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2024

Statewide Symposium in Support of Service Members, Veterans & Their Families

April 17-18 | Phoenix, Arizona

arizona coalition
for military families





Risk Reduction

*Non-Clinical Community Based Effort

Session 2

Postvention is Prevention



Facilitators



Martin Garcia

RISK REDUCTION MANAGER

Arizona Coalition for Military Families



Erica Leffler

VETERAN COMMUNITY OUTREACH COORDINATOR

Virtue Recovery Center





Agenda

1

Be Connected Postvention Efforts

2

ADHS Suicide Prevention Program

3

Healing After Suicide Loss

4

EMPACT - Survivors of Suicide Program



Be Connected Prevention Efforts

- New Be Connected prevention/postvention position created
- Worked with ADHS and other stakeholders to create the first statewide postvention plan
- Worked with ADHS to create the first Veteran Suicide Mortality Review Board in the country



Suicide Prevention Program

Joshua Stegemeyer

Suicide Prevention Program Manager

Arizona Department of Health Services

SUICIDE PREVENTION PROGRAM (SPP)

Arizona Coalition for Military Families - 2024 Statewide Symposium

[Postvention in Arizona](#) - 17 April 2024



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Agenda

- Suicide Data Environment
 - Suicide in Arizona
 - National Syndromic Surveillance in Arizona (Suicide)
 - Suicide compared to...
- Postvention in Arizona
- SMR
- Veteran SMR



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State of the State* - Arizona Data

AZ Suicide Deaths and Rates of Death		
Year	Deaths	Rate Per 100,000 Arizona National
2018	1438	20.1 (14.2) + 41%
2019	1419	19.5 (13.9) + 40%
2020	1363	18.4 (14.2) + 30%
2021	1539	20.7 (14.1) + 47%
2022**	1599	21.6 (~) + 48-50%

AZ Suicide Deaths by Age Groups 2022 v (2021)		
Age	Deaths	Rate Per 100,000
0-17	46 (47)	2.8 (2.7)
18-24	156 (167)	22.2 (24.2)
25-34	264 (283)	25.7 (28.0)
35-44	249 (230)	27.3 (25.6)
45-54	217 (195)	25.3 (23.1)
55-64	264 (220)	29.5 (25)
65-74	195 (175)	24.8 (25.0)
75-84	155 (114)	35.8 (26.7)
85+	53 (50)	34.9 (33.5)



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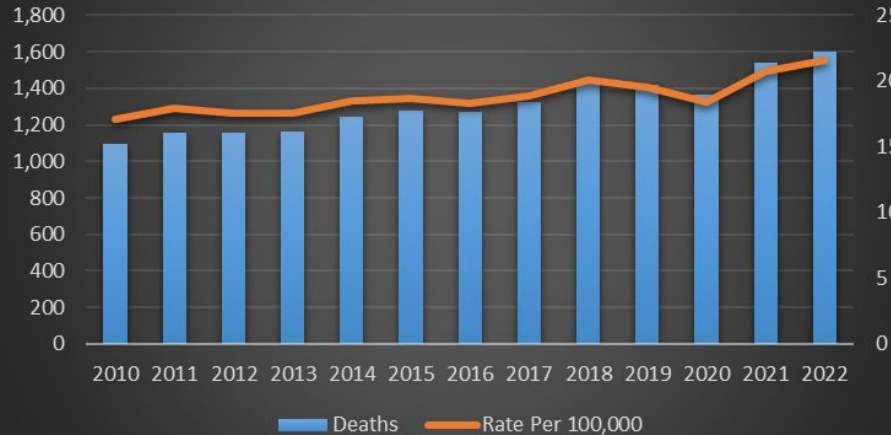
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*Data from CDC, US Census Bureau and ADHS

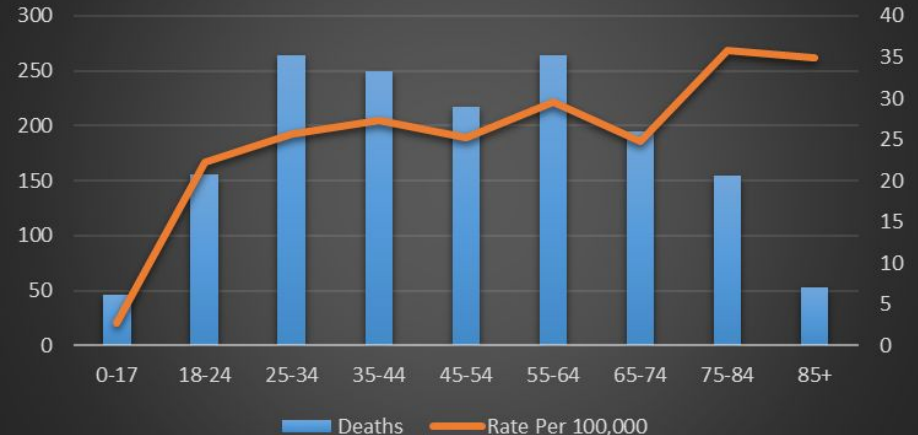
**CDC publishes rates of death by suicide based on adjusted population numbers that are not yet available for 2022 at the time of this presentation

State of the State* - Arizona Data

Arizona Deaths by Suicide 2010-2022



Arizona Suicide Deaths by Age, 2022



State of the State* - Arizona Data

Suicide Deaths by Select Demographics 2022 v (2021)		
Population	Deaths	Rate per 100,00
American Indian/Alaska Native	105 (124)	35.7 (42.7)
Asian American or Pacific Islander	28 (29)	9.4 (9.9)
Black or African American	57 (52)	14.9 (13.8)
White	1,130 (1,037)	27.7 (25.9)
Hispanic or Latino	271 (224)	11.5 (9.6)
Veteran*	304 (271)	64.4 (57.4)
LGBTQIA2S+***	?	?



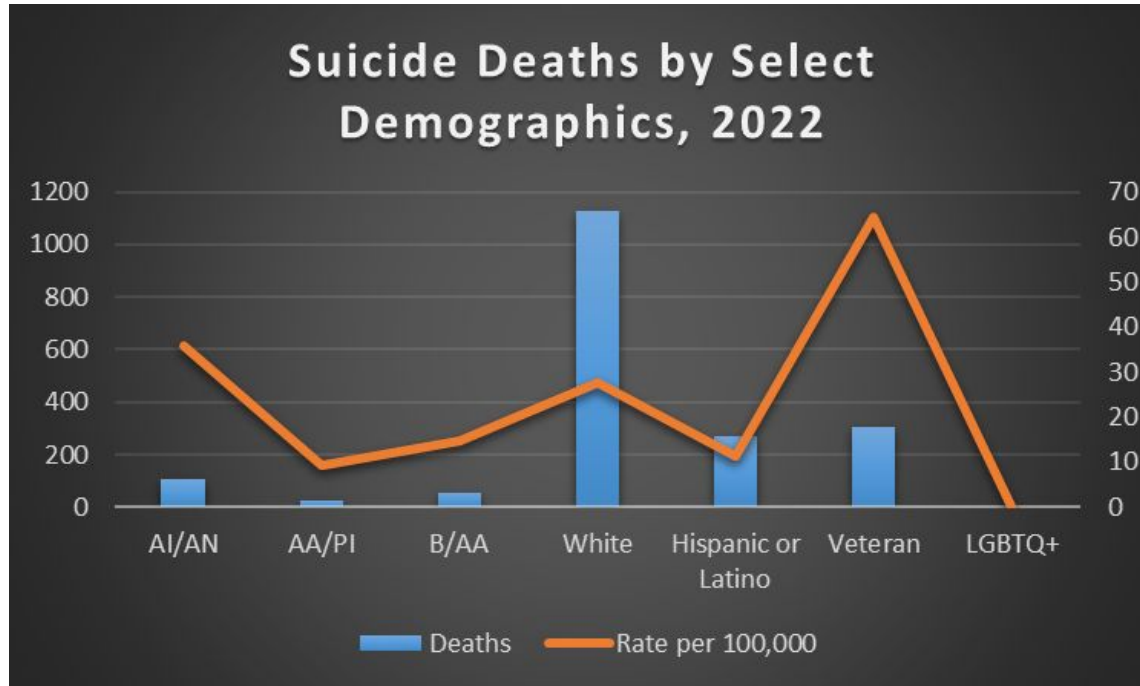
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*Data from CDC, US Census Bureau and ADHS **Veteran population calculated at 471,924. Sources: [U.S. Census Bureau, American Community Survey \(ACS\)](#) and [Puerto Rico Community Survey \(PRCS\), 5-Year Estimates](#)

***Deaths and Rates of Death per 100,000 are shown as ? to remind us of this important data gap and that people who identify as LGBTQIA2S+ are at increased risk for suicidality

State of the State* - Arizona Data



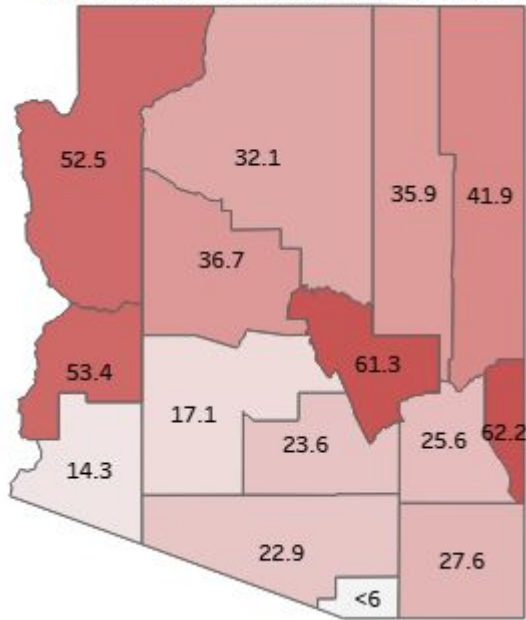
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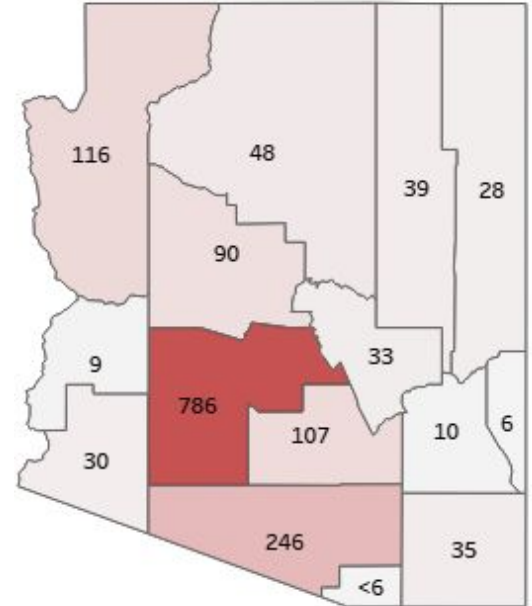
*Data from CDC, US Census Bureau and ADHS **Veteran population calculated at 471,924. Sources: [U.S. Census Bureau, American Community Survey \(ACS\)](#) and [Puerto Rico Community Survey \(PRCS\), 5-Year Estimates](#)

***Deaths and Rates of Death per 100,000 are shown as 0 to remind us of this important data gap and that people who identify as LGBTQIA2S+ are at increased risk for suicidality

State of the State* - Arizona Data



County Deaths by Suicide 2021 v (2022)		
County	Deaths	Rate Per 100,000
Apache	28 (43)	21.9 (46.4)
Cochise	35 (41)	27.6 (32.4)
Coconino	48 (42)	32.1 (28.5)
Gila	33 (43)	61.3 (64.7)
Graham	10 (8)	25.6 (20.5)
Greenlee	6 (S)	62.2 (S)
La Paz	9 (8)	53.4 (46.7)
Maricopa	786 (737)	17.1 (16.4)
Mohave	116 (78)	52.5 (36.0)
Navajo	39 (50)	35.9 (46.4)
Pima	246 (225)	22.9 (21.3)
Pinal	107 (94)	23.6 (21.4)
Santa Cruz	(S) (S)	(S) (S)
Yavapai	90 (78)	36.7 (32.3)
Yuma	30 (37)	14.3 (17.8)



*Data from ADHS

State of the State - NSSP

2022 Suicide Encounters (summary)			
Location	Ideation	Attempts	Total
Emergency Room	27,576	7,073	34,649
In-Patient	8,068	3,496	11,564

2022 Suicide Encounters - Rate per 100,000 (summary)			
Location	Ideation	Attempts	Total
Emergency Room	374.7	96.1	470.8
In-Patient	109.6	47.5	157.1

National Syndromic Surveillance Program (NSSP) - Syndromic surveillance provides public health officials with a timely system for detecting, understanding, and monitoring health events. By tracking symptoms of patients in emergency departments - before a diagnosis is confirmed - public health can detect unusual levels of illness to determine whether a response is warranted. Data source: **ESSENCE (BioSense)**

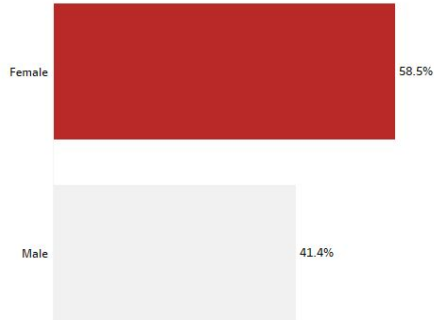
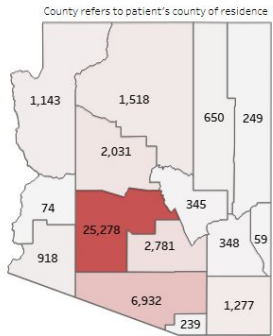


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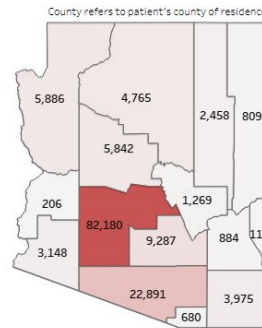
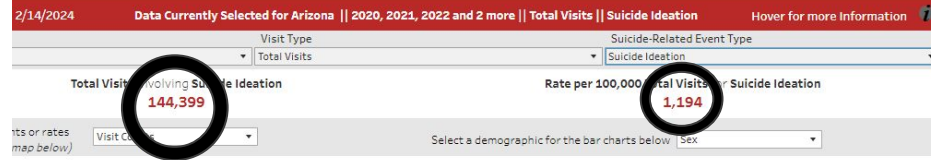
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State of the State - NSSP Data Dashboard

Suicide Attempt Data 2020 - Current



Suicidal Ideation Data 2020 - Current



State of the State - NSSP

Suicidality Compared to other mortalities and morbidities* (2022)

Cause	Rate per 100,000
Hospitalizations due to Suicidal Ideation	1,132
Hospitalizations due to Suicide Attempts	332
Non-Fatal Opioid Hospitalizations	54.7
Opioid-related EMS Responses	104.2
Motor Vehicle accidents, all types	689
Mental Health disorders, all 2021 ER visits	980



*Suicide, opioid, motor vehicle and mental health data obtained from ADHS

Arizona Postvention

- Postvention in the 2024 - 2026 Arizona Suicide Prevention Action Plan:
 - *“Postvention in Arizona is defined as all services and support provided to individuals and families affected by suicidality (i.e. ideation, attempt, death by suicide)”*
- As a State, Arizona can no longer look beyond a problem that most likely affects 1,000,000+ Arizonans
- National Research on costs of suicidality show:
 - Cost of Suicidality: \$612 million, \$570 per diagnosis (Karaca & Moore, 2020)
 - Direct and Indirect Costs per attempt encounter: **\$7,163.75** (Sgoblin et al, 2015)
 - \$9,321.79 adjusted for inflation in 2024
- Using \$9,321.79, suicide attempts cost Arizona **\$408,685,917.18** in 2023 alone



Arizona Postvention Resource

- Initiative developed and refined by ADHS Lived Experience suicide prevention workgroup
- **Comprehensive** Postvention Resource
 - Educational environments
 - Occupation-based postvention
 - Faith-based postvention
 - Veteran postvention (in collaboration with AZCMF)
 - Family-based postvention (exploring if feasible)
- Educational Environments include:
 - K-12, College, University and Trade School
 - Public, Private, Home School, Corrections and Indigenous considerations
- Education component currently in rough draft
- Expected release Q3 - Q4, 2024 (contracting design support)

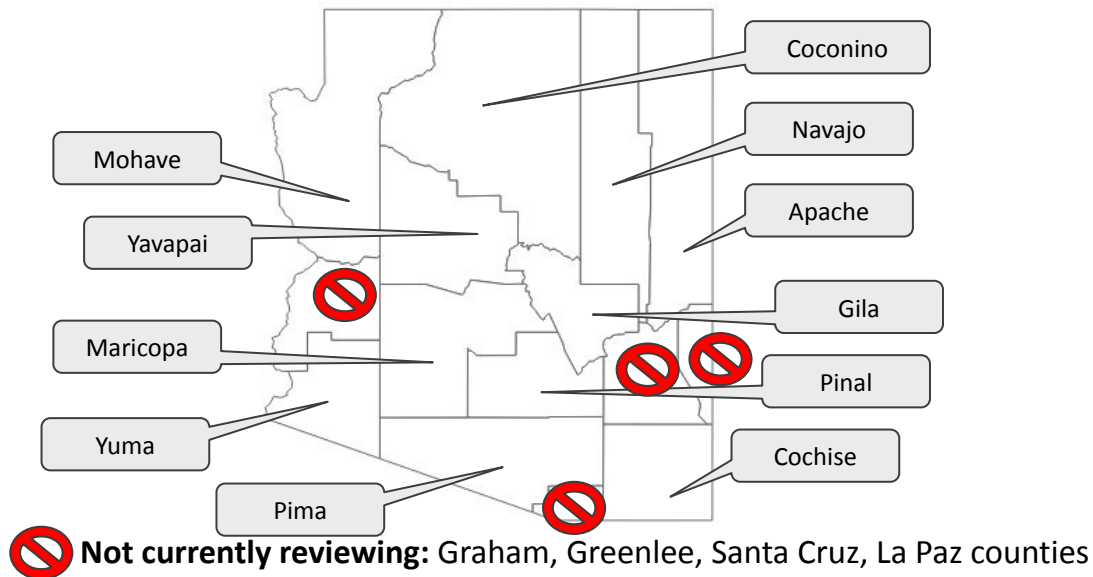
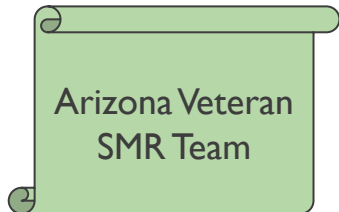
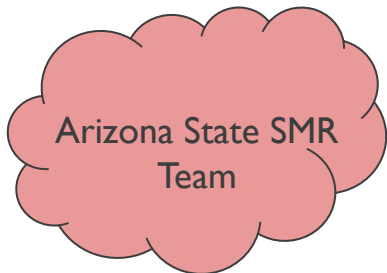


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Suicide Mortality Review (SMR) in Arizona

Arizona County Teams



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Arizona SMR - Governing Laws

Arizona Revised Statute(s):

- **36-199** Suicide mortality review team; members; duties
 - State SMR Team
 - Local SMR Teams
 - SMR Data to Implementation
 - Suicide Investigations

- **36-199.01** Access to information; confidentiality; violation; classification
 - Records requests
 - Law enforcement investigations
 - Judicial proceedings
 - Record storage/confidentiality
 - Closed meeting status



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Arizona SMR - Governing Laws

Arizona Revised Statute(s):

- **36-199** Suicide mortality review team; members; duties
 - State SMR Team
 - Heads of 6 AZ Agencies and rep from Council of Human Service Providers
 - 17 positions appointed by ADHS (e.g. rural & urban forensic pathologist)
 - Develop data collection system
 - Policy recommendations to AZ Governor and AZ Legislature
 - Set protocols for the local SMR Teams
 - Set protocols for suicide death investigations
 - Law Enforcement, Medical Examiners, prosecutors, health care & Social Service facilities



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Arizona SMR - Governing Laws

Arizona Revised Statute(s):

- **36-199** Suicide mortality review team; members; duties
 - Local SMR Teams
 - Receive protocols and standard operating procedures from State SMR Team
 - Receive administrative support and technical assistance from ADHS
 - Funding for SMR packaged into ADHS Healthy People, Healthy Communities contract
 - Combines funding streams for small programs into 1 (e.g. Tobacco, teen pregnancy)
 - Facilities prevention personnel and programming in most AZ counties
 - SMR Team leads receive Death certificates from ADHS (suicide program epi)
 - SMR Team leads request records
 - SMR Team leads distill records into a case narrative
 - Confidentiality, de-identification
 - Case narratives are reviewed and retained; records are destroyed after review IAW A.R.S.



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Arizona SMR - Governing Laws

Arizona Revised Statute(s):

- **36-199** Suicide mortality review team; members; duties
 - SMR Data to Implementation
 - Mandated annual analysis of deaths-by-suicide in the state
 - Receive data from 11 County SMR Teams and the VSMR
 - Combine into annual report for stakeholder dissemination
 - Recommendations and policy changes can be directly communicated to AZ Government
 - Death Investigations
 - State SMR sets protocols for ALL investigations involving suicide death in AZ
 - Only exception are Federal authorities who can disregard state law



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Arizona SMR - Governing Laws

Arizona Revised Statute(s):

- **36-199.01** Access to information; confidentiality; violation; classification
 - Records requests
 - **ALL** medical, dental nursing or mental health provider records (including provider notes)
 - **ALL** insurance records
 - **ALL** State of Arizona records, including any subdivision of the AZ Government
 - **MOST** Law Enforcement records - only carve out is for records in a current investigation that could compromise the investigation if released
 - Family or other interviews conducted during the death investigation
 - No records can be retained past review
 - Subpoena Authority for the above written into A.R.S.
 - ADHS Director (or rep) may petition Superior Court for a subpoena



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Veteran Suicide Mortality Review (VSMR) in Arizona

The Arizona Veteran SMR Team

- Operates as a subcommittee of the Arizona State SMR Team
 - Statutorily, same authorizations as for a county team
- Focuses on all veteran deaths by suicide
 - 304 in 2022; 5% of Arizona population, ~20% of deaths by suicide
- **Goal** - Conduct comprehensive analysis on all veteran deaths to understand trends and patterns
- **Plan** - Conduct case reviews on ~40% of cases; currently planning 2 parallel teams
- **Implementation** - Close the implementation loop by connecting recommendations to Risk Reduction projects to be actioned by Be Connected and partner organizations



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Veteran Suicide Mortality Review (VSMR) in Arizona

The Arizona Veteran Verification Project

- Complete audit of 2022 death by suicide Death Certificates
- Comparing accuracy of Death Certificates military status to VA and Department of Defense personnel files
- ADHS will initially verify one year of deaths by suicide for any military service to determine what, if any, discrepancy there is with currently reported veteran data



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For More Information

azhealth.gov/suicide

azhealth.gov/988



ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF INJURY AND VIOLENCE PREVENTION

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Email Joshua.Stegemeyer@azdhs.gov

Health and Wellness for all Arizonans



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Healing After Suicide Loss

Claire Piazza, LCSW

Suicide Prevention Coordinator

Phoenix VA Healthcare Center

Healing After Suicide Loss

Disclaimer

This presentation is based on work supported, in part, by the Department of Veterans Affairs, but does not necessarily represent the views of the Department of Veterans Affairs or the United States Government.

Agenda

- Emotional, Social, & Psychological Effects of Suicide
- Providers as Suicide Loss Survivors
- Posttraumatic Growth & Healing
- Resources





Emotional, Social, & Psychological Effects



Emotional, Social, & Psychological Effects

Suicide loss survivors contend with the same grief and bereavement as other survivors. However, there may be additional shame, stigma, and trauma associated with suicide.

Emotional Impact:

- Emotional states may be intense and contradictory while coping with loss
- Common feelings include – guilt, anger shame, regret, blame (self/others), abandonment, rejection
- Feelings may occur in any order, simultaneously, or not at all
- Survivors may try to make sense of death, reflecting on “what if” or “if only” scenarios

Social Impact:

- Survivors might worry that others will think negatively of deceased or family because of suicide
- Worry of others thoughts may lead to avoiding the discussion of death
- Survivors may withdraw from social supports

Psychological Impact:

- Type, closeness, and length of relationship can influence survivors mental health
- Survivors are more likely to experience thoughts of suicide
- Complicated grief is marked by a prolonged period of intense & distressing emotion & difficulty functioning in everyday life
- Depression and anxiety can often occur together
- How we're notified of the deceased can impact our well being



Providers as Suicide Loss Survivors



Providers as Suicide Loss Survivors

The “Occupational Hazard” of Suicide:

1 in 2 psychiatrists and trainees, 1 in 5 psychologists, clinical social workers, and other mental health professionals will lose a patient to suicide during their career.

Fear of Suicide Loss:

97% of therapists endorse losing a patient to suicide as their greatest fear.

Impacts:

- Therapists have described losing a patient as **“the most profoundly disturbing event of their professional careers”**.
- Many clinicians experience a **“professional void and an acute sense of aloneness and isolation”** after a suicide loss.
- Providers who worked closely, over time with a patient who dies suicide may experience that loss similarly **“to the loss of a loved one to suicide”**.

Alexander et al., 2000; Chemtob et al., 1989; Grad et al., 1997; Ruskin et al., 2014; Bershoff, 1999;
Melton & Cloverdale, 2009; Hendin et al., 2004

VA



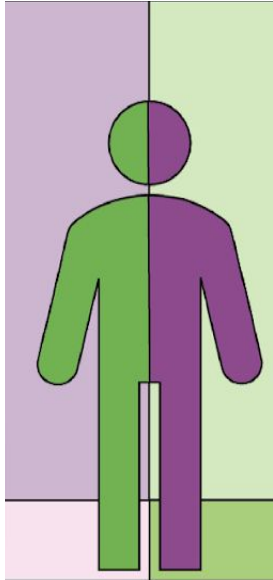
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MIRECC

Personal and Professional Impacts

- Shock
- Sadness
- Anxiety
- Numbness
- Anger
- Guilt
- Avoidance
- Intrusive thoughts
- Hypervigilance
- **Self-doubt**
- **Self-blame and**
- **Fear of outside blame**



- Peer consultation changes
- Record-keeping changes
- Increased use of hospitalizations
- Changes in clinical approaches
- Greater selectivity of population served
- Reduction of privileges
- Burnout
- Leaving the field

Ideas for Remembrance/Rituals



Read a poem

Share a memory of the deceased

Share a moment of silence

Walk to a place that is meaningful

Keep symbolic items in your office to engage others in discussion about suicide loss (e.g. painted rocks, flameless candles, figurines)

Attend an annual suicide prevention or remembrance walk

Attend a Remembrance Ceremony

VA



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Supporting Providers Who Serve Veterans

The Suicide Risk Management Consultation Program (SRM) provides free consultation and resources for any provider in the community or VA who serves Veterans at risk for suicide.

Request a consult:

srmconsult@va.gov

#NeverWorryAlone

www.mirecc.va.gov/visn19/consult



Risk assessment



Lethal means safety counseling



Conceptualization of suicide risk



Best practices for documentation



Strategies for how to engage Veterans at high risk



Provider support after a suicide loss (Postvention)

VA



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Posttraumatic Growth and Healing



Recognizing Your Reactions




- **Acknowledge and accept your feelings** – whatever they are, without judgment. There is no right way to feel after a traumatic loss.
- **Try not to take other people's stress reactions personally** – their reactions (*such as irritability or anger*) may be different from your own.

Recognizing Your Reactions

- **Talk to others** about your feelings and reactions. This helps relieve stress and helps you realize that your feelings are often shared by others.
- **Accept help from others** in the spirit in which it was given, despite any discomfort that shows up around your own vulnerability.
- **Connect** regularly with people you find supportive such as family, friends, and coworkers.



Caring for Yourself

- **Know yourself and what you need**, whether it's maintaining a routine or taking time away.
 - Engage in **physical self-care** (exercise, eating regular meals, maintaining a consistent sleep schedule)
 - **Continue doing things you enjoy** or are comforting
- 
- **Avoid making major life-changing decisions** unrelated to this event
 - Be mindful of extremes (work, sleep, substance use, etc.)
 - **Maintain connections** with family, friends and coworkers
 - Engage in creative outlets, house projects

Important Concepts to Keep in Mind



- **Suicide is complex:** Suicide is rarely the result of just one person, conversation, or event. It usually involves multiple, complex factors that culminate in a "perfect storm."
- **The tyranny of hindsight:** There was no way you could have known it would happen that very day, at that precise moment. You cannot control the thoughts and actions of others.
- **Learning to live with the ambivalence:** "Why?" "What if?" Most of us who have experienced suicide loss wrestle with these and other questions for a long time. This is normal.
- **How we think about it matters:** Remember how they lived, rather than how they died. How you talk to yourself about what happened can shape the experience of your grief journey. Trust what you know about your loved one and choose to tell yourself the story that best helps you heal.

Tragedy Assistance Program for Survivors
(TAPS)



Posttraumatic Growth

Positive change is experienced as a result of struggling with highly challenging, highly stressful life circumstances.



Potential Outcomes:

- A greater appreciation of life
- Improved relationships
- New possibilities
- Personal strength
- Spiritual change

Provider Survivors: Posttraumatic Growth

With **optimal support** there can be profound **personal and professional transformation** after loss to suicide.

Personal

- Construction of new existential paradigms: *Who am I as a person? As a therapist? How do I integrate this experience?*
- Gratitude towards aspects of life previously taken for granted
- Giving back (e.g., supporting other survivors)

Professional

- Increased education and knowledge about suicide
- More sensitivity towards suicidal individuals and survivors
- Reduction in therapeutic grandiosity (*I can solve all problems and heal all people.*)
- Awareness of realistic limitations of our own power and control





EMPACT - Survivors of Suicide Program

Stefanie Cary

Prevention Specialist

La Frontera EMPACT Suicide Prevention Center



EMPACT-SPC

Survivors of Suicide Program



EMPACT - SUICIDE PREVENTION CENTER

STEFANIE CARY
EMPACT-SPC
TEMPE, AZ, USA

EMPACT-Suicide Prevention Center



- **FOUNDED IN 1987 – TEMPE, AZ, USA**
- **24/7 CRISIS SERVICES/BEHAVIORAL HEALTH**
- **SUICIDE PREVENTION MISSION/FOCUS**
- **POSTVENTION SINCE 1988**



Suicide Postvention



“Postvention refers to activities that reduce risk and promote healing after a suicide death.”

EMPACT-SPC Postvention/ Survivors of Suicide (SOS) Program



- There are approximately 1500 suicides in AZ every year; approximately 125 people are impacted by each loss in some way - family members, neighbors, co-workers, fellow students, friends, etc.
- EMPACT has 11 separate support groups spanning 4 counties of our state; one of the groups meets at our Tempe office. This group has been around since 1988, when the program started.
- We have about 30 volunteers who are survivors of suicide loss themselves who facilitate groups and program services.
- Through our program, we serve over 3000 individuals annually.

EMPACT-SPC Postvention/ Survivors of Suicide (SOS) Program

Annual Events

- Jeremyah Memorial Walk
- SOS Conference
- World Suicide Prevention Day Candlelight Ceremony



EMPACT-SPC Postvention/ Survivors of Suicide (SOS) Program



Memorial Quilt Program



EMPACT-SPC Postvention/ Survivors of Suicide (SOS) Program



More on support Groups

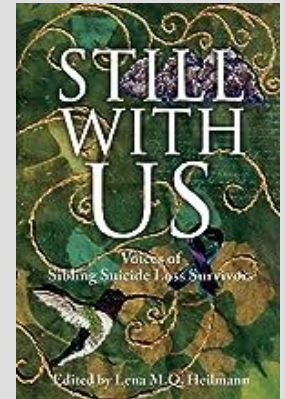
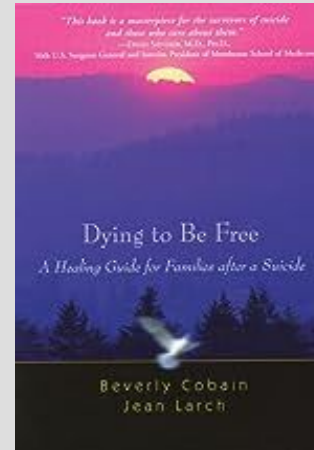
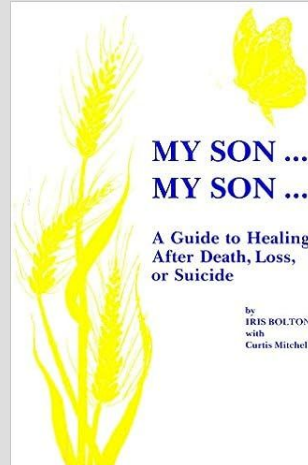


- Support groups allow members to have the emotional support of others who have shared the trauma of this event.
- The program focuses on emotional healing and regaining normalcy after loss.
- Meeting schedule can be found at: EMPACTSOS.org

EMPACT-SPC Postvention/ Survivors of Suicide (SOS) Program



Lending Library



EMPACT-SPC Postvention/ Survivors of Suicide (SOS) Program



Quarterly Newsletter




**STATE-WIDE
SOS GROUPS**

In-person Groups

TEMPE SOS GROUP
1st and 3rd Thursday
7:00 pm - 8:00 pm
EMPACT-SPC
818 S. Madison Dr. Tempe
**PHOENIX/SCOTTSDALE SOS
GROUP**
2nd and 4th Wednesday
7:00 pm - 8:00 pm
Prince of Peace Church
3641 N. 50th St. Phoenix
WEST VALLEY SOS GROUP
2nd and 4th Tuesday
6:00pm - 8:00pm
EMPACT-SPC
6425 W. Olive, Suite 104
Glendale
**PARADISE VALLEY SOS
GROUP**
1st and 3rd Wednesday
6:30 pm - 8:30 pm
Shalom Community Church
19021 N. 32nd St., Phoenix
EAST MESA SOS GROUP
2nd and 4th Thursday
6:00 pm-8:00 pm
Red Mountain
Multigenerational Center
1750 E. Audubon Rd. Mesa
PRESCOTT SOS GROUP
Last Thursday
6:30pm-8pm
Gateway Mall Community Room
3250 Gateway Blvd. Prescott
BEDONA SOS GROUP
Last Tuesday
4:00pm-5:30pm
Christ Lutheran Church
25 Chapel Rd. Bedona
GREEN VALLEY SOS GROUP
First Thursday
1:00pm-2:30pm
Friends of Deer
301 W. Camino Casa Verde,
Green Valley
TUCSON SOS GROUP
1st and 3rd Thursday
6:00 pm - 8:00 pm
Carmelina Memorial church
2700 E. Speedway Blvd.
Tucson
**TOWN OF MARICOPA SOS
GROUP-NEW GROUP**


Survivors of Suicide Newsletter
Stay Connected
SPRING/SUMMER EDITION 2023



SAVE THE DATE!

The 22nd Annual
Arizona Survivors of
Suicide Day Conference
Saturday, August 12, 2023
8:00am—3:00pm

Desert Willow Conference Center
Phoenix, AZ



Our day will be focused on hope and healing, providing a forum for survivors to learn new coping skills and embrace their journey, and providing an opportunity for professionals to increase their knowledge about suicide bereavement.



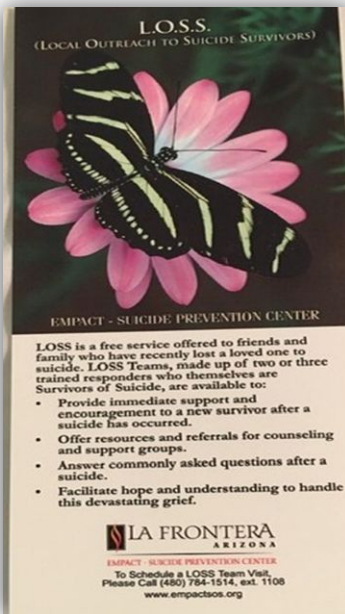
LOSS Teams

Collaboration with
First Responders

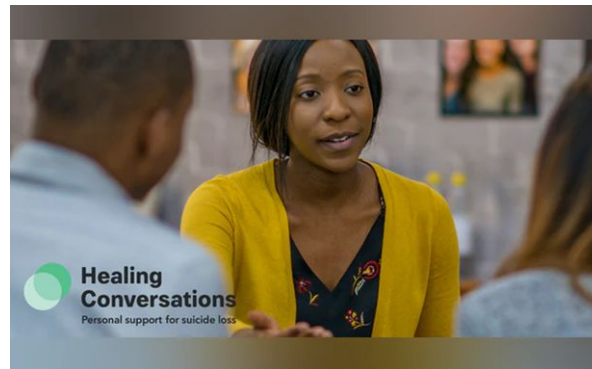
LOSS Team
Call-outs and phone
supports

LOSS Team Packets

Statewide
Distribution of LOSS
Packets



**LOSS
Team
Resource
Packets**



Postvention Resources



Karl Andriessen
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Postvention in Action

The International Handbook of
Suicide Bereavement Support

 hogrefe

Local:

empactsos.org

azspc.org

National:

brcic.org

taps.org

mirecc.va.gov

suicidology.org

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Questions?





Session Evaluation

We want to hear from you!

