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Supporting Community-Led Programs Should be the State’s Next Suicide Prevention Policy

In a Nutshell

- Suicide rates are on the rise in Michigan, with the impacts being felt well beyond individual loss of life.
- The state has taken broad steps toward reducing suicide, including implementing the 9-8-8 hotline and passing firearm legislation.
- The state should support the development of comprehensive, community-led suicide prevention programs tailored to the needs of individual at-risk populations.

Nearly 1,500 Michiganders died by suicide in 2021, touching every community and region in the state. Suicide rates are rising with no clear end in sight, to say nothing of the impact on those who attempt or contemplate suicide without ultimately dying from it. Beyond the human toll, there are significant social costs associated with suicide that make it a matter worthy of consistent attention from policymakers. The state has taken a number of steps in recent years to reduce suicide rates – including the recently enacted firearm-related legislation – but there is more that can be done on the way to the Michigan Suicide Prevention Commission’s (SPC) goal of zero suicides. A potential path forward includes supporting the development of comprehensive, community-led suicide prevention programs that are tailored to the needs of individual at-risk populations.

Suicide Rates are Rising

Suicide rates have increased globally and nationally over the past two decades. Recent data from the Centers for Disease Control and Prevention (CDC) shows that the national suicide rate rose 16 percent from 2011 to 2022, with a record-high number of suicides occurring in 2022. Rates of suicide in the U.S. are increasing the fastest for people of color, young people, and those who live in rural areas. The U.S. had the 7th highest suicide rate globally in 2021.

The increase in the suicide rate in Michigan is in line with the national increase of 16 percent from 2012 to 2021. In Michigan, suicide rates in 2021 were highest for residents aged 10 and older who were American Indian or Alaska Native, followed by those who were white. Men have a substantially higher rate of suicide than women in Michigan, accounting for 80 percent of suicide deaths in Michigan in 2021. In addition, 55 percent of suicide deaths in 2021 involved firearms, and the vast majority (91 percent) of these firearm-related suicides were men.

These statistics highlight that suicide is a significant public health issue in Michigan and part of the larger picture of the challenges facing Michigan’s population going forward. In 2019, almost six times as many people died of suicide in Michigan than from alcohol-related motor vehicle crashes. In addition to the loss of life, suicide attempts can cause a range of health impacts, including serious injuries and exacerbating long-term mental health concerns. The CDC found that for every suicide death in the U.S. there were:

- Three hospitalizations for self-harm
- Eight emergency department visits related to suicide
- 38 self-reported suicide attempts in the past year
- 265 people who seriously considered suicide in the past year

Suicide and suicide attempts take a toll on communities and society at large who bear emotional and financial costs. Research shows that surviving family and friends of those who commit suicide suffer from significant mental health problems, including symptoms of depression, anxiety, and thoughts of suicide. In addition to the direct loss of life and the health care costs borne by society, suicide and nonfatal self-harm result in lost productivity and costs associated decreased quality of life. In 2020, the costs totaled over \$500 billion nationally.

Many states, including Michigan, have initiated programs, interventions, and legislation aimed at suicide prevention. For example, the Preventing Suicide in Michigan Men (PRiSMM) program uses various strategies to reduce suicide rates among men in particular, since being male is an identifiable risk factor. Access to emergency behavioral health services is another community-level risk factor, and Michigan has responded by implementing the 9-8-8 dialing code for Michigan's Crisis and Access Line (MiCAL) and expanding crisis services for behavioral health emergencies. Michigan's Suicide Prevention Commission (SPC) had also recommended specific firearms-related legislation – such as expanded background checks, red flag laws, and safe storage requirements – because access to firearms is a significant risk factor for suicide. Firearms legislation was enacted in Michigan this year and is set to take effect in 2024.

Tailoring Suicide Prevention to Individual Communities

While there are some policy interventions – firearms legislation being a good example – that can address suicide in a one-size-fits-all manner, the reality is that the acute mental health issues that lead to suicide vary significantly across the most vulnerable populations and it is likely that the solutions to rising suicide rates will look different depending on the individual community.

Suicide prevention advocates, including Michigan's Suicide Prevention Commission, often call for taking a comprehensive approach, which includes a variety of components, such as:

- Identifying and assisting persons at risk
- Increase help-seeking
- Ensuring access to effective mental health and suicide care and treatment
- Supporting safe care transitions and creating organizational linkages
- Responding effectively to individuals in crisis
- Providing for immediate and long-term postvention
- Reducing access to means of suicide
- Enhancing life skills and resilience
- Promoting social connectedness and support

While this comprehensive approach is a good framework for thinking about the components of suicide prevention, those who are at risk for suicide are not a monolith. As the state moves forward with its role coordinating suicide prevention, a lot can be gained by building out multiple suicide prevention programs that are aimed at distinct populations.

Tailored approaches that integrate a comprehensive framework within a given population have been shown to have a positive impact on various outcomes associated with suicide. Two comprehensive suicide prevention programs targeted at specific communities that have been shown to be effective include the U.S. Air Force Suicide Prevention Program and the Western Athabaskan Tribal Nation's Model Adolescent Suicide Prevention Program. Both of these programs work with community members to develop strategies that would be most useful to the specific population in need and led to demonstrated reductions in suicide.

How the State Could Support Community-Led Suicide Prevention Programs

While community partners are the ones who are best positioned to implement these types of programs, the state can serve a coordinating function to bring together stakeholders from the most affected communities as they work to develop these programs. While the state has an active program (PRiSMM) related to the increased risk among men, there are many other populations that would benefit from a tailored approach, including the American Indian or Alaska Native population, LGBTQ youth, veterans and service members, and rural communities. The SPC, within its existing legislative mandate, should establish workgroups that tailor the commission's broader suicide prevention efforts to these individual groups that are at highest risk. These workgroups can establish recommendations and best practices for a comprehensive approach to suicide prevention within given communities.

The state also can serve as a source of funding for community-led programs. Even after the state supports communities in the development of tailored plans, communities will need resources for implementation. This kind of work is frequently carried out via nonprofit organizations and government grants, so establishing a framework for the state to award grants to entities that want to deploy these programs would be a logical next step. The state currently receives federal money from the CDC for suicide prevention, but there would likely be a need for more, with the state seeking additional federal funding or appropriating state revenue directly. Similarly, the state also could facilitate the sharing of resources across programs to minimize administrative costs.

Finally, the state can support community programs by taking on the data collection and analysis. A core aspect of any intervention is measuring its impact. And while community stakeholders are the right people to implement the programs, the state has far greater capacity to study how the programs are carrying out their work and influencing suicide rates. The SPC has already taken on the role of reporting and publicizing suicide data in Michigan, but its role could be expanded to include program evaluation. This would have the dual benefit of monitoring the value of the state's financial contribution and the development of best practices.

Delivering grants and long-term program evaluation would require statutory changes to the SPC's act, as it does not currently have the authority to take on that type of grantmaking or oversight responsibility. These changes would need to be made in conjunction with any additional appropriations that would be necessary to fund individual community programs. Importantly, the commission itself is due to sunset in its entirety at the end of 2024, so even the planning and coordinating component of the SPC's work requires legislative action in the coming year.

The types of community-led programs envisioned here would exist, in part, within the broader mental health care context in Michigan and the success of these programs will also hinge on the state's ability to deliver mental health care generally. Most notably, Michigan's per capita number of mental health providers remains below the national average and other midwestern states, so any work that supports the development and retention of key professionals will aid the state's efforts to combat suicide.

Conclusion

Suicide remains a significant public health issue in the United States and Michigan, with rates rising over the last decade. While the state has taken a number of recent steps aimed at reducing suicides in Michigan, the scale of the human tragedy and the economic costs call for greater efforts to combat the problem.

The state should take a leading role in supporting the development of comprehensive, community-led suicide prevention programs. There is evidence to suggest this kind of tailored approach is effective and the state is well-positioned to coordinate and fund these types of programs.

ABOUT THE AUTHOR

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