



INJURY PREVENTION

Indian Health Service

Aberdeen Area

December 2008

Suicide Prevention

Suicide is an ever growing problem in Indian Country. Among American Indians/ Alaska Natives 15-34 years of age, suicide is the second leading cause of death. In the Aberdeen Area in 2005-2006 Suicide was the 3rd leading cause of injury death , with the highest rates in the 15-24 year age group and ages 25-34 right behind that.

Suicide affects everyone but deaths are only part of the problem. More people survive suicide attempts than actually die. It is estimated that for every 23 attempts there is one death. In the Aberdeen Area females attempt more than males. Individuals who survive a suicide attempt still have problems such as depression and interpersonal conflicts.

Suicide also affects the community . Families and communities many times are at a loss as to handle the individual, and, from a broader community standpoint how to

handle the large numbers of youth who make the attempts. In addition, the medical costs and lost wages associated with suicide also take their toll on the community, and in Indian Country, our limited Contract Health funding.

WHO IS AT RISK?



We already know, from a statistical standpoint that young people between the ages of 15-24 are a high risk group. Males are more likely to complete suicide. In some populations there are also high rates for the elderly.

RISK FACTORS

- Talking about, or having thoughts about suicide
- Seeking lethal means to kill oneself
- Purposeless-no reason for living
- Anxiety or agitation
- Insomnia
- Substance abuse—excessive or increased
- Hopelessness
- Social Withdrawal—from friends, family or society
- Anger-uncontrolled rage/ seeking revenge/partner violence
- Recklessness-risky acts/unthinking
- Mood changes
- Past suicide attempt
- Triggering events—leading to humiliation, shame, or despair, loss of relationship, financial, or health status—real or imagined

Special points of interest:

- *Risk Factors for Suicide*
- *Protective Factors for Suicide Prevention*
- *The Public Health Approach to Suicide Prevention*
- *Community Injury Interventions*



Inside this issue:

The Public Health Approach to Suicide Prevention	2
Suicide Evaluation in the ED	2
Aberdeen Area Efforts	2
Snow Shoveling	3
Community Injury Interventions	3
Child Passenger Safety	3

PROTECTIVE FACTORS

- Effective clinical care for mental, physical and substance use disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Restricted access to highly lethal means of sui-

cide, i.e., locked gun cabinets, proper home medication storage

- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships

- Skills in problem solving, conflict resolution and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self preservation





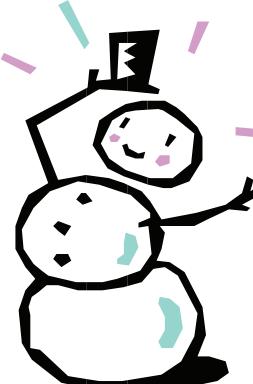
The Public Health Approach to Suicide Prevention

The Public Health approach to suicide prevention identifies patterns of risk and behavior in groups of people. This is different than the medical model which focuses on individuals. The Public Health approach has 5 steps. They are:

- Clearly define the problem by collecting data and other information
- Identify risk and protective factors. Risk factors are associated with (or lead to) suicides and suicide attempts. Protective factors reduce the likelihood of suicide
- Develop and test interventions. Most interventions seek to reduce risk

factors and/or determine if they actually work before being disseminated and implemented.

- Implement interventions
- Evaluate effectiveness. Suicide prevention programs should always be evaluated to verify that they are working and to understand how to make them more effective in the particular situation in which they are being used



More information available at www.sprc.org

Finally, if interventions are actually having an effect, then additional data collection will help determine how the nature of the problem may be changing in response to those interventions. For example, it may be that an intervention which is successful at reducing suicide by one particular method, such as firearms, is contributing to an increase in the number of suicides by poison. Once the program has been re-defined, the cycle can repeat to address the new situation

Suicide Evaluation and Triage in the Emergency Department

Patients present to the ED for various medical problems and what the patient reports to the providers is what is addressed. However, many times those patients have secondary complaints that they don't always mention and/or the provider doesn't always ask about. This is especially true if the patient is having suicidal ideations, or thoughts. About 10% of all ED patients are thinking of

"1 in 10 suicides are by people seen in an Emergency Department within 2 months of dying. Many were never assessed for suicide risk."

suicide, but most don't tell. Therefore it is important for the ED providers to include suicide evaluation and triage as part of the overall evaluation and triage for ED patients. Policies and procedures and standards of care for the potentially

suicidal patient must be developed and be a part of the ED's other policies and procedures. For the potentially suicidal patient this must include evaluation and

rapid triage for high risk patients, moderate risk patients, low risk patients, discharging of these patients, and also for those who elope. These policies and procedures must address evaluation, intervention and documentation. In addition to policies/procedures , and standards of care, providers must realize that patients may not spontaneously report suicidal ideation. Patients must be asked directly and collateral information must be sought from family members, friends, EMS personnel, police and others.

Suicide Prevention Efforts in the Aberdeen Area

A couple of projects aimed at suicide prevention are ongoing in the Aberdeen Area. Mental Health First Aid (MHFA) is a training to increase mental health literacy. Participants of the training learn a 5 step process that teaches them to assess a situation, select and implement appropriate interventions and help the individual in crisis connect with appropriate care. This is a 12 hour course that can be taught in 2 days or in 3 four hour ses-

sions. MHFA is intended for a variety of individuals such as friend, family, police, educators, etc.

QPR....Question, Persuade, Refer...is another project. QPR trains community members and interested agencies on 3 steps anyone can learn to help pre-



For more information contact Bobbi Bruce, Area Behavioral Health at (605)2 26-7341

vent suicide. Just like CPR, QPR is an emergency response to someone in crisis and can save a life. There are currently 134 certified QPR trainers in the Aberdeen Area.



Shoveling Snow?

Are you taking proper precautions when shoveling your driveway? Do you know what the proper precautions are? Snow shoveling can result in possible injuries to the back and shoulder muscles without the proper precautions. Types of injuries include sprains and strains to the back and shoulder in addition to lacerations and finger amputation's. Some of the precautions you take should be:

Check with your doctor: Snow shoveling places high stress on the heart

Clear snow early and often: Shoveling is much easier when there is a light layer as opposed to when it is heavy and packed

Warm up your muscles: Warm muscles



for at least 10 minutes with light exercise. Warmed muscles are more flexible and less prone to injury

Use a shovel that is comfortable for your

height and strength: Don't use one that is too heavy or too long for you. Space your hands on the tool grip to increase your leverage.

Push the snow instead of lifting it: Take small amounts of snow and lift with your legs: Squat with your legs apart, knees bent and back straight. Lift by straightening your legs, without bending at the waist. Then walk to where you want to dump the snow; holding a shovelful of snow with your arms outstretched puts too much weight on your spine.

Do not throw snow over your shoulder or to the side: This requires a twisting motion that stresses your back

Community Injury Interventions

The I.H.S. Office of Environmental Health is very excited about the direction that they will be taking in the upcoming year.

For the past 3 years the staff have been collecting data from medical charts on the injuries that present to the medical facilities. This is in addition to mortality data received from the State. From this data collection come a community profile. This profile provides information about the type of injuries a community is experiencing, ages of those in-

Preventable injuries affect families and communities. They take individuals in the prime of life, affecting families, the workforce and deplete already taxed medical funds.

volved, gender, location, hospitalization vs. out-patient status and other information which can be used when one wants to take actions to intervene.

Now, with the 3 years of data, the Field Sanitarians will be undertaking specific interventions in your communities to combat the injuries. These intervention may be in the area of motor vehicle crashes, falls, suicide or assaults. The combined profile for the Aberdeen Area found that motor vehicle crashes were the leading cause of

injury death while falls were the leading cause of injury. It also found that assaults are rapidly increasing.

The Field Sanitarians will be working with the Police Departments, CHR's, EMT's, PHN's, and Community Members as necessary to undertake these interventions and, thus decrease the death, injuries and medical costs which occur as a result of preventable injuries.

So, please work cooperatively with the Field Sanitarians to combat injuries. Injury Prevention is everyone's responsibility.

Child Passenger Safety

Everyone should have a commitment to insuring children are safe while riding as passengers in a motor vehicle. However, some statistics find that as many as 80% of child safety seats are improperly installed. So, it is not enough that children are in their seats...the seat must also be properly installed.

How does one assure that children in their communities are in properly installed safety seats? They commit to having Child Passenger Safety Technicians in

their community. They commit to assuring the parents are educated in the use and installation of these seats, and they assure that there are laws and ordinances requiring the use of these seats, and, finally, they insist that law enforcement are vigilant in enforcing these laws.

Child Passenger Technician Certification courses are offered in all States. Check with your local Sanitarians for dates and locations for your Area.

The Aberdeen Area Office of Environmental Health/Injury Prevention would like to wish everyone safe and Happy Holidays and remind you to always wear your seatbelt!

For questions or comments on this issue contact:

Kathay Wilson, Deputy Area IP Specialist
(605) 867-3147