Suicide Facts & Figures: Arizona 2018*

On average, one person dies by suicide every seven hours in the state.

Almost twice as many people die by suicide in Arizona annually than by homicide.
The total deaths to suicide reflect a total of 23,585 years of potential life lost (YPLL) before age 65.

Suicide cost Arizona a total of $1,246,006,000 of combined lifetime medical and work loss cost in 2010, or an average of $1,139,987 per suicide death.

*Based on most recent 2016 data from CDC. Learn more at afsp.org/statistics.

Suicide Death Rates

<table>
<thead>
<tr>
<th></th>
<th>Number of Deaths by Suicide</th>
<th>Rate per 100,000 Population</th>
<th>State Rank</th>
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</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>1,271</td>
<td>17.59</td>
<td>17</td>
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<tr>
<td>Nationally</td>
<td>44,695</td>
<td>13.42</td>
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8th leading cause of death in Arizona

2nd leading cause of death for ages 15-34
3rd leading cause of death for ages 35-44
5th leading cause of death for ages 45-54
7th leading cause of death for ages 55-64
15th leading cause of death for ages 65 & older
Priority Populations

- Those age 65 and older
- American Indians
- Youth
- Veterans
State Strategies

- Prevention programming partners
- Strategic state plan
- Community coalitions
- Improved communication
- Strengthened partnerships
- Means reduction
Core Principles

• When working with someone who is suicidal:
  o Provide immediate support
  o Link the person to social supports and treatment
  o Remove lethal means
  o Be an active listener without providing advice
  o When in doubt, call emergency services for help
  o Remove substances from the home
  o Never leave a suicidal person alone
Thank You.

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Community-Based Suicide Prevention

Phoenix Area Indian Health Service
Integrated Behavioral Health
Figure 1. Suicide rates among persons aged ≥10 years, by county urbanization level — United States, 2001–2015

* Per 100,000 residents aged ≥10 years, age adjusted to the 2000 U.S. standard population.

CDC 2001-2015 US data

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Historical Trends

FIGURE 2. Suicide rates* for selected characteristics among persons aged ≥10 years, by county urbanization level — United States, 2001–2015

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questions

- Until the 1980’s, people in urban areas of the US had a higher suicide rate than for rural areas. Now the US suicide rate in rural areas is approaching twice the rate for urban areas. What could be going on?

- Caucasian males over 85 are at highest risk for suicide, but AI/AN males between 18 and 24 are at highest risk. What community factors might this suggest?
AI/AN community suicide rate study

- in an analysis of risk factors, protective factors, and individual characteristics from studies on suicide in AI/AN communities,

- **community-level factors** (NOT individual factors such as diagnosis) were found to explain the largest proportion of the variance in suicide outcomes

Some community factors associated with lower suicide risk (Yup’ik teens)

- opportunities for participation and contribution
- parents who nurture and regulate children’s friendships
- family and friends perceived as competent to help solve problems
- members engage in self-reflection, develop a personal life narrative

Some community factors associated with higher risk

- severity of historical trauma
- lack of cultural continuity as measured by adequacy of:
  - self-government, land claims processing
  - police and fire services
  - health and education services
  - cultural facilities


Assess community risk and protective factors

- what are the strengths and weaknesses in your community?
  - is it okay to ask for help?
  - does the community trust that its helpers are competent and caring?
  - are there people to share hopes/plans with, who will support them?
  - do most people connect regularly with others outside of their household?

Suicide prevention for individuals

• ‘evidence-based’ skills curricula, interventions
  • strengthen protective factors in the individual
  • coping, emotional regulation, problem-solving
  • “primary prevention”: for everyone
Suicide prevention for individuals

• screening, outreach: primary care, schools
  • identify those at risk - depression, EtOH, recent loss, past history or family history of suicidal behavior
• QPR, ASIST trainings
• targeted: “secondary prevention”

focus of efforts to stop ‘contagion’ during a suicide crisis/cluster
Suicide prevention for individuals

- access to crisis services: assessment, hospitalization, post-discharge follow-up
  - after suicidal behavior has occurred: “tertiary prevention”
Developing community-based interventions

- some good manuals are available to help design your program
  - “A Community-Based Suicide Prevention Planning Manual for Designing a Program Just Right For Your Community”*

- don’t reinvent the wheel
  - learn what is being done in other AI/AN communities
  - “Healthy Indian Country Initiative Promising Prevention Practices Resource Guide” **

*Idaho State University
Developing community-based interventions

- planners should be representative of the community
  - not just one agency
  - not just health care
  - not just human services employees
  - elders, artists, spiritual leaders, youth representatives

*Idaho State University*
*http://www.nihb.org/docs/04072010/2398_NIHB%20HICI%20Book_web.pdf*
Summary

- A suicide prevention plan should address both individual and community factors.
- Include EVERYONE when assessing community risk/protective factors—especially kids/teenagers.
The risk of suicide is $3x$ higher among Arizona veterans.

The risk of suicide is $4x$ higher among older Arizona veterans.

-Arizona Violent Death Reporting System
Be Connected:
Builds upon our community’s strengths
Creates more open doors
Promotes earlier intervention
Adds a new layer of support for people, families and helpers
In partnership with the Office of Senator John McCain
PROGRAM COMPONENTS

CALL
Help and support available 24/7

MATCH
Personalized Resource Matching & Navigation

LEARN
Training and skills to equip yourself to help
The Be Connected support line is for everyone: Those who need help and those who are helping

Some reasons a community member may call 866-4AZ-VETS:
• A caller needs help finding resources for his/herself, a family member or someone they are helping
• A caller is concerned about a friend/family member who struggling and the caller is not sure what, if anything, should be done next
• A caller is seeking guidance on how to support a friend/family member who is encountering barriers to treatment and support
• A caller feels overwhelmed by services and/or how to access those services
• A caller wants to be better equipped to help the community and is unsure how to get involved
Be Connected offers tools to find the right resource at the right time:
www.ResourceCommand.org
Be Connected offers training statewide, in person and online, to equip everyone in our community to help.

Military/Veteran Resource Navigator | Suicide Prevention | Military Culture
Over 100 online courses | Annual Statewide Symposium
Contact information:

1-866-4AZ-VETS | www.BeConnectedAZ.org

connect@arizonacoalition.org