



CRISIS SUPPORT SERVICES

of Alameda County

Trends in Suicide

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Suicide in the United States

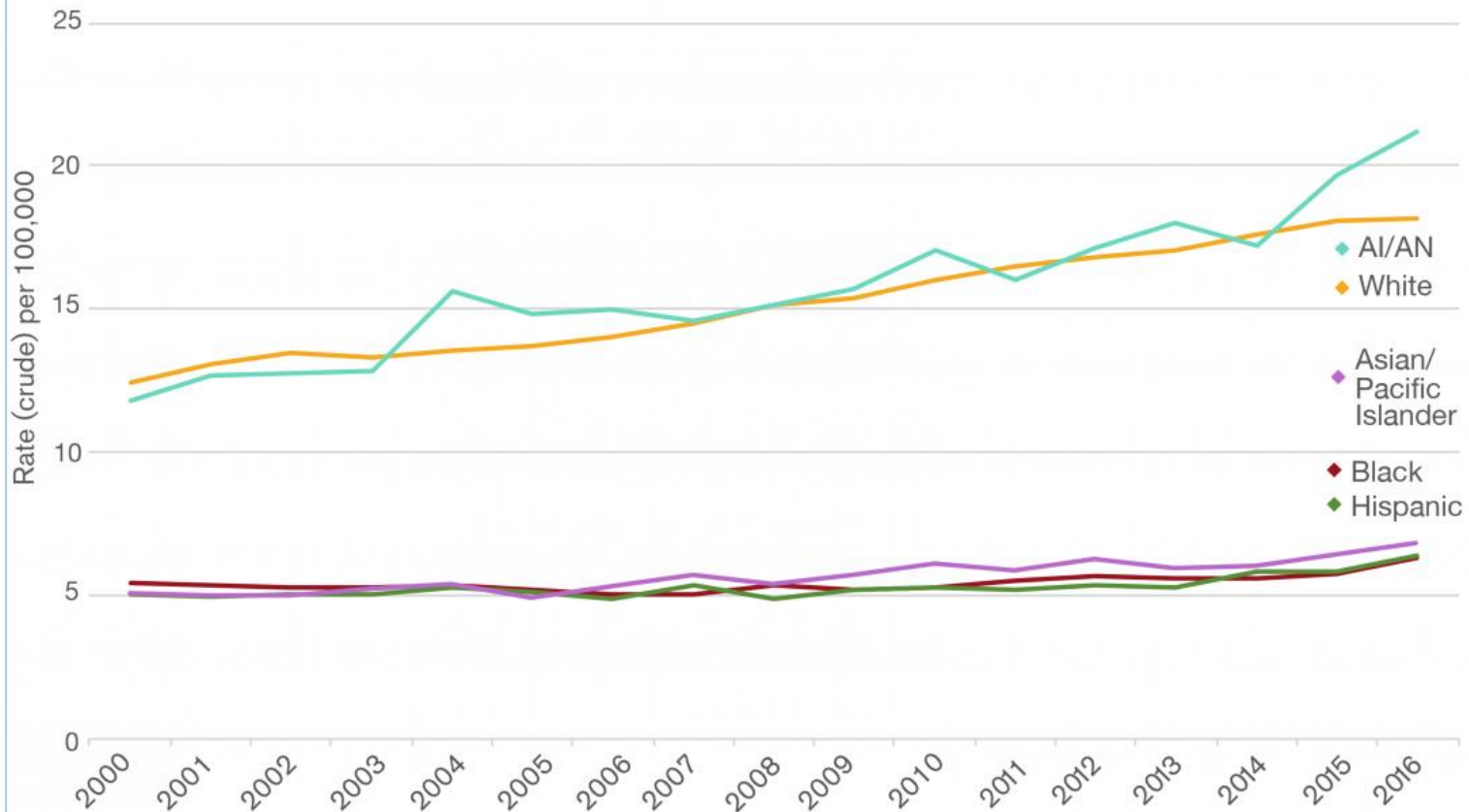
- In 2016 44,965 people died by suicide nationwide
- An average of 122 people die by suicide each day
- Suicide is the 10th overall cause of death in the U.S.
- 13.9 deaths by suicide per 100,000 in population
- 5,723 were adolescents (10-24) making suicide the 2nd cause of death in this age range
- 8,214 were 65+ years of age
- 16,196 were middle aged (45-64)
- Across age spans there are 3.4 male deaths by suicide for each female death by suicide.
- 1,124,125 annual suicide attempts there are 3 female attempts for each male attempts
- Approximately 50% of all suicide deaths are by firearm

High Risk Groups

- Suicide attempt survivors
- LGBTQIQ – 2S
- Suicide loss survivors
- Youth in justice or child welfare systems
- Those with chronic or painful medical conditions
- Older adults (65+)
- Those that engage in non-suicidal self-injury
- Those with mental health conditions
- People with substance use conditions
- Youth 10-24
- Members of the Armed Forces and Veterans
- Men in midlife (45-64)

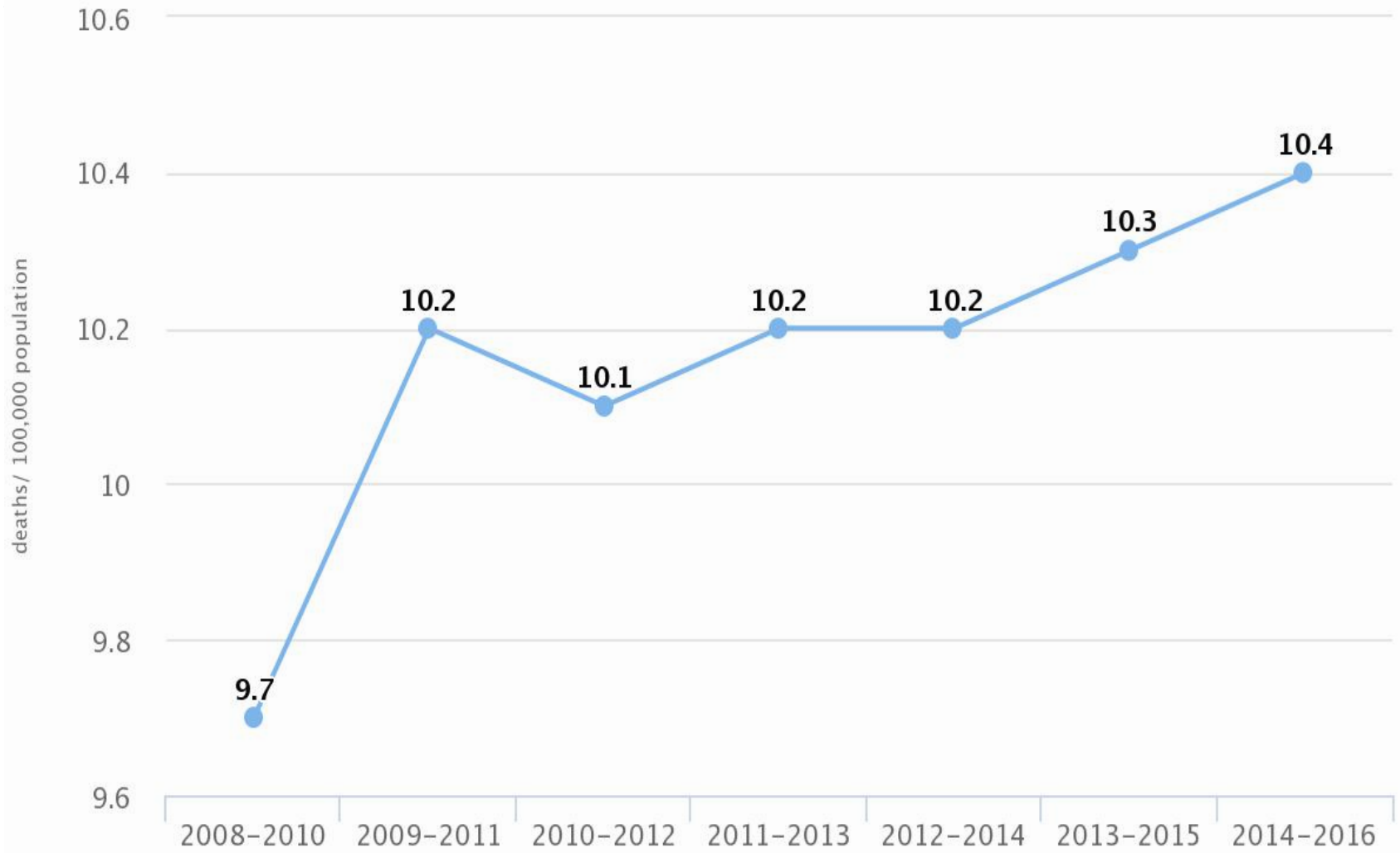


Rate of Suicide by Race/Ethnicity, United States 2000–2016



Source: WISQARS Fatal Injury Reports, 1999–2016

Age-Adjusted Death Rate due to Suicide State: California



Source: California Department of Public Health (2014-2016)

Suicide Rates in California

- ▶ In 2016, the rate of suicide was 10.9 per 100,000 equivalent to 4,294 people, of which were:
 - ▶ 3,290 were male
 - ▶ 998 were female
 - ▶ 516 were adolescents (10-24years old)

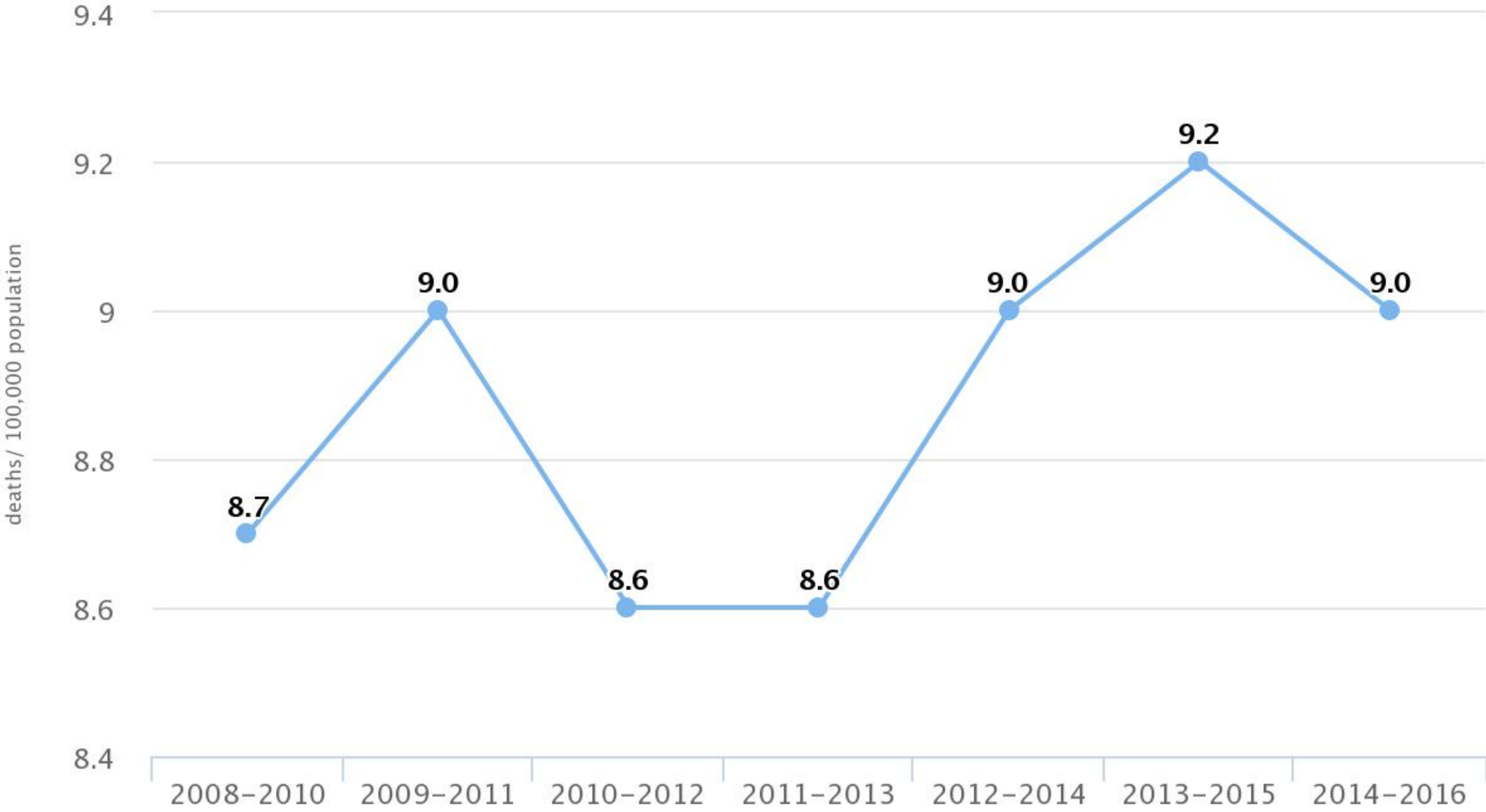
THE GOLDEN STATE



California Department of Public Health, Safe and Active Communities Branch. Report generated from <http://epicenter.cdph.ca.gov> on September 11, 2018



Age-Adjusted Death Rate due to Suicide County: Alameda



Source: California Department of Public Health (2014-2016)



Alameda County Suicide Rates

In 2016, the rate of of suicide was 9.0 per 100,000 which is equivalent to 158 people:

- 108 were male
- 58 were female

The majority of deaths were between the ages of 45-64 which matches the national average



How do we compare?



In 2016 the U.S. rate of suicide per 100,000 in population was **13.9**



California's rate of suicide per 100,000 in population is lower than the national average at **10.9**



Alameda County's rate of suicide per 100,000 in populations is lower than the state and national average at **9.0**

Summary

Suicide rates have increased in nearly every state from 1999-2016.

In more than half of the states, suicide rates increased 30% since 1999.

Mental health conditions are often seen as the cause of suicide, but suicide is rarely caused by any single event.

Recent research has suggested that many people who die by suicide are not known to have a diagnosed mental health condition at the time of their death.

Other problems often contribute to suicide, such as those related to relationships, substance use, physical health, job, money, legal or housing stress.

Project 2025

The goal of Project 2025 is to reduce suicide rates by 20% by the year 2025


The **Four Key Areas** that will be targeted are:

Firearms – Nearly half of all suicides in the U.S, are by firearms.

Health Care Systems – Up to 45% of individuals who die by suicide visit their primary care physician in the month prior to their death

Emergency Departments – 39% make an ED visit in the year prior to a suicide attempt; 70% do not attend 1st outpatient appointment after a suicide attempt. Approximately 1/3 of all suicides occur within 3 months of discharge from an inpatient psychiatric unit (Olfson M, Wall M, Wang S, et al. Short-term Suicide Risk After Psychiatric Hospital Discharge. JAMA Psychiatry. 2016;73(11):1119–1126. doi:10.1001/jamapsychiatry.2016.2035)

Corrections Systems – Suicide is the leading cause of death in jail systems. This accounts for 35% of all jail deaths. Suicide in state prisons was up 30% in just one year (2014-2015)



Health Care Systems- The goal in the health care system is to save 9,200 lives by 2025.

45% of individuals who died by suicide visited their primary care physician in the month before their death.

If 20% of at risk individuals in large healthcare systems are identified via screening tools and provided short-term intervention with follow-up care will help to identify at risk patients and provide them with the immediate care they need to save their life.



What Can We Do?

- ▶ Be willing to identify and support people at risk for suicide.
- ▶ Teach coping and problem solving skills to elementary school children in an up-stream approach to suicide prevention.
- ▶ Promote a public health campaign that promotes safe and supportive environments. This should include but not be limited to how to safely store medications, and reduce access to firearms.
- ▶ Create places and activities that bring people together to feel more connected.
- ▶ Help at risk individuals connect with care including professionals care, peer support, and faith based supports.



Recommendations from Crisis Support Services of Alameda County

- ▶ Provide access to more up-to-date data from coroner's office on modality of death, and demographic area by zip code
- ▶ Include non-binary gender identification and sexual orientation on death certificates
- ▶ Increased collaboration and education with law enforcement in responding to suicidal individuals
- ▶ Respite centers in each region of California
- ▶ Cultural specific suicide prevention efforts
- ▶ Annual statewide Crisis Center Conference on suicide prevention
- ▶ Mandated education on suicide risk for in-home and senior facilities care providers for older adults
- ▶ Mandated education for all medical professionals and mental health professionals to received continuing education in suicide assessment and intervention
- ▶ Mandated education on suicide prevention for all gun store owners and staff
- ▶ Follow up care after a suicide attempt

