

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# Suicide: The Challenges and Opportunities Behind the Public Health Problem

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Lifeline Crisis Centers Conference

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# Tough Realities

- **Approximately 36,000 Americans die by suicide each year**
- **1.1 million (.05 percent) Americans (18 and older) attempted suicide in the past year**
- **2.2 million (1 percent) Americans (18 and older) made a plan in the past year**
- **8.4 million (3.7 percent) Americans (18 and older) had serious thoughts of suicide in the past year**



# Tough Realities



**Approximately 30 percent of deaths by suicide involved alcohol intoxication – BAC at or above legal limit**

# Tough Realities



- **2005-2009:** 55% increase in emergency department visits for drug related suicide attempts by men 21 to 34
- **2005-2009:** 49% increase in emergency department visits for drug related suicide attempts by women 50+

# Tough Realities

50 percent of those who die by suicide were afflicted with major depression, and the suicide rate of people with major depression is eight times that of the general population

90 percent of individuals who die by suicide had a mental disorder



# Tough Realities

- 2005 – 2009: More than 1,100 members of the Armed Forces took their own lives; an average of 1 suicide every 36 hours
- 2010 Army suicide rate (active-duty) soldiers decreased slightly (2009 = 162; 2010 = 156)
- Number of suicides in the Guard and Reserve increased by 55% (2009 = 80; 2010 = 145)
- More than half of the National Guard members who died by suicide in 2010 had not deployed
- Suicide among veterans accounts for as many as 1 in 5 suicides in the U.S.



# Missed Opportunities = Lives Lost

- Individuals discharged from an inpatient unit continue to be at risk for suicide
  - Approximately 10% of individuals who died by suicide had been discharged from an ED within previous 60 days
  - Approximately 8.6 percent hospitalized for suicidal tendencies are predicted to eventually die by suicide



# Missed Opportunities = Lives Lost

**77 percent of individuals who die by suicide had visited their primary care doctor within the year**

**45 Percent had visited their primary care doctor within the month**

**The question of suicide was seldom raised...**



# Suicide: Data and Disparities

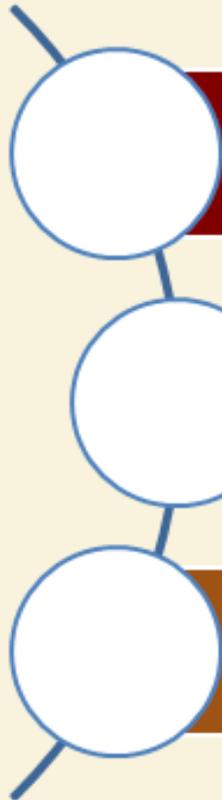
- **Suicides**

- 4 males : 1 female
- Highest Risk: elderly white males (85+)
- Largest numbers: middle-aged (40-60) males at 2 times the baseline rate of other Americans and working-aged males (20-64); account for 60 percent of suicides
- Higher risk: young and middle-aged AI/AN

- **Suicide attempts**

- Female more than male
- Rates peak in adolescence and decline with age
- Higher risk: LGBT youth and young Latinas

# Focus Area for Today's Discussion



PREVENTION

NATIONAL ACTION ALLIANCE FOR SUICIDE  
PREVENTION

CRISIS OF UNTREATED MENTAL & SUBSTANCE USE  
DISORDERS

# Focus: SAMHSA's Strategic Initiatives

*AIM: Improving the Nation's Behavioral Health (1-4)*

*AIM: Transforming Health Care in America (5-6)*

*AIM: Achieving Excellence in Operations (7-8)*

1.  
Prevention

2.  
Trauma and  
Justice

3.  
Military  
Families

4.  
Recovery  
Support

5.  
Health  
Reform

6.  
Health  
Information  
Technology

7.  
Data,  
Outcomes  
and  
Quality

8.  
Public  
Awareness  
and  
Support

# Prevention

- **Prevent Substance Abuse and Mental Illness (Including Tobacco) and Build Emotional Health**
- ***Suicide***
- **Underage Drinking/Alcohol Polices**
- **Prescription Drug Abuse**

# National Action Alliance for Suicide Prevention

- A public-private partnership established in 2010 to advance the *National Strategy for Suicide Prevention (NSSP)*
- **Vision:** The National Action Alliance for Suicide Prevention envisions a nation free from the tragic experience of suicide
- **Mission:** To advance the *NSSP* by:
  - Championing suicide prevention as a national priority
  - Catalyzing efforts to implement high priority objectives of the NSSP
  - Cultivating the resources needed to sustain progress
- **Leadership:**
  - Public Sector Co-Chair – the Honorable John McHugh, Secretary of the Army
  - Private Sector Co-Chair - the Honorable Gordon H. Smith, President and CEO, National Association of Broadcasters

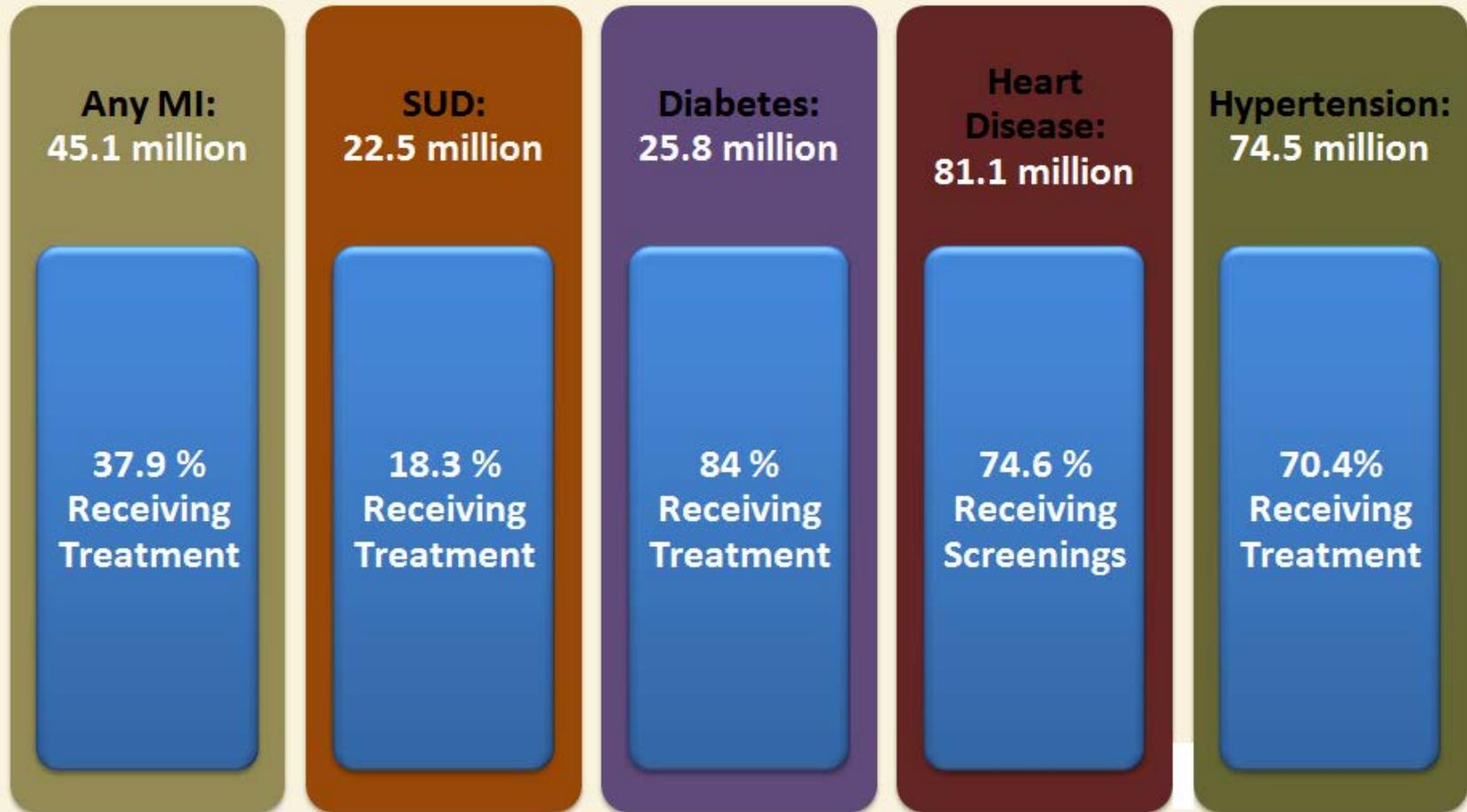
# National Action Alliance for Suicide Prevention

- **Priority 1:** Update/implement the Surgeon General's NSSP *by 2012*
- **Priority 2:** Public awareness and education
- **Priority 3:** Focus on suicide prevention among high-risk populations
- **3 Categories of Task Forces have been developed:**
  - Infrastructure: To support suicide prevention for all populations
  - High Risk Populations: Showing increasing or disproportionately high rates of suicidal behaviors
  - Interventions: Specific suicide prevention domains or settings (e.g. quality clinical care, faith communities, clinical workforce preparedness)

# Action Alliance Recommends Three Priority Areas for CMS Consideration

- **Issue One:** Too many missed opportunities to save lives in primary care settings
- **Issue Two:** Millions of Americans still lack access to evidence-based care and BH professionals that can reduce suicidal behavior
- **Issue Three:** Too many discharged from EDs/inpatient units following suicide crisis at significantly elevated risk yet 50 percent referred to care following discharge do not actually receive outpatient treatment

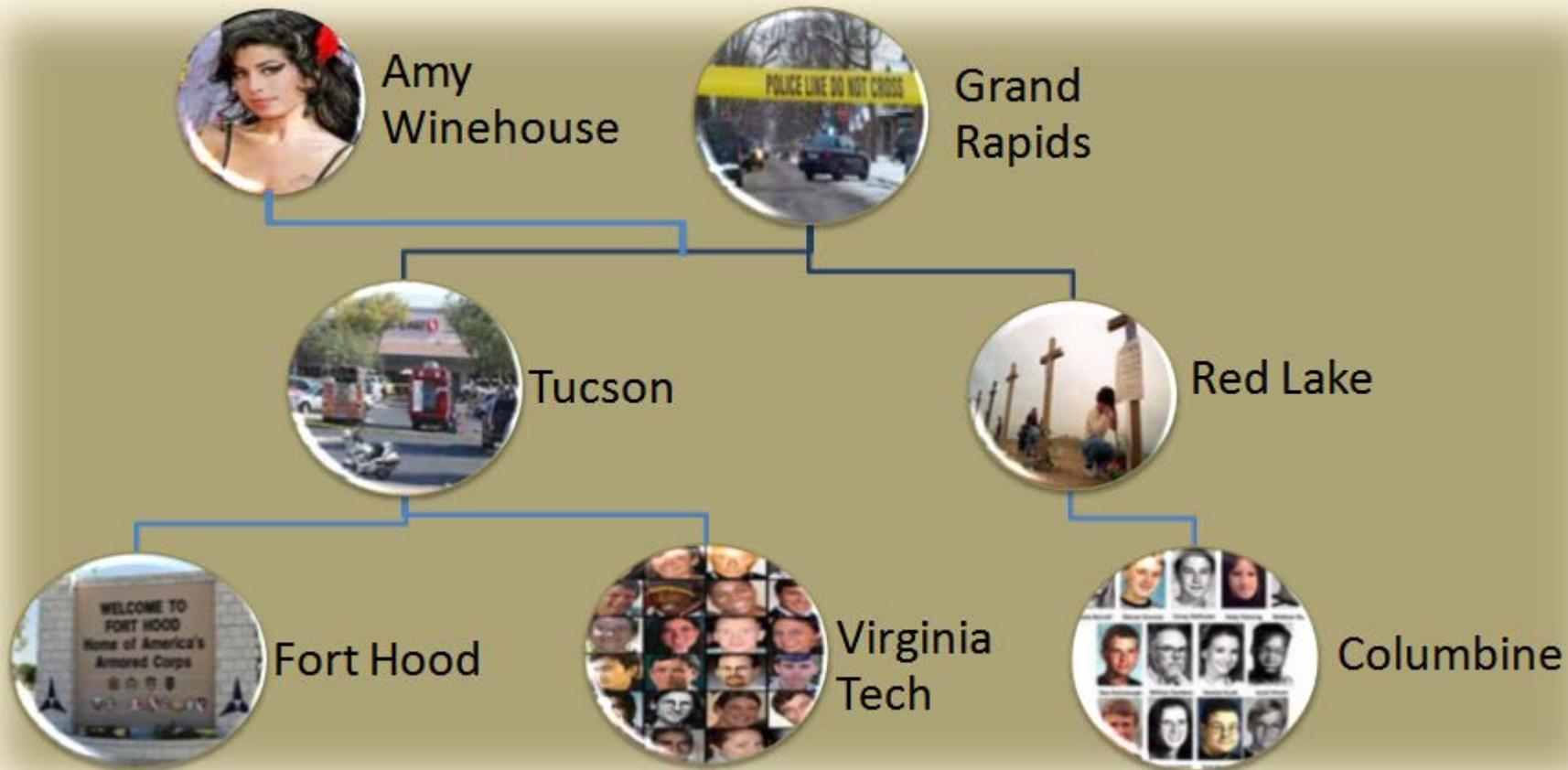
# Daily Crisis of Unprevented and Untreated M/SUDs



# A Different National Dialogue: The Problem

- Behavioral Health (prevention, treatment, recovery supports) seen as social problem rather than a public health issue
- Communities/Governments respond to social problems rather than to health needs of people and community
- BH field has multiple philosophies resulting in multiple and inconsistent messages
  - Disease; disability; chronic medical condition; social reaction to difference; brain/genetic; environment/psychosocial

# Tragedies



# Public Events Lead to Inaccurate Public Dialogue

- **Individual blame based on misunderstanding**
  - e.g., moral judgment, discrimination, prejudice, social exclusion
- **OR**
- **Attention to Symptoms**
  - e.g., homelessness; drug-related gangs; child welfare issues due to addiction and mental illness; amount of jail time by persons with M/SUDs; institutional, provider, or system failures
- **LEADING TO**
- **Insufficient Responses**
  - E.g., increased security & police protection; tighter background checks; controlled access to weapons; legal control of perpetrators & their treatment; more jail cells, homeless shelters, institutional / system / provider oversight

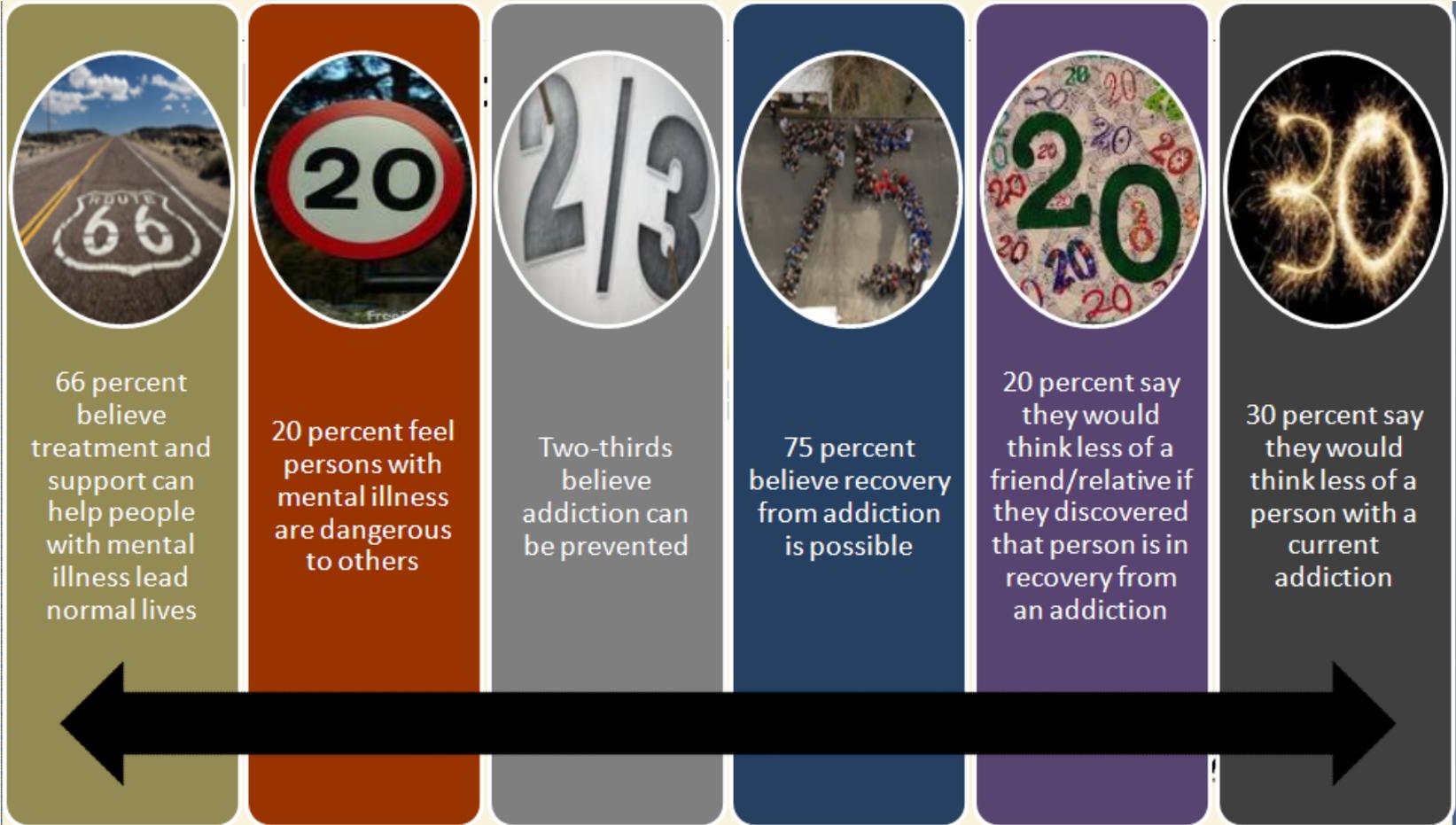
# Perception Challenges

- More than 60% of people who experience MH problems and 90% of people who experience SA problems and need treatment do not perceive the need for care
- Suicides vs. homicides - Suicides outnumber homicides by 3:2
- Suicides vs. HIV/AIDS - Twice the number of people die by suicide than who die as a result of complications related to HIV/AIDS

# What Americans Know

- **Most know *or* are taught:**
  - Basic First Aid and CPR for physical health crisis
  - Universal sign for choking; facial expressions of physical pain; and basic terminology to recognize blood and other physical symptoms of illness and injury
  - Basic nutrition and physical health care requirements
  - Where to go or who to call in an emergency
- **Most do not know *and* are not taught:**
  - Signs of suicide, addiction or mental illness or what to do about them or how to find help for self or others
  - Relationship of behavioral health to individual or community health or to health care costs
  - Relationship of early childhood trauma to adult physical & mental/substance use disorders

# What Americans Believe



# So, How Do We Create...

- A national dialogue on the role of BH in public life
- With a public health approach that:
  - Engages everyone – general public, elected officials, schools, parents, churches, health professionals, researchers, persons directly affected by mental illness/addiction and their families
  - Is based on facts, science, common understandings/messages
  - Is focused on prevention (healthy communities)
  - Is committed to the health of everyone (social inclusion)

# Help Us Change the Conversation!



**Behavioral Health is  
Essential to Health!**



**It's a Public Health Issue!**

# Grant Announcement Today: \$6.2 Million to 21 Colleges and Universities



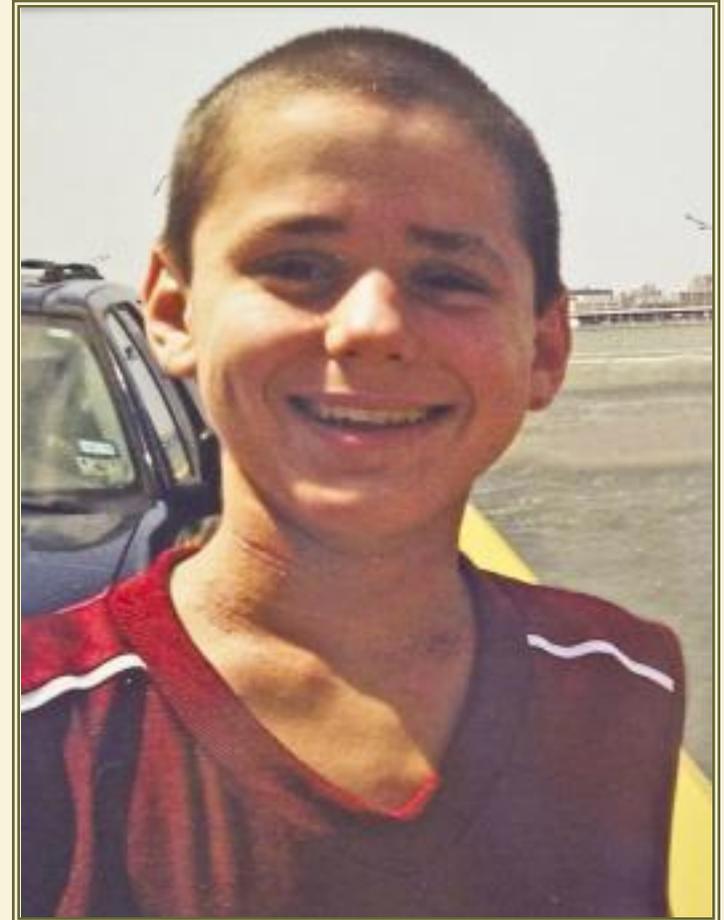
# Garrett Lee Smith and ACA Prevention Trust Fund Grants

- To assist colleges and universities in their efforts to prevent suicide/enhance mental health services for students in crisis
- To enhance services for students with BH problems which may put them at risk for suicide and suicide attempts
- Funds for:
  - Training programs for students and campus personnel
  - On-campus networks
  - Educational seminars
  - Educational materials and promotion of the National Suicide Prevention lifeline (1-800-273-TALK (8255))
- 16 awarded under the Garrett Lee Smith Memorial Act - up to \$102,000/year for up to 3 years
- 5 grants through the ACA Prevention Trust Fund - up to \$306,000 to be used over three years

# Asher's and Lynn's Stories: Tragedy - Recovery

## Asher

- 13 years old; an eighth-grader
- Straight-A student
- Victim of bullying
- Tragic loss - died by suicide



# Asher's and Lynn's Stories: Tragedy - Recovery

## Lynn

- Struggled with an unknown health condition for close to 20 years
- Knew she was going to die unless she found out what was wrong
- In treatment she learned about the mental health problems that were confounding her situation
- Now a loving grandmother gainfully employed and living a healthy life in recovery

