



## Suicide Prevention

# Gaining Ground

Wyoming combats high suicide rates, but there's still a big climb ahead

BY ELIZABETH SAMPSON



Usually losing a first-place ranking is regrettable, but sometimes, it's actually a small relief. That is exactly the case with Wyoming falling out of first place in the suicides per capita ranking. Preliminary 2022 data from the Centers for Disease Control and Prevention indicates Wyoming has moved down to third place behind Montana and Alaska.

According to information from the Wyoming Department of Health, total number of suicides in Wyoming dropped from 190 in 2021 to 149 in 2022.

"That is the first time in many, many years we have dropped out of the first spot," said Andi Summerville of Laramie, executive director of the Wyoming Association of Mental Health and Substance Abuse Centers. "Why did that happen? What did we do? The true answer is we probably will never be able to definitively answer that question, but one of the biggest changes is the 988 line here in Wyoming, with Wyoming call centers being answered by Wyoming people."

When someone is facing any kind of mental crisis, they can dial 988 to be connected to trained crisis counselors.

Before the two call centers in Wyoming opened in 2020, when a Wyoming person called 988, their calls were routed to any call center in the country that had the capacity to take the call.

"While those are all trained crisis counselors, what they lack is a knowledge of Wyoming's geography," Summerville said. "They lack the knowledge of small towns in Wyoming, where if

it's January and you say, 'Hey there is this provider 45 minutes down the road,' but that road is closed most of the time during the winter. They lack an understanding of Wyoming's mental health services and availability. What you get is akin to a Google search."

Now, calls originating from a 307 area code are routed to trained crisis counselors at call centers in Casper and Greybull.

"With Wyoming call centers we really get a much better service because they are Wyoming residents," Summerville said. "They are trained to know all the ins and outs of Wyoming's mental health system."

While the 988 call centers are one of the most visible ways the state is addressing its suicide crisis, other changes are coming onboard at all levels.

The governor's office, the legislature, local municipalities, healthcare providers, the courts and even private employers are stepping up on behalf of Wyomingites who are suffering from mental health issues and thoughts of suicide.

### Restructuring community mental health centers

Jen Davis, Gov. Mark Gordon's health and human services policy advisor, said the governor's office has a serious focus on the status of mental health in Wyoming and a multi-prong approach to decrease the stigma of seeking mental health care.

A major change coming this year is the restructuring of the

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community mental health centers, Davis said. Previously, these mental health safety nets were an open-access system that was available to anyone. Fees for services were based on a sliding scale. They provided the entire gamut of mental health care, but this system led to an issue of long waiting lists for services.

“People coming out of incarceration that need support help right away, or families involved in the child welfare system, as part of their case plan to reunify, need behavioral health care, but can't get in in a timely manner and don't have insurance to access it another way,” Davis explained.

Starting July 1, an updated tier system will prioritize specific populations regardless of their income. The top tier is anyone who is involved with the criminal justice system, people who have been or are at risk of being in a state institution like the state hospital and children and families who may need Department of Family Services involvement or are at risk of having mental health severely impact their lives. There are no financial limits on these services.

“It's really going to wrap some stronger services around this population,” Summerville said.

Tier 2 is called Indigent High Needs and includes a financial qualifier of less than 200 percent of the federal poverty level. This tier serves people who are living with long-term mental illness such as schizophrenia and need ongoing case management in order to have a chance at staying in their community or with their families.

Tier 3 is anyone else who needs services and falls within less than 200 percent of the federal poverty level.

“One of the things it will allow us to do is collect better data in the state on mental health services as well as more intensely serve these clients,” Summerville said.

### **Diversion court pilot provides mentally ill with treatment instead of jail time**

Judge Paul Phillips, a circuit court judge in Campbell County, is helping to lead a pilot program for the state that diverts nonviolent offenders who are charged with misdemeanors from incarceration to outpatient treatment instead.

The specific mental illnesses that qualify for the program are schizophrenia, schizoaffective disorder, major depressive disorder, bipolar and post-traumatic stress disorder.

“From a macro perspective, we would hope to lessen the number of nonviolent defendants incarcerated and awaiting evaluation and restoration across the state of Wyoming,” Judge Phillips said. “More importantly, we want to assist men and women with serious mental illness make positive changes in their lives and avoid further involvement in the criminal justice system.”

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He explained that under Wyoming law, defendants who are believed to be unfit for trial are referred to the Wyoming State Hospital for evaluation, and anyone who is deemed unfit for trial is scheduled for restorative treatment.

“Not infrequently, the process of evaluation, waiting for treatment and restoration can take upwards of one year,” Judge Phillips said, noting that a defendant can actually be in custody awaiting treatment for longer than the statutory maximum sentence allowed.

“In other words, we had situations where somebody facing six months in jail spent nine to 12 months locked up due to mental illness,” Judge Phillips said. “This is manifestly problematic on any number of fronts, and while the WSH has done much to reduce waiting and treatment times, we found ourselves as judges struggling to accept the idea of warehousing nonviolent offenders awaiting treatment and restoration.”

Not only is the pilot program designed to stop the criminalization of mental illness, Judge Phillips said it connects these defendants with case managers, housing and education professionals, peer assistants and other subject matter experts to help them make their way toward a stable lifestyle.

He said the pilot program will be low volume, and as with any effort to treat aspects of serious mental illness, he expects mixed or halting results.

“There will be challenges aplenty, but given the costs associated with incarcerating and then hospitalizing these individuals versus treating them locally on an outpatient basis, we will not need a high volume to show a return on our investment financially, and the moral return is self-evident. I'm not in the right or wrong business; I'm in the lawful or unlawful business. But it is a wonderful thing when 'right' and 'lawful' coincide, and I believe this is one of those instances.”



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## Using occupational therapy for mental health

Sometimes an UNO game is just a game, but sometimes the Draw Four and Wild cards are more than that. For Jenny Lok, occupational therapy director at the Wyoming Behavioral Institute in Casper, a card game is a great chance to talk to her patients about what is on their mind in a casual setting. As an occupational therapist at WBI—an inpatient and outpatient facility that treats both adults and children—Lok uses things like group games to figure out how she can support her patients in all their needs.

Lok knows some people are surprised to learn occupational therapy can be helpful in mental health care, but she said occupations aren't just jobs. Instead, they are all the things people do to occupy their time—their routines and roles, self care, mobility, sleep hygiene, daily living activities like cooking and cleaning and leisure time—and even simply understanding their own mental health diagnosis.

That's where Lok's OT team comes in—helping individuals whose mental illness makes it difficult for them to manage these daily activities. For a patient who struggles to express themselves in a way others can understand, this frustration can lead to aggressive behavior. An OT can work with that patient on expressing themselves and working on impulsivity and sensory modulation.

"We do all kinds of things to help them participate in their day in a functional way how they want to," Lok said.

She and her team focus frequently on sensory safety plans.

"We are all sensory beings, we all have sensory needs, we all have preferences and tendencies that we like," Lok said. Sometimes mental illnesses can cause sensory overload. She said an individual who is schizophrenic may find that any kind of noise is unbearable and will become aggressive, or an autistic child may not be able to handle the buzzing of overhead lights.

"That's where we would intervene because that's where it is cutting down their ability to perform their occupations," Lok said.

She said primary care is an emerging treatment area for occupational therapists.

"If you can get an occupational therapist in there to sit down and work with the patient and look at these physical things and see how that's impacting their mental health, that's really preventative care," Lok said.

## Suicide review team looks for solutions

In the capital city, the Laramie County Coroner's office and Cheyenne Regional Medical Center are part of a coalition that is

reviewing suicide data to look for holes in community services. Brittany Wardle, community prevention project director with CRMC's Wyoming Institute of Population Health, said families who have lost a family member to suicide are asked if the Suicide Fatality Review team of Laramie County can review the suicide.

The team, which consists of leaders in law enforcement, healthcare, military, veterans groups, suicide prevention teams, schools and others, meets quarterly and reviews about three or four suicides each time.

For the cases they review, the Suicide Fatality Review members check their databases for any contact they may have had with the victim prior to their death, and they bring that information to the review. The Laramie County coroner presents the case, and then any member who has records associated with the person shares that information.

They then discuss services that might have been helpful to the person and what might need to be done differently in the community going forward. Wardle said sometimes it is easy to see something that can be changed for the better, but the hardest cases to review are the ones where it seems like the victim had so many things stacked against them.

The review process is very qualitative and specific to that individual, but the team also looks collectively at all the suicides to look for risk factors driving suicides in the county.

"We don't look a ton different from the state-level data, but there have been times that we've identified things that are very local to Laramie County—the deaths that we see in our military and veteran population, we know that is higher across the state, but because of the base here and the high percentage of veterans in Laramie County that is something we pay attention to," Wardle said. "The local data piece is a game changer to us."

Something they have seen to be a common factor in the county's suicides is social isolation.

"That is true for suicides no matter where they are, but we can say definitively that it is the most substantive risk factor we see in Laramie County—because we've assessed that."

Several recommendations have come from the reviews. The Suicide Fatality Review team provides training for business and industrial partners—particularly those who employ a large number of men because males account for eight out of 10 suicides in the county.

Another effort is driving conversations about safe firearm storage.

"No one ever loves talking about firearms, but for us in Laramie County, 86 percent of our deaths are by firearm," Wardle said. "In Wyoming that tends to be about 70 percent. The United States is about 54 percent. Firearms have to be



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part of our conversation here. When we look at our data in Wyoming, access to firearms is really what accounts for a lot of our high rates of suicide here. The case fatality rate for firearms is 90 percent. If you use a firearm, you are most likely to die.”

### Looking to the future and how medical doctors can help

An upcoming focus for mental health stakeholders is finding a way to bring more mental health care providers online. Like other fields of medicine, the state’s mental health care is stymied by the vast spaces between communities, the low population base and a lack of facilities.

As the COVID-19 pandemic entered year two, the severity of mental health cases increased, and that hasn’t returned to pre-pandemic levels, Summerville said.

“We also saw a really big impact in our workforce,” Summerville said. “They just got burned out—similar to every other facet of care... We have a lot of work to do to catch up and make up for the pandemic.”

Davis said the governor’s office is looking at mental health workforce development.

“Those who are interested in the field can see a pathway of entering early and doing something that is not requiring a master’s degree, but then hopefully being able to stack those credits and those credentials up if they do want to pursue a master’s in social work or counseling,” Davis said.

Members of the mental health community say medical doctors have an important role to play as the state faces the complicated task of continuing to reduce suicides.

“The data shows us that many people who have completed suicide have had a physician visit in the few weeks prior to that,” Davis said. “What’s really important in our medical community is that we’re just getting comfortable screening for suicide and really asking the questions to make sure that we’re catching individuals before they are in complete crisis. I think the medical community has a wonderful lever to pull there because patients trust them. That’s why they’re there.”

Davis encourages any doctor who wants to learn more about suicide screening to contact her directly and she will help connect them or their office with that training.

Wardle says doctors have the opportunity to talk to their patients—especially adolescents and their parents—about gun safety and safe gun storage.


“There’s some fear sometimes about how to approach that conversation with parents, but most people are open to talking about safe storage when we approach it that way,” Wardle said.

She also said a suicide risk factor doctors can watch out for is multiple comorbid conditions that are hard to manage.

“That’s when we see risk come up—when living life with our physical illness is really challenging,” Wardle said. “Oftentimes we don’t necessarily make the connection, but when someone’s mental health is bad, their physical health will also suffer, and vice versa.”

Summerville hopes more doctors will take training to be Medication Assisted Treatment providers because there aren’t enough in Wyoming. MAT providers use a combination of medication and therapy to help those with opioid use disorders to sustain recovery. She also would like to see further collaboration between medical doctors and the mental health care community.

“Wyoming runs on a continuum,” she said. “There is not one single piece of the continuum that can handle all the demand we have. It’s really important that we continue to work together.”

For those wishing to receive training from the governor’s office on suicide screening, contact Jen Davis at [jen.davis@wyo.gov](mailto:jen.davis@wyo.gov). 

### WYOMING CALL CENTERS BY THE NUMBERS

2	Certified Suicide and Crisis Lifeline call centers in Wyoming
3	Wyoming’s rank for suicide per capita based on CDC data
62	Percent of increase in call volume from 2022 to 2023
988	Suicide Crisis Lifeline
12,303	Calls in 2023
3,592	Number of 2023 calls to the Veterans Crisis Line
\$202,862,000	Estimated lifetime work loss and medical costs associated with suicides based on 2015 Wyoming data

*Information provided by Wyoming Association of Mental Health and Substance Abuse Centers*