

Mental health crisis center to open in Pocatello

POCATELLO — Local people in the midst of a mental health crisis will soon have access to a new facility intended to provide a warm, safe harbor — with beds, games and sympathetic clinicians — as an alternative to temporary incarceration or hospitalization.

On Friday morning, Bannock County Commissioner Ken Bullock announced the county has signed the official acceptance letter to receive state funds toward a new crisis center for anyone facing “an acute crisis of depression.”

The center will be administered by the Idaho Department of Health and Welfare’s Division of Behavioral Health. Officials expect to have the service operational by Jan. 1.

A recent uptick in local suicides has driven home the need for such an investment, local experts say. Bannock County Coroner Kim Quick explained victims ranging in age from 14 to about 60 carried out about eight suicides from mid- to late April. They used varying methods, with no apparent commonalities in their circumstances or backgrounds, Quick said.

“Some left notes. Some didn’t,” Quick said. “Some people had a history of gestures. Some of them didn’t.”

Experts say Bannock County’s recent suicide uptick correlates with a global trend of deaths by suicide spiking in the spring.

Quick said the county typically averages about two or three suicides per month.

Quick hopes to spur a public dialogue about the need for people to be more “in tune with others’ needs.”

Often, he said victims speak irrationally about others being better off without them prior to attempting suicide.

“If they see something bothering their loved ones, they should suggest they get some counseling and some help,” Quick said.

Bannock County Sheriff Lorin Nielsen estimates his deputies respond to at least one suicide attempt per day, on average, and he believes there’s been a rise in attempts resulting in deaths. He’s confident the facility will provide improved access to resources and a better understanding of options for county residents who become acutely depressed and develop “tunnel vision,” seeing no other way to cope with their problems.

Nielsen’s deputies sometimes spend more than half a shift waiting for a hospital bed to open for a person in crisis. He’s pleased they’ll soon have a humane, readily available alternative in the center, which will be open all hours of the year.

“Law enforcement is probably going to be using it more than anybody else,” Nielsen said.

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Idaho State Journal

Pocatello, Idaho

Sunday June 3, 2018

by John O'Connell

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Bullock said the center will be located in an existing building in central Pocatello, though he wouldn't specify the exact location because an agreement must still be finalized.

The state is awarding \$200,000 in startup money for the new service, some of which will go toward remodeling. Throughout the next three years, the state will also allocate more than \$3 million to run the center.

Portneuf Health Trust has promised to help with funding, covering a requirement that local communities outline their plans to provide matching funds to make certain centers are sustainable. Bullock said partners in the center will also pursue additional funds from grants.

Bullock explained the county will hire a contractor to run the facility and help staff it with health professionals. An advisory board will also be formed. Bullock said local nonprofits and entities involved in health care, including Portneuf Medical Center, Pocatello Free Clinic and Health West, have also committed to offer resources and help with staffing.

"It's truly a community effort to make this happen," Bullock said.

Kim Kane, Health and Welfare's Suicide Prevention Program coordinator, said Idaho opened its first crisis center in Coeur d'Alene more than two years ago. That facility is affiliated with the local hospital network.

Other centers are open in Idaho Falls, Twin Falls and Boise. During its past session, the Idaho Legislature approved the Pocatello facility, as well as centers to be located in Nampa, Caldwell and Lewiston, Kane said. She said each community approaches how to provide local support for centers in a unique way, and details about Pocatello's plan are still in development.

"They take the burden off of emergency rooms and law enforcement," Kane said. "They're meant to be accepting and warm."

Health and Welfare's Suicide Prevention Program, which is less than two years old, launched a statewide public awareness campaign last September, emphasizing "everyone has a role" in preventing suicide.

"We're trying to make intervention the norm," Kane said.

In mid-April, the campaign resumed airing commercials, which will continue through mid-June, given the trend of high suicide activity during spring, Kane said. Experts theorize suicide rates climb during spring because committing suicide requires energy, which people facing acute depression find more readily when the weather is nicer.

Kane said patients are at a heightened risk of suicide immediately after being discharged from care, likely because they feel a little better and have more energy. Kane has also led the state's efforts to train more than 3,500 students and faculty members in Idaho schools to recognize warning signs and intervene effectively to help peers in crisis.

The program started with a three-year federal grant. The state Legislature covered the funding after the grant expired. Locally, the program provided training at Pocatello High School in 2014, Kane said.

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“It changes the entire school climate,” Kane said.

Additional information about the program is available at Idaholives.org. Kane also advises anyone facing a mental health crisis to call the state’s 24-hour hotline, 208-398-HELP, which is funded by both private and Health and Welfare dollars.

Hotline staff also accept text messages from 3 p.m. through midnight. In 2016 — the most recent full year in which suicide statistics are available in Idaho — 362 Idahoans died by suicide. That year, Idaho ranked eighth nationally for its high per-capita suicide rate with, 20.8 deaths reported per 100,000 residents.

The most recent estimates on community mental health spending reflect a paltry investment by Idaho, which ranked 49 among states. Kane said Idaho’s most at-risk populations for death by suicide are males of middle-age and older. Males 85 years old and above had the highest suicide rate, at 78.3 deaths per 100,000 population.

Kane explained three key factors help explain why Idaho — and Rocky Mountain states in general — have relatively high suicide rates. She said states in the region may have less access to affordable and geographically accessible mental health care.

Complicating matters, the culture of the West idealizes “rugged individualism,” which doesn’t lend itself to seeking help.

Finally, Kane said there’s a direct correlation between states with high suicide rates and a high percentage of gun-owning households. In Idaho, 60 percent of deaths by suicide involved firearms in 2016. By comparison, about half of suicides involved firearms nationally.

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