

Bolster Suicide Prevention and Response April 28, 2020

Suicide rates are increasing. The COVID-19 pandemic has negatively affected the mental health of millions of Californians. Some experts are predicting an increase in suicidal behavior among children and adults. Suicide is preventable and everyone plays a role in its prevention. Much like the COVID-19 response, all Californians need to be vigilant – aware and responsive to the warning signs of suicide in their loved ones and for themselves.

Disrupt Another Public Health Challenge: Suicide

California's strategic plan for suicide prevention - *Striving for Zero: California's Strategic Plan for Suicide Prevention 2020-2025* presents a comprehensive strategy based on the latest information and evidence to guide state and local efforts. Below are key insights from the state's plan relevant now more than ever during the pandemic, followed by a series of recommendations from the plan that should be taken now to prevent further loss of life.

Longstanding increases in suicide rates could escalate in the wake of the COVID-19 pandemic. Suicide is a complex public health challenge involving many biological, psychological, social, and cultural determinants. Major risk factors for suicide, such as health and mental health needs, substance use disorders and access to lethal methods of attempting suicide, may be exacerbated as care is disrupted or unavailable and people are confined to their homes with access to guns and other lethal means.

Access to highly lethal methods of attempting suicide may have increased. In March, background checks for gun sales in California increased by 72 percent over February 2020 sales.¹ Safe storage of guns in the home can mean the difference between life and death for vulnerable adults and youth who are quarantined. Crises involving suicidal behavior tend to be transient and are characterized by extreme ambivalence about the wish to die or stay alive. Reducing access to lethal methods during a crisis creates lifesaving time and opportunity for intervention and is an essential element of suicide prevention best practices. The placement of time between thoughts of suicide and a person's ability to obtain lethal means for an attempt represents a practical, lifesaving approach to prevent suicide.

California may see an increase in the number of youth who die by suicide. Vulnerable children and youth may not have access to community and school-based supports and may be in unsafe home environments, including homes with easy access to firearms and illegal and legal drugs

¹ Source: FBI's National Instant Criminal Background Check System: https://www.fbi.gov/file-repository/nics_firearm_checks_-_month_year_by_state_type.pdf/view

and with abuse and neglect. Youth attempt suicide at greater rates compared to adults. As lethality of means increases, we may see an increase youth suicide death.

An effective crisis response network can make all the difference. For many people at risk for suicide or those in distress, lifesaving intervention may be calling, texting, or chatting with a crisis line responder or accessing crisis services, such as mobile crisis units or crisis residential centers and mental health urgent cares. These lifesaving services are often uncoordinated in many California communities. Complicating this fragmented network is the sheer amount of numbers for access lines, warm lines, peer-run lines, suicide hotlines, and crisis lines, with each county having its own set of phone numbers, in addition to the National Suicide Prevention Lifeline.

Accelerate State Leadership to Strategically Prevent Suicide in California

Suicide prevention efforts are occurring throughout the state and in different private and public sectors. But the multi-disciplinary nature of suicide prevention makes it difficult to coordinate efforts. The state's suicide prevention plan calls for state leadership to coordinate efforts, send clear and consistent messages about best practices, monitor suicide and suicidal behavior data, leverage existing and seek new resources, and oversee state laws already in place. Such leadership could accelerate best practices in suicide risk assessment and management for at risk adults and youth in key settings, such as health care and schools, especially for people with histories of suicidal behavior who are at greatest risk for dying by suicide.

Take Action Now

The Commission has developed four recommendations to disrupt an emerging mental health crisis. Guided by years of extensive research and community engagement to develop the state's strategic plan for suicide prevention, the Commission recommends the following action to prevent further loss of life to suicide:

Recommendation: Establish state leadership and financial support for suicide prevention activities. The State should formally establish suicide prevention leadership to coordinate and integrate state, county, school and private sector responses to prevent further loss of life – during the COVID-19 pandemic and afterward. Educators and health care providers, especially tele-health providers, need to be trained in the use of suicide risk screening tools, safety planning, and ways to promote safe home environments.

Disrupt the Emerging Mental Health Crisis

Disruption of an emerging mental health crisis is possible if the State acts now to increase financial resources and fortify critical public health infrastructure. The Commission has identified four actions that should be taken immediately to address this crisis in its letter to the Governor and Legislature dated April 28, 2020. This document supplements information to support recommended action to prevent suicide.