

Suicide

California Statistics¹

- 457 CA youth 5 - 24 years old died by suicide in 2009
- 36.9 per 100,000 CA youth 5-20 years old were hospitalized for self-inflicted injuries in 2010
- 1,209 Californians 25-99 years old died by suicide in 2009
 - over half were men 50 or older
- About 9% of Californians reported in 2009 having seriously contemplated death by suicide at some point during their lifetime
- Although suicide is a rare event there are up to 30 attempts for each death by suicide

Selected risk factors²

- Groups at highest risk across all ages are males;
- Among youth American Indian/Alaska Native and Hispanic/Latino; LGBT youth
- Other risk factors for youth include: family history of suicide, past suicide attempt, mental or physical illness, substance abuse, stressful life events, easy access to legal weapons, exposure to suicidal behavior of others

Selected consequences³

- Each suicide can impact other individuals placing some at increased risk of mental health problems
- Schools, hospitals, emergency response, and other public systems are impacted by suicide and suicide attempts

Selected PEI effects⁴

- Suicide and self-inflicted injuries can be prevented by:
 - training school professionals on signs of depression and suicidal ideation
 - limiting publicity and glamorization of suicide
 - promoting positive experiences and opportunities for youth
 - increasing screening for depression
 - enhanced acute crisis response
 - marketing campaigns to advertise crisis hotlines and to create public awareness about the signs of suicide

References

1. <http://www.KidsData.org>; EPICenter – CA Electronic Violent Death Reporting System; California Health Interview Survey, <http://www.ask.CHIS.ucla.edu>
2. RAND Technical Report Interventions to Prevent Suicide; http://www.rand.org/content/dam/rand/pubs/technical_reports/2012/RAND_TR131.pdf; kidsData.org
3. <http://FriendsforSurvival.org>; <http://www.medicinenet.com/suicide/page2.htm>
4. RAND Technical Report Interventions to Prevent Suicide; http://www.rand.org/content/dam/rand/pubs/technical_reports/2012/RAND_TR1317.pdf

County level data sources

- California Office of Suicide Prevention
- California Department of Public Health EpiCenter – CA Electronic Violent Death Reporting System
- California Health Interview Survey, <http://www.ask.CHIS.ucla.edu>
- Watkins, K. Statewide Framework, Appendix B, http://www.rand.org/content/dam/rand/pubs/technical_reports/2012/RAND_TR1316.pdf

School Drop Out

California Statistics¹

- Rates range significantly across the state with at least 1 in 20 CA students who dropped out of high school in 2011
- 1 in 12, 8%, of CA teens were not in school and not working in 2010

Selected risk factors²

- 54% of CA 3rd graders are not proficient in reading
- 75% of CA 8th graders are not proficient in math
- 1 in 12 CA teens abuse alcohol and/or drugs
- Only 44% of 9th and 11th graders in CA feel connected with their school. California counties range from a low of 32% to a high of 58%.

Selected consequences³

- Compared to high school graduates, dropouts have:
 - higher rates of unemployment
 - lower earnings
 - poorer health and higher rates of mortality
 - higher rates of criminal behavior and incarceration;
 - increased dependence on public assistance

Selected PEI effects⁴

- The most effective intervention programs identify and track youth at risk for school failure, maintain a focus on students' progress toward educational standards across the school years, and are designed to address indicators of student engagement and to impact enrollment status—not just the predictors of dropout.

References

1. Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2008-2011 American Community Survey; <http://scorecard.childrennow.org/2012/>; California Department of Education, Education Demographics Unit, Dropouts by Grade for 2011-12 (Sacramento, CA: California Department of Education) <<http://dq.cde.ca.gov/dataquest>> , <http://datacenter.kidscount.org>
2. Ibid. Scorecard
3. California Dropout. Reduction Project. <http://cdrp.ucsb.edu/about.htm>
4. Christenson and Thurlow. School Dropouts Prevention Considerations, Interventions, and Challenges. *Current Directions in Psychological Science* February 2004 vol. 13

County level data sources

- <http://scorecard.childrennow.org/2012/>
- <http://datacenter.kidscount.org>
- School Dropout: <http://cdrp.ucsb.edu/about.htm>; California Department of Education, Education Demographics Unit, Dropouts by Grade for 2011-12 (Sacramento, CA: California Department of Education) <http://dq.cde.ca.gov/dataquest>
- California Healthy Kids Survey. <http://chks.wested.org/>

Removal From Home

California Statistics¹

- 5.8 per 1,000 CA youth 0-18, 59,215, were in out-of-home foster care in 2010
- 9.4 per 1,000 CA youth 0-17 experienced substantiated abuse or neglect in 2010

Selected risk factors²

- Most youth entering foster care (79%) were removed for neglect-related reasons
- Six percent of California's children are Black, but this group constitutes 26% of youth in child welfare supervised foster care

Selected consequences³

- Childhood abuse and neglect leads to: injuries and fatalities; increased risk for substance abuse (Hyucksun Shin S.); long term health costs e.g. due to higher rates of asthma, heart disease, and other chronic illnesses
- The lifetime costs of child maltreatment are \$210,012 per child in 2010 dollars.

Selected PEI effects⁴

- Research results suggest that children on the margin of placement tend to have better outcomes when they remain at home, especially older children
- Paraprofessional-delivered home-visiting intervention program research shows improvement in teen mothers' parenting outcomes and mothers' and children's emotional and behavioral functioning 12 months postpartum
- Social support plays a significant role in mediating and moderating some long term consequences of childhood maltreatment.

References

1. California Department of Social Services and UC Berkeley Center for Social Services Research, Child Welfare Data Analysis Bureau, <http://cssr.berkeley.edu/ucb_childwelfare> (June 2012).
2. Ibid.
3. Hyucksun, S.S. A longitudinal examination of the relationships between childhood maltreatment and patterns of adolescent substance use among high-risk adolescents. *Am J Addict.* 2012 Sep-Oct; 21(5):453-61; Fang, X. et al. The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse & Neglect*, 2012. 36(2), 156-165; Doyle, J. J. (2007).
4. Barlow, A. et al. Effect of a paraprofessional home-visiting intervention on American Indian teen mothers' and infants' behavioral risks: a randomized controlled trial. *Am J Psychiatry.* 2013 Jan 1; 170(1):83-93; Sperry DM and Widom CS. Child abuse and neglect, social support, and psychopathology in adulthood: A prospective investigation. *Child Abuse & Neglect.* 2013 Apr 3; Child protection and child outcomes: Measuring the effects of foster care. *The American Economic Review*, 96(5).

County level data sources

- 2012-13 California County Scorecard. <http://scorecard.childrennow.org/2012/>
- California Dept. of Social Services and UC Berkeley Center for Social Services Research, Child Welfare Data Analysis Bureau, http://cssr.berkeley.edu/ucb_childwelfare (June 2012).

Prolonged Suffering

California Statistics¹

- 30% of CA youth in grades 7, 9,11 are at risk of developing depression
- The prevalence of depression among Californians is 9.2%

Selected risk factors²

- The risk for adult psychological problems is 7 times higher among those who report a childhood psychological problem
- Stigma and discrimination
- Lack of screening, assessment, and early interventions

Selected consequences³

- Untreated mental illnesses and substance use disorders increase public spending on emergency rooms, hospitals, jails, prisons, detention centers, education, and homeless shelters
 - for example, untreated persons with mental health illnesses are 4-6 times more likely to be incarcerated
 - adults who reported childhood psychological problems averaged \$10,400 less income per year when compared to siblings who did not have similar problems
 - they also attain less education and are less likely to be married

Selected PEI effects⁴

- Research on CBITS, a school-based program for trauma exposed students, shows significantly fewer symptoms of post-traumatic stress, depression, and psychosocial dysfunction
- Research studies on Seeking Safety, a treatment for trauma, substance abuse, and/or posttraumatic stress disorder (PTSD), show improvement in symptoms, reduce alcohol and/or drug use, and improved coping skills

References

1. California Endowment. Children Now. <http://scorecard.childrennow.org/2012/>; CHIS. <http://www.ask.CHIS.ucla.edu>
2. Smith, JP and Smith, GC Long-term economic costs of psychological problems during childhood. *Social Science&Medicine*71(2010)
3. The National Council for Community Behavioral Healthcare. The Spill Over Effect of Untreated Mental Illnesses and Substance Use Disorders on State Budgets; Smith, JP and Smith, GC. Long-term economic costs of psychological problems during childhood. *Social Science&Medicine*71(2010)
4. Cognitive Behavioral Intervention for Trauma in Schools: <Http://cbitsprogram.org>
Seeking Safety: <http://www.seekingsafety.org>

County level data sources

- California Health Interview Survey, <http://www.ask.CHIS.ucla.edu>
- California Endowment. Children Now. <http://scorecard.childrennow.org/2012/>
- California Healthy Kids Survey. <http://CHKS.wested.org>