



DATA SHORTS

Suicide Prevention Initiatives in Maryland

In addition to being National Recovery Month, September was Suicide Prevention Awareness month. In 2014, the latest year for which state data is available, suicide was the eleventh highest cause of death in Maryland, reaching a ten year peak and accounting for 593 deaths. The age-adjusted death rate was 9.6 deaths per 100,000 (http://dhmh.maryland.gov/vsa/Documents/14annual_revised.pdf). Age-adjusted rates are calculations that allow the comparison of death rates across populations, even if the ages of the population are markedly different; an excellent explanation is available at <https://www.cdc.gov/nchs/data/statnt/statnt06rv.pdf>. Maryland's age-adjusted suicide death rates for the last ten years are shown in the first graph.

The second graph details Maryland suicides in 2014 by age; this shows that suicide is an issue across the life span, that it affects both the young and the old. The third graph displays the information by race and gender. When these are converted to age-adjusted rates, white males have the highest rate, 19.7 deaths per 100,000, followed by African American/Black males, with a rate of 8.9.

Nationally, the most recent available data is for 2013; the US suicide age-adjusted rate was 12.6 deaths per 100,000, and it was the tenth leading cause of death in the country (http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf). It is estimated that the medical and work loss costs of suicide were more than \$51 billion (<http://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.PDF>).

Maryland's Governor's Commission on Suicide Prevention created a suicide prevention plan in 2012. The plan lists strategies for suicide prevention efforts across the lifespan. Ongoing efforts in Maryland include the Maryland Crisis Hotline, 1-800-422-0009 (formerly the MD Youth Crisis Hotline, <http://www.help4mdyouth.org>), that is staffed and available 24 hours per day, seven days a week, 365 days per year. The program now offers an on-line chat feature as an alternative to the telephone. In addition to expanding awareness of the hotline, Maryland's updated plan will have four major areas of focus-engaging disconnected youth, reducing bullying, addressing substance related disorders, and assisting suicide survivors through support groups and other resources.

Maryland's Department of Health and Mental Hygiene has secured a Substance Abuse and Mental Health Services Administration grant to fund a five year Suicide Prevention and Early Intervention Network (MD-SPIN) through the Center for School Mental Health. The grant targets several

populations at high risk of suicide, including LGBTQ individuals, transition-age and disconnected youth, veterans and military families, and youth with emotional and behavioral concerns. Many of the grant objectives will be assisted through the licensing of several products from Kognito, a company that fosters physical, behavioral, and social changes through simulations with virtual humans. MD-SPIN has licensed six training modules aimed at the identified target groups that can be used by anyone over the five years of the grant. These include: Kognito for Elementary School, Kognito for Middle School, Kognito for High School, Kognito On-Campus, Kognito LGBTQ On-Campus, and Kognito Family of Heroes (veterans). (See <https://md.kognito.com/>.) Outreach efforts are being made to teachers and school staff, and continuing education credits for Kognito course completion are available for behavioral health professionals. During the first six months of the project, more than 5,000 courses have been initiated. The grant has also funded the creation of a free smartphone app, "There is hope", available for both iPhone and Android, that provides an array of valuable information resources as well as immediate connection to crisis counselors.

Additional information may be found at Maryland's section of the Suicide Prevention Resource Center website, <http://www.sprc.org/states/maryland>.

