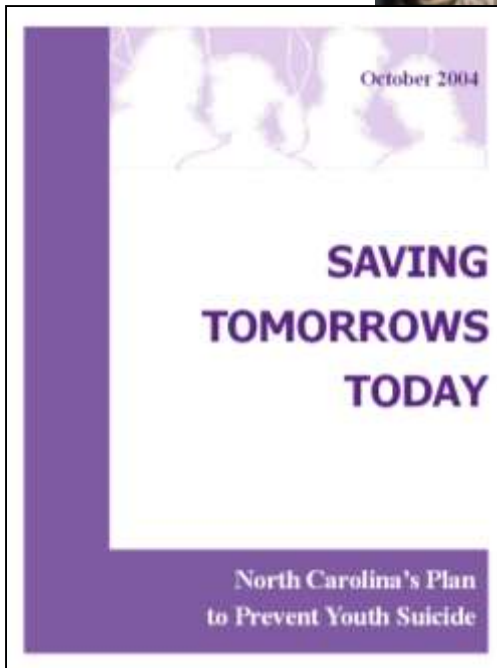
Suicide Resources for Schools



Tools for preventing suicide in high schools and responding if there is a suicide in the school community.



DMHDDAS works with other state and local agencies to provide prevention, crisis intervention, treatment, recovery support and other services to people who are most at risk for, contemplating suicide or who have attempted suicide, and to their families.



NSSP & State Plan Strategic Directions

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

Next Steps

- **Everyone has a role in preventing suicides.**
 - promote wellness
 - increase protective factors
 - reduce risk
 - promote effective treatment and recovery.

DHHS – behavioral health and public health work together

- Promote public dialogue, counter shame, prejudice, and silence;
- Build public support for suicide prevention – policies & systems;
- Address needs of vulnerable groups – culture & disparities;
- Coordinate and integrate health & behavioral health - continuity of care for children & youth;
- Reduce access to lethal means among individuals with identified suicide risks; and
- Apply the most up-to-date knowledge base for suicide prevention.



What is ZERO SUICIDE?

- A commitment to suicide prevention in health & behavioral health care systems.
- Core tenants:
 - Suicide deaths for people under care are preventable.
 - A bold goal & challenge to embrace & attain for health & behavioral health care systems to embrace & attain.

Zero Suicide

Step: Ensuring Every Person Has a Pathway to Care

- **Standardized suicide screening** of all members enrolled in active behavioral healthcare services.
- **Formal assessment by a qualified health or medical provider** for anyone screening positive for suicide risk.
- Determine risk, as indicated by the assessment, into low, medium or high risk.
- Engage the patient or client in **best-practice interventions geared to risk level**.
- **Follow-up contact** from provider or caregiver.

Step: Continuing Contact After Care

- After a visit to a behavioral health outpatient setting or primary care, for anyone at risk.
- Between services for those with scheduled care and to engage those not actively engaged in care.
- After discharge from acute care settings

Suicide Prevention Partners in NC



NC State



UNC



Go Heels!

Duke

The Jason Foundation

<http://www.trianglesos.com>



ASU



CRISIS SOLUTIONS NORTH CAROLINA

 AN INITIATIVE OF THE NC DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES

[HOME](#) [THE CRISIS SOLUTIONS COALITION](#) [YOUTH MENTAL HEALTH FIRST AID](#) [FOR INDIVIDUALS AND FAMILIES](#) [LOCAL COMMUNITY SOLUTIONS](#) [CONTACT US](#)

Do You or Someone You Know Need Help with a Crisis?

CALL 911 if this is a medical or life threatening emergency. If you need the police, ask for a CIT officer. They have received extra training on handling these situations. If this is NOT a medical or life threatening emergency, look in the directory below for resources in your county.

FINDING HELP FOR SOMEONE IN A CRISIS RELATED TO MENTAL ILLNESS OR SUBSTANCE USE

Behavioral health crises can be serious but most **do not** require an evaluation at a hospital emergency department. Accessing other specialized crisis services may help you avoid a lengthy visit to an emergency department.

NC Crisis Solutions Initiative

Healthcare, government, law enforcement, and community leaders in North Carolina have come together to find better ways to help people in a mental health or substance abuse crisis. The Crisis Solutions Coalition is working to decrease the use of emergency departments and to increase the use of other services to help individuals quickly resolve the crisis and get back to their homes, families, friends, and work.

The Crisis Solutions Initiative is addressing the numbers of avoidable visits and the long stays in emergency departments for people who are looking there for help in a behavioral health crisis. This initiative is focusing on identifying and implementing the best known strategies for crisis care. The initiative is building partnerships between hospitals, service providers and other community responders. With earlier intervention strategies that prevent crisis altogether, each community in North Carolina can benefit from strengthened supports to help people.

- ### Comprehensive Crisis Prevention and Intervention Plan
- [Flyer](#)
 - [Memo](#)
 - [Changes Crosswalk](#)
 - [Crisis Portion of PCP Plan Review](#)

[Fact sheet about North Carolina's mental health and substance abuse challenges.](#)
In-depth overview of the new Crisis Solutions Initiative.

Crisis line resources include:

- The National Suicide Prevention Lifeline
1-800-237-TALK (8255)
- The Trevor Project Lifeline
1-866-488-7386
- Veterans Crisis Line
1-800-273-8255, PRESS 1
- As always, in case of emergency, dial **911**

NC DIVISION OF MH/DD/SAS



For more information:

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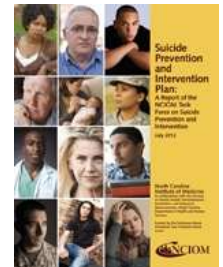
Thank you

December 2014

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Resource Information



<http://www.nciom.org/publications/?suicide>

December 2014

Resources

Evidence Based & Informed Suicide Prevention Programs

Suicide Prevention Resource Center's (SPRC) Best Practices Registry

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

National Registry of Evidence-based Programs and Practices (NREPP)

<http://www.nrepp.samhsa.gov/>

- **Emergency Room Intervention for Adolescent Females**
<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=33>
- **Emergency Department Means Restriction Education**
 - target age 6-19 year olds<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=15>

Resources

Hospital Suicide Prevention Programs/ Adherence to Standards

- **"Is Your Patient Suicidal?" Emergency Department Poster and Clinical Guide**

<http://www.sprc.org/bpr/section-III/your-patient-suicidal-emergency-department-poster-and-clinical-guide>

- **At-Risk in the ED**

one hour simulation training with avatars

<http://www.sprc.org/bpr/section-III/risk-ed>

- **Question, Persuade, Refer (QPR)**

3-6 hour on-line training

<http://www.sprc.org/bpr/section-III/question-persuade-refer-qpr>

- **Recognizing and Responding to Suicide Risk in Primary Care**

One hour training

<http://www.sprc.org/bpr/section-III/recognizing-and-responding-suicide-risk-primary-care-rrsr%E2%80%9494pc>

Suicide Prevention Toolkit for Rural Primary Care

<http://www.sprc.org/for-providers/primary-care-tool-kit?sid=37583>

Resources

- [American Association of Suicidology](#)
- [American Foundation for Suicide Prevention](#)
- Center for Disease Control: [Suicide](#)
- Center for Disease Control: [Youth Risk Behavioral Surveillance System](#)
- Jason Foundation
- [The Jed Foundation](#)
- [NAMI \(National Alliance on Mental Illness\)](#)
- [National Council for Suicide Prevention](#)
- [National Strategy for Suicide Prevention \(PDF\)](#)
- [Samaritans USA](#)
- [Suicide Awareness Voices of Education \(SAVE\)](#)
- Take Five to Save Lives
- [Tennessee Suicide Prevention Network](#)
- [Yellow Ribbon Suicide Prevention Program](#)

Resources

- American Foundation for Suicide Prevention, www.afsp.org
- ItsOK2Ask, www.itsok2ask.com
- Suicide Prevention Resource Center, www.sprc.org
 - *Suicide Prevention Resources for Parents/Guardians/Families* located online at: www.sprc.org/sites/sprc.org/files/Families.pdf
 - *Suicide Prevention Resources for Survivors of Suicide Loss* located online at: www.sprc.org/sites/sprc.org/files/Survivors.pdf
- Society for the Prevention of Teen Suicide, www.sptsusa.org
- The JED Foundation, www.jedfoundation.org
- The TREVOR Project, www.thetrevorproject.org
- Veterans Crisis Line, www.veteranscrisisline.net

Resources

National Strategy for Suicide Prevention (NSSP):

- <http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/index.html>
- <http://www.samhsa.gov/nssp>
- <http://www.actionallianceforsuicideprevention.org/NSSP>

SAMHSA Resources - Suicide Prevention

Providers:

- <http://store.samhsa.gov/shin/content//SMA13-4793/SMA13-4793.pdf>

Administrators:

- <http://store.samhsa.gov/product/Quick-Guide-for-Administrators-Based-on-TIP-50/SMA13-4786>

High schools: (tool kit)

- <http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf>

Dedication

To those who:

- have lost their lives by suicide,
- struggle with thoughts of suicide,
- have made an attempt on their lives,
- care for someone who struggles,
- are left behind after a death by suicide,
- are in recovery, and
- all those who work tirelessly to prevent suicide and suicide attempts in our state (nation).

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