



*Promoting wellness and recovery*

John R. Kasich, *Governor*  
Tracy J. Plouck, *Director*

# **Reducing Suicide in Ohio**

## **October 20, 2017**

**Mark Hurst, M.D., Medical Director**

# Question

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

- A. Hawaii
- B. Ohio
- C. Wyoming
- D. New York



# Ohio's initiative to reduce suicides

In 2015, which of these had the lowest suicide rate in the United States?

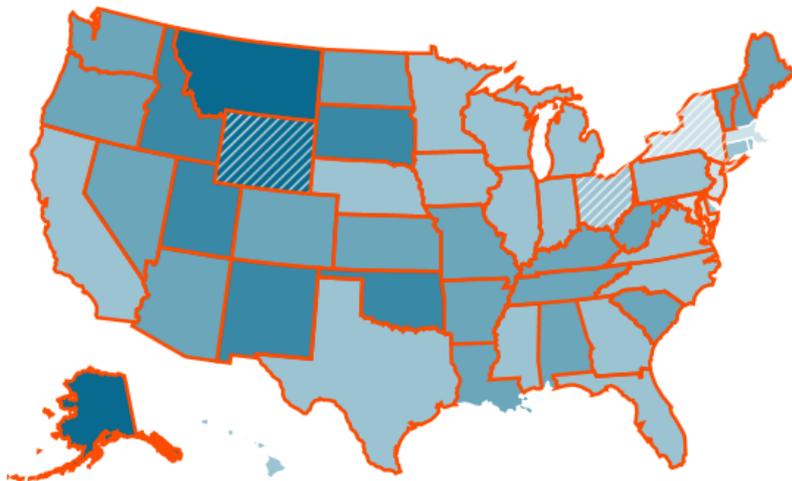
- A. Hawaii (14.4/100,000)
- B. Ohio (14.2/100,000)
- C. Wyoming (27.2/100,000)
- D. New York (8.4/100,000)

Correct Answer: D. New York



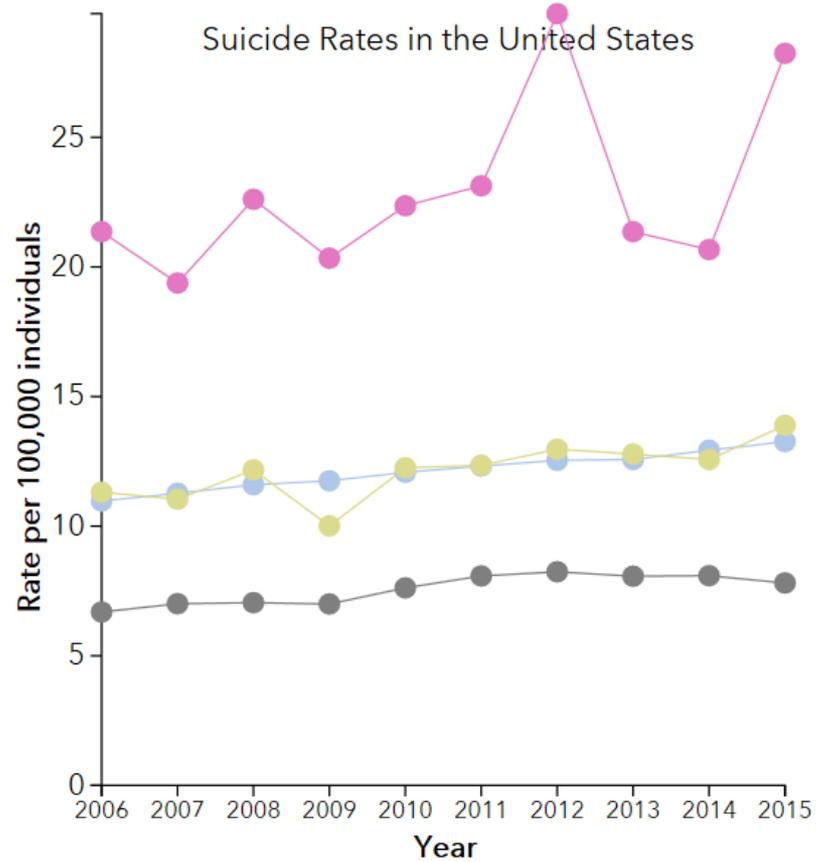
Source: American Association of Suicidology





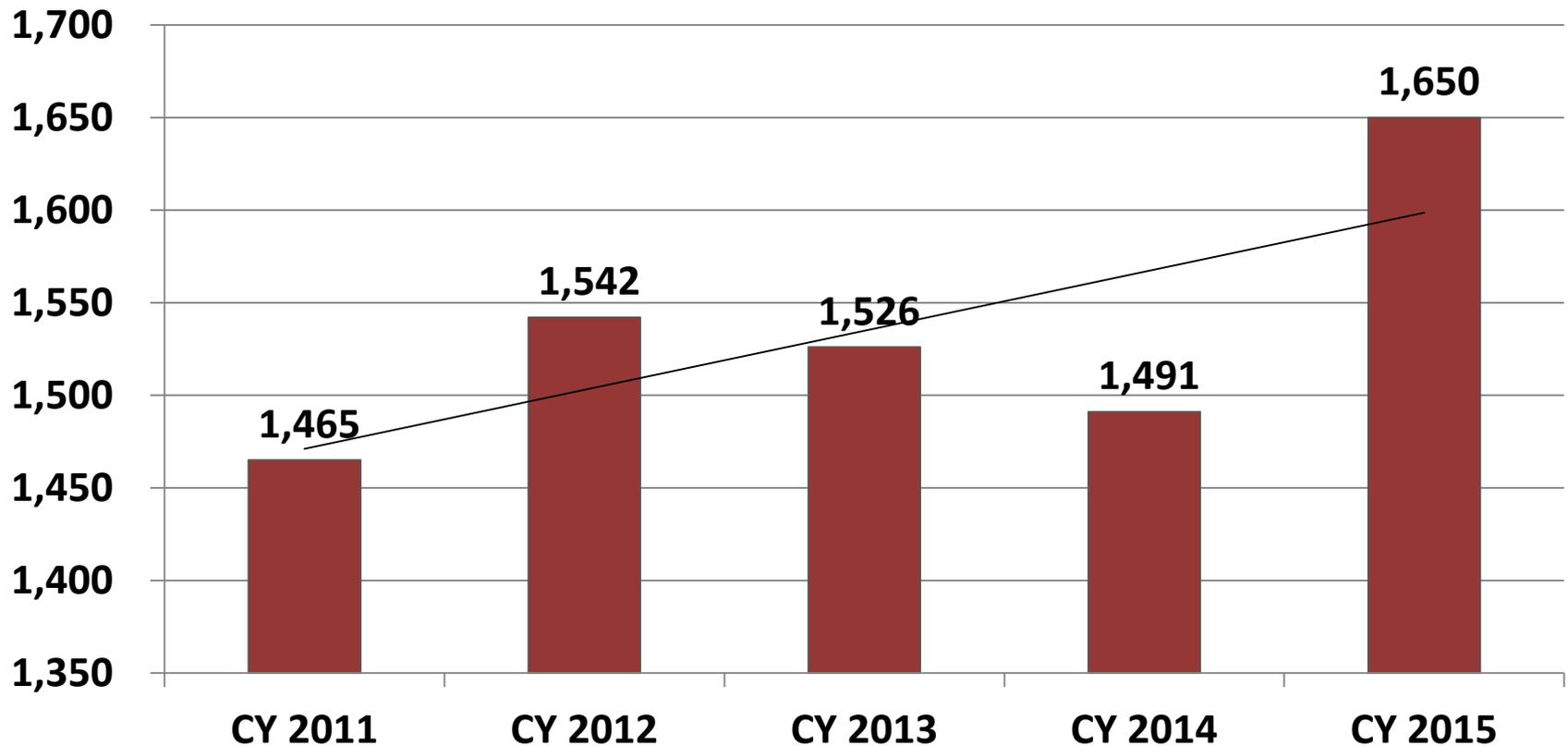
Comparable Suicide Rates (2015)

US	13.26/100,000
Ohio	13.89/100,000
Wyoming	28.24/100,000
New York	7.81/100,000



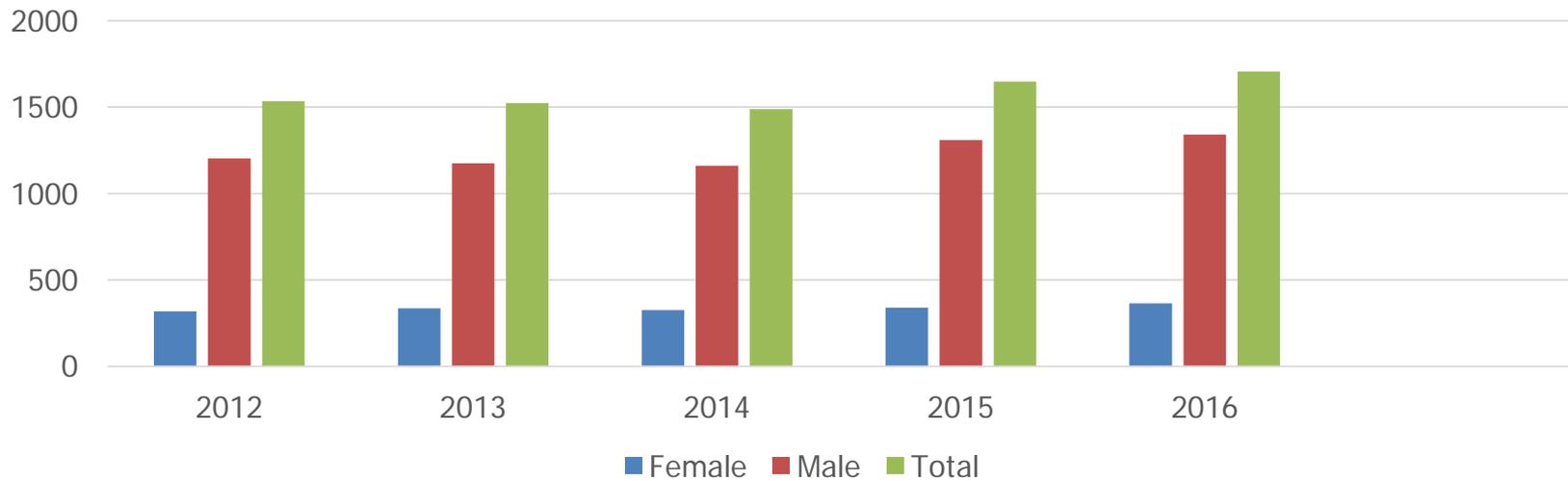
# How many Ohioans died by suicide?

2011 to 2015



# Ohio Suicide Deaths 2012-2016

Ohio Suicide Deaths





## Question 2

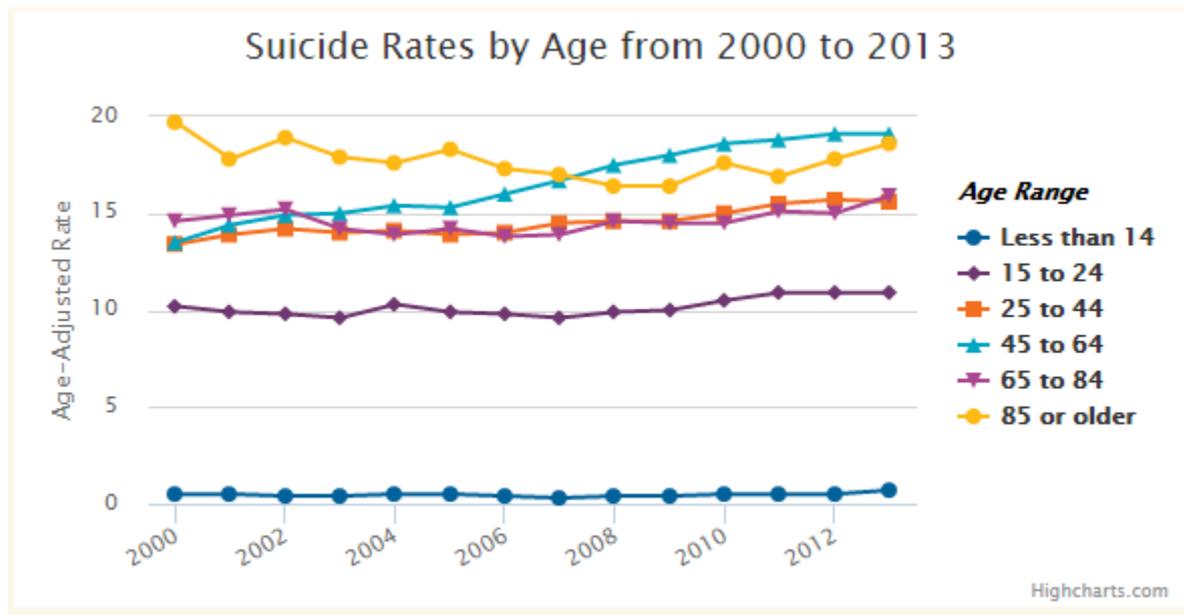
In the United States, which age group has the highest rate of suicide?

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?

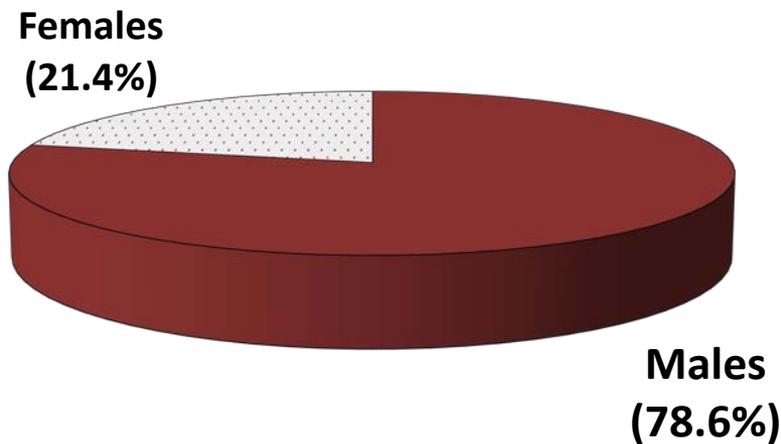


Correct Answer: 45-64 year olds, followed by those > age 85

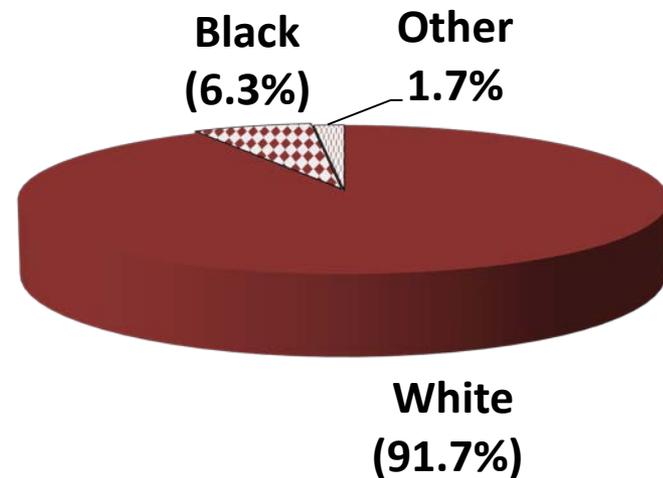
Source: American Foundation for Suicide Prevention

# Suicide deaths in Ohio by gender and by race (2011-2015)

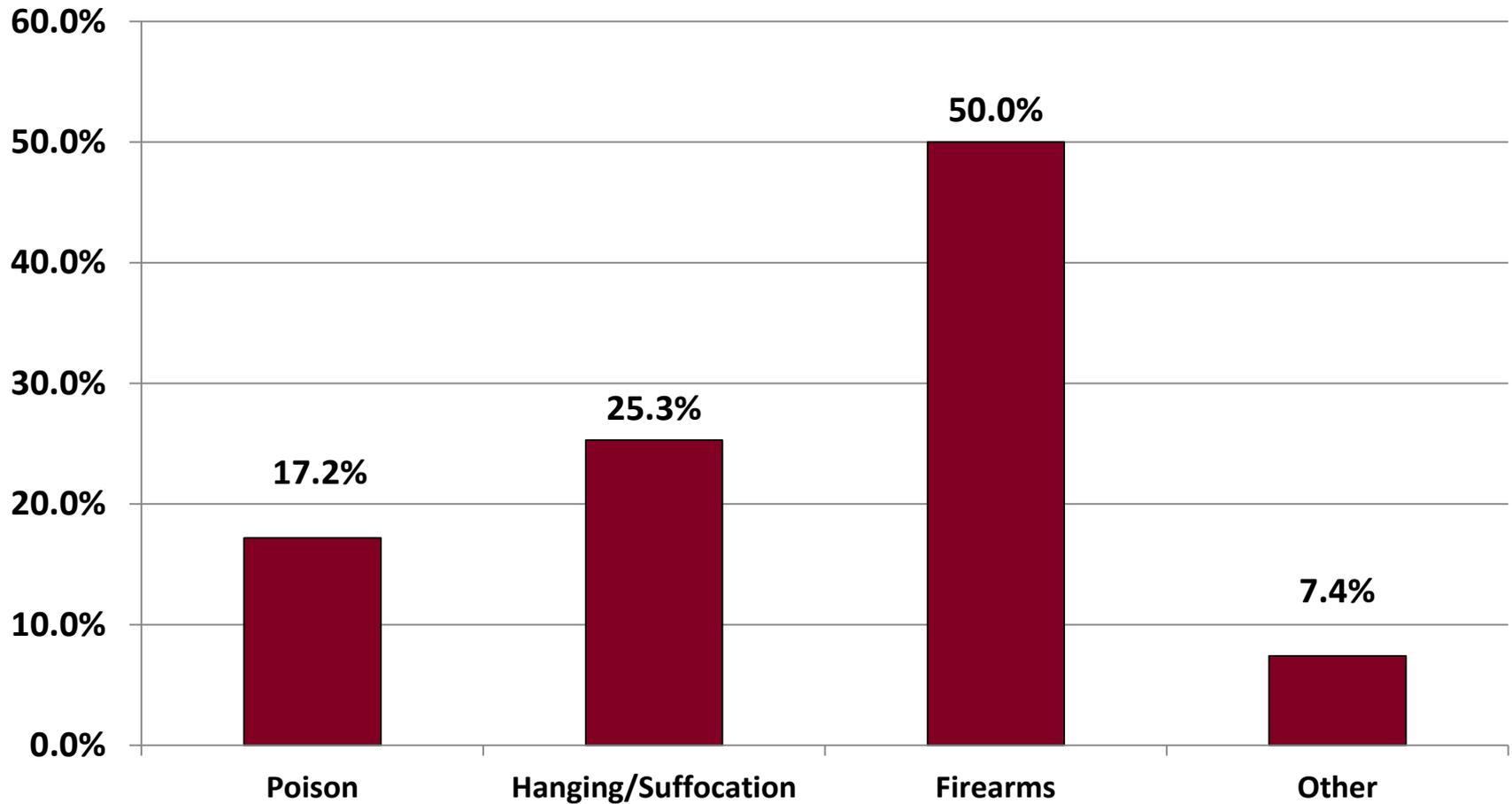
Gender



Race

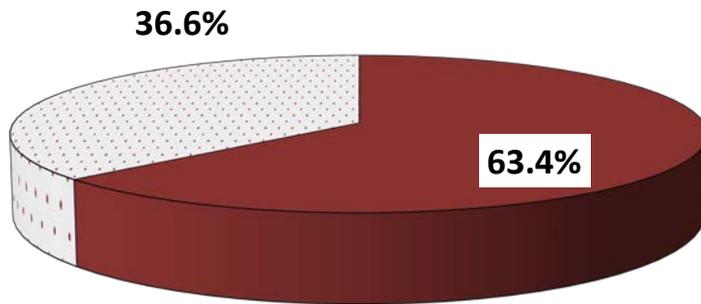


# Means of suicide

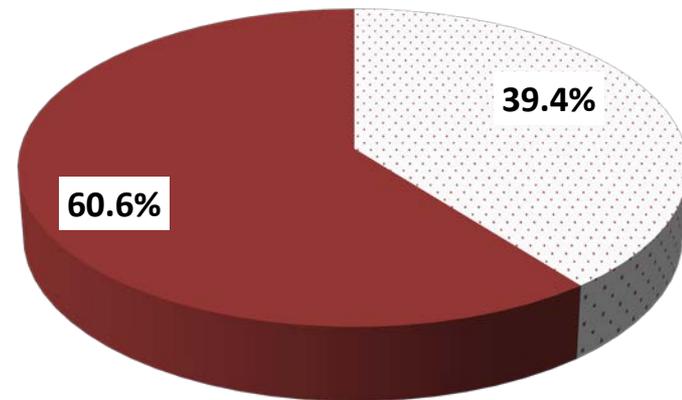


# Suicide deaths in Ohio by education and by marital status (ages 25 or older)

Education



Marital Status



■ High School and Less    □ All Others

□ Married    ■ Not Married

# 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)

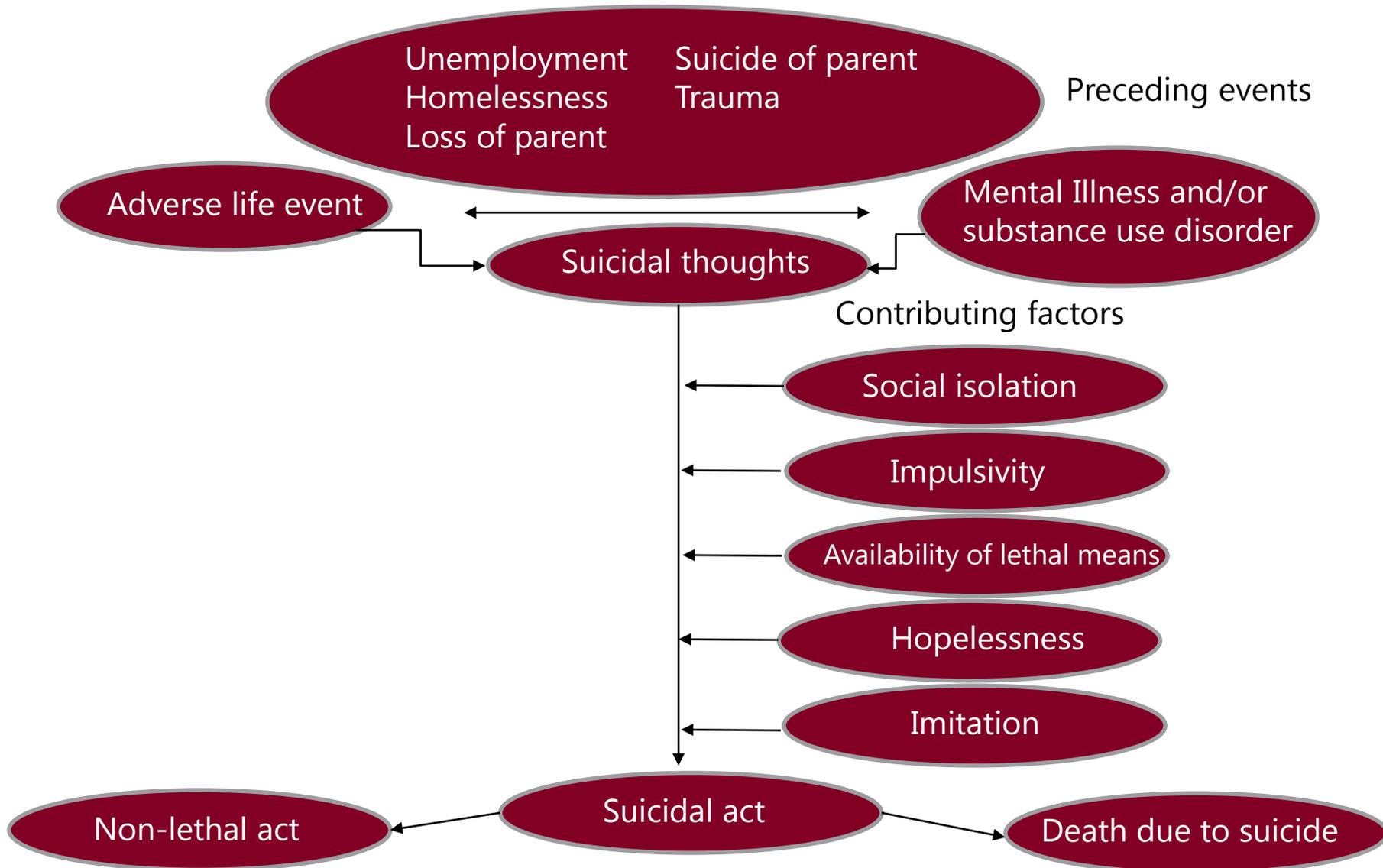


# Impact of suicide

- Each death due to suicide affects countless other individuals:
  - Families
  - Friends
  - Neighbors
  - Classmates
  - Co-workers
  - Communities



# The journey of the suicidal person

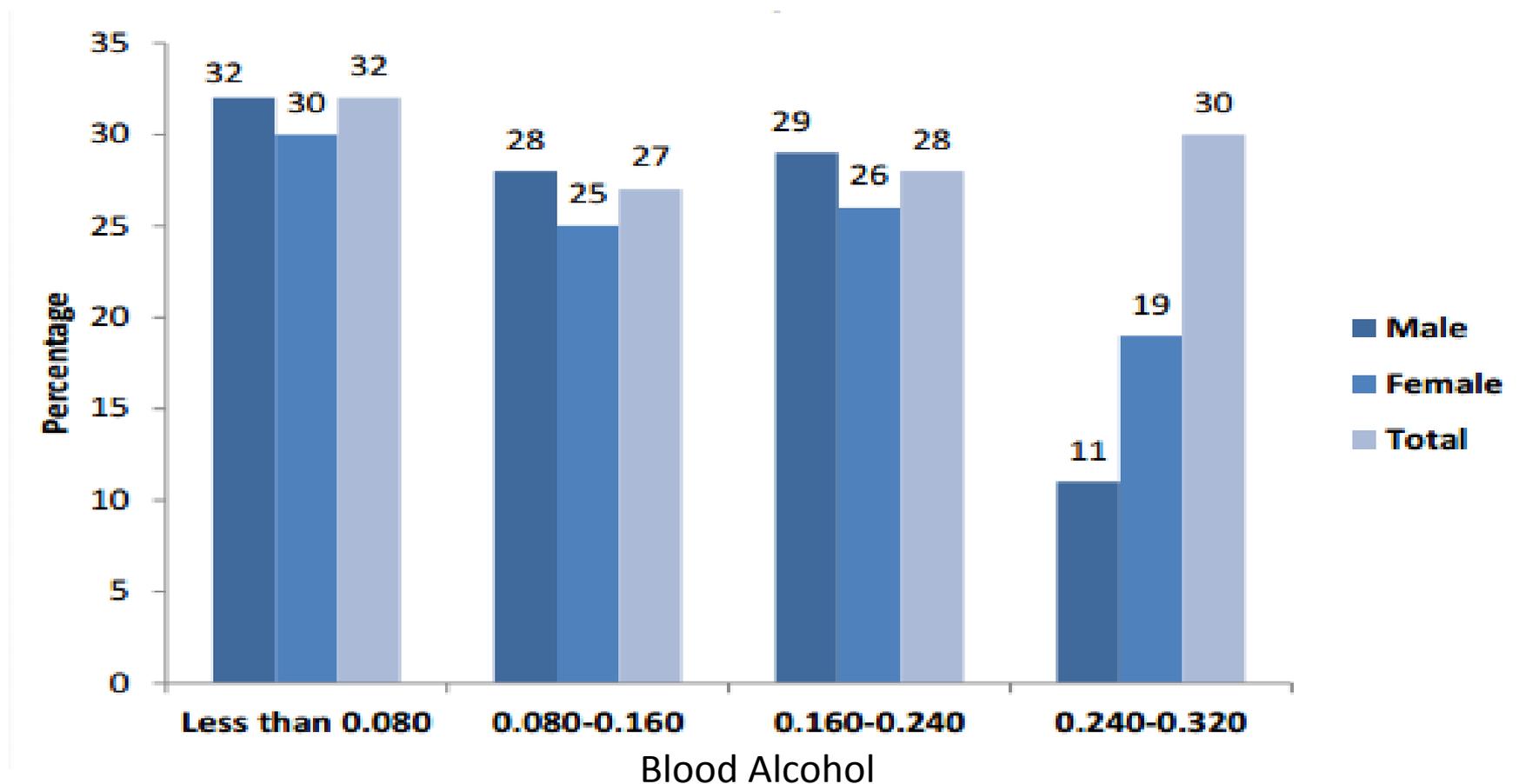


# Substance Use, Suicide and Trauma



# Alcohol and suicide

Ohio Department of Health



# ACE categories

## Abuse

- Emotional
- Physical
- Sexual

## Neglect

- Emotional
- Physical

## Household Dysfunction

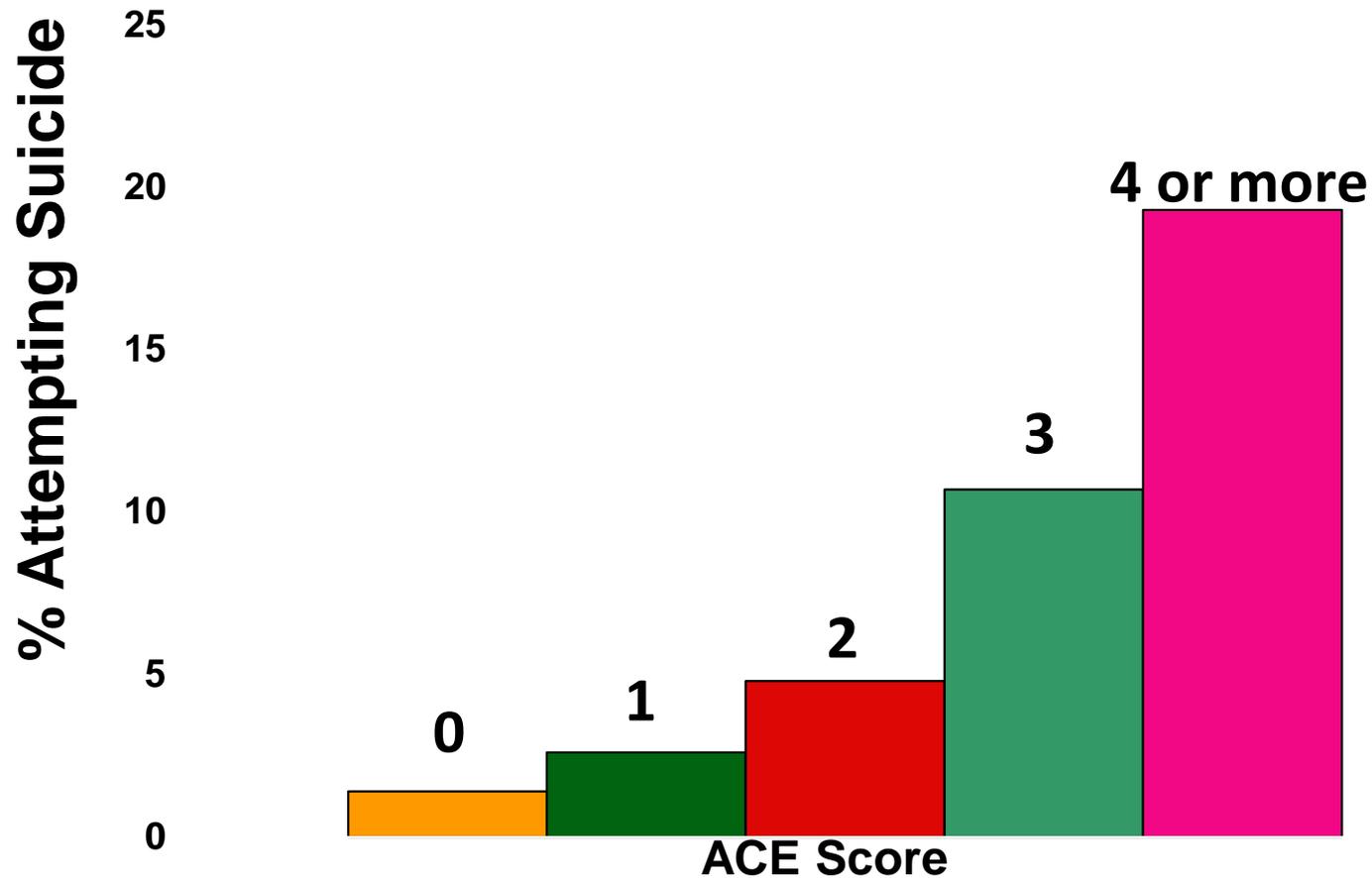
- Mother Treated Violently
- Household Substance Abuse
- Household Mental Illness
- Parental Separation or Divorce
- Incarcerated Household Member



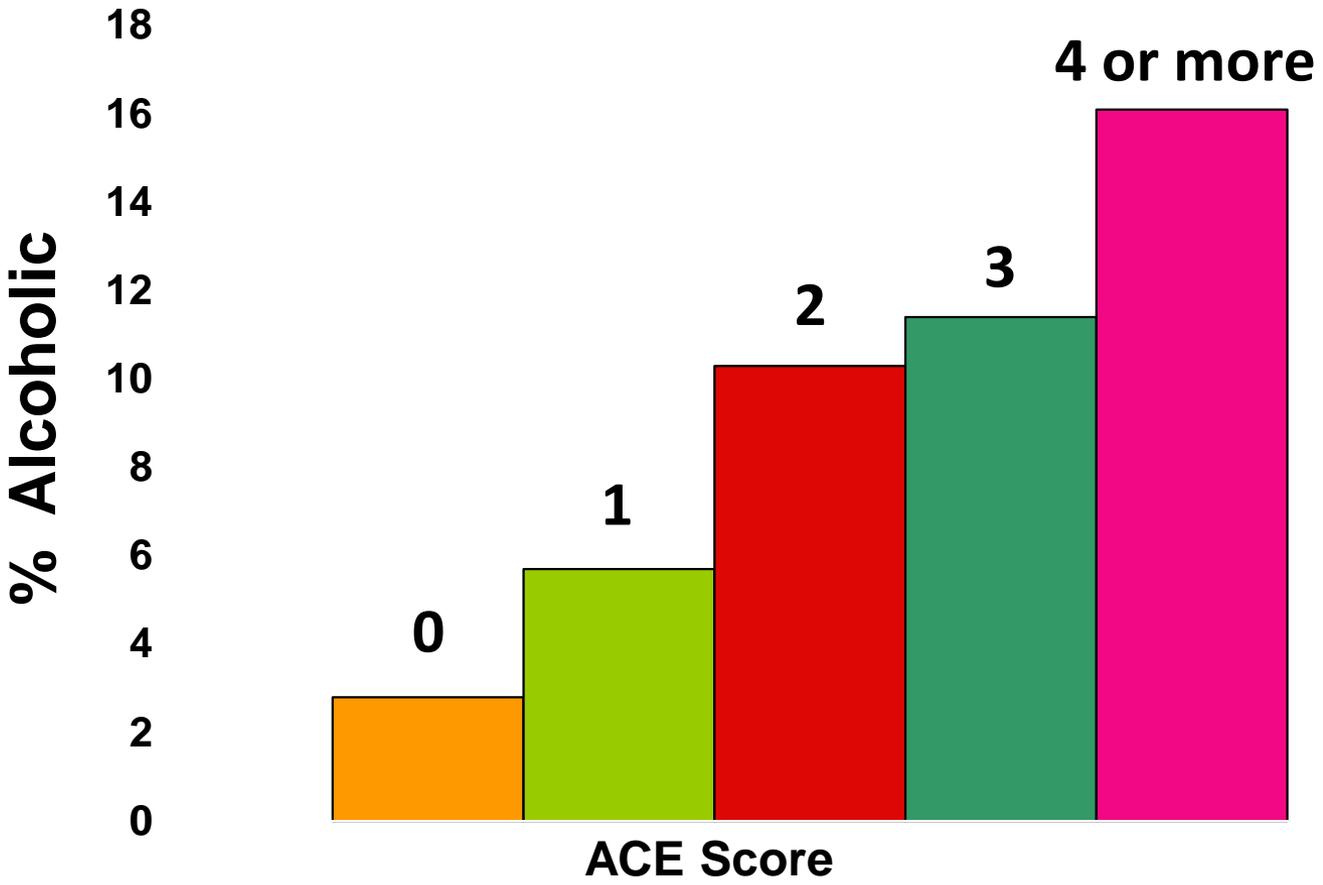
# Number of ACE categories

<b>ACE SCORE</b>	<b>WOMEN (%)</b>	<b>MEN (%)</b>	<b>TOTAL (%)</b>
<b>0</b>	<b>34.5</b>	<b>38.0</b>	<b>36.1</b>
<b>1</b>	<b>24.5</b>	<b>27.9</b>	<b>26.0</b>
<b>2</b>	<b>15.5</b>	<b>16.4</b>	<b>15.9</b>
<b>3</b>	<b>10.3</b>	<b>8.6</b>	<b>9.5</b>
<b>4 or more</b>	<b>15.2</b>	<b>9.2</b>	<b>12.5</b>

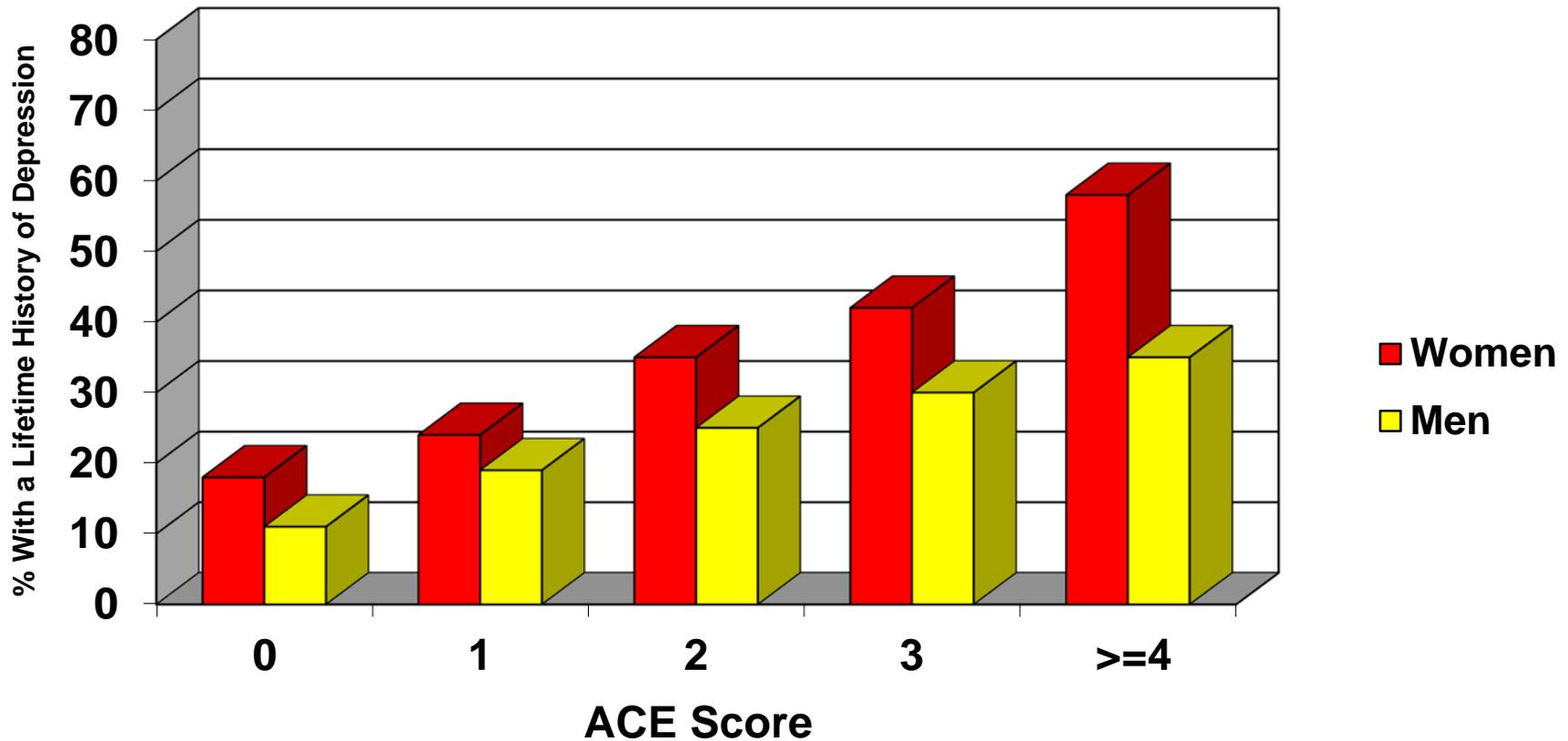
# Childhood experiences underlie suicide risk



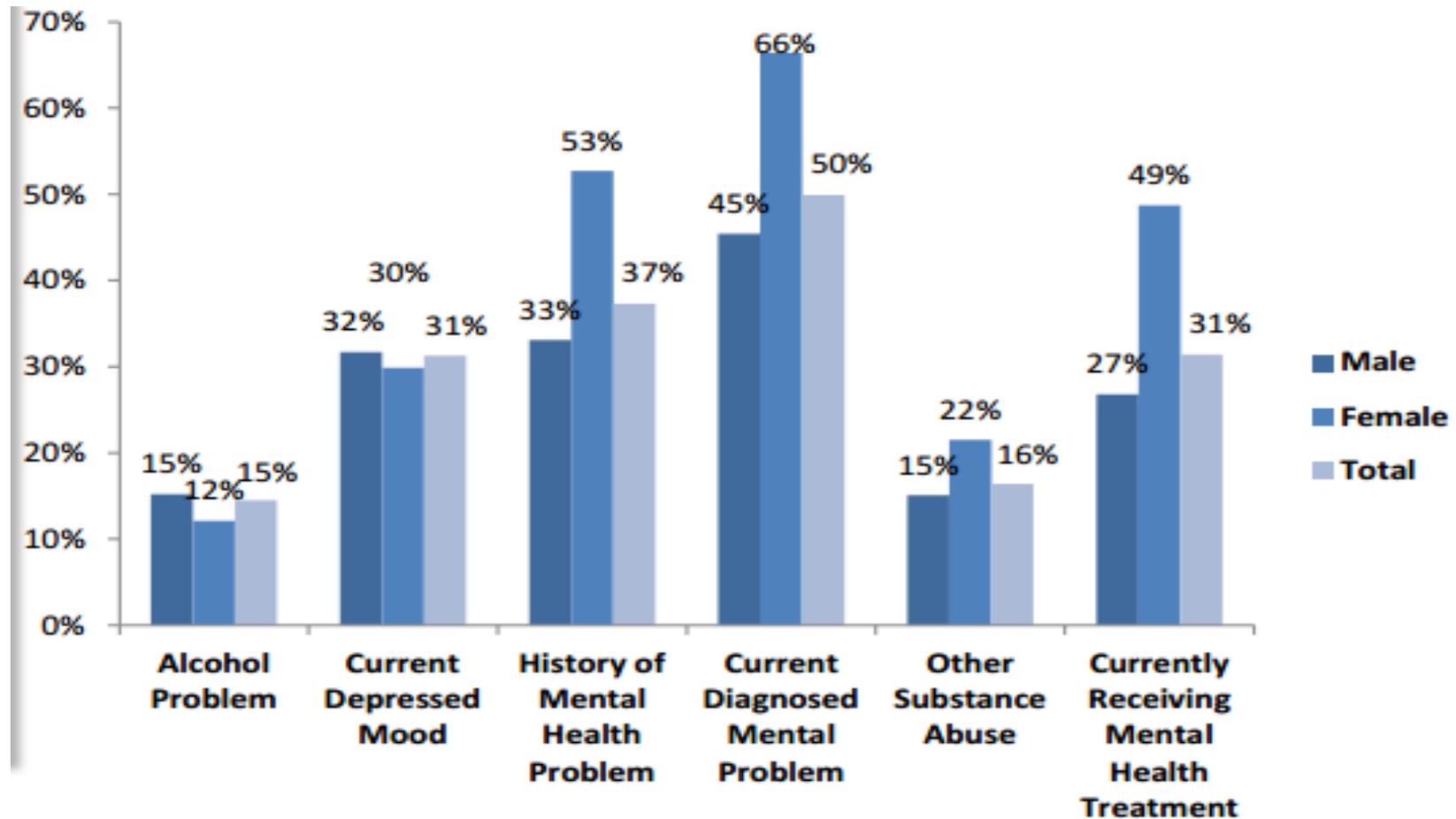
# Childhood experiences and adult alcoholism



# Childhood experiences and chronic depression



# 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.

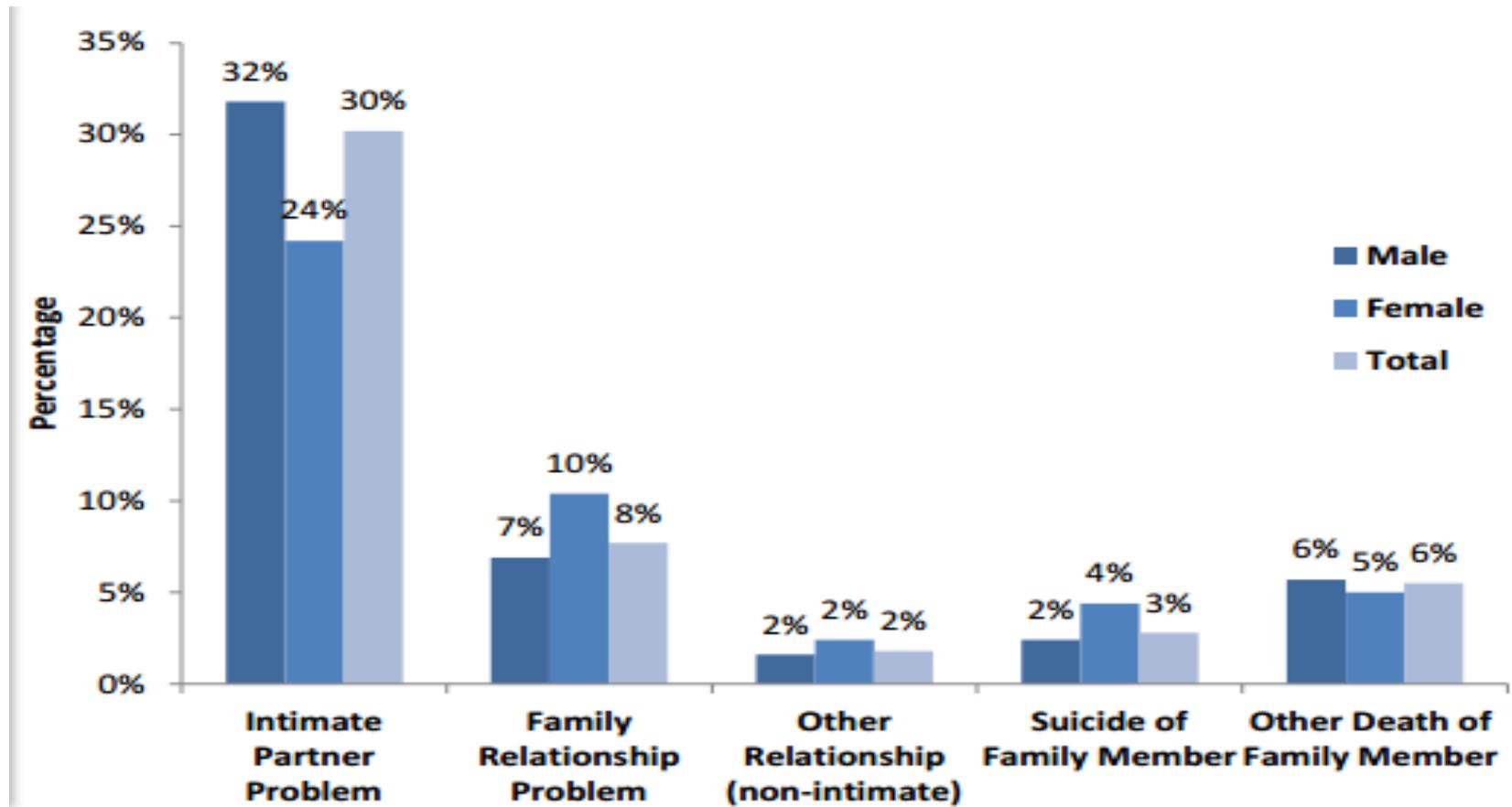


# Addiction, unemployment and suicide

- 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



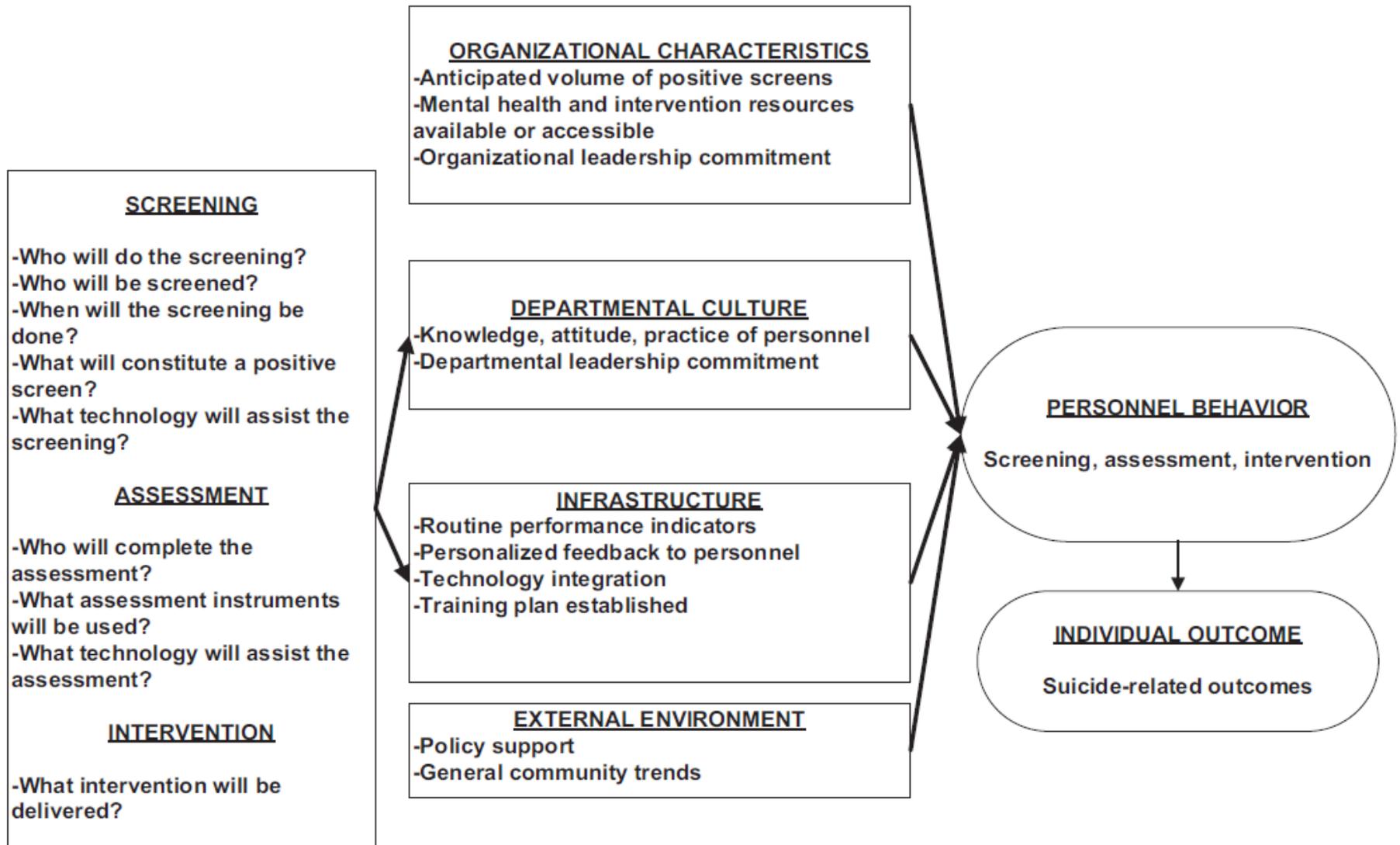


Figure 1. PRISM model template for screening, assessment, and intervention

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**

Period and year	Per 100,000 mental health admissions	Per 1,000,000 mental health bed-days of care
Preimplementation		
2001	5.0	2.5
2002	6.1	3.6
2003	5.0	3.3
2004	3.6	2.4
2005	3.6	2.5
2006	3.7	2.7
2007	2.4	1.8
Implementation		
2008	3.6	2.7
2009	0	0
2010	1.2	.93
Continuation		
2011	0	0
2012	1.1	1.0
2013	0	0
2014	0	0
2015	0	0

Watts, 2017



# 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

# Postvention activities: Media Guidelines

## 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 [...]



NATIONAL

SUICIDE

PREVENTION

LIFELINE

1-800-273-TALK (8255)

[suicidepreventionlifeline.org](https://suicidepreventionlifeline.org)

A close-up photograph of a person's hands holding a gold smartphone. The person has teal-colored nail polish and is wearing a blue button-down shirt and a grey sweater. A red rounded rectangle is overlaid in the upper right corner of the image.

**CRISIS TEXT LINE |**

**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.*

[mha.ohio.gov](http://mha.ohio.gov) • Connect with us:



# Contact Information

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