



# San Diego County Suicide Prevention Action Plan Update 2018

Working Together To End Suicide



COMMUNITY HEALTH  
IMPROVEMENT PARTNERS  
*making a difference together*



## Introduction

Dear San Diego County Residents:

The County of San Diego Health & Human Services Agency (HHS) and Community Health Improvement Partners (CHIP) are pleased to present the **San Diego County Suicide Prevention Action Plan Update 2018**, and invite you to work with us towards a collective mission of reducing suicide and its devastating impact in San Diego County. This mission, and the Strategy Framework outlined within the SPAP Update 2018, are aligned with the County of San Diego's *Live Well San Diego* vision. Adopted unanimously by the County Board of Supervisors in 2010, *Live Well San Diego* serves to improve the health and well-being of our community and promote lives that are **Healthy, Safe and Thriving**.

Established in 1995, CHIP has been a leader in innovative, collaborative solutions to address critical community health issues in the San Diego region. On April 1, 2010, the County of San Diego, as part of the *Live Well San Diego* strategic plan, awarded CHIP a contract to form an interagency Suicide Prevention Council (SPC). In 2011, the SPC brought together stakeholders from multiple sectors to create the Suicide Prevention Action Plan (SPAP) for San Diego County, the first of its kind in California. The SPAP 2011 proposed to enhance efforts to increase understanding and awareness of suicide, decrease the stigma associated with suicide and, ultimately, reduce the number of suicides in San Diego County.

In 2016, the County of San Diego HHS awarded CHIP a second contract to update the SPAP. The SPAP Update 2018 extends the work of the SPC with strategies designed to expand the coalition's membership and engage community in a comprehensive approach to reduce suicides in the region. It also proposes new approaches to enhance the measurement of SPC coalition programs and member participation.

The SPAP Update 2018 was developed over several months with input from more than 650 individuals, including representatives of groups at risk of suicide and people with personal experience of suicide loss or attempt. The SPAP Update 2018 is a dynamic document that will be developed further and reviewed and revised on a regular basis to meet the changing needs and circumstances of San Diego.

As reported in the SPC 2016 Annual Report, the suicide rate in our region is the lowest it has been in five years. While acknowledging this as an accomplishment to celebrate, we urge you to join us as we work together to continue to prevent suicide and pursue a vision of a protected, safe, and resilient San Diego community – with zero suicides.

Sincerely,

**Alfredo Aguirre,**  
Director, Behavioral Health Services,  
*County of San Diego HHS*

**Dana Richardson,**  
Vice President, Community Health and  
Engagement  
*Community Health Improvement Partners*

**Beth Sise,**  
Director, Trauma Research & Injury Prevention,  
*Scripps Mercy Hospital*  
SPC Co-Chair

**Carol Skiljan,**  
Executive Director,  
*Yellow Ribbon Suicide Prevention Program*  
SPC Co-Chair

## Acknowledgments

The County of San Diego Health and Human Services Agency (HHSA) would like to thank Community Health Improvement Partners (CHIP), Nash & Associates and Hoffman Clark + Associates for their work on the development of the San Diego County Suicide Prevention Action Plan (SPAP) Update 2018. In addition, we would like to thank County of San Diego Behavioral Health Advisory Board and the many individuals and organizations who ensured that the plan is informed by those who are working in support of suicide prevention - including representatives of at-risk communities and people with lived experience.



*The development of the San Diego County SPAP Update 2018 is funded by the County of San Diego HHSA through the Mental Health Services Act (MHSA).*

### Thank you to the following organizations that assisted in the coordination of key community based focus groups:

- Center for Men's Excellence
- County of San Diego
  - Behavioral Health Services
  - Office of Military & Veterans Affairs
- Indian Health Council
- The Training Center
- The Center San Diego
- North County LGBTQ Resource Center
- Project Save Our Children
- San Diego County Medical Society - Emergency Medicine Oversight Commission (EMOC)
- San Diego County Office of Education
- San Diego Veterans Coalition
- San Diego Youth Services
- San Ysidro Health Center
- Somali Family Services
- Southern Indian Health Council
- Survivors of Suicide Loss
- UMTR2ME-You Matter To Me
- Union of Pan Asian Communities

### Additional thanks to the Suicide Prevention Council including:

- Co-Chairs, Beth Sise & Carol Skiljan
- Assessment & Evaluation Subcommittee
- Faith Organization Outreach Subcommittee
- Higher Education Subcommittee
- Media & Communication Subcommittee
- School Collaborative (K-12)

*And to all who participated in the community engagement focus groups and who participate in suicide prevention efforts throughout the County.*

# Table of Contents

<b>2</b>	Introduction
<b>3</b>	Acknowledgments
<b>5</b>	Executive Summary
<b>15</b>	<b>Section I: Context</b> <ul style="list-style-type: none"><li>• Process for Planning and Evaluation</li><li>• Community Engagement Overview</li><li>• Highlights of Suicide Prevention Council Accomplishments</li><li>• Evaluation Plan</li></ul>
<b>22</b>	<b>Section II: Community Engagement Results</b> <ul style="list-style-type: none"><li>• Findings by Strategy</li><li>• Findings by Population</li></ul>
<b>64</b>	<b>Next Steps</b>
<b>65</b>	<b>Section III: Appendices</b> <ul style="list-style-type: none"><li>Appendix A: Comments Analysis Table</li><li>Appendix B: Resources List</li></ul>

## Executive Summary

**The vision for the San Diego County Suicide Prevention Action Plan (SPAP) Update 2018 is to provide a blueprint on a comprehensive and collective approach to preventing suicide and its devastating consequences.**

The SPAP Update 2018 is inspired by, and aligned with, the *Live Well San Diego* vision for a region that is Building Better Health, Living Safely and Thriving. As with *Live Well San Diego*, the SPAP Update 2018 involves everyone. Only through a collective effort – in which all of us work together toward a shared purpose – can meaningful change be achieved in a region as large and diverse as San Diego County.

The SPAP Update 2018 also builds upon past and current efforts of multiple organizations. In 2009, the County of San Diego, Health and Human Services Agency (HHSA) launched a suicide prevention action planning process, which was informed by the National Strategy for Suicide Prevention and the California Strategic Plan on Suicide Prevention, both of which advocate for a strong public health approach to suicide prevention.



The original SPAP was published in October 2011 and has served to guide the work of the San Diego County Suicide Prevention Council (SPC) since that time. The complete plan including appendices can be found at: <https://tinyurl.com/ybwfj4om>

The SPC gathers feedback from a wide variety of stakeholders across different sectors including primary care, emergency and mental health providers, K-12 and post-secondary educators, faith-based, and community-based organizations. Since completing the initial SPAP in 2011, SPC stakeholders have made considerable progress in implementing recommendations from the original plan. Accomplishments of the SPAP to date include:

- **The SPC has become a regional hub for engagement and information relating to the purpose of reducing suicide and its devastating impact.**
- **The SPC has developed credibility and expertise to support and assist local agencies in the development of policies and the proactive use of a common suicide risk screening standard.**
- **More than 10,000 San Diegans have received Question, Persuade, and Refer (QPR) Gatekeeper Training.**

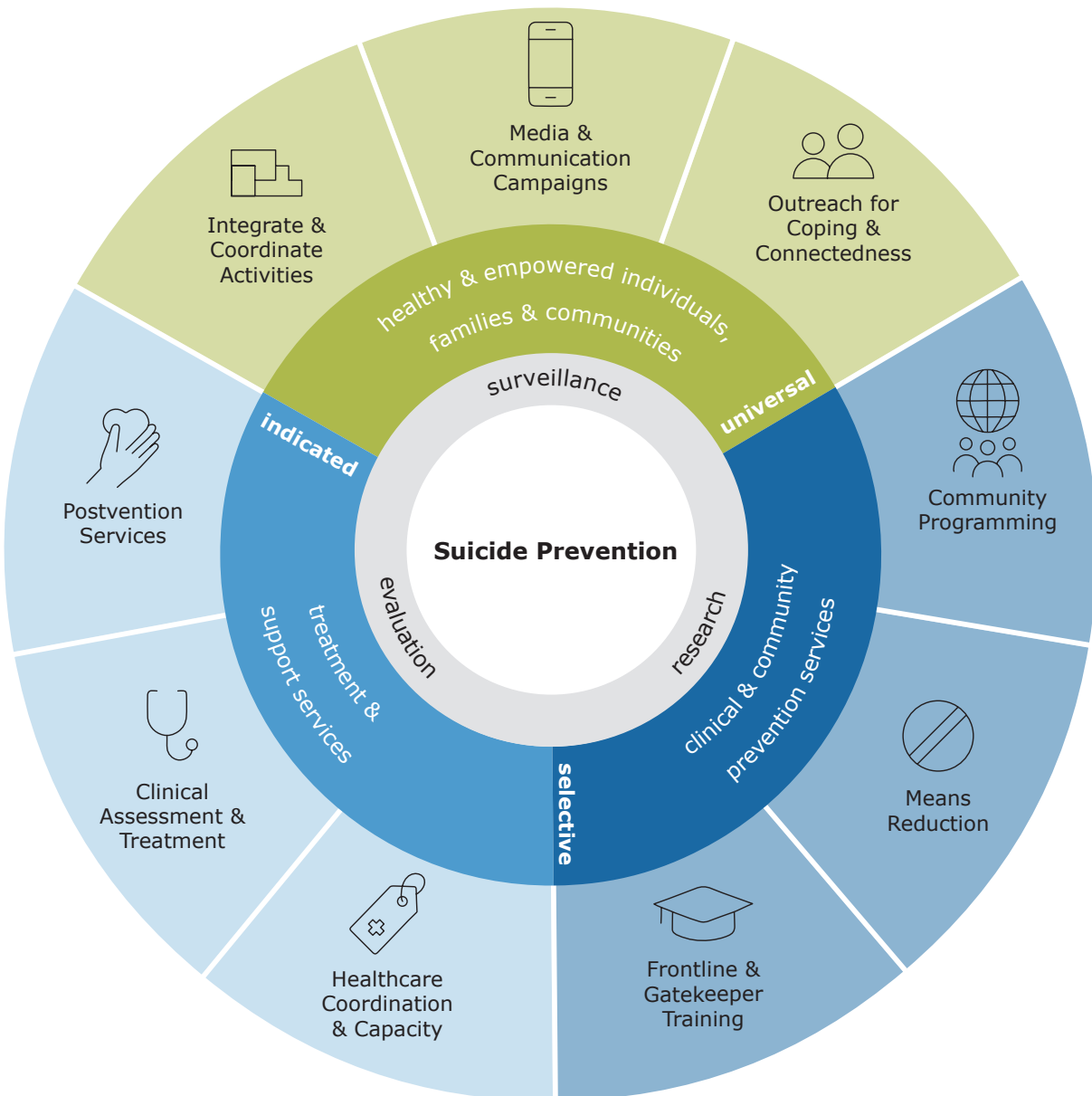
The SPAP Update 2018 enhances efforts to increase understanding and awareness of suicide, decrease stigma associated with suicide and ultimately reduce the number of suicides in San Diego County.

Activities used to create the SPAP Update 2018 include community engagement, targeted outreach to members of groups that are at increased risk for suicide and analysis of strategic models and planning frameworks. These included: The San Diego County 2011 Suicide Prevention Action Plan, the California Strategic Plan on Suicide Prevention, the National Strategy for Suicide Prevention, the Centers for Disease Control (CDC) Strategies and Approaches to Prevent Suicide, and LifeSpan Integrated Suicide Prevention.

A critical component of the SPAP Update 2018 is the Strategy Framework. The Strategy Framework uses the Institute of Medicine’s Environmental Prevention Model and incorporates research-based strategies (see Figure 1 – SPAP Strategy Framework). An Evaluation Plan has been drafted that includes indicators that can be used to measure the implementation progress and effectiveness of this Strategy Framework (see Table 2 – Evaluation Plan).

More than 640 individuals contributed to the SPAP Update 2018 through participation in focus groups, key informant interviews or completion of an online survey. Countless others assisted in coordinating these community engagement efforts that served to inform the SPAP Update 2018 and provide suggestions for needed action.

**Figure 1. SPAP Strategy Framework**





The following are six overall findings and observations from an analysis of the survey results and focus group reports:

- **Community members are interested in suicide prevention and are motivated to be part of the planning process** – The level of engagement and participation by community members exceeded expectations. Initially, twelve focus groups were planned, and this was expanded to twenty-two groups. Community members proved to be willing to share their lived experiences as survivors of suicide loss, or as individuals who have attempted suicide.
- **There is a level of awareness of suicide prevention strategies among stakeholders that can be built upon** – Across all focus groups, participants demonstrated knowledge of efforts such as Question, Persuade, Refer (QPR), the *It's Up to Us* media campaign, Psychiatric Emergency Response Teams (PERT) and Mental Health First Aid. Many participants suggested expanding access to or enhancing these existing efforts.
- **Different strategies were championed by different stakeholders** – Except for Means Reduction and Integrate and Coordinate Activities, each of the strategies in the SPAP Update Framework had at least one stakeholder group that was championing the strategy as the most needed. For example, thirty-one percent of suggestions from survivors of suicide loss and individuals with lived experience of attempting suicide were for postvention services; thirty-eight percent of suggestions from the healthcare provider focus group were for healthcare coordination and capacity and another thirty-eight percent from this same group was for Clinical Assessment and Treatment. See Appendices A “Comments Analysis Table” for a breakdown of the percentage of comments by strategy and focus group population.
- **Outreach for coping and connectedness is a desired strategy within populations who are at an increased risk for suicide** – Activities that promote effective programs and practices, promote wellness and recovery or which teach coping and problem-solving skills were heavily favored among veterans, transition age youth (TAY), LGBTQ youth, senior service providers, formerly incarcerated males, refugees and Native American communities. This strategy garnered the second highest number of comments among survey participants.
- **A comprehensive approach that combines multiple strategies is favored** – Research suggests that multiple strategies implemented at the same time are likely to generate larger effects. The question regarding what actions are needed to prevent suicide, garnered suggestions across multiple strategies - most focus groups made suggestions for actions that aligned with at least six out of the nine strategies that form the SPAP Strategy Framework.
- **Community members, and especially those with lived experience, perceive a connection between adverse childhood experiences (ACEs) and suicide ideation** – Focus groups that included community members with lived experience (formerly incarcerated males, TAY, LGBTQ youth, individuals who have attempted suicide), or behavioral health professionals working with these groups, all discussed childhood trauma as a root cause of depression and suicide. Individuals who were brave enough to share their own lived experiences of suicidal thoughts or attempts, consistently referenced experiences such as bullying, abuse, or neglect. There was discussion in these groups of a need for advocacy to support changes within K-12 and post-secondary education, and mental health and justice systems to prevent and address the impact of ACEs.



### What comes next?

In 2018, a strategic implementation plan will be developed in partnership with community stakeholders that will include outcomes, objectives and target dates. Evaluation activities will include review of recent epidemiological data and GIS mapping of suicide locations, collection of baseline metrics, resource mapping and creation of community risk factors profile. It is anticipated that improvements will be necessitated in data collection and shared measurement systems.

In all subsequent planning years, the SPAP Update 2018 will be reviewed and modified based upon impact and qualitative evaluation results. This work will be conducted by SPAP planning and evaluation consultants in continued partnership with CHIP, SPC, and the County of San Diego HHSA.

### How to Use this Plan

Stakeholders are encouraged to use the SPAP Update 2018 to support the development of organizational plans and programs that prevent suicide. The "At-A-Glance" Overview (Table 1, Page 10) can be used to identify strategic directions and provide suggestions for actions. The results section of the plan offers an opportunity to learn more about individual strategies or specific at-risk populations. Results by strategy and population are presented as standalone modules so that stakeholders can more easily focus on the aspects of the plan that are of most interest to them.

### Call to Action

No single individual, organization or sector can be responsible for suicide prevention. It is hoped that all stakeholders can look at this plan and see where they fit in, and that they will be inspired to take action. Organizations and individuals throughout San Diego County are invited to be part of the collective effort to combat suicide and its devastating consequences by working with SPC to:

- *Engage in future planning and community mobilization activities*
- *Deliver and participate in activities that are part of the SPAP Update 2018*

*For further details go to <http://www.sdchip.org> or contact 858.609.7960*



# San Diego County Suicide Prevention Action Plan Update 2018

The Suicide Prevention Action Plan Update 2018's Strategic Framework combines nine strategies that address three levels of intervention as identified in the 2011 Suicide Prevention Action Plan: Universal, Selective and Indicated.

## Universal Strategies

**Targeted to the public and aim to reduce suicide risk by strengthening protective factors**

- Integrate & Coordinate Activities
- Media & Communication Campaigns
- Outreach for Coping & Connectedness

## Selective Strategies

**Focused on at-risk groups that have a greater probability of becoming suicidal, and aim to prevent the onset of suicidal behaviors**

- Community Programming
- Means Reduction
- Frontline & Gatekeeper Training

## Indicated Strategies

**Targeted to high-risk individuals that exhibit early signs of suicide potential**

- Healthcare Coordination & Capacity
- Clinical Assessment & Treatment
- Postvention Services

To help with both the strategic planning and evaluation processes, Hoffman Clark + Associates and Nash & Associates developed a strategic framework for organizing and structuring the various factors relevant to these processes. Such a framework needed to be:

1. Grounded in research-informed or evidence-based strategies for suicide prevention
2. Broad enough to encompass all potential approaches to suicide prevention, yet focused enough that any proposed approach can be channeled into a specific and manageable set of activities
3. Structured so that relationships between strategies can be seen
4. Clear and concise so that it can be easily understood by stakeholders



Several strategic models and frameworks were reviewed, including:


- The San Diego County 2011 Suicide Prevention Action Plan
- The California Strategic Plan on Suicide Prevention
- The National Strategy for Suicide Prevention
- The Centers for Disease Control (CDC) Strategies and Approaches to Prevent Suicide
- LifeSpan Integrated Suicide Prevention



These models, along with data gathered in the community engagement process, informed the development of the SPAP Strategy Framework (see Figure 1, Page 6).



## Suicide Prevention Action Plan Update 2018 At-A-Glance

**Table 1** “At-A-Glance” overview of the SPAP Update 2018’s Strategy Framework, strategic directions, examples of suggested actions and potential evaluation outcomes.



Strategy	Strategic directions	Examples of suggested actions (listing here is not intended to indicate that these actions are priorities)	Example potential evaluation outcomes
 <p><b>Integrate &amp; Coordinate Activities</b></p>	<p><b>1a.</b> Broaden and strengthen a collective impact framework for suicide prevention</p> <p><b>1b.</b> Support advocacy and policy development</p> <p><b>1c.</b> Integrate suicide prevention with other regional efforts</p>	<ul style="list-style-type: none"> <li>• Conduct outreach to increase the number and diversity of organizations and individuals working with SPC</li> <li>• Encourage collaborative approaches between medical, law enforcement and education entities</li> <li>• Ask SPC to help develop new or enhanced policies and procedures within K-12 schools for suicide prevention and to support LGBTQ students</li> <li>• Advocate for greater acceptance of peer workers and educate medical and clinical staff on the role of peer workers in hospital and clinic settings</li> <li>• Encourage a call to action within the African American community to support suicide prevention strategies</li> <li>• Recognize that suicide is a social justice, as well as a mental health issue, and make addressing racial and economic inequity part of the solution</li> <li>• Expand transportation services to reduce isolation and support access to services</li> <li>• Support economic and workforce development</li> </ul>	<ul style="list-style-type: none"> <li>✓ Increased participation in SPC</li> <li>✓ Development of new policies and procedures that align with the SPAP Update 2018</li> <li>✓ Increased collaboration across systems</li> <li>✓ Increased capacity of organizations engaged in suicide prevention</li> <li>✓ Improved integration of plans and services across sectors</li> </ul>
 <p><b>Media &amp; Communication Campaigns</b></p>	<p><b>2a.</b> Expand and enhance stigma reduction and suicide prevention campaigns</p> <p><b>2b.</b> Diversify the types of prevention messages and messengers</p> <p><b>2c.</b> Strengthen SPC’s partnership with media</p> <p><b>2d.</b> Create new communication resources</p>	<ul style="list-style-type: none"> <li>• Promote the “access” aspect of the “access and crisis line” more clearly</li> <li>• Promote and support stigma free social media campaigns</li> <li>• Frame spirituality as a coping mechanism and protective factor</li> <li>• Facilitate a photo documentation project to counter negative images about the African American community</li> <li>• Develop <i>It’s Up to Us</i> media campaign materials targeted at specific populations</li> <li>• Work with media outlets, print, TV, radio, online (including Spanish speaking) to conduct trainings on best practices in responsible journalism</li> <li>• Continue to have SPC respond to all reporting of suicides, with praise or information for how to do it better</li> <li>• Develop guidelines for healthcare professionals in how to support clients in using spirituality as a coping tool</li> <li>• Create and include a SPC School Suicide Prevention Support Toolkit on all school websites</li> </ul>	<ul style="list-style-type: none"> <li>✓ Improved adherence to principles of responsible reporting</li> <li>✓ Reduced discrimination and stigma associated with mental illness</li> <li>✓ Increased media reports/stories about effective use of prevention resources</li> <li>✓ Improved knowledge of media and the role they play in suicide prevention, stigma reduction and health promotion</li> </ul>

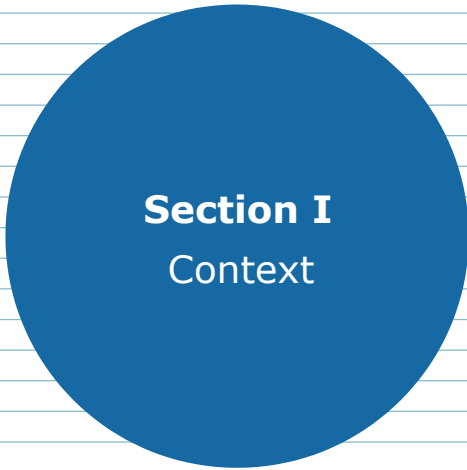
Strategy	Strategic directions	Examples of suggested actions (listing here is not intended to indicate that these actions are priorities)	Example potential evaluation outcomes
 <p><b>Outreach for Coping &amp; Connectedness</b></p>	<p><b>3a.</b> Build coping and problem-solving skills as a first-line of defense</p> <p><b>3b.</b> Establish peer support networks for at-risk populations</p> <p><b>3c.</b> Develop strong social networks and connections to reduce isolation</p> <p><b>3d.</b> Allow for innovative ideas and approaches</p>	<ul style="list-style-type: none"> <li>• Link parents with experienced people to help them navigate a situation with their own child</li> <li>• Use evidence based social emotional curriculum at the elementary school level to build coping skills</li> <li>• Help youth develop life plans that include pathways to careers and build a sense of hope</li>   <li>• Help people who are struggling with things like depression to find a “battle buddy”, someone they trust and can reach out to</li> <li>• Expand peer connections and peer services for different populations including veterans, TAY, LGBTQ, and formerly incarcerated individuals</li> <li>• Provide access to adult and peer mentors for youth as well as those who have started down the wrong path (i.e. selling and using drugs) and are harder to reach as a prevention strategy</li>   <li>• Assume that everyone needs help—create a universal culture of caring</li> <li>• Focus outreach services on men, especially men who are dealing with loss of self, guilt, shame</li> <li>• Support culturally affirming social activities and gatherings</li>   <li>• Advocate for less strict rules around companion animals</li> <li>• Have volunteers make unsolicited calls to make sure that people who are on an at-risk list, i.e. just released from prison or treatment center, are okay</li> <li>• Use innovative and culturally specific outreach techniques, focusing on empowerment and history, to gain the attention of young African American men</li> </ul>	<ul style="list-style-type: none"> <li>✓ Increased availability of resources and services that build resiliency and protective factors within vulnerable populations</li> <li>✓ Improved knowledge or skill relating to coping or problem solving</li> <li>✓ Reduced bullying and discrimination within K-12 schools</li> <li>✓ Improved connectedness to friends, family, and community</li> </ul>

Strategy	Strategic directions	Examples of suggested actions (listing here is not intended to indicate that these actions are priorities)	Example potential evaluation outcomes
 <p><b>Community Programming</b></p>	<p><b>4a.</b> Expand peer-based and faith-based services</p> <p><b>4b.</b> Support additional K-12/Youth focused programming</p> <p><b>4c.</b> Improve and expand health and wellness services</p>	<ul style="list-style-type: none"> <li>• Expand the Faith-Based Academy model into the East and South regions</li> <li>• Conduct outreach to further engage churches in suicide prevention and mental health efforts</li> <li>• Provide an option of peer support follow-up for persons at-risk as well as traditional supports</li> <li>• Integrate mental health as part of school curriculum just like physical education</li> <li>• Develop spaces for youth, LGBTQ and TAY focused support services that are welcoming and inclusive</li> <li>• Provide early intervention services for young children</li> <li>• Develop more support groups that can address grief and loss</li> <li>• Provide services to address early childhood trauma/ Adverse Childhood Experiences (ACEs)</li> <li>• Support programs that offer people a sense of purpose and a role in society</li> <li>• More resources for crisis centers, community clinics, and perhaps a rapid response suicide prevention team</li> <li>• Support employment programs that lead to well-paying jobs, i.e. reinvigorate the Hire-A-Youth program</li> </ul>	<ul style="list-style-type: none"> <li>✓ Increased availability of gatekeeper trainings for the general public</li> <li>✓ Increased support for community-based suicide prevention and education programs</li> <li>✓ Reduced substance abuse and addiction</li> <li>✓ Increased number of programs that address ACEs</li> <li>✓ Improved protective factors at individual and community levels</li> </ul>
 <p><b>Means Reduction</b></p>	<p><b>5a.</b> Educate community and professionals</p> <p><b>5b.</b> Advocate for change</p>	<ul style="list-style-type: none"> <li>• Share research offered by the Harvard School of Public Health on “Means Matter”</li> <li>• Disseminate information on safe storage of firearms</li> <li>• Develop clinical skills in lethal means assessment and counseling for healthcare professionals</li> <li>• Train providers on how to work with veterans to figure out how to reduce means in a way that is specific to them</li> <li>• Support or advocate for state or federal funding to erect a suicide barrier or net on the Coronado Bridge</li> <li>• Identify the most commonly accessed bridges, railways and overpasses and develop an advocacy campaign in collaboration with Caltrans</li> </ul>	<ul style="list-style-type: none"> <li>✓ Improved understanding of the effectiveness of means reduction strategies</li> <li>✓ Increased advocacy efforts for decreasing access to means of suicide</li> <li>✓ Increased capacity in lethal means assessment</li> <li>✓ Decreased access to lethal means</li> </ul>

Strategy	Strategic directions	Examples of suggested actions (listing here is not intended to indicate that these actions are priorities)	Example potential evaluation outcomes
 <p><b>Frontline &amp; Gatekeeper Training</b></p>	<p><b>6a.</b> Provide QPR and/or Mental Health First Aid to more people</p> <p><b>6b.</b> Introduce new gatekeeper trainings</p>	<ul style="list-style-type: none"> <li>• Provide QPR to multiple populations, including: Employee Assistance Programs and Human Resource Managers; Peer workers, including health outreach workers and promoters; Personal trainers, chiropractors, and physical therapists; Ethnic Community Based Organizations, including those that work with immigrants and refugees; K-12 teachers, counselors, school nurses, and sports coaches</li> <li>• Continue to provide QPR refresher courses</li> <li>• Train community in Mental Health First Aid</li> <li>• Work within military commands to identify and begin working with at-risk service members prior to discharge</li> <li>• Provide training on the Interpersonal Theory of Suicide (Joiner) for MA and PhD level clinicians and medical professionals</li> <li>• Educate providers on how to use the <i>It's Up to Us</i> media campaign</li> <li>• Provide ASIST (Applied Suicide Intervention Skills Training)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Increased access to evidence-based frontline and gatekeeper trainings among diverse sectors</li> <li>✓ Increased diffusion of gatekeeper training information</li> <li>✓ Improved gatekeeper knowledge about suicide and of suicide prevention resources</li> </ul>
 <p><b>Healthcare Coordination &amp; Capacity</b></p>	<p><b>7a.</b> Improve care coordination services for patients</p> <p><b>7b.</b> Support internal integration of healthcare</p> <p><b>7c.</b> Expand capacity and enhance healthcare services</p>	<ul style="list-style-type: none"> <li>• Ensure that case managers or care coordinators work actively with hospital discharge planners around safety and suicide prevention post hospitalization</li> <li>• Facilitate transitions for youth when they go from the children's mental health system to the adult system (i.e. aging up)</li> <li>• Integrate primary care and mental health for a more holistic approach to assessing and treating depression</li> <li>• Educate primary care providers and emergency room staff on suicide assessment and treatment</li> <li>• Revive a focus on what has been called partial hospitalization and day treatment</li> <li>• Fund more mental health providers</li> <li>• Establish crisis stabilization units that do not require waiting in a hospital emergency room</li> <li>• Expand drug treatment programs for youth and for individuals who are re-entering the community following incarceration</li> </ul>	<ul style="list-style-type: none"> <li>✓ Improved patient satisfaction with care coordination</li> <li>✓ Improved quality of care that is safe, effective, efficient, timely and patient-centered; measured through analysis of medical chart data and electronic health records</li> <li>✓ Improved healthcare utilization, i.e. reduction in unnecessary emergency room visits</li> <li>✓ Improved effectiveness of medication management</li> </ul>



Strategy	Strategic directions	Examples of suggested actions (listing here is not intended to indicate that these actions are priorities)	Example potential evaluation indicators
 <p><b>Clinical Assessment &amp; Treatment</b></p>	<p><b>8a.</b> Improve assessment and treatment capacity</p> <p><b>8b.</b> Enhance clinical services</p> <p><b>8c.</b> Strengthen professional development opportunities</p>	<ul style="list-style-type: none"> <li>• Provide emergency room doctors with a validated and common risk assessment tool</li> <li>• Establish mandatory check-ins for veterans to assess for mental health/substance abuse and other needs</li> <li>• Increase the number of treatment sessions when someone has suicidal ideation</li> <li>• Make services less clinical and more human focused</li> <li>• Reform how attempters are treated in the emergency room</li> <li>• Address intergenerational and individual trauma within African American community and families</li> <li>• Require mandatory continuing education units (CEUs) for doctors and nurses on relationship between depression and suicide</li> <li>• Offer universal training in trauma informed care</li> <li>• Provide self-care training for healthcare professionals who work in the emergency room</li> </ul>	<ul style="list-style-type: none"> <li>✓ Increased evidence of adoption of Columbia Suicide Severity Risk Scale (C-SSRS)</li> <li>✓ Increased patient satisfaction of with quality of care</li> <li>✓ Increased screening for depression by primary care providers</li> <li>✓ Increased connection to needed medical services and resources</li> </ul>
 <p><b>Postvention Services</b></p>	<p><b>9a.</b> Educate and inform on postvention services</p> <p><b>9b.</b> Expand community and peer-based postvention services</p> <p><b>9c.</b> Develop clinical postvention services</p>	<ul style="list-style-type: none"> <li>• Educate people on why postvention services, not just grief support, are important</li> <li>• Involve those with lived experience to share and present, i.e. National Alliance on Mental Illness (NAMI) Speakers' Bureau</li> <li>• Make sure therapists and counselors have information about Survivors of Suicide Loss (SOSL)</li> <li>• Have a 'search and rescue' team of formerly suicidal veterans to find other veterans</li> <li>• Provide extra support during high risk holidays like Christmas, Thanksgiving and Valentine's Day</li> <li>• Develop an outreach program to provide after care for suicide attempters</li> <li>• Need more crisis aftercare facilities that are culturally relevant</li> </ul>	<ul style="list-style-type: none"> <li>✓ Increased number of resources and services for SOSL and suicide attempters</li> <li>✓ Increased awareness of SOSL issues and resources</li> <li>✓ Improved resilience, functioning and wellbeing among SOSL and suicide attempters</li> <li>✓ Reduced sense of isolation, helplessness, and/or guilt among SOSL and suicide attempters</li> </ul>



**Section I**  
Context

**"I want to thank you for this engagement process. It was reaffirming for me to voice my needs in a safe space. It was really rewarding to know that the County cared about my needs and heard my voice."**

*SPC Collaborative Member in the April 2017 SPC General Meeting*

# Suicide Prevention Action Plan Update 2018

## Process for Planning and Evaluation

The vision for the San Diego County Suicide Prevention Action Plan (SPAP) Update 2018 is to guide and evaluate a collective action approach to preventing suicide and its devastating consequences.

The following section summarizes the SPAP Update 2018 planning and evaluation process.

**Year 1 Goal:** Develop the San Diego County SPAP Update 2018 and Evaluation Approach.

### Completed Actions:

- Collect and analyze information from a broad cross-section of community stakeholders to include SPC members, representatives of at-risk populations, and individuals with lived experience of suicide loss or attempt
- Establish a SPAP Update 2018 Strategy Framework that incorporates recognized models and research-based strategies and is approved by SPC leadership
- Review progress and identify accomplishments of SPC to date
- Create the SPAP Update 2018 and disseminate to community partners



**Year 2 Goal:** Develop an implementation plan for the San Diego County SPAP Update 2018.

### Proposed Actions:

- Review the SPAP Update 2018 and identify information gaps
- Facilitate a series of planning sessions with community stakeholders to develop an implementation plan that is aligned with the SPAP Update 2018's Strategy Framework
- Conduct additional community stakeholder focus groups and interviews as needed
- Review recent epidemiological data and GIS mapping of suicide locations and other community factors that impact suicide rates
- Create Risk and Protective Factor Profiles for at-risk populations using data collected during the focus groups and other sources
- Map program resources, capacity, and gaps in service provision
- Work with SPC to conduct Outcomes Mapping that will inform development of indicators and metrics that will measure the success of the SPAP Update 2018

**Years 3-5 Goal:** Modify the SPAP Update 2018's Implementation Plan based upon impact and qualitative evaluation results.

### Proposed Actions:

- Conduct additional community stakeholder focus groups and interviews as needed
- Monitor and report upon progress in attaining SPAP Update 2018 outcomes
- Determine evidence-based or research-informed practices already in place, and determine capacity to evaluate those that are not
- Create an Evaluation Communications and Reporting Plan
- Review and revise the Implementation Plan

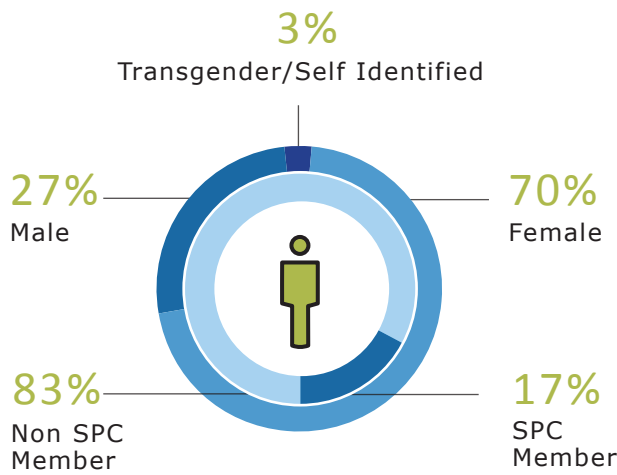
## Community Engagement Overview

This section describes the results of the community engagement process in terms of numbers and characteristics of participants based upon attendance records and completed surveys.

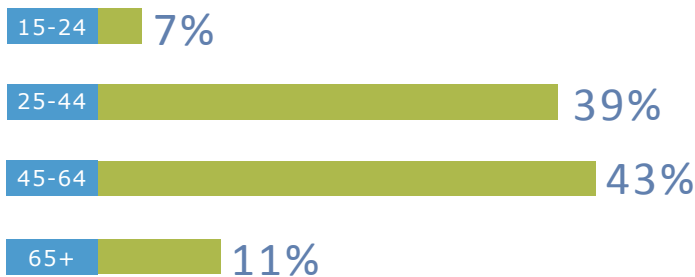
256 Focus Group + 417 Online Survey

 673 Total Participants

### Participant Profile



### Age Range



The purpose of community engagement was to gather information on community strengths, needs, priorities and ideas that were used to guide the SPAP Update 2018. Community engagement strategies consisted of focus groups, an online survey and key informant interviews.

Community engagement process and protocols were informed and approved by representatives of the SPC and target populations. Focus groups were coordinated in partnership with numerous host organizations, who leveraged their status as trusted brokers and service providers. Behavioral health professionals trained in suicide prevention assessment and response and in trauma informed care were available at all meetings with representatives of at risk populations. Attendance and participation was voluntary.

### 22 Focus Groups Were Conducted With:

#### SPC Subcommittees and Members

- Assessment & Evaluation
- Faith Organization Outreach
- Higher Education
- Schools Collaborative
- Media & Communication
- General Members

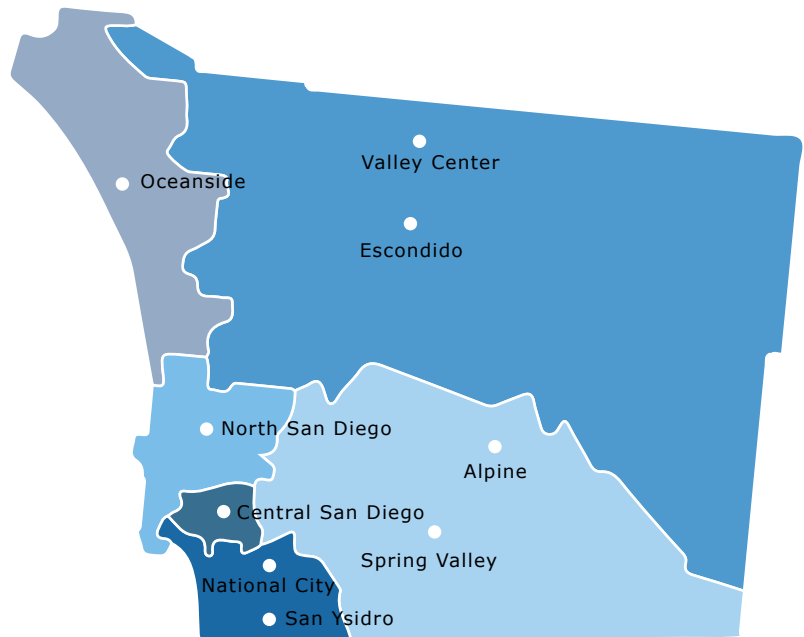
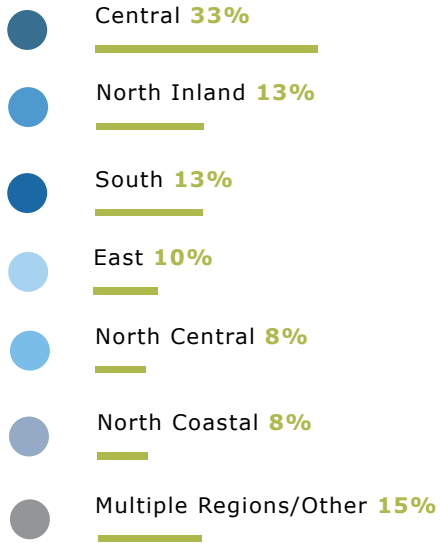
#### Professionals working with at-risk populations

- Healthcare Providers
- K-12 Educators and Counselors
- Senior Service Providers

#### Representatives of At-Risk Populations

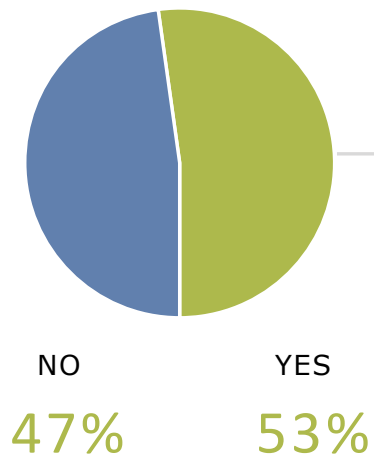
- African American Community
- Formerly Incarcerated Men
- LGBTQ Youth
- Gay, Bisexual & Transgender Latino Men
- Native American Communities
- Refugees
- Survivors of Suicide Loss and Individuals with Lived Experience
- Transition Age Youth
- Veterans

### Geographic Regions



\* Location of focus groups and presentations

### Do you have any personal lived experience of suicide? Of those that completed the survey:



152 I am a survivor of suicide loss

76 I am a suicide attempt survivor

134 I have experienced thoughts of suicide

212 I have supported a friend/family member experiencing thoughts of suicide

**330**

**Of participants had personal lived experience of suicide, and most had more than one type of experience**



## Highlights of Suicide Prevention Council Accomplishments

**Suicide prevention in San Diego County has come a long way from the needs assessment and strategic planning efforts initiated almost a decade ago. A broad yet understated accomplishment is that nearly all the substantive objectives in the original 2011 Suicide Prevention Action Plan have been met through the efforts of Community Health Improvement Partners and the Suicide Prevention Council (SPC).**

**A few highlights of accomplishments are as follows:**

- The SPC has become a regional hub for engagement and information relating to the purpose of reducing suicide and its devastating impact.** Since the development of its charter, the SPC has developed seventy-five active partnerships with local organizations. Monthly meeting attendance averages around forty-five persons. Currently there are five standing subcommittees and two ad hoc committees.
  - More than 10,000 San Diegans have received Question, Persuade, and Refer (QPR) Gatekeeper Training.** QPR is an evidence-based training program designed to give members of the general public the basic skills necessary to recognize a crisis and the warning signs that someone may be contemplating suicide.
  - Successfully advocated for the proactive use of a common suicide risk screening standard.** The Columbia Suicide Severity Risk Scale (C-SSRS) is currently being used by a growing number of health and social service organizations as a reliable and valid assessment tool.
  - Publication of the SPC Annual Report and Report Card.** Information from the County Medical Examiner, the Access & Crisis Line, hospital emergency departments, students, self-reports, suicide prevention awareness campaigns, and gatekeeper training programs
- are presented to provide a more complete understanding of the status of suicide and efforts to prevent it in San Diego County.
- SPC has developed credibility, expertise, to support and assist local agencies in the development of policies.** For example, SPC is now well positioned to assist local school districts to meet the recent legislative mandate (CA AB2246). This mandate requires schools serving students in grades 7-12 to adopt suicide prevention policies.
  - Since its inception, CHIP and the SPC have become the “go to” experts and spokespersons in suicide prevention.** Multiple suicides and media events have impacted the local suicide prevention field. SPC staff, and members of the media subcommittee, have worked tirelessly to support responsible reporting practices and safe messaging and have provided direct assistance to schools.



## Evaluation Plan

The goal of the evaluation plan for the SPAP Update 2018 is to guide the collection and use of data to monitor progress of community level outcomes and SPC functioning.

The plan retains the Institute of Medicine’s (IOM) Environmental Prevention methodology<sup>1</sup>. It incorporates the IOM’s Universal, Selective, and Indicated strategic directions of the 2011 SPAP, while further organizing these in terms of the research-based and community-informed strategies identified in the SPAP Update 2018's Strategy Framework (Figure 1, Page 6).

The intention of the evaluation plan is to make clear many of the existing organizational practices and to help develop and formalize these and additional best practices for evaluating change over time within a community coalition’s effort.

Some of the indicators planned are those that are currently being conducted through the activities and data collection that can be found in the SPC Annual Community Report Card. Other possible outcomes are planned for baseline data collection in Year 2. Suggestions for these indicators are provided in the SPAP Update 2018 Overview (Table 1, Page 10).

The evaluation will set up systems for a cyclical process to assist SPC and its partner organizations to contribute and use shared value data. Figure 3 reflects the process that will inform the SPAP Update 2018 evaluation. Starting at the top and moving clockwise, an annual cycle reflects processes and activities planned.

1. Institute of Medicine (IOM) 1994 Environmental Prevention Model.

**Figure 3 Evaluation Planning Process**



**Table 2. Evaluation Plan Summary**

<b>Year</b>	<b>Activity</b>	<b>Objective</b>	<b>Deliverables</b>
1	Explore research based models for suicide prevention	Develop framework to scaffold strategies for creation of measurable objectives	SPAP Update 2018 Strategy Framework
1	Analyze community engagement feedback data to explore strategies and inform SPAP Update 2018 evaluation	Combine data from focus groups and surveys to inform SPAP Update 2018	Community engagement results are incorporated into SPAP Update 2018
1 -2	Develop indicators to measure change in the targeted areas	Create an evaluation plan which incorporates community data and research on effective suicide prevention evaluation	Evaluation Plan
2	Facilitate the development of indicator metrics to measure change in areas of: -Community Engagement -Access & Capacity -Quality -Feedback & Impact	Prioritize indicators and set targets for assessing the impact of SPC activities	Baseline and target metrics for change
2	Conduct meetings centered around the SPAP Update 2018's Strategy Framework to prioritize objectives	Collect baseline data on indicators to capture change over time	Create a data collection plan and timeline for baseline and follow up evaluation metrics
2	Create an Evaluation Implementation Plan to carry out data collection results reporting and gather feedback	Ensure that evaluation is providing useful feedback on the implementation and impact of the SPAP Update 2018	Annual Results Reporting. Year 2 – Collation of baseline data and prioritization of indicators and qualitative data
3-5	Assessment of individual evaluation as resources allow (QPR, best-practice sharing, success stories, and expand report card to include newly gathered data)	Ongoing evaluation of progress on process and outcome measures to inform SPC practice and learning	Annual Report  Collection of success stories and best practices document

One critical goal of the evaluation is to increase stakeholder and community engagement by enabling the SPC to better tell its story, to provide evidence to support and sustain continuous learning and planning across organizations involved in SPC efforts.



**Section II**  
Community  
Engagement  
Results

The results section provides an overview of findings from the community engagement process, and summarizes community engagement participant input by each of the nine strategies that make up the SPAP Update 2018 Strategy Framework, and by at-risk target populations. Presenting the results in this modular manner makes the plan user-friendly for stakeholders, who are interested in specific strategies or target populations.

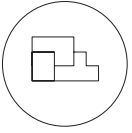
*Note: Examples of the types of outcomes that are associated with each strategy are provided to guide practitioners in the development of their own evaluation plans.*

## Results By Strategy

## Definition

 <p><b>Integrate &amp; Coordinate Activities</b></p>	<p>Integrate and coordinate suicide prevention programs and policies across a broad range of organizations and programs, and in multiple sectors and settings at state, tribal, and local levels</p>
 <p><b>Media &amp; Communication Campaigns</b></p>	<p>Implement research-informed communication methods designed to prevent suicide by changing knowledge, attitudes, and behaviors. Promote the safety of online content related to suicide, and responsible media reporting and accurate portrayals of suicide and mental health illnesses</p>
 <p><b>Outreach for Coping &amp; Connectedness</b></p>	<p>Promote effective programs and practices that prevent suicidal behaviors and support wellness and recovery by increasing social engagement, imparting knowledge of risk and protective factors, and teaching coping and problem-solving skills</p>
 <p><b>Community Programming</b></p>	<p>Develop, implement, and monitor community-based programs and education that promote wellness and prevent suicide and related behaviors at a community level</p>
 <p><b>Means Reduction</b></p>	<p>Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk</p>
 <p><b>Frontline &amp; Gatekeeper Training</b></p>	<p>Provide training to community groups on the prevention of suicide, and to clinical services providers on the recognition, assessment, and management of at-risk behaviors</p>
 <p><b>Healthcare Coordination &amp; Capacity</b></p>	<p>Promote suicide prevention as a core component of healthcare services to increase access to assessment, intervention and care, and to create continuity across the spectrum of emergency, inpatient, primary care, and mental health and substance abuse services</p>
 <p><b>Clinical Assessment &amp; Treatment</b></p>	<p>Promote and implement professional practices for assessing and treating those identified as being at risk for suicidal behaviors</p>
 <p><b>Postvention Services</b></p>	<p>Provide postvention services to lessen harm, prevent future risk, and to care for and support those affected by suicide deaths and attempts</p>





## Integrate & Coordinate Activities

**Integrate and coordinate suicide prevention programs and policies across a broad range of organizations and programs, and in multiple sectors and settings at state, tribal and local levels.**

### Overview

Several groups, as well as individual survey respondents, recognized the value of integration and coordination across sectors as a strategy that will prevent and reduce suicides in San Diego County. This strategy was discussed by fourteen of the focus group populations, including three of the Suicide Prevention Council (SPC) subcommittees. This is also one of the strategies where suggestions were fewer, but arose from lengthier discussions about system-wide challenges as opposed to the needs of individual community members or at-risk populations.

*"There has to be a thorough examination of the interrelation of culture, society and suicidal ideation and behaviors. The clinical perspective is limited in addressing this public health problem. Relegating suicide prevention to the hands of doctors, psychiatrists, psychologists, nurses, etc. will never fully address this issue. Furthermore, in my opinion, the so firmly established link between mental illness and suicide must be broken up: not all people who struggle with mental illness "attempt" or "complete" suicide and not all people who "attempt" or "complete" suicide struggle with mental illness."*

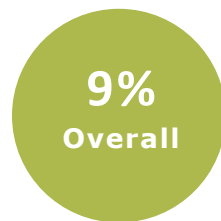
### Survey Participant Quote

*"Everybody should be trauma-informed. Community services should build a better network with better ties. Resources/services should be easily apparent, available and accessible. Collaborative approaches between medical, law enforcement and education areas in the community for early onset reporting is vital."*

### Survey Participant Quote

### What percentage of focus group comments were related to this strategy?

- 25% K-12 Providers
- 22% African American Community
- 18% Media & Communication SPC
- 13% General Membership SPC
- 12% LGBTQ Youth
- 10% Native American Communities
- 10% Formerly Incarcerated Men
- 8% Schools Collaborative SPC
- 7% Gay, Bisexual, & Transgender Latino Men
- 7% Survey Participants
- 5% Assessment & Evaluation SPC
- 4% Senior Service Providers
- 3% Transition Age Youth
- 3% Survivors of Suicide Loss/ Lived Experience



Total percentage of comments that focused on Integrate & Coordinate Activities



### Examples of actions and approaches suggested by stakeholders are:

#### Broaden and Strengthen a Collective Impact Framework for Suicide Prevention

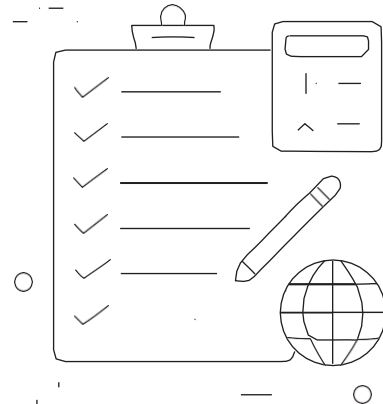
- Conduct outreach to increase the number and diversity of organizations and individuals working with SPC
- Encourage collaborative approaches between medical, law enforcement and education in support of early onset reporting
- Work with local service clubs, (Optimist, Rotary etc.) in support of suicide prevention

#### Support Advocacy and Policy Development

- Ask SPC to help develop new or enhanced policies and procedures within K-12 schools for suicide prevention and bullying, and to support LGBTQ students
- Advocate for greater acceptance of peer workers and educate medical and clinical staff on the role of peer workers in hospital and clinic settings

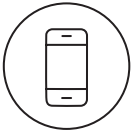
#### Integrate Suicide Prevention with Other Regional Efforts

- Leverage the community engagement activities in support of the *Live Well San Diego* vision and County of San Diego, Behavioral Health Services to support suicide prevention
- Expand transportation services to reduce isolation and support access to services and health promotion activities
- Support economic and workforce development



### The types of outcomes associated with this strategy are:

- 1 **Development of policies and procedures**
- 2 **Increased collaboration across systems**
- 3 **Increased capacity of organizations (i.e. percent of staff trained and trauma informed)**
- 4 **Improved integration of plans and services across sectors**



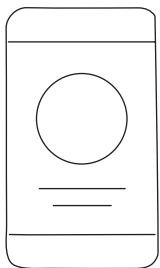
## Media & Communication Campaigns

**Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes and behaviors, and promote the safety of online content related to suicide and responsible media reporting and accurate portrayals of suicide and mental illness.**

### Overview

The role of media and communication campaigns in preventing suicide was discussed in almost all groups and was one of the more popular topics for survey comments. At-risk population representatives were especially forthcoming in providing ideas for anti-stigma campaigns and where and how to get messages across. Comments most often addressed the need for more targeted approaches, greater saturation of messaging and offered creative ideas for enhancements of existing efforts such as the *It's Up to Us* media campaign. There was widespread recognition of progress in raising awareness, especially within focus groups comprised of Suicide Prevention Council (SPC) members.

### Safe messaging for preventing suicides



- ✓ **targeted approaches**
- ✓ **anti-stigma campaigns**
- ✓ **enhance existing efforts**



Total percentage of comments that focused on Media & Communication Campaigns

### What percentage of focus group comments were related to this strategy?

- 65% Media & Communication SPC
- 50% Assessment & Evaluation SPC
- 45% Faith Organization Outreach SPC
- 24% Formerly Incarcerated Men
- 22% Survivors of Suicide Loss/ Lived Experience
- 20% Higher Education SPC
- 20% General Membership SPC
- 15% African American Community
- 15% K-12 Providers
- 14% Veterans
- 13% Refugees
- 13% Senior Service Providers
- 12% LGBTQ Youth
- 11% Transition Age Youth
- 11% Gay, Bisexual & Transgender Latino Men
- 9% Survey Participants
- 8% Native American Communities



### Examples of actions and approaches suggested by stakeholders are:

#### Expand and Enhance Stigma Reduction and Suicide Prevention Campaigns

- Promote the “access” aspect of the “Access and Crisis Line” more clearly
- Promote and support stigma free social media campaigns

#### Diversify the Types of Prevention Messages and Messengers

- Engage champions targeting specific populations
- Develop the *It's Up to Us* media campaign materials targeted for specific populations
- Frame spirituality as a coping mechanism and protective factor

#### Strengthen SPC's Partnership with Media

- Work with media outlets, print, TV, radio, and online (including Spanish speaking) to conduct trainings on best practices in responsible journalism
- Continue to have SPC respond to all reporting of suicides, with praise or provide information on how to improve reporting

#### Create New Communication Resources

- Develop guidelines for healthcare professionals in how to support clients in connecting to faith or using spirituality as a coping tool
- Create and include a SPC School Suicide Prevention Support Toolkit on all school websites

### The types of outcomes associated with this strategy are:

- 1 Increased awareness and use of community resources including Access and Crisis Line
- 2 Improved adherence to principles of responsible reporting
- 3 Reduced discrimination and stigma associated with mental illness
- 4 Increased media reports/stories about effective use of prevention resources
- 5 Improved knowledge of media and the role they play in suicide prevention, stigma reduction and health promotion





## Outreach for Coping & Connectedness

**Promote effective programs and practices that prevent suicidal behaviors and promote wellness and recovery by increasing social engagement, imparting knowledge of risk and protective factors, and teaching coping and problem-solving skills.**

### Overview

The strategy of outreach for coping and connectedness was offered as the top priority by participants within eleven of the community focus groups, including those attended by LGBTQ youth and Gay, Bisexual and Transgender Latino men, TAY, veterans, refugees, staff working with seniors, and with the SPC Schools Collaborative. Stories of isolation, loss and loneliness were shared within many of the focus groups, and prompted discussions of strategies that could help to prevent or mitigate these problems.

*"Develop trusting relationships with people so they are more likely to share if they are having thoughts of suicide, and avoid big overreactions as that can stop the conversation. We can support someone in being safe and ensuring that they get the level of support they need without it feeling quite so 'criminal'. Also, open conversations with people regarding the "why" (Why does/did this feel like an option? What do you need/want? or, What are you trying to stop/avoid or change?) which is different for everyone. So, I guess training on developing connections and compassion, etc."*

### Survey Participant Quote

*"Information for families who are experiencing fear of suicide by a loved one. I have spoken to friends who didn't know how to approach the subject or where to ind help other than the hotline."*

### Survey Participant Quote

### What percentage of focus group comments were related to this strategy?

- 50% LGBTQ youth
- 46% Schools Collaborative SPC
- 43% Gay, Bisexual, & Transgender Latino Men
- 38% Veterans
- 38% Transition Age Youth
- 38% Refugees
- 34% Formerly Incarcerated Men
- 33% Senior Service Providers
- 26% Native American Communities
- 20% General Membership SPC
- 19% African American Community
- 17% Survivors of Suicide Loss/Lived Experience
- 15% Survey Participants
- 13% Healthcare Providers
- 10% K-12 Providers
- 9% Faith Organization Outreach SPC



Total percentage of comments that focused on Outreach for Coping & Connectedness



## Examples of actions and approaches suggested by stakeholders are:

### Build Coping and Problem-Solving Skills as a First-Line of Defense

- Teach people to recognize that isolation is a risky behavior and teach them how to reach out. Also, encourage people to not assume that someone is okay just because they are being social
- Use evidence-based social emotional curriculum at the elementary school level to build coping skills

### Establish Peer Support Networks for At-Risk Populations

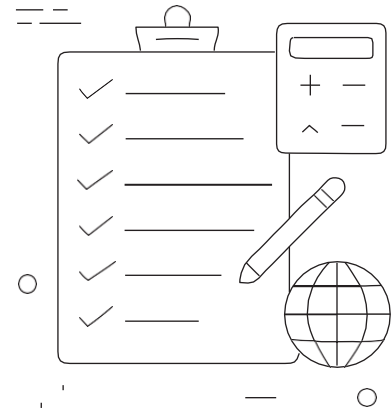
- Help people who are struggling with things like depression to find a “battle buddy”, someone they trust and can reach out to
- Link parents to experienced people to help them navigate a situation with their own children
- Establish peer connections and peer navigation services for different populations including veterans, TAY, LGBTQ, and formerly incarcerated individuals

### Develop Strong Social Networks and Connections to Reduce Isolation

- Assume that everyone needs help—create a universal culture of caring
- Focus outreach services on men, especially men who are dealing with loss of self, guilt, and shame
- Support culturally affirming social activities and gatherings

### Allow for Innovative Ideas and Approaches

- Advocate for less strict rules around companion animals
- Have volunteers make unsolicited calls to make sure that people who are on an at-risk list (i.e. just released from prison or treatment center) are okay



## The types of outcomes associated with this strategy are:

- 1 **Increased availability of resources and services that build resiliency and protective factors within vulnerable populations**
- 2 **Improved knowledge or skill relating to coping or problem solving**
- 3 **Reduced bullying and discrimination within K-12 schools**
- 4 **Improved connectedness to friends, family, and community**



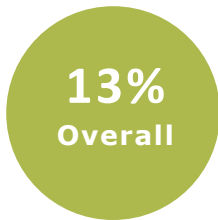


## Community Programming

**Develop, implement, and monitor community based programs and education that promote wellness and prevent suicide and related behaviors.**

### Overview

Community programming in support of suicide prevention was discussed within most focus groups. Groups that consisted of social service, health or education professionals or providers tended to have more ideas that aligned with this strategy than those with members of at-risk populations. Many of the suggestions offered were population-specific or aimed to address gaps in the current continuum of services.



Total percentage of comments that focused on Community Programming

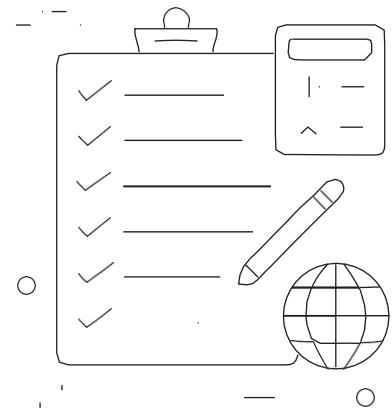
### What percentage of focus group comments were related to this strategy?

- 36% Faith Organization Outreach SPC
- 30% K-12 Providers
- 26% African American Community
- 25% Senior Service Providers
- 20% Higher Education SPC
- 17% Formerly Incarcerated Men
- 16% Transition Age Youth
- 15% Schools Collaborative SPC
- 13% General Membership SPC
- 13% Refugees
- 12% LGBTQ Youth
- 11% Native American Communities
- 9% Survey Participants
- 7% Veterans
- 6% Survivors of Suicide Loss/Lived Experience
- 6% Media & Communications SPC
- 4% Gay, Bisexual, & Transgender Latino Men





The types of outcomes associated with this strategy are:



**Examples of actions and approaches suggested by stakeholders are:**

**Expand Peer-Based and Faith-Based Services**

- Expand the Faith-Based Academy model into the East and South regions
- Provide an option of peer support follow-up for persons at-risk as well as traditional supports

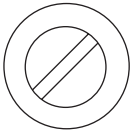
**Support Additional K-12/Youth Focused Programming**

- Integrate mental health as part of school curriculum just like physical education
- Develop spaces for youth, LGBTQ and TAY focused support services that are welcoming and inclusive
- Provide early intervention services for young children

**Improve and Expand Health and Wellness Services**

- Develop more support groups that can address grief and loss
- Provide services to address early childhood trauma/ Adverse Childhood Experiences (ACEs)
- Support programs that offer people a sense of purpose and a role in society
- More resources for crisis centers and community clinics, and perhaps a rapid response suicide prevention team

- 1 **Increased availability of gatekeeper trainings for the general public**
- 2 **Increased support for community-based suicide prevention and education programs**
- 3 **Reduced substance abuse and addiction**
- 4 **Increased number of programs that address ACEs**
- 5 **Improved protective factors at individual and community levels**

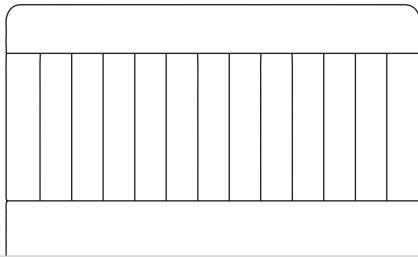


## Means Reduction

**Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.**

### Overview

Means reduction was discussed among three of the focus group populations: veterans, refugees and seniors. Medication management was highlighted as a need among seniors and approaches to gun control that are sensitive to military culture among veterans. The opportunity to reduce means by adding a barrier or net to the Coronado Bridge was referenced multiple times by survey respondents. The low number of comments relating to this strategy, one percent across focus groups and survey combined, does not mean that it should not be considered a priority.



# BRIDGE BARRIERS SAFETY NETS

*Studies in a variety of countries have indicated that when access to a highly lethal and leading suicide method is reduced, the overall suicide rate drops driven by a drop in the restricted method. Intent isn't all that determines whether an attempter lives or dies; means also matter.*

**Harvard School of Public Health**

### What percentage of focus group comments were related to this strategy?

- 7% Veterans
- 6% Refugees
- 3% Survey Participants
- 1% Senior Service Providers



Total percentage of comments that focused on Means Reduction





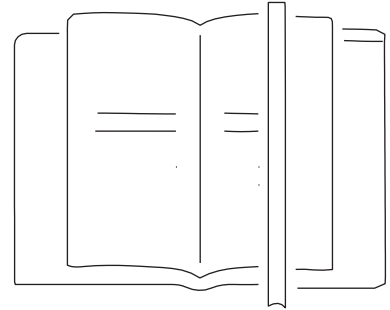
### Examples of actions and approaches suggested by stakeholders are:

#### Educate Community and Professionals

- Share research offered by the Harvard School of Public Health on “Means Matter”
- Disseminate information on safe storage of firearms
- Develop clinical skills in lethal means assessment and counseling for healthcare professionals
- Train providers on how to work with veterans to figure out how to reduce means in a way that is specific to them

#### Advocate for Change

- Support or advocate for state or federal funding to erect a suicide barrier or net on Coronado Bridge
- Identify the most commonly accessed bridges, railways and overpasses and develop an advocacy campaign in collaboration with Caltrans



### The types of outcomes associated with this strategy are:

- 1 Improved understanding of the effectiveness of means reduction strategies
- 2 Increased advocacy efforts for decreasing access to means of suicide
- 3 Increased capacity in lethal means assessment
- 4 Decreased access to lethal means



## Frontline & Gatekeeper Training

**Provide training to community groups on the prevention of suicide and to clinical service providers on the recognition, assessment, and management of at-risk behaviors.**

### Overview

Frontline and gatekeeper training was the most frequently suggested strategy among survey respondents, the Higher Education subcommittee, SPC general members, and refugee stakeholders. This strategy also had the second highest number of comments overall – twenty percent of all comments from the survey and focus groups combined. There was a high level of awareness of Question, Persuade, and Refer (QPR) and Mental Health First Aid trainings. These trainings along with the Psychiatric Emergency Response Teams (PERT) were mentioned frequently by individuals who completed the on-line survey.

*"I believe that anyone in any job, school, etc., should have the QPR training. It would be highly beneficial if people were encouraged to learn about suicide and trained on how to recognize or even respond instead of ignoring things."*

#### Survey Participant Quote

*"It might be nice to have a training that talks through cases to help folks understand a context or situational issues. Or, something that helps with the "triage" process to determine urgent vs. a person needing extra attention/supervision."*

#### Survey Participant Quote



Total percentage of comments that focused on Frontline & Gatekeeper Training

### What percentage of focus group comments were related to this strategy?

- 48% Survey Participants
- 30% Higher Education SPC
- 25% Refugees
- 21% Native American Communities
- 20% General Membership SPC
- 15% Schools Collaborative SPC
- 15% K-12 Providers
- 14% Gay, Bisexual, & Transgender Latino Men
- 12% Media & Communication SPC
- 10% Assessment & Evaluation SPC
- 10% Veterans
- 9% Faith Organization Outreach SPC
- 8% Survivors of Suicide Loss/Lived Experience
- 6% African American Community
- 5% Transition Age Youth
- 4% LGBTQ Youth
- 3% Formerly Incarcerated Men



**Examples of actions and approaches suggested by stakeholders are:**

**Provide QPR and/or Mental Health First Aid to more people**

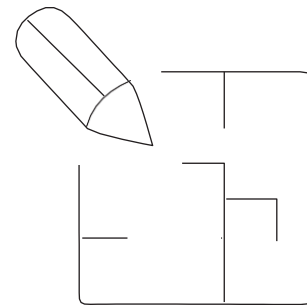
- Employee Assistance Programs and Human Resource Managers
- Peer workers including health outreach workers and promoters
- Personal trainers, chiropractors, and physical therapists
- Ethnic Community Based Organizations including those that work with immigrants and refugees
- K-12 teachers, counselors, school nurses, and sports coaches

**Enhance the Current Curricula**

- Develop gender-specific gatekeeper trainings
- Continue to provide QPR refresher courses

**Introduce New Trainings**

- Work within military commands to identify and begin working with at-risk service members prior to discharge
- Provide training on the Interpersonal Theory of Suicide (Joiner) for MA & PhD level clinicians & medical professionals
- Demystify and educate providers on how to use the *It's Up to Us* media campaign
- Conduct ASIST (Applied Suicide Intervention Skills Training) courses



**The types of outcomes associated with this strategy are:**

- 1 **Increased access to evidence-based frontline and gatekeeper trainings among diverse sectors**
- 2 **Increased diffusion of gatekeeper training information**
- 3 **Improved gatekeeper knowledge about suicide and suicide prevention resources**





## Healthcare Coordination & Capacity

**Promote suicide prevention as a core component of healthcare services to increase access to assessment, intervention, and care, and to create continuity across the spectrum of emergency, inpatient, primary care, mental health and substance abuse services.**

### Overview

The strategy of health care coordination and capacity was the most frequently suggested strategy among individuals who participated in the healthcare provider focus group. This group was coordinated with the support of the San Diego County Medical Society Emergency Medicine Oversight Commission (EMOC) with most attendees being emergency room physicians. Other stakeholders who recommended care coordination strategies included four of the six SPC subcommittee or member focus groups and seven of the at-risk population focus groups: survivors of suicide loss and individuals with lived experience; LGBTQ youth; seniors; Gay, Bisexual, and Transgender Latino men; TAY; Native American communities; and African American community.

*"I'd like to see more hospital discharge planners addressing safety and supporting suicide prevention post hospitalization"*

#### Survey Participant Quote

*"Provide more mental health navigators to help everyday people navigate their mental health challenges."*

#### Survey Participant Quote

### What percentage of focus group comments were related to this strategy?

- 38% Healthcare Providers
- 20% Higher Education SPC
- 16% Transition Age Youth
- 14% Gap, Bisexual, & Transgender Latino Men
- 13% Senior Service Providers
- 11% Survivors of Suicide Loss/Lived Experience
- 10% Native American Communities
- 8% Schools Collaborative SPC
- 7% General Membership SPC
- 5% Assessment & Evaluation SPC
- 4% Survey Participants
- 3% African American Community



Total percentage of comments that focused on Healthcare Coordination & Capacity



## Examples of actions and approaches suggested by stakeholders are:

### Improve Care Coordination Services for Patients

- Ensure that case managers or care coordinators work actively with hospital discharge planners around safety and suicide prevention post-hospitalization
- Facilitate transitions for youth when they go from children's mental health system to adult system (i.e. aging up)

### Support Internal Integration of Healthcare

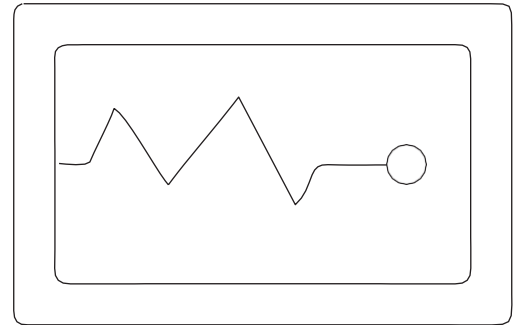
- Integrate primary care and mental health for a more holistic approach to assessing and treating depression
- Educate primary care providers and emergency room staff on suicide assessment and treatment

### Expand Capacity and Enhance Healthcare Services

- Revive a focus on what has been called partial hospitalization and day treatment
- Need more mental health providers, currently not even enough to provide immediate screening
- Establish crisis stabilization units that do not require waiting in a hospital emergency room

*"When a person is identified as having a chemical imbalance causing thoughts of suicide, they should be cared for in a mental health facility if necessary until a prescribed medication can take effect. For example, anti-depressants are known to take about 14 days to take effect in the body, but patients are released in days."*

### Survey Participant Quote



## The types of outcomes associated with this strategy are:

- 1 **Improved patient satisfaction with care coordination**
- 2 **Improved quality of care that is safe, effective, efficient, timely and patient-centered and measured through analysis of medical chart data and electronic health records**
- 3 **Improved healthcare utilization, (i.e. reduction in unnecessary emergency room visits)**
- 4 **Improved effectiveness of medication management**





## Clinical Assessment & Treatment

Promote and implement professional practices for assessing and treating those identified as being at risk for suicidal behaviors.

### Overview

The strategy of clinical assessment and treatment was discussed by ten focus group populations and was the theme of three percent of the survey comments. The groups that discussed this strategy with the most frequency were healthcare providers, senior service providers, veterans and formerly incarcerated men.

**FAVORED BY MALE-DOMINATED GROUPS**  
**Veterans & Formerly Incarcerated Men**



*"Provide trainings for medical staff on the warning signs for suicide and how to work to link patients with culturally sensitive services. We need more effective medication management and monitoring, especially to ensure that a discontinuation of medication doesn't have adverse effects."*

### Survey Participant Quote



### What percentage of focus group comments were related to this strategy?

- 38% Healthcare Providers
- 14% Veterans
- 13% Senior Service Providers
- 10% Formerly Incarcerated Men
- 9% African American Community
- 8% Transition Age Youth
- 8% Schools Collaborative SPC
- 8% LGBTQ Youth
- 7% Gap, Bisexual, & Transgender Latino Men
- 6% Refugees
- 5% Assessment Evaluation SPC
- 3% Survivors of Suicide Loss/Lived Experience
- 3% Survey Participants



Total percentage of comments that focused on Clinical Assessment & Treatment



### Examples of actions and approaches suggested by stakeholders are:

#### Improve Assessment and Treatment Capacity

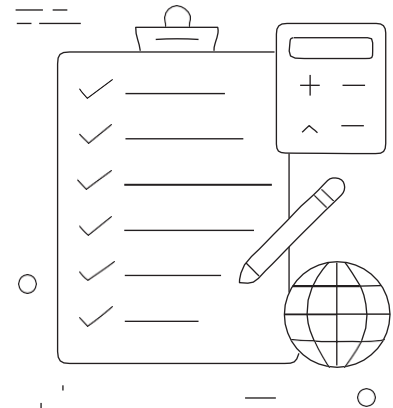
- Provide emergency room doctors with a validated and common risk assessment tool
- Establish mandatory check-ins for veterans to assess for mental health/substance abuse and other needs
- Increase the number of treatment sessions when someone has suicidal ideation

#### Enhance Clinical Services

- Make services less clinical and more human focused
- Universal training in trauma-informed care
- Change how attempters are treated in the emergency room

#### Strengthen Professional Development Opportunities

- Mandatory CEUs for doctors and nurses on relationship between depression and suicide
- Universal training in trauma informed care
- Provide self-care training for healthcare professionals who work in the emergency room



### The types of outcomes associated with this strategy are:

- 1 **Increased number of organizations using the Columbia Suicide Severity Risk Scale (C-SSRS)**
- 2 **Increased screening for depression by primary care providers**
- 3 **Increased satisfaction of patients and families with quality of care**
- 4 **Increased connection to needed medical services and resources**



## Postvention Services

**Provide postvention services to lessen harm, prevent future risk, and care for and support those affected by suicide deaths and attempts.**

### Overview

Treatment and support services such as postvention services were discussed the most frequently within groups in which attendees were survivors of suicide loss, individuals with lived experience of suicide attempt or individuals working in emergency health-care settings. Within at-risk populations, postvention solutions were proposed by LGBTQ youth, Native American communities and veterans.



Total percentage of comments that focused on Postvention Services

*"I think having people who have lost loved ones to suicide educate others could be very helpful. They could provide information on their experiences, what they have learned and how/and when to share their concerns when appropriate."*

### Survey Participant Quote

### What percentage of focus group comments were related to this strategy?

- 31% Survivors of Suicide Loss/Lived Experience
- 13% Healthcare Providers
- 8% Native American Communities
- 7% General Membership SPC
- 4% LGBTQ Youth
- 3% Survey Participants
- 3% Veterans





**The types of outcomes associated with this strategy are:**

- 1 **Increased number of resources and services for SOSL and suicide attempters**
- 2 **Increased awareness of SOSL issues and resources**
- 3 **Improved resilience, functioning and wellbeing among SOSL and suicide attempters**
- 4 **Reduced sense of isolation, helplessness, and/or guilt among SOSL and suicide attempters**

**Examples of actions and approaches suggested by stakeholders are:**

**Educate and Inform on Postvention Services**

- Educate people on why postvention services, not just grief support, are important
- Involve those with lived experience to share and present
- Make sure therapists and counselors have information about Survivors of Suicide Loss

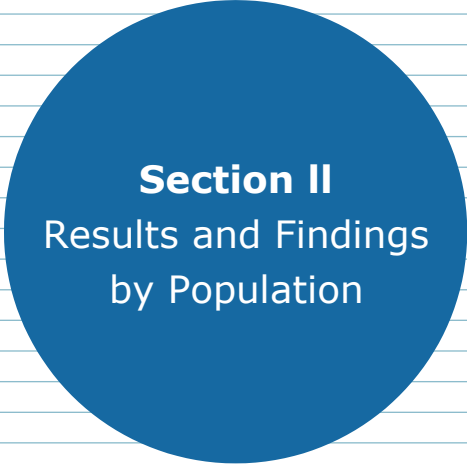
**Expand Community and Peer-Based Postvention Support**

- Have a 'search and rescue' team of former suicidal veterans to find other veterans
- Provide extra support during high risk holidays like Christmas, Thanksgiving and Valentine's Day

**Develop Clinical Postvention Services**

- Develop an outreach program to provide after-care for suicide attempters
- Expand or establish crisis aftercare facilities that are culturally relevant





**Section II**  
Results and Findings  
by Population

## Overview of At-Risk Population Focus Groups

In developing the Suicide Prevention Action Plan Update 2018, SPC and planning consultant Nash & Associates committed to a broad and inclusive process in which representatives who bring different experiences and perspectives are heard, especially:

- Representatives of at-risk populations, including individuals with personal experience of suicide
- Professionals and para-professionals from multiple sectors

In year 1, of the twenty-two focus groups conducted, fourteen were with at-risk populations. Separate focus groups were conducted in different areas of the county for Native American Communities, Veterans, and LGBTQ-Youth. The results from focus groups with Survivors of Suicide Loss and Individuals with Experience of Suicide Attempt were merged

### Future Planning and Evaluation Activities:

- 1. Collect and analyze information from additional community stakeholders, as needed**
- 2. Facilitate a series of planning sessions with community stakeholders to develop an implementation plan that is aligned with the SPAP Update 2018's Strategy Framework**
- 3. Create Risk and Protective Factor Profiles for at-risk populations using data collected during the focus groups and other sources**
- 4. Map program resources, capacity, and gaps in service provision**
- 5. Conduct Outcomes Mapping that will inform development of indicators that will measure the success of the SPAP Update 2018**



Native American Communities



Veterans



Transition Age Youth



LGBTQ Youth



Formerly Incarcerated Men



Seniors



Survivors of Suicide Loss



Individuals with Experience of Suicide Attempt



Gay, Bisexual, and Transgender Latino Men



Refugees



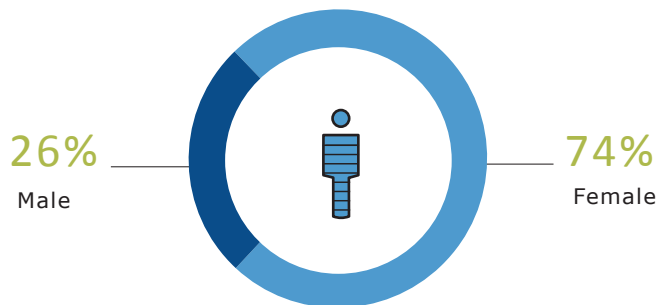
African American Community



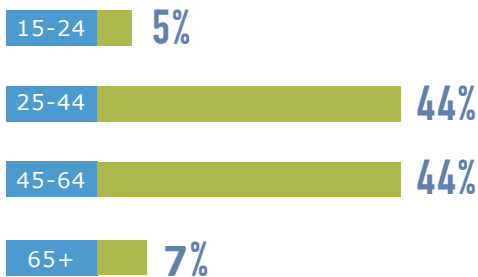
## Native American Communities

Two focus groups were conducted for Native American communities and were facilitated with the assistance of the Indian Health Council and the Southern Indian Health Council. In total, thirty-eight individuals participated. Participants represented different sectors of the Native American community and personnel of the community organizations.

### Participant Profile



### Age Range



Native American Communities suggested actions that aligned with seven of the nine strategies in the SPAP Update 2018 Strategy Framework. The strategy with the most suggestions was Outreach for Coping & Connectedness, followed by Frontline & Gatekeeper Training. Combined, these two strategies accounted for forty-seven percent of the total comments.

### Personal experience of suicide? Of those who responded:

**67%** YES

**33%** NO

- 31% ● I am a survivor of suicide loss
- 8% ● I am a suicide attempt survivor
- 26% ● I have experienced thoughts of suicide
- 36% ● I have supported a friend/family member experiencing thoughts of suicide





## Examples of actions and approaches suggested by stakeholders are:

### Community Programming

- Provide education in multiple community settings such as churches, schools, and fire stations
- Involve elders in prevention programs
- Use more culturally specific/traditional remedies (regular sweat lodges)
- Coordinate 'Stitch to Wellness' and other craft groups with therapists to talk with members
- Host college/career counseling for youth to provide hope for the future

### Integrate and Coordinate Activities

- Conduct a suicide prevention focus group with Tribal Leaders and families at a community gathering
- Expand transportation services and bring families to cultural events and health promotion activities
- Develop an action plan with Tribal Leaders

### Outreach for Coping and Connectedness

- Use non-traditional settings for interventions
- Provide more opportunities for fellowship and healthy social events with food
- Educate the community about suicide prevention
- Offer prevention activities and education for youth to strengthen protective factors
- Let families know they can get help for someone who is suicidal
- Have honest conversations, talk about stigma, and resources at a community gathering

### Media and Communication Campaigns

- Develop an app targeting the Native American community with resources
- Ensure that customs and traditions are taken into consideration with any media campaign
- Create a Native American specific helpline and/or an elder helpline staffed by elders

### Frontline and Gatekeepers

- First responders need to be aware of resources available within the community rather than taking people out of the community for treatment
- Increase QPR training and refreshers and train all tribal leaders in QPR
- Host a Mental Health First Aid training for community and professionals
- Have trained fire fighters be first responders for a friendlier approach
- Educate providers and first responders in culturally competent care

### Healthcare Coordination and Capacity

- Ensure easier access to services and address barriers like transportation
- Have more than one Prevention and Early Intervention (PEI) family preservation case manager
- Create a Native American Crisis House for adults and youth as a culturally appropriate alternative to hospitalization
- Develop a protocol that providers at hospitals and institutions contact a Native American organization when dealing with someone from the community
- Develop quicker response time to persons in crisis in the community

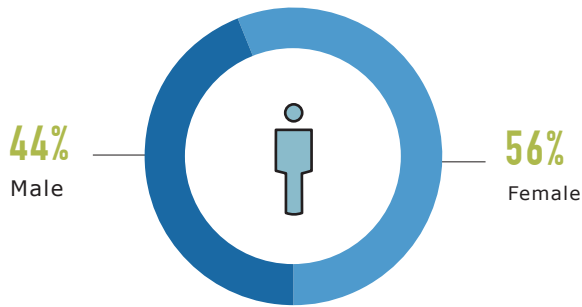
### Postvention Services

- Offer Survivors of Suicide Loss groups
- Provide crisis aftercare facilities that are culturally relevant
- Connect people to tribal services after an emergency response

## Veterans

Two veteran’s focus groups were held, one each at the County of San Diego Live Well Centers located in Escondido and National City. The County of San Diego HHS Department of Military and Veterans Affairs assisted with outreach and coordination of the meetings. A total of nineteen individuals participated in the meetings and most attendees represented a government or community-based organization. However, based upon a review of the attendance records and knowledge of participants, we can deduce that more than eighty percent have a military connection as a veteran, spouse or dependent.

### Participant Profile

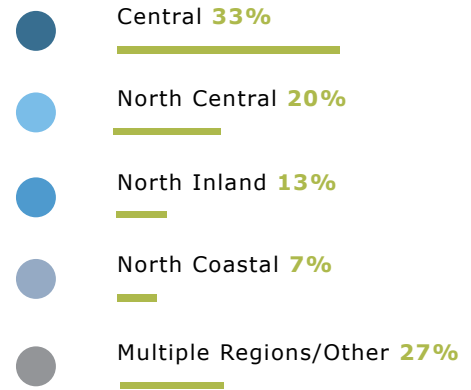


### Age Range



Participants in the veterans focus groups suggested actions that aligned with seven of the nine strategies in the SPAP Update 2018 Strategy Framework. The strategy with the most suggestions was Outreach for Coping & Connectedness followed by Media & Communications and Clinical Assessment & Treatment. Combined, these three strategies accounted for sixty-three percent of the total comments.

### Geographic Regions



### Personal experience of suicide? Of those who responded:

**60%** YES

**40%** NO

- 53% ● I am a survivor of suicide loss
- 13% ● I am a suicide attempt survivor
- 40% ● I have experienced thoughts of suicide
- 53% ● I have supported a friend/family member experiencing thoughts of suicide

## Examples of actions and approaches suggested by stakeholders are:

### Community Programming

- Develop volunteer or community service opportunities for veterans to feel that they are contributing and provide a sense of purpose
- Offer pre-counseling workshops at Stand Down to normalize counseling as an option
- Increase access to community support programs that address mental health needs

### Outreach for Coping and Connectedness

- Support peer connections and peer navigation services
- Provide education on mental illness and impact of PTSD, traumatic brain injury, and depression
- Use a learning model that is familiar to military 'see one, show one, do one'
- Train veterans and family members on warning signs and resources
- Build social emotional coping skills that teach veterans how to deal with isolation and loss

### Media and Communication Campaigns

- Develop PSAs to inform veterans about available help

### Healthcare Coordination and Capacity

- Advocate for the change in policy so that veterans do not have to choose between keeping their service weapon and entering behavioral health treatment

### Clinical Assessment and Treatment

- Moderate prescription use
- Offer multiple counseling approaches to address mental health needs
- Provide mandatory check-ins to assess for mental health and substance abuse needs
- Work with military command to identify members who may be at-risk for suicide prior to discharge

### Frontline and Gatekeeper Training

- Train employers, HR managers on military and veteran culture
- Offer QPR or suicide prevention education to barbers, bartenders etc. so they have information and resources

### Means Reduction

- Train counselors in how to develop safety plans that show an understanding of military culture – especially the relationship between military and their service weapon
- Work with veterans to figure out how to reduce means in a way that is specific to them

### Postvention Services

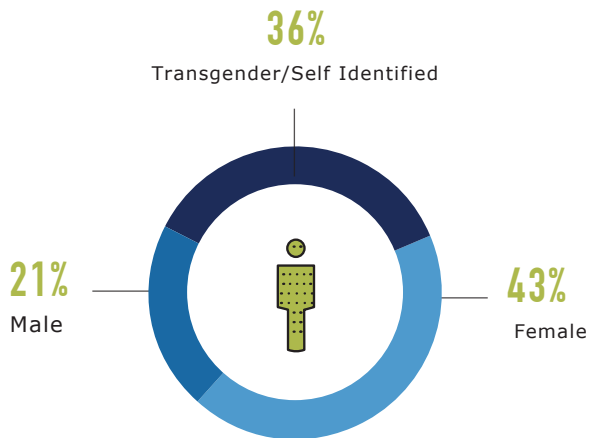
- Have a 'search and rescue' team of former suicidal veterans to find and work with other veterans who are at-risk



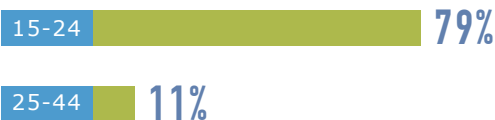
## Transition Age Youth

The TAY focus group was conducted at TAY Academy in Golden Hill, and was coordinated with the support of San Diego Youth Services (SDYS). A total of sixteen participants attended, the majority of who were TAY receiving services at the TAY Academy. Two peer support workers attended, including a representative from Home Start’s Maternity Shelter for pregnant and parenting teens. Several participants indicated that they had prior histories of homelessness, including one couple with a new baby. Participants were very open to sharing their personal experiences of suicide, as well as factors they identified as creating risk such as unstable housing, mental illness, societal discrimination, and parental rejection. Participants wanted the value of SDYS in providing youth-focused trauma-informed services to be acknowledged.

### Participant Profile



### Age Range



TAY suggested a comprehensive approach that incorporates seven of the nine suicide prevention strategies. More than half of the strategies discussed by TAY stakeholders support the goal of “Healthy & Empowered Individuals, Families and Communities” and the strategies of Outreach for Coping & Connectedness or Media & Communication Campaigns.

### Personal experience of suicide? Of those who responded:

**64%** YES

**36%** NO

- 14% ● I am a survivor of suicide loss
- 36% ● I am a suicide attempt survivor
- 50% ● I have experienced thoughts of suicide
- 50% ● I have supported a friend/family member experiencing thoughts of suicide



## Examples of actions and approaches suggested by stakeholders are:

### Outreach for Coping and Connectedness

- Assume that everyone needs help and create a universal culture of caring
- Create safe and welcoming spaces for youth who are homeless and/or LGBTQ
- Provide training to youth on how to cope with depression and anxiety
- Teach healthy relationship skills
- Help youth learn how to deal with grief and loss
- Develop more peer-to-peer supports so that youth no longer feel alone and are comforted in seeing others with the same issue
- Teach youth signs of suicide so they know how to help someone else who is struggling (youth QPR or Mental Health First Aid)
- Ensure support for youth who are struggling with gender identity issues

### Media and Communication Campaigns

- Support youth friendly campaigns so that youth become aware of services like NAMI before they “get into trouble”
- Promote use of apps that can help to reduce anxiety, establish routine, such as “Fabulous - Motivate Me!” and “Stop Breath and Think”
- Develop PSA’s that feature youth

### Healthcare Coordination and Capacity

- Provide services that assist youth who are aging out of foster care or for youth who are transitioning from children’s mental health to adult (i.e. aging up)
- Offer more flexibility in services, better follow-up and continuation of services
- Provide training so that psychiatrists know how to work with youth and special populations like homeless youth, LGBTQ, and people of color
- Offer counseling to address underlying causes of drug use and suicide ideation

### Community Programming

- Develop services that support youth who are in the foster system, are homeless or have an Individualized Education Plan (IEP)
- Provide more funding for support services
- Offer programs and extracurricular activities that are free such as art, yoga, etc.
- Implement school-based social-emotional curricula that addresses mental health as something students experience - make it relevant to them
- Develop more drug treatment and prevention options aimed at youth

### Suggestions for Overall Approach

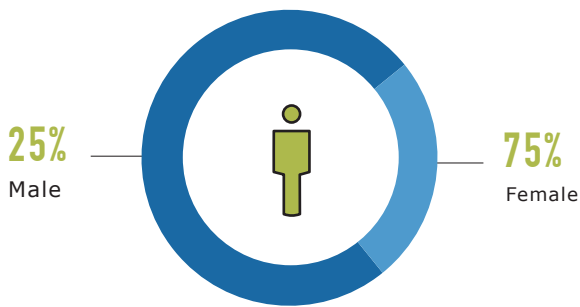
- Support youth empowerment and ensure that youth voices are heard
- Avoid fear-based education or use of terms like “normal” that can be stigmatizing
- Deliver services that are less clinical, more human, and stress compassion and tolerance as needed qualities for people working with youth



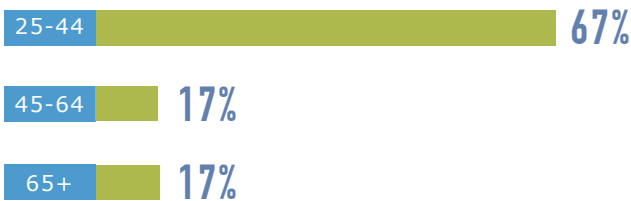
## Seniors

A total of fourteen staff from programs that serve seniors participated in a focus group held at Union of Pan Asian Communities (UPAC) Elder Multicultural Access and Support Services (EMASS) Outpatient Services facility. Risk factors that were discussed in the focus group included social isolation, depression, physical illness such as diagnosis of a chronic or terminal condition, family discord, unrelieved pain, loss, and grief. Multiple strategies were suggested to prevent suicide among seniors, with new or enhanced community programming and outreach for coping and connectedness being the most prevalent.

### Participant Profile



### Age Range



Participants in the seniors focus group suggested actions that aligned with six of the nine strategies in the SPAP Update 2018 Strategy Framework. The strategy with the most suggestions was Outreach for Coping & Connectedness followed by Community Programming. Combined, these two strategies accounted for fifty-eight percent of the total comments.

### Personal experience of suicide? Of those who responded:

**43%** YES

**57%** NO

- 33%** ● I am a survivor of suicide loss
- 50%** ● I have supported a friend/family member experiencing thoughts of suicide





## Examples of actions and approaches suggested by stakeholders are:

### Community Programming

- Develop intergenerational programming to bring seniors into contact with youth or children
- Duplicate the Sharp Mesa Vista Program which provides life skills training for seniors
- Develop volunteer opportunities for seniors – they have untapped potential
- Expand home visiting programs – Have faith members visit older adults and spend time with them so they don't feel alone

### Outreach for Coping and Connectedness

- Establish support groups for seniors in community settings – not hospitals or senior centers (i.e. coffee shops or libraries)
- Encourage connections with faith-based groups or organizations as spirituality can be a strong protective factor for this population
- Create opportunities for free/low cost transportation - advocate with insurance policies to make mental health a part of what's covered in the transportation allocation part of benefits
- Train seniors to work as peer support workers or as volunteers with other seniors
- Maximize access points that seniors already use for engagement (i.e. grocery stores)

### Media and Communication Campaigns

- Make sure access and crisis lines are answered by a live person immediately – seniors don't want to have to go through a series of prompts
- Feature seniors in suicide prevention media campaigns, educate about late in life suicides
- Promote positive messaging about seniors as community assets
- Create campaigns that focus on reaching out, not forgetting about our older adults
- Consider a "Directing Hope" media program that partners seniors with teens

### Healthcare Coordination and Capacity

- Establish greater care coordination between primary care physicians and mental health providers
- Integrate primary care physicians with mental health services to ensure assessment for depression
- Educate seniors on medication management to prevent stockpiling of medications or adverse interactions

### Clinical Assessment and Treatment

- Encourage clinicians to be open to providing or linking to spiritual/faith-based counseling as a more holistic approach
- Assess for suicide risk and develop a safety plan when risk is indicated

### Frontline and Gatekeeper Training

- Provide suicide assessment and prevention training to primary care physicians who are working with seniors at nursing facilities
- Develop information for faith leaders about risk of suicide among seniors to create more awareness

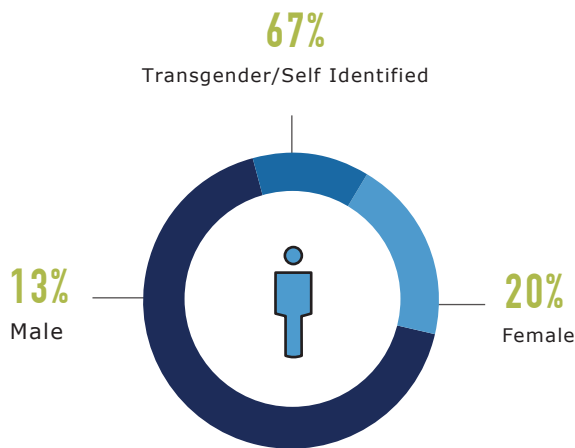




## LGBTQ Youth

Two focus groups were scheduled, one each at The Center in Hillcrest and at the North County LGBTQ Resource Center. Participants at the Hillcrest group consisted of three staff members, including two peer workers. Fifteen youth attended the North County group. All of the youth in the North County LGBTQ group had personal experience of suicide, and seventy-five percent self-identified as suicide attempt survivors – more than in any other group. This population also had the highest percentage of individuals who identified as transgender. The need for school-based services and supports was discussed at length, with youths sharing their experiences of bullying and discrimination.

### Participant Profile



### Age Range



Participants in the LGBTQ Youth focus groups suggested actions that aligned with seven of the nine strategies in the SPAP Update 2018 Framework. Outreach for Coping & Connectedness accounted for fifty percent of the total comments.

### Personal experience of suicide? Of those who responded:

**87%** YES

**13%** NO

- 60% ● I am a survivor of suicide loss
- 60% ● I am a suicide attempt survivor
- 80% ● I have experienced thoughts of suicide
- 67% ● I have supported a friend/family member experiencing thoughts of suicide

## Examples of actions and approaches suggested by stakeholders are:

### Outreach for Coping and Connectedness

- Teach self-care and healthy coping skills to youth
- Provide peer-to-peer support opportunities
- Create safe places
- Encourage Gay Straight Alliance (GSA) programs in schools and community to build a more supportive culture
- Teach youth how to cope with life stressors and pressures (i.e. to succeed)
- Identify apps that can be used as tools for coping

### Media and Communication Campaigns

- Have the *It's Up to Us* media campaign focus on specific populations (i.e. transgender youth)
- Develop panel of LGBTQ youth who can talk about their experiences and educate adults and other youth
- Make sure the message about the importance of using the preferred pronouns (her, him) and name is shared

### Community Programming

- Work with schools to build capacity to meet the needs of LGBTQ youth
- Provide more education and awareness of suicide risks among LGBTQ youth
- Focus on whole person wellness
- Provide education and support to parents and family of LGBTQ youth - use a strengths-based approach
- Address bullying at school, and cyber bullying which is a problem for LGBTQ youth

### Integrate & Coordinate Activities

- Help schools to develop policies aimed at addressing LGBTQ student needs
- Does the Access & Crisis number show up on a phone bill? If it doesn't, make sure that people know this so they aren't afraid to call. If it does then try and change this

### Postvention services

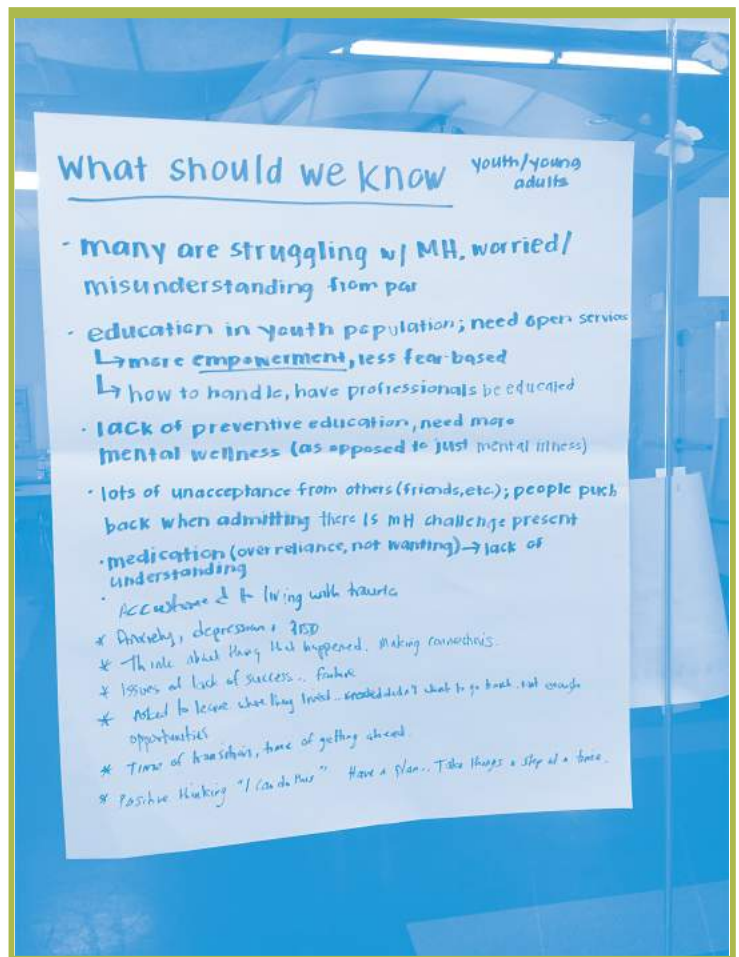
- Educate schools on how to work with students following a suicide (i.e. of a classmate) and how to identify students who may need support but may not ask for it

### Clinical Assessment and Treatment

- Provide more access to mental health support from providers who understand LGBTQ youth

### Frontline and Gatekeeper Training

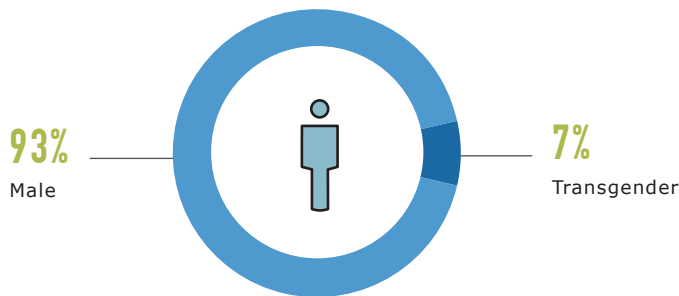
- When training teachers in suicide prevention include specific training on LGBTQ students, and especially on how to be sensitive to transgender students



## Gay, Bisexual, and Transgender Latino Men

A focus group was facilitated with members of Accion Positiva, a support group for gay, bisexual and transgender Latino men with HIV and was held at the LGBTQ Center in Hillcrest. A total of twenty-five men participated, of whom fourteen completed surveys. This large group was divided into three smaller focus groups, all of which were facilitated in Spanish.

### Participant Profile



### Age Range



Participants in the Gay, Bisexual, and Transgender Latino Men’s focus group suggested actions that aligned with seven of the nine strategies in the SPAP Update 2018’s Strategy Framework. The strategy with the most suggestions was Outreach for Coping & Connectedness followed by Healthcare Coordination & Capacity and Frontline & Gatekeeper Training. Combined, these three strategies accounted for seventy-one percent of the total comments.

### Personal experience of suicide? Of those who responded:

**33%** YES

**67%** NO

- 17% ● I am a survivor of suicide loss
- 25% ● I am a suicide attempt survivor
- 42% ● I have experienced thoughts of suicide



## Examples of actions and approaches suggested by stakeholders are:

### Outreach for Coping and Connectedness

- Promote the message of responsibility for your own life
- Provide a step-by-step guide of how to get out of a bad emotional place
- Help men have conversations with their family about their homosexuality and HIV status
- Create opportunities for bridging and bringing together diverse populations
- Teach the importance of self-care, especially for people who struggle with depression
- Support activities like walking groups, getting out in nature, art classes
- Conduct outreach with faith-based groups to have open dialogue around LGBTQ issues
- Advocate for less strict rules for companion animals and help people understand the positive role pets can play in mental health

### Media and Communication Campaigns

- Have the *It's Up To Us* campaign focus on specific populations – i.e. gay Latino males, including those with HIV
- Post suicide prevention campaign information in coffee shops
- Provide opportunities for gay men to share their stories about mental health and how they cope
- Distribute information at the Gay Pride Parade

### Frontline and Gatekeeper Training

- Train personal trainers, chiropractors, and physical therapists in suicide prevention

### Community Programming

- Need more Spanish services in general
- Access to safe places and environments, like the Accion Positiva group
- Create peer mentoring programs for Latino gay men and youth
- Mental health navigators to help everyday people navigate their mental health challenges
- Separate shelters needed for homeless gay men
- Provide welcoming and acculturation services for gay Latino men who are new to the country

### Clinical Assessment and Treatment

- Provide access to more bilingual and bi-cultural mental health assessment and treatment services
- Give people a quick guide of things they should ask their doctor regarding medications
- Train mental health professionals to better understand depression among gay men and how it manifests
- Provide access to substance abuse treatment and understand the connection between depression and substance use as self-medication
- Offer training for professionals to understand the impact of male menopause on gay, bisexual and transgender population

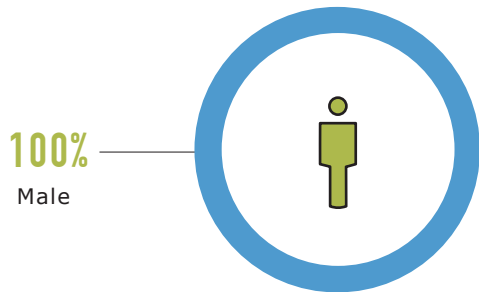
### Healthcare Coordination and Capacity

- Mental health professionals and primary care professionals need to work together to make sure they know what medications someone is taking, and help patients better understand the risk associated with medication so they don't over medicate

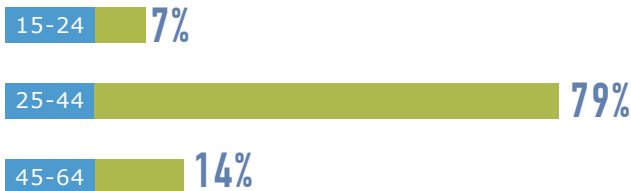
## Formerly Incarcerated Men

The Training Center, a non-profit, faith-based residential treatment program served as the host for a focus group with fourteen men. This group had one of the highest percentage of participants who were suicide attempt survivors and who have experienced thoughts of suicide. Many of the men were forthcoming in sharing their personal stories. In addition to exploring strategies for preventing suicide among formerly incarcerated adult men, participants also considered early intervention and prevention strategies that could help children and youth. Themes of loss, rejection by family and community, and early childhood trauma were prevalent. This group saw media campaigns as being important in addressing stigma and encouraging help seeking behaviors.

### Participant Profile



### Age Range



Participants in this focus group suggested actions that aligned with six of the nine strategies in the SPAP Update 2018’s Strategy Framework. The strategy with the most suggestions was Outreach for Coping & Connectedness followed by Media & Communication Campaigns. Combined, these two strategies accounted for fifty-eight percent of the total comments.

### Personal experience of suicide? Of those who responded:

71% YES

29% NO

- 21% ● I am a survivor of suicide loss
- 36% ● I am a suicide attempt survivor
- 50% ● I have experienced thoughts of suicide
- 36% ● I have supported a friend/family member experiencing thoughts of suicide



## Examples of actions and approaches suggested by stakeholders are:

### Outreach for Coping and Connectedness

- Focus outreach services on men, especially men who are dealing with loss of self, guilt, and shame
- Promote Christian fellowship and ministers/chaplains as sources of support
- Teach people to have a "battle buddy", someone they trust and who they can reach out to
- Have volunteers make unsolicited calls, like telemarketers, to make sure that people who are on an at-risk list (i.e. just released from prison or treatment center) are okay

### Media and Communication Campaigns

- Develop ads that demystify what happens when someone calls a crisis line, show empathy and compassion and how they are connected to resources
- More billboards/posters in places like employment center, benefits office, DMV (places where people are waiting)
- Provide suicide prevention messages in bars, bathroom stalls or above urinals
- Create a computer or phone app to combat feelings of being alone or hopelessness
- Address the fear that if someone discloses suicide thoughts they will automatically get locked up

### Frontline and Gatekeeper Training

- Work with Narcotic Anonymous and Alcohol Anonymous meetings to train sponsors in suicide prevention
- Teach people to recognize that while isolation is a risk behavior, a social person could also be struggling, and provide training on how to support both

### Clinical Assessment and Treatment

- Provide treatment groups specifically for men struggling with depression
- If a person discloses suicide ideation, observe them, talk to them and take it seriously

### Community Programming

- Address the issue of housing and homelessness
- Support programs that offer people a sense of purpose and a role in society
- Allow people to stay at the Training Center for longer than three months
- Offer more grief and loss groups and focus groups to help people in need
- Develop programs that teach people (especially men) how to take responsibility for themselves, but to also be able to reach out and accept help
- Support bullying prevention programs at schools
- Integrate suicide prevention into mentoring programs like Big Brothers/Big Sisters
- Provide support for youth who are exposed to trauma
- Incorporate suicide prevention as a component of gang prevention; address isolation for former gang members and loss of status

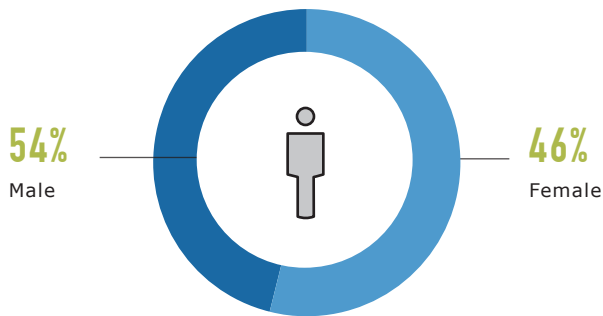


## Refugees

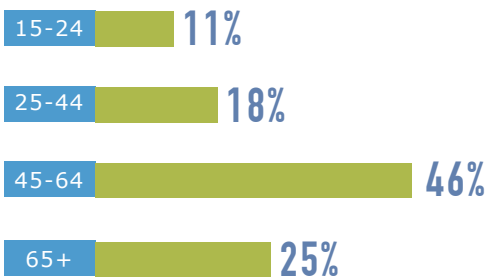
A total of twenty-eight Somali refugees participated in a focus group that was hosted by Somali Family Services. The group was facilitated in English and translated into Somali. Cultural Competency was an overarching theme for this group, combined with a need to understand the importance of faith among the refugee community.

Participants in the Refugee focus group suggested actions that aligned with six of the nine strategies in the SPAP Update 2018's Strategy Framework. The strategy with the most suggestions was Outreach for Coping & Connectedness followed by Frontline & Gatekeeper Training. Combined, these two strategies accounted for sixty-three percent of the total comments.

### Participant Profile



### Age Range



## Examples of actions and approaches suggested by stakeholders are:

### Community Programming

- Work with the Somali community to create culturally competent programming
- Build the capacity of ethnic-based community providers in mental health so individuals can get help from organizations and individuals they trust
- Provide stress management training
- Develop more employment training programs for refugees, especially men, to help address negative feelings and improve self-esteem
- Deliver help to people who are reentering the community after being in jail

### Outreach for Coping and Connectedness

- Bring suicide prevention training and resources to the community and train community leaders
- Educate families about mental health and how to get help
- Have written resources available in the appropriate languages for the community
- Use faith based leaders and organizations as a resource, using religion to bridge the gap (reduce isolation and bring hope and faith)

### Media and Communication Campaigns

- Incorporate community members speaking in culturally appropriate ways (i.e. in PSAs)
- Train younger community members to speak about suicide
- Translate suicide prevention resources into Somali

### Frontline and Gatekeeper Training

- Use the QPR Refugee Suicide Prevention Training Toolkit as a resource for culturally competent training for community members

### Means Reduction

- Reduce access to 'Suicide Kits' available online

### Clinical Assessment and Treatment

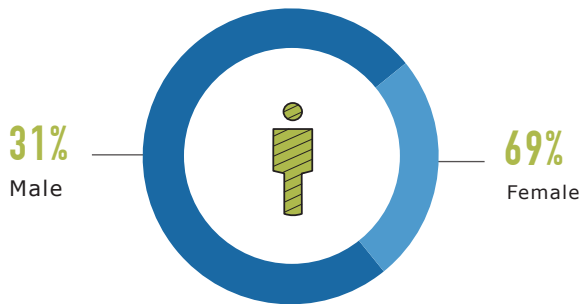
- Provide more effective medication management and monitoring, especially to ensure that a discontinuation of medication doesn't have adverse effects



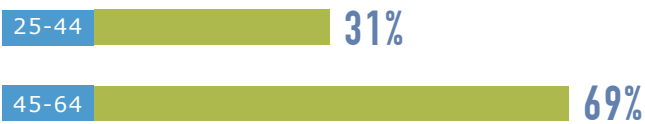
## Survivors of Suicide Loss and Individuals with Lived Experience

A total of ten survivors of suicide loss (SOSL) and three individuals with lived experience as a suicide attempt survivor took part in two focus groups. Outreach for these groups was conducted by two organizations that focus on supporting individuals with lived experience, Survivors of Suicide Loss and UMR2ME-You Matter To Me. Of the SOSL participants, five had lost more than one relative to suicide.

### Participant Profile



### Age Range



**TWO**  
Focus Groups

**12**  
People

Participants in these focus groups suggested actions that aligned with eight of the nine strategies in the SPAP Update 2018's Strategy Framework. The strategy with the most suggestions was Postvention Services followed by Outreach for Coping & Connectedness. Combined, these two strategies accounted for forty-eight percent of the total comments.

## Personal experience of suicide? Of those who responded:

**92%** YES

**8%** NO

- 69% ● I am a survivor of suicide loss
- 15% ● I am a suicide attempt survivor
- 23% ● I have experienced thoughts of suicide
- 15% ● I have supported a friend/family member experiencing thoughts of suicide



## Examples of actions and approaches suggested by stakeholders are:

### Integrate and Coordinate Activities

- Expand the Suicide Prevention Council membership to include more grassroots and ethnic-focused organizations

### Postvention Services

- Emphasize getting help for attempters – offer postvention services in the emergency room
- “The Morning After I Took My Life” is a good book to give to attempters
- Share information on the American Association of Suicidology as a resource for attempters
- Promote SOSL as a resource and provide information at churches, schools, etc. Teams of SOSL volunteers can go to workplaces, faith communities to provide education and support
- Provide peer support, i.e. parents talk to parents of an attempter
- Educate people on why postvention services, not just grief support, are important
- Therapist offices should have information regarding SOSL and where postvention services are available
- Involve primary care physicians in the process of suicide prevention

### Media and Communication Campaigns

- Deliver educational information about suicide prevention where people are – such as in Uber/Lyft cars, taxis, buses, barbershops, hairdressers, Starbucks, Laundromats, DMV, doctors’ offices
- Expand the *It’s Up to Us* media campaign to target specific populations and highlight positive stories of recovery
- Distribute *It’s Up to Us* media campaign posters to medical offices with codes that connect to resources
- Promote awareness of suicide prevention resources at events like Warp Tour, Padres Opening Day, Pride Parade (not just at health fairs)
- Pay attention to trends in social media (i.e. use of things like “three-time attempter” as part of Facebook profile)

### Outreach for Coping and Connectedness

- Educate families about what to look for and how to get help
- Link parents to experienced people to help them navigate a situation with their own child
- Support education around suicide and the issues within schools

### Frontline and Gatekeeper Training

- Offer QPR refresher courses
- Train first responders in how to work with suicide attempters

### Healthcare Coordination and Capacity

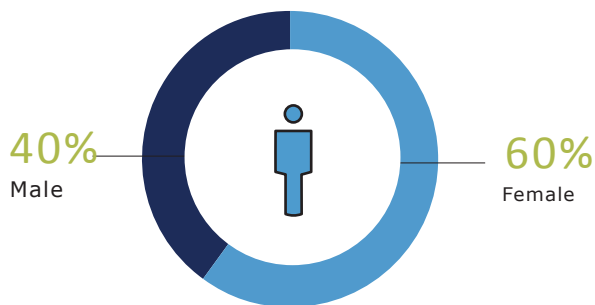
- Increase opportunities for low cost mental health support



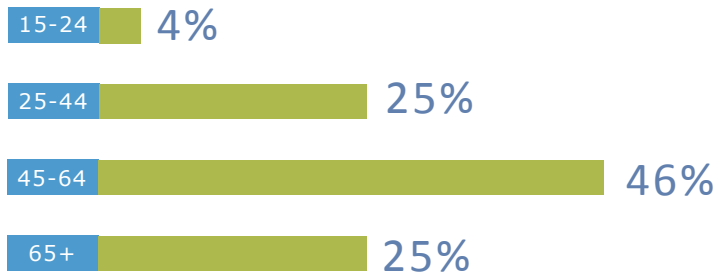
## African American Community

A focus group was conducted at the CARE Center in National City. Supported by the San Diego County District Attorney’s Office, the CARE Center fosters collaboration and engages community in efforts to build relationships and reduce crime. The event was hosted by Project Save Our Children and the African American Wellness Center for Children and Families. A total of 33 participants attended. This focus group was highly diverse in terms of the stated affiliations of attendees: community members, community-based organization staff, faith-based representatives, County and school district employees, and local business owners. Most attendees (62%) lived in the Central Region, but South, East, and North Central Regions of San Diego County were also represented.

### Participant Profile



### Age Range



### Personal experience of suicide? Of those who responded:

82% YES

18% NO

- 22% ● I am a survivor of suicide loss
- 17% ● I am a suicide attempt survivor
- 11% ● I have experienced thoughts of suicide
- 94% ● I have supported a friend/family member experiencing thoughts of suicide

Participants in the African American Community focus group suggested actions that aligned with seven of the nine strategies in the SPAP Strategy Framework. Combined, the three strategies of Community Programming, Integrate & Coordinate Activities (which includes advocacy, planning and mobilization) and Outreach for Coping & Connectedness accounted for seventy percent of the discussion. Actions that can be summarized as “community mobilization and advocacy to address systemic inequities and persecution” were discussed passionately and at length.



## Examples of actions and approaches suggested by stakeholders are:

### Outreach for Coping and Connectedness

- Provide access to adult and peer mentors for youth as a prevention strategy, as well as those who have started down the wrong path (i.e. selling and using drugs) and are harder to reach
- Help youth develop life plans that include pathways to careers and build a sense of hope
- Provide awareness and support drug prevention efforts for children and youth as it relates to suicide prevention

### Media and Communication Campaigns

- Facilitate a photo documentation project to counter negative images about the African American community
- Have suicide prevention messages at bus stops and public transit
- Counter the pervasive message that African American males are only valued for their athletic prowess
- Reach out to African American youth through social media – YouTube and Snapchat challenges

### Community Programming

- Provide opportunities for the African American community to talk about depression and stress
- Build community through events that draw people out – street fairs with dancing and food
- Provide peer-based programming to women and mothers so they can best support and guide their sons
- Support cultural broker type programs that can work within and across systems to help strengthen families and prevent crises
- Conduct outreach to men before they leave prison to connect them to re-entry services and resources

### Integrate and Coordinate Activities

- Support a Call to Action within the African American community to demand change: don't shy away from issues such as equity gaps, history of oppression and systemic persecution of black men

- Advocate for equity and justice with multiple systems – schools, criminal and juvenile justice, child welfare, behavioral health
- Facilitate community conversations and engagement within the African American community around the needs and solutions relating to suicide prevention and mental health

### Clinical Assessment and Treatment

- Address intergenerational and individual trauma within the African American community and families
- Provide access to talk therapy that helps people learn how to manage their thoughts

### Frontline and Gatekeeper Training

- Establish a cadre of African American volunteers who know the signs of suicide and are trained to help
- Train community in Mental Health First Aid

### Healthcare Coordination & Capacity

- Expand drug treatment programs for youth and for individuals who are re-entering community following incarceration





## Next Steps



The County of San Diego and the Suicide Prevention Council (SPC) call upon all individuals and organizations to be vigilant, persistent and actively engaged in preventing suicide. The Suicide Prevention Action Plan Update 2018 is intended to guide and mobilize efforts across multiple sectors.

### Call for Action:

- Review the Suicide Prevention Action Plan Update 2018 Strategy Framework
- Identify one or more areas of alignment – i.e. where do you fit into the plan?
- Participate in future suicide prevention action planning and evaluation activities

### Opportunities for engagement include:

- Join the Suicide Prevention Council email distribution list
- Partner with the Suicide Prevention Council and other members for support and resources
- Become a the Suicide Prevention Council member and attend one or more subcommittee meeting
- Attend the Suicide Prevention Council or member events
- Host or attend suicide prevention trainings such as QPR, ASIST, FIRST Responders, GLSEN, Mental Health First Aid
- Volunteer with the Suicide Prevention Council and/or the Suicide Prevention Council members
- Donate to the Suicide Prevention Council and/or the Suicide Prevention Council members
- Help make San Diego stigma free – learn more about *It's Up to Us* media campaign [www.up2sd.org](http://www.up2sd.org)

For further details go to <http://www.sdchip.org> or contact 858.609.7960



## Appendix A Community Engagement Comments

The following chart shows the percentage of comments sorted by the nine strategies that make up the SPAP Update 2018 Framework, by the focus group populations, and by survey participants. A high percentage does not necessarily mean that the strategy should be considered a priority. The percentage reflects the number of suggestions of actions provided for a specific strategy in proportion to the total number of suggestions overall. For example if a total of 40 comments were collected during the SPC Assessment & Evaluation Subcommittee focus group, 20 of which were coded as relating to Media and Communications, then a percentage of 50 would be noted.

**23%**  
of comments  
were about  
**Outreach for  
Coping &  
Connectedness**

SPC Strategy	CAT	CC	CP	DRE	FG	HCC	ICA	MC	MR	PS	Grand Total
<b>Assessment &amp; Evaluation SPC</b>	5%	0%	0%	20%	10%	5%	5%	50%	0%	5%	100%
<b>African American Community</b>	9%	19%	26%	0%	6%	3%	22%	15%	0%	0%	100%
<b>Healthcare Providers</b>	38%	13%	0%	0%	0%	38%	0%	0%	0%	13%	100%
<b>Faith Organization Outreach SPC</b>	0%	9%	36%	0%	9%	0%	0%	45%	0%	0%	100%
<b>Higher Education SPC</b>	0%	0%	20%	10%	30%	20%	0%	20%	0%	0%	100%
<b>K-12 Providers</b>	0%	10%	30%	0%	15%	0%	25%	15%	0%	5%	100%
<b>GBT Latino Men</b>	7%	43%	4%	0%	14%	14%	7%	11%	0%	0%	100%
<b>Media and Communication SPC</b>	0%	0%	6%	0%	12%	0%	18%	65%	0%	0%	100%
<b>Native American Community</b>	0%	26%	11%	5%	21%	10%	10%	8%	0%	8%	100%
<b>Refugees</b>	6%	38%	13%	0%	25%	0%	0%	13%	6%	0%	100%
<b>Formerly Incarcerated Men</b>	10%	34%	17%	0%	3%	0%	10%	24%	0%	0%	100%
<b>School SPC</b>	8%	46%	15%	0%	15%	8%	8%	0%	0%	0%	100%
<b>Schools Collaborative SPC</b>	13%	33%	25%	0%	0%	13%	4%	13%	0%	0%	100%
<b>General Membership SPC</b>	0%	20%	13%	0%	20%	7%	13%	20%	0%	7%	100%
<b>Survey Participants</b>	3%	15%	9%	1%	48%	4%	5%	9%	3%	3%	100%
<b>Transition Age Youth</b>	8%	38%	16%	3%	5%	16%	3%	11%	0%	0%	100%
<b>Veterans</b>	14%	38%	7%	0%	10%	0%	7%	14%	7%	3%	100%
<b>Survivors of Suicide Loss/LE</b>	3%	17%	6%	0%	8%	11%	3%	22%	0%	31%	100%
<b>LGBTQ Youth</b>	8%	50%	12%	0%	4%	0%	12%	12%	0%	4%	100%
<b>Grand Total</b>	<b>6%</b>	<b>23%</b>	<b>13%</b>	<b>2%</b>	<b>20%</b>	<b>6%</b>	<b>9%</b>	<b>15%</b>	<b>1%</b>	<b>5%</b>	<b>100%</b>

*The highest rated strategy is highlighted for each of the groups*

**CAT** Clinical Assessment & Treatment  
**CC** Outreach for Coping & Connectedness  
**CP** Community Programming  
**DRE** Data, Research & Evaluation  
**FG** Frontline & Gatekeeper Training  
**HCC** Healthcare Coordination & Capacity  
**ICA** Integrate & Coordinate Activities  
**MC** Media & Communication Campaigns  
**MR** Means Reduction  
**PS** Postvention Services

## Appendix B Resources

**The following are resources identified throughout the action planning process.**

Suicide Prevention Resource Center evidence based models and education materials  
<http://www.sprc.org/effective-suicide-prevention>

National Council for Behavioral Health Mental Health First Aid curriculum  
[www.mentalhealthfirstaid.org/cs/program\\_overview/](http://www.mentalhealthfirstaid.org/cs/program_overview/)

Partnering with faith communities using models such as Mental Health Ministries  
[www.mentalhealthministries.net](http://www.mentalhealthministries.net)

Building bridges: Mental health consumers and members of faith-based and community organizations in dialog  
<http://store.samhsa.gov/shin/content/SMA04-3868/SMA04-3868.pdf>

Consensus statement on suicide and suicide prevention from an interfaith dialogue  
[https://www.sprc.org/sites/default/files/migrate/library/Consensus\\_Statement.pdf](https://www.sprc.org/sites/default/files/migrate/library/Consensus_Statement.pdf)

National Suicide Prevention Lifeline Suicide Warning Signs  
<https://suicidepreventionlifeline.org/how-we-can-all-prevent-suicide/>

Harvard T.H. Chan School of Public Health - Means Matter  
<https://www.hsph.harvard.edu/means-matter/>

San Diego Access and Crisis Line  
(888) 724-7240

Trevor Helpline  
(866) 488-7386

Veteran Crisis Line  
1-800-273-8255



**The development of the San Diego County  
Suicide Prevention Action Plan Update 2018  
is funded by the County of San Diego Health  
and Human Services Agency (HHSA) Mental  
Health Services Act (MHSA).**



COMMUNITY HEALTH  
IMPROVEMENT PARTNERS  
*making a difference together*

