SUICIDE PREVENTION

Hospital’s role in suicide prevention.
Suicide Prevention Coordinator

Funded local efforts
- Evergreen House - Coalition
  - Bemidji State University
- NAMI MN
  - QPR
  - ASSIST
  - Means Restriction
- SAVE
  - Youth Summit
  - PSA Contest (College students)
  - Technical Assistance

New state plan

Technical assistance

Data analysis

DHS partners
- Mental Health First Aid
- ASSIST
THE RATE OF SUICIDE IS INCREASING
THE MINNESOTA RATE HAS BEEN SIMILAR TO THE U.S. RATE

2010 Leading cause of death ranking
US – 10th
MN – 9th
SUICIDE IS COMPLEX

- Painful Loss
- Feel like a burden
- Access to means
- Social Isolation
- Mental Illness
- Substance Abuse
- Adverse Childhood Experiences
- Culture
GROUPS WITH INCREASED RISK

- American Indians/Alaska Natives
- Suicide Survivors
- Suicide Attempt Survivors (NSSI)
- Lesbian, gay, bisexual, & transgender (LGBT) populations
- Members of the Armed Forces & veterans
- Men in midlife
- Older men
- Individuals:
  - in justice & child welfare settings
  - with medical conditions
  - with mental or substance abuse disorders
Providing 24-hour crisis teams
Removing ligature points (materials that could be used for suicide)
Conducting follow up with patients within 7 days of discharge
Conducting assertive community outreach, including providing intensive support for people with severe mental illness
Providing regular training to frontline clinical staff on the management of suicide risk
Managing patients who are not complying with treatment
Sharing information with criminal justice agencies
Conducting multidisciplinary reviews and sharing information with families after suicide.
NATIONAL STRATEGY FOR SUICIDE PREVENTION

- Health care systems, insurers, and clinician recommendations
- 4 main strategies
Communicate messages of resilience, hope and recovery to patients, clients, and their families with mental and substance abuse disorders.
STRATEGY 2: CLINICAL & COMMUNITY PREVENTIVE SERVICES

- Screen for mental health needs, including suicidal thoughts and behaviors, and make referrals to treatment and community resources, as needed.
- Incorporate lethal means counseling into suicide risk assessment protocols and address means restriction in safety plans.
- Increase the capacity of health care providers to deliver suicide prevention services in a linguistically and culturally appropriate way.
STRATEGY 3: TREATMENT & SUPPORTIVE SERVICES

- Implement patient-informed alternatives to hospitalization for individuals with suicide risk
- Develop alternatives to treatment in an emergency department, such as same-day scheduling for mental health services and in-home crisis care
- Develop and implement protocols to ensure immediate and continuous follow up after discharge from an ED or inpatient unit
- Educate family members and significant others about appropriate steps they can take to support individuals at suicide risk during treatment and/or after discharge from an ED or inpatient unit
Implement the recommendations for health care providers in CDCs action plan for improving external cause of injury coding within administrative data, such as emergency department and hospital discharge system.

- Routinely document suicide-related information (e.g., alcohol use, drug use, description of intent) in emergency department charts.

- Initiate continuous quality improvement studies to determine the effectiveness of policies and procedures intended to rapidly connect individuals at risk for suicide with services.
CRISIS INTERVENTION RESOURCES

- National Suicide Prevention Lifeline (& local crisis lines)
- TXT4Life
- Mobile crisis teams
- SAFE-T – Suicide assessment five-step evaluation and triage
- County veteran service officer (CVSO)
- Veteran Crisis Line
WHAT DO YOU NEED?
WHAT ARE YOUR PRIORITIES?
Q & A

- What are you doing?
- What are your needs?
- What are your priorities?
- What can the state do to support your prevention efforts?