Suicide Prevention in Montana

"Suicide is a particularly awful way to die: the mental suffering leading up to it is usually prolonged, intense, and unpalliated. There is no morphine equivalent to ease the acute pain, and death not uncommonly is violent and grisly. The suffering of the suicidal is private and inexpressible, leaving family members, friends, and colleagues to deal with an almost unfathomable kind of loss, as well as guilt. Suicide carries in its aftermath a level of confusion and devastation that is, for the most part, beyond description."

Kay Redfield Jamison, Ph.D.
Professor of Psychiatry
Johns Hopkins University

"Night Falls Fast: understanding suicide", pg. 24

U.S. Suicide Fact Sheet

National Vital Statistics Reports, Vol. 59, No. 2, released Dec. 9, 2010

- In 2008 there were **35,933 suicides in the U.S.** (98 suicides per day; 1 suicide every 14.6 minutes). This translates to an annual suicide rate of 11.8 per 100,000. (3% jump from 2007)
- Suicide is the eleventh leading cause of death.
- Males complete suicide at a rate four times that of females. However, females attempt suicide three times more often than males.
- Firearms remain the most commonly used suicide method, accounting for 50% of all completed suicides.
- Up to 45% of individuals who die by suicide visit their primary care provider within a month of their death.
- 20% of those who die by suicide visited their primary care provider within 24 hours of their death

Suicide among Children

- In 2008, **221 children ages 5 to 14 completed suicide in the U.S. (increase from 184 in 2007)**
- Suicide rates for those between the **ages of 5-14 increased 51%** between 1981 and 2004.
- Although their rates are lower than for Caucasian children, African American children (ages 10-14) showed the largest increase in suicide rates between 1980 and 1995 (**233%**).

Suicide among the Young

- Suicide is the 3rd leading cause of death among young (15-24) Americans; only accidents and homicides occur more frequently. In 2008, there were 4,297suicides by people 15-24 years old (increase from 4,140 in 2007)
- Youth (ages 15-24) suicide rates increased more than 200% from the 1950's to the mid 1990's. The rates dropped in the 1990's but went up again in the early 2000's.
- Research has shown that most adolescent suicides occur after school hours and in the teen's home.
- Within a typical high school classroom, it is likely that three students (one boy and two girls) have made a suicide attempt in the past year.
- *Most* adolescent suicide attempts are precipitated by interpersonal conflicts. The intent of the behavior appears to be to effect change in the behaviors or attitudes of others.
- The biggest factor associated with adolescent suicidal ideations is parental disconnect (not feeling validated or accepted by their parents)

Suicide among our Veterans

- The VA estimated that in 2005, the suicide rate per 100,000 veterans among men ages 18-29 was 44.99, but jumped to 56.77 in 2007.
- In Montana, between 2003 and 2009, there were 347 suicides by Montana veterans of all ages, giving us a rate of approximately 46 per 100,000.

Suicide among College Students

- It is estimated that there are more than **1,100 suicides on college campuses per year**.
- **1 in 12** college students has made a suicide plan (**2nd leading cause of death**)
- In 2000, the American College Health Association surveyed 16,000 college students from 28 college campuses.
  - **9.5% of students had seriously contemplated suicide.**
  - An estimated **24,000 suicide attempts** occur annually among US college students age 18-24 (JAMA).

***Source**: American Association of Suicidology webpage. http://www.suicidology.org/web/guest/stats-and-tools/statistics , May 24, 2010, Journal of the American Medical Association (2006), Vol. 296, No. 5*

Suicide among the Elderly

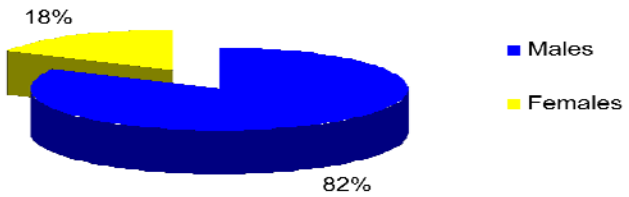
- In 2007, 5,421 Americans over the age of 65 died by suicide for a rate of 14.3 per 100,000 people (The national rate was 11.15)
- The rate of suicide for women typically declines after age 60 (after peaking in middle adulthood, ages 45-49)
- 84.4% of elderly suicides were male; the rate of male suicides in late life was 7.3 times greater than for female suicides.
- White men over the age of 85, who are labeled "old-old", were at the greatest risk of all age-gender-race groups. In 2006, the suicide rate for these men was 45.4 per 100,000.
- Elders who complete suicide:
  - 73% have contact with primary care physician within a month of their suicide. Nearly half of those people visited with their primary care physician within **two weeks** of their suicide.

Suicide in Montana

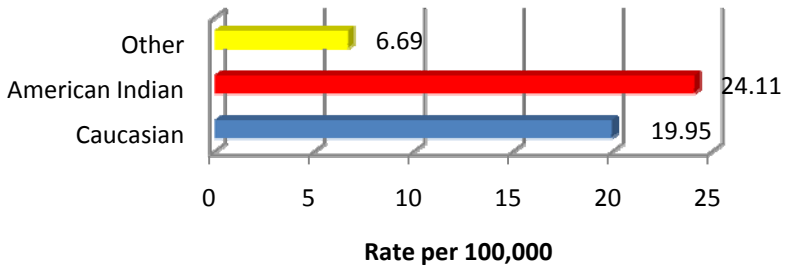
Data Source: NCHS Vital Statistics System for numbers of deaths. Bureau of Census for population estimates. April, 2011 Montana Office of Vital Statistics, January, 2011.

- For all age groups, Montana has ranked in the **top five** for suicide rates in the nation, for the past thirty years. **In a report for 2007 data released by the American Association of Suicidology, Montana has the 2nd highest rate of suicide in the nation**.
- Suicide has ranked as the 7th or 8th leading cause of death for Montanans for more than two decades. Gender differences are similar with national statistics, with males at greater risk.
- In Montana, the highest rate of suicide is among American Indians (24.11 per 100,000) although they only constitute 6% of the state's population. Caucasians are second at 19.95 per 100,000.
- Firearms (64%), poison (18%), and suffocation (14%) are the most common means of suicide in Montana. Other means include carbon monoxide, overdose, motor vehicles accidents, and jumping from heights.
- According to the 2011 Youth Risk Behavior Survey, during the 12 months before the survey, 6.5% of all Montanan students in grades 9 through 12 had made a suicide attempt. For American Indian students on reservations, 16.2% had attempted suicide one or more times in the twelve months before the survey.
- Suicide is the number **one** cause of preventable death in Montana for children ages 10-14
- Over the past ten years (2000-2009), suicide is the number **two** cause of death for children ages 10-14, adolescents ages 15-24 and adults ages 25-34.
- Between 2000 and 2009, there were **324** suicides for Montanans over the age 65, for an **average of 32 per year**. This gives Montana a rate of approximately **25.51 per 100,000**.

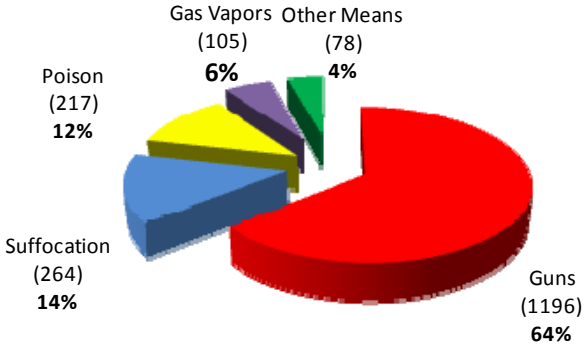
2000-2009 Montana Rate of Suicide by Gender



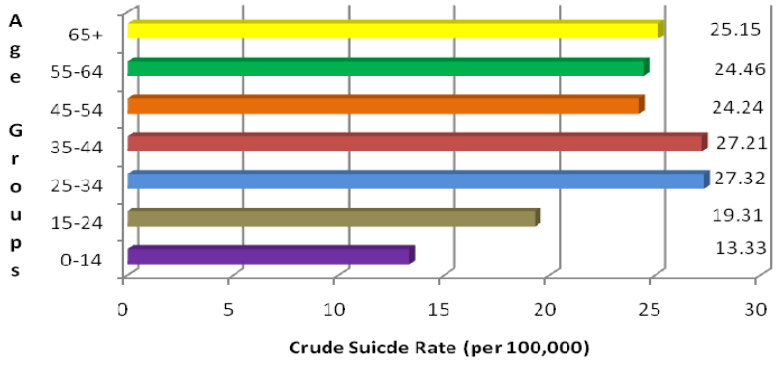
2000-2009 Montana Suicide Rate by Race



2000-2009 Montana Percentage of Suicides by Means



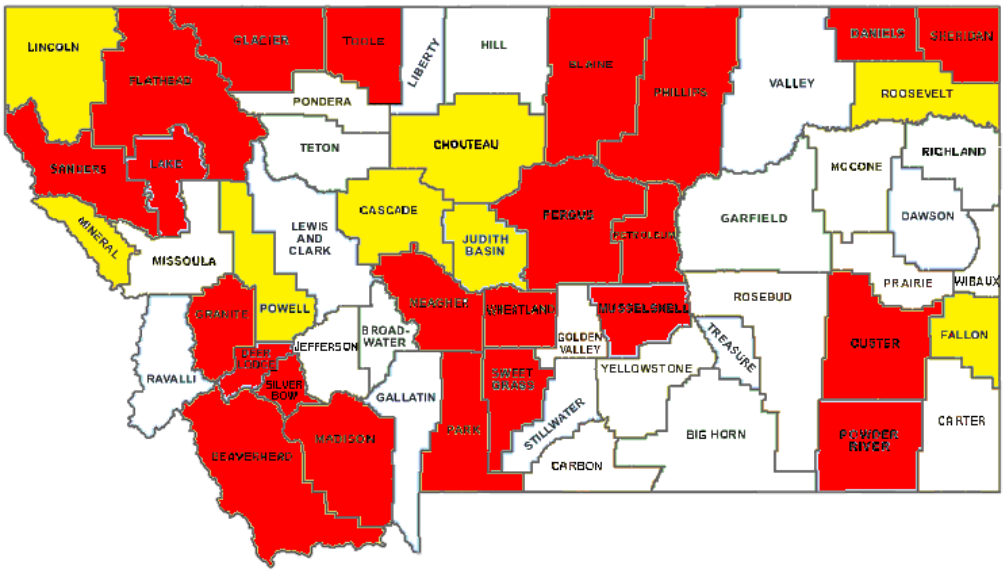
2000-2009 Montana Crude Suicide Rate By Age Group



Suicide in Montana's Counties

(**Source**: Montana DPHHS, 2010 Montana Vital Statistics)

Red Counties At or above the 90th percentile in suicide nationally
Yellow Counties At or above the 80th percentile in suicide nationally



2000-2008 Rate of Suicide for Montana Counties

Rate is per 100,000 people

County	# of Suicides	Crude Rate	County	# of Suicides	Crude Rate
BEAVERHEAD	21	26.2	MCCONE	3	18.69
BIG HORN	17	14.8	MEAGHER	4	23.23
BLAINE	15	24.99	MINERAL	7	20.11
BROADWATER	7	17.46	MISSOULA	174	19.07
CARBON	16	18.39	MUSSELSHELL	11	27.56
CARTER	2	17.14	PARK	42	29.53
CASCADE	147	20.09	PETROLEUM	1	23.69
CHOUTEAU	10	20.3	PHILLIPS	8	21.35
CUSTER	31	30.49	PONDERA	9	16.44
DANIELS	4	24.47	POWDER RIVER	4	25.17
DAWSON	13	16.67	POWELL	13	20.62
DEER LODGE	25	30.79	PRAIRIE	0	0
FALLON	5	20.57	RAVALLI	66	18.98
FERGUS	26	25.31	RICHLAND	14	16.91
FLATHEAD	155	21.23	ROOSEVELT	19	20.4
GALLATIN	117	16.6	ROSEBUD	15	18.12
GARFIELD	0	0	SANDERS	32	33.44
GLACIER	26	21.72	SHERIDAN	7	21.51
GOLDEN VALLEY	1	10.38	SILVER BOW	74	24.81
GRANITE	6	23.3	STILLWATER	14	18.5
HILL	24	16.27	SWEET GRASS	9	27.29
JEFFERSON	14	14.69	TETON	7	12.57
JUDITH BASIN	4	20.51	TOOLE	10	21.49
LAKE	54	21.74	TREASURE	1	15.19
LEWIS & CLARK	97	18.63	VALLEY	10	15.48
LIBERTY	0	0	WHEATLAND	5	26.65
LINCOLN	35	20.81	WIBAUX	0	0
MADISON	17	26.77	YELLOWSTONE	202	16.61

2000-2008 Montana Suicide Rate-19.74 (1,652) **2000-2007 US Suicide Rate-10.98 (256,085)**

Evidenced-Based Suicide Prevention Programs available to Montana Communities

- **QPR** (Question, Persuade, Refer) – A two hour training that introduces the audience to the warning signs of suicide and a way that anyone could intervene to save a life.
- **ASIST** (Applied Suicide Intervention Skills Training)- A two-day workshop designed to provide participants with gatekeeping knowledge and skills. Gatekeepers are taught to recognize the warning signs and to intervene with appropriate assistance.
- **SOS: Signs of Suicide** - School-based program which combines a curriculum that aims to raise awareness of suicide and reduce stigma of depression. There is also a brief screening for depression and other factors associated with suicidal behavior.
- **Crisis Intervention Training** - CIT came out of the Memphis Police Dept. and is a training for law enforcement officers to help them manage mental health issues when they respond to a call.

Other Potential Resources

(go to www.prc.mt.gov/suicideprevention to download these programs)

- **Suicide Prevention Toolkit for Rural Primary Care Physicians** – Assessment and intervention material for physicians in rural communities.
- **Suicide Prevention Toolkit for Senior Living Communities** – Assessment and intervention material for assisted living programs and nursing home.
- **Good Behavior Game** -The classroom management strategy is designed to improve aggressive/disruptive classroom behavior. It is implemented when children are in 1st or 2nd grade in order to provide students with the skills they need to respond to later, possibly negative, life experiences and societal influences. Studies have suggested that implementing the "Good Behavior Game" may delay or prevent onset of suicidal ideations and attempts in early adulthood. **(Wilcox, H.C, Sheppard, K., Hendricks, B., Jeanne, M, Poduska, N.S., Ialongo, W.W., Anthony, J.C. (June, 2008). The impact of two universal randomized first- and second-grade classroom interventions on young adult suicide ideation and attempts. Drug and Alcohol Dependence, 95(1), S60-S73.)**

Suicide Prevention Resources

Montana Suicide Prevention Website at www.prc.mt.gov/suicideprevention

Montana Statewide Suicide Hotline - 1-800-273-TALK, TTY: 1-800-799-4TTY (4889). *National number then routed regionally to either Voices of Hope (Great Falls) or the Help Center (Bozeman) depending on prefix of phone number.*

Suicide prevention activities at the statewide level over the past two years and current

- Signs of Suicide (SOS) kits provided for 144 schools around the state.
- Suicide Prevention Toolkit for Rural Primary Care Providers for 115 medical clinics.
- Suicide Prevention Toolkit for Senior Living Communities. Sent out to all licensed long term care, assisted living, and nursing facilities.
- Crisis Intervention Training for over 600 law enforcement officers and first responders. A basic mental health course has also been added to the core curriculum at the Montana Law Enforcement Academy.
- Stabilized the State Suicide Prevention Lifeline. The Lifeline consists of two regional call centers with additional phones, computers, updated data bases, and ensured that there are full-time, trained professionals available 24/7.
- Suicide prevention postcards sent out to over 4,000 licensed cosmetologists.
- Core competency training for therapists working with suicidal clients for 105 therapists from around the state.
- Suicide assessment software sent to all licensed psychiatrists in the state.
- "After a Suicide" distributed to all funeral homes in the state.
- Statewide webinars to all VAs on the treatment of suicidal and PTSD veterans.
- Over 7,000 gunlocks with suicide prevention tags distributed to sixteen counties and seven tribal entities.
- Over 600 people in communities and reservations trained in ASIST (Applied Suicide Intervention Skills Training).
- Trained 200 CSCT school staff from around the state.

- Collaborated with Missoula and Ravalli County to implement the Yellow Ribbon Program in all of the county high schools.
- Trained over 200 licensed senior care givers through the Senior and Long Term Care Division.
- Filmed five episodes of “Aging Horizons” on the Big Sky Channel concerning suicide prevention in the elderly.
- Over 5,000 people trained in QPR (Question, Persuade, Refer) around the state and on tribal lands.
- Quarterly trainings at three colleges training nursing students and education majors.
- Member of the Attorney General’s task force to reduce prescription drug abuse.
- Suicide prevention trainings and interventions funded for numerous counties including Missoula, Ravalli, Flathead, Gallatin, Cascade, Lewis & Clark, Sanders, and District II (which encompasses 11 counties in Eastern Montana)
- Suicide prevention webinar for physicians and emergency room staff to 27 Montana hospitals (May, 2011).
- Trained all Key Clubs in Montana as they are going to focus on suicide prevention in the next year.
- “Quick Reference” guides for suicide prevention distributed to all chemical dependency facilities and made available to chemical dependency counselors around the state.
- 4,000 “Parents as Partners: a suicide prevention guide for parents” booklets sent out to school districts around the state.
- Collaborative effort with the Dept. of Revenue, Liquor Control, on providing training to bartenders and liquor distributors. Drink coasters distributed to all Montana bars.
- State-wide media campaigns on Bresnan Communication, Montana Broadcaster’s Association, Facebook, and Cha Cha. The Facebook ad focused not only young people in Montana but also Montana Veterans.

Upcoming activities

- Suicide prevention training to detention officers in county jails and plans to provide additional training, anti-suicide blankets and clothing to all 47 county jails.
- Suicide prevention training for clergy.
- Suicide awareness postcards to every Veteran (over 107,000) in the state.