John Auerbach, MBA
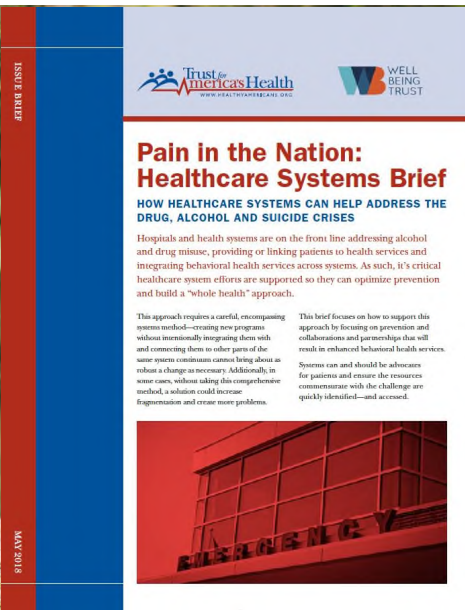
President and Chief Executive Officer
Trust for America's Health

@HealthyAmerica1

Exploring Policy Solutions

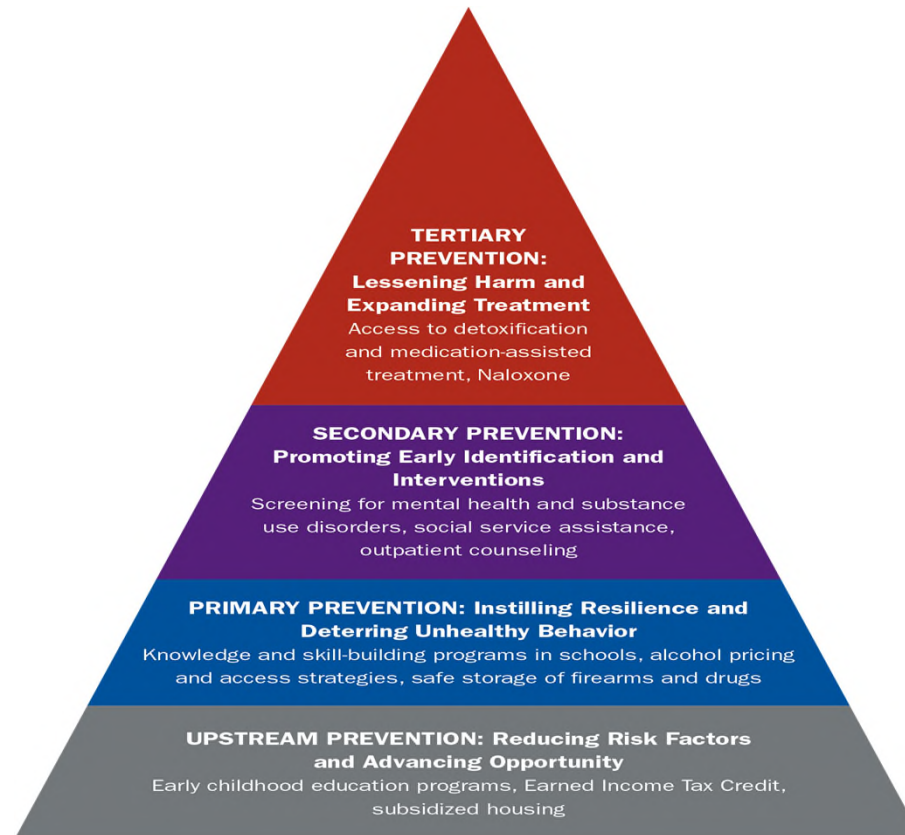INSTITUTE FOR HEALTH POLICY FORUM   #SuicidePrevention #KPIHP   KAISER PERMANENTE®

Responses Should Correspond to Risk

TERTIARY PREVENTION:
Lessening Harm and Expanding Treatment
Access to detoxification and medication-assisted treatment, Naloxone

SECONDARY PREVENTION:
Promoting Early Identification and Interventions
Screening for mental health and substance use disorders, social service assistance, outpatient counseling

PRIMARY PREVENTION: Instilling Resilience and Deterring Unhealthy Behavior
Knowledge and skill-building programs in schools, alcohol pricing and access strategies, safe storage of firearms and drugs

UPSTREAM PREVENTION: Reducing Risk Factors and Advancing Opportunity
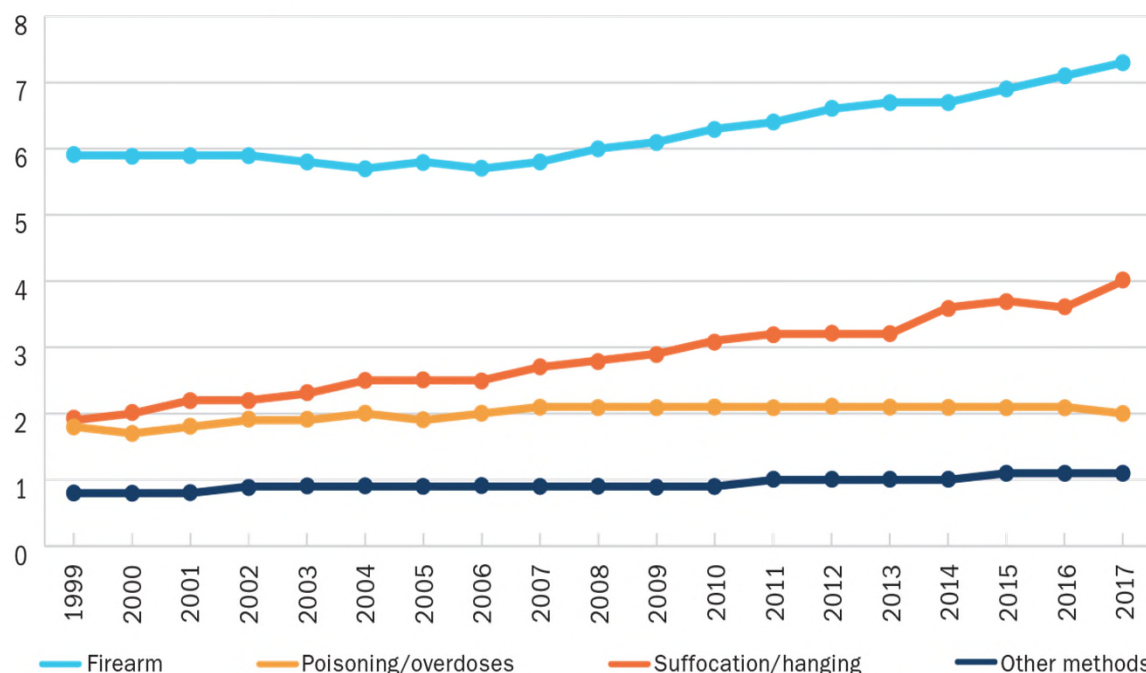Early childhood education programs, Earned Income Tax Credit, subsidized housing

Prevention for Suicide

- *Primordial -* Reduce causes of adverse childhood experiences; Address social determinants affecting families; establish anti-bullying conditions in schools

- *Primary -* Create school ed/skill programs to build resiliency; ensure teens have supportive adults; establish trained peer supports for key populations

- *Secondary -* Screening/intervening for depression, stress; target highest risk populations, those leaving armed services or those facing discrimination

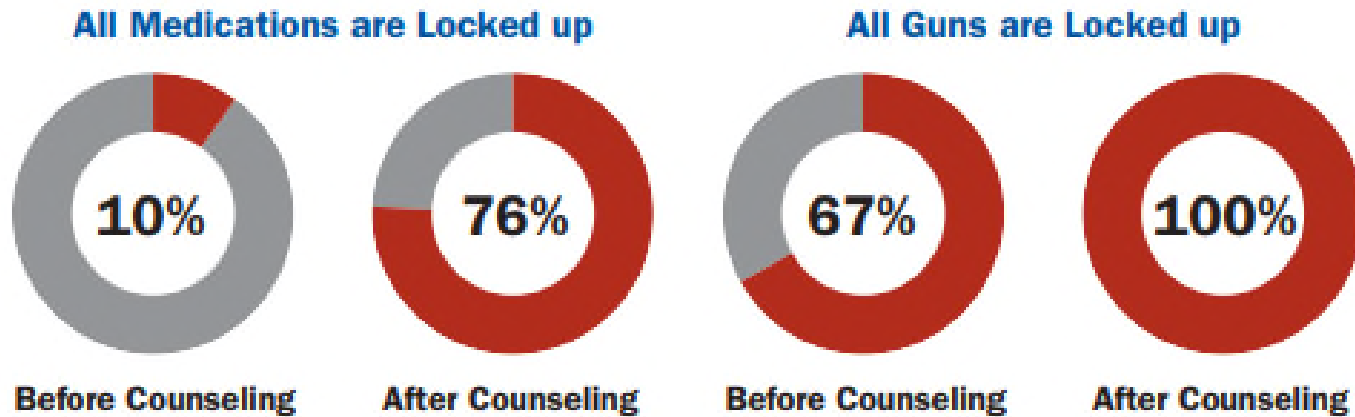# Be Mindful of the Methods of Suicide Deaths

- Over the last decade, leading methods of suicide deaths are

  - Firearms - *increasing rapidly*

  - Suffocation/hanging - *increasing rapidly*

  - Overdoses/poisoning

Suicide Deaths per 100,000 by Suicide Method, 1999–2017

Source: Trust for America's Health and Well Being Trust analysis of data from National Center For Health Statistics, CDC

Counseling Can Be Effective

Reported effectiveness of counseling regarding the safe storage of medications and guns on parents.

All Medications are Locked up

10% — Before Counseling

76% — After Counseling

All Guns are Locked up

67% — Before Counseling

100% — After Counseling

Runyan CW et al, "Lethal Mean Counseling for parents of youths seeking emergency care for suicidality", West J Emerg Med. 2016:17(1):8-14

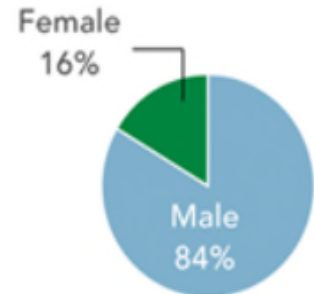# Social Conditions May Be Best Predictors in Some Cases

54%. More than half of people who died by suicide did not have a known mental health condition.

Differences exist among those with and without mental health conditions.
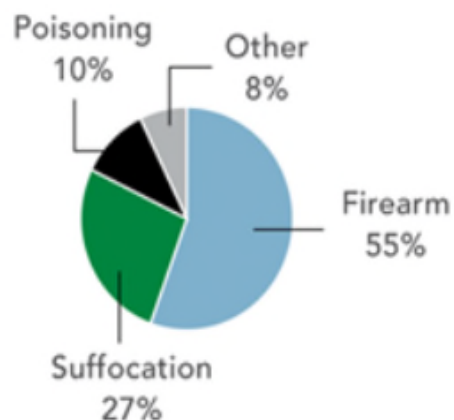People without known mental health conditions were more likely to be male and to die by firearm.
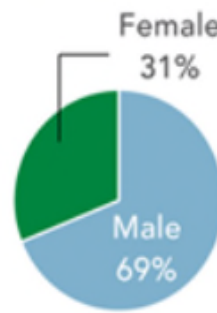
No known mental health conditions

Sex
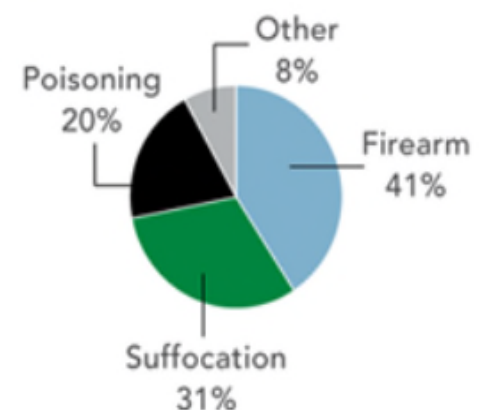
- Female 16%
- Male 84%

Method

- Poisoning 10%
- Other 8%
- Firearm 55%
- Suffocation 27%

Known mental health conditions

Sex

- Female 31%
- Male 69%

Method

- Poisoning 20%
- Other 8%
- Firearm 41%
- Suffocation 31%

Social Conditions Matter

Relationship problem (42%)

Problematic substance use (28%)

Job/Financial problem (16%)

Loss of housing (4%)

Crisis in the past or upcoming two weeks (29%)

Physical health problem (22%)

Criminal legal problem (9%)

Many factors contribute to suicide among those with and without known mental health conditions.

Note: Persons who died by suicide may have had multiple circumstances. Data on mental health conditions and other factors are from coroner/medical examiner and law enforcement reports. It is possible that mental health conditions or other circumstances could have been present and not diagnosed, known, or reported.
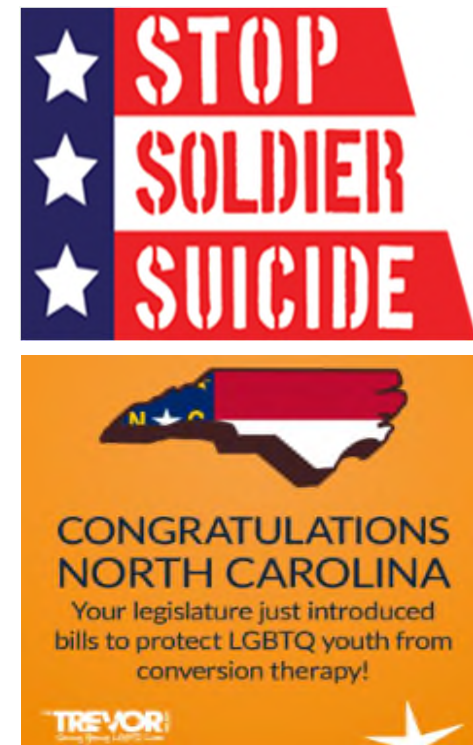
SOURCE: *CDC's National Violent Death Reporting System, data from 27 states participating in 2015.*

Specialized Programs for Populations
Addressing Social Determinants as well as MH Services

- **Veterans:** Veteran suicides 2X those of non-veterans (MA "SAVE" program- peer-based support for vets & their families)

- **LGBTQ:** LGB youth 5X as likely to attempt suicide (Trevor Project has specialized support & prevention services)

"Trauma Informed" Schools
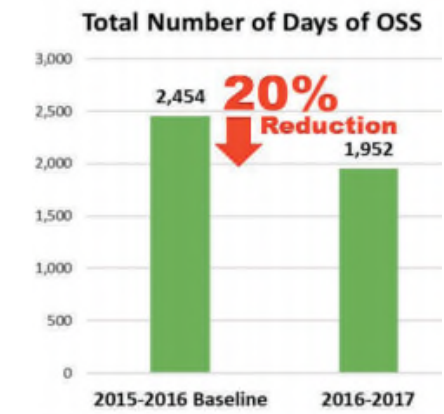
- **Bethlehem, Pennsylvania:**

  - Teachers and principals trained

  - Regular reports on data – positive incentives

  - Results: Suspensions (down 17%); performance up 16%

- **Greenville, South Carolina:**

  - Teachers trained; student leaders; on-site services

  - Narrative change: from "what's wrong with student?" to "what conditions affected student?" & how to help

  - Results: Suspension days (down 20%)

How Paying Attention To Trauma Is Changing This School In Bethlehem, PA

Total Number of Days of OSS

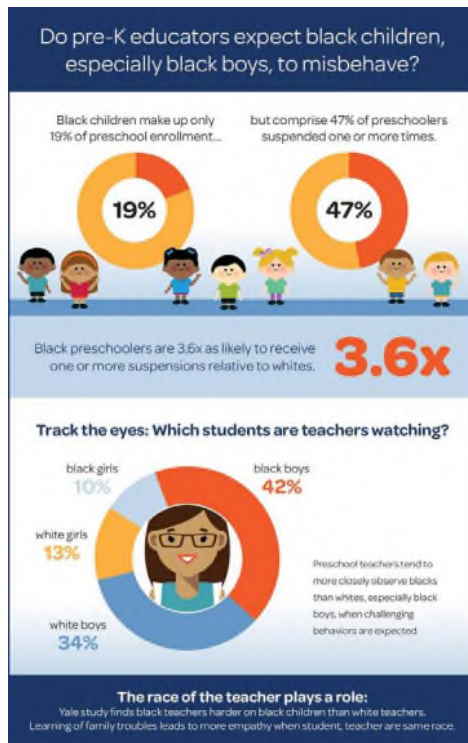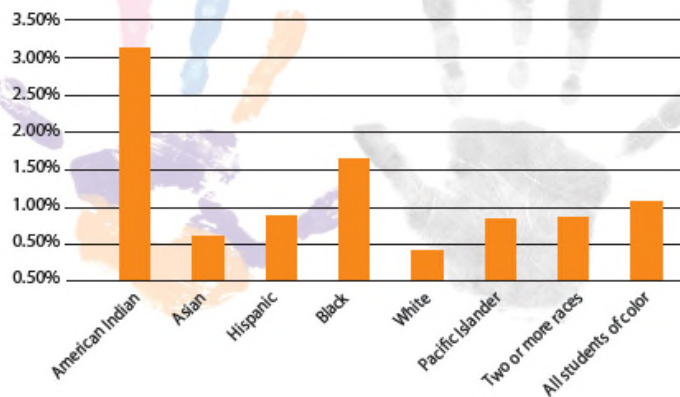2,454   **20% Reduction**   1,952

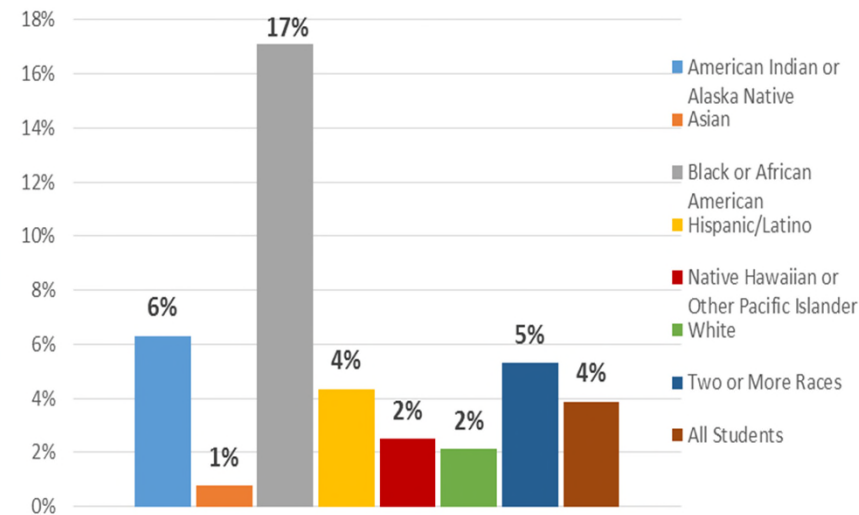2015-2016 Baseline   2016-2017

How is this related to equity?

DISPARITIES IN DISCIPLINE:

A Look at School Disciplinary Actions for Utah's American Indian Students

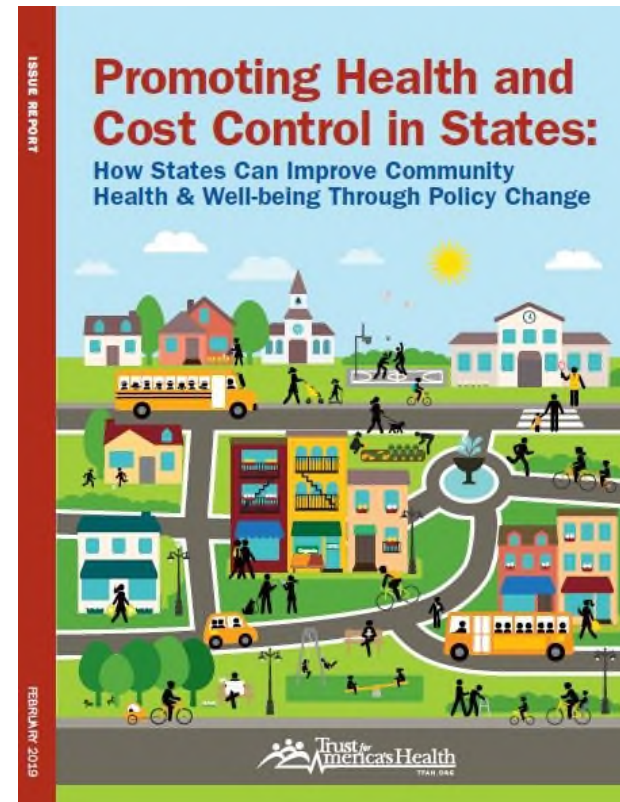Percent of Student Demographic Referred to Law Enforcement

Do pre-K educators expect black children, especially black boys, to misbehave?

Black children make up only 19% of preschool enrollment... but comprise 47% of preschoolers suspended one or more times.

19% **47%**

Black preschoolers are 3.6x as likely to receive one or more suspensions relative to whites. **3.6x**

Track the eyes: Which students are teachers watching?

black girls 10% black boys 42%
white girls 13%
white boys 34%

Preschool teachers tend to more closely observe blacks than whites, especially black boys, when challenging behaviors are expected.

The race of the teacher plays a role:
Yale study finds black teachers harder on black children than white teachers. Learning of family troubles leads to more empathy when student, teacher are same race.

Suspension Rates by Race/Ethnicity
2013-2014

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic/Latino
- Native Hawaiian or Other Pacific Islander
- White
- Two or More Races
- All Students

Population-Wide Approaches Are Needed

- Approaches to reach an entire population rather than an individual

- Laws, regulations, policies that change the conditions for all

- *Examples*: Anti-discriminatory policies; policies promoting economic opportunities; school mandates for health; incorporating behavioral health into school settings

Improving Social and Economic Conditions

- **Earned income tax credits** - In VT, 44K families received $27M in income assistance; poverty down

- **Fair hiring practices** - Ban the Box laws in DC; Minneapolis & Atlanta increased employment; SC passed expungement law

A Life-Course, Multi-Sector Approach is Best

- Focus on up- and mid-stream prevention as well as healthcare

- Consider multiple simultaneous action steps at all stages of life

- Involve populations at risk

- …and public health, education, labor, criminal justice, housing, social services, business, faith & community-based groups, & government policymakers

WHAT CAN WE DO TO PREVENT SUICIDE?

Preventing Suicide: A Technical Package of Policy, Programs, and Practices, https://go.usa.gov/xQBGc ☐

Preventing suicide involves everyone in the community.
Provide financial support to individuals in need.
- **States** can help ease unemployment and housing stress by providing temporary support.

Strengthen access to and delivery of care.
- **Healthcare systems** can offer treatment options by phone or online where services are not widely available.

Create protective environments.
- **Employers** can apply policies that create a healthy environment and reduce stigma about seeking help.

Connect people within their communities.
- **Communities** can offer programs and events to increase a sense of belonging among residents.

Teach coping and problem-solving skills.
- **Schools** can teach students skills to manage challenges like relationship and school problems.

Prevent future risk.
- **Media** can describe helping resources and avoid headlines or details that increase risk.

Identify and support people at risk.
- **Everyone** can learn the signs of suicide, how to respond, and where to access help.

National Resilience Strategy: Programs in Action

- The *Pain in the Nation* report highlights more than 60 research-based policies, practices, and programs

- The National Suicide Prevention Lifeline is 1-800-273-8255

www.paininthenation.org/

www.tfah.org/