



Surveillance Success Stories



MONTANA

The Need for Data

For nearly four decades, the state of Montana has had some of the highest suicide death rates in the United States. In an effort to address this, the Montana chapter of NAMI, behavioral health providers, and other suicide prevention champions came together to advocate for access to more data in order to understand how to reduce suicide deaths in the state. As a result of their advocacy, the Montana state legislature passed the *Montana Suicide Mortality Review Team Act* in 2013, which set forth a coordinated initiative to use data surveillance to inform suicide prevention efforts in the state.

Getting the Data

The *Montana Suicide Mortality Review Team Act* called for the creation of a Suicide Mortality Review (SMR) Team, chaired by the state suicide prevention officer (SPO) and with members appointed by the governor to serve three-year terms. The team consists of representatives from behavioral health, law enforcement, county coroner offices, tribal health departments, clergy, suicide loss survivors, mental health consumer advocacy groups, the U.S Department of Veteran's Affairs, and the Substance Abuse and Mental Health Services Administration.

The SMR Team accesses and analyzes data about individual suicide deaths to identify possible risk factors and potential preventive interventions. The SMR Team is allowed access to death certificates, coroner and medical examiner reports, and health and behavioral health care records for every suicide death in Montana. When crafting the law that created the SMR Team, legislators and advocacy groups were careful to include specific language regarding confidentiality to ensure that privacy would be maintained when reviewing suicide deaths.

All death certificates are sent to the state's SPO within 10 days of a suicide death. If the record is incomplete,

the SPO submits a request to the coroner for any additional documentation, such as toxicology reports and medical records. If the names of health and behavioral health care providers are available, the SPO will also contact them for more information on the decedent's medical history. The SMR team also worked with the Office of Vital Statistics to revise the death certificates to include more information about decedents, such as education level and occupation.

Analyzing the Data

After the SPO has reviewed the data related to a suicide death and entered all details related to the decedent into an Excel database, a sample of cases are examined by the SMR Team. Team members meet every two months to review cases, identify risk factors and interventions for each individual suicide, and track overall patterns in suicide deaths across the state. The findings and recommendations of the SMR Team are published in annual reports, which are submitted to the governor and state legislature to inform prevention efforts.



DATA RESOURCES

Locating and Understanding Data for Suicide Prevention (online course): <http://training.sprc.org>

Data Linkage Strategies to Advance Youth Suicide Prevention: <https://go.edc.org/data14>

National Violent Death Reporting System: Stories from the Frontlines of Violent Death Surveillance: <http://go.edc.org/Data3>

Montana 2016 Suicide Mortality Review Team Report: <https://go.edc.org/Montana1>

Montana Legislature House Bill Number 583: An Act Creating the Montana Suicide Review Team: <https://go.edc.org/Montana2>

What Montana Learned

The SMR Team reviewed all suicide deaths that took place in the state between January 1, 2014 and March 1, 2016. Of these 555 suicides:

- Approximately 80% percent of the suicide deaths occurred among men: 9 out of 10 were white, and half were between the ages of 35 and 64.
- Nearly two-thirds were carried out by firearms. Of all deaths by firearms in Montana, 88% were classified as suicides.
- About three-quarters of decedents had education levels lower than a college degree.
- Roughly 85% of decedents had a diagnosed mental health disorder; of this percentage, 70% were diagnosed with depression.
- In 74% of suicides, decedents displayed at least three of the warning signs of suicide prior to their deaths.

The SMR Team also looked at the factors associated with suicide among smaller, high-risk populations in the state, such as American Indians, veterans, and youth under the age of 18. They found, for example, that nearly 65% of youth who died by suicide used firearms, and that 69% of veterans who died by suicide were over the age of 55.

What Comes Next

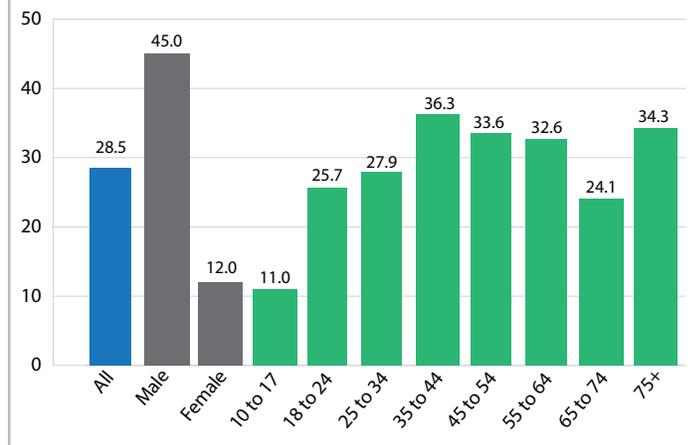
Based on their findings, the SMR Team has recommended that a number of interventions be rolled out across the state, including the following:

- Conduct firearms safety awareness campaigns and lethal means counseling in primary care and school settings; provide gun locks to pediatricians and law enforcement for distribution to the public.
- Conduct gatekeeper trainings with firemen, police, EMTs, and other first responders; middle and high school staff; veterans; and senior caregivers

If you have questions or would like to learn more about how Montana created their surveillance networks, contact:

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Suicide Rate per 100,000 People by Sex and Age Group, Montana 2014–2015



- Implement depression screenings in primary care facilities, Veterans Treatment Courts, drug courts, correctional facilities, and middle and high schools
- Allocate state funds to provide financial support for Native American tribes to continue to implement cultural engagement practices relevant to suicide prevention efforts

During the review of the data, the team found substantial discrepancies in coroners' reports of suicide deaths. To address this, the SPO became a trained coroner, which has allowed him to provide guidance and training to coroners and law enforcement cadets on best practices in suicide investigations and reporting. The work of the SMR Team has also prompted the governor to fund suicide prevention awareness training and increased crisis and behavioral health services for all state employees. Although the funding period for the SMR Team ended in June 2016, the governor issued an executive order for surveillance activities to continue, and a formal renewal has been introduced in the 2017 Montana legislative session.

“The data that we’ve collected have been very powerful and the legislators in Montana appreciate that we’re collecting it.”

*—Karl Rosston, Suicide Prevention Coordinator, Montana
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