

Epi-Aid on Youth Suicide in Santa Clara County, CA

FAQ: FREQUENTLY ASKED QUESTIONS

What is an Epi-Aid?

- An Epi-Aid is an investigation of an urgent public health problem in a community or state. Epidemic Intelligence Service Officers (EISOs) and subject matter experts from the Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) assist state and local public health officials in these investigations.
- The focus of Epi-Aids is to try to determine the cause(s) and/or extent of a specific health problem and to develop prevention and control recommendations.
- An Epi-Aid investigating youth suicide takes a public health approach, focused on identifying ways to reduce people's risk for suicidal behavior by addressing factors at the individual, family, community, and society levels. This approach aims to track trends and identify risk and protective factors.

How was the Epi-Aid on youth suicide in Santa Clara County initiated?

- From 2009 through 2015, there were a number of suicides among incoming, current, or alumni members in one school district in Palo Alto, in Santa Clara County. In response, the California Department of Public Health (CDPH) requested urgent epidemiological assistance from the CDC to understand youth suicide in Santa Clara County, and, data permitting, in the affected cities and school districts.
- The CDC, in partnership with SAMHSA, provided this assistance to the CDPH and the Santa Clara County Public Health Department through conducting an Epi-Aid investigation.

What were the objectives of this Epi-Aid?

- Characterize the epidemiology of, and trends in, fatal and non-fatal suicidal behaviors among youth occurring from 2008 through 2015 in Santa Clara County, California.
 - Data permitting, compare characteristics at multiple levels, such as school districts and cities.
- Examine the degree to which media coverage of youth suicides occurring from 2008 through 2015 in Santa Clara County, California, met safe reporting guidelines for suicides.
- Inventory and compare youth suicide prevention policies, activities, and protocols used in the community to evidence-based and national recommendations.

- Synthesize information from objectives 1-3 to make recommendations on youth suicide prevention strategies that can be used at the school, city, and county level.

What was the role of the CDC/SAMHSA team on this Epi-Aid?

- The CDC/SAMHSA team's role was to provide technical assistance and subject matter expertise, which included analysis of available data and the development of prevention and control recommendations. These components were carried out by Epidemic Intelligence Service Officers and subject matter experts from the CDC and SAMHSA. The CDC/SAMSHA also prepared the final report on the Epi-Aid.

What types of activities were included in this Epi-Aid?

- Epi-Aid investigations utilize primarily an epidemiological approach. Epidemiological investigations usually have the objective of describing patterns and trends related to a disease in a population and examining associations between the disease and various determinants.
- This Epi-Aid used existing quantitative datasets, such as vital statistics, emergency department and hospital data, and school survey data.
- Activities in this Epi-Aid included 1) a description of fatal and non-fatal suicide behavior among youth, including describing trends over time and identifying risk and protective factors 2) a media scan to examine the degree to which media coverage met safe reporting guidelines for suicides and 3) informal meetings with community organizations and groups to discuss suicide prevention strategies being implemented at the county and local levels.

What types of activities were not part of this Epi-Aid?

- Epi-Aids primarily use epidemiologic methods. For this Epi-Aid, the Epi-Aid team did not collect new data through surveys, in-depth interviews or focus groups, and did not perform psychological autopsies.
- Because the Epi-Aid used a population-level approach, it did not provide information or details about individual suicide deaths.

What data were used in this Epi-Aid report?

- The report used data from the following sources:
 - CDC's Wide-ranging Online Data for Epidemiologic Research (CDC WONDER)
 - Vital statistics
 - Santa Clara County Medical Examiner
 - National Violent Death Reporting System
 - Emergency department and patient discharge data

- Developmental Assets Survey (Project Cornerstone)
- California Healthy Kids Survey
- Project Safety Net Community Survey
- Media reporting on youth suicide

Who was on the Epi-Aid team?

- The team included:
 - Amanda Garcia-Williams, MPH, PhD [Lead], Division of Violence Prevention, National Center for Injury Prevention and Control, CDC
 - Julie O'Donnell, PhD, MPH, Division of Scientific Education and Professional Development, Center for Surveillance, Epidemiology and Laboratory Services, CDC and SAMHSA
 - Erica Spies, MS, PhD, CDC, Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC
 - Xinjian Zhang, PhD, Division of Analysis, Research and Practice Integration, Division of Violence Prevention, CDC
 - Randall Young, MS, Geospatial Research, Analysis And Services Program, Division of Toxicology and Human Health, Office of the Director, CDC
 - Alejandro Azofeifa, DDS, MSc, MPH, SAMHSA
 - Kevin Vagi, PhD, Division of Violence Prevention, National Center for Injury Prevention and Control, CDC

Is the final report available?

- Yes. The CDC/SAMHSA team has prepared a report on the Epi-Aid, with the Public Health Department providing feedback based on discussions with community stakeholders. The final report is available here: www.sccphd.org/epi-aid.

What are the main findings of the Epi-Aid?

- Since 2003, the crude suicide rate for youth, ages 10–24, that died in California and were residents of Santa Clara County has remained stable, with no significant differences over time.
- The suicide rate for 10–24 year olds in Santa Clara County was 5.4 per 100,000, combining data from 2003 to 2014. This is similar to the California suicide rate of 5.3 per 100,000. The suicide rate for youth nationwide was higher than the county and state rates.
- A total of 229 suicide deaths occurred in 10–24 year olds residing in Santa Clara County from 2003 to 2015:

- Two-third of these were ages 20–24 (66%)
- Three quarters were males (75%)
- Nearly 2 in 5 were White, non-Hispanic (39%) followed by 27% Asian/Pacific Islander, 27% Hispanic and 4% African American.
- Findings shows that almost all youth deaths by suicide had factors that preceded the suicide. These factors include, for example, a recent crisis or a current mental health problem.
- In student surveys from 2005 to 2014, the percentage of high school students who reported that they had thoughts of suicide in the past 12 months ranged from 15% to 19% in Santa Clara County.
- From 2009 to 2015, Bay Area media reporting departed from the accepted safe suicide reporting guidelines. Common problems with reporting included describing the method of suicide and location of the injury or death in the story.

What did the report recommend around suicide prevention?

- Recommendations in the final report call for a multi-layered approach to suicide prevention, because youth suicide is complex and has both risk and protective factors at the individual, family and peer, and school and community levels.
- Because the findings underscore the relationship between mental health and both fatal and non-fatal suicide behaviors, the report also recommends making sure that youth in the county have access to quality mental health services. It recommends aligning existing clinical practice with the evidence base and screening guidelines, and increasing education for primary care providers around recognizing and treating symptoms of depression and suicidal behavior among youth.
- The report recommends focusing efforts on the care and follow-up of youth after admission or other treatment for suicidal behavior in emergency departments and hospitals. It speaks to the need to work with mental health service providers and hospitals to overcome the current gap in access to in-patient psychiatric beds within the county.
- Additional recommendations include:
 - Increase awareness of factors that may lead to suicide and available resources through gatekeeper training;
 - Implement crisis intervention approaches intended to impact key suicide risk factors, such as crisis telephone hotline, online chat, or text messaging;
 - Use short- and long-term suicide programs and services to make sure that suicide survivors receive the support and care they need to lessen the potential impact of the suicide death on mental health and wellbeing;

- Implement evidence-based bullying prevention programs that target youth of all ages, as well as targeting other forms of violence; and,
- Reduce access to lethal means for at-risk youth, including safe storage of medications and firearms in the home and implementing strategies to prevent rail suicide.
- Because the report identified unsafe media reporting around youth suicides and limited use of media reporting to educate the public about suicide prevention, the report suggests ongoing engagement with local media reporters and news outlets to educate them about the importance of safe media reporting, especially for youth suicide prevention.

What will happen after the Epi-Aid?

- The Public Health Department, along with the Santa Clara County Behavioral Health Services Department and their community partners, will share the report with county, city, school district, and other community leaders.
- The Epi Aid report provides an opportunity to review Santa Clara County's Suicide Prevention Strategic Plan, which outlines first steps in prevention, early intervention, and data gathering around suicide. The county's Suicide Prevention Oversight Committee (SPOC) will review the report's recommendations and how they align with the current plan. For more information on SPOC and how to join, contact Zinat Mohamed at Zinat.Mohamed@hhs.sccgov.org.

What suicide prevention activities are underway or upcoming?

- The Santa Clara County Behavioral Health Services Department's Suicide Prevention Program has been implementing a Suicide Prevention Strategic Plan to reduce the risk of suicide and to connect youth and adults to the support services they may need.
- The Suicide Prevention Program offers a variety of different trainings and workshops for mental health professionals and the general public:
 - QPR (Question-Persuade-Refer): available as an online course or one- to two-hour class that provides three simple steps that can help save a life from suicide. The free online option is available at: www.sccgov.org/sites/mhd/Resources/SP/Pages/SuicidePTrainingContactUs.aspx
 - safeTALK: a three-hour training that helps move beyond common tendencies to MISS, DISMISS, or AVOID talking about suicide, identify people who have thoughts of suicide, and apply the TALK method (Tell, Ask, Listen, and KeepSafe)
 - ASIST (Applied Suicide Intervention Skills Training): a two-day training for anyone who would like to feel more comfortable, confident, and competent to prevent a suicide from happening

- Mental Health First Aid: an eight-hour training to aid someone who may be experiencing a mental health related crisis
- Youth Mental Health First Aid: an eight-hour training designed to teach parents, family members, caregivers, teachers, peers, and others how to help an adolescent who is experiencing a mental health or addictions challenge or is in crisis
- More Than Sad: a video presentation kit distributed to over 60 schools in Santa Clara County and integrated into youth suicide prevention workshops
- Break Free from Depression: County staff have been trained as instructors in this evidence-based curriculum which is designed to raise awareness of signs and symptoms of depression among youth in school-based settings
- For more information on upcoming trainings and events, visit www.sccmhd.org/sp
- **School-based Suicide Prevention Initiative:** a partnership with the Santa Clara County Office of Education. Free suicide prevention trainings for school professionals are conducted. The Behavioral Health Services Department and the Office of Education are also developing a youth-focused mental health resources manual and implementing Youth Mental Health First Aid Train the Trainer program.
- **Suicide Prevention Speaker's Bureau:** a panel of suicide attempt survivors, survivors of suicide loss, and experts in mental health promotion and wellness who help audiences better understand the experiences of people with mental illness and their success stories.
- **Additional data efforts:** The Behavioral Health Services Department is facilitating additional data efforts to help increase our knowledge and understanding of precipitating factors, increase data surveillance, and improve early intervention efforts.
- **Crisis Text for Youth:** The Behavioral Health Service Department and county leadership are researching a crisis texting services. This will supplement the work of the crisis hotline and increase access for youth and young adults.
- **Public awareness campaign for transition-age youth:** SPOC will oversee the launch of a public awareness campaign to encourage transition-age youth to seek help and services when needed.
- **The Behavioral Health Services Department's Suicide and Crisis Services (SACS) program offers:**
 - The Santa Clara County Suicide & Crisis Hotline: a 24-hour, toll-free confidential suicide prevention hotline available 7 days a week for phone intervention and emotional support by highly trained volunteer Crisis Phone Counselors to help individuals who are experiencing different forms of crises; emotional or situational distress; a need for ongoing support; varying degrees of mental illness; and/or have a need for general

information or referrals. Available 24 hours/7 days a week in English and Spanish, toll-free, 1-855-278-4204

- The Emergency Department Patient (ED) Support Program which provides face-to-face contacts with patients who received medical treatment at the Emergency Department of Santa Clara Valley Medical Center (VMC) due to self-harm injuries/behaviors or suicide attempt; SACS volunteers/interns meet with patients, one on one, to provide resources, follow up, and support group services
- Cost-free weekly support groups for suicide attempt survivors and suicide loss survivors; for meeting times, place, and further information about SACS, please call: (408) 885-6216
- For more information on these and other activities, visit: www.sccmhd.org/sp

What other organizations are involved in suicide prevention in the county?

- Project Safety Net (City of Palo Alto): www.psnpaloalto.com/
- Heard Alliance: www.heardalliance.org
- National Alliance on Mental Illness (NAMI): www.namisanclara.org/
- American Foundation for Suicide Prevention (AFSP): <https://afsp.org/>

What can I do to impact this issue?

- Make sure that people know where to go for help when they need it:
 - Anyone thinking about suicide can get help immediately by calling The Santa Clara County Suicide and Crisis Services line. It is available 24 hours, 7 days a week in English and Spanish: **1-855-278-4204**
 - For technology-aided suicide prevention resources, visit www.sccgov.org/sites/sccphd/en-us/Partners/collabproj/epi-aid/Documents/tech-aid.pdf.
- Learn to recognize the signs of mental health problems and suicide risk, and how to connect individuals to help:
- Santa Clara County offers a free online suicide prevention gatekeeper training at: www.sccgov.org/sites/mhd/Resources/SP/Pages/SuicidePTrainingContactUs.aspx
 - The Santa Clara County Behavioral Health Services Department's Suicide Prevention Program offers a variety of different trainings and workshops for mental health professionals and the general public. For more information, visit: For more information on upcoming trainings and events, visit www.sccmhd.org/sp.

- See the Prevent Suicide Infographic on this website for more information on what helps young people cope and effective suicide prevention measures: www.sccphd.org/epi-aid.
- Join Santa Clara County's suicide prevention efforts by participating in the Suicide Prevention Oversight Committee. For more information on SPOC and how to join, contact Zinat Mohamed at Zinat.Mohamed@hhs.sccgov.org.

What else should I know?

- While this report provides good information about suicide and suicidal behaviors in our community, there are questions the Epi-Aid was not designed to answer. The Public Health Department will work with community partners, including mental health professionals and researchers, to support getting answers to additional questions through further analyses or new data collection. But it is important to remember, there are sometimes unanswerable questions about suicides.
- With the data that has been collected and analyzed, we now have an important baseline description of the patterns of fatal and non-fatal youth suicide behaviors in the county.
- This information can help to inform our decisions. The information in this report provides communities and partners a solid foundation to build our understanding of how to best prevent suicides and improve the lives of our young people experiencing a mental health crisis or condition.
- Suicide can be prevented and people with suicidal thoughts and feelings can be helped. It is important to know that people who have struggled with thoughts of suicide, and even those who have attempted suicide, can and do recover and go on to lead full and active lives.
- Some of our questions about youth suicide and suicidal behaviors, but not all, have been answered. Now, we all must continue the work to find solutions and prevent suicide in our community.