SUTTER YUBA

STRATEGIC SUICIDE PREVENTION PLAN

SUTTER COUNTY

Suicide Awareness

Yuba COUNTY

2024 TO 2027

MENTAL HEALTH SERVICES ACT · PROPOSITION 63 · CALIFORNIA

WELLNESS • RECOVERY • RESILIENCE

GET HELP NOW

If you or someone you know needs support now, CALL or **TEXT** **988** Or chat **988lifeline.org** or **TEXT** **'HOME"** to **741741**

Si tú o alguien que conoces necesita apoyo, llama al **988** (servicio en español) o envía un **TEXTO** al **988**
or chat vía **988lifeline.org** (en inglés).

Sutter Yuba Behavioral Health Mobile Crisis Line (530) 673-TALK (8255) or **(888) 923-3800**

Veterans, call the **LifeLine** at **988** & **press 1**, or **TEXT 838255**

Active Duty Military , call the **Military HelpLine** at **(888)457-4838**, **TEXT 839863**, or call **Centerstone Military Services (866)781-8010.**

Veterans, **Active Duty Military**, & **Dependents**, call **Vets4Warriors (855)838-8255**

DEAF&**HARD-of-HEARING**, use preferred relay service or dial **711** & **988.**

TEENS, call the **TEEN LINE** at **(800)852-8336** 6PM-10PM or **TEXT 'TEEN' 839863** 6PM-9PM

LGBTQIA+ youth, call **The Trevor Project** at **(866)488-7386, TEXT 'START' 678678**, call **Tri-County Diversity (530)763-2116** 10AM-10PM or call **LGBTQ+ National Hotline (888)843-4564.**

Gender Diverse individuals, call **Trans LifeLine** at **(877) 565-8860** or **Tri-County Diversity (530) 763-2116** 10AM-6PM

All Ages & Genders, call **Boys Town National Hotline (800)448-3000 is** also a **TTY** number, or **TEXT 20121**

Introduction

Overview

Suicide is a significant public health issue preventable through a coordinated community approach. The impact of suicide is far-reaching and is not limited to the immediate family but extends throughout communities and across generations[2]. Before speaking on the rates in Sutter and Yuba Counties it is important to understand that our rates are skewed due to each of our counties having a population below 100,000. The rates are based on populations of 100,000, so when a county has a lower population, it will in turn, make the rate higher. Due to the low population, Sutter and Yuba Counties are unable to release specific data on local deaths by suicide as to not violate anyone's privacy. Suicide rates are consistently higher in rural areas than in more urban areas. Yuba County's rate of 20.5 is almost twice that of California which is 10.5, while Sutter County's rate of 9.9, which is below the state average, makes the average rate of both counties 15.2. As a community, Sutter and Yuba Counties can make a difference and save lives by uniting and working collaboratively to increase awareness about mental health stigma and the warning signs of suicide to prevent suicide. There is no single cause of suicide; it is a complex issue[1].

Sutter Yuba Behavioral Health (SYBH) served as the main organization to organize meetings, surveys, key informant interviews, and engage community members to assist with developing this plan. This plan is the culmination of community and employee feedback regarding risk factors/triggers, barriers, and the needs of our community to reduce suicidal ideation, attempted suicide, and death by suicide. The Sutter and Yuba Counties Strategic Suicide Prevention Plan is intended to increase awareness about suicide and recommend strategies to help prevent suicide. It serves as a guide for the community to work collaboratively to help reduce suicides in our community. The goals of this plan are outlined below[2].

Goal 1: Minimize risk for suicidal behavior.

Goal 2: Address stigma around asking for help and talking about suicide.

Goal 3: Establish support services following a suicide loss.

Goal 4: Support districts and schools in implementing comprehensive suicide prevention approaches in the school setting.

Goal 5: Identify existing suicide prevention efforts and determine what type of centralized structure may need to be put in place.

The plan provides relevant County demographics, information related to risk factors, protective factors, and the warning signs of suicide. State suicide data is presented[2], in addition to the specific Sutter and Yuba County suicide data, to increase awareness about the impacts of suicide on Sutter and Yuba County residents. The Sutter and Yuba County Strategic Suicide Prevention Plan is posted on the Sutter -Yuba Behavioral Health website at https://www.suttercounty.org/government/county-departments/health-and-human-services/sutter-yuba-behavioral-health

County Demographics

Sutter and Yuba County Demographics

Sutter and Yuba Counties are located in Northern California, approximately 40 miles north of Sacramento in the Sacramento Valley. Sutter County is about 603 square miles with 165 persons per square mile. Yuba County is about 632 square miles with 129 per square mile, classifying both counties as rural. Sutter County's population is 98,503 and Yuba County's population is 84,310 as of July 2022[3].

The California Health Interview Survey[4] indicates that an average of 63.7% of the population of Sutter County speaks English, 20.5% speak Spanish, and 15.8% speak another language[5].

Population City Distribution

Sutter County has three primary towns: Yuba City[6], population 68,711; Live Oak[7], population 16,948; and Sutter[8], population 2,778.
Yuba County has three primary towns: Linda[9], population 23,304; Olivehurst[10], population 16,262; and Marysville[11], population 12,451.

Population Age Distribution

Sutter County

Approximately 6.3% of the population is under 5-years-old, 25% are under 18, and 16.5% are 65-years-old or older[12].

Yuba County

Approximately 7.3% of the population is under 5-years-old, 26.9% are under 18, and 13.2% are 65-years-old or older[12].

Population Race Distribution

Sutter County: Population data shows that approximately 70.9% of residents are White; 33.3% are Latino; 2.8% are African American; 18.2% are Asian; 2.4% are American Indian / Alaska Native; 0.4% are Native Hawaiian / Other Pacific Islander, and 5.2% are two or more races[12].
Yuba County: Population data shows that approximately 76.1% of residents are White; 31.2% are Latino; 5.1% are African American; 8.4% are Asian; 2.9% are American Indian / Alaska Native; 0.7% are Native Hawaiian / Other Pacific Islander, and 6.9% are two or more races[12].

Suicide Statistics

U.S. Suicide Statistics

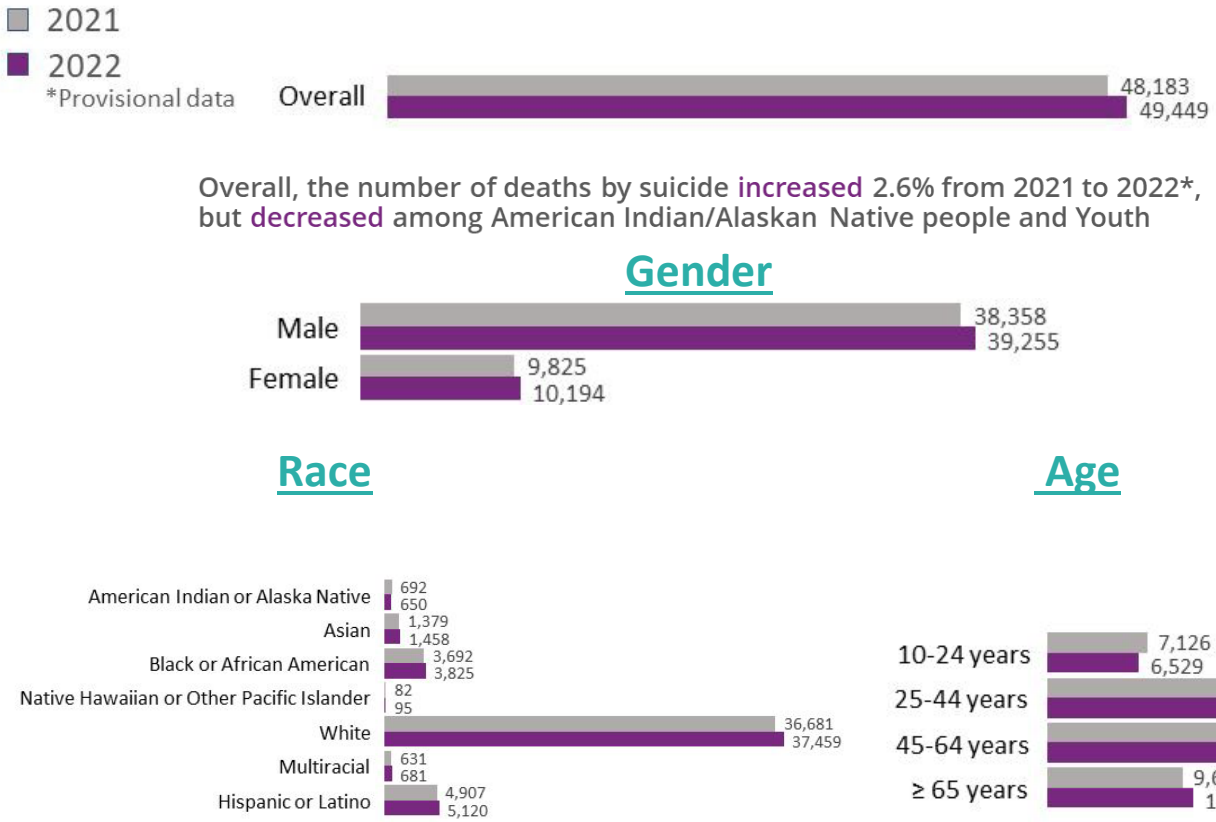
Suicide affects people of all ages and demographic groups. Some populations are disproportionately impacted by suicide. However, the statistics below are from national and California statewide sources.

- As of 2021, suicide is the eleventh leading cause of death in the United States.
- The age-adjusted suicide rate in 2021 was 14.04 per 100,000 individuals.
- In 2020, firearms accounted for 54.64% of all suicide deaths.
- Men died by suicide 3.9 times the rate of women in 2021.[13]

California Suicide Statistics

- In 2020, California experienced 4,143 suicide deaths.
- In 2020, 45% of firearm deaths in California were suicides, and 37% of all suicides in California were by firearms.
- Suicide is the 14th leading cause of death in California; the 3rd leading cause of death for Californians between the ages of 10-24; and the 2nd leading cause of death for Californians between the ages of 25-34.
- Almost five times as many people died by suicide in California in 2019 than in alcohol- related motor vehicle accidents; suicide deaths reflect a total of 80,707 Years of Potential Life Lost (YPLL) before age 65.[14]

United States Suicide Deaths[15]



California Suicide Statistics* Per 100K population[16] 2018-2020

County	Count	Rate	Lower CI	Upper CI	Rank Highest to Lowest Rate
California (Overall)	13,073	10.5	10.3	10.7	-
Sutter	30	9.9	6.3	13.4	32
Yuba	46	20.5 *	14.6	26.5	9

Note: Significantly above the state rate (*p< 0.05, **p< 0.001). Significantly below the state rate (†p< 0.05, ‡p< 0.001). The confidence interval (CI) provides information on the precision of the rates being shown. Estimates with wide confidence intervals are less stable and should be interpreted with caution, especially when comparing the estimate to another group or over time. The total number of suicides listed for California 2018–2020 has been updated as of 6/10/22. Sources: California Department of Public Health (CDPH) Vital Statistics Death Files (2018–2020); Department of Finance P-3 Population Projection File (2010–2060) The count does not represent total number of suicides in each county during the time period noted, the stats are based on 100K population and as both Sutter and Yuba are under that number, the data is skewed.

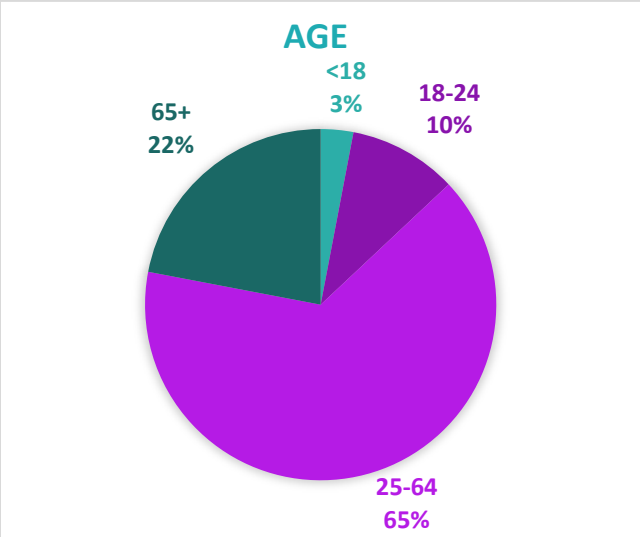
Suicide in California, 2020[17]

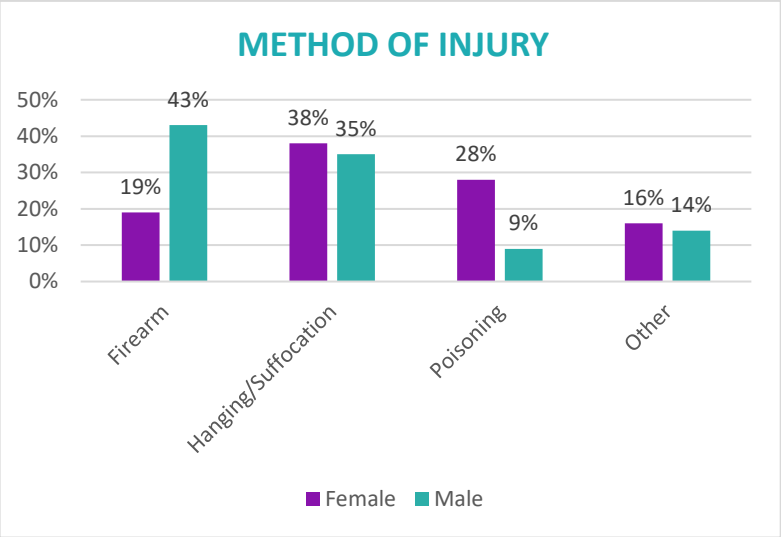
OVERALL IMPACT

There were 4,143 suicides
10.4 suicides per 100,000 people
60% of violent deaths were by suicide

SUICIDES BY SEX, RACE AND ETHNICITY

Most of those who died by suicide were male (78%)
Most suicide death occurred among people who were White (61%) or Hispanic (23%)
The highest rate was among people who were White (16.7 per 100,000)





SUBSTANCE ABUSE

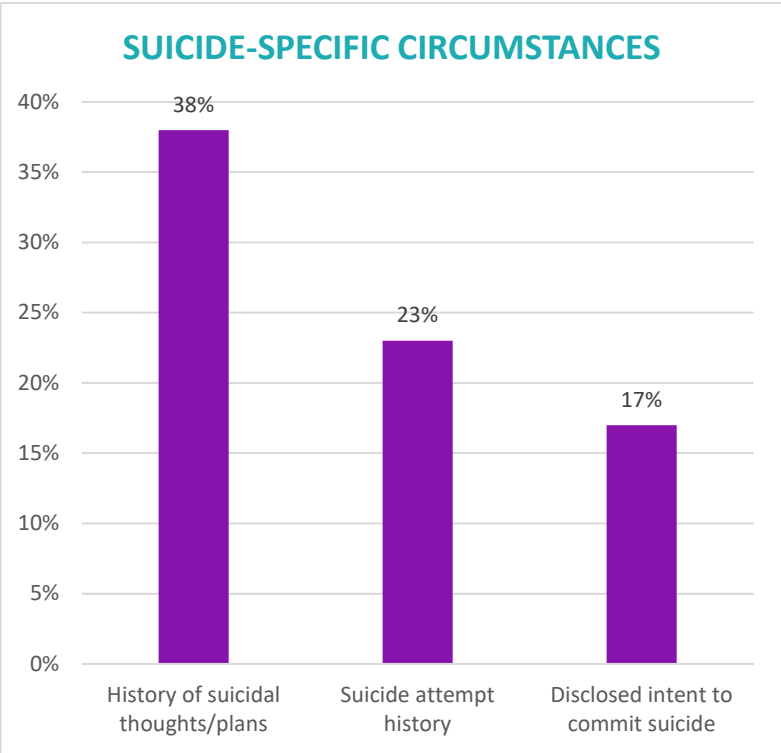
18% had a known alcohol dependence Or alcohol problem
18% had a non-alcohol related substance abuse problem

MENTAL HEALTH SUBSTANCE ABUSE

52% had a known mental health problem
24% had a history of mental health/substance abuse treatment

OTHER CIRCUMSTANCES

17% had a problem with a current or former intimate partner
18% had physical health problems
22% had a recent or impending life crisis
10% had financial and/or job problems



KNOW THE SIGNS

The warning signs of suicide aren't always obvious. Reach out and help if you observe one or more of these warning signs, especially if the behavior is new, has increased or seems related to a painful event, loss, or change:

- Talking about wanting to die or suicide
- Looking for a way to kill themselves, like searching online or buying a gun
- Feeling hopeless, desperate, trapped
- Giving away possessions
- Putting affairs in order
- Reckless behavior
- Uncontrolled anger
- Increased drug or alcohol use
- Withdrawal
- Anxiety or agitation
- Changes in sleep
- Sudden mood changes
- No sense of purpose

Knowing what to look for is the first step toward being there for a friend or family memeber in need. If you sense something is wrong, trust your instincts and get more information at **suicide**is**preventable**.org

FIND THE WORDS

"Are you thinking of ending your life?"

Few phrases are as difficult to say to a loved one. But when it comes to suicide prevention, none are more important. If you are concerned about someone, don't hesitate. Visit **suicide**is**preventable**.org to learn how to get the conversation started.

START THE CONVERSATION	ASK ABOUT SUICIDE	LISTEN
Mention the warning signs you are noticing.	*"Are you thinking about suicide?"*	*Express concern and reassure.*

REACH OUT

YOU ARE NOT ALONE

If you even see one warning sign, step in or speak up. But you don't need to do it alone. Help is availabe.

*Call or text **988** or to reach the Suicide & Crisis Lifeline (24/7)*

Suicide Risk & Protective Factors[19]

Many factors contribute to suicide risk. Suicide is rarely caused by a single circumstance or event. Instead, a range of factors—at the individual, relationship, community, and societal levels—can increase risk. These risk factors are situations or problems that can increase the possibility that a person will attempt suicide.

Circumstances that increase suicide risk

Individual Risk Factors

These personal factors contribute to risk:

- Previous suicide attempt
- History of depression and other mental illnesses
- Serious illness such as chronic pain
- Criminal/legal problems
- Job/financial problems or loss
- Impulsive or aggressive tendencies
- Substance use
- Current or prior history of adverse childhood experiences
- Sense of hopelessness
- Violence victimization and/or perpetration

Relationship Risk Factors

These harmful or hurtful experiences within relationships contribute to risk:

- Bullying
- Family/loved one's history of suicide
- Loss of relationships
- High conflict or violent relationships
- Social isolation

Community Risk Factors

These challenging issues within a person's community contribute to risk:

- Lack of access to healthcare
- Suicide cluster in the community
- Stress of acculturation
- Community violence
- Historical trauma
- Discrimination

Societal Risk Factors

These cultural and environmental factors within the larger society contribute to risk:

- Stigma associated with help-seeking and mental illness
- Easy access to lethal means of suicide among people at risk
- Unsafe media portrayals of suicide

Many factors protect against suicide risk and many factors can reduce risk for suicide. Similar to risk factors, a range of factors at the individual, relationship, community, and societal levels can protect people from suicide. Everyone can help prevent suicide. We can take action in communities and as a society to support people and help protect them from suicidal thoughts and behavior.

Circumstances that protect against suicide risk

Individual Protective Factors

These personal factors protect against suicide risk:

- Effective coping and problem-solving skills
- Reasons for living (for example, family, friends, pets, etc.)
- Strong sense of cultural identity

Relationship Protective Factors

These healthy relationship experiences protect against suicide risk:

- Support from partners, friends, and family
- Feeling connected to others

Community Protective Factors

These supportive community experiences protect against suicide risk:

- Feeling connected to school, community, and other social institutions
- Availability of consistent and high quality physical and behavioral healthcare

Societal Protective Factors

These cultural and environmental factors within the larger society protect against suicide risk:

- Reduced access to lethal means of suicide among people at risk
- Cultural, religious, or moral objections to suicide

Suicide is connected to other forms of injury and violence. For example, people who have experienced violence, including child abuse, bullying, or sexual violence, have a higher suicide risk. Watch "Moving Forward"[23] a short movie created by the Centers for Disease Control and Prevention (CDC), to learn how everyone benefits when we increase efforts to protect people from violence and reduce issues that put people at risk[19].

This model, "The Social-Ecological Model: A Framework for Prevention" considers the complex interplay between individual, relationship, community, and societal factors. It allows us to understand the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence. The overlapping rings in the model illustrate how factors at one level influence factors at another level.

Besides helping to clarify these factors, the model also suggests that in order to prevent violence, it is necessary to act across multiple levels of the model at the same time. This approach is more likely to sustain prevention efforts over time and achieve population-level impact[20].

INDIVIDUAL: The first level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. Some of these factors are age, education, income, substance use, or history of abuse. Prevention strategies at this level promote attitudes, beliefs, and behaviors that prevent violence. Specific approaches may include conflict resolution and life skills training, social-emotional learning, and safe dating and healthy relationship skill programs.

RELATIONSHIP: The second level examines close relationships that may increase the risk of experiencing violence as a victim or perpetrator. A person's closest social circle-peers, partners and family members-influences their behavior and contribute to their experience. Prevention strategies at this level may include parenting or family-focused prevention programs and mentoring and peer programs designed to strengthen parent-child communication, promote positive peer norms, problem-solving skills and promote healthy relationships.

COMMUNITY: The third level explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence. Prevention strategies at this level focus on improving the physical and social environment in these settings (e.g., by creating safe places where people live, learn, work, and play) and by addressing other conditions that give rise to violence in communities (e.g., neighborhood poverty, residential segregation, and instability, high density of alcohol outlets).

SOCIETAL: The fourth level looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms that support violence as an acceptable way to resolve conflicts. Other large societal factors include the health, economic, educational, and social policies that help to maintain economic or social inequalities between groups in society. Prevention strategies at this level include efforts to promote societal norms that protect against violence as well as efforts to strengthen household financial security, education and employment opportunities, and other policies that affect the structural determinants of health.

Suicide is a serious public health problem that can have long-lasting effects on individuals, families, and communities. The good news is that suicide is preventable. Preventing suicide requires strategies at all levels of society. This includes prevention and protective strategies for individuals, families, and communities. Everyone can help prevent suicide by learning the warning signs, promoting prevention and resilience, and a committing to social change.

CDC's Suicide Prevention Resource for Action highlights strategies based on the best available evidence to help states and communities prevent suicide. The strategies and their corresponding approaches are listed below[21].

Strengthen Economic Supports

- Improve household financial security
- Stabilize housing

Create Protective Environments

- Reduce access to lethal means among persons at risk of suicide
- Create healthy organizational policies and culture
- Reduce substance use through community-based policies and practices

Improve Access and Delivery of Suicide Care

- Cover mental health conditions in health insurance policies
- Increase provider availability in underserved areas

- Provide rapid remote access to help
- Create safer suicide care through systems change

Promote Healthy Connections

- Promote healthy peer norms
- Engage community members in shared activities

Teach Coping and Problem-Solving Skills

- Support social-emotional learning programs
- Teach parenting skills to improve family relationships
- Support resilience through education programs

Identify and Support People at Risk

- Train gatekeepers
- Respond to crises
- Plan for safety and follow-up after an attempt
- Provide therapeutic approaches

Lessen Harms and Prevent Future Risk

- Intervene after a suicide (postvention)
- Report and message about suicide safely[21]

Key Stakeholder Findings

Key informants and focus group participants provided a variety of insightful feedback and findings. Across the board, participants verbalized the need for more education throughout the community and the lack of understanding the local resources that are currently available. People believe that the current stigma surrounding mental health impacts people seeking help for suicidal ideation. Key findings also included the need to arm the community with the skills to properly identify people who are at risk and in turn how to properly respond to them and offer help. Another finding was the need to train local groups and/or organizations to respond internally to a crisis and more resources for individuals who qualify for private insurance.

Sutter and Yuba counties have a unique cultural minority make-up, including Latino/Latinx, Hmong, and Punjabi. In interviewing key informants from these communities and getting community stakeholder feedback we were able to take away some cultural contrasts and similarities. The following graphic was created to give a broad overview of just some of the cultural differences and commonalities that were reported by members and stakeholders of each community. The purpose of this visual is to show that while each group has distinct differences, they share a core of common elements. Making sure to hear both the commonalities and differences help move us forward when working with cultural beliefs around suicide prevention and behavioral health.


HMONG COMMUNITY
Barriers:
Believe mental health is hereditary
Triggers:
High standards for children
Being viewed as not being in control
Relationship issues
Community needs:
More social media campaigns for stigma
More linguistically accessible services
PUNJABI COMMUNITY
Barriers:
High level of privacy
Large local community
Lack of resources
Triggers:
Bullying
Racism & Mistreatment
Community needs:
Specific Sikh/Punjabi resources
Older Punjabi service providers
People fluent in Punjabi
LATIN COMMUNITY
Barriers:
Lack of time during peak work season
Head of household duties at home
Seeking help will make you look weak, when you have to be strong
Triggers:
Punishments and discipline within families
Being viewed as not being in control
Community needs:
Some services available on weekends
24 hour in person help that is step down from crisis
CULTURAL COMMONALITIES:
Stigma surrounding mental health
Lack of education on Mental Health
Lack of resources/hard to access resources
Fear of being called "crazy"
Prefer to keep business private within family
Religious beliefs
Barriers caused by different viewpoints of different generations
Financial issues
Drug/Alcohol Use
Need culturally responsive providers
More resources in other languages

Latino/Latinx Community

Findings from this key informant interview shined light on the taboo and stigma around mental health in the Latino community. They do not want to discuss having a mental breakdown or thinking about suicide. It is cultural practice to keep family matters private and there is concern about other community members viewing someone as “crazy” if they might seek out help. Current identified risk factors include cultural and traditional ways of raising children, corporal punishment is very prevalent and carries through generations. Another risk factor is alcoholism or other mechanisms used for trying to deal with mental health. Barriers, other than stigma, to accessing mental health treatment include a lack of time on the client’s side. During the busy harvest season, they might not be able to afford to take a day off to seek out services, or even drive children to services. The community has identified the need to reduce suicidal ideation, attempts of suicide and death by suicide. Additional needs are to include more community education in different languages, with a focus of more education and awareness geared towards adults, and to provide possible weekend groups for people that cannot get to services during the week.

Punjabi Community

Community beliefs about suicide differ between the older and younger generations. The older generation tends to view suicide as a sin and if you do it your spirit will never rest. The older generation believe it can have a negative effect if it is even discussed. The younger generation are more willing to talk about it, but they might be hesitant to bring it up to some of the older generations in their family due to the stigma. Some identified risk factors or triggers in the community include a lack of support, feeling like they do not have anybody that supports them. Other risk factors/triggers include bullying, mistreatment, racism, and drug use. Financial issues can be a trigger for older generations and men in the community. The current barriers in the community include a general lack of education surrounding mental health and the cultural stigma and general desire to keep any mental health issues private within the family. The community as a whole is mostly unaware of the current services available or how to access them. Identified community needs to reduce suicidal ideation, attempts of suicide and death by suicide include the need to have more people of the Sikh/Punjabi community to provide resources. There is a large local Sikh/Punjabi community and there should be more targeted resources to serve them.

Hmong Community

Community beliefs about suicide differ between the older generations and the younger generations. The older generations have strong religious beliefs about suicide and believe that you will not be reincarnated if you die by suicide. The younger generations tend to be more assimilated and not as religious. Identified risk factors and/or triggers include pressure on children to have good grades and be successful, in this community, focus on education success sets very high standards for children. There is a lot of pressure to keep family issues private which creates stigma around accessing mental health services. Current barriers to accessing mental health services, in addition to stigma include difficulty accessing services in general, especially with private insurance due to lack of Hmong providers or providers who speak Hmong. The community does not want telehealth and there isn’t much in person services available in the area. There is a lack of culturally responsive providers which make it difficult if the issues stem from cultural issues. Identified community needs to reduce suicidal ideation, attempts of suicide and suicide by death included more social media campaigns to reduce stigma and more available services.

LGBTQ+ Community

Findings from this key informant interview included the fear and hesitation in the LGBTQ+ community to seek out resources not knowing if who they end up talking to will be accepting and affirming. If they are having suicidal ideation, they are worried that any therapist they talk to might say they are suicidal because they are LGBTQ+ instead of digging into other issues. Some identified risk factors and triggers in the community include religious beliefs, transphobia, homophobia, lack of acceptance from family/friends, and micro and macro aggressions. They believe there is an overall community lack of understanding about gender identity and sexual orientation. Community needs to reduce suicidal

ideation, attempts of suicide and death by suicide include more supportive resources and understanding, more education and visibility in the community as a whole, creating inclusive environments and safe places to get resources without judgement.

Armed Forces

Findings from this key informant interview included the overpowering stigma surrounding mental health services and suicide attempts or death by suicide. If you had mental health issues, you couldn't deploy. If you didn't deploy, then you were looked down on by your peers. This caused a lot of people to just keep everything to themselves. This interviewee knew of someone who had died by suicide, his peers viewed him as being too weak as opposed to needing a mental health intervention. Stigma is so bad they called therapists or psychiatrists "witch doctors" or "wizards". Community needs really depend on education to reduce stigma, and ease of access to services. Depending on where you live, it can be more difficult to get services from the VA, difficulty can include general distance and lack of transportation.

Sutter and Yuba County Public Health

Sutter and Yuba counties have a unique racial ethnic minority which includes Punjabi, Hmong, and Latino. Intergenerational conversations are more difficult in these communities. A lack of understanding and awareness of mental health in these communities fosters a stigma that creates barriers to accessing services. In the Caucasian community a distrust of government, institutions, clinics, and doctors is rising. This can cause the Caucasian community to fear seeking help because they don't know what will happen to them next. Some of the identified barriers in the community include a lack of services and a lack of understanding of how to navigate the Behavioral Health continuum of services. Stigma impacts the entire community on seeking out mental health care. People are worried that they will be viewed as "crazy" if they are seen seeking help. The community needs to have a better understanding about services that are offered, where they are offered and how to access them. The community also needs to be educated to view mental health issues the same as they view any other medical issues. For instance, depression should not be viewed any differently than high blood pressure.

Former Sutter County Health and Human Services Program Manager

Some identified triggers and risk factors in the community include mental health issues, depression, anxiety, substance abuse, lack of support systems, loneliness, and not knowing where to turn for help. Another risk factor could be someone that might need/want services but are not fitting the crisis criteria for services. Some locally identified needs include the community wanting training on how to identify someone at risk, and what to do to help someone at risk. Another need includes more counselors in the schools and being able to trust the people that are providing services. We need a local "path finder", an individual who helps and directs people who are struggling to find the services they need. We need more education in the community regarding mental health to not only lessen stigma but to create a larger community support system. Keep education in schools continuous, such as Signs of Suicide (SOS) and Yellow Ribbon and continue to offer Applied Suicide Intervention Skills Training (ASIST) and Mental Health First Aid/Youth Mental Health First Aid (MHFA/YMHFA) to the community.

Survey Feedback

What would your community need in order to reduce suicidal ideation, attempts of suicide and death by suicide?

- We need a national health curriculum in schools to prevent suicide as discussed in a Prager University podcast. Specifically, a curriculum that gives students access to mental health care and education on mental illness, and that is required and constant.
- More access in the community to casual places to gather and socialize.
- Programs for youth to get involved in, such as free or reduced sports programs, chess clubs etc.
- Widespread education.

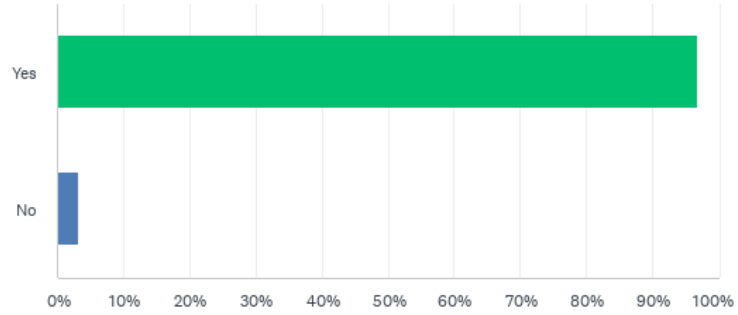
What do you think are the biggest risk factors or triggers for suicidal ideation, attempts of suicide, and death by suicide in your community?

- Literacy is a risk factor and should be considered for school-based planning for suicide prevention. If children can't adequately read, write, and express themselves imagine how difficult that would be to then convey their fears, worry, doubts, and feelings of depression. We need to have a focus on comprehension and connectedness.
- Social media, bullying, lack of connection between our youth and our communities.
- Not enough support or services.
- Lack of knowledge on how to recognize the signs and who to contact for help.

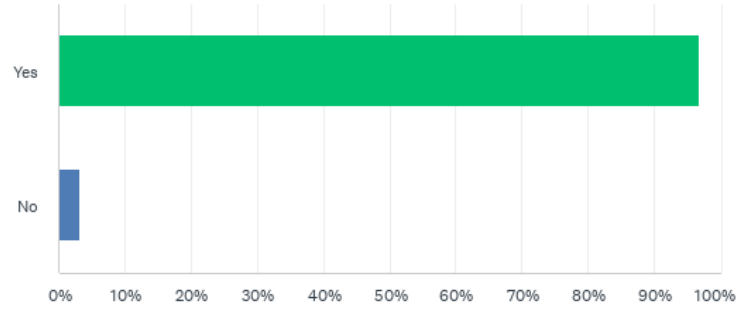
What are the current barriers to accessing mental health treatment in your community?

- Not a lot of mental health therapists. Knowledge to accessing treatment.
- Lack of providers, long wait times, seems like only urgent crisis services are available.
- Decreased funding, state mandates, staff shortages, stigma, transportation, deteriorating facilities.

Q1 Do you think that stigma impacts people seeking help for suicidal ideation in your community?



Q3 Do you think more education on suicide is needed in your community?



Suicide Prevention Resources in Sutter & Yuba Counties

Education and Training

- **Applied Suicide Intervention Skills Training (ASIST)** An evidence-based model for suicide prevention is a two-day course designed to train individuals over 16 years old to provide suicide first aid. Those trained in the model will be able to recognize and review risk and intervene to prevent the immediate risk of suicide. The ASIST model teaches effective intervention skills while helping build suicide prevention networks in the community.
- **Mental Health First Aid/Youth Mental Health First Aid (MHFA/YMHFA)** MHFA/YMHFA is an 8-hour course for adults 18-years and older that teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training gives you the skills you need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.
- **safeTALK** A half-day training for individuals ages 15 and older to become a suicide-alert helper. Individuals trained in safeTALK will be able to identify warning signs of suicidal behaviors in others and help connect individuals with appropriate intervention services.
- **Signs of Suicide (SOS)** SOS is an evidence-based youth suicide prevention program that teaches middle and high school students how to identify warning signs of suicide and depression. Trusted by thousands of schools across the country, SOS can be delivered in a single class period and encourages students to ACT (Acknowledge, Care, Tell) if they are worried about themselves or a friend.
- **Yellow Ribbon** The Light for Life Foundation Int'l/Yellow Ribbon Suicide Prevention Program is dedicated to preventing suicide and attempts by Making Suicide Prevention Accessible to Everyone and Removing Barriers to Help by empowering individuals and communities through leadership, awareness and education; and by collaborating and partnering with support networks to reduce stigma and help save lives. We work to coordinate appropriate education, training and collaboration with local and national resources to build sustainable suicide prevention programs.

Crisis Services

- **Sutter Yuba Behavioral Health Acute Psychiatric Services** Sutter-Yuba Behavioral Health provides emergency psychiatric services through our Psychiatric Health Facility (PHF) and Psychiatric Emergency Services (PES) program. PES provides crisis intervention and stabilization services for individuals of all ages experiencing acute psychiatric conditions, to include crisis counseling, emergency assessment, crisis line intervention, safety planning, resource education, and inpatient bed search and placement for those requiring hospitalization.
- **Mobile Crisis Response Team** Mobile Crisis Response is a new benefit for Medi-Cal beneficiaries which will bring Mobile Crisis Response Services to Sutter and Yuba Counties. Currently SYBH is in the process of contracting with a provider to implement these services.

Behavioral Health Outpatient & Inpatient Services

- **Sutter Yuba Behavioral Health** (SYBH) provides services to individuals and families who are experiencing serious or ongoing mental health and/or substance use disorders in Yuba and Sutter Counties. Fees for service are based upon the client's ability to pay. SYBH accepts most medical insurance, Medi-Cal and Medicare.
- **Hmong Outreach Center** The Hmong Outreach Center serves bilingual and Hmong-speaking only adults and families delivering culturally and linguistically appropriate services. The Hmong center outpatient behavioral health program was designed to provide a full range of coordinated therapeutic and support services in the form of triages, intake assessments, treatment planning, diagnosis and treatment of mental health conditions and co-occurring mental health and substance use disorders.
- **Latino Outreach Center** The behavioral health needs and experiences of Hispanic/Latinx people vary among subgroups therefore the services provided at the Latino Outreach Center seek to tailor services to meet the needs of the clients in a culturally sensitive and client driven way. Services offered are group therapy, individual

therapy, case management, interpretation and translation services, and linkage to medication support and community resources.

- **North Valley Behavioral Health** NVBH is committed to providing resources that facilitate community re-entry by promoting personal responsibility, independence, and courage: while preserving self-respect, human dignity and hope.

Suicide Prevention Campaigns

- **Social Media Campaigns** Sutter County Public Health has a Facebook page with 2.9 thousand followers and they run multiple social media campaigns throughout the year, including "Each Mind Matters" for Mental Health Awareness Month. Campaigns regarding Suicide Awareness Month, including posts about local community events.
- **Community Outreach** The SYBH Prevention and Early Intervention (PEI) Team and Sutter County Public Health do outreach to local organizations, business, schools and events to decrease the stigma surrounding mental health and suicide and to educate the community on local mental health resources. Some available trainings include ASIST, Yellow Ribbon, Signs of Suicide, Safe-TALK, and Mental Health First Aid.

Community Awareness Events

- **Highlight "Suicide Prevention Week"** Includes writing and submitting Proclamations or Resolutions for "Suicide Prevention Week" with the Sutter and Yuba Counties Board of Supervisors. The Yuba County Board of Supervisors proclaimed the week of September 10-16 as National Suicide Prevention Week. The Sutter County Board of Supervisors proclaimed the week of September 4-10 as National Suicide Prevention Week and September 10th as World Suicide Prevention Day.
- **Highlight "May is Mental Health Awareness Month"** through social media campaigns, stigma reduction activities and advertising throughout the communities.
- **Bridging Hope** A walk for suicide awareness and prevention. 2023 is the first time SYBH hosted this bi-county event. The event started at Veteran's Park in Yuba County, and the walk took place across the bridge into Sutter County and then ended at Veteran's Park. Keynote speakers and community resource tables were at the event. 300 people pre-registered and 263 people participated.

Goals and Objectives

At our kickoff meeting on August 10, 2023, we chose the following five goals to work on. During the meeting we received feedback on how to reach those goals and have translated that into the objectives below. The objectives are not exhaustive and do not represent all of the feedback we received. We want to review the feedback and develop and prioritize objectives and action steps which match the community needs.

Goal 1: Minimize risk for suicidal behavior.

- **Objective 1.1: Increase knowledge of existing services and supports.**
- **Objective 1.2: Develop a suicide prevention training plan that focuses the most appropriate training into key community settings based on risk.**
- **Objective 1.3: Increase the accessibility of behavioral health services and supports.**
- **Objective 1.4: Promote access to means safety in the community.**

- **Objective 1.5: Promote best practices in suicide-related services and supports among key community partners.**

Goal 2: Address stigma around asking for help and talking about suicide.

- **Objective 2.1 Launch a campaign to reduce stigma around suicide and reaching out for help.**

Goal 3: Establish support services following a suicide loss.

- **Objective 3.1 Expand the availability of services and supports after a suicide death.**
- **Objective 3.2 Establish a protocol for a coordinated community response after a suicide death.**

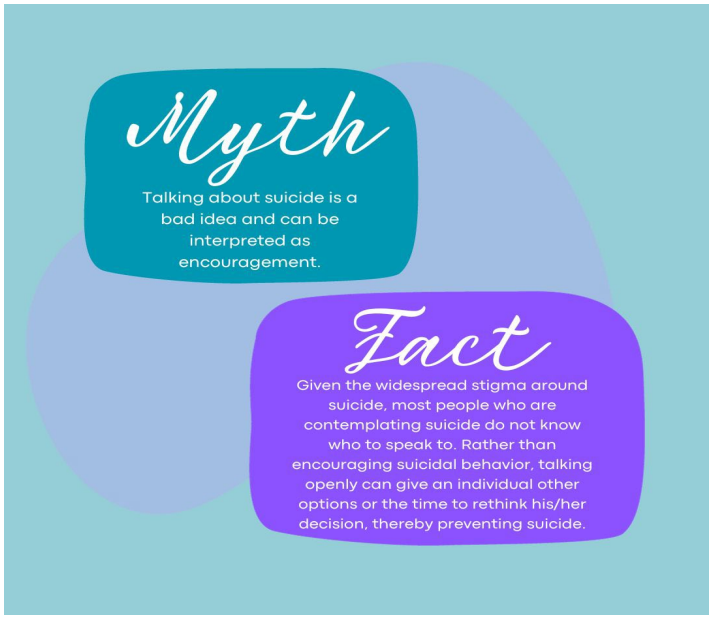
Goal 4: Support districts and schools in implementing comprehensive suicide prevention approaches in the school setting.

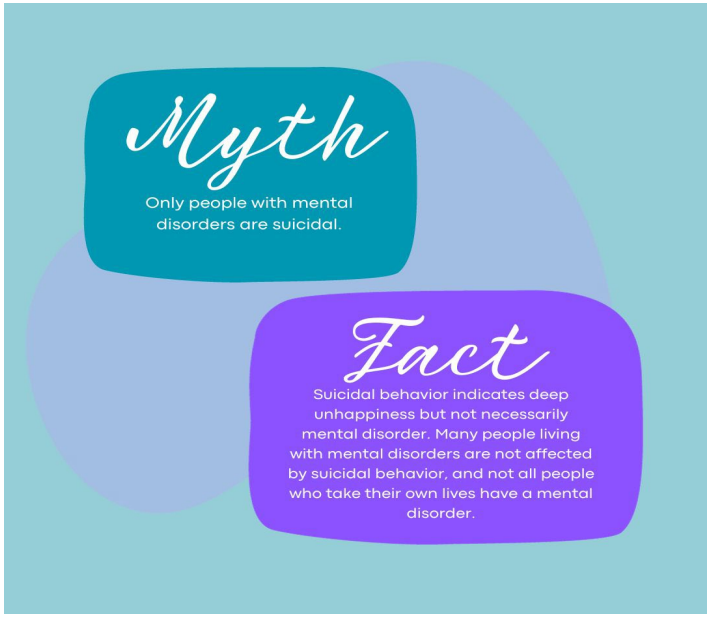
- **Objective 4.1: Partner with school districts to develop detailed postvention plans that guide timely and effective response after a suicide-related crisis.**

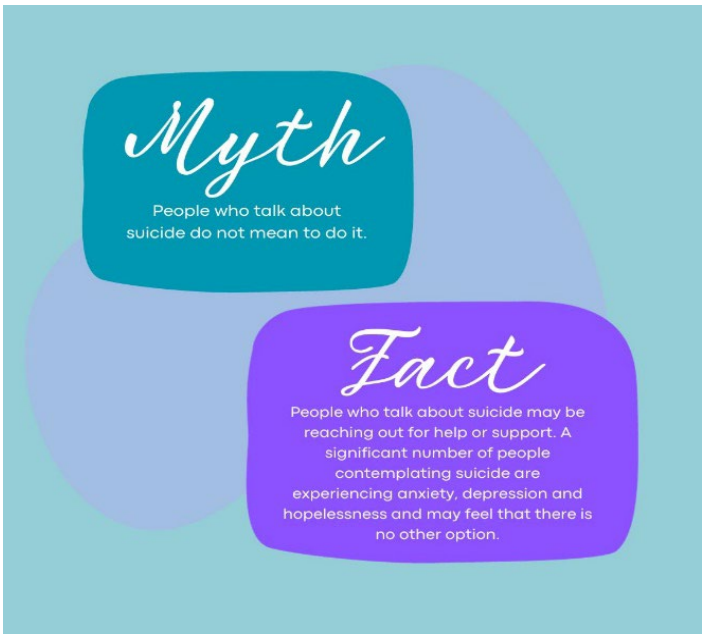
Goal 5: Identify existing suicide prevention efforts and determine what type of centralized structure may need to be put in place.

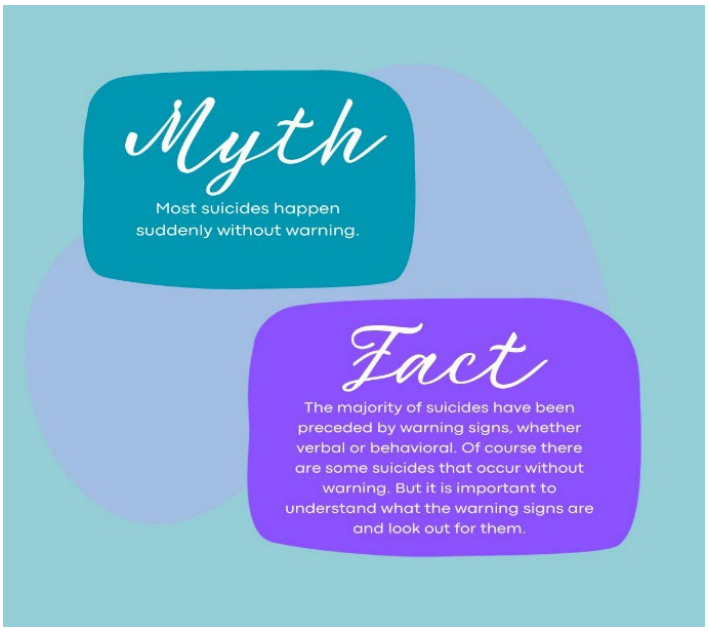
- **Objective 5.1: Form a broad-based suicide prevention team to strengthen suicide prevention activities.**
- **Objective 5.2: Establish protocols for obtaining and using suicide-related data to inform suicide prevention activities.**
- **Objective 5.3: Conduct a resource mapping project to identify existing suicide-related services and supports and develop recommendations to improve coordination, collaboration, and leveraging of efforts.**

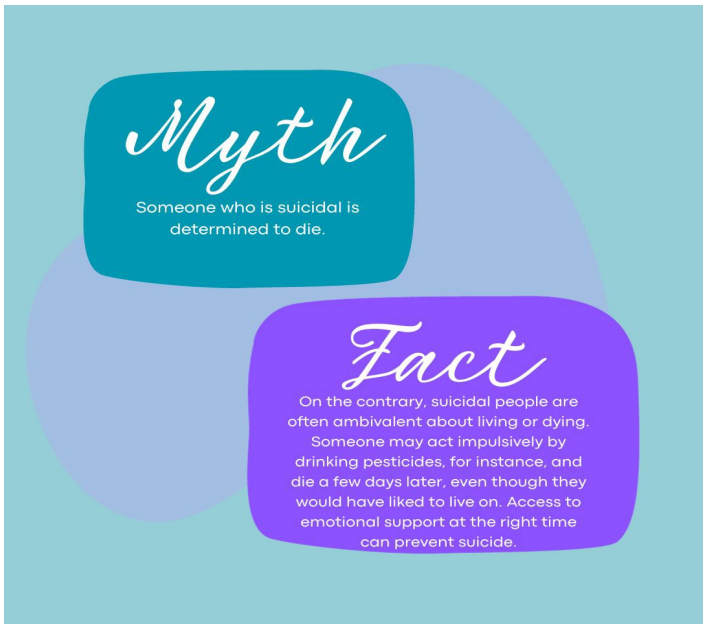
The following page displays Myths and Facts about suicide that were taken from the World Health Organization.[22]

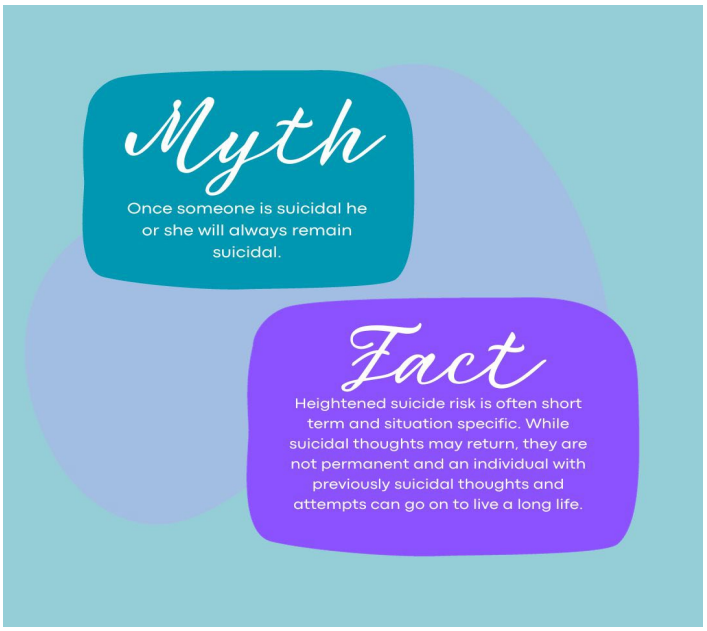

Myth
Talking about suicide is a bad idea and can be interpreted as encouragement.
Fact
Given the widespread stigma around suicide, most people who are contemplating suicide do not know who to speak to. Rather than encouraging suicidal behavior, talking openly can give an individual other options or the time to rethink his/her decision, thereby preventing suicide.


Myth
Only people with mental disorders are suicidal.
Fact
Suicidal behavior indicates deep unhappiness but not necessarily mental disorder. Many people living with mental disorders are not affected by suicidal behavior, and not all people who take their own lives have a mental disorder.


Myth
People who talk about suicide do not mean to do it.
Fact
People who talk about suicide may be reaching out for help or support. A significant number of people contemplating suicide are experiencing anxiety, depression and hopelessness and may feel that there is no other option.


Myth
Most suicides happen suddenly without warning.
Fact
The majority of suicides have been preceded by warning signs, whether verbal or behavioral. Of course there are some suicides that occur without warning. But it is important to understand what the warning signs are and look out for them.


Myth
Someone who is suicidal is determined to die.
Fact
On the contrary, suicidal people are often ambivalent about living or dying. Someone may act impulsively by drinking pesticides, for instance, and die a few days later, even though they would have liked to live on. Access to emotional support at the right time can prevent suicide.


Myth
Once someone is suicidal he or she will always remain suicidal.
Fact
Heightened suicide risk is often short term and situation specific. While suicidal thoughts may return, they are not permanent and an individual with previously suicidal thoughts and attempts can go on to live a long life.

References

[1]California Department of Public Health. (2018-2020) *Suicide Rates by County.* Retrieved from https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/Data-on-Suicide-and-Self-Harm.aspx

[2]County of Glenn. (2023-2026) *Glenn County Strategic Suicide Prevention Plan*. Retrieved from GC Strategic Suicide Prevention Plan Final 23-26.pdf (countyofglenn.net)

[3]U.S. Census Bureau *quickfacts: Sutter and Yuba County*, California. QuickFacts Sutter and Yuba County, California. (2021, July 1). Retrieved from https://www.census.gov/quickfacts/fact/table/yubacountycalifornia,suttercountycalifornia/PST045222

[4]Bureau, U. S. C. (2022). *Language Spoken at Home.* Explore census data. Retrieved from https://data.census.gov/table?q=sutter+county+language+spoken&g=0500000US6021

[5]Bureau, U. S. C. (2022). *Language Spoken at Home*. Explore census data. Retrieved from https://data.census.gov/table?q=Yuba+county+language+spoken&g=0500000US6021

[6]*Yuba City, California population 2022*. Yuba City, California Population 2022 (Demographics, Maps, Graphs). (2022). Retrieved from https://worldpopulationreview.com/us-cities/yuba-city-ca-population

[7]*Live Oak, California population 2022*. Live Oak, California Population 2022 (Demographics, Maps, Graphs). (2022). Retrieved from https://worldpopulationreview.com/us-cities/live-oak-ca-population

[8]*Sutter, California population 2022*. Sutter, California Population 2022 (Demographics, Maps, Graphs). (2022). Retrieved from https://censusreporter.org/profiles/16000US0677378-sutter-ca/

[9]*Linda, California population 2022*. Linda, California Population 2022 (Demographics, Maps, Graphs). (2022). Retrieved from https://censusreporter.org/profiles/16000US0641572-linda-ca/

[10]*Olivehurst, California population 2022*. Olivehurst, California Population 2022 (Demographics, Maps, Graphs). (2022). Retrieved from https://censusreporter.org/profiles/16000US0653714-olivehurst-ca/

[11]*Marysville, California population 2022*. Marysville, California Population 2022 (Demographics, Maps, Graphs). (2022). Retrieved from https://censusreporter.org/profiles/16000US0646170-marysville-ca/

[12]U.S. Census Bureau (2022). *QuickFactsL Yuba County, California; Sutter County, California* Retrieved from https://www.census.gov/quickfacts/fact/table/yubacountycalifornia,suttercountycalifornia/PST045222

[13]American Foundation for Suicide Prevention. (2022, June 14). Suicide statistics. American Foundation for Suicide Prevention. Retrieved from https://afsp.org/suicide-statistics/

[14]American Foundation for Suicide Prevention. (2022, April 11). *California State Facts*. American Foundation for Suicide Prevention. Retrieved from https://afsp.org/facts/california

[15]Centers for Disease Control and Prevention(2021, 2022) *Suicide Data and Statistics.* Retrieved from https://www.cdc.gov/suicide/suicide-data-statistics.html

[16]California Department of Public Health. (2018-2020) *Suicide Rates by County.* Retrieved from https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/Data-on-Suicide-and-Self-Harm.aspx

[17]California Department of Public Health. *Suicide in California, 2020 California Violent Death Reporting System (DALVDRS).* Retrieved from https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/CA%20Violent%20Death%20Reporting%20System%20(CalVDRS)/CalVDRS_SuicideInfograph_2020.pdf

[18]Know the Signs. *Digital Shareables on Suicide Prevention.* Retrieved from https://www.suicideispreventable.org/?know-the-signs

[19]Centers for Disease Control and Prevention. *Risk and Protective Factors.* Retrieved from https://www.cdc.gov/suicide/factors/index.html

[20]Centers for Disease Control and Prevention. *The Social-Ecological Model: A Framework for Prevention.* Retrieved from https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Fpublichealthissue%2Fsocial-ecologicalmodel.html

[21]Centers for Disease Control. *Suicide Prevention, Prevention Strategies*. Retrieved from https://www.cdc.gov/suicide/prevention/index.html

[22]World Health Organization. (2014). Preventing suicide: A global imperative. Luxembourg: Author. (myths/facts) Retrieved from: https://iris.who.int/bitstream/handle/10665/131056/9789241564878_eng.pdf?sequence=8

[23]Centers for Disease Control. Video Resources. Retrieved from https://www.cdc.gov/violenceprevention/communicationresources/videos.html