

PHOENIX REPUBLIC

OPINIONS EDITOR

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Ariz. must keep holding safety net for those mulling suicide

The 2006 documentary "The Bridge" included footage of 22 people jumping to their deaths from the Golden Gate Bridge.

The film included an interview with Kevin Hines, who survived a jump in 2002. In the documentary, Kevin says that in the first second, he would do anything to end the all-consuming despair he felt from his struggle with bipolar disorder, including flinging himself across the rail. In the subsequent four-second fall, he realized he would do anything to undo what seemed too late to change.

This film ignited a remarkable change. The bridge authority installed a safety net underneath the entire span of the bridge. Where similar safety interventions have been implemented, the suicide rate has been driven to near zero. We understand that for those who might have died — like Kevin Hines —

suicide was not inevitable. Safety precautions could make a difference.

The parallels for community behavioral health are striking. While our nation's suicide-prevention efforts have focused on people at high risk for decades, the public's attention has been largely on teens, college students, returning veterans and people in high-risk minority communities.

These groups can face suicide rates from two to four times as great as the general population. By comparison, individuals with serious mental illness die by suicide at rates six to 12 times higher (especially those with major depressive disorder, schizophrenia, bipolar disorder, borderline personality disorder and anorexia). Our bridge has not been very safe.

In 2010, I was asked to represent Magellan, which serves mentally ill people in central Arizona, on the National Action Alliance for Suicide Prevention. This is the public-private partnership advancing the National Strategy for Suicide Prevention. The alliance is a learning collaborative of behavioral



Many deaths have occurred on this bridge.

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health-care leaders who strongly believe suicide represents a worst-case failure in mental-health care.

On National Suicide Prevention Week this month, the surgeon general released the National Strategy for Suicide Prevention. It describes best practices in suicide prevention and intervention, including Arizona's Programmatic Suicide Deterrent System.

Led by the Arizona Department of Health Services, Magellan and local behavioral health-care providers, the

Arizona Programmatic Suicide Deterrent System included intervention skills and other training of behavioral health-care workers. It has resulted in a 67 percent reduction in suicides in the behavioral-health system over the past five years. Among those with serious mental illness, the reduction has been 42 percent. Last year, the Department of Health Services and Magellan received many awards for our work in suicide prevention.

The national behavioral health-care dialogue is soon to become about moving suicide intervention and care to the top of the priority list. Here in Arizona, we are already ahead of the curve. Now we must remain diligent in our efforts to drive suicides to zero.

David Covington is vice president for Adult & Youth Services for Magellan of Arizona, which serves individuals who are struggling with mental illness and/or substance abuse issues. He is a founding executive committee member of the National Action Alliance on Suicide Prevention.



My Turn
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