

YOUTH SUICIDE PREVENTION IN COLORADO

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ADVOCACY DENVER

providing active voice and supporting civil rights
for people with disabilities

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Colorado Department of Public Health and Environment



COLORADO

Department of Health Care
Policy & Financing

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ADVOCACYDENVER

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Youth Suicide Prevention in Colorado

Sarah Brummett, MA, JD
Colorado Office of Suicide Prevention



COLORADO
Department of Public
Health & Environment

Attitudes and Misconceptions about Suicide

Sin...

Weakness...

Selfish...

If someone wants to take their life,
there's not much I can do about it...

But what we know...

Data

“Statistics are merely aggregations of numbers with the tears wiped away.”

- Dr. Irving Schikoff

Suicide in Colorado

In 2015, there were:

56 HIV deaths

205 Homicides

585 Breast cancer deaths

586 Motor vehicle deaths

658 Influenza & Pneumonia deaths

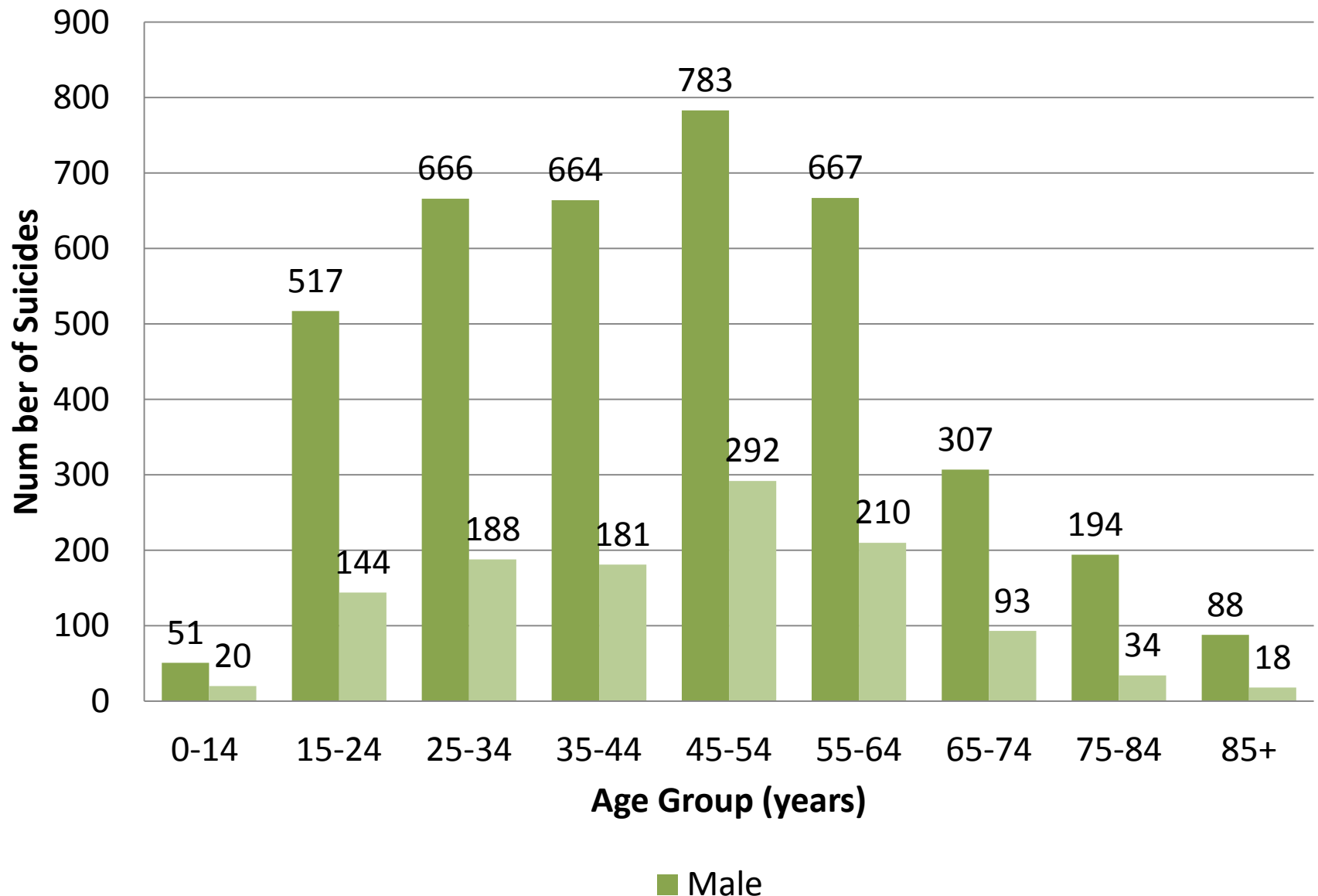
884 Diabetes deaths

1,093 deaths by Suicide

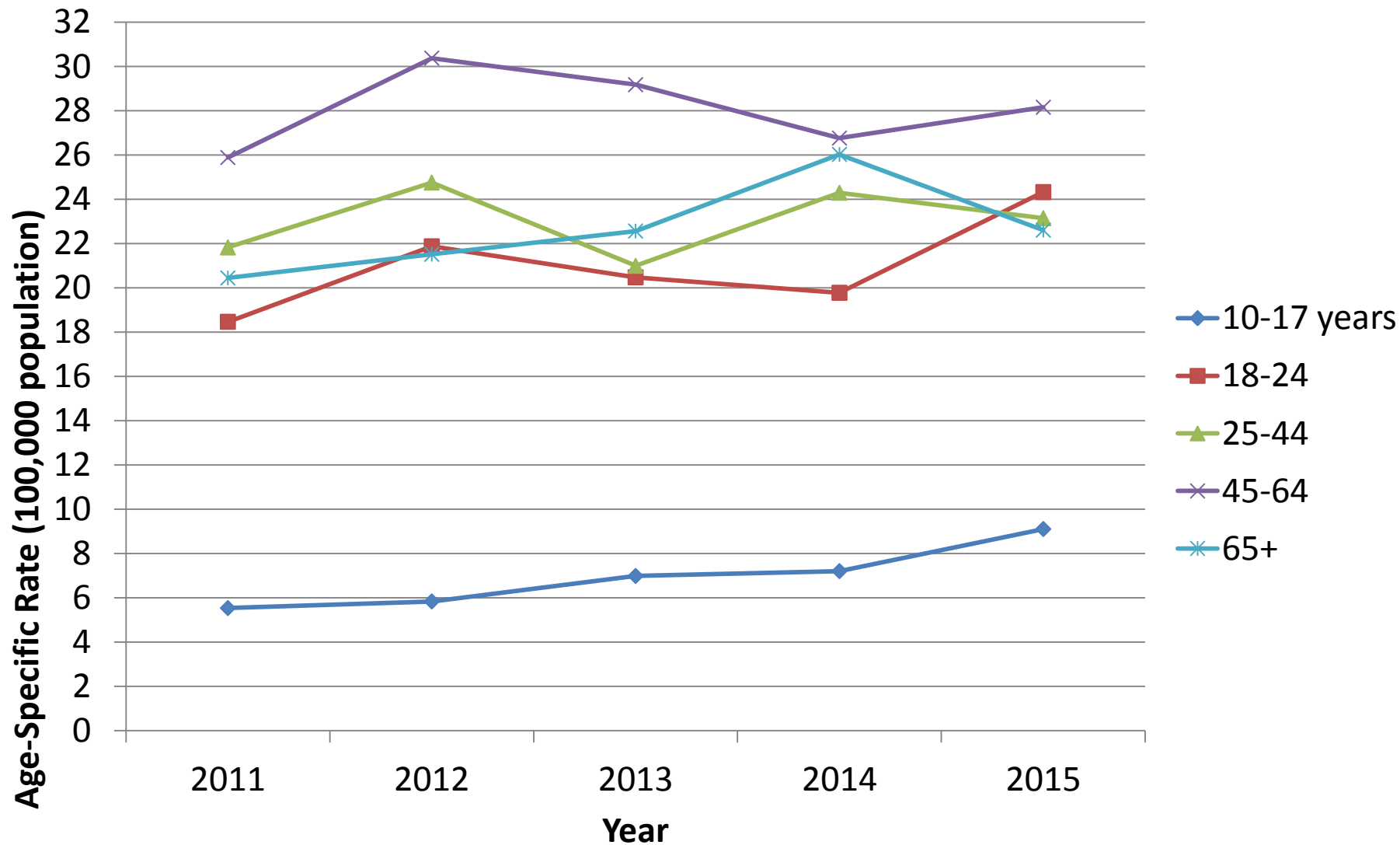
Suicide is the **7th** Leading cause of death in CO for all ages

Suicide is the **2nd** cause of death for those ages 10-24

Suicide deaths by age and gender, 2011-2015

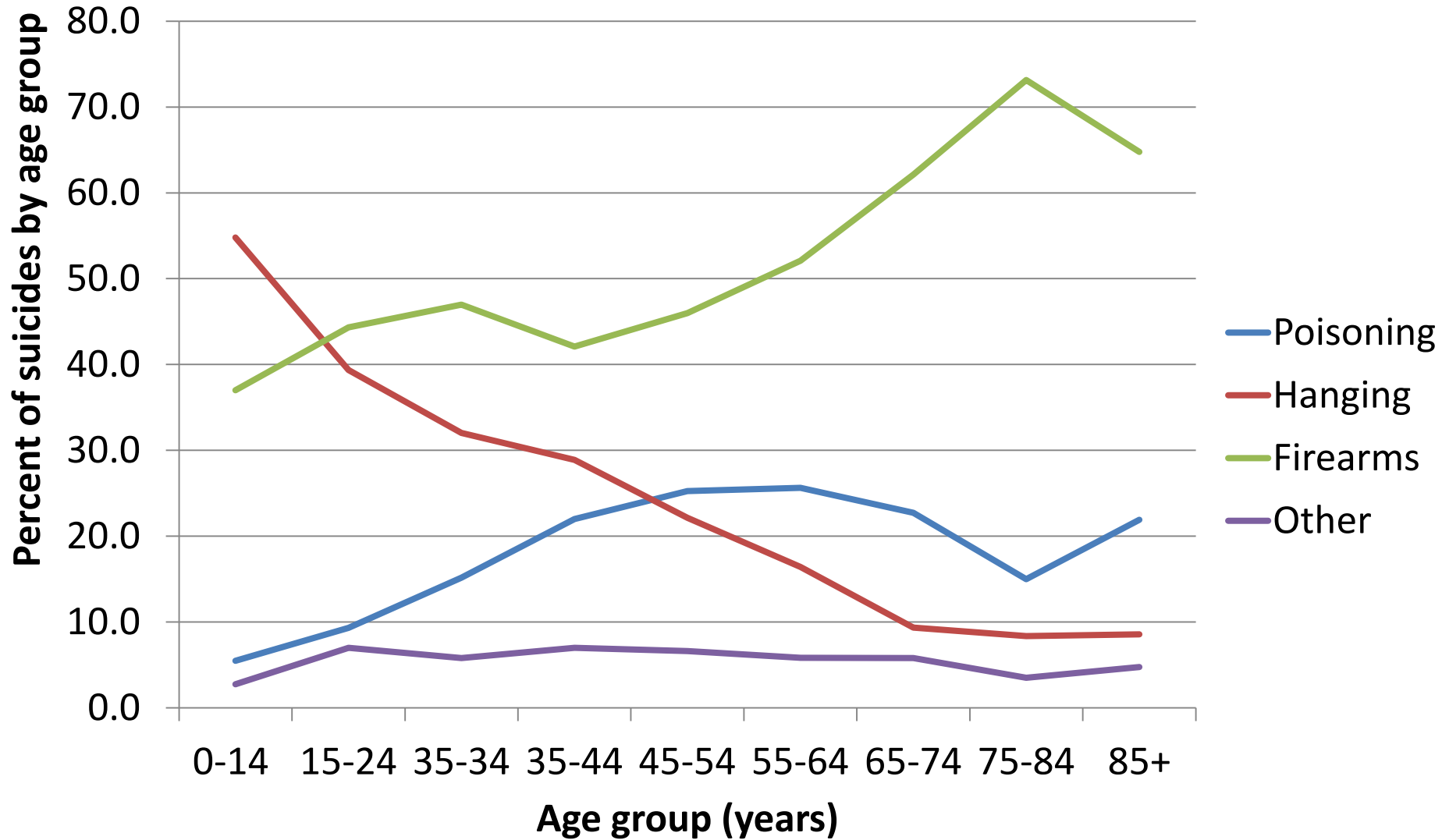


Age-specific suicide rate, 2011-2015



Source: Vital Statistics Program, Colorado Department of Public Health and Environment

Suicide Methods by age group, Colorado residents (2011-2015)



Leading Causes of Death, Ages 10-18

In 2015:

8 Homicides

10 Cancer deaths (all types)

12 Poisoning deaths (unintentional)

28 Motor Vehicle deaths

72 Suicides

CO Suicide deaths and rates ages 10-18, 2009-2015

Year	n	Rate*
2011	39	6.4
2012	42	6.8
2013	48	7.6
2014	50	7.8
2015	72	11.0

*per 100,000 population

Suicide Deaths in Colorado Ages 10-14 (2009-2015)

- Overall suicide rate
3.8/100,000
- 93 total suicide deaths
- 71% male
- 32% by firearm

Suicide Deaths in Colorado Ages 15-18 (2009-2015)

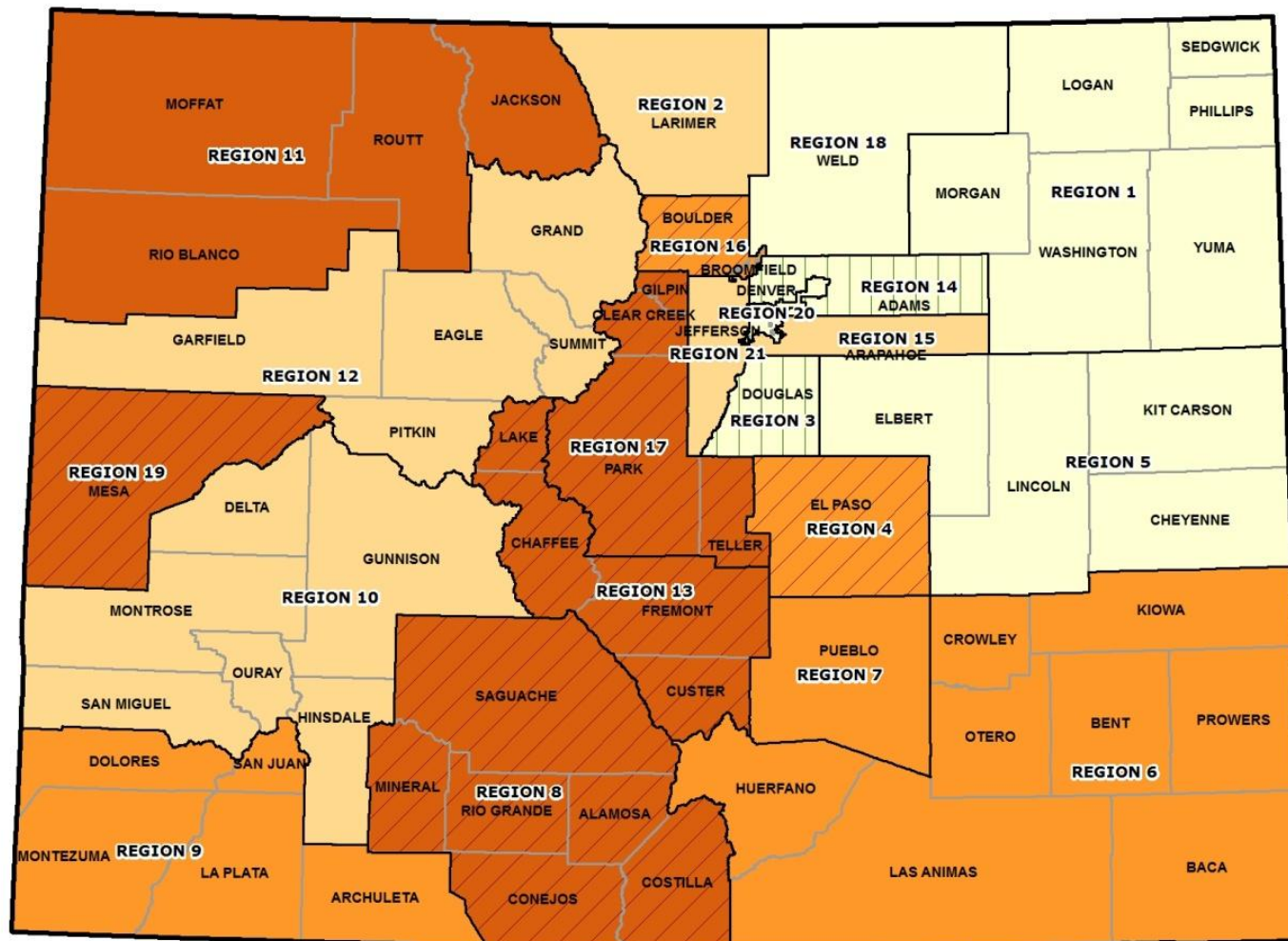
- Overall suicide rate
12.8/100,000
- 246 total suicide deaths
- 70% male
- 41% by firearm

Age-adjusted suicide rates by county of residence classification, Colorado residents (2011-2015)

County Classification	N	Age-adjusted rate (95% CI)
Frontier	142	21.5 (17.8-25.2)
Rural	618	20.8 (19.1-22.5)
Urban	4,265	18.2 (17.7- 18.8)

Colorado Age-Adjusted Suicide Rate, 2009-2013

Colorado Residents, by Health Statistics Region



5-Year Suicide Rate Per 100,000 Residents
(2009-2013, Age-Adjusted)

By Health Statistics Region

- Lowest Quartile (14.2 - 16.2)
- Second Quartile (16.3 - 18.2)
- Third Quartile (18.3 - 22.8)
- Highest Quartile (22.9 - 30.4)

State Average 17.8 (95% C.I. 17.3 - 18.3)

- Statistically Lower than Average
- Statistically Higher than Average



Attempts



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Suicide-Related Hospitalizations in Colorado 2009-2013

Ages 10-14

- Overall hospitalization rate 32.2/100,000
- 545 total hospitalizations
- 80% female
- 73% by solid/liquid drug overdose

Ages 15-18

- Overall hospitalization rate 121.4/100,000
- 1,649 total hospitalizations
- 66% female
- 79% by solid/liquid drug overdose

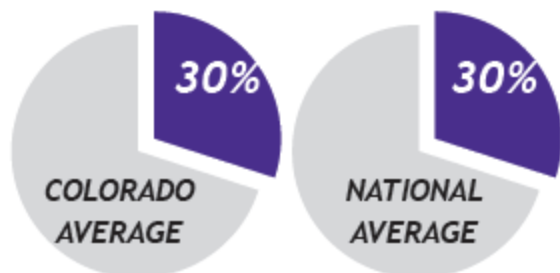
Why Means Matter-

- Many suicide attempts occur with little planning during a short-term crisis.
- Intent isn't all that determines whether someone lives or dies; means also matter.
- 90% of those who survive an attempt do NOT go on to die by suicide later.
- Access to firearms is a risk factor for suicide.
- Firearms used in youth suicide usually belong to a parent.
- Reducing access to lethal means saves lives.

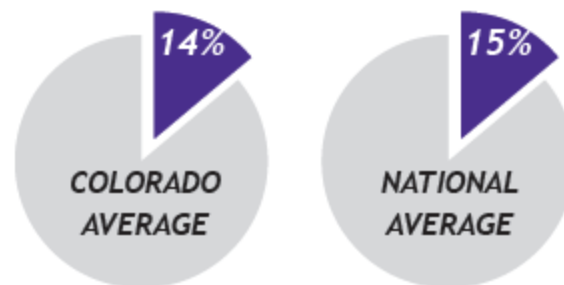


HEALTHY KIDS COLORADO SURVEY 2015

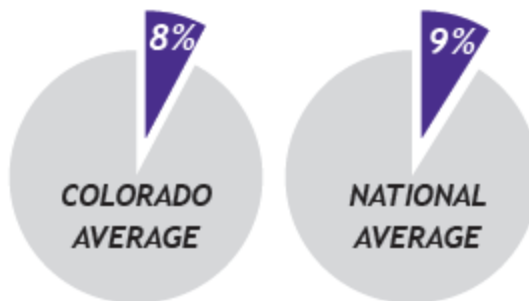
YOUTH WHO FELT SAD OR HOPELESS EVERY DAY FOR 2 WEEKS



YOUTH WHO MADE A SUICIDE PLAN IN THE LAST YEAR



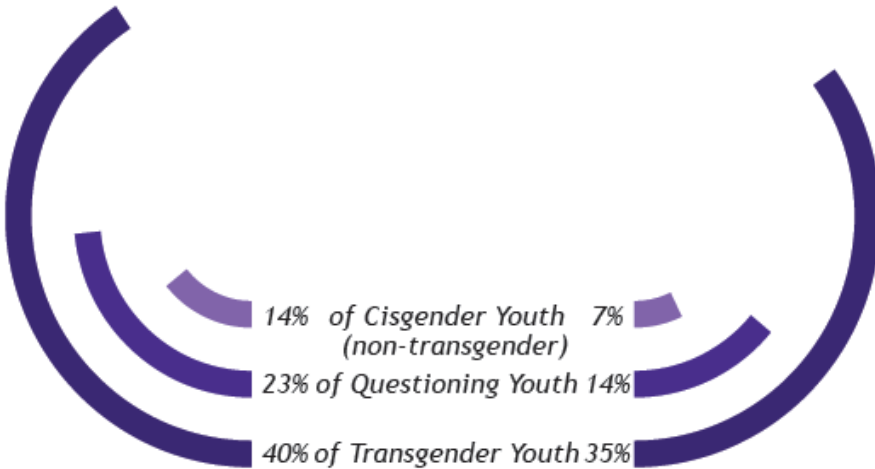
YOUTH WHO ATTEMPTED SUICIDE AT LEAST ONCE IN THE LAST YEAR



GENDER IDENTITY

SUICIDE
PLAN

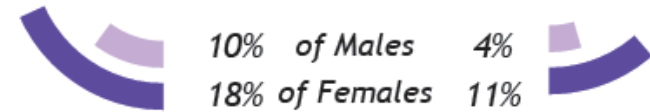
SUICIDE
ATTEMPT



SEX

SUICIDE
PLAN

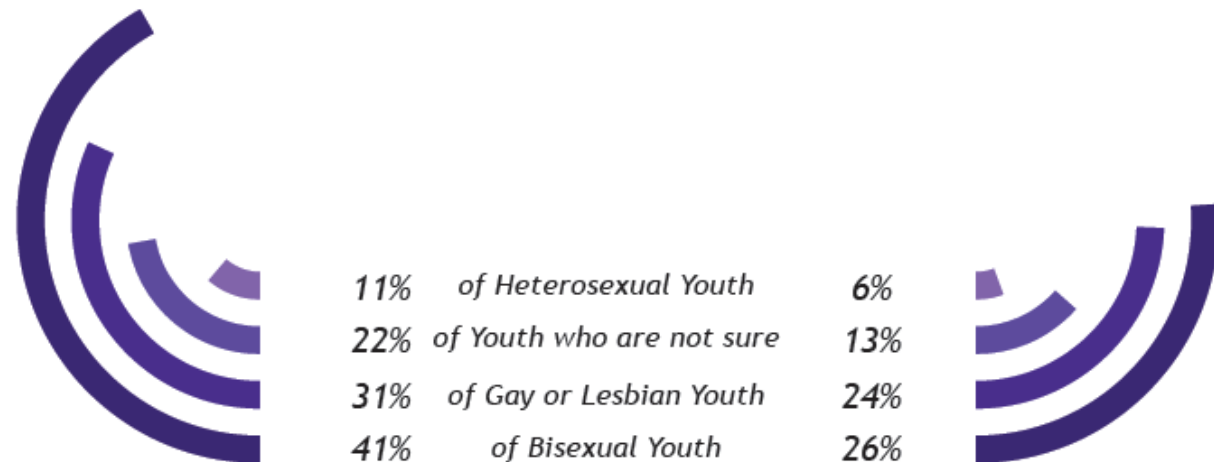
SUICIDE
ATTEMPT



SEXUAL ORIENTATION

SUICIDE
PLAN

SUICIDE
ATTEMPT



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FACTORS THAT CAN HELP REDUCE YOUTH SUICIDE ATTEMPTS



Trusted Adults:

Youth who have an adult to go to for help are 3.5x LESS likely to attempt suicide.



School Safety:

Youth who feel safe at school are 3.2x LESS likely to attempt suicide.



Extracurricular Activities:

Youth who participate are 1.7x LESS likely to attempt suicide.

Warning Signs:

- Talking about:
 - killing themselves
 - being a burden
 - feeling trapped
 - unbearable pain
 - No reason to live
- Mood:
 - Depression
 - Loss of interest
 - Rage, anger, irritability
 - Humiliation
 - Anxiety
- Behavior Change:
 - Increased substance use
 - Searching for materials or means
 - Acting recklessly
 - Withdrawal from friends, family, activities
 - Change in sleep patterns
 - Saying “goodbyes”
 - Giving away prized possessions
 - Aggression

Protective Factors:



- Reducing adverse childhood experiences
- Connection to a caring adult
- Connection to community (faith, social, otherwise)
- Social Support
- Policies and cultures that accept help seeking behavior
- Destigmatization of mental health problems
- Positive coping and problem-solving strategies
- Access to services
- Coordinated care

Suicide CAN be prevented

- If you're concerned about someone- **ASK** directly
“Are you having thoughts of suicide”
- **LISTEN**- “Tell me what’s been going on for you”
- **TAKE ACTION**- Connect to supportive services

What to do

- Be **direct** - talk openly and matter-of-factly about suicide.
- Ask open-ended questions.
- Be willing to **listen**.
- Be **non-judgmental**. Don't lecture on the value of life.
- Don't act shocked - this may put distance between you.
- Don't be sworn to secrecy. Seek support.
- Offer hope that alternatives are available.
- Take action.
- Get help from people specializing in crisis intervention and suicide prevention.

Colorado Crisis Services

- 24/7 Walk In Clinics
- Respite Care facilities
- Acute Care Units
- Mobile Crisis Teams
- Crisis Line with Peer Support and follow up **1-844-493-TALK**
- Services available regardless of county, region, or insurance

Denver Metro Locations:

- | | |
|---|---|
| - 2551 W 84th Avenue
Westminster, CO 80031 | 4353 E. Colfax Avenue
Denver, CO 80220 |
| - 6509 S. Santa Fe Drive
Littleton, CO 80120 | 12055 W. 2nd Place
Lakewood, CO 80228 |
| - 2206 Victor Street
Aurora, CO 80045 | 3180 Airport Road
Boulder, CO 80301 |



Now with texting! Simply
text “TALK” to 38255





State Initiatives



COLORADO
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Office of Suicide Prevention

www.coosp.org

- Mission – To serve as the lead entity for statewide suicide prevention and intervention efforts, collaborating with Colorado communities to reduce the number of suicide deaths and attempts in the state.
- OSP Activities
 - Suicide Prevention Commission (SB 2014-088)
 - Hospital Initiative (HB 2012-1140)
 - Man Therapy – www.mantherapy.org
 - Bridging the Divide: Suicide Prevention and Awareness Summit
 - Public information and education campaigns, clearinghouse, & presentations
 - Community grant making
 - Children’s Hospital Means Restriction Education
 - CO Gun Shop Project Pilot
 - Zero Suicide Colorado



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Commission Recommendations for the Education Community

What: (in an ideal world)

Full Spectrum Prevention Programming and
Protocols:

1. Toolkit with formal protocols for schools to follow
2. All staff trained in Mental Health First Aid and Suicide Prevention specific course
3. Schools to have evidence-based program and compliments
4. Increase funding for behavioral health staff in school/available within community
5. Primary Prevention- Social/Emotional Learning in elementary schools

Why:

Suicide is the second leading cause of death among our youth
Colorado age-specific rate is considerably higher than the national average
Healthy Kids Colorado survey provides notable data to support need

Colorado Statewide Resources

Office of Suicide Prevention

www.coosp.org

Suicide Prevention Coalition of Colorado

www.suicidepreventioncolorado.org

Carson J Spencer Foundation

www.carsonjspencer.org

Sources of Strength

www.sourcesofstrength.org

Yellow Ribbon Suicide Prevention (middle and high school outreach program)

www.yellowribbon.org

Second Wind Fund

<http://www.thesecondwindfund.org>

NATIONAL

SUICIDE PREVENTION LIFELINE

1-800-273-TALK (8255)

suicidepreventionlifeline.org

“Do what you can, with what you have,
where you are.” ~ Theodore Roosevelt

“The only mistake you can
make is not asking for help.”
~Sandeep Jauhar



1-844-493-TALK (8255)
www.ColoradoCrisisServices.org

Scott Utash

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SUICIDE RISK IN YOUTH WITH INTELLECTUAL DISABILITIES

“A disability characterized by significant limitations in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills originating before age 18”

1-3 %
of the
population

614,000
ages 3 – 21
requiring special
education in school
invisible on the
suicide prevention
agenda

→ Social
rejection/stigma
→ Perceived
burdensomeness
→ ‘failed belongingness’
→ Increased risk of
being bullied

CHALLENGES OF SCREENING SUICIDE RISK IN YOUTH WITH INTELLECTUAL DISABILITIES

Vulnerable population

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graph TD; A[Vulnerable population] --> B([Assessing risk is problematic]); B --> C[No Screenings]; C --> D[30 - 64% develop mental health disorders];
```

Assessing risk is problematic

No
Screenings

30 – 64%
develop mental health disorders

YOUTH WITH MENTAL HEALTH DISORDERS AND SUICIDE

Mental illness is the leading risk factor for youth suicide

- External Stressors
- Family history of depression
- Treatments
- Risk Assessment

Resources:

- *American Association of Suicidology*
 - www.suicidology.org
- *American Psychological Association*
 - www.apa.org/research/action/suicide.aspx
- *Journal of Developmental & Behavioral Pediatrics*
 - www.journals.lww.com/jrnldbp/Abstract/2012/06000/Suicide_Risk_in_Youth_with_Intellectual.7.aspx
- *Mental Health America*
 - www.mentalhealthamerica.net

(Links to these resources will be emailed to participants after the webinar is completed)

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Questions?

For questions after this webinar:

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