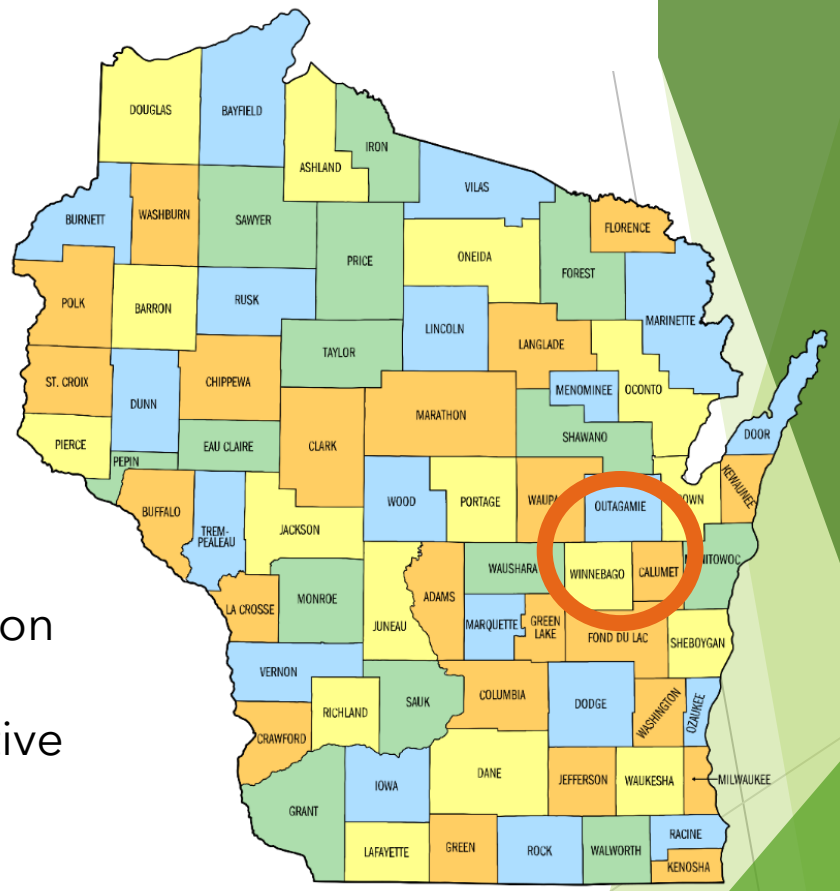
Suicide Prevention Action Team

May 19, 2026



Mission: Engage Tri-County community suicide prevention stakeholders to create a culture of connection and collaboration to reduce suicides and increase our collective knowledge of evidence-based approaches to suicide prevention.

Vision: Zero Suicides in the Tri-County

Welcome!

- Overview of today:
  - Welcome
    - Special welcome to death review team members!
  - Training: “Healthy Sleep and Suicide Prevention” led by Abbey Bernier, LCSW
  - Local Sleep Data
  - Death Review Recommendations
  - Subcommittee Updates
  - Sharing & Networking

Healthy Sleep &Suicide Prevention

Abbey Bernier, LCSW
VA Suicide Prevention Coordinator

Abbey Bernier, LCSW (Appleton)

Winnebago, Calumet, Outagamie, Waupaca, Fond du Lac

Suicide Prevention Coordinator
Suicide Postvention Lead
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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

Sleep Education
1

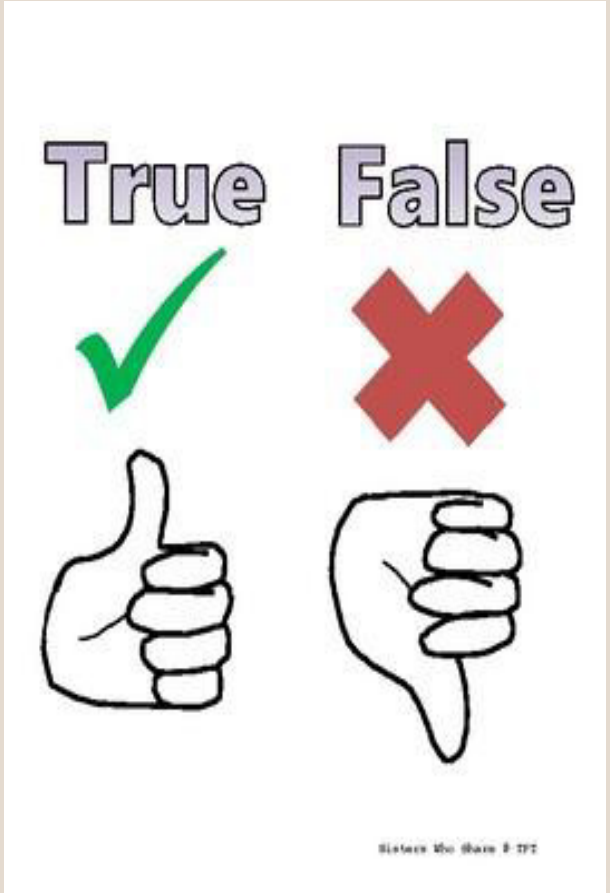
Sleep and Suicide Risk
2

Evidence-based Interventions for Insomnia
2

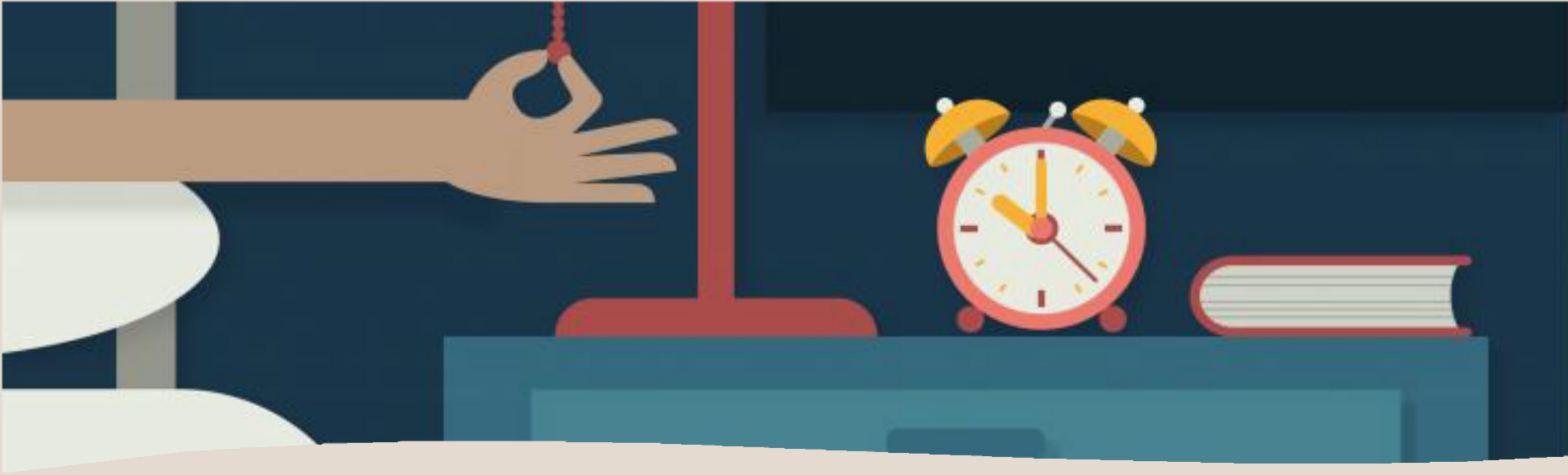
Resources
6

Sleep Education

Test Your Sleep Knowledge



- Everyone should get about 8 hours of sleep
- Waking up during the night is a normal occurrence
- Alcohol helps people sleep better
- If you wake up in the middle of the night, it is best to lie in bed and give your body time to fall back asleep



What is sleep?

- Natural state of rest for the mind & body
- Occurs during periods or inactivity – typically at night
- Essential for physical, mental, and emotion health
  - Helps restore energy, improve cognitive function, and reduce stress and inflammation
- Change in brain activity, physiological processes & behavior
  - Brain processes information
  - Consolidates memories
  - Rejuvenates the body

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Sleep Stages

(Rapid Eye Movement, or REM sleep, and non-REM sleep)

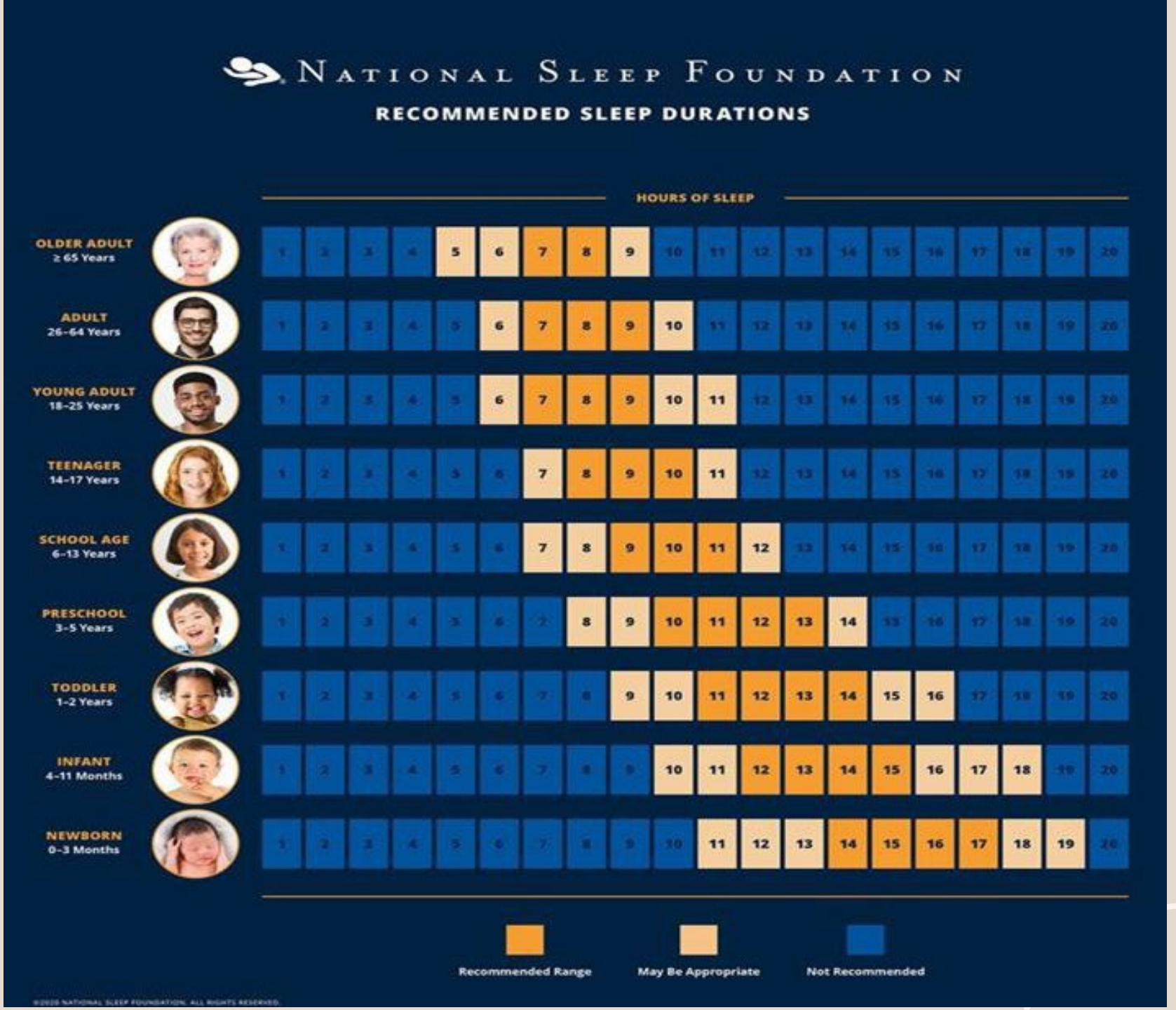
Non-REM sleep occupies about 75 to 80% of the night's sleep of a "typical" young, healthy adult.

Stage 1: Transitional sleep, easily interrupted (5%)

Stage 2: Light sleep, heart rate slows, body temperature drops, get ready for deep sleep (40-55%)

Stage 3 & 4: Deep, restful sleep. Body repairs and regrows tissues, builds bone and muscle, and strengthens the immune system (10-20%)

REM: Brain is active and you dream


NATIONAL SLEEP FOUNDATION
RECOMMENDED SLEEP DURATIONS
HOURS OF SLEEP
OLDER ADULT
≥ 65 Years
5 6 7 8 9
ADULT
26-64 Years
6 7 8 9 10
YOUNG ADULT
18-25 Years
6 7 8 9 10 11
TEENAGER
14-17 Years
7 8 9 10 11
SCHOOL AGE
6-13 Years
7 8 9 10 11 12
PRESCHOOL
3-5 Years
8 9 10 11 12 13 14
TODDLER
1-2 Years
9 10 11 12 13 14 15 16
INFANT
4-11 Months
10 11 12 13 14 15 16 17 18
NEWBORN
0-3 Months
11 12 13 14 15 16 17 18 19
Recommended Range
May Be Appropriate
Not Recommended

What tells our body to sleep?

Sleep Drive

Need for sleep

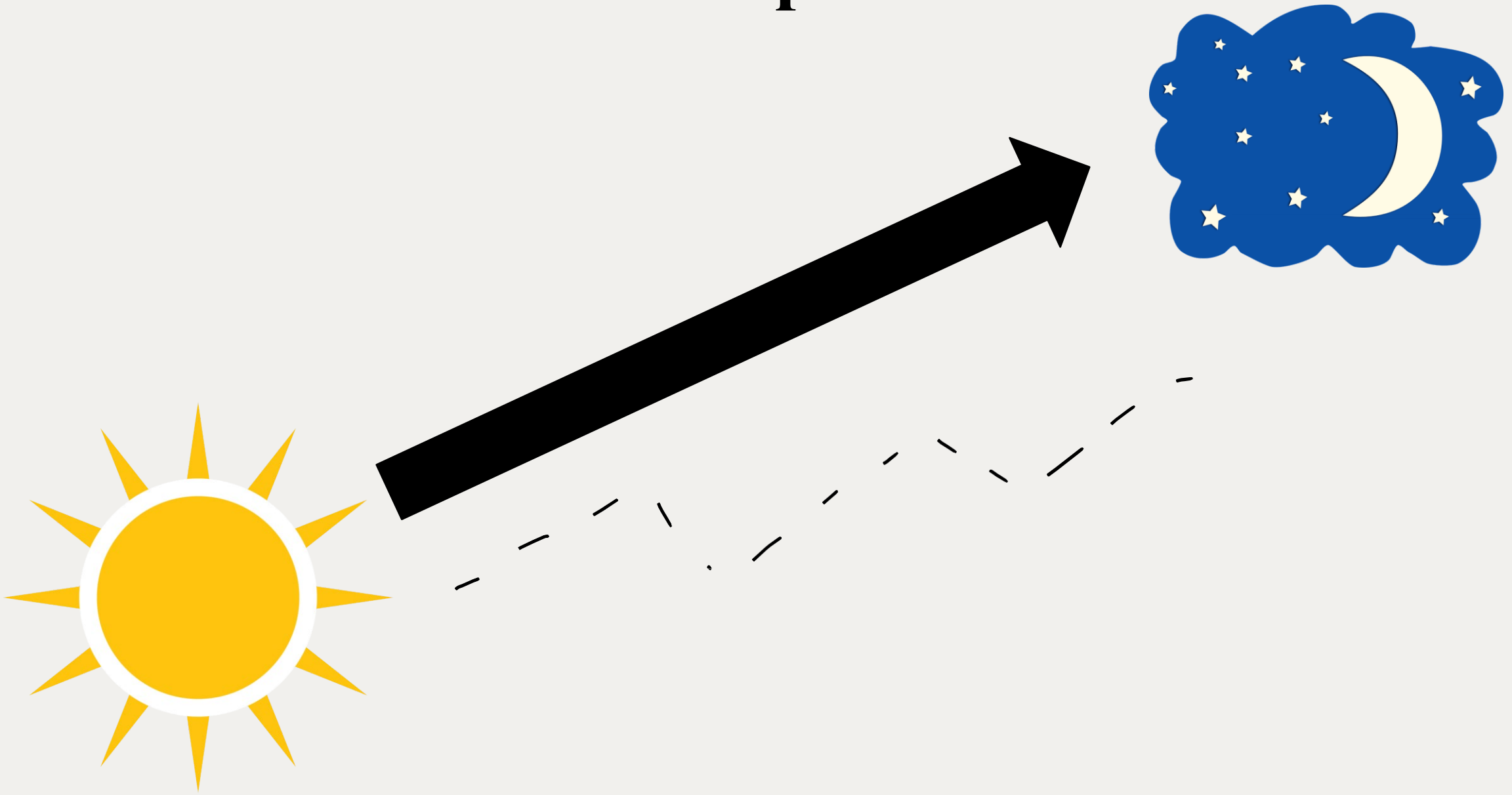
Circadian Rhythm

Internal body clock that regulates sleep/wake cycle

Cognitive Arousal System

Anxiety

Sleep Drive



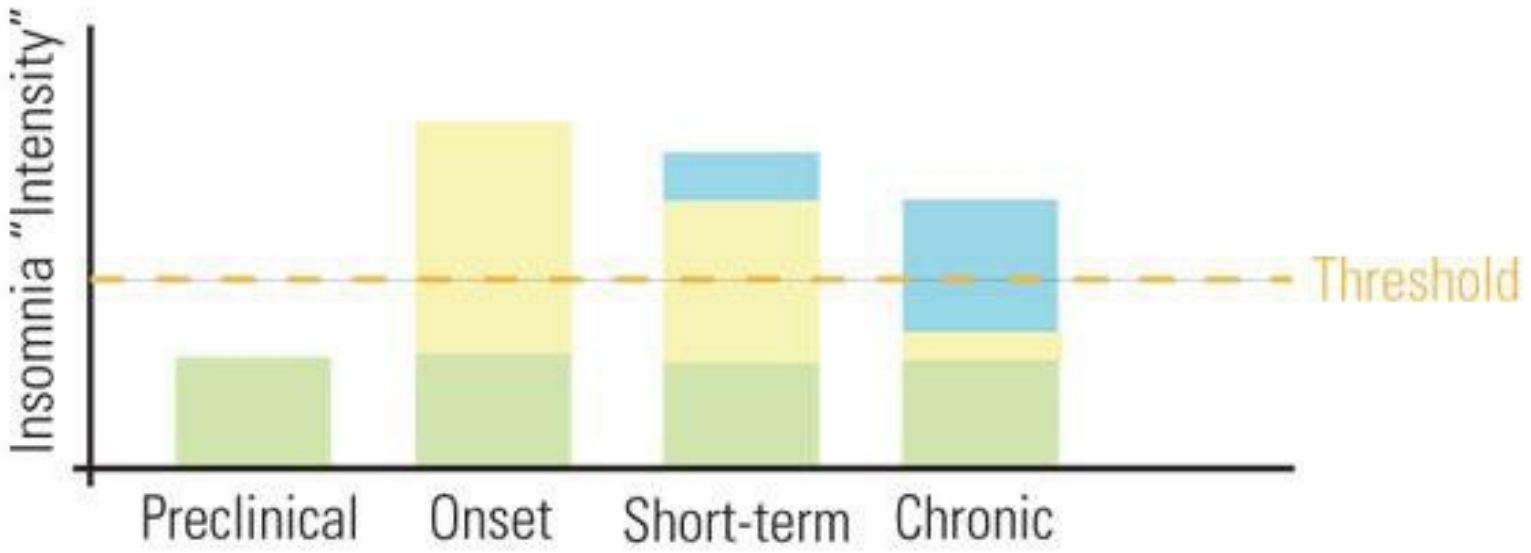
FIGURE

A MODEL OF CHRONIC INSOMNIA[2-4]

Predisposing Factors
- Biologic traits
- Psychological traits
- Social factors

Precipitating Factors
- Medical illness
- Psychiatric illness
- Stressful life events

Perpetuating Factors
- Excessive time in bed
- Napping
- Conditioning



Erman MK. *Primary Psychiatry*. Vol 14, No 7. 2007.

GOOD SLEEP=

STRONG SLEEP DRIVE

+

CORRECT CIRCADIAN RHYTHM

+

LOW AROUSAL

Insomnia: Symptom or Disorder?

The DSM-5 diagnostic criteria for insomnia disorder include the following:

- Difficulty initiating or maintaining sleep, or early-morning awakening despite adequate opportunity for sleep.
- The sleep disturbance occurs at least 3 nights per week for at least 3 months.
- The sleep disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- *The disturbance is not better explained by another sleep disorder or due to the physiological effects of a substance or a medical condition*

Insomnia: Symptom or Disorder?

Disturbed sleep is a <u>symptom</u> when it is:

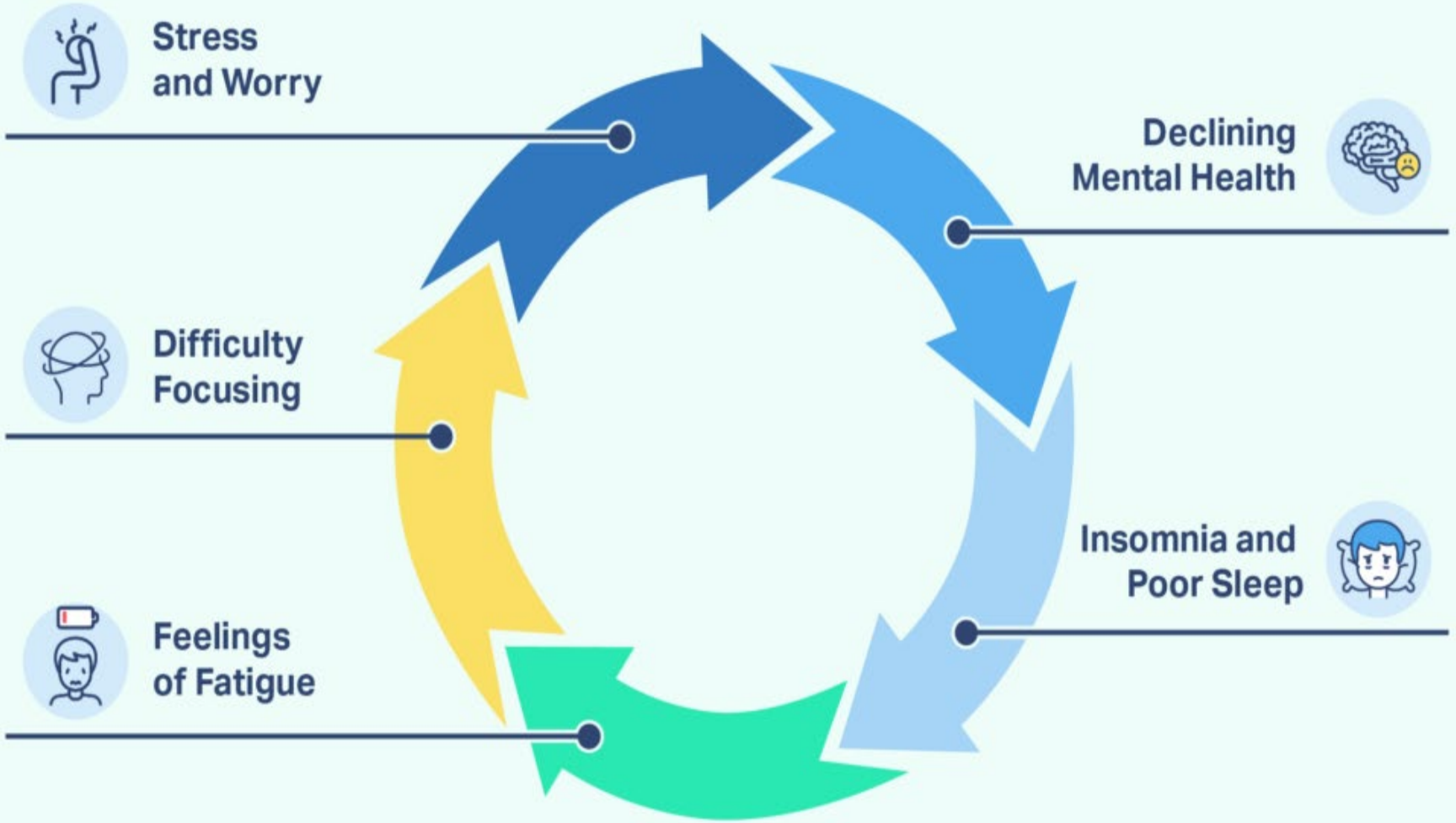
- Due to stress
- Due to mental disorder
- Due to medical disorder
- Due to substances

The sleep disturbance symptom then develops into conditioned insomnia that requires therapeutic attention

Sleep &Suicide Risk

Sleep and Mental Health

A negative feedback loop can worsen sleep *and* mental health.



Up to **90%** of patients with depression have sleep complaints

Up to **70%** of patients with anxiety report trouble sleeping

Sleep & Mental Health

In depression, disturbed sleep is associated with:

- Greater severity (increased suicide risk)
- Slower and lower rates of remission
- Higher treatment dropout rates
- Less stable response to treatment
- Greater relapse

Sleep & Mental Health

- About 81% of US adolescent suicide attempt survivors reported sleep disturbances
- Around 30% of US adolescent suicide decedents experienced insomnia in the week preceding suicide
- Around 89% of adult suicide attempt survivors reported sleep disturbances
- About 60% of US military veteran suicide decedents reported sleep problems during a VA visit in the last year of life.

Interventions

Interventions

- **Sleep disturbance screening**
    - Insomnia Severity Index (ISI)
    - ESS (Epworth sleepiness scale)
    - Dysfunctional Beliefs and Attitudes About Sleep (DBAS-16)
    - Assess for contributing psychiatric comorbidities, including nightmares
- **Rule out sleep disorders**
        - STOP screening (Sleep Apnea)
        - Restless Legs Syndrome Rating Scale
        - Referral to Primary Care/Sleep Clinic for further evaluation
- **Suicide assessment and safety planning**
- **Sleep treatment options**
    - Sleep Education (individual or group)
    - Sleep Hygiene Strategies
    - CBT-I referral

Healthy Sleep Class

Created in response to an abundance of sleep disturbance referrals in Primary Care

Healthy Sleep Class is a single session multidisciplinary psychoeducational class that provides an overview of:

- Sleep Education
- Sleep Disorders
  - OSA, Restless Legs, PLMD. Other medical causes such as breathing problems, acid reflux, pain, etc.
- Medication Considerations
- Intro to CBT-I (Class is an entry point for CBT-I)
  - Sleep hygiene
  - Relaxation strategies
  - Sleep action plan

Patients completed Insomnia Severity Index prior to class

Insomnia Severity Index

The Insomnia Severity Index has seven questions. The seven answers are added up to get a total score. When you have your total score, look at the 'Guidelines for Scoring/Interpretation' below to see where your sleep difficulty fits.

For each question, please CIRCLE the number that best describes your answer.

Please rate the CURRENT (i.e. LAST 2 WEEKS) SEVERITY of your insomnia problem(s).

Insomnia Problem	None	Mild	Moderate	Severe	Very Severe
1. Difficulty falling asleep	0	1	2	3	4
2. Difficulty staying asleep	0	1	2	3	4
3. Problems waking up too early	0	1	2	3	4

4. How SATISFIED/DISSATISFIED are you with your CURRENT sleep pattern?

Very Satisfied	Satisfied	Moderately Satisfied	Dissatisfied	Very Dissatisfied
0	1	2	3	4

5. How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life?

Not at all Noticeable	A Little	Somewhat	Much	Very Much Noticeable
0	1	2	3	4

6. How WORRIED/DISTRESSED are you about your current sleep problem?

Not at all Worried	A Little	Somewhat	Much	Very Much Worried
0	1	2	3	4

7. To what extent do you consider your sleep problem to INTERFERE with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) CURRENTLY?

Not at all Interfering	A Little	Somewhat	Much	Very Much Interfering
0	1	2	3	4

Healthy Sleep Class

Table of Contents

What is Insomnia? 3
- Overcoming Insomnia - Sleep Guidelines 3
- Other Helpful Sleep Practices for Insomnia 3
- Things to Do If You Are Awake in the evening: 4

Learn to Relax 6
- When, Where, and How to Practice Relaxation Skills 6
- So, how will Mindfulness Help Your Insomnia? 7

Learn to Practice Mindfulness 7
- How Do You Begin Mindfulness Practice? 8
- Recommended Readings on Sleep 9
- Recommended Readings on Mindfulness 9

Cognitive Behavioral Therapy for Insomnia 9
- What are the Goals of CBT-I? 10
- Does CBT for Insomnia work? 10
- How Long does CBT-I last? 10
- Can I Participate in CBT-I and take Medication for Sleep or be in other Types of Therapy? 10
- How will I know if CBT-I is helping? 10

Healthy Sleep Class

Year	Participants	Modality	Referral Source
2019	25	NA	52% Walk-in
2020**	33	61% VIDEO	45% Primary Care
2021	60	50/50	42% Primary Care
2022	64	64% VIDEO	39% Primary Care
2023	76	54% F2F	41% Primary Care
2024	82	56% F2F	44% Primary Care
2025	76	53% VIDEO	49 % Primary Care
2026	40 (so far)	55% VIDEO	NA

Healthy Sleep Class

Follow-up Protocol

2018-2022

Veterans contacted 2 weeks post class

- Administer follow-up ISI
- Assess utilization and efficacy of skills learned in class
- Address persisting sleep concerns if applicable
- Recommend appropriate services
  - CBT-I, Primary Care, Sleep Clinic, Mental Health, etc.

2023 Going Forward

Veterans are encouraged to contact facilitators 2 weeks post class if sleep problems persist after exhausting sleep action plan efforts

Healthy Sleep Class

2019-2022 Outcomes:

2019: 44% declined need for additional services; 32% unable to reach; 8% referred for CBT-I
2020: 33% declined need for additional services; 36% unable to reach; 9% referred for CBT-I
2021: 48% declined need for additional services; 27% unable to reach; 10% referred for CBT-I
2022: 31% declined need for additional services; 34% unable to reach; 13% referred for CBT-I

*Majority of participants reached after class reported sleep quality improvement. This was also reflected quantitively in pre/post ISI scores.

*Other referrals: PCMHI, medication management, sleep study, etc.

Cognitive Behavioral Therapy for Insomnia (CBT-I)

The goal of CBT-I is to target those factors that may maintain insomnia over time, such as dysregulation of sleep drive, sleep-related anxiety, and sleep-interfering behaviors.

70-80% efficacy rate (more sustained sleep improvements than medication)

**Rule out criteria: Untreated OSA, untreated severe mental health conditions, active substance use

Cognitive Behavioral Therapy for Insomnia (CBT-I)

During the day:

- Getting regular exercise and natural light exposure
- Avoid naps
- Limit caffeine, alcohol, and nicotine
- Prioritize a healthy, well-balanced diet

Preparing for bed:

- Having a set bedtime and maintaining a steady sleep schedule (set an alarm!)
- Use the bed and bedroom only for sleep (and intimacy)
- Dimming lights and putting away electronic devices an hour before bed
- Finding ways to wind-down, such as relaxation exercises
- Sleep environment (consider temperature, sound, light, comfort, possible distractions).

During the night: If unable to sleep (i.e., awake longer than 10-20 minutes) get out of bed and return to bed only when sleepy)

sleep hygiene

What is Sleep Hygiene?

'Sleep hygiene' is the term used to describe good sleep habits. Considerable research has gone into developing a set of guidelines and tips which are designed to enhance good sleeping, and there is much evidence to suggest that these strategies can provide long-term solutions to sleep difficulties.

There are many medications which are used to treat insomnia, but these tend to be only effective in the short-term. Ongoing use of sleeping pills may lead to dependence and interfere with developing good sleep habits independent of medication, thereby prolonging sleep difficulties. Talk to your health professional about what is right for you, but we recommend good sleep hygiene as an important part of treating insomnia, either with other strategies such as medication or cognitive therapy or alone.

Sleep Hygiene Tips

1) **Get regular.** One of the best ways to train your body to sleep well is to go to bed and get up at more or less the same time every day, even on weekends and days off! This regular rhythm will make you feel better and will give your body something to work from.

2) **Sleep when sleepy.** Only try to sleep when you actually feel tired or sleepy, rather than spending too much time awake in bed.

3) **Get up & try again.** If you haven't been able to get to sleep after about 20 minutes or more, get up and do something calming or boring until you feel sleepy, then return to bed and try again. Sit quietly on the couch with the lights off (bright light will tell your brain that it is time to wake up), or read something boring like the phone book. Avoid doing anything that is too stimulating or interesting, as this will wake you up even more.

4) **Avoid caffeine & nicotine.** It is best to avoid consuming any caffeine (in coffee, tea, cola drinks, chocolate, and some medications) or nicotine (cigarettes) for at least 4-6 hours before going to bed. These substances act as stimulants and interfere with the ability to fall asleep

5) **Avoid alcohol**. It is also best to avoid alcohol for at least 4-6 hours before going to bed. Many people believe that alcohol is relaxing and helps them to get to sleep at first, but it actually interrupts the quality of sleep.

6) **Bed is for sleeping**. Try not to use your bed for anything other than sleeping and sex, so that your body comes to associate bed with sleep. If you use bed as a place to watch TV, eat, read, work on your laptop, pay bills, and other things, your body will not learn this connection.

7) **No naps.** It is best to avoid taking naps during the day, to make sure that you are tired at bedtime. If you can't make it through the day without a nap, make sure it is for less than an hour and before 3pm.

8) **Sleep rituals**. You can develop your own rituals of things to remind your body that it is time to sleep - some people find it useful to do relaxing stretches or breathing exercises for 15 minutes before bed each night, or sit calmly with a cup of caffeine-free tea.

9) **Bathtime**. Having a hot bath 1-2 hours before bedtime can be useful, as it will raise your body temperature, causing you to feel sleepy as your body temperature drops again. Research shows that sleepiness is associated with a drop in body temperature.

10) **No clock-watching**. Many people who struggle with sleep tend to watch the clock too much. Frequently checking the clock during the night can wake you up (especially if you turn on the light to read the time) and reinforces negative thoughts such as *"Oh no, look how late it is, I'll never get to sleep"* or *"it's so early, I have only slept for 5 hours, this is terrible."*

11) **Use a sleep diary.** This worksheet can be a useful way of making sure you have the right facts about your sleep, rather than making assumptions. Because a diary involves watching the clock (see point 10) it is a good idea to only use it for two weeks to get an idea of what is going and then perhaps two months down the track to see how you are progressing.

12) **Exercise.** Regular exercise is a good idea to help with good sleep, but try not to do strenuous exercise in the 4 hours before bedtime. Morning walks are a great way to start the day feeling refreshed!

13) **Eat right.** A healthy, balanced diet will help you to sleep well, but timing is important. Some people find that a very empty stomach at bedtime is distracting, so it can be useful to have a light snack, but a heavy meal soon before bed can also interrupt sleep. Some people recommend a warm glass of milk, which contains tryptophan, which acts as a natural sleep inducer.

14) **The right space.** It is very important that your bed and bedroom are quiet and comfortable for sleeping. A cooler room with enough blankets to stay warm is best, and make sure you have curtains or an eyemask to block out early morning light and earplugs if there is noise outside your room.

15) **Keep daytime routine the same.** Even if you have a bad night sleep and are tired it is important that you try to keep your daytime activities the same as you had planned. That is, don't avoid activities because you feel tired. This can reinforce the insomnia.

Shift Work Strategies: Maximizing Sleep

Fixed Night or Swing Shifts

- Maintain consistent schedule across on and off days
- Set “nighttime” (sleep period) ASAP after shift
- Schedule naps up to 90 min prior to start of shift
- Caffeine may reduce sleepiness but not improve productivity and develops tolerance after 3-5 days. Consider limiting to shifts when most beneficial. Max suggested 400 mg split, at shift start, 4 hours later.
- Leverage light exposure: Seek bright light during shift. Minimize and eliminate light after shift (hat, sunglasses on ride home, room darkening curtains in bedroom). Sunlight after awakening when possible.
- Engage in stimulus control

Rotating Shifts

- Seek/request shifts that are forward-rotating shifts (morning → evening → night) are generally easier to adapt to than backward rotations.
- Seek/request two days’ rest between rotated shifts
- Follow napping and caffeine guidance above
- Engage in stimulus control

*Role of medication (i.e., timed Melatonin administration)

Resources

Professional Sleep Resources

- National Sleep Foundation (NSF)
- American Academy of Sleep Medicine (AASM)
- American Sleep Association (ASA)
- Centers for Disease Control and Prevention (CDC)
- National Institutes of Health (NIH)
- American Board of Sleep Medicine (ABSM)

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VA Mobile Apps

CBT-I Coach (companion app)

- Education about CBT-I and how sleep works
- Tips to help develop positive sleep routines and improve sleep environments
- Sleep diary to track wake and sleep times
- Tools to help relax while getting ready for sleep or when trying to go back to sleep

CBT-i Coach

Average. 3.8 (158votes)

iOS Download

Android Download

Insomnia Coach (self-management app)

- Guided, weekly training plan to help you track and improve sleep
- Sleep coach with tips for sleeping and personal feedback about your sleep
- Interactive sleep diary to help you keep track of daily changes
- 17 tools to help you get your sleep back on track

Insomnia Coach

Average:4.2 (10 vores,

iOS Download

Android Download

Resources

U.S. Department of Veterans Affairs & U.S. Department of Defense. (2025, September 15). VA/DOD Clinical Practice Guideline for the Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea (Version 3.0). Veterans Health Administration & Defense Health Agency. https://www.healthquality.va.gov/HEALTHQUALITY/guidelines/CD/insomnia/I-OSA-CPG_2025-Guideline_final_20250915.pdf

Drapeau CW, Nadorff MR. Suicidality in sleep disorders: prevalence, impact, and management strategies. Nat Sci Sleep. 2017;9:213–226. doi:10.2147/NSS.S125597

National Sleep Foundation. (2026). National Sleep Foundation. Retrieved May 11, 2026, from https://www.thensf.org/

Provini, F. (2026). Sleep and depression. MedLink Neurology. Retrieved May 12, 2026, from https://www.medlink.com/articles/sleep-and-depression

Shriane et al., Healthy sleep practices for shift workers: consensus sleep hygiene guidelines using a Delphi methodology (Sleep, Dec 2023)

American Academy of Sleep Medicine, Management of Shift Work Disorder guideline (May 2025)

Thank you!

ABBEY BERNIER

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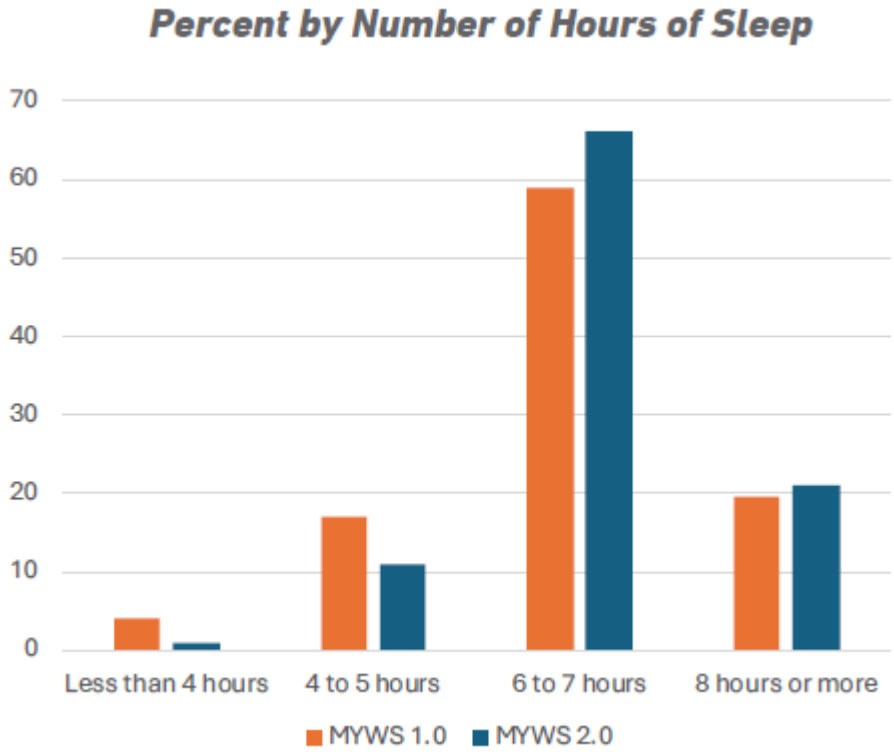
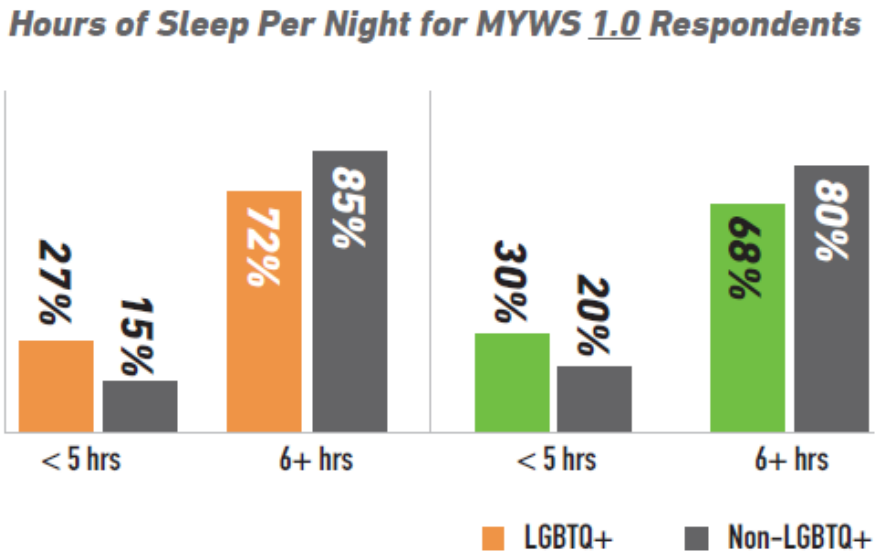
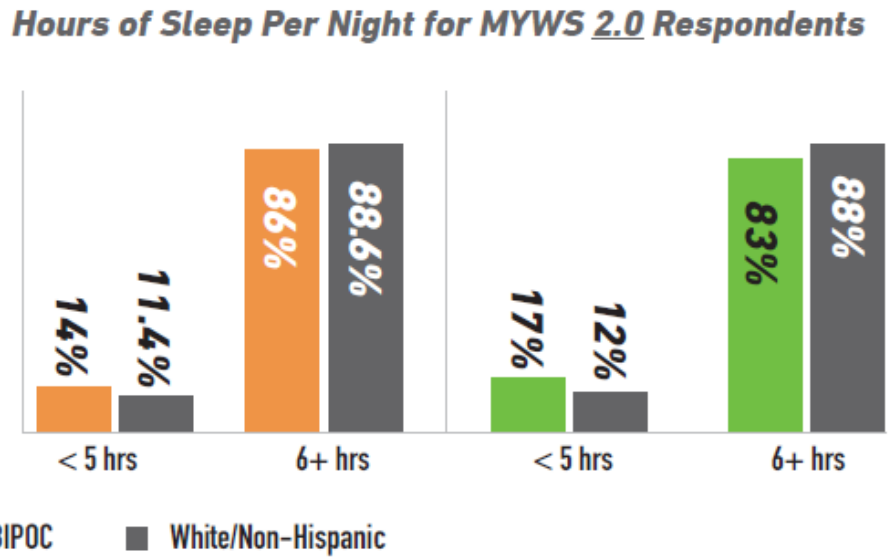
MYWS Data

*Despite having more sleep in 2.0 than 1.0, respondents answered that 52% do not feel rested upon waking





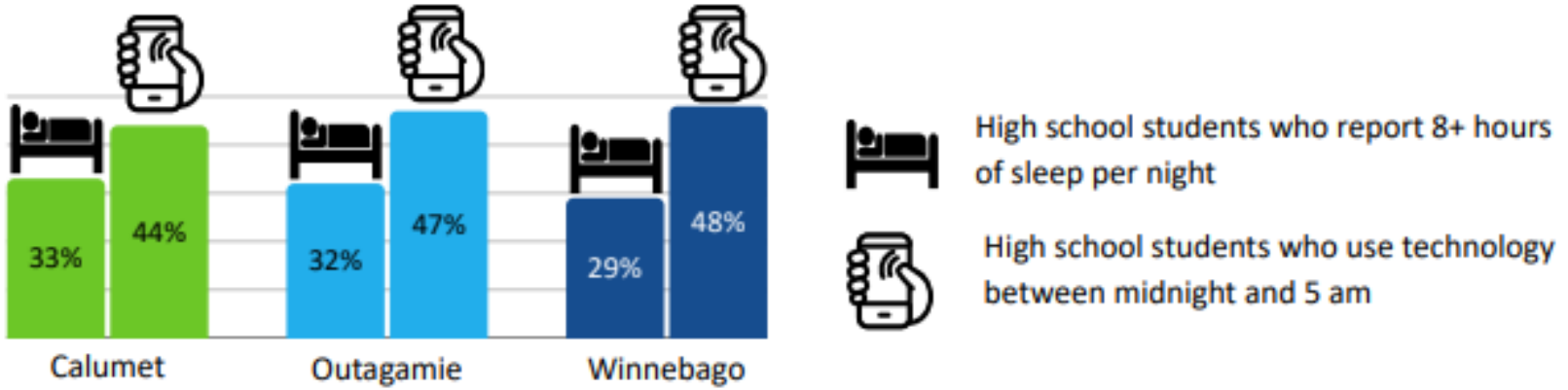


2025 Tri-County Community Health Report:

Sleep

Getting adequate sleep is critical for our emotional and physical well-being. The amount of sleep recommended varies by age. Teens between the ages of 13-17 should get 8-10 hours a night, while adults should get at least 7 hours. It is recommended to turn off electronic devices at least 30 minutes before bedtime, to avoid caffeine in the afternoon and evening, and to exercise regularly and maintain a healthy diet (CDC).

The more high school students use technology at night, the less likely they are to get 8+ hours of sleep.



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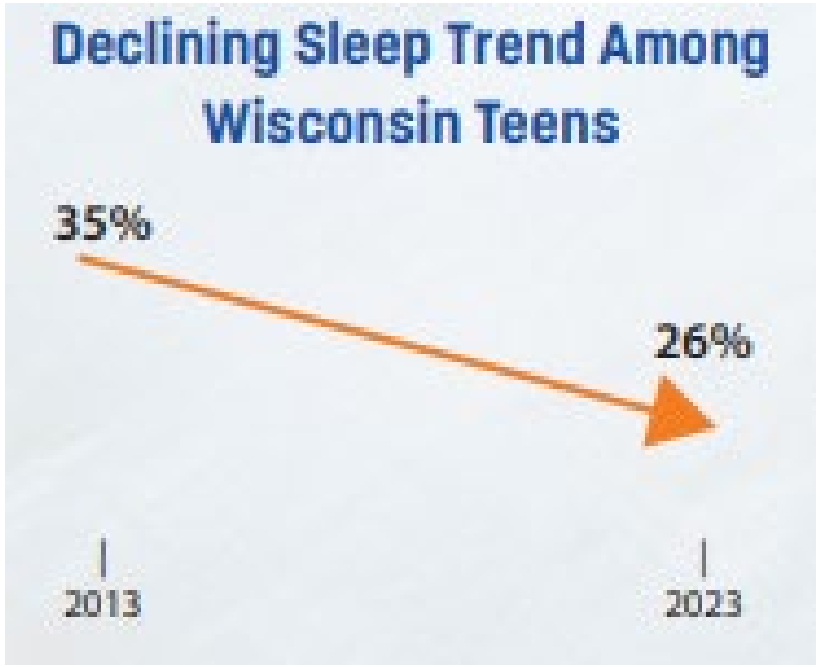

26% students who slept 8 hours
74% of Wisconsin teens are not getting sufficient sleep
Source: OCMH

Death Review Recommendations: Any current progress or opportunities/resources?

Adult Suicide Death Review Recommendations:

- Sleep education for employees and employers related to shift work (6/21/22)
- Provide sleep education and insomnia being a risk factor- education for healthcare (5/22/25)

Winnebago County Adult Suicide Death Review Team: 14/20 (70%) of cases reviewed had insomnia/sleep issues present/known

Noteworthy Subcommittee Updates?

Current Subcommittees:

- Digital Media Safety for youth and caregivers
- Handle with Care
- Lethal Means Safety
- Gender Affirming Care
- Open House planning

Looking Ahead…

Next in-person SPA Meeting (July 21st)

Community-Led Suicide Prevention Strategic Plan Objectives:

- Wrapping up this year
- Evaluation Measures?
- Sustainability?

- Identifying new goals/objectives
- Possible Name Change for SPA

Next Meeting:

Tuesday July 21st

12:00pm - 1:30pm