

SUICIDE PREVENTION: A PUBLIC HEALTH CHALLENGE

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“It is critical that we recognize the connections that mental health conditions and substance use disorders have to suicide, as well as how other external factors can play a role. Suicide can touch any of us — regardless of age, gender, or race — and leave a lasting mark on communities.”

— President Barack Obama
Proclamation for World Suicide
Prevention Day, Sept. 9, 2016

The immense medical advances in assessing, diagnosing and treating a wide variety of health concerns are making a difference in the quality and length of life for a multitude of persons. However, in the treatment of behavioral mental health, we appear to be challenged in ways that too often baffle, overwhelm and frustrate us. The rates and subsequent deaths due to addictions, depression and anxiety continue to rise, especially with the growing trend of prescription drug overdoses. The result is a public health crisis.

In 2014 — the latest year for accurate figures — there were 42,773 reported suicides in the United States, and that number probably is vastly underreported.¹ Currently, there are approximately 120 suicides a day, and a substantial number are military veterans. Suicide is the only Top 10 cause of death in the United States that is increasing each year, and because of differences in data collection and classification, a substantial number of other deaths, including opiate overdoses and motor vehicle accidents, also are suicides but not counted as such.²

For every suicide, there are at

least 25 suicide attempts, and almost 500,000 people a year visit an emergency room to seek care after a suicide attempt. Again, differences in data collection and classification, not to mention people who don't disclose a suicide attempt, make it difficult to gain a complete picture. And statistics cannot show the devastated families, disrupted schools and impact on communities, as well as stigma that bereaved family and friends feel, after suicide ends a life.³

Too often, the stigma associated with mental illness and suicide both deter and prevent many people from obtaining the necessary resources and health care that will thwart and lower the risks for suicide.⁴ Early detection of any disease or disorder can help prevent the condition from worsening. Yet all too often, people do not seek medical attention when they are struggling with early signs of mental illness. They may fear being labeled as mentally ill or crazy, or they don't believe anyone can help them. Perhaps they have had previous negative experiences in the health care system, or ineffective treatment.⁵

Broken down by specific mental health disorders, the average rates of nontreatment are startling, according to a World Health Organization review cited by clinical psychologist David Susman, PhD:⁶

- Schizophrenia, 32 percent
- Bipolar disorder, 50 percent
- Panic disorder, 55 percent
- Major depression, 56 percent
- Generalized anxiety disorder, 57 percent
- Obsessive-compulsive disorder, 59 percent
- Alcohol dependence, 78 percent

Fear of social stigma not only flares up for patients, but stigma also can be

part of health care and institutional policies/practices that discourage some people from seeking treatment. Systemic beliefs about mental illness among health care organizations can lead to unintentional discriminatory practices and policies within their institutions,⁷ cultural biases that label patients with addictions, mental illness and suicidal ideations as being undeserving of space and time in emergency departments, outpatient clinics and inpatient medical/surgical floors.

Also, large-scale barriers to mental health care are pronounced in too many health care organizations due to a lack of parity coverage for mental health, a lack of funding for mental health research, ineffective education and training of health care providers and, lastly, the perceived fear by patients that their mental illness history will have a negative impact upon their employment and legal proceedings, such as child custody cases.⁸

The medical profession's sluggishness in addressing suicide is in direct contrast to its involvement in other public health issues, such as childhood vaccinations, lead poisoning, tobacco use, etc.⁹ We make a difference when leaders of health care organizations confront public health concerns with resources, dialogue and education.

In line with the Catholic Health Association's mission, it is vital that we respond with effective interventions and thorough public health education so that no individual feels alone in a struggle against hopelessness, and no family carries the painful burden of losing a loved one to suicide. A comprehensive approach to lowering the risks of suicide is an “enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred



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gift, every human being a unity of body, mind, and spirit.¹⁰ Suicide prevention is an integral component of CHA's mission, and addressing suicide as a public health issue requires a health care policy strategy that is comprehensive in its scope, compassionate in its delivery and effective in its outcomes.

"We answer God's call to foster healing, act with compassion, and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved, and most vulnerable. By our service, we strive to transform hurt into hope."¹¹

Health care leaders at CHA potentially can enhance treatment outcomes if suicide prevention is viewed as a public health issue. The report from the National Institute of Mental Health (NIMH), "The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care"¹² and the commentary "Creating and Changing Public Policy to Reduce the Stigma of Mental Illness,"¹³ are two important resources that could impact how mental health services are allocated and delivered for those suffering from suicidal ideation. The documents provide a framework and strategy to improve health care outcomes when patients present with depression, anxiety, and suicide risk. As is well documented, many patients with serious somatic complaints, poorly managed pain control and chronic medical conditions have accompany-

ing mental health issues that, when addressed and properly treated, can improve overall patient outcomes.¹⁴

The Missouri Institute of Mental Health's Suicide Prevention Project is another resource for health care leaders to glean creative insights in lowering the risks for suicide in all of our communities, especially those challenged by limited resources and insurance. The project is a state-developed strategic plan to prevent suicides and lower the risks.¹⁵

On a national basis, the American Foundation for Suicide Prevention, Suicide Prevention Resource Center and National Action Alliance for Suicide Prevention all provide guidance, resources and strategies in addressing the staggering costs of suicide as a public health concern.

The challenge is before us to make a difference in the lives of those in our midst who are most vulnerable to mental illness. With the Affordable Care Act driving health care organizations to focus on patient well-being outcomes, and CHA's mission to be a healing presence for those most forgotten, it is an ideal time to develop a comprehensive approach to preventing suicides on the individual, family and community levels.

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NOTES

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