

SUICIDE IS PREVENTABLE

ZERO SUICIDE IN NEVADA



ZERO SUICIDE is a commitment to suicide prevention in health and mental health care systems and is also a specific set of strategies and tools.¹

BACKGROUND

- Nevada had the 7th highest suicide rate in the nation in 2019².
- Suicide is the second leading cause of death for Nevadans aged 10-34 and the third leading cause of death for Nevadans aged 35-44. Suicide death rates are disproportionately high for older Nevadans and males ages 65+ have the highest suicide death rates in the nation³.
- There were 642 suicide deaths, or 20.8 suicide deaths per 100,000 Nevada residents in 2019⁴.
- On average, one person dies by suicide every 13 hours in Nevada⁵.
- On average, twelve Nevadans die each week to suicide. This is higher than the combined number of deaths from motor vehicle accidents, and homicides in Nevada^{5,6}.
- It is estimated that there are about 25 suicide attempts for every suicide death. In Nevada this would translate to over 16,425 suicide attempts being made in one year (2018)⁷.
- In 2018 suicide deaths among Nevadan residents were attributable to firearms (52.53%), suffocation (31.2%) and poisoning (12.9%)⁸.
- Veterans comprise an estimated 27% of Nevadan's suicides¹⁰.
- 47% of individuals who died by suicide had seen their Primary Care doctor within the month prior to their death¹¹.

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SUICIDE IS A PUBLIC HEALTH CRISIS.

THE GOALS OF SUICIDE PREVENTION ARE

- ① Decreasing risk factors
- ② Early recognition of the early signs of distress and mental health problems that lead to suicide
- ③ Knowledge of the effective steps to prevent self-harming behavior

ZERO SUICIDE

Zero Suicide is a set of evidence-based principles and practices for preventing suicide within health and mental health systems.

The foundational belief of Zero Suicide is that suicide deaths for individuals under care are preventable. Zero Suicide requires a system-wide approach to improve outcomes and close gaps¹¹.

REFERENCES: ¹ National Action Alliance for Suicide Prevention (www.zerosuicide.org); ² American Association of Suicidology, 2019; ³ AFSP, 2018; ⁴ American Association of Suicidology, 2018; ⁵ AFSP, 2018; ⁶ Centers for Disease Control, Web-Based Injury Statistics Query and Reporting System (WISQARS), 2017; ⁷ Dr. Alex Crosby, CDC, 2015 American Association of Suicidology presentation; ⁸ Nevada Department of Health, 2019; Nevada Department of Health, 2019; U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. 2020 National Veteran Suicide Prevention Annual Report. 2020. Retrieved {01/21} from https://www.mentalhealth.va.gov/docs/datasheets/2020/2020_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf; ¹¹ Luoma, et.al, 2002;

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THREE CENTRAL FACETS OF ZERO SUICIDE



WHAT PROFESSIONALS CAN DO TO SUPPORT ZERO SUICIDE

1) CORE VALUES

- Continuity of Care and Shared Service Responsibility
- Promoting a culture of shared responsibility between Primary Care, Mental Health Services, Emergency Department/Crisis Response, In-patient units, and Recovery Supports is critical to prevent suicides.

Just as the path to recovery and wellness for a heart attack victim requires multiple levels of care, treatment and patient lifestyle changes, so does the path to recovery and wellness for persons who face possible death by suicide. Care for suicide risk must be comprehensive and continuous until the risk is eliminated.

- Immediate Access to Care for All Persons in Suicidal Crisis

2) SYSTEMS MANAGEMENT

- Policies and Procedures
- Collaboration and Communication
- Trained and Skilled Work Force

3) EVIDENCED-BASED PRACTICES

- Screening and Suicide Risk Assessment

Adults and peers in non-clinical settings, e.g. schools, home care, social or faith organizations can also be taught to identify warning signs, what to say and do, and how to get help.

- Suicide-focused Care
- Intervention and Collaborative Safety Planning
- Treating Suicide Risk
- Care Coordination, Caring Contact and Follow-up

Coping oriented psychotherapies have the most research support for effectively treating suicidal risk, including Dialectical Behavior Therapy, Cognitive Therapy, Safety Planning Intervention and Collaborative Assessment and Management of Suicidality.

LEAD: *Make an explicit commitment to reduce deaths.*

- The culture in primary care, emergency department, and mental health settings reflects the belief that suicide of patients can be prevented.
- Assess staff knowledge, practices, and confidence in providing suicide safe care.

TRAIN: *Develop a competent, confident, and caring workforce.*

- The Zero Suicide approach begins the moment the patient walks through the door and all staff feel confident in their ability to provide caring and effective assistance to patients with suicide risk.
- All primary care, emergency department, mental health and mental health providers are trained in effective suicide risk assessment and review suicide risk of patient at each visit.
- All providers who counsel people at risk for suicide are trained in Counseling on Access to Lethal Means (CALM).

IDENTIFY AND ASSESS *patients for suicide risk.*

- All patients are screened for suicide risk on their first contact with a provider and at every subsequent contact.
- Staff use the same tool and procedures in their organization for screening to ensure that clients at suicide risk are identified.
- Providers conduct a suicide risk assessment whenever a patient screens positive for suicide risk.

ENGAGE *patients at risk for suicide in a care plan.*

- Primary care, hospitals and emergency departments, mental health and crisis services ensure that all patients identified as at risk of suicide develop a suicide safety plan.

TREAT *suicidal thoughts and behaviors directly.*

- Clients receive evidence-based treatment to address suicidal thoughts and behaviors directly, in addition to treatment for other mental health issues.
- Care is provided in the least restrictive setting by working with community agencies and other partners to provide treatment options and settings.

FOLLOW *patients through every transition in care.*

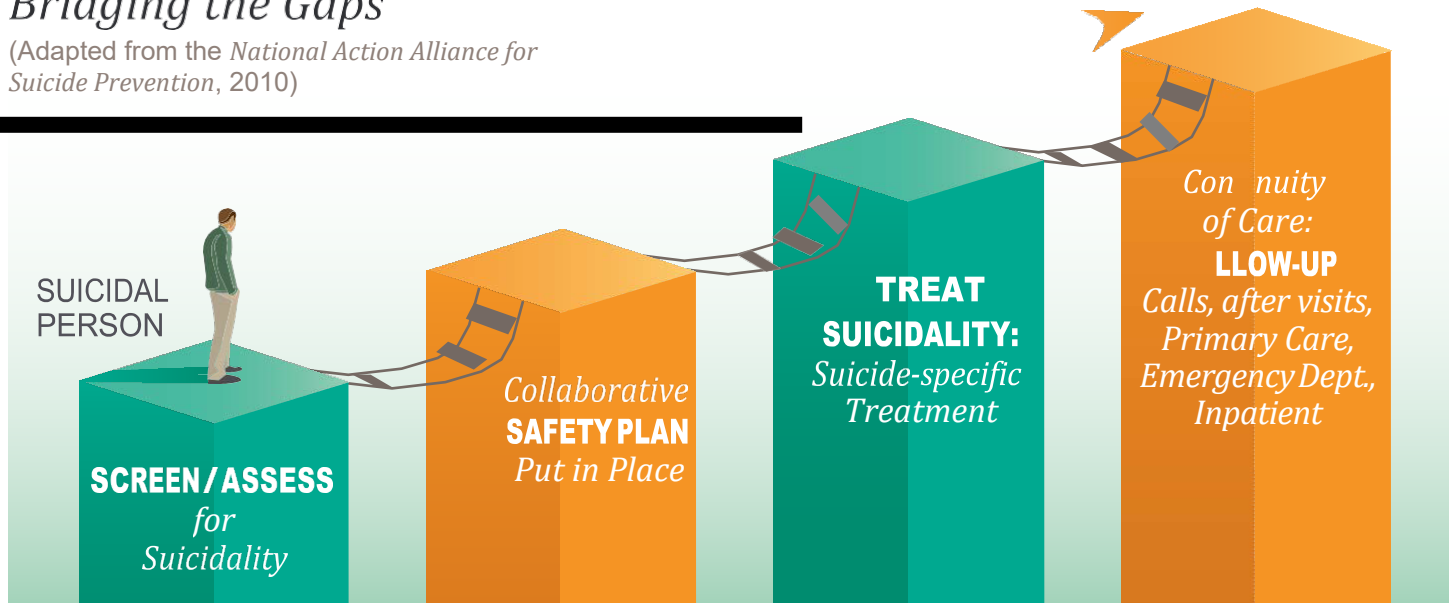
- Caregivers and clinicians bridge patient transitions from inpatient, ED, or primary care to outpatient mental health care.
- Providers address suicide risk at every visit within an organization, from one mental health clinician to another or between primary care and mental health staff in integrated care settings.

SYSTEMATIC SUICIDE CARE

Bridging the Gaps

(Adapted from the National Action Alliance for Suicide Prevention, 2010)

SERIOUS INJURY OR DEATH AVOIDED



IMPLEMENTATION OF ZERO SUICIDE

***COLLABORATIVE SAFETY PLANNING and REDUCING ACCESS TO LETHAL MEANS** in all settings, e.g. Emergency Department, Crisis, Community Care, etc.

