

Strides in Suicide Prevention

Efforts are growing from every direction, all toward the same goal.

By [Lisa Esposito](#) June 5, 2015 | 11:45 a.m. EDT

Americans are paying more attention to suicide prevention. Lawmakers are passing bills to improve mental health care for U.S. military veterans and service members. Hospitals and medical centers where vulnerable patients may seek care, whether in a therapist's office or the emergency room, are working to identify them sooner and keep them from [falling through the cracks](#). State and local programs are expanding to reach more at-risk youth and address root causes of suicide. Here, experts describe new approaches to targeting suicide and some encouraging signs of progress:

Keeping Patients on the Grid

Health care systems are beginning to embrace Zero Suicide, an ambitious campaign of the National Action Alliance for Suicide Prevention. Not just a hopeful phrase, [Zero Suicide](#) requires a systemwide transformation to pull the entire team into the prevention effort.

Becky Stoll, vice president of crisis and disaster management for Centerstone, a behavioral health care provider based in Nashville, Tennessee, and serving several states, says her system launched its program about 20 months ago. Centerstone's patients are treated for conditions such as anxiety, bipolar disorder and [schizophrenia](#), she notes, placing them at a higher risk for suicide compared to the general population.

The difference starts with the screening process, where the patient is evaluated using the Columbia Suicide Severity Rating Scale – a highly regarded assessment tool – which is embedded into the patient's electronic health record. If he or she is determined to be at high risk, that sets off a chain of responses.

"A box pops up and says, 'X is recommended to go into the suicidal pathway,'" Stoll says. An education sheet, vetted by suicide survivors, lets patients know they've been identified as high-risk and should receive stepped-up care. "You're in a very fragile state right now," patients are told. "We really care about you." Clinicians plan to see these patients more frequently and pull their support systems – families and loved ones – into the care team.

Patients are asked to call if they can't show up for an appointment, because otherwise a staff member will worry. If a therapist can't reach a no-show patient, a quick entry in his or her electronic health record sends a prompt to the system's 24/7 crisis call center. Call center staff will monitor the situation, first by trying to reach the patient directly, then going through the emergency contacts – whatever it takes to locate the patient.

Often, people have just forgotten their appointments, Stoll says. "But we've probably had a dozen rescues where people were actually suicidal, and we had to send help out to them."

Since Centerstone started Zero Suicide, they've seen results. "Twenty months ago we were at 3.1 [suicides] per 10,000 people. And 20 months later we had that at 1.1." There's still a lot of work to do, Stoll says. Among other efforts, they're planning programs to equip patients in need with smartphones and provide [Fitbits](#) – wearable technology to motivate users to be more active – to others to help [curb depression](#).

Calling on Congress

In early May, members of the American Foundation for Suicide Prevention spoke at a Capitol Hill panel hosted by U.S. Rep. Grace Napolitano, D-Calif. Perhaps the biggest impression came from three suicide survivors who spoke frankly about their harrowing childhood experiences, and forcefully about the need for greater openness around the subject of suicide.

John Madigan, vice president of public policy for AFSP, led the discussion and touched on legislative gains. Madigan, who lost his sister to suicide, says the prevention movement is expanding as more attempt survivors join the effort and share their stories of resilience. He describes some recent successes:

- Passage of the Jacob Sexton Military Suicide Prevention Act, which requires a yearly mental health assessment for all [U.S. service members](#).
- Passage of the [Clay Hunt Suicide Prevention for American Veterans Act](#). "The biggest part of this law is creating a peer support and community outreach pilot program to assist transitioning service members as they leave the military," says Madigan, who was present at the White House signing of the bill. In addition, he says, it will launch a pilot program to help physicians pay off their student loan debt if they agree to practice psychiatric medicine within the Veterans Affairs for a certain number of years.
- Additional funding for the National Violent Death Reporting System, part of the Centers for Disease Control and Prevention. The program has expanded to 32 states, yielding much more in-depth data on suicide circumstances.
- Projects to keep vulnerable people away from lethal means include a [successful collaboration](#) among gun-shop owners, firearm advocates and public health officials in New Hampshire, documented by Catherine Barber of the Harvard School of Public Health's Injury Control Research Center.

Curbing Youth Suicide

Back in 2004, college student Garrett Lee Smith, son of then-U.S. Sen. Gordon Smith of Oregon, took his own life just before reaching his 22 birthday. Out of that tragedy came the Garrett Lee Smith Memorial Act, a major milestone in youth suicide prevention. The federal grant program, which is run by the Substance Abuse and Mental Health Services Administration, has provided hundreds of grants to states, tribes, territories and colleges to fund new youth and college initiatives.

All sorts of people working on the front lines with young people – [teachers](#), [guidance counselors](#), youth probation officers, coaches, foster care families and others – have received grant-funded training on how to recognize kids at possible risk for suicide, says Richard McKeon, head of SAMHSA's Suicide Prevention Branch. For instance, a 2012 [grant was awarded](#) to reduce the incidence of suicide among at-risk American Indian youth living on a northern Montana reservation.

McKeon is co-author of a study to determine the program's impact on youth suicide, published online March 19 in the American Journal of Public Health. It found "an important reduction in suicide rates" in counties that implemented training through the Garrett Lee Smith program after the first year.

"That was the positive news," McKeon says. However, he adds, the "challenging" news was that those results weren't repeated in the second year. Now, he says, more work is needed "to embed these activities in an ongoing, sustainable way in states and tribes across the country."

Ongoing Movement

Momentum for youth suicide prevention continues from several directions, Madigan says. Along with AFSP, groups such as [The Jed Foundation](#) (college-level); [The Jason Foundation](#) (high school) and [The Trevor Project](#) (LGBTQ youth) are all trying to work together toward the same goal: fewer deaths of young people by suicide.

Suicide-prevention training for school personnel is a big legislative push. Six states – Alaska, Georgia, Kentucky, Louisiana, Nebraska and Tennessee – currently mandate annual training through the Jason Flatt Act. Additional states mandate training, but not on a yearly basis, while others encourage but don't require it.

Anybody with thoughts of suicide – or concerned family members and friends – can call the **National Suicide Prevention Lifeline** at 800-273-TALK or 800-273-8255.