

Suicide Prevention

Boston Public Health Commission

Board of Health Meeting

September 12, 2018

Suicide as a Public Health Crisis

- ✓ **Suicide is the 10th leading cause of death.**
- ✓ **Suicide rates have been rising in nearly every state from 1999 to 2016 according to the Centers for Disease Control and Prevention (CDC).**



Suicide has been much discussed and brought to the forefront in the national arena

Suicide rates rise sharply across the US, new report shows



DAVID GOLDMAN/ASSOCIATED PRESS/2013

The US Centers for Disease Control and Prevention found that suicide rates went up significantly in 44 states, and in 25 of them, including Massachusetts, the increases exceeded 30 percent.

By Felice J. Freyer

GLOBE STAFF JUNE 08, 2018



By MARY BROPHY MARCUS / CBS NEWS / April 22, 2016, 8:55 AM

U.S. suicide rates on the rise



The suicide rate in the United States is climbing, a new CDC report shows. / AP
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The New York Times

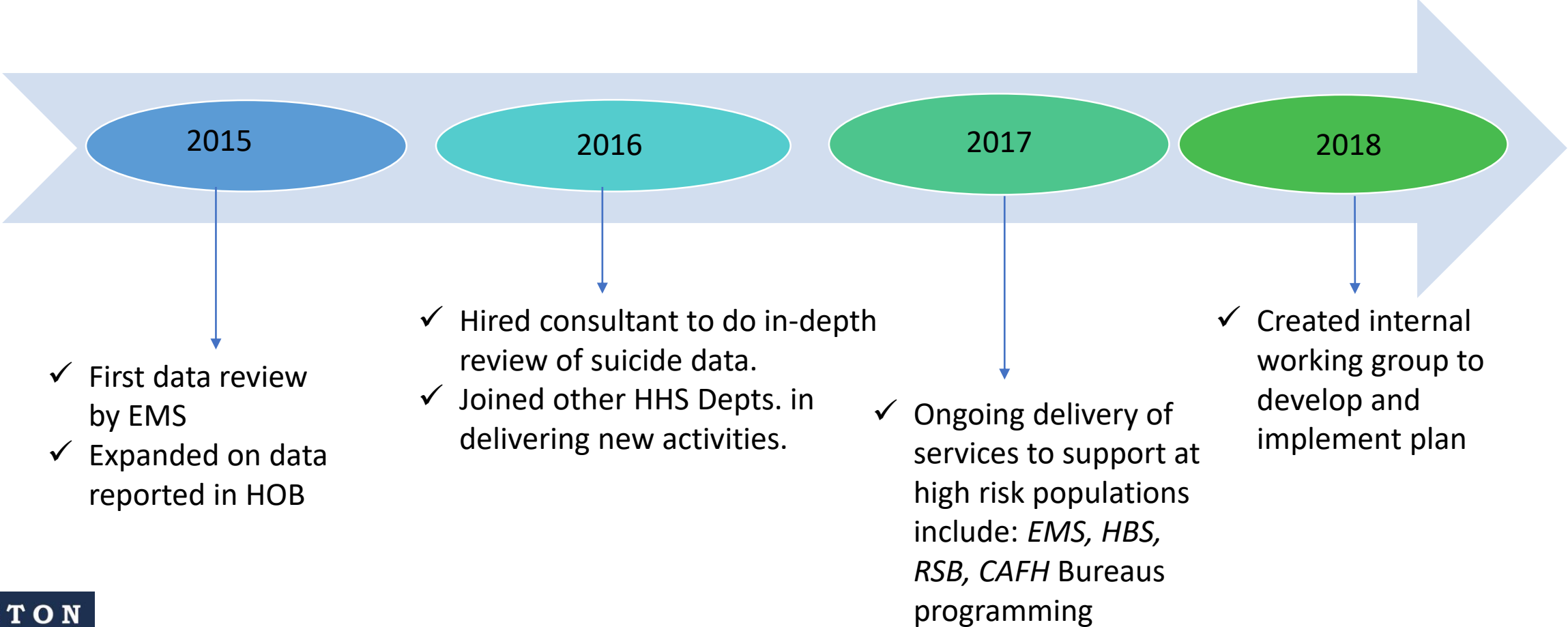
U.S. Suicide Rate Surges to a 30-Year High

By Sabrina Tavernise

April 22, 2016



A Timeline of Boston's Response to Suicide and Efforts to Date



BPHC Initiatives

EMS Bureau

- ✓ Works closely with Boston Emergency Services Team (BEST), which provides 24-hour response to adults and youth in need of crisis intervention for mental health concerns.
- ✓ Trains EMS personnel on suicide prevention and QPR, [Question, Persuade and Refer] three steps to help prevent suicide.
- ✓ Identifies individuals at high risk and can refer and intervene.
- ✓ Maintains a Peer Support team, offering 24-hour peer and clinical support, as well as referral services.

RS & HS Bureaus

- ✓ Provide direct services (prevention, crisis intervention, referrals) to populations at particular risk of suicide throughout a continuum of services: from street outreach, engagement center to in-patient services.
- ✓ Train staff to make use of the BEST Team and 911 in situations where a significant suicide risk is observed.

CAFH Bureau

- ✓ Early Childhood Mental Health, Defending Childhood and NTT's work to enhance the capacity for the system of care in Boston to identify and treat depression and other mental illnesses, through providing clinical mental health services to key vulnerable resident populations
- ✓ NTT's can also provide support to families impacted by suicide
- ✓ School-Based Health Center Program sites are staffed by mental health clinicians to provide students in eight Boston Public High Schools with:
 - in-school health counseling and referrals to community health care resources
 - screen for youth depression and suicide, stress and anger management and issues of sexual or gender identity

Office of Public Health Preparedness

- ✓ Deliver Trauma Response and Recovery (TRR) services for suicide incidents in the community on a case-by-case basis where there is a significant risk of impact on the community
- ✓ BPHC's Medical Intelligence Center also plays a central role in service coordination and communication among providers, participates in several suicide prevention coalitions.
- ✓ Offers Trainer of Trainers for suicide prevention models such as Question Persuade Refer (QPR), Psychological First Aid (PFA), and Post Traumatic Stress Management (PTSM).

OHE

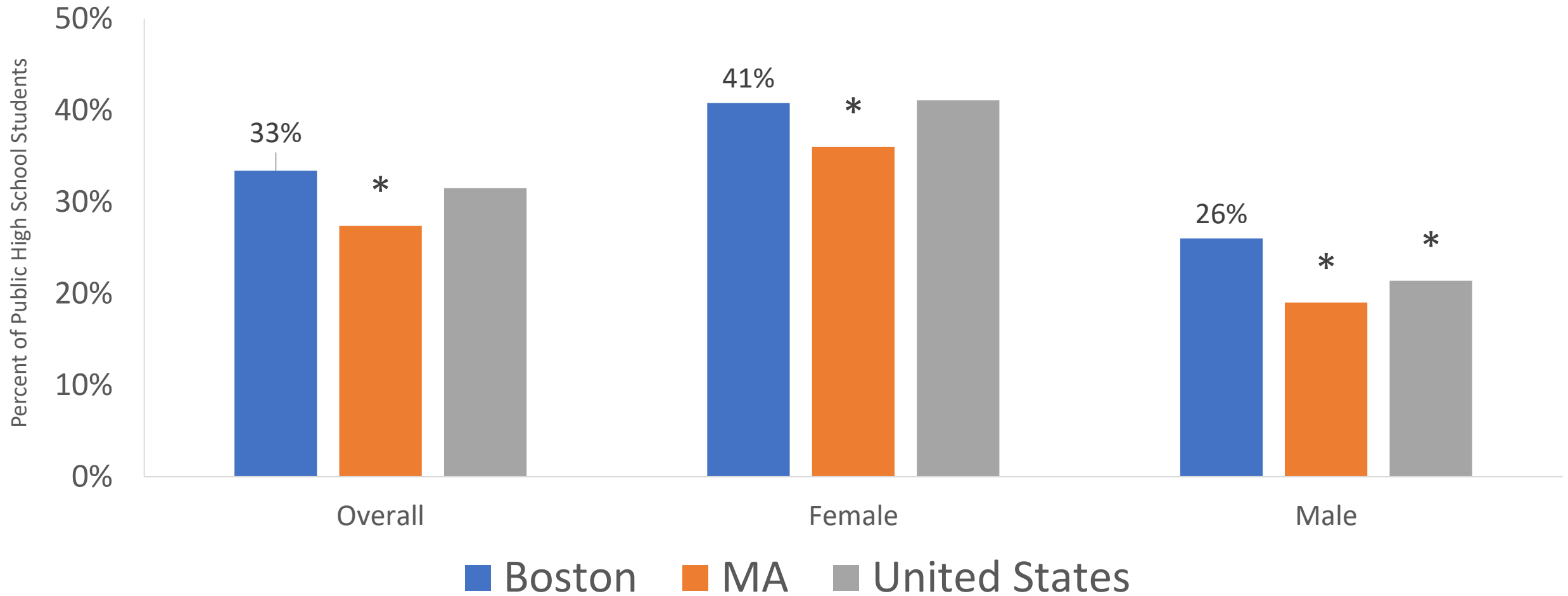
- ✓ Leads BPHC's Community Engagement work
- ✓ Convened in summer of 2018, seven community conversations with youth on the topic of community violence and mental health.

The Boston Landscape

Dan Dooley

*Director of Research and Evaluation
Office*

Persistent Sadness Among Public High School Students by Sex and Geography, 2017

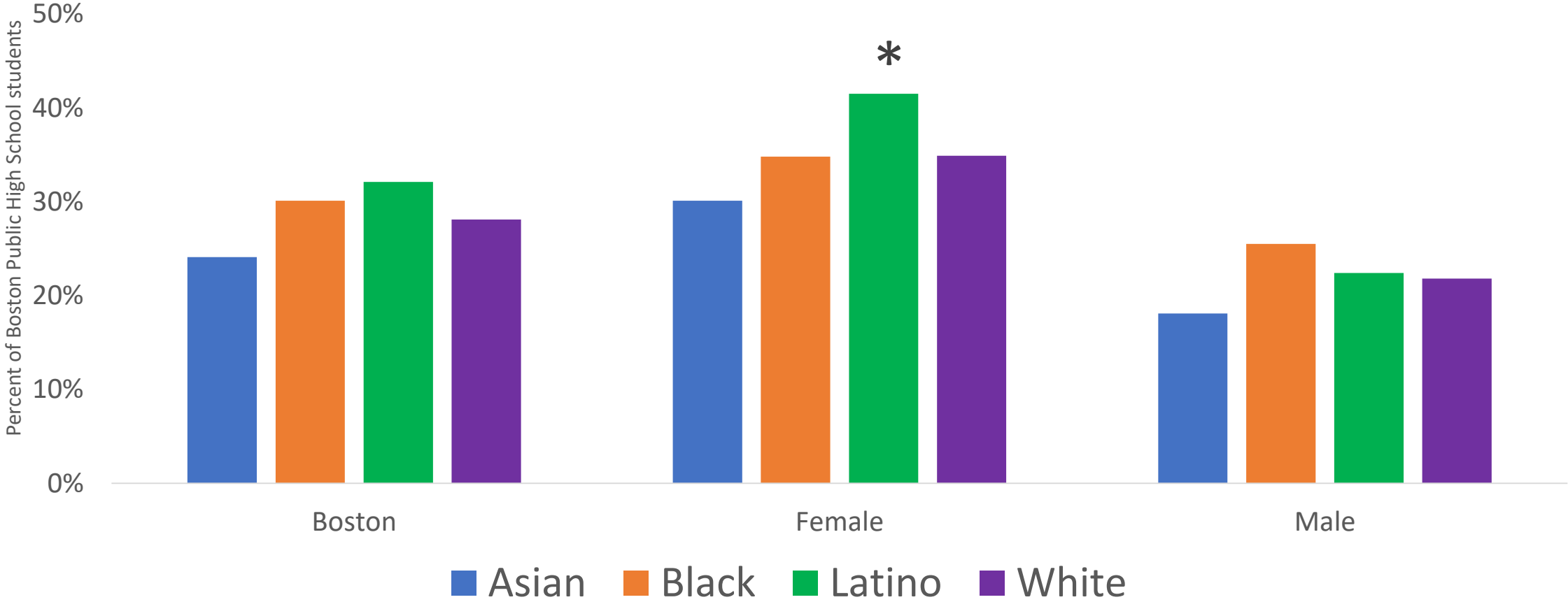


“Students who reported feeling sad or hopeless almost every day for 2 weeks or more in a row so that they stopped doing some usual activities, past 12 months”. *Statistically significant difference compared to Boston

DATA SOURCE: High School Youth Risk Behavior Survey, 2017, Centers for Disease Control and Prevention

DATA ANALYSIS: Research and Evaluation Office, Boston Public Health Commission

Persistent Sadness Among Public High School Students by Sex and Race/Ethnicity 2013, 2015, 2017 Combined

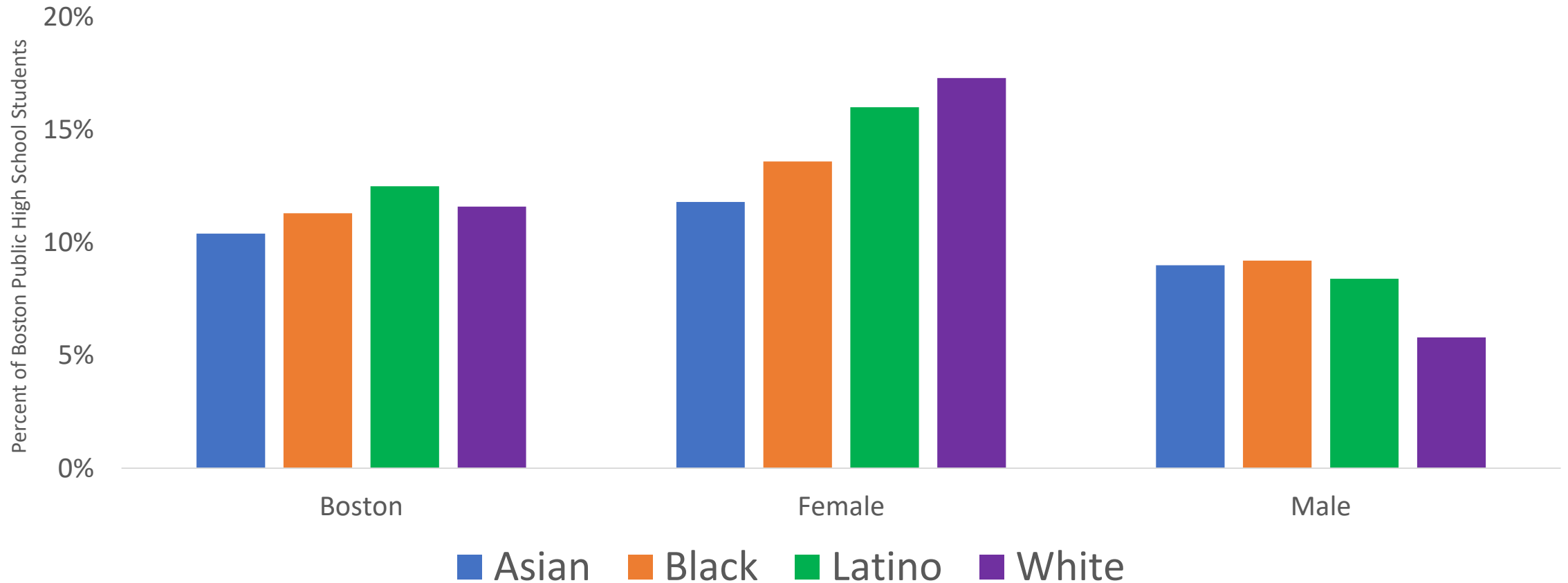


*Statistically significant difference compared to White students

DATA SOURCE : Youth Risk Behavior Survey (2013, 2015, 2017), Centers for Disease Control and Prevention and Boston Public Schools

DATA ANALYSIS: Research and Evaluation Office, Boston Public Health Commission

Suicidal Ideation Among Boston Public High School Students by Sex and Race/Ethnicity, 2013, 2015, 2017 combined

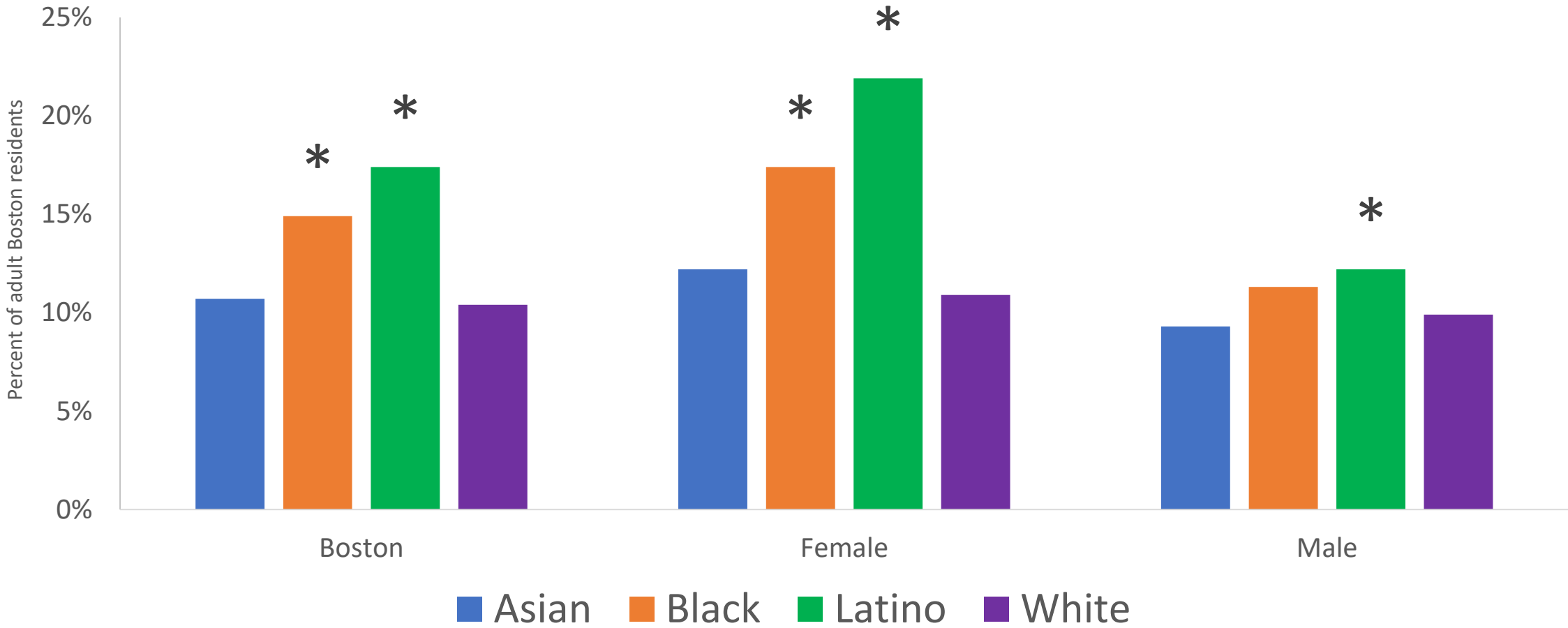


*Statistically significant difference compared to White students

DATA SOURCE : Youth Risk Behavior Survey (2013, 2015, 2017), Centers for Disease Control and Prevention and Boston Public Schools

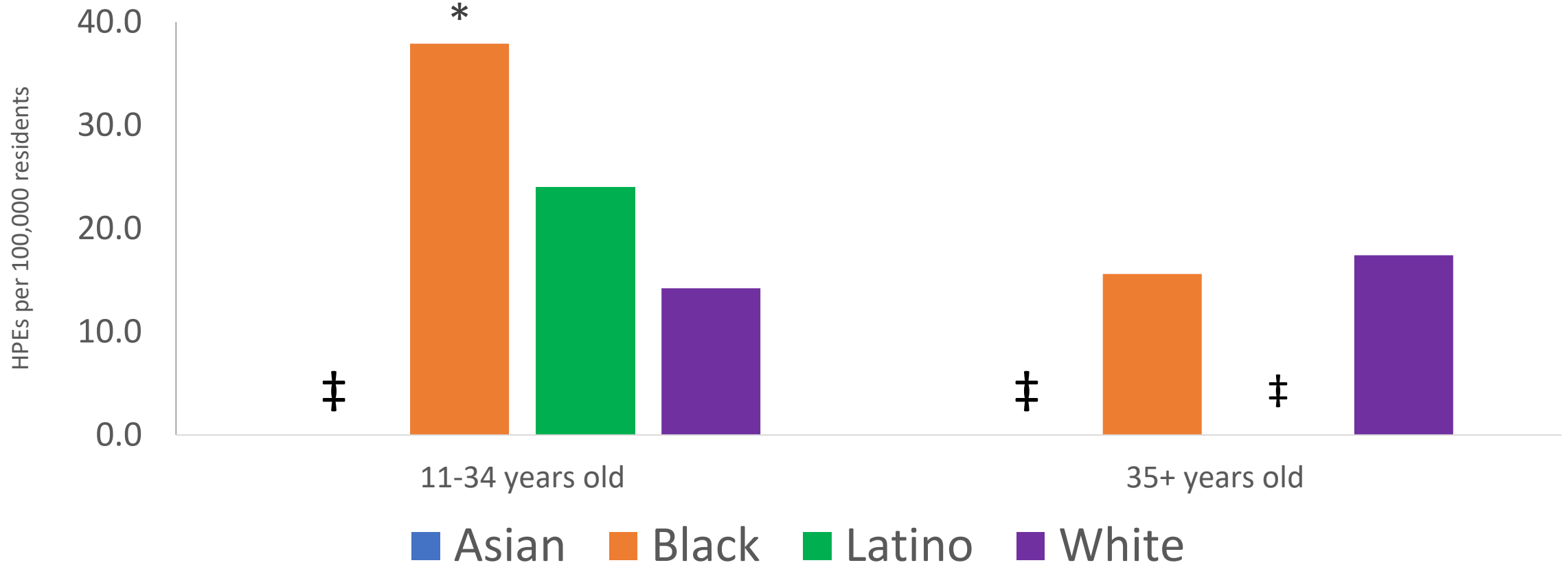
DATA ANALYSIS: Research and Evaluation Office, Boston Public Health Commission

Boston Adult Residents who Reported Feeling Sad, Blue, or Depressed for 14 Days or More within the Past 30 Days by Sex and Race/Ethnicity, 2013, 2015, 2017 Combined



*Statistically significant difference compared to White residents
 DATA SOURCE : Boston Behavioral Risk Factor Surveillance System, ((2013, 2015, 2017), Boston Public Health Commission
 DATA ANALYSIS: Research and Evaluation Office, Boston Public Health Commission

Hospital Patient Encounters for Suicide Attempts[†] by Age and Race/Ethnicity, FY 2016



*Statistically significant difference compared to White residents

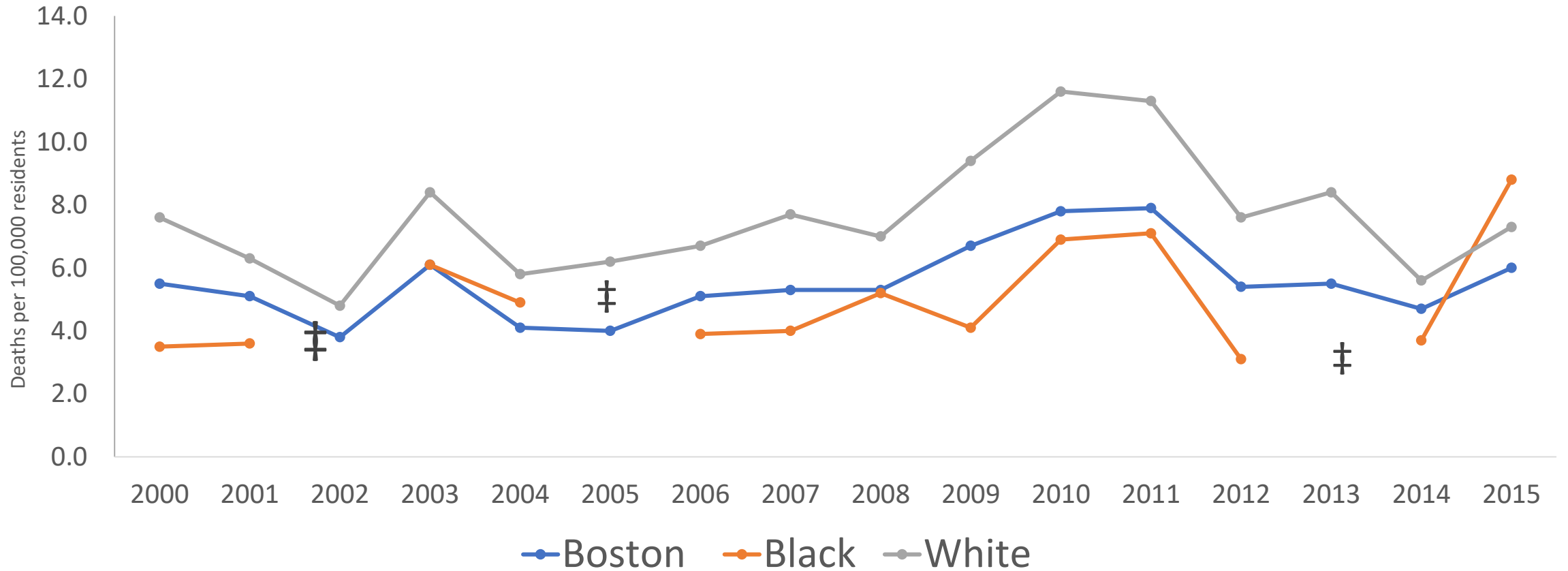
† Age-specific rates per 100,000 residents

‡ Rates not presented due to small number of cases

DATA SOURCE: Acute hospital case-mix databases, Massachusetts Center for Health Information and Analysis

DATA ANALYSIS: Research and Evaluation Office, Boston Public Health Commission

Suicide† by Race, 2000-2015



‡ Rates not presented due to small number of cases

† Age-adjusted rates per 100,000 residents

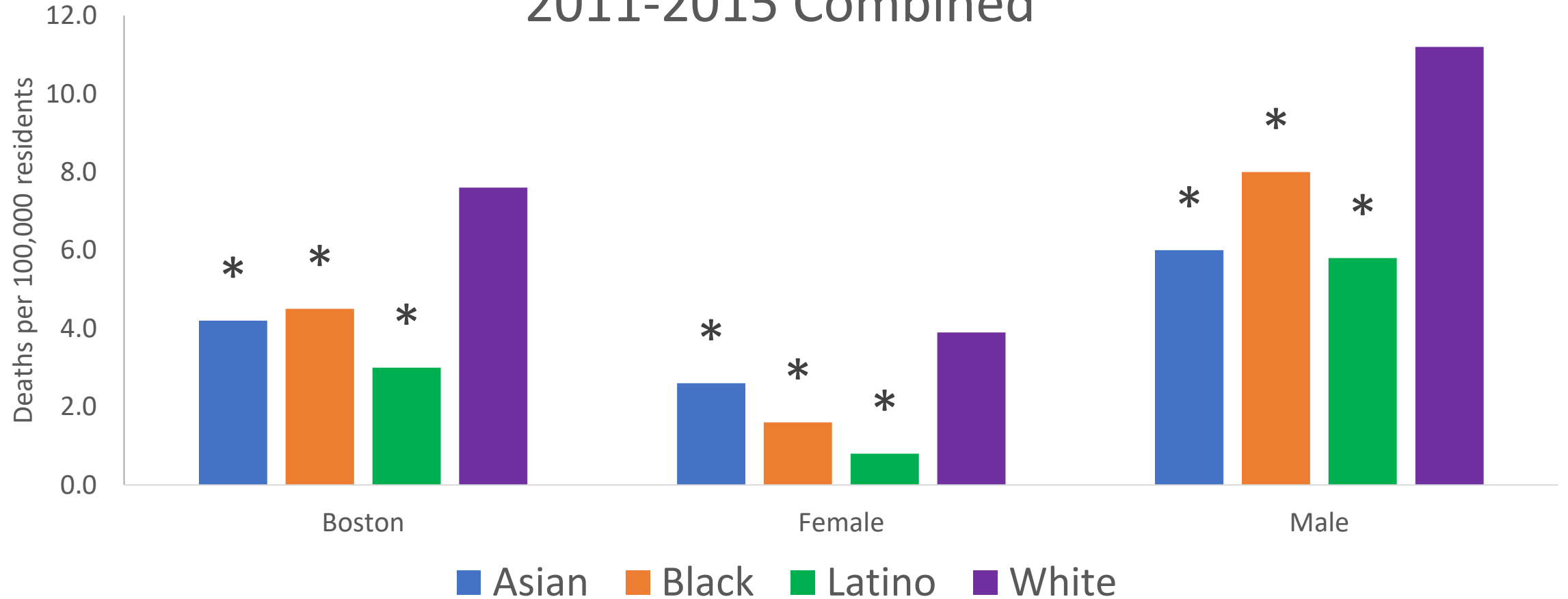
Rates not presented for Asian or Latino residents due to small number of cases

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health (data as of December 2016).

DATA ANALYSIS: Research and Evaluation Office, Boston Public Health Commission

Suicide† by Sex and Race/Ethnicity

2011-2015 Combined



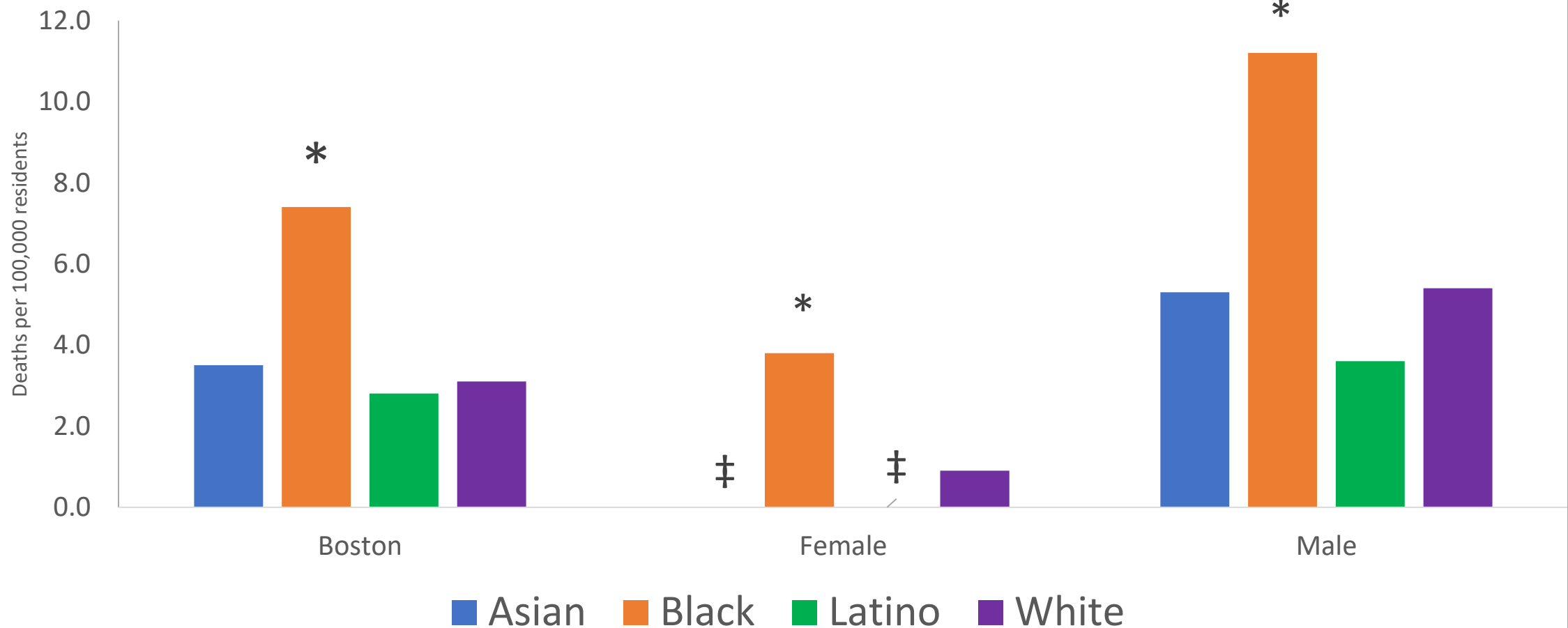
*Statistically significant difference compared to White residents

†Age-adjusted rates per 100,000 residents

DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health (data as of December 2016).

DATA ANALYSIS: Research and Evaluation Office, Boston Public Health Commission

Suicide† by Sex and Race/Ethnicity, Ages 15-24 2001-2015 Combined



*Statistically significant difference compared to White residents,

† Age-specific rates per 10,000 residents

‡ Rates not presented due to small number of cases,

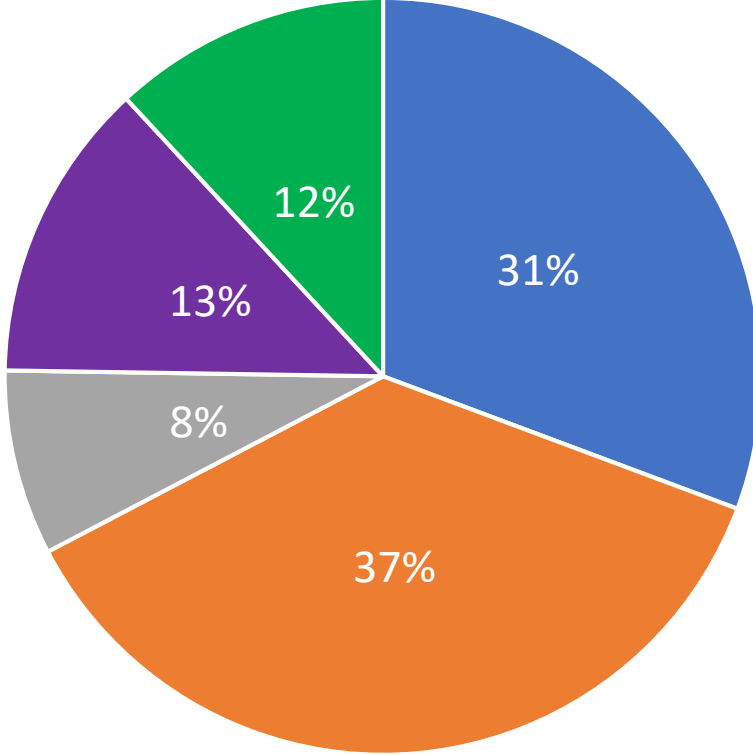
DATA SOURCE: Acute hospital case-mix databases, Massachusetts Center for Health Information and Analysis

DATA ANALYSIS: Research and Evaluation Office, Boston Public Health Commission

Suicide Method by Sex, Boston Residents, 2001-2015

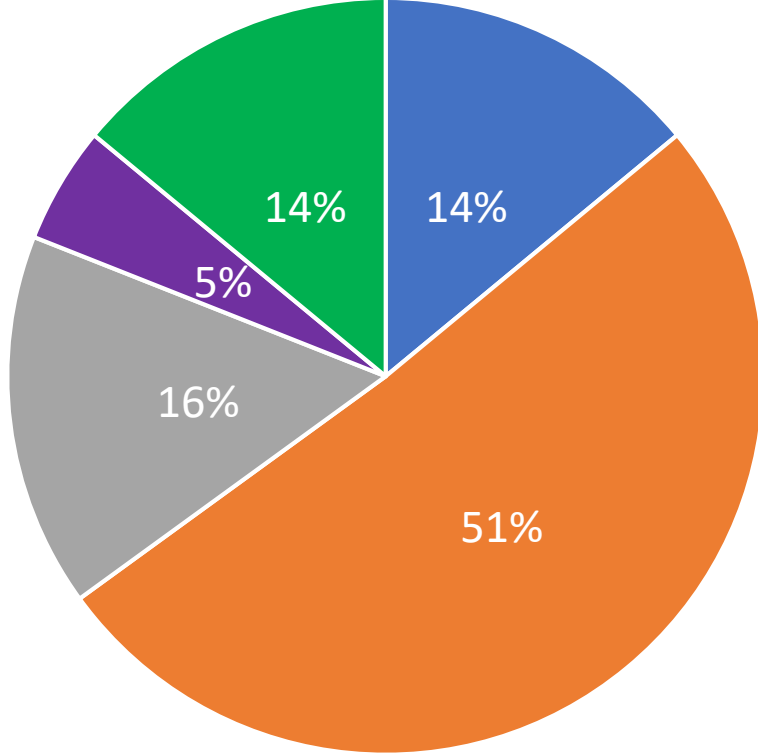
Female Residents (n=120)

- Self-Poison (96% drug overdose)
- Hanging, Strangulation, Suffocation
- Discharge of Firearms
- Jump from High Place
- Other



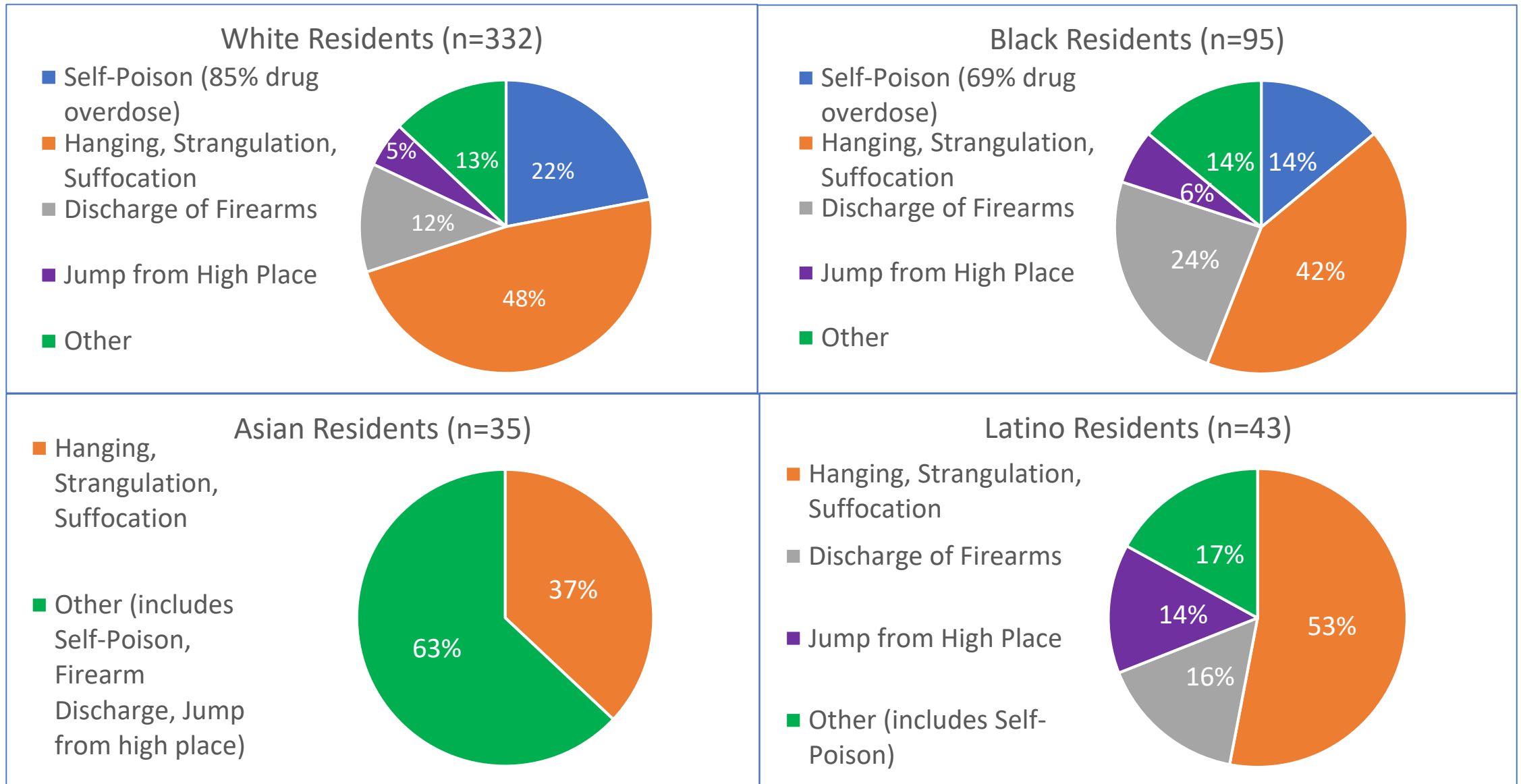
Male Residents (n=398)

- Self-Poison (75% drug overdose)
- Hanging, Strangulation, Suffocation
- Discharge of Firearms
- Jump from High Place
- Other



DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health (data as of December 2016).
DATA ANALYSIS: Research and Evaluation Office, Boston Public Health Commission

Suicide Method by Race/Ethnicity, Boston Residents, 2001-2015



DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health (data as of December 2016).
 DATA ANALYSIS: Research and Evaluation Office, Boston Public Health Commission

***Boston EMS
Suicidal Ideation Case Review &
Quality Assurance Process***

*James Salvia
Deputy Superintendent, EMS*





Suicidal Ideation Case Review & Quality Assurance Process

- Comprehensive and near real-time data collection and reporting of all Boston EMS patients with documented suicidal ideation, for the purpose of identifying trends and informing our partners
- Manual review of Boston EMS electronic patient care report (ePCR) records to verify SI cases using an in-house tool which pulls potential cases based on the patient's clinical impression and key words within the narrative.
- Data collected
 - ✓ Incident information (address and section of the City)
 - ✓ Gender and Age
 - ✓ Impression and Narrative
 - ✓ Method and Treatment (captured by review of the PCR)

Method List	Attempted –Not specified
	Cutting
	GSW
	Hanging
	Jumper Down
	OD
	SI Only
	SI With Plan
	Threatening to Jump
	Train or Traffic
	Other

CPR
Restrained
RME
Transport Only
Refusal/Referred back to other Agency

Treatment List

Steve Mongeau
Executive Director, Samaritans, Inc.

SUICIDE PREVENTION MONTH

Communications Strategy

COMMUNICATIONS GOALS

- Continue to connect people at-risk to services and access to healthcare
- Encourage people to provide and support people who may be at-risk
- Communicate the warning signs

STRATEGIC APPROACH

- Align the BPHC campaign with national campaigns
- [Social Media](#)
- [BPHC Website](#)
- Distributing a flyer with resources & services



#BeThe1To

If you think someone might be considering suicide, be the one to help them by taking these 5 steps:

**ASK. KEEP THEM
SAFE. BE THERE.
HELP THEM CONNECT.
FOLLOW UP.**



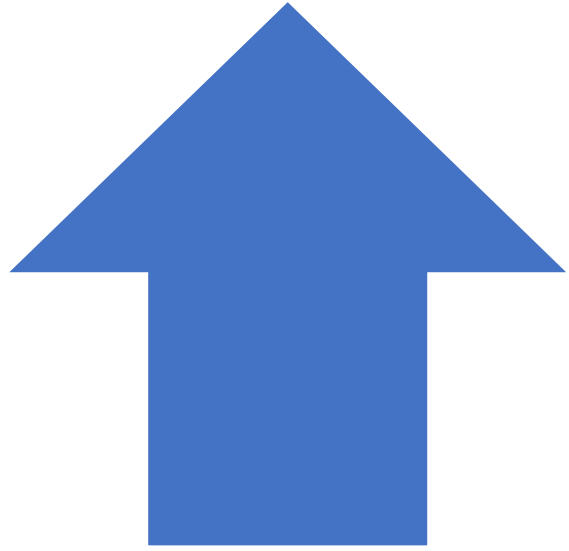
Find out why this can save a life at
www.BeThe1To.com

If you're struggling, call the Lifeline at
1-800-273-TALK (8255)

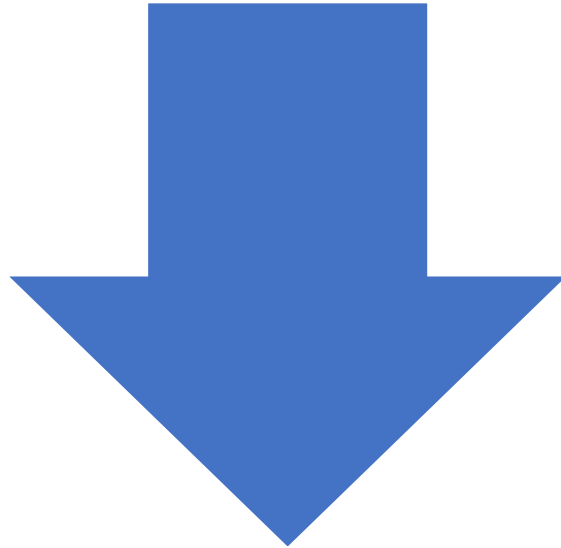
SEPTEMBER IS SUICIDE PREVENTION MONTH

- Samaritans Gatekeeper Training on September 17
- Distribution of Resource Flyers and Wrist Bands
 - Internally to staff
 - Via EMS Transport
 - Community Events
- Samaritans 5K Walk/Run on September 29
- Communication Strategy

FUTURE ACTIVITIES



Resiliency



Feelings of
Hopelessness

FUTURE INITIATIVES

Data

- Real-Time Data
- Specific Populations

Trainings

- BPHC Staff
- Medical Providers
- Community Partners

Collaboration

- Hospital and Health Center Partners
- Clergy
- Youth Organizations (BPS, BCYF)



Questions and Discussion