



CHIPPEWA COUNTY SUICIDE PREVENTION COMMITTEE

ESTABLISHED BY:

THE CHIPPEWA COUNTY MULTIPURPOSE
COLLABORATIVE BODY

SUICIDE PREVENTION PLAN
ORIGINALLY ADOPTED DECEMBER 10, 2008

UPDATED: DECEMBER 18, 2012

Mission Statement:

To decrease the number of suicide attempts in Chippewa County, by educating youth, professionals, and the community to take appropriate actions when hearing or seeing signs of depression and/or suicidal ideation

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INTRODUCTION

"They don't want to die; they just want the hurting to stop."

Mission Statement: To decrease the number of suicides and suicide attempts in Chippewa County by educating youth, professionals, and the community to take appropriate actions when hearing or seeing signs of depression and/or suicidal ideation.

The Chippewa County Suicide Prevention Committee is composed of a group of community members from across the region. This committee was established by the Chippewa County Multi-purpose Collaborative Body (CCMPCB). This community collaborative includes: mental health workers, ministers, school personnel and counselors, therapists, parents, health care workers, law enforcement officers, educational professionals, and survivors of suicide. We come together in the hopes that a successful suicide prevention plan will help reduce the rate of suicide attempts and suicides in our community. Most suicides are preventable with appropriate education, awareness, and intervention methods. (American Association of Suicidology)

Accomplishments

During the past four years two grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) were awarded to the Chippewa County Health Department and the STAY Project of the Sault Ste. Marie Tribe of Chippewa Indians. These grants funded a variety of activities directed at:

- Raising awareness of the need to respond to risk factors associated with suicide attempts.
- Increasing the resources available in Chippewa County directed at reducing suicide attempts and suicides.
- Expanding the resources available to respond to suicide attempts and suicides.

The specific projects that were funded by the grants included:

- Training Opportunities for youth, adults and professionals:
 - Training sessions for the Question, Persuade, Refer (QPR) Suicide Prevention Program
 - Train the trainer session for the Yellow Ribbon Suicide Prevention Program
 - Applied Suicide Intervention Skills Training (ASIST) training program for local mental health professionals and community members
 - Assessing and Managing Suicide Risk (AMSR) training for mental health professionals
 - Critical Incident Stress Management (CISM) training for mental health professionals, health care professionals and law enforcement personnel

- Media events:
 - Production of radio and television ads informing the public about local suicide prevention resources
 - Press releases
 - Newspaper ads for Suicide Prevention Week
 - Billboard media campaigns
 - Development of social media providing information concerning suicide prevention efforts and resources

- School presentations:
 - Presentations in schools and for the public by nationally recognized speakers on issues related to suicide prevention
 - QPR presentations in schools and other public and private agencies
 - Yellow ribbon presentations in county schools

- Community and School Outreach:
 - Distribution of an assortment of written materials, including locally developed Life Saver cards throughout the county
 - Annual outreach projects related to gun safety
 - Outreach at LSSU student events, i.e., Lakerpalooza
 - Attendance at Teen Health Fairs in high school and middle school
 - County-wide grocery bag campaign during suicide prevention week

- Conferences:
 - Two conferences for the community and mental health professionals concerning the impact of suicide and community responses.

Plan of Action

GOAL #1

Establish countywide awareness that suicide is a community health issue that is preventable.

"The work of suicide prevention must occur at the community level, where human relationships breathe life into public policy."

-David Satcher, MD, PhD, Sixteenth Surgeon General United States

Action Plan: Obtain support for and commitment to the Suicide Prevention Plan from the Chippewa County Multi Purpose Collaborative Board.

Share plan with community stakeholders: school personnel, students, parents, medical professionals, human service agencies, faith-based organizations, philanthropic organizations, law enforcement, township, city, and county boards, mental health professionals.

1. Develop presentation materials for speaking engagements.
2. Promote awareness of local resources.
3. Provide brochures, wallet cards, and crisis numbers to the public.
4. Coordinate awareness campaigns.
5. Engage local media in educating the community regarding suicide as a public health problem.
6. Develop flyers to post in public areas with the suicide warning signs.
7. Publicly recognize National Suicide Prevention Week in September.

GOAL #2

Reduce stigma related to suicide through education.

Suicide is closely linked to mental health illness and to substance abuse. However, the stigma of mental illness and substance abuse prevents many persons from seeking assistance; they fear prejudice and discrimination. The stigma of suicide itself - the view that suicide is shameful and/or sinful - is also a barrier to treatment for persons who have suicidal thoughts or who have attempted suicide. Relatives of individuals who have attempted suicide often hide the behavior from friends and family. Those who have survived the suicide of a loved one suffer not only the grief of loss, but also the added pain stemming from stigma.

Action Plan:

1. Educate community on risk factors of suicide via evidence-based training opportunities.
2. Promote help-seeking behaviors by educating individuals, families, and community.
3. Encourage individuals to seek help when needed.
4. Identify ways to increase access to a variety of clinical interventions and support for help seeking.
5. Identify existing community resources for assessment, treatment, and follow-up care

GOAL #3

Institute a continuing process of assessment and improvement of suicide prevention activities.

Action Plan:

Suicide Prevention Committee:

1. Once per year the committee will review local and regional statistics, and modify prevention efforts accordingly
2. Review committee membership, work to recruit members who represent diverse populations within the community.

APPENDIX A - Terms & Usage

Deliberate Self-Harm (DSH): Deliberate self-harm refers to intentional self-injurious behavior where there is no evidence of intent to die. DSH includes various methods by which individuals injure themselves, such as but not limited to: self-laceration, self-battering, taking overdoses, or exhibiting deliberate recklessness.

Gatekeeper: As defined by the National Strategy for Suicide Prevention, gatekeepers are those who regularly come into contact with individuals or families in distress.

Intervention/Treatment: This involves the care of suicidal people by licensed mental health caregivers, healthcare providers, and other caregivers using individually tailored strategies designed to change behavior, mood, environment or biology of individuals to help them identify and satisfy their needs without engaging in self-destructive behavior.

Post-vention: Is a term used to describe actions taken after a suicide has occurred to help survivors such as family, friends, and co-workers cope with the loss of a loved one.

Prevention: Strategies or plans designed to stop suicide attempts or suicides from occurring by focusing efforts on at-risk individuals, environmental safeguards, and/or the availability of lethal means.

Protective Factor: A protective factor is a characteristic or attribute that has been shown to be associated with an increased probability of not attempting or completing suicide. Protective factors are those skills, strengths, or resources that help an individual deal more effectively with stressful life events. They moderate exposure to risk; they enhance resiliency, and are important to healthy development.

Risk Factor: A risk factor is an aspect of personal behavior or lifestyle, an environmental exposure, or an inborn or inherited characteristic that has been shown to be associated with an increased occurrence of suicide. Risk factors are associated with suicide behavior and ideation - not predictors or causes of suicide. Simply put, they are correlated with an increased risk that one day an individual will die by suicide. They may be either fixed or variable.

Suicide:

- Death from self-inflicted injury, poisoning, or suffocation where there is evidence that the act was intentional and led to the person's death
- The concept of suicide requires that the action was self-inflicted, and the person had the intent (purpose, aim, or goal) of death

USAGE:

- People do not "commit suicide." People die by suicide. People may commit crimes or commit sins.

-There is no such thing as a "successful" or "completed" suicide. There are only suicides. Suicide is never a success.

USAGE:

- The term "Suicide Survivor" is sometimes used incorrectly to mean a suicide attempt survivor.

-Estimates are that for every suicide, there are at least six survivors. Based on this estimate, it has been suggested that there are now at least 4.5 million American survivors of suicide.

Suicide Attempt: A potentially self-injurious behavior with a non-fatal outcome, for which, there is evidence that the person had the intent to kill himself or herself, but failed, was rescued or thwarted, or changed one's mind. A suicide attempt may or may not result in injuries.

Suicide Attempt Survivor: Individuals who have survived a prior suicide attempt.

Suicide Ideation: Self-reported thoughts of engaging in suicide related behavior. Suicide ideators are individuals who think about suicide.

- They may or may not form intent; they may or may not have a plan
- Ideation may be transient or ruminative, active or passive, acute or ongoing

Suicide Survivor: family member, or significant other, or acquaintance that has lost a loved one or someone close to suicide.

Suicidology: The scientific study of suicide and suicidal behavior.

(The definitions above are from the Institute of Medicine, 2002, "Reducing Suicide: A National Imperative.")

Why is a consistent definition important?

A consistent definition is needed to monitor the incidence of suicide and examine trends over time. In addition, it helps determine the magnitude of suicide and compare the problem across jurisdictions. A consistent definition also helps researchers measure risk and protective factors in a uniform manner. This ultimately influences prevention and intervention efforts.

APPENDIX B - Risk Factors, Warning Signs and Protective Factors

Risk Factors and Warning Signs of Suicide

A combination of individual, relational, community and societal factors contribute to the risk of suicide. Risk factors are those characteristics associated with suicide - they may or may not be direct causes.

Risk Factors:

- Family history of suicide
- Family history of child abuse or neglect
- Previous suicide attempt(s)
- History of alcohol and substance abuse
- History of mental illness, particularly depression
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma)
- Local epidemics of suicide
- Isolation, a feeling of being cut off from other people
- Barriers to accessing mental health treatment
- Loss (relational, social, work, or financial)
- Physical illness
- Easy access to lethal methods
- Unwilling to seek treatment due to stigma
- Local, noteworthy, and publicized suicides

Warning Signs:

Factors that may indicate a person is in crisis and that suicide is a possible outcome without intervention are:

- Threatening self-harm
- Expressing hopelessness
- Talking or writing about death
- Expressing rage; seeking revenge
- Increasing alcohol/substance use
- Withdrawing from family or friends
- Giving away prized possessions
- Making "final" arrangements or tying up "loose ends"
- Sleeping disorders (too much, too little)
- Lacking interest in the future

Protective Factors

Protective factors buffer individuals from suicidal thoughts and behavior. To date, protective factors have not been studied as extensively or rigorously as risk factors. Identifying and understanding protective factors are, however, equally as important as researching risk factors.

Protective Factors:

- Effective and affordable clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage and support instincts for self-preservation

(US Public Health Service, 1999)

APPENDIX C - Suicide Statistics Overview and Fact Sheet

Suicide Statistics Overview

According to the Michigan Department of Community Health, Injury and Violence Prevention Section, suicide was the leading cause of injury death in 2009, followed by accidental poisonings and motor vehicle crashes. Suicide is more common among males than females and the rate of suicide generally increases with age for both sexes.

In the Upper Peninsula of Michigan, the suicide rate is 48% higher than in the rest of the state. According to the Department of Community Health, approximately 53 individuals in the UP die of suicide each year. The table below shows the rate of suicide in Michigan equaled the national rate. The rate of suicides in the Upper Peninsula is higher than state and national rates.

<u>National, State & Local Number & Rate of Deaths by Suicide</u> (Number of deaths by suicide per 100,000 persons)	
	<u>Rate</u>
Michigan (2007-2009)	11.5 per 100,000
Upper Peninsula (2007-2009)	17.1 per 100,000

Source: Michigan Department of Community Health

SUICIDE FACTS

- In 2009, suicide was the third leading cause of death in Michigan for 15-24 year olds. (Center for Disease Control and Prevention, 2009)
- In 2009, suicide was the tenth leading cause of death in the U.S., claiming 36,909 lives. The rest of the causes were various illnesses. (Center for Disease Control and Prevention, 2009)
- Around 1,169 suicide attempts made in Michigan resulted in death. This rate has remained mostly consistent for the past 5 years. (National Survey on Drug and Health Promotions, 2009)
- For Michigan high school students within a 12 month period:
 - 26% feel sad and hopeless enough over a 2 week period to halt usual activity.
 - 16% think seriously about suicide.
 - 9% attempt suicide.
 - 3% make a suicide attempt that requires medical attention.(National Center for Chronic Disease Prevention and Health Promotion; YRBS, 2009)
- More than 90% of people who die by suicide have a diagnosable mental disorder, the most common being depression. (American Association of Suicidology, 2009)
- Males die by suicide about four times more often than females. However, females attempt suicide three times more often than males. (American Association of Suicidology, 2009)
- One out of every twelve college students will attempt suicide. It is the second leading cause of death for college age people. (American Association of Suicidology, 2009)
- Older Caucasian males die by suicide at the highest rate of any population group. (American Association of Suicidology, 2009)
- Elderly adults die by suicide 50% more frequently than the rest of the population. (American Association of Suicidology, 2009)
- Gay, lesbian and bisexual youth are another very high-risk group. Gay youth are twice as likely to die by suicide. (American Association of Suicidology, 2009)
- Among the youth ages 15 to 24, there are about 100-200 attempts for every completed suicide. (American Association of Suicidology, 2009)
- An American dies by suicide every 14 minutes. (American Association of Suicidology, 2009)
- There are 922,725 suicide attempts in the U.S every year. (American Association of Suicidology, 2009)

APPENDIX D – Chippewa County Adult and Pediatric Confirmed Deaths by Suicide

2008:

12 confirmed suicides

Method: 7 gunshot; 1 drug overdose; 2 hanging; 1 exhaust inhalation;
1 drowning

Gender/age: 10 males average age 43; 2 females average age 39

2009:

7 confirmed suicides

Method: 4 gunshot; 3 hanging

Gender/age: 6 males average age 44; 1 female aged 38

2010:

8 confirmed suicides

Method: 3 gunshot; 3 hanging; 2 drug overdose

Gender/age: 7 males average age 49; 1 female aged 21

2011:

3 confirmed suicides

Method: 1 lacerations to neck and wrists; 1 alcohol and drug overdose; 1
gunshot

Gender/age: 3 males average age 62

**Resource: Chippewa County Medical Examiner

APPENDIX E - Web Sources

Website Address	Website Information
www.save.org	Suicide Awareness Voices of Education: <ul style="list-style-type: none"> ➤ Suicide and depression basics ➤ Suicide prevention ➤ Coping with loss
www.incrisis.org	On line screening tool for youth 11 to 17 years old, based on what you see and know* <i>This report is not a psychological evaluation and should not replace a visit to a qualified health or mental health professions.</i>
www.sprc.org	Suicide Prevention Resource Center: <ul style="list-style-type: none"> ➤ Suicide prevention basis
www.suicidology.org	The American Association of Suicidology is an educational resource organization. <ul style="list-style-type: none"> ➤ Research ➤ Prevention ➤ Students ➤ Survivors
www.spanusa.org	Suicide Prevention Action Network <ul style="list-style-type: none"> ➤ Suicide Prevention ➤ Community Organization ➤ Resources
www.yellowribbon.org	Yellow Ribbon is a community-based prevention program, using a universal public health approach to empower and educate professionals, adults, and youth.
www.metanoia.org	The mission of Metanoia is to breakdown barriers keeping people from getting the help they need. <ul style="list-style-type: none"> ➤ Online therapists ➤ How to choose a therapist
www.afsp.org	American Foundation of Suicide Prevention. The AFSP is the only national non-for-profit organization exclusively dedicated to understanding and preventing suicide through research and education, and to reaching out to people with mood disorders and those affected by suicide.
www.nami.org	National Alliance on Mental Illness. The nation's largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illnesses and their families.
www.samhsa.org	Substance Abuse and Mental Health Services Administration U.S. Department of Health and Human Services. SAMHSA's mission is to build resilience and facilitating recovery for people with or at risk for mental or substance abuse disorders.
www.suicidepreventionlifeline.org	Psych Central provides links for support groups for suicide crisis, including suicide survivors.