

# Suicide Prevention: A Public Health Approach

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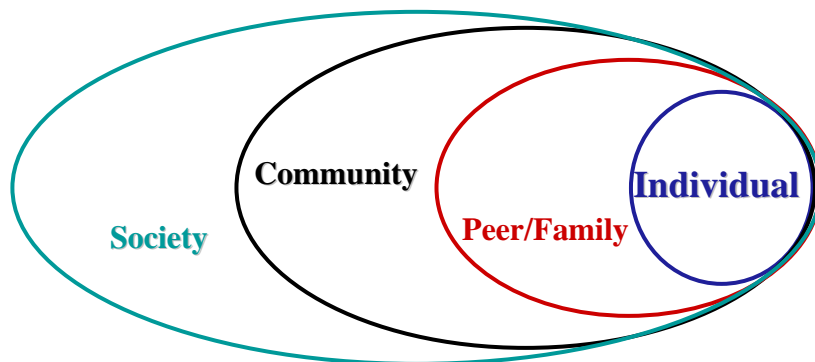
**“Problems are complex  
and go beyond the  
capacity, resources, or  
jurisdiction for any single  
person, program,  
organization, or sector to  
change or control.”**

Lasker R., Weiss E., Broadening Participation in Community Problem Solving: A Multidisciplinary Model to Support Collaborative Practice and Research. Journal of Urban Health: Bulletin of the New York Academy of Medicine. Vol 80, No 1. March 2003. p.5.

## Suicide and Mental Illness

- 90% have diagnosable mental or substance abuse disorders or both
- 60% have unipolar depression
  - + Aggressiveness, anxiety, agitation
- Other associated mental health problems:
  - Schizophrenia
  - Bipolar disorder
  - Personality disorders, e.g., borderline
  - Anxiety disorders

## Ecological Model



## Individual Factors

### Risk

- Age/Sex
- Mental illness
- Substance abuse
- Loss
- Previous suicide attempt
- Personality traits or disorders
- Incarceration
- Access to means (e.g., firearms)
- Failure/academic problems
- Unemployment
- Disability or illness

### Protective

- Cultural and religious beliefs that discourage suicide and support self-preservation
- Support through ongoing health and mental health care relationships
- Coping/problem solving skills
- Resiliency, self esteem, direction, mission, determination, perseverance, optimism, empathy
- Intellectual competence (youth)
- Reasons for living

## Peer/Family Factors

### Risk

- History of interpersonal violence/conflict/abuse/bullying
- Exposure to suicide
- No-longer married
- Barriers to health care/mental health care
- Access to means (e.g., firearms)

### Protective

- Family cohesion (youth)
- Sense of social support
- Interconnectedness
- Married/parent
- Access to comprehensive health care

## Community Factors

### Risk

- Isolation/social w/drawal
- Barriers to health care and mental health care
- Stigma
- Exposure to suicide
- Unemployment

### Protective

- Access to healthcare and mental health care
- Social support, close relationships, caring adults, participation and bond with school
- Respect for help-seeking behavior
- Skills to recognize and respond to signs of risk

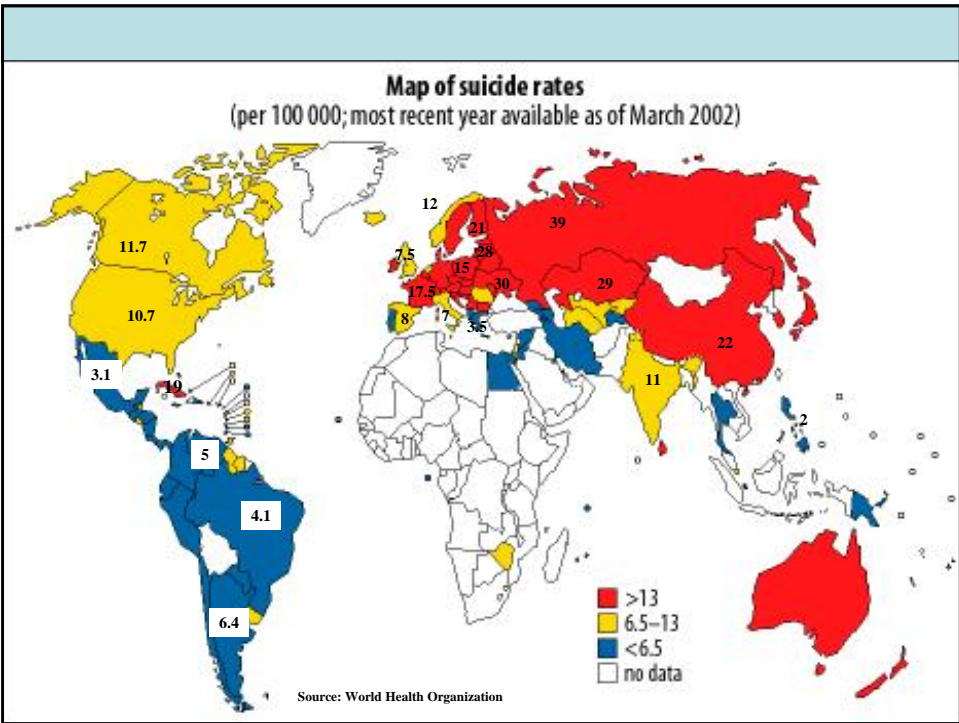
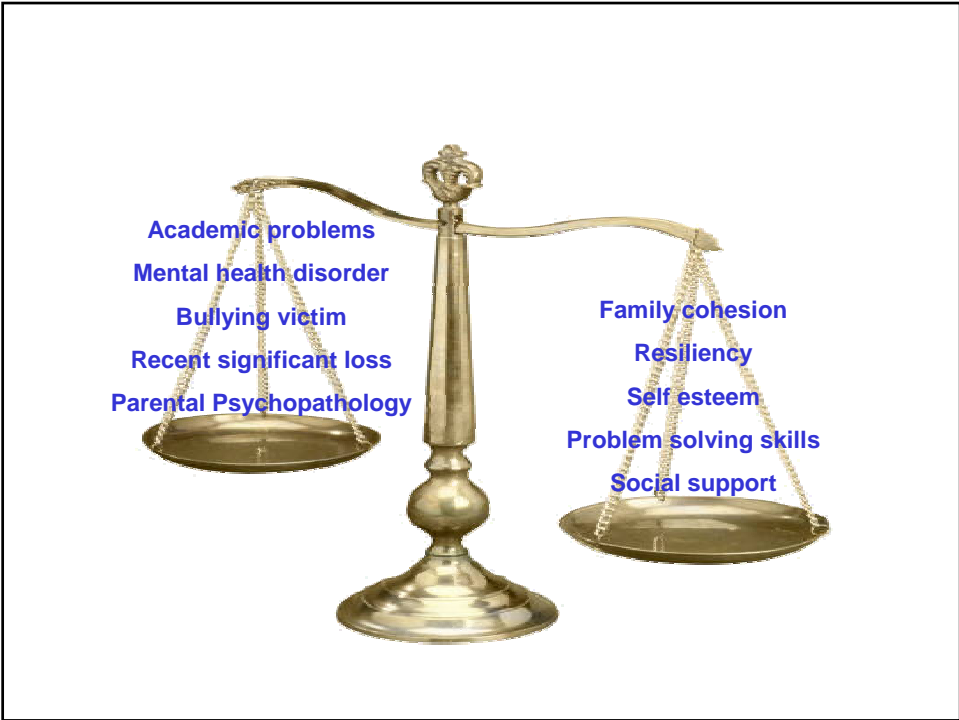
## Societal Factors

### Risk

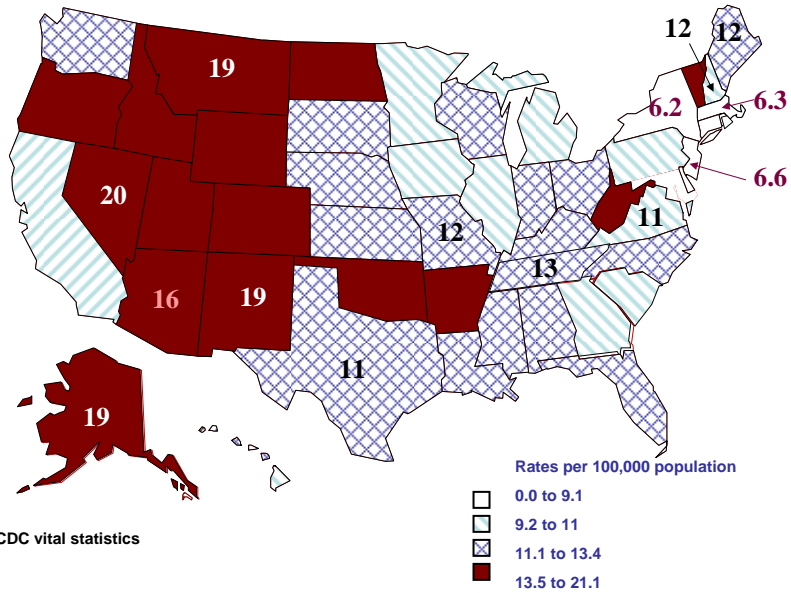
- Western
- Rural/Remote
- Cultural values and attitudes
- Media influence
- Alcohol misuse and abuse
- Social disintegration
- Economic instability

### Protective

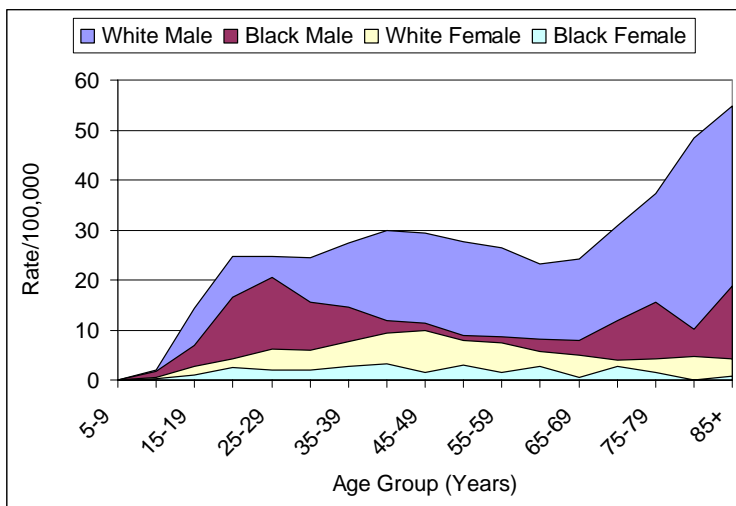
- Urban/Suburban
- Access to health care & mental health care
- Cultural values affirming life
- Media influence



### Age-adjusted suicide rates among all persons by state -- United States, 1999-2002

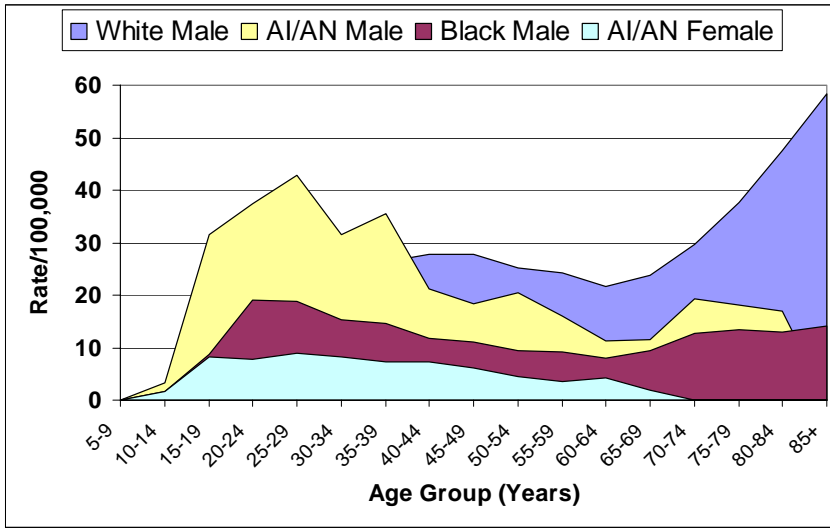


### Suicide Rates by Age, Race, and Gender United States -- 2002



Source: National Center for Health Statistics  
 Note: non-Hispanic ethnicity

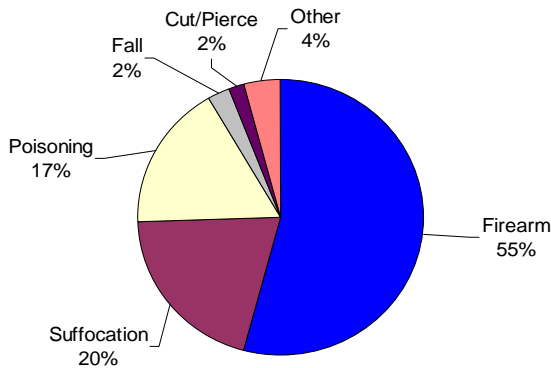
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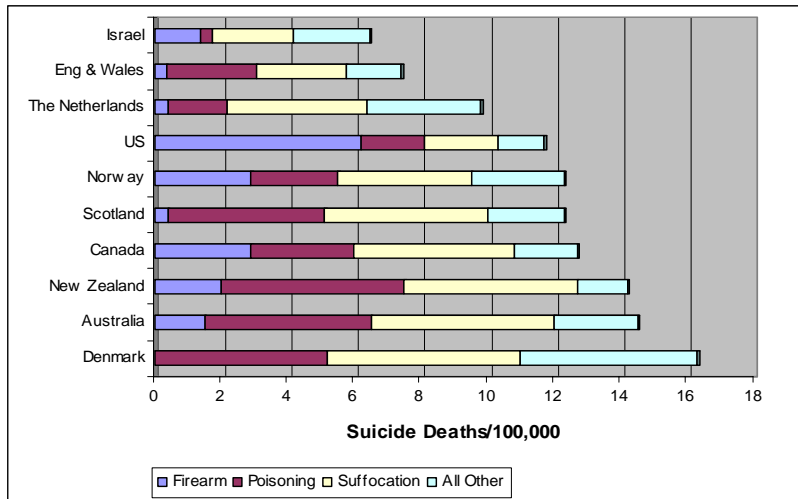
### Suicide by Method United States, 2002



N= 31,655

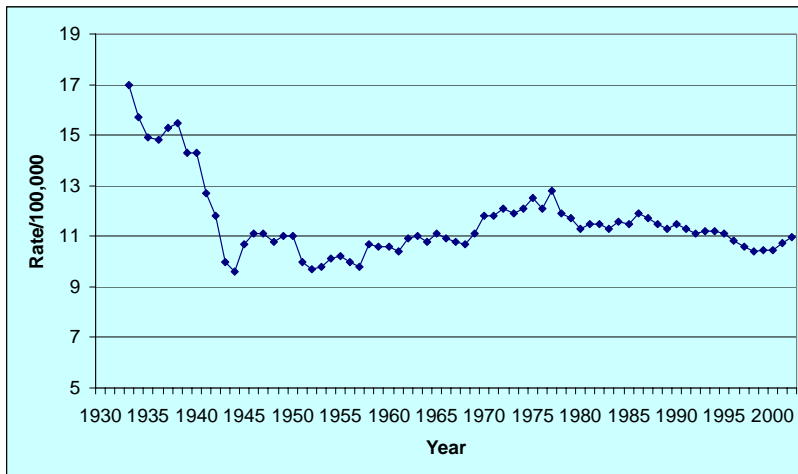
Source: Natl. Center for Health Statistics

# Suicide Rates by Method



Source: Lois A. Fingerhut, MA, Centers for Disease Control and Prevention, 2000, Unpublished

# Suicide Rates United States, 1933-2002



Source: Natl. Center for Health Statistics; Rates prior to 1999 Age-adjusted to 1940 U.S. population; 1999 and after adjusted to 2000.

## Necessary Conditions for Prevention

- Knowledge base
- Political will
- Social strategy

## Essential Ingredients for Success

- **Leadership**
- **Coalition**
- **Vision**
- **Organization**
- **Planning/Process**
- **A Plan**
- **Resources**
- **Implementation/Evaluation**

# Coalition: Not Just Good Hearted People

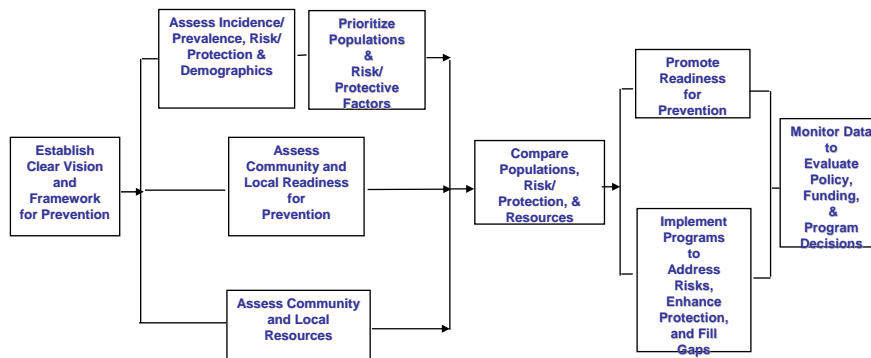
|                              |   |
|------------------------------|---|
| Public Health                | Mental Health                                   |
| Education                    | Faith-based/community groups                    |
| Alcohol and Other Drug Abuse | Domestic violence/<br>Child protective services |
| Child Welfare                | Juvenile Justice                                |
| Adult Corrections            | Law Enforcement/First Responders                |
| Crisis Intervention          | Aging   |
| Medical Examiner/Coroner     | <u>Survivors/citizen advocates</u>              |

## Coalition

Effective coalitions with highly satisfied members can produce plans of poor quality if they are not trained and equipped to do otherwise.

Butterfoss F, Goodman R, Wandersman A. Community Coalitions for Prevention and Health Promotions: Factors Predicting Satisfaction, Participation, and Planning. Health Education Quarterly, Vol 23(1): 65-79, Feb 1996.

## Data-Driven Prevention Planning Model



Adapted from Richard Catalano and David Hawkins, U of Washington.

## SPRC Goals

- Increase capacity
- Enhance partnerships
- Train clinicians and community members
- Disseminate evidence-based practices and other science-based information

## SPRC Services

- Expert Consultation and Technical Assistance
- Training support
  - On-line training—youth suicide prevention
    - Workshop 1: Data
    - Workshop 2: Planning and Evaluation
    - Workshop 3: An Introduction to Gatekeeping
  - Face-to-face curricula
    - Community core competencies +
    - Clinical core competencies
    - First Responder Course

[www.sprc.org](http://www.sprc.org) [info@sprc.org](mailto:info@sprc.org) 1-877-GET-SPRC

Prevention goes beyond changing individuals--it changes cultural norms  
--Murray Levine (1998)

*The National Strategy for Suicide Prevention* is designed to be a catalyst for social change with the power to transform attitudes, policies and services.

-- The National Strategy (2001)