



County Initiatives for Suicide Prevention

May 16, 2022

Stronger Counties. Stronger America.





**NACo President
Larry Johnson**

.....
DeKalb County, Ga.

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COUNTIES THRIVE

CREATING OPPORTUNITIES FOR PEOPLE AND PLACES TO PROSPER

TECHNOLOGY **H**EALTH **R**EADINESS **I**NFRASTRUCTURE **V**ULNERABLE POPULATIONS **E**CONOMIC OPPORTUNITIES





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Suicide prevention & postvention in Montana's Lewis and Clark Area

Jess Hegstrom
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5/16/2022

Suicide in Montana

Data Source: AAS, Montana DPHHS

- ❖ For all age groups, Montana has ranked in the **top five** for suicide rate in the nation for the past forty yrs.
- ❖ According to the most recent numbers released by the American Association for Suicidology for **2020**, **Montana has the 3rd highest rate of suicide in the United States (300 suicides for a rate of 25.9).**
- ❖ **High-risk populations: Middle-aged white males, veterans, American Indians**



Why does Montana have such a high rate of suicide?

It's not one factor, but rather multiple factors all occurring at the same time.

It is a cultural issue.

Vitamin D Deficiency (correlated with increased risk of depression)

High concentration of Veterans, American Indians, and middle age White men

Alcohol as a coping strategy (alcohol in the blood at the time of death is 2x the national average)

Altitude

Metabolic stress caused by long-term oxygen deprivation. Worldwide, above 2,500 feet, you see a spike in suicides. The average suicide in Montana occurs at 3,500 feet

Social Isolation

Montana has 6.7 people per square mile. The national average is 88.7

Access to Lethal Means

Nearly 65% of suicides are by firearm and nearly 90% of all firearm deaths in Montana are suicides

Socioeconomic

1/5 Montana kids live more than 100% below the federal poverty level

Lack of Behavioral Health Services

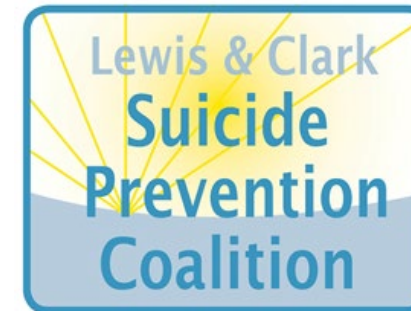
Lack of psychiatrists and integrated behavioral health into primary care.

STIGMA

We see depression as a weakness, that we are a burden. And if you think you are a burden, how likely are you to ask for help?

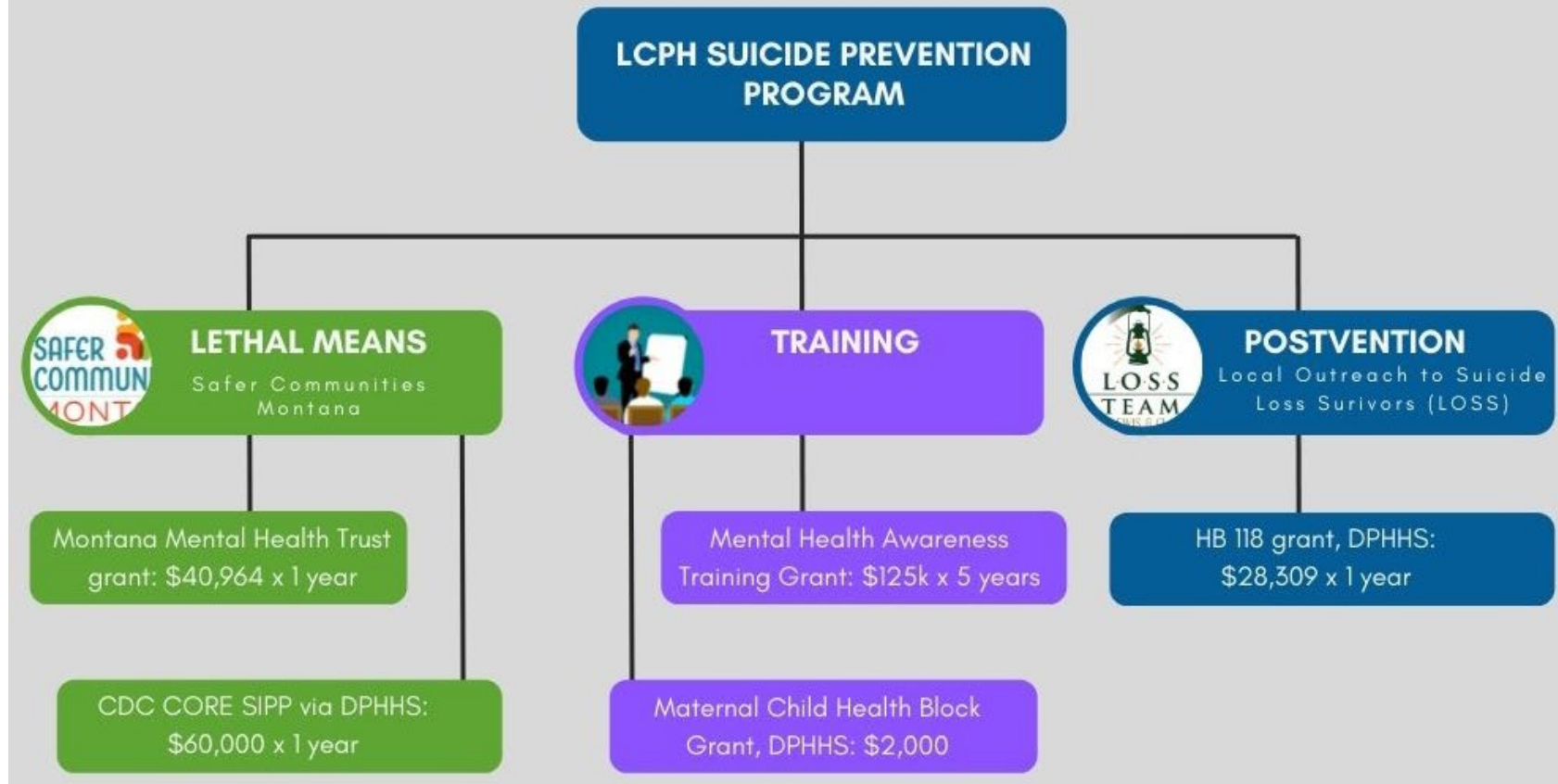
Lewis and Clark Public Health Suicide Prevention Program

- Focused on awareness, prevention, intervention & postvention – the steps we take after a suicide
 - Active Lewis and Clark Suicide Prevention Coalition
 - Education and training
 - Safer Communities Montana Lethal Means campaign
 - LOSS Team of the Lewis and Clark Area
 - Partnership with American Foundation for Suicide Prevention to hold Out of the Darkness Campus Walk, International Survivors of Suicide Loss Day



LEWIS AND CLARK PUBLIC HEALTH SUICIDE PREVENTION

GRANT CHART




Survivors of Suicide Loss

- ❖ Studies have shown that for every suicide, there are **147 people *exposed***.
- ❖ Among those *exposed*, more than **6 experience a major life disruption**.
- ❖ A survivor of suicide is **3x the risk of suicide**

Resources:

- LOSS Team
- Suicide bereavement support groups
- International Survivors of Suicide Loss Day is the last Saturday before Thanksgiving.
- Healing Conversations
- For information concerning Montana survivor support groups, go to www.AFSP.org and look under “surviving suicide loss”

A close-up photograph of a hand holding a dark green, octagonal glass lantern. Inside the lantern, a single candle is lit, casting a warm, yellow glow. The lantern has a metal ring at the top for hanging. The background is blurred, showing a person wearing a grey sweater.

Be the light of hope
on their darkest day



What is a LOSS Team?



- Local Outreach to Suicide Survivors (LOSS) Team
- Made up of behavioral health professionals and community members who have lost a loved one to suicide
- Teams go to the scene of confirmed suicides following notification. They provide:
 - Support from longer term survivors. "I lost someone too."
 - Resources
 - Hope for life after loss. "You won't always feel this way"

LOSS Team cont'd

- Created in 1999 by Dr. Frank Campbell to address survivor needs
- We are the light house in the storm
- Evidence-based for connecting/engaging survivors in support services quickly
- 40 teams across the U.S. and several international locations, none in Montana



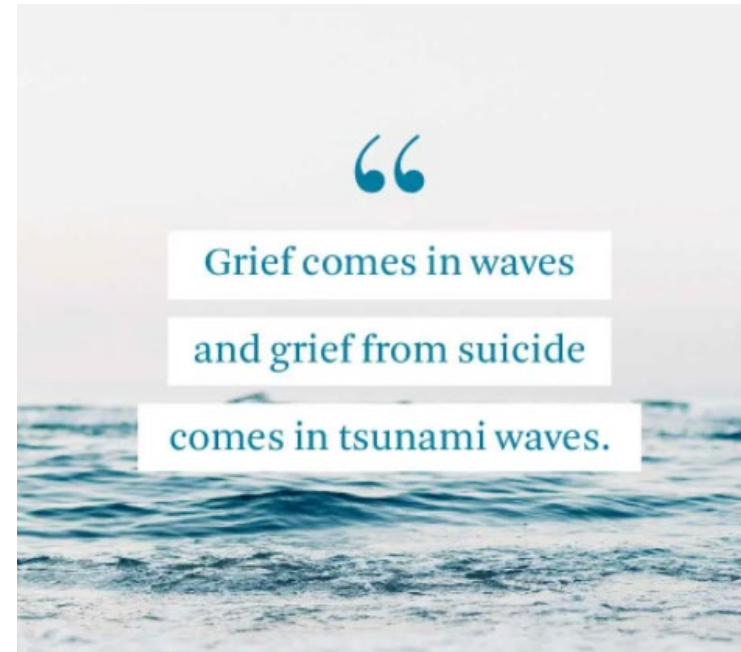
Why are LOSS Teams important?

- Suicide loss is traumatic
- Intense emotional pain, the ever-present “Why?”
- Common feelings of anger, shame, grief, confusion, hopelessness, self blame, denial, relief
- Concern about sin and afterlife
- May be shunned by church, friends
- Stigma, stigma, stigma



Survivors need extra support

- Unlikely to seek help for 4.5 years
- Increased likelihood of developing Complicated Grief (CG)/ Prolonged Grief Disorder (listed in DSM-5)
 - In CG, often stuck in most painful stages of grief
 - Can develop substance use, hoarding, other unhealthy behaviors to cope



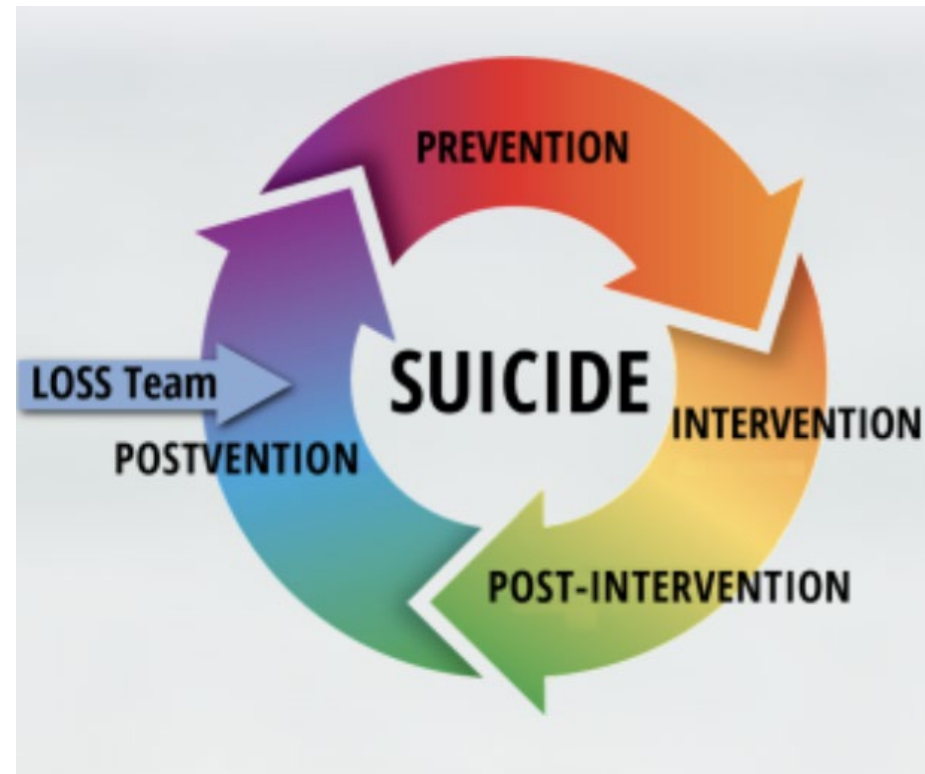
Postvention is prevention

Suicide postvention refers to an organized response in the aftermath of a suicide to facilitate healing associated with the grief and distress of suicide loss

- Reduces likelihood of suicide contagion & additional suicides
- Mitigates the impacts of a loss
- Facilitates healing

But most postvention services require survivor awareness to access

- Active postvention eliminates “the stumble effect”
- From 4.5 years to 39 days



What happens at the scene

- Coroner's Office call
- Warm handoff of family from Coroner to LOSS Team
- Resources on-scene
- CONNECTION to other supports and therapeutic services
- This isn't therapy, also, clinicians who arrive to a particular scene won't obtain clients from there.



LOSS Team of Lewis and Clark County Area



- Subgroup of Lewis and Clark Suicide Prevention Coalition
- Funded by HB 118 via DPHHS
- Partnership with coroner's office, which will notify the team
- Advisory group of key stakeholders
- Consultant assisting with implementation
- Roll out began March 1, full services April 9, 2022.
- Covering entire county and plan to eventually expand to tri-county area
- Applied for public health associate through CDC to support project and explore psychological autopsy, mortality review

LOSS Team of Lewis and Clark County Area

- On-scene response
- Connection to services via CONNECT at scene and regular follow up calls
 - 1 week, 1 month, 3 months, 6 months, 9 months & 1 year
 - Calls to assess suicidality, make connection to care, ID other survivors
- Two free sessions with a grief counselor via partnership with Awareness Network
- Resource materials, including activity books for youth to understand grief



We heal by helping others



- Turning hope and experience into action
- Transforming county into place survivors heal
- Those served often join LOSS later to assist other survivors
- Many find unexpected healing by serving on others

Volunteer support

- Strict buddy system for all calls
- Debriefing immediately after for non-clinicians
- Clinician to clinician support
- Monthly meetings for learning, debriefing, problem solving relationship building
- Opportunities for additional training, including suicide bereavement training for clinicians

Volunteer recruitment

- Info session, application, training, background check, interview
- Training for volunteers, including on-scene etiquette
- Debriefing process to prevent re-traumatization
- Ongoing recruitment
 - Clinicians, survivors (lived experience)
 - Schools of social work
 - Local providers including peer support specialists
 - Support group participants
 - Attendees to the International Survivors of Suicide Loss Day
- Other volunteer roles:
 - Fundraising
 - Scheduling
 - Stuffing bags
 - Condolence cards
 - Follow up calls
 - Marketing
 - Outreach



SAVE THE DATES:
OCTOBER 16-18, 2022

2022

National LOSS Team Conference

Postvention is Prevention

Conference: October 16 - 18

Clinical Pre-conference: October 16

SPONSORSHIP INFORMATION:

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Lewis & Clark
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Questions?



THANK YOU!

The National Association of Counties

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