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*Governor*



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*Director*

State of Nevada  
**Department of Health and Human Services**

A Basic Overview  
of Suicide Prevention,  
Intervention and Postvention  
Educational Program



Division of Public and Behavioral Health



# Overview

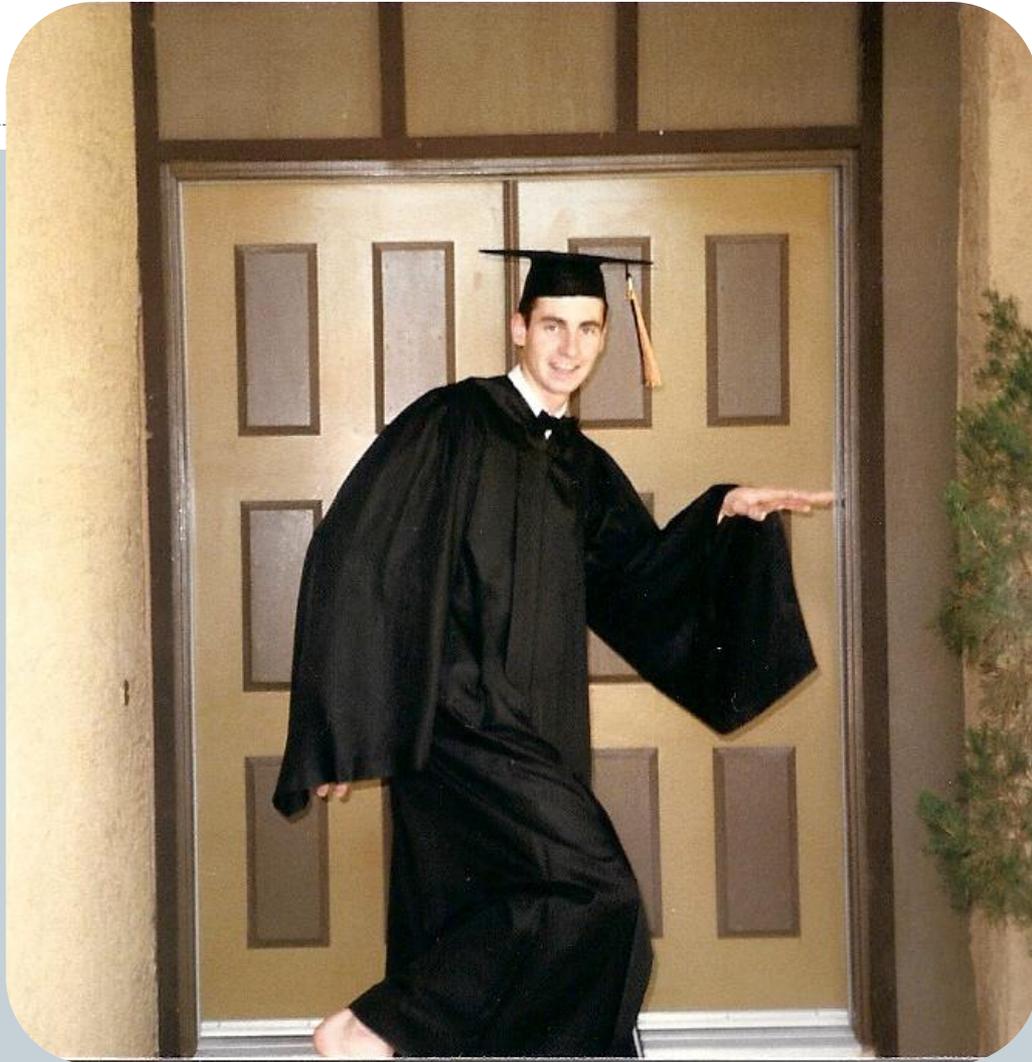


- Understand suicide as a serious public health problem which we can do something about
- Explore our professional and personal attitudes surrounding suicide and how it affects our interactions
- Identify warning signs, risk, and protective factors with someone at risk for suicide
- Demonstrate increased awareness, prevention, intervention and postvention knowledge about suicide
- List community resources for individuals at risk for suicide

# History of Suicide Prevention Efforts in Nevada



- 2003, Suicide prevention legislation (SB49, SB36, SCR 3, 4, & 5) adopted in Nevada
- 2005, Nevada Coalition for Suicide Prevention established
- 2005, Nevada Office of Suicide Prevention established; State of Nevada granted \$1.2 Million
- 2007, First Nevada Suicide Prevention Plan released
- 2008-2011, Three Garrett Lee Smith Awards come to Nevada (ITCN/IHBN, OSP and Pyramid Lake Paiute Tribe; 4 MSPI grants awarded to NV tribes
- 2009, State of Nevada awarded Garrett Lee Smith grant for \$1.5m, funding ended June 2013
- 2013, Fund for a Healthy Nevada funds office and two state positions added
- 2014, SAMHSA grants impacting mental health, safe and healthy learning environments, youth suicide prevention (Project Aware: school-based mental health and YMHFA)
- 2015, TMCC Campus Suicide Prevention grant award; AB-93, BH suicide prevention training
- 2015, Counter Violence Extremism
- 2016, CRSF Report recommendations implementation plan; 10 year anniversary
- 2017, State plan updated and AB 105 passed Medical suicide prevention training
- 2018, Zero Suicide starts to be implemented
- 2019, Connectiveness Matters and AB114, school-based trainings



**What  
does a  
young  
person  
in crisis  
look  
like?**

**Paul Erik Tillander 1968 - 1993**

# Explore Attitudes



- **Suicide is wrong**
- **Suicide is an act of cowardice**
- **I have failed if one of my clients  
(or someone I know) dies by suicide**

# Facts You Need to Know About Suicide



Talking about suicide will not give a person to the idea.

Few suicides happen without warning.

There is no “suicide type.”

Most suicidal people can help themselves.

Suicide “secrets” and/or “notes” must be shared

# Facts You Need to Know About Suicide



Depression, anxiety, mood disorders, substance abuse and conduct disorders are the most common factors found in suicidal individuals.

Suicide is preventable.

Youth most commonly share their thoughts, problems, and feelings with other youth.

Suicide is not painless...not an “easy way out”.

# Facts You Need to Know About Suicide



People who show marked and sudden improvement after a suicide attempt or depressive period may be in great danger.

People who talk about suicide may very well attempt or die by suicide.

Suicidal behavior is not just a way to get attention, they need attention

# Facts You Need to Know About Suicide



There is strong evidence that sexual minority individuals are more likely than their peers to think about and attempt suicide.

Any concerned, caring friend, or battle buddy can be a “gatekeeper” and may very well make the difference between life and death.

Not every death is preventable.

# Suicide Statistics

10

## United States, 2019

- 47,511 suicide deaths
- Firearms used in over 50.39% of suicides (NV 55.1%)
- 3.63 male deaths to every female death (3.72 in Nevada)
- A suicide every 11.06 minutes

## Nevada, 2019

- 7<sup>th</sup> highest rate, 642
- 2<sup>nd</sup> leading cause of death 20-49, 1<sup>st</sup> for youth 12-19 years of age
- Nevada's Elderly have 2<sup>nd</sup> highest rate 65+
- More suicides than homicides (166), motor vehicle accidents (327)

# Nevada Suicide Statistics 2018/2020

11

## Nevada, 2018

- 17 and under, 24 suicide deaths
- 18 to 24, 43 suicide deaths
- 25 to 64, 381 suicide deaths
- 65 and above, 126 suicide deaths

## 2019

- 14
- 42
- 365
- 140

## Nevada, 2020

- 17 and under 18 suicide deaths, 33.3% decrease
- 18 to 24, 52 suicide deaths, 120% increase
- 25 to 64, 330 suicide deaths, 15% decrease
- 65 and above, 136, 8% increase

# Clark County Youth Suicide Review 2016-2018

## Recommendations



1. Support efforts related to enforcing the legal consequences of unsafe storage of firearms, including the Reduce Access to Lethal Means Public Awareness campaign.
2. Increase research and dissemination of research findings related to the impact of electronic device addiction in adolescents and the relationship to youth suicide.
3. Improve public awareness of Adverse Childhood Experiences (ACEs) and their impact.
4. Develop a Social Media Campaign aimed at either parents or youth which would include the following:
5. Provide resources to youth serving organizations about harm.

# Stressors Identified for youth 2016/2018



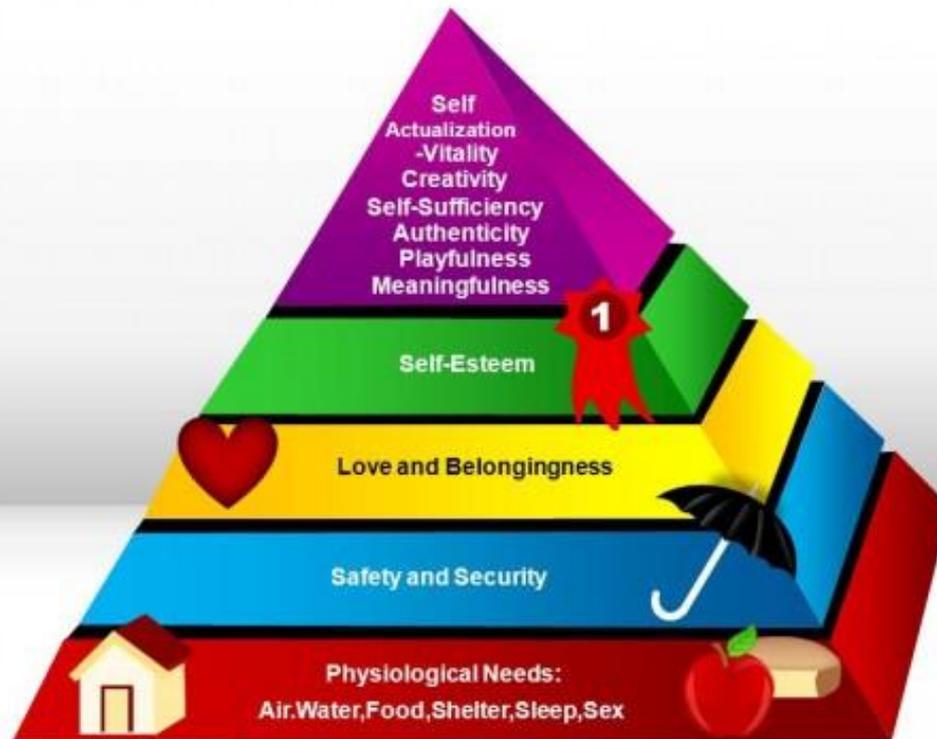
- Family discord or an argument with parents or guardians
- School problems, especially those that result in expulsions/suspensions
- Access to personal phones/electronics being revoked
- Stressful life events such as the loss of a loved one
- Fights and breakups with a significant other
- A general sense of lack of support from those close to the decedent
- Drug and alcohol abuse □ Chronic mental health issues
- Rape/sexual abuse
- Emotional neglect/abuse
- Problems with the law
- Difficulties experienced because of sexual orientation or gender identity
- Social isolation
- Access to lethal means (firearms)

# CRITICAL SUICIDE FACTS

14

- Suicide is an “equal opportunity” disorder across socioeconomic board

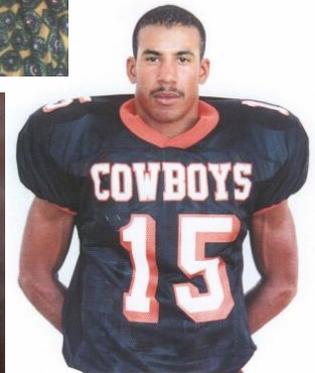
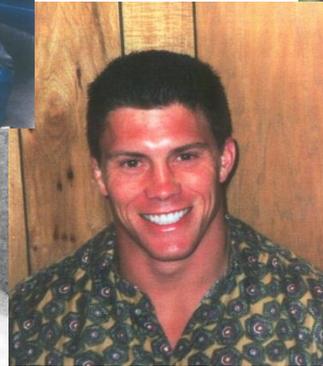
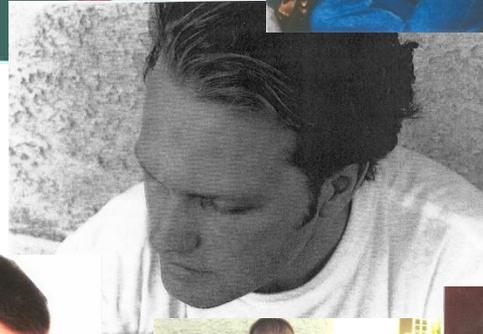
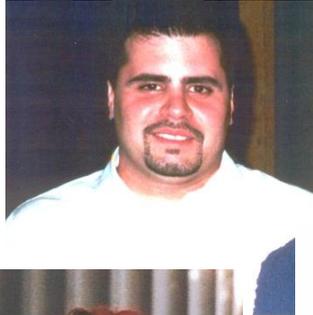
## Maslow's Hierarchy of needs 3D



Your Logo



# Not Just Statistics.....



# Prevention/Intervention Steps



- **Know what to look for**
- **Know what to do**
- **Know how to help**

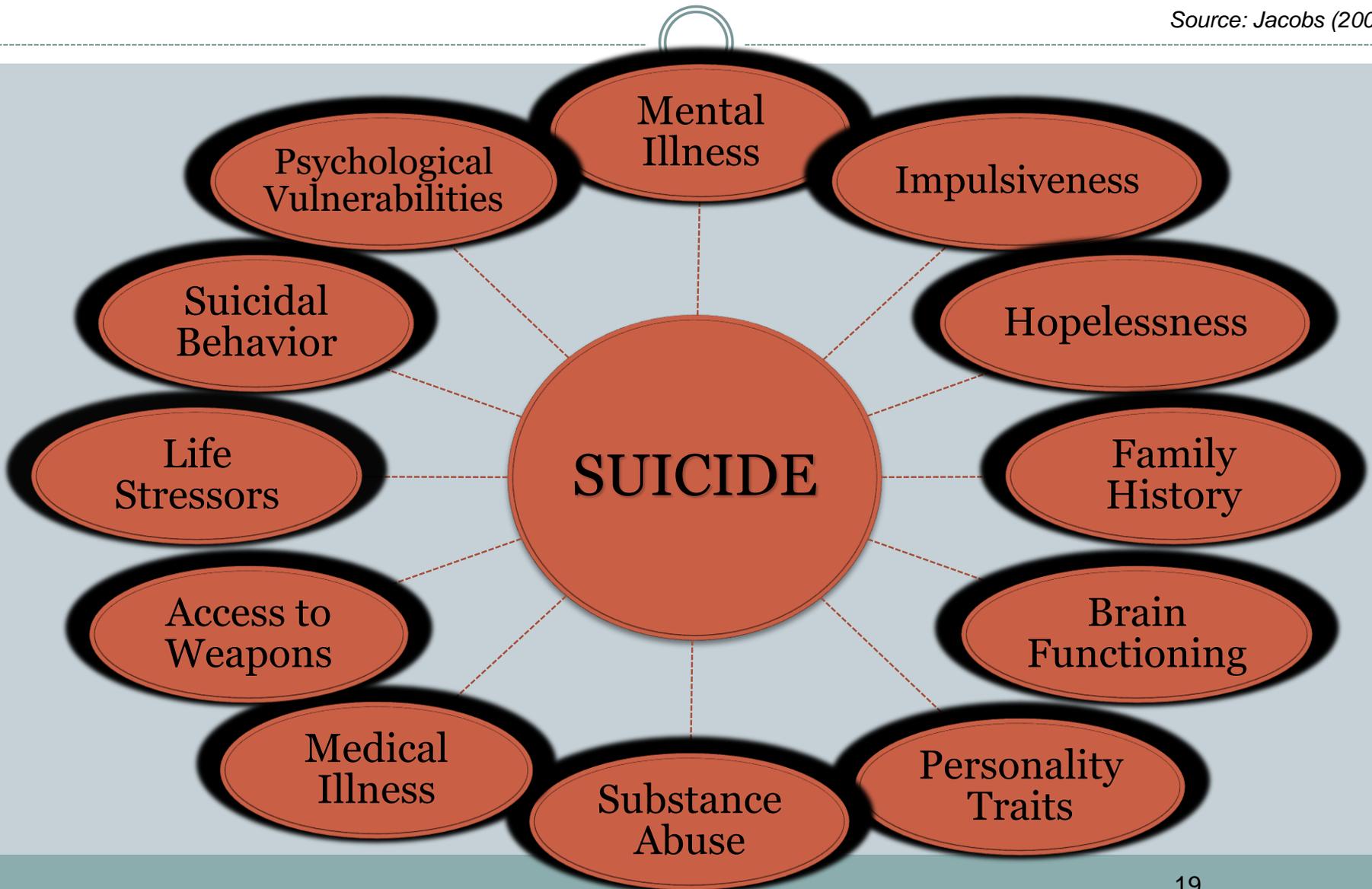
# What to Look For



**Risk Factors**  
**Warning Signs**  
**Protective Factors**

# Risk Factors for Suicide

Source: Jacobs (2003)



# RECOGNIZING RISK FACTORS



***Risk factors*** are identified as stressful life events, situations, and/or conditions that may increase the likelihood that one will attempt or complete suicide

Source: US Public Health Services, The Surgeon General's Call to Action to Prevent Suicide, Department of Health and Human Services, 1999

# Major Risk Factors Include:



- **Prior suicide attempt**
- **Substance abuse**
- **Mood disorders**
- **Access to lethal means**

Suicide Prevention Resource Center, & Rodgers, P. (2011).  
*Understanding risk and protective factors for suicide: A primer for preventing suicide.*  
Newton, MA: Education Development Center, Inc.

# Key Risk Factors By Age



**Older adults: Death of a loved one, physical illness, uncontrollable pain, fear of burdening family members, social isolation, major changes in social roles**

**Middle age: Relationship problems, legal problems, financial hardship, substance abuse and job stress**

**Youth: Contagion, substance abuse, impulsive aggressive personality disorders, stressful life events, family factors, bullying**

# RECOGNIZING WARNING SIGNS



***Warning signs*** are changes in a person's behavior, feelings, and beliefs about oneself for a period of two weeks or longer that are considered to be **maladaptive** or out-of-character for the individual

***Source: American Association of Suicidology 2006  
Get the facts and take action.***

# Suicide Warning Signs

- Threatening to hurt or kill oneself
- Looking for ways to kill oneself
- Talking or writing about death
- Feeling hopeless
- Feeling rage or uncontrolled anger
- Acting reckless

**Source:  
American Association  
of Suicidology**

# Suicide Warning Signs

- Feeling trapped
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious or agitated
- Experiencing dramatic mood change
- Seeing no reason for living

**Source:  
American Association  
of Suicidology**

# Protective Factors

Positive conditions –  
personal and social resources

Promote resiliency and reduce the  
potential for suicide

Ability to manage or cope  
with adversity or stress

# Major Protective Factors:



- **Effective mental health care**
- **Connectedness (connectiveness)**
- **Problem-solving skills**
- **Contact with caregivers**

Suicide Prevention Resource Center, & Rodgers, P. (2011).  
*Understanding risk and protective factors for suicide: A primer for preventing suicide.*  
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# Protective factors



- Receiving effective mental health care
- The skills and abilities to solve problems
- Connectiveness – positive connections with family, peers, community and social institutions that foster resilience
- Reduced access to lethal means

# Connectiveness Matters

29

- **Positive and supportive social relationships and community connections can help buffer the effects of suicide risk factors in people's lives.**
- **Social support and connections are the key protective factors to prevent suicides in our community. Programs and practices which promote social connectedness and supports are an element of a [comprehensive approach to suicide prevention](#).**
- **This year I would like all of you to promote Connectiveness in activities you embark on during this year, in addition continue it throughout the years as the highest time of the year where we loose community members to suicide are springtime and September. We get more people help during the holidays because we have broken down some of the taboo and stigma of depression during the holidays.**
- **Connectedness can include:<sup>1</sup>**
- **Connectedness between individuals (e.g., friends, neighbors, co-workers)**
- **Connectedness among family members, remember this can be difficult as 75% of our Clark County community members came from somewhere else and hence family might be limited here in Clark County for some.**
- **Connectedness to community organizations (e.g., schools, faith communities)**

# Connectiveness Matters

30

- **The connection of groups (e.g., minority groups) to their cultural traditions and history**
- **Connectedness and support can be enhanced through social programs directed at specific groups (such as older adults or LGBT youth), as well as through activities that support the development of positive and supportive communities.**
- **Take Action**
- **Support the development of relationships between youth and positive adults in their lives (e.g., teachers, coaches).**
- **Build connections among co-workers, connect with individuals who might be isolating themselves.**
- **Help build positive attachments between families and organizations in the community (e.g., schools and tribal and faith-based organizations).**
- **Increase supportive connections in your social organizations.**
- **Create and sustain peer-delivered services and support groups.**
- **Implement activities in educational institutions that help students increase and strengthen their social networks and connections.**
- **It's important to remember that not all social connections are healthy. Suicide prevention programs should promote practices leading to positive and supportive relationships.**

Reference, Centers for Disease Control and Prevention (CDC).

[http://www.cdc.gov/ViolencePrevention/pdf/Suicide\\_Strategic\\_Direction\\_Fu...](http://www.cdc.gov/ViolencePrevention/pdf/Suicide_Strategic_Direction_Fu...)

# Youth

- Positive connections to school
- Coping and problem solving skills
- Academic achievement
- Family cohesion and/or stability
- Help-seeking behaviors
- Good relationships with other youth
- Positive self worth and impulse control

# Elderly

- Supportive family relationships
- Sense of purpose and identity
- Involvement in community activities
- Ability to live independently
- Better preparation for retirement, interests and support networks outside of workplace

# What To Do



**1. SHOW YOU CARE**

**2. ASK ABOUT SUICIDE**

**3. GET HELP**

Adapted with permission from the  
Washington Youth Suicide Prevention Program <http://www.yspp.org>

# INTERVENTION STEPS



**SHOW YOU  
CARE!**

***Listen carefully***  
***Be genuine***

# INTERVENTION STEPS



**ASK**  
**ABOUT SUICIDE!**

***Be direct, but  
non-confrontational***

# What to do...



- **Ask The Question**

- Share your concern with what you have recognized
- Don't be afraid to ask whether the person is considering suicide
- Do not try to argue someone out of suicide. Instead, let them know that you care, that they are not alone and that they can get help. Avoid pleading and preaching to them with statements such as, “You have so much to live for,” or “Your suicide will hurt your family.”

# What to do...



- **Take it Seriously**
- Remember at a minimum 91% of all people who attempt suicide tell someone about their intention.
- If someone you know shows the warning signs, the time to act is now.

# INTERVENTION STEPS



**GET HELP!**

***Do not leave the  
person alone***

# The Columbia Lighthouse Project, Triage and Risk Identification



	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If <b>YES</b> to 2, answer questions 3, 4, 5 and 6 If <b>NO</b> to 2, go directly to question 6		
3) Have you thought about how you might do this?	High Risk	
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?		
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</i>		High Risk



Any **YES** indicates that someone should seek a behavioral health referral. However, if the answer to 4, 5 or 6 is **YES**, seek immediate help: go to the emergency room, call 1-800-273-8255, text 741741 or call 911 and **STAY WITH THEM** until they can be evaluated.



Columbia Protocol app available

# What to do...



- **Take Action**

- If the person is threatening, talking about, or making specific plans for suicide, this is a crisis requiring immediate attention. Do not leave the person alone.
- Remove any firearms, drugs, or sharp objects that could be used for suicide from the area.
- Escort the person to a walk-in clinic at a psychiatric hospital or a hospital emergency room.
- If these options are not available, call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) press 1 for veterans and for assistance.

# How to Help



Family and friends

Hospital Emergency Room

Chaplain

Psychiatrist

Primary Care  
Physician

**YOU**

Therapist

Nurse

Psychologist

Mental Health Facility

Social Worker

Supervisor

# What to do...



- **Encourage Professional Help**
- Actively encourage the person to see a physician or mental health professional immediately.
- People considering suicide want help but often believe they cannot be helped. If you can, assist them to identify a professional and schedule an appointment. If they will let you, go to the appointment with them.

# Resources for People at Risk for Suicide



- Mobile Crisis—SN/Rural: 702-486-7865  
NN: 775-688-1670
- Emergency services, 9-1-1, local hospitals
- Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- Veterans Crisis Line: 1-800-273-TALK (8255), press 1
- Problem Gamblers HelpLine 1-800-522-4700
- The Trevor Lifeline: 1-866-488-7386
- Counseling programs, private therapists
- Others?



# What to do...



- **Follow-Up on Treatment**
- The suicidal person may need your support to continue with treatment after the first session.
- If medication is prescribed, support the person to take it exactly as prescribed.
- Help the person understand that it may take time and persistence to find the right medication and the right therapist. Offer your encouragement and support throughout the process, until the suicidal crisis has passed. **Check in to make sure discharge plan is working.**

# POSTVENTION



*The provision of crisis intervention, support and assistance for those affected by a completed suicide.  
The American Association of Suicidology*

## Goals:

- Support the survivor bereavement experience
- Encourage safe and effective public messaging and media reporting of suicide
- Prevent further suicides

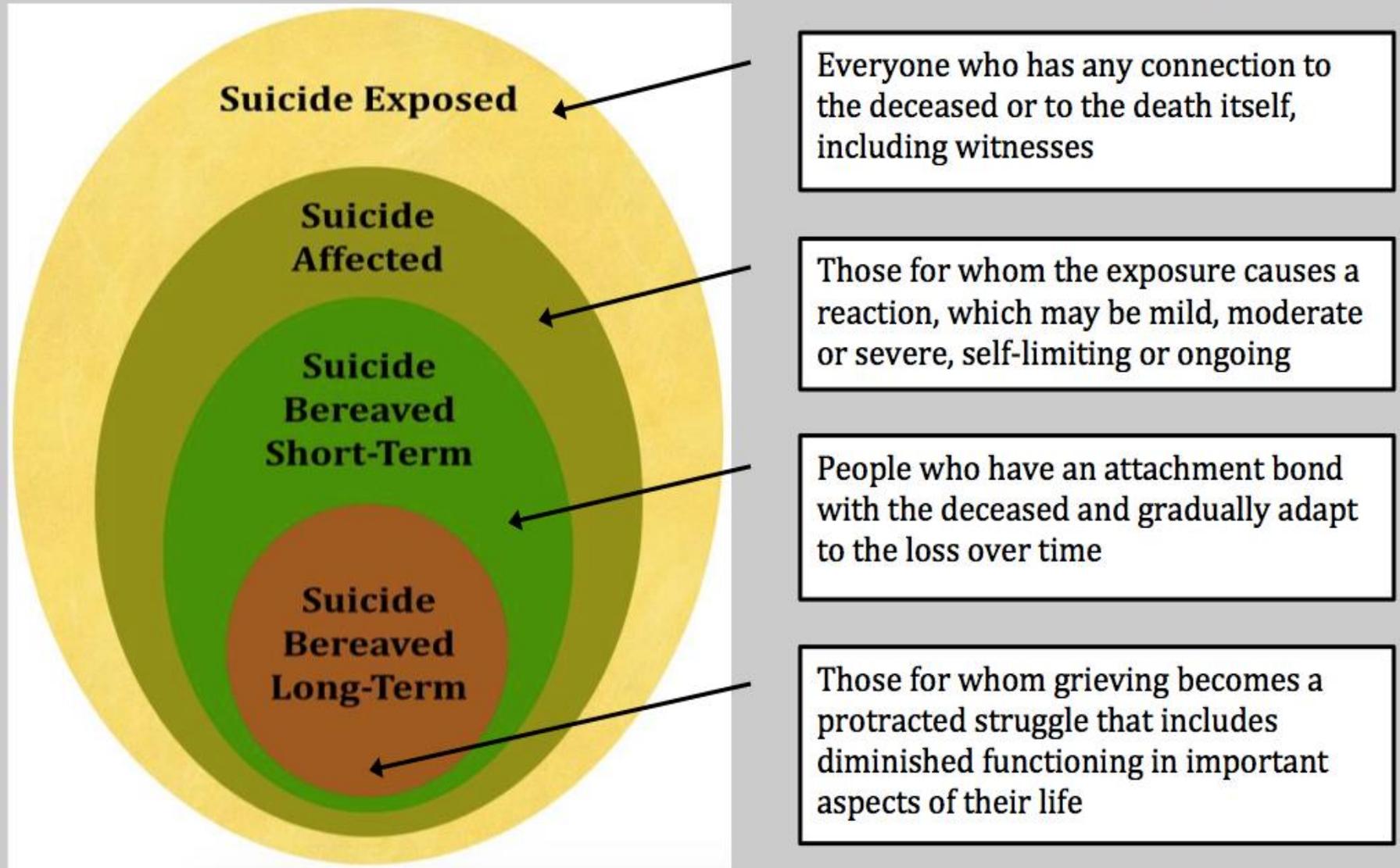
**POSTVENTION IS PREVENTION!**

# ***Survivor of Suicide***



- **Anyone whose life has been impacted by a suicide death**
- **Family, friends, co-workers, classmates, therapists, physicians, nurses etc.. who are left behind to pick up the pieces after the shattering experience of a suicide death**
- **....not only suffer the grief and trauma of losing a loved one to suicide, but also are themselves at higher risk for suicide and emotional problems**

# The Continuum Model: Effects of Suicide Exposure



Based on: Cerel, J., McIntosh, J. L., Neimeyer, R. A., Maple, M., & Marshall, D. (2014). The Continuum of Survivorship: Definitional Issues in the Aftermath of Suicide. *Suicide and Life-Threatening Behavior*, 44, 591-600.

# Survivors of Suicide



- Estimated 125 survivors per suicide
- 5.8 million survivors in 2017 alone
- 25-33 per suicide bereaved long term survivors every 11.1 minutes

**American Association of Suicidology**  
**U.S.A. SUICIDE: 2017 OFFICIAL FINAL**  
**DATA**

# Some Common Survivor Responses

- Struggle to make sense of it
- Unanswered questions
- ANGER
- Guilt over failed responsibilities
- Isolation caused by self-imposed shame
- Blame
- Shock, disbelief, fear, awkwardness
- Difficulty accepting the death was by suicide
- Feelings of rejection and abandonment
- Often “hyper vigilant” – afraid of another loss/death
- PTSD

**Source: SIEC ALERT #38  
November 1999**

# Helping Survivors



- Listen without judging
- Accept the intensity of the individual's grief
- Communicate with compassion – not cliché
- Provide information on suicide and grief
- Be there
- Have patience
- Let them know they're not alone
- Offer assistance, and expect that your help may be refused
- Be sensitive to difficult times

# References & Resources



Nevada Office of Suicide Prevention, <http://suicideprevention.nv.gov/Suicide-Prevention/>  
Suicide Prevention Resource Center, [www.sprc.org](http://www.sprc.org)  
SAMHSA, [www.samhsa.gov](http://www.samhsa.gov)  
American Association of Suicidology, [www.suicidology.org](http://www.suicidology.org)  
Centers for Disease Control, [www.cdc.gov](http://www.cdc.gov)  
The Trevor Project, [www.thetrevorproject.org](http://www.thetrevorproject.org)  
The American Foundation for Suicide Prevention, [www.afsp.org](http://www.afsp.org)  
The Mayo Clinic, [www.mayoclinic.com](http://www.mayoclinic.com)  
Nevada Council on Problem Gambling, [www.nevadacouncil.org](http://www.nevadacouncil.org)  
Washington Youth Suicide Prevention Program, [www.yspp.org](http://www.yspp.org)  
Suicide Prevention Action Network (SPAN USA), [www.spanusa.org](http://www.spanusa.org)  
Surviving Suicide (survivor support) web site, [www.survivingsuicide.com](http://www.survivingsuicide.com)

# Office of Suicide Prevention Training Opportunities



- **Resource Introduction (15 – 30 minutes)**
- **Suicide Prevention Training:**
  - **Nevada Gatekeeper for Specialized Training Environments**
  - **Nevada Gatekeeper Train the Trainer for FSAs (4 hours)**
  - **suicideTALK, (Suicide Awareness) 1.5 hours**
  - **Signs of Suicide Middle and High School programs and screenings**
  - **safeTALK: (Suicide Alertness) 4 hours**
  - **Youth Mental Health First Aid 8 Hours**
  - **Adult Mental Health First Aid 8 Hours**
  - **ASIST: (Applied Suicide Intervention Skills Training) Two day workshop**

# Other Training Opportunities



- **CAMS Online or in person**
- **TMCC and CASAT online trainings**
- **Suicide Prevention Resource Center Online Training**
- **Counseling on Access to Lethal Means (CALM) Training through SPRC**

# Office of Suicide Prevention

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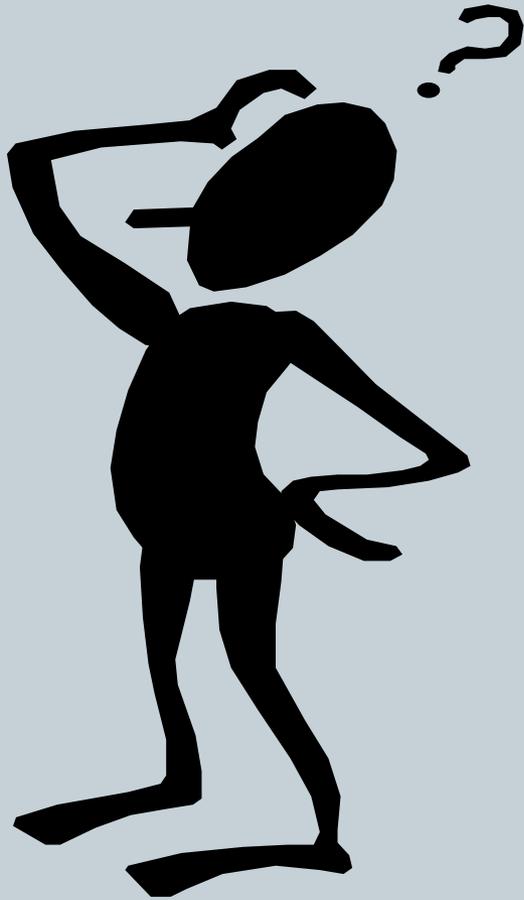
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# Office of Suicide Prevention



**Questions?  
Comments?**