While I Breathe I Hope: Ending Suicide in Youth and Young Adults

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GARRET LEE SMITH MEMORIAL ACT

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- SAMHSA CMHS has the responsibility for managing programs funded under the **Garret Lee Smith Memorial Act.**

GARRET LEE SMITH MEMORIAL ACT

- **Time and funds:**
  - 5 years, up to $736,000 per year
- **Emphasis on:**
  - cross training providers;
  - improved access to services for youth with or at risk for serious mental illness.
- **Requirement:**
  - to improve continuity of care and follow up with a youth at risk
- **Focus on:**
  - policy changes;
  - increased collaboration across organizations;
  - increased data use for program improvement.

Building a Road to Hope with SCDMH

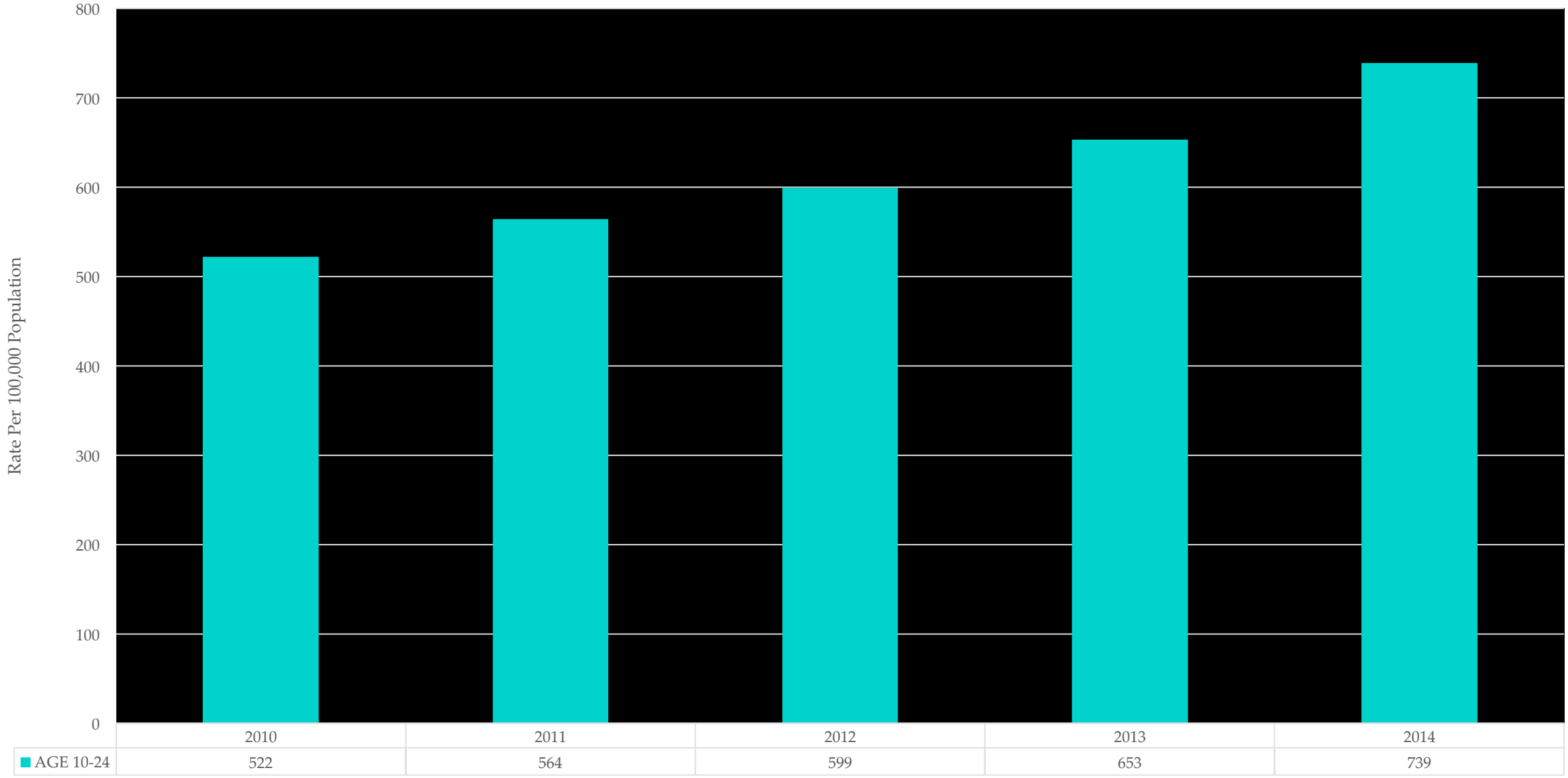
- SCDMH serves **every county** in the state through regional mental health centers and clinics.
- The impact of SCYSPI can extend to **every corner** of the state through the efforts of the SCDMH.
- SCYSPI will build on existing **infrastructur**e, such as the *Telepsychiatry Program* and *School-Based Counseling*.
- SCDMH has the reach to impact service providers and community members throughout the state so that they come together to work actively to end suicide in youth and young adults.

Prevalence and Demographics

Prevalence of Suicide in the U.S.

- Suicide rates across demographic groups are **higher in rural counties** than in urban counties in the
- Suicide is the **3rd** leading cause of death among persons aged 10-14 in the
- **2nd** among persons aged 15-34 years
- Suicide was the **10th** leading cause of death for all ages in 2013
- **Firearms are the most commonly used method** of suicide among males (56.9%).

South Carolina Inpatient and Emergency Department Discharges (Age 10-24) With A Diagnosis of Suicide Attempt (ICD-9 E95.0 -E95.9 & V62.84) during Calendar Years 2010-2014



Death by Suicide Rates *(2010-2014)*

1. Marlboro
2. Cherokee
3. Colleton
4. Edgefield
5. Laurens
6. Anderson
7. Lexington

Attempts Rates *(2010-2014)*

1. Dorchester
2. Charleston
3. Georgetown
4. Colleton
5. Horry
6. Greenwood
7. Union

Rates Combined *(2010-2014)*

1. Colleton

2. Lexington

3. Oconee

4. Charleston

5. Newberry

6. Berkeley

6. Marlboro (Tied)

Sad Truths

Costs to Society

- The economic impact of suicide falls upon everyone in society and that the cost can be substantial cannot be ignored.
- Suicide costs society over **$51 billion a year** in combined medical and work loss costs.
- The average of a single suicide costs **$1,164,499**.

Primary Care

Up to **90%** of people who die by suicide had contact with their PCP in the year prior to their death.

Up to **76%** had contact with their PCP in the month prior to their suicide.

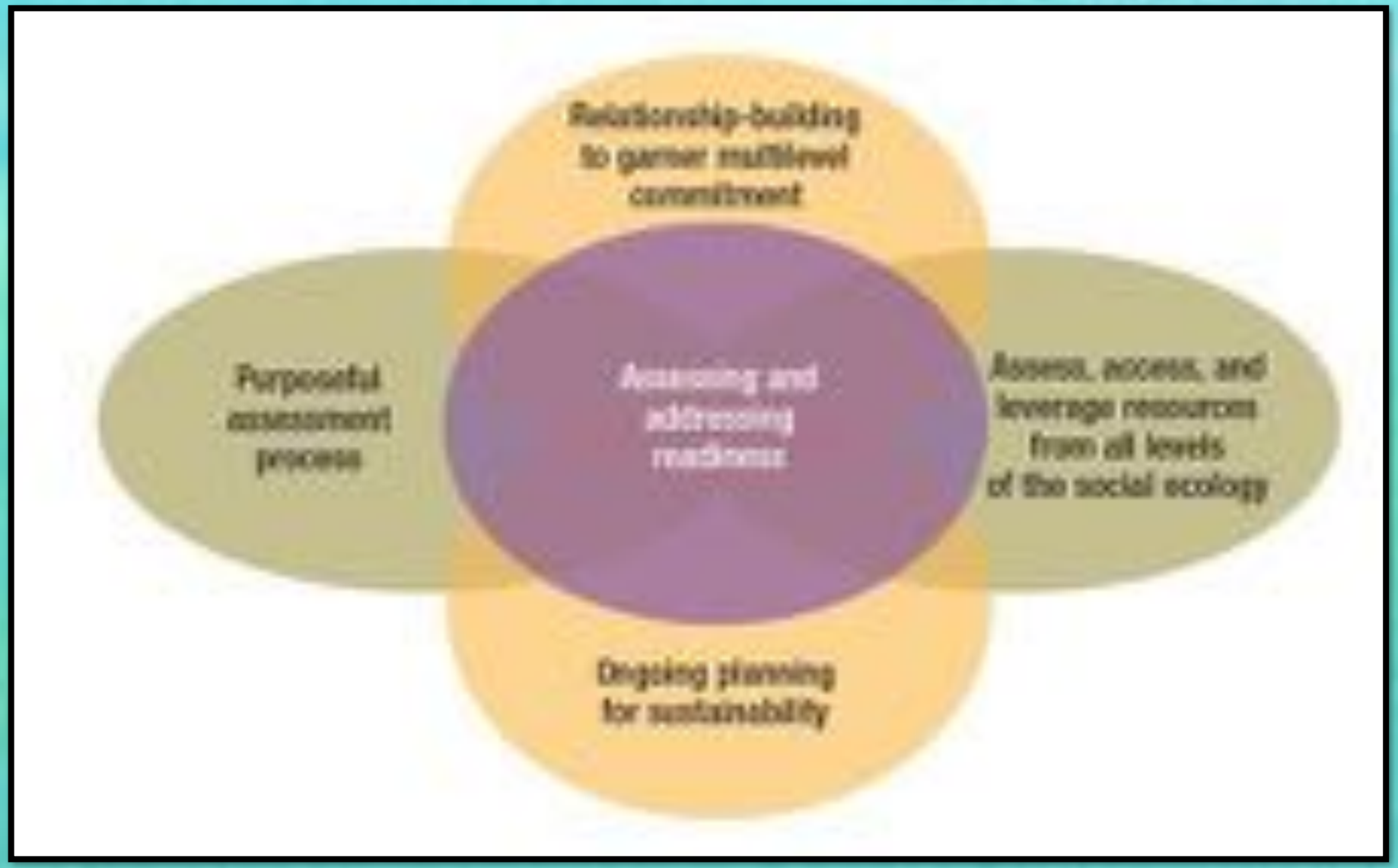
These **same individuals** were more than **twice** as likely to have seen their PCP than a mental health professional in the year and month **prior** to their suicide.

The Road to Hope

Suicide is a **serious** public health problem that can have lasting, significant effects on youth, families, peers, and communities.

The causes of suicide among youth are **complex** and involve many factors.

Reducing risk factors and **increasing** protective factors and resilience is critical.



How are we going to implement Suicide Prevention?

Current Focus of the Initiative

- Coordinate Transition of Care
- Identify and Screen
- Incorporate EBP
- Strengthen Infrastructure
- Connect Resources
- Means Restriction

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PURPOSE

- To support states and tribes in developing and implementing statewide or tribal youth suicide prevention and early intervention strategies.
- Awarded states are required to:
  - **Partner** with state/private level organizations to ensure suicide prevention is a top priority.
  - **Develop** and implement statewide prevention and early intervention strategies
  - **Reduce** suicide deaths and non-fatal suicide attempts.

Priority Population

Youth and young adults (YYA) age 10-24:

1. Who have *attempted suicide*, are experiencing *suicidal ideation*, are experiencing mental health/and or *substance abuse issues* that may lead to suicidal thoughts and or experiencing a *difficult time in their lives.*

2. Subpopulations of ***greater risk of suicide***:
   - Serious mental illness (SMI);
   - Justice involved
   - Lesbian, gay, bisexual and transgender (LGBT).

Grant Activities

- Develop and implement a ***plan for rapid follow-up*** for individuals who have attempted suicide or experienced a suicidal crisis after discharge from ED's or impatient units.

- Timely ***care transition*** and ***care coordination*** services

- Incorporate efforts to ***reduce access to lethal means*** among populations with identified suicide risk.

- ***Coordinate efforts*** across state departments and systems including Medicaid, Health, Substance Abuse, Juvenile Justice, Child Welfare, ED's, Crisis Centers, Primary Care settings. etc.

Grant Activities (cont.)

- Workforce training and development
- Education and Awareness
- Response ***protocol*** to include universal protocols for screening
- ***Strengthening partnerships*** with Primary Health care Providers.
- ***Collaborate with hospitals*** to strengthen follow up procedures, to include a required safety plan, psychiatric consultation utilizing the SCDMH telepsychiatry program.

Grant Activities (cont.)

- The formation of a statewide suicide and local ***coalitions***.
- To ***raise awareness*** and knowledge, e.g. parents, teachers, faith based.
- To ***educate*** parents, teachers and other caring individuals on the risk and resiliency factors that impact mental health issues.
- To ***increase screening of youth*** at risk and ***increase access*** to services.
- To implement ***evidenced based practices*** and successful prevention and intervention strategies
- To develop an ***interagency response protocol*** to use in the event that a young person is determined to be at risk for suicide.

Best Practices (cont.)

Signs Matter- is an **online school-based training** program suitable **for K-12 educators** developed by AFSP in collaboration with Rutgers Behavioral Health care. Upon completion of this course, participants have an increased awareness of how students at risk of suicide can be effectively identified and treated as well as an understanding of mental disorders and other risk factors for youth.

The Truth About Suicide - Real stories of depression in College is an **educational program** that shows depression and other suicide related problems as they are commonly experienced by college students. Developed by AFSP the program **encourages students to seek help** for themselves and their friends.

School-Based Clinicians Focus

- Linking YYA's in need to therapeutic services is a primary activity.

- SB clinicians will receive extensive training best practices, screening procedures, and effective treatment for those YYA' who have survived suicide attempts.

- **Post-vention** – efforts to deal with the trauma experienced by those individuals who are close to a youth or young adult who has attempted suicide or has died by suicide. School –Based clinicians will play a key role in these efforts.

Thank you

If there are any questions, concerns, or feedback please contact or come see us!

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