


SUICIDE IS PREVENTABLE

1 WORD VOICE LIFE
Be the ONE to start the conversation

THE SOLUTION
SOURCES FOR
WARNING SIGNS
RISK FACTORS



MOBILE CRISIS INTERVENTION SERVICES - DIAL 2-1-1
WWW.PREVENTSUICIDECT.ORG WWW.211CT.ORG



SUICIDE IS PREVENTABLE
EMPS-Crisis Intervention Services
Dial 2-1-1

1 WORD VOICE LIFE
Be the ONE to start the conversation

www.preventsuicidect.org
www.empct.org

SUICIDE IS PREVENTABLE.

FOR HELP DIAL 2-1-1 AND PRESS 1
To connect to our Crisis Intervention Services

Outside CT Area
800.273.8255

1 WORD VOICE LIFE

PREVENTSUICIDECT.ORG



CONNECTICUT
EMPS
Crisis Intervention Services
Dial 2-1-1

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TRASH BOTTLES & CANS NEWSPAPER NEWSPAPER

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CONNECTICUT
Suicide Advisory Board



CONNECTICUT



Suicide Advisory Board

COLLABORATING TO PREVENT SUICIDE AMONG VETERANS AND NATIONAL GUARD SERVICE MEMBERS IN CT

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Suicide Prevention Program Director
CT Department of Mental Health and Addiction Services
Co-Chair, CTSAB

Garrett Lee Smith Grantee Meeting
The Renaissance, Washington, D.C.
March 20, 2018

Disclaimer

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Overview

- CT Suicide Advisory Board, State Plan and Goals
- CT National Guard Behavioral Health
- VACT HealthCare Suicide Prevention Program
- Their Priorities and What is Helpful to Them



CT Suicide Advisory Board

The state-level suicide advisory board/coalition that addresses suicide prevention and response across the lifespan.

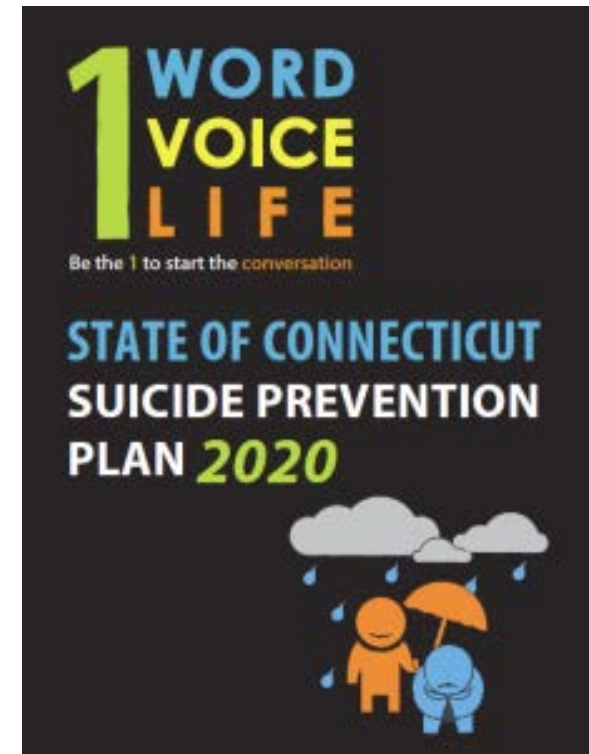
Mission: The CTSAB is a network of diverse advocates, educators and leaders concerned with addressing the problem of suicide with a focus on prevention, intervention, response.

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.



CT State Suicide Prevention Plan 2020

- **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 and national surveillance systems relevant to suicide prevention and improve the ability to collect, analyze and use this information for action.




CT National Guard Behavioral Health 2013-Present



“BHT Challenge Coin”





Bottom Line, Up Front (BLUF)

Innovative BH programs – exploring forward thinking projects to address behavioral health by providing care to **service members and their families**. Partnering with **community providers** to implement **early intervention strategies** and **increase awareness and access to treatment**.

Collaboration Communication Comradery Community Cohesion



Suicide Prevention and Postvention Achievements (2013-14)

- Developed Armed Forces Sub-Committee under the CT Suicide Advisory Board in response to young adult SM suicides in 2011-12. Used the JED/SPRC Model to perform Gap Analysis and make recommendations.
- AFSC Recommendations Included:
 - Development and distribution of CTNG Suicide Prevention Guide For Families
 - Currently distributed 1,415 total brochures
 - Implemented Suicide Rating Scale
 - The Columbia Suicide Severity Rating Scale (CSSR-S) has been utilized and to date 2,253 SM's have been screened using this tool
 - Military Postvention Training
 - Over 45 attendees at the Postvention training 11 DEC 2013 including higher leadership representation from both Army and Air
 - CT now has 16 Level 1 Military Postvention Trainers
 - Offer 4 trainings during CY 2014



Current Mission

No Soldier should ever feel alone.

Serve and advocate for service members of the Connecticut National Guard by providing support, case management resources, and referrals.

Improve unit readiness and the psychological health of the Connecticut National Guard through outreach, education, and resource development.

Ensure service members and their families receive the support they require.

Help service members develop life skills by enhancing protective factors that directly build resilience. Along with striving to eliminate stigmas associated with seeking help.

The CTNG Behavioral Health Team will promote suicide prevention/post-vention and awareness.



CT National Guard Behavioral Health Team



The Connecticut National Guard

Statistics

- Current Strength CT National Guardsmen – 3,589
- Male / Female – 3,035 / 554
- Average Age of CTARNG Soldier – 29
- Age:
 - 17 – 25: 1,487
 - 26 – 35: 1,130
 - 36 – 50: 789
 - 51 >: 183

Combat

- Over 500 to deploy 2017
- Over 5,000 SM's deployed since 11 Sep 2001
- Multiple Deployments (2-4)

Common issues:

- BH Issues / Adjustment
- Financial stressors / Employment
- Relationship - Family / Marital / - Significant Others
- Substance Use



Suicide General Factors:

- Male
- Age: 23.62 (18-24 years old)
- White
- Single
- PFC or SPC
- 5 Years of Service
- More Likely M-day
- Non-prior service
- Not in-training
- Combat MOS
- Roughly two-thirds never deployed & one-third deployed




Alcohol or drugs are involved in 58% of Service Members' death by suicide.



- Fewer than half of Service Members who died by suicide had a mental health diagnosis.
- 12% had a depression diagnosis
- 8% had a PTSD diagnosis





Service Members do *NOT* ask for help because they don't want to be perceived as “**broken**”.



Behavioral Health Big 3



SUICIDE PREVENTION

- Training ([Suicide Prevention/Post-vention/Intervention and Response](#)) - Flank suicide prevention efforts – also address overall wellbeing - initiatives that focus on sleep, physical fitness, alternative treatments etc.

BHT RESPONSE

- Work with Command to prioritize [early identification & intervention](#) (maintain 100% assessment at PHA's for force fitness) - Emphasis on mobile and rapid crisis response by BH Team and COC. Promote command consultation & collaboration.

RESOURCE DEVELOPMENT

- [Ongoing community outreach/partnership, development of CHPC, Fresh Check, CTSAB](#), In order to monitor and track the needs of Soldiers – Improve electronic data collection (Metrics – Enhance Outcome Data). Gratitude...

Intervention

- Unit Briefings
- BH 24 hour Help Line
- CCIRs
- [ASIST / ACE training](#)
- Annual Physical Health Assessments (PHA) of all Service Members on a yearly basis 100% of CTNG
- Pre/Post Deployment Assessments
- Command Consultation and Collaboration
- Case Management
- [Family Brochure](#)
- [Reduce Stigma \(involving/connecting survivors\)](#)
- Mobile and Rapid Crisis Response ([postvention](#))
- Early Identification and Intervention ([CSSRS](#))
- Tag Policy 15
- [PMCS of Service Members](#)



CTNG ZERO STANDARD CARD

IF	EXAMPLES	SM / LEADERSHIP WILL
<ul style="list-style-type: none"> SM Has/Reports Substance Abuse Issue. 	<ul style="list-style-type: none"> Positive drug screen Substance abuse self-referral Arrest due to substance use/abuse 	<ul style="list-style-type: none"> Notify COC Contact Substance Abuse Program ADCO 860-524-4962 PC 860-548-3291 Refer to BH Team - 855-800-0120
<ul style="list-style-type: none"> SM reports suicidal ideation. SM reports threat to harm self/others. SM reports to ER for psychological reasons. SM reports significant BH Issue (IMPACTING HIS/HER FUNCTIONING). 	<ul style="list-style-type: none"> Suicidal Thoughts/Intentions (thoughts of no reason to live) Isolating Behaviors Acting recklessly Aggression toward others 	<ul style="list-style-type: none"> Notify COC Obtain Release of Information Refer to BH Team - 855-800-0120 If connected to VA Healthcare Contact Suicide Prevention Coordinator- 203-932-5711 EXT 2550
<ul style="list-style-type: none"> SM unemployed/underemployed. SM needs/requests resume assistance and job placement. SM needs/requests employment mediation concerning military commitments. 	<ul style="list-style-type: none"> Low wage job-unable to meet financial obligations or unemployment Employer retaliates or discriminates due to CTNG commitments 	<ul style="list-style-type: none"> Contact ESGR 860-548-3295
<ul style="list-style-type: none"> SM needs/requests referrals for employment, education, medical care, finance, veteran benefits, social services and temporary housing. SM needs/requests assistance with pre/post-mobilization transitioning. 	<ul style="list-style-type: none"> Eviction, foreclosure, repossession, housing issues Loss of job No medical insurance 	<ul style="list-style-type: none"> Contact Transitional Assistance Advisor –860 524-4908
<ul style="list-style-type: none"> SM needs emergency financial assistance. SM needs family Assistance Centers/Child & Youth Program. 	<ul style="list-style-type: none"> Unexpected funeral expenses Lack of child care/programming Eviction, foreclosure, repossession, housing issues 	<ul style="list-style-type: none"> Refer to Service Member Family Support Center - 800-858-2677
<ul style="list-style-type: none"> SM requests spiritual, moral or ethical advice. 	<ul style="list-style-type: none"> Conflicted about spiritual beliefs and mission requirements 	<ul style="list-style-type: none"> Refer to State Chaplain - 860-803-7748 Wing Chaplain - 860-917-6053
<ul style="list-style-type: none"> SM needs/requests behavioral health services – outpatient, individual and couples counseling. 	<ul style="list-style-type: none"> In need of individual or couples counseling 	<ul style="list-style-type: none"> Refer to BH Team - 855-800-0120
<ul style="list-style-type: none"> SM needs/requests mental health guidance and assistance while at drill. 	<ul style="list-style-type: none"> SM reports stress during drill (related to finances, childcare, relationship, unit stressors) 	<ul style="list-style-type: none"> Refer to BH Team - 855-800-0120
<ul style="list-style-type: none"> SM becomes involved in the criminal system. 	<ul style="list-style-type: none"> SM arrested or currently involved in criminal justice system – CTNG TAG 15 Policy 	<ul style="list-style-type: none"> Notify COC Refer to BH Team - 855-800-0120 Refer to Jail Diversion Program- 860-859-4744
<ul style="list-style-type: none"> SM reports sexual assault/ harassment / contact. 	<ul style="list-style-type: none"> SM reports inappropriate touch or feeling harassed 	<ul style="list-style-type: none"> Refer to Sexual Assault Prevention and Response Coordinator 860-883-4798 or contact Crisis Info Hotline 1-877-995-5247

Barriers

Stigma remains a predominant issue within the armed forces

Resistance to treatment

Soldiers not adequately covered by insurance

Lack of military culture awareness on the part of community providers

Community Resource Development



The Way Forward

- Leadership support of BH mission
- Rapid and mobile response
- Screening/Assessment
- Community Resource Development
- Case management
- Data
- Continued....

Conclusion:

Collaboration Communication Comradery Community Cohesion



When asked what is most helpful the CTNG said:

- “State service providers should seek opportunities to present their services directly to service members and units (pre & post deployments). This can be accomplished by connecting with state family programs or yellow ribbon programs/representatives.”



- “State providers can support/educate service members families around deployment issues , suicide risk factors etc.
- State mental health agencies should elicit feedback from active national guard services member around implementation of BH programs, suicide prevention messaging and suicide prevention training.”



- “Education/Trainings - conferences and access to other education (from DMHAS, Community Providers, Dr. Posner)
- Collaboration around evidenced based assessments tools and trainings - CSSR-S, Post-vention Training, ASIST
- Collaboration around seeking funding - grant apps Consultation to leadership around - current & trending MH issues”





U.S. Department
of Veterans Affairs

VACT HealthCare Suicide Prevention Program

- Services
 - In-patient, outpatient, and Psychiatric ED
 - Case management
 - Education and Training (a statewide resource)
 - Collaborates with other veteran organizations and service member organizations if service member has not retired.
 - Adopting Zero Suicide Approach



VACT Education & Training Resources

- **Operation S.A.V.E.**
- **Recognizing and Responding to Suicide Risk (Primary Care)**
- **QPR stands for Question, Persuade, and Refer**
- **Risk Assessment**
- **Safety Planning**
- **Nomenclature**
- **TIP 50- Suicide Prevention In Substance Treatment Settings**
- **Connect: Suicide Prevention** (College Campus, Gatekeeper, Social Services)
- **Connect: Suicide Postvention** (Mental Health and Substance Abuse Providers, Veterans/Military)



When asked what is most helpful the VACT said:

- “1) Work to break down any sense of "us versus them" and aim to build a united front with the purpose of supporting our veterans and service members
- 2) Recognize that there will be some services better delivered by the VA, and vice versa. Capitalize on those strengths when working with veterans
- 3) Make sure that the VA and NG teams have a seat at the table. Coming to the CT SAB allows me opportunities to connect with the community and reach veterans who may not be receiving treatment.”



Contact

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