

Federal Efforts to Address Suicide and Suicide Prevention

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FCC 3.28.2019



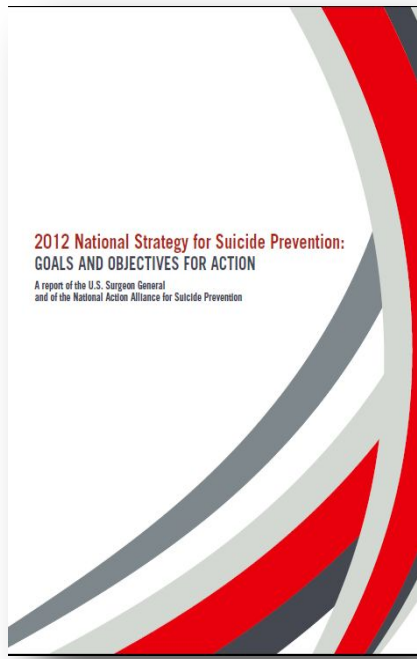
SAMHSA
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Suicide in the United States

- 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.



**2012 National Strategy for Suicide Prevention:
GOALS AND OBJECTIVES FOR ACTION**

A report of the U.S. Surgeon General
and of the National Action Alliance for Suicide Prevention

National Strategy for Suicide Prevention

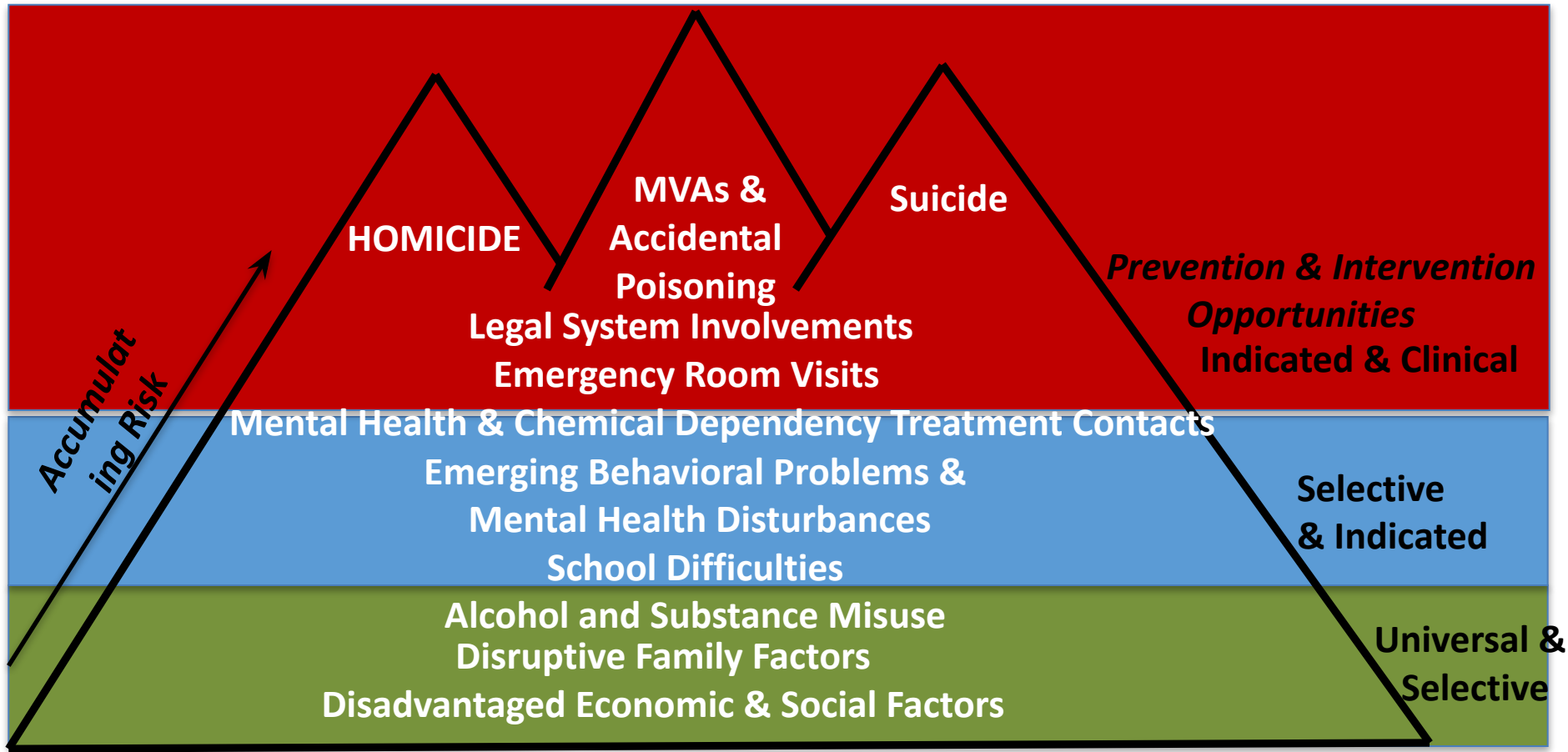
- At the request of the White House, the NSSP is being revised.
- Will be released in January 2024 along with an Action Plan.
- The 2012 NSSP was designed to be the blueprint for the next decade.
- Need to incorporate new research ,social media, substance use, and 988

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





The Garrett Lee Smith (GLS) Suicide Prevention National Outcomes Evaluation is supported through contract no. HHSS2832012000071/HHSS28342002T (reference no. 283-12-0792) awarded to ICF International by the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS).

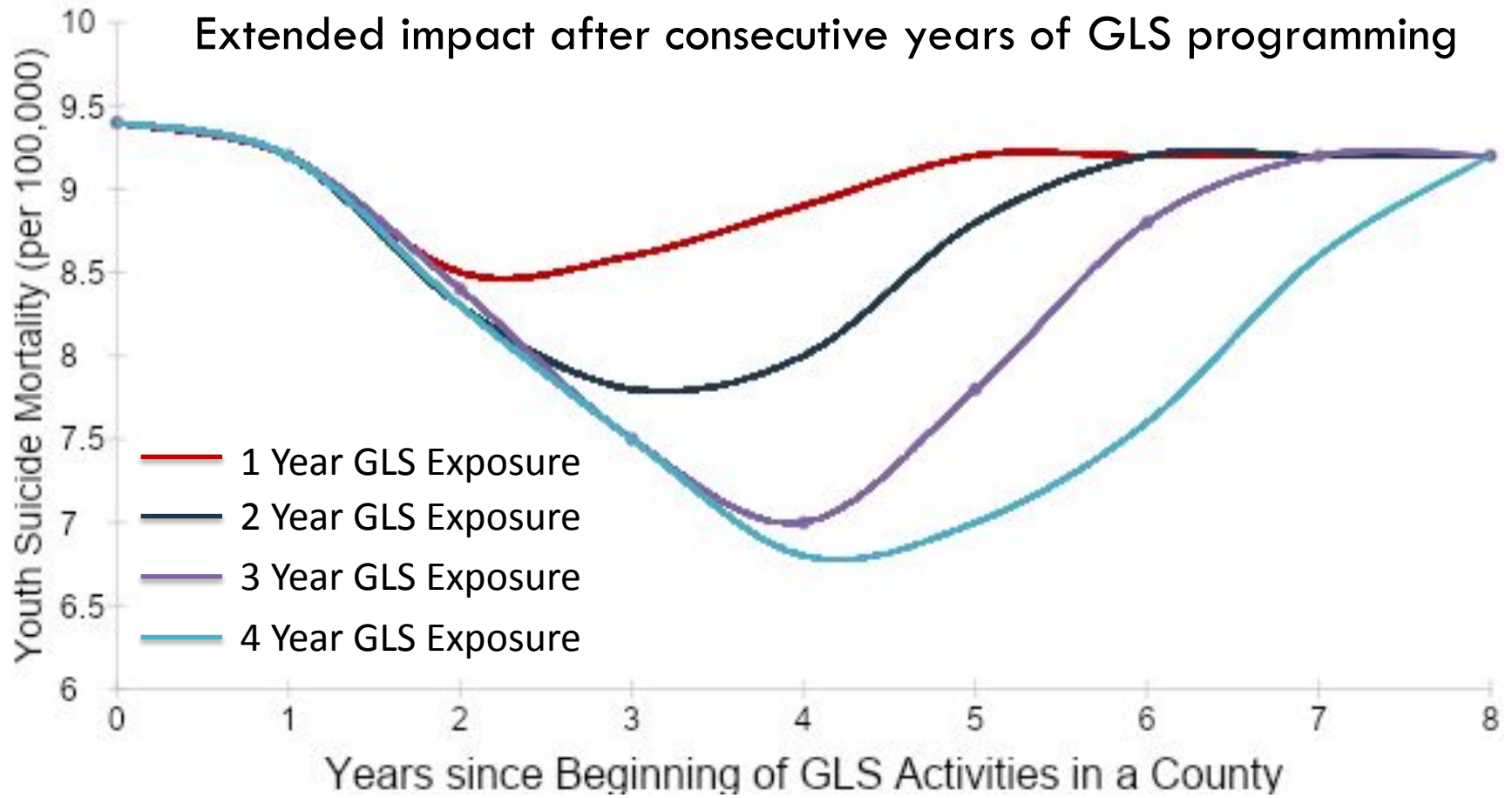


THE IMPACT OF GLS SUICIDE PREVENTION PROGRAM ON YOUTH SUICIDAL BEHAVIOR

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



ZERO Suicide

IN HEALTH AND BEHAVIORAL HEALTH CARE

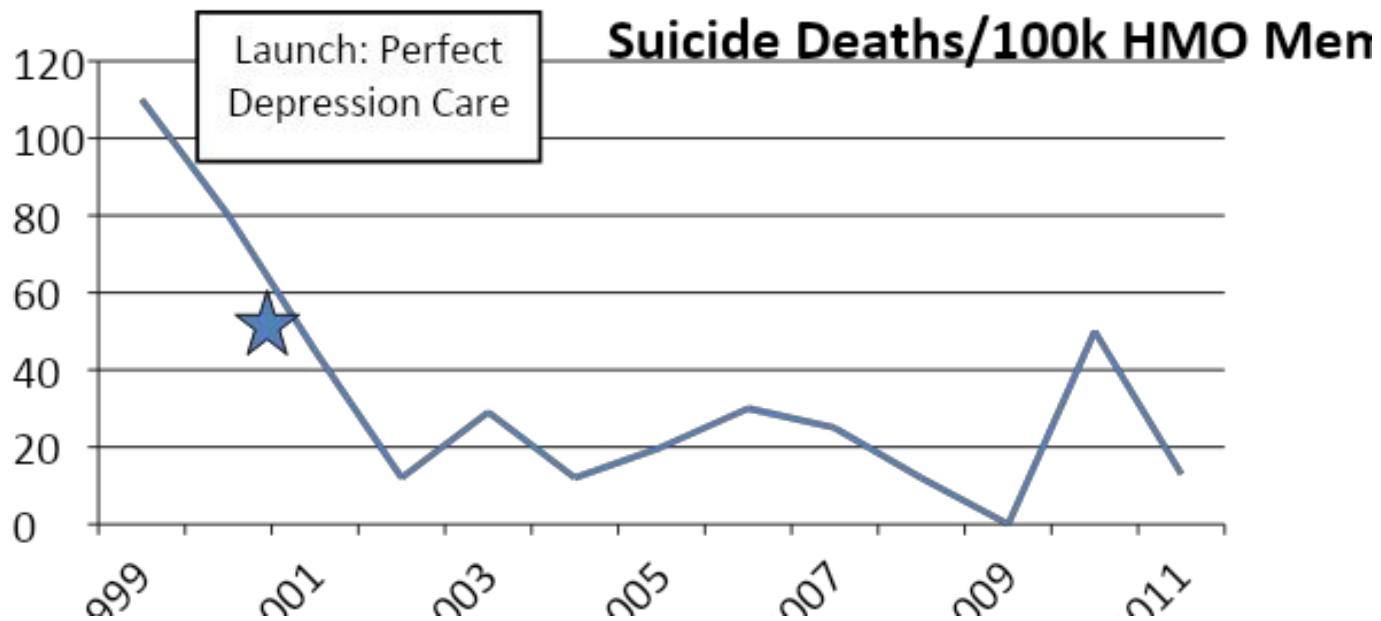


The Zero Suicide Movement



A System-Wide Approach Saved Lives: Henry Ford Health System

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Joint Commission Sentinel Event Alert 56: *Detecting and Treating Suicide Ideation in All Settings*

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"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."

Additional SAMHSA/CMHS Suicide Prevention programs

- 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

NATIONAL

SUI**IDE**
PREVENTION

LIFELINE™

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www.suicidepreventionlifeline.org

988

**SUICIDE
& CRISIS
LIFELINE**

**available by phone,
chat, and text**



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National Suicide Prevention Lifeline Effectiveness

- 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.

National Suicide Hotline Designation Act

- 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

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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



SAMHSA ★ **SMVF TA CENTER**

Service Members, Veterans, and their
Families Technical Assistance Center

The Crisis Intercept Map for Suicide Prevention Among Service Members, Veterans and their Families

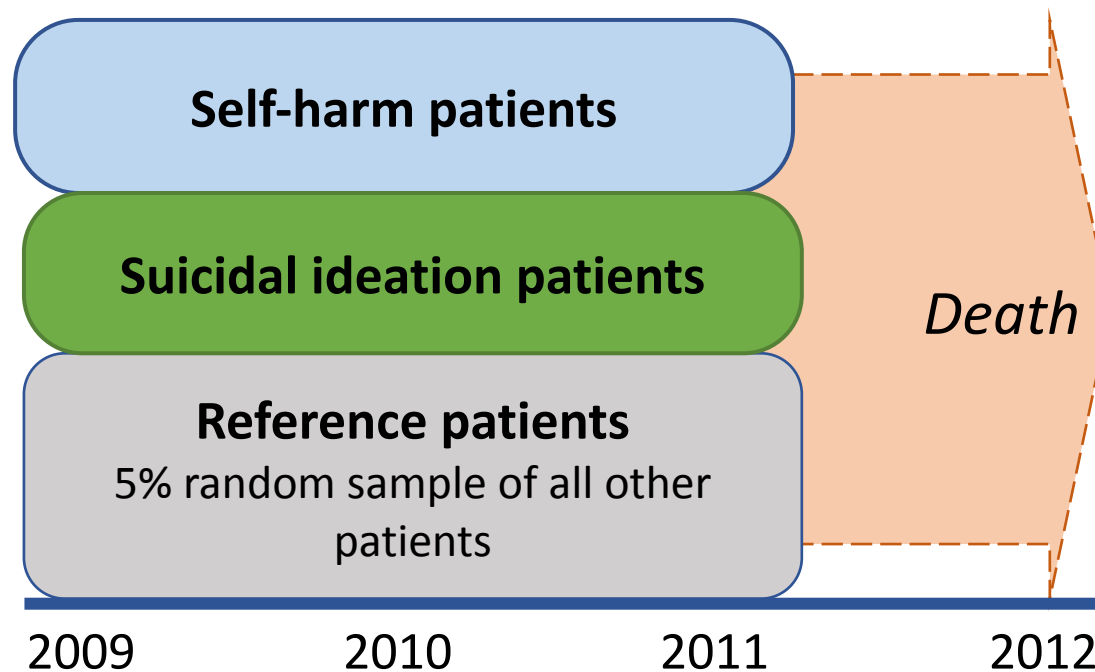


Developed by
Policy Research Associates, Inc.

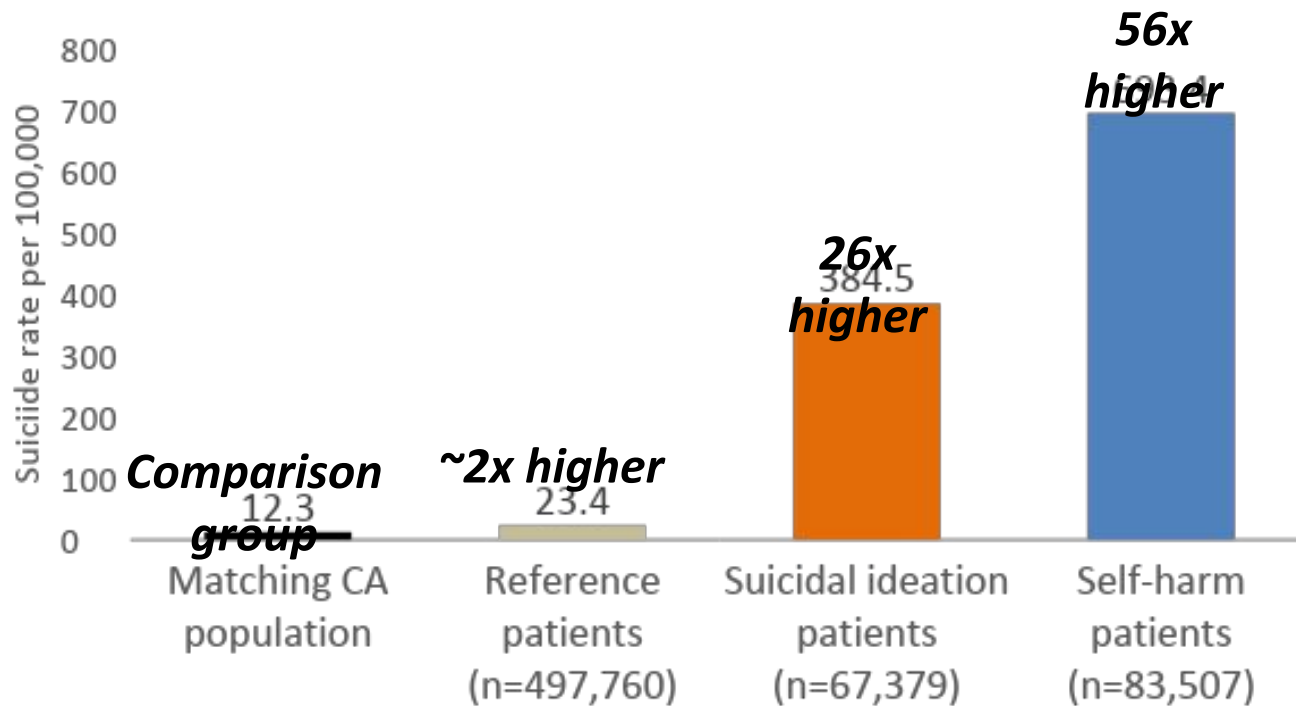
Suicide in the 12 months after ED presentation for suicidality

- 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

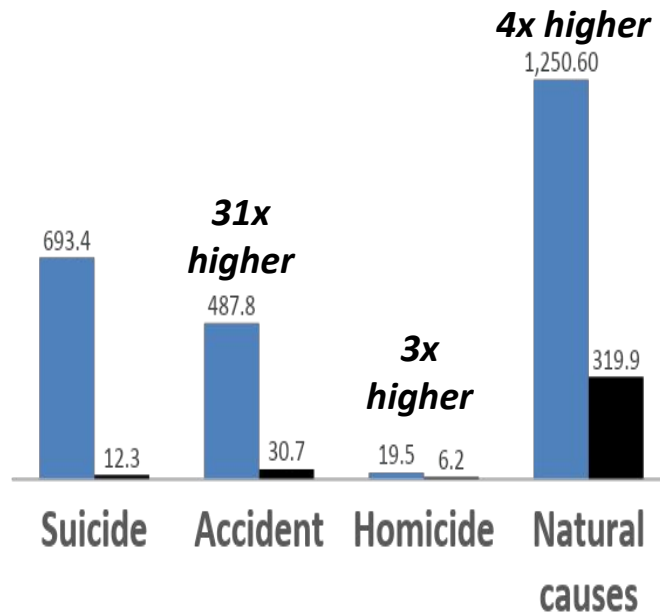


Suicide rates in year after discharge

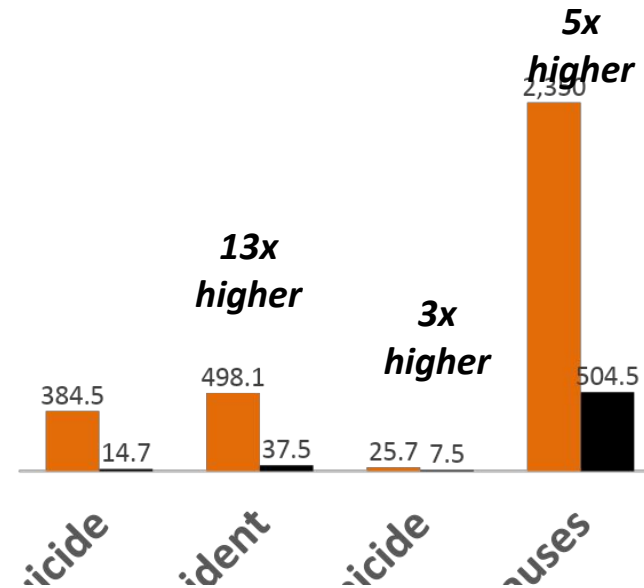


Mortality from other causes

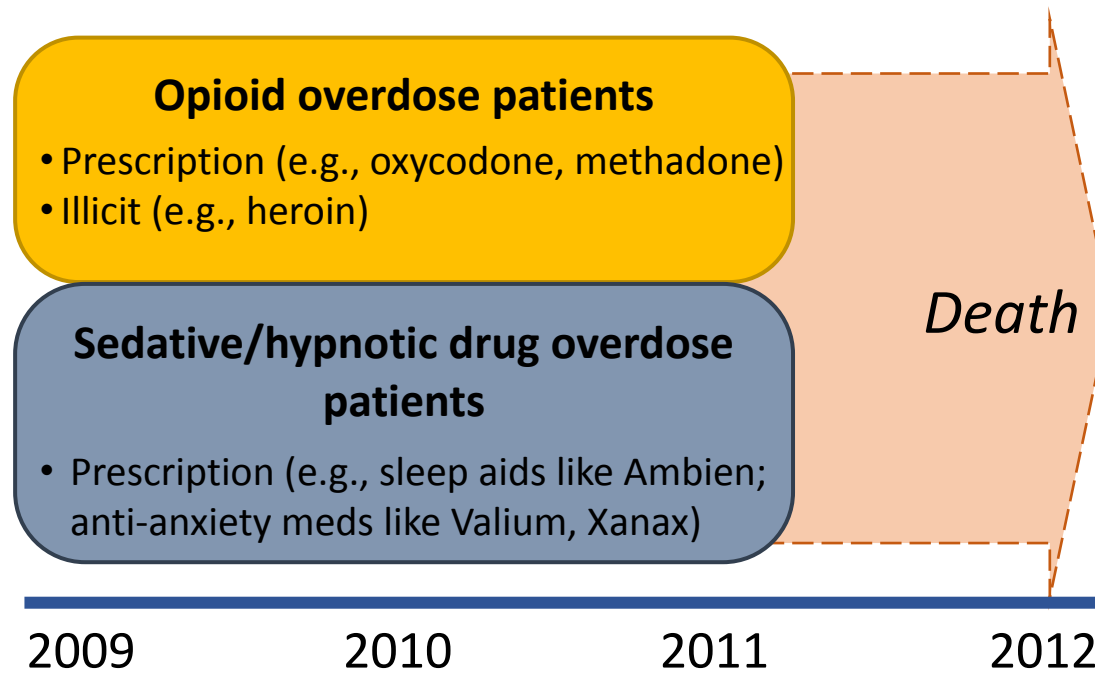
SELF-HARM PATIENTS



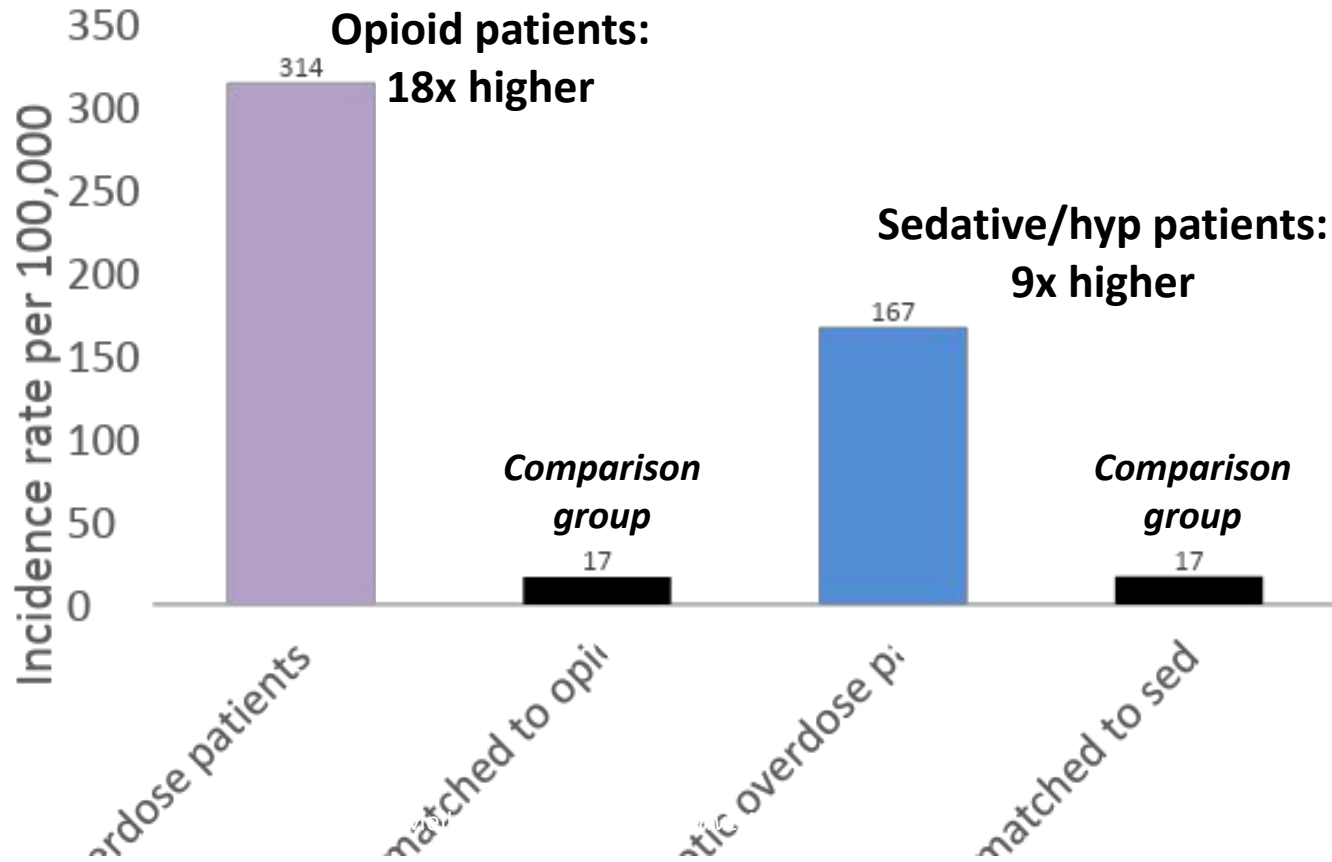
SUICIDAL IDEATION PATIENTS



Mortality outcomes among ED patients with non-fatal drug overdose

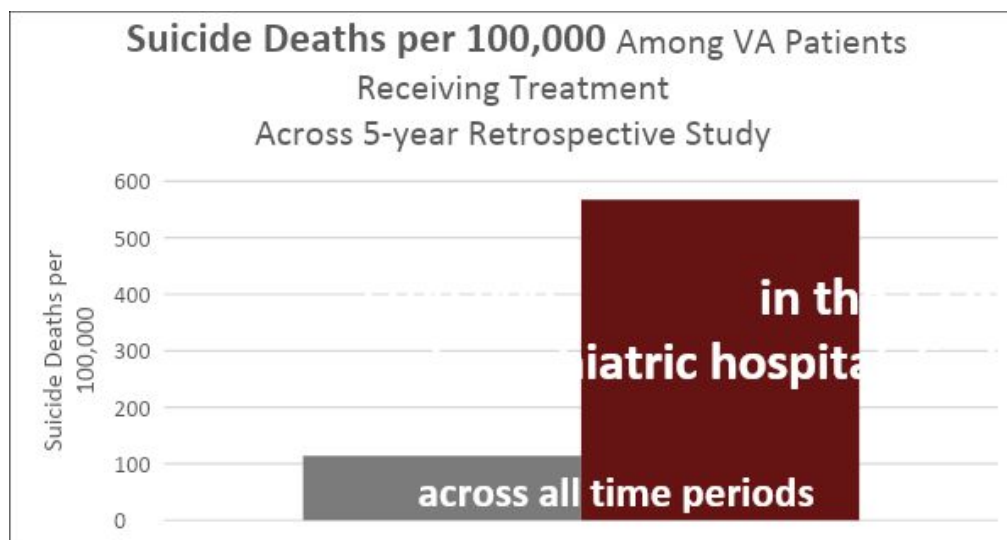


Suicide rates in year after discharge





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



Valenstein, M., Kim, H., Ganoczy, D., McCarthy, J., Zivin, K., Austin, K., Hoggatt, K., Eisenberg, D., Piette, J., Blow, F., Olsson, M. (2009). Higher-risk periods for suicide among VA patients receiving depression treatment: Prioritizing suicide prevention efforts. *Journal of Affective Disorders*, 112, pp. 50-58.



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**



SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

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