Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Advancing Suicide Prevention in States, Tribes, and Colleges

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Chief, Suicide Prevention Branch
Preventing suicide
A global imperative
National Strategy for Suicide Prevention

American Association of Suicidology

2015 Annual Meeting
Notable Findings

- 39 states and the District of Columbia have used or are currently using the NSSP in revising and updating their state plan.
- Some activity is occurring for every objective.
- Magnitude of effort and potential for having measurable impact is variable.
- Absence of state, tribal, and community infrastructure hampers successful suicide prevention efforts.
- Efforts to integrate and coordinate suicide prevention efforts across sectors are emerging best practices but are not standard practice.
Notable Accomplishments

- **Goal 6**
  - New Hampshire’s Firearms Safety Coalition (includes firearms dealers, gun rights advocates, mental health and public health professionals)
  - This model is being adopted by other states.

- **Goals 8 & 9**
  - Texas launched “Suicide Safe Care” initiative in state’s public behavioral healthcare system.

- **Goals 1 & 5**
  - Colorado Suicide Prevention Commission
Recommendations

- Regular monitoring of NSSP implementation and coordination
- State, tribal, and community (college)-level suicide prevention infrastructure
- Federal, state, community specification of roles
- Regional collaboration on suicide prevention
- Translation of NSSP to community-friendly tool.
- Specification of components and roles for community suicide prevention, and need for coordinated effort.
THE IMPACT OF GLS SUICIDE PREVENTION PROGRAM ON YOUTH SUICIDAL BEHAVIOR

Lucas Godoy Garraza (ICF International); Christine Walrath (ICF International); David Goldston (Duke CSSPI); Hailey Reid (ICF International), Richard McKeon (SAMHSA)
Results: Difference in Suicide Mortality

Solid lines represent the estimated outcome trajectory following GLS training implementation. Dashed lines represent the estimated outcome trajectory during the same period had GLS not been implemented. 90% and 50% confidence intervals around the trajectory are represented by dark gray and light gray, respectively.
Results: Difference in Nonfatal Attempts

*Solid lines represent the estimated trajectory of the outcome following GLS implementation. Dashed lines represent the estimated trajectory of the outcome during the same period had GLS not been implemented. 90% and 50% confidence intervals around the difference in the trajectories are represented by dark gray and light gray, respectively.*
Implications

- Results suggest there is an important reduction on youth suicide and attempts following the implementation of GLS.
  - More than 400 deaths were avoided between 2007-10. (There were 776 county-years where GLS trainings were implemented during 2006-2009 and 41K youth 10-24 on average per county, i.e. $776 \times 41K \times -1.33/100,000$).
  - More than 100,000 attempts among youth 16-23 were avoided during approximately the same period. (There were 776 county-years where GLS trainings were implemented during 2006-2009 and 29K youth 16-23 on average per county, i.e. $776 \times 29K \times -4.9/1,000$).
Implications (Cont.)

- Continuous reductions require sustained public efforts
- GLS may have been more effective in rural communities
- Gatekeeper trainings should be part of comprehensive suicide prevention strategy
State, Tribal Infrastructure

- Need a foundation for suicide prevention
- State suicide prevention coordinator with sufficient authority to convene participants from across state government including Departments of Health, Mental Health, Substance Abuse, Children and Youth, Veterans, Justice, Education, etc.
- Ability to work with a strong coalition
Comprehensive Suicide Prevention

- Requires two strong elements
- Strong, multi-pronged community effort
- Strong multi-pronged healthcare effort
- Attention to transitions across a range of settings
- Should be data driven, coordinated by a public-private partnership, and sustained by a strong state infrastructure.
Community Suicide Prevention

- Schools/colleges
- Justice settings (adult and youth)
- Workplace
- Faith Communities
- Foster care
- Veterans/military/National Guard
Healthcare Settings

- Mental health (Zero Suicide)
- Substance Abuse (TIP 50, county coalitions)
- Emergency Departments and Crisis Services
- Primary Care-Institute for Family Health, Pa GLS
You can’t fix what you can’t measure....

Perhaps a third of all suicide decedents accessed care prior to death, but few U.S. health care systems track suicide outcomes.

**Mental Health Research Network Report**
*(within 12 months of suicide death)*

- Contact with Health Care: 17%
- No Contact with Health Care: 83%

**Suicide Decedents from NVDRS States**

- In mental health treatment at time of death: 31%
- Not in mental health treatment at time of death: 69%


Critical Data Sources

• Now required in GLS and NSSP grants
• NVDRS-Wisconsin 43% MH treatment
• Child Fatality Review
• Utah Juvenile Justice
• Foster Care?
• Public Behavioral Health-Kentucky, Vermont, New York, Ohio
Deconstructing Suicide Deaths in the U.S.

✓ = Already Modeled

- Firearm Deaths (51% of all suicides) 19,392
- Motor Vehicle CO Poisoning Deaths ~735
- Jail and Prison Inmates ~500
- Active Duty Military ~300
- Military Veterans ~8360
- Accessed healthcare within 30 days of death ~17,100
- Seen in Emergency Department for suicide attempt in past year ~7,800

Data Sources:
1. CDC WISQARS 2010
2. CDC WONDER 2010
4. DoD SEER CY 2011 Report
5. Trofimovich et al 2012
6. Department of Veterans Affairs 2012
7. CDC WISQARS 2010 & Owens et al, 2002
Henry Ford Health System

Suicide Deaths/100T HMO Members

Perfect Depression Care Program Launched

Develop a competent, confident, and caring workforce

Create a leadership-driven, safety-oriented culture

Pathway to Care
- Identify and assess risk
  - Screen
  - Assess
- Evidence-based care
  - Safety Plan
  - Restrict Lethal Means
  - Treat Suicidality and MI
- Continuous support as needed

Electronic Health Record

Continuous Quality Improvement
Treatment Patterns Among Adults With Recent Suicide Attempts

- SAMHSA NSDUH data
- 56.3% received mental health treatment
- 40.6% had any outpatient mental health treatment, 15.8% had 1-4 visits, 24.8% more
- 28.8% had inpatient psychiatric treatment
- Significant post attempt mortality
Components of Comprehensive Crisis Systems

- Mobile crisis response teams
- Crisis stabilization beds
- Hotlines (data, technology, dispatch, monitor)
- Crisis chat and text, warmlines
- Crisis respite
- Psych emergency/walk in
- Post crisis follow up engagement and support
- Peers
On March 31, 2014, Congress passed the Protecting Access to Medicare Act (H.R. 4302), which included a demonstration program (Section 223) of Certified Community Mental Health Centers (CCBHCs). CCBHCs will increase Americans’ access to community mental health and substance use treatment services while improving Medicaid reimbursement for these services.
Major International Efforts Have Reduced Suicides

- Taiwan—nationwide effort to intervene with those who have attempted suicide, 50,000+
- 63.5% reduction in suicide attempts among those who accepted the program. Those who refused but then persuaded 22% reduction.
- Proactive outreach and discharge f/u 7 days
Fleischmann et al (2008)
- Randomized controlled trial; 1867 Suicide attempt survivors from five countries (all outside US)
- Brief (1 hour) intervention as close to attempt as possible
- 9 F/u contacts (phone calls or visits) over 18 months

Results at 18 Month F/U

<table>
<thead>
<tr>
<th></th>
<th>Percent of Patients</th>
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</thead>
<tbody>
<tr>
<td>Died of Any Cause</td>
<td>2.5</td>
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<tr>
<td>Died by Suicide</td>
<td>1.5</td>
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Usual Care | Brief Intervention
Preventing Suicide Is Everyone’s Business

- To those who have lost their lives by suicide,
- To those who struggle with thoughts of suicide,
- To those who have made an attempt on their lives,
- To those caring for someone who struggles,
- To those left behind after a death by suicide,
- To those in recovery, and
- To all those who work tirelessly to prevent suicide and suicide attempts in our nation.
- We believe that we can and we will make a difference.

– Dedication from the 2012 National Strategy for Suicide Prevention
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