Saving Lives: The Suicide Prevention Summit

September 7, 2011

LAC Suicide Prevention Network
Welcoming & Opening Remarks

Roderick Shaner, M.D.
Medical Director, LAC Department of Mental Health
Key Note:  
State Plan for Suicide Prevention  

Kita S. Curry, Ph.D.  
President/CEO,  
Didi Hirsch Suicide Prevention Center
History of Suicide Prevention

Lyn Morris, L.M.F.T.
Division Director,
Didi Hirsch Suicide Prevention Center
Mental Health Commission Award to Norman Farberow, Ph.D.

by Larry Gasco, Ph.D.,L.C.S.W.
Chairman, LAC Mental Health Commission
Suicide & Psychological Autopsy

Linda E. Weinberger, Ph.D.
USC Institute of Psychiatry, Law and Behavioral Science
DEATH CERTIFICATE

• Natural
• Accident
• Suicide
• Homicide
• Undetermined
CRITERIA for DETERMINING SUICIDE

• Self-inflicted
  • Supported by autopsy, toxicology, investigatory, and psychological evidence and statements from the decedent and witnesses

• Intent
  • Evidence that at the time of the injury, the decedent intended to kill him/herself or wished to die, and the decedent understood the probable consequences of his/her actions
Searle v. Allstate Life Insurance Company
38 Cal. 3d 425 (1985)

Mr. Searle killed himself with GSW to head.

Wife contested the life insurance company’s decision after death ruled a suicide.

CA Supreme Court ruled that mental capacity was very relevant to the determination of suicidal intent.

“If the insured did not understand the physical nature and consequences of the act, whether he was sane or insane, then he did not intentionally kill himself.”
CONTRIBUTION OF MENTAL HEALTH

Dr. Theodore J. Curphey, Los Angeles County Chief Medical Examiner-Coroner, started pioneering work with the Suicide Prevention Center (SPC) for help in clarifying the manner of death.
PSYCHOLOGICAL AUTOPSY

- The Approach was developed in late 1950’s by Drs. Robert Litman, Norman Farberow, and Edwin Schneidman of the SPC

- Thorough retrospective analysis of decedent’s intention and state of mind as related to his/her actions at time of death
NEED for PSYCHOLOGICAL AUTOPSY in MANNER OF DEATH DETERMINATIONS

• In equivocal cases when the Dept. of Coroner cannot determine whether the decedent’s death was a suicide or an accident

• When the Dept. of Coroner rules the death a suicide, but there is a protest (someone contests the manner of death)
1987 to PRESENT

- USC Institute of Psychiatry and Law, psychological consultants to LA Dept. of Coroner

- Conduct psychological autopsy only when possible manner of death is between suicide and accident

- Evaluation is CONFIDENTIAL TO DEPT. OF CORONER ONLY
APPROACH USED

- Consent form
- Team of psychiatrists and clinical psychologists
- Sources of information
Statistics on Suicide in Los Angeles County

Nicolle Perras, M.P.H.
Department of Public Health, Injury & Violence Prevention
Suicide Trends in Los Angeles County
2005-2009

Nicolle Perras, MPH
Los Angeles County Department of Public Health
Injury and Violence Prevention Program
Overview

- Data limitations
- Data sources
- Suicide Deaths
- Suicide Attempts
  - Hospitalizations
  - Emergency Department
  - Ideation
Numbers recorded
Suicide Deaths in LAC
2005 - 2009

2005: 695
2006: 663
2007: 667
2008: 802
2009: 770
LAC Suicide Deaths
Method Used

- Cut/Pierce: 3%
- Falls: 6%
- Firearm: 37%
- Poisoning: 31%
- Suffocation: 17%
- Other: 6%
LAC Suicide Deaths Trend Rate by SPA, 2005 - 2009

SPA 1: 11.3
SPA 2: 7.6
SPA 3: 6.1
SPA 4: 7.1
SPA 5: 9.1
SPA 6: 4.5
SPA 7: 5.2
SPA 8: 7.4
LAC Suicide Deaths
Five Year Trends – By Age
LAC Non-Fatal Suicide Attempt Hospitalization Rates per 100,000
2005-2009

41.7
42.5
41.5
42.7
44.1
2005-2009 Trend Data
Rate per 1000,000

<table>
<thead>
<tr>
<th>SPA</th>
<th>Death</th>
<th>Hospitalization</th>
<th>ED Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPA 1</td>
<td>11.3</td>
<td>74</td>
<td>97.5</td>
</tr>
<tr>
<td>SPA 2</td>
<td>7.6</td>
<td>45.7</td>
<td>25.5</td>
</tr>
<tr>
<td>SPA 3</td>
<td>6.1</td>
<td>36.4</td>
<td>23.9</td>
</tr>
<tr>
<td>SPA 4</td>
<td>7.1</td>
<td>39.1</td>
<td>23.3</td>
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<tr>
<td>SPA 5</td>
<td>9.1</td>
<td>34.1</td>
<td>24.7</td>
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<tr>
<td>SPA 6</td>
<td>4.5</td>
<td>39.4</td>
<td>22.4</td>
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<tr>
<td>SPA 7</td>
<td>5.2</td>
<td>42.6</td>
<td>18.8</td>
</tr>
<tr>
<td>SPA 8</td>
<td>7.4</td>
<td>46.4</td>
<td>20.5</td>
</tr>
</tbody>
</table>
Non-Fatal Suicide Attempt Hospitalization Rates per 100,000 by Race/Ethnicity, 2005-2009
Non-Fatal Suicide Attempt Hospitalization Rate Trends per 100,000 by SPA 2005-2009

SPA 1: 74
SPA 2: 45.7
SPA 3: 36.4
SPA 4: 39.1
SPA 5: 34.1
SPA 6: 39.4
SPA 7: 42.6
SPA 8: 46.4
Non-Fatal Suicide Attempt Hospitalization Rates per 100,000 by Age, 2005-2009

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hospitalization Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>7.6</td>
</tr>
<tr>
<td>15-19</td>
<td>85.4</td>
</tr>
<tr>
<td>20-24</td>
<td>74.4</td>
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<tr>
<td>25-29</td>
<td>62.8</td>
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<tr>
<td>30-34</td>
<td>52.9</td>
</tr>
<tr>
<td>35-44</td>
<td>53.3</td>
</tr>
<tr>
<td>45-54</td>
<td>54.8</td>
</tr>
<tr>
<td>55-64</td>
<td>34.4</td>
</tr>
<tr>
<td>65+</td>
<td>22.8</td>
</tr>
</tbody>
</table>
Method

- Cut/Pierce: 19%
- Falls: 1%
- Fire/Burn: 1%
- Poisoning: 71%
- Suffocation: 1%
- Other: 1%
Emergency Department Visits for Suicide Attempts 2005 - 2009

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>1176</td>
<td>1663</td>
<td>5884</td>
</tr>
<tr>
<td>2006</td>
<td>1195</td>
<td>1493</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>1092</td>
<td>1615</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>1222</td>
<td>1493</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>1199</td>
<td>1413</td>
<td></td>
</tr>
</tbody>
</table>

Total: 7677
ED Visits Suicide Attempts by Method

- Cut/Pierce: 15%
- Poisoning: 58%
- Suffocation: 1%
- Other: 26%
## Crisis Line Calls
### FY 2010 – 2011

- 21,944 Calls from LAC
- Call volume increased by 8%

<table>
<thead>
<tr>
<th>Location</th>
<th>Calls</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles</td>
<td>667</td>
<td>39%</td>
</tr>
<tr>
<td>Long Beach</td>
<td>77</td>
<td>5%</td>
</tr>
<tr>
<td>Burbank</td>
<td>60</td>
<td>4%</td>
</tr>
<tr>
<td>Santa Monica</td>
<td>58</td>
<td>3%</td>
</tr>
<tr>
<td>Van Nuys</td>
<td>40</td>
<td>2%</td>
</tr>
</tbody>
</table>

- 54% Female
- 47% White
- 21% Latino
- 11% Black
- 5% Asian
- 1% Pacific Islander
- 15% Declined to state

Source: Didi Hirsch Mental Health Services Suicide Prevention Center Report Los Angeles County -- Fiscal Year 2010-11 Emergency Calls and Rescues
Crisis Line Calls

**Age**
- 31% Age 25 and under
- 37% 26-45 years old
- 19% 46-55 years old
- 12% 56-75 years old
- 1% 76-85 years old
- 1% 86 and older

**Method**
- 27% Overdose
- 14% Cut/Pierce
- 7% Gun
- 7% Vehicular
- 6% Suffocation
- 6% other
- 36% Declined to Say/Did Not Know

Source: Didi Hirsch Mental Health Services Suicide Prevention Center Report Los Angeles County -- Fiscal Year 2010-11 Emergency Calls and Rescues
CHIS - 2009

“Have you ever seriously thought about committing suicide?”

Source: 2009 California Health Interview Survey www.CHIS.ucla.edu
Ever seriously thought about committing suicide compared by Sexual orientation (4 levels) - Self Reported

- Straight or heterosexual
- Gay, lesbian, or homosexual
- Bisexual
- Not sexual/celibate
- All

Thought about committing suicide
Never thought about committing suicide
Ever seriously thought about committing suicide compared by Any mention of American Indian/Alaska Native (self-reported)

American Indian/Alaska Native

Not American Indian/Alaska Native

All

Thought about committing suicide
Never thought about committing suicide

Source: 2009 California Health Interview Survey  www.CHIS.ucla.edu
Ever seriously thought about committing suicide compared by Asian ethnicity groups (7 level)

- Chinese
- Japanese
- Korean
- Filipino
- South Asian
- Vietnamese
- Other single/multiple Asian type
- All

Source: 2009 California Health Interview Survey - www.CHIS.ucla.edu
Military

- Ever served on active duty in the U.S. Armed Forces = 11.5% (Yes)
  - VS
  - Never Served
  - 7.4% Yes
Questions ???

Thank you!

Please visit the Los Angeles County, Department of Public Health Injury & Violence Prevention Program at http://publichealth.lacounty.gov/ivpp for more information.
Break – 15 minutes

Please visit our resource room ‘Joshua Tree’
- Kognito
- LACOE
- LAC DMH, Didi Hirsch, NAMI, Teen Line, 211, 311, Glendale Adventist, Trevor Project, AFSP, AAS, CDC
Survivor Panel

Facilitator: Nina J. Gutin, Ph.D.
Panel: Rene Buchanan
Lauren Wecker, Psy.D.
India Collins
Marilyn Nobori
Summary of AM
Preview of PM

Sam Chan, Ph.D.
District Chief, LAC Department of Mental Health
LUNCH BREAK

Saving Lives: The Suicide Prevention Summit

September 7, 2011

LAC Suicide Prevention Network
Los Angeles County
Suicide Prevention & Early Intervention Programs

Partners in Suicide Prevention Program,
LAC Department of Mental Health
Small Group Discussion

Sam Chan, Ph.D.
Instructions for Small Group Discussion

- 45 minutes
- Designate one spokesperson (recorder)
- Identify two challenges using the examples provided or make your own
- With identified challenges, come up with two solutions for each challenge using “existing resources”
- Recorder will submit their info to PSP core group members
- Please print legibly
Refreshment Break – 15 minutes
Discussion:

What needs to be achieved?

Facilitators:

Richard Lieberman
School Psychologist, LAUSD Suicide Prevention Services

Linda Boyd, RN
Program Manager, Department of Mental Health Emergency Outreach Bureau
Closing Remarks
Sam Chan, Ph.D.
Thank You

Please turn in you evaluation!