

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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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**
 - Higher risk: young and middle-aged AI/AN
 - Suicide is the second leading cause of death for AI/AN youth in the 15-24 age group, 2.5 times the national rate for this age group
- **Suicide – thoughts and plans among AI/AN adults 18 and older**
 - 54,000 (5.0 percent) had serious thoughts of suicide in the past year vs 3.7 percent overall population
 - 26,000 (2.4 percent) made a suicide plan vs 1.0 percent of overall population
- **Suicide – attempts among AI/AN adults 18 and older**
 - 16,000 (1.4 percent) made a suicide attempt vs 0.05 percent of overall population

SAMHSA Strategic Initiative - Prevention

Challenges in AI/AN Communities:

- Higher adolescent death rates
- Higher youth suicide rates
- Higher past month binge alcohol use
- Higher past month illicit drug use
- Higher sexual assault rates against females
- Higher homicide rates against women
- Higher rates of intimate partner violence against women
- Higher rates of incarceration and arrest
- Higher rates of historical trauma

Prevention

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

1.Prevention

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

National Action Alliance for Suicide Prevention

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 deaths by suicide or attempts (e.g. AI/AN)
- Interventions: Specific suicide prevention domains or settings (e.g. quality clinical care, faith communities, clinical workforce preparedness)

Action Alliance Recommends 3 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

SAMHSA Behavioral Health – Tribal Prevention Grant (BH-TPG)

- Proposed new discretionary grant program in the FY 2012 Budget
 - \$50 million authorized from the Prevention and Public Health Fund and appropriated by the Affordable Care Act (ACA)
- *FOCUS ON PREVENTION OF SUBSTANCE ABUSE AND SUICIDE*
- SAMHSA will coordinate with IHS to implement community-based prevention strategies that complement the clinical services provided by IHS-funded providers
- Non-competitive application process; every 3 yrs and annual reporting
- All federally-recognized tribes eligible to receive funding
- Formula to be determined after consultation with Tribal leaders
 - Base amount with additional \$

Tribal Law and Order Act (TLOA) signed into Law on July 29, 2009

- The Act reauthorizes and amends the Indian Alcohol and Substance Abuse Prevention and Treatment Act (IASA) of 1986
 - Title II - Tribal Law and Order
 - Subtitle D - Tribal Justice Systems
 - Section 241 - Specifically addresses SAMHSA's responsibilities
 - Acknowledges suicide connection to SA
- TLOA requires the Federal Government to better coordinate efforts, resources, and services to address the unique challenges in Indian Country



TLOA Section 241 - SAMHSA Shall...

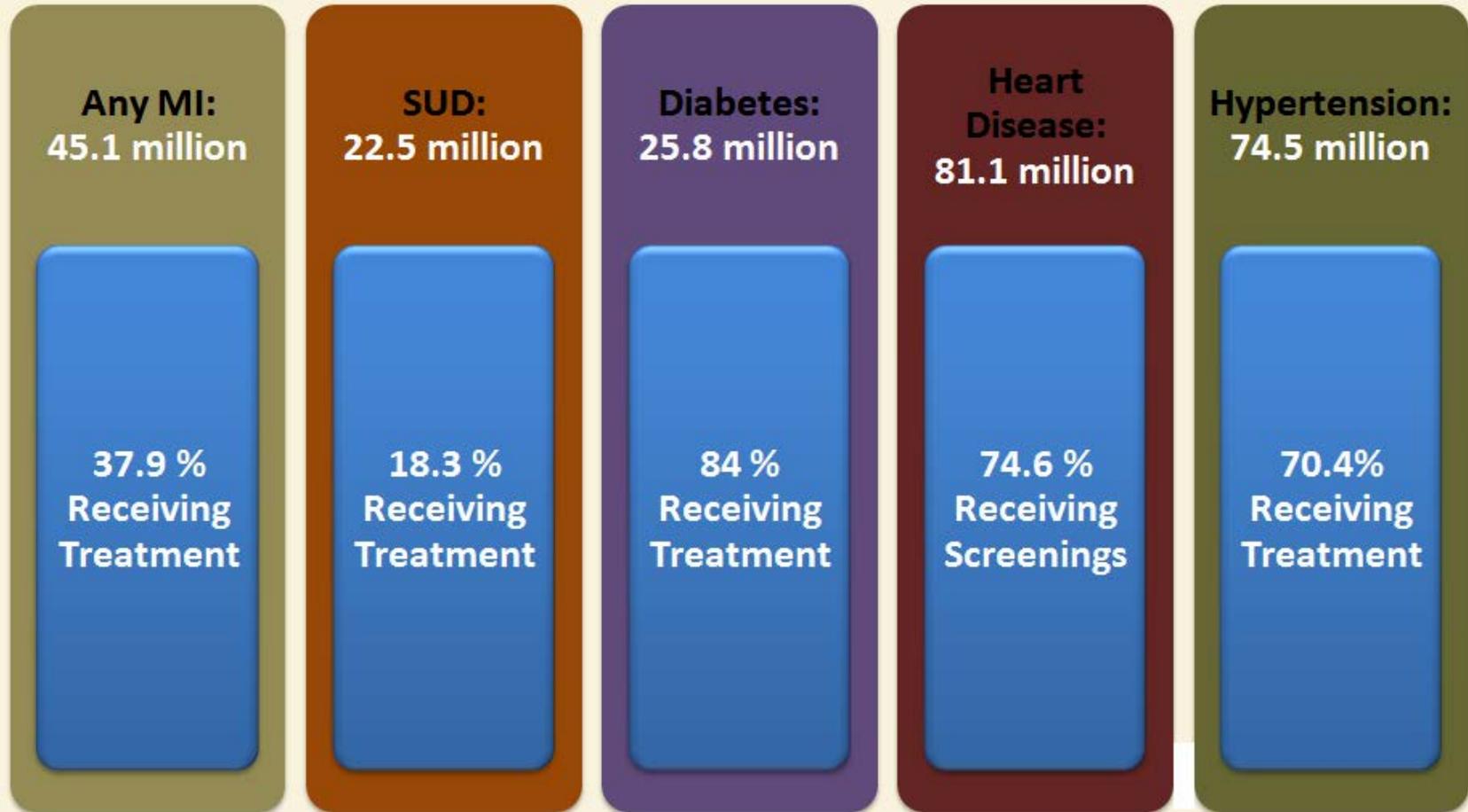
SAMHSA has lead to coordinate:

- Create and staff a SAMHSA Office of Indian Alcohol and Substance Abuse (OIASA)
- Develop a Memorandum of Agreement with Justice, Interior and HHS
- Secure operating framework for a Tribal Action Plan (TAP)
- Establish Inventory/Resource Workgroup
- Establish Newsletter Workgroup
- Establish an Education Services Workgroup
- Seek Tribal Leader input (consultation)

Tragedies



Daily Disaster of Unprevented and Untreated M/SUDs



Closer Look: Mental Illness and Substance Use Disorders Among AI/AN

Comparing Total U.S. Population Figures to AI/AN Population Specific Figures



