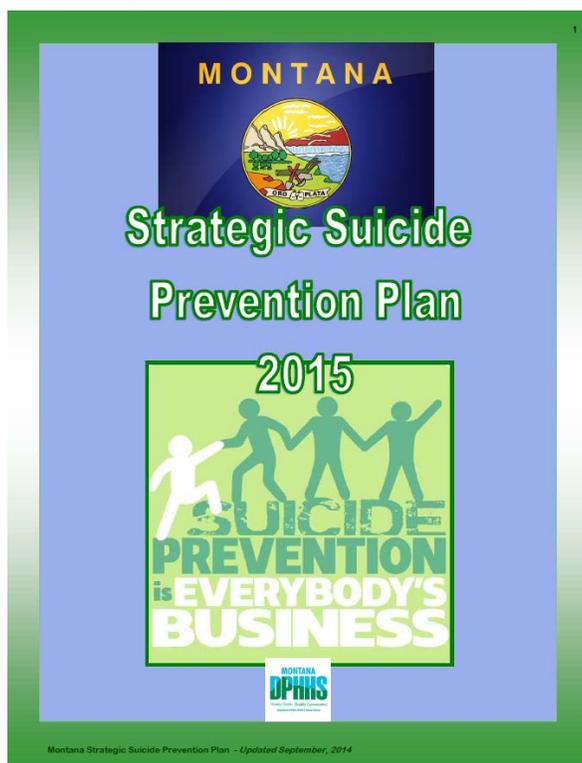


# Suicide Prevention in Montana

## Legislative Update

This presentation is an executive summary of the  
2015 Montana Strategic Suicide Prevention Plan

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**“Suicide is a particularly awful way to die: the mental suffering leading up to it is usually prolonged, intense, and unpalliated. There is no morphine equivalent to ease the acute pain, and death not uncommonly is violent and grisly. The suffering of the suicidal is private and inexpressible, leaving family members, friends, and colleagues to deal with an almost unfathomable kind of loss, as well as guilt. Suicide carries in its aftermath a level of confusion and devastation that is, for the most part, beyond description.”**

**Kay Redfield Jamison, Ph.D.**

**Professor of Psychiatry**

**Johns Hopkins University**

**“Night Falls Fast: understanding suicide”, pg. 24**

### **Suicide Fact Sheet**

*Source: Center for Disease Control – WISQARS website, <http://www.cdc.gov/injury/wisqars/index.html>, (July, 2014), 2011 National Vital Statistics Reports (June, 2014)*

- ❖ For the first time, suicide has surpassed car accidents as the No. 1 cause of injury-related death in the United States. There has been a 15% increase in the number of suicides in the United States between 2000-2009. (American Journal of Public Health, November, 2012)
- ❖ In 2011 there were **39,518 suicides in the U.S.** (108 suicides per day; 1 suicide every 13.3 minutes). This translates to an annual **suicide rate of 12.7 per 100,000.**
- ❖ Suicide is the tenth leading cause of death.
- ❖ Males complete suicide at a rate four times that of females. However, females attempt suicide three times more often than males.
- ❖ Firearms remain the most commonly used suicide method, accounting for 51% of all completed suicides.
- ❖ Up to 45% of individuals who die by suicide visit their primary care provider within a month of their death.
- ❖ 20% of those who die by suicide visited their primary care provider within 24 hours of their death

### **Suicide among Children**

- ❖ In 2011, **287 children ages 5 to 14 completed suicide in the U.S. (increase from 274 in 2010)**
- ❖ Suicide rates for those between the **ages of 5-14 increased 60%** between 1981 and 2010.

### **Suicide among the Young**

- ❖ Suicide is the 2nd leading cause of death among young (15-24) Americans; only accidents and homicides occur more frequently. In **2011, there were 4,822 suicides by people 15-24 years old** (increase from 4,600 in 2010)
- ❖ Youth (ages 15-24) suicide rates increased more than 200% from the 1950's to the mid 1990's. The rates dropped in the 1990's but went up again in the early 2000's.

- ❖ Within a typical high school classroom, it is likely that three students (one boy and two girls) have made a suicide attempt in the past year.
- ❖ *Most* adolescent suicide attempts are precipitated by interpersonal conflicts. The intent of the behavior appears to be to effect change in the behaviors or attitudes of others.
- ❖ The biggest factor associated with adolescent suicidal ideations is parental disconnect (not feeling validated or accepted by their parents)

### **Suicide among our Veterans**

Source: Source: Kemp & Bossarte, R, Suicide Data Report, 2012 (2013), Department of Veteran Affairs

- ❖ The VA estimates the suicide rate for young veteran men between the ages 18-29 is around 56 per 100,000 (compared to 20 for non-vet males 18-29)
- ❖ In the US, a veteran dies by suicide every 65 minutes, 22 a day, or over 8,000 suicides a year.
- ❖ The suicide rate for the Army is 20 per 100,000, compared to 12 for the nation.
- ❖ Between 2004 and 2013, there were 566 suicides by Montana veterans of all ages (Office of Epidemiology and Scientific Support, Montana DPHHS, August, 2014), which gives Montana veterans an estimated rate of 54 per 100,000

### **Suicide among College Students**

- ❖ It is estimated that there are more than **1,100 suicides on college campuses per year**.
- ❖ **1 in 12** college students has made a suicide plan (**2<sup>nd</sup> leading cause of death**)
- ❖ In 2000, the American College Health Association surveyed 16,000 college students from 28 college campuses.
  - **9.5% of students had seriously contemplated suicide.**
  - An estimated **24,000 suicide attempts** occur annually among US college students age 18-24 (JAMA).

*Source: American Association of Suicidology webpage. <http://www.suicidology.org/web/guest/stats-and-tools/statistics> , May 24, 2010, Journal of the American Medical Association (2006), Vol. 296, No. 5*

### **Suicide among the Elderly**

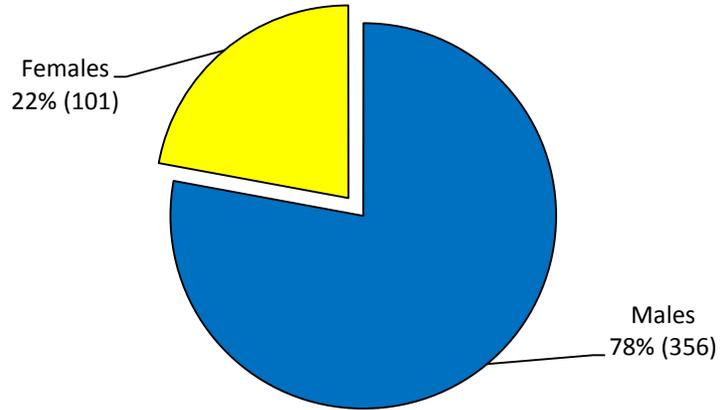
- ❖ In 2011, 6,321 Americans over the age of 65 died by suicide for a rate of 15.3 per 100,000
- ❖ The rate of suicide for women typically stabilizes after age 64 (after peaking in middle adulthood)
- ❖ 85% of elderly suicides were male; the rate of male suicides in late life was 7 times greater than for female suicides.
- ❖ White men over the age of 85, who are labeled “old-old”, were at the greatest risk of all age-gender-race groups. In 2011, the suicide rate for these men was 47.3 per 100,000.
- ❖ Elders who complete suicide:
  - 73% have contact with primary care physician within a month of their suicide. Nearly half of those people visited with their primary care physician within **two weeks** of their suicide.

## Suicide in Montana

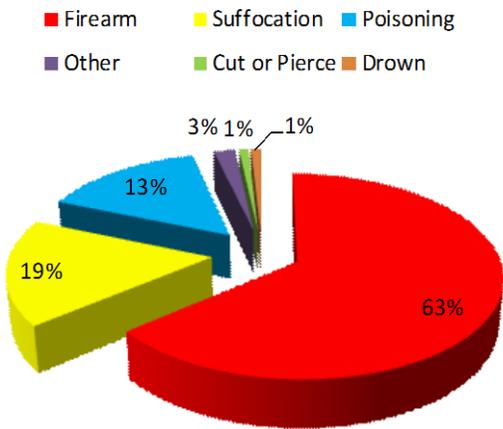
Data Source: 2011 National Vital Statistics Reports (June, 2014), Montana Office of Epidemiology and Scientific Support (August, 2014), Montana Youth Risk Behavior Survey (July, 2013)

- ❖ For all age groups, Montana has ranked in the **top five** for suicide rates in the nation, for the past thirty years. [In a report for 2011 in the National Vital Statistics Report, Montana is tied for the highest rate of suicide in the nation \(232 suicides for a crude rate of 23.3\)](#)
- ❖ In 2013, there were [231 suicides for a rate of 22.8/100,000 compared to a national rate of 12.7](#)
- ❖ Suicide has ranked as the 7th or 8th leading cause of death for Montanans for more than two decades. Gender differences are similar with national statistics, with males at greater risk.
- ❖ In Montana, the highest rate of suicide is among American Indians (26.4 per 100,000) although they only constitute 6% of the state's population. Caucasians are second at 22.3 per 100,000.
- ❖ Firearms (63%), suffocation (19%), and poisoning (13%) are the most common means of suicide in Montana. Other means include carbon monoxide, overdose, motor vehicles accidents, and jumping from heights.
- ❖ In Montana in 2013 there were 40 youth suicides (ages 15-24) for a rate of 23. This compares to the national rate for the same age group of 10.54. [Over the last two years 75% of the youth suicides were completed by firearms.](#)
- ❖ According to the 2013 Youth Risk Behavior Survey, during the 12 months before the survey, 7.9% of all Montanan students in grades 9 through 12 had made a suicide attempt and 12.1% of 7<sup>th</sup> and 8<sup>th</sup> graders. For American Indian students on reservations, 15.1% had attempted suicide one or more times in the twelve months before the survey and 20.6% of American Indian students attending school in an urban setting.
- ❖ Suicide is the number **one** cause of preventable death in Montana for children ages 10-14
- ❖ Over the past ten years suicide is the number **two** cause of death for children ages 10-14, adolescents ages 15-24 and adults ages 25-44.
- ❖ For 2012 and 2013, there were **70** suicides for Montanans over the age 65, for an **average of 35 per year**. This gives Montana a rate of approximately **21.67 per 100,000**.
- ❖ Studies show that for every completed suicide, there are 6 survivors. Given there are approximately 220-240 suicides in Montana every year, that means there are about 1,400 new survivors every year in Montana. [A survivor of suicide is 3x the risk of completing suicide themselves.](#)

## Percent of Suicides by Gender, Montana Residents, 2012-2013



### Percent of Suicides by Means, Montana Residents, 2012-2013

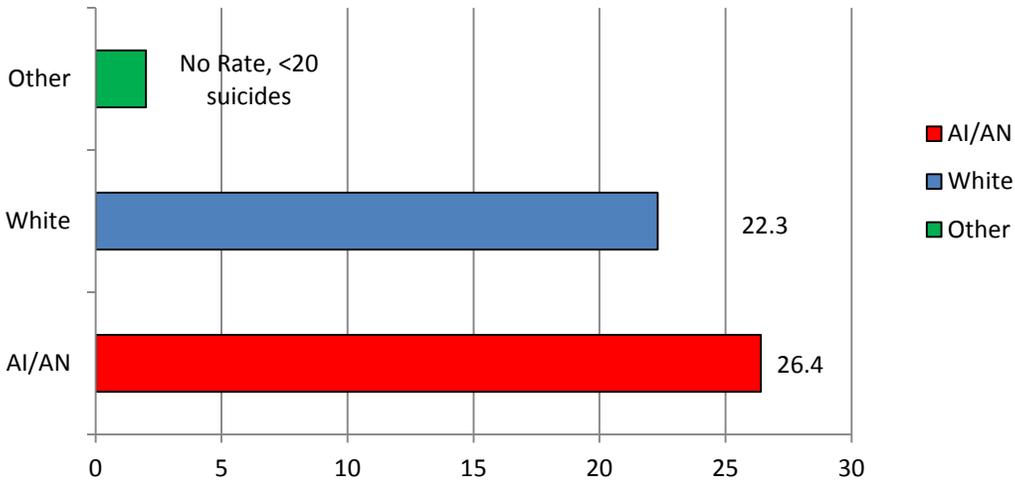


### Suicide Rates, By Mechanism, 2012-2013 Montana Residents

Provided by Office of Epidemiology and Scientific Support,  
Montana DPHHS

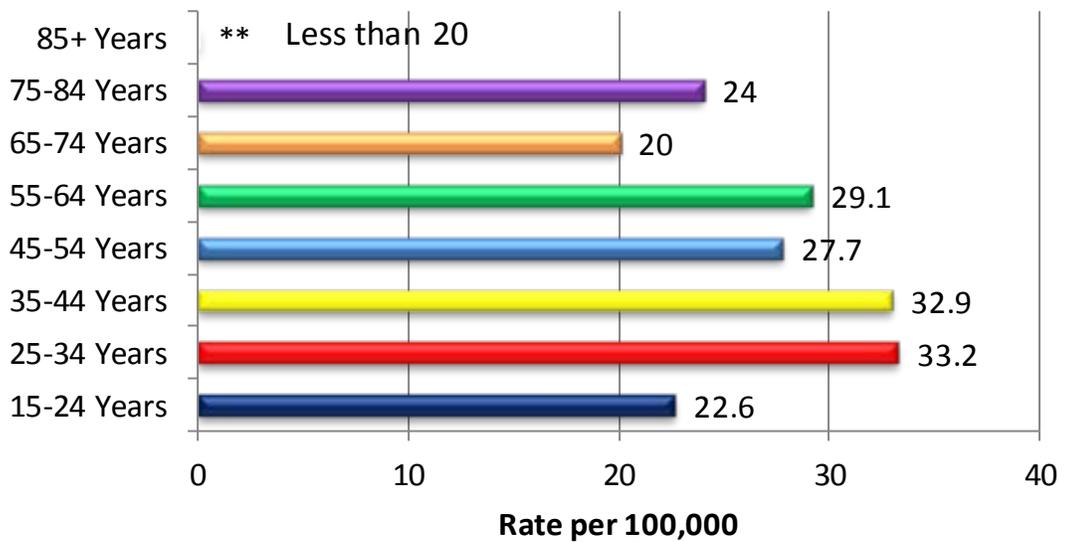
	AGE			
	UNDER 18		18 AND OLDER	
	Num	Pct	Num	Pct
<b>All</b>	16	100	441	100
<b>Firearm</b>	12	75	278	63
<b>Suffocation</b>	4	25	84	19
<b>Poisoning</b>	0	0	59	13
<b>Other Methods</b>	0	0	13	2.9
<b>Drown</b>	0	0	4	0.9
<b>Cut or pierce</b>	0	0	3	0.7

### Crude Suicide Rates by Ethnicity, Montana Residents, 2012-2013



2012-2013 Suicides by Ethnicity: White-411, AI/AN-38

### Montana Suicide Rates by Age Group, 2012-2013

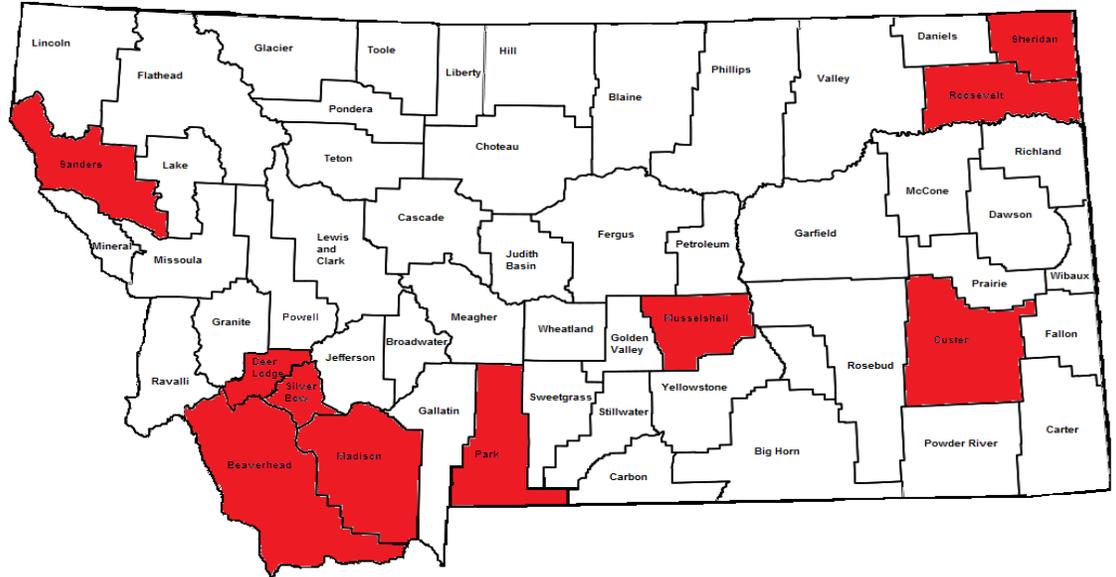


# Frequency and Rate of Suicide by County of Residence, Montana Residents, 1994-2013

## Montana counties with the highest rate of suicide between 1994 and 2013

Data is only provided for counties that had 20 or more suicides. Numbers below 20 are statistically unreliable, especially when we presenting 15 years of data. Counties with fewer than 5 suicides are only identified with a <5 indication.

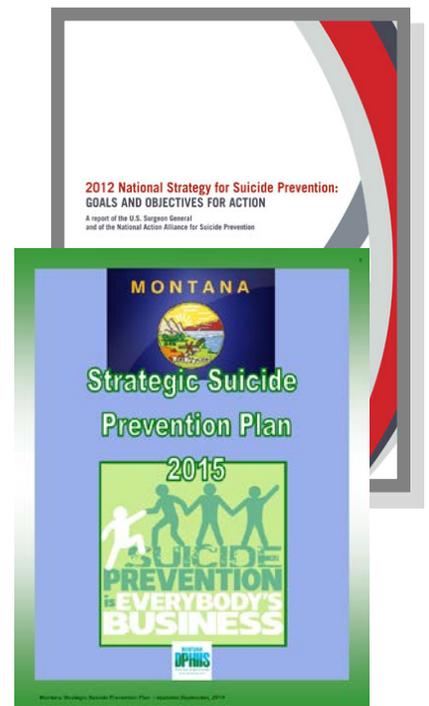
The population is the total number of people who lived in the county for each year between 1994 and 2013.



County	Suicides	Population	Rate	County	Suicides	Population	Rate
<b>BEAVERHEAD</b>	47	182,684	25.7	<b>MADISON</b>	37	142,857	25.9
<b>BIG HORN</b>	43	253,231	17	<b>MEAGHER</b>	7	38,159	-
<b>BLAINE</b>	30	135,060	22.2	<b>MINERAL</b>	17	79,594	-
<b>BROADWATER</b>	24	95,732	25.1	<b>MISSOULA</b>	394	2,017,420	19.5
<b>CARBON</b>	30	194,180	15.4	<b>MUSSELSHELL</b>	24	89,446	26.8
<b>CARTER</b>	<5	25,944	-	<b>PARK</b>	89	313,209	28.4
<b>CASCADE</b>	343	1,617,743	21.2	<b>PETROLEUM</b>	<5	9,987	-
<b>CHOUTEAU</b>	21	116,478	18	<b>PHILLIPS</b>	15	89,514	-
<b>CUSTER</b>	65	234,408	27.7	<b>PONDERA</b>	18	125,637	-
<b>DANIELS</b>	<5	38,017	-	<b>POWDER RIVER</b>	<5	36,692	-
<b>DAWSON</b>	31	180,777	17.1	<b>POWELL</b>	36	140,984	25.5
<b>DEER LODGE</b>	54	189,121	28.6	<b>PRAIRIE</b>	<5	23,719	-
<b>FALLON</b>	7	57,603	-	<b>RAVALLI</b>	170	747,641	22.7
<b>FERGUS</b>	46	235,906	19.5	<b>RICHLAND</b>	27	195,486	13.8
<b>FLATHEAD</b>	331	1,622,072	20.2	<b>ROOSEVELT</b>	56	211,648	26.5
<b>GALLATIN</b>	250	1,534,987	16.3	<b>ROSEBUD</b>	45	189,019	23.8
<b>GARFIELD</b>	<5	25,500	-	<b>SANDERS</b>	59	214,799	27.5
<b>GLACIER</b>	46	264,776	17.4	<b>SHERIDAN</b>	23	76,699	30
<b>GOLDEN VALLEY</b>	<5	19,343	-	<b>SILVER BOW</b>	189	684,671	27.6
<b>GRANITE</b>	18	58,625	-	<b>STILLWATER</b>	33	168,426	19.6
<b>HILL</b>	56	329,605	17	<b>SWEET GRASS</b>	15	71,209	-
<b>JEFFERSON</b>	39	208,669	18.7	<b>TETON</b>	19	124,815	-
<b>JUDITH BASIN</b>	8	43,690	-	<b>TOOLE</b>	19	103,545	-
<b>LAKE</b>	123	542,939	22.7	<b>TREASURE</b>	<5	15,901	-
<b>LEWIS &amp; CLARK</b>	229	1,169,129	19.6	<b>VALLEY</b>	27	152,626	17.7
<b>LIBERTY</b>	<5	45,228	-	<b>WHEATLAND</b>	8	43,998	-
<b>LINCOLN</b>	91	381,654	23.8	<b>WIBAUX</b>	<5	20,974	-
<b>MCCONE</b>	8	37,453	-	<b>YELLOWSTONE</b>	509	2,734,418	18.6

## Objectives and Interventions

In an effort to ensure that Montana aligns with the revised National Strategy for Suicide Prevention (2012), the Montana State Strategic Suicide Prevention Plan identifies one specific Montana objective for each goal identified in the national plan. Below, are specific interventions being implemented to achieve each of the Montana objectives.



Goal 1: Montana Objective: Integrate suicide prevention gatekeeper training and prevention tools into law enforcement, health care, primary and secondary education, tribal, and community levels.

Current interventions to meet objective:

- Question Persuade Refer (QPR) and Mental Health First Aid is part of the core curriculum at the Montana Law Enforcement Academy
- Applied Suicide Intervention Skills Training (ASIST) provided around the state in communities and reservations
- QPR training provided to primary care providers, nurses, teachers, students, and communities.

Goal 2: Montana Objective: Increase knowledge of the warning signs for suicide and how to connect individuals in crisis with assistance and care through public awareness campaigns, social media, and community presentations.

Current interventions to meet objective:

- Public awareness campaigns to identify warning signs, how to intervene, and access to crisis resources through statewide television, radio, and Facebook.
- Gatekeeper trainings around the state that include warning signs, how to intervene, and state-wide resources.
- Stabilized the Montana Suicide Prevention Lifeline into two regional call centers available 24 hours a day, 7 days a week. The Lifeline also has a Veteran option that connects directly to the national VA Crisis Center.

Goal 3: Montana Objective: Reduce stigma, promote the understanding that recovery from mental and substance use disorders is possible, and promote protective factors from suicide risk through implementation of evidence-based practices and public awareness campaigns.

Current interventions to meet objective:

- Mental Health First Aid provided to communities around the state as well as part of the core curriculum for all detention officers at the Montana Law Enforcement Academy.
- Public awareness campaigns and community trainings that emphasize the correlation of mental illness with suicide and the need to address the stigma associated with mental illness.

Goal 4: Montana Objective: Encourage media resources and institutes of public education to utilize known SAMHSA resources on the reporting and responding of suicides in communities.

Current interventions to meet objective:

- SAMHSA's "Preventing Suicide: A Toolkit for High Schools" made available on the state website to all secondary schools in the state.
- SAMHSA's Media Guidelines for the Reporting of Suicide made available on the state website.
- SAMHSA's "Suicide Prevention Toolkit for Senior Living Communities" made available on the state website to all senior living facilities in the state.
- SAMHSA's "Suicide Prevention Toolkit for Rural Primary Care Providers" made available on the state website to all healthcare providers in the state.

Goal 5: Montana Objective: Encourage community-based settings to implement effective programs and provide education that promote wellness and prevent suicide and related behaviors through the use of evidence-based programs available through the DPHHS.

Current interventions to meet objective:

- QPR, ASIST, Mental Health First Aid provided to any community that requests training.
- Grants provided to communities and tribal entities to provide gatekeeper training, public awareness campaigns, and screening.

Goal 6: Montana Objective: Encourage and promote the safe storage and protection of firearms from high risk populations through the use of gunlocks and other gun safety measures.

Current interventions to meet objective:

- Firearm safety program involving providing free gunlocks to community health departments, tribal entities, law enforcement, and primary care.

Goal 7: Montana Objective: Provide training on suicide prevention to community groups, mental health/chemical dependency providers, law enforcement, health care providers and school educators.

Interventions to meet objective:

- Suicide prevention training provided to local law enforcement, fire fighters, VA staff, EMS personnel, clergy, civic groups.
- Suicide prevention training provided to mental health and chemical dependency professionals around the state.
- Suicide prevention materials provided to primary care, chemical dependency professionals, parents, funeral home directors, cosmetologists, bartenders, veterans.

Goal 8: Montana Objective: Encourage health care delivery systems to incorporate suicide prevention and appropriate responses to suicide attempts as indicators of continuous quality improvement efforts, such as universal depression screening and referral to community mental health providers.

Current interventions to meet objective:

- Providing SAMHSA's "Suicide Prevention Toolkit for Rural Primary Care Providers" to all healthcare providers in the state, which includes depression screens.
- Suicide Prevention trainings that emphasize the need for universal screening for depression by primary care providers.
- Suicide Prevention training provided in schools of nursing.
- Suicide Prevention material for those that have attempted or have a family member who has attempted is available on the state website.

Goal 9: Montana Objective: Implement guidelines for clinical practice and continuity of care for providers who treat persons with suicide risk through training in core competencies and access to national protocols.

Current interventions to meet objective:

- Collaborated with the Montana Chapter of the National Association of Social Workers to provide core competency training for mental health professionals around the state.

Goal 10: Montana Objective: Provide appropriate resources to individuals affected by a suicide attempt or bereaved by suicide, including survivor support.

Current interventions to meet objective:

- Provide resources to communities to start suicide survivor support groups.
- Co-sponsor state conferences on grief counseling and bereavement.
- Sponsor community trainings on grief counseling for survivors of suicide.
- Provide suicide survivor resources to families as identified through the Suicide Mortality Review Team.

Goal 11: Montana Objective: Improve the timeliness, usefulness, and quality of suicide-related data through collaboration between the DPHHS, local coroners, and health care professionals.

Interventions to meet objective:

- Through collaboration with the DPHHS Office of Epidemiology and Scientific Support, obtain thorough data on all suicides as a means of identifying communities at risk and implementing services.
- Collaborate with SAMHSA's Suicide Prevention Resource Center on receiving the most up to date statistics and current research.
- Collaborate with the Office of Public Instruction on providing schools with needed services.

Goal 12: Montana Objective: Through the Montana Suicide Mortality Review Team, review all suicides that occur in the state and identify factors and correlated interventions that could be implemented at the local, tribal, and state level..

Interventions to meet objective:

- The Suicide Mortality Review Team will meet a minimal of 8 times per year to review all suicides that occur in the state of Montana. Factors contributing to each individual suicide will be identified and interventions that could have prevented the suicide will be identified. A summary of findings will be provided on a yearly basis.

Goal 13: Montana Objective: Evaluate the effectiveness of suicide prevention interventions through monitoring of trend data, vital statistics, and number of people trained in suicide prevention.

Interventions to meet objective:

- Monitor the Youth Risk Behavior Survey (YRBS) for trend data concerning suicidal behavior for students in urban settings and reservations. Implement prevention resources based on trends.
- Monitor number of people trained and ensure state-wide representation.
- Monitor performance data provided through social media campaigns.
- Monitor performance data provided through public media campaigns.