Suicide in Montana

Facts, Figures, and Formulas for Prevention

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"Depression is such a cruel punishment. There are no fevers, no rashes, no blood tests to send people scurrying in concern, just the slow erosion of self, as insidious as cancer. And like cancer, it is essentially a solitary experience; a room in hell with only your name on the door."

Martha Manning, Undercurrents: A Life Beneath the Surface (1994)

Suicide Fact Sheet

Source: Center for Disease Control – WISQARS website, http://www.cdc.gov/injury/wisqars/index.html, (5/24),

- Suicide has surpassed car accidents as the No. 1 cause of injury-related death in the United States. There has been a 30% increase in the number of suicides in the United States since 1998. (CDC, 2018)
- In 2022 there were **49,476 suicides in the U.S.** (135 suicides per day; 1 suicide every 11 minutes). This translates to an annual **suicide rate of 14.2 per 100,000**.
- Suicide is the 11th leading cause of death.
- Males complete suicide at a rate four times that of females. However, females attempt suicide three times more often than males.
- Firearms remain the most commonly used suicide method, accounting for **54%** of all completed suicides.
- Up to 45% of individuals who die by suicide visit their primary care provider within a month of their death, with 20% of those having visited their primary care provider within 24 hours of their death
- Those suffering from chronic pain are 3 times the risk of suicide.

Suicide among Children

- In 2022, **493 children ages 10 to 14 completed suicide in the U.S. (youngest – 8 years old)**
- Suicide rates for those between the **ages of 5-14 increased 60%** between 1981 and 2010.

Suicide among the Young

- Suicide is the 2nd leading cause of death among young (15-24) Americans; only accidents and homicides occur more frequently. In **2022, there were 6,040 suicides by people 15-24 years old**
- Youth (ages 15-24) suicide rates increased more than 200% from the 1950's to the mid 1990's. The rates dropped in the 1990's but went up again in the early 2000's.
- Research has shown that most adolescent suicides occur after school hours and in the teen's home.
- Within a typical high school classroom, it is likely that three students (one boy and two girls) have made a suicide attempt in the past year.
- *Most* adolescent suicide attempts are precipitated by interpersonal conflicts. The intent of the behavior appears to be to effect change in the behaviors or attitudes of others.
- The biggest factor associated with adolescent suicidal ideations is parental disconnect (not feeling validated or accepted by their parents)

Suicide in our LGBTQ youth

Source: The Trevor Project (www.thetrevorproject.org)

- LGBTQ youth are **4 times** more likely, and questioning youth are 3 times more likely, to attempt suicide as their straight peers.
- Nearly **half** of young transgender people have seriously thought about taking their lives, and one quarter report having made a suicide attempt.
- LGBTQ youth who come from **highly rejecting families are 8.4 times** as likely to have attempted suicide as LGBT peers who reported no or low levels of family rejection.
- Each episode of LGBTQ victimization, such as physical or verbal harassment or abuse, **increases the likelihood of self-harming behavior by 2.5 times** on average.

Suicide among our Veterans

- In 2019, an average of **20** Veterans died from suicide each day. One every **84 minutes**.
- Approximately **67%** of all Veteran deaths from suicide were the result of **firearms**.
- Approximately **65%** of all Veterans who died from suicide were aged **50 years or older**.

Source: 2023 National Strategy for Preventing Veteran Suicide 2018-2028. Office of Mental Health and Suicide Prevention

Suicide among College Students

- It is estimated that there are more than **1,100 suicides on college campuses per year**.
- **1 in 12** college students has made a suicide plan (**2nd leading cause of death**)
- In 2000, the American College Health Association surveyed 16,000 college students from 28 college campuses.
  - **9.5% of students had seriously contemplated suicide.**
  - An estimated **24,000 suicide attempts** occur annually among US college students age 18-24 (JAMA).

***Source**: The Jed Foundation. https://jedfoundation.org/mental-health-and-suicide-statistics/, May 2024.*

Suicide among the Elderly

- In 2022, 10.438 Americans over the age of 65 died by suicide for a rate of 17 per 100,000
- The rate of suicide for women typically stabilizes after age 64 (after peaking in middle adulthood)
- 85% of elderly suicides were male; the rate of male suicides in late life was 7 times greater than for female suicides.
- Elders who complete suicide:
  - 73% have contact with primary care physician within a month of their suicide. Nearly half of those people visited with their primary care physician within **two weeks** of their suicide.

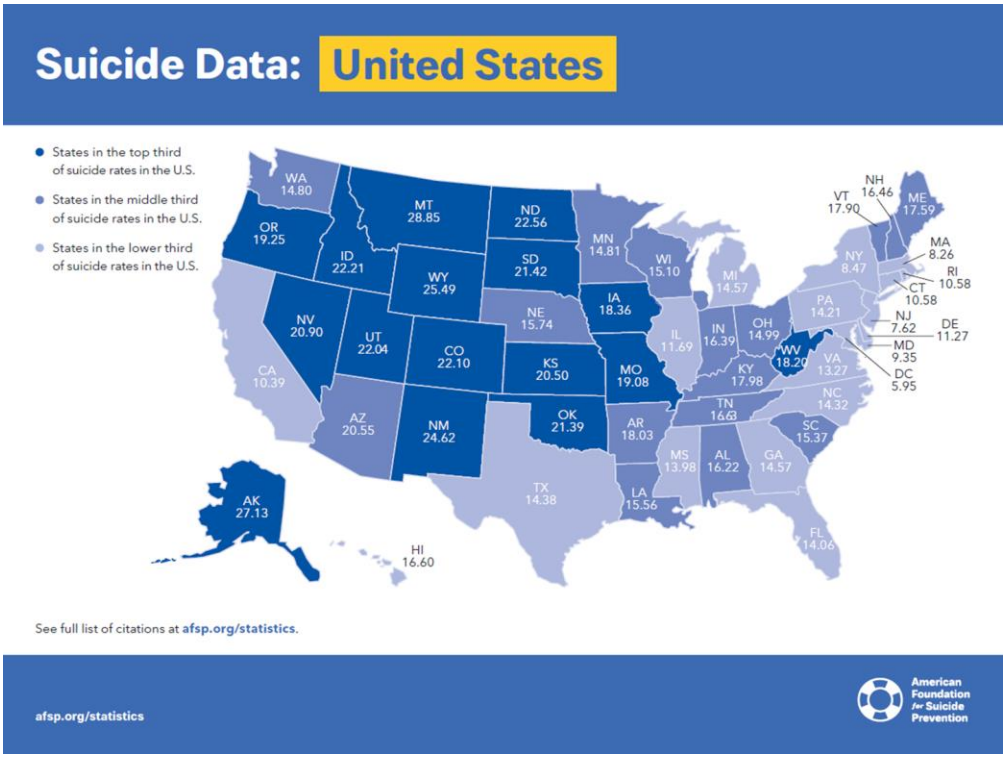
Suicide in Montana

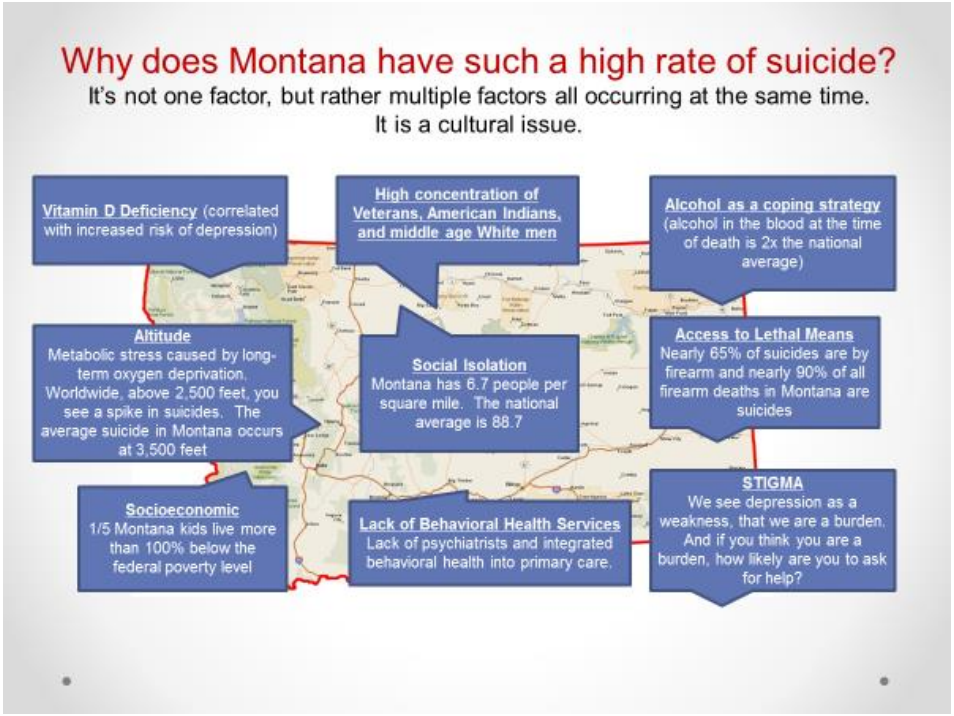
Data Source: CDC-WISQARS, 8/23, Montana Office of Epidemiology and Scientific Support (8/23), 2021 Montana Youth Risk Behavior Survey (February 2023)

- For all age groups, Montana has ranked in the **top five** for suicide rates in the nation, for the past thirty years. **In a report for 2022 in the National Vital Statistics Report, Montana has the highest rate of suicide in the nation** (326 suicides for a crude rate of 28.9/100,000)
- In Montana, between 2018-2022, the highest rate of suicide is among American Indians (43 per 100,000) although they only constitute 6% of the state's population. Caucasians are second at 26 per 100,000.
- For 2023, firearms (69%), suffocation (16%), and poisoning (7%) were the most common means of suicide in Montana. Other means include carbon monoxide, overdose, motor vehicles accidents, and jumping from heights.
- In Montana for 2022 the youth suicide (ages 11-17) rate is 17.53/100,000. This is more than triple the national rate for the same age group (5.24). In 2023, 71% of the youth suicides were completed by firearms.
- According to the 2023 Youth Risk Behavior Survey, during the 12 months before the survey, 15.1% of all Montanan students in grades 9 through 12 had made a suicide attempt For American Indian

students, 19% had attempted suicide one or more times in the twelve months before the survey.

- There is a 380% increase in suicidal ideations for students getting “D”’s compared to “A”’s.
- Suicide is the number **one** cause of preventable death in Montana for children ages 10-14
- Over the past ten years suicide is the number **two** cause of death for children ages 10-14, adolescents ages 15-24 and adults ages 25-44.
- Studies show that for every completed suicide, there are 6 survivors. Given there are approximately 300 suicides in Montana every year, that means there are about 1,800 new survivors every year in Montana. *A survivor of suicide is 3x the risk of completing suicide themselves.*





MONTANA SUICIDE RATES BY COUNTY 2013-2022

Montana Total	26.4	2853			
COUNTY	RATE	NUMBER	COUNTY	RATE	NUMBER
Beaverhead County	24.4	26	Madison County	19.3	21
Big Horn County	29.6	36	Meagher County	¥	6
Blaine County	46.2	29	Mineral County	¥	19
Broadwater County	¥	13	Missoula County	23.3	291
Carbon County	36.7	31	Musselshell County	51.6	22
Carter County	¥	†	Park County	38.1	68
Cascade County	25.5	215	Petroleum County	0	0
Chouteau County	¥	16	Phillips County	¥	17
Custer County	24.8	28	Pondera County	¥	8
Daniels County	¥	†	Powder River County	¥	5
Dawson County	¥	13	Powell County	38.7	31
Deer Lodge County	36.7	37	Prairie County	¥	†
Fallon County	¥	†	Ravalli County	28.8	147
Fergus County	21.7	27	Richland County	30.3	33
Flathead County	26.1	261	Roosevelt County	37.6	38
Gallatin County	19.8	223	Rosebud County	44.8	37
Garfield County	¥	†	Sanders County	32	39
Glacier County	30.5	40	Sheridan County	¥	9
Golden Valley County	¥	†	Silver Bow County	38	128
Granite County	¥	12	Stillwater County	35.4	29
Hill County	22.2	31	Sweet Grass County	¥	11
Jefferson County	38.1	42	Teton County	¥	16
Judith Basin County	¥	†	Toole County	¥	9
Lake County	36.5	108	Treasure County	¥	5
Lewis and Clark County	22.8	159	Valley County	¥	19
Liberty County	¥	†	Wheatland County	¥	5
Lincoln County	31.2	63	Wibaux County	¥	†
McCone County	¥	†	Yellowstone County	25.1	406

¥ = Suppressed rate due to count <20
† = Suppressed count <5
Top 10 counties

Social factors associated with Suicide

Suicidal behavior is associated with a wide variety of social factors, but correlates most highly with:

- Social Isolation (isolation from peers or social relationships that are troubled)
- Social Disorganization (society lacks the regulatory constraints necessary to control the behavior of its members.)
- Downward Social Mobility (socioeconomic)
- Rural Residency

Approximately 90% of those who die by suicide have a diagnosable mental illness.

- The most frequent diagnosis is Major Depression
- The 2nd most frequent diagnosis is Alcoholism

REMEMBER: *Depression is Treatable!*

Depression is one of the most treatable of all psychiatric disorders in young people.

- 86% treatment success rate with a combination of antidepressants and therapy*
- Only 40-70% with either by themselves.

* Source: The TADS Team. The Treatment for Adolescents with Depression Study (TADS): Long-term Effectiveness and Safety Outcomes. Archives of General Psychiatry. Oct 2007; VOL 64(10).

Rebound Effect – This is a very important effect to watch for. People do not recover overnight unless there is a very important reason. People tend to come out of wanting to die by suicide slowly. Sometimes people who have decided to kill themselves may appear quite happy. This is because they have finally made up their minds and see an end to their pain and anguish. They aren't really happy. They are simply relieved of their burden or stress or pain. Also, sometimes people who are severely depressed and contemplating suicide don't have enough energy to carry it out. But, as the disease begins to "lift" they may regain some of their energy but will still have feelings of hopelessness.

You can't tell the difference by looking at them. Studies of people who have been institutionalized for depression who later killed themselves all indicate that the period of greatest suicidal risk is not when the people are in the depths of depression, but during the first 90 days after the depression begins to lift.

Warning Signs of Suicide

Here's an Easy-to-Remember Mnemonic for the Warning Signs of Suicide: **IS PATH WARM**?

Ideation	Expressed or communicated ideation threatening to hurt or kill him/herself or talking of wanting to hurt or kill him/herself; and/or looking for ways to kill him/herself by seeking access to firearms, available pills, or other means; and/or talking or writing about death, dying or suicide, when these actions are out of the ordinary.
Substance Abuse	Increased alcohol or drug use
Purposelessness	No reason for living; no sense of purpose in life, start giving things away because there's no purpose in keeping anything, no reason to maintain their hygiene
Anxiety	Anxiety, agitation, unable to sleep or sleeping all the time, difficulty concentrating
Trapped	Feeling trapped (like there's no way out and things will never get better)
Hopelessness	Hopelessness, no future orientation
Withdrawal	Withdrawal from friends, isolating from family, stop doing things they enjoy.
Anger	Rage, uncontrolled anger, seeking revenge, irritable
Recklessness	Acting reckless or engaging in high risk activities, seemingly without thinking, impulsive behavior (especially in younger people)
Mood Change	Dramatic mood changes, flat affect, depressed mood, acting out of character

VERY IMPORTANT - All suicidal ideations are serious and every precaution needs to be taken, even if you believe the action is purely to gain attention. NEVER PUT A PERSON IN THE POSITION OF NEEDING TO PROVE THAT THEY ARE SERIOUS. Suicidal ideations are a cry for help. **DON'T AVOID THE TOPIC, TALK ABOUT THE FEELINGS AND DON'T BE AFRAID TO MENTION THE WORD "SUICIDE."** Most people will respond honestly. Many people are hesitant to bring up the subject of suicide for fear that they will be planting the idea in the mind of the person. This is a serious mistake! If the person is suicidal, asking them might lead to a conversation that could prevent the suicide.

Assessing the Degree of Risk – Mental health professionals should be used whenever possible, but once you suspect potential suicide, the best procedure is to approach the person in a **warm, accepting, non-judgmental manner** and ask a question similar to:

"Have you had thoughts of killing yourself?" or "Are you suicidal?"

Be careful with how you word your questions. Avoid asking questions that start with "why…". This elicits a defensive response and may cause the person to close down. For example, don't ask, "Why would you want to do something like that?" Instead ask, **"*How would you harm yourself?*"** This will let you quickly know if the person has a **suicide plan**.

If the person does have a suicide plan, remember the four factors that help you determine the seriousness of the risk.

- **Specificity** – How specific are the details of the plan of attack. The greater the amount of detail, the higher the risk.
- **Lethality** – What is the level of lethality of the proposed method of self-attack? The higher the lethality, the higher the risk.
- **Availability** – What is the availability of the proposed method? The more readily available the proposed method is the higher the risk.
- **Proximity** – What is the proximity of helping resources? The greater the distance the person is from those you could help him, the higher the risk.

Four factors to use to access the current level of risk (given an attempt)
The strongest behavioral warning is an attempted suicide.

- **Dangerousness** – The greater the dangerousness of the attempt, the higher the current level of risk. *e.g. Did the person take five pills or twenty five*?
- **Intent** – Did the person believe that taking five pills was going to actually kill him? DON'T JUST LOOK AT THE BEHAVIOR, LOOK AT THE INTENT BEHIND THE BEHAVIOR.
- **Rescue** – Did the person tell anyone that they made the attempt? Did the person leave any signs (notes, give away possessions), or just acted normally? **70-80% of the people who die by suicide give warning signs!**
- **Timing** – The more recent the attempt, the higher the current level of risk.

Talking with a Suicidal Person

(Source: The Mayo Clinic, http://www.mayoclinic.org/diseases-conditions/suicide/in-depth/suicide/art-20044707)

Start by asking questions

The first step is to find out whether the person is in danger of acting on suicidal feelings. Be sensitive, but ask direct questions, such as:

- How are you coping with what's been happening in your life?
- Do you ever feel like just giving up?
- Are you thinking about dying?
- Are you thinking about hurting yourself?
- Are you thinking about suicide?
- Have you thought about how you would do it?
- Do you know when you would do it?
- Do you have the means to do it?

Asking about suicidal thoughts or feelings won't push someone into doing something self-destructive. In fact, offering an opportunity to talk about feelings may reduce the risk of acting on suicidal feelings.

Look for warning signs

You can't always tell when a loved one or friend is considering suicide. But here are some common signs:

- Talking about suicide — for example, making statements such as "I'm going to kill myself," "I wish I were dead" or "I wish I hadn't been born"
- Getting the means to die by suicide, such as buying a gun or stockpiling pills
- Withdrawing from social contact and wanting to be left alone

- Having mood swings, such as being emotionally high one day and deeply discouraged the next
- Being preoccupied with death, dying or violence
- Feeling trapped or hopeless about a situation
- Increasing use of alcohol or drugs
- Changing normal routine, including eating or sleeping patterns
- Doing risky or self-destructive things, such as using drugs or driving recklessly
- Giving away belongings or getting affairs in order when there is no other logical explanation for why this is being done
- Saying goodbye to people as if they won't be seen again
- Developing personality changes or being severely anxious or agitated, particularly when experiencing some of the warning signs listed above

Get emergency help, if needed

If you believe someone is in danger of dying by suicide or has made a suicide attempt:

- Don't leave the person alone.
- Call 911 or your local emergency number right away. Or, if you think you can do so safely, take the person to the nearest hospital emergency room yourself.
- Try to find out if he or she is under the influence of alcohol or drugs or may have taken an overdose.
- Tell a family member or friend right away what's going on.

If a friend or family member talks or behaves in a way that makes you believe he or she might attempt suicide, don't try to handle the situation without help — get help from a trained professional as quickly as possible. The person may need to be hospitalized until the suicidal crisis has passed.

Offer support

If a friend or loved one is thinking about suicide, he or she needs professional help, even if suicide isn't an immediate danger. Here's what you can do.

- **Encourage the person to seek treatment.** Someone who is suicidal or has severe depression may not have the energy or motivation to find help. If your friend or loved one doesn't want to consult a doctor or mental health provider, suggest finding help from a support group, crisis center, faith community, teacher or other trusted person. You can help by offering support and advice — but remember that it's not your job to become a substitute for a mental health provider.
- **Offer to help the person take steps to get assistance and support.** For example, you can research treatment options, make phone calls and review insurance benefit information, or even offer to go with the person to an appointment.
- **Encourage the person to communicate with you.** Someone who's suicidal may be tempted to bottle up feelings because he or she feels ashamed, guilty or embarrassed. Be supportive and understanding and express your opinions without placing blame. Listen attentively and avoid interrupting.
- **Be respectful and acknowledge the person's feelings.** Don't try to talk the person out of his or her feelings or express shock. Remember, even though someone who's suicidal isn't thinking logically, the emotions are real. Not respecting how the person feels can shut down communication.
- **Don't be patronizing or judgmental.** For example, don't tell someone, "things could be worse" or "you have everything to live for." Instead, ask questions such as, "What's causing you to feel so bad?" "What would make you feel better?" or "How can I help?"
- **Never promise to keep someone's suicidal feelings a secret.** Be understanding but explain that you may not be able to keep such a promise if you think the person's life is in danger. At that point, you have to get help.
- **Offer reassurance that things will get better.** When someone is suicidal, it seems as if nothing will make things better. Reassure the person that these feelings are temporary, and that with appropriate treatment, he or she will feel better about life again.

- **Encourage the person to avoid alcohol and drug use.** Using drugs or alcohol may seem to ease the painful feelings, but ultimately it makes things worse — it can lead to reckless behavior or feeling more depressed. If the person can't quit on his or her own, offer to help find treatment.
- **Remove potentially dangerous items from the person's home, if possible.** If you can, make sure the person doesn't have items around that could be used to attempt suicide — such as knives, razors, guns or drugs. If the person takes a medication that could be used for overdose, encourage him or her to have someone safeguard it and give it as prescribed.

Take all signs of suicidal behavior seriously

If someone you know says he or she is thinking of suicide or is behaving in a way that makes you think the person may be suicidal, don't play it down or ignore the situation. Many people who die by suicide have expressed the intention at some point. You may worry that you're overreacting, but the safety of your friend or loved one is most important. Don't worry about straining your relationship when someone's life is at stake.

You're not responsible for preventing someone from taking his or her own life — but your intervention may help the person see that other options are available to stay safe and get treatment.

Suicide Prevention Resources (trainings and programs)

- **QPR**- A two-hour gatekeeper training that provides anybody the ability to recognize the warning signs, how to intervene, and who to refer the person to.
- **ASIST** - A two-day workshop designed to provide participants with gatekeeping knowledge and skills. Gatekeepers are taught to recognize the warning signs and to intervene with appropriate assistance.
- **SOS: Signs of Suicide** - School-based program which combines a curriculum that aims to raise awareness of suicide and reduce stigma of depression. There is also a brief screening for depression and other factors associated with suicidal behavior.
- **Crisis Intervention Training** - CIT came out of the Memphis Police Dept. and is a training for law enforcement officers to help them manage mental health issues when they respond to a call.
- **PAX Good Behavior Game** - The PAX Good Behavior Game is an environmental intervention used in the classroom with young children to create an environment that is conducive to learning. The intervention is designed to reduce off-task behavior; increase attentiveness; and decrease aggressive and disruptive behavior and shy and withdrawn behavior. The intervention also aims to improve academic success, as well as mental health and substance use outcomes later in life.
- **Mental Health First Aid**- Mental Health First Aid is an adult public education program designed to improve participants' knowledge and modify their attitudes and perceptions about mental health and related issues, including how to respond to individuals who are experiencing one or more acute mental health crises or are in the early stages of one or more chronic mental health problems.
- **Crisis Action School Toolkit on Suicide (CAST-S)** The goal in the creation of CAST-S was to support each school district and their communities to have access to much needed resources in developing their own protocols and crisis plan for preventing and addressing youth suicides. The CAST-S is a free resource for all Montana schools (**www.dphhs.mt.gov/suicideprevention**)

For additional information about these programs or other evidenced-based practices, go to http://www.sprc.org/featured_resources/bpr//ebpp.asp or http://www.nrepp.samhsa.gov/

Other Available Suicide Prevention Resources

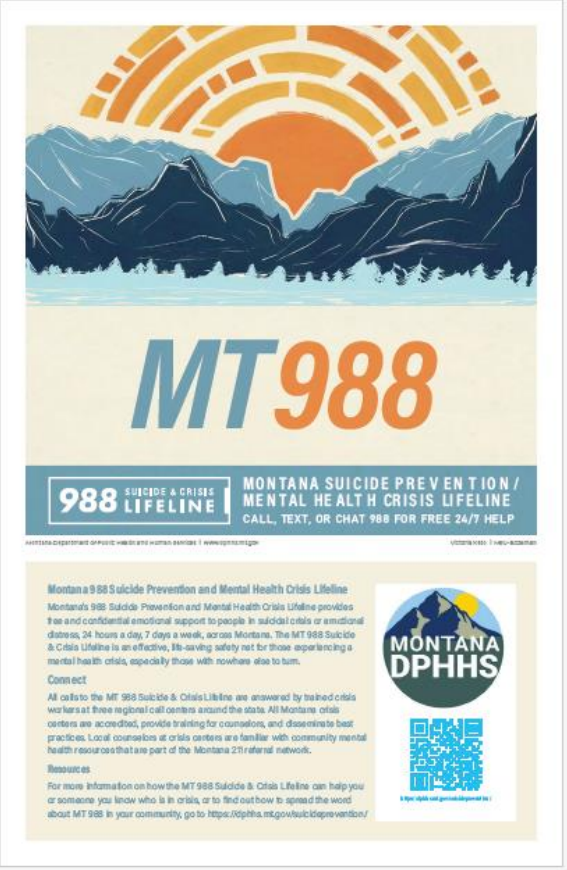
(go to www.dphhs.mt.gov/suicideprevention to download these programs)

- **Suicide Prevention Toolkit for Primary Care Providers** – Assessment and intervention material for physicians in rural communities.
- **Suicide Prevention Toolkit for Senior Living Communities** – Assessment and intervention material for assisted living programs and nursing home.

Additional Suicide Prevention Resources

- **Montana Suicide Prevention Website at www.dphhs.mt.gov/suicideprevention**

- In the event of an immediate crisis, **Call 911**, law enforcement, or take the person to the **nearest hospital emergency room or clinic**.
- **Montana Suicide Prevention Crisis Line. Call, text, or chat 988**
  Provides immediate assistance to individuals and Veterans in suicidal crisis by connecting them to the nearest available suicide prevention and mental health service provider www.suicidepreventionlifeline.org
- **American Association of Suicidology (202) 237-2280**
  Call for written material on suicide and suicide prevention or visit www.suicidology.org
- **American Foundation for Suicide Prevention (888) 333-AFSP (2377)**
  For more information on suicide prevention, call toll free or visit www.afsp.org
- **National Alliance for the Mentally Ill (800) 950-NAMI (6264)**
  Call Help Line for local support group and/or additional materials on depression, or visit www.nami.org
- **Suicide Prevention Resource Center (SPRC) 877-GET-SPRC (438-7772)**
  Provides prevention support, training, and resources to assist organizations and individuals to develop suicide prevention programs, interventions and policies, and to advance the National Strategy for Suicide Prevention. Includes materials for students, parents, school staff, and others. Includes state suicide data on state pages www.sprc.org.
- **The Trevor Project (www.thetrevorproject.org).** Founded in 1998 by the creators of the Academy Award®-winning short film TREVOR, The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24.



For additional resources, visit
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