Building Hope and Resiliency

A Collaborative Approach to Suicide Prevention in Riverside County

2020

Letters of Support

This Suicide Prevention Strategic Plan for Riverside County – *Building Hope and Resiliency* – represents many months of work involving mental health and public health professionals in Riverside County and in California, along with the efforts of numerous community partners and clinical experts in this field. This plan provides a foundation for bringing about a systemic response to preventing suicide in Riverside County. I am very pleased that Riverside University Health System – Behavioral Health, in partnership with Each Mind Matters, has provided the leadership and dedication that has brought forward this important plan.

Suicide is not explained by any single cause – but instead is associated with a range of factors that cuts across the demographics of age, education, gender, economic status, family situations and more. Research has provided us with knowledge about the risk factors that need to be understood and the protective factors that need to be reinforced in order to reduce the thoughts of suicide, suicide attempts and suicide deaths.

We know that there is no single strategy, agency or intervention that will prevent suicide. It will take a coordinated, long-term approach and a collaborative effort among public and non-profit agencies, faith-community leaders, primary care providers, first responders, business leaders, mental health professionals, community leaders, neighbors and family members to achieve success. Thank you for being a part of the movement in Riverside County to prevent suicide.

Suicide is preventable. Know the signs. Find the words. Reach out.

Matthew Chang, MD, MMM
Director
Riverside University Health System – Behavioral Health

We can all agree – the loss of a loved one is permanent and extremely painful. But the loss of a loved one to suicide has a far-reaching impact, leaving devastating ripples of grief and guilt that can span generations.

We can do something about it.

But, as with many of the challenging issues that we face in our complex world, lasting change is best achieved through collaboration.

The Suicide Prevention Strategic Plan: Building Hope and Resiliency is just that – a collaboration of county and community partners that are laser-focused on addressing not just the impact of suicide on families, schools and communities, but on the associated stigmas and root causes that result in the kind of despair and hopelessness that can lead to suicide.

The goal? Equipping Riverside County residents with the tools and resources to seek care and support, without shame or judgment, for the prevention of suicide.

The strategies found here offer a broad and comprehensive look at the historical data of suicide in Riverside County; the importance of building resiliency within our families and workplaces; and the ways in which County partners can harness the power of collaboration to affect positive change for healthy, empowered communities.

Public Health is committed to outreach with local youth as part of its Teen Suicide Awareness and Prevention Program and our team looks forward to working alongside our friends at Riverside University Health System – Behavioral Health to achieve the goal of growing resilient communities, hearts and minds.

Kim Saruwatari, MPH
Director
Riverside University Health System – Public Health

Acknowledgements

There is Hope…

If you or someone else needs support, a trained crisis counselor can be reached by calling the National Suicide Prevention Lifeline at **800-273-TALK (8255**) or by texting **TALK** to **741741**.

For local support in Riverside County, call **(951) 686-HELP (4357)**.

Collaboratively authored by

Melinda McFarland, MA LMFT
Staff Development Officer
RUHS-Behavioral Health
Prevention and Early Intervention

Diana Brown, MS LMFT LPCC
RUHS-BH PEI Administrative Manager
RUHS-Behavioral Health
Prevention and Early Intervention

Michelle Fowler, MA
Research Specialist
RUHS-Behavioral Health
Research and Evaluation

Suzanna Juarez-Williamson
Supervising Research Specialist
RUHS-Behavioral Health
Research and Evaluation

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Executive Summary

Addressing Suicide in Riverside County- Taking a Public Health Approach

Historically, suicide prevention efforts focused on addressing an individual's mental health. "While services such as therapy and hospitalization are critical for those who may be thinking about or who have made a suicide attempt, they do not prevent suicidal thoughts or behaviors from happening in the first place. There are also other factors besides mental health, which place people at risk for suicide."[1] According to a public health population approach, shifting perspective from the individual level to a broader, community level is necessary to decrease suicide attempts and deaths in an entire population. "Public Health uses a population approach to improve health on a large scale. A population approach means focusing on prevention approaches that impact groups or populations of people, versus treatment of individuals."[2]

To address suicide prevention in Riverside County with a public health approach, we must examine the root causes of suicide. Examining social determinants of health such as the conditions in the places where people live, learn, work and play impact a range of health risks and outcomes. This requires the partnership of many sectors such as, and not limited to, government (local, state, federal), social services, education, businesses, justice, health services, media, housing, faith-based organizations, youth-serving organizations and community-based organizations are needed to collaborate. Together these sectors can influence suicide by improving protective factors and reducing risk factors that contribute to suicide and suicidal thoughts.

Riverside County is taking a collaborative approach to address root causes of suicide through the creation of a countywide initiative, Riverside Resilience. County leaders created Riverside Resilience in 2016 with the purpose of empowering communities and systems to prevent and mitigate the effects of trauma.

The Suicide Prevention Coalition is a branch of Riverside Resilience with the purpose of bringing together multi-disciplinary partners to work towards addressing root causes of suicide.

This strategic plan was developed to coincide with California's Strategic Plan for Suicide Prevention 2020-2025: Striving for Zero. The Strategic Aims from the state plan are referenced in the "Strategic Approaches" section. Please refer to the full state plan at: http://bit.ly/strivingforzero.

No one agency strategy alone will be able to resolve the issue of suicide. Like the pieces in a puzzle, each agency or individual holds only a fragment of the larger picture. By working collectively in Riverside County, joining efforts to put pieces together can create a whole picture – one in which the community is happy, healthy and thriving.

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[1] Centers for Disease Control and Prevention. (n.d). *Suicide prevention: A public health issue.* Retrieved from
https://www.cdc.gov/violenceprevention/pdf/asap_suicide_issue2-a.pdf

[2] Centers for Disease Control and Prevention. (n.d). *Strategic direction for the prevention of suicidal behavior: Promoting individual, family, and community connectedness to prevent suicidal behavior.* Retrieved from
https://www.cdc.gov/ViolencePrevention/pdf/Suicide_Strategic_Direction_Full_Version-a.pdf

The Work Plan

The following goals and objectives have been identified for each strategic approach. The subcommittees/workgroups formed from the coalition will prioritize the objectives for each goal and develop appropriate activities that support achievement of the goal.

Building Infrastructure and Support

Goal 1: Enhance visible leadership and networked partnerships
- Identify leaders who can champion suicide prevention as a public health priority.
- Create a formal coalition and sub-committees with assigned tasks/objectives.

Aligns with Strategic Aim 1, Goal 1 of State Strategic Plan

Healthy and Connected Communities

Goal 2: Increase connectedness between people, family members and community
- Increase services focused on building positive attachments among individuals and community to increase sense of belonging.
- Promote a culture free of stigma and discrimination by allowing for an open dialogue about mental health.

Aligns with Strategic Aim 2, Goal 6 of State Strategic Plan

Promoting Resiliency

Goal 3: Increase resiliency and help-seeking
- Integrate activities into community-based services that increase life skills, including mindfulness practices, critical thinking, stress management, conflict resolution, problem-solving and coping skills.
- Expand services to increase mental health literacy, encourage people to seek help for health and behavioral health needs, and promote messages of resiliency, recovery and hope.

Aligns with Strategic Aim 2, Goal 5 of State Strategic Plan

Engaging Schools

Goal 4: Standardize policies and curriculum to promote connectedness and address suicide risk
- Implement programs that foster social emotional growth and connection.
- Implement standardized suicide risk assessment tools and develop robust suicide prevention plans.
- Assist schools with the implementation of trauma-informed practices.

Aligns with Strategic Aim 2, Goal 6 of State Strategic Plan

Expansion and Integration of Suicide Prevention in Health Services

Goal 5: Deliver a continuum of crisis services across the county
- Evaluate the continuum of crisis services available through private and public resources – identify gaps and potential funding sources.
- Disseminate information on available crisis service resources.

Goal 6: Ensure continuity of care and follow-up after suicide-related services
- Facilitate safe and timely care transitions through linkages to outpatient behavioral health providers, crisis services, safety planning or crisis response planning.

Aligns with Strategic Aim 3, Goal 9 and Strategic Aim 4, Goal 11 of State Strategic Plan

Effective Messaging and Communication

Goal 7: Increase safe reporting of suicide and healthy social media use
- Partner with members of media to disseminate information about resources.
- Integrate into public campaigns best practices for developing healthy social media habits.
- Create communication strategies for use in the event of suicide loss.

Aligns with Strategic Aim 2, Goal 7 of State Strategic Plan

Trainings: Identification, Intervention, and Ongoing Care

Goal 8: Increase detection and screening to connect people to services based on suicide risk
- Deliver training to key action partners for conducting suicide screening in community –based settings.
- Deliver training for first responders and other personnel patrolling or monitoring community sites used for suicidal behavior and trauma-informed practices.

Aligns with Strategic Aim 3, Goal 8 of State Strategic Plan

Means Safety

Goal 9: Deliver best practices in care targeting suicide risk
- Disseminate information to caregivers and family members on how they can support a person at risk including reducing environmental risks by promoting means safety.

Goal 10: Create safe environments by reducing access to lethal means
- Use the Public Health Model to evaluate risk and identify methods of suicidal behavior, develop tailored means restriction strategies and evaluate impact.

Aligns with Strategic Aim 2, Goal 4 and Strategic Aim 4, Goal 10 of State Strategic Plan

Postvention Services

Goal 11: Expand support and services following a suicide loss
- Expand support services designed and facilitated by survivors of suicide loss.
- Enter into memorandums of understanding with coroners and medical examiners to establish coordinated, timely, and respectful responses following a suicide loss.

Aligns with Strategic Aim 4, Goal 12 of State Strategic Plan

Measuring and Sharing Outcomes

Goal 12: Advance data monitoring and evaluation
- Partner with coroners and medical examiners to develop a method for accessing data for improved suicide prevention strategies.

Aligns with Strategic Aim 1, Goal 3 of State Strategic Plan

Data Overview: Suicide in Riverside County

What We Know About Suicide Deaths in Riverside County[3]

- Suicide deaths have increased 30.1% between the years 2007-2017.
- Caucasians represent 65%-75% of suicide deaths, but only make up 38%-40% of the county's population.
- Adults (26-59) accounted for more than half of the suicide deaths.
- Older adults (60+) also represent a significant proportion (29%) of suicide deaths; 17 per 100,000 older adults died by suicide.
- Males accounted for more than two-thirds of the suicides.
- Males most frequently died by firearms followed by hanging/suffocation.
- Females most frequently died by poisoning followed by hanging/suffocation.

What We Know About Suicide Attempts in Riverside County[4]

- Suicide attempts that resulted in an emergency room visits and/or hospitalization increased by 19% between the years 2006-2014.
- Caucasians were overrepresented in suicide attempt data, accounting for 61% of suicide attempts, yet this group only represents 38%-40% of the county's population.
- Among all suicide attempts in Riverside County, 15-19 year-olds accounted for 25% of suicide attempts, and 20-24 year-olds accounted for 17%; both of these age groups represent transition age youth.
- Females more often attempt suicide than males, representing 59% of suicide attempts; whereas males more often die by suicide (as noted above).
- Both male's and female's suicide attempts were most often from poisoning (57% and 71%, respectively) followed by cut/pierce (26% and 22%, respectively).

What We Know About Suicide Ideation in Riverside County[5]

- 13.3% of community members self-reported having ever seriously thought about suicide.
- 18-24 years olds reported the highest levels of having ever seriously thought about suicide at 23.7%.
- Based on call volume data, more than 6,000 calls were made to the Riverside County Helpline.

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[3] Source: CDPH Vital Statistics Death Statistical Master Files
[4] Source: CDPH Vital Statistics Death Statistical Master Files
[5] California Health Interview Survey (CHIS), www.ShapeRivCo.org

Demographics

Riverside County has experienced sustained population growth and is estimated to reach 2,686,242 residents by 2025. In 2017, Riverside County accounted for 6% of the California population. Riverside is the fourth most populous County in California. As the population grows, it is likely that suicide deaths may increase as well, if not addressed.

Figure 1. (Source: Department of Finance)

Total Population

Riverside County — San Bernardino County

2,169,083

2,686,242

(Chart showing total population from 2010 to 2025, with values on y-axis from 0 to 3,000,000)
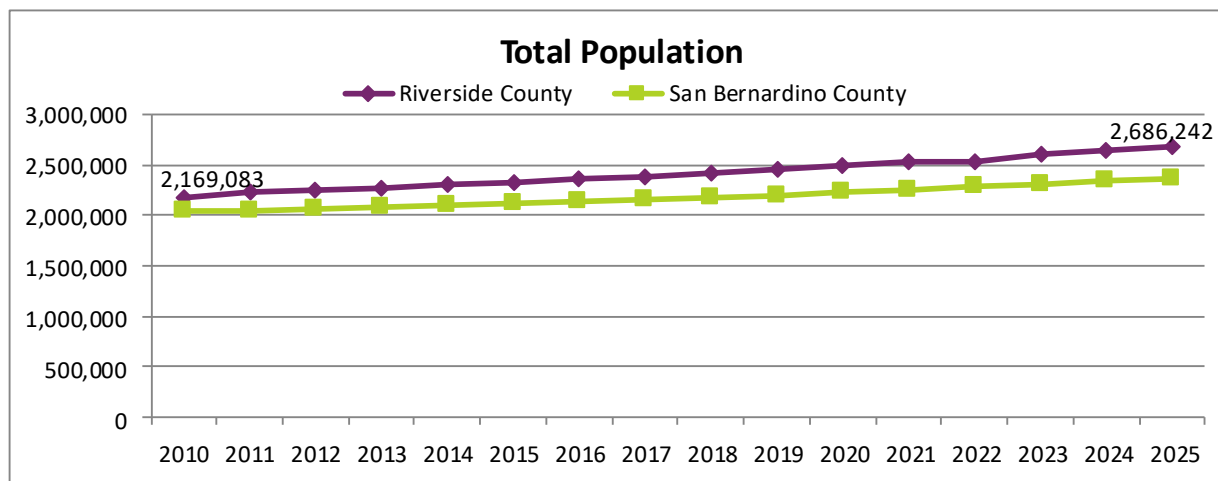
Gender is nearly always evenly split by male and female except for in older age groups where females account for more of the older adult population than males. Gender differences in Riverside County are reflective of differences seen in the rest of the U.S. population.

Figure 2. (Source: Department of Finance)

Riverside County Population Gender and Age: 2010-2025 Average

Female — Male

(Chart showing percentage by age group: Age:<1, Age:1-4, Age:5-9, Age:10-14, Age:15-19, Age:20-24, Age:25-44, Age:45-64, Age:65-84, Age:85+)

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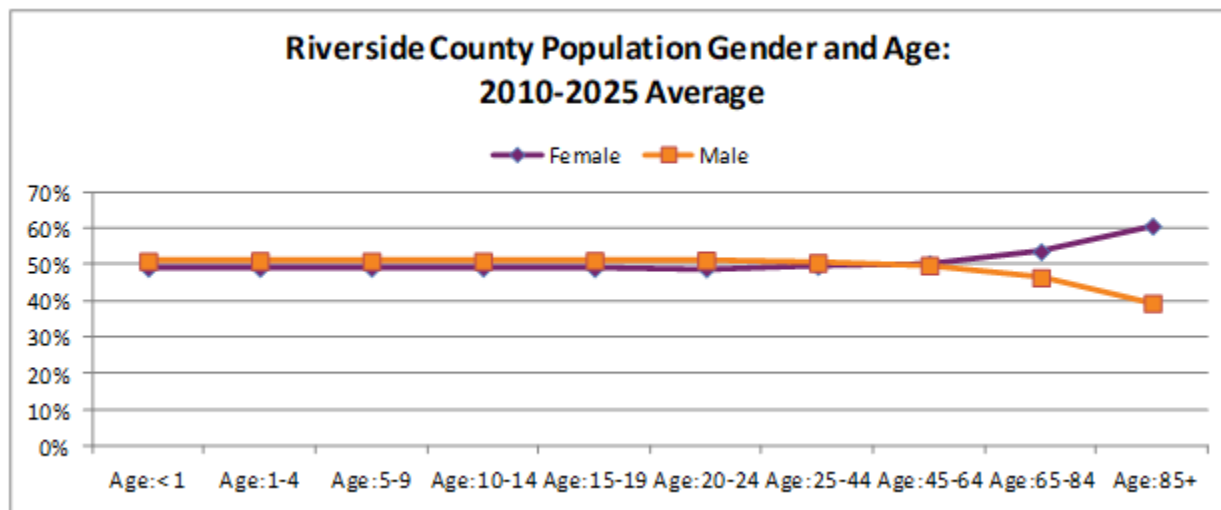
Figure 3. (Source: Department of Finance)
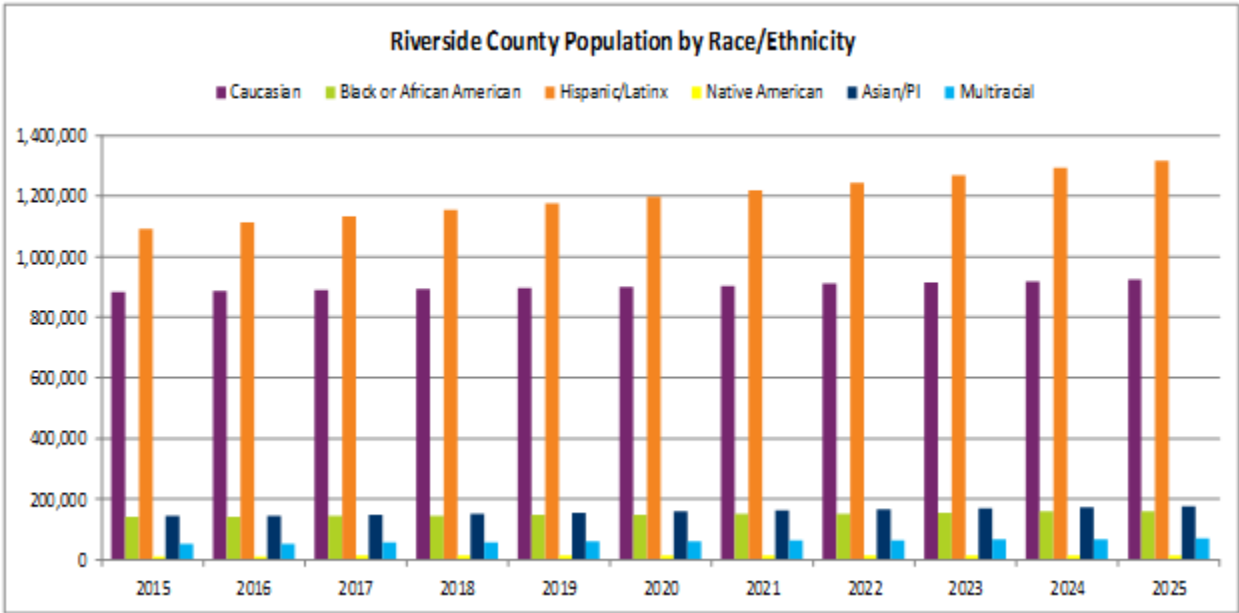
Riverside County's race and ethnic groups are forecasted to stay very similar to previous years with the largest population identifying as Hispanic/Latinx followed by Caucasian, Black or African American, Asian/Pacific Islander, multiracial and Native American (Figure 3).

The population of Hispanic/Latinos will continue to grow and account for nearly 50% of the Riverside County population by 2025.

Figure 4. (Source: Department of Finance)
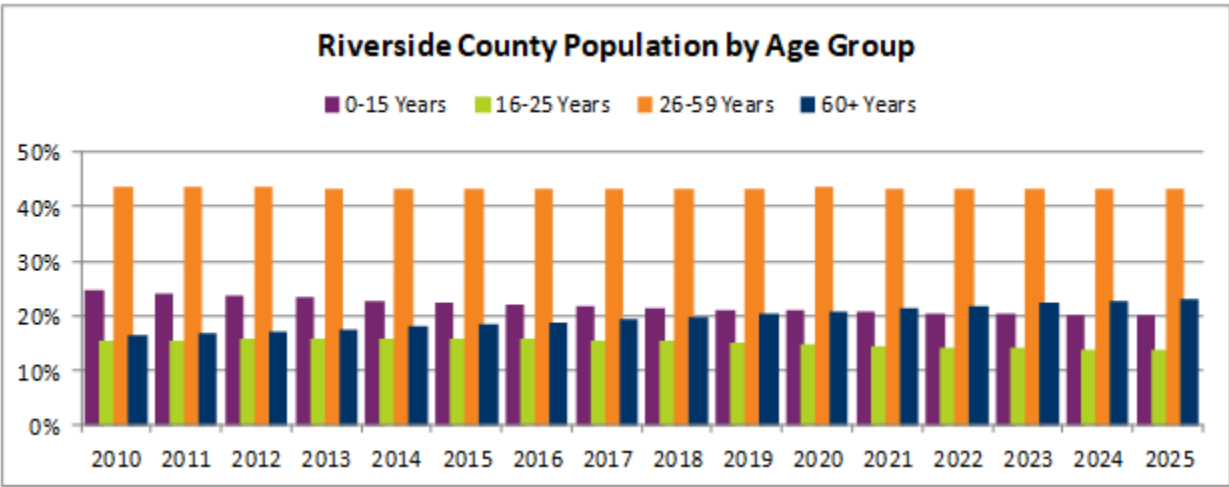
Figure 4 shows the proportions of age groupings in Riverside County for children 0 to 15, transition age youth (TAY) 16 to 25, adults 26 to 59 and older adults 60+.

ADULTS 26-59

Over the 15-year period, the largest age group is consistently 26 to 59 year-olds. On average, 26 to 59 year-olds represent 43% of the population and is projected to stay the largest group into 2025.

The second largest age group is 0 to 15, representing an average of 22% of the Riverside County population. This age group has slightly decreased over time.

YOUTH 0-15

OLDER ADULTS 60+

The older adult population (60+) is expected to grow over the next 5 years.

TAY 16-25, on average, is 15% of the population. This age group is also decreasing over time.

TAY 16-25

Suicide Deaths

Suicides in Riverside County increased by 30% between 2007 and 2017, while the county's population grew by 17% during that period. For more detailed information regarding suicide deaths in Riverside County, please reference Appendix 1.

Figure 5. Source: CDPH Vital Statistics Death Statistical Master Files

Suicide Deaths in Riverside County

Year	Deaths
2007	209
2008	199
2009	219
2010	193
2011	222
2012	264
2013	238
2014	224
2015	260
2016	286
2017	272
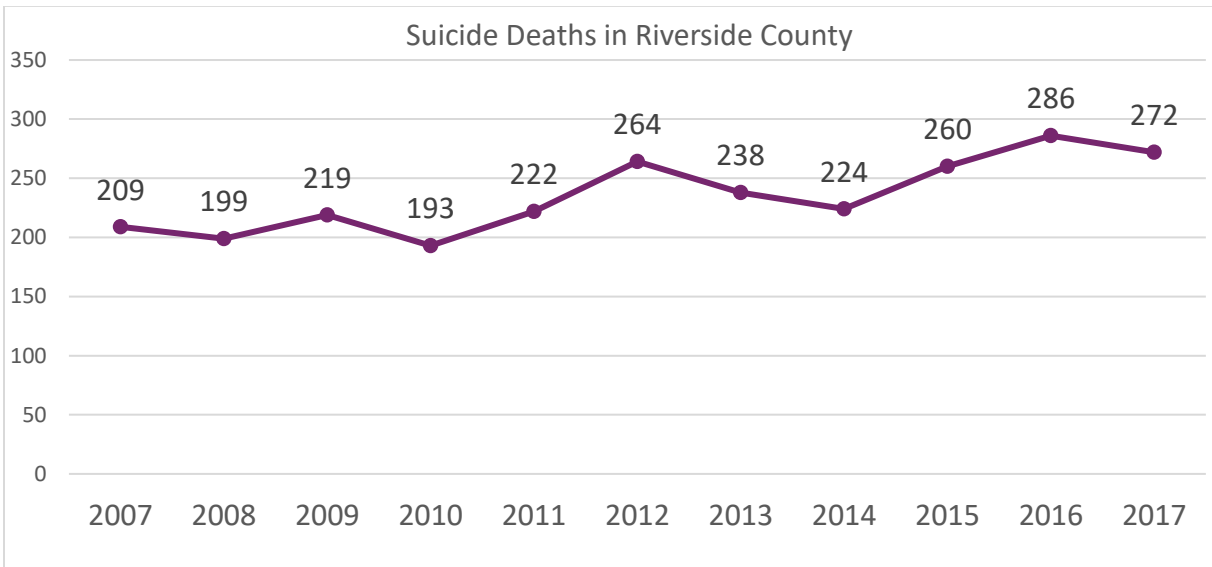
30%
Increase in suicide deaths
between 2007 and 2017 in Riverside County

2007 to 2017:
2,586 people died by suicide in
Riverside County

2017:
11 people per 100,000 died by suicide in
Riverside County and California

17%
Population growth in Riverside County between
2007 and 2017

In 2007, Riverside County's population was **2,044,976** and by 2017 the population had increased by more than 300,000 to **2,389,723**.

When looking at gender in terms of suicide deaths in Riverside County (Figure 6), males die by suicide more frequently than females. Between the years of 2007 and 2017, males accounted for 77% of suicide deaths whereas females accounted for 23% of suicide deaths.

Figure 6.

Source: CDPH Vital Statistics Death Statistical Master Files

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

Proportion of Suicide Deaths and County Population

Caucasian • Black • Hispanic • American Indian • Asian/PI
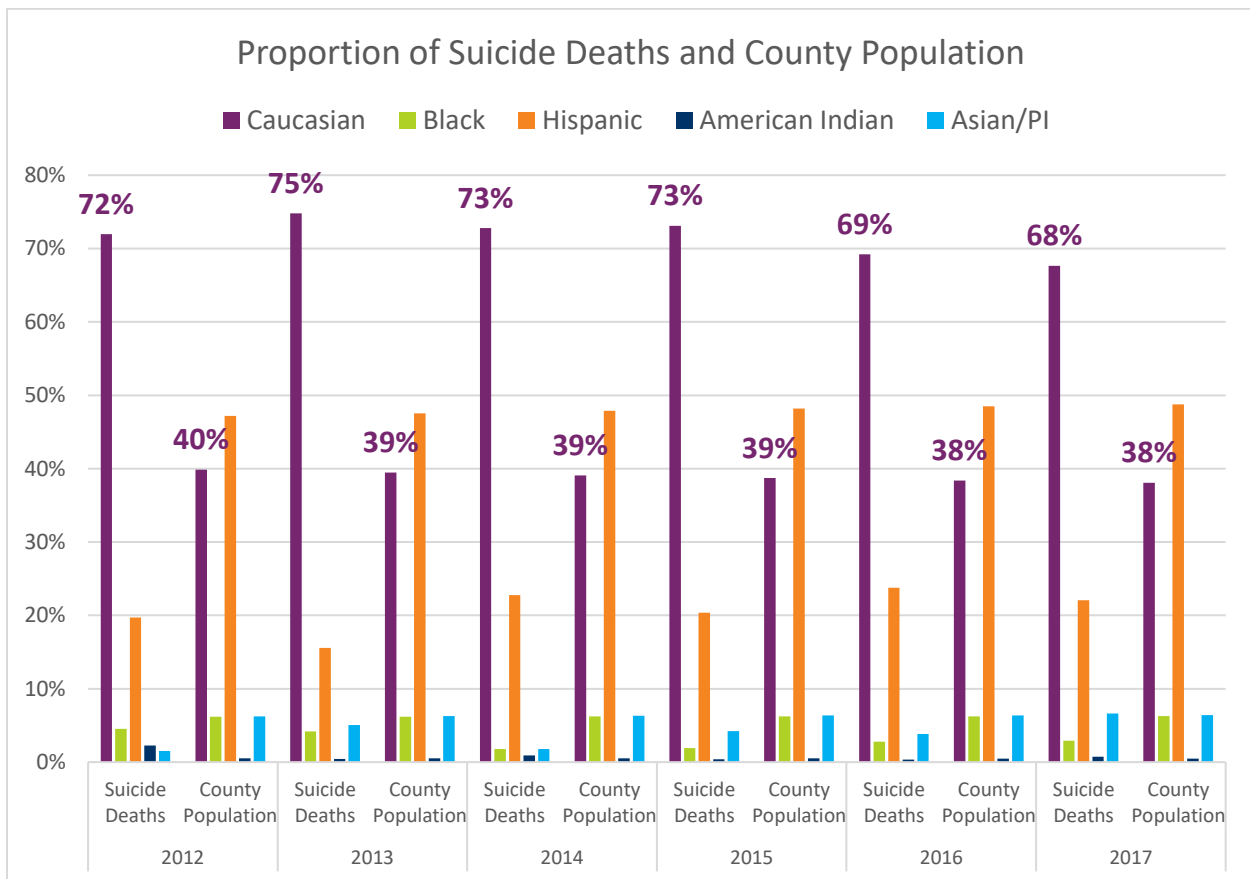
Caucasian and Hispanic/Latinx populations comprise the two highest racial/ethnic groups in Riverside County impacted by suicide deaths. Caucasians are disproportionately impacted by suicide deaths, compared to the population. Caucasians, on average, make up 38% of the population but account for 72% of suicide deaths. For more detailed suicide death numbers by race/ethnicity, please refer to Appendix 1.

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Figure 8. Source: CDPH Vital Statistics Death Statistical Master Files

Suicide Death by Age

Legend: ■ 0-15 ■ 16-25 ■ 26-59 ■ 60+

Year	60+	26-59	16-25	0-15
2012	29%	56%	14%	1%
2013	34%	53%	10%	3%
2014	25%	59%	13%	2%
2015	35%	49%	15%	1%
2016	35%	53%	10%	2%
2017	29%	55%	14%	1%
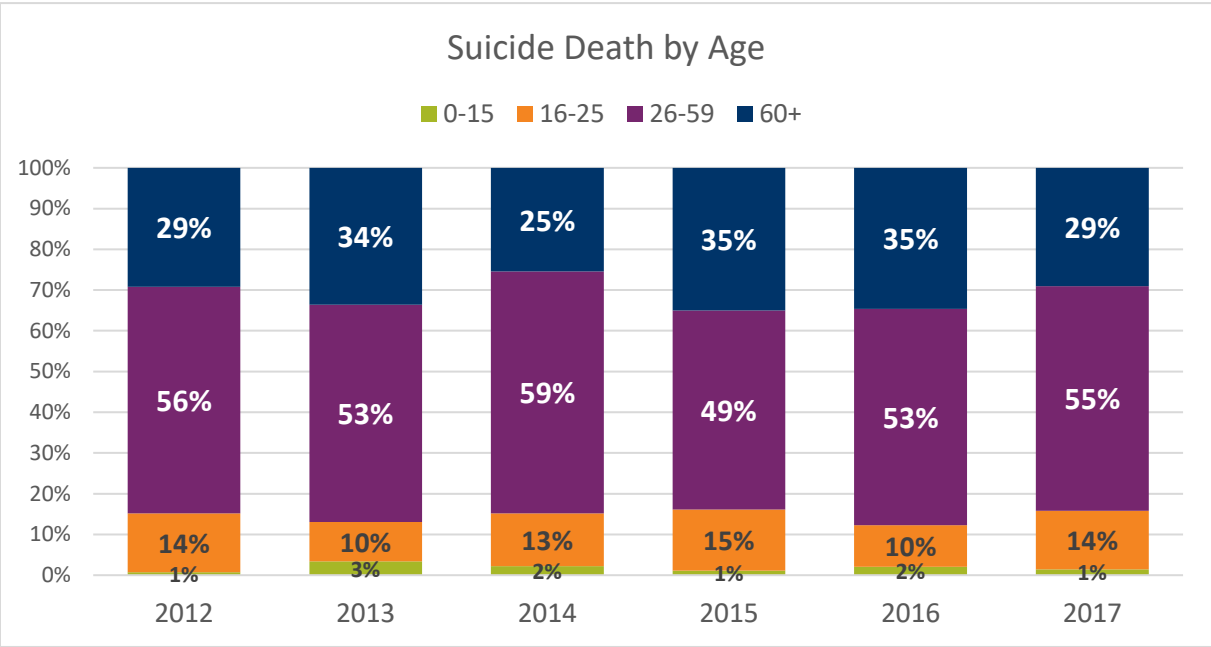
Adults (age 26-59) make up approximately 43% of Riverside County's population. However, they account for 54% of suicide deaths on average. When looking at the Older Adult population (age 60+), which represents 17% of Riverside County's population they comprise approximately 31% of all suicide deaths in Riverside County. Whereas TAY (age 16-25), make up approximately 15% of the population, but account for 13% of suicide deaths in Riverside County.

Figure 9. Source: CDPH Vital Statistics Death Statistical Master Files

Means of Suicide Death

Legend: ● Cut/Pierce ● Firearm ● Hanging/Suffocation ● Jump ● Poisoning

Year	Firearm	Hanging/Suffocation	Poisoning
2007	101	54	41
2008	90	52	44
2009	93	69	42
2010	70	59	44
2011	87	64	48
2012	98	83	62
2013	110	62	44
2014	85	71	50
2015	101	88	49
2016	103	93	57
2017	93	96	51
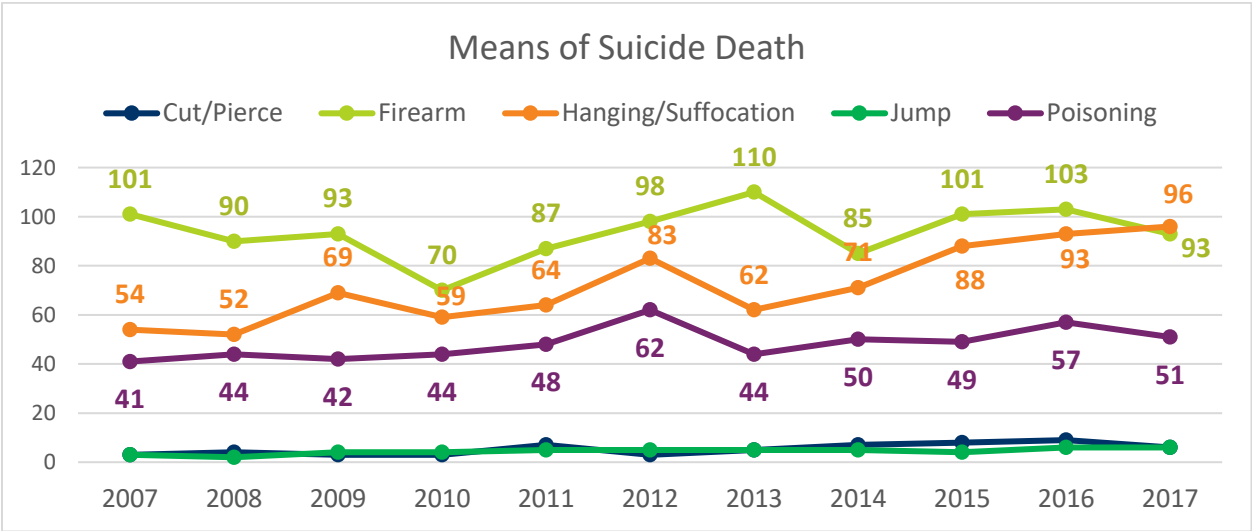
In Riverside County, firearms has been the most often used means for suicide death. There has been a noted upward trend of hanging/suffocation deaths (this does not include drowning).

Suicide Attempts

Figure 10 details the overall numbers of suicide attempts in Riverside County. Suicide attempts are defined as injuries that are purposely self-inflicted with the intent of dying. From 2006 to 2014, suicide attempts resulting in an emergency room visits and hospitalizations increased by 19%.

Figure 10. Source: California Office of Statewide Health Planning and Development, Emergency Department Data

Suicide Attempts In Riverside County

Year	Value
2006	2,670
2007	2,787
2008	2,904
2009	2,911
2010	2,740
2011	2,494
2012	2,824
2013	2,919
2014	3,165
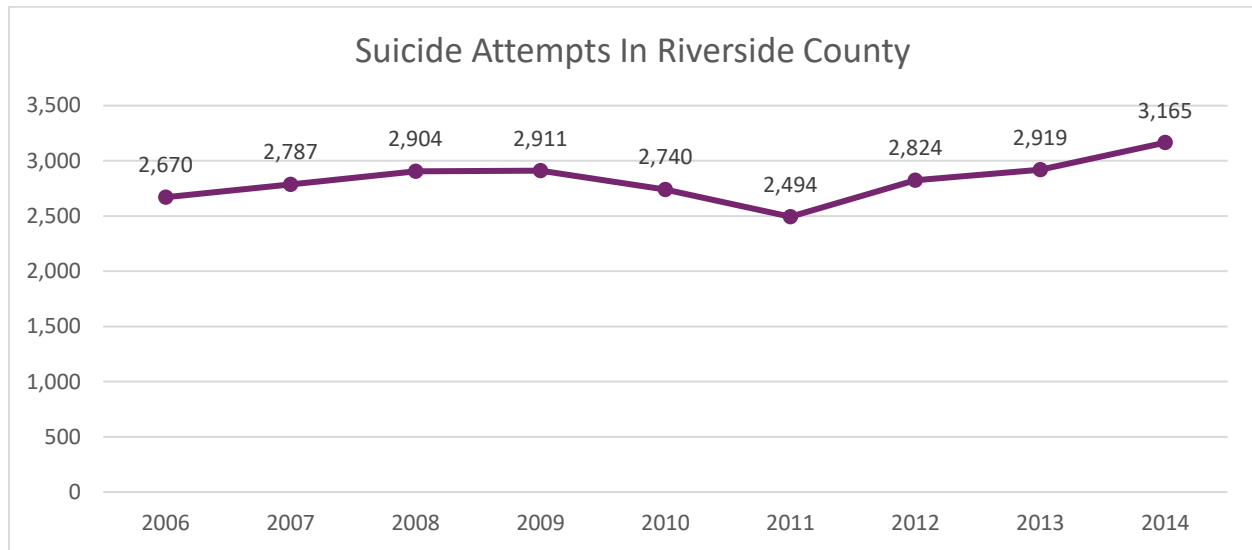
As previously noted, data regarding suicide deaths in Riverside County revealed that more males die by suicide than females. However, when looking at suicide attempts this data revealed an opposite trend – more females attempt suicide than males. Females typically make up 59% of suicide attempts.

Figure 11. Source: California Office of Statewide Health Planning and Development, Emergency Department Data

Suicide Attempts in Riverside County by Gender

Male — Female

Year	Female	Male
2006	1,590	1,080
2007	1,631	1,156
2008	1,718	1,186
2009	1,676	1,235
2010	1,557	1,183
2011	1,439	1,055
2012	1,692	1,132
2013	1,689	1,230
2014	1,906	1,259

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Figure 12. Source: California Office of Statewide Health Planning and Development, Emergency Department Data

Suicide Attempts by Race/Ethnicity in Riverside County

Legend: Caucasian — Black/African American — Hispanic/Latinx — Native American — Asian/PI

Year	Caucasian	Black/African American	Hispanic/Latinx
2006	1,791	174	673
2007	1,915	165	668
2008	1,755	209	896
2009	1,693	259	910
2010	1,646	217	828
2011	1,494	205	749
2012	1,674	215	864
2013	1,669	249	947
2014	1,807	284	1,009

Looking at these suicide attempts by race/ethnicity, again we see the highest trend among Caucasians. There has been a steady increase over the years of suicide attempts for Hispanic/Latinx and Black/African American communities.

Figure 13. Source: California Office of Statewide Health Planning and Development, Emergency Department Data

Suicide Attempts by Age in Riverside County

Legend: 10-14 — 15-19 — 20-24 — 25-29 — 30-34 — 35-39 — 40-44 — 45-49

Year	10-14	15-19	20-24
2006	180	635	344
2007	137	555	362
2008	160	588	409
2009	151	600	381
2010	144	528	398
2011	131	467	353
2012	181	572	411
2013	226	622	431
2014	295	733	433

Unlike suicide deaths, in which adults and older adults are represented at higher frequencies, 15-19 year old youths are the largest population represented in suicide attempts. An increase in suicide attempts for ages 10-14 and 20-24 has also been noted.
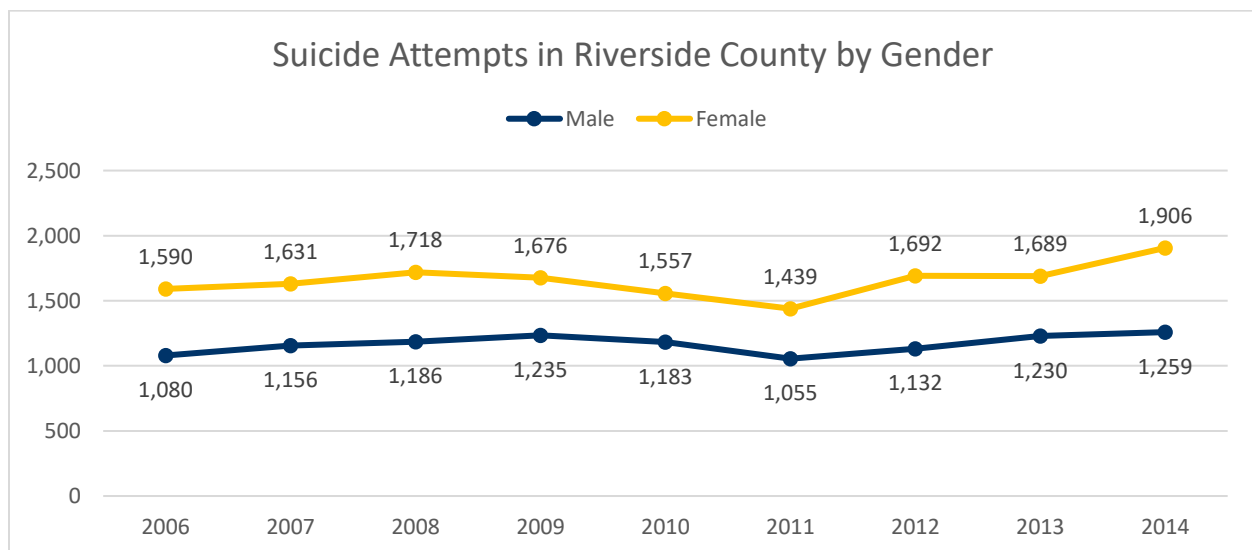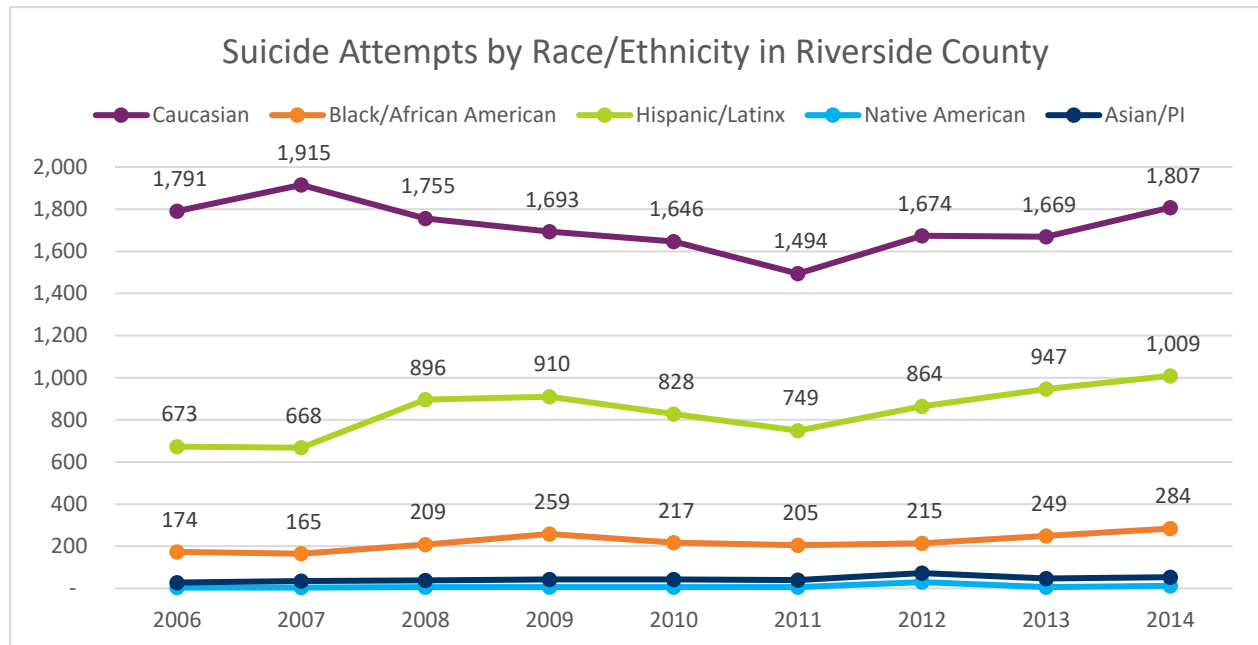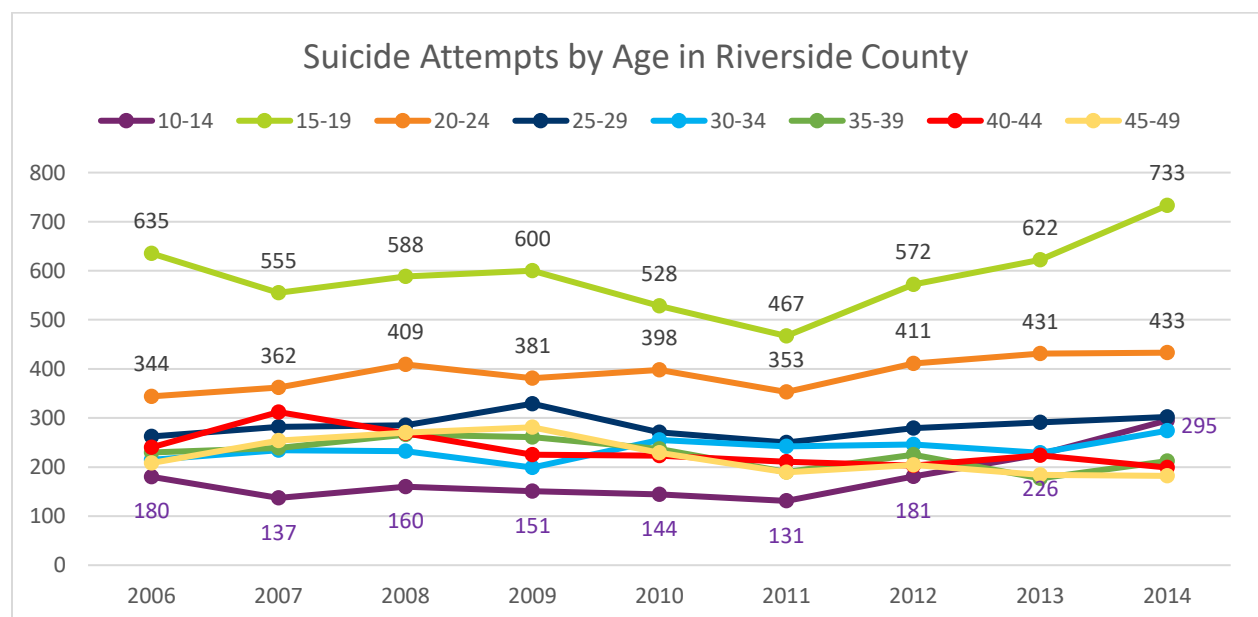
Figure 14. Source: California Office of Statewide Health Planning and Development, Emergency Department Data

Proportion of Suicide Attempts by Means in Riverside County
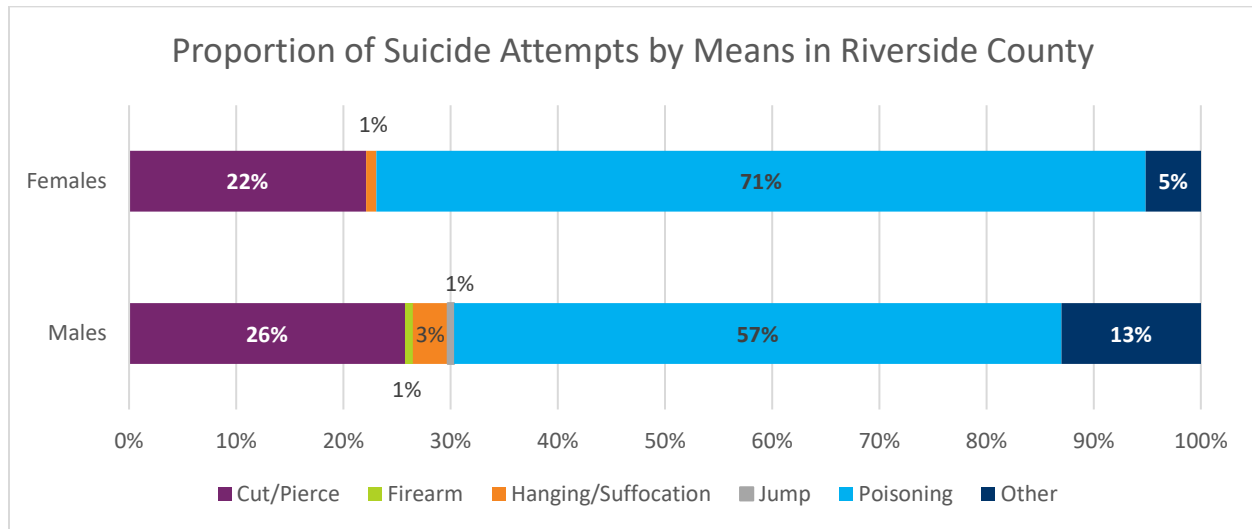

On average, poisoning was the most frequently reported means of non-fatal self-inflicted injury by emergency department and hospital staff in Riverside County, with an average of 1,845 people per year (2006-2014).

Suicidal Ideation

The California Health Interview Survey (CHIS) is a random-dial telephone survey that provides population-based, standardized health-related data from households selected from all 58 counties in the state. The survey is designed to provide information on the physical and mental health status of California's adults and children. In the mental health section of the survey, adults were asked: "Have you ever seriously thought about suicide?" The following information is from the CHIS 2017-2018 measurement period through the www.ShapeRivCo.org website.

Figure 15. (CHIS, Shape.rivco.org)
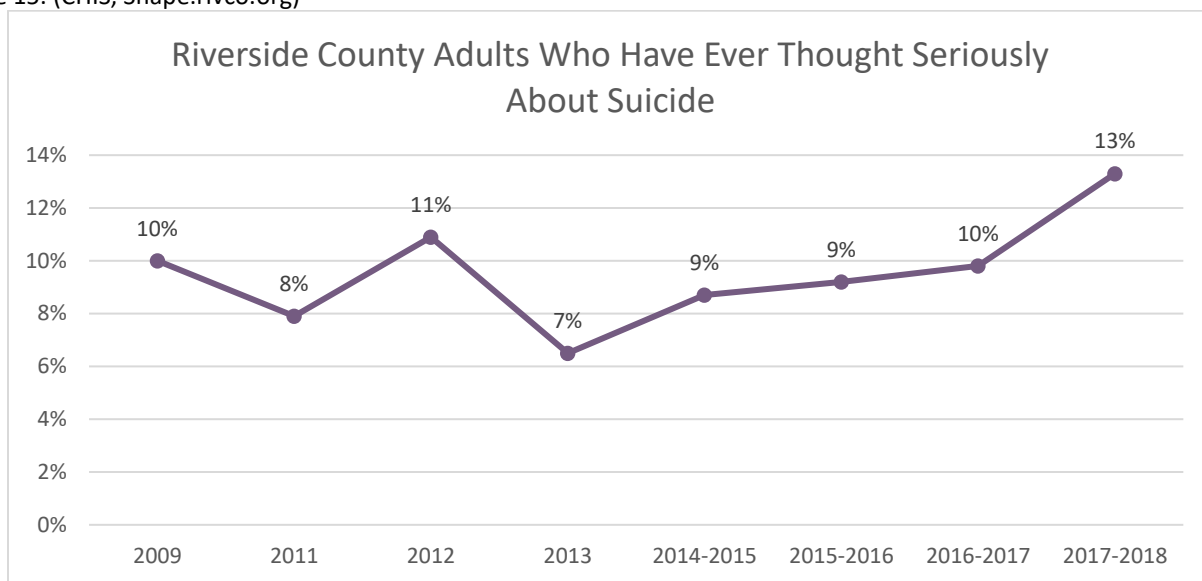
In Riverside County between 2009 to 2017-2018, the percentage of adults who reported ever having thought seriously about suicide has varied over time from a low of 7% in 2013 to a high of 13% in 2017-2018. The trend has been increasing, but not significantly. Based on 2017-2018 responses, Riverside County was slightly higher (13%) than the state average of 12.5% responding having ever seriously thought about suicide.

During 2017-2018, 16.9% of adults between the ages of 25-44 reported having ever seriously thought about suicide, which was higher than the overall 13 % for Riverside County. Additionally, 23.7% of 18-24 year-olds reported having ever seriously thought about suicide which is also higher than county average. When looking at gender, 14.8% percent of females and 11.7% of males (adults) in 2017-2018 reported having ever thought seriously about suicide.

Table 1 (CHIS, Shape.rivco.org)

Riverside County Adults Who Have Ever Thought Seriously About Suicide 2017-2018	
Age	**Percent**
18-24	23.7%
25-44	16.9%
45-64	10.8%
65+	7.2%
Gender	**Percent**
Female	14.8%
Male	11.7%
No significant differences between groups (for age and gender)	

Impact on Youth

The CalSCHLS Survey (formerly known as *California Healthy Kids Survey*) provides self-reported data from students on a variety of socio-emotional topics including mental health and suicide.

According to statewide student responses from the CalSCHLS survey (2015-2017)[6]:

- About 2 in 5 female students (39-42%) in 9th and 11th grade reported feelings of chronic sadness or hopelessness

- Approximately 1 in 5 male students *(18-23%)* in 7th, 9th and 11th grade reported chronic sadness or hopelessness

- **16% of all students** reported ***having considered suicide*** in the previous 12 months:

  - **20-22% of females** (approximately **1 in 5**) considered suicide during previous 12 months
  - **10-11% of males** (approximately **1 in 10**) considered suicide during previous 12 months

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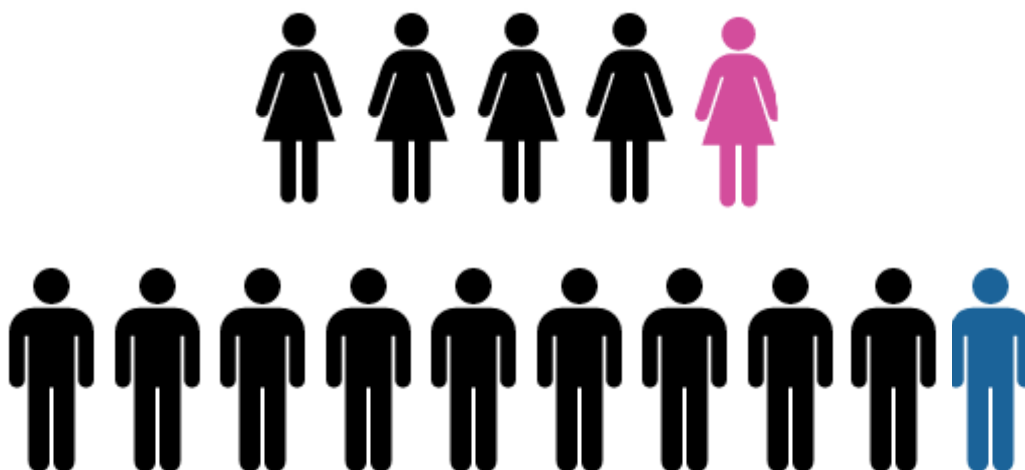
[6] CalSCHLS Student Survey 2015-2017: https://calschls.org/reports-data/public-dashboards/

Basis for Suicide Prevention in Riverside County

Three Levels of Intervention

Starting at the outer layer, the Suicide Prevention Strategic Plan Framework address three levels of intervention. These interventions help to guide our focus in utilizing the different identified strategies:

- **Universal**: Targeted to the community at large and aim to reduce suicide risk by strengthening protective factors, increase confidence of those in the community to recognize warning signs, promote local resources, and to encourage help seeking. For example, public awareness campaigns, outreach and programs that foster connectedness and problem solving.
- **Selective**: Focused on individuals at higher risk for suicide by establishing effective screening and intervention protocols, strengthening protective factors and reducing risk factors. For example, programs that target certain groups with more potential for exposure to risk factors for suicide, such as first responders due to exposure to trauma and other occupation-based risks.
- **Indicated**: Targeted to individuals currently experiencing thoughts of suicide, or following a suicide attempt or exposure to a suicide loss. For example, follow-up programs after a suicide attempt, therapy and effective treatment.

Figure 15.

Framework for Suicide Prevention in Riverside County

As we move in to narrow our focus on the ten strategies that are central to Riverside County, the Suicide Prevention Strategic Plan Framework utilizes the Suicide Prevention Resource Center's Framework for Suicide Prevention as the second layer combined with the three levels of intervention. This layer helps to understand where different levels of intervention are applied, to map community resources, identify existing strengths/assets, and to distinguish gaps. The ten central strategies are found with more detail in the Strategic Approaches section.

- **Upstream**: Increases connectedness, life skills, resiliency, social-emotional learning and help-seeking. May help to prevent suicide risk. Helps community members to be more resilient when faced with adversity and know where to get support. This is in alignment with the efforts of the Riverside Resilience Initiative, which targets Adverse Childhood Experiences (ACEs) and Adverse Community Experiences and Resilience (ACERs), in order to address trauma that may increase risk factors related to suicide.
- **Prevention:** Being able to identify signs and symptoms of suicide and increasing knowledge in how to assist individuals who are experiencing thoughts of suicide.
- **Intervention**: Care and response to an individual in distress and in need of support. An appropriate response to someone who is having thoughts of suicide or after a suicide attempt. Providing appropriate interventions and linkages to care to these individuals at the appropriate level in the least restrictive settings.
- **Postvention**: Interventions that focus on suicide loss survivors after a suicide death of a loved one (e.g., family/friends who have lost someone to suicide).

The *Suicidal Crisis Path Model* (Figure 16) helps to conceptualize an individual's suicidal experience. "The model integrates multiple theoretical approaches and frameworks including Crisis Coping Theory and in doing so, provides a framework for how to match intervention approaches with the timing, risk factors, and protective factors that would be the mechanisms to prevent a suicide from happening."[7]

The Suicide Prevention Resource Center (SPRC) recommends nine strategies are utilized to ensure that suicide prevention efforts are comprehensive in their approach. The strategies focus on broad goals that can be achieved through various activities customized to fit the needs of specific communities.

The Suicide Prevention Resource Center's *Comprehensive Approach to Suicide Prevention* includes the following strategies:

- **Enhance Life Skills and Resilience:** Assist people in building life skills such as critical thinking, stress management and coping to increase protective factors and reduce impacts from risk factors.
- **Promote Social Connectedness and Support**: Supportive relationships and helping people to feel connected can limit impact of risk factors and protect individuals.
- **Increase Help-Seeking**: Help individuals to recognize when they need help, increase their awareness of where to find support can reduce barriers to people reaching out for help in times of distress and prior to times of crisis.
- **Identify and Assist Persons at Risk**: Raise awareness through education, trainings and messaging campaigns to assist in identifying people in need and connecting them to the appropriate support.
- **Ensure Access to Effective Mental Health and Suicide Care and Treatment**: Ensuring individuals experiencing thoughts of suicide have access to timely and effective care.
- **Respond Effectively to Individuals in Crisis**: Provide a full continuum of care for individuals in distress to help ensure that people are receiving the appropriate level of care in the least restrictive setting.
- **Support Safe Care Transitions and Create Organizational Linkages**: Ensure that individuals who have been treated for suicide risk have uninterrupted care transitions.

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[7] Lezine, D.A. & Whitaker, N.J., Fresno County Community-Based Suicide Prevention Strategic Plan, 2018

- **Provide for Immediate and Long-Term Postvention**: Develop postvention plans to provide effective and compassionate care for those impacted by suicide deaths.
- **Reduce Access to Lethal Means**: Prevent individuals who are experiencing thoughts of suicide from accessing or obtaining lethal means to use in a suicide attempt.

When combining the SPRC's *Comprehensive Approach to Suicide Prevention* with the *Suicidal Crisis Path* to the three levels of intervention, we can begin to identify what potential programs and interventions to implement and how they can be most effective.

Figure 16.
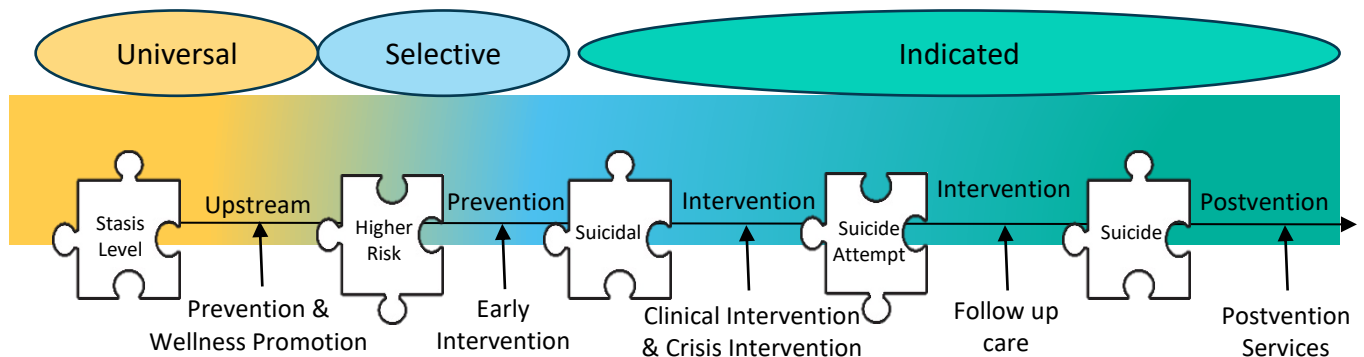
The programs and activities designed to stop someone's progression along the suicidal crisis path are called "interventions." The public health framework used here identifies which populations the interventions address. "Universal" interventions are for the community at large. "Selective" interventions are delivered to individuals at a higher risk for suicide. "Indicated" interventions apply with individuals who currently experience a suicidal crisis.

Addressing Suicide Risk at Different Steps along the Suicidal Crisis Path

Figure 17.
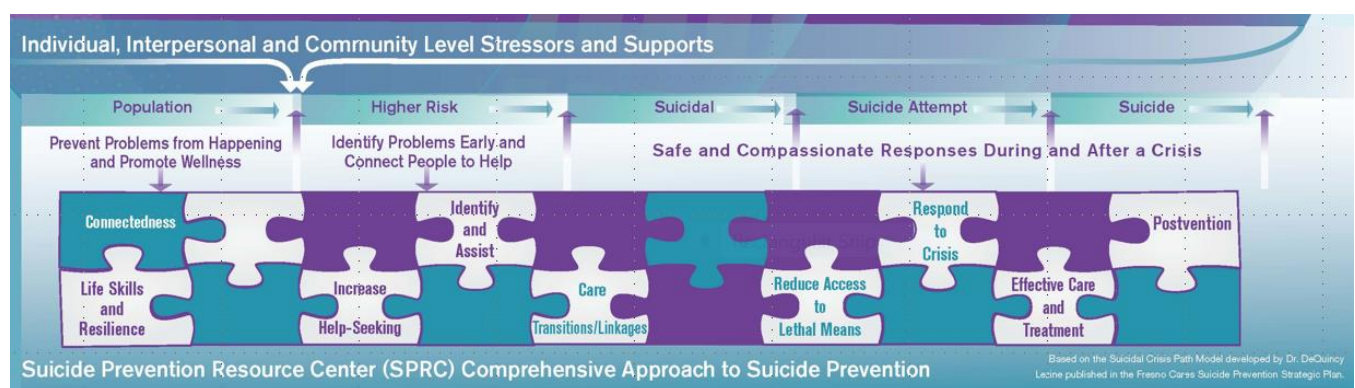
Population Level Strategies: Promoting Connectedness and Resiliency
Activities and strategies at the population level aim to increase resiliency and connectedness and focus on both the individual and community levels. For example, implementation of Social Emotional Learning for school-age youth has demonstrated to strengthen life skills such as help-seeking thereby decreasing suicide risk later in life. Additionally, programs focused on all ages that teach skills related to coping such as critical thinking and conflict

resolution, support individuals in navigating life stressors such as family or economic issues with greater resiliency, again reducing risk of suicide thoughts and behaviors. Ultimately, we need to change the way our systems interact with the community so that community members have access to resources to support mental health and wellbeing.

Improving connectedness at the community level can also assist in preventing the development of suicidal thoughts by strengthening a sense of belonging and support. According to the CDC, close and supportive interpersonal relationships may also discourage individuals from adopting maladaptive behaviors such as substance abuse. Research has found that the higher number of friends an individual has, the high frequency of social contact and low levels of isolation and loneliness serve as protective factors against suicidal thoughts and behaviors in both adolescents, young adults, and older adults[8,9].

Higher Risk: Expanding Supports to Individuals and Communities Impacted by Elevated Risk
Various life stressors can be attributed to moving an individual down the crisis path to elevated or higher risk for suicide. Stressors that increase suicide risk are experienced at the individual level but often are shared by multiple individuals who identify with a specific population. Therefore, strategies to respond to higher risk individuals can be targeted towards specific populations, but also need to be able to be tailored to individual needs while also addressing barriers to receiving help and support. Strategies and supports focus on reducing risk factors (e.g. mental illness, substance use, adverse childhood experiences) and strengthening protective factors.

Suicidal: Identifying and Supporting Individuals Experiencing Thoughts of Suicide
If individuals continue down the Suicidal Crisis Path and begin experiencing thoughts of suicide, there are a variety of strategies to identify those in need and get them to effective care and support. A key component is to empower individuals to seek help for themselves by alleviating self-stigma related to seeking help for thoughts of suicide and educating community to know where to get help. Another important element is to assist individuals to identify people in suicidal distress by recognizing warning signs, to empower them to ask directly about thoughts of suicide and educate community members about where to get help. Public awareness campaigns and trainings that educate community members about warning signs of suicide and how to access help and support can bolster a community's ability to identify those at risk and connect them to help.   An effective system of care therefore begins with proper screening and assessment for suicide risk. As part of a continuum of care, crisis lines, mobile crisis teams, stabilization units outside of emergency room can support a system that address individuals needs by helping to effective screen for suicide risk and connect to the appropriate level of care and in the least restrictive setting.

Another common gap in the continuum of care for individuals experiencing thoughts of suicide is not receiving mental health care and support that addresses suicidality specifically instead of simply hoping to reduce thoughts of suicide by treating symptoms of mental health. As noted in a report released by the Center for Disease Control, more than half of people who die by suicide do not have a known mental health condition[10]. There are however four evidenced-based treatments that have been shown to be effective as models for ongoing care for individuals experiencing thoughts of suicide at various levels of risk[11]. As part of a comprehensive to suicide prevention, it is important to support the implementation and expansion of training for mental health profession to provide

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[8] Donald, M, Dower J, Correa-Velez I, Jones, M. Risk and protective factors for medically serious suicide attempts: a comparison of hospital-based with population-based samples of young adults. Aust N Z J Psychiatry 2006;40:87–96.
[9] Bearman PS and Moody J. Suicide and friendships among American adolescents. Am J Public Health 2004 94:89–95.
[10] Centers for Disease Control and Prevention (2018). Vital Signs: Suicide rising across the US. https://www.cdc.gov/vitalsigns/suicide/
[11] Jobes DA, Chalker SA. One Size Does Not Fit All: A Comprehensive Clinical Approach to Reducing Suicidal Ideation, Attempts, and Deaths. Int J Environ Res Public Health. 2019;16(19):3606. Published 2019 Sep 26. doi:10.3390/ijerph16193606, https://www.ncbi.nlm.nih.gov/pubmed/31561488

ongoing care for individuals experiencing thoughts of suicide with treatments and supports that have shown effectiveness in reducing suicide risk.

Support Following a Suicide Attempt
The weeks and months following a suicide attempt are frequently ones with elevated risk. We know today that a 48 hour and or 72-hour hold may keep an attempt survivor safe for a short while, but in fact does not necessarily mitigate the desire to die. Research demonstrates that risk is elevated particularity in the first few weeks and month following an attempt, therefore a follow-up plan should be implemented no later than the first week and continuing during the first year.

There is promising evidence for continuity of care or caring contacts approaches, which follow-up with a discharged patient with phone calls, letters, postcards, text messages or in-person visits to follow-up on treatment, and to remind patients that providers care. Potential benefits include reduced suicidality and/or attempts, reduced hospital re-admissions and return visits to the emergency department, cost savings to the hospital system. Caring contacts fit well within safety planning and brief interventions. By expanding partnerships within and outside of the healthcare setting, communities can decrease suicide risk for individuals that have survived a suicide attempt. Implementation of Suicide Attempt Survivor Support Groups and other peer-based services and availability of clinicians trained in suicide risk specifically, can help to move attempt survivors towards feeling connected and empowered.

After a Suicide: Understanding Postvention
Postvention is prevention: a significant number of people exposed to suicide can be at higher risk for negative and long-term mental health consequences, including increased risk of suicide themselves[12]. The complicated grief that occurs after exposure to suicide can include painful and confusing emotions such as guilt, shame, anger, and blame that intensifies grief. Postvention offers support and healing to loss survivors that can increase protective factors and mitigate negative outcomes therefore reducing further potential risk.

Postvention is defined as an organized response after a suicide death with three main goals:
- Promote healing and support to individuals, groups and communities impacted by a suicide death.
- Mitigate other negative effects of exposure to suicide, including the risk of contagion.
- Prevent suicide among people who are at high risk after exposure to suicide.

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[12] Young, Ilanit & Iglewicz, Alana & Glorioso, Danielle & Lanouette, Nicole & Seay, Kathryn & Ilapakurti, Manjusha & Zisook, Sidney. (2012). Suicide bereavement and complicated grief. Dialogues in Clinical Neuroscience. 14. 177-186.

Data on the Impact of Suicide

The impact of a suicide death is devastating to families, friends, and others close to the person who died, and can ripple out to affect whole communities. The Continuum Model of Suicide Exposure (Figure 18) groups those impacted by suicide into four nested tiers. The relationship of the survivor does not determine the impact; risk can also increase among people exposed to the suicide who were not related to the person who died. Each category suggests different mechanisms of postvention support to promote healing and reduce the negative consequences such as suicide risk.

Figure 18.
The Continuum Model: Effects of Suicide Exposure
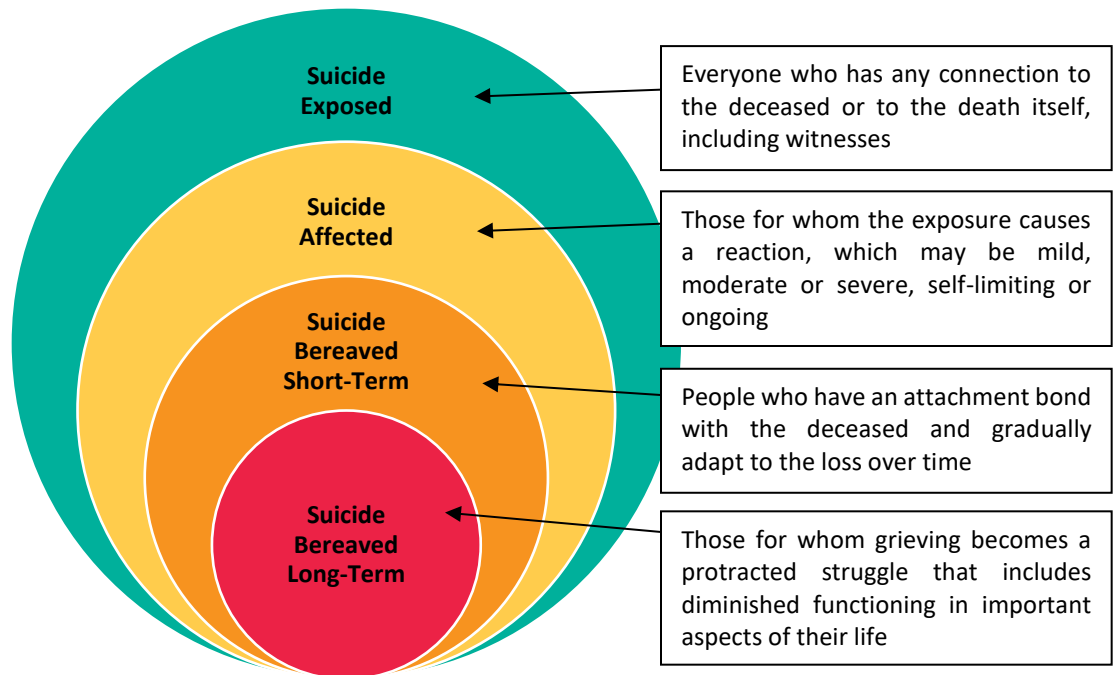
Just as no two grief experiences after a suicide death are the same, no one means of offering support after suicide will help everyone who may be impacted by the death. Postvention includes a range of strategies, from immediate response after a suicide death to ongoing support for loss survivor.

Strategic Approaches

This section provides a description of each strategic approach identified through existing research on what has been effective in reducing suicide thoughts, attempts and deaths, as well as references to Riverside County suicide- related data and resource mapping efforts. The main goal of these strategic approaches is to reduce the occurrence of suicidal thoughts, suicide attempts, and suicide deaths in Riverside County. Suicide death is not only an issue of concern in Riverside County, but on a national level suicide is the 10th leading cause of death for all Americans (CDC, 2017).

The identified strategies are central to the Strategic Plan. These 10 strategies came from stakeholder workgroup meetings, existing evidence and Riverside County data. The recommendations that support these strategies focus on filling in the identified gaps along the Suicidal Crisis Path. The Strategic Plan will evolve as sub-committees/workgroups form in order to support the strategic approaches. Feedback from future stakeholder workgroups will inform updates to the Strategic Plan's approaches, objectives and activities to reflect the needs of Riverside County.

The ten strategic approaches are:

1. Building Infrastructure and Support
2. Healthy and Connected Communities
3. Promoting Resiliency
4. Engaging Schools
5. Expansion and Integration of Suicide Prevention in Health Services
6. Effective Messaging and Communications
7. Trainings: Identification, Intervention and Ongoing Care
8. Means Safety
9. Postvention Services (After a Suicide Death)
10. Measuring and Sharing Outcomes

Building Infrastructure & Support

Definition
Creating leadership and partnerships with public and private cross-sectoral representation in order to manage assets, resources and guide implementation of the strategic plan.

Rationale
Infrastructure, such as a coalition, is necessary in order to accomplish a common goal across the county. The goal for this coalition in Riverside County is to work toward reducing suicidal ideation, suicide attempts, and suicide deaths. The ultimate, long-term goal of the coalition is to achieve zero incidents of suicide deaths in the County. In order to track progress and adjust course as needed, there must be oversight and accountability, as well as a mechanism for reporting outcomes.
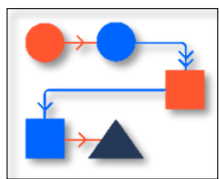
It has been recognized that coalitions operating under a common understanding of guiding principles are successful in meeting their goals. The guiding principles for Riverside County's coalition will be:

- Have mutual respect and understanding of ideas and points of view.
- Derive data-driven decisions when determining directions for goals, objectives, and activities.
- Demonstrate a willingness to compromise.
- Work toward developing more cohesive and comprehensive strategies, requiring continuous coordination and communication (to avoid unnecessary duplication).
- Pool resources in order to accomplish tasks, which would not be possible to accomplish with a single entity.
- Increase communication to break down silos and create/build alliances to help work toward the common goal.
- Persist with the long-term goal in mind in order to create permanent, social change.
- Unify efforts to build community-wide suicide prevention initiatives.

Recommendations
- Develop a governing body to help provide oversight and accountability to the strategic plan.
- Organize subcommittees/workgroups to execute strategic approaches.
- Develop an annual reporting mechanism in order to provide stakeholders with updates on progress toward meeting stated objectives.

Currently in Place
There is no established infrastructure in place to oversee strategic approaches addressing suicide prevention in Riverside County.

Alignment with State Suicide Prevention Strategic Plan
- Strategic Aim 1, Goal 1: Enhance visible leadership and networked partnerships

Healthy and Connected Communities

Definition
Promote effective programs and practices that reduce suicidal behaviors and support wellness and recovery by increasing social engagement and access to peer support services.

Rationale
What is connectedness? According to the Centers for Disease Control (CDC), it is "the degree to which a person or group is socially close, interrelated, or shares resources with other persons or groups." The CDC emphasized the importance of social connectedness in their 2017 strategic direction for preventing suicide behavior. "Connectedness and social capital together may protect against suicidal behaviors by decreasing isolation, encouraging adaptive coping behaviors, and by increasing belongingness, personal value and worth, to help build resilience in the face of adversity. Connectedness can also provide individuals with better access to formal supports and resources, mobilize communities to meet the needs of its members and provide collective primary prevention activities to the community as a whole."[13]

A study cited the importance of peer-run services/organizations in regard to college students. The "findings suggest that student peer organizations that use a combination of individual, small-group and large-scale education programs can meaningfully influence not only students' perceived knowledge and attitudes, but also their behaviors within a single academic year."[14] Furthermore, "student-run organizations aimed at teaching peers about mental health issues may be instrumental in shaping a more-supportive climate toward mental health issues"[14] and, in turn, a more healthy and connected community.

Stakeholders identified through resource mapping that youth and young adult populations had more programming and opportunity for involvement and community connection. However, Adults and Older Adults (age 26-59) make up approximately 43% of the population and account for 54% of all suicide deaths in Riverside County. A need for extra supports for various populations, including Older Adults, to promote connectedness and increase protective factors is necessary to help reduce suicide in Riverside County.

Recommendations
- Identify community needs for managing stressors and building resiliency.
- Implement and expand programs that enhance connectedness and engagement to increase protective factors and decrease risk factors.

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[13] Stone, D.M., Holland, K.M., Bartholow, B., Crosby, A.E., Davis, S., & Wilkins, N. (2017). Preventing suicide: A technical package of policies, programs, and practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

[14] Sontag-Padilla, L., Dunbar, M.S., Ye, F., Kase, C., Fein, R., Abelson, S., Seelam, R., & Stein, B.D., (2018) *Strengthening college students' mental health knowledge, awareness, and helping behaviors: the impact of Active Minds, a peer mental health organization*. Journal of the American Academy of Child & Adolescent Psychiatry, 2018-07-01, Volume 57, Issue 7, Pages 500-507.

- Establish peer support networks for at-risk populations.
- Promote mental health awareness and stigma reduction campaigns to increase ability to access help.

Currently in Place
The importance of peer-run services has been recognized in Riverside County, as evidenced by the incorporation of a peer model in nearly every program offered to the community. Further development of the peer model is viewed as vital in creating a more supportive and connected community. Additionally, there are numerous programs offered by community-based organizations (e.g., Boys and Girls Club), church and faith groups (e.g., Women's and Men's faith groups, Summer Splash program for kids), senior centers and schools that serve to promote community connection.

Each Mind Matters and Up2Riverside are media campaigns in Riverside County that promote mental health awareness and stigma reduction. Campaign messaging reaches the broader community, and has also been tailored to focus on groups with increased risk through narrowcasting.

Alignment with State Suicide Prevention Strategic Plan
- Strategic Aim 2, Goal 6: Increase connectedness between people, family members, and community

Promoting Resiliency

Definition
Promote effective programs and practices that enhance protective factors by teaching coping and problem solving skills, and strengthening internal supports that promote resilience.

Rationale

Research shows that evidence-based programs that teach coping and problem-solving skills as a first line of defense are effective in promoting protective factors that guard against depression and suicide risk. The CDC recognizes the importance of building these life skills, "to [prepare] individuals to successfully tackle every day challenges and adapt to stress and adversity. Life skills encompass many concepts, but most often include coping and problem-solving skills, emotional regulation, conflict resolution, and critical thinking. Life skills are important in protecting individuals from suicidal behaviors."[15]

Recommendations
- Expand trainings and programs that build resiliency through improving critical thinking, communication skills, conflict resolution, help-seeking and coping.
- Ensure programs are tailored to specific cultural norms values.
- Implement strategies to expand mental health literacy and reduce stigma to accessing mental health supports in formal and informal settings.

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[15] Stone, D.M., Holland, K.M., Bartholow, B., Crosby, A.E., Davis, S., & Wilkins, N. (2017). Preventing suicide: A technical package of policies, programs, and practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

In 2016 County leaders created Riverside Resilience with the purpose of empowering communities and systems to prevent and mitigate the effects of trauma. Over the past four years, Riverside Resilience has developed into a cross-sectoral collaboration committed to reducing the incidence of adverse childhood experiences and promoting positive community environments in order to improve health and education outcomes for children living in Riverside County. One of Riverside Resilience's focus areas is to educate county and community partners on trauma-informed practices and strategies for building resilience at the individual, organizational, and community levels.

Riverside County's Prevention and Early Intervention programs (funded through the Mental Health Services Act) focus on building resilience and enhancing protective factors. Programs offered range across the lifespan, and target underserved populations that historically lack access. There are approximately 34 Prevention and Early Intervention programs offered by contracted community-based organizations. Expansion, increased access, and promotion of such programs will have a positive impact on Riverside County residents' resiliency. Other programs in the County that promote resiliency are Employee Assistance Programs at worksites, Military OneSource for military members and their families, Department of Public Social Services (DPSS) programs and programs offered through the Juvenile Justice and District Attorney (e.g., GAME program, Youth Advisory Council, Youth Accountability Team).

Alignment with State Suicide Prevention Strategic Plan
- Strategic Aim 2, Goal 5: Empower people, families and communities to reach out for help when mental health and substance use disorder needs emerge

Engaging Schools

Definition

Promote the standardization and implementation of policies across districts to improve communication, collaboration and consistency of suicide prevention, intervention and postvention efforts. Create an environment in which schools can serve as a resource to the community and foster social emotional growth and connection.

Rationale

Schools are a primary location for children and adolescents to develop connections and build protective factors. Research shows that "school connectedness, which is felt to have positive influences on many types of adolescent behaviour, appears to also be both directly and indirectly protective for suicidality."[16] The protective factors of "school connectedness should be considered as a universal adolescent mental health strategy," as it was seen to have a positive impact on adolescents regardless of gender and those at risk and not at risk of depression. To address this need, supporting schools with implementation of Social Emotional Learning (SEL) and Mindfulness can be utilized to increase youth mental health and reduce suicide risk.

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[16] Langille, D. B., Asbridge, M., Cragg, A., & Rasic, D. (2015). Associations of school connectedness with adolescent suicidality: Gender differences and the role of risk of depression. *Canadian journal of psychiatry. Revue canadienne de psychiatrie*, *60*(6), 258–267.

In the state of California, Education Code Section 215 requires districts to adopt policies to address suicide prevention, intervention and postvention. Riverside County suicide attempt data shows a rise in the number of youth who have attempted suicide annually, therefore engaging youth where they are most often found is a logical place to start. Schools are seen as a key location to intervene in a number of ways (e.g., upstream, prevention, intervention and postvention) to help reduce suicide and increase protective factors.

Recommendations
- Consistent, standardized and effective implementation of Education Code Section 215 and other mental health policies across districts.
- Support implementation of evidence-based strategies such as Social Emotional Learning (SEL) and Mindfulness, to enhance youth academic achievement and wellness, decrease risky behaviors, and improve relationships with peers and teachers to increase student engagement and connectedness.
- Review existing suicide prevention youth programs and provide a recommended list to districts to facilitate that every school has at least one youth program on campus to increase youth engagement.

Currently in Place
A statewide effort to have schools implement current education code requirements is underway. In addition to policies, schools also strive to create positive environments with various research-based practices, such as: *Start with Hello: Sandy Hook Promise* and *Friday Night Live*. There are numerous evidence-based practices found on school campuses to help build protective factors such as Social Emotional Learning (SEL) curriculums and Positive Behavioral Interventions and Supports (PBIS). There is current partnership with Riverside County Behavioral Health and Public Health programs to provide on campus services to students and their families (e.g., Strengthening Families Program, Triple P, Peace4Kids, Cognitive Behavioral Intervention for Trauma in Schools, Seeking Safety, Coping and Support Training, Teen Suicide Awareness and Prevention Program, etc.).

Public Health and Behavioral Health are partnering on several new initiatives with local schools. Riverside Overdose Data to Action incorporates overdose/substance abuse prevention and resiliency training in schools and to link at-risk individuals to Behavioral Health Specialists on campus. Another initiative was started in the beginning of 2019 that involved collaboration and partnership with local school districts, Public Health, Behavioral Health, Health Assessment and Research for Communities (HARC), and Riverside County Office of Education (RCOE) in a Professional Learning Network (PLN) to develop a comprehensive and standardized suicide risk assessment tool to implement across districts to improve assessment strategies, interventions and prevention activities.

Furthermore, Directing Change is an opportunity for youth in schools (secondary education and college) to become involved in raising awareness of mental health and suicide prevention through 30- to 60-second Public Service Announcements. The annual film contest is sponsored by Each Mind Matters, with special recognition and award ceremonies at the State and County level.

Alignment with State Suicide Prevention Strategic Plan
- Strategic Aim 2, Goal 6: Increase connectedness between people, family members and community
- Strategic Aim 2, Goal 7: Increase the use of best practices for reporting of suicide and promote healthy use of social media and technology
- Strategic Aim 3, Goal 8: Increase detection and screening to connect people to services

Expansion and Integration of Suicide Prevention in Health Services

Definition
Promote suicide prevention as a core component of healthcare services to increase access to assessment, intervention, and care. Create continuity across the spectrum of emergency, in-patient, primary care, mental health and substance abuse services.

Rationale
Currently, Riverside County provides numerous suicide prevention and intervention services, as discovered in stakeholder resource mapping. However, there are gaps in the integration of suicide prevention services into the healthcare system. Another challenge noted in the stakeholder feedback was that different systems of care lack communication and collaboration around efforts related to suicide prevention and intervention, creating a "silo effect" and decrease in awareness of available services. Numerous research studies suggest that there is a need for integration of primary and behavioral healthcare. "The need to reach beyond the traditional boundaries of behavioral healthcare to address suicide the U.S. Surgeon General and the National Action Alliance for Suicide Prevention called for new efforts to establish suicide prevention standards and practices in and across key health care system settings such as primary care."[17] It was found that "[u]ltimately, through true collaboration, these integrated healthcare providers can reduce overall suicide rates."[17]

Additionally, services such as Mental Health Urgent Cares and Mobile Crisis Response Units are important components to the continuum of care related to suicide prevention and intervention. One study found that "people experiencing mental illness often have difficulties accessing timely ambulatory mental health care and this may contribute to the overreliance on the [Emergency Department] for nonemergency problems."[18] On average, 13.3% of adults in Riverside County have ever seriously thought about suicide. For these adults, such services "may address gaps in continuity of care between acute and ambulatory care services." Furthermore, when individuals lack coordination and continuity of care after an inpatient hospitalization or Emergency Department intervention, it is likely to contribute to repeat use of such services and potentially poorer clinical outcomes, including repeat suicide attempts and continued suicidal ideation.

Recommendations
- Improve continuum of care to provide effective follow-up care following suicide related services including sharing of information, transitions in care, and Memorandums of Understanding (MOU) to coordinate care.
- Expand number of mental health professionals receiving training and delivering evidenced based treatment models for reducing suicide risk in the ongoing care setting.
- Increase utilization and support of Mobile Crisis Response Units throughout Riverside County.
- Increase utilization and support of Mental Health Urgent cares in Riverside, Perris and Palm Springs.

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[17] Reed, J. (n.d.) Primary care: A crucial setting for suicide prevention. Retrieved from:
https://www.integration.samhsa.gov/about-us/esolutions-newsletter/suicide-prevention-in-primary-care#Feature
[18] Sunderji, N., de Bibiana, J. T., & Stergiopoulos, V. (2015). Urgent psychiatric services: A scoping review. *Canadian journal of psychiatry. Revue canadienne de psychiatrie*, *60*(9), 393–402.

As of January 1, 2020, screening for Adverse Childhood Experiences (ACEs) is a Medi-Cal covered benefit. RUHS FQHC's are currently screening for ACEs and connecting individuals to care.

Riverside County offers Mobile Crisis Response Teams throughout the County. Mental Health Urgent cares are also located in each region. The Youth Hospital Intervention Program (YHIP), offered through Riverside University Health System – Behavioral Health, is located throughout all regions of the County and provides information, resources, support and linkage to youth and their families after a youth has been hospitalized with the goal of decreasing re-hospitalizations.

Alignment with State Suicide Prevention Strategic Plan
- Strategic Aim 3 Goal 9: Deliver a continuum of crisis services within and across counties
- Strategic Aim 4, Goal 10: Deliver best practices in care targeting suicide risk
- Strategic Aim 4, Goal 11: Ensure continuity of care and follow-up after suicide-related services

Effective Messaging and Communications

Definition
Implement research-informed communication methods designed to prevent suicide by changing knowledge, attitudes, and behaviors. Promote the recommendations for reporting on suicide to journalists and news media outlets. Disperse information about existing resources and programs related to mental wellness and suicide prevention, in particular to at-risk groups.

Rationale
Messaging matters. The National Action Alliance for Suicide Prevention states, "Certain types of public messaging about suicide can increase risk among vulnerable individuals. Conversely, communications can be a powerful tool to promote resiliency, encourage help-seeking, publicize prevention successes, and encourage actions that help prevent suicide."

Stakeholders identified a need for more effective advertising and communication of current services available throughout the county. This would help promote help seeking and publicize prevention services. With safer, destigmatizing messaging around suicide, Riverside County should see residents increasing utilization of services, an increase in general awareness, and further encouragement to engage in help-seeking behaviors. Stakeholders also agreed that Riverside County should have more standardized messaging around suicide in order to decrease risk among vulnerable individuals and shift the focus to more effective and successful use of prevention services.

Community campaigns may improve the public's knowledge of suicide rates and preventative steps (e.g., Know the Signs). However, there is little evidence to

suggest that community campaigns reduce suicidal behavior alone.[19] The general consensus is that suicide prevention community campaigns are best delivered in conjunction with other current suicide prevention programs, mental health treatment and other identified strategic approaches.[20]

Recommendations
- Adopt and promote mindful and safe messaging guidelines for communications on suicide and suicide prevention.
- Promote the recommendations for reporting on suicide to journalists and news media outlets.
- Implement public awareness campaigns to promote mental health, reduce stigma about mental illness, help-seeking, warning signs of suicide and local resources.

Currently in Place
In Riverside County, there is a contract with a marketing firm, Civilian, to create and expand the Up2Riverside anti-stigma and suicide prevention campaign. Riverside County 2018-2019 campaign study found that 77% of Riverside residents are aware of the It's Up to Us media campaign reported that the ads helped them know where to seek help for mental health issues and where to seek help for someone showing warning signs of suicide. The evaluation further showed the campaign is positively impacting knowledge and behaviors that are facilitators to reduce stigma about mental illness and help-seeking.

Alignment with State Suicide Prevention Strategic Plan
- Strategic Aim 2, Goal 7: Increase the use of best practices for reporting of suicide and promote healthy use of social media and technology.
- Strategic Aim 2, Goal 5: Empower people, families, and communities to reach out for help when mental health and substance use disorder needs emerge.

Trainings: Identification, Intervention, and Ongoing Care

Definition
Provide training to community groups on the prevention of suicide and to clinical service providers on the recognition, assessment and management of at-risk behaviors.

Rationale
Researchers found that "there is some evidence from the literature that gatekeeper training can improve knowledge, beliefs/attitudes, self-efficacy, and reluctance to intervene."[21] Having more of the population trained to recognize warnings signs of suicide, how to appropriately link/connect to services, and how to intervene to support someone at risk, will potentially increase intervention

[19] Mann, J.J., Apter, A., Bertolote, J., & et al. (2005). Suicide prevention strategies: A Systematic Review. *JAMA.* 294(16):2064–2074.

[20] Jaffe, D.J. (2014). Preventing suicide in all the wrong ways. *Center for health journalism member posts*. Retrieved from https://www.centerforhealthjournalism.org/2014/09/09/preventing-suicide-all-wrong-ways

[21] Burnette, C., Ramchand, R., & Ayer, L. (2015). *Gatekeeper Training for Suicide Prevention: A Theoretical Model and Review of the Empirical Literature.*

behavior and reduce suicide deaths. Increasing the number of trained individuals in Riverside County will help to disseminate the information and prevent suicide attempts and deaths. According to a RAND projection, "just one year of CalMHSA's investment in the ASIST [Applied Suicide Intervention Skills Training] program is projected to prevent at least 3,600 suicide attempts and 140 deaths over the next 28 years."[22] These projections from RAND show that if 79 trainers were to each to reach 150 people over the course of 14 years, that approximately 12,000 people would receive suicide prevention training.

In Riverside County, data supports that adults (aged 26-59) are at increased risk to die by suicide. Therefore, it would be beneficial to train those who encounter this population frequently (e.g., friends, family, primary care physicians, etc.).

Recommendations
- Increase public knowledge of warning signs and local resources through the expansion of gatekeeper to prepare community members to identify and intervene with someone at risk, prioritizing settings and people who are helpers/gatekeepers for high risk populations.
- Implement and expand trainings for frontline professionals and para-professionals of how to conduct effective risk assessments and appropriately triage individuals to appropriate level of care in least restrictive settings.
- Implement program to expand trainings for mental health professional on effective care and treatments that have been shown to reduce suicide thoughts and behaviors.

Currently in Place
Riverside County recently expanded its trainer base for Frontline and Gatekeeper trainings (e.g., ASIST, safeTALK, Mental Health First Aid, Know the Signs). Currently, there are 80 trainers trained across these disciplines through Riverside County. Per the 14-year projections made by RAND, approximately 12,000 community members should receive frontline and gatekeeper trainings. This will help more of the community to recognize the signs of suicide and aid in suicide prevention efforts. In fiscal year 2018-2019, there were a total number of 75 suicide prevention trainings, consisting of 12 ASIST trainings, 28 safeTALK trainings, 31 Mental Health First Aid trainings, and 4 Know the Signs trainings. These trainings reached 1,406 individuals in Riverside County, which, if sustained, will impact approximately 20,000 people over a 14-year time period. In addition, Promotores and community health workers in Riverside County were trained in El Rotafolio, a Spanish language adaptation of safeTALK, to reach monolingual community members.

Alignment with State Suicide Prevention Strategic Plan
- Strategic Aim 3, Goal 8: Increase detection and screening to connect people to services

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[22] Ashwood, J.S., Briscombe, B., Ramchand, R., May, L., & Burnam, M.A. (2015). *Analysis of the benefits and costs of CalMHSA's investment in Applied Suicide Intervention Skills Training (ASIST).*

Means Safety

Definition
Promote efforts to reduce access to lethal means of suicide among individuals experiencing thoughts of suicide.

Rationale
"Many empirical studies have shown that…means restriction is effective. Although some individuals might seek other methods, many do not; when they do, the means chosen are less lethal and are associated with fewer deaths than when more dangerous ones are available."[23] Data indicates that firearms are consistently the leading means of suicide deaths in Riverside County. If strategies place focus on reducing access to more lethal means, there should be a decrease in the number of suicide deaths in Riverside County.

In Riverside County, firearms and hanging/suffocation are the leading means of suicide deaths. There are practices to restrict access to firearms during times when someone is experiencing suicidal ideation, such as free gun storage at local gun shops, free gunlocks, etc. Such practices can be promoted through specific campaigns that promote gun safety to the public.

Unfortunately, attempting to address means safety when it comes to hanging/suffocation deaths is not evidentially supported. A study found that "restriction of access to means of hanging is often not possible at a general population level because the most commonly used ligatures and ligature points are universally available."[24] Rather than focusing on restricting means for hanging/suffocation, it is recommended to focus on reducing suicidality in general, recognizing those at increased risk, and connecting them to help and supports.

Recommendations
- Implement a firearms means safety campaign (e.g., "Gun Shop Project"), which would provide information on recognizing suicide risk, ways in which to support a loved one, and steps for safe storage of firearms.
- Provide Counseling on Access to Lethal Means (CALM) training to mental health and social service professionals and health care providers.
- Explore partnerships (e.g., pharmacies, transit, etc.) in order to expand means safety efforts.

Currently in Place
Exploration of partnerships has begun with local transit agencies on how to implement means safety measures such as installation of barriers at site frequently impacted by suicide, and increase awareness of available resources. There are no current known efforts or campaigns in place to address firearm means safety in Riverside County.

Alignment with State Suicide Prevention Strategic Plan
- Strategic Aim 2, Goal 4: Create safe environments by reducing access to lethal means

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[23] Yip, P. S., Caine, E., Yousuf, S., Chang, S. S., Wu, K. C., & Chen, Y. (2012). Means restriction for suicide prevention
[24] John, A., Hawton, K., Okolie, C., Dennis, M., Price, S.F., & Lloyd, K. (2018). Means restriction for the prevention of suicide: generic protocol.

Postvention Services (After a Suicide Death)

Definition

Postvention is a coordinated response following a suicide death that provides supports to those impacted in order to promote healing and reduce risk of additional suicides. Supports and services available to individuals impacted by suicide loss.

Rationale

Just as no two grief experiences after a suicide death are the same, no one means of offering support after suicide will help everyone who may be impacted by the death. Postvention includes a range of strategies, from immediate response after a suicide death to ongoing support for loss survivors. When examining suicide death data in Riverside County, there has been a noted increase over the years, leading to an increase in suicide loss survivors. Research shows "survivors of suicide loss are at higher risk of developing major depression, post-traumatic stress disorder, and suicidal behaviors, as well as a prolonged form of grief called complicated grief."[25]

Many suicide loss survivors benefit from connecting with others who understand complicated grief after suicide and learning strategies for coping and healing. Survivor support programs commonly offer support group meetings that are facilitated by survivors of suicide loss (peer support), or by mental health professionals who are experienced in counseling suicide bereavement and may also be loss survivors themselves.

Some loss survivors will benefit from professional therapy as they navigate intense grief and trauma. Since the complicated grief after a suicide is unique, therapy is best offered by clinicians that are trained or experienced in therapeutic modalities that are specific to suicide loss bereavement.

Postvention resources and supports typically fall into three categories: Active, Passive and Delayed. Active Postvention refers to immediate and proactive response after a suicide death where team of individuals who are skilled in offering support after suicide accompany first responders at the scene of a suicide death. Delayed postvention involves coordinated outreach to loss survivors following a suicide death but not at the actual scene of the death. Loss survivor(s) are provided information on available postvention services and supports. Passive Postvention refers to support that is available to loss survivors when they reach out for assistance.

Recommendations

- Develop community postvention plan and implement postvention team(s) to coordinate effective response at various levels and across multiple settings.
- Implement and expand survivor's support groups into systems of care to address immediate, delayed and ongoing supports.

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[25] Tal Young, I., Iglewicz, A., Glorioso, D., Lanouette, N., Seay, K., Ilapakurti, M., & Zisook, S. (2012). Suicide bereavement and complicated grief.

- Provide trainings to clinical staff on complicated grief and related bereavement in order to link to referral sources from support groups or other systems of care serving suicide loss survivors.

Currently in Place

Through resource mapping in Riverside County's stakeholder process, there was a clear lack of postvention services throughout the county. Through resource mapping, a suicide loss survivor support group was identified as well as a Trauma Intervention Program (TIP), primarily located in the Mid-County region. Currently, Riverside County does not have a peer-led suicide loss team. Postvention efforts in Riverside County should be a primary area of focus in order to work toward reducing suicides, as research has found that survivors of suicide are at an increased risk of suicide themselves.

Alignment with State Suicide Prevention Strategic Plan

- Strategic Aim 4, Goal 12: Expand support services following a suicide loss

Measuring and Sharing Outcomes

Definition

Develop strategies and effective methods for sharing and collecting data across different departments and agencies.

Rationale

The World Health Organization states, "improved surveillance and monitoring of suicide and suicide attempts is required for effective suicide prevention strategies." While Riverside County data is robust in some domains, there are noted areas of opportunity for improvement. Improved surveillance, monitoring, and sharing data will better capture the picture of suicide deaths, suicide attempts, and prevention successes. Such knowledge will inform strategic, data-driven, suicide prevention strategies. In particular, to fill in service and knowledge gaps related to underserved/underreported populations (e.g., transgender, LGBTQ, deaf and hard of hearing, etc.).

Recommendations

- Develop strategies and effective methods for sharing data across different departments and agencies.
- Improve data collection processes.

Currently in Place

Multiple departments in Riverside County have data collection processes in place; however, the sharing of that data is something that is hindered by department policies (e.g., not having an MOU in place). Currently, efforts are underway to help break down barriers in communicating and sharing data. For example, there is a joint effort between RUHS Public Health, RUHS Behavioral Health, Riverside County Office of Education (RCOE), Health Assessment and Research for Communities (HARC), and numerous school districts throughout the county to develop a standardized suicide risk assessment tool. Data from the tool will be shared with the County in order to understand the challenges youth face in regards to suicidal thoughts and how prevention strategies can be more appropriately allocated.

Alignment with State Suicide Prevention Strategic Plan

- Strategic Aim 1, Goal 3: Advance data monitoring and evaluation

Stakeholder Process

Riverside University Health System – Behavioral Health Prevention and Early Intervention coordinated the stakeholder meetings under the guidance of CalMHSA Each Mind Matters' technical assistance team. The importance of cross-sectoral collaboration was at the heart of the planning process.

The format of the workgroups included a share out of suicide data in Riverside County followed by a presentation on Understanding Suicide: Strategic Planning for Suicide Prevention from our state partners from Each Mind Matters. Small group discussions followed with a focus on the areas of identified need. The workgroups recommended strategies to meet identified needs and participants communicated the level of involvement they would like to have moving forward in the development of a coalition and strategic plan. Participants provided information on programs to complete resource mapping across the suicide crisis path.

The coordinating team requested representatives from the following organizations to participate in one of two regional workgroups: one in the Desert Region at the Regional Access Project Foundation and the other located in Western Region at the Riverside University Health System – Behavioral Health Rustin Conference Center. Fifty-five individuals representing 33 agencies across the County participated in the workgroups. A complete list of agencies who were invited to participate in the stakeholder process can be found on the next page (page 36).
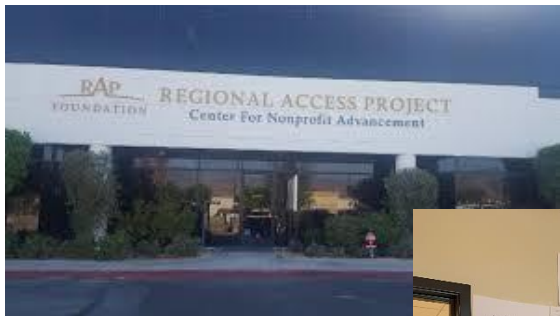
RAP Foundation – Palm Desert, CA

Processing Workgroup Feedback

Rustin Conference Center – Riverside, CA

Suicide Prevention Workgroup Invitation List

Hospitals
- RUHS Medical Center
- JFK
- Riverside Community Hospital
- Riverside County Medical Association Physician's Wellbeing Committee
- Desert Regional Medical Center
- Eisenhower

Military
- March Air Reserve Base – Air Force Reserve 452
- March Air Reserve Base – ANG 163
- Veteran's Affairs

Riverside County Sheriff's Department
- Coroner's Bureau/Medical Examiner
- Wellness Program (Western Region)
- Patrol Support

First Responders
- American Medical Response
- Riverside County Fire Department

Riverside County Services
- Department of Public Social Services: Child Protective Services
- Department of Public Social Services: Adult Protective Services
- Riverside County Office on Aging
- Riverside County Probation
- Riverside County Public Defender's Office
- Riverside County District Attorney's Office
- Child Death Review Team
- Riverside County Detention
- Riverside County Library Systems
- Riverside County Culture of Health
- Riverside County Employee Assistance Program
- RUHS Public Health
- RUHS-BH Consumer Affairs
- RUHS-BH Family Advocate
- RUHS-BH Parent Support and Training

Schools (K-12 Education)
- Riverside County Office of Education (RCOE)
- Hemet Unified School District
- Murrieta Valley Unified School District
- San Jacinto Unified School District
- Corona-Norco Unified School District
- Palm Springs Unified School District
- Desert Sands Unified School District
- Palo Verde Unified School District

Faith Community
- Sandals Church
- Grove Community Church
- Allen Chapel AME
- Faith Community United Church of Christ
- Bloom in the Desert Ministries
- Or Hamidbar
- Peace Christian Fellowship

Non-Profit Organizations
- Community Connect – Helpline 211
- Operation SafeHouse/SafeHouse of the Desert
- Survivors of Suicide Loss – Sun City
- Regional Access Project Foundation
- Desert Healthcare District
- The Center of Palm Springs
- Jewish Family Service Association
- Transgender Community Coalition

Business Leaders and Employers
- Abbott Vascular
- Capstone Logistics
- Hyatt Regency Indian Wells
- JW Marriott Desert Springs Palm Desert

Transportation
- Metrolink
- Caltrans

Elected Officials
- Mayor of Riverside City (Rusty Bailey)
- Board of Supervisors District 3 (Chuck Washington)
- Board of Supervisors District 4 (Manuel Perez)
- Assembly Member District 56 (Eduardo Garcia)
- Congressman District 36 (Raul Ruiz)

Colleges/Universities
- California Baptist University
- University of California Riverside
- Riverside City College
- College of the Desert
- Cal State University San Bernardino Palm Desert Campus
- Mt. San Jacinto College

Evaluation Plan

The goal of the evaluation plan for the Suicide Prevention Strategic Plan is to monitor the coalition's progress toward the main goal of reducing suicide deaths, and eventually, eliminating suicide deaths in Riverside County. The evaluation plan will be based on the strategic approaches outlined on page 22. Goals and objectives are based on workgroup feedback, best practices and supporting data from Riverside County. Activities to support completion of goals and objectives will be determined by identified workgroups through the coalition development process. The goals and objectives may evolve based on community need, workgroup feedback, and research and data findings.

It will be important to create annual reporting mechanisms for each strategic approach in order to measure and track specific outcomes and impacts. The Suicide Prevention Coalition, in collaboration with identified sub-committees/workgroups, will determine the objective of focus for each strategy and develop a timeline to assist with tracking progress towards overarching goals. The plan will be re-evaluated and the strategies adjusted to meet the current needs of Riverside County and to align with the State plan. Updates toward meeting stated objectives will be shared with stakeholders on an annual basis.

Figure 19.

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Appendix: Stakeholder Workgroup Data Presentation

The following presentation was given to the Stakeholder Workgroups in the Desert and Mid-County/Western regions.

OVERVIEW OF SUICIDE DEATHS & ATTEMPTS

In Riverside County

Riverside
University
HEALTH SYSTEM
Behavioral Health

Riverside University Health System-Behavioral Health   07.15.2019

Overview of Suicide Deaths

30.1%
increase in suicide deaths between 2007 and 2017 in Riverside County.

2007 to 2017:
2,586 people died by suicide in Riverside County

16.9%
Population growth in Riverside County between 2007 and 2017.
In 2007, the population was **2,044,976** and in 2017 the population grew to **2,389,723**.

2017:
11 people per 100,000 died by suicide in Riverside County and California

Suicide Deaths in Riverside County

209 199 219 193 222 264 238 224 260 286 272

2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017

Source: CDPH Vital Statistics Death Statistical Master Files

1

41

Suicide Death by Race/Ethnicity

Proportion of Suicide Deaths and County Population

Legend: Caucasian, Black, Hispanic, American Indian, Asian/PI
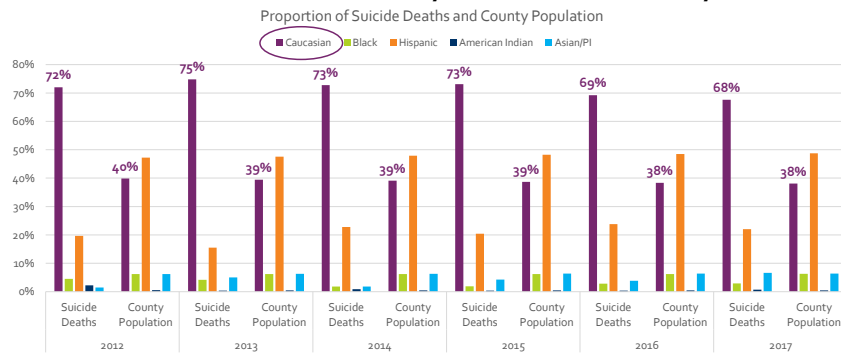
Caucasians are greatly overrepresented in suicide deaths, compared to the population. Caucasians, on average, make up 38% of the population but account for 72% of suicide deaths.

Source: CDPH Vital Statistics Death Statistical Master Files

3

Suicide Death by Age

Legend: 0-15, 16-25, 26-59, 60+

Death rate by population is also a useful indicator.
In 2017:
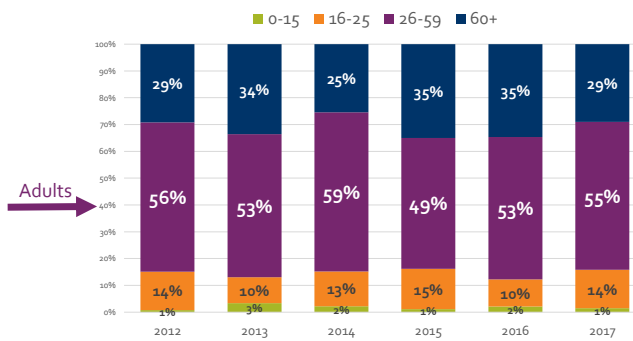- **17** older adults (60+) per 100,000 died by suicide
- **11** adults (26-59) per 100,000 died by suicide.
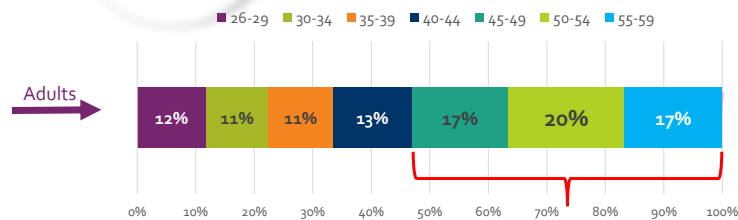
Adults (26-59) account for the largest proportion of suicide deaths.

Source: CDPH Vital Statistics Death Statistical Master Files

4

Adult (26-59) Suicides

Age 45 to 59 made up **54%** of **Adult** suicide deaths

Legend: 26-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59

Adults: 12% | 11% | 11% | 13% | 17% | 20% | 17%

Source: CDPH Vital Statistics Death Statistical Master Files
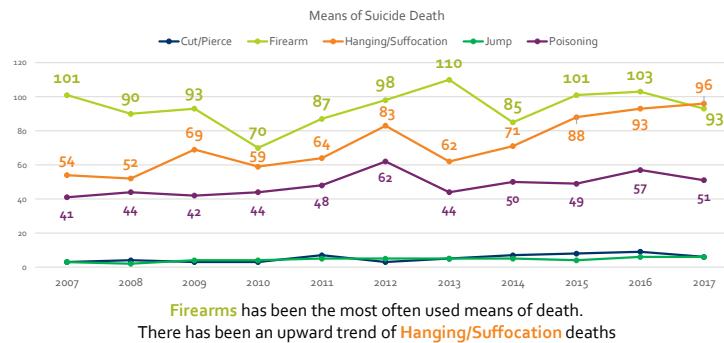
5

Suicide Death by Gender

Males accounted for **77%** of suicide deaths in Riverside County between 2007 and 2017.

Females accounted for **23%** of suicide deaths in Riverside County between 2007 and 2017.

6

Means of Death

Means of Suicide Death

Cut/Pierce — Firearm — Hanging/Suffocation — Jump — Poisoning

Firearm values: 101, 90, 93, 70, 87, 98, 110, 85, 101, 103, 93

Hanging/Suffocation values: 54, 52, 69, 59, 64, 83, 62, 71, 88, 93, 96

Poisoning values: 41, 44, 42, 44, 48, 62, 44, 50, 49, 57, 51

Years: 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017

Firearms has been the most often used means of death.
There has been an upward trend of **Hanging/Suffocation** deaths

7

Means of Death for Males

Proportion of Means of Suicide Death for **Males**

Cut/Pierce Firearm Hanging/Suffocation Jump Poisoning Other

Hanging/Suffocation
• An average of 52 males a year died by hanging/suffocation

Firearm
• An average of 82 males a year used firearms

8

43
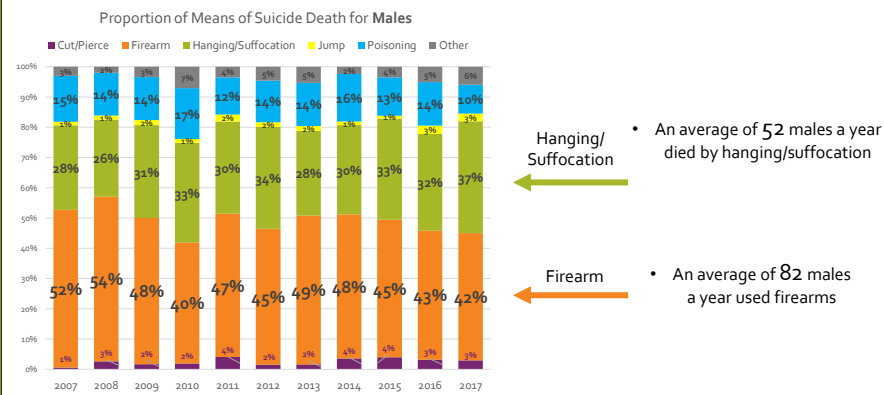
Means of Death for Females

Proportion of Means of Suicide Death for **Females**

- Average of **21** females a year died by poisoning
- An average of **14** females a year died by hanging/suffocation

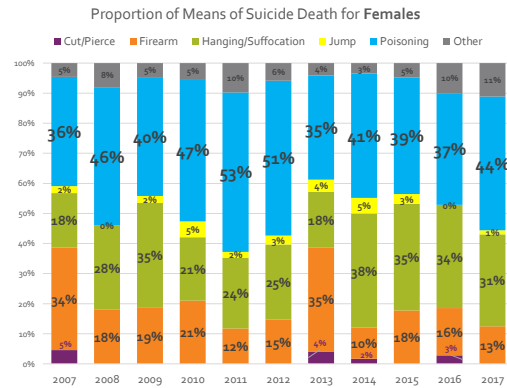Source: CDPH Vital Statistics Death Statistical Master Files

9

OVERVIEW OF SUICIDE ATTEMPTS

10

Overview of Attempts

Non-Fatal Self-Inflicted Injury Emergency Department Visits in Riverside County
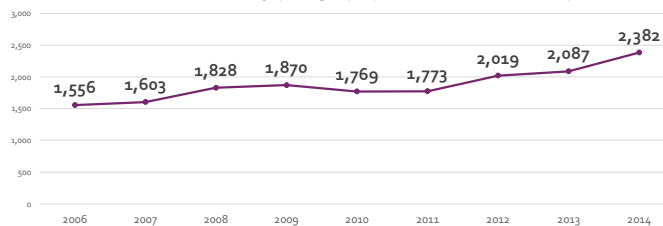
53.1% increase in non-fatal self-injury* emergency room visits

Non-Fatal Self-Inflicted Injuries made up about **1%** of non-fatal ER visits

16.9% population growth between 2007 and 2017. In 2007, the population was **2,044,976** and in 2017 the population grew to **2,389,723**.

*Injuries that purposely are self-inflicted and have the intent of self-harm

Source: California Office of Statewide Health Planning and Development, Emergency Department Data

11

Non-Fatal ER by Race/Ethnicity

Number of Non-Fatal Self-Inflicted Injuries ER by Race/Ethnicity

Caucasian — Black/African American — Hispanic/Latino — Native American — Asian/PI

Caucasian: 1,058 (2006), 1,119 (2007), 1,200 (2008), 1,200 (2009), 1,032 (2010), 1,012 (2011), 1,142 (2012), 1,147 (2013), 1,318 (2014)

Hispanic/Latino: 388 (2006), 374 (2007), 485 (2008), 485 (2009), 561 (2010), 572 (2011), 664 (2012), 714 (2013), 778 (2014)

Black/African American: 99 (2006), 92 (2007), 122 (2008), 122 (2009), 147 (2010), 158 (2011), 166 (2012), 189 (2013), 237 (2014)

12

Attempts by Age

Number of Suicide Attempt ER Visits by Age

10 - 14   15 - 19   20 - 24   25 - 29   30 - 34   35 - 39   40 - 44   45 - 49

15 - 19: 393 (2006), 372 (2007), 401 (2008), 436 (2009), 379 (2010), 382 (2011), 460 (2012), 513 (2013), 636 (2014)

20 - 24: 230 (2006), 236 (2007), 296 (2008), 269 (2009), 296 (2010), 261 (2011), 310 (2012), 329 (2013), 325 (2014)

10 - 14: 274 (2014)

13

Age

Proportion of Suicide Attempt ER Visits by Age

Age	Percent
10 - 14	7%
15 - 19	24%
20 - 24	15%
25 - 29	10%
30 - 34	9%
35 - 39	8%
40 - 44	8%
45 - 49	7%

39% of all suicide attempts seen in ER are by 15-24 year old youth

An early attempt is a high risk factor for future suicide death.
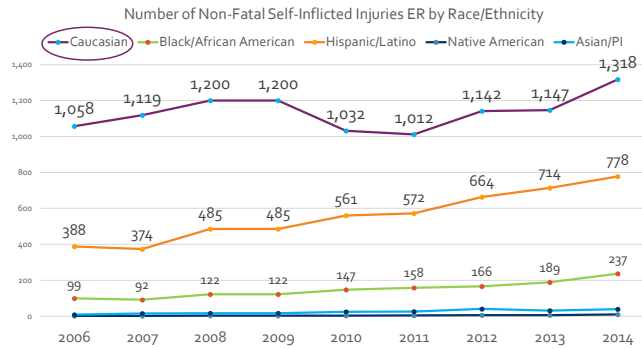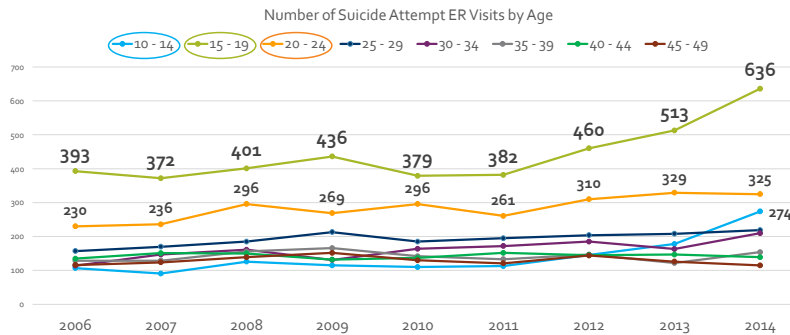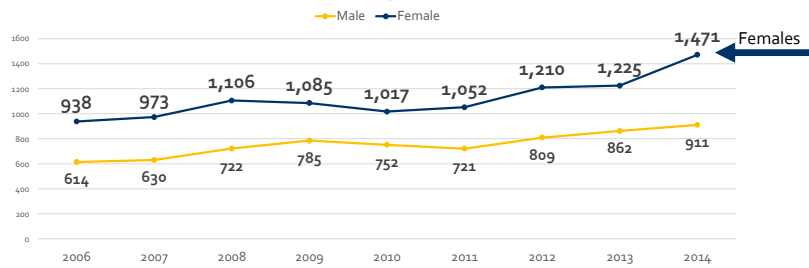
15-24 year olds
39% of attempts

15-24 year olds
15% of the county's population

14

45

Attempts by Gender

Non-Fatal Self-Inflicted Injury Emergency Department Visits in Riverside County

Male — Female

Males: 614, 630, 722, 785, 752, 721, 809, 862, 911

Females: 938, 973, 1,106, 1,085, 1,017, 1,052, 1,210, 1,225, 1,471
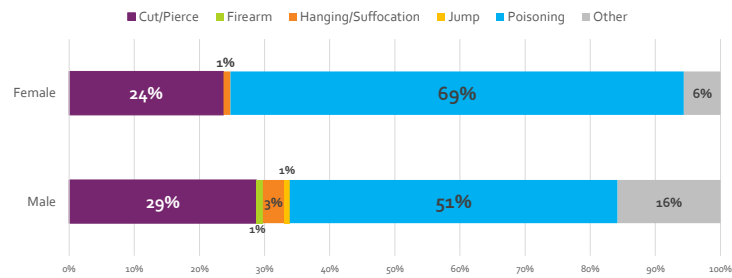
Years: 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014

Females typically make 57%-62% of non-fatal self-inflicted injury. Males die more by suicide, but females attempt suicide more than males

15

Means of Attempt

Proportion of Attempt Means

Cut/Pierce · Firearm · Hanging/Suffocation · Jump · Poisoning · Other

Female: 24%, 1%, 69%, 6%

Male: 29%, 1%, 1%, 3%, 51%, 16%

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OTHER SUICIDE DATA

17

Crisis Call Center (HELPLine)

Number of Crisis Center Calls

7,831

6,973

8,000
7,800
7,600
7,400
7,200
7,000
6,800
6,600
6,400

FY1617   FY1718

42% Female
38% Male
20% Unknown

23% Suicidal Content

51% General Mental Health

13% from Riverside City
54% unknown origin

211 Community Connect
Let us help. Call 211
(951) 686-4357

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Adult Ideation (CHIS)

About 1 in 10 Riverside County residents reported thinking about suicide (2014-2017)

Adults Thinking About Suicide
■ Male ■ Female

45%

55%
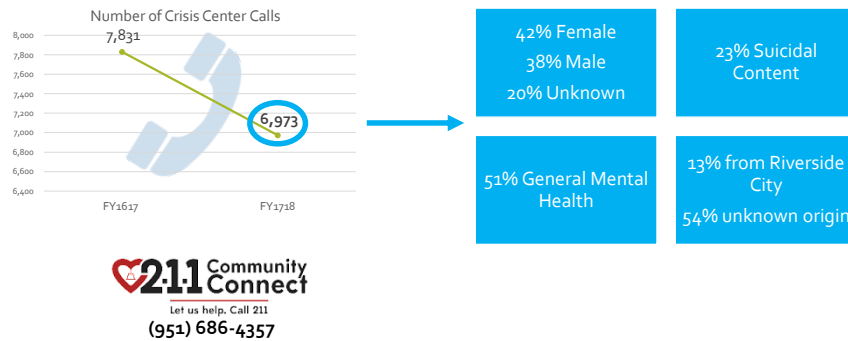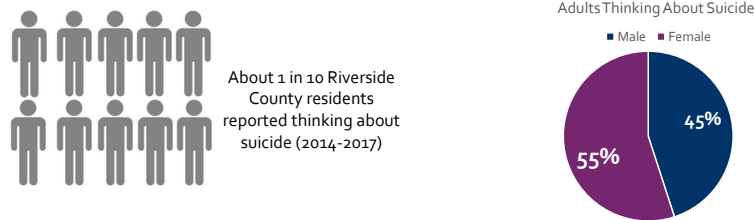
Adult females in Riverside County reported thinking about suicide more than males.

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Healthy Kids Survey (2015-2016)

Chronic Sad or Hopeless Feelings, Past 12 Months

26% of 7th Graders

32% of 9th Graders

35% of 11th Graders

37% of Alt School Type Students
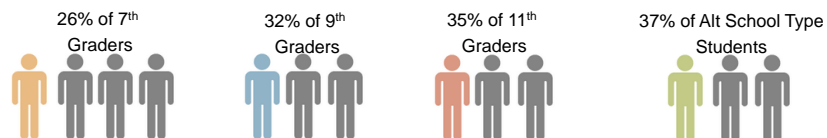
Seriously Considered Attempting Suicide, Past 12 Months

(No data for 7th graders)

19% of 9th Graders

19% of 11th Graders

20% of Alt School Type Students

20

47

Slide 21
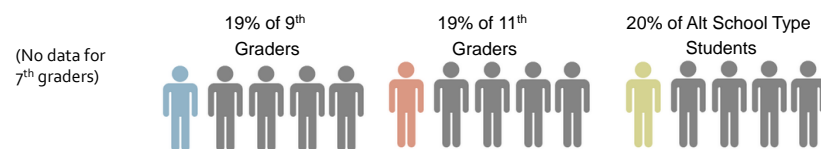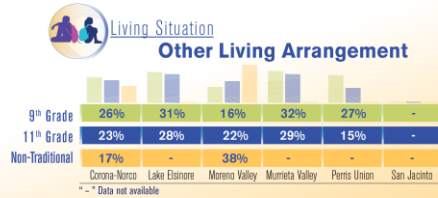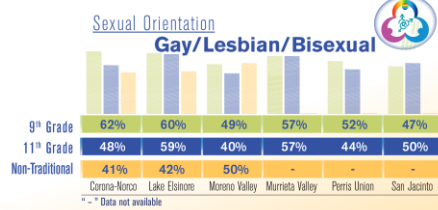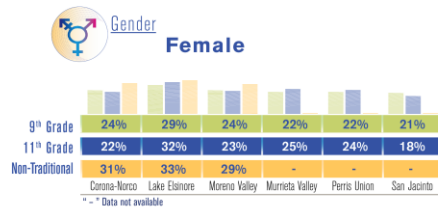
Suicide Ideation Risk Factors
Riverside County School District Comparison, 2017-2018
During the past 12 months, did you ever seriously consider attempting suicide? (Below percentages indicate "yes" to this question)

Gender — Female

	Corona-Norco	Lake Elsinore	Moreno Valley	Murrieta Valley	Perris Union	San Jacinto
9th Grade	24%	29%	24%	22%	22%	21%
11th Grade	22%	32%	23%	25%	24%	18%
Non-Traditional	31%	33%	29%	-	-	-

" – " Data not available

Sexual Orientation — Gay/Lesbian/Bisexual

	Corona-Norco	Lake Elsinore	Moreno Valley	Murrieta Valley	Perris Union	San Jacinto
9th Grade	62%	60%	49%	57%	52%	47%
11th Grade	48%	59%	40%	57%	44%	50%
Non-Traditional	41%	42%	50%	-	-	-

" – " Data not available

Living Situation — Other Living Arrangement

	Corona-Norco	Lake Elsinore	Moreno Valley	Murrieta Valley	Perris Union	San Jacinto
9th Grade	26%	31%	16%	32%	27%	-
11th Grade	23%	28%	22%	29%	15%	-
Non-Traditional	17%	-	38%	-	-	-

" – " Data not available

Additional noteworthy demographic factors for individual districts.
- Corona-Norco 59% of 9th grade Transgender
- Hemet 37% of 9th grade 1-2 Days per Week Afterschool Participation
- Palo Verde 33% of 9th grade Parental Education - High School Degree
- Lake Elsinore 29% of Non-Traditional Latino/a

Data was only available for districts that participated in the CalSCHLS (Healthy Kids) survey for the 2017/18 school year and collected demographic information.

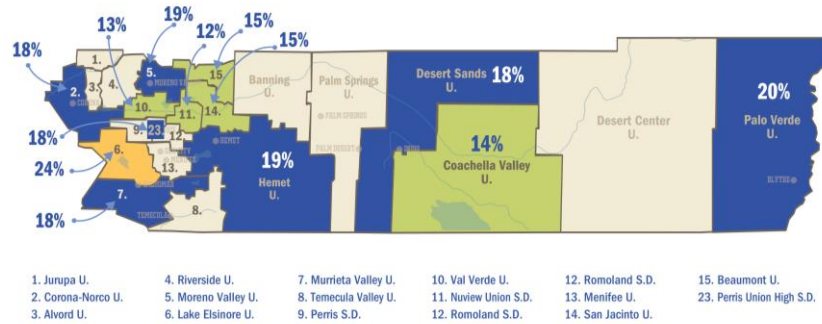### Riverside County Average: 17%
*Non-Traditional County Average: 19%

Riverside Suicide Ideation County average: 2015-2017
Source: CalSCHLS http://calschls.org

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Slide 22

Riverside County Suicide Ideation by District
2017 - 2018, 9th Grade
ELEMENTARY, HIGH SCHOOL AND UNIFIED DISTRICTS

Map percentages:
18%, 13%, 19%, 12%, 15%, 15%, Desert Sands U. 18%, 20% Palo Verde U., 18%, 18%, 24%, 19% Hemet U., 14% Coachella Valley U., 18%

1. Jurupa U.
2. Corona-Norco U.
3. Alvord U.
4. Riverside U.
5. Moreno Valley U.
6. Lake Elsinore U.
7. Murrieta Valley U.
8. Temecula Valley U.
9. Perris S.D.
10. Val Verde U.
11. Nuview Union S.D.
12. Romoland S.D.
12. Romoland S.D.
13. Menifee U.
14. San Jacinto U.
15. Beaumont U.
23. Perris Union High S.D.

Suicide Ideation, by Percent:
No Data* | <10 | 11 - 15 | 16 - 20 | 21 - 25 | 26 - 30
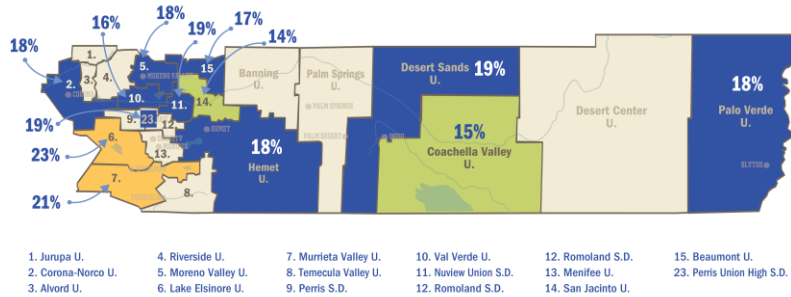*District did not participate in survey

California Healthy Kids Survey (CalSCHLS) 2017/18 proportion of "yes" answers to question:
During the past 12 months did you ever seriously consider attempting suicide?

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Slide 23

Riverside County Suicide Ideation by District
2017 - 2018, 11th Grade
ELEMENTARY, HIGH SCHOOL AND UNIFIED DISTRICTS

Map percentages:
18%, 16%, 18%, 19%, 17%, 14%, Desert Sands U. 19%, 18% Palo Verde U., 19%, 23%, 21%, 18% Hemet U., 15% Coachella Valley U.

1. Jurupa U.
2. Corona-Norco U.
3. Alvord U.
4. Riverside U.
5. Moreno Valley U.
6. Lake Elsinore U.
7. Murrieta Valley U.
8. Temecula Valley U.
9. Perris S.D.
10. Val Verde U.
11. Nuview Union S.D.
12. Romoland S.D.
12. Romoland S.D.
13. Menifee U.
14. San Jacinto U.
15. Beaumont U.
23. Perris Union High S.D.

Suicide Ideation, by Percent:
No Data* | <10 | 11 - 15 | 16 - 20 | 21 - 25 | 26 - 30
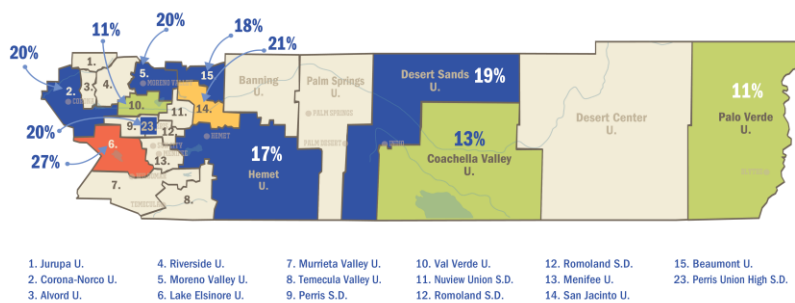*District did not participate in survey

California Healthy Kids Survey (CalSCHLS) 2017/18 proportion of "yes" answers to question:
During the past 12 months did you ever seriously consider attempting suicide?

23

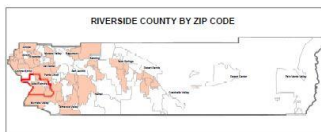Riverside County Suicide Ideation by District
2017 - 2018, Non-Traditional
ELEMENTARY, HIGH SCHOOL AND UNIFIED DISTRICTS

Teen Suicide (10-19 yrs) Prevention Program
Lake Elsinore School District, 2013-2017

Teen Suicide (10-19 yrs) Prevention Program
Murrieta Valley School District, 2013-2017

Teen Suicide (10-19 yrs) Prevention Program
Hemet School District, 2013-2017
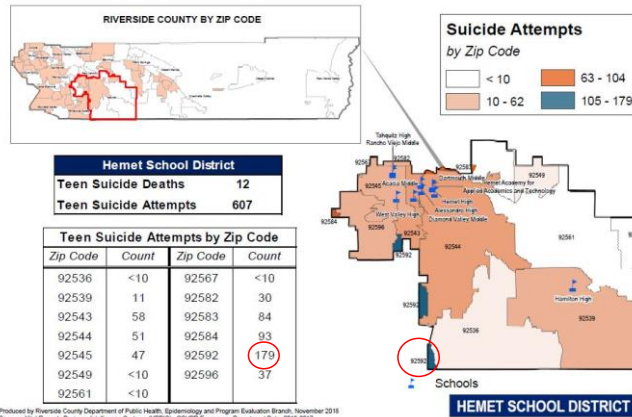
RIVERSIDE COUNTY BY ZIP CODE

Suicide Attempts *by Zip Code*

< 10	63 - 104
10 - 62	105 - 179

Hemet School District	
Teen Suicide Deaths	12
Teen Suicide Attempts	607

Teen Suicide Attempts by Zip Code

Zip Code	Count	Zip Code	Count
92536	<10	92567	<10
92539	11	92582	30
92543	58	92583	84
92544	51	92584	93
92545	47	92592	179
92549	<10	92596	37
92561	<10		

Schools

Produced by Riverside County Department of Public Health, Epidemiology and Program Evaluation Branch, November 2016
Sources: Vital Records Business Intelligence Systems (VRBIS); OSHPD Emergency Department Data, 2013-2017

HEMET SCHOOL DISTRICT

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Teen Suicide (10-19 yrs) Prevention Program
Coachella Valley School District, 2013-2017

RIVERSIDE COUNTY BY ZIP CODE

No Reported Suicide Deaths   Reported Suicide Deaths

Suicide Attempts *by Zip Code*

< 10	63 - 104
10 - 62	105 - 179

Coachella Valley School District	
Teen Suicide Deaths	4
Teen Suicide Attempts	292

Teen Suicide Attempts by Zip Code

Zip Code	Count	Zip Code	Count
92201	145	92254	25
92236	61	92274	24
92239	<10	92277	<10
92253	37		

Schools

Produced by Riverside County Department of Public Health, Epidemiology and Program Evaluation Branch, November 2016
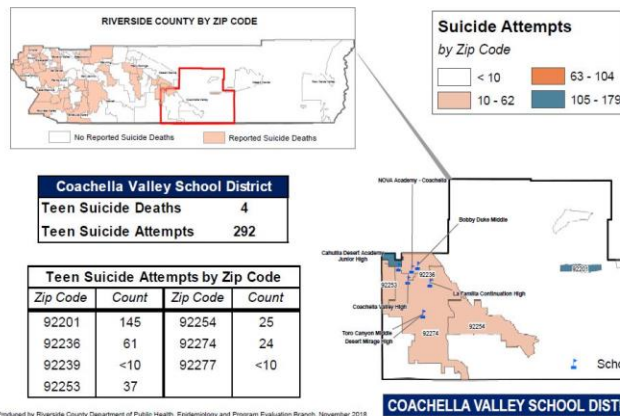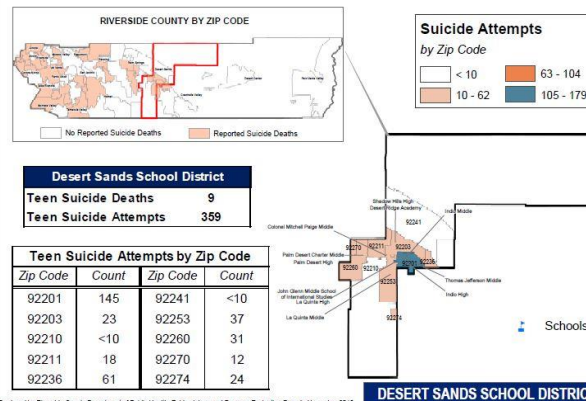Sources: Vital Records Business Intelligence Systems (VRBIS); OSHPD Emergency Department Data, 2013-2017

COACHELLA VALLEY SCHOOL DISTRICT

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Teen Suicide (10-19 yrs) Prevention Program
Desert Sands Unified School District, 2013-2017

RIVERSIDE COUNTY BY ZIP CODE

No Reported Suicide Deaths   Reported Suicide Deaths

Suicide Attempts *by Zip Code*

< 10	63 - 104
10 - 62	105 - 179

Desert Sands School District	
Teen Suicide Deaths	9
Teen Suicide Attempts	359

Teen Suicide Attempts by Zip Code

Zip Code	Count	Zip Code	Count
92201	145	92241	<10
92203	23	92253	37
92210	<10	92260	31
92211	18	92270	12
92236	61	92274	24

Schools

Produced by Riverside County Department of Public Health, Epidemiology and Program Evaluation Branch, November 2016
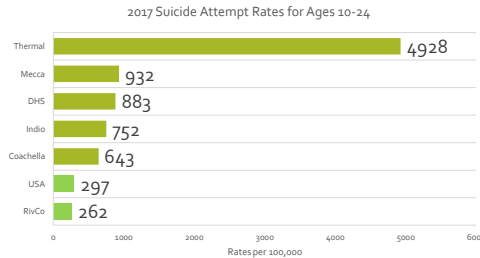Sources: Vital Records Business Intelligence Systems (VRBIS); OSHPD Emergency Department Data, 2013-2017

DESERT SANDS SCHOOL DISTRICT

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Highlight Desert Region Youth
Age 10-24

Higher rates of youth (10-24yrs) suicide attempts in the Desert region than the County overall.
Given the population higher rates per 100,000 in the Desert Region with than the County as a whole.

2017 Suicide Attempts for Ages 10-24	
Region	**Rate per 100,000**
Coachella Valley	628
Nation	297
Riverside County	262

2017 Suicide Attempt Rates for Ages 10-24

Region	Rate
Thermal	4928
Mecca	932
DHS	883
Indio	752
Coachella	643
USA	297
RivCo	262

Rates per 100,000

30

Riverside County
Child Death Review Team

In 2017
13 child deaths by suicide reviewed, 46% were by hanging.
Limited information on motive and family dynamics, however nearly a quarter were reported as having depression. Relationships difficulties were reported a factor in a few cases.

Opportunity to examine in greater detail some of the other factors in the lives of children dying by suicide. Types of data that could be collected:
- Means
- Relationships (difficulty in relationships with girlfriend/boyfriend, friends, family, parents or siblings)
- Living situation(with parents, foster, other relative, homelessness)
- School (bullied, unengaged in school, struggling in school).
- Child Adverse Experiences

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Summary of Suicide Deaths

- Suicide deaths have increased 30.1% in Riverside County between 2007-2017

- Caucasians accounted for 65%-75% of suicide deaths, but only accounted for 38%-40% of the county's population

- Adults (26-59) accounted for over half of the deaths

- Males accounted for more than two-thirds of the suicide deaths

- Males used 1. firearms and 2. hanging/suffocation

- Females used 1). poisoning and 2). hanging/suffocation

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Summary of Suicide Attempts

- Suicide attempts that resulted in an ER visit have increased 53.1% in Riverside County between 2006-2014

- Caucasians accounted for 55%-70% of suicide attempts, but only accounted for 38%-40% of the county's population

- 15-19 year olds accounted for 24% of attempts, and 20-24 year olds accounted for 15% (39% overall)

- Females accounted for 57%-62%

- Male's and female's non-fatal self-injury were most often from 1). poisoning and 2). cut/pierce

33