



“Suicide Prevention is only the Tip of the Iceberg”

SHIAWASSEE COUNTY

**SUICIDE PREVENTION PLAN
2008**



SHIAWASSEE COUNTY COMMUNITY
Mental Health Authority

IN COLLABORATION WITH
SHIAWASSEE COALITION INTERVENTION AND
PREVENTION OF SUICIDE (SCIPS)
An Associated Initiative of
Shiawassee Health and Human Services Council

Shiawassee Coalition for Intervention and Prevention of Suicide (SCIPS)

*An Associated Initiative with
Shiawassee County
Health and Human Services Council (HHSC)
2009*

Charter members

- **Lt. Mike Ash, Shiawassee County Sheriff's Department**
- **Richard Baldwin, Consultant at Large, HHSC**
- **Christy Darling, Survivor**
- **Joan Durling, Liaison, Community Mental Health-HHSC**
- **Craig Hause, Community Mental Health**
- **Russ Merrill, St. Pauls Episcopal Church, Corunna**
- **Angela Obear, RAVE**
- **Lt. Doug Powell, Shiawassee County Sheriff's Department**
- **Steve Shelley, Chaplain**
- **Kay Stevenson, Shiawassee Dept. Public Health**
- **Diana Spring, Community Mental Health**
- **Don Trap, RESD**

SHIAWASSEE COALITION FOR
INTERVENTION AND PREVENTION OF
SUICIDE (SCIPS)

*An Associated Initiative with Shiawassee
County Health and Human Services Council
(HHSC)*

2009

OVERSIGHT COMMITTEE

- Richard Baldwin, Consultant At Large, HHSC
- Joan Durling, Liaison Community Mental Health, HHSC
- Craig Hause, SCCMHA
- Russ Merrill, St. Paul's Episcopal Church
- Doug Powell, Shiawassee County Sheriff's Department
- Steve Shelley, Chaplain
- Diana Spring, SCCMHA
- Kay Stevenson, Shiawassee Department Public Health

Shiawassee County Suicide Prevention Plan 2009

- **Mission Statement: Connecting the community to prevent suicide.**

Goal: To reduce the incidence of suicide attempts and death across the life span by providing education, intervention and prevention.

1. Introduction

Suicide is recognized as a serious county, state and national public health problem. In the United States, suicide is the eighth leading cause of death and contributes through suicide attempts to disability and suffering for hundreds of thousands of Americans each year.

According to the World Health Organization in 2000, approximately one million people died from suicide worldwide—a global mortality rate of 16/100,000 people. (one every 40 seconds) In the last 45 years suicide rates have increased by 60% worldwide. Yet, suicide is preventable.

Suicide attempts are estimated to be 20 times the number of deaths by suicide. 90% of the people that die have a treatable mental illness or substance abuse disorder. (60% have depressive disorder).

Mental illness ranks first among illnesses that cause disability in the U.S., Canada and Western Europe. Depression 2nd leading cause of Disability in US. In a typical office of 20 people 4 will suffer from a Mental health problem.

Depression results in more “bed” days than many other medical ailments including ulcers, diabetes, high blood pressure and arthritis. Annual economic, indirect cost of mental illness estimated to be \$79 billion in US. (and most are treatable) ¹

The National Strategy for Suicide Prevention was adopted in 2001. The Michigan Suicide Prevention Coalition drafted a state plan in May of 2004. This draft calls for communities to create local suicide prevention plans suitable for their county, through the efforts of the Community Collaborative Bodies. (Health and Human Services Council)

¹ Building Suicide Prevention Capacity-Creating a Linked Public and Mental Health State Infrastructure, Linda Hale

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Shiawassee County is a rural county with over 2,000 farms. It is also a bedroom community for some people working in Flint and Lansing. In May, 2006, the Shiawassee County Health and Human Services Council (Community Collaborative Body) asked Scott Gilman, CEO, Shiawassee County Community Mental Health Authority to lead an effort to develop a county Suicide Prevention Plan. In accepting this responsibility he asked Joan Durling Secretary of Michigan Suicide Prevention Association and member of Michigan Suicide Prevention Coalition to chair the workgroup composed of representatives from Mental Health, Capital Area Community Services, Clergy, Law Enforcement, Public Health, survivors, Domestic Violence shelters, school, representatives from teen groups and others.

The Shiawassee County Suicide Prevention Plan addresses the problem of suicide for all county residents, regardless of age or culture. It is a broad-based approach designed to reduce risk factors and increase protective factors.

2. Overview of Problem

Michigan Dept. of Community Health Firearm Homicide and Suicide Report, February 2006.

Between 1999 and 2003	Annual average 540 Michigan residents died due to firearm injury
Between 1999 and 2003	Annual average 5 Shiawassee County residents died due to firearm injury. Rate 6.7 (last report)

Suicide Death Rate Shiawassee County 2006..10

Suicide Death Rate Shiawassee County 2005.....8.2	Homicide Death Rate Shiawassee County 2005...0.7
Suicide Death Rate Saginaw County 2005....13.4	Homicide Death Rate Saginaw County 2005...14.6
Suicide Death Rate Genesee County 2005....13.1	Homicide Death Rate Genesee County 2005....12.3

²

Michigan Dept. of Community Health Firearm Homicide and Suicide Report, February, 2006
Access Alliance Affiliation
Suicide deaths

Between 1999 and 2003	Bay County 9people, rate 8.0
Between 1999 and 2003	Arenac County 2 people, rate 9.3
Between 1999 and 2003	Montcalm County 4 people, rate5.8

² MDCH, State of Michigan Assault/Homicide Deaths and Death Rates

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Between 1999 and 2003	Huron County 3 people, rate 9.5
Between 1999 and 2003	Tuscola County 4 people, rate 7.5

Shiawassee County Medical Examiner reports 911 received 1662 calls for attempted suicides between 4/27/2000 and 12/31/2006, and average of 21 per month. They further report 112 actual suicides during this time period, an average of approximately 1.4 per month.

Shiawassee County Surveillance information for 2008 (January through September) indicates 6 suicides. There were however, 175 threats and/or attempts. By early November there were reported 3 additional suicides for a total of 9 suicides.

During the year 2000, Michigan’s age adjusted rate* was 9.9, lower than the US rate of 10.6 (Michigan Department of Community Health) it is this subcommittee’s consensus that, **“one suicide is too many”**.

*Death rates can be adjusted by demographic factors such as age, for comparative mortality analysis.

**Shiawassee Health Department
Suicide Information for 2002**

8 Suicide deaths	1 Person age 20 5 people age 21-44 2 people age 45-74
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**Shiawassee Health Department
Suicide Information for 2003**

9 Suicide Deaths (all ages)	No breakdown in ages
Rate 12%	Michigan same year 1018 suicides Rate 10.1%. County average somewhat higher than state average.

**Shiawassee Health Department
Suicide Information for 2004**

14 Suicide deaths	4 people ages 15-24 4 people ages 25-44 5 people ages 45-54 1 person 65 years+
Rate 19.1%	Average annual rate 1999-2003 10.5 in Michigan

No Health Department data for 2005

Shiawassee Health Dept. statistics 10 Suicide deaths in 2006.

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Suicide Death Information City of Owosso Year 2004

3 Deaths	2 People ages 25-44 1 Person age 45-54
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Child Death Review Child Suicides in Michigan 2002-2003

85 Teen Suicides	47 Suicides by Firearms 42 Suicides by Hanging 8 Suicides other methods unknown
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Michigan Department of Community Health Infant Mortality Rates for 2006 for Shiawassee County indicate 10 suicides, one was under age 19

By age, the Medical Examiner's Association suicide report for 2004 in Michigan indicates the following deaths:

Age 0-15 years-3%; 16-25 years-17%; 26-40 years-16%; 41-65-9% 66 years +-3%.
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Three year average suicide deaths and death rates by county for **Shiawassee County** and others in AAM affiliation as follows:

Year 2002-2004				
County	All Ages	Age under 25	Age 25-74	Age 75+
Arenac	1.0		1.0	
Bay	13.3	1.3	12.0	
Huron	3.0		2.7	0.3
Montcalm	8.7	1.0	7.4	0.3
Shiawassee	10.3	3.0	7.0	0.3
Tuscola	8.3	1.7	6.0	0.7

It is noted in above table that Shiawassee rate is higher than other rural counties in the affiliation.

Michigan Department of Community Health published a report on intentional and unintentional poisoning. Between 1999-2001 this report discussed suicidal poisoning deaths as the method used in 19% of suicides. Higher rates were indicated state-wide with white males ages 35-44. Most frequent substance involved seemed to be carbon monoxide, 38%. This also was indicated in 93% of non-fatal hospitalizations involving intentional self-harm during this period.

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During 1999-2001 an average of 189 Michigan residents died annually due to suicide via poisoning. There were no geographic patterns but Kalamazoo County had the lowest rate and Newaygo County had the highest rate. **Shiawassee County had one noted, too low to calculate a rate.**

Elder Statistics
Age 65 Years and Older represents Highest Suicide Rate
In 2001 Elderly person died by suicide every 1 hr. 37 minutes
 16th Leading Cause of Death during 1998 for that age group

National group represents 13% of population	Yet suffered 19% of all suicide deaths
20% of elderly who complete suicide	Visited a physician within 24 hours of their act
41% of elderly who complete suicide	Visited a physician within a week of their death
75% of elderly who complete suicide	Visited a physician within a month of their death

National Rates per 100,000 for elderly people during 1998

Ages 65-69	13.1%
Ages 70-74	15.2%
Ages 75-79	17.6%
Ages 80-84	22.9%
Age 85+	21.0%

Most common Means

Firearms	71%
Overdose	11%
Suffocation	11%
	7% other

Census statistics for Shiawassee County based on 2006 American Community Survey estimates:
Shiawassee County population 72, 912 (Michigan 10,120,860)
65 Years and older 12.5%-9,832

This Shiawassee County plan is meant to follow the guidelines of the National Strategy and State of Michigan plans but is to be adapted to our county's diverse ages and at risk populations.

Shiawassee County Suicide Prevention Plan 2009

We will focus our efforts to assure the strategy is:

- Prevention focused
- Education is designed to reduce risk factors
- Public health focused
- Built on data, research and best practices
- Appropriate for community-based mental and public health systems in this county
- Flexible since conditions in the county change

Cultural Diversity and Shiawassee County

2007 U.S. Census American Community Survey Highlights
Indicate Shiawassee County population 71,753. 97.39% white;. 19% black; .47% Native American; 1.8% Hispanic. 26.8% under 18.

2006 U.S. Census American Community Survey Highlights
Indicate Shiawassee County Population 71,943
25% under 18 years

Racial Information	Black or African American 405 American Indian/ Alaskan Native 258 Asian 223 Hispanic or Latino 1,398
Cultural Groups	Deaf/Hearing Impaired Culture Gay/Lesbian/Bisexual/Transgender Elderly Population
Shiawassee Mental Health Statistics show they serve about 1% of each cultural group. This appears to be in line with total consumers served 1.6% of the population.	

Suicide Prevention and Native Americans

Homicide and Suicide 1979-1992
CDC National Center for Injury Prevention

- **2,394 Died during this period from suicide near reservations**
- **Suicide rate nationally for this population**

1.5 times higher than US national rate

- **Firearms were used in nearly 60% Native American suicides**
- **Distinct characteristics of violent death with Native Americans**

- **High rates among young adults and lower rates among elderly**
- **Patterns vary from region to region**

- **1995-1997, 846 Native American suicide CDC.**

- **Success with prevention will come only through a variety of interventions tailored to specific local settings and problems.**

Suicide Prevention and Gay, Lesbian, Bisexual Transgender Youth (GLBT)

University of New Hampshire Counseling Center

- **Recently recognized GLBT youth ages 15-24 are at an increased risk of suicide compared to other youth.**
- **Recent data shows they attempt at a rate 12-3 times higher than heterosexual peers.**

CDC-Gay male adolescents 2-3times more likely to attempt suicide than their peers

- **Some studies indicate the rate is 50% for this population. (A 1991 study of 150 GLBT youths in Minneapolis reported more than 30% of this group said they attempted suicide at least once as a teenager.)**

Risk Factors for this group: *Paul Gibson, LICSW, Outproud*

Awareness or identification of same-sex feelings at a relatively early age-conflicts with others about this orientation

- **Discrimination/oppression**
- **Poor self esteem**
- **Identity conflicts-denial, despair**
- **Family perceived rejection, abuse, harassment-failure to meet expectations**
- **Religion, incompatible with family beliefs**

U.S. Center for Disease Control (CDC) REPORTS INDICATE: Teen suicide is reaching epidemic proportions. Between 1960-1990 one in thirteen high school students attempted suicide. Half of all high school students have considered suicide by the time they graduate. Gay, lesbian, bisexual and transsexual youth seem to be at higher risk along with students from troubled homes. Guns are the most popular method.

Suicides Among Deaf/Hearing Impaired population

University of Wisconsin report

- **Deaf/hearing impaired population at risk of suicide because of added pressures of a different culture and being misunderstood.**
- **Deaf and hard of hearing youth are vulnerable to bullying**
- **Not fitting in, prejudice from parents**

Suicides with Hispanic Children

Child Trends 2001

Hispanic people now rival African Americans as the nation's largest minority. With teen suicide they fare worse than blacks or whites.

- **More likely to consider or attempt suicide.**
 - **1999, 20 percent of Hispanic youth reported they had considered suicide**
 - **13% attempted suicide**
 - **Less likely to have health insurance.**
 - **Many live in very poor neighborhoods**
- In 2005, WISQAR reported 2,158 Hispanic suicide deaths**

Suicide and Black Americans

NIMH Update 12/13/06

Prevalence of attempted suicide among black Americans is higher than previously reported. Reported suicide and suicidal thoughts and actions among young blacks have highlighted an emerging and serious health issue.

A review of data from 5,181 African Americans ages 18 and older found lifetime estimate for attempted suicide is 4.1%.

Black men and young people aged 15-24 years had the highest prevalence of attempts.

Teens Attempting Suicide
Center for Disease Control 12/22/07

Information from Youth Risk Behavior Surveillance System

During 12 months prior to survey:

- **28.5% felt sad or hopeless**
- **14.5 thought seriously about attempting suicide**
- **11.3% had made a specific plan**
- **6.9% had attempted**
- **2.0% had made attempt resulting in an injury requiring medical treatment**

White students 24.9% more likely than black students 20.0% to think about suicide.

Hispanic students 13.4% more likely than white students to attempt.

Among all ages suicide claims more lives overall than homicide.

VETERAN SUICIDE: According to the Veterans Administration the true incidence of suicide among Veterans is not known. The CDC report in 2005 indicates 1,821 deaths by suicide of former or current military personnel. 1765 were male; 1415 were 45 years of age or older. 17% used alcohol; 25% problems with partners; 38% physical problems. No systematic surveillance. Operation Iraqi Freedom or Operation Enduring Freedom indicates 144 known suicides from beginning of conflict until year end 2005.

By using a diversified subcommittee and with support from Shiawassee County Health and Human Services Council and Michigan Association for Suicide Prevention our recommendations will assume:

- Final planning and execution must occur at the local level
- Tools and protocols must be appropriate for our local community and its diverse members and cultures
- Language should be uniform for all activities for all priority groups
- Shiawassee county representatives will identify local priorities
- Prevention programs and interventions will need to consider our specific community, various cultures, economic pressures and diversities.

Shiawassee County Suicide Prevention Plan 2009

This workgroup will systematically track and evaluate progress toward goals to enable us to provide accurate feedback to the Health and Human Services Council and other interested parties, such as Michigan Suicide Prevention Association or Michigan Suicide Prevention Coalition. We will need to carefully monitor data and revise objectives as goals are reached and new “best practice information” becomes available. The Michigan Plan encourages measurable outcomes or targets that specifically identify what is to be achieved.

Edwin Schneidman, founder of Michigan Association

Suicidology has stated, “the worst thing about suicide is the impact on loved ones”

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Shiawassee County Assessment

Census 2006 Estimate

(Shiawassee County Quick Facts-US Census Bureau)

Name of County	Shiawassee
Population	72,912 (2005 estimate)
Median household income for county	\$43,284
Racial-Ethnic Breakdown of population	98.0% white 0.3% Black 0.4% Native American/Alaskan 0.3% Asian 0.9% two more races 2.0% Hispanic
Unemployment-rate below poverty level	9/1%
Age groups in county	Under 5 years...6.0% Under 18 years...25.0% 65+ years..12.5%
School dropout rate within county	5,455 less than 9th grade education 17,897 earned 9-12th grade education with no diploma
Any public transportation in county	SATA Taxi
Number of registered voters	50,055 (10/24/00)
Primary language spoken in county	English
Medical Clinics/Hospitals	After Hours Care, Owosso Arnold Medical Clinic PC EMS Dialysis of Owosso Memorial Health Care Center Memorial Outpatient Services, Durand Memorial Outpatient Services, Perry Memorial State Road Outpatient Memorial Urgent Care, Perry Memorial Urgent Care, Durand North St. Medical Group Health Delivery Systems
Mental Health Counseling	Catholic Charities Terrence Johnson Living Well Professional Services Shiawassee County Mental Health Authority Memorial Health Care Stress Unit Trinity Counseling Service
Pre School/Child Care	Baker College Early Learning Center Congregational Child Development center My Great Beginnings Child Development center Noah's Arc Children's Center
New Families	Department of Human Services Chamber of Commerce Clergy
Homeless People/Families	Homeless Coalition Capital Area Community Services Salvation Army American Red Cross
Elderly	CAVAA, Valley Area Aging, CACS Senior Centers, Owosso, Durand, Morrice Memorial Hospital Elderly At Risk Program Mental Health Elder Specialist, Respite

Identifying County Service and Support Gaps

After reviewing the Shiawassee County Assessment Table, some gaps in service are noted. Identified gaps include:

- Stigma about mental health issues in general and about suicide.
- No uniform county protocol for identifying and responding to suicide attempts and threats. Statistical information gathered by several agencies.
- A county-wide awareness program is needed to provide information about risk factors to schools, senior centers, law enforcement, clergy, physicians and others. This can be a goal of the county coalition.
- A county-wide prevention program is needed
- Community collaboration is only beginning to provide service and supports that address depression, mental illness, substance abuse issues and stigma for all age groups.
- Need an accurate count of attempts and people who die by suicide across the county. Surveillance is needed. This project is currently being undertaken with assist from Central Dispatch.
- Anti Stigma campaigns need to be on-going in the communities.

Existing Community Programming and gaps:
Information from subcommittee members

Shiawassee County Community Mental Health Authority has for the past 11 years undertaken projects to address stigma in the community and increase awareness about mental illness and suicide prevention.

Activities include:

- Anti Stigma committee
- Participation on Michigan Suicide Prevention Coalition
- Membership and working with Board, Michigan Association Suicide Prevention
- Affiliated with International Critical Incident Stress Foundation
- Member Michigan Crisis Response Association
- Public Service Announcements with local media
- Attendance at: Shiawassee County Fair, Home Show, School Fairs and Emergency Medical Team Functions
- Job Loss Seminars
- Suicide Survivor information to Funeral Homes
- Participation with Shiawassee County Collaborative Body, Health and Human Services Council
- Member Shiawassee County Homeless Coalition

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- Community outreach with local County and Village Boards
- Discussions with staff and members of Council on Aging
- Meetings with Consumer Advisory County
- Annual Depression Screening
- Annual Anxiety Screening
- Planning Survivors of Suicide National Observance-local activities
- Support Michigan parity bill
- Tobacco Coalition
- Underage Drinking Coalition

Risk factors or barriers to service at this agency include: Stigma, continuing need for community education, parity, availability of statistics about suicide attempts.

Law Enforcement: Support services are Jail Mental Health Services, DOT, Catholic Charities providing substance abuse services and availability of Medical Examiner and Road Patrol Data. Some barriers include: Formal tool for all bookings for assessment, on-going substance abuse treatment and need for road patrol to have on-going awareness training for basic assessment.

Capital Area Community Services: Support services at this agency include assisting with housing, food and utilities, referrals to job resources and assessment for availability of basic needs. Barriers are lack of awareness training for all employees, basic information, “What to look for and what to do when there are concerns”. “Who to call”.

Survivor information: A survivor relates: “for some people the following issues are supports and in some cases barriers”. For instance, Family, friends, spirituality and having a job can be supportive. Barriers may include lack of money, insurance for counseling, stigma, lack of resource information, lack of understanding from insurance companies and funeral homes. Family and friends sometimes stay away, “don’t know what to say”. Some religions are critical of this type of death and discuss this with the survivor. Need for Survivor Group nearby.

Public Health: Depression is addressed in nursing care plans as is pain management. There is a 0-3 year program for High Risk children dealing with parents, health, suicide and depression,

Some apparent barriers are recognizing signs and symptoms, on-going training on what to do and when. Substance abuse issues. Awareness programs-what services are available.

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Schools: A plus factor for teachers is that many of them get to know students and their baseline strengths and weaknesses. Peer counselors in schools offer students someone to talk to about concerns. Barriers include a reluctance to discuss sensitive issues with students, with good reason: parental concerns, this is not part of a school curriculum and it is not part of a teacher's traditional job, nor is there time in their day. Again, something that would be helpful is Awareness training and referral information. Agencies would need to support the teachers.

Clergy-Spirituality: Multiple issues arise here. Thus, clergy and/or spirituality can again be supportive or a barrier. Particularly in this situation culture, background and environment play a role. If clergy is perceived as judgmental people may not use this as a support. Survivors may find themselves feeling "angry with God" and feel the need to withdraw from this support. Some survivors have reported feeling ashamed and afraid to deal with these feelings. Other survivors report "they just would not have made it without the care and concern of their church".

RAVE: There is a generalized denial in the community that domestic violence occurs as much as statistics prove. There is a lack of understanding in the community about the impact of internal violence in a family. People can feel trapped, isolated, depressed and at risk for suicide. RAVE programming has very successfully assisted these people and sexual assault survivors. Educating the community further about this population's needs would be helpful.

Homelessness: It is believed there are about 120 homeless persons in Shiawassee County each night. Many of these people are young with children. Recent economy factors may only increase their plight. While there are no statistics for suicide/suicide prevention among this group, certainly homelessness is a factor with depression and lack of health care. The Mental Health Association in October, 2008 says reports show 90% of Americans are losing sleep over economic issues. Stigma is a major barrier for this group of people particularly in a rural area.

NOTE: COUNTY RISK FACTORS

- **Unemployment (farming, manufacturing)**
- **Employment with no insurance**
- **Under-education**
- **Crime**
- **School drop-outs**
- **Substance Abuse**
- **Homelessness**
- **Mental illness/physical illness**

Shiawassee County Suicide Prevention Plan 2009

Goals and Objectives:

This plan is intended to create a multi-purpose, sustainable, integrated and widely accepted strategy designed to reduce (or eliminate) suicide deaths and attempts by 20% in the next three years (2010). The goals and objectives follow the National Strategy for Suicide Prevention, and the Michigan Suicide Prevention Plan.

Shiawassee County Health and Human Services Council workgroup is establishing four categories for goals:

- Awareness
- Intervention
- Treatment availability
- Follow-up and evaluation

Evaluation of the project has already begun. Pre- and post tests regarding suicide awareness have been given to four groups: Subcommittee members, Skill Center Teachers Mental Health Clinicians and technicians working in group home settings.

Consistently, 90% of each group had only ¼ of the answers correct in the pretest. This indicates awareness is helpful to each group.

Goal #1-Reduce the Incidence of Suicide Attempts and Deaths across the lifespan

Goal #2-Develop Broad Based Support for Suicide Prevention

Goal #3-Promote Awareness and Reduce the Stigma

Goal #4-Develop and Implement Community-Based Suicide Prevention Programs

Goal #5-Reduce Stigma by Promoting Education and Awareness

Goal #6-Improve the Recognition of and Response to High Risk Individuals within Communities

Goal #7-Expand and Encourage Utilization of Evidence-based Approaches to Treatment

Goal #8-Improve Access to Community Linkages with Mental Health and Substance Services

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Goal #9-Improve and Expand Surveillance Systems

Goal #10-Support and Promote Research on Suicide and Suicide Prevention

Resources:

- Michigan Suicide Prevention Plan
- Monroe County Suicide Prevention Plan
- Kent County Suicide Prevention Plan
- Wexford County Suicide Prevention Plan
- Michigan Department of Community Health
- Michigan Medical Examiners Office
- SAMSHA
- National Suicide Prevention Resource Center
- Michigan Association Suicide Prevention
- Suicide Prevention Resource Center

GOALS AND OBJECTIVES

The Michigan Plan addresses the problem of suicide with an integrated approach to suicide prevention over the lifespan. The goal of the Shiawassee Suicide Prevention plan is to reduce incidence of suicide attempts and deaths across the life span by providing education, intervention and prevention. Any plan must be versatile, integrated, and widely accepted. The Subcommittee has begun education in the community during National Suicide Prevention week with placemats in local restaurants and followed that with a Balloon Launch and Candle walk for National Survivor of Suicide day. Since that original Survivor conference at a local school we have held two Survivor Conferences at Baker College-both were well-received. People are beginning to meet together and talk about suicide prevention. This is a first step in an awareness program.

During Suicide Prevention month in September 2007, mental health focus was on prevention with college students with programming at Baker College.

In September, 2008, during Suicide Prevention Month educational presentations were held with staff at Baker College and returning students.

The commitment of a diverse group of community members and government leaders at the state and local level and of the private sector is needed to effectively implement the local plan.

SCCMHA staff and SCIPS members are presenting in the community. A record is being kept of these presentations for future evaluation.

Goal #1
Reduce the Incidence of Suicide Attempts and Deaths
Across the Lifespan

Objective 1:1 Coordinate a county-wide awareness campaign that targets all population groups in Shiawassee County

- Actions:
- a. Promote educational programs for Schools, Union members, Pastors, Priests, Senior Citizens and Law Enforcement and other community stakeholders.
 - 1. Use available or develop standardized protocols for members of the community to use when talking on the phone or face to face with someone they are concerned might be at risk. (*SPRC standards*)
 - b. Educational presentations to Civic groups such as Kiwanis, Lions, Chamber of Commerce, Moms of tots and others
 - c. Provide articles to the Owosso Argus Press, Shiawassee Independent and Local Radio Station Z92.5, regarding the risk factors and signs associated with suicide. (*ongoing*)
 - d. Educate the media regarding mental illness and substance abuse and collaborate to ensure responsible media practice in the coverage of these topics. Using nationally recognized Reporting on Suicide: Recommendations for the Media will be encouraged.

Measure: A registry will be kept of presentations and reported to Shiawassee Coalition for Intervention and Prevention of Suicide on an annual basis at the end of the calendar Year. (*This is being done*)

A press release by SCIPS upon endorsement of the Plan with distribution to all major human services organizations in the county. (*done*)

The local plan will be widely shared with the broad community and the media as part of the promotion, education and advocacy of suicide prevention.

Objective 1:2 The Shiawassee County Health and Human Services Council will serve as the community coordinating network for this plan and will advocate for suicide prevention funding and coordination.

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- Actions:
- a. This group will receive brief monthly updates and quarterly more extensive reports from the Shiawassee Coalition for Intervention and Prevention of Suicide (SCIPS). *(annually)*
 - b. Regular reports will be given to the Health and Human Services Council Steering Committee upon request. *(being done)*

*Measure: Endorsement of the Plan by the HHSC.
Each council member will report on an annual basis activities undertaken to support this plan.*

Objective 1:3 The Shiawassee HHSC will designate a lead agency to coordinate local efforts with state and federal efforts. This agency will work with an on-going Suicide Prevention Workgroup. This agency will provide progress reports to HHSC regularly and as necessary. *(SCCMHA)*

Measure: Designation of a Lead Agency with SCIPS. Reports will be provided on progress of the plan and new or emerging elements.

Objective 1:4 SCIPS and the Lead agency will seek partnerships and collaboration throughout the community in support of this plan.

Measure: Documentation of collaborative activities

Objective 1:5 Educational programs will be conducted across all nine school districts in the county at least annually..

- a. Meet with Superintendents to request their support
- b. Identify a best practice curriculum (Michigan Assoc. Suicide Prevention)
- c. Create a schedule for presentations and presenters
- d. Implement across all school districts
- e. Include private and parochial schools when possible

Measure: Annual report to Collaborative Body with comments from school personnel and pertinent Child Death review data and trends.

Objective 1:6 Identify other educational programs in the county and encourage a component on suicide prevention, warning signs and services be available and included in training. (For example, Shiawassee Area Transportation Authority, Shiawassee Council on Aging, In-home health Care) *(SATA, COA)*

Measure: Cumulative data presented to SCIPS

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Objective 1:7 Logic statement will be developed in support of this plan within six months of endorsement. (done)

Goal 2:

Develop Broad-based support for the strategies in the plan.

Objective 2-1: Identify and support a state-level management/structure for the Michigan Suicide Prevention Plan. Continue local HHSC Associated Initiative as an on-going oversight and monitoring group at the local level.

Objective 2-2: Present the Shiawassee County Plan to the Health and Human Services Council Steering Committee, then to the Council as a whole. Obtain buy-in from the council for the local plan. (completed)

Objective 2-3: Stakeholders will review the local plan and distribute information for use in each of their agencies. Agencies will begin to use educational materials to decrease stigma and encourage seeking help when needed.

Measure: Stakeholders will report annually on at least one educational presentation within their organization.

Objective 2-4: Share plan with City Councils, County Board of Commissioners, Superintendents Association, First Responders, Law Enforcement, Chamber of Commerce and State/Federal Officials.

Measure: Records of presentations will be kept by lead agency.

Objective 2-5: Share the plan with schools, local colleges, medical professionals, agency personnel, faith-based community members, and others who will be involved in the plan to encourage their support and involvement.

Measure: Presentations will be made bi-annually and records kept by lead agency.

Objective 2-6: Work with media and other public campaigns publishing statistics, signs and symptoms. Encourage stories about treatment success.

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Measure: Bi-annual media articles related to suicide prevention with statistics kept by lead agency. (this is being done)

Measure: Regularly distribute information from Michigan Assn. Suicide Prevention and American Association Suicide Prevention.

Goal 3

Promote Awareness and Reduce the Stigma

Objective 3.1: Will develop within its first year a speaker's bureau to meet with public and private sectors to assist local efforts to promote awareness that suicide is a preventable public health problem that reaches many citizens in this county. Within this year speakers will begin presentations with county groups utilizing the state-wide anti-stigma campaign. *(being done)*

Objective 3.2: Begin training with sub-committee, Health and Human Services Council members and then community stakeholders using Person-First Language, focusing on the person, not their disability. *(done, with Ambassador Training)*

Objective 3.3: Continue community activities promoting awareness such as County Fair, Home and Garden Show, Career Fairs helping people realize that mental illnesses are like any other treatable health condition. *(being done)*

Objective 3.4: Support people with mental illnesses and developmental disabilities by helping to develop community resources that assist them.

Measure: Pre and post test with stakeholders and compile comparison data.

Measure: Maintain speaker's bureau data and review annually, what groups have been covered; what groups are being missed. Review shortfalls. (ongoing)

Goal 4

Develop and Implement Community-Based Suicide Prevention Programs

Objective 4.1. Share best-practice information with schools across the county.

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Provide information to school administration from American Association Suicidology, Suicide Prevention Resource Center and National Institute of Mental Health regarding suicide awareness. All schools in Shiawassee County will be encouraged and supported to develop suicide prevention programs for their district following the Michigan Health Model.

Measure: Schools encouraged to share a summary of their plans with SCIPS for inclusion in their report to Health and Human Services Council.

Objective 4.2 Promote the use of educational programs and other venues for reaching the business community, senior population, young adults, and other at risk populations at senior centers, Salvation Army, Chamber of Commerce, churches and others.

Measure: Collect data from presentations to be sure they are ongoing at least semi-annually or updated more often as new research arises. This will be formatted in a report to Health and Human Services Council.

Objective 4.3 Agencies designated in this plan will define and implement activities that increase early identification and intervention services and Best Practice guidelines for use in their own organizations.

Measure: documentation of the development and dissemination of guidelines.

Objective 4.4 Develop on-going professional development for schools, agencies, churches and other personnel with up-to-date information from National Suicide Prevention Organizations. (*ongoing*)

Measure: Catalog information received and distributed to the community.

Goal 5

Promote Efforts to Reduce Access to Lethal Means and Methods of Suicide

Objective 5.1. Recommend professionals routinely assess the presence of lethal means in the home and educate about general risks and suicide risks. It will be important to empower and inform. For instance that gun locks are available free from law enforcement for weapons. That lockboxes may be necessary to keep medications safe. Cleaning and other poisonous household products should be kept separately and out of reach of small children. Education about the risks of alcohol abuse. The dangers of drinking and driving, teen risk

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talking with teen drivers. Discussions about informative programs like Coalition to Prevent Underage Drinking. (*member underage drinking coalition*)

Measure: Documentation of content of training programs. Annual reporting to HHSC.

Objective 5.2. Suicide prevention gatekeeper training programs would include content about assessing lethality in the home, including firearms and actions to reduce risks. (*gun locks available at local law enforcement*)

Measure: Documentation of content of training programs. Annual reporting to HHSC.

Objective 5.3. Community leaders will define and implement strategies to reduce accessibility of lethal means, including firearms, in the home. (Law enforcement, schools, public health, etc.)

Measure: Compile data presented by community leaders. Compare suicide statistics annually to ascertain whether information is making an impact.

Goal 6 Improve the Recognition of and Response to High Risk Individuals Within Communities

Objective 6.1. Develop a list of gatekeepers in Shiawassee County with assistance from Health and Human Services Council. (Who are the people who regularly come into contact with families in distress). (*being sent newsletters*)

Gatekeepers must be trained to recognize behavioral patterns and risk factors that place individuals at risk for suicide. These same people should be given effective strategies to intervene. (What agencies in the community will assist).

Key gatekeepers in Shiawassee County include, but are not limited to:

- ...Physicians
- ...Programs that serve elderly
- ...Law enforcement, court
- ...Volunteers-nursing home and respite
- ...Hospitals, emergency care
- ...Funeral directors
- ...Specialty groups-teen groups, scout leaders, cultural diversity groups
- ...Teachers and school staff
- ...Clergy and faith based organization
- ...Workplace supervisors-EAP
- ... Mental Health and substance abuse treatment providers
- After hours clinics
- ... Homeless coalition members

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Objective 6.2. Within one year SCIPS will identify and distribute guidelines for suicide risk screening for the primary care settings, emergency department, senior programs and other gatekeepers listed above. At the same time a resource list will be distributed for the county. *(in process)*

*Data Source Suicide Prevention Lifeline-SAMSHA-guidelines.
Resources-Shiawassee County Mental Health*

Objective 6.3. Recommend that training regarding suicide risks and identification and crisis plans be included in annual county-wide in-service for all school personnel. Within three years and in compliance with the State suicide prevention plan, assist all state funded colleges and universities in the county to develop suicide prevention policies and implement one or more prevention strategies patterned after evidence-based approaches.

Measure: Feedback from educational programs about success of this information with their teachers or students.

Objective 6.4. SCIPS will work closely with suicide monitoring groups such as Medical Examiners, Law Enforcement, Child Death Review to assist with surveillance data. They will develop a team to monitor patterns and seek expanded knowledge of suicides in the county and make recommendations to lead agency for prevention. *(initial report completed)*

Measure: Evaluate available data, develop patterns and trend information and report to HHSC.

Goal 7

Expand and Encourage Utilization of Evidence-based Approaches to Treatment

Objective 7.1. Within one year in collaboration with the Michigan Association of Community Mental Health Boards the local Community Mental Health Authority will distribute to it's providers up-to-date evidence-based standards of care as referenced in the Michigan Suicide Prevention Plan. *(information to Program Directors)*

Measure: Evidence of distribution

Objective 7.2. Lead agency will work with emergency departments and inpatient facilities to help ensure engagement in follow-up care upon a suicidal patient's discharge. An updated resource list of local and nearby agencies will be made available to these facilities, along with criteria to enter service.

Measure: Verification of information from CMH hospital liaison

Goal 8
**Improve Access to and Community Linkages with
Mental Health and Substance Abuse Services**

Objective 8.1. Identify in collaboration with SCCMHA and HHSC and disseminate information about programming for co-occurring disorders of mental health and substance abuse as this combination of disorders significantly increases suicide risk.

Data Source: Public documents describing model programming

Measure: Feedback from community stakeholders on an annual basis regarding their understanding of agency intake and assessment processes.

Objective 8.2. Increase community and professional knowledge of the relationship between mental illness and substance abuse and their high correlation to suicide.

- Implement an awareness campaign
- Recommend training regarding this be included for gatekeepers

Objective 8.3. Continue and intensify Anti-Stigma campaigns in the community. Support legislation and policies that provide insurance coverage for evaluation and treatment of mental illnesses and substance abuse equal with coverage for other illnesses and conditions. *(support Parity bill)*

Measure: Gather data on presentations. Gather information on legislative lobby groups and voting.

Objective 8.4. Maintain resource listing of local mental health and substance abuse services, and national hotlines. First Call for Help is in the county, and this information is available to them and updated regularly. *(done)*

Measure: Feedback from the community on easy-access to service.

Goal 9

**Provide support services to families, schools, and others who had a
relationship or involvement with a victim of suicide**

Objective 9.1. Continue education with: first responders, law enforcement, funeral directors, medical staff about post-trauma services following involvement

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with a suicide death. Offer education about Critical Incident Stress Management Services, grief counseling, victim advocates, clergy and others and what type of service each might offer and when. *(being done)*

Measure: Compile data about presentations and statistical information. (being done)

Objective 9.2. Increase distribution of resource materials that are available for family and friend survivors. *(new materials available)*

Measure: Maintain distribution list.

*Data Source: American Association Suicidology
Suicide Prevention Resource Center
Survivors of Suicide-SOS groups
National Suicide Prevention Resource Center
Span*

Objective 9.3. Explore the possibility of creating a survivor support group or gather information on near-by groups and web sites available to meet and provide services to new survivors.

Data Source: Survivors of Suicide-SOS Groups

Goal 10 Improve and Expand Surveillance Support and Promote Research on Suicide and Suicide Prevention

Objective 10.1. Review Michigan Department of Community Health reports on suicides and suicide attempts and Child Death Review Statistics annually. Monitor trends, methods, and other information pertaining to Shiawassee County.

Objective 10.2. Gather information annually about results of Michigan Youth Risk Behavior Assessment for the State of Michigan and if available for Shiawassee County. *(YRBS will be available locally in 2009)*

Objective 10.3. Monitor Suicide Prevention Resource Center website www.sprc.org and provide regular reports about evidence-based approaches.

Objective 10.4. Develop public/private partnerships within the community to build support for suicide prevention research and strategies to assist at-risk populations within the county.

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Objective 10.5. Investigate and compile data over a three year period on social and economic costs of untreated mental illness, substance abuse and suicide and how to reduce costs locally.

Date Source: Michigan Department of Community Health

Measure: Evaluate over three year period.

SUMMARY:

The Shiawassee Coalition for Intervention and Prevention of Suicide has developed this county plan to provide a county-wide understanding about prevention and follow up services. Our goal is to increase awareness, limit barriers to treatment and increase support systems so the number of suicides and attempts are reduced. As a collaborative we feel only about one in four suicides show up in statistical information. Goals may need to be revised as the Logic Model is developed, or as time passes and circumstances change.

This plan was sent to Mary Ludtke at the State office and given to MASP in November/December, 2007.

Updated plan to Mary Ludtke, November, 2008

It is expected this HHSC Associated Initiative will report annually on progress on each goal to HHSC. Updated: 1/09/08

Revised 7/08/08/jpd

Updated: 11/3/08/jpd

Updated: 3/11/09/jpd

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