

Montana Suicide Prevention Program

Karl Rosston, LCSW, Suicide
Prevention Coordinator,
Montana DPHHS
(July 2024)



US Suicide Fact Sheet

Data Source: CDC (7/24), Montana DPHHS (5/24)

- ❖ In 2022 there were **49,476** suicides in the U.S. (**135** suicides per day; 1 suicide every **11** minutes). This translates to an annual suicide rate of **14.21 per 100,000**.
- ❖ Firearms remain the most commonly used suicide method, accounting for nearly **54%** of all completed suicides.
 - ❖ In 2023, **69%** of suicides in Montana were by firearm.
 - ❖ In 2023, **71%** of youth suicides in Montana were by firearm (**43% nationally**).

Suicide among the young

- ❖ In 2022, **493** children ages 10 to 14 completed suicide in the U.S.
(Youngest – an 8-year-old)
- ❖ In 2022, there were **6,040** suicides by people 15-24 years old.

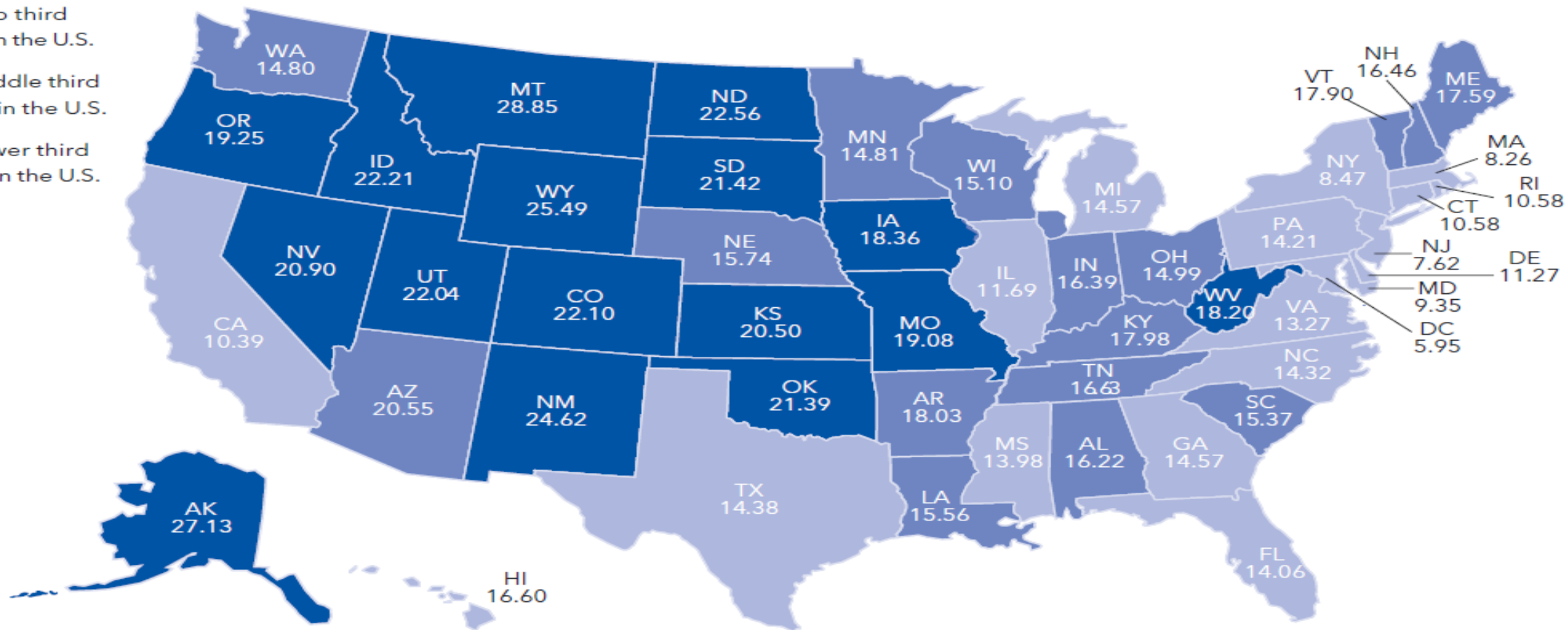
Suicide in Montana

Data Source: CDC (5/24), Montana DPHHS (5/24)

- ❖ For all age groups, Montana has ranked in the **top five** for suicide rates in the nation, for the past forty years.
- ❖ According to the most recent numbers released by the National Vital Statistics Report (CDC) for **2022**, **Montana had the highest rate of suicide in the United States (326 suicides for a rate of 28.85/100,000.)**

Suicide Data: United States

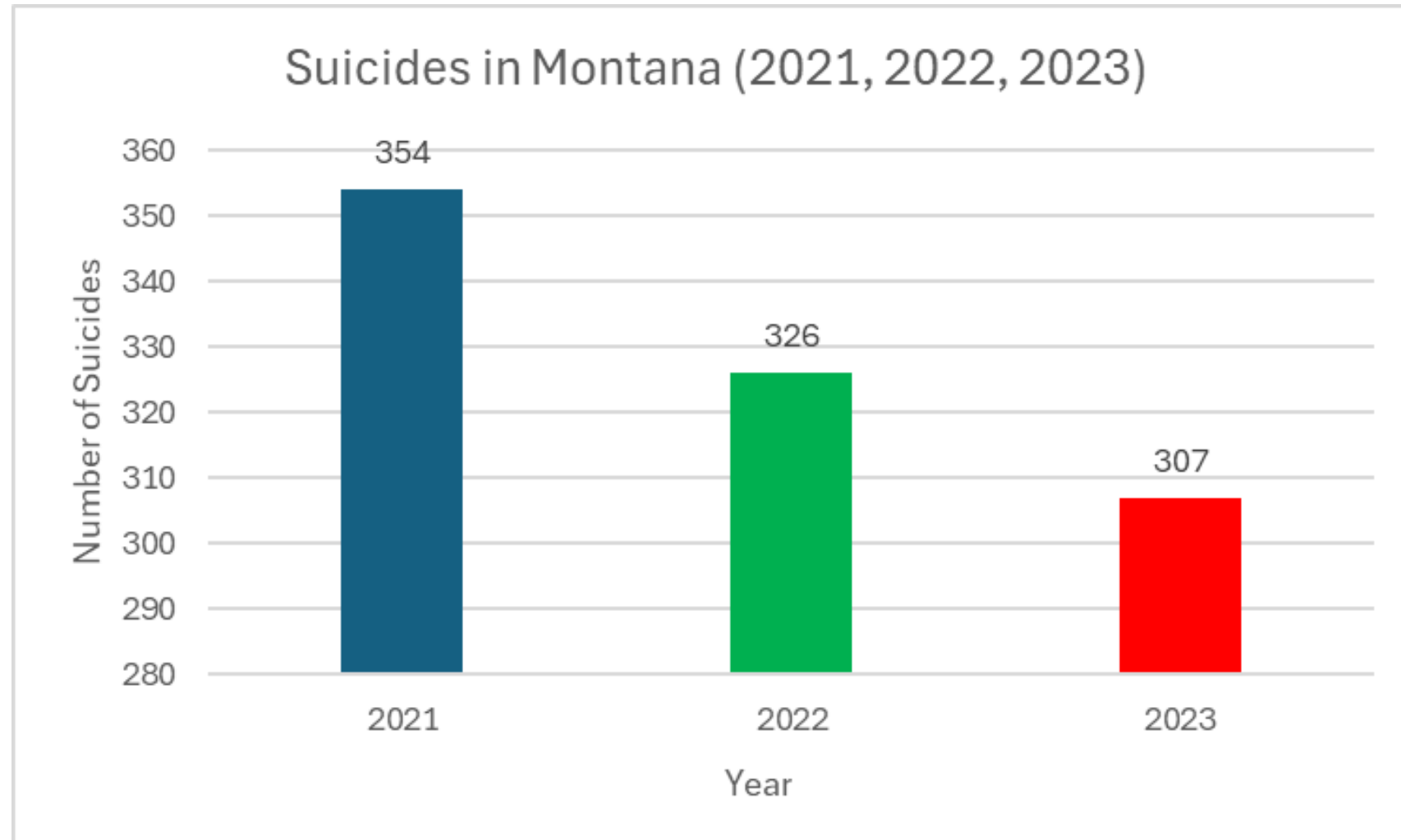
- States in the top third of suicide rates in the U.S.
- States in the middle third of suicide rates in the U.S.
- States in the lower third of suicide rates in the U.S.



See full list of citations at afsp.org/statistics.

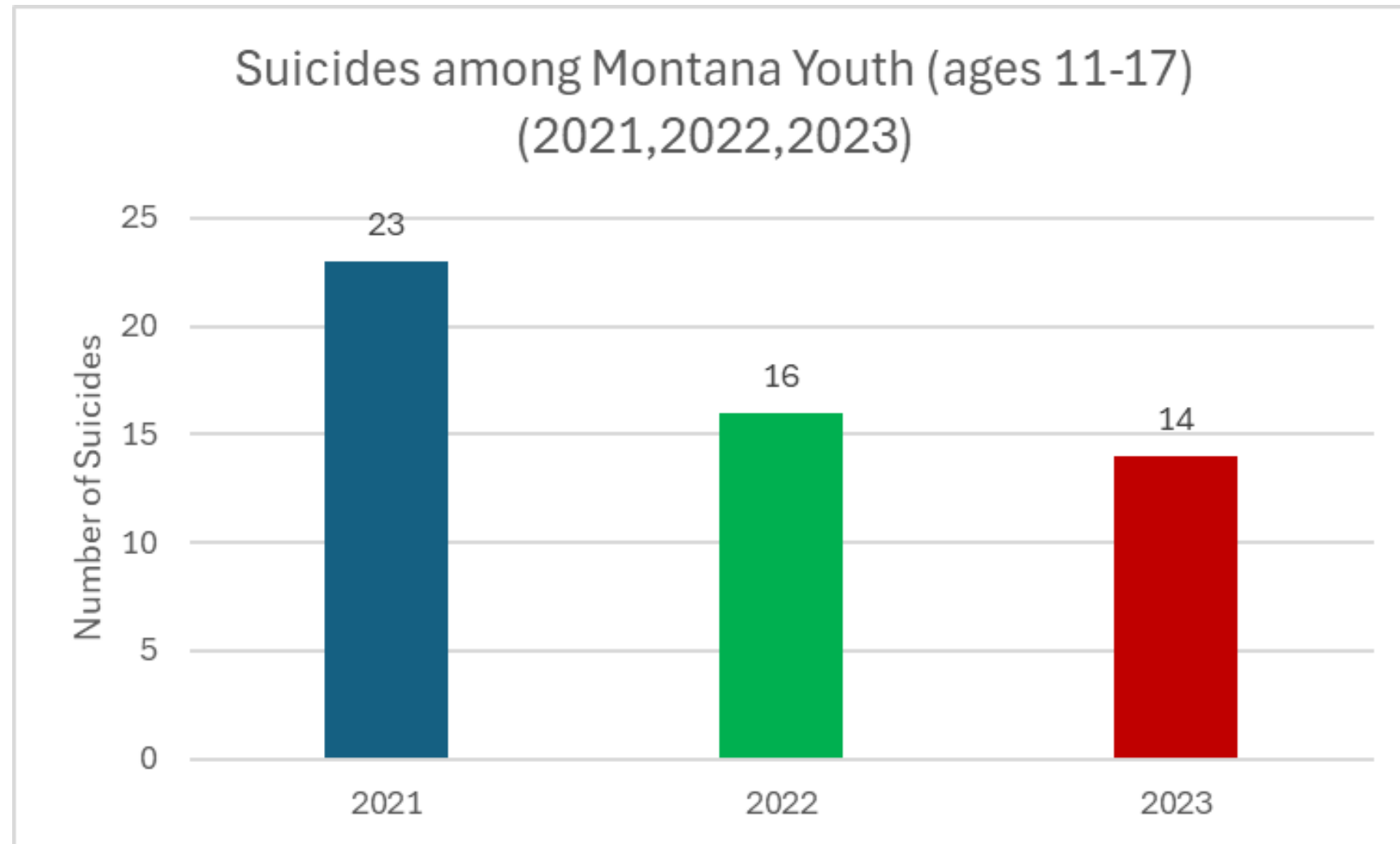
But we did have a reduction in the total number of suicides

Between 2021 and 2023, the number of suicides dropped from 354 to 307, a 14% decrease.



2021-2023 Montana Youth Suicides (11-17)

Between 2021 and 2023, the number of youth suicides (11-17) dropped from **23** to **14**, a **39% decrease**.



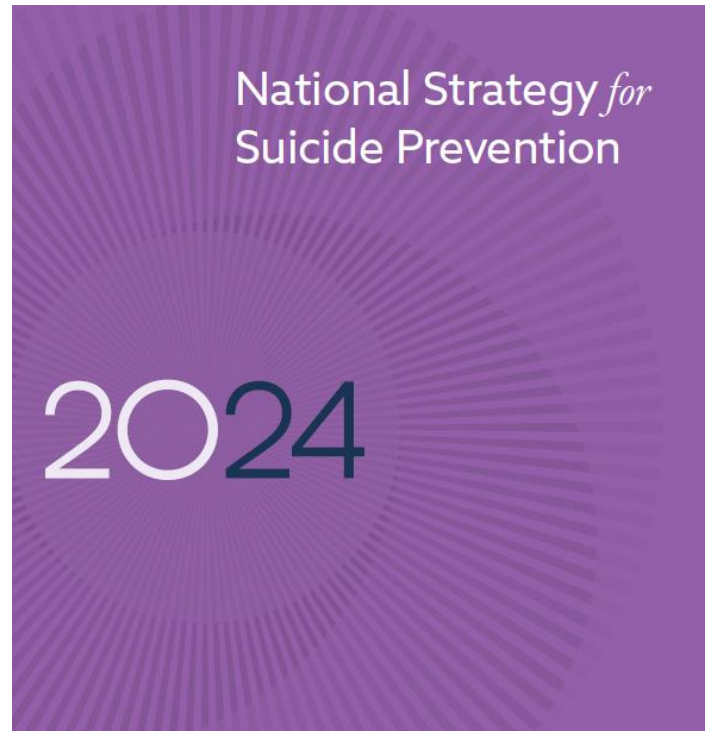


- **Goal 1**
Implement a suicide prevention program at the department based upon the best available evidence
- **Goal 2**
Develop a comprehensive communication plan
- **Goal 3**
Identify and use available resources needed to guide state, tribal, county, and local efforts, including crisis response efforts
- **Goal 4**
Build a multi-faceted, lifespan approach to suicide prevention
- **Goal 5**
Support high quality, privacy-protected suicide morbidity and mortality data collection and analysis



2025

Montana's State Plan adheres with the goals and objectives recently released in the 2024 National Strategy for Suicide Prevention.





MT 988

- Provides 24/7 mental health crisis and suicide intervention support, in-state.
- Call handlers receive nationally accredited crisis specialist training and certification.
- Montana leads the nation in call handling and answer times (**98 percent and average of eight seconds.**)
- In Montana, **over 80 percent of callers to 988 in crisis are stabilized on the phone.**



Evidenced-Based Suicide Prevention Programs



QPR

A two-hour training that provides anybody the basic tools on how to intervene with a suicidal person

Other Evidenced-Based Suicide Prevention Programs



SOS: Signs of Suicide

School-based program which aims to raise awareness of suicide and reduce stigma of depression There is also a brief screening for depression and other factors associated with suicidal behavior.

Early age intervention

Good Behavior Game

The classroom management strategy designed to improve aggressive/disruptive classroom behavior. It is implemented when children are in 1st or 2nd grade in order to provide students with the skills they need to respond to later, possibly negative, life experiences and societal influences. Studies have suggested that implementing the “Good Behavior Game” may delay or prevent onset of suicidal ideations and attempts in early adulthood.



Mental Health Promotion in our high schools



Youth Aware of Mental Health (YAM)

YAM is an interactive program for adolescents promoting increased discussion and knowledge about mental health, suicide prevention, and the development of problem-solving skills and emotional intelligence.

Mental Health Screening In Schools



- The screening, which students complete themselves, takes <10 minutes on average.
- It uses validated assessments (grades 6th-12th) for suicide risk, depression, anxiety, and resilience, functioning, or substance/alcohol abuse (eC-SSRS, PHQ-A, GAD-7, RISC-10/Y-WSAS/CRAFFT).
- It can be done on any type of internet-connected device, including smartphones.
- No school staff need mental health expertise to deliver the screener and the results of each screening are emailed within a minute of completion to a designated school staff member.
- If a student reports recent thoughts of suicide or a recent attempt, **that student is then connected with a school-based or RBHI-contracted therapist the same day as screening.**

Other Resources

Suicide Prevention for Primary Care Providers

Suicide assessment and intervention kit designed for primary care providers.

SUICIDE PREVENTION TOOLKIT

A GUIDE FOR PRIMARY CARE PROVIDERS AND MEDICAL PRACTICE MANAGERS

for
PRIMARY CARE
PRACTICES

SPRC WICHE
Mental Health Program

ZEROSuicide
IN HEALTH AND BEHAVIORAL HEALTH CARE
www.zerosuicide.com

WHAT IS ZERO SUICIDE?
Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems, and also a specific set of tools and strategies. It is both a concept and a practice.

- » LEAD
- » TRAIN
- » IDENTIFY
- » ENGAGE
- » TREAT
- » TRANSITION
- » IMPROVE

Its 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.

The challenge of Zero Suicide is not one to be borne solely by those providing clinical care. Zero Suicide relies on a system-wide approach to improve outcomes and close gaps rather than on the heroic efforts of individual practitioners. This initiative in health care systems also requires the engagement of the broader community, especially suicide attempt survivors, family members, policymakers, and researchers. Thus, Zero Suicide is a call to relentlessly pursue a reduction in suicides for those who come to us for care.

The programmatic approach of Zero Suicide is based on the realization that suicidal individuals often fall through multiple cracks in a fragmented and sometimes distracted health care system, and on the premise that a systematic approach to quality improvement is necessary. The approach builds on work done in several health care organizations, including the Henry Ford Health System (HFHS) in Michigan. Like other leading health care systems, HFHS applied a rigorous quality improvement process to problems such as inpatient falls and medication errors. HFHS realized that mental and behavioral health care could be similarly improved. This insight led to the development of HFHS's Perfect Depression Care model, a comprehensive approach that includes suicide prevention as an explicit goal. The approach incorporates both best and promising practices in quality improvement and evidence-based care and has demonstrated stunning results—an 80 percent reduction in the suicide rate among health plan members.

SPRC Action Alliance

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HB118 Grants

(Starting July 2024)

- ***Tamarack Grief Resource Center*** (Suicide prevention, intervention and postvention activities in Western Montana)
- ***Rural Behavioral Health Institute*** (School screenings and crisis intervention)
- ***RiverStone Health*** (RSH) (Suicide prevention in Billings schools, intervention and postvention in Yellowstone County)
- ***Lewis & Clark County*** (LOSS Team postvention activities)
- ***Montana State University*** (YAM)



Karl Rosston, LCSW
Suicide Prevention Coordinator
(406) 444-3349
krosston@mt.gov



Why does Montana have such a high rate of suicide?

It's not one factor, but rather multiple factors all occurring at the same time.

It is a cultural issue.

