

Total NC Statewide Psychiatric Beds in 2014

(Includes Community and State Hospital Beds)



- Psychiatric Beds in North Carolina
 - Total Number of Beds: 2,770
 - ✦ Rate of Total Beds/100,000 Population: 28.4
 - Number of Adult Beds: 2,399
 - ✦ Rate of Adult Beds/100,000 Population: 24.6
 - Number of Child/Adolescent Beds: 371
 - ✦ Rate of Child/Adolescent Beds/100,000 Population: 3.8
 - Total Number of Beds Available to Involuntarily Committed Patients: 2,355 or 85% of Total Beds
 - ✦ 15% of Total Beds Not Available to Involuntarily Committed Patients
 - Total Number of Statewide Veterans Administration beds: 124
 - ✦ Available for adult veterans only.

Please note that except for the VA beds these numbers are from: DMH/DD/SAS List of IVC Facilities 2/2014, DHSR List of Licensed Hospitals 2/2014, 2014 State Medicaid Plan

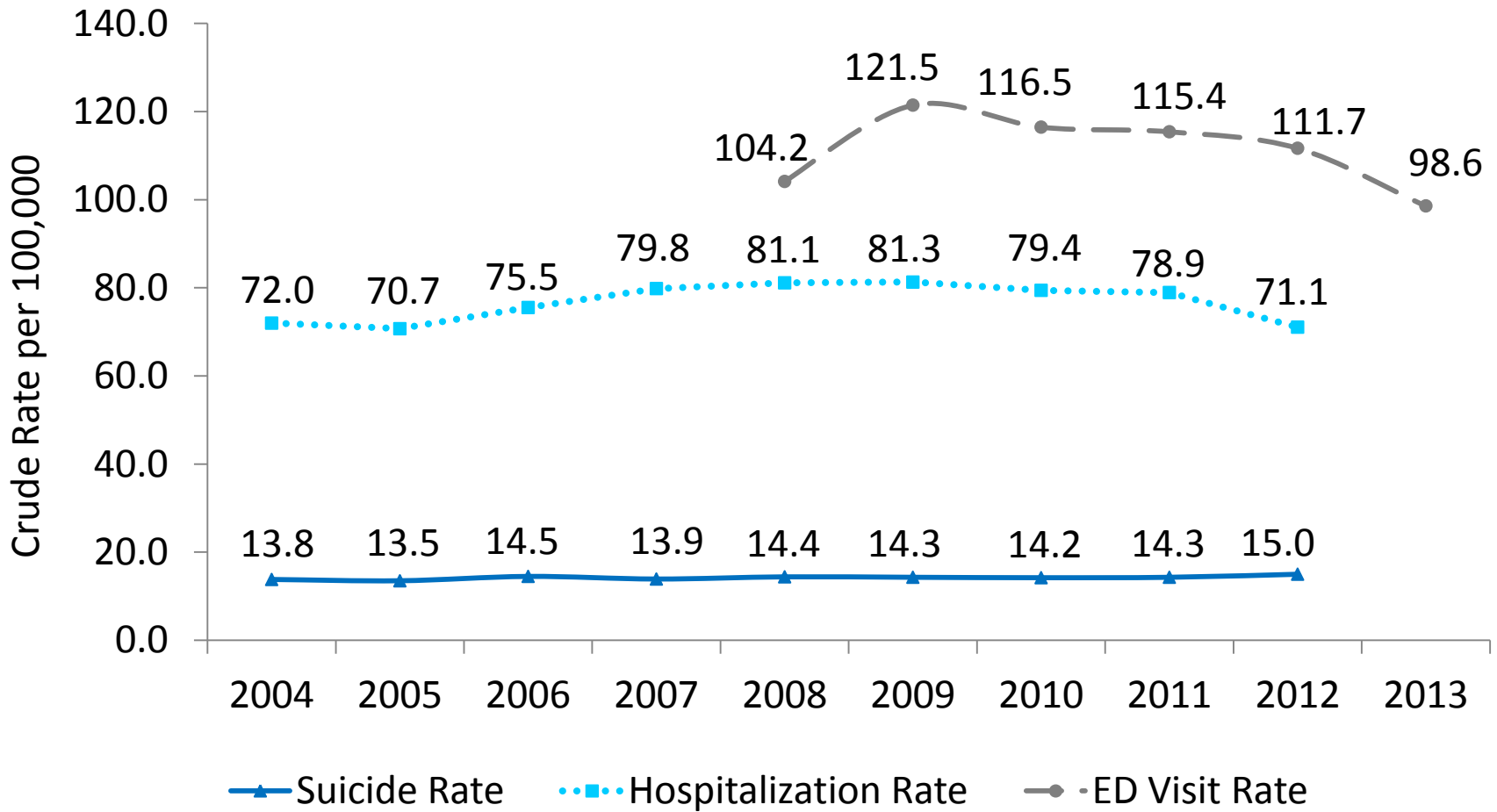
Determining Long-Term Needs



- Currently NC has a total of **2,040 state & community public, civil beds** (21.4 beds per 100,000 population)
 - Excluding 84 forensic beds and 134 patients with Incapacity to Proceed to Trial in State hospitals
 - Excluding 30% of community bed use paid by commercial funds
- National experts* recommend from **22 to 50 public beds per 100,000**
 - 22 beds per 100,000 = **2,092 beds** (Would need 52 more beds)
 - 50 beds per 100,000, = **4,754 beds** (Would need 2,714 more beds)

*No Room at the Inn: Trends and Consequences of Closing Public Psychiatric Hospitals
2012, Treatment Advocacy Center

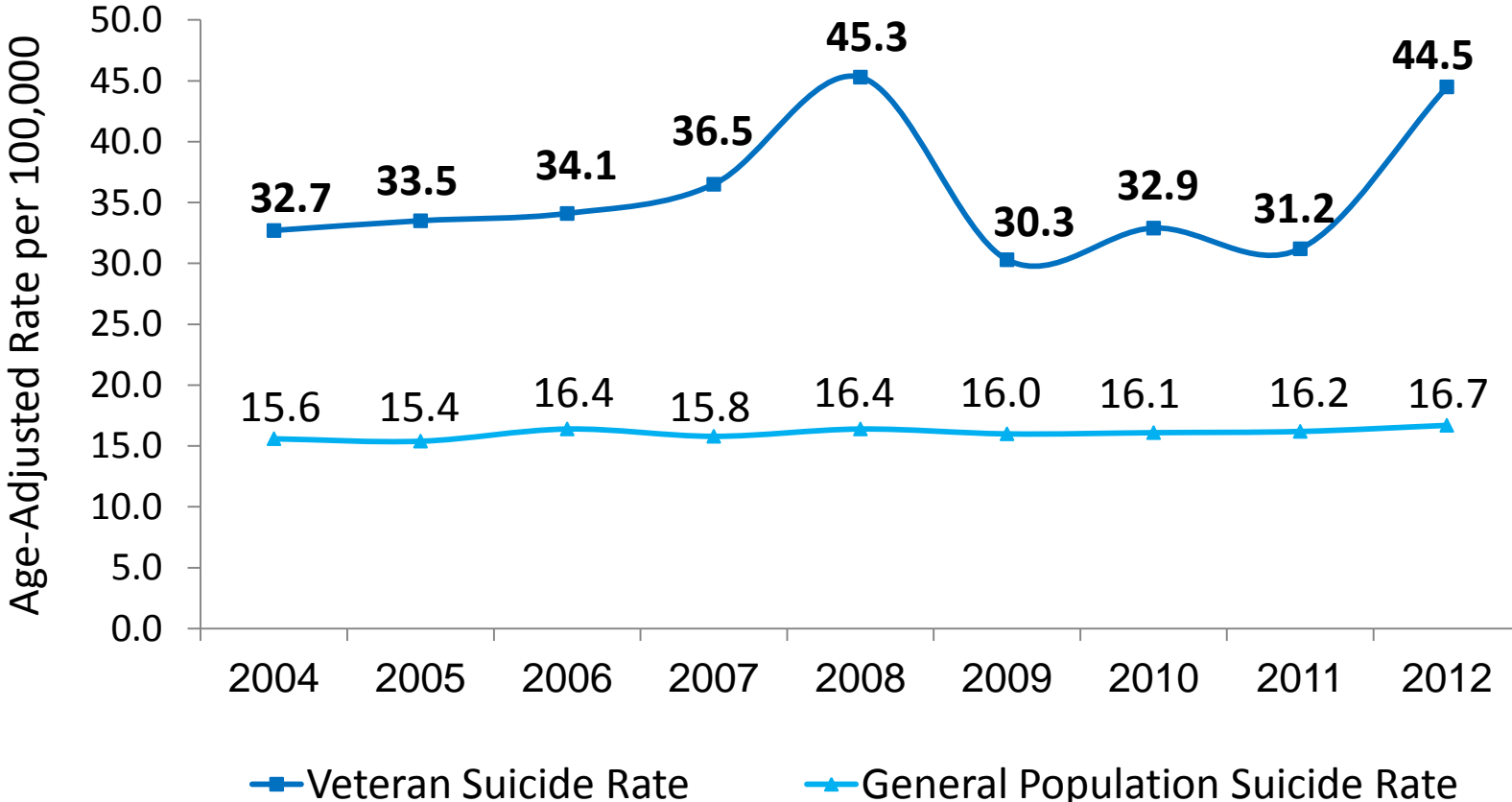
Suicide and Self-Inflicted Injury: N.C. Residents 2004-2013



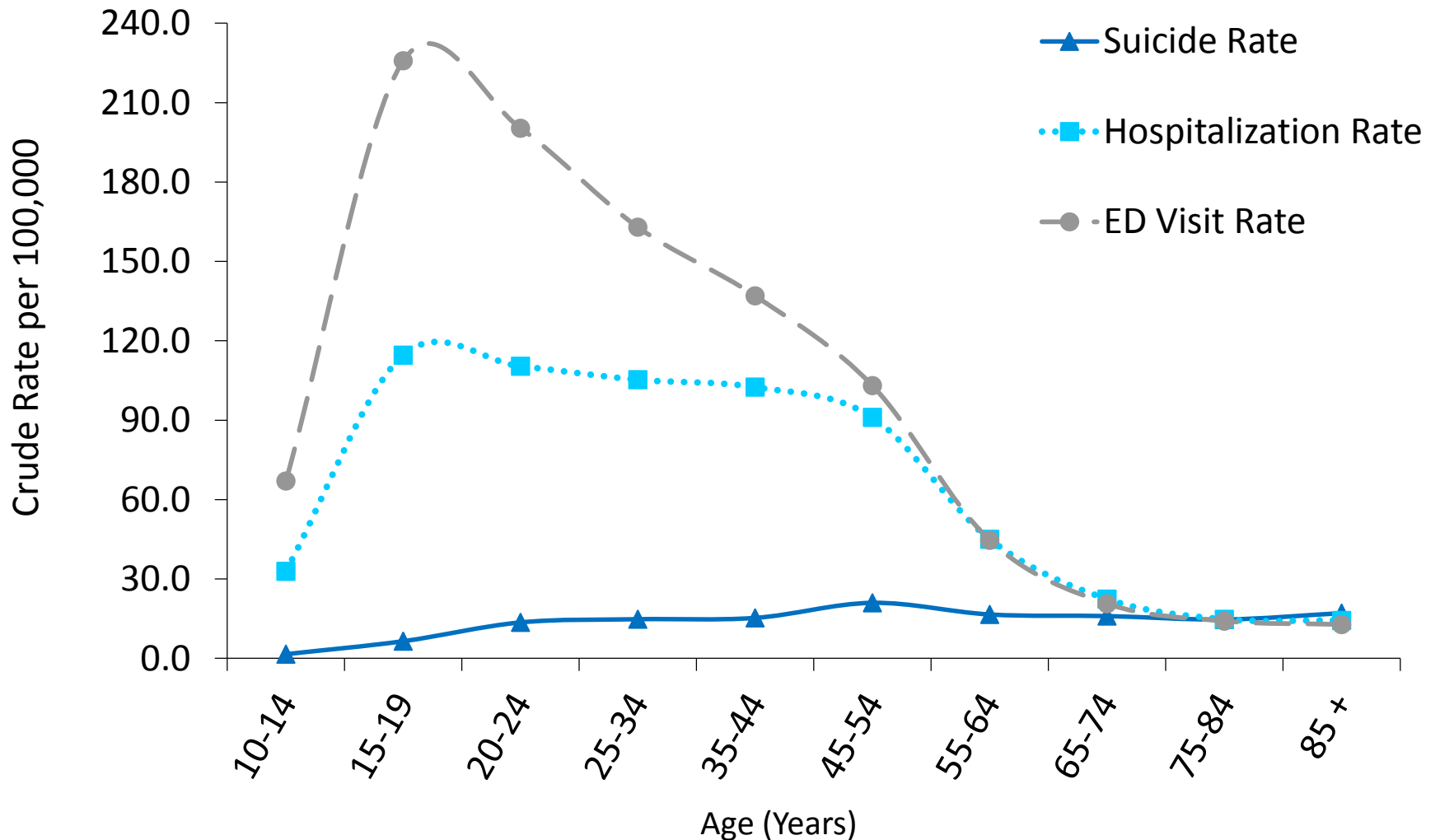
Source: NC-VDRS, 2004-2012; N.C. State Center for Health Statistics, Vital Statistics-Hospitalizations, 2004-2012; NC DETECT, 2008-2013
 Analysis by Injury Epidemiology and Surveillance Unit

Members of the Armed Forces and Veterans

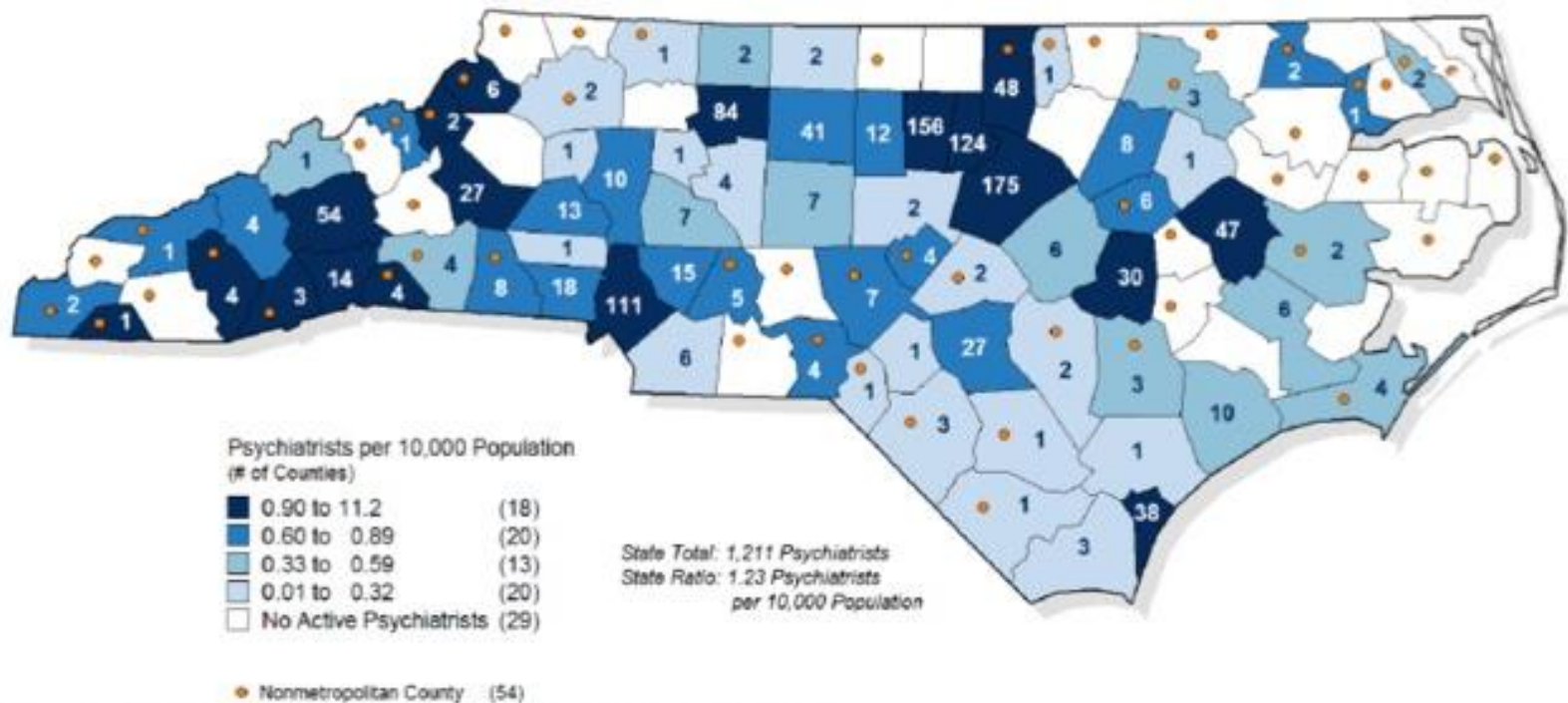
Veteran Suicide Rate: N.C. Residents ages 20 and older 2004-2012



Suicide and Self-Inflicted Injury: N.C. Residents 2010-2013



Psychiatrists per 10,000 Population North Carolina, 2013



Source: North Carolina Health Professions Data System, with data derived from the North Carolina Medical Board, 2013; US Census Bureau and Office of Management and Budget, March 2013.

Note: Data are based on primary practice location and include active, in-state, nonfederal, non-resident-in-training MDs and DOs licensed in NC as of October 31, 2013 who indicate that their primary area of practice is psychiatry, child psychiatry, psychoanalysis, psychosomatic medicine, addiction/chemical dependency, forensic psychiatry or geriatric psychiatry. "Core Based Statistical Area" (CBSA) is the OMB's collective term for Metropolitan and Micropolitan Statistical areas. Here, nonmetropolitan counties include micropolitan and counties outside of CBSAs.

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Map labels reflect the number of psychiatrists within the county.

Suicide

Facts at a Glance

2015

Suicide

- Suicide was the tenth leading cause of death for all ages in 2013.¹
- There were 41,149 suicides in 2013 in the United States—a rate of 12.6 per 100 is equal to 113 suicides each day or one every 13 minutes.¹
- Based on data about suicides in 16 National Violent Death Reporting System states in 2010, 33.4% of suicide decedents tested positive for alcohol, 23.8% for antidepressants, and 20.0% for opiates, including heroin and prescription pain killers.²
- Suicide results in an estimated \$51 billion in combined medical and work loss costs.¹

Nonfatal Suicidal Thoughts and Behavior

- Among adults aged ≥18 years in the United States during 2013:³
 - An estimated 9.3 million adults (3.9% of the adult U.S. population) reported having suicidal thoughts in the past year.
 - The percentage of adults having serious thoughts about suicide was highest among adults aged 18 to 25 (7.4%), followed by adults aged 26 to 49 (4.0%), then by adults aged 50 or older (2.7%).
 - An estimated 2.7 million people (1.1%) made a plan about how they would attempt suicide in the past year.
 - The percentage of adults who made a suicide plan in the past year was higher among adults aged 18 to 25 (2.5%) than among adults aged 26 to 49 (1.35%) and those aged 50 or older (0.6%).
 - An estimated 1.3 million adults aged 18 or older (0.6%) attempted suicide in the past year. Among these adults who attempted suicide, 1.1 million also reported making suicide plans (0.2 million did not make suicide plans).

- Among students in grades 9-12 in the U.S. during 2013:⁴
 - 17.0% of students seriously considered attempting suicide in the previous 12 months (22.4% of females and 11.6% of males).
 - 13.6% of students made a plan about how they would attempt suicide in the previous 12 months (16.9% of females and 10.3% of males).
 - 8.0% of students attempted suicide one or more times in the previous 12 months (10.6% of females and 5.4% of males).
 - 2.7% of students made a suicide attempt that resulted in an injury, poisoning, or an overdose that required medical attention (3.6% of females and 1.8% of males).

Gender Disparities

- Males take their own lives at nearly four times the rate of females and represent 77.9% of all suicides.¹
- Females are more likely than males to have suicidal thoughts.³
- Suicide is the seventh leading cause of death for males and the fourteenth leading cause for females.¹
- Firearms are the most commonly used method of suicide among males (56.9%).¹
- Poisoning is the most common method of suicide for females (34.8%).¹

Suicide Facts at a Glance 2015

Racial and Ethnic Disparities

- Suicide is the eighth leading cause of death among American Indians/Alaska Natives across all ages.¹
- Among American Indians/Alaska Natives aged 10 to 34 years, suicide is the second leading cause of death.¹
- The suicide rate among American Indian/Alaska Native adolescents and young adults ages 15 to 34 (19.5 per 100,000) is 1.5 times higher than the national average for that age group (12.9 per 100,000).¹
- The percentages of adults aged 18 or older having suicidal thoughts in the previous 12 months were 2.9% among blacks, 3.3% among Asians, 3.6% among Hispanics, 4.1% among whites, 4.6% among Native Hawaiians /Other Pacific Islanders, 4.8% among American Indians/Alaska Natives, and 7.9% among adults reporting two or more races.³
- Among Hispanic students in grades 9-12, the prevalence of having seriously considered attempting suicide (18.9%), having made a plan about how they would attempt suicide (15.7%), having attempted suicide (11.3%), and having made a suicide attempt that resulted in an injury, poisoning, or overdose that required medical attention (4.1%) was consistently higher than white and black students.⁴

Age Group Differences

- Suicide is the third leading cause of death among persons aged 10-14, the second among persons aged 15-34 years, the fourth among persons aged 35-44 years, the fifth among persons aged 45-54 years, the eighth among person 55-64 years, and the seventeenth among persons 65 years and older.¹
- In 2011, middle-aged adults accounted for the largest proportion of suicides (56%)¹, and from 1999-2010, the suicide rate among this group increased by nearly 30%.⁵

- Among adults aged 18-22 years, similar percentages of full-time college students and other adults in this age group had suicidal thoughts (8.0 and 8.7%, respectively) or made suicide plans (2.4 and 3.1%).³
- Full-time college students aged 18-22 years were less likely to attempt suicide (0.9 vs. 1.9 percent) or receive medical attention as a result of a suicide attempt in the previous 12 months (0.3 vs. 0.7%).³

Nonfatal, Self-Inflicted Injuries*

- In 2013, 494,169 people were treated in emergency departments for self-inflicted injuries.¹
- Nonfatal, self-inflicted injuries (including hospitalized and emergency department treated and released) resulted in an estimated \$10.4 billion in combined medical and work loss costs.¹

References

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2. Parks SE, Johnson LL, McDaniel DD, Gladden M. Surveillance for Violent Deaths– National Violent Death Reporting System, 16 states, 2010. MMWR 2014; 63(ss01): 1-33. Available from <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6301a1.htm>.
3. Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-49, HHS Publication No. (SMA) 14-4887. Rockville, MD: Substance Abuse and Mental Health Services, 2014. Available at <http://www.samhsa.gov/data/sites/default/files/NSDUHmhr2013/NSDUHmhr2013.pdf>.
4. Kann L, Kinchen S, Shanklin SL, et al. Youth Risk Behavior Surveillance — United States, 2013. MMWR 2014; 63(ss04): 1-168. Available from <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6304a1.htm>.
5. Sullivan EM, Annett JL, Luo F, Simon TR, Dahlberg LL. Suicide Among Adults Aged 35-36 Years – United States, 1999-2010. MMWR 2013; 62(17): 321-325. Available from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6217a1.htm>.

*The term "self-inflicted injuries" refers to suicidal and non-suicidal behaviors such as self-mutilation.