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

**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

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

**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.
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