

Suicide Prevention: Leading the Way in Public Mental Health

David L. Shern, Ph.D.

President/CEO Mental Health America

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Overview of the Issues

- Mental and Addictive Conditions the most Disabling Health Conditions
- Effective Technologies Available
- Little Political Will to Implement Proven Interventions
- Suicide Prevention as a Change Strategy



About Mental Health America

- Recently repositioned ourselves to lead the push past the tipping point.
- New name and wellness framework to reflect the strategic importance of ‘mental health’ in the health and overall well-being of each American, especially those with mental illnesses, and the country as a whole
- Our goal is to create a national movement together with our many partners that has the power to build and sustain the public and political will for our shared mission to achieve mental wellness for everyone.



Our Challenge

Generate Appropriate Outrage at
the Pathetic State of Behavioral
Health in Our Nation



Why Outrage?



U.S. Has Highest Rates of Mental Illness

- U.S. has the highest prevalence rates (26%) in the world in a comparison of 14 developing and developed countries. (JAMA, 2004)
- For U.S.-born Mexican-Americans, the lifetime risk of being diagnosed with any mental disorder was similar to that for non-Hispanic whites -- 48.1 percent, or almost one in two people. But for new immigrants and Mexican nationals, the rate was only 24.9 percent. (MAPPS, 1998)
 - After 13 years in residence Mexican immigrants rates nearly equal those of other Angeleans.



Crippling Community Well Being

- Mental disorders rank among the top ten illnesses causing disability—more than 37 percent worldwide—with depression being the leading cause of disability among people ages 15 and older. (*Global Burden of Disease and Risk Factors, 2006*)



Taking Lives

- People with serious mental illnesses served in the public system are dying, on average, 25 years early, from a full range of preventable health problems, such as heart disease and diabetes. (NASMHPD, 2006)
- Every 16 minutes, an American takes his or her life. Each year, roughly 30,000 Americans take their lives, while hundreds of thousands make attempts. (CDC, 2007)
- Following a decline of more than 28 percent, the suicide rate for 10- to 24-year olds increased by 8 percent between 2003 and 2004 - the largest single-year rise in 15 years. (CDC, 2007)



People Are Still Not Getting the Help They Need

- While approximately 80 percent of all people in the U.S. with a mental disorder eventually seek treatment at some point in their lives,
 - the median delay across all disorders is nearly a decade. (NCS-R, 2005)
 - less than one-third of people who seek help receive minimally adequate care. (NCS-R, 2005)




Our Methods

- Attack the Deep Resignation that Characterizes Behavioral Health Professionals – Practitioners, Researchers as Well as the General Public
- Launch a Multi-Channel Community Activation Movement
 - Business
 - Education
 - Health
 - Community Leaders
 - National Leaders



Our Case

- The United States has the Most Expensive Health Care System in the World that Produces Poor to Mediocre Health Outcomes
- Lack of Attention to Behavioral Factors is Fundamental to Improving these Outcomes

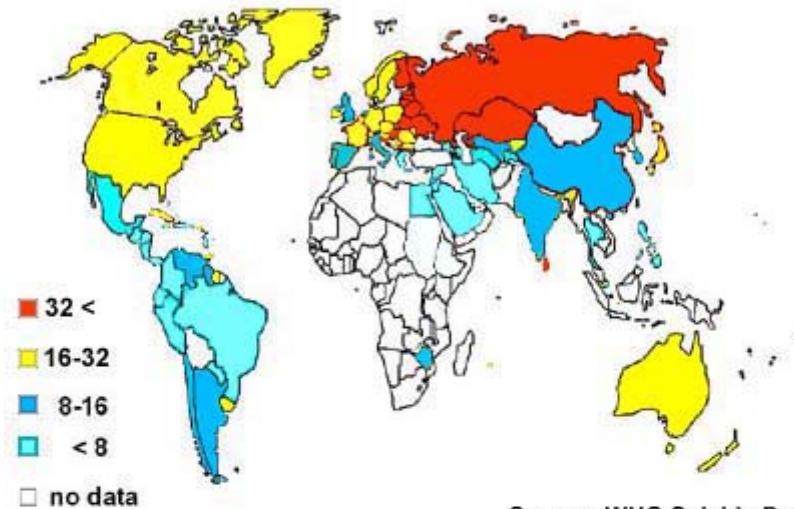


Very Expensive – Poor Outcomes

- U.S. citizens spent \$5,267 per capita for health care in 2002—53 percent more than any other country. (Health Affairs, 2005)
- U.S. ranks 42nd for life expectancy down from 11th in 1987 (Census Bureau, National Center for Health Statistics, 2007)
-
- U.S. ranks an average of 12th among 13 industrialized nations for 16 health indicators, including:
 - 13th for low birth weight percentages
 - 13th for neonatal mortality and infant mortality overall
 - 11th for post-neonatal mortality
 - 13th for years of potential life lost (excluding external causes)
 - 10th for life expectancy at 15 years for females, 12th for males
 - 10th for life expectancy at 40 years for females, 9th for males
 - 7th for life expectancy at 65 years for females, 7th for males
 - 3rd for life expectancy at 80 years for females, 3rd for males (JAMA, 2000)

Map of male suicide rates

(per 100,000; most recent year available 1999)



Source: WHO Suicide Data

Note to the good people at:

<http://host29.ipowerweb.com/~ateamshr/wbb2/thread.php?threadid=1756&sid=>
and at

http://saloon.javaranch.com/cgi-bin/ubb/ultimatebb.cgi?ubb=get_topic&f=32&t=004187

engaged in wondering about the causes of the big differences in the suicide rates in the various countries shown in this map. If you go to the web page where this and the preceding graph used in your discussion thread originate, you may find some of the answers to the questions you are speculating on. Check:


http://fathersforlife.org/health/who_suicide_rates.htm

That page contains all of the statistics from which the numbers in the two graphs were excerpted. A more detailed discussion of the causes of suicides is accessible through

<http://fathersforlife.org/indexkz.htm#Suicide>

By the way, while climate and latitude may have some impact on suicide rates, it would appear that the controlling influence on the magnitude of suicide rates is the extent of progress of socialism in a given country. If climate and latitude were controlling factors, the suicide rates in Ukraine and Sri Lanka would be lower than those in other countries, such as Canada, that are at higher latitudes. — Walter

PS. It will often save you a lot of work if you don't look at a picture taken out of context; less speculating, you know?! —WHS



Suicide Provides a Paradigm Case for Addressing Resignation, Inspiring Action and Improving Behavioral Health Overall



Suicide Is a High Leverage Issue

- Nothing Ambiguous about Death as an Outcome
- 90% of Persons Who Complete Suicide have a Mental Illness
- Rates of Recognition and Treatment of Mental Illnesses Must Improve
- Effective Methods Exist for Identifying Persons at Risk and Providing Care to Them
- We Can No Longer be Resigned to a Death Every 16 Minutes
- Driving Up Rates of Recognition and Access to Appropriate Treatment will Drive Down Rates of Mental Illness



Mental Illness in Teens

- Mental Illness in Children and Adolescents very common
 - Anxiety Disorders – 13.0% (Median age of onset 11)
 - Mood Disorders – 6.2% (Median age of onset 30)
 - Disruptive Disorder – 10.3% (Median age of onset 11)
 - Substance Use – 2.0% (Median age of onset 20)
 - Any Disorder – 20.9% (Median age of onset 14)
- Substantial Delays in Receiving Treatment
 - Mood Disorders – 6 to 8 year latency
 - Anxiety Disorder – 9 – 23 year latency

(PHS, 1999; Kessler et al, 2005, Wang et al 2005)



Consequence of Untreated Mental Illness

- Depressed children are more likely to perform poorly in the classroom, engage in aggressive behavior, and have poor peer and teacher relationships
- Children with depression and anxiety disorders are
 - More likely to miss school and subsequently drop out
 - Abuse drugs and alcohol
- Children with anxiety disorders are more likely to have poorer occupational attainment

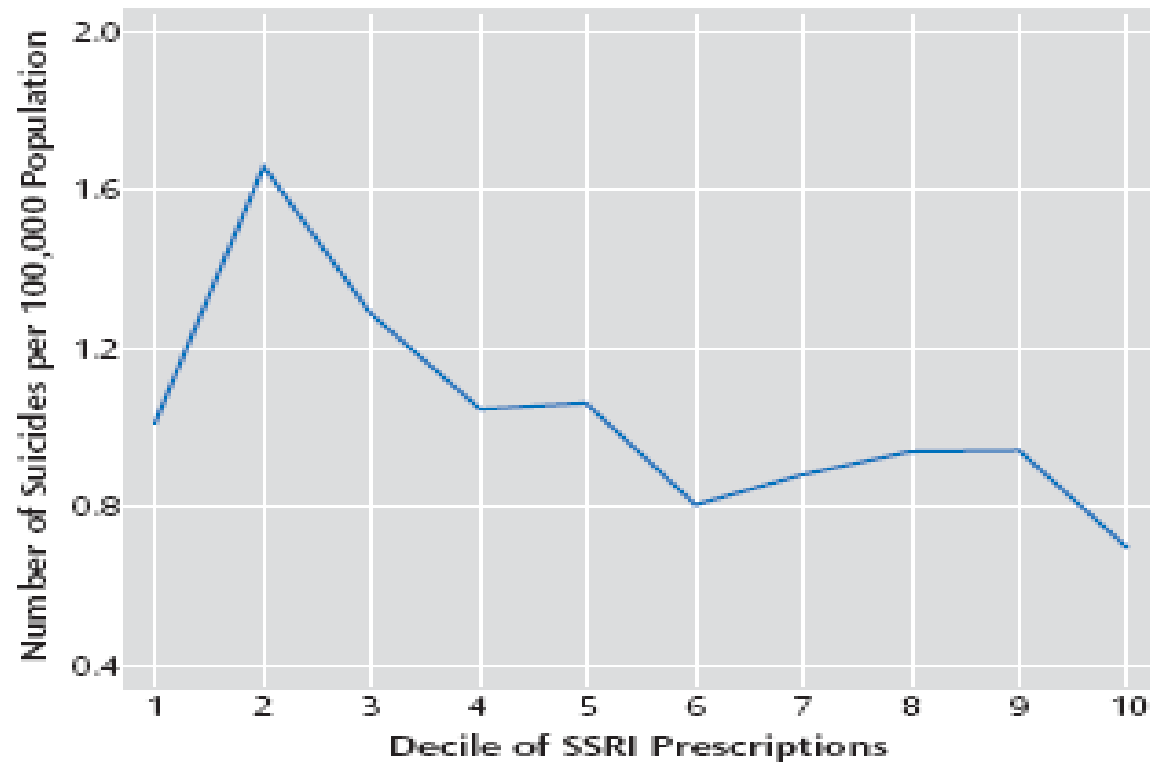


Access to Effective Treatment Decreases Rates of Suicide

- Several Studies have Documented the Relationship Between Use of SSRI's and Decreasing Rates of Suicide
 - FDA Black Box Warnings Associated with Increase in Adolescent Suicide
- MHA will Release Data at the End of November Demonstrating Relationships between
 - State Mental Health Resources
 - Lower Barriers to Receiving Care and
 - Reduced Number of Suicides

SSRI Prescription and Suicide

FIGURE 2. Relationship Between SSRI Prescriptions and Observed Suicide Rate (per 100,000) in the United States, 1996–1998





Moral of the Story

Increased Access to Care
Reduces Suicide




Some Strategies to Increase Access

- Insurance Parity
 - MHA Study will Show Link with Access
- School Based Universal Screening
 - TeenScreen Program
 - Demand Side Pressure for System Improvement
- Treatment and Support for Students with MH and SU Conditions in Post-Secondary Settings
- Collaborative Care Models in Primary Care



Strategies to Improve Quality of Care

- Consumer Involvement and Education
 - Demand Side Push
- Workforce Development
- Information/Technology Supports
- Pay for Performance



Implementing Effective Suicide
Prevention Efforts will Drive Down
the Prevalence of Mental Illness,
Improve Community Health and
Well Being and Help Control Health
Care Costs



MHA National Advocacy

- Campaign for Mental Health Reform
 - Health is Integral to Mental Health Act
- Federal Insurance Parity – Finally – maybe??
- Veterans Peer Specialist Program
- SAMHSA Reauthorization and Appropriations
- Garrett Lee Smith Act
 - Increasing Appropriations over Last Two Years
 - Likely Increase this Year
- Joshua Omvig Veterans Suicide Prevention Act
 - Awaiting Presidential Signature
- National Coalition on Evidence Based Healthcare
 - Consumer Inclusion in Developing and Interpreting Research for Policy Implications



What You Can Do

- Get passed resignation and into action.
- Join Mental Health America in its movement
- Sign up at <http://takeaction.mentalhealthamerica.net>.
- Connect with your local MHA affiliate
 - 11 Affiliates in Florida
- Give me your email or get a card from me and send me an email.