



Suicide Prevention

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Main Points

The preventability of suicide

Stories of hope & resilience:

Most people will recover from suicidal thoughts & behaviors. We want to support recovery & resilience

Suicide & suicide prevention are community issues

Prevention, intervention, & postvention are ALL important

Suicide prevention cannot just be about keeping people alive. We must work together to create communities worth living in, & lives worth living.



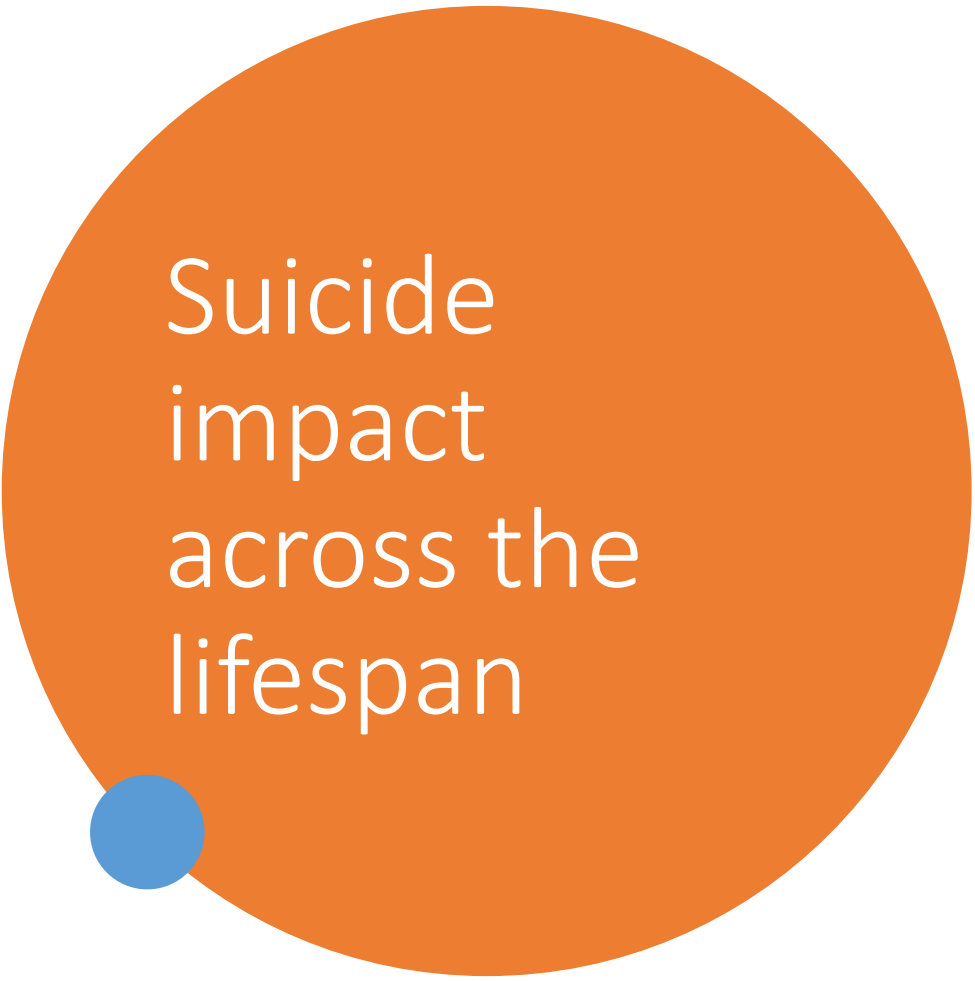
“Statistics are merely aggregations of numbers with tears wiped away” – Dr. Irving Selikoff

Suicide in Colorado

- In 2019, there were
 - 40 HIV deaths
 - 248 Homicides
 - 610 Breast Cancer Deaths
 - 608 Motor vehicle deaths
 - 454 Influenza & Pneumonia deaths
 - 1,0444 Diabetes deaths
 - 1,287 deaths by Suicide
- [Colorado Violent Death Reporting Dashboard](#)

Suicide in Colorado

- Second leading cause of death for teens in Colorado
- 34.7% of Colorado high school students indicated feeling sad or hopeless almost every day for two weeks or more in a row during the previous 12 months
- 46.3% of LGBTQ+ youth report considering suicide
- In 2019, Colorado recorded the highest number of suicide rates to date (1,287 deaths)



Suicide impact across the lifespan



Suicide Deaths 2013-2017 by age

- 5.8% Youth 0-18
- 9.5% Young adults 19-24
- **69.9% Adults 25-64**
- 14.8% Older adults 65+

National Rankings

- 1. Montana
- 2. Alaska
- 3. Wyoming
- 4. New Mexico
- 5. Utah
- 6. Idaho
- 7. Nevada
- 8. Oklahoma
- 9. Colorado
- 10. South Dakota
- 46. California
- 48. New York
- 49. New Jersey
- 50. Washington D.C.

Deaths of Despair, the Epidemic within the Pandemic

- Deaths of despair have been on the rise for the last decade
- Defined as deaths to drug, alcohol, & suicide -often associated with socioeconomic factors. Causes are multifaceted to include social & individual factors:
 - Isolation & loneliness
 - Fractured healthcare system
 - Lack of culturally and linguistically competent care
 - Systemic racism
 - Structural inequalities in education, income, transportation, housing
- COVID-19 impact
 - Economic hardships & unemployment
 - Mandated social isolation
 - Uncertainty, fear, increased stress

https://wellbeingtrust.org/wp-content/uploads/2020/05/WBT_Deaths-of-Despair_COVID-19-FINAL-FINAL.pdf

Risk Factors

- Mental illness
- Substance abuse
- Firearms in the household
- Previous suicide attempts
- Non-suicidal self injury
- Exposure to suicide of someone else
- LGBTQ+ marginalization



Strongest Predictors for Youth

- Previous suicide attempt
- Current talk of suicide/making a plan
- Strong wish to die/preoccupied with death (thoughts, music, reading)
- Depression (hopelessness, withdrawal)
- Substance use
- Recent attempt by friend or family member

Protective Factors

- Youth who have an adult to go to for help are 3.5x LESS likely to attempt suicide
- Youth who participate in extra curricular activities are 1.7x LESS likely to attempt suicide (only one “piece of the pie”)
- Family and school connectedness
- Reduced access to firearms
- Academic achievement
- Using chosen name and pronoun as given by the youth reduces suicidal behavior by 56%
- Youth who feel safe at school are 3.2x LESS likely to attempt suicide



Suicide Prevention Strategies

Community Connection

Protective factors/resilience

Stigma reduction

Temporary means safety

Access to mental health care

Collaborative safety planning

Follow-up & caring contacts

Postvention



Solutions & Our Role in Healthcare

Get	People Connected
Get	People Facts
Get	Mental Health Integrated
Offer	A Vision for the Future
Get	People Care





Health Colorado Support

Offer

Offer evidenced based & customized training to providers/practices/staff/community agencies

- Mental Health First Aid
 - Youth Mental Health First Aid
 - Question Persuade Refer
- Stress Injury Formation
Wellness/Resiliency
Colorado Crisis Services

Collaborate

Collaborate with providers, practices, and community to support local initiatives & resources

Assist

Assist with mental health referrals & strengthen coordination of mental health, substance use, & crisis services

Please contact Kelly Bowman
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What is Colorado Crisis Services?

- CCS was formed as a part of the initiative set forth by Gov. John Hickenlooper, in partnership with the Colorado Department of Human Services, to strengthen Colorado's mental health system. Our purpose is to provide greater access to mental health services, ensuring Coloradans get the **right services** in the right locations at the **right time**.
- A statewide network providing confidential and immediate help to anyone experiencing mental health, substance use, or emotional concerns
- Crisis services are available 24/7/365
- "Crisis" is defined by what matters to the individual and their network of support; in other words, a "**crisis**" is **self-defined**

Key Objectives

- Increase access to services 24/7 “no wrong door”
 - Open to all ages
 - Services provided regardless of income or ability to pay
 - Services provided regardless of residence
 - Presentation driven vs. diagnosis driven care
- Right services, right time, right location
 - Mobile Assessment and Walk-In accessibility
 - Expansion of Continuum of Care (CSU, Crisis Respite)
 - Person-Centered, Culturally Relevant, & Trauma-Informed Care
 - Reduce ED burden for psychiatric emergencies

Remember crisis is self- defined

- Crisis can take many different forms for many different people
 - Anxiety
 - Relationship challenges
 - Suicidal thoughts
 - Trauma
 - Isolation
 - Depression
 - Family conflict
 - Bullying
 - Concern for family, friends, or others
 - Loneliness
 - Substance use
 - Stress
 - Financial pressures

Rocky Mountain Crisis Partners:

1-844-493-8255 (TALK);
TEXT “Talk” to 38255

- **Crisis Line**

- Immediate crisis support and in the moment consultation
- Telephonic assessment for wide scope of mental health and substance use issues
- Suicide/safety assessments, substance use screenings
- **Triage to other components of the CCS (Mobile Crisis) – [Dispatch resource for MCR](#)**
- Referral and resource linkage
- 3rd party consultation (friends, family, other professionals)
- Telephonic case management, continuity of care activities
- Follow up calls

- **Peer Support**

- Peer Specialists with lived experience with behavioral health challenges = Power of shared experience
- Provide in the moment or ongoing support
- Promote recovery and wellness
- Triage to Crisis Line as appropriate
- Ideal resource for family/friends of individuals taken to CCS/ED/Jail needing support
- Follow up calls
- Referral and resource linkage

4 Crisis Modalities



Crisis System Enhancements

Aligned crisis regions with the 7 RAE regions



Implementation of crisis ASOs. Health Colorado operates as the Administrative Service Organization for CCS in region 4

Ensure appropriate resource
distribution

Ensure coverage

Ensure appropriate scope

Ensure compliance with state
crisis services directives



Prioritize Mobile Crisis Response



Mobile Crisis Response -
Mobile teams of mental
health professionals
providing community-based
crisis evaluations

- Available in all 64 counties

Crisis Respite - Providing a
place to stay for people
require intermediate levels
of crisis services or intensive
short-term in-home skill
building and stabilization

- Referral needed from MCR or
CWIC

Crisis Stabilization Unit/ATU
- Provides inpatient intensive
crisis services for up to 5
days (adult)

- Referral needed from MCR or
CWIC
- COS (adult only)

Crisis Walk-In Center – our
crisis walk-in centers offer
confidential, in-person crisis
support, information and
referrals to anyone in need

- COS

Resources

- Colorado Crisis Services
 - Colorado Crisis Services Marketing Toolkit
- Below The Surface
- Man Therapy
- Rural Resilience
- SPRC Suicide Prevention Month Ideas for Action
- Greater Resilience Support Coach Training
- Behavioral Health in Colorado Putting People First: A Blueprint for Reform