Suicide Prevention Is All Our Responsibility
Has Suicide Effected You?

Have you lost someone to suicide?

- It is understandable:
  - Over Fifty-one percent (51.2%) of Californians had a personal experience with suicide per a statewide survey

Survey says:

- Individuals with suicide aware are more likely to be:
  - Aware of warning signs (70%);
  - Believe suicide is preventable (73.9%);
  - Take talk of suicide seriously (59.4%);
  - Discuss suicide with loved one (77.5%);
  - Express concern about suicidal behavior (89.9%)

Survey says:

- When individuals know warning signs they are more likely to:
  - Call a crisis line (85.6%);
  - Review an informational website (82%);
  - Provide a phone number or other resource (93.5%);
  - Express concern (94.7%);
  - Express concern to others (92.5%)

- What is the point?
  - Suicide is more common than suspected
  - Suicide should be proactively addressed

My story begins when my son took his life in 2004. I do not believe anything prepares a person to lose a loved one to suicide, particularly the death of a family member with an undiagnosed mental health condition. The intimacy you have with your loved one can mask recognition of some subtle behaviors and make it difficult to believe your loved one would harm themselves. Often it is suggested parents do something more to recognize signs in their children, as if this is a simple task. Just provide some teaching or tell them the signs and symptoms they should look for. It is not that simple or easy.
What Do The Numbers Mean – Suicide Data
“'I've seen a dramatic change in the stress level of these kids,’” says Carolyn Callahan, who has worked with high achievers for 30 years, currently at the National Research Center on the Gifted and Talented at the University of Virginia. 'They're going through the motions and not enjoying what they're doing. The perfection machine, what she calls a treadmill, 'has created a situation where they don't feel they have a choice to get off.' One report in a newsletter by Callahan's center worries that the characteristics of these students, including "perfectionism" and "supersensitivity," put them at risk for suicide . . .”

---from STUDENT SUICIDE LAW AND POLICY PERSPECTIVES: Advice to residence life staff members. by Gary Pavela
http://www.studentaffairs.com/onlinetraining/sample-suicidemodule.htm
Suicide is a spectrum of behaviors from suicidal thoughts (ideation), suicidal planning, suicide attempts, to completed suicides.

In 2014 the following are true about USA residents:

- How many individuals died by suicide:
  - 42,826 completed suicides

- How many individuals attempted suicide:
  - 1.1 million individuals

- How many individuals planned a suicide:
  - 2.7 million individuals

- How many individuals had suicidal thoughts (ideation):
  - 9.4 million individuals

The NSDUH Report: Suicidal Thoughts and Behaviors Among Adults (2014)
In 2014 the following are true about California residents:

- How many individuals died by suicide:
  - 4,119 completed suicides

- How many individuals attempted suicide:
  - 48,531 individuals

- What is the suicide rate:
  - 10.64

Where to find local/regional data:

- Some sources include:
  - County medical examiner/coroner’s office
  - County death review panel
  - County suicide prevention hotline
  - Law enforcement emergency phone service
  - California Epicenter database
  - California Healthy Kids Survey

Source for California suicide and suicide attempt data: Epicenter database
What Meaning Should You Take From This Data?

- Suicide prevention work must be proactive, not reactive
  - *The rule of “six”*

- Promotion/prevention is the goal, not postvention

- Address the spectrum of suicidal behaviors, instead of reacting to suicide deaths
  - To often organization and actions begin after a suicide death

- Do not be mesmerized by the *one percent (1%) fallacy*.
  - Suicides equal about 1% of our population -- as if that is insignificant
  - Suicides far outnumber homicides
A 2014 CDC report compared 2014 with 1999 suicide rates by females and males across the age span.

The results:

- Suicide rates increased for both genders and all age categories, except for +75 year olds.

- An average annual one percent (1%) increase in the age-adjusted suicide rate from 1999 through 2006 increased to 2% per year from 2006 through 2014.

- What were the suicide rates changes from 199 to 2014:
  - The highest suicide rate increase: females aged 10–14, tripling from 0.5 per 100,000 in 1999 to 1.5 in 2014.
  - Females aged 15–24: suicide rate increased by 53%, from 3.0 to 4.6 per 100,000.
  - Males aged 10–14: suicide rate increased by 37%, from 1.90 to 2.6 per 100,000.
  - Males aged 15–24: suicide rate increased by 8%, from 16.8 to 18.2 per 100,000.

How To Respond To A Suicide Cluster
What Should Be Known About A Suicide Clusters?

- Definition: an extraordinary number of suicide deaths in a limited timeframe and confined geographic area

- How frequent do children/youth suicide clusters occur in California:
  - No government agency tracks suicide clusters
  - Possibly twenty (20) active or recently dormant suicide clusters since 2003

- Suicide clusters are spread across California, not exclusive to any one community

- How to respond: a board-based community/crisis committee and a community response plan

- Implement a toolkit: K–12 Toolkit for Mental Health Promotion and Suicide Prevention found at HEARD Alliance website [http://www.heardalliance.org](http://www.heardalliance.org)

- Multiple actions by school administrations are needed in response to a suicide cluster (See Suicide Clusters and contagion [http://cdpsdocs.state.co.us/safeschools/Resources/Suicide%20Clusters/Suicide_Clusters_NASSP_Sept_%2009.pdf](http://cdpsdocs.state.co.us/safeschools/Resources/Suicide%20Clusters/Suicide_Clusters_NASSP_Sept_%2009.pdf) and Recommendations for a Community Plan for the Prevention and Containment of Suicide Clusters [http://wonder.cdc.gov/wonder/PrevGuid/p0000214/p0000214.asp](http://wonder.cdc.gov/wonder/PrevGuid/p0000214/p0000214.asp))
What To Look For – Warning Signs, Risk, And Protective Factors
There are three key “identifiers” commonly -- risk factors, warning signs and protective factors.

The American Foundation for Suicide Prevention (AFSP) defines each as follows:

- **Risk factors**: Risk factors are characteristics or conditions that increase the chance that a person may try to take their life. The more risk factors, the higher the risk. They classify them as health, environmental, or historic factors. [https://www.afsp.org/understanding-suicide/suicide-risk-factors](https://www.afsp.org/understanding-suicide/suicide-risk-factors)

- **Warning signs**: People who kill themselves exhibit one or more warning signs, either through what they say or what they do. The more warning signs, the greater the risk. Three subcategories are provided talk, behavior, and mood. [https://www.afsp.org/preventing-suicide/suicide-warning-signs](https://www.afsp.org/preventing-suicide/suicide-warning-signs)

Are There Tools For Identify A Suicidal Person?

- Is your ER using the Emergency Nurses Association poster:

![Image](http://www.sprc.org/sites/default/files/migrate/library/ER_SuicideRiskPosterVert2.pdf)

Victor Ojakian Suicide Prevention Talk 2018
How To Communicate About Suicides?
Communication Tips

- School communications are important: Do it right and refer to suicide media guidelines

- Currently, instant communication exists via social media, cell phones, etc.
  - Student death or student deaths will be known to many
  - The question is who is going to shape the messaging and what will that messaging be

- My experience: school administrations hesitate in communicating about suicide prevention
  - Denial is not a solution
  - Promoting help and healing is a must
  - Be informative and provide resources

- Avoid detailed description of who, how, and why one dies by suicide and avoid factual simplification and characterizations depicting one as abnormal

- Use words like died by suicide, completed suicide, and survived a suicide attempt
Communication Tips, Continued

- When addressing a suicide in a school setting:
  - Talk to students in small group settings, not large auditorium events
  - Talk to the deceased families, siblings, and “circle of friends” and about the message to convey
  - Remember the “lag effect”: sometimes the real difficulty comes months, not days, latter

- Know suicide and crisis numbers:
  - National Suicide Prevention Lifeline: 1–800–273–TALK (8255)
  - Crisis Text Line (XXX 741741)
  - Local crisis hotline (e.g. Santa Clara County’s is 1–855–278–4204)

- Who could you call when confronted with a suicidal individual:
  - The mobile crisis service contact, if this service exists in your area
  - Emergency ambulance service
  - 9–1–1 and, if you use this service, ask for Crisis Intervention Team (CIT) trained officer
About Those Effect by A Suicide: Suicide Attempters, Teacher/Administrator, and Suicide Loss Survivors
Supportive Information and peer support groups help:

- There are far more suicide attempters than suicide deaths
- More females than males attempt to take their lives, supposedly using less lethal means
- One attempter’s thoughts: “After my attempt I needed to be able to talk and be heard—not counseled, not encouraged—to really be listened to, like what I had to say was the most important thing in the world at that moment, for someone to connect to my pain without losing control of themselves.” —Cathy Singer

- Some characteristics:
  - Overwhelming feelings that seemed too much to bear
  - Seeking relief from a continuous pain
  - Feeling disconnected from people

- The helpful actions:
  - Thoughtfully transitioning an attempter back into everyday life, including their school life
  - Peer support can be helpful
  - Know and comply with an individual’s safety plan
Suicide Attempters, Continued

- Reference resources for addressing a suicide attempt:
  - Guidance on what to do after a suicide attempt: A JOURNEY TOWARD HEALTH AND HOPE Your Handbook for Recovery After a Suicide Attempt
  - AAS Recommendations for Inpatient and Residential Patients Known to be at Elevated Risk for Suicide.
  - After an Attempt: A Guide for Medical Providers in the Emergency Department Taking Care of Suicide Attempt Survivors
    http://store.samhsa.gov/shin/content/SMA08-4359/SMA08-4359.pdf
  - After an Attempt: A Guide for Taking Care of Your Family Member After Treatment in the Emergency Department
    http://store.samhsa.gov/shin/content/SMA08-4357/SMA08-4357.pdf
  - After an Attempt: A Guide for Taking Care of Yourself After Your Treatment in the Emergency Department
    http://store.samhsa.gov/shin/content/SMA08-4355/SMA08-4355.pdf
What Is a Suicide Loss Survivor And How To Interact With Them?

- Suicide Loss Survivor: A person bereaved by the loss of a loved one to suicide
  - Dealing with significant trauma and the unexpected
  - Moving through shock, anger, guilt, sadness and other feelings
  - Respect their concerns and wishes
  - Do not challenge their concerns

- Not typical grief and it can become complicated grief. Moderate your approach so survivors can process this loss into their lives

- In responding to suicide loss *think in concentric circles*: parents, siblings, extended families, friends and more

- We all grieve differently and even small events can initiate sorrow

- Grief comes and goes and lingers (no time limit)

- Helpful actions:
  - Self care
  - Support groups’ assistance
  - Protective factors, like friend support and faith-based help
  - Professional counseling

Teachers and Administrators: A Human Factor

- After a student suicide: the immediate reaction is teachers and administrators can do more and be key providers

- What can teachers and administrators do:
  - Train for signs and symptoms and learn who to refer to
  - Learn a gatekeeper program (understanding what suicide factors to look for and what to do)

- Simultaneously, teachers and administrators may have their own personal difficulties. A title/label is not an exemption from having personal feelings

- Some California public school districts have experienced teacher suicides, besides student suicides.
  - Provide support for school personnel (teachers and administrators) and emphasize/provide for self-care, including compassion fatigue sessions
Are There Useful Toolkits, Tools, and Resources?
Are There Toolkits?

- Toolkits as resource guides:
  
  
  - After a Student Suicide HOW TO RESPOND HOW TO HELP A Suicide Prevention Toolkit [https://www.suicideinfo.ca/wp-content/uploads/2016/08/After-a-Student-Suicide-Toolkit_Print.pdf](https://www.suicideinfo.ca/wp-content/uploads/2016/08/After-a-Student-Suicide-Toolkit_Print.pdf)
  
  - Preventing Suicide: A Toolkit for High Schools [https://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf](https://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf)

- Some tools:
  - Crisis Text Line (XXX 741741) [https://www.crisistextline.org/](https://www.crisistextline.org/)
  
  
Some available programs:

- **HEARD Alliance** [http://www.heardalliance.org/](http://www.heardalliance.org/) – Silicon Valley coalition of medical and clinical personnel formed to address teen suicides

- **American Foundation for Suicide Prevention**
  - More Than Sad video (AFSP) [https://afsp.org/our-work/education/more-than-sad/](https://afsp.org/our-work/education/more-than-sad/)
  - About Suicide: warning signs, statistics, treatment and for journalists [https://afsp.org/about-suicide/](https://afsp.org/about-suicide/)

- **CalMHSA programs:**

- **Bring Change 2 Mind**: a student campus club about mental health [http://bringchange2mind.org/get-involved/high-school-program/](http://bringchange2mind.org/get-involved/high-school-program/)

- **The Society for the Prevention of Teen Suicide** [http://www.sptsusa.org/](http://www.sptsusa.org/)

- **Los Angeles County Youth Suicide Prevention Project** [http://prevention.lacoe.edu/](http://prevention.lacoe.edu/)
What Does Current News Say About Youth Suicide Prevention?

What To Read:
- AFSP Daily News Clips: Alexis O'Brien [AOBrien@afsp.org](mailto:AOBrien@afsp.org)

Some recent stories:


- *Youth suicide rates are rising. School and the Internet may be to blame.* A new study presented found that the number of children and teens admitted to children's hospitals for thoughts of suicide or self-harm have more than doubled during the last decade. The cause may be stressful environments and unfettered access to information. [https://www.usatoday.com/story/news/nation-now/2017/05/30/youth-suicide-rates-rising-school-and-internet-may-blame/356539001/](https://www.usatoday.com/story/news/nation-now/2017/05/30/youth-suicide-rates-rising-school-and-internet-may-blame/356539001/)

What Resources Are Available – Trainings and Websites
What Are Some Trainings That Could Help?

- Check with your local behavioral health department, NAMI or AFSP affiliate, or other suicide prevention agencies on the availability trainings

- Every day trainings to recognize signs and symptoms of suicide (gatekeeper trainings):
  - Question, Persuade, and Refer (QPR) [https://www.qprinstitute.com/](https://www.qprinstitute.com/) (Santa Clara County Behavioral Health provides online QPR for free)

  - LivingWorks trainings:
    - SafeTALK [https://www.livingworks.net/programs/safetalk/](https://www.livingworks.net/programs/safetalk/)
    - Suicide To Hope [https://www.livingworks.net/programs/suicide-to-hope/](https://www.livingworks.net/programs/suicide-to-hope/)
    - Applied Suicide Intervention Skills Training (ASIST) [https://www.livingworks.net/programs/asist/](https://www.livingworks.net/programs/asist/)
    - For availability contact: Kathleen S. Snyder, MSW, California Representative LivingWorks Education at 916.316.2076 [kathleen.snyder@livingworks.net](mailto:kathleen.snyder@livingworks.net)


  - Mental Health First Aid [https://www.mentalhealthfirstaid.org](https://www.mentalhealthfirstaid.org) and Youth Mental Health First Aid [https://www.mentalhealthfirstaid.org/take-a-course/course-types/youth/](https://www.mentalhealthfirstaid.org/take-a-course/course-types/youth/)

- Local NAMI affiliate including the Provider Education class [https://www.nami.org/Find-Support/NAMI-Programs/NAMI-Provider-Education](https://www.nami.org/Find-Support/NAMI-Programs/NAMI-Provider-Education)
Where Can I Find Additional Information?

There are a plethora of organizations and websites. Here are a few:

- American Foundation for Suicide Prevention (AFSP) [https://afsp.org/](https://afsp.org/)
- American Psychiatric Nurses Association (APNA) [https://www.apna.org/i4a/pages/index.cfm?pageID=5684](https://www.apna.org/i4a/pages/index.cfm?pageID=5684)
- American Psychological Association (APA) [http://www.apa.org/search.aspx?query=suicide+prevention&fq=ClassificationFilt%3a%22Suicide%22](http://www.apa.org/search.aspx?query=suicide+prevention&fq=ClassificationFilt%3a%22Suicide%22)
- California Institute for Behavioral Health Solutions (CIBMS) [https://www.cibhs.org/](https://www.cibhs.org/)
- California Mental Health Service Authority (CalMHSA) [http://calmhsa.org/](http://calmhsa.org/)
- Center for Disease Control (CDC) [https://www.cdc.gov/](https://www.cdc.gov/)
- Project Safety Net (PSN) [http://www.psnpaloalto.com/](http://www.psnpaloalto.com/)
- National Suicide Prevention Lifeline (NSPL) [https://suicidepreventionlifeline.org/](https://suicidepreventionlifeline.org/)
- Suicide Prevention Resource Center (SPRC) [http://www.sprc.org/](http://www.sprc.org/)
  - Weekly SPARK
- The Yellow Ribbon Suicide Prevention [https://yellowribbon.org/](https://yellowribbon.org/)
How Can You Help?
Follow Current Legislation

- Laws can ensure or promote actions and change our culture

- There should be an AB 2246 survey to ensure compliance

- Proposed or past California legislation of interest:
  - AB 1436 (Levine): All California clinicians licensed by the California Board of Behavioral Sciences would be required to have six hours of training in suicide assessment and intervention. (Similar to legislation approved in 2017 requiring California psychologists have this training)
  - SB 906 (Beall/Anderson) Peer Provide Certification: This would set up a certification requirement for mental health peer providers. Research demonstrates that use of qualified peer support specialists has measurable benefits to clients.
  - AB 2333 (Wood) Office of Emergency Services: Trauma Support. Would establish a mental health Deputy Director within the Governor’s Office of Emergency Services (OES), who would prepare for and coordinate trauma-related support.
  - AB 2639 (Berman/O’Donnell) Pupil suicide prevention policies: evidence-based online training: Proposes all California teachers have suicide prevention training, using evidence-based materials. Funding provided through the budget process or some other funding source.
Follow Current Legislation

- Where can you find legislation:
  [http://leginfo.legislature.ca.gov/faces/billSearchClient.xhtml](http://leginfo.legislature.ca.gov/faces/billSearchClient.xhtml)

- What can you do:
  - Email the legislation author (assembly member or senator) saying you support this legislation
  - Contact information can be found here: [http://www.legislature.ca.gov/legislators_and_districts/legislators_and_districts.html](http://www.legislature.ca.gov/legislators_and_districts/legislators_and_districts.html)
  - Email Contact – Governor Jerry Brown
    [https://govapps.gov.ca.gov/gov39mail/index.php](https://govapps.gov.ca.gov/gov39mail/index.php). For the section, please Choose Your Subject, select Legislative Issues/Concerns and type a supporting message.
  - If you prefer sending a letter, please send to:
    - Governor Jerry Brown c/o State Capitol, Suite 1173
      Sacramento, CA 95814
      Fax: (916) 558–3160
Thirteen Reasons Why

What was portrayed in Thirteen Reasons Why – Season One that caused concern:

- Overly graphic portrayal of suicides
- Noting the means of death and providing a blueprint for suicides
- Suggesting suicide as a solution to personal problems
- Suggesting school clinician (counselors), parents, and adults in general are not helpful
- No reference to mental health conditions and their treatment
- Limited recognition of resources and help

Why the concern:

- Suicides involving celebrities (Marilyn Monroe, Robin Williams) can have deleterious impact
- Thirteen Reasons Why – Season Two will be released soon
Thirteen Reasons Why

What to do:

- Parents, teachers, staff, and youth providers:
  - Learn/understand warning signs, risk factors, and protective factors
  - Recommend not viewing this series
  - Speak and listen to youth that may be showing signs
  - Learn local resources
- Write Netflix with subject being Thirteen Reasons Why:
  - Express concerns about Thirteen Reasons
  - Ask that multiple resources be listed
  - Ask Season 2 have appropriate and helpful messaging
  - Drop Netflix subscription, if so desired
  - Join the Thirteen Reasons Why Not movement

Other actions:

- Prepare for a student reaction and maybe have discussion groups with resources
- Provide National Suicide Prevention Lifeline (NSPL) number 1–800–273– TALK (8255)
- Encourage Our Health California (a coalition of California health care organizations) who submitted a 10,000 signature petition for Netflix
- Be aware that Director, Stanford Center for Youth Mental Health and Wellbeing is working with national suicide prevention experts to respond to next series release
Upcoming Conferences

- Adolescent Mental Wellness Conference: Overcoming Cultural Barriers to Access
  - When: April 27–28, 2018
  - Where: Santa Clara Convention Center

- 14th Annual Childhood Grief and Traumatic Loss Conference
  - When: Thursday, March 15, 2018
  - Where: The California Endowment 1000 N. Alameda St, Los Angeles, CA 90012
  - How to register: [http://www.cvent.com/events/14th-annual-childhood-grief-and-traumatic-loss/event-summary-8984fe7f2d0a4170bf21f5d7ac1c50ea.aspx](http://www.cvent.com/events/14th-annual-childhood-grief-and-traumatic-loss/event-summary-8984fe7f2d0a4170bf21f5d7ac1c50ea.aspx)
CalMHSA programs:
    • One minute PSA videos on mental health and suicide prevention by high school and college students
  ◦ 2016 data:
    • 451 films entries about mental health and suicide prevention
    • 1,113 young people made submissions
    • 91 high schools and 35 colleges and youth organizations participated
    • 31 counties participation
    • To watch and show films, including 2016 entries: [http://www.directingchange.org/2016-winners/](http://www.directingchange.org/2016-winners/)

Recently my wife and I were at a meeting with parents who had lost children to suicide. Some of these parents had children die by suicide in the last 6 to 8 weeks. To say many were distraught would not adequately describe the situation. The personal impact is profound. If you are like me, you understand we are not doing enough to prevent suicide and we should enhance our understanding and awareness of suicide warning signs and available resources and double our efforts. The time to do more was yesterday and we do not need any more dark tomorrows.
Thank You!