

# EPI-AID ON YOUTH SUICIDE IN SANTA CLARA COUNTY: OVERVIEW AND PRELIMINARY FINDINGS

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Slides prepared by the Santa Clara County Public Health Department, based on the report entitled, Undetermined risk factors for suicide among youth, ages 10-24 – Santa Clara County, CA, 2016: Epi-2 Report



# What is an “Epi-Aid”?

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- Investigation of an urgent public health problem
- Centers for Disease Control and Prevention (CDC) assists state and local public health officials in these investigations
- Goal is to determine causes and extent of the problem, develop prevention and control recommendations
- Enables rapid response (not research)
  - Uses existing data sources and epidemiologic methods

# How was this Epi-Aid initiated?

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- From 2009 through 2015, there were a number of suicides among incoming, current, or alumni members in one school district in City of Palo Alto
- Palo Alto Unified School District (PAUSD) asked the Santa Clara County Public Health Department (SCCPHD) to request assistance from the CDC/SAMSHA
- In response, the California Department of Public Health issued a formal request to the CDC for assistance, on behalf of SCCPHD

# Epi-Aid objectives (Santa Clara County)

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- Characterize the epidemiology and trends in fatal and non-fatal suicidal behaviors, youth ages 10-24 in Santa Clara County (2008-2015)<sup>1</sup>
  - 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
- Make recommendations on prevention strategies that can be used at the school, city, and county level

<sup>1</sup>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, for example, will describe trends in fatal and non-fatal suicidal behavior among youth and identify risk and protective factors.

## **CDC/SAMHSA**

- Provide technical assistance and subject matter expertise
- Draft objectives based on SCCPHD/ community input
- Analyze existing data and review data sources for relevance
- Meet with local organizations and agencies
- Draft reports and make recommendations

## **SCCPHD**

- Acquire datasets and share with CDC/SAMHSA
- Serve as liaison between CDC/SAMHSA and the community
- Hosted CDC/SAMHSA during field visit
- Review reports
- Work with community on report dissemination

# About the preliminary findings

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- ❑ The preliminary findings are limited to a sub-set of information being analyzed for the Epi-Aid.
- ❑ These initial findings are just the first step in understanding youth suicide in Santa Clara County and its communities.
- ❑ One of the first steps to reducing stigma around mental health issues, including what may contribute to suicidal behavior, is to know the facts.
- ❑ Please remember that suicide is preventable. Anyone thinking about suicide can get help immediately by calling the Santa Clara County Suicide and Crisis Services line, 1-855-278-4204 (available 24 hours a day, 7 days a week).

# Overview of Epi-Aid preliminary report

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- Scope: Suicide deaths and non-fatal suicidal behaviors and related factors
- Focus: Youth ages 10-24
- Levels of detail: US, CA, Santa Clara County (SCC), cities and school districts within SCC
- Preliminary findings from the analysis of selected datasets provided by SCCPHD to the CDC/SAMSHA
- Data are subject to change

# Data sources included in the preliminary report

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## Suicide deaths:

- CDC, Wide-ranging Online Data for Epidemiologic Research (WONDER), 2003-14
- Santa Clara County Public Health Department Vital Record Business intelligence System (VRBIS), 2005-15
- Office of Coroner/Medical Examiner, Death Data, 2003-15
- Santa Clara County Public Health Department, Death Statistical Master File (DSMF), 2003-13
- Fatal Child Abuse and Neglect Surveillance, 2006-15

## Other data sources:

- Media scan
- Palo Alto community survey
- PSN Youth Conversation Groups
- Inventory of community programs and policies
- Studies conducted by community partners/reports

## Non-fatal suicidal behaviors and related factors:

- California Healthy Kids Survey (Santa Clara County, San Mateo County), 2002-15
- Developmental Assets Survey, 2010-11
- California School Parent Survey, Palo Alto, 2015-16
- Emergency Department Database, 2003-14\*
- Patient Discharge Database, 2003-14\*
- Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), 2006-16
- 911 call data, 2015
- Suicide and crisis hotline, 2012-16
- Santa Clara County Behavioral Risk Factor Survey (BRFS), 2009 and 2013-14

\*statewide data provided to CDC/SAMSHA in addition to county level data

Note: Data sources not included in the preliminary report are in gray.

# Definitions of statistics used in preliminary report

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## ▣ Count:

- The total number of events that occur in a defined time period

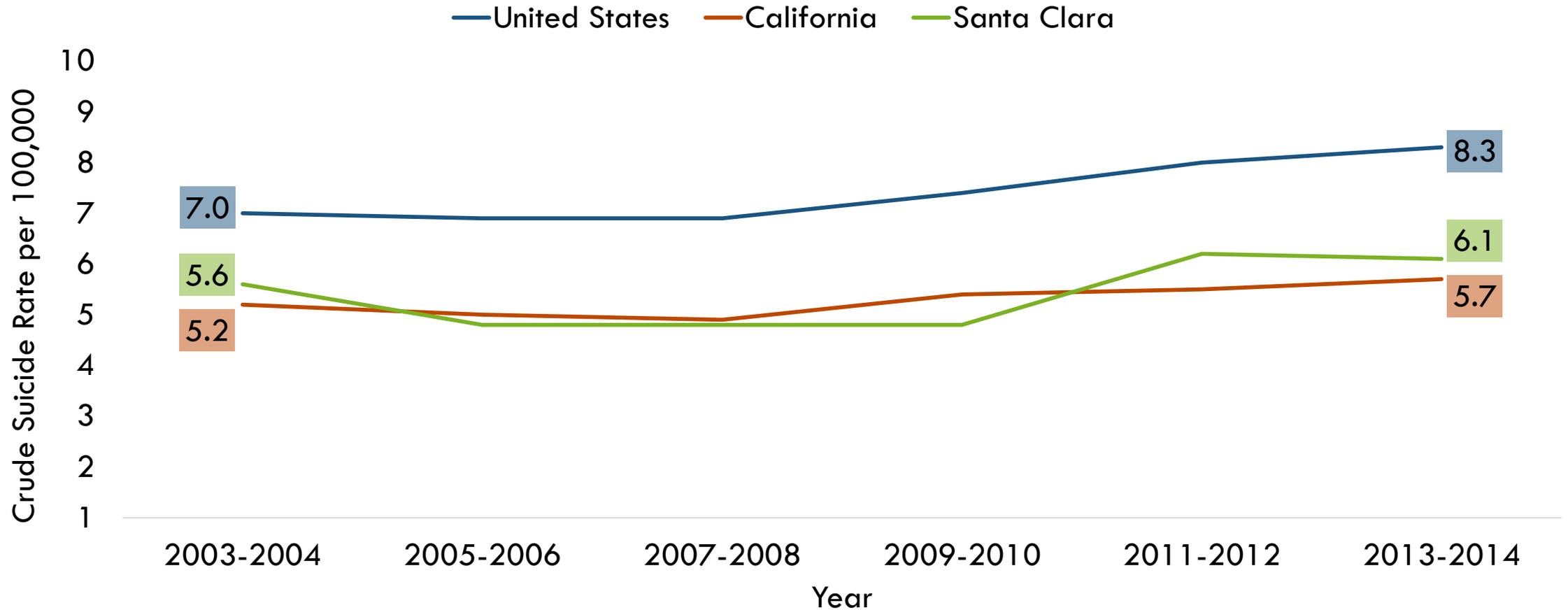
## ▣ Percentage or proportion:

- The fraction of a population that has the characteristic of interest
- The number of events occurring in a defined time period, divided by population size, multiplied by 100

## ▣ Rate:

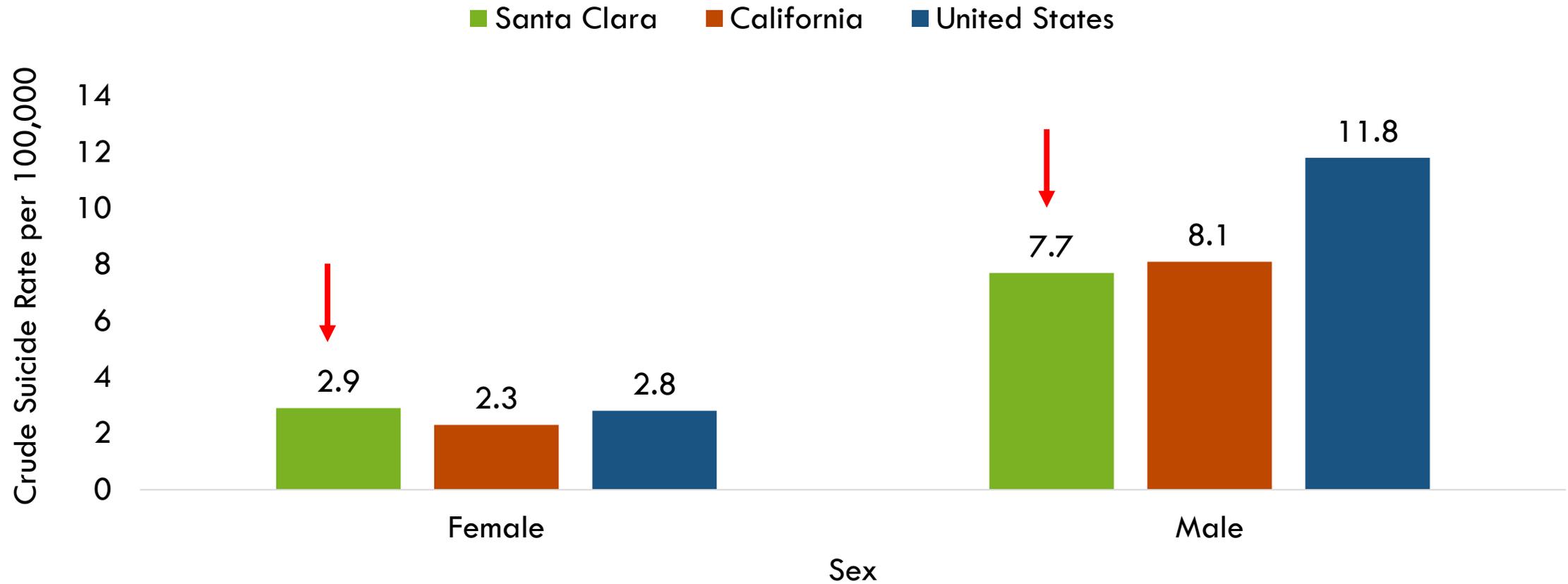
- The number of cases divided by the size of the population of interest in a defined time period, multiplied by a multiplier to standardize
- Often presented as "per 100,000 people"

# Suicide trends among youth ages 10-24, 2003-2014 (residents)



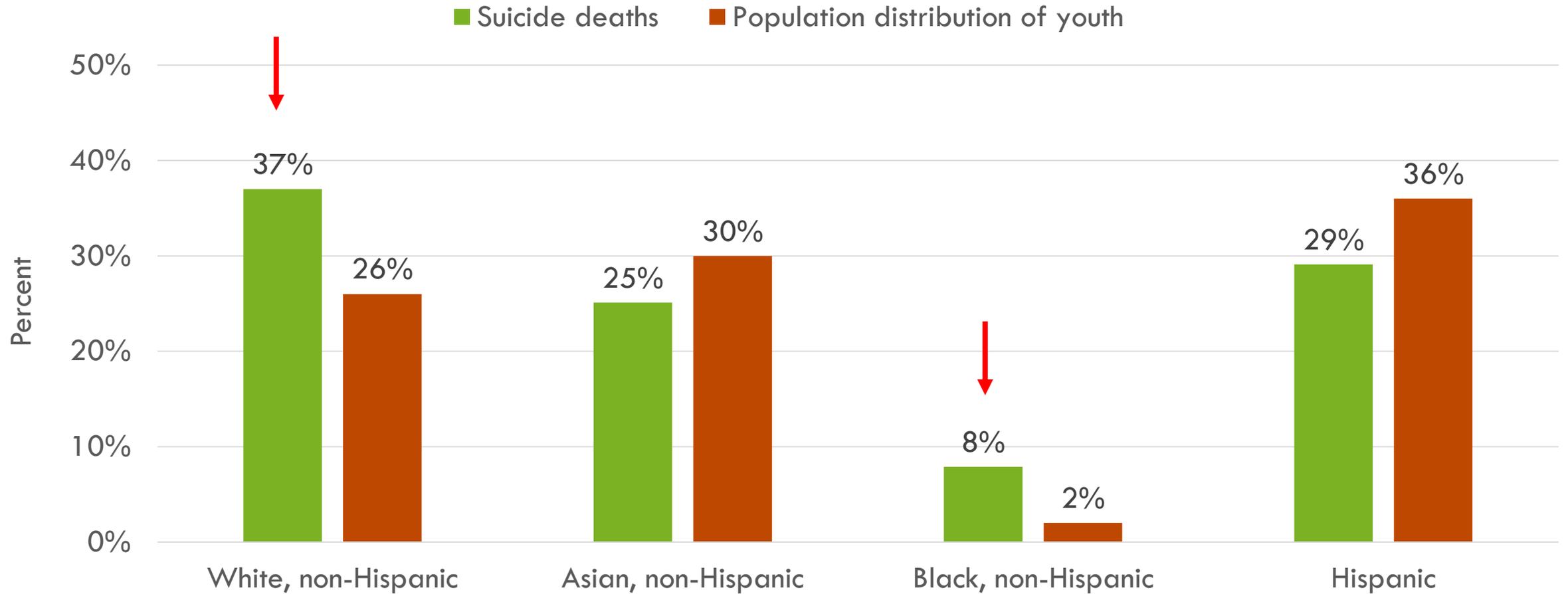
Source: CDC/SAMHSA EPI-2 report/Centers for Disease Control and Prevention, 2003-2014 Wide-ranging Online Data for Epidemiologic Research (WONDER)

# Suicide rate by sex among youth ages 10-24, 2003-2014 (residents)



Source: CDC/SAMHSA EPI-2 report/Centers for Disease Control and Prevention, 2003-2014 Wide-ranging Online Data for Epidemiologic Research (WONDER)

# Suicide deaths occurring among youth ages 10-24 by race/ethnicity, 2005-2015



Note: Percentages may not add to 100 due to rounding.

Source: CDC/SAMHSA EPI-2 report/Santa Clara County Public Health Department, 2005-2015 Vital Record Business intelligence System (VRBIS)

# Suicide deaths occurring among youth ages 10-24, 2005-2015

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- 203 suicide deaths occurred in Santa Clara County among youth ages 10-24 from 2005-2015
- Average age of decedents was 20.2 years
- More than 6 in 10 decedents (62%) were ages 20-24
- Three in 4 decedents (76%) were males

## Select preliminary characteristics of suicide deaths occurring among youth ages 10-24, 2003-2015

	%
<b>Type of Location</b>	
House, apartment, garage	63
Other (e.g., school/college, roadway/street, parking lot, playground, motor vehicle, or hotel)	20
Railroad Tracks	10
Natural Area (e.g., creek, beach, open field)	6
<b>Weapon Type</b>	
Hanging, suffocation	47
Firearm	22
Poisoning	10
Train	10
Fall	6
Other	5

Note: Percentages might not add to 100 because of rounding.

Source: CDC/SAMHSA EPI-2 report/Santa Clara County Public Health Department, 2003-2015 Coroner/medical examiner records

## Selected behaviors among decedents ages 10-24, 2003-2015 (occurring in SCC)

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- Four in 10 decedents left a suicide note (40%)
- More than 1 in 3 decedents (35%) had a history of suicidal thoughts
- Three in 10 decedents (30%) disclosed suicide intent to someone
  - Commonly to family, former/current intimate partner, friend, or another individual
  - None of the decedents disclosed to a teacher
- Approximately 1 in 3 decedents (29%) had a history of suicide attempts

# Select circumstances precipitating suicide deaths occurring among youth ages 10-24, 2003-2015

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- More than 9 in 10 decedents had at least one known precipitating factor
  - Average of 4 precipitating circumstances
  - 4 in 5 decedents had at least 2 precipitating factors
- More than half had a recent crisis (54%)
  - Examples: recent intimate partner/family arguments, recent break ups, recent release from medical facility, recent legal problems, recent suicide attempt, recent drug/alcohol use, and recent school problems
- Nearly half had a current mental health problem at the time of death (46%)
  - Depression was the most prevalent mental health problem
- One in 10 (11%) had an alcohol dependency and 18% had another substance use problem (29%)

Note: A recent crisis was defined as a circumstance occurring in the past 2 weeks preceding the individual's death or a foreseen crisis in the future (within 2 weeks)

Source: CDC/SAMHSA EPI-2 report/Santa Clara County Public Health Department, 2003-2015 Coroner/medical examiner records

# Suicide ideation and mental distress among high school students, 2013-14

	School District			
	PAUSD	SCUSD	GUSD	ESUHD
	%	%	%	%
Considered Suicide	12	18	20	20
Mental Distress	20	32	30	34

PAUSD: Palo Alto Unified School District  
SCUSD: Santa Clara Unified School District  
GUSD: Gilroy Unified School District  
ESUHD: East Side Union High School District

Specific questions:

Considered suicide: During the past 12 months, did you ever seriously consider attempting suicide?

Mental distress: During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?

Source: EPI-2 report/ 2013-14 California Healthy Kids Survey

# Factors associated with suicide ideation and mental distress, 2013-14

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Across districts, high school students who considered suicide and/or who experienced mental distress in the past 12 months were:

## ▣ More likely to:\*

- Report lifetime alcohol or illicit drug use
- Have engaged in binge drinking in the past 30 days
- Self-identify as gay, lesbian, or bisexual, or having been bullied for LGBTQ status
- Experience bullying and victimization (physical, psychological, cyber)
- Miss school in the past 30 days because they were behind in schoolwork, were bored/uninterested in school, or felt sad/hopeless/angry, or did not get enough sleep\*

## ▣ Less likely to:

- Have a high level of school connectedness
- Perceive that an adult or a teacher cared about them

Note: \*Students who considered suicide were more likely to have experienced mental distress than those who had not considered suicide. Sleep was associated with considering suicide in three of the four districts.  
Source: CDC/SAMHSA EPI-2 report/ 2013-14 California Healthy Kids Survey

# Preliminary recommendations

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- Prevention efforts should take a multi-faceted, multi-level approach, targeting factors at the individual, interpersonal, and community levels
- Focused outreach to males and youth ages 20 to 24 may be needed
- A recent crisis may be a key precipitating circumstance
  - Those in close contact with youth should be cognizant of such crises, familiar with signs of distress, and offer resources
- Encourage seeking help for mental health issues and ensure access to care, particularly for males and in selected cities

# Preliminary recommendations (continued)

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- Identify strategies to encourage youth to disclose and seek help during a suicidal crisis
  - Enhance relationships between youth and teachers or other adults to provide opportunities for help seeking during crises and educational programs focused on warning signs and how to respond to a suicidal individual
- Continue to focus on education, programming, and services to youth from diverse backgrounds and consider linguistic and cultural differences in messaging and mode
- Schools and districts should focus on:
  - Bullying prevention
  - Mental health and outreach to:
    - LGBT students
    - Students with history of substance use
    - Students who feel disconnected from school
    - Students who miss school for any reason

# What we expect to see in the final report

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- Analysis of suicide attempts based on visits to emergency rooms and inpatient care
- Analysis of suicide rates and attempts by city groups, data permitting
- Trends for the California Healthy Kids Survey and comparison to San Mateo County survey data
- Citation of or analysis of the Project Safety Net Community Survey, PSN Youth Conversation Groups, and other data sources and reports provided by the community
- Examination of the degree to which print media coverage of youth suicides occurring from 2008-2015 in SCC met safe reporting guidelines for suicides
- Comparison of youth suicide prevention policies, activities, and protocols used in Palo Alto and the county to evidence-based and national recommendations

# Where to find the SCC Epi-Aid preliminary report

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- The preliminary findings, with a message from Dr. Sara Cody, Santa Clara County Health Officer and Director of the Public Health Department, are available on the [SCCPHD website](https://www.sccgov.org/sites/sccphd/en-us/Partners/collabproj/epi-aid/Pages/epi-aid.aspx):  
<https://www.sccgov.org/sites/sccphd/en-us/Partners/collabproj/epi-aid/Pages/epi-aid.aspx>
- The report can also be found on the [Project Safety Net](http://www.psnpalalto.com/) website:  
<http://www.psnpalalto.com/>



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