

Arizona Health Improvement Plan

Suicide

Criteria	Health Issue Data/Information
<p>Scope or Magnitude of the Problem</p> <ul style="list-style-type: none"> How many people across Arizona are affected by the health issue? 	<ul style="list-style-type: none"> Suicide is a potential risk for all Arizonans with an elevated risk for males, Native Americans and individuals with a serious mental illness 1,070 Arizonans died by suicide in (2012) which is listed as the 8th leading cause of death in the State 16.2/100,000 Arizonans died by suicide in 2012 which is broadly viewed as an under-reported figure since suicide intent is not always evident According to CDC (2011), suicide is the 4th highest contributor to years of potential life lost (YPLL) in the US for individuals under the age of 65; representing 7.1% of YPLL within this population <ul style="list-style-type: none"> Suicide is the 2nd leading contributor to YPLL for Native Americans (8.2%) and higher in AZ (8.7% of total years of potential life lost) Represents 10.8% of YPLL for Native American Males in Arizona under age 65 behind only unintentional injury (which may include unverified deaths by suicide) in all Native American categories Individuals with a serious mental illness are 12 - 15 times more likely than the general population to lose their life to suicide 14% of high school students report considering suicide
<p>Severity (Morbidity / Mortality)</p> <ul style="list-style-type: none"> Does the health issue result in death, disability, or ongoing illness? 	<ul style="list-style-type: none"> Suicide or intentional self-harm is only included in the data above when it results in death. However, the rate of suicide / self-harm attempts receiving medical intervention is over 11 times higher than the rate of individuals dying by suicide (CDC 2005); resulting in a broad range of ongoing health issues and/or disability
<p>Potential to Impact (Winnable Battle)</p> <ul style="list-style-type: none"> What resources (funding, workforce, programs, etc.) are available to address the health issue? Can progress be made on the health issue within five years? Could addressing the health issue also address other problems at the same time? 	<ul style="list-style-type: none"> Behavioral health services funding, prevention funding and Substance Abuse Prevention and Treatment Block Grant (SABG) funds contribute to the existing array of funding available to address suicide in Arizona. AZ has not yet adopted the national strategy which has a high likelihood of reducing the suicide rate without a notable need to increase allocated dollars The Arizona Suicide Prevention Coalition and other community partners are engaged in the process of ending suicide in Arizona; offering resources to support ADHS efforts Progress can be made within five years in various systems of care and the success of Magellan's Zero Suicide Initiative in central AZ is one example. Additionally, the US Air Force in the 90s and Henry Ford Health Systems in Michigan both made dramatic impact on suicide rates during similar time periods; translating into healthier communities and better engagement in behavioral health

	services prior to crisis
<p>Cost-Effectiveness</p> <ul style="list-style-type: none"> • What is the cost of not addressing the health issue? For example, how does it impact health care costs or Medicaid costs? • How much money can be saved by addressing the problem? • Does the money put into a solution reduce costs enough to make the solution worthwhile? • What's the value of addressing the health issue? 	<ul style="list-style-type: none"> • Suicide and self-harm actions are costly. Nationally, the following data is available through CDC's 2005 Cost of Injury Report (AZ-specific data not available in report): <ul style="list-style-type: none"> ○ 32,637 individuals died by suicide with affiliated medical costs of \$99,733,000 and work loss cost of \$34,533,416,000 ○ 205,222 individuals were hospitalized by self-harm with medical costs of \$2,047,479,000 and work loss cost of \$4,256,673,000 ○ 114,311 individuals were treated in ED and released at a cost of \$135,720,000 and work loss cost of \$99,233,000 • Money can be saved by reducing the Arizona costs above through relatively low-cost prevention measures and ensuring boundaried populations (such as ADHS system of care) are engaged in an integrated system that incorporates suicide screening, assessment and intervention into existing practices (little or no funding increase needed). Establishing an expectation that behavioral health providers align with the National Strategy may be one solution • ADHS currently receives SABG funds which are used to support suicide prevention efforts across the state through Tribal and Regional Behavioral Health Authorities (T/RBHAs). Many AZ behavioral health providers have already trained their workforce on suicide intervention skills such as Applied Suicide Intervention Skills Training (ASIST). SABG funds are also used in collaboration with the Arizona Department of Education to implement Kognito, an online interactive gatekeeper training • Arizonans will not only live longer (see years of potential life lost above)... they will live better by addressing the source of emotional distress that leads to suicide
<p>Quality of Life</p> <ul style="list-style-type: none"> • How does the health issue impact daily living activities? How does it impact usual activities, such as work, self-care, or recreation? 	<ul style="list-style-type: none"> • As noted previously, suicide attempts or self-harm can result in loss of employment costs • Although suicide attempts may not have long-term impact on the defined areas, the contributing factors such as feelings of despair and lack of social connection do translate into decreases in each of these areas
<p>Disparities</p> <ul style="list-style-type: none"> • How are groups of people affected differently by the health issue? • Are some groups of people more likely to be affected by the health issue than others? How significant are the differences? • Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, 	<ul style="list-style-type: none"> • Higher risk of suicide can be seen in several different populations which include: <ul style="list-style-type: none"> ○ White males 65+ years old - 3-4x Increase ○ Military Veterans - 2-4x Increase ○ Native Americans - 2-4x Increase ○ LGBTQ Youth - 2-3x Increase ○ SMI - 6-12x Increase

<p>gender, income, education, etc.</p>	<ul style="list-style-type: none"> ○ Medicaid & CHIP- 4x Increase in suicide attempts
<p>Evidence-Based Models Exist</p> <ul style="list-style-type: none"> • Are evidence-based models relevant to cultural and geographic differences? • For example, will they work in rural as well as urban communities? 	<ul style="list-style-type: none"> • In 2012, HHS, Office of the Surgeon General and National Action Alliance for Suicide Prevention advanced a National Strategy for Suicide Prevention that offers approached and interventions that can be applied in a multitude of settings • Arizona also has a behavioral health workforce that has a high penetration of staff members trained in the best practice of Applied Suicide Intervention Skills Training (ASIST) • Many members of the Arizona behavioral health community were instrumental in contributing to the design of the national strategy based on best and promising practices to prevent suicide • ADHS has supported Mental Health First Aid training delivery throughout Arizona. MHFA is a SAMHSA recognized evidence-based practice that includes instruction on assessing risk of suicide for non-behavioral health providers; strengthening our community’s ability to end life lost to suicide.
<p>Community Readiness / Interest in Solving</p> <ul style="list-style-type: none"> • What’s the degree of public support and/or interest in working on the health issue? • Which counties include this issue as a community health priority? 	<ul style="list-style-type: none"> • This is a health issue impacting all Arizonans and there is notable public support to engage in activities that end suicide. • The recent suicide of Robin Williams has increased attention on this health issue which is a major contributor to years of life lost
<p>Arizona Ranking below the US data</p> <ul style="list-style-type: none"> • Is Arizona doing better or worse than the U.S.? • How much better or worse are we doing compared to the nation? 	<ul style="list-style-type: none"> • According to 2011 data from the American Foundation for Suicide Prevention, the national suicide rate is 12.3 deaths per 100,000 and the Arizona rate was 39% higher at 17.1 per 100,000
<p>Political Feasibility</p> <ul style="list-style-type: none"> • Is there enough support from elected officials or other policymakers to help move a strategy to implementation? 	<ul style="list-style-type: none"> • Although suicide prevention efforts do have some costs, much of the cost can be covered through federal block grant funds • Additionally, central Arizona has significantly advanced efforts to end suicide within the publicly funded behavioral health system and there has been a substantial amount of support delivered by State Representative Heather Carter.
<p>Trend Direction</p> <ul style="list-style-type: none"> • Has the health issue been getting better or worse over time? 	<ul style="list-style-type: none"> • Nationally, there has been a slight gradual increase in suicide rate between 1999 and 2011 which is resulting in rates that are similar to those experienced in early 1990s (there was a slight gradual decrease in the rate between 1987 and 1999)