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Department of Health and Human Services

Office of Suicide Prevention State of the State

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Division of Public and Behavioral Health
Acting Administrator, Julie Kotchevar, PhD



History of Suicide Prevention Efforts in Nevada



- 2003 Suicide prevention legislation (SB49, SB36, SCR 3, 4, & 5) adopted in Nevada
- 2005 Nevada Coalition for Suicide Prevention established; State of Nevada receives Cohort 1 Garrett Lee Smith grant \$1.2 million;
- 2005 Nevada Office of Suicide Prevention established;
- 2007 Nevada Suicide Prevention Plan released;
- 2008-2011 Three Garrett Lee Smith Awards come to Nevada (ITCN/IHBN, OSP and Pyramid Lake Paiute Tribe; 4 MSPI grants awarded to NV tribes;
- 2009 State of Nevada awarded Garrett Lee Smith grant for \$1.5 million, funding ended June 2013;
- 2013 Fund for a Healthy Nevada funds office and two state positions added;
- 2014 SAMHSA grants impacting mental health, safe and healthy learning environments, youth suicide prevention (Project Aware: school-based mental health and YMHFA)
- 2015 TMCC Awarded Campus Suicide Prevention grant;
AB 93, MH/BH suicide prevention training
- 2016 CRSF Report recommendations implementation plan; 10 year anniversary
- 2017 State plan updated AB 105 passed;

Suicide Statistics

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United States, 2016

- Over 44,965 deaths
- Firearms used in over 51.1% of suicides (NV 51.3%)
- 3.7 male deaths to every female death
- A suicide every 13.7 minutes

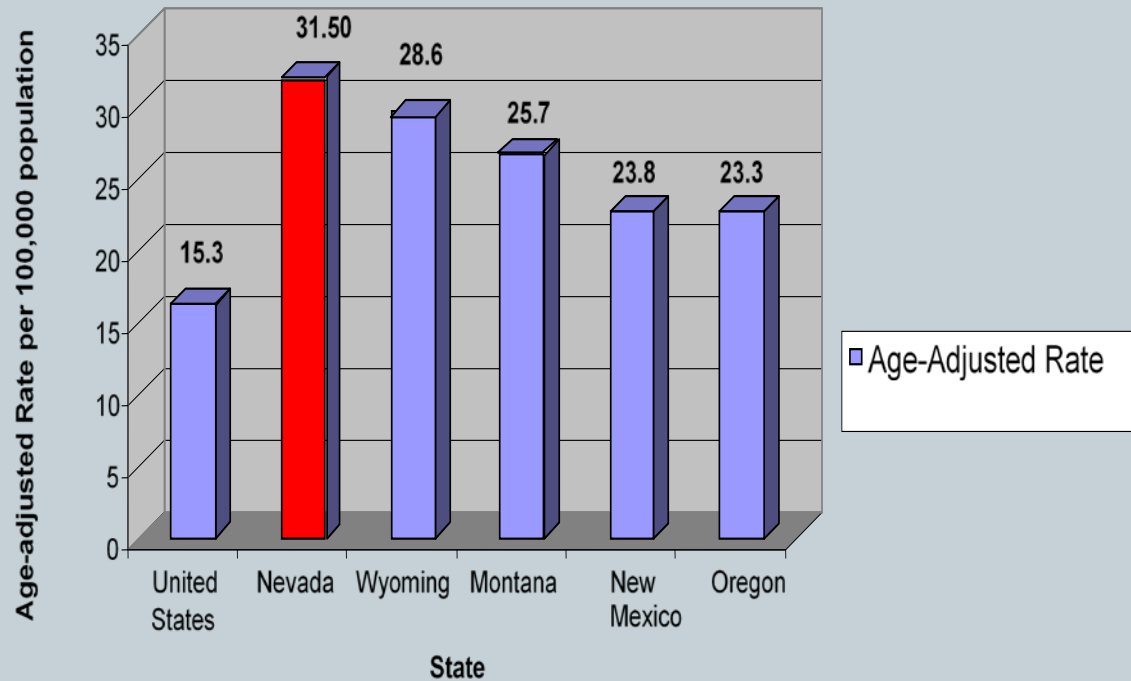
Nevada, 2016

- 5th highest rate
- 2nd leading cause of death 18-44, 1st for youth 8-17 years of age
- Nevada's Elderly have highest rates 65+
- More suicides than homicides (211), motor vehicle accidents (359)

Older Nevadans in crisis



States with Highest Average Suicide Rates in the U.S from 1999-2015: Ages 65-85+



Suicide Deaths



- 30% to 40% of persons who died by suicide have made a previous attempt
- Nearly three-fourths of all people who died by suicide visited a doctor in the four months before their deaths, and half in the month before



Source: Action Alliance for Suicide Prevention

Nevada's Strategic Direction



Veterans

- Reduce **veteran suicides** below the national average by 2020.

Older Adults

- Reduce **older adult / senior suicides** below the national average by 2020.

Youth

- Reduce **youth suicides** below the national average by 2020.

Adults

- Reduce **middle-aged adults suicides** below the national average by 2020.

Zero Suicide Initiative



- Suicide prevention is a core responsibility of health care
- Applying new knowledge about suicide & treating it directly
- A systematic clinical approach in health systems, not “the heroic efforts of crisis staff and individual clinicians.”
- System-wide approaches have worked to prevent suicide:
 - United States Air Force Suicide Prevention Program
 - UK (While et al., 2009)

How is Zero Suicide Different?



Shift in Perspective from:

To:

Specialty referral to niche staff

Every suicide in a system is preventable

Assigning blame

Nuanced understanding: ambivalence, resilience, recovery

Risk assessment and containment

Collaborative safety, treatment, recovery

Stand alone training and tools

Overall systems and culture changes

Part of everyone's job

Individual clinician judgment & actions

Standardized screening, assessment, risk stratification, and interventions

Hospitalization during episodes of crisis

Productive interactions throughout ongoing continuity of care

“If we can save one life...”

“How many deaths are acceptable?”

Suicide Prevention Initiatives



❖ **Wellness, Early Identification, Intervention and Prevention of Suicide**

--SOS, Signs of Suicide Education and Screening Program

Implemented in Clark, Lyon, Washoe, Storey, Nye, Lincoln, Pershing, Humboldt, Carson, White Pine and Churchill counties

--Youth Mental Health First Aid training (YMHFA)

Implemented in Washoe, Lyon, Clark, Elko, Pershing, Humboldt, Lander, Carson, Nye, Lincoln and Douglas

Suicide Prevention Initiatives



❖ **Suicide Prevention Crisis Intervention Services: Hotline and TextToday**

- Over 62,000 contacts per year (10% suicide-specific)
- Over 3,500 contacts per month
- OSP has partnered with Crisis Call Center to implement the nation's first 24-hour, text-based crisis intervention service: *TextToday*;
One third of all contacts are by text message

Suicide Prevention Initiatives



❖ Suicide Prevention Awareness, Education and Training

--2017	16,162 Nevadans
--2016	18,275 Nevadans
--2015	16,442 Nevadans
--2014	8,336 Nevadans
--2013 =	12,984 Nevadans
--2012 =	6,794 Nevadans
--2006-2017 total =	90,071 Nevadans

Suicide Prevention Initiatives



- ❖ **Increase in number of local or regional groups that collaborate with the Office of Suicide Prevention to implement the state plan**
 - Community planning
 - Youth Mental Health First Aid training
 - Zero Suicide Initiative: reducing suicide among people under care

- ❖ **Strategic Plan for Service Members, Veterans and their Families**
 - Participating in upcoming policy implementation academy to implement our goals for helping military and veterans' families
 - Partnering with UNLV Mental Health Awareness & Suicide Prevention Task Force
 - Over 200 Nevada National Guardsmen trained in safeTALK and ASIST, including leadership

- ❖ **Reducing Access to Lethal Means**-educated over 3,300 state firearm owners in firearm security and safety, to include gun shop and shooting range employees in Suicide Alertness and Intervention skills.
 - Suicide-Proof Your Home
 - 11 Commandments of Gun Safety
 - Lok it Up

Suicide Prevention Initiatives



❖ **Continuity of Care for Suicidality**

- Community planning
- Survey of facilities, health care providers, and staff
- Follow-up aftercare

❖ **Committee to Review Suicide Fatalities**

Other Training Opportunities



- **safeTALK: (Suicide Alertness) 3-4 hours**
- **ASIST: (Applied Suicide Intervention Skills Training) Two day workshop**
- **CAMS Online**
- **TMCC and CASAT online trainings**
- **Suicide Prevention Resource Center Online Training**

Counseling on Access to Lethal Means (CALM) Choosing and

Implementing a Suicide Prevention Gatekeeper Training Program

Planning & Evaluation for Youth Suicide Prevention

References & Resources



Nevada Office of Suicide Prevention,

<http://suicideprevention.nv.gov/Suicide-Prevention/>

Suicide Prevention Resource Center, www.sprc.org

SAMHSA, www.samhsa.gov

American Association of Suicidology, www.suicidology.org

Centers for Disease Control, www.cdc.gov

The Trevor Project, www.thetrevorproject.org

The American Foundation for Suicide Prevention, www.afsp.org

The Mayo Clinic, www.mayoclinic.com

Nevada Council on Problem Gambling, www.nevadacouncil.org

Washington Youth Suicide Prevention Program, www.yspp.org

Suicide Prevention Action Network (SPAN USA), www.spanusa.org

Surviving Suicide (survivor support) web site, www.survivingsuicide.com

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National Strategy for Suicide Prevention

www.mentalhealth.org/suicideprevention

A Collaborative Effort of SAMHSA, CDC, NIH, HRSA



“MUCH OF THE WORK OF SUICIDE PREVENTION MUST OCCUR AT THE COMMUNITY LEVEL, WHERE HUMAN RELATIONSHIPS BREATHE LIFE INTO PUBLIC POLICY ...”

**-- DR. DAVID SATCHER
IN THE PREFACE OF THE NATIONAL STRATEGY
FOR SUICIDE PREVENTION (1998)**