ODMHSAS & SAMHSA
Garrett Lee Smith
National Strategy for Suicide Prevention

SUICIDE PREVENTION

@OKSPC
@ODMHSASINFO
#MHINOK
#SPSM
AGENDA

• Suicide Surveillance Data for Oklahoma
• Review of Suicide Prevention Programming
• Opportunities to help
• Questions & Discussion
The Second Leading Cause of Death for 10-24 year olds.

Suicide IN OKLAHOMA

Oklahoma State Department of Health, Injury Prevention Division 2013
Rate of death by suicide per 100,000 working age adults.

12.7 IN THE NATION

24.9 IN OKLAHOMA
Rate of death by suicide per 100,000 in 2013:

- IN THE NATION: 12.7
- IN OKLAHOMA: 16.8
Rate of death by suicide per 100,000
OKLAHOMA RANKED
7 IN 2011
7 IN 2012
17 IN 2013
Leading circumstances of death by suicide 12-25

• Intimate Partner Problems
• Depression
• Other MH condition
• Left a suicide note
Leading circumstances of death by suicide 25-44

- Intimate Partner Problems
- Other MH condition
- Depression
- Disclosed intent to commit suicide
Leading circumstances of death by suicide 45-64

• Other MH condition
• Depression
• Left a suicide note
• Intimate partner problems
Leading means of death by suicide.

14% died by poisoning

57% were Rx drugs
Leading means of death by suicide.

- 61% died by firearm
- 70.6% Vets died by firearm
Suicide was the most prevalent type of violent death in Oklahoma from 2004 to 2013, accounting for 5,881 resident deaths, an average of 588 resident deaths per year.
In 144 of the suicide deaths, the victim killed at least one other person before taking his/her own life, resulting in 173 homicide deaths.
The average medical cost per incident of hospitalized suicide attempt in 2010 was $11,116 and the average work loss per case of hospitalized suicide attempt was $19,903.
For suicide deaths, the average medical cost per incident was $4,701.

The average work loss per case of suicide death was $1.25 million.
Rate of death by suicide per 100,000 OKLAHOMA RANKED 7 IN 2011 7 IN 2012 17 IN 2013
Youth Suicide Prevention
SAMHSA

National Strategy for Suicide Prevention
SAMHSA

State Appropriated Suicide Prevention Funds
The ODMHSAS Suicide Prevention Staff are working on implementing a strategic plan, based on the most recent data available, and is methodically carrying out implementation.

The strategic plan of each grant and of state directed funds falls under the broader Oklahoma Strategy for Suicide Prevention.
1. Increased suicide prevention capacity & implementation at priority county level.
2. Increased suicide prevention capacity & implementation at state level.
3. Increased # of youth at risk for suicide identified & receiving mental health services.
4. Increased # of effective, evidence based, clinical & professional practices implemented.
5. Improved & expanded suicide surveillance systems.
PROPOSED STRATEGIES

• All six (6) Priority County Community sub-recipients will organize and participate in quarterly promotional, awareness, and means restriction campaign events.

• The ODMHSAS will sub-contract with six (6) school districts, one per Priority County, for the provision of school based suicide prevention curriculum either in 4th grade (Good Behavior Game) or 8-12 grade (Lifelines: Prevention, Intervention, Postvention).

• The ODMHSAS will assist the Oklahoma State Suicide Prevention Council in the drafting, adopting, implementing, and distribution of the Oklahoma Strategy for Suicide Prevention, the council’s strategic plan for statewide suicide prevention.

• ODMHSAS will partner with OSDH Injury Prevention Division to build emergency department suicide attempt database for planning and monitoring of suicide attempts in priority counties.
NATIONAL STRATEGY
FOR SUICIDE PREVENTION

1. Increase suicide prevention & treatment capacity within behavioral health settings.

2. Increase suicide prevention & treatment capacity within hospital settings statewide.

3. Increase the number of effective and evidence based clinical suicide prevention, identification and treatment practices implemented within public community based behavioral health settings statewide.

4. Increase the number of effective and evidence based clinical suicide prevention, identification and treatment practices implemented within hospital settings statewide.

5. Improve and expanded suicide surveillance systems.
PROPOSED STRATEGIES

• Train ODMHSAS Clinicians in clinical treatment of suicidality.
• Publish flow chart of suicide prevention care pathway.
• Integrate screening for suicidality and assessment for suicidality into EHR.
• Train Primary Care Physicians in clinical assessment of suicidality.
• Train Emergency Room Physicians in clinical assessment of suicidality and safety planning.
• Establish intensive follow up protocol w/ local crisis center.
• Pilot intensive follow up care staffing in hospital setting.
Oklahoma Strategy for Suicide Prevention

• Modeled after the National Strategy for Suicide Prevention
• Edited and adopted by the Oklahoma Suicide Prevention Council members
• Activities are documented monthly
• Goals are prioritized for a calendar year
• State Appropriated funds fall within existing goals & objectives.
Oklahoma Strategy for Suicide Prevention

Strategic Directions

1. Healthy & Empowered Individuals, Families, and Communities
2. Clinical & Community Preventive Services
3. Treatment & Support Services
4. Surveillance, Research, and Evaluation
When the ODMHSAS receives a call, email, etc., from a community member, organization, or agency that we currently do not serve under one of our two grants; we commit to reviewing the request against the Oklahoma Strategy for Suicide Prevention and providing assistance or referring.

The ODMHSAS Suicide Prevention staff are specializing and collaborating.
Suicide Prevention research may discover or confirm the effectiveness of practices/treatments that are not currently listed. The ODMHSAS Suicide Prevention Staff, with the assistance of our TAL and Council, will stay apprised of updates in research and offer amendments to the strategic plan when current research overwhelmingly suggests it.
With limited funding and limited capacity, the ODMHSAS Suicide Prevention Staff aim to choose strategies that will have the greatest reduction of attempts and death by suicide. This may include booster training sessions, means restriction, and improving electronic health record systems.
4th Grade
Good Behavior
Game

CIT officers responding to wellness check.
Program Components

Objectives

Goals

Impact

Recognition Intervention Impact
EBT KOGNITO, CONTRACT, MECHANISM FOR IMPLEMENTATION

TRAIN 6,000 PHYSICIANS

INCREASE SUICIDE PREVENTION CAPACITY & IMPLEMENTATION IN HOSPITALS

INCREASED IDENTIFICATION REDUCTION IN ATTEMPTS & DEATHS
• Reduce the rate of non-fatal attempts in youth 10-24 by 35% by 2019

• Reduce the rate of death by suicide by youth 10-24 by 35% by 2019
• Reduce the rate of non-fatal attempts in adults 25-64 by 30% by 2017

• Reduce the rate of death by suicide by adults 25-64 by 30% by 2017
OPPORTUNITIES TO HELP: INDIVIDUAL

- Attend a OKSPC meeting
- Request a QPR training
- Share the National Suicide Prevention Lifeline #
- Post the National Suicide Prevention Lifeline email, social media, etc.
- Order free materials from SAMHSA online.
- Suicide Prevention Resource Center – take a course
- National Suicide Prevention Lifeline website e-cards
- ODMHSAS website for maps of service providers, refer someone to care
- iCare packages to families who have lost
- Make suicidality, mental health, death by suicide a ‘casserole’ disease
OPPORTUNITIES TO HELP: ORGANIZATION

• Host a QPR training
• Host a Working Minds training
• Become an OK Certified Healthy Business
• Distribute gun locks
• Distribute medication deactivation pouches
• Host medication/weapon take back days in partnership with local law enforcement
• Increase access to your Employee Assistance Program
• Integrate suicide prevention training into existing annual training
• Public School Districts connect with Julie Geddes
• Community youth serving organizations connect with Ryan Fowler
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