Andrea Iger Duarte, LCSW, MPH
Department of Mental Health & Addiction Services

Tim Marshall, LCSW
Department of Children and Families

Tom Steen
CT Chapter of the American Foundation for Suicide Prevention

Community Response for Healing: Postvention as Prevention
Red Lion Hotel, Cromwell
September 11, 2019
Overview

- Welcome & Statewide Activity Update
- CT Data Landscape
- Postvention Subcommittee Perspectives: the Postvention Response Process in CT
- Table Activity
- Closing Remarks
CT Suicide Advisory Board

The CTSAB is a diverse statewide network that addresses suicide prevention and response across the lifespan.

**Mission:** Address the problem of suicide with a focus on prevention, intervention, response.

**Vision:** Eliminate suicide by instilling hope across the lifespan and through the use of culturally competent advocacy, policy, education, collaboration and networking.
CT State Suicide Prevention Plan 2020

- **GOAL 1**: Integrate and coordinate suicide prevention activities across multiple sectors and settings.

- **GOAL 2**: Develop, implement and monitor effective programs that promote wellness and prevent suicide and related behaviors.

- **GOAL 3**: Promote suicide prevention as a core component of health care services. Adopt Zero Suicides as an aspirational goal.

- **GOAL 4**: Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.

- **GOAL 5**: Increase the timeliness and usefulness of state and national surveillance systems relevant to suicide prevention and improve the ability to collect, analyze and use this information for action.
CTSAB Sub-Committees & Special Projects

- **Lethal Means** - firearms, drugs, environmental access
- **Data and Surveillance** - state, regional, and community
- **Student Wellness** – school resources
- **Intervention/Postvention Response** – survivor and community support, resources and consultation
- **Zero Suicide Learning Community** – quality improvement for health and behavioral healthcare
  - **Clinical Workgroup** - workforce preparedness
- **Special Project Consultation** -
  - Dept. of Agriculture – Farmer stress & suicide prevention
  - Dept. of Labor – Unemployed population
Regional Suicide Advisory Boards

- Support CTSAB mission and vision in respective regions.

- Engage key stakeholders to identify unique regional needs, and implement suicide prevention and response efforts.

Points of Contact:

- Southern- The Hub

- Western- Western CT Coalition

- Southcentral- Alliance for Prevention & Wellness

- Northcentral- Amplify, Inc.

- Eastern- SERAC
Suicides: The Connecticut Landscape
2015 to 2018

Presented by Susan Logan,
MS MPH
at the
Postvention is Prevention
Meeting
Cromwell, CT
September 11, 2019

Injury and Violence Surveillance Unit
Community, Family Health and Prevention
Section
Connecticut Department of Public Health
Rates of Suicide in Connecticut Towns 2015 to 2018

- Rate per 10,000 CT town population
- Calculated rates on 4 year sum of people who died by suicide
- Rate calculated for town with at least 8 suicide deaths between 2015 and 2018
- If the 4-year number of suicides is less than 8, the death is not included.

Data Source: CT Violent Death Reporting System
Suicide Trends: 2015 - 2018

Number of Suicides by Year in Connecticut, 2015-2018

- 2015: 384
- 2016: 389
- 2017: 403
- 2018: 420

Crude Rate of Suicides by Year in Connecticut, per 100,000 Connecticut Population, 2015 - 2018

- 2015: 10.69
- 2016: 10.88
- 2017: 11.23
- 2018: 11.71

Data Source: CT Violent Death Reporting System
Demographics of Suicides in Connecticut, by Race and Ethnicity

Data Source: CT Violent Death Reporting System

CT Suicides by Race (n=1,171): 2015-2017

- White: 86.0%
- Hispanic: 11.3%
- Not Hispanic: 2.7%
- Unknown: 0.3%

Data Source: CT Violent Death Reporting System

CT Suicides, by Ethnicity (n=1,171): 2015-2017

- Hispanic: 4.8%
- Not Hispanic: 94.9%
- Unknown: 0.3%
Demographics of Suicides in Connecticut, by Sex

Percent of Suicides, by Sex, 2015-2017

- Male: 72.8%
- Female: 27.2%

Data Source: CT Violent Death Reporting System
Demographics of Suicides in Connecticut, by Age Group

Age-Specific Suicide Rates by Age Group and Sex, per 100,000 CT Population, 2015-2018

Data Source: CT Violent Death Reporting System
Lethal Means: CT Suicides 2015-2017

Most Common Methods – Death by Suicide:

**Males**
1) Firearm (34%)
2) Hanging/asphyxiation (29%)
3) Drug overdose (10%)

**Females**
1) Hanging/asphyxiation (37%);
2) Drug overdose (32%);
3) Firearm (11%)

Data Source: CT Violent Death Reporting System
CT Violent Death Reporting System
Methods of Suicide (Jan 2015 to Oct 2015)

Most Common Suicide Methods (13-17 Yrs. Old)
- Firearm: 29%
- Hanging: 71%

Most Common Suicide Methods (18-24 Yrs. Old)
- Firearm: 13%
- Hanging: 56%

Most Common Suicide Methods (Women Over 25 Yrs. Old)
- Firearm: 12%
- Hanging: 36%
- Drug Overdose: 4%
- CO Poisoning: 37%

Most Common Suicide Methods (Men Over 25 Yrs. Old)
- Firearm: 6%
- Hanging: 35%
- Drug Overdose: 3%
- CO Poisoning: 36%

Data Source: CT Violent Death Reporting System
### Comparing Top Risk Factors by Age Group and Sex – Youth/Young Adults

#### 11 to 17 Years of Age
**Top Circumstances Related to Suicides, 2015 to 2018**

N=39; Circumstances Known for 37 people; 21 males and 16 females

<table>
<thead>
<tr>
<th>Condition</th>
<th>Overall</th>
<th>Males (n=21)</th>
<th>Females (n=16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health problem</td>
<td>66%</td>
<td>71%</td>
<td>56%</td>
</tr>
<tr>
<td>Depressed mood</td>
<td>53%</td>
<td>57%</td>
<td>44%</td>
</tr>
<tr>
<td>Other Circumstance: Family relationship problem</td>
<td>14%</td>
<td>ND</td>
<td>ND</td>
</tr>
</tbody>
</table>

#### 18 to 24 Years of Age
**Top Circumstances Related to Suicides, 2015 to 2018**

Circumstances Known for 122 people; 96 males and 26 females

<table>
<thead>
<tr>
<th>Condition</th>
<th>Overall</th>
<th>Males (n=96)</th>
<th>Females (n=26)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health problem</td>
<td>53%</td>
<td>49%</td>
<td>46%</td>
</tr>
<tr>
<td>Depressed mood</td>
<td>50%</td>
<td>48%</td>
<td>38%</td>
</tr>
<tr>
<td>Intimate partner problem</td>
<td>19%</td>
<td>17%</td>
<td>19%</td>
</tr>
<tr>
<td>Substance misuse or SUD</td>
<td>15%</td>
<td>15%</td>
<td>12%</td>
</tr>
<tr>
<td>Alcohol misuse or AUD</td>
<td>9%</td>
<td>8%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Data Source: CT Violent Death Reporting System
Comparing Top Risk Factors by Age Group and Sex – Middle Age/Senior

Risk Factors Associated with Suicide, Connecticut Residents
Age 45-64, 2015-2018

- Alcohol misuse: Females 16%, Males 18%
- Physical health: Females 21%, Males 20%
- Intimate partner problem: Females 20%, Males 33%
- Mental health: Females 52%, Males 33%
- Depressed mood: Females 50%, Males 41%

Note: Women also have intimate partner problems as a elevated suicide risk, but not other risk factors.

Data Source: CT Violent Death Reporting System
Intersection Between Suicide and Unintentional and Undetermined Intent Drug Overdoses: What are the Estimates?

- Among adults who misuse opioids and/or who have OUD: Risk of suicide death is 14 times higher (Wilcox, et al. 2004)

- “Dose-response” relationship between prescription opioid dosage and suicide deaths. 2016 paper by Ilgen and Bohnert, et al. - Studied VA patients:

Statistically significant difference between 1-19 mg/dl and 20-49 mg/dl
Stat. sign. diff. between 20-49 mg/dl and 100+ mg/dl
Demographics of Suicides with Opioids Present in Forensic Toxicology

Avg. Age 51.1
Median Age 53
Max Age 87
Min Age 17

Data Source: CT Violent Death Reporting System, 2015 – 1st half 2018 (n=109; 7.9% of t
– Petrosky et al. (2018)

– Studied association between suicide, opioids and chronic pain
  • 10% of suicide decedents had chronic pain
  • Suicide decedents with chronic pain more likely to have opioids found in their system at death

– Chronic pain
  • Association with depression and anxiety
  • Linked with opioid misuse and suicide

In Connecticut, 82 out of 229 (35.8%) of suicides with opioids present had a contributing physical health problem (includes chronic pain).
The Connecticut Landscape

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Postvention Response Process in CT:
Postvention Subcommittee Perspectives

Panelists:
• Faith VosWinkel, Office of the Child Advocate
• Jennifer Roberts, Office of the Chief Medical Examiner
• Tim Marshall, CT Department of Children and Families
• Andrea Duarte and Nydia Rios-Benitez, CT Department of Mental Health and Addiction Services
• Scott Newgass, CT State Department of Education
• Ann Irr Dagle, CT Foundations
POSTVENTION IS PREVENTION

Faith VosWinkel, Office of the Child Advocate

Marisa Giarnella Porco, Jordan Porco Foundation
THE SCENARIO

Late Sunday Morning

• Joe Williams is a local primary care doctor in private practice. He is active in his church. Joe is the father of 3 children. He has helped with his son’s high school baseball league and Boy Scout troop. He is also involved with his daughter’s middle school soccer team. Joe also has a daughter who is a freshman in college. Joe’s wife, Sarah, is his college sweetheart. Sarah is the President of the High School PTO.
• Joe has also been involved with other community activities and the family is well-known and well-respected in their community.
• Joe and his wife, Sarah, have celebrated the upcoming Christmas holiday by attending a local gathering on Saturday night where they socialized with many prominent members in the community. This has been a tradition for them since they moved to this town 15 years ago.
• On Sunday morning, Joe indicated to his family that he didn’t feel well, so they attend church while Joe stayed at home.
• Upon their return back home, they learn that Joe had taken his life.
The Five Minute Exercise

• Pass the folder around the table.
• Take out a random ROLE.
• If you happen to actually be in that ROLE, switch roles with someone at your table.
• Sit quietly (2 minutes) and read your ROLE, absorb who you are in that ROLE.
• As you reflect on your ROLE—write down in the note section thoughts to 1-2-3 below (3 minutes).

1. Who do you think you need to contact?
2. What are the one or two things you need to do next?
3. How are you feeling/coping?
Begin Your Table Conversation

• Introduce yourself in your ROLE and summarize very briefly your role to the group. Share your emotion noted in the right corner of your role sheet as part of your introduction.

• After everyone has introduced themselves and their emotion, please share ONE item from your #2—What are the things you need to do next?

• Does your list of what you need to do next change based on what is being shared in the larger group?

• Observe and be aware of how you are now feeling based upon sharing with your group.
Everybody UP!
Facilitators Take Your Mark!
Everyone Take A Stretch
Take A Deep Breath
Say Good-bye for now to your Table-Mates
Facilitated Discussion Questions

1. What ROLE is most at risk/who are you most worried about?
2. What were some obstacles you encountered?
3. What were some frustrations you felt?
4. How do you help the community move forward: 3-months out, 6-months out, and 12-months out from the suicide.
A Call to ACTION!

Table Exercise Wrap-up
• Faith VosWinkel, OCA

Closing Remarks: CTSAB Tri-Chairs
• Tom Steen, AFSP
• Andrea Duarte, DMHAS
• Tim Marshall, DCF
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