

# WELCOME

## The Marin County Suicide Prevention Collaborative

Wednesday November 4 at 2 pm



WELLNESS • RECOVERY • RESILIENCE



SUPPORT



UNITY



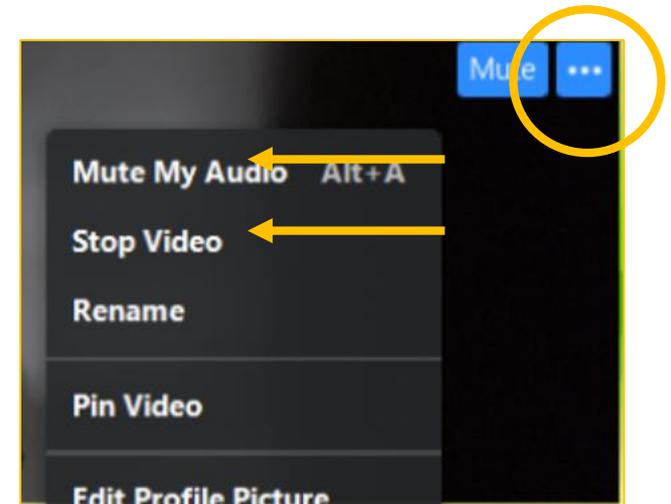
TRUST



EXCELLENCE

# ZOOM

- Turn on your video. We want to see you!
- Be present and avoid multi-tasking
- Mute microphone and minimize distractions
- The presentation will be recorded and will be shared with you in follow up to the meeting
- If you would like to maintain your anonymity, you may turn your video off and change your name by hovering your mouse over the ... and select “Stop Video” and “Rename”
- If possible, please hold your questions until the end of the presentation. If you have a question, please use the chat feature



## SETTING THE TONE

- There will not be a break. Feel free to step away when necessary. But, please join us for the full 60 minutes.
- We will begin hosting an after-meeting space today for socially connecting similar to a lobby area for those interested for 15-30 minutes. This is entirely optional.
- Self care is essential in our work. Please take care of yourself during and after today's presentation. We list two sources of 24/7 support: **The Buckelew Suicide Prevention Hotline (Marin): 415-499-1100** and the **BHRS Access Line: 1-888-818-1115.**

# SPEAKERS



**Amit Rajparia, MD**  
SP Collaborative  
Co-Chair  
Medical Director  
BHRS, County of Marin



**Kelli Finley**  
SP Collaborative  
Co-Chair  
Executive Director  
National Alliance of  
Mental Illness-Marin



**Kara Connors, MPH**  
Senior Program  
Coordinator for Suicide  
Prevention  
BHRS, County of Marin



**Kate Ruehle**  
Collaborative member  
Advocate

**And...our Community Team Leaders!**



**Michael Pritchard**  
Comedian, advocate,  
motivational speaker

# AGENDA

- Welcome
- Special guest speaker
- Community Team updates and discussion
- Adjourn
- Lobby (optional)

# WELCOME

- Our work continues this November. This is a long road, but not an impossible one. Let's stay connected.
- American Foundation for Suicide Prevention is hosting the International Loss Survivor's Day. This global event again shows us that we are not alone in our work, and that suicide impacts us all. In honor of those we have lost, I welcome you to share their name in the chat, followed by a moment of silence.
- We are each holding many different feelings. Let's acknowledge one another and ourselves on this path of hope, resiliency and recovery. We are most definitely stronger together.

# WORDS BY MICHAEL PRITCHARD



# Community Teams Report Out

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Schools

Data

Training and Education

Postvention

Communication

# Schools Team

Team Leaders: Jessica Colvin, MPH, MSW and Rachel Farac

- ✓ Establish school-based wellness collaborative to support the implementation of activities outlined in Strategy #6
- ✓ Establish Training and Education Workgroup to provide recommendations for trainings to be implemented at various levels (community, school, professional, etc.)
- Develop **recommendations** around adopting evidence based Tier 1 (eg, mindfulness, SEL)
- Provide **recommendations** for, and support implementation of, **SP trainings** for faculty, staff, on campus providers and students
- Develop standardized **recommendations** and guidelines for school districts and schools to implement coordination of services teams to streamline referral process and increase access to mental health supports for students-
- Provide school districts and schools with **mini-grants** to implement youth-led suicide prevention and mental health awareness activities (May, September)

# Schools Trainings and Outreach

STUDENTS	FACULTY	MENTAL HEALTH PROVIDERS
Directing Change	Keenan	Upcoming trainings
Sources of Strength	Kognito	TUHSD Wellness, You Are Not Alone
Question, Persuade, Refer		
Buckelew Suicide Prevention Program		
American Foundation for Suicide Prevention, More than Sad		
Know the Signs		
Kognito		
Signs of Suicide		

# Data Team

Team Leader: Galen Main, MSW

- 1) Review and present suicide death and attempt data on an annual basis
- 2) Use data on a continuous basis to inform strategic plan priorities, implementation, and effectiveness
- 3) Monitor data to identify:
  - existing and emerging trends
  - factors that may increase or lessen risk, and
  - at-risk population groups
- 4) Identify opportunities to enhance data capacity and expand data collection processes: today's focus
- 5) Support the development of an annual report on status of suicide related behaviors (deaths, attempts, hospitalizations) as well as prevention activities (i.e. calls to crisis lines)
- 6) Establish data-sharing protocols and refine centralized reporting systems

# Data Team

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## Short term:

- Collecting and reviewing data and sources (deaths, attempts, ideation, and intervention)
- Preparing for February presentation to the Collaborative

## Long term:

- Development of Report Card (eg., Rx Safe Marin)
- Exploring the potential of a Death Review Board

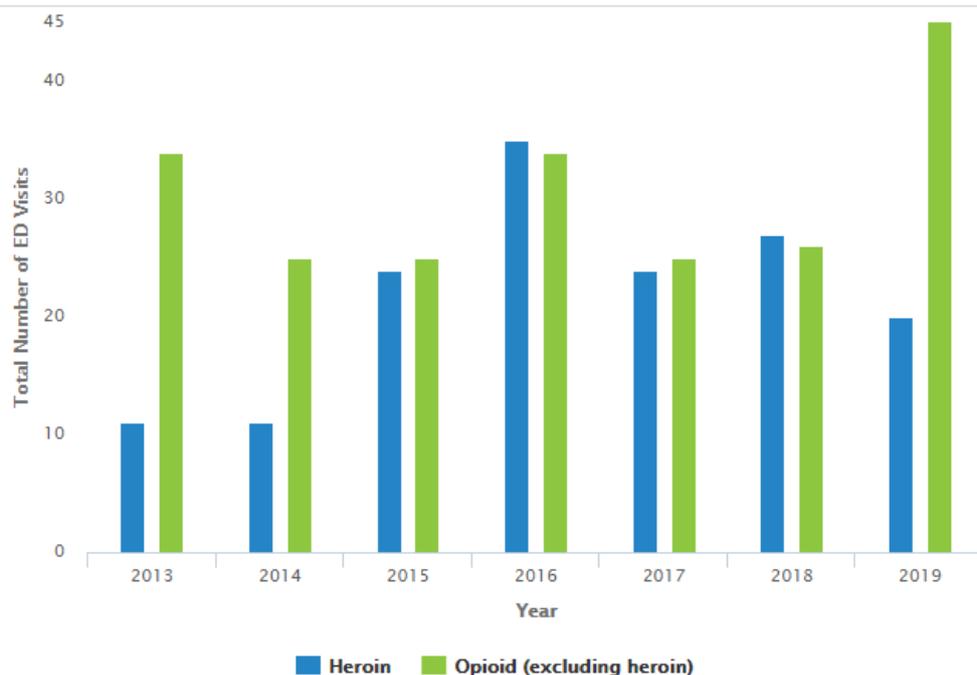
# Example: Report Card

## Opioid Overdoses

*\*Note: Not all overdoses that involve opioids are reported, and may not be represented in chart below. Data below do not include poisoning and other physical and mental health injuries where the opioid use was part of the subsequent diagnoses. While the emergency department visits counted here result from misuse, they can also result from opioid use as directed by a prescriber.*

### Emergency Department Visits Due to Opioid Overdose, Marin County

Source: California Office of Statewide Health Planning and Development (OSHPD)



The Centers for Disease Control and Prevention (CDC) reports that in 2011, drug misuse and abuse caused about **2.5 million emergency department (ED) visits**. Of these, more than **1.4 million ED visits were related to pharmaceuticals**.

[3]

In the United States, **prescription opioid abuse costs were about \$55.7 billion** in 2007. Of this amount, 46% was attributable to workplace costs (e.g., lost productivity), 45% to healthcare costs (e.g., abuse treatment), and 9% to criminal justice costs. [4]

The chart on the left shows that while the number of Emergency Department (ED) visits due to opioid overdose (excluding heroin) has remained relatively stable, the number of ED visits due to heroin overdose has more than doubled in the past five years.

Additional information on what is happening statewide can be found in the [California Opioid Overdose Surveillance Dashboard](#).

# Training and Education Team

Team Leaders: Vanessa Blum, PhD and Dana Van Gorder

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- ✓ Establish Training and Education Workgroup to provide **recommendations** for trainings to be implemented and supports at various levels (i.e. community, school-based, professional, etc.).
- ✓ Develop support groups and workshops for suicide loss survivors, family caregivers, and residents who are retired or are planning to retire
- ✓ Provide and support training of trainer (T4T) models for gatekeepers in communities with focus on groups disproportionately affected by suicide
- Support and expand utilization of statewide efforts to reach diverse communities including Each Mind Matters and Know the Signs
- Promote, distribute and provide trainings on guidelines for safe reporting and messaging practices following a death by suicide or suicide attempt.
- Support informal systems that create opportunities for social connectedness among isolated residents, especially middle-aged men and older adults.

# Universal Training Examples

Recommendations to be finalized in November-December

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- American Foundation for Suicide Prevention
  - Talk Saves Lives: Training for volunteers in January. Contact Kara if interested in being a volunteer trainer.
- Living Works (ASIST, SafeTalk hosted by AFSP)
  - Conducted in partnership with AFSP. We have a Marin team who can conduct in person SafeTalk (but this is not offered at this time).
- Buckelew Programs
- Question, Persuade, Refer (QPR)

# Upcoming Training (January):

Opportunity to Become a Trainer. Contact Kara.



**What leads to suicide?**

There's no single cause. Suicide most often occurs when stressors and health issues converge to create an experience of hopelessness and despair. Depression is the most common condition associated with suicide, and it is often undiagnosed or untreated. Most people who actively manage their mental health conditions go on to engage in life. Conditions like depression, anxiety and substance use problems, especially when unaddressed, increase risk for suicide.

**RESOURCES**

- Visit**  
Your Primary Care Provider  
Mental Health Professional  
Walk-In Clinic  
Emergency Department  
Urgent Care Center
- Find a Mental Health Provider**  
[findtreatment.samhsa.gov](http://findtreatment.samhsa.gov)  
[mentalhealthamerica.net/finding-help](http://mentalhealthamerica.net/finding-help)
- National Suicide Prevention Lifeline**  
1-800-273-TALK (8255)  
Veterans: Press 1
- Text TALK to 741741**  
Text with a trained crisis counselor from the Crisis Text Line for free, 24/7
- Call 911 for Emergencies**

**TALK SAVES LIVES**

**Be a lifesaver.**  
Learn how you can stop suicide at [afsp.org](http://afsp.org).

**AMERICAN FOUNDATION FOR Suicide Prevention**

## Some People are More at Risk for Suicide than Others



**HEALTH FACTORS**

**Mental health conditions**

- Depression
- Substance use problems
- Bipolar disorder
- Schizophrenia and psychosis
- Personality traits of aggression, mood changes and poor relationships
- Conduct disorder
- Anxiety disorders

**Serious or chronic health conditions and/or pain**

**Traumatic brain injury**



**ENVIRONMENTAL FACTORS**

**Access to lethal means** including firearms and drugs

**Prolonged stress**, such as harassment, bullying, relationship problems or unemployment

**Stressful life events**, which may include a death, divorce or job loss

**Exposure to another person's suicide**, or to graphic or sensationalized accounts of suicide



**HISTORICAL FACTORS**

**Previous suicide attempts**

**Family history of suicide**

**Childhood abuse, neglect or trauma**

**Risk factors are characteristics or conditions that increase the chance that a person may try to take their life.**

## Suicide Warning Signs



**TALK**

**If a person talks about:**

- Killing themselves
- Feeling hopeless
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain



**BEHAVIOR**

**Behaviors that may signal risk, especially if related to a painful event, loss or change:**

- Increased use of alcohol or drugs
- Looking for a way to end their lives, such as searching online for materials or means
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too little or too much
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression
- Fatigue



**MOOD**

**People who are considering suicide often display one or more of the following moods:**

- Depression
- Anxiety
- Loss of interest
- Irritability
- Humiliation
- Agitation
- Rage

**Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.**

## Assume You Are The Only One Who Will Reach Out

**IF YOU'RE CONCERNED ABOUT SOMEONE, TALK IN PRIVATE**  
Listen to their story, and let them know you care. **Ask directly about suicide**, calmly and without judgement. Show understanding and take their concerns seriously. Let them know their life matters to you. That one conversation could save a life.

**AVOID** Debating the value of life  
**AVOID** Advice to fix it  
**AVOID** Minimizing the person's feelings

**IF A PERSON SAYS THEY ARE THINKING ABOUT SUICIDE**  
Take the person seriously: someone considering suicide is experiencing a life-threatening health crisis and may not believe they can be helped. Work with them to keep them safely away from lethal means like firearms and drugs and remind them that their suffering is temporary. Stay with them and call the National Suicide Prevention Lifeline: 1-800-273-TALK (8255). Be sure to follow up with them after the crisis to see how they're doing.

**IF YOU'RE STRUGGLING**  
Don't wait for someone to reach out. Seek mental health treatment, or tell your clinician about your suicidal thinking. Treat yourself like you would treat someone else who needs your help.

# Postvention Team

Team Leader: Stan Collins

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- ✓ Identify and implement a suicide loss survivor outreach model (e.g. LOSS Team) and increase access to support groups for loss survivor. Presentation to the Collaborative in January 2021. Implement in Summer-Fall 2021.
- Develop and implement written policies and procedures for coordinated, timely, and respectful responses by service providers following a suicide loss, including formal agreements with local coroners and medical examiners to support the initiation of services
- Work with communities, institutions, organizations, and places of worship, so that all settings have postvention plans and protocols in place to respond quickly and compassionately in the crisis period after a suicide death

# Communication Team

Team Leaders: Nancy Vernon and Kara Connors, MPH

- ✓ Develop a suicide prevention website and online resource hub, in conjunction with social media campaign efforts
- ✓ Support and expand utilization of statewide efforts to reach diverse communities including Each Mind Matters and Know the Signs
- Support and expand youth-led awareness campaigns such as the Directing Change Program and Film Contest, NAMI on Campus, Active Minds, and others
- Train residents as peer advocates and spokespeople to disseminate messaging among key provider groups (e.g., first responders) and harder-to-reach communities through efforts such as a Speakers Bureau/Storytelling Programs
- Promote, distribute and provide trainings on guidelines for safe reporting and messaging practices following a death by suicide or suicide attempt. Establish partnerships with local media outlets to ensure implementation of safe reporting practices

# Communication Team

- ✓ Website (November-December launch)
- ✓ Partnership List in process
- ✓ Youth engagement in process
- ✓ Holiday campaign ads and social media (November-December)
- ✓ Messaging presentation in December by Stan
- Universal campaigns timeline announcement (January)
- Population reach ads (January-February)
- May Mental Health Month (April-May)

Each Mind Matters, 2019  
Holiday Example





What questions do you have for the Teams?  
What feedback or recommendations can you share?

# ANNOUNCEMENTS

- **Buckelew Programs Allies of Hope** support group dates: 2nd Wednesday of every month at 7-8:30pm (Virtual). **Call 415.492.0614** to get a zoom link or [SOSinfo@Buckelew.org](mailto:SOSinfo@Buckelew.org).  
Upcoming dates: **November 11 and 25;**  
**December 9 and 23**



**Survivors of Suicide: Allies For Hope**  
A Suicide Bereavement Support Group

Second Wednesday of each month  
Online 7:00-8:30 pm

[SOSinfo@buckelew.org](mailto:SOSinfo@buckelew.org)  
415-492-0614



- **International Loss Survivor's Day: Saturday November 21.** Details coming!



## International Survivors of Suicide Loss Day

International Survivors of Suicide Loss Day is an event in which survivors of suicide loss come together to find connection, understanding, and hope through their shared experience. **Save the date for November, 21, 2020.**



County of Marin - Behavioral Health and Recovery Services

# LEAN ON ME COPING WITH THE HOLIDAYS

Join us for a virtual **"Community Check-in"** to build community and connection in Marin during this holiday season.

Let's be there for one another, learn new coping skills, and share resources that work for you during these changing times.

**Register here:**

**November 17, 2020 at 12pm**

**December 15, 2020 at 12pm**



**Next Collaborative Meeting: Wednesday December 2 at 2 pm**

**THANK YOU!**

Kara Connors, MPH

Senior Program Coordinator for Suicide Prevention

[kconnors@marincounty.org](mailto:kconnors@marincounty.org)

415-320-5717



SUPPORT



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