• States of Despair Briefing-8/22/18

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• SAMHSA

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States of Despair: Understanding Declining Life Expectancy in the United States

45K Nearly 45,000 lives lost to suicide in 2016.

↑30% Suicide rates went up more than 30% in half of states since 1999.

More than half of people who died by suicide did not have a known mental health condition.

PROBLEM SUICIDE RATES INCREASED IN ALMOST EVERY STATE.

Suicide rates rose across the US from 1999 to 2016.

Leading causes of death for selected age groups – United States, 2016

<table>
<thead>
<tr>
<th>Rank</th>
<th>10-14 years</th>
<th>15-19 years</th>
<th>20-29 years</th>
<th>30-39 years</th>
<th>40-49 years</th>
<th>50-59 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unintentional Injuries</td>
<td>Unintentional Injuries</td>
<td>Unintentional Injuries</td>
<td>Unintentional Injuries</td>
<td>Unintentional Injuries</td>
<td>Malignant Neoplasms</td>
</tr>
<tr>
<td>2</td>
<td>Suicide</td>
<td>Suicide</td>
<td>Suicide</td>
<td>Suicide</td>
<td>Malignant Neoplasms</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>3</td>
<td>Malignant Neoplasms</td>
<td>Homicide</td>
<td>Homicide</td>
<td>Malignant Neoplasms</td>
<td>Heart Disease</td>
<td>Unintentional Injuries</td>
</tr>
<tr>
<td>4</td>
<td>Homicide</td>
<td>Malignant Neoplasms</td>
<td>Malignant Neoplasms</td>
<td>Heart Disease</td>
<td>Suicide</td>
<td>Liver Disease</td>
</tr>
<tr>
<td>5</td>
<td>Congenital Malformations</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
<td>Homicide</td>
<td>Liver Disease</td>
<td>Chronic Lower Respiratory Ds</td>
</tr>
<tr>
<td>6</td>
<td>Heart Disease</td>
<td>Congenital Malformations</td>
<td>Diabetes Mellitus</td>
<td>Liver Disease</td>
<td>Diabetes Mellitus</td>
<td>Diabetes Mellitus</td>
</tr>
<tr>
<td>7</td>
<td>Chronic Lower Respiratory Ds</td>
<td>Chronic Lower Respiratory Ds</td>
<td>Congenital Malformations</td>
<td>Diabetes Mellitus</td>
<td>Cerebro-Vascular</td>
<td>\textbf{Suicide}</td>
</tr>
<tr>
<td>8</td>
<td>Cerebro-Vascular</td>
<td>Cerebro-Vascular</td>
<td>Complicated pregnancy</td>
<td>Cerebro-Vascular</td>
<td>Homicide</td>
<td>Cerebro-Vascular</td>
</tr>
</tbody>
</table>

Source: CDC vital statistics

National Strategy for Suicide Prevention

- Developed by the U.S. Surgeon General and the National Action Alliance for Suicide Prevention
- The National Strategy for Suicide Prevention (NSSP) is a comprehensive, multi-sectoral strategy to reduce suicide in America.
- Details 13 goals and 60 objectives for reducing suicide over 10 years, including:
  - Integrating suicide prevention into health care policies
  - Encouraging transformation of health care systems to prevent suicide
  - Changing the way the public talks about suicide and suicide prevention
  - Improving the quality of data on suicidal behaviors to develop increasingly effective prevention efforts
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.

A System-Wide Approach Saved Lives: Henry Ford Health System

Suicide Deaths/100k HMO Members

Launch: Perfect Depression Care

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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.

**Improving Post Discharge Safety**

- The Emergency Department Safety Assessment and Follow-up Evaluation (ED-SAFE) and the SAFE-VET evaluation demonstrated reduction in suicidal behavior for suicidal people discharged from EDs using telephonic follow up.
- DOD study of follow up using text showed similarly positive results.
- SAMHSA evaluation studies of follow up calls to suicidal Lifeline callers showed 90% felt helped keep them safe.
Resource: Safety Planning Intervention

Access at: www.zerosuicide.com

Suicide Assessment Five-step Evaluation Triage

RESOURCES
- Download this card and additional resources at www.sptr.org
- or at www.zerosuicide.org
- SADCo-T, drawn upon the American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicide Behavior www.psychiatry.org/pract/joint/hp/suicidebehavior_01-15-00.pdf

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National Suicide Prevention Lifeline
1.800.273.TALK (8255)

SAFE-T
Suicide Assessment Five-step Evaluation and Triage

1. IDENTIFY RISK FACTORS
   Note those that can be
   addressed or reduced

2. IDENTIFY PROTECTIVE FACTORS
   Note those that can be enhanced

3. CONDUCT Suicidal INQUIRY
   Discuss suicide plans,
   thoughts, and reasons

4. DETERMINE SUICIDE INTENTION
   Determine the importance
   of the risk factors identified

5. DOCUMENT
   Assessment, plan,
   options, consultation and
   follow-up
Suicide Assessment Five-step Evaluation Triage

1. ASSESS FACTORS
   - Find reasons that might increase suicide risk.
   - Identify risk factors, such as hopelessness, depression, or any psychiatric illness.
   - Consider the number of risk factors and the level of severity.

2. DETERMINE SUICIDE ATTEMPTS
   - Identify prior suicide attempts or gestures.
   - Assess the lethality of past attempts.
   - Determine the risk of suicide at the current time.

3. RISK RANKING
   - Assess the lethality of the attempt.
   - Determine the risk of suicide at the current time.
   - Consider the potential for future risk.

4. RISK LEVEL INTERVENTION
   - Integrate suicide prevention strategies into practice and address suicide risk.
   - Learn how to use the SAFE-T approach.
   - Explore interactive sample case studies.
   - Quickly access and share information and resources.
   - Browse conversation starters.
   - Locate treatment options.

Suicide Prevention App for Health Care Providers

Suicide Safe Helps Providers:

- Integrate suicide prevention strategies into practice and address suicide risk
- Learn how to use the SAFE-T approach
- Explore interactive sample case studies
- Quickly access and share information and resources
- Browse conversation starters
- Locate treatment options

Free for Apple® and Android™ mobile devices

Learn more at bit.ly/suicide_safe.
What is the Crisis Now model?

- Call Center Hub
- Mobile Crisis
- Crisis Facilities

“Air Traffic Control” Crisis Call Center Hub Connects and Ensures Timely Access and Data
SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

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