



Suicide

Current Challenges and Promising Solutions

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October 29, 2023

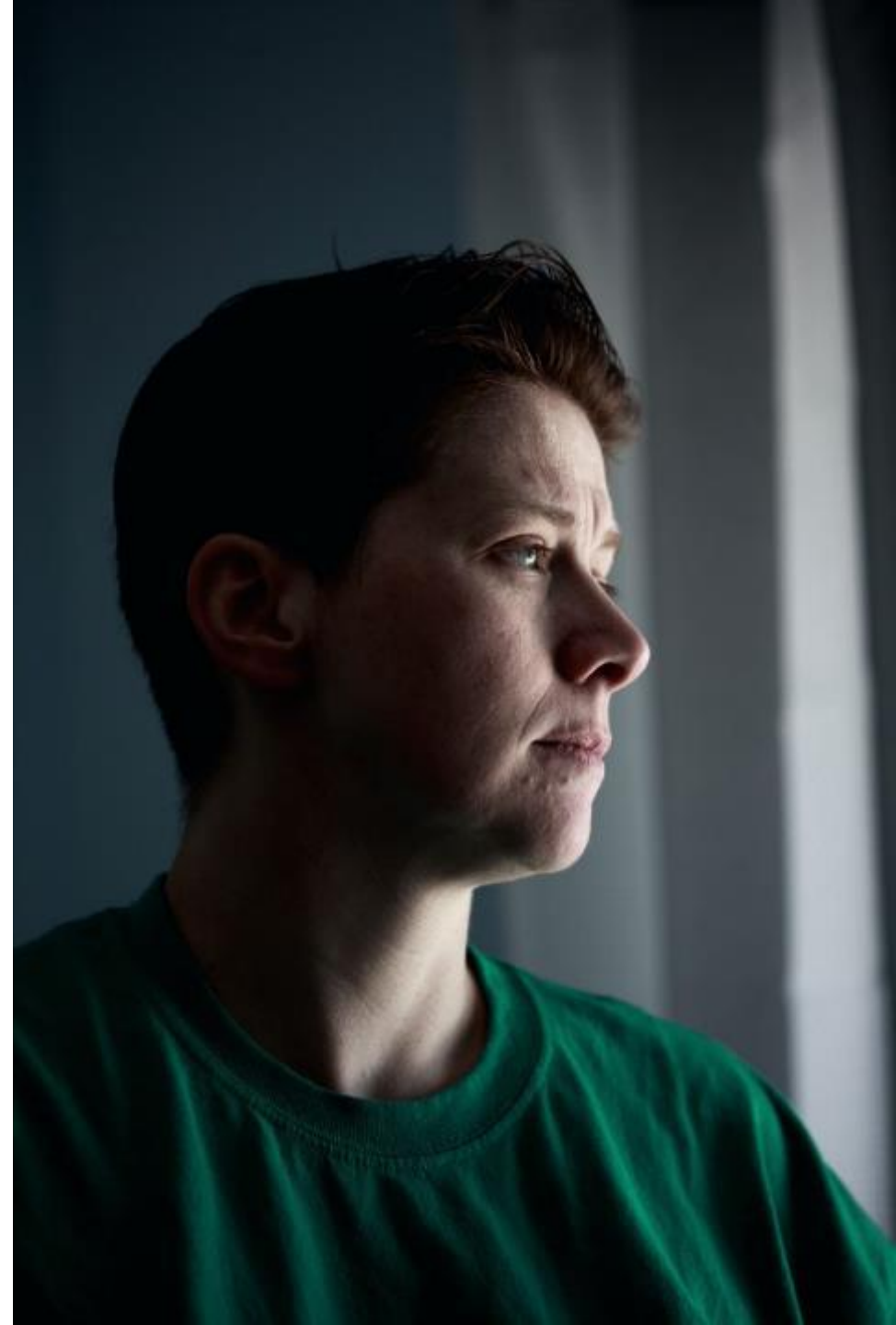
Messages for Today

Talk about what we know

How to help

Important to talk about suicide openly

There is hope



Suicide data 2021

In 2021, there was 1 death by suicide every

11 minutes



48,183 lives lost



55% by firearm

9th leading cause of death

Ages 10-64



For each suicide, **147**
people are exposed



Suicidal behavior has far-reaching impact: For every suicide death in 2021:

3 Hospitalizations
for self-harm

38 self reported
suicide attempts

8 emergency
department visits
related to suicide

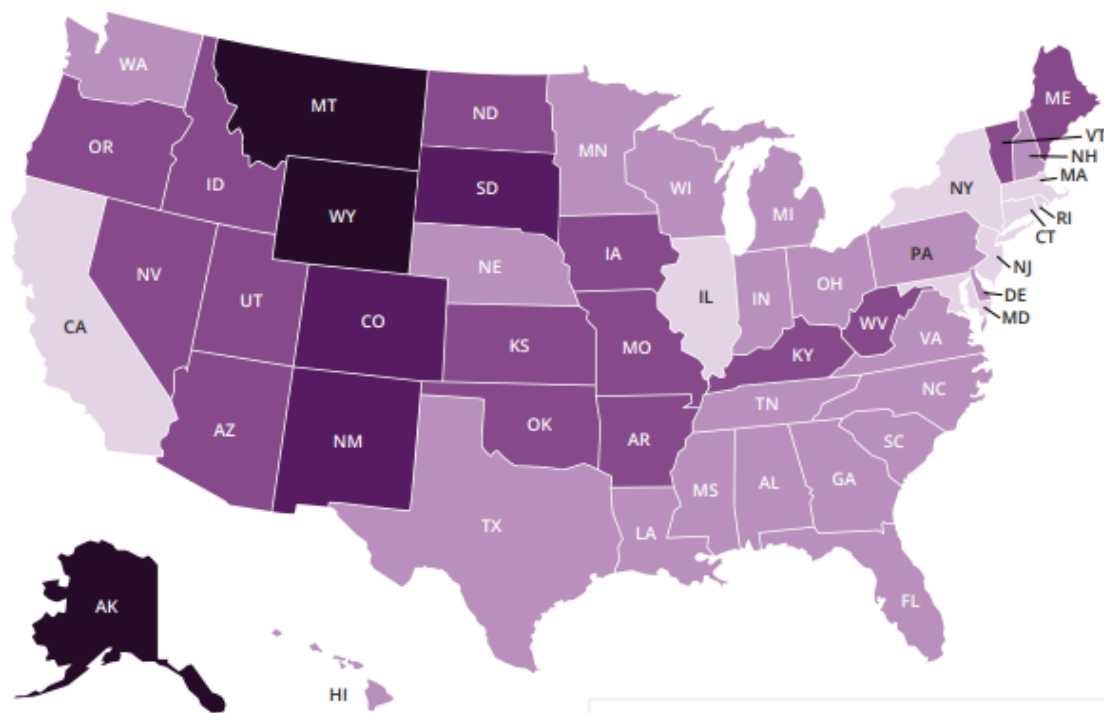
265 people who
seriously
considered suicide



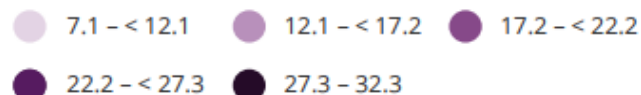
Suicide Rates Across the United States

Suicide rates can vary substantially across **geographic regions**.

People living in **rural areas** have **much higher rates of suicide** than people living in urban areas. Suicide rates increase as population density decrease and areas become more rural.



Age-Adjusted Death Rates, 2021



States with the highest suicide rates in 2021:



Wyoming

32 per 100,000



Montana

32 per 100,000



Alaska

31 per 100,000



New Mexico

25 per 100,000



South Dakota

23 per 100,000

Reason for hope

Suicide is not inevitable. For every person who dies by

suicide, **265** people seriously consider suicide but do not kill themselves

Of those who attempt suicide and survive, more

than **90%** go on to live out their lives

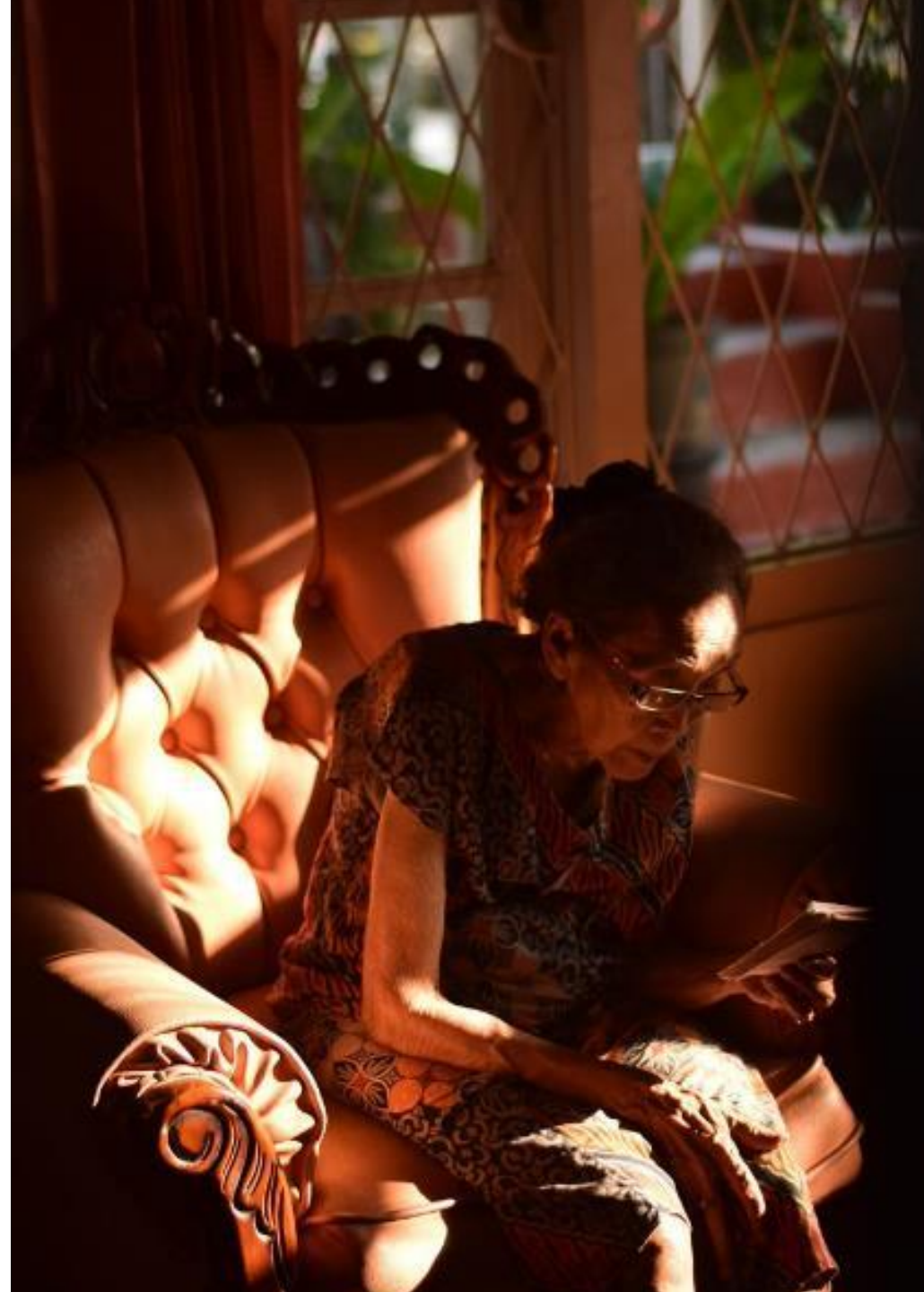
National statistics 2021

Think about suicide	~12.3	M adults
Plan suicide	~3.5	M adults
Attempt suicide	~1.7	M adults
Died by suicide	Approx. 40,000 adults	



https://suicidology.org/wp-content/uploads/2020/03/988_final.pdf

<https://www.cdc.gov/suicide/facts/index.html>



2021 Suicide Statistics- Youth

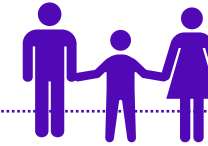
Suicide rate for youth ages 10-24 is 11 per 100,000

Top three causes of death ages 15-19

- 1) Accidents
- 2) Homicide
- 3) Suicide

Suicide is also the **2nd** leading cause of death after unintentional injury for **10–14-year-olds**

There has been a recent rise in suicide rates among African-American children of both sexes under the age of 13



“The suicide death rate among Black youth has been found to be increasing faster than any other racial/ethnic group.”



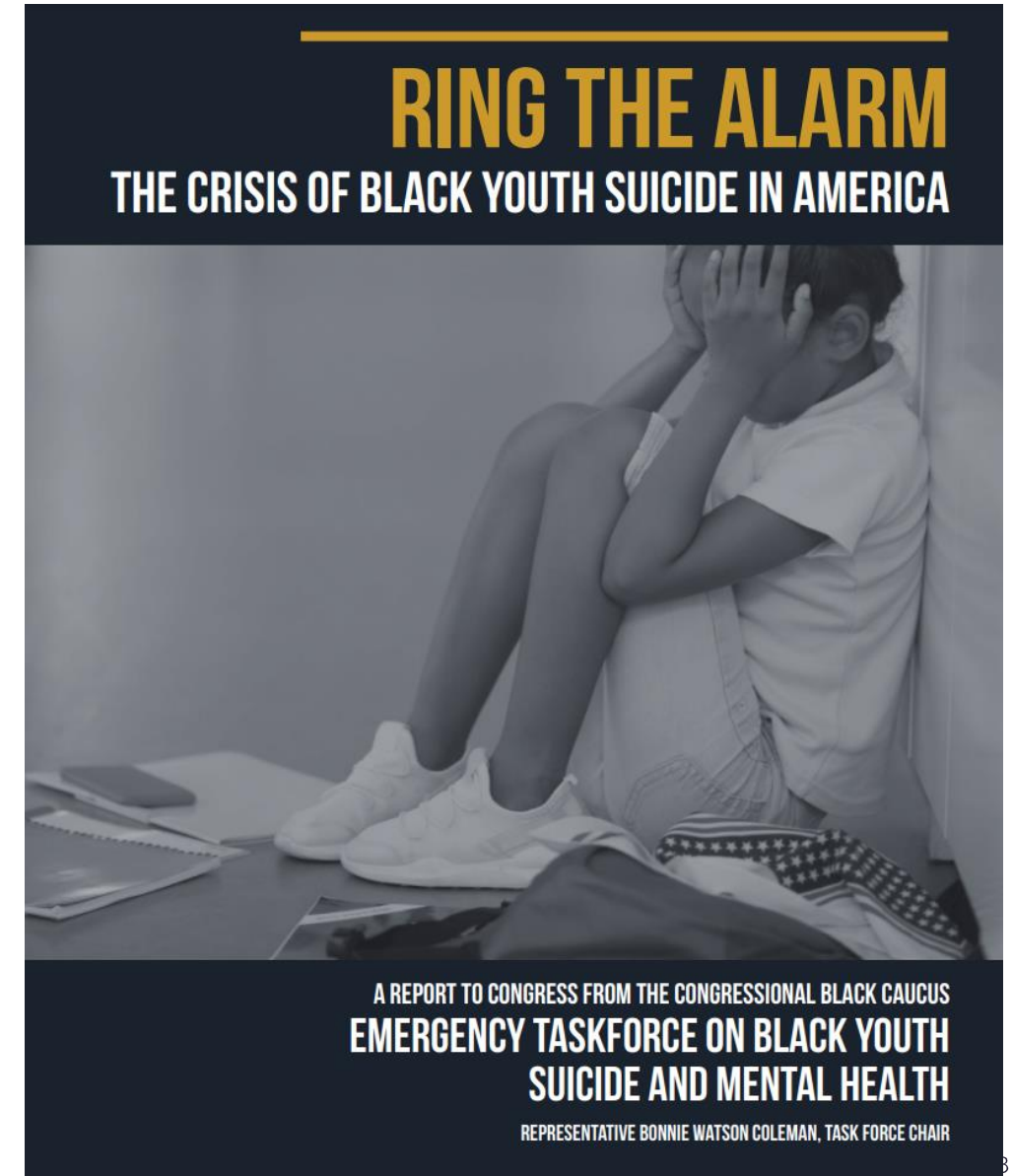
Congressional Black Caucus- Ring the Alarm

Recommendations

- NIH/NIMH Funding and Attention
- Demonstration Projects
- Promoting Best Practices
- Community Engagement and Awareness National Website and Repository for Data on Suicidal Behavior
- Engagement of State and Local Governments
- Ongoing Work of the Task Force



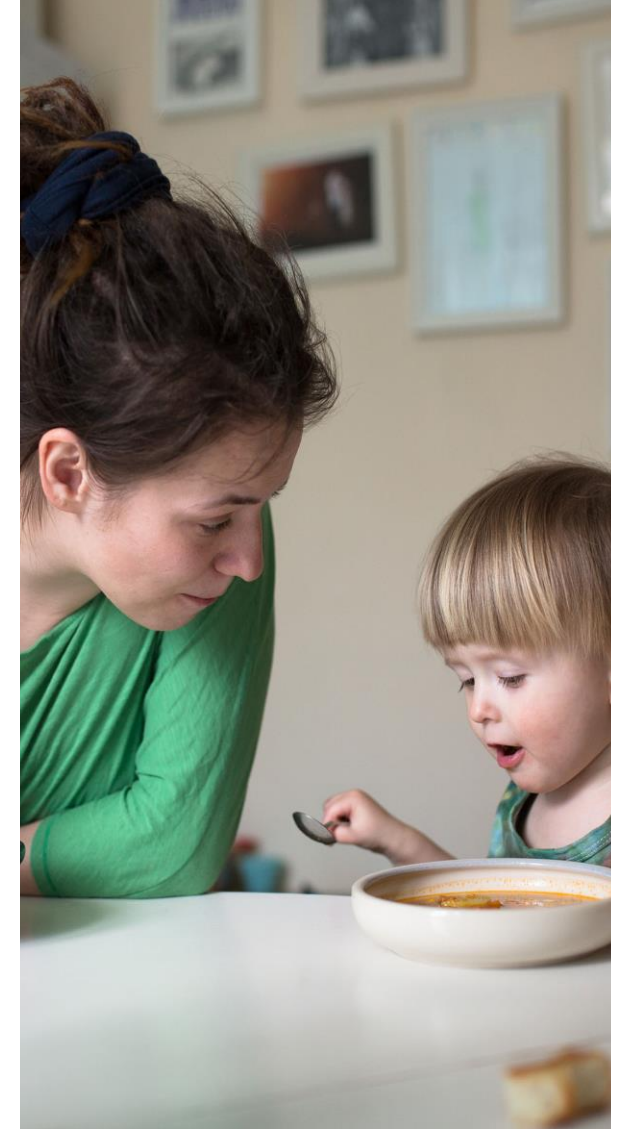
https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf



Autism and Suicide

2017 longitudinal study of adolescents 12-17 and young adults ages 18-29

- Individuals with ASD had a higher incidence of suicide attempts
- Both adolescents and young adults followed were more likely to attempt suicide later in life even after adjusting for demographics and psychiatric comorbidities
- Concluded that ASD was an independent risk factor for attempted suicide



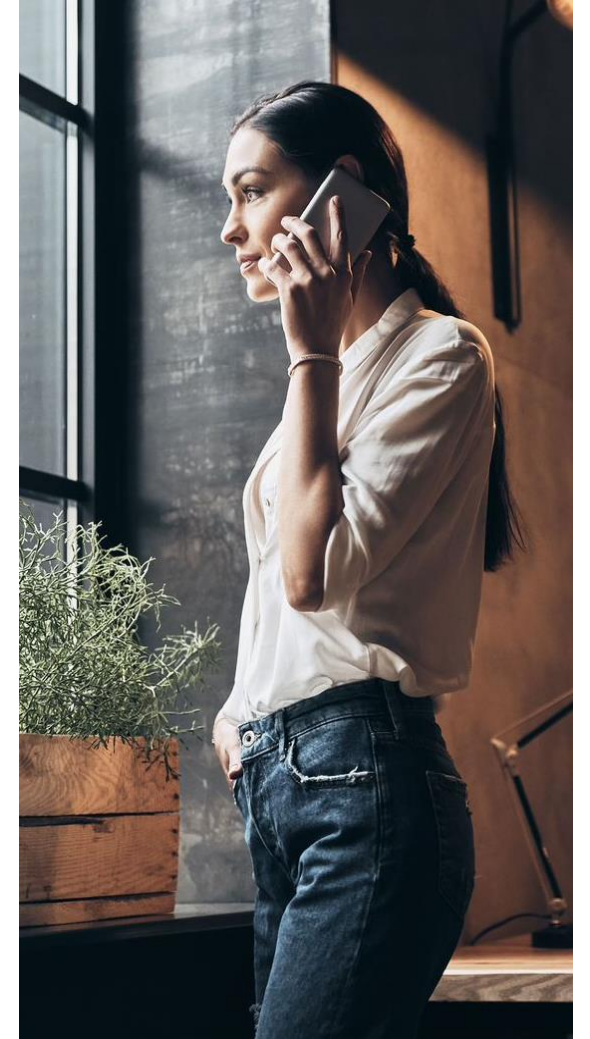
Chen MH, Pan TL, Lan WH, Hsu JW, Huang KL, Su TP, Li CT, Lin WC, Wei HT, Chen TJ, Bai YM. Risk of Suicide Attempts Among Adolescents and Young Adults With Autism Spectrum Disorder: A Nationwide Longitudinal Follow-Up Study. J Clin Psychiatry. 2017 Nov/Dec;78(9):e1174-e1179. doi: 10.4088/JCP.16m11100. PMID: 28872268.

Autism and Suicide Continued

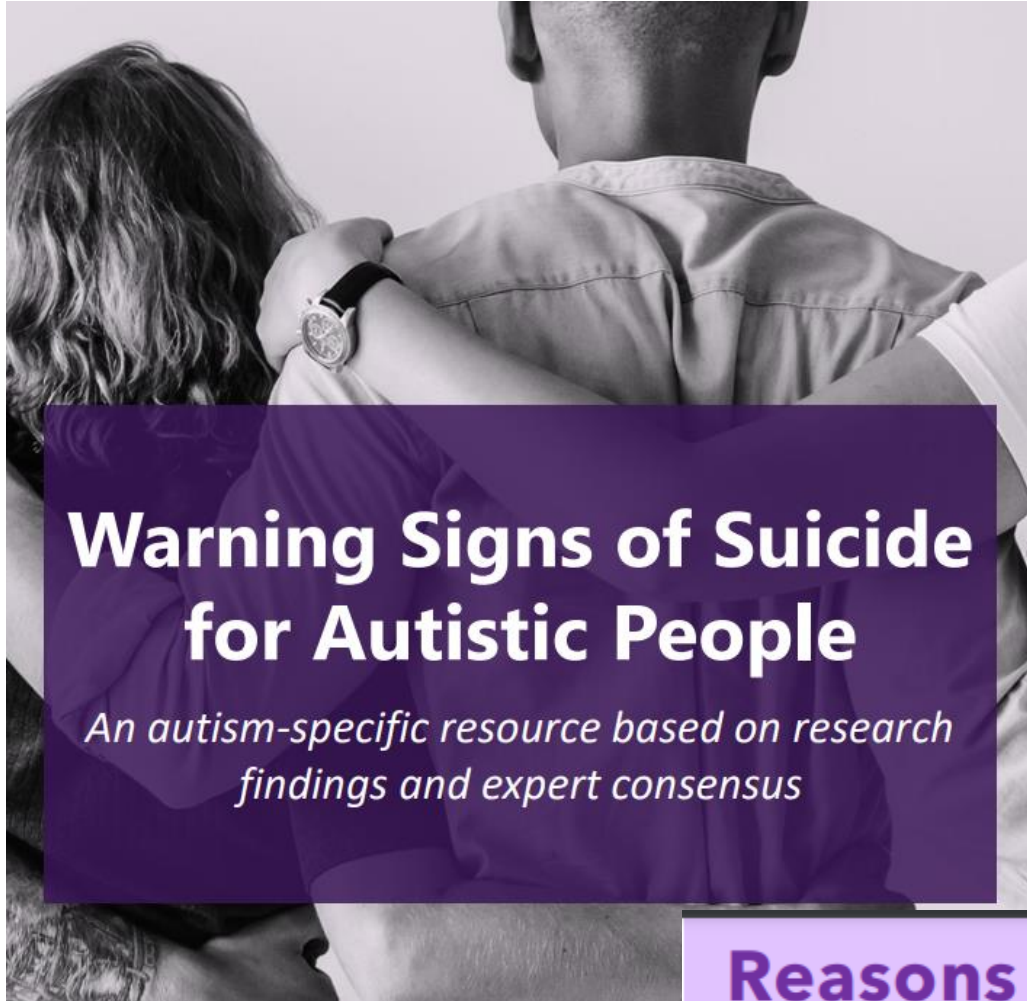
A recent study concluded that individuals 10 years of age and older diagnosed with autism spectrum disorder had a rate of suicide and suicide attempts

3x that of all other individuals adjusting for sex and age during the same time period (1995-2016)

90% of those who died by suicide had a co-morbid psychiatric condition



Autism Crisis Supports



Warning Signs of Suicide for Autistic People

*An autism-specific resource based on research
findings and expert consensus*

Autism Resource for Warning Signs of Suicide: Considerations for the Autism Community

Crisis Supports for the Autism Community

Reasons for Living

A Suicide Prevention Resource for Autistic Individuals
Developed by the Autism and Suicide Prevention Workgroup



<https://www.autismcrisissupport.com/resources>

Suicide and the workforce

“Approximately **80%** of all people who die by suicide are of working age (18-65) making the workplace the most cross-cutting system for suicide prevention, intervention and crisis response.”



Impact of violence and suicide on the health workforce



Campaign Launch

Partner Social Toolkit — October 2023

≡ **CNN** health Life, But Better Fitness Food Sleep Mindfulness Relationships

Health workers face mental health crisis, CDC says

By Giri Viswanathan, CNN

🕒 4 minute read · Updated 6:24 AM EDT, Wed October 25, 2023



Remove Intrusive Mental Health Questions from Licensure and Credentialing Applications

A Toolkit to Audit, Change,
and Communicate

All In
WellBeing First for Healthcare



Barriers To Mental Health Access

How to Help Doctors Get Mental Health Care:
Change the System, US News & World Report,
Jennifer Feist, Corey Feist Sept. 9, 2021. [https://
www.usnews.com/news/health-news/arti-
cles/2021-09-09/change-the-system-to-help-
doctors-get-mental-health-care](https://www.usnews.com/news/health-news/articles/2021-09-09/change-the-system-to-help-doctors-get-mental-health-care)

6

Known Barriers for Doctors & Nurses

1. Licensure (state & specialty boards)
2. Hospital Credentialing
3. Commercial Insurance
4. Malpractice Insurance
5. Legal Discovery in Malpractice*
6. Health Plan Design

*Consider Safe Haven programs like
Virginia's, virginia.safehavenhealth.org



Challenges for help seeking by medical professionals

The Data:

**Nearly
four in 10
physicians**

were either afraid or knew another physician fearful of seeking mental health care because of questions asked in licensure, credentialing, or insurance applications.

The Physicians Foundation 2023 Survey of America's
Current and Future Physicians



3 Steps

Boards and Hospitals/Health Systems Can Take:



1. AUDIT

all licensure and credentialing applications, addendums, and peer review forms.



2. CHANGE

any invasive or stigmatizing language around mental health.



3. COMMUNICATE

these changes to your workforce and assure clinicians that it is safe for them to seek care.

Postvention is a strong means of prevention

- There is evidence that exposure to the suicide of another person can increase risk of suicide
- Young people can be particularly vulnerable to exposure and need informed intervention
- Several organizations offer postvention services for those impacted by suicide, including clinicians

<https://afsp.org/ive-lost-someone>

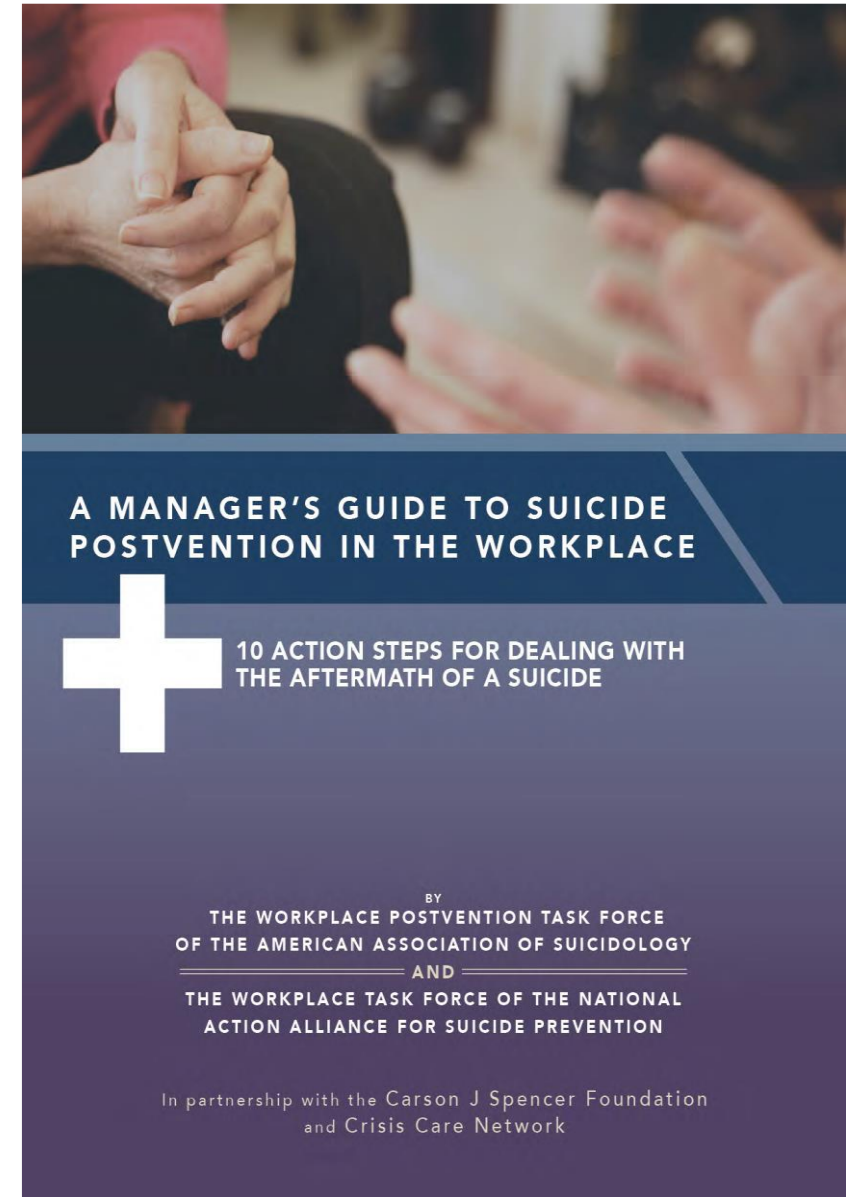
<https://afsp.org/practical-information-for-immediately-after-a-loss>

<https://www.sprc.org/resources-programs/youth-suicide-prevention-intervention-and-postvention-guidelines-resource-school>



Be prepared to respond to a suicide death

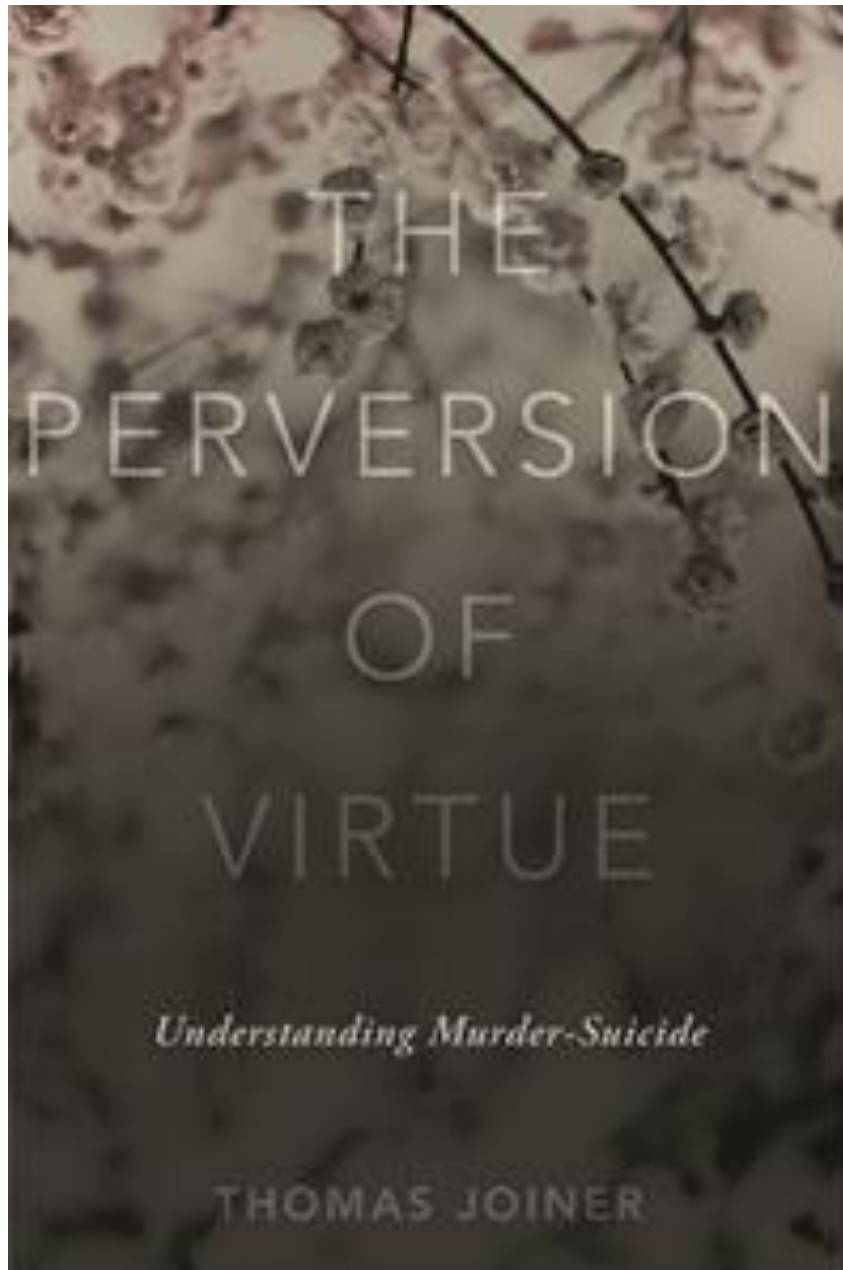
- Postvention is psychological first aid, crisis intervention, and other support offered after a suicide to affected individuals or the workplace as a whole to alleviate possible negative effects
- A suicide death of an employee is only one type of suicide that could affect the workplace. The suicide death of clients, vendors, or a family member of an employee can also have a profound impact.
- Suicides portrayed in the media can even have an impact
- Managers play a critical role in setting the tone for how the rest of the workplace will respond to a suicide



Interpersonal theory of suicide, Dr. Thomas Joiner

Suicidal desire	Suicidal capability	Suicidal intent	Buffers/Connectedness
Suicidal ideation <ul style="list-style-type: none"> ▪ Killing self and or others 	History of suicide attempts		
Psychological pain	Exposure to someone else's death by suicide	Attempt in progress	Immediate supports
Hopelessness	History of/current violence to others		Social supports
Helplessness	Available means of killing/self other	Plan to kill self/other <ul style="list-style-type: none"> ▪ Method known 	Planning for the future
Perceived burden on others	Currently intoxicated		Engagement with the helper
Feeling trapped	Substance abuse		
Feeling intolerably alone	Acute symptoms of mental illness <ul style="list-style-type: none"> ▪ Recent dramatic mood change ▪ Out of touch with reality 	Preparatory behaviors	Ambivalence for living/dying
	Extreme agitation/rage <ul style="list-style-type: none"> ▪ Increased anxiety ▪ Decreased sleep 	Expressed intent to die	Core values/beliefs
			Sense of purpose





“There are at least 750 murder-suicides in the U.S. every year, claiming the lives of at least 1500 people annually.

In the book *The Perversion of Virtue* (2014, Oxford), Thomas Joiner argues that all of these deaths begin with the decision to die by suicide, then grow through a perversion of virtue into the belief that one's own death requires the death of at least one other person.

The virtues perverted in murder-suicide are always mercy, justice, glory, or duty, Joiner claims. “



Interventions for suicidal individuals with an evidence base

**Dialectical
behavior therapy**

(DBT)

Marsha Linehan
University of Washington

**Cognitive
behavioral
therapy for
suicide
prevention**

(CT-SP)

Greg Brown & Aaron Beck
University of Pennsylvania

Brief CBT

(BCBT)

Craig Bryan and David Rudd
University of Utah

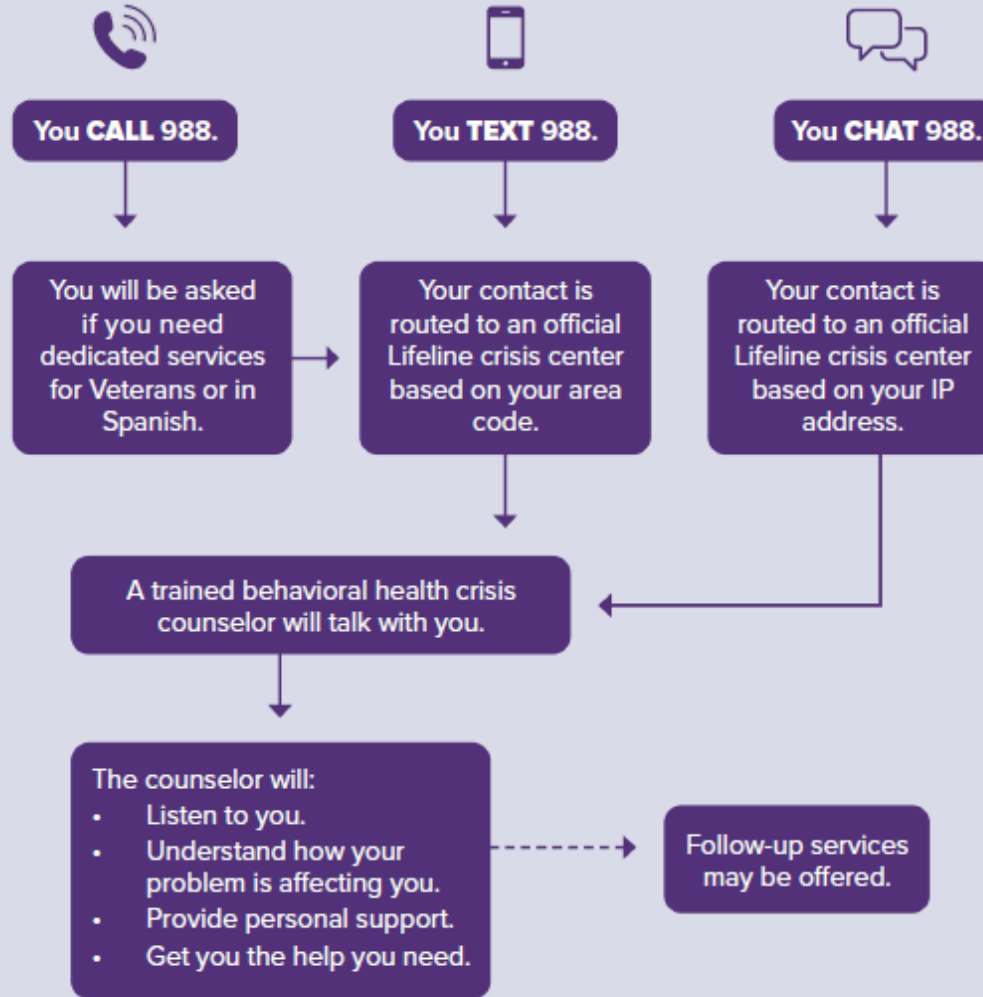
**The collaborative
assessment and
management of
suicidality**

**(CAMS)
CAMS-4Teens**

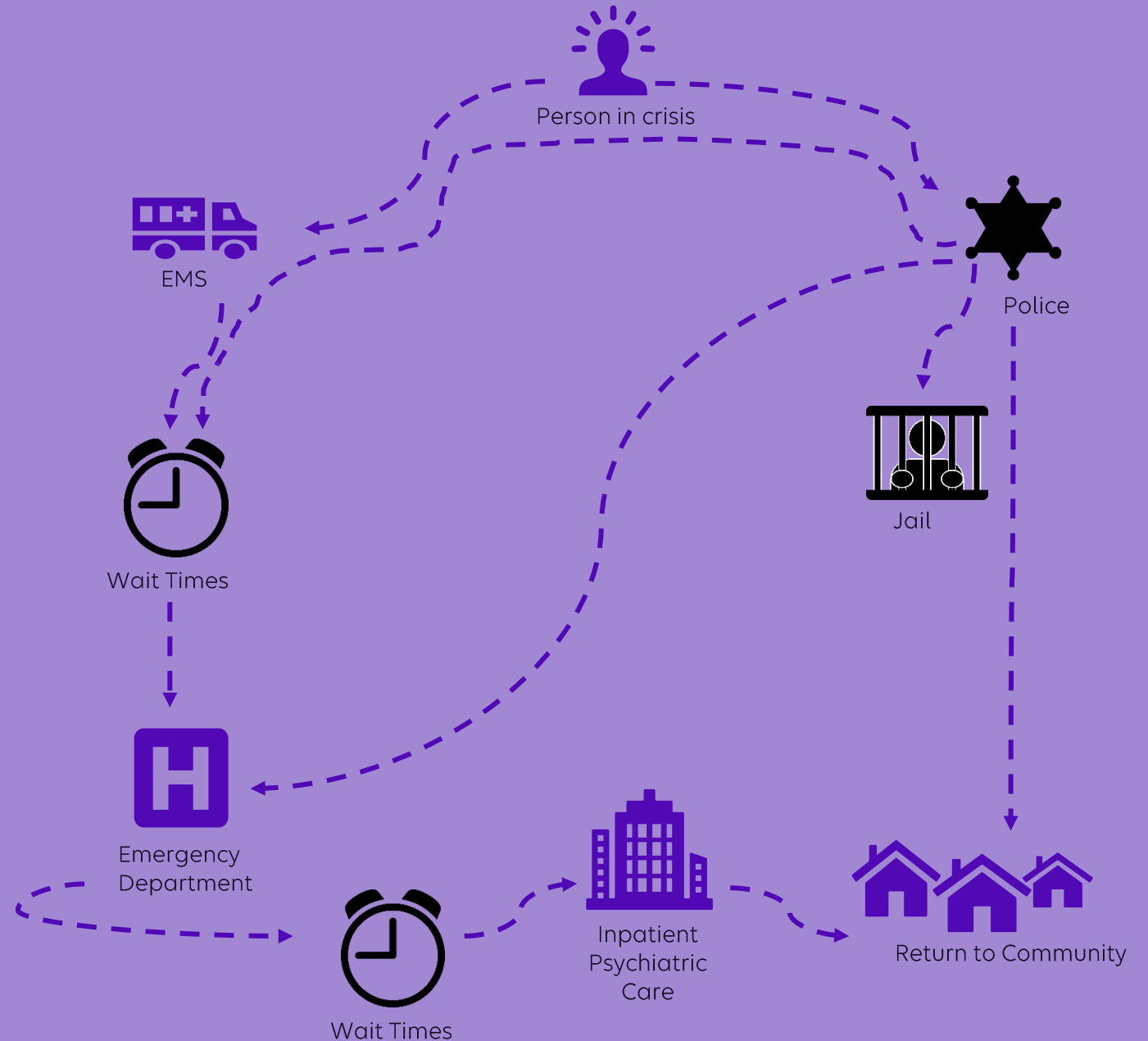
David Jobes
Catholic University of America
Suicide Prevention Lab



What Happens when I Contact 988?



What Happens When I Contact 911 With a Mental Health Crisis?



Key 988 Data March 2022 vs March 2023

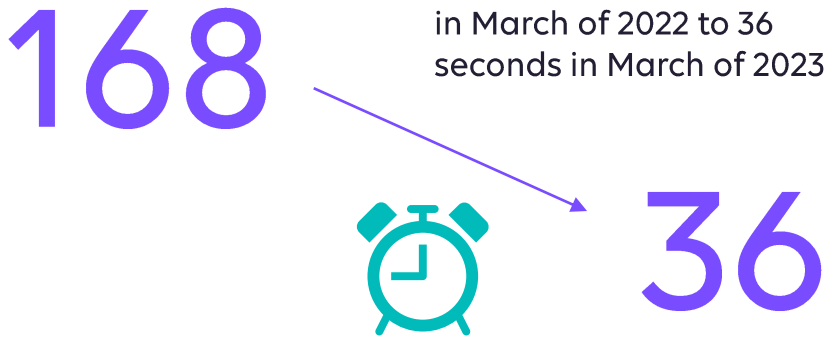
More contacts (calls, texts, chats) – increase in over all volume



March 2022 to March 2023- calls answered increased 47%, chats answered increased 136%



Average speed of answer improved from 168 seconds in March of 2022 to 36 seconds in March of 2023

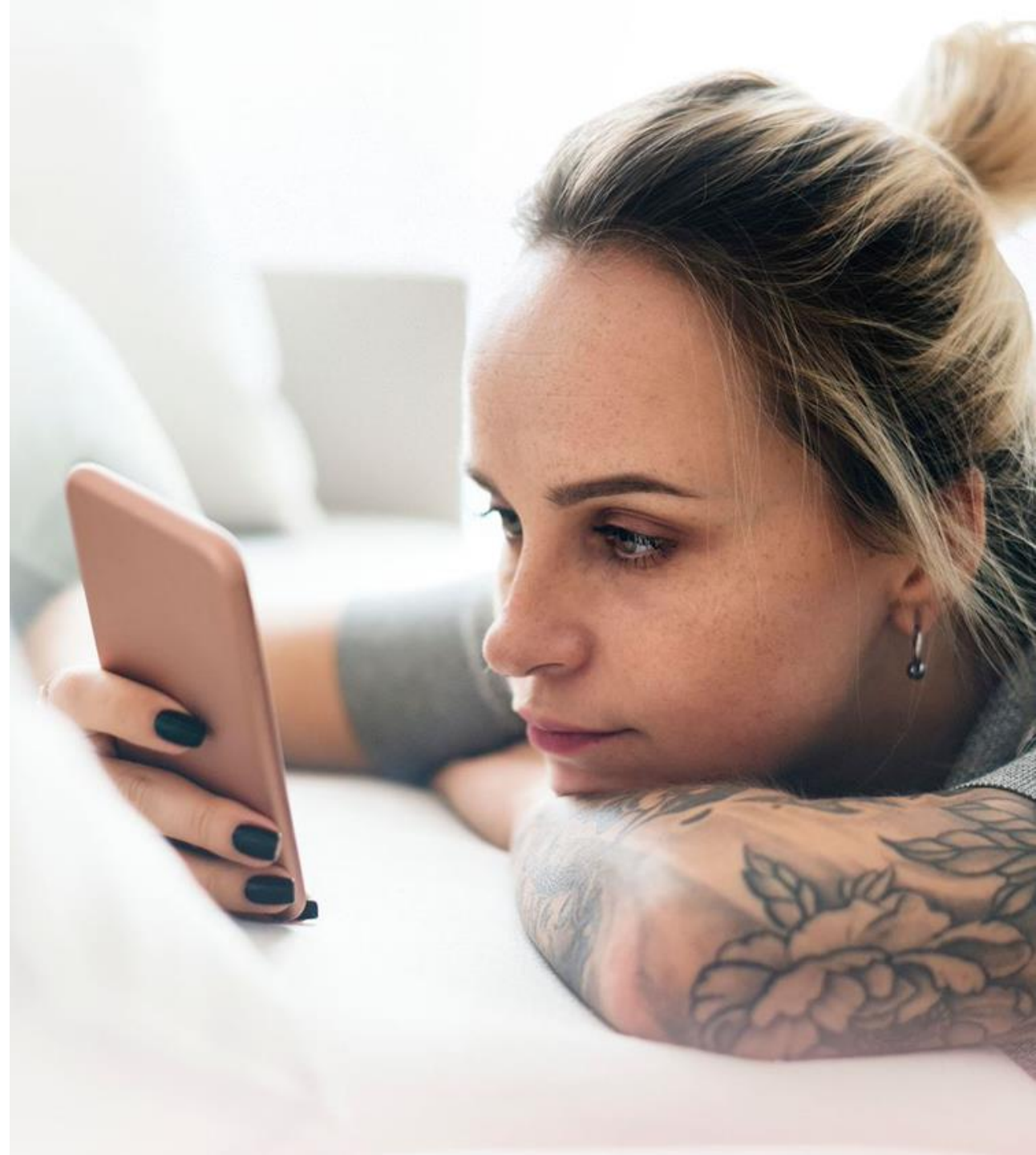


March 2022 to March 2023 text answered increased 1299%



Impact of 988

“The majority of individuals using chat and text services are under the age of 25 and of those, more than 80% of those report as being suicidal at contact or in recent past.”



Federal leadership is driving change at a national level

Substance Abuse Mental Health Services Administration's (SAMHSA)

Vision for Crisis Services



Someone to talk to

Crisis contact centers

90%+ of all 988 contacts answered in-state by 2023

Someone to respond

Mobile crisis services

80%+ of individuals have access to rapid crisis response by 2025



A safe place for help

Stabilization services

80%+ of all individuals have access to community-based crisis care by 2027



State legislation and funding for crisis services

As of October 2023, there have been 30 states that have passed legislation relating to crisis

Funding generally falls into three main buckets and some states have passed legislation for multiple funding streams.

988 fees (8 states)

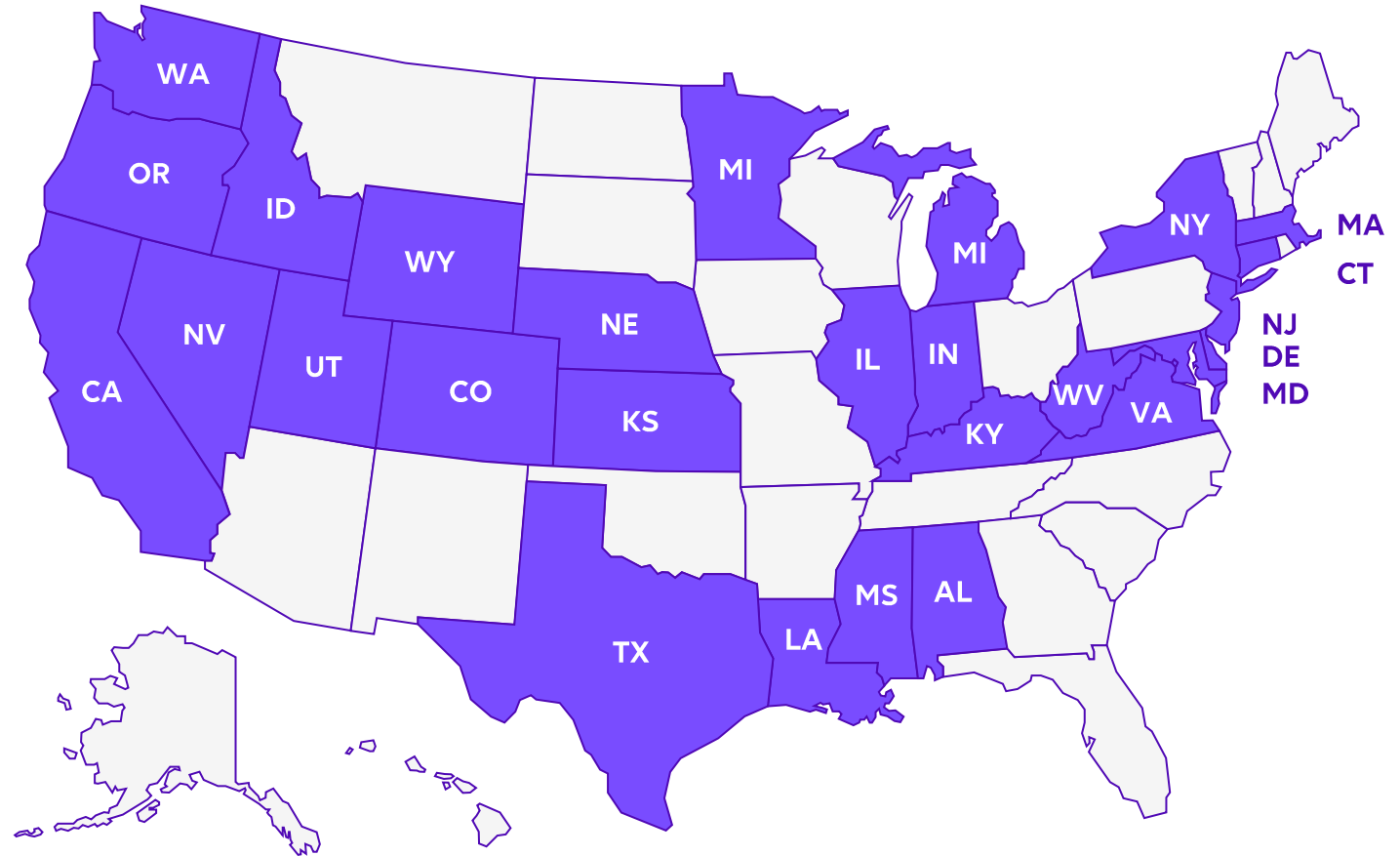
- Monthly cell phone fees which range from \$0.08-\$0.40 per line

988 trust funds (14 states)

- Appropriations of general funds to support 988 implementation

Insurance mandates (8 states)

- States strengthening requirements for commercial insurers to cover crisis care



Uplift Groups who are historically invisible



https://kennedysatcher.org/impact-areas/policy/988_policy_brief/



People who
identify as
LGBTQIA+

Black, Indigenous
and people of
color (BIPOC)

Rural
communities

Immigrants,
refugees, and non-
English speaking
people

People living with
disabilities

Older adults

People
experiencing
homelessness or
housing instability

Formerly
incarcerated or
justice-involved
populations

Survivors of
trauma

Neurodiverse
people

Messaging and Specialty 988 Services

ANUNCIO ESPECIAL



¡Los servicios de texto y chat de 988 Lifeline ya están disponibles en español!
Haga clic aquí para obtener información sobre cómo acceder a todos los servicios en español.

[CONOCER MÁS](#)

<https://988lifeline.org/help-yourself/for-deaf-hard-of-hearing/>

988
LÍNEA DE
PREVENCIÓN
DEL SUICIDIO
Y CRISIS



**For Deaf/Hard of Hearing ASL Users, Call 988
Videophone**



 **ASL NOW** ↗

Care Transitions



**Best Practices in Care Transitions
for Individuals with Suicide Risk:**
INPATIENT CARE TO OUTPATIENT CARE

Research indicates that in the month after individuals leave inpatient psychiatric care, their suicide rate is 200 times higher than that of the general population.

All too often, these individuals fall through common gaps in care as they transition to outpatient treatment settings, resulting in increased suicide risk.



Prevention Strategies

Strategies to Prevent Suicide



Strengthen economic supports

- Improve household financial security
- Stabilize housing



Create protective environments

- Reduce access to lethal means among persons at risk of suicide
- Create healthy organizational policies and culture
- Reduce substance use through community-based policies and practices



Improve access and delivery of suicide care

- Cover mental health conditions in health insurance policies
- Increase provider availability in underserved areas
- Provide rapid and remote access to help
- Create safer suicide care through systems change



Promote healthy connections

- Promote healthy peer norms
- Engage community members in shared activities



Teach coping and problem-solving skills

- Support social-emotional learning programs
- Teach parenting skills to improve family relationships
- Support resilience through education programs



Identify and support people at risk

- Train gatekeepers
- Respond to crises
- Plan for safety and follow-up after an attempt
- Provide therapeutic approaches



Lessen harms and prevent future risk

- Intervene after a suicide (postvention)
- Report and message about suicide safely



Thank You!



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