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## 2010 Nebraska State Suicide Prevention Summit Final Report

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**2010 Nebraska State Suicide Prevention Summit**  
**Final Report**  
**February 23, 2010**

Prepared by the University of Nebraska Public Policy Center for the  
Nebraska Department of Health and Human Services Injury  
Prevention Program

[www.ppc.nebraska.edu](http://www.ppc.nebraska.edu)

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## Acknowledgments

The Nebraska State Suicide Prevention Summit was convened by the Nebraska State Suicide Prevention Coalition, and co-sponsored by the Nebraska Department of Health and Human Services, BryanLGH Medical Center, Interchurch Ministries of Nebraska, and the University of Nebraska Public Policy Center. Individuals who served on the Summit Planning committee included Tarik Abdel-Monem, Don Belau, Denise Bulling, Marilyn Mecham, Dave Miers, Peg Prusa-Ogea, and Janell Walther.

The Suicide Prevention Summit and this report were funded by the Nebraska Department of Health and Human Services Injury Prevention Program through the Public Health and Health Services Block Grant, Grant Number: 2B01DP0093036-09 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

For more information contact Peg Prusa-Ogea, Injury Prevention Program, Nebraska Department of Health and Human Services, at [PegPrusaogea@nebraska.gov](mailto:PegPrusaogea@nebraska.gov).



## Summary

The Nebraska State Suicide Prevention Coalition convened the Suicide Prevention Summit on Friday, January 29<sup>th</sup>, 2010. The event was hosted by BryanLGH West in Lincoln, and 24 sites across the state participated via videocast through the Nebraska Statewide Telehealth Network. The goal of the event was to provide an overview of suicide as a public health concern in Nebraska, present opportunities to discuss local needs related to suicide prevention, and featured an introduction to best practices in suicide prevention.

The audience of the Summit was comprised of 270 community members, professionals, suicide survivors, and youth and adults interested in promoting suicide prevention practices in their communities.



Keynote remarks were provided by Dr. Tom Osborne, former congressman and Athletic Director of the University of Nebraska.

Keynote remarks were provided by Tom Osborne, Athletic Director of the University of Nebraska. He emphasized the importance of suicide prevention in youth, and highlighted mentoring as an example of a program supported by evidence that can make a difference for foster children and other at-risk groups. Dr. Osborne also shared his survivor story by describing how suicides of a childhood friend and a football player had impacted his own life. Dr. Joann Schafer, the Chief Medical Officer of Nebraska's Department of Health and Human Services, and Dr. Scot Adams, the

Director of the Division of Behavioral Health in Nebraska's Department of Health and Human Services, spoke about suicide prevention efforts and needs in Nebraska. Collette Wheeler and David Tuttle of Veteran's Affairs presented information about ongoing suicide prevention efforts for members of the military in Nebraska.

Members of the Nebraska State Suicide Prevention Coalition gave a number of informational presentations as well. Dave Miers, Counseling and Program Development Manager of BryanLGH Medical Center West, provided an overview of the data captured from participants at the time they registered for the Summit about current suicide prevention activities and needs in their communities across Nebraska. Peg Prusa-Ogea, of the Injury Prevention Program, Nebraska Department of Health and Human Services, provided an overview of statistics related to suicide for Nebraska. Don Belau, psychologist with the Youth Rehabilitation and Treatment Center at Geneva, provided a presentation about Local Outreach to Survivors of Suicide (LOSS), a program designed to provide support to



Elana Premack-Sandler of the Suicide Prevention Resource Center provided a keynote presentation on evidence-informed best practices to prevent suicide.

suicide survivors, normalize grief, and reduce the trauma of suicide. Marilyn Mecham, Executive Director of Interchurch Ministries of Nebraska, told participants about the Nebraska Rural Response Hotline, an informational and counseling hotline that provides assistance and information to those in need, particularly in rural parts of the state.

The Summit capped a week of Suicide Prevention activities sponsored by Nebraska's recently awarded Youth Suicide Prevention grant through the Federal Substance Abuse and Mental Health Services Administration. These activities featured a training session on suicide prevention activities using the Question, Persuade, Refer (QPR) model led by Dave Tuttle of the Nebraska VA. New QPR trainers were introduced to the Summit participants by Kate Speck of the University of Nebraska Public Policy Center.

Elana Premack-Sandler of the National Suicide Prevention Resource Center then briefed participants on what we know about evidence-informed and best practices for suicide prevention. Over a working lunch, participants convened in small discussion groups to review current activities in their communities to prevent suicide and brainstorm ideas for future prevention efforts. Facilitators were identified in advance by members of the Summit Planning committee to help generate discussion at all participating Summit sites.

Small groups were asked to discuss several questions of interest: (1) What are we doing in local communities to prevent suicide? (2) What more needs to be done? (3) How can evidence-informed best practices serve as models in our communities? Using the Telehealth network, small groups reported discussion results to all participating sites. There were a variety of themes that emerged as a result of the discussions. Almost all communities agreed that there were positive activities happening in middle and high schools. Larger communities, such as in Lincoln and Omaha, had additional programs within law enforcement, or foundation or faith-based activities. Smaller communities often only had resources available at schools, and reported needs for additional training and other resources that were accessible to the community. All communities noted that stigma remained a barrier to communication and education about suicide prevention, and further efforts must be made to promote frank communication

about suicide and depression within and among schools, parents, children, and professionals. Stigma in minority communities is a particular challenge that requires special skills and cultural competence and awareness. Media, schools, and faith-based entities have a strong role in disseminating information about suicide. Mentoring activities were mentioned across several sites to have positive influences on at-risk youth. A number of groups reported a need to focus on promoting ways to restrict access to lethal means of suicide like unsecured firearms or poisons in the home.



Close to 100 people convened at BryanLGH West Medical Center in Lincoln, the originating site of the Suicide Prevention Summit.

To close the Summit, Denise Bulling, Research Director of the University of Nebraska Public Policy Center, and Marilyn Mecham, Director of Interchurch Ministries of Nebraska, provided information about seed grants that are being made available by the Youth Suicide Prevention Project to initiate youth suicide prevention activities in Nebraska communities.

### Evaluation

All participants were provided with an evaluation form at the end of the Summit. Participants were asked to assess the value of the Summit and its perceived impact on a 5-point Likert scale (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree). Approximately 160 participants completed and returned evaluation forms.

Summit participants generally felt that the content of the Summit was valuable, appreciated the presenters, and believed that it would assist them in their future work. However, participants at some Telehealth sites experienced difficulties with hearing and seeing the Summit due to bandwidth limitations.

Mean scores are reported below:

	<b>Mean Score</b>
"Stated objectives were met."	4.19
"Speakers demonstrated a command of the subject."	4.06
"Speakers were professional and presented information without commercial or personal bias."	4.24
"Presentation methods and format were effective."	3.08
"The content was new and educational."	3.96
"Participation in this summit will improve my understanding and knowledge of this area."	4
"Participation in this summit will assist my future work in this area."	4.13

Participant comments on the evaluation questionnaire seemed to indicate they enjoyed the Summit, and viewed it as a good opportunity to learn about suicide prevention and network with other professionals and community members with an interest or background in the area:

*"This has allowed me to gather the tools needed to equip others to recognize the warning signs and offer help."*

*"Excellent opportunity for social networking and learning about new programs."*

*"I am a school RN. This will help me work with my team to implement prevention and support."*

Some participants offered suggestions to enhance future events like this Summit.

*“Very well run and organized. Maybe include more agencies and make it a longer conference.”*

*“I would like to have more resources to share with the youth I encounter each day. Information learned by participating in this will aid me in doing this.”*

Several participating sites reported technical issues that interfered with the telehealth connection:

*“Presentation methods were difficult due to poor technology via teleconference.”*

*“Did not receive a good enough connection to ever be able to understand what was being said.”*

A number of participants expressed hope that the Summit would lead to further activities in suicide prevention. Additionally, a few communities made plans to formalize efforts in their areas:

*“Hopefully there will be follow-up which will offer practical, how-to, experiential opportunities!”*

*“Wow! We really need some prevention measures in Alliance and this was great for us! We had 15 in attendance and had great feedback! We've got a group already formed from today! Thank you!”*

## Appendix 1: Agenda

### Nebraska State Suicide Prevention Summit

Objective: To spread awareness of suicide prevention activities and build local coalitions to stop suicide. **All times are CST.**

- 10-11:00 Education and Background Information
- Host: Dave Miers, BryanLGH Medical Center Mental Health Services
  - Remarks:
    - Dr. Joann Schaefer, Chief Medical Officer, Nebraska DHHS
    - Dr. Scot Adams, Director, Division of Behavioral Health, Nebraska DHHS
    - Dr. Tom Osborne, Athletic Director, University of Nebraska
  - Presentation of state suicide data: Peg Prusa-Ogea, Nebraska DHHS
  - Presentation on suicide prevention activities in Nebraska and the LOSS model by Don Belau, Youth Treatment Rehabilitation Center, Geneva, and Dave Miers, BryanLGH
- 11-12:00 Evidence-Informed Best Practices
- Presentation on evidence-informed best practices and promising practices by Elana Premack Sandler, Suicide Prevention Resource Center
  - Presentation by Colette Wheeler and David Tuttle, Suicide Prevention Coordinators, Veterans Affairs
  - Presentation on the Nebraska Rural Response Hotline by Marilyn Mecham , Interchurch Ministries of Nebraska
  - Question & Answer Session
- 12-2:00 Working lunch and discussion period
- Group Discussion Topics
- What are we doing in local communities to prevent suicide?
  - What more needs to be done?
  - How can some of the evidence-informed best practices serve as models?
- 1:50 Next steps: Dave Miers & Don Belau
- 2:00-3:00 Optional Technical Assistance on how to apply for mini-grant funds through the suicide prevention grant
- Denise Bulling, University of Nebraska Public Policy Center & Marilyn Mecham, Interchurch Ministries of Nebraska

Event Sponsors: Nebraska State Suicide Prevention Coalition; Nebraska Department of Health and Human Services; BryanLGH Medical Center; Interchurch Ministries of Nebraska; University of Nebraska Public Policy Center.





## Appendix 2: Participating Summit Sites

Alliance – 16 Attendees  
Box Butte General Hospital

Bassett – 6 Attendees  
Rock County Hospital

Chadron – 8 Attendees  
Western Community Health Resources

Crete – 7 Attendees  
Public Health Solutions

Grand Island – 8 Attendees  
Central District Health Department

Kearney – 15 Attendees  
Richard H. Young Hospital

Norfolk – 22 Attendees  
Faith Regional Health Services

Omaha – 22 Attendees  
Durham Research Center

Papillion – 12 Attendees  
Sarpy/Cass Department of Health & Wellness

Scottsbluff – 9 Attendees  
Panhandle Mental Health Center

South Sioux City – 14 Attendees  
South Sioux City Administrative Office

Wahoo – 1 Attendee  
Saunders Medical Center

Aurora – 4 Attendees  
Aurora Memorial Hospital

Burwell – 2 Attendees  
Loup Basin Public Health Department

Columbus  
Columbus Community Hospital

Falls City – 4 Attendees  
Community Medical Center

Hastings – 4 Attendees  
South Heartland District Health Department

Kimball – 4 Attendees  
Kimball Health Services Administrative Annex

North Platte – 9 Attendees  
West Central District Health Department

O'Neill  
North Central District Health Department

Pender  
Pender Community Hospital

Sidney – 13 Attendees  
Panhandle Mental Health Center

Superior  
Brodstone Memorial Hospital

York – 4 Attendees  
Four Corners Health Department

## **Appendix 3: Power Point Presentations**

### **Inventory of Existing Suicide Prevention Services and Needs**

Dave Miers, Counseling and Program Development Manager, BryanLGH Medical Center West  
.....Dave.Miers@bryanlgh.org

### **Suicide in Nebraska**

Peg Prusa-Ogea, Injury Prevention Program, Nebraska Department of Health and Human Services  
..... Peg.Prusaogea@nebraska.gov

### **Local Outreach to Survivors of Suicide**

Don Belau, Youth Rehabilitation and Treatment Center at Geneva  
..... Don.Belau@nebraska.gov

### **The Nebraska Rural Response Hotline**

Marilyn Mecham, Interchurch Ministries of Nebraska  
.....im50427@windstream.net

### **Evidence-Based and Evidence-Informed Practices in Suicide Prevention**

Elana Premack Sandler, Suicide Prevention Resource Center  
..... epsandler@edc.org

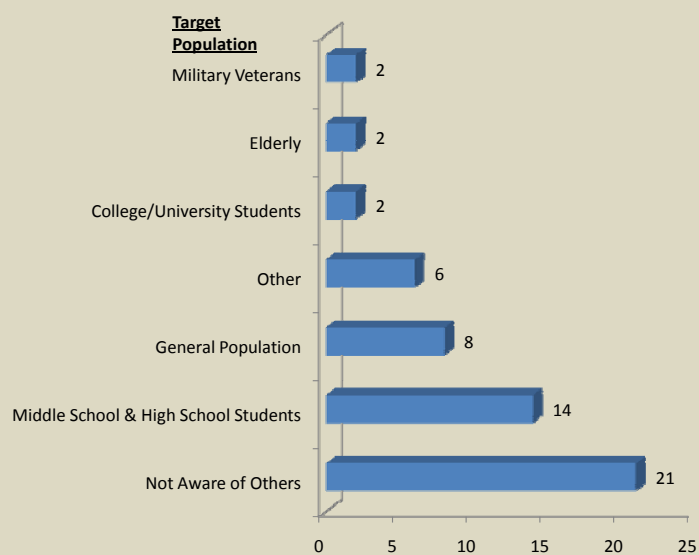
## Inventory of Existing Suicide Prevention Services and Needs as of January 28, 2010

- Informal, non-scientific survey of registered Suicide Prevention Summit participants to gauge the state of existing services and future needs.
- Measured in number of responses, not percentage.

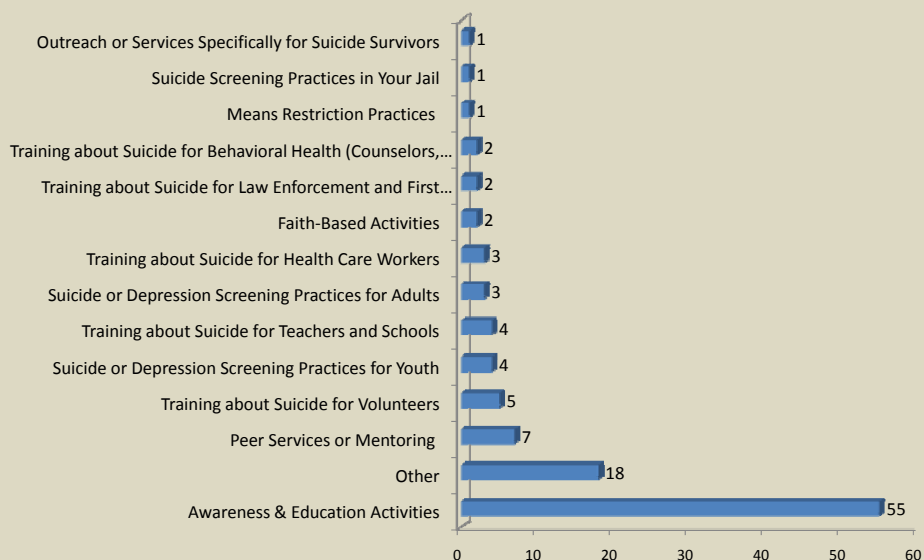
Which of these suicide prevention practices are going on in your local area? Select all that apply. (152 responses)



### Are there other specific suicide prevention practices you are aware of in your area? (53 responses)



### What do you think your area or community needs to help prevent suicide? (91 responses)



What do you think your area or community needs to help prevent suicide?

*Examples of "other" needs*

"Developing a life course approach, linking pregnancy-related depression screening/services, with parent education/support, infant mental health, Part C Early intervention, etc., on through childhood, adolescence, and adulthood. Take a socio-ecological approach, considering community supports to reduce stress, isolation, and other related factors."

What do you think your area or community needs to help prevent suicide?

*Examples of "other" needs*

"We need more mental health therapists and counselors to work with the community. The tribe needs to be able to work together, and better cooperation and better providers would help. There are so many psychosocial and environmental factors here on the reservation that contribute to suicidal, homicidal, and self-harming ideations, plans, and behaviors. They appear at times as suicidal ideations and gestures; they become a way of coping with life. There needs to be a strong native cultural component in any of the strategies used to confront this problem."

What do you think your area or community needs to help prevent suicide?

*Examples of "other" needs*

"We are a rural/frontier area. We need to learn more about why suicide rates are higher in rural areas and begin addressing those contributing factors. For example, we need to problem solve access to resources in rural areas."

"Community coordinator to support schools with updated information and community resources."

"One thing that would be beneficial is more mental health practitioners as full-time staff in school buildings."



## Suicide in Nebraska

Peg Prusa-Ogea  
Injury Prevention Program  
Nebraska Department of Health and  
Human Services

### 5 Leading Causes of Death, Nebraska residents, All Races, Both Sexes, 2002-2006

Rank	Age Groups									
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+
1	Congenital Anomalies 193	Unintentional Injury 58	Unintentional Injury 48	Unintentional Injury 55	Unintentional Injury 532	Unintentional Injury 291	Unintentional Injury 352	Malignant Neoplasms 1,218	Malignant Neoplasms 2,592	Heart Disease 16,357
2	SIDS 108	Congenital Anomalies 15	Malignant Neoplasms 18	Suicide 17	Suicide 154	Suicide 142	Malignant Neoplasms 346	Heart Disease 843	Heart Disease 1,377	Malignant Neoplasms 12,482
3	Short Gestations 71	Homicide 15	Congenital Anomalies 6	Malignant Neoplasms 16	Homicide 66	Malignant Neoplasms 85	Heart Disease 314	Unintentional Injury 416	Chronic Low Respiratory Disease 330	Cerebro-vascular 4,607
4	Maternal Pregnancy Comp. 63	Malignant Neoplasms 14	Chronic Low Respiratory Disease 2	Heart Disease 8	Malignant Neoplasms 53	Heart Disease 78	Suicide 196	Suicide 188	Unintentional Injury 256	Chronic Low Respiratory Disease 4,019
5	Placenta Cord Membranes 54	Three Tied 3	Homicide 2	Congenital Anomalies 6	Heart Disease 28	Homicide 55	Liver Disease 73	Cerebro-vascular 159	Diabetes Mellitus 248	Alzheimer's Disease 2,330

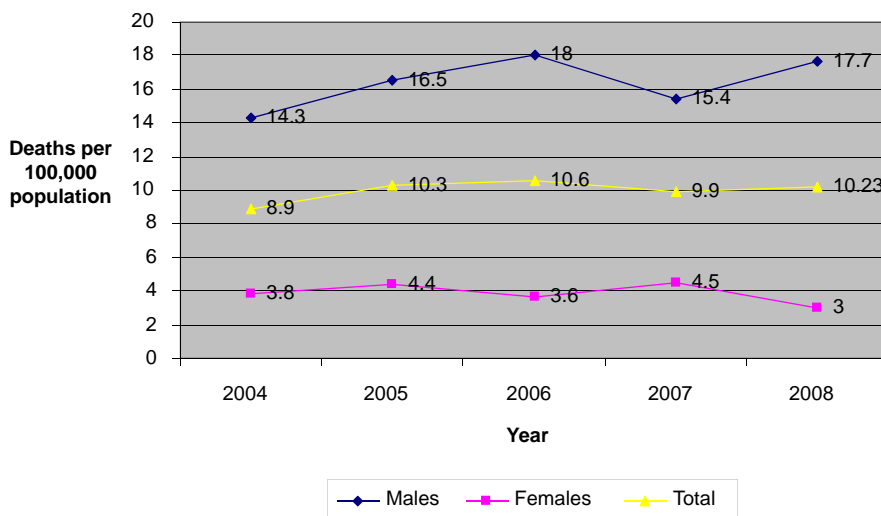
Source: WISQARS™; National Center for Health Statistics (NCHS), National Vital Statistics System

### 5 Leading Causes of Injury Deaths Nebraska residents, Males, 2002-2006

Rank	Age Groups									
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+
1	Homicide Unspecified 7	Unintentional Drowning 10	Unintentional MV Traffic 12	Unintentional MV Traffic 19	Unintentional MV Traffic 299	Unintentional MV Traffic 122	Suicide Firearm/ Suffocation/ Poisoning 140	Suicide Firearm/ Suffocation/ Poisoning 142	Suicide Firearm/ Suffocation/ Poisoning 79	Unintentional Fall 298
2	Unintentional Suffocation 4	Unintentional MV Traffic 9	Unintentional Other Land Transport 3	Suicide Firearm/ Suffocation 15	Suicide Firearm/ Suffocation/ Poisoning 134	Suicide Firearm/ Suffocation/ Poisoning 108	Unintentional MV Traffic 116	Unintentional MV Traffic 123	Unintentional MV Traffic 77	Unintentional MV Traffic 137
3	Homicide Other spec., Classifiable 3	Unintentional Fire/burn 5	Unintentional Drowning 2	Unintentional Suffocation 5	Homicide Firearm 46	Unintentional Poisoning 16	Unintentional Poisoning 41	Unintentional Poisoning 38	Unintentional Fall 33	Suicide Firearm 101
4	Unintentional drowning 2	Unintentional Natural/Environment 3	Unintentional Fire/burn 2	Homicide Firearm 2	Unintentional Poisoning 16	Homicide Firearm 34	Unintentional Fall 17	Unintentional Fall 32	Unintentional Poisoning 12	Unintentional Suffocation 95
5	Homicide Firearm 1	Unintentional Pedestrian, Other 3	Adverse Effects 1	Unintentional Drowning 2	Unintentional Drowning 9	Unintentional Drowning 12	Unintentional Suffocation 16	Unintentional Drowning 12	Unintentional Other Land Transport 10	Unintentional Unspecified 80

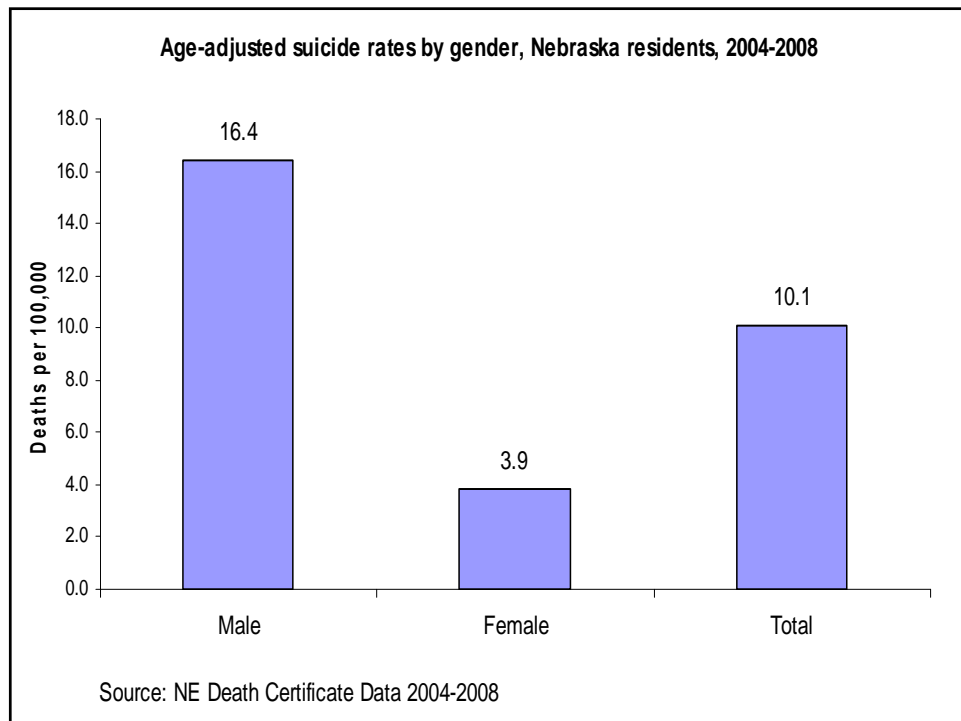
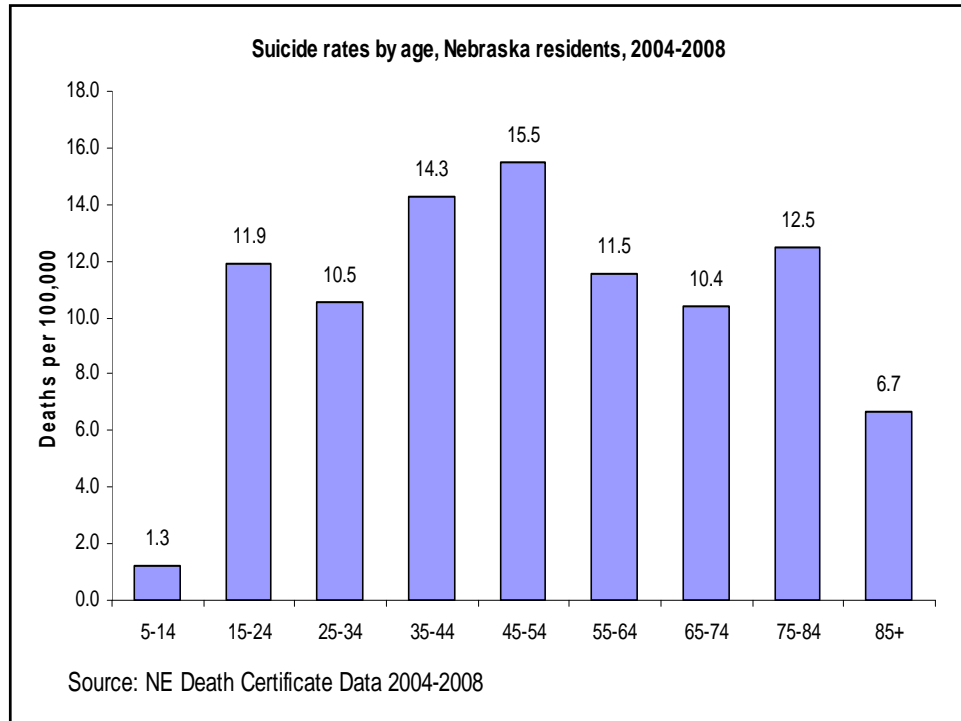
Source: WISQARS™; National Center for Health Statistics (NCHS), National Vital Statistics System

### Age-adjusted suicide death rates, Nebraska residents, 2004-2008 (n= 881)

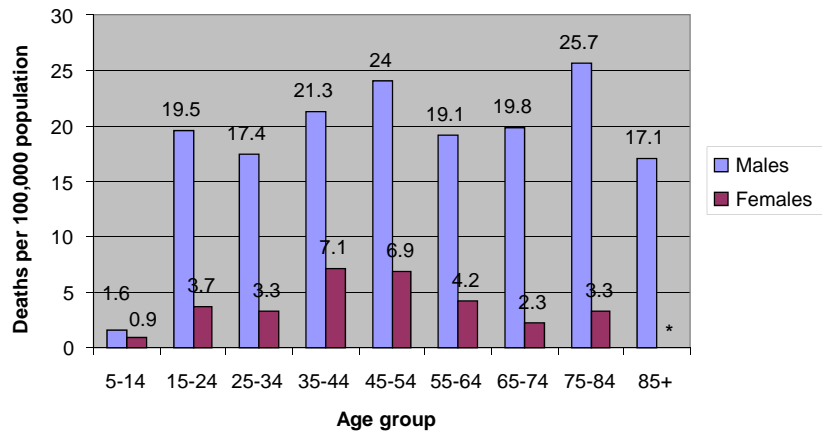


Source: NHHSS Vital Statistics 2004-2008



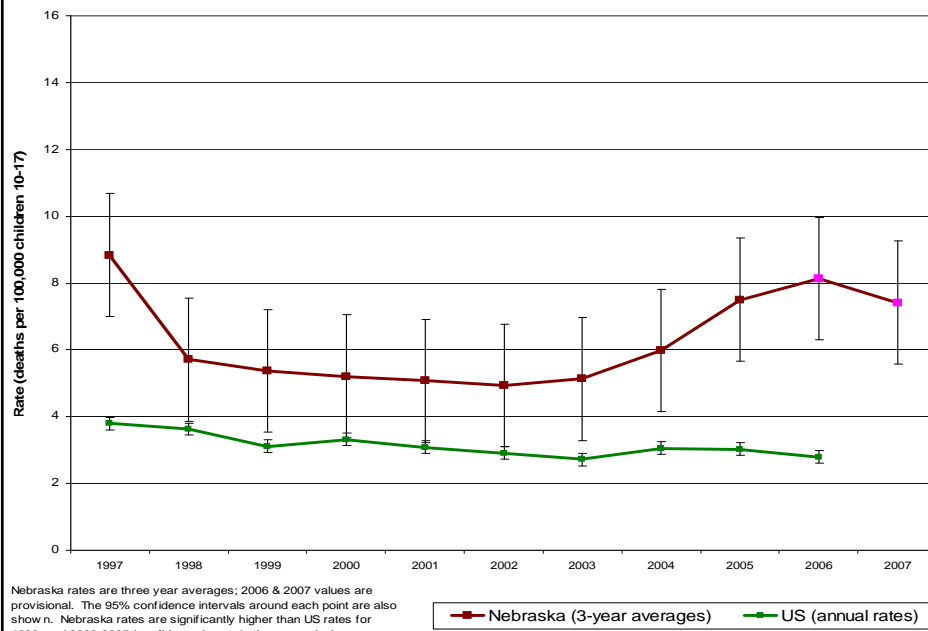


### Suicide death rates by age and gender, Nebraska residents, 2004-2008 (n=881)

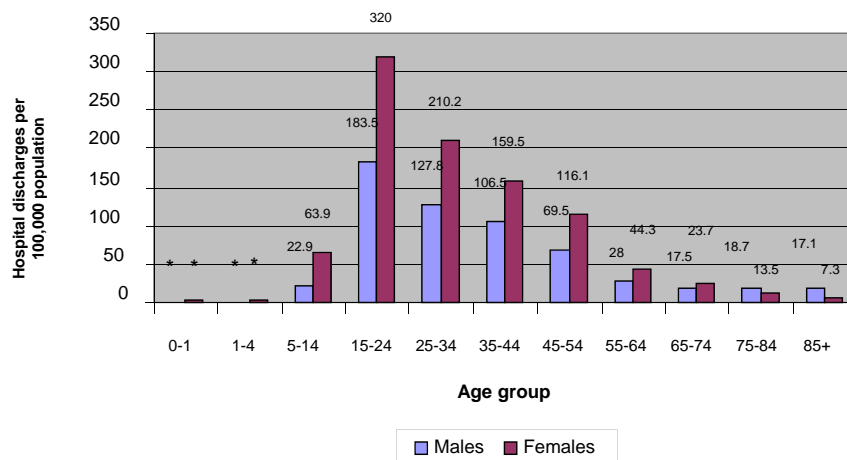


Source: NHHSS Vital Statistics 2004-2008

### Suicide Rates, Children Ages 10-17 US and Nebraska, 1997-2007

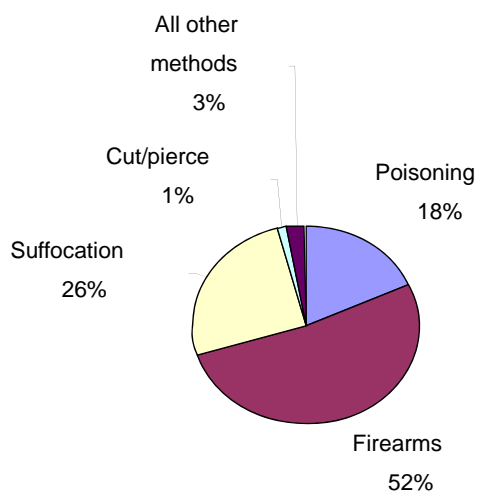


### Suicide attempt hospital discharge rates by age and gender, Nebraska residents, 2004-2008 (n=8,974)



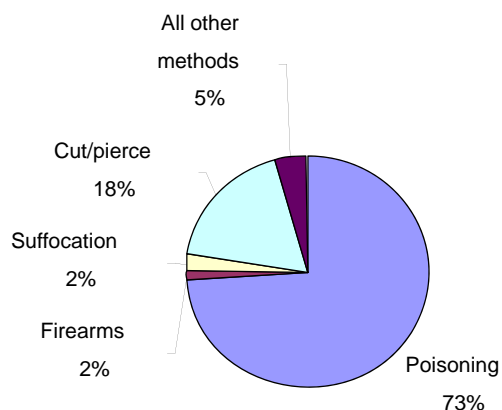
Source: NE Hospital Discharge Data 2004-2008

### Suicide deaths by method used, Nebraska residents, 2004-2008 (n=881)



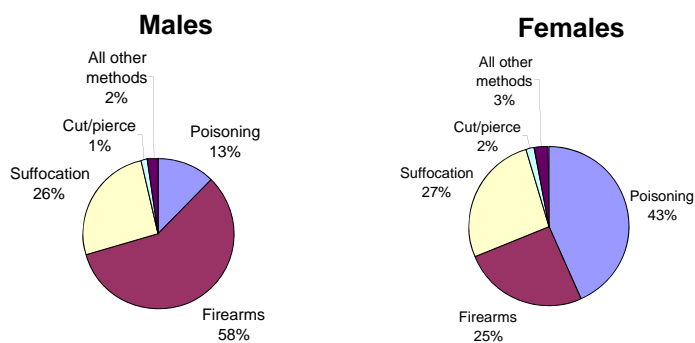
Source: NHHSS Vital Statistics 2004-2008

### Suicide attempt hospital discharges by method used, Nebraska residents, 2004-2008 (n=8,974)



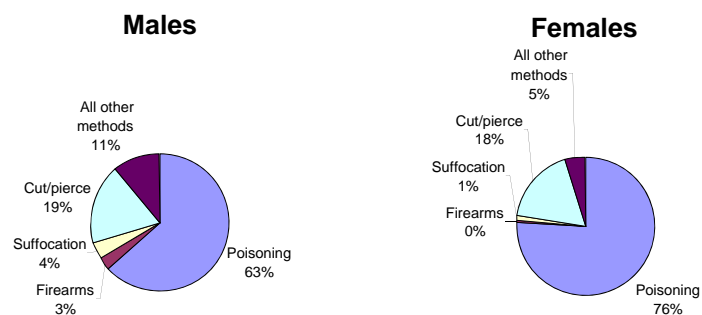
Source: NE Hospital Discharge Data 2004-2008

### Suicide deaths by method used and gender, Nebraska residents, 2004-2008 (n=881)



Source: NHHSS Vital Statistics 2004-2008

**Suicide attempt hospital discharges by method  
used and gender, Nebraska residents, 2004-2008  
(n= 8,974)**



Source: NE Hospital Discharge Data 2004-2008

## Local Outreach to Survivors of Suicide (LOSS)

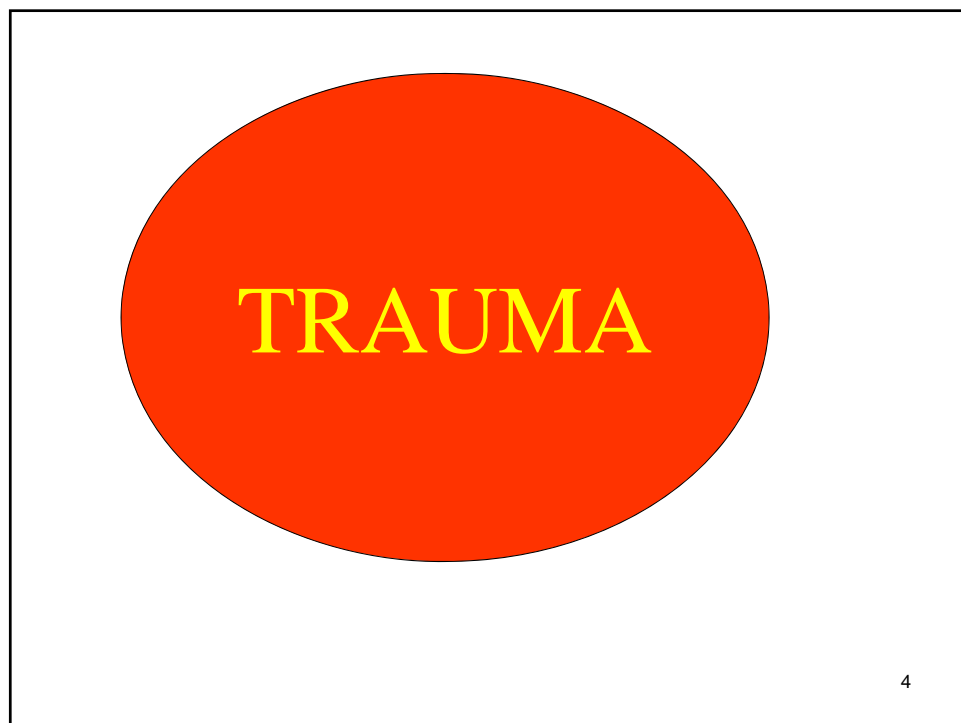
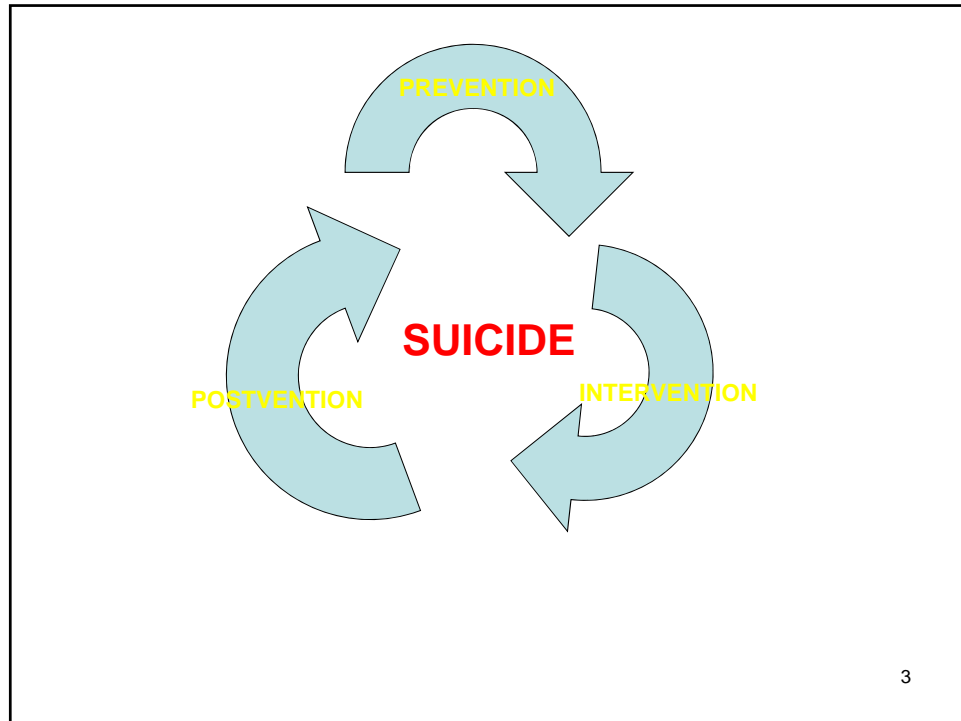
Donald P. Belau, Ph.D.  
Travis Parker, MS  
Dave Miers, MS  
Co-leaders

1

## Mission

- To provide support to those bereaved by suicide
- To provide compassion
- To encourage survivors to move on

2



## LOSS TEAM

- In 1997, a group in Baton Rouge, Louisiana was formed to help survivors of suicide find the resources they need.
- The group was named the LOSS (Local Outreach to Suicide Survivors) Team.
- The team is made up of trained suicide survivors and Baton Rouge Crisis Intervention Center (BRCIC) staff.

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## LOSS TEAM

- They go to the scenes of suicide to spread information about resources and to be the breath of hope for the grieving survivors.
- The goal of the LOSS Team is to let suicide survivors know that resources exist as soon as possible following the death.
- Survivors have proven to be important resources at the scenes of suicide.

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## LOSS

- Research has shown that suicide survivors can be at 9 times greater risk to complete suicide.
- However, with the intervention of a team of individuals composed of mental health clinicians/social workers and suicide survivors (the Local Outreach to Suicide Survivors team), these individuals can be predicted to seek emotional assistance within months of a completed suicide as compared to years, if at all.

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## LOSS TEAM

- LOSS is an effort to bring immediate support to survivors of suicide.
- The purpose of a LOSS Team is to reduce trauma, normalize grief, and to role model healthy adjustment to suicide loss.
- LOSS acts as a first response team when a suicide occurs and works together with law enforcement officers, chaplains, and other first responders.

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## LOSS TEAM

- Members of the LOSS team, which consists of survivor volunteers (persons who have experienced the suicide of a loved one) and mental health professionals, are activated by police chaplains or law enforcement to the scene of the suicide and are present to offer resources, support, and sources of hope to the newly bereaved.
- Team members additionally provide follow-up contact with survivors and help coordinate the utilization of services and support groups within the community.

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## POSSIBLE LOSS TEAM OUTCOMES

- Decrease the stigma associated with being a suicide survivor by offering and providing educational materials, resources, etc.
- Increase collaboration with law enforcement, and the faith communities that will allow for identification of possible consumers of the LOSS service
- Viewing a decrease in survivor adjustment issues within the community

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## POSSIBLE LOSS TEAM OUTCOMES

- Monitor the elapsed time between death of a loved one and the survivor seeking help by establishing collaboration with mental health providers in the community in comparing those who receive LOSS services, and those who do not

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## LOSS TEAM STATUS

- July 1, 2009, the LOSS team became active
- 9 call outs to date
- 2 full teams
- Others are in training
- 6 month feedback being collected from partners, survivors, team members
- Overwhelming support being verbalized

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## LOSS DEVELOPMENT GROUP

- The Loss Development Group assists the Nebraska Suicide Prevention Coalition in providing direct supervision and support of the LOSS team.
- It works in a collaborative manner with various community partners such as the Interchurch Ministries of Nebraska, Community Mental Health Center of Lancaster County, Lancaster County Sheriff's Office, the Lincoln Police Department Chaplaincy Corps, etc.

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## LOSS DEVELOPMENT GROUP MEMBERSHIP

Diverse representation from areas such as:

- Co-chairpersons of the Nebraska Suicide Prevention Coalition
- Nebraska Division of Behavioral Health
- Law enforcement (Lincoln Police Department/ Lancaster County Sheriff office)
- Lancaster County Attorney
- Interchurch Ministries of Nebraska
- Community Mental Health Center of Lancaster County
- Lincoln Police Department Chaplaincy Corps
- Suicide Survivors
- Suicide Survivor advocates

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## LOSS DEVELOPMENT GROUP

### Monthly meetings

- 1) Developing the infrastructure necessary to maintain the LOSS team
- 2) Screening of prospective LOSS team members
- 3) Being a liaison with state/community agencies such as Nebraska Suicide Prevention Coalition, Nebraska Division of Behavioral Health, Lincoln Police Department, Lincoln Chaplains Corps, Lancaster County Attorney, Lancaster County Sheriff

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## LOSS DEVELOPMENT GROUP

- 4) Providing ongoing training for the LOSS team
- 5) Maintaining a debriefing process for team members
- 6) Developing a data collection and evaluation process
- 7) Assisting other communities who wish to develop LOSS team interventions models

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# Nebraska Rural Response Hotline



## History of Hotline

- + Started in 1984
- + Interchurch Ministries of Nebraska
- + Farm Crisis Response Council
- + Mission Statement

*“Through the commitment of caring communities, the Farm Crisis Response Council will continue to provide spiritual, emotional, legal, and financial counseling through the Church, concerned farm organizations, and public agencies to rural Nebraskans in need.”*

1-800-464-0258





## **Services**

- † **Mental Health Counseling**
- † **Legal Assistance**
- † **Financial Clinics**
- † **Mediation**
- † **Emergency Assistance**
- † **Disaster Response**

1-800-464-0258



## **Counseling Outreach and Mental Health Therapy (COMHT)**

- † **Voucher Program**
  - † **Funded by Nebraska Health and Human Services, Office of Rural Health, Sowing the Seeds of Hope, Denominations**
- † **Providers Available Throughout NE**
  - † **Contract to provide services**
- † **Strengths**
  - † **Confidentiality**
  - † **Network of resources**



➤ In 2009

4,703 calls to the Hotline

2,380 calls for mental  
health assistance

3,089 vouchers issued

## Partners

- † Christian Denominations through IMN
- † Farm Organizations
- † Nebraska Health and Human Services
- † Farm Aid
- † Department of Agriculture
- † Community Services Block Grant
- † Office of Rural Health
- † Nebraska Rural Health Association
- † Sowing the Seeds of Hope Program
- † Individuals, Businesses, Foundations

1-800-464-0258





## Observations

- + More male callers than female callers
- + Increase in number of children being served
- + Greater intensity
- + Church's ownership of the Hotline important



## Challenges

- + Stigma
- + Accessibility
- + Family Dynamics
- + Sustainability

A man wearing a plaid shirt, dark pants, and a cap is painting a shed. The shed has a mix of corrugated metal and wooden siding. The background shows some dry brush and a dirt ground.

## Everybody Pitches In

- + Nebraska Legal Services
- + Farm Finance and Legal Assistance Clinics
- + Community Action Agencies
- + Food Pantries
- + Mediation Services
- + Nebraska Health Ministry Network
- + Nebraska Domestic Violence Coalition
- + Farm Programs

A small, weathered wooden shed with a gabled roof and a large window with multiple panes. The shed is surrounded by green bushes and trees.

## The Nebraska Rural Response Hotline

**1-800-464-0258**





SPRC

SUICIDE PREVENTION RESOURCE CENTER

## Evidence-Based & Evidence-Informed Practices in Suicide Prevention

Elana Premack Sandler, LCSW, MPH

Nebraska State Suicide Prevention Summit

Lincoln, Nebraska

January 29, 2010

EDC

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SPRC

### What does “Evidence-Based” mean?

- **Evidence-based =**
  - Has demonstrated a **causal link** between program and **outcome** through **rigorous evaluation methodology**
  - Achieves desired outcome
  - Accurate to say “effective”
- Current research and expertise →
  - Help create an “evidence-base” for our work

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## Effective Suicide Prevention

1. Address multiple levels of influence and design efforts to work in sync
2. Increase protective factors and reduce risk factors
3. No one strategy or “one-size-fits all solution” will solve it - suicide is a complex and multi-determined problem

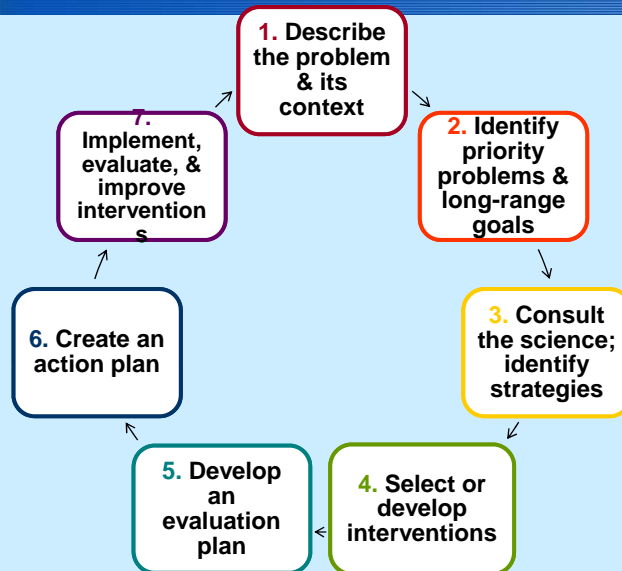
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## Strategic Planning Process



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## Many Steps Required *Before* Choosing Programs

- Assess the problem
  - Incidence/Prevalence
  - Demographics
  - Risk/Protective Factors
- Assess community readiness, resources
  - What's in place already?
- Set priorities
  - Populations, risk/protective factors
- Articulate:
  - What specific results or *changes* do we hope to achieve, and how will those help reduce suicide?

EDC

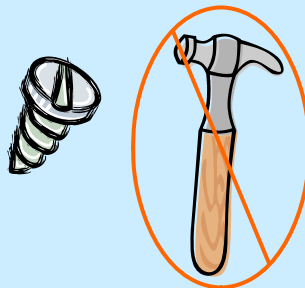
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SAMHSA



## Think first about what you need...

The best hammer in the world is not helpful if you really need a screwdriver.



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...Then look at best practices

### Best Practices Registry (BPR) for Suicide Prevention

**Section I** → Is there an evidence-based program that matches our needs?

**Section II** → Are there guidelines or standards for programs of this type?

**Section III** → Are there programs or materials that match our needs whose content meets current standards in the field?



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### Apples & Oranges

- **Not** levels of effectiveness (“best to worst”)
  - BPR sections are “apples and oranges”



- Each section lists different types of programs and uses different review criteria



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## Finding the Best Practices Registry (BPR)



The screenshot shows the SPRC Suicide Prevention Resource Center website. In the 'Quick Links' section on the right, the 'Best Practices Registry' link is circled in red. A red arrow points from the 'Best Practices Registry' link in the 'Quick Links' section to the 'Best Practices Registry' link in the 'Featured Resources' section on the left.




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## Section I: Evidence-Based Programs

**From two sources:**

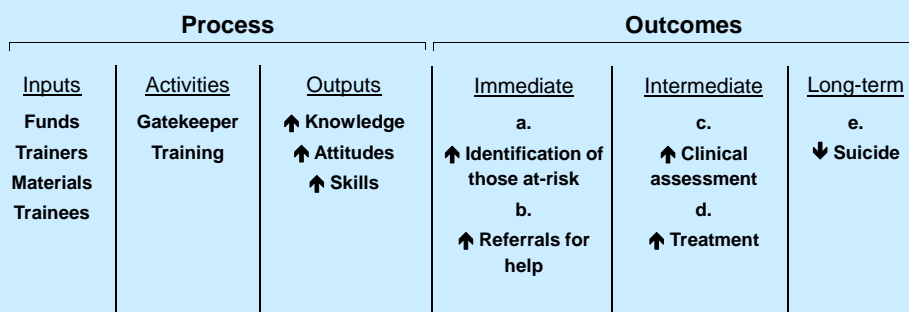
1. Section Ia: SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP)
2. Section Ib: SPRC/AFSP Evidence-Based Practices Project (stopped conducting reviews in 2005)


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Generally requires outcomes to be  
“proximal” to suicide rates/risk

### Generic Gatekeeper Training Logic Model



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## NREPP

### Eligibility for NREPP review:

- One or more positive outcomes ( $p \leq .05$ )
- Results documented in
  - published peer-reviewed publication; or
  - comprehensive evaluation report
- Publicly available documentation describing the intervention and its proper implementation

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## Section I Programs

### Section Ia:

- **Prevention Programs**

- [American Indian Life Skills Development/Zuni Life Skills Development](#)
- [CARE \(Care, Assess, Respond, Empower\)](#)
- [CAST \(Coping and Support Training\)](#)
- [Columbia University TeenScreen](#)
- [Emergency Room Intervention for Adolescent Females](#)
- [Lifelines Curriculum](#)
- [PROSPECT \(Prevention of Suicide in Primary Care Elderly: Collaborative Trial\)](#)
- [SOS Signs of Suicide](#)
- [United States Air Force Suicide Prevention Program](#)



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## Section I Programs

### Section Ia (continued)

- **Treatment Programs**

- [Cognitive Behavioral Therapy for Adolescent Depression](#)
- [Dialectical Behavior Therapy](#)
- [Multisystemic Therapy With Psychiatric Supports \(MST-Psychiatric\)](#)

### Section Ib (programs that are not in NREPP)

- **Community-Based Programs**

- [Reduced Analgesic Packaging](#)

- **Emergency-Room Programs**

- [ER Means Restriction Education for Parents](#)

- **School-Based Programs**

- [Reconnecting Youth](#)

- **Service Delivery**

- [Psychotherapy in the Home](#)



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## Why don't we stop at evidence-based programs?

- Development of a research base takes time
- Not realistic to expect small program components (e.g., a poster) to reduce suicide rates
- Meanwhile, though, we know some things about developing program *content*
  - These “standards” can be disseminated; and
  - We can review materials for their adherence to these standards
- Reviewing **content** is not a substitute for examining **outcomes**



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## Section II: Expert & Consensus Statements

- **Section II** listings
  - Summarize current knowledge in the field
  - Provide “best practice” guidance and recommendations that practitioners can use *during* development for own settings
- Connection with “best practices”
  - They *rely* on available research, e.g.
    - Consensus meetings / multiple stakeholders
    - Literature reviews / experts
  - BUT, unlike NREPP programs, they are not based on evaluations of individual programs or practices



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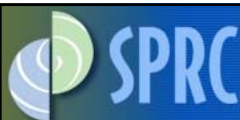


## Section III: Adherence to Standards

- Lists suicide prevention programs and practices
  - Awareness materials
  - Educational and training programs
  - Protocols and policies
- Implemented in **specific settings**
- Address specific objectives of the **NSSP**
- **Content** has been reviewed for adherence to designated standards
- Materials must be publicly available (may cost \$)



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## How does the BPR help?

- It's a useful information source
  - Evidence-based programs
  - Expert and consensus statements
  - Practices whose content meets standards
- It **does NOT**, however, provide a simple answer about what to implement in your community



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## Recommendations

1. Use best practices in the context of a strategic, data-driven planning process
2. Be a thoughtful consumer
  - a. Existing programs
  - b. Research evidence
3. Use registry criteria



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## Recommendations

### Be a thoughtful consumer

- Programs/practices (listed on the BPR)
  - Do they fit our needs?
  - Are adjustments needed?
    - Be sure to retain key elements
- Look at the specifics
  - Program strengths and weaknesses
  - Even evidence-based programs aren't universally effective



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## A "Decision Support Tool"

Quotes from the *National Registry of Evidence-Based Programs and Practices (NREPP)* web site (also apply to the BPR)

- "NREPP users are encouraged to carefully weigh all information provided."
- "Being included in the registry does not mean an intervention is 'recommended' or that it has been demonstrated to achieve good results in all circumstances."
- "...NREPP users are strongly encouraged to read the whole intervention summary, particularly the 'Key Findings' sections that summarize the research results for each outcome."



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## Contact Information for the Best Practices Registry for Suicide Prevention (BPR)

- BPR Coordinators
  - Linda Langford, ScD (SPRC) [llangford@edc.org](mailto:llangford@edc.org)
  - Philip Rodgers, PhD (AFSP) [prodgers@afsp.org](mailto:prodgers@afsp.org)
- A joint project of
  - SPRC (Suicide Prevention Resource Center)
  - AFSP (American Foundation for Suicide Prevention)




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# BPR Beautification

Home » Best Practices Registry

## Best Practices Registry (BPR) For Suicide Prevention

The BPR consists of three sections, each with different types of best practice listings. In essence, the BPR is three registries in one. [Read More...](#)

BPR Overview

Advice on Using the BPR

Search All Listings

### Best Practices Registry

Section I: Evidence-Based Programs

Section II: Expert/Consensus Statements

Section III: Adherence to Standards

FAQ

How to Apply

Help


Marketing Materials

The BPR is a collaboration between the Suicide Prevention Resource Center (SPRC) and the American Foundation for Suicide Prevention (AFSP).


Funding is provided by the Substance Abuse and Mental Health Services Administration (SAMHSA).


**If you or someone you know is in suicidal crisis, call 1-800-273-TALK (8255). National Suicide Prevention Lifeline**

- About SPRC
- Featured Resources
- Best Practices Registry
  - Section I: Evidence-Based Programs
  - Section II: Expert/Consensus Statements
  - Section III: Adherence to Standards
- State Information
- American Indian / Alaska Native
- Colleges & Universities
- SPRC Training Institute
- Suicide Prevention Basics
- Taking Action
- News




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# Contact Information

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[www.sprc.org](http://www.sprc.org)



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## **Appendix 4:**

### **Group Discussion Notes**

All participating Summit sites were encouraged to discuss the following three questions and report back results to the remaining participants: (1) What are we doing in local communities to prevent suicide? (2) What more needs to be done? (3) How can evidence-informed best practices serve as models in our communities?

Discussion notes were gathered from participating sites and are summarized below. Not all sites participated in the group discussion session, and most that did concentrated on the first two questions.

### **What are we doing in local communities to prevent suicide?**

#### **Lincoln**

- The Teammates mentoring program (a program which provides adult mentors to youths in need).
- Lincoln Public Schools has an SOS program to identify and assist students at risk.
- Lincoln Police Department has trainings to recognize at risk behavior.
- The University of Nebraska-Lincoln provides counseling services for students at risk.
- The Indian Center is interested in suicide youth prevention and working with other cultural centers.
- The Yellow Ribbon Program.
- The Kim Foundation.
- Keya House (temporary housing program).
- The 211 program is available as a resource.
- Community mental health centers promote dual recovery programs for both substance abuse and mental health issues.
- Feedback is being provided to parents about their children at some schools.
- There are faith-based services at some churches, for example at St. Mark's and 1<sup>st</sup> Plymouth.
- Teachers are trained to recognize signs of at risk behavior.
- Mourning Hope.
- Accredited organizations are providing screenings.
- BryanLGH does provide prenatal and post-partum screenings for depression, and resources online for people to seek help and information.

#### **Chadron**

- Currently the following programs are in place: Emergency Community Support, Community Support, Partners in Recovery, Youth Transition Program, and Case Coordination Team. Schools have crisis teams in place. There are weekly grief counseling sessions held in Chadron. There are such vast distances in the panhandle that we work closely with Scottsbluff in many of their programs.

#### **Grand Island**

- There is a Crisis Stabilization Unit and a hotline for help available at the Goodwill.

### **Kearney**

- There is a QPR- trained psychologist in Gothenburg, but more resources and education is needed for teachers, parents, and students.
- There is a Gatekeepers-trained staff member at UNK available for trainings.
- Families CARE (Center for Advocacy, Resource & Education) in Kearney is a non-profit dedicated to working with families with behavioral health needs.

### **Norfolk**

- Behavioral Health Specialist (Region IV) & Heartland Crisis Hotlines, they use a simple screening instrument for suicide and have an on-call therapist.
- 911 emergency systems.
- Crisis Response team @ Norfolk Police Department.
- Critical Incident Stress Debriefing in Norfolk, and it is also being implemented in Macy.
- First Aid Mental Health providers: Trained Mental Health personnel responding to emergencies.
- Question, Persuade & Refer (QPR) trained persons --Would like more trained persons in the area.
- Hospice Organizations.
- YMCA and Church Youth Groups.
- Suicide Education by Dr. Cox at Madison County High Schools in 2009.
- Compassionate Friends in Norfolk and South Sioux City, they meet the 2nd Thursday of the month.
- Mental Health Providers / Licensed Drug and Alcohol Providers.
- Teammates.
- Interested and active people who want to eliminate suicide from their community.

### **South Sioux City**

- Received a counseling grant. There are counselors in each of the 6 schools.
- Received a Safe Schools, Healthy Students grant to provide 5<sup>th</sup> grade mental health curriculum in three schools.
- Awareness education was provided during “Knock & Talk” done by school nurses. Nurses went to homes and distributed pamphlets to families of 5<sup>th</sup> graders.
- There is an SOS program in Rock County schools, behavioral health crisis line, PSAs promoting community awareness, rural response hotline, crisis teams in all 6 counties, and community support and crisis responders.

## **What more needs to be done?**

### **Lincoln**



- Parents are in deep denial about their children's situations, services overloaded, and there is a gap between services and the community. More awareness and education is needed.
- Earlier intervention, awareness of resources, and a focus on resiliency and coping skills.
- Cultural stigmas need to be overcome in the African-American, Asian, and Latino communities.
- Local services are overloaded.
- De-stigmatization.
- Prevention services need to be family friendly.
- There needs to be better awareness of available community resources, possibly through more media coverage or public service campaigns.
- Raise awareness of risk factors.
- QPR training is needed at all middle and high schools, and college campuses.
- Work on prevention rather than just reactions.
- Agencies need to build rapport with each other.
- Professionals need help too!
- Resource centers are needed at hospitals, churches, schools, and doctor's offices.
- Encourage prevention and intervention for youth of all ages.
- Anti-bullying measures need to be made/enforced in schools.
- There is a lack of services in rural areas outside Lincoln.
- Means matters! Means need to be removed (guns, etc.).
- Law enforcement must be worked with to remove guns and other means.
- There needs to be awareness and education about binge drinking, steroids, anorexia/eating disorders, and similar factors that co-occur with mental health problems.
- Transportation is a barrier for people who need to obtain services and cannot if they live far away.
- Schools need to educate parents about gun safety, monitor their children's online behavior for signs of suicide ideation. Students should be encouraged to share concerns with friends. "Snitching" needs to be redefined as "helping." Suicidal thoughts are not a "secret" anyone should have to keep.

### **Burwell**

- Everyone thinks the problem is handled elsewhere. Some good groups are around, but we need a centralized website of statewide resources, where we can see what is available in different areas of the state.

### **Chadron**

- The group felt that more education was needed in the school systems. We wanted to know about the Gatekeepers training. The idea of linking to the chat lines with the 800 number was excellent.
- There are no resources for kids between the ages of 10-15 in our community and we need help in educating the public about resources already in place.
- We always need improved access to mental health providers.

### **Grand Island**

- Reduce stigma.
- Education w/ law enforcement.
- Community-based coalition to work on needs.
- LMHP's in schools.
- Free mental healthcare in the schools.
- Implement chatting online capability.
- Posters/billboards in community & schools.
- Need more community networking with community leaders.
- Research what other communities are doing.
- Establish peer support program in schools.

### **Kearney**

- Resources are fragmented, making emergency referrals difficult.

### **Norfolk**

- Bring service providers / personnel together to focus on the needs of programs in the community for suicide prevention.
- School Personnel, Community Awareness, Training & Education.
- To build awareness and lessen stigma.
- Survivors of Suicide Walk.
- Mental Health Awareness at the Mass during the month of May.
- Persons to speaker at schools, church organizations, community gatherings, PTA's, etc., who have been directly affected by suicide.
- So parents/guardians/spouses, etc. may not overreact if youth or significant other has suicidal ideation.
- If youth or loved one is searching on computer about suicide, how does one talk to them about their feelings?
- More simple screening instruments (551) need to be available.
- Work with youth as young as elementary age to build coping skills and awareness.
- Make hotline numbers available to all, such as posting signs in restroom stalls (i.e. domestic violence organizations does this).
- Train school personnel in the SOS "Signs Of Suicide" and have students know who they can reach out to at school.
- Chat line manned 24 hours for youth or others feeling distressed. Line implemented with National Suicide Hotline Uniformity in list of providers/services in the area, for referrals.
- Implementation of Local Outreach to Survivors of Suicide (LOSS) Team(s).
- Survivors of Suicide Support Groups in the community; once established, branch out to include extended persons who have been affected by a/the suicide.
- Survivors of Suicide Support Groups in the community; once established branch out to include extended persons who have been affected by a/the suicide.
- Implementation of a LOSS Team.

- implementation of "grassroots program", if extended family is far away, work to bring them to the family experiencing the crisis of a loss due to death by suicide.

### **Omaha**

- Better training needed for counselors. Suicide prevention should be a focus area for treatment specialists.
- There needs to be a way to determine what treatment specialists have training in suicide prevention.
- High schools and middle schools should be doing more suicide awareness.

### **South Sioux City**

- Continued coordination of efforts among school and community organizations.
- More resources made available. One on one mentoring programs, greater communication and follow-up.
- Community outreach needs to be continued, and awareness of local, state, and national programs about depression and suicide.
- Turnover of overworked therapists.
- Need for advanced mental health practitioners.

## **How can evidence-informed best practices serve as models in our communities?**

### **Lincoln**

- More evidence-based practices are needed for diverse cultures, and for schools.
- Evidence-based practices have to be adapted to local realities.
- Evidence-based practices need to be integrated with information technology resources.
- Schools need to tweak programs to integrate evidence-based practices in their counseling and prevention programs.

### **Grand Island**

- Faith-based connections should be made with public agencies and schools.

### **South Sioux City**

- Practice makes perfect! Services for survivors (SOS/LOSS) are positive starts.

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## Neb. suicide prevention summit set this month

*Associated Press - January 16, 2010 11:15 AM ET*

LINCOLN, Neb. (AP) - A Nebraska State Suicide Prevention Summit will be held this month in Lincoln.

The event will be held Jan. 29 at BryanLGH West Medical Center and will be videocast to sites across Nebraska via the Nebraska Statewide Telehealth Network.

The keynote speaker will be Tom Osborne, former Nebraska football coach and now athletic director at the University of Nebraska-Lincoln.

Participants will hear a statewide inventory of suicide prevention practices, have small group discussions and talk about community suicide prevention activities and needs.

They will also hear from Elana Premack-Sandler of the Suicide Prevention Resource Center and receive help in applying for upcoming youth suicide prevention seed grants.

On the Net:

Nebraska State Suicide Prevention Summit, <http://www.suicideprevention.nebraska.edu>.

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Comments  0

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Published Jan 17, 2010

Published Sunday January 17, 2010

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Participants will hear a statewide inventory of suicide prevention methods, have small group discussions and talk about community suicide prevention activities and needs.

They will also receive help in applying for youth suicide prevention grants. — AP

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## News > Regional-statewide

### Nebraska briefs for Sunday, January 17

Published: Sunday, January 17, 2010 12:48 AM CST

[Print Page](#)

#### Neb. missionaries head home after Haiti disaster

NORFOLK (AP) — Four missionaries from northeast Nebraska are heading home from Haiti in the wake of a devastating earthquake.

Kirk Carmichael of Norfolk says his wife, Kristi, and three others planned to fly from Port-au-Prince, Haiti, to Florida on Saturday. They'll arrive in Nebraska on Sunday.

The group landed in Haiti on Monday for what was to have been a two-week mission trip. The island nation was rocked Tuesday night by a magnitude-7 earthquake that left hospitals, schools, home and even the national palace in ruins.

Carmichael says his wife didn't feel they were in danger, but weren't sure when they'd get another chance to return home.

#### Omaha attorney to challenge Bruning for AG

LINCOLN (AP) — Omaha attorney Van Argyrakis has filed paperwork to run for Nebraska attorney general.

The Democrat says he's ready to challenge Republican incumbent Jon Bruning, who's seeking his third term.

Bruning was elected as attorney general in 2002 and re-elected in 2006. Before that, he was a state senator.

Bruning is considered a possible candidate for the U.S. Senate in 2012.

Argyrakis says Nebraskans need an attorney general who will finish the four-year term. Argyrakis ran for Omaha mayor in 2009, but dropped out before the primary.

#### Nebraska suicide prevention summit set for this month

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On the Net: [www.suicideprevention.nebraska.edu](http://www.suicideprevention.nebraska.edu).

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Posted: 12:07 PM Jan 21, 2010

## Health Officials Tackle Suicide Prevention

### Hastings

A statewide summit will be held to discuss the second leading cause of death for Nebraska youth ages 15 to 19.

**Reporter:** 10/11 News

**Email Address:** [sara.geake@1011Now.com](mailto:sara.geake@1011Now.com)



*News Release from the South Heartland District Health Department:*

Suicide Prevention is the topic for statewide summit, held via videoconference at the South Heartland District Health Department in Hastings and Brodstone Hospital in Superior.

Suicide is the second leading cause of death for Nebraska youth ages 15-19.

In 2006, Nebraska's suicide rate for youth ages 10-24 was 11.86 per 100,000 people, exceeding the national rate of 7.14.

Every 2 hours and 5 minutes there is a teenager in the United States who has lost his or her life to suicide.

The Nebraska State Suicide Prevention Summit will be held on January 29, 2010 to provide an overview of suicide as a public health concern in Nebraska, present opportunities to discuss local needs on suicide prevention, and feature an introduction to proven suicide prevention practices.

The event is 10 a.m.- 3 p.m. Jan. 29 at BryanLGH West Conference Center and will be videocast to sites across Nebraska via the Nebraska Statewide Telehealth Network including South Heartland District Health Department at 606 N. Minnesota in Hastings, NE and Brodstone Memorial Hospital in Superior, NE at 520 East 10th Street.

Facilitating discussion at the Hastings location will be Doane Masters in Counseling students Stephanie Pershing, Nichole Milhon, and Cindi McDowell who is also associated with SHDHD. Cindy Betka is the site coordinator at Brodstone Hospital.

The summit is co-sponsored by Nebraska State Suicide Prevention Coalition, Nebraska Department of Health and Human Services, Bryan LGH Medical Center, Interchurch Ministries of Nebraska, and University of Nebraska Public Policy Center.

The keynote speaker is Tom Osborne, University of Nebraska Athletic Director. Participants will hear a statewide inventory of suicide prevention practices, participate in small group discussions and report back period on community suicide prevention activities and needs, have an introduction to evidence-based, best practices to prevent suicide by Elana Premack-Sandler of the Suicide Prevention Resource Center, and receive technical assistance to apply for forthcoming youth suicide prevention seed grants.

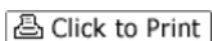
Anyone working with youths or adults including community members, professionals, suicide survivors, or youth or adults interested in promoting suicide prevention practices in their communities will find the seminar of interest.

Suicide is the second leading cause of death for Nebraska youth ages 15-19. In 2006, Nebraska's suicide rate for youth ages 10-24 was 11.86 per 100,000 people, exceeding the national rate of 7.14. Every 2 hours and 5 minutes there is a teenager in the United States who has lost his or her life to suicide.

The summit is part of a larger statewide suicide prevention initiative. For more information and registration for this event, visit <http://www.suicideprevention.nebraska.edu/>.

**Find this article at:**

<http://www.1011now.com/healthyeveryday/headlines/82267772.html>



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☐ Check the box to include the list of links referenced in the article.

## Suicide prevention is topic for statewide summit Jan. 29



Written by Danielle M Thoene - Administrative Assistant, Loup Basin Public Health Department

Thursday, 21 January 2010 15:00

BURWELL, Neb. - The Nebraska State Suicide Prevention Summit will be held on January 29, 2010 to provide an overview of suicide as a public health concern in Nebraska, present opportunities to discuss local needs on suicide prevention and feature an introduction to proven suicide prevention practices.

The event is from 10 a.m.- 3 p.m. on Jan. 29 via videocast at sites across Nebraska including the Loup Basin Public Health Department in Burwell.

The summit is co-sponsored by Nebraska State Suicide Prevention Coalition, Nebraska Department of Health and Human Services, BryanLGH Medical Center, Interchurch Ministries of Nebraska, and University of Nebraska Public Policy Center.

The keynote speaker is Tom Osborne, University of Nebraska Athletic Director. Participants will hear a statewide inventory of suicide prevention practices, have small group discussions and report back period on community suicide prevention activities and needs, have an introduction to evidence-based, best practices to prevent suicide by Elana Premack-Sandler of the Suicide Prevention Resource Center, and receive technical assistance to apply for forthcoming youth suicide prevention seed grants.

Anyone working with youths or adults including community members, professionals, suicide survivors, or youth or adults interested in promoting suicide prevention practices in their communities will find the seminar of interest. Suicide is the second leading cause of death for Nebraska youth ages 15-19. In 2006, Nebraska's suicide rate for youth ages 10-24 was 11.86 per 100,000 people, exceeding the national rate of 7.14. Every 2 hours and 5 minutes there is a teenager in the United States who has lost his or her life to suicide.

The summit is part of a larger statewide suicide prevention initiative. For more information about the initiative, [visit this site](#)

For more information and registration for this event, [visit this site](#) . To enquire about attending the summit in Burwell, contact Danielle Thoene toll free at 1.866.522.5795.

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Published Jan 23, 2010

Published Saturday January 23, 2010

## **Briefly: News notes Saturday**

Compiled by Sue Story Truax

### **George McGovern film to have free screening**

"One Bright Shining Moment," a documentary about George McGovern's failed presidential bid in 1972, will be screened at 7 p.m. Wednesday at McFoster's Natural Kind Cafe, 38th and Harney Streets.

The movie uses archival footage, interviews with political historians and activists from the time period (Dick Gregory, Gloria Steinem, Warren Beatty and Gary Hart among them) and comment from McGovern.

The movie and the discussion that follows are free and open to the public.

For more information, go to [www.-progressiveomaha.com/films.htm](http://www.-progressiveomaha.com/films.htm).

### **North Omaha group to assess its status**

Thursday's North Omaha Development Project community meeting will look at 2009 accomplishments and 2010 plans and goals.

The meeting, from 6 p.m. to 7:30 p.m., will be at the Institute for the Culinary Arts at Metropolitan Community College's Fort Omaha Campus.

For more information, visit [ProjectNorthOmaha.org](http://ProjectNorthOmaha.org) or contact Ed Cochran, executive director, at 402-233-7152.

### **Summit to tackle suicide prevention**

A free Nebraska State Suicide Prevention Summit will be convened Friday in Lincoln.

The 10 a.m. to 3 p.m. event at BryanLGH Medical Center West's conference center in Lincoln will be videocast to sites statewide via the Nebraska Statewide Telehealth Network.

The keynote speaker will be Tom Osborne, NU athletic director. Participants will hear of suicide prevention practices, have small group discussions and report back on community suicide prevention activities and needs, and receive assistance to apply for youth suicide prevention seed grants.

Those who work with youths or adults in promoting suicide prevention practices in their communities are welcome. For information and registration, visit [www.suicideprevention.nebraska.edu](http://www.suicideprevention.nebraska.edu).

### **Topic: how to build sustainable cities**

Thursday's Sierra Club program will focus on Building Sustainable Communities.

The meeting, which is free and open to the public, will begin at 7 p.m. at First United Methodist Church, 7020 Cass St. Use the north door to the education wing.

Three speakers will talk about how to create sustainability at the campus, city and state level. The three are Kristi Wamstad-Evans, City of Omaha sustainability coordinator; Daniel Lawse, coordinator of sustainable practices at Metropolitan Community College; and Ken Winston, Nebraska Sierra Club lobbyist.

For more information, send an e-mail to [mary.green@nebraska.sierraclub.org](mailto:mary.green@nebraska.sierraclub.org) or call 556-1830.

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## Suicide summit set for Friday at BryanLGH West

By the Lincoln Journal Star | Posted: Monday, January 25, 2010 10:45 pm

A Suicide Prevention Summit will be Friday at the BryanLGH West Conference Center, 1600 S. 16th St., from 10 a.m. to 3 p.m.

Participants will hear about suicide prevention practices and get help applying for youth suicide prevention seed grants.

The summit, which will be videocast via the Nebraska Statewide Telehealth Network, is co-sponsored by the Nebraska State Suicide Prevention Coalition, the Nebraska Department of Health and Human Services, BryanLGH Medical Center, Interchurch Ministries of Nebraska and the University of Nebraska Public Policy Center.

The keynote speaker is Tom Osborne, University of Nebraska-Lincoln athletic director.

For more information and to register, visit [www.suicideprevention.nebraska.edu](http://www.suicideprevention.nebraska.edu).

KCOW Radio 1400 - Alliance, NE 69301

From KCOW Radio - Eagle Communications

## SUICIDE PREVENTION SUMMIT TO BE VIDEOCAST AT BBGH

Posted in: [Box Butte County](#)

By BBGH NEWS RELEASE

Jan 25, 2010 - 11:31:38 AM

Box Butte General Hospital (BBGH) will be a videocast site for the Nebraska State Suicide Prevention Summit, to be held Friday, January 29 from 9 a.m. until 2 p.m. MST. The videocast will be hosted at BBGH in the Alliance Room. If planning to attend, please call BBGH Telehealth and Computer Education Specialist Tammy Suit, (308) 761-3481. If no answer, leave a message about attending the Summit, with your name and phone number included.

The event will be held at BryanLGH West Medical Center and will be videocast to sites across Nebraska via the Nebraska Statewide Telehealth Network.

According to the Nebraska State Suicide Prevention Coalition web site: "The intended audiences are community members, professionals, suicide survivors, and/or youth and adults interested in promoting suicide prevention practices in their communities. The last hour of the Summit is optional, and will feature technical assistance for community members and organizations interested in applying for seed grants to implement youth suicide prevention practices."

The keynote speaker for the Summit will be Tom Osborne, former Nebraska football coach, Nebraska Third District Congressman in the U.S. House of Representatives, and now athletic director at the University of Nebraska-Lincoln.

Participants will be given a statewide inventory of suicide prevention practices, participate in small group discussions and talk about community suicide prevention activities and needs.

They will also hear from Elana Premack-Sandler of the Suicide Prevention Resource Center and receive help in applying for upcoming youth suicide prevention seed grants.

More information, including other site locations, can be found on the Net: [www.suicideprevention.nebraska.edu](http://www.suicideprevention.nebraska.edu).

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1/26/2010 9:03:04 PM

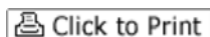
The Nebraska State Suicide Prevention Summit to be held Friday

The Nebraska State Suicide Prevention Summit will be held on Friday, January 29th from 10:00 a.m. to 3:00 p.m. via videocast at the Loup Basin Public Health Department in Burwell. The Summit will provide an overview of suicide as a public health concern in Nebraska, present opportunities to discuss local needs on suicide prevention and feature an introduction to proven suicide prevention practices as well as provide technical assistance in applying for youth suicide prevention seed grants. The keynote speaker is Tom Osborne, University of Nebraska Athletic Director. Anyone working with youths or adults including community members, professionals, suicide survivors, or youth or adults interested in promoting suicide prevention practices in their communities will find the seminar of interest. To enquire about attending the summit in Burwell, contact Danielle Thoene at 1-866-522-5795.

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Updated: 9:44 PM Jan 29, 2010

## Tom Osborne Speaks at Suicide Summit

**Lincoln, NE**

Suicide is the second leading cause of death for Nebraskans ages 15 to 34. So BryanLGH Medical Center is hosting a Suicide Prevention Summit Friday to talk about suicide as a public health concern in Nebraska.

**Posted:** 8:52 AM Jan 29, 2010**Reporter:** Christie Bett**Email Address:** [christie.bett@1011now.com](mailto:christie.bett@1011now.com) [Tom Osborne Talks Suicide Prevention](#) [BryanLGH Hosts Suicide Summit](#)

Suicide is the second leading cause of death for Nebraskans ages 15 to 34. So BryanLGH Medical Center is hosting a Suicide Prevention Summit Friday to talk about suicide as a public health concern in Nebraska.

Tom Osborne, University of Nebraska Athletic Director, is the keynote speaker for the event. The seminar will be videocast to sites across the state via the Nebraska Statewide Telehealth Network.

Attendees will talk about suicide prevention programs already in place throughout the state, and where needs for more support lie. They'll also discuss signs and symptoms of mental health issues to look for that, when handled properly, can also prevent suicide.

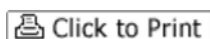
The event is co-sponsored by the Nebraska State Suicide Prevention Coalition, the Nebraska Department of Health and Human Services, BryanLGH Medical Center, Interchurch Ministries of Nebraska and the University of Nebraska Public Policy Center.

To learn more about suicide prevention, click on the link below or watch the video above.

### Links referenced within this article

[christie.bett@1011now.com](mailto:christie.bett@1011now.com)[http://www.1011now.com/home/headlines/mailto:christie.bett@1011now.com?subject=Tom Osborne Speaks at Suicide Summit](http://www.1011now.com/home/headlines/mailto:christie.bett@1011now.com?subject=Tom+Osborne+Speaks+at+Suicide+Summit)[Tom Osborne Talks Suicide Prevention](#)[BryanLGH Hosts Suicide Summit](#)

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## THE LATEST

### **Summit urges: 'Ask a question, save a life'**

Posted: 01/29/2010 5:02 PM

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In the basement of a Lincoln hospital Friday, a woman stood at a podium.

Marilyn Mecham told the story of a Nebraska farmer out in his pickup, watching a neighbor drive his section.

Circling, then circling again.

The farmer drove toward the neighbor, blocking his route with his truck.

Then he got out.

I know what you're doing, he said. You're thinking about killing yourself.

The neighbor denied it at first, Mecham told more than 100 people gathered at BryanLGH Medical Center West for the Nebraska State Suicide Prevention Summit -- and 200 more listening at satellite sites across the state.

Then the neighbor turned to the man standing at his pickup window.

How did you know?

The farmer knew because he'd been there, Mecham said.

He'd been helped by the Nebraska Rural Response Hotline.

The hotline had 2,380 calls for mental health help last year, she said, and it handed out 3,089 vouchers for counseling.

"These are people who would not have had mental health counseling," she said.

"Suicide prevented? Yes."

The Interchurch Ministries of Nebraska executive was one of several speakers who shared stories, resources and expertise during the one-day summit.

"We're generating ideas," said Dave Miers, co-chairman of the Nebraska State Suicide Prevention Coalition, which organized the event.

"And we're talking about what more needs to be done."

Tom Osborne addressed the group in the morning, talking about the need for mentoring.

Two employees of the Veterans Administration talked about working with suffering vets.

The average suicide rate in Nebraska is nearly 11 per 100,000, said David Tuttle.

The rate for veterans is more than double that.

"We want to make sure they know there are services for them."

Those services include a 24-hour chatline, Facebook and Twitter, said Colette Wheeler.

Wheeler and Tuttle have been trained in QPR --Question, Persuade, Refer.

"Ask a question, save a life," Tuttle said.

"Of course, the question is: 'Are you thinking of killing yourself?'"

The question needs to be asked and the approach needs to be integrated, said coalition co-chairman Don Belau, who spoke about prevention, intervention and postvention -- helping survivors after they lose someone to suicide.

Before lunch, Belau explained the development of the LOSS Team concept in Lincoln and Lancaster County.

Teams include one mental health professional and two trained volunteers who have each lost a loved one to suicide.

LOSS stands for Local Outreach to Survivor of Suicide. The concept is modeled after a program that began in Louisiana, Belau said. Local volunteers have spent the past 18 months training.

"These are dedicated volunteers on call 24/7, folks," Belau said.

The teams have responded to nine local suicides since being implemented in July.

"The feedback has been overwhelmingly positive."

*Reach Cindy Lange-Kubick at 473-7218 or [clangekubick@journalstar.com](mailto:clangekubick@journalstar.com).*

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