



Welcome

Office for State, Tribal, Local and Territorial Support
presents

CDC *Vital Signs* Town Hall **Rising Suicide Rates Across the US**

June 12, 2018
2:00–3:00 PM (EDT)

Agenda

Time	Agenda Item	Speaker(s)
2:00 pm	Welcome & Introduction	José T. Montero, MD, MHCDS Director, Office for State, Tribal, Local and Territorial Support
2:05 pm	Vital Signs Overview	Deborah Stone, ScD, MSW, MPH Behavioral Scientist, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention
2:10 pm	Presentations	Jarrod Hindman, MS Deputy Chief, Violence and Injury Prevention-Mental Health Promotion Branch, Colorado Department of Public Health and Environment Neetha Mony, MSW Program Manager, Statewide Suicide Prevention Plan, Washington State Department of Health
2:35 pm	Q&A and Discussion	Dr. José T. Montero
2:55 pm	Wrap-up	
3:00 pm	End of Call	



CDC VitalSigns™

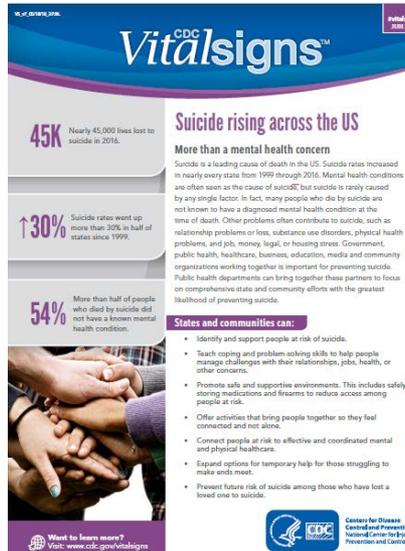
TOWN HALL TELECONFERENCE



to support STLT efforts and build momentum around the monthly release of CDC *Vital Signs*



CDC Vital Signs: Suicide rising across the U.S. More than a mental health concern



Vital Signs
Suicide rising across the US

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

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

54% More than half of people who died by suicide did not have a known mental health condition.

States and communities can:

- Identify and support people at risk of suicide.
- Teach coping and problem solving skills to help people manage challenges with their relationships, jobs, health, or other concerns.
- Promote safe and supportive environments. This includes safely storing medications and firearms to reduce access among people at risk.
- Offer activities that bring people together so they feel connected and not alone.
- Connect people at risk to effective and coordinated mental and physical healthcare.
- Expand options for temporary help for those struggling to make ends meet.
- Prevent future risk of suicide among those who have lost a loved one to suicide.

Want to learn more?
Visit: www.cdc.gov/vitalsigns

June 12, 2018

Centers for Disease Control and Prevention
MMWR
Weekly / Vol. 67 / No. 22

Morbidity and Mortality Weekly Report
June 8, 2018

Vital Signs: Trends in State Suicide Rates — United States, 1999–2016 and Circumstances Contributing to Suicide — 27 States, 2015

Deborah M. Stone, ScD¹; Thomas R. Simon PhD¹; Katherine A. Fowler, PhD¹; Scott R. Kegler, PhD²; Keming Yuan, MS¹; Kristin M. Holland, PhD¹; Asha Z. Ivey-Stephenson, PhD¹; Alex E. Crosby, MD¹

Deborah M. Stone, ScD, MSW, MPH
Behavioral Scientist

Objectives



- Examine trends in state-level suicide rates in 50 states and D.C., between 1999-2016
- Assess contributing factors to suicide in 27 states, 2015
- Share prevention strategies based on the best available evidence

Vital Signs Overview

National Vital Statistics System

- 1999-2016
- 50 states, Washington, D.C.
- Modeled average annual percentage change
- Current state rank
- Overall rate change and state ranking
- Overall percent change and state ranking

National Violent Death Reporting System

- 2015
- 27 States
- Examined demographic and descriptive characteristics and contributing circumstances to suicide, among people with and without known mental health condition



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

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

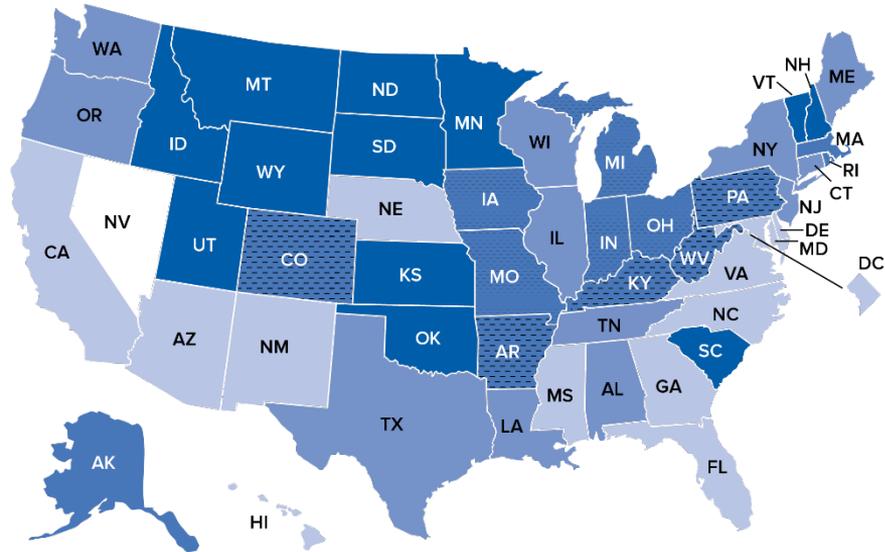
54% More than half of people who died by suicide did not have a known mental health condition.

PROBLEM: SUICIDE RATES INCREASED IN ALMOST EVERY STATE.

Suicide rates rose across the US from 1999 to 2016.



SOURCE: CDC's National Vital Statistics System;
CDC Vital Signs, June 2018.



Many factors contribute to suicide among those with and without known mental health conditions.



Note: Persons who died by suicide may have experienced multiple factors. Data on mental health conditions and contributing factors are from coroner/medical examiner and law enforcement reports. It is possible that mental health conditions or other contributing factors could have been present and not diagnosed, known, or reported

SOURCE: CDC *National Violent Death Reporting System*, data from 27 states participating in 2015

WHAT CAN WE DO TO PREVENT SUICIDE?

Preventing Suicide: A Technical Package of Policy, Programs, and Practices

<https://go.usa.gov/xQBGc>

Provide financial support to individuals in need.

States can help ease unemployment and housing stress by providing temporary help.



Strengthen access to and delivery of care.

Healthcare systems can offer treatment options by phone or online where services are not widely available.



Create protective environments.

Employers can apply policies that create a healthy environment and reduce stigma about seeking help.



Connect people with their communities.

Communities can offer programs and events to increase a sense of belonging among residents.



Teach coping and problem -solving skills.

Schools can teach students skills to manage challenges like relationship and school problems.



Prevent future risk.

Media can describe helping resources and avoid headlines or details that increase risk.



Identify and support people at risk.

Everyone can learn the warning signs for suicide, how to respond, and where to get help.



Preventing suicide involves everyone in the community.

Know the Suicide WARNING SIGNS

- Feeling like a burden
- Isolation



- Increased anxiety
- Feeling trapped or in unbearable pain

- Increased substance use
- Looking for a way to access lethal means



- Increased anger or rage
- Extreme mood swings

- Expressing hopelessness
- Sleeping too little or too much



- Talking or posting about wanting to die
- Making plans for suicide

#BeThe1To

If you think someone might be considering suicide, be the one to help them by taking these 5 steps:

ASK. KEEP THEM SAFE. BE THERE. HELP THEM CONNECT. FOLLOW UP.



Find out why this can save a life at

www.BeThe1To.com

If you're struggling, call the Lifeline at

1-800-273-TALK (8255)

WHAT CAN BE DONE?

THE FEDERAL GOVERNMENT IS

- Tracking the problem to understand trends and the groups at greatest risk (for example see www.cdc.gov/violenceprevention/nvdrs).
- Developing, implementing, and evaluating suicide prevention strategies.
- Supporting local, state, tribal, national, and other partners to prevent suicide (for example see <https://go.usa.gov/xQBGc>).



STATES AND COMMUNITIES CAN

- Identify and support people at risk of suicide.
- Teach coping and problem-solving skills to help people manage challenges with relationships, jobs, health, or other concerns.
- Promote safe and supportive environments. This includes safely storing medications and firearms to reduce access among people at risk.
- Offer activities that bring people together so they feel connected and not alone.
- Connect people at risk to effective and coordinated mental and physical healthcare.
- Expand options for temporary assistance for those struggling to make ends meet.
- Prevent future risk of suicide among those who have lost a friend or loved one to suicide.

WHAT CAN BE DONE?

HEALTH CARE SYSTEMS CAN

- Provide high-quality, ongoing care focused on patient safety and suicide prevention.
- Make sure affordable and effective mental and physical healthcare is available where people live.
- Train providers in adopting proven treatments for patients at risk of suicide.

EMPLOYERS CAN

- Promote employee health and wellbeing, support employees at risk, and have plans in place to respond to people showing warning signs.
- Encourage employees to seek help. Provide referrals to mental health, substance use, legal, or financial counseling services as needed.

EVERYONE CAN

- Ask someone you are worried about if they're thinking about suicide.
- Keep them safe. Reduce access to lethal means for those at risk.
- Bether with them. Listen to what they need.
- Help them connect with ongoing support. You can start with the Lifeline (1-800-273-8255).
- Follow up to see how they're doing.
- Find out why these steps can save a life by visiting: www.BeThe1To.com

The media can avoid increasing suicide risk (e.g., by not using dramatic headlines or providing explicit details) and encourage people to seek help.

View recommendations available at:
www.ReportingOnSuicide.org



www.cdc.gov/vitalsigns.suicide

www.cdc.gov/mmwr

dstone3@cdc.gov

The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention

For more information, please contact
1-800-CDGINFO (2324636)
TTY: 4888-232-6348 www.cdc.gov
Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta GA 30333

COLORADO NATIONAL COLLABORATIVE FOR SUICIDE PREVENTION

COLLABORATIVE, DATA-DRIVEN, PUBLIC
HEALTH APPROACH TO REDUCE COLORADO
SUICIDE DEATHS 20 PERCENT BY 2025

Jarrod Hindman, MS: Violence and Injury Prevention – Mental Health
Promotion, Colorado Dept of Public Health & Environment



Identifying the Starting Point: State Readiness

Factors	Evidence
Significant Burden	<ul style="list-style-type: none">• High enough burden to demonstrate effectiveness of successful intervention• 2016 - 1,156 deaths; 20.87 per 100,000 residents• 2016 - 5th in the nation
Political Will	<ul style="list-style-type: none">• Senior political support (e.g. governor & state legislature)• Recently passed legislation in support of suicide prevention
Key Infrastructure	<ul style="list-style-type: none">• Senior Executive & State Infrastructure• Suicide Prevention Commission• Support across federal, county, & community behavioral health centers
Firearm laws	<ul style="list-style-type: none">• Preferred state with less restricted rural/urban firearm ownership laws
Agreement on Approach	<ul style="list-style-type: none">• Respect for both Upstream & Downstream Approaches (Public Health & Mental Health)

Establishing Priorities: Health Care

Zero Suicide

Priority Systems:

- Mental Health / Behavioral Health
- Integrated Care
- Emergency Departments
- Hospitals
- Primary Care (#1 priority for older adults)
- VA / DoD
- Department of Corrections

Establishing Priorities: Youth

Primary Prevention Shared Risk and Protective Factors

Priority Populations and Systems:

- Schools (including parents)
- Community programs and resources serving youth
- Department of Youth Corrections
- Courts, foster care, child welfare
- Military families
- Early childhood programs and systems
- Hispanic/Latino youth
- LGBTQ youth
- Faith communities

Establishing Priorities: Adults

Means Safety
Public Awareness / Social Norms Change
Policy

Priority Populations and Systems:

- Veterans, particularly non-VHA veterans
- High risk industries
- Courts and criminal justice systems
- Financial services systems (unemployment, bankruptcy, etc.)

Establishing Priorities: Older Adults

Primary Care (Zero Suicide)
Existing Community Services
Connectedness

Priority Systems and Services:

- Social services agencies
- Senior centers
- Assisted living facilities
- Active living services
- Death and dying services
- Faith community
- Vietnam Era veterans
- Public service providers (e.g., transportation, Meals on Wheels, store clerks)
- Falls prevention
- Home-based care and services
- Pain management

Environmental Scan

A mapping of existing efforts to prevent self-injury mortality. Participants include health systems, prison systems, government agencies, community-based organizations engaged in prevention efforts.

Which Suicide-related Activities Are Happening?



Who do you serve? In what setting?

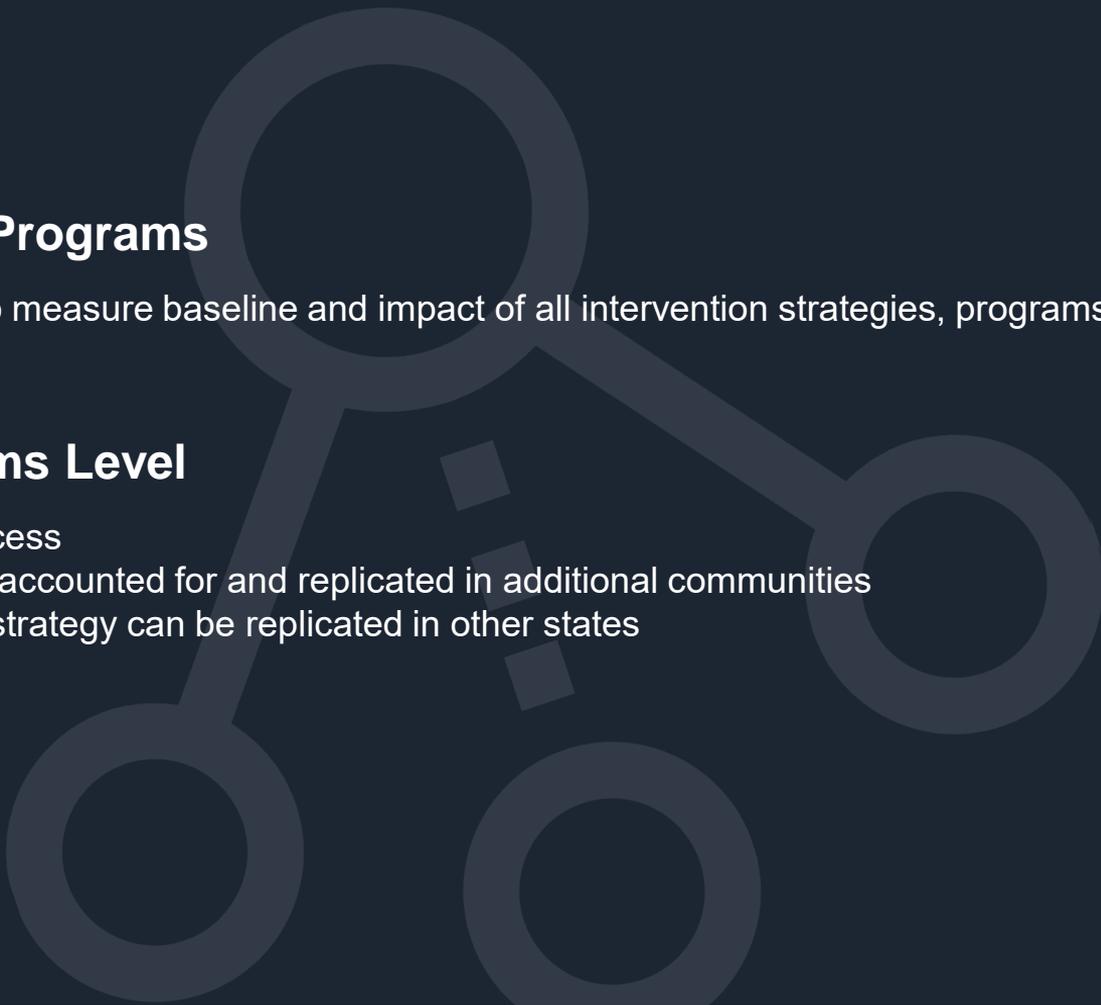


How are your prevention efforts funded? How long do you expect your funding to continue?



Do you collaborate with other prevention agencies?
Who are your important collaborators?

Evaluation



Intervention Packages / Programs

- Process and outcome designs to measure baseline and impact of all intervention strategies, programs, and/or policies

Action Research / Systems Level

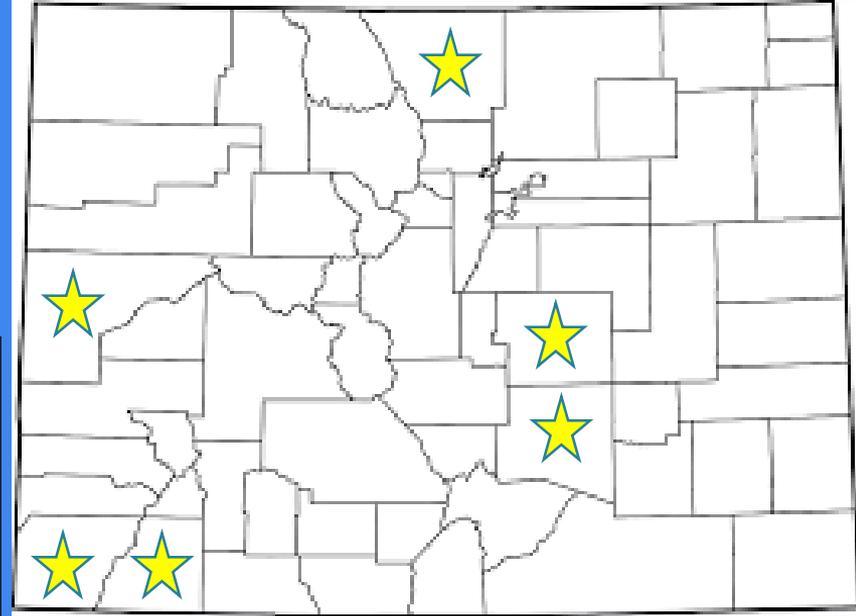
- Tracking and measuring the process
- Ensuring that successes can be accounted for and replicated in additional communities
- National partners – Ensure that strategy can be replicated in other states

Constant Evolution

- Iterative Design

Local Partners & Priorities

- 1) Environmental Scan of Counties w/ Highest Burden
- 2) Enhance / Build Local Partnerships
- 3) Target Focal Populations: youth; adults; older adults; criminal justice; veterans outside of VA; high-risk industries



State and National Partners

- 1) Steering team
- 2) Implementation team
- 3) Evaluation team
- 4) Expert guidance and capital

Colorado:

- Office of Suicide Prevention
- Suicide Prevention Commission
- Governor's Office
- Denver VA
- University of Colorado
- Colorado Behavioral Healthcare Council
- Other state agencies

National:

- Suicide Prevention Resource Center
- Injury Control Research Center for Suicide Prev.
- Centers for Disease Control and Prevention
- American Foundation for Suicide Prevention
- National Action Alliance
- Substance Abuse and Mental Health Services Administration

Thank You!

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Colorado Dept of Public Health & Environment

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WA Suicide Prevention

Neetha Mony, MSW, MA

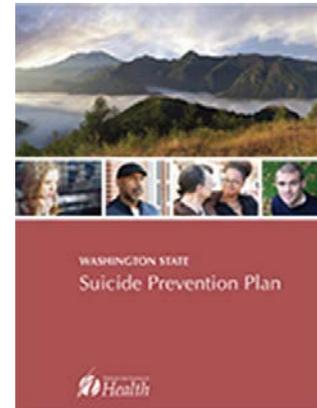
State Suicide Prevention Plan Program
Manager, WA State Dept. of Health (DOH)

Timeline

- **1995-2016:** State Youth Suicide Prevention Plan
- **2012-2017:** Suicide prevention training for health professionals and creation of approved training list
- **2013:** Suicide prevention training for school health professionals and school district plans
- **2014:** Garrett Lee Smith youth suicide prevention grant
- **2015:** Higher education task force
- **2016:** State Suicide Prevention Plan Across the Lifespan
- **2016:** Safer Homes task force
- **2016:** **WA Action Alliance for Suicide Prevention**
- **2017:** 2 year proviso funding to improve National Suicide Prevention Lifeline answer rate, Temporary transfer of firearms
- **2018:** Agricultural industry task force, Drug takeback

State Plan and Executive Order 16-02

- Both released in January 2016
- EO 16-02: Firearm fatality and suicide prevention
 - Firearm injuries and fatalities data analysis
 - Implementation of the state suicide prevention plan
 - Depression and suicide risk screening tools
 - Social marketing campaign
 - Recommendations for schools, Veterans, and Native American and Alaska Native communities



Action Alliance Goal

The goal of the Action Alliance for Suicide Prevention is to **use strategy, momentum, and input to guide policy, financial, legislative, and programmatic change** in accordance with Governor Jay Inslee's January 2016 Executive Order (EO 16-02) and the Washington State Suicide Prevention Plan.

Partners

- Governor's office and legislators
- State government agencies
- Local agencies
- Priority population representatives
- Philanthropy
- Experts in the field
- Lived experience and loss survivors



Presentations to date

- State Suicide Prevention Plan
- Zero Suicide model and local examples
- Men in the middle years
- Construction industry
- Crisis Text Line
- Native American initiatives
- State data analysis
- Department of Veterans Affairs
- State's behavioral health crisis services
- Office of Superintendent of Public Instruction (OSPI)



Successes

- Communication and accountability
- Connecting stakeholders
- New partnerships
 - Construction Industry Alliance for Suicide Prevention
 - Crisis Text Line
- State agency joint decision package



Challenges

- Work can move slowly
- Changing memberships
- Providing guidance for all stakeholders
- Keeping members engaged

Takeaways

- Get leadership buy-in
- Identify and track goals
- Importance of communication
- Help everyone identify their agency's role in suicide prevention



Resources

- [DOH Suicide Prevention Pages:](#)
<https://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/SuicidePrevention>
 - [WA State Suicide Prevention Plan](#)
 - [WA Action Alliance meeting notes](#)
 - [Suicide data slides](#) (May 2018)
 - [Suicide & Safe Storage of Firearms fact sheet](#) (Mar. 2018)
 - [2018 annual WA suicide prevention report](#) (Feb. 2018)
- [OSPI Youth Suicide Prevention Page](#)
- [Safer Homes Coalition](#)

Contact

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360-236-2836

In Crisis?
Text HEAL to 741741

CRISIS TEXT LINE |

Free, 24/7, Confidential



Washington State Department of

Health

CDC Vital Signs Electronic Media Resources

- Become a fan on Facebook
www.facebook.com/cdc
- Follow us on Twitter
www.twitter.com/CDCgov
- Syndicate Vital Signs on your website
<https://tools.cdc.gov/medialibrary/index.aspx#/media/id/305883>
- Vital Signs interactive buttons and banners
<https://www.cdc.gov/socialmedia/tools/buttons/vitalsigns>

Thank You

Provide feedback on this teleconference: OSTLTSFeedback@cdc.gov



Please mark your calendars for the next
Vital Signs Town Hall Teleconference

August 14, 2018

2:00–3:00 PM (EDT)

For more information, please contact Centers for Disease Control and Prevention

1600 Clifton Rd, NE, Atlanta, GA 30333

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