



September is Suicide Prevention Month

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Monday, September 10 is World Suicide Prevention Day and organized by the International Association of Suicide Prevention (IASP). Estimates by the World Health Organization (WHO) indicate that about 800,000 people each year die by suicide; about one person dying by suicide every 40 seconds. Here in the United States, the Center for Disease Control (CDC) reported that 44,965 people died by suicide in 2016 or 1 person dying by suicide every 11.7 minutes. Research suggests that for every life lost to suicide, about 25 people attempt suicide; over 1.1 million people here in the US deciding that suicide is a solution to the problems or crises in their lives. Imagine for a moment the impact that ripples through each family or community every time a person dies by suicide or attempts to kill themselves.

Suicide is the 10th leading cause of death in the US and the 2nd leading cause of death between people between 10 and 34.

A recent 2018 CDC Vital Signs report shows a concerning 28% increase in suicide rates in the United States between 1999 and 2016. The report, a study of the data from the National Violent Death Reporting System (NVDRS), indicates that of those that died by suicide, over half did not have a known mental health condition. However, the report suggests that those that died had been significantly impacted by risk factors such as relationship problems or loss (42%), crisis in the past or upcoming 2 weeks (29%), problematic substance abuse (28%), physical health problems (22%), job or financial problems (16%), criminal legal problems (9%) and loss of housing (4%). As we work to identify people in crisis due to life events or mental health disorders, it is also imperative to understand that increased suicide rates continue to impact all people under the age of 75. The largest suicide rate increase occurred with adults between the ages of 45 and 64. How can behavioral health and health care organizations become a part of the solution?

"Henry Ford Health System demonstrated stunning results – a 75% reduction in the suicide rate among their health plan members (Coffey 2007). Centerstone, saw a reduction in suicide deaths from a baseline of 35 per 100,000 to 13 per 100,000 after implementing Zero Suicide for 3 years."

www.zerosuicide.org

Over the last 6 years, the Zero Suicide Initiative, a key concept of the 2012 National Strategy for Suicide Prevention, has challenged behavioral health and health care organizations to prioritize the identification, intervention and care of people thinking about suicide. Zero Suicide's components include:

- Creating a leadership driven, system-wide culture to reduce deaths by suicide
- Training all staff in suicide prevention and clinical staff in suicide intervention, care and follow-up strategies
- Identifying people at risk of suicide through the implementation of screening tools
- Engaging clients and keeping them connected through a suicide care management plan
- Treating clients with evidence-based treatments and interventions
- Transitioning clients after suicide has been identified through follow-up and care coordination
- Improving organizations through continuous quality improvement approaches

This year's theme of World Suicide Prevention Day is "Working Together to Prevent Suicide." On September 10, consider taking time with your leadership team and identifying areas to focus on by completing the Zero Suicide Organizational Self-Study. By assessing your organization, you might find opportunities for improvement that may save a life from suicide.

If you or someone you know is in crisis, please contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Additional information and references are available:

[International Association for Suicide Prevention](#)

[2016 CDC Data](#)

[CDC Vital Signs](#)

[Zero Suicide Organizational Self-Study](#)