Suicide in Dane County: Scope of the Problem

Charles R. Vear, MPH
Wisconsin Department of Health Services
Hannah Flanagan, LMFT
Journey Mental Health Center
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Presentation Overview

1. **Wisconsin and Dane County suicide data**
   - Suicide by demographics
   - Suicide by methods
   - Toxicology of suicide decedents
   - Risk factors
2. **Journey Mental Health Center**
   - Current interventions
   - Suicide risk assessments
   - Strategies and approaches to improving comfort discussing suicide risk with patients
3. **Questions**

Analytic Notes

Analytic Notes

- **Data in this report was obtained from death certificates, coroner and medical examiner reports, and law enforcement reports.**
  - Vital records: includes only Wisconsin residents
  - Wisconsin Violent Death Reporting Systems: includes only Wisconsin residents who died by suicide in Wisconsin
- **All age-adjusted rates use U.S. standard population in 2000 for age-adjustment.**

Wisconsin and Dane County Suicide Data

Demographics

Suicide in 2018

886

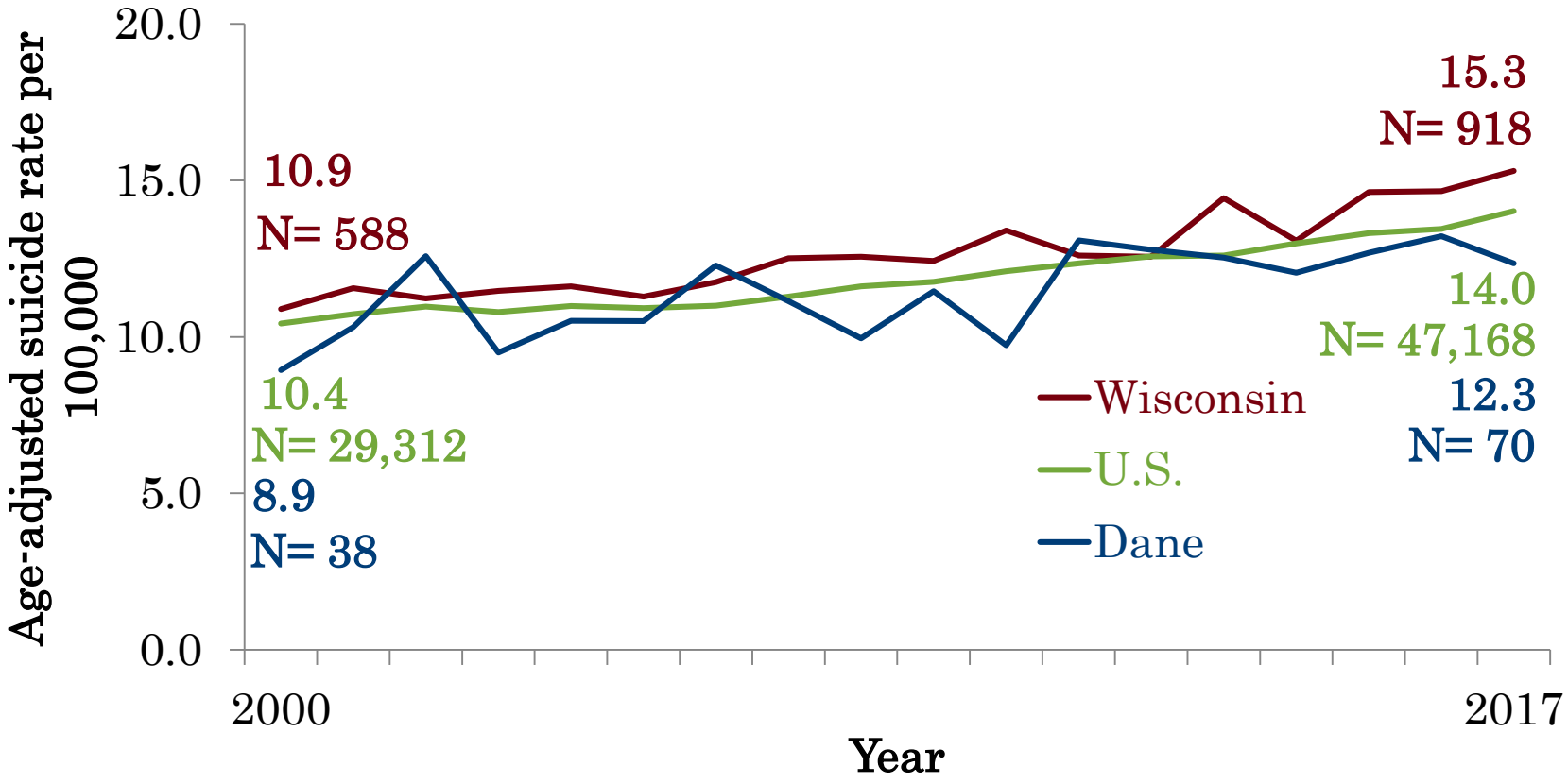
Wisconsin residents **died by suicide** in **2018**
(5% decrease from 2017)

74

Dane county residents **died by suicide** in **2018**
(6% increase from 2017)

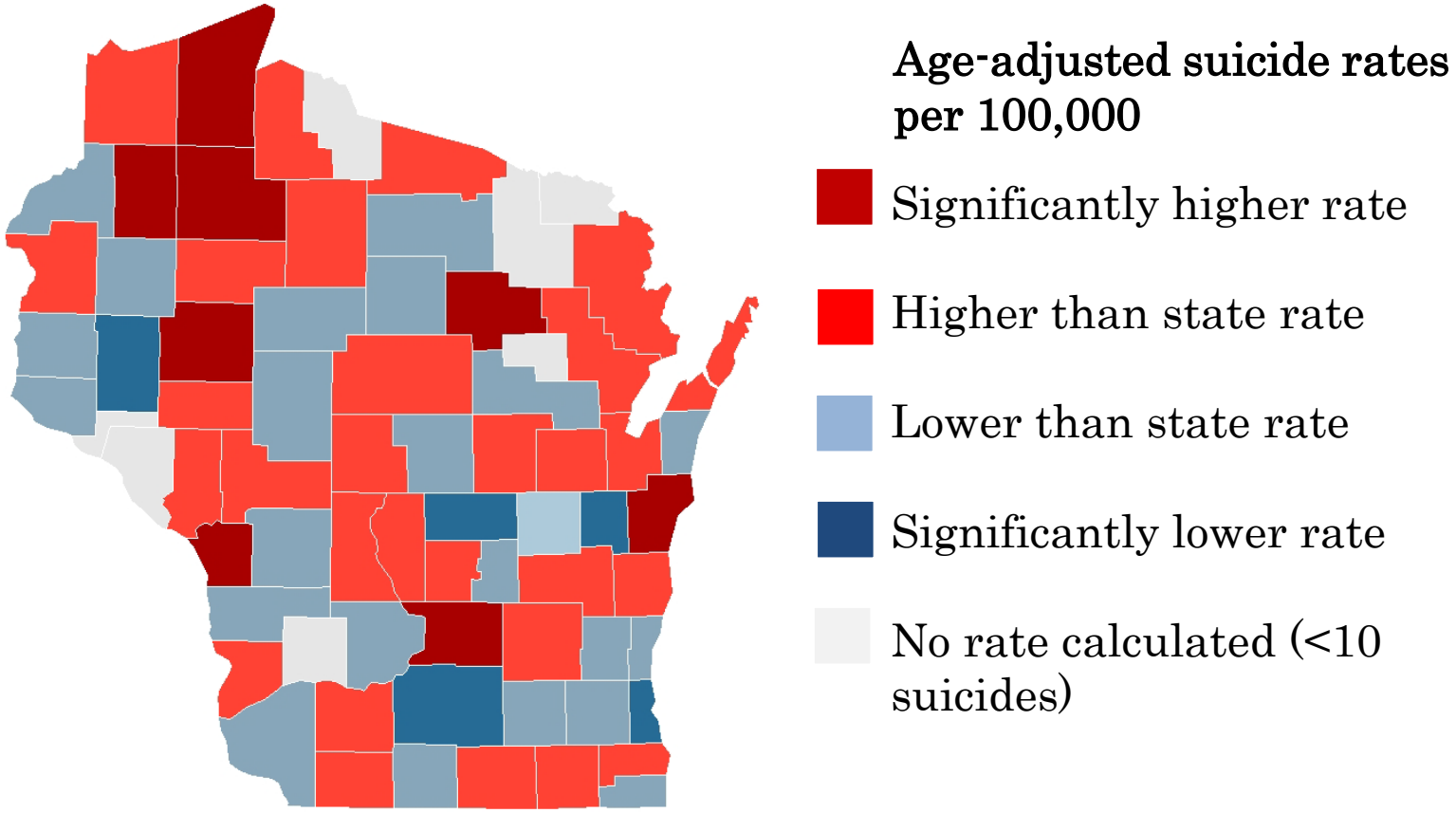
Data Source: Vital Records death certificate data, 2018.

Suicide rate among **Dane** residents **increased** by **35%**, 2000–2017.



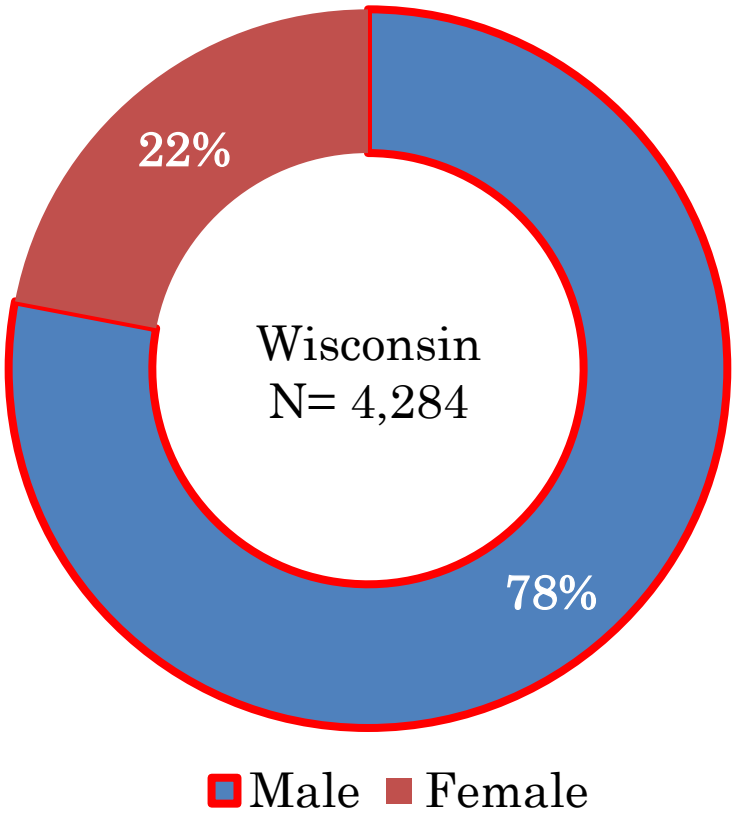
Data Source: Vital Records death certificate data, 2000-2017. Mortality data from the National Vital Statistics System (NVSS), 2000-2017.

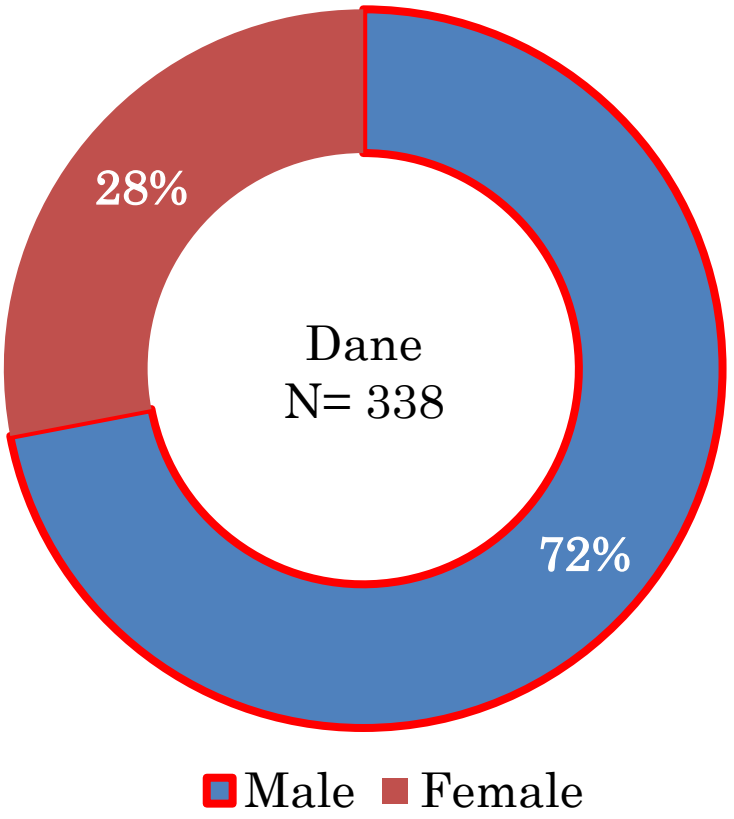
Dane had a significantly **lower** rate of **suicide** when compared with the state, 2013–2017.



Source: Vital Records death certificate data, 2013–2017

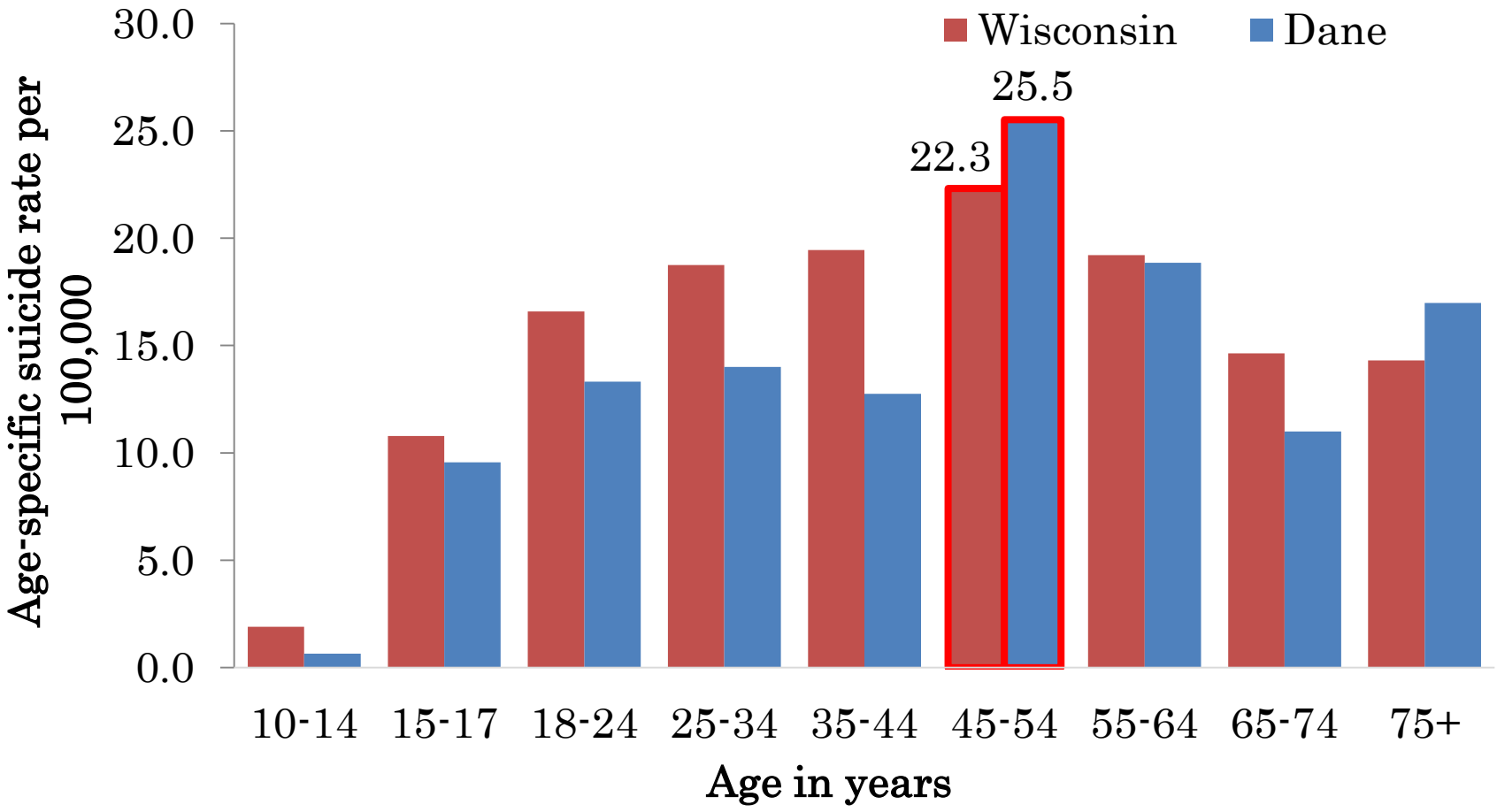
The **majority** of **suicides** were **male**, 2013–2017.





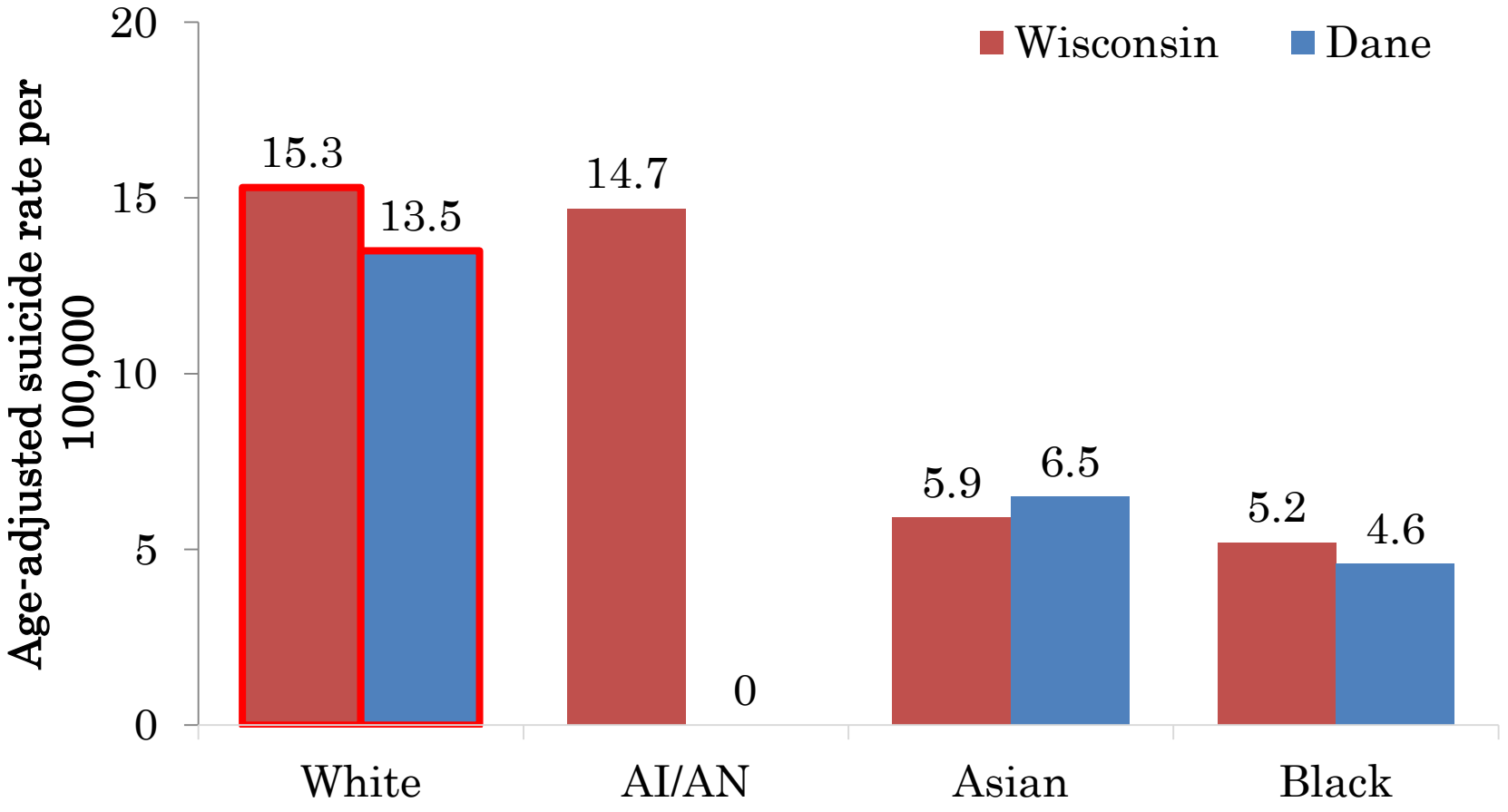
Source: Vital Records death certificate data, 2013-2017

Suicide rate was **highest** among ages **45–54**, 2013–2017.



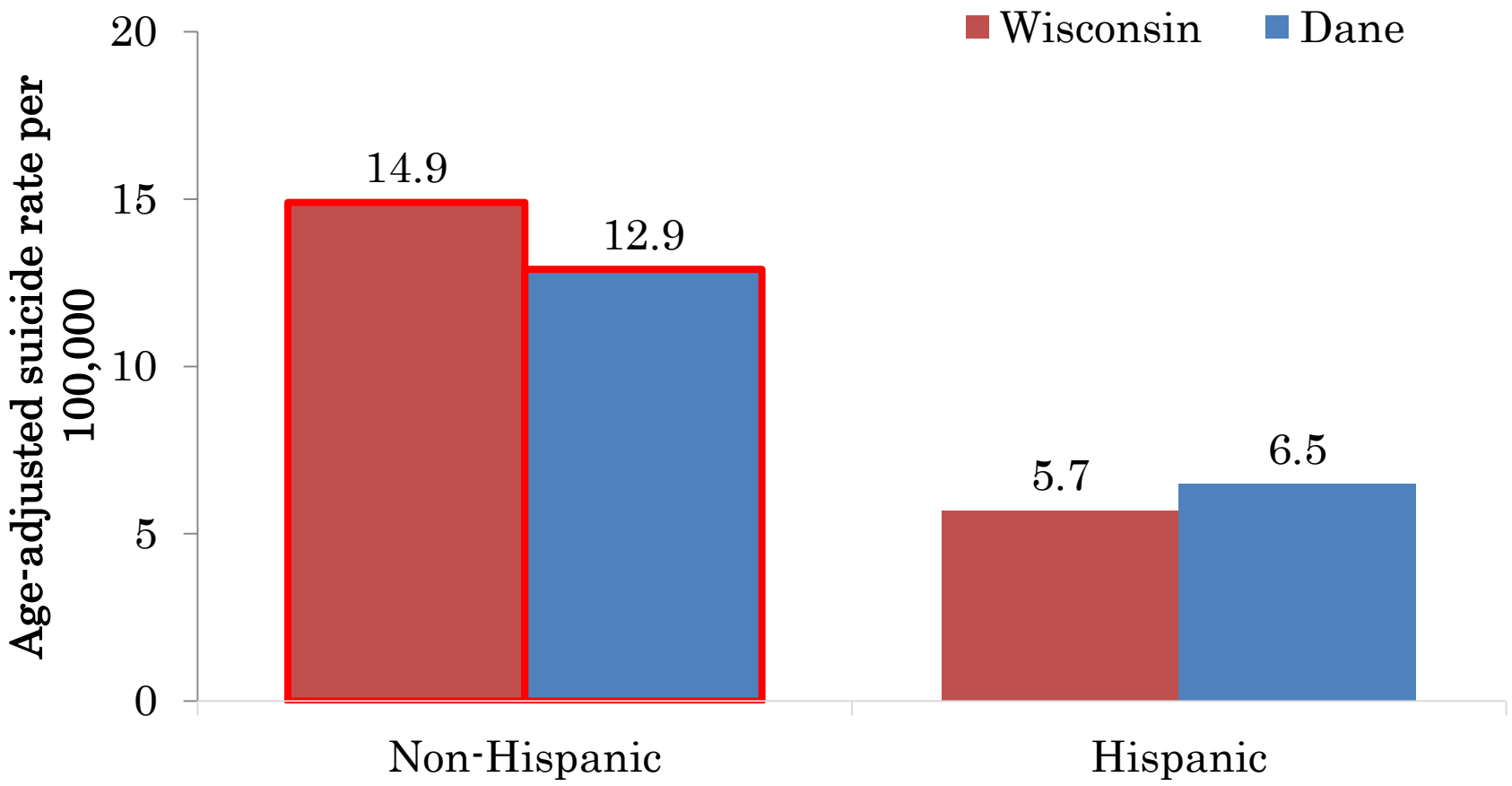
Source: Vital Records death certificate data, 2013-2017

Suicide rate was **highest** among **whites**, 2013–2017.



Source: Vital Records death certificate data, 2013-2017.

Suicide rate was **highest** among **non-Hispanics**, 2013–2017.

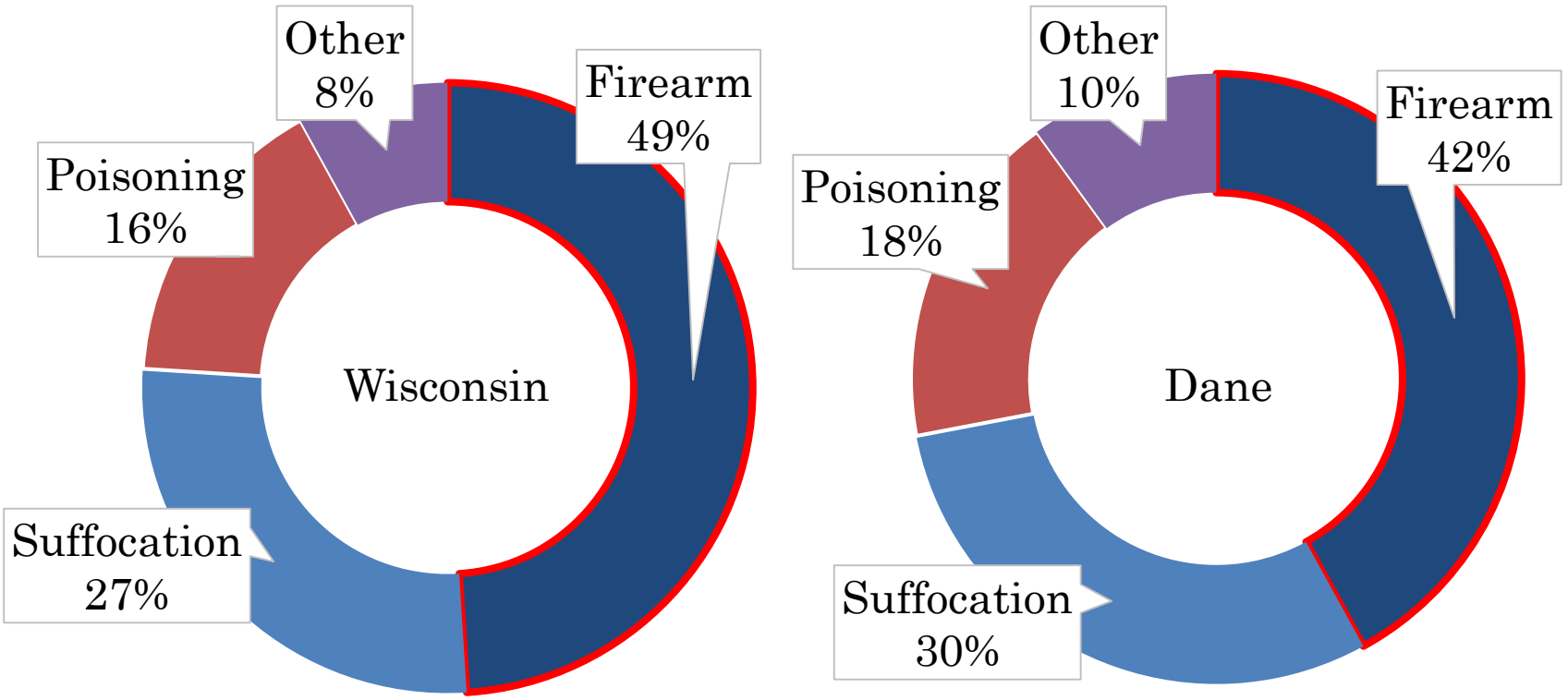


Source: Vital Records death certificate data, 2013-2017.

Wisconsin and Dane County Suicide Data

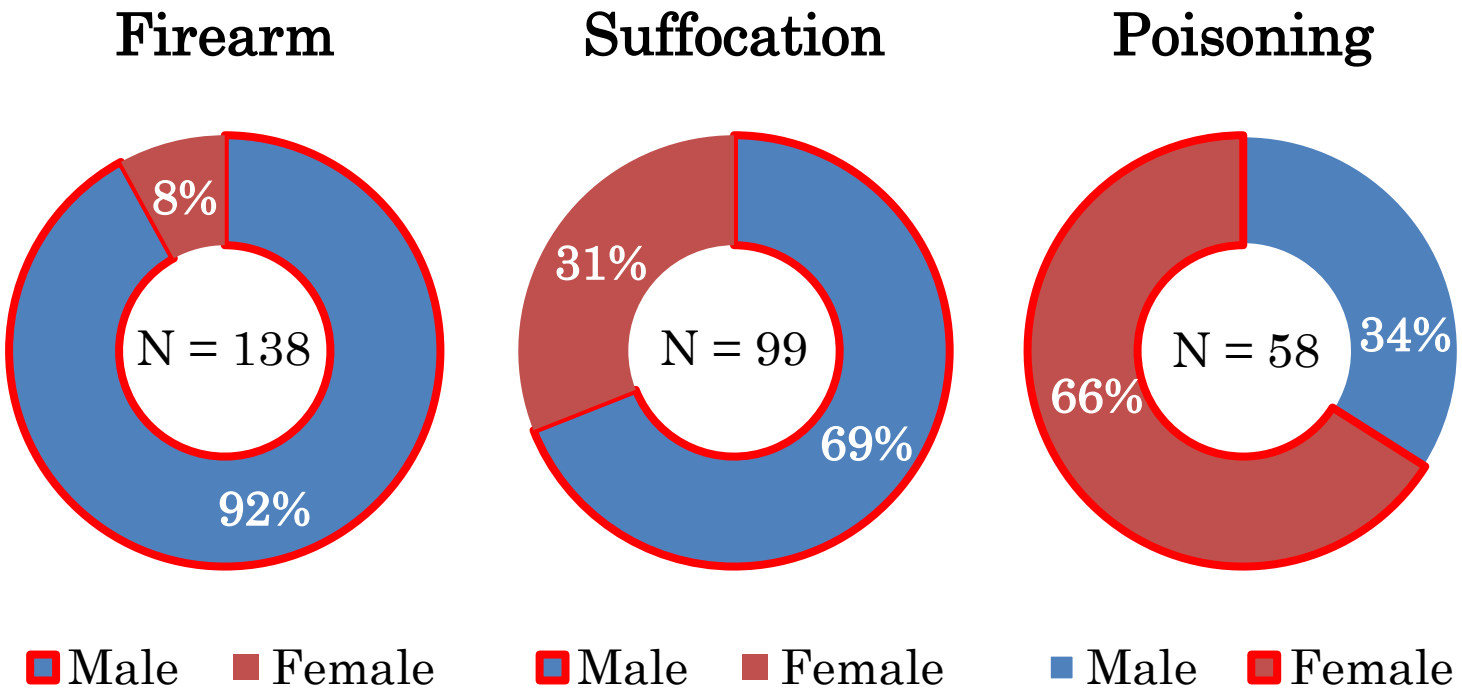
Method of Suicide

Firearm was the **most** commonly used **method of suicide**, 2013–2017.



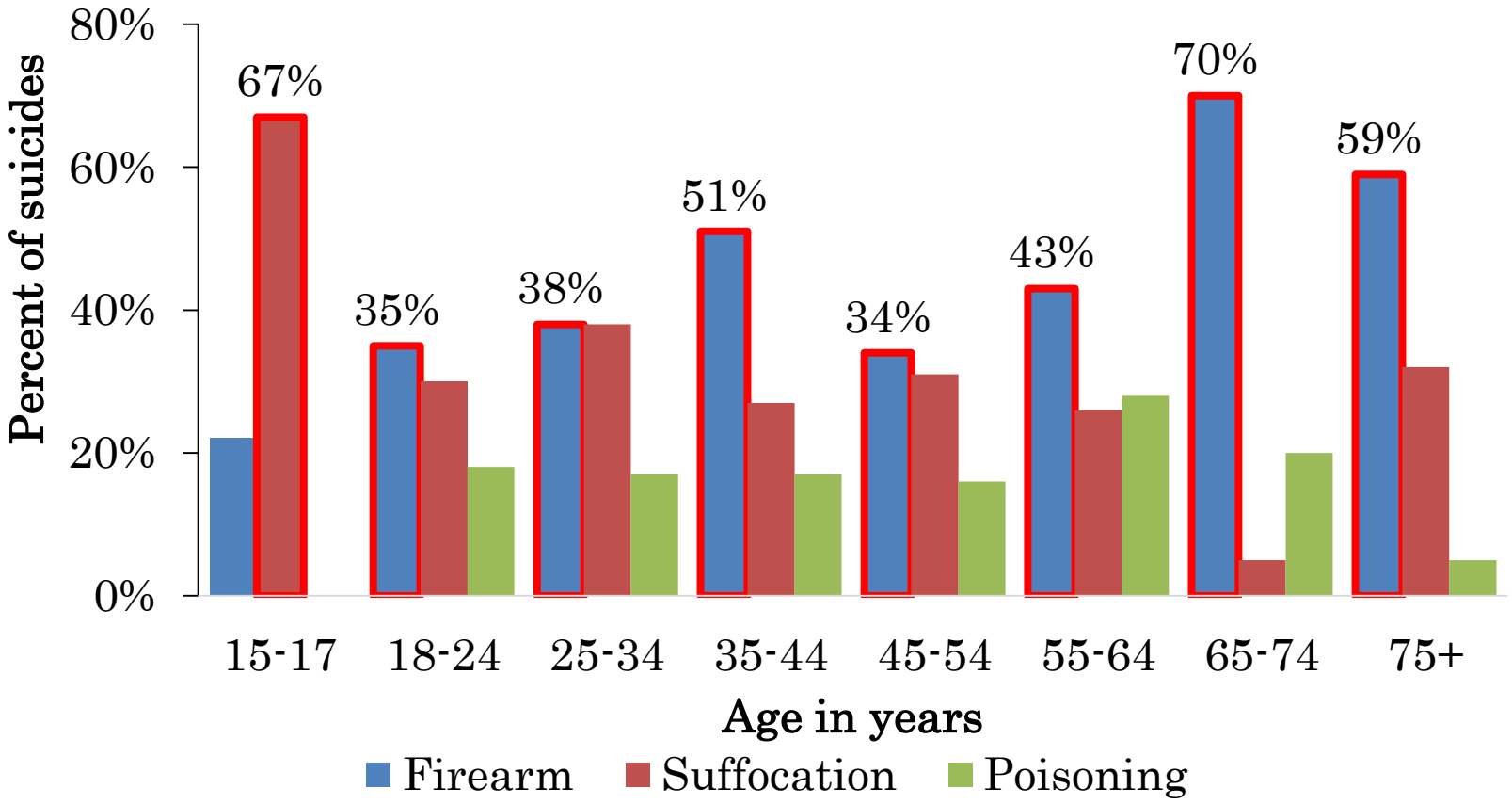
Note: Other category includes drowning, motor vehicle, fire, and other. Suffocation includes hanging, strangulation, and suffocation.
Source: Wisconsin Violent Death Reporting System, 2013-2017.

Males were **more** likely to use **firearms** or **suffocation** and **females** were **more** likely to use **poisoning** as **method of suicide** in Dane, 2013–2017.



Note: Suffocation includes hanging, strangulation, and suffocation.
Source: Wisconsin Violent Death Reporting System, 2013-2017.

Suffocation was the **most** common **method of suicide** for those **15 to 17**. **Firearm** was the **most** common **method of suicide** for those **18 and older** in Dane, 2013–2017.



Source: Wisconsin Violent Death Reporting System, 2013-2017.

Wisconsin and Dane County Suicide Data

Toxicology

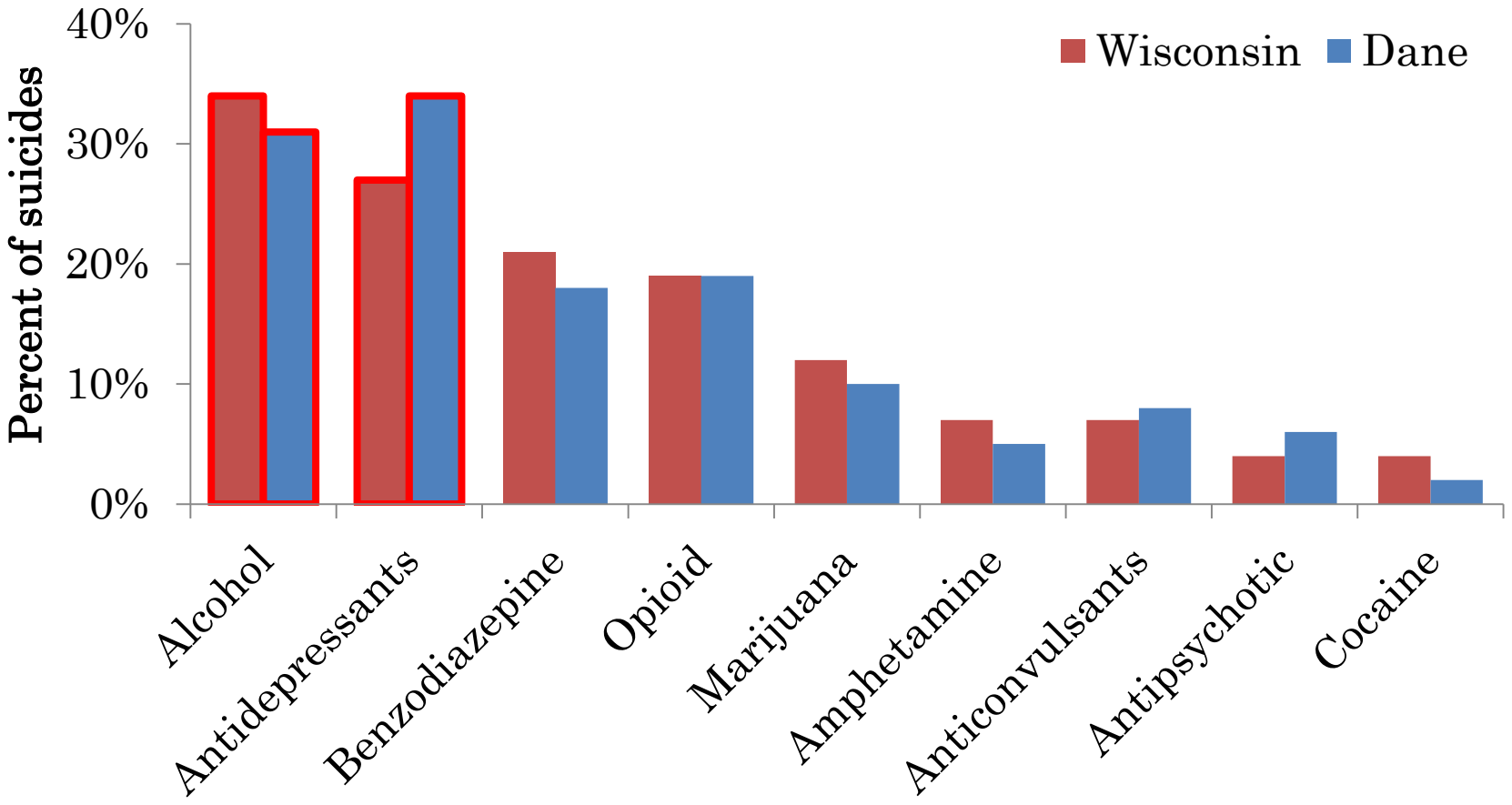
Toxicology Definitions

Detected substances are those that have been detected in toxicology testing. This can be an indication of the victim's state of mind during the incident. Detected substances can be at levels that do not cause toxicity and may not have contributed to the cause of death. Detected substances are included for all suicide methods (for instance, poisoning, firearm, and suffocation).

Toxicology Definitions

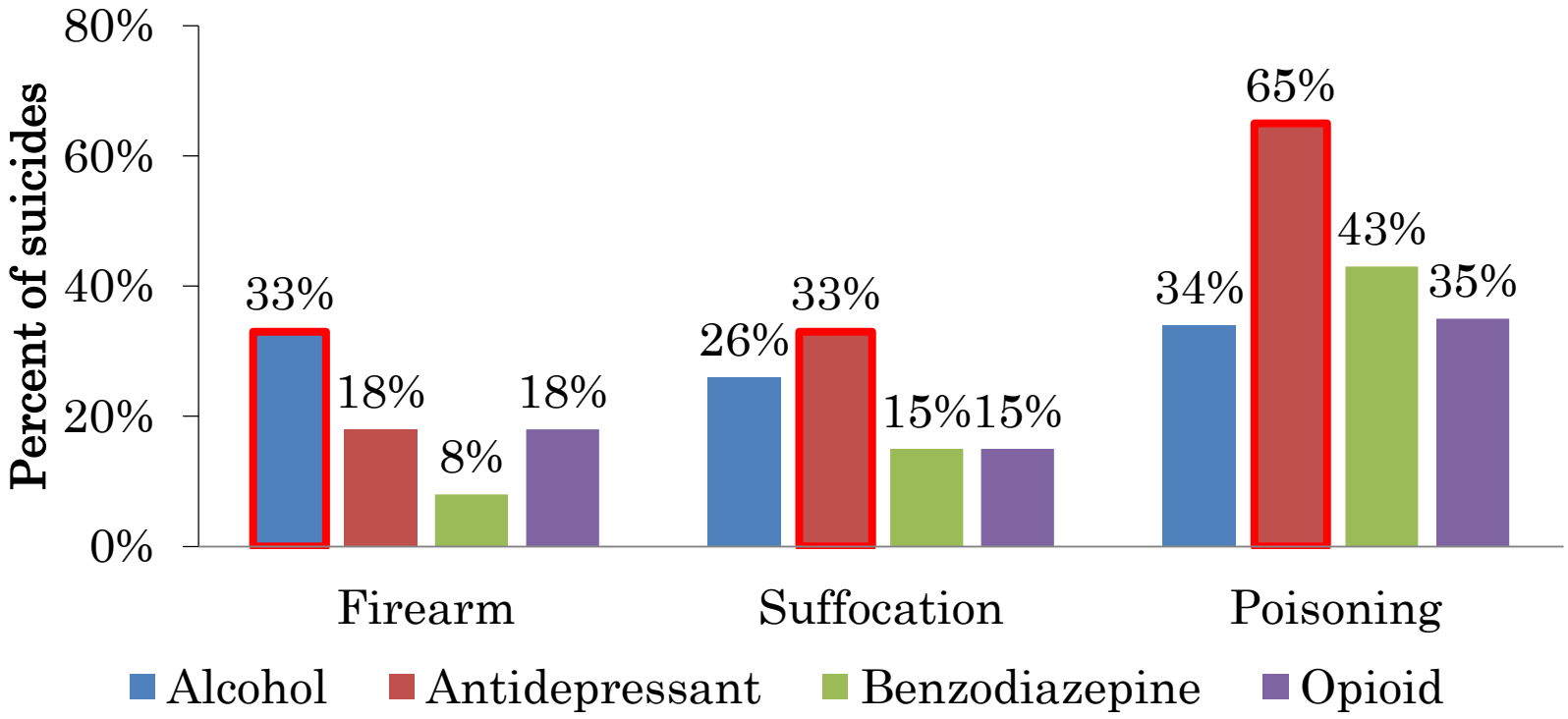
Substances determined by coroner/medical examiner to contribute to death are those that reached toxic levels and impacted organ function resulting in death. Substances determined to contribute to death are only included for poisoning suicides.

Alcohol and **antidepressants** were the **2 most** commonly **detected substances** among suicide deaths, 2014–2017.



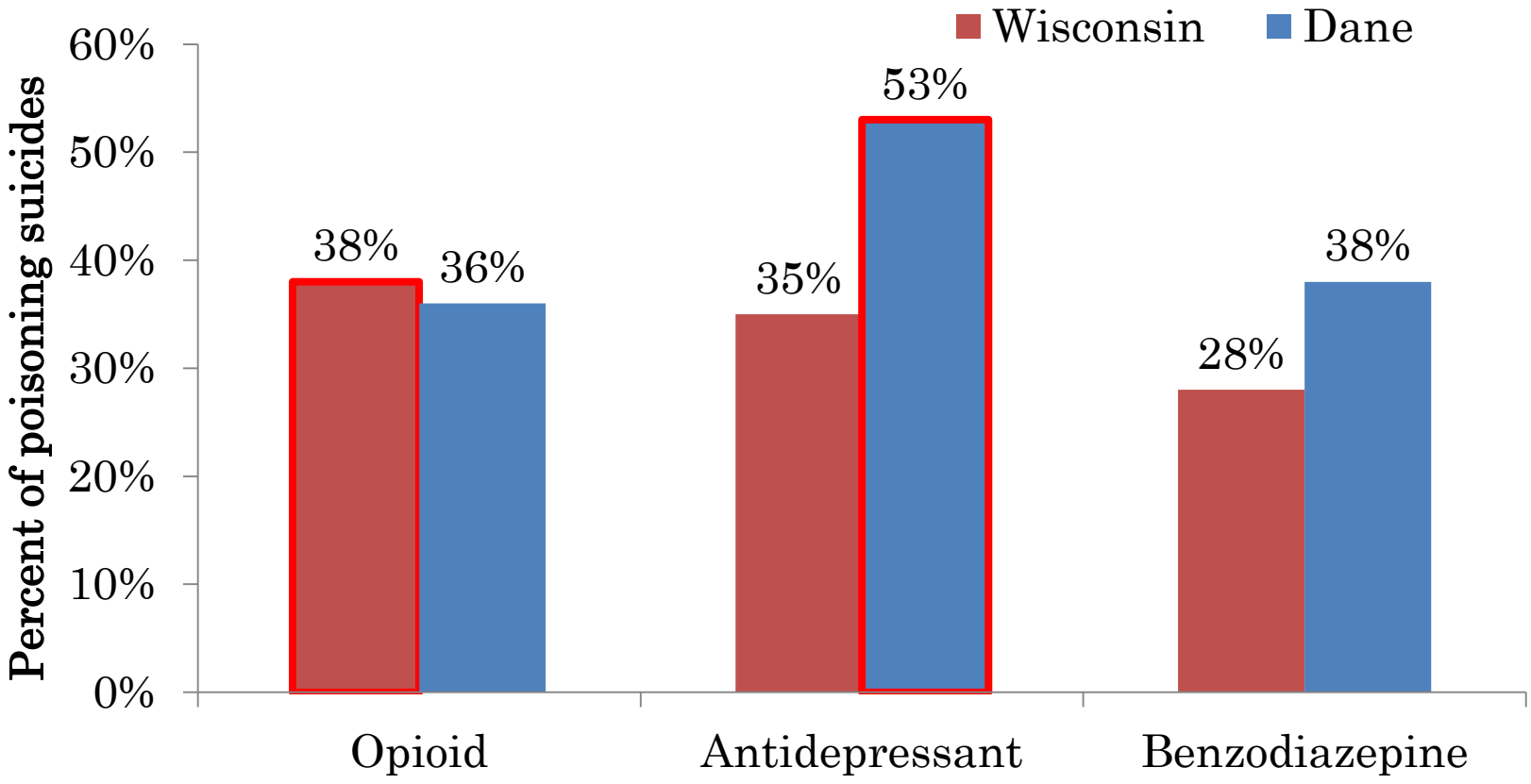
Source: Wisconsin Violent Death Reporting System, 2014-2017.

Alcohol was the **most** commonly **detected** substance among **firearm** suicides.
Antidepressants were the **most** commonly **detected** substance among **poisoning** and **suffocation** suicides in Dane, 2014–2017.



Source: Wisconsin Violent Death Reporting System, 2014-2017.

Opioids and **antidepressants** were the **most** common substances to **contribute to death** among **poisoning suicides,** 2014–2017.

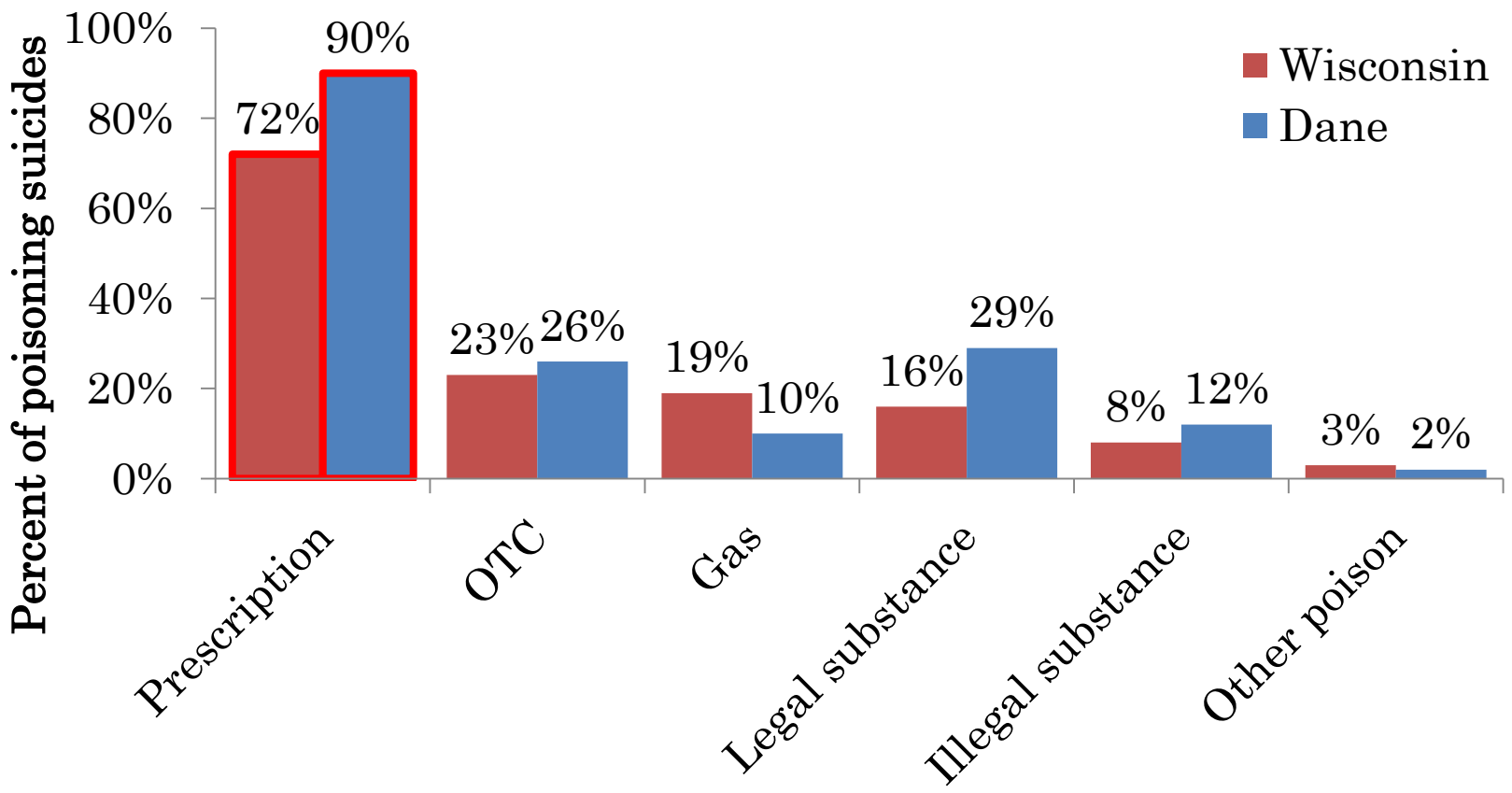


Source: Wisconsin Violent Death Reporting System, 2014-2017.

Substance Group Definitions

- **Prescription** : medication prescribed by a doctor such as oxycodone or Ambien.
- **Over the counter** (OTC): medications available without prescription such as Advil or Zyrtec.
- **Gas** : poisons that can be inhaled such as carbon monoxide or propane.
- **Legal** : substances available legally such as alcohol or nicotine.
- **Illegal** : substances not available legally or by prescription such as heroin or cocaine.
- **Other poison:** substances not intended for human consumption such as household cleaners (not including gas).

Prescription medications were the **most** common substance group determined to **contribute to death** among **poisoning suicides,** 2014–2017.



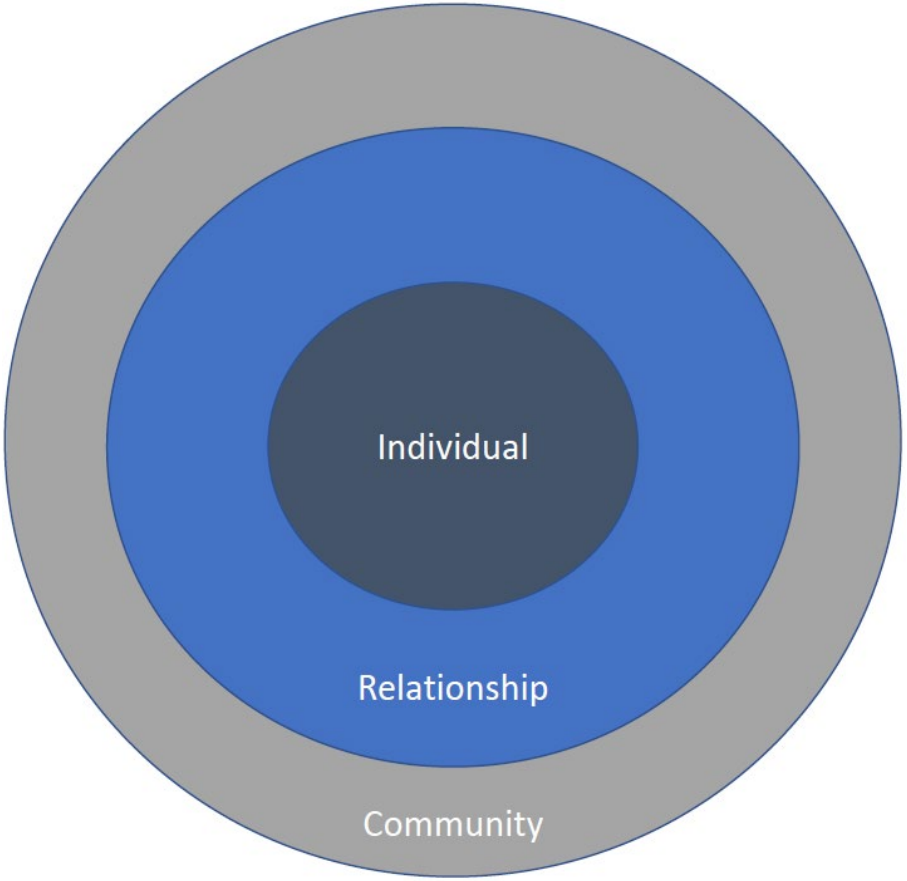
Source: Wisconsin Violent Death Reporting System, 2014-2017.

Wisconsin and Dane County Suicide Data

Risk Factors

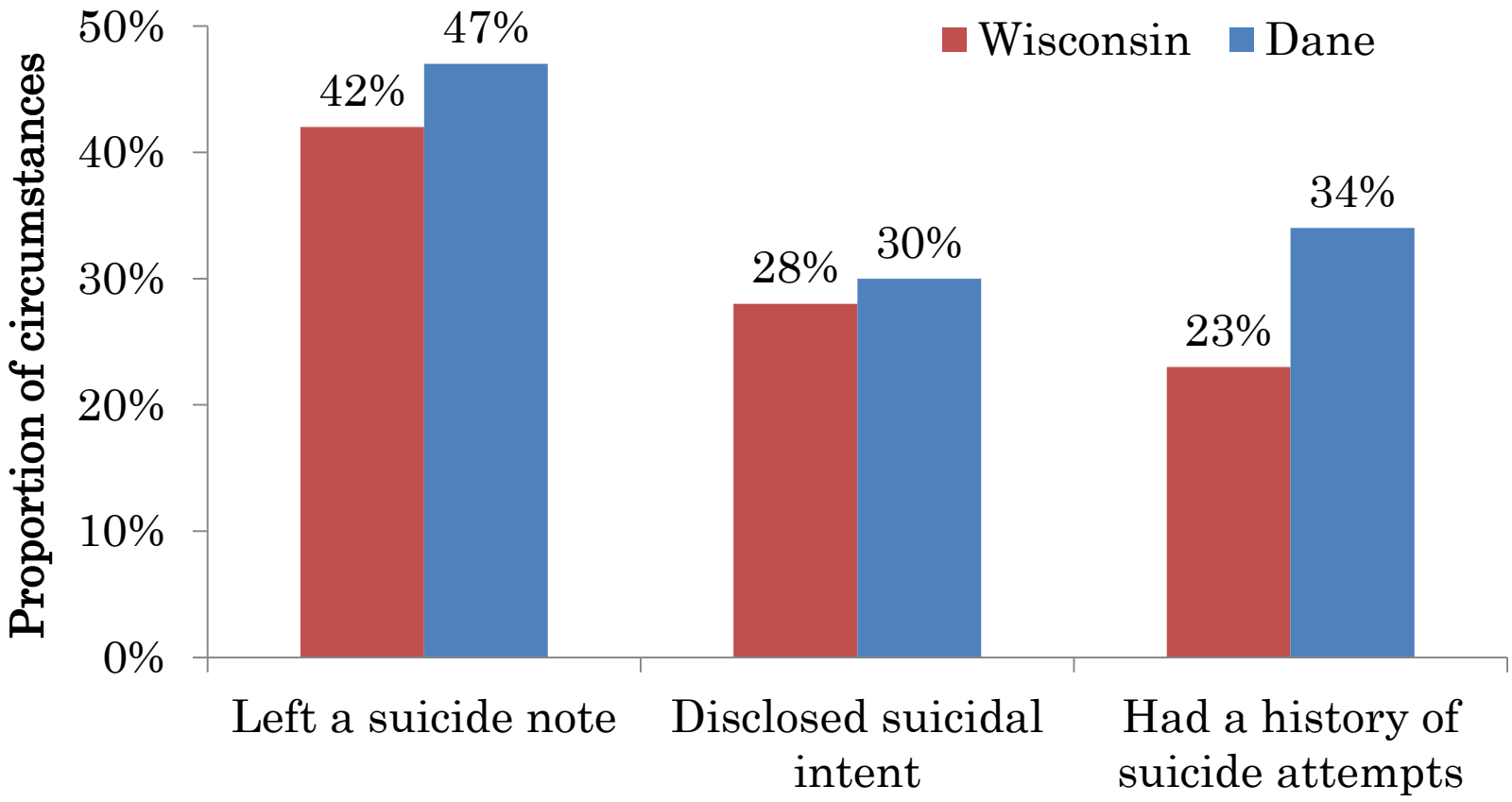
Social Ecological Model

Individual: biological and personal history that increases the likelihood of becoming a victim or perpetrator of violence.
Relationship: close or significant relationships that may increase the risk of experiencing violence as a victim or perpetrator.
Community: settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and the characteristics of these associated with becoming victims or perpetrators of violence.



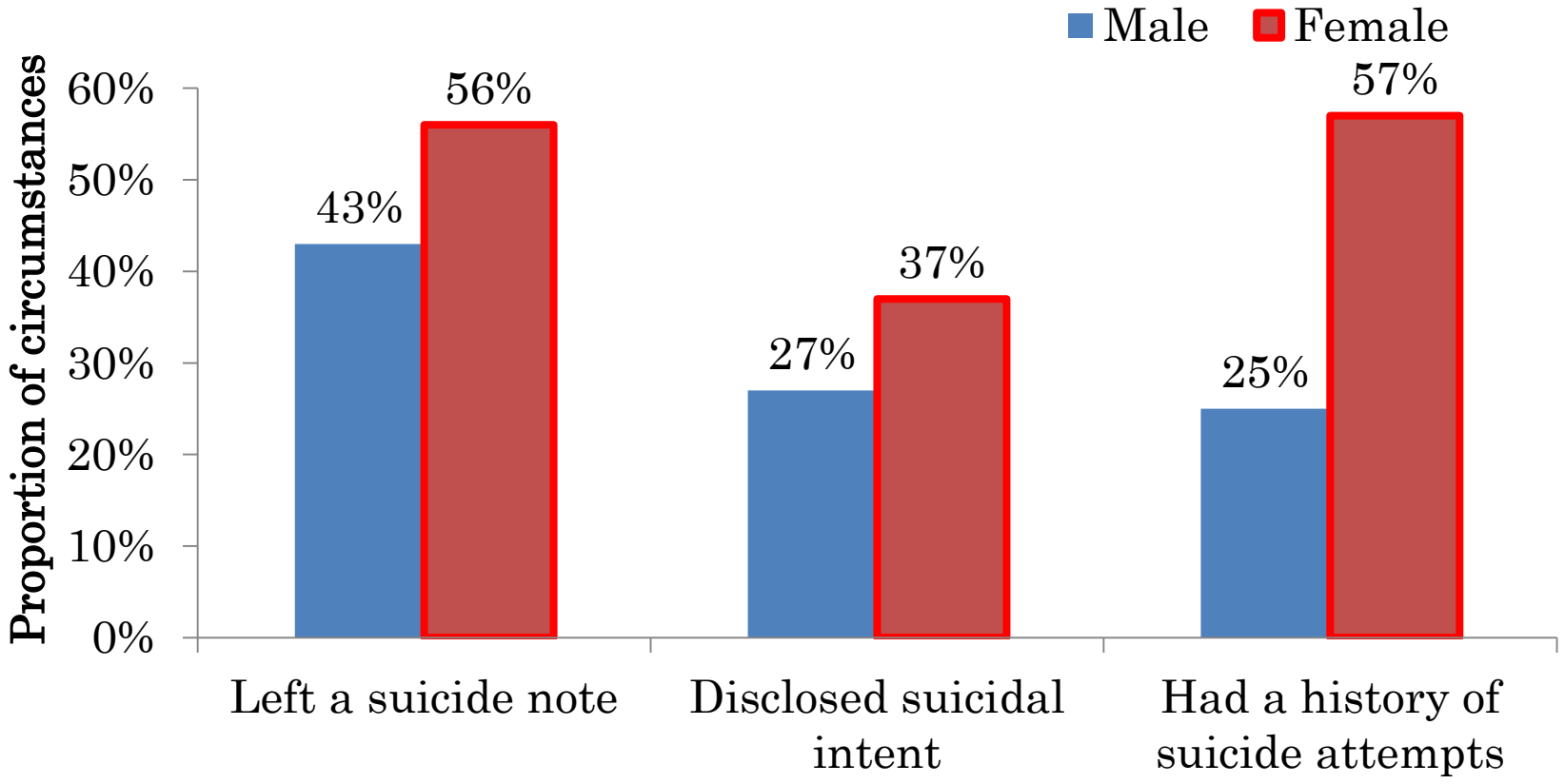
Individual

Less than half of those who died by suicide left a **suicide note, disclosed their intent, or had a history of suicide attempts**, 2013–2017.



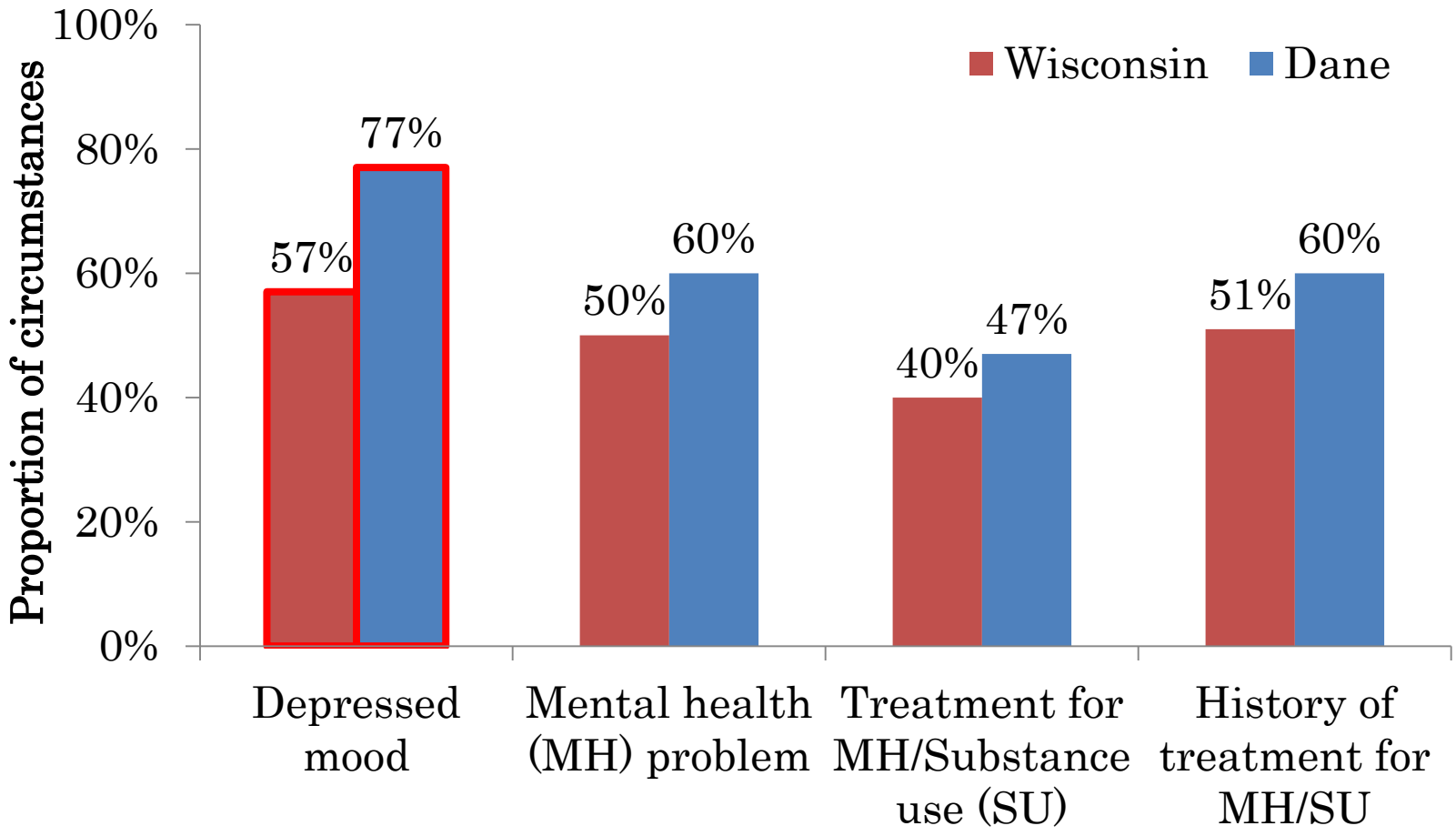
Source: Wisconsin Violent Death Reporting System, 2013-2017.

Females who died by suicide were **more** likely to have a reported **history of suicide attempts, disclosed suicide intent,** or **left a suicide note** in Dane, 2013–2017.



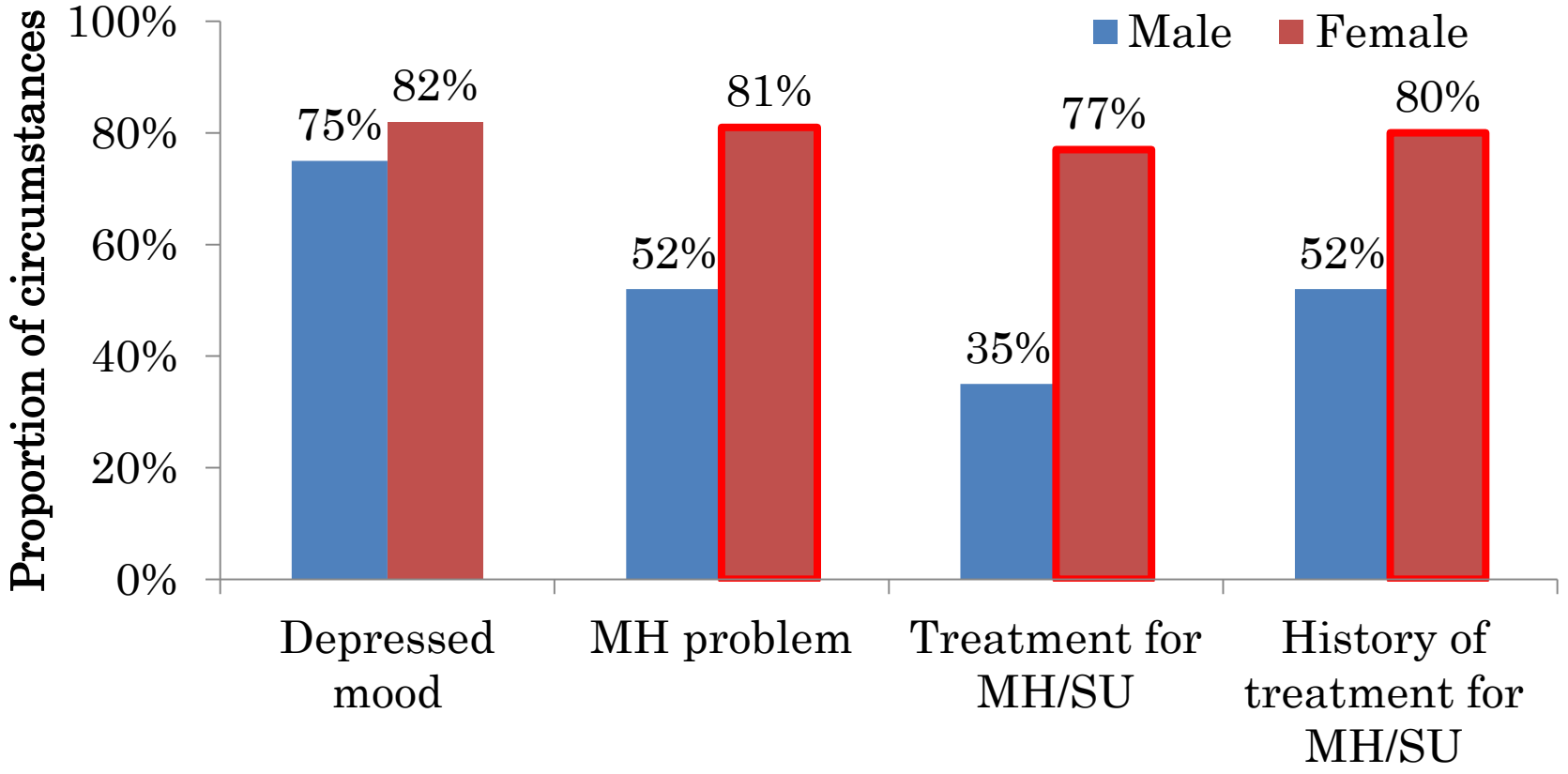
Source: Wisconsin Violent Death Reporting System, 2013-2017.

The **most common** circumstance reported of those who died by **suicide** was feeling **depressed**, 2013–2017.



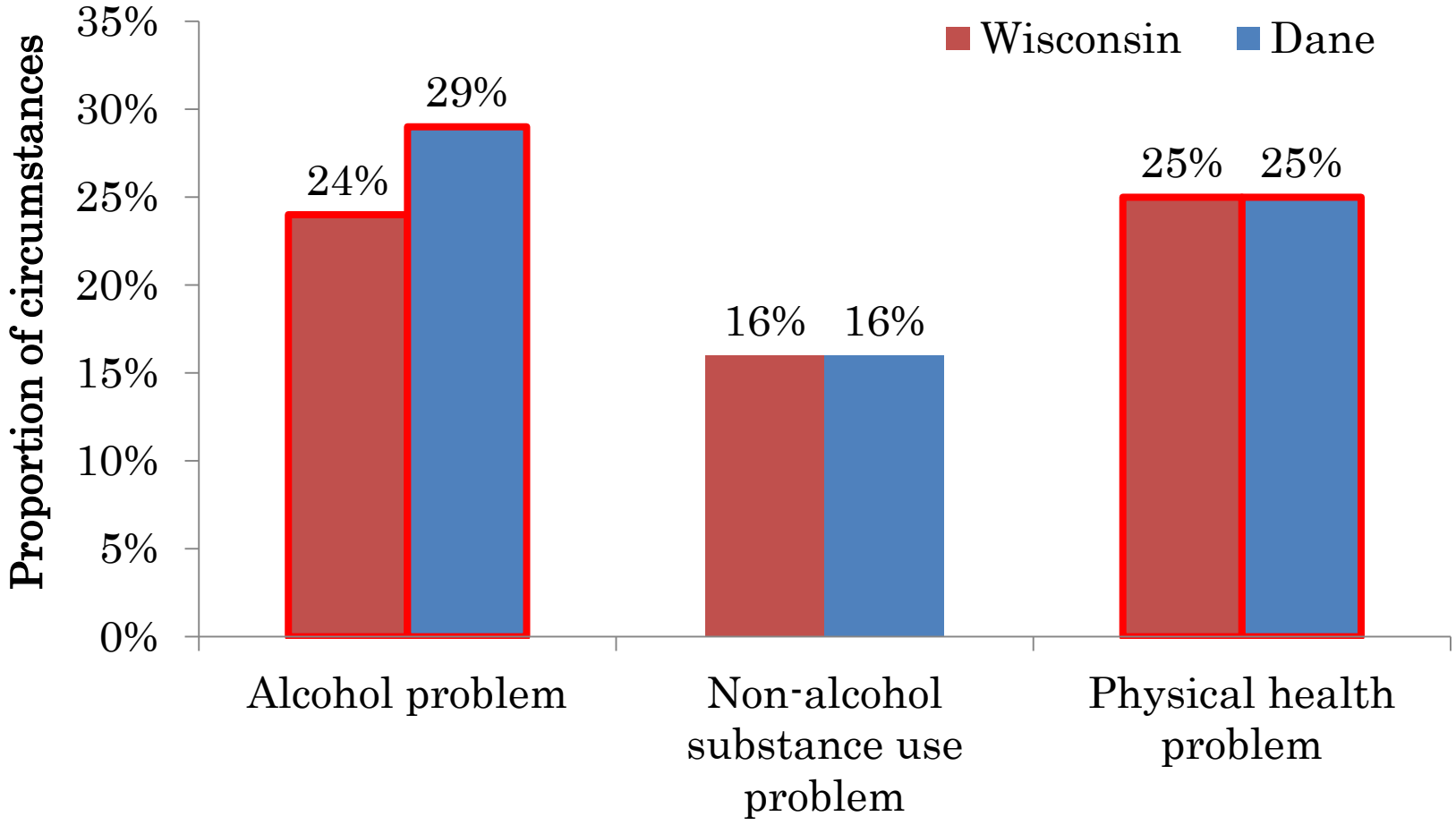
Source: Wisconsin Violent Death Reporting System, 2013-2017.

Females who died by **suicide** were **more** likely to have a reported **mental health problem, treatment for MH/SU,** and **history of treatment for MH/SU**, 2013–2017.



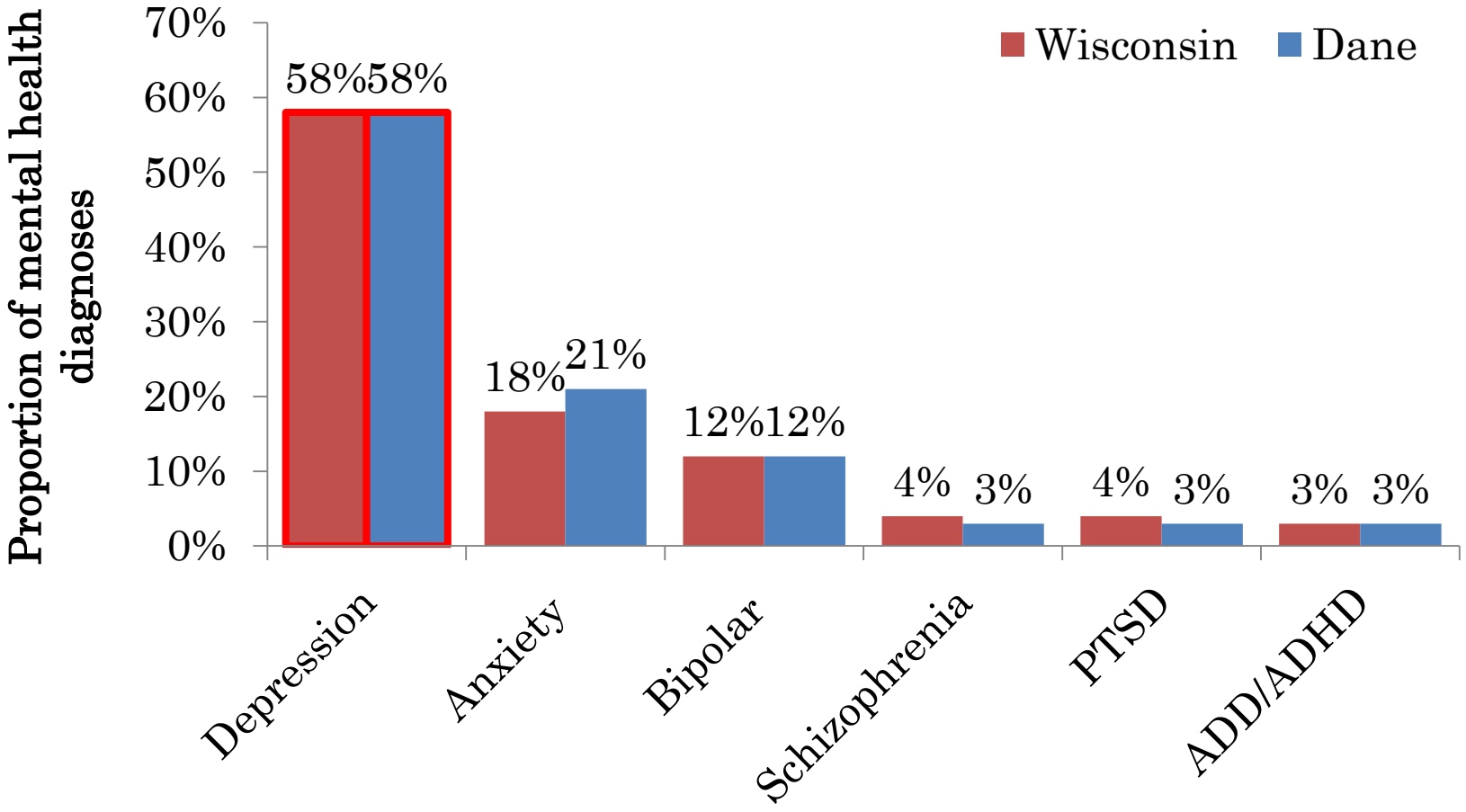
Source: Wisconsin Violent Death Reporting System, 2013-2017.

Approximately **1 in every 4 suicide** deaths had a reported **alcohol** or **physical health problem** that contributed to **suicide**, 2013–2017.



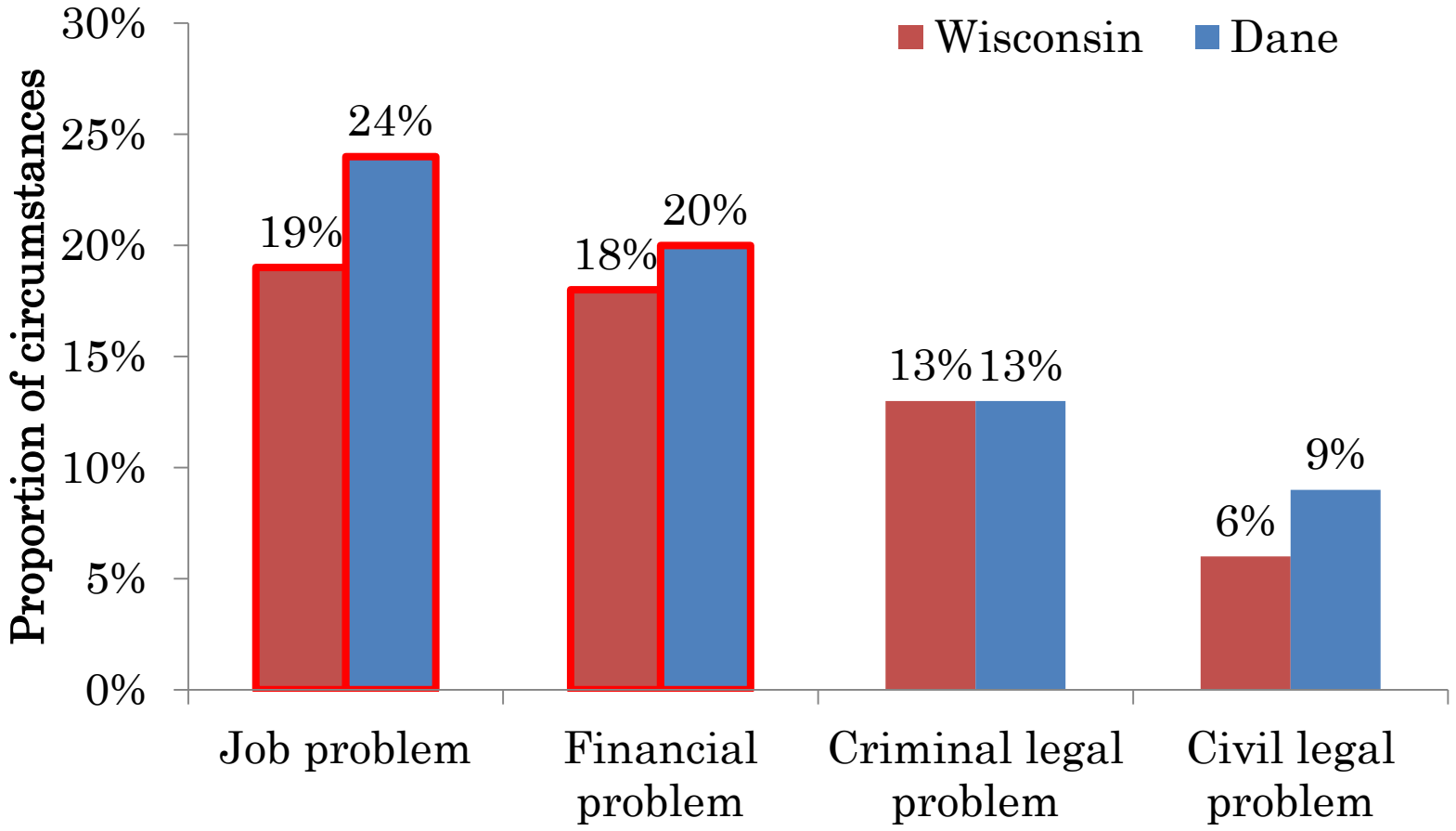
Source: Wisconsin Violent Death Reporting System, 2013-2017.

Depression was the **most** commonly reported diagnosed **mental health condition** among **suicide** deaths, 2013–2017.



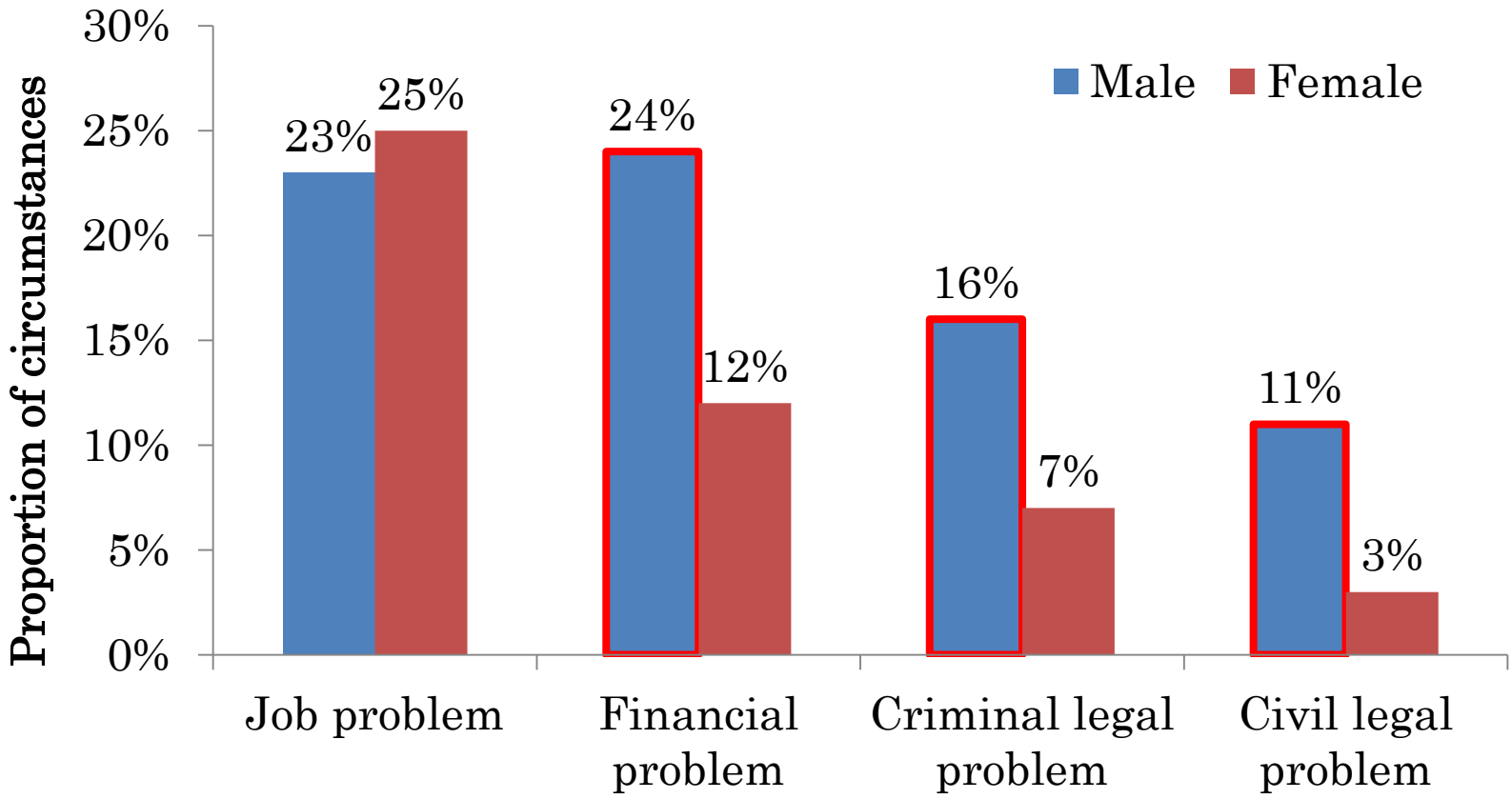
Source: Wisconsin Violent Death Reporting System, 2013-2017.

Approximately **1 in 5 suicide** deaths had a reported **job problem and/or financial problem**, 2013–2017.



Source: Wisconsin Violent Death Reporting System, 2013-2017.

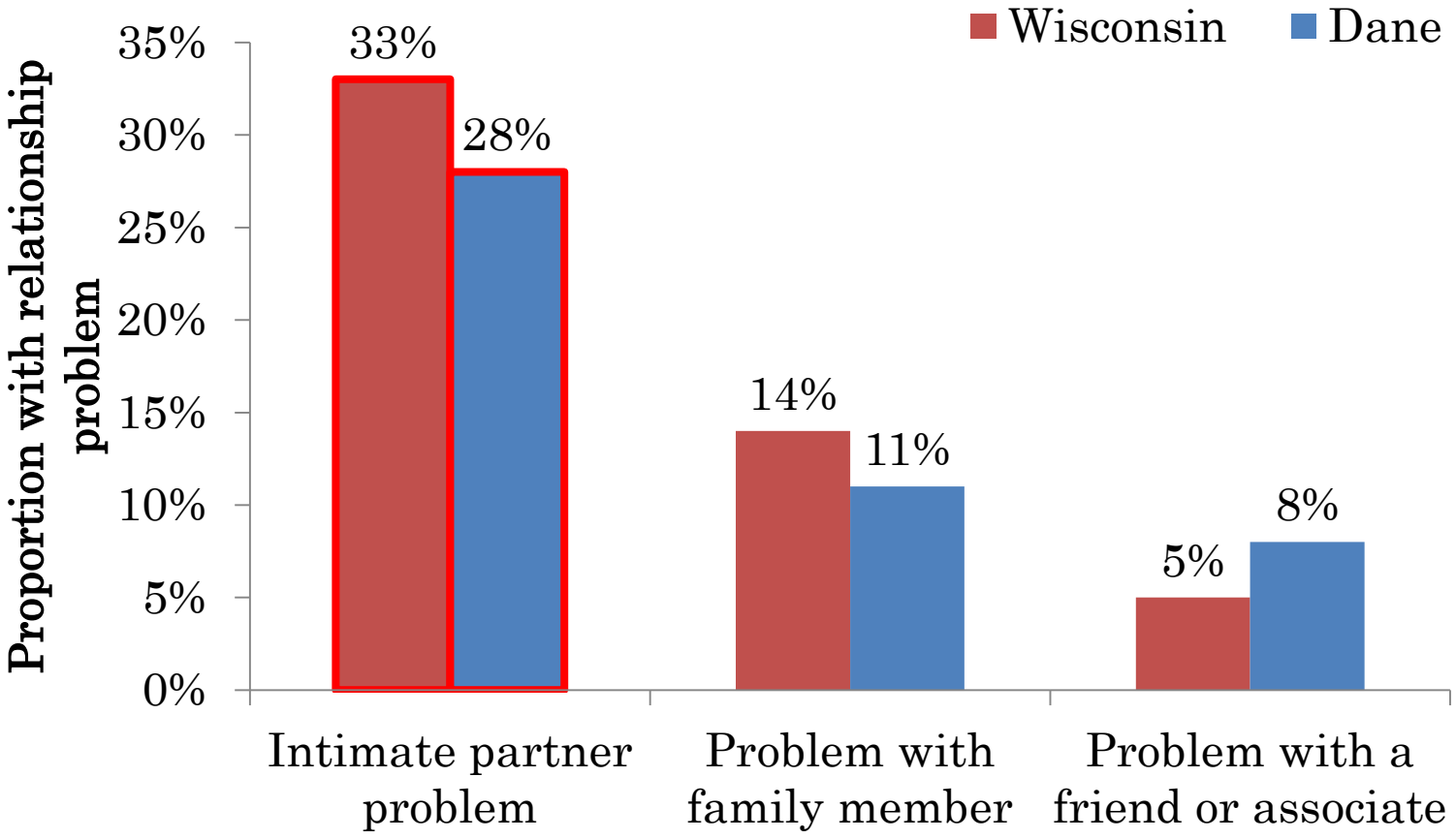
Males who died by **suicide** were **more** likely than females to have **financial** or **legal** problems reported in Dane, 2013–2017.



Source: Wisconsin Violent Death Reporting System, 2013-2017.

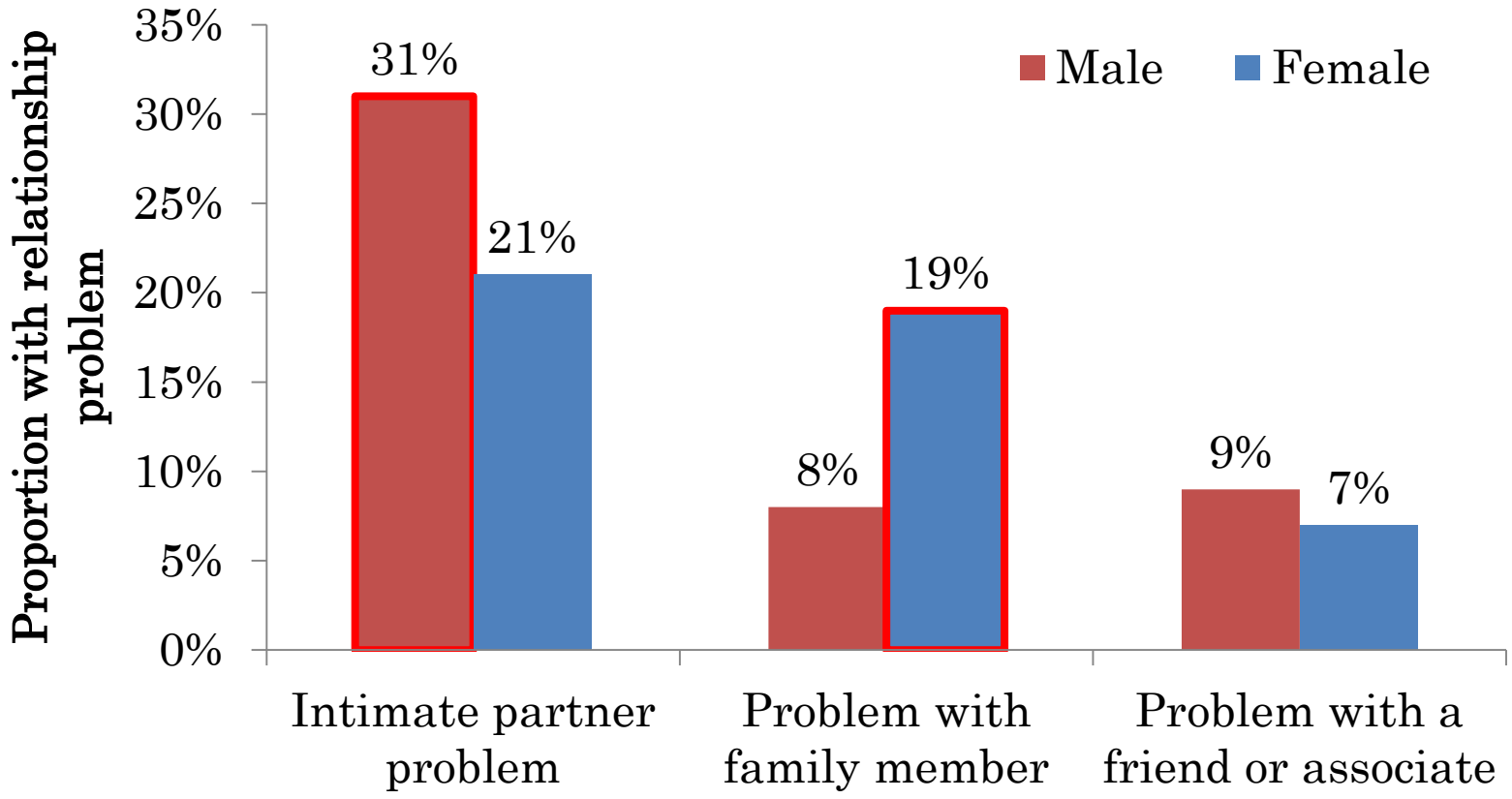
Relationship

Approximately **1 in every 3 suicide** deaths had a reported **intimate partner problem**, 2013–2017.



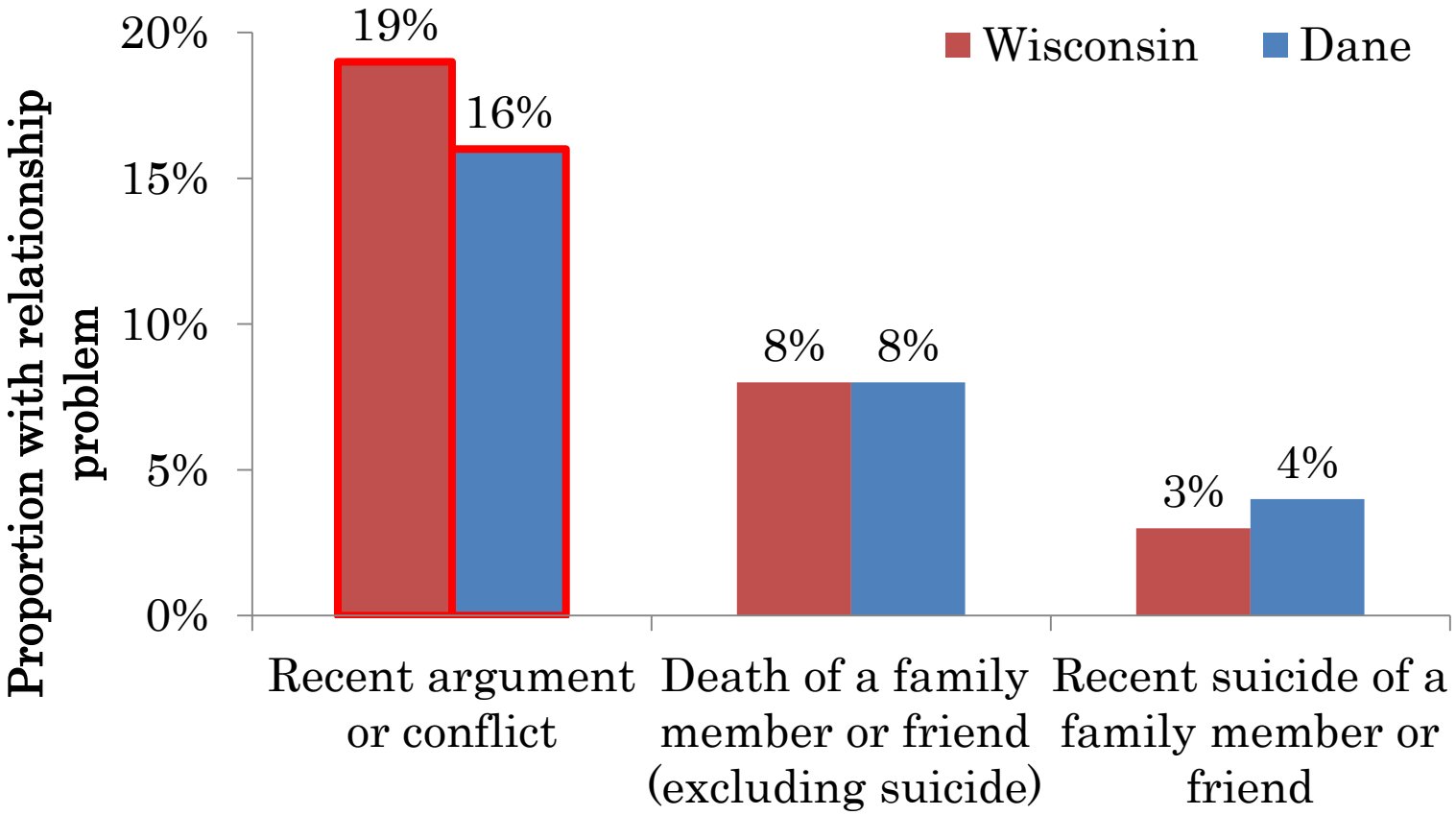
Source: Wisconsin Violent Death Reporting System, 2013-2017.

Males who died by **suicide** were **more** likely to have a **intimate partner problem** and **females** were **more** likely to have a **family member problem** reported, 2013–2017.

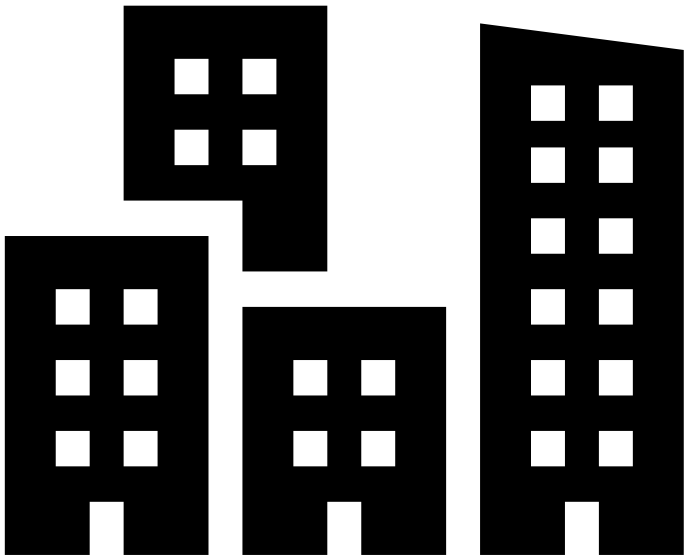


Source: Wisconsin Violent Death Reporting System, 2013-2017.

Nearly **1 in every 5 suicides** were reported to occur **recently after an argument or conflict**, 2013–2017.

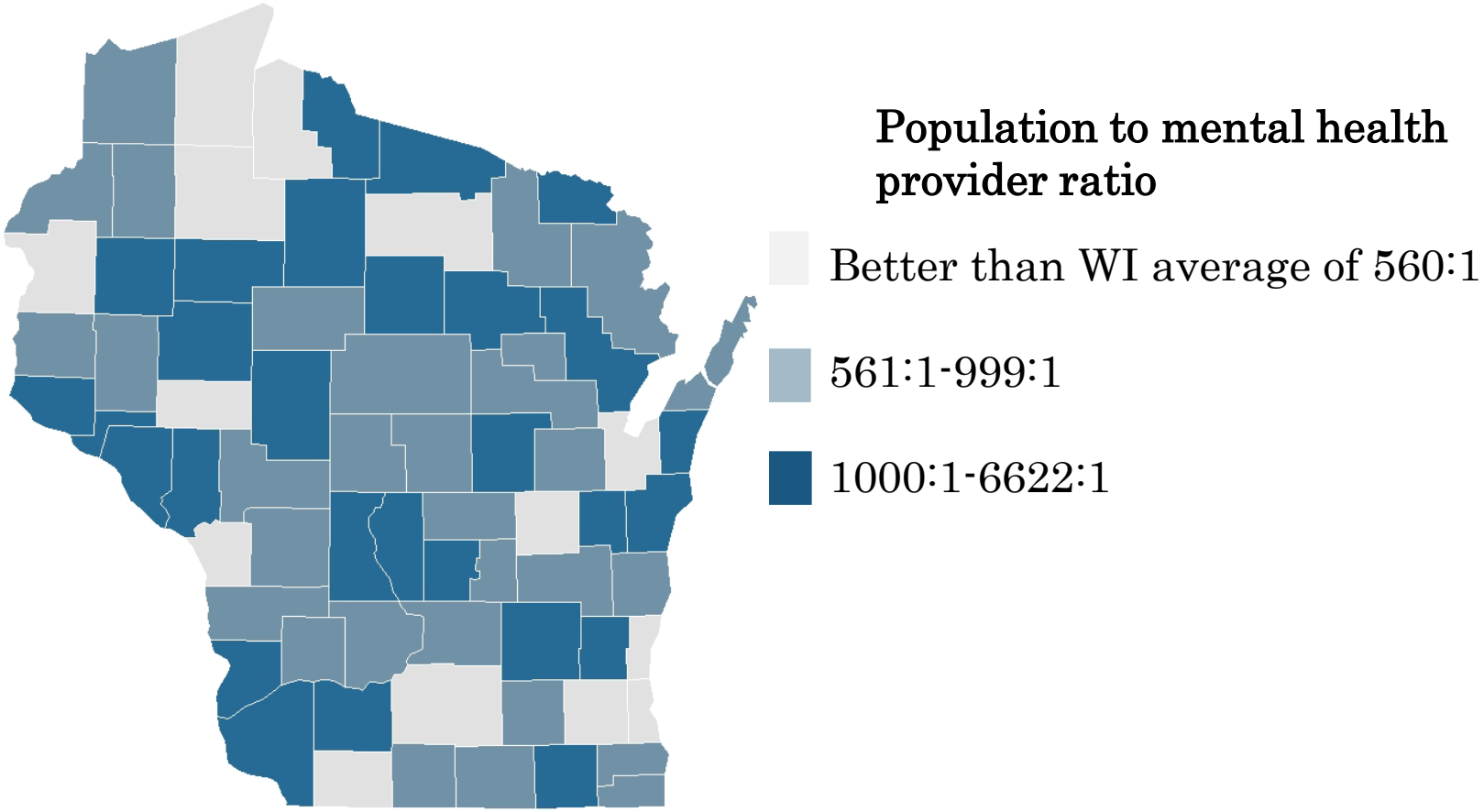


Source: Wisconsin Violent Death Reporting System, 2013-2017.



Community

Dane had a **lower** ratio of population to mental health providers when compared with the state, 2017.



Journey Mental Health

Current Interventions

Hoan Alone: Personal Stories from the Bridge

https://www.youtube.com/watch?v=xrA495uA6-Y

Current Interventions

- **We** have **recognized** that we have a role in **reducing** and **eliminating suicides** in our community.
- **Community healthcare providers** have **committed** to the shared goal of having **zero suicide deaths** for people under the care of health and behavioral health care systems.
- Each healthcare provider in the **Dane County ZSI collaborative** is working towards **incorporating** the same **risk assessment**, **collaborative safety planning**, and **follow-up** tools.
- We are **addressing suicide** with nearly **every consumer (patient)** we come in contact with regardless of their initial presentation.

Is it working?

Compared to the national trend of annual increases in suicide rates, **Dane County** saw a small **decrease** in **suicide rate** between 2016 and 2017 and although the suicide rate in 2018 was slightly higher than 2017, it was still **lower** than 2016.

Journey Mental Health

Suicide Risk Assessments

Suicide Risk Assessment: Everyone is doing it but is everyone good at it?

From a patients perspective: Story 1

- 16 year old is brought to the emergency department (ED) following a suicide attempt.
- She is seen by the ED Registered Nurse (RN) and the risk assessment began with "So, you tried to kill yourself tonight, did you really want to die."
- The RN was not looking at the patient and after the appointment the patient thought the RN also rolled their eyes when patient shrugged her shoulders in response to the question "do you really want to die?"
- RN completed the rest of the Columbia-Suicide Severity Rating Scale (CSSRS) questions and asked for a social worker to do a further assessment.
- 3 caring contact calls were made to the family within 72 hours of discharge.

Suicide Risk Assessment: Everyone is doing it but is everyone good at it?

From a patients perspective: Story 1

- What did the RN do right?
- What could have been done differently?
- How could the communication style or body language impact the response of the patient?

Suicide Risk Assessment: Everyone is doing it but is everyone good at it?

From a patients perspective: Story 2

- An adult female went to the ED for a physical injury to the arm.
- While meeting with the RN the RN said "I don't know why I have to do this, but I have to" and proceeded to ask the consumer questions on the CSSRS.
- Patient recognized the medical personnel's discomfort when asking about suicide risk, and was appreciative that despite the obvious discomfort the questions were still being asked.

Suicide Risk Assessment: Everyone is doing it but is everyone good at it?

From a patients perspective: Story 2

- What did RN do right?
- What could have been done differently?
- How could the communication style or body language impact the response of the patient?

Journey Mental Health

Strategies and approach to improving comfortability discussing suicide risk

Lets make it easier to talk about

It can be difficult for mental health providers to talk about suicide with their patients, so it goes without saying that it may also be difficult for other health care providers to talk about it. So let's make it easier to talk about. Here are some ways we can do that.

- Create buy-in from healthcare providers about the benefits of doing risk assessments on every patient.
- Validate provider's concerns about their ability to do a risk assessment.
- Leadership can provide examples of how tone, body language, and rate of speech impact the patients perception about whether or not the person asking the questions really cares.

Lets make it easier to talk about (cont.)

- Model and practice empathetic responses. Give providers a couple different ways to be able to smoothly transition into a risk assessment. For example, "As a part of our mission we want to make sure that we are addressing any health issues you maybe experiencing, including mental health. I am going to ask you a few questions about safety and suicide risk. This is something that we ask all of our patients about."
- Regularly check in with providers and offer feedback and support if they feel like completing the risk assessment continues to be challenging.

Keep up the good work

As a community Dane County healthcare providers are taking the suicide epidemic seriously and are actively working to stop it.

You are amazing.

You matter.

You are making a difference!

Thank you and we hope you enjoy the rest of the conference.

Hoan Alone: Personal Stories from the Bridge

https://www.youtube.com/watch?v=xrA495uA6-Y

Questions?