OBJECTIVES

• Review data on suicide rates and trends in US, in AI/AN communities, and effect of COVID-19 pandemic
• Be familiar with conducting a mapping of community suicide cases in a cluster to develop a response
• Know how to access the suicide prevention and intervention services provided by Phoenix Area IBH

TEAM INTRODUCTIONS

• Derek Patton
• Elise Leonard
• MacArthur Lucio
• Thomas Walter
• Luis Burrows

BACKGROUND: US SUICIDE DATA

2019 NATIONAL SURVEY ON DRUG USE AND HEALTH
Had Serious Thoughts of Suicide in the Past Year among Adults Aged 18 or Older: 2008-2019

Made a Suicide Plan in the Past Year among Adults Aged 18 or Older: 2008-2019

Attempted Suicide in the Past Year among Adults Aged 18 or Older: 2008-2019

Received Treatment in the Past Year for Depression among Adults Aged 18 or Older with a Past Year Major Depressive Episode: 2009-2019
Suicidal Thoughts, Plans, and Attempts among AI/AN Young Adults (18-25 y.o.) and AI/AN Adults (26-49 y.o.)

Major Depressive Episodes with Severe Impairment among AI/ANs

Substance Use Disorder (SUD) is Associated with Suicidal Thoughts, Plans, and Attempts among AI/AN Adults >18 y.o.

COVID-19: SUICIDAL THOUGHTS

Suicidal thoughts increase during pandemic

The number of people who said they have seriously considered suicide in the past 30 days has increased most dramatically among the youngest adults (ages 18 to 24).
Deaths from drug overdoses soared to more than 93,000 last year, a staggering record that reflects the coronavirus pandemic’s toll on efforts to quell the crisis and the continued spread of the synthetic opioid fentanyl in the illegal narcotic supply, the government reported Wednesday.

The death toll jumped by more than 23,000, or nearly 30 percent, from 2019, according to provisional data released by the National Center for Health Statistics, eclipsing the record set that year.

COVID-19 IN OUR COMMUNITIES

- Would you like to share what the experience has been in your community with mental health and substance use?
- Are you seeing more referrals for domestic violence?
- Have there been any organized activities for children and teens in your community?

EDUCATION FOR PROVIDERS

- Phoenix Area IBH Annual Conference: [this conference](#)  
  Usually 3 days on-site in Phoenix, but this year, virtual over 6 weeks  
- In recent years we have sponsored people to attend ASU Winter and Summer Institutes, Southwestern School for Behavioral Health Studies, AZ Proven Child Abuse Conference, NICWA Annual Conference
EDUCATION FOR PROVIDERS

• Weekly COVID-19 BH conference calls open to all BH providers in Area I/T/U programs
  • every week for 18 months, Fridays at 10:00 MST
  • updates on COVID data and local trends
  • share new protocols and developments at Phoenix Area BH programs
  • share on-line 'ECHO' trainings offered by IHS
  • news about upcoming conferences
  • general networking and support

SUICIDE PREVENTION TRAINING

• Suicide prevention/intervention trainings
  • More than 200 community members in the Phoenix Area were trained on-site in QPR during the year prior to the pandemic
  • IHS, Tribal, and Urban BH program employees, health care staff, social services, first responders, educators
  • QPR, ASIST, SafeTalk trainings delivered over more than a decade

IHS NATIONAL QPR INITIATIVE

• Question, Persuade, Refer (QPR) 60-90 minute on-line, on-demand training
  • Like CPR for suicide intervention
  • IHS has contracted with a provider for on-line, on-demand QPR training to reach ALL IHS employees
  • Training for trainers is available - ask us!
  • Phoenix Area employees will be receiving an email form the contractor, Sister Sky, Inc. in the coming weeks with an individual link to the training
  • Tribal and Urban BH staff can request a link by emailing Thomas Walter: thomas.walter@ihs.gov

ASQ PILOT INITIATIVE

• Goal is universal suicide screening in IHS Emergency Departments - our team is part of a national IHS pilot project at a Phoenix Area IHS site since early 2019
  • Screen all patients >10 who come into ED for suicide ideation using ASQ (Ask Suicide Questions)
  • Secondary screening and intervention for all positive screens
  • Goal is to use ASQ widely across IHS once the pilots are working smoothly
Suicide Screening Tools

- Do you know if your local clinic/hospital is screening for suicide on a routine basis?
- What screening tools have you used, and do you feel they are effective?
SUICIDE WARNING SIGNS

• From QPR (Question, Persuade, Refer) training

Verbal Clues

Question: What could be clues from a person's SPEECH that they may be thinking of suicide?

Indirect Verbal Clues

- "I'm tired of life, I just can't go on."
- "My family would be better off without me."
- "Who cares if I'm dead anyway."
- "I just want out."
- "I won't be around much longer."
- "Pretty soon you won't have to worry about me."

Direct Verbal Clues

- "I've decided to kill myself."
- "I wish I were dead."
- "I'm going to commit suicide."
- "I'm going to end it all."
- "If (such and such) doesn't happen, I'll kill myself."
Behavioral Clues

- **Question:** What are some of the clues from a person’s ACTIONS that they may be thinking of suicide?

  - Any previous suicide attempt
  - Acquiring a gun or stockpiling pills
  - Co-occurring depression, moodiness, hopelessness
  - Putting personal affairs in order
  - Giving away prized possessions
  - Sudden interest or disinterest in religion
  - Drug or alcohol abuse, or relapse after a period of recovery
  - Unexplained anger, aggression and irritability

Situational Clues

- **Question:** What are some life SITUATIONS that might make a person more likely to consider suicide?

  - Know your community resources
  - ED, BH clinic, crisis hotline
  - Connect the person to help in a way that is most immediate and meaningful for them
    - Stay with them while they call the crisis line, go with them to the clinic
    - Ask permission to contact others who could be part of a safety net: a friend, sponsor, family member
  - Be aware of your own safety and abilities and call for help if needed
SUICIDE CRISIS RESPONSE

- Our team provides help (on-site, virtual, phone) to BH programs and communities responding to increased suicides
- **Definition of a suicide cluster**
- **Case reviews** with community case mapping
  - Support to build community-based crisis response team
  - Work with tribes to help with requests to IHS and other Federal agencies for additional resources/assistance as needed

COMMUNITY CASE MAPPING

- **A visual, collaborative** way to identify unique factors that may be driving an increase in suicides and prevent continued losses
- **Requirements**
  - Use of a room where access can be limited for confidentiality
  - Participants must be providers (not other community members who don’t have PHI access according to HIPAA)
  - Use a large whiteboard or cover a wall with flip chart paper
  - Start with a time line, locate each index case on the time line

Place each case on the time line and note:

- Age, gender, method of suicide
- School or work (grade, place of employment)
- Substance use (history, at time of suicide or in past)
- History of BH diagnosis/treatment; documentation of any screening/follow up for suicidal ideation
- Primary care, emergency visits
- Last BH visit if in active treatment

Also note for each case:

- Past suicide attempts
- Involvement with court system or CPS
- History of Interpersonal Violence
- Relationship with others on timeline, history of loss of a loved one, especially to suicide
- Other major losses or stressors in the community
COMMUNITY CASE MAPPING

• Try to list the information in a similar order for each index case.
• Color coding is very helpful for seeing connections
  • relationships, school/grade, substance use
  • suicide method
  • stressors or losses in common
• This is a working document, not a formal report
• Draw lines and arrows to make the connections visual

COMMUNITY CASE MAPPING

• Look for connections among the recent suicides
  • Family members
  • Friends or classmates
  • Having a loss in common
  • Community stressors/losses
  • Similar method, or drug (for overdose deaths)
• Use this understanding to guide intervention
  • Who needs outreach?
  • Target community education
SUICIDE CRISIS RESPONSE

- Develop plans: identify community members who require outreach, school outreach if indicated
- Assign tasks and follow-up schedule, set a time to check back on progress
- Decrease barriers in the community to finding help

SUICIDE CRISIS RESPONSE

- Privacy is very important: avoid pressure from non-HCW to share details that are covered under HIPAA
- Tribal leadership is KEY to a successful community intervention
- Our team can help

SUICIDE CRISIS RESPONSE

- The IHS website has lots of resources and links for
  - Providers
  - Communities
  - Tribal governments

  https://www.ihs.gov/suicideprevention/communityguidelines/
SUICIDE CRISIS RESPONSE

• Have you lived/worked in a community that has experienced a suicide ‘cluster’?
• Were there patterns, connections, or common stressors?
• How/did it resolve, and what seemed helpful?

OTHER IBH SERVICES

We support quality improvement for I/T/U programs
• Program reviews of IHS, Tribal, and Urban BH programs throughout the Phoenix Area
  • assisting programs in making any corrective actions recommended
• Help programs prepare for accreditation surveys on request
• Support IHS BH programs with staffing, recruiting
  • assistance with HR process as needed

CARE COORDINATION AND CONSULTATION

• Residential substance abuse treatment: our team arranges placement and transportation for adults and adolescents needing treatment
  • For tribes participating in treatment pool
• Help with locating substance abuse care for people with complex needs
  • SA + medical
  • SA + mental health
CARE COORDINATION AND CONSULTATION

• Our team offers phone consultation at any time to support Area I/T/U providers with clinical management or care coordination
• contact us!

CONTACT

Phoenix Area IHS Office of Health Programs (602) 364-5179

• Derek Patton- derek.patton@ihs.gov
• MacArthur Lucio- macarthur.lucio@ihs.gov
• Elise Leonard- elise.leonard@ihs.gov
• Thomas Walter- thomas.walter@ihs.gov
• Luis Burrows- luis.burrows@ihs.gov