Steve Sisolak

Governor



Richard Whitley

Director

State of Nevada

Department of Health and Human Services

Substance Abuse Prevention and Treatment Advisory Board February 10, 2021

Office of Suicide Prevention Misty Vaughan Allen, MA

Suicide Statistics

United States, 2019

- 47,511 suicide deaths
- Firearms used in over 50.4% of suicides
- 10th leading cause of death- homicide is 16th
- 2nd leading cause for youth (15-24)
- 3.6 male deaths to every female death
- A suicide every 11.1 minutes

Nevada, 2019

- 7th highest rate, (642)
- 2nd leading cause of death 20-49, 1st for youth 11-19 years of age (2018)
- Veterans have a high percentage of suicides in NV
- Nevada's Elderly have highest rates 65+
- More suicides than homicides (255), motor vehicle accidents (370)

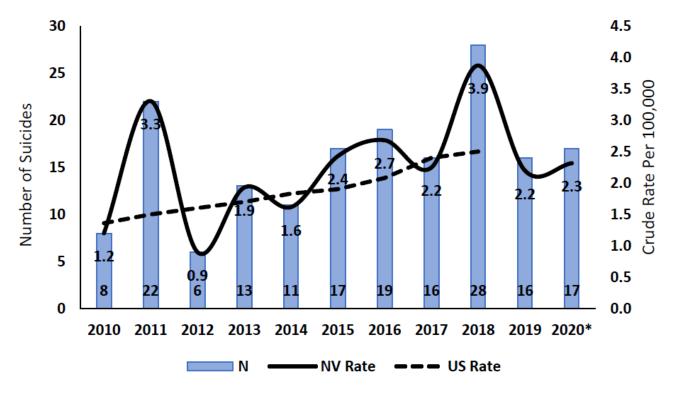
Source: AAS/VA/CDC, USA Suicide: 2019 Official Final Data

Nevada Residents Aged 0-17 Years Old, 2010-2020*

Youth (17 and Under) Suicide Counts and Rates by Year,
Nevada Residents, 2010-2020*

Data are perliminary and subject to change.

Year	N	NV Rate	US Rate
2010	8	1.2	1.4
2011	22	3.3	1.5
2012	6	0.9	1.6
2013	13	1.9	1.7
2014	11	1.6	1.8
2015	17	2.4	1.9
2016	19	2.7	2.1
2017	16	2.2	2.4
2018	28	3.9	2.5
2019	16	2.2	N/A
2020*	17	2.3	N/A



Rate are per 100,000 age specific population, provided by the State Demographer (vintaga 2019). Clark County has an average of 13 youth suicides a year, while Washoe County has an average of 3 youth suicides per year. Source: DHHS, Office of Analytics, 2021.

Senior (65+ Years) Suicide

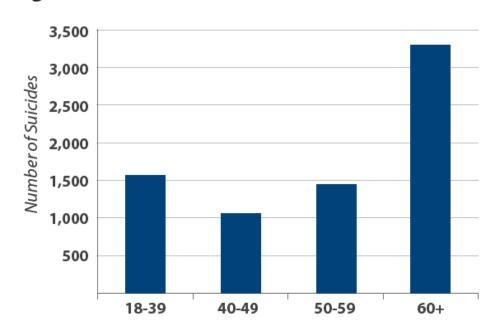
- 17.36 per 100,000 (Nevada 30.24)
- 9,102 deaths nationwide (144 in Nevada)
- One elderly suicide almost every hour
- Elderly white males have highest rates 52.51 per 100K in NV
- One of the leading causes untreated or undiagnosed depression

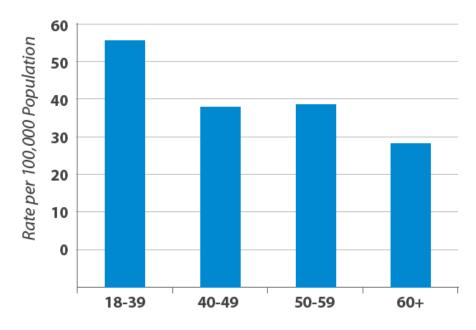


Source: CDC, USA Suicide: 2018 Official Final Data

Veteran Suicide Deaths

Figure 3: Veteran Suicide Deaths: Count vs. Rate





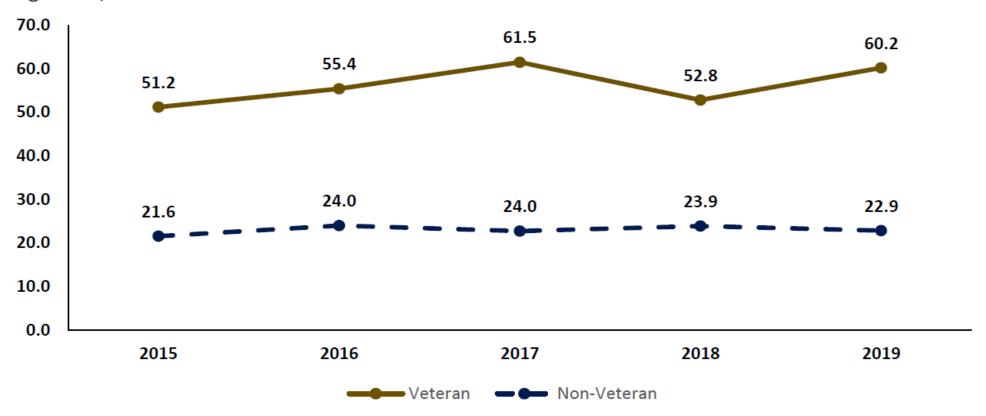
Older Veteran population accounts for the bulk of suicide deaths. This is because of the population's size.

Younger Veteran population includes more recently transitioned Veterans and has a higher rate of suicide.

Source: National Strategy for Preventing Veterans Suicide: 2018-2028

NV Veteran Suicide Rates: 2015-2019

Figure 14. Suicide Age-Adjusted Rates (per 100,000) by Year and Veteran Status. Nevada Residents Ages 20+, 2015-2019.



Source: Office of Analytics. Department of Health and Human Services. Special Surveillance Report: Veterans Suicide 2014-2018. Carson City, Nevada. November 2020.

Shared Risk Factors

Insomnia Desire to escape from pain Passive coping strategies Prescription opioid use **Physical Health Problems Behavioral Health Problems Trauma/Adverse Childhood Experiences Social Isolation**

Screening for Suicide Risk

Consider prevention strategies that address risk factors among the general population and people with chronic pain

Engage partners within health systems in prevention efforts to ensure that pain specialists and primary care providers screen for suicide and opioid overdose risk

The Importance of Screening for Suicide Risk in Chronic Invisible Illness: Pederson CL* June 2018

Vital Signs Report-What We Can Do



Strengthen economic supports

- Strengthen household financial security
- · Housing stabilization policies



Strengthen access and delivery of suicide care

- Coverage of mental health conditions in health insurance policies
- Reduce provider shortages in underserved areas
- Safer suicide care through system change



Create protective environments

- Reduce access to lethal means among persons at risk of suicide
- Organizational policies and culture
- Community-based policies to reduce excessive alcohol use



Promote connectedness

- Peer norm programs
- · Community engagement activities



Teach coping and problem-solving skills

- Social-emotional learning programs
- Parenting skill and family relationship programs



Identify and support people at risk

- Gatekeeper training
- Treatment for people at risk of suicide
- Crisis intervention
- Treatment to prevent re-attempts



Lessen harms and prevent future risk

- Postvention
- · Safe reporting and messaging about suicide



Nevada's Ideal Crisis Continuum

Inpatient Psychiatric Stabilization (Psychiatric Advanced Directives)

Residential/Sub-acute Crisis Stabilization (Peerled, Respite, Crisis Stabilization Centers)

23 hour Outpatient Crisis Stabilization (CCBHC, Crisis Stabilization Centers, Observation Units, Crisis Triage Centers), Outpatient Walk-in Crisis Services, Ambulatory Withdrawal Management

24/7 Mobile Crisis (CCBHC, Rural Clinics, DCFS Children's Mobile Crisis, MOST, Civil Protective Custody, Mobile Recovery Outreach Teams, Crisis Intervention Training)

Crisis Counseling and Supportive Service, 24/7
Crisis Call Line

Community Based Crisis Screening, Prevention, Early Intervention and Support (ASSIST, SAFE-TALK, Mental Health First Aid, Psychological First Aid, NAMI Warm-Line, Zero Suicide Screening, Collaborative Assessment and Management of Suicidality, Signs of Suicide, 2-1-1 Information and Referral)

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Nevada Office of Suicide Prevention during COVID-19 Pandemic

OUTREACH TO FRONT LINE WORKERS TO CONNECT TO CRISIS, WARMLINE AND OTHER SUPPORT SERVICES.

- Training for SNAMHS staff to respond to warmline crisis response;
- Gatekeeper and Crisis Intervention Training offered to the Governor's Office staff, DETR, DCFS, DPS and ADSD to improve response to those calling for services;
- Working with ADSD to add screening questions and connection to resources on intake forms;

CARING COMMUNITIES-TRAINING AND OUTREACH:

- Ongoing webinars for multiple organizations, reaching hundreds of providers and community members;
- Wellness and Wellbeing Webinar Series "Permission to Put Yourself First" for managers and all staff;
- Working with the VA and Governor's Challenge bringing together Faith Leaders to develop community outreach strategy;
- Nevada Resilience Project

Nevada Office of Suicide Prevention SMVF Suicide Prevention

Mayors' and Governor's Challenge teams together strengthening the capacity of interagency military and civilian team of leaders to prevent and reduce suicide among Service Members, Veterans, and Families (SMVF).

- Developed strategies at the local level as well as overarching statewide goals;
- Las Vegas, Truckee Meadows and new Mayor's Challenge expansion to our rural communities of Elko and Winnemucca;

Identify SMVF and Screen for Suicide Risk Promote Connectedness and Improve Care Transitions;

- Mayor's Challenge Team offers free training from PsychArmor: March 2020 NDVS partnered with PsychArmor, launched: S.A.V.E.
 - MAYORS' CHALLENGE https://psycharmor.org/sign-up/nevada-department-of-veterans-services/?gid=355327&unCbmSApNhXKs

ZERO SUICIDE INITIATIVE: LEARNING SERIES TO KEEP ZS TEAMS INVOLVED, SUPPORTED AND CONNECTED DURING COVID 19

- Zero Suicide State Coordinator added "ATQ" to her Zero Suicide Training series, working on MOU w/ American
 Academy of Nursing for the "Have You Served Cards", implemented ATQ into the academy process.
- Zero Suicide workforce survey findings -over 80% of hospitals beginning to implement ZS did not identify SMVF

CARES Act Funding

- Training
 - CAMS
 - NV Gatekeeper
 - safeTALK, ASIST, MHFA/YMHFA
- Lethal Means Safety
 - Safe storage, Deterra bags and locks
 - PSAs and Social Media
- BIPOC Town Hall

Clark County Youth Suicide Review 2016-2018

December 19, 2019

- 1. Support efforts related to enforcing the legal consequences of unsafe storage of firearms, including the Reduce Access to Lethal Means Public Awareness campaign.
- 2. Increase research and dissemination of research findings related to the impact of electronic device addiction in adolescents and the relationship to youth suicide.
- 3. Improve public awareness of Adverse Childhood Experiences (ACEs) and their impact.

Source: Nevada Institute for Children's Research and Policy UNLV School of Public Health and Clark County Child Fatality Review Committee

4. Develop a Social Media Campaign aimed at either parents or youth which would include the following:

- Messaging focused on key risk factors such as:
- Unsecured firearms
- Social isolation, with social media access as an additional complication
- The importance of peer support programs in schools
- Messaging translated into Spanish since 22.7% of decedents in the cases reviewed were Hispanic
- Materials that focus on visual presentation as opposed to print and include a clear message and a clear call to action
- Information targeted for youth would include how to recognize the signs, verbalizations, and ideation of suicide in their peers and what to do if they recognize it

5. Provide resources to youth serving organizations about harm.

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