

AMENDED IN ASSEMBLY MAY 23, 2003

CALIFORNIA LEGISLATURE—2003–04 REGULAR SESSION

House Resolution

No. 30

Introduced by Assembly Member Lowenthal

May 6, 2003

House Resolution No. 30—Relative to Suicide Prevention Week.

1 WHEREAS, In the year 2000, over 3,000 Californians, or an
2 average of 8.5 people each day, died by suicide; and

3 WHEREAS, An estimated 75,000 Californians attempt suicide
4 each year; and

5 WHEREAS, Suicide is the 11th leading cause of death in
6 California, exceeding deaths by homicide by 144 percent, and
7 exceeding deaths by HIV/AIDS by 202 percent; and

8 WHEREAS, Suicide is the third leading cause of death in
9 California among youth between the ages of 15 and 24 years; and

10 WHEREAS, The rate of suicide for older adults is also
11 disproportionately high, with Californians age 65 years and older
12 having a rate more than twice as high as that of younger
13 Californians; and

14 WHEREAS, One-half of all firearm deaths in California are
15 suicides; and

16 WHEREAS, In at least two counties in California, suicide is
17 now the leading cause of unnatural deaths, exceeding *the number*
18 *of* deaths by vehicle accidents, drowning, and other unnatural
19 causes; and

20 WHEREAS, At the very minimum, an average of six persons
21 per suicide victim, or over 18,000 persons each year in California,

1 suffer devastating and long lasting emotional trauma when a
2 family member or friend dies as a result of suicide; and

3 WHEREAS, The causes of suicide are complex and
4 multifaceted, involving psychological, biological, and,
5 sociological factors; and

6 *WHEREAS, Effective prevention programs must be*
7 *comprehensive in addressing individual, family, and community*
8 *factors, and require the participation of community groups,*
9 *including schools, faith-based groups, social services, law*
10 *enforcement, and other civic organizations; and*

11 WHEREAS, Suicide is often the result of untreated mental
12 illness, especially depressive illnesses, and research indicates that
13 many suicides would have been preventable with immediate and
14 appropriate intervention and treatment; and

15 WHEREAS, Suicide prevention opportunities continue to
16 increase due to advances in clinical research pertaining to the
17 diagnosis and effective treatment of mental illness, along with
18 advances in neuroscience and in the development of
19 community-based suicide prevention initiatives; and

20 WHEREAS, Additional research is needed to determine
21 effective intervention strategies, especially for different age,
22 gender, ethnic, and cultural groups; and

23 WHEREAS, Much more can be done to reduce the stigma
24 associated with seeking help for emotional or mental health
25 problems, as well as for seeking help for suicidal thoughts and
26 ~~behavior~~ *behaviors*; and

27 WHEREAS, Research demonstrates that increased public
28 awareness of warning signs of suicide, and awareness of
29 appropriate and effective intervention strategies, would reduce *the*
30 *number of* suicide deaths; and

31 WHEREAS, Suicide attempts and completions impose, in
32 addition to personal and economic loss to families and friends, a
33 large unrecognized social and economic loss on the State of
34 California and on local communities, through medical, law
35 enforcement, and emergency personnel costs, as well as through
36 lost economic and social contributions; and

37 WHEREAS, In the year 2000, in California, 33,000 suicide
38 attempters were treated in emergency rooms or admitted to
39 hospitals for treatment, and the hospital charges alone for suicide
40 attempters admitted as inpatients exceeded \$275,000,000; and



1 WHEREAS, Only 41 percent of these suicide attempters
2 admitted to hospitals as inpatients had private insurance, and the
3 remaining costs not covered by insurance were absorbed by
4 government and the hospitals; and

5 WHEREAS, The United States Surgeon General has issued to
6 the states “The Surgeon General’s Call to Action to Prevent
7 Suicide” (1999) and the National Strategy for Suicide Prevention
8 (2002) to encourage states to develop and implement suicide
9 prevention strategies based on these documents and the public
10 health model; now, therefore, be it

11 *Resolved by the Assembly of the State of California*, That the
12 Members of the Assembly declare all of the following:

13 (1) Suicide is a major public health problem that can be reduced
14 with effective actions.

15 (2) Suicide prevention is a state priority, and counties and local
16 communities are encouraged ~~also~~ to declare suicide prevention a
17 priority.

18 (3) Initiatives dedicated to the prevention of suicide, to the
19 promotion of effective treatment for persons at risk, and to the
20 support of persons who have lost a loved one to suicide, are
21 encouraged.

22 (4) *Participants, including parents, children, schools, law*
23 *enforcement, community suicide prevention programs, and other*
24 *community and civic organizations, are encouraged to*
25 *communicate and coordinate efforts to provide continuity of care*
26 *to persons at risk.*

27 (5) Development of accessible and affordable mental health
28 treatment to enable persons at risk of suicide to obtain these
29 services, without fear of any stigma, is encouraged.

30 ~~(5)~~

31 (6) Citizens are encouraged to join in recognizing “Suicide
32 Prevention Week” and in promoting suicide prevention activities.

33 ~~(6)~~

34 (7) State and local public and private organizations are
35 encouraged to work in mutual cooperation to develop and
36 implement a California Strategy for Suicide Prevention using the
37 National Strategy for Suicide Prevention as a guideline; and be it
38 further



- 1 *Resolved*, That the Members hereby proclaim May 4 through
- 2 May 10, 2003, and every first full week in May hereafter, as
- 3 “Suicide Prevention Week”; and be it further
- 4 *Resolved*, That the Chief Clerk of the Assembly shall transmit
- 5 copies of this resolution to the author for appropriate distribution.

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