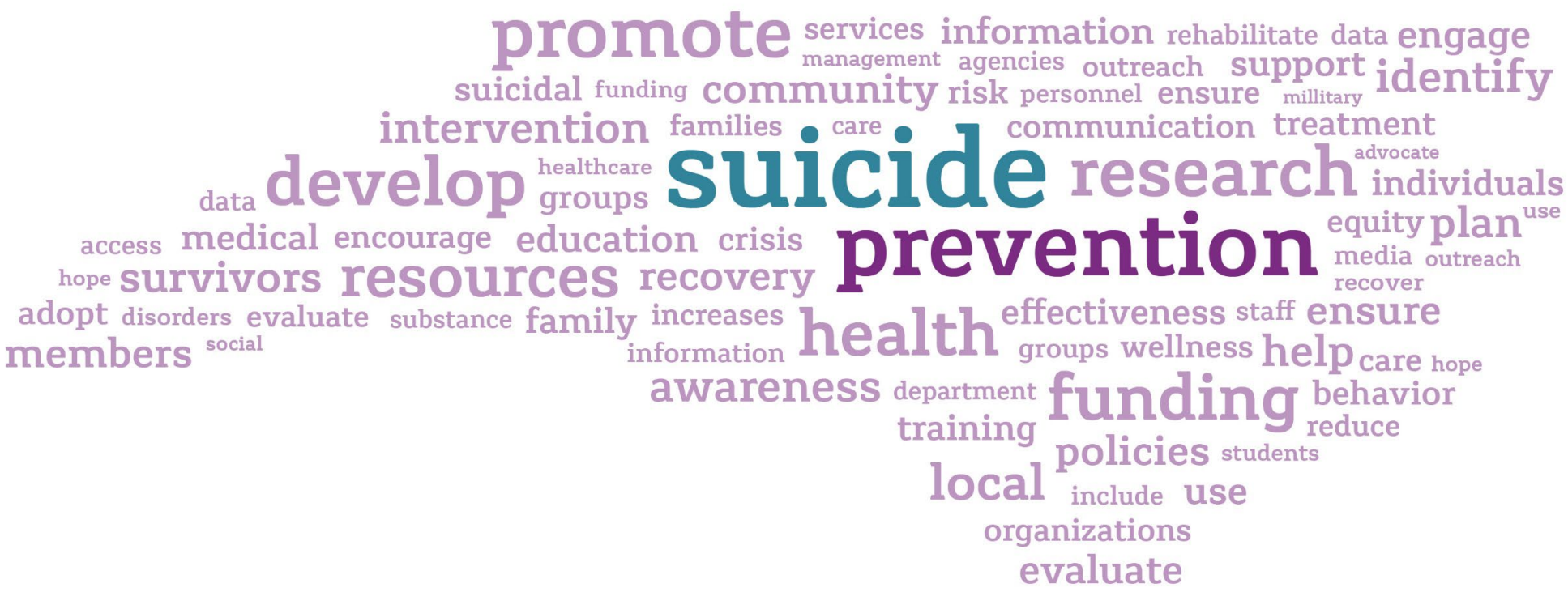
North Carolina

SUICIDE PREVENTION ACTION PLAN



2022

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

North Carolina Suicide Prevention Action Plan | 2021-2025

Background

Suicide is among the top five leading causes of death for people ages 10 to 65 (NC State Center for Health Statistics [SCHS], 2019). Suicide is a complex serious public health problem that can have long-lasting effects on individuals, families, and communities. This North Carolina Suicide Prevention Action Plan is focused on specific actions to be taken in North Carolina over the next four years to reduce injury and death by suicide.

About this Plan

This plan was created through a collaborative process involving relevant experts from across the North Carolina Department of Health and Human Services (DHHS) and input from a variety of external stakeholders. The Suicide Prevention Team within the Injury and Violence Prevention Branch at the Division of Public Health led plan development through support from a suicide prevention grant from the Centers for Disease Control and Prevention. Dedicated to reducing injury and death associated with suicide, the Suicide Prevention Action Plan is a component of a top DHHS priority: improving behavioral health and resilience. The plan also aligns with the Healthy North Carolina 2030 goal of reducing the suicide rate in North Carolina.

This action plan will be collaboratively implemented during the next four years by DHHS and external partners, with final evaluation occurring in 2025. To adequately address the needs of specific populations and groups who are at increased risk for suicide, this work will include focused collaboration between DHHS and partner organizations. For example, DHHS is collaborating with the Governor's Challenge that works to address the impact of suicide with veterans and active duty military.

Development of this action plan utilized suicide data, evidence on effective prevention strategies, and was informed by goals identified in the North Carolina 2015 Suicide Prevention Plan, a broader strategic plan that continues to inform prevention efforts in the state. The development and format of the action plan also utilized tools from the Suicide Prevention Resource Center that provide recommended elements of a strong state suicide prevention infrastructure and the action plan is structured to align with these elements.

Data and Justification

Suicide is the act of intentionally taking one's life and is a serious public health problem. This action plan represents a multi-faceted lifespan approach to suicide prevention that reflects those disproportionately affected by suicide across North Carolina.

There were 1,436 suicide deaths among NC residents in 2020 (NC Violent Death Reporting System [NC-VDRS]). Suicide is the second leading cause of death for youth ages 10-18 in North Carolina, and the third leading cause of death for those ages 19-34 (NC SCHS, 2019). Additionally, military veteran residents are disproportionally impacted by suicide; the average suicide rate from 2016-2020 was 2.5 times higher among NC veterans than non-veterans (38.7 and 15.3 per 100,000, respectively) (NC-VDRS).

The method or means of suicide attempt a person utilizes, for example firearms, intentional drug poisoning or hanging, can greatly increase a person's risk of dying due to limited opportunity for rescue. About 85% of people who use a firearm in a suicide attempt die from their injury (CDC, 2017). Among the 1,436 suicides in NC in 2020, 61% involved a firearm. After firearms, hanging/strangulation/suffocation (22%) and poisoning (12%) were the second and third leading causes of suicide in NC in 2020 (NC-VDRS). These deaths represent 29,835 years of potential life lost before age 65 and over $15 billion in combined medical costs, work loss costs, and cost for lost quality of life and lives lost in North Carolina (CDC WISQARS, 2022).

A suicide or attempt emotionally impacts family and friends and the broader community. Recent reexamination of the range of impact from one suicide has increased from six people into the hundreds. Media and social media have connected people more than ever, resulting in hearing about suicide loss faster and with more details about the suicide made available to the public.

Suicide attempts have additional impacts. Individuals are more likely to survive a suicide attempt than die as a result. Individuals who make a suicide attempt are often seriously injured and need medical care. There were almost 11,000 emergency department visits and over 3,000 hospitalizations among North Carolina residents for self-inflicted injuries in 2020 (NC SCHS, 2020; NC DETECT, 2020).

Additionally, according to the NC Youth Risk Behavior Survey (NC YRBS), 19% of high school students have seriously considered attempting suicide, 15% have planned to attempt suicide, and 10% made a suicide attempt in the previous year. Suicidal behavior, defined as self-reported thoughts, planning, and attempts, is more prevalent among gay, lesbian, and bisexual high school students with 44% reporting they considered suicide, 39% planned their suicide, and 22% made an attempt (NC YRBS, 2019). The YRBS data also indicate that the proportion of black, Hispanic, and those youth who identify as a person of color who report suicidal behavior has been increasing. However, suicides are preventable, and 90% of people who attempt a suicide and survive do not later die by suicide (Harvard T.H. Chan School of Public Health, 2021).

Suicides can be prevented by recognizing signs and symptoms, learning how to help, and taking steps to provide that help to people of all ages and abilities who are in need. Historically, suicide prevention has been focused at the individual level, by intervening, protecting, and supporting a person who is suicidal or has made a suicide attempt. Research in the past two decades has revealed that strategies made on the community and societal levels can have a preventive impact on the larger population. Suicide prevention is the intersection of individual mental health and community public health. To meet these challenges, suicide prevention requires treatment and supportive services for those with underlying mental health challenges and support for attempt survivors and loss survivors in addition to population-based prevention approaches.

This action plan includes evidence-based strategies and promising practices to prevent both death by suicide and self-injury attempts in North Carolina. Additionally, the plan will include monitoring the impact of COVID-19 on suicide and self-inflicted injuries, sharing data with partners, and adjusting actions as necessary to mitigate COVID-19 effects in addition to the impact of trauma and cumulative risks.

Focus Areas

Given that suicide prevention is complex, the plan is structured to implement comprehensive strategies in the following focus areas to reduce injury and death by suicide.

1) Create a coordinated infrastructure
2) Reduce access to lethal means
3) Increase community awareness and prevention
4) Identify populations at risk
5) Provide crisis intervention with a specific focus on people with increased risk
6) Provide access to and delivery of suicide care
7) Measure our impact and revise strategies based on results

Acronym Table

CDC – Centers for Disease Control and Prevention • **CIT** – Crisis Intervention Team • **CSP** – Comprehensive Suicide Prevention • **CSPAC** – Comprehensive Suicide Prevention Advisory Council • **DHB** – Division of Health Benefits • **DHHS** – Department of Health and Human Services • **DMH or DMH/DD/SAS** – Division of Mental Health, Developmental Disabilities, and Substance Abuse Services • **DPH** – Division of Public Health • **DPI** – Department of Public Instruction • **IPRC** – Injury Prevention Research Center (UNC-CH) • **IVPB** – Injury and Violence Prevention Branch • **NC-VDRS** – North Carolina Violent Death Reporting System • **RFA** – Request for Application • **SCHS** – State Center for Health Statistics

Action Plan

1) Coordinated Infrastructure

Strategy	Action
Sustain and lead a state-level Comprehensive Suicide Prevention (CSP) team responsible for implementing the Centers for Disease Control and Prevention's (CDC) Comprehensive Suicide Prevention grant and statewide suicide prevention efforts, with possible expansion.	Hire and maintain state-level team including subject matter expert, epidemiologist, evaluator, communication lead, etc.
Lead, build, and sustain the Comprehensive Suicide Prevention Advisory Council (CSPAC).	• Designate the NC CSP Team to serve as lead for the CSP Advisory Council (CSPAC) quarterly meetings. • Convene a group including suicide prevention professionals (Division of Mental Health/Developmental Disabilities and Substance Abuse Services [DMH/DD/SAS], Department of Public Instruction [DPI]), loss survivors, attempt survivors, people who have accessed mental health, substance use, and intellectual and developmental disabilities (MH/SU/IDD) services, veterans, and special populations including Black, Latino/Hispanic, those that identify as person of color (POC) and LGBTQ+ youth to guide action plan components and implementation of strategies.
Build and sustain a variety of statewide and local coalitions with Comprehensive Suicide Prevention Advisory Council partners (e.g., Firearm Safety Teams, 988 Coalition, etc.).	• Build statewide coalitions • Convene local partners and facilitate activities such as: 1) Promote education to prevent suicide. 2) Adopt policies and procedures within agencies. 3) Develop a clearinghouse of local services [DMH/DD/SAS has a clearing house of clinical services; Division of Public Health (DPH) has an inventory of suicide prevention efforts].
Maintain the CSP Action Plan	Create, maintain, and update the CSP Action Plan through 2025 as collaborative effort among DPH, DMH/DD/SAS, and partners.
Lead suicide prevention work at the state level.	Coordinate with DPH and DMH to create a DHHS state-level suicide prevention position.

2) Reduce Access to Lethal Means

Strategy	Action
Implement safe storage practices	• Create local Firearm Safety Teams (FST) and a statewide coalition. • Build out the Durham community guide into a Firearm Safety Team Development Training. • Expand the state website page on firearms & suicide prevention. • Identify inexpensive/free gun locks. • Support coordination efforts for medical disposal of drugs and other lethal means.
Provide gatekeeper training	• Support access to Counseling on Access to Lethal Means (CALM) training: 1) Increase number of trainers available to teach CALM (two trainings in 2021, one training in 2022). 2) Fund Request for Applications (RFA) recipients to provide CALM training to community members.
Support development of a map listing location of safe gun storage options	• Provide epidemiology insight and data in support of the development of an interactive online map of safe gun storage options • Inform communities about the map to support their safe storage initiatives

3) Increased Community Awareness and Prevention

Strategy	Action
Provide education on military culture, support, and resources	Support access to training such as PsychArmor, an evidence-based training series designed to help connect community members with military and family members by promoting awareness of military culture and ways to link to needed services and supports such as housing and employment among other resources outlined in the NC Resource Guide. Training is appropriate for service providers who will be in contact with military members and families.

Conduct a suicide prevention public education campaign to reach all ages and abilities including messaging and education tools for communication access (cultural, linguistic, literacy levels, visual, especially non-verbal).	• Identify funding to launch a large-scale public education campaign using suicide safe best practice messaging (including 988 messaging guided nationally) to be developed by content experts using evidence-based messaging and communication strategies focused on reaching historically marginalized populations with high suicide prevention risk. • Focused populations include the elderly, men, Black and Indigenous people of color (BIPOC), veterans, youth, and rural residents.
Provide youth primary suicide prevention education and training	• Provide school-based youth prevention: 1) Youth engagement and adult allies 2) Suicide prevention training for NC Schools; overall training and training specific to include intersecting needs of students who identify as LGBTQ+ and youth of color • Coordinate with NC DPI State Board of Education School Mental Health Policy implementation and Project AWARE/ACTIVATE pilot site best practice models.
Provide support after a suicide attempt or loss	Identify resources for survivor support (loss survivor and attempt survivor), including outreach and increased availability of support groups.
Design and implement Comprehensive Suicide Prevention Academy	• Implement CSP Academy, a 2-day virtual training opportunity led by experts to educate and network suicide prevention groups in NC. 1) The 2021 Academy educated on the basics of suicide prevention. 2) The 2022 Academy will focus specifically on youth suicide prevention.
Design and implement a Comprehensive Suicide Prevention Inventory of suicide prevention efforts in NC	• Create a comprehensive inventory of state and community resources. • Update inventory quarterly and make available to the public with specific focus on communication to priority populations (men, rural, youth, and veterans).

4) Identify Populations at Risk

Strategy	Action
Provide suicide prevention gatekeeper training, which educates individuals about detection and referral for care of at-risk individuals.	• Support access to Applied Suicide Intervention Skills Training (ASIST), Question, Persuade, Refer (QPR), SafeTALK, LivingWorks. These trainings are appropriate for community members and service providers.

	• Initial strategies: 1) Increase the number of statewide trainers available to teach ASIST (spring 2023) 2) Increase the number of people trained in ASIST statewide 3) Fund RFA recipients to provide ASIST and LivingWorks Start in communities
Support mental health awareness and training	• Increase awareness of mental health and behavioral health challenges through Mental Health First Aid training, Crisis Intervention Team (CIT) training, “Ask the Question,”and PsychArmor. • Support access to CIT training among law enforcement, emergency responders, emergency medical services, and school resource officers.

5) Provide Crisis Intervention with Specific Focus on Priority Populations

Strategy	Action
Support crisis line improvements and promotion	• **Promote use of 9-8-8 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline); 1-800-273-8255 is still functional.** • **Promote use of 9-8-8 for calls/text.**
Support access to behavioral health crisis services and Crisis Intervention Team (CIT) training	• Promote use of community-based behavioral health crisis services. • Support access to CIT training.
Support behavioral health crisis response	• Expand and enhance mobile crisis services for all ages (include child specific MORES mobile crisis). • Expand and develop alternative behavioral health crisis response and supports that meet community needs. • Ensure equitable access across the state to behavioral health crisis services and supports.

6) Provide Access To & Delivery of Suicide Care

Strategy	Action
Assess and improve telemental health opportunities	• Assess current state of telemental health in North Carolina, identify partners, and analyze needs assessment to develop relevant training tools to support suicide prevention, crisis prevention planning, safety planning, and referral strategies. • Coordinate with existing initiatives and best practice models/use of standardized tools across settings (primary care, behavioral health care, and in the emergency department [ED] such as NC Statewide Telepsychiatry Program [NC-STeP], NC Behavioral Health Consultation Line [NCPAL], NC Making Access to Treatment, Evaluation, Resources, and Screening Better [NC MATTERS], among others) to inform a common recommended protocol.

7) Measure Impact

Strategy	Action
Expand metrics, surveillance, and infrastructure for PH data surveillance systems that include cross-agency shared data processes	• Create and disseminate data products on suicide and self-harm injuries. DPH launched the NC-VDRS data dashboard in 2021, which includes data on suicide deaths statewide, and for all 100 counties. • Create cross-agency shared data to inform improved system response.
Build surveillance capacity and infrastructure for public health surveillance systems	• Establish data quality improvement and data linkage projects to better understand suicide deaths and inform prevention. • Create infrastructure for cross-divisional behavioral health (BH) syndromic surveillance. • Assemble cross-divisional BH syndromic surveillance unit. • Re-institute DPH, DMH, Division of Health Benefits (DHB) epidemiology workgroup to inform quality improvement of systems, policies, & services/supports.

Resources

CALM Training: https://www.sprc.org/resources-programs/calm-counseling-access-lethal-means

LivingWorks Start Gatekeeper Training: https://www.livingworks.net/start

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