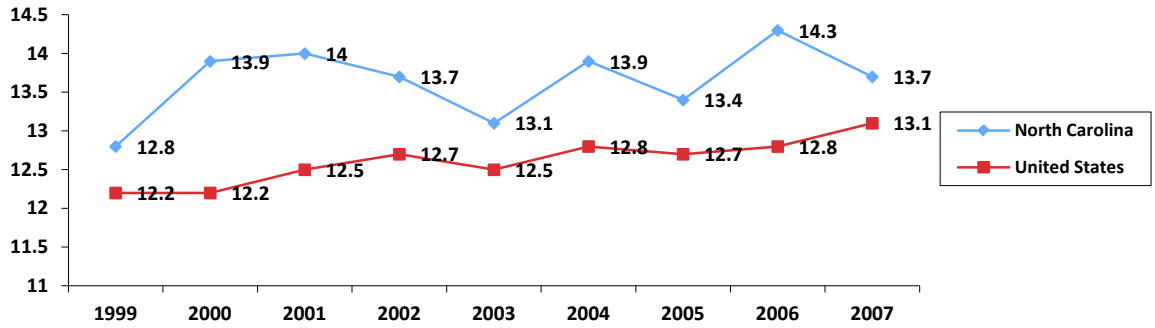
NCIOM North Carolina Institute of Medicine
shaping policy for a healthier state

Suicide Prevention and Intervention

Suicide is one of the ten leading causes of death for people ages 5-64 in North Carolina, and one of the few that is entirely preventable.

Each year more than 1,000 North Carolinians die from suicide, more than 6,000 people are hospitalized due to self-inflicted injuries and more than 8,000 are treated in emergency departments. In North Carolina, the suicide death rate was 13.7 per 100,000 people in 2007 and has been consistently higher than the national average since 1999. Suicide deaths in the state resulted in more years of potential life lost for individuals under age 65 than homicide, congenital abnormalities, human immunodeficiency virus (HIV) or diabetes.

Age-Adjusted Suicide Rate for Ages 10 or Older in North Carolina and the United States (1999-2007) (per 100,000 population)



Many people who die by suicide have an underlying mental illness or substance use disorder. National data suggest that 90%of suicides are associated with some form of mental illness. In North Carolina, 37% of the males and 67% of the females who died by suicide from 2004-2008 were in current treatment for a mental illness at the time of their death.

An NCIOM task force made up of mental health service leaders and advocates from around the state recommends a suicide prevention and intervention plan to be implemented across the state. The plan focuses on the role that DMH/DD/SAS, DMA, and LME/MCOs can play in reducing suicide deaths and suicide risk.

Recommendations include:

- **Build infrastructure for suicide prevention and intervention:** DMH/DD/SAS and each LME/MCO should designate leaders to coordinate and implement suicide prevention and intervention activities. These leaders should work together to identify screening and assessment tools, training for first responders as well as treatment and recovery options to be implemented throughout the state.
- **Invest in suicide prevention and education:** The state should require all LMEs and LME/MCOs to use a portion of their federal and state funding for suicide prevention and education in their communities.

- **Utilize screening and assessment tools to identity those at risk of suicide:** The state should identify evidence-based screening tools and develop protocols and require them to be used by LME/MCOs in every community.
- **Ensure trained crisis providers are available across the state:** Crisis providers that have been trained in crisis de-escalation skills, identifying suicide risks and providing treatment to stabilize the immediate suicide risk should be available. Individuals with mental health or substance use disorders who are discharged from institutions, hospitals, or crisis services should be added to the special health care needs population, making them eligible for care coordination to connect them with community providers.
- **Ensure that those at high risk of suicide receive the high quality, evidence-based treatment for underlying conditions:** Treatment, care coordination and information sharing among providers should be designed to target the populations most at risk for suicide, including individuals with major depressive, bipolar, schizophrenia, or borderline personality disorders, as well as those with other mental health or substance use disorders.
- **Develop recovery plans for people who have attempted suicide:** State and local agencies should ensure that those who have attempted suicide or who have suicidal thoughts have treatment plans that rely on the best scientific evidence to support recovery and manage crisis.
- **Link family and friends touched by suicide into postvention services:** Toolkits should be available in schools and communities and other strategies should be implemented to help those impacted by a suicide death deal with the tragedy and get appropriate help.
- **Create a statewide suicide prevention and intervention plan:** The North Carolina Department of Health and Human Services should convene a broader workgroup to develop a statewide plan for suicide prevention, early intervention, crisis services, treatment, recovery supports, and postvention services.
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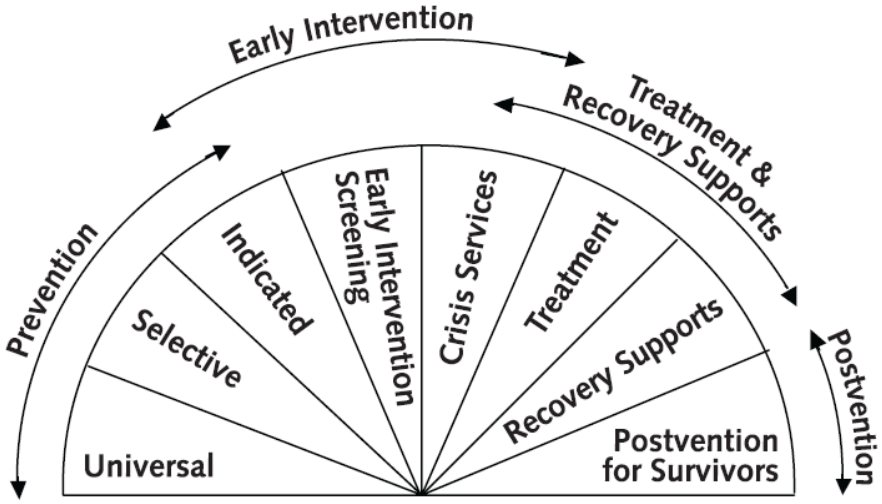

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