Suicide Prevention: A Public Health Approach

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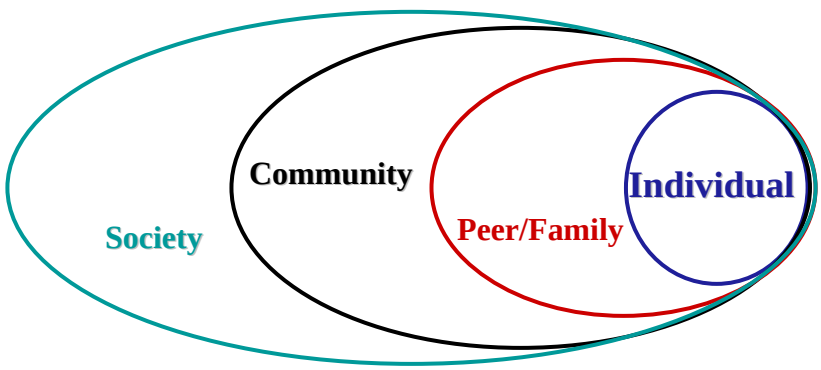
"Problems are complex and go beyond the capacity, resources, or jurisdiction for any single person, program, organization, or sector to change or control."

Lasker R., Weiss E., Broadening Participation in Community Problem Solving: A Multidisciplinary Model to Support Collaborative Practice and Research. Journal of Urban Health: Bulletin of the New York Academy of Medicine. Vol 80, No 1. March 2003. p.5.

Suicide and Mental Illness

- 90% have diagnosable mental or substance abuse disorders or both
- 60% have unipolar depression
  - + Aggressiveness, anxiety, agitation
- Other associated mental health problems:
  - Schizophrenia
  - Bipolar disorder
  - Personality disorders, e.g., borderline
  - Anxiety disorders

Ecological Model



Individual Factors

Risk

- Age/Sex
- Mental illness
- Substance abuse
- Loss
- Previous suicide attempt
- Personality traits or disorders
- Incarceration
- Access to means (e.g., firearms)
- Failure/academic problems
- Unemployment
- Disability or illness

Protective

- Cultural and religious beliefs that discourage suicide and support self-preservation
- Support through ongoing health and mental health care relationships
- Coping/problem solving skills
- Resiliency, self esteem, direction, mission, determination, perseverance, optimism, empathy
- Intellectual competence (youth)
- Reasons for living

Peer/Family Factors

Risk

- History of interpersonal violence/conflict/ abuse/bullying
- Exposure to suicide
- No-longer married
- Barriers to health care/mental health care
- Access to means (e.g., firearms)

Protective

- Family cohesion (youth)
- Sense of social support
- Interconnectedness
- Married/parent
- Access to comprehensive health care

Community Factors

Risk

- Isolation/social w/drawal
- Barriers to health care and mental health care
- Stigma
- Exposure to suicide
- Unemployment

Protective

- Access to healthcare and mental health care
- Social support, close relationships, caring adults, participation and bond with school
- Respect for help-seeking behavior
- Skills to recognize and respond to signs of risk

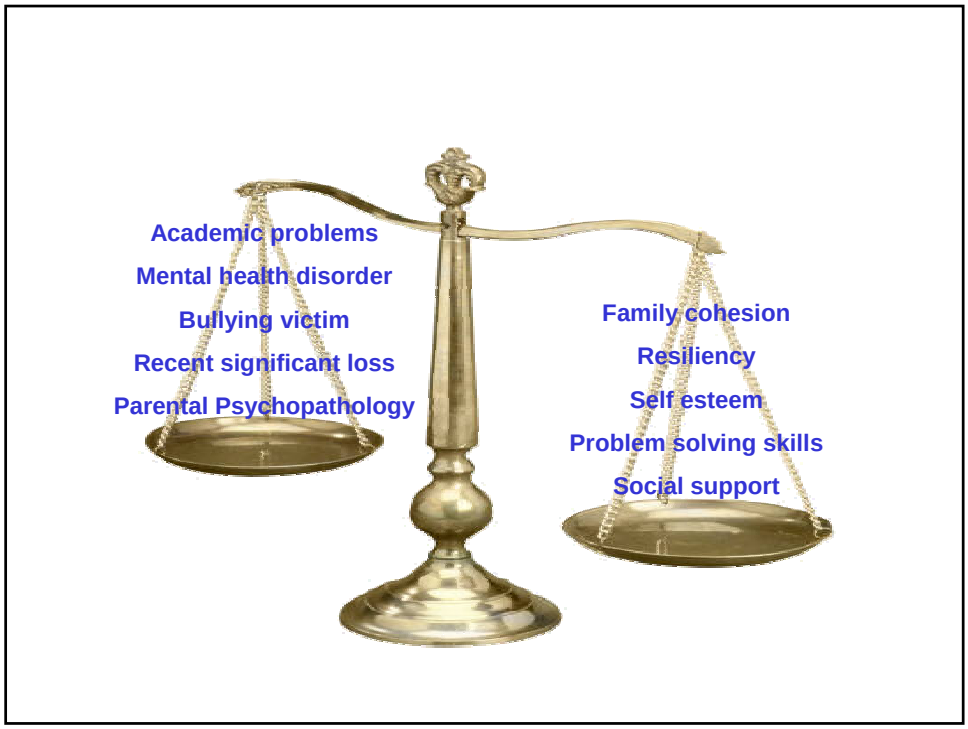
Societal Factors

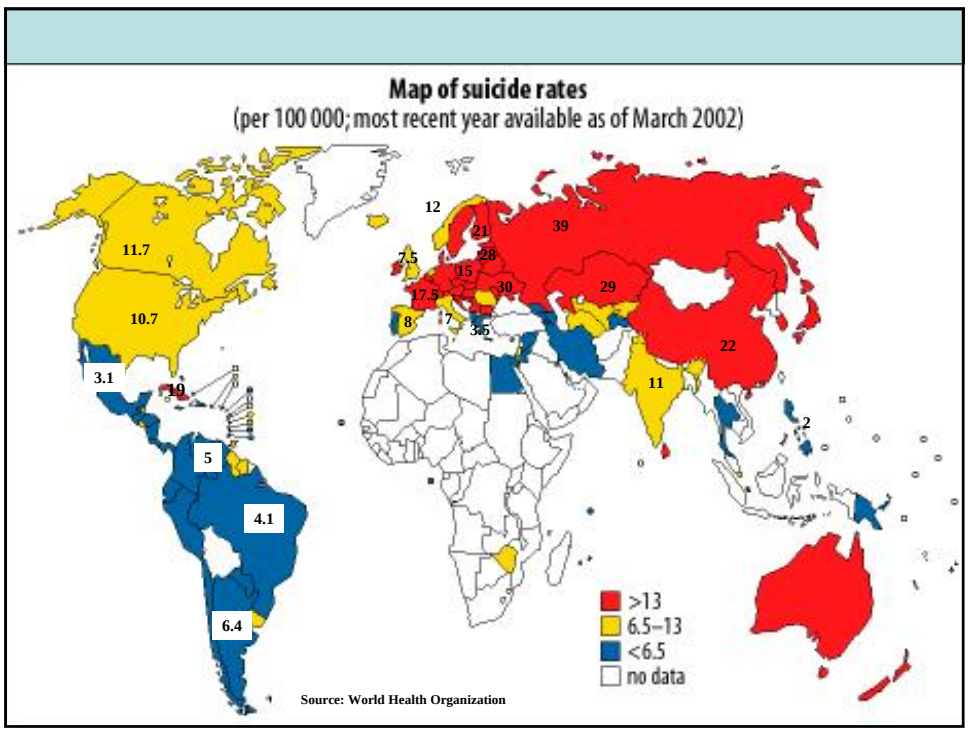
Risk

- Western
- Rural/Remote
- Cultural values and attitudes
- Media influence
- Alcohol misuse and abuse
- Social disintegration
- Economic instability

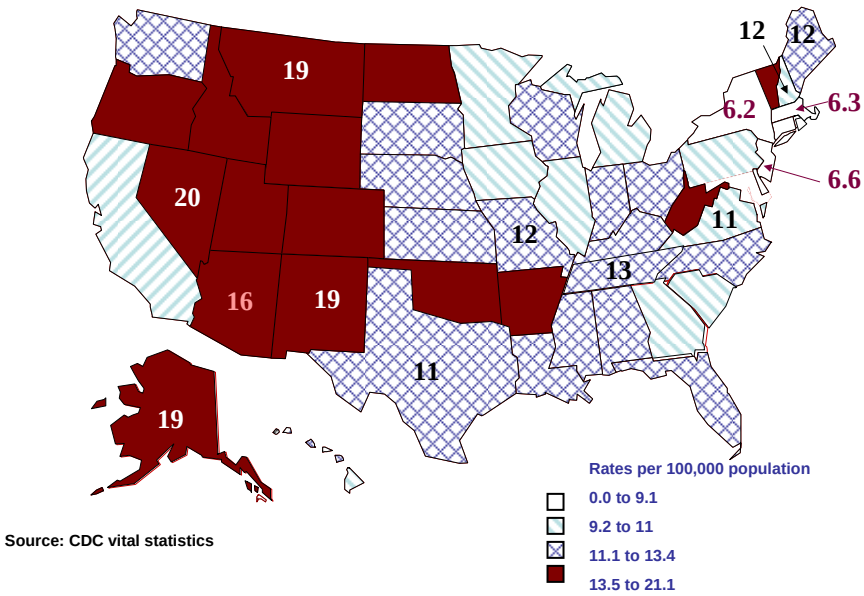
Protective

- Urban/Suburban
- Access to health care & mental health care
- Cultural values affirming life
- Media influence


Academic problems
Mental health disorder
Bullying victim
Recent significant loss
Parental Psychopathology
Family cohesion
Resiliency
Self esteem
Problem solving skills
Social support

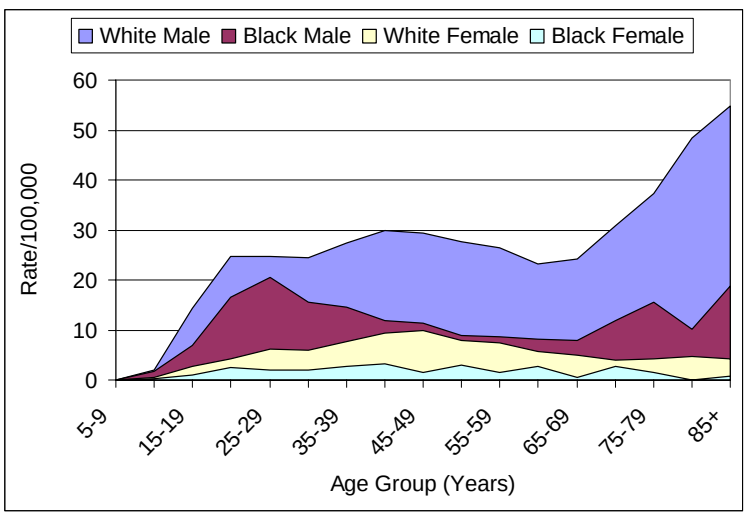

Map of suicide rates
(per 100 000; most recent year available as of March 2002)
11.7
10.7
3.1
19
5
4.1
6.4
12
21
39
7.5
28
15
30
29
17.5
8
7
3.5
22
11
2
>13
6.5–13
<6.5
no data
Source: World Health Organization

Age-adjusted suicide rates among all persons by state -- United States, 1999-2002



Source: CDC vital statistics

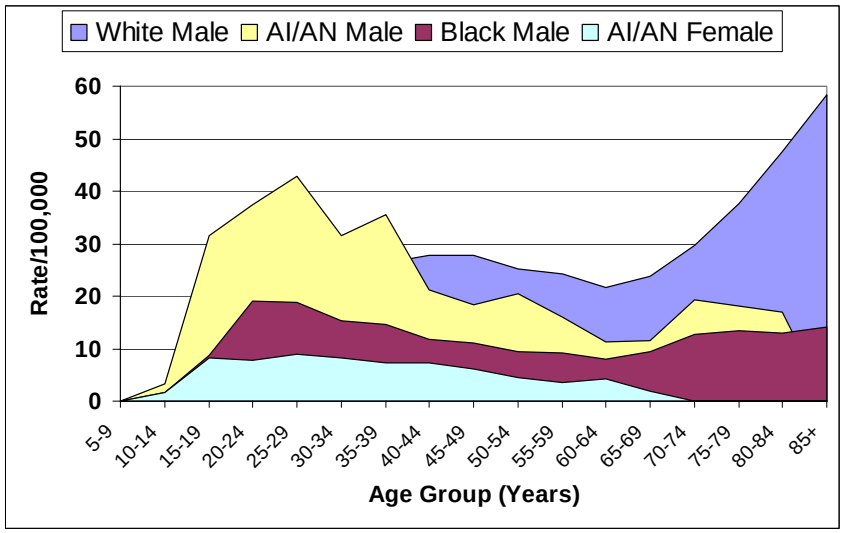
Suicide Rates by Age, Race, and Gender United States -- 2002



Source: National Center for Health Statistics

Note: non-Hispanic ethnicity

Suicide Rates by Age, Race, and Gender
United States - 1999-2002



Source: National Center for Health Statistics

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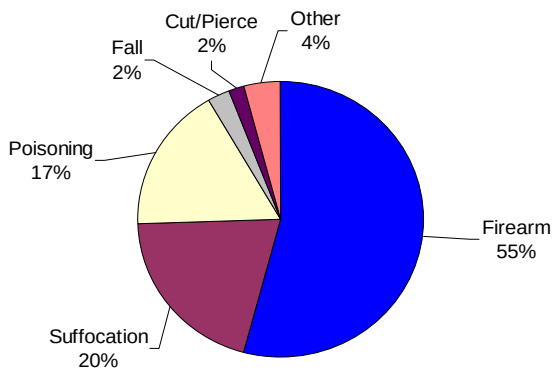
Suicide by Method

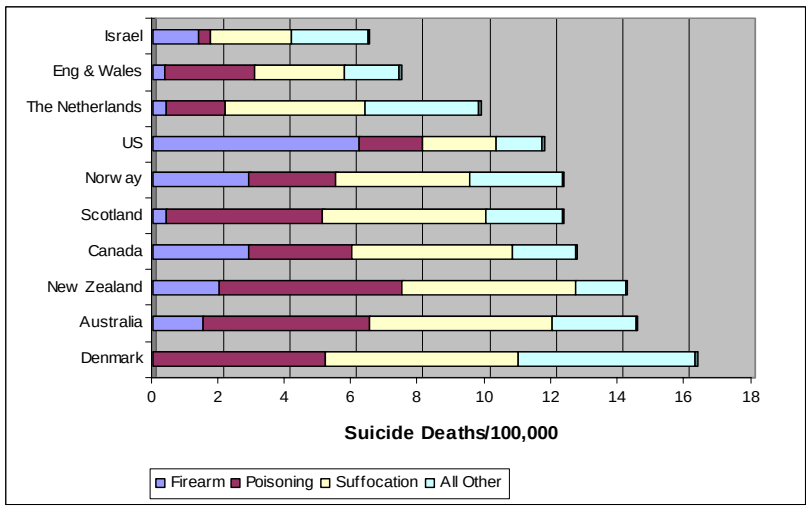
United States, 2002



N= 31,655

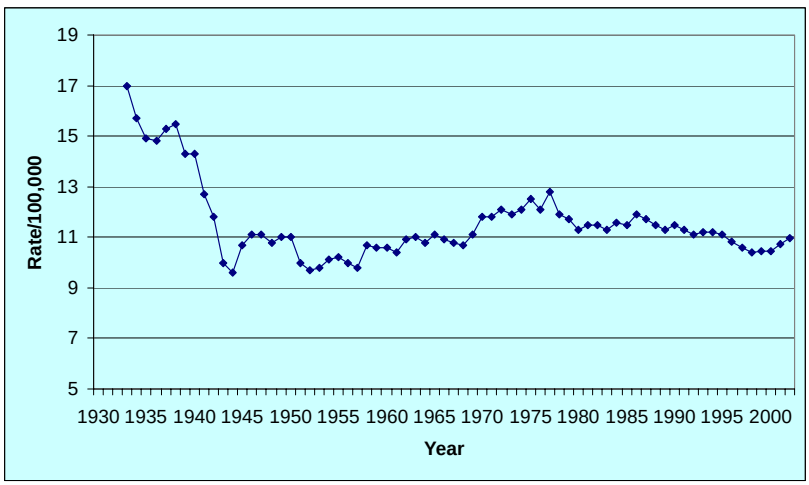
Source: Natl. Center for Health Statistics

Suicide Rates by Method



Source: Lois A. Fingerhut, MA, Centers for Disease Control and Prevention, 2000, Unpublished

Suicide Rates
United States, 1933-2002



Source: Natl. Center for Health Statistics; Rates prior to 1999 Age-adjusted to 1940 U.S. population; 1999 and after adjusted to 2000.

Necessary Conditions for Prevention

- Knowledge base
- Political will
- Social strategy

Essential Ingredients for Success

- **Leadership**
- **Coalition**
- **Vision**
- **Organization**
- **Planning/Process**
- **A Plan**
- **Resources**
- **Implementation/Evaluation**

Coalition: Not Just Good Hearted People

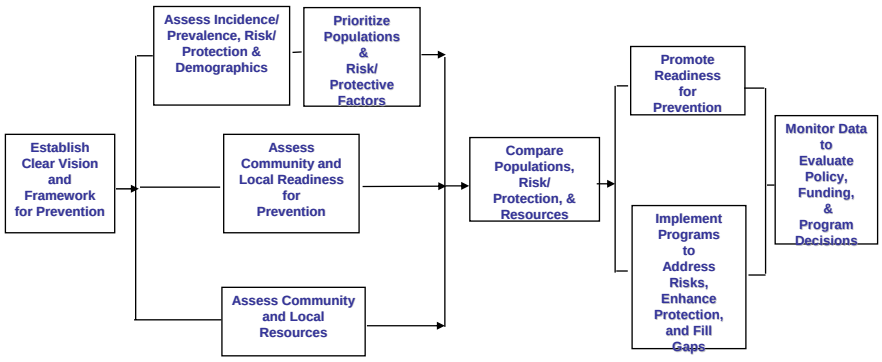
Public Health	Mental Health
Education	Faith-based/community groups
Alcohol and Other Drug Abuse	Domestic violence/ Child protective services
Child Welfare	Juvenile Justice
Adult Corrections	Law Enforcement/First Responders
Crisis Intervention	Aging
Medical Examiner/Coroner	*Survivors/citizen advocates*

Coalition

Effective coalitions with highly satisfied members can produce plans of poor quality if they are not trained and equipped to do otherwise.

Butterfoss F, Goodman R, Wandersman A. Community Coalitions for Prevention and Health Promotions: Factors Predicting Satisfaction, Participation, and Planning. Health Education Quarterly, Vol 23(1): 65-79, Feb 1996.

Data-Driven Prevention Planning Model



Adapted from Richard Catalano and David Hawkins, U of Washington.

SPRC Goals

- Increase capacity
- Enhance partnerships
- Train clinicians and community members
- Disseminate evidence-based practices and other science-based information

SPRC Services

- Expert Consultation and Technical Assistance
- Training support
  - On-line training—youth suicide prevention
    - Workshop 1: Data
      Workshop 2: Planning and Evaluation
      Workshop 3: An Introduction to Gatekeeping
  - Face-to-face curricula
    - Community core competencies +
    - Clinical core competencies
    - First Responder Course

www.sprc.org info@sprc.org 1-877-GET-SPRC

Prevention goes beyond changing individuals--it changes cultural norms

--Murray Levine (1998)

The *National Strategy for Suicide Prevention* is designed to be a catalyst for social change with the power to transform attitudes, policies and services.

-- The National Strategy (2001)