

RESEARCH BRIEF



Center for Children, Families
& Workforce Development
UM HEALTH & MEDICINE / SCHOOL OF SOCIAL WORK

ADDITIONAL RESOURCES

Montana DPHHS 2019 Suicide Prevention Strategic Plan

overviews goals, objectives, and strategies the state is utilize to reduce suicide in Montana.

Montana Native Youth Suicide Reduction Strategic Plan provides an overview of the statewide process and goals to reduce suicide of Native youth.

Montana Crisis Action School Toolkit on Suicide is a tool for schools to address prevention, best practices, and post-vetion related to suicide.

Montana Suicide Mortality Review Team Report provides data and findings of a systemic review of 555 suicide deaths from 2014 to 2016 in Montana.



Center for Children, Families, and
Workforce Development

health.umd.edu/ccfwd
ccfwd@umontana.edu



SUICIDE STATISTICS

SUICIDE ACROSS THE UNITED STATES

- In the United States twice as many people died by suicide (44,965) compared to homicides (19,362).¹
- From 1999 to 2017, suicide rates increased from 10.5 per 100,000 to 14.0.²
- In general, rural areas have a higher rate of death by suicide (20.0 per 100,000) compared to more urban areas at (11.1).¹
- 45% of all people³ and 75% of elders⁴ visited their primary care physician with one month of their death by suicide. About 20% had seen their physician within 24 our death.⁴
- Men currently die by suicide 3.5 more than women⁵ but women are more likely to report experiencing depression, participating in self-harm, and attempting suicide.⁶
- Suicide by ethnicity is White (15.85), Native American's are second highest (13.42), Black (6.61), and Asian/Pacific Islander (6.59).⁵

HIGH-RISK OCCUPATIONS

Many Montana's are employed in nationally occupations with higher suicide rates per 100,000 such as:

- Farming, fishing, and forestry (90.5),
- Construction and extraction (52.5), and
- Installation, maintenance, and repairs (47.5).⁷

MONTANANS AT-RISK

- Over past 2 decades, Montana has had a 38% increase in suicides.⁸
- Montana has the highest per capita death by suicide rate at 28.9 per 100,00, over double the national average of 14.⁸
- Suicide is the 6th leading cause of death for all Montanans and the 2nd leading cause of death for Montanans ages 10 to 44.⁹
- Native Americans (42 per 100,000) in Montana are 1.5 times more likely to die by suicide than white Montanans (27.6).⁹

MEANS MATTER

- 63% of all suicides involved a firearm compared to national average of 49.9%.¹⁰

- 89% of all firearm use was handguns and 11% rifles.¹⁰
- 63% of youth utilized a firearm compared to national average of 39%).¹⁰
- Native American firearm utilization is below the national average but twice the national average for hanging.¹⁰
- 19% utilized hanging, 12% overdose, 12% overdose, 2% sharp object, 2% jump from height/into traffic, and 2% other means.¹⁰

MENTAL HEALTH

83% of Montanans who died by suicide had an identified mental health issue with 21% having more than one mental health issue.¹⁰

- 69% had depression, 8% bipolar, 8% PTSD, 7% anxiety, 3% psychotic disorder, and 5% all others.¹⁰

SUBSTANCE USE

65% of all suicides in Montana had a combination of substance in their system at death.¹⁰

- 42% had alcohol in their system (41% of Veterans and 34% of Native Americans).¹⁰
- 42% pain reliever on board (19% opioids, 18% over the counter pain medication, and 5% all other pain relievers).¹⁰
 - Studies estimate if Montana does not address the intersection of drugs, alcohol, and suicide a 33% increase in suicide will occur in the next decade.¹¹

VETERANS

Montana has the highest suicide rate of Veterans in the United States at a rate of 68 per 100,000 compared to the national average of 17.0.¹²

- 25% of all deaths by suicide in Montana were Veterans.¹⁰

MONTANA YOUTH AT-RISK

31% Montana high school students and 26% of middle school students report experiencing high levels of sadness and hopelessness for at least 2 weeks over the past 12 months.¹³

- 57.9% of students in alternative schools, 42.9%-39.4% of Native American students on and off reservations, and 42.1% of students with disabilities.¹³

20.8% of Montana high school students and 18.2% of middle school students have considered attempting suicide.¹³

- 15.4% of all male students and 26.8% of all female students in Montana serious considered attempting suicide in the past 12-months.¹³
- 43.2% of students in alternative learning, 30.6%-26.3% of Native American youth on and off reservations, and 20% of students with disabilities.¹³

9.5% of Montana high school students and 14.8% of middle school students have attempted in the past 12 months.¹³

- 25% of students in alternative schools, 22.8%-22.5% for Native American students on and off reservations, and 20.2 for students with disabilities.¹³

15% of students who have attempted suicide report having mostly A's and B's leaving them falling behind their peers academically (24% D/F's and 12 C's).¹⁴

- Comparably, 77.8% of high schoolers, 77.3% of middle school students, 58.1% - 63.8% Native American students on and off reservations, 61.3% of students in alternative schools, and 64.3% of students with disabilities report having mostly A's and B's.¹³

Students who attempted suicide in the past 12-months were:

- **More likely to use substances:** Smoked cigarettes (32% vs 10%), used smokeless tobacco (18% vs 8%), used electronic vapor products (40% vs 20%), Drank alcohol in past 30 days (52% vs 31%), Used marijuana in past 30 days (38% vs 18%), Ever used methamphetamines (8% vs 1%), Too , prescription medication not prescribed to them (33% vs 11%).¹⁴
- **More likely to have higher risks:** Felt sad or hopeless for 2+ weeks (77% vs 27%), Were bullied (46% vs 19%), electronically bullied (46% vs 14%), experienced name calling because someone thought they were lesbian, gay, bisexual, or transgender (29% vs 9%), physically forced into sexual intercourse (31% vs 7%).¹⁴
- Nationally, Native American youth do not consider attempting or plan suicide at a higher rate than other students but they do attempt at a rate of 14.9% compared to national average of 6.8%.¹

UTILIZATION OF SERVICES

DPHHS provided all families who were impacted by suicide with resources and materials on coping with grief and loss.¹⁵

TRAININGS

- Suicide prevention training was provided to 1,300 community members, 800 educators (296 on or near reservations or tribal health), 600 health care (104 on or near reservation or tribal health), and 400 law enforcement and first responders.¹⁵

HOTLINES

- 43% increase in calls to suicide prevention phone lines.¹⁵
- Of the 6,291 calls 5% required active rescue.¹⁵

TEXT LINES

- Increase of 3 times higher than previous year with 14 active rescues.¹⁵
 - Common concerns reported to counselors from Montanans were: depression/sadness, relationships, anxiety, isolation and loneliness.¹⁶
 - 54.9% of usage occurred between 10pm to 8am.¹⁶

REFERENCES

1. National Institute of Mental Health. (n.d.) [Suicide](#).
2. Center for Disease Control. (2018). [National Center for Health Statistics: Suicide Mortality in the United States, 1999-2017](#).
3. Luoma, J., Martin, C., & Pearson, J. (2002). Contact With Mental Health and Primary Care Providers Before Suicide: A Review of the Evidence. *American Journal of Psychiatry*, 159(6), 909-916.
4. Yeates, C. (2001) Suicide in later life: a review and recommendations for prevention. *Suicide and Life Threatening Behavior*.
5. American Foundation for Suicide Prevention. (2017). [Suicide statistics](#).
6. Fox, K.R., Millner, A.J., Mukerji, C.E., and Nock, M.K. (2017). *Examining the Role of Sex in Self-Injurious Thoughts and Behaviors. Clinical Psychology Review*.
7. McIntosh, W.L., Spies, E, Stone, D.M., Lokey, C.N., Trudeau, A.T., & Batholow, B. (2016). [Mortality and mortality weekly report: Suicide rates by occupational group - 17 states, 2012](#).
8. Center for Disease Control. (2019). [Suicide Mortality by State: 2017](#).
9. Centers for Disease Control and Prevention. (2018). [National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System](#)
10. Montana Department of Health and Human Services. (2016). [Montana: 2016 suicide mortality review team report](#).
11. Trust for American's Health and Well Being Trust. (2017). [Pain in the nation: The drug, alcohol, and suicide crises and the need for a national resilience strategy](#).
12. United States Department of Veterans Affairs (US VA). (2017). [Montana: Veteran suicide data sheet](#).
13. Montana Office of Public Instruction. (2017). [2017 Montana Youth Risk Behavior Survey: Suicide reports a health risk behavior comparison of Montana high school students based on attempted suicide](#).
14. Montana Office of Public Instruction. (2017). [2017 Youth Risk Behavior Survey: High school results and 2015 comparative tables for 7-8, American Indian student on or near a reservation, American Indian students in urban schools, non-public accredited schools, alternative schools, students with disabilities](#).
15. Personal communication with Karl Rosston, Montana State Suicide Prevention Coordinator.
16. Spurzem, K. (2018). Montana: The last best place to die by suicide.