Sharing Data to Prevent Adult Male Suicide | 2015-2018

Men in the Middle Years (MIMY)

In Washington state, MIMY (men 35-64 years of age) represent 20% of the population, however, they account for nearly 40% of all suicides. Their suicide rate has remained high (31 per 100,000, with 441 suicides in 2018), making it the **fourth leading cause of death** for this demographic. Among MIMY, 50% of suicides were firearm related and more than 80% who died were Non-Hispanic whites.

Suicide not only takes a tremendous emotional toll on families and friends, but also has medical costs for individuals and families, and lost productivity for employers. In 2018, the total medical cost was \$1.9 million and the cost in lost productivity was \$558 million for MIMY.

What Happened and Why

The Washington Violent Death Reporting System (WA-VDRS) is part of the National Violent Death Reporting System (NVDRS) that collects more than 600 unique data elements from death certificates, coroner/medical examiner reports, law enforcement reports, and toxicology reports on who, when, where, and how of suicides to help us better understand why they occurred.

Between 2015 and 2018, 4,090 suicides were reported into WA-VDRS; of those, 36% were MIMY; approximately 34% had a history of suicide thoughts or plans; 33% had intimate partner problems (of those, 57% occurred within two weeks of the suicide); 27% had job or financial problems (of those, 37% happened within two weeks of the suicide). More than 24% disclosed their suicide thoughts or plans to another person.

#BeThe1To

The National Action Alliance for Suicide Prevention and the National Suicide Prevention Lifeline promote #BeThe1To's five action steps for communicating with and supporting someone who may be suicidal. Visit #BeThe1To for information about how and why to take action.

WA-VDRS MIMY Suicides

BY FIREARM

72% occurred at home

27%

alcohol use in hours alcohol use in hours preceding incident

44% had mental health problem (74% depression)

27% had treatment for mental health/ substance abuse

had history of suicide attempt BY OTHER MEANS

59% occurred at home

20% preceding incident

52% had mental health problem (63% depression)

35% had treatment for mental health/ substance abuse

had history of suicide attempt

Examples of problems—partner, job/ financial, substance use/mental health: depressed about divorce, child custody issues; severe alcoholic, drank alcohol before the incident; drug abuse; had work-related stress; had difficulty finding a job; had child support issues; business was failing; bipolar disorder, anxiety disorder, PTSD.

ASK



 Ask the tough questions directly. "Are you thinking about killing vourself?"

BE THERE



- Listen to their reasons for feeling hopeless and in pain.
- Listen with compassion and empathyno dismissing or judgment.

KEEP THEM SAFE



- Ask if they've thought about how they would do it.
- Separate them from anything they could use to hurt themselves.

HELP THEM CONNECT



- · Connect them with a support system such as their family, friends. clergy, coaches, co-workers, or therapists.
- Encourage them to call 800-273-TALK (8255).

FOLLOW UP



- Check in on a regular basis.
- Making contact in the days after a crisis can make the difference in keeping them alive.

Suicide Is Preventable — Everyone Can Play a Role

Suicide prevention requires a comprehensive approach that occurs at all levels of society. The Centers for Disease Control and Prevention (CDC) has developed a set of strategies to help states, communities, and individuals reduce risk and increase resilience:

- Create protective environments
- Promote connectedness
- Teach coping and problem-solving skills
- · Identify and support people at risk
- Lessen harms and prevent future risk
- Strengthen economic supports
- Strengthen access and delivery of suicide care

For planning and prevention resources, visit CDC's Suicide Prevention website.

More Resources

Support: Man Therapy is an interactive website that encourages men to consider their own behavioral health needs and seek help and to encourage other men to seek help when needed. Men can interact with a fictional therapist, do a self-assessment, and get mental health tips.

Prevention: Substance Abuse and Mental Health Services Administration (SAMHSA) provides suicide prevention information and other helpful resources to behavioral health professionals, the general public, and people at risk.

Washington Listens: A free, anonymous service for anyone in the state. <u>WA Listens</u> provides support to people who feel sad, anxious, or stressed due to COVID-19 and current events.

Means: Reducing a suicidal person's access to highly lethal means is an important part of suicide prevention. Learn more about means reduction at <u>Harvard's Means Matters</u>.

Location: The majority of Washington suicides occur in the home. Learn how to reduce access to lethal means before and during a crisis at <u>Washington's</u> Safer Homes.

Circumstances: Suicide is complex and many factors contribute to thoughts of suicide. Learn more from <u>CDC's Vital Signs</u>.

Lived Experience: If you are thinking of suicide or made a suicide attempt, know that help is available. Along with supportive family and friends, people who have experienced thoughts of suicide and suicide attempt survivors have created strong peer communities. Learn more at <u>Now Matters Now</u>.

Postvention: It's important to support the individuals, families, and communities affected by suicide loss, to reduce the cycle of trauma and suicide risk. Learn more at the American Foundation for Suicide Prevention.



Preventing suicide involves families, communities, partnerships, peers, and working across sectors.



Crisis Help





Chat: SuicidePreventionLifeline.org Talk: 1-800-273-TALK (8255) En español: 1-888-628-9454



Support for increased stress due to COVID-19: WAlistens.org

Talk: 1-833-681-0211



Text: HEAL to 741741 if you or someone you know is in crisis.

