Mental Health Services Oversight & Accountability Commission

DEVELOPING A STRATEGIC STATEWIDE SUICIDE PREVENTION PLAN

Project Framework

Suicide is one of the leading causes of death in California, for both youth and adults. More than 4,000 Californians die by suicide every year, and thousands more attempt suicide.[1] Suicide and suicide attempts affect every person and location in California, from north to south, both in human costs and economic loss.

Assembly Bill 114 (Chapter 38, Statutes of 2017) directs the MHSOAC to develop a statewide strategic plan for suicide prevention. The MHSOAC will develop this plan with stakeholders and will leverage previous efforts, including the plan drafted in 2008 by the former Department of Mental Health.[2]

This strategic plan will outline an action agenda for the State of California, the counties, the mental health community and other partners to reduce suicide, suicide attempts, suicidal thoughts, and related harm to people, families, loved ones, and communities. This action agenda will recommend immediate, short-term, and long-term strategies to prevent suicides and improve outcomes for people at-risk, families and communities.

In order to develop the action agenda, the Commission will:

- Explore what is understood and not understood about suicide and suicide attempts, including information on incidence and rates across California's diverse population, risk factors, and protective factors;
- Identify best practices for reducing suicide and risks for suicide, and for fortifying protective factors;
- Identify public, private, community, and other resources, strategies, and opportunities to support suicide prevention; and
- Engage with communities, stakeholders, thought leaders and experts across the State to develop a shared understanding of and commitment to the findings and recommendations of the project.

Background

Suicide and suicide attempts affect every demographic group in California. More than twice as many Californians die annually by suicide as from homicide.[3] Rates vary in significant ways, however. Some three-quarters of Californians who die by suicide each year are male.[4] Adults aged 20-59 account for more than 70 percent of suicides in the state, while the highest suicide death rates are among middle aged and older adults.[5] The largest numbers of suicides occur in southern California, with Los Angeles County accounting for about 20 percent of statewide suicide deaths annually. In contrast, suicide death rates are highest in rural northern California, with rates in the Superior region close to twice the national average. Additional at-risk populations include people involved with the criminal justice system, people experiencing homelessness, immigrants and refugees, veterans and military personnel, and LGBTQ – particularly transition aged youth.[6] As is true nationally, Californians are most likely to die by suicide using firearms (42 percent) compared to other means, such as suffocation (27 percent) and poisoning (19 percent).[7]

In addition to the devastating human impacts on survivors of suicide loss, suicides and suicide attempts also significantly affect the economy. The American Foundation for Suicide Prevention reports that in 2010 suicides cost California over $4 billion in combined medical expenses and lost productivity.[8] Another report suggest that suicide and suicide attempts nationally cost anywhere between $58 billion and $94 billion in 2013.[9]

Project Goal

Develop a statewide suicide prevention plan to reduce suicide, suicide attempts, and suicidal self-harm, including thoughts of suicide, and associated harm to families, loved ones, and communities, and to improve outcomes for survivors of suicide attempts and their families. The plan should include prevention, early intervention, and response strategies.

In order to develop that plan, the Commission will work with survivors of suicide attempts, mental health consumers and family members, State agencies, the counties, providers, community leaders, and other partners.

Project Structure and Activities

The Chair has appointed Commissioner and former Chair Tina Wooton to Chair a Suicide Prevention Subcommittee to lead this work. The Commission should consider a Subcommittee of three to five Commissioners to guide this project. The Subcommittee would lead the project, supported by a staff lead, and draft a proposed Suicide Prevention Strategic Plan for consideration by the Commission.

Recognizing that the Commission is an independent state agency, and that most state resources for suicide prevention fall under the authority of the California Health and Human Services Agency, the Commission should work closely with the Agency in the information gathering, development, and drafting of the statewide suicide prevention plan.

The Commission will engage with a broad array of stakeholders to gather information and build a common understanding of the challenges and opportunities to reducing suicide, suicide attempts, and associated harms. Below are proposed activities to support the development of this shared understanding and to facilitate public involvement through the state.

- Commission Meetings. Public hearings, including presentations by people with lived experience, subject matter experts, policy leaders, and members of the public, are tentatively scheduled during the May and August 2018 Commission Meetings.

- Subcommittee Meetings. A series of meetings to engage stakeholders and subject matter experts to explore topics in greater detail will be organized throughout the state. At least one meeting may be held prior to May 2018 in Northern California and one meeting prior to August 2018 in Southern California.

- Community Forums. One or more community forums may be organized to highlight challenges and opportunities for groups at increased risk of dying by suicide, including older men, LGBTQ transition-aged youth, and veterans and military personnel, and to broadly promote suicide prevention awareness. One community forum may be organized in September 2018 during Suicide Prevention Week.

- Site Visits. Site visits will be organized to support the development of foundational knowledge regarding challenges and solutions to preventing suicide, suicide attempts, and self-harm, and promoting suicide prevention awareness.

- Small Group Discussions. Small group discussions may be organized in partnership with community leaders and organizations to provide a safe, welcoming, and culturally sensitive environment for people from these communities to share their experiences and participate in a discussion with their peers.

These activities would be supported by background materials prepared by staff and subject matter experts to review and summarize relevant, available data and published materials, as well as a strong communications effort to ensure public awareness of project events and emerging findings.

ENDNOTES

[1] American Foundation for Suicide Prevention. *Suicide: California 2017 Facts & Figures*. Accessed January 12, 2018 at http://chapterland.org/wp-content/uploads/sites/10/2016/03/California-Facts-2017.pdf. See also Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2016 on CDC WONDER Online Database, released December, 2017. Data are from the Multiple Cause of Death Files, 1999-2016, 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 Jan 12, 2018.

[2] California Department of Mental Health. *California strategic plan on suicide prevention: Every Californian is part of the solution*. 2008. Accessed on January 12, 2018 at https://www.sprc.org/sites/default/files/California_CalSPSP_V92008.pdf.

[3] American Foundation for Suicide Prevention. Suicide: California 2017 Facts & Figures. Accessed January 12, 2018 at http://chapterland.org/wp-content/uploads/sites/10/2016/03/California-Facts-2017.pdf.

[4] Ramchand, Rajeev and Amariah Becker. *Suicide Rates in California: Trends and Implications for Prevention and Early Intervention Programs*. Santa Monica, CA: RAND Corporation, 2014. Accessed on January 12, 2018 at https://www.rand.org/pubs/research_briefs/RB9737.html.

[5] Ibid.

[6] U.S. Department of Health and Human Services, Office of the Surgeon General and National Action Alliance for Suicide Prevention. *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action*. 2012. Accessed on January 11, 2018 at https://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full-report.pdf.

[7] National Center for Injury Prevention and Control, CDC. Data Source: NCHS Vital Statistics System for numbers of deaths. *WISQARS: Web-based Injury Statistics Query and Reporting System*. (1999-2014). Accessed January 12, 2018 at https://webappa.cdc.gov.

[8] American Foundation for Suicide Prevention. *Suicide: California 2017 Facts & Figures*. Accessed January 12, 2018 at http://chapterland.org/wp-content/uploads/sites/10/2016/03/California-Facts-2017.pdf.

[9] Shepard, D. S., Gurewich, D., Lwin, A. K., Reed, G. A. and Silverman, M. M. (2016). *Suicide and Suicidal Attempts in the United States: Costs and Policy Implications. Suicide Life Threat Behav, 46*: 352–362. doi:10.1111/sltb.12225