



# Striving for Zero

## Striving for Zero Learning Collaborative Collaborative Meeting #3- November 17, 2021

Support for people at risk for suicide or those supporting people at risk is available by calling the  
**National Suicide Prevention Lifeline 1-800-273-TALK (8255)**

Apoyo y ayuda para personas a riesgo de suicidarse o para las personas que los apoyan está  
disponible llamando al **National Suicide Prevention Lifeline 1-888-682-9454**

# Welcome!

Please add your county name to your display name and introduce yourself in the chat.

We will share the slides and recording with you.

# Striving for Zero Learning Collaborative

Advance local strategic planning and implementation and alignment with strategic aims, goals and objectives set forth in California's Strategic Plan for Suicide Prevention



Builds on a previous Learning Collaborative offered by the California Mental Health Services Authority

Find the Plan here: <https://mhsoac.ca.gov/what-we-do/projects/suicide-prevention/final-report>

**Advancing Strategic Planning for Suicide Prevention in California**  
Fiscal Years 2018-2020

Outcomes from the Each Mind Matters Learning Collaborative with County Behavioral Health Agencies and their Community Partners

The Suicide Prevention Learning Collaborative was formed in the fall of 2018 to provide Each Mind Matters (CaIMHSA) member counties with technical assistance as they embarked on developing or updating a suicide prevention strategic plan and creating or enhancing an existing coalition to inform suicide prevention efforts. The Learning Collaborative promotes sharing of knowledge and experience, and provides resources, information and steps needed to develop a suicide prevention strategic plan.

**Strategic Planning Framework**

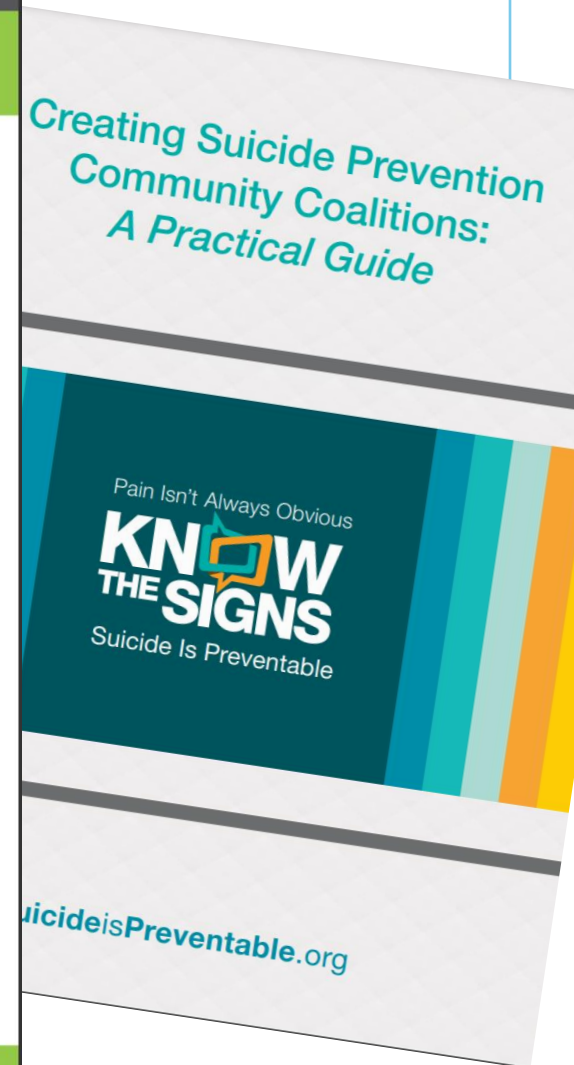
The Learning Collaborative utilized a public health approach to suicide prevention. This approach emphasizes preventing problems from occurring or recurring (not just treating problems that have already occurred); focusing on whole populations rather than individuals; and addressing health disparities and access.

*It's been very helpful to have one-on-one support on a monthly basis, including technical assistance, resource sharing and someone to bounce ideas off of. The Learning Collaborative webinars have been helpful and I found the retreat in December 2019 to be very helpful in learning about best practices.*  
— Toby Cuevin, Nevada County Public Health

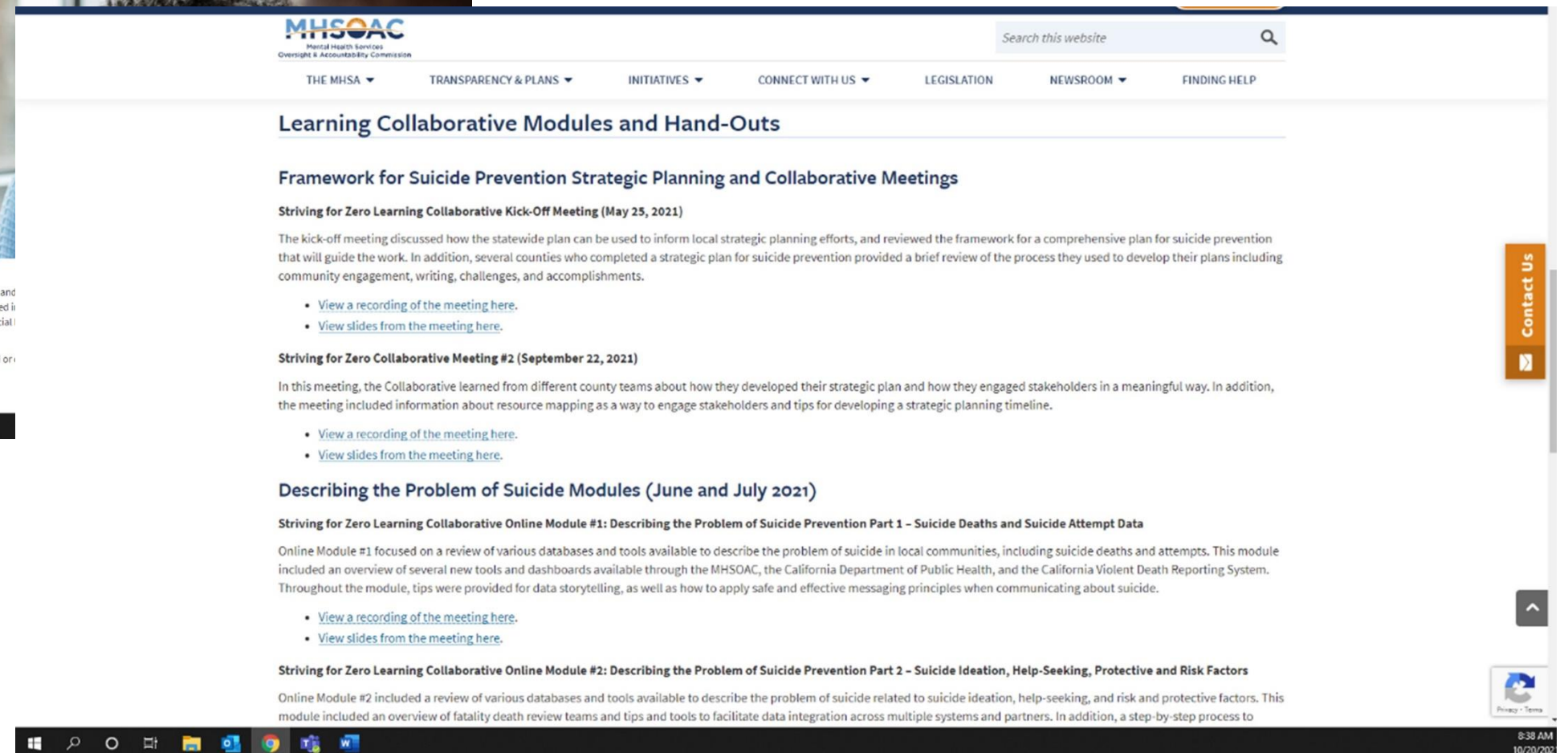
Based on the Steps of Strategic Planning Framework from the Suicide Prevention Resource Center (SPRC).

The Strategic Planning Framework utilized in the Learning Collaborative was informed by the Suicide Prevention Resource Center (SPRC), Key Elements for the Implementation of Comprehensive Community-Based Suicide Prevention by the Action Alliance for Preventing Suicide, and Preventing Suicide: A Technical Package of Policy, Programs and Practices by the Center for Disease Control. It is aligned with California's Strategic Plan for Suicide Prevention (2020-2025): Striving for Zero.

EachMind MATTERS  
The Learning Collaborative was designed and implemented by the Each Mind Matters Technical Assistance Team administered by Your Social Marketer, Inc.  
Your Social Marketer, Inc.



# Striving for Zero Learning Collaborative Resource Page



<https://mhsaac.ca.gov/initiatives/suicide-prevention/collaborative/>

# Poll

**What is your go to self care activity during the holiday months?**

- Cooking or Baking
- Going for Walks or Hiking
- Reading
- Working-Out
- Deep Breathing, Yoga or Meditation
- Spending Time with Family or Friends
- Spending Time Away from Kids, Family or Friends
- Snuggling with Pet
- Listening to Music, Singing or Play an instrument
- Other (please add in chat)

## Strategic Planning Framework



Based on the Steps of Strategic Planning Framework from the Suicide Prevention Resource Center (SPRC).

## Today's Agenda

- Continue: Understanding different suicide prevention trainings and how to apply a strategic planning approach to selecting and incorporating goals around trainings into your strategic plan with a focus on **postvention**.

# Marin County Spotlight

Video Link: [https://www.youtube.com/watch?v=uVT\\_-58J-Yg](https://www.youtube.com/watch?v=uVT_-58J-Yg)



# MARIN COUNTY Suicide Prevention Strategic Plan

BEHAVIORAL HEALTH & RECOVERY SERVICES | JANUARY 2020



- Preparing individuals, communities and organizations to recognize warning signs for suicide and confidence to intervene with someone at risk.
- Strengthen protective factors, including building community connections and reducing stigma around discussing or seeking help for thoughts of suicide, mental health and substance abuse issues.
- Improve timely access to supports and services for individuals at risk of suicide, with targeted efforts for groups that are disproportionately affected by suicide

**Reduce suicide attempts and deaths in Marin County**

OVERALL GOALS

**METHODS**

- County residents shared experiences & perspectives in focus groups & surveys
- Community members provided input on ideas & activities for strategic plan
- County partners reviewed local data & best practices in suicide prevention
- Partners from multiple agencies collaborated on prioritizing strategic plan goals

Marin County residents face the highest rate of suicide among all Bay Area residents

Certain groups are disproportionately affected by suicide thoughts and behaviors (attempts, deaths) (including adult men, youth, LGBTQ+ residents, people of color, veterans)

Communities & school districts would benefit from greater coordination of suicide prevention resources & efforts

Many residents find it difficult to talk about suicide, and many hesitate to seek help for their mental health

Younger residents describe hyper-competitive academic environments that are harmful to many youths' wellness

**Community Survey Highlights**  
1,307 people completed some or all of BHR's Suicide Prevention Community Survey in February 2019.  
Some of the key results include:

- 72%** of respondents know at least one person who has attempted or died by suicide
- 82%** perceive that stigma makes it hard to talk about mental health issues and suicide
- 23%** could recognize the signs of suicidal behavior in someone whom they know
- 71%** want to learn how to help someone who is considering suicide
- 78%** are willing to talk to family and friends about the issue of suicide

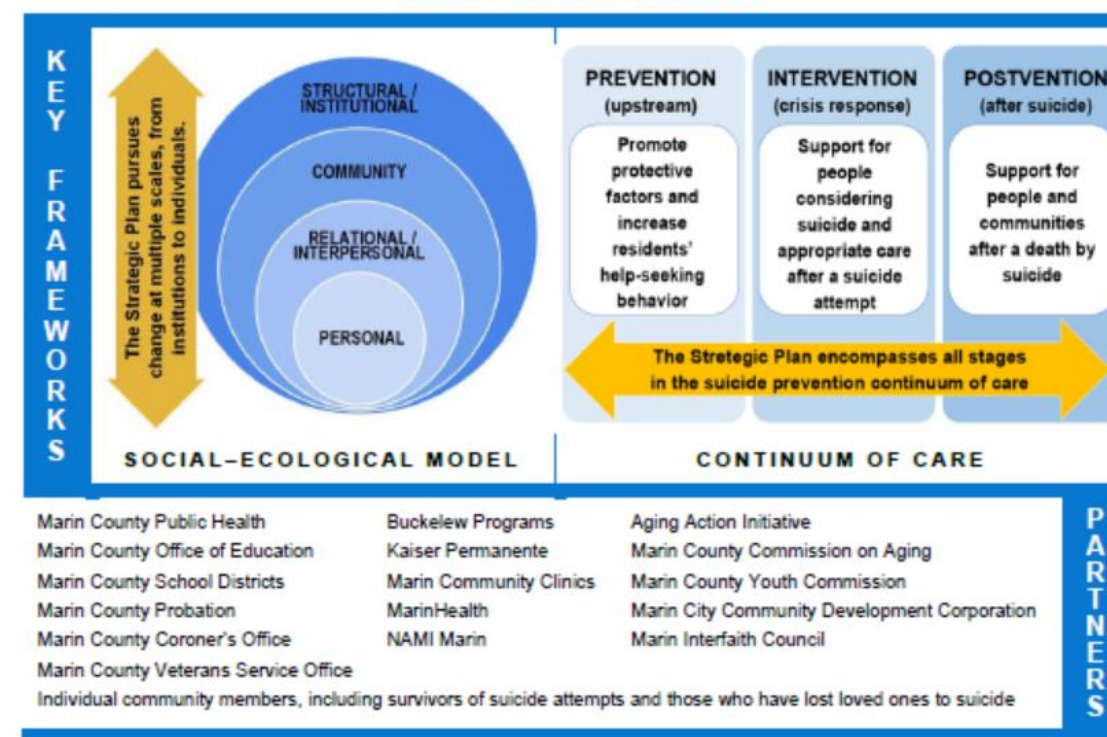
COMMUNITY CHALLENGES





*“We need to support a community culture of caring about our neighbors...Standing by and doing nothing is no longer an option!”*

– MARIN COUNTY RESIDENT



*“Taking care of each other, staying connected, and talking openly about suicide and mental health, can be lifesaving when someone is in distress.”*

JEI AFRICA, PSYD, MSCP, CATC-V  
Director, Behavioral Health and Recovery Services

## Reflections of Year One

BY JEI AFRICA, PSYD, MSCP, CATC-V  
DIRECTOR, BEHAVIORAL HEALTH AND RECOVERY SERVICES

The Marin County Suicide Prevention Collaborative launched in August 2020 during a historical time. In addition to a global pandemic and the thousands of lives lost, our community and nation experienced the pain of social injustice and violence, and an increase in poverty, substance use, homelessness, unemployment, and isolation. In total, these events uncovered the deep systemic inequities encountered daily by people of color and those most vulnerable in our society. With these dramatic events, it is no surprise that demands for behavioral health services also increased in our county—and across the country.

Throughout this time, the Marin County Suicide Prevention Collaborative, a multi-sectoral group of public and private agencies and individuals, including loss survivors, attempt survivors, behavioral health specialists, and many more, met monthly (and virtually) to advance [Marin's first comprehensive Suicide Prevention Strategic Plan](#). The purpose of this report is to showcase the accomplishments by the Collaborative in advancing the Strategic Plan and provide a snapshot of our work ahead.

In light of these unprecedented times, a common question raised by many of you addressed the impact of COVID-19 on mental health and suicide rates in our community. There is no doubt that members of our community endured significant stressors that were often life changing during the pandemic, including bereavement from the painful loss of a loved one or friend to suicide. Public health experts and suicidologists indicate that it will be a few years before the scientific community can truly understand the impact of COVID 19 on suicide rates, particularly among different demographic groups. If you are interested in learning more about data we've collected to help inform our strategies and interventions, please view Appendix A on page 25.

In addition, events from this past year emphasized the need in getting back to the basics. Taking care of each other, staying connected, and talking openly about suicide and mental health, can be lifesaving when someone is in distress. While it is not always easy, it is not impossible either. Consider this: Over the past 4 years, 83% of the time first responders negotiated with someone at the Golden Gate Bridge, they were successfully able to intervene<sup>(1)</sup>. We can all be a “first responder” by learning about the signs of distress and the skills to connect and communicate when someone is in emotional or psychological pain.

Lastly, for those who are struggling, you are not alone, though it may often feel that way. There is help. Please visit the newly launched BHRS Outreach and Prevention [website's](#) suicide prevention page for [support](#)—or to [learn how](#) to help those in your life.

Our efforts to strive towards zero suicide will require our ongoing collaboration and persistence. I am grateful to each of you who have dedicated your time and are helping to save lives. I also invite new allies to join us as we continue to build a safer, healthier, and more equitable community in this post-pandemic world.

JeI Africa, PsyD, MSCP, CATC-V  
Director, Behavioral Health and Recovery Services

(1) Data received from Golden Gate Bridge Highway and Transportation District on 1/22/21.

# Strategy 2

Develop a coordinated system of care to promote suicide prevention and wellness

## ACCOMPLISHMENTS:

- Offered evidence-based trainings to support mental health providers, including two safety planning trainings for clients and a free training about lethal means counseling on the [BHRS Prevention and Outreach website](#).
- Contracted with a Local Outreach to Suicide Survivors (LOSS) Team expert to guide active evidence-based postvention activities and support for bereaved families and communities at the scene of a death. Released a Request for Proposal for the hiring of a LOSS Team Coordinator.
- Established partnerships with the Marin County Coroner's Office and the Marin County Police Chief's Association to address survivor's needs at time of death. Provide postvention resource listing to Coroner's office for sharing with those bereaved by suicide until LOSS Team in place.
- Created "Postvention Workflow Protocol" for timely notification of suicides within BHRS as well as between BHRS and Marin County Office of Education. Reviewed protocol for requests for immediate intervention or support of the school community by BHRS clinicians and Mobile Crisis Response Team (MCRT).
- Launched the [Buckelew SOS Allies for Hope Loss Survivor Support Group](#) in July 2020 to provide essential community support for suicide loss survivors. Hosted twice monthly for as many as 20 participants. Approximately 60 unique members have attended the program.
- Obtained funding for the development of a community support group for attempt survivors.

## WHAT'S NEXT:

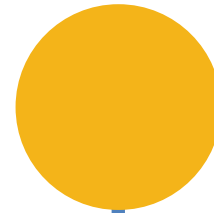
- Launch the LOSS Team Program, including the development of formal protocol for dispatch, resources for families and witnesses, marketing and recruitment and training of volunteers by Fall 2021.
- Launch the Care Coordination Team comprised of key stakeholders representing hospital systems, clinics, county services, consumers, and others by Fall 2021.
- Pilot Counseling for the Assessment and Management of Suicidality (CAMS) training for behavioral health clinicians.
- Finalize suicide risk assessment tool for training and implementation by school-based mental health providers (described more in Strategy 6).
- Disseminate a Request for Proposal for attempt survivors to foster community support and recovery.

## Accomplishment Spotlight:

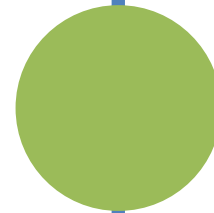
The Buckelew SOS Allies for Hope Loss Survivor Support group launched in July 2020. This group provides essential community support for suicide loss survivors and is held twice monthly for as many as 20 individuals. Approximately 60 unique members have attended the program.



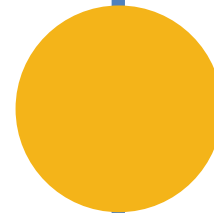
# Developing a Training Plan



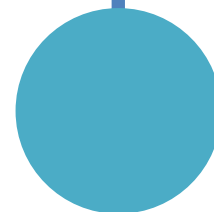
Identify training needs in your organization. Ask yourself: Who (what position) needs to be trained in what curriculum.



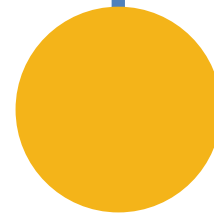
Review and select available training options with good fit for your organization. Evaluate virtual vs. in-person vs. T4T options.



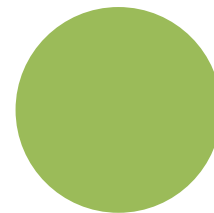
Consider resources (space, time, materials, funding and potential barriers (engagement, funding, resistance))



Create budget and implementation plan (think about how actions will lead to your destination)



Create a plan to retain and engage individuals after they have been trained



Create a directory!

# Coming Soon! Training Catalog

## **AAS (American Association of Suicidology)**

- Psychological Autopsy
- Law Enforcement Psychological Autopsy
- Forensic Suicidology Certification
- Clinical Work with the Suicide Bereaved

## **AMSR (Assessing and Managing Suicide Risk)**

## **ASIST (Applied Suicide Intervention Skills Training)**

## **Be Sensitive Be Brave**

## **CAMS (Collaborative Assessment and Management of Suicidality)**

## **CALM (Counseling on Access to Lethal Means)**

## **Cognitive Behavioral Therapy- Suicide Prevention**

## **El Rotafolio (T4T, in Spanish)**

## **Family Intervention for Suicide Prevention**

## **LivingWorks**

- Start
- SafeTALK
- Faith
- Suicide to Hope
- Training for Trainers (T4T)

## **MHFA (Mental Health First Aid)**

## **Kognito**

- Elementary, Middle School, High School, Universities and Colleges, Veterans, Primary Care, Behavioral Health

## **RRSR (Recognizing and Responding to Suicide Risk)**

## **SPRC (Suicide Prevention Resource Center)**

- Virtual Learning Labs
- Webinars

## **Trauma-Focused Cognitive Behavioral Therapy**

## **QPR (Question Persuade Refer)**

## **Zero Suicide Trainings**

- Preventing Suicide in Emergency Department Patients

**More...**

# From Striving For Zero:



## STRATEGIC AIM 4: Improve Suicide-Related Services and Supports

**Timely services and supports must be available to people experiencing suicidal behavior, especially attempted suicides, and people experiencing the suicide death of a loved one.** Mental health and substance use disorder providers must be equipped to help those at risk and trained to deliver care that reflects best practices. For example, low-cost, high-impact post-hospitalization postcards and referral services are effective strategies for preventing future suicidal behavior and must be a standard component of aftercare following hospital or emergency department discharge. Swift response to support families, loved ones, and, in some cases, entire communities, must follow every suicide.

Kognito

**Objective 11g** Train health care providers to deliver lethal means counseling to family members and caregivers supporting people who are discharged from a health care setting after suicidal behavior.

**Objective 11h** Disseminate information on lethal means counseling to health care providers across hospital settings. Prioritize providers who predominantly serve at risk-groups or work in high-risk settings, such as emergency departments. Promote free online training, such as Counseling on Access to Lethal Means available at <https://training.sprc.org/>, and the use of online toolkits, such as <https://health.ucdavis.edu/what-you-can-do/>.

# Stakeholder/Resource Mapping Survey

As we prepare to draft the county's suicide prevention strategic plan, we would like to take a moment to acknowledge and understand efforts you are undertaking in suicide prevention. The survey should take about 10 to 15 minutes to complete. If you have any questions please contact, [xxxxx](#).

## Tells Us about your Organization

1. Please mark what best describes the organization you work with or yourself. Please mark all that apply and that you are comfortable answering:

- |  |   |
|--|---|
| <input type="checkbox"/> Advocacy                          | <input type="checkbox"/> Individual with Lived Experience of Mental Illness |
| <input type="checkbox"/> Community-based Organization      | <input type="checkbox"/> Law Enforcement/First Responder                    |
| <input type="checkbox"/> Community Member                  | <input type="checkbox"/> Mental Health Professional                         |
| <input type="checkbox"/> Department of Mental Health (DMH) | <input type="checkbox"/> Parent   |
| <input type="checkbox"/> Department of Public Health (DPH) | <input type="checkbox"/> Probation Department                               |
| <input type="checkbox"/> Education K-12                    | <input type="checkbox"/> Public Policy                                      |
| <input type="checkbox"/> Employer                          | <input type="checkbox"/> Substance Use Provider                             |
| <input type="checkbox"/> Faith-based Organization          | <input type="checkbox"/> Survivor of Suicide Loss                           |
| <input type="checkbox"/> Health Care and/or Hospital       | <input type="checkbox"/> Youth  |
| <input type="checkbox"/> Higher Education                  | <input type="checkbox"/> Other (please specify): _____                      |

2. Your program serves the following individuals or groups (Mark all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Population/Universal  | <input type="checkbox"/> Individuals at higher risk for suicide (e.g., individuals experiencing mental illness or substance use, individuals exposed to trauma or other stressful life events, previous suicide attempt) |
| <input type="checkbox"/> Individuals with suicide ideation<br>Individuals who have attempted suicide |  |
| <input type="checkbox"/> Families, schools and/or communities after a suicide death                  |  |
| <input type="checkbox"/> Other (please specify _____)  |  |

Comments:

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1

3. What protective factors for suicide does your program address? (Mark all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Social Connectedness                        | <input type="checkbox"/> Supportive school or work environment  |
| <input type="checkbox"/> Reasons for Living                          | <input type="checkbox"/> Promote physical activity              |
| <input type="checkbox"/> Quality Health Care                         | <input type="checkbox"/> Supportive spiritual beliefs and faith |
| <input type="checkbox"/> Supportive Cultural Beliefs                 | <input type="checkbox"/> Problem-solving skills                 |
| <input type="checkbox"/> Continuous Care                             | <input type="checkbox"/> Promote coping and resilience          |
| <input type="checkbox"/> Supportive Relationships                    | <input type="checkbox"/> Promote social emotional learning      |
| <input type="checkbox"/> Mental Health                               | <input type="checkbox"/> Promote mindfulness                    |
| <input type="checkbox"/> Emotional Regulation                        | <input type="checkbox"/> Other (please specify _____)           |
| <input type="checkbox"/> Promote positive body image and self-esteem |   |

4. Do you provide any of the following gatekeeper trainings/community presentations? (Mark all that apply)

- QPR (Question, Persuade, Refer)
- [LivingWork SafeTALK](#)
- El Rotafolio
- [LivingWorks Start](#)
- Other (please specify \_\_\_\_\_)

5. Please share who you provided these trainings/presentations for in the space below.

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6. Has any staff in your organization received any of the following trainings? (Mark all that apply)

- Assessing and Managing Suicide Risk (AMSR)
- Collaborative Assessment and Management of Suicidality (CAMS)
- Recognizing and Responding to Suicide Risk (RRS)
- [LivingWorks ASIST](#)
- Counseling on Access to Means (CALM)
- Other (please specify \_\_\_\_\_)

Comments:

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7. Please share what suicide screening tools you use in the space below.

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8. Are you aware of any programs or supports for individuals after they have attempted suicide and transition back home, to work and/or to school?

- Yes
- No

9. If yes, please list resource \_\_\_\_\_.

10. Are you aware of any resources for people who have lost someone to suicide?

- Yes
- No

11. If yes, please list resource \_\_\_\_\_.

12. Are you aware of any means restriction or means safety efforts? (Mark all that apply)

- Safe Disposal and/or storage for prescription drugs
- Firearm safety efforts
- Signage or barriers at bridges, railways or other locations
- Other (please specify \_\_\_\_\_)

Comments:

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13. Please provide any additional thoughts or ideas that can help inform a suicide prevention strategic plan for the county.

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14. Is there anyone else you recommend we send this survey to?

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**Optional Question:** Recognizing that all of these priority areas are important, please identify which, in your opinion, should be prioritized to impact suicide in our county? (This question could be set up to ask respondents to rank them in order, or to identify their 1, 2 and 3 priorities.)

- Preparing community members to recognize warning signs and intervene with a loved one.
- Reducing stigma among residents that prevents help-seeking
- Engaging underserved populations in suicide prevention efforts
- Identifying individuals at risk for suicide effectively and referring to care in least restrictive setting possible
- Selecting and recommending one risk assessment screening tools to use in our county across systems
- Supporting individuals after a suicide attempt
- Training clinicians in assessing and managing risk (e.g. AMSR, CAMS, RRSR)
- Training clinicians and service providers to build clinical practices that incorporate equity and the needs of multicultural and underserved populations



**Optional Question:** Recognizing that all of these priority areas are important, please identify which, in your opinion, should be prioritized to impact suicide in our county? (This question could be set up to ask respondents to rank them in order, or to identify their 1, 2 and 3 priorities.)

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- Supporting individuals after a suicide attempt
- Training clinicians in assessing and managing risk (e.g. AMSR, CAMS, RRSR)
- Training clinicians and service providers to build clinical practices that incorporate equity and the needs of multicultural and underserved populations
  
- Supporting individuals after a suicide loss
- Promoting lethal means reduction/safety efforts (e.g. counseling on access to lethal means trainings, signage, firearm safety, safe storage of prescription drugs, partnering with pharmacies)
- Supporting districts and schools with implementing suicide prevention policies
- Other (please specify \_\_\_\_\_)

Have you  
created  
anything  
like this in  
your  
county?



# County Spotlight: Sonoma County

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# Implementing QPR in Sonoma County Behavioral Health Division

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## 2006

MHSA CSS CPP identified the need for outreach and engagement hard to reach populations.

Suicide among seniors was ID'ed as an area of high need.

**Community Intervention Program**

## 2012

MHSA PEI CPP identified the need for mental health crisis assessment, prevention, education in the schools.

**Crisis Assessment, Prevention, and Education Team**

31 certified trainers: 9 employed by BH division including 3 master trainers.

## 2017

Over 12,000 Sonoma County residents trained in QPR by behavioral health staff

# Look at the Data

	High School Students		Community Members	
	Pre Test	Post Test	Pre Test	Post Test
I have a HIGH degree of KNOWLEDGE regarding:				
<ul style="list-style-type: none"> <li>Facts Concerning Suicide Prevention</li> </ul>	3.8%	32.5%	5%	26.8%
<ul style="list-style-type: none"> <li>Suicide Warning Signs</li> </ul>	7%	35%	10%	29%
I have a HIGH degree of OVERALL LEVEL OF UNDERSTANDING ABOUT SUICIDE AND SUICIDE PREVENTION	9%	35%	5%	26%

# Lessons Learned

**Listen to the  
community**

**Vitally important to  
have leadership  
champion and  
endorsement**

**Think outside the  
mental health box**

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## Path to Hope Live: Sept. 2021 Second Annual Event

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- Path to Hope Live is an online educational series on suicide prevention that strengthens our community bonds and supports with the grief, loss, and mental health challenges of our times. The format of varied presenters and topics packs in heart, lived experience and personal connection.
- The focus for Path to Hope Live in 2021 is on our youth and their experience in this unprecedented time in our collective history. All community members are invited to attend these free events as we individually and collectively seek balance and renewal in our lives and communities.
- Path to Hope Videos: Buckelew is working on uploading all videos so Spanish videos should be uploaded in future. Website: [Path to Hope Live - Buckelew Programs](#)

### **Importance of language**

[Native-Land.ca | Our home on native land](#)

# Theoretical Frameworks

Support for people at risk for suicide or those supporting people at risk is available by calling the **National Suicide Prevention Lifeline** 1-800-273-TALK (8255)

Apoyo y ayuda para personas a riesgo de suicidarse o para las personas que los apoyan está disponible llamando al **National Suicide Prevention Lifeline** 1-888-682-9454

Population

Higher Risk

Suicidal

Suicide Attempt

Suicide

# The Suicidal Crisis Path Model as a Framework for Understanding Suicide Prevention

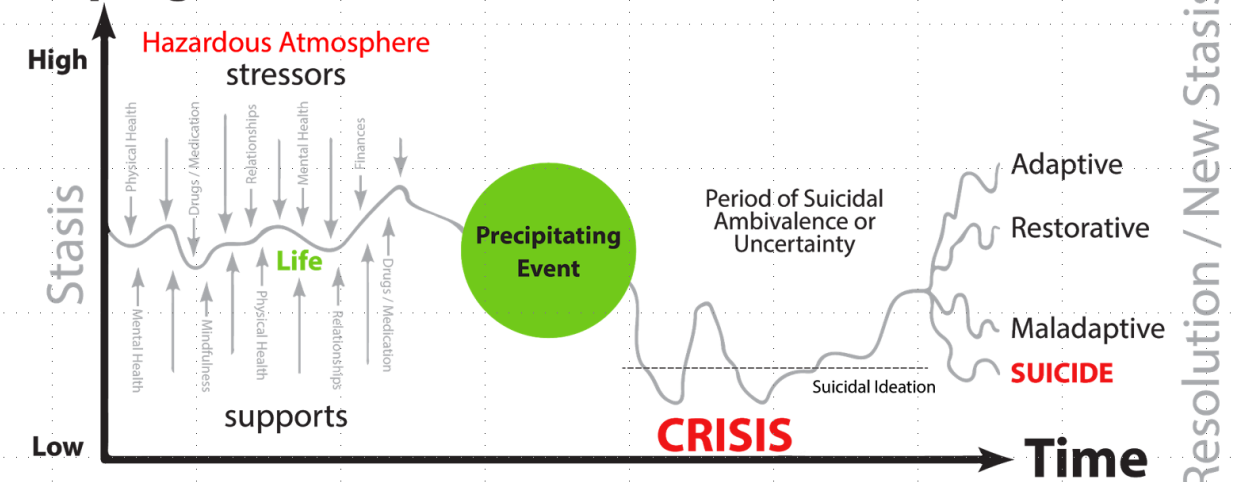
“The Suicidal Crisis Path is a model that intends to integrate multiple theoretical approaches and frameworks within the context of an individual’s suicidal experience. In doing so, the purpose is to match intervention approaches with the timing, risk factors, and protective factors that would be the mechanisms to prevent a suicide from happening.” (Lezine, D.A. & Whitaker, N.J., Fresno County Community-Based Suicide Prevention Strategic Plan, 2018)

[www.FresnoCares.org](http://www.FresnoCares.org)

Figure 2

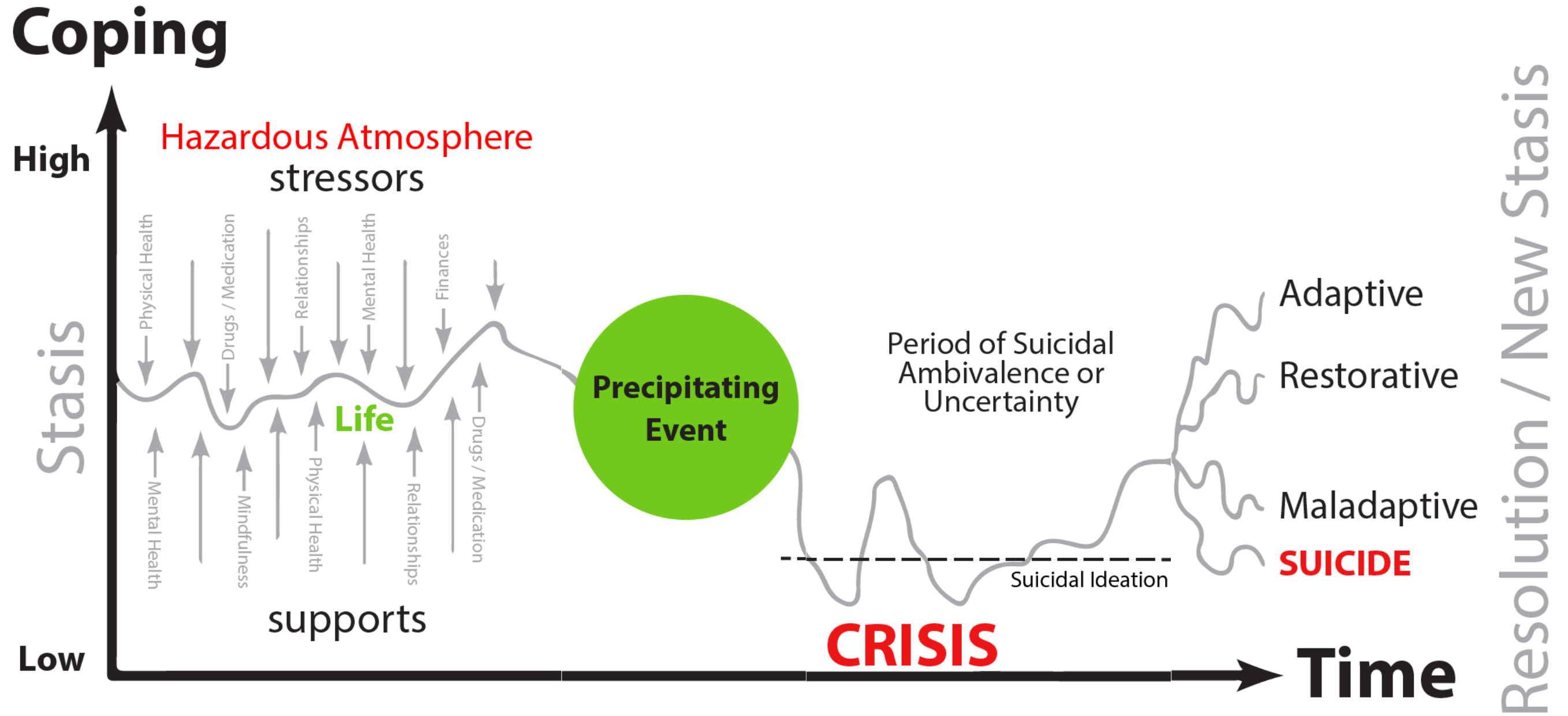
## Model 2: Crisis Coping Theory

### Coping

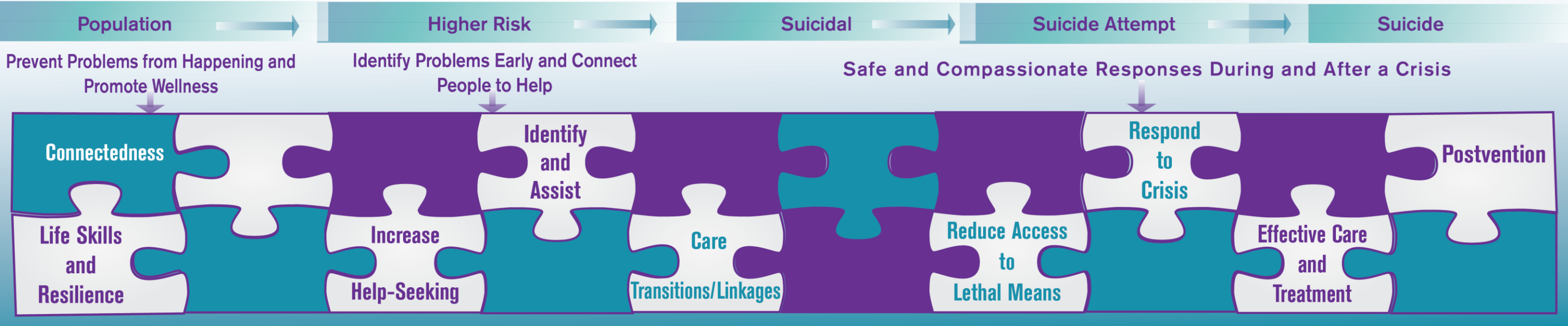
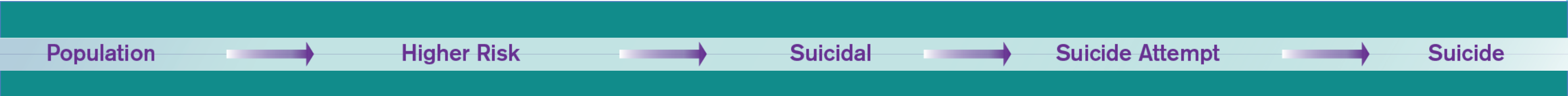




# Crisis Coping Theory



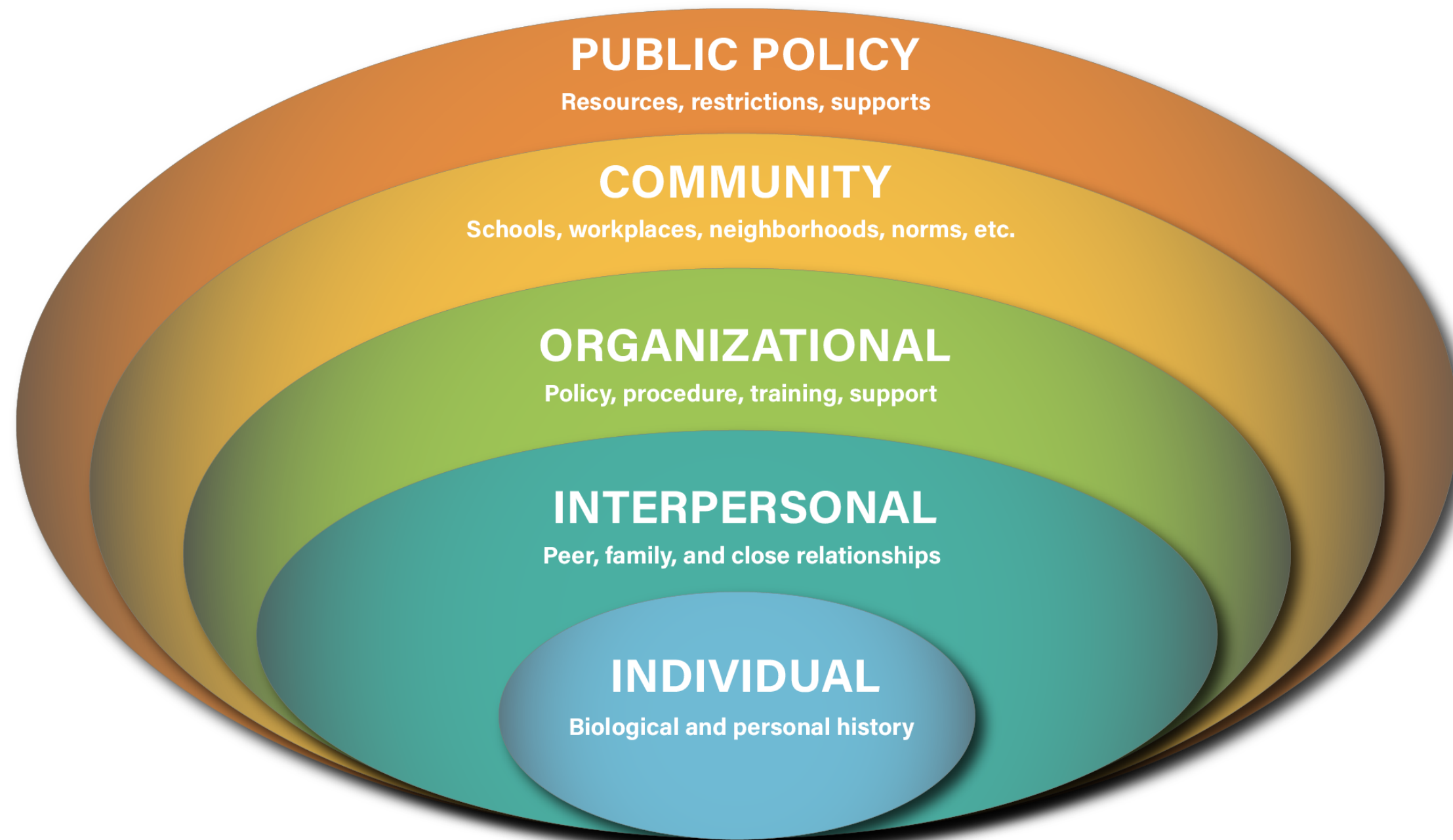
# Suicide Prevention Resource Center (SPRC) Comprehensive Approach to Suicide Prevention





- |   |   |  |   |   |   |
|---|---|--|---|---|---|
| <ul style="list-style-type: none"> <li>Parenting Classes</li> <li>SEL Competencies</li> <li>Active Listening</li> </ul> | <ul style="list-style-type: none"> <li>Trauma-Focused Cognitive Behavioral Therapy</li> <li>EMDR, Prolonged Exposure Therapy</li> </ul> | <ul style="list-style-type: none"> <li>QPR</li> <li>SafeTALK</li> <li>Talk Saves Lives</li> <li>El Rotalio</li> <li>Living Works START</li> <li>Be Sensitive Be Brave</li> <li>Kognito</li> <li>More...</li> </ul> | <ul style="list-style-type: none"> <li>AMSR</li> <li>RRSR</li> <li>CAMS</li> <li>CBT SP</li> <li>More...</li> </ul> | <ul style="list-style-type: none"> <li>CALM</li> <li>More...</li> </ul> | <ul style="list-style-type: none"> <li>Suicide Bereavement Clinician Training</li> <li>Peer Support Group Facilitator Training</li> <li>Psychological Autopsy</li> <li>LOSS Team Training</li> <li>Living Works Connect</li> <li>Sudden &amp; Traumatic Loss Training</li> <li>More...</li> </ul> |
|---|---|--|---|---|---|

# Social-Ecological Model



# Social-Ecological Model



# Risk & Protective Factors

## Public Policy

- Risk: competitive, remove/reduce funding, access
- Protective: safety net, MHSA, means restriction

## Community

- Risk: cost of living, lack of providers, isolated groups
- Protective: access to care, respite, connectedness, peer supports, safe messaging by news outlets

## Organizational

- Risk: high stress, toxic culture, anti-mental health
- Protective: EAP, proactive door, work-life balance

## Interpersonal

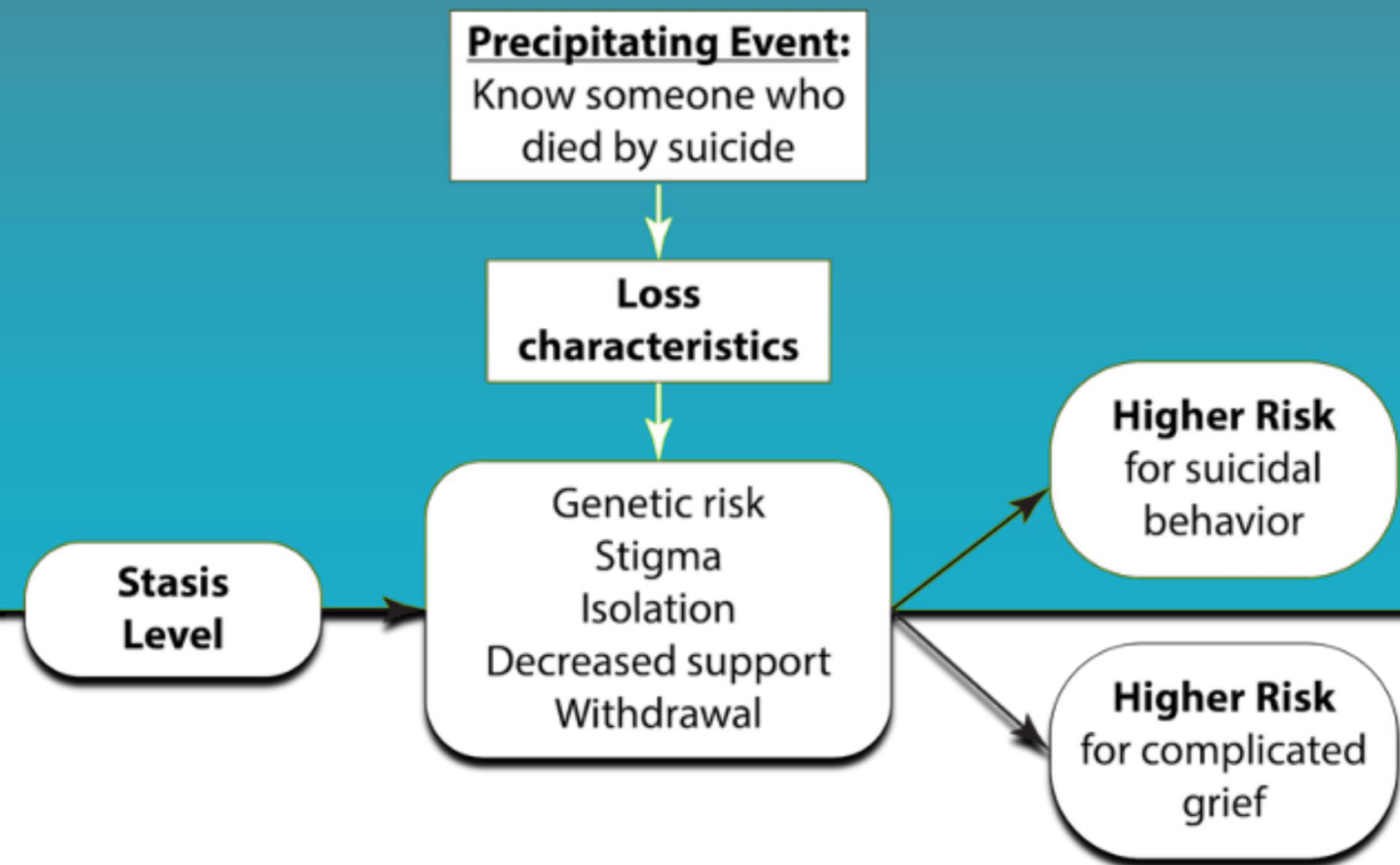
- Risk: loneliness, isolation, relationship instability,
- Protective: connectedness, supports treatment

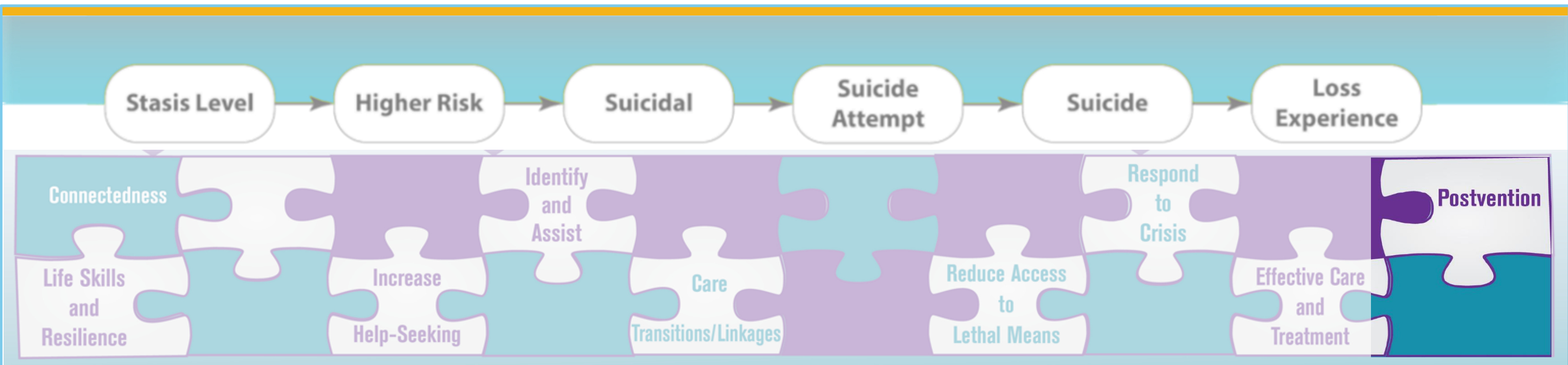
## Individual

- Risk: depression, health challenges, lethal means
- Protective: coping skills, cultural values, spirituality

Postvention

A large, light yellow circle is positioned on the right side of the image, partially overlapping the text. The background is a solid, darker yellow color.





## Postvention

Public Policy	Death Reporting: Death Certificate Fields
Community	Sudden & Traumatic Loss Training
Organizational	Psychological Autopsy, LOSS Team Training, Living Works Connect
Interpersonal	Peer Support Group Facilitator Training
Individual	Suicide Bereavement Clinician Training



# POSTVENTION

- **Psychological Autopsy**
- **Psychological Autopsy for Law Enforcement**

**Cost:** \$350 AAS members, \$385 non-members

**Platform:** Virtual

**Duration:** 2:15hr per session, 4 sessions over 4 days

**Target:** Usually government officials or those involved with death reviews

**Objective:** Reconstruct the causes of an individual's death by suicide or to ascertain the most likely manner of death where that manner of death is equivocal and left undetermined by a medical examiner or coroner.

# POSTVENTION

- **(1) Suicide Bereavement Clinician Training Program**
- **(2) Clinical Work with the Suicide Bereaved**

**Cost:** Currently under review

**Platform:** Virtual or in-person

**Duration:** 6.5 hrs (1) or 3.5 hrs (2)

**Target:** Clinicians and others involved in the support of those bereaved by suicide loss.

**Objective:** Understand the complex dynamics relating to suicide grief and complicated grief and trauma often experienced by loss survivors, explore related grief theories, understand best practices to facilitate the healing journey.

# Statewide Plan- Strategic Direction

## Strategic Aim 4: Improve suicide-specific services and supports


- Goal 10: Deliver best practices in care targeting suicide risk
- Goal 11: Ensure continuity of care and follow-up after suicide-related services
- Goal 12: Expand support services following a suicide loss




4

STRATEGIC  
AIM

### GOAL 12: EXPAND SUPPORT SERVICES FOLLOWING A SUICIDE LOSS

**Desired Outcome**  Reduce the amount of time between a suicide loss and access to bereavement services specifically designed to meet the needs of suicide loss survivors.

**Short-term Target**  By 2025, all counties have written policies and procedures for coordinated, timely, and respectful responses by service providers following a suicide loss, including formal agreements with local coroners and medical examiners to support the initiation of services.

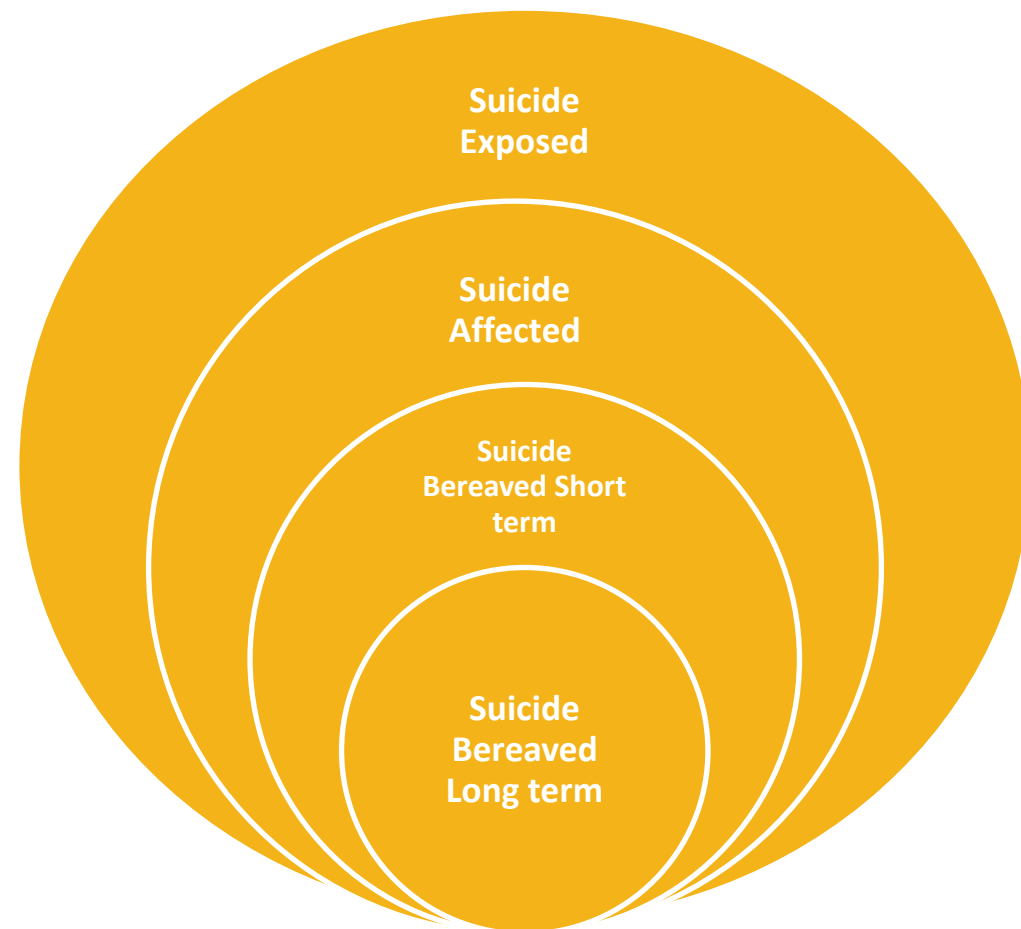
# Data on the Impact of Suicide Exposure



- It is estimated that **50% of the population will be exposed to the suicide of someone they know** at some point in their life.
- **An average of 115 people are exposed when a suicide occurs.** Of these, 63 will identify as having a high or very high level of closeness with the person.
- On average, 25 people will have their lives impacted in a major way, and **a suicide will have a devastating impact on the 11 people** closest to the person.

*Source: Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines*

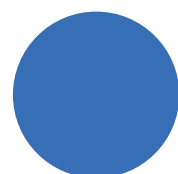
# Data on Suicide Among Loss Survivors



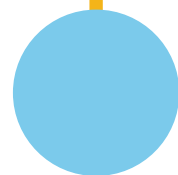
- Exposure to the suicide death of a family member doubles or triples the risk that another person in that family will die by suicide
  - Men who have lost a spouse to suicide have a **46-fold increase** in risk
  - Men who have lost an adult sibling to suicide have a **doubled risk**
  - Women who have lost an adult sibling to suicide have a **tripled risk**
- Exposure to suicide doubles the chances that a survivor will report suicidal ideation, when compared to people who were not exposed to a suicide.
- Exposure to suicide increases the risk of suicidal ideation of family members or friends.
- Elevated rates of suicidal ideation are detected in parents bereaved by suicide as many as 10 years after the death.

*Sources: Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines;  
John R. Jordan (2017) Postvention is prevention—The case for suicide postvention, Death Studies, 41:10, 614-621*

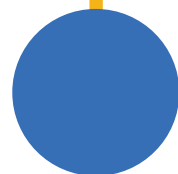
# Postvention is Prevention



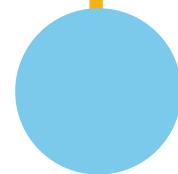
**A significant number of people exposed to suicide have negative and long-term mental health consequences.**



**Exposure to suicide can increase the risk of suicide among loss survivors themselves.**



**The complicated grief and stigma surrounding suicide can be devastating to individuals, families and whole communities.**



**Organized and empathic response after a suicide can mitigate negative outcomes and reduce the risk of additional suicides.**

# Postvention Activities



**Take inventory and map out existing postvention resources (public and private)**



**Identify a model for a coordinated, timely and respectful response following a suicide death**



**Expand the number of clinicians who are trained in counseling suicide bereavement**



**Expand the number and capacity of survivor support programs**

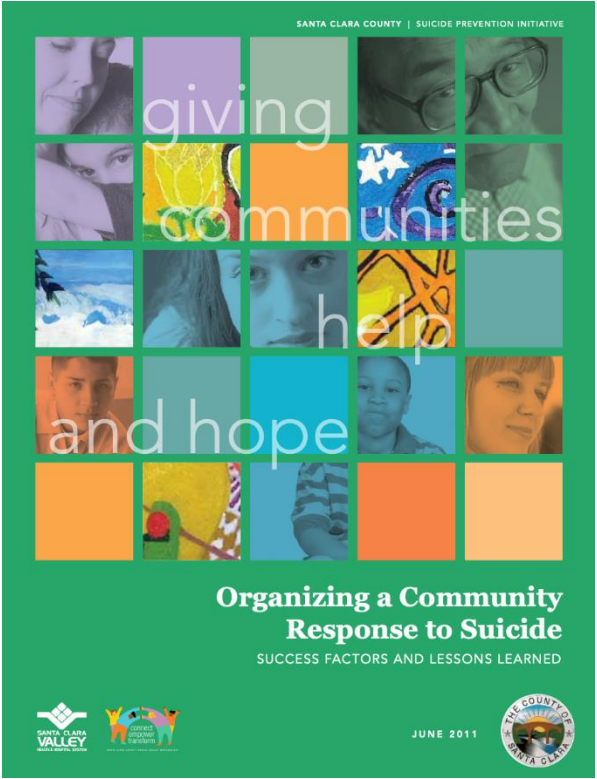
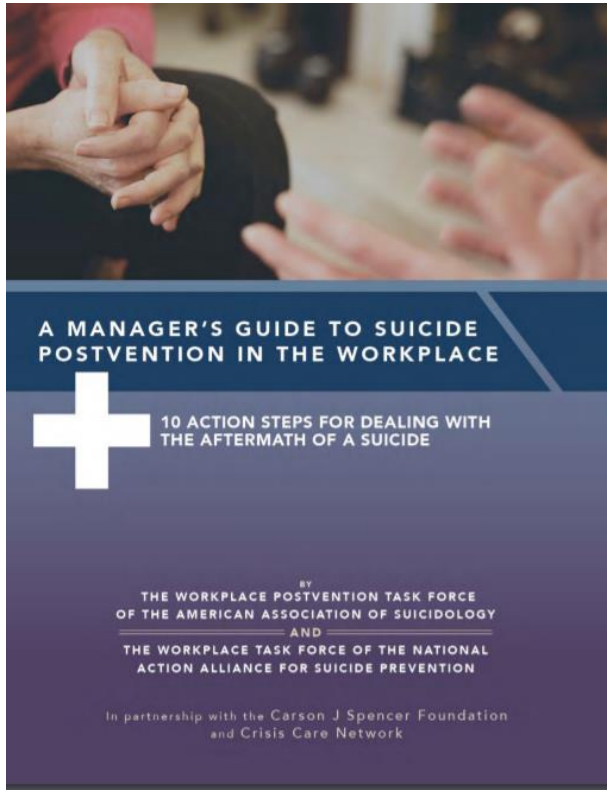
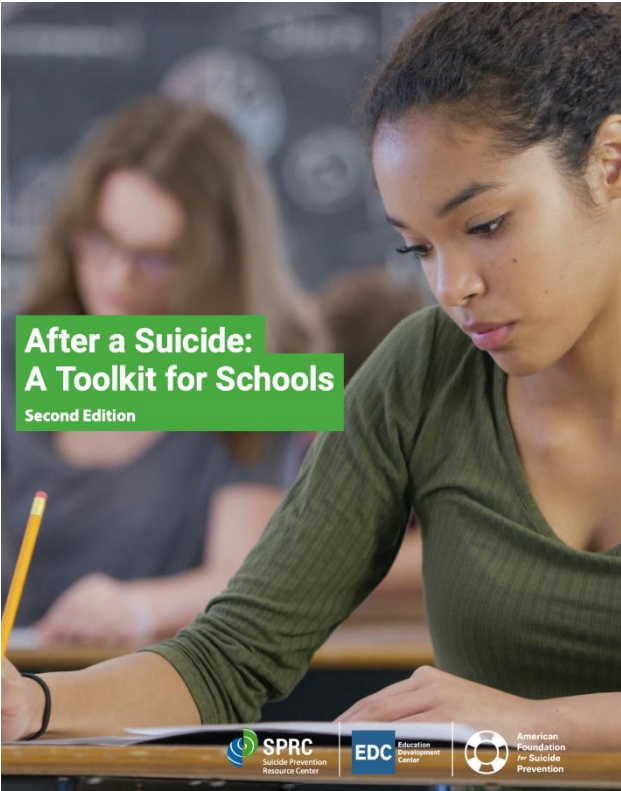
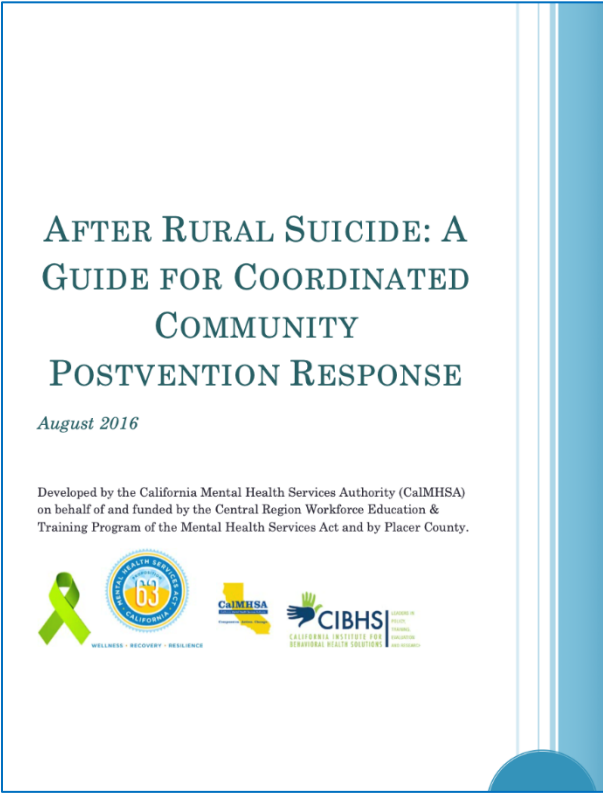
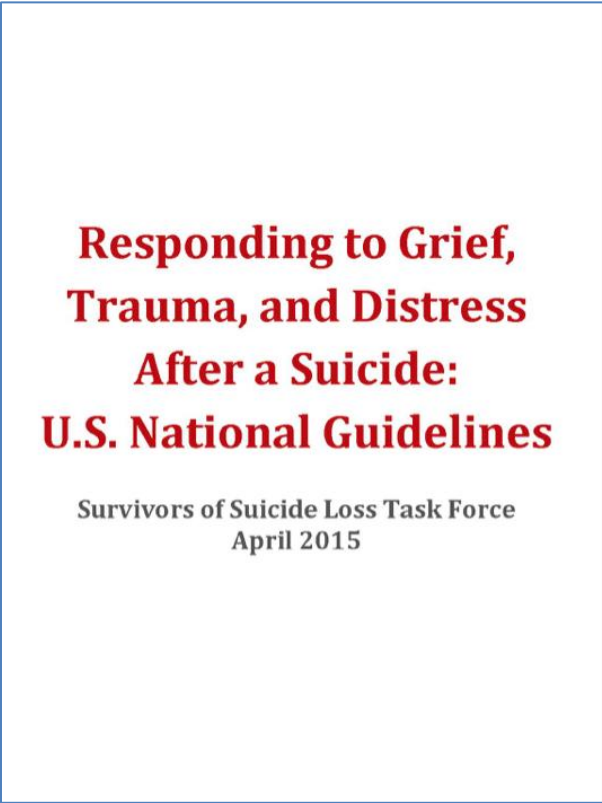


**Establish a directory of survivor support services, including peer support programs and suicide bereavement-trained clinicians.**



**Develop and implement postvention plans within key community settings**

# Postvention Planning Resources





What's Next?

## **Striving for Zero Collaborative Meeting #4**

Wednesday, January 19th 10AM - 12PM

[Register here.](#)

## **Online Module #4**

Wednesday, February 16th 10AM - 12PM

[Register here.](#)

## **Online Module #5**

Wednesday, April 20th 10AM - 12PM

[Register here.](#)

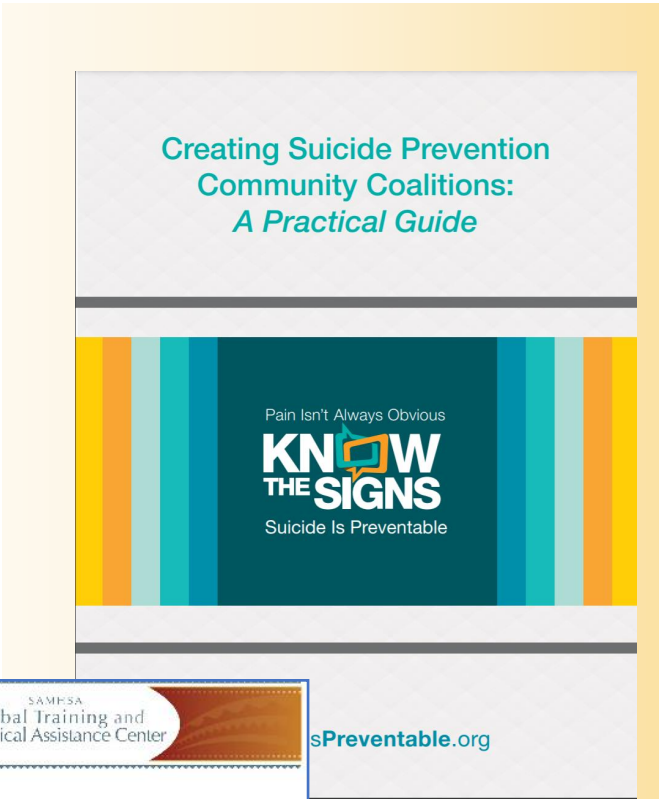
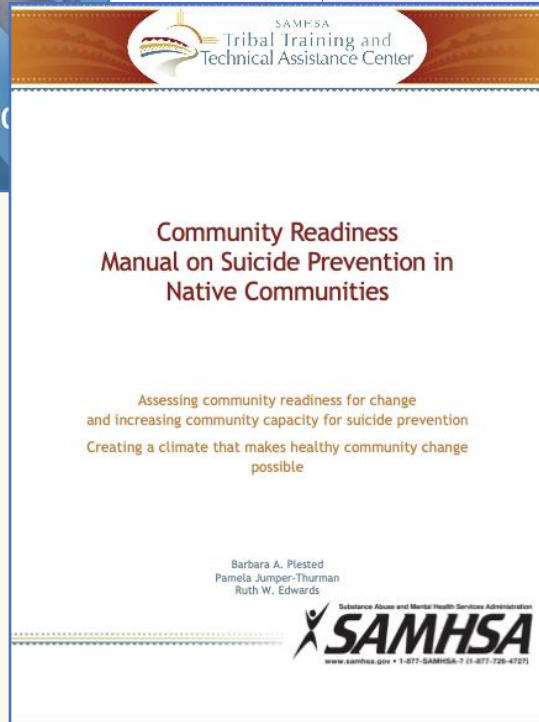
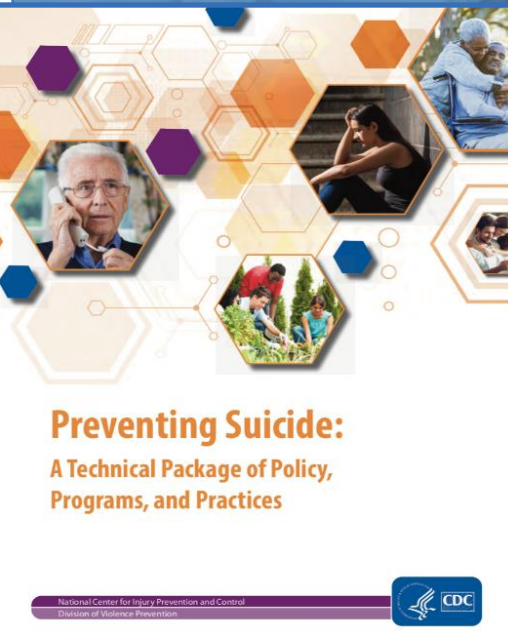
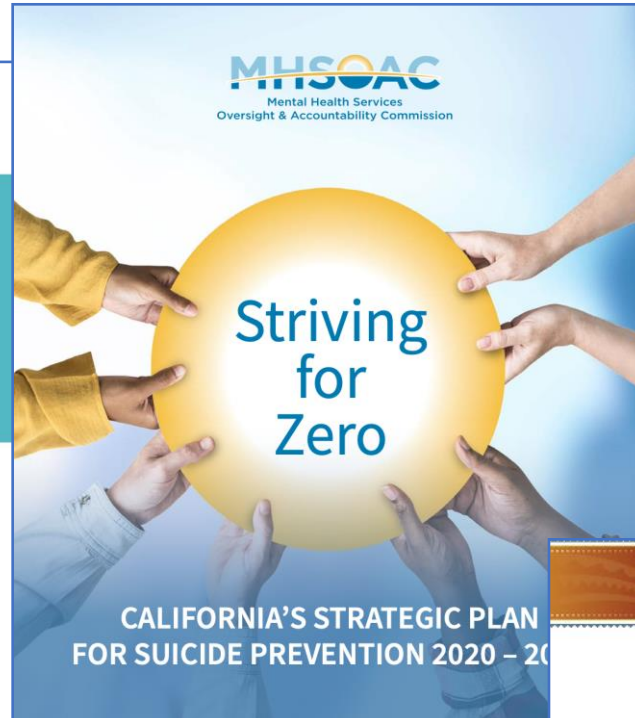
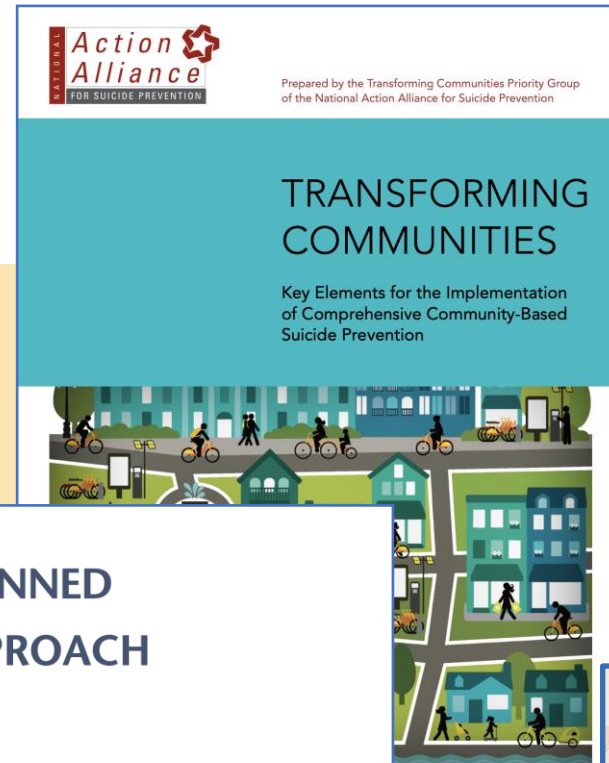
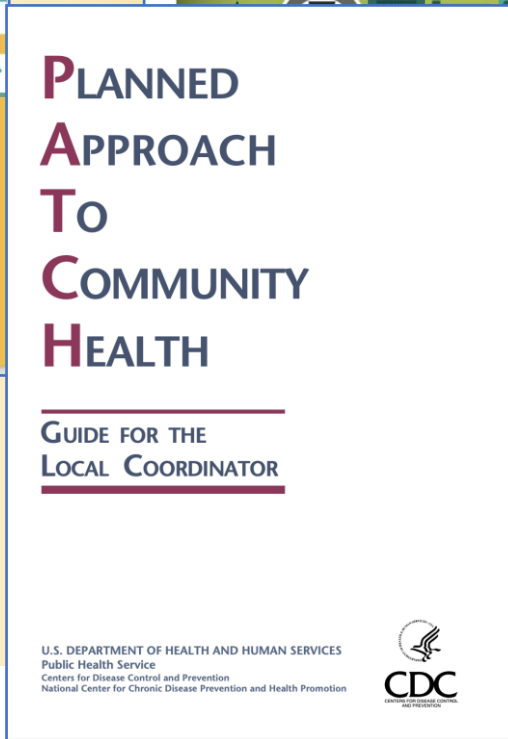
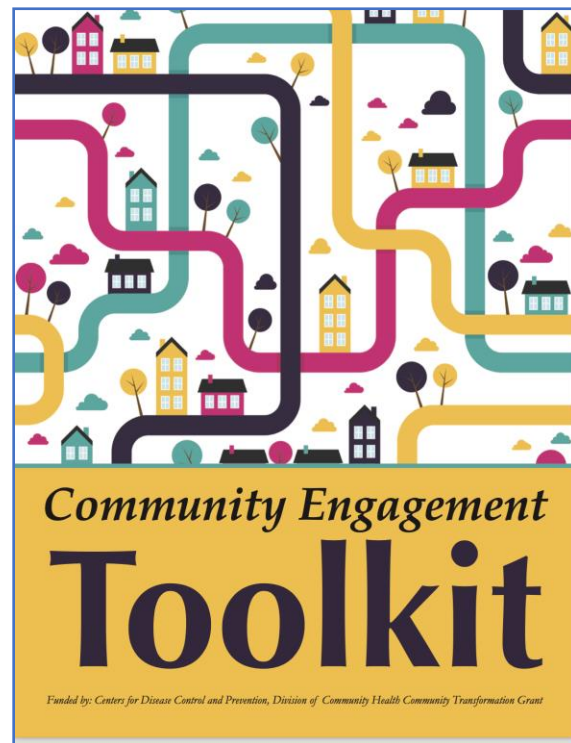
## **Striving for Zero Collaborative Meeting #5**

Wednesday, June 15th 10AM - 12PM

[Register here.](#)

- ✓ Crisis Response
- ✓ Follow-Up After a Suicide Attempt
- ✓ Community Coalition Models and Implementation Workgroups

# Guiding Resources



# Thank you for your time

For more information please contact: [jana@yoursocialmarketer.com](mailto:jana@yoursocialmarketer.com)

Support for people at risk for suicide or those supporting people at risk is available by calling the **National Suicide Prevention Lifeline** 1-800-273-TALK (8255)

Apoyo y ayuda para personas a riesgo de suicidarse o para las personas que los apoyan está disponible llamando al **National Suicide Prevention Lifeline** 1-888-682-9454