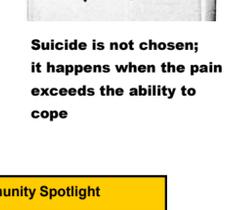


What's Happening in Suicide Prevention in Montana

Wanting to keep you informed and collaborating to find a solution

Winter, 2013

As most of you know, Montana has one of the highest rates of suicide in the nation, and has for more than three decades. Suicide and the stigma against mental illness has been part of the Montana culture for a hundred years. This isn't going to change quickly. It is going to take a cultural shift in the way we think and an openness to talk about these issues. The purpose of this newsletter is to inform the public of ongoing prevention activities taking place in communities around the state, identifying community advocates, and encouraging input from all Montanans on how we can address the issue of suicide in our state.



Suicide is not chosen; it happens when the pain exceeds the ability to cope

Voices of Hope reports more people are utilizing the Suicide Prevention Lifeline and requesting training.

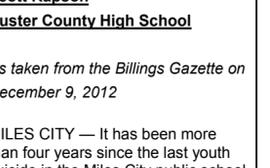
Community Spotlight

Voices of Hope, one of the two regional call centers that are part of the National Suicide Prevention Lifeline, reported that between 2008 and 2012, the volume of calls have increased 62%. The average number of calls made per month to the Lifeline from Montanans has gone from 140 to 226. According to Voices of Hope Director, Jackie Fitzgerald, "This shows an increase in awareness to the people of the state of Montana about the Hotline---if people do not know about it, it doesn't matter how good the service is if it isn't being used." Fitzgerald also noted a substantial increase in the number of community requests for ASIST. ASIST, which stands for Applied Suicide Intervention Skills Training, is an evidenced-based program that trains people to recognize the warning signs of suicide and how to intervene. According to Fitzgerald, "It was normal for there to be only 3-4 requests per year for trainings in 2008, and now with the increased awareness of the availability of these trainings, I am getting 1-2 requests per month from all over the state. Along with Voices of Hope, there are many other certified ASIST facilitators around Montana. For more information, please contact Karl Rosston at 406-444-3349 or by email at krosston@mt.gov.

Anaconda & Deer Lodge
Pintler Suicide Awareness and Prevention is making great strides towards their goals! Some of it's events include;

- Training the Deer Lodge County Boys and Girls Club & Lunch Bunch.
- Sponsoring a depression essay contest to raise awareness at Anaconda High School. Prize winners will be announced in January. The essays are on depression, suicide and how to make a positive difference in Anaconda.
- Starting a Suicide Bereavement Support Group. The group is half-way through their first round and attendance is increasing each week.
- On January 7, 2013, at the Washoe Theater in Anaconda, Jill Wilson will present QPR & Kevin's story from 4-6 PM.
- Collaborating with Miles City about bringing their "Let's Talk Miles City" community-based media project to the Anaconda High School.
- Presenting to the Powell County High School during one of their special events the last week of February, 2013.

For additional information about prevention activities in the Anaconda/Deer Lodge area, contact; **Janel Pillely Adult Protective Services (406) 563-3448 ext. 209**



Mental Health and Suicide Prevention Training being taught to all correctional officers at the Montana Law Enforcement Academy. All correctional facilities receiving suicide smocks and blankets.

All correctional officers hired by local detention centers around the state of Montana, as part of their required training through the Montana Law Enforcement Academy, are now receiving 8 hours of training in working with people with mental illness and suicide prevention. The training focuses on the prominent mental health disorders found in our jails and detention centers. The suicide prevention portion focuses on QPR and identifying risk factors found primarily in correctional settings, and is based on research from the US Department of Justice and the National Institute of Corrections. This training is a collaboration between the Montana Law Enforcement Academy and the Montana Department of Public Health and Human Services.

In addition, through funding awarded from the Montana Mental Health Settlement Trust, all county jails and detention centers are receiving 2 sets of suicide smocks and suicide blankets. The sets are distributed through the Academy as part of their training.

Community Spotlight

Suicide in the Headlines

Scott Rapson
Custer County High School

Holiday suicide myth persists, research says
Cathy Payne, USA TODAY
December 5, 2012

As taken from the Billings Gazette on December 9, 2012

Suicide-prevention experts say stories perpetuating the myth that suicide is only wrong but dangerous. The myth that suicides spike during the holidays comes back to haunt us every year.

MILES CITY — It has been more than four years since the last youth suicide in the Miles City public school system.

The center, which has tracked the media's reporting of suicides since 2000, looked at stories that linked suicides and the holidays. In 1999, 77% of those stories said, erroneously, that suicides increased over the holidays. The proportion of stories that supported that myth dropped after the center's analysis came out, but rose again last year to 76%.

It was Aug. 25, 2008. The student was 14-year-old Nicole McFarland. Scott Rapson is on a mission to ensure that she was the last.

"There is still this sort of ironic thought that maybe there are people not happy at this time," says Annenberg's Dan Romer. He adds that songs and movies focused on the "holiday blues" -- including the perennial favorite It's a Wonderful Life -- also perpetuate the myth.

The part-time high school counselor knows that statistically it will be improbable to sustain that. At a rate of 26 suicides per 100,000 people, Custer County has the second-highest suicide rate in the state, behind Deer Lodge. That is more than twice the national average.

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Though Rapson knows of at least three suicide attempts in the past year, no one has completed the act. That, Rapson said, is progress in a student body of about 500. He credits implementation of the SOS — "Signs of Suicide" — program, a nationally recognized suicide prevention initiative designed for high school students. More than 150 SOS kits have been distributed to schools throughout Montana by the state Department of Public Health and Human Services.

"The return of the holiday-suicide connection may be related to the fact that the adult (ages 25 and older) suicide rate has increased in recent years in step with the Great Recession," says Romer, who has directed the study since its inception. "With more people affected by suicide, news stories about suicide may be more common over the holidays, bringing the myth back to our attention."

The kits are one tool aimed at helping reduce the number of youth suicides. In Montana, between 1999 and 2009, suicide was the second-leading cause of death for children ages 10-14 and adolescents ages 15-24, behind unintentional injuries like auto and farm accidents.

In 2010, there were 38,364 suicides in the USA, an average of 105 a day. The month with the highest daily average in 2010 was July, with 111.3. The lowest, 98.2, was December. The CDC says suicide was the 10th leading cause of death in 2010. Suicide-prevention experts say stories perpetuating the myth are not only wrong but dangerous.

To see the article in it's entirety, visit http://billingsgazette.com/news/state-and-regional/montana/miles-city-school-administrators-tackle-problem-of-suicide/article_1bca843e-84f4-5f1d-840e-206dbbcb07eb.html

"An article that leads them to believe that it's normal for people in their situation to end their life may be just that little nudge that puts them over," says David Litts of the National Action Alliance for Suicide Prevention.

The SOS Program is available at no-cost from DPHHS. For additional information concerning the SOS Program, contact Karl Rosston at 406-444-3349 or by email at krosston@mt.gov.

Litts says anyone contemplating suicide should call the National Suicide Prevention Lifeline at 800-273-8255. Those who know someone in distress can call as well, he says.

Media coverage needs to be more balanced, Litts says. Coverage should include ways to prevent suicide, such as recognizing warning signs, as well as stories about people who got through those dark times. "The number of people who positively adapt to life stresses far outweighs the number of people who do not," he says.

Those success stories may give hope to people with suicidal thoughts, Litts says. "The majority of people in their situation find a way to live. That might give them the courage to go on and keep looking for that way."

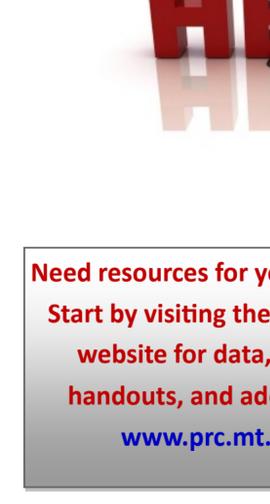
- Progress**
- Since 2007, there have been significant accomplishments made toward addressing the issue of suicide in the state of Montana. Some of the primary suicide prevention accomplishments made over the past five years include:
- Signs of Suicide (SOS) kits provided for 150 schools around the state.
 - Suicide Prevention Toolkit for Rural Primary Care Providers for 120 medical clinics and now available at no cost at www.prc.mt.gov/suicideprevention.
 - Suicide Prevention Toolkit for Senior Living Communities. Sent out to all licensed long term care, assisted living, and nursing facilities and available at no cost on www.prc.mt.gov/suicideprevention.
 - Crisis Intervention Training for over 600 law enforcement officers and first responders. A basic mental health course has also been added to the core curriculum at the Montana Law Enforcement Academy.
 - Stabilized the State Suicide Prevention Lifeline. The Lifeline consists of two regional call centers with additional phones, computers, updated data bases, and ensured that there are full-time, trained professionals available 24/7.
 - Suicide prevention postcards sent out to over 4,000 licensed cosmetologists.
 - Core competency training for therapists working with suicidal clients for 105 therapists from around the state.
 - Suicide assessment software sent to all licensed psychiatrists in the state.
 - "After a Suicide" distributed to all funeral homes in the state.
 - Statewide webinars to all VAs on the treatment of suicidal and PTSD veterans.
 - Over 7,000 gunlocks with suicide prevention tags distributed to sixteen veterans and seven tribal entities.
 - Over 2,000 people in communities and reservations trained in ASIST (Applied Suicide Intervention Skills Training).
 - Trained 200 CSCT school staff from around the state in QPR.
 - Collaborated with Missoula and Ravalli County to implement the Yellow Ribbon Program in all of the county high schools.
 - Trained over 200 licensed senior care givers through the Senior and Long Term Care Division.
 - Filmed six episodes of "Aging Horizons" on the Big Sky Channel concerning suicide prevention in the elderly and two episodes of the "Dunwell Report" concerning suicide prevention in Montana.
 - Over 12,000 people trained in QPR (Question, Persuade, Refer) around the state and on tribal lands.
 - Semester presentations at Western Montana College, Carroll College, and Helena College of the University of Montana in suicide prevention to nursing and education students. Also presented to counseling students at the University of Montana.
 - Member of the Attorney General's task force to reduce prescription drug abuse.
 - Suicide prevention trainings and interventions funded for numerous counties including Missoula, Ravalli, Flathead, Gallatin, Cascade, Lewis & Clark, Sanders, Custer, and District II (which encompasses 11 counties in Eastern Montana)
 - Suicide prevention webinar for physicians and emergency room staff to 27 Montana hospitals.
 - Trained all Key Clubs in Montana as they focused on suicide prevention in the 2012 academic year..
 - Over 2,000 "Quick Reference" guides for suicide prevention distributed to chemical dependency facilities and made available to chemical dependency counselors and others around the state.
 - Over 7,000 "Parents as Partners: a suicide prevention guide for parents" booklets sent out to school districts around the state and made available to agencies working with families.
 - Collaborative effort with the Dept. of Revenue, Liquor Control, on providing training to bartenders and liquor distributors. Over 100,000 Drink coasters being distributed to Montana bars.
 - State-wide media campaigns on Optimum Communication, Montana Broadcaster's Association, Northern Broadcasting Association, Facebook, and Cha Cha. The Facebook ad focused not only young people in Montana but also Montana Veterans. Also appeared twice as the guest on "Voices of Montana" to promote suicide prevention resources around Montana.
 - Suicide awareness postcards to Veterans (over 102,000) in the state.
 - Suicide prevention training to detention officers in county jails and juvenile facilities, and providing anti-suicide blankets and clothing to all county jails and correctional facilities.
 - Suicide prevention training for juvenile parole officers and detention officers around the state.

Are there suicide prevention activities going on in your community that you want to share? Please let us know and we will include it in this newsletter. Send your information to Karl Rosston at krosston@mt.gov.

Challenges

Though we have made progress since the initiation of the inaugural Suicide Prevention Plan, Montanans are still faced with many challenges. Montana's suicide rate remains among the highest in the Nation. Over the past ten years, suicide is the second leading cause of death for children, adolescents and young adults in our state and the rate of suicide is high throughout the life span. We have identified many areas where improvements can be made.

- Lack of statewide coordination**
- Systems collaboration between tribal entities, counties and state government, especially for adolescent and young adult populations are insufficient.
 - Coordination between community levels and state systems is insufficient. Local communities may not know about initiatives in other parts of the state or in state government. State government agencies are often not aware of prevention efforts related to suicide in other agencies.
 - Development of suicide prevention strategies often occurs without the involvement of youth in the planning process.
 - Screening for mental illness and suicide does not consistently occur in public schools, juvenile justice systems, or other child-serving agencies. Screening is inconsistent in the medical community and symptoms of depression are often missed by medical professionals.
- Montana demographics and geography**
- Montana is a large frontier state with many isolated communities.
 - There is a generational culture of acceptance of suicide as a viable option to resolve feelings of hopelessness and when one feels they are a burden to others.
 - Ongoing stigma towards seeking mental health services and concerns of maintaining confidentiality in small communities inhibit individuals from seeking needed treatment.
 - According to the Census Bureau, in 2010, 17% of the population or 161,500 Montanans, lacked health insurance coverage including more than 23,000 children (www.statehealthfacts.org)
 - Montana has a high availability of lethal means, especially firearms, that increase the lethality of impulsive suicidal behaviors.
 - Montana has high rates of alcoholism, underage drinking, and binge drinking, along with other drug addictions; including the current devastating epidemic of Methamphetamine use.
 - The farm and ranch economic crisis and the difficulty in attracting industry to provide a stable employment market in Montana are ongoing stressors.
 - An analysis of National Violent Death Reporting System (NVDRS) data revealed that suicide rates are higher among people who live at high altitudes than those living at lower elevations.
- Lack of mental health providers and treatment facilities**
- There is a shortage of inpatient mental health treatment facilities and crisis stabilization beds. The availability of this vital resource is diminishing with the closure of inpatient psychiatric beds.
 - The funding/reimbursement for outpatient services throughout the state is considered inadequate by many providers.
 - There is insufficient integration of traditional and culturally specific interventions, especially among our American Indian population.
 - Montana has a severe shortage of psychiatrists, especially child and adolescent psychiatrists.
 - Montana has a shortage of psychiatric mental health nurse practitioners.
 - Montana does not recognize Licensed Marriage and Family Therapists (LMFT) as a separate professional license. This further reduces mental health resources in the state. There are only two states in the nation that do not recognize LMFT's, Montana and West Virginia.
 - There is a shortage of physicians capable of providing appropriate psychiatric medication treatments.
 - There is a shortage of postvention services available to schools and communities concerning how they react after a suicide has occurred.



Do you have an opinion or idea on what else we can do to reduce the incidence of suicide in our state? Please share your thoughts. Send your ideas to Karl Rosston at krosston@mt.gov.



Need resources for your suicide prevention efforts? Start by visiting the Montana Suicide Prevention website for data, research articles, toolkits, handouts, and additional information. Go to www.prc.mt.gov/suicideprevention