SUICIDE PREVENTION EFFORTS FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS:

ROLES FOR THE STATE MENTAL HEALTH AUTHORITY

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ACKNOWLEGEMENT

- NASMHPD Medical Directors' Council
- Suicide Prevention Resource Center
- Suicide Prevention Action Network USA
- National Suicide Prevention Lifeline
- National Mental Health Association
- Department of Veterans Affairs
- SAMHSA/CMHS

CONSIDERATIONS

- Suicide prevention strategies for individuals with SMI
- Person-centered prevention approach
- SMI population heterogeneity

SCOPE

- Understanding the characteristics & dynamics of individuals with SMI who attempt or die by suicide;
- Considering improvements to suicide prevention activities through the SMHA;
- Applying person-centered approaches to suicide prevention;
- Adopting a conceptual model for use by the SMHA to improve care.

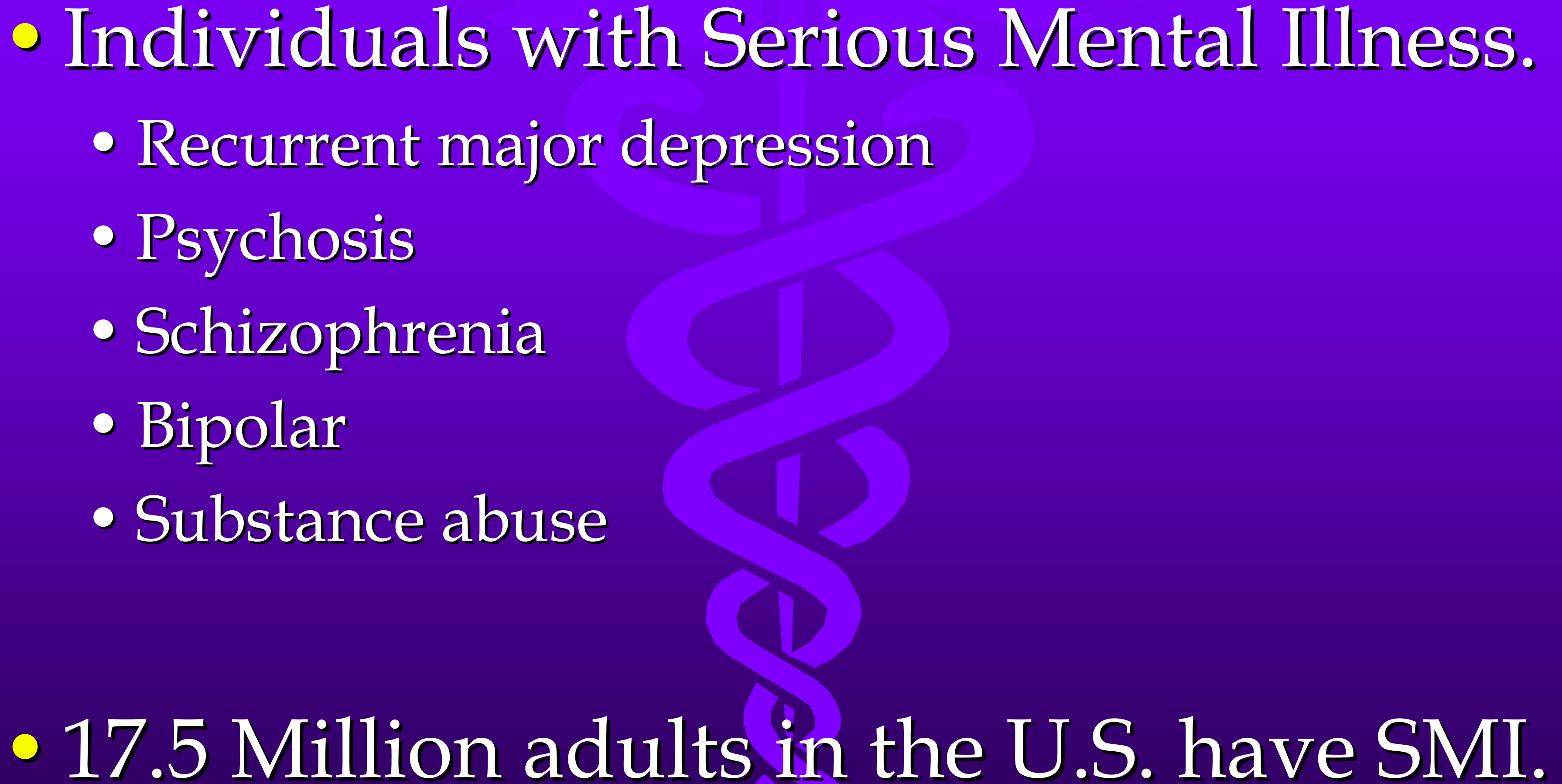
EPIDEMIOLOGY

- 32, 439 deaths by suicide in the U.S. in 2004.
- Eleventh cause of death in the U.S.
- 1 person every 16.2 minutes dies by suicide.
- 324,000 treated in ED for deliberate self-harm.
- 90,000 hospitalized following a suicide attempt.

EPIDEMIOLOGY Cont.

- Between 811,000 and 1.8 million suicide attempts per year.
- 1 out of 65 Americans is a “survivor”.
- Over 90% of individuals who die by suicide have a significant psychiatric illness.
- $25 Billion impact to the U.S. economy for deaths and injuries associated with suicidal behavior.

FOCUS POPULATION



- Individuals with Serious Mental Illness.
  - Recurrent major depression
  - Psychosis
  - Schizophrenia
  - Bipolar
  - Substance abuse
- 17.5 Million adults in the U.S. have SMI.

SUICIDE RISK PERSONS WITH SMI

People with SMI have a higher risk of suicide attempt and death by suicide.

- Suicide Attempts:
  - 30% - Depression;
  - 25 to 50% - Bipolar; and
  - 20 to 40% - Schizophrenia
- Deaths by Suicide:
  - 3 to 20% - Bipolar; and
  - 10% - Schizophrenia

CONSUMER & SURVIVOR PERSPECTIVES

- Consumers call for:
  - Better training;
  - Enhanced treatment for shame and humiliation;
  - Address concerns of possible long term disability;
  - Nurturing spiritual concerns;
  - Creating creative, meaningful connections with others; and
  - Developing peer support groups.

CONSUMER & SURVIVOR PERSPECTIVES

- Survivors call for:
  - Better education on available resources;
  - Enhanced treatment for grief;
  - Open communication; and
  - Developing peer support groups.

National Response Methods

- Surgeon General's Call.
- DHHS' National Strategy for Suicide Prevention
- NASMHPD recommendation to SMHA and position statement on mental health promotion and mental illness prevention

Service Delivery Systems

- The National Suicide Prevention Lifeline (1-800-273-TALK)
- Suicide Prevention Task Forces
- Emergency Departments
- Inpatient Care
- Primary Care
- Risk Factors & Management

RECOMMENDATIONS

1.1: The Governors of each state should appoint a state advisory council on suicide prevention drawing on the work of the State Health Authority and including the SMHA.

RECOMMENDATIONS

2.1: SMHA leads suicide prevention activities for persons with SMI as indicated below:

A Paradigm of SMHA Involvement		
	Among Systems	**Within the State Mental Health Authority (SMHA)**
Lead Agency	Education	Screening
Provision of Services	Linkages	Effective Practices

RECOMMENDATIONS

3.1: SMHA collaborates with crisis hotlines to ensure that individuals who are at risk for or who have made a suicide attempt receive the timeliest, comprehensive and appropriate follow-up care.

RECOMMENDATIONS

Work in collaboration with the SHA on:

- 4.1: Improved information sharing and surveillance;
- 5.1: Improved follow-up after ED or Inpatient care;
- 6.1: Screening for suicide risk for those who exhibit risk for depression and substance abuse at primary care appts.;
- 7.1: Reducing lethal means;
- 8.1: Improve community education; and
- 9.1: Developing new life course models.

FINAL RECOMMENDATION

10.1: Expand NASMHPD's Role to:

1. Create national marketing campaigns;
2. Endorse model suicide prevention policies;
3. Advocate for appropriate & comprehensive training of mental health providers in assessing & managing suicide risk.
4. Adopt best practices;
5. Support methods to improve access;
6. Create collaborations with other organizations;
7. Assist in maximizing reimbursement for care; and
8. Establish parity between physical health care and mental health care.

BOTTOM LINE

- People with SMI are a high risk population
- Fragmented, discontinuous system of care
- SMHA must be the leader
- Proactive suicide prevention

QUESTIONS AND CONCERNS