



Region 5 Suicide Advisory Board

December 21, 2022 10:00-11:30AM

Minutes

1. Introductions

Abby Wood, Emma Hollis, Kathy Hanley, Isabel Sweeney, Carrigan Costello, Debbie Berman, Sarah Lorenzini, Jules Calabro, Harry Depuy, Alyeska Tilly, Donna Culbert, Chelsea Kapitancek, Will Testani, Allison Fulton, Gabriel Lomas, Joanna Keyes, Anastasiya Domnich-Kovaleski, Sara Wendrow, Alyssa, Marlenis, Corrine Ofgang, Kevin Iglesias, Carina Chelso

2. Review of the [meeting schedule](#) for the winter

3. Review of the [newsletter](#)

4. Torrington Area Health District CDC CSP Grant - Anastasiya Domnich-Kovalevsky

- Public Health Grant with United Way of CT
- 3 populations: middle age adults/ adolescents/ young adults
- 4 year grant (2-4 implementation of deliverables)
- Participate in committee and advisory boards CT violent death advisory board, RSAB and CTSAB
- Create update local inventory for suicide prevention in collaboration with UCONN once implementation so far in June 2022 approx. 400 emails with 52 responses. Developing strategic outreach to sectors to find gaps and what services need to be provided
- Postvention plan and support with Torrington school district and McCall – asking local sectors what they have in place and if they can provide support to develop a plan
- McCall contracted to do QPR trainings, Gizmo, 4whatsnext, college and universities for peer counseling, zero suicide approach.
- Hoping to contact every town to plant [website](#) on their town page for resources and information on gap analysis.

5. Member update: [Gabe Lomas](#) explained the [Centers for School Safety](#), Mutual Aid partnership Schools helping schools after disaster. Funded through WESTCONN

6. Priority Setting Report: DMHAS report that canvases resources, emerging trends, innovative grassroots programs across the lifespan. Via focus groups, survey collection, and anecdotal feedback to pair with localized data. Helpful to provide info to state legislators and informing

where financial support goes and applying for grants. Focused on Suicide substance use, and problem gambling through the matrix of prevention, intervention, treatment, and recovery.

Strengths: Destigmatizing the language on suicide, trainings, and trainers for QPR, schools are offering SOS for students, staff, and adults, work to reduce hesitancy to address suicide. Work with the media. Increased collaborative partnerships with behavioral health providers and schools. Bringing the two systems together is increasing efficacy. New formal or informal school-based health centers are helping. We are fortunate to live in a region that there is positive regard for school-based health centers.

Henry Abbott Tech: Isabel Sweeney

“When we went into shutdown, we changed out delivery of services. We do a mental health check in with students to see where they’re at. Coping skills assessment, rate their mental health from 1 to 10. Since the pandemic we share out a lot of resources with students. Handouts on getting to know yourself, stress management, self-care. The pandemic has changed our focus with the students. If we are in a crisis, we assemble a team consistent of the school counselor, psych, administrator, decision is made for next steps, generally 211.

-Students were screened with permission from parents with referral to services when needed.

-Students have responded positively; some kids are surprised but we always ask if they understand what a counselor means when the question about mental health is proposed. Kids want to talk about their mental health, and they want help they just don’t know how to get it. Identified a trusted adult in the high school. Help students become aware of what resources are available in the building. Most parents are also cooperative when crisis response comes to play. BESS (Behavior and Emotional Screening System) screener is used.

Beacon Health Options: Jules Calabro

STAFF SHORTAGES AND LONG WAITLISTS ON THE CHILD SIDE. Children end up going to the quickest available resources rather than the best option. Legislative recommendations: open the credentialing. Support incentives for more workers

Rates of SI/SH ED Visits in Demographic Breakdown Graphs in RBHAO 5: North West - Western CT per 10,000 Visits by Age, December 1, 2021 - November 30, 2022



AGE	SUICIDAL IDEATION RATE (COUNTS)	SUICIDE ATTEMPT RATE (COUNTS)	SA BY ASPHYXIATION RATE (COUNTS)	SA BY POISONING RATE (COUNTS)
0-9	25.8 (69)	a	.0 (0)	.0 (0)
10-17	777.6 (1201)	aa	5.8 (9)	34.3 (53)
18-24	421.2 (835)	65.6 (130)	3.5 (7)	19.2 (38)
25-34	344.2 (1135)	50.3 (166)	5.2 (17)	13.3 (44)
35-44	288.1 (890)	33.7 (103)	3.6 (11)	8.5 (26)
45-54	260.4 (771)	34.8 (103)	a	11.5 (34)
55-64	210.5 (708)	21.1 (71)	a	7.4 (25)
65-74	102.9 (280)	9.9 (27)	a	aa
75-84	52.6 (122)	5.6 (13)	a	a
85+	65.5 (104)	10.1 (16)	a	.0 (0)

In keeping with confidentiality regulations, numbers and rates are not disclosed for counts between one and six events ("a"). Fields with counts of 7 or greater may be suppressed to preserve censoring of an adjacent cell ("aa"). Rates based on counts less than 20 are not calculated due to the instability of rates ("b"). These data are preliminary, and data quality and completeness may vary over time.

Population 18-24

Emerging Adults: Higher incidents in this population, what is happening in this demographic to cause such high numbers?

Populations 25-34

Populations 35-44

Population 65+

- Folks are getting sick and feel hopeless “I am going to die anyway; I’d rather die now than later” elder men have access to lethal means and experience stigma related to mental health and suicide. Intentional and planned out suicides.
- Changes in Medicaid coverage may be coming in April, during the pandemic there was extra coverage. We need to pay attention to this phenomenon.
- The role of loss: there is not a lot of respect or veneration of the wisdom of the elderly, lack of purpose, isolation
- We need opportunities at a local level for interaction and contribution to culture and community. Opportunities for older adults to get involved in cross generational experiences. Storytelling opportunities, mentorships, etc.
- You grow old because you stop exercising not the reverse, “we need to promote movement within our elder population”