

Suicide Prevention in Montana

Legislative Update

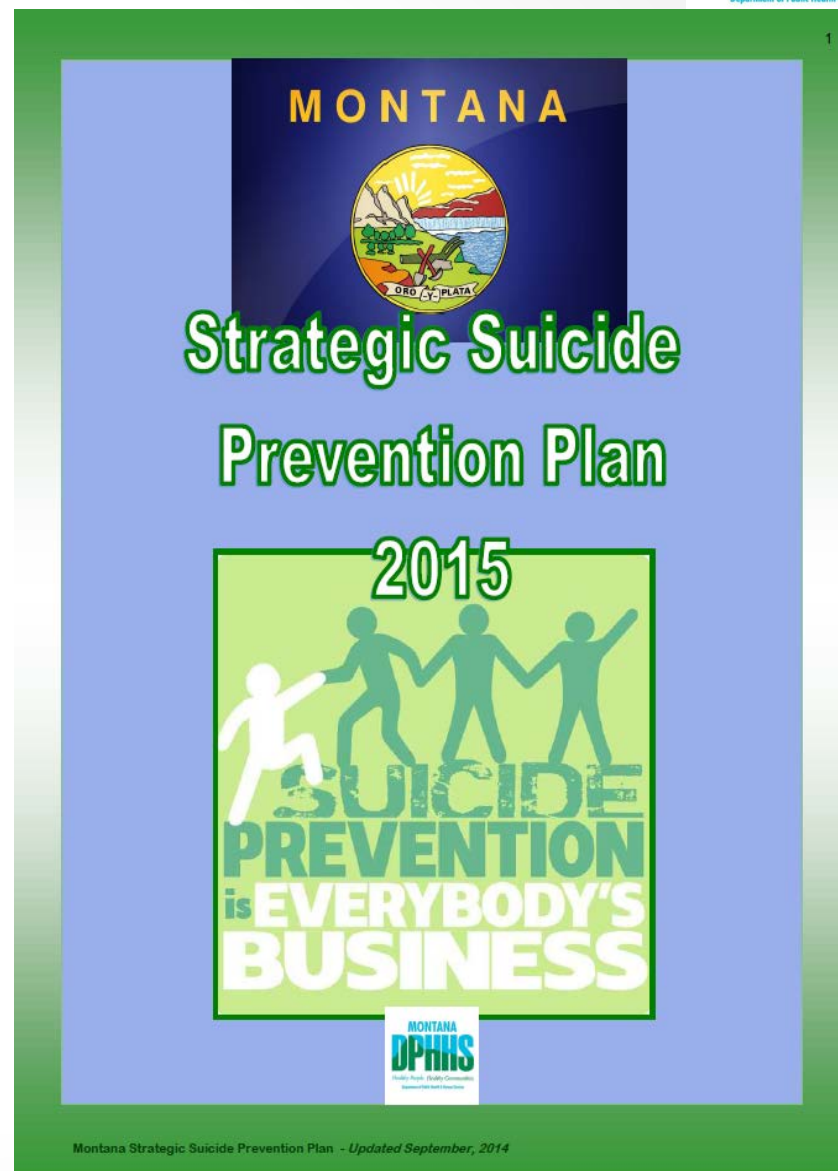
This presentation is an executive summary of the
2015 Montana Strategic Suicide Prevention Plan

Facts, Figures, and
Formulas for
Prevention

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Montana Strategic Suicide Prevention Plan - Updated September, 2014

Suicide Fact Sheet

Center for Disease Control – WISQARS website,
<http://www.cdc.gov/injury/wisqars/index.html>, (June, 2014)

- ❖ For the first time, suicide has **surpassed car accidents** as the No. 1 cause of injury-related death in the United States. There has been a **15% increase** in the number of suicides in the United States between 2000-2009. (American Journal of Public Health, November, 2012)
- ❖ In 2011 there were **39,518** suicides in the U.S. (108 suicides per day; 1 suicide every 13.3 minutes). This translates to an annual suicide rate of **12.7 per 100,000**.

Suicide Fact Sheet

American Association of Suicidology (www.suicidology.org)

- ❖ Firearms remain the most commonly used suicide method, accounting for nearly **51%** of all completed suicides.
- ❖ Up to **45%** of individuals who die by suicide visit their primary care provider within **a month** of their death.
- ❖ **20%** of those who die by suicide visited their primary care provider within **24 hours** of their death

Suicide among the Young

- ❖ Suicide is the **2nd leading cause of death** among young (15-24) Americans; only accidents occur more frequently. In **2011**, there were **4,822** suicides by people 15-24 years old. (up from 4,600 in 2010)
- ❖ Youth (ages 15-24) suicide rates increased more than **200%** from the 1950's to the mid 1990's. The rates dropped in the 1990's but went up again in the early 2000's.

Suicide among our Veterans

- ❖ In the US, a veteran dies by suicide **every 65 minutes, 22 a day, or more than 8,000 suicides a year.**
- ❖ 950 veterans attempt suicide every month in the US.
- ❖ Only approximately **40%** of the Veterans who die by suicide have been deployed.

Source: Kemp & Bossarte, R, Suicide Data Report, 2012 (2013), Department of Veteran Affairs

Suicide among the Elderly

- ❖ In 2011, **6,321** Americans over the age of 65 died by suicide for a rate of **15.3** per 100,000 people
- ❖ 85% of elderly suicides were male; the rate of male suicides in late life was **7 times** greater than for female suicides.

Suicide in Montana

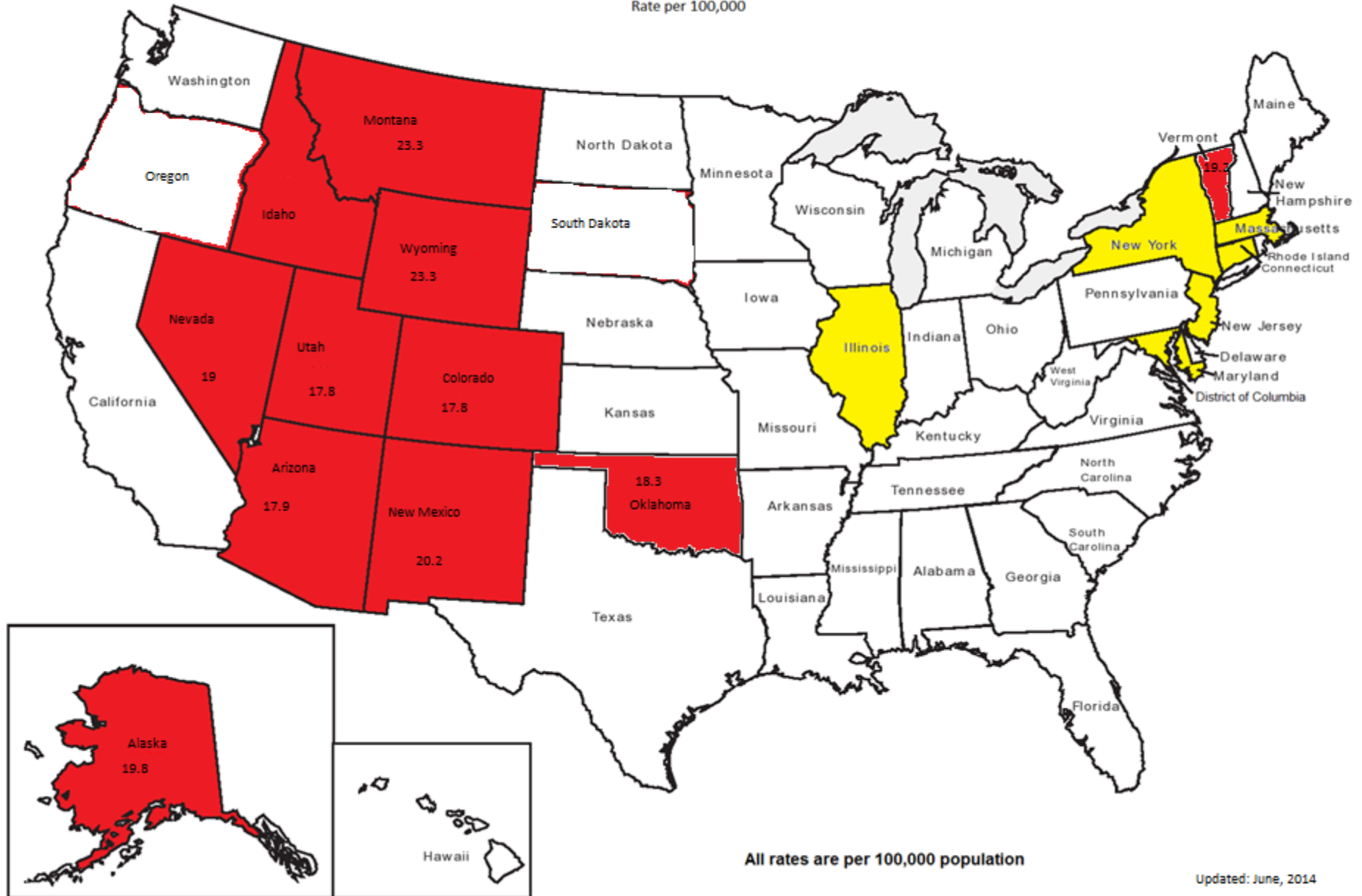
Data Source: 2011 National Vital Statistics Reports (6/2014), Montana Office of Epidemiology and Scientific Support (8/2014)

- ❖ For all age groups, Montana has ranked in the **top five** for suicide rates in the nation, for the past forty years.
- ❖ According to the most recent numbers released by the National Vital Statistics Report for **2011**, **Montana is tied for the highest rate of suicide in the United States (232 suicides for a rate of 23.3).**
- ❖ In Montana for **2012**, there were **226** suicides for a rate of **22.5**
- ❖ In Montana for **2013**, there were **231** suicides for a rate of **22.8** per 100,000 (compared to a US rate of 12.7)

2011 Suicide Rates for the United States

American Association of Suicidology

Rate per 100,000



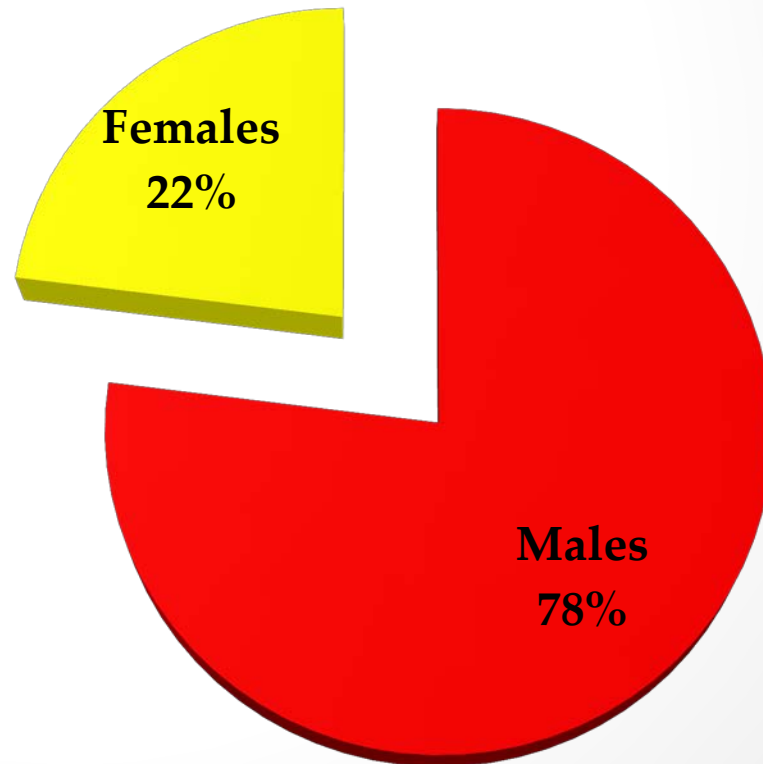
All rates are per 100,000 population

Updated: June, 2014

Suicide in Montana

- ❖ In Montana, males complete suicide at a rate of almost 3:1 compared to females

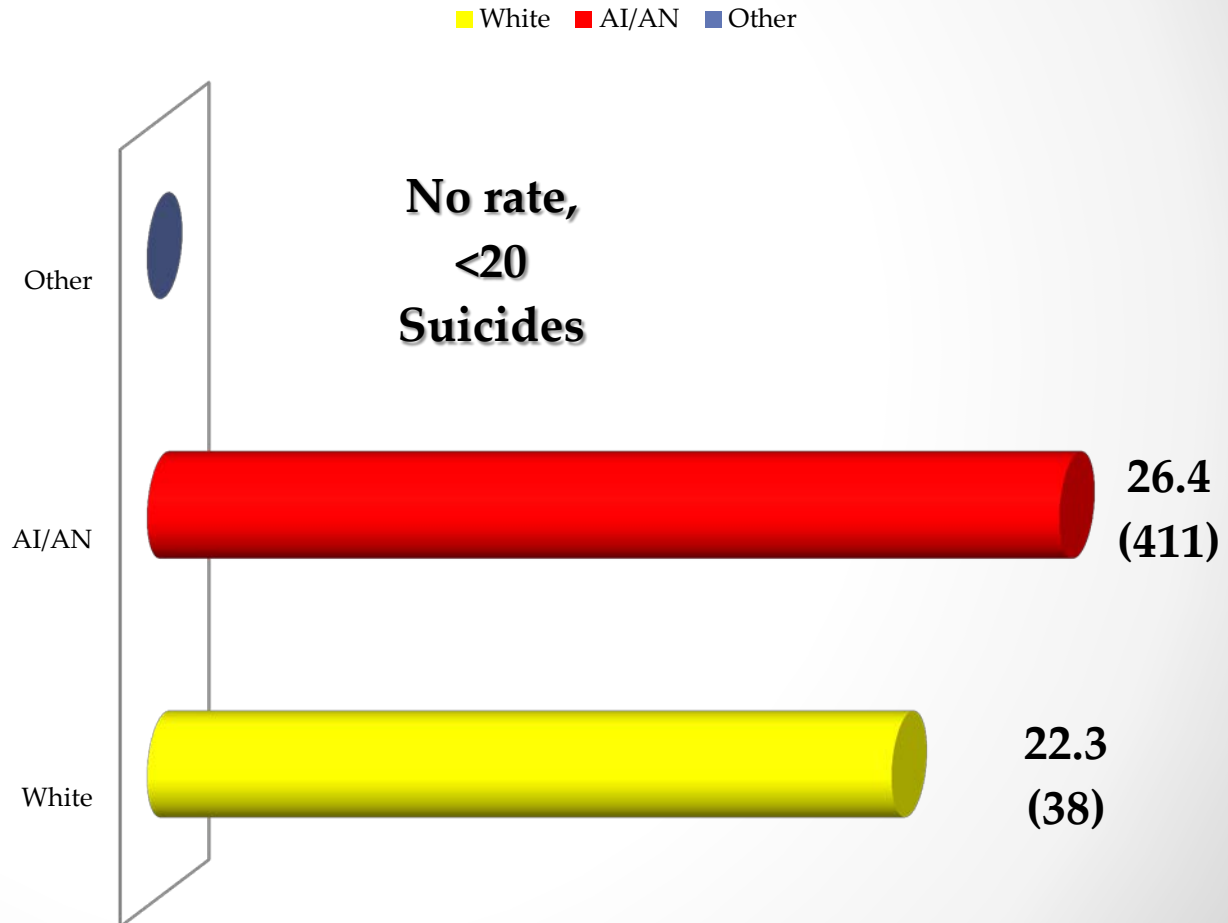
Percent of Suicides by Gender, Montana Residents, 2012-2013



Suicide in Montana

❖ In Montana, the highest rate of suicide is among the American Indian population although they constitute only 6% of the population.

Crude Suicide Rates by Ethnicity, Montana Residents, 2012-2013

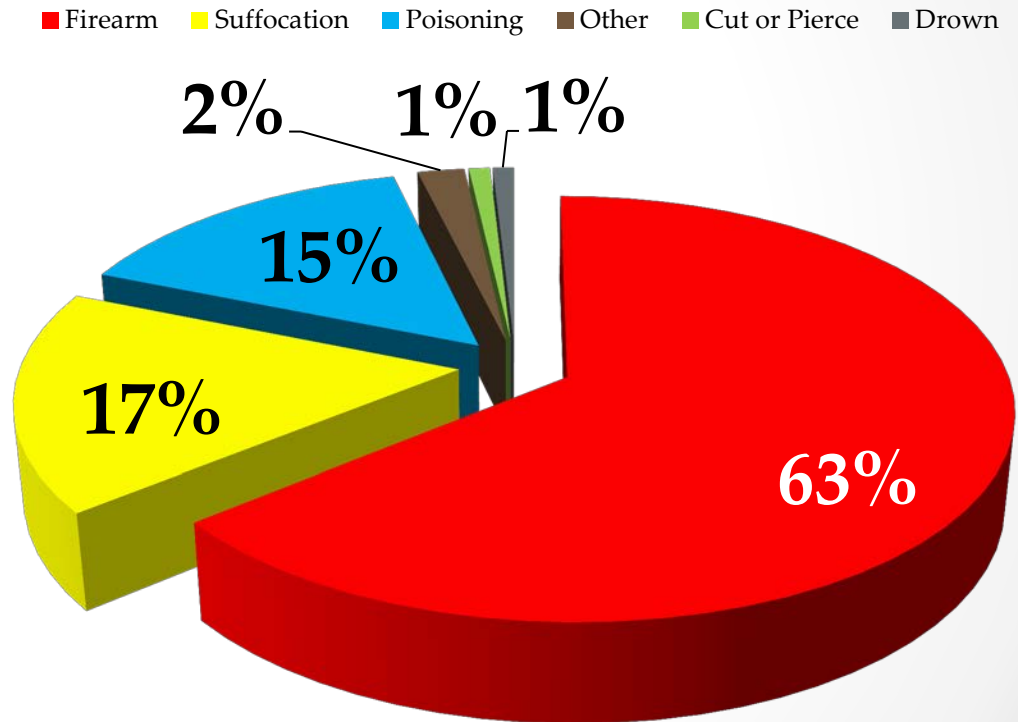


Suicide in Montana

❖ Firearms are the most common means of suicide in Montana (63%). Other means include carbon monoxide, overdose, motor vehicles accidents, and jumping from heights.

❖ During this two year period, 75% of youth suicides were by firearms.

Percent of Suicides by Means, Montana Residents, 2012-2013



Suicide in Montana

- ❖ Over the last ten years, suicide is the number **two cause of death for children ages 10-14**, adolescents ages 15-24 and adults ages 25-44
- ❖ In Montana for 2013 there were **40** youth suicides (ages 15-24) for a rate of **22**. This compares to the national rate for the same age group of **10.54**.
- ❖ Between 2004-2013, Montana lost **566** veterans to suicide for a rate of **54.5** per 100,000 (Montana Office of Epidemiology and Scientific Support, August, 2014)

Suicide in Montana

As taken from the Montana Youth Risk Behavior Survey(July., 2013)

YRBS Trend Report, 1999-2013

Percentage of students who actually attempted suicide one or more times during the past 12 months

	1999	2001	2003	2005	2007	2009	2011	2013
Montana High School Students	6.7	10.4	9.7	10.3	7.9	7.7	6.5	7.9
Montana 7th-8th Graders	13.3	15.9	12.8	12.2	-	6.1	10.8	12.1
AI High School Students on Reservation	16.2	20.4	15.3	16.6	15.8	18	16.2	15.1
AI 7th-8th graders on Reservation	-	-	18.8	16.4	-	11	17.7	18.2
AI High School in Urban Schools	16.3	28.7	18.5	16.3	18.4	16.7	18.9	20.6
AI 7th-8th graders in Urban Schools	-	-	17.1	15.5	-	9.9	15.3	16.4
Students attending Alternative School	19	25.3	20	22.2	16	23	19.2	21.7

Suicide and exposure to violence

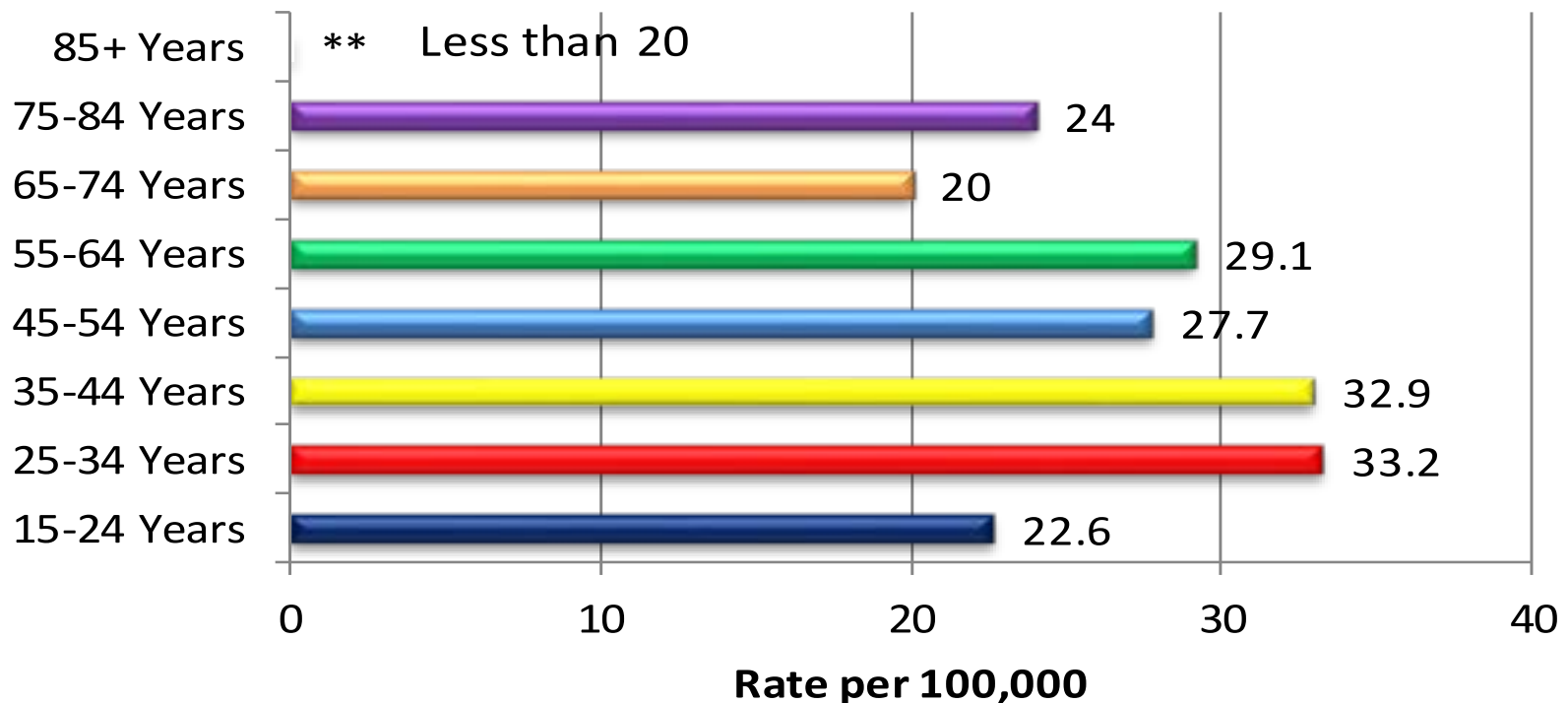
2011 Montana YRBS, Suicide Report, Feb. 2013

Health Risk Behavior	Students Who Attempted Suicide	Students Who Did Not Attempt Suicide
Had been threatened or injured with a weapon on school property during the past 12 months	27.1% (19.7-34.6)	5.5% (4.8-6.3)
Were in a physical fight on school property during the past 12 months	29.7% (24.3-35.0)	7.5% (6.5-8.5)
Had been forced to have sexual intercourse when they did not want to	31.4% (24.7-38.1)	8.1% (7.0-9.3)
Were bullied on school property during the past 12 months	49.7% (42.0-57.5)	24.6% (22.6-26.6)
Had been electronically bullied during the past 12 months	43.4% (36.7-49.9)	17.8% (16.0-19.6)

Suicide in Montana

However, which age group has the higher rate?

Montana Suicide Rates by Age Group, 2012-2013



Survivors of Suicide in Montana

- ❖ Studies have shown that for every completed suicide, there are **6 surviving loved ones**.
 - ❖ For Montana, we have more than 240 suicides per year, meaning we have more than **1400 new survivors** of suicide in Montana each year.
 - ❖ A survivor of suicide is **3x the risk of suicide**
- For information concerning Montana survivor support groups, go to www.AFSP.org and look under “surviving suicide loss”

Suicide in Montana's Counties

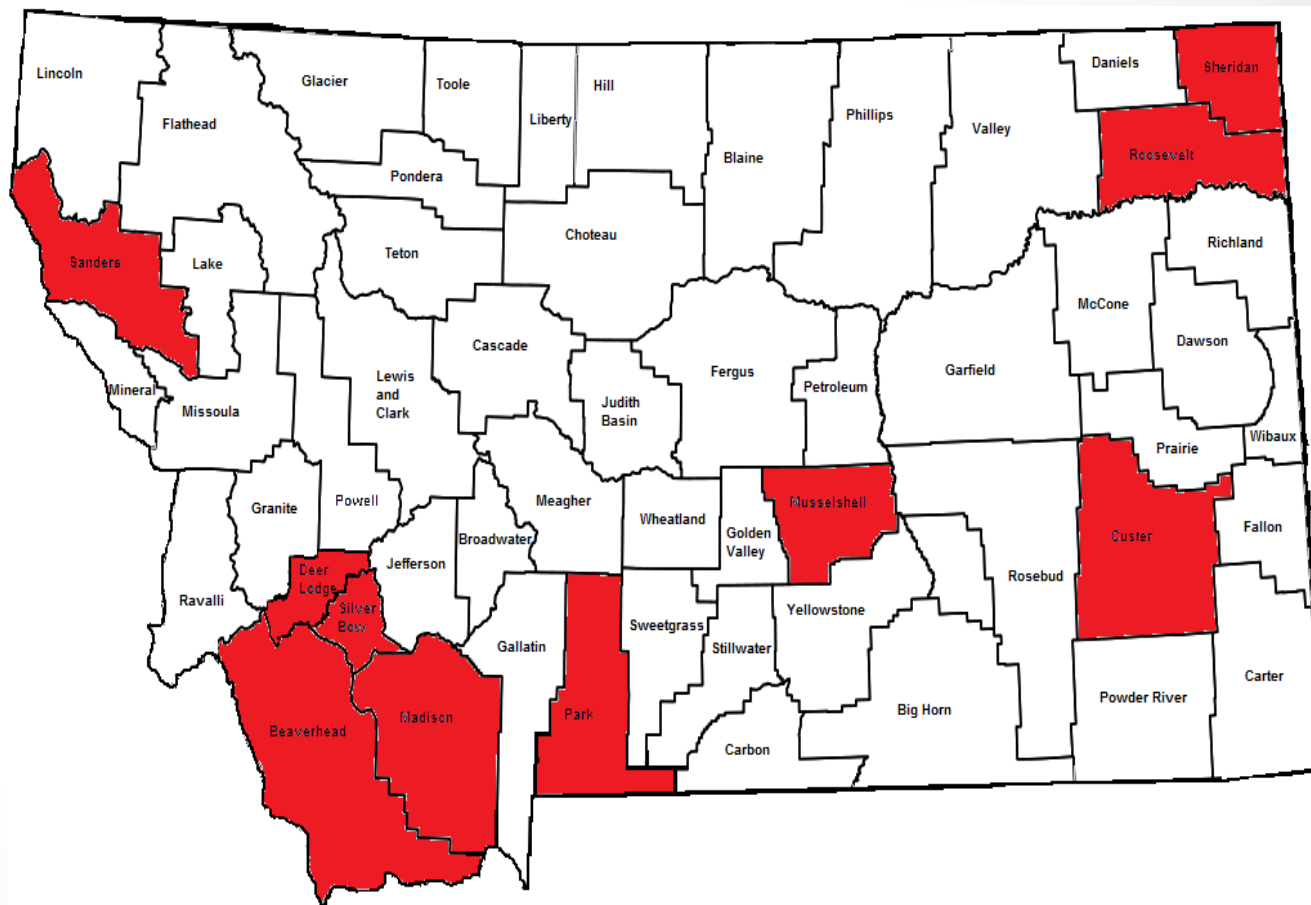
(Source: Montana Office of Epidemiology and Scientific Support, August, 2014)

Counties with the Highest Suicide Rates between 1994-2013

County Crude Rate

1)Sheridan	30.0
2)Deer Lodge	28.6
3)Park	28.4
4)Custer	27.7
5)Silver Bow	27.6
6)Sanders	27.5
7)Musselshell	26.8
8)Roosevelt	26.5
9)Madison	25.9
10)Beaverhead	25.7

Montana Rate **21.4**
National Rate **11.35**



Approximately 90% of those who complete suicide suffer from at least one major psychiatric disorder

- ❖ Mood disorders are consistently the most prevalent disorder (49-64%)
- ❖ The 2nd most frequent diagnosis is a Substance abuse disorder.

(however, it is important to note that not all mentally ill people attempt suicide)



Depression is Treatable

Depression is one of the most treatable of all psychiatric disorders in young people

- ❖ 86% treatment rate with a **combination** of antidepressants and therapy*
- ❖ Only between 40-70% with either by themselves.

* Source: The TADS Team. The Treatment for Adolescents with Depression Study (TADS): Long-term Effectiveness and Safety Outcomes. Archives of General Psychiatry. Oct 2007; VOL 64(10).

Need to raise parental awareness around depression

- ❖ Factors associated with adolescent suicidal ideations
 - “**Parental Disconnect**” - **86%** of parents whose child completed suicide did not know their child was depressed or suicidal.
 - ✓ Correlated with **all** school violence
 - **Family history** of depression/anxiety
 - **Domestic violence**

Evidenced-Based Suicide Prevention Programs



QPR

A two hour training that provides anybody the basic tools on how to intervene with a suicidal person

Other Suicide Prevention Programs



ASIST

A two-day workshop designed to provide participants with gatekeeping knowledge and skills. Gatekeepers are taught to recognize the warning signs and to intervene with appropriate assistance.

Other Evidenced-Based Prevention Programs

Mental Health First Aid



MENTAL
HEALTH
FIRST AID
www.MentalHealthFirstAid.org

Mental Health First Aid is a groundbreaking public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders.



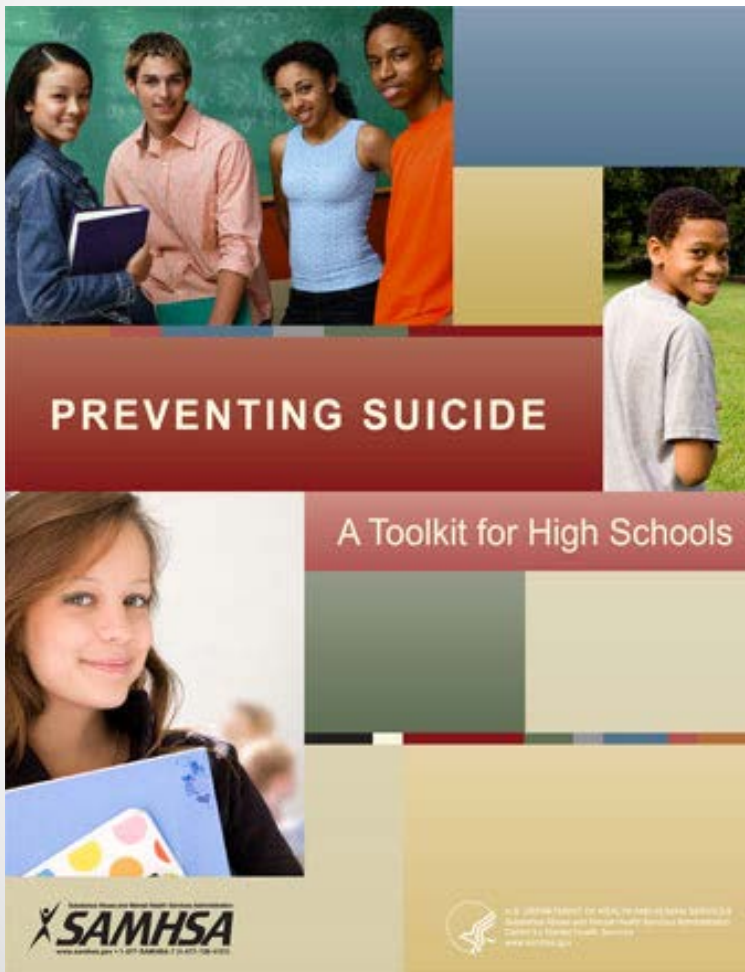
Other Evidenced-Based Suicide Prevention Programs



SOS: Signs of Suicide

School-based program which aims to raise awareness of suicide and reduce stigma of depression There is also a brief screening for depression and other factors associated with suicidal behavior.

Other Suicide Prevention Resources for Schools



- Assists high schools and school districts in designing and implementing strategies to prevent suicide and promote behavioral health. Includes tools to implement a multi-faceted suicide prevention program that responds to the needs and cultures of students.
- Available free at www.prc.mt.gov/suicideprevention

Other Evidenced-Based Prevention Programs



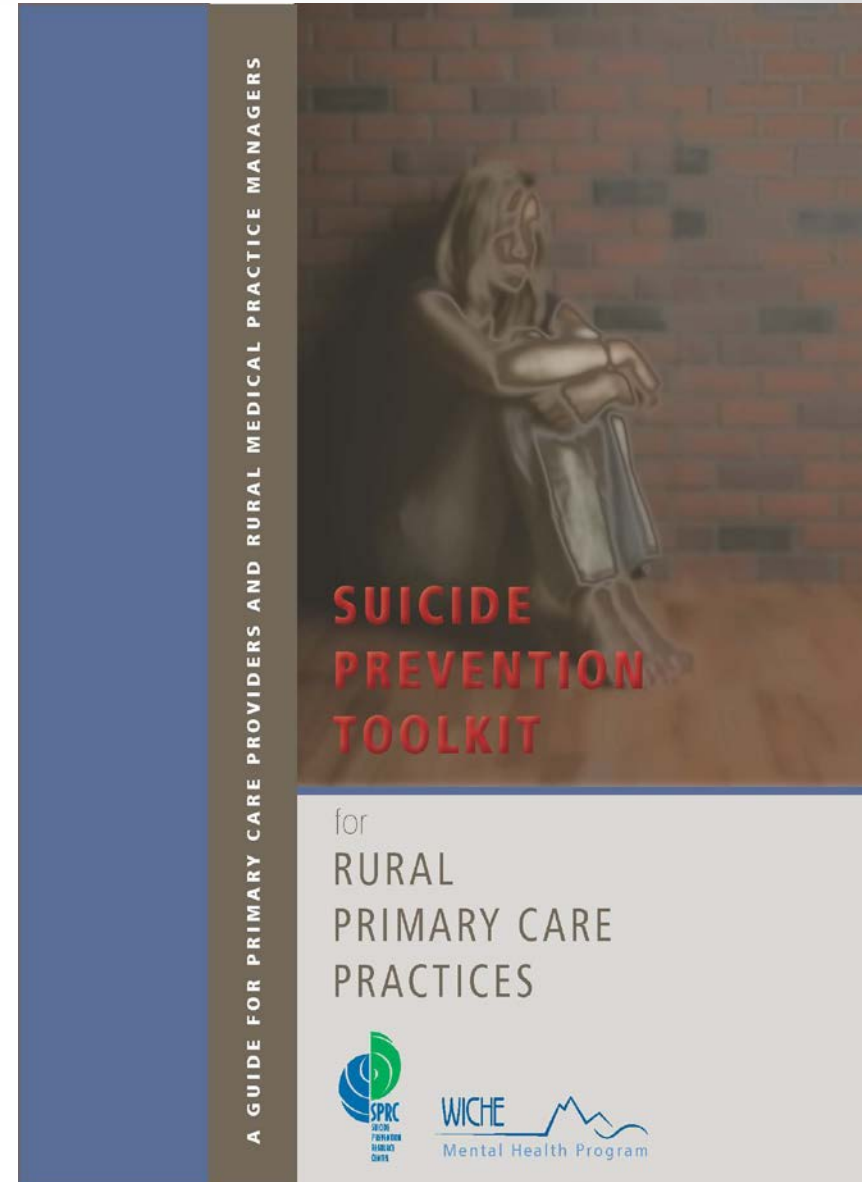
Crisis Intervention Training

CIT came out of the Memphis Police Dept. and is a training for law enforcement officers to help them manage mental health issues when they respond to a call.

Other Resources

Suicide Prevention Toolkit for Rural Primary Care Physicians

Suicide assessment and intervention kit designed for physicians practicing in rural communities.



Other Resources

Parents as Partners: A Suicide Prevention Guide for Parents

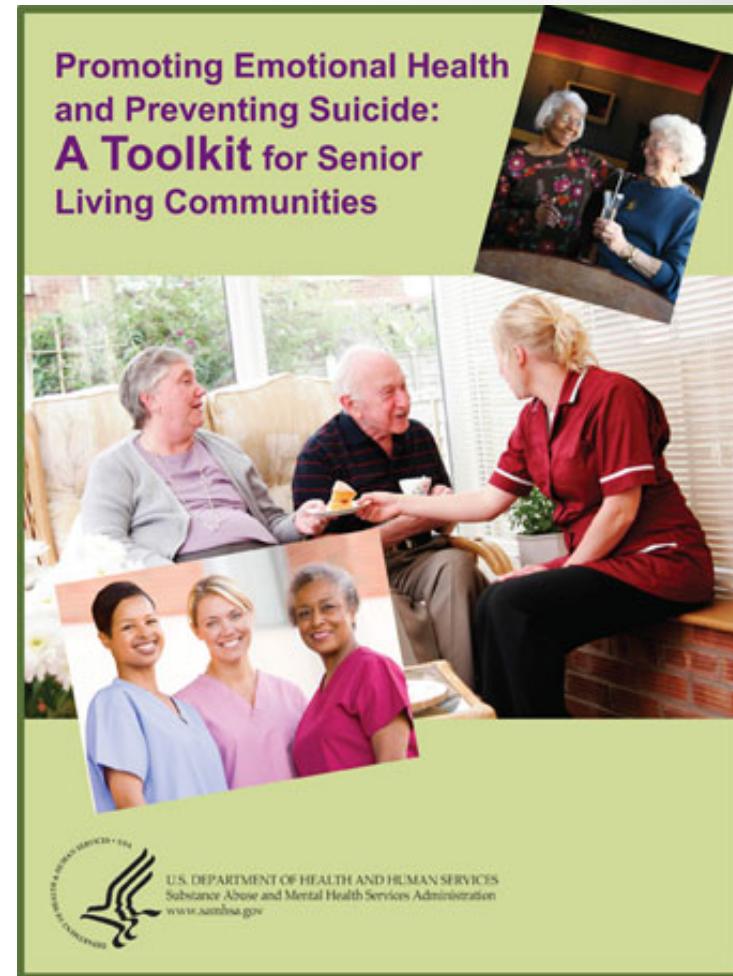
A 9 page guide that helps parents recognize the signs of depression and suicide in their kids.



Other Resources

Suicide Prevention Toolkit for Senior Living Communities

Suicide assessment and intervention kit designed for people living in assisted living programs and nursing homes.



Early age intervention

Good Behavior Game

The classroom management strategy is designed to improve aggressive/disruptive classroom behavior. It is implemented when children are in 1st or 2nd grade in order to provide students with the skills they need to respond to later, possibly negative, life experiences and societal influences. Studies have suggested that implementing the "Good Behavior Game" may delay or prevent onset of suicidal ideations and attempts in early adulthood.



Other Resources

Firearm Safety Program

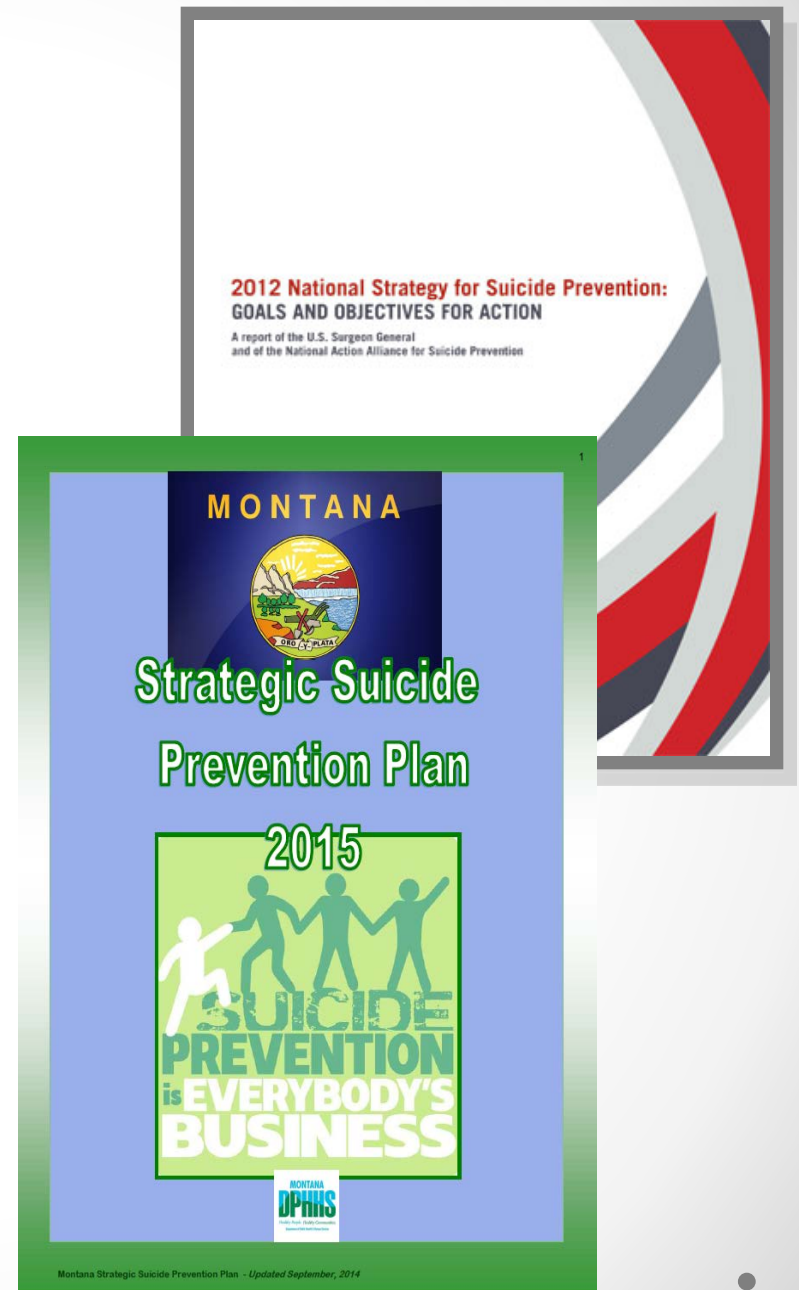
Increase suicide awareness while protecting firearms from inappropriate use.

90% of the people who attempt suicide and survive will **not** go on to die by suicide at a later date. **Means Matter**



Objectives and Interventions

In an effort to ensure that Montana aligns with the revised National Strategy for Suicide Prevention (2012), the Montana State Strategic Suicide Prevention Plan identifies one specific Montana objective for each goal identified in the national plan. **In your handout, are specific interventions being implemented to achieve each of the Montana objectives.**



Depression is Treatable Suicide is Preventable

If you are in crisis
and want help,
call the

Montana Suicide
Prevention Lifeline,

24/7, at

1-800-273-TALK

(1-800-273-8255)

Hope is always within reach.
Suicide is never the only option

Montana Suicide Prevention Lifeline
800-273-TALK (8255)
www.prc.mt.gov/suicideprevention



www.prc.mt.gov/suicideprevention

Goal 1: Montana Objective: Integrate suicide prevention gatekeeper training and prevention tools into law enforcement, health care, primary and secondary education, tribal, and community levels.

Current interventions to meet objective:

- ◆ Question Persuade Refer (QPR) is part of the core curriculum at the Montana Law Enforcement Academy.
- ◆ Applied Suicide Intervention Skills Training (ASIST) provided around the state in communities and reservations.
- ◆ QPR training provided to primary care providers, nurses, teachers, students, and communities.

Goal 2: Montana Objective: Increase knowledge of the warning signs for suicide and how to connect individuals in crisis with assistance and care through public awareness campaigns, social media, and community presentations.

Current interventions to meet objective:

- ◆ Public awareness campaigns to identify warning signs, how to intervene, and access to crisis resources through statewide television, radio, and Facebook.
- ◆ Gatekeeper trainings around the state that include warning signs, how to intervene, and state-wide resources.
- ◆ Stabilize the Montana Suicide Prevention Lifeline into two regional call centers available 24 hours a day, 7 days a week. The Lifeline also has a Veteran option that connects directly to the national VA Crisis Center.

Goal 3: Montana Objective: Reduce stigma, promote the understanding that recovery from mental and substance use disorders is possible, and promote protective factors from suicide risk through implementation of evidence-based practices and public awareness campaigns.

Current interventions to meet objective:

- Mental Health First Aid provided to communities around the state as well as part of the core curriculum for all detention officers at the Montana Law Enforcement Academy.
- Public awareness campaigns and community trainings that emphasize the correlation of mental illness with suicide and the need to address the stigma associated with mental illness.

Goal 4: Montana Objective: Encourage media resources and institutes of public education to utilize known SAMHSA resources on the reporting and responding of suicides in communities.

Current interventions to meet objective:

- SAMHSA's "Preventing Suicide: A Toolkit for High Schools" made available on the state website to all secondary schools in the state.
- SAMHSA's Media Guidelines for the Reporting of Suicide made available on the state website.
- SAMHSA's "Suicide Prevention Toolkit for Senior Living Communities" made available on the state website to all senior living facilities in the state.
- SAMHSA's "Suicide Prevention Toolkit for Rural Primary Care Providers" made available on the state website to all healthcare providers in the state.

Goal 5: Montana Objective: Encourage community-based settings to implement effective programs and provide education that promote wellness and prevent suicide and related behaviors through the use of evidence-based programs available through the DPHHS.

Current interventions to meet objective:

- QPR, ASIST, Mental Health First Aid provided to any community that requests a training.
- Grants provided to communities and tribal entities to provide gatekeeper training, public awareness campaigns, and screening.

Goal 6: Montana Objective: Encourage and promote the safe storage and protection of firearms from high risk populations through the use of gunlocks and other gun safety measures.

Current interventions to meet objective:

- Firearm safety program involving providing free gunlocks to community health departments, tribal entities, law enforcement, and primary care.

Goal 7: Montana Objective: Provide training on suicide prevention to community groups, mental health/chemical dependency providers, law enforcement, health care providers and school educators.

Interventions to meet objective:

- ◆ Suicide prevention training provided to local law enforcement, fire fighters, VA staff, EMS personnel, clergy, civic groups
- ◆ Suicide prevention training provided to mental health and chemical dependency professionals around the state.
- ◆ Suicide prevention materials provided to primary care, chemical dependency professionals, parents, funeral home directors, cosmetologists, bartenders, and veterans.

Goal 8: Montana Objective: Encourage health care delivery systems to incorporate suicide prevention and appropriate responses to suicide attempts as indicators of continuous quality improvement efforts, such as universal depression screening and referral to community mental health providers.

Current interventions to meet objective:

- ◆ Providing SAMHSA's "Suicide Prevention Toolkit for Rural Primary Care Providers" to all healthcare providers in the state, which includes depression screens.
- ◆ Suicide Prevention trainings that emphasize the need for universal screening for depression by primary care providers.
- ◆ Suicide Prevention training provided in schools of nursing.
- ◆ Suicide Prevention material for those that have attempted or have a family member who has attempted is available on the state website.

Goal 9: Montana Objective: Implement guidelines for clinical practice and continuity of care for providers who treat persons with suicide risk through training in core competencies and access to national protocols.

Current interventions to meet objective:

- Collaborated with the Montana Chapter of the National Association of Social Workers to provide core competency training for mental health professionals around the state.

Goal 10: Montana Objective: Provide appropriate resources to individuals affected by a suicide attempt or bereaved by suicide, including survivor support.

Current interventions to meet objective:

- Provide resources to communities to start suicide survivor support groups.
- Co-sponsor state conferences on grief counseling and bereavement.
- Sponsor community trainings on grief counseling for survivors of suicide.
- Provide suicide survivor resources to families as identified through the Suicide Mortality Review Team.

Goal 11: Montana Objective: Improve the timeliness, usefulness, and quality of suicide-related data through collaboration between the DPHHS, local coroners, and health care professionals.

Interventions to meet objective:

- Through collaboration with the DPHHS Office of Epidemiology and Scientific Support, obtain thorough data on all suicides as a means of identifying communities at risk and implementing services.
- Collaborate with SAMHSA's Suicide Prevention Resource Center on receiving the most up to date statistics and current research.
- Collaborate with the Office of Public Instruction on providing schools with needed services.

Goal 12: Montana Objective: Through the Montana Suicide Mortality Review Team, review all suicides that occur in the state and identify factors and correlated interventions that could be implemented at the local, tribal, and state level..

Interventions to meet objective:

- The Suicide Mortality Review Team will meet a minimal of 8 times per year to review all suicides that occur in the state of Montana. Factors contributing to each individual suicide will be identified and interventions that could have prevented the suicide will be identified. A summary of our findings will be provided on a yearly basis.

Goal 13: Montana Objective: Evaluate the effectiveness of suicide prevention interventions through monitoring of trend data, vital statistics, and number of people trained in suicide prevention.

Interventions to meet objective:

- Monitor the Youth Risk Behavior Survey (YRBS) for trend data concerning suicidal behavior for students in urban settings and reservations. Implement prevention resources based on trends.
- Monitor number of people trained and ensure state-wide representation.
- Monitor performance data provided through social media campaigns.
- Monitor performance data provided through public media campaigns.