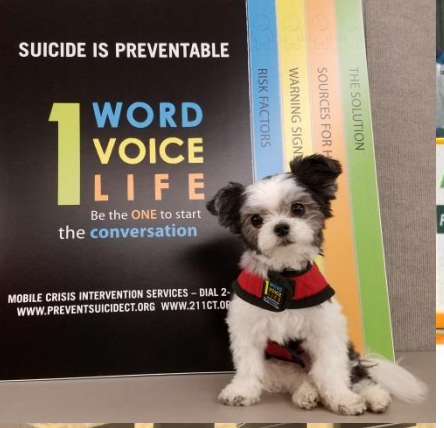
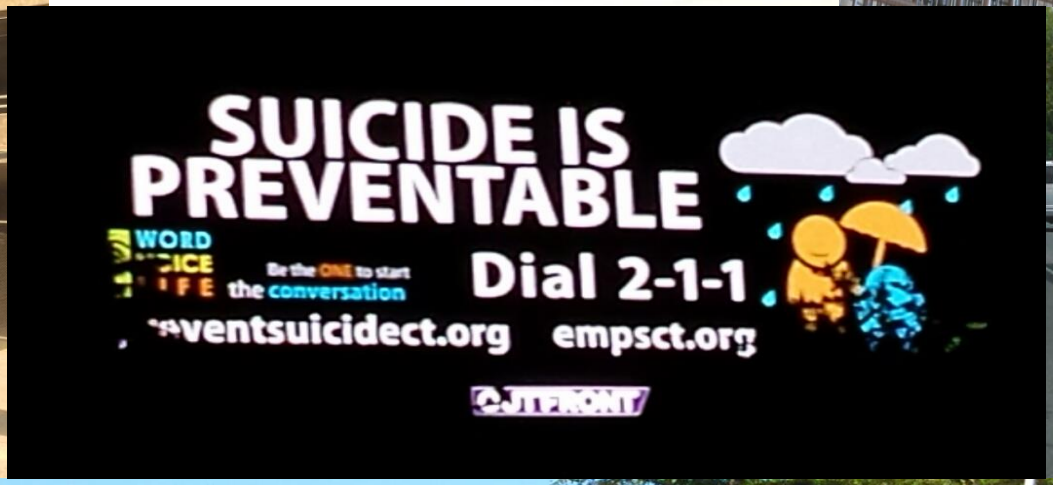

SUICIDE IS PREVENTABLE
1 WORD VOICE LIFE
Be the ONE to start the conversation
RISK FACTORS
WARNING SIGNS
SOURCES FOR
THE SOLUTION
MOBILE CRISIS INTERVENTION SERVICES – DIAL 2-
WWW.PREVENTSUICIDECT.ORG WWW.211CT.OR


1 WORD VOICE LIFE
Be the ONE to start the conversation
SUICIDE IS PREVENTAB
EMPS-Crisis Intervention Ser
Dial 2-1-1
www.preventsuicidect.org
www.empsct.org


SUICIDE IS PREVENTABLE.
FOR HELP
DIAL 2-1-1
AND PRESS 1
Outside CT Dial
800.273.8255
PREVENTSUICIDECT.ORG
CONNECTICUT


1 WORD VOICE LIFE
SUICIDE IS PREVENTABLE
EMPS
Crisis Intervention Services
Dial 2-1-1


SUICIDE IS PREVENTABLE
Dial 2-1-1
TRASH
BOTTLES & CANS
NEWSPAPER
NEWSPAPER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Connecticut Suicide Advisory Board

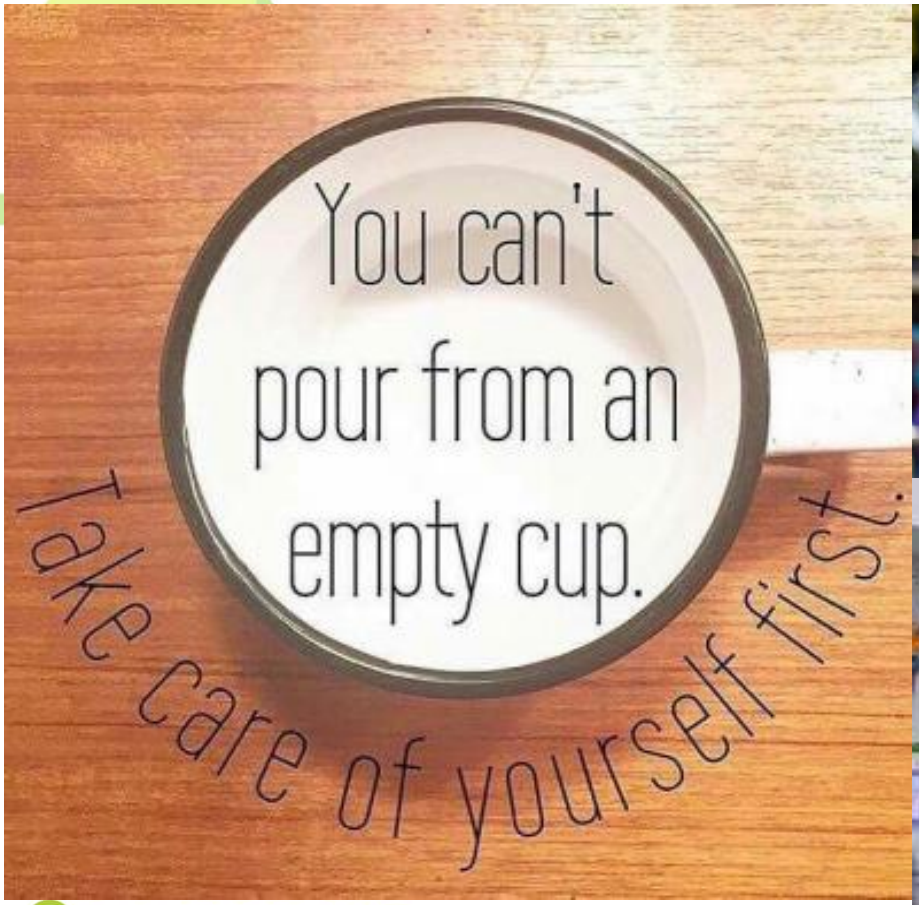
Andrea Iger Duarte, MPH, LCSW
Suicide Prevention Project Director
CT Department of Mental Health and Addiction Services
Co-Chair, CTSAB

Youth Suicide Prevention in CT

Child/Adolescent Quality, Access, & Policy Subcommittee
BH Partnership Oversight Council

June 16, 2021

Self-Care Is Not Selfish



CONNECTICUT
Suicide
Advisory
Board

Overview

- CT & Regional Suicide Advisory Boards
- CT Suicide Data
- Best Practice Approaches
- Resources

CONNECTICUT Suicide Advisory Board

CT Suicide Advisory Board

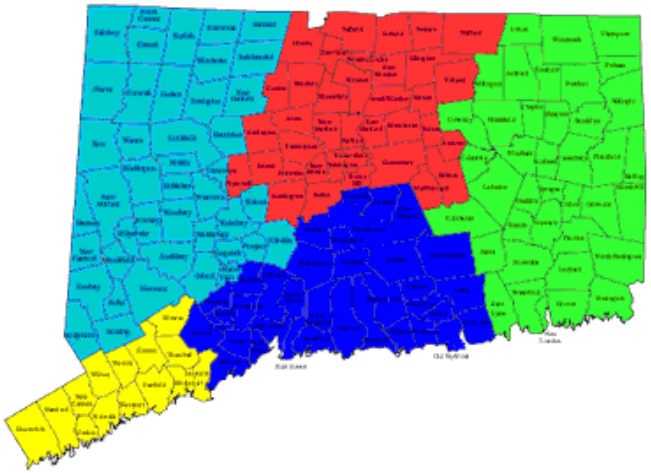
The statewide suicide advisory board that addresses suicide prevention and response across the lifespan co-chaired by DMHAS, DCF and AFSP-CT (www.preventsuicidect.org .

Mission: The CTSAB is a network of diverse advocates, educators and leaders concerned with addressing the problem of suicide with a focus on prevention, intervention, response.

Vision: The CTSAB seeks to eliminate suicide by instilling hope across the lifespan and through the use of culturally competent advocacy, policy, education, collaboration and networking.

Regional Suicide Advisory Boards

- Support CTSAB mission and vision in respective regions.
- Engage key stakeholders to identify unique regional needs, and implement suicide prevention and response efforts.



Points of Contact:

- Southern- The Hub
- Western- Western CT Coalition
- Southcentral- Alliance for Prevention & Wellness
- Northcentral- Amplify, Inc.
- Eastern- SERAC

(see preventsuicidect.org for contacts)

CONNECTICUT Suicide Advisory Board

CTSAB & RSABs

- Consultation on prevention, intervention and response
- Training and education
- Data and surveillance
- Statewide and local networking
- Resource exchange
- Peer support
- Free print and promotional materials
- Website with extensive resource pages
- CTSAB membership & resources: www.preventsuicidect.org and www.Gizmo4MentalHealth.org

- **Join the CTSAB**: https://www.preventsuicidect.org/network-of-care/

CONNECTICUT Suicide Advisory Board

Contents

1 WORD 1 VOICE 1 LIFE

Be the 1 to start the conversation

STATE OF CONNECTICUT SUICIDE PREVENTION PLAN 2020-2025

GOAL 1: Integrate and coordinate suicide prevention activities across multiple sectors and settings.

GOAL 2: Develop, implement and monitor effective programs that promote wellness and prevent suicide and related behaviors.

GOAL 3. Promote suicide prevention as a core component of health care services. (Adopt ***Zero Suicides*** as an aspirational goal).

GOAL 4: Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.

GOAL 5: Increase the timeliness and usefulness of state surveillance systems relevant to suicide prevention and improve the ability to collect, analyze and use this information for action.

www.preventsuicidect.org

CT PUBLIC HEALTH ALERT: YOUTH SUICIDE
A CALL TO ACTION

THE TRAGEDY OF THE PAST FOUR WEEKS

Tragically, in the past four weeks Connecticut has lost four young teens to suicide. We share this alert so that during these uncertain times youth collectively receive increased support, and so adults understand that right now youth are:

1) Struggling with feelings of uncertainty
2) Feeling isolated and lonely
3) Experiencing losses and grief
4) Needing increased mental health support
5) Impacted by world events

The COVID pandemic and civil unrest in our country has increased uncertainty for all us, including our youth, and we cannot underestimate the impact. Physical and social distancing, increased isolation as cold weather approaches, school concerns, changes in relationships, and worries for family and friend's health and the future of our country all contribute toward increased anxiety and despair. We must work to mitigate this to prevent further tragedy.

RECOMMENDATIONS TO SUPPORT YOUTH

It is paramount that we specifically consider and address feelings of grief, loss and disruption for youth. While the COVID pandemic disruption may be at the forefront of concern, other events and violence in our country due to racism and the tumultuous election have added to despair and anxiety.

Adults at school and home need to encourage and model open communication and create opportunities for youth to discuss their sense of loss. Work collectively with youth, parents, educators, other trusted adults, and organizationsin the community to nurture a compassionate community that provides a sense of safety and belonging for all.

EVERYTHING IS DIFFERENT FOR YOUTH

- Nothing is the same as it used to be. COVID has changed and disrupted the lives of youth.
- They feel the weight and impact of the pandemic in ways we may not fully understand.
- They may not always be able to articulate what they are feeling or why they are feeling a certain way.
- The brain of a youth is still developing up throughout their twenties. Thus, their coping skills and impulsivity are often challenged and limited.
- Their support system has greatly diminished and they are feeling disconnected. Friends may be in school on a different day, some friends may be fully remote learning, and others may have changed schools or towns due to a move.
- They may be grappling with the loss of missed experiences taken for granted in the past such as going to the movies, dating, club/group activities, sports, concerts, attending dances and school events, or simply gathering with friends. It seems hopeless, as there is no real end in sight.
- They may need more intensive intervention to help them process their emotions. It is well documented that grief may show up differently in youth than it does in adults *(Pearlman et. al, 2014)*. It's not uncommon for some youth to express grief as anxiety, anger, frustration, or inability to focus.

Establish new routines, healthy habits, and traditions to help alleviate some of the effects of trauma associated with the pandemic. Encouraging youth to focus on these will help them to be happier, less anxious, more resilient, and better equipped to accept life's challenges as they come.

One example to help manage intense emotions is by introducing mindful habits to use daily *(Asby, 2020)*.

1) being present
2) being calm
3) being compassionate
4) being grateful
5) being reflective

And, trust your gut. If you sense something is wrong, follow through and ask. Don't wait to see if things improve without your intervention, or expect that someone else will reach out. There's no guarantee that will happen. Support youth by telling them and showing them you care, and helping them access the help they need at school, at home or in the community. Utilize the multiple resources available for medical and mental health care.

THE IMPORTANCE OF SELF CARE

Just as the stress of this prolonged crisis is taking a toll on youth, it is impacting their trusted adults as well, which can impact a trusted adult's ability to connect and identify risk and warning signs in others. It is important to practice self-care and seek help so you can persevere, be a trusted adult role model, and support the youth in your life. Developing a self-care plan that addresses your mental and physical health that you can use daily will help considerably. And, when you feel that you need professional help, it is important to reach out without hesitation to the resources you have available whether through an Employee Assistance Program, your Doctor, or use of a warm line, crisis line or text line.

Self-care is not selfish, it's essential.

ADDITIONAL RECOMMENDATIONS FOR PREVENTION

Restrict access to lethal means. Lock up all prescription and over-the-counter medications. Lock up firearms, and store the ammunition separately. Youth almost always know where a firearm is located.

Know the warning signs when youth may need help. These include changes in eating and sleeping, increased self-isolation, impulsivity, agitation, sensitivity, boredom and laziness, and reduced interest in typical activities.

Know what questions to ask. A simple screening tool, such as the C-SSRS (Columbia Suicide Severity Rating Scale), to help determine a youth's risk, and it should especially be used by health and mental health care providers, school systems, and police.

Prevent adverse long-term impact of this moment. Incorporate recommendations from the Adverse Childhood Experiences Study (ACES) into prevention and practice.

RESOURCES

To get more involved, training information and resources:

CT Suicide Advisory Board
www.preventsuicidect.org
www.gizmodmentalhealth.org
www.cdc.gov/violenceprevention/pub/youth_ suicide.html
www.cssrs.columbia.edu
www.211ct.org or Call 211, or Text "CT" to 741741.
Crisis Call 1 (800) 273-TALK (8255)
Youth and adult mobile crisis services - Call 211 Back to School After COVID-19: Supporting Student and Staff Mental Health (SAMHSA, 2020)
CT Regional Suicide Advisory Boards:
https://www.preventsuicidect.org/about-us/regional-sab-business/

CLOSING THOUGHTS

We cannot overstate the impact of the stress, grief, loneliness, trauma, fear, anxiety and hopelessness that most of us have experienced at some time during this pandemic, nor can we say enough about the disproportionate burden that some segments of our society bear throughout this crisis and beyond. Please remember that our youth feel this, too.

We must acknowledge the profound impact this experience has on each of us, be patient with ourselves and others, work to embrace each other, and cultivate our desires and create space for creativity, generativity, and hope.

This is the time for community building with equity and learning, bolstered by effective leadership and collective vision of a brighter, hopeful future.

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Suicide Data

- Lifespan
- Youth Suicide
- Related Risk Factors

CONNECTICUT Suicide Advisory Board

10 Leading Causes of Death, Connecticut
2018, All Races, Both Sexes

	Age Groups										
Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 28	Unintentional Injury ---	Malignant Neoplasms ---	Malignant Neoplasms ---	Unintentional Injury 140	Unintentional Injury 309	Unintentional Injury 324	Malignant Neoplasms 357	Malignant Neoplasms 1,132	Heart Disease 6,101	Heart Disease 7,205
2	Short Gestation 26	Malignant Neoplasms ---	Unintentional Injury ---	Unintentional Injury ---	Suicide 40	Suicide 46	Malignant Neoplasms 93	Unintentional Injury 344	Heart Disease 683	Malignant Neoplasms 4,812	Malignant Neoplasms 6,472
3	Maternal Pregnancy Comp. 23	Congenital Anomalies ---	Anemias ---	Heart Disease ---	Malignant Neoplasms 19	Malignant Neoplasms 40	Heart Disease 86	Heart Disease 290	Unintentional Injury 293	Chronic Low. Respiratory Disease 1,280	Unintentional Injury 2,054
4	SIDS ---	Heart Disease ---	Congenital Anomalies ---	Homicide ---	Homicide 15	Heart Disease 33	Suicide 52	Suicide 95	Liver Disease 122	Cerebro-vascular 1,251	Chronic Low. Respiratory Disease 1,427
5	Unintentional Injury ---	Nephritis ---	Heart Disease ---	Cerebro-vascular ---	Heart Disease ---	Homicide 31	Homicide 18	Liver Disease 63	Chronic Low. Respiratory Disease 112	Alzheimer's Disease 978	Cerebro-vascular 1,388
6	Placenta Cord Membranes ---	---	Influenza & Pneumonia ---	Chronic Low. Respiratory Disease ---	Congenital Anomalies ---	Septicemia ---	Liver Disease 18	Diabetes Mellitus 39	Diabetes Mellitus 109	Influenza & Pneumonia 677	Alzheimer's Disease 986
7	Circulatory System Disease ---	---	Parkinson's Disease ---	Influenza & Pneumonia ---	Eight Tied ---	Diabetes Mellitus ---	Diabetes Mellitus 13	Cerebro-vascular 38	Suicide 98	Unintentional Injury 627	Influenza & Pneumonia 757
8	Hydrops Fetalis ---	---	---	Suicide ---	Eight Tied ---	Liver Disease ---	Cerebro-vascular 12	Chronic Low. Respiratory Disease 28	Cerebro-vascular 82	Diabetes Mellitus 541	Diabetes Mellitus 708
9	Four Tied ---	---	---	---	Eight Tied ---	Complicated Pregnancy ---	Influenza & Pneumonia ---	Influenza & Pneumonia 23	Septicemia 61	Nephritis 532	Nephritis 612
10	Four Tied ---	---	---	---	Eight Tied ---	Congenital Anomalies ---	Two Tied ---	Two Tied 18	Nephritis 58	Septicemia 488	Septicemia 574

Note: For leading cause categories in this State-level chart, counts of less than 10 deaths have been suppressed (---).

Produced By: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

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CT looks different than US and NE. Suicide is the 11th not 10th cause of death in CT. The ranking of 55-64 yo is 7th not 8th in CT.

The 10-14 yo ranking fluctuates annually between 2nd and 8th due to small numbers of deaths. The 2015-2018 average for 10-14 yo was 2.5 deaths.

CT Violent Death Reporting System (2018)
Top Five Known Circumstances by Specific Age Categories

CTVDRS

Ages < 25	Ages 25 - 64	Ages > 64
Perceived to have Depressed Mood	Perceived to have Depressed Mood	Perceived to have Depressed Mood
History of Ever Receiving Mental Illness or Substance Abuse Treatment	History of Ever Receiving Mental Illness or Substance Abuse Treatment	History of Ever Receiving Mental Illness or Substance Abuse Treatment
Currently Diagnosed with a Mental Health Problem	Currently Diagnosed with a Mental Health Problem	Currently Diagnosed with a Mental Health Problem
Currently Receiving Mental Health/Substance Abuse Treatment	Currently Receiving Mental Health/Substance Abuse Treatment	Contributing Physical Health Problem*
History of Attempted Suicide	Alcohol and/or Other Substance Abuse Problem at Time of Death	Currently Receiving Mental Health/Substance Abuse Treatment

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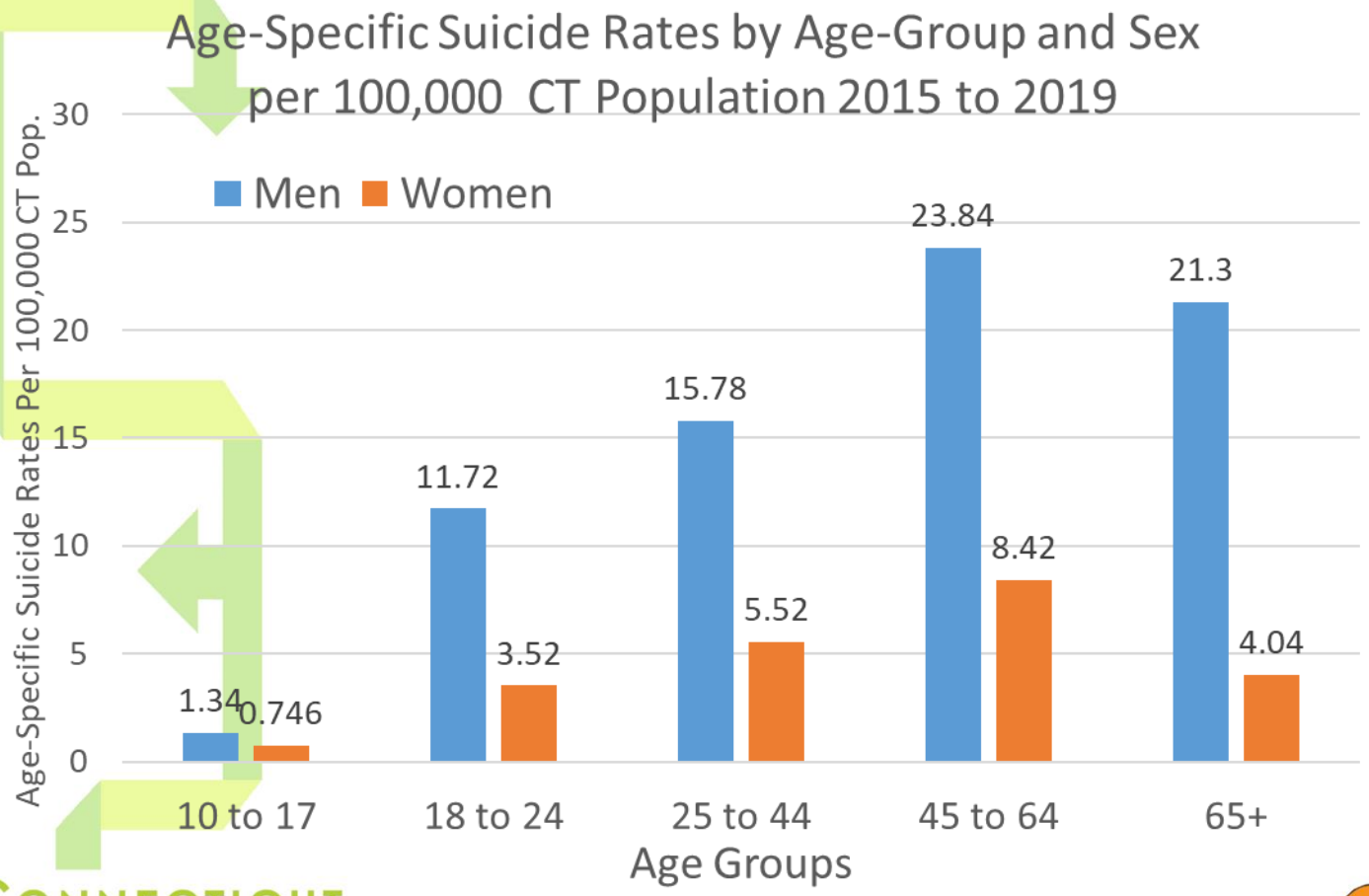
* Includes Health Problems and Chronic Pain/Illness.

Demographics of Suicides in Connecticut, by Age Group

CTVDRS



- Ninety percent of suicides in CT occurred in people 25 years old and older
- White non-Hispanic men, 45 years old and older, accounted for 74% of suicides

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Data Source: CT Violent Death Reporting System

Youth 9th-12th Grade Related Risk

- **Felt Sad or Hopeless** – **30.6% (more than 1 in 3)** of students felt so sad or hopeless almost every day for two or more weeks in a row that they stopped doing some usual activities (past 12 mos.) (*Linear increase over 10 years from 25% in 2009, but no statistical change*)

- **Of those above- Get the Help They Need When Feeling Sad, Empty, Hopeless, Angry, or Anxious** –Only **24.1% (about 1 in 4)** of students most of the time or always get the kind of help they need. (*Linear decrease over 10 years from 44.1% in 2009, but no statistical change*)

- **Adult support- 36.5% (more than 1 in 3)** of high school students reported that they could not identify even one teacher or other adult in their school to talk to if they have a problem (*No change over 10 years from 36.2% in 2009*)

Source: CT School Health Survey (DPH, 2019): https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/Hisrhome/Connecticut-School-Health-Survey

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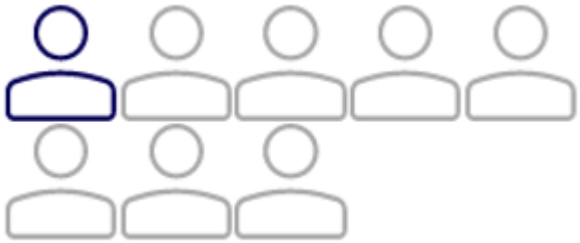
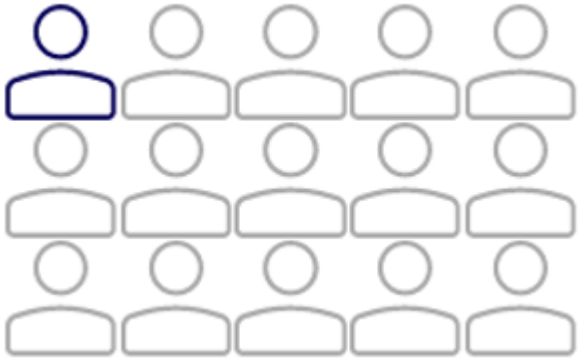
Among CT High School Students….

Suicidal Behavior

1 in 8 Seriously **considered** attempting suicide *during the past 12 months*



1 in 15 Actually **attempted** suicide *during the past 12 months*



CT School Health Survey 2019

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Best Practices Approaches

- Comprehensive Approach for Mental Health Promotion and Suicide Prevention
- Zero Suicide for Health & Behavioral Healthcare
- Question, Persuade, Refer (QPR)
- Screening Tools (ASQ & C-SSRS)
- Safety Plan
- Gizmo

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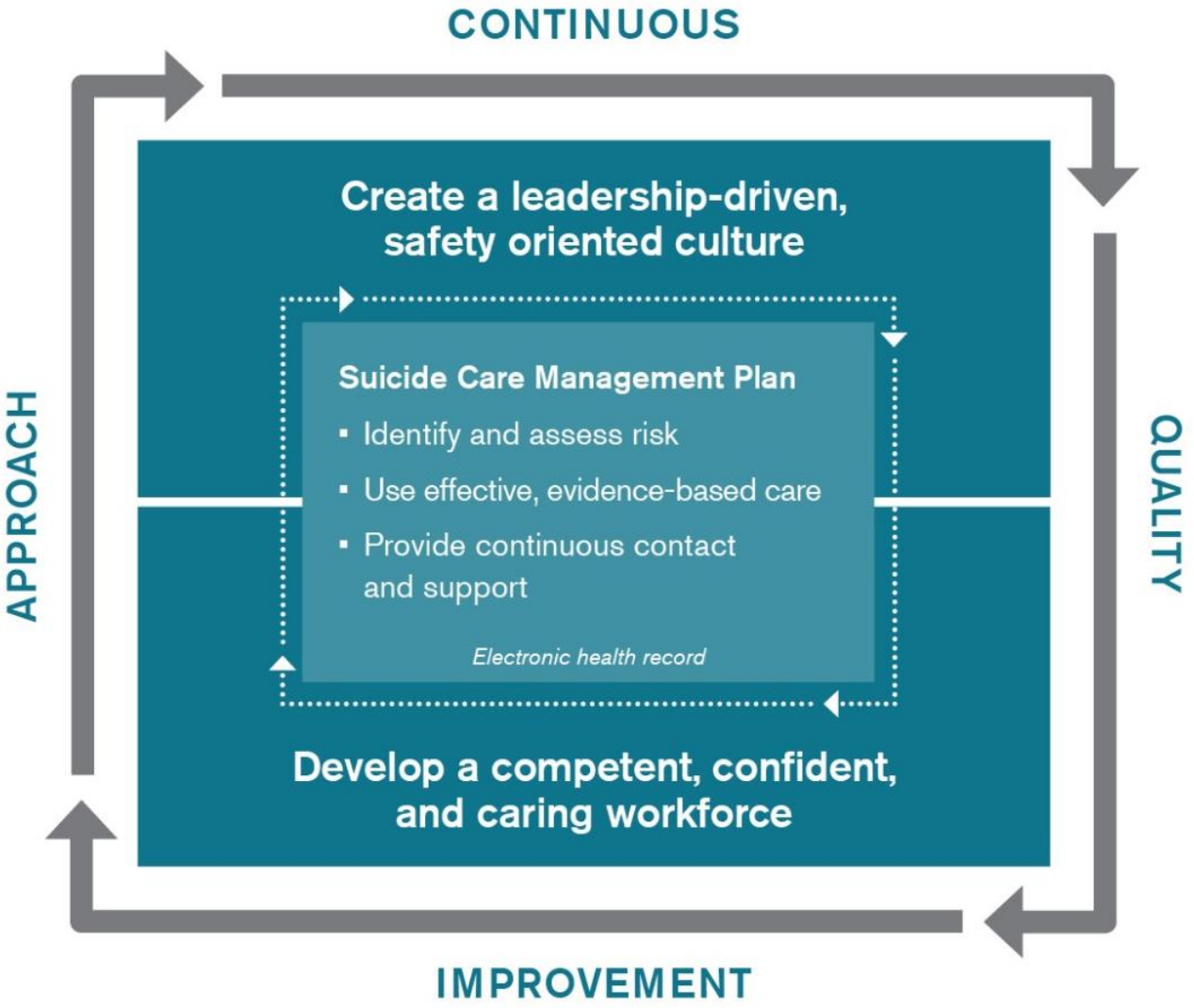
Comprehensive Approach to Mental Health Promotion & Suicide Prevention

CONNECTICUT Suicide Advisory Board

Source: http://www.sprc.org/effective-prevention/comprehensive-approach

A CQI Approach to Suicide Prevention



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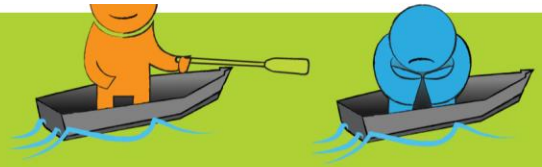


7 ZS Elements

LEAD
system-wide culture change committed to reducing suicides

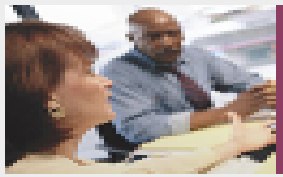
TRAIN
a competent, confident, and caring workforce

IDENTIFY
patients with suicide risk via comprehensive screenings

ENGAGE
all individuals at-risk of suicide using a suicide care management plan

TREAT
suicidal thoughts and behaviors using evidence-based treatments

TRANSITION
individuals through care with warm hand-offs and supportive contacts



IMPROVE
policies and procedures through continuous quality improvement

Applying Zero Suicide Gold Standards for Systematic Suicide Care Plugs Holes

- Systematic Suicide Care

Person at risk of suicide

Identify persons at risk using suicide-specific screening and assessment tools.

Engage person on a suicide care management plan.

Treat suicidality with effective approaches that address suicide specifically.

Transition person between levels of care safely and with support. Collaborative Safety Plan and Follow-up efforts.

Person's Serious Injury or Death Avoided

CONNECTIC Suicide Advisory Board

James Reason's "Swiss Cheese Model" of accident causation

CT SUICIDE ADVISORY BOARD: Zero Suicide Learning Community

Purpose: Support Goal 3 of CT PLAN 2025 (NSSP 8)
Promote suicide prevention as a core component of health care services through adoption of the Zero Suicide approach within health and behavioral health systems and beyond their walls to surrounding communities.

System LC Participation WIFM:

- Monthly forum on ZS dimensions and related evidence-based strategies (EBs)
- Listserve to facilitate communication
- CT and national resources and technical assistance/guidance
- Access to training and workforce development resources/opportunities
- Encouragement and peer to peer support to adopt the approach and EBs

Meets: Bi-Monthly via virtual platform (next 7/28 at 9 AM)

Hosts: The CTSAB/DMHAS and the Institute of Living/Hartford Hospital (National 2015 Zero Suicide Academy graduates), in partnership with the CT Hospital Association.

CONNECTICUT Suicide Advisory Board

To join email: Andrea.Duarte@ct.gov

QPR – Question, Persuade, Refer

- Listed on the Suicide Prevention Resource Center's Best Practice Registry (SPRC BPR) and the National Registry of Evidence-based Programs and Practices (NREPP)
- Goals of QPR:
  - Raise awareness
  - Dispel myths and misconceptions
  - Teach warning signs and what to do

QPR – Question, Persuade, Refer

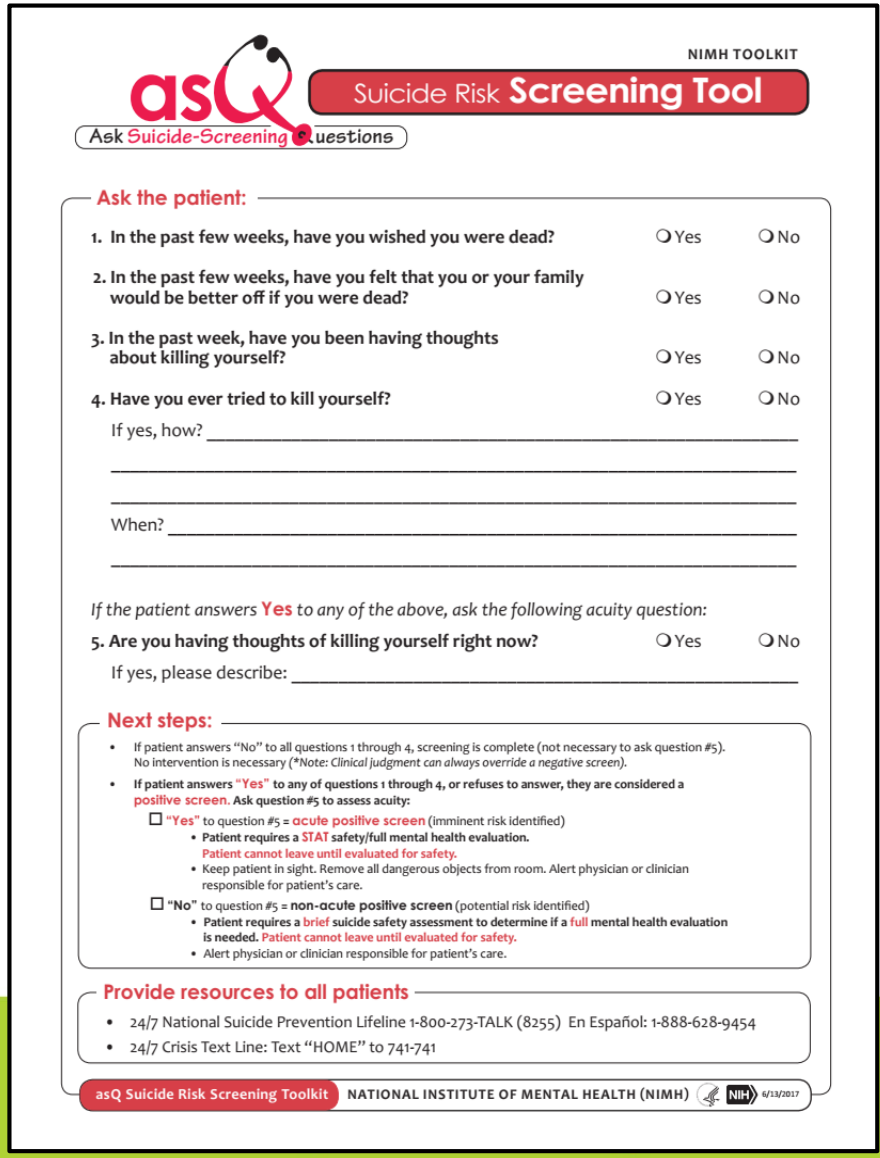
5 Training Objectives – QPR training increases:

1. Knowledge about suicide
2. Gatekeeper self-efficacy
3. Knowledge of suicide prevention resources
4. Gatekeeper skills
5. Diffusion of gatekeeper training information

Screening for Suicide Risk

ASQ: The Ask Suicide-Screening Questions (ASQ) toolkit is designed to **screen youth ages 8 years and above for risk of suicide.**

There are no tools validated for use in kids under the age of 8 years, if suicide risk is suspected in younger children a full mental health evaluation is recommended instead of screening.



NIMH TOOLKIT

asQ Suicide Risk Screening Tool

Ask Suicide-Screening Questions

Ask the patient:

1. **In the past few weeks, have you wished you were dead?** ❍ Yes ❍ No
2. **In the past few weeks, have you felt that you or your family would be better off if you were dead?** ❍ Yes ❍ No
3. **In the past week, have you been having thoughts about killing yourself?** ❍ Yes ❍ No
4. **Have you ever tried to kill yourself?** ❍ Yes ❍ No

If yes, how? _____

When? _____

If the patient answers **Yes** *to any of the above, ask the following acuity question:*

5. **Are you having thoughts of killing yourself right now?** ❍ Yes ❍ No

If yes, please describe: _____

Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (**Note: Clinical judgment can always override a negative screen*).
- **If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:**
  - ☐ **"Yes"** to question #5 = **acute positive screen** (imminent risk identified)
    - **Patient requires a STAT safety/full mental health evaluation.** Patient cannot leave until evaluated for safety.
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - ☐ **"No"** to question #5 = **non-acute positive screen** (potential risk identified)
    - **Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed.** Patient cannot leave until evaluated for safety.
    - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741

asQ Suicide Risk Screening Toolkit NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH) NIH 6/13/2017

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Columbia Suicide Severity Rating Scale

(Columbia Lighthouse Project)

The Columbia-Suicide Severity Rating Scale (C-SSRS) supports suicide risk assessment through a series of simple, plain-language questions that *anyone* can ask and answer.

Answers help users:

- identify whether someone is at risk for suicide,
- assess the severity and immediacy of that risk, and
- gauge the level of support that the person needs

Pediatric Emergency Care (2015). *Columbia-suicide severity rating scale: predictive validity with adolescent psychiatric emergency patients*.

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen with Triage Points for Law Enforcement/Mobile Crisis

Ask questions that are in bold and underlined.	Past month	
Ask Questions 1 and 2	**YES**	**NO**
1) ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) ***Have you had any actual thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) ***Have you been thinking about how you might do this?*** e.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.*"		
4) ***Have you had these thoughts and had some intention of acting on them?*** as opposed to "*I have the thoughts but I definitely will not do anything about 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?***		
6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	Lifetime	
If YES, ask: ***Was this within the past 3 months?***	**Past 3 Months**	

Response Protocol to C-SSRS Screening

Item 1 Behavioral Health Referral and Crisis Numbers
Item 2 Behavioral Health Referral and Crisis Numbers
Item 3 Consider Further Mental Health Evaluation
Item 4 Urgent Mental Health Evaluation with Escort
Item 5 Urgent Mental Health Evaluation with Escort
Item 6 Over 3 months ago: Consider Further Mental Health Evaluation
Item 6 3 months ago or less: Urgent Mental Health Evaluation with Escort

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Safety Plan

(Brown & Stanley)

- The Safety Planning Intervention provides people who are experiencing suicidal ideation with a specific set of concrete strategies to use in order to decrease the risk of suicidal behavior.
- It includes coping strategies that may be used and individuals or agencies that may be contacted during a crisis.

Cognitive and Behavioral Practice (2012). *Safety Planning Intervention: A Brief Intervention to Mitigate Suicide Risk*

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

Step 4: People whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

The one thing that is most important to me and worth living for is:

_____

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Counseling Access to Lethal Means

MEDICATION STORAGE LOCK.LIMIT.DISPOSE.

Medications can be helpful. Medications can also cause harm if used in the wrong amount, in the wrong way, or by the wrong person.

1 WORD VOICE LIFE
Be the ONE to start the conversation

Lock: Safely store all medications including prescription, over-the-counter, herbals, vitamins, and supplements in a locked location.

Limit: Keep only small amounts on-hand.

POISON Help 1-800-222-1222

Dispose: Properly dispose of unneeded medications.

CHANGE the SCRIPT

If the person is unconscious, not breathing, or having seizures, call 9-1-1. Otherwise, call CT Poison Control at 1-800-222-1222.

Warning: This medication lock bag can be broken or broken into by force.

health.uconn.edu/poison-control | www.preventsuicidect.org | www.drugfreect.org

19 health & behavioral health care systems participating in Lock Box distribution statewide

FIREARMS CHECKLIST

TO KEEP YOU AND YOUR FAMILY SAFE:

1 WORD VOICE LIFE
Be the ONE to start the conversation

- ✓ Secure all firearms and firearm safe keys in a location inaccessible to youth and other at-risk or unauthorized persons.
- ✓ Store all firearms without ammunition?
- ✓ Secure ammunition in a separate location from firearms?

If you or someone you care about is in crisis please call 2-1-1 in CT or 1(800)273-TALK (8255).

PREVENTSUICIDECT.org

Gizmo's Pawesome Guide to Mental Health

Gizmo's Pawesome Guide to Mental Health© is more than just a fun book. When the book is combined with completion of the Mental Health Plan, it becomes a tool used to teach youth:

- What "mental health" means
- That mental health is just as important as physical health
- Daily activities, and coping strategies that youth can use to improve and support their mental health and wellness.
- How to know when their mental health needs attention
- How to identify and connect with their trusted adults

And it

- Provides resources that youth's trusted adults can use when more help is needed.

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Take the Pledge

Youth Pledge for Mental Health:

Gizmo says, "Did you know you can take care of your mental health. AND there are things you can do to help yourself when you feel sad, mad, or worried? This is good news...that's what this book is all about!"

Join Gizmo in saying "Paws Up for Mental Health!"

Click to take the Youth Pledge

Trusted Adult Pledge for Mental Health:

Be committed to the youth in your life and to yourself! Everyone is encouraged to make a commitment to a more positive mental health lifestyle.

Pledge to support youth and be a role model.

Click to take the Trusted Adult Pledge

EDUCATORS MAKE A DIFFERENCE

Suicide Prevention Referral Card

If you observe the following student behaviors, please take the time to share your concern with the student:

- Expressions of sadness and/or hopelessness
- Expression of wanting to harm him – or herself, or die
- Major change in affect, appearance or academic performance
- Major change in behavior such as aggression, withdrawal from peers or social isolation
- Struggling to keep up with routine

About **8 high school students** in a classroom of **30** had a two-week period of a depressed mood in the past year

Children may come to you before a counselor. Your observations and actions can help students.

IN CONNECTICUT IN 2015

About **4** high school students in a classroom of **30** seriously considered suicide

About **8%** of teens attempted suicide

IF YOU OBSERVE ANY OF THESE BEHAVIORS PLEASE BRING YOUR STUDENT TO:

1 WORD VOICE LIFE

EDUCATORS MAKE A DIFFERENCE

Suicide Prevention Referral Card

AT RISK STUDENTS

Students in some groups are at higher risk for suicide than other students. These groups may include:

- Students who previously attempted suicide or who know someone who died by suicide
- Students with a mental health concern
- Victims of abuse or harassment
- Students who harass or abuse others
- Students who are gay, lesbian, bisexual, transgender, or questioning their sexuality
- Students who abuse alcohol or other drugs
- Students who are highly aggressive or impulsive
- Perfectionists and high-achievers, or potential dropouts
- Students dealing with a recent loss in the family, including pets
- Students experiencing stressful life events (divorce/separation, move, parent loss of job)
- Students that do not have an adult to go to for help

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1 WORD VOICE LIFE

Resources

Statewide CT *Mobile Crisis Support* Services for all ages *call 211*

- ***Mobile Crisis Intervention Services for Youth* *www.mobilecrisisempsct.org***
- ***Action Line for Adults* *www.uwc.211ct.org/actionline***

In Imminent Risk Call or Text 911

Suicide Prevention*: *www.preventsuicidect.org

***In Crisis*:**

- **National Suicide Prevention Lifeline** - In CT call 211 or 1-800-273-TALK (8255); Chat is also available at www.suicidepreventionlifeline.org
- **Crisis Text** - In CT text "CT" to 741741; www.crisistextline.org
- **Trans Lifeline** - 877-565-8860; www.translifeline.org
- **YouthLine** - 877-968-8491; Text "teen2teen" to 839863; oregonyouthline.org

Coming July 2022 - 988:

- **Someone to talk to, Someone to Respond, Somewhere to go**

988: Background

Federal legislation mandates the rollout of the 9-8-8 mental health and suicide crisis number by July 16, 2022.

- 2015 – States discover that the National Suicide Prevention Lifeline, managed by Vibrant with SAMHSA funding, does not fund local call center services and states scramble to find resources to keep them afloat. In CT 2015-2020, DMHAS, DCF and DPH braid federal resources.
- 2017-18, UT mental health and suicide prevention advocates sought a statewide, easy to remember 3-digit number for individuals in crisis, and then engaged other states and brought their idea to their state and national leaders and legislators.
- 8/2018, National Suicide Hotline Improvement Act directed the U.S. Federal Communications Commission (FCC) in conjunction with other agencies to study these issues.
- 8/2019, FCC Commission report to Congress recommending 9-8-8
- 12/2019 FCC initiates rulemaking to designate 9-8-8
- 7/2020 FCC Finalizes Rule and Order designating 9-8-8 with a July 2022 deadline for telecom providers to make operational
- October 17, 2020 the National Suicide Hotline Designation Act of 2020 (Public Law 116-172) was signed by the President
- February 2021, state, tribes and US territories are funded by Vibrant via donations to plan their 988 rollout for 2022 and on. Final plans due by 12/2021.

Coordinated Crisis Continuum

State Requirement

- Crisis Center (Someone to talk to- call, text, chat)

Recommendations

- Crisis Mobile Team Response (Someone to respond)
- Crisis Receiving and Stabilization Services (Somewhere to go)

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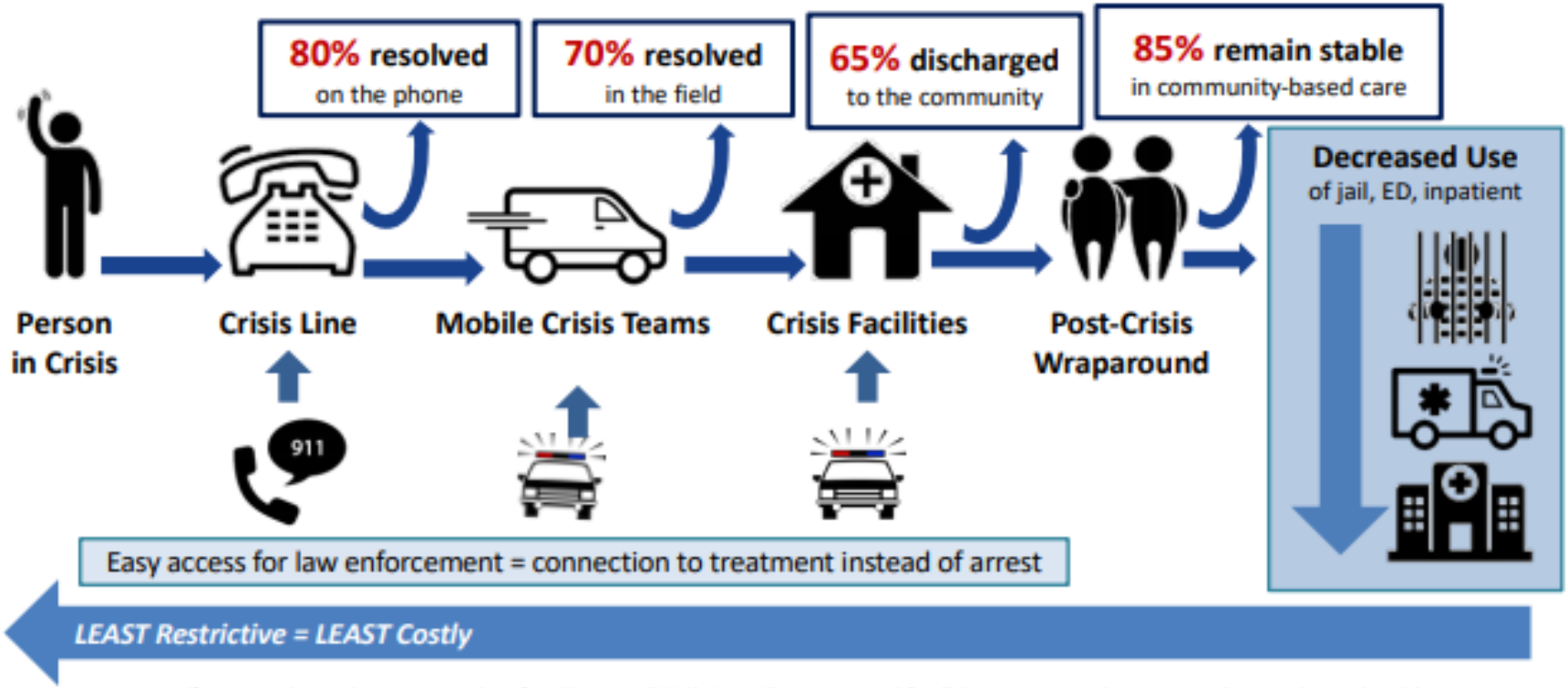
Crisis System: Alignment of services toward a common goal



Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies.* Alexandria, VA: National Association of State Mental Health Program Directors. https://www.nasmhpd.org/sites/default/files/2020paper11.pdf

The Promise of 988: Crisis Care for Everyone, Everywhere, Every Time – YouTube (3:41 minutes)

CONNECTICUT Suicide Advisory Board

Contacts

Join the CTSAB and list serve:
https://www.preventsuicidect.org/network-of-care/

CTSAB Co-Chairs

Andrea Iger Duarte
Department of Mental Health & Addiction Services
Andrea.Duarte@ct.gov
(860) 418-6801

Tim Marshall
Department of Children and Families
Tim.Marshall@ct.gov
(860) 550-6531

Tom Steen
CT Chapter of the American Foundation for Suicide Prevention
Tom@steenconsulting.net
(860) 307-2142

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