

Suicide Awareness

Chief Justice's Commission on Professionalism for the Legal
Community
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Disclaimer: "The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention."



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Agenda

- Describe the public health approach
- Characterize some patterns of suicidal behavior
- Identify some of the best available evidence for prevention
- Dispel some myths
- Further information

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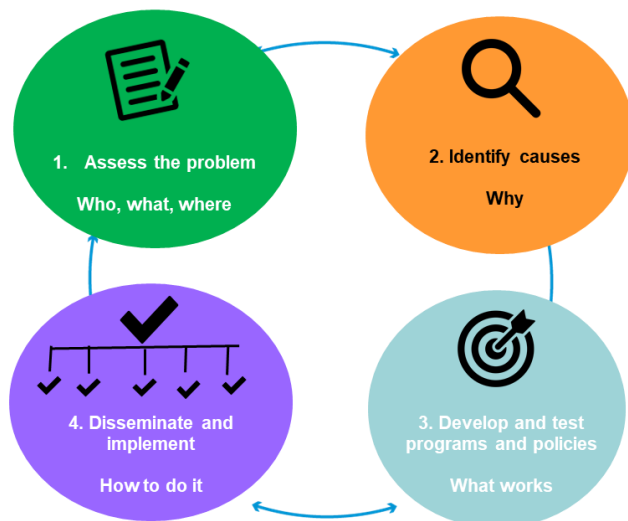
Patterns of suicidal behavior

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Public Health Approach

- The public health approach seeks to answer the foundational questions:
 - What is the problem?
 - How could we prevent it from occurring?
- To answer these questions, public health uses a systematic, scientific method for understanding and preventing suicide.



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Leading causes of death – United States, 2019

| Rank | Cause | Number of deaths |
|-----------|------------------------------|------------------|
| 1 | Heart Disease | 659,041 |
| 2 | Malignant Neoplasms | 599,601 |
| 3 | Unintentional Injuries | 173,040 |
| 4 | Chronic Lower Respiratory Ds | 156,979 |
| 5 | Cerebrovascular Ds | 150,005 |
| 6 | Alzheimer's Disease | 121,499 |
| 7 | Diabetes mellitus | 87,647 |
| 8 | Nephritis | 51,565 |
| 9 | Influenza and pneumonia | 49,783 |
| 10 | Suicide | 47,511 |

Source: CDC vital statistics

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Leading causes of death by age group – United States, 2019

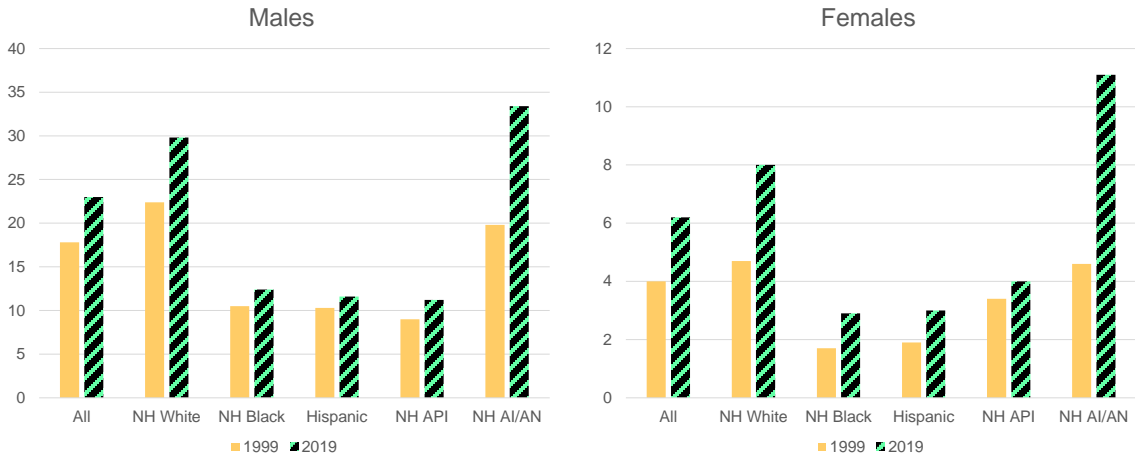
| Rank | 10-14 years | 15-19 years | 20-29 years | 30-39 years | 40-49 years | 50-59 years |
|------|------------------------------|------------------------------|----------------------------|------------------------|------------------------|------------------------------|
| 1 | Unintentional Injuries | Unintentional Injuries | Unintentional Injuries | Unintentional Injuries | Unintentional Injuries | Malignant Neoplasms |
| 2 | Suicide | Suicide | Suicide | Suicide | Malignant Neoplasms | Heart Disease |
| 3 | Malignant Neoplasms | Homicide | Homicide | Malignant Neoplasms | Heart Disease | Unintentional Injuries |
| 4 | Homicide | Malignant Neoplasms | Malignant Neoplasms | Heart Disease | Suicide | Liver Disease |
| 5 | Congenital Malformations | Heart Disease | Heart Disease | Homicide | Liver Disease | Diabetes Mellitus |
| 6 | Heart Disease | Congenital Malformations | Diabetes Mellitus | Liver Disease | Diabetes Mellitus | Chronic Lower Respiratory Ds |
| 7 | Chronic Lower Respiratory Ds | Influenza and Pneumonia | Congenital Malformations | Diabetes Mellitus | Cerebro-Vascular | Suicide |
| 8 | Influenza and Pneumonia | Chronic Lower Respiratory Ds | Complications of pregnancy | Cerebro-Vascular | Homicide | Cerebro-Vascular |

Source: CDC vital statistics

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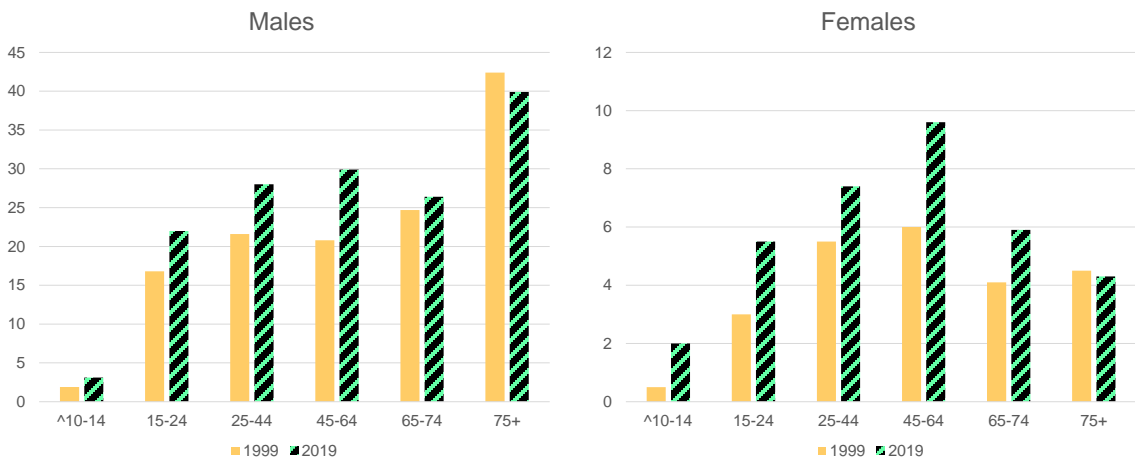
Suicidal rates by race/ethnicity and sex – United States, 1999 and 2019



Source: WISQARS and Curtin SC, Hedegaard H. Suicide rates for females and males by race and ethnicity: United States, 1999 and 2017. NCHS Health E-Stat. 2019. API = Asian Pacific Islander; AI/AN = American Indian Alaska Native; NH = Non-Hispanic

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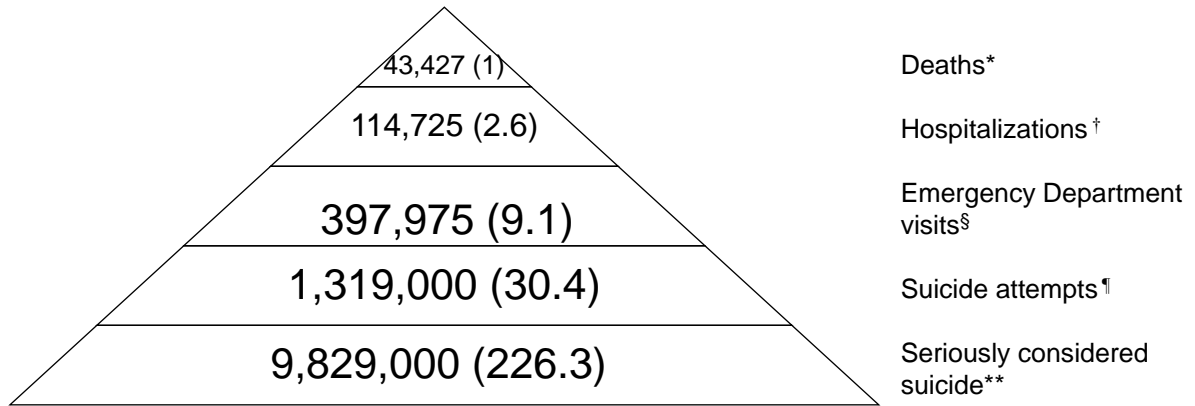
Suicidal rates by age group and sex – United States, 1999 and 2019



Source: CDC National Vital Statistics & Hedegaard H, Curtin SC, Warner M. Increase in suicide mortality in the United States, 1999–2018. NCHS Data Brief, no 362. Hyattsville, MD: National Center for Health Statistics. 2020. .

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Number and ratio of persons affected by suicidal thoughts and behavior among adults aged ≥18 years — United States, 2016



*Source: CDC's National Vital Statistics System,

†Source: Agency for Healthcare Research and Quality's Healthcare Cost and Utilization Project - Nationwide Inpatient Sample (HCUP-NIS) only 1st diagnosis

§ Source: Source: CDC's National Electronic Injury Surveillance System-All Injury Program

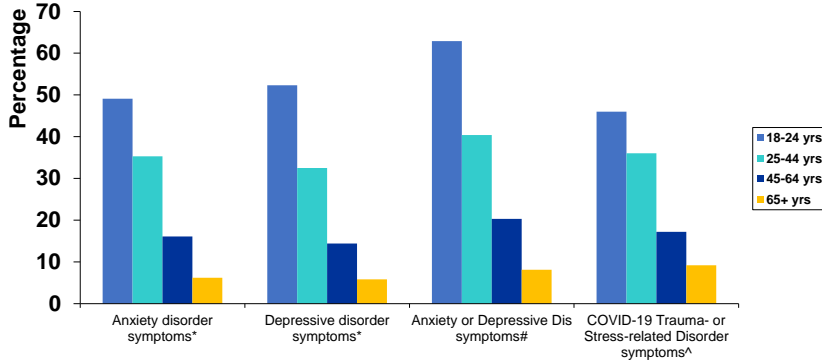
¶ Source: SAMHSA's National Survey on Drug Use and Health

** Source: SAMHSA's National Survey on Drug Use and Health

Number in parentheses represent the ratio of deaths to other categories

CDC and US Census Bureau's Household Pulse Survey (HPS)

Prevalence of adverse mental health outcomes related to COVID-19 by category and age group — United States, 24-30 June 2020



Source: Centers for Disease Control and Prevention and U.S. Census Bureau, 2020.

* Assessed using Generalized Anxiety Disorder-2 and Patient Health Questionnaire-2.

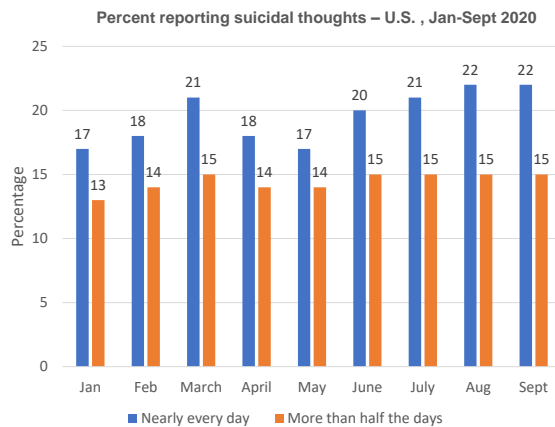
^ Assessed using Impact of Event Scale (IES-6).

§ In addition to suicide and homicide, all intents include other intent categories (unintentional, legal intervention, and undetermined intent), which are not shown separately and accounted for 3.3% of all firearm-related deaths (all intents) in 2019.

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Thoughts of suicide or self-harm* – U.S., Jan-Sept 2020

- *Thoughts of suicide more than half or nearly every day based on Patient Health Questionnaire-9 (PHQ-9)
- Over 1 in 5 reported suicidal thoughts nearly every day
- 37% reported experiencing suicidal thoughts more than half or nearly every day



Source: State of Mental Health in America 2020-2021

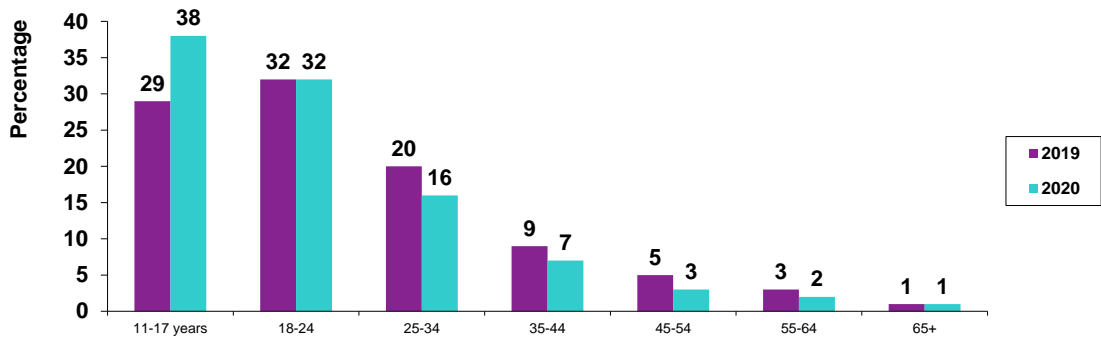
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Mental Health America's online screening

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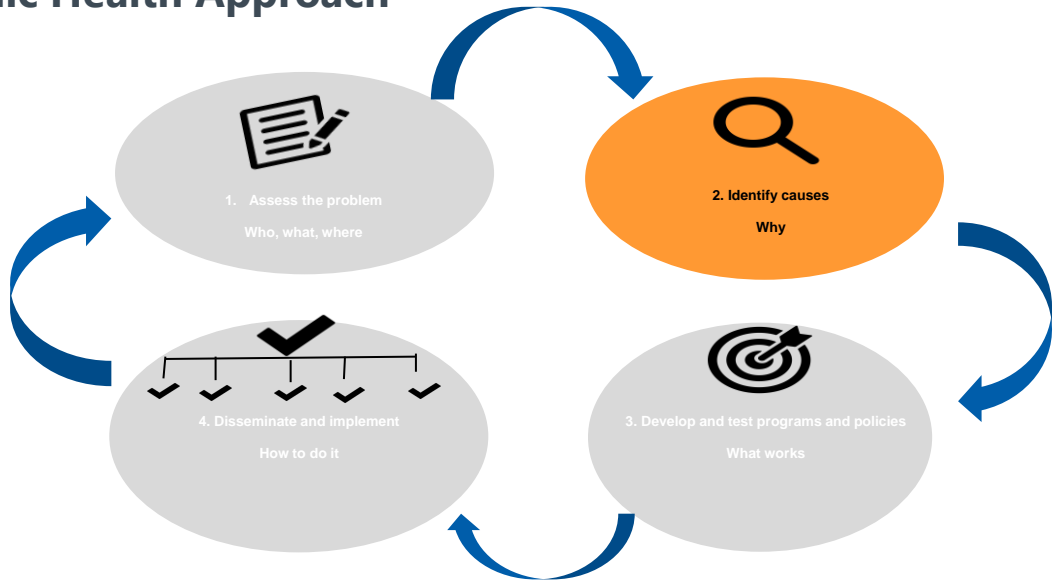
Proportion of persons screened by age group – U.S. 2019-2020



Source: Mental Health America online screen

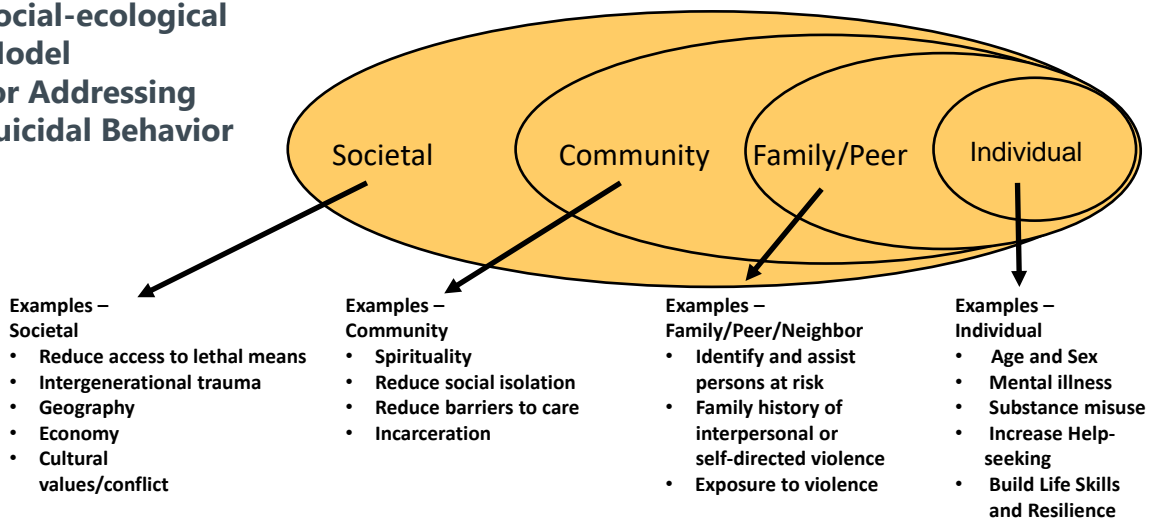
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Public Health Approach

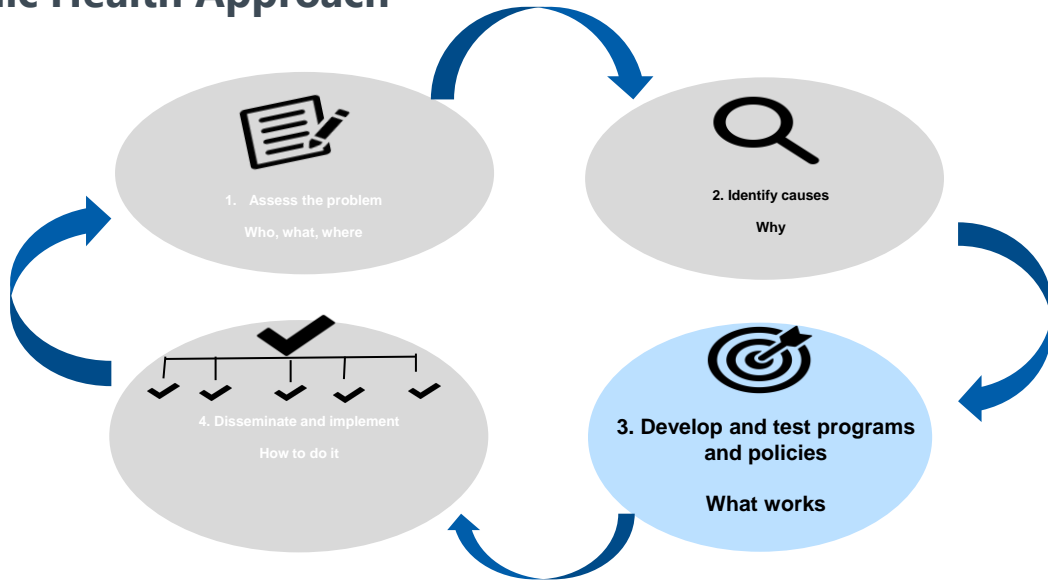


Need For A Comprehensive Approach to Suicide Prevention

Social-ecological Model for Addressing Suicidal Behavior



Public Health Approach



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

- **Strategies:**
 - Broad direction
- **Approaches:**
 - Ways to advance the strategies
 - - Programs
 - - Practices
 - - Policies

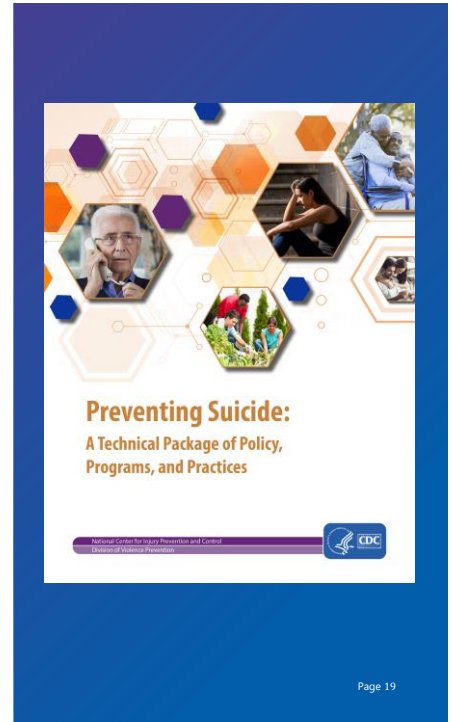


- 
Strengthen economic supports
 - Strengthen household financial security
 - Housing stabilization policies
- 
Strengthen access and delivery of suicide care
 - Coverage of mental health conditions in health insurance policies
 - Reduce provider shortages in underserved areas
 - Safer suicide care through system change
- 
Create protective environments
 - Reduce access to lethal means among persons at risk of suicide
 - Organizational policies and culture
 - Community-based policies to reduce excessive alcohol use
- 
Promote connectedness
 - Peer norm programs
 - Community engagement activities
- 
Teach coping and problem-solving skills
 - Social-emotional learning programs
 - Parenting skill and family relationship programs
- 
Identify and support people at risk
 - Gatekeeper training
 - Crisis intervention
 - Treatment for people at risk of suicide
 - Treatment to prevent re-attempts
- 
Lessen harms and prevent future risk
 - Postvention
 - Safe reporting and messaging about suicide

<https://www.cdc.gov/suicide/prevention/index.html>

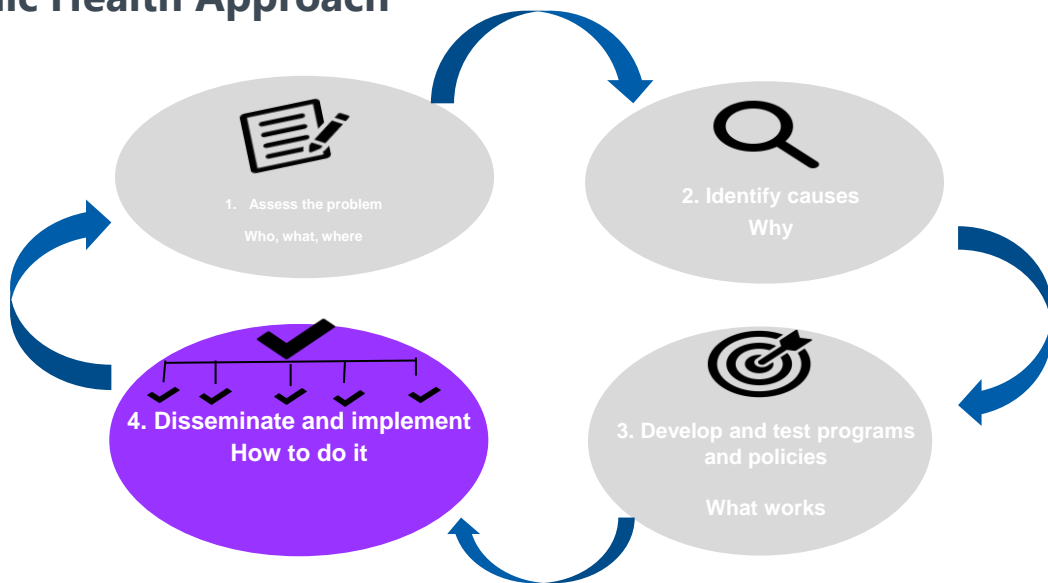
Comprehensive Approach

- + Multi-sectoral partnerships
- + Data-driven decision-making
- + Leveraging existing community resources/programs
- + Selecting strategies and approaches with the best available evidence
- + Effective communication with stakeholders
- + Rigorous evaluation
- + Continuous quality improvement
- + Sustainability



 www.cdc.gov/suicide/programs/csp

Public Health Approach



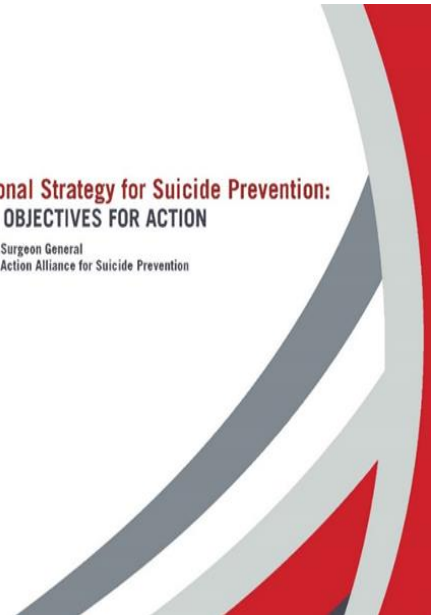
National Strategy for Suicide Prevention (NSSP)

- 4 strategic directions; 13 goals; 60 objectives
- Strategic Directions
 1. Healthy and Empowered Individuals, Families, and Communities
 2. Clinical and Community Preventive Services
 3. Treatment and Support Services
 4. Surveillance, Research, and Evaluation

Source: U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action. Washington, DC: HHS, September 2012

2012 National Strategy for Suicide Prevention: GOALS AND OBJECTIVES FOR ACTION

A report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention

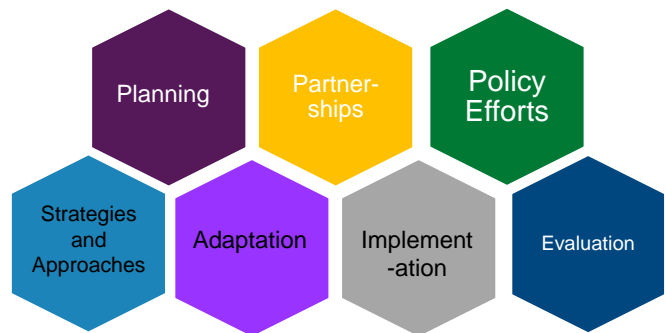


Implementation Guidance



Guidance for State and Local Health Agencies and Other Stakeholders Taking Action
Website - VetoViolence.cdc.gov

7 Phases in comprehensive violence prevention





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Common myths about mental health problems

- Myth 1: Mental health problems don't affect me.
 - Fact: Mental health problems are actually very common.
 - One in five American adults experienced a mental health issue in any given year
 - One in 10 young people experienced a period of major depression during past 12 months



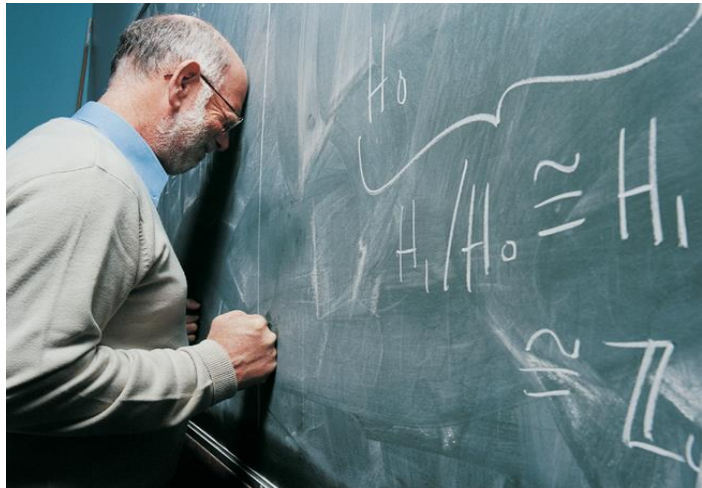
Source: Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

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Common myths about mental health problems

- Myth #2: Prevention doesn't work. It is impossible to prevent mental illnesses.
 - Fact: Prevention of mental, emotional, and behavioral disorders focuses on addressing known risk factors such as exposure to trauma that can affect the chances that children, youth, and young adults will develop mental health problems.



Source - Institute of Medicine 2009. Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Washington, DC: The National Academies Press. <https://doi.org/10.17226/12480>.

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Source: CDC Mental health and workplace; Picture - Monkik

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Strategies for improving mental health

As individual

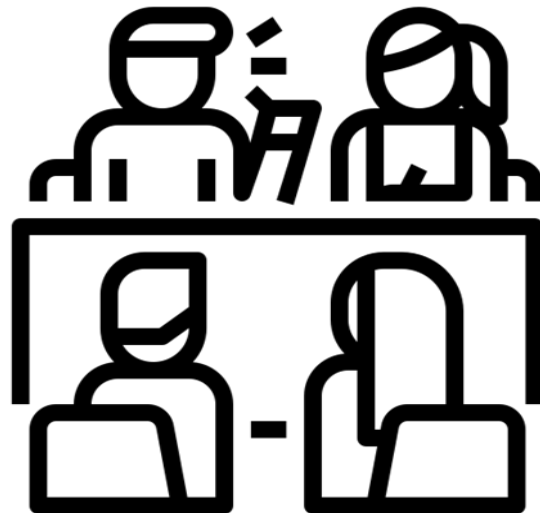
- Adopt behaviors that promote stress management and mental health.
- Eat healthy, well-balanced meals, exercise regularly, and get 7 to 8 hours of sleep a night.
- Encourage employers to offer mental health and stress management education and programs and participate.
- Take part in activities that promote stress management and relaxation
- Build and nurture social connections.
- Take the time to reflect on positive experiences and express happiness and gratitude.

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Strategies for improving mental health

As employer

- Distribute materials, such as brochures, fliers, and videos, to all employees about the signs and symptoms of poor mental health and opportunities for treatment.
- Host seminars or workshops that address depression and stress management techniques
- Provide managers with training to help them recognize the signs and symptoms of stress and depression in team members.
- Give employees opportunities to participate in decisions about issues that affect job stress.
- Offer health insurance that adequately covers mental health.



Source: CDC Mental health and workplace; Picture - Monkik

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Strategies for improving mental health

As community leader

- Promote mental health and stress management educational programs to working adults through public health departments, parks and recreational agencies, and community centers.
- Support community programs that indirectly reduce risks, for example, by increasing access to affordable housing, opportunities for physical activity (like sidewalks and trails), tools to promote financial well-being, and safe and tobacco-free neighborhoods.
- Create a system that employees, employers, and health care providers can use to find community-based programs (for example, at churches and community centers) that address mental health and stress management.



Source: CDC Mental health and workplace; Picture - Monkik

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Conclusion

- Suicide is a significant public health problem
- Results from an interaction of factors
 - never a single item that causes a suicide
 - multiple opportunities for action
- Research has shown much of suicidal behavior can be prevented
- Broad responsibility for addressing the issue
 - communities must work together
 - no one person or group can do it alone



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Thank you!



Questions and Comments



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Resources

- COVID-19 and stress
- <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>
- Taking care of your behavioral health
- <https://www.samhsa.gov/sites/default/files/tips-social-distancing-quarantine-isolation-031620.pdf>
- Coping with disaster or trauma
- <https://emergency.cdc.gov/coping/index.asp>

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