Suicide as a Public Health Problem

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“Suicide is a serious public health challenge that has not received the attention and degree of national priority it deserves.”

- The President’s New Freedom Commission on Mental Health, 2003
Community Partnerships

“...Much of the work of suicide prevention must occur at the community level, where human relationships breathe life into public policy.” (Preface to the National Strategy for Suicide Prevention)

David Satcher, M.D., Ph.D.
Former Surgeon General
Community Partnerships

- A comprehensive, community driven, public health approach is necessary.
- Mental health services are an essential component of suicide prevention, but insufficient to reduce suicide rates in communities.
Why mental health services are not sufficient

- Many of those at high risk don’t seek mental health services
- The majority of mental health professionals have not been trained in suicide risk assessment and management.
- Mental health services are often not accessible, poorly coordinated, and not structured to meet the needs of people at risk for suicide.
Community Partnerships

- Communities deserve high quality mental health services that are responsive to community needs.
- Communities need access to mental health services (problems include waiting lists, lack of evening hours)
- Mental health services need crisis response and outreach capacities.
Community Partnerships

- Utah Youth Suicide Study
- 63% of youth in Utah who died by suicide had previous contact with the juvenile justice system.
- 28% of youth in Utah who died by suicide had previous contact with mental health services.
Community Partnerships

- National Violent Death Reporting System
- Approximately 28% of males but approximately 50% of females have received mental health treatment at some point.
- 10% of those who died by suicide seen in an Emergency Department within 60 days of their death (South Carolina)
- 20% of adults who died by suicide seen in primary care within 24 hours of their death (United States)
National Strategy for Suicide Prevention (2001)*

1. Promote awareness that suicide is a public health problem that is preventable
2. Develop broad-based support for suicide prevention
3. Develop and implement strategies to reduce stigma
4. Develop and implement community-based suicide prevention programs
5. Promote efforts to reduce access to lethal means

*National Strategy was revised in 2012.
The Public Health Approach to Prevention

Assess the Problem
What’s the problem?

Identify the Causes
Why did it happen?

Develop & Evaluate Programs & Policies
What works?

Implementation & Dissemination
How do you do it?
# 10 Leading Causes of Death, United States

**2015, All Races, Both Sexes**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Age Groups</th>
<th>1-4</th>
<th>5-9</th>
<th>10-14</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
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<th>All Ages</th>
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<td>Short Gestation</td>
<td>4,084</td>
<td>Congenital Anomalies</td>
<td>435</td>
<td>Malignant Neoplasms</td>
<td>437</td>
<td>Malignant Neoplasms</td>
<td>428</td>
<td>Suicide</td>
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<td>SIDS</td>
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<td>Homicide</td>
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<td>Influenza &amp; Pneumonia</td>
<td>88</td>
<td>Chronic Low Respiratory Disease</td>
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<td>Septicemia</td>
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<td>Perinatal Period</td>
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<td>Two Tied</td>
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<td>Cerebrovascular Disease</td>
<td>166</td>
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Suicide
Suicide Epidemiology

- 2nd leading cause of death for ages 0 – 40 years
  - 10th leading cause of death across all ages
- For adolescents, generally:
  - 20% contemplate suicide
  - 10-12% make a suicide plan
  - 5-8% attempt suicide (about 1 million per year)
- Females are 4x more likely to attempt suicide
- Males are 4-6x more likely to die by suicide
- 90% of suicide deaths occur in those with psychiatric disorders
- In approximately half of those cases, the disease had been present for more than 2 years
Public Health Burden of suicidal behavior -- United States, 2014

42,773 deaths*, rate 12.9 per 100,000

128,145 hospitalizations¶ rate 40.2

469,096 Emergency dept. visits§ rate 152.1

*Source: CDC’s National Vital Statistics System
¶Source: Agency for Healthcare Research and Quality’s Healthcare Cost and Utilization Project - Nationwide Inpatient Sample (HCUP-NIS)
§ Source: CDC’s National Electronic Injury Surveillance System – All Injury Program
Age-adjusted suicide rates among all persons by state -- United States, 2012 (U.S. avg 12.5)

Rates per 100,000 population
- 6.7 to 10.0
- 10.1 to 12.5
- 12.6 to 17.0
- 17.1 to 29.8

Source: Centers for Disease Control and Prevention (CDC) vital statistics

Wash., D.C.
50 percent of those who die by suicide were afflicted with major depression, and the suicide rate of people with major depression is eight times that of the general population.

90 percent of individuals who die by suicide likely had a psychiatric disorder.
Missed Opportunities = Lives Lost

- Individuals discharged from an inpatient unit continue to be at risk for suicide
  - ~10% of individuals who died by suicide had been discharged from an ED within previous 60 days
  - ~8.6 percent hospitalized for suicidality are predicted to eventually die by suicide
Missed Opportunities = Lives Lost

77 percent of individuals who die by suicide had visited their primary care doctor within the year.

45 percent had visited their primary care doctor within the month.

THE QUESTION OF SUICIDE WAS SELDOM RAISED...
DAILY CRISIS OF UNPREVENTED AND UNTREATED M/SUDs

- Any MI: 45.1 million
  - 37.9% receiving treatment

- SUD: 22.5 million
  - 18.3% receiving treatment

- Diabetes: 25.8 million
  - 84% receiving treatment

- Heart Disease: 81.1 million
  - 74.6% receiving screenings

- Hypertension: 74.5 million
  - 70.4% receiving treatment
Perception Challenges

- >60% of people who experience MH problems & 90% of people who experience SA problems and need treatment do not perceive the need for care

- Suicides vs. homicides - Suicides outnumber homicides by 3:2

- Suicides vs. HIV/AIDS - Twice the number of people die by suicide than who die as a result of complications related to HIV/AIDS
What Americans Believe

66 percent believe treatment and support can help people with mental illness lead normal lives.

20 percent feel persons with mental illness are dangerous to others.

Two-thirds believe addiction can be prevented.

75 percent believe recovery from addiction is possible.

20 percent would think less of a friend/relative if they discovered that person is in recovery from an addiction.

30 percent would think less of a person with a current addiction.
So How Do We Create…

A national dialogue on the role of behavioral health in public life

With a public health approach that:

• Engages everyone – general public, elected officials, schools, parents, churches, health professionals, researchers, persons directly affected by mental illness/addiction & their families

• Is based on facts, science, common understandings/messages

• Is focused on prevention (healthy communities)

• Is committed to the health of everyone (social inclusion)
It’s Time to Change the Conversation

It’s a Public Health Issue!!!

Behavioral Health is Essential to Health

It’s a Public Health Issue!!!
National Strategy for Suicide Prevention (2001)

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Suicide and Stigma

- Barrier to talking
- Barrier to treatment
- Stigma of surviving suicide
  - Survivors of Suicide (SOS) groups
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Suicide by method – United States, 2015

- Firearms: 49.8%
- Suffocation: 26.8%
- Poisoning: 15.4%
- Cut/pierce: 1.7%
- Fall: 2.3%
- Other: 3.9%

Source: CDC vital statistics
Lethality of Suicide Attempts

- Brent et al. (1988)
  - Adolescents who died by suicide were 2.5 x as likely to have a gun in home than diagnostically similar psychiatric controls
National Strategy for Suicide Prevention (2001)

6. Implement training for recognition of at-risk behavior and delivery of effective treatments

7. Develop and promote effective clinical and professional practices

8. Increase access to and linkages with mental health and substance abuse services

9. Improve reporting and portrayals of suicidal behavior in the entertainment and news media

10. Promote and support research

11. Improve and expand surveillance systems
Interventions to Reduce Suicide Deaths

- Motto (1976) – “Caring Letters” Study

Dear ___:

It has been some time since you were here at the hospital, and we hope things are going well for you. If you wish to drop us a note we would be glad to hear from you.

- 24 contacts over 5 years
- Key points:
  - Brief expression of care
  - Non demanding
Percentage of Suicide Deaths Over Four Years Following Hospitalization

Cumulative Suicide Percentage

Year 1 Year 2 Year 3 Year 4

Contact (n = 393)
No Contact (n = 441)
Treatment (n = 1,841)

Motto (1976)
Interventions to Reduce Suicide Deaths

- World Health Organization study (Fleishchchmann et al., 2008) took place in five culturally different countries
  - Brazil, India, Sri Lanka, Iran, China
  - Provided psycheducation and a series of personalized follow-up contacts either by telephone or in person to a randomly selected group of suicide attempters (n = 1,876).
  - 9 contacts over 18 months
Deaths in an 18 month period post hospitalization

- Any Other Death: Treatment as Usual (n = 827), Brief Intervention and Contact (n = 872)
  - Treatment as Usual
  - Brief Intervention and Contact

Suicide:
- Treatment as Usual
- Brief Intervention and Contact

Fleischmann et al. (2008)
National Strategy for Suicide Prevention (2001)

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Access to and Linkages With Mental Health Services

Possible Contributors to Service Use in Suicidal Youth

- Parent
  - Mental Health Symptoms
  - Prior treatment history
  - Stigma
  - Perception of need

- Adolescent
  - Mental Health Symptoms
  - Severity of Illness
  - Prior treatment history
  - Stigma
  - Readiness for change
  - Perception of need

- Dyadic Relationship
  - Criticism
  - Conflict
  - Cohesion

- System
  - Referral Source
  - Structural Barriers
  - Access
  - Insurance
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RECOMMENDATIONS FOR REPORTING ON SUICIDE

Developed in collaboration with: American Association of Suicidology, American Foundation for Suicide Prevention, Annenberg Public Policy Center, Associated Press Managing Editors, Canterbury Suicide Project - University of Otago, Christchurch, New Zealand, Columbia University Department of Psychiatry, ConnectSafety.org, Emotion Technology, International Association for Suicide Prevention Task Force on Media and Suicide, Medical University of Vienna, National Alliance on Mental Illness, National Institute of Mental Health, National Press Photographers Association, New York State Psychiatric Institute, Substance Abuse and Mental Health Services Administration, Suicide Awareness Voices of Education, Suicide Prevention Resource Center, The Centers for Disease Control and Prevention (CDC) and UCLA School of Public Health, Community Health Sciences.

IMPORTANT POINTS FOR COVERING SUICIDE

- More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. The magnitude of the increase is related to the amount, duration and prominence of coverage.

- Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death.

- Covering suicide carefully, even briefly, can change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help.

Suicide is a public health issue. Media and online coverage of suicide should be informed by using best practices. Some suicide deaths may be newsworthy. However, the way media cover suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking.

Suicide Contagion or “Copycat Suicide” occurs when one or more suicides are reported in a way that contributes to another suicide.

References and additional information can be found at: wwwReportingOnSuicide.org.
**INSTEAD OF THIS:**

- Big or sensationalistic headlines, or prominent placement (e.g., "Kurt Cobain Used Shotgun to Commit Suicide").

- Including photos/videos of the location or method of death, grieving family, friends, memorials or funerals.

- Describing recent suicides as an "epidemic," "skyrocketing," or other strong terms.

- Describing a suicide as inexplicable or "without warning."

- "John Doe left a suicide note saying...".

- Investigating and reporting on suicide similar to reporting on crimes.

- Quoting/interviewing police or first responders about the causes of suicide.

- Referring to suicide as "successful," "unsuccessful" or a "failed attempt."

**DO THIS:**

- Inform the audience without sensationalizing the suicide and minimize prominence (e.g., "Kurt Cobain Dead at 27").

- Use school/work or family photo; include hotline logo or local crisis phone numbers.

- Carefully investigate the most recent CDC data and use non-sensational words like "rise" or "higher."

- Most, but not all, people who die by suicide exhibit warning signs. Include the "Warning Signs" and "What to Do" sidebar (from p. 2) in your article if possible.

- "A note from the deceased was found and is being reviewed by the medical examiner."

- Report on suicide as a public health issue.

- Seek advice from suicide prevention experts.

- Describe as "died by suicide" or "completed" or "killed him/herself."
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“Knowing is not enough; we must apply. Willing is not enough; we must do.”

—Goethe
Dissemination challenges are not new

- Examples
  - Scurvy
  - 1601 Lancaster shows that lemon juice supplement eliminates scurvy among sailors
  - 1747 Lind shows that citrus juice supplement eliminates scurvy
  - 1795 British Navy adopts citrus juice supplement (194 years later)

Source: Mostellar, Science. 1981:221;881
Dissemination challenges are not new

Examples

- Fewer than half of adults >50 years of age received recommended screening tests for colorectal cancer.
- Inadequate care after a heart attack results in 18,000 unnecessary deaths per year.
- 17 million people were informed by their pharmacist that the drugs that were prescribed could cause an interaction.

Source: Institute of Medicine, 2003
Questions

- Why are research and practice separate?
- What sort of research does “practice” want or need?
- What kind of evidence is needed?
- Why and how and by whom should the gap between the researchers and the practitioners be bridged?
Decision makers
- Policy makers
- Managers
- Service professionals
- Clients and public
- Stakeholder organizations

Researchers
- University-based
- Stakeholder-based
- System-based
- Management consultants
Decision makers
- Policy makers
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Researchers
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Practical “doers”
Saving lives
Very busy
Need “right now” answers

Deep thinkers
Publication focus
Far from reality
Long time frames

No natural linkages
Limited infrastructure to encourage linkage and exchange
Decision makers
- Policy makers
- Managers
- Service professionals
- Clients and public
- Stakeholders

Researchers
- University-based
- Stakeholder-based
- System-based
- Management consultants

Gap between what we know and what we do can affect the quality of the programs

Practical “doers”
- Saving lives
- Very busy
- Need “right now” answers

Deep thinkers
- Publication focus
- Far from reality
- Long time frames

No natural linkages
- Limited infrastructure to encourage linkage and exchange
Sometimes, it’s hard to coordinate the push and pull…

…even when there’s a connection
Evidence-based practice or public health is the integration of:

- Practitioner expertise
- Organizational mission and values
- The best available evidence

into the decision-making process.
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Self-directed violence definition (CDC)

Steps in process

1. Commission background paper
2. Convene scientific discussion panel
3. Draft and revise meeting proceedings
4. Circulate the meeting proceedings to outside group
5. Review comments and suggestions
6. Re-convene panel and develop draft
7. Circulate draft to panel for comments and revise
8. Circulate document to outside groups for comments and revise
9. Develop final 1.0 document
What is the common theme of suicide prevention?

CONNECTION

“The forces that bind us willingly to life are mostly those exerted by our relationships with other people…”

Jerome Motto, 1976
Facts About Suicide

- Suicide is preventable
- Suicide is not just a way to get attention
- Few suicides happen without warning
- Many things lead up to a suicide
- Suicide does not discriminate
- A concerned, caring friend or family member can make a difference
Support in Berks County

- 484-816-ruOK (7865) – support line
- 610-236-0530 – crisis line
Comments or Questions?

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