Suicide in Missouri: Where We Stand

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December 2018
How common is suicide?
Of almost 250 million adults nationwide:

- Seriously Considered Suicide: 9.8 million
- Attempted Suicide: 1.3 million
- Died by Suicide: 43,427 (.0002% of total population)

CDC, 2016
Missouri Overview: Still A Serious Issue

• Over 1,100 people died by suicide in 2017.
• Missouri has 19th highest rate of suicide.
• 36% increase since 1999.
• 10th leading cause of death; 2nd leading cause of death among 15-34 year olds.
• For every one suicide, 135 people knew that person.

Missouri Department of Health and Senior Services (DHSS) Missouri Public Health Information Management System (MOPHIMS), 2017; Cerel et al., 2018
Suicide Rates by State (2016)

(Age-adjusted per 100,000)


Red: 20.2-25.9
Light red: 16.8-19.3
Dark orange: 14.2-16.3
Orange: 12.6-14.2
Yellow: 7.2-12.1

CDC, 2016
Change in Suicide Rates: 1999-2017

• 36% increase in suicide rate between 1999 and 2017 in Missouri.
• 33% increase nationally.

Suicide rates rose across the US from 1999 to 2016.

Increase 38 - 58%
Increase 31 - 37%
Increase 19 - 30%
Increase 6 - 18%
Decrease 1%


CDC, 2018
Suicide Rates (2007-2017)*
U.S. and Missouri
(per 100,000, age adjusted)

*Missouri data from DHSS MOPHIMS (2017)
U.S. data from CDC (2016)
In Missouri, Suicide is 2nd Leading Cause of Death among 15-34 Year Olds; 4th among 35-54 Year Olds

<table>
<thead>
<tr>
<th>Rank</th>
<th>10-14</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unintentional Injury</td>
<td>Unintentional Injury</td>
<td>Unintentional Injury</td>
<td>Unintentional Injury</td>
<td>Cancer</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td><strong>Suicide</strong></td>
<td><strong>Suicide</strong></td>
<td>Heart Disease</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>3</td>
<td><strong>Suicide</strong></td>
<td>Homicide</td>
<td>Homicide</td>
<td>Cancer</td>
<td>Unintentional Injury</td>
</tr>
<tr>
<td>4</td>
<td>Homicide</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
<td><strong>Suicide</strong></td>
<td><strong>Suicide</strong></td>
</tr>
<tr>
<td>5</td>
<td>Cancer</td>
<td>Cancer</td>
<td>Cancer</td>
<td>Homicide</td>
<td>Chronic Lower Respiratory Disease</td>
</tr>
</tbody>
</table>

- 10th leading cause of death for all age groups
- 3rd leading cause of death for 10-14 year olds
- 8th leading cause of death for 55-64 year olds

CDC, 2016
Suicides Rates by County, 1999-2017
(age adjusted, per 100,000)

DHSS MOPHIMS (2017)
Suicide Rates (2007-2017)
Missouri and St. Louis Metropolitan Area
(per 100,000, age adjusted)

DHSS MOPHIMS (2017)
Comparisons with Other Fatal Injuries (2017)

- Homicide: 654
- Opioid Overdoses: 951
- Motor Vehicle Accidents: 994
- Suicide: 1,151

DHSS, MOPHIMS (2017)
Large Majority of Suicides were Male for All Age Groups

DHSS MOPHIMS, 2017
Among White Males, Rates Highest from 35-54 and 75 and Older (2016-2017) (rates per 100,000)

DHSS, MOPHIMS 2017
Whites Die by Suicide More Than African Americans (2017)
Rates Higher in LGBTQ Community

• LGBQ college students almost 5 times more likely to attempt suicide

• 4-6 times more likely to require treatment from a health professional.

• LGBTQ college students are more than 2 times more likely to have had suicidal thoughts than their peers.

• Nationally, around one in four transgender individuals have attempted suicide. 92% of those attempted before the age of 25.

CDC YRBS, 2016
Missouri Assessment of College Health Behaviors, 2018
Missouri Veteran Suicides Double Those of General Population

• An estimated 21 U.S. veterans die by suicide every day.
• Suicide rates 2.1 times higher among veterans compared to non-veterans.
• Suicide rates higher among younger veterans
• Among veterans under 25, around 25% of those who died, died by suicide.
• Suicides among veterans and non-veterans have increased over time.

U.S. Dept. of Veterans Affairs, 2018
Lethal Means: Firearms Leading Cause of Suicide

• In 2017, 61% of all suicides involved firearms
• 68% of all male and 42% of all female suicides were firearms related
• Firearms used more by adults than youth
• 83-90% of gun-related attempts result in suicide**
• 1-2% of overdoses and cutting result in a suicide**

DHSS MICA, 2017
Spicer & Miller (2000)
Lethality by Means

Case Fatality Rates (%) By Suicide Method

- Firearms: 82.5%
- Drowning/submersion: 65.9%
- Suffocation/hanging: 61.4%
- Poison by gas: 41.5%
- Jump: 34.5%
- Drug/poison ingestion: 1.5%
- Cut/pierce: 1.2%
- Other: 8.0%
Rates Increasing More among Males Who Use Firearms Than Those Who Use Other Means (rate per 100,000, 1999-2017)

DHSS MICA 1999-2017
Use of Firearms Increases with Age (2013-2017)
Almost 90% of Firearm-related Suicides were Male

DHSS MOPHIMS, 2017
Whites Slightly More Likely to Use Firearms; Blacks More Likely to Use Suffocation

CDC, 2016
Youth Suicidal Ideation

• Among 6th-12th grade youth, females seriously considered suicide and attempted suicide more than males.

• Ideation rates highest among college students and lowest among middle school students.

• American Indian youth seriously considered suicide and attempted more than other races. Caucasian youth least likely, but ideation is still relatively high.
% of Youth Who Have Seriously Considered Suicide in Past Year by Grade in School

- 9th graders most likely to have considered suicide
- 8-10th grade females 2x more likely to have considered suicide than males

Missouri Student Survey, 2018
Suicidal Ideation Increases with Age Among Youth; Still 1 in 8 Middle-school Students have Seriously Considered Suicide in Past Year

- Middle and high school data from Missouri Student Survey, 2018
- College data from Missouri Assessment of College Health Behaviors 2018
Causes of Suicide

• Previous research: 90% of all suicides due to diagnosable mental illness.

• More recent research: “More than half of people who died by suicide did not have a known mental health condition.” (CDC, 2018)

• Due to some ambiguity related to data collection methods, truth is probably somewhere in-between.

• Look not only at mental health factors but other risk factors as well.
Risk Factors Include

- Relationship problems
- Death of a family member or friend
- Family history of suicide
- Crisis in the past or upcoming two weeks
- Problematic substance use
- Physical health problems
- Loss of job/financial problems
- Criminal/legal problems or
- Loss of housing
Let’s change these statistics together!
Local Efforts: Examples

- **School-based suicide prevention trainings** (Signs of Suicide; Question Persuade Refer (QPR))
- **Professional trainings** (ASIST, Assessing and Managing Suicide Risk (AMSR), Counseling on Access to Lethal Means)
- **Community trainings** (Mental Health First Aid, Adult QPR, Talk Saves Lives)
Local Efforts (con’t)

• Crisis counseling and Referral
• Evidence-based treatments for suicidality (Dialectical Behavior Therapy; Cognitive Behavioral Therapy,
• Collaborative Assessment and Management of Suicidality (CAMS)
• Youth Emergency Room Enhancement Program
• St. Louis Regional Suicide Prevention Coalition
• Walks for suicide prevention (Out of the Darkness)
• Safer Homes Collaborative
Statewide Initiatives

- Suicide Prevention Coordinator within the Department of Mental Health
- Missouri Suicide Prevention Network
- 10 Prevention Resource Centers provide Mental Health First Aid and suicide prevention training such as Signs of Suicide (over 200 schools have been trained)
Help Him Stay

• Beginning May 2017, DMH ran a suicide prevention campaign to encourage help-seeking and prevent suicide among middle-age males.

• Consisted of statewide radio advertisements, billboards, and social media advertisements (targeted Facebook & Google ads) that direct the audience to our website, helphimstay.org.
How You Can Help

**MICRO**
- Be direct. Talk openly and matter-of-factly about suicide
- Be willing to listen. Allow expressions of feelings
- Be non-judgmental. Don’t lecture on the value of life
- Become available. Show interest and support
- Don’t act shocked. This will put distance between you
- Don’t be sworn to secrecy.
- Offer hope that alternatives are available
- Take action. Talk about remove means, like weapons or pills in times of crisis
- Get help from people or agencies specializing in crisis intervention and suicide prevention.
How You Can Help

MACRO

- Volunteer
- Get involved by joining local suicide prevention efforts
- Spread the word that we can all prevent suicide
- Follow the media guidelines for reporting on suicide
- Share stories of hope and recovery
- Support others on Social Media
- Partner with your local Community Mental Health Center
- Always share resources when presenting on suicide
Resources

See Handout

• If someone is in immediate danger, call 911
• Call the National Suicide Prevention Lifeline 1-800-273-TALK (8255).
• Text the Crisis Text Line (741741)
• Contact your closest Behavioral Health Crisis Hotline. Use this link to find your county and phone number.
  https://dmh.mo.gov/mentalillness/progs/acimap.html
• Contact your local Community Mental Health Center. Use the following link to find your county and agency
  https://dmh.mo.gov/mentalillness/helpinfo/adminagents.html
Questions?

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