Prospectus Group, LLC.
Presents:
Suicide Prevention & Intervention in State of Georgia

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Content and Outcomes

- Suicide Facts and Figures in Georgia

- Current Suicide Prevention Strategies & Approaches

  (CDC Policy, Programs and Practice)

- Current Research for Suicide Prevention in Georgia

Suicide Rates: US vs Georgia Comparison

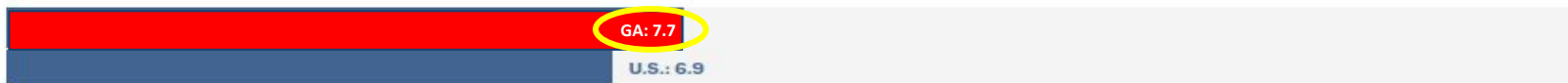**Subpopulations: Suicide, Georgia, United States**

SEX

Suicide - Female

GA: 5.8

U.S.: 6.2

Suicide - Male

GA: 22.7

U.S.: 22.2
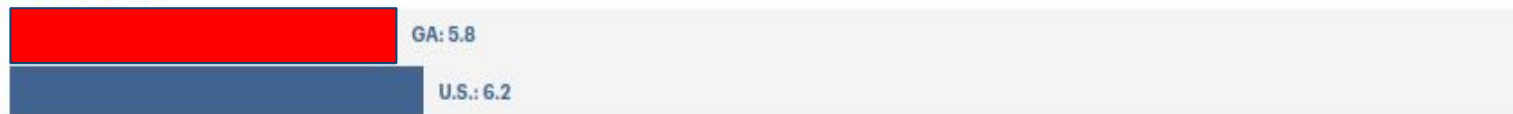
Deaths per 100,000 population

Suicide Rates: US vs Georgia Comparison

RACE/ETHNICITY

Suicide - Asian
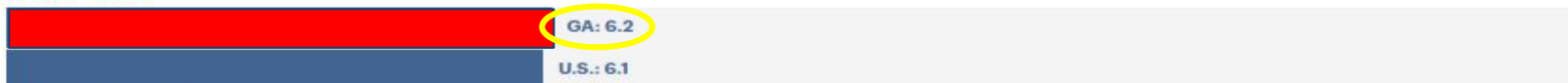
GA: 7.7

U.S.: 6.9

Suicide - Black

GA: 6.2

U.S.: 6.1

Suicide - Hispanic

GA: 7.4

U.S.: 6.8

Suicide - White

GA: 17.9

U.S.: 15.7
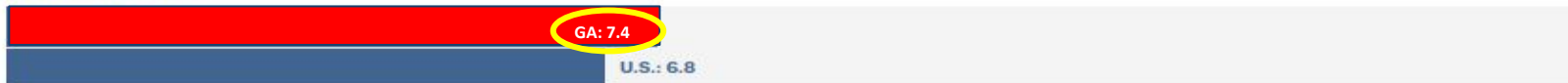
Deaths per 100,000 population

Suicide Rates: US vs Georgia Comparison

AGE

Suicide - Aged 15-24
GA: 14.7
U.S.: 13.1

Suicide - Aged 25-34
GA: 16.2
U.S.: 16.5

Suicide - Aged 35-44
GA: 15.0
U.S.: 17.3

Suicide - Aged 45-54
GA: 19.8
U.S.: 19.7

Suicide - Aged 55-64
GA: 19.2
U.S.: 18.7

Suicide - Aged 65-74
GA: 15.5
U.S.: 15.3

Suicide - Aged 75-84
GA: 17.5
U.S.: 18.1

Deaths per 100,000 population

Suicide Rates: US vs Georgia Comparison

Deaths per 100,000 population

Edition Year

Age-adjusted number of deaths due to intentional self-harm per 100,000 population

Georgia

United States

2%
increase since 2012

Source:

- CDC WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death files
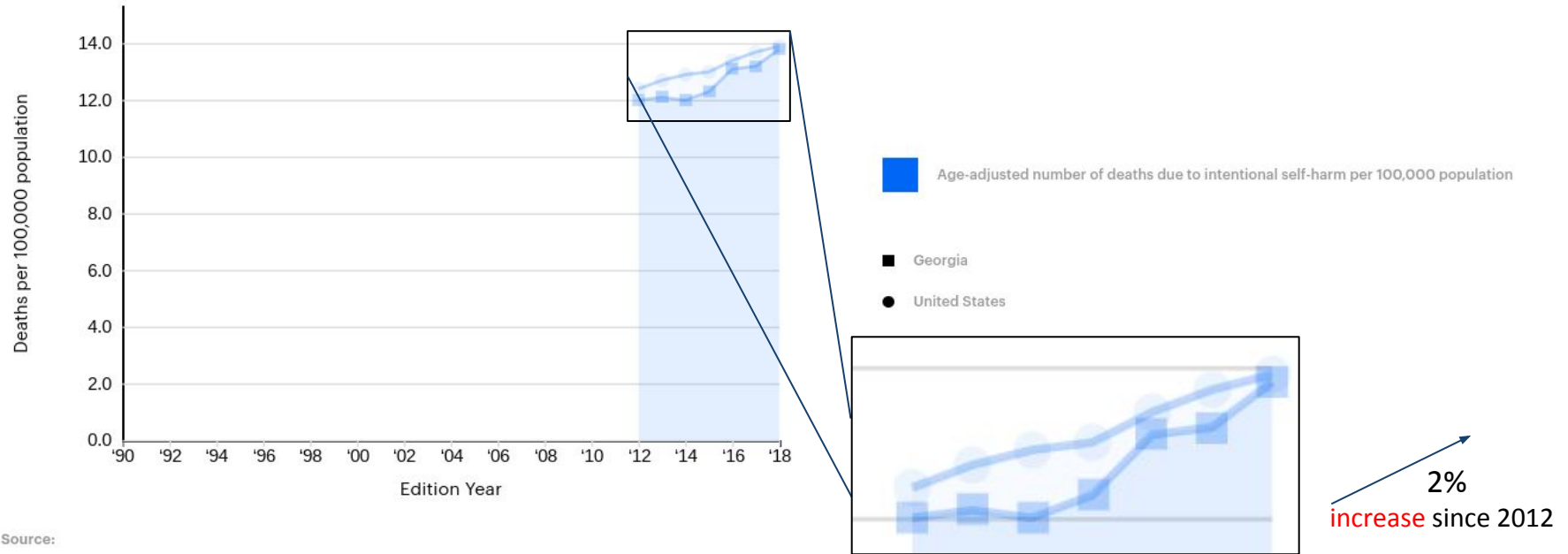
Suicide Prevention Strategies & Approaches

01	**Strengthen economic supports**	• Strengthen household security • Housing stabilization policies
02	**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 systems change
03	**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
04	**Promote connectedness**	• Peer norm programs • Community engagement activities
05	**Teach coping and problem-solving skills**	• Social-emotional learning programs • Parenting skill and family relationship programs
06	**Identify and support people at risk**	• Gatekeeper training • Crisis intervention • Treatment for people at risk of suicide • Treatment to prevent re-attempts
07	**Lessen harms and prevent future risks**	• Postvention • Safe reporting and messaging about suicide

Create protective environments

Efforts in suicide prevention with focus on environmental changes can lead to an increase in the likelihood of positive health and behavioral outcomes.[1] Implementation of supportive policies to change organizational culture can change social norms, encourage help-seeking and indicate overall health, especially mental health, are valued.[2]

Approaches

- Reduce access to lethal means among persons at risk of suicide
  ◦ Suicide hotspot intervention
  ◦ Safe storage
- Organizational policies and culture
  ◦ Promotion of protective environments
  ◦ Promotion of prosocial behavior, skill building, positive social norms, assessment, referral and access to help
- Community-based policies to reduce excessive alcohol use
  ◦ Institute policies reducing excessive alcohol use

1. Haddon W. Advances in the epidemiology of injuries as a basis for public policy. Public Health Rep. 1980;95(5):411-421.
2. National Action Alliance for Suicide Prevention Workplace Task Force. Comprehensive Blueprint for Workplace Suicide Prevention. Washington, D.C. : Author; 2015.

Create protective environments

Efforts in suicide prevention with focus on environmental changes can lead to an increase in the likelihood of positive health and behavioral outcomes. Implementation of supportive policies to change organizational culture can change social norms, encourage help-seeking and indicate overall health, especially mental health, are valued.

Potential Outcomes

☐ Increases in safe storage of lethal means
☐ Reductions in rates of suicide
☐ Reductions in suicide attempts
☐ Increases in help-seeking
☐ Reductions in alcohol-related suicide deaths

Create protective environments

Efforts in suicide prevention with focus on environmental changes can lead to an increase in the likelihood of positive health and behavioral outcomes. Implementation of supportive policies to change organizational culture can change social norms, encourage help-seeking and indicate overall health, especially mental health, are valued.

Evidence

- Reduce access to lethal means among persons at risk of suicide
  - Suicide hotspots
  - Safe storage
    - **Emergency Department Counseling on Access to Lethal Means (ED CALM)** is a program providing counseling and safe storage for patients under the age of 18 who have attempted suicide
- Organizational policies and culture
  - Establishment of prevention programs in workplace, military communities and correctional facilities
- Community-based policies to reduce excessive alcohol use
  - Greater density of bars may lead to increased suicide and suicide attempts[3]

3.   Rush BR, Gliksman L, Brook R. Alcohol availability, alcohol consumption and alcohol-related damage. I. The distribution of consumption model. J Stud Alcohol. 1986;47(1):1-10.

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Reporting in ECCO

Promote connectedness

Promoting connectedness among individuals and within communities through modeling peer norms and enhancing community engagement may protect against suicide.

Approaches

☐ Peer norm programs[4]
- ◦ Leverages leadership qualities and social influence of peers
- ◦ Typically target youth
- ◦ Can be delivered in school and community settings

☐ Community engagement activities
- ◦ Provides opportunities for residential involvement in the community
- ◦ Connects other community members and resources
- ◦ Promotes overall positive health and decreased depressive symptoms

4. Wyman PA. Developmental approach to prevent adolescent suicides: research pathways to effective upstream preventive interventions. Am J Prev Med. 2014;47(3 Suppl 2):S251-256.

Promote connectedness

Promoting connectedness among individuals and within communities through modeling peer norms and enhancing community engagement may protect against suicide.

Potential Outcomes

☐ Increases in healthy coping attitudes and behaviors
☐ Increases in referrals for youth in distress
☐ Increases in help-seeking behaviors
☐ Increases in positive perceptions of adult support

Promote connectedness

Promoting connectedness among individuals and within communities through modeling peer norms and enhancing community engagement may protect against suicide.

Evidence

☐ Peer norm programs
- **Sources of Strength** program[5]
  - Improves adaptive norms regarding suicide, connectedness to adults and school engagement
  - Peer leaders more likely to refer a suicidal friend
  - Increased perceptions of adult support from students

☐ Community engagement activities
- Leads to reduction of community residents' self-reported stress levels
- Creates engagement in more protective factors (ie. physical exercise)

5. Wyman PA, Brown CH, LoMurray M, et al. An outcome evaluation of the Sources of Strength suicide prevention program delivered by adolescent peer leaders in high schools. Am J Public Health. 2010;100(9):1653-1661.

Promote connectedness

Promoting connectedness among individuals and within communities through modeling peer norms and enhancing community engagement may protect against suicide.

Reporting in ECCO

Teach coping and problem-solving skills

Life skills encompasses many concepts, but most often include coping and problem-solving skills, emotional regulation, conflict resolution and critical thinking. All are important developmental components to suicide prevention.

Approaches

☐ Social-emotional learning programs[6]
- ◦ Focus on developing and strengthening communication and problem-solving skills, emotional regulation, conflict resolution, help seeking and coping skills
- ◦ Provides skills to resolve problems in relationships, school, with peers and other negative influences associated with suicide

☐ Parenting skill and family relationship programs
- ◦ Designed to strengthen parenting skills, enhance positive parent-child interactions and improve children's and emotional skills and abilities
- ◦ Designed for parents and caregivers with age-specific content

6. Herman KC, Borden LA, Reinke WM, Webster-Stratton C. The impact of the Incredible Years parent, child, and teacher training programs on children's co-occurring internalizing symptoms. Sch Psychol Q. 2011;26(3):189-201.

Teach coping and problem-solving skills

Life skills encompasses many concepts, but most often include coping and problem-solving skills, emotional regulation, conflict resolution and critical thinking. All are important developmental components to suicide prevention.

Potential Outcomes

☐ Reductions in suicide ideation
☐ Reductions in suicide attempts
☐ Reductions in suicide risk behaviors
☐ Improvements in help-seeking behavior
☐ Improvements in problem-solving and conflict management skills
☐ Improvements in social competence and emotional regulation skills

Teach coping and problem-solving skills

Life skills encompasses many concepts, but most often include coping and problem-solving skills, emotional regulation, conflict resolution and critical thinking. All are important developmental components to suicide prevention.

Evidence

- Social-emotional learning programs[7]
  - **Youth Aware of Mental Health Program (YAM)** uses interactive dialogue and role-playing for teenagers 14-16
    - 50% reduction in suicide attempts following cluster-randomized controlled trial
  - **Good Behavior Game (GBG)** is a classroom-based program for children aged 6-10
    - Team-based strategy that promotes good behavior and consequences for maladaptive behavior
    - Led to reduced risk of substance abuse and suicide ideation among study of two cohorts of students
- Parenting skill and family relationship programs
  - **Incredible Years (IY)** includes 9-20 community-based sessions
    - Shown to reduce internalizing symptoms, such as anxiety and depression, and child conduct problems
  - **Strengthening Families 10-14** has been shown to significantly decrease externalizing behaviors, such as aggressive alcohol and drug use and depression among participants

7. Wasserman D, Hoven CW, Wasserman C, et al. School-based suicide prevention programmes: The SEYLE clusterrandomised, controlled trial. Lancet. 2014;385(9977):1536-1544.

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Life skills encompasses many concepts, but most often include coping and problem-solving skills, emotional regulation, conflict resolution and critical thinking. All are important developmental components to suicide prevention.

Reporting in ECCO

4. Wasserman D, Hoven CW, Wasserman C, et al. School-based suicide prevention programmes: The SEYLE clusterrandomised, controlled trial. Lancet. 2014;385(9977):1536-1544.

Identify and support people at risk

In order to decrease suicide, care of, and attention to, vulnerable populations is necessary, as these groups tend to experience suicidal behavior at higher than average rates.

Approaches

☐ Gatekeeper training
- Designed to train teachers, coaches, clergy, emergency responders, primary and urgent care providers and community members
- Community members trained to identify and effectively respond to people who may be at risk

☐ Crisis intervention
- Provides support and referral services
- Connects person in crisis with trained volunteers or professionals

Identify and support people at risk

In order to decrease suicide, care of, and attention to, vulnerable populations is necessary, as these groups tend to experience suicidal behavior at higher than average rates.

Potential Outcomes

☐ Reductions in suicide ideation
☐ Reductions in suicide attempts
☐ Reductions in suicide rates
☐ Improvements in depression and feelings of hopelessness
☐ Improvements in coping skills
☐ Increases in treatment engagement and compliance with medications

Identify and support people at risk

In order to decrease suicide, care of, and attention to, vulnerable populations is necessary, as these groups tend to experience suicidal behavior at higher than average rates.

Evidence

☐ Gatekeeper training
- **Applied Suicide Intervention Skills Training (ASIST)** is a widely implemented training program to help healthcare workers identify and connect with suicidal individuals
- **Garrett Lee Smith (GLS) Suicide Prevention Program** is a gatekeeper training with significant reductions in youth suicide rates one year after implementation
  - Showed significant decreased suicide attempt rates among youth ages, 16-23

☐ Crisis intervention
- The **National Suicide Prevention Lifeline** services provide a telephone hotline for those at-risk of suicide

☐ Treatment for people at risk of suicide
- The **Improving Mood - Promoting Access to Collaborative Treatment (IMPACT)** program seeks to prevent suicide among older primary care patients by reducing suicide ideation and depression
  - Facilitates the development of a therapeutic alliance, personalized treatment plan and proactive follow-up

Increase and support people at risk

Promoting connectedness among individuals and within communities through modeling peer norms and enhancing community engagement may protect against suicide.

Reporting in ECCO

Strategy	Approach/Program, Practice or Policy	Best Available Evidence			Lead Sectors[1]
		Suicide	Suicide Attempts or Ideation	Other Risk/ Protective Factors for Suicide	
Promote connectedness	**Peer norm programs**				Public Health
	Sources of Strength			✓	Education
	Community engagement activities				Public Health
	Greening vacant urban spaces			✓	Government (local)
Teach coping and problem-solving skills	**Social-emotional learning programs**				Public Health
	Youth Aware of Mental Health Program		✓	✓	Education
	Good Behavior Game		✓	✓	
	Parenting skill and family relationship approaches				Public Health
	The Incredible Years			✓	Education
	Strengthening Families 10–14			✓	
Identify and support people at risk	**Gatekeeper training**				Public Health
	Applied Suicide Intervention Skills Training			✓	Health Care
	Garret Lee Smith Suicide Prevention Program	✓	✓		
	Crisis intervention				Public Health
	National Suicide Prevention Lifeline		✓	✓	Social Services
	Treatment for people at risk of suicide				
	Improving Mood – Promoting Access to Collaborative Treatment (IMPACT)		✓	✓	Healthcare Social Services

Keys to Prevent Suicide

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

Lessen harms and prevent future risk
- Postvention
- Safe reporting and messaging about suicide

Current Research

In their article, Early Identifications of Youth at Risk for Suicidal Behavior: Patterns of Identification and Referrals From Three Community Behavioral Health Centers in Georgia (2019), researchers Florez, LoParo, Valentine and Lamis determined demographic factors and cultural competence should be highly considered when identifying and referring at-risk youth to prevent suicide.

Recommendations for Youth Suicide Prevention
- Ongoing monitoring and evaluation of identification, referral and follow-up procedures among behavioral health clinics for quality improvement
- Promotion of higher standardization of evidence-based practices of care while considering cultural factors
- Reliable surveillance systems and proper documentation to detect barriers and errors to treatment
- Screening, assessment and referrals should be embedded within electronic health records
- Trained technicians should work closely to ensure analysis is reported
- Increased attention to family and community-based services for strengthening protective factors
- Applying procedures to recruit older youth to participate
- Gaining information patterns from youth and parental perceptions of quality and satisfaction[5]

8. Florez, I. A., LoParo, D., Valentine, N., & Lamis, D. A. (2019). Early identification of youth at risk for suicidal behavior: Patterns of identification and referrals from three community behavioral health centers in Georgia. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*. https://doi-org.libez.lib.georgiasouthern.edu/10.1027/0227-5910/a000569

References

1. Haddon W. Advances in the epidemiology of injuries as a basis for public policy. Public Health Rep. 1980;95(5):411-421.
2. National Action Alliance for Suicide Prevention Workplace Task Force. Comprehensive Blueprint for Workplace Suicide Prevention. Washington, D.C. : Author; 2015.
3. Rush BR, Gliksman L, Brook R. Alcohol availability, alcohol consumption and alcohol-related damage. I. The distribution of consumption model. J Stud Alcohol. 1986;47(1):1-10.
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Questions?