





*Partnering with Schools: Suicide Prevention
Program: Working with Schools and
Primary Care*

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November 1, 2018

2018 CTC-RI Annual Conference

Warwick, RI

OVERARCHING GOAL

Positively Demonstrate for Rhode Islanders
the Purpose and Importance of Public Health

LEADING PRIORITIES

Address the Social
and Environmental
Determinants
of Health in
Rhode Island

Eliminate the
Disparities of Health
in Rhode Island
and Promote Health
Equity

Ensure Access to
Quality Health
Services for
Rhode Islanders,
Including Our
Vulnerable
Populations

CROSS-CUTTING STRATEGIES

RIDOH Academic Center: Strengthen the integration of scholarly activities with public health
RIDOH Health Equity Institute: Promote collective action to achieve the full potential of all RIs

THREE LEADING PRIORITIES

Address the Social and Environmental Determinants of Health in Rhode Island

Eliminate the Disparities of Health in Rhode Island and Promote Health Equity

Ensure Access to Quality Health Services for Rhode Islanders, Including Our Vulnerable Populations

FIVE STRATEGIES

1. Promote healthy living for all through all stages of life

2. Ensure access to safe food, water, and healthy environments in all communities

3. Promote a comprehensive health system that a person can navigate, access, and afford

4. Prevent, investigate, control, and eliminate health hazards and emergent threats

5. Analyze and communicate data to improve the public's health

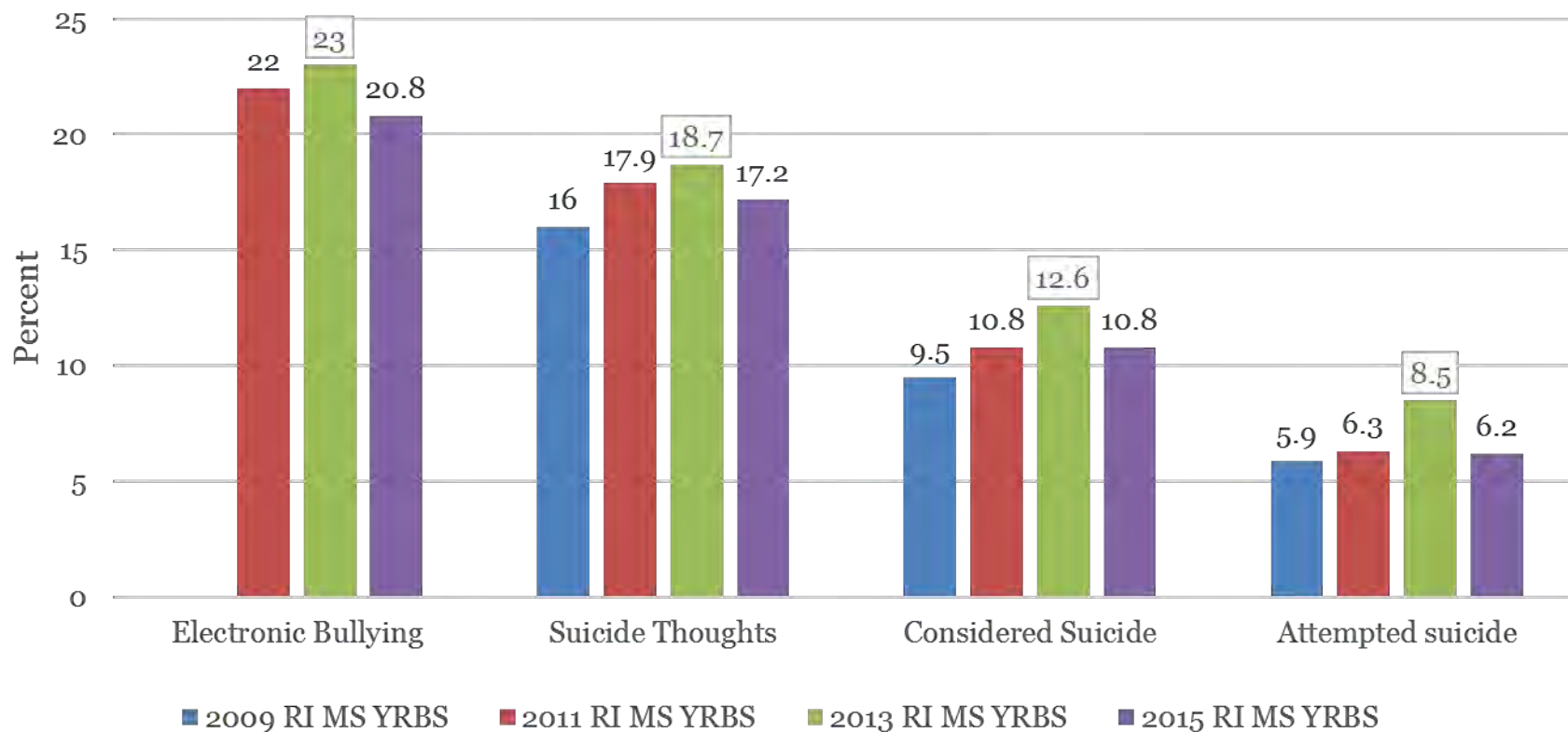
23 POPULATION HEALTH GOALS

- 1 Reduce obesity in children, teens, and adults
- 2 Reduce chronic illnesses, such as diabetes, heart disease, asthma, and cancer
- 3 Promote the health of mothers and their children
- 4 Promote senior health to support independent living
- 5 Promote behavioral health and wellness among all Rhode Islanders*
- 6 Support Rhode Islanders in ongoing recovery and rehabilitation for all aspects of health*
- 7 Increase access to safe, affordable, healthy food
- 8 Increase compliance with health standards in recreational and drinking water supplies
- 9 Reduce environmental toxic substances, such as tobacco and lead
- 10 Improve the availability of affordable, healthy housing and safe living conditions*
- 11 Improve access to care including physical health, oral health, and behavioral health systems
- 12 Improve healthcare licensing and complaints investigations
- 13 Expand models of care delivery and healthcare payment focused on improved outcomes*
- 14 Build a well-trained, culturally-competent, and diverse health system workforce to meet Rhode Island's needs*
- 15 Increase patients' and caregivers' engagement within care systems*
- 16 Reduce communicable diseases, such as HIV and Hepatitis C
- 17 Reduce substance use disorders
- 18 Improve emergency response and prevention in communities
- 19 Minimize exposure to traumatic experiences, such as bullying, violence, and neglect*
- 20 Encourage Health Information Technology adoption among RI healthcare providers as a means for data collection and quality improvement
- 21 Enhance and develop public health data systems to support public health surveillance and action
- 22 Develop and implement standards for data collection to improve data reliability and usability
- 23 Improve health literacy among Rhode Island residents*

*These goals have been proposed through the State Innovation Model and are under review.

Rhode Island's At-Risk Youth

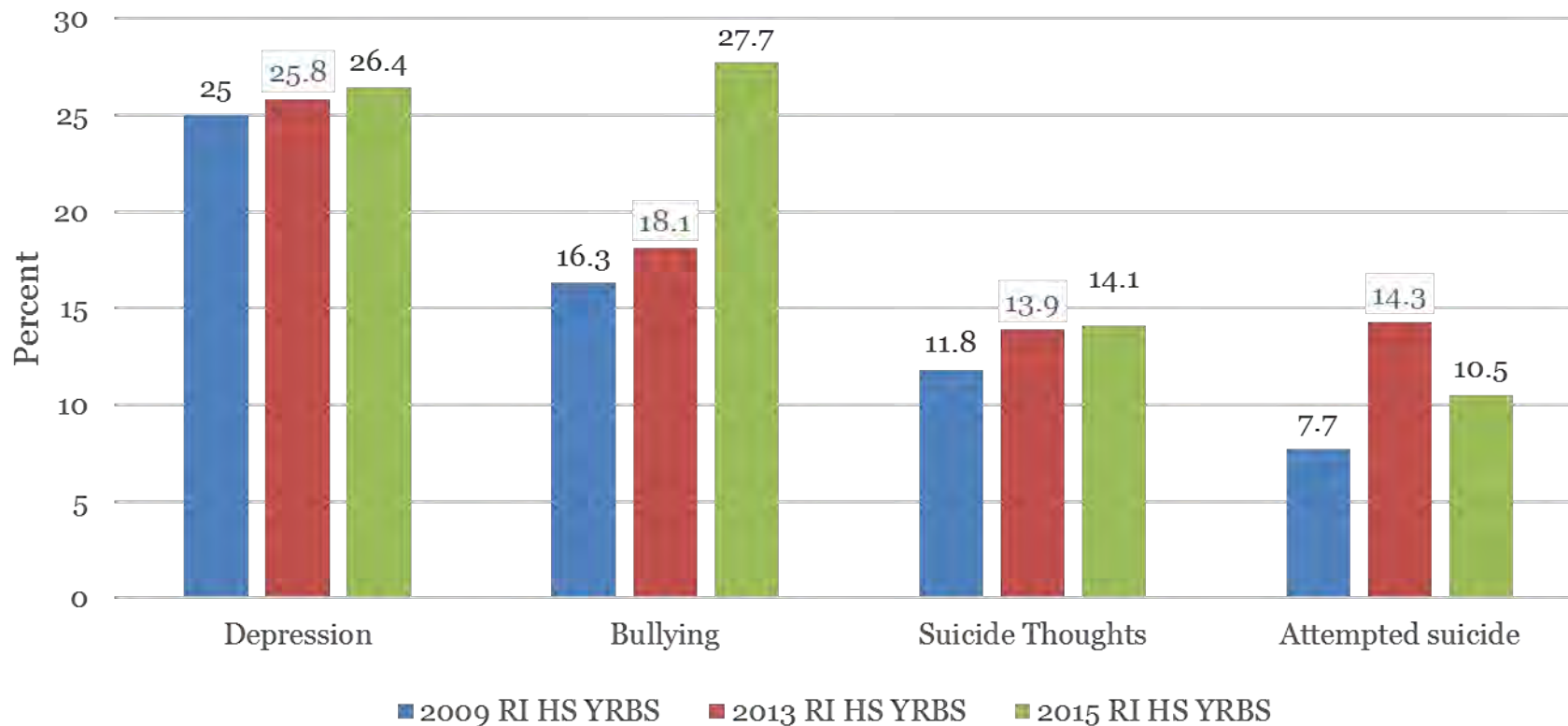
2009-2015 RI MS YRBS



Data: Youth Risk Behavior Survey

Rhode Island's At-Risk Youth

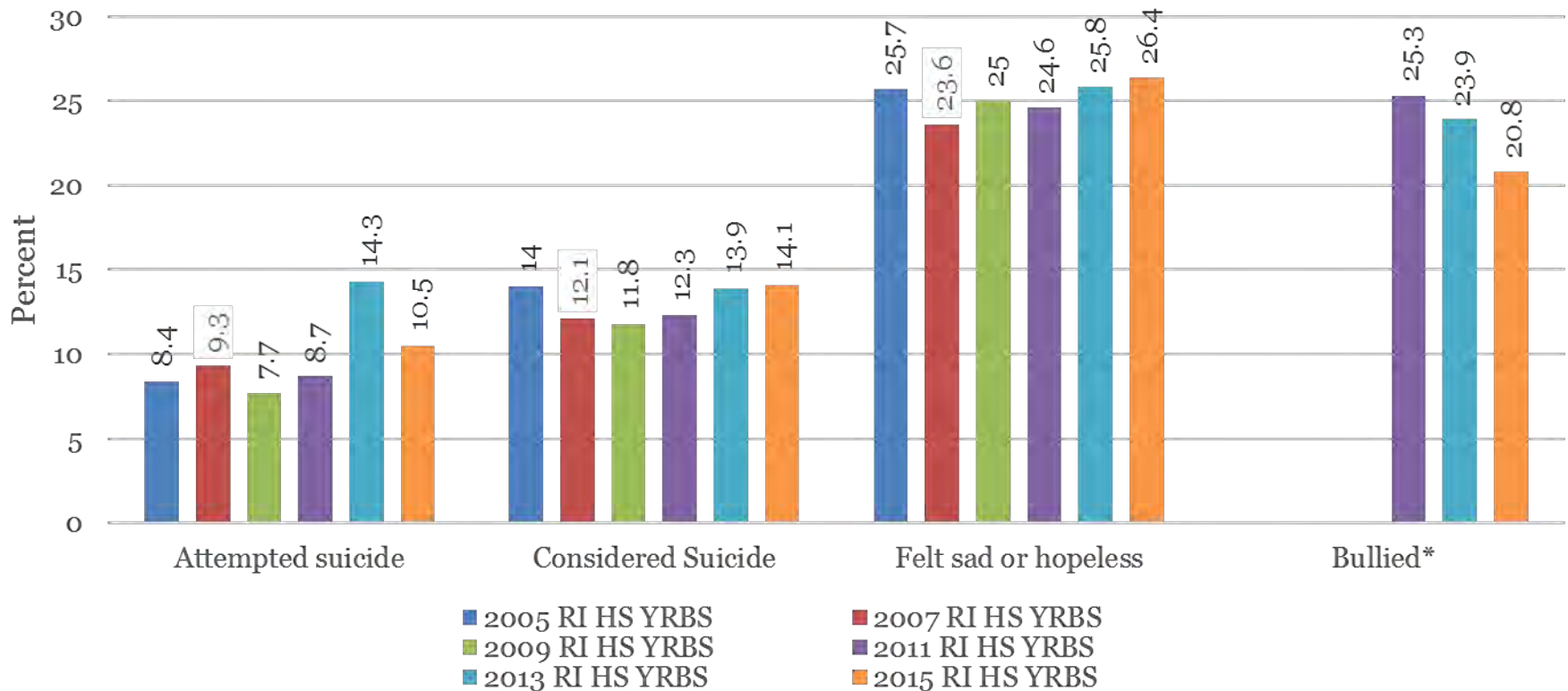
2009-2015 RI HS YRBS



Data: Youth Risk Behavior Survey

Rhode Island's At-Risk Youth

HS Risk Behaviors: Mental Health and Bullying



Data: Youth Risk Behavior Survey

Burden



THE BURDEN OF SUICIDE IN RHODE ISLAND



More than four times as many people die by suicide in Rhode Island than by homicide annually.

On average, one person dies by suicide every **3 days** in the state.

In 2016, suicide was the **11th** leading cause of death in Rhode Island.

In 2010, each suicide death in RI created approximately **\$1,307,717** in combined medical and work-loss costs.

2nd leading cause of death for ages 15-34
4th leading cause of death for ages 35-54
8th leading cause of death for ages 55-64

RI Data



2017 YRBS RI HIGH SCHOOL SURVEY

62.1%

Percentage of high school students who reported their mental health was not good



29.4% of high school students felt sad or hopeless

15.9% of high school students seriously considered attempting suicide

13.6% of high school students made a plan

10.5% of high school students attempted suicide

2017 YRBS RI MIDDLE SCHOOL SURVEY

23.3%

Percentage of middle school students who reported feeling sad or hopeless



18.0% of middle school students seriously considered attempting suicide

11.6% of middle school students made a suicide plan

6.5% of middle school students attempted suicide




Source: Rhode Island Department of Health, 2017 Youth Risk Behavior Survey

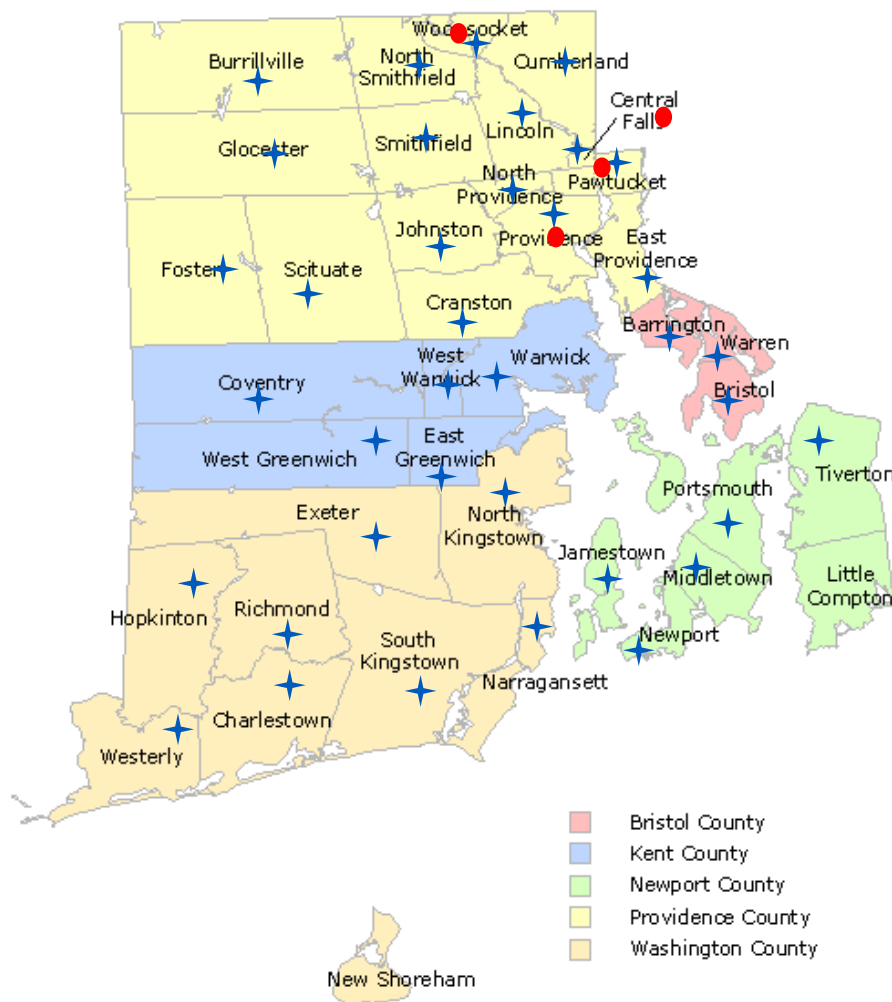
Suicide Risk In RI Adults

- In 2016, 17.86% of young adult Rhode Islanders (ages 18-25) reported having a substance abuse disorder in the past year.
- 16.48% of young adult Rhode Islanders (ages 18-25) indicated they needed but were not receiving treatment for substance abuse issues.
- 11.17% of young adult Rhode Islanders (ages 18-25) reported a major depressive episode lasting at least two weeks.
- 9.55% of young adult Rhode Islanders (ages 18-25) reported having serious thoughts of suicide in the past year.
- 19.23 % of adult Rhode Islanders (ages 18+) reported being diagnosed with a mental illness of any kind.

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015 and 2016.

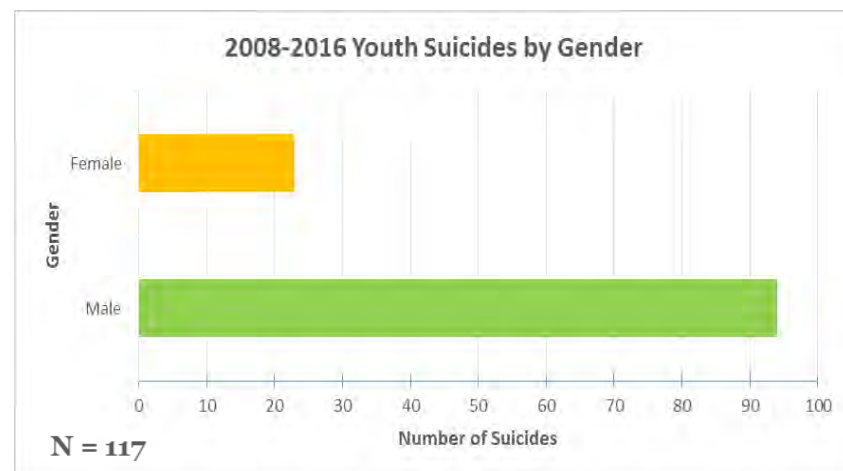
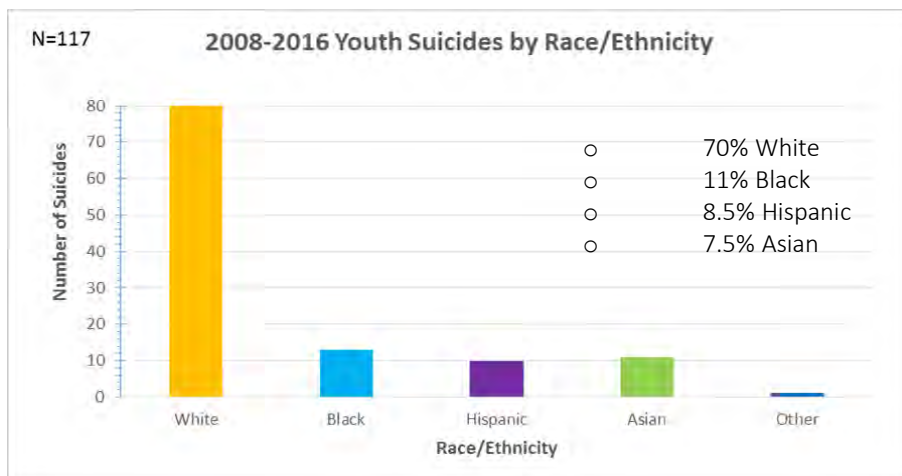
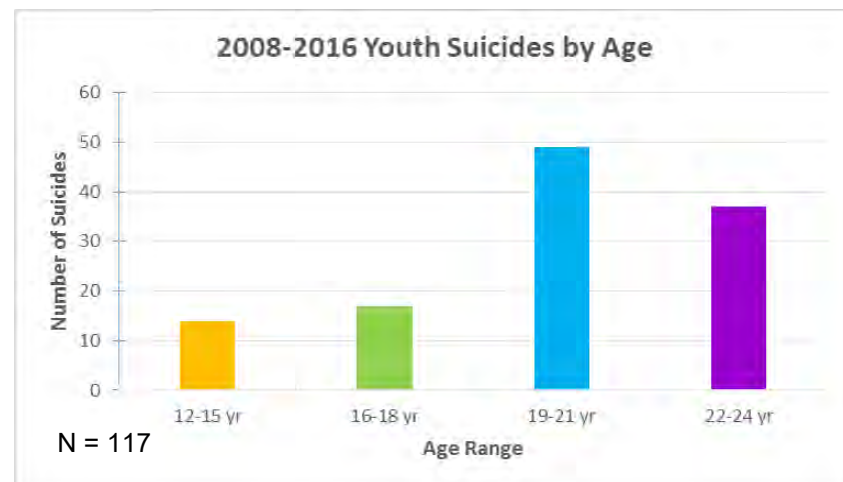
What have we learned?

- 117 Youth Suicides ages 0-24 years was reported in Rhode Island between January 1, 2008 and December 31, 2016
- Youth suicides were reported in 37 of 39 cities and towns 
- RI core cities represent 35% of the youth suicides. 
- Providence County represented 67% of all of the youth suicides during that time. 



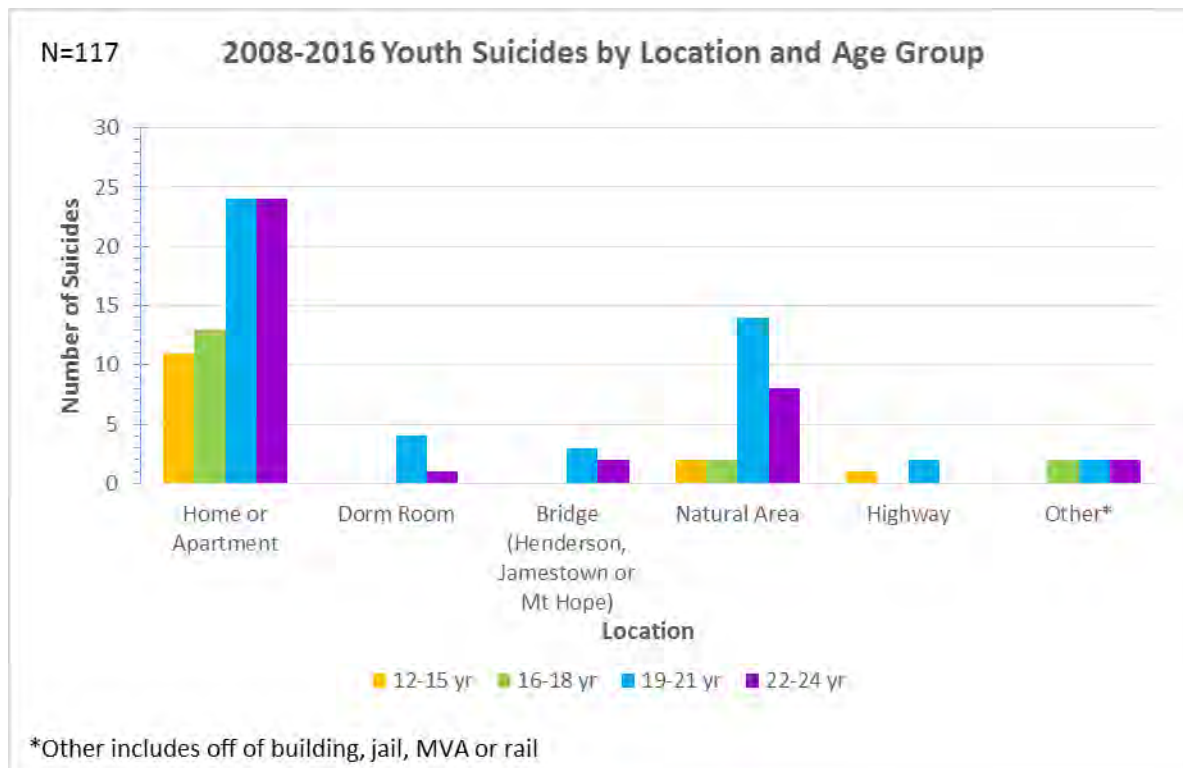
Age, Gender, Race

- 31 suicide deaths age 12 to 18 years, 70% were male.
- 49 Suicide deaths age 19-21, 80% male.
- 37 Suicide deaths age 22-24, 85% male.
- The average overall age for all youth suicide age 12 to 24 years was 19 years old.



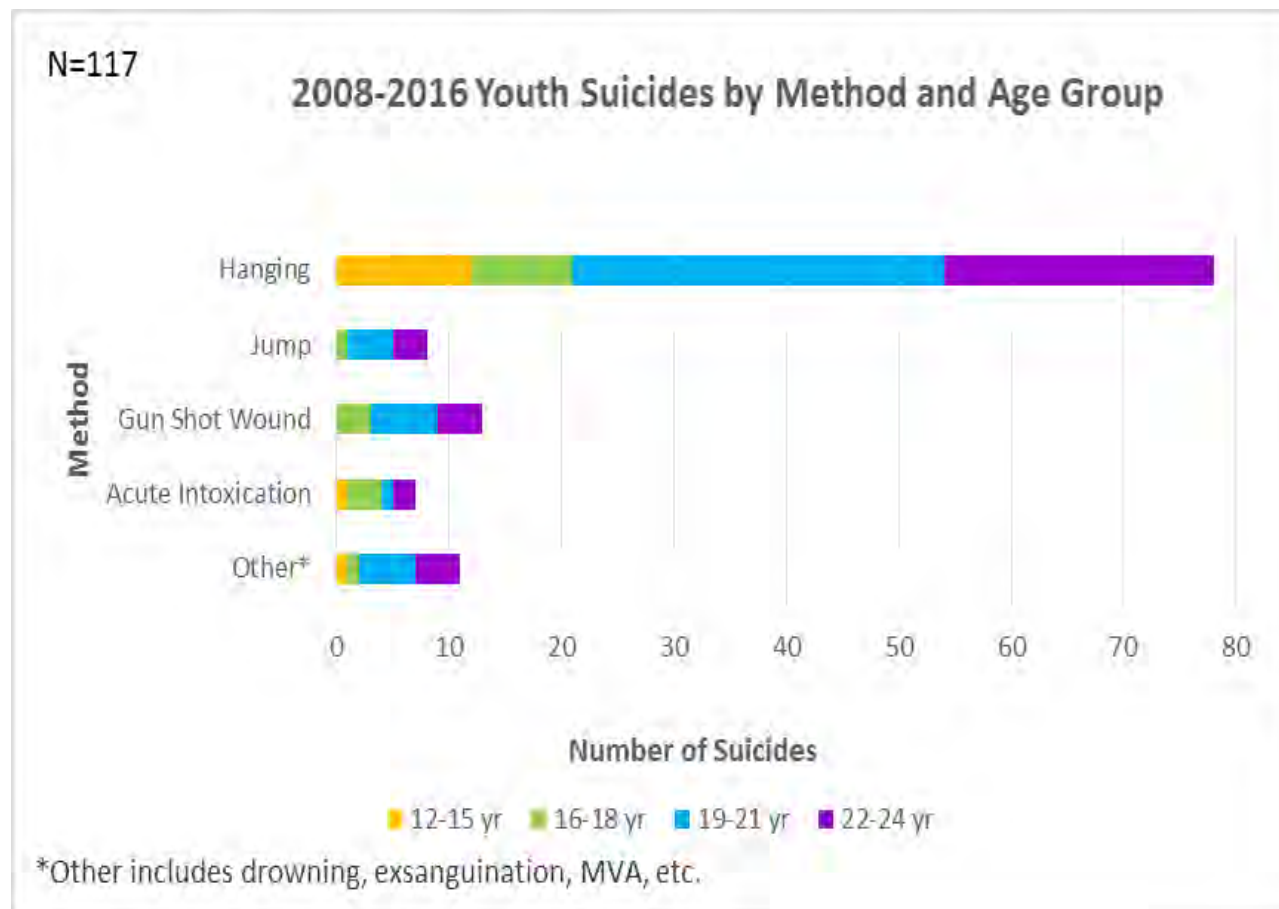
Location

- 61.5% of the youth suicides took place indoors, in a home or apartment
- 4% occurred in a college residence hall
- 22% were located in a natural area such as a yard, woods, beach, or water
- Other areas included jail, motor vehicle, rail, bridge, building, or highway



Means

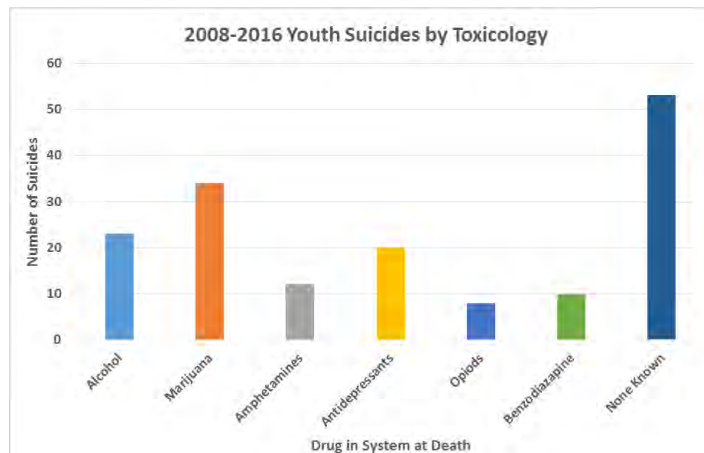
- Two-Thirds of all youth suicides under the age of 25 were by hanging.
- 11.1% youth died by a firearm/gunshot wound of which
- 6% of youth died by Acute Intoxication (overdose).
- 2017 and 2018 asphyxia by gas (helium) is new to RI



Mental Health & Substance Use

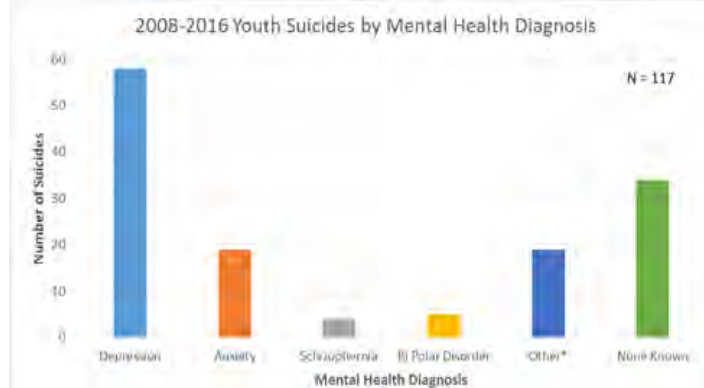
Approximately 65.3% had a known history of alcohol or substance abuse disorder, or had the presence of alcohol, marijuana, or other drugs in their toxicology screening.

Approximately 60.5% of youth (63) had a known mental health history. Of those 55.7% had an indication for depression which was the single highest mental health risk factor for RI youth.



NOTE: data includes individuals with multiple drugs in their system

N = 117



NOTE: data includes individuals with multiple mental health diagnoses

*Other includes mood disorders, OCD, and alcohol/substance abuse

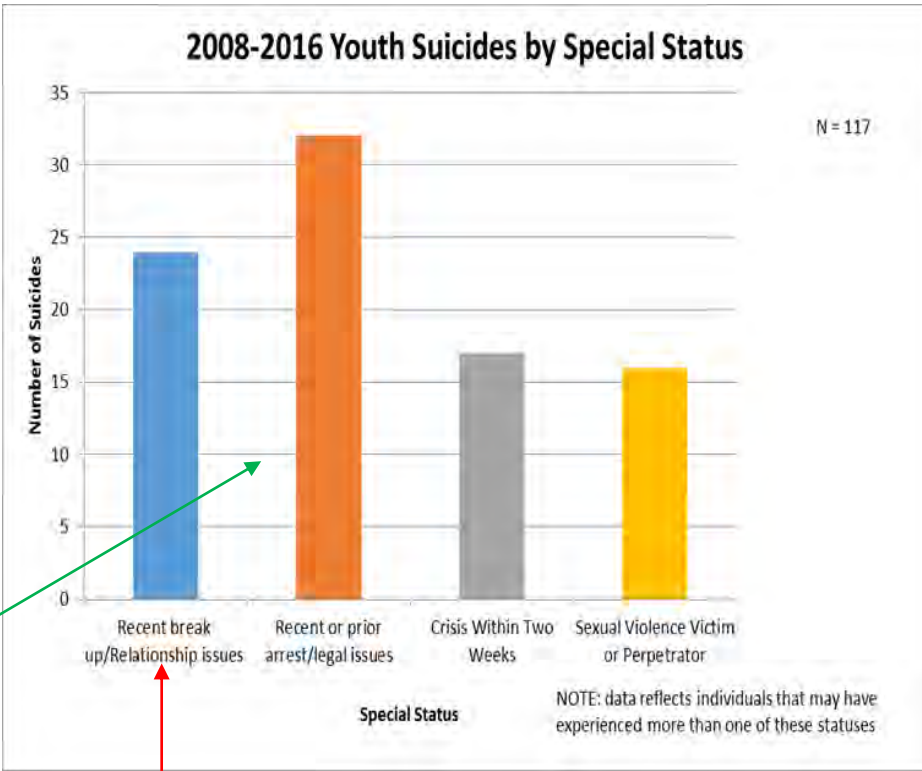
Circumstances and Risk

A prominent issue to emerge was a relationship breakup with a significant other or intimate partner, or a relationship issue or argument with a parent or guardian.

A second major risk factor emerged related to having some type of crisis within the prior two weeks of death.

Other types of crisis issues included the loss of a job, or a past or current criminal/legal issue including pending trial or incarceration, which was identified as a third major risk factor

A fourth included being the victim or perpetrator of sexual or intimate partner violence



50% of male youth deaths occurred within 2-4 weeks of a intimate partner breakup.



YRBS and Marijuana

Addressing Youth Marijuana Use and Suicide Risk

In 2017, Rhode Island Youth Suicide toxicology reports showed 50% of decedents* had a positive screen for marijuana. A total of 65% had a history of marijuana use noted.

Current marijuana use among RI high school students, RI YRBS 2017

	%
Currently use marijuana	23.3%

Current marijuana users is defined as those reporting any use in the last 30 days

*N=<20, information suppressed

Mental health among high school students who currently use and do not currently use marijuana, 2017 RI Youth Risk Behavior Survey					
	% Felt sad/hopeless for 2 weeks or more^a	% Frequent mental distress^b	% Considered suicide^c	% Made suicide plan^c	% Attempted suicide^c
Current marijuana user	44.0%	23.0%	26.0%	20.0%	14.3%
Not current marijuana user	24.2%	17.1%	12.3%	10.4%	8.0%
p*	<.0001	0.002	<.0001	<.0001	0.001

^a Felt so sad/hopeless for two weeks or more in the last year that stopped doing some usual activities
^b had 14 or more days in the last 30 where mental health was not good
^c in the last 12 months
 *differences considered significant if P<.05
 Current marijuana users is defined as those reporting any use in the last 30 days
 Note: table displays mental health outcomes among those who do and do not use marijuana - i.e. 44% of current marijuana users report feeling sad or hopeless

RI Suicide Prevention Initiative



SPI is a response to the challenges that exist in connecting children and adolescents who have behavioral and mental health problems to mental health services beyond those available in the school.

The Rhode Island Youth Suicide Prevention Project (RIYSPP) will serve 10-24 year old youth at risk for suicide through universal, selected, and indicated prevention strategies and improved crisis intervention.

The project will create a streamlined system for crisis assessment, intervention, mental/behavioral health treatment and follow up services.

The purpose of the RIYSPP will be to test whether a triage system implemented through a partnership with schools and Kids'link RI would lead to a reduction in referrals to the Emergency Department and provide improved communication and follow-up care for children and youth.

SPI Purpose



Increased numbers of persons trained to identify and refer at-risk youth:

- **QPR (Question, Persuade, and Refer) training for Employee Assistance Program (EAP)/school staff.**
- **SOS (Signs of Suicide) training for youth via Health Classes**

Improve the assessment and referral of youth in crisis:

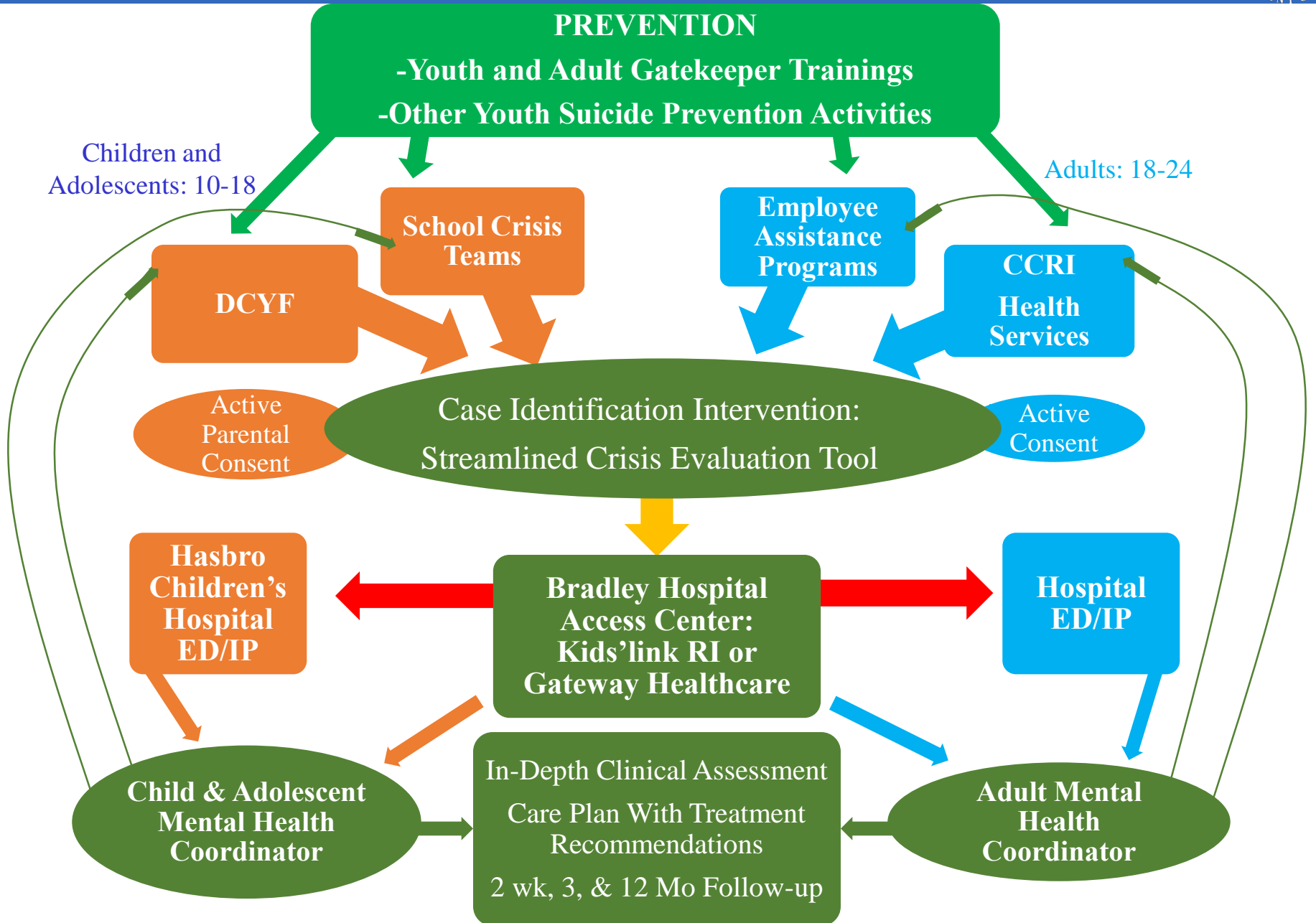
- **Train school crisis teams/school nurses/student assistance counselors in the RI Suicide Prevention Screen (RISPS), a combination of the Columbia Suicide Severity Rating Scales and elements of the Violence, Injury Protection, and Risk Screening (VIPRS).**
- **Establish a centralized intake through Kids'link/Emma Pendleton Bradley Children's Hospital where school crisis teams/EAP staff can refer directly rather than having to send to ED.**

Improved continuity of care, follow-up and accountability for youth with suicidal ideation, substance abuse disorders and/or depression, or identified as at risk for suicide seen in the outpatient mental health centers, hospital ED's and inpatient psychiatric units.

Reduce ED use for mental health evaluations.

Increase promotion in the utilization of the National Suicide Prevention Lifeline.

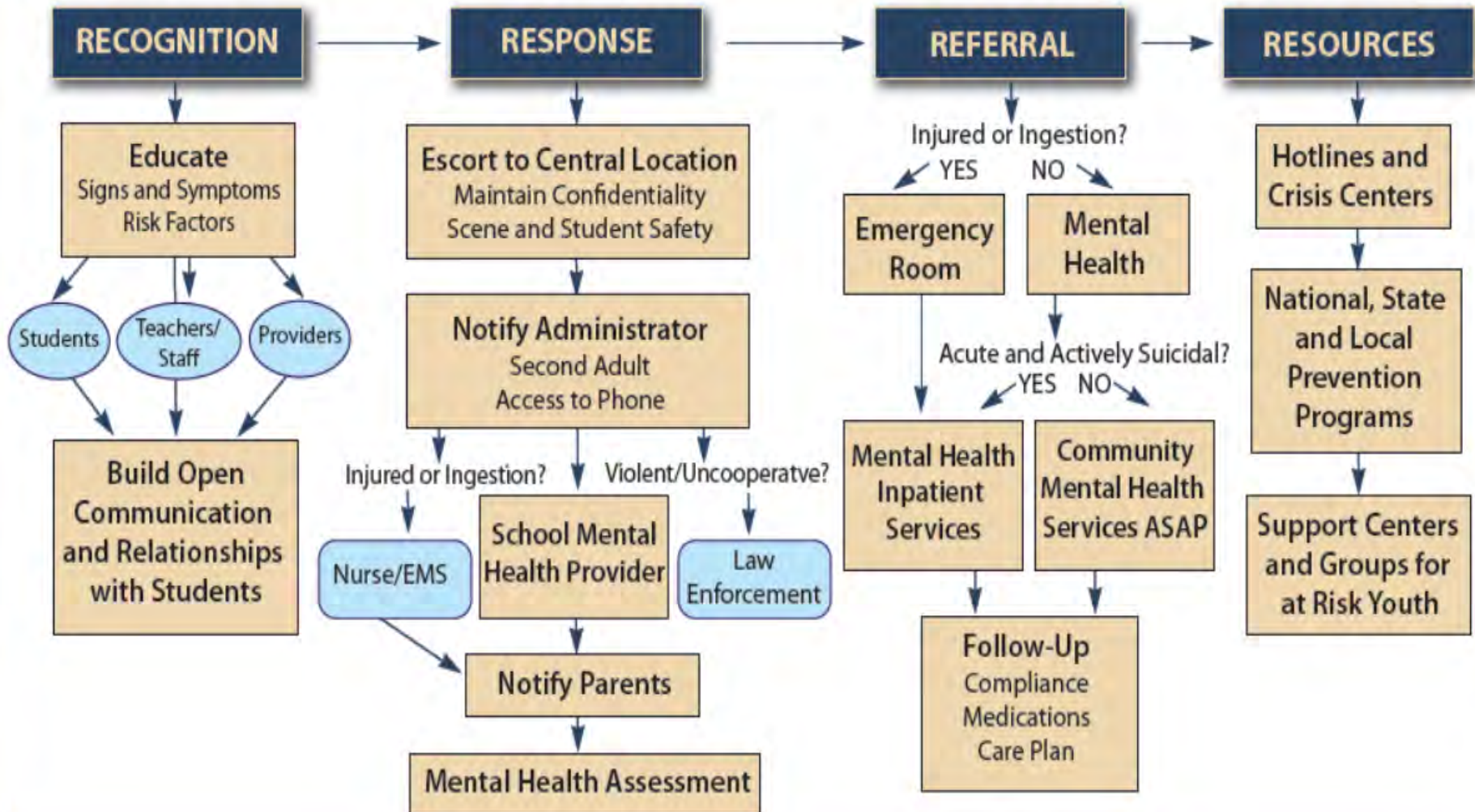
RI Youth Suicide Prevention Model



School Suicide Prevention



School Suicide Prevention Algorithm



Recognition

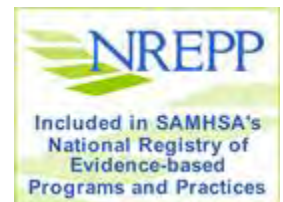


QPR stands for Question, Persuade, and Refer

- 3 simple steps that anyone can learn to help save a life from suicide.
- People trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help.
- QPR can be learned in our Gatekeeper course in as little as one hour



<http://www.qprinstitute.com/about.html>



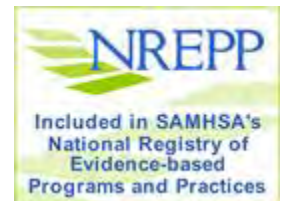
Recognition



- The **SOS Signs of Suicide**® High School and Middle School Prevention Program is the only school-based suicide prevention program listed on SAMSHA's National Registry of Evidence-based Programs and Practices that addresses suicide risk and depression, while reducing suicide attempts.
- The program focuses on prevention through education by teaching students to identify symptoms of depression, suicidality, and self-injury in themselves and their peers. Using a simple and easy-to-remember acronym, **ACT**® (Acknowledge, Care, Tell), students are taught certain steps to take if they encounter a situation that requires help from a trusted adult.



<http://mentalhealthscreening.org/programs/youth>



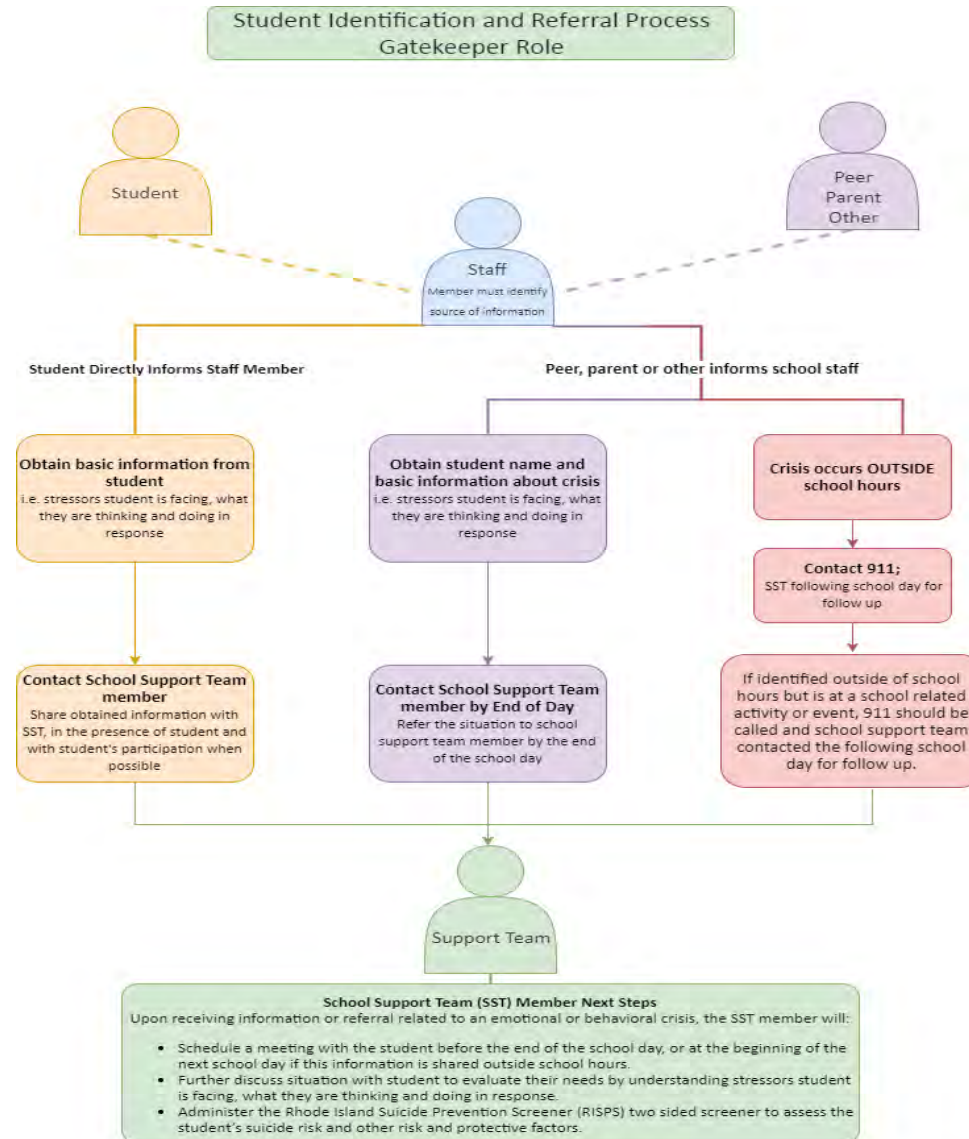
Columbia Suicide Severity Rating Scale (C-SSRS)



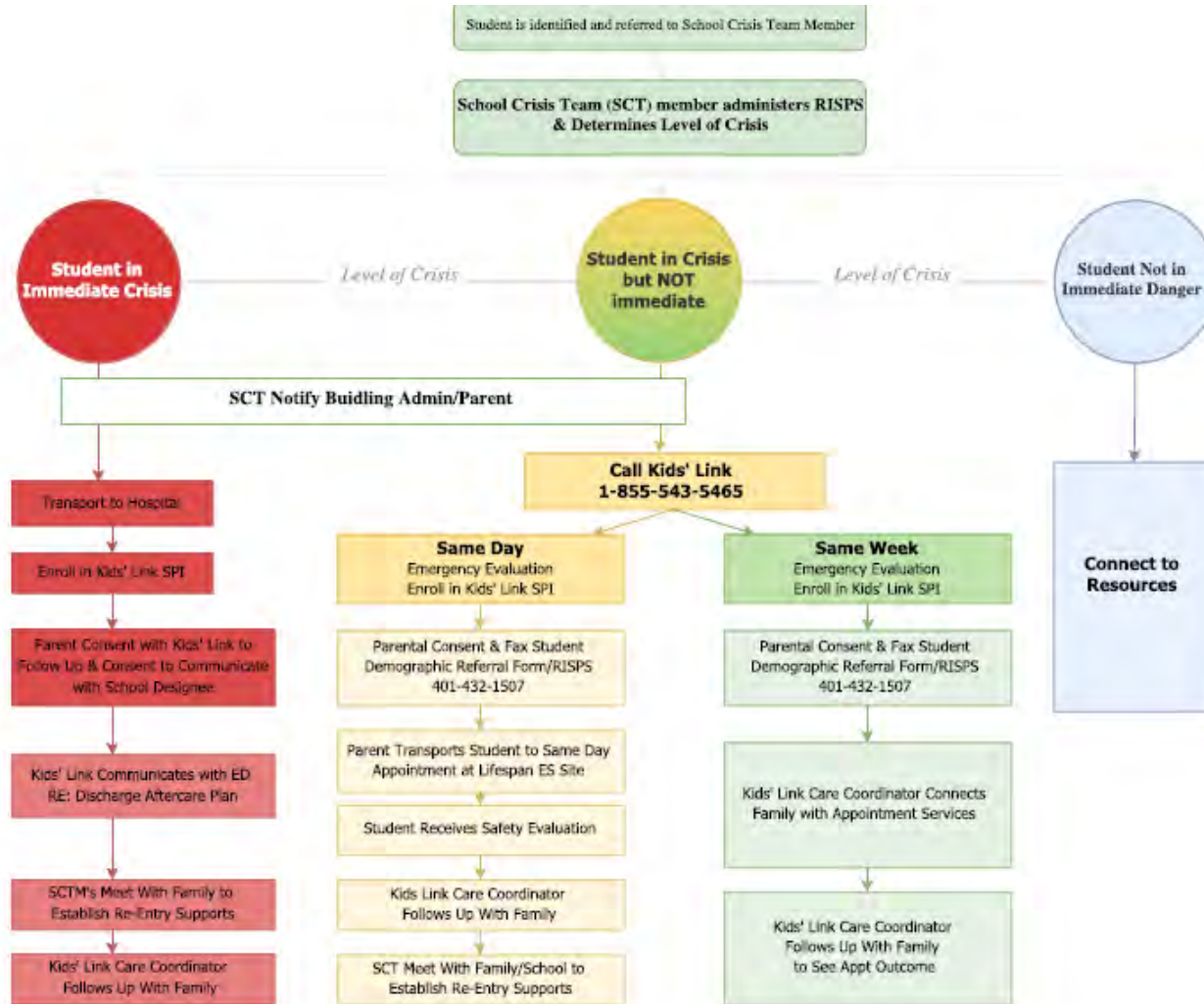
The Columbia-Suicide Severity Rating Scale (C-SSRS) supports suicide risk assessment through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs. Users of the C-SSRS tool ask people:

- Whether and when they have thought about suicide (ideation)
- What actions they have taken — and when — to prepare for suicide
- Whether and when they attempted suicide or began a suicide attempt that was either interrupted by another person or stopped of their own volition

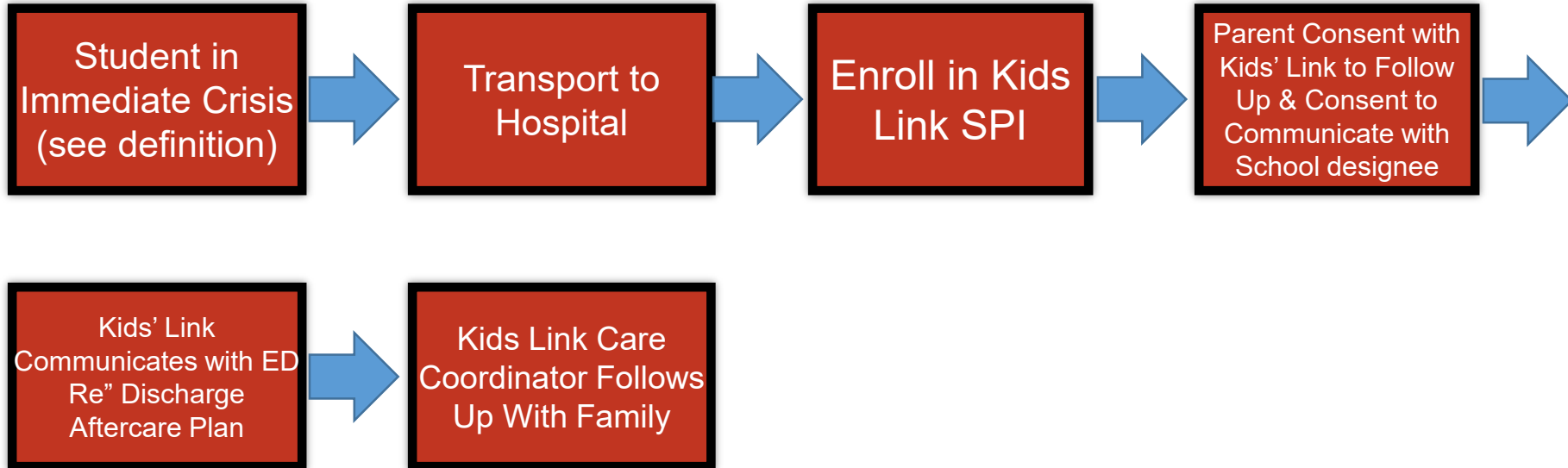
Student Referral Process



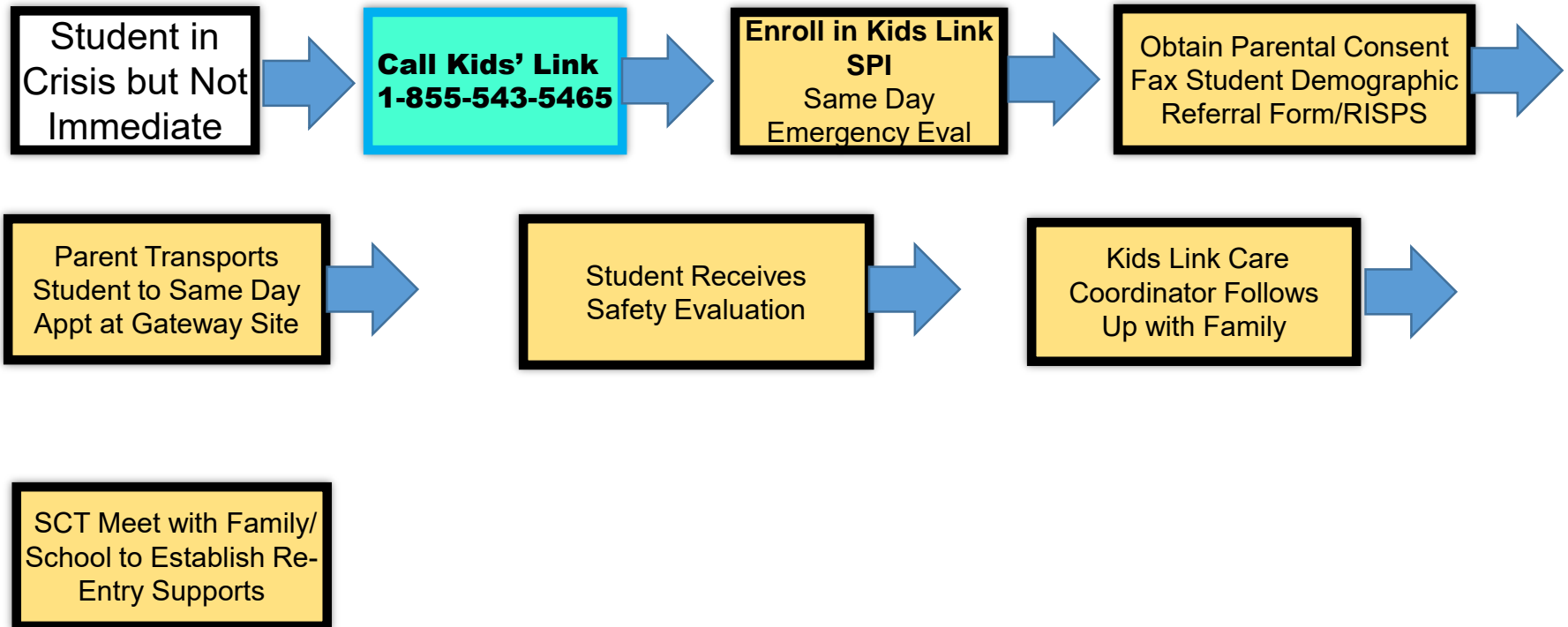
School Response Process



School Protocol - Red



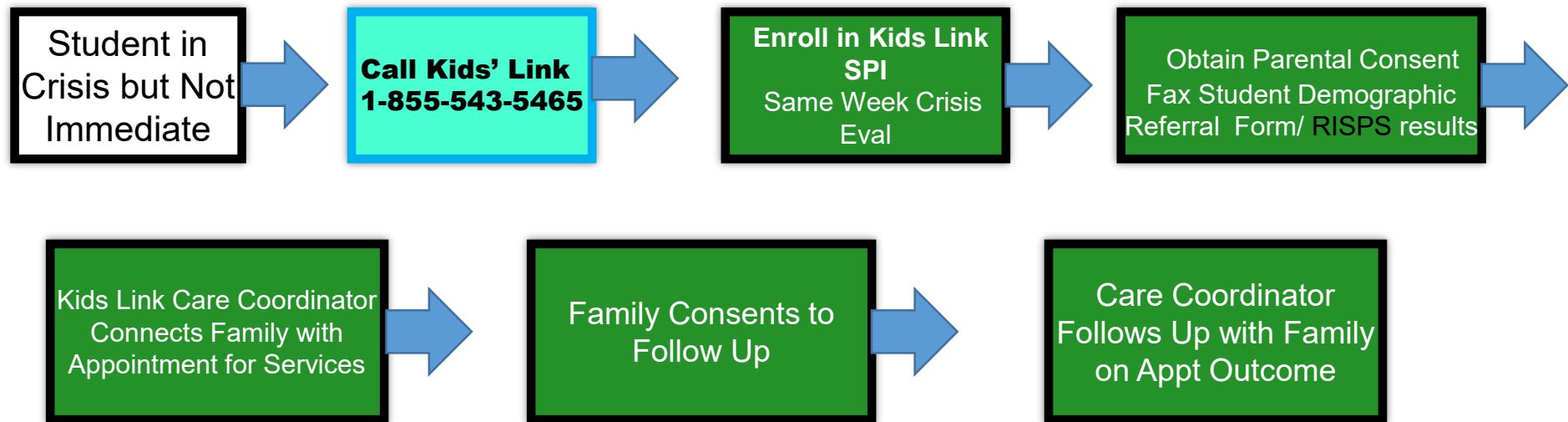
School Protocol - Yellow



Rhode Island RPE



School Protocol - Green



Rhode Island Suicide Screener



RHODE ISLAND SUICIDE PREVENTION SCREENER (RISPS)

SUICIDE IDEATION SCREENING QUESTIONS AND DEFINITIONS	Past month	
Ask questions that are bolded and underlined.	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u> (Wish to be dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.)		
2) <u>Have you actually had any thoughts of killing yourself?</u> (Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.)		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might kill yourself?</u> (Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "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) <u>Have you had these thoughts and had some intention of acting on them?</u> Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself?</u> Do you intend to carry out this plan? (Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.)		
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> (Suicide Behavior Question: Examples include: 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.)		
If YES, ask: <u>How long ago did you do any of these?</u> <input type="checkbox"/> Over a year ago? <input type="checkbox"/> Between three months and a year ago? <input type="checkbox"/> Within the last three months?		

RHODE ISLAND SUICIDE PREVENTION SCREENER (RISPS)

RISK ASSESSMENT

Instructions: Based on your interview with the student, please check all known risk and protective factors that apply to the student. These questions are not intended to be asked directly, but instead to be elicited from past knowledge and/or your interview during the crisis situation.

Present	Past	Unknown	Risk Factors
			Affect & Behavioral:
			Past suicide attempt(s)? Did student tell anyone at the time?
			Hopelessness
			Access to means
			Depression/decrease in functioning
			Recent loss(es) or significant negative event (describe)
			Substance use/misuse
			Agitation, quick to anger, or severe anxiety
			Perceived burden on family or others
			Self-injurious behavior (i.e. cutting, scratching, burning, etc.)
			Has been impulsively aggressive in recent past?
			Violence/Aggression
			Threatens to harm or kill others
			Fights with peers
			Trouble with the law
			Exposure to violence at home or in community
			School suspensions
			Other risk factors:
			Bullying: physical or electronic
			Victim of abuse: Sexual? Physical? Other?
			Minority status: sexual orientation/gender/ethnicity
			If LGBTQ, is student out to their family/community?
			Other risk factors:
			Protective Factors
			Parents encourage participation in school
			Student identifies reasons for living
			Student expresses responsibility to family, friend, or others
			Supportive family or social network
			Fear of dying or death
			Belief that suicide is immoral; high spirituality
			Engaged in work or school
			Engaged in treatment
			Other protective factors:

Please check off box if any of these factors apply:

- Student refused to answer questions (angry or shutdown?)
- Student appears to be responding to internal stimuli & could not offer reliable responses.
- Student (is/ appears to be) under the influence of a substance.

PER FEDERAL GRANT GUIDELINES TO BE COMPLETED BY SCHOOL CRISIS TEAM

Disposition (Please check one box)
<input type="checkbox"/> Student not in immediate danger and referred to in school services only
<input type="checkbox"/> Student referred to Kids' Link
<input type="checkbox"/> Student referred to other external mental health services provider
<input type="checkbox"/> Youth already receiving mental health services

Consent and Referral Forms



SCHOOL EMERGENCY EVALUATION REFERRAL FORM

Fax to Kids' Link: 401-432-1507

SCHOOL NAME: _____
 STUDENT NAME: _____ DATE OF BIRTH: _____
 ADDRESS: _____
 PARENT/GUARDIAN NAME: _____
 PARENT PHONE Home: _____ Cell: _____
 TODAY'S DATE: _____ INSURANCE: _____

REASON FOR REFERRAL:

- Student in Immediate Crisis (immediate danger to self or others, suicide attempt in progress)
- Student in Crisis but not immediate (severe distress due to mental health symptoms, serious stressor, suicide plan and intent)
- Student not in crisis but requires services (identifies thoughts of death, no plan, intent to die or suicidal behavior and has supports)
- Other: _____

CURRENT MEDICATION (if known or self-reported):

ALLERGIES: _____ No known allergies

CURRENT MEDICAL ISSUES (if known): _____

CURRENT MENTAL HEALTH PROVIDERS: _____

TRANSPORTED TO EVALUATION VIA AMBULANCE OR RESCUE? YES NO

IF YES, TRANSPORTED FROM: _____ TO: _____

PARENTAL NOTIFICATION:

- Parent/guardian is transporting the student to: _____
- Parent/guardian has been informed and will meet student at: _____
- We have been unable to reach parent.
- Consent for Kids'Link signed? YES NO By: _____

NAME OF PERSON COMPLETING FORM (print): _____

SIGNATURE: _____ DATE: _____

CONTACT INFORMATION: _____



Kids'Link Suicide Prevention Initiative (SPI)

Authorization to Release Information

Child / adolescent's name: _____ Date of Birth: _____
 Parent / guardian's name: _____

I hereby authorize my child's enrollment in the Kids'Link SPI program, which means a member of the SPI staff will contact us within 2 weeks of our crisis evaluation (or discharge from inpatient or partial treatment), at 3 months, and at one year to follow up on treatment recommendations, help reduce barriers to treatment and facilitate any additional supports my child needs. I understand that this authorization will expire one year from the date signed, that I have the right to refuse to sign this authorization, and that I may revoke this authorization at any time by speaking to a staff member of Kids'Link SPI (1-855-543-3465).

Signature of child/adolescent _____ Date _____

Signature of parent _____ Date _____

Signature of witness _____ Date _____

Authorization to Release Information

I, _____ (name) authorize Kids'Link SPI staff to release information to: _____ (school/personnel).

Information may be released regarding:

- Outcome of crisis evaluation
- Treatment recommendations
- Family supports recommended
- Other: _____

This information is needed for the following purposes:

- To coordinate a safe and effective transition for my child when they return to school
- Other: _____

This authorization expires one year from today's date. I understand that I may revoke my authorization to release information at any time except where action has already been taken prior to its revocation.

Signature of child/adolescent _____ Date _____

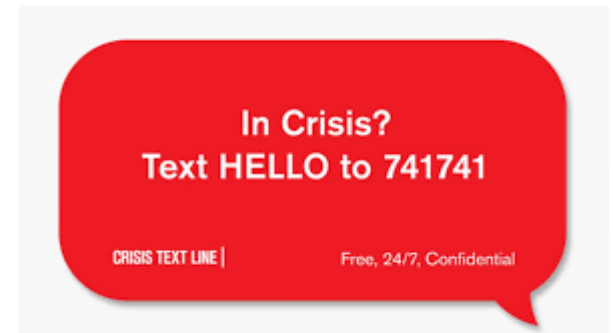
Signature of Witness (staff) _____ Date _____

Signature of Parent, Guardian or Authorized Representative _____ Date _____

Resources



- National Suicide Prevention Lifeline 1-800-273-8255
- Bradley Hospital Kids 'Link Hotline 1-885-543-5465
- www.health.ri.gov/violence/about/suicide/
- www.riyouthsuicidepreventionproject.org
- www.suicideproof.org



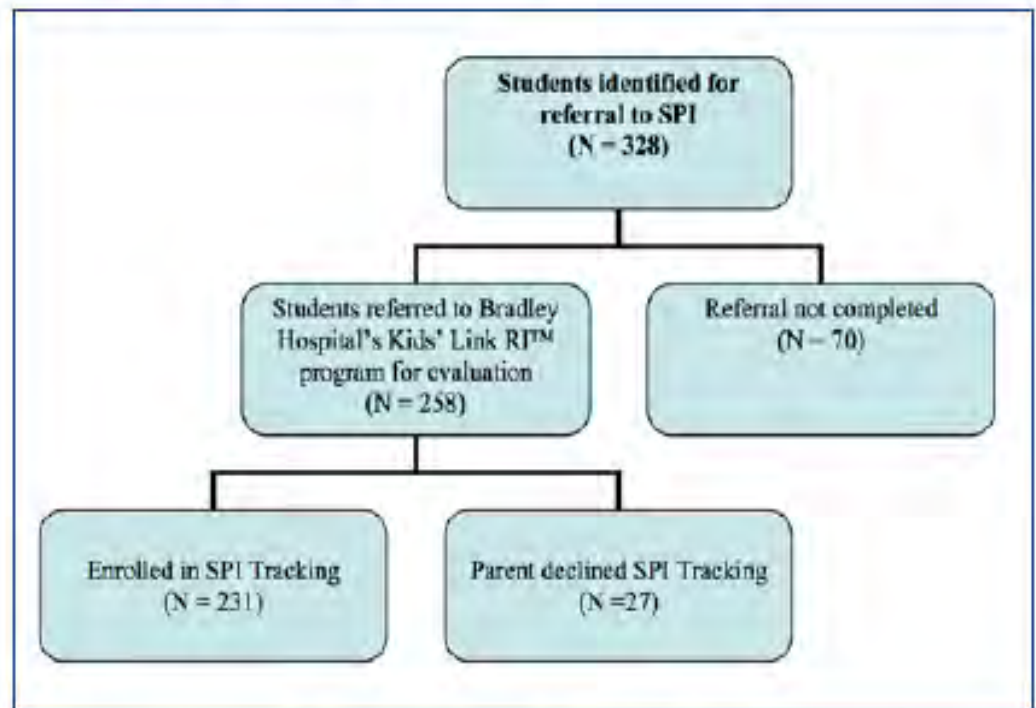
SPI Results



Over three years, 328 students from elementary, middle and high schools participating in SPI were identified as needing mental health services by a School Support Team member.

The referral process to Kids' Link was completed on behalf of 258 students for a 78.7% referral rate (See Figure 1).

Figure 1. Student Referrals from School Districts Participating in the Rhode Island Suicide Prevention Initiative



Data source: RI Suicide Prevention Initiative Referral Database, March 2015 – February 2018.

SPI Results



62.0% of referred students were girls. Referred students ranged in age from five to 19 with a mean age of 13 years.

Most parents agreed to a mental health assessment for their child with telephone follow-up at 2 weeks, 3 months and 12 months (89.5%), and to have information shared with the child's school (74.0%).

Suicide Prevention Initiative School Protocol ¹	N	Percent
Rhode Island Suicide Prevention Screener		
<i>Completed</i>		
Yes	221	85.7
Self-referred	3	1.1
No /Unknown	34	13.2
Parental Consent		
<i>Refer to Kids' Link RI with follow-up</i>		
Yes	231	89.5
No / Declined	27	10.5
<i>Share information with school</i>		
Yes	194	74.0
Partial information	29	11.2
No / Declined	35	13.6
Unknown	3	1.2
Students Referred		
<i>Girls</i>		
5 to 10 years of age	26	16.2
11 to 14 years of age	80	50.0
15 to 18 years of age	54	33.8
<i>Boys</i>		
5 to 10 years of age	31	31.6
11 to 14 years of age	37	37.8
15 to 18 years of age	30	30.6

¹The protocol includes a screener, demographic referral form, and parental consent forms to refer the child for a mental health evaluation, for telephone follow-up at 2 weeks, 3 months and 12 months, and for communication with the child's school. Data source: 2015-2018 Suicide Prevention Initiative Referral Database.

SPI Results



The most common clinical disposition for students referred for a mental health evaluation through SPI was outpatient mental health services, either hospital-based or at a local community mental health center. This was an important achievement. Although some emergency department visits are likely unavoidable, most youth experiencing emotional distress and in need of help do not need to go to an emergency room.

C-SSRS Training and Toolkits

OPTIONS FOR TRAINING ON THE C-SSRS

The Columbia Lighthouse Project offers numerous free training options in more than 20 languages. The shortest training takes about 20 minutes, and almost all of them can be completed within an hour. Choose the method that works best for you. <http://cssrs.columbia.edu/training/training-options/>



FULL SCALE

Pediatric Lifetime/Recent

Assesses full and recent history of suicidal ideation and behavior, typically for subjects ages 7-11.

Download →



FULL SCALE

Pediatric Since Last Contact

Assesses suicidal ideation and behavior since most recent assessment, typically for subjects ages 7-11.

Download →



ILLUSTRATION DOCUMENT

Screeners with Triage for Primary Care Settings

A C-SSRS Screener with color-coded risk stratification and next steps suited to a primary care setting.

Download →

Free Resources

- Wallet Cards
- Magnets
- Posters
- E-Copies
- Brochures

SAFE-T
Suicide Assessment Five-step Evaluation and Triage

- 1 IDENTIFY RISK FACTORS**
Note those that can be modified to reduce risk
- 2 IDENTIFY PROTECTIVE FACTORS**
Note those that can be enhanced
- 3 CONDUCT SUICIDE INQUIRY**
Suicidal thoughts, plans, behavior, and intent
- 4 DETERMINE RISK LEVEL/INTERVENTION**
Determine risk. Choose appropriate intervention to address and reduce risk
- 5 DOCUMENT**
Assessment of risk, rationale, intervention, and follow-up

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

National Institute of Mental Health



- Anxiety Disorders
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism
- Bipolar Disorder
- Depression
- Eating Disorders
- Generalized Anxiety Disorder
- Obsessive-Compulsive Disorder (OCD)
- Panic Disorder
- Post-Traumatic Stress Disorder
- Schizophrenia
- Social Phobia

<https://www.nimh.nih.gov/health/publications/index.shtml>

La Red Nacional de Prevención del Suicidio es **GRATUITA** y confidencial y está siempre disponible.
AYUDE a una persona querida o a un amigo, o ayúdense a sí mismo.

RED NACIONAL de PREVENCIÓN del SUICIDIO
1-888-628-9454
www.rednacional.org

Conozca las señales de peligro.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

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NATIONAL SUICIDE PREVENTION LIFELINE™
1-800-273-TALK
1-800-273-8255
www.suicidepreventionlifeline.org

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

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<https://store.samhsa.gov/facet/Issues-Conditions-Disorders>

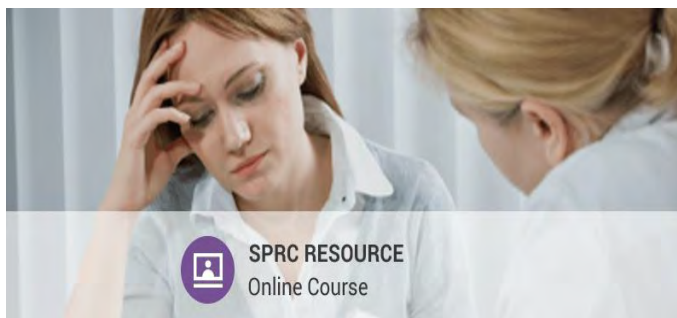
Lethal Means Access



<http://preventoverdoseri.org/get-rid-of-medicines/>



<https://www.hsph.harvard.edu/means-matter/>



CALM: Counseling on Access to Lethal Means

This free online course is designed for providers who counsel people at risk for suicide, including mental health and medical providers.

<http://www.sprc.org/resources-programs/calm-counseling-access-lethal-means>

Lethal Means in the Home



www.suicideproof.org



Online Resources

American Academy of Pediatrics Mental Health Screening Tools

https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf

Suicide and Suicide Attempts in Adolescents

<http://pediatrics.aappublications.org/content/early/2016/06/24/peds.2016-1420>

Suicide Prevention Resource Center – Suicide Screening and Assessment

http://www.sprc.org/sites/default/files/migrate/library/RS_suicide%20screening_91814%20final.pdf

Collaborative Office Rounds



Jointly Provided By:



In Collaboration with:

Collaborative Office Rounds is Funded by HRSA Grant T20MC30803-01-00

Save the Date for these Upcoming COR events

Sessions held at Thundermist Health Center

Nov. 6, 2018

Opioids and Development of Exposed Infants | Mara Coyle MD

Jan. 8, 2019

Autism | Amy Laurent PhD, OTR/L

Feb. 5, 2019

Reasons, Risks & Rewards: The Realities of Cannabis
John Femino MD & Michael Cerullo MS, LMHC

March 5, 2019

Greatest 8 Coping and Resilience
Lindsey Anderson PhD &

Ellen Flannery-Schroeder PhD, ABPP

May 7, 2019

Adolescent Smoking | Suzanne Colby PhD

Sessions held at Westerly Hospital

Oct. 2, 2018

Transgender Youth | Aude Henin PhD

Dec. 4, 2018

Dental and Mental Health
John F. Zwetchkenbaum MD & James Beasley MPA

April 2, 2019

Sleep & Digital Technology | Sue K. Adams PhD

June 4, 2019

Greatest 8 Problem-Solving

Lindsey Anderson PhD &

Ellen Flannery-Schroeder PhD, ABPP

ANYONE. ANYWHERE. CAN MAKE A DIFFERENCE.

Get trained in Mental Health First Aid
2018 Winter/Spring Trainings

Adult Mental Health First Aid

DATE	LOCATION
Friday, January 19 & 20, 2018	South County Hospital, Foster Conference Room
Thursday, February 22 & 23, 2018	Westerly Hospital, Westford Conference Center
Monday, March 5 & 6, 2018	South County Hospital, Foster Conference Room
Friday, May 11 & 18, 2018	South County Hospital, Foster Conference Room

Youth Mental Health First Aid

DATE	LOCATION
Wednesday, Jan 27 & Feb 1, 2018	Westerly Hospital, Westford Conference Center
Thursday, March 29 & 31, 2018	Westerly Hospital, Westford Conference Center
Wednesday, May 9 & 12, 2018	Westerly Hospital, Westford Conference Center

BE THE #1 TO MAKE A DIFFERENCE

This 8-hour certification course teaches participants how to recognize and respond to someone who may be having a mental health challenge in order to get the help they need. It's open to all ages and all backgrounds and is a great training for all! For more information contact us at 401-786-2374 or agood@SouthCountyHealth.com

Some great grant funding is provided through the Washington County commission.

Trainings supported by:

Data Publications



Linking public schools and community mental health services: A model for youth suicide prevention

<http://www.rimed.org/rimedicaljournal/2018/05/2018-05-36-health-pearlman.pdf>

Characteristics of Suicide Attempts and Deaths Among those Aged 60 Years and Older in Rhode Island

<http://www.rimed.org/rimedicaljournal/2016/09/2016-09-42-health-jiang.pdf>

Suicide deaths among Rhode Island adults aged 25 years and older: An epidemiologic and spatial analysis

<http://www.rimed.org/rimedicaljournal/2017/09/2017-09-37-health-jiang.pdf>

Surveillance of Suicide and Suicide Attempts Among Rhode Island Youth Using Multiple Data Sources

<http://www.rimed.org/rimedicaljournal/2016/12/2016-12-53-health-jiang.pdf>



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