Reducing Suicide in Ohio
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In 2015, which state had the lowest suicide rate in the United States?

A. Hawaii  
B. Ohio  
C. Wyoming  
D. New York
In 2015, which of these had the lowest suicide rate in the United States?

A. Hawaii (14.4/100,000)
B. Ohio (14.2/100,000)
C. Wyoming (27.2/100,000)
D. New York (8.4/100,000)

Correct Answer: D. New York

Source: American Association of Suicidology
Comparable Suicide Rates (2015)

- US: 13.26/100,000
- Ohio: 13.89/100,000
- Wyoming: 28.24/100,000
- New York: 7.81/100,000
How many Ohioans died by suicide?

2011 to 2015

- CY 2011: 1,465
- CY 2012: 1,542
- CY 2013: 1,526
- CY 2014: 1,491
- CY 2015: 1,650
Ohio Suicide Deaths 2012-2016

Ohio Suicide Deaths

Female  Male  Total


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Figure 9. Suicide Rates by County, Ohio, 2010-2012

Rate per 100,000 persons

- Not Applicable
- Less than 11.3
- 11.3 - 12.6
- 12.7 - 15.5
- 15.6 - 25.5

Counties and their respective suicide rates are color-coded according to the aforementioned categories.
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
Answer to question 2

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

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

Source: American Foundation for Suicide Prevention
Suicide deaths in Ohio by gender and by race (2011-2015)

**Gender**

- **Males**: 78.6%
- **Females**: 21.4%

**Race**

- **White**: 91.7%
- **Black**: 6.3%
- **Other**: 1.7%
Means of suicide

Poison: 17.2%
Hanging/Suffocation: 25.3%
Firearms: 50.0%
Other: 7.4%
Suicide deaths in Ohio by education and by marital status (ages 25 or older)

### Education
- High School and Less: 36.6%
- All Others: 63.4%

### Marital Status
- Married: 60.6%
- Not Married: 39.4%
Ohio’s initiative to reduce suicides

- Since 2015, the Ohio budget has allocated funding earmarked to reduce suicide.
- Focuses on suicide prevention as major public health issue, implementing strategies demonstrated to decrease suicide.
- Focus on proven interventions in high risk groups as area for maximum impact.
Outcomes with suicide reduction

- 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 14.2/100,000 = 1650 deaths annually
  - Reduction to 13.2/100,000 = 165 lives saved/year (1650 over 10 years)
  - Reduction to 12.2/100,000 = 330 lives saved/year (3300 over 10 years)
  - Reduction to New York rate of 8.4/100,000 = 976 lives saved/year (9760 over 10 years)
Impact of suicide

• Each death due to suicide affects countless other individuals:
  – Families
  – Friends
  – Neighbors
  – Classmates
  – Co-workers
  – Communities
The journey of the suicidal person

Preceding events:
- Unemployment
- Homelessness
- Loss of parent
- Suicide of parent
- Trauma

Contributing factors:
- Mental Illness and/or substance use disorder
- Social isolation
- Impulsivity
- Availability of lethal means
- Hopelessness
- Imitation

Suicidal thoughts:

Suicidal act:

Non-lethal act:

Death due to suicide:
Substance Use, Suicide and Trauma
Alcohol and suicide
Ohio Department of Health

Blood Alcohol

<table>
<thead>
<tr>
<th>Blood Alcohol</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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<tbody>
<tr>
<td>Less than 0.080</td>
<td>32</td>
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<td>32</td>
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<td>0.080-0.160</td>
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<td>25</td>
<td>27</td>
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<td>0.160-0.240</td>
<td>29</td>
<td>26</td>
<td>28</td>
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<tr>
<td>0.240-0.320</td>
<td>11</td>
<td>19</td>
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</table>

Percentage,
ACE categories

Abuse
- Emotional
- Physical
- Sexual

Neglect
- Emotional
- Physical

Household Dysfunction
- Mother Treated Violently
- Household Substance Abuse
- Household Mental Illness
- Parental Separation or Divorce
- Incarcerated Household Member
# Number of ACE categories

<table>
<thead>
<tr>
<th>ACE SCORE</th>
<th>WOMEN (%)</th>
<th>MEN (%)</th>
<th>TOTAL (%)</th>
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<tr>
<td>0</td>
<td>34.5</td>
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<td>24.5</td>
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<td>2</td>
<td>15.5</td>
<td>16.4</td>
<td>15.9</td>
</tr>
<tr>
<td>3</td>
<td>10.3</td>
<td>8.6</td>
<td>9.5</td>
</tr>
<tr>
<td>4 or more</td>
<td>15.2</td>
<td>9.2</td>
<td>12.5</td>
</tr>
</tbody>
</table>
Childhood experiences underlie suicide risk

% Attempting Suicide

ACE Score

0
1
2
3
4 or more

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Childhood experiences and adult alcoholism

![Bar Chart]

### ACE Score vs. % Alcoholic

- **0**: 0%
- **1**: 1%
- **2**: 2%
- **3**: 3%
- **4 or more**: 4%

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*Source: mha.ohio.gov • Connect with us:*
Childhood experiences and chronic depression

![Bar graph showing the percentage of women and men with a lifetime history of depression for different ACE scores.](image-url)
Mental health circumstances of individuals dying from suicide (ODH)
Addiction, mental illness and suicide

• Depression can be the result of intoxication or chronic use of alcohol and other sedative drugs like Valium and Xanax.

• Depression often occurs during withdrawal from stimulants like cocaine or methamphetamine.

• Addiction and mental illness often occur together in the same person (and both need treatment).

• People sometimes use alcohol or drugs to “self medicate” mental illness or in an attempt to cope with life stress.
Addiction, unemployment and suicide

There is a very strong relationship between unemployment and suicide:

- Substance use can lead to job loss
- Substance use can make it difficult to obtain employment (drug screen results)
- Unemployment can result in increase use of substance as coping strategy (not a very good one)
Relationship problems in individuals dying from suicide (ODH)
Addiction, other risk factors and suicide

SOCIAL ISOLATION

• Substance use leads to broken relationships and difficulty maintaining relationships
• Broken relationships can result in increased use of substances as a coping strategy (not a very good one)

IMPULSIVITY

• Use of substances can decrease inhibitions, and can convert thoughts into actions
Who can help?

• All people of good intention can help!
  • Peers, friends, co-workers
  • Community/organization leaders (e.g., clergy, teachers)
  • First responders (police, EMT, firefighters)
  • Primary care clinicians
  • Behavioral health clinicians
How can primary care help?

• More people who attempt suicide have seen their PCP than any other health provider in the month prior to the attempt.

• Approaches:
  – Screening for depression, substance use and suicide
  – Safety planning/means reduction
  – Referral
  – Continuity of care
How can specialty care help?

- Specialty care (like psychiatrists, psychologists, and counselors) can help by providing the most effective treatments known:
  - Thorough assessment
  - Effective medications
  - Helpful therapies
    - CAMS
    - CBT
  - Continuity of care
Inpatient suicide elimination

- Many patients are admitted to psychiatric facilities due to suicidal thoughts
- Suicides in a psychiatric hospital setting are relatively uncommon, but do occur
- It is important for facilities to develop and regularly evaluate approaches to the suicidal patient, with emphasis on evidence-based practices and data monitoring for effectiveness
Inpatient approaches to the suicidal patient

- Screening for suicide risk
- Assessment of the patient including static and dynamic risk factors
- Appropriate supervision, based on determination of risk (which is fluid)
- Treatment planning, based on screening and assessment
  - Psychotherapy
  - Biological Treatments
  - Safety planning during and after hospitalization
- Discharge planning and clinical handoff
- Environmental surveys and improvements
Screening for risk (Boudreaux and Horowitz, 2014)

Principles:

• Suicide risk exists along a timeline: imminent, near-term, and long-term

• Individuals in different groups and settings may require different approaches

• Screening and assessment are different

• Approaches for screening and assessment need to balance effectiveness and feasibility
Figure 1. PRISM model template for screening, assessment, and intervention
PRISM: Practical, Robust Implementation and Sustainability Model
Assessment of the suicidal patient

• History, physical and thorough general psychiatric assessment

• Evaluation of risk factors
  – Dynamic
  – Static

• Evaluation of protective factors
Assessment of the suicidal patient (CDC)

Risk Factors
• Family history of suicide
• Family history of child maltreatment
• Previous suicide attempt(s)
• History of mental disorders, particularly clinical depression
• History of alcohol and substance abuse
• Feelings of hopelessness
• Impulsive or aggressive tendencies
• Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma)
Assessment of the suicidal patient (CDC)

Risk Factors (continued)

• Local epidemics of suicide
• Isolation, a feeling of being cut off from other people
• Barriers to accessing mental health treatment
• Loss (relational, social, work, or financial)
• Physical illness, Pain (especially chronic)
• Easy access to lethal methods
• Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts
Assessment of the suicidal patient (CDC)

Protective factors:

• Effective clinical care for mental, physical, and substance abuse disorders
• Easy access to a variety of clinical interventions and support for help seeking
• Family and community support (connectedness)
• Support from ongoing medical and mental health care relationships
• Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
• Cultural and religious beliefs that discourage suicide and support instincts for self-preservation
Supervision of the suicidal patient

- Determined based upon screening and assessment:
  - “routine” supervision
  - Staggered checks at *irregular* intervals
  - One-to-one
  - Others?

- Important to recognize that suicide risk and intent is dynamic, and improvement/resolution is not always linear

- An event or information could increase or decrease risk, and staff should be attentive to this, especially “bad news”
Treatment of the suicidal patient

- Patients should receive treatment(s) that address their psychiatric disorder and suicidal ideation
  - Psychotherapy
    - CBT, DBT, CAMS, etc.
  - Biological treatments
    - Unique effects of clozapine and lithium in select patients
    - Role of Ketamine and ECT?
  - Safety Planning
    - Identifying high-risk situations and avoidance strategies
    - Menu of coping strategies in the event of negative moods, thoughts and behaviors
    - Lethal means reduction
    - Emergency contact information
Discharge planning

A critical component in care of the suicidal patient
- Risk of suicide is highest in the first week following hospital discharge, with 39% occurring within the first 4 weeks following release
- One fourth of all societal suicides occur within three months of a hospital discharge (Olfson, 2014)

Warm hand-off to next provider ASAP after discharge

Contact with patient during the first week
- Phone
- Text message
- Letter/card

Contact at regular intervals in the first 6-12 months.
Reducing environmental risks

• Environmental risk reduction is an important component of suicide prevention
  – Ligature points (more than you would think of)
  – Sharps
  – Overdose
  – Firearms
  – Jumping from high place
• Good idea to regularly use an environmental assessment tool
  – VA: MHEOCC
TABLE 1. Rate of suicide on Department of Veterans Affairs inpatient mental health units before and after implementation of the Mental Health Environment of Care Checklist

<table>
<thead>
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<th>Period and year</th>
<th>Per 100,000 mental health admissions</th>
<th>Per 1,000,000 mental health bed-days of care</th>
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<tr>
<td>2015</td>
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</table>
Ohio Efforts in Suicide Prevention

Partners:

- Ohio Suicide Prevention Foundation (OSPF)
- Ohio National Guard and Department of Veterans’ Affairs
- Ohio Department of Health
- County ADAMHS Boards and Community BH Providers
- Campus Safety Initiative of NEOMED, along with Colleges and Universities
- Suicide Prevention Resource Center
- National Suicide Prevention Lifeline
- Many more.............
Ohio Efforts in Suicide Prevention

Workforce Development:

• Zero Suicide Academies (ZSAs) held throughout Ohio
• Communities of Practice for organizations that participated in ZSAs
• Mental Health First Aid
• Assessment and Managing Suicide Risk (AMSR) trainings and “train the trainer”
• CAMS (Collaborative Assessment and Management of Suicidality) trainings
• Cognitive Behavioral Therapy (CBT) suicidality pilot
• Dialectical Behavior Therapy (DBT) trainings/education
• Crisis and BH hotline curriculum development
Ohio Efforts in Suicide Prevention

Prevention and Postvention:
• HB 28 project (for institutions of higher education)
• *Be Present*: public health “youth-to-youth” social media campaign focusing on protective factors to prevent suicide
• LOSS team and local coalition development
• Media guidelines
• Suicide prevention toolkits for primary care
• Crisis text line availability throughout Ohio
Theodore Decker: Dad’s advice after daughter’s suicide inspires many

By Theodore Decker View original article on The Columbus Dispatch  Ed Shoener calls it a blackness, a lasting despair that would settle over his daughter like a shroud. “It was just overwhelming,” he said. “She couldn’t read three words; this was a person who loved books.” Kathleen “Katie” Shoener, 29, had fought bipolar disorder [...]

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Text 4hope to 741741

We’re there anytime, day or night, to help with whatever is hurting you.
Ohio Efforts in Suicide Prevention

Research:

• Executive summary of Ohio’s Suicide prevention strengths and gaps
• Research on role of lithium in suicide prevention across diagnostic categories
• Continuous data surveillance to identify patterns and trends to better target individuals, groups and geographic areas at highest risk
How can I help?

• Be caring and be yourself
• Never be afraid to ask
• Know local crisis resources
• Get formal training like Mental Health First Aid
• Even without formal training, you can help
You can’t fix your mental health with duct tape.

mantherapy.org

Therapy. The way a man would do it.
Know the facts......

True or False:

- People who talk about suicide won't really do it.  
  - FALSE
- Anyone who tries to kill him/herself must be crazy.  
  - FALSE
- If a person is determined to kill him/herself, nothing is going to stop them.  
  - FALSE
- People who die by suicide are people who were unwilling to seek help.  
  - FALSE
- Talking about suicide may give someone the idea.  
  - FALSE
Know the warning signs

- Talking about suicide
- Seeking out lethal means
- Preoccupation with death
- No hope for the future
- Self-loathing, self-hatred
- Getting affairs in order
- Saying goodbye
- Withdrawing from others
- Self-destructive behavior (including substance use)
- Sudden sense of calm
Know things that increase risk

• End of a relationship or marriage
• Death of a loved one
• An arrest
• Serious financial problems
• Escalating use of substances
Things to do and say

• Speak up if you are worried
  – Be yourself
  – Listen
  – Be sympathetic and non-judgmental
  – Offer hope
  – Take the person seriously

• Things to say:
  – “I’ve been worried about you”
  – “I’m here for you”
  – “It might not seem like it now, but things can get better”
  – “What can I do to help?”
Things NOT to do and say

• Don’t argue with the suicidal person.
• Don’t act shocked.
• Don’t promise confidentiality.
• Don’t tell them how to fix their problems.
• Don’t blame yourself.
Act quickly in a crisis

• Do you have a suicide plan? (PLAN)
• Do you have what you need to carry out your plan (pills, gun, etc.)? (MEANS)
• Do you know when you would do it? (TIME SET)
• Do you intend to take your own life? (INTENTION)
Specific actions to take

• Get professional help.
• Follow-up on treatment.
• Be proactive.
• Encourage positive lifestyle changes.
• Make a safety plan.
• Remove potential means of suicide.
• Continue your support over the long haul.
Ohio Efforts in Suicide Prevention

We have just gotten started. With a sustained commitment, we can become a “zero suicide” state.
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