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# Suicide as a Public Health Issue

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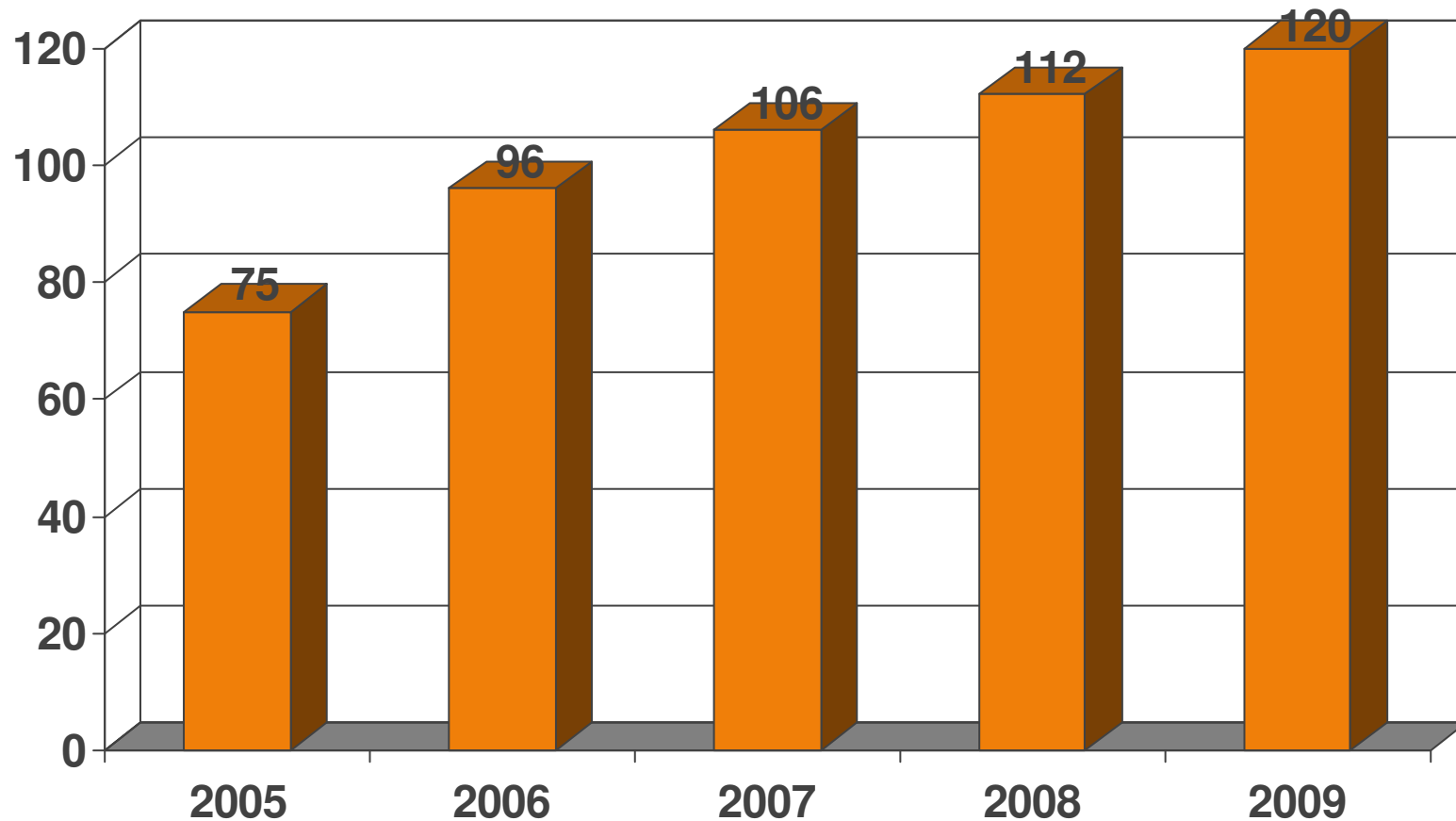
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# Data Trends RI and US

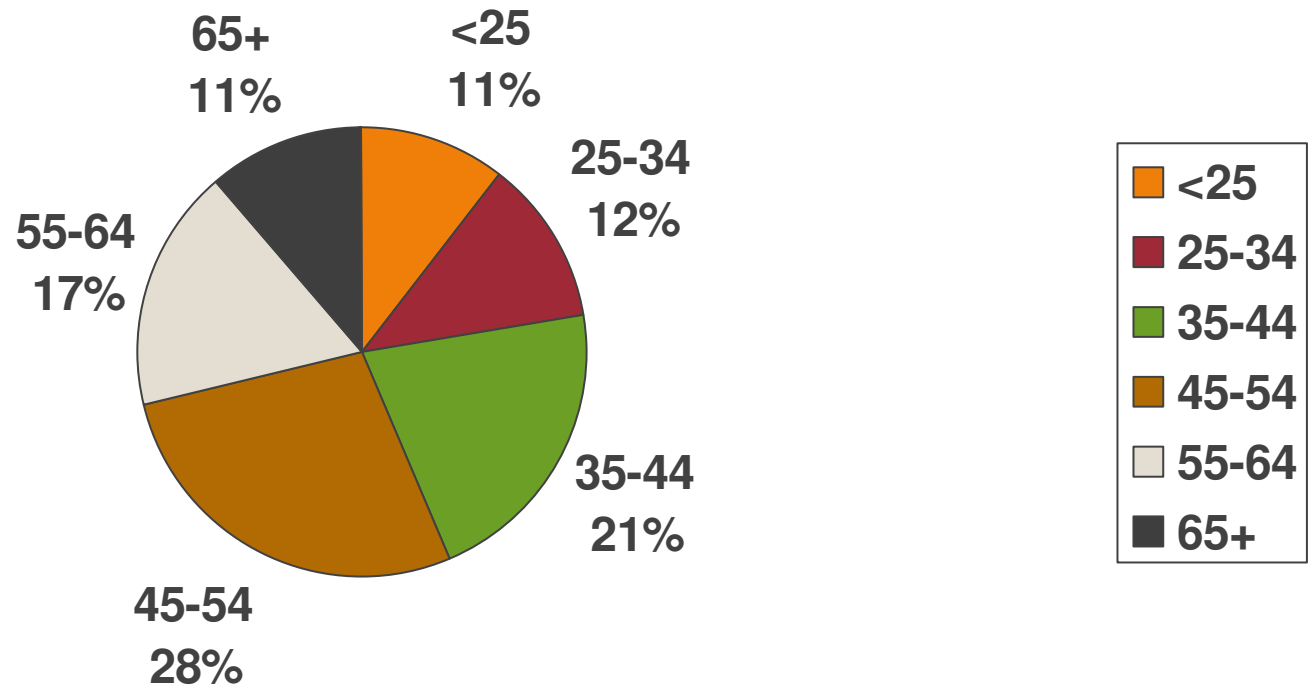
# Number of Suicides by year: Rhode Island Violent Death Reporting System (RIVDRS) 2005-2009



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# Percentage of Suicides by Age Group, Rhode Island 2005-2009

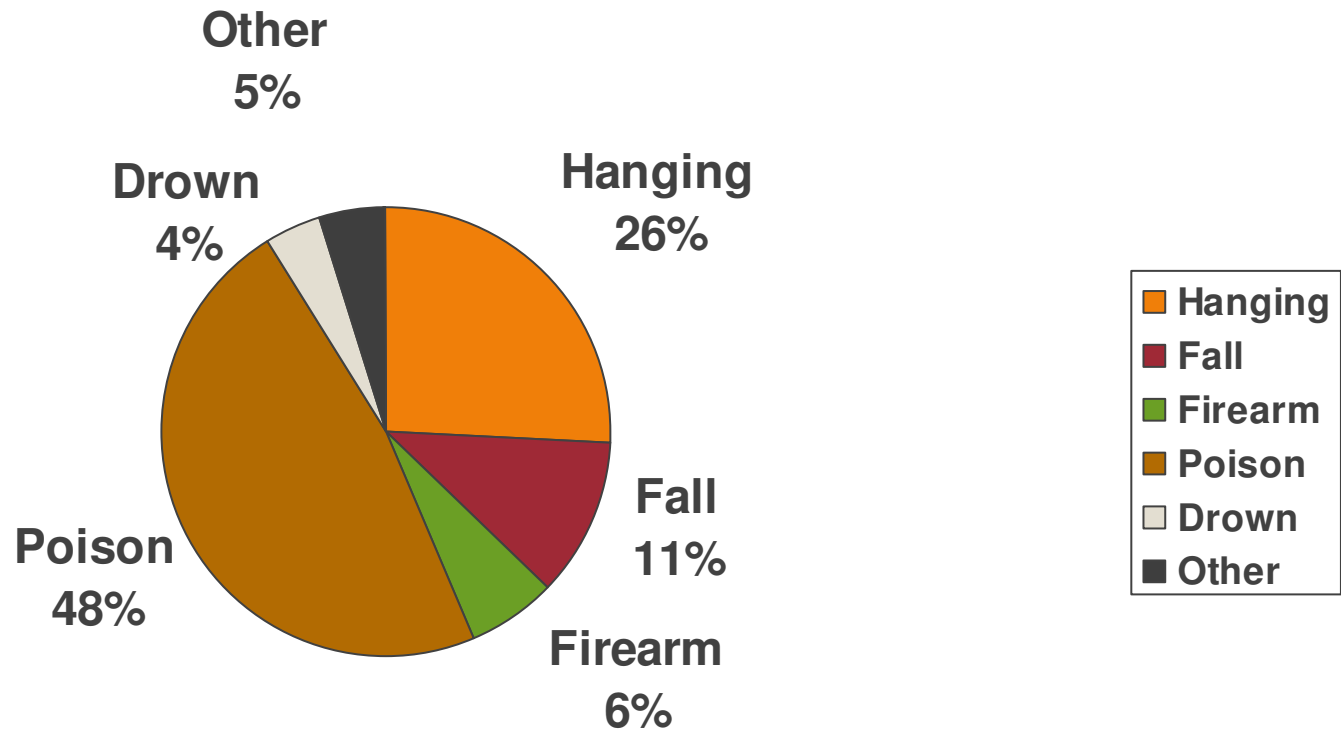


n=509

# Percentage of Female Suicides by Method, Rhode Island 2005-2009



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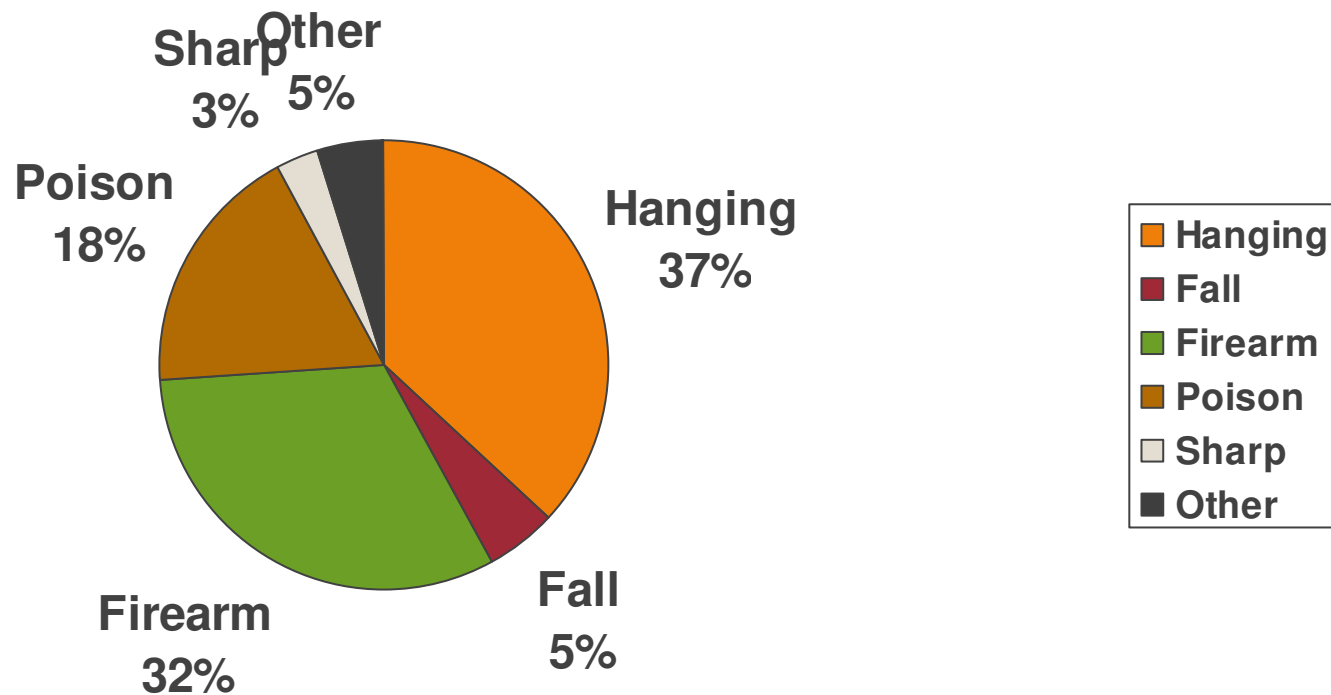


n=124

# Percentage of Male Suicides by Method, Rhode Island 2005-2009



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n=385

# Circumstances: % Reported by sex for Suicides, RIVDRS 2005-2009



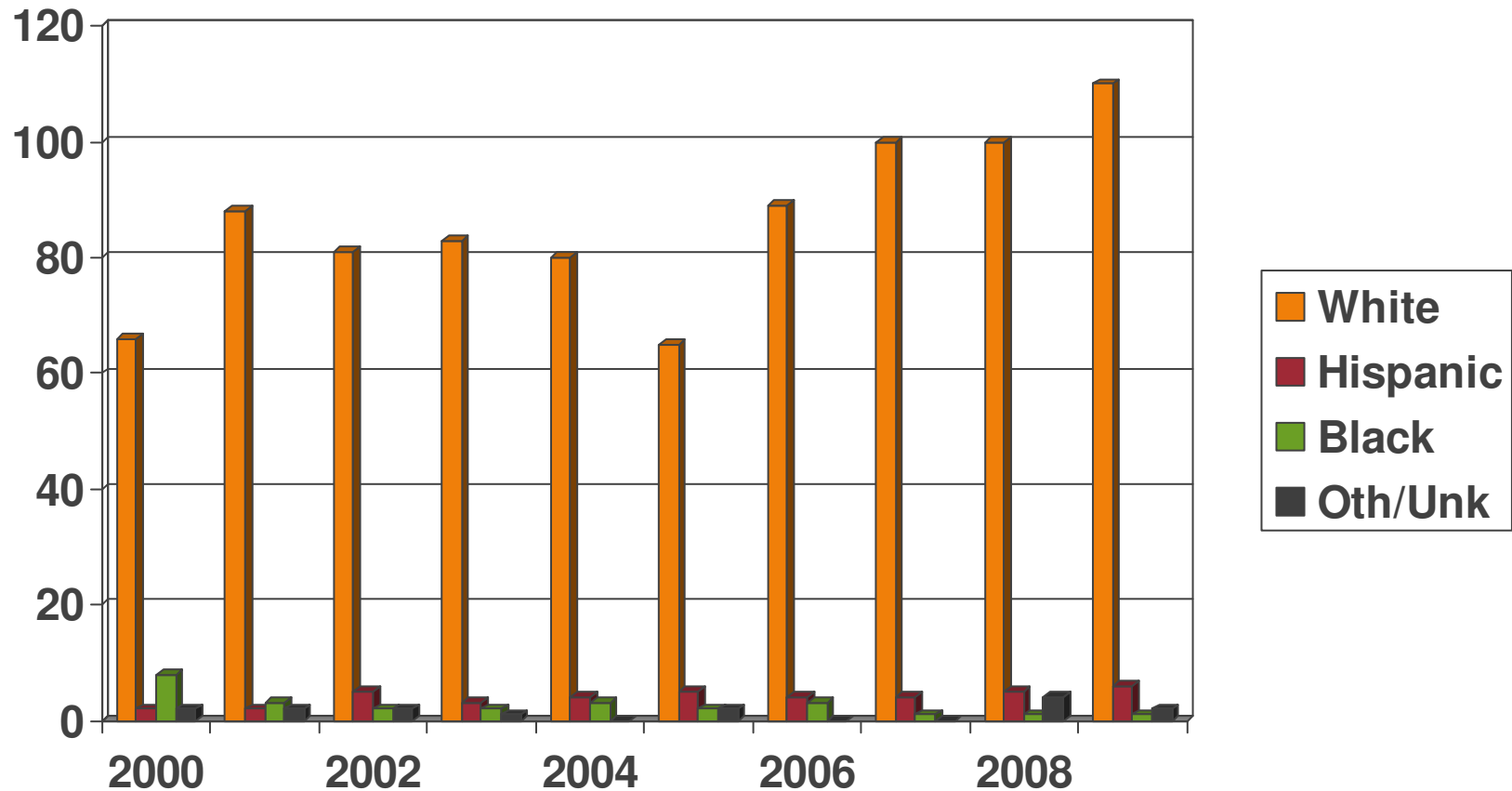
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Circumstance	Female	Male
Hx of Mental Illness	60.4	43.9
Current MH Treatment	54.8	40.0
Depression Dx	52.4	50.1
Hx of Attempt	38.7	19.5
Suicide Note	41.9	34.3

# Number of suicides by race/ethnicity by year: Rhode Island 2000-2009



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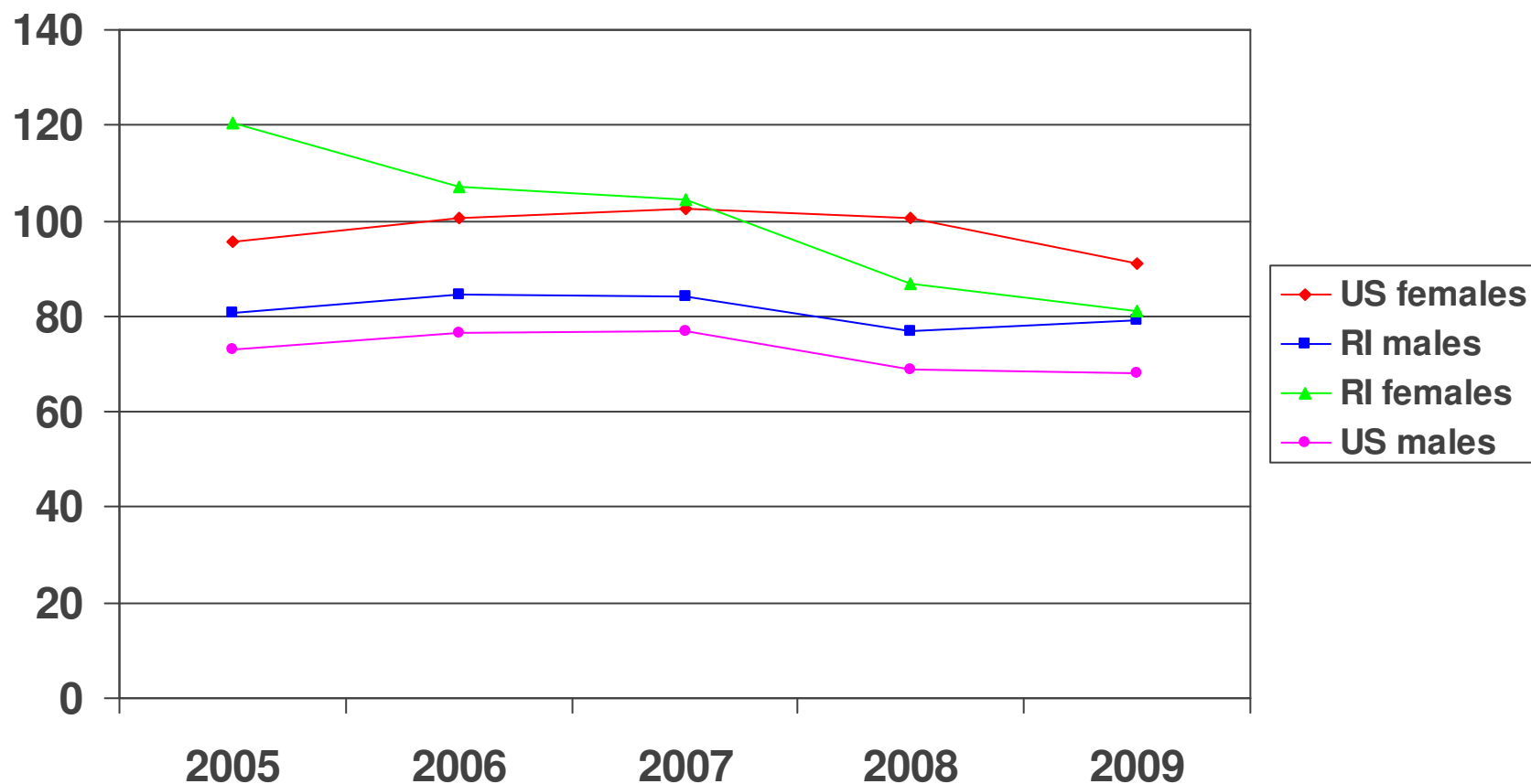




# Rates per 100,000 population for self-harm discharges by year: US and Rhode Island 2005-2009



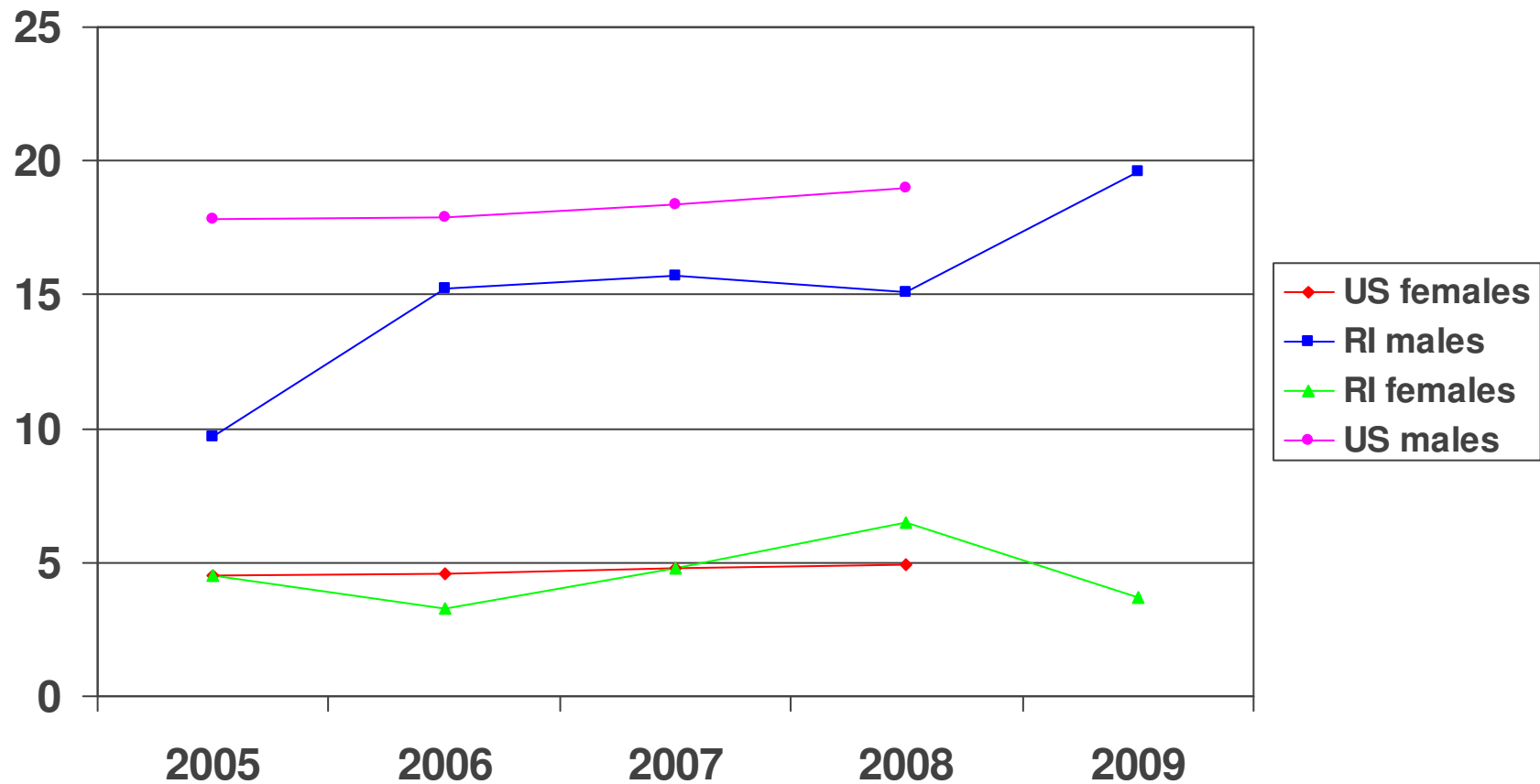
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# Rates per 100,000 population for suicides by year: US 2005-2008 and Rhode Island 2005-2009



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# The Public Health Approach to Prevention



US Centers for Disease Control & Prevention (CDC)

# Public Health Approach to Injury Prevention



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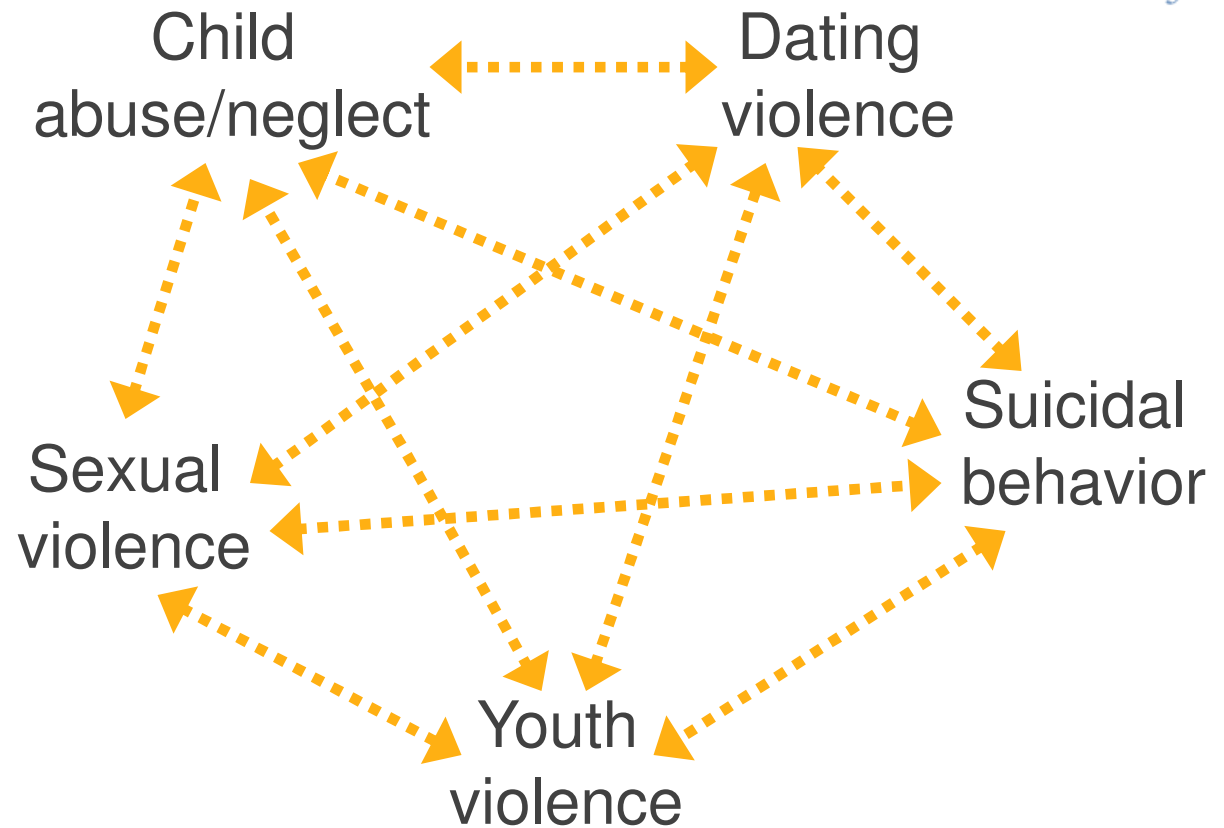
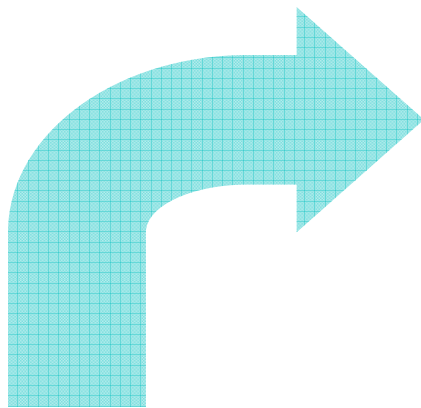
1 Determine the Burden and Develop a Plan of Action	2 Outreach and Education to Inform and Motivate the Public	3 Provide Technical Support and Training	4 Work With Communities for Policy and Environmental Changes	5 Evaluate and Improve Programs
<p>Collect and analyze injury data to determine the scope and magnitude of the state's injury burden.</p> <p>Consider all intentional and non-intentional injury—car crashes, falls, drowning, fires, suicides, sexual assault, intimate partner violence, child and elder abuse, and poisonings.</p> <p>Collect and analyze injury data to determine the incidence, causes, and circumstances of fatal and non-fatal injuries.</p> <p>Meet with partners to identify and discuss statewide priorities.</p>	<p>Design, implement and evaluate interventions.</p> <p>Deliver culturally relevant educational materials, media campaigns and community outreach efforts to increase awareness that injuries can be prevented. Promote the benefits of the use of safety devices in the home.</p> <p>Build coalitions and develop partnerships with community groups, local health departments and hospitals, fire departments and others to disseminate injury prevention and control information and resources. For example, partner with local fire departments to install free smoke detectors, work with SafeKids Coalitions to provide free car seats.</p>	<p>Provide technical support and training to ensure awareness of proven injury prevention interventions and encourage their use in local health departments, community agencies and programs.</p> <p>Train individuals and organizations so that they can design, implement, and evaluate their own injury prevention and control activities.</p>	<p>Affect public policy through collaboration with community leaders to make the community safer with environmental changes—bike lanes, resilient surfaces under playground equipment, pedestrian bridges over busy streets.</p> <p>Work with school systems to include injury prevention and control in their curricula (poisonings, safety belt use, use of bicycle helmets, etc.).</p> <p>Promote adoption of local ordinances and legislation that promotes injury prevention—bike helmet laws for children, use of child safety seats in motor vehicles, etc.</p>	<p>Build a solid infrastructure for injury prevention programs. Use data such as vital statistics, hospital discharge data, reported crimes data, insurance claims and surveillance data to measure and evaluate impact of policy and program efforts.</p> <p>Evaluate cost-effectiveness of interventions and community strategies.</p> <p>Analyze data to help develop the best possible programs.</p>

For additional information: Contact the State Health Department Injury Prevention Program or Safe States.

# Shared Risk and Protective Factors Against Violence as a System



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## Violence

- Dating violence
- Child abuse/neglect
- Sexual violence
- Youth violence
- Suicidal behavior

Rita Noonan, PhD, CDC Division of Violence Prevention (DVP), RPE Training 2006

# Evidence-Based Programs



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- **Community-Based Programs**
  - U.S. Air Force Suicide Prevention Program
  - Reduced Analgesic Packaging
- **Emergency-Room Programs**
  - ER Means Restriction Education for Parents
  - ER Intervention for Adolescent Females
- **Primary Care**
  - PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial)
- **Service Delivery**
  - Psychotherapy in the Home

[http://www2.sprc.org/sites/sprc.org/files/EBPP\\_listed\\_programs.pdf](http://www2.sprc.org/sites/sprc.org/files/EBPP_listed_programs.pdf)

# Evidence-Based Programs



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- School-Based Programs
  - CARE (Care, Assess, Respond, Empower)
  - CAST (Coping and Support Training)
  - Columbia University TeenScreen
  - Lifelines
  - Reconnecting Youth
  - SOS (Signs of Suicide)
  - QPR (Question, Persuade, Refer)
  - American Indian Life Skills Development/ Zuni Life Skills Development

[http://www2.sprc.org/sites/sprc.org/files/EBPP\\_listed\\_programs.pdf](http://www2.sprc.org/sites/sprc.org/files/EBPP_listed_programs.pdf)

# RI Youth Suicide Prevention Project



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## 1. Determine the Burden and Develop a Plan of Action

- *A Suicide Prevention Framework for Rhode Islanders Ages 15-24, 2002*
- *The Burden of Injury in RI, 2005/2006*
- *Rhode Island Injury Prevention Plan, 2005*

## 2. Outreach and Education to Inform and Motivate the Public

- Lethal Means Restriction Media Campaign, 2011

Supported by a grant to the RI Dept of Health from the Substance Abuse & Mental Health Services Administration (Grant # SM060447-01-2)



# RI Youth Suicide Prevention Project



3. Provide Technical Support and Training
  - QPR & SOS Gatekeeper Training
  - Interactive Screening Program
  - Curriculum integration into public health & medical school (SPIRE)
4. Work with Communities for Policy and Environmental Changes
  - Core city focus (>15% children in poverty)
  - Integrating policy into high schools and community-based organizations (crisis intervention & referral)
5. Evaluate and Improve Programs

Supported by a grant to the RI Dept of Health from the Substance Abuse & Mental Health Services Administration (Grant # SM060447-01-2)



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**Thank you!**

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