APRIL 2024

ANNUAL REPORT 2024

Michigan Suicide Prevention Commission

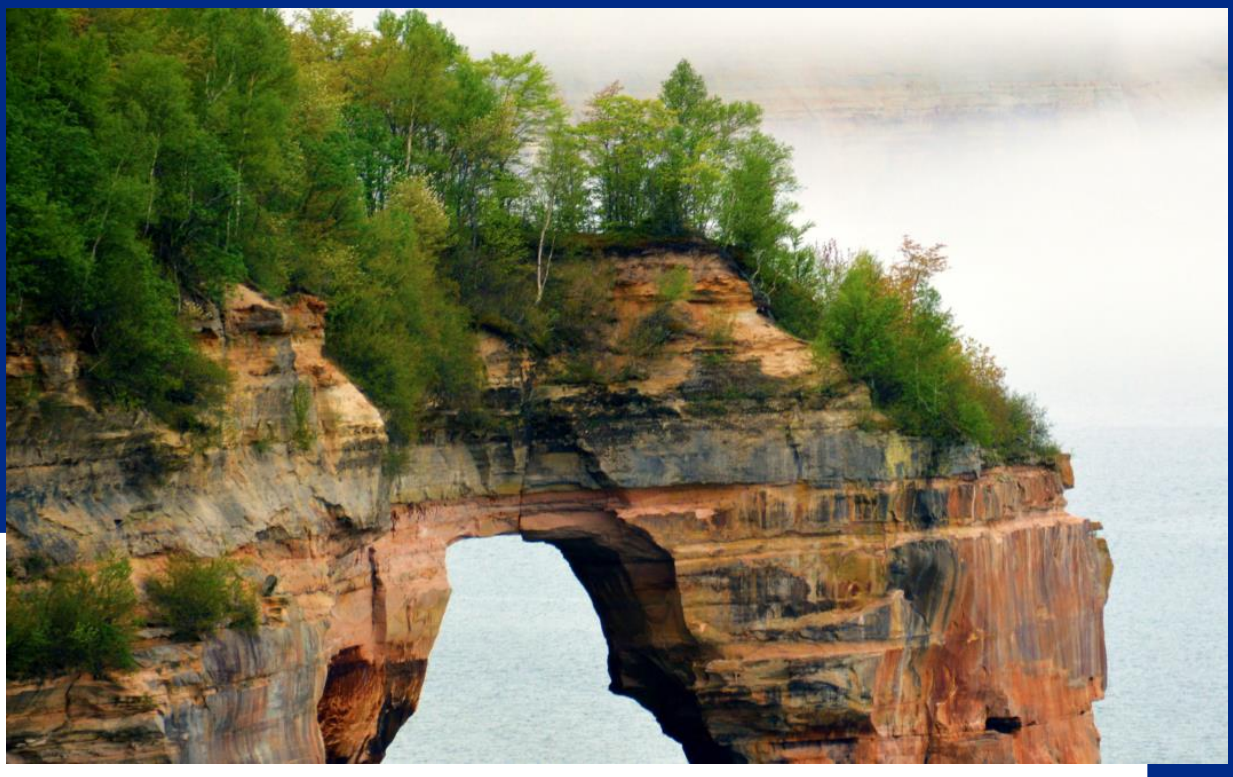


TABLE OF CONTENTS

PREFACE

Governor Gretchen Whitmer initiated the Michigan Suicide Prevention Commission following the passage of Public Act 177 of 2019. The commission was formed in March 2020 and is charged to work with state departments, nonprofit organizations and universities on researching the causes and possible underlying factors of suicide in the state. The research must focus on populations showing the highest suicide rates in this state in the decade immediately preceding the effective date of this act, and the highest growth in suicide rates during the same time.

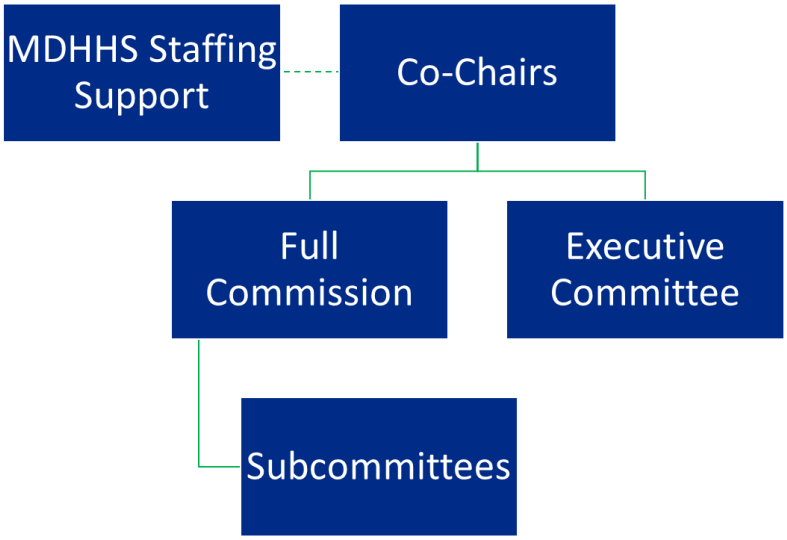
2023-2024 COMMISSIONERS

Co-Chair: Brian Ahmedani, PhD, Director, Center for Health Policy & Health Services Research and Director of Research, Behavioral Health Services at Henry Ford Health
Co-Chair: Nancy Buyle, School Safety/Student Assistance Consultant, Macomb Intermediate School District
Shaun Abbey, Battalion Chief, Kentwood Fire Department
William Beecroft, MD, 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, MD, Chair of Department of Psychiatry and Behavioral Health Services, Henry Ford Health
Brian Galdes, Suicide Prevention Coordinator, Growth Works
Gregory S. Ginebaugh, Fire Chief, Delta Township Fire Department
Cary Johnson, Correction Officer, Michigan Department of Corrections
John E. Joseph, Chief of Police, Lansing Charter Township
Brian Love, Director, Michigan Veteran Affairs Agency
Ryan Schroelucke, Detective, City of Grosse Pointe Woods Department of Safety
Barbara Smith, Executive Director, Suicide Resource & Response Network
Corbin Standley, PhD, Director, Impact Communication and Continuous Improvement, American Foundation for Suicide Prevention
Kiran Taylor, MD, Chief Medical Officer, Hope Network
Kenneth Wolf, CEO, Incident Management Team
Wilbur Yancer, Sheriff, Missaukee County Sheriff's Department
Carol Zuniga, Chief Executive Officer, Hegira Health, Inc.

STRUCTURE

The Michigan Suicide Prevention Commission is led by two co-Chairs, with overall responsibility for the commission's functioning.

Figure 1. Michigan Suicide Prevention Commission Structure

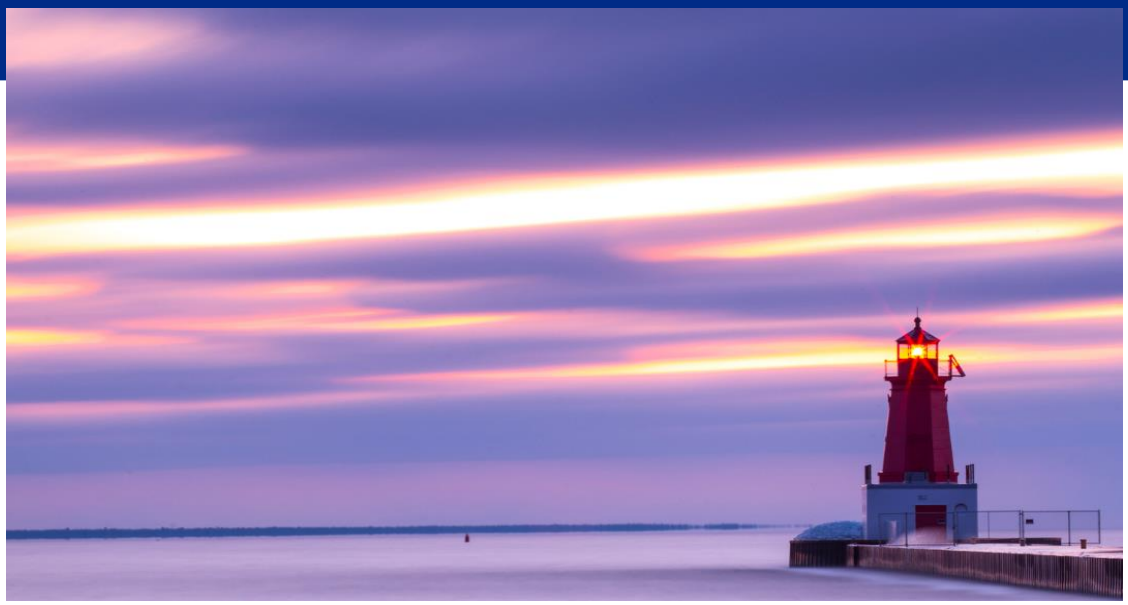


The Executive Committee is responsible for overseeing the compilation of data and available resources in coordination with universities in this state and setting timelines and tasks for the completion of the commission's work by December 30, 2024.

Over the tenure of the commission, multiple subcommittees were formed to support a vast array of activities. These subcommittees include the:

- **Communications Subcommittee**, which proposes communication strategies that outline critical issues to consider when messaging about suicide.
- **Data Subcommittee**, which uses various data sources of suicide information – attempts and deaths to gain a deeper understanding of the service gaps in Michigan.
- **Death Scene Investigation Subcommittee,** which reviews the necessary data elements to inform death scene investigation forms and coordinates with partners to meet law enforcement needs.
- **Lethal Means Subcommittee**, which works to identify strategies to safeguard suicide risk.
- **Licensure Subcommittee**, which strives to ensure all professions that have contact with people at risk for suicide, have a mandatory curriculum to understand suicide and how to intervene.
- **Policy Subcommittee**, which provides subject matter expertise on state and national legislative activity regarding the public health impact of suicide.
- **Special Populations Subcommittee**, which explores resources available to disproportionately impacted populations including older adult, LGBTQ+, veteran, and youth populations.
- **Succession Subcommittee**, which outlines remaining action items for the Michigan Suicide Prevention Commission and identifies potential partners for continued activity.
- **Universal Screening Subcommittee**, which reviews the plethora of evidence-based screening tools available to individuals and organizations to support suicide prevention interventions.
- **Workforce Subcommittee**, which identifies opportunities to improve the behavioral health workforce, school staff, and health care workers throughout Michigan on suicide prevention and intervention strategies.

While membership is open to all interested participants who wish to serve as an ambassador for the Suicide Prevention Commission and suicide prevention efforts in Michigan, Public Act 177 of 2019 outlines the representing agencies required by statute. Members often work within their affiliated organization and system to promote suicide prevention efforts, ensuring consistency with the Michigan Suicide Prevention Commission's priorities.



DEDICATION

We dedicate our efforts to all people who have faced the depths of despair and emerged stronger than ever, as well as to the inspiring survivors. Your resilience and courage continue to fuel our mission to create a world free from the pain of suicide.

We also extend our dedication to the loving suicide loss survivors who, in their grief, have become beacons of strength. Your experiences have not gone unnoticed, and your voices guide our path toward healing and prevention. This report serves as a tribute to the countless lives we aspire to save and the hope we seek to nurture in every heart.

Lives can be saved. There is hope.

GET HELP NOW

If you or someone else need support, a trained counselor can be reached by calling the Suicide & Crisis Lifeline at **988** or texting TALK to 741741.

- Personas que hablan español, llamen a the Lifeline al 888-682-9454.
- For veterans, call the Lifeline at 988 and press 1 or text 838255.
- For LGBTQ+ youth, call The Trevor Project at 866-488-7386 or text START to 678678.
- For transgender people, call the Trans Lifeline at 877-565-8860.
- For people who are deaf or hard of hearing, call the Lifeline at 800-799-4889.
- For law enforcement personnel, call the COPLINE at 800-267-5463.
- For other first responders, call the Fire/EMS Helpline at 888-731-FIRE (3473).

All the resources above provide confidential help and are available 24 hours a day, seven days a week.

SUICIDE RISK BEHAVIORS

- Communicating a wish to die or plans to attempt suicide.
- Expressing the experience of having thoughts of suicide that are intense, pervasive, or difficult to control
- Looking for a way to kill oneself, such as searching online or obtaining a gun.
- Giving away possessions.
- Drafting notes indicating intent or desire for suicide.
- Communicating feeling hopeless or having no reason to live or persistent hopelessness.
- Communicating feelings of guilt, shame, or self-blame.
- Communicating feelings of being trapped or in unbearable pain.
- Communicating being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly or engaging in risky activities
- Insomnia, nightmares, and irregular sleeping.
- Withdrawing or feeling isolated.
- Communicating or exhibiting anxiety, panic or agitation.
- Appearing sad or depressed or exhibiting changes in mood.
- Showing rage or uncontrolled anger or communicating seeking revenge.

If someone is showing these warning signs, take the following steps:[1]

1. 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.
2. 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.
3. 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.
4. FOLLOW UP by calling, texting, or visiting to ask how the person is doing and if additional support is needed.

EXECUTIVE SUMMARY

More than 47,000 Americans lose their lives to suicide each year. While global suicide rates are decreasing, the national suicide rate has been on a steady rise since 1999.

Some key facts about suicide in Michigan:

- There were **1,493** suicide deaths in 2022.
- The suicide death rate was **14.4** in 2022.
- **1,167** men died by suicide in 2022.
- **78%** of suicide deaths were men.
- **56%** of suicide deaths were firearm-related.

Suicide prevention is a priority for all Michiganders, and the urgency cannot be clearer. We must do more to prevent suicide. The Michigan Suicide Prevention Commission coordinates public and private partners to ensure adequate and best practice suicide care across Michigan. Since 2020, when the commission first convened, the group has been working to ensure its priorities and strategies are aligned with emerging and best practices, the U.S. Surgeon General's Call to Action to Implement the National Strategy for Suicide Prevention and needs of the state. And while this annual report outlines the happenings of the previous year and the impact suicide has had on our state, it also serves as a communication tool, educating and catalyzing community partners to encourage all Michiganders to work together to improve suicide prevention, intervention, and postvention outcomes.

It is our fundamental belief that, if we all are working together, our suicide prevention efforts, capacity, and competency will be more efficient and effective in achieving a reduction in Michigan suicide deaths. By calling greater attention to our collective goals, and working together, we can – and we will – achieve a zero suicide Michigan.

LETTER FROM THE PUBLIC HEALTH DIRECTOR

March 30, 2024

Dear Michiganders,

Suicide remains a persistent, pervasive, and largely preventable cause of death. Every death by suicide in Michigan carries a substantial and long-lasting ripple effect into our communities. These tragic losses cast shadows over our neighborhoods, affecting not only individuals but families, friend circles, schools, workplaces, and the entire fabric of our society. In the face of the widespread challenge of suicide, we find the enduring power of hope. Michigan's journey towards a brighter, healthier future is illuminated by the resilience of our communities and individuals who continue to come together to support one another. Every life is precious, and with each challenge we encounter, we draw closer to a solution.

I am proud to present our annual Suicide Prevention Commission report to you, a comprehensive testament to our shared commitment to fostering mental health and well-being across our state. I invite you to delve into the pages of this report with an open heart and a resolute spirit, for it is not just a compilation of data and statistics; it is a roadmap toward a brighter, healthier future. These pages offer an insightful glimpse into the remarkable progress we've achieved, as well as the hurdles that continue to stretch before us.

And while we celebrate our achievements, we must also acknowledge there is more work to be done. The path to positive change is long and winding, but together, we have the power to make a profound difference.

Let's chart the path to a stronger, more resilient, and healthier Michigan.

Sincerely,

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

A WORD FROM OUR CHAIRS

March 30, 2024

This year marks the conclusion of the initial legislated four-year term of the Michigan Suicide Prevention Commission. It has been an amazing period thinking, working, and collaborating alongside a dedicated team of representatives from throughout the state and from different sectors of our communities to focus on the same goal – preventing suicide in Michigan.

As we reflect on this period, there have been many important accomplishments that we are incredibly proud of:

- Evaluating literature to develop a list of evidence-based screening tools that can be implemented in healthcare settings and more broadly.
- Drafting a standardized form to improve detection of suicide during mortality reviews.
- Initiating planning for the first ever statewide Suicide Prevention Summit.
- Providing recommendations to the state as part of the 988 crisis line and other suicide prevention programming.
- Conducting listening sessions in each of the major regions of the state.
- Examining opportunities to promote suicide risk training during clinical licensure renewal for health care providers and social workers; and,
- Advocating for sustained funding for a suicide prevention office within state government.

In recent years, we experienced a significant increase in suicide deaths and a major mental health crisis. Nonetheless, we remain optimistic because of the amazing people in our state. The road is challenging, but we have the people and passion to prevent suicide. To achieve our goals, we must work together. We thank our fellow residents for the opportunity to serve on this important commission. As we move into the future, we look forward to working together with you to save lives across our great state.

Sincerely,

Brian K. Ahmedani
Co-Chair
Henry Ford Health

Nancy Buyle
Co-Chair
Macomb Intermediate School District

UNDERSTANDING SUICIDE

Suicide is complex and multifaceted involving many factors with various levels of influence. Suicide prevention efforts focus on reducing risk factors that contribute to suicidal thoughts and behavior, as well as strengthening protective factors that make suicide less likely. Suicide is often thought of as an individual problem, but it also impacts families, communities, and society in general.

Disrupting Stigma and Myths

Stigma refers to negative attitudes and beliefs about people with behavioral health needs. Such needs include problem substance use and problem eating, serious psychological distress, and mental health needs, and their severity can range from distress to diagnosable illnesses and disorders. Stigma not only discourages people from seeking help, but also can prevent people, families, and communities from connecting to meaningful support.

In addition, stigma affects the reporting and recording of suicides and the circumstances leading up to a suicide, such as a previous attempt or death in the family. Consequently, prevention efforts are stymied by the underreporting of suicidal behavior. To demonstrate one tactic that can combat stigma, the commission uses non-stigmatizing language throughout this plan. Stigmatizing language includes the phrases committed suicide," "completed or successfully completed suicide," "suicidal person," "unsuccessful or failed suicide attempt," and "mentally ill."

Prevention efforts are challenged by misconceptions about suicidal behavior, despite advancements in the study of suicide and its prevention.[2] These pervasive myths may prevent people at risk from seeking help and discourage people from asking loved ones about thoughts of suicide.

On the next page are common examples of these myths and the facts associated with each.

Table 1. Common Suicide Myths

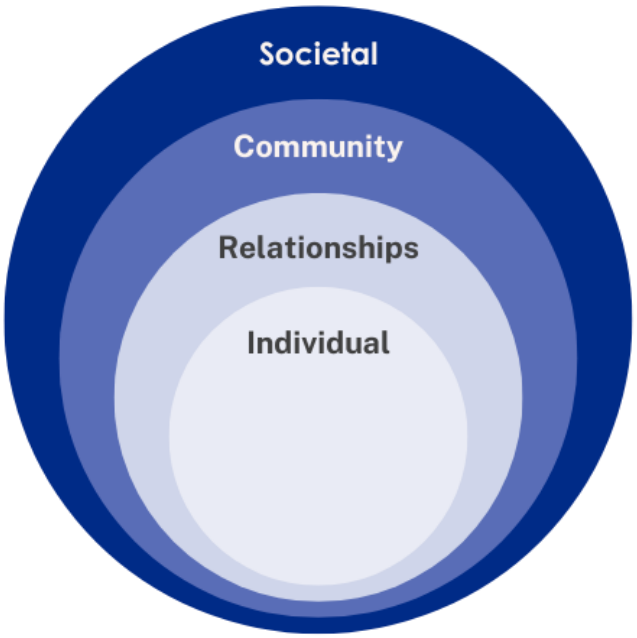
Myth	Fact
Communicating about suicide will plant the seed for thoughts of suicide, increasing risk.	Communicating openly about suicide and asking about risk has been shown to be lifesaving. It encourages people to seek help, promotes a sense of belonging, and connects people to care.
Most suicides are impulsive and happen without warning.	More than 70% of people who die by suicide communicated to someone their plans for the attempt prior to death.[3] Planning, including obtaining the means by which to attempt suicide and identifying a location, often happens well before the attempt – sometimes years in advance.[4] Most suicides are preceded by warning signs, such as communicating the desire to die, of having no reason to live, or the feeling of being a burden.[5]
People who want to die are determined and there is no changing their minds.	More than 90% of people who were interrupted in a suicide attempt will not go on to die by suicide at another location or by other methods.[6] Research suggests that people at risk for suicide often show extreme ambivalence about the desire to die or live and express a high degree of suffering. The accounts of attempt survivors suggest that many people are relieved to have lived through an attempt and regain their desire to live.[7] This fact highlights the opportunity to intervene and separate the person at risk from lethal means for a suicide attempt.

Risk Factors: What leads to suicide risk?

Risk factors, protective factors, and warning signs are all important elements in suicide prevention, intervention, and postvention strategies. Risk factors are elements within a person's life that make it more likely an individual will be at risk of a mental health crisis. Risk factors include biological, psychological, or social aspects of the individual, their family or their environment. Protective factors are positive conditions and personal and social resources that reduce the likelihood of an individual developing a mental health crisis. For those already struggling with mental health concerns, these elements promote resiliency and reduce the potential for suicide and other high-risk behaviors.

One of the best tools for helping us understand risk and protective factors is the Socioecological Model, which categorizes the various factors that impact our lives.[8] Figure 1 demonstrates the relationship between the various levels in a social ecological model. The model has four levels: societal, community, interpersonal/relationship, and individual.

Figure 1. Socioecological Model



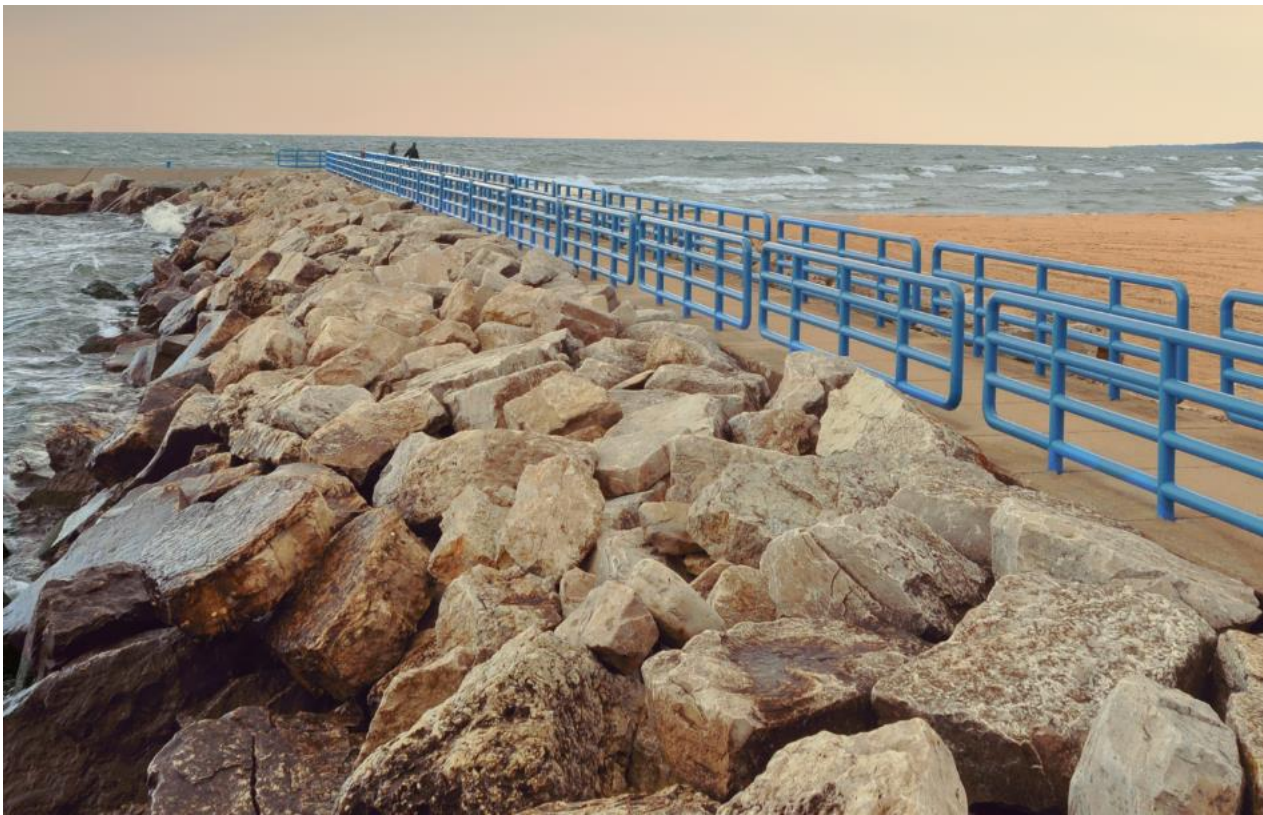
Societal level refers to federal, state, and local policies that affect suicide prevention, intervention, and postvention. Broader societal factors, cultural norms, and public policies can influence suicide rates. Addressing issues such as poverty, discrimination, and access to lethal means through legislative measures can have a significant impact on suicide prevention.

Community level refers to the physical and social environment where people live, work, and play. This could impact or include the availability of mental health resources, economic opportunities, and community norms around help-seeking behavior.

Interpersonal/relationship level refers to the health of the individual's connections to other people, such as intimate relationships or partners, friends, peers, and family members, and how those connections affect their mental health.

Individual level refers to the individual's thoughts, emotions, and behaviors. It includes personal factors such as mental health, coping skills, past experiences, and access to lethal means.

Interventions and strategies aimed at suicide prevention should address and mitigate specific risk factors while enhancing protective factors. This comprehensive approach recognizes that influencing multiple levels simultaneously can create a more resilient and supportive environment.



Two of the strongest predictors of suicide risk are mental health diagnoses and substance use.[9] The Centers for Disease Control and Prevention (CDC) and other experts identify several other risk factors, noted below:[10]

Table 2. Risk Factors for Suicide

Individual	Relationship	Community	Societal
• Previous attempt(s). • History of mental diagnoses, particularly clinical depression. • History of alcohol and substance use. • Feelings of hopelessness. • Impulsive or aggressive tendencies. • Loss (relational, social, work or financial). • Illness and disability, including loss of physical or mental functioning.	• Family history of suicide. • Family history of child maltreatment. • Isolation, a feeling of being cut off from other people.	• Local epidemics of suicide. • Barriers to accessing mental health treatment.	• Early access to lethal means. • Cultural and religious beliefs (e.g., belief that suicide is a noble resolution of a personal dilemma, or belief that older people have little value to the community). • Unwillingness to seek help because of the stigma attached to the mental health and substance use disorders to suicidal thoughts.

Depending on other factors, two people with the same behavioral health disorder or trauma history could have very different health outcomes. What makes the difference is a key question in research, but we must remember that even for a person with several risk factors, suicide is not inevitable. Some risk factors, such as access to lethal objects and the effect of job loss or trauma history, are part of larger community problems influenced by public policy.

Substance Use and Suicide Risk

People with a substance use disorder are twice as likely as other people to have mood disorders or anxiety disorders, and they are at elevated risk of suicide.[11] A review of multiple cohort studies shows that people treated for alcohol use or dependence are 10 times more likely to die by suicide than the general population, and people who inject drugs are 14 times more likely to die by suicide.[12]

The percentage of people who are intoxicated at the time of suicide death varies from study to study , but several indicate that intoxicated people are more likely to use lethal means, particularly firearms.[13,14] One study found acute alcohol intoxication more strongly related to suicidal behavior than habitual drinking, with a strong relationship between the amount of alcohol consumed and the risk of suicidal behavior.[15] Using data from a national sample, another found that youth who reported binge drinking were three to four times more likely to report suicide attempts than peers who did not drink.[16]

Populations Disproportionately Impacted by Suicide

The effect of trauma on individual and community health shows why some groups have higher suicide attempt and completion rates than the general population. According to the National Strategy for Suicide Prevention, Michigan state data and other sources, groups at increased risk of suicidal behavior include:

- Men over 45 years old for suicide death, while women and girls are more often hospitalized for self-inflicted injury.[17]
- American Indians and Alaska Natives.
- People from areas with higher poverty and lower educational attainment.
- Veterans, members of the armed forces and their families.
- People living in small-town rural communities.
- People who have had contact with criminal justice and child welfare systems.
- People with mental health concerns, substance use disorders, history of suicidal behavior and some other medical conditions.
- Lesbian, gay, bisexual, transgender, queer and questioning populations, particularly youth who come from highly-rejecting families.[18]

Populations with elevated suicide risk have diverse identities and experiences, and a one-size-fits-all approach to suicide prevention does not work.[19] Some guidelines on tailoring messages, interventions and programming to a specific community include:

- If the community did not initiate the project, people who did must involve community members and leaders from the beginning and respect them as experts on their own experience.
- People involved in a suicide prevention intervention for a community of which they are not members should become familiar with the community's history, risk and protective factors, cultural norms around language and communication, beliefs about death and definition of the problem.
- One or a few members of a community should never be treated as representative of an entire demographic group.
- Diverse groups of people working together on a suicide prevention project must put values of inclusion and equity front and center in decision making and program design.
- Accessibility concerns such as transportation, cost, language translation, space and materials accessible for people with disabilities and location must be considered in intervention design.

Reducing the Risk

Protective factors — skills and characteristics that lessen the impact of risk — do not necessarily make risk factors go away. Instead, they may give a person the skills or supports to get through difficulties with their health and wellness intact. It is useful to know the protective factors for specific groups of people. Appendix 1 includes evidence-based and best practice resources and programs for several groups.

Table 3. Protective Factors for Suicide

Individual	Relationship	Community	Societal
• Skills in problem solving, conflict resolution and nonviolent handling of disputes.	•Strong connections to family and community support. •Support through ongoing medical and mental health care relationships.	• Effective clinical care for mental, physical and substance use disorders. • Easy access to a variety of clinical interventions and support for help-seeking.	• Restricted access to highly lethal means of suicide. • Cultural and religious beliefs that discourage suicide and support self-preservation.

Types of Suicide Prevention Efforts

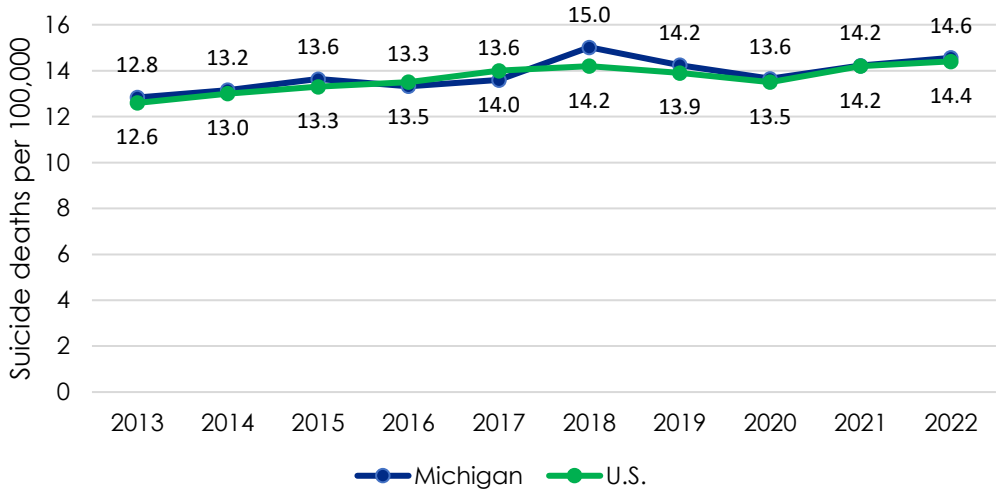
When discussing suicide prevention, this includes everything that can be done to prevent. However, prevention can be used to refer to three types of activities:

1. Primary prevention, which seeks to prevent the onset of a condition or harmful behavior.
2. Secondary prevention, which seeks to treat people who exhibit signs of a condition, or risks closely associated with that condition.
3. Tertiary prevention, which treats people already impacted by a condition, and aims to lessen its long-term impact.

Effective suicide prevention is comprehensive and requires a combination of efforts that work together to increase suicide awareness, while also promoting intervention, resilience, postvention, and a commitment to social change. Most of our suicide prevention efforts have focused on secondary prevention – that is the identification, referral, and treatment of people at risk for suicide. However, it is also important to alter the life trajectories of people before they have suicidal thoughts – that is, to engage in primary prevention.

IMPACT OF SUICIDE IN MICHIGAN

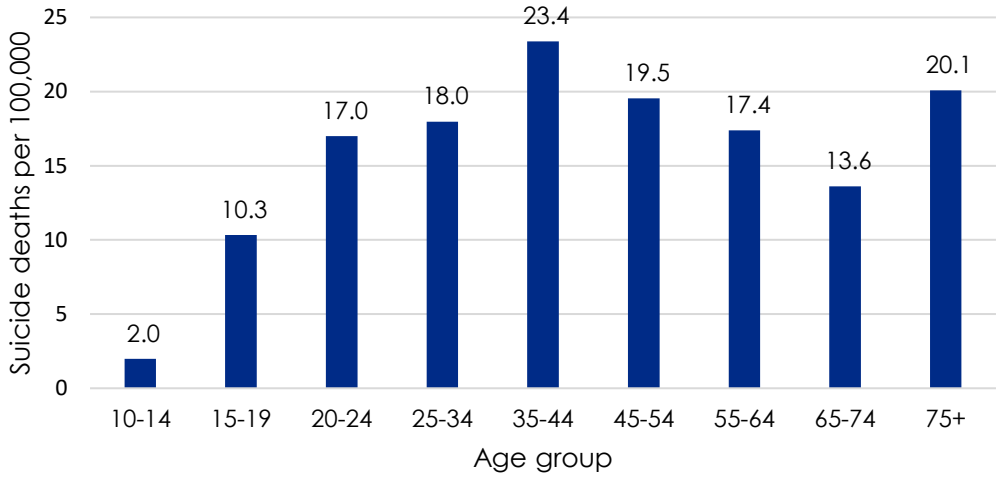
Figure 3. Annual age-adjusted suicide rates, Michigan and U.S., 2013-2022



Suicide impacts all ages and races, and no group remains unaffected. In 2022, 1,493 Michigan residents died by suicide; the age-adjusted suicide rate was 14.6 per 100,000. This is comparable to the age-adjusted suicide rate for the entire U.S., which was 14.4 per 100,000 in 2022.* The Michigan suicide rate has increased 14% over the past 10 years, from 12.8 per 100,000 in 2013, while the U.S. suicide rate also increased 14% over the same period.

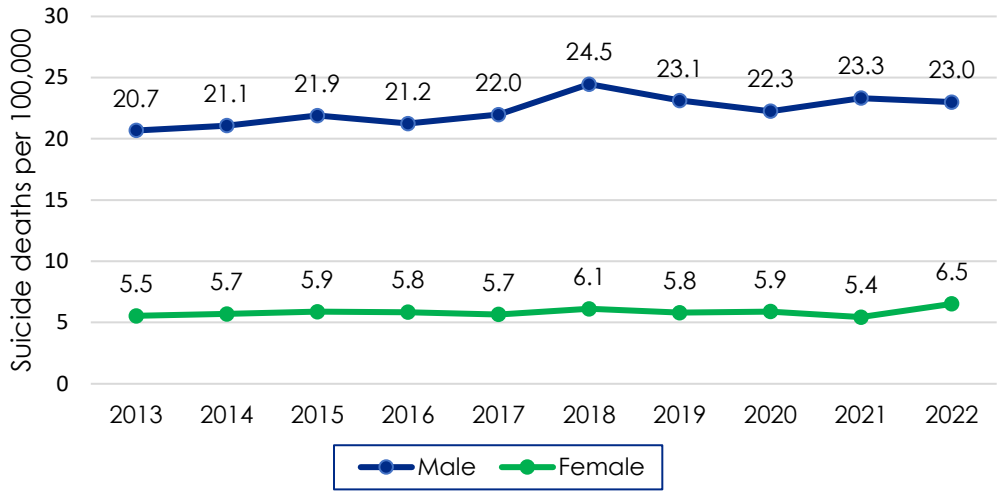
*Provisional Data

Figure 4. Suicide rates by age group, Michigan residents, 2022



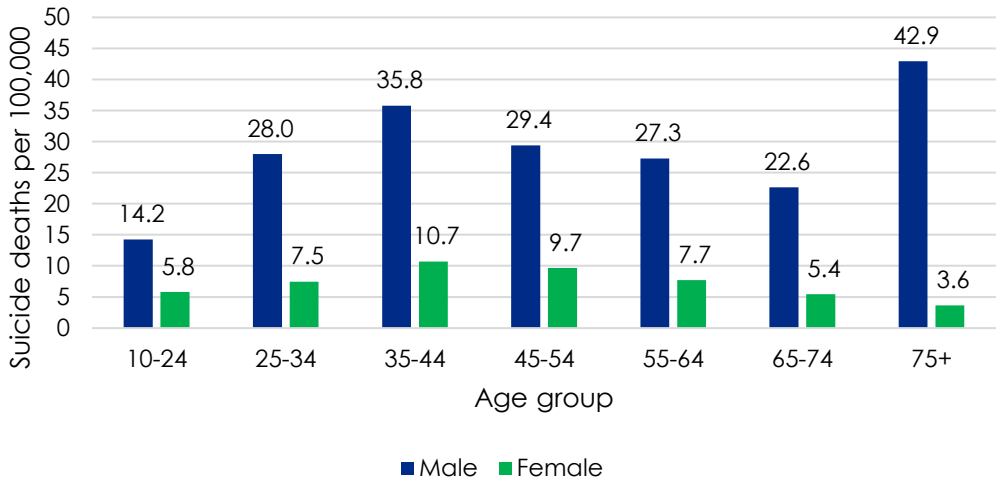
In 2022, the age groups with the highest suicide rates were middle-aged adults and older adults.

Figure 5. Annual age-adjusted suicide rates by sex, Michigan residents, 2013-2022



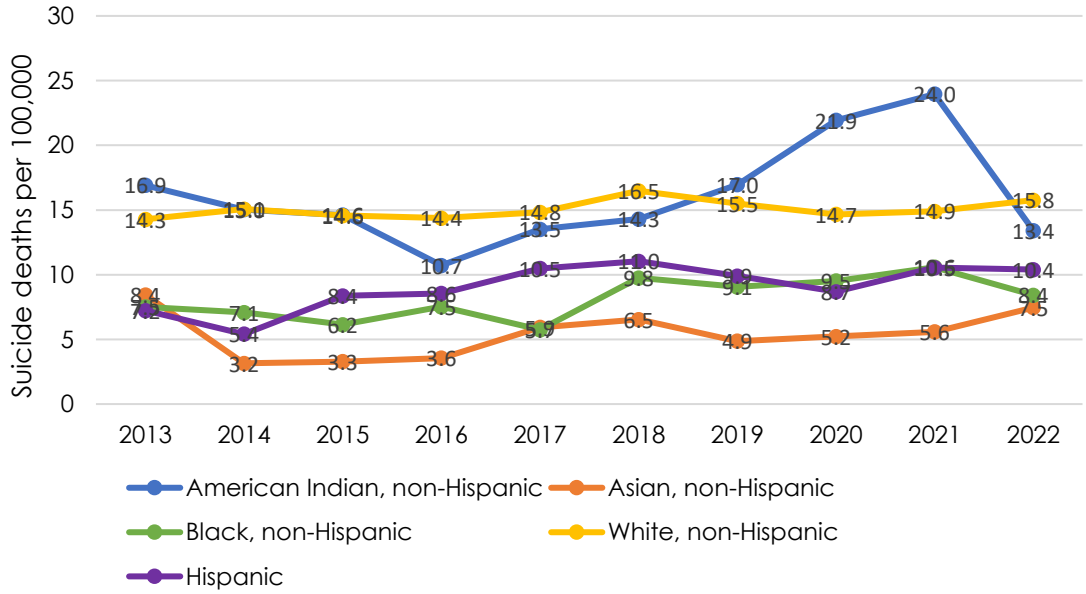
In Michigan, more males die by suicide than females each year: during 2022, 1,167 males died by suicide, compared to 326 females. The suicide rate for males increased 11% over 10 years, from 20.7 per 100,000 in 2013 to 23.0 per 100,000 in 2022. The suicide rate for females increased 18% during the same time period, from 5.5 per 100,000 in 2013 to 6.5 per 100,000 in 2022. This was a larger increase in women than in males, even though the actual suicide rates were lower. In 2022, suicide deaths for females surpassed the previous peak observed in 2018.

Figure 6. Suicide rates by sex and age group, Michigan residents, 2022



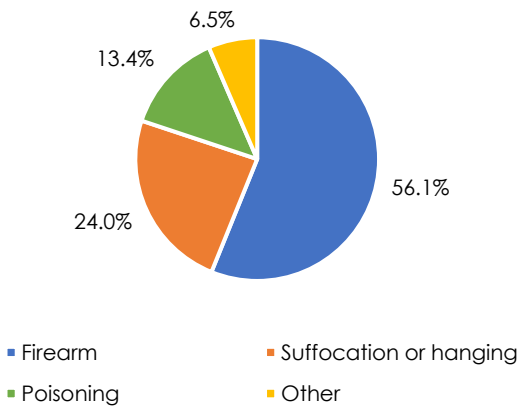
When examining suicide rates by sex and age group in 2022, rates for males were highest in their older years, followed by middle age. Rates for females were also high in middle age but declined with increasing age. This data highlights that suicide is a larger problem among middle-aged adults of both sexes, as well as older males.

Figure 7. Annual age-adjusted suicide rates by race/ethnicity, Michigan residents, 2013-2022



In 2022, the suicide rate was highest for Michigan residents who were non-Hispanic white, followed by people who were non-Hispanic American Indian. Suicide rates for Michigan's non-Hispanic American Indian community fluctuated from year to year because the number of suicide deaths ranged from six to 14 deaths per year, but rates were consistently comparable to or higher than those for white Michigan residents. The suicide rate for Black residents has increased 13% over the past 10 years, from 7.5 per 100,000 in 2013 to 8.4 per 100,000 in 2022; the suicide rate among Michigan's Black population reached a new peak in 2021 before decreasing in 2022.

Figure 8. Percentage of suicide deaths by means/method of suicide, Michigan residents, 2022



In 2022, more half of suicide deaths among Michigan residents involved firearms, and almost a quarter involved suffocation or hanging.

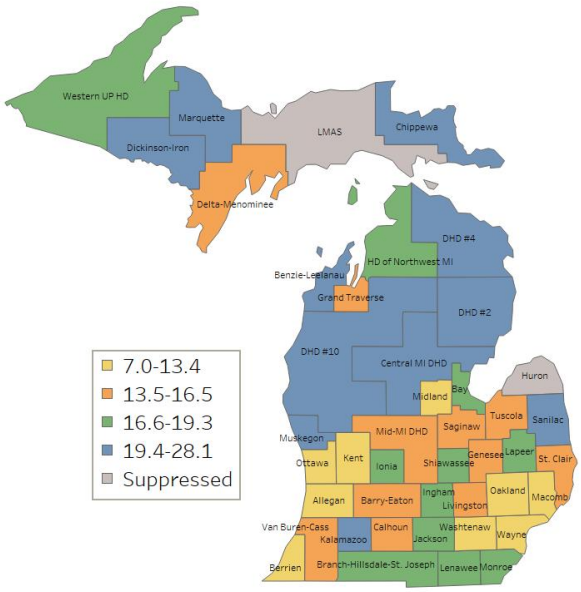
Suicide rates varied by geographic location across Michigan. The table below lists the five local health department jurisdictions (LHDs) with the highest age-adjusted suicide rates in 2022. Broadly speaking, suicide rates were generally higher in the Upper Peninsula and northern Lower Peninsula than in the southern part of the state.

Table 4. Age-Adjusted Suicide Rates for LHDs in Michigan with Highest Suicide Rates, 2022

LHD Name	Number of suicide deaths, 2022	Age-adjusted suicide rate per 100,000 residents, 2022
Chippewa County Health Department	9	28.1
Sanilac County Health Department	11	26.5
Marquette County Health Department	16	25.2
District Health Department #4	20	25.1
Muskegon County Health Department	44	24.8

The map below shows the 2022 age-adjusted suicide rates by LHD jurisdiction.

Figure 9. Age-adjusted suicide rates by LHD jurisdiction*, Michigan residents, 2022



*The City of Detroit Health Department is combined with the Wayne County Health Department.

Information about suicide rates by industry and occupation can be obtained from death certificates, which contain fields for "usual industry" and "usual occupation." These fields 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.

The industries with the highest suicide rates varied by sex. For males, the suicide rate was highest among people working in the construction sector, which also had the second-largest number of deaths after the manufacturing sector; agriculture, forestry, fishing and hunting, and mining sector had the second-highest suicide rate. The industry sector with the highest suicide rate for females was transportation, warehousing, and utilities, followed by arts, entertainment, and recreation; the industry sector with the highest number of suicide deaths was health care and social assistance.

Table 5. Suicide deaths by usual industry sectors, female civilian employed workers aged 16+ residing in Michigan, 2022

Industry sector	Number of suicide deaths	Rate per 100,000 workers
Transportation, warehousing, and utilities	15	22.4
Arts, entertainment, and recreation	7	16.7
Retail trade	37	14.7
Manufacturing	34	14.4
Other services	13	11.2
Professional, scientific, and technical services	15	11.2
Health care and social assistance	56	10.2
Administrative and support and waste management	7	9.0
Finance and insurance, and real estate rental and leasing	12	7.8
Accommodation and food services	14	7.8
Educational services	20	7.2
Other	15	8.3
Unknown	14	N/A
Total	259	11.4

Table 6. Suicide deaths by usual industry sectors, male civilian employed workers aged 16+ residing in Michigan, 2022

Industry sector	Number of suicide deaths	Rate per 100,000 workers
Construction	175	67.8
Agriculture, forestry, fishing and hunting, and mining	24	60.6
Information	21	60.5
Administrative and support and waste management	60	57.1
Manufacturing	329	51.7
Other services	50	49.8
Public administration	41	48.4
Utilities	14	44.2
Accommodation and food services	64	43.8
Transportation and warehousing	63	43.4
Arts, entertainment, and recreation	21	42.4
Retail trade	90	34.3
Real estate and rental and leasing	12	30.6
Health care and social assistance	42	29.0
Finance and insurance	25	28.9
Professional, scientific, and technical services	41	24.1
Educational services	20	15.1
Wholesale trade	7	11.2
Unknown	66	N/A
Total	1,165	46.0

Occupational groups with the highest suicide rates also varied by sex. For males, the farming, fishing, and forestry occupational group had the highest suicide rate, followed by material moving; the highest number of suicide deaths was in the production group. Suicide rates for females were highest in the material moving occupational group, which also saw high suicide rates for males, followed by personal care and service; the education, legal, community service, arts, and media group had the highest number of suicide deaths.

Table 7. Suicide deaths by usual industry sectors, female civilian employed workers aged 16+ residing in Michigan, 2022

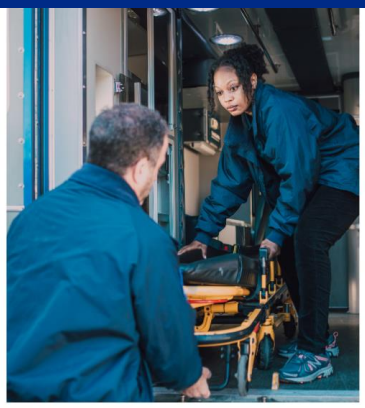
Occupation	Number of suicide deaths	Rate per 100,000 workers
Material moving	24	46.1
Personal care and service	11	12.7
Healthcare practitioners and technical	30	12.4
Sales and related	25	12.0
Health care support	16	11.7
Education, legal, community service, arts, and media	36	11.4
Production	12	10.4
Computer, engineering, and science	8	9.0
Food preparation and serving related	13	8.7
Office and administrative support	32	8.5
Management	10	4.4
Business and financial	6	4.2
Other	17	13.2
Unknown	19	N/A
Total	259	11.4

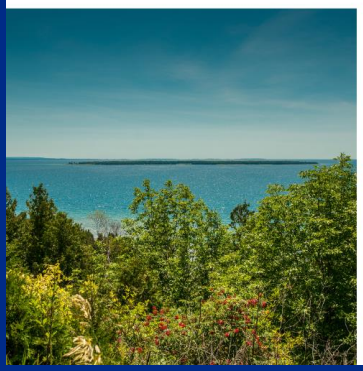
Table 8. Suicide deaths by usual occupational groups, male civilian employed workers aged 16+ residing in Michigan, 2022

Occupation	Number of suicide deaths	Rate per 100,000 workers
Farming, fishing, and forestry	14	107.6
Material moving	113	85.9
Construction and extraction	144	70.3
Building and grounds cleaning and maintenance	59	65.3
Installation, maintenance, and repair	94	65.0
Production	169	54.5
Protective service	27	48.3
Transportation	57	40.4
Food preparation and serving related	43	38.3
Personal care and service	10	37.5
Healthcare support	8	36.2
Healthcare practitioners and technical	28	33.6
Architecture and engineering	44	32.3
Sales and related	69	32.2
Business and financial	38	30.8
Management	86	29.0
Life, physical, and social science	7	28.9
Office and administrative support	30	23.4
Computer and mathematical	24	22.3
Education, legal, community service, arts, and media	36	21.9
Unknown	65	N/A
Total	1,165	46.0

PRIORITIZED SPECIAL POPULATIONS

At the onset of the commission, the group identified several groups at a heightened risk for suicide and suicidal behaviors. These populations also reflect an increased risk at the national level.[20] Unfortunately, there are limitations with the collection of suicide-related data that can make it difficult to obtain reliable estimates for specific populations, and if collected, the information may not be readily available. In instances where Michigan-specific data is not available, the use of national data and trends will be highlighted.



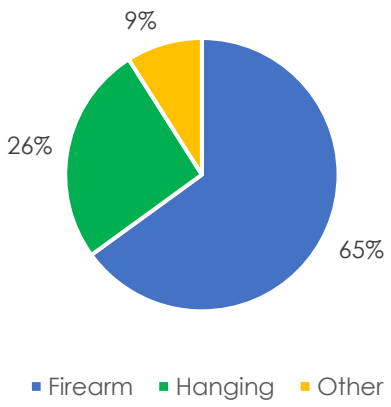
Active Military/Service Members

Nationally, in calendar year 2022, a total of 492 service members died by suicide.[21] Service members who died by suicide in 2022 were largely enlisted (91%), male (93%), white (72%), and under the age of 30 (68%).

Table 9. Suicide counts and unadjusted rates per 100,000 by military population and service, CY2020 – 2022*

	CY 2022		CY 2021		CY 2020	
	Rate	Count	**Rate**	Count	**Rate**	Count
Active Component	**25.1**	331	**24.3**	328	**28.6**	383
Army	**28.9**	135	**36.1**	175	**36.2**	174
Marine Corps	**34.9**	61	**23.9**	43	**34.5**	63
Navy	**20.6**	71	**17.0**	59	**19.0**	65
Air Force	**19.7**	64	**15.3**	51	**24.3**	81
Space Force	--	0	--	NA	--	NA
Reserve	**19.1**	64	**21.8**	76	**21.7**	77
Army	**20.8**	37	**24.8**	46	**22.2**	42
Marine Corps	--	6	--	14	--	10
Navy	--	7	--	10	--	13
Air Force	--	14	--	6	--	12
National Guard	**22.2**	97	**27.0**	120	**27.5**	121
Army	**24.8**	82	**31.2**	105	**31.5**	105
Air Force	--	15	--	5	--	16
All Components Total		**492**		**524**		**581**

Figure 10. Method of suicide death by active service members, CY2022



In 2022, use of firearm was the most common method of suicide death (65%), which is consistent with previous years. The percentage of suicide deaths by firearm was higher in the military than among the U.S. population.

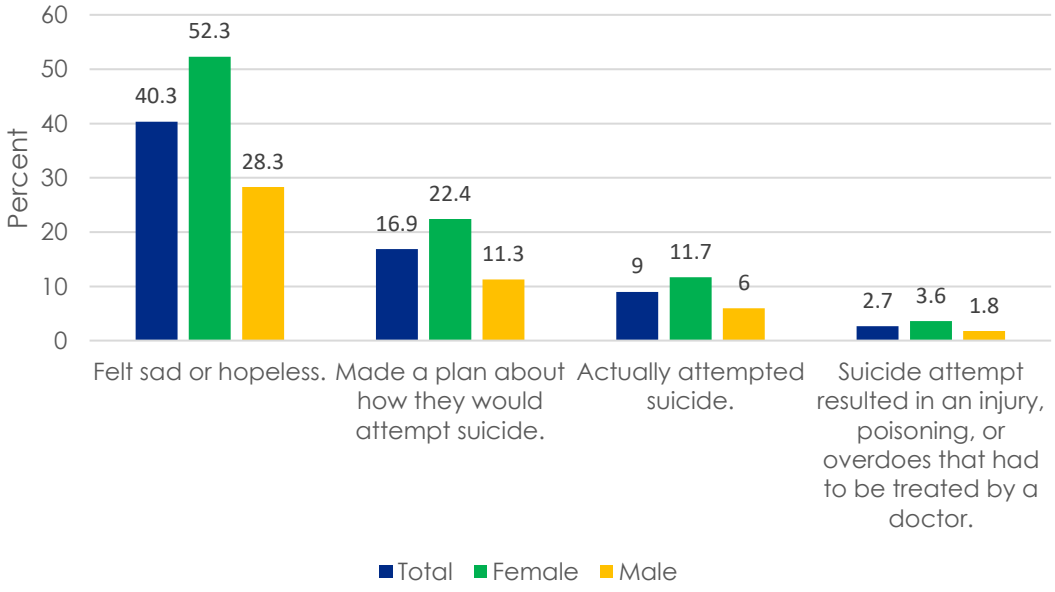
*There are no active military bases in Michigan.

Children & Adolescents

Ensuring the well-being of our young people is crucial. This age group faces unique challenges as they navigate the complexities of growing up. The process of figuring out who they are, combined with societal pressures, can sometimes lead to overwhelming feelings. Mental health issues can emerge during these formative years, making it vital for us to be aware and supportive.

The Youth Risk Behavior Surveillance System (YRBSS) monitors health behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth in the United States.[22]

Figure 11. Michigan YRBS suicide-related questions, 2021



First Responders

First responders, including police officers, firefighters, paramedics, and emergency medical personnel, often face significant stress and trauma in their line of duty. The nature of their work exposes them to potentially traumatic events, such as accidents, disasters, violence, and loss of life, on a regular basis.

A recent study using data from the Centers for Disease Control and Prevention National Violent Death Reporting System (NVDRS) and the National Institute of Occupational Safety and Health drew comparisons between first responder suicides and non-first responder suicides.[23] The research found data from the NVDRS indicates that first responders made up 1% of all suicides from 2015 to 2017. When broken down by response discipline, these first responder suicides occurred among law enforcement officers (58%), firefighters (21%), EMS providers (18%) and public safety telecommunicators (2%). Compared to suicides of non-first responders, more first responders used a firearm as the method of injury (69% versus 44%). Additionally, among first responder suicides for whom circumstances were known, intimate partner, job, and physical health problems were most frequent.

LGBTQ Youth

LGBTQ young people are not inherently prone to suicide risk because of their sexual orientation or gender identity, but rather placed at higher risk because of how they are mistreated and stigmatized in society. The Trevor Project's 2023 U.S. National Survey on the Mental Health of LGBTQ Young People amplifies the experiences of more than 28,000 LGBTQ young people ages 13 to 24 across the United States.

41%

of LGBTQ young people seriously considered attempting suicide in the past year

14%

of LGBTQ young people attempted suicide in the past year.

67%

of LGBTQ young people reported experiencing symptoms of anxiety.

54%

of LGBTQ young people reported experiencing symptoms of depression.

The Trevor Project's 2023 U.S. National Survey on the Mental Health of LGBTQ Young People and the 2022 Michigan profile are both available online.

People who are Unhoused

Individuals experiencing homelessness often face myriad challenges, including mental health issues, substance use, trauma, and social isolation, all of which can contribute to an increased risk of suicidal thoughts and behaviors.[24] Analysis from the University of Michigan's Poverty Solutions initiatives yielded insights on youth experiencing homelessness.

Key findings include:
- High school-aged youth experiencing homelessness report higher rates of attempting suicide.
- Youth experiencing homelessness were five times more likely to have attempted suicide
- Youth experiencing homelessness were four times more likely to currently misuse prescription pain medicine

Veterans

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 implementation of the most effective strategies to prevent veteran suicide.

Table 10. Michigan veteran suicide deaths, 2021

Sex	Veteran Suicides
Male	158
Female	13
All	171

Table 11. Michigan veteran and national suicide deaths and rates by age Group, 2021[8]

Age Group	Michigan Veteran Suicides	Michigan Total Suicides	National Total Suicides	Michigan Veteran Suicide Rate per 100,000	Michigan Suicide Rate per 100,000	National Suicide Rate per 100,000
18-34	28	439	14,230	70.0	19.5	18.8
35-54	48	439	15,263	40.3	18.0	18.2
55-74	56	415	12,411	23.1	16.5	16.2
75+	39	137	4,508	26.4	19.4	20.3
All	171	1430	46,512	31.1	18.1	18.0

COMMISSION RECOMMENDATIONS: THE PATH TO ZERO SUICIDE

988 & MiCAL Implementation

Michigan has achieved significant progress in suicide prevention and mental health crisis response with the successful launch of the 988 Suicide and Crisis Lifeline, an expansion of the former National Suicide Prevention Lifeline. The dedicated hotline, operational since July 2022, extends beyond suicide prevention, providing vital support for individuals grappling with behavioral health, mental health, substance use, and suicide crises. It is noteworthy to emphasize that the term "crisis" encompasses a spectrum of situations, with its definition ultimately determined by the individual who is seeking support.

In October 2023, 988's call volume reached a record high of 8,252, a significant increase from the 5,240 calls that were reported before 988 went live in June 2022. According to data collected before implementation, the answer rate, or average speed of answer, in June 2022 was 33 seconds, significantly improving to 19 seconds as of October 2023. The current answer rate reported by Michigan's 988 call centers stands at an impressive 91.9% compared to 79% in pre-implementation in June 2022. Aggregate data regarding distress levels further underscores the positive impact of 988. Based on data from July 1, 2022, to June 30, 2023, callers self-reported a reduction in distress levels after calling 988, with an overall distress level decreasing from 45.7% before people called 988 to 15.9% after people called 988.

With the overall objective of 988's implementation in Michigan to fit and serve all Michiganders and their unique needs, it is imperative that the state tailor services based on Michigan residents' feedback. 988 listening sessions have been and will continue to be instrumental in tailoring 988 services to all Michiganders, especially those who may be considered at heightened risk or traditionally underserved. Listening sessions have been thoughtfully incorporated to target these groups and help identify gaps and barriers in services, resources, and training. Feedback gained from each session's focus group assist in informing additional training requirements for call center staff and contribute to refining general 988 processes and protocols. The initiation of instate answering for 988 chat and text services in Fiscal Year 2024, by Michigan's primary call center MiCAL (Common Ground), will both expand the reach of 988 support and enhance its accessibility. Text and chat implementation accommodates individuals with varying communication preferences particularly Michigan's youth, ensuring that 988 remains inclusive and adaptable to evolving communication trends.

For more information on 988 in Michigan, please visit Michigan.gov/988 or access our Michigan-specific 988 toolkit to find free, specially-developed, available, and sharable 988 materials.

MI MIND

Henry Ford Health continues to coordinate a healthcare/community-model with its Suicide Prevention Quality Improvement Collaborative called MI MIND, which is also supported by Blue Cross Blue Shield. The intent of this model is to implement Zero Suicide in health care systems across the state by developing a process to facilitate the connection of important community and clinical groups to establish partnerships and structured pathways. The hope is that groups can work more easily together to serve people at risk for suicide and improve continuity of care.

Preventing Suicide in Michigan Men

Preventing Suicide in Michigan Men (PRiSMM) is a five-year CDC funded Comprehensive Suicide Prevention Program designed to reduce the state's suicide morbidity and mortality rates by 10% over five years (2020-2025). With a specific focus on adult men 25 and up, who represent 67% of the suicide deaths annually in Michigan, PRiSMM led by the state's Department of Health and Human Services (MDHHS), Injury and Violence Prevention Section (IVPS).

Some noteworthy accomplishments from **Year 3:**

- The PRiSMM Evaluation team at The University of Michigan 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. The **Year 3 Community Scan** was conducted during the summer of 2023 to measure progress and to assess ongoing local priorities and needs. Preliminary results indicate increased representation from people across the state, with a total of 106 valid survey responses (a 48% increase over year 1 participation) and with respondents representing 82 of Michigan's 83 counties.
- In 2023, PRiSMM continued to promote health communications and safe messaging strategies. PRiSMM partnered with individuals from County of Santa Clara Behavioral Health Services Department's Suicide Prevention Program and the Stanford Department of Psychiatry and Behavioral Sciences' Media and Mental Health Initiative, organizations responsible for the development of the Tool for Evaluating Media Portrayals of Suicide (TEMPOS), as well as individuals from the University of Michigan, to host safe messaging webinars that trained media and public health professionals on TEMPOS. More than150 individuals were trained to use TEMPOS.
- **Man Therapy Michigan** is a statewide campaign promoting their online intervention, called Man Therapy, to reduce suicide risk and depression among working-age men. In year 3, the 545 community partners helped reach more than 51,000 visitors to the website and complete 14,099 head inspections. The Man Therapy Michigan team distributed 18,000 wallet cards and shared dashboard data with 35 members.
- **The Michigan Department of Corrections** has five Assessing and Managing Suicide Risk (ASMR) trainers embedded in their system, and they have trained more than 200 mental health staff.
- **The Central Michigan University (CMU) Rural Health Equity Institute (RHEI)** maintains a statewide telehealth infrastructure that connects the medical school with about 1,700 physicians throughout Michigan. The CMU Telehealth Training Network now offers an online toolkit component, where providers can access and review the telehealth suicide prevention toolkit on demand.

323 staff from 13 organizations completed the **Counseling on Access to Lethal Means** training and the following safe storage materials were distributed:

35

gun safes.

50

988 wallet cards.

18

medication lock boxes.

103

cable & trigger locks.

4500

educational safe storage brochures.

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 to 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 impacts rates of youth/young adult suicide by establishing suicide prevention as a core priority in Michigan's child welfare (CW) system, by growing a network of emergency departments (EDs) committed to increasing the number of gatekeepers and clinical service providers who are trained in evidence-based prevention strategies and by 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 meet community needs including technical assistance, training, and educational and funding opportunities.
- Goal 5: Enhance the availability of resources and training for postvention services in the state.

TYSP-Mi3 accomplishments include:

- Securing five partner emergency departments, across eight sites, participated in the statewide TYSP Emergency Department Network.
- Developing and publishing suicide prevention curriculum modules that satisfy the suicide prevention competency requirement of the MDHHS Child Welfare.
- Establishing the Michigan Suicide Prevention Coalition Community of Practice to engage and support community level suicide prevention work across Michigan.
- Hosting the Michigan Suicide Prevention Community Technical Assistance Conference from May 3–5, 2023, in Gaylord, Michigan with more than 100 attendees.
- Launching the Michigan Local Outreach to Suicide Survivors (LOSS) Team Network, supporting eight teams that cover 16 counties, to provide postvention care and connection to resources following a suicide death.

LOOKING AHEAD: THE FUTURE OF SUICIDE PREVENTION IN MICHIGAN

In 2020, during an unprecedented public health crisis, this group outlined the foundation for a strategy for years to come. The next steps of Michigan's path to zero suicide will be showcased during the commission's Suicide Prevention Summit, which is being held in August 2024 . This summit will highlight current initiatives within the state, garner support among community partners, and establish the agenda for the years to come.

The magnitude of suicide prevention demands that we continually push the boundaries of our efforts, challenge the status quo, and embrace innovative strategies to save lives. Suicide prevention is a collective responsibility, and every individual, community, and organization have a role to play in this crucial endeavor. By fostering a culture of empathy, understanding, and support, we can create a world where hope triumphs over despair, and where every life is valued and protected.

Together, with unwavering commitment and compassion, we can make a meaningful difference and save countless lives. Let us stand united and resolute in our pursuit of a future where suicide is a rarity, and where hope, help, and healing are readily available to all who need it.

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APPENDICES

Appendix 1: Information for People Affected by Suicide

National Crisis and Suicide Prevention Resources

988 Suicide & Crisis Lifeline
988lifeline.org/

American Association of Suicidology
Suicidology.org

American Foundation for Suicide Prevention
Afsp.org/

Crisis Text Line
Crisistextline.org

The National Action Alliance for Suicide Prevention
Theactionalliance.org

The NotOK App
Notokapp.com

The Trevor Project
Thetrevorproject.org

Veteran's Crisis Line
Veteranscrisisline.net

Michigan Crisis and Suicide Prevention Resources

American Foundation for Suicide Prevention, Michigan
Afsp.org/chapter/michigan

Man Therapy
Mantherapy.org

Michigan Crisis and Access Line (MiCAL)
Mical.michigan.gov

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

With One Voice
Wovmichigan.org

General Information

2012 National Strategy for Suicide Prevention
Ncbi.nlm.nih.gov/books/NBK109917/pdf/Bookshelf_NBK109917.pdf

Suicide Prevention: Resource for Action
Cdc.gov/suicide/pdf/preventionresource.pdf

Suicide Prevention Resource Center
Sprc.org/measrestriction

Counseling on Access to Lethal Means
Sprc.org/resources-programs/calm-counseling-access-lethal-means

Means Matter
Hsph.harvard.edu/means-matter/

National Sports Shooting Foundation: Suicide Prevention
Nssf.org/safety/suicide-prevention/

Project ChildSafe
Projectchildsafe.org/

Drug Disposal
Takebackday.dea.gov

Safe Messaging Best Practices for Media & Residents

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

Recommendations for Reporting on Suicide
Reportingonsuicide.org/

Recommendations for Blogging on Suicide
Bloggingonsuicide.org/

CDC Social Media Tools, Guidelines, & Best Practices
Cdc.gov/socialmedia/tools/guidelines/

Appendix 2: Data Notes

Source for Michigan suicide deaths: Michigan death certificate files, Michigan Department of Health and Human Services Division for Vital Records and Health Statistics, 2013-2022. Source for population denominators used for calculating rates: bridged-race intercensal estimates as of July 1, 2020 for 2013-2020 and single-race postcensal estimates as of July 1, 2022 for 2020-2022, both obtained from CDC WONDER (wonder.cdc.gov). Suicide deaths were identified from the underlying cause of death field on the death certificate using ICD-10 codes U03, X60-X84, and Y87.0. ICD-10 codes were also used to identify specific means of death: X72-X74 for firearms, X70 for suffocation, and X60-X69 for poisoning, and any other suicide-related codes from the previous list for the "other" category.

Source for usual industry and occupation of Michigan suicide decedents: Michigan Violent Death Reporting System (MiVDRS), 2022 provisional data. Deaths were included if the cause of death on the death certificate was listed as suicide (according to the method described above) or if the death was identified as suicide by an MiVDRS data abstractor. Source for employment estimates used for calculating rates: American Community Survey one-year estimates, 2021, tables B24030 and B24010 (data.census.gov).

Source for U.S. suicide deaths: CDC WONDER, final underlying cause of death database for 2013-2021 and provisional multiple cause of death database for 2022 (wonder.cdc.gov).

Data from the City of Detroit Health Department jurisdiction was combined with data from the rest of Wayne County in the calculation of rates by local health department jurisdiction.

Suicide deaths where the decedent's age was listed as less than 10 were excluded, as the number of suicide deaths under aged 10 is too small to report for most years, and it is difficult to determine suicidal intent in young children.

Counts less than six and rates based on counts of less than six were suppressed to protect the privacy of individuals. Additional suppression may have been applied to prevent back calculation of suppressed values.

Appendix 3: Meeting Dates

January 20, 2023

February 17, 2023

March 17, 2023

May 19, 2023

June 16, 2023

August 18, 2023

September 15, 2023

October 20, 2023

November 17, 2023

Appendix 4: Relevant State Legislation

Passed

Act	Summary
Public Act 19'23	Requires license or background check for purchase of firearms.
Public Act 17'23	Provides for penalties for storing or leaving a firearm where it may be accessed by a minor.
Public Act 15'23	Exempts sales tax for firearm safety devices, safes, lockboxes, and trigger locks.
Public Act 14'23	Exempts use tax for firearm safety devices, safes, lockboxes, and trigger locks.
Public Acts 37'23 and 38'23	Enacts an extreme risk protection order, also known as a "red flag" law.
Public Acts 117'23 and 118'23	Prohibits mental health professionals from engaging in conversion therapy with a minor and specifies Licensing and Regulatory Affairs (LARA) disciplinary action for those that do.

Pending

Bill	Summary
SB 27 (Anthony)	Requires insurance companies to provide equitable coverage for mental health, behavioral health, and substance use treatment.
SB 84 (Polehanki) **HB 4145 (Puri)**	Would prohibit purchase of firearms by an individual who has an extreme risk protection order.
HB 4089 (Meerman)	Reauthorizes the School Safety and Mental Health Commission.
HB 4093 (Steele)	Amends PA 211 (Save Our Students Act) to stipulate that, by July 2024, OK2SAY program information be added student ID cards for students in grades 6-12.
Tie-Barred Bills **HB 5276 (Conlin)** **HB 5277 (Morse)** **HB 5278 (Bezotte)** **HB 5279 (Brabec)** **HB 5280 (Bruck)**	Package of legislation to establish an office of mental health within the Michigan Department of Military and Veterans Affairs, enact that such an office enters into an interagency agreement with MDHHS, provide for a county veteran service officer training program, establish a mental health peer mentorship program, and provide for a bridge program to support service members and veterans in identifying and supporting their mental health needs.

Appendix 5: Evidenced-based programs & practices in Michigan

AFSP Healing Conversations (HC)

Website: Afsp.org/HealingConversations

Formerly known as the Survivor Outreach Program. Trained AFSP volunteers, who are themselves survivors of suicide loss, offer understanding and guidance in the weeks and months following a suicide death.

Length: Two hours

AFSP More Than Sad

Website: Afsp.org

Videos teach students and educators how to be smart about mental health (teens, parents, teachers). Two videos, Teen Depression and Preventing Teen Suicide, with downloadable facilitator tools.

Length: 25 minutes each

AFSP It's Real

Website: Afsp.org/ItsReal

Available for college, high school, and middle school students, It's Real provides youth and young adults with mental health education and resources. The program raises awareness about mental health issues, how to start a conversation about mental health, and the importance of self-care.

Length: 45 minutes

AFSP Suicide Bereavement Clinician Training Program

Website: Afsp.org

Focused overview of the impact of suicide on survivors and the clinical and support responses that are needed. Intended for clinical professionals seeking to bolster their knowledge and understanding of—and empathetic regard for—people bereaved by suicide. Intended for physicians/psychiatric nurses, psychologists, certified counselors, social workers, and licensed marriage and family therapists. Also open to clergy, pastoral counselors, school personnel, and interested others. The workshop includes didactic and video presentations, group discussion, and case examples.

Length: One-day (6.5 hours)

AFSP Talk Saves Lives: An Introduction to Suicide Prevention

Website: Afsp.org

A community-based presentation that covers the general scope of suicide, the research on prevention, and what people can do to fight suicide. Attendees will learn the risk and warning signs of suicide, and how, together, we can help prevent it.

Length: 45-60 minutes

Applied Suicide Intervention Skills Training (ASIST)

Website: Livingworks.net

Comprehensive training that is for any "gatekeeper" age 16 years and older (those most likely to be in contact with the person). This is what the National Suicide Prevention Lifeline uses.

Length: Two days

Ask, Care, Escort (ACE) Suicide Intervention Training

Website: Armyg1.army.mil/hr/suicide/default.asp

ACE is only available to authorized U.S. Army personnel. Teaches about the risk factors and warning signs of suicide, how to intervene with those at risk of suicide (Asking, Caring, and Escorting).

Length: 1.5 hours

Assessing and Managing Suicide Risk (AMSR)

Website: Zerosuicideinstitute.com/amsr

Clinician specific training, AMSR presents five of the most common dilemmas faced by providers and the best practices for addressing them. Various curricula for outpatient, substance use.

Length: One day

Be A Link! ® Community Gatekeeper Training

Website: Yellowribbon.org

Adult gatekeeper program that teaches how to identify the warning signs and risk and protective factors of suicide for youth, how to talk with teens/youth, and how to understand school liabilities, policies, and procedures. Additional training tracks are available for school staff, first responders, faith leaders, and youth peer leaders.

Length: Two hours

Connect Suicide Postvention Training
Website: Theconnectprogram.org/
Helps service providers respond in a coordinated and comprehensive way in the aftermath of a suicide or any sudden death. More than "just training," Connect fosters relationship building and the exchange of resources among participants. Prior to the training, Connect staff work with the host agency to identify and incorporate local cultural issues and begin planning how the training will be applied and sustained.
Length: Two days

Connect Suicide Prevention/Intervention Training
Website: Theconnectprogram.org/
Increases the capacity of professionals and communities to prevent suicide across the lifespan. It uses a public health approach and incorporates key elements of the National Suicide Prevention Strategy. The Connect Prevention Training also offers online modules for Healthcare or Mental Health Providers and School Personnel.
Length: Six hours

Connect Survivor Voices
Website: Theconnectprogram.org/
SurvivorVoices: Sharing the Story of Suicide Loss is a National Best Practice program that teaches those bereaved by suicide how to speak safely and effectively about their loss. Survivors of suicide loss are key partners in suicide prevention and postvention. While some individuals who take SurvivorVoices may never share their story publicly, participation in the training helps them with their own grief process and connects them with other survivors. For those who go on to share their stories publicly, they often use this new connectedness to energize suicide prevention and bereavement support efforts (e.g., starting a survivor of suicide loss support group, hosting a teleconference site, starting a Life Keeper quilt project, initiating a suicide awareness event).
Length: Two days

Discover You
Website: Discoveryou.org/Programs
Twenty-thousand students in juvenile homes and have engaged in Discover You over the past 10 years throughout the Great Lakes Bay Region, with 90% requesting the program year after year reporting improved attitudes, behaviors and student-to-student interactions and fewer disciplines. A unique combination of social and emotional learning and positive psychology and demonstrated outcomes. Discover You is an 18-hour program that can be implemented in the health class or by other educator in the school using a written program and advisor trained and certified to support continued education.
Length: 18 hours

esuicideTALK
Website: Livingworks.net
Online program, enabling anyone with an internet connection to develop awareness about suicide and its prevention in a safe, customizable online space. Ideal for all English speakers age 15 and older who want to take the first steps toward suicide awareness and prevention. By helping to dispel the fear and stigma around suicide, esuicideTALK contributes to an open and supportive community where people at risk can get the help, they need to stay safe.
Length: One to two hours

4 What's Next
Website: 4whatsnext.org/
4 What's Next is a primary prevention program that builds resiliency in high school students by giving them the tools to handle stress and distress now and in their future.

Gizmo's Pawesome Guide to Mental Health Curriculum
Website: Gizmo4mentalhealth.org/
A fun, flexible, turn-key curriculum for elementary youth that introduces the Gizmo's Pawesome Guide to Mental Health using an animated PowerPoint, implementer discussion guide, and activities for youth. It may be implemented in various settings, such as public/private/parochial/ therapeutic schools, treatment locations, camps, and before or after school programs. Utilizes an evidence-based safety plan as the framework.
Length: One class period

Henry Ford Health System Zero Suicide Model Guidelines
Website: Henryford.com/services/behavioral-health/zero-suicide
In 2001, Henry Ford Behavioral Health was the first to pioneer and conceptualize "zero suicides" as a goal and develop a care pathway to assess and modify suicide risk for patients. The program led to more than a 75% reduction of suicide and has been sustained over time. In the years since Henry Ford first envisioned "zero" as the goal, a worldwide zero suicide movement has emerged. Mental health organizations and governments across the globe have embraced the idea and designed a growing number of programs intended to prevent suicide deaths. These guidelines include a step-by-step approach for implementing a series of evidence-based care improvement processes within health systems.

Mental Health First Aid
Website: Mentalhealthfirstaid.org/
Learn risk factors and warning signs for mental health and addiction concerns, strategies for how to help someone in both crisis and non-crisis situations, and where to turn for help.
Length: Eight hours

Question, Persuade, Refer (QPR) Gatekeeper Training Program
Qprinstitute.com/
Teaches how to identify and interrupt a potential crisis and direct that person to the proper care. Includes role-playing resulting in participants leaving the training with stronger confidence in serving as a gatekeeper utilizing best practices.
Length: 90 minutes

safeTALK
Livingworks.net/
Described as a suicide "alertness" training. Apply the TALK steps: Tell, Ask, Listen, and Keep Safe. Learn how to connect someone experiencing suicidal thoughts to community resources for help.
Length: Three hours

Shield of Care
Tn.gov/behavioral-health/
For juvenile justice programs. Teaches how to understand the risk and protective factors of suicide, how to increase self-efficacy to prevent suicide, and to understand suicide prevention strategies and skills.
Length: Eight hours

Signs of Suicide Program (SOS)
Mindwise.org/suicide-prevention/
SOS Signs of Suicide (SOS) is a universal, school-based prevention program designed for middle school (ages 11-13) and high school (ages 13-17) students. The goals of this program are to decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression; encourage personal help-seeking and/or help-seeking on behalf of a friend; reduce the stigma of mental health care; acknowledge the importance of seeking help or treatment; engage parents and school staff as partners in prevention through "gatekeeper" education; and encourage schools to develop community-based partnerships to support student mental health.
Length: One class period

Appendix 6: National Institutes of Health (NIH) research grants

During Fiscal Years 2023 and 2024, several grants directly related to research on suicide and its prevention have been awarded by the National Institutes of Health to researchers at Michigan universities and research institutions, including the following:

The National Center for Health and Justice Integration for Suicide Prevention
Award #: 5P50MH127512
PI: Jennifer E. Johnson
Co-I: Brian K. Ahmedani, Lauren M. Weinstock
Michigan State University
August 2022-July 2027

Implementation Strategies for Suicide Prevention among Youth in Nepal
Award #: 1R21MH135272
PI: Brian K. Ahmedani
Co-I: Deepak C. Bajracharya, Linda M. Kaljee
Henry Ford Health; Michigan State University
December 2023-November 2025

Development and Pilot Study of Primary Care Loneliness Interventions to Prevent Suicide
Award #: 1R34MH132808
PI: Paul N. Pfeiffer
University of Michigan
July 2023-May 2026

Low-Burden Adaptive Mobile Interventions for Mood and Suicide Risk
Award #: 1K23MH131761
PI: Adam G. Horwitz
University of Michigan
September 2022-August 2026

Mixed Methods Examination of Warning Signs within 24 Hours of Suicide Attempt in Hospitalized Adults
Award #: 1R01MH133587
PI: Courtney L. Bagge
Co-I: Kenneth R. Conner
University of Michigan
July 2023-May 2027

Aging, Major Life Transitions, and Suicide Risk
Award #: 5R01MH128198
PI: Briana Mezuk
Co-I: Kara Zivin
University of Michigan
February 2022-November 2026

Integrating the Youth Nominated Support Team with CBT for Black Youth with Acute Suicide Risk
Award #: 1R34MH1317722
PI: Cynthia Ewell Foster
Co-I:
University of Michigan
August 2023-May 2026

Appendix 7: Substance Abuse and Mental Health Administration (SAMHSA) and other federal suicide prevention grants

During Fiscal Years 2023 and 2024, several organizations in Michigan received federal suicide prevention grants, including:

American Indian Health and Family Services of Southeast Michigan, Inc.
FY 2023 Tribal Behavioral Health
SM088776
September 2023-September 2028

Saginaw Chippewa Indian Tribe
FY 2023 Tribal Behavioral Health
SM088737
September 2023-September 2028

Lincoln Behavioral Services
FY 2023 Certified Community Behavioral Health Clinic Planning, Development, and Implementation Grant
SM089481
September 2023-September 2027

Van Buren Community Mental Health Authority
FY 2023 Certified Community Behavioral Health Clinic Planning, Development, and Implementation Grant
SM089299
September 2023-September 2027

Black Family Development, Incorporated
FY 2023 Certified Community Behavioral Health Clinic Planning, Development, and Implementation Grant
SM089221
September 2023-September 2027

Ottawa County Community Mental Health
FY 2023 Certified Community Behavioral Health Clinic Planning, Development, and Implementation Grant
SM088946
September 2023-September 2027

Beaumont Health Foundation
FY 2023 Cooperative Agreements to Implement Zero Suicide in Health Systems
SM088444
September 2023-September 2028

Detroit Wayne Integrated Health Network
FY 2023 Cooperative Agreements to Implement Zero Suicide in Health Systems
SM088526
September 2023-September 2028

Pine Rest Christian Mental Health Services
FY 2023 Cooperative Agreements to Implement Zero Suicide in Health Systems
SM088315
September 2023-September 2028

Saginaw Chippewa Indian Tribe
Project AWARE (Advancing Wellness and Resiliency in Education)
SM088157
September 2023-September 2028

Central Michigan University
Garrett Lee Smith Campus Suicide Prevention Grant Program
SM086309
September 2023-September 2026

Black Family Development, Incorporated
Project AWARE (Advancing Wellness and Resiliency in Education)
SM087486
December 2022-December 2026

County of Muskegon
FY 2022 Certified Community Behavioral Health Clinic
SM087001
September 2022-September 2026

Detroit Recovery Project, Inc.
FY 2022 Certified Community Behavioral Health Clinic
SM086918
September 2022-September 2026

Easter Seals Michigan, Inc.
FY 2022 Certified Community Behavioral Health Clinic (Oakland County)
SM086942
September 2022-September 2026

Hegira Health, Inc.
FY 2022 Certified Community Behavioral Health Clinic
SM087056
September 2022-September 2026

West Michigan Community Mental Health System
FY 2022 Certified Community Behavioral Health Clinic
SM086939
September 2022-September 2026

Judson Center, Inc.
FY 2022 Certified Community Behavioral Health Clinic
SM086882
September 2022-September 2026

Easter Seals Michigan, Inc.
FY 2022 Certified Community Behavioral Health Clinic (Macomb County)
SM086744
September 2022-September 2026

Detroit Central City Community Mental Health, Inc.
FY 2022 Certified Community Behavioral Health Clinic
SM086795
September 2022-September 2026

Lapeer County
FY 2022 Certified Community Behavioral Health Clinic
SM086491
September 2022-September 2026

Ottawa Area Intermediate School District
Project AWARE (Advancing Wellness and Resiliency in Education)
SM086340
September 2022-September 2027