

Suicide Prevention

SUICIDE FACTS



¹Suicide 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. More than 47,000 Americans lose their lives to suicide each year. While global suicide rates are decreasing, the national suicide rate has been on a steady rise since 1999.

²Suicide is a complex public health challenge involving many biological, psychological, social, and cultural determinants. The major risk factors for suicide are a prior suicide attempt; substance use disorder; mood disorders, such as depression; medical illness; and access to the methods to attempt suicide. The common factors that reduce risk for suicide are access to effective medical and mental health care; connectedness to others; problem-solving skills; and caring contacts from service providers and caregivers.

ADDRESSING SUICIDE PREVENTION

In an effort to address suicide prevention statewide, the California Suicide Prevention Act of 2000, authorized the former Department of Mental Health (DMH), now integrated into the Department of Health Care Services (DHCS) to establish and implement a suicide prevention, education, and gatekeeper training program to reduce the severity, duration, and incidence of suicidal behaviors.

In 2006, the Governor charged the former DMH with the development of a strategic plan on suicide prevention to be developed by 2008. The 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 various nonprofit and government agencies, and survivors of suicide. The 2008 Plan can be accessed at:

http://www.sprc.org/sites/default/files/California_CalSPSP_V92008.pdf



In 2017, California's Mental Health Services Oversight and Accountability Commission (MHSOAC) was directed by the Legislature to develop a new suicide prevention plan for the state. The Commission began its effort in early 2018 by reviewing California's previous strategic plan, developed by DMH in 2008. Under the leadership of a subcommittee, the Commission engaged with a broad array of stakeholders, including DHCS, to gather information and build a common understanding of the challenges and opportunities to reducing suicide, suicide attempts, and suicidal behavior. The MHSOAC Striving for Zero: California's Strategic Plan for Suicide Prevention 2020-2025, was finalized and posted on the MHSOAC website at:

<https://mhsoac.ca.gov/what-we-do/projects/suicide-prevention>.

¹ American Association of Suicidology (n.d.). Facts and Statistics retrieved from <https://suicidology.org/facts-and-statistics/>

² Suicide Prevention Resource Center (n.d.). Risk and Protective Factors <https://www.sprc.org/aboutsuicide/risk-protective-factors> and Warning Signs <https://www.sprc.org/about-suicide/warning-signs>

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SUICIDE PREVENTION ACTIVITIES



- DHCS maintains a suicide prevention mailbox suicideprevention@dhcs.ca.gov, that responds to inquiries from individuals that are typically school administrators or community staff members. DHCS staff:
 - Provide resources that counties may utilize for establishing Suicide Prevention trainings and/or programs to be delivered at the local level;
 - Connects individuals with their county Behavioral Health (BH) providers for local assistance; and
 - Connects individuals with the Ombudsman to obtain immediate assistance if an individual contacts DHCS in crisis.

- DHCS administers and oversees a Mental Health Services Act (MHSA) funded contract with a provider (Didi Hirsch) to provide suicide prevention services, which includes:
 - A 24/7 Crisis Line and Crisis Chat for individuals who are deaf or hard of hearing;
 - Therapy and support locations; and
 - Training programs for National Suicide Prevention Lifeline (NSPL) certified providers.

This contract has been in place for the past 3 years and is ongoing. During fiscal year 2019-20 and ongoing, \$4.3 million in MHSA administrative funding is available to support this contract and the NSPL-affiliated suicide hotlines throughout the State.

- At the local level, counties may use the Prevention and Early Intervention component of MHSA funding to fund suicide prevention programs that include public and targeted information campaigns, suicide prevention networks, capacity building programs, culturally specific approaches, survivor-informed models, screening programs, suicide prevention hotlines or web-based suicide prevention resources, and training and education as part of a county's comprehensive suicide prevention program.

COLLABORATION

DHCS collaborates with state, local, and community stakeholders and participates in mental health workgroups by providing guidance, expertise, and input as follows:

- DHCS collaborated with the California Mental Health Services Authority using MHSA funds to recently update materials related to Each Mind Matters, a large statewide program focused on suicide prevention. In May 2019, Each Mind Matters created the Mental Health Matters Month activation kit to include tools and activities designed to help build resilient communities and decrease suicide rates.



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- DHCS is currently collaborating with the California Department of Education (CDE) on the five-year Project Cal Well, which includes a Student Suicide Prevention Policy Workgroup and participates in the CDE Student Mental Health Policy Workgroup as well.
- DHCS organizes the Director's Walk annually in September for National Suicide Prevention Awareness Month and hosts a table at the California Native American Day at the Capitol to distribute suicide prevention materials.



- DHCS also collaborates with the California Behavioral Health Planning Council (CBHPC), which is a majority Consumer and Family member advisory body to state and local government, the Legislature, and residents of California on mental health services in California. The vision and mission of the CBHPC guides its evaluation of California's system of behavioral health care through targeted committee studies, community site visits, and General Session forums and presentations. The CBHPC informs the Administration and the Legislature on priority issues, provides feedback on behavioral health policy and regulations, and on legislative actions based on our Policy Platform.

Resources

Substance Abuse and Mental Health Services Administration – Suicide Facts and Resources

https://www.samhsa.gov/sites/default/files/sites/default/files/suicide_prevention_facts_and_resources_fact_sheet.pdf

Suicide Prevention Resource Center

<http://sprc.org/>