SW Regional Suicide Advisory Board Meeting Minutes

Meeting Date: May 15, 2020 **Location:** Online

Present: Jules Calabro (Beacon Health Options), Francesca Quettant (GBAPP), Ali Ramsteck (Darien Human Services), Valerie Babich (Westport Public Schools), Ilissa Karagus (Child Guidance), Sue Levasseur (Westport Public Schools), Kelly Idarraga (The Rowan Center), Brittany Scoca (Women's REACH Recovery Navigator at McCall), Paige Morrisroe (Stratford Community Services), Denique Weidema-Lewis (Positive Directions), Christophe Armero (Support Each Other), Dr. Stephanie Paulmeno (President: CT Nurses Association; President: Communities 4 Action), Tammy Trojanowski (Town of Stratford and Stratford Partnership for Youth and Families), Christine Brown (NCPD), Leigh Goodman (Trumbull EMS), Heather Spada (CT SAB), Pete Bower, Jeff Santo (RIPPLE / RockingRecovery.org), Reini Knorr (Fairfield CARES), Kim Zemo (Wilton Public Schools), Nicole Hampton (Norwalk Hospital CCT), Ellen Brezovsky (New Canaan Cares), Gillian Anderson and Kate Masi (My Friend Abby), Wendy Bentivegna (Fairfield Cares), Kate Venison (private practice), Julie DeMarco (Fairfield Human Services), Vanessa Elias (NAMI SW / Wilton Youth), Sue Buchsbaum (Regional Advisory Board), Melissa McGarry & Kiersten Naumann (TPAUD), Don Fischer (NAMI CT), Kathy Carley-Spanier (Greenwich Hospital), Carolyn Butler (Trumbull Public Schools), Cornelia Morris (Mary J. Sherlach / Trumbull Counseling Center) – staff: Giovanna Mozzo and Margaret Watt – also 21 other people RSVP'd but were not captured on chat

AGENDA ITEM/TOPIC	SUMMARY OF DISCUSSION	OUTCOME / ACTION/RESPONSIBLE
I. Welcome & Introductions	A. Attendance taken in chat. B. Acknowledgement of Mental Health Awareness Month (MHAM) and National Prevention Week. Our 3rd quarterly meeting was postponed due to COVID and purposefully rescheduled to take place during MHAM on the NPW suicide awareness day. Due to COVID, the new focus of the meeting is on the shared collective trauma we are all experiencing. C. Throughout COVID and MHAM, The Hub has been sending out its newsletter blog post weekly instead of monthly to raise awareness of resources. We ask everyone to share them with their own personal and professional networks to raise awareness. Past posts are also visible at www.thehubct.org/blog	Everyone can participate in the MHAM awareness campaign by subscribing to the regional newsletter at www.thehubct.org and forwarding the blog posts to your networks. Also follow / share the resources on social media
II. State & Regional Updates	A. Service & Support Trends Data and graphs were shared (see last pages of this document) Thus far data has shown no measurable increase in suicides due to the COVID-19 pandemic, but that is not to say there isn't a dramatic increase in anxiety, depression, etc; acuity in symptoms widely reported. NAMI CT's calls have increased. Crisis calls and April's suicides are below average, but future rates expected to be up. Resurgence of COVID-19 expected, should be prepared to deal with waves. B. Sharing of Resources Magellan Health hotline specific to healthcare workers and COVID-19 responders New resources launched today for suicide prevention awareness day: Youth-focused social media campaign by Seize the Awkward	

	ASFP #realconvo guides (how to deal with someone telling you they're suicidal, etc) Mental Health Coalition (bringing together national prevention and mental health agencies) More info in this week's blog post from The Hub – please share Community updates: QPR Training is now available online (with limitations: in person training preferred, questions and concerns still persist, will it cause more anxiety to community	
III. Guest Speaker: Carol Tosone, PHD, MS, Director of the DSW Program at NYU Silver School of Social Work	A. Presentation by Dr. Tosone, an expert in trauma and women's issues, with primary research interest in clinician exposure to collective trauma "Shared Trauma and COVID-19: When the Professional is Personal" a. Professional Quality of Life Scale (ProQOL)(5): assesses level of shared trauma in an individual in a professional environment b. COVID-19 has affected every continent, isolation can be included in trauma, what is defined as trauma is specific to the individual c. Trauma is processed differently: traumatic memories are disassociated from consciousness and are stored as sensory perceptions, encoded differently than memories of everyday events, "fight-flight" response, right-brain left-brain example d. Fear is a response to a known external danger; anxiety is a response to something unknown and/or vague e. Trauma-Related concepts shared f. Limit exposure to media, moderation reduces retraumatization g. 9/11 examples shared h. Depending on the person, trauma can inoculate ("been there, done that") so that the individual is more resilient to future trauma i. Trauma is capable of bringing about positive change (little light of hope) j. Psychological impacts of COVID-19: stigma and xenophobia, anxiety-related behaviors, impaired sleep and physical health, exacerbation of pre-existing mental health disorders, mistrust of authorities, isolation coping and lifestyle, social support from family and friends and colleagues can counteract k. African-Americans hit hardest (compared to other ethnicities in America) with least access to medical care l. Older communities hit hardest (compared to other age demographic) m. Long term impacts: Fear of Missing Out may be replaced with Fear of Going Out, decreased international travel, socio-economic repercussions n. Self-care strategies for mental health practitioners shared, focus on mindfulness, mindfulness practices shared, link shared B. Q&A session held about presentation (key message: take care of yourself, we're all involved in this together)	Slideshow and recording of presentation are available on Hub website

IV. Discussion of Regional Needs & Strategies in Light of the Pandemic	A. Gathering feedback for state on regional priorities i. Senior Citizens ii. First Responders, Healthcare Workers (nurses) iii. Teachers iv. Protection of clients and staff in state-operated facilities v. Telemedicine at state-operated facilities- currently no video vi. Hospitals having weekly zoom meetings with BH staff providing support- need those resources for anyone in acute or subacute care settings B. Strategies for SW region discussed (prevention, intervention, postvention, grief support) i. Postvention: rescheduling regional training on community postvention response planning sooner, involve people with lived experience ii. Advocacy about funding b. Decision to reschedule postvention training to summer	Regional suicide postvention training originally planned for March 13th will be rescheduled for summer and will take place online
V. Next Steps	A. Decision to create a prevention and a postvention committee B. Postvention activities will take place over the summer: training during July or August; also new suicide loss group to launch in Trumbull	We will create a prevention committee and a postvention/grief support committee Trumbull's new suicide loss support group will be launching online instead of in person

DATA PRESENTED

NSPL – CT Call Volume:

I've attached the National Suicide Prevention Lifeline call center data from both the United Way of CT and Wheeler Clinic looking at Jan-May 13 2019 compared to the same period of time in 2020; fresh off the press. Neither data set indicate increases that can for certain be attributed to COVID. This data reflects national trends as well.

- The United Way data shows that Jan-March call volume was high this year compared to the same time in 2019. April was the same both years, and May is about the same thus far.
- Wheeler's NSPL call volume was lower than expected in March 2020 compared to March 2019, and pre-COVID volume increases*. Call volume was slightly higher than expected in April 2020 with the same in mind, and it's really too early to say much about May. I speculate that the increased percent change above the projected call volume increase is likely due to COVID, but we can't know for certain from this data. *Call volume overall is higher this year than last year during the same period, even prior to COVID, and this is true across the U.S. Utilization of the NSPL has been exponentially increasing for years, and is being tracked closely by the national NSPL and SAMHSA. It's hard to attribute this to increased need or awareness, or both especially with the additional media attention re: the federal act, development of the 988 number, and promotion across the US and from Logic's song in 2017.

NAMI's anecdotal increase in call volume:
Though calls to mobile crisis services and the NSPL are down, we've heard that calls coming in have higher acuity. I and Margaret have heard from NAMI that their calls have increased, which doesn't surprise me given that they serve selective and indicated populations that are more likely to have higher acuity at this time.

Violent Death Reporting System Suicide Death Data:
DPH reported during the CTSAB that March suicide deaths were about as expected (N=37), and April was much lower than expected (N=26) for any time of year, especially the spring, which has the highest prevalence usually. One death is too many of course.

Postvention Response:
The Office of the Chief Medical Examiner Notifies the Office of the Child Advocate upon the suicide death of anyone age 24 and under, and the OCA then notifies the state agencies.

Suicide Attempt Data:
CHA CHIME admission data or claims data are the most reliable sources of data for suicide attempts. This data is cleaned before it can be shared, and usually is at least a year behind. DPH is applying for a CDC grant right now due 5/26, and if it's funded it will support suicide attempt enhancements to the Syndromic Surveillance System, which will provide this information and can help identify spikes and clusters.

No increased suicide trends are being observed at this time, which is common during times of crisis and disaster. However, based on historical evidence, we expect an increase over the next few months due to exacerbated risk factors, including the social distancing, the uncertainty and anticipated increased prevalence of COVID. Someone on CNN said that we're in the "eye of the storm," and I think that's a good way to think about it. Now's the time to prepare for the next wave, and really push upstream mental health and suicide prevention efforts.

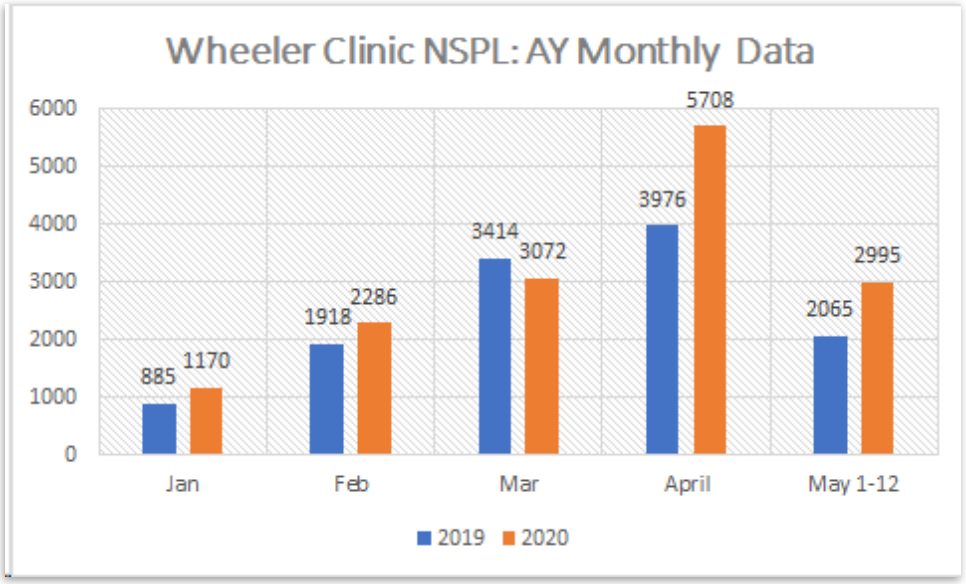
United Way of CT - National Suicide Prevention Lifeline Calls

Year	Month	Handled by 211 Staff
2019	January	55
2019	February	63
2019	March	68
2019	April	72
2019	May (1-12)	28
Total		**286**
Year	**Month**	**Handled by 211 Staff**
2020	January	121
2020	February	90
2020	March	124

2020	April	72
2020	May (1-12)	33
Total		**440**

Wheeler Clinic NSPL "Lifeline"
AY 2019 v 2020 Monthly YTD Call Volume

NSPL	Jan	Feb	Mar	April	May 1-12	Total
2019	885	1918	3414	3976	2065	12258
2020	1170	2286	3072	5708	2995	15231



Articles about interactions of suicide & COVID (from April):

https://www.medpagetoday.com/infectiousdisease/covid19/85916

https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2764584
https://www.statnews.com/2020/04/22/suicide-covid-19-uncertain-connection/
https://www.reuters.com/investigates/special-report/health-coronavirus-usa-cost/
https://www.theguardian.com/world/2020/may/14/japan-suicides-fall-sharply-as-covid-19-lockdown-causes-shift-in-stress-factors?utm_source=knewz