

Pain Isn't Always Obvious

**KNOW
THE SIGNS**

suicideispreventable.org

Finding and Using Local Data for Suicide Prevention

January 21st, 2014



Welcome!

- Please mute your phone or microphone line
- If you have a question, please type it into the “Questions” box or “raise your hand” by clicking the hand logo on your control panel



Poll

What type of data does your county use in your suicide prevention efforts?

- National data
- State data
- Regional data
- County data

Theresa Ly, MPH
Senior Program Specialist
Know the Signs Campaign
Education Development Center

Data on what?

- Mortality
- Morbidity—hospitalizations
- Morbidity—emergency room visits
- Suicidal thoughts and feelings
- Associated risk factors (mental health conditions, excessive alcohol use)
- Help-seeking
- Resources available

Why?

Dispel misconceptions

Inform & evaluate suicide prevention activities

Persuade policy makers

Today's Presentation

- Commonly used data sources
- Data categories
- Other data sources
- Using data: some considerations
 - Interpreting data
 - Messaging when using data

Today's Presentation

- **Commonly used data sources**
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CDC: Youth Risk Behavior Surveillance Survey (YRBSS)

Level

- National & State

Content

- Self-reported suicide ideation
- Self-reported suicide attempt

Timeframe

- Data available on suicide from 1991
- Biannual data collection

Age

- 9th-12th grade students

Demographics

- Hispanic, AI/AN, Asian, Black, PI, White

Website

- <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>

SAMHSA: National Survey on Drug Use and Health (NSDUH)

Level

- National & State

Content

- Self-reported suicide ideation
- Self-reported suicide attempt

Timeframe

- Data on suicide available from 2008

Age

- Adults (18+)

Demographics

- Hispanic, AI/AN, Asian, Black, PI, White, 2 or more races

Website

- <http://tinyurl.com/NSDUH2013>

CDC: Web-based Injury Statistics Query and Reporting System (WISQARS)

Level	<ul style="list-style-type: none">• National & State
Content	<ul style="list-style-type: none">• Non-fatal & fatal injuries by method• Cost of Injury reports
Timeframe	<ul style="list-style-type: none">• Data on suicide available from 1999• Annual data collection
Age	<ul style="list-style-type: none">• All
Demographics	<ul style="list-style-type: none">• White, API, African American, AI/AN, Latino
Website	<ul style="list-style-type: none">• http://www.cdc.gov/injury/wisqars/fatal_injury_reports.html

California Health Interview Survey (CHIS)

Level

- State, Regional & County

Content

- Suicide ideation (for adults only)

Timeframe

- Data on suicide available from 2011
- Biannual collection, annual in 2012

Age

- All: Adult (18+); Adolescent (12-17), Child (0-11)

Demographics

- White, Asian (multiple categories), PI, African American, AI/AN, Latino, Other

Website

- <http://ask.chis.ucla.edu/main/default.asp>

CDPH: EpiCenter

Level

- State & County

Content

- Non-fatal self-inflicted injuries & method
- Fatal self-inflicted injuries & method

Timeframe

- Data on suicide available from 1991
- Annual data collection

Age

- All

Demographics

- White, API, African American, AI/AN, Latino, Other

Website

- <http://epicenter.cdph.ca.gov/ReportMenus/CustomTables.aspx>

CDPH: County Health Status Profiles

Level

- State & County

Content

- Suicide deaths

Timeframe

- Data compiled on suicide from 1999

Age

- All grouped

Demographics

- All grouped

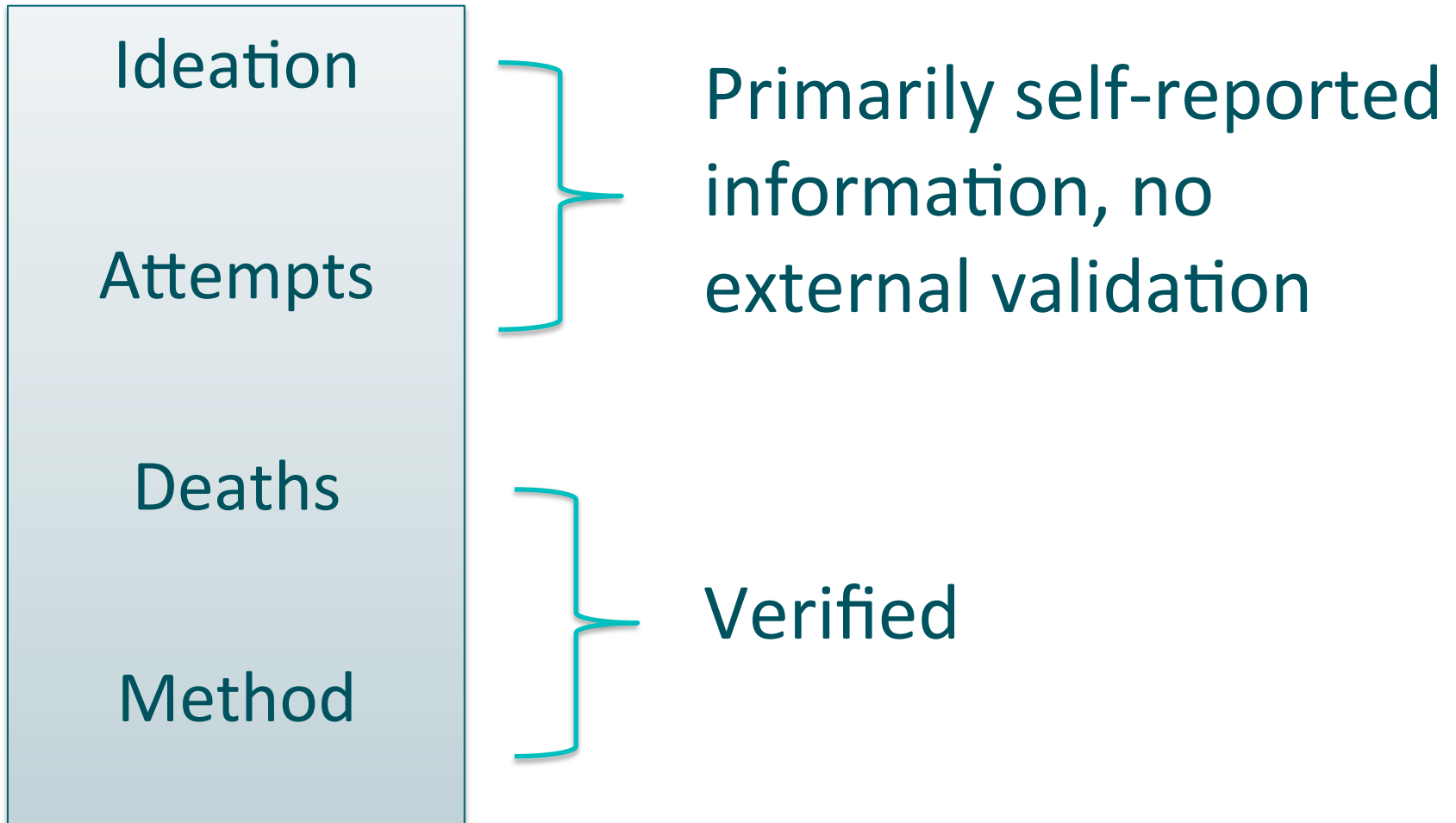
Website

- <http://www.cdph.ca.gov/programs/ohir/Pages/CHSPCountySheets.aspx>

Today's Presentation

- Commonly used data sources
- **Data categories**
- Other data sources
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Data Categories



Data Categories

Ideation

Attempts

Deaths

Method

Poll:

Is your county using suicide ideation data to inform your local suicide prevention practices?

Data Categories

Ideation

Attempts

Deaths

Method

YRBSS (National survey)

- Students who had seriously considered attempting suicide in the past 12 months

15.8% in 2011

Data Categories

Ideation

Attempts

Deaths

Method

YRBSS (National survey)

- Students who had made a plan about how they would attempt suicide in the past 12 months

12.8% in 2011

Data Categories

Ideation

Attempts

Deaths

Method

NSDUH (National survey)

- Estimated percentage of adults who had serious thoughts of suicide in the previous year

3.9% in 2012

Data Categories

Ideation

Attempts

Deaths

Method

NSDUH (National survey)

- Average percentage of adults who had made any suicide plan in the previous year

1.1% in 2012

What could this mean?

	Youth (YRBSS)	Adult (NSDUH)
Seriously thought about suicide in past year	15.8%	3.9%
Made a suicide plan in the past year	12.8%	1.1%

What could this mean?

- Youth might feel less stigma about talking about suicide
- Adulthood may be more emotionally stable than adolescence

Data Categories

Ideation

Attempts

Deaths

Method

NSDUH (State survey)

- Average percentage of adults in California who had serious thoughts of suicide in the previous year

3.4% in 2008-2009

Data Categories

Ideation

Attempts

Deaths

Method

NSDUH (State survey)

- Average percentage of adults in California who had made any suicide plan in the previous year

0.9% in 2008-2009

Data Categories

Ideation

Attempts

Deaths

Method

CHIS (State survey)

- Adults who ever seriously thought about committing suicide

8.8% in 2011-2012

What could this mean?

	<u>Ever</u> experienced (CHIS)	Experience in <u>past year</u> (NSDUH)
Californian adults who seriously thought about suicide	8.8%	3.4%

Data Categories

Ideation

Attempts

Deaths

Method

Poll:

Is your county using suicide attempt data to inform your local suicide prevention practices?

Data Categories

Ideation

Attempts

Deaths

Method

YRBSS (National survey)

- Youth reporting attempting suicide in the past year

7.8% in 2011

Data Categories

Ideation

Attempts

Deaths

Method

YRBSS (National survey)

- Youth reporting to have self-injured resulting in doctor treatment in the past year

2.4% in 2011

Data Categories

Ideation

Attempts

Deaths

Method

EpiCenter (State)

- Non-fatal self-inflicted injuries leading to hospitalization

In 2011

Cases: 15,324

Rate: 40.8/100,000

Data Categories

Ideation

Attempts

Deaths

Method

EpiCenter (State)

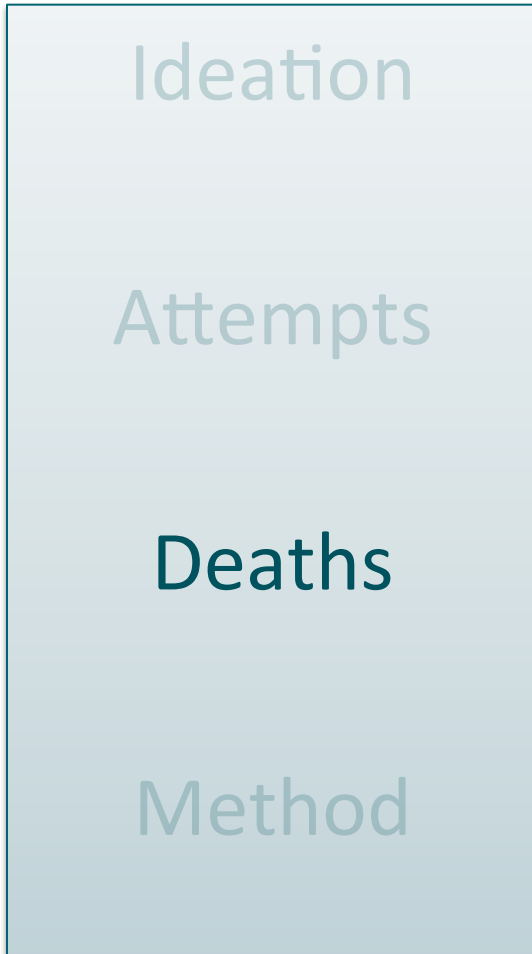
- Non-fatal self-inflicted injuries treated in the Emergency Department

In 2011

Cases: 29,137

Rate: 77.6/100,000

Data Categories



Poll:

Is your county using suicide death data to inform your local suicide prevention practices?

Data Categories

Ideation

Attempts

Deaths

Method

EpiCenter (State)

- Death due to self-inflicted injuries

In 2011

Cases: 3,955

Rate: 10.5/100,000

Data Categories

Ideation

Attempts

Deaths

Method

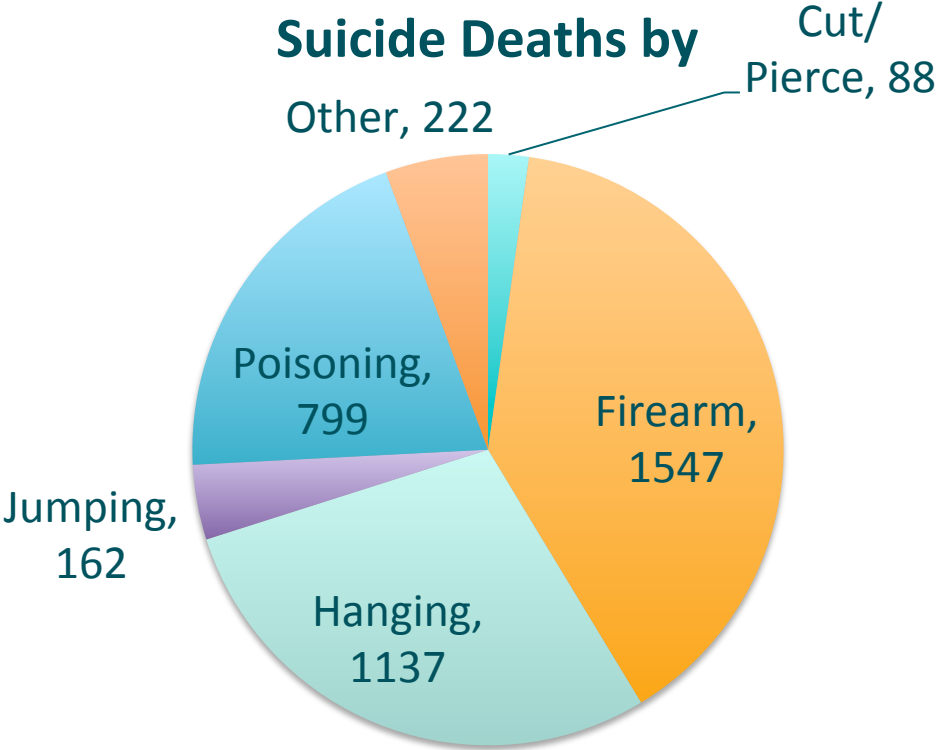
Poll:

Is your county using data on suicide method to inform your local suicide prevention practices?

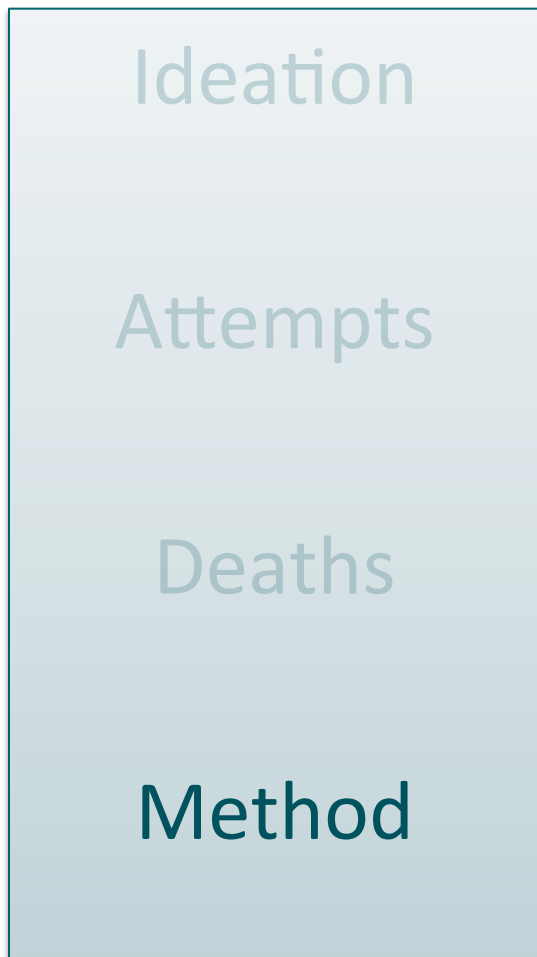
Data Categories

Ideation
Attempts
Deaths
Method

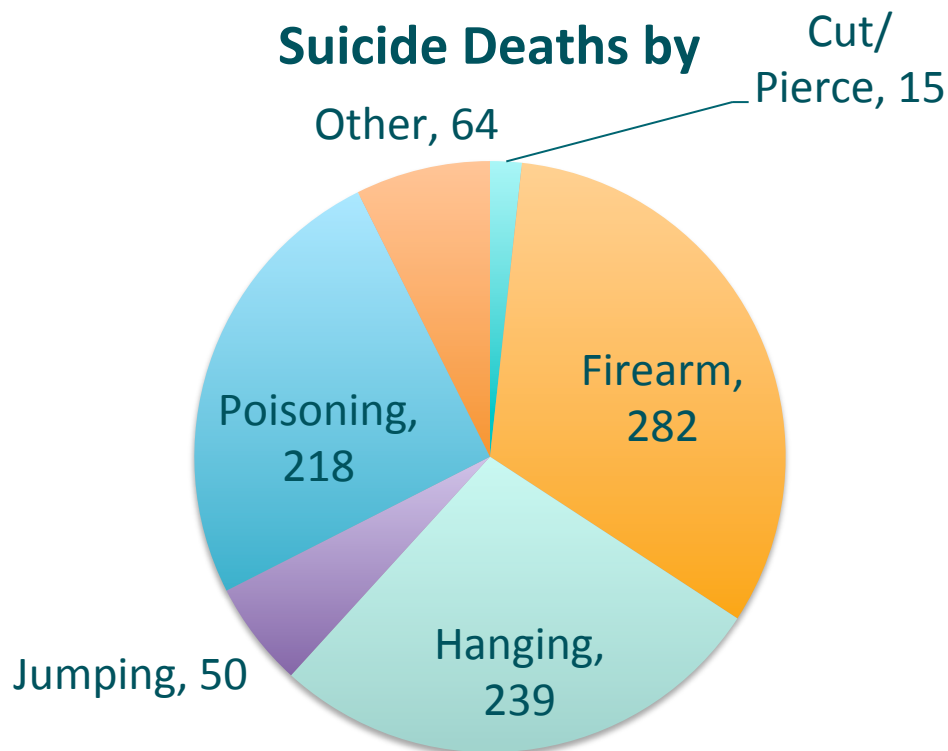
EpiCenter (State, 2011)



Data Categories



EpiCenter (Bay Area, 2011)



Today's Presentation

- Commonly used data sources
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- **Other data sources**
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Type in your thoughts!

Is your County using any other type of data in your suicide prevention work?

Other data sources

Co-Morbidity

Financial
Impact

Hotline &
Local Service
Use

Other data sources

Co-Morbidity

Financial
Impact

Hotline &
Local Service
Use

Behavioral Risk Factor Surveillance System (BRFSS)

- National & State Data (1984-2011)
- <http://apps.nccd.cdc.gov/BRFSS/index.asp>

Other data sources

Co-Morbidity

Financial
Impact

Hotline &
Local Service
Use

County Health Rankings and Roadmaps

Shasta County:

- 48 Mental Health Providers (1:3,761)
- 22% adults drink excessively
- 15% have inadequate social support

Other data sources

Co-Morbidity

Financial
Impact

Hotline &
Local Service
Use

County Health Rankings and Roadmaps

Visit

www.countyhealthrankings.org
to explore your county.

Other data sources

Co-Morbidity

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Use

WISQARS

Cost of Injury Reports

Deaths and Type of Cost			Intent Suicide
Mechanism			
All Mechanisms	Deaths	--	3,206
	Medical Cost	Average	\$3,542
		Total	\$11,354,000
	Work Loss Cost	Average	\$1,100,229
		Total	\$3,527,334,000
	Combined Cost	Average	\$1,103,770
		Total	\$3,538,688,000

Other data sources

Co-Morbidity

Financial
Impact

Hotline &
Local Service
Use

Local crisis hotlines

- Which hotlines serve your county?
- What kind of data logs do they keep?

Other data sources

Co-Morbidity

Financial
Impact

Hotline &
Local Service
Use

National Suicide Prevention Lifeline, by CA County

Call volume by county

This report includes the number of calls originating from California counties that were answered by crisis centers in the Lifeline network, between January 01, 2013 and December 31, 2013. The call volume for each county is broken down by network and location of the center that answered.

	General Lifeline, Answered In-state	General Lifeline, Answered Out-of-state	Spanish Lifeline	Veterans Hotline	Total
Alameda	5,878 79%	191 3%	59 1%	1,294 17%	7,422
Amador	123 83%	0 0%	2 1%	24 16%	149
Butte	840 77%	17 2%	3 0%	225 21%	1,085
Calaveras	66 61%	5 5%	4 4%	34 31%	109
Colusa	11 38%	1 3%	2 7%	15 52%	29

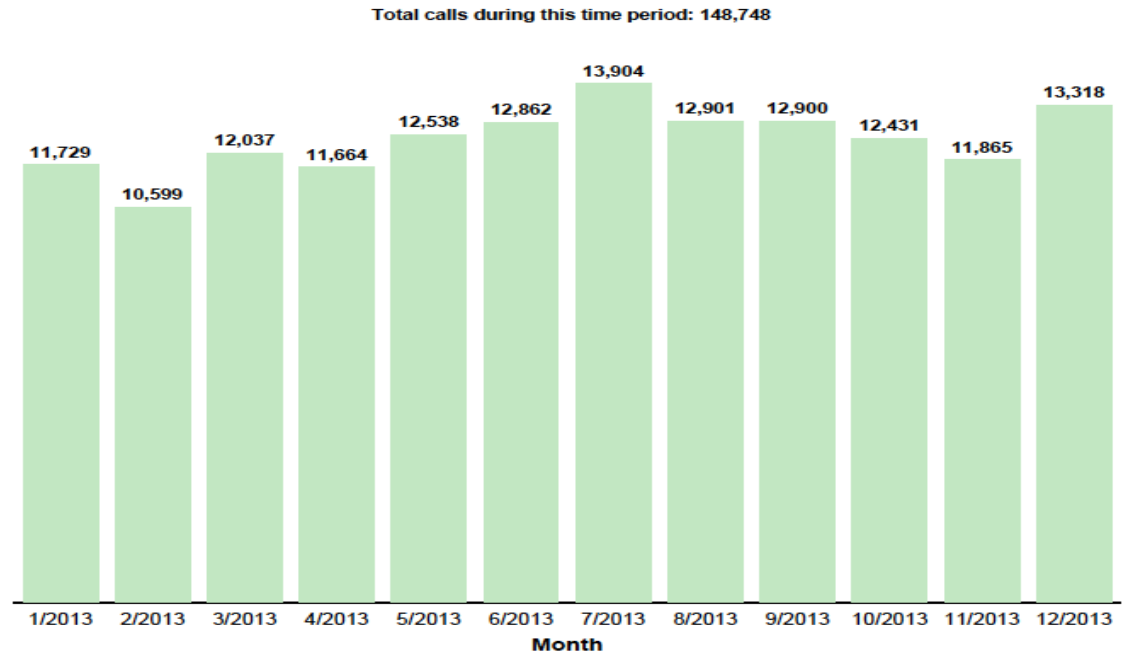
Other data sources

Co-Morbidity

Financial
Impact

Hotline &
Local Service
Use

National Suicide Prevention Lifeline, California



Other data sources

Co-Morbidity

Financial
Impact

Hotline &
Local Service
Use

National Suicide Prevention Lifeline

To request data on Lifeline calls
from your County, contact

Carole Ludwig at
cludwig@mhaofnyc.org

Other data sources

Co-Morbidity

Financial
Impact

Hotline &
Local Service
Use

Other National Hotlines

- Friendship Line
- Trevor Project
- Others?

Other data sources

Co-Morbidity

Financial
Impact

Hotline &
Local Service
Use

California's Common Metrics

- Demographics
- Reason for call
- Call volume
- Level of risk
- Follow-up and tracking post-call
- Caller satisfaction

Other data sources

Co-Morbidity

Financial
Impact

Hotline &
Local Service
Use

California's Common Metrics

For questions on Common Metrics, contact Sandri Kramer (skramer@didihirsch.org) or Georgina Morris (gparra@didihirsch.org)

Other data sources

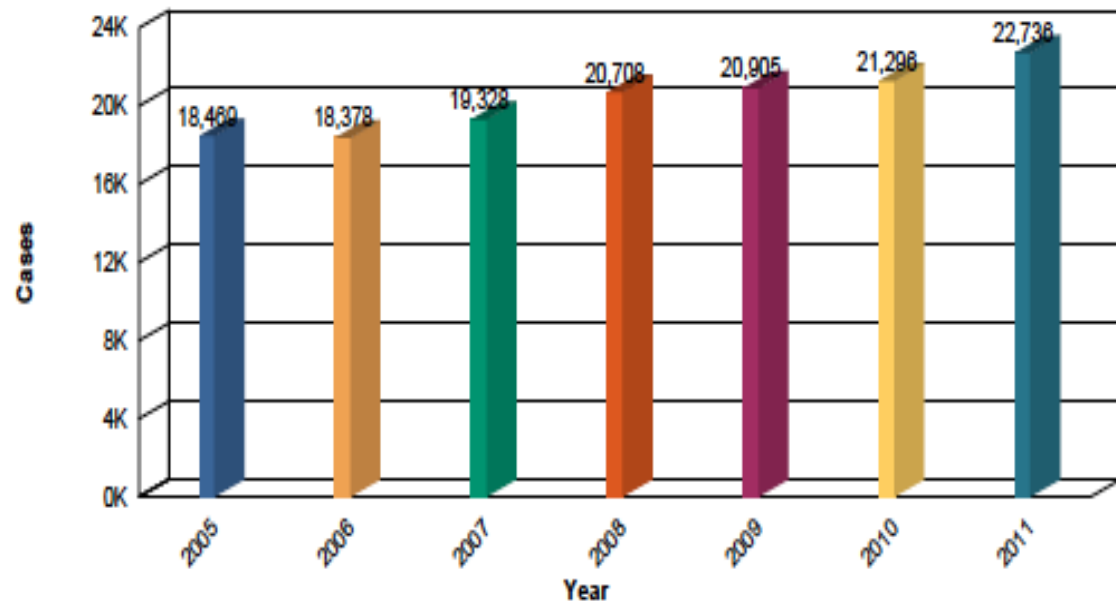
Co-Morbidity

Financial
Impact

Hotline &
Local Service
Use

Poison Control System Calls

Suspected Suicides by Year



Other data sources

Co-Morbidity

Financial
Impact

Hotline &
Local Service
Use

Poison Control System Calls

To request data on your County, contact Dr. Stuart Heard at the California Poison Control System
(seheard@calpoison.org)

Other data sources

Co-Morbidity

Financial
Impact

Hotline &
Local Service
Use

Others?

- Hospitals?
- Coroner?
- Mental Health or Public Health Department?

Today's Presentation

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Beneficial uses of data

- Defines a target population
- Reduces misconceptions
- Provides context to local issue of suicide
- Helps you see changes over time

Interpretations

Consider using social math:

“183 suicides have occurred in Nevada County in the past 10 years”

vs.

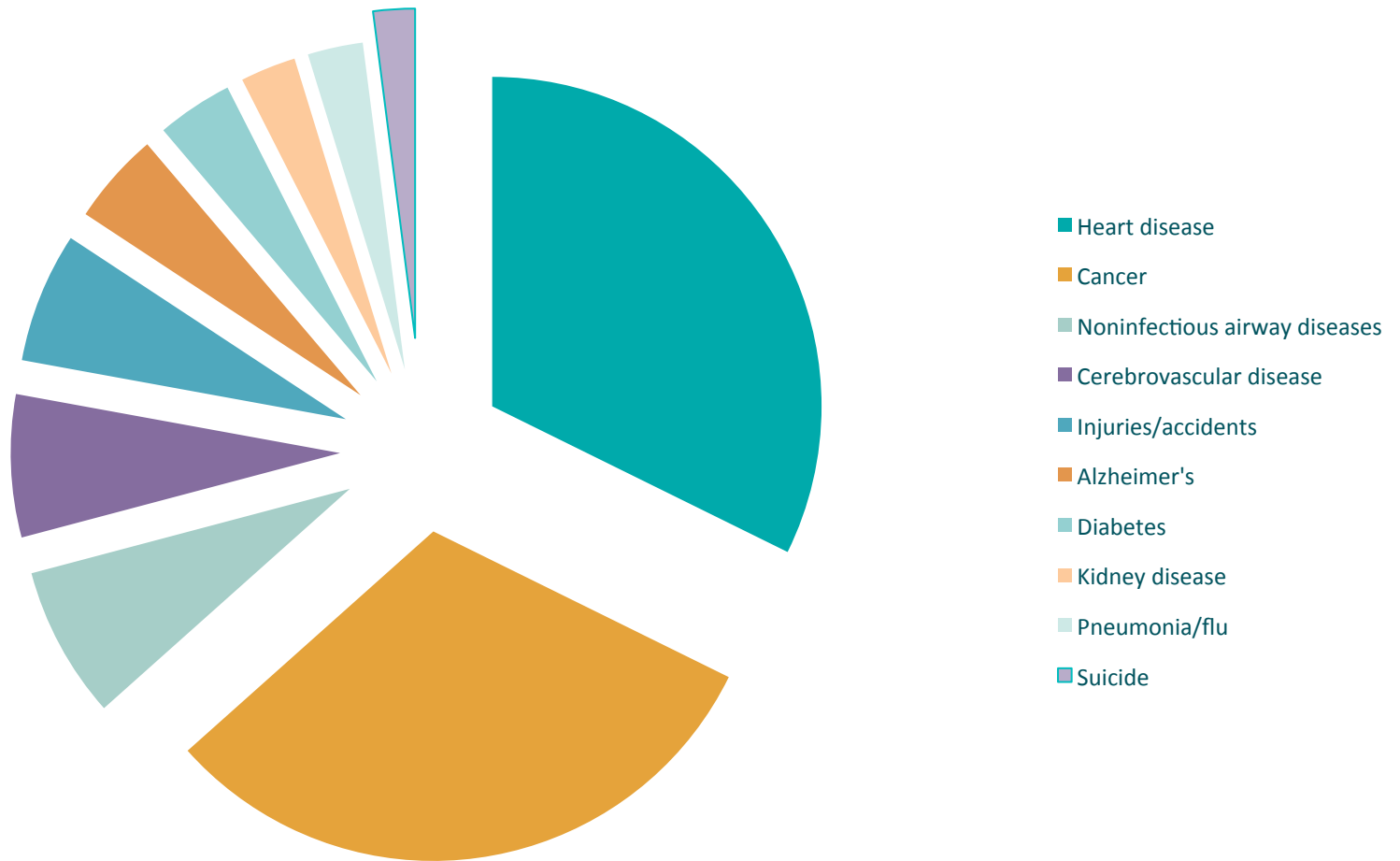
“As many people died by suicide in the past 10 years in Nevada County as to fit almost 4 school buses”

Public Messaging Using Data

- Don't sensationalize the data

“1 suicide every 15 minutes”

We can't win with statistics alone...



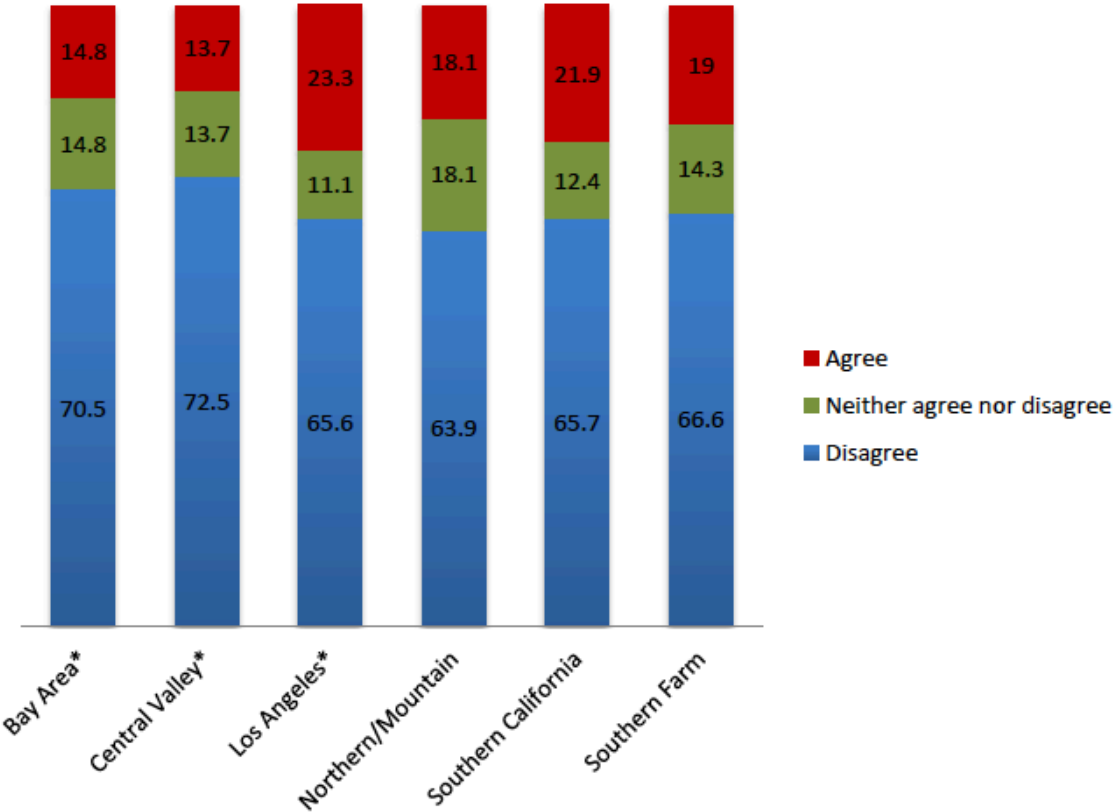
Know the Signs >> Find the Words >> Reach Out

Facts about Suicide

- Worldwide there are more deaths due to suicide than to accidents, homicides and war combined.
- Over 34,000 people in the U.S. die by suicide every year.
- Currently, suicide is the 11th leading cause of death in the U.S.
- Every day, approximately 95 Americans take their own life, and 2,370 more attempt to do so.
- A person dies by suicide about every 15 minutes in the U.S. An attempt is estimated to be made once every 40 seconds.

We already know suicide is an issue

Suicide is not a problem in California.



Changing the Conversation – a priority for the National Action Alliance for Suicide Prevention



The Action Alliance will leverage the media and national leaders to **change the national narratives around suicide & suicide prevention** to one that **promotes help, connectedness, social support, resilience, treatment and recovery.**

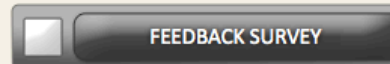
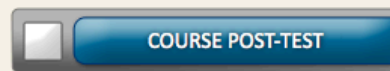
SPRC Data Training

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Locating and Understanding Data for Suicide Prevention

Data can contribute to the understanding required to effectively prevent suicide in a state or community. This course will 1) describe the strengths and limitations of data on suicide, suicide attempts, and suicidal ideation; 2) explain some concepts essential to selecting and interpreting data from key sources; 3) describe eight readily-accessible sources of data and how to use them, and 4) explain how to organize these data to inform suicide prevention efforts and educate colleagues, partners, policymakers, and the community.



Questions & Discussion

If you have a question, please type it into the “Questions” box or “raise your hand” by clicking the hand logo on your control panel



Thank you!

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Please fill out
the
Evaluation!

Webinar will be archived on
www.yourvoicecounts.org