Learning Collaborative
Strategic Planning for Suicide Prevention FY 19/20

Learning Module 3: Population-Level Strategies for Suicide Prevention
• If you called in on the phone, find and enter your audio PIN
• If you have a question, technical problem or comment, please type it into the “chat” box or use the icon to raise your hand.
Sandra Black has worked in suicide prevention in California since 2007. Until 2011 she managed the California Office of Suicide Prevention, which included completion and implementation of the California Strategic Plan on Suicide Prevention. In 2011 she joined the Know the Signs suicide prevention social marketing campaign as a consultant.

Rosio Pedroso has over 20 years of research and evaluation experience focusing on unserved and underserved communities. She has over six years of experience conducting train the trainer curriculum and materials for community engagement and statewide campaigns including suicide prevention and child abuse and neglect awareness.

Stan Collins, has worked in the field of suicide prevention for nearly 20 years. Stan is a member of the American Association of Suicidology’s Communication team and in this role supports local agencies in their communications and media relations related to suicide. In addition, he is specialized in suicide prevention strategies for youth and in law enforcement and primary care settings. Since 2016 he has been supporting school districts with AB 2246 policy planning and as well as postvention planning and crisis support after a suicide loss or attempt.

Stephanie Ballard, has over 10+ years of marketing, communications and operations experience working within the Mental and Behavioral Health Industry. She previously served as the Executive Director of Marketing for a national addiction treatment provider and is a Certified Drug and Alcohol Counselor.

Jana Sczersputowski applies her public health background to deliver community-driven and behavior change oriented communication solutions in the areas of mental health, suicide prevention, child abuse prevention and other public health matters. She is specialized in strategic planning, putting planning into action, and evaluating outcomes. Most of all she is passionate about listening to youth, stakeholders and community members and ensuring their voice is at the forefront of public health decision making impacting their communities.
Webinar 3: Population-Level Strategies

View Recordings
• Webinar 1: Postvention After Suicide
  https://register.gotowebinar.com/recording/2783486656319297032
• Webinar 2: Addressing Access to Lethal Means
  https://register.gotowebinar.com/recording/9056505058276417030

Register
• Webinar 4: Targeting High Risk Populations
  February 18th, 10am-11:30am
  https://attendee.gotowebinar.com/register/8978419939836774669
• Webinar 5: Assessing Your Crisis Response System
  March 10th, 10am-11:30am
  https://attendee.gotowebinar.com/register/2296286456097925645
Resources for Learning Collaborative Members

• All past webinar recordings, slides from in-person meeting, and additional resources for the EMM Learning Collaborative can be found in the EMM Resource Center.

• Follow the link below, or search for keyword “Learning Collaborative”

https://emmresourcecenter.org/resources/strategic-planning-suicide-prevention-learning-collaborative
Based on the Steps of Strategic Planning Framework from the Suicide Prevention Resource Center (SPRC).
A population-based approach to prevention aims to address broad social, emotional, and physical factors that can ultimately influence suicide risk.

Strategies at the population level seek to enhance protective factors and promote knowledge of warning signs and how to help as well as what resources are available to support people who are struggling.

The ultimately goal of population-level approaches is to prevent people from going down the crisis path.
<table>
<thead>
<tr>
<th><strong>Individuals</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Protective Factor:</strong> Coping and problem solving; reasons for living (e.g. children in the home); moral or religious objections to suicide; restrictions on access to lethal means</td>
</tr>
<tr>
<td><strong>Risk Factor:</strong> History of depression and other mental illness; substance abuse; previous suicide attempt; personality features (aggression, impulsivity); hopelessness, certain health conditions, trauma, exposure to violence (victimization and perpetration); genetic and biological determinants</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Relationships</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Protective Factor:</strong> connectedness to others; supportive relationships with health and mental health care providers;</td>
</tr>
<tr>
<td><strong>Risk Factor:</strong> high conflict or violent relationships; family history or loss of someone to suicide; isolation and lack of social support; financial and work stress</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Community</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Protective Factor:</strong> safe and supportive schools, workplaces, community environments; sources of continued care for health and behavioral health issues; support after suicide; restrictions on access to lethal means</td>
</tr>
<tr>
<td><strong>Risk Factor:</strong> Few supportive relationships; Barriers to health and behavioral health care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Society</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Protective Factor:</strong> availability of appropriate and effective health and BH care; restrictions on access to lethal means</td>
</tr>
<tr>
<td><strong>Risk Factor:</strong> ready availability of lethal means; unsafe media and public portrayals of suicide; stigma associated with help-seeking and mental illness</td>
</tr>
</tbody>
</table>
Questions to ask yourself for your strategic plan:

- What programs/initiatives exist to foster connectedness and strengthen protective factors?
- Are schools, after-school, and CBOs promoting and implementing Social Emotional Learning and mindfulness practices?
- Are employers and local organizations implementing wellness programs?
- What strategies are you implementing to reduce stigma about suicide and behavioral health challenges?
- How is safe and effective messaging incorporated in news and social media platforms?
STRATEGIC AIM 2: MINIMIZE RISK FOR SUICIDAL BEHAVIOR BY PROMOTING SAFE ENVIRONMENTS, RESILIENCY, AND CONNECTEDNESS

- Goal 4: Create safe environments by reducing access to lethal means
- Goal 5: Empower people, families, and communities to reach out for help when mental health and substance use disorder needs emerge
- Goal 6: Increase connectedness between people, family members, and community
- Goal 7: Increase the use of best practices for reporting of suicide and promote healthy use of social media and technology

## Preventing Suicide

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengthen economic supports</strong></td>
<td>• Strengthen household financial security</td>
</tr>
<tr>
<td></td>
<td>• Housing stabilization policies</td>
</tr>
<tr>
<td><strong>Strengthen access and delivery of suicide care</strong></td>
<td>• Coverage of mental health conditions in health insurance policies</td>
</tr>
<tr>
<td></td>
<td>• Reduce provider shortages in underserved areas</td>
</tr>
<tr>
<td></td>
<td>• Safer suicide care through systems change</td>
</tr>
<tr>
<td><strong>Create protective environments</strong></td>
<td>• Reduce access to lethal means among persons at risk of suicide</td>
</tr>
<tr>
<td></td>
<td>• Organizational policies and culture</td>
</tr>
<tr>
<td></td>
<td>• Community-based policies to reduce excessive alcohol use</td>
</tr>
<tr>
<td><strong>Promote connectedness</strong></td>
<td>• Peer norm programs</td>
</tr>
<tr>
<td></td>
<td>• Community engagement activities</td>
</tr>
<tr>
<td><strong>Teach coping and problem-solving skills</strong></td>
<td>• Social-emotional learning programs</td>
</tr>
<tr>
<td></td>
<td>• Parenting skill and family relationship programs</td>
</tr>
<tr>
<td><strong>Identify and support people at risk</strong></td>
<td>• Gatekeeper training</td>
</tr>
<tr>
<td></td>
<td>• Crisis intervention</td>
</tr>
<tr>
<td></td>
<td>• Treatment for people at risk of suicide</td>
</tr>
<tr>
<td></td>
<td>• Treatment to prevent re-attempts</td>
</tr>
<tr>
<td><strong>Lessen harms and prevent future risk</strong></td>
<td>• Postvention</td>
</tr>
<tr>
<td></td>
<td>• Safe reporting and messaging about suicide</td>
</tr>
</tbody>
</table>
Effective upstream strategies

- Early recognition and treatment of depression
- Cognitive Behavioral Therapy for Suicide Prevention
- Dialectical Behavioral Therapy
- Collaborative Assessment and Management of Suicidality
- Caring Contacts
- Early intervention, e.g. Good Behavior Game, PIER model
- Safety planning
- Suicide prevention hotlines
- Counseling on Access to Lethal Means
- Gatekeeper training
Upstream

Increase connectedness, life skills, resiliency, help-seeking
Workplace Initiatives

**Promotion of psychological health**
- Prevention of psychological harm
- Effective, early intervention
- Long term continuous improvement
## Recommendations for Effective Suicide Prevention

“Bake it in, don’t bolt it on.” - D. Covington, Executive Committee Member of the National Action Alliance for Suicide Prevention, on the importance of integrating suicide prevention strategies into existing culture and strengths of organizations.

<table>
<thead>
<tr>
<th><strong>UPSTREAM</strong></th>
<th><strong>MIDSTREAM</strong></th>
<th><strong>DOWNSTREAM</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevent Problems from Happening in the First Place</td>
<td>Identify Problems Early and Connect People to Help</td>
<td>Safe and Compassionate Responses to Mental Health Crises</td>
</tr>
</tbody>
</table>

### Shift Workplace Cultural Perspective:
Make mental health and suicide prevention health and safety priorities. Leadership must model this, clearly communicate benefits and answer questions for concern. Regularly promote mental health practices and a range of resources – e.g., new employee orientation, benefits renewal, newsletters.

### Develop Life Skills:
Offer training in conflict resolution, stress management, communication skills, financial planning, goal setting, parenting or other skills-based programs for employees.

### Improve Mental Health and Addiction Knowledge:
Deliver regular toolbox talks and awareness communication on mental health topics and how to improve wellness. Consistently link mental health with wellness and safety programs.

### Promote Social Networks:
Create a healthy community and foster genuine workplace support.

### Identify People at Risk:
Detect early symptoms for depression, anxiety, substance abuse and anger.

### Promote Help-Seeking:
Promote resources like the National Suicide Prevention Lifeline 1-800-273-TALK (8255), provide peer assistance training and normalize help-seeking behavior.

### Increase Access to Quality Care:
Provide affordable mental health services well-versed in state-of-the-art suicide risk assessment, management and support and a range of effective treatment options.

### Promote Worker Use of Mental Health Services:
When workers are struggling, supervisors can take the lead in connecting employees to immediate mental health and crisis services.

### Restrict Access to Potentially Lethal Means:
When potential for suicide is high, remove access to guns, pills and other means of suicide.

### Provide Support after Suicide:
Follow crisis management procedures and longer-term support in the aftermath of a suicide as outlined in *A Managers Guide to Suicide Postvention in the Workplace* [available as free PDF at www.WorkingMinds.org].
Social-Emotional Learning
• The skills and strategies that children and teens gain through Social Emotional Learning (SEL) have been shown to increase protective factors and reduce risk factors associated with suicide (AAS & SPTS, 2012).

• Effective SEL develops skills in problem solving, conflict resolution, nonviolent ways of handling disputes as well as a sense of connectedness all of which serve as protective factors for youth against suicide and other self-destructive behaviors during transitions or crises (AAS & SPTS, 2012).

• Teachers, principals, and counselors that develop social and emotional competences create a more supportive classroom and climate, but also it largely helps them manage their own emotions, stress, and job satisfaction (Greenberg, Brown, & Abenavoli, 2016).
The Collaborative for Academic, Social and Emotional Learning (CASEL)

CASEL Guide: PreK and Elementary Evidence-Based Programs

Preschool Programs

Select Programs

- A's Pets
- Circle of Education
- High Scope Education
- I Can Problem Solve
- Incredible Years/Trail
- Peacemakers, Peace B
- Promoting Alternatives
- Second Step
- Tools of the Mind

Evidence of Effectiveness

A's Pets has been evaluated in three quasi-experimental studies; the target of which included 37 classes. Students have been followed over the course of a single year.

- Guides Evaluated: PreK
- Geographic Location: Rural, Suburban, Urban
- Student Race/Ethnicity: African American, Caucasian
- Percent Receiving Reduced Lunch: 100%
- Evaluation Outcomes: Increased positive social behavior, reduced conduct problems, reduced emotional distress

CASEL’s District Resource Center:
https://drc.casel.org/

CASEL’s Evidence-Based SEL Programs:
https://casel.org/guide/programs/
Social and Emotional Learning in California

Contents
2. ASCD Whole Child Approach
3. CASEL District Resource Center
5. CASEL Guide (2016), Effective Social and Emotional Learning Programs, Middle and High School Edition
6. Center on the Social and Emotional Foundations for Early Learning
7. Character Lab
8. Communities in Schools, Central Office—Training for Educators
9. California
10. Heart-Mind Online
11. Incorporating Social and Personal Competencies into Classroom Instruction and Educator Effectiveness, A Toolkit for Tennessee Teachers and Administrators
12. Inaugurated
13. IPEN Learning Library
14. National Center on Safe Supportive Learning Environments
15. National Child Traumatic Stress Network
16. National Education Association Diversity Toolkit
17. Navigating Social and Emotional Learning from the Inside Out—Looking Inside and Across SEL Programs: A Practical Resource for Schools and OST Providers Elementary School Focus
18. NEC-Network Parent Toolkit
21. SEL Schools: Connecting Social and Emotional Learning to Effective Teaching, The
22. Social and Emotional Learning Resource Finder
23. Students at the Center Hub
24. Teaching Tolerance
25. Transforming Education Toolkits
26. State Resources and Examples
27. California District Resources and Examples

CDE: Social & Emotional Learning in California Resource Guide:
https://www.cde.ca.gov/eo/in/documents/selresourcesguide.pdf
Evidence-Based Social Emotional Learning Programs

**Good Behavior Game (GBG):** Listed on the Suicide Prevention Resource Center, as an evidence-based “upstream” program.
- [https://www.sprc.org/resources-programs/good-behavior-game-gbg](https://www.sprc.org/resources-programs/good-behavior-game-gbg)

**CARE for Teachers Program:** Standing for Cultivating Awareness and Resilience, the CARE program is supported by CASEL as a evidence-based resource for adults.
- [https://createforeducation.org/care/](https://createforeducation.org/care/)
Objective 4: By the end of the 2024/2025 fiscal year, some staff in every school are trained in Social Emotional Learning (SEL) teaching techniques, and implement research-based SEL strategies.

Action Items for FY 2019/20:

A1: By the end of the FY 2019/20 establish a baseline of schools that have staff trained in Social Emotional Learning (SEL) and that are implementing research-based SEL strategies.
A2: By the end of FY 2019/20 compile list of school and community-based SEL programs
A3: By the end of FY 2019/20 create a plan to promote and raise awareness of SEL programs across county.

Long Term Action Items:

A1: Create a train-the-trainer for staff in youth groups and after school programs to implement SEL.
A2: Create strategy to ensure credentialing candidates are trained in SEL learning and teaching.
How to Put This Into Action?

Join a community of practice to network and build capacity to lead and support Social and Emotional Learning in your county!

**CALIFORNIA SOCIAL AND EMOTIONAL LEARNING COMMUNITY OF PRACTICE**

**Our Purpose:**
- Build capacity to support systemic SEL implementation efforts in districts and schools
- Actively learn and collaborate with your county team and others to promote SEL best practices within a multi-tiered system of support framework
- Align SEL to a variety of supports such as PBIS, Restorative Practices, Trauma-informed Education
- Strengthen the inclusion of SEL into LCAP, Differentially Allocated Assistance and other county-office support processes
- Address challenges of integrating inclusive, research-based SEL approaches into practices and systems
- Learn from successful SEL efforts in districts and schools

- **Fall 2019 Meetings:**
  - **South** | December 5, 2019
  - Brandman University
  - 16355 Laguna Canyon Road
  - Irvine, CA 92618
  - [http://educalibrs.org/326-62069](http://educalibrs.org/326-62069)
  - **North** | December 9, 2019
  - SCOE Conference Center
  - 3661 Whitehead St, #100
  - Mather, CA 95655
  - [http://educalibrs.org/326-62068](http://educalibrs.org/326-62068)

- **Spring 2020 Meetings:**
  - **North** | March 23, 2020
  - SCOE Conference Center
  - 3661 Whitehead St, #100
  - Mather, CA 95655
  - [http://educalibrs.org/326-62068](http://educalibrs.org/326-62068)
  - **South** | April 14, 2020
  - Orange Co. Dept. of Education
  - 200 Kalmus Drive
  - Costa Mesa, CA 92626
  - [http://educalibrs.org/326-62066](http://educalibrs.org/326-62066)

**Time:** 9:30 a.m. to 3:30 p.m. Light Breakfast & Lunch Provided

**No Cost**

**Who should attend?**
County Office of Education teams & SEL Providers
(CDE teams may include invited district SEL leaders)

For additional information, contact: Brent Malicote, SCOE, bmalicote@scoe.net, 916.228.2201 or Dr. Lucy Vezzuto, OCDE, lvezzuto@ocde.us, 714.327.1081
The strength of public private partnerships

Building a Healthier California by Developing Resilience and Emotional Well-being in Students.

Blue Shield of California’s BlueSky initiative supports mental health for middle- and high school students in California by providing additional mental health clinicians in schools, training teachers on the signs of mental health issues, and empowering students with in-person and online mental health support resources.

One-on-one therapy for students most in need
Youth Mental Health First Aid training for educators
Support for student-led peer groups in high schools
Online mental health and resilience resources for all students

Through the work of nonprofit Wellness Together, BlueSky will bring additional mental health clinicians into schools to enhance access to care. This service is launching initially in 19 middle- and high schools, with a student body of more than 20,000 students in Oakland Unified and San Leandro Unified school districts in Alameda County, and Sweetwater Union, Oceanside Unified and Juvenile Court & Community Schools in San Diego County.
Mindfulness

Mindfulness is defined by the Greater Good Science Center as the moment-by-moment awareness of our thoughts, feelings, bodily sensations, and surrounding environment. Furthermore, mindfulness has been described of having four distinct, yet overlapping processes: contact with the present moment, psychological acceptance, cognitive defusion, and self as context.

Mindfulness promotes self-regulation and coping skills, which builds on the skills learned through SEL.
Mindfulness Interventions for Suicide Prevention

• A number of studies have shown that interventions focused on increasing clients’ mindfulness of psychological events can in fact reduce the likelihood of experiential avoidance, which is a core common process in those who are suicidal (Hayes, Luoma, Bond, Musada, Lillis, 2006).

• Mindfulness-based interventions have been shown to result in large reductions in depression, substance abuse, anxiety, and psychotic symptoms (Hofmann, Sawyer, Witt, & Oh, 2010; Hayes, et. al, 2006).

• Studies have found that youth who practice mindfulness experience and develop: attention and learning skills, social and emotional skills, and resilience (Napoli, Krech, & Holley, 2005; Schonert-Reichl, Oberle, Lawlor, Abbott, Thomson, Oberlander & Diamond, 2015; Metz, Frank, Reibel, Cantrell, Sanders, & Broderick, 2013).
Learning To BREATHE

.b Curriculum (ages 11 – 18)

It’s as easy as ACTION

Moving with purpose and mindfulness clears tension and stress in your body.
Resources for Mindfulness & Wellness

- **Mindshift**
- **Stop, Breath, and Think**: For youth, with meditations for mindfulness and compassion
- **Calm**: Guided meditation and relaxation exercises
- **HeadSpace**: Meditation and mindfulness made simple
- **Insight Timer**: 2,714 free guided meditations
- **Grit-X**
Promoting Connectedness
What makes people happy?

- Having close relationships and connection to others, or “social capital”.
- Helping others, from volunteering to reaching out to someone who is having a tough time.
- Good physical and mental health.
- A sense of meaning in life.
Community Health Measures

https://www.countyhealthrankings.org
• Strong social networks, high frequency of social contact and low levels of isolation and loneliness serve as protective factors against suicidal thoughts and behaviors.

• Contact with others such as a letter or card from a provider to a patient, has demonstrated reductions in suicide risk among patients.

• Among Native American youth, perception of being able to count on their community for support and being cared for by adults in their community, were found to be protective factors against suicidal ideation and attempts.

• Among veterans, experiencing a higher level of social connectedness may serve as a protective factor against psychological distress, depression, PTSD, low self-esteem and suicidal ideation.
Volunteerism

- Volunteering strengthens social ties and protects individuals from isolation
- Older individuals who volunteer experience even greater health benefits than younger volunteers
- Even when controlling for other factors (e.g. age, health, and gender) research has found that when individuals volunteer, they are more likely to live longer and have better health in later life.
- There is a “volunteering threshold” to receive the positive health outcomes.
- States with higher volunteer rates are more likely to have lower mortality rates and less incidence of heart disease.

Source: Corporation for National and Community Service, Office of Research and Policy Development.
Strategies to increase social connectedness

- Organized social, art, or physical activities for school-aged youth outside of the school day
- Programs that promote interaction and cooperation between people of different ages, especially children and older adults
- Mentorship programs based in schools, community centers, or faith-based organizations

Group activities that promote social interactions and community involvement among older adults

Organized social, art, or physical activities for school-aged youth outside of the school day

Logos of organizations such as Little Brothers Friends of the Elderly, Communities for All Ages, Youth.gov, Meals on Wheels, and Boys and Girls Clubs of America.
Meals on Wheels
Suicide prevention hotlines and warm lines
Community Boards
Office Support
Fundraising
Event Planning & Logistics
Meals on Wheels
Peer support programs
Wellness programs

Education and behavioral health literacy

Mindfulness and mediation

Community counseling

Exercise and nutrition programs

Availability of healthy food

Insurance parity
Mini Grants for Community Engagement

The Los Angeles County Department of Mental Health (LACDMH), in collaboration with CalMHSA, is excited to announce that it will be offering grants of up to $5,000 to engage communities across the County by creating opportunities and events that increase community engagement, reduce stigma and enhance wellbeing.

The grant period will run from March 1, 2020 through May 31, 2020, with grants being awarded to individuals and agencies working to improve mental health outcomes.

Research shows that practicing gratitude promotes better physical and mental health.

The Los Angeles County Department of Mental Health is pleased to participate in the national Weekend of Worship, a part of CitiesTive (http://www.nyc.gov/citiesrive) by asking clergy to use the theme of Gratitude on the same weekend in May.

LA County Parks After Dark (PAD) will offer free fun for the entire family. Sports, workshops, concerts, movies, resource fair, food and much more! Please visit parks.lacounty.gov for a complete listing of PAD sites and activities.

Lucha Libre, Javelin, Verbenas y Baile de Noche

14 de Junio - 4 de Agosto

Vesting GRATUITA PARA TODO LA FAMILIA

VERSIÓN GRATUITA PARA TODO LA FAMILIA
Social Marketing and Public Awareness Campaigns
Figure 3. Behavior Change Model

Stereotypes
Thoughts and attitudes that negatively describe others considered to be different. Often triggered by signals such as physical appearance, social skills, labels, misinformation, and/or a lack of knowledge.

Emotional Response
Feelings of anger, fear, distrust, and pity.

Behavioral Response
Withholding help, avoidance/social distance, segregation, coercion.

Public Stigma
Public and self-stigma interact with and augment each other.

Mediating Factors
- Perception of control over onset and treatment of mental illness
- Ethnicity/race/culture
- Knowledge, mental health literacy
- Familiarity or contact with people experiencing mental illness
- Stereotypes portrayed in the news media

Reinforcing Factors
- Awareness of available resources (tangible support)
- Information/training on how to provide emotional support

Self Stigma

Internalized Stereotypes
Change in self-perception: Stereotypes/internalization. People with mental illness can’t get better; I have a mental illness, so there is no hope for me. Recovery is possible? There is hope for me.

Emotional Response
Shame, anger, hopelessness, feeling trivialized, low self-esteem, loss of power

Behavioral Response
Avoidance of labels that trigger stigma, not seeking treatment or adhering to treatment, isolation, and not pursuing life opportunities (job or hobbies), substance abuse, suicide.

Mediating Factors
- Perception of effectiveness of treatment (recovery is possible)
- Ethnicity/race/culture
- Perceived public stigma

Reinforcing Factors
- Awareness of available resources (tangible support)
- Support of friends and family
- Available opportunities (work, housing, social)

Approaches
- Education
- Contact
- Protest & Praise

This figure is adapted from information provided by Patrick Corrigan, “Mental Health Stigma as Social Attribution: Implications for Research Methods and Attitude Change,” Clinical Psychology: Science and Practice, Spring 2000, 7(1) Health Module; and from Norman Sartorius and Hugh Shapiro, “Reducing the Stigma of Mental Illness: A Report from a Global Programme of the World Psychiatric Association,” Cambridge University Press, 2005.
Reducing Stigma is a Strong Investment

15.4% more Californians report contact with Mental Health Services to help with mental health challenges

With mental health issues, productivity and employment outcomes improve.

$1.5 billion in estimated positive benefits to California

$1.25 billion returned to society

$36 allocated to reduced health care costs

50% increase in social services

The results provide further evidence that the Know the Signs campaign is making Californians more confident in their ability to intervene with someone at risk of suicide.

3.8 Million Californians (or 13% of Californians surveyed) saw someone wearing a lime green ribbon, and almost half of those had a conversation about mental health because of the green ribbon.

More Momentum

Figure 8: Knowledge, Efficacy and Action Items: Disagreement/Desirable

Figure 9: Campaign Findings

Note: All data and statistics are from the Know the Signs campaign.
Every day people recover from mental illness

Up2Riverside.org

Take a step to be Stigma Free OC

About the Stigma Free Orange County, CA Movement

Stigma Free OC is a county-wide movement which aims to stamp out the stigma associated with mental illness and substance use disorders. We are dedicated to raising awareness of these illnesses by creating an environment where affected individuals are supported in their efforts to achieve wellness and recovery.

The six buttons in the navigation bar above provide:

Our Campaign | Where Do I Fit? | Personal Stories | Get Involved | Learn More

Share

Room 4 Everyone

Tri-City Mental Health

LIFE IS SACRED

ALL PEOPLE

MINDMATTERS

Can NOT Be Repl
How have you integrated the Know the Signs campaign locally?
Campaign materials are available in several languages and for a variety of communities

- African American
- API youth
- Cambodian
- Chinese
- Filipino
- General public
- Hmong
- Individuals in crisis
- Korean
- Lao
- LGBTQ
- Middle aged men
- Spanish-speaking
- Vietnamese
- Russian

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

www.EMMResourceCenter.org
Creating Linguistically and Culturally Competent Suicide Prevention Materials

Type: Manual
Author: Suicide Prevention Resource Center (SPRC) and California Mental Health Services Authority (CalMH-SA)
Publisher: Education Development Center, Inc. (EDC)

See This Resource
Creating linguistically and culturally competent suicide prevention materials (9.13 MB)

www.EMMResourceCenter.org
National initiatives – Social Media

#BeThe1To

Find out why we can save a life at www.BeThe1To.com
if you’re struggling with suicidal ideation call 1-800-273-TALK (8255)

BE THE ONE TO SAVE A LIFE.
YOU CAN DO SOMETHING TO PREVENT SUICIDE.
JOIN THE MOVEMENT

CREATED BY: NATIONAL SUICIDE PREVENTION LIFELINE

DOWNLOAD KIT

#BeThe1To
Working with the Media
Objectives (State):
• 7a: Research and policy agenda
• 7b: Awareness of recommendations by partnering w/ media
• 7c: Integrate into colleges
• 7d: Best practices for use of social media

Objectives (Local/Regional):
• 7e: Identify media and community partners (PIOs) and deliver trainings on best practices
• 7f: Disseminate recommendations and research supporting safe messaging
• 7g: Partner with media to share resources and reduce stigma
• 7h: Disseminate information on risk expressed on social media risk and response
• 7h: Integrate public campaigns and school curriculum on safe social media use
• 7i: Minimize sharing of misinformation in media/social media
RECOMMENDATIONS FOR REPORTING ON SUICIDE®

IMPORTANT POINTS FOR COVERING SUICIDE

- More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. The magnitude of the increase is related to the amount, duration and prominence of coverage.

- Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/ graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death.

- Covering suicide carefully, even briefly, can change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help.
Q&A
STRATEGIC AIM 2: MINIMIZE RISK FOR SUICIDAL BEHAVIOR BY PROMOTING SAFE ENVIRONMENTS, RESILIENCY, AND CONNECTEDNESS

- Goal 4: Create safe environments by reducing access to lethal means
- Goal 5: Empower people, families, and communities to reach out for help when mental health and substance use disorder needs emerge
- Goal 6: Increase connectedness between people, family members, and community
- Goal 7: Increase the use of best practices for reporting of suicide and promote healthy use of social media and technology

Striving for Zero: California Strategic Plan

<table>
<thead>
<tr>
<th>GOAL 5: Empower people, families, and communities to reach out for help when behavioral health needs emerge.</th>
<th>GOAL 6: Increase connectedness between people, family members, and the community.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 5c:</strong> Identify community needs &amp; expand community-based services for managing stressors and building resiliency, as well as activities that increase life skills such as mindfulness.</td>
<td><strong>Objective 6c:</strong> Increase services intended to build positive attachments and social support amongst individuals, their families, and their communities.</td>
</tr>
<tr>
<td><strong>Objective 5d:</strong> Expand outreach and engagement strategies to promote behavioral health and community services and resources.</td>
<td><strong>Objective 6e:</strong> Promote a culture free of stigma and discrimination by having open dialogues about mental health and resources and deliver messages of hope.</td>
</tr>
<tr>
<td><strong>Objective 5e:</strong> Partner with community organizations and businesses to coordinate social marketing suicide prevention awareness campaigns.</td>
<td><strong>Objective 6f:</strong> Integrate suicide prevention strategies into services intended to reduce other forms of violence.</td>
</tr>
<tr>
<td><strong>Objective 5f:</strong> Expand mental health services, encourage people to seek help, and promote messages of hope.</td>
<td><strong>Objective 6g:</strong> Partner with community-based organizations to build and promote opportunities for volunteerism.</td>
</tr>
<tr>
<td><strong>Objective 5g:</strong> Develop a network of peer support providers to help navigate health and behavioral health systems.</td>
<td></td>
</tr>
</tbody>
</table>
Evidence-Based Practices Resource Center

SAMHSA is committed to improving prevention, treatment, and recovery support services for mental and substance use disorders.

This new Evidence-Based Practices Resource Center aims to provide communities, clinicians, policy-makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings. The Resource Center contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources.

Learn more about the Evidence-Based Practices Resource Center.
Evidence-Based Prevention

Practicing evidence-based prevention means using the best available research and data throughout the process of planning and implementing your suicide prevention efforts.

Evidence-based prevention includes:

- Engaging in evidence-based practice (sometimes called evidence-based public health)
- Selecting or developing evidence-based programs

Engaging in Evidence-Based Practice

Evidence-based practice has been defined as the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of communities and populations in the domain of health protection, disease prevention, health maintenance, and improvement (health promotion).
Suicide prevention efforts for AI/AN groups should be based on the culture and history of each community. The recommended resources below provide information on culturally appropriate practices that may reduce risk and increase protective factors for suicide.
Thank you for attending!

Funded by counties through the voter-approved Mental Health Services Act (Prop. 63).