Suicide Prevention Action Plan

Together we can have a positive impact on suicide prevention in San Diego!

a project facilitated by:
COMMUNITY HEALTH
IMPROVEMENT PARTNERS
making a difference together

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

A County of San Diego Behavioral Health Services project funded by the Mental Health Services Act (MHSA)

Welcome

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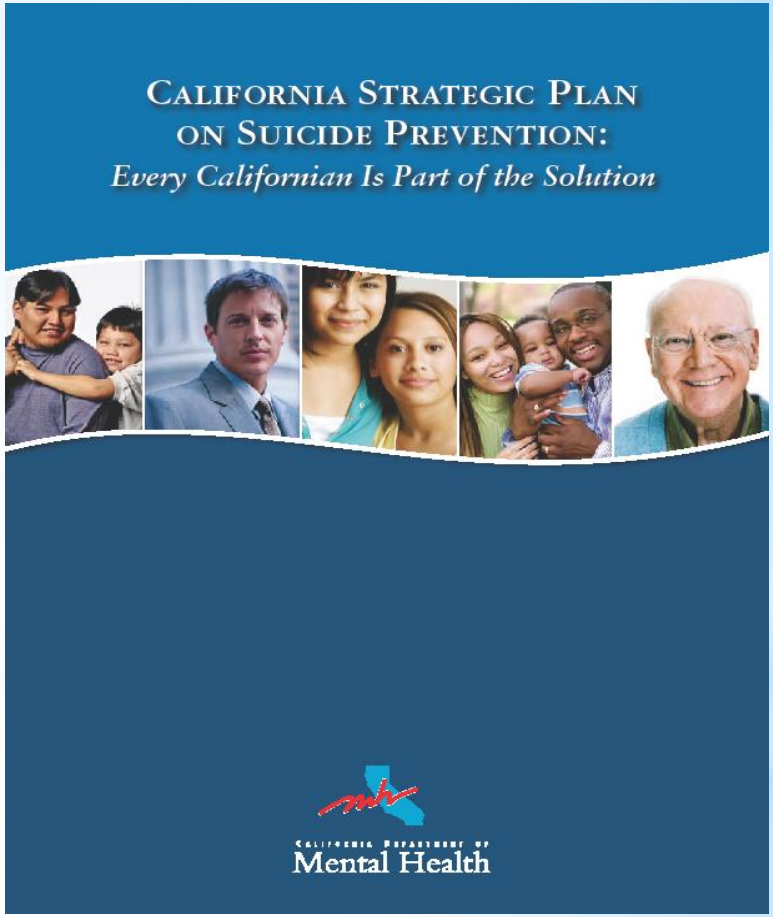
*Develop & Implement

* Suicide Prevention Action Plan for County of San Diego Mental Health Services

* 2.5 Year Contract with Possible 2 Year Extension



*Needs Assessment

Time	Activity
July – January 2011	**Needs Assessment** – 1. Suicide Prevention Action Plan Committee initiates a needs assessment 2 Components of Needs Assessment 1. Quantitative component – 2. Qualitative Component 1. Focus Groups 2. Key informant interviews

*Suicide Prevention Forum

Time	Activity
January 2011	**Suicide Prevention Forum** 1. To share results of needs assessment & get input on the Suicide Prevention Action Plan 2. Begin the development of the draft plan

*Welcome

*Needs Assessment Presentation

Suicide Prevention Needs Assessment

Overview of Findings

Purpose of Needs Assessment

- Examine suicide rates among different population groups in San Diego County

- Identify gaps in existing local suicide prevention services and supports

- Assess County suicide prevention training for staff and contractors

Purpose of Needs Assessment

- Explore current best practice models

- Identify opportunities for enhancing collaboration among local suicide prevention providers and initiatives

- Provide data to inform the development of a strategic, coordinated suicide prevention action plan

Approach/Methods

- Review of scientific literature related to suicide and suicide prevention efforts
- Examine existing local, state and national statistical data on suicide and suicidal behavior
- Collect new information using surveys, individual interviews and focus groups with providers and community stakeholders

Roughly 900 individuals were engaged in the data collection process. This includes over 80 community members and consumers of services.

Overview of Suicide in San Diego County

- Suicide is second leading cause of non-natural death among most age groups.
- Average age-adjusted suicide rate is 13.7 per 100,000.
- Local rate is higher than State (12.5) and National (11.8) averages.

Factors that Impact Suicide

Gender	Male suicide rate is more than three times higher than females. Men between the ages of 35-44 have the highest number of suicides.
Age	Adults between the ages of 25 and 54 have the highest *number* of suicides. Older adults (65+) have highest suicide *rate* (20.3).
Race/Ethnicity	Suicide rate is highest among Whites (16.7), followed by Blacks (7.3), Asian/Other (5.5) and Hispanic (3.7).
Geographic Area	Suicide rate is highest in East (12.5) and Central (12.1) regions of the County.
Suicide Method	Firearms are the leading method of completed suicide (41.0%).
Toxicology	Of those tested, 56.4% of men and 67.5% of women tested positive for alcohol and/or drugs at the time of their death.

Source: Suicide in San Diego County 2000-2007 data report.

Overview of Self-Injury in San Diego County

Source of Data	Self-inflicted Injury Rates
San Diego County Hospital Discharge Data (CA OSHPD)	• In 2010, rate of 43.7 self-inflicted injuries per 100,000. • Rate is higher among women (48.1) than men (39.2) and youth (64.2 for ages 15 to 24). •Self-injury rates were highest in Central Region (63.4).
Emergency Department (ED) Discharge Data	• Age adjusted self-injury rate of 75.6. •Rate is higher among women (106.7) than men (74.3) and youth (215.7 for ages 15 to 19). •Self-injury rates were highest in East County (136.1).

Community-Level Findings: Transition-Age Youth

- Annual suicide rate in San Diego County averaged 7.9 per 100,000 from 1998-2007.
- In 2009, 6.0% of surveyed San Diego City School students reported attempting suicide and 13.9% considered suicide at least once during the previous 12 months.
- The highest rate of ED discharges for males with a self-inflicted injury occurred among 15-19 year olds.
- Bullying and drug use are major risk factors mentioned by stakeholders.

Community-Level Findings: Older Adults

- Annual suicide rate in San Diego County averaged 20.3 per 100,000 from 1998-2007.
- Suicide among older adults in San Diego County is largely a White male phenomenon.
- Older adults had higher suicide rates than youth, but lower self harm rates.
- Stakeholders shared that lack of knowledge about available services, lack of financial means to pay for services, in-ability to recognize signs of depression, and transportation/proximity of services were identified as barriers to services for this population.

Community-Level Findings: Asian Pacific Islanders

- Annual suicide rate in San Diego County averaged 5.45 per 100,000 from 1998-2007.
- The API community is the County's second largest minority group.
- Suicide among San Diego County's API youth was the third highest of all ethnic/racial groups.
- Stakeholders shared that understanding the distinct cultural considerations of API subpopulations is crucial.

Community-Level Findings: Latinos

- Annual suicide rate in San Diego County averaged 3.66 per 100,000 from 1998-2007.
- The Latino community is the County's largest minority group.
- Suicide attempts among Latinos are most prevalent in young females under the age of 18.
- Stakeholders highlighted legal status as a barrier to accessing prevention and mental health services. They also shared that there is a high level of stigma associated with mental health services among this population.

Community-Level Findings:

Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI)

- There is limited data on suicide rates among this population, particularly at the local level.
- Research shows that lesbian, gay, and bisexual individuals, particularly adolescents and young adults, have significantly higher rates of suicidal ideation and suicide attempts than their heterosexual counterparts.
- Stakeholders shared that coping with stigma and discrimination based on sexual orientation is a challenge.

Community-Level Findings: Native Americans

- The suicide rate among American Indian and Alaska Native (AIAN) in California is 20 per 100,000.
- Nationally, AIAN youth are at disproportionately high risk for suicide compared to non-Native youth.
- San Diego County has more Indian reservations (19) than any other county in the United States.
- Stakeholders listed distrust between Native Americans and public entities such as law enforcement and County services is a major barrier.

Community-Level Findings: Survivors

- An estimated 6 people are seriously, emotionally or mentally impacted by a suicide.
- Stakeholders shared the importance of recognizing that many people struggling with suicidal thoughts and behaviors may act like they are fine.
- Stakeholders recommend increased public education and awareness regarding suicide risk as well as involving people who have survived the loss of a loved one in outreach to those dealing with suicide risk.

Key highlights from Community-Level Results

- Target communities are not homogeneous.
- Cultural competence is not just linguistic.
- Service providers among target populations exhibit a high level of knowledge, perception, and confidence.
- Universal and targeted public outreach is needed.
- Authentic, transparent, and regular communication is needed.

System-Level Findings: Provider Training

Top 8 Stakeholder Training Recommendations

- Make trainings mandatory
- Increase training frequency
- Tailor content based on experience
- Support providers mental and emotional health
- Give providers tangible skills
- Provide training and support after a suicide occurs
- Focus on dual-diagnosis populations
- Address current issues

System-Level Findings: First Responders

Stakeholders most frequently mentioned:

- Access Line & Crisis Line: 24 hour toll-free crisis line
- Psychiatric Mobile Response Team (PERT)
- Law enforcement responds to suicides in progress with negotiation teams.

- Almost half of community providers surveyed (48.1%) said their agency or program is listed with the Access & Crisis Line.
- Most PEI contractors interviewed (70%) were aware of the Access & Crisis Line and referred clients as needed.

System Level Findings: Local Best Practices

Program Type	Best Practices
Outreach/Public Awareness	❖ Targeted efforts to reduce glorification and romanticizing of suicide ❖ Education tailored to specific community groups ❖ Outreach to connect community members to services
Counseling and Support	❖ Few studies assess impact of specific interventions ❖ Assessment and integration of physical and behavioral health
School-based	❖ Long-term interventions ❖ Targeted to those most at-risk ❖ Integrated into broader health promotion topics such as substance use prevention

Key Highlights from System-Level Results

- Many providers value training and show a high level of basic knowledge regarding suicide.
- Targeted training to those who might be first to interact with a client or have less experience regarding suicide is needed.
- Most providers are aware of key players currently providing suicide prevention services but more can be done to enhance collaboration.
- There is a wide range of exiting services regarding suicide prevention in San Diego and many are comparable to best practices.
- Much attention is being focused on programs that integrate primary healthcare with behavioral health.

Conclusion

- Thank you to all providers and stakeholders who participated in data collection efforts.
- Additional data collection may be needed during action planning process.
- Forum is a starting place to examine data and identify action steps.

Today's Agenda

* Short Break & Breakout Session I
* Population
* Optional Switch
* Lunch & Plenary
* Breakout Session II
* Full Spectrum
* Optional Switch
* Short Break
* Plenary
* Next Steps
* Evaluation

*Breakout Session I

Session	Room
Youth	Sun I
Latino	Royal I
LGBTQI	Royal II
Native American	Royal III
Older Adult	Royal IV
Asian Pacific Islander	Royal V

*Room Assignments

* 10 minute

* Break → Breakout I

*Breakout Session I

Session	Room
Youth	Sun I
Latino	Royal I
LGBTQI	Royal II
Native American	Royal III
Older Adult	Royal IV
Asian Pacific Islander	Royal V

*Room Assignments

*Lunch & Session I Plenary

Breakout II

Breakout Session II

Session	Room
First Responder A	Sun I
First Responder B	Royal I
Promising Practices A	Royal II
Promising Practices B	Royal III
Training A	Royal IV
Training B	Royal V

Room Assignments

* 10 minute

* Break

Session II Plenary

What's Next?

*Suicide Prevention Strategic Planning Summit

Time	Activity
April - June 2011	**Suicide Prevention Strategic Planning Summit** 1. Obtain community approval of objectives, and prioritize activities and create timeline 2. Suicide Prevention Action Plan Committee Review & Input 3. Several meetings to finalize the Draft Plan and Timeline
June 2011	**Draft Suicide Prevention Action Plan is submitted to the County COTR**

* June 2011 – June 2012
* Up to You and I

* Implementation

Open / Transparent Participation

- SPAP Committee Meetings

Open / Transparent Participation

- SPAP Committee Meetings
- Working Subcommittee
  - Outreach/ Direct Services
  - Organizations / Systems

January	February	March
Universal	Selected	Indicated

Open / Transparent Participation

- SPAP Committee Meetings
- Working Subcommittee
  - Outreach / Direct Services
  - Organizations/Systems
- Website & Online Participation
  - http://www.sdchip.org/spap.aspx

* Evaluations

* Thank You!

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Next SPAP Committee Meeting:

Tuesday, February 1st

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