Montana Suicide Prevention Program
In 2020 there were 45,979 suicides in the U.S. (126 suicides per day; 1 suicide every 11 minutes). This translates to an annual suicide rate of 14 per 100,000.

Males complete suicide at a rate four times that of females. However, females attempt suicide three times more often than males.

Firearms remain the most commonly used suicide method, accounting for nearly 50% of all completed suicides.
Suicide and Primary Care

❖ Up to 45% of individuals who die by suicide visit their primary care provider for presenting physical health problems within a **month** of their death, with 20% of those having visited their primary care provider within **24 hours** of their death.

❖ Elders who complete suicide:
  • 73% have contact with primary care physician within a **month** of their suicide, with **nearly half** visiting in the preceding week.

❖ There is a strong correlation between chronic pain and suicide
  • 20-30% of those who die by suicide have issues of chronic illness or pain.
  • A person with chronic pain is **3 times** the risk of suicide.
Suicide among Children

❖ In 2020, 581 children ages 10 to 14 completed suicide in the U.S. (Youngest – an 8 year old)

❖ Suicide rates for those between the ages of 5-14 increased 60% between 1981 and 2010.
Suicide among the Young

❖ Suicide is the 2\textsuperscript{nd} \textbf{leading cause of death} among young (15-24) Americans; only accidents occur more frequently. In 2020, there were \textbf{6,062} suicides by people 15-24 years old.

❖ Youth (ages 15-24) suicide rates increased more than \textbf{200\%} from the 1950’s to the mid 1990’s. The rates dropped in the 1990’s but went up again in the early 2000’s.
Suicide among our Veterans

In 2019, an average of 17 Veterans died from suicide each day. One every 84 minutes. The rate of suicide for Veterans in 2019 was 31.6 per 100,000.

Veterans accounted for 18% of all deaths from suicide among U.S. adults, while Veterans constituted 8.5% of the US population.

Approximately 66% of all Veteran deaths from suicide were the result of firearms.

Approximately 65% of all Veterans who died from suicide were aged 50 years or older.

After adjusting for differences in age and gender, risk for suicide was 21% higher among Veterans when compared to U.S. civilian adults.

Source: 2021 National Veteran Suicide Prevention Annual Report. Office of Mental Health and Suicide Prevention, September, 2021
Suicide among the Elderly

❖ In 2019, **9,137** Americans over the age of 65 died by suicide for a rate of **17** per 100,000 people

❖ The rate of suicide for women typically stabilizes after age 64 (after peaking in middle adulthood, ages 50-54).

❖ 85% of elderly suicides were male; the rate of male suicides in late life was **7 times** greater than for female suicides.
Suicide in Montana

Data Source: CDC (3/22), Montana DPHHS (1/22)

❖ 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 for 2020, Montana has the 3rd highest rate of suicide in the United States (300 suicides for a rate of 25.9).
2020 US Suicide Rates
45,979 suicides for a rate of 13.95 per 100,000
Source: CDC

Montana 25.88
Idaho 23.23
Wyoming 30.46
South Dakota 21.10
Utah 20.81
Colorado 21.53
New Mexico 24.18
Oklahoma 21.88
Alaska 27.18
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.

- **Vitamin D Deficiency** (correlated with increased risk of depression)
- **High concentration of Veterans, American Indians, and middle age White men**
- **Alcohol as a coping strategy** (alcohol in the blood at the time of death is 2x the national average)
- **Access to Lethal Means**
  - Nearly 65% of suicides are by firearm and nearly 90% of all firearm deaths in Montana are suicides
- **Social Isolation**
  - Montana has 6.7 people per square mile. The national average is 88.7
- **Altitude**
  - Metabolic stress caused by long-term oxygen deprivation. Worldwide, above 2,500 feet, you see a spike in suicides. The average suicide in Montana occurs at 3,500 feet
- **Socioeconomic**
  - 1/5 Montana kids live more than 100% below the federal poverty level
- **Lack of Behavioral Health Services**
  - Lack of psychiatrists and integrated behavioral health into primary care.
- **STIGMA**
  - We see depression as a weakness, that we are a burden. And if you think you are a burden, how likely are you to ask for help?
2021 YRBS Data - Suicide

During the past 12 months, 10.2% of Montana high school students attempted suicide one or more times.

13.5% of 7th-8th graders have attempted suicide in the past 12 months.
## 2020 Youth Suicide Data

<table>
<thead>
<tr>
<th>Age (Years)</th>
<th>Sex</th>
<th>NCHS 'BRIDGED RACE'</th>
<th>County of Residence</th>
<th>Underlying Cause of Death (COD) - Label Added by NCHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>FEMALE</td>
<td>ASIAN/ PACIFIC ISLANDER</td>
<td>MISSOULA</td>
<td>Intentional self-harm by hanging, strangulation and suffocation</td>
</tr>
<tr>
<td>13</td>
<td>MALE</td>
<td>WHITE</td>
<td>LEWIS &amp; CLARK</td>
<td>Intentional self-harm by handgun discharge</td>
</tr>
<tr>
<td>15</td>
<td>MALE</td>
<td>WHITE</td>
<td>PARK</td>
<td>Intentional self-harm by handgun discharge</td>
</tr>
<tr>
<td>15</td>
<td>MALE</td>
<td>WHITE</td>
<td>BEAVERHEAD</td>
<td>Intentional self-harm by hanging, strangulation and suffocation</td>
</tr>
<tr>
<td>15</td>
<td>FEMALE</td>
<td>AMERICAN INDIAN</td>
<td>YELLOWSTONE</td>
<td>Intentional self-harm by rifle, shotgun and larger firearm discharge</td>
</tr>
<tr>
<td>16</td>
<td>MALE</td>
<td>WHITE</td>
<td>YELLOWSTONE</td>
<td>Intentional self-harm by handgun discharge</td>
</tr>
<tr>
<td>16</td>
<td>MALE</td>
<td>AMERICAN INDIAN</td>
<td>ROOSEVELT</td>
<td>Intentional self-harm by other and unspecified firearm discharge</td>
</tr>
<tr>
<td>16</td>
<td>MALE</td>
<td>WHITE</td>
<td>LEWIS &amp; CLARK</td>
<td>Intentional self-harm by handgun discharge</td>
</tr>
<tr>
<td>16</td>
<td>FEMALE</td>
<td>WHITE</td>
<td>DEER LODGE</td>
<td>Intentional self-harm by other and unspecified firearm discharge</td>
</tr>
<tr>
<td>17</td>
<td>MALE</td>
<td>WHITE</td>
<td>FLATHEAD</td>
<td>Intentional self-harm by hanging, strangulation and suffocation</td>
</tr>
<tr>
<td>17</td>
<td>MALE</td>
<td>WHITE</td>
<td>LEWIS &amp; CLARK</td>
<td>Intentional self-poisoning by and exposure to antiepileptic,</td>
</tr>
<tr>
<td>18</td>
<td>MALE</td>
<td>AMERICAN INDIAN</td>
<td>BLAINE</td>
<td>Intentional self-harm by hanging, strangulation and suffocation</td>
</tr>
<tr>
<td>18</td>
<td>MALE</td>
<td>WHITE</td>
<td>LEWIS &amp; CLARK</td>
<td>Intentional self-harm by rifle, shotgun and larger firearm discharge</td>
</tr>
</tbody>
</table>

**N=13**  
White-9 (69%), AI-3 (23%), Asian-1  
Male-10 (77%), Female-2  
Firearm-8 (62%), Hanging-4 (31%), Overdose-1  

* L&C-4  
Yellowstone-2
## 2021 Youth Suicide Data

<table>
<thead>
<tr>
<th>Age (Years)</th>
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<tr>
<td>11</td>
<td>FEMALE</td>
<td>AMERICAN INDIAN</td>
<td>GLACIER</td>
<td>Intentional self-harm by hanging, strangulation and suffocation</td>
</tr>
<tr>
<td>12</td>
<td>MALE</td>
<td>WHITE</td>
<td>YELLOWSTONE</td>
<td>Intentional self-harm by hanging, strangulation and suffocation</td>
</tr>
<tr>
<td>12</td>
<td>MALE</td>
<td>WHITE</td>
<td>GALLATIN</td>
<td>Intentional self-harm by other and unspecified firearm discharge</td>
</tr>
<tr>
<td>13</td>
<td>MALE</td>
<td>WHITE</td>
<td>LEWIS &amp; CLARK</td>
<td>Intentional self-harm by other and unspecified firearm discharge</td>
</tr>
<tr>
<td>14</td>
<td>MALE</td>
<td>AMERICAN INDIAN</td>
<td>CASCADE</td>
<td>Intentional self-harm by other and unspecified firearm discharge</td>
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<tr>
<td>14</td>
<td>MALE</td>
<td>WHITE</td>
<td>FALLON</td>
<td>Intentional self-harm by other and unspecified firearm discharge</td>
</tr>
<tr>
<td>15</td>
<td>MALE</td>
<td>WHITE</td>
<td>PARK</td>
<td>Intentional self-harm by other and unspecified firearm discharge</td>
</tr>
<tr>
<td>15</td>
<td>MALE</td>
<td>WHITE</td>
<td>LINCOLN</td>
<td>Intentional self-harm by other and unspecified firearm discharge</td>
</tr>
<tr>
<td>15</td>
<td>FEMALE</td>
<td>WHITE</td>
<td>LEWIS &amp; CLARK</td>
<td>Intentional self-harm by hanging, strangulation and suffocation</td>
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<tr>
<td>15</td>
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<td>WHITE</td>
<td>FLATHEAD</td>
<td>Intentional self-harm by other and unspecified firearm discharge</td>
</tr>
<tr>
<td>16</td>
<td>MALE</td>
<td>WHITE</td>
<td>LAKE</td>
<td>Intentional self-harm by handgun discharge</td>
</tr>
<tr>
<td>16</td>
<td>MALE</td>
<td>WHITE</td>
<td>LEWIS &amp; CLARK</td>
<td>Intentional self-harm by handgun discharge</td>
</tr>
<tr>
<td>17</td>
<td>MALE</td>
<td>WHITE</td>
<td>SANDERS</td>
<td>Intentional self-harm by other and unspecified firearm discharge</td>
</tr>
<tr>
<td>17</td>
<td>MALE</td>
<td>AMERICAN INDIAN</td>
<td>ROOSEVELT</td>
<td>Intentional self-harm by hanging, strangulation and suffocation</td>
</tr>
<tr>
<td>17</td>
<td>MALE</td>
<td>ASIAN/PACIFIC ISLANDER</td>
<td>CASCADE</td>
<td>Intentional self-harm by jumping or lying before moving object</td>
</tr>
<tr>
<td>17</td>
<td>MALE</td>
<td>WHITE</td>
<td>YELLOWSTONE</td>
<td>Intentional self-harm by handgun discharge</td>
</tr>
<tr>
<td>17</td>
<td>FEMALE</td>
<td>WHITE</td>
<td>FLATHEAD</td>
<td>Intentional self-harm by other and unspecified firearm discharge</td>
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<tr>
<td>17</td>
<td>FEMALE</td>
<td>WHITE</td>
<td>SANDERS</td>
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<td>MALE</td>
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<td>LINCOLN</td>
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<td>WHITE</td>
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<td>WHITE</td>
<td>FLATHEAD</td>
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<tr>
<td>17</td>
<td>MALE</td>
<td>AMERICAN INDIAN</td>
<td>BIG HORN</td>
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<td>18</td>
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<td>WHITE</td>
<td>CASCADE</td>
<td>Intentional self-harm by other and unspecified firearm discharge</td>
</tr>
<tr>
<td>18</td>
<td>MALE</td>
<td>AMERICAN INDIAN</td>
<td>LAKE</td>
<td>Intentional self-harm by jumping or lying before moving object</td>
</tr>
<tr>
<td>18</td>
<td>MALE</td>
<td>WHITE</td>
<td>FLATHEAD</td>
<td>Intentional self-harm by crashing of motor vehicle</td>
</tr>
<tr>
<td>18</td>
<td>MALE</td>
<td>WHITE</td>
<td>DAWSON</td>
<td>Intentional self-harm by handgun discharge</td>
</tr>
<tr>
<td>18</td>
<td>FEMALE</td>
<td>AMERICAN INDIAN</td>
<td>BLAINE</td>
<td>Intentional self-harm by other and unspecified firearm discharge</td>
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<tr>
<td>18</td>
<td>MALE</td>
<td>WHITE</td>
<td>PARK</td>
<td>Intentional self-poisoning by and exposure to nonopioid analgesics,</td>
</tr>
<tr>
<td>18</td>
<td>FEMALE</td>
<td>AMERICAN INDIAN</td>
<td>CHOUTEAU</td>
<td>Intentional self-harm by hanging, strangulation and suffocation</td>
</tr>
</tbody>
</table>

**N=29**  
White-20, AI-8, Asian-1  
Males-22, Female-7  
Firearm-15, Hanging-10, Jump-2, OD=-1, Auto-1  
White 69%, AI 26%  
76% Male  
52% Firearm, 34% Hang  
Flathead-5  
L&C-3 *  
Cascade-3
• 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
Montana Crisis Call Centers

Voice of Hope

Help Center 211

Lifeline Call Center

Local Number
Lifeline 211

Local Number
Lifeline 211

Lifeline
Eight core 9-8-8 planning and implementation considerations will drive project activities and provide the structure around which grant awardees will create both draft and final 9-8-8 implementation plans. The eight components are:

1. 24/7 statewide coverage for 9-8-8 calls, chats and texts must be achieved in every state and territory.
2. States and territories must provide strategies for identifying and supporting funding streams which boost the financial stability of Lifeline-member centers in their region.
3. Capacity building at the centers answering 9-8-8 contacts must occur based on call, chat, text and follow-up volume growth projections.
4. State and territory agencies must comprehend and account for the operational, clinical and performance standards for all of the Lifeline member centers in their region.
5. Multi-stakeholder input through a 9-8-8 implementation coalition.
6. Have systems in place to maintain local resource and referral listings, as well as assure linkages to local community crisis services (including 911 PSAPs, mobile crisis teams and other outreach alternatives to law enforcement/EMS response).
7. State and territory agencies shall ensure all centers in their region are able to provide follow-up services to 9-8-8 callers.
8. Consistency in public messaging is critical at the national and state/territory level regarding 9-8-8, its distinction from 9-1-1 and the range of services 9-8-8 provides.
Montana American Indian Zero Suicide Grant

- Focus on American Indian Adults
- Grant from SAMHSA
- September 30, 2020 through September 29, 2023
- Total amount: $2,800,000; $700,000 per year
Main Goals:

1. Establish a suicide care policy promoting suicide safe care as an organizational priority.

2. Create a confident and competent workforce where at-risk individuals are identified.

3. Ensure all patients who are at risk receive immediate, safe and personalized treatment.
Partners

1. All Nations Health Center – Missoula
2. Billings Urban Indian Health and Wellness Center – Billings*
3. Blackfeet Tribal Health Center – Browning
4. Butte Native Wellness Center – Butte
5. Confederated Salish and Kootenai Tribal Health – Ronan
6. Fort Belknap Tribal Health – Harlem
7. Fort Peck Tribal Health – Poplar
8. Northern Cheyenne Tribal Health – Lame Deer*

*only participating in training
Accomplishments:

- All-site calls have led to a good exchange of information between Tribal Health Facilities and Urban Indian Health Centers.
- Trainings have been done with all partners.
- Tribal Consultation has led to increased collaboration between the state and Tribal Partners, which has led to more partners.
- NativeWellness Life, a Native owned magazine, has been a strong conduit of education, outreach and support.
- Facilities have been creative: having Zoom classes in ribbon skirt making and beading, supporting individual patients with the ability to have fresh food grown at home, and the development of community gardens.
- Partners have developed clear policies and procedures and trained all staff to support their patients that may be at risk of suicide.
Resources and Trainings
Other Suicide Prevention Resources for Schools

- Assists high schools and school districts in designing and implementing strategies to prevent and respond to suicides and promote behavioral health. Includes tools to implement a multi-faceted suicide prevention program that responds to the needs and cultures of students and postvention guidelines.

- Available free at www.dphhs.mt.gov/suicideprevention
Montana Postvention Toolkit

This toolkit is meant to be used after a suicide occurs in your community. It provides a series of action steps that you can take to safely offer support and reduce the risk of additional suicides from occurring in your community. These efforts are collectively referred to as suicide postvention because the response occurs after a suicide has happened. This toolkit was specifically designed to be used in communities in Montana and pulls together helpful community, state-wide, and national postvention resources. Having a community-wide response has been found to be helpful in prevention efforts.
Evidenced-Based Suicide Prevention Programs

QPR

• A two-hour training that provides anybody the basic tools on how to intervene with a suicidal person
ASIST
A two-day workshop designed to provide participants with gatekeeping knowledge and skills. Gatekeepers are taught to recognize the warning signs and to intervene with appropriate assistance.
Mental Health First Aid
Mental Health First Aid is a groundbreaking public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders.
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.
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.
Good Behavior Game
The classroom management strategy is 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.
Other Resources

Suicide Prevention Toolkit for Primary Care Physicians

Suicide assessment and intervention kit designed for healthcare providers practicing in rural communities.

- Training provided every semester for college students in nursing, P.A., social work, counselors, psychology.

- Project ECHO for pediatrics

- Training at numerous medical conferences

- Training for the Montana Medical Association
Skill Building in Healthcare Providers

• Collaboration with the NCMW to provide train-the-trainer in Suicide Safe Care

• DLI (Board of Behavioral Health) and DPHHS collaborated to require all licensed behavior health providers in Montana to have 2 hours of suicide prevention every year.

• Working with CPI @ Columbia to allow licensed behavior health providers in Montana to have access to training modules to earn CEUs.
Data Surveillance

- Montana is now part of the CDC’s National Violent Death Reporting System, reviewing every suicide that occurs in the state to better understand the demographics and factors in order to better focus prevention efforts.
- Grief resources provided to the next of kin for every suicide.
- The Suicide Prevention Coordinator is part of the State FICMMR team reviewing youth suicides and the state domestic violence mortality review (murder suicides).
HB118 Grants

Tamarack Grief Resource Center (Missoula, Browning, CSKT, NW Montana)
Rural Behavioral Health Institute (Park, Madison, Gallatin Counties)
Eastern Montana Community Mental Health Center (17 Counties)
    Alluvion Health (Great Falls)
    RiverStone Health (RSH) (Billings)
    Lewis & Clark County
    Cedar Creek Integrated Health
ANY QUESTIONS?