Michigan Suicide Prevention Commission Annual Report

2023

Get Help Now

988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline (now known as the 988 Suicide & Crisis Lifeline) and is now active across the United States.

When people call, text, or chat 988, they will be connected to trained counselors who are part of the existing Lifeline network. These trained counselors will listen, understand how their problems are affecting them, provide support, and connect them to resources if necessary.

The previous Lifeline phone number (**1-800-273-8255**) will always remain available to people in emotional distress or suicidal crisis.

Call or text **988**. Or chat – Lifeline Chat: (988lifeline.org)

If someone is showing warning signs or communicating a desire to die, take the following steps:

ASK "Are you thinking about suicide or feeling that life may not be worth living?" and assess the person's safety by asking if the person has a specific plan and any intent to act on that plan. Ask if the person has already begun acting on these thoughts or made a suicide attempt. Risk of death by suicide increases significantly as people put more pieces of a plan in place.

EXPRESS compassion. The desire to die by suicide can be a frightening and isolating experience. Express compassionate care to emphasize that help is available, including confidential resources.

REACH OUT for support by calling the crisis lines (see above) to be connected to resources. All crisis lines are available for people in crisis AND individuals supporting people in crisis.

FOLLOW-UP by calling, texting, or visiting to ask how the person is doing and if additional support is needed.

Letter from the Public Health Director

March 16, 2023

Michigan Residents:

We are pleased to present the 2023 Michigan Suicide Prevention Commission updated report. This document offers an update on the problem of suicide in our state and our comprehensive prevention activities. I applaud the hard work and dedication of the Michigan Suicide Prevention Commission. This group has leveraged its expertise and resources to outline a clear path toward reversing these outcomes.

Prevention of death by suicide in Michigan remains a top public health priority. Work must be done to consider and change the factors that are known to contribute to suicide risk, such as adverse childhood experiences, lack of connectedness and healthy relationships in communities, access to lethal means, and lack of access to appropriate and adequate behavioral health care. Suicide prevention is the responsibility of everyone and within the capability of everyone. Knowing when and how to ask about suicide saves lives.

We all must do our part to reverse this troubling trend and take a stand for the lives of our fellow Michiganders. Our hope is that this report will inspire and guide your work, in whatever capacity you serve.

Together, we can save lives in the state of Michigan.

Sincerely,

Sarah Lyon-Callo, PhD
Acting Senior Deputy Director
Public Health Administration
Michigan Department of Health and Human Services

Letter from the Commission Chairs

March 16, 2023

Dear Fellow Residents of the State of Michigan:

Over the past year we have witnessed a new phase of the COVID-19 pandemic, and we've also experienced new challenges and opportunities. During this transition, however, we've also seen a significant rise in mental health concerns throughout our communities in Michigan and around the United States. Unfortunately, a recent CDC report confirmed these concerns by showing a nearly 4% rise in the suicide rate in 2021, despite having our first annual suicide rate reduction in more than 20 years the prior year. Our Suicide Prevention Commission has been working hard to understand the potential causes, impacts, and community needs related to this increase in Michigan.

As our suicide rate is now near the highest level we've seen in the last two decades, this year's annual Commission report provides the latest information available on factors contributing to suicide and groups particularly at risk. These data should help guide decision-making throughout the state as well as help stakeholders target resources to better address the needs and risks of our communities.

Despite the high rates of suicide, we remain optimistic about the opportunities in front of us. There have been major new statewide and local programs implemented over the last few months with several new initiatives planned for 2023. We believe these new efforts can improve our ability to recognize when people are at risk and provide available evidence-based services that we believe can save the lives of many people across Michigan.

Over the past year our commission has worked to develop and gather suicide prevention tools that can be used in the real world. We worked collaboratively to develop a list of evidence-based screening tools that can be used in different settings as well as a new standard measure to assist police officers with suicide prevention. In addition, we recently initiated new workgroups to help develop plans to identify and respond to the most common means used in suicide attempts as well as to help better train and educate clinicians of all types about suicide risk.

Letter from the Commission Chairs

We remain honored to serve the State of Michigan as co-chairs of the Suicide Prevention Commission. It is our life's work to collaborate with stakeholders across the state to get to a world where we can prevent every single suicide and help people live happy, healthy lives. We will continue to work with stakeholders and those with lived experience to learn, plan, and act using every measure available to us to save lives. We thank all citizens of Michigan for your support! We continue to recognize the challenges of today but look forward to the opportunities in front of us to work together with our communities as we move forward into our fourth year!

Sincerely,

Brian K. Ahmedani, PhD
Co-Chair, MI Suicide Prevention Commission
Henry Ford Health

Nancy Buyle
Co-Chair, MI Suicide Prevention Commission
Macomb Intermediate School District

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Data Landscape

1,482

Suicide deaths in Michigan in 2021.

1,200

Men died by suicide in 2021.

55%

Of the suicide deaths in 2021 were fire-arm related.

80%

Of the suicide deaths in Michigan were men.

91%

Of the fire-arm suicide deaths were men.

14.4

The rate of suicide deaths in Michigan in 2021.

Letter to the Legislature

March 16, 2023

Senator Stephanie Chang
Chair, Senate Civil Rights, Judiciary, and Public Safety Committee

Senator Kevin Hertel
Chair, Senate Health Policy and Human Services Committee

Representative Kelly Breen
Chair, House Judiciary Committee

Representative Julie M. Rogers
Chair, House Health Policy Committee

Dear Committee Chairs:

As Commissioners, we take an oath to support the Constitution of Michigan which states, in part, "the public health and general welfare of the people of the state are hereby declared to be matters of primary public concern" (Article IV, § 51). By statute, we are charged to "research policy recommendations from relevant sources and policy initiatives from other states in order to make recommendations to the governor and to the chairpersons of the house and senate standing committees on health policy and the judiciary on initiatives to reduce suicide rates…" (Public Act No. 177 of 2019, p. 3). We write today to fulfill these duties and to urge swift and comprehensive legislation to address the pressing issue of firearm suicide in the state of Michigan.

In 2021, we lost 1,482 Michiganders to suicide. Of those, 55% (over 800 lives) were lost to firearm suicide. These devastating losses impact families and communities across our state and beyond. While there is no one single cause for suicide, we know that risk is greater when a firearm is present in the home or readily accessible (Miller & Hemenway, 1999; Studdert et al., 2020; Wiebe, 2003).

[1]Michigan Death Certificate files, Michigan Department of Health and Human Services Division for Vital Records and Health Statistics, 2012-2021. Suicide deaths were identified from the underlying cause of death field using ICD-10 codes U03, X60-X84, and Y87.0

Letter to the Legislature

While individuals with firearm access are no more likely to have suicidal thoughts or a suicide plan, individuals at risk with access to firearms in the home are much more likely to use a firearm than those without (Conwell et al., 2002; Houtsma et al., 2018; Mann & Michel, 2016). This is especially important considering that firearms are highly lethal and most suicide attempts with a firearm (85-90%) end in death (Conner et al., 2019).

Despite these sobering facts, we also know that multi-level, evidence-based policies that keep people and environments safe are an essential component in comprehensive suicide prevention (Allchin et al., 2018; Fleegler et al., 2013; Swanson, 2020). Therefore, echoing and building on the priorities Governor Whitmer outlined in her most recent State of the State address, in support of and building on Senate Bills 76-86 introduced in the 102nd Legislature, and given the recent tragic events at Michigan State University, we urge you to support the following firearms-related legislation:

- **Expanded background checks**: Laws that expand background checks to all private gun sales and transfers, including those online and at gun shows, for all firearm types, and implement more comprehensive record-keeping requirements for sales records.

- **Education and secure storage:** Laws that call for the creation and dissemination of educational materials and training regarding firearms and suicide prevention as well as secure storage: These may include efforts to publish and distribute pamphlets/brochures on firearms safety and suicide prevention; distribute firearm safety devices to health care providers and crisis outreach teams; create suicide prevention education courses for firearms instructors or include suicide prevention content as part of existing firearms safety courses or materials; require training in suicide prevention and/or secure storage (firearm safety course) for gun range owners, firearm dealers, firearm purchases, and/or concealed permits, etc.; and laws requiring the secure storage of firearms on premises under an individual's control, including the home.

Letter to the Legislature

- **Voluntary removal initiatives:** Laws that provide for community storage options for temporarily storing firearms outside the home such as gun shops, shooting ranges, police departments, and special storage facilities; temporary transfer exceptions in background check laws in cases of suicide risk; and voluntary Do-Not-Sell List programs that authorize individuals to add their own names into the background check system to protect themselves against future impulsive firearm suicide attempts.

- **Extreme Risk Protection Orders (ERPOs):** Also called "red flag laws", these laws help to ensure individuals at risk for harm to themselves or others are temporarily prohibited from purchasing or possessing a firearm. In states that have enacted these laws, the ERPO is issued by a court. In most states, law enforcement or family/household members of a person at risk for harming themselves or others can petition the court to issue an ERPO. If granted, the ERPO temporarily prohibits the purchase and possession of a firearm by the person at risk. After the ERPO is granted and a warrant is issued, law enforcement will temporarily remove all firearms from the person's possession or control if the person does not do so voluntarily t o help prevent suicide when voluntary efforts to separate an at-risk individual from a firearm are unsuccessful or impossible and suicide risk is imminent. Five considerations related to suicide prevention should be made in enacting ERPO legislation:
    - *Urgency of a court decision to prevent suicide:* ERPO bills should provide for emergency or ex parte orders that immediately remove the firearm from an individual at risk to keep them safe.
    - *Consideration of risk factors for suicide:* Suicide is complex and multiple risk and historical factors must be considered. An at-risk person's mental health history must not be the sole criteria used for determining whether to issue an ERPO.
    - *Due process protections:* ERPO bills should set a high standard for securing an order and provide for due process protections for the at-risk individual and for the individual petitioning the court.
    - *Development and accessibility of related educational materials:* ERPO bills should address educating the public about what an ERPO law is, who may file a petition, and the steps to take when filing a petition.

Letter to the Legislature

- *Data collection:* ERPO bills should require statewide data collection and reporting regarding use of ERPOs.

These four areas of legislation provide a solid foundation on which we can continue to build safer communities. Expanding on these, policies pertaining to firearm owner education and healthcare provider and gun retailer liability should also be considered. For example, requiring suicide prevention education training as part of Carrying a Concealed Weapon (CCW) courses and for Concealed Pistol Licenses (CPL) for firearm owners will increase citizens' awareness of the warning signs for suicide and increase safety. Moreover, education requirements for healthcare providers to ensure they are discussing firearm safety and secure storage with their patients (e.g., Hoskins et al., 2022; Prater et al., 2022) may increase safe behaviors and is relevant considering that, among those who die by suicide, 45% see a primary care provider within the previous month, and 39% are seen in an emergency department in the previous year (Ahmedani et al., 2014). Finally, liability assurances for firearm retailers and others who are responsible for returning firearms to suicidal persons following a voluntary temporary transfer should be enacted to clarify who falls under the definition of a transferor, address uncertainties about these procedures, and ensure the individual's safety is considered as a top priority (Gibbons et al., 2020).

There is ample community support for such legislation at both the state and federal levels (APM Research, 2019; Quinnipiac, 2019). In addition, there has been increased financial incentive for such legislation. For example, the *Bipartisan Safer Communities Act* enacted in the 117th Congress provides funding that the Department of Justice plans to distribute to 49 states and territories for the implementation of gun violence prevention initiatives, including for ERPO implementation.

In the appendices below, we provide research (Appendix 1) and example legislation from other states (Appendix 2) supporting the implementation and effectiveness of these proposed policy solutions. We look forward to collaborating on these important issues and welcome the opportunity to provide additional input, expertise, and testimony throughout the legislative process.

Letter to the Legislature

We are hopeful that we can work together to introduce and pass this life-saving legislation. We further hope that, as a result, in the years to come, we can write to you not about the lives we've lost, but about the lives we've saved.

In Hope,
Michigan Suicide Prevention Commission

2022 Michigan Suicide Prevention Commission Members

Co-Chair: Brian Ahmedani, PhD, Director, Center for Health Policy & Health Services Research and Director of Research, Behavioral Health Services at Henry Ford Health System

Co-Chair: Nancy Buyle, School Safety/Student Assistance Consultant, Macomb Intermediate School District

Shaun Abbey, Battalion Chief, Kentwood Fire Department

Zaneta Adams, J.D., Director, Michigan Veteran Affairs Agency

William Beecroft, M.D., Behavioral Health Medical Director, Blue Cross Blue Shield of Michigan and Blue Care Network

Debra Brinson, Interim Executive Director, School-Community Health Alliance

Adelle McClain Cadieux, PsyD, Helen Devos Children's Hospital, Assistant Professor; Michigan State University

Sarah Derwin, Health Educator, Marquette County Health Department

Amber Desgranges, Chief Program Officer, Michigan Primary Care Association

Kevin Frank Fischer, Executive Director, National Alliance on Mental Illness

Cathrine Frank, M.D., Chair of Department of Psychiatry and Behavioral Health Services, Henry Ford System

Cary Johnson, Correction Officer, Michigan Department of Corrections

John E. Joseph, Chief of Police, Lansing Charter Township

Ryan Schroelucke, Detective, City of Grosse Pointe Woods Department of Safety

Barbara Smith, Executive Director, Suicide Resource & Response Network

Corbin Standley, Director, Strategic Planning, American Foundation for Suicide Prevention

Kiran Taylor, Chief Medical Officer, Hope Network

Kenneth Wolf, CEO, Incident Management Team

Impact of Suicide in Michigan

Many Michigan residents will be impacted by suicide at some point in their lives. Most individuals who have thoughts of suicide will not go on to make an attempt, and of those who make an attempt and survive, more than 90% will not go on to die by suicide. When looking at the data, it is important to acknowledge and remember that recovery is possible and happening every day.

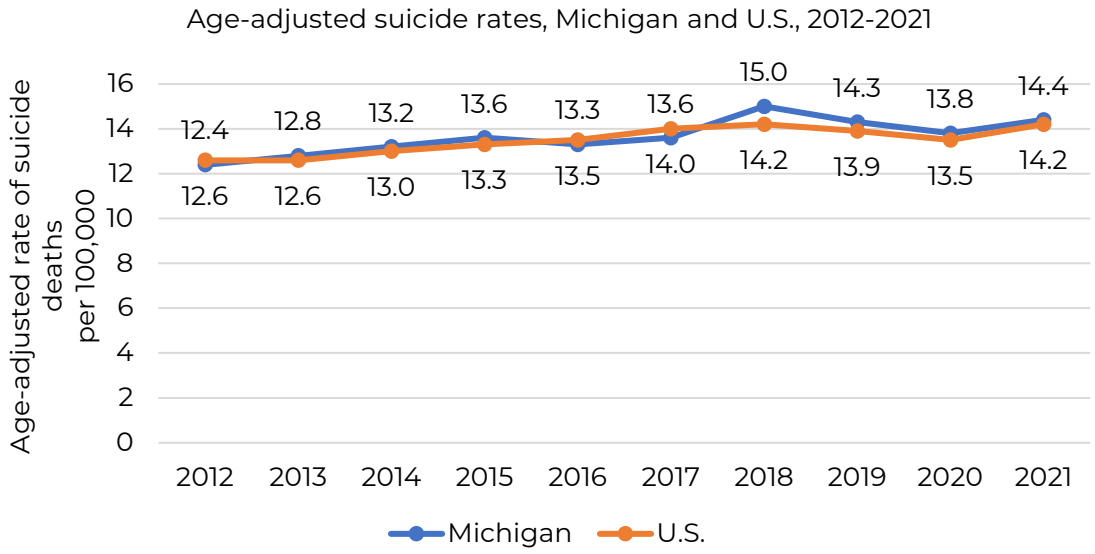
To understand how far-reaching suicide is in Michigan, it is necessary to review the current data. These suicide-related data are collected by the Centers for Disease Control and Prevention (CDC) and published through the Web-based Injury Statistics Query and Reporting System (WISQARS). Additional data specific to Michigan is collected and made available by the Michigan Department of Health and Human Services (MDHHS) Violent Death Reporting System (VDRS). Additional details on the methodology for calculating these findings can be found in Appendix 4.

The following overview of suicide in Michigan tempts to answer questions such as: who is dying by suicide, what methods are being used, and who is at high risk for suicide?

1 Harvard T. H. Chan School of Public Health. (n.d.). Attempters' Longterm Survival. Retrieved February 17, 2023, from Harvard T. H. Chan School of Public Health Web site: https://www.hsph.harvard.edu/means-matter/means-matter/survival/.

Impact of Suicide in Michigan

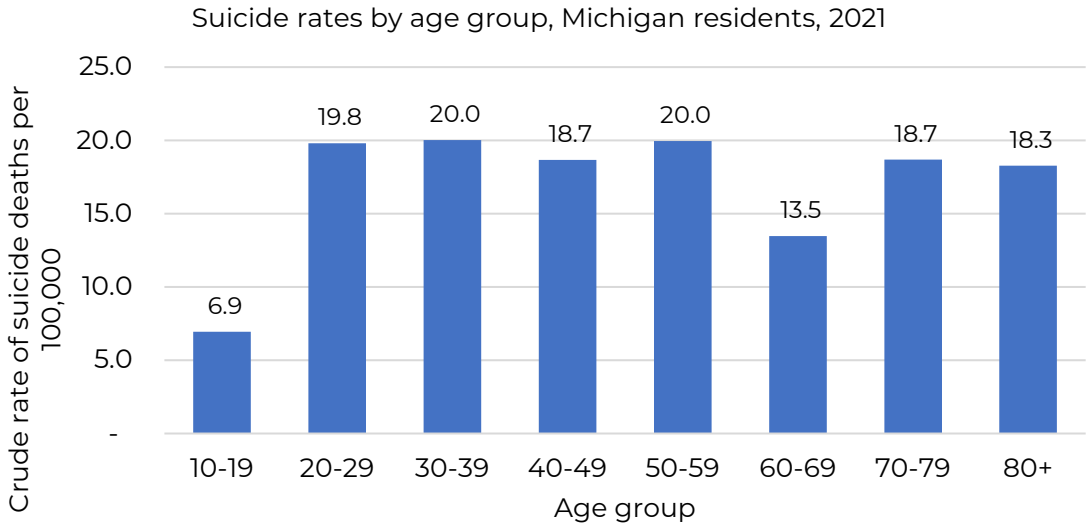
Figure 1: Age-Adjusted Suicide Rates, Michigan and U.S., 2012-2021



In 2021, 1,482 Michigan residents aged 10 and older died by suicide. The age adjusted rate for Michigan was 14.4 per 100,000. This is comparable to the age adjusted rate for the entire United States, which was 14.2 per 100,000 in 2021. Michigan's age-adjusted suicide rate has increased 16% over the past 10 years from 12.4 per 100,000 in 2012. The U.S. age-adjusted suicide rate has increased 13% from 12.6 in 2012.

Impact of Suicide in Michigan

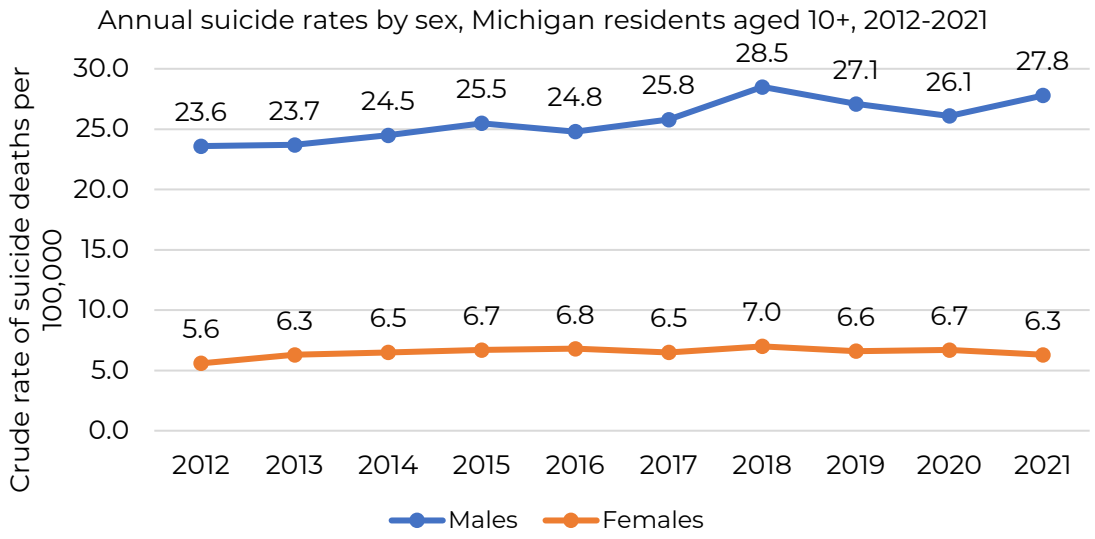
Figure 2: Suicide rates by age group, Michigan residents, 2021



In 2021, the age groups with the highest suicide rates were 30-39 years and 50-59 years, followed by 20-29 years.

Impact of Suicide in Michigan

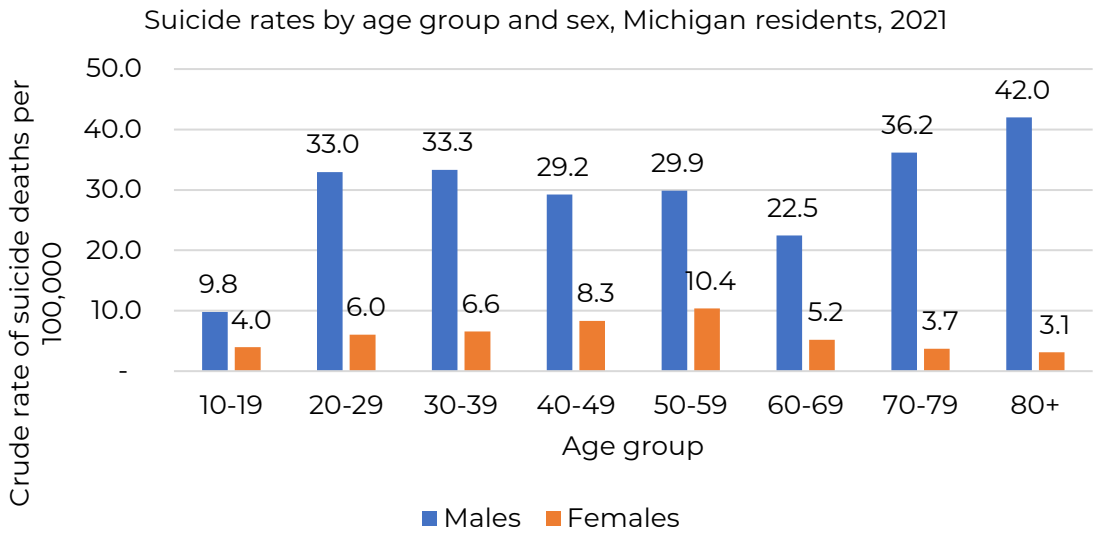
Figure 3: Annual suicide rates by sex, Michigan residents aged 10+, 2012-2021



In Michigan, suicide rates are much higher for males than females: during 2021, 1,200 males aged 10 and older died by suicide as compared to 282 females. The suicide rate for males aged 10 and older increased 18% over 10 years, from 23.6 per 100,000 in 2012 to 27.8 per 100,000 in 2021. The suicide rate for females aged 10 and older increased 13% during the same time period, from 5.6 per 100,000 in 2012 to 6.3 per 100,000 in 2021. In 2021, the age groups with the highest suicide rates were 30-39 years and 50-59 years, followed by 20-29 years. For both males and females, suicide rates reached a peak in 2018.

Impact of Suicide in Michigan

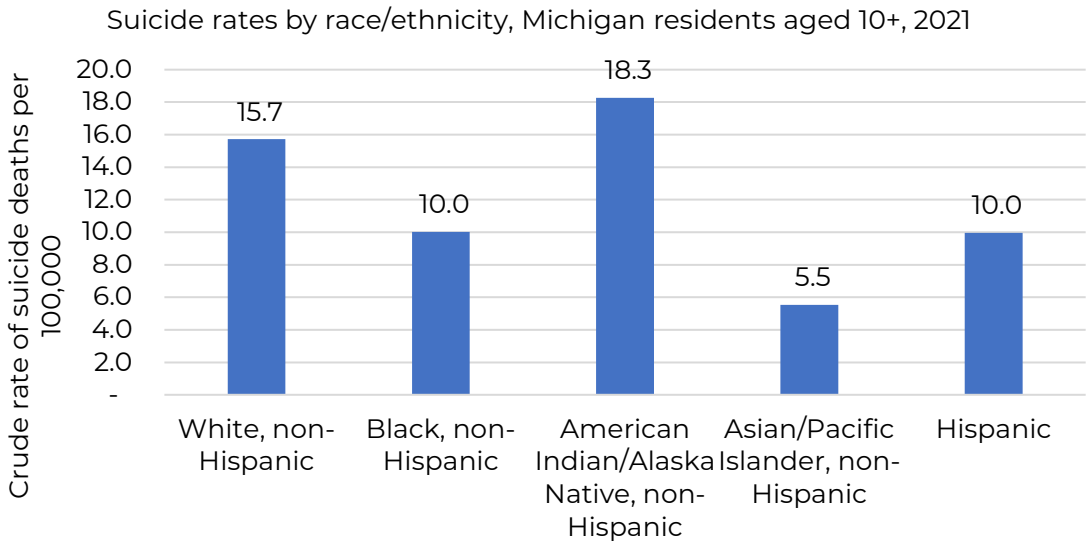
Figure 4: Suicide rates by age, group, and sex, Michigan residents, 2021



Suicide rates were highest in the later years for men and in the middle-age years for women. For males in 2021, the 80 years and older age group had the highest suicide rate, followed by 70-79 years. For females in 2021, the suicide rate was highest for the 50-59 years age group, followed by 40-49 years.

Impact of Suicide in Michigan

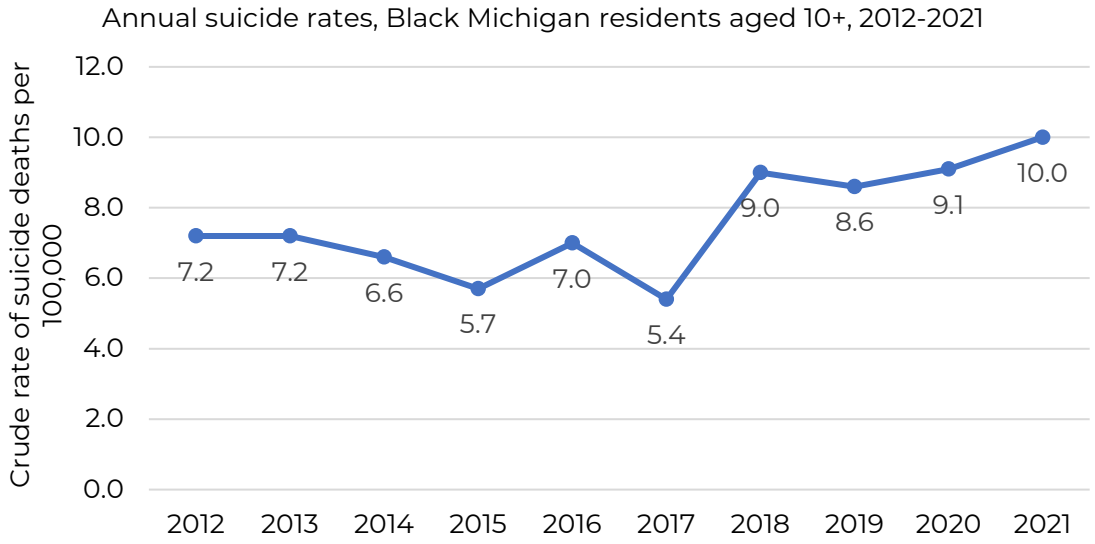
Figure 5: Suicide rates by race/ethnicity, Michigan residents aged 10+, 2021



The suicide rate was highest for Michigan residents aged 10 and older who were American Indian or Alaska Native, followed by those who were white.

Impact of Suicide in Michigan

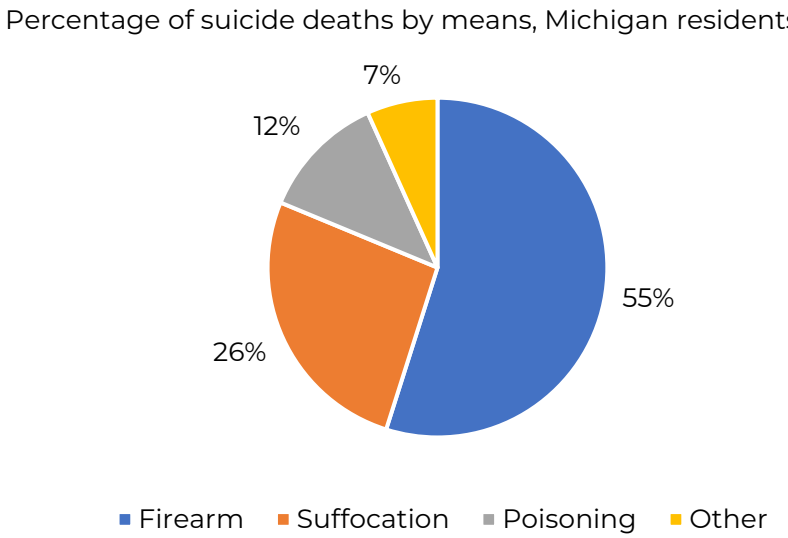
Figure 6: Annual Suicide rates, Black Michigan residents aged 10+, 2012-2021.



The suicide rate for Black Michigan residents aged 10 and older has increased 39% over the past 10 years, from 7.2 per 100,000 in 2012 to 10.0 per 100,000 in 2021.

Impact of Suicide in Michigan

Figure 7: Percentage of suicide deaths by means, Michigan residents, 2021



More than half of suicide deaths among Michigan residents involved firearms, and more than a quarter involved hanging/suffocation.

Impact of Suicide in Michigan

Table 1

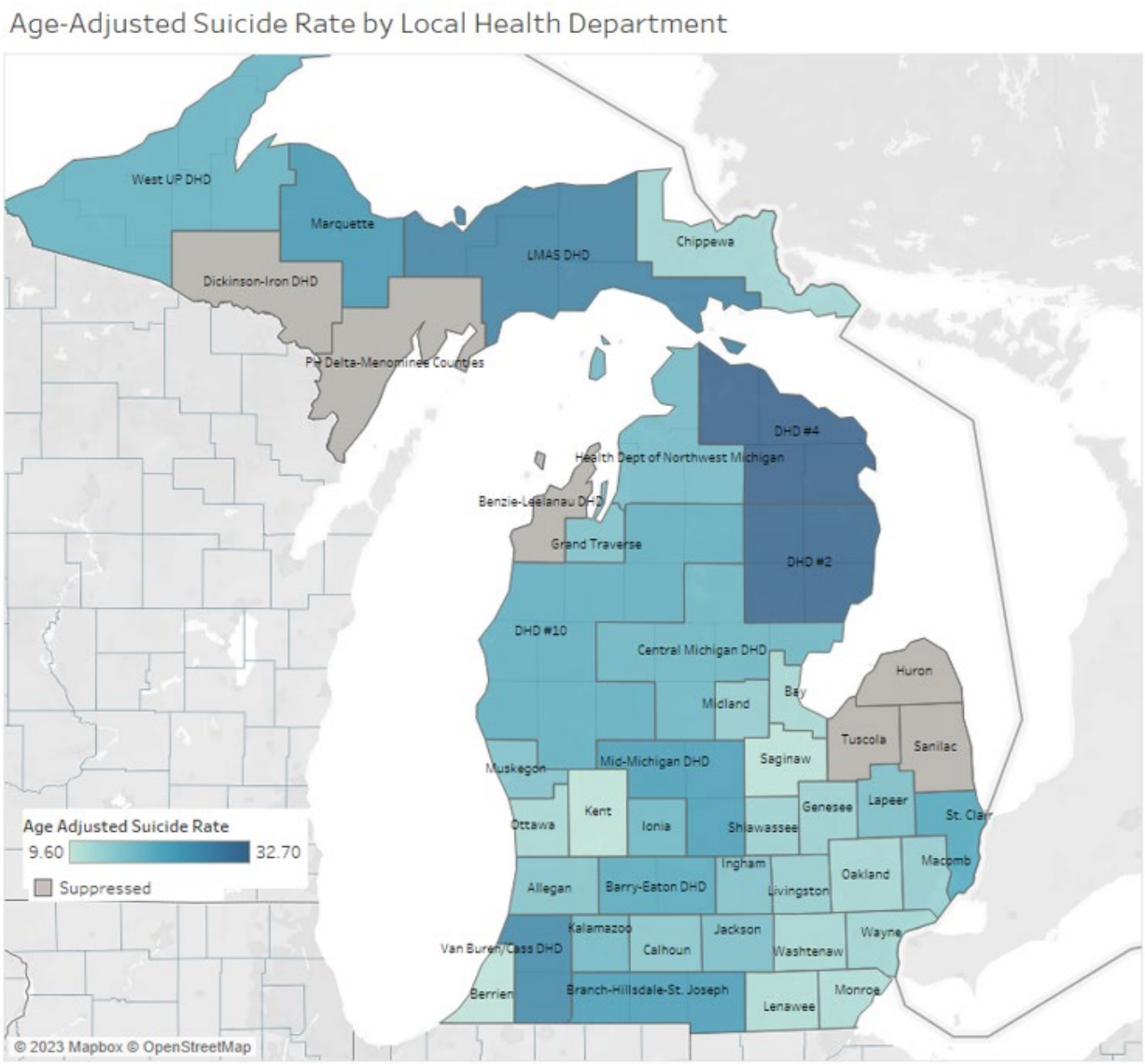
Age-Adjusted Suicide Death Rate per 100,000 for LHDs in Michigan with Highest Suicide Rates, 2021

LHD Name	Number of suicide deaths, 2021	Age-adjusted suicide rate per 100,000 residents, 2021
District Health Department #4 (Alpena, Cheboygan, Montmorency, and Presque Isle counties)	24	32.7
District Health Department #2 (Alcona, Iosco, Ogemaw, and Oscoda counties)	21	32.0
Luce Mackinac Alger Schoolcraft District Health Department	11	27.4
Van Buren Cass District Health Department	19	26.0
Marquette County Health Department	15	23.8

Suicide rates varied by geographic location across Michigan. The table above lists the five local health departments (LHDs) with the highest age-adjusted suicide rates in 2021. Broadly speaking, suicide rates were generally higher in the Upper Peninsula and northern Lower Peninsula than in the southern part of the state.

Impact of Suicide in Michigan

Figure 8: Age-adjusted suicide rate by local health department



Impact of Suicide in Michigan

Information about suicide rates by industry and occupation can be obtained from death certificates, which contain fields for “usual industry” and “usual occupation.” These reflect the decedent’s most common industry and occupation during their lifetime, which may not necessarily be the same as their industry and occupation at the time of their death.

Table 2

Industry Sectors with Highest Suicide Rates, Male Civilian Employed Workers Aged 16+ in Michigan, 2021

Industry	Number of suicide deaths	Rate per 100,000
Arts, entertainment, and recreation	20	47.7
Construction	108	43.9
Other services	40	40.0
Transportation and warehousing	48	36.6
Agriculture, forestry, fishing and hunting	11	34.1
Accommodation and food services	38	28.9
Manufacturing	161	25.9
Administrative and support and waste management	24	23.0
Public administration	17	20.4
Health care and social assistance	28	19.9
Retail trade	48	18.3
Finance and insurance, and real estate rental and leasing	20	16.3
Professional, scientific, and technical services	23	14.7

Impact of Suicide in Michigan

The industries with the highest suicide rates varied by sex. For males, the suicide rate was highest among those working in the arts, entertainment, and recreation industry sector, despite a smaller number of deaths than some other sectors. The construction sector had the second highest suicide rate for males and the second largest number of deaths after manufacturing. Also of note, a number of suicides among both men and women occurred among those working in the health care and social assistance sector; for females, this was the sector with the largest number of suicides. Of the suicide decedents who worked in the health care sector, 11 males and 13 females worked in the hospital sub-sector.

Table 3

Industry Sectors with Highest Suicide Rates, Female Civilian Employed Workers Aged 16+ in Michigan, 2021

Industry	Number of suicide deaths	Rate per 100,000
Professional, scientific, and technical services	13	10.1
Accommodation and food services	12	7.3
Health care and social assistance	36	6.8
Retail trade	16	6.5
Manufacturing	13	5.5

Like the pattern seen for suicide rates by industry, occupational groups with the highest suicide rates also varied by sex. For males, both the construction industry sector and occupational group had high numbers and rates of suicide for males. Suicide rates for females were high in both the food service industry sector and occupational group, and the health care industry sector and occupational group had the third highest rate of suicide for females.

Impact of Suicide in Michigan

Table 4

Occupational Groups with Highest Suicide Rates, Male Civilian Employed Workers Aged 16+ in Michigan, 2021

Occupation	Number of suicide deaths	Rate per 100,000
Construction and extraction	106	52.6
Material moving	60	39.4
Installation, maintenance, and repair	52	35.3
Production	92	32.4
Building and grounds cleaning and maintenance	30	32.0
Protective service	17	28.3
Food preparation and serving related	23	23.8
Transportation	30	21.8
Sales and related	43	20.8
Management, business, and financial	74	19.1
Health care practitioners and technical	12	16.9
Arts, design, entertainment, sports, and media occupations	14	39.2

Impact of Suicide in Michigan

Table 5

Occupational Groups with Highest Suicide Rates, Female Civilian Employed Workers Aged 16+ in Michigan, 2021

Occupation	Number of suicide deaths	Rate per 100,000
Sales and related	15	7.2
Food preparation and serving related	10	7.1
Health care practitioners and technical	16	7.0
Education, legal, community service, arts, and media	16	5.3
Office and administrative support	18	4.8
Management, business, and financial	12	3.5

Special Populations Update

It is critically important to identify high-risk groups and special populations to improve targeted interventions. The 2012 National Strategy for Suicide Prevention identifies population considered high-risk for suicide, nationally. Michigan has followed a similar approach, in highlighting several groups that face disproportionate risk for suicide. This section reflects the most recent data updates to those populations both nationally and in Michigan where they were applicable.

*Active Military/Service Members**

Nationally, in calendar year 2021, a total of 519 service members died by suicide with young, enlisted male service members found to be at greatest risk. The suicide rates for Active Component Service members have gradually increased since 2011, although the 2021 rate is lower than in 2020. Reserve and Guard suicide rates fluctuated year-to-year across 2011-2021, with no increasing or decreasing trend.

Table 6

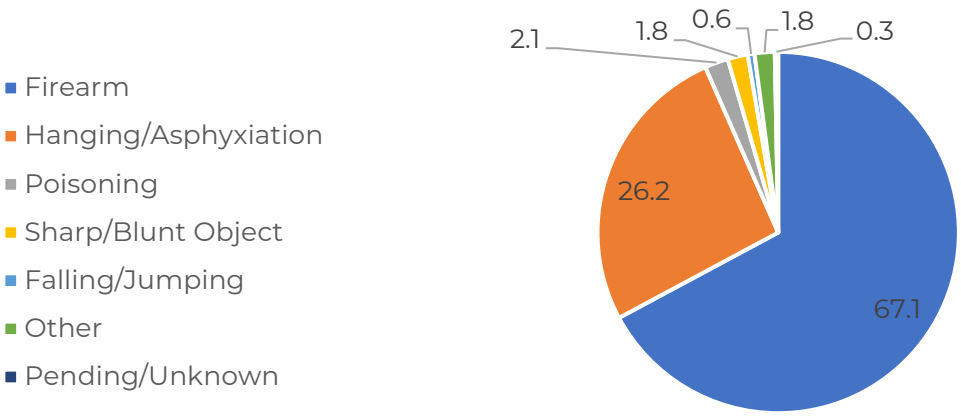
Suicide Counts and Unadjusted Rates per 100,000 Services Members by Military Population and Service, CY 2019-2021

	CY 2021		CY 2020		CY 2019	
	Rate	Count	*Rate*	Count	*Rate*	Count
Active Component	24.3	328	28.7	384	26.3	349
Army	36.3	176	36.2	174	30.5	145
Marine Corps	23.9	43	34.5	63	25.3	47
Navy	16.7	58	19.0	65	22.1	74
Air Force	15.3	51	24.6	82	25.1	83
Reserve	21.2	74	21.7	77	18.5	66
Army	24.2	45	22.2	42	19.4	37
Marine Corps	--	14	--	10	--	9
Navy	--	10	--	13	--	7
Air Force	--	5	--	12	--	13
National Guard	26.4	117	27.5	121	20.5	90
Army	30.3	102	31.5	105	22.9	76
Air Force	--	15	--	16	--	14

*Michigan does not have any active military bases.

Special Populations Update

Figure 9: Method of suicide deaths by Active Service Members, CY 2021



The most common method of suicide death was firearm, followed by hanging/asphyxiation. The percentage of suicide deaths by firearm in military has not changed over time. The percentage of service members who died by suicide using a firearm has historically been higher compared to the U.S. population when accounting for differences in sex and age.

Special Populations Update

LGBTQ Youth

Evidence indicates that lesbian, gay, bisexual, and transgender (LGBT) populations are at increased risk for suicide. The Trevor Project's 2022 National Survey on LGBTQ Youth Mental Health reflects nearly 34,000 LGBTQ individuals aged 13-24 who reside in the United States.

Key findings from the Michigan profile include:

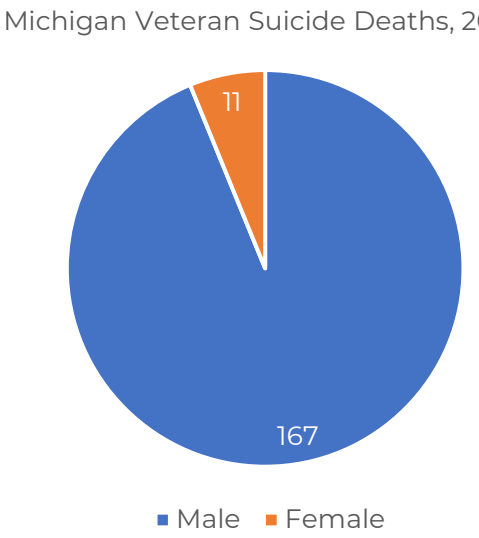
- 45% of LGBTQ youth seriously considered attempting suicide in the past year.
- 15% of LGBTQ youth attempted suicide in the past year.
- 76% of LGBTQ youth reported experiencing symptoms of anxiety.
- 59% of LGBTQ youth reported experiencing symptoms of depression.
- 60% of LGBTQ youth who wanted mental health care in the past year were not able to get it.

The Michigan profile and Trevor Project are both available online.

Special Populations Update

Veterans

Figure 10: Michigan Veteran Suicide Deaths, 2020



The U.S. Department of Veterans Affairs (VA) is leading efforts to understand suicide risk factors, develop evidence-based prevention programs, and prevent veteran suicide through a public health approach. As part of its work, VA analyzes data at the national and state levels to guide the design and execution of the most effective strategies to prevent Veteran suicide.

Special Populations Update

Table 7

Michigan and National Veteran Suicide Death Rates by Age Group, 2020

Age Group	Michigan Veteran Suicides	National Veteran Suicides	Michigan Veteran Suicide Rate	National Veteran Suicide Rate
18-34	17	843	39.5[2]	46.1
35-54	40	1,575	31.5	31.8
55-74	86	2,222	33.5	27.4
75+	30	1,451	20.7	32.0
All	178	6,146	31.1	31.7

After accounting for age differences, the veteran suicide rate in Michigan was not significantly different from the national veteran suicide rate but was significantly higher than the national general population suicide rate.

[2] Rates calculated from suicide count lower than 20 are considered unreliable.

Michigan Suicide Prevention Commission Workgroups

Death Scene Investigation

The Death Scene Investigation workgroup continued the work that they were doing on creating a Death Scene Investigation Form that better met the needs of law enforcement. The new form was designed to make it easier and more efficient for law enforcement to document detailed and thorough information about a suicide-related death. Recognizing that the creation of the form is only the first step, the workgroup has decided to continue to meet to further discuss implementation and dissemination now that the recommended form is complete.

The finalized Law Enforcement Death Scene Investigation Form can be found in Appendix 6.

New Workgroups

The commission proceeded with three new workgroups at the conclusion of the 2021-2022 year. The decision was made to proceed with three subcommittee workgroups: a Lethal Means Workgroup, a Communication Workgroup, and a Licensure Workgroup.

- Acknowledging more firearms are used in more than 50% of suicide attempts that result in fatalities, the Lethal Means Workgroup will identify strategies to safeguard suicide risk such as safe storage and red flag laws.
- The Communications Workgroup will propose optimal communication strategies that outline critical issues to consider when messaging to the public about suicide. This includes promoting a positive narrative, using available guidance, and avoiding content that is unsafe or undermines prevention.
- The Licensure Workgroup is striving to ensure that all professions that have contact with people at risk for suicide, such as physicians, nurses, social workers, teachers, etc., have a mandatory curriculum to understand suicide and how to intervene.

The workgroups will clarify and solidify each of their deliverables with the intention of finalizing each deliverable and including them in the next annual report.

Michigan Suicide Prevention Activities Update

988 & MiCAL Implementation

The 988 dialing code went live in July 2022. 988 is the new three-digit dialing code for the existing National Suicide Prevention Lifeline (NSPL). The objective of 988 is to provide an easier-to-remember number for individuals experiencing health-related distress including thoughts of suicide, mental health or substance use crisis, or any other emotional distress. People can also dial 988 if they are worried about a loved one who may need crisis support.

Michigan's Crisis and Access Line (MiCAL), the statewide line, answers 988 calls. Currently, 988 National Backup Centers are providing call overflow in Michigan and all text and chat coverage for Michigan. Michigan is still in development for answering chats and texts, but the plan is to answer all texts and chats that originate from Michigan.

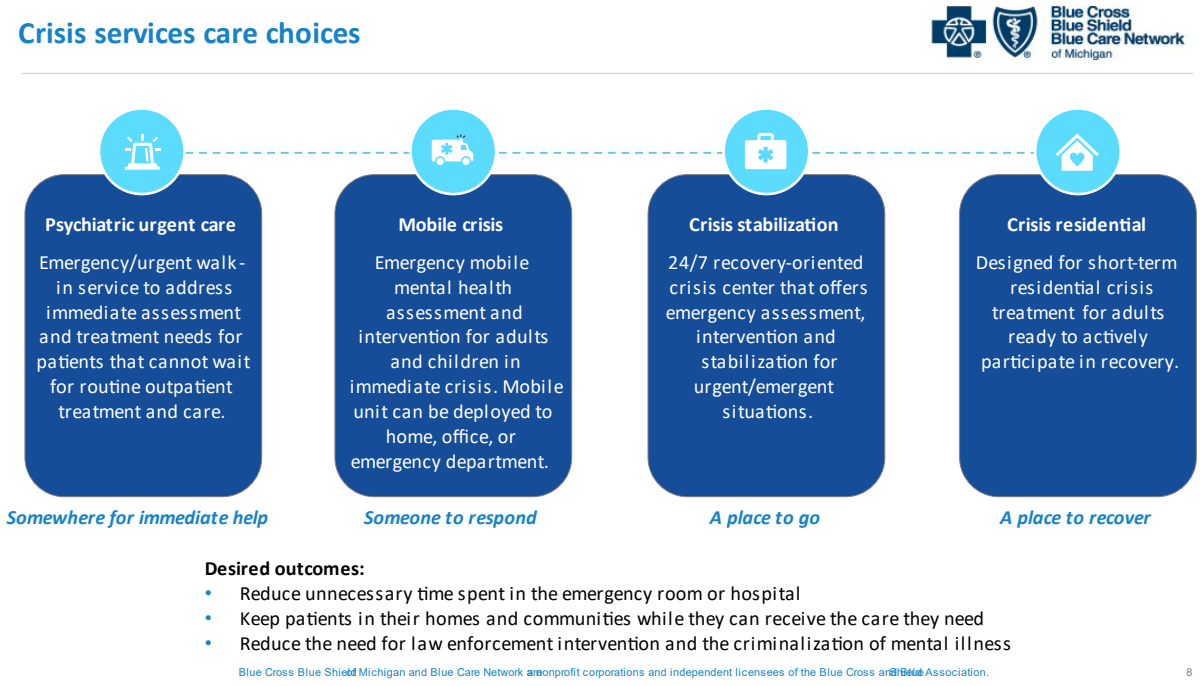
MDHHS is currently focusing on marketing and advertising efforts for the 988-dialing code throughout Michigan. MDHHS is encouraging all stakeholders to openly publish, share, advertise, and market 988 and 988-relevant information through their designated communication channels. The department encourages stakeholders to start advertising and distributing 988 information. Stakeholders are free to share the 988 number openly and use official 988 SAMHSA materials at their discretion.

Expanding Crisis Services

Blue Cross Blue Shield of Michigan recognizes the need for increased access, especially for behavioral health emergencies. Over the years, behavioral health crises have been treated, almost exclusively, in local emergency rooms. Unfortunately, behavioral health isn't their primary focus. In Southeast Michigan, only approximately 40% of emergency rooms have a behavioral health specialist available quickly. With limited resources, behavioral health patients often have long wait times in settings that lack the confidential space needed for evaluation and treatment.

Michigan Suicide Prevention Activities Update

In 2019, SAMSHA published a handbook for the development of crisis services. Blue Cross has followed this manual closely in the development of our payment protocol, and therefore, network and program expansion. Currently, 95% of Michigan and national behavioral health providers belong to the Blue Cross or affiliated plan network. We view crisis services as being comprised of the following programming:



Having a range of services is important when a person has a crisis characterized by suicidal ideation, plan, or intent. These services are set up to meet the patient where they are and when they need it and provide evaluation and treatment at the level they need. This is imperative to decrease completed suicide and recognize early intervention in behavioral health conditions so patients can get rapid treatment interventions best suited to their needs.

Michigan Suicide Prevention Activities Update

This isn't meant to be a diversion program but a program to assess the individual's needs and refer them to the correct services that will address those identified needs in a person-centered treatment planning format using the least restrictive environment.

MI-MIND

With support from Blue Cross Blue Shield of Michigan, Henry Ford Health launched the Michigan Mental Health Clinical Quality Improvement Network for Implementation and Dissemination (MI-Mind) Collaborative Quality Initiative (CQI) in 2022. This multi-year funded CQI establishes a statewide partnership of provider organizations, including primary care and behavioral health practices, to implement evidence-based suicide prevention approaches to prevent suicide deaths and suicide attempts in the State of Michigan. Henry Ford Health developed the Zero Suicide clinical care pathway in 2001, which identifies and assesses suicide risk, improves engagement in care, provides evidence-based treatment, and supports transitions between clinical settings. It has now become an international model of care. MI-Mind represents the first statewide effort in the nation to implement these evidence-based processes in both behavioral health settings as well as in primary care. The latter is an important innovation as more than half of those who die by suicide have no mental health diagnosis but have seen a primary care provider within a year of their death. In 2022, the first cohort of provider organizations began training and implementation, with dozens of other systems to join in future years.

Michigan Suicide Prevention Activities Update

Preventing Suicide in Michigan Men

Preventing Suicide in Michigan Men (PRiSMM) recently entered its third year and is funded by the Center for Disease Control and Preventions (CDC) Comprehensive Suicide Prevention grant program. PRiSMM's goal is to reduce suicide in Michigan by 10% over the course of the five-year grant, specifically targeting adult males (ages 25 and up). One of PRiSMM's comprehensive suicide prevention strategies includes conducting and maintaining a multi-sectoral partnership that brings together stakeholders within the field of suicidology and people within male-dominated industries. Bringing together people in different industries enables PRiSMM to not only reach a larger audience, but also to reach men where they are. In its first year, PRiSMM implemented a statewide community scan with the goal of identifying what suicide prevention strategies are currently in practice within Michigan communities, as well as possible gaps in knowledge and services that exist within the state. There will be another scan this upcoming year to determine how PRiSMM has built on strengths and filled the identified gaps. Along with the community scan, PRiSMM has developed comprehensive communication and evaluation plans with the goal of disseminating data and information to better inform suicide prevention strategies to improve programming.

Some noteworthy accomplishments from Year 2:

- Developed and ran an ad campaign featuring real stories of hope and resilience from men who have experienced suicide ideation (www.michigan.gov/thelifeyousave).
- Almost 30,000 visitors to the www.mantherapy.org site with over 7,500 head inspections completed and 530 project partners.
- More than 60 new providers trained in Counseling on Access to Lethal Means.
- Twenty-four new Assessing and Managing Suicide Risk (AMSR) trainers trained and conducted four AMSR trainings.
- Six health systems participating in our Zero Suicide Learning Collaborative with new growth every quarter.
- Twenty-five providers trained in Telehealth Toolkit for Suicide Prevention Best Practices pilot.

Michigan Suicide Prevention Activities Update

Suicide Prevention Media Campaign

The MDHHS Preventing Suicide in Michigan Men program invited the Michigan Suicide Prevention Commission to collaborate on their suicide prevention ad campaign targeted at adult men. National statistics reveal that men die by suicide at a rate that is about three times greater than that of women. The overarching goal of the campaign was to increase help-seeking behavior in adult men.

Reducing the stigma that is often associated with mental health and suicide is an important factor in increasing help-seeking behaviors in adult men. This campaign sought to do that through storytelling. Three Michigan Men with lived experience participated in the creation of the ad campaign and shared their struggles and triumphs. The ads focused on hope and resilience and encouraged men to "speak up."

The tagline of the campaign was: "Speak up. The life you save could be your own."

The ad campaign ran in the month of June for Men's Health Month. The additional support provided by the Michigan Suicide Prevention Commission allowed the campaign to run again during National Suicide Prevention Week in September. The ads garnered a total of 8,189,751 impressions. Some of the campaign assets can be found at www.michigan.gov/thelifeyousave

Michigan Suicide Prevention Activities Update

Transforming Youth Suicide Prevention Program

Transforming Youth Suicide Prevention in Michigan-Phase 3 (TYSP-Mi3) is a five-year grant from the Substance Abuse and Mental Health Services Administration that runs from 2019-2024. This initiative capitalizes on a strong and well-established track record of public health and academic expertise as well as unique statewide partnerships. TYSP-Mi3 will impact rates of youth/young adult suicide by establishing suicide prevention as a core priority in Michigan's child welfare (CW) system and by growing a network of emergency departments (EDs) committed to increasing the number of gatekeepers and clinical service providers trained in evidence-based prevention strategies and supporting communities in strengthening local efforts.

TYSP-Mi3 program goals are:

- Goal 1: Build a statewide network of EDs that consider suicide prevention a core priority and consequently, implement evidence-based assessment, intervention, continuity of care, and follow-up strategies for youth at risk for suicide and their families.
- Goal 2: Partner with Michigan's CW agency to advance and sustain suicide prevention training, screening, and referral practices, with a focus on the state's foster care system.
- Goal 3: Strategically embed a cadre of trained gatekeepers and clinical service providers within Michigan's youth serving workforce who consistently use evidence-based practices.
- Goal 4: Support local communities to implement suicide prevention best practices to community needs via technical assistance, training, and educational and funding opportunities.
- Goal 5: Enhance the availability of resources and training for postvention services in the state.

Michigan Suicide Prevention Activities Update

TYSP-Mi3 accomplishments include:

- Five partner emergency departments enrolled into the statewide TYSP Emergency Department Network.
- Suicide prevention curriculum modules developed for child welfare workers that will begin piloting in January 2023.
- Three community grantee projects focused on identification and early intervention of 18–24-year-olds successfully completed one year of funding and will continue through September 2023.
- The Michigan Suicide Prevention Community Technical Assistance Meeting was held May 4–6, 2022 in Roscommon, Michigan with more than 100 attendees.
- Introduction to Local Outreach to Suicide Survivors (L.O.S.S.) Teams Training was held on November 30, 2022, and pilot L.O.S.S. Teams will launch in 2023 creating the Michigan L.O.S.S. Team Network.

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Appendix 1: Evidence Base for Legislation

Research shows that suicide risk increases when lethal methods, like firearms, are readily accessible (Miller & Hemenway, 1999; Studdert et al., 2020; Wiebe, 2003). The National Academies of Science indicates that states with higher rates of household firearm ownership have higher rates of firearm suicide, as well as an ecological association between firearm ownership and *overall* risk for suicide (2005). Research also shows that putting time and distance between a person at risk and a lethal method can save lives (Barber et al., 2017; Henn et al., 2019). This allows time for the suicidal risk to diminish, for the intense suicidal impulse to pass, or for someone to intervene with mental health support and resources. Most individuals who are prevented from making a suicide attempt via one method typically do not go on to attempt with another method (Daigle, 2005). If we can prevent a person who intends to die by firearm suicide from attempting with that firearm, they will likely not go on to attempt with another method. Furthermore, in the rate case where they do substitute another method, it will have a much lower likelihood of being lethal (Cai et al., 2022).

Research suggests that, in order to successfully reduce the suicide rate, firearm legislation must accomplish three goals: (1) modify prohibitions so that they apply to those at highest risk for suicide, (2) enforce laws pertaining to new sales and firearms individuals may already own, and (3) develop and implement legal tools to temporarily and/or voluntarily remove firearms from those who may be at high risk or in immediate crisis (Swanson, 2021). The legislative solutions proposed above, when considered together, work to address all of these goals. Below, the evidence for each of the legislative solutions presented above is discussed in greater detail.

Expanded background checks. Universal background checks are essential to close lethal loopholes in state law. These loopholes allow firearms to find their way into the hands of individuals who may present a significant risk to themselves or others. Legislation that closes these loopholes has the potential to decrease both firearm homicides and suicides. For example, in a review of data across the United States between 1985 and 1997, after the passage of the Brady Handgun Violence Prevention Act, Ludwig & Cook (2000) found a significant reduction in the number of firearm suicides among people aged 55 and older.

Appendix 1: Evidence Base for Legislation

This reduction was even stronger in states that imposed both waiting periods and background checks. Moreover, in a review of state-level firearm death data between 1996 and 2005, Sen and Panjamapirom (2012) found that increased background checks were associated with fewer suicide deaths. In particular, they found that firearms deaths are lower in states that have background checks that account for mental illness, fugitive status, and misdemeanors.

Education and secure storage. Education and awareness are another key aspect of this effort. This includes the development and accessibility of educational materials, lethal means education in healthcare systems (Haasz et al., 2022; Hoskins et al., 2022; Ketabchi et al., 2021; Prater et al., 2022) and communities (Bauder et al., 2022), and educational efforts with firearm owners, retailers, and ranges (Betz et al., 2023; Butterworth et al., 2020; Gavernich et al., 2023; Marino et al., 2018). These efforts have been shown to shift beliefs, attitudes, and behaviors among firearm owners toward more secure storage and other firearm safety practices. In addition to education, studies show that securely storing one's firearm decreases the likelihood of unintentional injury or death and is also associated with lower suicide risk and death (Monuteaux et al., 2019). Further, laws requiring the secure storage of firearms have been shown to be effective. For example, in an examination of suicide rates between 1991 and 2017, Kivisto et al. (2021) found that policies requiring locks and secure storage for firearms were associated with a 13.1% reduction in adolescent firearm suicide. In another study of youth suicides between 1976 and 2001, Webster et al. (2004) found that state child access prevention laws requiring secure storage of firearms were associated with a 10.8% decrease in firearm suicides, and an 8.3% decrease in *overall* suicide rates among 14- to 17-year-olds.

Voluntary removal initiatives. Most people who struggle with suicidal thoughts and behaviors also experience extended periods of clear-headedness wherein they are aware of their own risk of suicide during a potential future crisis (Swanson, 2021). Voluntary removal initiatives (sometimes referred to as precommitment against suicide [PAS] or voluntary do-not-sell lists) enable individuals to request that their own name be added to a database of gun-prohibited purchasers.

Appendix 1: Evidence Base for Legislation

This individual can then use a similar process to remove their name from the list, typically with a waiting period and/or mental health provider sign-off. While voluntary removal initiatives are an emerging practice with a nascent literature, research suggests that their implementation may conservatively save hundreds of lives annually (Ayres & Vars, 2019; Vars, 2015).

Extreme Risk Protection Orders (ERPOs). The underlying rationale for ERPOs was developed based on leading research on risk factors for violence and suicide. Research has demonstrated that ERPOs are effective at doing what they intend to do. In a study of Connecticut's risk-based firearm removal law, Swanson et al. (2017) found that (1) people in Connecticut subject to orders had an annual suicide rate 40 times greater than the general population, and (2) for every 10-20 orders issued, at least one suicide was prevented. In another study of firearm removal laws, Kivisto and Phalen (2018) found that extreme risk laws were linked with promising reductions in firearm suicides in both Connecticut (13.7% reduction in firearm suicides) and Indiana (7.5% reduction in firearm suicides). Further, in a study of EPROs in Indiana between 2006 and 2013, Swanson et al. (2019) found that suicidal ideation was listed as a reason for issuing the order in 70% of cases, and an estimated one suicide was prevented for every 10 removal orders issued.

Taken together, the research summarized above suggests that the proposed legislation is not only a commonsense solution to address firearm suicide but is also evidence-based. By enacting such legislation, we have an opportunity to turn heartbreak and research into concrete action to save lives.

Appendix 2: Example Legislation from Other States

The legislative solutions proposed above have been implemented in states across the country representing views from every point of the political spectrum. Below is a list of state laws and statues in the areas discussed. Note that this is not a comprehensive list.

Background Checks:

- **Colorado (H.B. 13-1229):** Requires (1) universal background checks pursuant to the transfer of firearms, including private transfers, with several exceptions; (2) new mental health reporting; and (3) a judicial appeals process for individuals restricted from acquiring or possessing firearms.
- **Delaware (H.B. 35):** Requires that a criminal history background check be performed in connection with the sale or transfer of all firearms in the state.
- **Nevada (S.B. 143):** Requires that an unlicensed person wishing to sell or transfer a firearm to another person conduct the transfer through a licensed gun dealer running a background check.
- **Oregon (S.B. 941):** Requires that private-party firearm transfers be conducted through a licensed firearm dealer and that a background check for firearm transfers between private-parties be conducted. Also adds a mental health disqualification statue.
- **Washington (S.B. 5552):** Amended Washington background check law (RCW 9.41.113) to include language that temporary transfers should be allowed if: (1) the transfer is intended to prevent suicide or self-inflicted great bodily harm; (2) the transfer lasts only as long as reasonably necessary to prevent death or great bodily harm; and (3) the firearm is not utilized by the transferee for any purpose for the duration of the temporary transfer.

Appendix 2: Example Legislation from Other States

Education and Training on Lethal Means and Suicide Prevention:

- **California (Penal Code § 23640):** Requires a warning statement to be put on firearm packaging, in both English and Spanish, on safe storage and potential risks.
- **Delaware (H.B. 55):** Establishes the Delaware Gun Shop Project to develop, create, and provide suicide prevention education materials and training to be made available for licensed weapons dealers and consumers. Education and training must include information on understanding the signs of suicide risk and available prevention resources. The Gun Shop Project will be overseen by the Delaware Suicide Prevention Coalition and staffed by the Division of Substance Abuse and Mental Health. Requires a related annual report on project progress and number of participating dealers and training attendees.
- **Iowa (H.B. 4729):** Secure storage public awareness education campaign.
- **New Jersey (§ 2C:58-2.12):** Establishes a suicide prevention course curriculum and provides suicide prevention informational materials for firearm retail dealers and gun range operators.
- **Utah (H.B. 17):** Calls on the state to appoint a state suicide prevention coordinator to administer a state suicide prevention program and create a Statewide Suicide Prevention Coalition. This code establishes that employers in the firearm industry must distribute firearm brochures and cable style gun locks (only if there is not already a trigger lock or other suitable safety mechanism) to be eligible to apply for Suicide Prevention Education Program grants. This does not apply to firearm industry employees not seeking these grants.
- **Utah (H.B. 390):** Implements a Suicide Prevention Education Program in collaboration with the Department of Public Health that produces a firearm safety packet, procures cable-style gun locks for distribution, creates posters, pamphlets, and brochures on firearm safety education for distribution, and provides crisis intervention resources.

Appendix 2: Example Legislation from Other States

Education and Training on Lethal Means and Suicide Prevention:

- **Washington (H.B. 1612):** Establishes a suicide-safer homes task force, with a firearms subcommittee, to raise public awareness and increase suicide prevention education. They shall develop suicide awareness and prevention online training for firearms dealers and their employees and firearm range owners and their employees and recommend changes to current firearm safety pamphlets.

Secure Storage:

- **Illinois (20 ILCS 2310/2310-542):** Calls for the implementation of a comprehensive, 2-year, statewide public awareness campaign on the safe storage of guns and gun safety behaviors.
- **Tennessee (§ 67-6-393)**: Provides a tax holiday for gun owners who make safe storage purchases to encourage the use of safe storage.
- **Utah (H.B. 17):** Requires the implementation of a firearm safety program and a suicide prevention education course, calls for federal firearm dealers to provide a cable style lock for certain gun purchases, and provides coupons for firearm safe purchases for citizens applying for a concealed carry permit.
- **California (§ 49392):** Requires every K-12 school to annually provide information on safe firearm storage to all parents of enrolled students.
- **Illinois (20 ILCS 2310/2310-542):** Establishes a comprehensive 2-year statewide public awareness campaign on the safe storage of firearms and awareness of gun safety. *[Effective January 1, 2023.]*
- **New Jersey (1998 NJ A.B. 2421):** Exempts the sale of firearm vaults from sales and use tax to encourage the safe storage of firearms.
- **Colorado (§ 25-1-131):** Mandates the Office of Suicide Prevention to have a webpage of unlawful storage and its penalties, develop a safe storage education campaign, and has licensed gun dealers print storage laws for firearm purchasers.
- **Washington (§ 9.41.380):** Encourage the expansion of safe storage of firearms and establishes that a dealer does not have civil liability if they allow the temporary storage of a firearm on their premises.

Appendix 2: Example Legislation from Other States

Voluntary Removal Initiatives:

- **Congress (H.R. 8361):** The *Preventing Suicide Through Voluntary Firearm Purchase Delay Act*. Though not passed, it provides potential model language for such legislation.
- **Utah (H.B. 282):** Creates a voluntary process for a person to restrict their ability to purchase a firearm and a process for removal from the list.
- **Virginia (S.B. 436):** Directs the Department of State Police to establish a voluntary do not sell firearms list and a process for removal from the list.
- **Washington (S.B. 5553):** Allows for a person to file a voluntary waiver of firearm rights, with opportunity for revocation of the voluntary waiver.

Extreme Risk Protection Orders (ERPOs):

- **California (A.B. 1014):** Authorizes a court to issue a temporary emergency gun violence restraining order if a law enforcement officer asserts and a judicial officer finds that there is reasonable cause to believe that the subject of the petition poses an immediate and present danger of causing personal injury to himself, herself, or another.
- **Colorado (H.B. 1177):** Allows for the creation of an Extreme Risk Protection Order and makes an appropriation thereto.
- **Connecticut (S.B. 6355):** Adds family/household members and medical professionals to those who can file a petition for an ERPO (in addition to law enforcement officers, state attorneys, and assistant state attorneys).
- **Delaware (H.B. 302):** Allows law enforcement officers to seize firearms from individuals deemed by a mental health worker and by a court to be a danger to themselves or others. It also expands the list of individuals prohibited from owning a firearm to include those charged with a violent crime but found not guilty by reason of insanity, guilty but mentally ill, or ruled mentally incompetent to stand trial.

Appendix 2: Example Legislation from Other States

Extreme Risk Protection Orders (ERPOs):

- **District of Columbia (B 24-0082):** Establishes the Extreme Risk Protection Order Implementation Working Group and tasks the group with improving public awareness of ERPOs; improving the coordination of District and federal agencies regarding the filing, adjudication, and execution of ERPOs; facilitating the education of behavioral and mental health professionals about EROIs; advancing the development of District government policies and procedures to govern ERPOs, such as written directives of the Metropolitan Police Department; and reviewing and incorporating best practices from other jurisdictions concerning extreme risk protection order laws, policies, and procedures. Lists AFSP National Capitol Area Chapter as a member of the working group.
- **Florida (S.B. 7026):** Provides law enforcement and the courts with the tools to enhance public safety by temporarily restricting firearm possession by a person who is undergoing a mental health crisis and when there is evidence of a threat of violence, and by promoting school safety and enhanced coordination between education and law enforcement entities at the state and local level.
- **Illinois (H.B. 1092):** Allows family members and law enforcement to obtain a civil order to remove firearms, ammunition, and firearm parts from individuals who pose a threat to themselves or others for up to six months.
- **Hawaii (S.B. 1466):** Established a detailed process whereby a law enforcement officer or family or household member may obtain a court order to prevent a person from accessing firearms and ammunition if the person poses a danger of causing bodily injury to the person or another.
- **Indiana (H.E.A. 1776):** Jake Laird Law allows for the seizure and retention of firearms from dangerous individuals or those in a mental health crisis; with a warrant based on probable cause, or without a warrant with later court approval.
- **Maryland (H.B. 1032):** Allows law enforcement to petition judges to issue an order that individuals deemed dangerous to themselves or others surrender their firearms to law enforcement.

Appendix 2: Example Legislation from Other States

Extreme Risk Protection Orders (ERPOs):

- **Massachusetts (H. 4670):** Allows household members and local law enforcement officers to petition a court to issue an extreme risk protection order, removing firearms from individuals deemed dangerous. Once a petition is filed, the court must hold a hearing within 10 days. If a judge finds an individual presents a danger to themselves or others, the individual must surrender their weapons and firearms license. An ERPO can last for up to one year.
- **Nevada (A.B. 291):** Enables requests for an ex parte or extended order to remove guns from high risk individuals.
- **New Jersey (A. 1217):** Authorizes courts to issue protective orders to individuals deemed to pose a significant risk of injury to themselves or others through the use of a firearm. The order prohibits the individual from possessing or obtaining a firearm license or a firearm.
- **New Mexico (S.B. 5):** Allows for the law enforcement to petition for a temporary extreme risk firearm protection order or a one-year extreme risk firearm protection order for those at risk to themselves or others at the behest of a reporting party.
- **Oregon (S.B. 719):** Allows a police officer or family or household member to petition a civil court for an extreme risk protection order. The person subject to the order can request a hearing to have their firearms returned. If they are denied, the person is banned from possessing or purchasing a firearm or ammunition for one year.
- **Rhode Island (S.B. 2492):** Allows law enforcement to petition the courts to remove firearms from individuals who pose a significant danger of causing imminent personal injury to themselves or others.
- **Vermont (S. 221):** Establishes a procedure for a State's Attorney or the Attorney General to obtain a court order that prohibits a person from possessing a firearm or explosive for up to six months if the court finds that the person's possession of the weapon poses an extreme risk of harm to the person or to other people.

Appendix 2: Example Legislation from Other States

Extreme Risk Protection Orders (ERPOs):

- **Virginia (S.B. 240):** Creates a procedure by which any attorney for the Commonwealth or law-enforcement officer may apply to a general district court, circuit court, or juvenile and domestic relations district court judge or magistrate for an emergency substantial risk order to prohibit a person who poses a substantial risk of injury to himself or others from purchasing, possessing, or transporting a firearm.
- **Washington (H.B. 1320):** Modernizes, harmonizes, and improves the efficacy and accessibility of laws concerning civil protection orders (including ERPOs)

Appendix 3: Information for those Affected by Suicide

National Crisis and Suicide Prevention Resources

988 Suicide & Crisis Lifeline
https://988lifeline.org/

American Association of Suicidology
https://suicidology.org/

American Foundation for Suicide Prevention
https://afsp.org/

Crisis Text Line
https://www.crisistextline.org/

The National Action Alliance for Suicide Prevention
https://theactionalliance.org/

The NotOK App
https://www.notokapp.com/

The Trevor Project
https://www.thetrevorproject.org/

Veteran's Crisis Line
https://www.veteranscrisisline.net/

Appendix 3: Information for those Affected by Suicide

Michigan Crisis and Suicide Prevention Resources

American Foundation for Suicide Prevention, Michigan
https://afsp.org/chapter/michigan

Man Therapy
https://mantherapy.org/

Michigan Crisis and Access Line (MiCAL)
https://mical.michigan.gov/s/

Michigan Injury & Violence Prevention Program
https://www.michigan.gov/mdhhs/safety-injury-prev/injuryprevention/programs/suicide-prevention-a

With One Voice
https://wovmichigan.org/

Appendix 3: Information for those Affected by Suicide

General Information

2012 National Strategy for Suicide Prevention
https://www.ncbi.nlm.nih.gov/books/NBK109917/pdf/Bookshelf_NBK109917.pdf

Counseling on Access to Lethal Means
https://www.sprc.org/resources-programs/calm-counseling-access-lethal-means

Drug Disposal
https://takebackday.dea.gov

Means Matter
https://www.hsph.harvard.edu/means-matter/

National Sports Shooting Foundation: Suicide Prevention
https://www.nssf.org/safety/suicide-prevention/

Project ChildSafe
https://projectchildsafe.org/

Suicide Prevention: Resource for Action
https://www.cdc.gov/suicide/pdf/preventionresource.pdf

Suicide Prevention Resource Center
https://www.sprc.org/measrestriction

Appendix 3: Information for those Affected by Suicide

Safe Messaging Best Practices for Media & Residents

Action Alliance Framework for Successful Messaging: Safety
http://suicidepreventionmessaging.org/safety

CDC Social Media Tools, Guidelines, & Best Practices
https://www.cdc.gov/socialmedia/tools/guidelines/

Recommendations for Blogging on Suicide
https://www.bloggingonsuicide.org/

Recommendations for Reporting on Suicide
https://reportingonsuicide.org/

Appendix 4: Data Notes

Source for information on suicide deaths: Michigan death certificate files, Michigan Department of Health and Human Services Division for Vital Records and Health Statistics, 2012-2021.

Source for population denominators used for calculating rates: bridged race postcensal estimates as of July 1, 2020, obtained from CDC WONDER. 2020 population used as denominator in 2021 rates as 2021 population data not yet available.

Suicide deaths were identified from the underlying cause of death field using ICD-10 codes U03, X60-X84, and Y87.0.

Age-specific rates and total counts include suicide decedents aged 10 and older as the number of suicide deaths under aged 10 is too small to report and it is difficult to determine suicidal intent in children. Age-adjusted rates, sex-specific rates, and race/ethnicity-specific rates include suicide decedents of all ages.

Appendix 5: 2022 Meeting Dates

January 21, 2022

February 18, 2022

March 18, 2022

May 20, 2022

June 17, 2022

July 15, 2022

September 16, 2022

October 21, 2022

Appendix 6: Death Scene Investigation Form

Appendix 7: Legislation Related to Suicide Prevention in Michigan

Bill	Summary
SB 27 (Anthony)	Codifies mental health parity by ensuring that an insurer that delivers health insurance in Michigan provide coverage for mental health and substance use disorder services, including behavioral health treatment, commensurate with the level provided for physical illness.

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