Status of Suicide

And a closer look at Postvention

The San Diego County Suicide Prevention Council Annual Report to the Community shares prevention resources and local data on suicide and help-seeking behavior. It aims to raise awareness that suicide is everyone’s problem, stimulate efforts to connect people to help and, ultimately, reduce regional suicide rates.

This year’s report focuses on efforts to deal with the after effects of suicide: postvention. Exposure to death by suicide is associated with an increased risk of the development of negative health and social outcomes among the people who are left behind, including an increased risk of suicide.

Postvention refers to activities and services to reduce this risk and promote healing after a suicide death. Because postvention is prevention, it has the potential to help reduce the number of suicide deaths in San Diego County, where this public health problem remains a challenge despite recent encouraging data. Compared with 2018, the County suicide rate in 2019 decreased 7.9% from 13.9 to 12.8 per 100,000 population, the lowest rate since 2011.

Crisis calls to the local Access & Crisis hotline in 2019 increased 15.5% to an unprecedented 55% of all call volume. However, annual visits to the It’s Up to Us suicide prevention/ stigma reduction media campaign website (Up2SD.org) declined 7%.

Finally, the number of participants attending suicide prevention trainings decreased 37.5% from 2018 to 2019, in keeping with the 20.8% decrease in the annual number of trainings provided due to staffing capacity that is currently being addressed. Live Well San Diego, the County’s comprehensive vision to improve health and promote wellness for all San Diegans. Consistent with this vision, this report addresses the Living Safely component and its Pursuing Policy & Environmental Change strategy by sharing news to ensure we work together to achieve the collective vision of a protected, safe and resilient San Diego. To learn more about Live Well San Diego, visit www.livewellsd.org.
### Table 1: Status of Suicide & Suicide Prevention in San Diego County: SPC Report Card 2020

#### What do the data reveal about suicide? What is being done about it?

This report card brings together data for 2015 through 2019. Information from the County Medical Examiner, the Access & Crisis Line, hospital emergency departments, student self-reports, suicide prevention awareness campaigns and suicide prevention training programs are presented to provide a more complete understanding of the status of suicide and efforts to prevent them in San Diego County.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2015</th>
<th>2016</th>
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<tbody>
<tr>
<td><strong>1. Total Suicide Deaths (ALL AGES)</strong></td>
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<td>427</td>
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<td>b. Rate per 100,000 population</td>
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<td><strong>2. Emergency Department Discharges: Self-Inflicted Injury/Poisoning</strong></td>
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<tr>
<td>b. Rate per 100,000 population</td>
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<td>94.2</td>
<td>93.2</td>
<td>94.8</td>
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<td><strong>3. Access &amp; Crisis Line:</strong> Percent of All Calls that are Crisis Calls</td>
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<td></td>
<td>25.8</td>
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<td><strong>4. It's Up to Us Media Campaign</strong></td>
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<td>a. Annual Website Visits</td>
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<td>b. Total Facebook Fans</td>
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<td><strong>5. Student Self-Report:</strong> Percent of Students who Seriously Considered Suicide</td>
<td>-</td>
<td>14.5%</td>
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<td><strong>6. Suicide Prevention Gatekeeper Trainings</strong></td>
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<td>a. Presentations</td>
<td>101</td>
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<td>b. Participants</td>
<td>2,747</td>
<td>1,937</td>
<td>3,627</td>
<td>5,553</td>
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</tbody>
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1. Total number and rate of persons that died by suicide. Source: County of San Diego HHSA, Emergency Medical Services, Medical Examiner Database, 2015-2019. Population Data from SANDAG. Suicide rates for previous years may not reflect values included in prior report cards due to updated population estimates.
2. Total number, rates of persons discharged from emergency department that had self-inflicted harm from 2015-2018. Source: County of San Diego HHSA, Emergency Medical Services, Medical Examiner Database, 2015-2018. Population Data from SANDAG.
4. Total number of persons that visited the It's Up to Us media campaign website and cumulative number of fans of the Facebook campaign website page per year from 2015-2019. Source: Civilian Agency.
5. Total percent of youth (9th and 11th Grade) that had suicide ideation (surveys conducted every other year from 2015-2018). Source: California Healthy Kids Survey (CHKS), Developed by WestEd for the California Department of Education, 2015-2018. The total percent is an average of the 9th and 11th grade percentages.

Call the San Diego Access & Crisis Line (ACL) at (888) 724-7240 to receive FREE assistance 7 days a week/24 hours a day. For mental health and suicide prevention resources, information about free suicide prevention trainings, or to use chat services with ACL Monday-Friday (4pm-10pm), visit www.Up2SD.org.
For more information on the San Diego County Suicide Prevention Council, visit www.spcsandiego.org.
What Is Postvention & Why It Matters

Postvention refers to activities which reduce risk and promote healing after a suicide death.

What Is Postvention?
Postvention is a term often used in the suicide prevention field. Postvention is an organized response in the aftermath of a suicide to accomplish any one or more of the following:

1.) To facilitate the healing of individuals from the grief and distress of suicide loss.
2.) To mitigate other negative exposure to suicide.
3.) To prevent suicide among people who are at high risk after exposure to suicide.

Postvention services promote healing and reduce risk for this population known as survivors of suicide loss. In addition, SOSL promotes suicide awareness and prevention in the local San Diego community.

For more information go to www.soslsd.org

Why It Matters
A suicide death can affect those beyond the immediate loss survivors and ripple outward, impacting others and in some cases even an entire community. Research has firmly established that family members of individuals who die by suicide—including parents, children, and siblings—are at increased risk of suicide. They are often referred to as “survivors” which is another confusing term, particularly as suicide attempt survivors have become an increasingly important voice of hope and resilience in the suicide prevention community. Better terms for those who have lost a loved one to suicide include loss survivors and individuals bereaved by suicide. This helps to support both types of survivors be they of loss or attempt, although the support should look different and shouldn’t be done together.

Helpful information >>>

Surviving Suicide Loss & Post-Traumatic Growth: What Comes After Loss

Healing after the suicide of a loved one involves psychological and emotional challenges. Effective “Postvention” services and support for these individuals fosters healing and growth for the survivor. In addition, it reduces the risk of suicide. There is growing awareness in the suicide prevention community that effective “Postvention” services are an integral component of a comprehensive suicide prevention plan. Survivors of suicide loss support groups are some of the most effective ways to promote healing in this population.

For survivors of suicide loss, life has changed and will never be the same. Postvention services help them navigate their grief and move into a “new normal” life. There is a growing body of research about Post-traumatic Growth that demonstrates those left behind after suicide can do more than survive. Post-traumatic Growth (PTG) challenges the prevalent mindset that trauma only debilitates a person or leads to a damaged or dysfunctional life. This new area of research shows that trauma can potentially change us in positive ways. Survivors of Suicide Loss (SOSL) is partnering with the University of Pennsylvania Masters Of Applied Positive Psychology Program. Graduate students have developed an application plan to incorporate the positive psychology concept of post-traumatic growth into SOSL programming. This new program will meet the needs of the survivors of suicide loss to help them create their “new normal” life and return to flourishing.

“It’s like a dandelion. You pull up the flower, not realizing the roots are deep and have spread far. You survive, but the call of the void never quite goes away. But you learn to not answer it.”

– Amanda L.
How my experience as a Survivor led me to help others

By: E. Duval, Psy.D., LPCC.

My odyssey began in 1993 when I lost my significant other to suicide. I was 21 years old, in my last year of college, and I had a part-time job in San Francisco, where my boyfriend also worked. I learned about his suicide from our manager.

Twenty-seven years later, I could still recite the words fumbling out of my manager and recount my surreal walk to the car, into the city and a reality that was forever altered. We were in the honeymoon stage of our relationship. Imagine sitting in a nice, hot, bubbling Jacuzzi, enjoying the vibes. Suddenly, you’re swept into a cold plunge and your brain is trying to catch up with a somatic shock to your system. You step into the cold air that is equally unwelcoming. I was no stranger to grief or death, but this was profoundly different. The person I was committed to, captivated by, and excited about a future with, rejected the planet. The murky path through grief resulted in lost friends, loneliness, and high anxiety. Like some survivors, I became obsessive about retracing his last days and weeks. Always an armchair detective, I wanted to understand why my loved one ended life at 27, his whole story, and what, if any, was my role in it.

Finding the energy to be a curious investigator helped me to cope. I even visited the orphanage he lived in as a child in England and met his estranged brothers. I tracked down and joined a Survivor of Suicide (SOS) group six months after the death. The group was undeniably the best source of emotional support I had during my process. A year later, in 1994, I was invited to attend a two-day suicide intervention workshop.

I was encouraged by several of the trainers to think about counseling as a career.

By 1998, I was ready to start volunteering and became certified as a grief counselor and Survivor of Suicide (SOS) group facilitator. Shortly after, I was accepted into a Master of Psychology program towards licensure. In 2004, I moved overseas. I continued my counseling practice and developed a training workshop for clinicians working with survivors of suicide loss. I was invited as a keynote speaker for Survivors of Bereavement by Suicide conferences in London and Birmingham. For a number of years, I worked as a critical incident responder for organizations impacted by suicide. Returning to the US in 2014, I resumed my role as SOS a group facilitator and decided to pursue a doctoral program. My dissertation is focused on the development of proactive, holistic suicide postvention training for organizational leaders.

Reflecting on my survivor grief, I honored my process, sat with the extreme discomfort, respected the pace, and sought resources to connect with survivors. As I emerged from healing, I felt compelled to help other survivors, and to educate and assist those who felt unprepared to support survivors of suicide loss. I embraced being a survivor as part of my identity a long time ago. My involvement has brought meaning and purpose into my life.
Supporting Children After A Suicide Loss

Assure the youth that the cause of their loved one’s death is part of their story, but the cause of death is not the entire story, or even the most important part of their story.

**Toward An Understanding of Children**

*Coping with Suicide.* There are universal themes common to all types of grief, such as sadness, anxiety, anger or confusion. Given the generally sudden and unexpected nature of suicide, children’s emotions may be more intense, and questions particular to suicide will likely arise. There is the shock and trauma of hearing about a sudden death and the grief that ensues, and there is also the question of “why?” The “why” comes to the forefront almost immediately and tends to remain predominant longer than in other kinds of grief. The “whys” are difficult for adults to understand and even more elusive for children. Therefore, it is important to be concrete in language to let children ask questions about their concerns.

**Grief Is Impacted by Age/Developmental Stages.**

How children understand and react to loss differs by developmental stage. As a child matures, they will be curious about different parts of the death story and revisit the loss from this changing perspective.

Having an understanding of how children of various ages express grief is helpful in understanding your child’s response to this loss. The **Conversation.** The most important element to keep in mind is to speak about the person who died in a caring and honoring manner because the way they died does not change or diminish the life they had. In addition, let the child know that if they themselves ever struggle with their feelings, there is always help available. As you begin the conversation bear in mind the conversation should balance honest sharing and restraint.

You don’t have to share all the details at once and it is important to keep language as simple and concrete as possible. **Managing Feelings and Building Resilience.** We know now that grief is more circular and can rise up and withdraw like waves do. This metaphor is helpful to aid children and adults in managing feelings and build resilience. Let children know that it is normal to have feelings emerge even at unexpected times and like the wave, the feelings will eventually come down to a manageable place.

**Talking to children >> Do’s:**

- Do use the phrase “died by suicide” instead of “committed suicide”.
- Do monitor your teen’s social media accounts in the weeks after the suicide loss. Encourage them to limit details on the means and avoid blaming others.
- Do let your children know that they are not creating sadness when they bring up their loved one.
- Do reach out to a mental health professional for the whole family.

**Don’ts:**

- Don’t talk about suicide “epidemics.” This can lead vulnerable persons to see themselves as part of “a larger story.” This increases the risk that they will engage in suicidal behavior.
- Don’t simplify the reasons for a suicide—suicide is a complicated, multi-faceted manner of death. Try not to point to one cause or person as a more or less significant factor in the deceased’s death.

**Developmental Stages of Grief**

- **Babies:** Need physical comfort, routine basic care and patience. They have no understanding of death and do not have words for feelings. They may be aware that something is different and communicate by crying and having physical symptoms.
- **Preschool - age Children:** Do not understand the permanence of death. They are in the midst of “magical thinking.” Young children may think that they somehow caused this death and will need reassurance that it is not so. They need space and time and more concrete answers. They may experience separation-anxiety and stomach aches. Provide physical comfort, allowing for regression. Encourage them to play, draw.
- **Elementary School Aged Children:** Similar to Preschool children except that they do understand that death is final and worry more about who will take care of them in the future.
- **Teen Years:** They understand finality of death though they may engage in denial. They may worry about their own or another’s death. Grieving teens require tons of extra patience. Allow them to make choices as appropriate to help provide sense of control.

*Source: Supporting Children After a Suicide Loss A Guide for Parents & Caregivers by Sarah S. Montgomery & Susan M. Coale*
“The best route to understanding suicide is directly through the study of human emotions described in plain English, in the words of the suicidal person” - Edwin Shneidman, 1996.

After A Suicide Attempt

Following a suicide attempt it is often a confusing and emotional time for the person who attempted and their family and friends. Others may not understand the stress and pain the person is feeling just before and after the attempt. The presence of stigma is one reason; individuals who have tried to complete suicide have feared how family, friends, school peers, and the local community will respond. As a result, they chose to remain silent and didn’t get any help. When we talk about suicide, we tend to focus on prevention or mourning those that we have lost to suicide. And while these are worthy and important causes, they sometimes make invisible a very real and important group of people. We forget, too often, that some are on the other side- that not everyone who attempts suicide, will die.

Here are a few ways we can all do right by attempt survivors. **You can include attempt survivors in your conversation about suicide**- it should never be assumed that survivors don’t exist. **Stop treating suicide like a Taboo topic and shaming survivors**- when we don’t have healthy, compassionate conversations about suicide and survival, we ultimately discourage survivors from seeking support. **Don’t assume that suicide attempts are a universal experience**- by acknowledging the complexity and diversity of their experiences, we support all survivors. **Realize that survivors are everywhere**- we, as a culture, need to recognize that attempt survivors are in every community. We need to support them by discussing suicide in a way that is sensitive, inclusive and does not uphold discrimination or shame. We want to assure that survivors in every community can feel safe and respected.

Surviving A Suicide Attempt Is Possible…

The time after a suicide attempt is an important one. It can be a turning point in a person’s life. Often, a suicide attempt can break the silence that surrounded the problems and the suicidal thoughts a person is experiencing. Making a choice to be open about the suicidal thoughts and seek help, when ready, can be the first step on the path to a more enjoyable life. Recovering from a suicide attempt is a process. It will likely have its ups and downs. At times the person might even feel overwhelmed or sad, and may experience suicidal thoughts again. However, it’s important to remember that feelings change. Finding ways to cope with those negative feelings while staying alive will give a person the chance to enjoy the positive things life still has in store. It may be difficult, but the effort that is invested in recovery will be well worth the time spent **because it matters and there is help**. There are people that can help and life can get better. Here are some things to begin the process to recovery that have helped others in the past.

**After An Attempt**

- Acknowledge your current thoughts and feelings
- See a medical professional
- Plan how you will share what happened to minimize your stress
- Re-establish connection with others
- Have a plan to stay safe in case feelings arise again.

**Source:** www.save.org


Resources for Family & Friends of Survivors

- [http://www.togethertolive.ca/sites/default/files/waterloo_after_a_suicide_attempt_for_family.pdf](http://www.togethertolive.ca/sites/default/files/waterloo_after_a_suicide_attempt_for_family.pdf)
- [https://store.samhsa.gov/sites/default/files/d7/priv/sma18-4357eng.pdf](https://store.samhsa.gov/sites/default/files/d7/priv/sma18-4357eng.pdf)

Resources for Attempt Survivors

- For suicide attempt survivors:
- **After a suicide attempt, we understand you may feel lost or unsure about the future. This information is not meant to be medical advice, it is just meant to help support you on your path to recovery.**
- [www.umtr2me.org](http://www.umtr2me.org)
- [https://afsp.org/after-an-attempt](https://afsp.org/after-an-attempt)
- [https://www.crisissupport.org/resources/suicide-attempt-survivors/](https://www.crisissupport.org/resources/suicide-attempt-survivors/)
- [https://suicidology.org/resources/suicide-attempt-survivors/](https://suicidology.org/resources/suicide-attempt-survivors/)
The San Diego County Suicide Prevention Council (SPC)

The SPC is a community-wide collaborative focused on realizing a vision of zero suicides in San Diego County. Our mission is to prevent suicide and its devastating consequences in San Diego County. In 2010, the County of San Diego Health and Human Services Agency (HHSA) awarded Community Health Improvement Partners (CHIP) a contract to form and establish an interagency council to create, introduce, and drive implementation of a Suicide Prevention Action Plan (SPAP) for San Diego County—the first of its kind in California.

In 2016, HHSA awarded CHIP a second contract to update the SPAP. The SPAP Update 2018 extends the work of the SPC with strategies designed to expand the coalition’s membership and engage the community in a comprehensive approach to reduce suicide in the region. Today, with continued support from the County of San Diego, the council provides oversight, guidance, and collective support to implement the recommendations of the SPAP. For more information go to https://www.spcsandiego.org

WHAT YOU CAN DO...

- If you or someone you know needs help, call the Access & Crisis Line at 888-724-7240 (7 days a week/24 hrs a day and multiple languages are available).
- Learn the signs and what resources are out there through our QPR (Question, Persuade, Refer) Suicide Prevention training, go to https://spcsandiego.org.
- Find more resources at the It’s Up to Us website www.up2SD.org; you can also join the Facebook page at www.facebook.com/up2sd.
- Reach out to someone you think is struggling or if you are struggling connect to help.
- Volunteer your time and/or donate to suicide prevention efforts and organizations.
- Suicide is complicated so if you need additional support you can call 2-1-1, it is a resource and information hub for community, health and disaster services.
- Take a Mental Health First Aid Training to learn more about mental health and how you can help yourself and others www.mphasd.org.
- Learn more and participate with the San Diego County Suicide Prevention Council at https://www.spcsandiego.org and/or join our mailing list by emailing info@sdchip.org.

Suicide Prevention Milestones

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<thead>
<tr>
<th>State and National Milestones</th>
<th>Local Milestones</th>
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<tr>
<td>California Strategic Plan on Suicide Prevention published (2008)</td>
<td>It’s Up to Us Media Campaign started (2010)</td>
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<td>Affordable Care Act enacted (2010)</td>
<td>Suicide Prevention Council is formed and begins implementing the action plan (2011)</td>
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<td>AB-2246 Pupil Suicide Prevention Policies passed (2016)</td>
<td>SPC Updates the San Diego County Suicide Prevention Action Plan (SPAP) (2016)</td>
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<td>Guidelines for Adolescent Depression in Primary Care Updated (2018)</td>
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