

SCMS Efforts on Suicide Awareness Training Directly Result in New AMA Policy

The SCMS is pleased to announce a Resolution on Suicide Awareness Training for health care professionals was unanimously approved by the MSMS House of Delegates (HOD) in April 2018. The Resolution was proposed by **Joan M. Cramer**, SCMS Executive Director; authored by then fourth-year Central Michigan University College of Medicine (CMU) students **Joshua David Donkin, Taylor Boehler-Gaudard and Kathleen Duemling**, and introduced by **Anthony M. Zacharek MD** in response to the high number of suicides in Saginaw County, Michigan and nationwide, including the suicide of the 26-year-old lifelong friend of Cramer's son on September 30, 2017. Testimony at the MSMS HOD was given by **Elizabeth Godfrey**, then CMU M-2 student.

To combat the growing suicide epidemic in this country, and as a direct result of SCMS efforts, the AMA unanimously adopted a new policy to increase awareness and physician training on suicide. MSMS Delegates to the AMA presented Cramer's Resolution to the AMA for consideration and approval at the AMA's Annual Meeting in Chicago June 9-13, 2018.

"With an increasing number of people committing suicide in the U.S., we must do everything we can to help increase awareness about the risk factors for suicide," AMA President, Barbara L. McAneny MD, said in a statement.

This landmark decision by the AMA to support further physician training on suicidal ideation is just the start. The commitment to increased physician and patient interaction to further assess these risks and addressing the lack of access to inpatient and outpatient psychiatric care will be vital to reversing the momentum of suicide among patients long-term.

Suicide rates in the U.S. have risen nearly 30 percent since 1999, according to recently released data from the Centers for Disease Control and Prevention (CDC). Suicide was the 10th leading cause of death in the U.S. in 2015, and is the second leading cause of death of people aged 15-24. In 2015, Michigan had a suicide rate of 14.2 per 100,000 people, and more potential years of life are lost to suicide than to any other single cause except heart disease and cancer.

In 2012, the Surgeon General and Institute of Medicine called for healthcare systems around the nation to aid in reducing the number of yearly suicides stating, "Clinical preventive services, including suicide assessment and preventive screening by primary care and other health care providers, are crucial to assessing suicide risk and connecting individuals at risk for suicide to available clinical services and other sources of care."

Sixty-four percent of people who attempt suicide have visited a physician in the month prior to their suicide attempt, and 38 percent of those who attempt suicide visit a physician in the week before.

Community-based suicide prevention programs have been shown to be a cost-effective way to lower costs to the healthcare system from averted suicide attempts and decrease the number of suicides in communities with prevention programs. The Henry Ford Health System started a [ZEROSuicide](#) initiative in 2001 to cut the suicide rate among its patients, and demonstrated an 80 percent reduction in suicide among the Henry Ford Medical Group HMO membership that has been maintained for a decade since the implementation of this program.

For more information on how you or your organization can be trained in Suicide Awareness, please contact [Barb Smith SUICIDE RESOURCE & Response Network](#) at (989) 781-5260 barb.smith@suicideresourceandresponse.net.

[National Suicide Prevention Lifeline](#) - We all play a role in suicide prevention. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals. [1-800-273-8255](tel:1-800-273-8255) Text 741741. "It's OK to Ask4Help!"