

## **Indiana Statewide Suicide Prevention Coalition Suicide Prevention State Plan**

### **Suicide In Indiana**

Suicide is the 2<sup>nd</sup> leading cause of injury death in Indiana. In fact the state's rate has been higher than the national average for nearly a decade. The problem of suicide has an incredibly devastating effect on Hoosier families and communities—lost children, lost loved ones, lost employees, and lost resources. These losses are preventable.

### **National Call to Action**

In 2001, US Surgeon General David Satcher released a report entitled, "National Strategy for Suicide Prevention: Goals and Objectives for Action." This report described suicide as a serious public health problem throughout the United States, and introduced a blueprint for addressing suicide prevention through Awareness, Intervention, and Methodology (AIM). The Surgeon General also recommended that each state adopt a suicide prevention plan that would incorporate the national recommendations.

### **Indiana's Call to Action**

In response to the national call to action and the magnitude of the problem in the state, the Indiana State Suicide Prevention Coalition (ISSPC) formed in 2001 to address this issue. This Coalition is in a growth phase and consists of individuals representing various regions of the state and various disciplines including health, mental health, education, policy makers, the faith community, and others. Key collaborative partners to date include: Marion County Mental Health Association, Indiana State Department of Health, Indiana Department of Education, Indiana University, Purdue University, and Clarian Health.

The mission of the ISSPC is to coordinate, facilitate, advise, and provide resources to Indiana communities for activities that reduce:

- Deaths due to suicide
- Occurrence of suicidal behaviors
- Effects of suicide on Indiana citizens

Subsequent to the formation of the ISSPC, regional suicide prevention coalitions have formed throughout the state. The ISSPC will coordinate with these regional groups to ensure that suicide prevention activities occur in an integrated and culturally appropriate fashion throughout the state.

### **Indiana's Suicide Prevention State Plan**

*The ISSPC has drafted a Suicide Prevention State Plan based on the "National Strategy for Suicide Prevention: Goals and Objectives for Action." The Plan represents a comprehensive and integrated approach to reduce the loss and suffering from suicide and suicidal behaviors across the life span and across the state.*

*The benefits of the State Plan are to:*

- Raise awareness and help make suicide prevention a statewide priority.
- Help direct resources to the issue.
- Provide opportunities to use public-private partnerships and the energy of survivors to engage people who may not consider suicide prevention part of their mission.
- Support collaboration across a broad spectrum of agencies, groups, and community leaders.

- Link information from many prevention programs to avoid unintentional duplication and share information about effective prevention activities.
- Direct attention to measures that benefit all people in Indiana to reduce the likelihood of suicide before vulnerable individuals reach the point of danger.

#### **Elements and Implementation of the Indiana Suicide Prevention State Plan**

Indiana's Suicide Prevention State Plan is comprised of three main sections that mirror the National Strategy: Awareness, Intervention, and Methodology. Each section has accompanying broad goals with more specific objectives, and action ideas. The action ideas represent detailed suggested activities that may be implemented by the regional suicide prevention coalitions throughout the state. The Plan is meant to be a model document that regional suicide prevention coalitions can use to create their own strategic plans for action in their communities. As we all work together in the state, we are hopeful that many tragic deaths may be prevented.

## **Section 2: INTERVENTION**

### **Goal 4: Identify existing or assist in developing community-based suicide prevention programs.**

#### Objectives:

- 1. Develop a comprehensive suicide prevention plan that a) coordinates across government agencies; b) involves the private sector, and c) supports plan development, implementation, and evaluation in its communities.*

#### Action Idea A:

Include members from relevant governmental agencies and the private sector on the Indiana State Suicide Prevention Coalition, and ensure that these diverse groups are involved in plan development, implementation, and evaluation in communities.

- 2. Increase the proportion of school districts and private school associations with evidence-based programs designed to address serious childhood and adolescent distress and prevent suicide.*

#### Action Idea A:

Initiate and continue dialogue with school leaders throughout the state including the Department of Education on mental health issues and suicide prevention.

#### Action Idea B:

Ensure schools have access to resources designed to address childhood and adolescent mental health issues and prevent suicide.

- 3. Increase the proportion of colleges and universities with evidence-based programs designed to address mental health needs of students and ultimately prevent suicide.*

#### Action Idea A:

Initiate and continue dialogue with higher education leaders throughout the state on mental health issues and suicide prevention.

#### Action Idea B:

Ensure colleges and universities have access to resources designed to address mental health and prevent suicide.

- 4. Increase the proportion of employers that ensure the availability of evidence-based strategies for suicide.*

#### Action Idea A:

Coordinate with employee assistance programs of major employers statewide to promote suicide prevention programs for employees.



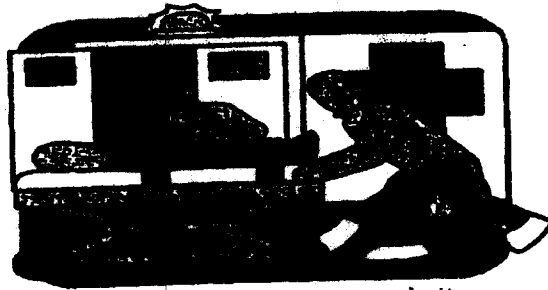
Indiana State  
Department of Health

# **SUICIDE IN INDIANA, 1999-2001**

**New! Includes a Section on suicide morbidity as determined from  
Indiana hospital discharge data for January-June 2002.**

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July 1, 2003**

## SUICIDE IN INDIANA



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## HIGHLIGHTS

*In 2000, Indiana's census notes a population of 6,080,485. Population estimates by race were predominant for Whites who represented 87.5% of the population followed by Blacks/African Americans representing 8.4% of the population. Suicide rates in Indiana were consistent with that of the United States in that White and Blacks/African American males commit suicide more often than other groups. For census data for Indiana and the United States go to <http://www.census.gov/>.*

- ◆ In 2001, 706 Hoosiers committed suicide. Suicide ranked as one of the five leading causes of death for all persons age 15-54. For Hoosiers age 10-24, suicide ranked as the 3<sup>rd</sup> leading cause of death and accounted for 13% of all injury deaths in this age group.
- ◆ From 1999-2000, suicide was the 2<sup>nd</sup> leading cause of INJURY deaths in Indiana, accounting for 20% of all injuries.
- ◆ Compared to the national average, suicide rates in Indiana are higher for all age groups, except for senior citizens.
- ◆ Hoosiers age 10-24 commit suicide more often when compared to 10-24 year olds in the United States and all regions in the U.S.
- ◆ During the period 1999-2000, male Hoosiers had suicide rates 4-6 times those of females.
- ◆ Black male Hoosiers age 20-24 have a higher rate of suicide compared to all other age groups.
- ◆ Suicide rates are considerably lower for female Hoosiers. From 1999-2000, females age 40-49 committed suicide at a rate of 8.13 per 100,000 population, the highest rates for females regardless of age.
- ◆ The use of firearms accounted for 60% of all suicides in Indiana.
- ◆ According to the 2001 Youth Risk Behavioral Survey results for Indiana's 9<sup>th</sup> through 12 graders, 22.6% of females and 13.3% of males seriously considered attempting suicide during the past twelve months; 18.6% of females and 13.5% of males had a plan and 11.2% of females and 5.2% of males actually attempted suicide one or more times.
- ◆ From January 2002 to June 2002, 913 Hoosiers age 12-91 were hospitalized as a result of self-inflicted injuries specified as intentional, (i. e., attempting to commit suicide). Eighty-four percent of these hospital admissions involved white males and females.
- ◆ Ninety-two percent of people hospitalized for a suicide attempt in the first 6 months of 2002 involved self-inflicted poisoning by solid or liquid substances. The most frequent poisoning diagnoses requiring hospitalization resulted from ingestion of tranquilizers (34%) followed by the category of analgesics, antipyretics, and antirheumatics (23%).

ST. JOSEPH COUNTY, INDIANA

Death Statistics continued

	1999	2000	2001	2002	2003
<b>Suicides</b>					
Carbon Monoxide	2	4	6	1	3
Drugs	4	0	1	5	4
Firearms	11	12	17	13	17
Hanging	4	4	6	7	6
Razor	1	0	1	0	
Poison	0	1	1	0	
Drowning				2	2
Jumped				1	
Suffocation				1	
	21	21	32	30	32