

## Strengthening Suicide Prevention to Save Lives

### The Problem

Risk factors that influence suicide such as health, environment, and personal history are essential components that must be taken into account to cultivate a preventative culture that identifies and treats those at risk for suicide. Suicide is the 12th leading cause of death in the United States resulting in more than 45,000 deaths annually.<sup>1</sup> Additionally, there are 25 suicide attempts for every death by suicide.<sup>2</sup> There is no single cause for suicide. This tragic event often occurs when the combination of stressors from life events and health problems come together creating feelings of hopelessness and despair. Social isolation, financial problems, job issues or loss, and other social determinants of health are known suicide risk factors.<sup>3</sup> However, assessment and intervention remain inconsistent, negatively impacting the rate of prevention. More than 80% of individuals see a behavioral health or primary care provider (PCP) within a year before their death,<sup>4</sup> and almost 50% of individuals who die by suicide have seen their PCP in the prior 30 days.<sup>5</sup> Numerous studies confirm lack of mental health knowledge and confidence among healthcare professionals in addressing suicidal tendencies is a significant roadblock to risk identification and linkage to early intervention.<sup>6</sup>

While suicide affects all racial, ethnic, and socioeconomic groups, certain individuals are at higher risk for this tragic, avoidable event. Research suggests rising rates of suicide among people of color may be attributed to higher rates of discrimination, racism, stigma and underdiagnosis of mental health conditions.<sup>7,8</sup> These barriers create increased need for mental healthcare, yet also negatively influence acceptance of engaging in treatment. Depression is the most common condition associated with suicide.<sup>9</sup> Of the 10 million Americans who struggle with clinical depression, two-thirds go without

treatment.<sup>10</sup> Decreasing disparities in accessing healthcare and leveraging integrated care practices provide opportunity to proactively address many of the negative risk factors that influence suicide. Several studies have shown that addressing depression through collaborative care efforts such as chronic disease management improves access, identification, and treatment for depression, resulting in decreased frequency and intensity of suicidal ideation.<sup>11</sup>

In youth, adverse childhood events (ACE) such as violence, neglect, and substance use in the home can increase the likelihood of suicide or attempted suicide.<sup>12</sup> Childhood trauma is known to lead to additional health challenges in adulthood including a number of chronic diseases, mental illness, and substance misuse.<sup>13</sup> For those in the child welfare system, there is further increased risk. Children in foster care are almost three times more likely to contemplate suicide than their peers who have not been in foster care.<sup>14</sup> In 2020, suicide was the second leading cause of death in adolescents ages 10-14 and the third leading cause of death among those aged 15-24.<sup>15</sup> Matters such as anxiety, depression, and ACEs need to be identified and treated early to decrease condition severity and positively influence recovery. Routine screenings that assess behavioral health symptoms, suicide risk, sleep problems, interpersonal violence, and social needs can aid in early identification and intervention.

Those who struggle with thoughts of suicide often do not have access to interventions that could save their lives. Centene's Choose Tomorrow™ suicide prevention program is dedicated to strengthening access to suicide care, delivering evidence-based interventions, and harnessing the power of innovative technology to help individuals live their lives to their fullest.

### Why It Matters

**50% of adults** who have serious thoughts of suicide **do not engage in treatment** from a mental health professional<sup>16</sup>

In 2020, **12.2 million** American adults contemplated suicide, **3.2 million** planned an attempt, and **1.2 million** attempted<sup>17</sup>

In 2019, **suicide and nonfatal self-harm** cost the nation **nearly \$490 billion**<sup>18</sup>

Research shows **follow-up care and support** could **decrease suicides** across the country **by 20%**<sup>19</sup>

**46%** of people **who died by suicide** had a known **mental health condition**<sup>20</sup>

# Barriers to Progress

- Lack of access to mental health care
- Erratic screening practices
- Underused preventive support
- Inconsistency in physical and mental care coordination
- Absence of safety planning
- Deficient culturally competent interventions

## How Choose Tomorrow Solves for Barriers

### EARLY IDENTIFICATION

Choose Tomorrow's risk model embraces innovative technology to predict and stratify those at risk to help prevent suicide attempts and behaviors. Leveraging data and machine learning, an individual risk profile is generated based on multifaceted parameters developed by a team of clinical experts and data scientists based on current research in suicidology, behavioral health, social determinants of health, and data science. The comprehensive report influences care management outreach for early screening, support, referral, access to resources, and provider engagement resulting in quick, effective intervention.

### EVIDENCE-BASED INTERVENTION

The foundation of Choose Tomorrow is built on continuous, industry-leading training for care managers so they can confidently engage those at risk with compassion and respect using evidence-based approaches. This strong focus on best practices ensures we are offering the most valuable resources to increase competence and assurance in assessing suicide risk and behavior. Training for administering assessments and facilitating safety planning is ongoing, constantly evolving to introduce content that supports care managers in learning how to host positive, interactive conversations focused on validity and safety outcomes. Outreach is individualized to the member including the delivery of assessments and interventions, which can vary from educational to digital/telephonic therapies to higher levels of care management. As part of Choose Tomorrow, staff leverage highly recognized, clinically proven safety planning intervention tools to help members establish a prioritized list of coping strategies and support resources. This allows the clinical team to customize care, employ evidenced-based approaches to risk prevention, and ensure connections are made more easily to community resources.

### POPULATION SUPPORT

Choose Tomorrow's care management team improves engagement and treatment results by connecting each member to services and support unique to them to address multiple aspects of their lives, including social determinant barriers, stigma, and access to care. In building a culture of suicide awareness our training tools were developed to consider physical, mental, socio-economic, and other influencers to address the nuanced risks for specific populations. Our risk model inspires content for specific populations considering cultural competency to encourage ongoing engagement with the program. This approach fosters positive connections with members and enables appropriate screening and safety planning to prevent suicide.

### CONNECTEDNESS & POSTVENTION

Enrollment in Choose Tomorrow strengthens the opportunity to establish trusting relationships built on a foundation of understanding and trust. Weekly touch points deepen connectiveness, cultivating a strong bond those experiencing feelings of isolation may be lacking. This reassuring relationship can be lifesaving. Our elevated level of outreach provides the opportunity to reassess risks, review safety plans, identify additional resources needed, confirm provider connections, and help solve for life challenges. After initial outreach, if a member does not need to enroll in the program, follow-up still happens after one month as a precaution. This touchpoint also occurs after members are disenrolled from the program to confirm risks have not increased. Choose Tomorrow also employs a postvention communications campaign during care transitions and after interaction with the care management team. Designed to continue the positive support received, further encourage treatment, exude a sense of hope, and lessen future risks, the communications can be tailored to best fit individuals.

## The Impact of Choose Tomorrow



total medical & mental health care cost decreased



unnecessary ED visits decreased



inpatient admissions decreased



loss of human life for families & communities decreased



100% of enrolled members connected to needed services

1. <https://www.cdc.gov/nchs/fastats/suicide.htm>
2. <https://save.org/about-suicide/suicide-statistics/>
3. <https://www.cdc.gov/suicide/factors/index.html>
4. [https://www.researchgate.net/publication/260378901\\_Health\\_Care\\_Contacts\\_in\\_the\\_Year\\_Before\\_Suicide\\_Death](https://www.researchgate.net/publication/260378901_Health_Care_Contacts_in_the_Year_Before_Suicide_Death)
5. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3146379/>
6. <https://www.tandfonline.com/doi/full/10.1080/02813432.2021.1958462>
7. <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-020-08964-3>
8. <https://www.kff.org/other/issue-brief/a-look-a-suicide-rates-ahead-of-988-launch-a-national-three-digit-suicide-prevention-hotline/>
9. <https://afsp.org/risk-factors-protective-factors-and-warning-signs>
10. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6390869/>
11. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4143796/>
12. <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>
13. <https://www.cdc.gov/vitalsigns/faces/index.html>
14. <https://youth.gov/youth-topics/youth-suicide-prevention/increased-risk-groups>
15. <https://www.nimh.nih.gov/health/statistics/suicide>
16. [National Survey on Drug Use and Health data review](https://www.samhsa.gov/2k16/national-survey-on-drug-use-and-health-data-review)
17. <https://www.cdc.gov/suicide/facts/index.html>
18. <http://dx.doi.org/10.15585/mmwr.mm7048a1>
19. <https://followupmatters.suicidepreventionlifeline.org/#follow-up>
20. <https://www.nami.org/About-Mental-Illness/Common-with-Mental-Illness/Risk-of-Suicide>