

# The Integration of OUD and Suicide Risk Identification, Prevention & Care: A National Perspective

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I have no relevant  
personal/professional/financial  
relationship(s) with respect to this activity.

# Topics covered today

- An overview of the national data trends
- A look at trend patterns for various subgroups
- Possible reasons for the subgroup trends
- Some steps NIMH is taking to address OUD, mental disorders and suicide risk



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## Messages by Year

[2019](#) [2018](#) [2017](#) [2016](#)

## Messages by Topic

### DISORDERS

[Anxiety Disorders \(1 item\)](#)

[Autism \(4 items\)](#)

[Borderline Personality Disorder \(1 item\)](#)

[Depression \(6 items\)](#)

## Suicide Deaths Are a Major Component of the Opioid Crisis that Must Be Addressed

By [Joshua Gordon](#), [Nora Volkow](#) on *September 19, 2019*

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September is National Suicide Prevention Awareness Month. In observance, our two institutes, the National Institute on Drug Abuse (NIDA) and the National Institute of Mental Health (NIMH), are taking this opportunity to highlight a dimension of the opioid crisis that receives too little attention—the links between opioid use, opioid use disorder (OUD), and suicide.

We've heard a lot about the opioid epidemic, and the rising toll it is taking on our communities. In 2017, [47,600 people died from overdoses](#) involving prescription or illicit opioids. But the opioid overdose epidemic is not limited to people with opioid addiction who accidentally take too much of a pain reliever or unknowingly inject a tainted heroin product. Concealed in the alarming number of overdose deaths is a significant number of people who have decided to take their own life.

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# Resource on Mortality and Morbidity Related to Suicide, Opioids, Alcohol and Other Substances

ISSUE BRIEF



## Pain in the Nation Update:

WHILE DEATHS FROM ALCOHOL, DRUGS, AND SUICIDE SLOWED SLIGHTLY IN 2017, RATES ARE STILL AT HISTORIC HIGHS

<https://www.tfah.org/wp-content/uploads/2019/03/TFAH-2019-PainNationUpdateBrief-06.pdf>



National Institute of Mental Health

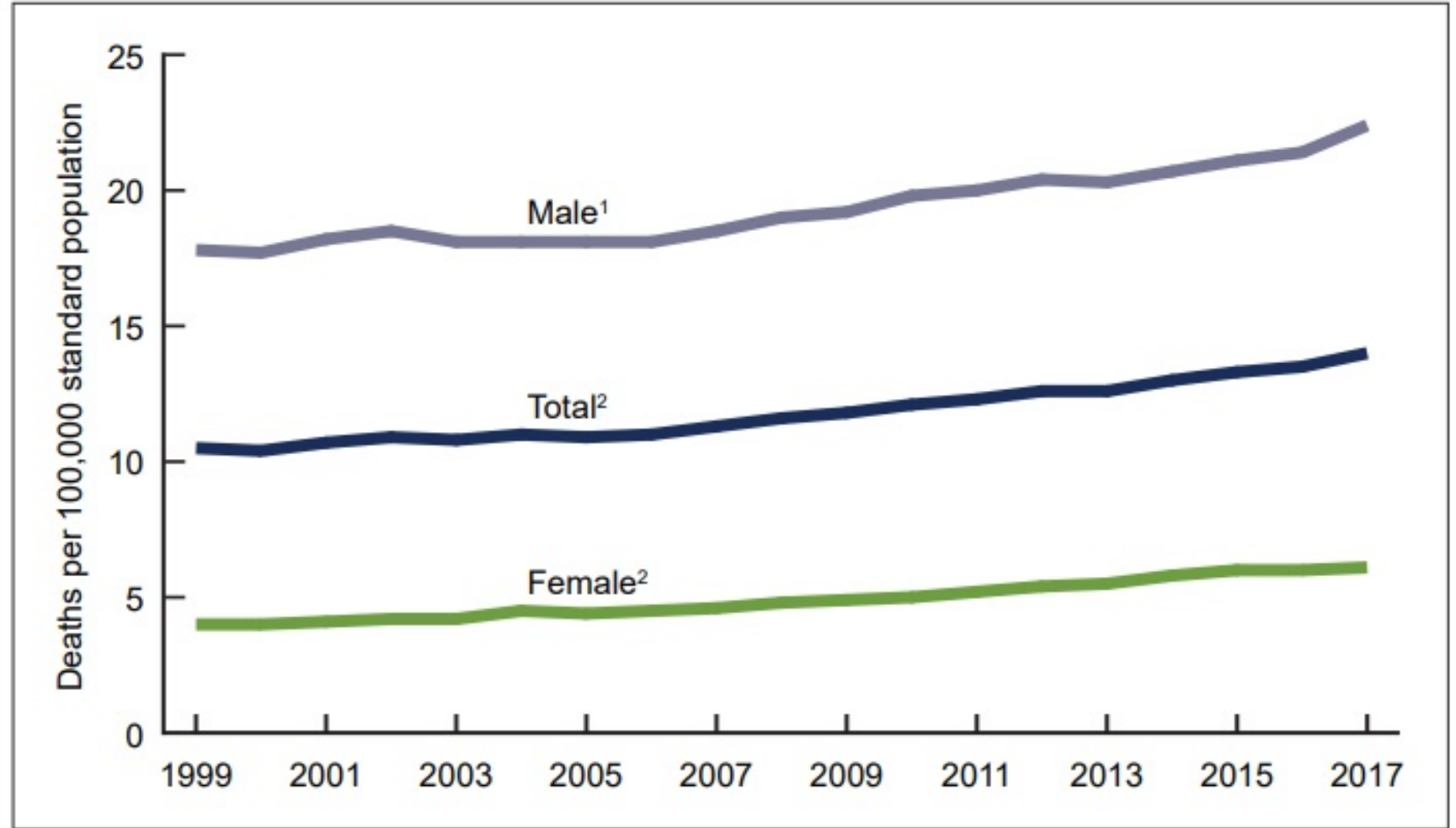
# US Suicide Rates Increased 33% in 18 Years

Hedegaard H, Curtin SC, Warner M. 2018

## Suicide mortality in the United States, 1999–2017.

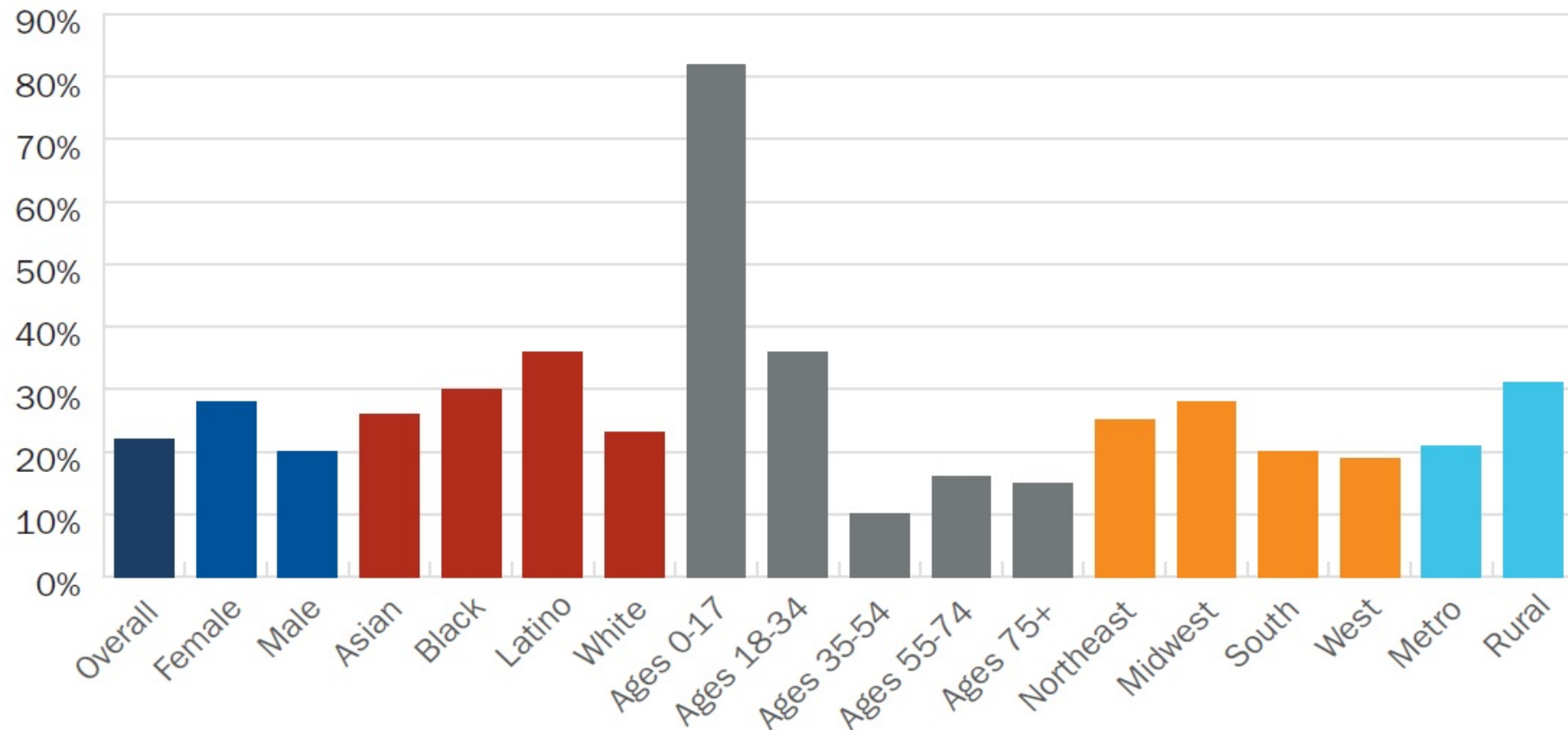
NCHS Data Brief, no 330. Hyattsville, MD: National Center for Health Statistics.

Figure 1. Age-adjusted suicide rates, by sex: United States, 1999–2017



# Pain in the Nation: Recent US Suicide Trends by Demographic Groups

## Percent Change in Suicide Rates by Demographics and Geography, 2008–2017

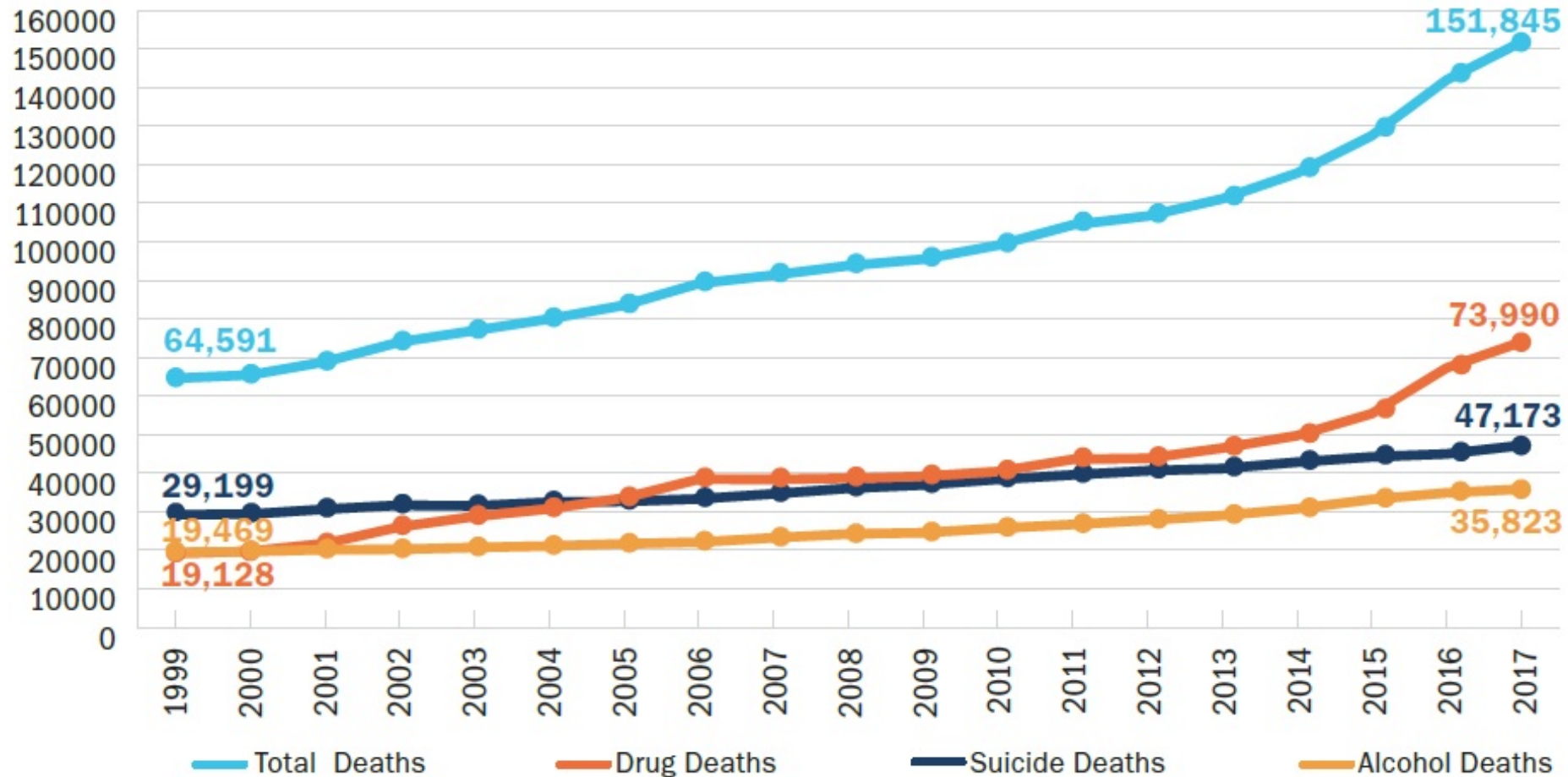


Source: Trust for America's Health and Well Being Trust analysis of data from National Center For Health Statistics, CDC



# Pain in the Nation: Selected Causes of Deaths over 18 Years

## Annual Deaths from Alcohol, Drugs, and Suicide in the United States, 1999–2017

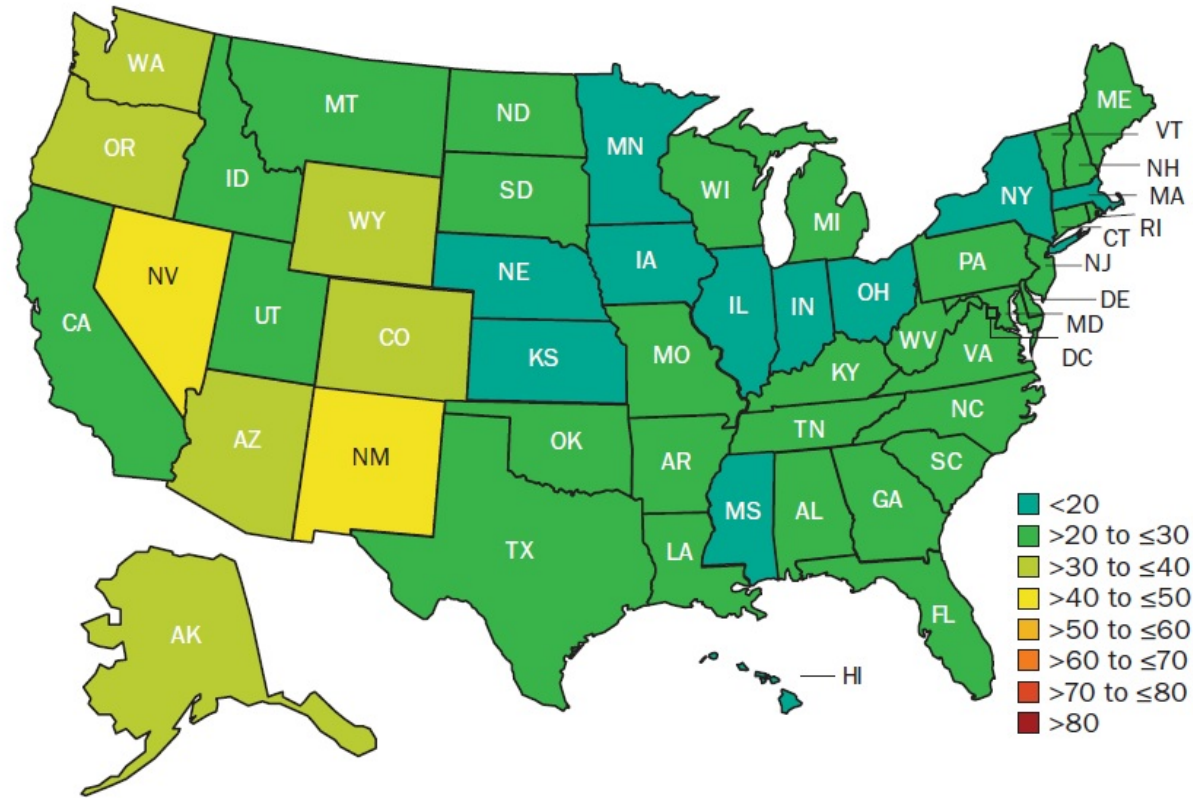


Source: Trust for America's Health and Well Being Trust analysis of data from National Center For Health Statistics, CDC



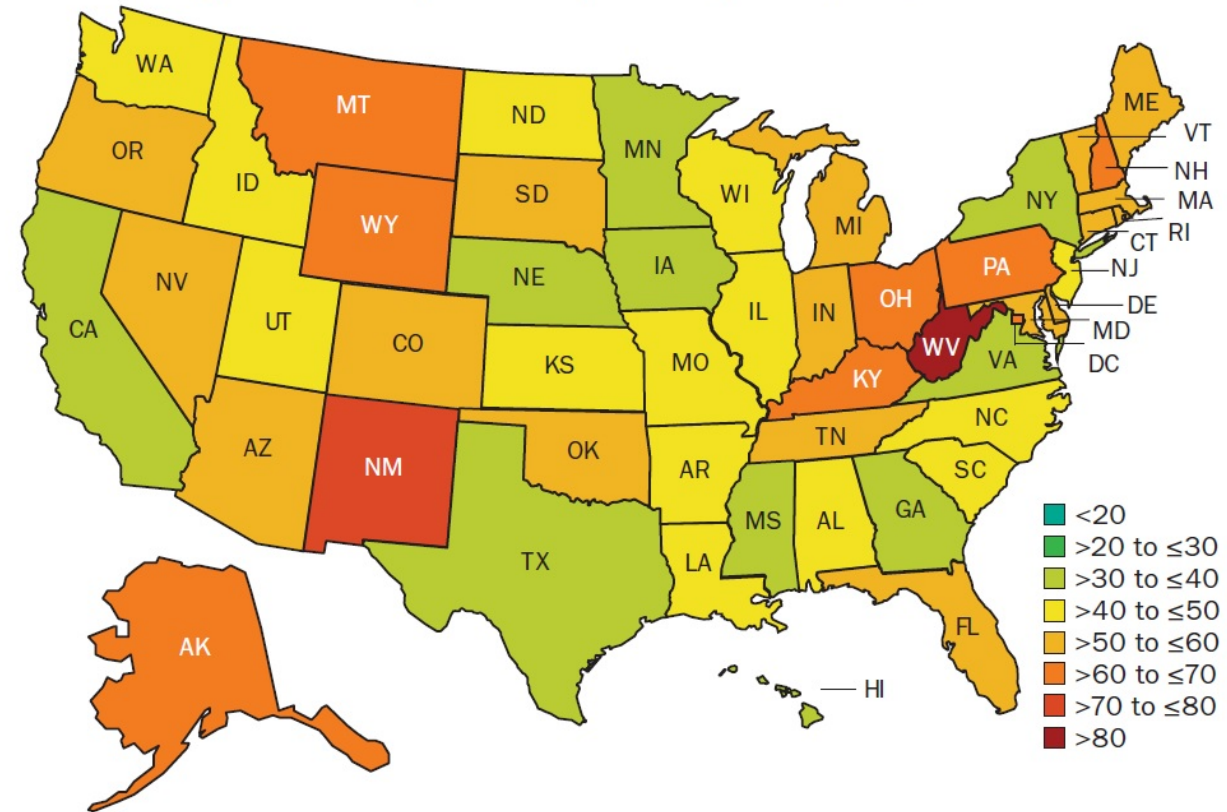
# Selected Causes of Death Across US: 1999 and 2017 Rates

Alcohol, Drug, and Suicide (Combined) Deaths per 100,000, 1999



Source: National Center for Health Statistics, CDC

Alcohol, Drug, and Suicide (Combined) Deaths per 100,000, 2017



Source: National Center for Health Statistics, CDC

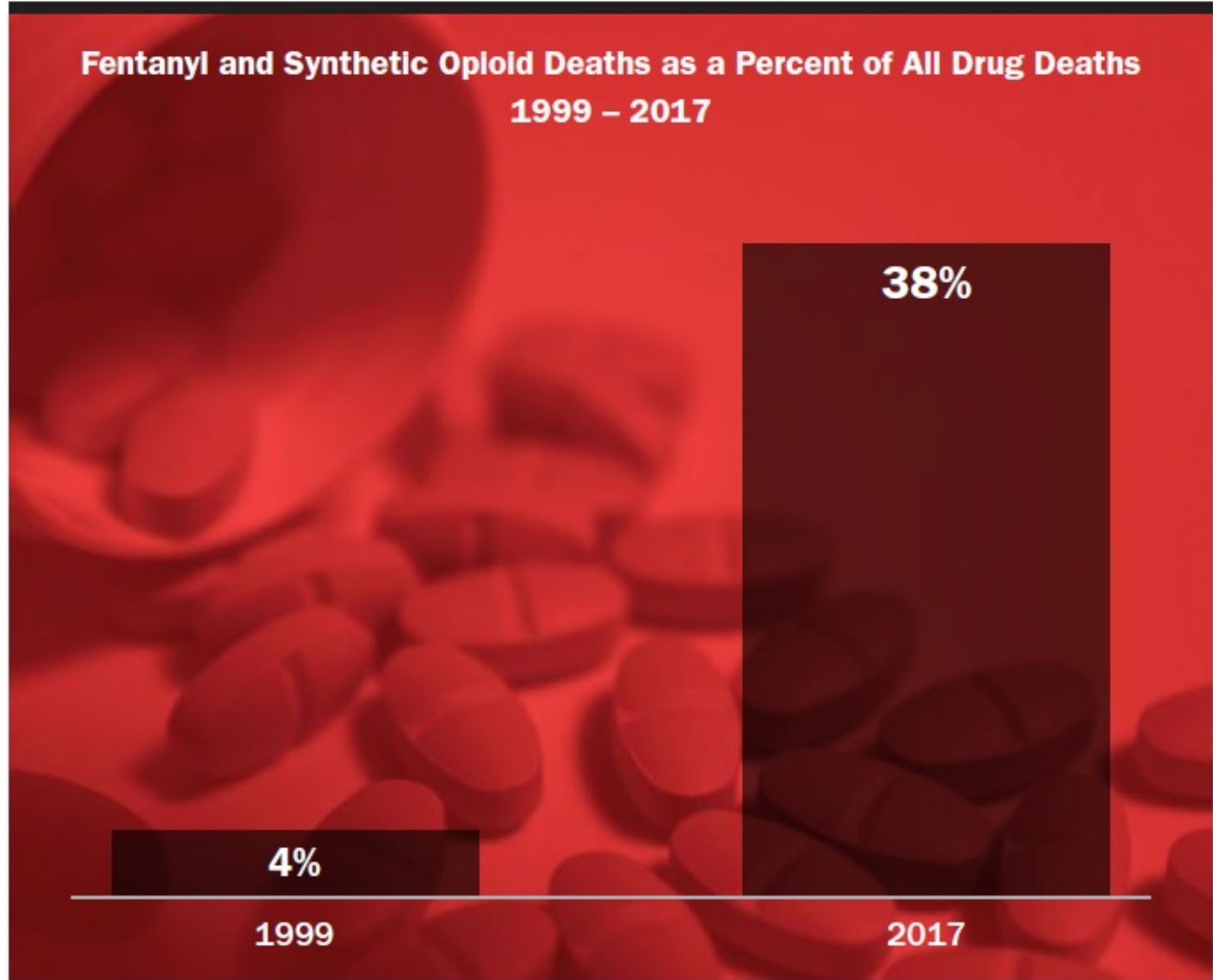
# Part of the Mortality Number Increase: Shift to More Lethal Synthetic Opioids

ISSUE BRIEF

**Trust for America's Health**  
TFAH.ORG

**WELL BEING TRUST**

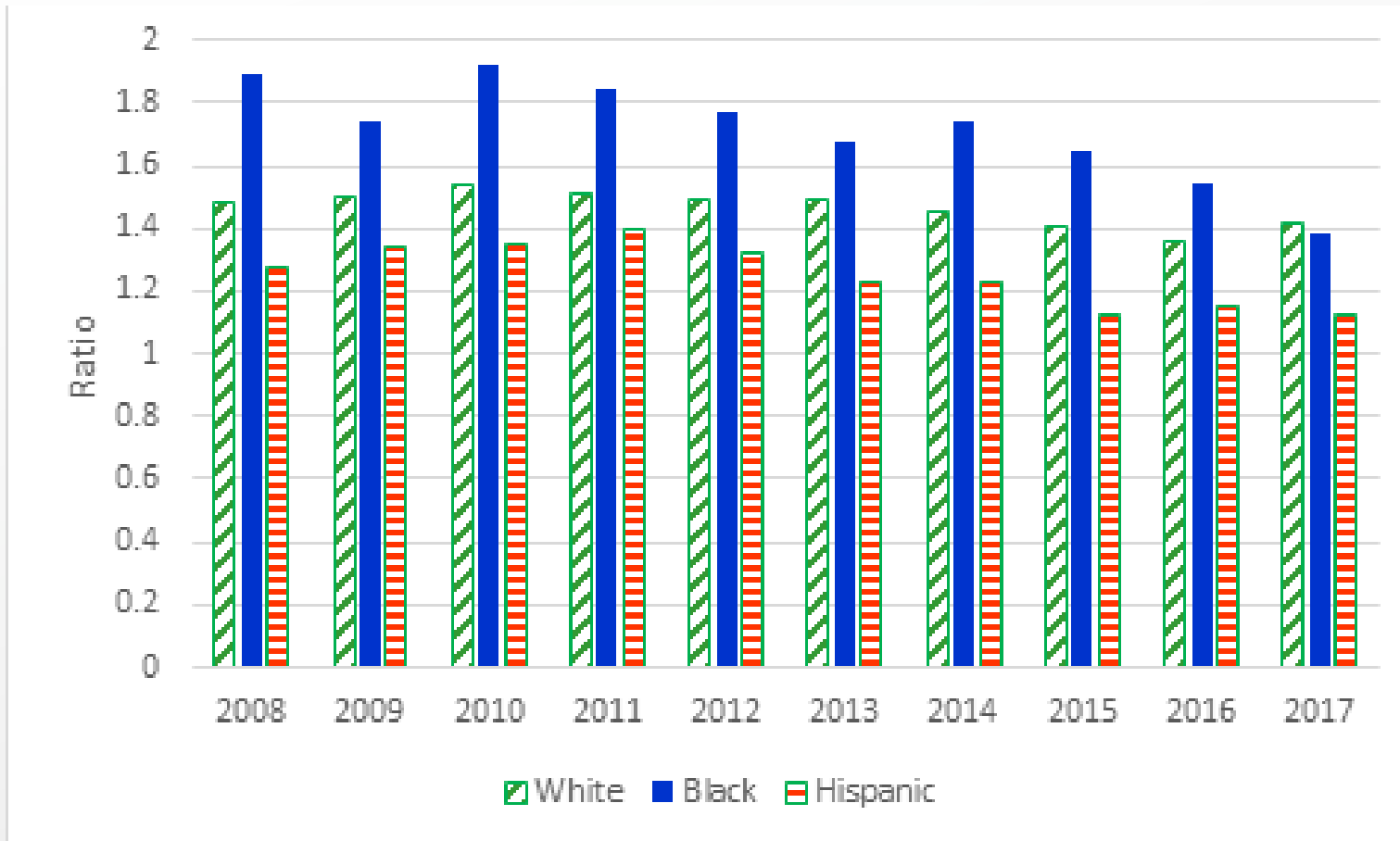
**Pain in the Nation Update:**  
WHILE DEATHS FROM ALCOHOL, DRUGS, AND SUICIDE SLOWED SLIGHTLY IN 2017, RATES ARE STILL AT HISTORIC HIGHS



# Possible Reasons for OUD & Suicide: *Bohnert & Ilgen 2019*

- Chronic pain associated with suicide risk; quantity of opioids associated with suicide risk
- **Increasing quantity of available opioids associated with fatal and nonfatal overdose and suicide events**
- Social factors (unemployment/economic inequity) contributing to demand of opioids
- Shared risk factors – yes: mental health conditions; any substance use; but different demographic patterns for suicide vs OUD
- **Overdose intent to die (or not) not often categorical in overdose acts**
- Not evident yet--Does treating suicide ideation/ attempts also reduce risk for OUD? And vice versa? **Treat both?**

# 'Self-injury Mortality' Female: Male Ratio by Race & Ethnicity



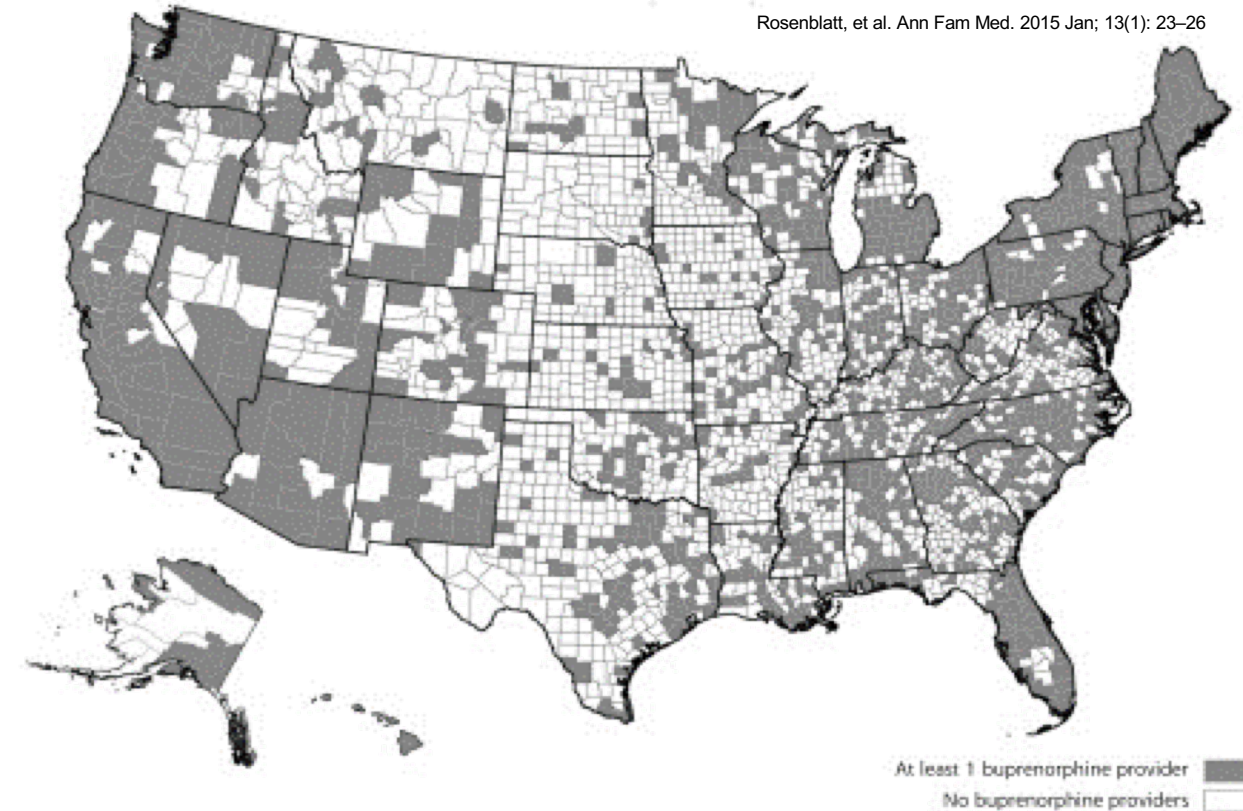
Female-to-male ratio of self-injury mortality-to-suicide rates by race/ethnicity, USA, 2008–2017,  
Rockett, Caine ED, Connery HS, et al. 2019 Inj Prev.





# Opioid Misuse and Mental Health

- 11.7M adults misuse opioids
- 43% of adults who misuse opioids have a mental illness
- 51% of opioid prescriptions go to people with mental illness
- 80% of people with OUD receive no treatment
- >47,000 people died from opioid overdoses in 2017



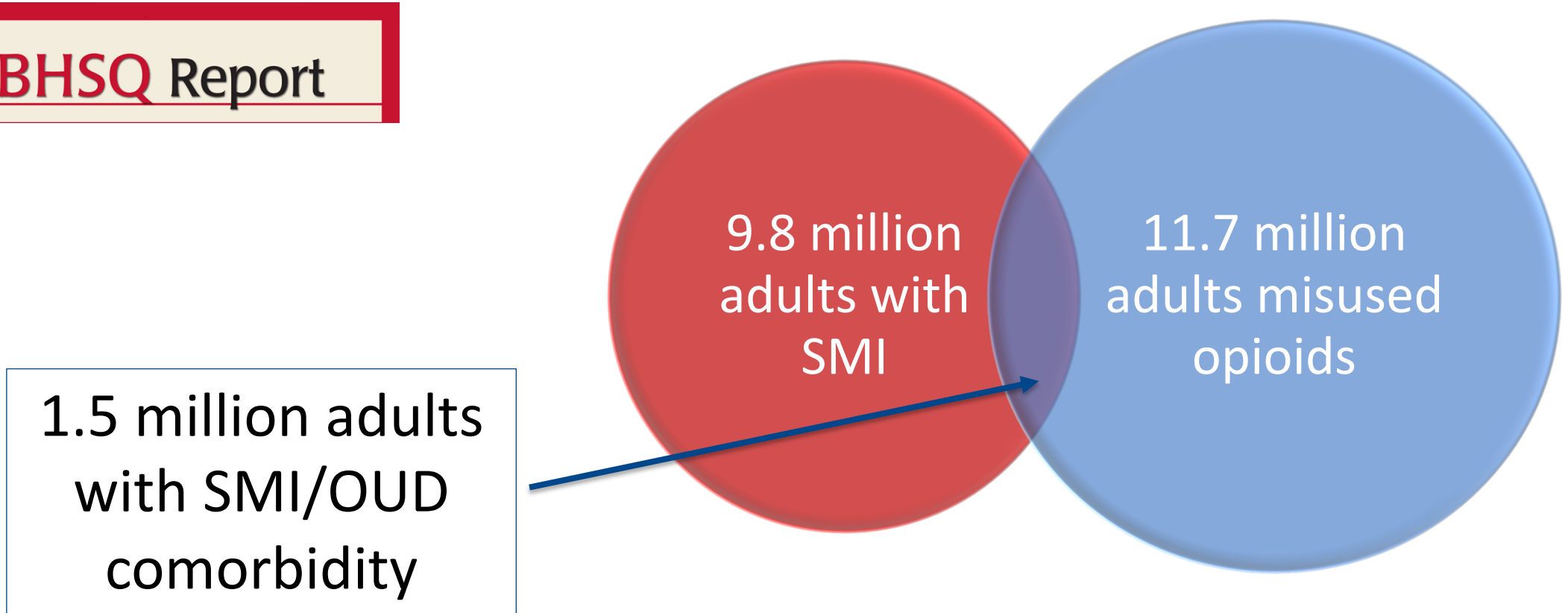
[https://www.samhsa.gov/data/sites/default/files/report\\_2734/Spotlight-2734.html](https://www.samhsa.gov/data/sites/default/files/report_2734/Spotlight-2734.html)



# Opioid Misuse and Mental Health 2015



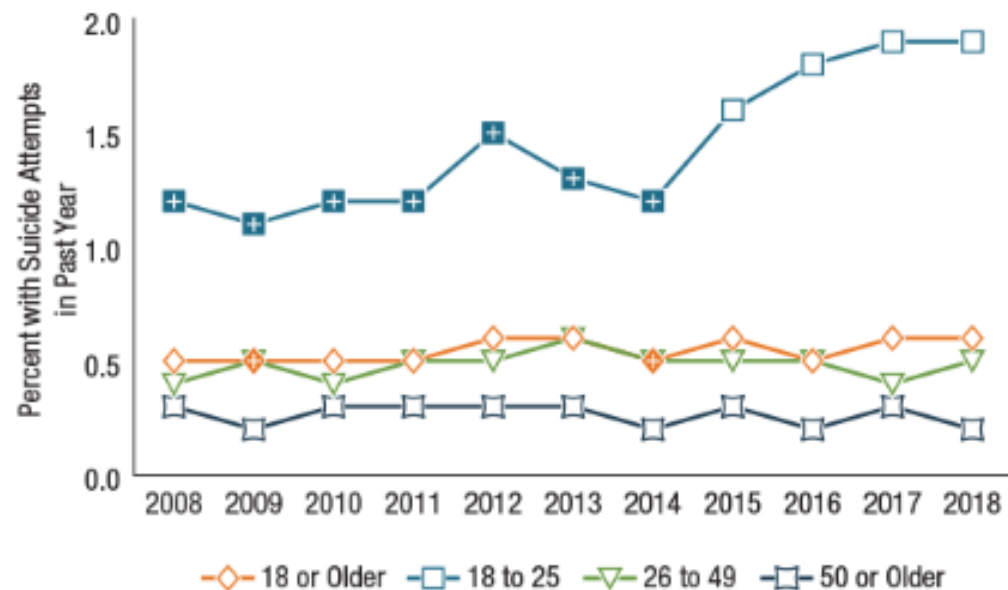
## The **CBHSQ** Report





# NSDUH Trends in Suicide Attempts 2008-2018

Figure 60. Suicide Attempts in the Past Year among Adults Aged 18 or Older: 2008-2018



\* Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

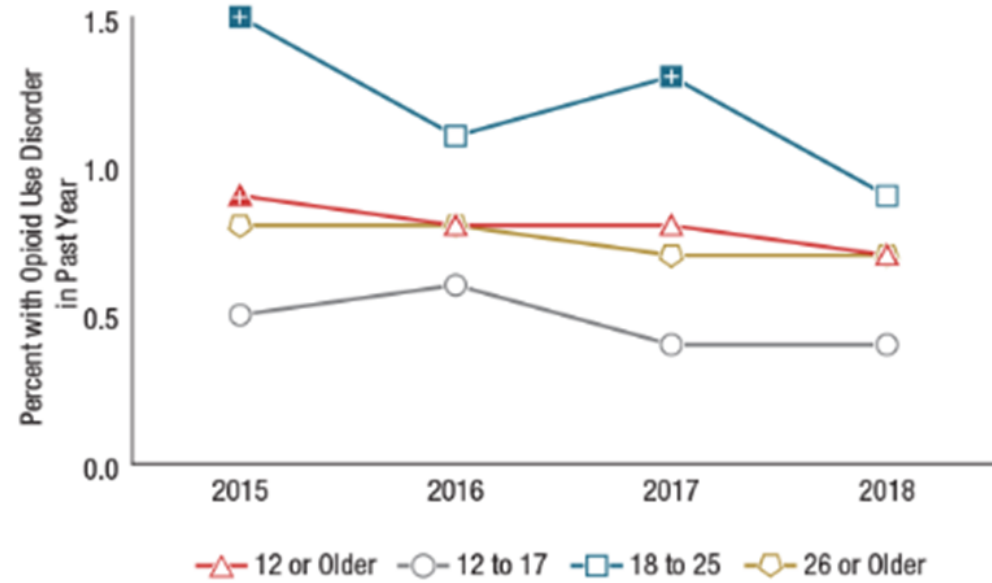
Figure 60 Table. Suicide Attempts in the Past Year among Adults Aged 18 or Older: 2008-2018

Age	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
18 or Older	0.5	0.5*	0.5	0.5	0.6	0.6	0.5*	0.6	0.5	0.6	0.6
18 to 25	1.2*	1.1*	1.2*	1.2*	1.5*	1.3*	1.2*	1.6	1.8	1.9	1.9
26 to 49	0.4	0.5	0.4	0.5	0.5	0.6	0.5	0.5	0.5	0.4	0.5
50 or Older	0.3	0.2	0.3	0.3	0.3	0.3	0.2	0.3	0.2	0.3	0.2

\* Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# NSDUH Youth Trends in Opioid Use Disorder 2008-2018

Figure 41. Opioid Use Disorder in the Past Year among People Aged 12 or Older: 2015-2018



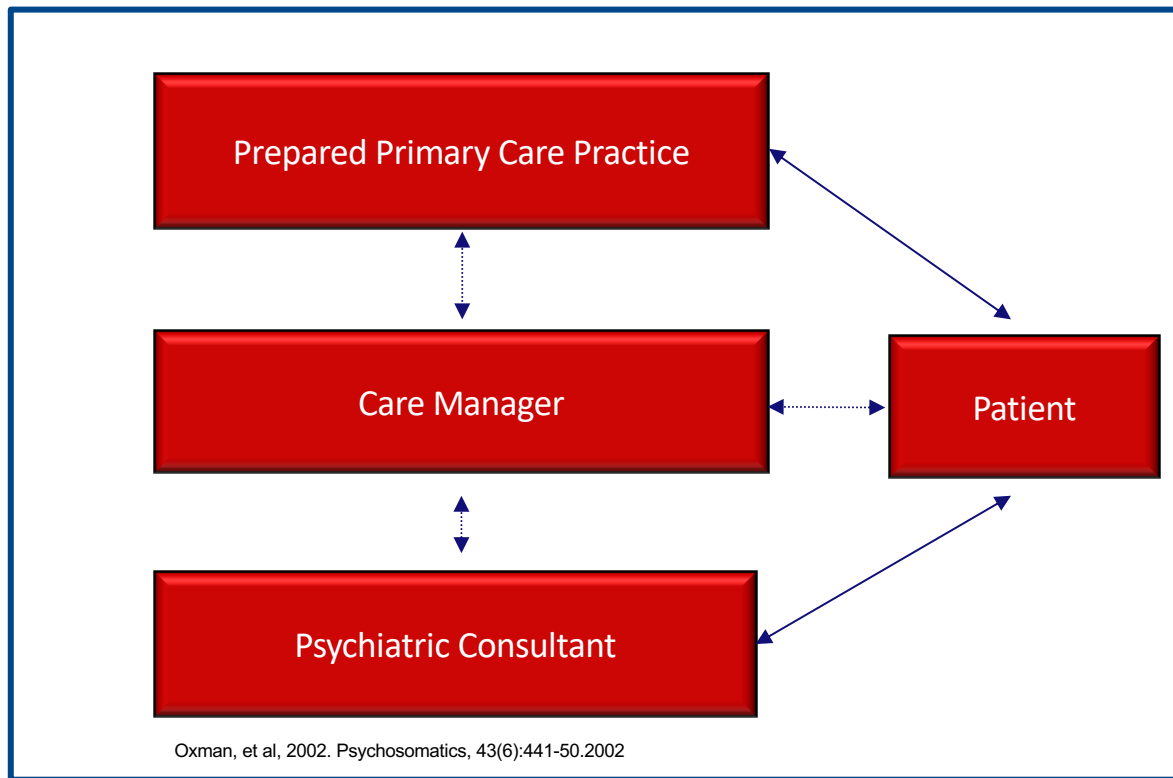
\* Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

Figure 41 Table. Opioid Use Disorder in the Past Year among People Aged 12 or Older: 2015-2018

Age	2015	2016	2017	2018
12 or Older	0.9*	0.8	0.8	0.7
12 to 17	0.5	0.6	0.4	0.4
18 to 25	1.5*	1.1	1.3*	0.9
26 or Older	0.8	0.8	0.7	0.7

\* Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Collaborative Care for Mental Disorders



- 80+ RCTs demonstrate comparative effectiveness
- Treatment access, continuity, and quality all improve with collaborative care
- Services are “high value” and reimbursable by many public and commercial payors

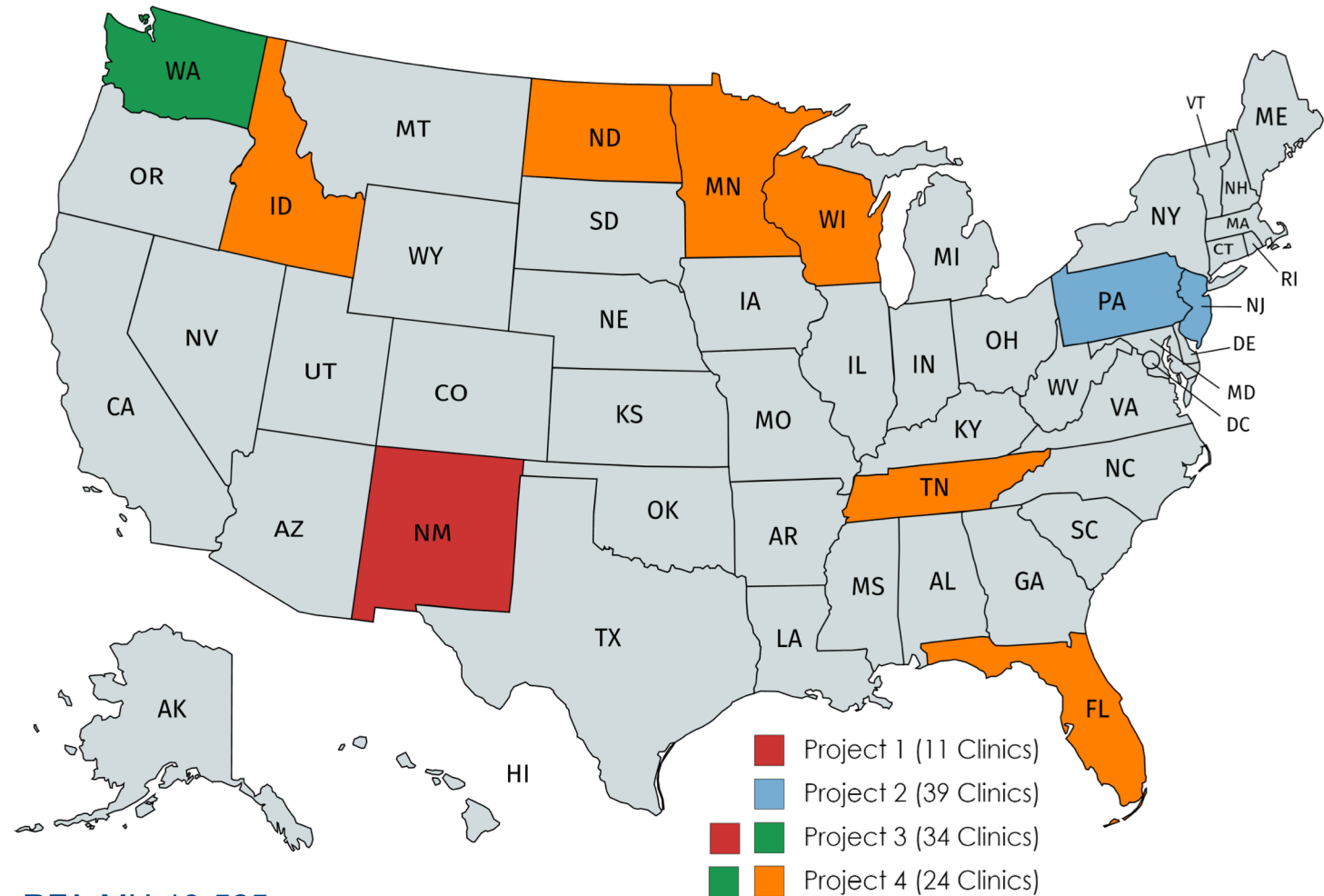
**RFA-MH-19-525** NIH HEAL Initiative

*Effectiveness Trials to Optimize, Implement, Scale, and Sustain the Collaborative Care Model for Individuals with OUD and Mental Health Conditions*



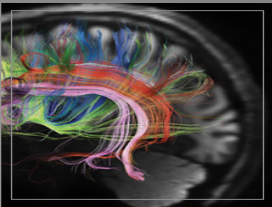
# Medication Assisted Treatment for OUD within Collaborative Care Models for Mental Disorders

- 4 multi-site pragmatic RCTs\*
- Rural, urban, and suburban locations of high need
- Diverse patient populations, to include racial and ethnic minorities, pregnant women, and participants <18 YO
- Clinics vary regarding implementation readiness and existing site resources
- Common measures will permit “mega-analyses” of pooled data



\* NIMH Studies funded in response to RFA-MH-19-525





# Thank you!

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