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 resources and, ultimately, reduce regional suicide rates. This year’s report focuses on “means reduction” or activities that limit access to lethal methods used for suicide.

Means reduction, an effective population-level suicide prevention strategy, saves lives when people who cannot easily obtain a highly lethal method either attempt suicide by a method that is less likely to be fatal or do not attempt at all.1

Studies show that when access to a commonly used lethal means in a region is restricted, suicide rates by that method decline, and frequently the suicide rate overall declines.

Means reduction, has the potential to substantially reduce the number of suicide deaths in San Diego County, a public health problem that remains a challenge given recent data. Compared to 2017, the County’s suicide rate in 2018 increased 0.7% from 13.8 to 13.9 per 100,000 population. In contrast, the rate of regional Emergency Department discharges due to non-fatal self-harm decreased 1% between 2016 and 2017 (most recent data available). In addition, indices of help-seeking are making gains. Crisis Calls to the local Access & Crisis hotline in 2018 increased 52% to an unprecedented 47.6% of all call volume. Annual visits to the It’s Up to Us suicide prevention/stigma reduction media campaign website (Up2SD.org) stayed steady 2017 to 2018, maintaining the growth accrued in previous years. Additionally, the total number of Facebook fans of the It’s Up to Us media campaign rose 2.3% year over year. Finally, the number of participants attending gatekeeper training presentations increased 53% from 2017 to 2018, in keeping with the 32% increase in the annual number of trainings provided.

Consistent with the County’s Live Well San Diego vision (a comprehensive vision to improve health and promote wellness for all San Diego County residents), 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.

Status of Suicide & Suicide Prevention in San Diego County: 2019 Report Card

What do the data reveal about suicide? What is being done about it?
This Report Card brings together the most recent data available from multiple sources (for the years 2014 through 2018) to present a profile of suicides for all ages in San Diego County. 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.

1. Total number and rate of persons that died by suicide.
   Source: County of San Diego HHSA, Emergency Medical Services, Medical Examiner Database, 2014-2018. 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 2014-2017.
   Source: County of San Diego HHSA, Emergency Medical Services, Medical Examiner Database, 2014-2018. Population Data from SANDAG.

   Source: OptumHealth.

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 2014-2018.
   Source: Civilian Agency.

5. Total percent of youth (9th and 11th Grade) that had suicide ideation (surveys conducted every other year from 2014-2018).
   Source: California Healthy Kids Survey (CHKS), Developed by WestEd for the California Department of Education, 2014-2018. The total percent is an average of the 9th and 11th grade percentages.

6. Total number of Gatekeeper suicide prevention trainings [Question, Persuade, and Refer (QPR), Applied Suicide Intervention Skills Training (ASIST), Gay Lesbian Straight Education Network (GLSEN), First Responders, Pharmacists] overall held and participants trained as tracked by San Diego County Suicide Prevention Council.
   Source: Community Health Improvement Partners, 2014-2018.

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 Up2SD.org. For more information on the San Diego County Suicide Prevention Council, visit www.spcsandiego.org.
This graph illustrates the Local, State, and National rates of suicide deaths from 2005 – 2018. State and National data are not yet available for 2018. The San Diego County suicide rate may be leveling off and is not increasing similarly to the National rate. The National and Local suicide rates continue to be greater than the California State rate.

This graph shows San Diego County suicides by percent of method from 2003 – 2018. For the last 15 years, drugs and alcohol, as a means of suicide, has been decreasing while hanging and suffocation has been increasing. Firearms, which is the most frequent means of suicide in San Diego County, had been steadily decreasing until 2016, but has increased the last two years.

This graph shows the distribution of suicide method in San Diego County in 2018. Firearms (37%) and hanging/suffocation (33%) are clearly the two most frequent means of suicide. Less frequent means include drugs and alcohol (12%), jumping from bridges and buildings (8%), and cutting and stabbing (3%). Means of suicide data are a key factor to help develop strategies for resource allocation in the San Diego County’s suicide reduction efforts.
The Coronado Bridge was constructed between 1967 and 1969, as an alternative to the San Diego-Coronado ferry system. It is recognized as a San Diego landmark and has won several awards for both its beauty and its unique construction. The bridge is listed on the California Register of Historical Resources. The entire route is in the National Highway System, a network of roadways important to the country’s economy, defense, and mobility.

SR-75 is also part of the Strategic Highway Network (STRAHNET). STRAHNET routes provide defense access, continuity, and emergency capabilities for movement of personnel and equipment in both peace and war. Stretching from Imperial Beach to the City of Coronado, SR-75 is on the California list of Officially Designated State Scenic Highways. As part of SR-75, the Coronado Bridge is owned, operated, and maintained by Caltrans. The Coronado Bridge provides roadway access across the San Diego Bay between the cities of San Diego and Coronado, while also providing access to the Naval Air Station North Island and the Naval Amphibious Base on Coronado.

Although official figures have not been maintained since opening in 1969 available data suggest that there have been approximately 400 deaths by suicide from the bridge. After the Golden Gate Bridge, the Coronado Bridge is recognized as the second most frequently used bridge for suicide in the United States. Currently, there is no effective physical suicide deterrent system on the Coronado Bridge. Although fatalities caused by suicide do not qualify under the current highway safety improvement program criteria, the Coronado Bridge has the highest concentration of fatalities for any single location on the state highway system in Caltrans District 11 (San Diego and Imperial Counties) due to deaths by suicide, resulting in closures of the bridge. Non-physical measures for suicide deterrence have been implemented on the bridge such as signage for a Suicide Counseling Crisis Hotline number and California Highway Patrol presence and monitoring. However, multiple suicides still occur from the bridge each year.

Not long ago, the community of Coronado began to actively advocate for something to help prevent suicides from the bridge and,
with support from the San Diego County Suicide Prevention Council (SPC), were able to achieve enough traction to pass state bill Senate Bill-480 San Diego-Coronado Bridge: Safety Study (2017-2018). The new law was introduced by Senator Ben Hueso to secure funding for a feasibility study to determine whether a suicide deterrent system could be suitable for the Coronado Bridge.

This feasibility study included information on the bridge, other deterrents currently used, community input and overall Caltrans considerations. Important to note is that out of 22 suicide deterrent projects reviewed 15 were confirmed as effective, 1 was determined ineffective, and 1 was deemed inapplicable. In addition, according to The National Suicide Prevention Lifeline, physical bridge barriers are the most effective means of bridge suicide prevention as stated in a published report dated June 16, 2008. Based on this information, it is clear that putting a deterrent on a bridge to prevent suicide is effective and worth doing. This study examined several different variations of fence-type or net barriers. Each one has various environmental, maintenance, design, cost, and construction constraints.

The Coronado Bridge is an iconic structure with unique characteristics requiring coordination among diverse agencies and organizations that have an interest in the modifications to the bridge and its operations. Realizing this, Caltrans held a summit in April 2019 to bring together those stakeholders and functional experts to advance solutions to implement a physical barrier that could prove successful in deterring suicides on the Coronado Bridge. Participants reviewed the nine physical barrier alternatives identified in the feasibility study and evaluated the options against a set of criteria, including emergency operations, public acceptance, environmental impacts, temporary construction impacts and maintainability. The goal of the summit was to evaluate and narrow the alternatives based on participant input so that those alternatives can be carried forward to a Project Initiation Document (PID).

Simultaneously, the Coronado Bridge Collaborative is working at the statewide level again to put forth a second bill also introduced by Senator Ben Hueso, Senate Bill-656 San Diego-Coronado Bridge: Physical Suicide Deterrent System. (2019-2020). This bill would require the Director of Transportation to create an advisory committee to continue to provide input and select a deterrent. It would also declare that creating the deterrent is to take effect immediately as an urgency statute. It is important as a community to support this effort to reduce suicides from the bridge, since any suicide loss is one suicide too many.

Feasibility study:
Understanding The Connection: Suicide and Prescription Drug Abuse

An analysis of data from the 2012 National Survey on Drug Use and Health found a significant association between the misuse of prescription drugs—specifically pain relievers, tranquilizers, stimulants, and sedatives—and suicidal ideation (see: http://www.sprc.org/news/prescription-drug-misuse-suicidal-ideation). The authors concluded that “these findings speak to the importance of screening for the misuse of prescription opioids when assessing suicidality.” They also suggested that drug treatment providers should be made aware of the association between prescription drug misuse, especially prescription opioid misuse, and suicidal ideation.

The presence of serious psychological distress, marijuana use, and other illicit drug use were also found to increase the risk of suicidal ideation. The authors suggested that people who use prescription drugs to self-medicate because of mental health problems may be more at risk of suicidal ideation than people who use prescription drugs for recreation. In fact, over the last 15 years or so, opioid-related suicides have doubled nationally. This is similar to the spike in drug-related overdoses, which also commonly involve prescription opioids.

In a study conducted by the National Institute on Drug Abuse, experts surveyed over 40,000 people to find that prescription opioid abuse increases suicidal ideation by 40 to 60 percent.

Furthermore, people misusing prescription opioids every week were 75 percent more likely than the general populace to plan or attempt suicide. (see: https://www.rtor.org/2019/05/10/prescription-drug-misuse-and-suicide) Because of this association between prescription drug abuse and suicidal ideation, the work of the San Diego County Prescription Drug Abuse Task Force (PDATF) is important to reducing suicides in our county. The PDATF initially began as the Oxy Task Force, in 2008, when representatives from local county and federal agencies, along with concerned parents convened to address the growing problem of oxycodone abuse. Over time, the Oxy Task Force members realized that the problem was far more expansive than oxycodone abuse alone. To address the larger emerging prescription drug abuse epidemic, the group reframed its mission to address and reduce prescription drug abuse, focusing on opioids and prescription medicines, and changed its name to the PDATF in 2010. San Diego County was one of the first counties to identify and begin to address this crisis.

The PDATF is a multi-disciplinary task force centered on inter-agency collaboration and community empowerment. It is comprised of key officials representing the Board of Supervisors, Medical Examiner’s Office, hospitals, behavioral health, public health, law enforcement, prevention providers, community members, and others who work collectively to reduce prescription drug misuse and save lives.

Each partner agency brings a unique vantage point and set of assets to address the epidemic from multiple angles: research and data; prevention; education; enforcement; and policy change.

San Diego County PDATF’s objectives are to:

1. Decrease prescription drug abuse and access to prescription drugs for non-medical use by promoting safe storage, safe disposal, and safe prescribing practices; and
2. To increase engagement among individuals and those in need of treatment.

Funding for San Diego County PDATF is provided to Center for Community Research by San Diego County Health and Human Services Agency, Behavioral Health Services.

For more information visit: https://www.sandiegorxabusetaskforce.org/
Stop Firearm Suicide San Diego

Firearms are the leading method of suicide in San Diego County. Over a 10-year period in San Diego County, 1,451 people died of suicides involving firearms (San Diego County Health and Human Services (HHSA), Emergency Medical Services, Medical Examiner Database, 2008–2017).

Suicides by firearm outnumber homicides by firearm approximately 3 to 1.

Every step we can take to place barriers between someone’s thoughts of suicide and access to means to end their life reduces the risk of a suicide attempt.

With firearms being the most lethal and most common means of suicide death, it is important to reduce access to firearms among people having thoughts of suicide. To accomplish this, a new means reduction strategy has been implemented in San Diego County to prevent suicides by firearm. In 2018, the County of San Diego Health and Human Services Agency’s Behavioral Health Services’ ‘It’s Up to Us’ media campaign, with support from Each Mind Matters, developed and distributed materials to raise awareness of suicide prevention in the community of firearm owners and those who work with them. The “Stop Firearm Suicide San Diego” campaign works with gun shop owners to distribute materials and share information about suicide prevention to firearm owners.

Since the program’s launch in November 2018, 18 gun shops and firing ranges around San Diego County have joined the effort, and over 5,200 program materials have been distributed through these venues. Materials that were developed include a brochure, a poster, as well as the StopFirearmSuicideSD.org website.

These materials provide general information on suicide prevention, information for safe storage of firearms, as well as information on steps to securely store firearms outside of the home until a crisis situation resolves. In addition, through a partnership with the Veterans Administration San Diego Healthcare System, hundreds of gun locks that list the Veterans Crisis Line (800.273.8255 press *1) and the San Diego County Access and Crisis Line (888.724.7240) were distributed to local gun shops for outreach education to their customers.

Here are some tips to keep you or a loved one safe:

1. Learn the warning signs for suicide. The risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change. If someone you care about is showing one or more of the warning signs, have them or help them call the San Diego Access and Crisis Line at 1-888-724-7240.

2. Keep guns securely stored at all times. A key principle of firearm safety is to keep guns securely stored at all times. This is especially important when someone who is having thoughts of suicide may be able to access them. Keeping firearms in locked gun cases, using gun locks, and storing firearms in a certified gun safe are key steps that can prevent unwanted access to firearms. As an additional safety precaution, consider storing the gun safe key in a separate location outside of the home, such as with friends or family.

3. Have a Conversation about Suicide Prevention. Individuals in the gun-owning community have strong feelings about their rights and desires to own and possess firearms. Therefore, someone might hesitate to give up their firearms even if they or someone else in the home is thinking about suicide. Or perhaps you are having thoughts of suicide and worry about losing access to firearms by law enforcement. In any of these cases, the most important thing is to keep ourselves or our loved ones safe. Sometimes this means that access to firearms will have to be limited for a period of time.

When you are worried that someone may be having thoughts of suicide, the only way to really know is to have a conversation about suicide. This can be a difficult and often uncomfortable conversation, but it is vital to talk openly and ask directly: “Are you thinking about suicide?” Asking that question does not put the idea of suicide into someone’s head. It is also important to limit access to the means and methods by which someone could end their life. Below are a few suggestions for how to have this conversation.

- “I care about you, and I want to help keep you safe. Do you mind if we talk about some things we can do to help make that happen?”
- “I know a few places that will store firearms temporarily. Why don’t we go there and store your guns there until things settle down?”
- “If you don’t want to take the guns out of your home, would you mind if I hold onto the key to the gun safe/lock until things settle down?”
- “How about I hold on to all of the ammo for a while then?”

4. Consider additional safety precautions such as storing a firearm outside the home. Putting time and distance between a suicidal person and a gun can save a life. To keep yourself, your family, or your friends safe when experiencing thoughts of suicide, one of the most effective steps to take is to limit access to firearms or securing firearms safely outside of the home. There are some things to consider before transferring firearms to a gun shop or to a family member or friend.
Storing a gun at a gun shop:

- It’s important to remember that only the gun owner or their spouse is legally allowed to turn over a firearm for storage at a gun shop or gun range.
- A background check for each gun will be required by the storage facility prior to the firearm being returned to the owner.
- Many locations around San Diego County can safely store firearms.

Storing a gun with a friend or family member:

- Family members or friends can only store or even temporarily transport or hold onto a firearm as long as they have a Firearm Permit. For more information on obtaining a Firearm Permit, visit: https://www.bsis.ca.gov/forms_pubs/fire_fact.shtml.
- In addition, a “Dealer Transfer Requirement” is required to transfer ownership of a firearm to anyone besides a spouse, child, grandchild, parent, or grandparent. This type of transfer can occur at most firearm gun shop/range locations. Fees will apply.
- The same process will be followed to transfer ownership back once the situation has resolved.
- The following are exceptions to the Dealer Transfer Requirement: Transfer of firearms between spouse and spouse, parents and children, and grandparents and grandchildren are exempt from the Dealer Transfer Requirement. The exemption does not apply to step-children/step-parents, brothers, sisters, aunts, uncles, or cousins. Important note: Even those exempt from the Dealer Transfer Requirement still have to obtain the Firearm Permit.
- Additional safety tip: Any person transporting a firearm should be knowledgeable in firearm safety and utilize all recommended steps for safe transportation, including ensuring it is unloaded, in a locked gun case, and is being transported in the trunk of the car.

For more information, and to order a free gun lock, visit: StopFirearmSuicideSD.org
AFSP Project 2025: Firearms and Suicide Prevention Program

AFSP’s Project 2025 identifies a set of critical areas, based on in-depth analysis, where the most lives can be saved in the shortest amount of time. In the critical area of suicide by firearm, AFSP has learned that educating firearms owners about suicide prevention has the potential to save more than 9,000 lives by 2025 if implemented nationwide.

We know the facts well:

- Half of all suicides in the U.S. are by firearm
- Suicide risk increases when lethal means, such as firearms, are readily accessible
- Research shows that having a firearm in the home increases the risk of suicide

To date, efforts to reduce suicide by gun have largely failed – with 23,000 lives lost each year – we must try a new approach.

There is promising evidence that providing suicide prevention training for those who influence a specific community can reduce the suicide risk for that community. Research also reveals that by educating the firearms-owning community about suicide risk, safe storage and removing access to lethal means, including firearms, when someone is at risk, suicide can be reduced. In fact, this approach is called for in our country’s 2012 National Strategy for Suicide Prevention.

By working with the National Shooting Sports Foundation to accomplish this goal, AFSP is systematically disseminating suicide prevention education to thousands of gun retail stores, shooting ranges and gun owners nationwide. This education focuses on risk factors and warning signs, and actions that must be taken: temporary removal of firearms from the home during periods of risk, safe storage (locked and unloaded) at all times; and denying sale when appropriate. Because lethal means are such a critical factor when it comes to suicide, the best way to help protect the person at risk is to remove all lethal means, including firearms, from the home during the period of suicide risk.

People often think if someone wants to end their life by firearm, won’t they just find another way to do it if they do not have access to a gun? However, there is very strong evidence that when those who are suicidal do not have access to a chosen lethal method for suicide, most do not typically shift to a different method. In most cases, they will not go on to make an attempt or end their life. Data also suggests that the vast majority of people who attempt suicide do not go on to ultimately die by suicide, meaning that over time, far more people will attempt than will die by suicide.

Of note, AFSP receives no funding from National Shooting Sports Foundation (NSSF), firearms manufacturers, or gun lobbying organizations, nor is AFSP providing funds to NSSF or similar groups. As an organization that welcomes all people with diverse views, AFSP does not currently engage in any political action related to gun policy. AFSP simply aims to take a large-scale step to save as many lives as possible by reducing suicide by firearm.

For more information, contact:
Doreen Marshall, VP of Programs, at dmarshall@afsp.org or
Stephanie Coggin, VP of Communications, at scoggin@afsp.org
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. On April 1, 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 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.

Suicide is Preventable

- If you or someone you know needs help call the Access & Crisis Line at 888-724-7240 (7days a week/24hrs a day and multiple languages available).
- Download the SAMHSA Preventing Suicide: A Toolkit for High Schools 2012 at https://www.samhsa.gov/capt/tools-learning-resources/preventing-suicide-toolkit
- Learn the signs and what to do next by hosting or attending a QPR Suicide Prevention Gatekeeper training, go to http://www.spcsandiego.org to find a training.
- Find resources by visiting the It’s Up to Us website - Up2SD.org; engage with the campaign on Facebook - facebook.com/up2sd
- Share this information and talk to your family and friends about suicide and mental health.
- Support the efforts by volunteering your time and/or donate to suicide prevention organizations.
- Call 2-1-1, it is a resource and information hub for community, health and disaster services.
- Take a Mental Health First Aid training www.mhasd.org.
- Learn more about San Diego Suicide Prevention Action Plan Update 2018 at http://www.spcsandiego.org and/or join our mailing list by emailing info@sdchip.org subject: SPC Mailing List

Suicide Prevention Milestones Timeline

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1990</td>
<td>County HHSA Suicide/Homicide Adult Committee created (1994)</td>
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<tr>
<td>2005</td>
<td>Proposition 63, Mental Health Services Act passed (2004)</td>
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<tr>
<td>2010</td>
<td>California Strategic Plan on Suicide Prevention published (2008)</td>
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<tr>
<td>2015</td>
<td>Affordable Care Act enacted (2010)</td>
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<tr>
<td>2016</td>
<td>AB-2146 Pupil Suicide Prevention Policies passed (2016)</td>
</tr>
<tr>
<td>2018</td>
<td>County of San Diego HHSA awards CHIP second contract to update the action plan (SPAP) (2018)</td>
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SPC Subcommittees

- Assessment + Evaluation
- Faith Organization Outreach
- Higher Education
- Media
- School (K-12) Collaborative
- Training + Education (Ad-Hoc)
- High-Risk Populations (Ad-Hoc)
- Help Line Collaborative (Ad-Hoc)