

# Suicide Prevention is Everyone's Business

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## Abstract

*Someone in this country dies by suicide every 12 minutes. But suicide is not chosen – it happens when pain exceeds one's resources for coping with pain.*

I was reminded of this earlier in the year following the high-profile deaths by suicide of celebrity chef Anthony Bourdain and designer Kate Spade. Bourdain acknowledged that he struggled with drug addiction and was an “unhappy soul.” Spade hid her anxiety and depression behind her bright smile and colorful brand.

As I read the articles in this issue of the *Journal of Behavioral Health Services & Research*, I was disheartened to be reminded that too often we continue to struggle with barriers between those at the greatest risk of self-harm and the care they need. These articles attest to the difficulties individuals have initiating and engaging treatment for mental illnesses and substance use disorders. They confirm the worst scenario; we are not reaching those who need us most. Factors that impede engagement include racial and ethnic disparities, sociodemographic characteristics, cultural practices and beliefs, availability of psychiatric care, and the role of parents in influencing a youth's motivation to seek substance use treatment.<sup>1-5</sup>

While other causes of death are declining, the suicide rate keeps climbing at an alarming rate. The same week Bourdain and Spade died, the Centers for Disease Control and Prevention (CDC) released a study that revealed suicide rates increased in all but one state between 1999 and 2016, with half of those states seeing an increase of 30%.<sup>6</sup>

For the past decade, suicide has ranked as the 10th leading cause of death for all ages in the USA. In 2016, suicide became the second leading cause of death among those aged 10–34 and the fourth leading cause among those aged 35–54.<sup>7</sup> Suicides and self-harm injuries cost the nation approximately \$70 billion per year, including medical costs and lost work.<sup>6</sup>

The CDC reported that more than half—54%—of people who died by suicide did not have a diagnosed mental health condition.<sup>6</sup> Among the factors that contributed to suicide deaths were relationship problems, substance use, physical illnesses, job loss, and money troubles.

Clearly, suicide is not just a mental health problem. It is a public health problem that can and must be prevented.

*We must recognize that suicide prevention is everyone's business.* We all know someone who is living with depression or anxiety, has lost a loved one to suicide, or is struggling to find mental

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health or substance use treatment for themselves or a loved one. The time has come for our response to someone with a mental health problem or an addiction to be no different than our response to someone with cancer, heart disease, or diabetes. The National Council's Mental Health First Aid course offers tools to help start a conversation, listen with compassion to someone who has thoughts of suicide, and direct them to professional help.<sup>8</sup> With more than 1.3 million people trained in Mental Health First Aid, we look forward to the day when it is as common as CPR training.

*We must make it easier for people to get the help they need.* Access and parity are essential to quality care, but they are just two parts of the equation, and we only pay lip service to the third—engagement. We do so at our peril. Even when individuals initiate treatment, they may not fully engage. Approximately half of those with a known mental health condition who died by suicide were in treatment when they died.<sup>6</sup> We must transform health care delivery for individuals at risk of suicide by offering same-day access to services and beginning to adopt a Zero Suicide approach to care, which makes all health care settings suicide safe.<sup>9,10</sup> Zero Suicide is a bold goal that we are fully capable of meeting.

*We must ensure the individuals receive effective, evidence-based treatment for mental illnesses and substance use disorders.* These include collaborative care models, cognitive behavioral therapies, and medication-assisted treatment for opioid use disorders, as well as interventions that focus on patient safety. A study conducted at Veterans Affairs hospitals around the country found that helping individuals create a safety plan before they leave the emergency department after a suicide attempt reduces the odds of a future suicide attempt by half.<sup>11</sup> Suicide deaths are not inevitable—for every person who dies by suicide, 278 individuals think seriously about suicide but do not die.<sup>12</sup>

*We must advocate for public policies that support individuals and their families at risk of suicide.* We must fully implement that National Strategy for Suicide Prevention and its Prioritized Research Agenda and urge Congress to pass the Excellence in Mental Health and Addiction Treatment Expansion Act to increase the number of Certified Community Behavioral Health Clinics (CCBHCs) around the country.<sup>13–15</sup> CCBHCs receive a Medicaid rate that allows them to provide comprehensive, evidence-based care for mental illnesses and addictions, integrated with primary care. CCBHCs are proving they can transform access to mental health and addiction care in their communities—from a patchwork of underfunded, overburdened organizations struggling to address their communities' needs to a thriving array of clinics that meet common standards for comprehensive, high-quality treatment.

*We must remember that suicide is caused by disconnection and isolation.* Thanks to technology, we live in an increasingly interconnected world, yet we are lonelier and more disconnected than ever. It's literally making us sick. Loneliness is a better predictor of early death than obesity and has the same negative effect on our health as smoking 15 cigarettes a day.<sup>16</sup> The best thing we can do if we are worried about someone attempting suicide is to tell them we are concerned, ask them if they are thinking about death and get them help from professionals, family members, and friends. Contrary to popular belief, asking about suicide does not increase suicidal ideation; research shows it may decrease suicide attempts.<sup>17</sup>

The bottom line is clear: Suicide deaths are preventable, and we must start today by implementing the solutions we know work.

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