Quality of Life Council: Suicide Prevention

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"He saw only despair ahead and felt only pain in his present, pain and despair so potent that he sought suicide as a release." (Senator Gordon Smith about his son, Garrett Lee Smith)
### Leading Causes of Death, United States

<table>
<thead>
<tr>
<th>Year</th>
<th>Causes of Death</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1900</strong></td>
<td><strong>All Causes</strong></td>
<td>1,719.1</td>
</tr>
<tr>
<td>1.</td>
<td>Pneumonia and Influenza</td>
<td>202.2</td>
</tr>
<tr>
<td>2.</td>
<td>Tuberculosis</td>
<td>194.4</td>
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<tr>
<td>3.</td>
<td>Diarrhea</td>
<td>142.7</td>
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<tr>
<td>4.</td>
<td>Heart Disease</td>
<td>137.4</td>
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<tr>
<td>5.</td>
<td>Intracranial Lesions</td>
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<td>6.</td>
<td>Nephritis</td>
<td>88.6</td>
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<td>7.</td>
<td><strong>Accidents</strong></td>
<td><strong>72.3</strong></td>
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<tr>
<td>8.</td>
<td>Cancer</td>
<td>64.0</td>
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<tr>
<td>9.</td>
<td>Senility</td>
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<td>10.</td>
<td>Bronchitis</td>
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<table>
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<th><strong>2002</strong></th>
<th>Causes of Death</th>
<th>Rate per 100,000</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Heart Disease</td>
<td>241.7</td>
</tr>
<tr>
<td>2.</td>
<td>Malignant Neoplasms</td>
<td>193.2</td>
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<tr>
<td>3.</td>
<td>Cerebrovascular Disease</td>
<td>56.4</td>
</tr>
<tr>
<td>4.</td>
<td>Pulmonary disease</td>
<td>43.3</td>
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<tr>
<td><strong>Accidents</strong></td>
<td><strong>37.0</strong></td>
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<tr>
<td>5.</td>
<td>Diabetes Mellitus</td>
<td>25.4</td>
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<td>6.</td>
<td>Pneumonia and Influenza</td>
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<tr>
<td>7.</td>
<td>Alzheimer’s</td>
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<tr>
<td>9.</td>
<td>Septicemia</td>
<td>11.7</td>
</tr>
<tr>
<td>10.</td>
<td>Suicide</td>
<td>11.0</td>
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</table>
Suicide in Perspective
Scope in the U.S.

Every 18 minutes another life is lost to suicide.

Every day more than 80 Americans take their own lives and over 1,900 Americans visit Emergency Departments for self-inflicted injury.

For every two victims of homicide in the U.S. there are three persons who take their own lives.

There are now twice as many deaths due to suicide as to HIV/AIDS.
Between 1952 and 1995, the incidence of suicide among adolescents and young adults nearly tripled.

In the month prior to their suicide, 75% of elderly suicide victims had visited a physician.

Many who attempt suicide never seek professional care.

Males are four times more likely to die from suicide than are females.
Suicide in Perspective
Scope in Florida

- In 2002, there were 2,332 suicides in Florida and 1,004 homicides.
- More than twice as many Floridians die by suicide than homicide.
- More than six preventable deaths take place in Florida every day.
- The suicide rate in Florida is the 13th highest in the U.S.
- Nearly 60,000 people attempt suicide in Florida each year.
Suicide in Perspective Teens

- Suicide is probably the number one cause of death for gay teens.
- Nine out of ten teen suicides take place in the home just before parents return from work.
- About half of teen suicide victims had been in trouble with the law or the school.
- "I want to kill myself, but I don't want to be dead. I mean, I want to be dead, but I don't want to be dead forever. I only want to be dead until my eighteenth birthday."
  —A 15 year-old
Suicide in Perspective: Teens

- Almost half of teen suicide victims had been abusing alcohol or drugs.
- According to the U.S. Surgeon General, more than 80% of teens who kill themselves had a diagnosable and treatable mental disorder.
- In a typical high school classroom, it is probable that one boy and two girls have made a suicide attempt during the past year.
- Teen girls attempt suicide far more often than boys (about 9 times), but males are about 4 times more likely to die.
Suicide in Perspective
Broward County

Suicide is the second leading cause of death in Broward County of persons 15-24 (accidents being the leading cause).

The rate per 100,000 population for persons 15-24 is 15.3 in Broward.

In Florida, the rate is 14.4 and is the third most frequent cause of death.

**First Call Helpline**
Call 211 or (954) 537-0211

**First Call for Seniors**
(954) 390-0485

**Teen Hotline**
(954) 567-TEEN
(954) 567-8336
## Selected Characteristics

**Academia**
- Study now, do later
- Publishing a necessity & critical to progress
- Job security a worry
- Job depends on finding scarce resources

**Public Health Agencies**
- Do now, study later
- Publishing a luxury or deterrent to progress
- Job security a worry
- Job depends on using scarce resources wisely
Where should we go from here?

- National and State needs
- Injury Prevention Advisory Council
- Training and Education
- Research funding
  - Public Health Foundation
- Organized support
- Cross-disciplinary efforts
Model for Injury Prevention
FL State DOH IP Program and Role of Pediatric Emergency Medicine to:

✔ develop capacity

✔ implement effective, comprehensive injury prevention programs

-- including both unintentional injury and violence prevention.
Define the Problem
Identify Risk and Protective Factors
Develop and Test Solutions
Assure Widespread Use

The Public Health Approach
Specific Aims of the Youth Suicide Prevention Prototype Program

**Training:** The Youth Suicide Prevention School Based Guide was developed to assist schools in creating comprehensive suicide prevention programs.

**Coordination:** Establish a pilot suicide surveillance system in Broward County to better understand the problem.

**Communication:** Conduct communications network to include:
- public awareness
- advocacy events
- media partnerships
- primary care and emergency services providers decision makers
- to improve response to mental health emergencies.

http://www.sprc.org/statepages
Pilot Counties

- **Alachua**
  - *non-metropolitan* community
  - 217,955 residents.
  - 65 schools, total enrollment: 29,684 students.

- **Broward**
  - *metropolitan* community
  - Population under 18: 382,934
  - Total school enrollment: 260,916
  - The 10 to 14 age group grew by 68% in the past decade -- double the rate for overall population growth.
Youth Suicide Surveillance System

- Track the epidemiology of suicidal behavior in pilot counties. This behavior includes suicide attempts which are often underreported.

- Coordinate information collection from various community agencies encountering suicidal youth.

- Outline statistics based on scientific research to assist in addressing the problem of youth suicide.
Youth Suicide Surveillance System: Alachua and Broward Counties

- Agency for Health Care Administration Hospital Data: Alachua and Broward Counties
- Alachua County Medical Examiner
- Baker Act Data: Alachua and Broward Counties
- Broward County Medical Examiner
- Broward County Fire Rescue (Broward Sheriff’s Office)
- Broward General Medical Center Pediatric Emergency Department/Pediatric Trauma Center
- Department of Juvenile Justice: Alachua and Broward Counties
- First Call for Help, Broward County
- Shands Hospital Emergency Department, Alachua County
Primary Care

The majority of Americans receive treatment for behavioral health conditions from a primary care physician.
Improving Access to Mental Health Care

Primary Care Providers

- Service Models which increase families’ help-seeking or adherence related to mental health care
- Incorporate mental health screening into general pediatric practice
- Collaborate with mental health professionals or school personnel
- Use of technology to help in assessment and management of mental health disorders

Increase reimbursement for mental health services
Broward County Primary Care Physician Survey

Over the past two decades, the rate of psychosocial problems identified in primary care increased as mental health services decreased.

Primary Care Physicians are:
- Keys to early identification of children with mental health disorders and determining appropriate interventions.
- In need of updated information on mental health screening and referrals.
Primary Care Physician Survey

Physicians surveyed desired more information on Mental Health Services.

The most common 3 barriers seen by the physicians in treating Mental Health clients were (in order):

1. Inadequate insurance for Mental Health services.
2. Not enough time or resources.
3. Inadequate reimbursement for the treatment of Mental Health concerns.
AAP CATCH Grant:
Health Professionals & Families United
Emergency Medical Services and Mental Health

- Ten percent of adolescents with mental health problems make their first connection to medical treatment through emergency medical services.
- When children or youth receive emergency medical services they experience anxiety, fear, confusion, stress, or other threatening emotions.
- Education of pre-hospital professionals regarding mental health issues such as child abuse is inadequate (Hoyle and White, 2003).
- Thus, there is a need to increase knowledge and increase the capacity of first responders to deal with suicidal behavior and mental health emergencies.
Law Enforcement and Mental Health

- Police are often the **first and sole community resource** called on to respond to urgent situations involving persons with mental illness.

- Law enforcement is responsible for **recognizing the need** for treatment for an individual with mental illness and **connecting the person with the proper treatment resources.** "street-corner psychiatry"

- A recent study by an EMSC grantee reports that the **personality and attitude of police** dealing with mental health problems and psychological emergencies is absolutely critical.
Law Enforcement and The Emergency Department

The relationship between police and emergency departments is critical due to the involuntary admission of mental health cases.
Baker Act Data

- Baker Act data were analyzed from year 2001 to the first 6 months of year 2003 for Alachua and Broward counties totaling 5126 cases.

- The eligible population was defined as children age 18 years old and younger.
Baker Act Data Results for Alachua and Broward Counties

The Baker Act was not found to be invoked on either gender more frequently.

Gender was found to be related to the harm type:
- girls tended to harm themselves more often,
- whereas boys more frequently harmed others as well as harming both themselves and others at the same time.
Baker Act Data Analysis

The percentage of Hispanic Baker Act Recipients in Broward County nearly tripled from 6.7% in 2001 to 16.2% in the first six months of 2003.

In Broward County, more mental health professionals were among Baker Act enforcement personnel than in Alachua County where law enforcement personnel are the primary Baker Act enforcement personnel.
Suicide Prevention
A Florida Imperative

There is Help & Hope
A public service by the Florida Outdoor Advertising Association

2001
Suicides 2,290
AIDS 1,658
Homicide 964

The School Board of Broward County, Florida

Resolution
No. 93-42

Resolution In Support of Suicide Prevention Day
March 26, 2003

WHEREAS, the devastation of suicide has consumed families statewide and remains a serious health problem; and

WHEREAS, surveys indicate that children and adults educated on the dangers and effects of suicide will be more likely to detect and possibly prevent such an act; and

WHEREAS, raising awareness in the community about the significance of psychiatric illness and the importance of promoting treatment and education can save lives; and

WHEREAS, an integrated approach to lowering the state’s current suicide rate by one third by 2005 has been implemented; and

WHEREAS, parental influence and community education and involvement are known to be the most crucial factors in preventing suicide; and

WHEREAS, key sources such as mounting public information campaigns, specialty training for caregivers and community leaders, and developing a responsive health care system are being established to meet the goal of lowering Florida’s suicide rate;

NOW, THEREFORE, BE IT RESOLVED, that The School Board of Broward County, Florida, in conjunction with the hundreds of organizations and millions of citizens and residents to the United States, hereby declare and proclaim its support for Suicide Prevention Day
March 26, 2003

and urges all schools, centers and departments within its jurisdiction to observe this month with appropriate programs and activities.

Given at Fort Lauderdale, Florida, this 18th day of March 2003.

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

BY: [Signature]
ATTEST: [Signature]

Franklin L. Till, Jr., Superintendent of Schools
Fourth Annual Raising Healthy Children Seminar

September 17, 2005

Presented by
Broward County One Community Partnership,
Nova Southeastern University,
and the Broward County Children’s Services Council

www.nova.edu/childrenconference

Sugar and Spice No Longer Nice
How We Can Stop Girls’ Violence

With a foreword by Janet Reno

Deborah Prothrow-Stith
Howard R. Spivak

“This provides answers” — Bill Cosby

NSU NOVA SOUTHEASTERN UNIVERSITY
Beyond the Classroom

BROWARD FLORIDA
Suicide Prevention is everyone’s responsibility. Together we can make a difference - Improving the health and quality of life.
Top 10 Achievements of the 21st Century

1. Effective Injury Protection
Suicide Prevention: Recent Initiatives At NSU
Suicide Prevention Initiatives @ NSU: 2004-2006

Jan., 2004
- Student Counseling (SC) reinvented, introducing a Brief-Therapy model, streamlined phone intakes, fast access to first sessions, and goal-oriented sessions.
- First full-time professional staff members hired.
- Liaison established between SC and Student Affairs Reps throughout NSU.

Feb., 2004
- Launch of 24/7 NSU student crisis line:
  - Same phone number as SC: 954-262-7050.
  - Staffed by full-time NSU SC staff counselors.
- Protocol established for university administrators to refer and mandate at-risk students to SC.
Suicide Prevention Initiatives @ NSU: 2004-2006

Feb., 2004
- Liaison established between SC and Residential Life.
- SC involved in “Take Back the Night.”

March, 2004
- First mandated clients sent to SC.
- Liaison established between SC & Student Health.

May, 2004
- SC facilitates first voluntary hospitalization for suicidal NSU student.
- SC staff attend first of many suicide-prevention trainings.
- SC brochure developed for campus-wide distribution.
Suicide Prevention Initiatives @ NSU: 2004-2006

Summer, 2004

- SC outreach efforts begin at various college orientations.
- Psychiatrist hired at SC: 4 days per week.
- President initiates campus-wide interdisciplinary suicide prevention initiative, establishing the “NSU Suicide Prevention Committee.”
- SC moves into Parker Building—a central but discreet location.
- Liaison established between SC and Athletics.
- First SC training of Residential Life RAs.
Suicide Prevention Initiatives @ NSU: 2004-2006

**Summer, 2004**
- SC trains administrators at various colleges on how to recognize and refer troubled students.
- SC trains PA students on time/stress management.
- Suicide Prevention Committee begins work on PowerPoint training modules for campus staff & students.

**Fall, 2004**
- Baker Act protocol established with NovAlert.
- SC website launched: [http://www.nova.edu/studentcounseling/](http://www.nova.edu/studentcounseling/)
- SC facilitates first involuntary hospitalization of an NSU suicidal student.
- SC co-sponsors World AIDS Day activities.
Spring, 2005

- SC and Clinical Operations administrators meet with NBHD to facilitate voluntary hospitalizations of NSU Students to Broward General.
- SC provides suicide prevention training for HPD residents.
- SC trains HPD faculty—and faculty/administrators at Miami Dade Community College—on how to recognize, approach, and refer students in distress.
- NSU “Wellness Committee” established.
- SC develops first draft of the “Risk & Resource Interview Guide” for staff suicide assessments.
## Suicidal/ Homicidal Thoughts

<table>
<thead>
<tr>
<th>Risk</th>
<th>Client</th>
<th>Client’s Significant Others</th>
</tr>
</thead>
</table>
|      | • Have you had thoughts about taking your/someone else’s life?  
• How do you make sense of this? | • Do your SOs know about the thoughts you’ve been having?  
• If they knew, what would be their response?  
• How would they make sense of it? |

<table>
<thead>
<tr>
<th>Resource</th>
<th>Client</th>
<th>Client’s Significant Others</th>
</tr>
</thead>
</table>
|          | • Have you ever succeeded at not acting on an urge to take your/someone else’s life?  
• How do you make sense of this? | • Have your SOs talked to you about not acting on your urges?  
• How do they make sense of your previous successes at not acting on urges? |
Suicide Prevention Initiatives @ NSU: 2004-2006

**Summer, 2005**

- Planning begins for providing SC services at NSU Educational Centers.
- SC begins a weekly advice column in the Knight newspaper (now called *The Current*).
- SC and CPS co-facilitate postvention response to murder of NSU Optometry student.
- SC produces a promotional video: “Inside Student Counseling.”
Suicide Prevention Initiatives @ NSU: 2004-2006

Fall, 2005

- Student Affairs and SC begin developing protocols for an NSU Crisis Response Team.
- SC and CPS co-facilitate postvention response to death of USchool Coach.
- Suicide Prevention Committee begins offering one-day workshops for DCF.
- Suicide Prevention Committee delivers recommendations to the president for comprehensive suicide prevention initiative at NSU.
Suicide Prevention Initiatives @ NSU: 2004-2006

Spring/Summer, 2006

- NSU Suicide Prevention Committee will meet with the President and Vice Presidents to discuss implementation of the committee’s recommendations.

- NSU Suicide Prevention Committee will continue offering day-long DCF sponsored workshops for agency administrators in the community.

- SC staff counselors will take Baker Act training.

- SC will begin offering services at NSU Educational Centers.
Summary

• Suicide is a major public health problem even apart from the emotional cost to survivors.
• Increased awareness of suicide and providing more comprehensive mental health services will save lives.
• Strong links exist between suicide and other forms of violence, including homicide.
• Natural disasters and personal loss increase the risk of suicide.
More Summary

• NSU has and is developing many resources to decrease the risk of suicide and to facilitate effective crisis intervention

• Collaboration and community service are major priorities of the university

• Collaboration among community agencies is essential in addressing the problem of suicide
Preventing Suicide is Everyone’s Responsibility

Thank you from
Deborah Mulligan
Gene Cash
Douglas Flemons
Scott Poland