California Strategic Plan on Suicide Prevention:
Every Californian Is Part of the Solution

Executive Summary

INTRODUCTION

The statistics about suicide are alarming. Suicide is the tenth leading cause of death in California. Every year approximately 3,300 Californians lose their lives to suicide; more suicide deaths are reported in our state than deaths caused by homicides. On average, nine Californians die by suicide every day. Suicide and suicidal behaviors occur among all age groups and across all socioeconomic, racial, and ethnic backgrounds.

The causes of suicide are complex. Too often there is lack of coordination between service systems and providers and a lack of knowledge about how to recognize the warning signs of suicide. And for far too long, suicide has been viewed as a taboo subject. Fear of stigma and discrimination surrounding suicide can be so pervasive that it often deters people from seeking help.

Suicide is a devastating tragedy in terms of the lives lost and the emotional heartbreak family members and other loved ones endure. This tragedy is even more distressing because suicide deaths are preventable.

Governor Arnold Schwarzenegger charged the California Department of Mental Health (DMH) with the development of the California Strategic Plan on Suicide Prevention. DMH embarked upon this work in partnership with the Suicide Prevention Plan Advisory Committee composed of mental health experts, advocates, providers, researchers, and representatives from nonprofit and government agencies. The Advisory Committee also included other important voices—survivors of suicide attempts and suicide loss. A copy of the Plan can be obtained online at *www.dmh.ca.gov.*

The *California Strategic Plan on Suicide Prevention: Every Californian Is Part of the Solution (Plan)* is built upon the vision that a full range of strategies, starting from prevention and early intervention, should be targeted to Californians of all ages, from children and youth to adults and older adults. The *Plan* is a blueprint for local and state-level action.

This Executive Summary includes a fold-out chart that summarizes the core principles, strategic directions, recommendations, and next steps that are detailed in the *Plan*. The six core principles are embedded in all levels of planning, service delivery, and evaluation across the four strategic directions. These four strategic directions are broad levels of focus that the recommended actions and next steps address. The recommended actions are not an exhaustive list, but they reflect critical priorities to reduce suicide and its tragic consequences. Finally, the next steps outline activities that should be taken at the state and local levels to begin implementing the *Plan*.

Suicide prevention must be a priority in our state. While many challenges lie ahead in carrying out this work, tremendous opportunities also exist. With thousands of lives at stake each year, every Californian needs to be part of the solution.

California Department of Mental Health

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THE PROBLEM AND THE CHALLENGE

Suicide is defined as the intentional taking of one's own life. Suicidal behavior is a broader term that also includes self-inflicted, potentially injurious behaviors. Suicides may be "hidden" behind tragic events, such as lethal overdoses of prescription or illegal drugs, single car collisions with a fixed object, or incidents when an individual engages in a life-threatening behavior that compels a police officer to respond with deadly force.

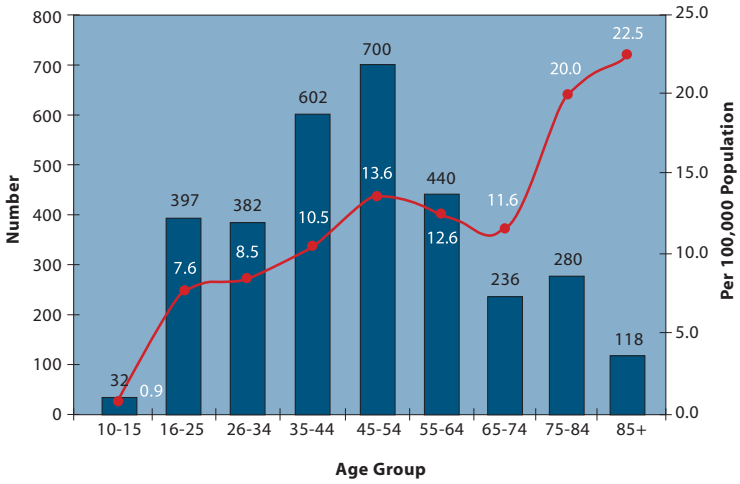
The causes of suicide are complex and vary among individuals and across age, gender, cultural, racial, and ethnic groups. The risk of suicide is influenced by an array of biological, psychological, social, environmental, and cultural risk factors. Many people who attempted or completed suicide had one or more warning signs before their death. Recognition of warning signs has a greater potential for immediate prevention and intervention when those who are in a position to help know how to appropriately respond.

Protective factors can reduce the likelihood of suicide by counterbalancing some of the risk factors. These protective factors include access to effective health and mental health care, strong connections to family and community support, and skills in problem solving, conflict resolution, and nonviolent handling of disputes.

Who Dies By Suicide?

- Adults over the age of 85 have the highest suicide *rate in California. The rate of suicide increases significantly* with advanced age. Depression and chronic illness are often significant risk factors for suicide among older adults.
- The largest *number* of suicide deaths occur in the age range of 45 to 54.
- Among youth and young adults between 16 to 25 years of age, suicide is the third leading cause of death. According to the U.S. Department of Health and Human Services, more teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, strokes, pneumonia, influenza, and chronic lung disease combined.
- Males are three times more likely to die by suicide than females. Women attempt suicide three times as frequently as men and are more likely to be hospitalized for self-inflicted injuries, primarily from poisoning or hanging. Sixty percent of hospitalizations for self-inflicted injuries are among females.
- Rates of suicide differ significantly among racial and ethnic groups. In California, whites have the highest suicide rate followed by Native Americans, Pacific Islanders, African Americans, Asians, people identifying as two or more races, and Latinos.

Suicide Death Rates (Line) and Number of Deaths (Bars) in California by Age, 2005. (California Department of Public Health)



Factors Associated with Increased Suicide Risk

- According to the National Institute of Mental Health, as many as 90 percent of individuals who died by suicide had a **diagnosable mental illness or substance abuse disorder**. Certain psychiatric diagnoses increase the risk of suicide substantially, such as major depression, bipolar disorder, and schizophrenia. Co-occurring mental illness and substance abuse exacerbate the risk of suicide.
- California Department of Corrections and Rehabilitation data indicate that suicide is the third leading cause of death in California's prisons. Nationally, more than half of all inmates in the **criminal justice system** have a mental illness; this rate is three times that of the general population.[1]
- The U.S. Department of Veterans Affairs (VA) estimates that there are 1,000 suicides per year among **veterans** receiving care through the VA health care system and as many as 5,000 per year among all veterans.
- Many individuals who are **homeless** meet many of the criteria for elevated suicide risk, such as untreated mental illness, social isolation, poverty, and substance abuse. Studies have found that individuals who are homeless for longer than six months may be at particularly high risk.[2]
- Specific **immigrant and refugee** populations face additional issues pertaining to acculturation, family and intergenerational conflict, and access to culturally and linguistically appropriate mental health services.[3]
- **Rural** states have the highest rates of suicide in the U.S., particularly among adult and older adult males and youth. Contributing factors may include availability and quality of mental health services, rates of gun ownership, and percentage of older adults in rural areas.[4]
- **Lesbian, gay, bisexual, transgender, and questioning** individuals, particularly adolescents and young adults, have significantly higher rates of suicidal ideation and suicide attempts than their heterosexual counterparts.[5]

- Suicide is the second leading cause of **postpartum** maternal deaths.[6] Up to 14 percent of women report suicidal ideation during pregnancy and in the postpartum period. Perinatal depression is believed to be one of the most common complications women experience during and after pregnancy.

Means of Suicide

Firearms are used in over 40 percent of suicides in California. Addressing access to firearms and controlled substances is one way to prevent many suicides.

Almost half of survivors of suicide attempts reported that less than one hour had passed between their decision to complete suicide and the actual attempt; another 24 percent indicated it was less than five minutes.[7] Restricting access to lethal means can put time between the impulse to complete suicide and the act itself, allowing opportunities for the impulse to subside or warning signs to be recognized.

The Cost of Suicide and Suicide Attempts

Suicide has both immediate and far-reaching effects on families and communities. Beyond the emotional toll, there are also financial costs. The economic burden of suicide is spread throughout various systems, including education, hospitals, primary care, mental health, and corrections. The estimated cost for the over 3000 suicides and 16,000 suicide attempts that occur every year in California is over $449 million per year, plus approximately $3.8 billion in lost lifetime productivity.

STRATEGIES FOR SUICIDE PREVENTION

Suicide prevention encompasses a wide range of prevention, intervention, and postvention strategies that offer education, foster resiliency, and enhance protective factors in individuals and communities.

Create a System of Suicide Prevention

A system of suicide prevention should include a range of services and programs designed to effectively meet the needs of individuals of all ages and from diverse racial, ethnic, cultural, and linguistic backgrounds. The system's success would be judged on how well the parts are coordinated and build upon one another. To ensure that this system is effective, it is critical to assess the assets and gaps, make a plan, implement it, and reassess it. In addition, coordination and partnerships must occur at multiple levels.

At the state level an Office of Suicide Prevention (OSP) has been established to provide a single point of contact and a central point of dissemination for information, resources, and data about suicide and suicide prevention programs. The OSP will serve as a liaison with national partners as well as other states, ensure that activities build on resources and materials where they already exist, and provide expert consultation on the development of local suicide prevention plans and activities.

At the local level, a broad range of partners need to collaborate to create a system of suicide prevention that crosses county, municipal, and district-wide jurisdictions. Local coordination efforts should include assessment, planning, implementation, and evaluation of the wide range of suicide prevention efforts needed at the community level.

Ultimately, a **multi-level public health approach** is needed to create a system that reduces risk factors and enhances protective factors for individuals and communities. This approach broadly promotes wellness and health as well as early intervention for individuals at risk, and it can reduce the likelihood of multiple negative outcomes, including suicide, mental illness, and violence.

Targeted Approaches

Several targeted approaches have been developed that provide services and supports that are tailored to the needs of a particular population at high risk, a type of setting, or a specific community need.

Suicide Prevention Hotlines

Hotlines are an effective way for people in crisis to reach out for help regardless of where they are or what time of day it is. Currently, California has eight accredited hotlines that are members of the National Lifeline (1-800-273-TALK).

Population-Specific Interventions

Due to the unique characteristics of different age groups and racial/ethnic populations, and the disparities in their access to services, effective suicide prevention approaches need to include outreach and intervention strategies specifically designed to target these groups.

Older Adults

Up to 75 percent of older adults visited their primary care physician within a month of their suicide, and the majority of them were not receiving mental health treatment. Many effective programs for older adults integrate mental health services with primary care and provide outreach, engagement, and education that are embedded within existing community structures and services that older adults commonly use.

Peer Support Models

A growing body of literature substantiates the effectiveness of services and supports delivered by individuals with direct experience of mental illness. Engaging individuals who have been impacted by suicide, including families, friends, and survivors, can be a powerful tool to prevent suicide and future attempts.

Racial, Ethnic, and Cultural Communities

Employing culturally appropriate strategies make a substantial difference. To be effective in addressing suicide and mental illness, interventions need to incorporate knowledge, beliefs, and attitudes that reflect the families and communities they serve.

Children, Youth, and Young Adults
Nationally, many more children and youth need mental health services than receive them. Among those who do receive services, most receive them at school. School personnel are in a key position to identify early warning signs of suicide risk and assist students in finding help. School programs can enhance the capacity to build resiliency among students by adopting curricula that teach problem-solving skills, conflict resolution, and nonviolent handling of disputes.

Unfortunately, many young people who are at high risk of suicide may have already stopped attending school or may have contact with the juvenile justice system. It is critical to develop strategies to reach out to these individuals through community groups, places where young people congregate, and co-location of youth mental health specialists in primary care settings.

Criminal Justice and Law Enforcement
Several effective training models exist that educate officers about the signs of mental health problems and suicide risk and how to appropriately intervene while maintaining public safety. Programs such as jail diversion and re-entry offer models for collaboration between the prison system, community social services, and the community mental health system.

Employers
Integrating suicide prevention into work settings through resource directories, education, and training may reach a large number of adults who may be at risk, but who are not likely to seek out mental health services. Resources and information should be available to all employees and integrated into existing employee support networks.

Veterans and the Military
Strategies that take into account the specific experiences many veterans have had and the culture of the military are necessary to ensure that veterans receive the support they need. Given the magnitude of the problem, it is critical that the military, including the California National Guard and VA medical centers, are partners in suicide prevention.

Implementing Training and Workforce Enhancements

Effective suicide prevention strategies depend on a trained workforce. Providers in multiple service fields must be equipped to recognize and intervene when suicide risk is present. Service guidelines need to be developed that lead to trainings that specifically addresses the concerns and missed intervention opportunities in different settings, such as primary care, emergency response systems, crisis centers, older adult and long-term care programs, schools, and the venues served by law enforcement and probation officers.

Educating the Public to Take Action to Prevent Suicide

Effective suicide prevention strategies also depend on an educated public. Multiple strategies have been developed to provide appropriate information about suicide and how to find help in the community.

Gatekeepers
Gatekeepers are members of the community who may regularly come in contact with many individuals, some of whom may be contemplating suicide but are not likely to seek mental health services on their own. Gatekeeper training targets a broad range of individuals, such as school health personnel, employers, faith-based and spiritual leaders, community-based service staff, and natural community helpers. This model has been shown to be particularly effective for helping older adults and young people.

Reducing Access to Lethal Means
Reducing access to lethal means is an important component of suicide prevention when it is integrated with other local, regional, and state-level activities. Education about safe storage of potentially lethal means, such as firearms and medications, can save lives.

Public Awareness Campaigns
Public awareness campaigns can be an important education strategy to reach large numbers of people. Nearly two-thirds of those who have a diagnosable mental illness do not seek treatment because of fears of stigma and discrimination. Educating the media and entertainment industry about how to accurately report and portray information about suicide can counter the adverse effects of stigma and reduce the "contagion" effect.

Improving Program Effectiveness and System Accountability

While information is available about a number of effective and promising suicide prevention practices, much more needs to be learned about programs specifically designed to serve California's diverse population groups. With these substantial gaps in knowledge about how suicide impacts all Californians and how to better prevent it, a research agenda must be established to better develop responsive policies and design effective programs to reduce suicide's impact. Fortunately, California has the necessary partners and elements to take on this work.

NOTES:

[1] Lyon, D. 2007. Helping mentally ill criminals: Jailing offenders with mental illnesses serves no one, but new policies and funding are bringing about needed changes. State Legislatures. National Conference on State Legislatures, April, 2007.

[2] Eynan, R., Langley, J., Tolomiczenko, G., Rhodes, A. E., Links, P. Wasylenki, D., et al. 2002. The association between homeless and suicidal ideation and behaviors: Results of a cross-sectional survey. Suicide and Life Threatening Behavior, 32(4), 418-427.

[3] Fortuna, L. R., Perez, D. J., Canino, G., Sribney, W., & Alegria, M. 2007. Prevalence and correlates of lifetime suicidal ideation and suicide attempts among Latino subgroups in the United States. Journal of Clinical Psychiatry, 68(4), 572-581.

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[5b] Russell, S.T. & Joyner, K. (2001). Adolescent sexual orientation and suicide risk: Evidence from a national study. American Journal of Public Health, 91(8), 1276-1281.

[6] Lindahl, V., J.L. Pearon, and L. Colpe. 2005. Prevalence of suicidality during pregnancy and the postpartum. Archives of Women's Mental Health. 8(2): 77-87. June, 2005.

[7] Simon, T.R., A.C. Swann, K.E. Powell, L.B. Potter, M. Kresnow, and P.W. O'Carroll. 2001. Characteristics of impulsive suicide attempts and attempters. Suicide and Life Threatening Behavior, 32 (supp.): 49-59.

California Department of Mental Health

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CORE PRINCIPLES:

- Implement culturally competent strategies and programs that reduce disparities.
- Eliminate barriers and increase outreach and access to services.
- Meaningfully involve survivors of suicide attempts and the family members, friends, and caregivers of those who have completed or attempted suicide, and representatives of target populations.
- Use evidence-based models and promising practices to strengthen program effectiveness.
- Broaden the spectrum of partners involved in a comprehensive system of suicide prevention.
- Employ a life span approach to suicide prevention.

STRATEGIC DIRECTION 1:

Create a System of Suicide Prevention

Increase collaboration among state and local agencies, private organizations, and communities by coordinating and improving suicide prevention activities and services throughout the state, from health and mental health promotion through crisis intervention.

STATE - *Recommended Actions*

- Establish a statewide Office of Suicide Prevention (OSP).
- Engage a coalition of public partners to integrate, coordinate, enhance, and improve policies and practices.
- Develop a network of statewide public and private organizations.
- Convene and facilitate working groups that will address specific populations and issues.
- Expand the number and capacity of accredited suicide prevention hotlines based in California.
- Create a statewide consortium of suicide prevention hotlines.
- Identify and implement needed improvements in confidentiality laws and practices.

LOCAL - *Recommended Actions*

- Appoint a county liaison to the state Office of Suicide Prevention and convene a suicide prevention advisory council.
- Develop a local suicide prevention action plan.
- Enhance links between systems and programs to better address gaps in services and identify resources.
- Deliver services that reflect integration among systems providing crisis intervention, including health, mental health, aging, social services, first responders, and hotlines.
- Integrate suicide prevention programs into education institutions, services for older adults, the workplace, and the criminal and juvenile justice systems.
- Develop and promote programs that reduce or eliminate gaps for historically underserved racial and ethnic groups and other high-risk populations.
- Ensure that the county has access to at least one accredited suicide prevention hotline call center.
- Explore opportunities for training and consultation between counties to develop suicide prevention hotline capacity.

STATE - *Next Steps*

- Staff the Office of Suicide Prevention established on February 6, 2008.
- Issue an action plan that assesses the current level of activities and major gaps, and identifies objectives toward implementing the initial activities described in "Next Steps."
- Establish a technical assistance infrastructure to support local suicide prevention efforts.
- Establish a coalition of state-level organizations to coordinate suicide prevention efforts. The coalition should include:
    - K-12 and higher education
    - Services for older adults
    - Criminal and juvenile justice systems
    - Veterans' services
    - Health and mental health services
- Assess the current status of suicide prevention hotlines in California and build a consortium of accredited suicide prevention hotlines statewide.
- Support expanded functions for the accredited suicide prevention hotline centers, such as training centers and after-care services.
- Enhance the database for monitoring, tracking, evaluating, and reporting suicide prevention hotline calls in California.
- Provide technical assistance to expand or link accredited hotlines to additional venues and formats to improve access to information on local services.
- Provide technical support to counties to conduct a comprehensive assessment of suicide prevention services.
- Link and provide technical support to county-level advisory councils.

LOCAL - *Next Steps*

- Appoint a liaison in each county to the state Office of Suicide Prevention.
- Convene or build upon an existing entity to establish a local suicide prevention advisory council to develop a suicide prevention system.
- Design and implement a comprehensive assessment of the existing county suicide prevention services and supports and the major gaps.
- Develop a local suicide prevention action plan, through an inclusive community process based on the comprehensive assessment.
- Assess the capacity of local or regional accredited suicide prevention hotline(s) and take steps to achieve accreditation of call centers or build the capacity of already accredited call centers.

STRATEGIC DIRECTION 2:

Implement Training and Workforce Enhancements to Prevent Suicide

Develop and implement service and training guidelines to promote effective and consistent suicide prevention, early identification, referral, intervention, and follow-up care across all service providers.

STATE - *Recommended Actions*

- Convene expert workgroups to establish suicide prevention service and training guidelines and model curricula for targeted service providers.
- Expand opportunities for training for selected occupations and facilities.
- Determine which occupations are to be targeted for required training and to implement the requirements.

LOCAL - *Recommended Actions*

- Establish annual targets for suicide prevention training and develop and implement a plan to meet these targets.
- Increase the priority of suicide prevention training and tailor state guidelines to meet local needs.

STATE - *Next Steps*

- Assess the current criteria and standards for service and training guidelines that address suicide prevention, early intervention, treatment, and suicide attempt follow-up care for California's diverse population.
- Recommend, develop, and broadly promote standard service and training guidelines and curricula for targeted service providers. Review licensing and credentialing processes to assess viability of new training requirements.
- Coordinate and review surveys on local training needs and provide support to counties.
- Deliver "train the trainer" sessions for targeted service providers.

LOCAL - *Next Steps*

- Review local Mental Health Services Act Workforce Education and Training assessments to expand suicide prevention training. If needed, conduct a supplemental survey for suicide prevention training and technical assistance needs. Set local training targets for selected occupations and develop a plan to meet those targets and measure progress.
- Tailor, disseminate, and promote service and training guidelines. Design and implement an inclusive community process to adapt guidelines as necessary.

STRATEGIC DIRECTION 3:

Educate Communities to Take Action to Prevent Suicide

Raise awareness that suicide is preventable and create an environment that supports suicide prevention and help-seeking behaviors.

STATE - *Recommended Actions*

- Launch and sustain a suicide prevention education campaign.
- Coordinate the suicide prevention campaign with any existing social marketing campaigns designed to eliminate mental health stigma and discrimination.
- Engage and educate the news media and the entertainment industry.
- Promote information and resources to reduce access to lethal means.
- Disseminate and promote models for suicide prevention education for community gatekeepers.

LOCAL - *Recommended Actions*

- Build grassroots outreach and engagement efforts to tailor the suicide prevention campaign to meet community needs.
- Engage and educate local media to promote greater understanding of the risks and protective factors related to suicide and how to get help.
- Educate individuals to recognize, respond to, and refer people demonstrating acute risk factors warning signs.
- Promote and provide suicide prevention education for community gatekeepers.
- Develop and disseminate directory information on local suicide prevention and intervention services.
- Incorporate peer support and peer-operated services models.

STATE - *Next Steps*

- In conjunction with any existing social marketing efforts, develop and implement an age-appropriate, multi-language education campaign to positively influence help-seeking behaviors and reduce suicidal behaviors.

- Obtain the necessary social marketing consultation to design, test, and promote the suicide prevention messages for target populations at risk for suicide.
- Support local efforts to engage and educate the media by disseminating resources from national suicide prevention organizations.
- Identify a strategy for reducing access to lethal means in California.
- Identify and disseminate models that counties can use to implement suicide prevention gatekeeper education.
- Conduct regional training to build local capacity of peer support programs.
- Design and maintain a web page for the Office of Suicide Prevention that provides links to information; identify and develop new information as needed.

LOCAL - Next Steps

- Coordinate local outreach, awareness, and education with other social marketing efforts to expand suicide prevention messages and information in multiple languages.
- Design and implement a strategy to better engage and educate the local media on the importance of appropriate and responsible reporting about suicide.
- Design a community education plan that may include a community calendar of activities promoting suicide prevention; integration of suicide prevention information into ongoing services; and localizing national and state suicide prevention events.
- Reach out to community gatekeepers to increase their awareness and participation in suicide prevention efforts.
- Develop and widely disseminate a directory of local suicide prevention services and update as necessary.
- Foster the development of peer support programs.

STRATEGIC DIRECTION 4:

Improve Suicide Prevention Program Effectiveness and System Accountability

Improve data collection, surveillance, and program evaluation and launch a research agenda to design responsive policies and effective programs to reduce the impact of suicide in diverse populations.

STATE - *Recommended Actions*

- Develop a California surveillance and research agenda.
- Test and adapt evidence-based practices and promote the evaluation of promising community models.
- Identify or develop methodologies for evaluating suicide prevention interventions.
- Make suicide and suicide attempt data easily accessible to the public and policy makers.

LOCAL - *Recommended Actions*

- Increase local capacity for data collection, reporting, surveillance, and dissemination.
- Build local capacity to evaluate suicide prevention programs to improve those programs.
- Establish or enhance capacity for suicide death reviews and provide regular reports to the Office of Suicide Prevention and the local suicide prevention advisory council.
- Enhance reporting systems to improve the consistency and accuracy of data about suicide deaths.

STATE - *Next Steps*

- Working collaboratively with local, state, and national entities, develop a California-specific research agenda. Design a process to identify priority activities from a comprehensive review of multiple data sources and an inclusive decision-making process.

- Improve data collection and reporting as well as surveillance systems to better understand suicide trends and the impact of protective and risk factors in diverse populations. Target research in key areas, such as policies and programs appropriate for specific ethnic, cultural, and age groups.
- Develop an evaluation component to track and monitor the statewide effort.
- Develop and disseminate data reports on special topics and specific target populations to enhance programs and service delivery.

LOCAL - *Next Steps*

- Assess local data sources and reporting processes pertinent for suicide prevention and develop and implement a strategy to enhance data collection.
- Coordinate with the state Office of Suicide Prevention to build local capacity for program evaluation.
- Establish a suicide death review process and provide regular reports to the suicide prevention advisory council

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