Pain in the Nation
A Comprehensive Approach Needed to Address the Suicide and Substance Use Crisis

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Suicides Are Increasing Rapidly...Along with Overdoses

- Three epidemics intertwined
- Suicides - Last year had largest increase since 1999 - 4%
- Overall increase: 29 K to 47 K in less than 20 yrs.
All Populations Are Affected – But Some More Than Others

Percent Change in Suicide Rates by Demographics and Geography, 2008–2017

Source: Trust for America’s Health and Well Being Trust analysis of data from National Center For Health Statistics, CDC
And Some Places More Than Others

- States with highest suicide rates: Montana (29.6), Wyoming (27.1), and Alaska (27)

- States with the lowest suicide rates: New York (8.5), New Jersey (8.8), and D.C. (6.8)
Risks Exist Throughout One’s Life

- Adverse Childhood Experiences
- Social, Emotional, & Cognitive Impairment
- Adoption of Health-risk Behaviors
- Disease, Disability, & Social Problems
- Early Death

Whole Life Perspective: Conception to Death

Scientific Gaps
Responses Should Correspond to Risk

**Tertiary Prevention:**
Lessening Harm and Expanding Treatment
Access to detoxification and medication-assisted treatment, Naloxone

**Secondary Prevention:**
Promoting Early Identification and Interventions
Screening for mental health and substance use disorders, social service assistance, outpatient counseling

**Primary Prevention:**
Instilling Resilience and Deterring Unhealthy Behavior
Knowledge and skill-building programs in schools, alcohol pricing and access strategies, safe storage of firearms and drugs

**Upstream Prevention:**
Reducing Risk Factors and Advancing Opportunity
Early childhood education programs, Earned Income Tax Credit, subsidized housing
Prevention for Suicide

- **Primordial** - Reduce causes of adverse childhood experiences; Address social determinants affecting families; Establish anti-bullying conditions in schools

- **Primary** - Create school ed/skill programs to build resiliency; Ensure teens have supportive adults; Establish trained peer supports for key populations

- **Secondary** - Screening/intervening for depression, stress; Target highest risk populations - those leaving armed services or those facing discrimination
When Patient Risk is High or Critical, Health Care Services Are Key

• Health insurance
• Parity – payment for necessary services
• Ready, easy access
• Skilled providers of care
An Optimal Model Integrates Behavioral Health into Overall Care

• “One-stop shops” ease access
• But many obstacles exist to such integration
  – Personnel shortages
  – Financial – including reimbursement
  – Regulatory
    • Record-keeping
    • Sub-contracting
    • Capital requirements
  – Inconsistencies from state and federal rules
Essential Elements of Suicide Care

• **Lead** system-wide culture change
• **Train** a competent, confident, caring workforce
• **Identify** individuals via screening and assessment
• **Engage** all individuals at-risk with suicide care management plan
• **Treat** suicidal thoughts/behaviors using evidence-based treatments
• **Transition** individuals with warm hand-offs/ supportive contacts
• **Improve** policies/procedures through quality improvement
Specialized Services Needed

• Hot lines access – linkage to care
• Outpatient mental health services
• Inpatient mental health services
• Dual services including for substance misuse
• Minimization of inappropriate settings – such as ED boarding
Example of An Effective Program

• The Zero Suicide framework: a system-wide, organizational commitment to safer suicide care in health and behavioral health care systems.

• For example, practitioners screen every patient during every visit with two questions:
  – How often have you felt down in the past two weeks?
  – How often have you felt little pleasure in doing things?

• High scores lead to further questions about sleep disturbances, changes in appetite, and/or thoughts of hurting oneself.

• **The model led to an 80 percent reduction in suicide.**
Be Mindful of the Methods of Suicide Deaths

- Over the last decade, leading methods of suicide deaths are
  - Firearms - increasing rapidly
  - Suffocation/hanging – increasing rapidly
  - Overdoses/poisoning

Source: Trust for America’s Health and Well Being Trust analysis of data from National Center For Health Statistics, CDC
Counseling Can Be Effective

Social Conditions May Be Best Predictors in Some Cases

Differences exist among those with and without mental health conditions.
People without known mental health conditions were more likely to be male and to die by firearm.

54%. More than half of people who died by suicide did not have a known mental health condition.
Social Conditions Matter

Many factors contribute to suicide among those with and without known mental health conditions.

- Relationship problem (42%)
- Crisis in the past or upcoming two weeks (29%)
- Physical health problem (22%)
- Criminal legal problem (9%)
- Problematic substance use (28%)
- Job/Financial problem (16%)
- Loss of housing (4%)

Note: Persons who died by suicide may have had multiple circumstances. Data on mental health conditions and other factors are from coroner/medical examiner and law enforcement reports. It is possible that mental health conditions or other circumstances could have been present and not diagnosed, known, or reported.

Source: CDC’s National Violent Death Reporting System, data from 27 states participating in 2015.
Population-Wide Approaches Are Needed

- Approaches likely to reach an entire identified population rather than an individual person or group
- Involve laws, regulations, policies that change the conditions for all
- *Examples*: Anti-discriminatory policies; policies promoting economic opportunities for low income communities; school mandates for health education including behavioral health.
A Multi-Sector Approach Linked to Care – is Best

A multi-sector response is vital, including health care, mental health, public health, education, labor, criminal justice, housing, social services, business, faith- and community-based organizations, and youth-serving organizations.

WHAT CAN WE DO TO PREVENT SUICIDE?

Preventing Suicide: A Technical Package of Policy, Programs, and Practices, https://go.usa.gov/xQBGc

Preventing suicide involves everyone in the community. Provide financial support to individuals in need.
- **States** can help ease unemployment and housing stress by providing temporary support.
- Strengthen access to and delivery of care.
- **Healthcare systems** can offer treatment options by phone or online where services are not widely available.
- Create protective environments.
- **Employers** can apply policies that create a healthy environment and reduce stigma about seeking help.
- Connect people within their communities.
- **Communities** can offer programs and events to increase a sense of belonging among residents.
- Teach coping and problem-solving skills.
- **Schools** can teach students skills to manage challenges like relationship and school problems.
- Prevent future risk.
- **Media** can describe helping resources and avoid headlines or details that increase risk.
- Identify and support people at risk.
- **Everyone** can learn the signs of suicide, how to respond, and where to access help.
The Pain in the Nation report highlights more than 60 research-based policies, practices, and programs.

The National Suicide Prevention Lifeline is 1-800-273-8255

http://www.paininthenation.org/

https://www.tfah.org/