

Washtenaw County Suicide Prevention Plan 2017 Update

*washtenaw***alive**



Washtenaw County
Health Department

Overview

There are many at-risk populations within Washtenaw County. This plan is meant to encompass the at-risk populations and address suicide risk across the lifespan. We continue to seek new and emerging practices that have potential for inclusion in future versions of this plan. Every effort was made to assure that the strategy is:

- Prevention-focused
- Public Health focused
- Built on data, research
- Appropriate for community-based mental and best practices public health systems

This plan puts community-based collaboration, coordination, and intervention at the forefront, the following assumptions have been made concerning recommendations involving local efforts:

- All tools and protocols must be appropriate for Washtenaw County and its diverse members
- Uniform messages and language is used in all activities, and across all priority groups
- All prevention programs and interventions are delivered in appropriate ways given the specific community and its diversity

To effectively implement this plan, it is essential that we systematically track and evaluate our progress toward goals. Providing accurate feedback to government leaders, policy makers, organizations, advocates, and all those involved in the implementation of the Washtenaw County Plan for Suicide Prevention only furthers the impact we can have on suicide in our community. This plan will provide the information needed to revise objectives over time, enabling the Washtenaw County Suicide Prevention Plan to evolve as goals are reached and new “best practices” information becomes available. Objectives in the Washtenaw County Suicide Prevention Plan include measurable outcomes or targets that specifically identify what is to be achieved. All objectives in the Washtenaw County Suicide Prevention Plan indicate the “data source” for monitoring progress, and one set of objectives is dedicated to improving and expanding county surveillance systems related to suicide prevention, so the best possible data for the county is available.

The primary goals of the Washtenaw County Suicide Prevention Plan are to increase awareness across the county, to develop and implement best clinical and prevention practices, and to advance and disseminate knowledge about suicide and effective methods for prevention. The Washtenaw Suicide Prevention Plan takes into consideration that the goals and objectives overlap and offer a unified, integrated, and coordinated effort. With research and evaluation of suicide prevention programs and strategies, we can expect this plan to change as knowledge is advanced and best practices emerge.

U.S. Suicide Statistics

While this data is the most accurate we have, we estimate the numbers to be higher. Stigma surrounding suicide leads to underreporting, and data collection methods critical to suicide prevention need to be improved.

- Suicide is the **10th** leading cause of death in the US
- Each year **44,193** Americans die by suicide
- Suicide costs the US **\$51 Billion** annually
- The annual age-adjusted suicide rate is **13.26 per 100,000** individuals.
- Men die by suicide **3.5x** more often than women.
- On average, there are **121** suicides per day.
- White males accounted for **7 of 10** suicides in 2015.
- Firearms account for almost **50%** of all suicides.
- The rate of suicide is **highest in middle age** — white men in particular.

Suicide Attempts

No complete count is kept of suicide attempts in the U.S.; however, each year the CDC gathers data from hospitals on non-fatal injuries from self-harm.

494,169 people visited a hospital for injuries due to self-harm. This number suggests that approximately 12 people harm themselves for every reported death by suicide. However, because of the way these data are collected, we are not able to distinguish intentional suicide attempts from non-intentional self-harm behaviors.

Many suicide attempts, however, go unreported or untreated. Surveys suggest that at least **one million** people in the U.S. each year engage in intentionally inflicted self-harm.

Females attempt suicide **three times** more often than males. As with suicide deaths, rates of attempted suicide vary considerably among demographic groups. While males are 4 times more likely than females to die by suicide, females attempt suicide 3 times as often as males. The ratio of suicide attempts to suicide death in youth is estimated to be about 25:1, compared to about 4:1 in the elderly.

Michigan Suicide Statistics

SUICIDE: MICHIGAN 2017 FACTS & FIGURES

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Michigan	1,410	13.74	34
Nationally	44,193	13.26	



Suicide is the **10th leading** cause of death overall in Michigan.



On average, one person dies by suicide approximately **every six hours** in the state.

Based on most recent 2015 data from CDC. Learn more at afsp.org/statistics.



Suicide cost Michigan a total of **\$1,501,780,000** of combined lifetime medical and work loss cost in 2010, or an average of **\$1,189,058** per suicide death.

IN MICHIGAN, SUICIDE IS THE...

2nd leading cause of death for ages 15-34

3rd leading cause of death for ages 10-14

4th leading cause of death for ages 35-54

8th leading cause of death for ages 55-64

18th leading cause of death for ages 65 & older

More than twice as many people in Michigan die by suicide than by homicide. The total deaths to suicide in Michigan reflect a total of **28,419** years of potential life lost (YPLL) before age 65.



AMERICAN FOUNDATION FOR
Suicide Prevention

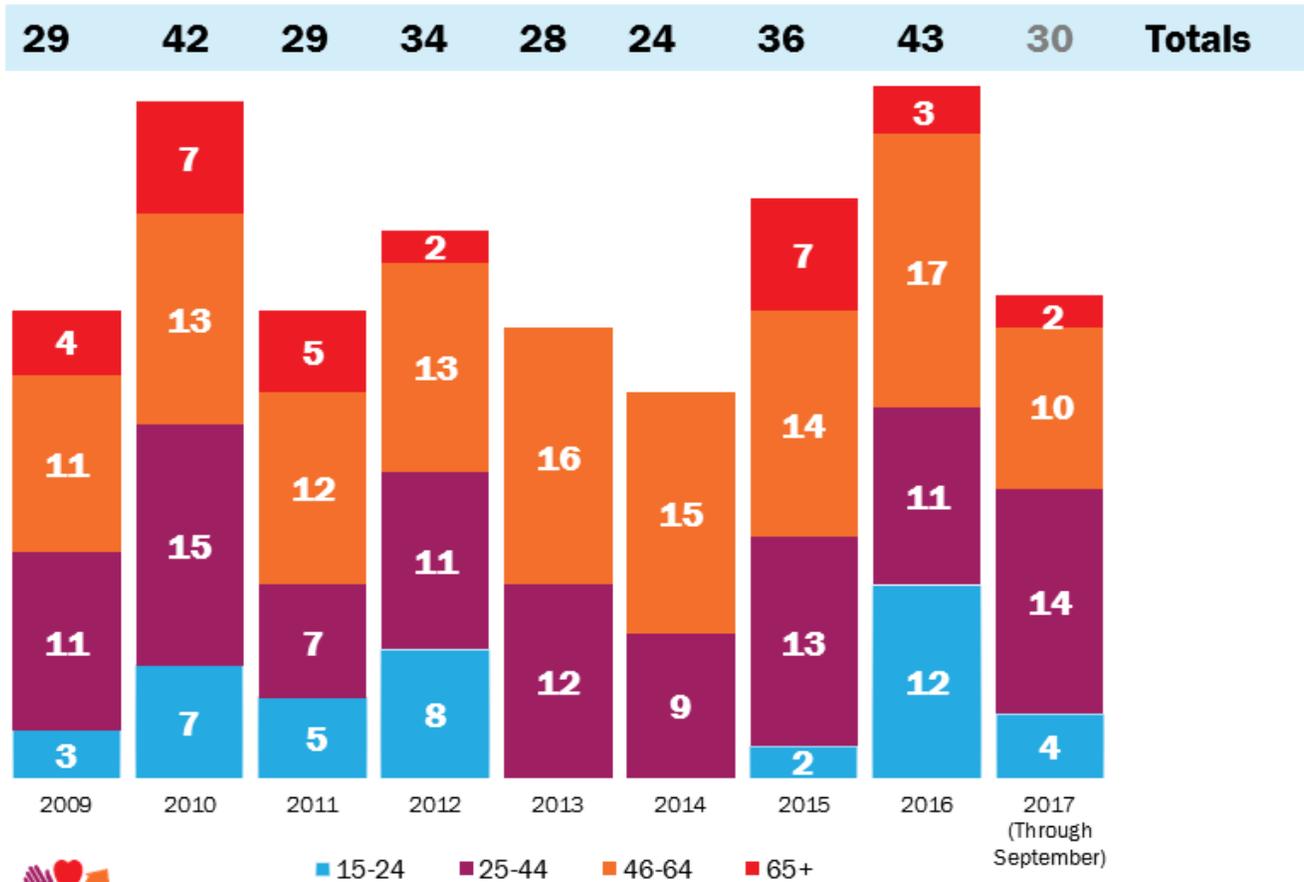
afsp.org

Washtenaw County Suicide Statistics

Suicide Completions by Age Group 2009 – September 2017

Washtenaw County Residents

Source: Washtenaw County Medical Examiner and Washtenaw County Health Department



Washtenaw County
Health Department

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You can find up-to-date Washtenaw County Data from the Washtenaw County Health Department at bit.ly/WCHDSuicidedata.

Prevention

Goal # 1 Promote awareness that suicide is preventable and reduce the stigma

Objective 1.1

- Work with youth representatives to advise Washtenaw Alive Suicide Prevention Coalition on messages and social media platforms to use as vehicles for sharing suicide prevention message and resources.
- Connect to existing youth groups such as: Depression Center/Peer to Peer groups, RAHS Youth Advisory Council, Corner Health Center Youth Leadership, Oxygen Youth, WACC Cyber Safety Program

Strategies 1.1

- Communicate suicide prevention messages at different Washtenaw County sites
- Resource cards for Adult, Children and Youth
- Distribute resource cards at clinics, libraries, schools (set up), social service agencies, such as Department Human Services and Public Health

Objective 1.2

- Assist with educating the media on their critical role in suicide prevention, including mental illnesses and substance abuse, and collaborate to ensure responsible media practices in the coverage of these topics. See (reportingsuicide.org) for a download of recommendations.
- *Recommendations for the Media* (U.S. Centers for Disease Control and Prevention) will be encouraged. Dissemination of media guidelines

Strategies 1.2

- Regular Social Media Updates
- Repost messages from Tony Weatherly on individual Facebook and Twitter accounts
- Post picture of resource card on Instagram
- Include National Hotline and local numbers in the post including TEXT 741741 Hello

Objective 1.3

- Educate policy makers, professionals, and organizations on suicide prevention and the impact of suicide, mental illnesses, and substance abuse has within our community.

Strategies 1.3

- Use email blast software (Constant Contact) to highlight suicide prevention messages
- Washtenaw Alive Newsletter, utilizing WA members as contributors; electronically available on Washtenaw Alive web page encouraging community to copy and disseminate to others. Newsletter timeline to coincide with themed months (e.g. Mental Health Awareness Month (May), Suicide Prevention Month (October).
- Suicide prevention messages at presentations to pediatric meetings as well as adult health primary care, internists

Goal #2 Share best practice suicide prevention and intervention programs with public and community partners

Objective 2.1

- Identify and review existing resources and programs. Produce programs/resource inventory by community sector and identify best practices.

Strategies 2.1

- Update resource list 2 times a year.
- List current suicide prevention programs by community sectors (schools, human services agencies, faith-based agencies, VA, etc.) on website; keep current
- Link to Michigan Department Community Health publications
- Review SAMHSA (Substance Abuse and Mental Health Services Administration) publications
- Review CDC (Center for Disease Control) publications

Objective 2.2

- Continue to provide gatekeeper training (Safe Talk, ASSIST) and Mental Health First Aid to de-stigmatize mental health problems leading to suicide ideation and attempts and build skills across a wide variety of community sectors. Identify funds to increase the number of trainers available in community.

Strategies 2.2

- Prioritize getting additional Safe Talk T4T trainers in Washtenaw County (Anne Kramer is the only one. Edwina Jarrett is interested in becoming T\$T trainer)
- Provide Mental Health First Aid Training 1-2 times per year in high priority county locations (Whitmore Lake, others) Explore adolescent version of this training for Washtenaw County. Reach out to law enforcement.
- Work with Michigan Department of Community Health office of Violence and injury Prevention for regional gatekeeper training programs. Include information on guidelines for sharing information on suicide and/or attempts.
- Be proactive in scheduling gatekeeper programs 2-3 times per year; publicize on Washtenaw Alive website and Washtenaw Alive member websites.

Objective 2.3

- Provide education and awareness to high risk groups.

Strategies 2.3

- Identify high risk groups to impact the reach outs: LGBTQ+, Corner Health, Ozone House, Neutral Zone, Addictions-Dawn Farms, Veterans-VA

Goal #3 Develop a sustainable surveillance system

Objective 3.1

- Obtain data on suicide and suicide attempts to make available to partners.

Strategies 3.1

- Create, expand, and improve methods for reporting on suicide to increase data sources.
- Create and disseminate a summary of guidelines for appropriate release of data (including suppression of smaller numbers).

Objective 3.2

- Establish a Suicide Death Review Committee (much like the Child Death Review Committee) to determine if suicide death was preventable and to implement additional prevention.

Strategies 3.2

- Discuss models of Suicide Death Review and if there are any barriers to establishing a local team.
- Review the number and types of suicides periodically (frequency too be determined) to monitor trends, to determine if additional activities are needed and report on effectiveness of prevention efforts.
- Monitor the number of suicides and questionable death certificates quarterly.

Intervention

Goal #4 Improve early identification of individuals contemplating suicide

Objective 4.1

- Target organizations that have contact with or serve high-risk populations

Strategies 4.1

- Faith based organizations often identify high risk individuals- training needed on how to refer for services.
- Minor consent issues
- Eating disorders identified as a priority population for outreach/education

Post-vention

(After an individual dies by suicide)

Goal #5 Provide support services to families, schools, and others who had a relationship or involvement with someone who has died by suicide.

Traumatic Events Response Network (TERN) call 734-994-2911

Objective 5.1

- Routinely offer post-suicide psychological crisis intervention services to individuals, groups, organizations or schools impacted by suicide.

Strategies 5.1

- Mobilize CISM and TERN team responses through Washtenaw County Office of Emergency Management (Anne Dawes-Lazar coordinates both teams).
- Regularly train new members of CISM and TERN teams and other first responder organizations- promote Washtenaw Alive website.
- Provide crisis intervention services for individuals, groups, and organizations impacted by a suicide through team support.
- Provide presentations to groups in the community about CISM, FCC, local resources, presentations are free.

Action: Create packets of information to take out when going on a response, create e-document packets to make available to funeral homes and other agencies

Measured by: Track # of packets disseminated and key contacts

Timeline: One presentation per month