Suicide Prevention

Suicide is a major global and national public health issue, with devastating effects on individuals, families and communities. A **suicide** is a death caused by self-directed (self-inflicted) injurious behavior with any intent to die as a result of the behavior. Suicides only represent a portion of the total impact of suicidal behavior. Non-fatal suicide thoughts and behaviors include attempts and ideation. A **suicide attempt** is a non-fatal self-directed (self-inflicted) potentially injurious behavior with any intent to die as a result of the behavior. **Suicidal ideation** includes thinking about, considering, or planning for suicide. Substantially more are hospitalized as a result of non-fatal suicidal behavior and even more are treated in emergency departments (EDs) or not treated at all.[1]

Suicide warning signs include talking about a specific suicide plan, losing interest in things and activities and acting irritable or agitated.[2] While each suicide or attempted suicide can be as unique as the person who experiences it, there are ways to address the multiple social, emotional, environmental and health factors involved. Suicide prevention efforts must involve different strategies requiring a wide range of partners and draw on a diverse set of resources and tools.[3] Protective factors play an important role in understanding and preventing suicide. Protective factors include an individual's coping and problem solving skills, reasons for living (e.g., children in the home) and moral/religious objections to suicide. A person's relationships, such as connectedness to individuals, family, community and social institutions and supportive relationships with health care providers contribute to mental health status. Safe and supportive school and community environments and sources of continued care after psychiatric hospitalization are community-level protective factors. Society plays a vital role in protecting individuals from suicide, including availability of physical and mental health care and restrictions to lethal means of suicide.[2] Understanding the measures or factors that safeguard against suicide is essential to preventing suicide, yet they may not entirely remove the risk.

Many more people struggle with thoughts of suicide, causing the magnitude of the problem to be far greater than what current statistics indicate. The effects of suicide are not limited to individuals; estimates suggests that for each death by suicide 147 people are exposed to suicide (know someone who died by suicide) and among these, 18 experience a major life disruption (known as **loss survivors** [those bereaved of suicide]).[4] Extrapolating these estimates indicates there are more than one million loss survivors a year. With the 838,373 suicides from 1989 through 2014, the number of survivors of suicide loss in the U.S. is 15.09 million, or one out of every 21 Americans in 2014.[5]

How does suicide affect the U.S.?
Fatal data
- Suicide is the 10th leading cause of death in the U.S., resulting in 42,773 deaths in 2014.[6]
- Nearly 117 suicides occur per day, which is an average of one person dying every 12.3 minutes.[6]
- The highest rate is among 50-54 year olds, with 20.6 suicides per 100,000 population.[6]
- Suicide is the second leading cause of death among adolescents and young adults ages 10-34 years.[6]
- In 2014, 33,113 men died compared to 9,660 women, which equates to 3.4 males die by suicide for every one female who dies by suicide. The suicide death rate for men is 3.6 times greater compared to that of women (20.7 vs. 5.7 per 100,000 population).[6]
- From 1999 to 2014, the number of deaths by suicide in the U.S. increased by 46.5% from 29,199 to 42,773. Over the same 16-year period, the suicide death rate increased 23.8% from 10.5 to 13.0 per 100,000 population.[6]
- There were 1,719 suicides occurring in at workplace between 2003 and 2010. Workplace suicide rates were found to be highest for men, workers aged 65–74 years, those in protective service occupations and those in farming, fishing and forestry.[7]

Non-fatal data
- There were 469,096 non-fatal self-harm injury-related hospitalization and ED visits in 2014.[6]
- In 2013, an estimated 9.3 million adults aged 18 or older had serious thoughts of suicide in the past year, 2.7 million adults made suicide plans in the past year and 1.3 million adults attempted suicide in the past year.[5,8]

- There were three female suicide attempts for each male attempt.[5]
- It is estimated there are 25 suicide attempts for every death by suicide and 100-200 attempts for every one death among 15-24 year olds and four suicide attempts for every death for older adults.[5]

Cost data
- Suicide deaths resulted in $44.6 billion in combined medical and work loss costs in 2010. The average cost per death in medical expenses and lost productivity was nearly $1.2 million.[9]

How does suicide affect Indiana?
- In 2014, 948 suicides occurred in Indiana, making suicide the 11th leading cause of death among Hoosiers. There were 190 suicides among 45-54 year olds, which was the age group with the greatest number of deaths for men and women.
- Indiana had the 26th highest suicide rate in the U.S. with 14.3 per 100,000 in 2014, which is greater than the national average and the Midwest average.[5,6]
- In 2014, there were 2,216 non-fatal self-Inflicted Injury-related hospitalizations, of which 92.3% (2,047) were due to poisoning.
- Adolescents and young adults age 15-24 had the greatest number of non-fatal self-Inflicted Injury-related hospitalizations, followed by 45-54 year olds.
- In 2014, there were 5,196 non-fatal self-inflicted injury related ED visits of which 58.5% (3,043) were among women.
- Adults age 15-24 had the greatest number of non-fatal self-inflicted injury-related ED visits, followed by 25-34 year olds.
- Suicide deaths resulted in $1.02 billion in combined medical and work loss costs in 2010. The average cost per death in medical expenses and lost productivity was approximately $1.2 million.[9]

How do we address this problem?
Policy:
- Effective July 1, 2013, per Indiana Code (IC) 20-28-5-3, the Indiana Department of Education (DOE) may not issue an initial teaching license (includes instructional, student services and administrative licenses) at any grade level to an applicant for an initial teaching license unless the applicant shows evidence that the applicant has successfully completed education and training on the prevention of child suicide and the recognition of signs that a student may be considering suicide.
- **Local child fatality review (CFR)** Teams, per IC 16-49-3-3, shall review the death of a child that occurred in the area served by the local child fatality review team if: 1) the death of the child is sudden, unexpected, unexplained, or assessed by the DCS for alleged abuse or neglect that resulted in the death of the child, or 2) the coroner in the area served by the local child fatality review team determines that the cause of the death of the child is undetermined or the result of a homicide, **suicide**, or accident.
- Per IC 12-18-8-6, a county may establish a **county domestic violence fatality review team** for the purpose of reviewing a death resulting from or in connection with domestic violence, including if the manner of death is suicide and the deceased individual was a victim of an act of domestic violence (defined in IC 34-6-2-34.5).

Data collection:
- CDC recently released *Self-Directed Violence Surveillance: Uniform Definitions and Recommended Data Elements, version 1.0,* which promotes and improves the ability of individuals and organizations to gather self-directed violence surveillance data. Website: http://www.cdc.gov/violenceprevention/pdf/self-directed-violence-a.pdf.
- CDC updated the Web-based Injury Statistics Query and Reporting System (WISQARS) to include data from the National Violent Death Reporting System (NVDRS). WISQARS is an interactive, online database that provides fatal and non-fatal injury data from a variety of sources. Website: http://www.cdc.gov/injury/wisqars/nvdrs.html

- Indiana is one of 32 states to receive funding for the Centers for Disease Control (CDC) Collecting Violent Death Data Using the National Violent Death Reporting System (NVDRS). The purpose of the funding is to improve the planning, implementation and evaluation of violence prevention programs. The grant will be administered by the State Department of Health's Division of Trauma and Injury Prevention. The **Indiana Violent Death Reporting System (INVDRS)** will gather vital records data, law enforcement records and coroner reports into one central web-based registry in order to better understand the circumstances of violent deaths, including homicides, **suicides**, undetermined intent deaths and unintentional firearm deaths for the purposes of prevention.
- The **Indiana Child Fatality Review Program** attempts to better understand how and why children die, take action to prevent other deaths and improve the health and safety of our children. Each local child fatality review team will be made up of coroner/deputy coroner, a pathologist, a pediatrician or family practice physician, and local representatives from law enforcement, the local health department, Indiana Department of Child Services' (DCS), emergency medical services, a school district within the region, fire responders, the prosecuting attorney's office and the mental health community. The teams are required to review all deaths of children under the age of 18 that are sudden, unexpected or unexplained, all deaths that are assessed by DCS, and all deaths that are determined to be the result of homicide, **suicide**, accident, or are undetermined.
- The ISDH Division of Trauma and Injury Prevention conducts statewide injury surveillance through death certificates, hospitalizations and ED visits. The **Indiana Trauma Registry** is a repository into which statewide trauma data has been brought together to support three foundational activities: identification of the trauma population, statewide process improvement activities and research.
- Statewide direction and focus for violence prevention, including suicide prevention, is one of the priority areas outlined in the **Indiana Trauma and Injury Prevention State Plan**.

Interventions:
  Crisis Hotlines:
  - **National Suicide Prevention LifeLine**: 1-800-273-TALK (1-800-273-8255)
  - **Teen Suicide Hotline:** 1-800-SUICIDE (1-800-784-2433)
  - **Veteran's Crisis Line:** 1-800-273-8255 or 1-800-799-4889 http://www.veteranscrisisline.net
  - **Mental Health America of Greater Indianapolis:** 317-251-7575 Or Text CSIS to 839863
  - **Community Health Network 24-hour crisis line:** 1-800-662-3445 Or Text 'HELPNOW' to 20121
  - **Lifeline Wallet Cards**: http://www.suicidepreventionlifeline.org/getinvolved/materials.aspx
  - **Disaster Distress Helpline:** 1-800-985-5990 or text TalkWithUs to 66746

  Peer Support Groups:
  - Active Minds: http://www.activeminds.org/
  - American Foundation for Suicide Prevention - Indiana Support Groups: http://www.afsp.org/index.cfm?fuseaction=home.viewPage&page_id=9DA567C3-918C-589E-74AE34A3B0484E2D
  - Depression & Bipolar Support Alliance: http://www.dbsalliance.org
  - The National Mental Health Consumers' Self-Help Clearinghouse: http://www.mhselfhelp.org
  - The National Empowerment Center: http://www.power2u.org
  - Directory of Consumer-Run State-Wide Organizations: http://www.power2u.org/consumerrun-statewide.html
  - National Consumer Supporter Technical Assistance Center: http://www.ncstac.org
  - National Coalition of Mental Health Consumer/Survivor Organizations: http://www.ncmhr.org
  - STAR Center: http://www.consumerstar.org
  - To Write Love on Her Arms: http://www.twloha.com/index.php
  - Alliance of Hope for Suicide Survivors: http://www.allianceofhope.org
  - Friends for Survival: http://www.friendsforsurvival.org

- o HEARTBEAT: Grief Support Following Suicide: http://heartbeatsurvivorsaftersuicide.org/
- Suicide Aftercare Association's **Survivors of Suicide Support Groups** for suicide loss survivors (friends and family left behind after a suicide) exist across Indiana. The support groups also advocate for education and prevention of suicide. Website: http://www.suicideaftercare.org/indiana.html.
- Preventing Suicide: How to Start a Survivors' Group, from the Department of Mental Health and Substance Abuse at the World Health Organization, contains material to start a self-help support group for survivors of suicide.

Collaborations & Partnerships:
- The Family and Social Services Administration (FSSA) Division of Mental Health and Addiction (DMHA) facilitate the **State of Indiana Suicide Prevention Task Force** and is charged with developing a **state suicide prevention plan**. This task force is comprised of representatives from 10 organizations, including membership from other state agencies such as the ISDH and the Indiana Department of Education, in addition to community organizations whose focus is on providing mental health services and suicide prevention efforts. Website: http://www.in.gov/issp/files/plan.pdf.
- **Zero Suicides for Indiana Youth Initiative** is a comprehensive early intervention and suicide prevention program that will train healthcare and youth-serving organizations to identify and refer at-risk youth. Community Health Network received a Substance Abuse Mental Health Services Administration (SAMHSA) grant to expand and accelerate this program. Website: http://www.ecommunity.com/s/behavioral-health/zero-suicides/.

Programs & Education:
- Warning signs: The following are some of the signs you might notice in yourself or a friend that may be reason for concern.
  - o Talking about wanting to die or to kill oneself
  - o Looking for a way to kill oneself, such as searching online or buying a gun
  - o Talking about feeling hopeless or having no reason to live
  - o Talking about feeling trapped or in unbearable pain
  - o Talking about being a burden to others
  - o Increasing the use of alcohol or drugs
  - o Acting anxious or agitated; behaving recklessly
  - o Sleeping too little or too much
  - o Withdrawing or feeling isolated
  - o Showing rage or talking about seeking revenge
  - o Displaying extreme mood swings

- The **Best Practices Registry for Suicide Prevention (BPR)**: A collaborative project of the Suicide Prevention Resource Center and the American Foundation for Suicide Prevention, the Best Practices Registry (BPR) is a sortable and searchable registry containing: Section I) evidence-based programs, Section II) expert and consensus statements and Section III) programs, practices and policies whose content has been reviewed according to specific standards. Website: http://www.sprc.org/bpr/using-bpr.
- SAMHSA's **National Registry of Evidence-based Programs and Practices** (NREPP) is a searchable online registry of more than 340 substance abuse and mental health interventions. NREPP was developed to help the public learn more about evidence-based interventions that are available for implementation. Website: http://www.nrepp.samhsa.gov/.
- **Suicide Prevention Basics** from the Suicide Prevention Resource Center promotes a public health approach to suicide prevention. SPRC provides accurate data, up-to-date research and knowledge of effective strategies and interventions to prevent suicide. Website: http://www.sprc.org/basics/.
- **Jason Foundation, Inc.** is dedicated to the prevention of the "silent epidemic" of youth suicide through educational and awareness programs that equip young people, educators/youth workers and parents with resources and tools to help identify and assist at-risk youth. All programs are offered at no cost to participants and include computer modules for youth, staff development training and community seminars. Website: http://jasonfoundation.com/.

- SAMHSA's **"Preventing Suicide: A Toolkit for High Schools"** affirms the need for schools to offer a comprehensive suicide prevention program to include parents, teachers, students and administrators. Website: http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669.
- **U OK? Friends Ask!** Suicide Prevention Program was developed by the National Center for the Prevention of Youth Suicide, a program of the American Association of Suicidology (AAS). U OK? is a school or community-based youth suicide prevention and awareness program that calls on the interest and ability of young leaders to educate their peers on what to look for and how to help. Website: http://www.suicidology.org/ncpys/u-ok-program.
- safeTALK, an educational program provided by the **American Foundation for Suicide Prevention**, is a three-hour workshop that prepares anyone over the age of 15 to become a suicide-alert helper. The training teaches people how to provide practical help to people with thoughts of suicide and activate a suicide alert using the TALK steps: Tell, Ask, Listen and KeepSafe. Website: http://www.afsp.org/local-chapters/find-your-local-chapter/afsp-national-capital-area/upcoming-chapter-events/safetalk-training.
- **Indiana Department of Education Required New Teacher Suicide Prevention trainings** (website: http://www.doe.in.gov/licensing/suicide-prevention-training) and Indiana State Suicide Prevention training Website: http://www.in.gov/issp/2365.htm.
- **Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Centers** released by SAMSA offers strategies senior centers can use to integrate suicide prevention into activities that support the well-being of older adults. The toolkit describes activities that increase protective factors and explains how to recognize the warning signs of suicide. Website: http://store.samhsa.gov/product/Promoting-Emotional-Health-and-Preventing-Suicide/SMA15-4416.
- **MY3 Suicide Prevention App** allows users to define a network and develop a plan to stay safe. The MY3 app connects users to others when having thoughts of suicide. The free to download app is available here: http://www.my3app.org/.
- **Suicide Prevention Toolkit** developed by the National Suicide Prevention Lifeline, funded by SAMHSA and administered by Link2Health Solutions, includes the MY3 suicide prevention app, templates to develop a safety plan for crisis, e-cards to share with friends and other resources. Website: http://www.suicidepreventionlifeline.org/getinvolved/suicide-prevention-toolkit.aspx.

Measures: Healthy People 2020:
Injury and Violence Prevention (IVP)-41: Reduce non-fatal intentional self-harm injuries.
IVP-43: Increase the number of States and the District of Columbia that link data on violent deaths from death certificates, law enforcement and coroner and medical examiner reports to inform prevention efforts at the State and local levels.

Additional resources:
a. ISDH Division of Trauma and Injury Prevention: http://www.in.gov/isdh/19537.htm
b. Indiana Suicide Coalitions, Councils and Taskforces: http://www.in.gov/issp/2377.htm
c. Indiana Department of Education: http://www.doe.in.gov/student-services/suicide-prevention-and-response
d. American Foundation for Suicide Prevention Indiana Chapter: https://www.afsp.org/local-chapters/local-chapters-listed-by-state/indiana/afsp-indiana
e. IPFW Behavioral Health & Family Studies Institute: http://www.ipfw.edu/departments/chhs/centers/bhi/
f. Mental Health America of Indiana: http://www.nmha.org/
g. Mental Health America of Greater Indianapolis: http://www.mhaindy.net/ : Crisis Line: 317-251-7575 or Text CSIS to 839863
h. Suicide Aftercare Association Indiana: http://www.suicideaftercare.org/indiana.html
i. Suicide Prevention Resource Center: Indiana: http://www.sprc.org/states/indiana
j. Action Alliance for Suicide Prevention: http://actionallianceforsuicideprevention.org/
k. American Academy of Pediatrics (AAP): http://www.aap.org
l. American Association of Suicidality (AAS): http://www.suicidology.org/
m. American Foundation for Suicide Prevention (AFSP): http://www.afsp.org

n. American Psychiatric Association: http://www.psych.org
o. American Psychological Association (APA): http://www.apa.org
p. Centre for Suicide Prevention: http://suicideinfo.ca/
q. Center for Health Policy report on: Overview of Suicide Risk among Adolescent Hispanic Girls in Indiana: https://www.healthpolicy.iupui.edu/PubsPDFs/Overview%20of%20Suicide%20Risk.pdf
r. Forefront: Innovations in Suicide Prevention (for the State of Washington): http://intheforefront.org/
s. Injury Control Research Center for Suicide Prevention (ICRC-S): http://suicideprevention-icrc-s.org/
t. Man Therapy: http://www.Mantherapy.org
u. National Action Alliance for Suicide Prevention: http://actionallianceforsuicideprevention.org/
v. National Association of School Psychologists: http://www.nasponline.org
w. National Center for Injury Prevention and Control, CDC: http://www.cdc.gov/violenceprevention/suicide
x. National Center for Suicide Prevention Training: http://www.ncspt.org
y. National Institute of Mental Health (NIMH): http://www.nimh.nih.gov/index.shtml
z. National Mental Health Information Center: http://healthfinder.gov/orgs/HR2480.htm
aa. National Organization for People of Color Against Suicide: http://www.nopcas.org
bb. National Suicide Prevention Lifeline: http://www.suicidepreventionlifeline.org/ Phone: (800) 273-TALK (8255)
cc. QPR Institute: http://www.qprinstitute.com
dd. Screening for Mental Health: https://mentalhealthscreening.org/
ee. Society for the Prevention of Teen Suicide: http://sptsuniversity.org/
ff. Stop a Suicide Today: http://www.stopasuicide.org/
gg. Suicide Awareness Voice of Education (SAVE): http://www.save.org
hh. Substance Abuse and Mental Health Services Administration (SAMHSA): http://www.samhsa.gov
ii. Suicide Prevention Resource Center (SPRC): http://www.sprc.org
jj. The Trevor Project: http://www.thetrevorproject.org/
kk. Yellow Ribbon Suicide Prevention Program: http://yellowribbon.org/

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