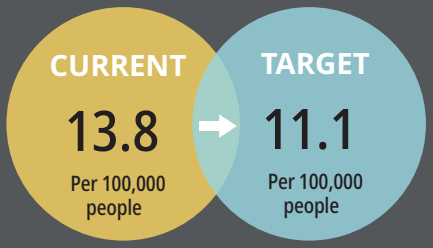
HEALTH INDICATOR 19: SUICIDE RATE

DESIRED RESULT: IMPROVE ACCESS AND TREATMENT FOR MENTAL HEALTH NEEDS



DEFINITION
Age-adjusted number of deaths attributable to self-harm per 100,000 population

DETAILS
Not Applicable

NC SUICIDE RATE (2018)
13.8 per 100,000 people

2030 TARGET
11.1 per 100,000 people

RANGE AMONG NC COUNTIES (2014-2018 AVERAGE)
2.2 – 33.6 per 100,000 people

RANK AMONG STATES
16th*

DATA SOURCE
NC State Center for Health Statistics, Vital Statistics

STATE PLANS WITH SIMILAR INDICATORS
Not Applicable

*Rank of 1st for state with lowest suicide rate

Rationale for Selection:

Mental health and access to treatment services are often overlooked in our health care system. One indicator of mental health outcomes – suicide –has been on the rise for years. Some special populations, such as veterans and LGBTQ youth, have seen elevated rates of suicide that will require targeted prevention strategies.

Context

Suicide accounted for 1,499 deaths in North Carolina in 2018.[167] This corresponds with a national trend of rising suicide rates during the last decade.[168] The impact of suicide is felt on both the personal and community level. Family and friends of the deceased bear both emotional and financial burdens.[169] The state also shoulders a financial burden, losing an average of $1.1 million in "lifetime medical and work loss cost" in 2017.[167]

Suicide is inextricably linked to mental health care and well-being. Studies show that many persons who die of suicide either had diagnosed mental illnesses[169] or experienced high-stress traumas such as financial insecurity, housing instability, or physical illness.[170] Suicide is also connected with insurance status, as people who are uninsured or underinsured are less likely to seek mental health care and treatment for health conditions that may contribute to mental and financial strains.[171] However, for those who are able to access care, one study has shown that suicide prevention strategies are not a large focus of mental health provider training.[169] Rather, strategies to treat underlying mental health conditions are emphasized, without specific attention to suicidal ideation or patient safety planning.[169] The suicide rate can be used as a downstream indicator of access to comprehensive high-quality health care.

Disparities

Suicide affects populations disproportionally based on gender, age, racial or ethnic group, and geography. Men, adults over the age of 45,[172] American Indians and whites,[141] and rural residents all face higher rates of suicide than their respective demographic counterparts.[173]

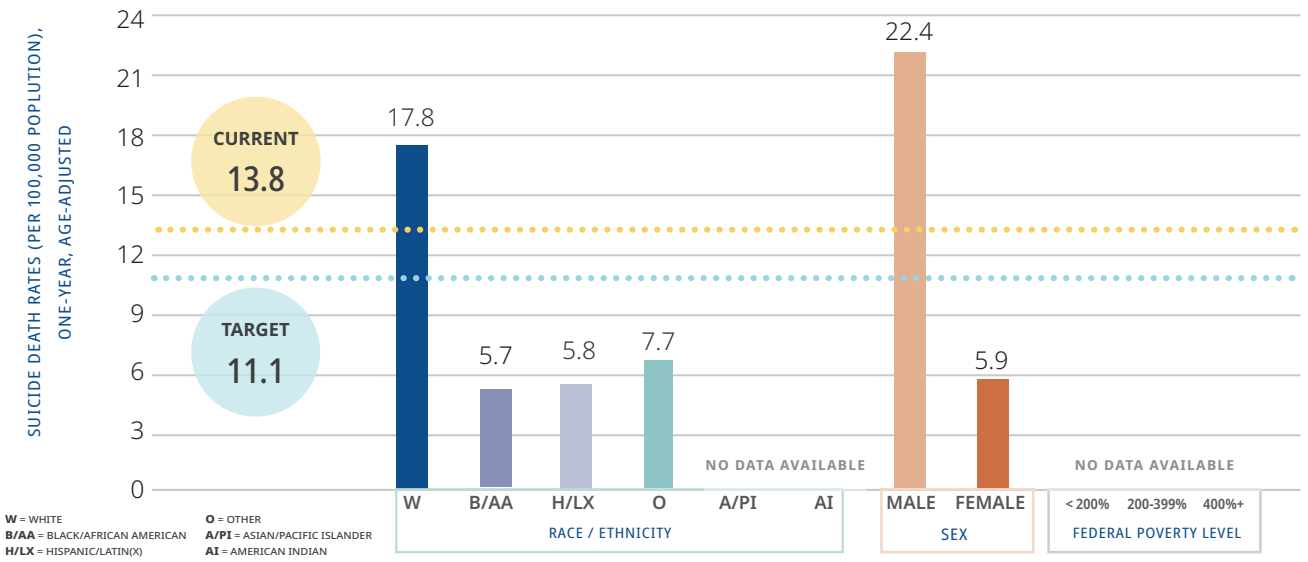
The suicide rate among veterans is 1.5 times that of the non-veteran population.[YY,174] Veterans face unique mental health, financial, and insurance coverage challenges that contribute to the increased rate within the population.[175] Veterans are also more likely to have access to firearms, a factor that increases the likelihood of fatal self-harm.[176,175]

Elevated suicide rates are also seen in LGBTQ populations. There is no comprehensive data source for the suicide rate amongst LGBTQ persons, as sexual identity is not a component of death records. However, survey data indicates that among LGBTQ youth, the rate of suicidal ideation is 4.5 times higher than their heterosexual peers. Additionally, 40% of transgender adults report a suicide attempt.[177] This disparity is only magnified in the young adult population, and among racial and ethnic minorities.[178,179] Discrimination, social

[YY] *This figure is adjusted by age and gender.*

FIGURE 33

Suicide rate across populations in North Carolina and distance to 2030 target



ostracism, family rejection, financial barriers, and health care barriers all contribute to an increased mental health burden on this population that corresponds with an increased rate of suicidal behavior.[177]

Suicide is also on the rise among children age 10-17 and is now the second leading cause of death among this age group with rates doubling over the past decade.[180,181] In 2017, 8.2% of high schoolers reported they attempted suicide, with highest levels among African American high schoolers (11.1%), Hispanic high schoolers (9.3%), and high schoolers reporting their race as Other (17.9%).

2030 Target and Potential for Change

The HNC 2030 work group reviewed data across several years and projected the future trend of suicide rate to develop a target. The group chose 11.1 as the number of deaths per 100,000 population by 2030. As the age-adjusted suicide rate has risen steadily over the last decade in North Carolina, and is expected to continue rising, movement toward this target would represent a meaningful reversal in this trend.

Levers for Change

- Expand Medicaid eligibility criteria to increase access to mental health services
- Increase state funding for mental health services provided through local mental health systems
- Implement policies targeted to decrease access to lethal means
- Improve access to social services and other supports
- Increase programs that provide mental health services and support for LGBTQ youth
- Increase programs that provide mental health services and support for veterans
- Continue to support the integration of physical and mental health
- Expand access to tele-mental health services
- Create trauma informed schools with access to mental health providers