Federal Efforts to Address Suicide and Suicide Prevention

Richard McKeon, PhD, MPH
Senior Adviser, 988 and Behavioral Health Crisis Office
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

FCC 3.28.2019
The views, opinions, and content expressed in this publication do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).
Suicide rates increased 37% between 2000-2018 but then decreased by 5% in 2019 and 2020. However, in 2021 the rates nearly returned to their previous peak. 47,646 Americans died by suicide.

Suicide rates were nearly 4x higher for males than females. Largest increase was among males 15-24, particularly young males of color.

55% of US suicides in 2021 were by firearms.

In 2021, an estimated 12.3 million adults seriously considered suicide, 3.5 million made a plan, and 1.7 million attempted suicide.
National Strategy for Suicide Prevention

- At the request of the White House, the NSSP is being revised.
- Will be released in January 2024 along with an Action Plan.
- The 2012 NSSP was designed to be the blueprint for the next decade.
- Need to incorporate new research, social media, substance use, and 988
Multiple Federal Agencies Involved in Suicide Prevention

• Veterans Administration
• Department of Defense
• Department of Justice
• Department of Transportation
• Departments of Homeland Security, Agriculture, Interior
• Health and Human Services- SAMHSA, NIH, CDC, Indian Health Service, Surgeon General
President’s Executive Orders

• Executive Order on Military and Veteran Suicide Prevention
• Workgroups on Lethal Means, Access to Care, and Suicide Prevention in Emergency Departments
• Executive Order on Policing
• Multiple components – Officer Wellness and Suicide Prevention-Crisis and Coresponder
HOMICIDE

MVAs & Accidental Poisoning

Suicide

Emerging Behavioral Problems & Mental Health Disturbances

School Difficulties

Alcohol and Substance Misuse

Disruptive Family Factors

Disadvantaged Economic & Social Factors

Mental Health & Chemical Dependency Treatment Contacts

Legal System Involvements

Emergency Room Visits

Prevention & Intervention Opportunities

Indicated & Clinical

Selective & Indicated

Universal & Selective

Accumulating Risk

Common Risk Factors for Premature Death

Disruptive Family Factors

Disadvantaged Economic & Social Factors

Indicated & Clinical

Selective & Indicated

Universal & Selective
THE IMPACT OF GLS SUICIDE PREVENTION PROGRAM ON YOUTH SUICIDAL BEHAVIOR

 Lucas Godoy Garraza (ICF International); Christine Walrath (ICF International); David Goldston (Duke CSSPI); Hailey Reid (ICF International), Richard McKeon (SAMHSA)
Impact by Time of Exposure

Extended impact after consecutive years of GLS programming

![Graph showing youth suicide mortality over time with different exposure periods.](image)
A System-Wide Approach Saved Lives: Henry Ford Health System

![Graph showing decrease in suicide deaths per 100k HMO Men](image)

Launch: Perfect Depression Care
Joint Commission Sentinel Event Alert 56: Detecting and Treating Suicide Ideation in All Settings

“...the suggested actions in this alert cover suicide ideation detection, as well as the screening, risk assessment, safety, treatment, discharge, and follow-up care of at-risk individuals. Also included are suggested actions for educating all staff about suicide risk, keeping health care environments safe for individuals at risk for suicide, and documenting their care.”
• Suicide Prevention Resource Center, www.sprc.org
• Native Connections with focus on tribal youth
• CMHS Policy Academy on Black Youth Suicide
• National Strategy for Suicide Prevention grants with explicit identification of older Americans as a priority group
Noteworthy Developments in Crisis Services

• Implementation of 988 as the new National Suicide Prevention and Mental Health Crisis Line-
• By order of FCC, universal availability achieved on July 16, 2022
• 988 is routed to the National Suicide Prevention Lifeline network of 200+ local crisis centers
• Press 1 for Veterans, 2 for Spanish, 3 for LGBTQ youth
• 5% SAMHSA Mental Health Block Grant Set Aside for crisis services
• SAMHSA National Guidelines for Behavioral Health Crisis Care.
• Major redesigns in crisis services have taken place in multiple states.
• VA has implementing the SPED program (Safety Planning in Emergency Departments)
• Major expansion of SAMHSA Certified Community Behavioral Health Clinics and Community Crisis Partnership Grants
988 SUICIDE & CRISIS LIFELINE

available by phone, chat, and text
• Seriously suicidal individuals call the Lifeline.
• There were significant decreases in callers’ reports of intent to die, hopelessness, and psychological pain over the course of the call.
• 55% of callers at imminent risk did not require emergency rescue by the end of the call and 19% collaborated with emergency rescue.
• Almost 90% of those who received follow up calls felt the calls helped them not kill themselves.
• 988 established in statute as the national suicide prevention and mental health crisis line
• FCC Report to Congress on geolocation
• SAMHSA and VA Joint Report to Congress on resources needed
• SAMHSA Report to Congress on training and access for high risk populations
• Authorizes states and localities to institute fees similar to 911 funding
• 5 states have enacted legislation
What is the Crisis Now model?

Call Center Hub

Mobile Crisis

Crisis Facilities

“Air Traffic Control” Crisis Call Center Hub Connects and Ensures Timely Access and Data
Crisis Call Hub

Best Practice:
Caller ID, GPS Mobile Team Dispatch, Bed Registry, Outpatient Scheduling
Community-based Mobile Crisis

Mobile crisis: some capacity in most states, but few have statewide coverage. Mobile crisis programs share goals of:

• Meeting individuals in community environments. Rapid triage, assessment including suicide risk

• Helping individuals in crisis to experience relief quickly and to resolve the crisis if possible. De-escalation, peer support, care coordination, crisis planning, follow-up.

• Providing appropriate care/support while avoiding unnecessary law enforcement involvement, ED use, and hospitalization

• SAMHSA CMHS Community Crisis Partnership grants
The Crisis Intercept Map for Suicide Prevention Among Service Members, Veterans and their Families

Suicide in the 12 months after ED presentation for suicidality

- For patients seen in an Emergency Room for a suicide attempt, suicide mortality was 56.8X greater than for matched population.
- For patients seen in an Emergency Department for suicidal ideation, suicide mortality was 26 X higher.
- External cause mortality also elevated, particularly accidental overdose.
- For those seen for accidental overdoses, also significant increases in accidental overdose and suicide mortality.
Mortality outcomes among ED patients with suicidal behavior

- Self-harm patients
- Suicidal ideation patients
- Reference patients (5% random sample of all other patients)

2009 2010 2011 2012

Death
Suicide rates in year after discharge

Comparison group

~2x higher

Matching CA population
Reference patients (n=497,760)
Suicidal ideation patients (n=67,379)
Self-harm patients (n=83,507)

56x higher

26x higher

Suicide rate per 100,000

12.3

23.4

384.5

100
200
300
400
500
600
700
800
Mortality from other causes

**SELF-HARM PATIENTS**
- Suicide: 693.4, 31x higher
- Accident: 487.8, 3x higher
- Homicide: 12.3
- Natural causes: 1,250.60, 4x higher

**SUICIDAL IDEATION PATIENTS**
- Suicide: 384.5, 13x higher
- Accident: 498.1
- Homicide: 25.7
- Natural causes: 504.5, 5x higher
Mortality outcomes among ED patients with non-fatal drug overdose

**Opioid overdose patients**
- Prescription (e.g., oxycodone, methadone)
- Illicit (e.g., heroin)

**Sedative/hypnotic drug overdose patients**
- Prescription (e.g., sleep aids like Ambien; anti-anxiety meds like Valium, Xanax)

Suicide rates in year after discharge

Opioid patients: 18x higher

Sedative/hyp patients: 9x higher

Suicide deaths post-hospital discharge are significantly higher than other time periods

Care transitions reduced suicide risk behavior by 20%

- ED SAFE Clinical trial among 8 emergency departments to test a multi-faceted intervention to improve suicide outcomes over 12-months after visiting the ED
- 1,376 individuals who screened positive for suicide ideation received one of three interventions:
  1. Treatment as usual
  2. Screening only
  3. Intervention that included:
     - Screening
     - Secondary risk assessment by emergency department physician
     - Self-administered safety plan in emergency department
     - Seven follow-up phone calls over one year
Ubiquitous and inexpensive technology is changing nearly every other industry.
SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

Richard McKeon
Richard.McKeon@samhsa.hhs.gov
240-276-1873

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)