



Suicide Prevention Priorities for Health Reform

Assuring Treatment, Early Identification, Quality and Information

We lose over 33,000 Americans to suicide each year. For each suicide, there are an estimated 25 attempts. And for each of these tragic events, dozens or hundreds of family members, friends, and others in their communities feel the impact. Since the late 1990s, suicide prevention has been a national public health priority.ⁱ The National Strategy for Suicide Prevention (NSSP) laid the groundwork for action. As Surgeon General David Satcher noted:

"[T]he National Strategy for Suicide Prevention is not the Surgeon General's strategy or the Federal government's strategy; rather, it is the strategy of the American people for improving their health and well-being through the prevention of suicide."ⁱⁱ

Suicide prevention is a bi-partisan issue. 47 states have established a suicide prevention plan.ⁱⁱⁱ In 2003, President Bush's New Freedom Commission specifically named suicide as a priority concern.^{iv} In 2004, Congress enacted the Garrett Lee Smith Memorial Act (P.L. 108-355), honoring the son of former Senator Gordon Smith (R-OR) by establishing the nation's first national suicide prevention programs. In 2007, the Joshua Omvig Veterans Suicide Prevention Act (P.L. 110-110) became law. Other bipartisan legislation includes the Stop Senior Suicide Act (S. 1854/H.R. 4897 (110th Congress)) and the Armed Forces Suicide Prevention Act (S. 2585/H.R. 5223 (110th Congress)). Most recently, the alarming rate of suicide among our military and veterans has drawn increasing attention and Congressional action.

"The growing incidence of suicide among active military returning veterans is disturbing. Sometimes the deadliest wounds are the ones you cannot see, and we cannot afford to let the unseen wounds go untreated." President Barack Obama, 4/9/09

"If a soldier dies by suicide, some people think he wasn't killed by the enemy,...But I always tell people that we can never know what they were going through or what kinds of things they were fighting." Major General Mark Graham, commander of Fort Carson, Colorado, Wall Street Journal, 3/28/09

Suicide is not a disease – but can be the worst possible outcome of many illnesses and conditions. Our national response to suicide, however, has been frustrated by the fragmented nature of health care in this country. Reform that emphasizes early identification, coordination, and access to quality treatment will clearly help in this battle. Attention to suicide within health reform can provide a clear outcome measure for quality in multiple areas of health care.

Preventing Suicide Saves Lives and Dollars

As Congress and the Administration seek to reform America's health system, we have the historic opportunity to reduce suicide and suicide attempts in America. In 2006, the latest year for which there is national data available, **33,300** individuals died by suicide in the United States.^v

- Suicide is the eleventh leading cause of death, while homicide is fifteenth, and HIV/AIDS is twentieth.
- The third leading cause of death for *youth* is suicide.
- Suicide is the 4th leading cause of death for individuals 18-64, and in 2006 a result of suicides by Americans younger than 65 is 687,008 years of potential life lost.

- Individuals 75 years and older have the highest rate of suicide and we lose fourteen individuals *age 65 and older* to suicide every day.
- *Veterans* account for 20 percent of suicides in our country and male veterans are twice as likely to die by suicide as male non-veterans.
- *14% of Hispanic female youth* report attempting suicide and 21% reported seriously considering making a suicide attempt.
- Research from several sources revealed that *LGB youth* are nearly one and a half to seven times more likely than non-LGB youth to have reported attempting suicide.^{vi}
- In 2008, there were 20 deaths for every 100,000 *Army soldiers* — a rate that exceeds the age-adjusted civilian population for the first time in decades.

Suicide and suicide attempts are costly to the health care system and to the economy. According to the latest numbers available^{vii}:

- Over the years 1999-2005 the average medical cost per suicide was \$3,983 and the average work-loss cost per suicide was \$1,224,322.
 - For 31,045 (the average number of suicides over those years) this totals an annual \$124 million bill for medical costs and \$38 billion in work-loss costs.
- For suicide attempts that resulted in a hospitalization, the average medical cost was \$9,127 and the average work-loss cost per suicide attempt was \$11,146.
 - For 174,861 (the average annual number of attempts resulting in hospitalization), this totals \$1.6 billion in medical costs and nearly \$2 billion in work-loss costs per year.

Other costs of suicide are not easily tallied. Suicides affect not only the individual who takes this drastic step, but family, neighbors, friends, schoolmates, employers, co-workers, and whole communities. Preventing suicides saves dollars in emergency rooms, primary and specialty care settings, long-term care, workplaces and schools.

In the debate over health reform, attention to suicide calls for emphasis on a few key issues:

- Access to mental health and substance use services
- Reimbursement for early identification and care coordination
- Accurate data collection on suicides and suicide attempts

COVERAGE AND REIMBURSEMENT POLICIES MUST INCLUDE EARLY IDENTIFICATION, CARE COORDINATION, AND TREATMENT SERVICES

1. Health reform must ensure equitable and adequate coverage and reimbursement for mental health and substance use services.

More than 60 percent of adolescents and 90 percent of adults who die by suicide have depression or another diagnosable mental or substance use disorder. Effective suicide prevention depends upon access to appropriate, affordable mental health and substance use services.

The recognition that mental health and substance use disorders are integral to health and health care results from years of research, state and federal experimentation, and determined advocacy.

"[T]here's no doubt at all that as we look at health reform, mental health coverage is a critical part of making Americans well and healthy, and early identification, ongoing treatment, access to psychotropic drugs, in addition to prescription -- other prescription drugs, are critical components." Secretary Kathleen Sebelius 4/02/09

In the past year, building on the incorporation of parity in the Federal Employees Health Benefit Program (FEHBP) in 2000, Congress took two major steps toward equitable treatment for individuals with mental health and substance use – enacting parity legislation for both Medicare and private insurance. While this clearly marks a policy milestone, it does not in fact assure coverage or access to care. Too often, mental health and substance use services remain walled off in their own silos.

SPAN USA is a member of the Campaign for Mental Health Reform, and strongly supports the Campaign's healthcare reform priorities^{viii} ensuring that:

- coverage of and access to treatment and rehabilitation for mental and substance use disorders in the public and private sectors are no more limited than for other health conditions;
- any health expansion must ensure that individuals with mental and substance use disorders have access to the full array of services necessary for recovery from these conditions and are not subject to arbitrary limits on days, visits, and other conditions of coverage; and
- models of care encouraging primary and preventive care, including medical home models and wellness programs, are responsive to and inclusive of the needs of individuals with mental illness and substance use disorders.

A recent study found that two-thirds of primary care physicians could not obtain mental health services for patients who needed them – a rate twice as high as that when referring to other specialties. In states with parity laws, the situation was only modestly better. However, as the authors point out:

"Even with national parity legislation, large gaps in mental health access will likely remain, and the new law will have no effect on the severe access problems for the uninsured as well as problems related to the shortage of mental health care providers. In fact, these shortages could be exacerbated to the extent that parity in benefits results in increased demand for services."^{ix}

Suicide connects many "silos" of the overall health care system – a concern facing providers and service settings that share responsibility for prevention and care. According to the Institute of Medicine, primary care is "a critical setting for detection of the two most common risk factors for suicide: depression and alcoholism."^x So, integration of care for these illnesses within primary health care is an important factor for suicide prevention. And suicide prevention can constitute a powerful argument and incentive to break down barriers within health care.

2. Health reform should assure that individuals at risk for suicide and underlying mental health and substance use conditions are identified early.

"I am convinced that if Garrett received a mental health checkup as a teen, he'd be alive today." Sharon Smith, wife of former Senator Gordon Smith (R-OR), 3/19/09

Effective care depends on early identification of individuals at risk for suicide including, but not limited to, underlying mental health and substance use conditions. The U.S. Preventative Services Task Force has recommended annual mental health checkups for youth, to identify an illness early and help doctors and parents determine the best course of care.^{xi}

SPAN USA supports the CheckupNow Coalition and other efforts to assure that individuals at risk for suicide and for underlying mental health and substance use conditions are identified in time to help. Two key age categories that must be targeted for mental health checkups are youth and older adults.

- In the United States, 14 million children and adolescents have a diagnosable mental health disorder that requires intervention or monitoring, and interferes with daily functioning.^{xii}
- Major depression in older people occurs in 13.5 percent of those who require home healthcare and to 11.5 percent in elderly hospital patients.
- Studies show that many older adults who die by suicide - up to 75 percent - visited a physician within a month before death.

“Suicide is often the result of untreated depression and may be prevented when its warning signs are detected and treated.” National Healthcare Quality Report, 2008

Congress and the Administration can take a major, significant step to prevent suicide by ensuring that America's young people between the age of 12 and 18 and older adults are screened for mental health problems regularly when they visit a primary care provider. Healthcare reform presents a unique opportunity to assure that individuals at risk for suicide and underlying mental health and substance use conditions are identified early.

“I'm alarmed, as are many across the country, in the growing numbers of -- the growing evidence that we have a lot of undiscovered depression in children, undiscovered psychiatric trauma in children that often -- and luckily in somewhat rare cases -- is acted out in the worst possible incidents, but if found earlier, it would be very helpful.” Secretary Kathleen Sebelius 4/02/09

3. Coverage and reimbursement policies must ensure adequate reimbursement or funding for both identification of need and linkage to services.

Financial disincentives are a daunting obstacle to suicide prevention. We are members of the Whole Health Campaign, and strongly support its position that “financial incentives and disincentives must be aligned to support access and quality healthcare for people with mental and substance use disorders and to support prevention, screening, early intervention and care coordination. Payment and reimbursement reform are crucial complements to coverage reform.”^{xiii}

In the reformed health care system, there must be proper reimbursement for any health professional to ask appropriate questions that would identify suicide risk or underlying conditions that may lead to suicide, including the experience of suicide loss. Both the identification of need and the linkage to services, as well as the services themselves must be available and either appropriately reimbursed or separately funded.

Accurate Information on Suicide Can Help Track and Evaluate Health Results

4. Suicide and suicide attempts should be a primary indicator of health status, as well as an integral element of health care data/information collection and quality measurement.

A key to improving healthcare quality and value depends on setting primary indicators for success and having the appropriate information to design quality programs. These primary indicators also create a powerful incentive to take action – such as implementing suicide prevention strategies -- that will lead to positive results.

The Agency for Healthcare Research and Quality (AHRQ) relies on the suicide rate per 100,000 population to measure both the quality and disparities in health care.^{xiv} Healthy People 2010 included as part of mental health improvement an indicator to “reduce the suicide rate” from a baseline of 11.3 suicides per 100,000 population in 1998.

- The target for 2010 is a rate of 4.8 suicides per 100,000 population.
- From 1999 to 2005, the age-adjusted suicide death rate increased from 10.5 to 10.9 per 100,000.
- The national rate in 2006 was 11.1 suicides per 100,000 population.

Clearly we have been moving in the wrong direction.^{xv} In order to ensure we are improving mental health care quality, we must continue to set specific targets for the reduction of suicide and suicide attempts in America. One way to determine if the nation is reducing suicide attempts among all age categories is the inclusion in additional health surveys of questions regarding an individual's suicidal thoughts, plans and attempts.

5. The National Violent Death Reporting System (NVDRS) must be extended to all States.

“NVDRS tracks the circumstances surrounding a suicide – for example, whether someone who died by suicide was being treated for depression, had discussed their intention with someone else or was in a difficult life circumstance so that a complete picture of the suicide is created.” Dr. Mark Kaplan, testimony before the U.S. Senate Special Committee on Aging, 10/3/07

SPAN USA is a member of the National Violence Prevention Network, which is a broad-based coalition of national organizations dedicated to preventing violent death. A key to prevention is having the data to track all violent deaths accurately, through full implementation of the NVDRS in the United States.

The NVDRS is currently active in 17 states and links data from public health, law enforcement, medical examiners and social service agencies to create a more complete picture of the circumstances surrounding violent death. This information enables states and local communities to develop effective strategies to prevent violent death, including suicide.

NVDRS can help suicide prevention researchers and public health officials determine whether programs are working and what interventions are needed most for which populations. For example, for the states included in NVDRS in 2004-2005:

- On average, 39% of suicide victims were identified as having a diagnosed mental health problem.
- On average, 21% of suicide victims were identified as having physical health problems, such as terminal or debilitating illnesses, that may have contributed to the decision to die by suicide. This circumstance was noted more frequently among elderly suicide victims.
- In 10% of the suicides, financial problems were identified as a contributing factor.

Conclusion

We already lose more than 33,000 Americans to suicide each year. The economic downturn is likely to increase the risk of suicide, particularly among those who may already be vulnerable to having these feelings because of life-experiences or underlying mental or emotional conditions. The rate of suicide in the Army is at a record level, as service members experience traumatic and stressful events that may trigger or exacerbate underlying problems. This is a preventable problem that requires attention.

Health Reform by itself cannot prevent suicide. But comprehensive reform that expands coverage and shifts toward a preventative approach will remove barriers and disincentives that now tie our hands in taking effective action. And for Health Reform, the issue of suicide and suicide prevention offers an opportunity to link legislative changes to significant, life-or-death outcomes.

ⁱ S. Res 84 (105th Congress) and H.Res. 212 (105th Congress).

ⁱⁱ National strategy for suicide prevention: Goals and objectives for action. Rockville, MD : U.S. Dept. of Health and Human Services, Public Health Service, 2001., p. 2.

ⁱⁱⁱ See www.sprc.org/stateinformation/index.asp.

^{iv} New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003, Executive Summary.

^v See www.cdc.gov/injury/wisqars/index.html

^{vi} Suicide Prevention Resource Center. (2008). *Suicide risk and prevention for lesbian, gay, bisexual, and transgender youth*. Newton, MA: Education Development Center, Inc.

^{vii} Suicides, 1999-2005: U.S. Suicide Prevention Fact Sheet, available at http://www.sprc.org/stateinformation/PDF/statedatasheets/sprc_national_data.pdf

^{viii} See www.mhreform.org/LinkClick.aspx?fileticket=r2YMijmltu4%3d&tabid=63&mid=396

^{ix} *Health Affairs* 28, no. 3 (2009): w490-w501 (published online 14 April 2009; 10.1377/hlthaff.28.3.w490)

^x *Ibid.*, p 5.

^{xi} Press Release: <http://www.ahrq.gov/news/press/pr2009/tfaddepr.htm>.

^{xii} American Academy of Pediatrics, Patton, Hettrick, & McGorry, 2007.

^{xiii} Whole Health Campaign, Proposal to the Transition Team on Integrated Health Care December 31, 2008.

^{xiv} National Healthcare Quality Report, 2008, AHRQ Pub. No. 09-0001, March 2009 and National Healthcare Disparities Report, 2008, AHRQ Pub. No. 09-0002, March 2009.

^{xv} Healthy People 2010 Midcourse Review, December 19, 2006.