



*Promoting Wellness and Recovery*

---

# **Ohio Suicide Reduction Initiative**

**October 26, 2015**



# Ohio's Initiative to Reduce Suicides

- **Suicide is all-too-common occurrence in the United States, including Ohio**
- **Each year, Ohio loses between 1200 and 1500 of our citizens due to death by suicide**
- **The causes of suicide and suicide attempts are complicated and diverse, both in those who attempt to take their lives and in society as a whole**
- **There are many proven actions that can prevent suicide, unfortunately, they are not implemented as frequently as they might be**
- **Understanding the data behind deaths due to suicide can help us appropriately target actions to save lives**



# Question #1

Which state has the lowest suicide rate in the United States?

1. Hawaii
2. Ohio
3. Montana
4. New Jersey



# Ohio's Initiative to Reduce Suicides

In 2013, which of these had the lowest suicide rate in the United States?

1. Hawaii (11.8/100,000)
2. Ohio (12.8/100,000)
3. Montana (23.7/100,000)
4. New Jersey (8.2/100,000)

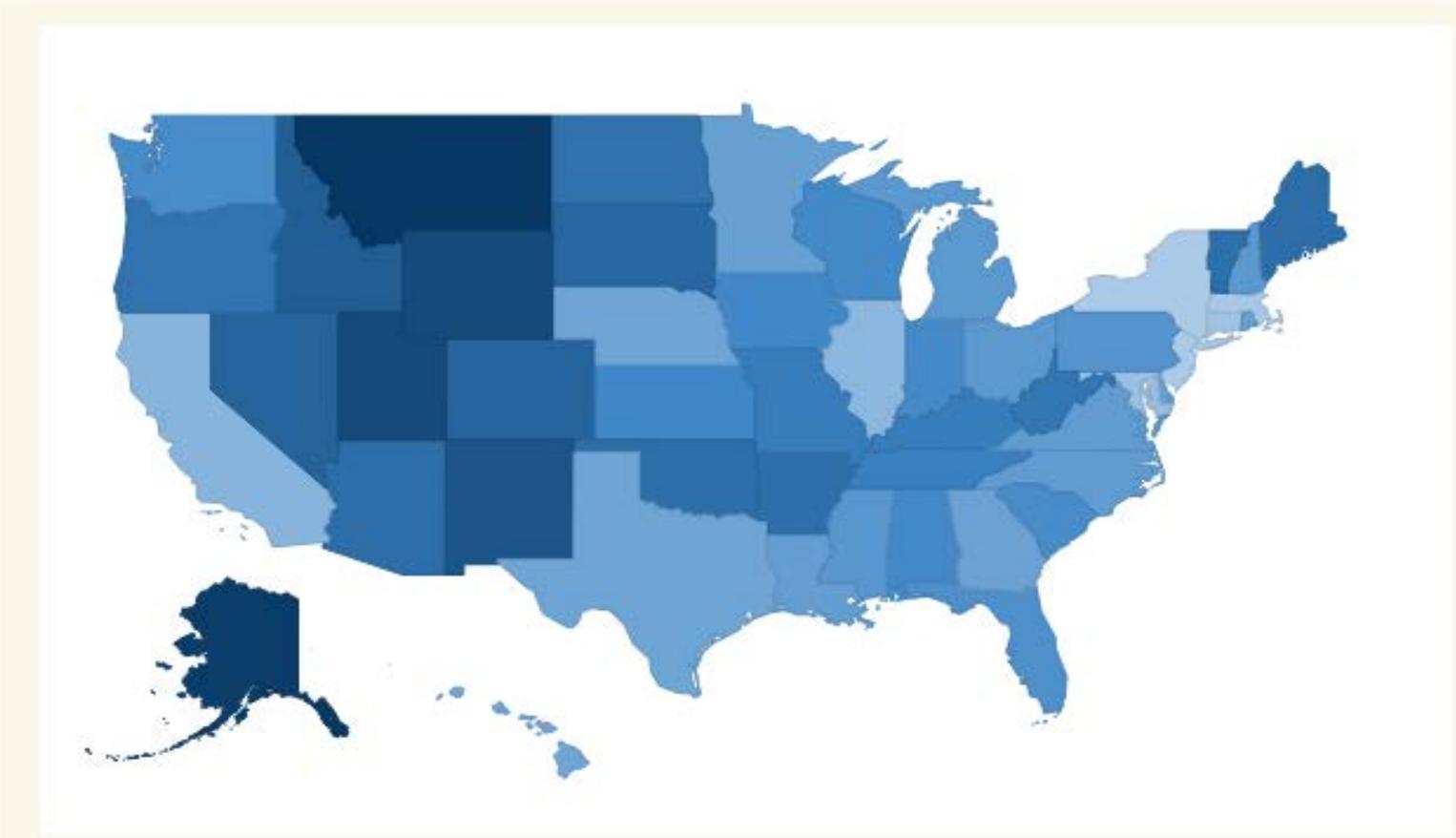
**Correct Answer: New Jersey**

Source: Centers for Disease Control



# National Suicide Rates

(Source: National Foundation for Prevention of Suicide)





# Ohio's Initiative to Reduce Suicides

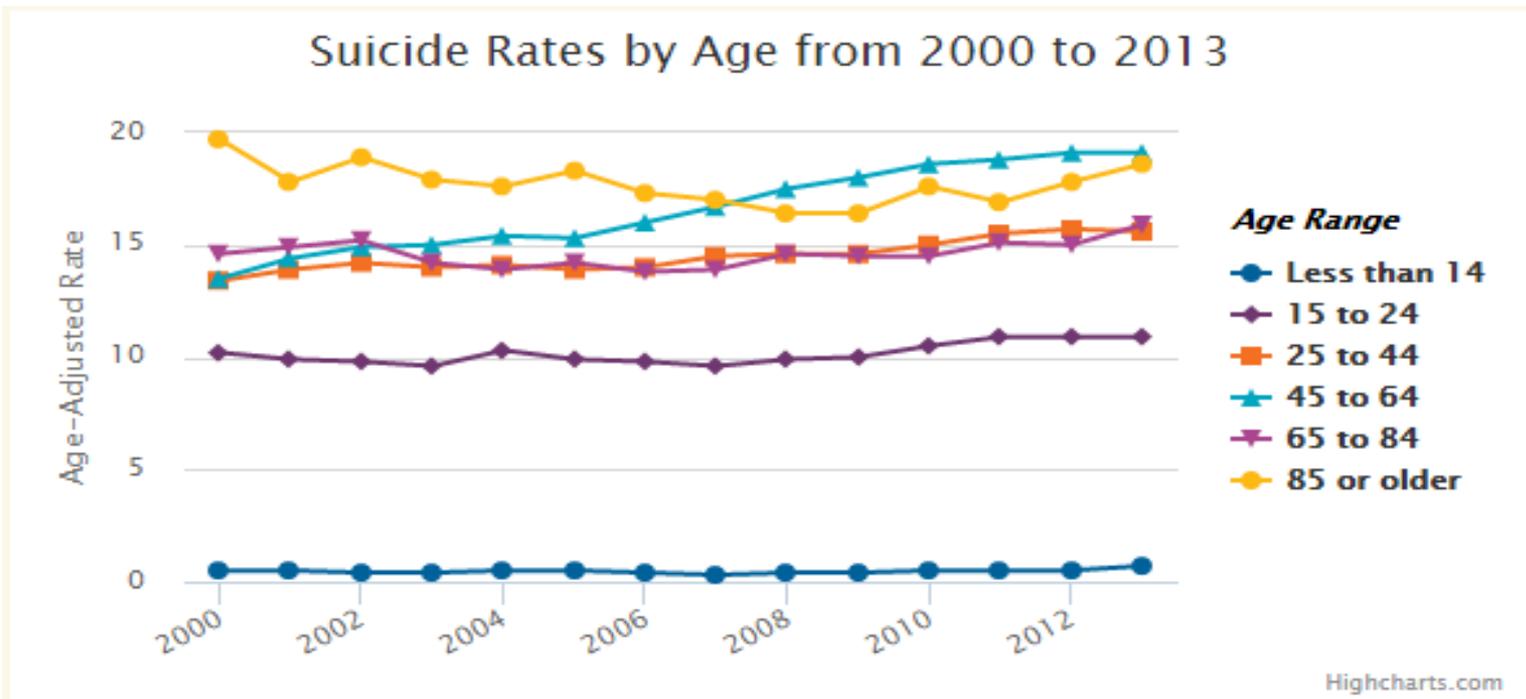
In the United States, which age group has the highest rate of suicide?

1. 15-24 year olds
2. 24-44 year olds
3. 45-64 year olds
4. 64-84 year olds



# Ohio's Initiative to Reduce Suicides

In the United States, which age group has the highest rate of suicide?



Correct Answer: 45-64 year olds, followed by those > 85

Source: American Foundation for Suicide Prevention



# Ohio's Initiative to Reduce Suicides

- Even modest reductions in the suicide rate in Ohio will result in hundreds of saved lives and thousands of years of productive life in those saved each year.
- Current rate of 12.8/100,000=1,484 deaths and 49,000 years of lost life annually
  - Reduction to 11.8/100,000=116 lives saved/year (1160 over 10 years) and almost 4000 years of life gained
  - Reduction to 10.8/100,000=232 lives saved/year (2320 over 10 years) and almost 8000 years of life gained
  - Reduction to New Jersey rate of 8.0/100,000= 557 lives saved/year (5570 over 10 years) and 18,000 years of life gained



# Ohio's Initiative to Reduce Suicides

- **The 2016-17 budget has allocated funding to reduce suicide in Ohio. To our knowledge, we are one of only 5 states to specifically allocate funding for suicide reduction.**
- **By identifying suicide prevention as major public health issue and disseminating strategies demonstrated to decrease suicide, we have the opportunity to save lives and have fewer families, friends, schoolmates and others impacted by this tragic event.**
- **Proven interventions will be focused on identified high risk groups for maximum impact.**



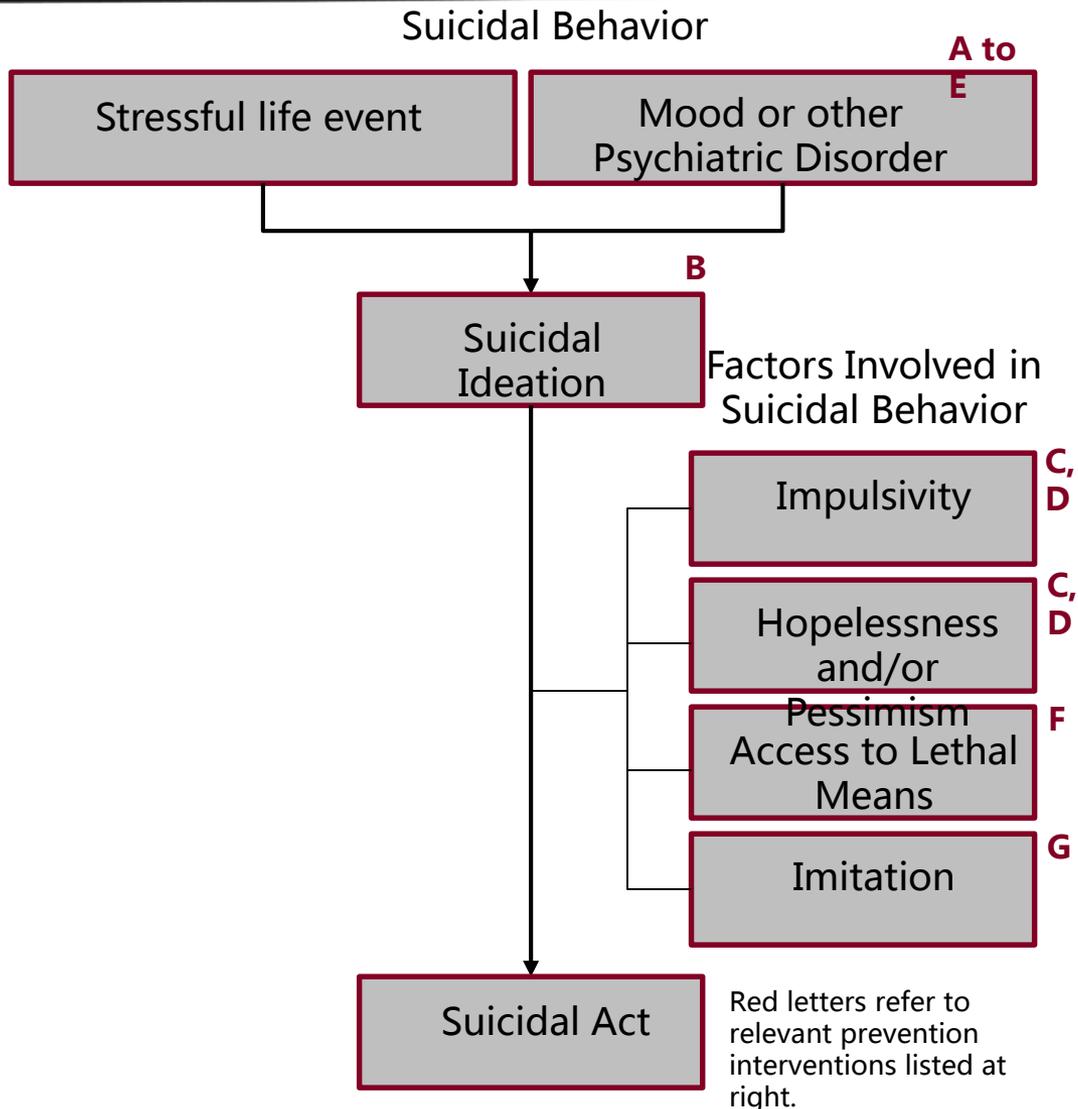
# Ohio's Initiative to Reduce Suicides

As we get started:

- This is a massive undertaking, which we must approach methodically and logically, using the best information available.
- We can't address all facets at once, but can over time
- Sustainability is critical, and is as dependent on effort and commitment as it is to funding.
- Much good work is already being done. We need to capitalize on that, not slow anyone down, rely on the Ohio expertise that exists, and fill in the gaps.
- The data will tell the story as to our progress.

# Practices to Reduce Suicides

(Adapted from Mann, 2005)



## Prevention Interventions

- A** Education and Awareness Programs
- Primary Care Clinicians
  - General Public
  - Community or Organizational Gatekeepers
  - Peers
  - Stigma Reduction

- B** Screening for Individuals at High Risk

## Treatment

- C** Pharmacotherapy
- Antidepressants, including SSRIs
  - Antipsychotics
  - Lithium
- D** Psychotherapy
- Treatment for Substance Use Disorders
  - Cognitive Behavioral Therapy
  - Dialectical Behavior Therapy

- E** Follow-up Care Following Suicide Attempts

- F** Mitigating access to lethal means

- G** Post-vention
- Media Reporting Guidelines for Suicide
  - Loss-teams

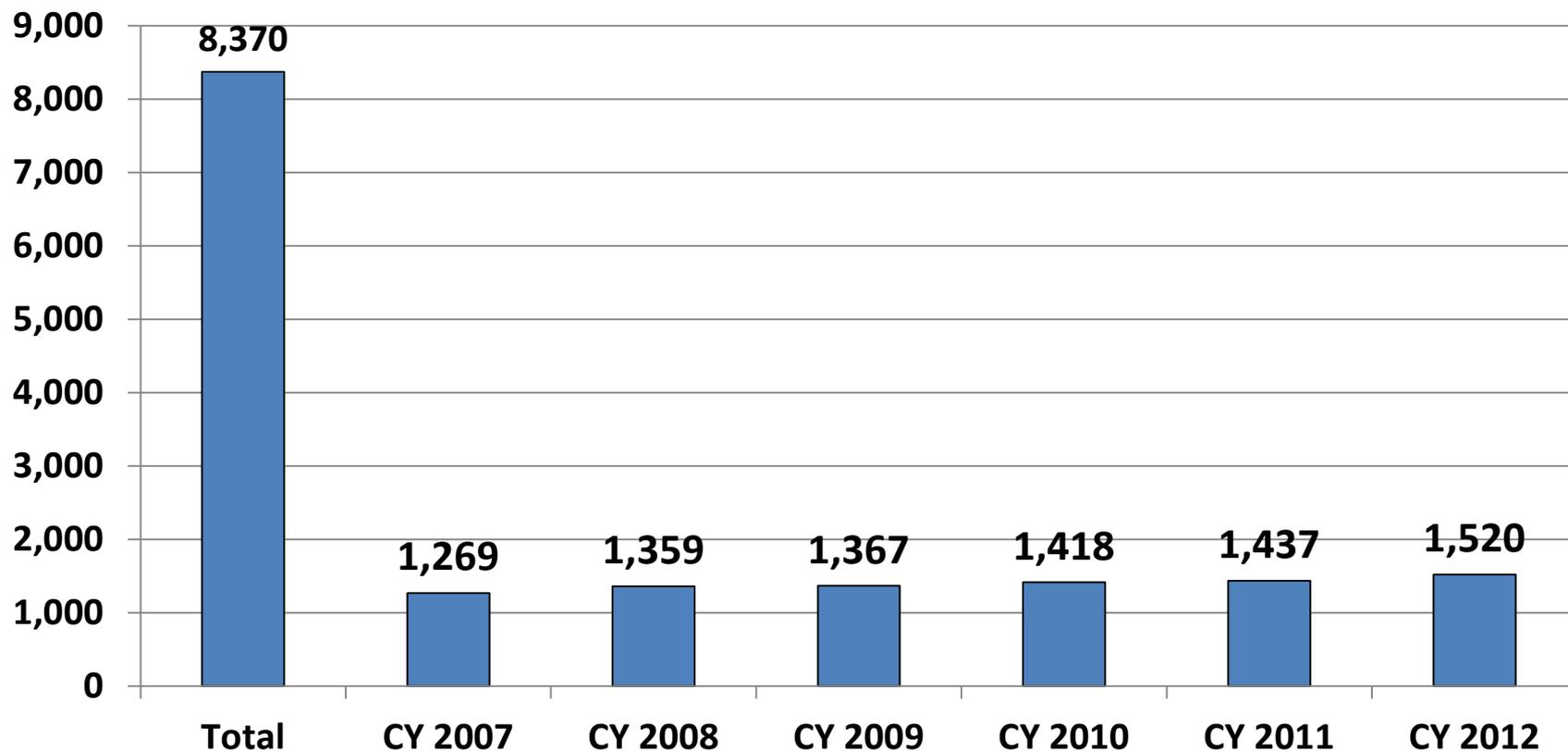
# Ohio's Initiative to Reduce Suicides

Intervention Categories	Specific Focus (focused on high-risk groups)	Potential Impact
<p><b>Education and Awareness (A)</b>  <b>Screening (B)</b>  <b>Promoting Effective Treatments:</b></p> <ul style="list-style-type: none"> <li>• Medication (C)</li> <li>• Psychotherapy (D)</li> </ul>	<p>Primary Care Clinicians Training</p> <p>General Public</p> <p>Gatekeepers (including Clergy, Military, Education partners, law enforcement, Peers)</p> <p>Stigma Reduction</p> <p>Suicide Crisis Lines</p>	<p>22-73%*</p> <p>40% (US Air Force)*</p>
<p><b>Follow-up Care (E)</b></p>	<p>Assure timely access to treatment following attempts</p> <ul style="list-style-type: none"> <li>• Licensed Providers</li> <li>• Care management</li> <li>• Peer Support and Recovery Coaches</li> </ul>	<p>Not available</p>
<p><b>Mitigating Access to Risk Factors (F)</b></p> <ul style="list-style-type: none"> <li>• Develop Safety Factors</li> <li>• Link Surveillance Data</li> </ul>	<p>Coroner's Association</p> <p>Law Enforcement</p> <p>Veterans</p>	<p>Up to 23%*</p>
<p><b>Post-vention strategies (G):</b></p> <ul style="list-style-type: none"> <li>• Media Reporting Guidelines</li> <li>• Loss-team development and training</li> </ul>	<p>Communication strategies and dissemination plan,</p> <p>Develop loss teams to respond to suicides</p>	<p>Not available</p> <p>*Mann, et.al., JAMA, 2005-Vol 294, No 16, 2064-2074.</p>



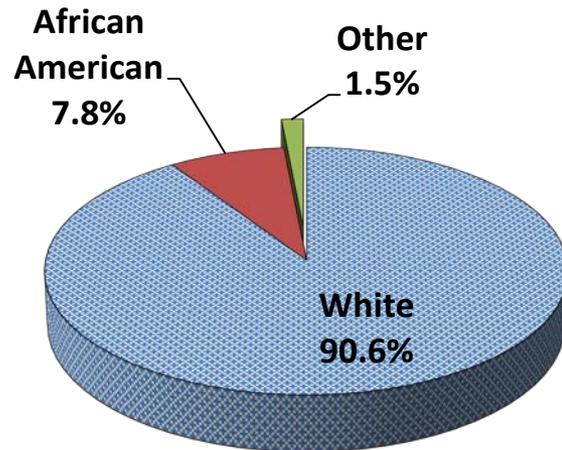
# How Many Ohioans Died By Suicide?

**CY 2007 to CY 2012?**

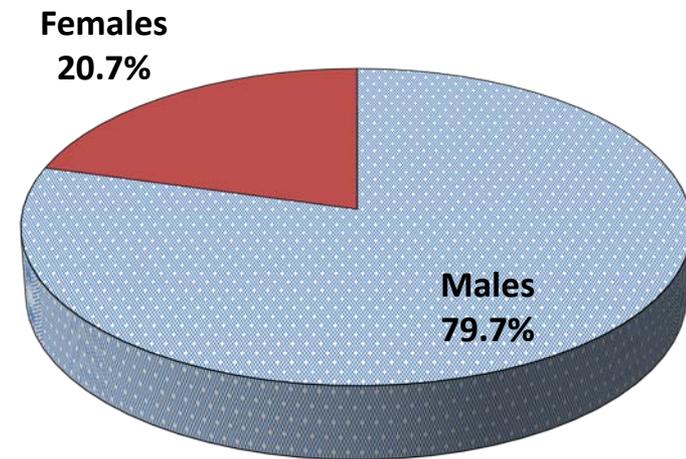


# In Ohio, Who Dies by Suicide?

## By Race?



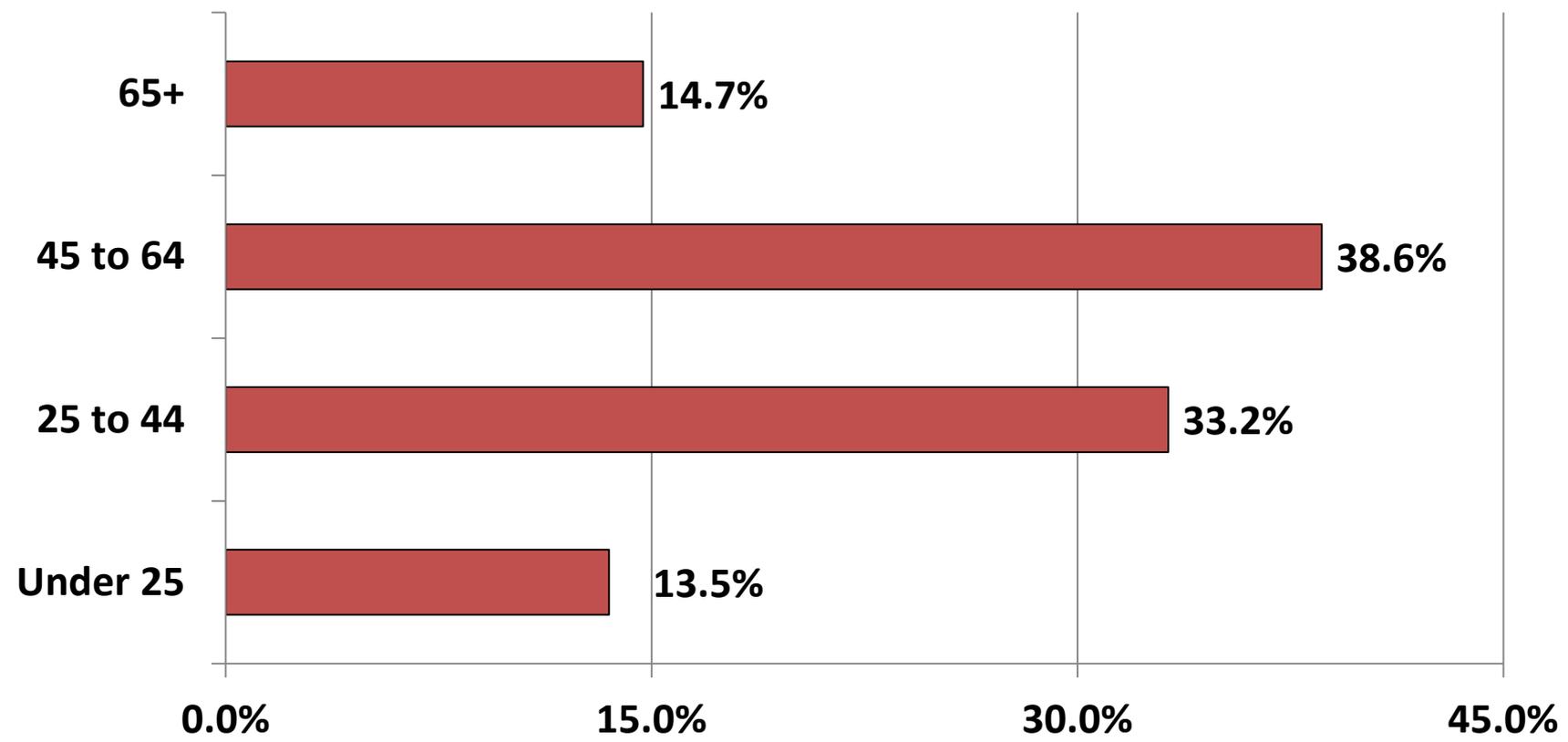
## By Gender?





# By Age?

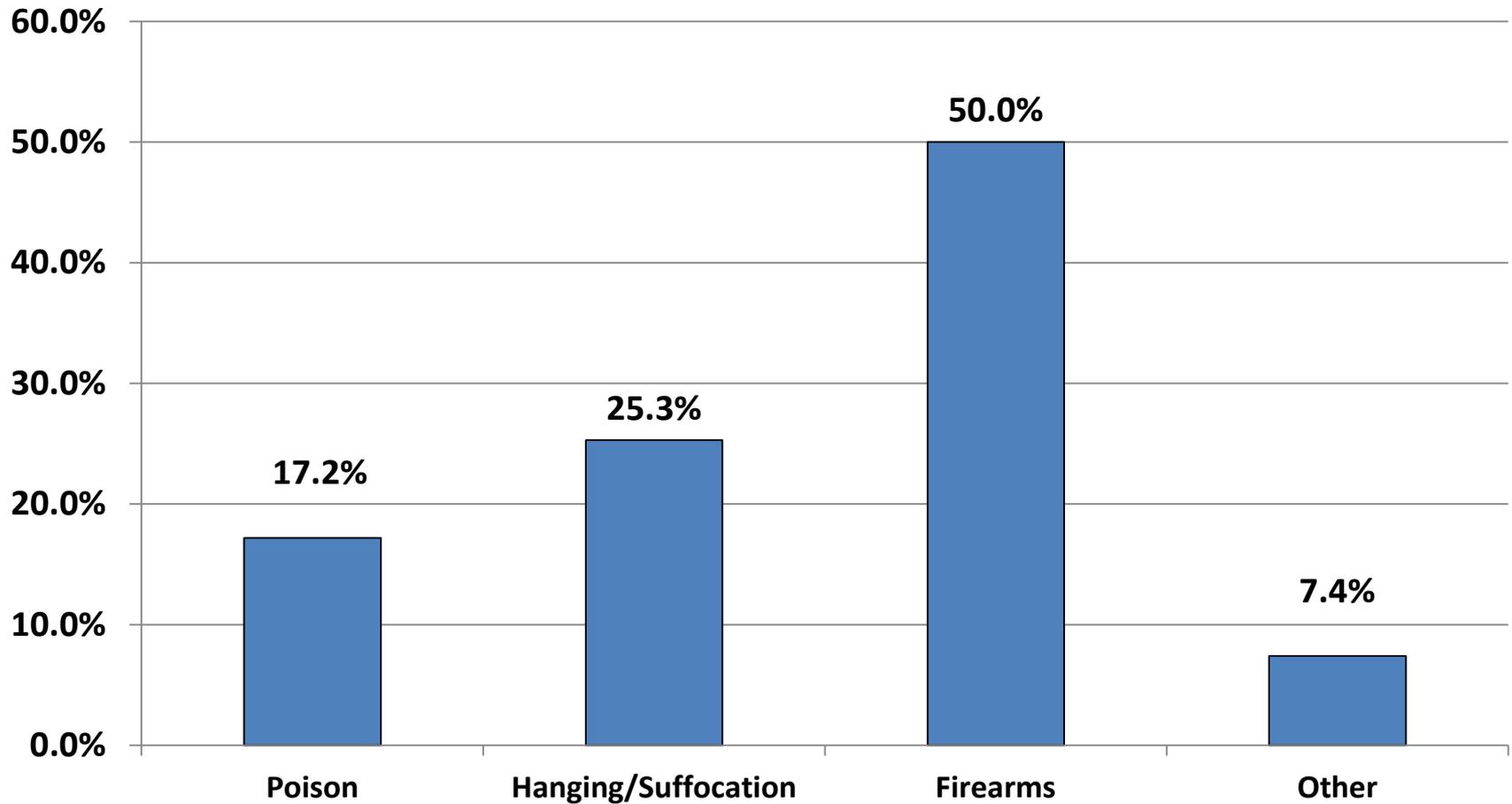
## Age Cohort







# How Did the Suicide Decedents Die?





# What Is the Link Between Insurance and Suicide Ideation/Suicide Deaths?

- Gould, Munfakh, and Lake (2012) conducted a research study about the National Suicide Prevention Lifeline.
- As part of this study, they examined how mental health care for suicidal individuals and other people in crisis could be enhanced.
- Findings indicated that one-third of the callers did not access mental health services because of financial barriers.
  - Inability to pay for services
  - No insurance coverage
  - Mental health services not covered by individual's health insurance policy.



# What Are the Treatment Patterns Among Adults with Recent Suicide Attempts in the United States?

- Han, Compton, Gfroerer, and McKeon (2014) examined data from 2,000 adults, who were 18 years or older and who participated in the 2008 to 2012 National Survey on Drug Use and Health (NSDUH).
- These individuals reported having attempted suicide in the previous 12 months prior to their survey interview. Interviewers asked if the participants they received medical attention resulting from a suicide attempt in the past 12 months.
- 56.3% reported that they received mental health treatment within the 12-months following the suicide attempt.
- 28.1% stated that after receiving treatment that they still had unmet needs.



## Where did the NSDUH Participants Receive Services During the 12-Months After Their Suicide Attempt?

Setting	% Receiving Treatment
Psychiatric Hospital	8.9%
Community Mental Health Center	17.6%
Private Therapist	16.4%
Non-clinical Doctor's Office	4.2%
Outpatient Medical Clinic	5.1%
General Hospital Psychiatric Unit	11.9%
General Hospital Medical Unit	5.3%
Emergency Room	67.1%



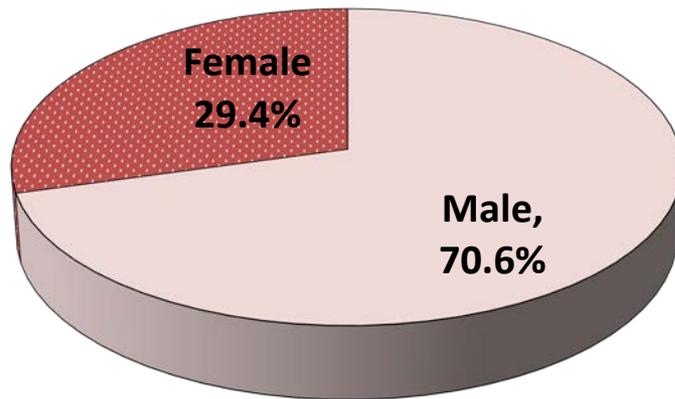
# How Many Suicide Decedents Received Public Behavioral Health Services?

---

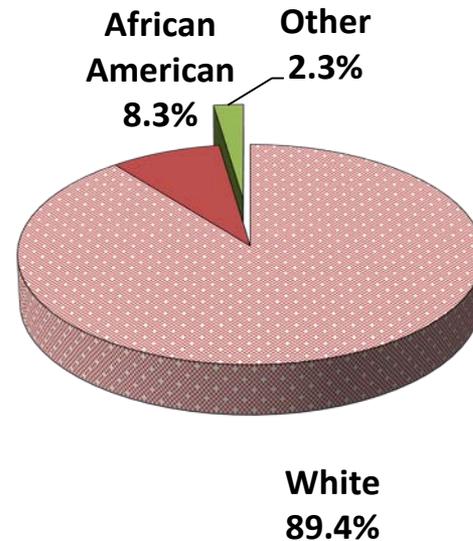
- **Between 2007 and 2011, 1,394 Ohioans who received treatment in the public behavioral health system died by suicide.**
- **In other words, between 2007 and 2011, approximately 20.4% of all suicide decedents received a public behavioral health service.**

# Of Those Receiving Public BH Services, Who Died By Suicide?

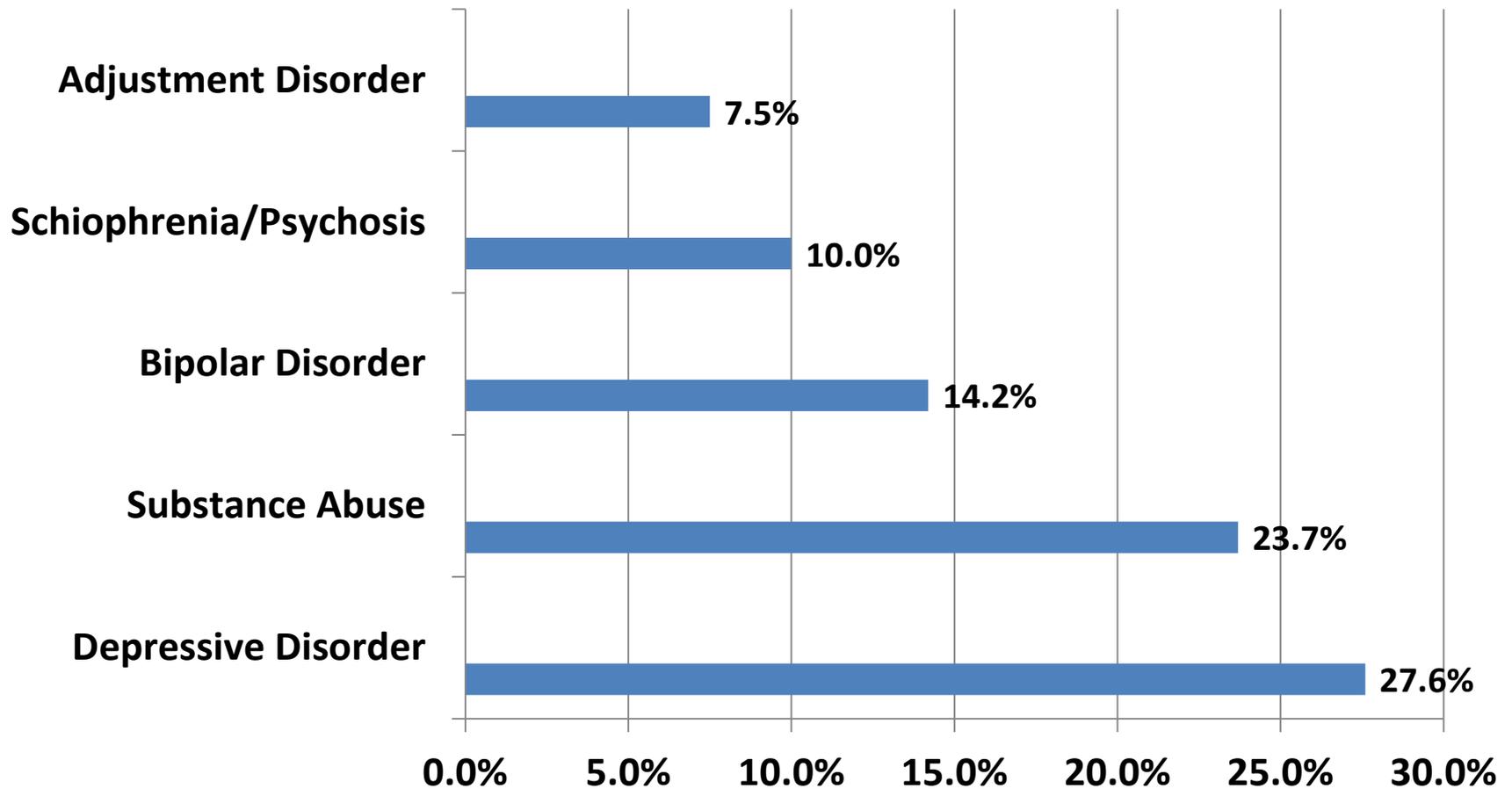
## By Gender



## By Race?

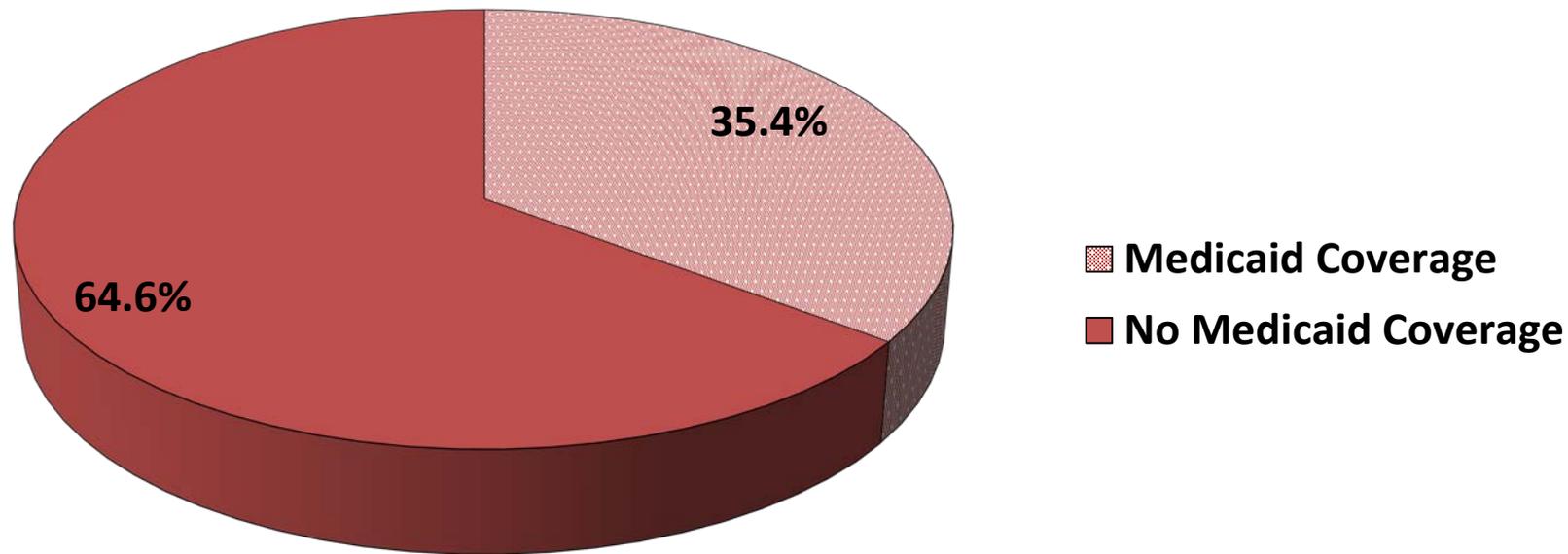


# What Was the Decedent's Primary Diagnosis? (Top Five Diagnoses)



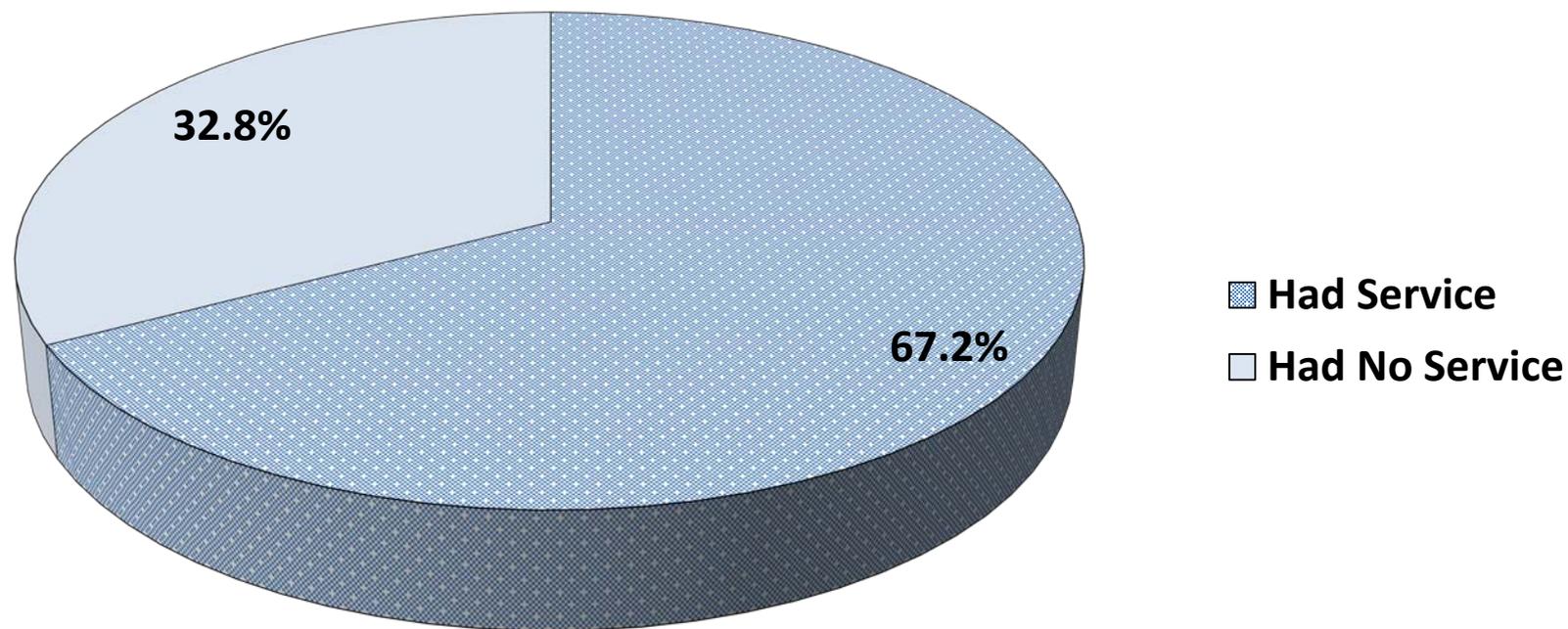


# Of Those in the Public Behavioral Health System, Who Had Medicaid Coverage?





# Of Those in the Public Behavioral Health System, How Many Decedents Had at Least One Public Behavioral Health Service Within 12 Months Prior to Death?



## Of Those Receiving Public BH Services, Who Died By Suicide?

- As stated earlier, between CY 2007 and 2011, 1,394 suicide decedents accessed public behavioral health services.
- 28.8% of this decedent group accessed at least one public behavioral services within 30 days prior to their deaths.

Type of BH Service*	% Accessing Service
Case Management	44.5%
MH Pharmacy Management	41.5%
Counseling	39.6%
Diagnosis/Assessment	19.4%
Crisis Intervention	18.9%
Other Substance Abuse	4.2%
Other Mental Health	2.5%

\*Duplicative; individual could access more than one service