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.”

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

<table>
<thead>
<tr>
<th>Risk</th>
<th>Protective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolation/social withdrawal</td>
<td>Access to healthcare and mental health care</td>
</tr>
<tr>
<td>Barriers to health care and mental health care</td>
<td>Social support, close relationships, caring adults, participation and bond with school</td>
</tr>
<tr>
<td>Stigma</td>
<td>Respect for help-seeking behavior</td>
</tr>
<tr>
<td>Exposure to suicide</td>
<td>Skills to recognize and respond to signs of risk</td>
</tr>
<tr>
<td>Unemployment</td>
<td></td>
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</tbody>
</table>

### Societal Factors

<table>
<thead>
<tr>
<th>Risk</th>
<th>Protective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western</td>
<td>Urban/Suburban</td>
</tr>
<tr>
<td>Rural/Remote</td>
<td>Access to health care &amp; mental health care</td>
</tr>
<tr>
<td>Cultural values and attitudes</td>
<td>Cultural values affirming life</td>
</tr>
<tr>
<td>Media influence</td>
<td>Media influence</td>
</tr>
<tr>
<td>Alcohol misuse and abuse</td>
<td></td>
</tr>
<tr>
<td>Social disintegration</td>
<td></td>
</tr>
<tr>
<td>Economic instability</td>
<td></td>
</tr>
</tbody>
</table>
4.1
3.1

11.7
17.5
7.5
21 39
6.4
19
12
11
22
5
3.57

10.7
29 30
15
8
28
5
3.57

Source: World Health Organization
Age-adjusted suicide rates among all persons by state -- United States, 1999-2002

Source: CDC vital statistics

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

Source: National Center for Health Statistics
Note: non-Hispanic ethnicity
Suicide Rates by Age, Race, and Gender
United States - 1999-2002

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

Suicide by Method
United States, 2002

Source: Natl. Center for Health Statistics

N= 31,655
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

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

### Coalition

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

Data-Driven Prevention Planning Model

Establish Clear Vision and Framework for Prevention

Assess Incidence/Prevalence, Risk/Protection & Demographics

Prioritize Populations & Risk/Protective Factors

Assess Community and Local Readiness for Prevention

Compare Populations, Risk/Protection, & Resources

Assess Community and Local Resources

Implement Programs to Address Risks, Enhance Protection, and Fill Gaps

Promote Readiness for Prevention

Monitor Data to Evaluate Policy, Funding, & Program Decisions

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
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)