ESTABLISHMENT OF A SUICIDE PREVENTION RESEARCH CENTER IN A HIGH RISK REGION OF THE UNITED STATES


INTRODUCTION

The U.S. suicide completion rate of 11.6/100,000 is near the median among modernized nations. However, within the U.S., suicide rates vary by region, state and locality. The states in the western Rocky Mountain region have the highest regional rate of suicide in the U.S. at 17.4/100,000. The eight state region is vast (22,173,559 km²) and sparsely populated (1.63 person/km²). In 1998, the Centers for Disease Control and Prevention (CDC) funded the establishment of the nation’s first Suicide Prevention Research Center (SPRC) at the University of Nevada School of Medicine - Trauma Institute. The SPRC was established to reduce the rate of suicide in the Rocky Mountain West.

METHODS

Two features of the SPRC are noteworthy. First, the effort is highly collaborative, drawing on the expertise of a broad range of national and regional expertise. Second, the SPRC will employ a classic public health model of data gathering and analysis to define the key characteristics of suicide in the region followed by interventions targeted at high risk groups or geographic areas and continued with long term epidemiological surveillance.

RESULTS

The SPRC has formal contractual relationships with three organizations representing national and regional expertise. Additionally, a National Advisory Committee has been formed and is vitally involved in completing SPRC’s objectives. Probabilistic and deterministic data linkage is being used to combine disparate data sets from death records, trauma registry, hospital discharge, emergency medical services and mental health in Nevada. This will then be expanded to other states in the region, resulting in a detailed description of suicide attempts and completions in this high risk region. Additional activities include follow-back studies throughout the region, standardization of nomenclature, and special attention to high risk populations, including adolescents, elderly and American Indian.

CONCLUSIONS

The first Suicide Prevention Research Center to be formed in the United States is a highly collaborative center based on a public health model. Linkage of disparate data sets through advanced computer technology will help describe the problem, measure intervention effectiveness and serve as the basis for longitudinal surveillance. This public health model of data collection and analysis will help target scarce resources to interventions aimed specifically at the most crucial problem areas.

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