

SOPHE 2014 Case Study Competition

Baltimore, MD, Scenario

The Health Issue:

According to the National Institutes for Mental Health (NIMH), suicide “is a major public health problem” (NIMH, para 1). In the year 2010, suicide was the cause of 38,364 deaths in the United States, making it the tenth leading cause of death in the nation (CDC, 2013). However, it is the fourth leading cause of death in the 10-14 and 25-34 age groups, and the second leading cause of death in the 15-24 age group (National Center for Health Statistics (NCHS), 2012). In 2012, the state of Maryland recorded 557 completed suicides, which is an age-adjusted death rate of 9 per 100,000, with 69 of those in individuals under the age of 25 (Maryland Department of Health and Mental Hygiene, 2013).

According to NIMH, signs that an individual may be considering, or even attempting suicide, are as follows (NIMH, <http://www.nimh.nih.gov/health/publications/suicide-a-major-preventable-mental-health-problem-fact-sheet/index.shtml>):

- Talking about or showing signs of helplessness or hopelessness.
- Losing interest in things he or she used to enjoy.
- Displaying extreme mood swings
- Talking about rage or revenge
- Changing one’s sleeping or eating patterns
- Withdrawing from others
- Increasing one’s use of alcohol or drugs
- Giving away one’s prized possessions
- Expressing a wish to die or kill oneself
- Looking for methods for ending one’s life (e.g., searching for firearms).

In addition to the many suicides each year that are actually completed, many more suicides are attempted. According to the Centers for Disease Control and Prevention (CDC), more than 8 million US citizens contemplate suicide each year, with more than 1 million making a suicide attempt. Transferring these percentages to Maryland, it would indicate that roughly 490,000 individuals would have contemplated suicide with almost 30,000 attempts. Furthermore, while males are more likely to complete suicide than females, females are more likely to attempt suicide (CDC, 2012). Youth and adults under the age of 45 in Baltimore continue to be susceptible to suicidal behavior (Maryland Assessment Tool for Community Health, 2009).

According to the American Foundation for Suicide Prevention (AFSP), common risk factors include mental disorders (specifically depression), previous suicide attempts, and family history of attempted or complete suicide (2014). The CDC lists the following as additional risk factors:

- Family history of child maltreatment
- History of alcohol and substance abuse

- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma)
- Local epidemics of suicide
- Isolation, a feeling of being cut off from other people
- Barriers to accessing mental health treatment
- Loss (relational, social, work, or financial)
- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts

Conversely, factors such as access to mental health services, problem-solving skills, and positive connections such as family, friends, community, and religion serve as protective factors from suicidal ideation and attempts (AFSP, 2014).

The Community:

Rich in historical significance, the city of Baltimore is commonly called “Charm City” (Baltimore.org, 2013). The city was named after Caecilius Calvert, the proprietary governor of Maryland, whose father was the first Lord Baltimore of Cork County in Ireland (Thomas Legion net, n.d.). While the city of Baltimore is not actually located in Baltimore County, MD, it is considered a part of the Baltimore-Washington, D.C. metropolitan area. The 2012 population estimate of Maryland was 5,884,563 while the 2012 population estimate of the city of Baltimore was 621,342 (U.S. Census Bureau, 2014). The 2012 population estimate of the U.S. Census Bureau reports 21.5 percent of Baltimore residents are under 18 years of age (U.S. Census Bureau, 2014).

The Agencies/Initiative:

In October 2004, Congress passed, and President Bush signed the Garrett Lee Smith Memorial Act (GLSMA). The GLSMA made federal funding widely available for the first time in history to implement community-based youth and young adult suicide prevention programs. The GLSMA was designed to address a number of the National Strategy for Suicide Prevention goals and objectives including:

- (1) increased development and implementation of community-based suicide prevention
- (2) training for recognition of at-risk behaviors
- (3) improvement in access to and linkages with substance use and mental health services
- (4) improvement and expansion of surveillance of suicide-related outcomes
- (5) increased awareness of suicide as a public health problem, and
- (6) development and implementation of strategies for reducing stigma associated with services for mental health and suicide prevention activities.

The Goal:

Given that suicide is a leading cause of death, especially among young people, your team represents a group of public health educators who have been charged to develop, implement, and evaluate a five-year health promotion program to prevent suicide. Your team's proposed health promotion program should be comprehensive and address priorities in the *GLSMA*. While meeting the judging criteria that is provided in the attached file, your team should identify community assets and resources, and coordinate your efforts with the Maryland Department of Health and Mental Hygiene.

References:

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