



Indian Country Suicide Prevention: A Critical Investment for our Communities

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Suicide continues to be a major public health issue for Montana and is among the leading causes of preventable death in the state. The legislature should continue to invest in suicide prevention, with a specific focus on American Indians, American Indian youth, and veterans. Suicide prevention efforts are critical to improving health outcomes, supporting the state economy, and most importantly, saving lives.

Suicide in Montana

For almost 40 years, Montana has had one of the highest suicide rates in the country.¹ In 2016, the state's growing suicide rate ranked first in the nation, at 29.2 (per 100,000 people), nearly double the national rate of 15.4.² Reasons for the high and growing rates include access to lethal means (firearms), undiagnosed and untreated mental illness, and a societal stigma against depression.³ Groups at increased risk of suicide include American Indians and veterans.

Nationally, whites have the highest rate of suicide, followed by American Indians.⁴ In Montana, this trend is reversed. Between 2012-2016, the American Indian suicide rate was 28.5 (per 100,000 people), compared to 23.1 for whites.⁵ The suicide rate is even higher among American Indian youth and young adults. In fact, death by suicide rates among American Indians peak during youth and young adulthood, unlike non-Indian populations, for whom rates peak in adulthood.⁶ American Indian males aged 10 to 24 have the highest suicide rate of any ethnic or racial group in the country.⁷

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Sources: Kauffman & Associates, Inc. and Montana Department of Public Health and Human Services

Also noteworthy is that between January 2014-March 2016, 19 percent of American Indians who died by suicide were veterans.⁸ Veterans in Montana represent roughly one in ten residents,⁹ and between 2014-2015, their suicide rate was 65.7 (per 100,000 people), triple the national rate.¹⁰

Table 1 provides a comparative breakdown of additional suicide statistics in Montana for the years 2007-2016. This data indicates that a focused investment on suicide prevention in Montana and Indian Country is needed to address this prolonged public health issue.

Table 1. Montana Suicide Rates (by race, gender, and age, per 100,000 people)¹¹

	Race	Male (all ages)	Female (all ages)	Male (ages 10-24)	Female (ages 10-24)
American Indian	26.7	40.2	13.4	55.4	21.4
White	23.0	36.2	9.7	23.1	6.2

The Economic Costs of Suicide

In addition to the emotional toll on families, friends, loved ones, and attempt survivors, suicide impacts individuals' and families' finances, as well as the state's economy. These costs include medical costs for

individuals and families, lost income for families, and lost productivity for employers. In 2010, suicide cost Montana over \$253 million in associated medical costs and work-lost costs, with the average cost for each suicide reaching over \$1 million.¹² Based on the 267 deaths by suicide in 2016,¹³ the total cost would have amounted to over \$298 million for the state. For comparison, the 2019 biennium budget allocates just over \$298 million to the Addictive and Mental Disorders Division of the Department of Public Health and Human Services, the division responsible for providing adult mental health services.¹⁴ Research finds that every \$1 spent on interventions involving a psychologist and interventions that strengthen the connection between care providers saves \$2.50 in suicide costs.¹⁵ Investing in suicide prevention efforts could yield significant savings for Montana and help families across the state.

Policy Recommendations for the Legislature

- Continue to invest in suicide prevention programs, with a specific focus on American Indians, American Indian youth, and veterans, and make funding permanent.

¹ "Montana 2016 Suicide Mortality Review Team Report." Montana Department of Public Health and Human Services.

<http://www.sprc.org/sites/default/files/resource-program/2016%20Montana%20Suicide%20Mortality%20Review%20Report.pdf>.

² "Supplementary Table. Trends in Suicide Rates among Persons ≥ 10 Years of Age, by State and Sex, National Vital Statistics System, 1999 – 2016." Centers for Disease Control and Prevention. June 8, 2018. <https://stacks.cdc.gov/view/cdc/53785>.

³ "Montana 2016 Suicide Mortality Review Team Report." Montana Department of Public Health and Human Services.

<http://www.sprc.org/sites/default/files/resource-program/2016%20Montana%20Suicide%20Mortality%20Review%20Report.pdf>.

⁴ "Montana 2016 Suicide Mortality Review Team Report." Montana Department of Public Health and Human Services.

<http://www.sprc.org/sites/default/files/resource-program/2016%20Montana%20Suicide%20Mortality%20Review%20Report.pdf>.

⁵ "Suicide in Montana: Facts, Figures, and Formulas for Prevention." Montana Department of Public Health and Human Services. Updated August 2018. <https://dphhs.mt.gov/Portals/85/suicideprevention/SuicideinMontana.pdf>.

⁶ "Montana Native Youth Suicide Reduction Strategic Plan - Updated for 2018." Kauffman & Associates, Inc. January 2017. <https://dphhs.mt.gov/Portals/85/suicideprevention/MontanaNativeYouthSuicideStrategicPlan.pdf>.

⁷ "Montana Native Youth Suicide Reduction Strategic Plan - Updated for 2018." Kauffman & Associates, Inc. January 2017. <https://dphhs.mt.gov/Portals/85/suicideprevention/MontanaNativeYouthSuicideStrategicPlan.pdf>.

⁸ "Montana 2016 Suicide Mortality Review Team Report." Montana Department of Public Health and Human Services.

<http://www.sprc.org/sites/default/files/resource-program/2016%20Montana%20Suicide%20Mortality%20Review%20Report.pdf>.

⁹ "Montana Veteran Demographics (updated Jan. 6, 2017)." United States Department of Veteran Affairs.

[https://leg.mt.gov/content/Committees/Interim/2017-2018/State-Administration-and-Veterans-Affairs/Meetings/Sept-2017/Montana%20Veteran%20Demographics%20\(as%20of%20Jan.%206%202017\).pdf](https://leg.mt.gov/content/Committees/Interim/2017-2018/State-Administration-and-Veterans-Affairs/Meetings/Sept-2017/Montana%20Veteran%20Demographics%20(as%20of%20Jan.%206%202017).pdf).

¹⁰ "Suicide in Montana: Facts, Figures, and Formulas for Prevention." Montana Department of Public Health and Human Services. Updated August 2018. <https://dphhs.mt.gov/Portals/85/suicideprevention/SuicideinMontana.pdf>.

¹¹ "Montana Public Health Information System, Query Builder for Mortality Data, Years 2003 to 2016 – Crude Rates, Deaths Per 100,000 Population." Montana Department of Public Health and Human Services.

<http://ibis.mt.gov/query/builder/mort/MortCnty/CrudeRate.html>.

¹² "Data & Statistics (WISQARS™): Cost of Injury Reports (Montana)." Centers for Disease Control and Prevention. September 18, 2014. <https://wisqars.cdc.gov:8443/costT/>.

¹³ "Stats of the State of Montana (2016)." Centers for Disease Control and Prevention. April 11, 2018.

<https://www.cdc.gov/nchs/pressroom/states/montana/montana.htm>.

¹⁴ "Department of Public Health & Human Services -Addictive & Mental Disorders Division, 2019 Biennium Program Budget Comparison." Montana Legislative Fiscal Division. https://leg.mt.gov/content/Publications/fiscal/Budget-Books/2019/Fiscal-Report/section_b/6901-33.pdf.

¹⁵ "Costs of Suicide." Suicide Prevention Resource Center. <https://www.sprc.org/about-suicide/costs>.