Targeted Suicide Prevention Materials for the Vietnamese Community in California

WORKGROUP REPORT FINAL
I. Introduction
The Know the Signs suicide prevention social marketing campaign prepares Californians' to prevent suicide by encouraging them to know the signs, find the words to offer support to someone they are concerned about, and reach out to local resources. Campaign materials range from print ads, TV and radio spots, to outreach materials available in several languages. All campaign materials refer individuals to the campaign websites:
• www.suicideispreventable.org
• www.elsuicidioesprevenible.org

All campaign materials can be viewed, customized and downloaded from the Resource Center on Your Voice Counts (www.yourvoicecounts.org)—an online suicide prevention forum designed to facilitate a dialogue about suicide prevention in California and to engage stakeholders in the development and distribution of the Know the Signs campaign materials. The Know the Signs campaign is part of statewide efforts funded by counties through the Mental Health Services Act, formerly known as Prop 63.

II. Background
Vietnamese Americans are the fourth largest Asian subgroup nationally and the second largest in the state of California. Among Vietnamese Americans, experiences of war trauma, posttraumatic stress disorder and resettlement challenges contribute to the alarming rates of depression with estimates ranging from 8 to 50% in California.


According to the research, Asian American women between the ages of 65-84 had the highest rates of suicide compared to women from other racial backgrounds. In addition, among all Asian American age groups, the age group between 20-24 had the highest rate of suicide compared to all other age groups.


Recent research conducted by the National Latino and Asian American Study (NLAAS) coincided with national overall findings in that suicide ideation and attempts among APIs are among younger aged females with mental health issues.

III. Needs Assessment Interviews

Approximately 35 organizations that work with or provide services to the Vietnamese community in 10 counties including Alameda, Orange, Los Angeles, San Francisco, San Bernardino, Riverside, Contra Costa, San Joaquin, San Diego, Santa Clara and Sacramento were contacted in March 2014 and asked to provide input on culturally relevant outreach strategies for the dissemination of suicide prevention campaign materials. A total of 13 organizations participated in a phone interview where staff provided insight regarding language, target population and usefulness of outreach materials. The majority of the organizations suggested a need for materials to reach both, parents of youth and helpers of older adults, and suggested materials should be bilingual in English and Vietnamese. The majority of organizations did not currently have any type of suicide prevention materials at their organization and only three organizations had previously received suicide prevention materials from Didi Hirsch. Staff from all of the organizations interviewed agreed there is a need for suicide prevention materials in Vietnamese and would be interested in having these materials available for distribution to their community members.

Staff from two organizations mentioned two key components regarding the topic of suicide prevention for the Vietnamese community: acculturation and stigma. For Vietnamese community members who are middle to older age there is a need to provide the materials in both languages as some may not have strong English language skills and may feel more comfortable reading information in their primary language. However, there may also be individuals in the middle-aged group who feel comfortable with their English skills and may prefer to have information in English. Most staff preferred messages reaching the parents of youth who could also act as ‘helpers’ of other middle-aged persons and/or elders at-risk for suicide.
IV. Members
Workgroup members for the Vietnamese cultural workgroup guided the development of campaign materials through their collaboration and participation in an orientation webinar as well as periodic discussion posts on the Your Voice Counts website. Workgroup members contributed their knowledge of this group’s cultural characteristics based on their personal and professional expertise in related fields such as, mental health services, education, social services, advocacy, crisis response and intervention, suicide prevention, community outreach, and healthcare (see Appendix C Workgroup Member Roster).

A total of 7 members participated in the Vietnamese cultural workgroup. Members represented the counties of Los Angeles, Orange, Alameda, Placer and Sacramento from agencies such as the Vietnamese Community of Orange County, Mental Health America, the Vietnamese American Cancer Foundation and the Santa Ana Public Health Clinic and Viet-Care as well as affiliations with the Chicago School of Professional Psychology and the California MHSA Multicultural Coalition.

Members were recruited in several ways. Ethnic service managers, CalMHSA program partners and county liaisons were asked to refer community members representing or engaged in outreach to the Vietnamese community. In addition, organizations serving this population were contacted directly and provided with a workgroup recruitment flyer.

Based on 2010 Census data, among the 10 counties with highest numbers of Vietnamese residents in California are Orange County, Santa Clara County, Los Angeles County and San Diego County. Figure 1 provides an overview of the population concentration (based on Census Data 2010) throughout California.
According to 2010 Census data, the ten counties with the highest numbers of Vietnamese residents in California are:

- **Orange County** (183,766)
- **Santa Clara County** (125,695)
- **Los Angeles County** (87,468)
- **San Diego County** (44,202)
- **Alameda County** (30,533)
- **Sacramento County** (25,030)
- **Riverside County** (14,623)
- **San Francisco County** (12,871)
- **San Bernardino County** (12,819)
- **San Joaquin County** (7,812)

Source: California Department of Finance. Demographic Research Unit. State Census Data Center. www.dof.ca.gov/research/demographic/state_census_data_center/census_2010/#DP
V. Workgroup Discussions

Workgroup members were asked to contribute an estimated time commitment of 10-15 hours between September 2013 and March 2014; however, several workgroup members continued to stay involved until May 2014. Participation included one-on-one phone calls with campaign team members, conference calls, webinars and participation in periodic discussions on the Your Voice Counts website to provide input and review creative materials and to assist in the development of a distribution plan. All participants received a $300 stipend for their time (see Appendix B Discussion Posts on Your Voice Counts). Key discussion topics included:

- Discussing cultural perceptions about suicide
- Identifying the person at-risk and the helpers in the Vietnamese community
- Providing feedback on existing materials reaching the Vietnamese community
- Reviewing the language adaptation
- Reviewing poster design drafts and final designs
- Suggestions for a distribution plan
VI. Development of Materials

Two posters in Vietnamese and one bilingual brochure were developed following a collaborative community review and focus group process (see appendix A Posters and Brochure).

Language Adaptation

The Know the Signs campaign team contracted with two Vietnamese community members to take the lead on the language adaptation for the materials. Viet Tran is a 31 year-old Vietnamese male living in San Diego since 1996. He is fluent in both English and Vietnamese and currently works for the San Diego Unified School District (SDUSD) as a case worker where he provides support to young adults between the ages of 18-22. He also acts as a Vietnamese translator for the school district during parent and teacher conferences. On the weekend, he volunteers to help manage the only Vietnamese American Scouting Organization in San Diego with over 100 youths. Mr. Tran also worked with a group of Vietnamese community members between the ages of 40-80 years old, specifically parents of youth, who spoke and read Vietnamese and who reviewed and provided feedback on the language adaptation of the posters and brochure. Lactan Nuygen is a Vietnamese community activist volunteer providing assistance to Vietnamese refugees for over two decades in Southern California. He is a retired teacher and also worked in the CalWORKS program as a case manager and employment counselor. He is fluent in spoken and written Vietnamese and has been involved in many community outreach activities through his volunteer job as a Vietnamese community activist in many different capacities as coordinator, external vice president and president of the Vietnamese Community of Orange County, Inc. in Southern California.

Design

As revealed during workgroup and focus group discussions, suicide is not a topic that is openly discussed in the Vietnamese culture as issues of shame and stigma are still prevalent and the stigma surrounding these topics is especially more prevalent among men and older adults. In the Vietnamese culture, people tend to overprotect each other because they do not want to place shame or burden on someone else - the potential helper can see that there is a problem; the person thinking about suicide knows that something is wrong - but both do not want to address it directly and hope that the behaviors and thoughts of suicide will pass. In response, the posters encourage the helper to “Explore the Hidden Pains” (Khám Phá Những Nỗi Đau Bí Ẩn) with the poster for older adults and asks “Are your children thinking about suicide?” (Con cái của bạn có nghĩ đến việc tự tử không?) on the poster for parents of youth.

The Vietnamese community is very family centered. Generally middle-aged women (30-50) are the glue of the family, supporting both their children and their elderly parents. These women are likely “helpers” for both, their children and their elders. And as mentioned earlier in the report, Asian American women between the ages of 65-84 had the highest rates of suicide compared to women in the same age group from other racial backgrounds. In addition, among all Asian Americans age groups, the age group between 20-24 had the highest rate of suicide compared to all other age groups. As a result, one poster is showing a middle aged woman who is offering support to an older adult female and the other poster is showing a young adult female in the forefront with her family in the background.
Focus Group Testing
Several drafts of the two poster designs were reviewed by workgroup members and then tested during a focus group. The focus group was facilitated by Dixie Galapon from the Union of Pan Asian Communities (UPAC) in San Diego County on Saturday May 31st. A total of eight participants between the ages of 42 and 83 represented men and women, parents, middle aged women and older adults.

Key Discussion Findings
• Although men are also impacted by depression and thoughts of suicide, women are more likely to see information and help as well as recognize warning signs in another person.
• Many participants would hide problems from their family, but instead seek comfort from friends.
• Participants discussed the need to have something in writing, such as a brochure, they could give to someone they are concerned about and that the most important piece of information is a phone number to call that will be answered by someone who speaks Vietnamese (or has access to a translation service).
• When asked about the best way to reach the Vietnamese community with this type of information the following suggestions were made: posters and brochures in community venues and distributed in temples and faith venues, articles and print ads in Vietnamese newspapers and newsletters, community educational workshops, and information featured on Vietnamese TV channels.

Feedback on Materials
• Participants agreed that both posters were visually engaging and culturally appropriate. No changes were suggested.
• Participants correctly stated that one poster was speaking to parents and the other poster to anyone in their community, but particularly to middle aged women. They agreed that the main message in both posters is to pay more attention to another person’s behaviors and take action if warning signs are noticed to connect the person to help.
• It was recommended to list the warning signs for suicide on both posters.
• No text changes were recommended to the posters or brochure.
• Two brochure folds were tested. The fold option that featured English and Vietnamese information side by side was favored by the majority of participants.

Know the Signs >> Find the Words >> Reach Out
VII. Distribution
Organizations throughout the state providing services and resources to the Vietnamese community were contacted and provided with a preview of the materials and asked to select how many of the different materials they would like to receive. In addition, a partnership has been established with UPAC to distribute and disseminate these materials in San Diego County.

As part of this partnership, UPAC conducted outreach and approached a wide range of organizations, including community clinics, primary care doctors, pharmacies, community-based organizations, churches and temples and supermarkets about them displaying the materials and disseminating them to the clients, members and congregations. In addition, UPAC planned and facilitated a suicide prevention community workshop on November 13th at the UPAC center in San Diego where a total of 24 participants between the ages of 25 and 60+ represented women, men, parents and young adults. During the workshop participants had an opportunity to ask questions and share insight regarding their view of how the Vietnamese community approaches the topic of suicide. As part of the ongoing dissemination plan, UPAC will aim to include information about suicide prevention in community newsletters and church bulletins.

In addition, the campaign team will reach out to county behavioral health agencies, ethnic service managers and other CBOs for additional distribution of the materials.
Appendix A: Posters, Brochure and Customized materials

Know the Signs >> Find the Words >> Reach Out

Approximate Translation from Vietnamese to English

Explore the Emotional Pains
One question could save a life.

Do you know of anyone who shows the following behaviors:

- Talking about not wanting to live anymore or giving up
- Looking for methods for self-harm or suicide
- Feeling hopeless, desperate, trapped
- Giving away possessions
- Putting affairs in order
- Engage in reckless behavior
- Anger, anxiety, sudden mood changes
- Increased alcohol and drug use
- Withdrawal
- Changes in sleep
- No longer doing the things he or she usually enjoys
- No sense of purpose, talk about being a burden to others

If you notice any of the signs above it is enough for you to have concern. Please consult with a psychiatrist or call the National Suicide Prevention Lifeline at 1-800-273-8255. Trained counselors are available 24/7 to assist and Vietnamese speakers are available upon request.
Approximate Translation from Vietnamese to English

Are your children thinking about suicide? The warning signs of emotional pains are not always clear. But if you sense something is wrong, don’t hesitate to take action.

Do you know of anyone who shows the following behaviors:

- Talking about not wanting to live anymore or giving up
- Looking for methods for self-harm or suicide
- Feeling hopeless, desperate, trapped
- Giving away possessions
- Putting affairs in order
- Engage in reckless behavior
- Anger, anxiety, sudden mood changes
- Increased alcohol and drug use
- Withdrawal
- Changes in sleep
- No longer doing the things he or she usually enjoys
- No sense of purpose, talk about being a burden to others

If you notice any of the signs above it is enough for you to have concern. Please consult with a psychiatrist or call the National Suicide Prevention Lifeline at 1-800-273-8255. Trained counselors are available 24/7 to assist and Vietnamese speakers are available upon request.
**Know the Signs**

The warning signs of emotional pain are not always obvious. But if you sense something is wrong, don’t hesitate to take action.

- Talking about wanting to die or suicide
- Seeking methods to harm self or suicide
- Feeling hopeless, desperate, trapped
- Giving away possessions
- Putting affairs in order
- Reckless behavior
- Anger, anxiety, sudden mood changes
- Increased alcohol and drug use
- Withdrawal
- Changes in sleep
- No longer doing the things he or she usually enjoys
- No sense of purpose

**Reach Out**

By recognizing the warning signs, finding the words to start a conversation and reaching out for help, you have the power to make a difference. The power to save a life.

If a friend or family member shows any of the following, especially if they are acting in ways that are not typical, reach out to provide help in time.

**LUA LÒI GOI CHUYỆN**

Có những dấu hiệu ở lề ngoài, mà chúng ta ít nghĩ ngợi. Những người đang ở giữa những người xung quanh có quan tâm không?

**Hãy nhắc đến những dấu hiệu của kẻ đang mất生命**

**Thế hệ sinh viên quan tâm, kẻ nhìn thấy sự trong lành của mình**

**ĐỀ NGHI GIÚP ĐỠ**

Đừng để bạn đơn độc trong việc giúp đỡ, không để họ rùng mình, hoặc không biết phải làm gì trong tình huống này. Hãy nhớ lại những cách bạn có thể giúp đỡ họ:

- Hãy ở lại cùng họ và cho biết bạn quan tâm và sẵn sàng để giúp họ.
- Đặt câu hỏi với họ là bạn có các dấu hiệu khẩn cấp suy nghĩ tự tử?
- Sau đó hãy tìm đến và trò chuyện với các chuyên gia kinh nghiệm và một người cảm thông trong cộng đồng hoặc người chuyên gia y tế.

**Tim Đ solution Giúp Đỡ**

Liên lạc: Trung tâm Phòng Trị Nhỏ Quá và Ngân hàng thông tin 1.800.273.8255

Các còi còi đề nghị của cuộc sống sang 24/7 để hỗ trợ và có thể về từ ngày 2014. Việt Nam nhìn thấy bạn.

Trạng thái: www.suicidepreventable.org

Các thông tin và các nguồn giúp đỡ liên quan đến những người có nhu cầu.

**REACH OUT**


**FIND THE WORDS**

I’d have to ask this question because I care about you. Are you thinking about ending your life?

This is not an easy question to ask, but when it comes to suicide prevention, no question is more important. Please don’t hesitate to start the conversation.

**STRIVE TO CONVERSE**

- Mention the warning signs you are seeing.
- Are you thinking about suicide?
- Express concern; reassure and ask to help them.

**Offer support:**

- Stay to comfort them and let them know you care and are willing to help.
- Reassure them that there is no shame in seeking help.
- Then consult with a doctor, community leader or family member.

**K n o w t h e S i g n s >> F i n d t h e W o r d s >> R e a c h O u t**

12
## Know the Signs >> Find the Words >> Reach Out

<table>
<thead>
<tr>
<th>Vietnamese BROCHURE</th>
<th>What the Vietnamese says in English (approximately)</th>
</tr>
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<tbody>
<tr>
<td>NHƯỢNG KỠ ĐAU GIẢI KIN</td>
<td>THE MUSCLE PAINS</td>
</tr>
<tr>
<td>Bạn có thể nhận ra những dấu hiệu này, gợi ý cho tình trạng khó khăn, và tiếp cận với cơ quan giúp đỡ phù hợp để được hướng dẫn thêm chi tiết.</td>
<td></td>
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<tr>
<td>NHƯỢNG KỠ ĐAU GIẢI KIN</td>
<td>THE MUSCLE PAINS</td>
</tr>
<tr>
<td>Cố gắng đăng ký co thắt cơ ở da, dẫn đến giảm động lực hoặc không thể di chuyển自如.</td>
<td></td>
</tr>
<tr>
<td>NHƯỢNG KỠ ĐAU GIẢI KIN</td>
<td>THE MUSCLE PAINS</td>
</tr>
<tr>
<td>Sử dụng các bài tập điều dưỡng, giảm đau, giúp cơ thể thư giãn.</td>
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</tbody>
</table>

| LƯA LÓC GỌI CHUYỆN | START A CONVERSATION |
| “Tôi phải bận điều này vị tôi quan tâm đến bạn. Tôi muốn hỏi bạn đang gặp phải những khó khăn gì hoặc bạn đang cần sự hỗ trợ?” | |
| Đừng ngần ngại hỏi nếu bạn cảm thấy mình không thể đối mặt với những khó khăn. Xin hãy liên hệ ngay. | |

| 1. Nội khối, đau ngực | 1. Talking about not wanting to live anymore or giving up |
| 2. Giảm gốc, khó chịu | 2. Looking for methods for self-harm or suicide |
| 3. Hố dùng chất chống virus | 3. Feeling hopeless, depression, trapped |
| 5. Sức khỏe không ổn định | 5. Putting affairs in order |
| 6. Thông tin về cờ bạc | 6. Engage in reckless behavior |
| 7. Ăn, ăn, ăn | 7. Anger, anxiety, sudden mood changes |
| 8. Cắt, hút thuốc, kẹo cao | 8. Increased alcohol and drug use |

| 7. Ho hấp khẩu khi tối, và/mặc có thay đổi tâm trạng | 7. Ho hấp khẩu khi tối, và/mặc có thay đổi tâm trạng |
| 8. Ho hấp khẩu dễ dàng hơn và ít ảnh hưởng đến việc hoạt động | 8. Ho hấp khẩu dễ dàng hơn và ít ảnh hưởng đến việc hoạt động |
| 9. Ho hấp khẩu khó khăn trong việc hoạt động | 9. Ho hấp khẩu khó khăn trong việc hoạt động |
| 10. thay đổi giấc ngủ | 10. thay đổi giấc ngủ |

| 11. Ho hấp khẩu khi nội ngoại | 11. Ho hấp khẩu khi nội ngoại |
| 12. Ho hấp khẩu khi ngoài trong | 12. Ho hấp khẩu khi ngoài trong |

| 12. Ho hấp khẩu khi ngoài trong | 12. Ho hấp khẩu khi ngoài trong |
| 13. Ho hấp khẩu khi ngoài trong | 13. Ho hấp khẩu khi ngoài trong |


| OFFER TO HELP/REACH OUT | OFFER TO HELP/REACH OUT |
| Đừng lo lắng, nếu bạn cần hỗ trợ, hãy liên hệ với cơ quan giúp đỡ phù hợp. | |
| Hãy liên hệ với cơ quan giúp đỡ phù hợp. | |
| Hãy liên hệ với cơ quan giúp đỡ phù hợp. | |

| 13 | 13 |

<table>
<thead>
<tr>
<th>Stay with them, let them know that you care and are ready to help</th>
<th>Stay with them, let them know that you care and are ready to help</th>
</tr>
</thead>
<tbody>
<tr>
<td>_Assure them that it’s not embarrassing to seek help.</td>
<td><em>Assure them that it’s not embarrassing to seek help.</em></td>
</tr>
<tr>
<td>After that, please consult with a mental health technician, a leader in the community or a close family member.</td>
<td>After that, please consult with a mental health technician, a leader in the community or a close family member.</td>
</tr>
</tbody>
</table>

_Reach Out for Help_  
Contact the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255). Licensed counselors are available 24/7 to assist and Vietnamese speakers are available upon request. 

More information for assistance in your county is available on the website: www.suicidepreventionlifeline.org orアメリカの言語でください: www.suicidepreventionlifeline.orgは“Reach out”のウェブサイトです.
Do you know the warning signs for suicide?

There are people in our community who experience intense sadness every day. They believe that their life has no meaning and there is no hope. And because they are ashamed of what they are going through and they find it difficult to understand their experience, they hide their pain. The warning signs are there, but not always obvious. If you observe any of the following signs, especially if they are acting in ways that are not typical, reach out to provide help or support:

- Talking about wanting to die or suicide
- Seeming methods for self-harm or suicide
- Feeling hopeless, desperate, trapped
- Giving away possessions
- Putting affairs in order
- Riskless behavior
- Anger
- Increased drug or alcohol use
- Withdrawal
- Anxiety or agitation
- Changes in sleep
- Sudden mood changes
- No sense of purpose

National Suicide Prevention Lifeline:
1.800.273.8255

suicideispreventable.org

Know the Signs >> Find the Words >> Reach Out
Con cãi của bạn có nghĩ đến việc tự tử không?

Để nghi giúp đỡ
Để nghi giúp đỡ

Trước khi tự tử, người tự tử thường có những dấu hiệu cảnh báo.

- Nên tự hại mình
- Các triệu chứng khó chịu
- Hỏi người khác về tự tử
- Mất ngủ, mất ngủ
- Thói quen uống rượu
- Hư ngủ
- Hư ăn
- Mất khả năng hoạt động
- Không thể chịu đựng

Để giúp đỡ
Để giúp đỡ

- Hãy giúp đỡ họ ngay lập tức
- Hãy giúp họ liên lạc với cơ quan y tế
- Hãy cho họ biết rằng họ không phải đối mặt một mình

Materials customized materials for San Diego County

K n o w t h e S i g n s  >>  F i n d t h e W o r d s  >>  R e a c h O u t
Materials customized materials for Los Angeles County
Appendix B: Your Voice Counts discussions

Welcome!

**YOUR VOICE COUNTS**

**WORKGROUP DISCUSSION**

Welcome! Please respond to this post.

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**John**

Welcome to the workgroup. Please let us know you are here by introducing yourself to the group.

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**John**

Hi everyone, my name is John Ho and I look forward to working with everyone on this campaign.

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**Trang Nguyen**

My name is Trang Nguyen and it will be a pleasure to work with you all.

---

**Trang Nguyen**

I'm looking forward to working with everyone in the group to better serve our communities.

---

**Ngoc**

My name is Ngoc Le and I am excited to join this workgroup.

---

**Thinh Hoang**

Hi everyone,

This is Thinh Hoang. Let's collaborate and share our resources, experiences and talents to further help enhance our community's mental health.

---

**Hi everyone,**

My name is Patrick Ma. I am excited to be a part of this work group! Let's make things happen.

---

**Hi everyone,**

My name is Patrick Ma. I am excited to be a part of this work group! Let's make things happen.

---

**Hi Theresa and everyone,**

I am here. I am looking forward to working with all of you in this workgroup.

---

**Theresa Ly**

Hello everyone! Thanks for participating in this workgroup, and I'm looking forward to chatting with you all.

---

**Theresa Ly**

Hello everyone! Thanks for participating in this workgroup, and I'm looking forward to chatting with you all.

---

**POST NEW COMMENT**

YOUR NAME:

email:

---

Know the Signs >> Find the Words >> Reach Out
Follow up Discussions—Defining the Helper

Follow up Discussions - Defining the Helper

Thank you for participating in the webinars that have occurred in the last week. Attached in a copy of the PowerPoint presentation that was used during the webinar for your reference.

Below is a summary of what you heard from us during our orientation webinar. Please provide any additional thoughts if you were not able to attend the webinar:

- Suicide is not a topic that is openly discussed—issues of shame and stigma are still prevalent in the culture. It was suggested that it might be more culturally appropriate to talk about behaviors that someone might be observing (you see red, you have not been going out much lately) than to ask the person directly about suicide.
- Respect is necessary when addressing anything pertaining to mental health, especially if you are asking an older person about their health.
- Suicide is perceived differently depending on age and level of acculturation.
- In the Vietnamese culture, people tend to overprotect each other because they don’t want to place shame or burden on someone else: the potential helper can see that there is a problem; the person thinking about suicide knows that something is wrong, but both do not want to address it directly and hope that the problem will pass.
- However, change in behavior is noticed, and may be “gossiped” about; but addressing the topic head-on is unlikely because of: a) shame, or b) lack of knowledge about mental health or suicide, and/or c) lack of knowledge about resources.
- We suggested that possible “helpers,” within the Vietnamese community would be: a middle-aged/desirable female, or a respected “malektacht” in the community; grandmother; individuals among a similar generation (e.g., Vietnamese youth helping other Vietnamese youth; Vietnamese elders helping other Vietnamese elders). It is often helpful to approach another person (someone older, or someone with more “尊重”) in the community to express concerns about someone who may be suicidal. For example:
  - A son who sees behavior change in his uncle and is concerned, is more likely to approach his father and express his concerns about his uncle and ask him to reach out. The son may be more likely to do research on the topic of suicide and local resources, and share that with the father.
  - A church-goer may approach a church leader about their concerns about another church member.
- With regard to imagery, a sense of family was seen as an important appropriateness image for outreach material we might create.

Here are some follow-up questions for the group to discuss:

- Who do you think is most likely to act as a “helper” within the community—who would have strong standing in the community, and would be trusted by a possible person at risk? Please be as specific as possible.
- How can someone ask whether another person is suicidal or not? What is a respectful way to do it?
- What type of behavior change should the helper be made aware of at potential warning signs for suicide? What type of behavior change do people generally notice but oftentimes diminish as anything “weird”?

Start the conversation below, and remember to continue to come back to this workshop to see what your fellow group members have suggested, and continue the dialogue.

Private Feedback:

Theresa Ly: October 2, 2013 - 2:36pm
Hi everyone,

Great comments so far. It sounds like we’re gravitating more towards reaching out to a broader sector of the community to encourage them to act as helpers to the people they care about, without thinking about a single person who is likely to be the primary gatekeeper and helper within a small community.

I also like how the approach of encouraging the helper to pick up on behavioral changes, and how they focus on offering help instead of directly asking someone if they are thinking about suicide. This type of language will be considered when we create our outreach materials.

Keep the comments rolling in—what type of behavior change do you think people would be most likely to pick up on? What other phrases would you suggest the Vietnamese community use as a way to express concern or offer help?

Response:

Theresa Ly: October 2, 2013 - 6:11pm
I think helper is anyone who cares enough to look out for their loved ones, whether that person is a spouse, parent, friend, or even neighbor. They don’t need to have some sort of exception knowledge about suicide because that is what they are trying to create for others a knowledge base that they can access.

I also think that helper would be comfortable asking someone if they were suicidal or not, but they would be more likely to do so if they were in a situation where they knew something was off. This is in which the person is in a situation where they know something is wrong. I think this is where the helper is and eager to help.

Signs of suicide can be anything that is abnormal from sudden change of mood (from very happy to sad or very sad to extremely sad) some people have a sense of relief right before they commit suicide.

LacTan: September 30, 2013 - 12:43am
I think “helper” could be anyone who are familiar or trained to know all the “warning signs” or abnormal behavior that could lead to suicide.

The more potential helper would be aware of the person at risk of suicide who has this relationship with the person.

Therefore we need to reach out to the community so much as possible, to educate them so that they are familiar with this and have the tools to act faster when discovering the warning signs of suicide?

Therefore, we need to organize regularly enough outreach activities to educate almost everybody so that they can take action fast as properly to prevent any attempt to commit suicide.

LacTan
Please provide your thoughts on this poster

Your Voice Counts

Workgroup Discussion

Please provide your thoughts on this poster

Theresa Ly
Thank you for the rich discussion so far. Here’s a quick summary of our conversation at this point and some new things for you to review:

• From our first webinar conversation, it seemed that potential helpers could be respected mature individuals (middle-aged female or grandmother) or someone of a similar age compared to the at-risk person. In the subsequent workshop sessions on ‘Your Voice Counts’, there was no further identification of whose ‘helper’ would be – it seemed the helpers would be anyone who would care enough for someone else to act as a helper (spouse, parent, friend, trust community member, church/school community etc.).
• There were some clear warning signs that were suggested, such as a change in mood and loss of appetite – these are things that helpers will pick up on and our outreach materials should encourage them to take those signs seriously.

Now let’s put these thoughts into our next step:

Please take a look at the attached Poster that was developed for a mental health and suicide prevention program in San Diego County. It reaches helpers within the Vietnamese community.

The translation for the poster is as follows:

Are you worried about the changes in health conditions or the mood changes of any of your family members? If you notice a friend or family member feeling anxious or worried or experiencing symptoms such as headaches, loss of appetite, gaining or losing weight, trouble sleeping or concentrating, they can benefit from seeking local resources. Feelings and symptoms like this are very common and help is available.

Consider these questions:

• What do you think is the most appropriate way to illustrate a suicide prevention message – through an illustration (like the poster) or a photo?
• What do you think about the language on the poster? What kind of changes could we make to reflect more suicide prevention-oriented language?ü

Attachment:

San Diego Vietnamese Public Health Association website to Vietnam American Community

Attachment: One of the Vietnam American Community website’s resources

Hi everyone,

I like the illustration poster. However, there is much improvement that can be done for the San Diego poster. The language is not quite correct (I will never say something like that). It is possible for someone who is in a change of coping/transitioning that poster to give me a call. It would be...
This was developed about five years ago and the language was provided by two Vietnamese workshop participants and then reviewed by a Vietnamese language-pervasive. But I would not focus on this test as much, since we will develop our own test and you would have a chance to provide feedback directly to the person who will do that for our project. Does that make sense?

Hi, Tina, Teresa and every body,

I want to make sure one more time that I don’t misunderstand the message of the illustration is to attract the potential helper so that he/she look at the image of a person of a number of persons (young, old, male, female, different careers…) can determine a respect case of suicide can take place, then the helper must take some kind of actions to help the person at risk not to commit suicide or seek help to stay away from the thoughts and actions of suicide or not willing to live, or willing to die.

With this thought in my mind, I think we have to design an illustration with two goals:

1. It shows in the Vietnamese American community, due to culture, people usually hide their feeling or keep for themselves. They may not speak out. They may solve it themselves. And, the helper can be any one close or not close to the person at risk.

But the helper need to know all the indications that a person at risk (the person in illustration) could lead to suicidal actions so that he/she can take action to prevent the suicide or help that person stay away from suicidal thinking.

2. If the illustration of persons with facial appearance are not good enough to help the helper identifying the potential suicidal case, we need to reinforce the illustration by the language wording that could help the helper in the understanding of the people at risk around.

With these thoughts, I am having trouble to interpret or understand the illustration both the previous and the second ones on how the image of a man or an old woman with facial indications (sad, hopeless, and worry enough) that they don’t want to live any more.

In these illustrations, I only see the man or an old lady with a sad face. With the sad faces I don’t think or believe a suicidal case can take place soon or these persons can take actions to end their lives.

Despite the problem with the illustration mentioned above, the Vietnamese wording and language on these illustrations also are not good enough to attract a helper to pay attention on a potential suicide and take action to prevent suicide. If the wording of the illustration does not mention about ideas of suicide or willing to die, or not willing to live, people will normally just think about a family that is problem not serious as a suicidal case.

Looking at the faces of these people I have a hard time to think or believe that they are in very sad or hopeless situation that could lead to a suicidal action. I am afraid that a helper can look at these images and figure out a suicide could take place soon so that he/she should take action right away.

I hope that my thoughts will also reflect other members.

From my mind and my deep thoughts.
I think the most appropriate way to illustrate a suicide prevention message is through a photo. While I understand why an illustration was used in the poster, I want to make a step towards addressing the stigma that Vietnamese people have towards suicide and mental health. I think showing Vietnamese people on the poster helps prevent the shame of a suicide mindset or suffering from a mental illness. We want more people to step up and have the courage to seek help, or to give help and resources to someone who could benefit from it. In my opinion, having a photo of a real person or family on the poster that the helper or consumer can relate to would be best. I would like to see the persons that is thinking about suicide on the poster with family, friends, and other resources behind them to reinforce the idea that they do have support. Putting the resources and support as words on the poster is good, but having the visual image of support behind them would help.

The message on the poster sounds like it is targeting the consumer and not the helper. I think the message that Lactan wrote is great! I also agree that more symptoms should be listed so that the helper will know what to look for.

Thank you! We have had some feedback that illustrations are more commonly used in photos in Vietnamese culture, but from your feedback it seems that this is not the case. One of the advantages of an illustration is that you can draw exactly what you would like to see (how the people look, their facial expressions, the setting etc). We cannot do a photo shoot, so for a photo we would be limited to the photos that are available for purchase and they are quite limited unfortunately.

Here is my input: a. The most appropriate way to illustrate a suicide prevention message is through a photo. In my opinion, putting the poster on photo is OK, but the important thing is the poster or photo has to show the person(s) and their child with the clothing and appearance of the face looked really bad and so do that.he/she can commit suicide. In addition, the poster should have someone like a bubble coming from their head with images of suicide actions such as taking pills, hanging up head or jumping from a tall building. b. The language on the poster? What kind of changes could we make to reflect more suicide prevention-oriented language? The English language version is OK, but may not be enough to mention all major indications of a suicide attempt. The content of the message does not motivate the helper to take action to prevent suicide. Here is my Vietnamese trial version for this poster: fan có thể mường quan linh dối trong lòng kinh? fan có thể lường mọi thứ trong trái tim của mình, nhưng có thể không nhận ra? fan có thể lường mọi thứ trong trái tim của mình, nhưng có thể không nhận ra? fan có thể lường mọi thứ trong trái tim của mình, nhưng có thể không nhận ra?

Thank you for your response about my input. In my opinion, my input is different from the methods of suicide. I mean we have to show some kind of indications or actions that the person at risk could take to commit suicide.

Our problem is to create or select what are appropriate warning signs so that the helper can easily recognize and take action to help the person at risk to prevent the suicide.

We have three problems:

1. First, we must have an official and original English language version of the poster. This poster language also needs to carry out the message with the correct meaningful to the Vietnamese American people and create the attention to them.

2. We must have an illustration or a photo with a person with appropriate appearance and surrounding people or situation that could help the helper identifying the person at risk. We may have a problem to find a person who can accept to be in the photo that meets our requirement. I am afraid that we may have a hard time to find the star for this picture. We may have to pay for this photo person.

3. The Vietnamese language version of the poster also needs to be meaningful and understandable to all Vietnamese audiences such as children, young, middle aged, old, senio, male, female, career, across the spectrum of all classes and ages of the Vietnamese community people.

To make and select the poster that meets all these requirements is a challenging job.

Thank you for your thoughts. In addition to the thoughts Thee ann offered below, I wanted to clarify that there will only be a Vietnamese version, not an English version. Could you provide an approximate translation of your trial text for the Vietnamese poster for us?
Helpful information

WORKGROUP DISCUSSION

Theresa Ly
Hi everyone,

Great feedback so far on the illustration/photo question. Let's talk a bit more about the content of our outreach materials to help.

What kind of information do you think would be most helpful or useful for a helper to have when they want to talk to someone else that they are concerned about? (For example, would it be helpful for them to have a list of questions to ask? Warning signs to look for?)

Let us know what you think!

PRIVATE FEEDBACK (s)

1 comment POST COMMENT (ACCOUNT REQUIRED)

ngale
October 23, 2013 - 9:39pm

The first step is to have a list of possible warning signs that can assist the helper in identifying a person who is thinking about suicide.

It is important to have examples of how the helper can address the problem. It is important for the helper to approach the person without judgment or pre-conceived ideas of how the person may be feeling. It is important to directly ask the person how they are feeling and to acknowledge that the person's feelings are real. It is important to be understanding but not downplay the person's emotions.

Something else that is important is to have the helper recognize that stigma does not exist for the community, and to address the issues of stigma appropriately when talking to the person. A statement listing the person know that there is no shame is having a mental illness, depression, or anything else they may be experiencing.

It is important to end with encouraging the person to seek help and to provide the person with options. Allow the person to choose what they want to do next. The options could include talking and discussing next steps with a mental health clinician, community leader, or concerned family members and friends that will provide them with the necessary support that they need. People have suicidal thoughts for many reasons, and the helper must take a look into all the possible parts of the person's life that could be pushing them to feel that way. This is why it is key for the helper to have the trust of the person.

Hi everyone,

I think warning signs are the best information for someone to have if they want to help anyone else. They are proof that something is wrong and it makes easier for them to talk to someone else about the person in crisis.

Lauren
October 23, 2013 - 12:50pm

Hello Theresa,

I think on the illustration, we should have as much as possible all the important warning signs as well as a list of questions to guide or lead the helper to take some kind of action to identify a potential case of suicide. These questions could be placed in different form to help the helper to look into the potential case of suicide and take any action to verify the case and take appropriate action quickly.

Lauren
October 23, 2013 - 11:30am

I agree with Huali's point about to talk to someone prior to make initial contact with potential suicidal person. The helper should be very careful to make appropriate moves to avoid problem and be helpful effectively.

Theresa Ly
October 23, 2013 - 10:47am

Thanks for the input, and we can consider some wording that encourages a potential helper to talk to a professional (maybe a crisis hotline that also serve helpers, or a mental health organization) prior to reaching out to a person they are concerned about.

Warning signs certainly are subjective, and there isn’t ‘one-size-fits-all’ framework that will clearly identify who is having thoughts of suicide and who isn’t. However, there are several things that people can be aware of that may be indicators of someone who may be experiencing some kind of emotional or mental stress or difficulty. See the National Suicide Prevention Lifeline, the Suicide Awareness and Mental Health Services Administration (SAMHSA) and the Vietnamese community for more information.

Our goal is to try to get people more in tune with changes in behavior/language/attitude in their loved ones, and encourage them to be attentive and supportive to a friend who is exhibiting warning signs. Given that, what do you think are some potential warning signs that may be more specific to the Vietnamese community as a whole? For example, in some of our other workgroups, some people have said that there are certain phrases like “You would be better off if I was dead,” or more behavioral indicators, like missing school or holding church attendance, that would indicate that someone was experiencing distress. What do you guys think?

Hi everyone,

I think warning signs are very subjective. It’s different for everyone. However, I think it would be helpful for the helper to have someone to talk to prior to make the initial contact with the potential suicidal person. A wrong move may have catastrophic effect on that person.
Ready to create our own illustration!

WORKGROUP DISCUSSION

Theresa 18
Hi everyone,

Sorry for the delay in getting another discussion thread going! November has been a rather busy month for Jan and I.

Based on the discussion we have had so far this seems to be the recommendation for the illustration. To create this illustration, we need to provide some guidance to the artist - the more specific the direction we can provide, the better! From the group discussions so far we had identified a middle-aged female as both a person at risk and a helper for both her children and her elders. Given that, here are some initial parameters for the illustration.

Person/people in the illustration (30 more than 3 or 4)

A respected ‘matriarch’ in the community (middle-aged/older female), surrounded by others (who could be family or close friends). Who should these others be? Maybe a teen/young adult, an older adult man, and a middle-aged male?

Setting

What is the setting? What are they doing? How are they interacting? Many of you have commented on the importance of church numbers or elders as potential helpers as well. Is there a way to acknowledge or hint at this in the illustration?

Let us know what you think!

PRIVATE FEEDBACK (5)

4 comments

michelle answered

December 17, 2011 - 5:55 pm

I think we also want to consider an image of resources outside the family, friends, school, a supportive teacher. I do not think those images have to be so clear, but may be helpful to see them (less focused) in the background, creating the idea that there are others outside the family, that may be of help. I know we want to send the message that individuals should reach out to caregivers, but give everyone comments about ‘keeping it in,’ we want to encourage that as a viable option. Also I think we may want to think about using an image similar to the the Ecological Model that encompasses everyone’s ideas.

Ngoc answered

December 16, 2011 - 10:39 pm

I think we should be aware of the fact that besides Christianity, a big portion of Vietnamese population choose Buddhism as their faith. Temple can be another potential setting since it’s the place where people (especially older folks) go to clear their head and get in touch with themselves.

Research has shown that helpers (as in caregivers) are usually females in early to mid-life (There would probably be a grandma of some sort). Besides grandma, daughters’ daughters in line will be another source of help to the person in crisis. It has been the norm for younger (in my experience) to come to grandma or mom for help. Being a male in this culture means I have to be tough and pull myself up by the bootstrap. Emotions are not often encouraged to be expressed. I would never walk up to my father to talk about tricky foxy subjects. I would rather go to mom or grandma. So I think the illustration should incorporate such images.

Laken

December 17, 2011 - 6:00 am

In my opinion, the people in the illustration should be around 9, at least 8. I agree with figures about the setting and the interacting, but the illustration must show the potential helper could be any one including the matriarch and other setting around her.

The illustration must show a person at risk sitting from a distant or secluded place with a sad or depressed look; the matriarch should show a concerned face, with eye looking into the direction of a person at risk.

Ngoc answered

December 2, 2011 - 11:30 am

I think the people surrounding the matriarch should be a young child, a teen/young adult, and a middle-aged or older man. They can all be sitting together at a table and talking at a family reunion, which takes place outside. They are all happy except the matriarch, who can look like she is distant from them. That’s how I think the illustration can/should look.

POST NEW COMMENT

YOUR NAME:

YOUR EMAIL:

Privacy Policy

Enable/Disable rich text (unprocessed)
Please register for March 4th webinar

WORKGROUP DISCUSSION

Please register for March 4th webinar

Jane_YourSocialMedia
Dear Workgroup members,
Our next webinar is scheduled for Tuesday, March 4th from 11am to 12pm. Please register here:
http://session.gotowebinar.com/register/6528544770863562784

During the webinar we will review the text for a draft outreach brochure in Vietnamese and several drafts of a poster.

POST NEW COMMENT

YOUR NAME:

Information for March 4th webinar

WORKGROUP DISCUSSION

Information for March 4th Webinar

Jane_YourSocialMedia
Dear Workgroup Members,
Attached please find the slides we are going to review during the webinar today. For those of you who can't make it, we will post results from the discussion within a few days!

Attachment:
- Vietnamese Workgroup Webinar 03-04-14.pdf
  http://www.nancysviet.pdf

POST NEW COMMENT

YOUR NAME:
Update and please review two poster designs and brochure language

Dear Workgroup Members,

I wanted to give you an update on the development of our materials. We have been busy! Since our last discussion these activities took place:

1. We contacted organizations that work with or provide services to the Vietnamese community to learn about what age groups they serve and the types of materials most useful to them. A summary of the interviews is provided below.

2. As a result of the interviews, we decided to create two posters: One reaching parents, as helpers of youth, and one reaching helpers of older adults. These posters will be in Vietnamese and the brochure will be bilingual.

3. Vietnam worked with Vietnamese community members and Lactu Ngyuen (one of our workgroup members) to finalize the brochure text in Vietnamese. A big thank you to both of them.

Action Items:

- Review the two posters and offer any thoughts before they are finalized. At this point we are not creating additional designs, just “tweaking” the two posters that have been created. You can view the posters by clicking on the image above or by viewing the pdf files provided below.

- Review the suggested brochure language. Note that the English is a “best translation” to give those of us who don’t read Vietnamese an idea of what the Vietnamese version says.

- Suggest organizations that we should contact to receive the materials.

Summary of Interviews:

Approximately 25 organizations that currently work with or provide services to the Vietnamese community in 10 counties including Alameda, Orange, Los Angeles, San Francisco, San Bernadino, Riverside, Santa Clara, San Joaquin, San Diego, Santa Cruz and Sacramento were contacted in March 2014 and asked to provide input on culturally relevant outreach strategies for the dissemination of suicide prevention campaign materials. A total of 13 organizations participated in the telephone questionnaires. Staff from these organizations provided insight regarding the language, target population and usefulness of materials.

What demographic do you mostly work with (age/gender)?

1. Little Saigon Economic, Social and Cultural Services Center (Vietnamese Community of Orange County) – Adults/young adults
2. Orange County Asian and Pacific Islander Community Alliance (Orange County) – TAY and parents
3. Horizon Cross Cultural Center (Orange County) – Adults/older adults
4. Asian Health Services (Alameda) – Adults’ youth
5. Vietnamese American Community Center of the East Bay (Alameda) – Seniors
6. Community Health for Asian Americans (Alameda) – Youth to Seniors
7. North East Medical Services (San Francisco) – General Public
8. Vietnamese Youth Development Center (San Francisco) – Youth
9. Transcultural Clinic (T.C.C) (San Joaquin) – primarily adults (18-59), but also some older adults
10. Asian Americans for Community Involvement (Santa Clara) – Ages 5-100+
11. Foehl Community Health Center (Santa Clara) – Youth/Parents/General Public
12. Special Services for Groups (SSG) – AP Recovery Unit (Los Angeles) – Adults/Older adults
13. Asian Pacific Family Center in Rosemead (Los Angeles) – Youth/General Public

Do you have any existing suicide prevention materials in Vietnamese?

Three organizations have materials (brochures) provided by Didi Hirsch. Organizations do not have any kind of suicide prevention materials; one organization has materials that “hit” at depression/suicide and one organization could not provide an answer.

Is there a need for suicide prevention materials in Vietnamese and would your organization be interested in receiving any?

All organizations answered “yes.”

Please mark which materials would be most useful to you (rank 1, 2, 3)

--- Parents of Vietnamese youth with information about how to recognize the warning signs
6. Organizations said Parents and two said Both: Parents and Older adults
--- Information for middle aged/older adult Vietnamese speaking individuals about how to recognize the warning signs
6. Organizations said older adults and two said older adults and youth
--- One organization did not provide a response

What language should the materials be in?

Eight organizations and both languages in a bilingual format; two organizations said Vietnamese only for older adults and three organizations did not provide a response.

Is there another organization we can contact?

VIVO (Partner with Transcultural Clinic (T.C.C), Pacific Clinics, Serene Resource Center, Harbor

Outside of our organization is there another way to distribute these materials to community members?

One-on-one counseling, resource centers, community events

Additional insight:

K n o w  t h e  S i g n s  >>  F i n d  t h e  W o r d s  >>  R e a c h  O u t

25
A couple of individuals mentioned key components regarding the topic of suicide prevention for the Vietnamese community: ascultation and stigma. For Vietnamese community members who are middle to older age there is a need to provide the materials in both languages as some may not have strong English language skills and may feel more comfortable reading information in their primary language. However, there may also be individuals in the mid-aged group who feel comfortable with their English skills and may prefer to have information in English. With regards to stigma, it seems that the actual use of the word suicide is not widely used because it infers certain negative attributes in stigmatizing a view to a person at risk. Therefore, it is often the case that the message is in some way indirectly related to the topic of suicide. Most staff preferred messages reaching the parents of youth who could act as “backup” of other middle-aged persons at risk, youth, and/or elders. Although many individuals in this age group may speak, read and write English it may be most useful to have the materials in both English and Vietnamese for individuals who may feel more comfortable in their primary language.

Population at a glance:
Santa Clara (7%) 
Orange (6%) 
Alameda (5%) 
Sacramento (2%) 
San Francisco (4%) 
San Joaquin (3%) 
San Diego (3%) 

PRIVATE FEEDBACK (0)

Attachment:
Vietnamese Brochure 4-24-2014.docx

Jana_YourSocialM ... April 15, 2014 - 12:00am

Hi,

Thank you for your insights. At this point we are not able to make additional changes to the direction and focus of the two posters, but something to consider in the future.

Jana_YourSocialM ... April 15, 2014 - 12:00am

Hi,

These look great and really capture 2 separate demographic groups very well!

Jana_YourSocialM ... April 15, 2014 - 12:00am

The poster looks great. I may word the sentences differently, but it’s very minor. The content is understandable and not offensive in anyway. Great job

Jana_YourSocialM ... April 15, 2014 - 12:00am

Hi,

Do you want to provide your suggested changes to the poster?

Thanks,

Jana
Do you want to receive outreach materials?

WORKGROUP DISCUSSION

Do you want to receive outreach materials?

Hello workgroup members,

We have identified and contacted several organizations throughout the state that currently work with or provide services to the Vietnamese community. Let them know we are able to share our campaign materials with them. At this time we would like to ask you to please look at the list below and suggest any organizations we may have missed and that would appreciate having our posters and brochures. Also, please let us know how many materials you would like to receive (posters and brochures) and provide an address where we can send them. Attached are the two posters we recently developed.

Thank you.

Orange County
Little Saigon Economic, Social and Cultural Services Center (Vietnamese Community of Orange County, Inc.)
Asian Health Center
Than Ho Comprehensive Care Clinic
Orange County Asian and Pacific Islander Community Alliance
Horizon Cross Cultural Center

Alameda County
Asian Health Services
Asian Community Mental Health
Vietnamese American Community Center of the East Bay
Community Health for Asian Americans

Sacramento County
Asian Pacific Community Counseling
Sacramento Chinese Community Center
Southeast Asian Assistance Center

San Diego
Vietnamese American Center
Asian Pacific Health Foundation
City Heights Family Health Center
Vietnamese Federation of San Diego
Union of Pan Asian Communities

San Francisco

Know the Signs >> Find the Words >> Reach Out
Would you like to receive materials?

Jane_YourSloganMan
Hello workgroup members!

We would like to share that we recently partnered with the Union of Pan Asian Communities (UPAC) in San Diego to host a focus group this Saturday, May 31, to test the posters and brochure with Vietnamese community members and get their feedback on the language, design and overall look of the materials. The materials will be available for distribution in June. We would also like to thank everyone for their input and feedback throughout this process and would also like to encourage everyone to share information about the campaign with any organizations throughout the state who work directly or indirectly with the Vietnamese community and who could be a part of community outreach efforts and help distribute these campaign materials.

If your (or other) organization would like to receive materials, please provide:
- Name
- Address
- Contact person
- Suggested quantity of posters and brochures.

Thank you!

Attachment:
- KTL_Poster_Older_Adult_Vietnamese.pdf
- KTL_Poster_Older_Adult_Vietnamese.pdf
- KTL_Poster_Family_Vietnamese.pdf
- KTL_Poster_Family_Vietnamese.pdf
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## Appendix C: Workgroup Member Roster

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>County</th>
<th>Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle Meyer</td>
<td>Chicago School of Psychology</td>
<td>Los Angeles</td>
<td>I am a licensed clinical psychologist specializing in treatment/assessment of child and adolescent populations. I have worked extensively with victims of crime, SED populations, trauma, FASD, academic difficulties, AD/HD, underserved populations, and community psychology. I am very interested in using my knowledge and skills to continue to develop prevention and early intervention programs for children, adolescents, and families of underserved populations.</td>
</tr>
<tr>
<td>Paul Hoang</td>
<td>Viet Care</td>
<td>Orange</td>
<td>I work fulltime with law enforcement, county’s healthcare agency and responding to psychiatric emergency calls. I am the county trainer $310 certification training course. I founded Viet Care, a non-profit addressing mental health issues in the Vietnamese community. I train law enforcement, community and providers on crisis evaluation and intervention.</td>
</tr>
<tr>
<td>Nga Le</td>
<td>Community Health for Asian Americans</td>
<td>Alameda</td>
<td>As a member of the California MHSA Multicultural Coalition and the SDR Consortium, I represent the API community and the Southeast Asian immigrant and refugee community. I am currently the co-coordinator of the Southeast Asian Youth Leaders, a youth group in Richmond. I have conducted outreach and education for API Youth during my time at Berkeley through the API Recruitment and Retention Center. I have also worked closely with the Vietnamese community through the Volunteer Health Interpreters Organization (VHIO) as a Vietnamese interpreter. Mental Health is a sensitive issue especially about the API community. I have learned that culturally competent community based practices are the best way to work with the API immigrant and refugee community. I would like to share my knowledge and skills to outreach to API youth and develop linguistically appropriate materials for the Vietnamese speaking community.</td>
</tr>
<tr>
<td>John Ho</td>
<td>Vietnamese American Cancer Foundation &amp; Santa Ana Public Health Clinic</td>
<td>Orange</td>
<td>Through my work as a volunteer for 2 summers at the Vietnamese American Cancer Foundation, I have gained a comprehensive understanding of the disparities, hardships and cultural nuances of the Vietnamese American community. This knowledge also extends to the low literacy Latino community, through my experience as a health educator at the Santa Ana Public Health clinic for a summer. As a first generation child of Vietnamese immigrants and a current undergraduate, I am highly aware of the challenges and pressures faced by API youths as they struggle to strike a healthy balance between different cultural values from society and their heritage. I have a vested interest in helping fellow community members overcome their struggles. My personal experience, combined with my experience with relevant communities, will allow me to contribute greatly to this campaign.</td>
</tr>
<tr>
<td>Briana Nguyen</td>
<td>(College student)</td>
<td>Placer</td>
<td>I am somewhat fluent in Vietnamese and would like to benefit more by joining this workgroup.</td>
</tr>
<tr>
<td>Hiep [Patrick] Ma</td>
<td>Mental Health America</td>
<td>Sacramento</td>
<td>I’m an immigrant who came to the US at age of 17. I have been working with many youths who identified as consumers and family members, this provides me with experience in this subject matter. I also experienced suicide personally (2 attempts) in the past. I am also a gay man. I speak Vietnamese &amp; English fluently.</td>
</tr>
<tr>
<td>Lucien Nguyen</td>
<td>Vietnamese Community of Orange County, Inc.</td>
<td>Orange</td>
<td>I am a Vietnamese community activist to assist Vietnamese refugees for over two decades in Southern California. I am a retired teacher. I also had worked in the CalWORKS program as a case manager, employment counselor. I am very fluent in speaking and writing Vietnamese. I have been involved in many community outreach activities through my volunteer job as Vietnamese community activist in many different capacity as coordinator, external vice president and president of the Vietnamese American Community in Southern California. I am always concerned and interested in helping Vietnamese American Community to overcome their difficulty in settling and integrating into new society in the United States.</td>
</tr>
</tbody>
</table>
### Appendix D: Needs Assessment Interviews

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact Phone Number</th>
<th>Action</th>
<th>In what ways does your organization work with the Vietnamese community?</th>
<th>Most demographic do you mostly work with?</th>
<th>Do you have existing suicide prevention materials?</th>
<th>Should materials be in Vietnamese, English, or both?</th>
<th>In what way does your organization work with your organization, if any?</th>
<th>Other than your organization, is there another organization that has particular cultural knowledge?</th>
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</thead>
<tbody>
<tr>
<td>Orange County</td>
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<td></td>
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<tr>
<td>Asian Services</td>
<td>714.891.9999</td>
<td></td>
<td>Yes, Didi Hirsch materials</td>
<td>Both</td>
<td>Both</td>
<td>Both</td>
<td>Yes</td>
<td>No (maybe in youth programs)</td>
</tr>
<tr>
<td>Vietnamese American Federation of San Diego</td>
<td>619.517.3744</td>
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<td></td>
<td>619.517.3744</td>
<td>619.517.3744</td>
<td>619.517.3744</td>
<td>Yes</td>
<td>No (maybe in youth programs)</td>
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<tr>
<td>Horizon Cross Cultural Center</td>
<td>714.898.8888</td>
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<td></td>
<td>714.898.8888</td>
<td>714.898.8888</td>
<td>714.898.8888</td>
<td>Yes</td>
<td>No (maybe in youth programs)</td>
</tr>
<tr>
<td>Vietnamese American Community Center of the East Bay</td>
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<td></td>
<td></td>
<td>510.835.2777</td>
<td>510.835.2777</td>
<td>510.835.2777</td>
<td>Yes</td>
<td>No (maybe in youth programs)</td>
</tr>
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<td>Sacramento Chinese Community Center</td>
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<td></td>
<td>916.421.1036</td>
<td>916.421.1036</td>
<td>916.421.1036</td>
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<td>No (maybe in youth programs)</td>
</tr>
<tr>
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<td></td>
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<td>No (maybe in youth programs)</td>
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<td>916.442.4096</td>
<td>916.442.4096</td>
<td>916.442.4096</td>
<td>Yes</td>
<td>No (maybe in youth programs)</td>
</tr>
</tbody>
</table>

### K n o w  t h e  S i g n s  > >  F i n d  t h e  W o r d s  > >  R e a c h  O u t

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**Orange County**

- Asian Services
  - Contact Phone Number: 714.891.9999
  - Action: Yes, Didi Hirsch materials
  - In what ways does your organization work with the Vietnamese community?: Both
  - Most demographic do you mostly work with?: Both
  - Do you have existing suicide prevention materials?: Both
  - Should materials be in Vietnamese, English, or both?: Both
  - In what way does your organization work with your organization, if any?: Yes
  - Other than your organization, is there another organization that has particular cultural knowledge?: No (maybe in youth programs)

- Vietnamese American Federation of San Diego
  - Contact Phone Number: 619.517.3744
  - Action: 619.517.3744
  - In what ways does your organization work with the Vietnamese community?: 619.517.3744
  - Most demographic do you mostly work with?: 619.517.3744
  - Do you have existing suicide prevention materials?: 619.517.3744
  - Should materials be in Vietnamese, English, or both?: 619.517.3744
  - In what way does your organization work with your organization, if any?: No (maybe in youth programs)

- Horizon Cross Cultural Center
  - Contact Phone Number: 714.898.8888
  - Action: 714.898.8888
  - In what ways does your organization work with the Vietnamese community?: 714.898.8888
  - Most demographic do you mostly work with?: 714.898.8888
  - Do you have existing suicide prevention materials?: 714.898.8888
  - Should materials be in Vietnamese, English, or both?: 714.898.8888
  - In what way does your organization work with your organization, if any?: No (maybe in youth programs)

- Vietnamese American Community Center of the East Bay
  - Contact Phone Number: 510.835.2777
  - Action: 510.835.2777
  - In what ways does your organization work with the Vietnamese community?: 510.835.2777
  - Most demographic do you mostly work with?: 510.835.2777
  - Do you have existing suicide prevention materials?: 510.835.2777
  - Should materials be in Vietnamese, English, or both?: 510.835.2777
  - In what way does your organization work with your organization, if any?: No (maybe in youth programs)

- Sacramento Chinese Community Center
  - Contact Phone Number: 916.421.1036
  - Action: 916.421.1036
  - In what ways does your organization work with the Vietnamese community?: 916.421.1036
  - Most demographic do you mostly work with?: 916.421.1036
  - Do you have existing suicide prevention materials?: 916.421.1036
  - Should materials be in Vietnamese, English, or both?: 916.421.1036
  - In what way does your organization work with your organization, if any?: No (maybe in youth programs)

- Asian Community Mental Health
  - Contact Phone Number: 510.869.6015
  - Action: 510.869.6015
  - In what ways does your organization work with the Vietnamese community?: 510.869.6015
  - Most demographic do you mostly work with?: 510.869.6015
  - Do you have existing suicide prevention materials?: 510.869.6015
  - Should materials be in Vietnamese, English, or both?: 510.869.6015
  - In what way does your organization work with your organization, if any?: No (maybe in youth programs)
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<tr>
<th>Organization</th>
<th>Contact Phone Number</th>
<th>Action</th>
<th>In what way do your organization work with the Vietnamese community?</th>
<th>What demographic do you mostly work with (age/gender)?</th>
<th>Do you have existing suicide prevention materials?</th>
<th>Would materials be in Vietnamese, English, or both?</th>
<th>Please mark which materials would be most useful to you (rank #1, #2)?</th>
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</thead>
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<td>T/C</td>
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<td>yes</td>
<td>yes</td>
<td>Park, definitely, Vietnamese for parents who wouldn’t feel comfortable with English</td>
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<td>Vietnamese American Resource Center (Vivo)</td>
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<td>909.382.3179</td>
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<td>ages 9-12</td>
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<td>yes</td>
<td>Vietnamese help for older adults, interpreters for middle aged adults</td>
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<tr>
<td>Vietnamese Youth Development Center (VYDC)</td>
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<td>Mental health services, including prevention services for youth, for parents, for seniors</td>
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</tr>
</tbody>
</table>

**K now the Signs >> Find the Words >> Reach Out**
Appendix E: Workshop Flyer

Know the Signs
Wellness Workshop

Learn about sustaining health and wellness in your communities!

Participants will learn some tips on maintaining a healthy lifestyle for children, adults and older adults. Participants will also learn about maintaining mental health wellness in their communities, and learn to identify potential warning signs for suicide in a loved one.

When: November 13, 2014
Thursday
4:00pm — 7:00pm

Where: UPAC Counseling & Treatment
5348 University Ave., Suite 101
San Diego, CA 92105
(619) 229-2999

RSVP: To Ms. Kimberlee Nguyen
RSVP by 11/10/14
(619) 990-4340
kpnguyen@upacsd.com

Light dinner provided!

Workshop facilitated in Vietnamese and English.
Participants are eligible to win a $25 gift card.

This event is facilitated by the Union of Pan Asian Communities (UPAC) and Know the Signs, funded by Proposition 63 – Mental Health Services Act (MHSA) and the California Mental Health Services Authority (CMHSA).
Appendix F: Recruitment Flyer

Workgroup Participants Needed

Contact: Jana Szczesniakowski - jana@yoursocialmarker.com – 858 740 4381.

The Know the Signs suicide prevention social marketing campaign is looking for workgroup participants to assist in the development of culturally and linguistically competent materials. Please recommend yourself, a colleague or community member. Responsibilities include:

- An estimated time commitment of 10-15 hours between July 1, 2013 and September 30, 2013.
- Participation in one-on-one phone calls with campaign team members.
- Participation in conference calls as needed.
- Provide input and review creative materials.
- Assist with the development of a distribution plan.

We are looking for approximately 5-8 participants in each workgroup. Participants who are selected will be compensated for their time with a $300 stipend.

<table>
<thead>
<tr>
<th>First and Last Name:</th>
<th>Title (if applicable):</th>
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<th>Organization (if applicable):</th>
<th>Phone:</th>
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Briefly describe your qualifications for this workgroup and why you are interested in participating.

We are looking for individuals with experience working with or conducting outreach to these different groups. Please mark which of these 11 workgroup(s) you are interested in:

- African American
- API Youth
- LGBTQ Youth
- Low literacy Spanish-speaking individuals.

Workgroups for the development of materials reaching individuals who speak these languages:

- Vietnamese
- Tagalog
- Cantonese/Mandarin
- Hmong
- Khmer
- Korean
- Lao

The Know the Signs campaign is part of statewide efforts to prevent suicide, eliminate stigma about mental illness and improve student mental health. The Know the Signs suicide prevention social marketing campaign prepares Californians to prevent suicide by encouraging them to know the signs, find the words to offer support to someone they are concerned about, and reach out to local resources.

Know the Signs >> Find the Words >> Reach Out