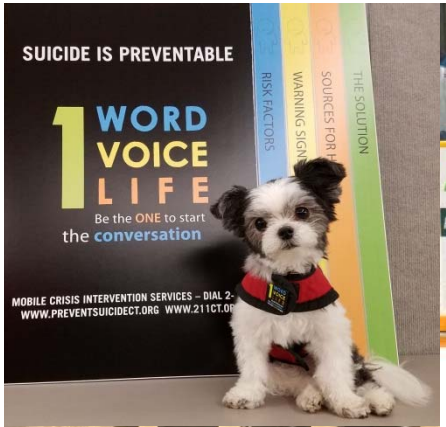
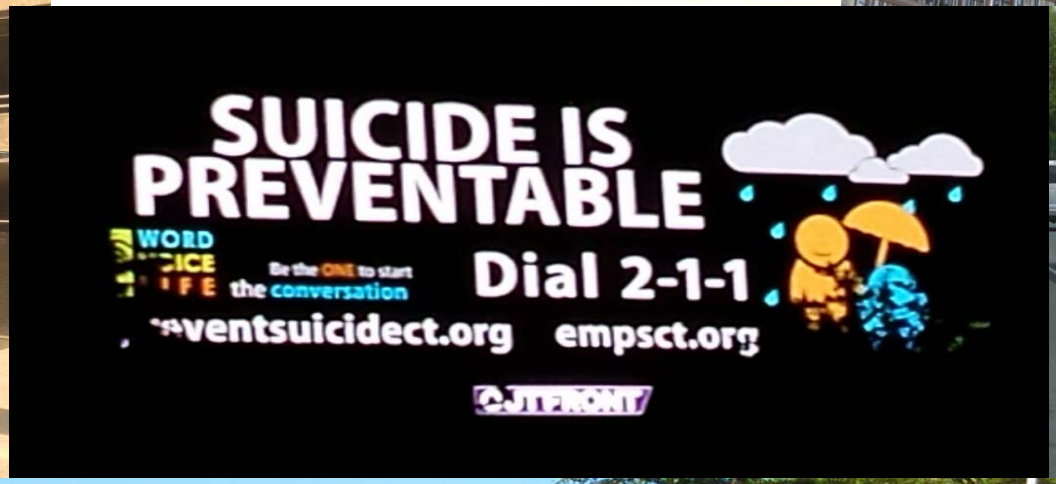

SUICIDE IS PREVENTABLE
1 WORD VOICE LIFE
Be the ONE to start the conversation
RISK FACTORS
WARNING SIGNS
SOURCES FOR HELP
THE SOLUTION
MOBILE CRISIS INTERVENTION SERVICES – DIAL 2-
WWW.PREVENTSUICIDECT.ORG WWW.211CT.OR


1 WORD VOICE LIFE
Be the ONE to start the conversation
SUICIDE IS PREVENTABLE
EMPS-Crisis Intervention Ser
Dial 2-1-1
www.preventsuicidect.org
www.empsct.org


SUICIDE IS PREVENTABLE.
FOR HELP
DIAL 2-1-1
AND PRESS 1
Outside CT Dial
800.273.8255
PREVENTSUICIDECT.ORG
CONNECTICUT


1 WORD VOICE LIFE
Be the ONE to start the conversation
SUICIDE IS PREVENTABLE
EMPS
Crisis Intervention Services
Dial 2-1-1


SUICIDE IS PREVENTABLE
Dial 2-1-1
1 WORD VOICE LIFE
TRASH
BOTTLES & CANS
NEWSPAPER
NEWSPAPER


SUICIDE IS PREVENTABLE
1 WORD VOICE LIFE
Be the ONE to start the conversation
Dial 2-1-1
empsct.org


1 WORD VOICE LIFE
Be the 1 to start the conversation
CALL 2-1-1
Mobil
Mart
ATM


1 WORD VOICE LIFE
Be the 1 to start the conversation
www.preventsuicidect.org
CALL 2

Connecticut Suicide Advisory Board

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

CONNECTICUT Suicide Advisory Board

CT Suicide Advisory Board

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

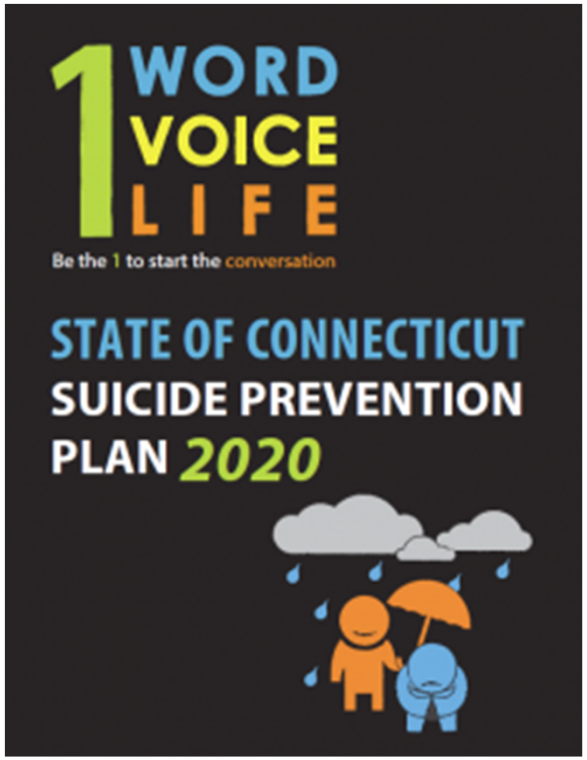
Mission: Address the problem of suicide with a focus on prevention, intervention, response.

Vision: Eliminate suicide by instilling hope across the lifespan and through the use of culturally competent advocacy, policy, education, collaboration and networking.

CONNECTICUT Suicide Advisory Board

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*.



CONNECTICUT Suicide Advisory Board

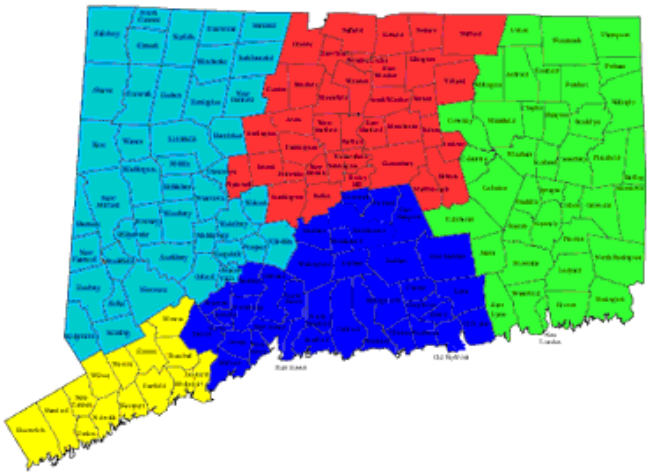
CTSAB Sub-Committees & Special Projects

- **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

CONNECTICUT Suicide Advisory Board

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

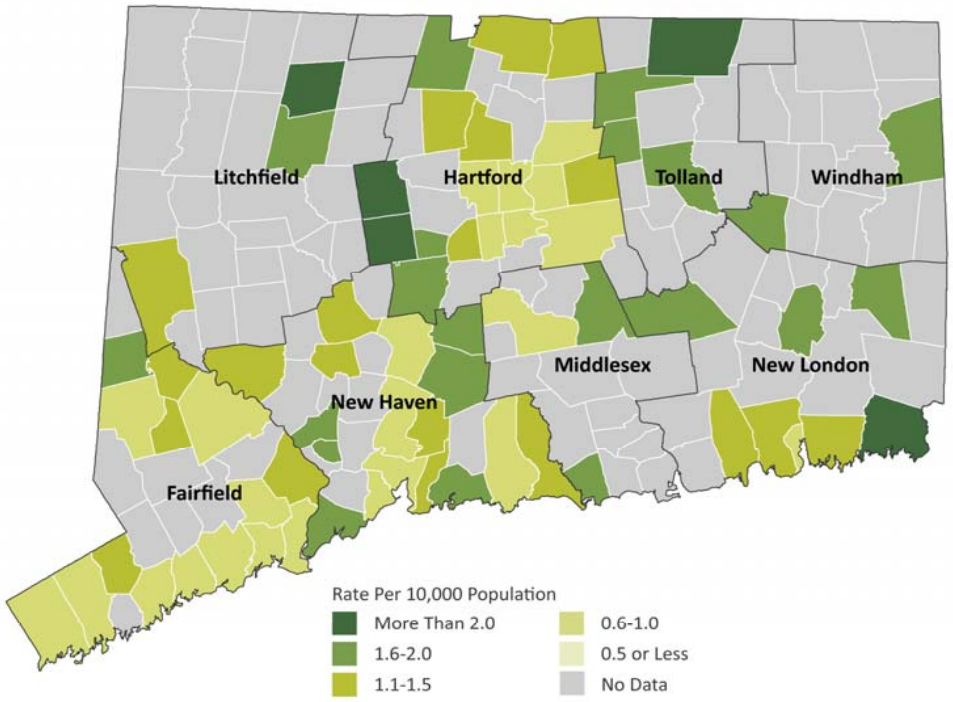
CONNECTICUT Suicide Advisory Board

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

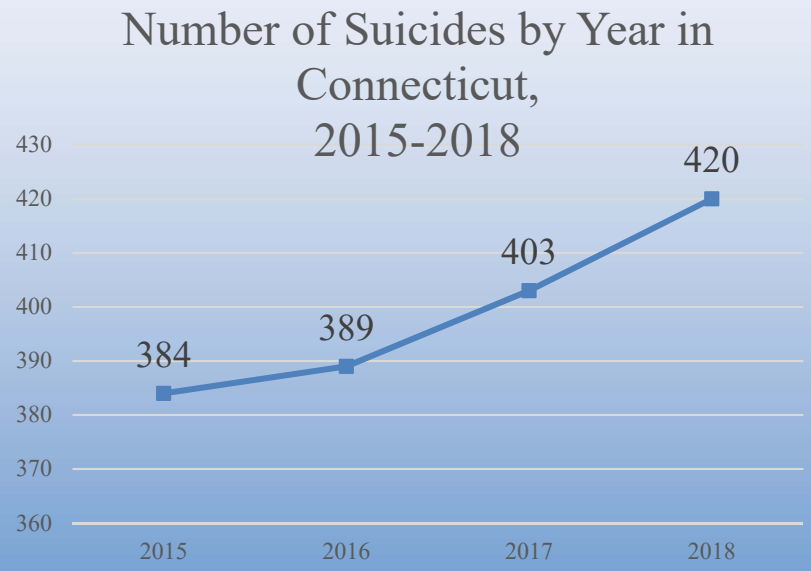


Data Source: CT Violent Death Reporting System

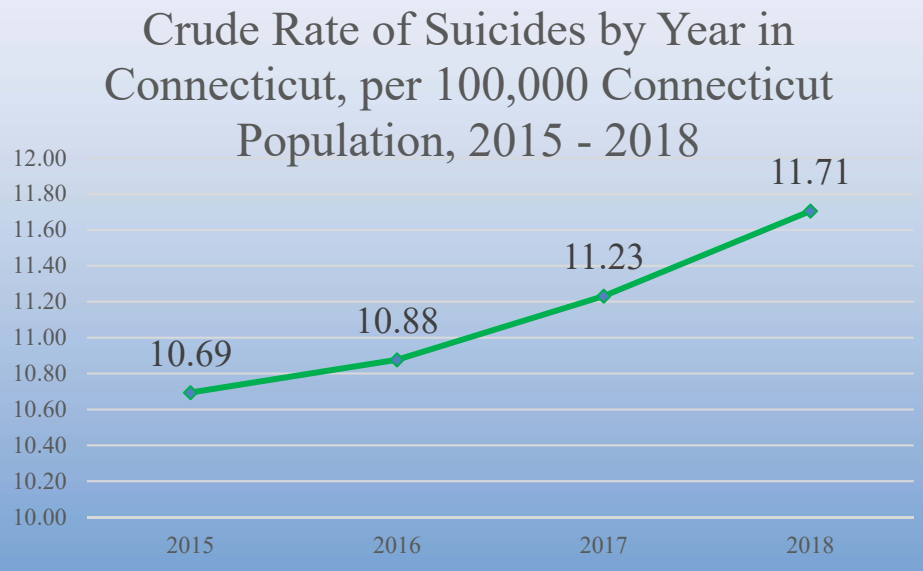
- Rate per 10,000 CT town population
- Calculated rates on 4 year sum of people who died by suicide
- Rate calculated for town with at least 8 suicide deaths between 2015 and 2018
- If the 4-year number of suicides is less than 8, the death

Suicide Trends: 2015 - 2018

CTVDRS



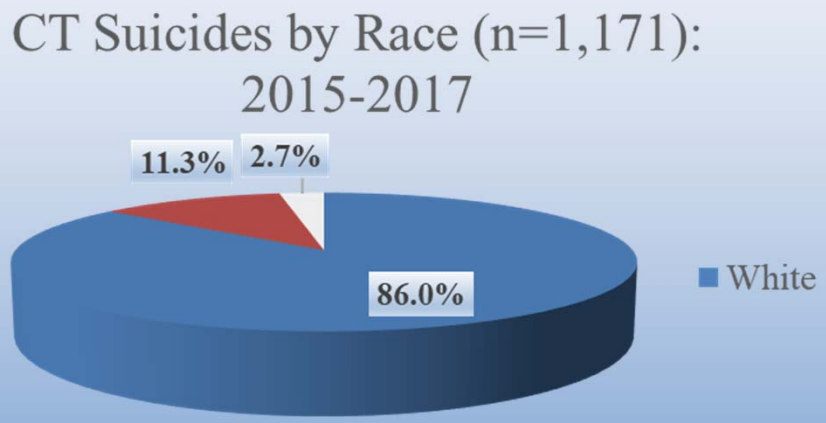
Data Source: CT Violent Death Reporting System



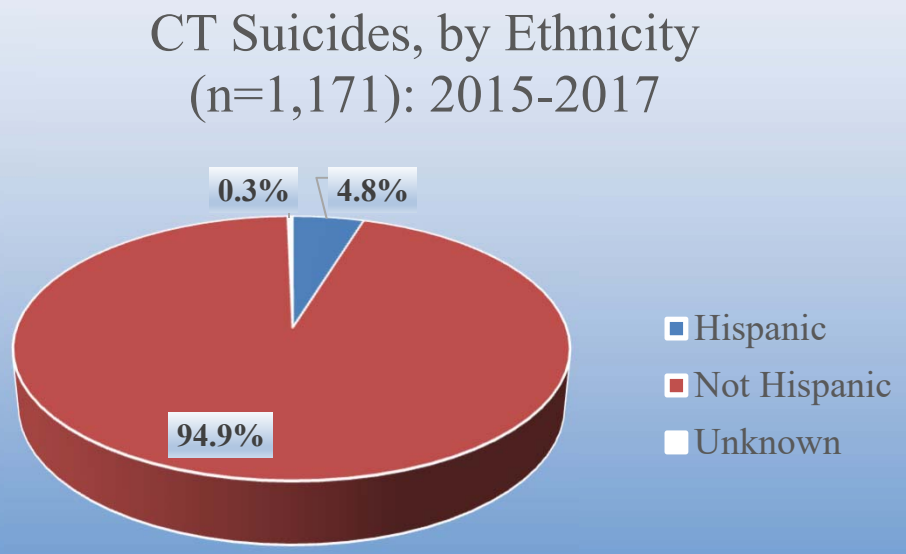
Data Source: CT Violent Death Reporting System

Demographics of Suicides in Connecticut, by Race and Ethnicity

CTVDRS

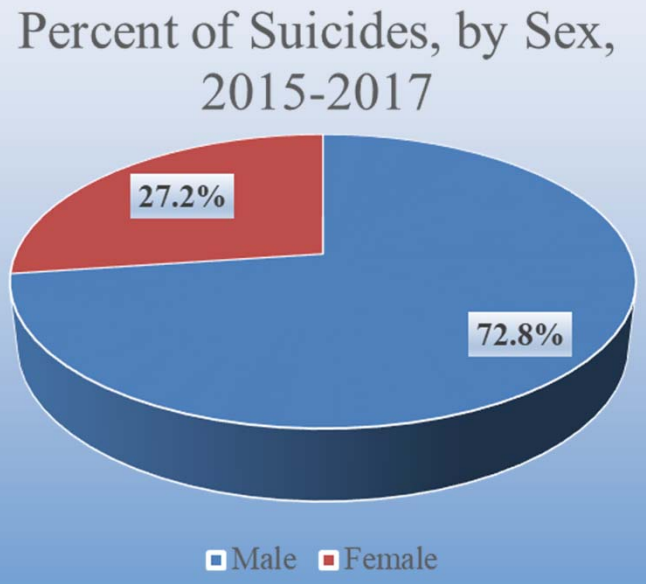


Data Source: CT Violent Death Reporting System



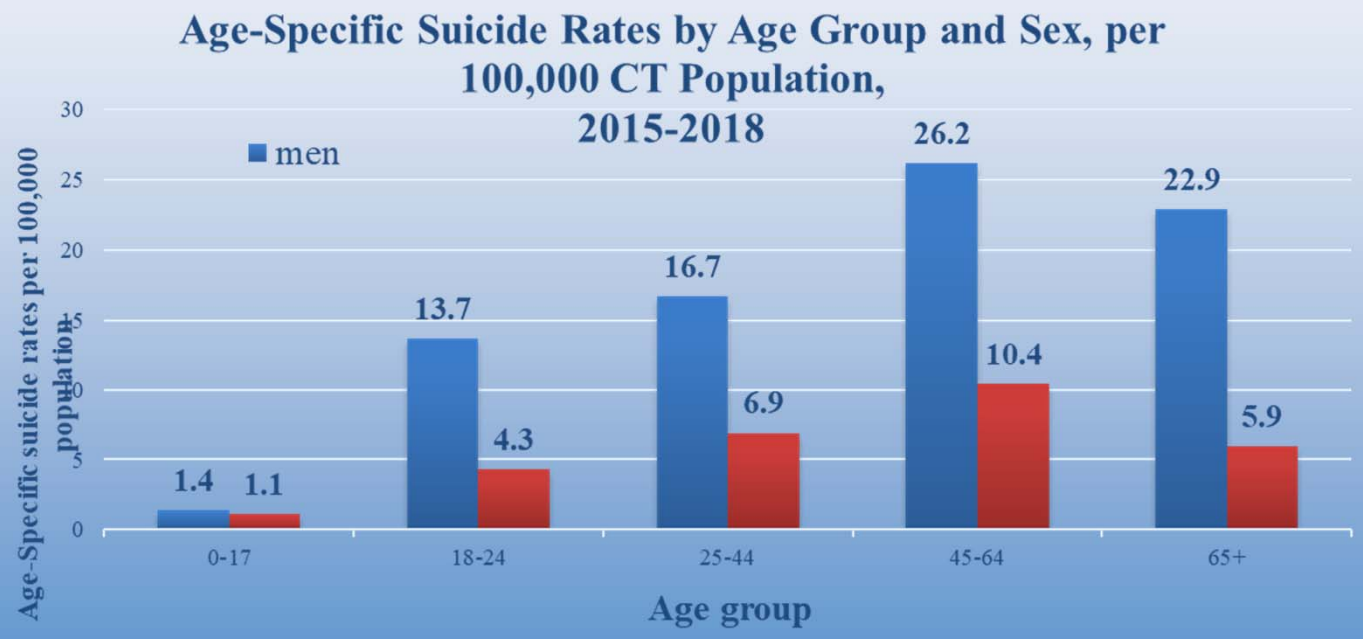
Data Source: CT Violent Death Reporting System

Demographics of Suicides in Connecticut, by Sex



Data Source: CT Violent Death Reporting System

Demographics of Suicides in Connecticut, by Age Group



Data Source: CT Violent Death Reporting System

Lethal Means: CT Suicides 2015-2017

Most Common Methods – Death by Suicide:

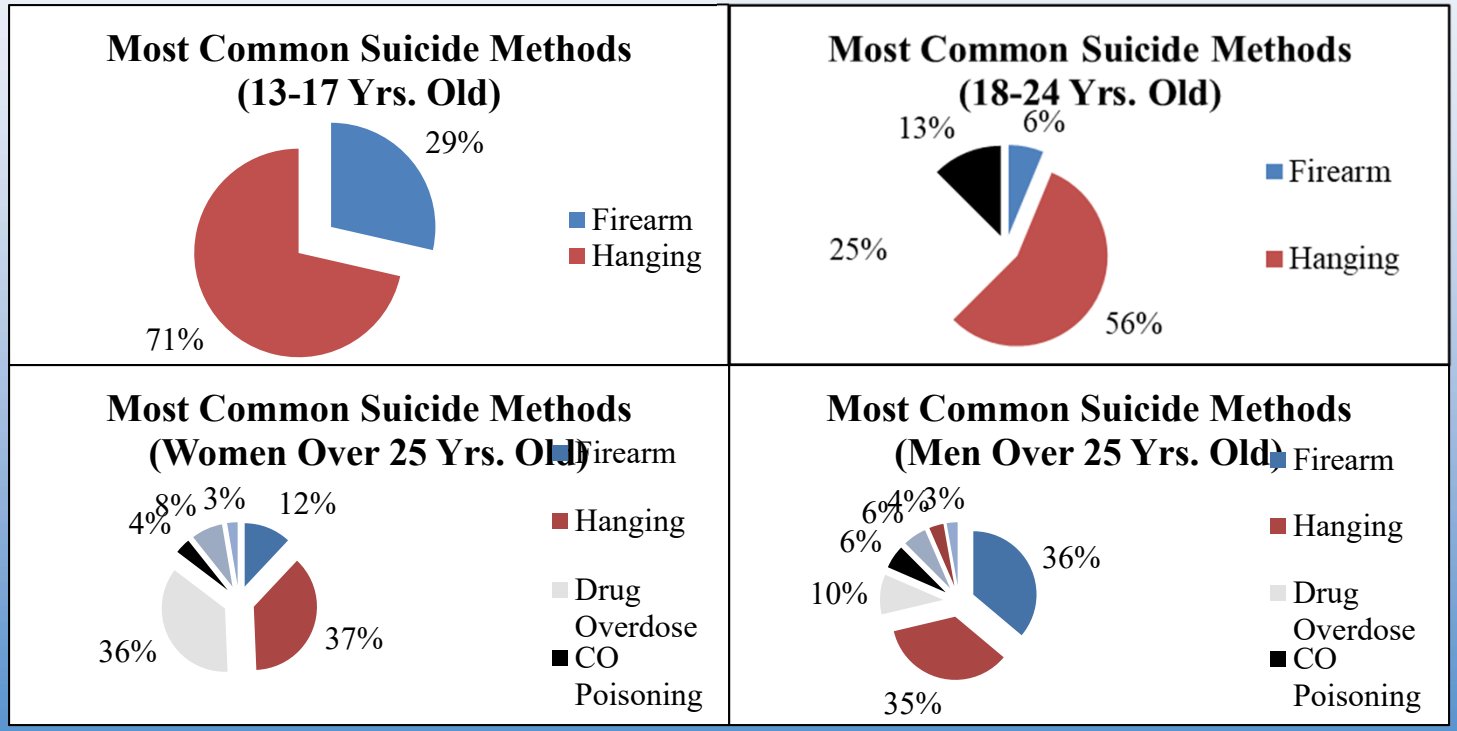
Males
1) Firearm (34%)
2) Hanging/asphyxiation (29%)
3) Drug overdose (10%)

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)

CTVDRS



Data Source: CT Violent Death Reporting System

Comparing Top Risk Factors by Age Group and Sex – Youth/Young Adults

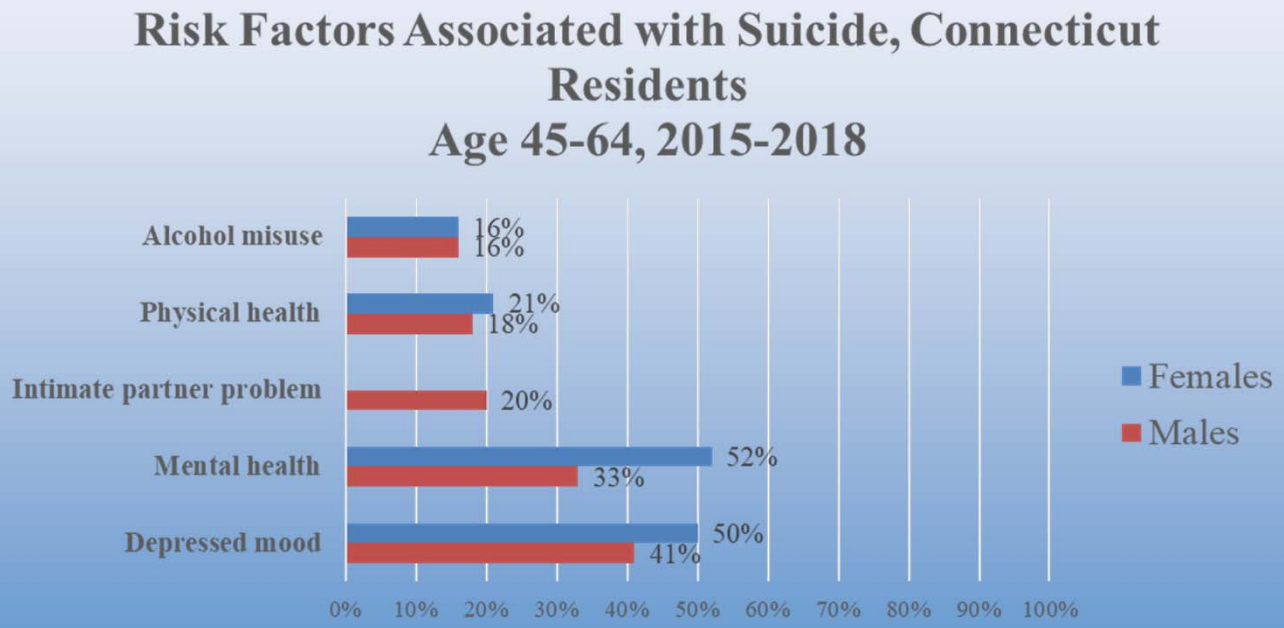
11 to 17 Years of Age			
Top Circumstances Related to Suicides, 2015 to 2018			
N=39; Circumstances Known for 37 people; 21 males and 16 females			
	Overall	Males (n=21)	Females (n=16)
Mental health problem	66%	71%	56%
Depressed mood	53%	57%	44%
Other Circumstance: Family relationship problem	14%	ND	ND

18 to 24 Years of Age			
Top Circumstances Related to Suicides. 2015 to 2018			
Circumstances Known for 122 people; 96 males and 26 females			
	Overall	Males (n=96)	Females (n=26)
Mental health problem	53%	49%	46%
Depressed mood	50%	48%	38%
Intimate partner problem	19%	17%	19%
Substance misuse or SUD	15%	15%	12%
Alcohol misuse or AUD	9%	8%	12%

Data Source: CT Violent Death Reporting System

Comparing Top Risk Factors by Age Group and Sex – Middle Age/Senior

CTVDRS



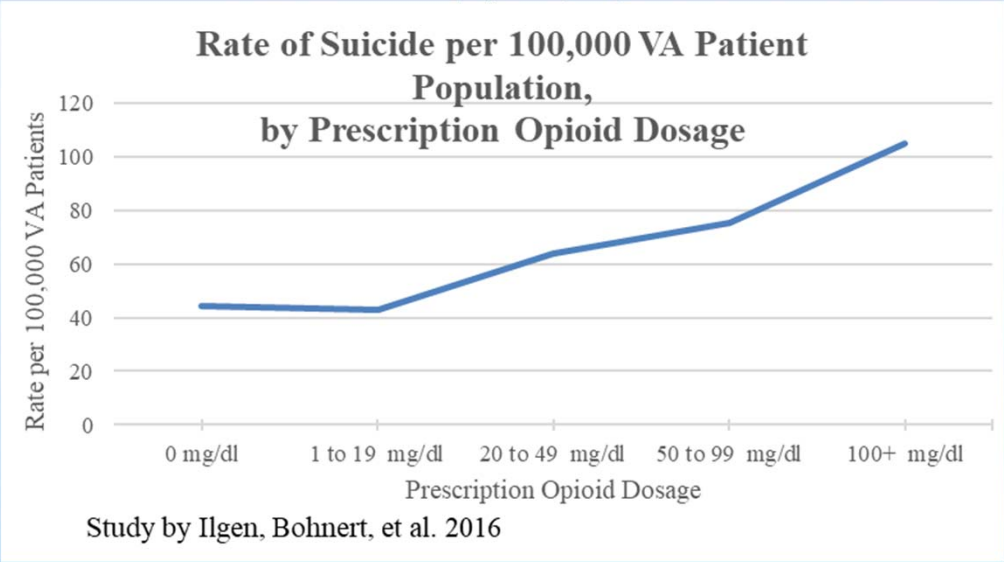
Note: Women also have intimate partner problems as a elevated suicide risk, but not

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:

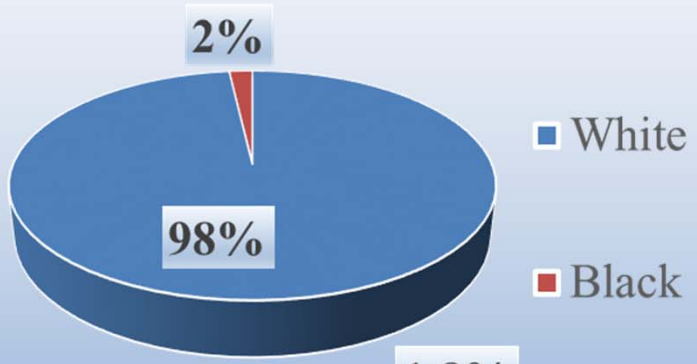


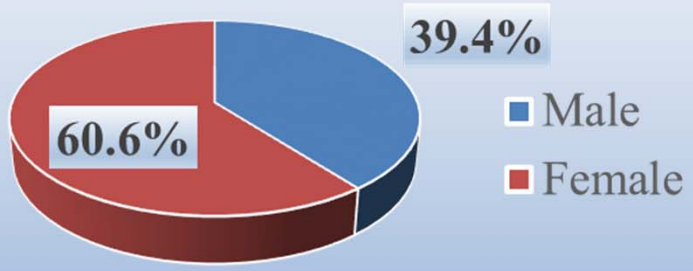
Statistically significant difference between 1-19 mg/dl and 20-49 mg/dl

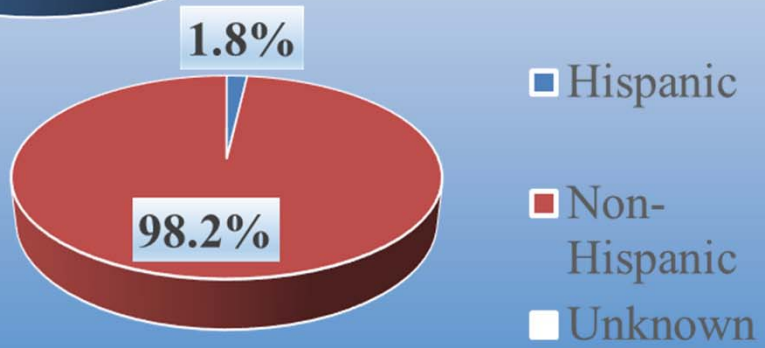
Stat. sign. diff. between 20-49 mg/dl and 100+ mg/dl

Demographics of Suicides with Opioids Present in Forensic Toxicology

CTVDRS







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

Intersection Between Suicide and Unintentional and Undetermined Intent Drug Overdoses: What are the Estimates?

- 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

Contact:
Susan Logan, MS, MPH; Supervising Epidemiologist
Susan.Logan@ct.gov

Mike Makowski, MPH; Epidemiologist
Michael.Makowski@ct.gov

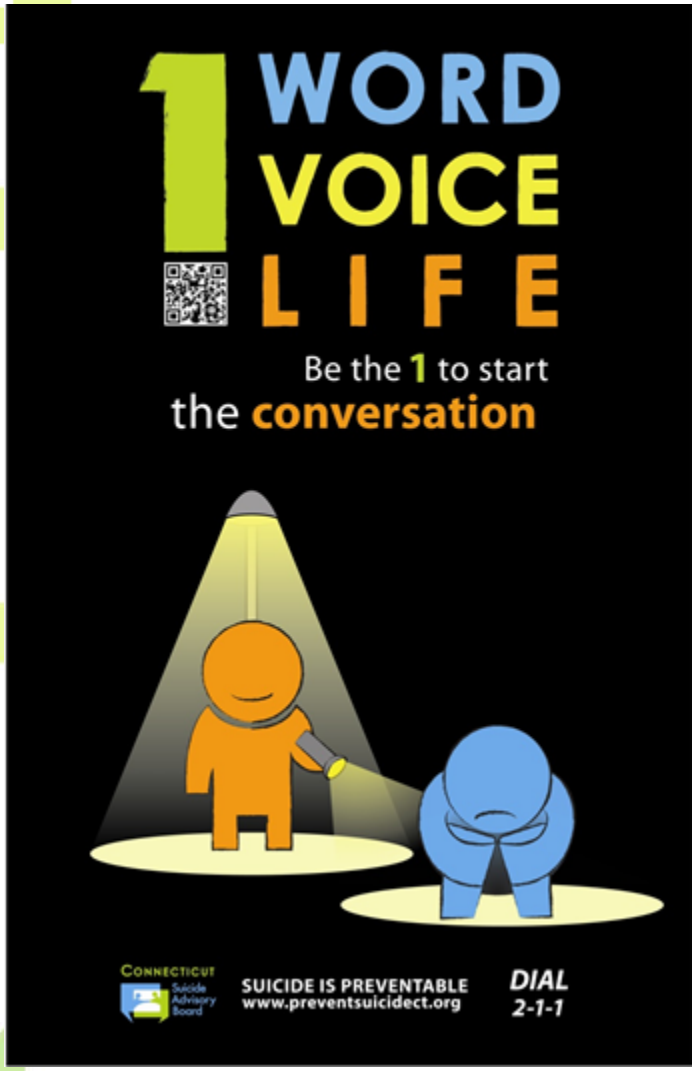
Main office phone: 860-509-8251

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*

CONNECTICUT Suicide Advisory Board



POSTVENTION IS PREVENTION

Faith VosWinkel, Office of the Child Advocate

Marisa Giarnella Porco, Jordan Porco Foundation

CONNECTICUT Suicide Advisory Board

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 think you need to contact?
2. What are the one or two things you need to do next?
3. How are you feeling/coping?

CONNECTICUT Suicide Advisory Board

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.

CONNECTICUT Suicide Advisory Board

Everybody UP!

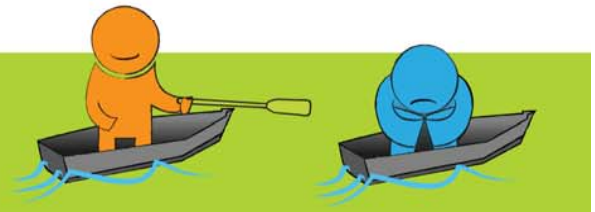
Facilitators Take Your Mark!

Everyone Take A Stretch

Take A Deep Breath

Say Good-bye for now to your Table-Mates

CONNECTICUT Suicide Advisory Board



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.

CONNECTICUT Suicide Advisory Board

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

CONNECTICUT Suicide Advisory Board

Contacts

Co-Chairs

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CONNECTICUT Suicide Advisory Board