

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada Department of Health and Human Services

Thrive Through the Stress-Connecting to Prevent Suicide

Division of Public and Behavioral Health
Office of Suicide Prevention

Misty Vaughan Allen, MA



4/21/2021

Helping people. It's who we are and what we do.

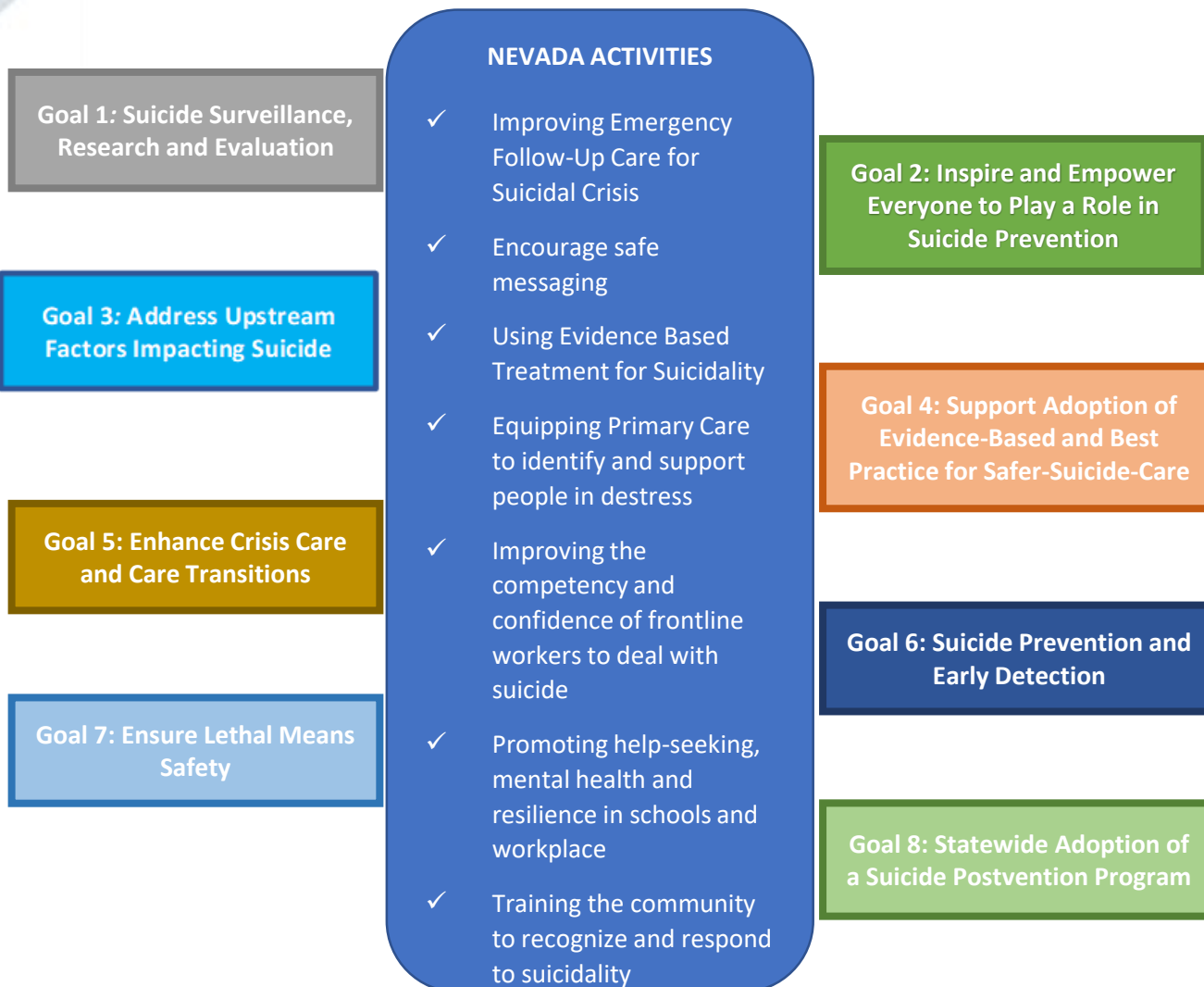


Objectives

- Review Nevada's Suicide Prevention Plan update;
- Compare current suicide statistics;
- Recognize risk factors and invitations for help;
- Identify protective factors and resources;
- Increase ability and willingness to intervene; and
- Identify referral resources for support.



NV Suicide Prevention Plan Draft Update 2021-2025



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
- 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





Suicide Statistics

United States, 2019

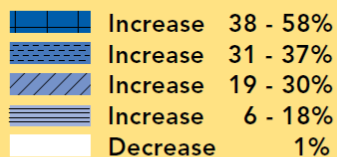
- 47,511 suicide deaths
- Firearms used in over 50.4% of suicides
- 10th leading cause of death-homicide is 16th
- 2nd leading cause for youth (15-24)
- 3.6 male deaths to every female death
- A suicide every 11.1 minutes

Nevada, 2019

- 7th highest rate, (642)
- 2nd leading cause of death 20-49, 1st for youth 12-19 years of age (2019)
- Veterans have a high percentage of suicides in NV
- Nevada's Elderly have 2nd highest rate 65+
- More suicides than homicides (166), motor vehicle accidents (327) combined

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



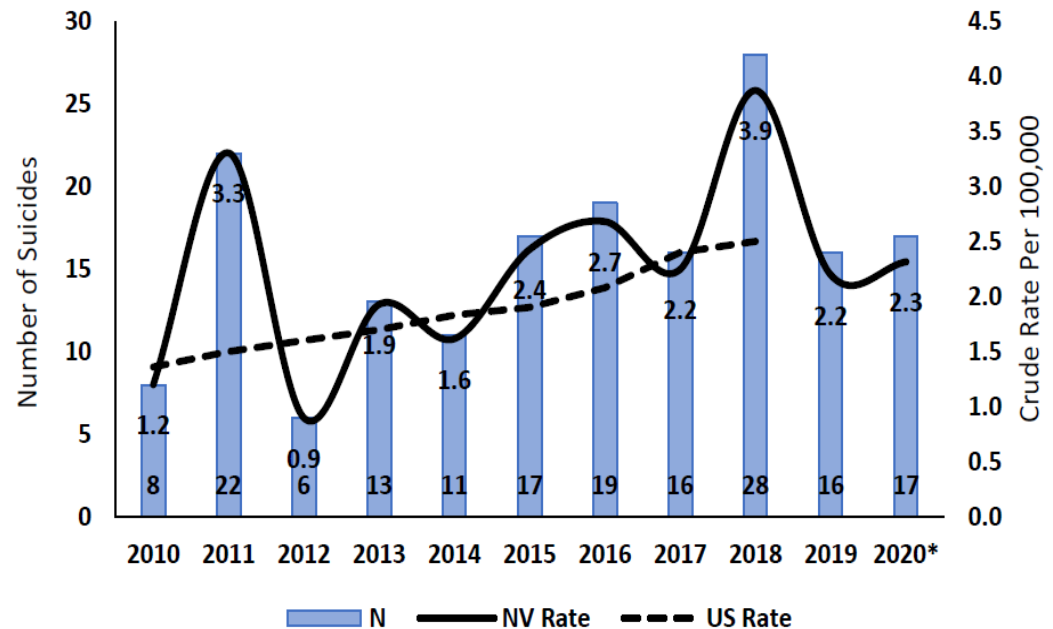


Nevada Residents Aged 0-17 Years Old, 2010-2020*

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

Data are preliminary 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.



Youth Suicide Statistics

- Suicide is the 2nd leading cause of death among young people ages 10 to 24.¹
- LGB youth seriously contemplate suicide at almost three times the rate of heterosexual youth.²
- LGB youth are almost five times as likely to have attempted suicide compared to heterosexual youth.²
- In a national study, 40% of transgender adults reported having made a suicide attempt. 92% of these individuals reported having attempted suicide before the age of 25.³
- LGB youth who come from highly rejecting families are 8.4 times as likely to have attempted suicide as LGB peers who reported no or low levels of family rejection.⁴
- 1 out of 6 students nationwide (grades 9–12) seriously considered suicide in the past year. [5]
- Each episode of LGBT victimization, such as physical or verbal harassment or abuse, increases the likelihood of self-harming behavior by 2.5 times on average.⁶





i Gen

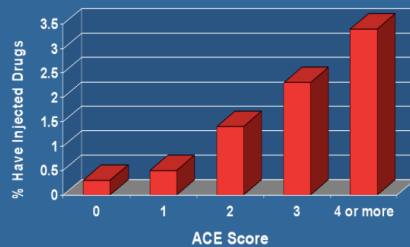
- In No Hurry: Growing Up Slowly
- Internet: Online Time – Oh, and Other Media, Too
- In Person No More: I’m with You, But Only Virtually
- Insecure: The New Mental Health Crisis
- Irreligious: Losing My Religion (and Spirituality)
- Insulated but Not Intrinsic: More Safety and Less Community
- Income Insecurity: Working to Earn – but Not to Shop
- Indefinite: Sex, Marriage, and Children
- Inclusive: LGBT, Gender, and Race Issues in the New Age
- Independent: Politics.

Source: Twenge, J. M. (2017). *iGen: Why today’s super-connected kids are growing up less rebellious, more tolerant, less happy-and completely unprepared for adulthood and what that means for the rest of us*. New York, NY: Simon & Schuster, Inc.



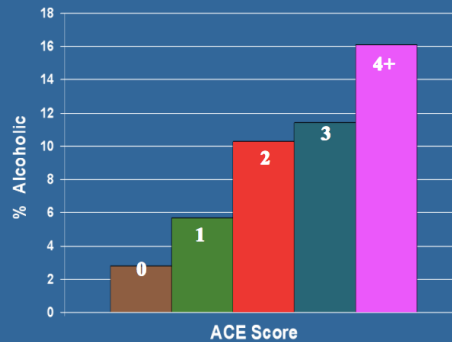
Effects of Trauma

ACE Score and Intravenous Drug Use

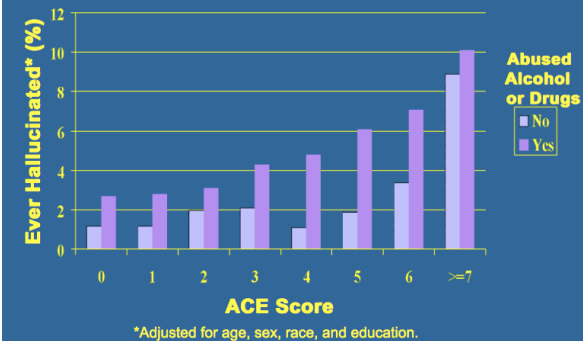


N = 8,022 p < 0.001

Childhood Experiences and Adult Alcoholism

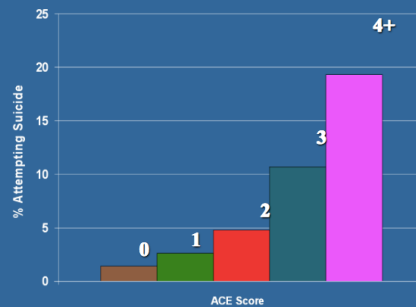


Are We Misdiagnosing?
ACE Score and Hallucinations

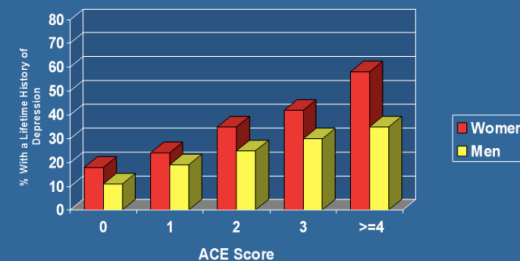


*Adjusted for age, sex, race, and education.

Childhood Experiences Underlie Suicide



Childhood Experiences Underlie Chronic Depression



Adapted from A. Jennings presentation (2010)





Re-traumatization

- Re-traumatization – meaning to become traumatized again – occurs when something in a present experience is redolent of past trauma, such as the inability to stop or escape a perceived or actual personal threat. Evident forms of retraumatization include seclusion, restraint, forced medication, body searches and round-the-clock observation

Sweeney et al, 2018





Paradigm Shift

We begin to ask, “*What happened to you?*”

rather than “*What is wrong with you?*”

We have to ask, “*What’s strong?*”

rather than “*What’s wrong?*”





Lived Experience

<http://zerosuicide.edc.org/video/lived-experiences>



Leah Harris, Zero Suicide and Action Alliance for Suicide Prevention

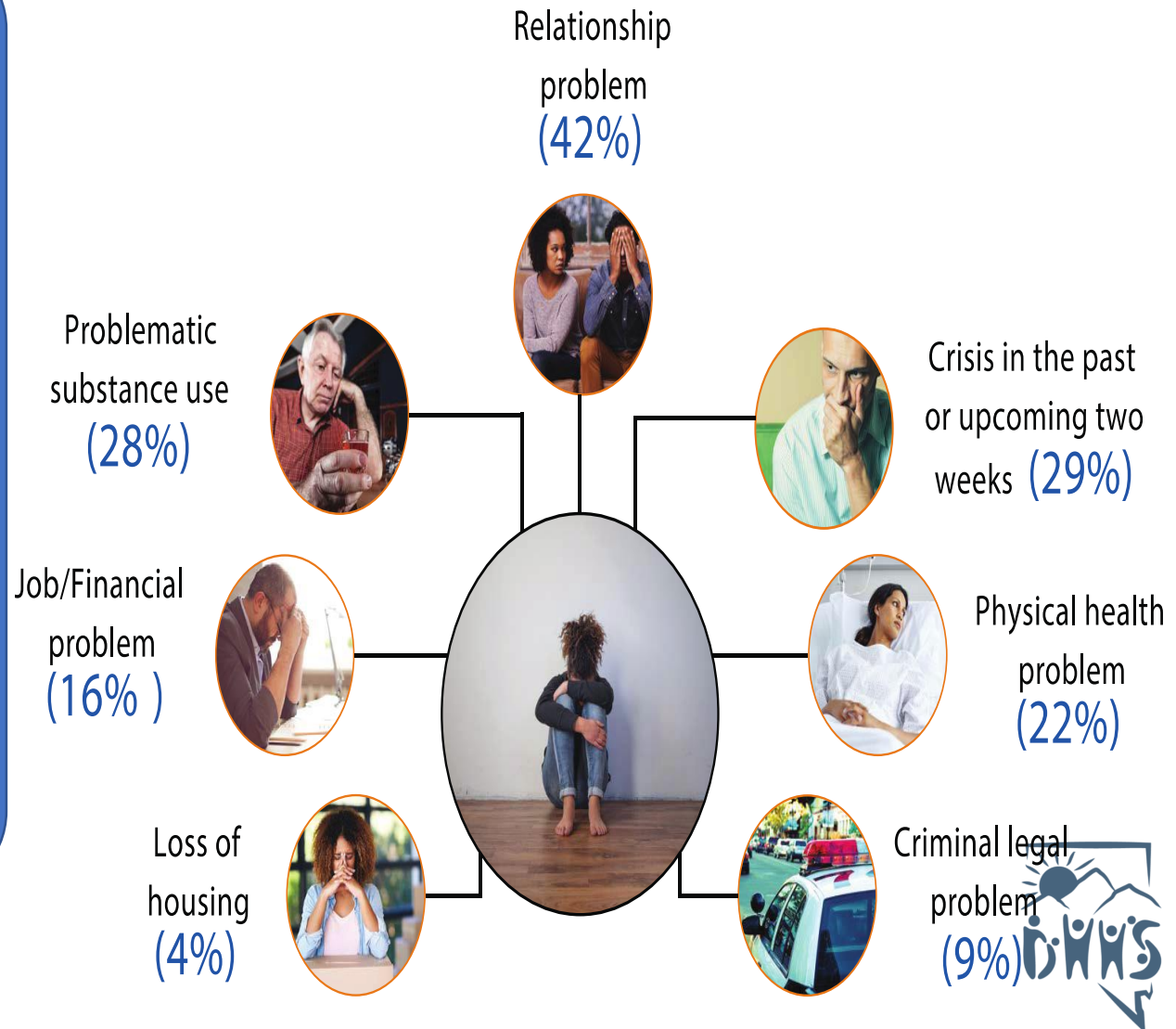
GOOD NEWS-SUICIDE is PREVENTABLE



CDC 2018 report “Vital Signs”

54%
who died by
suicide had no
prior report of
mental health
diagnoses!

Does this mean
the rest do not
have mental
health issues?





Risk factors

- Trauma
- A highly stressful life event such as losing someone close, financial loss, or trouble with the law
- Prolonged stress due to adversities such as unemployment, serious relationship conflict, harassment or bullying
- Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide (contagion)
- Feeling like a burden
- Access to lethal methods of suicide during a time of increased risk





Other Risk Factors Include

- Self-injury
- Other risk-taking behaviors
- Eating disorders
- Minority sexual orientation or gender identity
- Bullying
- Failure to see the good in the world, hopelessness:
“What’s the point – it’s not going to change”





Risk Factors during COVID-19

As COVID-19 exacerbates risk factors for suicidality, it is more important than ever to take a comprehensive approach to preventing suicide.

- Isolation and Loneliness
- Economic Uncertainty
- Escalating Stress
- Alcohol Consumption
- Increased Access to Firearms



You can't always see pain.



You can help save a life by recognizing the signs and starting the conversation.
Suicide is preventable.



INVITATIONS FOR HELP

- Prior suicide attempt
- Self injury
- Difficulty sleeping
- Substance use
- Depression/Anxiety
- Perceived burden to others
- Noticeable mood change (up or down)
- Talking/writing about death
- Sexuality/Gender Identity
- Pregnancy
- Giving away personal possessions
- Suicide of friend/family member
- Death of a friend/family member
- Stressful home life
- Conflict with parent
- Weapons in the home
- Recent changes at home
- Student Incarceration/JPO
- Traumatic event
- School discipline issues
- Conflict with friends
- Socially isolated
- Bully/Bullied
- Cyberbully/Cyber-bullied
- Victim of dating violence
- General dislike of school
- Conflict with school staff
- Failing a class





- Pay attention to expression of suicidal thoughts through creative outlets like art and writing assignments



- “I’m not going to be around much longer”
- “Everybody would be better off if I just weren’t around”
- “I’ve tried everything and nothing helps”
- “I’m not planning that far ahead right now”
- “You’re going to be sorry...”





Protective Factors

- Self-Esteem
- Sense of connectedness to family/school/ community
- Personal Control
- Sense of purpose / meaning to life
- Resilience: ongoing or continuing sense of hope in the face of adversity
- Coping Strategies
- Support: available & accessible
- Positive school experiences/Part of a close school community
- Safe environment at school (especially for lesbian, gay, bisexual, and transgender youth)
- A respect for the cultures of all students
- Restricted access to firearms: guns locked or unloaded, ammunition stored or locked
- Receiving effective mental health care





Connectedness Matters

- The connection of groups (e.g., minority groups) to their cultural traditions and history
- Connectedness and support can be enhanced through social programs directed at specific groups (such as older adults or LGBT youth), as well as through activities that support the development of positive and supportive communities.
- Support the development of relationships between youth and positive adults in their lives (e.g., teachers, coaches).
- Build connections among co-workers, connect with individuals who might be isolating themselves.
- Increase supportive connections in your social organizations.
- Create and sustain peer-delivered services and support groups.
- It's important to remember that not all social connections are healthy.
- Suicide prevention programs should promote practices leading to positive and supportive relationships.





**“Make it safe to ask for help
and ensure that the *right* help
is available at the *right*
time...”**

Empathy vs Sympathy





What to do if you think someone is at risk

- Take it Seriously
- Ask The Question
- Encourage Professional Help
- Take Action
- Follow-Up on Treatment

American Foundation for Suicide Prevention





ASK The Question

- Share your concern with what you have recognized
- Don't be afraid to ask whether the person is considering suicide
- Do not try to argue someone out of suicide. Instead, let them know that you care, that they are not alone and that they can get help. Avoid pleading and preaching to them with statements such as, "You have so much to live for," or "Your suicide will hurt your family."





Ask the Question.....

- Have you ever felt so bad you wished you were not alive?
- Have you ever felt your family would be better off without you?
- Have you ever tried to hurt yourself on purpose ?
- Have you tried to kill yourself ?
- Have you told anyone before me that you about wanting to die?
- What happened to make you think of suicide?
- Have you felt this way before?
- How did you feel then? Is that different from now?
- Do they have a plan & means? Where/when?





Encourage Professional Help

- Actively encourage the person to see mental health professional immediately.
- People considering suicide want help but often believe they cannot be helped. If you can, assist them to identify a professional and schedule an appointment. If they will let you, go to the appointment with them.





Supporting Grieving Youth

- Encourage verbalization of feelings
- Listen
- Grief is normal - it will eventually subside
- Don't glorify the suicide victim
- There are always alternatives to self-destructive behavior
- Pay close attention to siblings-sometimes unintentionally overlooked – their grief and guilt may be intense



How to help a grieving friend





Crisis Management Phases

- Prevention – Teach all staff warning signs and to address the issue immediately
- Preparedness – Have designated staff (crisis team) in place with all necessary documents ready to go
- Response – Crisis team begins with screener, then protocols if warranted
- Recovery – Crisis team address issues to meet student needs after assessment is completed
- Postvention – Safety and support after a suicide death or attempt





Crisis Management Teams

- Trained Staff : Counselor, School Psychologist, Social worker, Administrators
- Follow Suicide Protocol and/or Flowchart



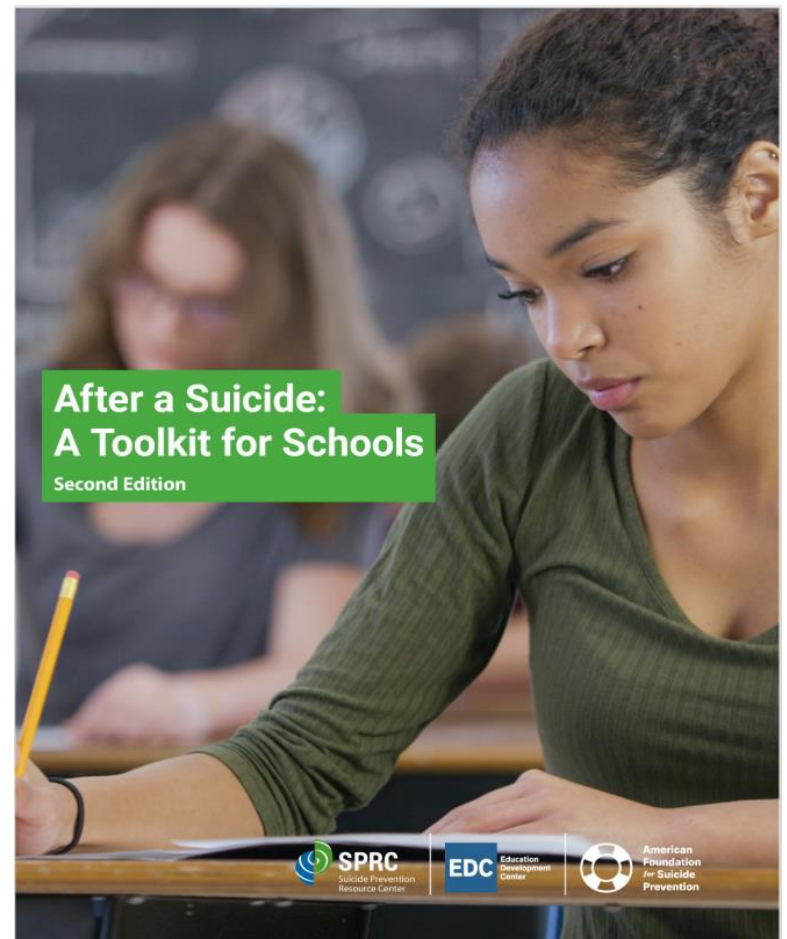
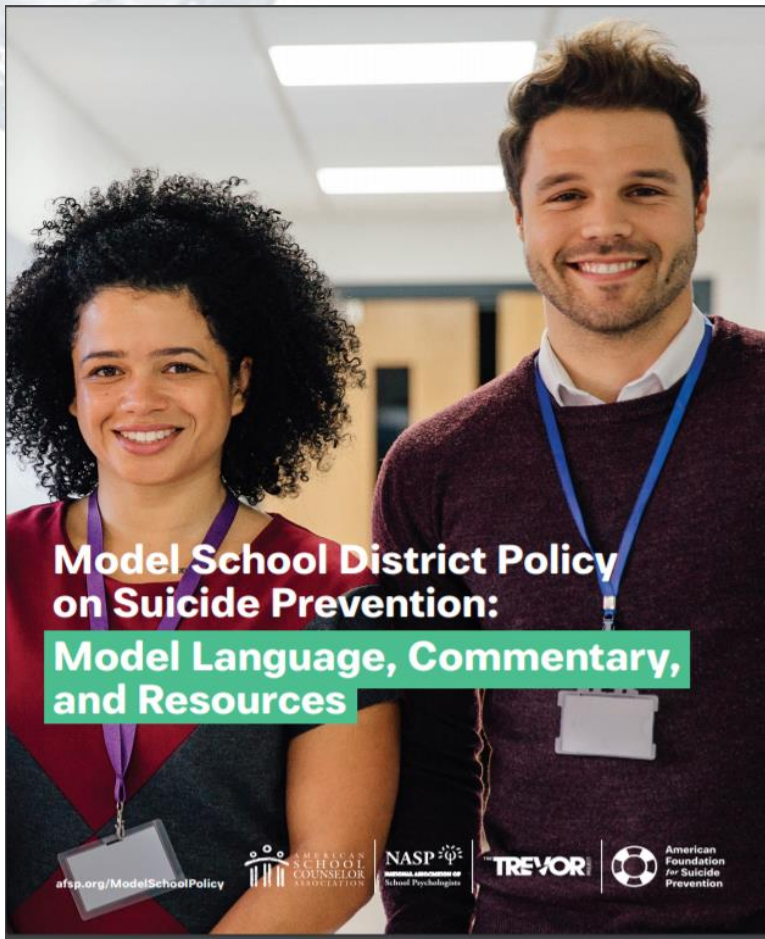


Protocol

1. Counselor Screening
2. Suicide Risk Assessment
3. Parent Notification/referrals
4. Student Safety Plan
5. Student Re-entry Plan
6. Postvention Plan
7. School Police
8. Social Services



<https://afsp.org/our-work/education/model-school-policy-suicide-prevention/rce-pro>



<http://www.sprc.org/sites/default/files/resougram/AfteraSuicideToolkitforSchools.pdf>



Lethal Means Safety

Is your home **SUICIDE-PROOF?**

Even if you think your child is not at risk for suicide, why take chances? These simple steps can help you suicide-proof your home and possibly save a teen's life.

HOW TO SUICIDE-PROOF

Remove Firearms For Now

- Ask a trusted friend or family member to keep it temporarily.
- Your local police precinct or shooting club might offer temporary storage.
- At the very least, lock them securely away from ammunition.

Limit Medications

- Don't keep lethal doses on hand. A pharmacist can advise you on safe quantities.
- Consider locking up medications.
- Dispose of any medications you no longer need.

Provide Support

- The warning signs of suicide are not always obvious.
- Pay attention to your teen's moods and behavior.
- If you notice significant changes, ask them if they're thinking about suicide.



MEDICATIONS

Lock and limit.

Fact: Teens who attempt suicide use medications more than any other method.



SUPPORT

Listen and ask.

Fact: Millions of kids and teens seriously consider attempting suicide every year.



FIREARMS

Remove. Lock.

Fact: Firearms are used in close to half of teen suicide deaths.



HELP IS AVAILABLE if you're concerned that someone you care about is at risk of suicide.

VISIT suicideproof.org

NATIONAL SUICIDE
PREVENTION LIFELINE:
24/7 free and confidential.
1-800-273-TALK (8255)

IN CASE
OF EMERGENCY:
Call 911 or visit your local
emergency room.



Lethal Means Safety

HISTORICAL FACTS YOU SHOULD KNOW

On The Average

- 425+ Nevadan's seek medical care for gun related injuries each year. 507 Nevadans die by suicide each year, 280 (55%) used a gun.
- On average 213+ of our youth 0-24 have received medical care for gun injuries. Suicide is the second leading cause of death for adolescents and young adults ages 10-24.
- Almost 200 of our Nevadan's 25-64 years of age are injured by a firearms each year.
- 151 men ages 45-64 take their lives. Of those, 87 (58%) die by suicide with the use of a gun.
- Nevada elders 65+ who die by suicide, use a gun 82% of the time.

COMMONLY ASKED QUESTIONS

Does relocating the guns for a while *always* work?

Reducing access to firearms and other lethal means is only part of a broader suicide prevention plan. Those considered actively suicidal are best protected by not being left alone until they are feeling better. Getting professional help and the support of other family and friends is strongly advised. The Suicide Prevention Lifeline is available 24/7.

Will a suicidal person just use something else if they can't get a gun?

Sometimes, yes. But almost every other method is less lethal than a firearm so there's a greater chance the person won't die in their attempt. Also, other methods allow time for rescue or give the attempter some time to change their mind mid-attempt.

NEVADA COALITION FOR SUICIDE PREVENTION

Mission Statement

The Nevada Coalition for Suicide Prevention is dedicated to partnering and collaborating with local and state individuals and organizations for the development and implementation of evidence based suicide prevention, intervention, and postvention strategies and programs in the State of Nevada.

205 N. Stephanie St. Suite D-149
Henderson, Nevada 89014

www.nvsuicideprevention.org

To learn ways to get help for your loved one, call the National Suicide Prevention Lifeline:

1-800-273-TALK (8255)



GUN

SAFETY

RULES

10 COMMANDMENTS OF GUN SAFETY

11 Look inside to see What's new!





How to Help

9-1-1

In an acute crisis, call **9-1-1**.
Do not leave the individual alone.

1-800-273-TALK (8255)

National Suicide Prevention Lifeline
www.suicidepreventionlifeline.org

Resources for People at Risk for Suicide

- Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- Crisis Text Line: Text HOME to 741741
- Immediate Mental Health Rural CARE Team: 877-283-2437
- Veterans Crisis Line: 1-800-273-TALK (8255), press 1
- Emergency services, 9-1-1, local hospitals
- MOST Team Non-emergency dispatch 775-334-2677
- Problem Gamblers HelpLine: 1-800-522-4700
- VA Healthcare System: 1-888-838-6256
- Mobile Crisis (youth)—SN/Rural: 702-486-7865 NN: 775-688-1670
- The Trevor Lifeline: 1-866-488-7386
- Reno Behavioral Healthcare Hospital 775-393-2249
- Desert Parkway 877-663-7976
- NV 211
- Telemedicine: Counseling programs, private therapist



Additional Resources and Support

- **Disaster Distress Hotline: 1-800-985-5990 or text TalkWithUs to 66746.**
- **People with deafness or hearing loss can use their preferred relay service to call 1-800-985-5990.**
- **The NAMI Warmline call or text: 775-241-4212** Knowing someone cares can motivate us to carry on in recovery when there is anxiety.
- **[CDC Helping Adults Cope During an Emergency](https://www.youtube.com/watch?v=xo1nz2Dc5fk&feature=youtu.be)** ASL Video
<https://www.youtube.com/watch?v=xo1nz2Dc5fk&feature=youtu.be>
- **Substance Use Disorder Hotline 1-800-450-9530; text IMREADY to 839863**
- **Foundation for Recovery Warmline: 1-800-509-7762.** Peer support





Other Training Opportunities

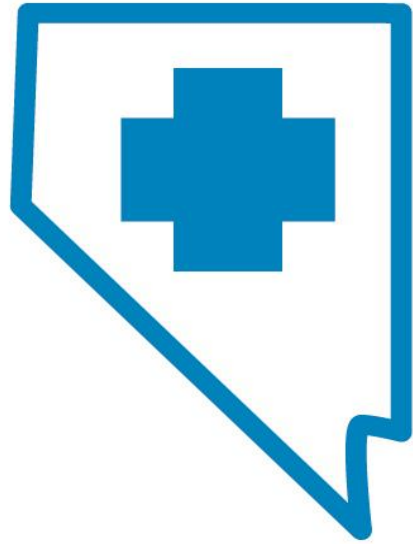
- safeTALK: (Suicide Alertness) 3-4 hours
- ASIST: (Applied Suicide Intervention Skills Training) Two day workshop
- YMHFA: Youth Mental Health First Aid 8-hour workshop
- CAMS Online
- TMCC and CASAT online trainings
- Suicide Prevention Resource Center Online Training

[Counseling on Access to Lethal Means \(CALM\)](#)

[Preventing Suicide in Emergency Department Patients](#)

[Implementing a Suicide Prevention Gatekeeper Training Program](#)





N E V A D A
HealthCARES
W A R M L I N E

1.833.434.0385

- The Nevada HealthCARES Warmline is an anonymous support helpline where you can speak with a trained volunteer who is here to provide emotional support, stress management, and resources to Nevada's frontline healthcare providers in response to the COVID-19 public health crisis. All calls are confidential. The Warmline is open Monday-Friday from 8:00 a.m.-8:00 p.m. The UNLV School of Medicine administers the Warmline in partnership with the Nevada Division of Public and Behavioral Health/Health and Human Services.*





Suicide Prevention Resources

American Foundation for Suicide Prevention (AFSP)

www.afsp.org

American Association of Suicidology (AAS)

www.suicidology.org

Suicide Prevention Resource Center (SPRC)

www.sprc.org

Nevada State Suicide Prevention web site

www.suicideprevention.nv.gov

Nevada Coalition for Suicide Prevention

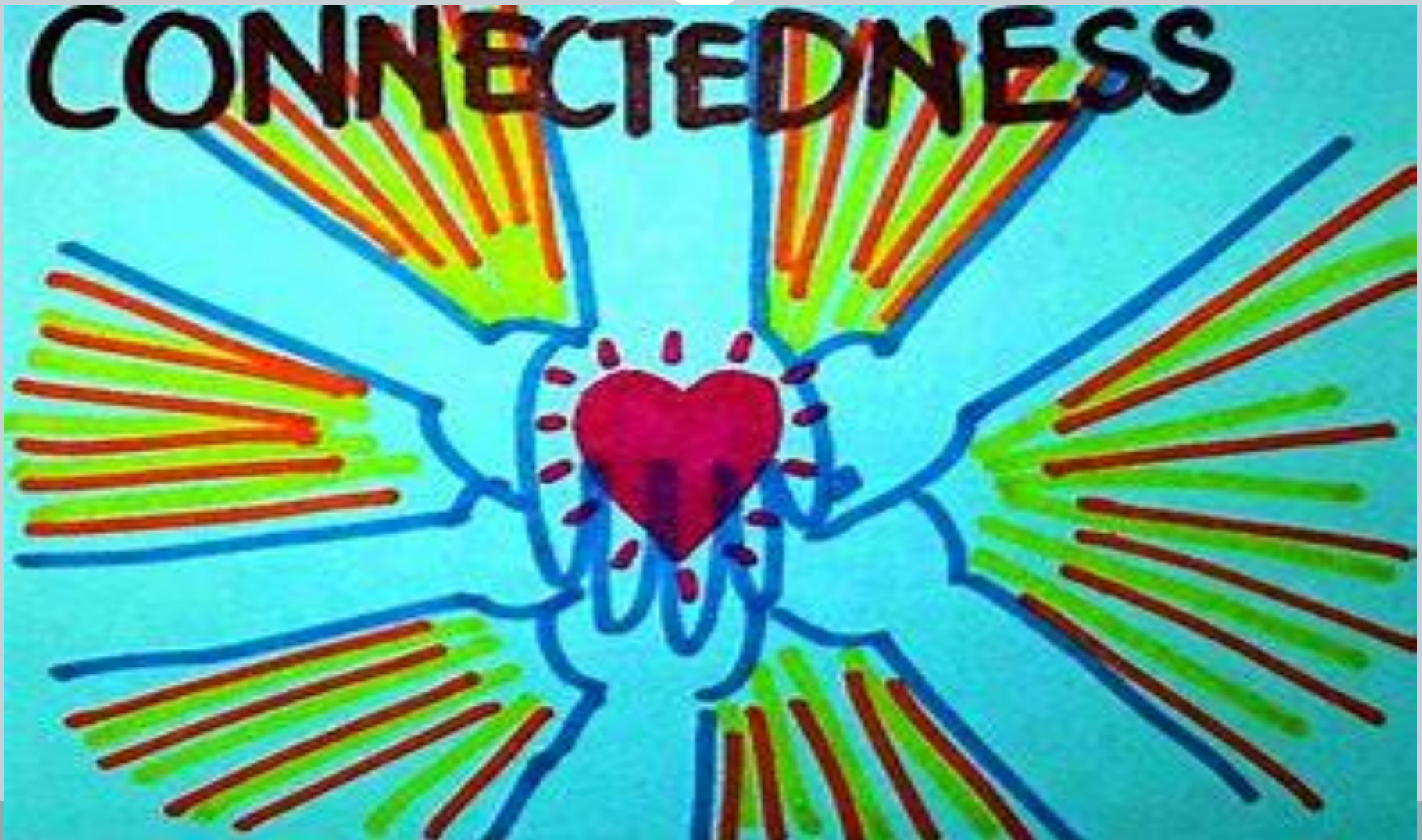
<https://www.nvsuicideprevention.org/>

NAMI Nevada

NowMattersNow.org



Questions?





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