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

By Felice J. Freyer
GLOBE STAFF       JUNE 08, 2018

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.

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

2015
- First data review by EMS
- Expanded on data reported in HOB

2016
- Hired consultant to do in-depth review of suicide data.
- Joined other HHS Depts. in delivering new activities.

2017
- Ongoing delivery of services to support at high risk populations include: EMS, HBS, RSB, CAFH Bureaus programming

2018
- Created internal working group to develop and implement plan
# BPHC Initiatives

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<tr>
<th>EMS Bureau</th>
<th>RS &amp; HS Bureaus</th>
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<td>✓ 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.</td>
<td>✓ 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.</td>
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<td>✓ Trains EMS personnel on suicide prevention and QPR, [Question, Persuade and Refer] three steps to help prevent suicide.</td>
<td>✓ Train staff to make use of the BEST Team and 911 in situations where a significant suicide risk is observed.</td>
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<td>✓ Identifies individuals at high risk and can refer and intervene.</td>
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<td>✓ Maintains a Peer Support team, offering 24-hour peer and clinical support, as well as referral services.</td>
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<td>CAFH Bureau</td>
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<td>✓ 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</td>
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<td>✓ NTT’s can also provide support to families impacted by suicide</td>
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<td>✓ School-Based Health Center Program sites are staffed by mental health clinicians to provide students in eight Boston Public High Schools with:</td>
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<td>➢ in-school health counseling and referrals to community health care resources</td>
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<td>➢ screen for youth depression and suicide, stress and anger management and issues of sexual or gender identity</td>
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<td>Office of Public Health Preparedness</td>
<td>✓ 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</td>
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<td>✓ BPHC’s Medical Intelligence Center also plays a central role in service coordination and communication among providers, participates in several suicide prevention coalitions.</td>
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<td>✓ Offers Trainer of Trainers for suicide prevention models such as Question Persuade Refer (QPR), Psychological First Aid (PFA), and Post Traumatic Stress Management (PTSM).</td>
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<td>OHE</td>
<td>✓ Leads BPHC’s Community Engagement work</td>
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<td>✓ Convened in summer of 2018, seven community conversations with youth on the topic of community violence and mental health.</td>
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The Boston Landscape
Dan Dooley
Director of Research and Evaluation Office
"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 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
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) 31%
- Hanging, Strangulation, Suffocation 12%
- Discharge of Firearms 8%
- Jump from High Place 37%
- Other 13%

Male Residents (n=398)
- Self-Poison (75% drug overdose) 14%
- Hanging, Strangulation, Suffocation 14%
- Discharge of Firearms 16%
- Jump from High Place 51%
- Other 5%

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

White Residents (n=332)
- Self-Poison (85% drug overdose) 22%
- Hanging, Strangulation, Suffocation 13%
- Discharge of Firearms 12%
- Jump from High Place 48%
- Other 5%

Black Residents (n=95)
- Self-Poison (69% drug overdose) 14%
- Hanging, Strangulation, Suffocation 14%
- Discharge of Firearms 14%
- Jump from High Place 24%
- Other 42%

Asian Residents (n=35)
- Hanging, Strangulation, Suffocation 37%
- Other (includes Self-Poison, Firearm Discharge, Jump from high place) 63%

Latino Residents (n=43)
- Hanging, Strangulation, Suffocation 17%
- Discharge of Firearms 14%
- Jump from High Place 14%
- Other (includes Self-Poison) 16%
- Other (includes Self-Poison) 53%

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
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)
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
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
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