



# Executive Summary

*After dinner on a picture-perfect Pittsburgh evening, 30-year-old Michael\* kissed his wife and brand-new baby boy. Michael and his wife, Grace, had just completed their medical residencies and were about to embark on a new and promising phase of life together. Moments later, Michael went into the bedroom and shot himself with the gun kept in their bedside drawer. Amidst shock, horror, screams, and a crying newborn, Grace fought to keep her husband alive, administering CPR until the paramedics arrived. That evening, Grace, her baby boy, and our community lost Michael – another victim of the often-overlooked crisis of men’s mental health.*

## ***How could this happen? Were there signs? What could we have done differently?***

These are questions that will never be answered but will linger for a lifetime. As they will for the millions of families – *and communities* - who are losing men to this national and regional epidemic.

*\*Names have been changed to protect the privacy of individuals.*



**Western PA MENTAL  
Health Strategy  
Commission**

# Issue (summary)

Suicide is among the ten leading causes of death for Americans age 10-64 and is the second leading cause of death among adolescents and young adults aged 10-14 and 25-34. According to the CDC, in 2020 12.2 million adults considered suicide, 3.2 million made a plan, 1.2 million made an attempt, and 45,979 died by suicide (equaling 1 death every 11 minutes). Of those suicides, individuals that identify as male accounted for 79%.

According to “Males and mental health stigma” in the American Journal of Men’s Health, American men are subjected to a culture where the standards of masculinity are literally killing them, and the lack of treatment can be attributed to the masculinity norms set forth by society. Data suggests that suicide rates correlate to social isolation, economic decline, family stressors, new or worsening mental health symptoms, and disruptions to work and school associated with the COVID-19 pandemic or other disasters. Deeper data analysis indicates additional risk factors for suicide include, but are not limited to, geographic location, race/ethnicity, industry groups, and those with disabilities.

The CDC states that 54% of those that die of suicide had no formal mental health diagnosis, evidence that a gap exists in treatment and prevention. Data show that demographics for men in Pennsylvania affected by suicide closely mirror data on a national scale and for every individual that dies by suicide there are 25 less lethal attempts. Pennsylvania ranks 4th in the nation for suicide rates with higher rates in rural counties..

To date, there is little evidence of broad cross-sector collaboration activated in western Pennsylvania along the education, prevention & treatment continuum to reach the male population for whom suicide is most prevalent.



# MENTal Health Can't Wait

## THE COMMISSION

J Badger Consulting Inc, UPMC, Allegheny Health Network, Highmark, My Black Rose and the Suicide Prevention Alliance have come together to address the men's mental health crisis at the regional level. This collaboration is the first of its kind, bringing together professionals, providers, and area insurers to address stigma and service provision to devise and implement innovative initiatives to reduce the male suicide rate.

## APPROACH

Best-in-class experts in healthcare, key community stakeholders for mental health, researchers, and individuals with lived experience are collaborating to move the needle in response to the crisis of men's mental health. Started by a small catalyst task force, this coordinated effort aligns with the 2020 Pennsylvania Statewide Suicide Prevention Plan and Behavioral Health Commission, October Recommendations to the Pennsylvania General Assembly

## MORE INFO

Webpage:  
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## THE FACTS

- 48,183 Americans died by suicide in 2021
- 1,885 Pennsylvanians died by suicide in 2021
- PA is ranked 4<sup>th</sup> in the nation for suicide rates with higher rates in rural counties. Males account for 79% of all suicide deaths.
- For every suicide death, there are 25 other attempts.
- Men in rural areas are 10% more likely to die by suicide rates than those in suburban and urban areas.
- The CDC states that 59% of communities lack enough access to mental health care to serve residents.

## OBJECTIVES

### *2023-2024 Objectives:*

1. Operationalize the MENTal Health Commission's structure and implementation plan
  - a. Establish baseline data to benchmark progress
  - b. Build capacity by identifying innovative practices and partners
  - c. Formalize an operating structure for the Commission to work from
  - d. Develop a strategic plan
2. Create a comprehensive campaign to reach men, where they are, to address stigma around men's mental health
3. Create a county and regional implementation plans:
  - a. County power mapping and SWOT development with stakeholders
  - b. Community member townhall and resource fair to share current supports; identify gaps and community leaders or touch points for men
  - c. Provide culturally responsive mental health first aid and suicide prevention training to community leaders and touch points (faith communities, bartenders, breweries, physical trainers, alcohol distributors, gun stores)

### *Long-term Objectives:*

1. Expand capacity of existing services and supports
  - a. Promote effective clinical practices for assessing and treating those at risk
  - b. Expand clinical practices for treating those at risk
2. Implementation of campaign and county/regional implementation plans
3. Increase training at all levels (from community to clinicians)
  - a. Increase/refine suicide prevention awareness efforts
  - b. Implement culturally appropriate community strategies
  - c. Promote trauma-informed approaches