MICHIGAN SUICIDE
PREVENTION PLAN:
A Systems Level Approach to
Preventing Suicide

2024–2027

Contents

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

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March 29, 2024

Dear Michiganders:

I am pleased to share the *Michigan Suicide Prevention Plan for 2024–2027: A Systems Level Approach to Preventing Suicide*. This plan provides a public health approach to addressing the rise in suicide rates affecting our communities.

Suicide was the 10th leading cause of death overall in the nation and in Michigan for 2001–2020.[1] In 2022, on average, one person died by suicide every six hours in our state.[2] We must act now to reverse this trend. Suicide must be addressed in a comprehensive, collaborative, and coordinated way.

The Plan will be used to guide statewide, multisectoral efforts to decrease fatal and non-fatal suicidal behavior. The proposed strategies, based on the most current data and research available, will serve as a framework for coordinated and complimentary suicide prevention efforts across Michigan.

We will work together to build capacity for suicide prevention efforts, educate the public, and implement policy and organizational practices that care for our citizens, families, and communities. This plan has been developed from the wisdom and experience of Michigan residents all over the state. We view this plan as the path forward for all Michigan residents to find their role as we work together to prevent suicide in our state.

On behalf of the Michigan Department of Health and Human Services, I invite you to join us in achieving the goals set forth in this plan.

Sincerely,

Sarah Lyon-Callo, M.S., Ph.D.
Senior Deputy Director / State Epidemiologist
Public Health Administration

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Section I: Background

Introduction

Suicide is a significant public health problem in the United States and in Michigan. The nation experienced more than 49,500 suicide deaths in 2022, and more than 1,490 Michigan residents died by suicide in 2022.[3] However, suicide is among one of the most preventable public health crises. Michigan is actively working to introduce a more collaborative effort to advance the knowledge and work that has taken place since the publication of the last suicide prevention plan in 2005. The upward trend of suicide deaths can be reversed by working together to reduce the number of suicides in Michigan. Starting with what is known and learning more about what can be done to prevent suicide deaths, Michigan will promote a comprehensive strategy that encompasses the entire spectrum of suicide prevention, from creating healthy, connected communities through postvention and bereavement support.

As the Michigan Department of Health and Human Services (MDHHS) operationalizes its vision of delivering health and opportunity to all Michiganders, reducing intergenerational poverty, and promoting health equity, there are potential linkages with other programs to advance the work of this plan. Many of the Department's strategic pillars focus on a number of the same populations or groups exposed to similar risk as those focused on in this plan. For instance, as we focus on integrating physical and behavioral health care services or reducing opioid and other drug-related deaths, suicide prevention is a common theme that will be highlighted and linked across efforts. Michigan's Suicide Prevention Plan also incorporates addressing risk and protective factors for other public health issues including overdose prevention and adverse childhood experiences.

Additionally, the MDHHS Public Health Administration recognizes that racism is a public health crisis and is committed to pursuing equity and anti-racism using a racial equity lens. Achieving health equity is a fundamental pillar in the endeavor to reduce suicide rates, and recognizing racism as a pressing public health issue plays a pivotal role in that pursuit. Health disparities stemming from racial inequities can permeate every aspect of an individual's life, affecting access to mental healthcare, social support, economic opportunities, and overall well-being. It is critical to develop intentional approaches to dismantle institutional and structural inequities that are found across indicators for success, such as education, employment, housing, health, quality of life, and incarceration.[4] Inequities that disproportionately impact People of the Global Majority (PoGM) lead to higher rates of poverty, homelessness, and negative physical health outcomes. PoGM refers to Black people, Indigenous people, Brown people, Latinx people – particularly Indigenous and Afro-Latinos – Pacific Islanders, Native Hawaiians, the Inuit communities/Alaska Natives, Native Americans, Arabs, Western Asians/Middle Easterners with dark skin, North Africans, Southeast Asians, South Asians, East Asians, Africans with dark skin, and biracial and multiracial people who are missed with one or more of the above, and people and groups who can't access white privilege.[5]

Acknowledging that racism is a public health problem underscores the need to address systemic barriers that disproportionately impact racial and ethnic minorities. All of these factors are directly related to suicide risk and by centering anti-racist and equity efforts, suicide prevention in Michigan will be more effective. By dismantling these barriers and promoting equitable access to mental health resources, socioeconomic opportunities, and education, we can directly address the root causes of heightened suicide risk within PoGM. Identifying gaps in resources, access to care, and culturally tailored interventions will help the state to expand supports and resources for highly impacted communities and populations. Creating a society that supports and values health equity and actively combats racism will not only contribute to lowering suicide rates but also foster an environment where all individuals can thrive mentally, emotionally, and physically.

Guiding Frameworks

The Michigan Suicide Prevention Plan aligns with the priorities and strategies from the National Action Alliance's 2012 National Strategy for Suicide Prevention and the Centers for Disease Control (CDC) Suicide Prevention Resource for Action while tailoring the goals to the Michigan landscape. Michigan's plan is based on information currently available about how to identify suicide risk and ideations, as well as reduce suicide-related behaviors and deaths, while at the same time creating a suicide-safer state for future generations through upstream prevention efforts.

Any prevention plan must be interdisciplinary, integrated, and widely accepted to be effective. Implementing this type of plan will, over time, have an impact on the incidence of suicide and prevalence of suicide-related behaviors in Michigan. There is commitment from a wide array of organizations, government leaders at both the state and local levels, community leaders, private sector leaders, and citizens all willing to contribute to implement this plan.

The Michigan Suicide Prevention Plan reflects the input from many stakeholders across the state including health care organizations, non-profits, colleges/universities, community mental health organizations, and suicide prevention coalitions as well as state government (see Appendix B for a full list of contributors). State government stakeholders include:
  • The Michigan Department of Health and Human Services
      • Behavioral and Physical Health and Aging Services Administration
      • Bureau of Children's Coordinated Health Policy & Supports
      • Children's Services Administration
      • Public Health Administration
  • Michigan Department of Education
  • Michigan Department of Military and Veteran Affairs
  • Michigan Department of Corrections

This plan is intended to be a living document, regularly revised to reflect current knowledge, investments, and activities. In addition to effective implementation, it is essential to track and evaluate progress toward the goals and objectives presented in Section III. This will enable accurate feedback to be provided to government and community leaders, policy makers, organizations, advocates, and all those involved in implementation of the plan. It will also provide the information needed to revise objectives over time, enabling Michigan's plan to evolve as goals are reached and new best practices become available.

Data Snapshot
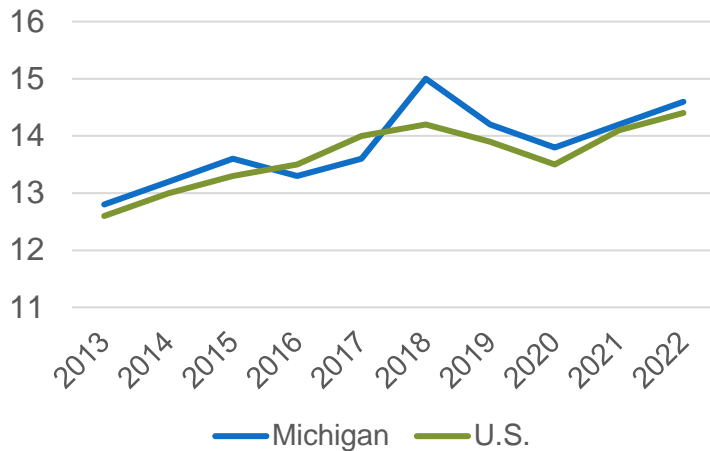
In Michigan in 2022, suicide was:
- The 2nd leading cause of death for people aged 15–24.
- The 2nd leading cause of death for people aged 25–34.
- The 4th leading cause of death for people aged 35–49.

Over the past 10 years, Michigan's suicide rate has been similar to the entire U.S.

8 of 10

Michigan suicide deaths are males.

2022 Michigan suicide rate

14.6

per 100,000 residents

One Michigander dies by suicide every

6 hours

on average

There were more than

1,400

suicides in Michigan in 2022

Over half of Michigan suicide deaths in 2022 involved a firearm.

- Firearm
- Hanging
- Poisoning
- Other
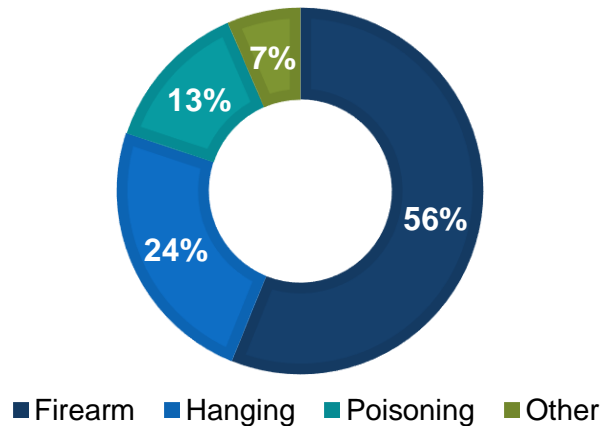
Note. Data from the 2022 Michigan Resident Death File, Division for Vital Records and Health Statistics, Michigan Department of Health & Human Services (2024).

Strategies Overview

The Michigan State Suicide Prevention Plan addresses suicide across the lifespan, promoting an integrated approach that encompasses all aspects of prevention. Reflecting the strategies of the *National Strategy* and *Resource for Action,* Michigan's framework is divided into five interconnected strategic directions. The complete list of activities for strategic directions and goals are presented in section III of this plan.

Strategic Direction 1: Create supportive environments that promote healthy and connected communities.

1A: Integrate suicide prevention into the values, culture, leadership, policies, and work of a broad range of traditional and non-traditional organizations and programs.

1B: Reduce stigma that leads to prejudice and discrimination associated with suicide, mental illness, and substance use disorders.

1C: Increase public knowledge of protective factors and warning signs for suicide and how to connect individuals in crisis with assistance and care.

Strategic Direction 2: Coordinate community-based services to promote wellness and build resilience.

2A: Integrate evidence-informed, culturally tailored and population-specific suicide prevention strategies in all systems that serve Michigan citizens.

2B: Increase public awareness about the intersection of Adverse Childhood Experiences, substance use, and suicide.

2C: Strengthen the efforts to increase access to and delivery of effective programs and services for mental health and substance use disorders.

2D: Promote efforts to reduce access to lethal means of suicide among individuals with heightened suicide risk.

Strategic Direction 3: Improve access and delivery of suicide care.

3A: Adopt Zero Suicide into practice by the mental and physical healthcare systems and organizations in the state.

3B: Promote and implement effective practices for mental and physical health practitioners on the recognition, assessment, and management of suicide risks and behaviors, and the delivery of effective clinical care for individuals at risk for suicide.

3C: Improve timely access to assessment and adequate services, including in-patient care if needed, for individuals with a heightened risk for suicide.

Strategic Direction 4: Ensure quality data and research are available and used for planning, implementation, and evaluation.

4A: Improve and expand the collection, analysis, reporting, and utilization of high-quality suicide-related data to implement prevention efforts and inform policy decisions.

4B: Facilitate the timely transfer of research-based knowledge into practical, evidence-informed community practice.

4C: Evaluate the impact and effectiveness of suicide prevention programs.

Strategic Direction 5: Reduce harm and prevent future risk.

5A: Provide care and support for those affected by suicide attempts and deaths.

5B: Develop, implement, and evaluate communication efforts that focus on hope, positive messaging, and other evidence-based content.

5C: Disseminate media guidelines addressing safe and responsible reporting on suicide and other related behaviors.

Section II: Understanding Suicide

Risk and Protective Factors

Risk factors of suicide are characteristics, circumstances, or experiences that increase the likelihood of an individual engaging in suicidal thoughts, behaviors, or attempts. These factors encompass a range of personal, social, and environmental elements that contribute to an individual's vulnerability to experience a mental health crisis that may lead to suicidal ideations or actions. The complexity of individual suicide risk is multifaceted and influenced by factors such as age group, cultural background, gender, and other distinguishing attributes. Identifying risk factors is crucial for prevention efforts, as it allows for tailored interventions and support to be provided to those who may be at higher risk, helping to reduce the incidence of suicide and promote overall mental wellness.

Numerous factors contributing to suicide risk can be proactively addressed, prevented, or mitigated, and the prevention or reduction of one factor has the potential to reduce or positively influence other factors. For example, preventing child abuse in a family may reduce a person's susceptibility to depression, which may reduce self-medicating with alcohol or drugs, as well as reduce isolation and feelings of hopelessness. Some known suicide risk factors, but not an exhaustive list, include:

- Family history of child maltreatment.
- Previous suicide attempt(s).
- Knowing someone who died by suicide, particularly a family member.
- History of mental disorders, particularly clinical depression.
- Misuse and abuse of alcohol or other drugs.
- Hopelessness.
- Cultural and religious beliefs (e.g., belief that suicide is a noble resolution of a personal dilemma).
- Social isolation.
- Barriers to accessing mental health services.
- Stressful event with a theme of loss (relational, social, work, or financial).
- Chronic disease or acute medical illness/injury and disability.
- Easy access to lethal methods.
- Stigma.

Data from the Michigan Violent Death Reporting System demonstrate the presence of many of these risk factors in the lives of Michigan residents who died by suicide. In 2020, 47% of suicide decedents were known to have a current mental health problem.[6] A decedent was considered to have a mental health problem if they had been diagnosed with a syndrome or disorder from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V); these include conditions such as major depression, schizophrenia, generalized anxiety disorders, neurodevelopmental disorders, eating disorders, personality disorders, and organic mental disorders such as dementia.

A decedent was also indicated as having a mental health problem if there was evidence that they were currently or had previously received treatment for a mental health condition, whether or not the specific condition was known.[7] Furthermore, an estimated 18% of those who died by suicide in 2020 had an alcohol dependence and 15% misused a substance other than alcohol. However, only 19% were currently receiving mental health or substance use treatment and only 25% were known to have received treatment in the past.[6]

Many Michigan suicide decedents had a history of suicidal thoughts or behavior prior to the fatal event: 33% had a history of suicidal thoughts or plans, 26% had disclosed them to another person within the month prior to their death, and 15% had previously attempted suicide. Almost a quarter of decedents had experienced physical illness that was believed to be a contributing factor to their death. Many had also experienced interpersonal issues, including problems with a current or former intimate partner (24%), family member (11%), or friend/other associate. An argument/conflict with another person preceding the person's death was documented in 15% of cases.[6]

Experiencing suicide loss is a known risk factor for suicide. The estimate of six survivors (survivors being those close to the person who died) on average for each suicide death has been widely cited for many years. However, recent research has been examining "that exposure to suicide is on a continuum with some people exposed, some affected, and some bereaved" and the impact of a suicide death may reach further and affect many more individuals to varying degrees than previously thought.[8,9] According to data from the Michigan Violent Death Reporting System, 3% of those who died by suicide in 2020 had experienced the recent suicide of a friend or family member, and 7% had experienced a non-suicide related death of someone close to them.[6]

Protective factors of suicide are elements or conditions that act as buffers against the development or escalation of suicidal thoughts, behaviors, or attempts. Identifying protective factors can play a vital role in promoting mental wellness, reducing the risk of suicide, and fostering a stronger ability to manage life difficulties. These factors can include personal traits, relationships, and environmental circumstances that enhance an individual's resilience and ability to cope with challenges. The Suicide Prevention Resource Center lists protective factors to include:
- Effective behavioral and physical health care.
- Connectedness to individuals, family, community, and social institutions.
- Life skills (problem solving, coping, ability to adapt to change).
- Self-esteem, a sense of purpose, identity, and/or meaning in life.
- Sense of belonging.
- Cultural, religious, or personal beliefs that discourage suicide.

The CDC suggests there are four different categories of protective factors to consider. Protective factors at the individual, relationship, community, and societal levels can work to protect people from suicide. There are protective factors for individuals such as increasing effective coping and problem-solving skills, identifying personal reasons for living, and increasing a strong sense of cultural identity. Communities can take action to support people and help protect them from suicidal thoughts and related behaviors.[10]

Strengthening protective factors increases resiliency during stressful situations, therefore counteracting suicide risks. People with strong support within their relationships with partners, friends, and family, or if they feel connected to others can be protected from elevated suicide risk. Community protective factors include feeling connected to communities, schools, or other social institutions and consistent access to quality health care. And lastly, as society responds to the risk for suicide, the culture shifts and individuals become protected if their environments are made safe.

Social Determinants of Health

The CDC defines social determinants of health (SDOH) as the nonmedical factors that influence health outcomes. Social determinants of health are the conditions in the environments of which people are born, grow, learn, work, live, play, worship and age and the wider set of forces and systems that shape the conditions of an individual's daily life. SDOH largely impact individuals' overall health, well-being, and quality of life outcomes and risks. SDOH also contribute to wide health disparities and inequities. For example, people who live in areas with a higher prevalence of crime may be less likely to engage in outside activities like going on a walk. That may raise their risk of health conditions like heart disease, diabetes, and obesity and potentially lower their life expectancy relative to people who live in neighborhoods with little to no crime reported.

Social determinants of health play a crucial role in influencing an individuals' susceptibility to suicide risk or their resilience against it. Factors like socioeconomic status, social support networks, access to healthcare, discrimination, housing conditions, and education significantly shape one's mental well-being. People facing lower socioeconomic status, limited social support, inadequate healthcare access, discrimination, unstable housing, and educational barriers are often at higher risk of experiencing suicidal ideations and behaviors. On the other hand, individuals with better socioeconomic standing, strong social connections, improved healthcare access, reduced stigma, secure housing, and educational opportunities, are more likely to have protective factors that mitigate the risk of suicide. Addressing these determinants through inclusive policies and support systems can contribute to creating an environment where mental health is nurtured, and the risk of suicide is minimized.

Warning Signs

Understanding and knowing the warning signs of suicide can keep individuals safer from suicide. Warning signs for suicide include being mindful of what is being said, what is being felt, and what behaviors are observed. Individuals who are talking about death/dying, being a burden or their guilt/shame may be expressing they are at risk for suicide. Expressing feelings of helplessness and hopelessness or intense feelings of sadness, anger, and/or anxiety can signify risk for suicide. Reckless behavior, giving away possessions, exhibiting mood changes, changes in eating or sleeping patterns, increasing substance use, and making plans for suicide are warning signs that should not be ignored. Warning signs for suicide are serious and may indicate that suicide is imminent. Not everyone exhibiting warning signs will go on to attempt or die by suicide, but knowing the signs is an important step in reducing suicide.

Messaging Matters

Talking about suicide is an important part of prevention efforts, but how we talk about suicide matters! Safe and effective messaging can reduce the stigma that is associated with mental health and suicide. These conversations can be helpful or harmful. It is important to follow safe messaging guidelines to ensure that our messages reduce harm and encourage help-seeking behaviors.

Suicide is a preventable public health issue and should be framed that way in all communication efforts. The words we use should not (intentionally or unintentionally) place judgement or blame on an individual experiencing suicide ideation or a suicide loss. The National Action Alliance provides a safe messaging framework that can, and should, be applied by everyone when communicating about suicide. This framework is unique because most guidelines that exist are specifically created for media, while this framework is for any suicide prevention messengers.

National Action Alliance Messaging Framework

Positive Narrative: Ensure that your message promotes the positive in the form of actions, solutions, successes, or resources.
Guidelines: Use best practices and follow available safe messaging guidelines.
Safety: Avoid harmful messages that undermine prevention efforts.

The Media's Role in Suicide Prevention

Public media has an important role to play in preventing suicide. More than 50 research studies indicate that news coverage, when done unsafely, can increase suicide risk in vulnerable populations. Conversely, media stories that follow best practices for safe reporting can increase help-seeking behaviors.

Suicide Contagion Explained

Contagion is a risk factor for suicide. Suicide contagion is when exposure to a suicide or suicide attempt influences an exposed individual to attempt suicide. This includes persons being exposed to suicide attempts or deaths through media coverage. Responsible reporting decreases the likelihood of suicide contagion and can even increase help-seeking behavior among high-risk individuals.

Safe Messaging Recommendations

Avoid:	Instead:
Saying "committed suicide".	Say "died by suicide" or "killed themselves".
Sharing details of the death including means and method.	Describe the death as a suicide and share generalized information.
Using sensationalized language.	Stick to facts and use language that is sensitive to survivors of suicide loss.
Oversimplifying (stating the suicide was result of only one circumstance).	Describe the suicide as complex and share risk factors/warning signs of suicide.

Always share resources when talking about suicide. "Anyone experiencing a crisis or who knows someone experiencing a crisis can call the 988 Suicide & Crisis Lifeline for help or visit https://988lifeline.org/ for text and chat options."
For more information and recommendations, visit www.reportingonsuicide.org.

Additional Safe Messaging/Reporting Resources

Recommendations for Reporting on Suicide
TEMPOS (Tool for Evaluating Media Portrayals of Suicide)
National Action Alliance Messaging Framework

Groups with Increased Suicide Risk

While suicide can impact anyone, certain populations are disproportionately impacted by suicide, meaning rates of suicide in these groups are higher compared with other groups. Suicide is complex and there are a range of interacting risk and protective factors that impact different groups of people in different ways. These groups are not inherently more suicidal, but their group identity involves increased risk. Prevention efforts must recognize these unique needs and address them accordingly. Data for many groups with increased suicide risk is imperfect and suicide numbers can be relatively small. Improvements to data collection of suicide death and attempt data is needed to better support prevention efforts for these groups. However, there are enough data to support the following groups being identified as higher risk than the general population.

People of the Global Majority

Although white persons account for a large proportion of suicide deaths in Michigan, suicide affects all races and ethnicities. In 2021, nationally, non-Hispanic white persons were the only group to show an overall decline in suicide rate compared to 2018 (from 18.1 to 17.4; a 3.9% decline).[10] In Michigan, from 2018–2021, non-Hispanic American Indian/Alaska Native suicide rate increased 29.2% and non-Hispanic Black or African American suicide rate increased 14.3%. Moreover, the 2019–2021 suicide rate among young Black persons, aged 10–24 years, was higher than non-Hispanic Asian, non-Hispanic White and Hispanic populations.[11] In 2019, the Congressional Black Caucus's Emergency Task Force on Black Youth Suicide and Mental Health studied a disturbing trend; the suicide rate for Black youth increased significantly over two decades. This trend counters the public perception that Black youth do not die by suicide. A report, Ring the Alarm: The Crisis of Black Youth Suicide in America, was published in 2019 detailing the research and recommendations to address the rise in Black Youth suicide. Additionally, a follow up report was published in 2023, Still Ringing the Alarm: An Enduring Call to Action for Black Youth Suicide Prevention.

Variations in suicide rates for PoGM reflect differences in cultural norms and values and more importantly, unique social experiences based on racial identities, such as discrimination, racial trauma, oppression, and institutional and individual racism. Underreporting of suicide and misclassification of race/ethnic data collected after a suicide death also contributes to inaccurate suicide rates for certain groups. Certain factors like exposure to violence, unemployment, and inequitable access to mental health care are all contributing factors to the rise in suicide rates among PoGM populations. Policies and practices that protect PoGM from discrimination and programs that reduce risk factors such as poverty, homelessness, substance use, and mental illness as well as culturally tailored intervention programs can all help protect against suicide.

LGBTQ Individuals

The LGBTQ (lesbian, gay, bisexual, transgender, and queer or questioning) community is made up of individuals who do not identify as heterosexual and/or cisgender (gender identity matches the sex at birth) rather identifying somewhere else along the spectrum of sexual orientation and/or gender identity. Research among the LGBTQ community has typically been limited to lesbian, gay, bisexual, and transgender so suicide risk and prevention evidence is evolving. Sexual orientation and gender identity information is also not consistently captured in Michigan suicide death data. Some data that Michigan does have for the LGBTQ community is from youth that complete the Youth Risk Behavior Survey (YRBS).

In 2021, YRBS data show that Michigan high school students who identified as gay, lesbian, or bisexual reported suicide-related thoughts and behaviors at higher percentages than their peers during the 12 months prior to the survey.[12]

Michigan high school students that reported suicide-related thoughts and behaviors
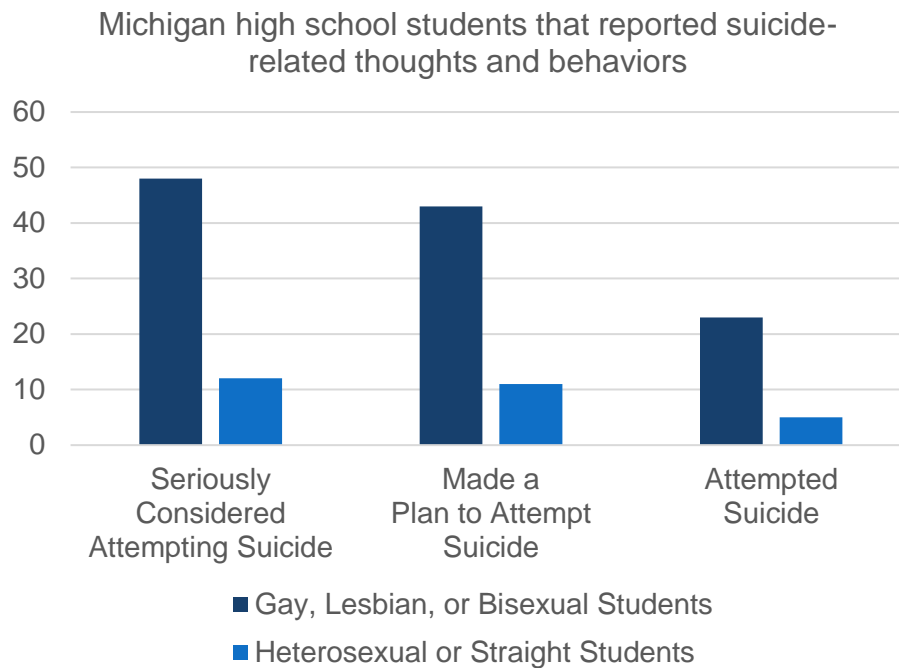
Note. Data from the Centers for Disease Control and Prevention 2021 Youth Risk Behavior Survey.

LGBTQ individuals often do not feel welcome or accepted in their communities because of messages that society sends, whether through news, media, politics, religion or through interpersonal interactions. Some LGBTQ individuals face rejection from family, leading to high rates of youth homelessness. Discrimination, harassment, bullying, and higher rates of violence and sexual assault also contribute to higher rates of depression, post-traumatic stress, and substance use for LGBTQ individuals thus increasing their risk for suicide.

Creating safe and affirming environments and communities for LGBTQ individuals is an important protective factor. Research consistently finds that LGBTQ youth who live in accepting communities and feel high social support from family and friends report significantly lower rates of attempting suicide.[13] In June 2023, Governor Whitmer signed bipartisan House Bills 4616 and 4617 to protect LGBTQ youth by prohibiting conversion therapy for minors in Michigan. Conversion therapy is an intervention that attempts to change an individual's sexual orientation or gender identity. Not only is conversion therapy ineffectual, but it can also lead to significant long-term harm, including anxiety, depression, internalized homophobia, self-blame, and higher risk of suicide. This legislation was one step towards preventing suicide among Michigan LGBTQ individuals.

Military Connected Individuals

Suicide deaths of active military and veterans are an ongoing concern, both nationally and in the state. According to the Annual Report on Suicide in the Military released by the Department of Defense (2022), 519 current service members died by suicide in calendar year 2021. Suicide rates for military populations in 2021 were 24.3 per 100,000 for active duty, 21.2 per 100,000 for reserve, and 26.4 per 100,000 for National Guard. The report states that these rates are similar to those seen in the general U.S. population when accounting for age and sex—most military suicides occur in men younger than 30 years old.[14] In 2020, 15% of those who died by suicide in Michigan had served in the military at some point during their lives.[6] The suicide rate for veterans in Michigan for 2020 was 31.1 per 100,000 population, which was much higher than Michigan's overall suicide rate for those aged 18 and older of 17.8 but similar to the suicide rate for veterans in the entire U.S. of 31.7.[15]

Combat experience can increase post-traumatic stress, depression, anxiety, and substance use disorders which can contribute to suicide risk. Additionally, combat experience may lead to moral injury, the extreme feelings of guilt, shame, betrayal, or moral disorientation that can occur when someone does, witnesses, or experiences things that violate their moral beliefs. Veterans who serve during peace time or do not experience combat can also be at higher risk for suicide due to stressors related to military service. These stressors can include family separation and readjusting to civilian life. Military sexual trauma, retirement, and the loss of military friends, for example, can also contribute to higher rates of suicide in military connected individuals.

Not all veterans are eligible for U.S. Department of Veterans Affairs (VA) benefits and services, although the VA has made efforts to improve access to mental health care for veterans, service members and their families in recent years. It is critical that health care providers inquire about veteran status and be trained to understand and be sensitive to the unique experiences of military connected individuals. Widespread social supports to prevent isolation, unemployment, poverty, and homelessness can help mitigate suicide risk for this group. Communities can help veterans reintegrate by creating supportive environments and recognizing the skills and experiences of veterans.

Justice and Child Welfare System Involved Individuals

Suicide is a problem in both local jails and state and federal prisons, although both percentages and rates are higher in local jails. In 2019, there were 695 incarcerated individuals that died by suicide in the United States. Suicides occur at a higher rate and account for a higher percentage of total deaths in local jails as compared to state and federal prisons. In 2019, the suicide rate for local jails in the U.S. was 49 per 100,000 inmates, while the rate for state prisons was 27 per 100,000 and the rate for federal prisons was 20 per 100,000. From 2001 through 2019, suicides accounted for 24–35% of deaths in local jails as compared to 5–8% of deaths in state and federal prison. The suicide rate among local jail incarcerated individuals in Michigan is comparable to the national rate: from 2015 through 2019, 38 individuals that were incarcerated in local jails died by suicide in Michigan, a rate of 47 suicides per 100,000 inmates.[16]

Justice and Child Welfare (CW) system involved individuals often have a higher number of adverse childhood experiences (ACEs) than the general public that contribute to an increased risk of suicide. ACEs are three specific kinds of adversity children face in the home environment: physical and emotional abuse, neglect, and household dysfunction. There is a powerful, persistent correlation between the more ACEs experienced and the greater the chance of poor outcomes later in life, including dramatically increased risk for heart disease, diabetes, obesity, depression, substance use, smoking, poor academic achievement, time out of work, and early death.[17] The increased risk for poor outcomes later in life are also risk factors for suicide. Upstream prevention strategies like trauma-informed care, social-emotional learning curriculum, and access to mental health and substance use disorder services can help mitigate the risk of suicide in this group.

Lethal Means Safety

Focusing on lethal means safety is a critical suicide prevention strategy due to its direct correlation with reducing suicide rates. Lethal means refers to the methods or tools that individuals might use to end their lives. For example, a firearm is considered a lethal mean and is almost always fatal. Research tells us that when a lethal mean is made less accessible it can cause a person at risk of suicide to delay the attempt (either temporarily or permanently). Restricting access to lethal means has been proven to be effective in preventing suicides and saving lives. Implementing measures like safe storage of firearms, limiting access to overdose-prone medications, and installing barriers at potential hotspots, the immediate risk of a lethal suicide attempt can be mitigated. Recognizing the connection between the availability of lethal means and suicide rates underscores the importance of encouraging comprehensive prevention efforts that not only address physical, mental, and psychological factors but also actively reduce the means by which individuals might harm themselves, ultimately contributing to safer environments for all but especially vulnerable individuals.

In 2022, over half of all Michigan suicide deaths involved a firearm.[2] Furthermore, suicides made up over half of all firearm deaths in Michigan in 2020.[1] The proportion of firearm suicides has continued to increase since 2017 (Figure 13). The proportion of suicides by hanging/strangulation/suffocation also increased until 2019, followed by a slight decrease. Finally, the proportion of suicides using poisoning has decreased slightly since 2013, although poisoning makes up the lethal means of a large proportion of suicide attempts.

In 2023, Governor Whitmer signed Senate Bills 79, 80, 81, 82, and 83 and House Bills 4138, 4142, 4146, 4147, and 4148 into law. Firearms are the most lethal means, and these bills will save lives in Michigan by ensuring secure firearm storage, enacting Extreme Risk Protection Orders (ERPOs), and implementing universal background checks.

Suicide Prevention in the Aftermath of COVID-19

The COVID-19 pandemic had a profound and long-term impact on the state of Michigan and the nation. Not only was physical health affected but the pandemic contributed to significant social isolation, emotional stress, and economic strain and highlighted barriers to accessing mental health treatment for those at elevated risk for suicide. Moreover, some groups, including essential workers, first responders, and PoGM - long impacted by structural inequities - are disproportionately affected by the health and economic impacts of the COVID-19 crisis.[18]

In response to COVID-19, the Mental Health & Suicide Prevention National Response to COVID-19 published an action plan that highlights six priority areas:
1. Change the national conversation about mental health and suicide.
2. Increase access to evidence-based treatments for substance use and mental health disorders in specialty and primary care.
3. Increase the use of non-punitive and supportive crisis intervention services.
4. Establish near real-time data collection systems to promptly identify changes in rates of suicide, overdose, and other key events, and of clusters or spikes in these outcomes.
5. Ensure the equitable delivery of comprehensive and effective suicide prevention and mental health services for minoritized populations and others disproportionately impacted by the pandemic.
6. Invest in prevention and early intervention approaches that treat the root causes of suicide and mental health problems.

Section III: Strategic Directions, Goals, and Activities

Michigan's Suicide Prevention Plan for 2024–2027 addresses the problem of suicide across the lifespan with an integrated approach that covers the full spectrum of suicide prevention and is based on the frameworks presented in the 2012 National Strategy for Suicide Prevention and CDC Suicide Prevention Resource for Action. Even though a program may be built on the preponderance of evidence in the suicide prevention field, as well as knowledge gained through other prevention activities, to be truly effective any prevention program must be multi-modal, integrated and widely accepted. The implementation of this plan will, over time, have an impact on the incident of suicide and prevalence of suicide-related behaviors in Michigan.

Following each goal are specific activities for several roles in the community to further achieve that goal. Some activities are applicable to all roles in the community and do not have a categorical list. These lists of activities are not exhaustive, but it is important to recognize that there is a role for everyone in suicide prevention. Organizations are encouraged to utilize the action planning tool (Appendix A) to plan their respective role in implementing the Michigan Suicide Prevention Plan.

Strategic Direction 1: Create supportive environments that promote healthy and connected communities.

A wide array of systems and organizations work to prevent suicide, including education, physical and mental healthcare, after school programs, senior centers and offices on aging, public health, the business community, human service organizations, faith communities, advocacy organizations, and countless others. For many, it is through the work they do every day that eliminates or reduces risk factors and/or builds up protective factors in the community. It may not be easily recognized as suicide prevention, but their expertise, networks, and resources need to be part of a collective approach to Michigan's capacity to make a meaningful impact.

GOAL: Integrate suicide prevention into the values, culture, leadership, policies, and work of a broad range of traditional and non-traditional organizations and programs.

Activities

State Government
- Promote the goals and activities of this Michigan Suicide Prevention Plan within government and to the public.
- Collaborate with other suicide prevention stakeholders to share knowledge and resources for suicide prevention with the public.
- Provide leadership and technical assistance to a broad array of sectors in incorporating suicide prevention into all work being done to build healthy and connected communities.

- Provide up-to-date information through appropriate State of Michigan web pages and other venues about evidence informed programs and practices that increase protection from suicide risk.

Nonprofit, Community, and/or Faith-Based Organizations

- Collaborate with traditional and non-traditional partners to identify how suicide prevention is addressed by their organization's values, leadership, and policies and how they can reframe their planning and day-to-day work to strengthen their contributions.
- Implement collaborative opportunities with a broad spectrum of sectors in their catchment areas to assist with building or enhancing long-term comprehensive suicide prevention efforts.

Healthcare Systems and/or Clinicians

- Increases collaboration between healthcare systems mental health practitioners to develop and provide local information, resources, and professional development/training opportunities.

Schools, Colleges, and/or Universities

- Identify and disseminate information about mental health wellness and suicide prevention resources available within the community to students and staff.
- Create a partnership and supportive network of local mental health practitioners available in the area for student referral and treatment.

Individuals and Families

- Participate in and support grassroots community organizations promoting suicide prevention.

Businesses and/or Employers

- Designate a member of the organizations' leadership team as a champion for suicide prevention and the promotion of mental health wellness.
- Promote suicide prevention through professional associations and funding behavioral health, suicide awareness training, and prevention efforts.
- Promote social connectedness among employees by offering opportunities to engage in community service work or recreational activities.
- Revise organizational policies, as well as strategic and action plans, to assure implementation of evidence-informed, effective programs and provide education and environments that promote wellness.

GOAL: Reduce the stigma that leads to prejudice and discrimination associated with suicide, mental illness, and substance use disorders.

Activities

- Avoid the use of stigmatizing language related to suicide, mental illness, and substance use disorders on websites, in documents, and other public-facing communications and assure that appropriate, person-centered language is used.
- Revise policies and programs to change language and actions that perpetuate stigma.
- Increase the visibility of mental health and substance use disorder services and resources to create a culture that removes the stigma associated with using services and resources.
- Encourage open conversations and dialogue about suicide.

GOAL: Increase public knowledge of protective factors and warning signs for suicide and how to connect individuals in crisis with assistance and care.

Activities

State Government
- Widely disseminate the most current information on protective factors and suicide warning signs through appropriate State of Michigan public-facing web pages, media campaigns, and materials available to print and disseminate.
- Promote suicide prevention and awareness training including but not limited to safeTALK, Applied Suicide Intervention Skills Training (ASIST), Question Persuade Refer (QPR), Start, and Talk Saves Lives.
- Promote the 988 Suicide & Crisis Lifeline through appropriate State of Michigan public-facing web pages, media campaigns, and materials available to print and disseminate.

Nonprofit, Community, and/or Faith-Based Organizations
- Promote suicide prevention and awareness training including but not limited to safeTALK, Applied Suicide Intervention Skills Training (ASIST), Question Persuade Refer (QPR), Start, and Talk Saves Lives.
- Provide opportunities for social connectedness particularly for those isolated or at higher risk.
- Sponsor, support and/or promote peer-based support groups for substance use disorder, mental health, suicide attempt survivors and suicide loss survivors.
- Promote the 988 Suicide & Crisis Lifeline through appropriate public-facing web pages, media campaigns, and materials available to print and disseminate.

Healthcare Systems and Clinicians
- Participate in community events and educational awareness opportunities to promote wellness and reduce stigma of mental health conditions and suicide.
- Create and disseminate lists of mental health practitioners that are experienced in working with suicidal clients/patients.
- Communicate messages of resilience, hope, and recovery to all patients.
- Promote the 988 Suicide & Crisis Lifeline through appropriate public-facing web pages and patient materials available to print and disseminate.

Schools, Colleges, and/or Universities
- Implement programs and policies that prevent abuse, bullying, violence, and social isolation and promote social connectedness, inclusion, and mental health wellness.
- Sponsor and support group or clubs that promote togetherness and mental health wellness and/or that engage in suicide prevention efforts including activities/events during Mental Health Awareness month and Suicide Prevention Awareness Month.
- Promote the 988 Suicide & Crisis Lifeline through appropriate public-facing web pages, materials available to print and disseminate, and ensure that 988 is printed on all school issued IDs.
- Promote 988 Suicide & Crisis Lifeline at school events like sports games, orientation, job/college fairs, etc.

Individuals and Families
- Support and/or participate in networks or organizations that promote mental health wellness and suicide prevention.

Businesses and/or Employers
- Promote the 988 Suicide & Crisis Lifeline through appropriate web pages and materials available to print and disseminate for all employees.
- Reduce barriers to accessing assistance and care, including filling gaps where services and assistance are not available.
- Promote suicide prevention and awareness training including but not limited to safeTALK, Applied Suicide Intervention Skills Training (ASIST), Question Persuade Refer (QPR), Start, and Talk Saves Lives.

Strategic Direction 2: Coordinate community-based services to promote wellness and build resilience.

Upstream prevention services ensure that individuals are identified and connected to services early to promote healthy, resilient, and productive lives. Community prevention services that promote wellness and resiliency are a significant component of Michigan's effort to prevent suicide. Community-based organizations such as schools, workplaces, and faith-based communities should incorporate suicide prevention by increasing protective factors to mitigate risk and linking individuals in crisis to appropriate care and services.

GOAL: Integrate evidence-informed, culturally tailored and population-specific suicide prevention strategies in all systems that serve Michigan citizens.

Activities

State Government
- Identify all diverse populations that exist statewide to accurately capture the suicide risk and needs across Michigan (races, ethnicities, LGBTQ, age groups, occupations, etc.) in collaboration with local suicide prevention coalitions, schools, and healthcare systems.
- Broadly disseminate information on evidence-informed training programs for a wide range of groups in local communities, including but not limited to first responders, persons impacted by suicide, clergy, educators, non-profit and governmental program staff, and others.
- Utilize the 988 and 211 system infrastructures to maintain an accurate and updated listing of services available in communities for individuals and providers to access and refer patients.
- Create a library of evidence-informed and culturally appropriate trainings and resources that is publicly available on appropriate State of Michigan webpages.
- Encourage expansion of telehealth and other forms of virtual behavioral health care especially to rural areas of the state.
- Support "train the trainer" suicide awareness and intervention training to increase the number of persons that can be reached in local communities.
- Collaboratively develop a crisis system infrastructure based on SAMHSA's model for all Michiganders regardless of diagnosis or insurance.

Nonprofit, Community, and/or Faith-Based Organizations
- Support "train the trainer" suicide awareness and intervention training to increase the number of persons that can be reached in local communities.
- Implement suicide prevention programs that are geographically, culturally, linguistically, and age appropriate.
- Create and support existing coalitions at the state and local level that promote mental health wellness and suicide prevention awareness.
- Organize and sponsor events during Mental Health Awareness month and Suicide Prevention Awareness month.
- Advocate for behavioral health care and suicide prevention programming at the local, state, and federal levels.
- Collaboratively develop a crisis system infrastructure based on SAMHSA's model for all Michiganders regardless of diagnosis or insurance.
- Support specialty behavioral health training for law enforcement such as Behavioral Health Emergency Partnership and Crisis Intervention Team.

Healthcare Systems and Clinicians
- Provide telehealth and other forms of virtual behavioral health care services to patients especially to rural areas of the state.
- Advocate for insurance reimbursement for all elements of comprehensive suicide prevention services.
- Collaboratively develop a crisis system infrastructure based on SAMHSA's model for all Michiganders regardless of diagnosis or insurance.
- Provide implicit bias training to healthcare system staff.

Schools, Colleges, and/or Universities
- Share community and mental wellness resources with students on a regular basis and encourage utilization of any school-provided services.
- Promote the Ok2Say program with all middle and high school students in Michigan.
- Mental health practitioners in school settings should appropriately screen for suicide risk and connect individuals to services before a crisis.
- Implement curriculum in K-12 schools that teach children to identify, cope with, and manage emotions.
- Support mental health and suicide awareness trainings for staff and parents.
- Provide implicit bias training to staff.

Individuals and Families
- Participate in local coalitions that promote mental health wellness and suicide prevention awareness.
- Attend mental health and suicide awareness trainings.
- Participate in advisory councils, parent-teacher organizations, school boards, etc. to ensure that school curriculum and policies include suicide prevention and anti-bullying.
- Advocate for behavioral health care and suicide prevention programming at the local, state, and federal levels.

Businesses and/or Employers
- Ensure that employee health insurance provides coverage for behavioral health care.
- Share community and mental health wellness resources with employees on a regular basis and encourage utilization of an Employee Assistance Program, if available.
- Advocate for behavioral health care and suicide prevention programming at the local, state, and federal levels.
- Provide implicit bias training to staff.

GOAL: Increase public awareness about the intersection of Adverse Childhood Experiences, substance use, and suicide.

Activities

State Government
- Partner with the ACE projects and substance use disorder prevention projects at the State of Michigan to collaborate on shared messaging and aligned vision both internally and with stakeholders.
- Extend training to all stakeholders on ACEs and their respective role in the prevention of ACEs.
- Ensure that suicide prevention awareness and 988 resources are shared on substance use disorder and overdose prevention materials/messaging.
- Encourage networking and collaboration among ACEs, substance use disorder/overdose prevention, and suicide prevention program staff.
- Share messaging campaigns and infographics from www.urgentrelatedpreventable.org on publicly available State of Michigan webpages.

Nonprofit, Community, and/or Faith-Based Organizations
- Extend training to all stakeholders on ACEs and their respective role in the prevention of ACEs.
- Create and/or share messaging that increases the awareness of the intersection of ACEs, substance use disorder, and suicide.

Healthcare Systems and Clinicians
- Promote trauma-informed care for all physical and mental health practitioners.
- Create and/or share messaging that increases the awareness of the intersection of ACEs, substance use disorder, and suicide.
- Utilize the Handle With Care model.

Schools, Colleges, and/or Universities
- Extend training to all stakeholders on ACEs and their respective role in the prevention of ACEs.
- Create and/or share messaging that increases the awareness of the intersection of ACEs, substance use disorder, and suicide.
- Promote trauma-informed care for all staff.
- Utilize the Handle With Care model.

Individuals and Families
- Attend ACEs training and understand your role in the prevention of ACEs.
- Encourage discussion about the intersection of ACEs, substance use disorder/overdose, and suicide.

GOAL: Strengthen the efforts to increase access to and delivery of effective programs and services for mental health and substance use disorder.

Activities

State Government
- Create and expand public/private partnerships that support early intervention and prevention programming and resources.
- Leverage 988 to increase reach and accessibility of crisis response services statewide.
- Collect and share information on peer-based support groups for individuals with mental health and substance use disorder.
- Support local efforts in creating and maintaining a coordinated and collaborative "no wrong door" model of access to care services for individuals at risk for suicide and related conditions.

Nonprofit, Community, and/or Faith-Based Organizations
- Initiate a coordinated and collaborative "no wrong door" model of care for individuals at risk for suicide and related conditions.
- Create, sustain, and/or share programmatic information on peer-based support groups for individuals with mental health and substance use disorders.
- Facilitate regional meetings with local jurisdictions to discuss strategies and best practices for implementing effective programs and services.

Healthcare Systems and Clinicians
- Initiate a coordinated and collaborative "no wrong door" model of care for individuals at risk for suicide and related conditions.
- Create, sustain, and/or share information on peer-based support groups for individuals with mental health and substance use disorders.

Schools, Colleges, and/or Universities
- Implement evidence-informed programming like: Good Behavior Game, Sources of Strength, and Signs of Suicide.
- Share information on peer-based support groups for individuals with mental health and substance use disorders.

Individuals and Families
- Share information on peer-based support groups for individuals with mental health and substance use disorders and attend them if you need support.

Businesses and/or Employers
- Share information on peer-based support groups for individuals with mental health and substance use disorders.

GOAL: Promote efforts to reduce access to lethal means of suicide among individuals with heightened suicide risk.

Activities

State Government
- Disseminate current programs demonstrated to be effective in working with firearm shops and gun owners around the issue of suicide prevention.
- Implement a collaboration between MDHHS and the Department of Natural Resources to incorporate suicide awareness and prevention messages into required hunter safety courses.
- Disseminate information about new firearm-related legislation, such as firearm safe storage requirements, ERPOs, etc.
- Provide education about the importance of lethal means safety as a critical component of suicide prevention for State of Michigan departments/staff.
- Support measures designed to reduce suicide hot spots (bridges, cliffs, railroad crossings, etc.) and work with partners to update signage for 988 in these areas.

Nonprofit, Community, and/or Faith-Based Organizations
- Partner with firearm dealers, gun owner groups, and firearm-related sporting groups in applicable catchment areas on promoting suicide awareness in a culturally appropriate manner.
- Promote Counseling on Access to Lethal Means training and provide lethal means safety devices (gun/trigger locks, medication disposal bags, etc.) to the community.
- Educate the public on the importance of lethal means safety and information about ERPOs.
- Help advertise and/or host medication take-back days.
- Incorporate lethal means safety in all suicide prevention activities.
- Support measures designed to reduce suicide hot spots (bridges, cliffs, railroad crossings, etc.) and work with partners to update signage for 988 in these areas.

Healthcare Systems and Clinicians
- Physical and mental health practitioners complete Counseling on Access to Lethal Means training and incorporate lethal means counseling into patient care.
- Designate ERPO navigators to help practitioners file petitions when patients are at high-risk of suicide.
- Incorporate lethal means safety in all suicide prevention activities.

Schools, Colleges, and/or Universities
- Promote Counseling on Access to Lethal Means training to parents and guardians.
- Share firearm/medication safe storage guidelines information with parents and guardians.
- Share Ok2Say program information with students in order to encourage reporting of students possessing firearms or threatening to use a firearm.
- Mental health practitioners provide lethal means counseling when appropriate.

Individuals and Families
- Always ensure that firearms are stored locked and unloaded with ammunition locked separately. Remove firearms from the home completely when a household member is at high-risk of suicide.
- Safely store all medications and dispose of unwanted, expired, and unused medications, particularly those that are toxic or abuse prone. Remove medications from the home completely when a household member is at high-risk of suicide.
- Complete Counseling on Access to Lethal Means training.
- Petition for an ERPO for individuals that are at high-risk of suicide to prevent them from acquiring a firearm during a time of crisis.

Businesses and/or Employers
- Employee assistance program counselors provide lethal means counseling when appropriate.

Strategic Direction 3: Improve access and delivery of suicide care.

In response to the growing urgency of addressing mental health concerns, particularly in preventing suicide, there is a vital push to enhance access and delivery of suicide care within healthcare settings. This transformative effort involves strategically embedding suicide prevention as a core component of healthcare services. This integration emphasizes the importance of effective clinical strategies for identifying and treating individuals at risk for suicide. By aligning these initiatives, a comprehensive approach emerges that not only addresses immediate needs but also cultivates enduring mental well-being within the healthcare system.

GOAL: Adopt Zero Suicide - the nationally recognized model for health and behavioral health care - into practice by the mental and physical healthcare systems and organizations in the state.

Activities

State Government
- Work collaboratively with physical and behavioral healthcare partners to develop recommendations regarding the resources necessary to support widespread adoption of the Zero Suicide model in the state.
- Adopt Zero Suicide among state corrections, behavioral health, youth, senior care, and veterans' facilities.

Healthcare Systems and Clinicians
- Implement Zero Suicide to include screening all patients for suicide risk, assessing the level of risk of patients, provide appropriate intervention for the level of risk (lethal means counseling, safety planning, etc.), referring patients to treatment and community services, and ensure follow-up after patient discharge.

GOAL: Promote and implement effective practices for mental and physical health practitioners on the recognition, assessment, and management of suicide risks and behaviors, and the delivery of effective clinical care for individuals at risk for suicide.

Activities

State Government
- Coordinate with the Department of Licensing and Regulatory Affairs to require suicide prevention and awareness education for physical and behavioral health care practitioners, substance use disorder counselors, and social workers.
- Disseminate information about federal, state, and local crisis service resources.
- Coordinate collaboration among 988 call centers, law enforcement, 911 dispatchers, and mobile crisis units.
- Promote evidence-informed and culturally tailored trainings for mental health and substance use disorder providers on the recognition, assessment, and management/clinical care of suicide risk and behaviors, including within graduate and continuing education programs.
- Disseminate information on evidence-informed suicide risk assessment guidelines for all physical and mental healthcare settings, as well as substance use disorder assessment and care settings.
- Promote the adoption of culturally appropriate suicide risk assessment guidelines within all mental and physical healthcare providers in their catchment area, regardless of care setting.

Nonprofit, Community, and/or Faith-Based Organizations
- Provide suicide-related trainings on a regular basis for mental health and substance use disorder providers in their community.

Healthcare Systems and Clinicians
- Implement patient-informed alternatives to hospitalizations for individuals with suicide risk.
- Create and use feedback from post-discharge patient outcomes.
- Adopt, disseminate, and implement guidelines for the assessment of suicide risk among persons receiving care in all settings.
- Implement policies and practices that include family and/or significant others in discharge planning, safety planning, and education surrounding suicide prevention and follow-up care after discharge.
- Integrate behavioral health care in primary care settings particularly universal screening and risk assessment as well as resources and services connections.
- Provide appropriate and regular follow-up contact for a period of six months after discharge, including families for youth patients.
- Embed safety planning and lethal means counseling within electronic health record systems.
- Promote the safe disclosure of suicidal thoughts and behaviors by all patients in all healthcare settings.
- Promote collaborative and coordinated care between providers of mental health, physical health, and substance use disorder services.

Schools, Colleges, and/or Universities
- Develop pathways to coordinate supportive services and follow-up care with providers, caregivers, family, etc. that are student-centered when a student is referred to local emergency or crisis services.
- Train appropriate school mental health practitioners on the recognition, assessment, and management of suicide risk and suicidal behavior.

Individuals and Families
- Participate in discharge planning and education for yourself or a loved one.
- Provide appropriate follow-up support to family members and individuals following discharge and support compliance with post-discharge treatment plans.
- Volunteer at existing local crisis line services.
- Advocate for appropriate care for loved ones at risk of suicide and learn how to contact treatment providers or emergency services.

GOAL: Improve timely access to assessment and adequate services, including inpatient care if needed, for individuals with a heightened risk for suicide.

Activities

State Government
- Establish linkages between providers of mental health and substance use disorder services and community-based programs, including peer-support programs.
- Expand the availability of mobile crisis units in partnership with community mental health organizations and certified community behavioral health clinics.
- Work with key partners and stakeholders to document and implement steps to address the barriers to assessment and needed services faced by individuals at heightened risk for suicide.

Nonprofit, Community, and/or Faith-Based Organizations
- Expand the availability of mobile crisis units in partnership with the state community mental health service programs and certified community behavioral health clinics.
- Identify strategies to implement community-based interventions to provide care for people who are uninsured and uninsurable.
- Enhance existing and create new respite care centers through public/private partnerships.

Healthcare Systems and Clinicians
- Develop collaborations between emergency departments and other health care providers to provide alternatives to emergency department care and hospitalization when appropriate.
- Develop and implement protocols to ensure immediate and continuous follow-up after discharge from the emergency department or inpatient unit.
- Expand the availability of mobile crisis units in partnership with the state community mental health service programs and certified community behavioral health clinics.

- Establish linkages between healthcare systems and community-based supports and school mental health practitioners.
- Enhance drop-in and urgent care behavioral health services for both youth and adults.

Schools, Colleges, and/or Universities
- Establish linkages between school mental health practitioners and community-based supports and healthcare systems.

Strategic Direction 4: Ensure quality data and research are available and used for planning, implementation, and evaluation.

Good data is the foundation of strong, effective programs and practices. Public health surveillance efforts engage in ongoing, systematic collection, analysis, interpretation, and timely use of data for action to reduce morbidity and mortality. Timely interpretation and dissemination of the suicide prevention research is necessary to assure that the most current programs and practices are being used at all levels. Evaluation is critical to assess the effectiveness of programs and practices and provide information to adjust and improve them as necessary.

GOAL: Improve and expand the collection, analysis, reporting, and utilization of high-quality suicide-related data to implement prevention efforts and inform policy decisions.

Activities

State Government
- In consultation with tribal, federal, and local suicide prevention programs and coalitions, produce a biennial suicide data report.
- Collect, analyze, and disseminate information on current suicide prevention efforts across Michigan through a biennial state assessment.
- Conduct a webinar developed to enhance the knowledge and skills of participants in data collection, analysis, and application to guide and improve programming and policy applications.
- Provide content area expertise and consultation on legislation allowing counties to establish a suicide fatality review task force and which provides confidentiality protocols for the work of such groups.
- Increase the efficiency of state-based processes for certifying, amending, and reporting vital records related to suicide deaths.
- Ease interagency linkage/data share requirements and coordinate documentation of suicide-related information recording for suicides and suicide attempts by persons in state-operated facilities.
- Collaborate with school districts to use Youth Risk Behavior Surveys to better understand suicidal ideation and attempts among school-aged youth.

- Identify existing suicide death review teams and the main point of contact for each to facilitate connections across the state.

Nonprofit, Community, and/or Faith-Based Organizations
- Develop a plan to analyze, disseminate and use local suicide-related data and information applicable to their communities.
- Educate legislators on the need for suicide fatality review legislation to improve suicide prevention efforts at the local level.
- Establish local suicide death review teams with a legislative mandate to collect and aggregate more detailed and prevention informative data on suicide deaths.
- Participate in biennial state suicide assessment to inform suicide prevention activities and programming taking place across Michigan.

Healthcare Systems and Clinicians
- Educate legislators on the need for suicide fatality review legislation.
- Routinely document suicide-related information for suicides and suicide attempts and facilitate linkage with the data for Michigan Violent Death Reporting System and other research organizations.
- Participate in biennial state suicide assessment to inform suicide prevention activities and programming taking place across Michigan.

Schools, Colleges, and/or Universities
- High schools should participate in the Youth Risk Behavior Surveys and encourage students to complete the surveys honestly.
- Participate in biennial state suicide assessment to inform suicide prevention activities and programming taking place across Michigan.

Individuals and Families
- Educate legislators on the need for suicide fatality review legislation.
- Participate in surveys and other data collection efforts addressing suicide and related behaviors.

GOAL: Facilitate the timely transfer of research-based knowledge into practical, evidence-informed community practice.

Activities

State Government
- Collect and disseminate key findings from research on evidence-based and evidence-informed community-based suicide prevention interventions and practices to all interested parties in the state.
- Assist Michigan institutions in applying for suicide-related research grants.

Nonprofit, Community, and/or Faith-Based Organizations
- Collect and disseminate key findings from research on evidence-based and evidence-informed community-based suicide prevention interventions and practices to all interested parties in the state.

Healthcare Systems and Clinicians
- Initiate and participate in suicide prevention research on effective screening, intervention, and treatment. Research should focus on underserved, high-risk, and special populations to assist in building evidence for culturally tailored screening, intervention, and treatment.

Colleges, and/or Universities
- Collect and disseminate key findings from research on evidence-based and evidence-informed community-based suicide prevention interventions and practices to all interested parties in the state.
- Conduct research to identify new, effective policy and program interventions to reduce suicide and suicidal behavior.

GOAL: Evaluate the impact and effectiveness of suicide prevention programs.

Activities

State Government
- Provide an educational webinar along with other resources that inform participants of how to effectively evaluate suicide prevention programs.
- Evaluate the impact and effectiveness of the Michigan Suicide Prevention Plan and other State of Michigan suicide prevention programs in reducing suicide morbidity and mortality.

Nonprofit, Community, and/or Faith-Based Organizations
- Include suicide prevention metrics in the evaluations of programs that share risk and protective factors.

Healthcare Systems and Clinicians
- Initiate continuous quality improvement studies to determine the effectiveness of policies and procedures of programming and treatment services.

Schools, Colleges, and/or Universities
- Regularly evaluate the effectiveness of student anti-bullying, suicide prevention, and mental health wellness programs.
- Provide technical assistance surrounding outcomes measures and how to effectively evaluate programs.

Businesses and/or Employers
- Regularly evaluate the effectiveness of workplace wellness programs in reducing suicide risk.

Strategic Direction 5: Reduce harm and prevent future risk.

The support and care that is provided to suicide attempt survivors and suicide loss survivors, also known as postvention, is a critically important component of preventing suicide. Individuals directly impacted by suicide and those who have attempted suicide require unique supports and are at an increased risk of suicide. Connecting attempt survivors and those bereaved by suicide to helpful resources and appropriate care and services as soon as possible promotes healing and prevents future risk. Another critical component of suicide prevention that reduces harm and prevents future risk is the reporting of suicide deaths, data, and awareness campaigns that is done safely with specific guidelines in mind.

GOAL: Provide care and support for those affected by suicide attempts and deaths.

Activities

State Government
- Develop recommendations to improve postvention services in the state, as well as complete and implement an action plan.
- Support the formation of Local Outreach to Suicide Survivor (LOSS) Teams across Michigan and create the Michigan LOSS Team Network to ensure connection and collaboration across teams.
- Share resources for communities, employers, and educational institutions to inform their response following a suicide death or attempt.
- Share information on suicide attempt and loss survivor support groups.
- Include suicide attempt and loss survivors in suicide prevention-related major discussions, planning, and implementation efforts.
- Adopt, disseminate, implement, and evaluate guidelines for communities to respond effectively to suicide clusters and contagion within their cultural context, and support implementation with education, training, and consultation.

Nonprofit, Community, and/or Faith-Based Organizations
- Examine current postvention support services and availability in their catchment area and, after reviewing the recommendations provided to the state regarding postvention services, develop a plan to implement the ones they deem feasible and most important.
- Organize and support peer support programs for suicide attempt and loss survivors.
- Include suicide attempt and loss survivors in suicide prevention-related major discussions, planning, and implementation efforts.

Healthcare Systems and Clinicians
- Provide mental health care for suicide loss survivors that recognizes the unique grief of suicide.
- Develop procedures for support of practitioners in the event of a suicide death by a patient.
- Include suicide attempt and loss survivors in suicide prevention-related major discussions, planning, and implementation efforts.

Schools, Colleges, and/or Universities
- Develop and maintain a response plan for suicide deaths and attempts by staff or students.
- Share information on suicide attempt and loss survivor support groups with parents, staff, and students.
- Include suicide attempt and loss survivors in suicide prevention-related major discussions, planning, and implementation efforts.

Individuals and Families
- Participate in support programs for those bereaved by suicide.
- Volunteer with LOSS Teams in your area.

Businesses and/or Employers
- Provide grief counseling services and coverage to employees bereaved by suicide.
- Develop and maintain a response plan for an employee suicide attempt or death.

GOAL: Develop, implement, and evaluate communication efforts that focus on hope, positive messaging, and other evidence-based content.

Activities

State Government
- Develop and implement an annual communication plan, in collaboration with key stakeholders and partners, that identifies key groups to which messages will be focused, and that adheres to established safe messaging guidelines.
- Produce regional suicide fact sheets to be distributed through appropriate State of Michigan web pages and email lists.

Nonprofit, Community, and/or Faith-Based Organizations
- Annually review organizational communication strategies and assure that proposed efforts follow good suicide prevention communication principles and resonate with the populations they serve.
- Develop suicide and behavioral health awareness written and online communications that are culturally, linguistically, geographically, and age appropriate.
- Host forums, health fairs, safety events addressing behavioral health and suicide prevention.

Healthcare Systems and/or Clinicians
- Ensure all materials shared with patients and the public follow safe messaging guidelines and emphasize that recovery is possible.

Schools, Colleges, and/or Universities
- Annually review organizational communication strategies and assure that proposed efforts follow good suicide prevention communication principles and resonate with the populations they serve.

Individuals and Families
- Share your story with legislators during behavioral health and suicide prevention advocacy.

GOAL: Disseminate media guidelines addressing safe and responsible reporting on suicide and other related behaviors.

Activities

State Government
- Develop and conduct a webinar on the safe and responsible reporting of suicide and widely promote it to media professionals across the state.
- Communicate information on the safe reporting guidelines and their use to all local suicide prevention coalitions for use with local media.
- Convene a workgroup of journalism and communications faculty, as well as media and communication professionals, to identify or develop evidence-based additions on safe reporting guidelines to curricula and an implementation action plan for journalism and mass communication programs in the state's colleges and universities.

Nonprofit, Community, and/or Faith-Based Organizations
- Encourage and recognize news organizations that develop and implement policies and practices addressing safe and responsible reporting of suicide.
- Assure on a regular basis that local media outlets are familiar with the guidelines for safe and responsible reporting of suicide.
- Create and implement a plan on how to respond to reporting on suicide that does not follow the established guidelines for safe and responsible reporting of suicide.

Individuals and Families
- Do not share any media stories or reporting that do not adhere to safe messaging guidelines.
- Advocate with local news outlets to follow safe reporting following a suicide death and any other reporting related to the topic of suicide or behavioral health.

Businesses and/or Employers
- Implement and share policies and practices addressing safe and responsible reporting of suicide.

Section IV: Suicide Prevention Programs and Resources
988 Suicide & Crisis Lifeline and Michigan Crisis & Access Line

The introduction and go-live of the National 988 Suicide & Crisis Lifeline on July 16, 2022, formally known as the National Suicide Prevention Lifeline (NSPL), marks a significant stride in bolstering suicide prevention efforts in the state of Michigan. The new and easier to remember three-digit number, has been designated as the updated access point for mental health crisis intervention. The 988 Suicide & Crisis Lifeline promises swift, direct, and confidential assistance and support 24 hours a day, 7 days a week to individuals in distress. People can also dial 988 if they are worried about a loved one who may need crisis support. The expansion of 988 beyond solely a suicide hotline, encompasses a wider spectrum of mental health crises, including substance use, emotional distress, and other urgent behavioral health and or mental health needs. This expansion ensures that those struggling with various mental health challenges can receive timely and appropriate support when they need it most. The 988 Suicide & Crisis Lifeline enhances the accessibility of vital mental health services by seamlessly connecting residents with compassionately trained professionals along with personal support and resources. The 988 Suicide & Crisis Lifeline can bridge the gap by streamlining access to professional help for individuals in distress.

Michigan has one statewide 988 center and three regional 988 centers. The Michigan Crisis and Access Line (MiCAL) is the central crisis line that is accepting 988 calls and will be accepting Michigan originated 988 texts and chats beginning in 2024. MiCAL was funded by the Michigan Legislature in December of 2018 and formalized into statute, PA 12 of 2020, in January of 2020. Following an extensive selection process, Common Ground was chosen as the MiCAL vendor.

Michigan 988 Primary Lifeline Call Center Coverage by County

- MiCAL/Common Ground
- Network 180
- Macomb County CMHSP
- Gryphon Place

Note: MiCAL is the back-up call center for Network 180, Macomb County CMHSP, and Gryphon Place.
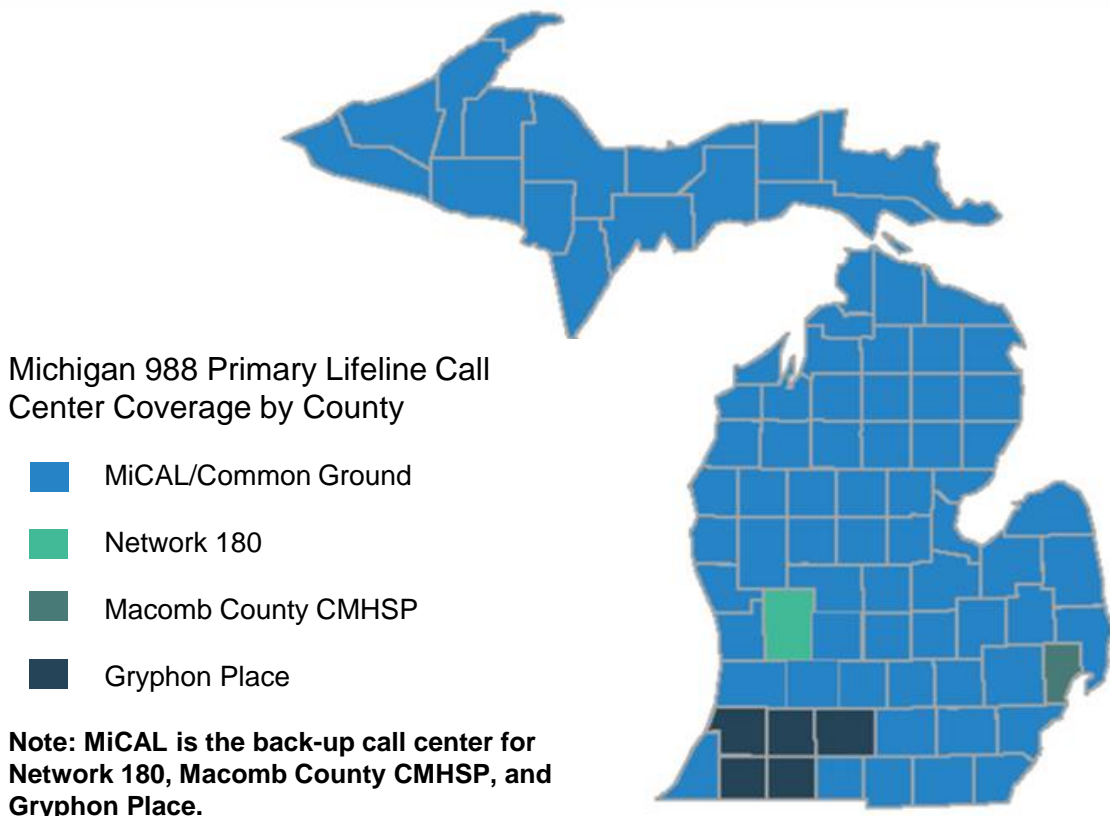
Michigan 988 centers are focused on developing common practices around Imminent Risk, Active Rescues and Follow Up and are continuously working closely and collaboratively with Public Safety Answering Points (PSAPs) across the state to coordinate and standardize processes. Ensuring that 988 effectively serves the needs of Michigan's most high-risk and underserved groups stands as a paramount priority for the state. MDHHS is actively seeking input and feedback from these communities through dedicated listening sessions and rigorous evaluations to comprehensively address these priorities. This dedicated effort is to ensure that 988 reaches and effectively addresses the unique needs of these groups and highlights Michigan's commitment to strive towards an equitable health system. These inclusive approaches will inform stakeholder education and guide in adding recommended trainings and resources for call centers to add or incorporate within their standard protocols. Michigan strives to tailor its 988 services by actively seeking input and feedback from these communities and subject matter experts to provide culturally sensitive and relevant support to all Michiganders.

You are worried about someone

You need to talk

You feel overwhelmed

When Should I Contact 988?

You are experiencing emotional distress

You are struggling

988 SUICIDE & CRISIS LIFELINE

988 LÍNEA DE PREVENCIÓN DEL SUICIDIO Y CRISIS

Resources

National

988 Suicide & Crisis Lifeline (URL: https://988lifeline.org/)

Alliance of Hope (URL: https://allianceofhope.org/)

American Association of Suicidology (URL: https://suicidology.org/)

American Foundation for Suicide Prevention (URL: https://afsp.org/)

Centers for Disease Control and Prevention (URL: https://www.cdc.gov/suicide/index.html)

Crisis Text Line (URL: https://www.crisistextline.org/)

Community-Led Suicide Prevention (URL: https://communitysuicideprevention.org/)

Counseling on Access to Lethal Means
(URL: https://zerosuicidetraining.edc.org/enrol/index.php?id=20)

Faith. Hope. Life. (URL: https://theactionalliance.org/faith-hope-life)

Means Matter (URL: https://www.hsph.harvard.edu/means-matter/)

Great Lakes Mental Health Technology Transfer Center
(URL: https://mhttcnetwork.org/centers/content/great-lakes-mhttc)

Midwest Injury Prevention Alliance (URL: https://www.midwestinjurypreventionalliance.org/)

The National Action Alliance for Suicide Prevention (URL: https://theactionalliance.org/)

Suicide Prevention Resource Center (URL: https://sprc.org/)

Suicide Prevention Resource Center Best Practices Registry (URL: https://bpr.sprc.org/)

The Trevor Project (URL: https://www.thetrevorproject.org/)

Tribal Training and Technical Assistance Center (URL: https://www.samhsa.gov/tribal-ttac)

Statewide

988 Suicide & Crisis Lifeline (URL: https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/crisis-and-access-line)

American Foundation for Suicide Prevention-Michigan Chapter
(URL: https://afsp.org/chapter/michigan)

Kevin's Song (URL: https://kevinssong.org/)

Lemon Aid (URL: https://www.sixftover.org/lemon-aid)

Man Therapy (URL: https://mantherapy.org/)

MDHHS Suicide Prevention (URL: www.michigan.gov/suicideprevention)

Michigan Association for Suicide Prevention (URL: https://www.mymasp.org/)

Michigan Suicide Prevention Commission (URL: https://www.michigan.gov/mdhhs/doing-business/commissions-boards/suicide-prevention-commission)

Michigan Veterans Affairs Agency Governor's Challenge Initiative
(URL: https://www.michigan.gov/mvaa/health-and-welfare/gun-safety)

National Alliance on Mental Illness-Michigan Chapter (URL: https://namimi.org/suicide)

University of Michigan Injury Prevention Center
(URL: https://injurycenter.umich.edu/suicide/)

With One Voice (URL: https://wovmichigan.org/)

Section V: Summary of Michigan Suicide Data

Since the Michigan legislature approved suicide prevention resolutions in the late 1990s, more than 25,000 Michigan residents died by suicide from 2001–2020.[1] And, each year, an untold number of residents make suicide attempts that often require medical intervention, resulting in short and long-term disability, and which, in themselves, are a risk factor for future attempts.

There are more deaths by suicide in this state each year than deaths from homicides, motor vehicle crashes, or many types of cancer.[1] In those startling statistics, Michigan is not alone - our experience mirrors the nation's. Additionally, the cost to individuals, families, communities, and the nation from suicide and suicide-related behaviors in terms of pain and suffering, loss of life, medical payouts, and lost productivity is immeasurable.

Age and Sex

Michigan's average annual suicide rate remained relatively flat for more than a decade, but it has slowly risen over the most recent 10 years of data, paralleling the increasing suicide rate at the national level (Figure 1).[2]
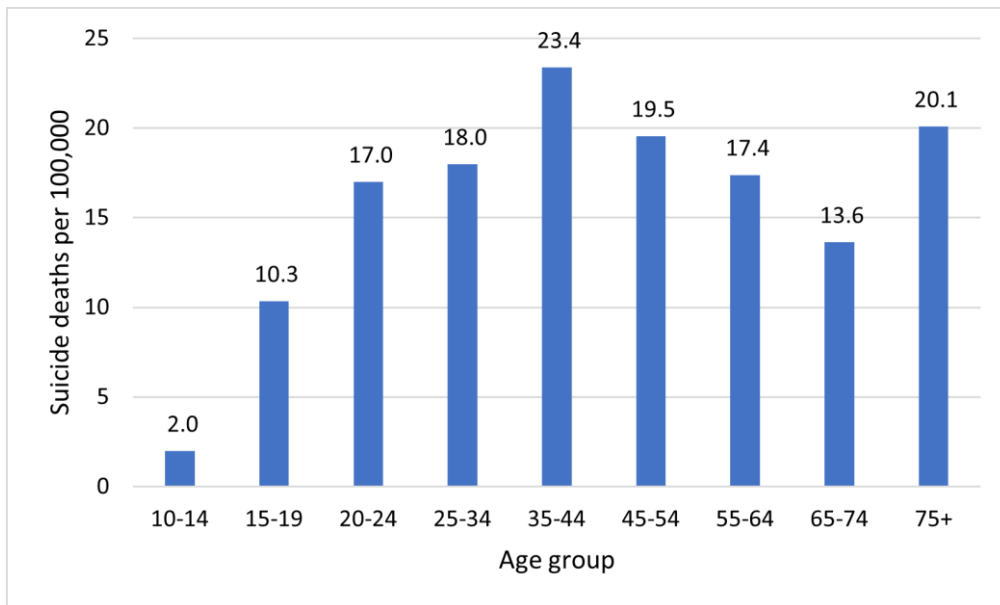
Figure 1

Annual Age-Adjusted Suicide Rates, Michigan and the United States, 2013–2022
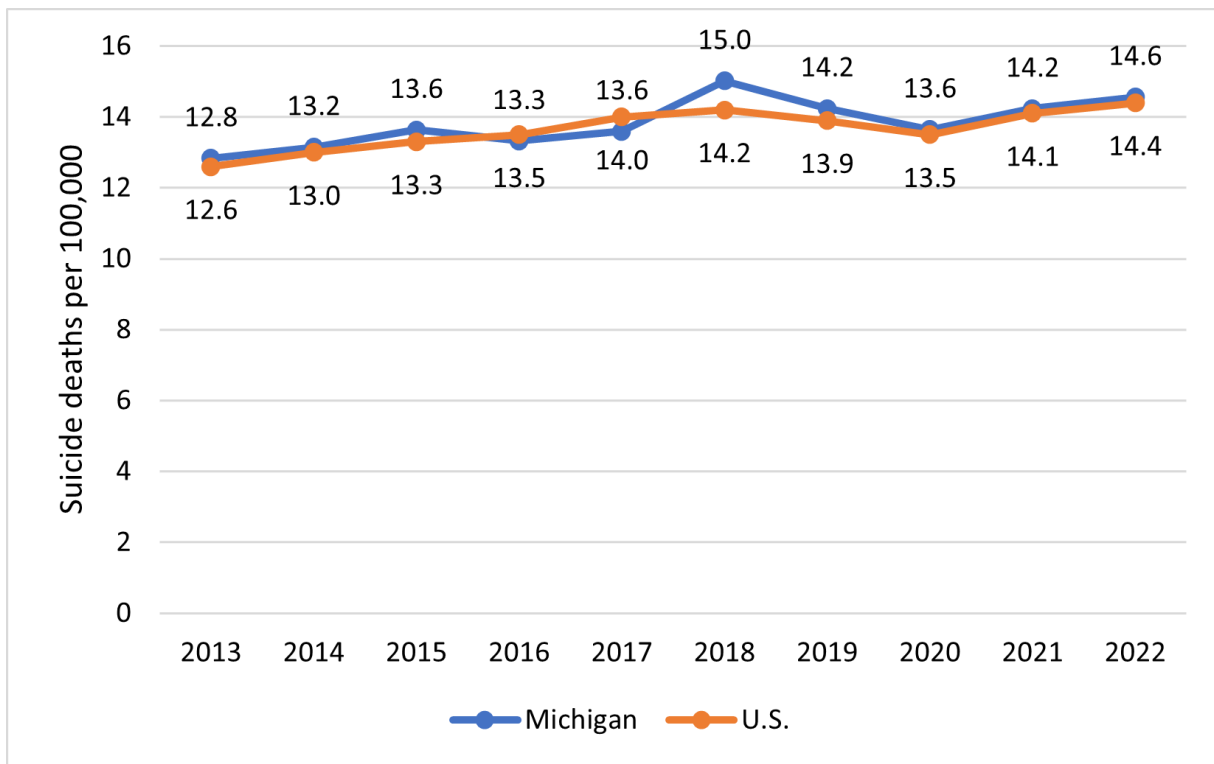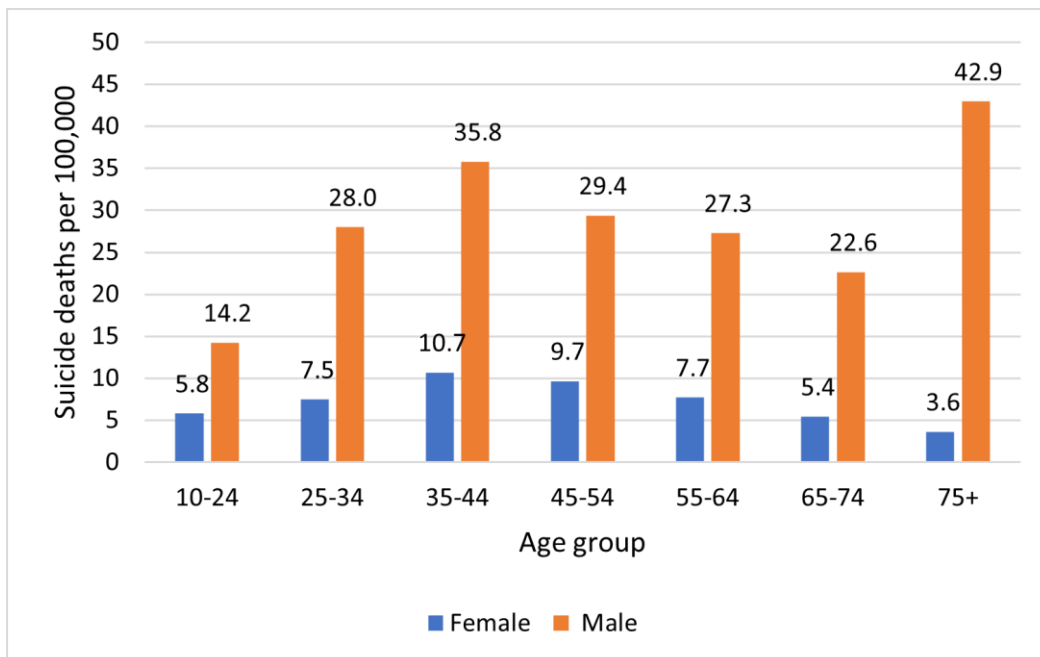

Note. Data from the CDC (2023) and the MDHHS, Division for Vital Records and Health Statistics (2023).

In 2022, the age groups with the highest suicide rates were middle-aged adults and older adults (Figure 2).[2] In Michigan, more males die by suicide than females each year: during 2022, 1,167 males died by suicide, as compared to 326 females (Figure 3). The suicide rate for males increased 11% over 10 years, from 20.7 per 100,000 in 2013 to 23.0 per 100,000 in 2022. The suicide rate for females increased 18% during the same time period, from 5.5 per 100,000 in 2013 to 6.5 per 100,000 in 2022. This was a larger increase than that seen for males, even though the actual suicide rates were lower. In 2022, suicide deaths for females surpassed the previous peak observed in 2018.

Figure 2
Suicide Rates by Age Group, Michigan Residents, 2022

Figure 3
Suicide Rates by Age Group and Sex, Michigan Residents, 2022
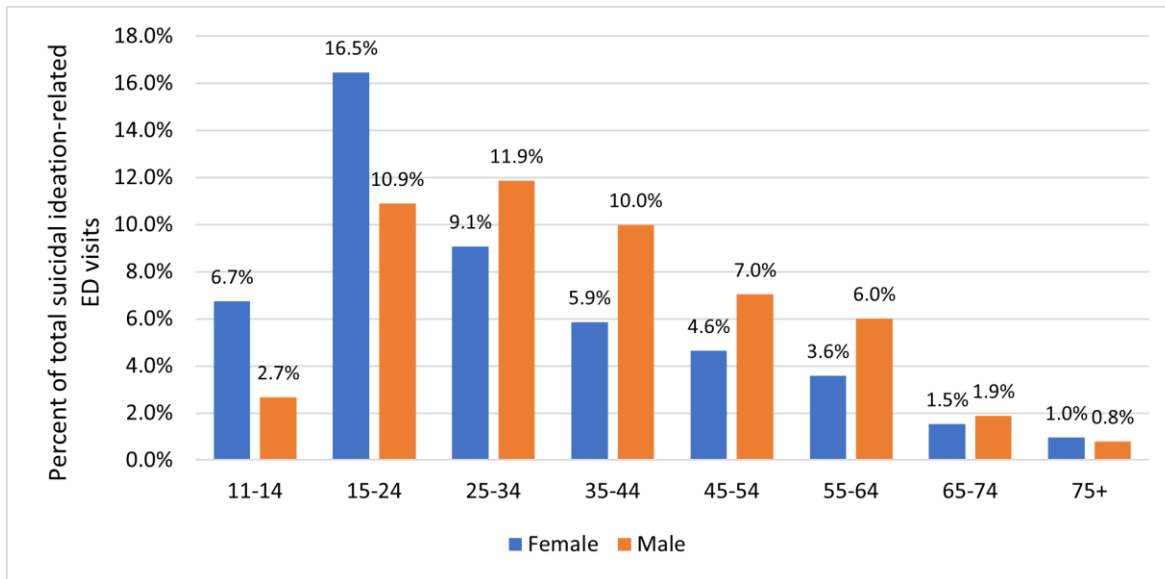

Note. Data for Figures 2 and 3 from the CDC (2023) and the MDHHS, Division for Vital Records and Health Statistics (2023).

Among Michigan residents in 2022, there were over 65,000 emergency department (ED) visits related to suicidal ideation and over 13,000 ED visits related to suicide attempts. Suicidal ideation-related visits were split roughly evenly between males (51%) and females (49%); however, a greater proportion of visits related to suicide attempts were among females (61%) than males (39%). Females aged 15–24 years accounted for the largest percentage of visits among any combined sex/age group for both suicidal ideation (17%, Figure 4) and suicide attempts (25%, Figure 5).[21]

Figure 4
Percent of ED Visits Related to Suicidal Ideation by Sex and Age Group, Michigan Residents, 2022

Figure 5
Percent of ED Visits Related to Suicide Attempts by Sex and Age Group, Michigan Residents, 2022
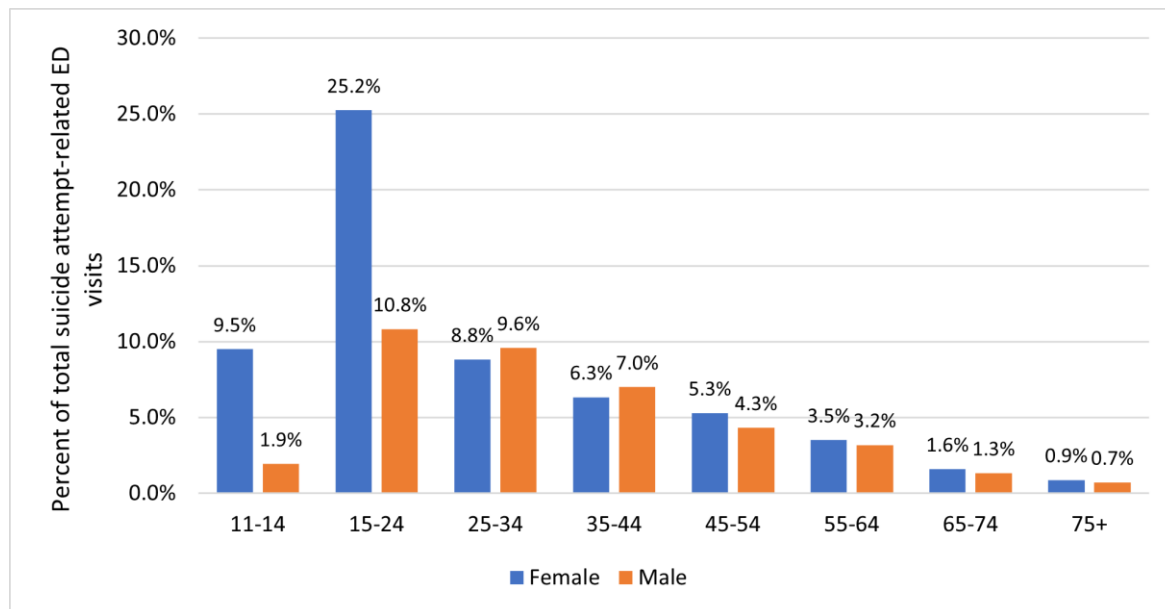

Note. Data for Figures 4 and 5 from the CDC National Syndromic Surveillance Program (NSSP), 2023.
Totals may not sum to 100% due to exclusion of visits where either age or sex were not reported, or age was reported as 0–10 years.

The 2021 Youth Risk Behavior Survey found that, during the 12 months preceding the survey, 19% of Michigan high school students (9th–12th grades) seriously considered attempting suicide, 17% planned how they would attempt suicide, and 9% attempted suicide.[12] With a few exceptions, the number of adolescent Michigan residents who die by suicide generally increases with each year of age (Figure 6).

Figure 6
*Adolescent Suicide Deaths by Age, Michigan Residents, 2013–2022*
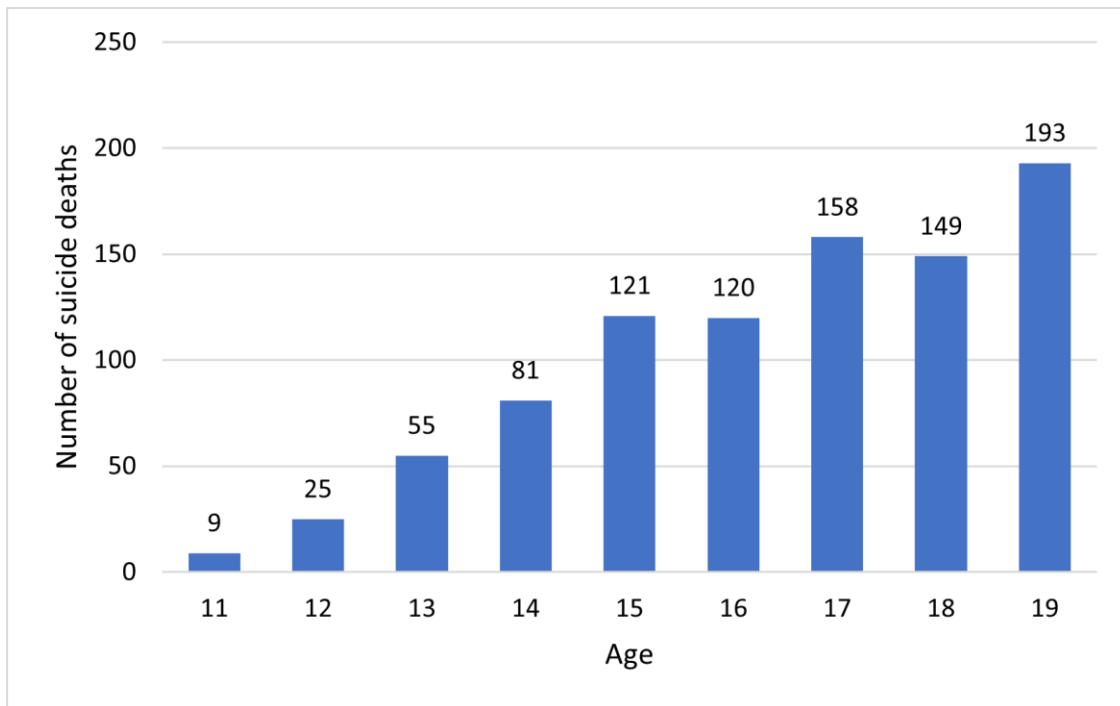
Note. Data from the MDHHS, Division for Vital Records and Health Statistics (2023).

Geographic Location

Suicide rates vary geographically across Michigan; while the actual number of suicides is higher in the more population-dense urban areas of the state, the suicide rates are highest, for the most part, in the more rural areas of Michigan (Figures 7a and 7b).

Figure 7a
Suicide Counts by Local Health Departments in Michigan, 2022
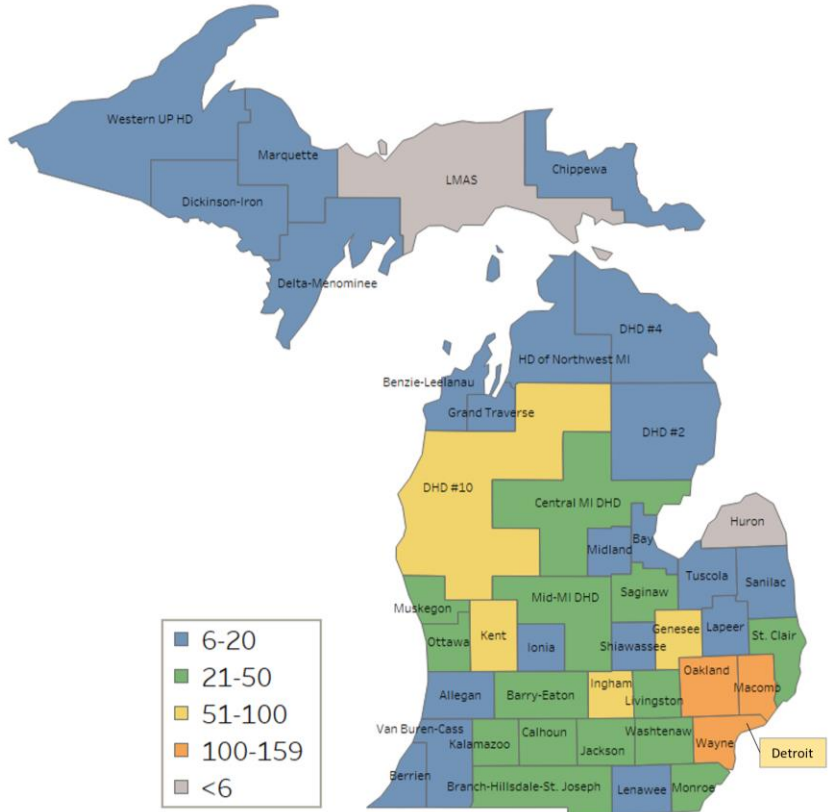
Figure 7b
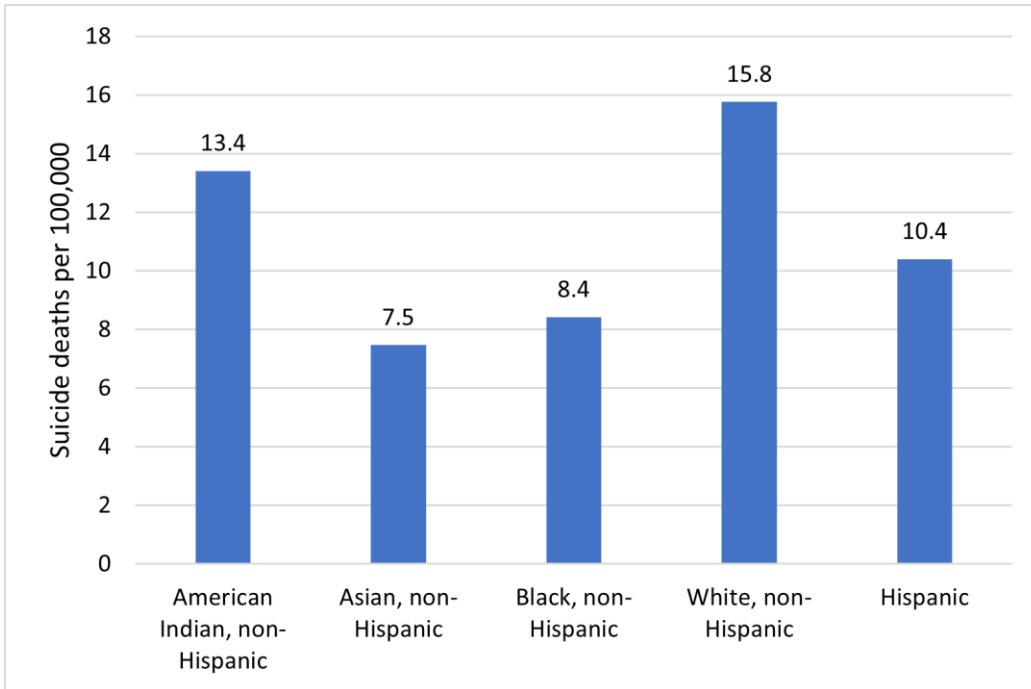*Age-Adjusted Suicide Rates by Local Health Departments in Michigan, 2022*
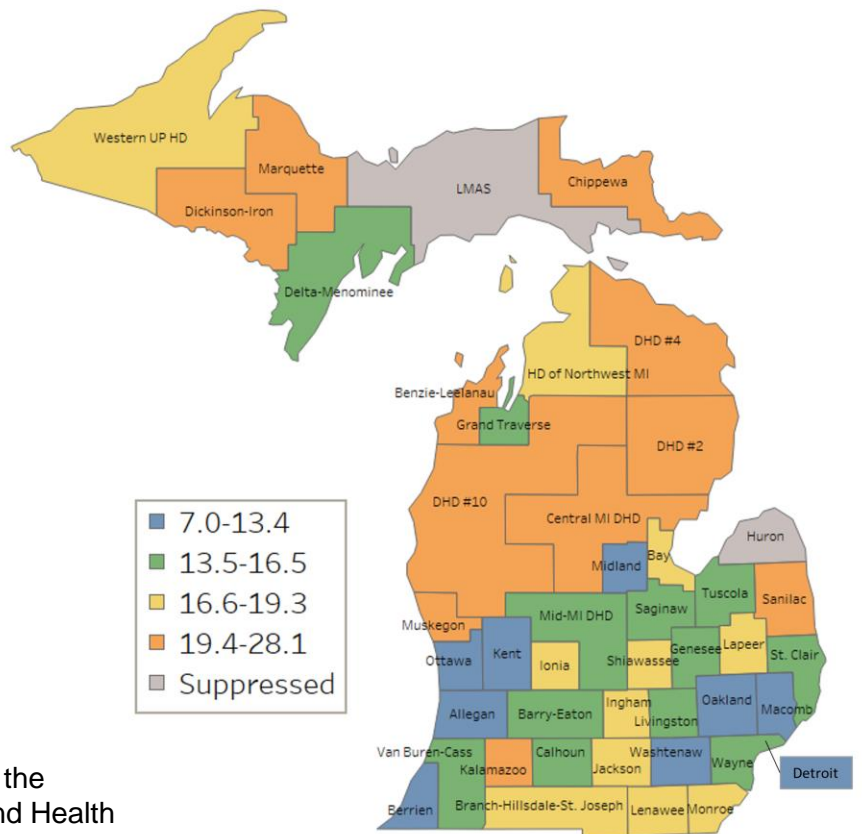
Note. Data for figures 7a and 7b from the MDHHS, Division for Vital Records and Health Statistics (2023).

Race and Ethnicity

Racial and ethnic disparities exist for suicide deaths in Michigan. In 2021, 82% of suicide decedents in Michigan were white. The White population had the highest rate of suicide, followed by American Indians; the lowest suicide rate was among the Asian population (Figure 8). Over the past 10 years, the highest suicide rate has consistently been among the White or American Indian population, while the Asian population had the lowest suicide rate for most years (Figure 9).
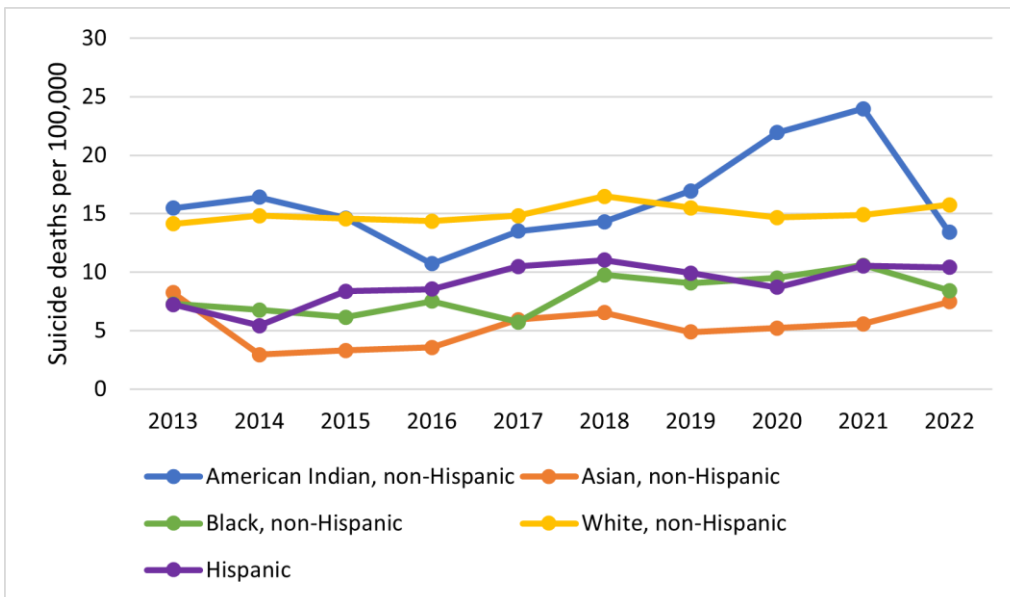
Figure 8

Age-Adjusted Suicide Rates by Race/Ethnicity, Michigan Residents, 2022

Figure 9

Annual Age-Adjusted Suicide Rates by Race/Ethnicity, Michigan Residents, 2013–2022

Note. Data for Figures 8 and 9 from the MDHHS, Division for Vital Records and Health Statistics (2023).

Industry and Occupation

Information about suicide rates by industry and occupation can be obtained from death certificates, which contain fields for "usual industry" and "usual occupation." These reflect the kind of work the decedent did during most of their working life, which may not necessarily be the same as their industry and occupation at the time of their death. Usual industry sector and usual occupational group were examined separately for male and female Michigan residents who died by suicide in 2022. For males, the suicide rate was highest among those working in the construction sector, which also had the second largest number of deaths, after the manufacturing sector; the agriculture, forestry, fishing and hunting, and mining sector had the second highest suicide rate (Table 1). The industry sector with the highest suicide rate for females was transportation, warehousing, and utilities, followed by arts, entertainment, and recreation; the industry sector with the highest number of suicide deaths for females was healthcare and social assistance (Table 2).

Table 1

Usual Industry Sectors with Highest Suicide Rates*, Male Civilian Employed Workers Aged 16+ Residing in Michigan, 2022

Industry Sector	Number of suicide deaths	Rate per 100,000
Construction	175	67.8
Agriculture, forestry, fishing and hunting, and mining	24	60.6
Information	21	60.5
Administrative and support and waste management	60	57.1
Manufacturing	329	51.7
Other services	50	49.8
Public administration	41	48.4
Utilities	14	44.2
Accommodation and food services	64	43.8
Transportation and warehousing	63	43.4

*Only sectors with 10 highest rates displayed for each table.
Note. Data from the CDC Michigan Violent Death Reporting System (2023).

Table 2

Usual Industry Sectors with Highest Suicide Rates*, Female Civilian Employed Workers Aged 16+ Residing in Michigan, 2022

Industry Sector	Number of suicide deaths	Rate per 100,000
Transportation, warehousing, and utilities	15	22.4
Arts, entertainment, and recreation	7	16.7
Retail trade	37	14.7
Manufacturing	34	14.4
Other services	13	11.2
Professional, scientific, and technical services	15	11.2
Healthcare and social assistance	56	10.2
Administrative and support and waste management	7	9.0
Finance and insurance, and real estate rental and leasing	12	7.8
Accommodation and food services	14	7.8

*Only sectors with 10 highest rates displayed for each table.

Note. Data from the CDC Michigan Violent Death Reporting System (2023).

For males, the farming, fishing, and forestry occupational group had the highest suicide rate, followed by material moving; the highest number of suicides was in the production group (Table 3). Suicide rates for females were highest in the material moving occupational group, which also saw high suicide rates for males, followed by personal care and service; the education, legal, community service, arts, and media group had the highest number of suicide deaths (Table 4).

Table 3

Usual Occupational Groups with Highest Suicide Rates, Male Civilian Employed Workers Aged 16+ Residing in Michigan, 2022*

Occupation	Number of suicide deaths	Rate per 100,000
Farming, fishing, and forestry	14	107.6
Material moving	113	85.9
Construction and extraction	144	70.3
Building and grounds cleaning and maintenance	59	65.3
Installation, maintenance, and repair	94	65.0
Production	169	54.5
Protective service	27	48.3
Transportation	57	40.4
Food preparation and serving related	43	38.3
Personal care and service	10	37.5

*Only groups with 10 highest rates displayed.
Note. Data from the CDC Michigan Violent Death Reporting System (2023).

Table 4

Usual Occupational Groups with Highest Suicide Rates*, Female Civilian Employed Workers Aged 16+ Residing in Michigan, 2022

Occupation	Number of suicide deaths	Rate per 100,000
Material moving	24	46.1
Personal care and service	11	12.7
Healthcare practitioners and technical	30	12.4
Sales and related	25	12.0
Healthcare support	16	11.7
Education, legal, community service, arts, and media	36	11.4
Production	12	10.4
Computer, engineering, and science	8	9.0
Food preparation and serving related	13	8.7
Office and administrative support	32	8.5

*Only groups with 10 highest rates displayed.
*Note.* Data from the CDC Michigan Violent Death Reporting System (2023).

Means of Suicide

Over half of suicide deaths in Michigan in 2022 involved a firearm (Figure 10); the proportion of suicides using a firearm has hovered around 50% for the past decade (Figure 11). The most common means of suicide varies by population subgroup. For 2018–2022, firearm suicides made up the highest proportion of suicides among Black and White Michigan residents but hanging or suffocation made up the highest percentage among Hispanic and Asian Michigan residents (Figure 12). A higher percentage of suicide deaths among Michigan veterans in 2020 involved a firearm as compared to suicides among the general population of Michigan residents aged 18 and older (70% versus 54%); 70% of suicides among service members nationally also involved a firearm.[14] Almost 90% of suicide deaths inside of jails and prisons used suffocation as the lethal means.[16]
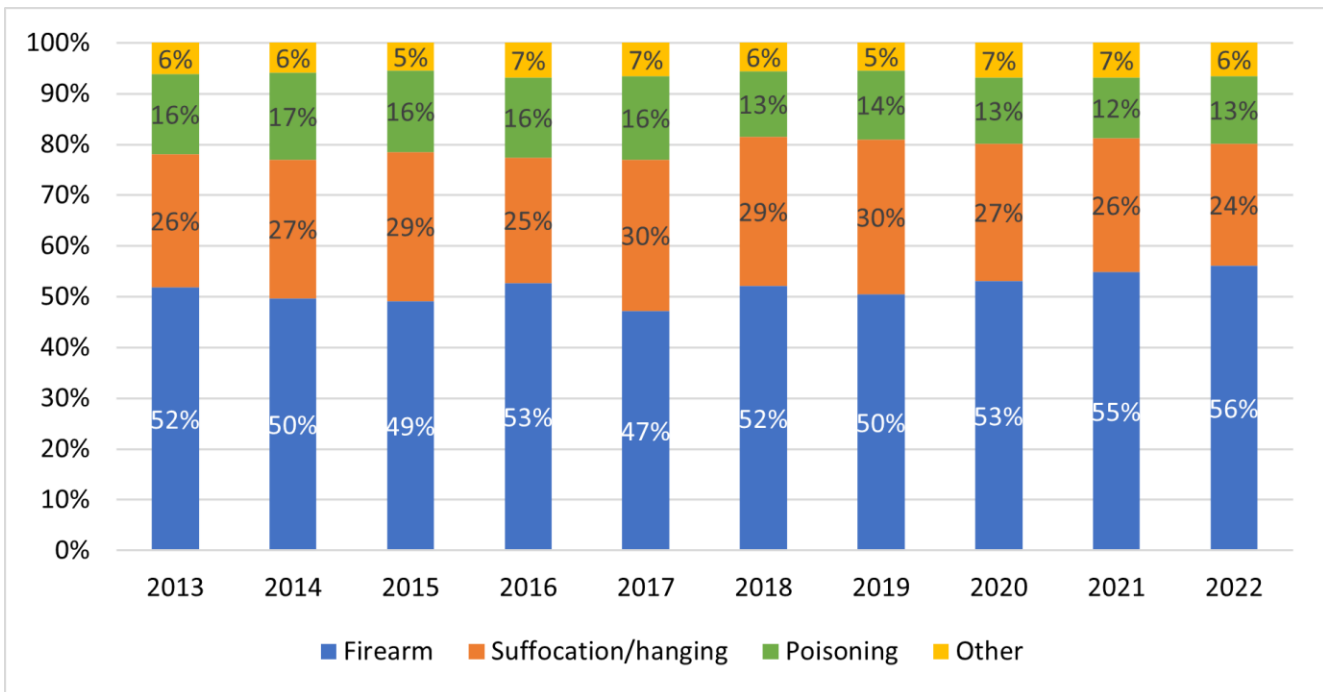
Figure 10

*Percentage of Suicide Deaths by Lethal Means, Michigan Residents, 2022*
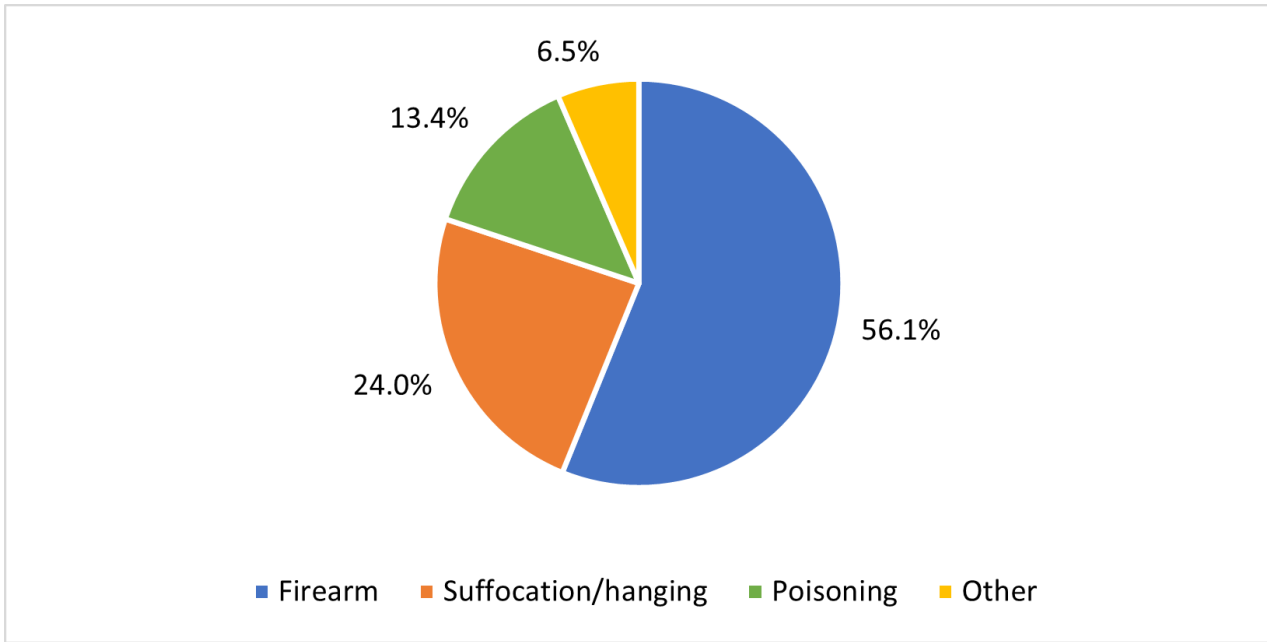
Figure 11

Annual Percentage of Suicide Deaths by Lethal Means, Michigan Residents, 2013–2022

Note. Data for Figures 10 and 11 from the MDHHS, Division for Vital Records and Health Statistics (2023).

Figure 12

Percentage of Suicide Deaths per Lethal Means by Race/Ethnicity, Michigan Residents, 2018–2022
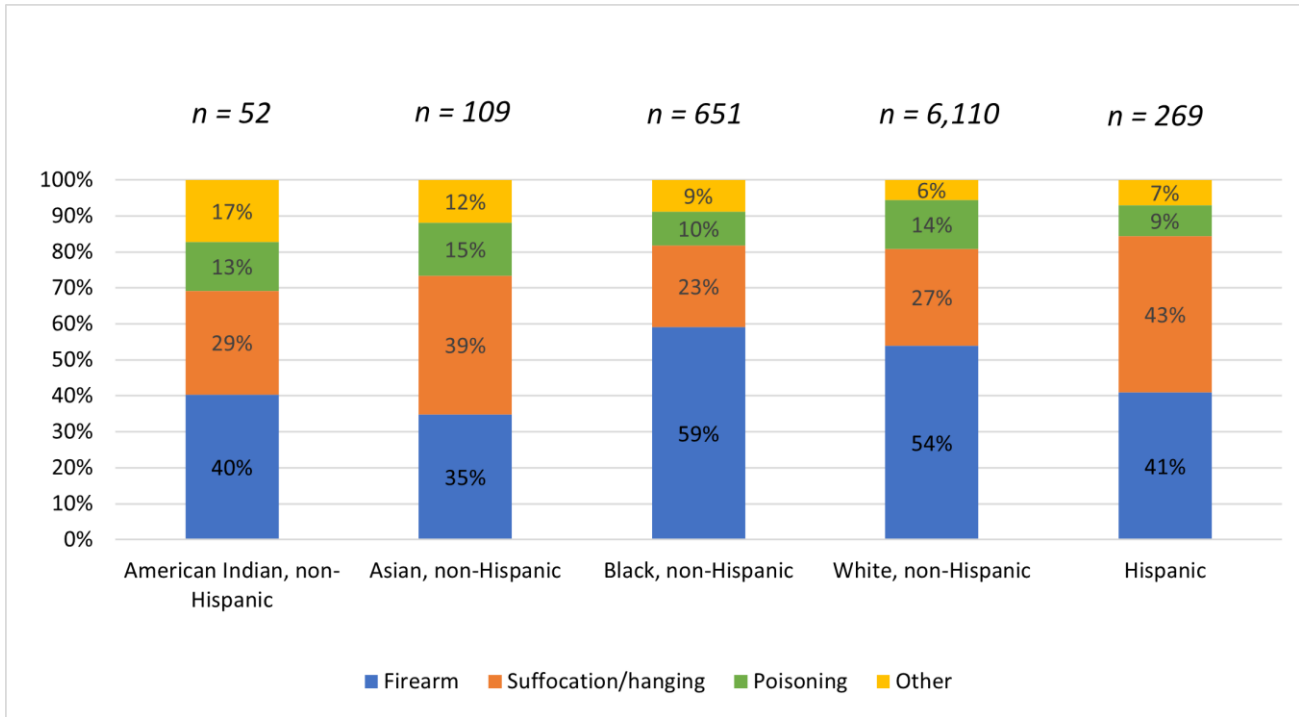
Note. Data from the MDHHS, Division for Vital Records and Health Statistics (2023).

Totals may not sum to 100% due to rounding. Categories of "more than one race" and "unknown or other race" not shown.

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Appendix A: Next Steps - Putting the Plan into Action

The Michigan Suicide Prevention Plan includes activities for everyone to have a role in preventing suicide. Many people across Michigan are already engaged in suicide prevention work while others are getting started for the first time. An action plan outlines precisely how to accomplish goals.[22] Here are some steps everyone can take to put this plan into action.

1. **Set SMART goals**

   Set specific, measurable, achievable, realistic, and time-bound goals based on the activities that are appropriate for your role/organization.

2. **Identify tasks**

   Identify all the tasks, both short and long-term, that you and/or your organization need to complete each goal.

3. **Allocate resources**

   Once tasks are outlined, allocate resources like time, funding, equipment, etc. that will be needed to complete each task. If there are resources that need to be acquired before a task can be completed, like funding or hiring staff, include that as a task in step 2.

4. **Prioritize tasks**

   An action plan is not set in stone; decide which tasks have a high priority over ones that are more flexible. Sort the action items by priority and sequence. Priorities range on a scale from important to less important. Sequence should have tasks in the order to be completed taking into consideration which tasks may need to be completed before others can start.

5. **Set deadlines and define success**

   Assign deadlines to tasks and define what success will look like for each goal. A timeline also serves as a visual tracking tool for starting and ending points of each task.

6. **Evaluate your work**

   If you are able, work with a professional evaluator to evaluate the implementation of your action plan. Otherwise, a suicide prevention program evaluation toolkit can be downloaded.

7. **Share your progress**

   MDHHS is interested in the progress of your suicide prevention work. Please share any programs or initiatives that you've developed and/or implemented to prevent suicide in your community/organization. Information can be sent to decampl@michigan.gov.

Appendix B: Contributors

The Michigan Suicide Prevention Plan would not be possible without the tireless efforts and passion of the individuals listed below to prevent suicide in Michigan. Each of these individuals contributed unique perspectives and experiences to help shape this plan. A sincere thank you to all involved in the creation of this plan whether editing drafts, participating in key stakeholder interviews, or attending the in-person strategic planning session held in October 2019 prior to COVID-19 delaying the publication of this plan until 2024. It was difficult to collect all of the names of those involved over several years and following staff departures; however, that does not diminish our gratitude for their involvement. There is a role for everyone in suicide prevention and together we can reduce suicides in the state.

Strategic Planning Session

Brian Ahmedani, PhD, Director, Center for Health Policy & Health Services Research and Director of Research, Behavioral Health Services at Henry Ford Health System
Gigi Colombini, LMSW, Founder, Institute for Hope & Human Flourishing
Penny Corbin, President, Michigan Association for Suicide Prevention
Cynthia Ewell Foster, PhD, Clinical Associate Professor, University of Michigan
Katie Hardy, Founder & Executive Director, Six Feet Over
Cheryl King, PhD, Professor; Director, Youth Depression & Suicide Prevention, University of Michigan
Amelia Lehto, Subject Matter Expert
David Litts, OD, Consultant, Suicide Prevention & Public Policy
Michael Pyne, Coordinator, HealthWest; Board Member, With One Voice
Karen Senkus, LBSW, MPA, Health Officer, Chippewa County Health Department
Barbara Smith, Executive Director, Suicide Resource & Response Network
Andrea Smith, MSW, Director, Innovation & Community Engagement, Detroit Wayne Integrated Health Network
Jody Sprague, LMSW, Program Manager, School-based Suicide Prevention, Corewell Health
John Urso, Founder, Kevin's Song

Key Stakeholder Interview

Dana Chesla Hughes, Program Manager, Behavioral Health, Michigan Health Endowment Fund
Mary Drew, OK2SAY-Michigan's Student Safety Program, Michigan State Police
Sally Steiner, LMSW, Specialist, Behavioral & Physical Health & Aging Services Administration, MDHHS

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Gigi Colombini, LMSW, Founder, Institute for Hope & Human Flourishing
Penny Corbin, President, Michigan Association for Suicide Prevention
Cynthia Ewell Foster, PhD, Clinical Associate Professor, University of Michigan
Catherine Frank, MD, Chair, Department of Psychiatry, Henry Ford Health System
Amelia Lehto, Subject Matter Expert
Barbara Smith, Executive Director, Suicide Resource & Response Network
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Mary Drew, OK2SAY-Michigan's Student Safety Program, Michigan State Police
Michael Leathead, Interim Supervisor, School Health & Safety Unit, Michigan Department of Education
Mary Ludtke, Evidence Based Practice & Grant Development Section Manager, MDHHS
Seth Persky, Office of the Family Advocate Manager, MDHHS
Megan Scott, Preventing Suicide in Michigan Men Program's Communications Specialist, MDHHS
Kristen Smith, PhD, LMSW, Preventing Suicide in Michigan Men Program Coordinator, MDHHS
Patricia Smith, Violence Prevention Program Coordinator, MDHHS (retired)
Sally Steiner, LMSW, Specialist, Behavioral & Physical Health & Aging Services Administration, MDHHS
Paula Vredenburg, Preventing Suicide in Michigan Men Epidemiologist, MDHHS
Rachel Zaguskin, 988 Grant Coordinator, MDHHS
*Positions listed are the positions that participants held at the time they assisted with the drafting of this plan. Some positions or organizations may no longer be current.