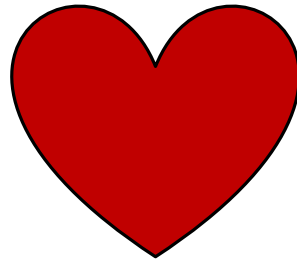




ZERO SUICIDE: A CONVERSATION ABOUT SUICIDE PREVENTION

Prepared for the Clackamas
County Coalition to Prevent
Suicide
9.17.19

BEFORE WE START . . .



A reminder to take care of your heart.

NATIONAL SUICIDE STATISTICS

- Suicide is the 10th leading cause of death in the US (2017)
- For every death by suicide, approximately 25 attempts occur
- Annual age-adjusted suicide rate is 14.0 per 100,000 individuals (2017) and continues to go up.
- In 2017, men died by suicide 3.5x more often than women.
- On average, there are 129 suicides per day.
- White males accounted for 69.67% of suicide deaths in 2017.
- In 2017, firearms accounted for 50.57% of all suicide deaths.

NATIONAL SUICIDE STATISTICS

- In 2017, the highest suicide rate (20.2) was among adults between 45 and 54 years of age.
- The second highest rate (20.1) occurred in those 85 years or older.
- Younger groups have had consistently lower suicide rates than middle-aged and older adults. In 2017, adolescents and young adults aged 15 to 24 had a suicide rate of 14.46.
- In 2017, the highest U.S. age-adjusted suicide rate was among Whites (15.85) and the second highest rate was among American Indians and Alaska Natives (13.42). Much lower and roughly similar rates were found among Black or African Americans (6.61) and Asians and Pacific Islanders (6.59).

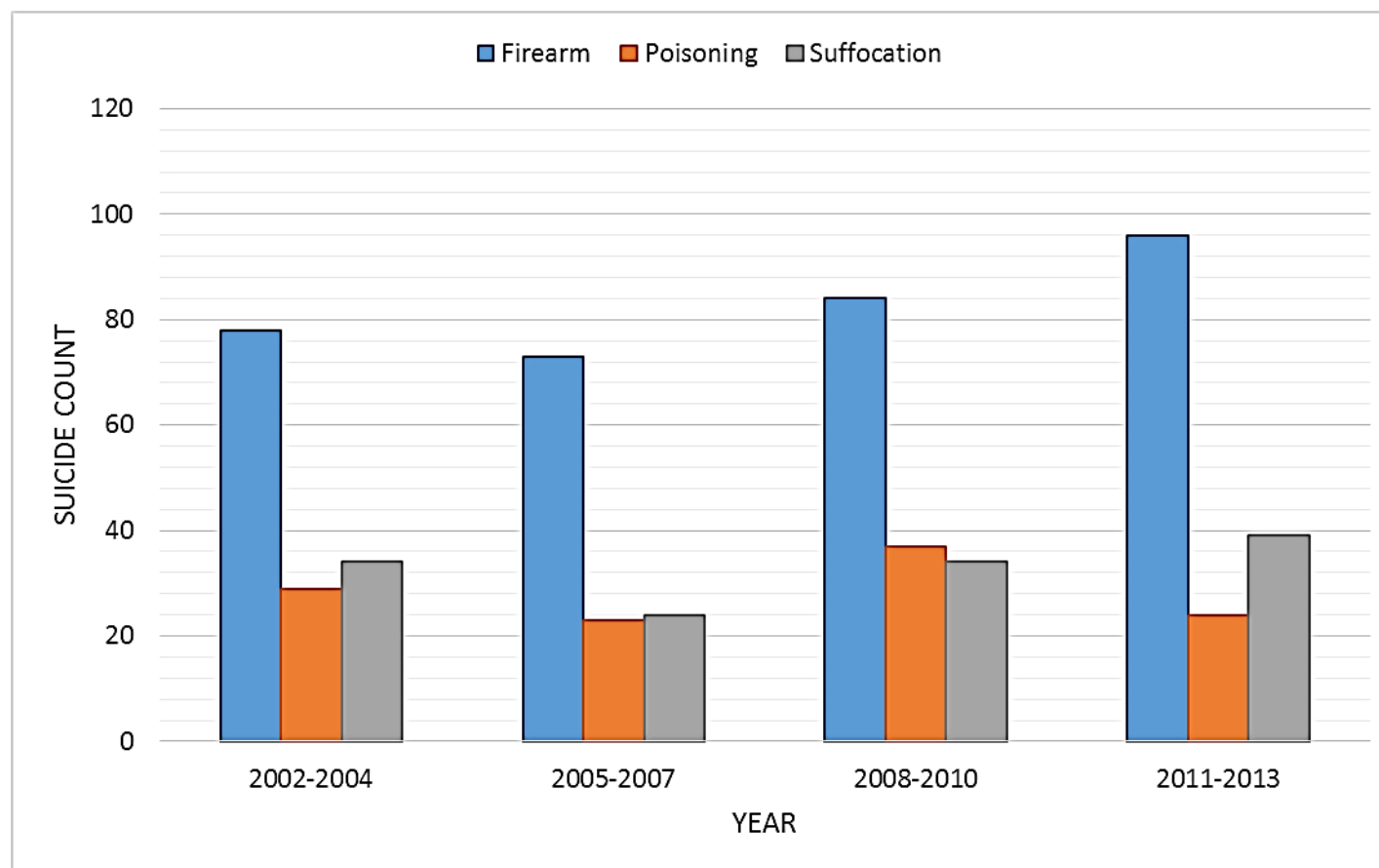
OREGON SUICIDE STATISTICS

- Oregon ranks 14th in the country with a rate of 19.01 per 100,000 individuals. The national rate of suicide is 14.0. (2019)
- 8th leading cause of death in Oregon.
- Suicide rates increase with age. The highest male suicide rate occurred among those aged 85 years and older; the highest female suicide rate occurred between the ages of 45 and 54 years.
- 68 percent of suicides are among adults aged 25 to 64 years.
- About 22 percent of suicides occurred among veterans.
- Firearms accounted for 55% of deaths.
- More than 6x as many people died by suicide than in alcohol related car crashes.

CLACKAMAS COUNTY STATISTICS

- Clackamas County has a higher rate than Washington and Multnomah counties with a 15.9 suicide death rate per 100,000 (Oregon Health Authority, 2017)
- Our County has a 13% higher rate of suicide than that of the national rate.
- Approximately 1 death by suicide occurs every 5 days in our County.
- On average, 60 people a year die of suicide.

Suicide by Top 3 Mechanisms Clackamas County 2002-2013



WE KNOW THAT . . .

In the month before their death by suicide:

- Half saw a primary care provider
- 30% saw a mental health professional

Risk of suicide is highest in the first 30 days following discharge from:

- An emergency department
- An inpatient psychiatric unit

WE ALSO KNOW THAT . . .

Over the past decade, the national suicide rate has increased.

In 2003 = 10.8*

In 2013 = 12.6*

In 2015 = 13.26*

In 2017 = 14.0*

And we are still not talking about it.

*Age adjusted rate per 100,00

LET'S START THE CONVERSATION

What is our approach to identifying and caring for individuals at risk for suicide?

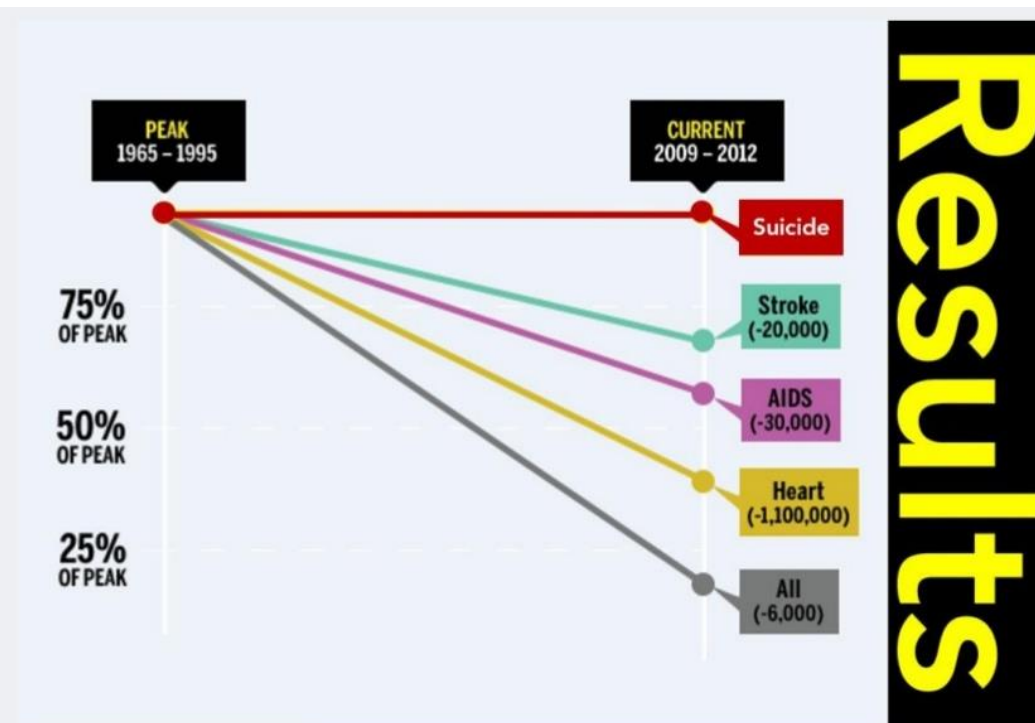
It's time to look at it differently.

IF THEY CAN DO IT SO CAN WE

History has shown that action by organizations can, eventually, make a large and life saving difference, even for issues that at first seem impossible.

Stroke, AIDS, Heart disease have dropped dramatically.

Not for suicide. Not yet.



Thomas Insel, National Institute of Mental Health, April 2, 2015

WHAT IF WE CHANGED OUR APPROACH TO SUICIDE PREVENTION?

- What if we were intentional about identifying and supporting those that we knew to be at risk for suicide?

WHAT IF WE DID IT DIFFERENTLY? WHAT IF WE STARTED THE CONVERSATION?

- Historically, the responsibility of supporting the emotional health of others has belonged to mental health professionals.
- If you know or sense that an individual is struggling, reaching out to that person – no matter what your role is – YOU can make a difference. You.

Asking "are you ok?" can make a difference in the life of another person.

IF WE CHANGED OUR APPROACH BY:

- Committing to suicide prevention in all of our systems.
- Developing intentional pathways to care for suicidal individuals not unlike an intentional pathway for someone with diabetes.
- Committing to reduce suicide deaths and provide suicide safer care for those we have contact with through knowing what to do and when to do it.

We would save more lives.

THIS IS A SHIFT IN HOW WE HAVE HISTORICALLY DONE OUR WORK

Instead of thinking, “What does this work have to do with me?”

Start asking yourself, in what ways can I be intentional about
suicide prevention?

WHAT NOW? NEXT STEPS . . .

- We talk openly about our physical health issues but not so much about our mental health.
- Let's start talking about it. Start the conversation.
- Recognize that mental health issues are very common . . . and are very treatable.

If you hear language that is not okay and promotes stigma, say something.

If you notice someone who seems out of sorts, say something.

THANK YOU!

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