

Georgia Suicide Prevention Program

ANNUAL SUICIDE PREVENTION PROGRAM REPORT: 2020



Georgia Department of Behavioral Health & Developmental Disabilities Office of Behavioral Health Prevention & Federal Grants Director Jill Mays, MS, LPC 2020



Rachael Holloman Director of Suicide Prevention

Shevon Jones GLS Youth Suicide Prevention Coordinator





Justin Powlison SPF Suicide Prevention Coordinator

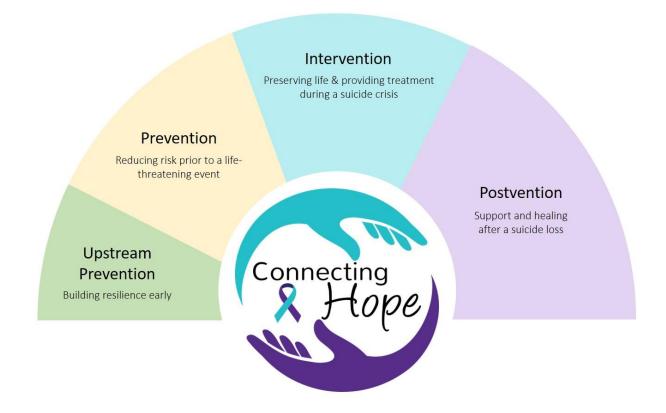
Erin Conaway Suicide Prevention Specialist



The Suicide Prevention Program

The Suicide Prevention Program, housed within the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) Office of Behavioral Health Prevention and Federal Grants (OBHPFG), is the legislatively established and mandated program responsible for overseeing statewide suicide prevention efforts per Georgia Code § 37-1-27.

Through a multi-faceted approach of trainings, public policy, and evidence-based strategies, the Suicide Prevention Program team works with government agencies, behavioral health organizations, community partners, non-profit organizations, educators, clinicians, and first responders to support prevention efforts across the spectrum of suicide prevention.



Suicide in Georgia

Georgia ranks 31st in suicide deaths in the United States. From 2018 to 2019 the age-adjusted rate rose slightly from 14.5 to 14.6. A total of 1,582 suicide deaths were confirmed, amounting to 46,294 years of potential life lost. Using emergency department and hospital data, there were at least 10,363 attempts; many more experienced serious thoughts of suicide.

Firearms were the most common means of suicide death, followed by suffocation, then poisoning. Although suicide crises affect people of all ages, races, ethnicities, and genders, non-Hispanic middle aged white males were the demographic group with the highest disparity in suicide deaths in the state.

Greetings from the Director

Greetings from the DBHDD Suicide Prevention Team. Wow, what a year 2020 was. I'm not sure I can even put into words what it was like to leave work in March 2020 expecting to come back in a couple of weeks only to still be working from home a year later.

COVID brought an increase in isolation, stress, health issues, worry, and a myriad of other feelings and obstacles to individuals and families in the State of Georgia, the United States, and around the world. However, despite COVID and all the challenges that it brought, suicide prevention work did not stop in 2020. In 2020 we (along with everyone else) found new ways of doing things including virtual trainings, resources that could be sent electronically, virtual meetings, and so many other ways to stay connected while staying safe. In fact, I would argue that suicide prevention work became more important than ever in 2020 and is increasingly important as we move forward in 2021.

First, I want to give a big thank you and shoutout to the DBHDD Suicide Prevention Team as well as the staff of the DBHDD Office of Behavioral Health Prevention and Federal Grants. This group has continued to do amazing work for the State of Georgia despite any challenges that COVID may have thrown in their path.

One of the biggest accomplishments put forth by the Suicide Prevention Team (and many of Georgia's top leaders and stakeholders) in 2020 was the distribution of the 2020-2025 Georgia Suicide Prevention Strategic Plan and the start of the Georgia Suicide Prevention Task Force. DBHDD has joined with partners and agencies all across the State of Georgia in an effort to make suicide prevention a statewide initiative.

This was just one of the many amazing accomplishments of the Suicide Prevention Team in 2020 and this report is full of examples of the hard work that continued despite COVID. As we move forward in 2021, suicide prevention is more important than ever due to an increase in depression and anxiety across all ages and genders. We will be expanding programs, working on new programs, completing grants from previous years, partnering on new prevention efforts, and so much more. While I am so proud of the suicide prevention accomplishments of this team and our stakeholders in 2020, I am excited for the future as we continue to strengthen and grow suicide prevention efforts in the State of Georgia in 2021.

Rachael S Holloman, LPC

DBHDD Suicide Prevention Director

2020 Program Highlights

2020-2025 Georgia Suicide Prevention Strategic Plan

A major milestone of 2020 was the completion and launch of the 2020-2025 Georgia Suicide Prevention Strategic Plan. This new document serves as a comprehensive update to the previous Strategic Plan released in 2015.

A statewide workgroup of more than fifty suicide prevention stakeholders collaborated for over a year to prepare this new Strategic Plan with guidance provided by national and local entities, including the Centers for Disease Control and Prevention, Suicide Prevention Resource Center, Georgia Department of Public Health, National Alliance on Mental Illness, Georgia Bureau of Investigations, and SPAN-GA.

The Strategic Plan offers priority goals, objectives, and strategies to help guide suicide prevention efforts across the state over the next five years, and is designed so that any person, community, agency, institution, or organization interested in suicide prevention can take steps to implement the outlined recommendations. The Strategic Plan will also be useful for policy and decisionmakers to gauge Georgia's suicide prevention efforts and determine what still needs to be accomplished.

Subsequently, an Evaluation Plan was finalized in partnership with Dr. Dorian Lamis of Emory University, and the Georgia Suicide Prevention Task Force was formed to help guide implementation and evaluation efforts of the Strategic Plan.

Networking Across the State

In 2020 the Suicide Prevention Program continued to expand its partnerships across the state through such groups as the Georgia Suicide Prevention Coalition Network, Georgia Suicide Prevention Stakeholder Network, Georgia Suicide Prevention Clinician Network, Georgia Mental Health Trainer Network, our Community Advisory Council, and the newly formed Georgia Suicide Prevention Task Force.

Additionally, the Program was able to increase collaboration with partners at the Department of Public Health, the State Epidemiological Outcomes Workgroup, as well as other DBHDD programs including the State Opioid Response, the Office of Children, Young Adults and Families, and Quality Improvement.

Georgia Suicide Prevention Coalitions

As organizations began to define what virtual working environments looked like in 2020, Georgia's Suicide Prevention Coalitions were also envisioning the future of suicide prevention in a virtual space. In the initial stages of the transition, 25 coalitions across the state moved to hosting virtual meetings and worked to build and strengthen their presence online. Many groups extended their outreach efforts through partnerships with local schools, distributing information and support resources to families and youth through meal programs. Several coalitions also expanded their messaging to include newspaper, radio, and television outlets to maximize their reach.

During Suicide Prevention Month in September 2020, coalitions hosted a variety of virtual events to promote hope and encourage connection. Just a few of the events that were hosted include: • Live and virtual proclamation signings

- Question. Persuade. Refer. (QPR) Trainings
- Virtual community forums
- Online film screenings of movies such as *The Ripple Effect*, *The S Word*, and *Screenagers*
- Facebook Live events
- Survivors of Suicide Attempt group
- Distribution of suicide prevention resources on lethal means safety, self-care, and COVID-19 resources
- Virtual fun runs
- Virtual photo and video challenges
- Community events promoting messages of hope

As the year closed, coalitions continued to host virtual events to promote connection and wellness, organize and participate in virtual walks, and plan postvention supports for survivors, as well as develop home and lethal means safety campaigns.

The team also launched an interactive map, showing locations and contacts for all coalitions in Georgia.

Postvention Services

The Suicide Prevention Program continued work to help connect survivors to healing resources and support after loss. This support included providing direct connections to individual survivors as well as providing technical support to communities, schools, organizations, and coalitions to strengthen postvention response.

In October the team released a new resource guide, Support for Survivors of Suicide Loss, to provide resources that can help survivors navigate grief as well as information about community and counseling supports to aid in healing. In addition to the release of this booklet, the resources were also made available to the public through the Georgia DBHDD website at https://dbhdd.georgia.gov/sos-resources.

COVID-19 Emergency Response for Suicide Prevention

The COVID-19 Emergency Response for Suicide Prevention Grant is a 16-month grant awarded to DBHDD as a direct response to COVID-19. As an integral part of this grant the Program has

contracted with Community Service Boards (CSBs) in seven counties and community partners to serve adults age 25 and older, including older adults, who are at high risk (including victims of domestic violence and unemployed workers) for or have attempted suicide and live in seven of the state's counties that have the greatest number of confirmed COVID-19 cases, hospitalizations, and total deaths (as of May 18, 2020). These counties include: Cobb, Clayton, DeKalb, Dougherty, Fulton, Gwinnett, and Hall.

Within those counties, DBHDD has contracted with the following CSBs to provide suicide prevention services for adults age 25 and older who have had a suicide attempt and live in one of the seven target counties:

Provider	Counties
Aspire Behavioral Health	Dougherty
Avita Community Partners	Hall
Clayton County Community	Clayton
Service Board	
Cobb Community Service Board	Cobb
ViewPoint Health	DeKalb, Gwinnett, Fulton

In addition to expanded services provided by the participating CSBs in target counties, the Suicide Prevention Program and partners will provide suicide prevention gatekeeper training, incorporate COVID-19 and domestic violence information in relevant policies and protocols, and implement two certified peer specialist pilots through Grady Memorial Hospital and a CPS-OA program in collaboration with the Division of Aging.

Garrett Lee Smith (GLS) Youth Suicide Prevention Grant

The Garrett Lee Smith (GLS) grant ended January 2021 and focused on youth, age 10 to 24, living in three Georgia counties (Bartow, Newton, and Oconee) with youth suicide death rates higher than the national average of 8.02 for the years from 2011 - 2013. Selected populations of focus included African American youth, youth suicide attempters, and family members of youth who have been identified with suicide ideation or a suicide attempt. Community assessments in each county help identify county specific populations of focus. The project target was for 1,000 to be served annually with a total of 5,000 over the life of the 5-year project in Bartow, Newton, and Oconee counties.

GLS Accomplishments for Fiscal Year 2020 Include:

- Cognitive Behavior Therapy Suicide Prevention (CBT- SP) 52 trained in August 2020 and 67 trained in January 2021.
- Attachment-Based Family Therapy (ABFT) 32 trained in August 2020 and 26 trained in January 2021.

- Counseling on Access to Lethal Means T4T 12 Trainers trained in June 2020, and 33 Trainers trained in January 2021.
- Suicide Bereavement Clinical Training 100 trained in December 2020.
- Due to COVID beginning in March 2020 our program faced many barriers. Our coordinators and peers utilized social media and virtual trainings as a means of connecting with the community in a meaningful and impactful way.
- ViewPoint Health was able to implement and continue services for the Didi Hirsch Suicide Attempters Group despite COVID. This site was able to show great engagement from individuals involved, even after switching to virtual sessions. In addition, VPH was able to integrate the survivor group model into their overall program.

GLS sites have completed several community mental health projects, prevention week activities, and assisted in providing overall mental health support due to COVID needs.

Governor's Challenge to Prevent Suicide

SAMHSA has partnered with the United States Department of Veterans Affairs (VA) to bring the Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families (SMVF) to states and communities across the nation. For the Governor's Challenge, Georgia is one of the 27 states taking part in the challenge and working to develop and implement state-wide suicide prevention best practices for SMVF, using a public health approach.

Georgia is currently in Phase 3, which is the Implementation Phase. The Governor's Challenge is an intensive process that takes each state team through the stages of both a Policy Academy model and an Implementation Academy model. These models offer a proven process and foundation for bringing policy-to-practice change in state behavioral health care systems. Technical Assistance is provided by SAMHSA's SMVF TA Center throughout this process.

Strategic Prevention Framework for Suicide Prevention (SPF-SP)

Five contracted Strategic Prevention Framework for Suicide Prevention providers actively implemented evidence-based suicide prevention strategies in eleven counties with identified high suicide burden. The SPF-SP providers had to rapidly shift their approaches based on COVID-19 restrictions but were able to adapt admirably and continue to execute high-quality prevention work in their communities.

- Increase the availability of suicide prevention gatekeeper trainings for DBHDD Regions 1, 2, 3, 4, 5, and 6.
- Decreased perceived stigma surrounding the topic of suicide for youth and adults in counties identified with high suicide burden.
- Increase awareness of suicide prevention and intervention services for DBHDD Regions 1, 2, 3, 4, 5, and 6.
- Increase use of evidence-based suicide prevention strategies in counties identified with high suicide burden.
- Collaborate with existing and/or emerging suicide prevention coalitions to achieve local objectives that contribute to state level positive outcomes.

Behavioral Health Regions	Counties
Region 1	Towns, Union
Region 2	Richmond, Jones
Region 3	Gwinnett
Region 4	Grady, Colquitt
Region 5	Camden, Brantley
Region 6	Crawford, Peach

Mental Health Awareness Training (MHAT) Grant Project

The Georgia DBHDD Mental Health Awareness Training (MHAT) Project is a federally funded three-year program to train individuals to recognize the signs and symptoms of mental health disorders, educate individuals about mental health resources in the community, establish links with mental health agencies to refer individuals to appropriate services, and train gatekeepers and first responders to employ crisis de-escalation techniques.

In Year 2, in collaboration with our MHAT Project contracted host sites we were able to promote and offer 28 trainings as well as sponsor several supplementary trainings through our Georgia Mental Health Trainer Network.

Significant adjustments were required due to the COVID-19 pandemic and resulting rules, guidance, and best practices surrounding in-person trainings, as well as the availability of virtual / remote learning opportunities for certain selected training modalities. The decision was made to first reschedule, and then ultimately cancel all remaining in-person training activities scheduled through the end of November 2020. In place of that, we opted for an entirely virtual training approach reaching every region of the state with virtual QPR, virtual AMSR, and QPR Trainer Certification Self-Study cohorts.

Despite these challenges the project exceeded its Year 2 objectives, training almost 600 individuals.

The Year 2 evidence-based mental health and suicide prevention trainings offered included:

- Applied Suicide Intervention Skills Training (ASIST)
- Assessing and Managing Suicide Risk (AMSR)
- Mental Health First Aid Instructor Training (MHFA TOT)
- Question, Persuade, Refer (QPR)
- Question, Persuade, Refer Trainer Certification (QPR TOT)
- Question, Persuade, Refer Trainer Certification Self-Study (QPR TOT)

American Foundation for Suicide Prevention (AFSP)

In 2020 the Suicide Prevention Program contracted with the American Foundation for Suicide Prevention to coordinate Suicide Bereavement Clinical Training, conduct Healing Conversations within the community, and assist efforts for Suicide Prevention Day at the Georgia Capitol.

As a result of the partnership, AFSP was able to help train 100 clinicians in the Suicide Bereavement Clinical Training, conduct one in-person and one virtual Suicide Prevention Day at the Capitol, and assist an average of 5-10 individuals monthly for healing conversations within the community.

Mental Health America of Georgia

The Suicide Prevention Program also contracted with Mental Health America of Georgia to provide Mental Health First Aid and Question, Persuade, Refer (QPR) trainings for target community members, including public safety personnel, individuals living in high burden and rural communities, and those who serve older adults.

Mental Health America of Georgia exceeded their targets by training 139 participants in Mental Health First Aid and 381 participants in QPR.

New Materials

In early 2020 the Suicide Prevention Program released a series of **Suicide in Georgia Data Sheets**: State Profile; Youth; Older Adults; Ideation & Behavior; Year, Age & Means; County & Geography; and Sex & Race / Ethnicity. These data sheets were used to help educate members of the community and further inform the prevention work of stakeholders.

The Program also produced **Support for Survivors of Suicide Loss**, a free guide for anyone who has experienced the loss of someone to suicide. Support for Survivors is designed to connect survivors with resources to help them navigate grief and to aid in healing. The guide covers

resource materials and support programs from national organizations, such as the American Association of Suicidology (AAS) and the American Foundation for Suicide Prevention (AFSP), to local resources, such as Survivors of Suicide (SOS) Support Groups. Also included is information about therapeutic supports, including where to find care and types of therapies that survivors may find helpful.

Likewise, the Program produced **Suicide Prevention: A Guide for Faith Communities**. This downloadable and shareable electronic brochure is designed with diverse faith communities in mind and provides some key information for faith leaders to reduce stigma, spot warning signs, and access resources to better prevent suicide in their congregations and communities.

2021 Preview

The Suicide Prevention Program team looks forward to the continuation and expansion of many ongoing projects in 2021, as well as the introduction of brand-new initiatives, including:

- Preparing for the adoption of 988
- Updating the DBHDD Suicide Prevention Policies
- The development of our Suicide Prevention Clinical Consultation & Training
- Launching a Lethal Means pilot project
- Unveiling a standalone Georgia Suicide Prevention website
- And much more!

Connect

contact us at: suicide.prevention@dbhdd.ga.gov visit us at: dbhdd.georgia.gov/suicide-prevention

A Fresh Perspective



Jennie Lambert became DBHDD's first Suicide Prevention Program Intern coinciding with the 2020-2021 academic year. She is a third-year Ph.D. student at Georgia State University pursing a degree in Sociology. Jennie also has her bachelor's degree in psychology and master's in Women's, Gender, and Sexuality Studies. Her master's thesis focused on women with borderline personality disorder (BPD), who have high rates of suicide attempts and self-harm.

"As the first suicide prevention intern at DBHDD, I have learned that suicide prevention is multifaceted. Suicide prevention includes people from family and friends to healthcare providers to the government to community members; suicide prevention is an all-inclusive effort. Suicide prevention has to be an all-inclusive effort because we could encounter someone who is suicidal at any time and we need to be prepared to offer support. One of the main things I have learned at DBHDD is that training others is essential. Whether it is QPR (Question, Persuade, Refer), safeTALK, MHFA (Mental Health First Aid), ASIST (Applied Suicide Intervention Skills Training), or AMSR (Assessing and Managing Suicide Risk), suicide prevention trainings help prepare the general public, as well as specialists, to support those who are suicidal.

During my internship, I have had the pleasure of engaging in many projects. First, I was able to assist the suicide prevention team in updating their policy. Their policy is a document that guides clinicians who are dealing with suicidal individuals. I was able to give my feedback on how to improve this document and my ideas were incorporated in updating the document. Second, I was able to sit in on phone calls relating to the SAMHSA (Substance Abuse and Mental Health Services Administration) COVID-19 Grant. This grant is aimed at providing services around suicide prevention and domestic violence during the COVID-19 pandemic. By sitting in on phone calls, I was able to better grasp the complexities of grants and how they work.

Third, I had the pleasure of making a flyer and attending coordination meetings for the Paint and Prevent Event with the substance abuse team. This event was targeted to educate children about drug abuse while they followed a painting tutorial online. During my time on this project, I was able to learn what all goes into coordinating a large-scale event. Fourth, I have been able to be a part of the preliminary aspects of Safe and Secure, as well as the Girl's Summit. Safe and Secure is a project aimed at reducing access to lethal weapons and the Girl's Summit is aimed at supporting adolescent girls who are at risk for suicide. While still in the preliminary stages, I have been able to see how events targeted at different groups need to be shaped accordingly.

Overall, my time with DBHDD has been rewarding, not only because of what I have learned and the projects I have engaged with, but because I have had personal growth. Coming into this internship, I was skeptical of suicide prevention efforts because I thought they would cast a negative stereotype on individuals who are suicidal, but I was completely wrong. Suicide prevention efforts empathize with individuals who are suicidal and center on the individuals' needs. Suicide prevention efforts care about the individual and do not blame them for their plight. I am grateful to have had this opportunity and I hope the future interns get as much out of this internship that I did."