

Striving
for
Zero

STRIVING FOR ZERO CONVENING

MARCH 2024



DATA WORKSHOP





Striving for Zero

CALIFORNIA'S STRATEGIC PLAN FOR SUICIDE PREVENTION 2020 – 2025

Plan Quick View

California's Strategic Plan for Suicide Prevention is framed by four strategic aims and 12 goals. Each goal statement embeds suicide prevention strategies and approaches with the greatest potential to prevent suicide in communities across the state. See the Best Practices in Suicide Prevention on page 65 section of this plan for more detail about the evidence of effectiveness.

STRATEGIC AIM 1: ESTABLISH A SUICIDE PREVENTION INFRASTRUCTURE

- Goal 1: Enhance visible leadership and networked partnerships
- Goal 2: Increase development and coordination of suicide prevention resources
- Goal 3: Advance data monitoring and evaluation

STRATEGIC AIM 2: MINIMIZE RISK FOR SUICIDAL BEHAVIOR BY PROMOTING SAFE ENVIRONMENTS, RESILIENCY, AND CONNECTEDNESS

- Goal 4: Create safe environments by reducing access to lethal means
- Goal 5: Empower people, families, and communities to reach out for help when mental health and substance use disorder needs emerge
- Goal 6: Increase connectedness between people, family members, and community
- Goal 7: Increase the use of best practices for reporting of suicide and promote healthy use of social media and technology

STRATEGIC AIM 3: INCREASE EARLY IDENTIFICATION OF SUICIDE RISK AND CONNECTION TO SERVICES BASED ON RISK

- Goal 8: Increase detection and screening to connect people to services
- Goal 9: Deliver a continuum of crisis services within and across counties

STRATEGIC AIM 4: IMPROVE SUICIDE-RELATED SERVICES AND SUPPORTS

- Goal 10: Deliver best practices in care targeting suicide risk
- Goal 11: Ensure continuity of care and follow-up after suicide-related services
- Goal 12: Expand support services following a suicide loss

Data Requests

Key Questions

What is the purpose of the data?

- What is/are the specific question(s) they want answered?
- Who is the audience?
- How will it be disseminated?

Key Questions

How are you using and sharing the data?

- Presentation
- Written document
- Talking points

Key Questions

- What story does your data tell?
- Whose story is not being told?

Key Questions

- What is/are your takeaway message(s)?

Safe Messaging Data

Data is One Piece of the Puzzle

- Often need to use multiple data sources
- Know the caveats/limitations of the data you are using
- Use the “best” available sources
- Balance quantitative and qualitative when appropriate
- Do not use data to sensationalize, stigmatize or “scare”

Know Your Audience

- Data or non-data “people”
- Internal or external
- Public – consider someone is reading your report, brief, dashboard, slides, etc. without the author/presenter’s narrative and “real time” explanation

Be Aware of Language

- Died by Suicide
- Took their own life
- Ended their life
- Attempted to end their life

NOT

- Committed suicide
- Completed suicide
- Successful, unsuccessful, failed (attempts)

Language continued...

- “Are at disproportionate risk for suicide”

NOT

- “more likely to die by suicide”

- “diagnosed with/have schizophrenia”

NOT

- “schizophrenics”

- “self-injurious behavior or cutting”

NOT

- “self-harmer, cutter”

Discussing risk factors

Framing for specific communities/demographics -
(issues of equity, historical trauma, racism, harmful systems, etc.)

Marginalizing, “othering”, minoritizing, discriminating,
victimizing, traumatizing, etc.

Not race, ethnicity, sexual orientation or gender identity
themselves (in and of themselves) are risk factors for suicidal
ideation and behavior(s).

Help Seeking Data

Present a balance

Calls/texts to helplines

Individuals completing suicide prevention trainings

Community events and outreach

Messages of hope

Survivor testimonials

Resources

Always include local or national resource whenever discussing/presenting information regarding suicide

Context

- Rates or Percentages
- Data takeaways should be clear
 - Narrative when possible
 - Summary points
- Figures and Tables – stand alone
 - Titles
 - Sources
 - Legends
 - Footnotes
- Percentage of suicides vs Percentage of population

Regarding Means

- Means can be a very sensitive and activating topic
- What is the point, importance, relevance, etc. of including these data?
 - Fall vs. Jump
 - Sharp object vs. cut/pierce
- When providing data on injury mechanism/mode also provide corresponding means restriction resources and strategies

Images and Visuals

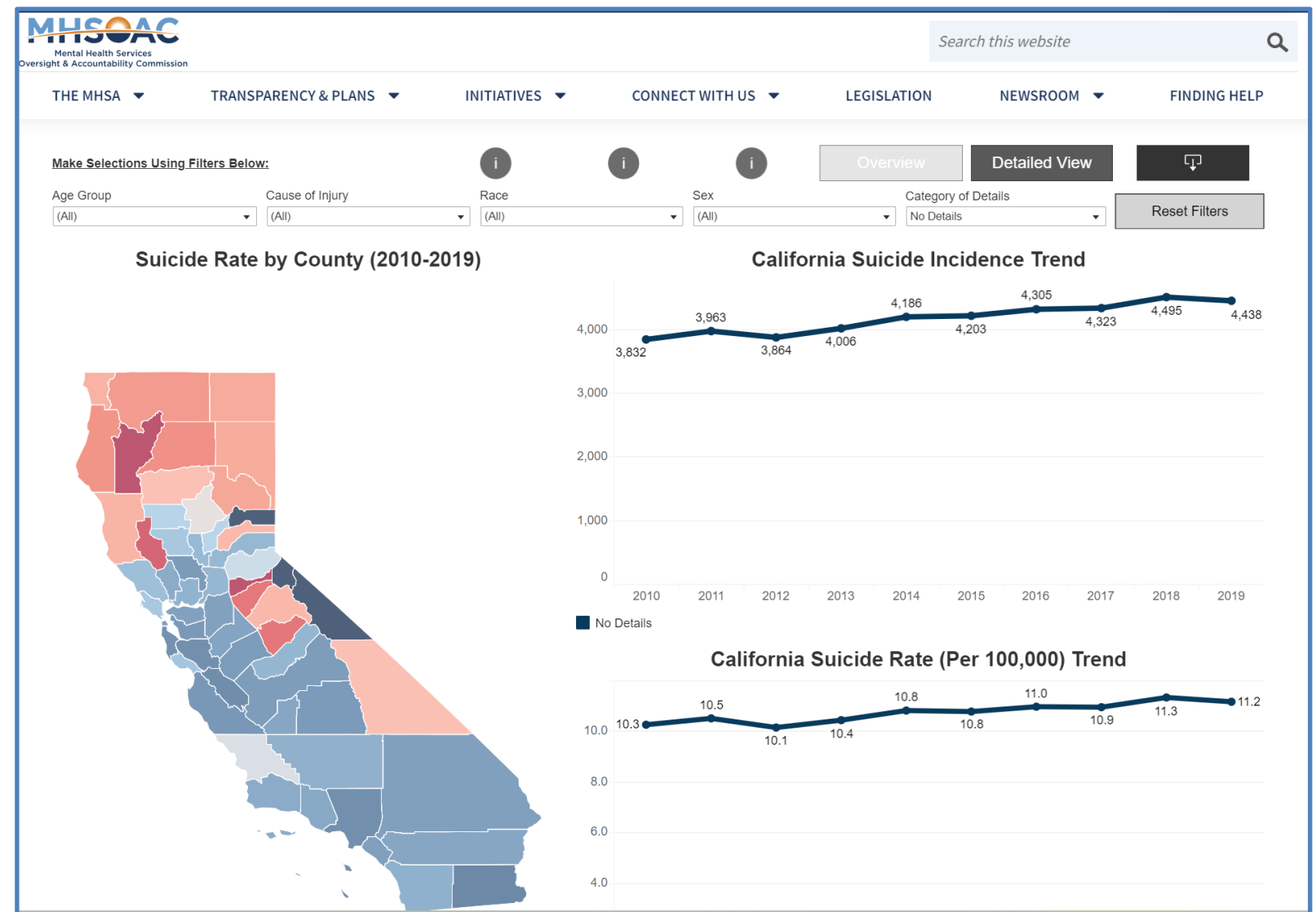
- Stay away from graphic images
Guns, knives, pills, etc.
Pictures of celebrities
- Be aware of font and colors
Where does the eye focus?
- Describing suicide "hot spots" and "contagion"

Data Dashboards for Today's Workshop

- ✓ CDPH EpiCenter
 - ✓ California Violent Death Reporting System (CaVDERS)
- MHOAC Suicide Incidence and Rate
- CA School Climate, Health, and Learning (CaSCHLS)
- California Health Interview Survey (CHIS – UCLA)

Mental Health Services Oversight and Accountability Commission (MHOAC)

Suicide Incidence and Rate Dashboard



<https://mhsaac.ca.gov/transparency-suite/suicide-incidence-and-rate/>

California School Climate, Health and Learning Survey (CaSCHLS)

California Healthy Kids, School Staff and School Parent Surveys
Developed by WestEd

CaSCHLS

About Administration Reports & Data Resources Coordinator Portal Dashboards

Home » Reports & Data » Public Dashboards

Dashboard Dashboards Refresh Logout

Public Dashboards

- Key Indicators: Elementary
- Key Indicators: Secondary
- Key Indicators: Staff
- Item Level: Elementary 2021-23
- Item Level: Secondary 2021-23
- Item Level: Staff 2021-23

Scenario #1

Your Board of Supervisors have asked you to provide them with the overall statistics on deaths by suicide for your county over the past five years.

Specifically, they are asking you to describe what is happening with the number of people dying by suicide –

- Has it been increasing as per recent media reports?
- How do your county's numbers compare to a neighboring jurisdiction or California overall?
 - Which age group(s) have the highest rate(s) of suicide?



Scenario #1 (DEBRIEF)

- EpiCenter/MHISOAC
- could use numbers or rates
- categorize by age group

- 988 and/or local resource(s)
- include a protective factor data point
- talk about suicide prevention efforts in your county

Scenario #2

A new national study from the Centers for Disease Control and Prevention (CDC) was recently published on youth mental health during and after the COVID19 pandemic.

This study found a sharp increase in the number of youth/adolescents who reported thinking about suicide (suicidal ideation) AND having made a suicide attempt.

Your county office of education is asking if these same trends are happening in your jurisdiction.

Scenario #2 (DEBRIEF)

CaSCHLS or CHIS

number of youth/adolescents who reported thinking about suicide
(suicidal ideation)

EpiCenter (Emergency Department and Hospitalizations)
AND having made a suicide attempt

*define timeframe for “during” pandemic and “after”

Scenario #3

WILD CARD – COUNTY’S CHOICE!

1. Identify an outcome
2. Timeframe or demographic
3. Social Determinant of Health - (education, employment, health insurance, income level, etc.)



SHARE OUTS

