TUSCOLA COUNTY SUICIDE PREVENTION PLAN

September 2007

Developed by the Tuscola County Suicide Prevention Coalition
Adopted 9-11-07 by the
Tuscola County Human Services Coordinating Council

Table of Contents

We present this plan with pride, fervent hope, and belief that – with the initiation of the actions set forth in this plan – Tuscola County's families, schools, neighborhoods, workplaces, and communities will be spared the tragedy and grief of suicide.

Tuscola County Suicide Prevention Coalition

INTRODUCTION

TUSCOLA COUNTY NEEDS A SUICIDE PREVENTION PLAN…

Suicide is preventable, yet from 2003-2005 Tuscola County lost 11 of our citizens, on average, to suicide each year. In 2004, Tuscola County ranked 1st out of 83 counties in the state for the rate of suicide and 2nd in 2005. Rates for these years respectively were 22.2 and 22.7[1]. The 2004 rate in Michigan was 10.8 and 2005 was 10.9, which is comparable to the 2004 national rate of 11.1[2]. Between 1996 and 2005, Tuscola County lost 84 individuals to suicide[3], a staggering number when you consider what this number represents in terms of the number of years of potential life lost[4] not to mention the tremendous grief that those left behind must endure.

To address this important public health problem state-wide, the Michigan Suicide Prevention Coalition was formed in October 2003. Their charge was to develop a suicide prevention plan that local communities could use as a template in developing their own plans. The state plan was largely built using the National Strategy for Suicide Prevention[5] that was published in 2001 and was viewed as a prerequisite to accessing Federal funding for suicide prevention. With the sanctioning of the Michigan Suicide Prevention Plan[6] completed in January 2005 by the Surgeon General of Michigan (see Appendix A) and the Michigan Department of Community Health, it is time for our county to move forward in adopting a comprehensive suicide prevention strategy that will result in the reduction of suicide attempts and deaths in Tuscola County. The Michigan Suicide Prevention Coalition (MiSPC) is proposing to reduce the number of suicide deaths state-wide by 20% in the next five years. Tuscola County will endeavor to follow MiSPC's lead by setting the same target during the first five years of the plan's implementation.

Suicide Facts[6]

M*ost suicides are preventable with appropriate education, awareness and intervention methods.*

F*or every suicide death, there are an estimated 25 attempts.*

E*lderly are the highest risk group per capita.*

F*or youth, suicide is the 3rd leading cause of death.*

M*ore than 90% of people who die by suicide have a diagnosable mental disorder present.*

The Tuscola County Human Services Coordinating Council accepted this challenge and created the Tuscola County Suicide Prevention Coalition (TCSPC) with the charge of drafting the local plan. The Tuscola County Suicide Prevention Coalition held its first formal meeting in September 2006. Membership of other professional groups will be solicited including the survivor community representatives from mental health, health care, public health, public school system, intermediate school district, law enforcement, clergy, media, funeral homes, and substance abuse providers.

The Tuscola County Suicide Prevention Plan addresses the problem of suicide for all of its residents across the lifespan. It is a broad-based approach designed to reduce both suicide deaths and suicide attempts, as well as to reduce the stigma associated with suicide. Given the continued weakness of Michigan's economy and lower than expected General Fund revenues, resources and funds for suicide prevention are likely to remain limited for the foreseeable future. However, with the passage of the Garrett Lee Smith Memorial Act by congress in 2004, states, tribal groups, and territories are now able to access Federal funding to support suicide prevention. Michigan was fortunate to be approved for Garrett Lee Smith

funding in September 2006 paving the way for local communities to apply for grant funding through the Michigan Department of Community Health (MDCH). With the completion of the Tuscola County Suicide Prevention Plan, the TCSPC believes that Tuscola County is well positioned to take advantage of this important grant opportunity.

SUICIDE AS A PUBLIC HEALTH PROBLEM IN MICHIGAN AND TUSCOLA COUNTY[7]

Did You Know?

At least 6,618 people became suicide survivors in Michigan in 2005

Did You Know?
Michigan Deaths In 2005[7]

Suicide	*1,103*
Homicide	*673*
HIV/AIDS	*224*

A public health problem is anything that effects or threatens to affect the overall health and well-being of the public. Compared to causes of death such as heart disease and cancer, suicide as a manner of death is a relatively rare event. And yet in 2005, 1103 Michigan residents took their lives by suicide with 15 of those deaths occurring in Tuscola County. Intentional self-injury is the tenth leading cause of death in Michigan but ranks in sixth place with accidents in Tuscola County in 2005. Here in Tuscola County, men age 32 to 53 account for the largest number of the suicide deaths. [8]

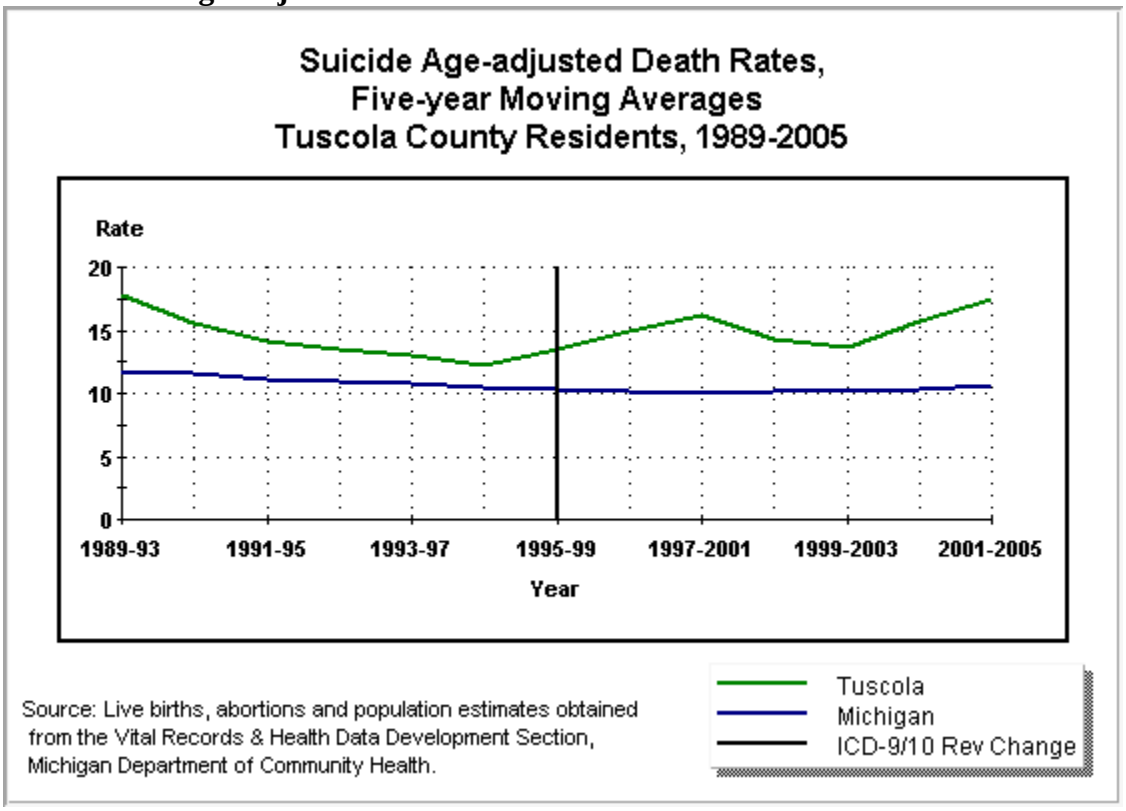
For some groups, such as young people age 15-24, suicide is the third leading cause of death in Michigan behind accidents and homicide. For college age students in 2002, suicide was the second leading cause of death in the state. State-wide suicide is the fifth leading cause of years of potential life lost below age 75 in 2005 with a total of 33,057 and rate of 348.9 years of potential life lost. In Tuscola County, suicide is the fourth leading cause of life lost below age 75 in 2005 with 370 years of potential life lost. (see Table 1). [9]

Table 1: Years of Potential Life Lost Below Age 75, By Sex, Due to Selected Causes of Death, Tuscola County and Michigan Residents, 2005 (Abridged) [10]

Michigan Rank	Cause of Death	Tuscola			Michigan		
		Total	Male	Female	Total	Male	Female
1	Malignant neoplasms	1,075	540	535	155,599	80,879	74,720
2	Diseases of heart	720	580	140	123,238	83,567	39,671
3	Accidents	751	534	217	87,644	61,145	26,499
4	Certain conditions originating in the perinatal period	75	- 0	75	42,927	22,306	20,622
5	Intentional self-harm (suicide)	370	320	50	33,057	25,546	7,511
6	Assault (homicide)	25	- 0	25	28,346	23,468	4,878

For more than a decade, the average annual suicide rate for Michigan has remained steady. The rate for Tuscola County has been consistently higher than Michigan, but has fluctuated from year to year.

Table 2: Suicide Age Adjusted Death Rates[11]



Males accounted for nearly 79% of all suicide deaths in Michigan in 2005. From 2000-2005, in Tuscola County, males accounted for between 80% and 100% of the suicide deaths as indicated on the table below. Males lost significantly more potential years of life as well with 320 years lost compared to women losing 50 years of life in 2005.

Table 3: Number of Suicides, by Gender 1996-2005[12]

Number of Suicides	Both Sexes	Males		Females	
		Number	%	Number	%
2005	15	13	86.7%	2	13.3%
2004	13	11	84.6%	2	15.4%
2003	5	5	100.0%	0	0.0%
2002	7	6	85.7%	1	14.3%
2001	11	10	90.9%	1	9.1%
2000	10	8	80.0%	2	20.0%
1999	7	6	85.7%	1	14.3%
1998	7	7	100.0%	0	0.0%
1997	12	12	100.0%	0	0.0%
1996	7	6	85.7%	1	14.3%
Totals	94	84	89.4%	10	10.6%

Historically, males account for 84 of the 94 (89.4%) suicide deaths since 1996. Analysis of age distribution across the life span is difficult due to the population size when broken down by gender and age. MDCH does not include numbers less than 4 in their statistical tables in order to protect confidentiality. There is an indication however in years which had higher numbers of suicides that males, in the 25-44 age group, are more likely to have completed a suicide in Tuscola County. [13]

Table 4: Male Suicides by Age, Adjusted Death Rates[14]

	Number All Ages	% Under 5	% 5 to 14	% 15-24	% 25-44	% 45-64	% 65 and Older
2005	15	—	**	**	33.3%	**	33.3%
2004	13	—	**	**	61.5%	**	**
2003	5	—	**	**	**	**	**
2002	7	—	**	**	**	**	**
2001	11	—	**	45.5%	**	**	**
2000	10	—	**	**	**	50%	**
1999	7	—	**	**	**	**	**
1998	7	—	**	**	**	**	**
1997	12	—	**	**	58.3%	**	**
1996	7	—	**	**	**	**	**

"**" indicates that data were suppressed (4 deaths or less) to assure confidentiality.

Data from 2000-2005, indicates that firearms were by far the most common method of suicide followed by hanging and poisoning (see Table 5). [15]

Table 5: Method of Suicide, 2000-2005 average

	Percent of Distribution					
ALL SUICIDES	10	11	7	5	13	15
Firearm	60	63.6	57.1	40	38.5	73.3
Poisoning	10	18.2	28.6	—	23.1	20
Hanging/Suffocation	—	18.2	14.3	40	23.1	6.7
Cut/Pierce	10	—	—	20	7.7	—
Jump	10	—	—	—	—	—
Suicides - Other	10	—	—	—	7.7	—

The number of the female suicide deaths since 1996 make it statistically impossible to draw conclusions regarding age. It also makes defining the method of suicide by gender impossible to calculate using MDCH provided data.

Table 6: Number of Completed Suicides by Gender

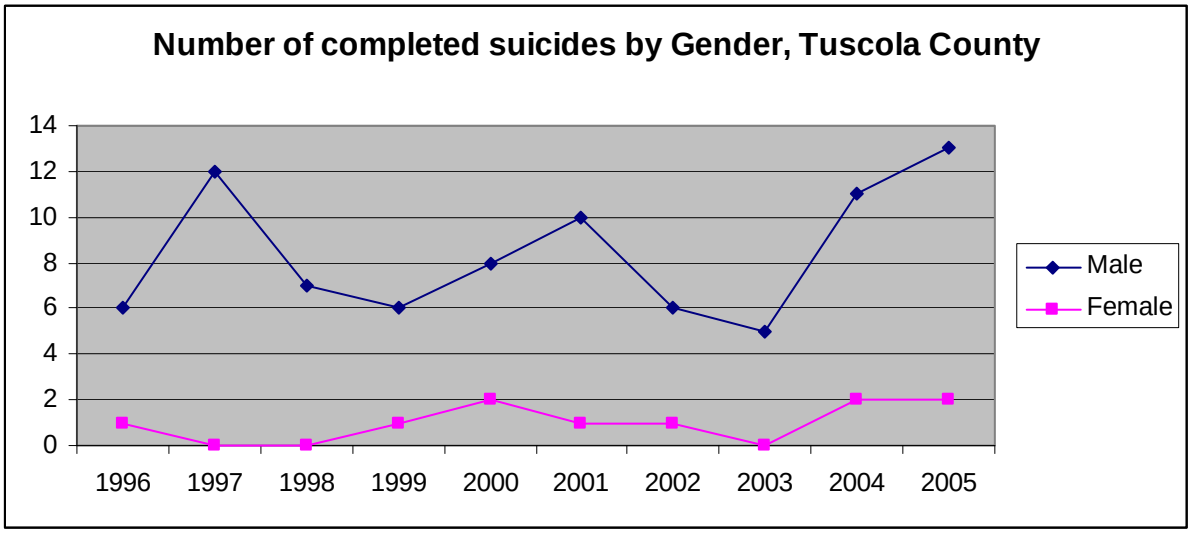
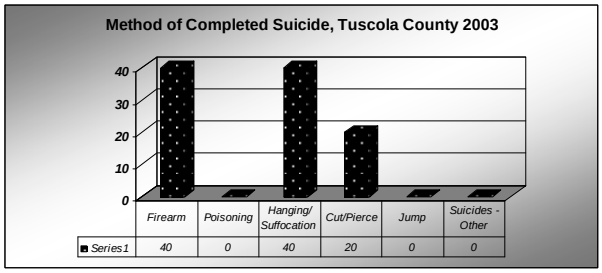
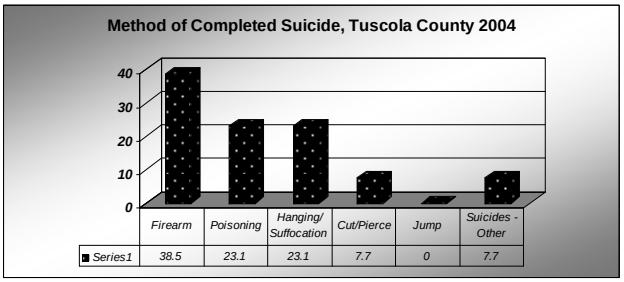
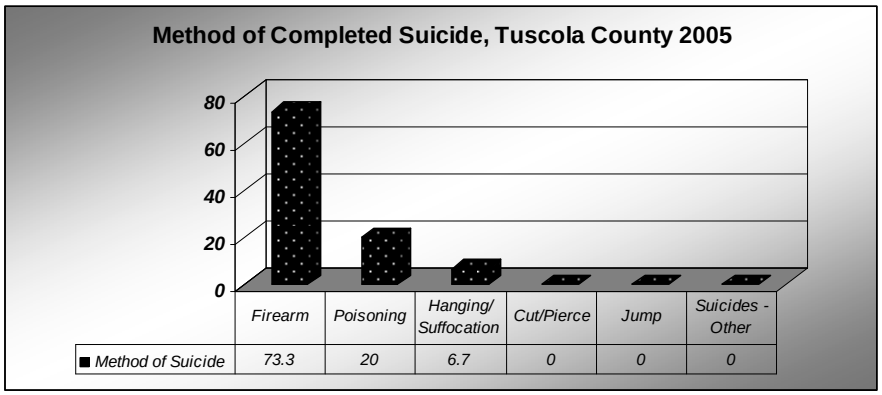


Table 7: Method of Suicide 2003-2005 [16]

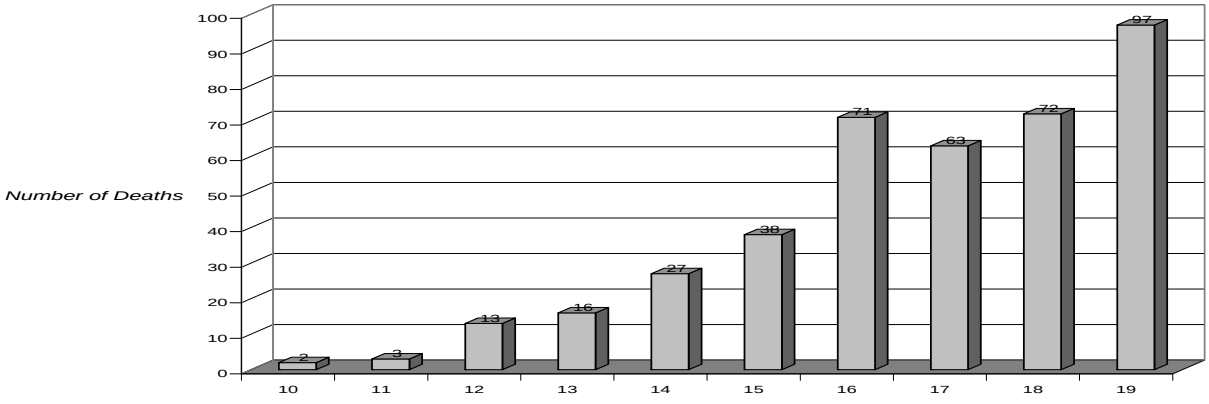






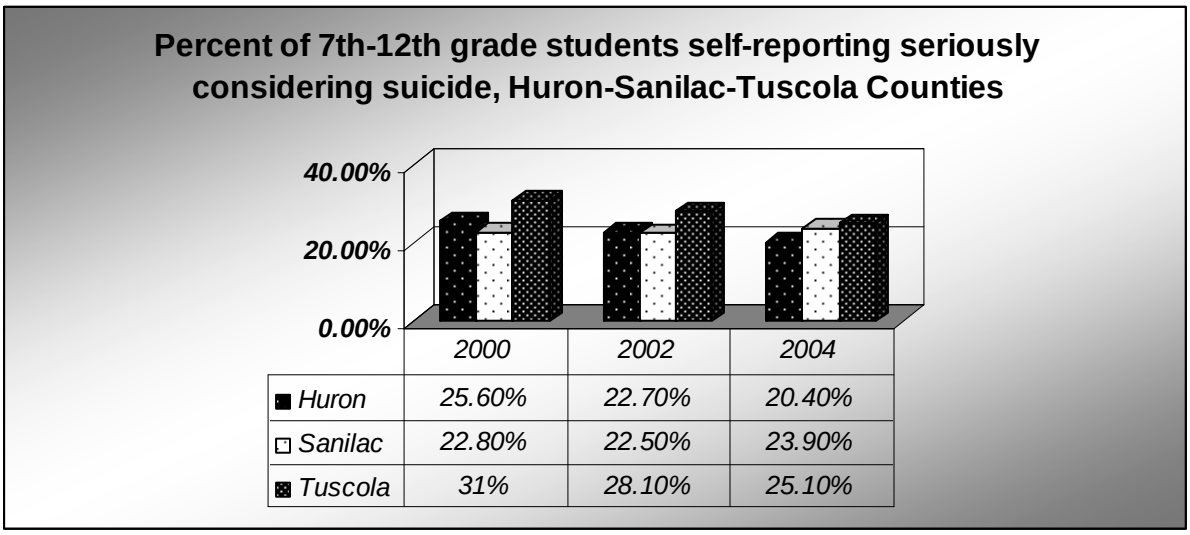
An analysis of the 2005 Michigan Youth Risk Behavior Survey data found that in Michigan 12% of Males and 20% of Females in grades 9-12 seriously considered attempting suicide at some point during the 12 months preceding the survey (see Appendix B). At least one out of every ten students indicated they actually attempted suicide during that time. The number of young people who die by suicide increases dramatically over the adolescent years (see Figure 4).

Table 8. Adolescent Suicide Deaths, Michigan, 1999-2004[17]



The ability to calculate a statistic for adolescent suicide rate for Tuscola County is not possible. However a local survey of adolescents in grades 7th-12th reveals that depression and thoughts of suicide are prevalent among Tuscola County youth at a higher rate than those in neighboring counties of Huron and Sanilac.

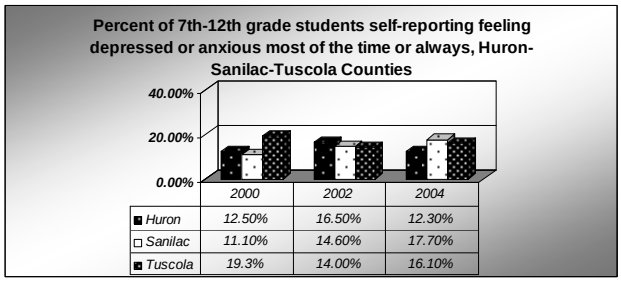
Tables 9-11: Thumb Area Youth Seriously Considering Suicide[18]



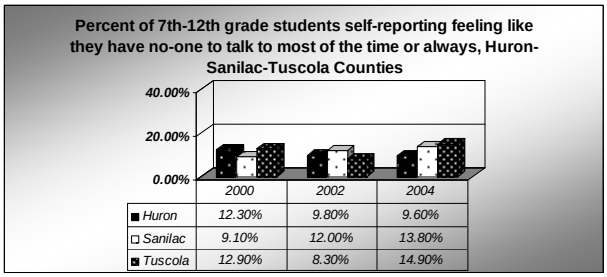
	2000	2002	2004
Huron	25.60%	22.70%	20.40%
Sanilac	22.80%	22.50%	23.90%
Tuscola	31%	28.10%	25.10%

Source: Adolescent Health Surveys; * indicates inability to calculate reliable rates based on low numbers or insufficient information. Tri-county School Comprehensive Health Program and Huron, Sanilac, and Tuscola County Health Departments;

Youth also reported feeling depressed or anxious and like they have no one to talk to, but not in any pattern which is consistently higher or lower than that of neighboring counties.



	2000	2002	2004
Huron	12.50%	16.50%	12.30%
Sanilac	11.10%	14.60%	17.70%
Tuscola	19.3%	14.00%	16.10%



	2000	2002	2004
Huron	12.30%	9.80%	9.60%
Sanilac	9.10%	12.00%	13.80%
Tuscola	12.90%	8.30%	14.90%

According to the Center for Disease Control, 30,622 people took their lives by suicide in 2004. In the same year, 132,353 were hospitalized following suicide attempts.[19] State-wide, approximately 1000 Michigan residents take their lives by suicide each year with an additional 25 attempts for each completed suicide. It is estimated that at least 25,000 Michigan residents attempted suicide often requiring medical intervention resulting in increased potential for short and long-term disability. If Tuscola County averages 10 suicide deaths per year, we can anticipate approximately 250 additional attempts per year that can result in a visit to our local emergency department for medical intervention.

It has been estimated that each suicide death intimately affects at least six other people. With an average of 1000 suicide deaths in Michigan each year, this translates into approximately 6000 individuals who are profoundly impacted by the death. As mentioned earlier, there have been 150 reported suicide deaths since 1989 which translates into an additional 900 or more individuals directly affected by the grief and loss associated with a suicide death.

Similar to the state plan, it will be critical for our Coalition to track and evaluate progress toward our goals during the course of program implementation. Collecting reliable and valid data will be the only way of knowing if the Coalition's efforts are having an impact. Consequently, each objective in the plan will have an identified "data source" with which to monitor progress. Along the way, decisions will have to be made on which portions of the plan to implement now versus later. With the availability of funding for youth suicide prevention, it would be logical for

the TCSPC to focus on youth initially; however, this in no way mitigates the problem across the remainder of the lifespan. Hopefully, as the plan evolves and seeks new areas to target, the coalition's commitment to addressing suicide across the lifespan will be realized.

In keeping with the state plan goals, the primary aims of the Tuscola County Suicide Prevention Plan are to increase awareness, implement best clinical and prevention practices, and advance and disseminate knowledge about suicide and effective methods for prevention. In Tuscola County, as elsewhere, we need better reporting data to track the actual number of suicide deaths and attempts so as to know better where to target available funds and resources. Working closely with MDCH and the Michigan SPAC, and utilizing a community-based, public health approach, we hope to reduce the number of completed suicides significantly over the course or the next five years. However, any gains the community makes will only be maintained in the long run through continued and constant vigilance on this important public health problem – suicide.

GOALS AND OBJECTIVES

The Tuscola County Suicide Prevention Plan addresses the problem of suicide with an integrated and coordinated community approach to suicide prevention across the lifespan. All segments of the community must be educated about the need for suicide prevention activities in order to increase awareness, reduce stigma, and stimulate behavior change. When it comes to suicide prevention, awareness alone will not be sufficient in and of itself to achieve the plan's goals and objectives. For example, many lives have been saved due to passage of the seatbelt law here in Michigan. However, if drivers did not take the time to "click it," then the no real behavior change would have occurred. Similarly, our plan will be aimed at educating members of our community about the importance of identifying signs and symptoms of depression as well as warnings signs of suicide to promote early intervention and ultimately prevent the loss of life due to suicide. However, as Jennifer White, Ed.D. pointed out in a feature article for the Suicide Information and Education Centre in Alberta, Canada in August 2002, "*we must challenge people to consider the unique and creative ways they can behave differently after learning about suicide prevention, i.e. reaching out to someone who they are concerned about, enrolling in a training workshop on crisis intervention, participating as member of a community group devoted to enhancing services to youth and families*[10]."

The plan's overarching goal (Goal #1) is to reduce the incidence of suicide attempts and deaths across the lifespan. As seen in the Michigan Suicide Prevention Plan, members of the Tuscola County Suicide Prevention Coalition agree that our overall goal can best be accomplished through "*increased awareness, implementation of best clinical and prevention practices, and advancement and dissemination of knowledge about suicide and effective methods for prevention*[11]." The members are very much aware that ongoing research and evaluation of suicide prevention programs will continue to increase our knowledge base and skills resulting in a refinement of the goals and objectives to follow.

Goal #1
Reduce the Incidence of Suicide Attempts and Deaths Across the Lifespan

Objective 1.1 Reduce the number of suicide attempts among Tuscola County populations utilizing evidenced-based practices focused on the unique needs of the community.

DATA SOURCE: E*mergency services reporting systems.*

Objective 1.2 Reduce suicide deaths among Tuscola County populations utilizing evidenced-based practices focused on the unique needs of the community.

DATA SOURCE: *Michigan Department of Community Health vital records*

AWARENESS

Broaden the Public Awareness of Suicide and its Risk Factors

Goal #2
Develop Broad Based Support for Suicide Prevention

Objective 2.1 Identify key stakeholders within the local community with which to share the Tuscola County Suicide Prevention Plan and solicit support.

DATA SOURCE: *Documentation of dissemination of the Plan to key stakeholders identified by the TCSPC.*

Objective 2.2 Provide direction for schools, medical professionals, social service agencies, faith-based community, philanthropic organizations, law enforcement, information and referral help lines and others in implementation of the Plan's goals and objectives.

DATA SOURCE: *Documentation of contacts with the above groups.*

Objective 2.3 Ensure sustainability and ongoing commitment to suicide prevention and access to the necessary resources.

DATA SOURCE: *Effectiveness in obtaining buy-in, cash or in-kind support for suicide prevention in the local community.*

Goal #3
Promote Awareness and Reduce Stigma

Objective 3.1 The TCSPC, in partnership with MDCH and the Michigan SPAC, will develop a state-wide campaign promoting awareness that suicide is a preventable public health problem that reaches all citizens in Michigan.

DATA SOURCE: *Publicly available comprehensive state plan.*

3.1.2 The TCSPC will develop community education plan and materials tailored to the local community to fill gaps specific to those at risk not addressed in the state-wide campaign.

DATA SOURCE: *Evidence of plan and locally available community education materials.*

Objective 3.2 The TCSPC will help to promote and support workshops and symposiums to educate the local community about suicide prevention.

DATA SOURCE: *Dissemination of promotional brochures or flyers to interested parties in the local community.*

Objective 3.3 The TCSPC, in partnership with MDCH and the Michigan SPAC, will assist with educating the media on their critical role in suicide prevention, including mental health and substance abuse conditions, and collaborate to ensure responsible media practices in the coverage of these topics. Use of the nationally recognized *Reporting on Suicide: Recommendations for the Media* (U.S. Centers for Disease Control and Prevention) will be encouraged.

DATA SOURCE: *Documentation of dissemination of media guidelines.*

INTERVENTION

Enhance Services and Programs, Both Population Based and Clinical Care

Goal #4
Develop and Implement Community-Based Suicide Prevention Programs

Objective 4.1 Within two years, coordinate implementation of policies by the State Board of Education that encourage coordinated, evidenced-based suicide prevention and response policies and programs in public and private education settings.

Objective 4.2 Within two years, implement guidelines for evidenced-based suicide prevention programming disseminated by the Michigan Departments of Education and Community Health in public and private education settings. The guidelines will be address objectives and resources for:

- Encourage the teaching of suicide prevention as a component of the comprehensive health education curriculum within the Michigan Model as promulgated by the Michigan Department of Education.
- Measures that decrease risk factors and enhance protective factors.
- Identification of students at-risk for suicide, including gatekeeper training for staff, students, and parents, screening, and peer support.
- Administrative issues, including policies and procedures, program support and maintenance, broad based diversity training, crisis response teams, evaluation of programs, duty, responsibility and liability.
- Intervention strategies, involving school-community partnerships which facilitate referrals, 24 hour crisis response, and student re-entry support following a crisis.
- Responding to a death by suicide, including the needs of the school community and working with the media – recommend using the CDC Guidelines for containment of suicide clusters and Guidelines for Media Coverage of Suicide.
- Family and community partnerships.

DATA SOURCE: *Publicly available, comprehensive guidelines for evidenced-based suicide prevention programming in schools. Documented evidence of school-based suicide prevention policies and procedures. Documented evidence of gatekeeper training for staff, students, and parents.*

Objective 4.3 Within 18 months, the TCSPC, in collaboration with community stakeholders, will develop services for survivors of suicide and promote utilization of these services.

DATA SOURCE: *Evidence of program brochure and guidelines with record of provision of survivor services in addressing immediate aftermath of suicide. Evidence of program brochure for area SOS supports groups.*

Goal #5
Develop Efforts to Reduce Access to Lethal Means and Methods of Suicide

Objective 5.1 Within two years, the TCSPC, working in collaboration with the appropriate community stakeholders, will increase of the proportion of primary care physicians, health departments, law enforcement agencies, emergency medical technicians, and other health and safety officials who routinely assess for the presence of lethal means (including firearms, drugs, and poisons) in the home and educate about actions to reduce associated risks.

DATA SOURCE: *Establish baseline data for at least one category of health provider enabling an evaluation of outcomes for this group(s) within two years.*

Objective 5.2 Within two years, the TCSPC, working in collaboration with MDCH and the Michigan Suicide Prevention Advisory Council (Michigan MASP) will ensure that at least 50% of the households in Tuscola County are exposed to public information campaigns designed to reduce the accessibility of lethal means, including firearms, in the home.

DATA SOURCE: *Penetration records pertaining to statewide and local public information campaigns, CMHSP bi-annual newsletter articles, and educational brochures.*

Goal #6
Improve the Recognition of and Response to High Risk Individuals within Communities

Objective 6.1 Utilize membership of the TCSPC to identify the number of "gatekeepers" in Tuscola County who would require training to recognize at-risk individuals and intervene.

6.1.1 Within one year, identify an evidenced-based gatekeeper program with which to train prospective gatekeepers.

DATA SOURCE: *Research evidence supporting efficacy of program model.*

6.1.2 Within two years, expand the number of trained gatekeepers.

DATA SOURCE: *TCSPC reports about available gatekeepers in Tuscola County.*

As defined in the National Strategy for Suicide Prevention (NSSP), key gatekeepers are those people who regularly come into contact with individuals or families in distress. They are professionals and others who must be trained to recognize behavioral patterns and other factors that place individuals at risk for suicide and be equipped with effective strategies to intervene before the behaviors and early signs of risk evolve further. Key gatekeepers include, but are certainly not limited to:

- Teachers and school staff
- School health personnel
- Clergy and others in faith-based organizations
- Law enforcement officers
- Correctional personnel
- Workplace supervisors
- Natural community helpers
- Hospice and nursing home volunteers
- Bridge Tenders
- Mental health and substance abuse treatment providers
- Emergency health care personnel
- Individuals and groups working with gay, lesbian, bi-sexual, and transgender populations
- Central Dispatch personnel
- Persons working with isolated senior citizens
- Funeral directors
- Victims advocates and service providers
- Primary health care providers

Objective 6.2 Within two years, the TCSPC will distribute guidelines for suicide risk screening to primary care settings, emergency departments, mental health and substance abuse setting, senior programs, and the local jail.

DATA SOURCE: *Publicly available copies of materials and distribution lists.*

Objective 6.3 Within one year, the local Community Mental Health Services Program (CMHSP) will implement suicide prevention training for all direct service personnel. The local CMHSP will also adopt policies and practices for suicide prevention/intervention including identification, intervention, discharge, and outcome evaluation.

DATA SOURCE: *Record of training sessions and percentages of direct service personnel who participated; documentation of polices and procedures.*

Objective 6.4 Within 18 months, the TCSPC, working in collaboration the local CMHSP, emergency department, and area inpatient psychiatric units, will develop and disseminate psycho-educational materials on mental health and suicide prevention to consumers (particularly for consumers subject to discharge for an inpatient mental health unit) and their families.

DATA SOURCE: *Evidence of family psycho-educational materials and evidence of dissemination through the consumer's hospital-based treatment team meeting.*

Goal #7
Expand and Encourage Utilization of Evidenced-based Approaches to Treatment

Objective 7.1 In collaboration with the Michigan Department of Community Health Office of Suicide Prevention, Michigan Suicide Prevention Advisory Council, and the National Suicide Prevention Resource Center, the local CMHSP will disseminate best practice guidelines for emergency departments and inpatient facilities that help ensure engagement in follow-up care upon a suicidal patient's discharge.

DATA SOURCE: *Provision of best practice documents and records of dissemination.*

Objective 7.2 Within 18 months, the local CMHSP, in collaboration with MDCH and MACMHB, will implement quality of care/utilization management guidelines for effective response to suicidal risk or behavior. Standards promulgated by the CMHSP's respective accrediting body, e.g., Joint Commission on Accreditation of Hospitals and Organizations, will also be utilized.

DATA SOURCE: *Identification and implementation of guidelines promulgated by MDCH, MACMHB, and accrediting bodies.*

Goal #8
Improve Access to and Community Linkages With Mental Health and Substance Abuse Services

Objective 8.1 The local CMHSP, in collaboration with MDCH, will identify and disseminate model programs that address co-occurring disorders of mental health and substance abuse, as this combination of disorders significantly increases suicide risk.

DATA SOURCE: *Publicly available document describing program model; record of dissemination.*

Objective 8.2 The local CMHSP, in collaboration with the Michigan Association of Community Mental Health Boards (MACMHB), will support policies and/or legislation that provide coverage for evaluation and treatment of mental illnesses and substance abuse that is equal to coverage associated with other physical health care conditions.

DATA SOURCE: *Policy and/or legislative outcomes in MACMHBs Friday Fax.*

METHODOLOGY

Advance the Knowledge of Suicide and Best Practices for Prevention

Goal #9
Improve and Expand Reporting Systems

Objective 9.1 Annually, on an alternating basis, fact sheets related to the results of the Michigan Youth Risk Behavior Survey (Michigan YRBS) and the Michigan Profile for Healthy Youth (MiPHY) most pertinent to depression and suicide, by age, gender, race, and ethnicity will be disseminated among all community stakeholders in printed format and on-line.

DATA SOURCE: *Report of YRBS and MiPHY results and records of dissemination.*

Objective 9.2 Within 18 months, the TCSPC, working in collaboration with the local CMHSP and the local emergency department, will develop a methodology for collection of reporting data on suicide and suicide attempts, by age, gender, race, and ethnicity.

DATA SOURCE: *Methodological system and associated protocols as well as local reporting reports.*

Objective 9.3 The results of the reporting activities described above will be used to inform, plan, and evaluate local suicide prevention activities.

DATA SOURCE: *Copies of written plans and evaluation reports.*

RECOMMENDED RESOURCES

The American Association of Suicidology: www.suicidology.org

American Foundation for Suicide Prevention: http://www.afsp.org/index-1.htm

The Canadian Association for Suicide Prevention: http://www.suicideprevention.ca/

Centers for Disease Control and Prevention http://cdc.gov/ncipc/factsheets/suicide-overview.htm

Children's Safety Network: http://www.childrenssafetynetwork.org/

Children's Safety Network, Economics & Data Analysis Resource Center: http://www.edarc.org/

Goldsmith SK, Pellmar TC, Kleinman AM, Bunney WE (eds.). *Reducing Suicide: A National Imperative.* Washington, D.C.: The National Academies Press, 2002.

Michigan Department of Community Health, Vital Records and Health Data Development Section: http://www.mdch.state.mi.us/pha/osr/index.asp?Id=4

Michigan State University, School of Journalism. Victims and the Media Program: http://victims.jrn.msu.edu/

National Strategy for Suicide Prevention: Goals and Objectives for Action. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, 2001.

U.S. Centers for Disease Control and Prevention. *Web-based Injury Statistics Query and Reporting System (WISQARS):* http://www.cdc.gov/ncipc/wisqars/default.htm

National Commission on Correctional Healthcare: http://www.ncchc.org/index.html

American Foundation for Suicide Prevention,American Association of Suicidology, Annenberg Public Policy Center. *Reporting on Suicide: Recommendations for the Media*: http://www.afsp.org/education/recommendations/5/1.htm

National Institute of Mental Health–Suicide Prevention: http://www.nimh.nih.gov/suicideprevention/index.cfm

New Zealand Ministry of Youth Development–Youth Suicide Prevention: http://www.myd.govt.nz/sec.cfm?i=21

Schneidman, Edwin. *The Suicidal Mind.* New York: Oxford University Press, 1996.

Suicide Prevention Action Network: http://www.spanusa.org/

Suicide Prevention Resource Center: http://www.sprc.org/

World Health Organization. *SUPRE–the WHO worldwide initiative for the prevention of suicide*: http://www.who.int/mental_health/prevention/suicide/supresuicideprevent/en/

Communiqués

Promoting Collaboration Across the Human Service System

Communiqués No. 8 September 2005

Michigan Surgeon General Debuts State Suicide Prevention Plan

Michigan Surgeon General Dr. Kimberlydawn Wisdom debuted a new state policy blueprint designed to prevent suicides and reduce the number of citizens that attempt suicides annually. The Michigan Suicide Prevention Plan, developed by the Michigan Suicide Prevention Coalition (MiSPC), represents a comprehensive effort to engage critical stakeholders and address suicide at a state and local level.

"Suicide crosses all race, age, gender, and socio-economic boundaries, and it deserves our undivided attention," Dr. Wisdom said, while speaking in the Capitol Rotunda to more than 100 suicide prevention advocates on September 12th. "For the first time, Michigan has a comprehensive, long-term strategy to address suicide that is fully supported by stakeholders who are daily engaged in this critical work."

"The plan, available at www.michigan.gov/injuryprevention, aligns with the National Strategy for Suicide Prevention, and addresses this increasingly prevalent public health problem with an integrated approach to suicide prevention over the entire lifespan," Wisdom said. Other goals of the Suicide Prevention Plan include:

- Increase awareness that suicide is preventable and reduce the stigma associated with mental illness.
- Reduce the number of suicide attempts among Michigan youth.
- Promote efforts to reduce access to lethal means and methods of suicide, including creating public information campaigns designed to reduce the accessibility of lethal means in the home.
- Enhance the recognition of high risk individuals within communities, and improve response times to people that are identified as high risk.
- Support and promote research on suicide and suicide prevention.
- Develop and implement community-based prevention programs.
- Improve access to community mental health and substance abuse services

"Michigan's Suicide Prevention Plan is based on the most valid information we now have about how to reduce suicide deaths and attempts using a community-based, public health approach," said Larry Lewis, chairperson of MiSPC and Michigan's community organizer for the Suicide Prevention Action Network (SPAN USA).

The Suicide Prevention Plan for Michigan has as an objective to "utilize the state's existing Community Collaboratives to take the leadership to identify the appropriate leadership in each community to establish Local or Regional Suicide Prevention Coalitions and to seek broad and diverse participation at the local level."

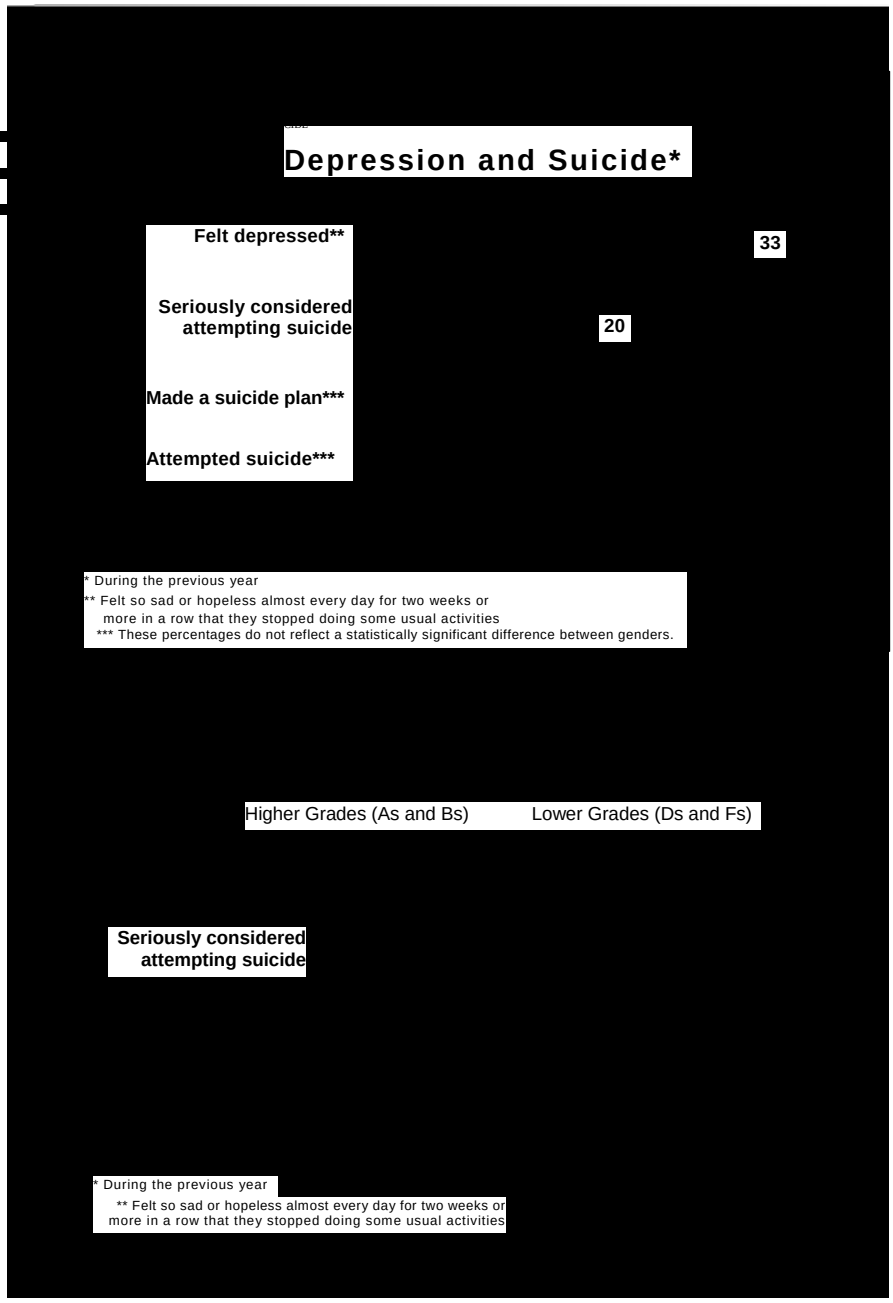
In 2003, suicide deaths in Michigan (1,018) topped deaths related to homicide (644) and HIV/AIDS (237) combined.

IF YOU HAVE QUESTIONS regarding the Suicide Prevention Plan for Michigan, please contact Pat Smith, Violence Prevention Coordinator, MDCH Injury & Violence Prevention Section, smithpatk@michigan.gov, (517) 335-9703 and/or Larry Lewis, Chair, Michigan Suicide Prevention Coalition, at spanmich@comcast.net

IF YOU NEED GENERAL INFORMATION on Community Collaboratives, go to the Web site at: www.michigan.gov/mdch, click on Community Collaboratives on the right hand side of the page.

Appendix B: 2005 Michigan Youth Risk Behavior Survey

- One in nine students, regardless of gender, had been **physically hurt on purpose by a boyfriend or girlfriend.** However, more black and Hispanic students than white students had been hurt by a **boyfriend or girlfriend.**
- One in four students reported[3] **feeling depressed,** and one in seven seriously **considered suicide** during the past year.
- More females than males reported feeling **depressed** and **considering suicide** (Figure 4).
- Students with low grades were twice as likely as students with high grades to report feeling **depressed, considering** and **planning suicide,** and nearly four times as likely to have **attempted suicide** during the past year (Figure 5).



Trends

Compared to 1997, high school students were significantly less likely to **carry a weapon on school property.** They were also less likely to consider suicide and make a suicide plan.

[3] *Feeling depressed* means feeling so sad or hopeless almost every day for more than two weeks in a row that they stopped doing some usual activities.

Contact Information
Michigan Department of Education,
Grants Coordination and School
Support, Coordinated School Health
and Safety Programs
P.O. Box 30008, Lansing, Michigan 48909

State of Compliance With Federal Law
The Michigan Department of Education complies with all Federal laws and regulations prohibiting discrimination, and with all requirements and regulations of the U. S. Department of Education. 10,000 pieces printed at $.08 each, total cost $791.77.

Michigan Youth Risk Behavior Survey

VIOLENCE AND SUICIDE

2005

FactSheet

SURVEY QUESTION	MI	GENDER		GRADE				RACE/ETHNICITY			
	2005	M	F	9	10	11	12	Black	White	Hispanic	American Indian
% of students who ever **felt so sad or hopeless** almost every day for two weeks or more in a row that they **stopped doing some usual activities** during the past 12 months	26	20	33	28	26	25	25	23	26	35	32
% of students who seriously **considered attempting suicide** during the past 12 months	16	12	20	16	18	15	14	12	16	20	31
% of students who **made a plan** about how they would attempt **suicide** during the past 12 months	12	10	14	15	13	12	9	11	12	16	30
% of students who actually **attempted suicide** one or more times during the past 12 months	9	7	11	11	9	10	6	9	9	11	15
% of students whose **attempted suicide** during the past 12 months resulted in an injury, poisoning, or overdose that **had to be treated** by a doctor or nurse	3	3	4	3	3	3	4	3	3	2	0

www.michigan.gov/yrbs

Michigan Department of Education

% Teachers that report increasing student knowledge in:

Emotional and Mental Health – 86

Suicide prevention – 61%

Teacher Training:

- ✓ **61%** of teachers desired topic training in ***emotional and mental health***, whereas only **30%** of teachers received training.
- ✓ **67%** of teachers desired topic training in ***suicide prevention***, whereas only **21%** of teachers received training.

Michigan School Health Education Profile (SHEP) 2004

APPENDIX C
TUSCOLA COUNTY SUICIDE PREVENTION COALITION

Ms. Susan Holder	Tuscola- Behavioral Health
	Student Representative
	Tuscola County Health Department
	Tuscola County Survivor
	Tuscola- ISD
	Tuscola Area Behavioral Health Systems
Ms. Joelin Hahn	Michigan Psychiatric & Behavioral Associates
	High School
	Caro Community Hospital
	Hills and Dales Hospital
	Catholic Family Services
Nancy Laethem	List Psychological
Susan Walker	Tuscola County Sheriff Department
	Tuscola Co. Human Services Coordinating Council
Barb Smith	Saginaw Survivors of Suicide, Yellow Ribbon
	Presenter, Survivor
	Tuscola- Behavioral Health
.	Davenport University
	The Tuscola County Advertiser
	Church

REFERENCES

[1] Michigan Department of Community Health, Vital Records & Health Data Development Section, Resident Death Files. Rates per 100,000 population. http://www.mdch.state.mi.us/pha/osr/CHI/cri/frame.html

[2] American Association of Suicidology. *Suicide in the U.S.A.* (Fact Sheet). http://www.suicidology.org/associations/1045/files/2004datapgs.pdf

[3] Michigan Department of Community Health, Vital Records & Health Data Development Section. *Deaths and Crude Death Rates for the Ten Leading Causes of Death, Tuscola County and Michigan Residents, 2005 and United States Residents, 2004.* Accessed at: http://www.mdch.state.mi.us/pha/osr/CHI/cri/frame.html

[4] The number of years of potential life lost is calculated as the number of years between the age at death and 75 years of age for persons who die before age 75.

[5] A collaborative effort of SAMHSA, CDC, NIH, HRSA, and HIS. National Strategy for Suicide Prevention found at http://mentalhealth.samhsa.gov/suicideprevention/strategy.asp .

[6] Michigan Suicide Prevention Coalition, Suicide Prevention Plan For Michigan Accessed at http://www.michigan.gov/documents/Michigan_Suicide_Prevention_Plan_2005_135849_7.pdf .

[7] Michigan Department of Community Health, Vital Records & Health Data Development Section, Resident Death Files. Rates per 100,000 population. http://www.mdch.state.mi.us/pha/osr/CHI/Deaths/frame.html

[8] Michigan Department of Community Health, Vital Records & Health Data Development Section, Resident Death Files. Rates per 100,000 population. http://www.mdch.state.mi.us/pha/osr/CHI/Deaths/frame.html

[9] Michigan Department of Community Health, Vital Records & Health Data Development Section, Resident Death Files. Rates per 100,000 population. http://www.mdch.state.mi.us/pha/osr/CHI/Deaths/frame.html

[10] Michigan Department of Community Health, Vital Records & Health Data Development Section, Resident Death Files. Rates per 100,000 population. http://www.mdch.state.mi.us/pha/osr/CHI/Deaths/frame.html

[11] Michigan Department of Community Health, Vital Records & Health Data Development Section, Resident Death Files. Rates per 100,000 population. http://www.mdch.state.mi.us/pha/osr/CHI/Deaths/frame.html

[12] Michigan Department of Community Health, Vital Records & Health Data Development Section, Resident Death Files. Rates per 100,000 population. http://www.mdch.state.mi.us/pha/osr/CHI/Deaths/frame.html

[13] Michigan Department of Community Health, Vital Records & Health Data Development Section, Resident Death Files. Rates per 100,000 population. http://www.mdch.state.mi.us/pha/osr/CHI/Deaths/frame.html

[14] Michigan Department of Community Health, Vital Records & Health Data Development Section, Resident Death Files. Rates per 100,000 population. http://www.mdch.state.mi.us/pha/osr/CHI/Deaths/frame.html

[15] Michigan Department of Community Health, Vital Records & Health Data Development Section, Resident Death Files. http://www.mdch.state.mi.us/pha/osr/CHI/fatal/frame.html

[16] Michigan Department of Community Health, Vital Records & Health Data Development Section, Resident Death Files. http://www.mdch.state.mi.us/pha/osr/CHI/fatal/frame.html

[17] National Center for Health Statistics Vital Statistics System. 1999-2004, Michigan Suicide Injury Deaths and Rates per 100,000 All Races, Both Sexes, Ages 10-19. Data accessed at: http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html

[18] Thumb Adolescent Health Survey, 2000-2004; Thumb School Comprehensive Health Program/Safe and Drug Free Schools Consortium.

[19] Center for Disease Control, Accessed at http://www.cdc.gov/ncipc/factsheets/suifacts.htm