# The Hero in Each of Us: Finding Your Role in Suicide Prevention

Suicide Prevention Report to the Community
September 2019









Get Involved in Suicide Prevention: LASuicidePreventionNetwork.org
National Suicide Prevention Lifeline (Didi Hirsch) 24/7: 1.800.273.TALK (8255)

Suicide is a complex problem requiring collaborative solutions at multiple levels including individuals, families and communities. Suicide prevention can only be effective when everyone is part of the solution. From county leadership, business owners, educators, faith leaders, health care providers, mental health professionals, first responders, to all members of our community, everyone has a role to play. A comprehensive public health approach to suicide prevention emphasizes prevention, early intervention, and effective crisis response, and addresses health disparities and access.

#### **Los Angeles County's Approach to Suicide Prevention:**

- **Fosters prevention** and well-being through connections, education, outreach, and stigma reduction.
- Promotes early help-seeking where people know the warning signs and resources, and are confident to intervene or get help for themselves.
- Ensures a safe and compassionate response during and after a crisis by focusing on stabilization and linkage to services in the least restrictive setting.
- After a suicide attempt or death, individuals, families, schools and communities have short- and long-term support.

#### **Find Your Role in Suicide Prevention**

According to a study released in 2018 by the Centers for Disease Control and Prevention (CDC)<sup>1</sup>, the problems most frequently associated with suicide are strained relationships, life stressors (often involving work or finances), substance use problems, physical health conditions, and recent or impending crisis. The most important takeaway is that suicide is an issue not only for those diagnosed with a mental illness, but for anyone struggling with serious life problems.

Just like CPR, everyone in Los Angeles County can take action to help those community members experiencing emotional pain and play a role in suicide prevention.

Know the Signs. Find the Words. Reach Out. www.LASuicidePreventionNetwork.org

#### After a Suicide Loss

People who have lost someone to suicide often don't receive the same compassion from others that those who have lost a loved one another way experience. Some of this is because people are uncomfortable talking about suicide. Consider reaching out to someone who has lost a friend or loved one to suicide. Ask them about how the person they lost lived rather than focusing on the way they died. The more we talk about suicide and suicide prevention, the more we can reduce the stigma around the subject and infuse our communities with hope and healing.

#### **Survivors After Suicide (SAS)**

For more information, contact Didi Hirsch's Suicide Bereavement Services Program Director Rick Mogil at rmogil@didihirsch.org or call 424.362.2912 for adults and 424.362.2911 for teens.

#### **Survivors of Suicide Attempts (SOSA)**

For more information contact Patricia S. Speelman, MA, LMFT at pspeelman@didihirsch.org or 424.362.2901.

**Healing Conversations:** Personal Support for Survivors of Suicide Loss

For more information email healingconversations@afsp.org

### **Suicide Warning Signs**

Pain isn't always obvious. Reach out to someone you are concerned about if you observe one or more of these warning signs, especially if the behavior is new, has increased, or seems related to a painful event, loss, or change:

- Talking about wanting to die or suicide
- Looking for a way to kill themselves
- Feeling hopeless, desperate, or trapped
- Giving away possessions
- Putting affairs in order

- Reckless behavior
- Uncontrolled anger
- Increased drug or alcohol use
- Withdrawal

- Anxiety or agitation
- Changes in sleep
- Sudden mood changes
- No sense of purpose

If you are concerned about someone, ask: "Are you thinking about suicide?"

You are not alone in helping someone in crisis. Crisis lines, counselors, intervention programs and more are available to you as well as to the person experiencing the emotional crisis. Crisis counselors can quickly assess the level of risk in a situation and connect you to appropriate services. You can find reassurance in the knowledge that most suicidal crises last for a brief period of time. Stay with the person and remove items that could be used in an attempt.

## National Suicide Prevention Lifeline (Didi Hirsch) 24/7

1.800.273.TALK (8255)

Para español, oprima el numero 2 Veterans: Press 1 or text 838255 For deaf and hard of hearing: 1.800.799.4889 Korean-speaking counselors are available during peak evening hours at 877.727.4747 Crisis Text Line (24/7) Text HOME to 741741

**Teen Line** 

Call **310.855.4673** (6 p.m. to 10 p.m. daily) or text **TEEN to 839863** (6 p.m. to 9 p.m. daily)

The Trevor Project for LGBTQ Youth (24/7) Call 1 866 488 7386 or

Call **1.866.488.7386** or text **START to 678678** 

<sup>&</sup>lt;sup>1</sup> CDC Vital Signs. Suicide rising across the US – More than a mental health concern. www.cdc.gov/vitalsigns/suicide/index.html/

#### Words to Consider...

#### **RECOMMENDED terminology**

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

#### **NOT RECOMMENDED terminology**

#### **Committed suicide**

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

#### **Completed suicide**

Note: This associates suicide with success.

## Successful attempt or unsuccessful/failed attempt

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

#### **The Power of Words**

When it comes to suicide prevention, the terms, phrases and words we use can have a significant impact on the way messages are received. Messages can encourage someone to seek help and reach out, or they can push people further from the support they need.

The suicide prevention community is trying to clarify the ways we all refer to actions related to suicide to better support help-seeking behavior among those that are at risk. For example, the most common term we use to describe someone ending their own life is that the individual "committed suicide." Consider this: What first comes to mind when you hear the word "commit"? Crime? Sin? Those are the words that people typically think of when asked. Just the use of the word "commit" can carry an enormous amount of stigma and shame, preventing people from reaching out for the support they need. Instead, it is recommended to use "died by suicide." This phrase can't be distorted and simply states the fact without placing shame or guilt on the individual or survivors of suicide loss. Another phrase to consider is "successful" versus "unsuccessful" to describe suicide attempts. There is no success or failure when it comes to suicide. These events should simply be referred to as a suicide death or a suicide attempt. Please assist us in changing the conversations about suicide, and help us raise the bar for the conversations about suicide prevention. Each of us can play a part in promoting a more supportive environment, and it begins with the words we use.

#### **Tips for Effective Messaging on Suicide Prevention**

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

#### **Helpful Resources:**

Reporting suicide for the news media www.ReportingOnSuicide.org
Framework for Successful Messaging, National Action Alliance for Suicide Prevention
www.SuicidePreventionMessaging.org

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

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

Indicator	2012	2013	2014	2015	2016	2017
Total Suicide Deaths <sup>1</sup> Number Rate per 100,000 population	769 7.6	798 7.7	818 7.8	823 7.8	843 8	891 8.4
In 2017, the latest year for which suicide mortality data is available, 891 people died by suicide in Los Angeles County. Of these, 689 (13.4/100,000) were male and 454 (14/100,000) were white. Middle-aged and older adults show the highest numbers and rates for suicide death: 465 people that died were ages 45 and older, with the highest rate (13/100,000) for those over the age of 65.		suicid	ng on suic le prevent Suicide Pr Didi Hirsc .273.T	revention h) 24/7:	rce: Lifeline	а
Treated and Released Emergency Department Visits for Suicide Attempts <sup>2</sup> Number Rate per 100,000 population	2,586 25.3	2,763 26.8	2,924 28.5			
In 2014, the latest year for which suicide attempt data is available, 2,924 Angelenos were treated in the ER for a suicide attempt. Of these, 1,642 (32.7/100,000) were female. The rate was highest for African Americans (47.9/100,000), followed by white (39.6/100,000). Youth were at highest risk for being seen for a suicide attempt: 1,482 were under the age of 25, with the highest rate (90.4/100,000) for young people aged 15 to 19.	Los Angeles County Service Provider Area  San Gabriel 430 (24.2)  The number indicates number of people treated and released for a suicide attempt in the ER. In parenthesis is the rate/100,000 people. Data shown is for 2014.					
Admitted to Hospital for Suicide Attempt <sup>3</sup> Number Rate per 100,000 population	4,192 41.0	4,114 40.0	4,051 39.4			

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

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

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

Suicide is a complex problem requiring collaborative solutions at multiple levels including individuals, families and communities. A comprehensive public health approach to suicide prevention emphasizes raising awareness of the warning signs and local resources, early intervention by training those in a position to intervene (gatekeepers), effective crisis response and help lines, and addresses health disparities and access.



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

Calls, chats and texts to crisis lines: Didi Hirsch and Teen Line 2018 Outcomes Report. The total for Didi Hirsch includes calls, chats and texts and roll-over calls from Teen Line, which are not counted in the Teen Line total. Numbers are for L.A., only. Total number of suicide prevention trainings and presentations offered by DMH PSP Team and trained community members, FY 17–18, Directing Change Program, Mini Grants, Events and AB 2246 trainings FY 17–18, Didi Hirsch 2018, AFSP 2018, Teen Line 2018. Awareness Walk: Data provided for participants in the two Out of the Darkness Walks hosted by American Foundation for Suicide Prevention (AFSP) and the annual Alive & Running 5K Walk/Run for Suicide Prevention organized by Didi Hirsch in 2018. Source: American Foundation for Suicide Prevention Greater Los Angeles and Central Coast Chapter, Didi Hirsch Annual Report 2018. Youth and young adults reached by awareness campaigns: Directing Change Outcomes Report for Los Angeles County FY 2017–18, youth reached by 2018 May/June media campaign. WeRise campaign evaluated by RAND Corporation: Evaluation of Los Angeles County's Mental Health Community Engagement Campaign May 2018. Numbers include in-person event participation, school tours and social media exposure.

#### Department of Mental Health, Partners in Suicide Prevention Team (PSP Team)

This innovative program offered by the Los Angeles County Department of Mental Health (DMH) is designed to increase public awareness of suicide and reduce stigma associated with seeking mental health and substance abuse services. The team offers education, outreach, trainings, and crisis and stabilization support, identifies appropriate tools such as evidence-based practices, and provides linkage and referrals to age-appropriate services.

#### Fiscal Year 2017-2018 Outcomes

340 suicide presentations by Los Angeles County Department of Mental Health funded Promotores

2,051 people reached through 133 outreach events attended by PSP Team

1,886 people trained in 78 suicide prevention trainings by PSP Team

817 people trained in suicide prevention in Spanish, Korean, Chinese and Amharic by community members

2,927,954 young people reached through WeRise event participation, school tours and social media campaign

#### **Didi Hirsch Suicide Prevention Center (www.didihirsch.org)**

Didi Hirsch Mental Health Services provides mental health, substance use and suicide prevention services at 10 centers and nearly 100 schools and community settings. Suicide prevention services including staffing of the 24/7 bilingual crisis line, crisis chat and text, bereavement survivor support groups, community education and outreach, attempt survivor support groups, school and first responder trainings, research, and crisis services as part of the Suicide Response Team.

#### 2018 Outcomes

101,010 calls, chats and texts

3,361 high-risk callers/chatters rescued

46% of callers under age 25; age of youngest caller: 6; age of oldest caller: 97

2,400 people participated in suicide prevention walk

88 drop-in adult suicide bereavement groups and 13 Survivors After Suicide programs were facilitated

7,287 people trained in 162 suicide prevention trainings

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

#### **American Foundation for Suicide Prevention (www.afsp.org)**

The Los Angeles Chapter of the American Foundation of Suicide Prevention provides education, outreach and trainings in schools, health care settings and communities.

#### 2018 Outcomes

- 1,676 people trained in suicide prevention
- 3,590 people reached through community outreach
- 5,000 people participated in two Out of the Darkness Walks

"Teen Line training was one of the most eye-opening experiences of my life. We delved deep into topics that I was scared to talk about, uneducated about and unaware of. Through these discussions, I feel like I have become a more open-minded, self-aware person which in turn has helped me approach my friends and family with more empathy and understanding."

— Teen Line Volunteer, 16 years old

#### Teen Line (www.teenline.org)

Teen Line is a confidential hotline for teenagers that operates every evening from 6 p.m. to 10 p.m. PST. Teen Line volunteers who answer the calls, emails and texts are Southern California teenagers who have received specialized training. In addition to operating the crisis line, Teen Line supports teens through the Teen Talk app, outreach, education and trainings.

#### 2018 Outcomes

21,574 calls, chats and texts with 1,480 suicidal teens helped on the hotline

11,062 teens served through the Teen Talk app with 541 suicidal youth helped

1,119 parents, school staff, youth organization staff and law enforcement officers trained in suicide prevention

5,013 youth participated in outreach programs

## Los Angeles County Office of Education (https://preventsuicide.lacoe.edu/)

The Los Angeles County Office of Education (LACOE) and the Center for Distance and Online Learning (CDOL) are assisting 80 school districts, plus several charter networks and private schools countywide, in the development and implementation of comprehensive policies for suicide prevention, intervention, and postvention. The Suicide Prevention Ongoing Resiliency Training (SPORT2) project focuses on aligning district practices and policies with AB 2246, Multi-Tiered System of Support (MTSS) and Positive Behavioral Intervention and Supports (PBIS). This will be accomplished through ongoing in-person and online trainings offered to districts. Additionally, CDOL offers Technology Enhanced Arts Learning (TEAL), which focuses on arts integration, social-emotional learning and trauma-informed practices to build capacity in arts education, utilizing the same successful blended learning format.

In 2017, 27 children and adolescents died by suicide. Of these, 74% were male, 26% were female and 44% were ages 16-17 years. The youngest age of a child was 10 years.

(Child Death Review Team Report 2018)

In 2014, 2,906 youth were seen in the ER or hospitalized after a suicide attempt in Los Angeles County. The majority were female.

Between 2012 and 2014, more than 8,200 youth and young adults (10–24 years old) were seen in the ER or hospitalized after a suicide attempt.

(Los Angeles County Public Health Department: Preventing Youth Suicide, August 2018 Brief)

Approximately **15%** of **9th** and **11th** graders have seriously considered suicide. (Los Angeles Suicide Ideation County average: 2015-2017 Source: CalSCHLS http://calschls.org)

#### Directing Change Youth Suicide Prevention Program (www.directingchangeCA.org)

The Directing Change Program educates youth ages 14–25 about the warning signs of suicide, mental health and how to help themselves or a friend with an initiative that engages them in the creation of short films on these topics. Additional services include outreach, parent engagement and trainings for educators and districts focusing on implementing comprehensive school-based suicide prevention policies.

#### FY 2017-2018 Outcomes

3,300 youth reached through program, mini-grants and events

182 school administrators trained on implementing suicide prevention policies (AB 2246)

568,742 people reached through screenings of films in movie theatres and online

"We spent a lot of time in my class going over the curriculum from the website and talking about mental illness and suicide prevention. I later learned that one student participant noticed warning signs in a friend and talked to a trusted adult. She said that everything she had learned on her Directing Change project came rushing back to her and she knew what she had to do when something didn't feel right on a phone call with her friend. The friend ended up being rushed to the hospital and received the help she needed. I can honestly say the Directing Change program was the most important and valuable curriculum we studied all year."

—Teacher

The Mayor's Challenge to Prevent Suicide Among Service Members, Veterans and their Families (Mayor's Challenge) has brought together community, government, law enforcement and veteran service organizations to create opportunities for more collaboration, trainings and community engagement so that veterans have better access to mental health and community support. On March 16, 2018, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Veterans Affairs sponsored a task force meeting in Washington, D.C. for seven cities to develop their own interagency plan to "improve local suicide prevention efforts for veterans and their families."

The Mayor's Challenge has grown to 23 cities across the country. The Los Angeles Mayor's Challenge, led by Mayor Eric Garcetti, included but was not limited to Mayor Garcetti's Crisis Response Team, the LA County Sheriff's Department, the Los Angeles Police Department, Didi Hirsch Mental Health Services, 211 L.A., L.A. County's Veterans Administration, West L.A.'s VA Medical Center, Veterans Administration of Greater Los Angeles' Office of Suicide Prevention and Police Department, Long Beach Veterans Administration Police Department, the LA County Department of Mental Health and the Red Cross. These organizations developed a seven-step action plan to carry out the initiative, based on the

seven CDC strategies for suicide prevention and SAMHSA's successful guidance model on enhancing service systems in behavioral health.

- 1. Strengthen access and delivery of behavioral health care.
- 2. Create protective environments through smoother means restriction.
- 3. Promote connectedness through the mayor's crisis response team and peer support programs.
- 4. Teach coping and problem-solving skills through training and evidence-based interventions.
- **5.** Identify and support people at risk through the mayor's "Just Ask" campaign.
- 6. Lessen harm and prevent future risk: Creating a suicide-safer community by learning from survivors on how to recognize and intervene before it's too late.
- 7. Strengthen economic supports: Creating opportunities to support and employ veterans who are transitioning or unemployed.

In 2017, 93 veterans died by suicide in Los Angeles County. Of these, 95% were male, 65% were white and 51% were over the age of **70**.

Between July 2017 and June 2018. **18,115** people with a Los Angeles area code reached out for help by selecting the veteran option when calling the National Suicide Prevention Lifeline.

Source: California Department of Public Health, Epicenter

Each year, the Network and its members work to coordinate the Los Angeles County Suicide Prevention Summit, which occurs annually in September. Each year a different perspective, best practice and population is highlighted to help attendees better understand the role they can play in suicide prevention. With this year's summit, the goal is to help individuals and organizations gain a better understanding of military culture and the

# challenges faced by our members of the military, veterans and their families.

### LOS ANGELES COUNTY SUICIDE PREVENTION NETWORK 9TH ANNUAL SUICIDE PREVENTION SUMMIT

SAVE THE DATE



The Hero in Each of Us: Finding Your Role in Supporting Veterans, Military and Their Families

> September 25 and 26, 2019 7 a.m. to 3:30 p.m.

The opening program will begin promptly at 8 a.m. and includes a performance of the National Anthem and a Color Guard presentation. (No admittance after 8 a.m.)

To attend via Live Stream register at info@LASuicidePreventionNetwork.org

# Get Involved with the Los Angeles County Suicide Prevention Network (LASPN) LASuicidePreventionNetwork.org

The Los Angeles County Suicide Prevention Network (LASPN) is a group of mental health professionals, advocates, survivors, providers, researchers and representatives from various agencies and organizations working together to decrease the number of suicides in Los Angeles County. Its mission is to promote public and professional awareness, education, training and engagement regarding suicide and suicide prevention, intervention and postvention in Los Angeles County. Through the collaboration of its diverse members, the LASPN is working to leverage the talent and resources available locally to work toward comprehensive suicide prevention.

#### **Key activities**

- Create county-wide strategic plan on suicide prevention.
- Plan annual Suicide Prevention Summit.
- Implement and coordinate suicide prevention planning and activities across different sectors, populations and systems.
- Create and manage website to centralize Los Angeles County suicide prevention activities.

#### Workgroups

- The Data and Strategic Planning Workgroup creates briefs on overall suicide mortality and attempt data, as well as briefs on special populations (e.g., first responders) and best practices (e.g., continuity of care, crisis response).
- The Media, Communications and Messaging Workgroup manages a central website for the LASPN and hosts workshops on suicide prevention and working with the media.
- The Youth and Schools Workgroup looks at innovative strategies for a collective impact on youth suicide prevention.

# Raise Awareness About Suicide Prevention at Work, at School, or in Your Community

- Learn the warning signs and risk factors for suicide
- Share materials containing information about warning signs and resources
- Host a training on suicide prevention and/or best practices for suicide risk assessment
- Learn about safe and effective messaging for suicide

#### **Reduce Access to Lethal Means**

- Ask your local pharmacy to include crisis resources on pharmacy bags
- Safely dispose of unused or unneeded medications
- Safely store all firearms (gun locks/safes)
- Secure firearms outside of homes for people in distress
- Support local efforts to implement bridge barriers

## Prepare Your School or Community for How to Respond After a Suicide

- Help develop a postvention plan at your school or organization
  - Share local resources for loss and attempt survivors

Join the Los Angeles County Suicide Prevention Network

For more information and to get started visit: www.LASuicidePreventionNetwork.org

To learn more about how to get involved, visit: LASuicidePreventionNetwork.org

If you are in crisis, please contact the National Suicide Prevention Lifeline (Didi Hirsch) 24/7: 1.800.273.TALK (8255)