



SUICIDE PREVENTION ¹

Integrated suicide prevention practices are recommended within education, healthcare, justice and other local systems. **Key Components** and **Promising Practices** are summarized.

KEY COMPONENTS

Access to health, mental health & SUD Care:

- Insurance Coverage
- Integrated Care
- Mental health workforce adequate to provide access for all
- Primary Care Doctors able to screen for suicide risk, depression and SUD, and treat within integrated care systems

Connection to community and family support through culturally-competent training, programs and partnerships

Lethal Means Restriction:

- Railways & Bridges—Deterrent Systems
- Prescription Policies for certain medications
- Carbon Monoxide Emission Controls on autos
- Weapons
 - ⇒ Firearm safety mechanisms such as gun locks and safes.
 - ⇒ Suicide Awareness Training of firearm professionals

Responsible Media Reporting to:

- Prevent suicide clusters
- Share prevention and recovery information

Vulnerable Groups

(According to Statewide Statistics)

People in Middle and Older Age, Veterans and LGBTQ

- Age 35-64: *High rates in 2017*
- Age 65+ *Historically High Rate*
- Veterans *appr. 14% of U.S. Suicides 2016*
- LGBTQ Adults & Youth

People Admitted to and Discharged from Hospital Settings

- Emergency Departments—Individuals seen for self-injury are 30 times more likely to die by suicide than other patients.
- Psychiatric Hospitalization—Suicide risk increases during the first week of admission to a psychiatric hospital and during the first week after discharge.

CALBHB/C supports the work of California’s 59 local mental/behavioral health boards and commissions by providing resources, communication and statewide advocacy.

PROMISING PRACTICES

Tools

Crisis Intervention Tools:

- Universal Screening for Suicide Risk with secondary assessment by a physician
- Resources at discharge to include:
 - [Safety Plan](#)
 - Follow-up Calls
 - Follow-up Care

Risk Assessment and Management Tools:

- [Columbia-Suicide Severity Rating Scale](#)
- Patient Health Questionnaire (PHQ9)
- Crisis Response Planning
- [Safety Plan](#)

Treatment Tools:

- Dialectical Behavioral Therapy
- Cognitive Behavioral Therapy for Suicide Prevention
- Collaborative Assessment and Management of Suicidality.
- Attempted Suicide Short Intervention Program (ASSIP)
- Pharmacological Interventions

Postvention Tools directed toward suicide loss survivors, including family, friends, professionals and community at large to address:

- Grief and distress (e.g. face-to-face bereavement support groups)
- Negative effects of exposure to suicide
- Prevent additional suicide by people at risk

Programs

CALM: Counseling on Access to Lethal Means—[On-line Training](#)

Gatekeeper Training for teachers, families, coaches, military, supervisors, clergy, emergency responders, urgent care and others to identify at-risk individuals and respond effectively, including connection to services

- Adults
 - ⇒ [Question, Persuade, Refer](#)
 - ⇒ [Living Works](#)
- Children & Youth
 - ⇒ [More Than Sad](#)
 - ⇒ [Signs Matter Early Detection](#)
 - ⇒ [LGBT Youth](#)

Overdose Response: Harm reduction interventions such as Medication Assisted Treatment for opioid overdose.

Resilience & Skills Training to promote critical thinking, conflict resolution, stress management and coping. (e.g. [Good Behavior Game](#), [American Indian Life Skills Development](#) curriculum)

Crisis Lines — How to Connect

National Suicide Prevention Life Line
1-800-273-TALK (8255) or [On-Line Chat](#)

MY3 Mobile App: my3app.org

Veterans Crisis Line:
1-800-273-8255 and Press 1
Text: 838255
Chat: veteranscrisisline.net

1 Issue brief is based on: “[Striving for Zero - CA’s Strategic Plan for Suicide Prevention 2020-2025](#)” by the Mental Health Services Oversight & Accountability Commission. www.calbhbc.org/suicide