



# Suicide Trends in Indiana: Recommendations for Prevention

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# Suicide is a public health concern in U.S. and Indiana

- Examined suicide risks, trends, and current interventions in Indiana
- Reviewed literature and existing data
- Conducted key informant interview with state experts
- Made recommendations

# Suicide in the United States

## 10 Leading Causes of Death by Age Group, United States – 2017

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalias 4,580	Unintentional Injury 1,267	Unintentional Injury 718	Unintentional Injury 860	Unintentional Injury 13,441	Unintentional Injury 25,669	Unintentional Injury 22,828	Malignant Neoplasms 39,266	Malignant Neoplasms 114,810	Heart Disease 519,052	Heart Disease 647,457
2	Short Gestation 3,749	Congenital Anomalias 424	Malignant Neoplasms 418	Suicide 517	Suicide 6,252	Suicide 7,948	Malignant Neoplasms 10,900	Heart Disease 32,658	Heart Disease 80,102	Malignant Neoplasms 427,896	Malignant Neoplasms 599,108
3	Maternal Pregnancy Comp. 1,432	Malignant Neoplasms 325	Congenital Anomalias 188	Malignant Neoplasms 437	Homicide 4,905	Homicide 5,488	Heart Disease 10,401	Unintentional Injury 24,461	Unintentional Injury 23,408	Chronic Low. Respiratory Disease 136,139	Unintentional Injury 169,936
4	SIDS 1,363	Homicide 303	Homicide 154	Congenital Anomalias 191	Malignant Neoplasms 1,374	Heart Disease 3,681	Suicide 7,335	Suicide 8,561	Chronic Low. Respiratory Disease 18,667	Cerebrovascular 125,653	Chronic Low. Respiratory Disease 160,201
5	Unintentional Injury 1,317	Heart Disease 127	Heart Disease 75	Homicide 178	Heart Disease 913	Malignant Neoplasms 3,616	Homicide 3,351	Liver Disease 8,312	Diabetes Mellitus 14,904	Alzheimer's Disease 120,107	Cerebrovascular 146,383
6	Placenta Cord Membranes 843	Influenza & Pneumonia 104	Influenza & Pneumonia 62	Heart Disease 104	Congenital Anomalias 355	Liver Disease 918	Liver Disease 3,000	Diabetes Mellitus 6,409	Liver Disease 13,737	Diabetes Mellitus 59,020	Alzheimer's Disease 121,404
7	Bacterial Sepsis 592	Cerebrovascular 66	Chronic Low. Respiratory Disease 59	Chronic Low. Respiratory Disease 75	Diabetes Mellitus 248	Diabetes Mellitus 823	Diabetes Mellitus 2,118	Cerebrovascular 5,198	Cerebrovascular 12,708	Unintentional Injury 55,951	Diabetes Mellitus 83,564
8	Circulatory System Disease 449	Septicemia 48	Cerebrovascular 41	Cerebrovascular 56	Influenza & Pneumonia 190	Cerebrovascular 593	Cerebrovascular 1,811	Chronic Low. Respiratory Disease 3,975	Suicide 7,982	Influenza & Pneumonia 46,862	Influenza & Pneumonia 55,672
9	Respiratory Distress 440	Benign Neoplasms 44	Septicemia 33	Influenza & Pneumonia 51	Chronic Low. Respiratory Disease 188	HIV 513	Septicemia 854	Septicemia 2,441	Septicemia 5,838	Nephritis 41,670	Nephritis 50,633
10	Neonatal Hemorrhage 379	Perinatal Period 42	Benign Neoplasms 31	Benign Neoplasms 31	Complicated Pregnancy 168	Complicated Pregnancy 512	HIV 831	Homicide 2,275	Nephritis 5,671	Parkinson's Disease 31,177	Suicide 47,173

Data Source: National Vital Statistics System, National Center for Health Statistics, CDC.  
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.



Centers for Disease Control and Prevention  
National Center for Injury Prevention and Control

# Impact of Suicide/Suicide Exposure

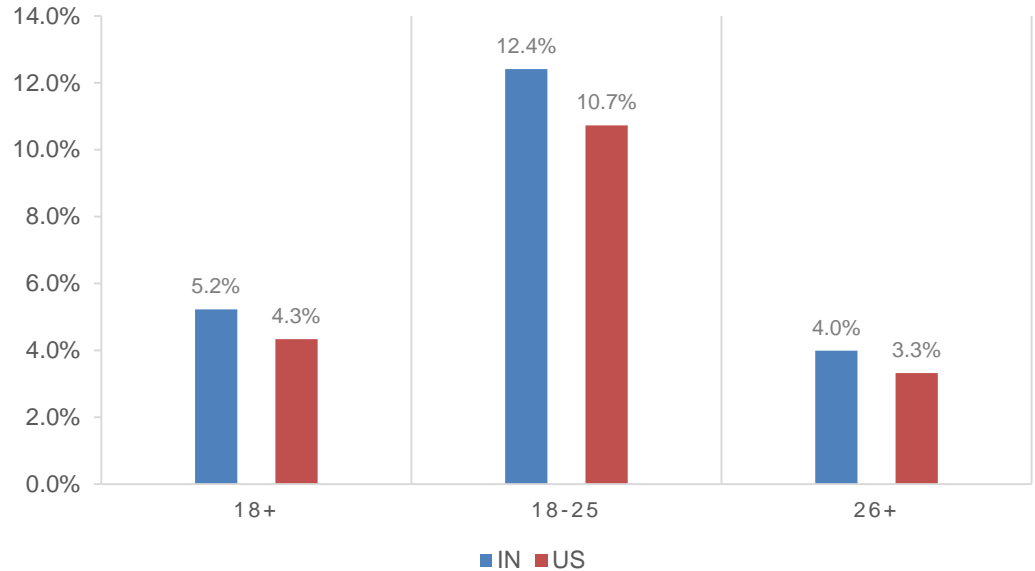
- Social Impact
  - Individuals are more likely to develop mental and behavioral health concerns, or engage in harmful behaviors.
- Economic Impact
  - Estimated impact in Indiana: \$1.2 billion in 2014

# Suicide Risk

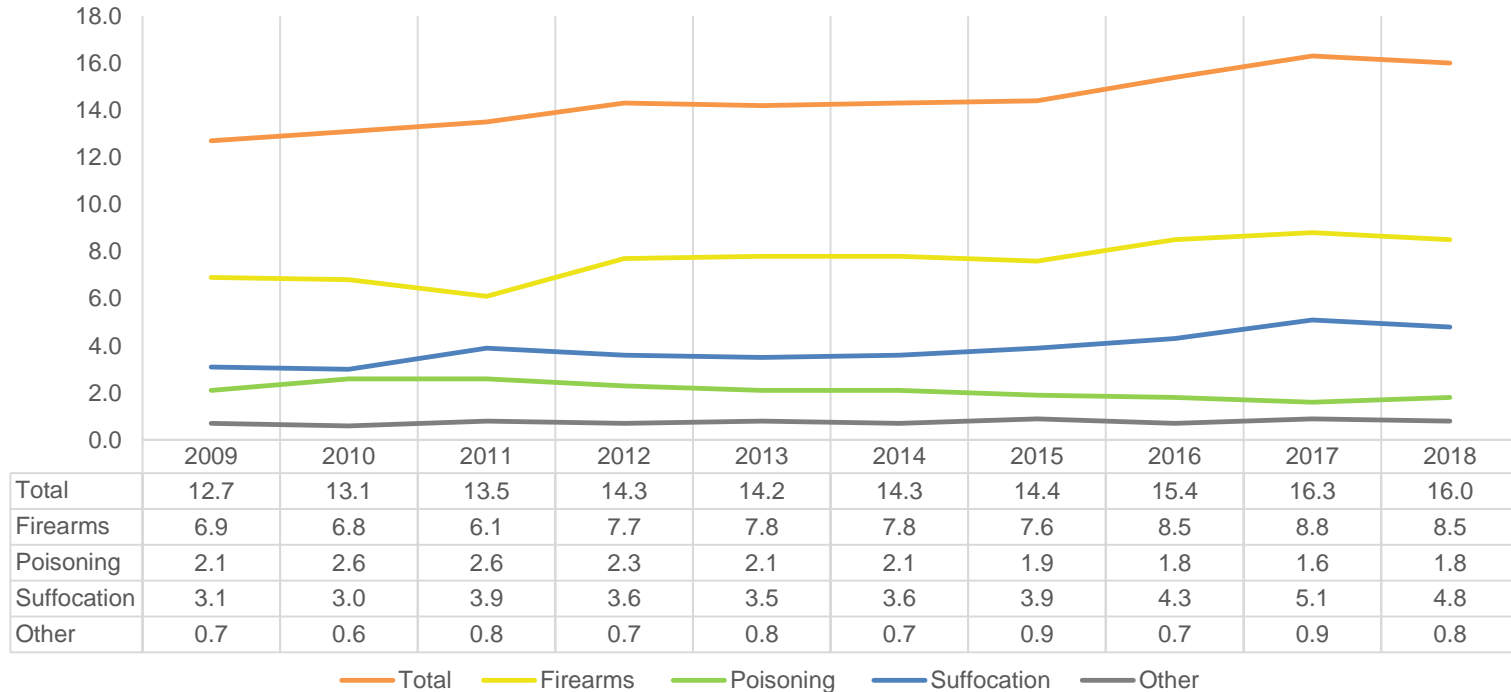
- Risk Factors
- Protective Factors
- Specific High Risk Groups

# Suicide in Indiana

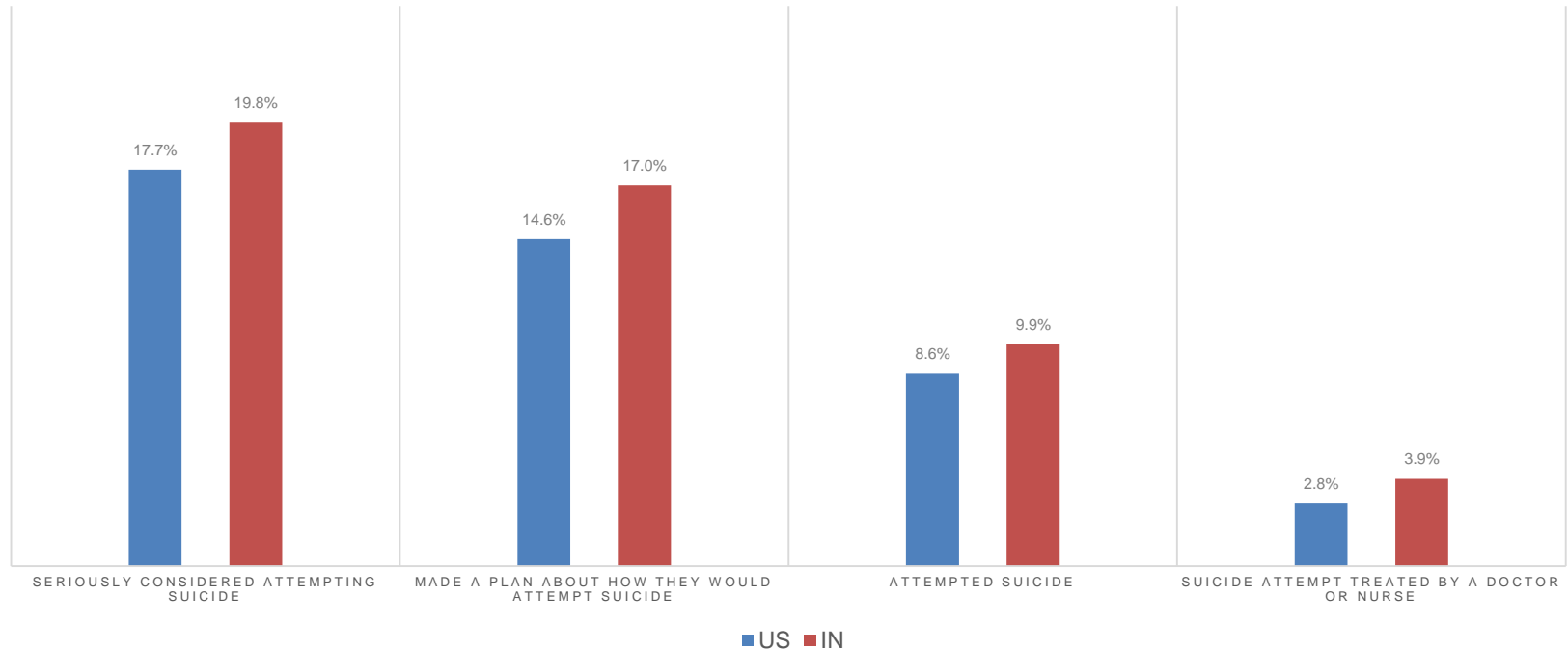
Over 5% of Hoosiers indicated that they had serious thoughts of suicide within the past year.



# Indiana Suicide Mortality

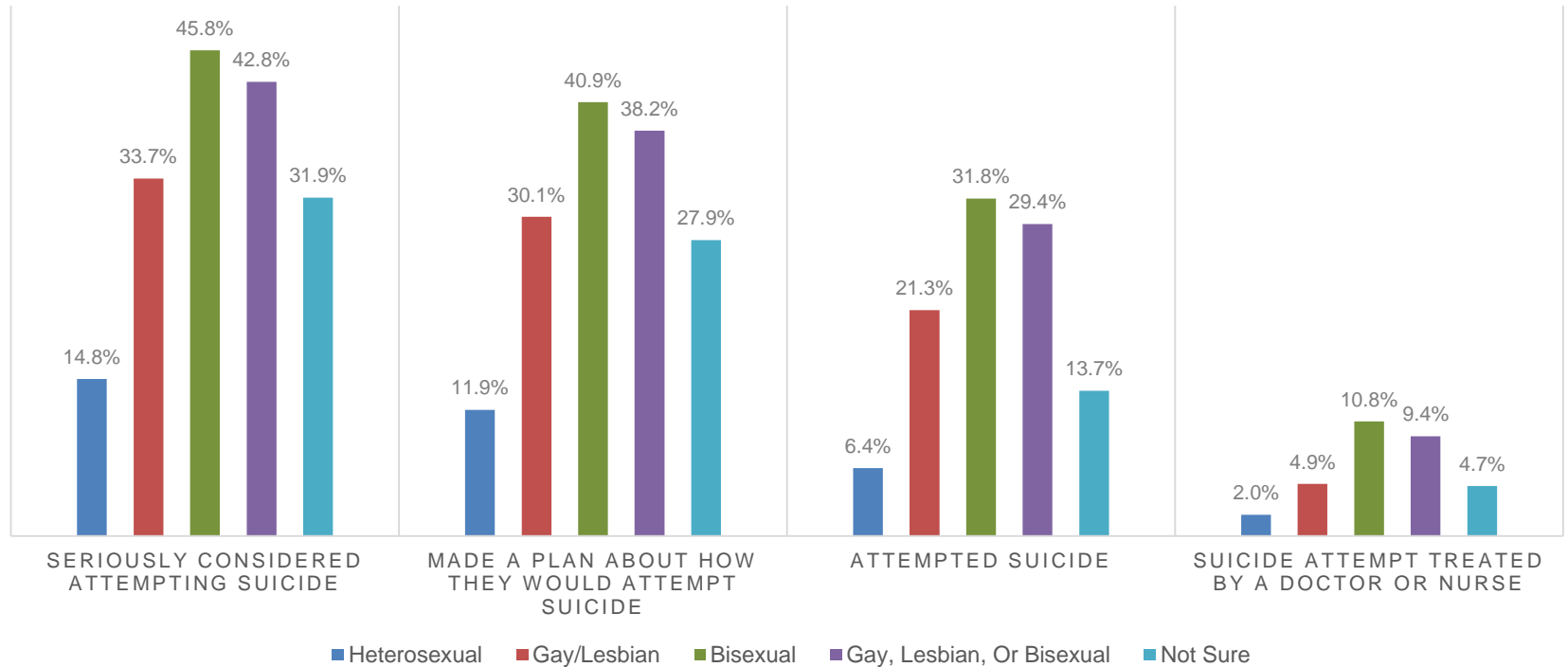


# Youth Risk Behavior Surveillance System (YRBSS)

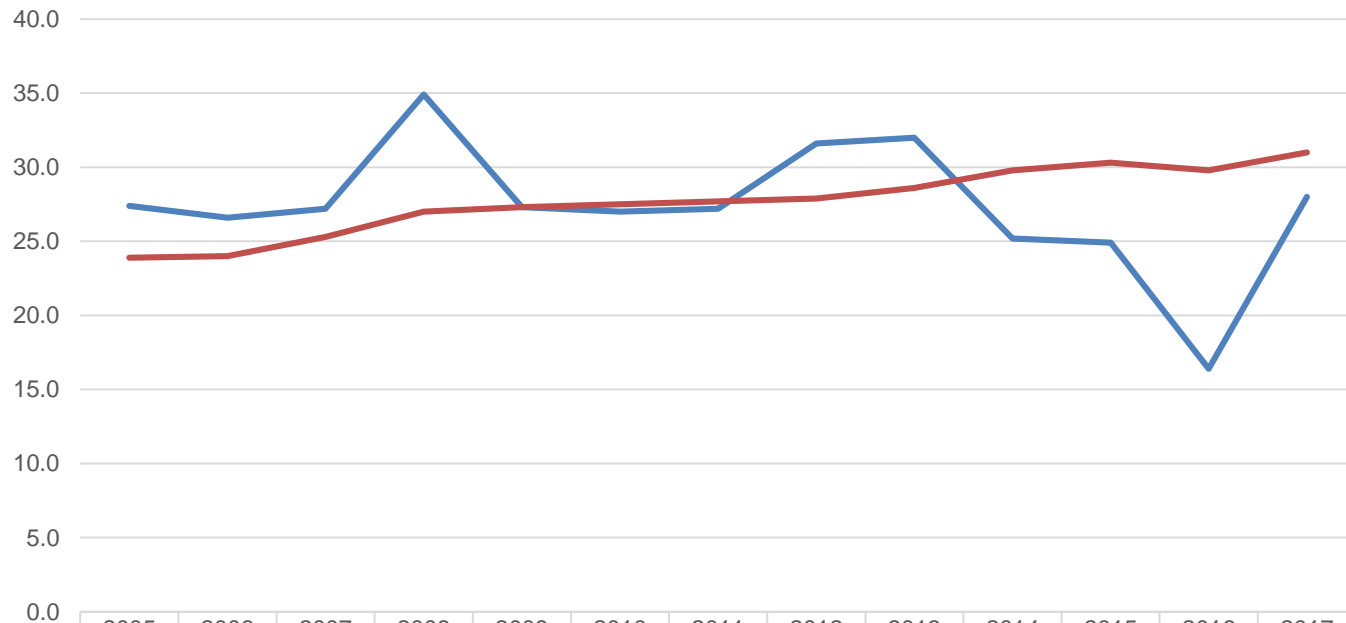




# YRBSS- SGM Youth



# Veteran Suicide Mortality



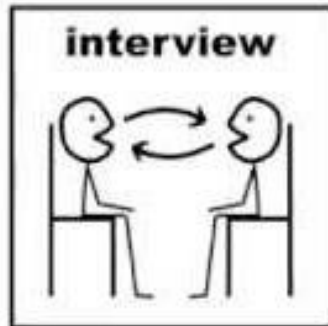
— Indiana	27.4	26.6	27.2	34.9	27.3	27.0	27.2	31.6	32.0	25.2	24.9	16.4	28.0
— US	23.9	24.0	25.3	27.0	27.3	27.5	27.7	27.9	28.6	29.8	30.3	29.8	31.0

# Indiana Policies

- 2011: Indiana HB 1019/SB 4
- 2017: Indiana HB 1430

# Key informant interviews with 11 experts

- Magnitude of the problem
- Vulnerable Populations & Risk Factors
- Suicide Trends
- Stigma/Resilience
- Indiana's Response
- Current Gaps
- Recommendations for Prevention



# Magnitude of the problem

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*“Every year the numbers go up, and I think that’s the most important statistic...we’re not decreasing, every single year, it’s going up.”*

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- Suicide is a significant problem
- A leading cause of death in many age groups
- Rising rates in attempts and deaths
- Underreported
  - Inconsistent data collection and coroner’s system

# The most commonly cited risk factors included

- Social isolation
- Access to lethal means
- Lack of access to mental health care
- Exposure to trauma (ACEs, PTSD)
- Exposure to suicide



# Everyone is at risk, but some populations are more vulnerable

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*“Men tend to die more violently by suicide versus women, who tend to choose drug overdose as their means, and then someone finds them, resuscitates them, and gets them into treatment.”*

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- Those with mental health disorders, substance use disorders, or both
- Individuals who identify as LGBTQ (SGM)
- Youth and young adults
- Military
- Law enforcement & first responders
- Middle-aged men

# Suicide trends in Indiana

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*“Younger and younger students, as young as 8, are coming forward and saying they’re having suicidal ideations.”*

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- Trends similar in Indiana and U.S., but our state has higher rates
- Indiana has less access to mental health services
  - Low MH provider to population ratio
  - Low utilization, often due to stigma
- Increase in ED visits for youth with suicidal ideation
- Suicide by asphyxiation (hanging) is becoming more common among youth



# How to reduce stigma & promote resilience

- Mental health & suicide highly stigmatized
- Creates barriers to help-seeking
- Resilience is a protective factor
- Reducing stigma and promoting resilience through
  - EBPs and anti-stigma campaigns (especially those who come into contact with youth)
  - Promoting pro-social behaviors, encouraging community engagement, and fostering social connections.
  - Integrating mental health into other sectors (e.g., primary care, criminal justice system, schools, employment)

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*“Talk about suicide not only in terms of deaths, but stick to messages of hope, messages of resilience, messages of connectedness.”*

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# How is Indiana currently addressing suicide prevention/intervention?

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*“Lately, we have more collaboration and more people vested in suicide prevention, working at agencies that either serve broad areas of the state or are supposed to serve the whole state, so that is a new phenomenon.”*

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- Legislation
  - State suicide prevention coordinator
  - Teachers (grades 5-12) complete a suicide prevention training program every 3 years)
- Committees & coalitions
  - E.g., mortality review groups, suicide learning collaborative, ISPN/ISPNAC
- More suicide prevention trainings being offered
- More collaboration across agencies and organizations

# What are the gaps?

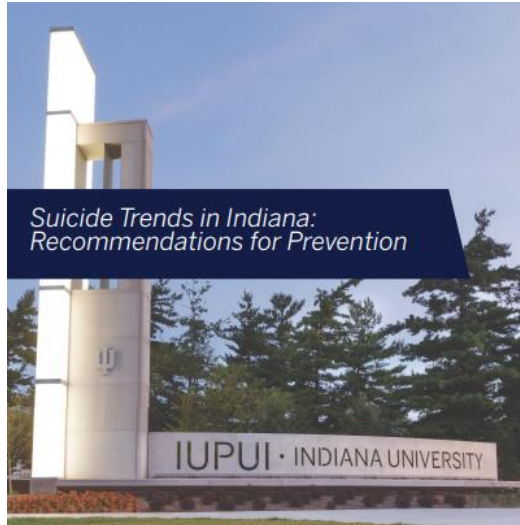
Lack of...

- Funding
- In-depth data and inconsistent data collection
- Access to mental health care
- Workforce
- Awareness that suicide is a public health problem

# Based on key informants, lit review, and data, we make the following recommendations

- Follow a public health approach to address suicidality at all stages
- Make suicide prevention a statewide priority & coordinate across agencies & sectors
- Provide adequate, sustained funding
- Reduce stigma and promote resilience
- Encourage consistent data collection
- Improve access to timely, affordable, and quality mental health care
- Support mental health integration
- Implement evidence-based programs and strategies

Full Report is available at  
<http://bit.ly/SEOWbriefs>



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