

Striving
for
Zero

Striving for Zero Learning Collaborative

Describing the Problem of Suicide Part 2, July 21, 2021

Support for people at risk for suicide or those supporting people at risk is available by calling the **National Suicide Prevention Lifeline** 1-800-273-TALK (8255)

Apoyo y ayuda para personas a riesgo de suicidarse o para las personas que los apoyan está disponible llamando al **National Suicide Prevention Lifeline** 1-888-682-9454

Welcome!

Please add your county name to your display name and introduce yourself in the chat.

We will share the slides and recording with you.

Striving for Zero Learning Collaborative

Advance local strategic planning and implementation and alignment with strategic aims, goals and objectives set forth in California's Strategic Plan for Suicide Prevention



Builds on a previous Learning Collaborative offered by the California Mental Health Services Authority

Advancing Strategic Planning for Suicide Prevention in California
Fiscal Years 2018-2020

Outcomes from the Each Mind Matters Learning Collaborative with County Behavioral Health Agencies and their Community Partners

The Suicide Prevention Learning Collaborative was formed in the fall of 2018 to provide Each Mind Matters (CaIMHSA) member counties with technical assistance as they embarked on developing or updating a suicide prevention strategic plan and creating or enhancing an existing coalition to inform suicide prevention efforts. The Learning Collaborative promotes sharing of knowledge and experience, and provides resources, information and steps needed to develop a suicide prevention strategic plan.

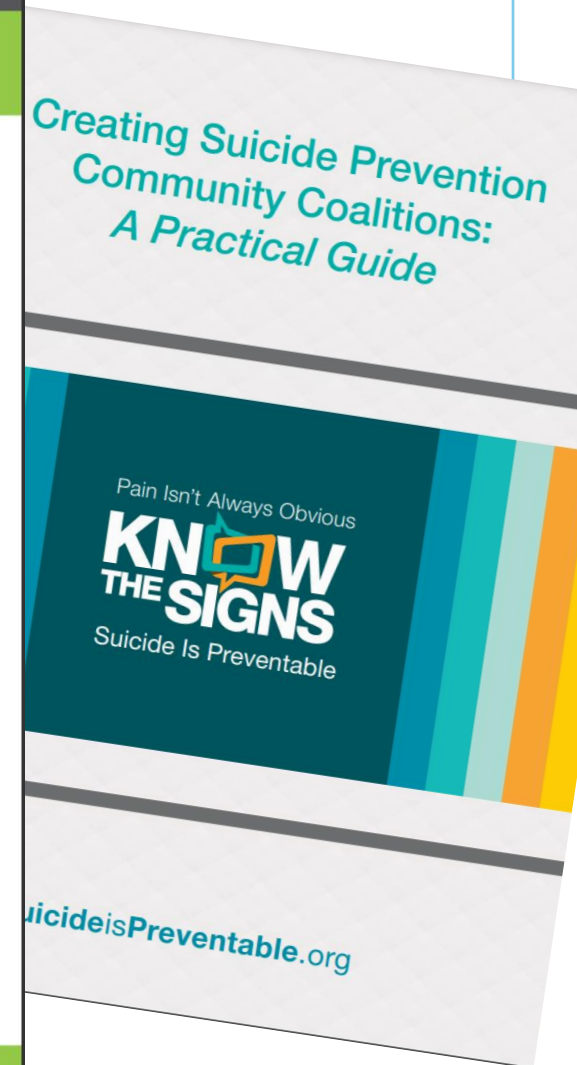
Strategic Planning Framework

The Learning Collaborative utilized a public health approach to suicide prevention. This approach emphasizes preventing problems from occurring or recurring (not just treating problems that have already occurred); focusing on whole populations rather than individuals; and addressing health disparities and access.

It's been very helpful to have one-on-one support on a monthly basis, including technical assistance, resource sharing and someone to bounce ideas off of. The Learning Collaborative webinars have been helpful and I found the retreat in December 2019 to be very helpful in learning about best practices.
— Toby Cuevin, Nevada County Public Health

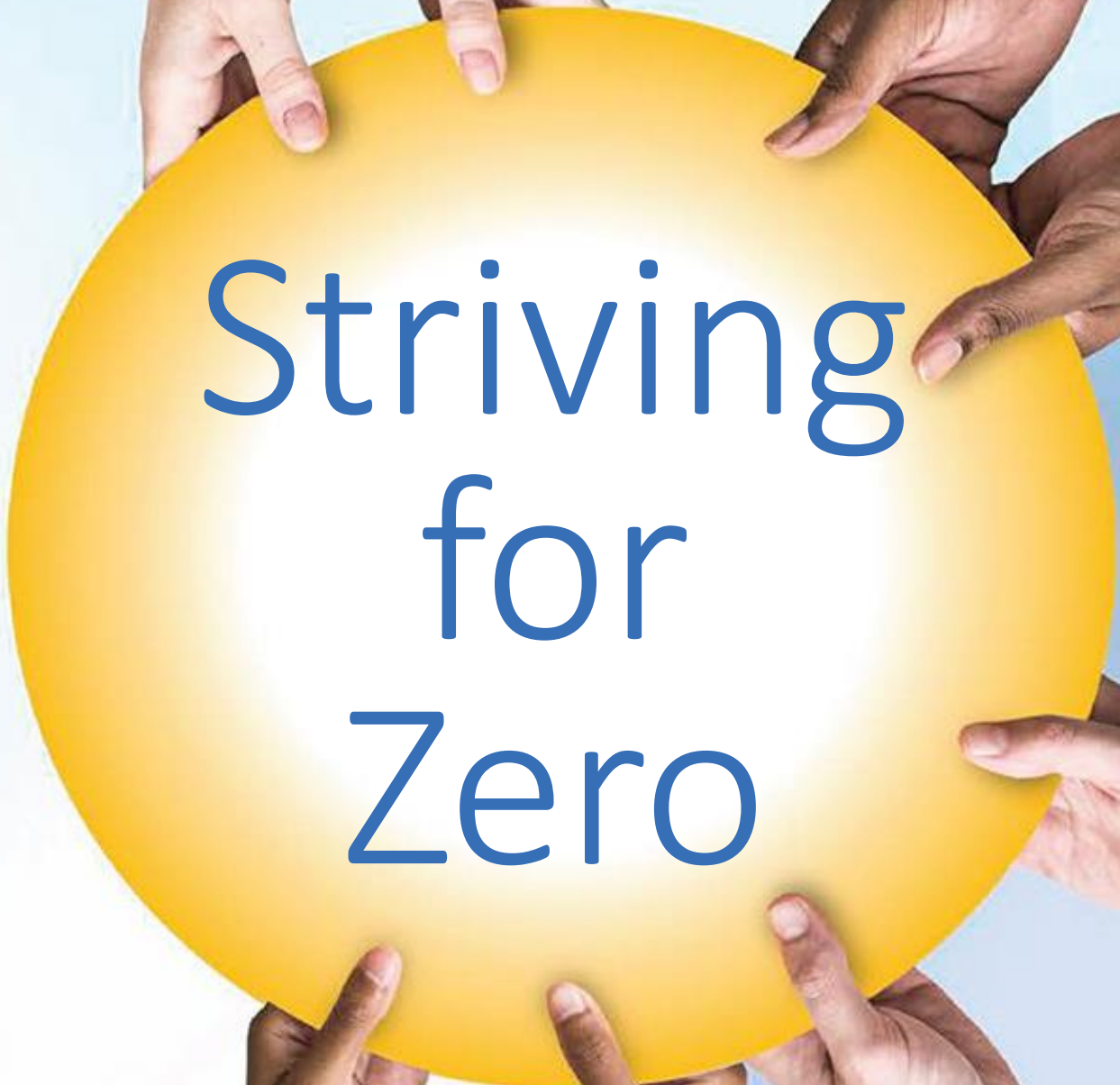
The Strategic Planning Framework utilized in the Learning Collaborative was informed by the Suicide Prevention Resource Center (SPRC), Key Elements for the Implementation of Comprehensive Community-Based Suicide Prevention by the Action Alliance for Preventing Suicide, and Preventing Suicide: A Technical Package of Policy, Programs and Practices by the Center for Disease Control. It is aligned with California's Strategic Plan for Suicide Prevention (2020-2025): Striving for Zero.

EachMind MATTERS
Your Social Marketer, Inc.



Assembly Bill 114 (Chapter 38, Statutes of 2017) directed the Commission to develop a statewide strategic suicide prevention plan. In early 2018, the Commission formed a Suicide Prevention Subcommittee, which included Commissioners Tina Wooton (Chair), Khatera Tamplen, and Mara Madrigal-Weiss.

The Commission adopted Striving for Zero: California's Strategic Plan for Suicide Prevention, 2020-2025 in November 2019.



Striving for Zero

Find the Plan here: <https://mhsoac.ca.gov/what-we-do/projects/suicide-prevention/final-report>

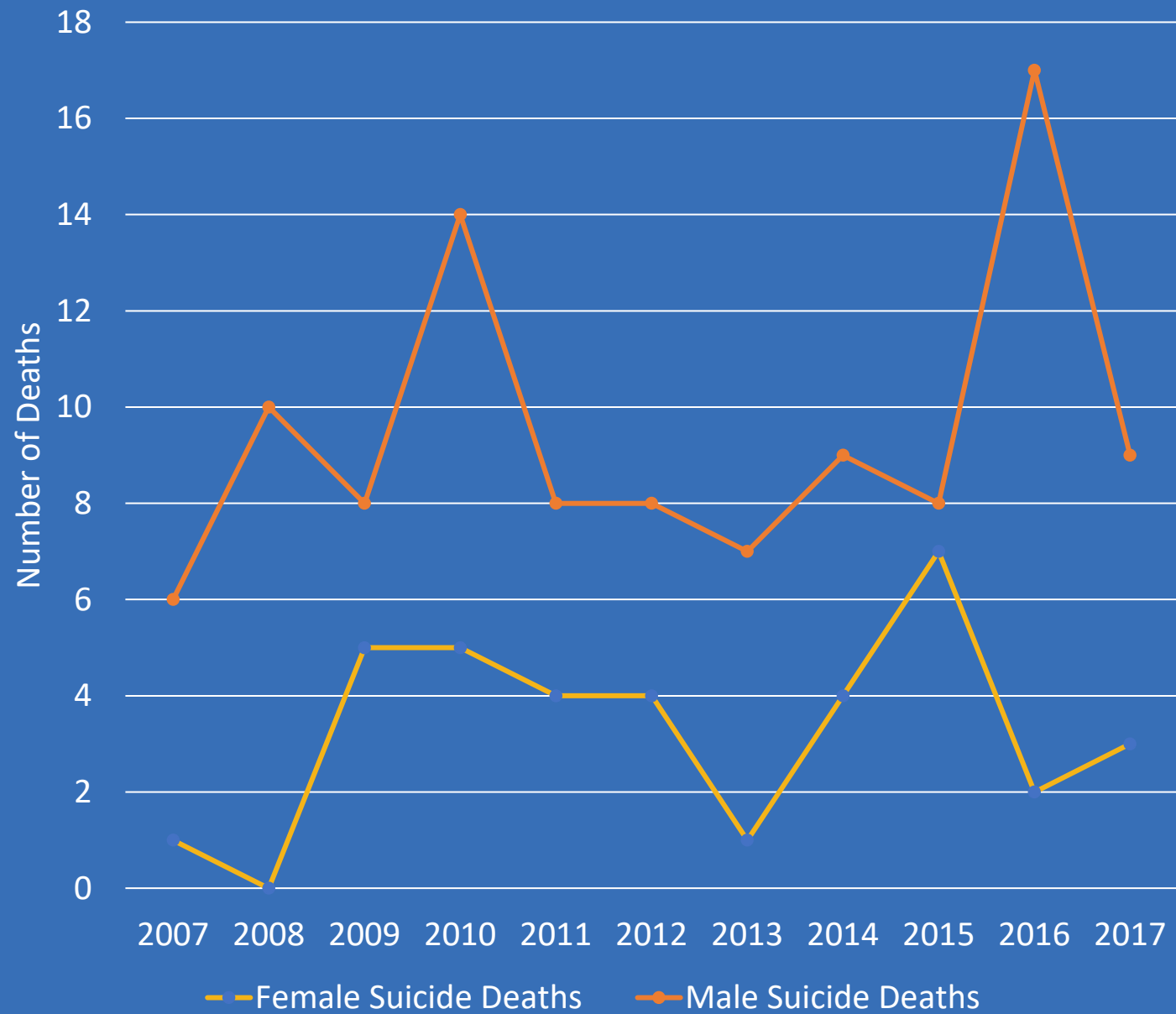
Strategic Planning Framework



Based on the Steps of Strategic Planning Framework from the Suicide Prevention Resource Center (SPRC).

Today's Agenda

- Data Surveillance
- Describing the Problem of Suicide Part II (Ideation, Help-Seeking)
- County Spotlight Humboldt County: Suicide Fatality Review Team
- Risk and Protective Factors
- Resource Mapping
- Upcoming Modules and Collaborative Meetings



What sources of data are available to help describe the problem of suicide?

What story does your data tell you? Whose story isn't being told?

How are you using and sharing the data?

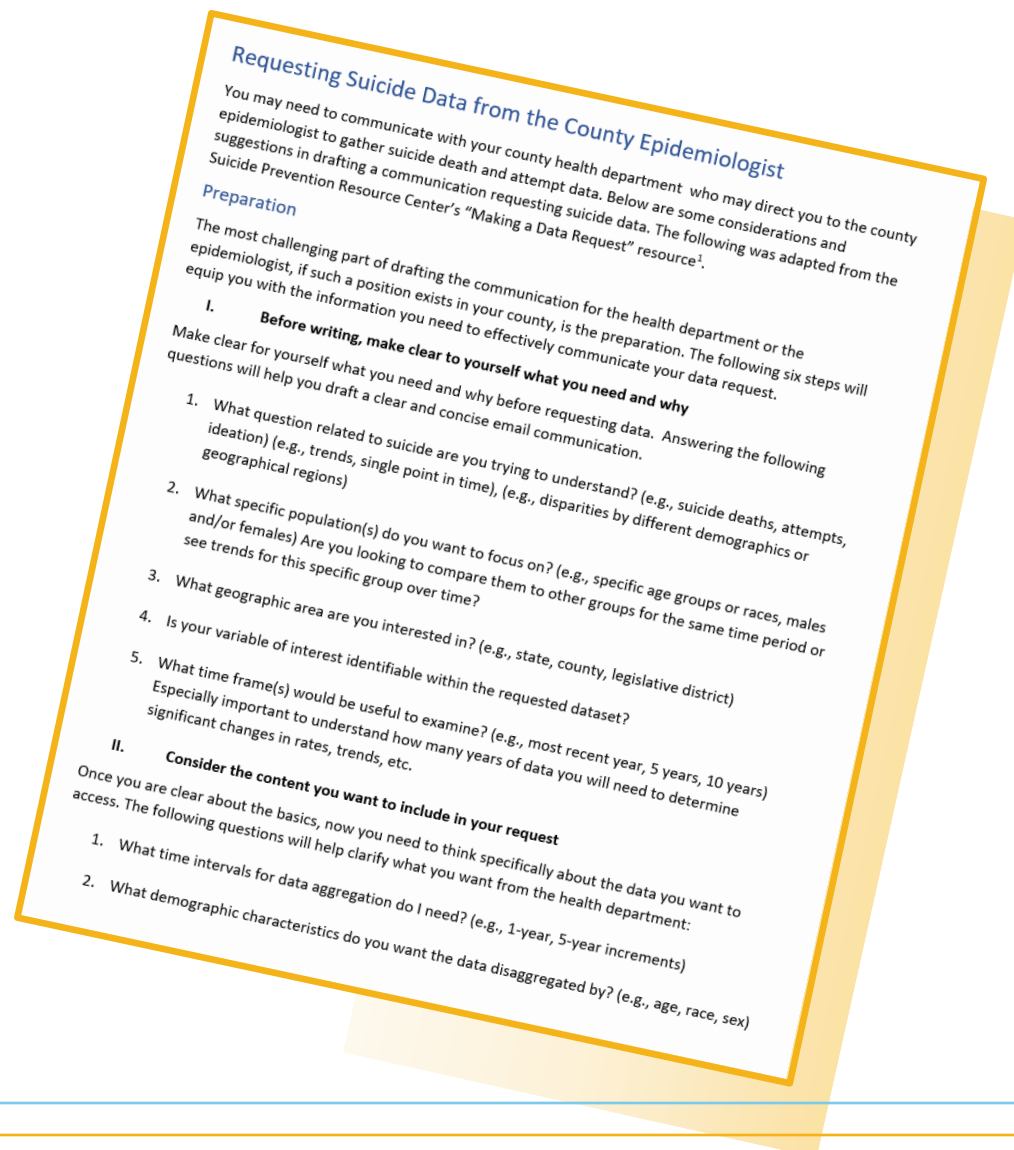
Requesting Suicide Data from Your County Epidemiologist

Be prepared! Outline what you need and why

- ✓ Why you need their data
- ✓ Why they should care
- ✓ What data you would like them to share
- ✓ How you will use their data

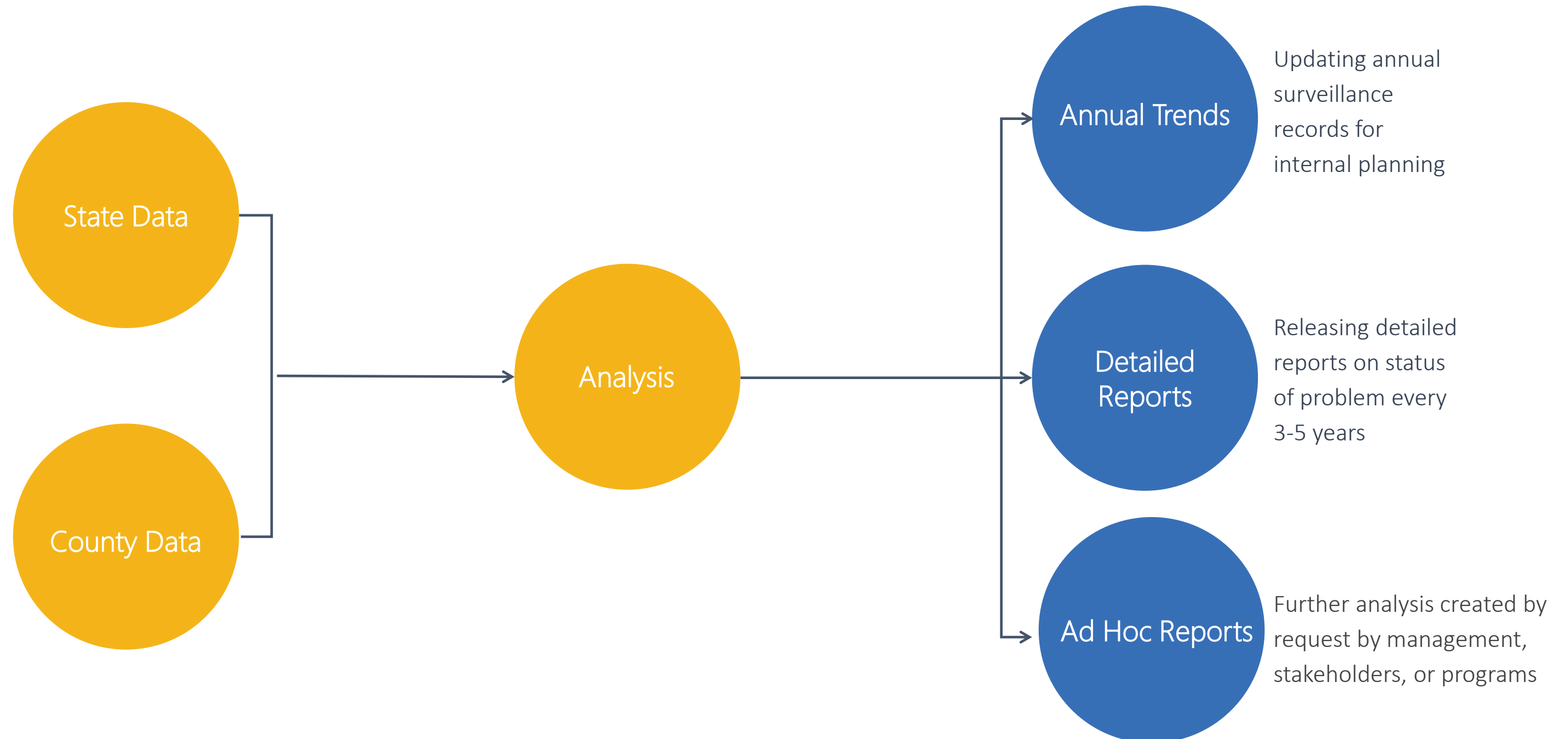
Create a table shell of what you need

Be aware of data limitations

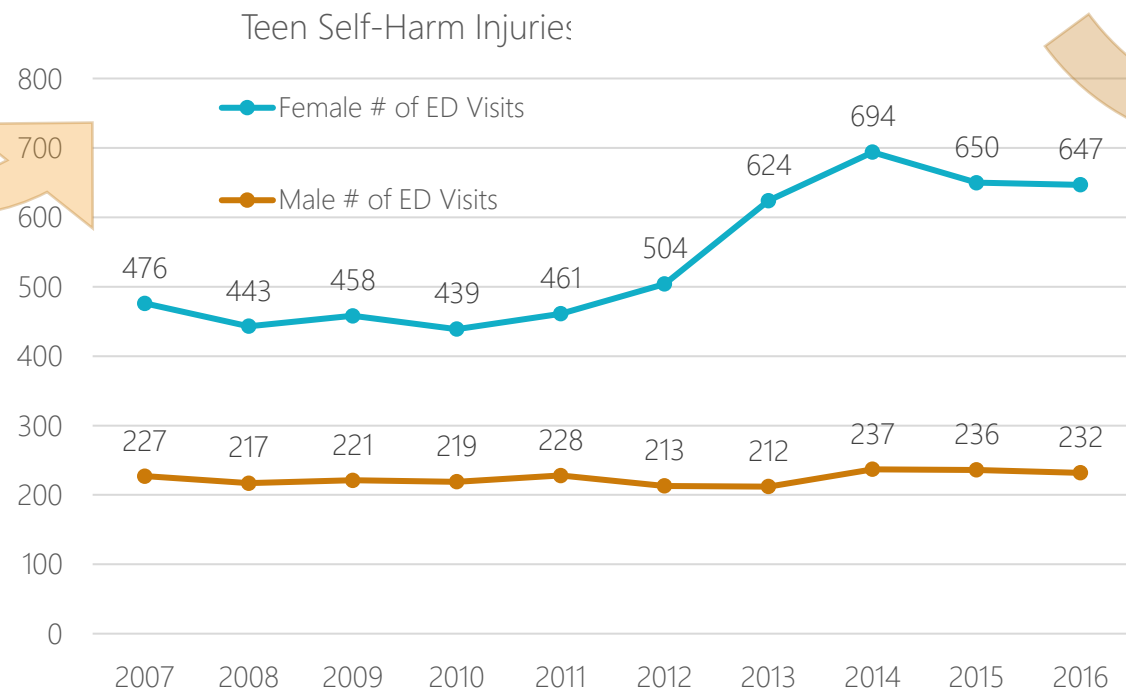
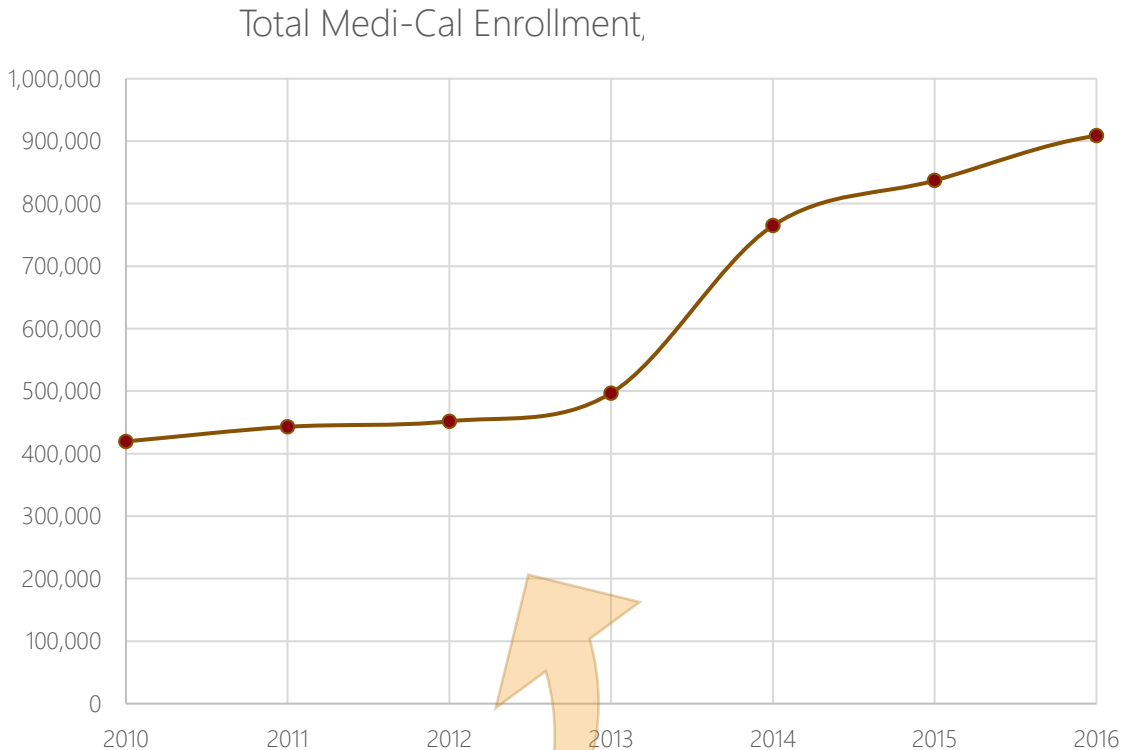
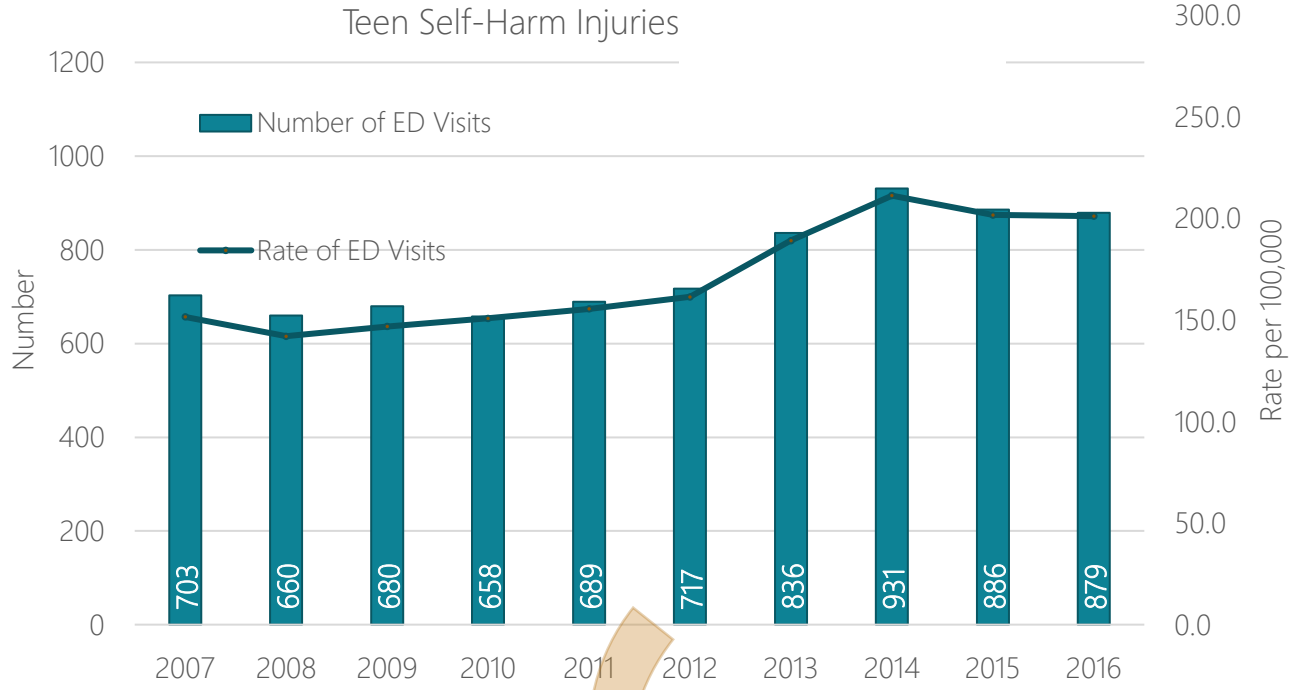


Defined as continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice, surveillance can:

- Serve as an **early warning system** for impending public health emergencies;
- **Document the impact** of an intervention, or **track progress** towards specified goals
- **Monitor and clarify** the epidemiology of health problems, to allow priorities to be set and to inform public health policy and strategies.



Example

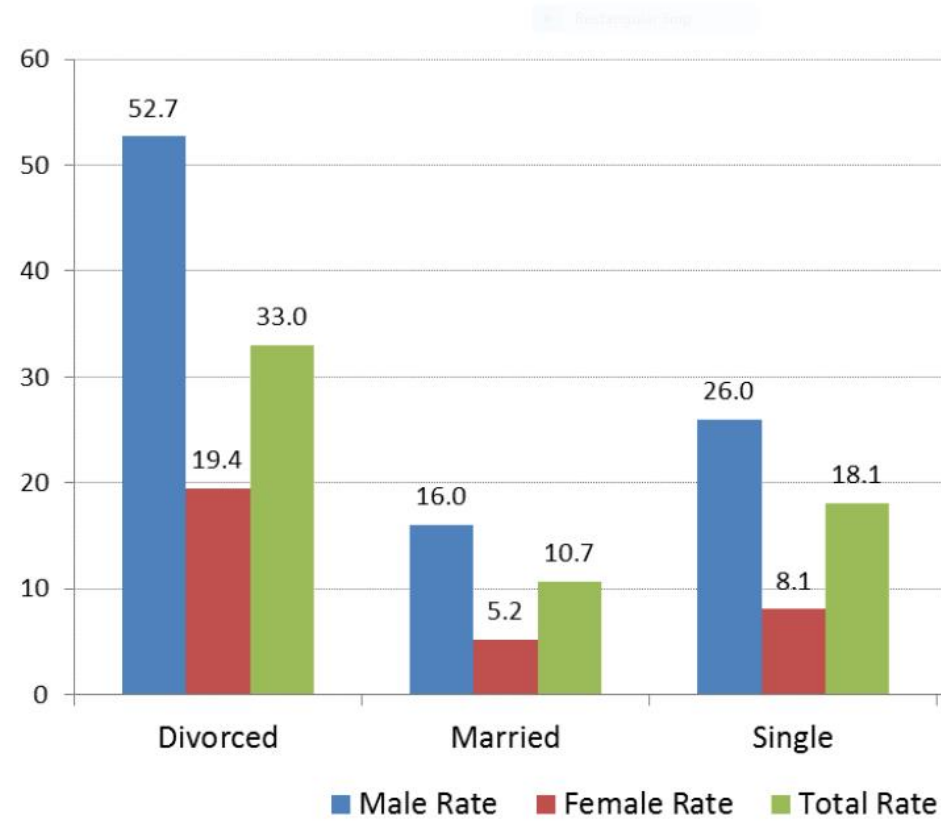


When you identify interesting trends, you can investigate further, identifying key demographics or other covariates of interest



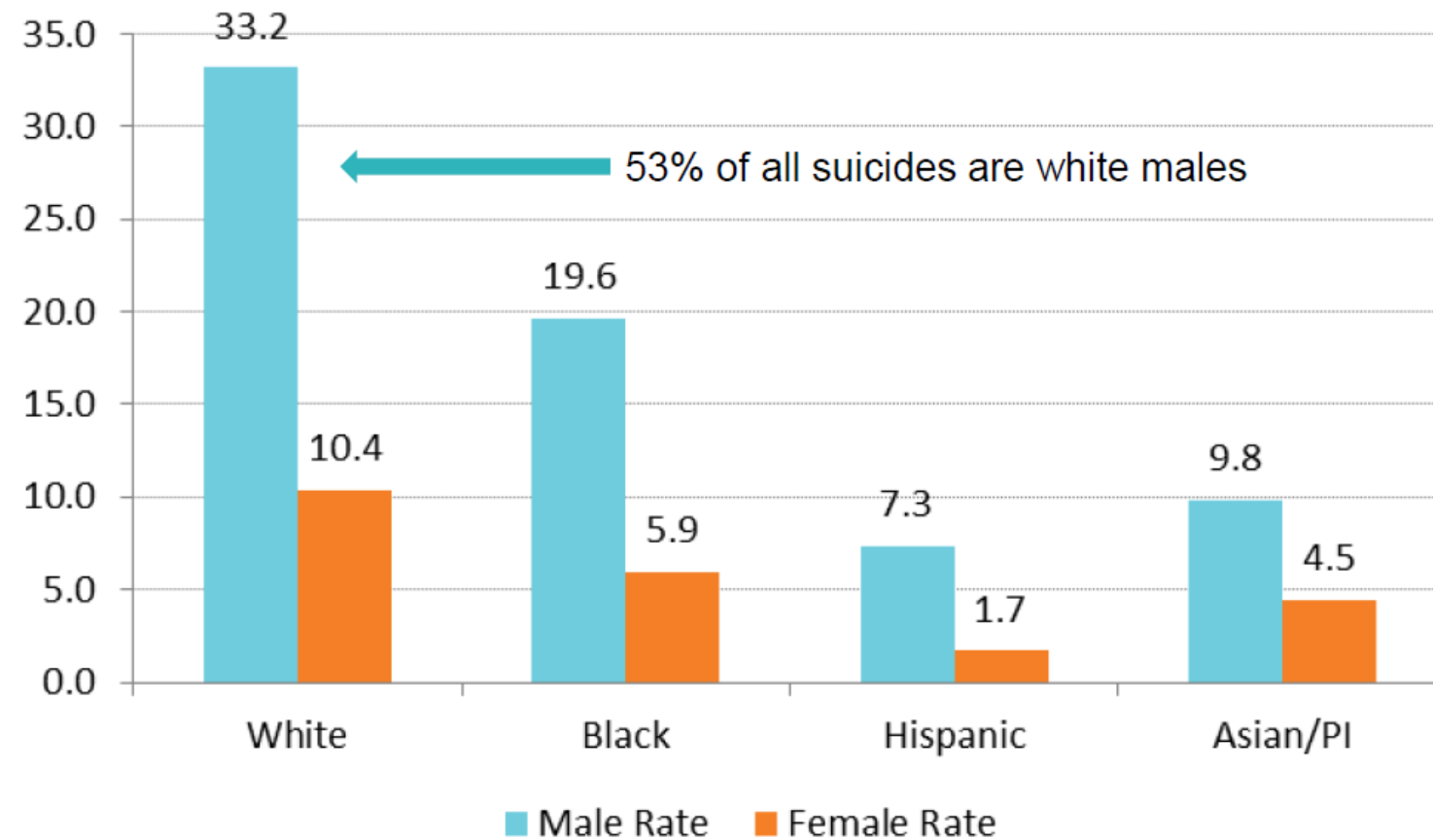
Sharing findings helps to generate ideas about what other factors may be involved behind trends

SUICIDE RATES BY MARITAL STATUS, 2016



Sources: County of San Diego, Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 – 2016. Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2016. CDC WONDER On-line Database. U.S. Census Bureau, 2007-2016 American Community Survey.

SUICIDE RATES BY RACE AND GENDER, 2016



Sources: County of San Diego, Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 – 2016. Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2016. CDC WONDER On-line Database. U.S. Census Bureau, 2007-2016 American Community Survey.

Rates per 100,000 people

Data Sharing Tips

Words to Consider...

RECOMMENDED terminology

- ✓ Died by suicide
- ✓ Took their own life
- ✓ Ended their life
- ✓ Attempted to end their life

NOT RECOMMENDED terminology

Committed suicide

Note: Use of the word “commit” implies a negative act such as a crime or sin.

Completed suicide

Note: This associates suicide with success.

Successful attempt or unsuccessful/failed attempt

Note: There is no success, or lack of success, when dealing with suicide.

- Rates vs. Percentages
- Words matter: Avoid statements such as “more likely to die by suicide” and instead use language such as “are at disproportionate risk for suicide”.
- Provide context when possible (e.g. compare with population)
- Consider your audience to assess what data to share (and not to share)
- Use data visuals that are easy for the reader to interpret or preferably has the summary point(s) narrated for them
- Be explicit about the data you are presenting, clearly label all data, note time period and identify if talking about rates, numbers or percentages
- Provide a balanced narrative
- Bookend data with messages of prevention and hope; what people can do to prevent suicide

Figure 7. Source: CDPH Vital Statistics Death Statistical Master Files

Offer Context

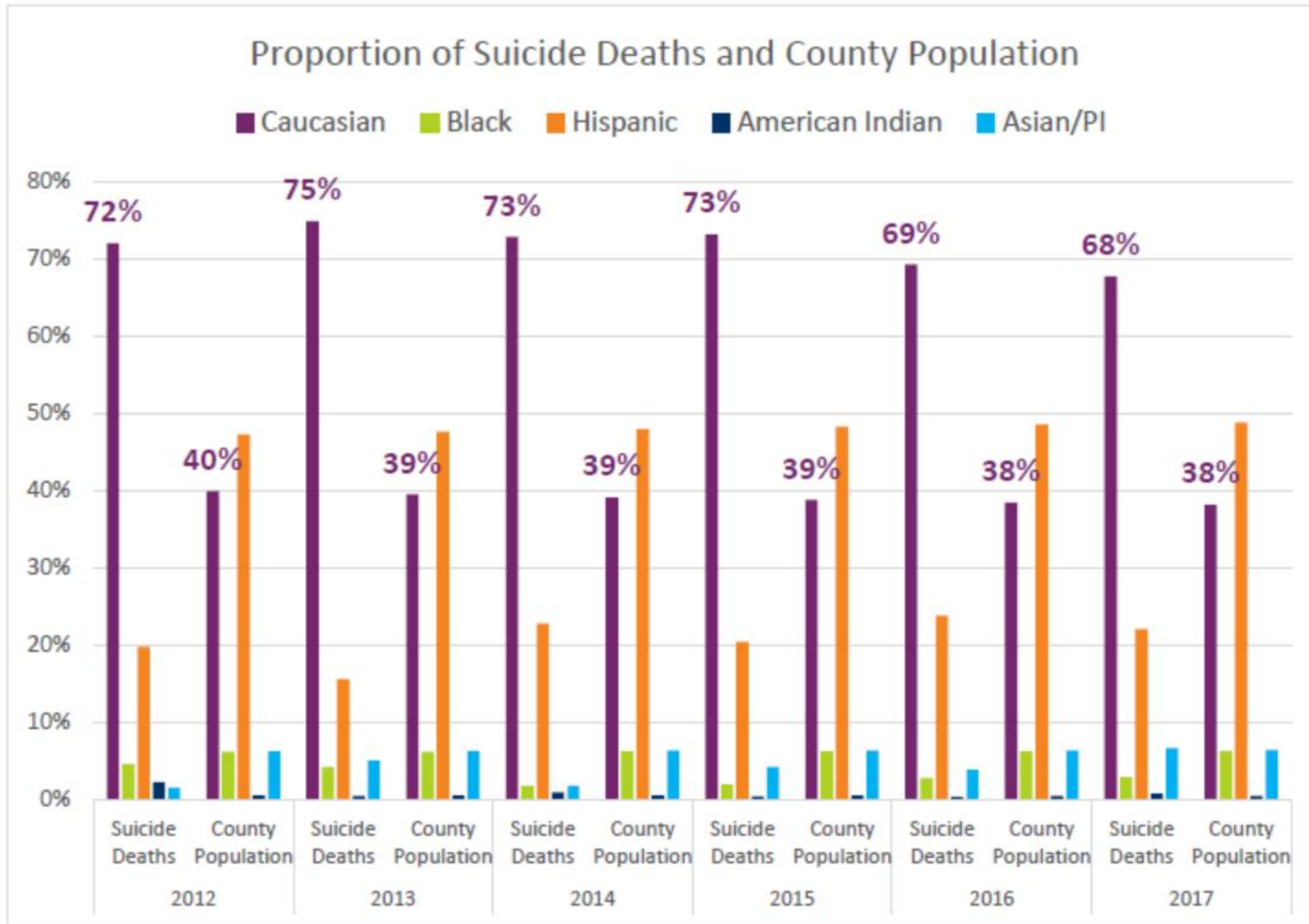


Figure 7 Orange County Suicide Deaths, 2000-2018



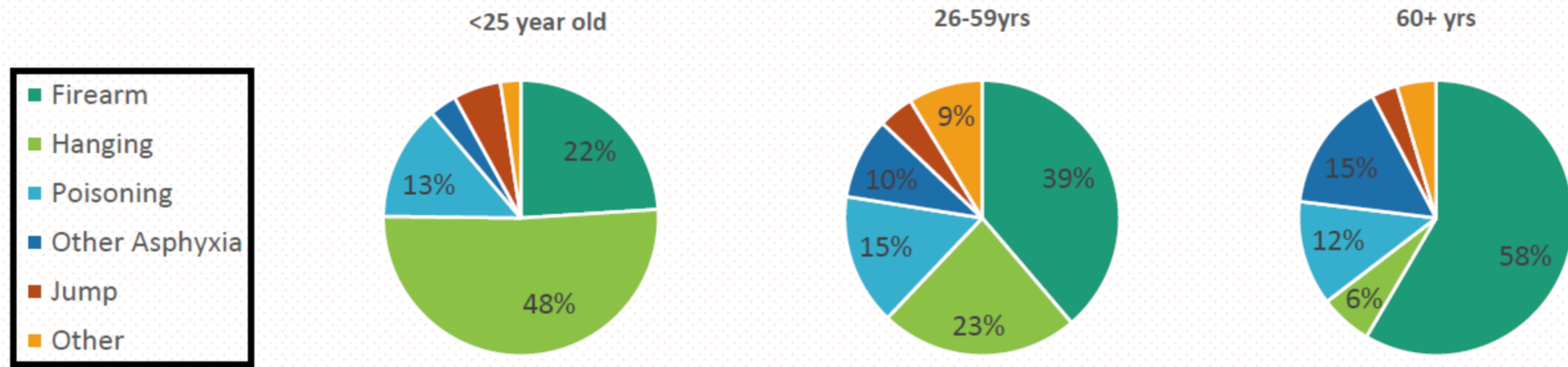
Rates for Orange County based on population data from CA Dept. of Finance P3 2010-2060 file, downloaded Aug. 2018 (years 2010-2017) and Sept. 2019 (year 2018); and from Vintage Bridged-Race Postcensal Population Estimates, U.S. Census Bureau (years 2000-2009).

*The rate in Figure 7 depicted by yellow line represents the number of deaths by the total Orange County population. The age-adjusted rate, depicted in green, accounts for annual differences in the population by age group by standardizing the rates based on the US population in 2000.

Source: CDPH DSMF/VRBIS, 2000-2018.

Considering Your Audience

Means of death by Age-group (2009-2019)



Children and Young adult (<25 yrs):
Hanging is the most common means of death followed by Firearm usage and Poisoning

Adults (26-59 yrs):
Firearm usage is the most common means of death followed by Hanging/asphyxia

Older Adults (<60 +yrs):
Firearm usage is the most common means of death followed by other forms of Asphyxia/Hanging

The Geography of Suicide in Orange County

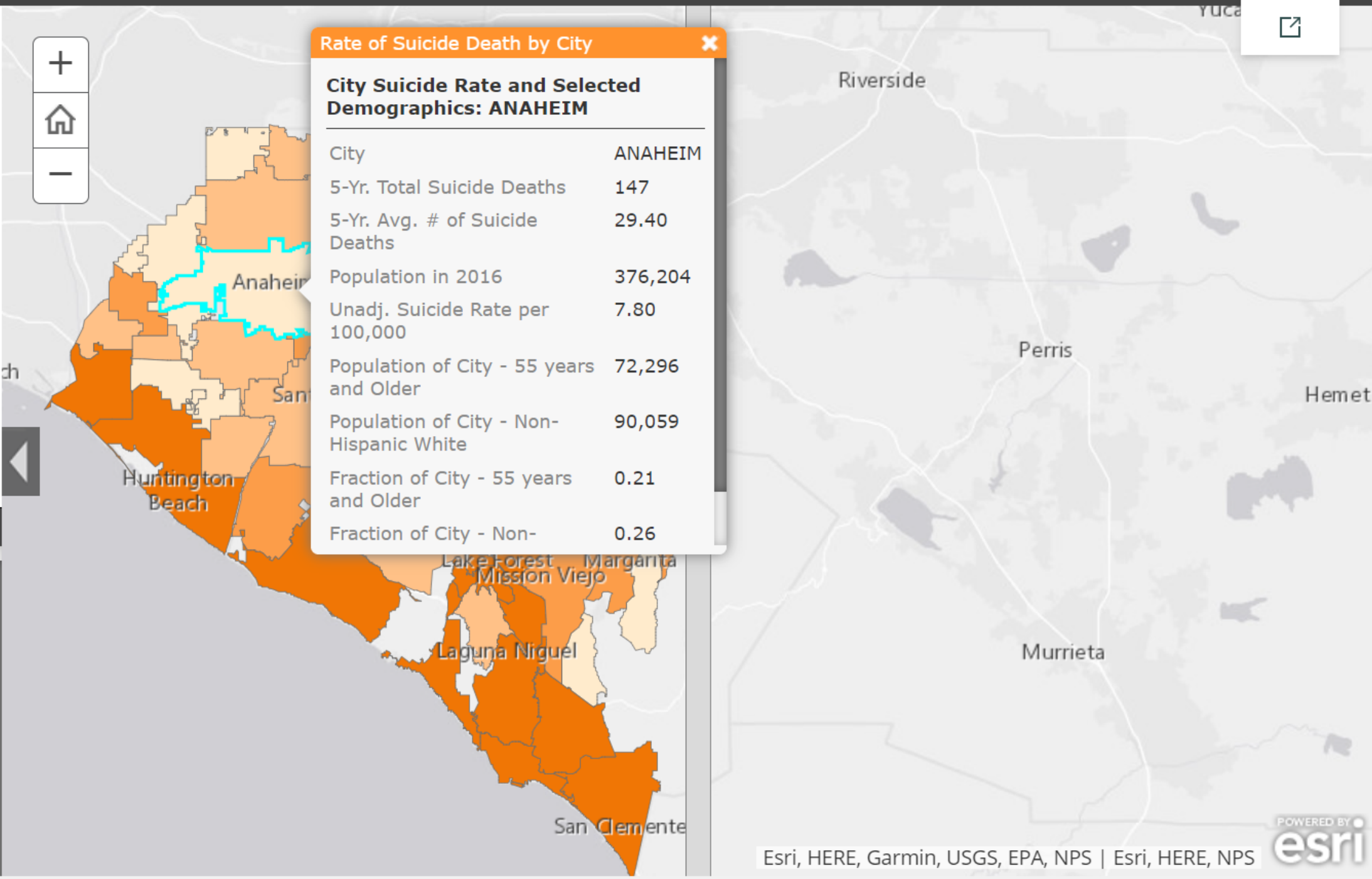
Age

Suicide deaths are experienced in the highest rates by middle-aged and older adults.

The map shows Orange County cities' rate of suicide death (orange shades) and compares it to the percent of the cities' population who are ages 55 years and older (gray shades).

Legend

Avg. Suicide Rate 2014-2018	55 years and Older Population 2016
Unadj. Suicide Rate per 100,000	Fraction of City - 55 years and Older
>12.6	>31.8%
10.4 - 12.6	25.1% - 31.8%
8.4 - 10.3	22% - 25%
<8.4	<22%



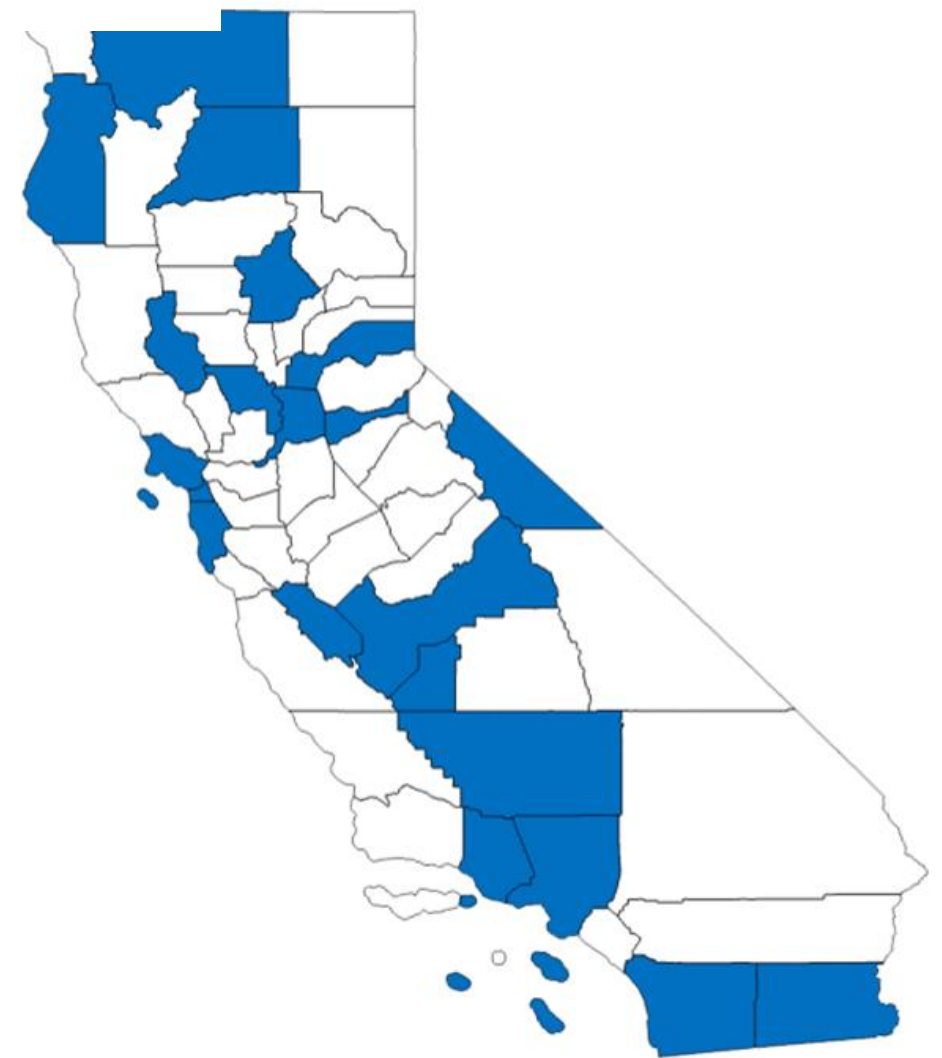
Comparative Maps of Suicide Rate and 55-years and Older Population by Orange County City

(Source: CDPH DSMF/VRBIS. 2014-2018: ACS 5-year Estimates. 2016)

CaIVDRS

- CaIVDRS is a part of the CDC's National Violent Death Reporting System (NVDRS)
- CaIVDRS links vital statistics data with reports from coroners, medical examiners, and law enforcement officials to provide information on circumstances surrounding violent deaths in California
- Data available for 21 counties for 2018
- About 50% of violent deaths in California

Please contact Renay.Bradley@cdph.ca.gov if you would like to learn more about CaIVDRS



Youth Risk Behavior Surveillance Systems (YRBSS)

Youth Risk Behavior Surveillance System (YRBSS)

2019 YRBS Results and Data Available Now



The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults, including—

- Behaviors that contribute to unintentional injuries and violence
- Sexual behaviors related to unintended pregnancy and sexually transmitted diseases, including HIV infection
- Alcohol and other drug use
- Tobacco use
- Unhealthy dietary behaviors
- Inadequate physical activity

YRBSS also measures the prevalence of obesity and asthma and other health-related behaviors plus sexual identity and sex of sexual contacts.

YRBSS is a system of surveys. It includes 1) a national school-based survey conducted by CDC and state, territorial, tribal, and 2) local surveys conducted by state, territorial, and local education and health agencies and tribal governments.



View 2019 YRBS national, state, and local school district results.



Access 2019 YRBS national, state and local school district data.



Explore 2019 YRBS national, state, and local school district data via tables and graphs.



View trend data on health behaviors and experiences among U.S. high school students.

About the YRBSS

[Overview](#)

Datasets, Analysis Tools, and Media

[YRBS Explorer](#)

<https://www.cdc.gov/healthyyouth/data/yrbs/data.htm>

PROGRESS AT-A-GLANCE FOR MENTAL HEALTH AND SUICIDE VARIABLES*

Poor mental health can result in serious negative outcomes for the health and development of adolescents. It can lead to risky sexual behavior, illicit substance use, adolescent pregnancy, truancy/school dropout, and other delinquent behaviors.^{31,32,33}

Mental health is measured in the YRBS with one question addressing persistent feelings of sadness or hopelessness that affects students' abilities to participate in their daily activities. Included are four questions on suicide ideation or behaviors including serious consideration of and planning for suicide, attempting suicide, and being medically treated for suicide attempts.

THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	Trend
Experienced persistent feelings of sadness or hopelessness	26.1	28.5	29.9	29.9	31.5	36.7	
Seriously considered attempting suicide	13.8	15.8	17.0	17.7	17.2	18.8	
Made a suicide plan	10.9	12.8	13.6	14.6	13.6	15.7	
Attempted suicide	6.3	7.8	8.0	8.6	7.4	8.9	
Were injured in a suicide attempt that had to be treated by a doctor or nurse	1.9	2.4	2.7	2.8	2.4	2.5	

Source: National Youth Risk Behavior Surveys, 2009-2019

*For the complete wording of YRBS questions, refer to Appendix.



In wrong direction

No change

In right direction

A Comprehensive Approach to Suicide Prevention Requires Telling a Comprehensive Story about Suicide and Suicide Prevention in Your County

Who is seeking help by reaching out to a crisis or warm line or accessing services? Who isn't?

Who is thinking about suicide?

What community strengths can support suicide prevention efforts? What are the gaps?

**Who is dying by suicide?
(Mortality Data)**

What risk and protective factors are present?

**Who is attempting suicide?
(Morbidity Data)**

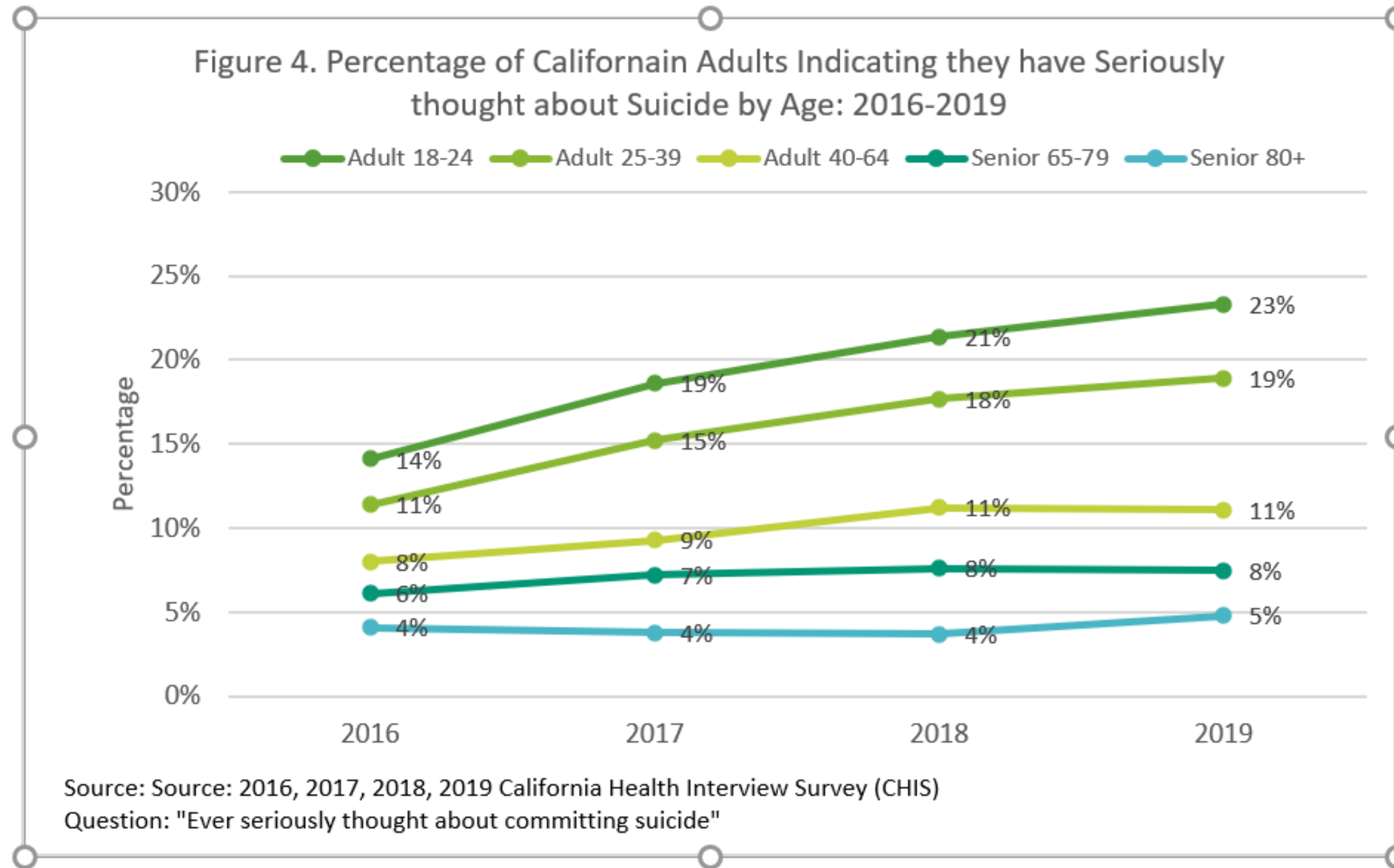
What care transitions exist?

Suicide Ideation Data

Suicidal Ideation (Self Reported)

Data Source	Suicide Death	Suicide Attempts	Suicide Ideation	Risk Factors	Protective Factors	Description and caveats
Kids.org		✓	✓	✓	✓	<ul style="list-style-type: none"> • State and county-level data on the health and well-being of children, such as violence and safety, socioeconomic factors, education, and environmental health and suicide attempt and ideation from more than 35 resources. • Suicide ideation is based on CHKS survey data (2011-2019). • Suicide attempt data is based on EpiCenter data (1991-2015) and death data is based on WONDER (1995-2017). • Query system allows analysis of data by gender, grade level, parent education, race/ethnicity and sexual orientation. • Data can be viewed and downloaded in charts, graphs, and tables.
California Department of education, The California Health Kids Survey (CHKS)			✓	✓	✓	<ul style="list-style-type: none"> • Data on suicidal ideation, school climate, social -emotional and physical health, substance abuse, other risk behaviors and demographic information such as gender, race/ethnicity and sexual identify, free or reduced-lunch status, afterschool participation and military status is available for 7th, 9th and 11th graders. • Data is available from 2014-2020. Data can be downloaded an image, pdf or ppt.
<u>UCLA’s California Health Interview Survey (CHIS)</u>			✓	✓	✓	<ul style="list-style-type: none"> • Data on suicide, health status, health conditions, health-related behaviors, health care access, health insurance coverage information, suicide attempts and ideation, and detailed demographic information. • Data is available from 2001-2020 and downloadable data files available for analysis.

Data from the California Health Interview Survey



Data from the California Health Interview Survey

SUICIDE IDEATION MONTEREY COUNTY (2009-2017)

During the past 12 months, did you ever seriously consider attempting suicide? (below percentages indicate “yes” to this question)

9.3%
**Monterey
County
residents
reported
thinking
about
suicide in
2017**



12.5% more
Females reported
thinking about
suicide than males
in Monterey
county

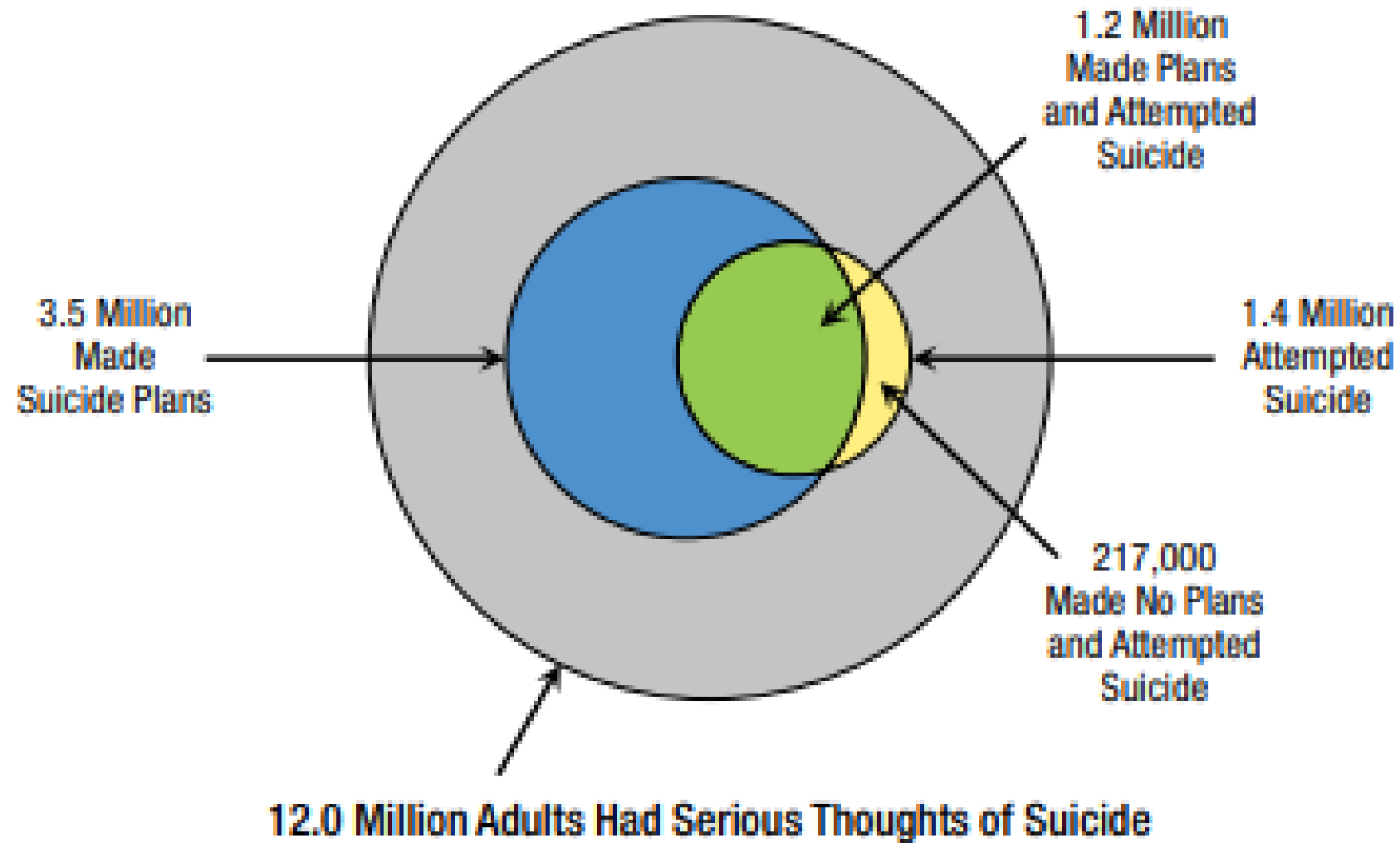
16% of Transitional aged youth
reported thinking about suicide
in Monterey County

14.8% of Veterans
reported thinking about suicide

Data Source: California Healthy Interview Survey

Data from the National Survey on Drug Use

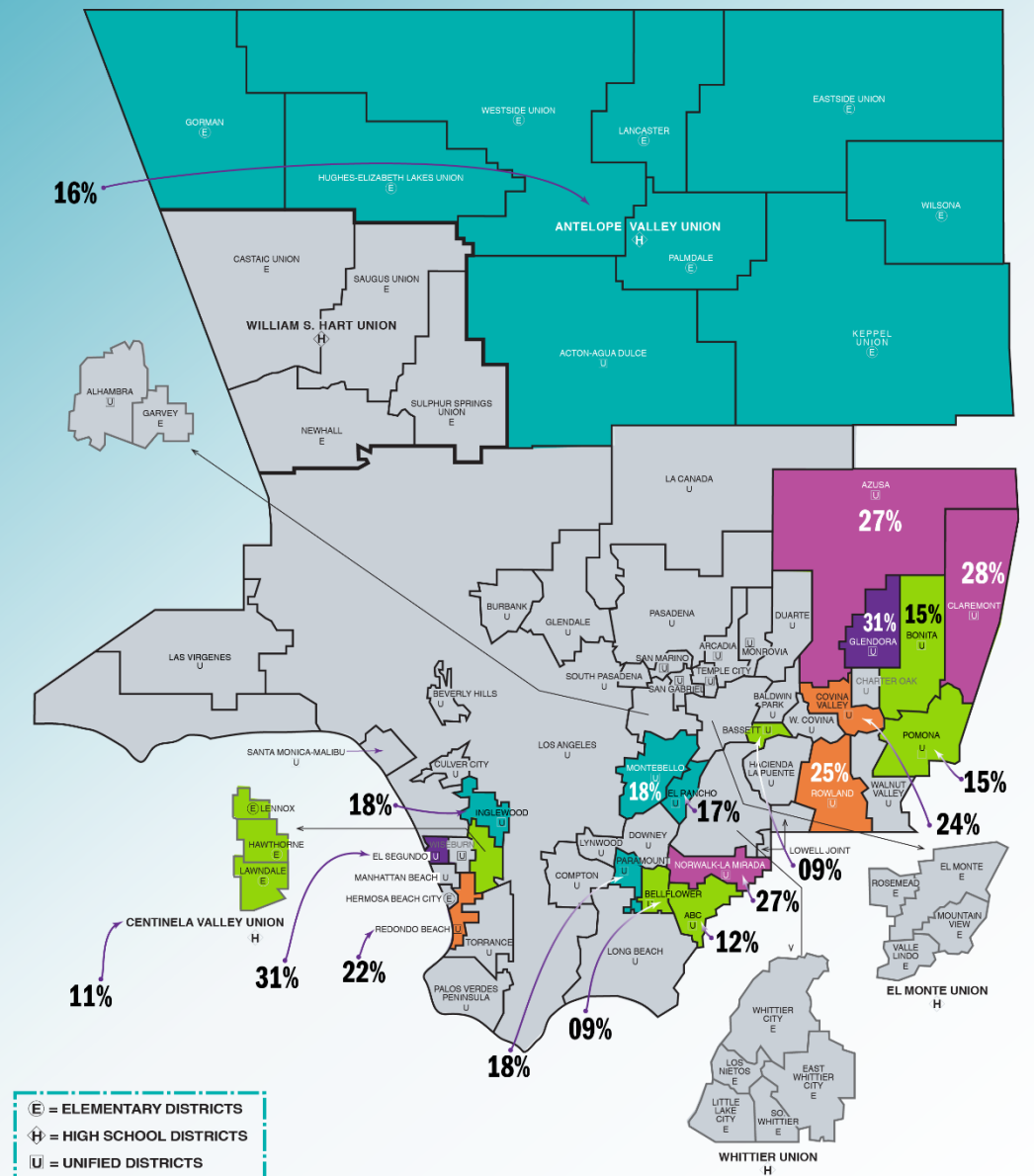
Figure 60. Adults Aged 18 or Older with Serious Thoughts of Suicide, Suicide Plans, or Suicide Attempts in the Past Year: 2019



Data from the Healthy Kids Survey

Los Angeles County Suicide Ideation by District 2017 - 2018, Non-Traditional

ELEMENTARY, HIGH SCHOOL AND UNIFIED DISTRICTS
LOS ANGELES COUNTY



Suicide Ideation Risk Factors

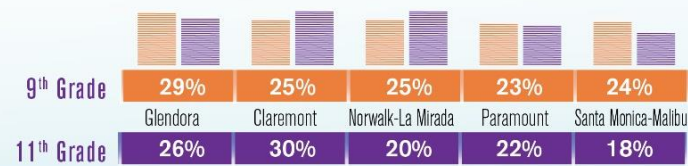
LA County School District Comparison, 2017-2018

During the past 12 months, did you ever seriously consider attempting suicide? (Below percentages indicate "yes" to this question)



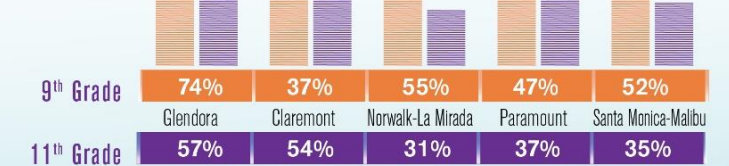
Gender

Female



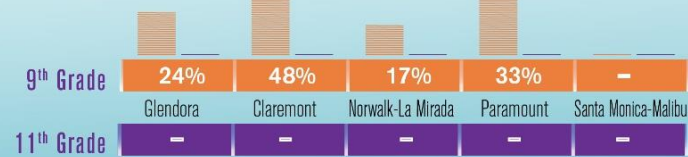
Sexual Orientation

Gay/Lesbian/Bisexual



Parent/Guardian Military Status

In Military



Free/Reduced Meal

Free/reduced-price meal eligible



- Data not available
 The five school districts listed had among the greatest proportion of students who answered yes when asked about suicide ideation for the 2017-18 survey

LA County Average: 15%

Los Angeles Suicide Ideation County average: 2015-2017
 Source: CalSCHLS <http://calschls.org>

Suicide Ideation Demographic Factors: Glendora Unified School District 2017-18 (9th Grade)

On average, 25% of 9th graders at Glendora Unified self reported having seriously considered attempting suicide in the past 12 months. The graphic shows the personal factors that were 5 or more points above or below the average of 25%.

During the past 12 months, did you ever seriously consider attempting suicide?
(Answered YES to question).

Gender

- Male 29%
- Female 21%

Afterschool Participation

- No afterschool 25%
- Afterschool 1-2 days per week 26%
- Afterschool 3-5 days per week 24%

English Proficiency

- English Only 26%
- English Proficient 21%

Free/Reduced Meal

- Free/reduced-price meal eligible 34%
- Not free/reduced-price meal eligible 23%

Living Situation

- Home with parent/guardian 25%

Migrant Education

- No 24%

Parent/Guardian Military Status

- In military 24%
- Not in military 25%

Parental Education

- High school degree 3%
- Some college 31%
- College degree 22%
- Don't know 15%

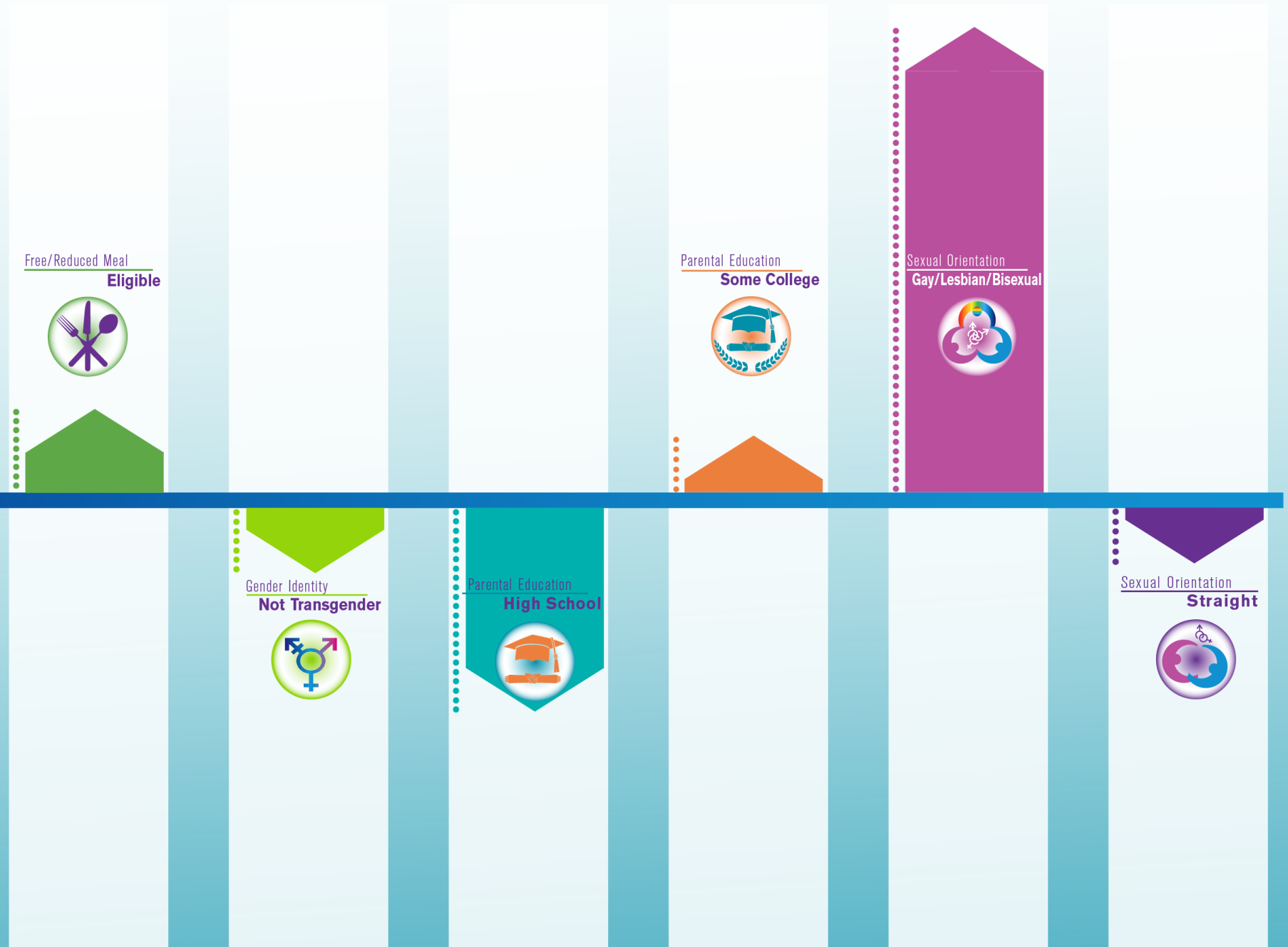
Race/Ethnicity

- Asian 21%
- Latino/a 27%
- White 21%
- Other ethnicity 28%

Sexual Orientation

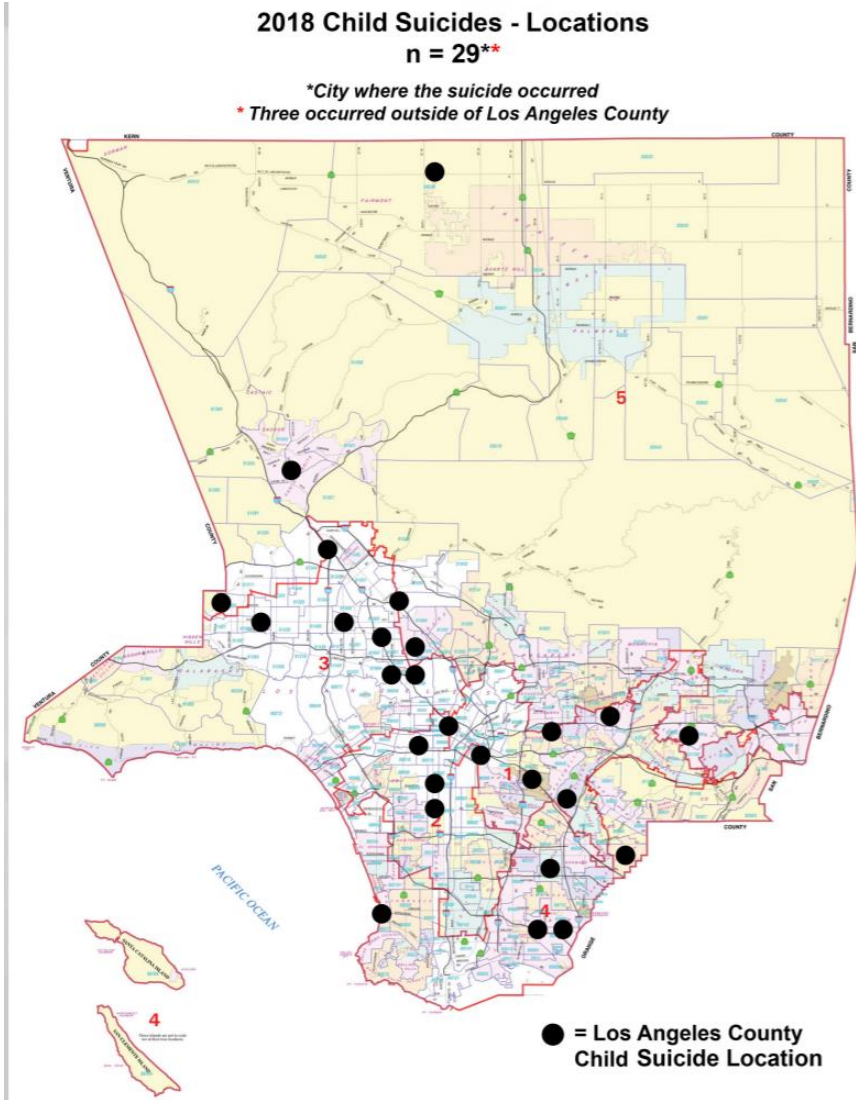
- Not straight - gay/lesbian/bisexual 74%
- Straight/heterosexual 19%

Average
Suicide
Ideation
for All
Students: **25%**



Source: <https://calschls.org/reports-data/dashboard/>

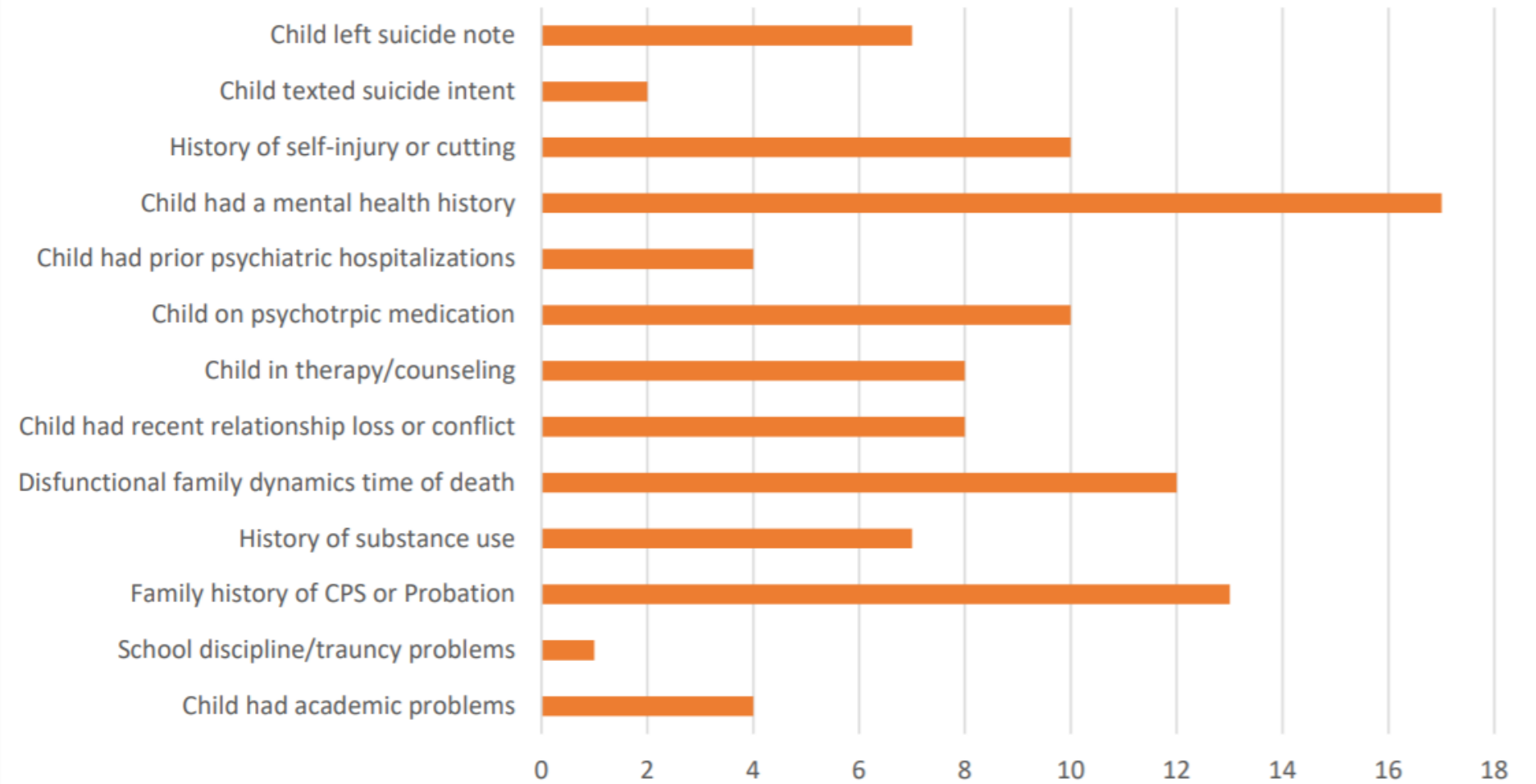
Death Review Teams



<http://www.ican4kids.org>

Child and Adolescent Suicides 2018

Figure 12: Percentage of Child and Adolescent Suicide Victim Factors



Risk Factors

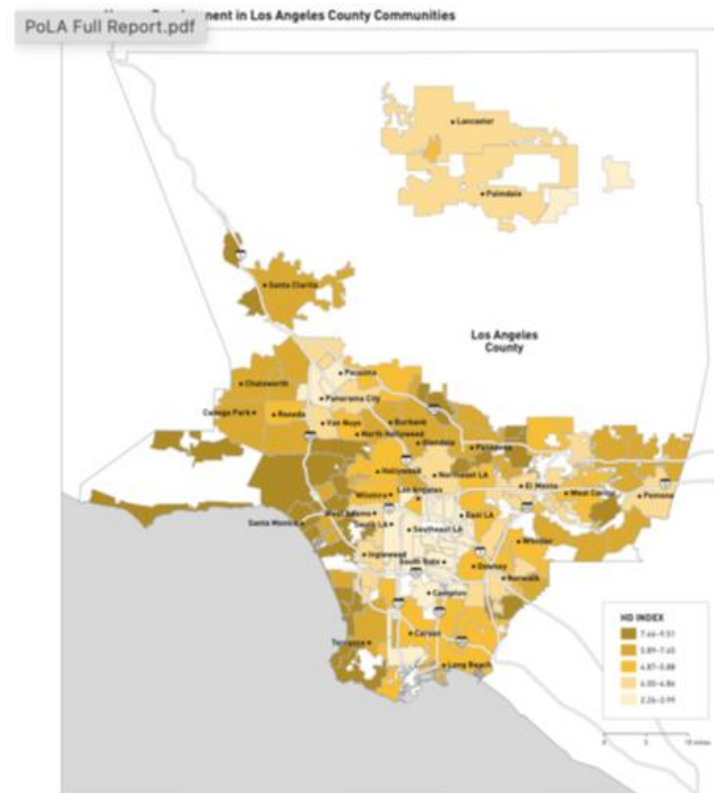
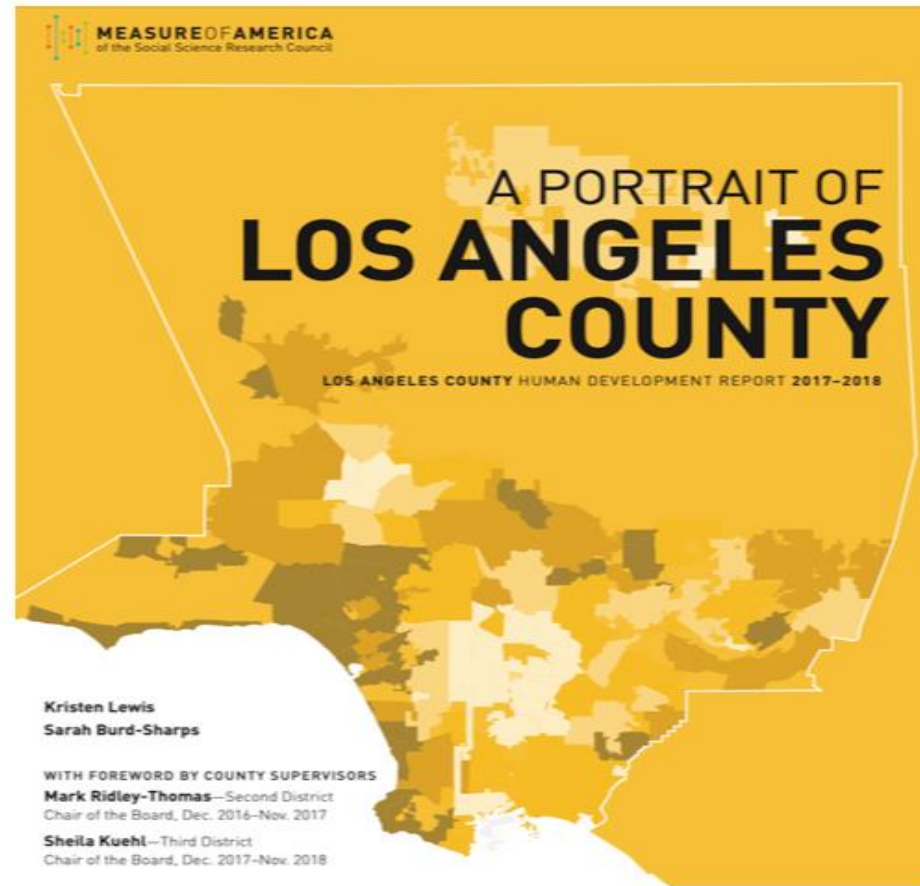
Table 14: Risk Factors for Suicide by OC Teen Residents (10-19 Years) by Gender, 2009-2013

Risk Factors	Female (%) (n=19)	Male (%) (n=44)	Total (%) (n=63)
Mental Illness Symptoms	76.5%	70.0%	71.9%
History of Self Harm	60.0%	78.6%	70.8%
Previous Suicide Threats	64.3%	69.7%	68.1%
History of Substance Abuse	69.2%	64.3%	65.9%
School or Job Conflict	66.7%	64.3%	65.0%
Diagnosed Mental Illness	75.0%	60.7%	65.0%
Positive Toxicology Screen	42.1%	53.7%	50.0%
Recent Relationship Issues	58.8%	36.4%	44.0%
Previous Suicide Attempts	42.9%	42.9%	42.9%
Child Abuse Registry Report	53.8%	33.3%	41.2%
Criminal Justice Involvement	21.4%	37.5%	32.6%
Parental Conflict	26.3%	27.3%	27.0%

Table 15: Prevalence of Major Circumstance Categories, with Intent Factors, among Teens Aged 10-19 Years in Orange County California, 2009-2013

	Females (%) (n=19)	Males (%) (n=44)	Total 10-19 Years (%) (n=63)
Major Category: Personal Circumstances	100.0%	86.4%	90.2%
Includes one or more of these specific circumstances			
Mental Illness Symptoms	86.7%	80.0%	82.0%
Diagnosed Mental Illness	75.0%	65.4%	68.4%
History of Self-Inflicted Injury	60.0%	84.6%	73.9%
History of Drug Abuse	69.2%	69.2%	69.2%
Positive Toxicology Screen	47.1%	61.1%	56.6%
Planning and intent factors for this major category			
Recent Personal conflict or crisis	78.6%	58.3%	65.8%
Left a suicide note	35.3%	20.6%	25.5%
Previous suicide threats	75.0%	79.3%	78.0%
Previous suicide attempts	50.0%	52.2%	51.4%
Major Category: Interpersonal Circumstances	88.9%	66.7%	74.1%
Includes one or more of these specific circumstances			
Relationship Issues	71.4%	52.2%	59.5%
Parent or Guardian conflict	27.8%	33.3%	31.5%
Child Abuse Registry Report	50.0%	45.5%	47.8%
Planning and intent factors for this major category			
Recent Interpersonal conflict or crisis	100.0%	95.2%	97.1%
Left a suicide note	25.0%	17.4%	20.5%
Previous suicide threats	66.7%	63.2%	64.5%
Previous suicide attempts	41.7%	52.9%	48.3%
Major Category: External Circumstances	64.7%	69.2%	67.9%
Includes one or more of these specific circumstances			
School or Job problem	88.9%	85.7%	86.7%
Criminal Record	33.3%	54.5%	48.4%
Planning and intent factors for this major category			
Recent External conflict or crisis	85.7%	68.4%	73.1%
Left a suicide note	54.5%	16.0%	27.8%
Previous suicide threats	75.0%	73.7%	74.1%
Previous suicide attempts	57.1%	44.4%	48.0%

<https://www.ochealthinfo.com/sites/hca/files/import/data/files/44265.pdf>



Portrait_of_CA-Fresno.pdf

A PORTRAIT OF CALIFORNIA 2014-2015 | **FRESNO METRO AREA CLOSE-UP**

FRESNO

METRO AREA CLOSE-UP

- San Jose (7.08)
- San Francisco (6.72)
- Oxnard-Thousand Oaks (5.62)
- San Diego (5.59)
- Sacramento (5.47)
- Los Angeles (5.44)



The Fresno metropolitan statistical area **ranks second-to-last among the ten most populous metro areas in California** in terms of well-being and access to opportunity, as measured by the **American Human Development Index**. Its Human Development (HD) Index score of **3.96** out of a possible 10 is well below the state average.



County Spotlight:
Humboldt County

Risk and Protective Factors

Shared Risk and Protective Factors in Violence Prevention

Nichole Watmore, MPH

Suicide Prevention Program

Injury and Violence Prevention Branch

California Department of Public Health (CDPH)

Violence can take many forms (e.g., suicidal behavior, child maltreatment, bullying, intimate partner violence, elder abuse and neglect).

These forms of violence are interconnected and often share the same root causes.

Understanding shared risk and protective factors can help to prevent multiple forms of violence simultaneously and provide opportunities for collaboration across other violence prevention programs.

Shared Risk and Protective Factors

Risk factors: things that make it more likely that people will experience or perpetrate violence.

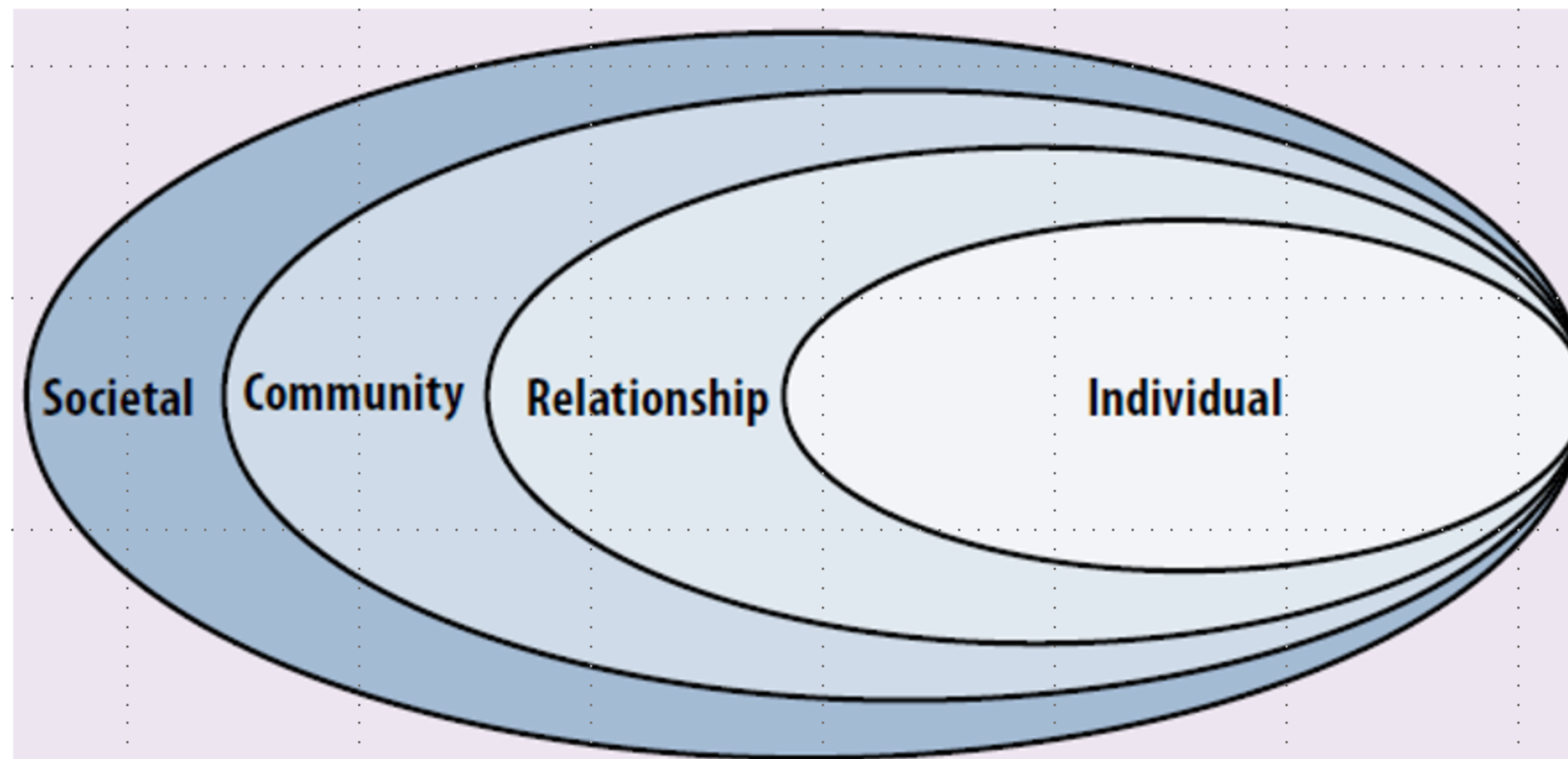
- Diminished economic opportunities -- ↑ suicide, child maltreatment, IPV, SV, youth violence
- Poor neighborhood support -- ↑ suicide, child maltreatment, teen dating violence, IPV, youth violence
- Social isolation -- ↑ suicide, child maltreatment, teen dating violence, IPV, youth violence, bullying, elder maltreatment

Protective factors: things that make it less likely that people will experience violence or that increase their resilience when they are faced with risk factors.

- Connection to a caring adult -- ↓ suicide, teen dating violence, youth violence
- Access to mental health services -- ↓ suicide, child maltreatment
- Family support/connectedness -- ↓ suicide, child maltreatment, teen dating violence, youth violence, bullying, elder maltreatment

What is the Social-Ecological Model (SEM)?

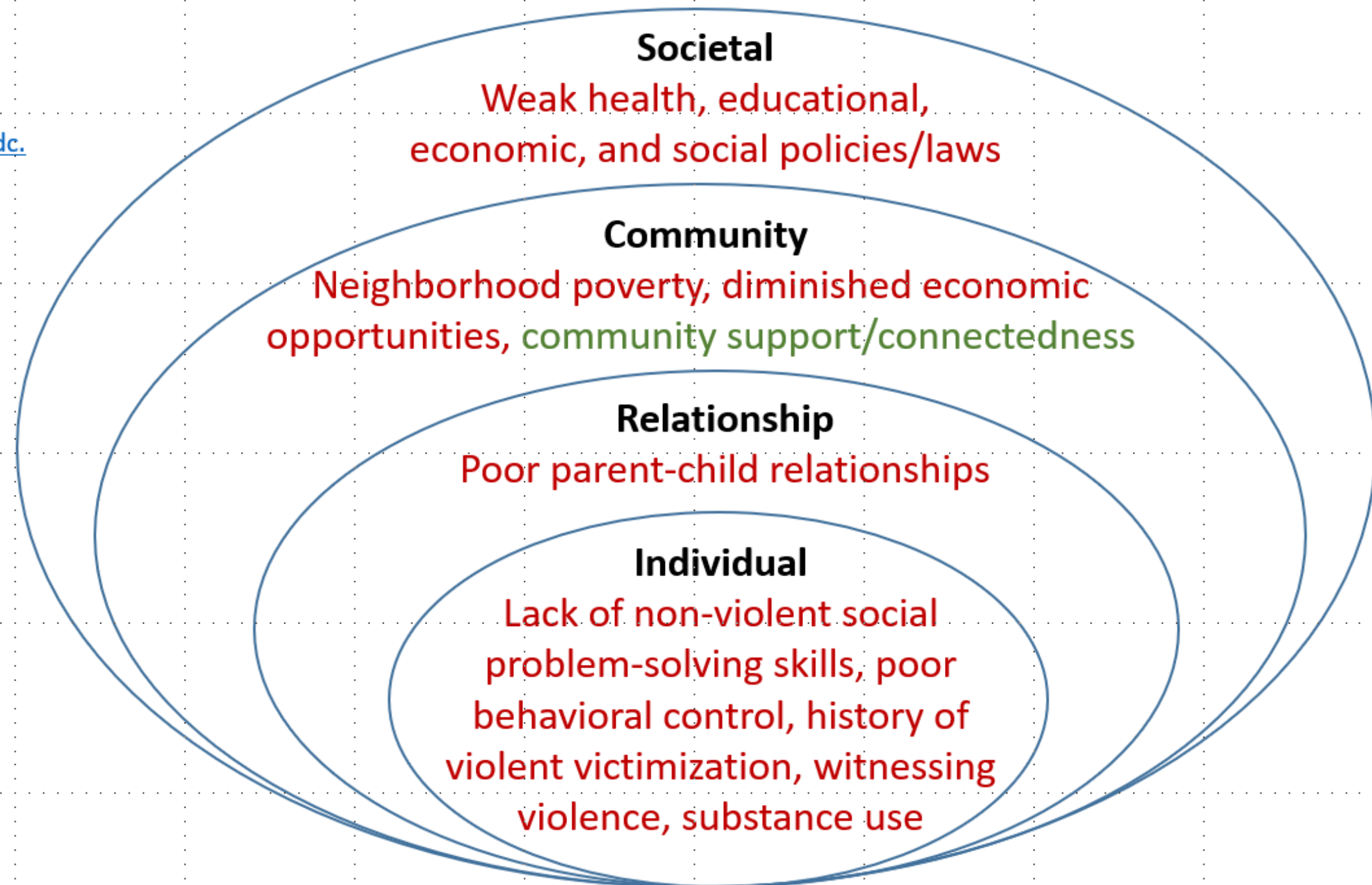
The SEM framework is used in public health to develop strategies to prevent injury and disease across multiple levels. Specifically for violence prevention, there are 4 levels in the SEM: 1) Individual, 2) Relationship, 3) Community, and 4) Societal. The overlapping rings illustrate how factors at one level can influence factors at another level. The SEM also emphasizes the importance of addressing all 4 levels at same time in order to prevent violence in a way that is comprehensive and sustainable.



Shared Risk and Protective Factors and SEM

The risk and protective factors outlined below in the SEM are shared across the following forms of violence: **suicide, child maltreatment, intimate partner violence (IPV), and sexual violence (SV)**. Shared risk factors are in **red** and shared protective factors are in **green**.

Connecting the Dots
(CDC Resource):
<https://vetoviolence.cdc.gov/apps/connecting-the-dots/node/5>



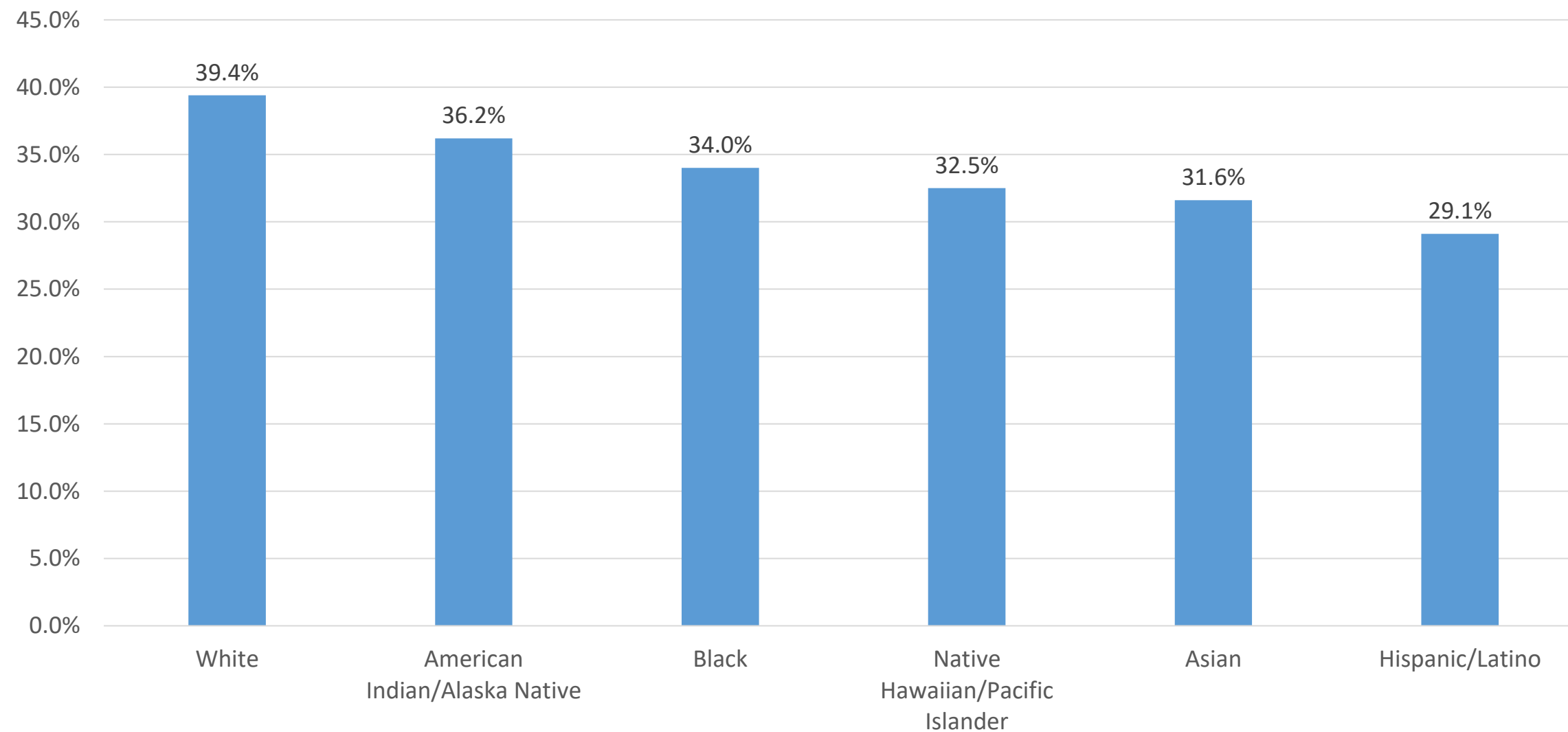
Data Sources on Shared Risk and Protective Factors

- California Healthy Kids Survey (CHKS)/Kidsdata.org *Data limited to Youth only*
 - **Indicators:** Youth substance use, school safety, school connectedness, caring relationship with adults at school.
 - **Geographic level:** State and county.
 - **Years of data available:** 2011-2013, 2013-2015, 2015-2017.
 - **Stratification:** Grade level (7th, 9th, 11th, and non-traditional), gender, race/ethnicity.
- California Health Interview Survey (CHIS)
 - **Indicators:** Substance use, neighborhood safety, civic engagement.
 - **Geographic level:** State and county.
 - **Years of data available:** Multiple years (2019 and prior)
 - **Stratification:** Age, gender, race/ethnicity, federal poverty level (FPL)
 - *The following indicators will be available with the 2021-2022 CHIS data: Encounters with police, gun violence, positive childhood experiences (PCEs), adverse childhood experiences (ACEs), family connectedness.*

Data Sources on Shared Risk and Protective Factors (Cont.)

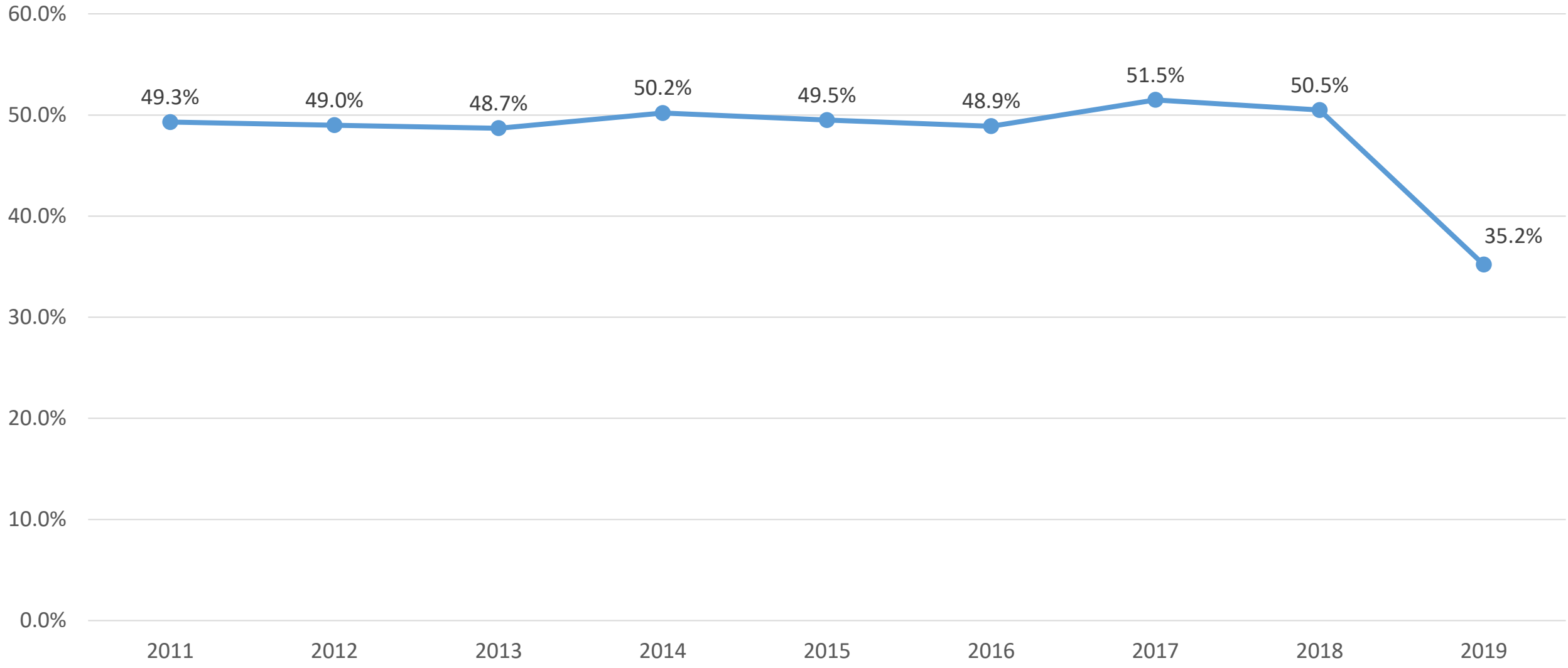
- U.S Census - American Community Survey (ACS)
 - **Indicators:** Unemployment, income, poverty.
 - **Geographic level:** State, county, city, census tract.
 - **Years of data available:** Multiple years (2019 and prior).
 - **Stratification:** Race/Ethnicity and other demographics.
- Healthy Places Index (HPI)
 - **Indicators:** Poor mental health, binge drinking, employment, poverty, housing.
 - **Geographic level:** County, city, census tract, congressional district, school district.
 - **Years of data available:** 2016 and prior.
 - **Stratification:** None

Percent of Students in Grades 7, 9, 11 and Non-traditional Programs that had a High Degree of Caring Relationships with Adults at School by Race/Ethnicity, California, 2015-2017



Source: WestEd. California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Dept. of Education. Retrieved from Kidsdata.org.

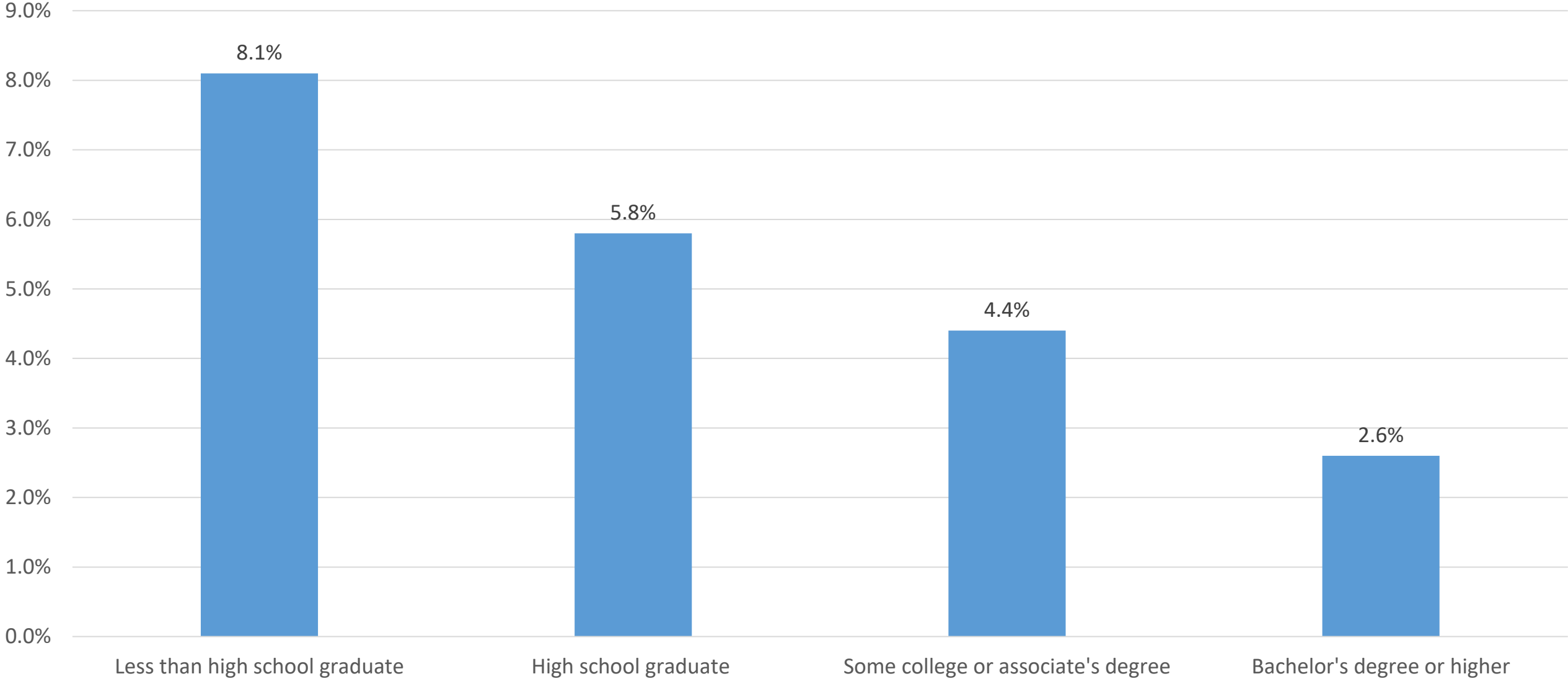
Percent of Adults Who Feel Safe in Their Neighborhood All The Time, California, 2011-2019



Source: California Health Interview Survey (CHIS)



Unemployment Rate by Educational Attainment, California, 2014-2019



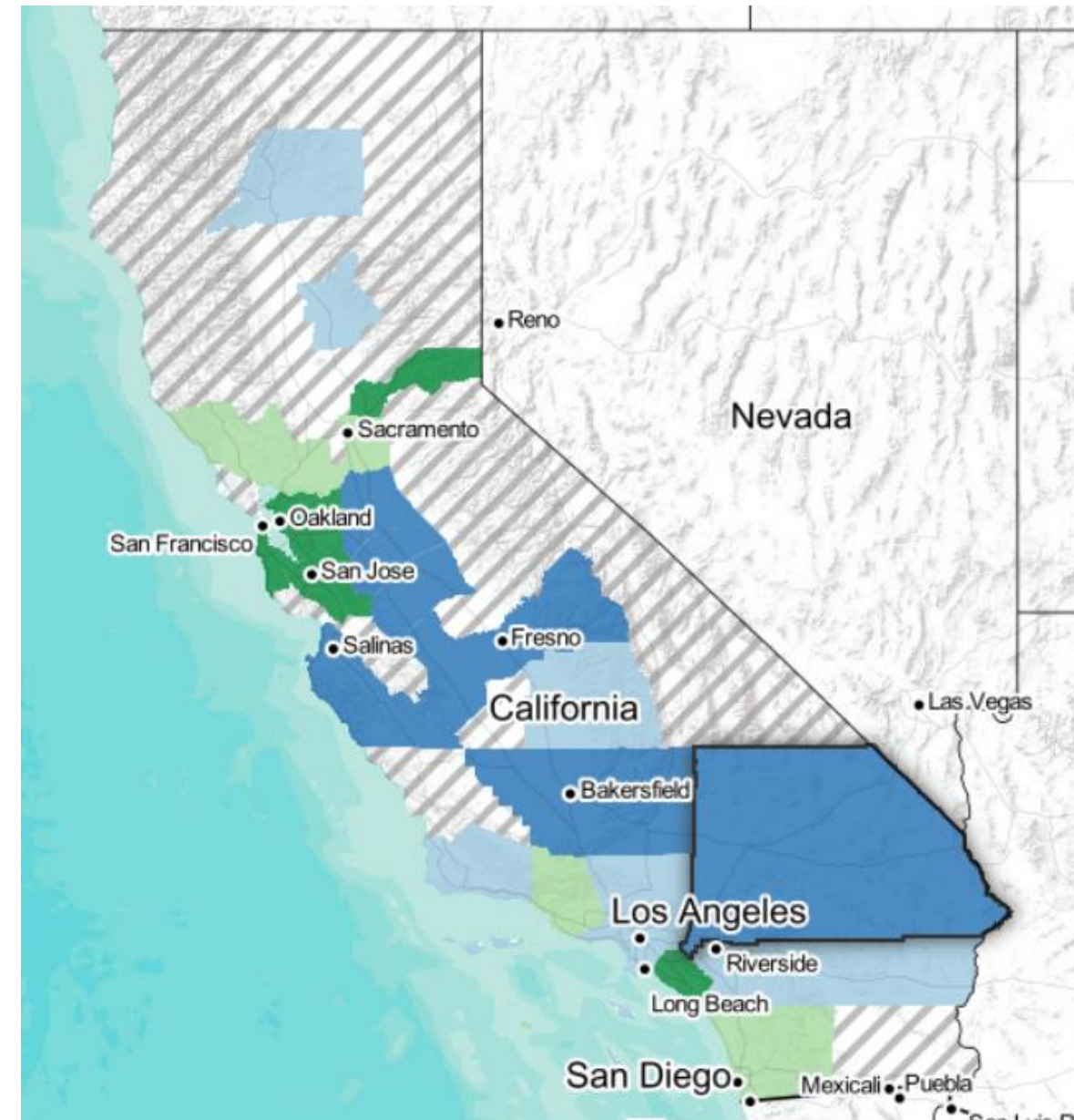
Note: Estimates only include ages 25-64.

Source: U.S. Census, American Community Survey (ACS), Table S2301, 5-Year Estimates.



Percent of Adults Who have Self-Reported Poor Mental Health, California, 2016

- Percent of adults aged 18 or older who report 14 or more days during the past 30 days during which their mental health was not good.
- Areas in blue represent counties that have a higher percentage of poor mental health.
- Areas in green represent counties that have a lower percentage of poor mental health.



Source: Healthy Places Initiative

Links to Data Sources and Other Resources

Data Sources

- California Health Kids Survey (CHKS)/kidsdata.org: <https://calschls.org/reports-data/query-calschls/>
- California Health Interview Survey (CHIS): <https://ask.chis.ucla.edu/>
- U.S. Census – American Community Survey (ACS): <https://data.census.gov/cedsci/>
- Healthy Places Index (HPI): <https://map.healthyplacesindex.org/>

CDC Resources

Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence: https://vetoviolenace.cdc.gov/sites/vetoviolenace.cdc.gov/apps.connecting-the-dots/themes/ctd_bootstrap/asset/connecting_the_dots.pdf

Connecting the Dots Visualizer: <https://vetoviolenace.cdc.gov/apps/connecting-the-dots/node/5>

Questions?

Nichole Watmore, Nichole.Watmore@cdph.ca.gov

Renay Bradley, Renay.Bradley@cdph.ca.gov

Sara Mann, Sara.Mann@cdph.ca.gov

Help Seeking Data

Tips for Effective Messaging on Suicide Prevention

- ✓ Provide a suicide prevention resource.
- ✓ Educate the audience on warning signs.
- ✓ Avoid discussing details about the method of suicide.
- ✓ Explain complexity of suicide and avoid oversimplifying. It's natural to want to answer the "why" involved in a suicide, but there is usually not one event that is "the cause" of a suicide attempt or death.
- ✓ Focus on prevention and hope by using images and words that show people being supported, not suffering alone.
- ✓ Avoid sensational language and statistics that make suicide seem common overall. Consider data that highlights help-seeking such as number of calls to the local crisis line.

Helpful Resources:

Reporting suicide for the news media www.ReportingOnSuicide.org

Framework for Successful Messaging, National Action Alliance for Suicide Prevention

www.SuicidePreventionMessaging.org

Help Seeking and Prevention

Type of Data	Sources	What it tells you
Help Seeking	National Suicide Prevention Lifeline	Number of calls that originated in your county Calls to Spanish Hotline Calls to Veteran Hotline
	Local hotline data Warm line data Friendship Line Trevor Project Poison Control System Behavioral Health Dept	Number and demographics of people calling Service usage
Trainings	Local providers	Number of trainings provided Number of people trained
Help Seeking System Mapping	Local partners	How are people connected to help in various settings (school, primary care, law enforcement, other)

Suicide Prevention Week 2021: Messaging Matters Webinar

**September 7, 2021
10 a.m. to 11 a.m.**

[Register Here](#)

This webinar will introduce principles of safe and effective messaging about suicide prevention. Participants will learn about responsible media reporting, how to engage the news media as partners in suicide prevention, and how to create effective suicide prevention materials and talking points.

Pain Isn't Always Obvious

**KNOW
THE SIGNS**

suicideispreventable.org



Lifeline: The National Portal for Local Services

The Lifeline is a network of independently operated, independently funded local and state call centers (180+) across all 50 states.

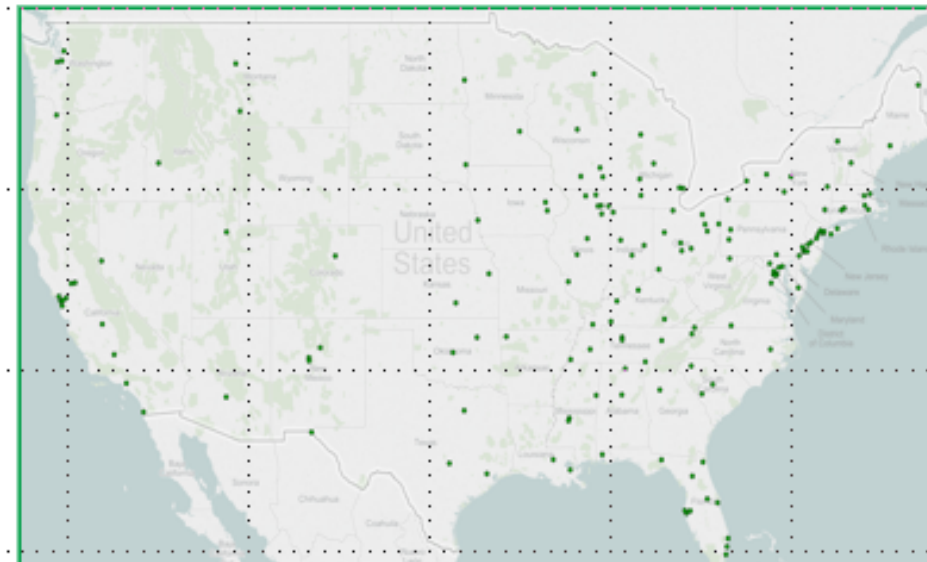
Callers who press #1 are routed to **Veterans Crisis Line**.

Callers who press #2 are routed into Lifeline's Spanish language network.

All other calls are routed to the nearest center, local center... or into our national backup network if the local center can't answer.

Why Local Centers?

- Suicide prevention actions rooted in communities (training, education)
- Linkages to local resources (including crisis and emergency services)



Lifeline member crisis centers

- Buckelew Programs (Marin County)
- Contra Costa Crisis Center
- Crisis Support Services of Alameda County
- Didi Hirsch Suicide Prevention Center (Los Angeles County)
- Felton Institute (formerly San Francisco Suicide Prevention)
- Kern County Behavioral Health and Recovery Services Support
- Central Valley Suicide Prevention Hotline (Fresno County)
- Optum Health (San Diego County)
- Santa Clara County Suicide and Crisis Services
- Suicide Prevention Services of the Central Coast (Santa Cruz County)
- Star Vista (San Mateo County)
- Suicide Prevention of Yolo County
- WellSpace Health (Sacramento County)

Lifeline calls in California



13

Lifeline-affiliated centers currently in California

California Lifeline Call volume has **increased 60 %** since 2016



In 2019, the Lifeline received nearly **2.3 million** crisis calls across the United States

2.3 million !

290,619

calls were from California

199,192

calls were connected to crisis centers in state



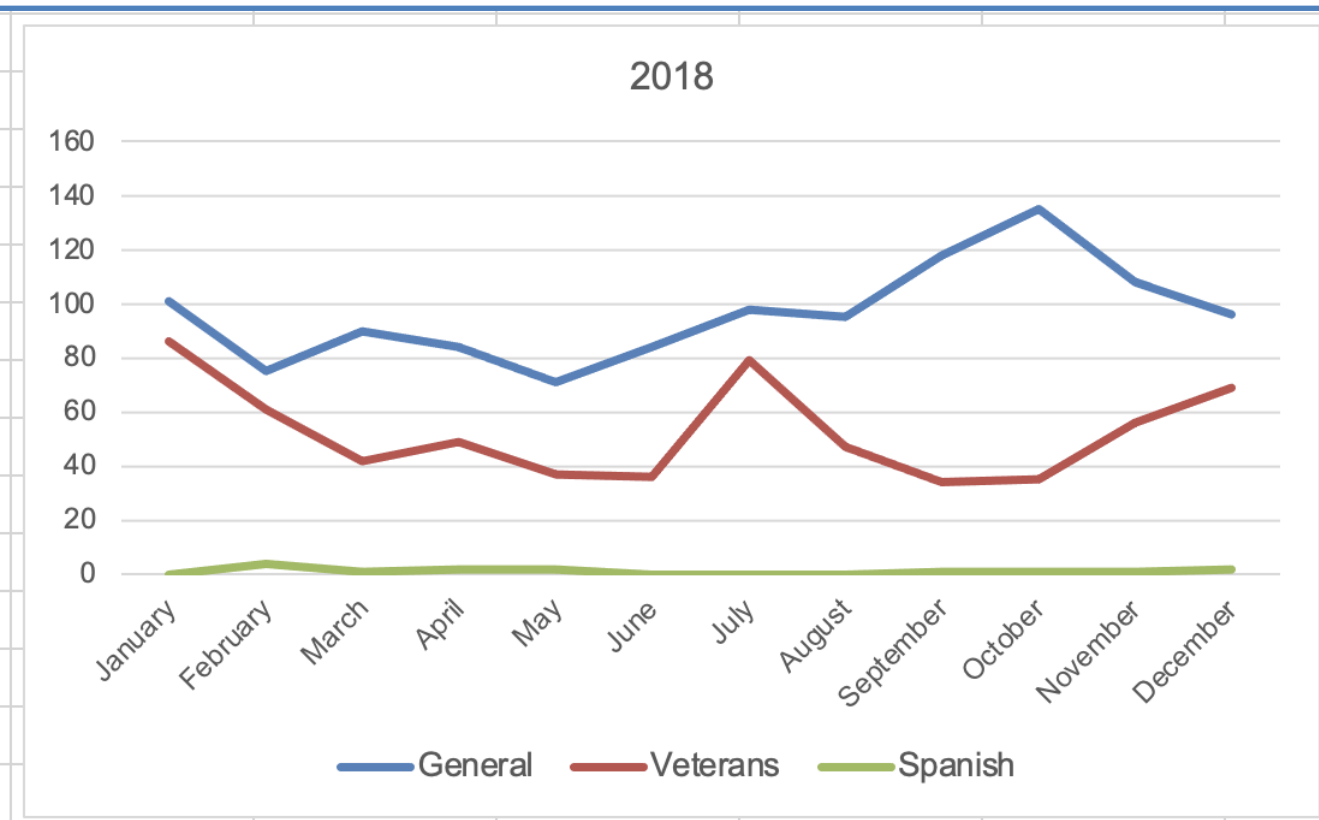
Of the 290,619 callers, 58,649 pressed "1" to be transferred to the **Veterans Crisis Line**

and 7,607 pressed "2" for the **Spanish Language Line**

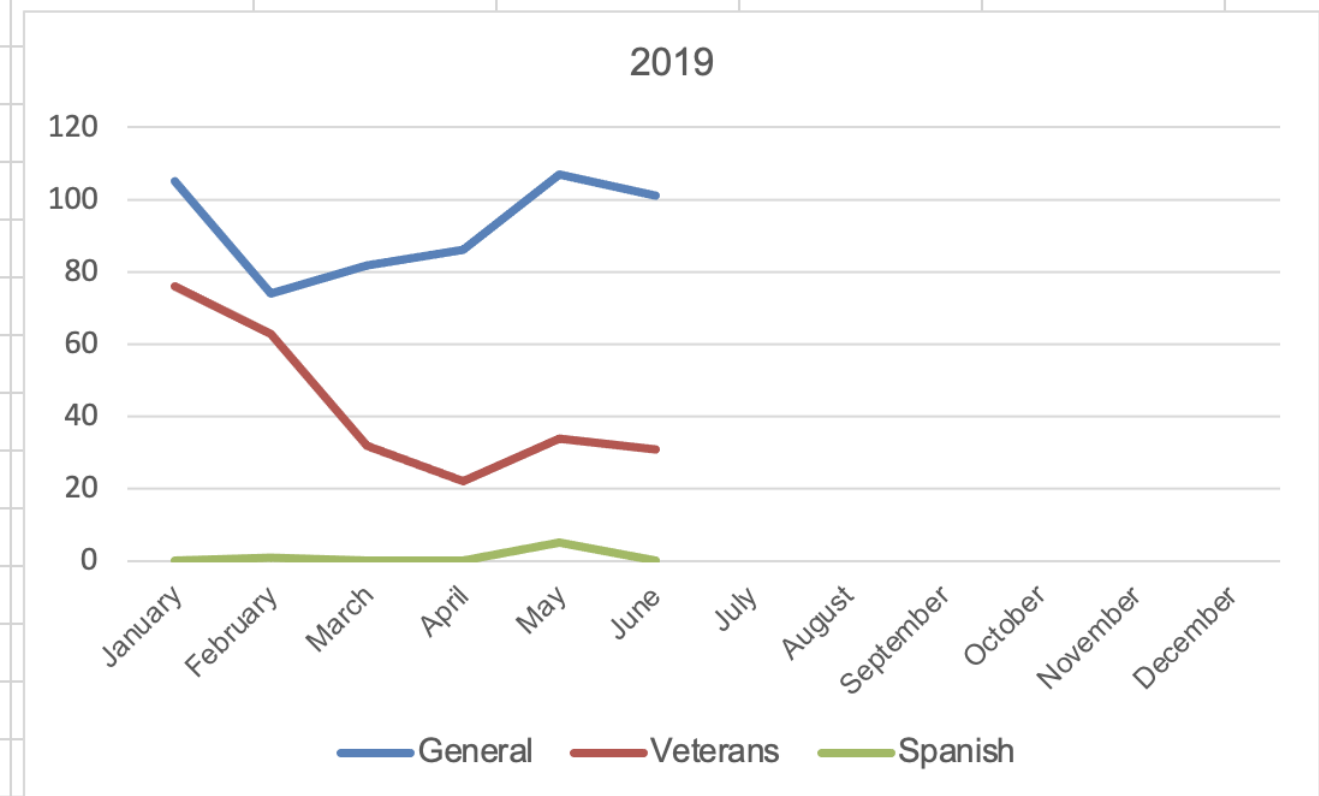


NATIONAL
SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

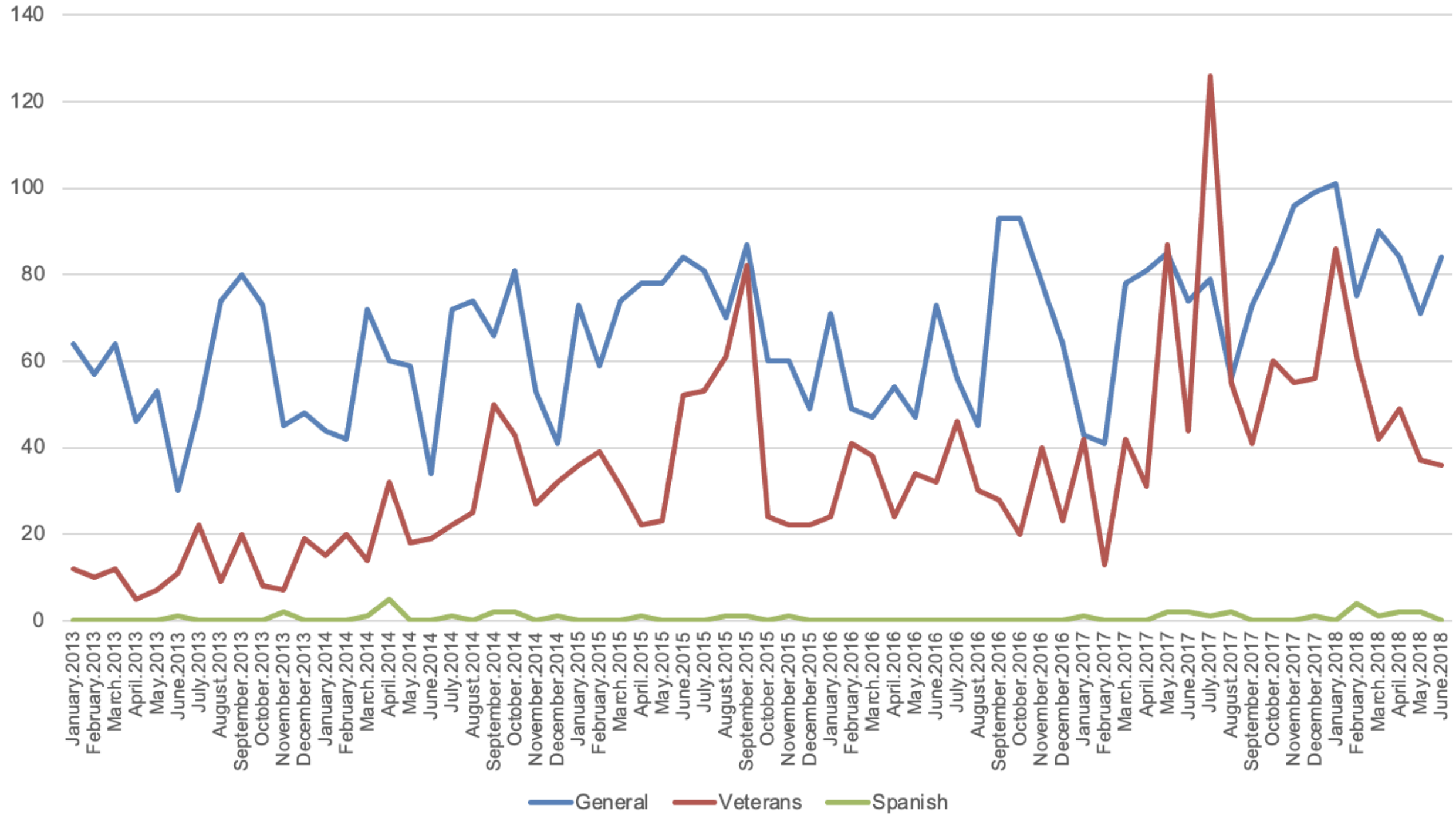
2018	General	Veterans	Spanish	Total
January	101	86	0	187
February	75	61	4	140
March	90	42	1	133
April	84	49	2	135
May	71	37	2	110
June	84	36	0	120
July	98	79	0	177
August	95	47	0	142
September	118	34	1	153
October	135	35	1	171
November	108	56	1	165
December	96	69	2	167
	1155	631	14	1800



2019	General	Veterans	Spanish	Total
January	105	76	0	181
February	74	63	1	138
March	82	32	0	114
April	86	22	0	108
May	107	34	5	146
June	101	31	0	132
July				0
August				0
September				0
October				0
November				0
December				0

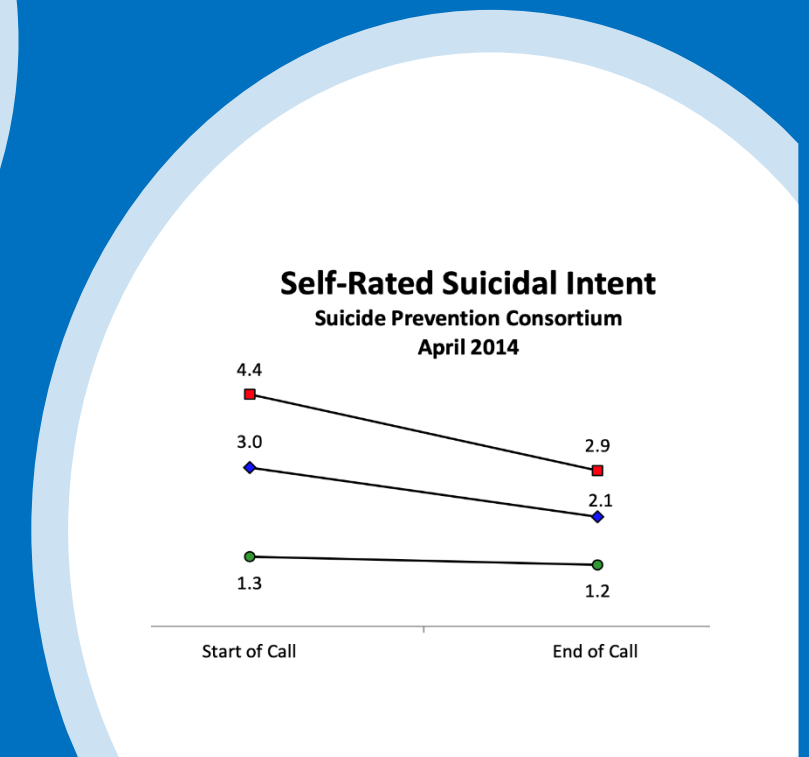
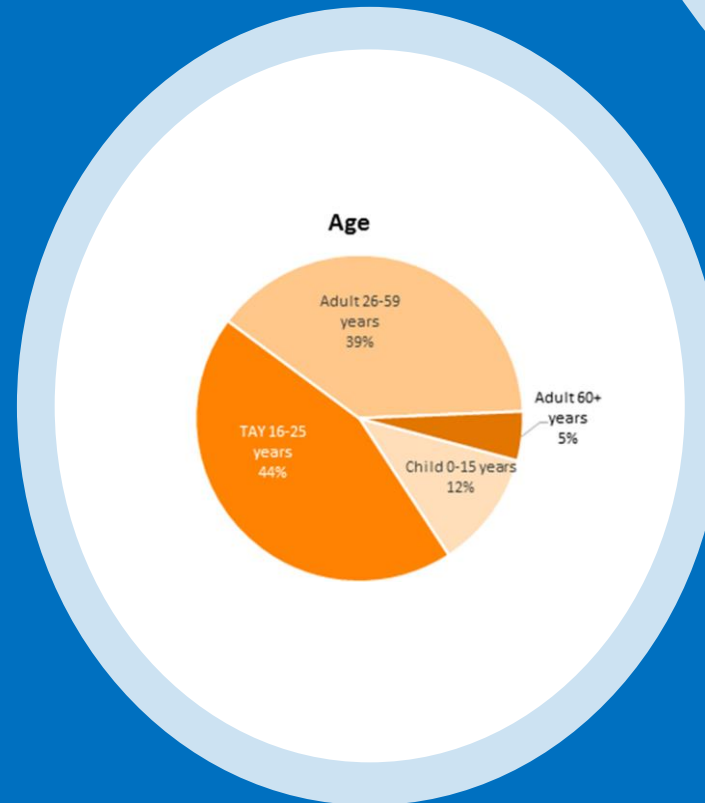
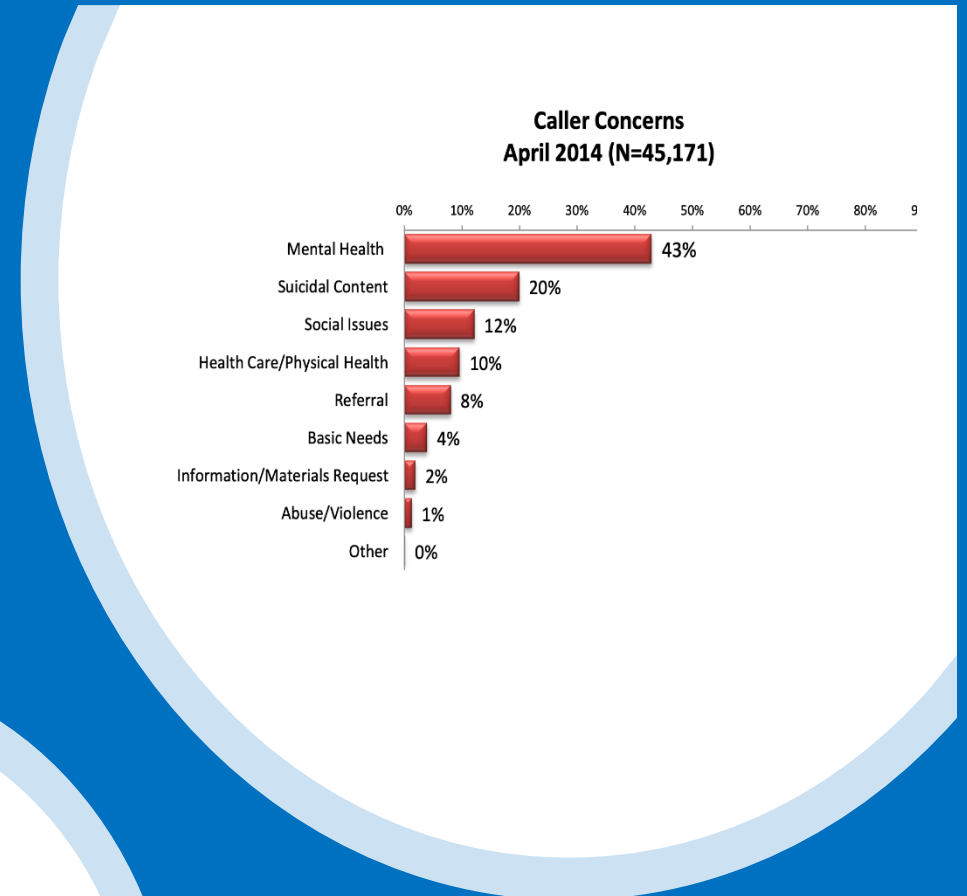


Monthly Data 2013-June 2019



Examples of additional types of data that crisis centers may be able to provide

- Demographics
- Suicidal ideation and attempts
- Caller concerns
- Follow-up and referrals
- Training and outreach



- 75% increase in loneliness (vs same period in 2020)
- 11% increase in anxiety
- 5% increase in depression
- 12% increase in family issues and decline in romantic issues by 13%
- 35% increase in teens reaching out about suicidal thoughts, 10 % increase in having means/plan and 50% increase in Teen Line initiating active rescue as either attempt in progress or couldn't deescalate.



Data reported by Teen Line showed the following as they compared the first three months of 2021 with the first three months of 2020. This is based on 2136 contacts, which include calls, texts and emails in 2020 and 2244 contact in 2021 for youth ages 10 to 19 nationwide.

Sharing and Using Data

Creating a Public Data Hand-Out

Key tips

- ✓ Identify your audience
- ✓ Safe messaging
- ✓ Offer hope
- ✓ Action items
- ✓ Resource(s)

Describing the Problem of Suicide in California from 2011-2019

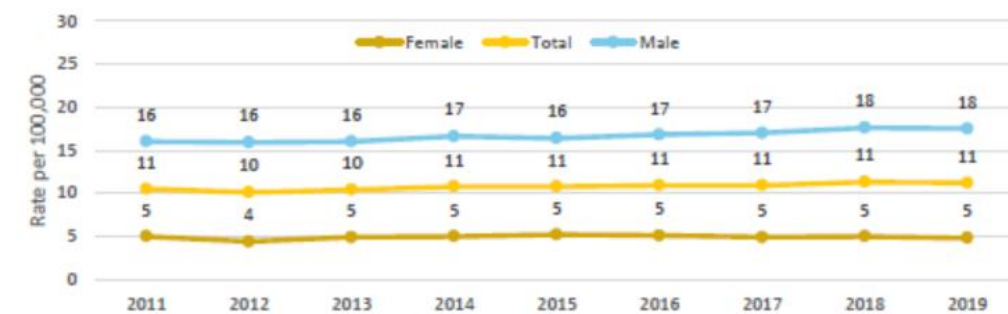
July 2021

Suicide is a public health issue and a leading cause of premature death among Californians.

Suicide death rates in California have remained constant from 2011-2019 (Figure 1). In 2019, 4,433 people died by suicide in California. While the California suicide rate for 2019 was 11.2 per 100,000, it has remained lower than the U.S. national suicide rate of 14.5 per 100,000 for the same year. Males continue to have a suicide death rate almost 4x that of females (Figure 1), however females are medically treated for suicide attempts more often than males (Figure 2).

California Data Snapshot

Figure 1. Annual California Suicide Rate from 2011 – 2019, per 100,000 and by Sex



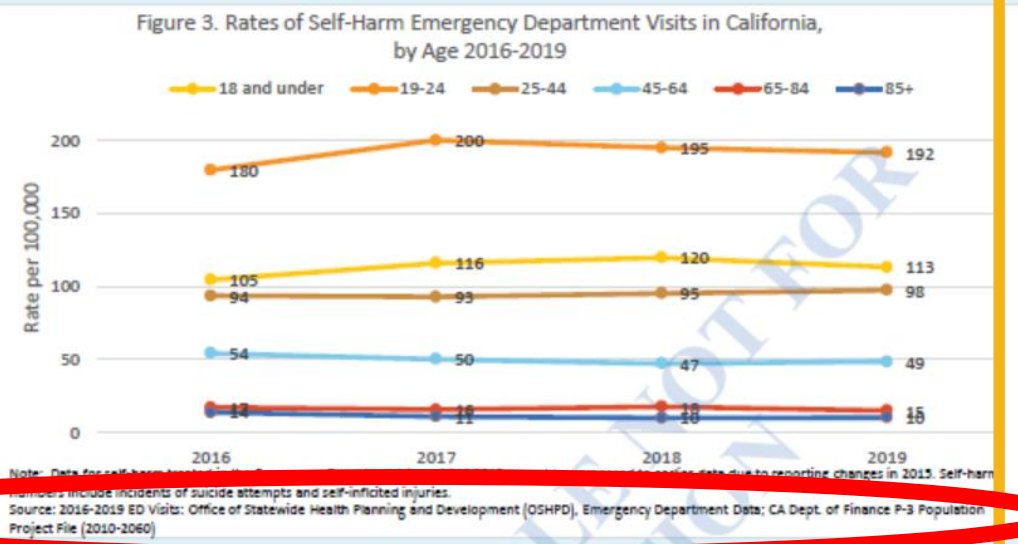
Source: 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2019 deaths: CDPH, CA Comprehensive Master Death File (CCMDF); CA Dept. of Finance P-3 Population Projection File (2010-2060).
Note: Sexual identity variable only included "male" and "female", individuals identifying as transgender or non-binary are not reported.

Figure 2. Rates of Self-Harm Emergency Department Visits by Sex in California, 2016-2019

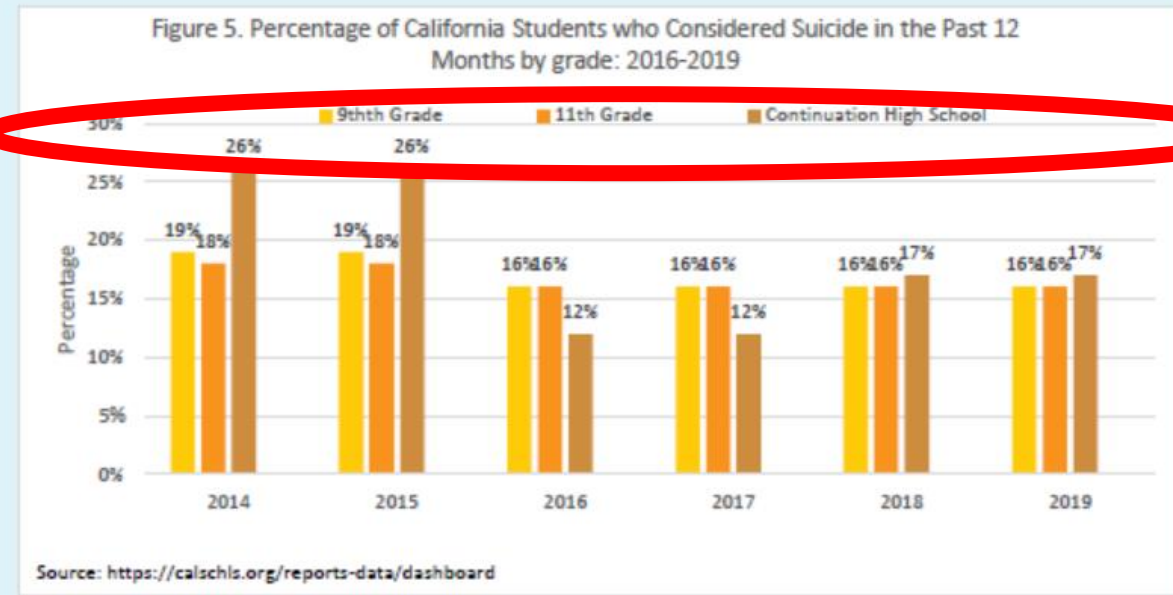


Note: Data for self-harm treated in the Emergency Department from 2016-2019 cannot be compared to earlier data due to reporting changes in 2015. Sexual identity variable only included "male" and "female", individuals identifying as transgender or non-binary are not reported.
Source: 2016-2019 ED Visits: Office of Statewide Health Planning and Development (OSHPD), Emergency Department Data; CA Dept. of Finance P-3 Population Projection File (2010-2060)

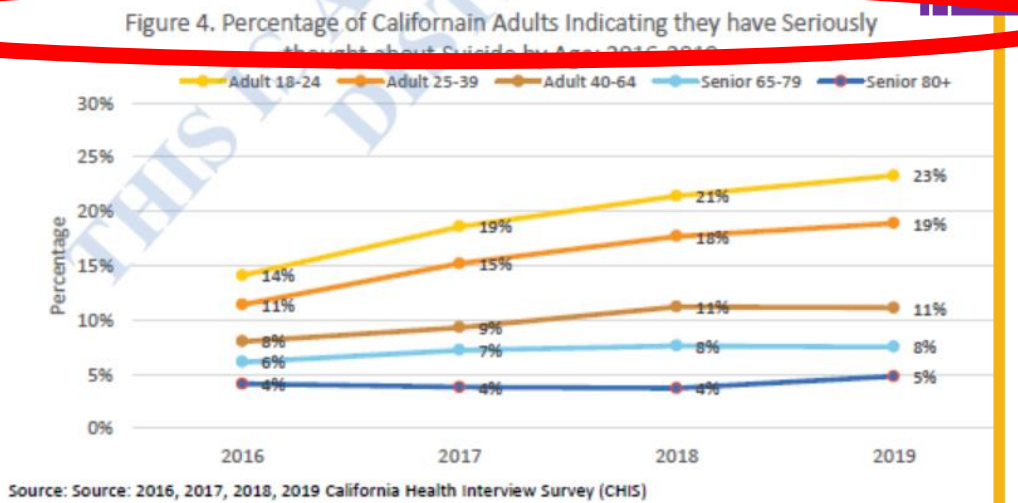
Californians 19-24 years old are medically treated for intentional self-harm, including suicide attempts, at nearly double (or more) the rate compared to all other age groups except those aged 18 and younger (see Figure 3).



Suicidal ideation among 9th and 11th grade students has remained constant from 2014 to 2019 with the percentage of students at continuation high schools reporting suicidal ideation varying during this time period (see Figure 5).



Suicidal ideation among Californian adults increased from 2016 to 2019, among 18 to 39-year olds, and remained constant for adults 65 or older (see Figure 4).



Everyone Can Play a Role in Suicide Prevention

- Learn the warning signs of suicide at www.SuicideisPreventable.org
- When concerned, trust your instincts and ask: Are you thinking about suicide?
- Build and enhance emotional well-being such as positive coping skills, social emotional learning and emotion regulation.
- Be aware of and share local resources
- Safely dispose of unused or unneeded medications and store all firearms
- If you are a parent or educator, encourage young people to participate in the free youth suicide prevention program: www.DirectingChangeCA.org
- Increase protective factors for individuals, families, community and society overall
- Confront and stop cycles of abuse, racism and discrimination (individual, relationship, family, societal, systems)
- Employ trauma-informed practices in all "helping organizations" such as health care, education, child and family and criminal justice systems, and more.
- Most importantly reach out for support if you need it. You are not alone!

If you or someone you know is having thoughts of suicide, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Creating a Public Data Hand-Out

San Diego Report Cards:

<https://www.sdchip.org/initiatives/suicide-prevention-council/reports-resources/>

LASPN Report Card:

<http://lasuicidepreventionnetwork.org/wp-content/uploads/2019/09/TheHeroInUs.ReportCard-2019-Final-E-Version.pdf>

LA Data Briefing Public:

http://publichealth.lacounty.gov/ivpp/docs/Impact_of_Suicide_Brief_2018.pdf

Orange County Story Map

<https://storymaps.arcgis.com/stories/7c99a968bb5a41c182f5cb302c6c9047>

Table. 1 Status of Suicide & Suicide Prevention in San Diego County: SPC Report Card 2020

What do the data reveal about suicide? What is being done about it?

This report card brings together data for 2015 through 2019. Information from the County Medical Examiner, the Access & Crisis Line, hospital emergency departments, student self-reports, suicide prevention awareness campaigns and suicide prevention training programs are presented to provide a more complete understanding of the status of suicide and efforts to prevent them in San Diego County.

Indicator	2015	2016	2017	2018	2019
1. Total Suicide Deaths (ALL AGES)					
a. Number	427	431	458	465	429
b. Rate per 100,000 population	13.1	13.1	13.8	13.9	12.8
2. Emergency Department Discharges: Self-Inflicted Injury/Poisoning					
a. Number	3,248	3,098	3,091	3,163	-
b. Rate per 100,000 population	99.5	94.2	93.2	94.8	-
3. Access & Crisis Line: Percent of All Calls that are Crisis Calls	25.8	25.7	31.4	47.6	55.05
4. It's Up to Us Media Campaign					
a. Annual Website Visits	210,663	246,273	265,771	265,454	247,000
b. Total Facebook Fans	14,239	16,074	21,602	22,097	21,983
5. Student Self-Report: Percent of Students who Seriously Considered Suicide	-	14.5%	-	15.5%	
6. Suicide Prevention Gatekeeper Trainings					
a. Presentations	101	100	157	207	164
b. Participants	2,747	1,937	3,627	5,553	3,483

1. Total number and rate of persons that died by suicide. Source: County of San Diego HHSA, Emergency Medical Services, Medical Examiner Database, 2015-2019. Population Data from SANDAG. Suicide rates for previous years may not reflect values included in prior report cards due to updated population estimates. 2. Total number, rates of persons discharged from emergency department that had self-inflicted harm from 2015-2018. Source: County of San Diego HHSA, Emergency Medical Services, Medical Examiner Database, 2015-2018. Population Data from SANDAG. 3. Total percentage of self-reported crisis calls to the San Diego County Access & Crisis Line from 2015-2019. Source: Optam. 4. Total number of persons that visited the It's Up to Us media campaign website and cumulative number of fans of the Facebook campaign website page per year from 2015-2019. Source: Civilian Agency. 5. Total percent of youth (9th and 11th Grade) that had suicide ideation (surveys conducted every other year from 2015-2018). Source: California Healthy Kids Survey (CHKS). Developed by WestEd for the California Department of Education, 2015-2018. The total percent is an average of the 9th and 11th grade percentages. 6. Total number of Gatekeeper suicide prevention trainings [Question, Persuade, and Refer (QPR), ASIST, GISEN, First Responders, Pharmacists] overall held and participants trained as tracked by San Diego County Suicide Prevention Council. Source: Community Health Improvement Partners, 2015-2019.

Call the San Diego Access & Crisis Line (ACL) at (888) 724-7240 to receive FREE assistance 7 days a week/24 hours a day. For mental health and suicide prevention resources, information about free suicide prevention trainings, or to use chat services with ACL Monday-Friday (4pm-10pm), visit www.Up2SD.org. For more information on the San Diego County Suicide Prevention Council, visit www.pcsandiego.org.

The Public Health Impact of Suicide in Los Angeles County

June 2018

Suicide is Preventable

Suicide is a public health issue and is one of the leading causes of premature death. The issue of suicide is multi-faceted and can develop long before individuals attempt to harm themselves.

In 2016, nearly **45,000** people died by suicide in the United States

Comprehensive suicide prevention efforts should include building community networks and social connections across the lifespan to have the greatest impact in reducing suicide deaths, suicide attempts, and all forms of self-harm.

Los Angeles County Data Snapshot

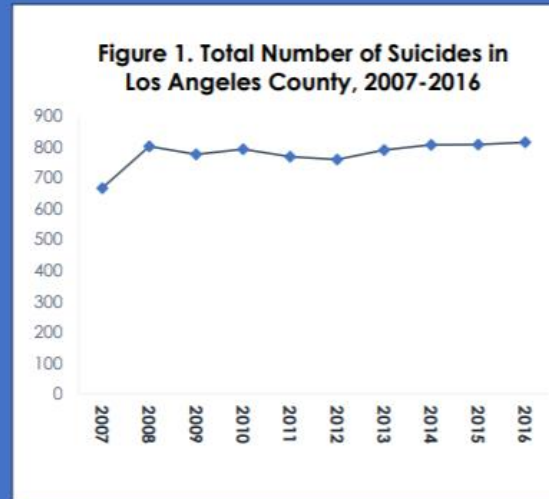
Suicide accounts for more than 800 deaths in 2016, and over 4,000 hospitalizations and 2,900 visits to the Emergency Department in 2014.

Demographics of Victims of Suicide and Suicide Attempts in Los Angeles County

	2016 DEATHS	2014 INPATIENT	2014 ED VISIT
TOTAL #	815	4,051	2,924
MALE	81%	44%	44%
FEMALE	19%	56%	56%
WHITE	50%	42%	35%
BLACK	6%	11%	14%
LATINO	30%	37%	40%
ASIAN/PI	13%	5%	4%
0-19 YEARS	3%	22%	33%
19-44 YEARS	39%	47%	50%
45-64 YEARS	35%	24%	15%
65+ YEARS	22%	7%	2%
SUFFOCATION	37%	---	---
FIREARM	36%	---	---
POISON	11%	65%	49%
CUT/ STABBING	---	22%	28%

* Small cell size or information not available.

Since 2009, Los Angeles County suicide rate has remained between 7.5 to 8.0 per 100,000 annually.



Data Sources
Demographics & weapon information is reported for 2016 for mortality and 2014 for non-fatal injuries. The coding system for non-fatal injuries changed in 2015, and the comparability of the new system has not been established.
Mortality data are from the California Department of Public Health, provided by the Office of Health Assessment & Epidemiology in the Los Angeles County Department of Public Health. Non-fatal injury data are from the Office of Statewide Health Planning & Development in California.

Status of Suicide and Suicide Prevention in Los Angeles County Suicide Prevention Week 2019 Report Card

This report card brings together the most recent data from multiple sources to present a profile of suicide and suicide prevention in Los Angeles County. Please note that this is only a snapshot of suicide prevention trainings, outreach and awareness activities that have and are taking place.

Indicator	2012	2013	2014	2015	2016	2017																											
Total Suicide Deaths¹																																	
Number	769	798	818	823	843	891																											
Rate per 100,000 population	7.6	7.7	7.8	7.8	8	8.4																											
<p>In 2017, the latest year for which suicide mortality data is available, 891 people died by suicide in Los Angeles County. Of these, 689 (13.4/100,000) were male and 454 (14/100,000) were white. Middle-aged and older adults show the highest numbers and rates for suicide death: 465 people that died were ages 45 and older, with the highest rate (13/100,000) for those over the age of 65.</p> <p>When reporting on suicide, please include a suicide prevention resource:</p> <p>National Suicide Prevention Lifeline (Didi Hirsch) 24/7: 1.800.273.TALK (8255)</p>																																	
Treated and Released Emergency Department Visits for Suicide Attempts²																																	
Number	2,586	2,763	2,924																														
Rate per 100,000 population	25.3	26.8	28.5																														
<p>In 2014, the latest year for which suicide attempt data is available, 2,924 Angelenos were treated in the ER for a suicide attempt. Of these, 1,642 (32.7/100,000) were female. The rate was highest for African Americans (47.9/100,000), followed by white (39.6/100,000). Youth were at highest risk for being seen for a suicide attempt: 1,482 were under the age of 25, with the highest rate (90.4/100,000) for young people aged 15 to 19.</p> <p>Los Angeles County Service Provider Area</p> <p>The number indicates number of people treated and released for a suicide attempt in the ER. In parenthesis is the rate/100,000 people. Data shown is for 2014.</p> <table border="1"> <thead> <tr> <th>Service Provider Area</th> <th>Number</th> <th>Rate (per 100,000)</th> </tr> </thead> <tbody> <tr><td>Antelope Valley</td><td>383</td><td>(91.9)</td></tr> <tr><td>San Fernando</td><td>555</td><td>(25.4)</td></tr> <tr><td>San Gabriel</td><td>430</td><td>(24.2)</td></tr> <tr><td>West</td><td>199</td><td>(30.8)</td></tr> <tr><td>Metro</td><td>289</td><td>(25.5)</td></tr> <tr><td>South</td><td>290</td><td>(25.6)</td></tr> <tr><td>South Beach</td><td>495</td><td>(31.6)</td></tr> <tr><td>East</td><td>283</td><td>(20.5)</td></tr> </tbody> </table>							Service Provider Area	Number	Rate (per 100,000)	Antelope Valley	383	(91.9)	San Fernando	555	(25.4)	San Gabriel	430	(24.2)	West	199	(30.8)	Metro	289	(25.5)	South	290	(25.6)	South Beach	495	(31.6)	East	283	(20.5)
Service Provider Area	Number	Rate (per 100,000)																															
Antelope Valley	383	(91.9)																															
San Fernando	555	(25.4)																															
San Gabriel	430	(24.2)																															
West	199	(30.8)																															
Metro	289	(25.5)																															
South	290	(25.6)																															
South Beach	495	(31.6)																															
East	283	(20.5)																															
Admitted to Hospital for Suicide Attempt³																																	
Number	4,192	4,114	4,051																														
Rate per 100,000 population	41.0	40.0	39.4																														

¹**Suicide deaths:** Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999 – 2017 on CDC WONDER Online Database, released December, 2018. Data are from the Multiple Cause of Death Files, 1999 – 2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on September 3, 2019. ²**Treated and released emergency department visits:** Emergency department data from Office of Statewide Health Planning and Development. ³**Admitted to hospital for suicide attempt:** 2012 - 2014 Inpatient Hospitalizations - Hospital Discharge Data from Office of Statewide Health Planning and Development.

Why is there a delay in reporting data on suicide mortality and attempts? The coding system used to identify the reason for hospitalizations and ED visits changed on October 1, 2015. More recent data on suicide attempts treated in hospitals and EDs are not included here because the two coding systems are not comparable and guidelines for identifying different types of injuries, including suicide attempts, are still being developed.

2018 Outcomes



**102,312 calls,
chats and texts to
crisis lines.**

(National Suicide Prevention
Lifeline (Didi Hirsch) and
Teen Line 2018)



**3,496,696 youth
and young adults
reached by
awareness and
media campaign
and events.**

(May/June 2018)



**16,267 educators, school administrators,
parents, youth, first responders, faith and
community group members, and more
trained in suicide prevention.**

(July 2017-Dec 2018)

**7,400 community members walked in
support of suicide prevention and annual
Alive & Running 5K Walk/Run for suicide
prevention by Didi Hirsch in 2018**

(American Foundation for Suicide Prevention
Greater LA and Central Coast Chapter)

This data is only a snapshot of suicide prevention trainings, outreach and awareness activities that have and are taking place in Los Angeles County.

Data Integration



- ✓ What is the data source?
- ✓ What agency in your county accesses this data? Who is the contact to request data?
- ✓ Who is the focus population?
- ✓ What is the topic focus and what variables are collected?
- ✓ When is the data collected? When is the data published or available?
- ✓ Is data collected on an fiscal year or calendar year basis?
- ✓ Is there a data lag?
- ✓ Can any measures be added?
- ✓ Other Notes?

Integration of Suicide Data Sources-Template

Data Source	Focus population(s)	Data topics	Variables	Data availability/release	Notes
<p>The California Healthy Kids Survey (CHKS)</p> <p>Public Database</p>	Youth ages 10 and up	<ul style="list-style-type: none"> • Suicide ideation/attempt • Mental health and resiliency 	<ul style="list-style-type: none"> • Afterschool participation • English language proficiency • Free/reduced-price meal eligible • Gender • Gender identity • Parent/guardian military status • Parent education • Race/ethnicity • Sexual orientation 	<p>Biannual school survey</p> <p>As of July 2021, data available from 2014-2020</p> <p>Time frame is based on School Year (July through June)</p>	Limited district participation
<p>Los Angeles County Health Survey</p> <p>LADPH Contact Name</p> <p>Population based random digit dial telephone survey. Landline and cell phone samples; include at least 40% of interviews with cell phone <u>only</u></p>	<p><u>Representative sample of adults and children 0-17 years residing in Los Angeles County.</u></p> <p><u>Minimum of 500 interviews in each of Los Angeles County's eight Service Planning Areas (SPAs).</u></p>	<ul style="list-style-type: none"> • Access and barriers to healthcare • Depression, perceived mental health status • Chronic diseases and health conditions • Alcohol and tobacco use • Access to firearms • SDOH 	<ul style="list-style-type: none"> • Insurance status • Risk of major depression, taking medication/receiving, counseling for <u>depression</u> • Hypertension, asthma, diabetes, obesity • Cigarette use, cessation activities • Firearm in the home, storage status • Housing, water and food security, internet access 	<p>Biannual survey – data for 1999, 2002, 2005, 2007, 2011, 2015, 2018.</p> <p>Report normally released <u>in?</u></p>	LACHS content and specific data questions change overtime due to identified needs and budget allocations. Therefore, some items are not asked/available overtime for trend analyses. Survey measures can be added for a charge.

Data Sharing Process

Ask:

- What is the purpose of the data? (media interview, education, data surveillance, policy recommendations, budgeting and resource allocations, etc.)
- What is the specific question they want answered?
- Who is the audience?
- How will it be disseminated?

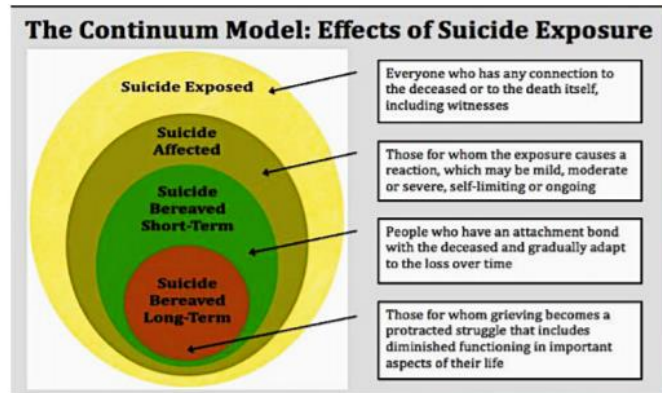
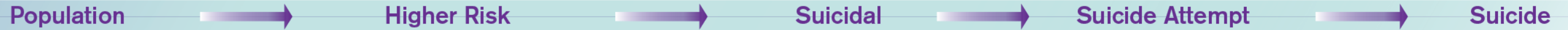
Before Sharing:

- Use pre-approved talking points and briefings whenever possible. Provide context!
- Data that will be used for programmatic decision making and may include data that is not suitable for the general public should ideally be marked as NOT FOR DISTRIBUTION and not shared electronically.
- Include Messaging Matters hand-out and/or tips for effective messaging AND ask to always include a crisis resource.
- Ask that the data sources, context and limitations are always cited in written documents, presentation slides, etc.

Resource Mapping

A large, light yellow circle is positioned on the right side of the slide, partially overlapping the text. The background is a solid, darker yellow color.

Resource Mapping: Postvention



It is estimated that 50% of the population will be exposed to the suicide of someone they know at some point in their life.

- On average 115 people are exposed when a suicide occurs.
- Of these, 63 will identify as having a high or very high level of closeness with the person.
- On average, 25 people will have their lives impacted in a major way, and the suicide will have a devastating impact on 11 people closest to the person.

- How many people die by suicide in your County?
- Do you provide any support to survivors of suicide at the death scene or shortly after? How is this structured?
- Are there survivors of suicide that are ready and interested in being involved in suicide prevention/loss support?
- How many support groups are available to survivors of suicide loss? Where are they offered? What format? What language?
- How do survivors of suicide find out about supports available to them?
- How many public and private clinicians are trained in suicide bereavement? How can they be located?
- How many districts and schools have postvention plans?

Increase short term and long term supports to survivors of suicide loss

Increase # of support groups for survivors of suicide loss

Reduce the amount of time between a suicide loss and access to bereavement services

Increase the number of districts and schools with a postvention plan

What's Next?

Collaborative Meeting #2:

Online Module: September 22, 2021
10 a.m. to 12 p.m.

Register:

<https://zoom.us/meeting/register/tJMocuGtrjsqGtHdHlZrAe7KrzY-XwRIDdwP>

Module #3:

Online Module: October 20, 2021
10 a.m. to 12 p.m.

Register:

<https://us06web.zoom.us/meeting/register/tJYkdOqqqToqHdM2KiLHbKYeVO38Y9p-fgOn>

KNOW THE SIGNS
Know the Signs → Find the Words → Reach Out

ACTIVITY GUIDE

Start planning your suicide prevention activities with this activity guide. It includes a planning calendar and daily activity schedule. [More](#)

SUICIDE PREVENTION WEEK POSTER

Print or share these posters electronically. Posters feature suicide prevention resources and are available in English and Spanish. [More](#)

SOCIAL MEDIA POSTS

Post and tweet! Use pre-written Facebook, Instagram Twitter posts, graphics and videos. A selection of social media posts are also provided in Spanish. [More](#)

RESOURCES IN SPANISH

Share these Spanish-language resources and activities in your communities. [More](#)

PROCLAMATION TEMPLATE

Work with your board of supervisors to issue a Proclamation for Suicide Prevention Week. [More](#)

DROP-IN ARTICLES AND DAILY EMAILS



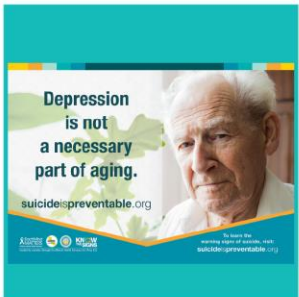
Share the drop-in articles for placement in newsletters, blogs and local media. [More](#)

PSAS


Work with your local TV and radio stations to air PSAs, or play them for individuals calling your local Access lines or providers. [More](#)

BILLBOARD AND PRINT


Use these billboards to raise awareness about suicide prevention in your county. [More](#)










2021 Suicide Prevention Kit
Download




Share



SPREAD THE WORD       [Media](#) | [About](#) | [Contact Us](#) | [Resource Center](#) | [En Español](#) | 2021 Suicide Prevention Kit


Supportive Transitions

Reconnect, Reenter and Rebuild



#SuicidePrevention

Suicide Prevention Week: September 5-11, 2021
World Suicide Prevention Day: September 10



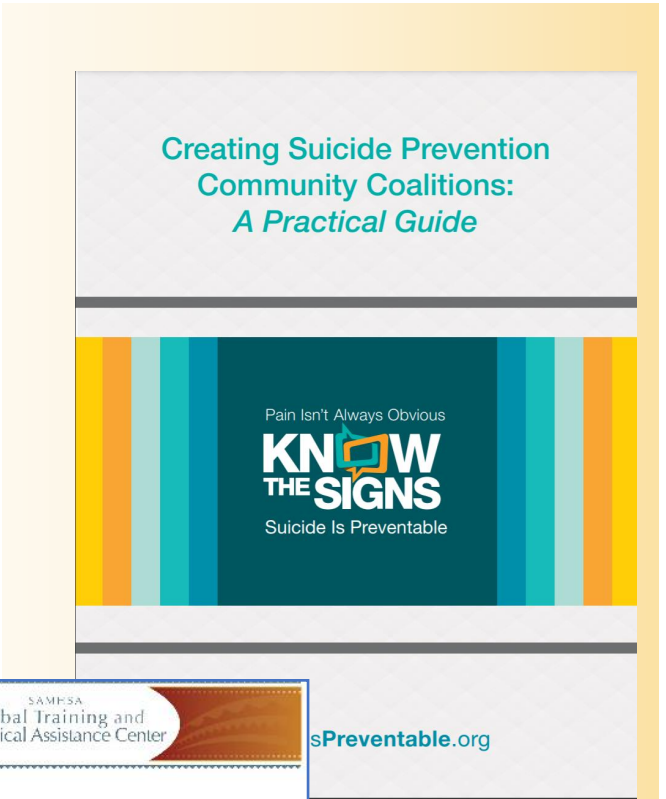
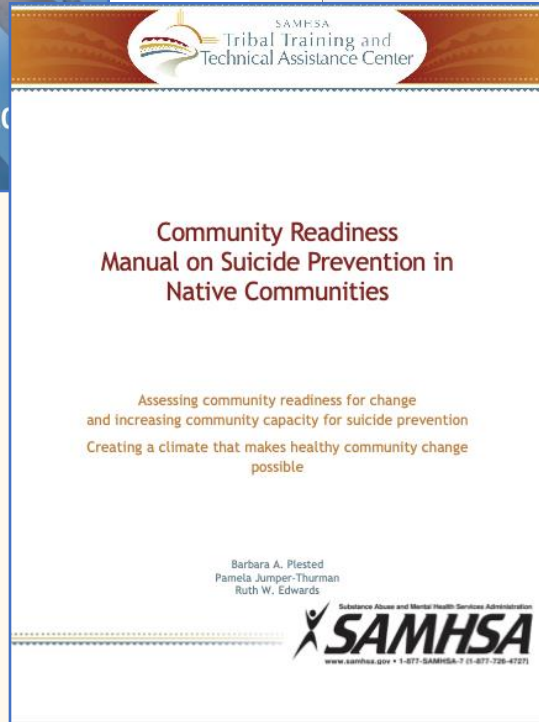
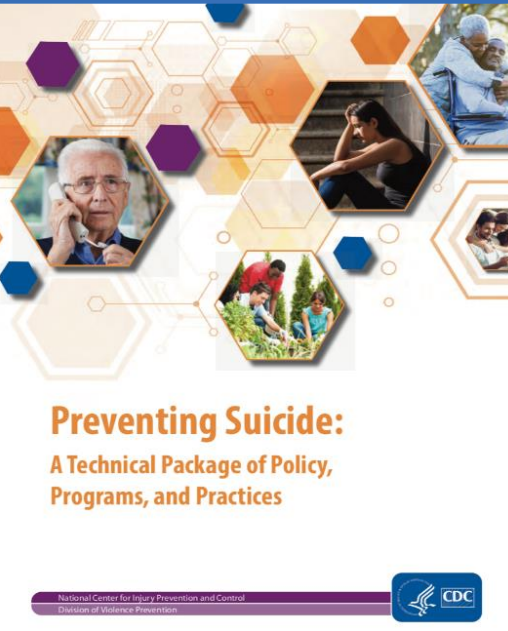
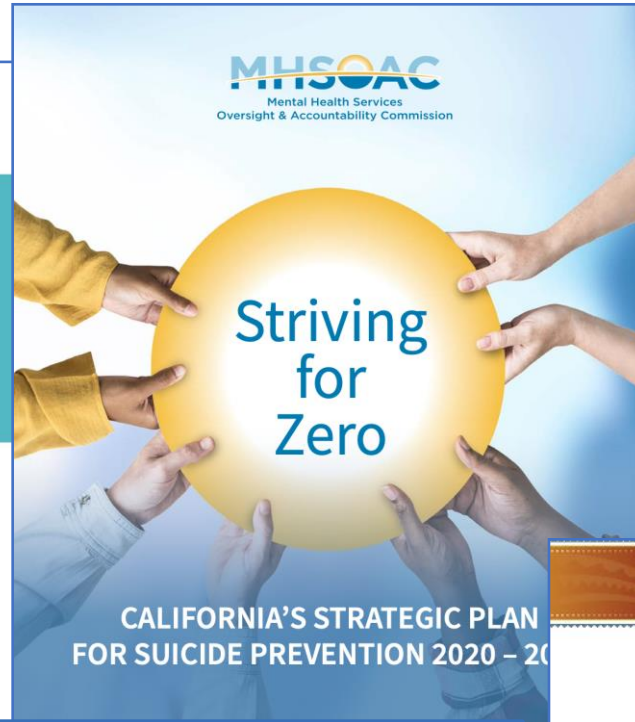
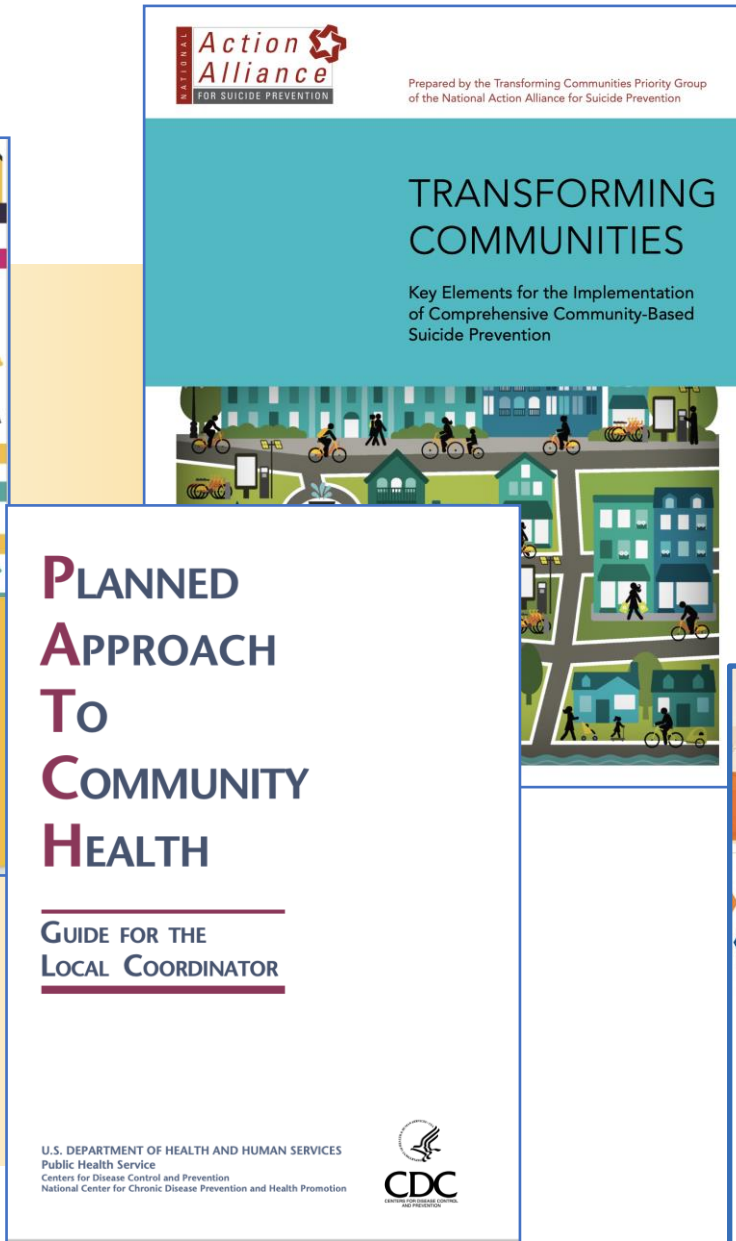
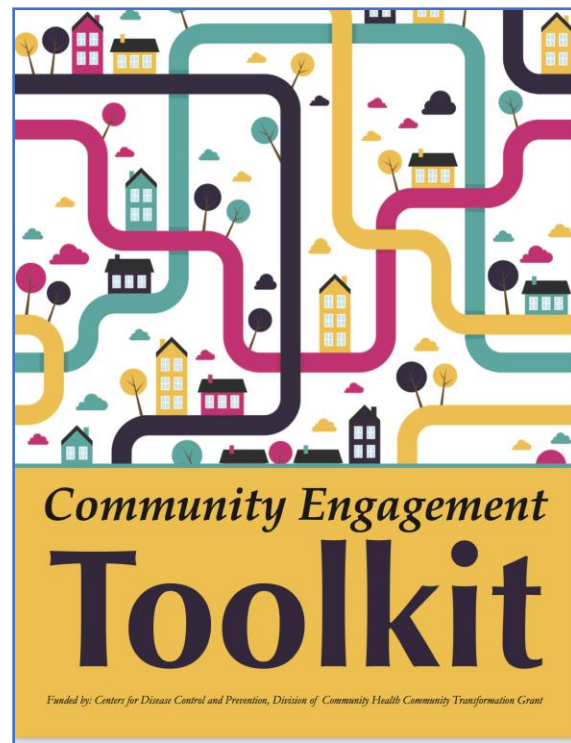


suicideispreventable.org

Funded by counties through the Mental Health Services Act (Prop 63).

www.SuicideisPreventable.org/prevention-kit.php

Guiding Resources



Thank you for your time

For more information please contact: jana@yoursocialmarketer.com

Support for people at risk for suicide or those supporting people at risk is available by calling the **National Suicide Prevention Lifeline** 1-800-273-TALK (8255)

Apoyo y ayuda para personas a riesgo de suicidarse o para las personas que los apoyan está disponible llamando al **National Suicide Prevention Lifeline** 1-888-682-9454