

Suicide Prevention in San Mateo County



Sylvia Tang, She/Her/Ella/她, Community Health Planner
Behavioral Health Commission – September 6, 2023



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**



Help Available Now



If you know someone who is in suicidal crisis or emotional distress, get 24/7 free confidential crisis support:

Call 650-579-0350 (or 988) - English & Spanish
Text "BAY" to 741-741 (or 988) – English & Spanish
Visit sanmateocrisis.org for teen crisis services

For emergencies that need an immediate response, call or text 9-1-1.

When contacting 911 during a mental health crisis, request a crisis intervention trained (CIT) officer. To find out how to prepare and what to expect, learn more at smchealth.org/mh911.

Safe Messaging



San Mateo County Suicide Prevention Committee Believes That

MESSAGING MATTERS

Tips for Safe and Effective Messaging on Suicide Prevention



1. PROVIDE A SUICIDE PREVENTION RESOURCE

- Describe the resources you are offering, and what to expect
If you know someone who is in suicidal crisis or emotional distress, get 24/7 free confidential crisis support: Call 650-579-0350 (or 988) or text "BAY" to 741-741 (or 988) or visit sanmateocrisis.org for teen crisis services.

For emergencies that need an immediate response, call or text 9-1-1. When contacting 911 during a mental health crisis, request a crisis intervention trained (CIT) officer. To find out how to prepare and what to expect, learn more at smchealth.org/mh911.

2. EDUCATE THE AUDIENCE ABOUT WARNING SIGNS AND RISK FACTORS

- Include information about warning signs and life circumstances that can increase risk (risk factors)
- Visit www.suicideispreventable.org for a list of warning signs

3. AVOID DISCUSSING DETAILS ABOUT THE METHOD OF SUICIDE

- Avoid details that describe the suicide including weapon/method used, the specific location, and the location of the wound

4. EXPLAIN COMPLEXITY OF SUICIDE, AVOID OVERSIMPLIFYING

- Reference the complexity involved in suicide
- Avoid oversimplifying "causes" of suicide or pointing to one event as "the cause" of a suicide attempt or death
- Don't speculate. It's natural to want to answer the "why" involved in a suicide but rarely do we fully
- Understand the reasons behind a suicide

5. FOCUS ON PREVENTION: AVOID SENSATIONAL LANGUAGE AND IMAGES

- Don't use statistics that make suicide seem overly common
- Consider using positive statistics that highlight help-seeking such as number of calls to the local crisis line, or visits to a prevention focused website
- Use hopeful images that show people being supported, avoid images that show people suffering alone

6. HELPFUL RESOURCES

San Mateo County Suicide Prevention Committee - for local experts and resources

www.smchealth.org/SuicidePrevention

RECOMMENDED LANGUAGE TO REDUCE STIGMA

Not Recommended	Recommended
"committed suicide" Note: Use of the word commit can imply sin or crime.	"die by suicide" "took their own life"
"unsuccessful suicide" Note: There is no success or lack of success when dealing with suicide.	"suicide attempt"

Safe messaging tip sheet (left) and recorded training at smchealth.org/SuicidePrevention

Today's Presentation

1. Suicide Prevention in **San Mateo County**
2. Suicide **Data Trends** in San Mateo County
3. Suicide Prevention **Activities**
4. Ideas for **Next Steps** for Behavioral Health Commission



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

1. Suicide Prevention in San Mateo County



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

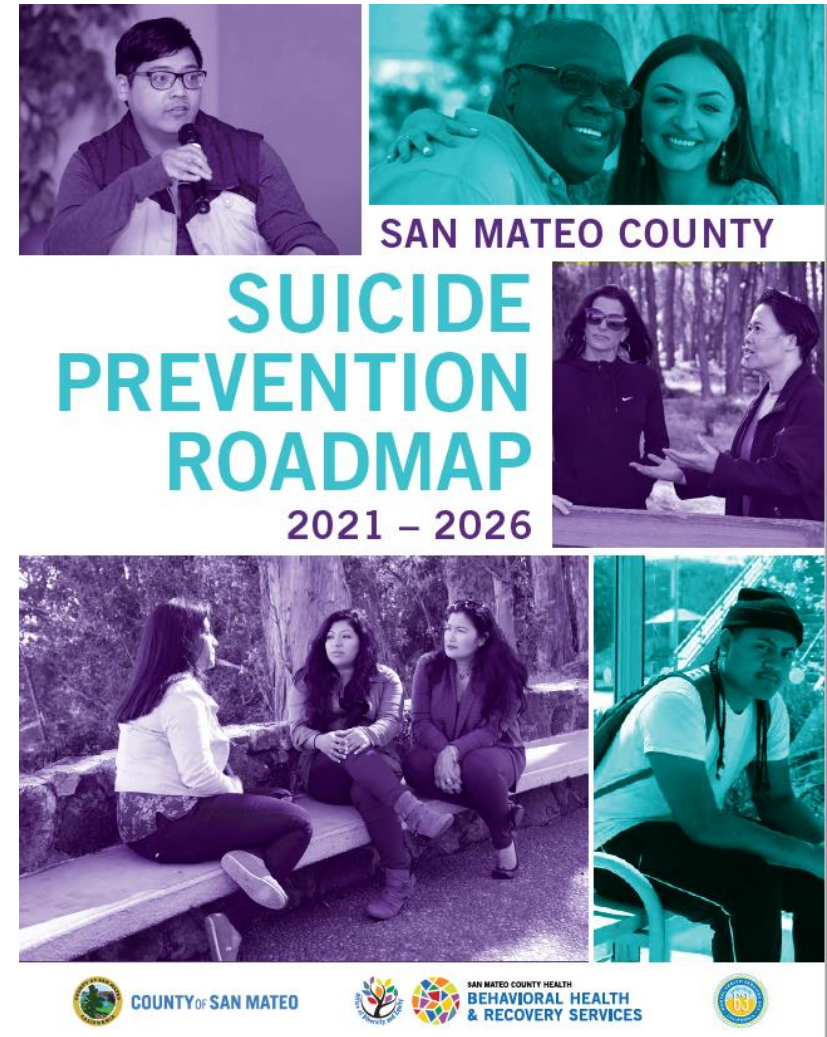


Suicide Prevention Strategy

Benefits & uses

1. Data
2. Strategies
3. Education
4. Resources
5. Collaboration

smchealth.org/SuicidePrevention

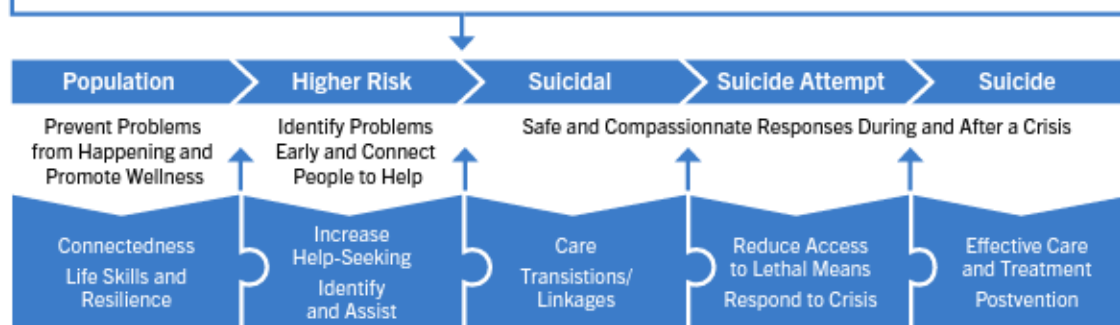


Suicide Prevention Framework

Ecological Approach to Suicide Prevention Along Suicidal Crisis Path

INDIVIDUAL		RELATIONSHIPS	COMMUNITY	PUBLIC POLICY
Biology, Knowledge, Attitudes, Skills, Education, Job Satisfaction, Health		People who can recognize warning signs and intervene	Safe and supportive schools, workplaces, and community	Public and organizational policies, practices, and culture
Protective Factors <ul style="list-style-type: none"> ↑ Coping and Problem Solving Skills ↑ Social Connectedness ↑ Reasons for Living ↑ Moral Objectives to Suicide ↑ Quality Healthcare ↑ Cultural Beliefs 	Risk Factors <ul style="list-style-type: none"> ↓ Mental Health Condition ↓ Substance Abuse ↓ Previous Suicide Attempt ↓ Aggression ↓ Impulsivity ↓ Exposure to Violence ↓ Adverse Childhood Experiences (trauma) ↓ Stressful Life Events (job, finances, illness, loss, conflict) 	Protective Factors <ul style="list-style-type: none"> ↑ Connectedness ↑ Supportive Relationships with Family, Friends and Providers Risk Factors <ul style="list-style-type: none"> ↓ High Conflict or Violent Relationships ↓ Family History of Suicide 	Continuous Care Reduced Access to Lethal Means Support After Suicide Reduced Stigma about Mental Health Condition	AB 2246 School Suicide Prevention Policy K7-12 AB 1436 Mental Health Professionals Suicide Prevention Training

Individual, Interpersonal, and Community Level Stressors and Supports



Adapted from image created by Los Angeles Suicide Prevention Network and Your Social Marketer, Inc.



SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Suicide Prevention Committee (SPC)

SUICIDE PREVENTION COMMITTEE



Usually meets 1st Tuesday of the month
1:30 PM-3:00 PM

Zoom Link: <http://zoom.us/j/410362485>
Meeting ID 410 362 485

Call In: 669-900-6833

SCAN ME



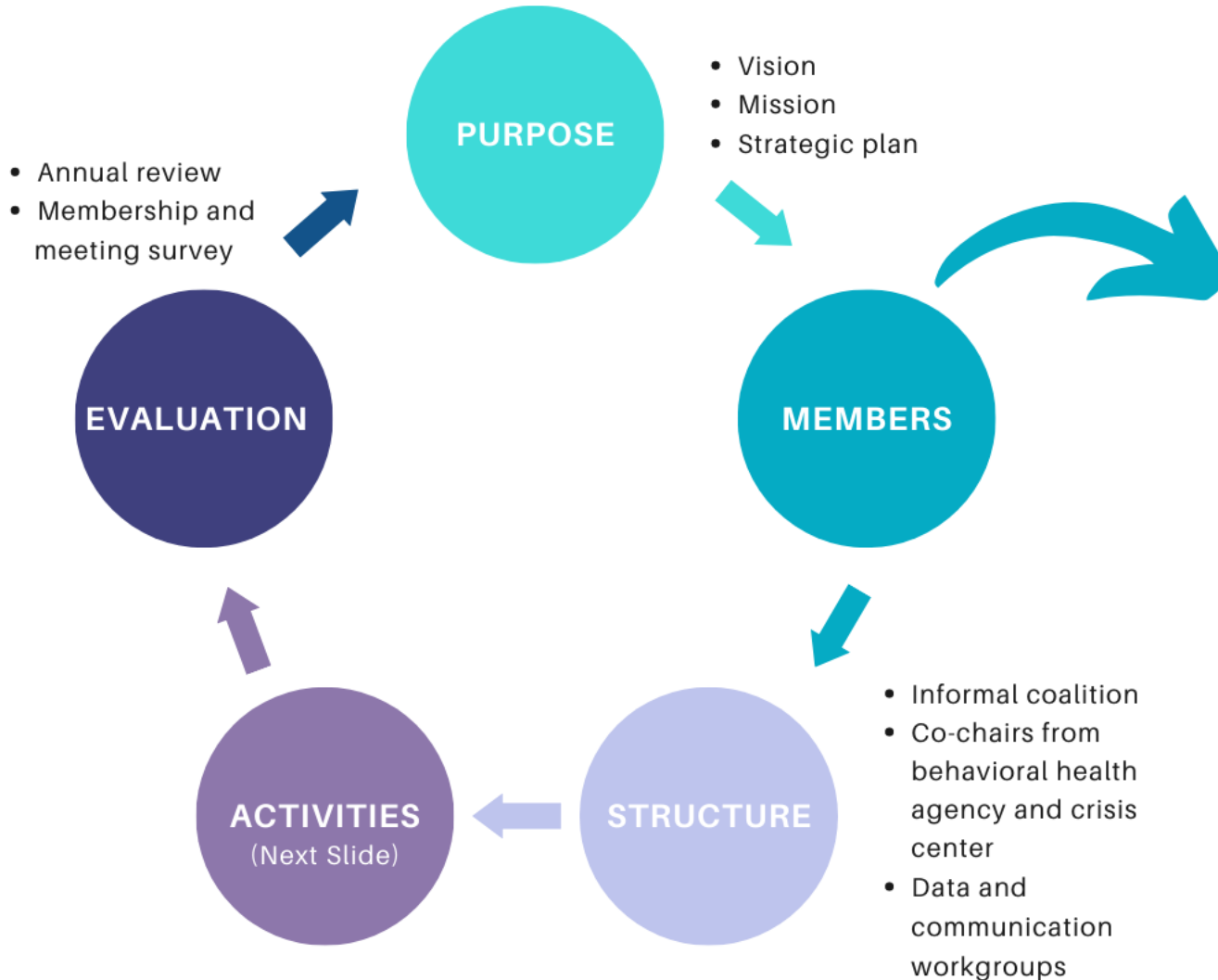
Contact:
Sylvia Tang | stang@smcgov.org | 208-5799 (Mobile)

SMCHEALTH.ORG/SUIDEPREVENTION



Coalition Building

San Mateo County Suicide Prevention Committee



SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

SMCHealth.org/SuicidePrevention

SPC Co-Chair Sylvia Tang (stang@smcgov.org | 650-208-5799)

Engagement Activities

San Mateo County Suicide Prevention Committee

EVERY **5** YEARS

- Suicide Prevention Roadmap (Strategic Plan)

EVERY **1** YEAR

- January: Annual Update and Prioritization
- March-September: Safe Messaging Trainings
- September: Board of Supervisor Update
- November: Coroner's Office Update
- December: Epidemiology Data Update

EVERY **1** MONTH

- 1st Week: Coalition or Workgroup Meetings
- 1st Week: Commission Update
- 3rd Week: Co-Chair Meeting
- Ongoing: Partnership Meetings



	STRATEGIC AIM 1 Establish a Suicide Prevention Infrastructure
	Goal 1: Enhance Visible Leadership and Networked Partnership
	Goal 2: Increase Development and Coordination of Suicide Prevention Resources
	Goal 3: Advance Data Monitoring and Evaluation
	STRATEGIC AIM 2 Minimize Risk Factors and Promote Protective Factors Across the Individual, Relationship, Community and Society Levels
	Goal 4: Create Safe Environments by Reducing Access to Lethal Means
	Goal 5: Empower People, Families and Communities to Reach Out for Help When Mental Health and Substance Use Needs Emerge
	Goal 6: Increase Connectedness Between People, Family Members and Community
	Goal 7: Increase the Use of Best Practices for Reporting Suicide and Promote Healthy Use of Social Media and Technology
	Goal 8: Strengthen Economic Supports
	STRATEGIC AIM 3 Increase Early Identification of Suicide Risk and Connection to Service Based on Risk
	Goal 9: Increase Detection and Screening to Connect People to Services
	Goal 10: Deliver Continuum of Crisis Services
	STRATEGIC AIM 4 Improve Suicide Related Services and Supports
	Goal 11: Deliver Best Practices in Care Targeting Suicide Risk
	Goal 12: Ensure Continuity of Care and Follow-Up After Suicide Related Services
	Goal 13: Expand Support Services Following A Suicide Loss

IMPACT	EFFORT	
	LOW	HIGH
HIGH	<ul style="list-style-type: none"> Objective 2a Develop Implementation Strategy Objective 2b Map Partners & Resources Objective 3a Develop and Use Suicide Data Objective 3c Add Suitability (Quantity) to Health & Quality of Life Survey Objective 3d Disseminate Best Practices Objective 4a Use Suicide Data to Tailor Means Restriction Strategies Objective 4c Disseminate Suicide Prevention Information to Gun Shop & Range Owners Objective 4d Incorporate Suicide Prevention in Firearm Safety Trainings Objective 4e Disseminate Information About Lawful Firearm Transfer/Storage During Suicide Crisis Objective 4f Promote Safe Medicine Disposal and Suicide Prevention Objective 4g Promote Overdose Prevention Information Objective 5c Coordinate Collaborative Awareness Campaigns Objective 6d Consider Suicide Prevention Strategies to Integrate in Violence Prevention Services Objective 7b Disseminate Suicide Safe Reporting/Messaging Guidelines Objective 7c Disseminate Suicide Safe Social Media Posting Guidelines Objective 7e Disseminate Information to Encourage Help Seeking Objective 9a Expand Delivery of Suicide Prevention Gatekeeper Trainings Objective 10a Map and Promote Continuum of Crisis Services Objective 10b Deliver Suicide Prevention Trainings to Crisis Service Providers Objective 10c Disseminate Crisis Resources to Health Partners Objective 11b Promote and Build Capacity for Effective Use of Electronically Accessible Safety Plans Objective 11c Implement Trainings and Expand Capacity of Mental Health Providers for Suicide Treatment Objective 11d Create Directory for Suicide Treatment Providers Objective 11f Educate Caregivers on How to Provide Ongoing Support to Those with Suicidal Risk Objective 12c Disseminate Safe Discharge Best Practices to Emergency Departments Objective 12e Educate and Train Health Providers on Lethal Means Counseling Objective 13c Develop Online Bereavement Toolkit 	<ul style="list-style-type: none"> Objective 1a Enhance Coalition Objective 1b Build Networked Partnerships Objective 2c Develop Return on Investment Data Objective 2d Integrate Strategies into Existing Services Objective 2e Establish Formal Partnerships Objective 3f Explore Partnerships with Colleges/Universities Objective 4b Create Suicide Prevention Data Collection & Reporting Agreements Objective 4h Advance Policies to Reduce Excessive Alcohol Use Objective 4i Address Site-Specific Suicides Objective 5a Expand Resilience Building Services Objective 5b Expand Outreach & Engagement Strategies Objective 5d Increase Mental Health Literacy Objective 5e Develop Peer Support Network Objective 5f Increase Services to Build Positive Attachments and Social Supports Objective 6b Promote Social Emotional Learning for Children & Teen Objective 6c Promote Inclusive Culture Around Behavioral Health Objective 6e Promote Volunteerism Objective 6f Support Civic Engagement Objective 7a Create Postvention Communication Strategies Objective 7d Share Best Practices for Healthy Social Media Use Objective 8a Strengthen Household Financial Security Objective 8b Advance Housing Stabilization Policies Objective 9b Train First Responders on Suicide Screenings & Intervention Objective 9c Enhance Suicide Screenings & Assessment in Various Settings Objective 9d Train Community-Based Partners on Suicide Screenings Objective 10d Create Formal Agreements Between Organizations to Facilitate Follow-Up Care Objective 11a Enhance Suicide Treatment via Telehealth and Telemedicine Objective 11e Enhance Services and Supports to Caregivers Objective 12a Enhance Documentation and Information Sharing After Suicide Ideation/Attempt Objective 12b Facilitate Safe and Timely Care Transitions Objective 12d Create Uniform Policies and Protocols for Lethal Means Counseling Objective 12f Create Uniform Policies and Procedures for Safe Transition Objective 12g Create Uniform Policies & Procedures After Release from Correctional Settings Objective 12h Develop Integrated Postvention Services Plan Objective 13b Provide Postvention Training to Service Providers Objective 13d Expand Capacity of Suicide Loss Support Programs Objective 13e Expand Peer-Led Suicide Loss Support Programs Objective 13f Update Suicide Consolidated Risk Assessment Profile
LOW	<ul style="list-style-type: none"> Objective 8d Disseminate Suicide Prevention Participant and Program Evaluation Templates 	



SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

SMCHealth.org/SuicidePrevention

SPC Co-Chair Sylvia Tang (stang@smcgov.org | 650-208-5799)

County's Unique Contributions to Suicide Prevention

1. Strategic Plan

1. **Early adopter** of strategic plan across the state
2. First county to add **equity focus** to strategic plan goals

2. Trainings

1. First county to fund **linguistic/cultural adaptation** of Be Sensitive Be Brave – Chinese, Tagalog and Tongan
2. **Cultural considerations** integrated into Mental Health First Aid
3. **Spanish interpretation** provided for ASIST

3. Resources

1. Created and disseminated **community specific suicide prevention resources**
2. **Model for suicide prevention and equity** to local, state and national partners



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

2. Suicide Data Trends in San Mateo County



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**



Types of Suicide Data Sources

- Death
- Attempts
- Ideation
- Help-Seeking
- Risk Factors
- Protective Factors

Additional data in appendix of presentation.



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

Trends of Suicide in San Mateo County

Age

- Transition Aged Youth
- Older Adults

Race/Ethnicity

- Latino/a/x
- African-American
- Native Hawaiian Pacific Islander

Gender Identity/Sexual Orientation

- Male
- Female
- LGBTQ+



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

3. Suicide Prevention Activities



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**



Community Helper Trainings



SUICIDE PREVENTION
COMMUNITY HELPER TRAININGS

You can learn how to save a life by taking a free suicide prevention community helper training.

Trainings vary by

- Focus on Mental Health and/or Suicide Prevention
- Duration
- Age Requirement
- Language



More Information
smchealth.org/SuicidePrevention



Sylvia Tang, She/Her/Hers
stang@smcgov.org
650-208-5799

If you or someone you know is in suicidal crisis or emotional distress, you can reach out for 24/7 free confidential crisis support: Call 650-579-0350 (or 988) or text "BAY" to 741741 (or 988) or visit sanmateocrisis.org



smchealth.org/suicideprevention



SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Suicide Prevention Month (SPM)




2023 SUICIDE PREVENTION MONTH

Share Hope Together

Let's Talk. Let's Support. Let's Heal.


SEPTEMBER IS SUICIDE PREVENTION MONTH.
FREE EVENTS AND RESOURCES AT SMCHealth.org/SPM

If you or someone you know is struggling or in crisis, contact our 24/7 CRISIS hotlines:
Call 650-579-0350 or 988
Text "Bay" to 741-741 or 988
Visit SanMateoCrisis.org

 *SHAREHOPETOGETHER
*SUICIDEPREVENTION
*TAKEACTION4MH


MES DE LA PREVENCIÓN DEL SUICIDIO 2023

Compartir Esperanza Juntos

Hablemos. Apoyemos. Sanemos.


SEPTIEMBRE, MES DE LA PREVENCIÓN DEL SUICIDIO
PARA EVENTOS Y RECURSOS GRATUITOS VISITE SMCHealth.org/SPM

Si usted o alguien que conoce enfrenta retos emocionales o esta atravesando una crisis, contacte nuestras líneas de CRISIS de 24/7:
Llame al 650-579-0350 o 988
Envíe Texto "Bay" al 741-741 o 988
Visite SanMateoCrisis.org

 *SHAREHOPETOGETHER
*SUICIDEPREVENTION
*TAKEACTION4MH


2023 預防自殺月

一起 分享希望

我們來聊聊吧。讓我們協助您。讓我們邁向康復吧。


九月是預防自殺月。
SMCHealth.org/SPM
免費活動和資源

如果您或您認識的人正在掙扎 或遇到危機，請聯繫我們的 24/7 危機熱線：
電話 650-579-0350 或者 988 (提供中文翻譯)
短訊 "Bay" 到 741-741 或者 988 (僅英語和西班牙語)
查詢網址 SanMateoCrisis.org (僅限英語)

 *SHAREHOPETOGETHER
*SUICIDEPREVENTION
*TAKEACTION4MH

SPM Partners



SPM County Proclamation



Tuesday, September 12
9am-12pm (Estimate)

In-Person: 400 County
Center

Virtual: Zoom

Will feature 2 Lived
Experience Academy
Speakers



4. Ideas of Next Steps for Behavioral Health Commission



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**



Ideas for Next Steps

Low Commitment

- Review/share safe messaging tip sheet
- Review/share websites and social media posts – follow @SMCHealth
- Disseminate outreach materials at tabling events or spaces

Medium Commitment

- Sign up for a community helper training
- Recruit members for the Suicide Prevention Committee

High Commitment

- Review Roadmap and identify what goals/activities you want to help advance
- Join the Suicide Prevention Committee



Help Available Now



If you know someone who is in suicidal crisis or emotional distress, get 24/7 free confidential crisis support:

Call 650-579-0350 (or 988) - English & Spanish
Text "BAY" to 741-741 (or 988) – English & Spanish
Visit sanmateocrisis.org for teen crisis services

For emergencies that need an immediate response, call or text 9-1-1.

When contacting 911 during a mental health crisis, request a crisis intervention trained (CIT) officer. To find out how to prepare and what to expect, learn more at smchealth.org/mh911.

Local Website

About Us

Language

Contact

Careers

Search 



COVID-19

HEALTH CARE SERVICES

LIVE HEALTHY

FORMS & PERMITS

FOR PROVIDERS

HEALTH CARE SERVICES

General Health >

SMC Connected Care >

Emergency Medical Services >

Pregnancy, Children, & Families >

Teens >

Aging & Adult Services >

Mental Health & Substance Use ▾

Mental Health Services >

COVID-19 Mental Health Resources

Alcohol and Other Drugs

SUICIDE PREVENTION

Suicide is preventable. You can be the one to help.

Most people having suicidal thoughts are in a temporary, serious crisis. You can be the one to provide the support and help they need by [taking three steps](#): know the signs of someone who is having suicidal thoughts, find the words to have a direct conversation with them and reach out for help from the many county resources available to those in crisis and their loved ones.



SMCHealth.org/SuicidePrevention



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES



smchealth.org/SuicidePrevention



stang@smcgov.org



650-208-5799

Thank You!



Pain Isn't Always Obvious

**KNOW
THE SIGNS**

Suicide Is Preventable

Behavioral Health Commission Group Photo



Pain Isn't Always Obvious

**KNOW
THE SIGNS**

Suicide Is Preventable

Appendix: Additional Data



Pain Isn't Always Obvious

**KNOW
THE SIGNS**

Suicide Is Preventable

Suicide Data Trends in San Mateo County

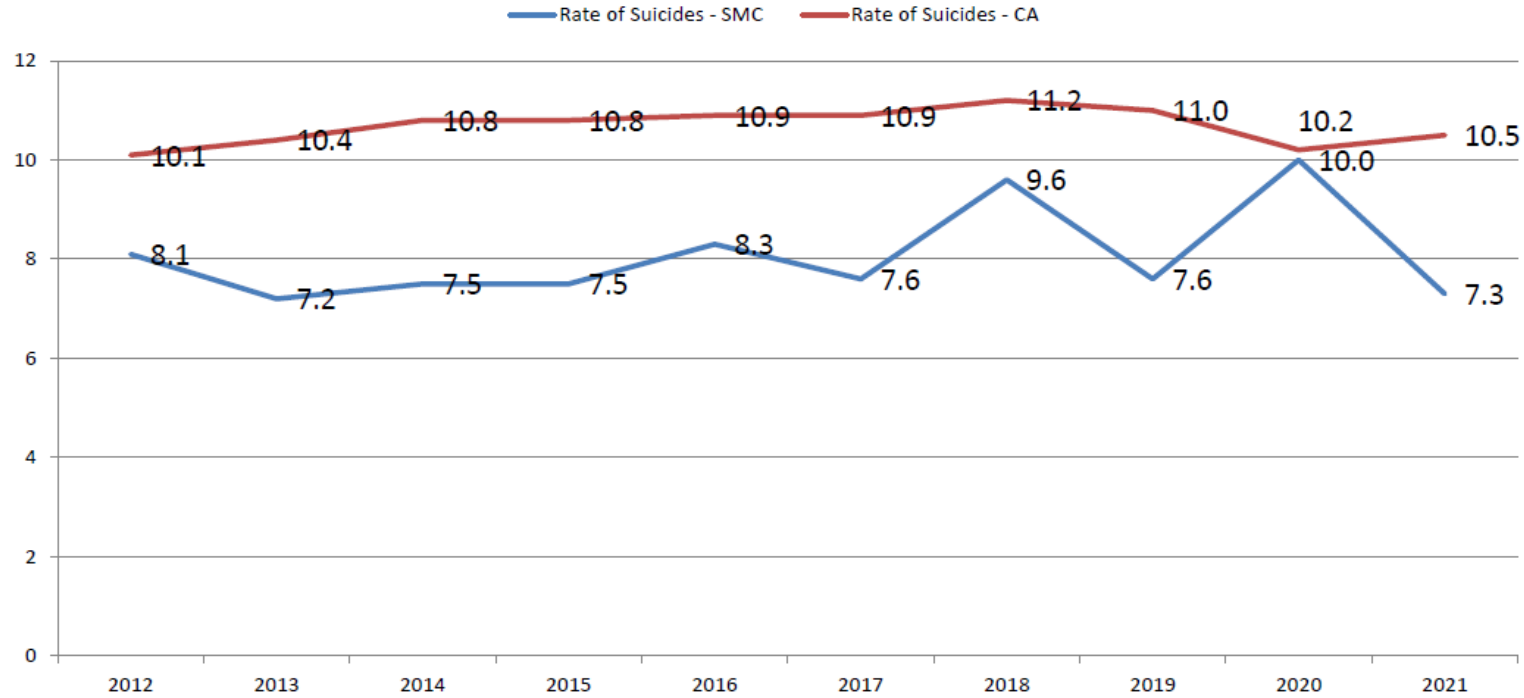
Suicide Deaths



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**



Rate of Suicides in San Mateo County and CA, 2012-2021



SAN MATEO COUNTY HEALTH
**PUBLIC HEALTH,
POLICY & PLANNING**

Source: Suicide Prevention Committee Presentation “An Update on Suicides in San Mateo County” by Karen Pfister, M.S., Health Services Manager I, Office of Epidemiology and Evaluation, San Mateo County Public Health Policy and Planning, February 7, 2023

Percentage of Suicides by Age Group, SMC & CA, 2020-2021

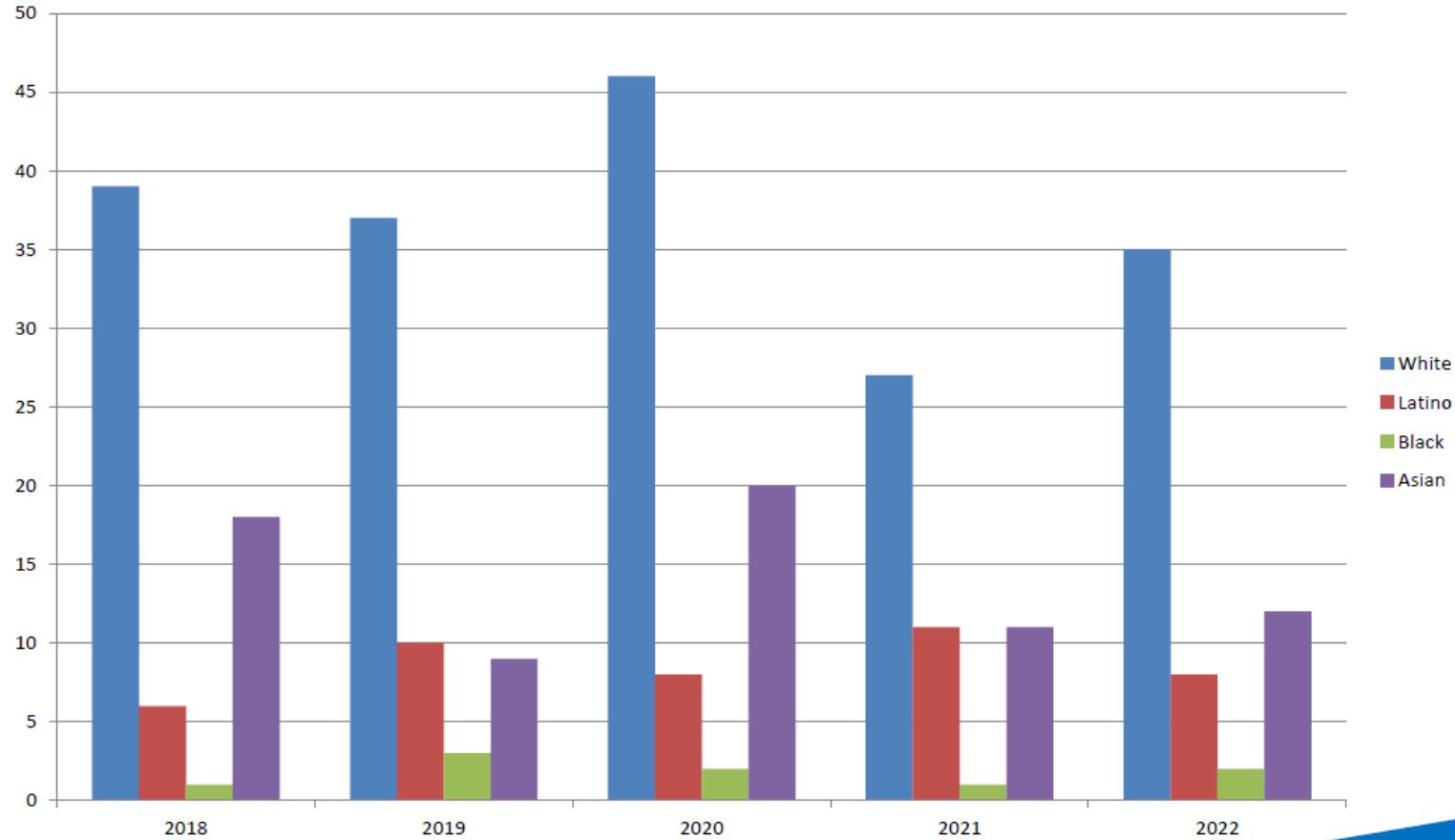
Age Group	SMC 2020 suicides	SMC 2020 Pop %	CA 2020 suicides	CA 2020 Pop %	SMC 2021 suicides	SMC 2021 Pop %	CA 2021 suicides	CA 2021 Pop %
10-18	2.5%	10.0%	4.2%	11.8%	1.9%	9.9%	3.7%	12.0%
19-24	7.6%	6.5%	8.4%	7.5%	11.1%	6.1%	9.3%	8.0%
25-44	29.1%	29.3%	34.1%	28.6%	27.8%	28.9%	35.5%	28.6%
45-64	39.2%	26.8%	30.9%	24.9%	29.6%	26.8%	29.4%	25.0%
65-84	19.0%	13.8%	18.8%	12.4%	25.9%	15.3%	18.3%	12.5%
85+	1.3%	2.4%	3.7%	1.9%	3.7%	2.3%	2.4%	1.8%

SMC suicides tend to skew older than CA suicides.



SAN MATEO COUNTY HEALTH
PUBLIC HEALTH,
POLICY & PLANNING

Suicides by Race/Ethnicity, SMC, 2018-2022



SAN MATEO COUNTY HEALTH
**PUBLIC HEALTH,
POLICY & PLANNING**

Source: Suicide Prevention Committee Presentation “An Update on Suicides in San Mateo County” by Karen Pfister, M.S., Health Services Manager I, Office of Epidemiology and Evaluation, San Mateo County Public Health Policy and Planning, February 7, 2023

Percentages of Suicides by Race/Ethnicity, SMC & CA, 2020-2021

Race/Ethnicity	SMC 2020 suicides	SMC 2020 Pop %	CA 2020 suicides	CA 2020 Pop %	SMC 2021 suicides	SMC 2021 Pop %	CA 2021 suicides	CA 2021 Pop %
White	58.2%	38.6%	61.0%	36.5%	50.0%	37.8%	57.0%	35.8%
Asian/PI	25.3%	30.3%	10.6%	14.9%	20.4%	30.8%	9.9%	15.0%
Latino	10.1%	24.1%	22.7%	39.1%	20.4%	24.1%	24.8%	39.5%
Black	2.5%	2.2%	5.3%	5.4%	1.9%	2.2%	5.0%	5.4%



SAN MATEO COUNTY HEALTH
PUBLIC HEALTH,
POLICY & PLANNING

Source: Suicide Prevention Committee Presentation “An Update on Suicides in San Mateo County” by Karen Pfister, M.S., Health Services Manager I, Office of Epidemiology and Evaluation, San Mateo County Public Health Policy and Planning, February 7, 2023

Number and Percent of Suicides in SMC by Birthplace, 2018-2022

Birth-place	2018 #	2018 %	2019 #	2019 %	2020 #	2020 %	2021 #	2021 %	2022 #	2022 %
CA	46	63.0%	33	55.0%	35	44.3%	26	48.1%	26	44.8%
Other state/ territory	9	12.3%	17	28.3%	13	16.5%	8	14.8%	15	25.9%
Other country	18	24.7%	9	15.0%	29	36.7%	20	37.05	16	27.6%

Generally decreasing trend of suicides occurring among individuals born in California.

About 65% of the population in SMC is US-born, and 35% is foreign-born.



SAN MATEO COUNTY HEALTH
PUBLIC HEALTH,
POLICY & PLANNING

Percentages of Suicides by Method, SMC & CA, 2020-2021

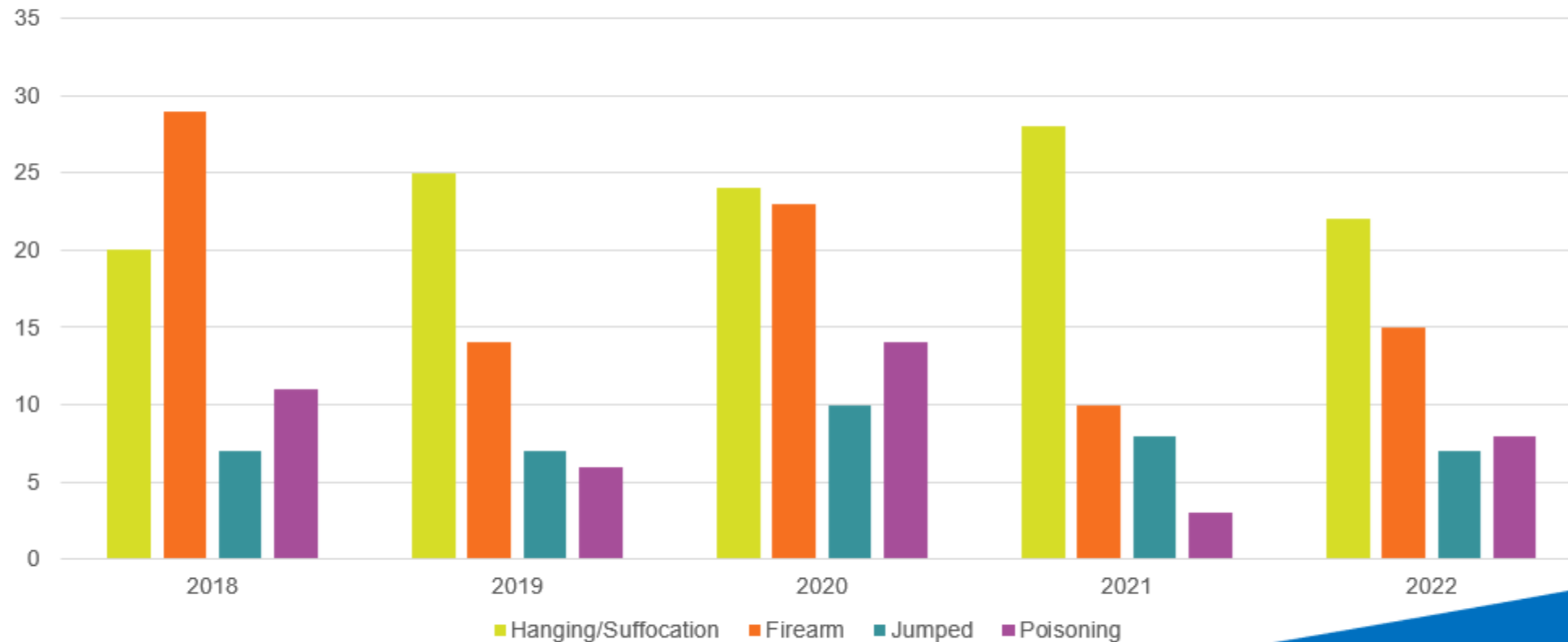
Method	SMC 2020	CA 2020	SMC 2021	CA 2021
Firearm	29.1%	37.8%	18.5%	38.0%
Hanging/ Suffocation	30.4%	35.8%	51.9%	34.0%
Poisoning	17.7%	11.9%	5.6%	12.9%



SAN MATEO COUNTY HEALTH
**PUBLIC HEALTH,
POLICY & PLANNING**

Source: Suicide Prevention Committee Presentation “An Update on Suicides in San Mateo County” by Karen Pfister, M.S., Health Services Manager I, Office of Epidemiology and Evaluation, San Mateo County Public Health Policy and Planning, February 7, 2023

Suicides by Method, SMC, 2018-2022



Hanging/suffocation is overtaking firearms as the most common method of suicide in SMC.



Source: Suicide Prevention Committee Presentation “An Update on Suicides in San Mateo County” by Karen Pfister, M.S., Health Services Manager I, Office of Epidemiology and Evaluation, San Mateo County Public Health Policy and Planning, February 7, 2023

Percentages of Suicides by Method, SMC & CA, 2020-2021

Method	SMC 2020	CA 2020	SMC 2021	CA 2021
Firearm	29.1%	37.8%	18.5%	38.0%
Hanging/ Suffocation	30.4%	35.8%	51.9%	34.0%
Poisoning	17.7%	11.9%	5.6%	12.9%



SAN MATEO COUNTY HEALTH
PUBLIC HEALTH,
POLICY & PLANNING

Source: Suicide Prevention Committee Presentation “An Update on Suicides in San Mateo County” by Karen Pfister, M.S., Health Services Manager I, Office of Epidemiology and Evaluation, San Mateo County Public Health Policy and Planning, February 7, 2023

Data Sources

- California Department of Public Health Suicide and Self Harm Trends in 2020 Data Brief
- EpiCenter, CA injury data: <https://skylab4.cdph.ca.gov/epicenter/>
- Vital Records Business Intelligence System (VRBIS) for San Mateo County Mortality data
- U.S. Census Bureau; ACS 5-yr estimates for 2020 & 2021

Note: Data is preliminary and subject to change



SAN MATEO COUNTY HEALTH
PUBLIC HEALTH,
POLICY & PLANNING

Other Data of Note

- Hangings/suffocation – In 2021, 29% of hanging/suffocation suicides in SMC were among Latinos, and of the 11 total suicides in 2021 among Latinos, 8 (73%) of them were due to hanging/suffocation. Similarly, in 2022, 27% of hanging/suffocation suicides in SMC were among Latinos, and of the 8 total suicides in 2022 among Latinos, 6 (75%) of them were due to hanging/suffocation. **No** suicides among Latinos in either 2021 or 2022 were due to firearms, and, they were the only racial/ethnic group in 2021 that did not have a suicide due to firearms.
<https://link.springer.com/article/10.1007/s10900-022-01123-2> (paper on Suicides Among Non-Elderly Adult Hispanics from 2010-2020).
- Train-related suicides: possible increasing trend (4/73=5.5% in 2018; 1/60=1.7% in 2019; 1/79=1.3% in 2020; 2/54=3.7% in 2021; 4/58=6.9% in 2022)—these are not among youth



SAN MATEO COUNTY HEALTH
PUBLIC HEALTH,
POLICY & PLANNING

Suicide Data Trends in San Mateo County

Suicide Attempts

Hospitalizations & Emergency Department Visits for Self Harm

Source: Suicide Prevention Committee Presentation “Hospitalizations and Emergency Department Visits for Self-Harm Among San Mateo County Residents”, Deidre Patterson, MPH, MAS, Epidemiologist II, April 4, 2023



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**



About the Presentation...

- Presenting data on Hospitalizations and visits to Emergency Departments (EDs)
- Using OSHPD/HCAI Claims Data
- Self-harm definition based on CSTE Injury definition
 - Create Injury Dataset
 - Code based on ICD-10 codes
- Data are for visits, not individuals
- Rates use denominators from the 5-year American Community Survey
 - Rates are per 100,000 population



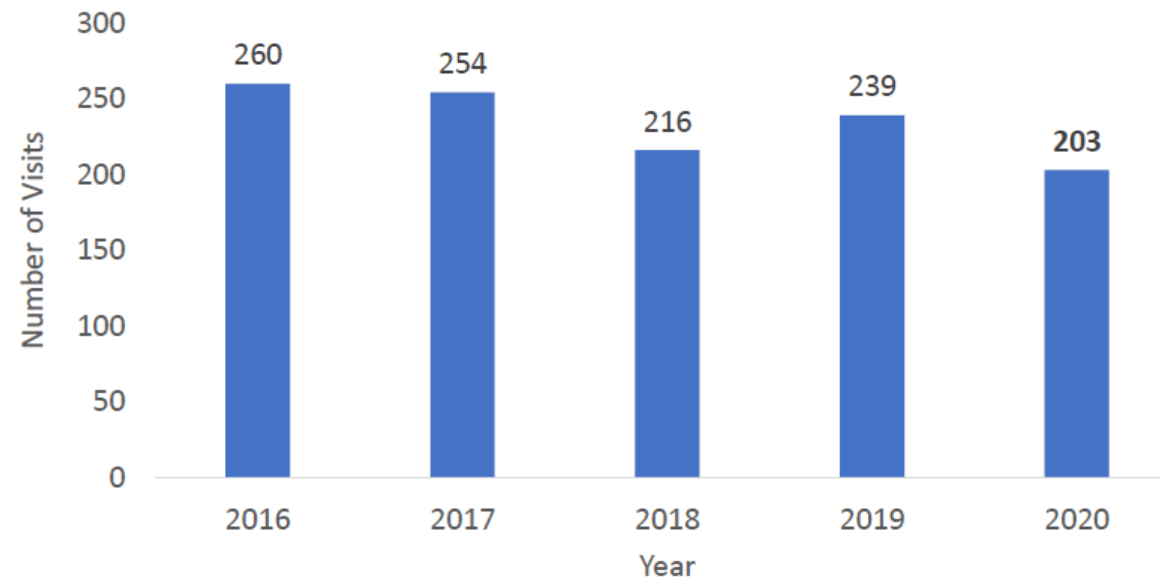
Data on Hospitalizations



Source: Suicide Prevention Committee Presentation “Hospitalizations and Emergency Department Visits for Self-Harm Among San Mateo County Residents”, Deidre Patterson, MPH, MAS, Epidemiologist II, April 4, 2023

Self-Harm Hospitalizations for 2016-2020

There were **1,172 self-harm hospitalizations during 2016-2020**. The number of hospitalizations remain above 200 for the county each year, with the **lowest number of visits in 2020**.



**Preliminary Data. Data may be revised as new information or methodology become available*

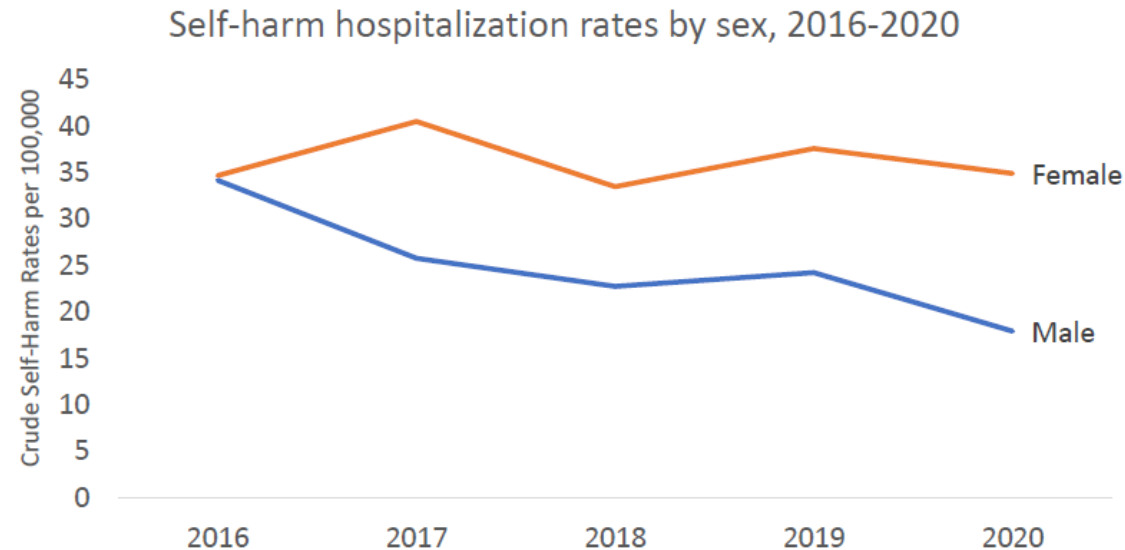


SAN MATEO COUNTY HEALTH
PUBLIC HEALTH,
POLICY & PLANNING

Source: Suicide Prevention Committee Presentation “Hospitalizations and Emergency Department Visits for Self-Harm Among San Mateo County Residents”, Deidre Patterson, MPH, MAS, Epidemiologist II, April 4, 2023

Self-Harm Hospitalizations – Sex

Hospitalization rates were higher for **females** than **males** – doubled from 2017 to 2020.



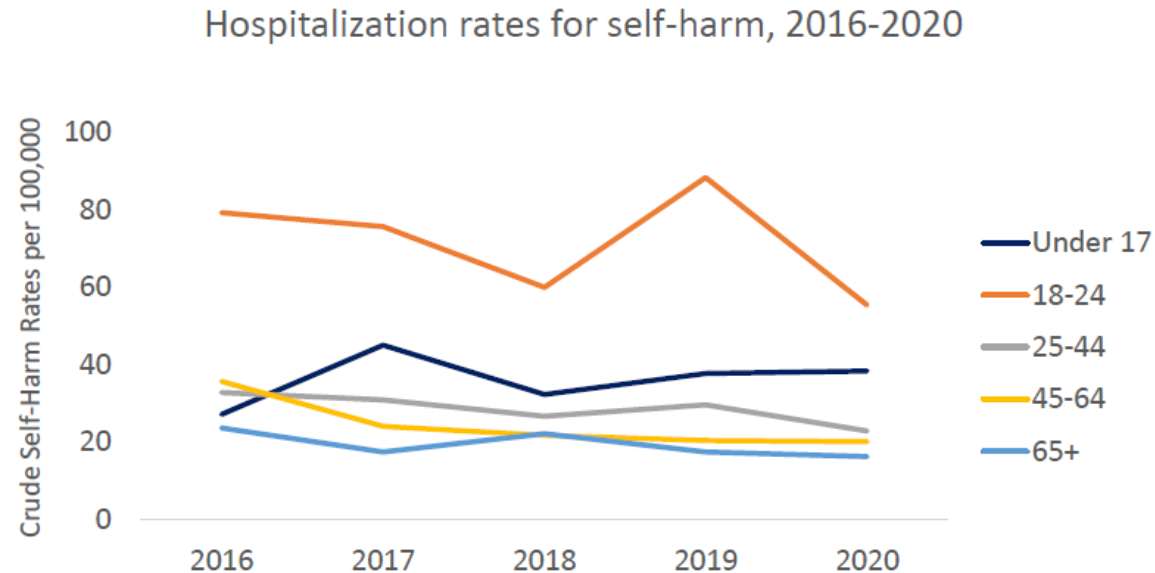
**Preliminary Data. Data may be revised as new information or methodology become available*



Source: Suicide Prevention Committee Presentation “Hospitalizations and Emergency Department Visits for Self-Harm Among San Mateo County Residents”, Deidre Patterson, MPH, MAS, Epidemiologist II, April 4, 2023

Self-Harm Hospitalizations by Age

Hospitalization rates were **highest among 18-24 year-olds**, followed by age group 17 years and younger, with **65+ showing lower rates** of self-harm hospitalizations. While rates for most groups decline in 2018, there was a slight increase for those 65+.



**Preliminary Data. Data may be revised as new information or methodology become available*



Source: Suicide Prevention Committee Presentation “Hospitalizations and Emergency Department Visits for Self-Harm Among San Mateo County Residents”, Deidre Patterson, MPH, MAS, Epidemiologist II, April 4, 2023

Self-Harm Hospitalizations by Race/Ethnicity

Self-harm hospitalizations were higher in White residents during 2016-2020.

Race/Ethnicity	2016	2017	2018	2019	2020	Total
Asian and Pacific Islanders	21	40	37	33	41	172
Asian	-	-	-	29	34	63
Pacific Islanders	-	-	-	4	7	11
Black/African American	4	5	3	6	2	20
Latinx	89	61	42	53	42	287
White	118	118	110	115	93	554
Other	28	30	24	32	25	139
Total	260	254	216	239	203	1172

Note: Before 2019, OSHPD/HCAI did not disaggregate between Asian and Pacific Islanders

**Preliminary Data. Data may be revised as new information or methodology become available*

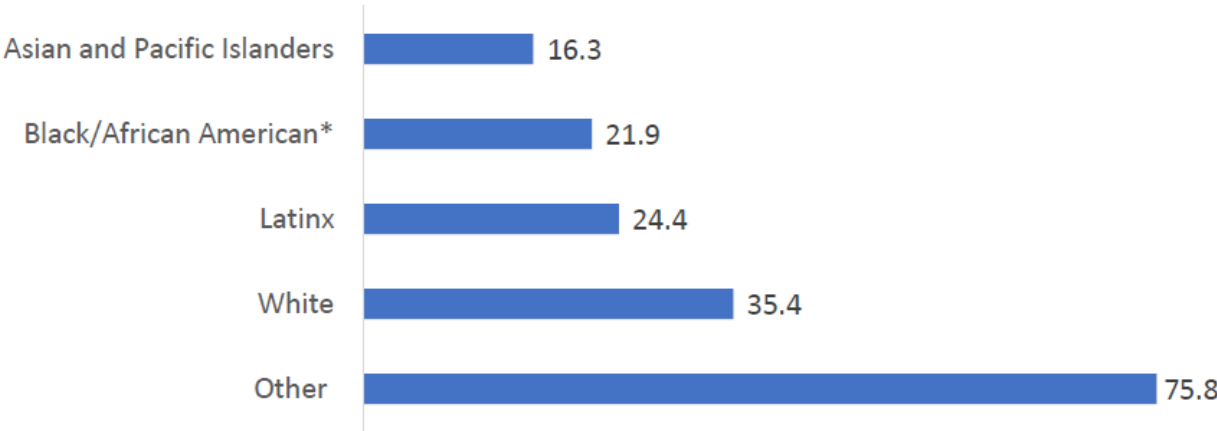


Source: Suicide Prevention Committee Presentation “Hospitalizations and Emergency Department Visits for Self-Harm Among San Mateo County Residents”, Deidre Patterson, MPH, MAS, Epidemiologist II, April 4, 2023

Self-Harm Hospitalizations by Race/Ethnicity

3-year (2018 to 2020) self-harm hospitalization rates were highest among White and Other Racial Group population.

Rates of self-harm hospitalization highest among whites and other racial groups



*Rate may be unstable due to small numbers

Asian and Pacific Islander groups are combined here. Other race include American Indian/Alaskan Native, Multiracial, Other Race and Unknown Race. Multiracial was only collected started 2018



**Preliminary Data. Data may be revised as new information or methodology become available*

Self-Harm Hospitalizations by Language

Patients preferred language was overwhelmingly English.

Language	2016	2017	2018	2019	2020	Total
English	242	240	204	224	190	1,100
Spanish	12	11	7	11	4	45
Other/Unknown Language	6	3	5	4	9	27
Total	260	254	216	239	203	1,172

Other Languages include Chinese (Mandarin, Cantonese) and Filipino/Tagalog

**Preliminary Data. Data may be revised as new information or methodology become available*



Source: "County Review Committee Presentation: Hospitalizations and Emergency Department Visits for Self-Harm among San Mateo County Residents", Deidre Patterson, MPH, MAS, Epidemiologist II, April 4, 2023

Summary

- Females made up more of ED visits and hospitalizations.
- 18-24 year-olds had the highest rate across the 5-year period, though in 2020 the numbers decline for both ED visits and hospitalizations.
- White, non-Hispanic made up the majority of ED visits and hospitalizations.
- Private insurance made up more of ED visits and hospitalizations.

Suicide Data Trends in San Mateo County

Suicide Ideation

Adults & Youth Surveys



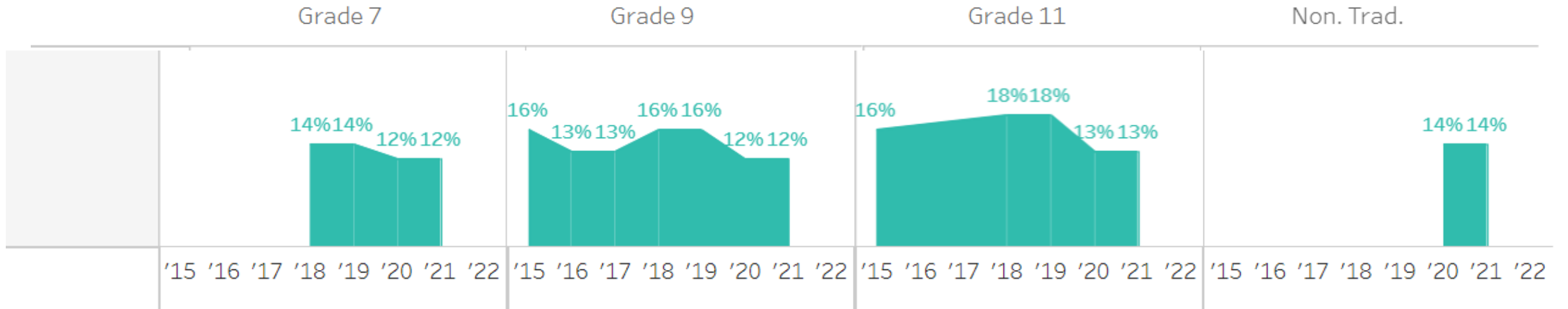
SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**



County: San Mateo | Trends Over Time

Considered suicide | Past 12 months

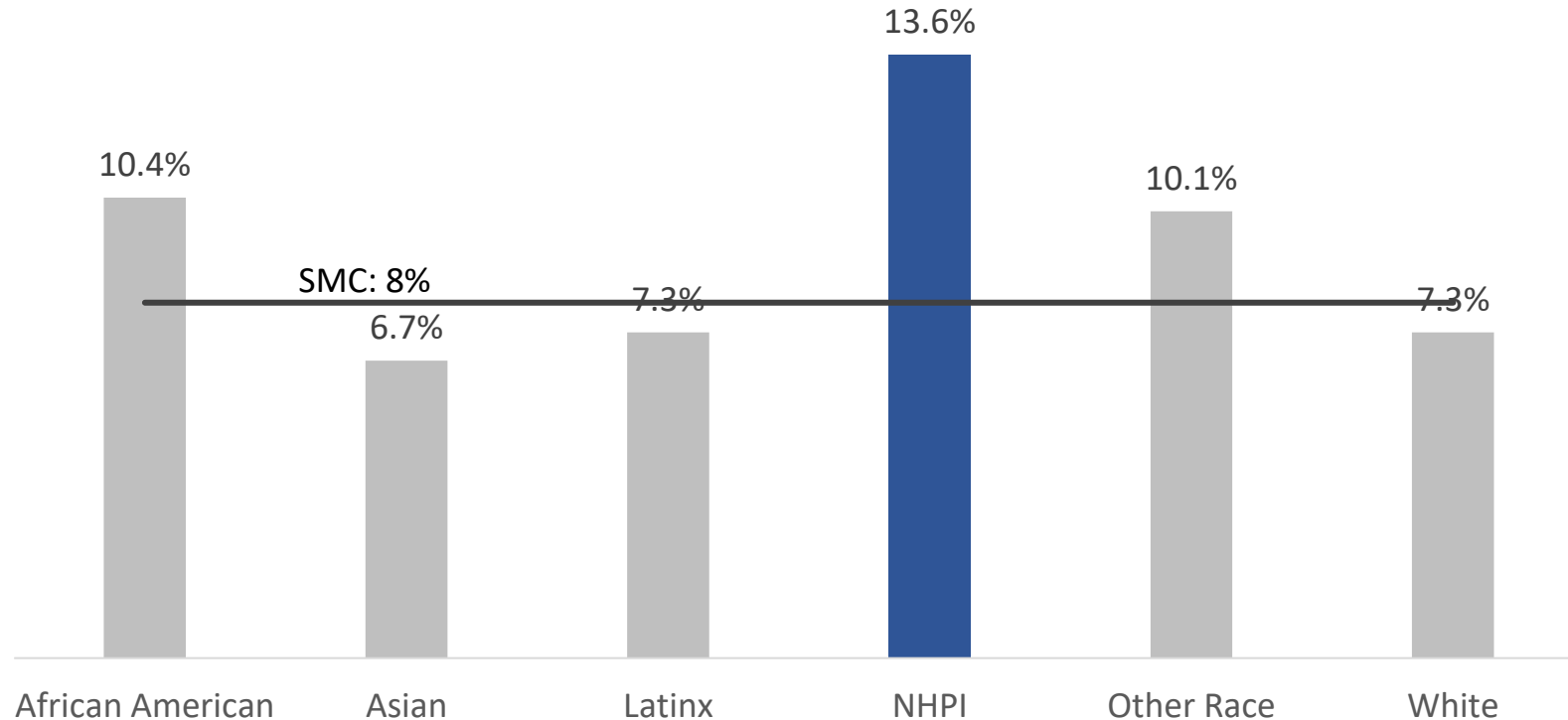
Results disaggregated by: **All Students**



Source: California Health Kids Survey, 2015-2022

Suicide by Race, 2022

Suicide Ideation in Past 12 Months by Race, 2022



Data: Health Quality of Life (HQOL) Survey, 2022, Weighted Estimates

Suicide Data Trends in San Mateo County

Suicide Stigma

Adults

Source: San Mateo County Stigma Baseline Survey



1 IN 5 ADULTS AGREE THAT TALKING ABOUT SUICIDE CAN CAUSE SUICIDE

Key demographics significantly more likely to agree are:

- 18- to 34-year-olds
- Residents with a below median income (\leq \$100K)
- Those with children at home

There were no significant differences by CA Statewide data

Agreement Over Talking About Suicide Can Cause Suicide



Questions 1_5 . Talking about suicide can cause suicide. (5pt scale)
Base: Total, n=450
CA statewide data source: 2014 RAND California Statewide Survey

Source: San Mateo County Stigma Baseline Survey, March 2020

TWO-THIRDS OF ADULTS AGREE THAT SUICIDE IS USUALLY PREVENTABLE

There were no significant differences by demographics

CA Statewide data results significantly higher for agreement (90% vs. 64%)

Agreement Over Believing Suicide is Usually Preventable



Questions 1_6 . Suicide is usually preventable. (5pt scale)
Base: Total, n=450
CA statewide data source: 2014 RAND California Statewide Survey

Source: San Mateo County Stigma Baseline Survey, March 2020

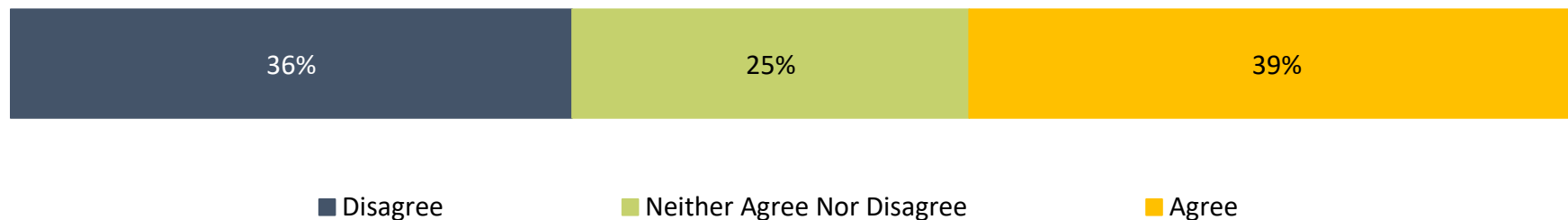
MORE THAN ONE-THIRD BELIEVE THAT THEY DO NOT HAVE THE NECESSARY SKILLS TO TALK ABOUT SUICIDE WITH OTHERS

Key demographics significantly more likely to agree are:

- Asian Non-Hispanics

There were no significant differences by CA Statewide data

Agreement Over Believing They Do Not Have Necessary Skills to Talk About Suicide with Friend/Colleague/Family Member



Questions 1_7. I don't have the necessary skills to talk about suicide with a friend, colleague, or family member. (5pt scale)

Base: Total, n=450

CA statewide data source: 2014 RAND California Statewide Survey

Source: San Mateo County Stigma Baseline Survey, March 2020

ONE-HALF OF ADULTS BELIEVE THEY WOULD BE ABLE TO IDENTIFY PLACES OR PEOPLE WHERE THEY SHOULD REFER SOMEONE TO WHO IS THINKING ABOUT SUICIDE

There were no significant differences by demographics

There were no significant differences by CA Statewide data

Agreeance Over Belief They Can Identify Places/People Where They Should Refer Somebody Thinking About Suicide



Questions 1_8. I can identify the places or people where I should refer somebody thinking about suicide. (5pt scale)
Base: Total, n=450
CA statewide data source: 2014 RAND California Statewide Survey

Source: San Mateo County Stigma Baseline Survey, March 2020