
Douglas County Mental Health Initiative

A UNIQUE COMMUNITY PARTNERSHIP

Suicide Prevention Roadmap 2022



The DCMHI envisions a community based, integrated mental health system that is person and family centered, promotes health and prevention, and meets the continuum of mental health and substance use needs in Douglas County. DCMHI is committed to a system of care that offers a broad network of providers, is adaptable and innovative in meeting individual needs, can be sustained and is data driven and grounded in continuous performance improvement. DCMHI values collaboration and engagement with community partners.

Introduction

The Douglas County Mental Health Initiative (DCMHI) formed the Suicide Prevention Planning Committee when the Douglas-Arapahoe Suicide Prevention Alliance (DASPA) joined with the DCMHI. The Suicide Prevention Planning Committee, as part of the transition plan for DASPA joining DCMHI, met from August to October 2021. The Committee focused on understanding suicide in Douglas County, evidence based and promising strategies in suicide prevention, perspectives and considerations for unique populations, and ultimately, to develop a suicide prevention roadmap for Douglas County.

This roadmap is the product of the Committee's work. It outlines prevention and intervention strategies to build upon prioritized protective factors including resilience, connection, and access to and coordination of resources across the lifespan in Douglas County. This roadmap, together with the [Blueprint for a Community Based Mental Health System](#) and the Tri County Health Department's, in consultation with Health Management Associates, [Mental Health and Suicide Prevention Framework](#), will guide Douglas County to a reduction in suicide deaths and attempts among all age groups within the next 10 years.

DCMHI Suicide Prevention Committee

Amy McMullen, *Clinician, Blue Butterfly Counseling*
Shi Lynn Coleman, *Community Partnership Director, Partners for Children's Mental Health*

Jill Romann, *Coroner, Douglas County*

Chief Kevin Duffy, *Law Enforcement Bureau Chief, Douglas County Sheriff's Office*

Maggie Cooper, *Special Project Manager and Community Response Team (CRT) Coordinator, Douglas County*

Laura Ciancone, *Mental Health Initiative Coordinator, Douglas County*

Lisa Stewart, *Director of Business Development, Highlands Behavioral Health System*

Julissa Soto, *Health Equity Consultant and Community Leader*

Laura Kinder, *Director, Empowering Aging, Spark the Change Colorado*

Jenn Conrad, *Director of Clinical Services, Signal Behavioral Health Network*

Emma Goforth, *Mental Health Policy and Promotion Manager, Tri-County Health Department*

Stephanie Asch, *Client Access Manager & Zero Suicide, AllHealth Network*

Kelly Ulreich, *Special Projects, Highlands Behavioral Health System*

Stephanie O'Neill, *Crisis Team Lead, Douglas County School District*

Ashleigh Phillips, *Provider Outreach & Community Relations, Porter Adventist Hospital – Behavioral Health Services, Centura*

Stephanie Crawford-Goetz, *Mental Health Director, Douglas County School District*



Suicide in Douglas County

Over the five year period 2016-2020, Douglas County had 273 suicide deaths and 1,903 individuals who were seen in the emergency department (ED) because of a suicide attempt or self harm. Suicide was the second leading cause of death for those aged 15-44. The majority of suicide deaths during this time period were men (73.6 %) and 63.5 percent of ED visits for suicide attempts or self harm were among women.

60%

Nearly 60% of those who died by suicide between 2008 and 2018 had a current diagnosed mental health problem.

31%

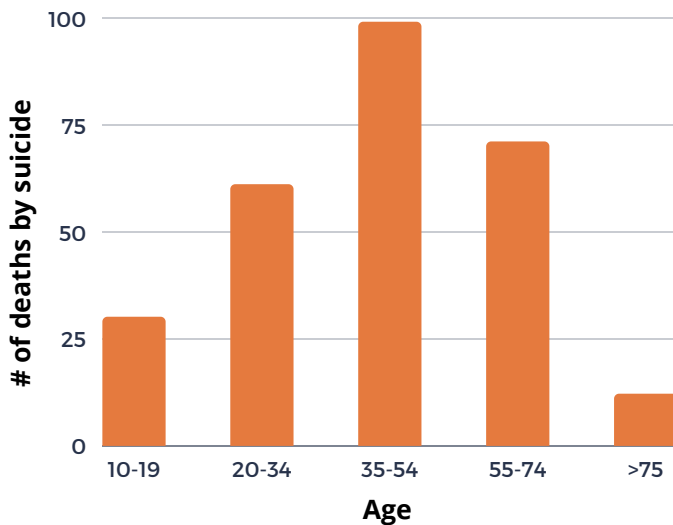
Nearly 31% of Douglas County high school students reported they felt so sad or hopeless they stopped doing usual activities almost every day for 2+ consecutive weeks over the past year (2019). For LGB students this is significantly higher at 56% for bisexual students and 46% for Lesbian and Gay students.

51%

Slightly more than half of suicide deaths in Douglas County between 2016 and 2020 were by firearm.

2016-2020 Data

DOUGLAS COUNTY, CO



AT-RISK AGE GROUPS

Suicide is the #1 cause of death for people aged 5-14 and 15-24 years old.

Data source: Vital Statistics Program,
Colorado Department of Public Health and Environment

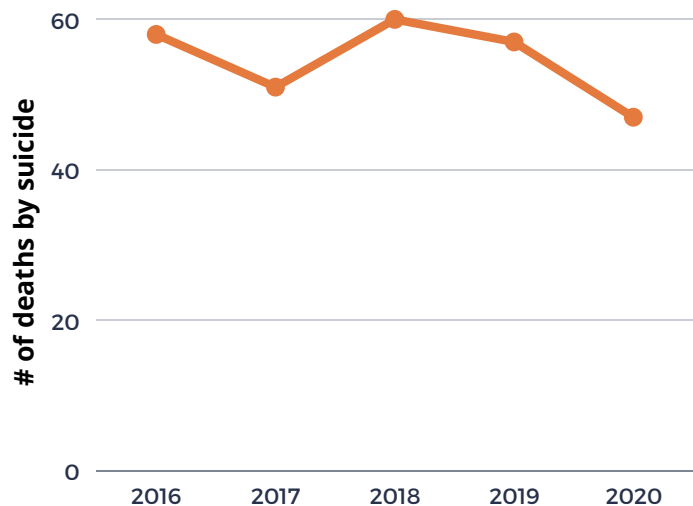
DECLINE IN DEATHS FROM SUICIDE

From 2018-2020, deaths from suicide in Douglas County decreased by 21.7%.

INCREASE IN INTENTIONAL SELF-HARM

Though the total # of deaths from suicide decreased, the total # of ED visits for intentional self-harm increased by 9% (N=1,903).

Data source: Douglas County
Community Health Assessment



CIRCUMSTANCE DATA (2014-2019)

#1

Non-paid workers or non-workers had the highest number of suicides by industry

61.7%

Of people who died by suicide had been treated for a mental health problem

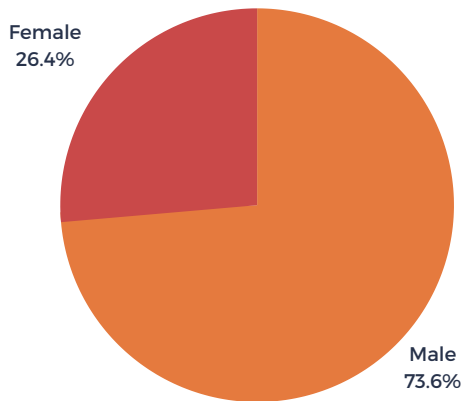
57.9%

Of people who died by suicide had a history of suicidal thoughts or plans

Data source: <https://cdphe.colorado.gov/cohid>

2016-2020 Additional Data

DOUGLAS COUNTY, CO

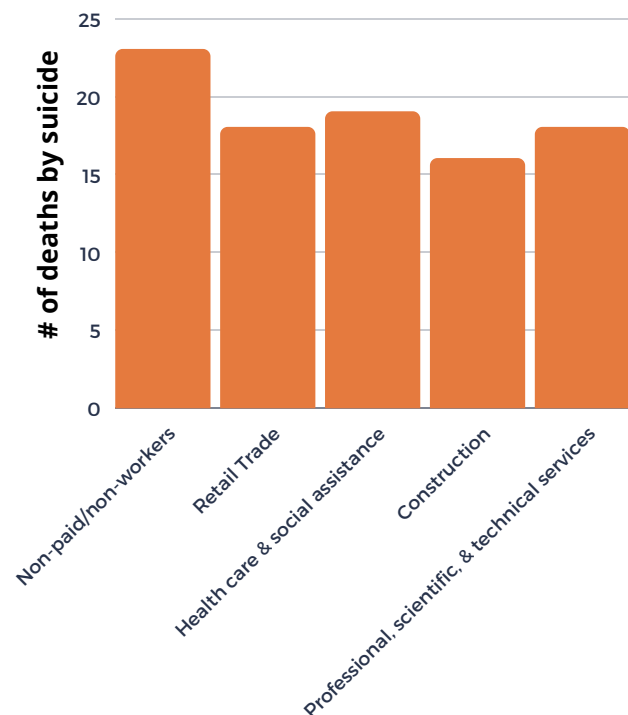


BREAKDOWN BY SEX

Of the 273 total suicide deaths, N=201 were male and N=72 were female.

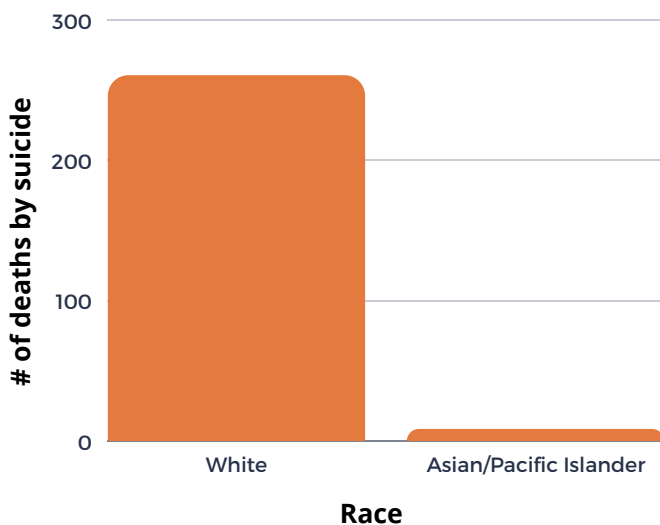
TOP 5 AT-RISK INDUSTRIES

From 2016-2019, nonpaid or non-workers (retired or unemployed) saw the highest number of suicide deaths.



BREAKDOWN BY RACE

N=260 White and N=8 Asian/Pacific Islanders died by suicide from 2016-2020, mirroring the current population breakdown of Douglas County (for other races the data is suppressed when the numbers are fewer than three).



Priority Strategies

Suicide is associated with several overlapping risk and protective factors. Prevention strategies focus on mitigating risk and increasing the things that safeguard against the risks associated with suicide. The DCMHI Suicide Prevention Planning Committee identified and defined the following priority strategies.

Connectedness



People in Douglas County are connected to:

- Safe, inclusive environments where they can find affinity with others
- Healthy and caring relationships where they live, work, play, pray, get healthcare or get support
- Their own sense of value and self-worth
- Prosocial activities and resources to promote healthy behaviors

Access to and Coordination of Resources



People in Douglas County have access to coordinated resources and services that convey respect, support and cultural competence, achieving a sense of belonging, purpose and hope, including:

- Access to support and services in formal (i.e., government and non-profit services) and informal/natural settings (i.e., family, faith and community-based clubs, groups, etc.)
- Access to aligned resources that prevent crises

Resilience



People in Douglas County are resilient with the skills to:

- Cope with adverse situations
- Problem solve
- Adapt to change
- Recognize and communicate about their own feelings and the feelings of others respectfully and with compassion
- Communicate about difficult topics
- Be courageous in the face of fear

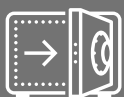
Positive Social Norms/Cultural Beliefs



People in Douglas County have positive and healthy social/cultural beliefs and norms about:

- Emotional/mental health
- Help seeking
- Expectations of others about success
- Identity (e.g., race/ethnicity, gender)

Limiting Access to Lethal Means



People in Douglas County understand actions they can take to:

- Safely store or temporarily remove potentially lethal medications when worried about a person at risk for suicide
- Safely store or temporarily remove firearms when worried about a person at risk for suicide

Recommended Activities and Initiatives

Suicide is a complex issue rooted in intersecting biological, psychological and social risk factors. Reducing suicide deaths and attempts in Douglas County will require cross sector partnerships dedicated to implementing interventions across the continuum from prevention to treatment and recovery, or postvention (following a suicide attempt or death).

The DCMHI Suicide Prevention Planning Committee selected *connectedness, access to and coordination of resources, and resilience* to focus on first.

Below is an overview of recommended activities, and evidence-based or promising practices in suicide prevention. It is recommended these activities be considered in the context of the mental health and suicide prevention frameworks as a guide for community work.

Central to suicide prevention is ensuring an approach that honors and prioritizes culturally responsive, equitable and inclusive interventions. This is true in the development, implementation and evaluation of all prevention activities.

Connectedness



- Implement peer support programs
- Promote community engagement, especially with affinity groups
- Increase youth mentoring programs and number of adult mentors
- Provide more inclusive spaces

Access to/Coordination of Resources



- Provide up to date information about community resources
- Provide information about red flag laws to at risk individuals and families
- Increase access to natural respite support in the community
- Increase knowledge, use and capacity of the Follow Up Project
- Increase knowledge, use and capacity of the Community Response Team

Resilience



- Increase access to resources that drive health such as transportation, physically and emotionally safe environments
- Implement programs that team emotional intelligence, problem solving skills, help seeking, communication, etc.

Positive Social Norms/Cultural Beliefs



- Implement social norms campaigns that normalizes help seeking (e.g., Let's Talk)
- Align activities with DCMHI Workgroup 2 and the Blueprint Goal 2

Limiting Access to Lethal Means



- Implement education and counseling about storing medications and firearms safely in a locked and secure place or other secure location away from people who may be at risk (e.g., ED CALM).
- Implement Colorado Gun Shop Project

Next Steps

This roadmap serves as a guide to the DCMHI as they incorporate additional suicide prevention strategies and activities into their work. A workgroup of the DCMHI will advance the recommended activities by developing a workplan and timeline for implementation. The workplan should consider short and medium term impacts associated with activities. An important first step in determining the workplan is to create a logic model with resources/inputs, priority strategies, activities and outcomes (short, medium, long-term) to aid in adding detail to the activities and interventions to be evaluated.

Important additional information regarding evidence based and promising practices is available through a suicide prevention technical package created by the Centers for Disease Control and Prevention (CDC) located [here](#). The Suicide Prevention Resource Center provides information on [effective suicide prevention programs](#). Finally, the Office of Suicide Prevention for the State provides information about programs they endorse and fund through their community grant making efforts, as well as an [annual report](#).



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