

Idaho Council On Suicide Prevention
Report to Governor C.L. "Butch" Otter
November 2009



~ Reaching Out in Times of Crisis ~

Idaho Facts

- The latest data from the Centers for Disease Control and Prevention (2006) ranks Idaho as 10th highest in the nation for number of completed suicides per capita and third highest for suicide among adolescents and young adults.
- Deaths by suicide in Idaho increased 14% in 2008 over 2007 with a total of 251 deaths. This is one death every 35 hours.
- In the last 5 years (2004-2008), Idaho lost 65 students age 10-18 to suicide, and 15 of those were between 10 and 14 years old.

Suicide Prevention in Tough Economic Times

Issue: Increasing unemployment, financial strain and home foreclosures all are factors that have been shown to be associated with an increased risk of suicide.

- Like many States across the nation, Idaho saw a significant increase in deaths by suicide in 2008.
- From January through August 2009, a total 2,491 Idahoans called the National LifeLine compared to 1,413 for the same period in 2008.
- John Draper, director of the National Suicide Prevention Lifeline reports that about one in four callers to the national hotline nationwide talk about economic troubles [[The Idaho Statesman](#), June 7, 2009].
- According to John Grimes of the Idaho Suicide Prevention Research Project at Benchmark Research & Safety, farmers are also at an increased risk for suicide due to a combination of stressors and the lack of social support and mental health services.

Suicide is a serious but preventable public health crisis that requires high profile recognition at the state level and a high priority on the state health agenda.

Idaho Lacks a Suicide Crisis Hotline

Issue: In Idaho, the need for a state-based telephone suicide prevention hotline is acute due to the economic downturn, Idaho's status as a high suicide risk state and the human and economic impacts of suicides and suicide attempts yet Idaho is the only state without a nationally certified hotline.

- Idaho does not have a nationally certified hotline. Currently, the national Lifeline crisis centers accept Idaho calls at Lifeline's expense as a temporary measure and professional courtesy. The burden on Lifeline is increasing. Current data indicate Idaho's Lifeline calls have nearly tripled since 2007.
- Most people who are suicidal do not want to die. They are hopeless and see no other option.
- A study by the Substance Abuse and Mental Health Services Administration found hotlines effective in reducing suicidality and identifying options to increase help-seeking.
- Lifeline surveys show that many prior callers said the call saved their lives.
- Callers with mental health/substance abuse problems totaled 38% of calls, pointing to a secondary benefit of a hotline in addressing drug and alcohol use.

Working in Partnership

Issue: If suicide prevention activities are to be accomplished when funding is scarce it will require leadership to bring about a coordinated effort by a myriad of agencies, groups and individuals. The Idaho Suicide Prevention Council has identified over fifty stakeholders who can be part of the suicide prevention network. The Council has worked to provide information, education and in partnership with these groups including:

- Area Agencies on Aging
- 2-1-1 Careline
- Commission on Aging
- Coroners Association
- Department of Education
- Department of Health and Welfare
- Department of Labor
- Hospital Emergency Departments
- Idaho Federation for Families on Children Mental Health
- Office of Drug Policy
- Primary Care Association
- Veteran Affairs.

The Idaho Council on Suicide Prevention recommends that all stakeholders work together to help reduce the tragedy of suicide during these tough economic times, including such key stakeholders as, the State Mental Health Authority, public health agencies, the Governor, the Legislature, law enforcement, the justice system, hospitals, physicians, advocates, non profits, educators, and communities.

2009/2010 Recommendations

1. The Idaho Council on Suicide Prevention recommends that all stakeholders work together to help reduce the tragedy of suicide during these tough economic times, including such key stakeholders as, the State Mental Health Authority, public health agencies, the Governor, the Legislature, law enforcement, the justice system, hospitals, physicians, advocates, non profits, educators, and communities.
2. The Idaho Council on Suicide Prevention recommends that Idaho adopt a public health model of suicide prevention and that the Council, the Division of Behavioral Health and the Division of Public Health work together to develop these strategies.
3. The Idaho Council on Suicide Prevention recommends the establishment of consistent evaluation and triage of suicidal risk. As a first step, the Idaho Hospital Association should be encourage to collaborate with the Council to disseminate evaluations and triage guidelines for Emergency Departments implement, evaluation and triage guidelines. The Council further recommends that SPAN Idaho regional volunteers follow-up and support their local Emergency Departments in this endeavor.
4. The Idaho Council on Suicide Prevention recommends that the Idaho State Department of Education in collaboration with the Council and SPAN Idaho compile and post a step-by-step suicide postvention guide on its web site and instruct all Safe and Drug Free Schools coordinators in Idaho in its use, and that a mechanism for local follow-up as to the guide's use be explored.
5. The Idaho Council on Suicide Prevention recommends that the Council, the State of Idaho, private organizations and local government should join together to establish and fund a suicide prevention hotline for Idaho.
6. The Idaho Council on Suicide Prevention recommends that it work with the Idaho Primary Care Association to provide materials and assistance with trainings for emerging medical home clinic/hospital staff, as indicated by the Idaho Primary Care Association.
7. The Idaho Council on Suicide Prevention recommends: 1) That the Idaho Association of Coroners continue to work with CDC in crafting improved and standardized reporting forms, and take webinar training from the CDC on their use, 2) That the Idaho Hospital Association be encouraged to provide aggregate data concerning admissions and outcomes for self-inflicted injuries. 3) That Bureau of Vital Records and Health Statistics data be cross-tabulated for historical trend analysis, and 4) That current suicide prevention training data be finalized and reported to the Council, the Department of Education, SPAN Idaho, and other stakeholders.