MICHIGAN ASSOCIATION FOR SUICIDE PREVENTION

State Suicide Prevention Plan 2019

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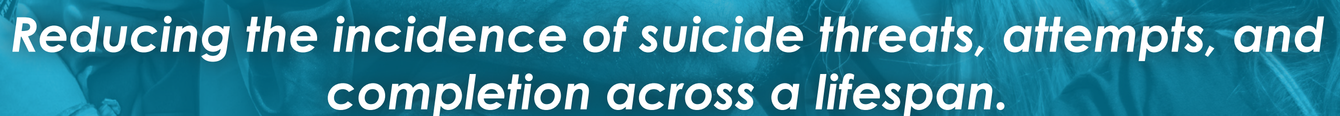

Questions?

Should you have any questions regarding the information provided in this plan contact our staff for assistance.

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MASP Priorities

Suicidal behavior is a leading cause of injury and death rates worldwide and these rates continue to increase. It is crucial for our state and communities to have the capacity to reduce the frequency of suicide threats, attempts, and completions across the lifespan. The Michigan Association for Suicide Prevention's (MASP) major tasks involve informing the public of this issue by communicating the various populations / ethnicities / ages / genders that are impacted most, the frequency in which it occurs and **that suicide can be prevented**. Additional consideration must be given to the promotion of risk and protective factors involved in suicide ideation and attempts. This strategic plan guidance document and identified communication plan will support communities in building prevention prepared communities and systems of care that can appropriately prevent and respond to those at risk of suicide. The Michigan Association for Suicide Prevention (MASP) is dedicated to these tasks and others in order to reduce the incidence and prevalence of suicide ideation, attempts, and completions in families, neighborhoods, and communities in the great State of Michigan and beyond.

Scope of the Problem

Nearly 45,000 lives are lost in the United States due to suicide in 2016 which is the 10th-leading cause of death across all ages and genders combined (Centers for Disease Control and Prevention - Vital Signs 2018). Of particular concern, suicide in the US was the second-leading cause of death among younger persons, 14 to 24 years old (4,878) and 25 to 38 years old (6,348). It was the third-leading cause of death among youths ages 10–14 (386). The State of Michigan is ranked 34 out of 50 in the states with high percentages of suicide and similarly, suicide is the second leading cause of death for ages 15-34 and third leading cause of death for ages 10-14 in Michigan. In 2017, 1,410 persons died in Michigan by suicide.

Prevalence of Suicide Across the Lifespan
National Data (Centers for Disease Control 2013)

1 PERSON DIES BY SUICIDE EVERY 13 MINUTES

1 suicide attempt occurs every 38 seconds

25 suicide attempts occur for every death by suicide

3 female attempts occur for every male attempt

Michigan Data

(Centers for Disease Control 2013)

1 person dies by suicide every 6 hours

×2

More than twice as many people die by suicide than by homicide

Suicide Ideation and Behavior Among Youth National Data

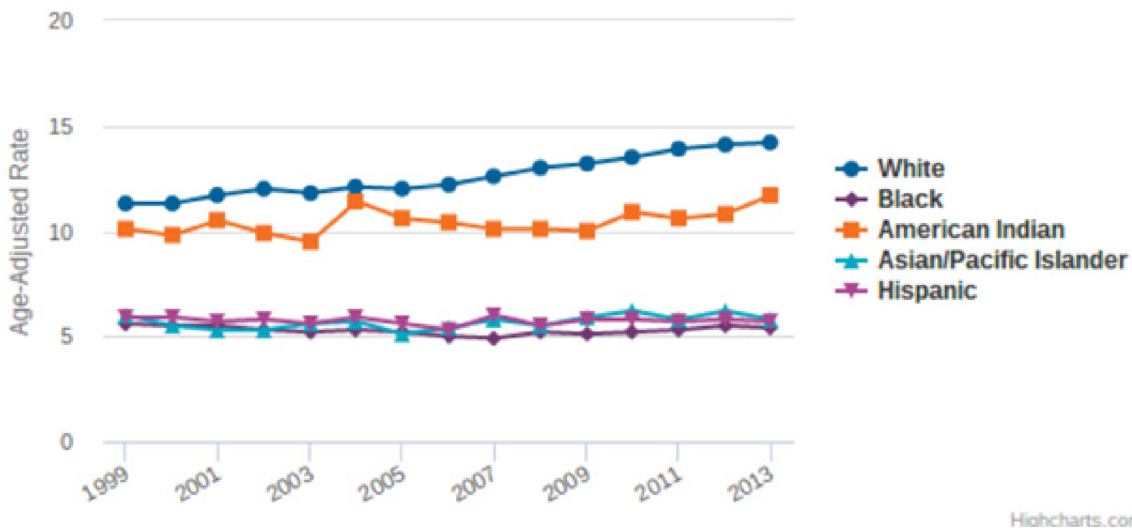
(Centers for Disease Control 2013)

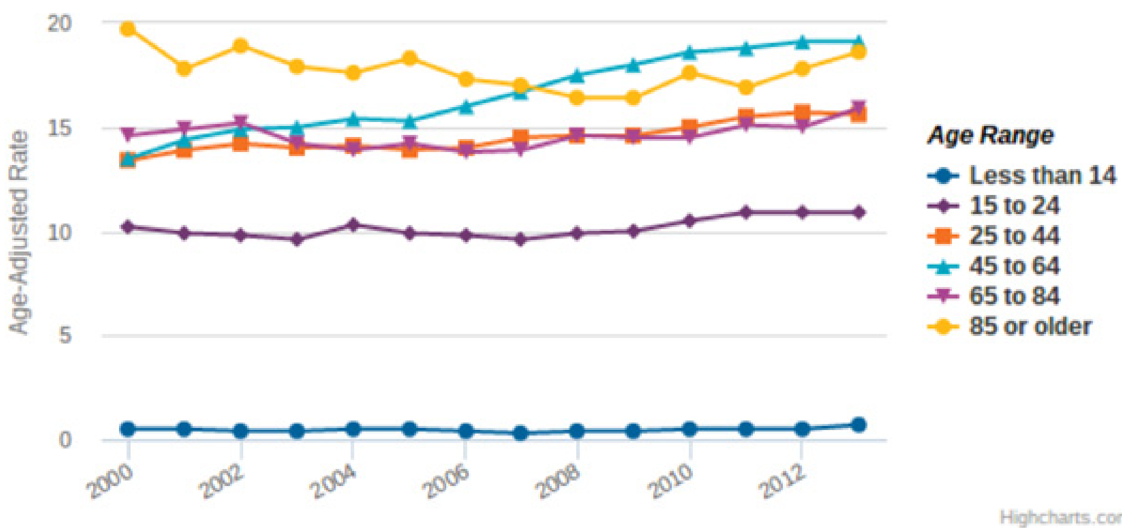
United States
18% of high school students considered attempting suicide
2.7% of high school students made an attempt that required medical intervention
8% of high school students made one or more attempts
13.6% of high school students made a plan

Michigan
17% of high school students considered attempting suicide
3% of high school students made an attempt that required medical intervention
9% of high school students made one or more attempts

Suicide Rates by Age, Gender, & Race/Ethnicity

(NCHS Data Brief, #241 1999-2014)





High Risk Populations

Though the warning signs of suicide are relatively universal, risk factors for suicide may vary according to age, psychiatric disability, and sexual orientation, among other criteria. Statistics show that some groups are at a higher risk of suicide than others and may need to be monitored carefully for suicidal thoughts, dangerous behavior, substance abuse, and other warning signs.

The following are among the highest-risk suicide demographics in the U.S. today:

- **Youth in foster care and juvenile justice**
- **LGBTQ youth**
- **Veterans and their families**
- **Middle-aged men**
- **Isolated elderly**
- **American Indians and Alaskan Natives**

Given these statistics, suicide is a major public health concern and requires the creation of effective suicide prevention programs, policies, and practices within communities that are sustainable over time. Community coalitions, workgroups, and task forces can play a major role in understanding the needs and resources in their communities and develop preventative approaches to prevention, preparedness, and response to suicide ideation, attempts, and completions. These programs, policies, and practices (or interventions) can directly impact populations that are high risk and positively influence those that may be at moderate or low risk of suicide.

Risk and Protective Factors

Shared Risk and Protective Factors of Suicide & Substance Misuse

Alcohol and drug misuse are second only to depression and other mood disorders as the most frequent risk factors for suicidal behavior (SAMHSA, 2008; IOM, 2002). Practitioners must be aware that individuals who make a suicide attempt are at considerable risk for repeat attempts and eventual suicide and that this risk may last many years (Knesper, AAS, & SPRC, 2010). People at risk for suicide and substance misuse share a number of risk factors that include depression, impulsivity, and thrill-seeking/life threatening behaviors (Goldston, 2004). Because risk and protective factors for suicide and substance misuse can overlap, prevention professionals need to be aware of the shared risk and protective factors and implement prevention programming that reduces risk and enhances protective factors within populations and communities.

Shared Risk Factors

- Academic Failure
- Aggressive tendencies/history/violent behavior
- Bullying/victimization
- Family conflict
- History of trauma or abuse
- Hopelessness, impulsivity, low self-esteem
- Mental illness/substance use disorder
- Peer rejection
- Physical illness or chronic pain
- Previous suicide attempts
- Relational, social, work, or financial losses
- Social withdrawal

Shared Protective Factors

- A trusting relationship with a counselor, physician, or other service provider
- An optimistic or positive outlook
- Childrearing responsibilities
- Coping and problem solving skills
- Cultural and religious beliefs that discourage suicide
- Employment
- Involvement in community activities
- Perceiving that there are clear reasons to live
- Receiving effective mental/substance us disorder treatment/care
- Resiliency, self-esteem, direction, perseverance
- Sobriety
- Strong family bonds and social skills

Most Common Warning Signs of Suicide

Sudden changes in behavior or the presence of entirely new behaviors can be an indicator of suicide ideology if the new or changed behavior is related to a painful event, loss, or change.

Most people who take their lives exhibit one or more of the following warning signs.

- Extreme mood swings/personality changes
- Increased fixation on death/suicide/violence
- Withdrawal from family and friends
- Communicating feelings of hopelessness, such as saying "there is no reason to live"
- Communicating a desire/plan to die by suicide
- Giving away belongings/items of special meaning/significance
- Obtaining a weapon or other means of lethal self-harm
- Increased alcohol/substance use
- Engaging in risky/dangerous behavior
- Loss of interest in people, things, places, and activities they previously cared about

Protective Factors Against Suicide

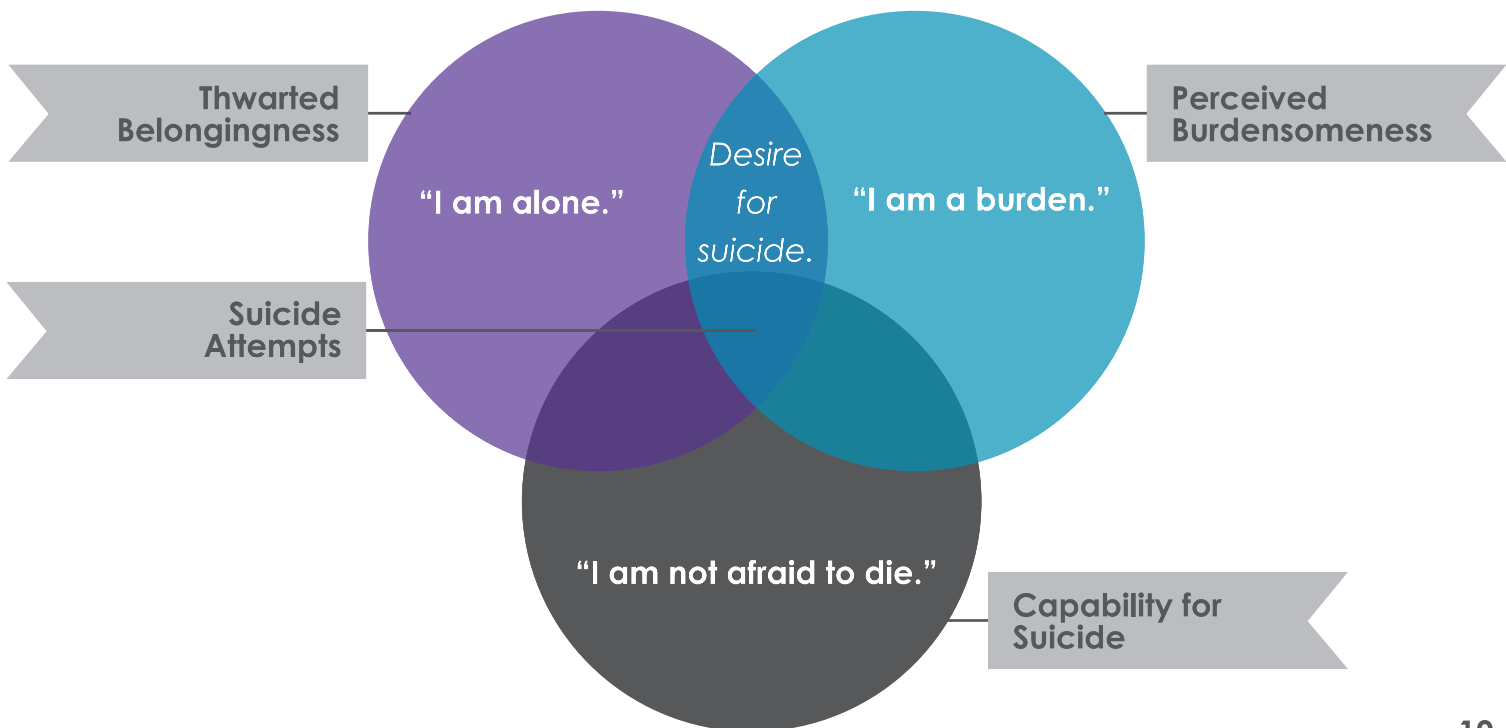
Protective factors buffer individuals from suicidal thoughts and behavior. Identifying and understanding protective factors are equally as important as researching risk factors.

Most people who have access to or have experienced the following factors, have decreased risks for suicide ideology:

Life satisfaction	Social support; Belongingness
Reasons for living	Strong therapeutic relationship
Sense of responsibility for children/ pregnancy	Religious faith
Coping skills	Cultural/religious beliefs that discourage suicide and support self-preservation
Problem solving skills	Restricted access to highly lethal means of suicide

Joiner's Theory of Suicide

Thomas Joiner, a psychologist at Florida State University, presented this theory to the question, "What makes people kill themselves?".



Evidence Based Programs & Approaches

Suicide is preventable. There are many evidence-based programs and research that supports there are strategies to reduce suicide. Although there are many strategies, there is no one single solution to preventing suicide. Below are descriptions of many evidence-based programs that can be utilized to educate individuals in your community about suicide and how suicide can be prevented.

1. **Mental Health First Aid:** The adult Mental Health First Aid course is appropriate for anyone 18 years and older who wants to learn how to help a person who may be experiencing a mental health related crisis or problem. Topics covered include anxiety, depression, psychosis, and substance use.

   The adult course is available in both English and Spanish. Course participants come from a variety of backgrounds and play various roles in a community.

   Instructors may specialize in providing the course to groups such as:

   - Public safety

   - Higher education

   - Military families

   - Rural audiences

2. **Youth Mental Health First Aid:** Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or substance use challenge or is in crisis.

   Youth Mental Health First Aid is primarily designed for adults who regularly interact with young people. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders.

3. **safeTALK:** safeTALK is a half-day alertness training that prepares anyone 15 or older, regardless of prior experience or training, to become a suicide-alert helper. Most people with thoughts of suicide don't truly want to die, but are struggling with the pain in their lives. Through their words and actions, they invite help to stay alive. safeTALK-trained helpers can recognize these invitations and take action by connecting them with life-saving intervention resources, such as caregivers trained in ASIST.

4. **esuicideTALK** - esuicideTALK uses a virtual classroom environment to explore questions around suicide, its causes, and how it can be prevented through open and honest discussion. Modeled on the face-to-face suicideTALK awareness presentation, esuicideTALK is ideal for businesses and large organizations aiming to raise awareness about suicide among their employees or members. Participants log in via a voucher system and complete the course at their own pace, typically in one to two hours.

5. **suicideTALK** - Ranging from 90 minutes to a half a day, suicideTALK invites all participants—regardless of prior training or experience—to become more aware of suicide prevention opportunities in their community. Dealing openly with the stigma around suicide, this exploration focuses upon the question "Should we talk about suicide?" By looking at this question in a number of different ways, session members can discover some of the beliefs and ideas about suicide in their communities—and in themselves.

6. **ASIST** - Applied Suicide Intervention Skills Training (ASIST) is a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. Although ASIST is widely used by healthcare providers, participants don't need any formal training to attend the workshop—anyone 16 or older can learn and use the ASIST model

7. **SuicidetoHope:** Clinicians and other professional helpers know that encountering suicide is an inevitable and significant part of their work. However, many lack confidence for this role and feel inadequately prepared. suicide to Hope offers a unique training opportunity to improve helpers' preparation to provide effective suicide care.

8. **Assessing and Managing Suicide Risk:** AMSR is a one-day training workshop for behavioral health professionals. The 6.5-hour training program is based on the latest research and designed to help participants provide safer suicide care.

9. **Question, Persuade, Refer (QPR)** - QPR stands for Question, Persuade, and Refer — the 3 simple steps anyone can learn to help save a life from suicide. The QPR mission is to reduce suicidal behaviors and save lives by providing innovative, practical and proven suicide prevention training. The signs of crisis are all around us. It is the belief of QPR that quality education empowers all people, regardless of their background, to make a positive difference in the life of someone they know.

10. **Adverse Childhood Experiences (ACEs)** - Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs).

    ACEs can be prevented. A proven prevention strategy that can be utilized to prevent ACEs is the Essentials for Childhood Framework. More information on this strategy can be found through the Centers for Disease Control (CDC) at CDC.gov.

11. **Trauma-Informed Approach** - According to SAMHSA's concept of a trauma-informed approach, "A program, organization, or system that is trauma-informed:

    1. Realizes the widespread impact of trauma and understands potential paths for recovery;

    2. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

    3. Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and

    4. Seeks to actively resist re-traumatization."

    A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing. More information can be found on SAMHSA.gov.

12. **Zero Suicide** - Zero Suicide's core propositions are that suicide deaths for people under care are preventable, and that the bold goal of zero suicides among persons receiving care is an aspirational challenge that health systems should accept. The Zero Suicide approach aims to improve care and outcomes for individuals at risk of suicide in health care systems. It represents a commitment to patient safety—the most fundamental responsibility of health care— and also to the safety and support of clinical staff, who do the demanding work of treating and supporting suicidal patients.

13. **Signs of Suicide (SOS)** - The SOS Signs of Suicide Prevention Program (SOS) is a universal, school-based depression awareness and suicide prevention program designed for middle-school (ages 11–13) or high-school (ages 13–17) students. The goals are to 1) decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression, 2) encourage personal help-seeking and/or help-seeking on behalf of a friend, 3) reduce the stigma of mental illness and acknowledge the importance of seeking help or treatment, 4) engage parents and school staff as partners in prevention through "gatekeeper" education, and 5) encourage schools to develop community-based partnerships to support student mental health. For more information visit SPRC.org.

2019
MASP Goals and Objectives

The Michigan Association for Suicide Prevention's vision is to reduce the incidence of completions, attempts, or threats of suicide across the lifespan.

In order to achieve this vision, we must take action surrounding the following 5 major goal areas.

GOAL 1: Build capacity to more effectively reduce the incidence of suicide ideation, attempts, and completions in the State of Michigan

OBJECTIVES

1.1 - Prioritize data indicators to track and monitor over time (i.e. completions, attempts, ideation, death reviews, etc.)

1.2 - Identify existing statewide networks, data, resources, funding, and staffing in support of suicide prevention efforts

1.3 - Identify existing gaps in statewide networks, data, resources, funding, and staffing and prioritize next steps and recommendations

GOAL 2: Provide Awareness and Reduce Stigma Statewide

OBJECTIVES

2.1 – Engage local and statewide networks to ensure suicide prevention is a priority

2.2 – Promote and partner with established suicide prevention networks that align with MASP and our values

2.3 – Communicate the warning signs, risk and protective factors and the fact that suicide is preventable

2.4 – Develop a statewide anti-stigma campaign that includes sharing individual stories

and experiences through news releases, social media postings, and suicide prevention literature.

2.5 – Promote MASP membership via sponsorship and participation at community and state-wide events.

GOAL 3: Support Evidence-Based Practices and Suicide Reduction Strategies

OBJECTIVE

3.1 – Identify and encourage evidence based programs that educate individuals in local communities and improve systems of prevention, preparedness and response to suicide.

GOAL 4: Increase Access to Care and Care Coordination for Behavioral Health Care Services and Supports

OBJECTIVES

4.1 – Promote access to behavioral health care services and community supports

4.2 – Increase care coordination, training, and communication between behavioral health providers, crisis services, hospitals, and law enforcement agencies to improve crisis interactions, trauma informed care, access to services, and safety planning

4.3 – Expand and enhance the availability of behavioral health screening platforms that are available to populations and provide appropriate referral information and community resources

GOAL 5: Align Community and Statewide Systems/Stakeholders

OBJECTIVES

5.1 - Align local stakeholders and statewide systems to identify current needs, gaps, resources and opportunities to assist individuals who are at risk of suicide or in crisis

5.2 – Prioritize Evidence-Based Approaches for future funding and resource allocation

5.3 – Prioritize gaps and system issues for future action and resource allocation

5.4 – Develop Memorandum of Understanding or Agency Agreements between stakeholders

Additional Resources

National Suicide Prevention Lifeline

1-800-273-TALK (8255)

The Lifeline is a 24-hour toll-free phone line for people in suicidal crisis or emotional distress. An online chat option is available at
www.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx

Veterans Crisis Line

1-800-273-8255 (Press 1)

A free, confidential service available for all Veterans, Service Members, National Guard and Reserve, as well as family and friends. An online chat option is available at
www.veteranscrisisline.net/get-help/chat

National Strategy for Suicide Prevention

A report of the U.S. Surgeon General and National Action Alliance for Suicide Prevention.
www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/index.html

Preventing Suicide: A Technical Package of Policy, Programs, and Practices

Strategies based on evidence to help focus on prevention with the greatest potential to prevent suicide.
https://go.usa.gov/xQBGc

National Institute of Mental Health (NIMH), Suicide Prevention

www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml

NIMH Multimedia on Suicide Prevention

Research aimed at reversing the trend of the uprising number of suicides.
www.nimh.nih.gov/news/media/index-suicide-prevention.shtml

NIMH Statistics on Suicide

Statistics regarding the major public health concern based on nationwide surveys.
www.nimh.nih.gov/health/statistics/suicide.shtml

National Library of Medicine—Suicide

Resources and research available for no-cost.
https://medlineplus.gov/suicide.html

U.S. Department of Health and Human Services: Indian Health Service

A national initiative addressing suicide prevention among Tribes, Tribal organizations, Urban Indian organizations, and the Indian Health Service (HIS).

www.ihs.gov/suicideprevention/

Jed Foundation

A nonprofit to prevent suicide among the nation's teens and young adults.

www.jedfoundation.org/who-we-are/

The Trevor Project

Provides crisis intervention and prevention services to LGBTQ youth under 25.

www.thetrevorproject.org/#sm.00010snrawlasdr0via25q49aj4jk