

Mental Health Awareness

A Focus On Suicide & Stigma





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Objectives

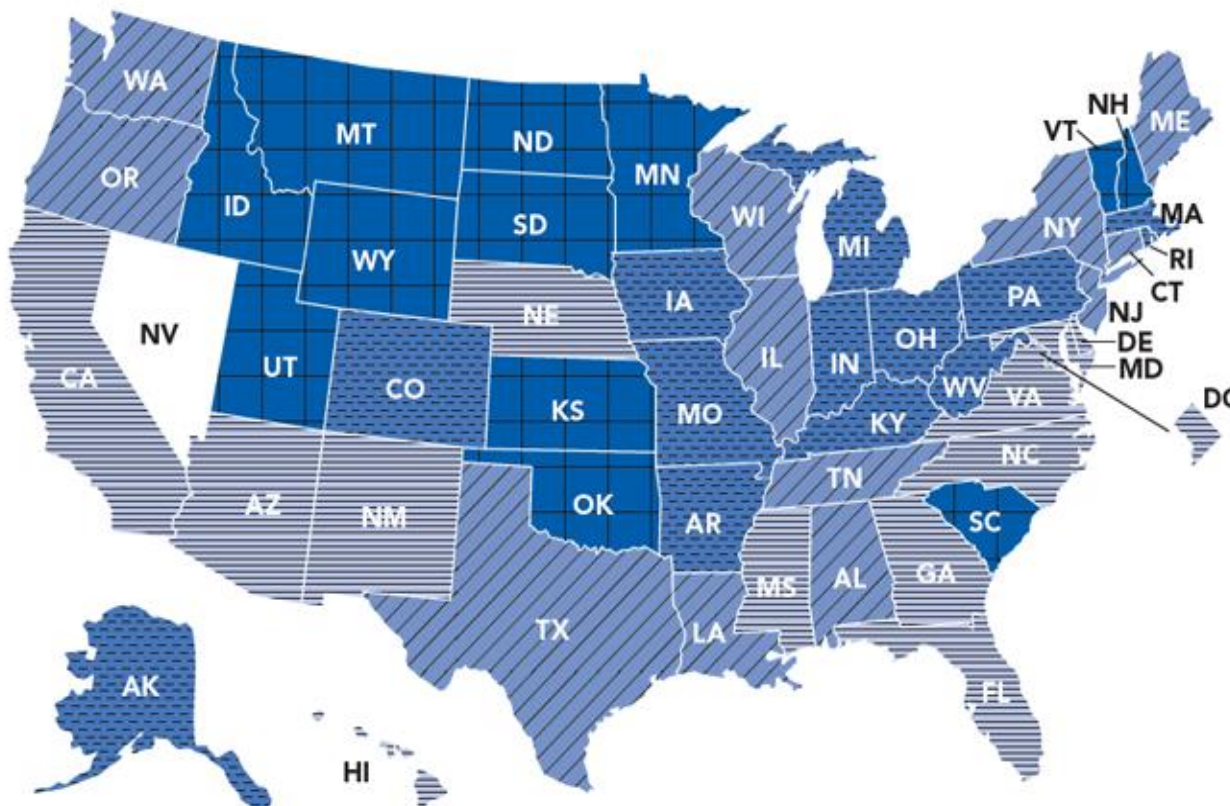
- Review the suicide statistics in the United States and the risk of suicide in psychiatric diagnoses
- Discuss risk factors related to suicide in specific mental health disorders and provide a brief overview of stigma
- Share the community and patient perspectives on mental health stigma
- Provide information on ways to combat and reduce stigma and highlight suicide prevention resources

Suicide Statistics In The United States & Risk Of Suicide In Psychiatric Diagnoses



Suicide Death Rates By State

Suicide rates rose across the US from 1999 to 2016.



1. Centers for Disease Control & Prevention (CDC). (2018). National vital statistics system. *CDC Vital Signs*. Atlanta, GA: CDC. Retrieved from CDC.gov.

Suicide Statistics

- **In 2010, suicide was the 13th leading cause of YLL globally; more prevalent in regions with advanced health care systems**¹
- **Worldwide, nearly 800,000 people die of suicide each year**²
- **In the United States, 47,173 Americans die by suicide annually and is the 10th leading cause of death**³
 - An average 129 suicides occur each day
 - Suicide attempts in adults were estimated to be 1.3 million in 2017
- **Suicide costs the U.S. \$69B annually**³
- **Since 1999-2016, the suicide rates increased in nearly every state and went up more than 30% in half of the states since 1999**⁴

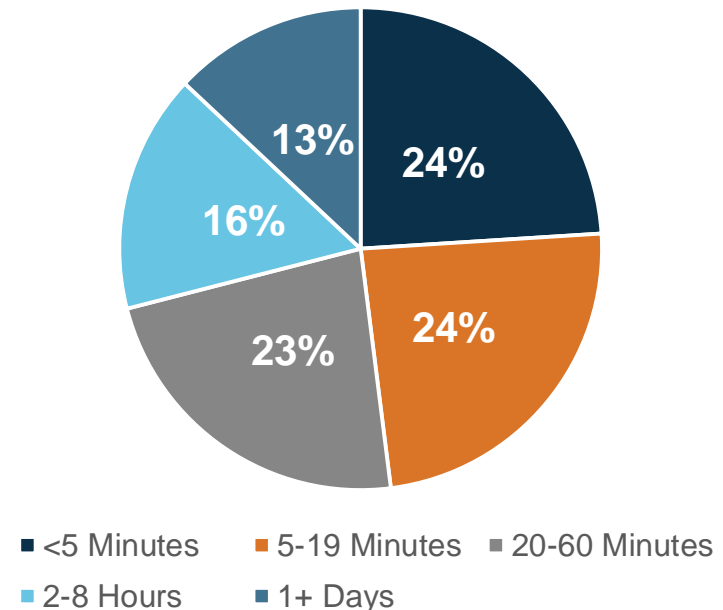
YLL = Years Of Life Lost

1. Ferrari, A.J., et.al. (2014). The burden attributable to mental and substance use disorders as risk factors for suicide: Findings from the Global Burden of Disease Study 2010. *PLoS ONE*, 9(4): e91936. Retrieved from Journals.Plos.org.
2. World Health Organization (WHO). (n.d.) Suicide data. Retrieved from WHO.int.
3. American Foundation for Suicide Prevention (AFSP). (n.d.) Suicide statistics. New York, NY: AFSP. Retrieved from AFSP.org.
4. Centers for Disease Control & Prevention (CDC). (2018). National vital statistics system. *CDC Vital Signs*. Atlanta, GA: CDC. Retrieved from CDC.gov.

Suicide Statistics (Continued)

- HCUP reported that by 2013, **1% of all emergency room visits involved suicidal ideation**, a 12% increase since 2006¹
- ED-SAFE Clinical Trial: recent results demonstrated that **as a result of universal screening in emergency departments, patients identified with suicide risk increased from 2.9% to 5.7%**²
- About **90% of suicide deaths occur in someone with mental illness**³

Suicidal Deliberation Duration Reported By Survivors⁴



HCUP Healthcare Cost and Utilization Project
ED-SAFE Emergency Department Safety Assessment and Follow-up Assessment

1. Owens, P.L., et. al. (2017). Emergency department visits related to suicidal ideation, 2006-2013. *Statistical Brief #220*. Rockville, MD: Agency For Healthcare Research & Quality (AHRQ). Retrieved from NCBI.NLM.NIH.gov.
2. Betz, M.A., et.al. (2016). Reducing suicide risk: Challenges and opportunities in the emergency department. *Annals of Emergency Medicine*, 68(6). Retrieved online from AnnEmergMed.com.
3. National Alliance on Mental Illness (NAMI). (n.d.) Risk of suicide. Arlington, VA: NAMI. Retrieved from NAMI.org.
4. Simon, T. (2005). [Personal Communication]. Cited In Duration of Suicidal Crises on Harvard T.H. Chan School of Public Health Means Matter. Retrieved from HSPH.Harvard.edu.

Warning Signs: Talk, Behavior, Mood

Talk

If a person talks about

- Killing themselves
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain

Behavior

- Increasing use of alcohol and drugs
- Looking for a way to end their life
- Acting recklessly
- Withdrawing from activities
- Isolating from family/friends
- Change in sleep habits
- Saying goodbye-calls/visits
- Giving away possessions
- Increasing aggression

Mood

- Depression
- Lost of interest
- Rage
- Irritability
- Humiliation
- Anxiety

1. American Foundation for Suicide Prevention (AFSP). Available at: <https://afsp.org/about-suicide/risk-factors-and-warning-signs/>. Accessed August 2017

Suicide Risk In Major Psychiatric Diagnoses

Major Depressive Disorder

- 20x higher than general population^{1,2}
- 30-40% attempt^{1,2}
- Every 6th death in someone with MDD is by suicide³

Bipolar Disorder

- 20-30x higher than general population^{1,4}
- 15% die of suicide¹
- 50% attempt¹
- 80% contemplate⁵

Schizophrenia

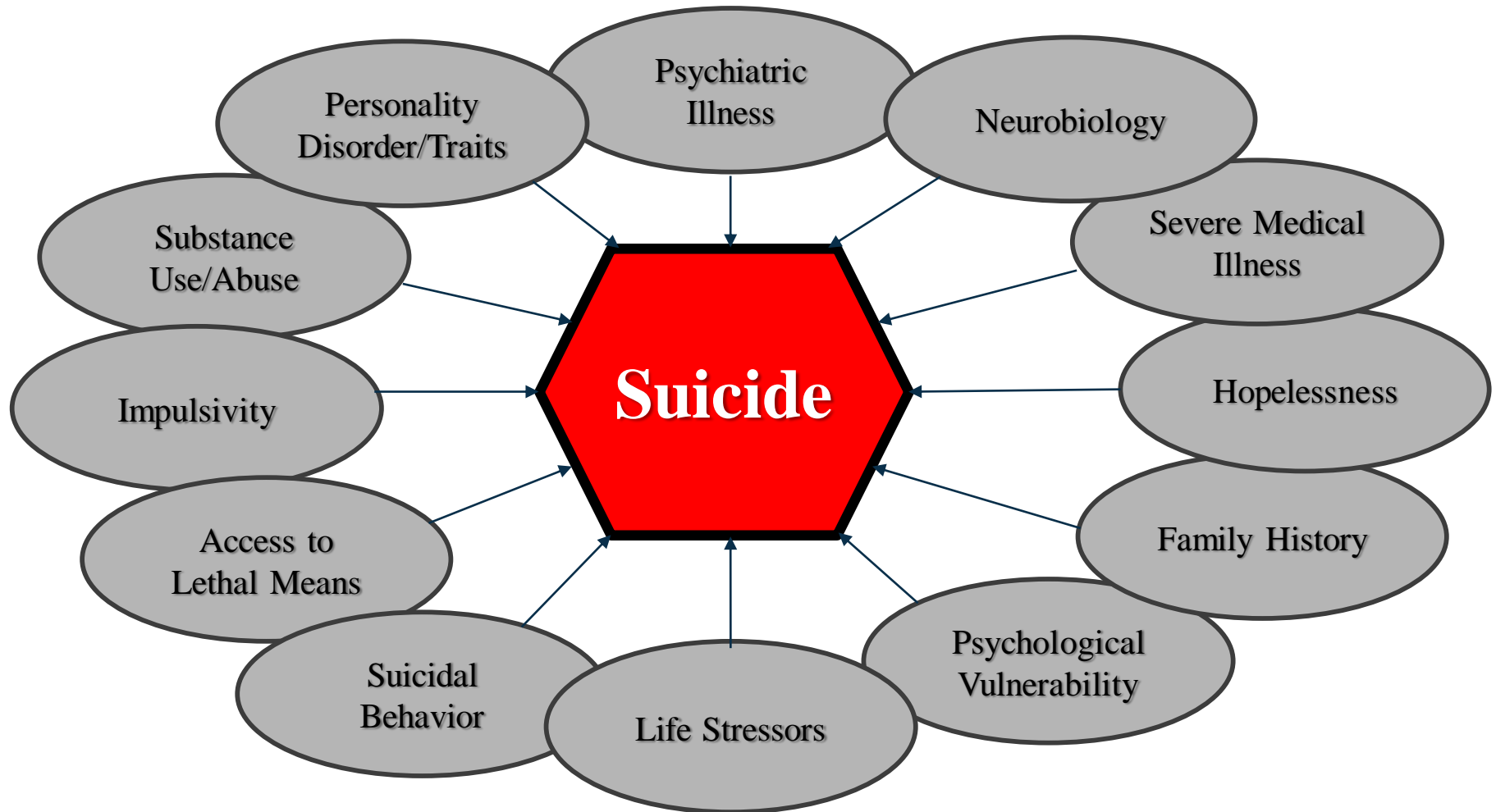
- 8.5-fold increased risk of suicide vs general population⁶
- 40-50% report suicidal ideation⁶
- Life expectancy reduced ~25 years vs general population; 40% of this reduction attributable to suicide/unnatural death⁷

1. Isometsa E. *Can J Psych.* 2014;59(3):120-130
2. Sokero TP et al. *Br J Psychiatry.* 2005;186:314-318.
3. Hawton K et al. *J Affect Disord.* 2013;147:17-28
4. Johnson SL et al. *Suicide Life Threat Behav.* 2016;1-16.
5. STAndards for BipoLar Excellence (STABLE) Project National Quality Measures Clearinghouse (NQMC). Available at: <https://www.qualitymeasures.ahrq.gov/summaries/summary/28249/bipolar-disorder-the-per> 2007. Accessed June 2017
6. Kasckow J et al. *CNS Drugs.* 2011;25(2):129-143
7. Bushe CJ et al. *J Psychopharm* 2010;24(11)Suppl 4:17-25.

Risk Factors Related To Suicide In Mental Health Disorders & Types Of Stigma

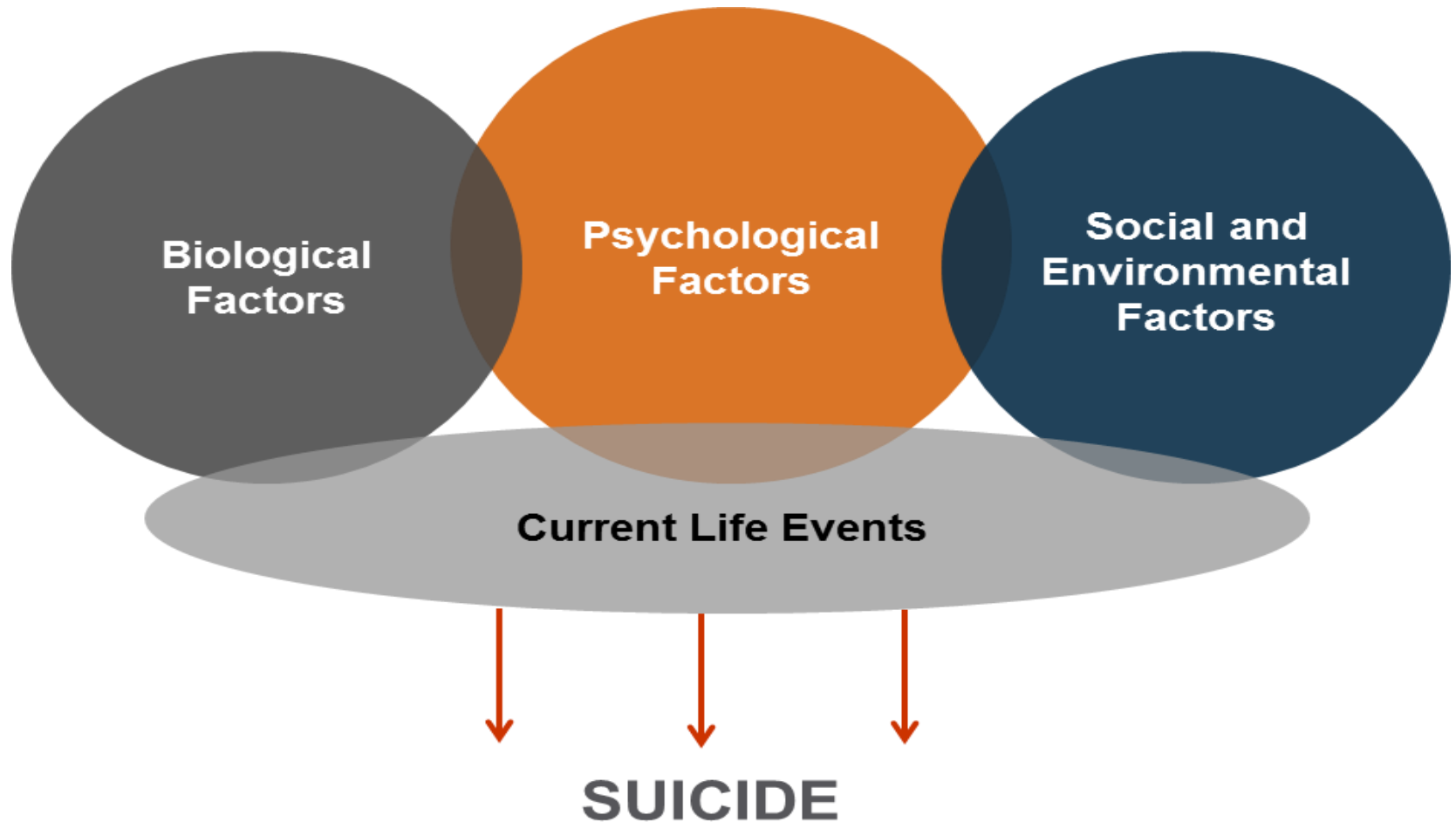


Suicide: A Multi-Factorial Event



1. Cannon KE & Hudzik TJ (eds). *Suicide Phenomenology & Neurobiology*. First Edition. Springer International Publishing;2014
2. Linehan M et al. *Arch Gen Psych*. 1991;48:1060-1064.

Interacting Risk & Protective Factors



1. American Foundation for Suicide Prevention (AFSP). Available at: <https://afsp.org/about-suicide/risk-factors-and-warning-signs/>. Accessed August 2017.

Schizophrenia & Mood Disorder Risk Factors Related To Suicide

- History of suicide attempt(s)^{1,3}
- History of alcohol and/or drug abuse^{1,2,3,4}
- Family history of suicide^{1,3}
- Comorbid anxiety²
- Number of depressive recurrences^{2,3,4}
- Exposure to suicide of a loved one^{1,3}
- History of abuse (physical, sexual, verbal)^{1,2,3,4}
- Earlier age of onset²
- Feelings of hopelessness^{1,3}
- Barriers to health care access (i.e., poverty)¹
- Loss of a significant relationship^{1,3}
- Access to lethal methods (gun, pills, etc.)¹
- Severe-to-extreme stressors^{1,3,4}
- Unwillingness to seek help because of stigma¹
- Social isolation or interpersonal impoverishment^{1,3}

1. Dilsaver SC. *Psychiatric Times*. Epub 2007. Available at: <http://psychiatrictimes.com>. Accessed Jun 2017

2. Johnson et al. *Suicide Life-Threat Behav*. 2017 Apr;47(2):177-192 Epub 2016 Jul 13..

3. Ruengorn C et al. *Int J Gen Med*. 2012;5:323-330.

4. Harkavy-friedman *Psychiatric Times*. 2007;24(2):1-6.

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Unwillingness to seek help because of stigma¹

1. Dilsaver SC. *Psychiatric Times*. Epub 2007. Available at: <http://psychiatrictimes.com>. Accessed Jun 2017

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3. Ruengorn C et al. *Int J Gen Med*. 2012;5:323-330.

4. Harkavy-friedman *Psychiatric Times*. 2007;24(2):1-6.

Stigma Takes Many Forms



Public stigma¹



Self-Stigma²



Structural Stigma

Stigma in the U.S. health care system contributes to the negative attitudes, beliefs, and behaviors of HCPs toward people with mental health disorders¹

HCP = Health Care Provider; US = United States

1. National Academies of Sciences, Engineering, and Medicine. (2016). Ending discrimination against people with mental and substance use disorders: The evidence for stigma change. Washington, DC: The National Academies Press. doi: 10.17226/23442.

2. Corrigan PW, Larson JE, Rüsch N. *World Psychiatry*. 2009;8(2):75-81.

Perspectives On Mental Health Stigma



Perspectives On Mental Health Stigma

“At the root of this dilemma is the way we view mental health in this country. Whether an illness affects your heart, your leg or your brain, it’s still an illness, and there should be no distinction.”

First Lady, Michelle Obama¹

“We all knew that stigma was suppressing requests for mental health care, but we never really had numbers to put on it, and the numbers are shocking.”

Dr. Matthew Friedman
Executive Director of the
VA National Center for PTSD²

“I regret not going to the hospital. I listened to too many people and I suddenly thought I am going to be labelled a loony. I wasn’t aware obviously because it hadn’t happened to me before so I was... yes it did stop me from going there.”

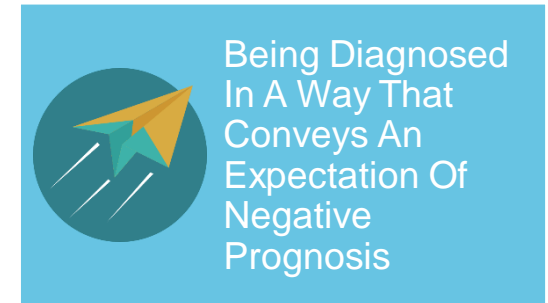
Survey of a 43 year old British man diagnosed with depression³

PTSD, posttraumatic stress disorder; VA, Veterans Affairs.

1. The Washington Times. Available at: <http://www.washingtontimes.com/news/2015/mar/4/michelle-obama-promotes-awareness-of-mental-health/>. March 4, 2015. Accessed April 12, 2016.
2. NIMH Alliance for Research in Progress 2006 Meeting notes.
3. Dinos S et al. *Br J Psychiatry* 2004;184:176–181.

Stigma From The First Person Perspective

- Attitudes / routine practices may be experienced as stigmatizing
- Specifically, mental healthcare consumers have reported feeling stigmatized by:



1. Schulze B. *Int Rev Psychiatry*. 2007;19(2):137–155.

The Patient Perspective

What Mental Illness Feels Like¹



Images © Copyright Mental Health America¹. Downloaded September 2016.

1. Mental Health America. #mentalillnessfeelslike: Don't keep mental illness to yourself. There's power in sharing. Quotes available at: <http://www.mentalhealthamerica.net/feelslike>. Accessed September 2016.

Stigma's Effects & Perpetuations

- Stigma Is A Barrier To Recovery & Social Integration^{1,2}
- Family Members & Mental Health Professionals Can Also Be Targets Of Stigmatization³
- Increasing Evidence That Clinicians Play A Role In Perpetuating Or Mitigating Stigma In The Health Care Setting²



1. Mårtensson G, et al. J Psychiatr Ment Health Nurs. 2014;21(9):782–78.

2. Dabby L, et al. Can J Psychiatry. 2015;60(10):451–459.

3. Schulze B. Int Rev Psychiatry. 2007;19(2):137-55.

The Importance Of Dignity & Rights In Mental Healthcare¹

“Dignity and rights for people affected by mental health conditions are the counterpoint to a legacy of stigma, shame and discrimination that has caused social isolation, chronic underfunding of services, unnecessary levels of disability, and unacceptable levels of premature death. Public awareness must be led by people who have experienced these impacts personally, along with their supporters, allies and related professionals.”

-Destination Dignity Coalition



Image from: Destination Dignity; 2016¹

1. Destination Dignity Coalition. March for Dignity and Change in Mental Health. Destination Dignity Website. 2016. Available at: <http://www.destinationdignity.org/>. Accessed September 2016.

Combating Stigma With Stigma Reducing Strategies & Suicide Resources



Combating Stigma Considerations



For Individuals With A Behavioral Health Diagnosis¹

- Face-to-face **interaction with other individuals with lived experience**
- Social media sites for people with lived experience
- Decide on desired level of disclosure (selective, indiscriminant)²
 - Disclosure can be empowering and protective against self-stigma-mediated effects on QoL



For Health Care Professionals¹

- Face-to-face **contact with people with lived experiences**, especially other HCPs
- Workplace informational materials
- Continuing education
- Consider targeting medical students
 - Interventions directed at medical students have revealed that attitudes are more amenable to change early in their education and training

HCP = Health Care Provider; QoL = Quality Of Life

1. National Academies of Sciences, Engineering, and Medicine. (2016). Ending discrimination against people with mental and substance use disorders: The evidence for stigma change. Washington, DC: The National Academies Press. doi: 10.17226/23442.

2. Corrigan PW, Kosyluk KA, Rüsch N. Am J Public Health. 2013;103(5):794-800.

Stigma Reduction

Strategic Levels



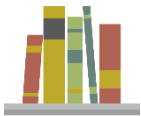
Intrapersonal

Treatment, Counseling, Cognitive Behavioral Therapy, Empowerment, Group Counseling, Self-Help / Advocacy / Support Groups



Interpersonal

Care & Support, Home Care Teams, Community-Based Rehabilitation



Organization / Institutional

Training Programs, New Policies (e.g. Patient-Centered & Integrated Approaches)



Community

Education, Contact, Advocacy, Protest



Governmental / Structural

Legal & Policy Interventions, Rights-Based Approaches

1. Heijnders, et al. *Psychology, Health & Medicine*. 2006.

Stigma Reduction Strategies



Implement Culturally Competent Stigma Reduction Initiatives At Local, Regional, & State-Wide Levels



Offer Assistance To Local Media Regarding How They Can Reduce Stigma By:

- Avoiding Sensationalism
- Ensuring Balance In Coverage
- Encouraging Stories About Recovery, Accomplishment, & Contributions By People With Mental Health Conditions

1. Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, National Association of County Behavioral Health & Developmental Disability Directors, National Institute of Mental Health, The Carter Center Mental Health Program. *Attitudes Toward Mental Illness: Results from the Behavioral Risk Factor Surveillance System*. Atlanta (GA); Centers for Disease Control and Prevention; 2012.

10 Ways To Combat Discrimination With Compassionate Language¹

10 Ways to Combat Discrimination with Compassionate Language

A picture may be worth a thousand words, but words also paint vivid pictures—pictures that can evoke truth, strength, and empathy or, alternatively, fear, anger, and judgment. Many individuals feel that language is not of much consequence, that concern about it is overblown by the overly sensitive or a product of zealous political correctness. However, language is a powerful tool that shapes perceptions. These perceptions inspire actions, and actions, in turn, can lead to fundamental changes in our world—changes that, we hope, are for the better.

The language we use to talk about mental health is especially important. It can have powerful consequences. While some may intentionally use unkind labels to describe individuals with mental health conditions, most people are just unaware that their language choices are harmful.

To promote better understanding of appropriate language for mental health and to combat discrimination against individuals living with these challenges, the Depression and Bipolar Support Alliance (DBSA) has created ten principles of compassionate language. Whether you are a peer, family member, co-worker, clinician, or member of the media, we encourage you to adopt them. By doing so, you help work against the stigma that so often surrounds mental health.

The choice of what picture you will paint with words is yours—we ask only that you consider altering your color palette.



Depression and Bipolar
Support Alliance

“The choice of what picture you will paint with words is yours—we ask only that you consider altering your color palette.”

1. Depression and Bipolar Support Alliance (DBSA). 10 Ways to Combat Discrimination with Compassionate Language. DBSA Website. Available at: http://www.dbsalliance.org/site/PageServer?pagename=dbsa_language. Accessed September 2016.

10 Ways To Combat Discrimination With Compassionate Language (Continued)¹

Defy Definitions

Use of “mental illness” imply a perpetual state of abnormality whereas mental health conditions often present episodic challenges

Choose Thoughtfully

Many negative phrases historically associated with mental health have become part of the common vernacular but can be harmful

Don't Make Assumptions

Refer to individuals as people living with (or experiencing) mental health challenges

Avoid Distancing

Use language that references people or individuals, instead of “them”, “those”, or “the mentally ill”

Separate the Person From the Condition

Avoid reducing an individual to their condition (for example, “he is bipolar”)

1. Depression and Bipolar Support Alliance (DBSA). 10 Ways to Combat Discrimination with Compassionate Language. DBSA Website. Available at: http://www.dbsalliance.org/site/PageServer?pagename=dbsa_language. Accessed September 2016.

10 Ways To Combat Discrimination With Compassionate Language (Continued)¹

Allow for Personal Choice

DBSA acknowledges the individual right to terminology of choice, but encourages more wellness-focused language

Accept Responsibility

Choose language that is accurate, respectful, and caring

Avoid Sensationalizing

Avoid emphasizing the most shocking and tragic aspects of a situation. Don't use headlines designed to shock and evoke fear

Portray People Realistically

Avoid showing a person only in an acute episode or in shock-value behavior. Represent the broad experience of people living with mental health conditions

Don't Assume Mental Health Is a Factor in Violent Crime

For mass shootings, avoid insinuating/stating that a shooter has a mental health condition when there is no or questionable substantiation

1. Depression and Bipolar Support Alliance (DBSA). 10 Ways to Combat Discrimination with Compassionate Language. DBSA Website. Available at: http://www.dbsalliance.org/site/PageServer?pagename=dbsa_language. Accessed September 2016.



**EVERY 40
SECONDS
SOMEONE IN
THE WORLD
DIES BY
SUICIDE.**



**EVERY 41
SECONDS
SOMEONE
IS LEFT TO
MAKE SENSE
OF IT.**

1. Available at: <https://littleblogoflettinggo.com/>. Accessed 2017

Suicide Prevention Frameworks/ Resources

- Zero Suicide
 - <http://zerosuicide.sprc.org/toolkit>
- Suicide Prevention Resource Center
 - www.sprc.org/states
- Commitment to Living
 - <http://commitmenttoliving.com/about-ctl/>
- Joint Commission
 - www.jointcommission.org
- ED-SAFE for emergency departments
 - <http://emnet-usa.org/EDSAFE/edsafe.htm>
- The JED Foundation
 - www.jedfoundation.org
- Model School Policy for K-12 Schools for Suicide Prevention
 - <https://afsp.org/our-work/education/model-school-policy-suicide-prevention/>
- Promoting Emotional Health and Preventing Suicide: Suicide Toolkit for Senior Living Communities
 - <http://store.samhsa.gov/shin/content/SMA10-4515/SMA10-4515.ToolkitOverview.pdf>

ED-SAFE, Emergency Department Safety Assessment and Follow-up Evaluation

Suicide Prevention Frameworks/ Resources

- American Foundation for Suicide Prevention
 - <https://afsp.org>
- Suicide Prevention SAMHSA
 - www.integration.samhsa.gov/clinical-practice/suicide-prevention
- American Association of Suicidology
 - www.suicidology.org
- The Trevor Project
 - <http://www.thetrevorproject.org/>
- Military and Veteran Resources- Veteran Crisis Line and Chat
 - 1-800-273-8255, press 1
- After a Suicide: A Toolkit for Schools
 - www.sprc.org/sites/default/files/migrate/library/AfteraSuicideToolkitforSchools.pdf
- You Matter
 - <http://youmatter.suicidepreventionlifeline.org/>

SAMHSA, Substance Abuse and Mental Health Services Administration

Suicide Prevention Frameworks/ Resources

- World Health Organization
 - www.who.int/mental_health/suicide-prevention/en/
- Preventing Suicide: A Community Engagement Toolkit Pilot version 1.0
 - www.who.int/mental_health/suicide-prevention/community_engagement_toolkit_pilot/en/
- Suicide Prevention Toolkit for Rural Primary Care Settings
 - www.sprc.org/settings/primary-care/toolkit?sid=508
- APPS
 - Suicide Safe by SAMHSA
 - Suicide Lifeguard by University of Missouri, St. Louis
 - DMHS Interactive Suicide Prevention
 - Suicide Safety Plan
 - You Are Important
 - Suicide Help Tablet
 - Be Safe
 - Suicide Help: Dealing With Suicidal Thoughts

SAMHSA, Substance Abuse and Mental Health Services Administration; DMHS, Durham Mental Health Services

If you or someone you know is in crisis, call:
Suicide Prevention
Hotline/Lifeline
1-800-273-TALK(8255)

Or text:
Crisis Text Line
741-741

- NIMH. Suicide Prevention Hotline/Lifeline. Available at: <https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml>. Accessed 2017

Questions

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