

Tackling Suicide Prevention on Multiple Fronts



Centene, a leader in managed care with over 24 million members across 50 states, is tackling this crisis to ensure that patients at risk of suicide have the support they need.

Suicide was the **second-highest cause of death** among people aged 10-34 and the 10th leading cause of death overall in the U.S. in 2017, resulting in [47,000 lives lost](#).

Communities of color may experience disparities in behavioral health care and other barriers that place them at greater risk of suicide.

Centene's initiatives to combat suicide illustrate one company's **leadership in tackling this crisis for patients at risk.**

Background

Suicide has long been one of the leading causes of death in the United States and unfortunately, suicide rates have increased in nearly every state from 1999 through 2017. Suicide was the second-highest cause of death among teens and young adults, and the [10th leading cause of death](#) overall in the U.S. in 2017. Mental health conditions are often viewed as the cause of suicide, but suicide is rarely rooted in any one single factor. According to [the CDC](#), many factors in addition to mental health can contribute to suicide such as problems with relationships, substance use, physical health challenges, and stress from housing, money, legal, or work-related issues. Moreover, it is estimated that for every suicide death, there are approximately [25 attempts](#), indicating there are multiple opportunities for intervention. Just as suicide is not caused by a single factor, reductions in suicide will not be prevented by any [single strategy or approach](#).

Influence of Demographic Factors

As with many health challenges, rates of suicide vary significantly by [age](#), [gender](#), [geography](#), and [race/ethnicity](#). For example, communities of color often experience [disparities in mental health care](#), and/or barriers to obtaining needed care as the result of social determinants of health, which can place them at greater risk of suicide. Identifying those at risk can be an important initial step to help better target outreach for suicide prevention efforts.

African American/Black Community: Although anyone can experience behavioral health struggles, African Americans may experience more severe forms of mental health conditions due to unmet needs and other barriers. According to the U.S. Department of Health and Human Services (HHS) Office of Minority Health, African Americans are [20 percent](#) more likely to experience serious behavioral health problems than the general population. The African American community may also face [barriers](#) to receiving effective and ongoing behavioral health treatment. This may be due to stigma, fear of judgment, lack of providers from diverse racial/ethnic backgrounds, lack of culturally competent providers, or lack of access to affordable care.

African Americans are also more likely to experience certain factors that increase the risk for having a behavioral health crisis, which may lead to suicide. For example, people experiencing homelessness are at greater risk of developing a mental health condition, and African Americans make up [40 percent](#) of the homeless population. Similarly, [exposure to violence](#) has been shown to increase the risk of developing a mental health condition such as depression, anxiety, and post-traumatic stress disorder, and African American children are more likely to be exposed to violence than other children.

Further highlighting the disproportionate effect on the African American community is a recent [study](#) that suggests that while the overall proportion of teens reporting suicidal thoughts or plans fell for all racial and ethnic groups, the proportion of black teens attempting suicide rose significantly between 1991 and 2017. This rise in attempted suicides occurred despite falling rates among teens in other racial and ethnic groups, including white, Hispanic, Asian/Pacific Islander, and American Indian/Alaska Native.

American Indian, Alaska Native (AIAN) Community: Another population disproportionately affected by suicide is the American Indian and Alaska Native (AIAN) population, with this population having the [highest rate](#) of suicide compared to other racial and ethnic groups. Research also indicates that the AIAN population has disproportionately higher rates of [mental health](#) problems than the rest of the U.S. population. AIAN populations may also experience more severe forms of mental health conditions due to unmet needs and other barriers. For instance, AIANs have the highest [poverty rate](#) of any racial or ethnic group, with more than 26 percent living in poverty and 21 percent lacking health insurance coverage. Many of the same [barriers](#) exist to receiving effective and ongoing behavioral health treatment, including stigma, lack of culturally competent providers, and lack of access to affordable care.

The rise in suicide rates has been particularly dramatic among AIANs, with this population experiencing the [largest increase](#) in age-adjusted suicide rates for both males and females between 1999 and 2017. In addition to poverty and limited access to mental health care, a higher incidence of trauma and [exposure to violence](#) place AIAN females, in particular, at a higher risk for suicide. According to the [National Institute of Justice](#), nearly 84 percent of AIAN females experience violence in their lifetime, including 56 percent who experience sexual violence.

Importance of Individual Identification and Support

One of the most important aspects of preventing suicide is identifying at-risk individuals and recognizing warning signs. [Factors](#) that can increase one's risk of suicide include a family history of suicide or maltreatment as a child, a previous suicide attempt or experiencing a suicidal loss, homelessness, trauma/exposure to violence, a history of using alcohol or other substances, physical illness or behavioral health conditions, and access to lethal means. [Warning signs](#) of suicide may include being isolated, increased anxiety or extreme mood swings, expressing hopelessness, increased anger or rage, changes in sleep, and talking about wanting to die or looking for a way to access lethal means.

In addition to having effective screening tools in place to identify risk factors and detect warning signs, it is essential to follow-up with ways to support individuals identified as being at risk. Support may include teaching coping skills, medication storage, reducing access to lethal means, connecting individuals within their community, and making behavioral health and physical health care more available.

Here are 5 easy steps to help someone at risk of suicide:

1. Ask
2. Keep them safe
3. Be there
4. Help them connect
5. Follow up

Centene's Initiatives to Address Suicide Risk

As the largest Medicaid managed care organization in the U.S., Centene offers multiple prevention and support initiatives, and resources that directly and indirectly work to combat the rising prevalence and impact of suicide. Centene's programs focus on training, education, and early intervention among at-risk members in order to prevent self-harm and suicides.

Training for Providers and Employees

Centene provides nationwide training for providers to support them in delivering effective, evidence-based treatment for their members at risk for suicide. This training addresses a range of topics including culturally competent care, homelessness, violence, non-suicidal self-injury (NSSI), and suicidal risk, intervention, and treatment. Centene also offers ongoing clinical training opportunities for their own employees who interact with patients and consumers. Training covers suicide risk factors, prevention, risk assessment, intervention/management, and/or suicide post-intervention best practices. Centene created many of the training initiatives in collaboration with community partners such as the Zero Suicide Institute, Let's Get Better Together, and Turning Point.

Focus on Social Determinants of Health

Centene's Social Determinants of Health team leverages local and national relationships to partner with various community-based organizations on suicide awareness and prevention focused efforts including:

- **Strong Youth, Strong Communities Youth Empowerment Summit:** SYSC is a nationwide initiative investing in today's youth to positively impact current and future communities. The events bring together a diverse group of partners to address the academic and social challenges confronting middle and high school students, including bullying, drug abuse, suicide, teen pregnancy and gun violence.
- **Spot Bullying Workshops:** In response to a dramatic rise in teen suicides in Ohio, Centene subsidiary Buckeye Health Plan hosted a series of Anti-Bullying Workshops convening more than 600 local organizations, schools and community leaders in meaningful conversations about how to stop bullying and promote change at the grassroots level.
- **Turning Point:** This Texas program offers emergency assessment and crisis intervention 24 hours a day, 7 days a week, for at-risk children and youth in foster care.

Focus on Youth in Foster Care

Recognizing the high number of youth in foster care presenting to emergency rooms and inpatient psychiatric hospitals due to self-harm behaviors, Centene health plans in Washington and New Hampshire have implemented the Zero Suicide model. This implementation includes enhanced training for staff and development of specific protocols for suicide risk screening and safety planning when appropriate.

Programs for High-Risk Populations

Centene's Clinical Program teams provide care to members through population health-focused programs that address complex or chronic conditions. By working collaboratively across behavioral and physical health teams, Centene is able to identify crucial times for intervention and outreach. For example, patients recently discharged from an inpatient psychiatric unit face an extremely high risk of suicide, which can be intuitive, but it is not as intuitive that members who are pregnant or suffering from chronic conditions can have significant overlap with behavioral health diagnoses. Programs that treat the whole person can provide additional support and outreach to members who fall within these high-risk populations minimizing the risk factors for suicide. A few such programs include:

- **Start Smart for Your Baby:** The Start Smart for Your Baby® (SSFB) program incorporates the concepts of care management, care coordination, disease management, and health education in an effort to improve obstetrical and pediatric care services and reduce premature deliveries, low birth weight deliveries, and infant disease. Collaboration between physical health and behavioral health teams has led to specific interventions that work to provide improved health outcomes for pregnant women impacted by substance use or depression and their infants.
- **Readmission Reduction:** The Readmission Reduction program aims to reduce preventable readmissions by ensuring optimal transitional care from acute and non-acute settings. The program focuses on post-hospitalization outreach (PHO) calls to members to verify they understand their discharge instructions, follow up with a PCP, and receive medication reconciliation. The highest-risk members are linked with a Community Health Worker.
- **Chronic Conditions:** The Chronic Conditions program aims to improve the health and quality of life for members with diabetes, asthma, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, and/or hypertension. The program focuses on reducing emergent utilization and inpatient admissions by increasing treatment adherence, removing barriers to care, and enhancing self-management skills.

Moving Forward

There are many opportunities to continue to expand the ways health insurance providers positively impact this devastating public health issue. Centene maintains a strong commitment to addressing the whole-person health care needs of its members and working to bolster its current initiatives as well as develop additional innovative solutions to suicide prevention. Improving awareness, expanding education, decreasing stigma, and ensuring access to appropriate care will be key pillars to success as we continue this important work.

Additional Resources

- [National Suicide Prevention Lifeline](#) – 24/7 free and confidential support for people in distress, prevention, and crisis resources for you or your loved ones, and best practices for professionals. 1-800-273-TALK (8255)
- [Suicide Prevention Resource Center](#) – A federally supported resource center devoted to advancing the National Strategy for Suicide Prevention.
- [The Trevor Project](#) – The leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people ages 13 – 24. 1-866-488-7386
- [American Foundation for Suicide Prevention](#) – Raises awareness, funds scientific research and provides resources and aid to those effected by suicide.
- [Take 5 to Save Lives](#) - To assist in IASP efforts, the National Council for Suicide Prevention (NCSP) launched the Take 5 to Save Lives campaign. Take 5 encourages everyone to take 5 minutes out of their day and complete five action items on September 10: Learn the warning signs, Do your part, Practice self-care, Reach out, and Spread the word.
- [Stopbullying.gov](#) – Provides information from various government agencies on bullying, cyberbullying, prevention and response.
- [National Action Alliance for Suicide Prevention](#) – A public/private partnership working to advance the National Strategy for Suicide Prevention.
- [National Institute of Mental Health \(NIMH\) Suicide Prevention](#) – Lead federal agency for research on mental disorders; provides resources on suicide prevention.