



Investing for tomorrow, delivering today.

Suicide Prevention: Understanding the New Mexico Landscape

Naja Druva, LPCC
(she/her)

Lead Suicide Prevention Coordinator
New Mexico Department of Health -
Injury and Behavioral Epidemiology
Bureau

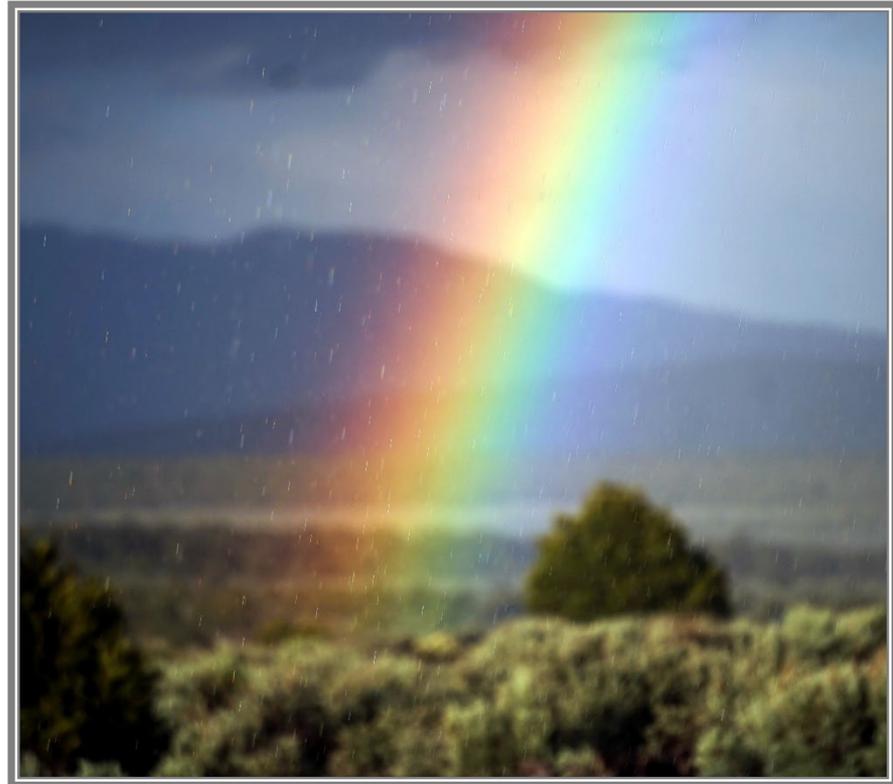
Dylan Pell
(he/him)

Mental Health Epidemiologist
New Mexico Department of Health -
Injury and Behavioral Epidemiology
Bureau

Message about Trauma-Informed Meetings

Office of Injury and Violence Prevention

New Mexico
Department of Health



**Today's meeting covers difficult topics –
such as injury, violence, substance use,
self-harm, and death.**

**Together we can limit potential harm by
co-creating a trauma-informed
meeting environment.**

**If you begin to have unsettling
feelings or reactions,
please take care of yourself.**

Feel free to share suggestions with organizers.

Feel free to practice self care –

Try these ideas or something else that works for you:

Take a short break

Turn off your camera

Do a grounding exercise

Move around to be comfortable—stand, walk, stretch

Use fidget toys like rubber bands or anti-stress gadgets

Thank you for being present and sharing your
expertise & experiences.

You matter, your work matters!

Where Do These Data Come From?

- **Surveys**

- Youth Risk and Resiliency Survey (YRRS) – Survey of New Mexico public high school and middle school students
- Behavioral Risk Factor Surveillance System (BRFSS) – Telephone survey of New Mexico adults

- **Death Records**

- Death Certificates/Vital Records (Death Data)
- Office of the Medical Investigator (OMI)
- National Violent Death Reporting System (NVDRS) – Additional information collected on violent deaths.

- **Hospital and Emergency Room Visits**

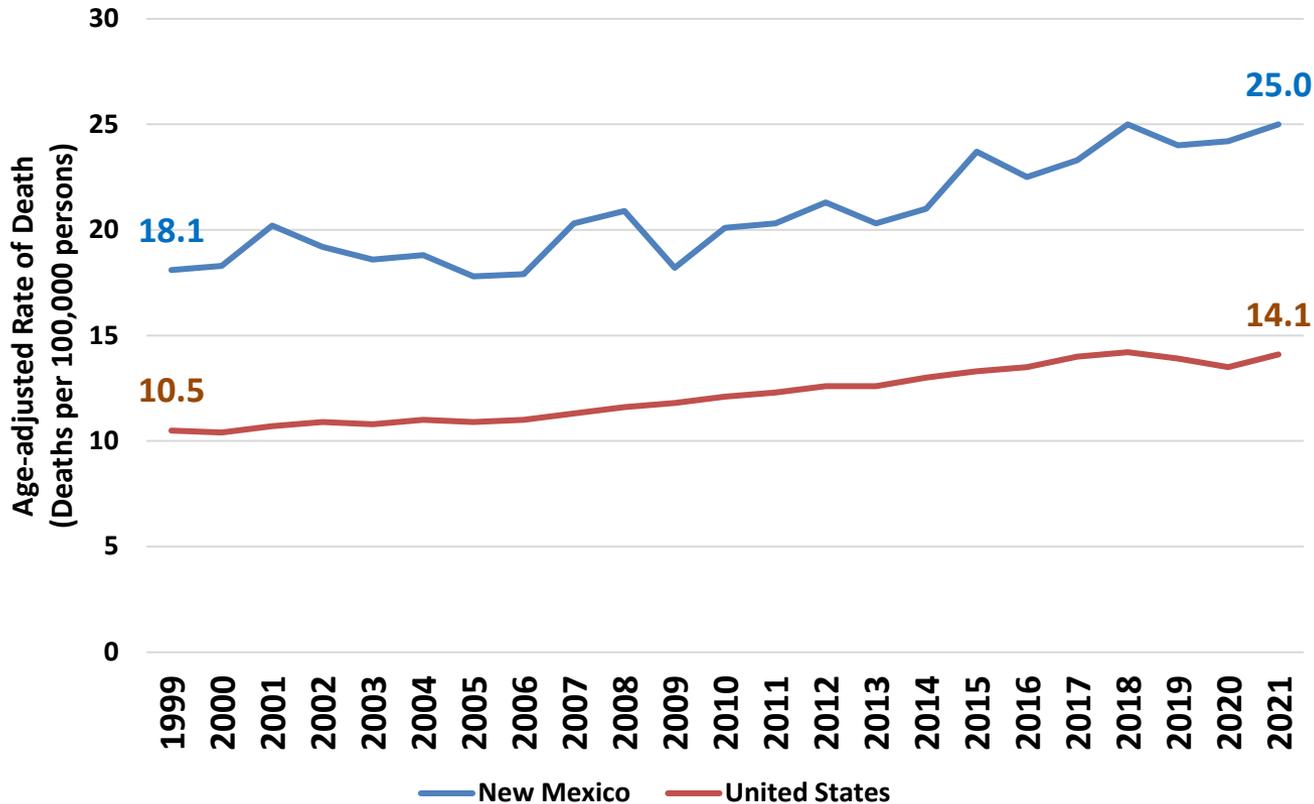
- National Syndromic Surveillance Program (NSSP) - 37 New Mexico hospitals (non-federal) provide records of emergency department visits

Statistics for New Mexico Healthcare Workers (2018 to 2019):

- **One in Seven** (14%) had previously been diagnosed with depression by a clinician
- **One in Eight** (12%) engaged in binge drinking at least once in the previous thirty days
- **One in Twelve** (8%) experienced frequent mental distress in the previous thirty days
- **One in Thirty** (3.3%) seriously considered attempting suicide in the past year

Source: 2018-2019 BRFSS (NM); NMDOH Survey Section

Suicide Death Rates, New Mexico and the United States, 1999-2021

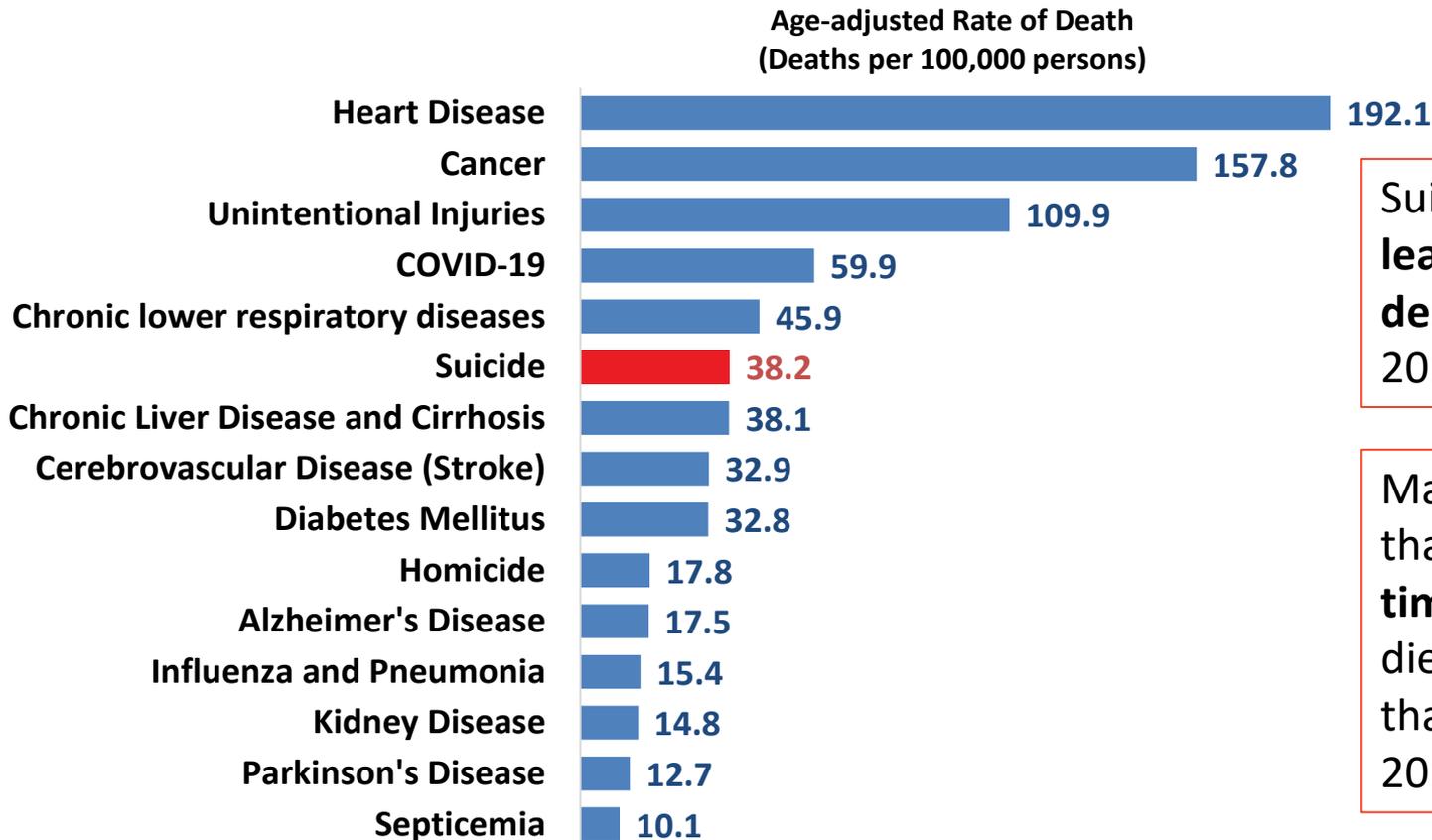


From 1999 to 2021, the US rate of suicide increased **34%**

From 1999 to 2021, the NM rate of suicide increased **38%**

In 2021, the New Mexico suicide rate was **77% higher** than US rate

Leading Causes of Death: Males, 2017-2021, New Mexico



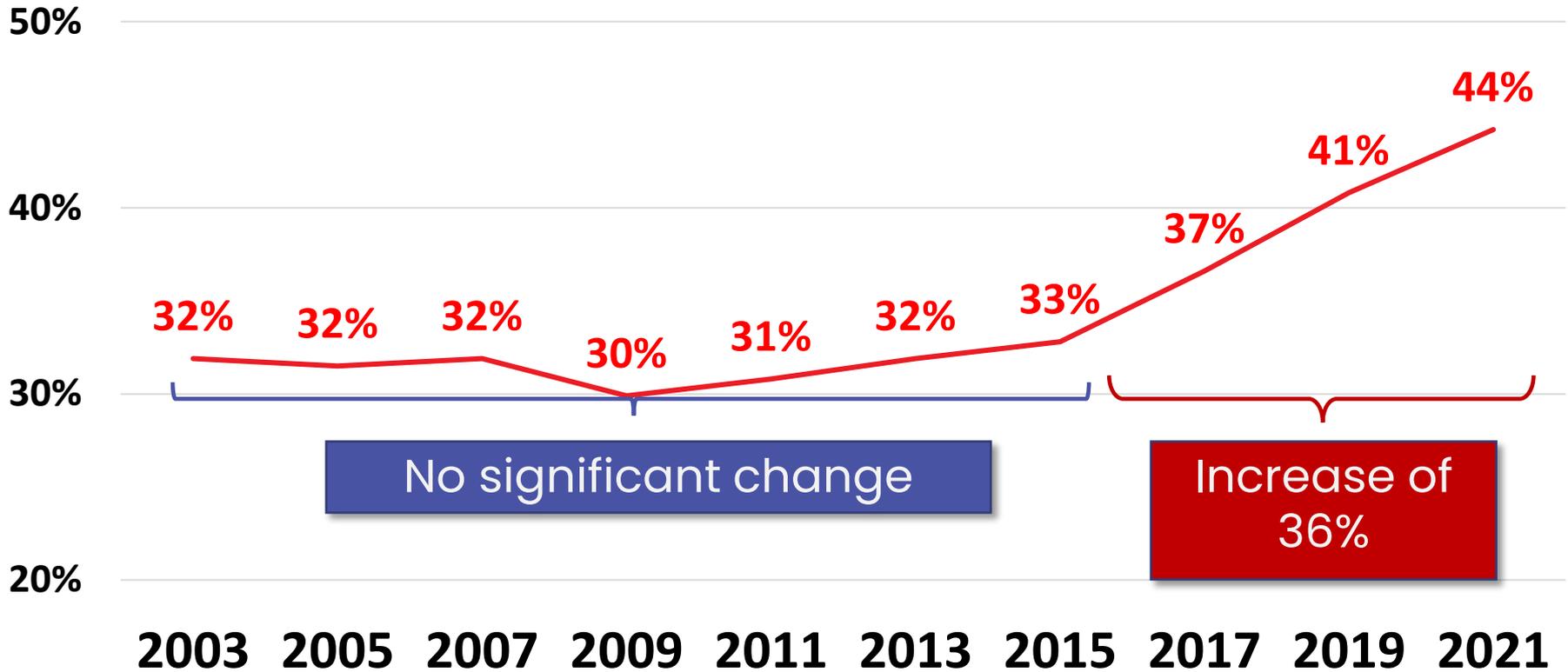
Suicide was the **6th** leading cause of death for males in 2017-2021

Males were more than **three and half times more likely** to die from suicide than females in 2017-2021

Source: New Mexico IBIS, Mortality Query. Data accessed from: <http://ibis.health.state.nm.us/>. Retrieved on January 13th, 2023.

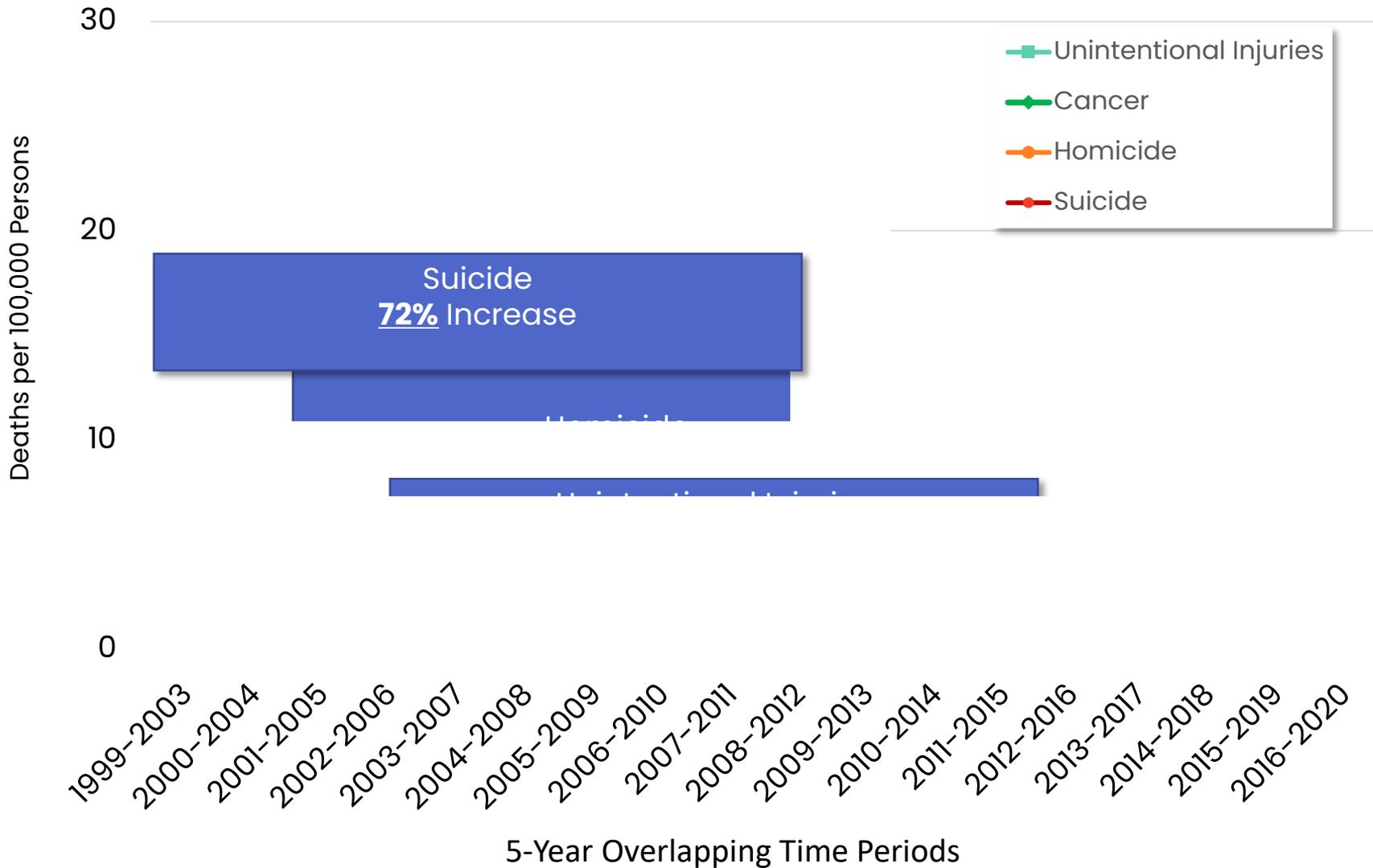
Youth Mental Health Concerns and Suicide Deaths Have Risen

Persistent Sadness or Hopelessness: Grades 9-12, New Mexico, 2003-2021

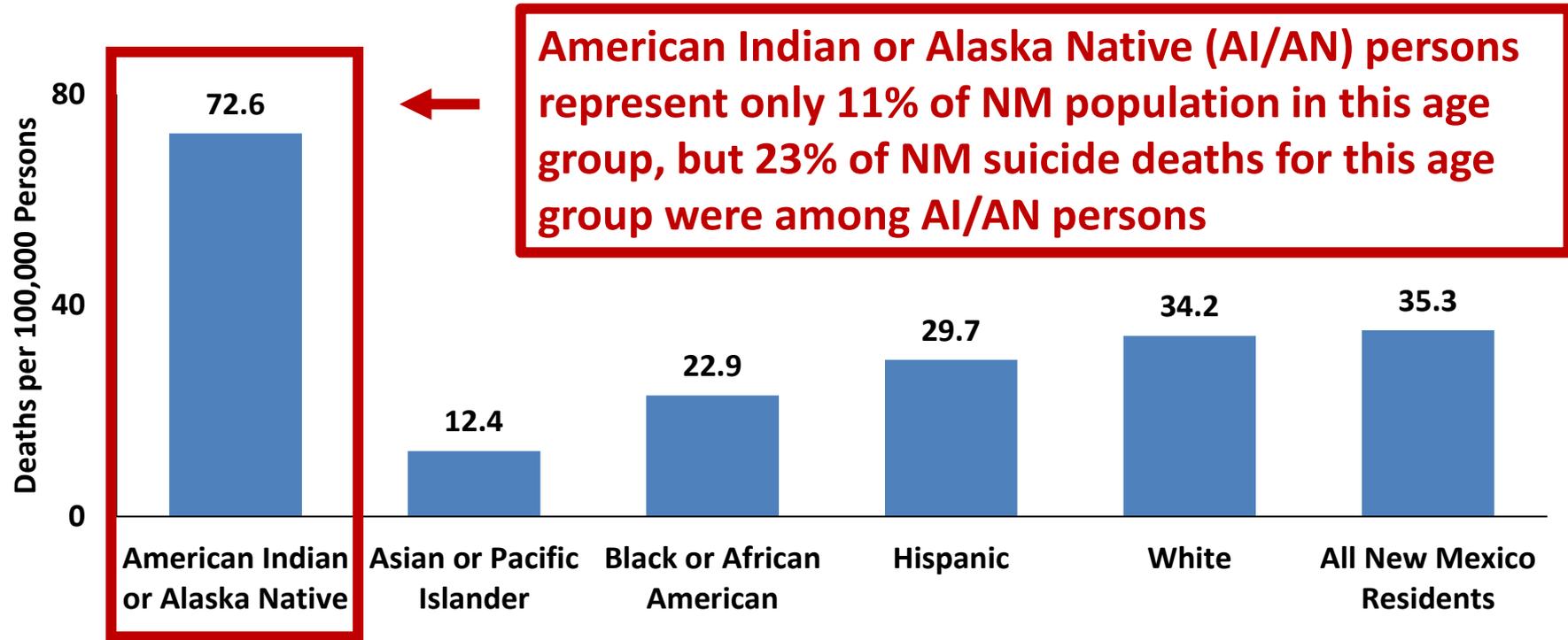


Source: 2003-2021 YRRS (NM); NMDOH Survey Section and PED

Leading Causes of Death, Ages 11-17, New Mexico, 1999-2020



Suicide Deaths by Race/Ethnicity: Ages 25-34, New Mexico, 2017-2021



Source: 2017-2021 Mortality Query, NM-IBIS.

Parents Matter!

In 2021, students who reported it is “**Very Much True**” that “**in my home, there is a parent or some other adult who believes I will be a success**” were:

- **61% less likely** to have attempted suicide in the past year than other students

Source: 2021 YRRS (NM); NMDOH Survey Section and PED

Poll Statement (True or False):

The highest incidence of suicide death is in December or November around the holidays:

True or **False**

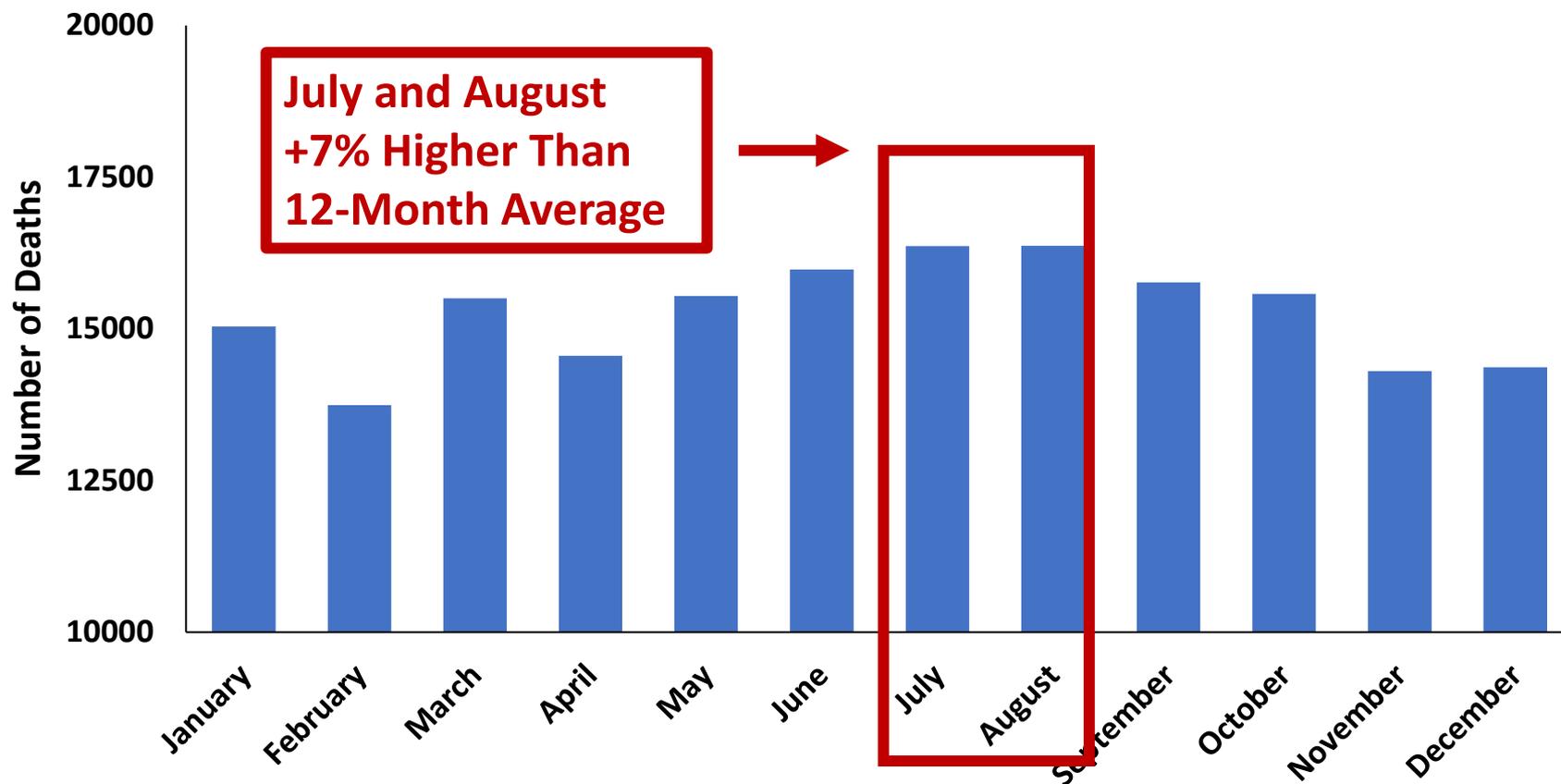
False: Nationally, November and December are among the months with the lowest incidence for suicide death (both were about 6% below the 12-month average). Only February had a lower incidence (9% below the 12-month average)*¹.

*February also happens to be the shortest month of the year with an average 7% fewer days than other months.

1. CDC Wonder – Underlying Cause of Death Query, 2018-2021
<https://wonder.cdc.gov/>

Seasonality of Suicide

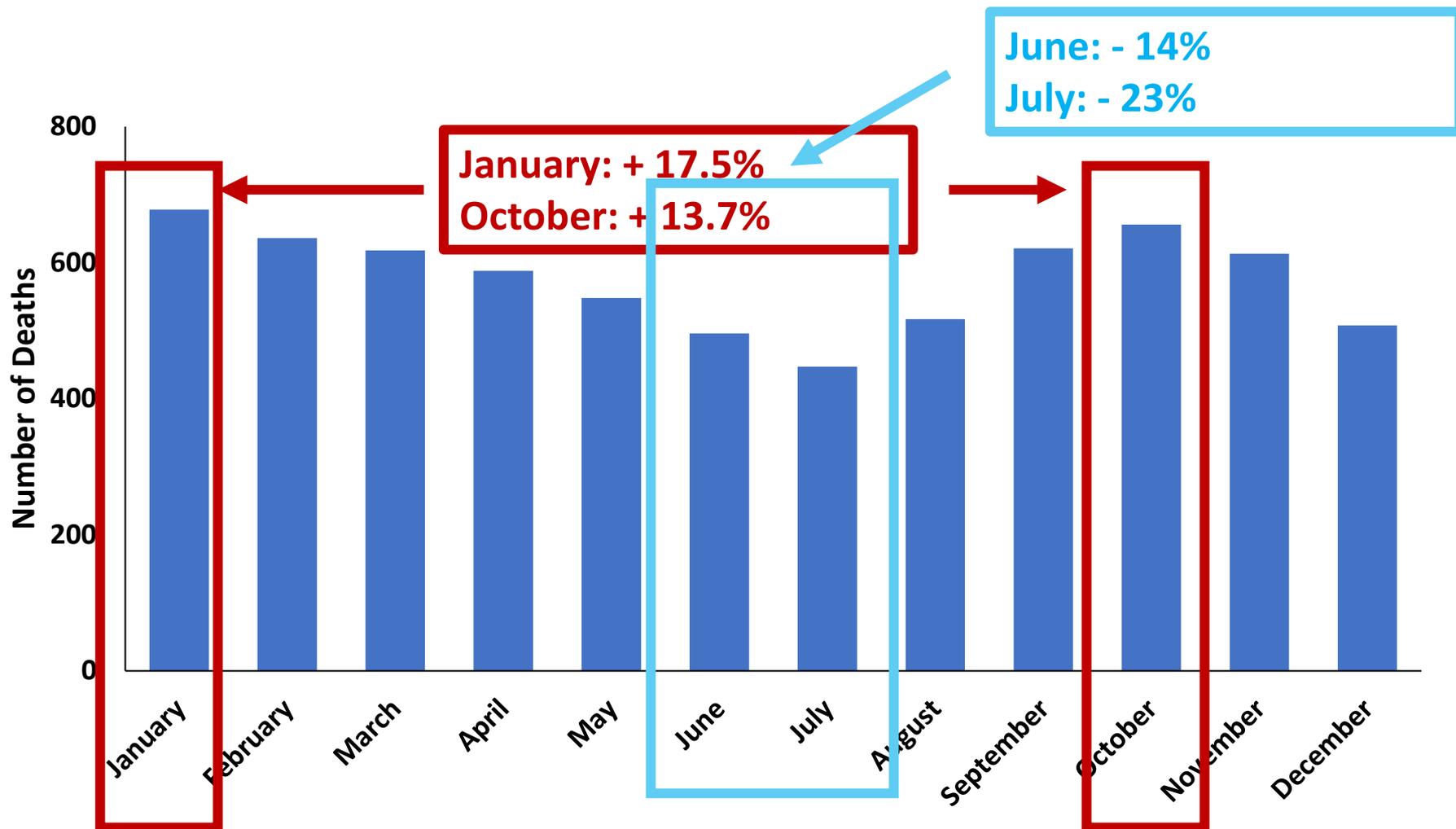
Suicide Deaths by Month: Ages 18+, United States, 2018-2021



1. CDC Wonder – Underlying Cause of Death Query, 2018-2021

<https://wonder.cdc.gov/>

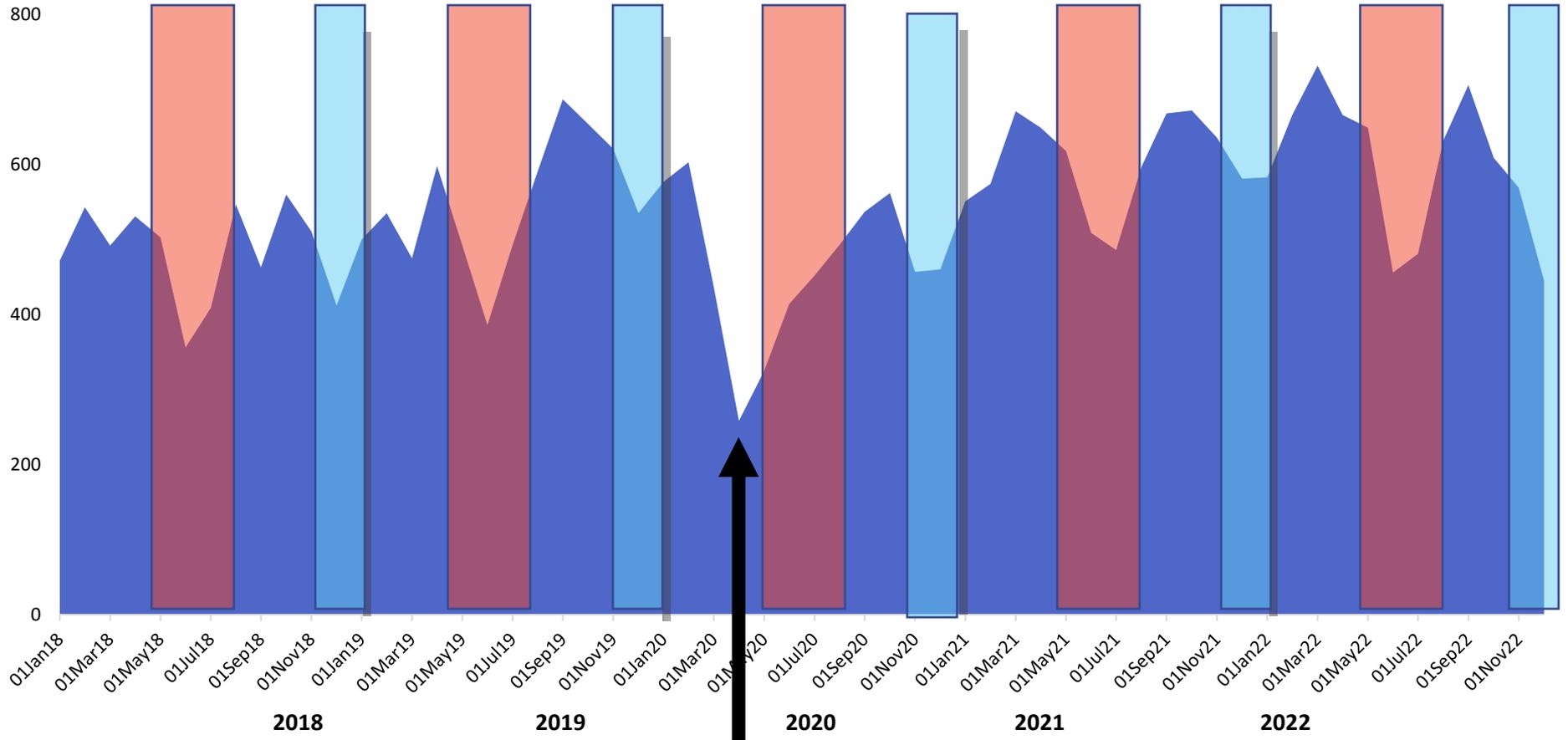
Suicide Deaths by Month: Ages 5-17, United States, 2018-2021



1. CDC Wonder – Underlying Cause of Death Query, 2018-2021

<https://wonder.cdc.gov/>

Mental Health Emergency Department Visits by Month: Ages 5-17, New Mexico, 2018-2022



**May – August
(Summer Months)**

**April 2020
(COVID – Lockdown Begins)**

**December – January
(Winter Break)**

Suicide in Adulthood

- In 2017-2021:
 - Suicide was the leading cause of death among youth, ages 11-17 (128 deaths)
 - 1 in every 3 deaths was due to suicide

However,

- 95% of suicide deaths (2,403 deaths) were among adults, ages 18+

Source: 1999-2020 CDC Wonder – Underlying Cause of Death Report

Suicide in Adulthood

- In 2021, for each New Mexico adult who died by suicide, there were an estimated:
 - **240** New Mexico adults who **considered a suicide attempt**²
 - **18 emergency department visits** in New Mexico for adults with a diagnosis of suicidal ideation, suicide attempt, or intentional self-harm³
 - **5 hospitalizations** with a diagnosis of suicidal ideation, suicide attempt, or intentional self-harm³

Sources: 1. NM-IBIS - Secure Mortality Query; NMDOH, accessed on January 13th, 2023

2. 2021 NM-BRFSS; NMDOH

3. 2021 CDC ESSENCE; accessed on January 13th, 2023

UNM Hospital: ED and Suicide-related Events

In 2022, University of New Mexico Hospitals Reported:

- **4,680** emergency department events with a suicide attempt, suicide ideation, or self-harm ICD10 Code
- About **13** suicide-related emergency department visits per day
- **One in Twenty-seven** emergency department visits included a suicide attempt, ideation, or self-harm diagnosis
- **1078** suicide-related emergency department visits for **patients aged 17 or younger**

Source: CDC- NSSP; Data queried and accessed by Dylan Pell on August 8th, 2023

Get Data About Your Own Community: State of Mental Health in New Mexico (2022)

- Prevalence of mental health and suicide related events in NM
 - Adult and Youth Data
- Data on risk/protective factors and disparities
- Recommendations
- Full report available at:
 - <https://www.nmhealth.org/data/view/report/2650/>

2021 State of Mental Health

Section 1: Introduction

Mental Health in New Mexico
Key Facts and Findings

Mental Health Defined
Mental health includes our emotional, psychological, and social well-being. It impacts everyday life, work, and relationships. It determines how we think, feel, and act. It is important at each stage of life from childhood through adulthood.

New Mexico Mental Health Facts

Youth Mental Health

- **Two out of Five** high school students (40%) **felt sad or hopeless** in 2019²
- **One out of Six** youth aged 12-17 (17%) experienced a **major depressive episode** in the past year in 2019-2020⁴

Adult Mental Health

- **18%** of adults had a history of a **depression diagnosis** in 2020³
- **13%** of adults experienced **frequent mental distress** in 2020³
- **6%** of adults had a **serious mental illness** in 2018-2019³

Suicide

- **4th highest rate** of suicide among all U.S. states in 2020¹
- New Mexico's age-adjusted suicide rate (24.2/100,000) was **79% higher** than the United States rate (13.5/100,000) in 2020¹
- The age-adjusted suicide rate **increased 19%** from 2011 to 2020¹
- **57%** of suicides involved a **firearm** in 2020¹

Youth Risk Factors

- **Sleep** – The majority of high school students (72.1%) did not sleep eight or more hours per night in 2019. This was associated with increased risk for suicide attempts as well as feelings of sadness and hopelessness².
- **Sexual Violence** – Students who experienced sexual violence were at much higher risk for nonsuicidal self-injury, suicide attempts, and feelings of sadness or hopelessness².

Adult Risk Factors

- **Income** – Adults in a household earning less than \$15,000 a year were at higher risk of experiencing frequent mental distress and having had a depression diagnosis than all other income brackets in 2020³.
- **Adverse Childhood Experiences (ACEs)** – Adults who experienced traumatic experiences as children were much more likely to have thought about attempting suicide or have had frequent mental distress than other adults³.

Data Sources

1. Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released in 2021.
2. 2019 Youth Risk and Resiliency Survey (NM); NMDOH and NM PED
3. 2019 and 2020 Behavioral Risk Factor Surveillance System (NM); NMDOH
4. 2019-2020 National Survey on Drug Use and Health; SAMHSA

*All rates are age-adjusted when data is available and when not describing within age categories

Identifying Suicide Risk Factors

Individual Risk Factors:

- Previous suicide attempt
- History of depression and other mental illnesses
- Serious illness such as chronic pain
- Criminal/legal problems
- Job/financial problems or loss
- Impulsive or aggressive tendencies
- Substance use
- Current or prior history of adverse childhood experiences
- Sense of hopelessness
- Violence victimization and/or perpetration

Source: CDC <https://www.cdc.gov/suicide/factors/index.html>

Identifying Suicide Risk Factors

Relationship Risk Factors:

- Bullying
- Family/loved one's history of suicide
- Loss of relationships
- High conflict or violent relationships
- Social isolation

Source: CDC <https://www.cdc.gov/suicide/factors/index.html>

Investing for tomorrow, delivering today.

1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org

Identifying Suicide Risk Factors

Community Risk Factors:

- Lack of access to healthcare
- Suicide cluster in the community
- Stress of acculturation
- Community violence
- Historical trauma
- Discrimination

Source: CDC <https://www.cdc.gov/suicide/factors/index.html>

Identifying Suicide Risk Factors

Societal Risk Factors:

- Stigma associated with help-seeking and mental illness
- Easy access to lethal means of suicide among people at risk
- Unsafe media portrayals of suicide

Source: CDC <https://www.cdc.gov/suicide/factors/index.html>

Identifying Suicide Protective Factors

Individual Protective Factors:

- Effective coping and problem-solving skills
- Reasons for living (for example, family, friends, pets, etc.)
- Strong sense of cultural identity

Relationship Protective Factors:

- Support from partners, friends, and family
- Feeling connected to others

Source: CDC <https://www.cdc.gov/suicide/factors/index.html>

Identifying Suicide Protective Factors

Relationship Protective Factors:

- Support from partners, friends, and family
- Feeling connected to others

Community Protective Factors:

- Feeling connected to school, community, and other social institutions
- Availability of consistent and high quality physical and behavioral healthcare

Source: CDC <https://www.cdc.gov/suicide/factors/index.html>

Identifying Suicide Protective Factors

Societal Protective Factors:

- Reduced access to lethal means of suicide among people at risk
- Cultural, religious, or moral objections to suicide

Relationship Protective Factors:

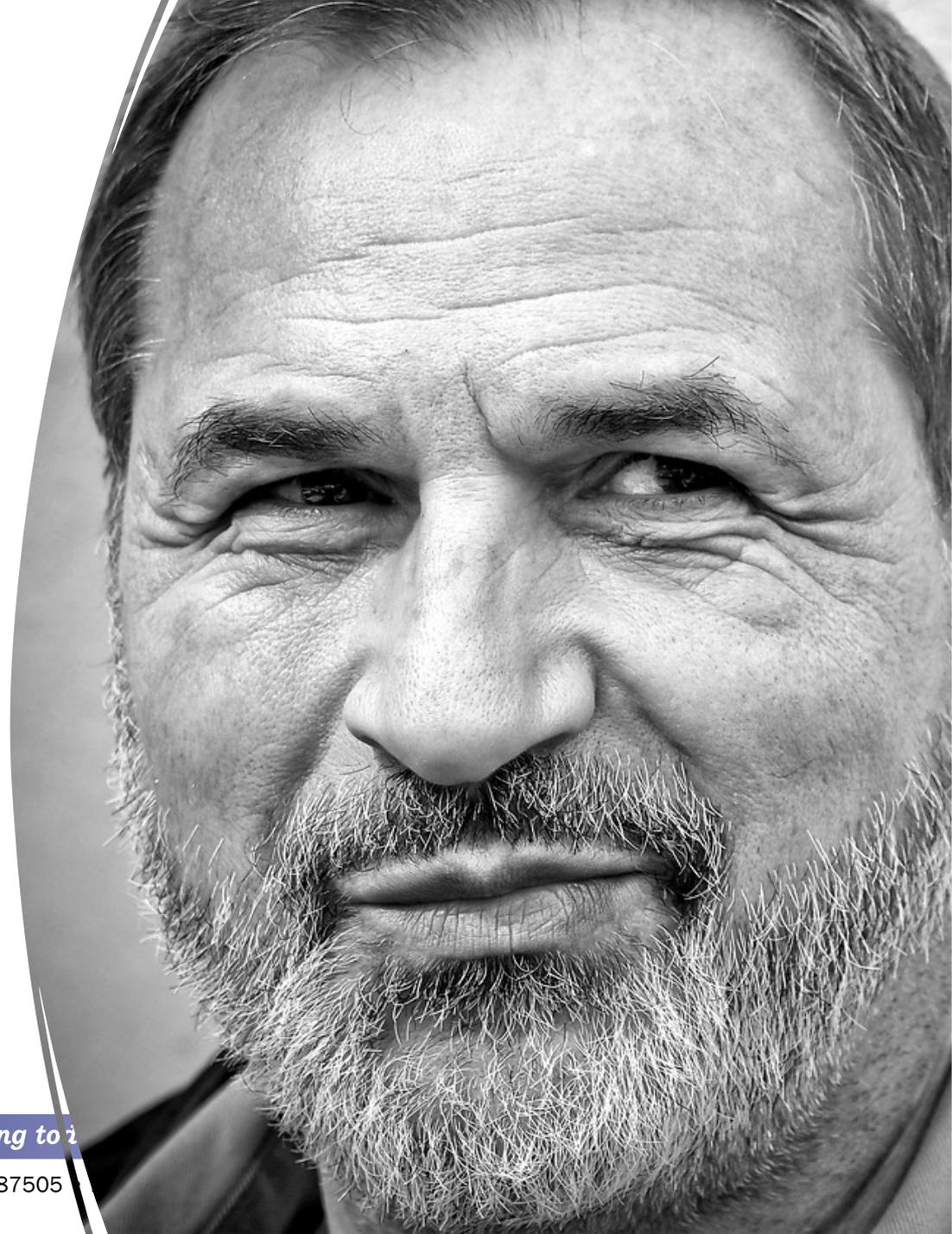
- Support from partners, friends, and family
- Feeling connected to others

Source: CDC <https://www.cdc.gov/suicide/factors/index.html>

Fictional Case Study

Pete – Employee at Loma Alta
State Research Facility

- Hunts
- Active in his church
- Expecting first grandchild
- Nearing retirement
- Recently divorced
- Drinking more
- DUI
- Worried about losing clearance



What are some of Pete's Suicide Risk and Protective Factors?

Individual Risk Factors

- Previous suicide attempt
- History of depression and other mental illnesses
- Criminal/legal problems
- Job/financial problems or loss
- Impulsive or aggressive tendencies
- Substance use

Relationship Risk Factors

- Bullying
- Family/loved one's history of suicide
- Loss of relationships
- High conflict or violent relationships
- Social isolation

Community Risk Factors

- Lack of access to healthcare
- Suicide cluster in the community
- Stress of acculturation

Societal Risk Factors

- Stigma associated with help-seeking and mental illness
- Easy access to lethal means of suicide among people at risk

Individual Protective Factors

- Effective coping and problem-solving skills
- Reasons for living (for example, family, friends, pets, etc.)
- Strong sense of cultural identity

Relationship Protective Factors

- Support from partners, friends, and family
- Feeling connected to others

Community Protective Factors

- Feeling connected to school, community, and other social institutions
- Availability of consistent and high quality physical and behavioral healthcare

Societal Protective Factors:

- Reduced access to lethal means of suicide among people at risk
- Cultural, religious, or moral objections to suicide

Source: CDC <https://www.cdc.gov/suicide/factors/index.html>

Investing for tomorrow, delivering today.

Fictional Case Study

Leetha – Recently hired as a professor at the University of North Montana

- Recently graduated with PhD in physics
- Recently moved to area for work
- Likes her new job and co-workers
- Close to parents, calls home almost every day
- Feels isolated in the small town- not many other people like her
- Doesn't like spicy food
- In grad school, struggled with anxiety and depression



What are some of Leetha's Suicide Risk and Protective Factors?

Individual Risk Factors

- Previous suicide attempt
- History of depression and other mental illnesses
- Criminal/legal problems
- Job/financial problems or loss
- Impulsive or aggressive tendencies
- Substance use

Relationship Risk Factors

- Bullying
- Family/loved one's history of suicide
- Loss of relationships
- High conflict or violent relationships
- Social isolation

Community Risk Factors

- Lack of access to healthcare
- Suicide cluster in the community
- Stress of acculturation

Societal Risk Factors

- Stigma associated with help-seeking and mental illness
- Easy access to lethal means of suicide among people at risk

Individual Protective Factors

- Effective coping and problem-solving skills
- Reasons for living (for example, family, friends, pets, etc.)
- Strong sense of cultural identity

Relationship Protective Factors

- Support from partners, friends, and family
- Feeling connected to others

Community Protective Factors

- Feeling connected to school, community, and other social institutions
- Availability of consistent and high quality physical and behavioral healthcare

Societal Protective Factors:

- Reduced access to lethal means of suicide among people at risk
- Cultural, religious, or moral objections to suicide

Source: CDC <https://www.cdc.gov/suicide/factors/index.html>

Investing for tomorrow, delivering today.

1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org

Recourses



24/7 Lifeline for Emotional,
Mental or Substance Use Distress

Professional
counselors
and peer
supports are
here to hear
you 24/7/365

free and confidential

Crisis Line 1-855-662-7474

Warm Line
call or text 1-855-466-7100



www.nmcrisisline.com

For TTY access call
1-855-227-5485

AGORA
CRISIS CENTER

505.277.3013

talk about it
phone | chat online

www.AgoraCares.org 855.505.4505

card-foot.indd 1

6/16/2015 3:28:00 PM

Questions



Thank you!

Naja Druva, LPCC
(she/her)

Lead Suicide Prevention Coordinator
New Mexico Department of Health - Injury and Behavioral
Epidemiology Bureau

Dylan Pell
(he/him)

Mental Health Epidemiologist
New Mexico Department of Health - Injury and Behavioral
Epidemiology Bureau