



Striving for Zero

Striving for Zero Learning Collaborative Module #5: After a Suicide Attempt – April 20, 2022

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>

The cover of a report titled "Advancing Strategic Planning for Suicide Prevention in California Fiscal Years 2018-2020". It features a green ribbon graphic on the left. The text describes the report as "Outcomes from the Each Mind Matters Learning Collaborative with County Behavioral Health Agencies and their Community Partners". It includes a circular diagram of the "Steps of Strategic Planning" with six steps: 1. Describe the Problem, 2. Choose Long Term Goals, 3. Identify Risk and Protective Factors, 4. Select or Develop Interventions, 5. Plan the Evaluation, and 6. Implement, Evaluate, Improve. A quote from Toby Cuevin, Nevada County Public Health, is included. Logos for Each Mind Matters, CalMHSA, and Your Social Marketer, Inc. are at the bottom.

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 (CalMHSA) 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.

Steps of Strategic Planning

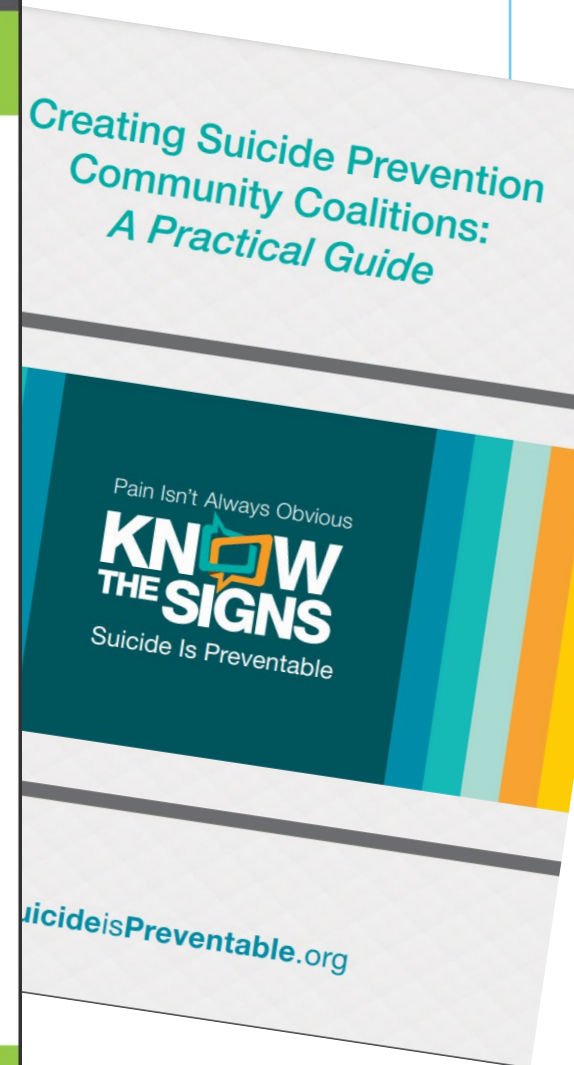
- step 1 Describe the Problem
- step 2 Choose Long Term Goals
- step 3 Identify Risk and Protective Factors
- step 4 Select or Develop Interventions
- step 5 Plan the Evaluation
- step 6 Implement, Evaluate, Improve

Strategic Planning Framework

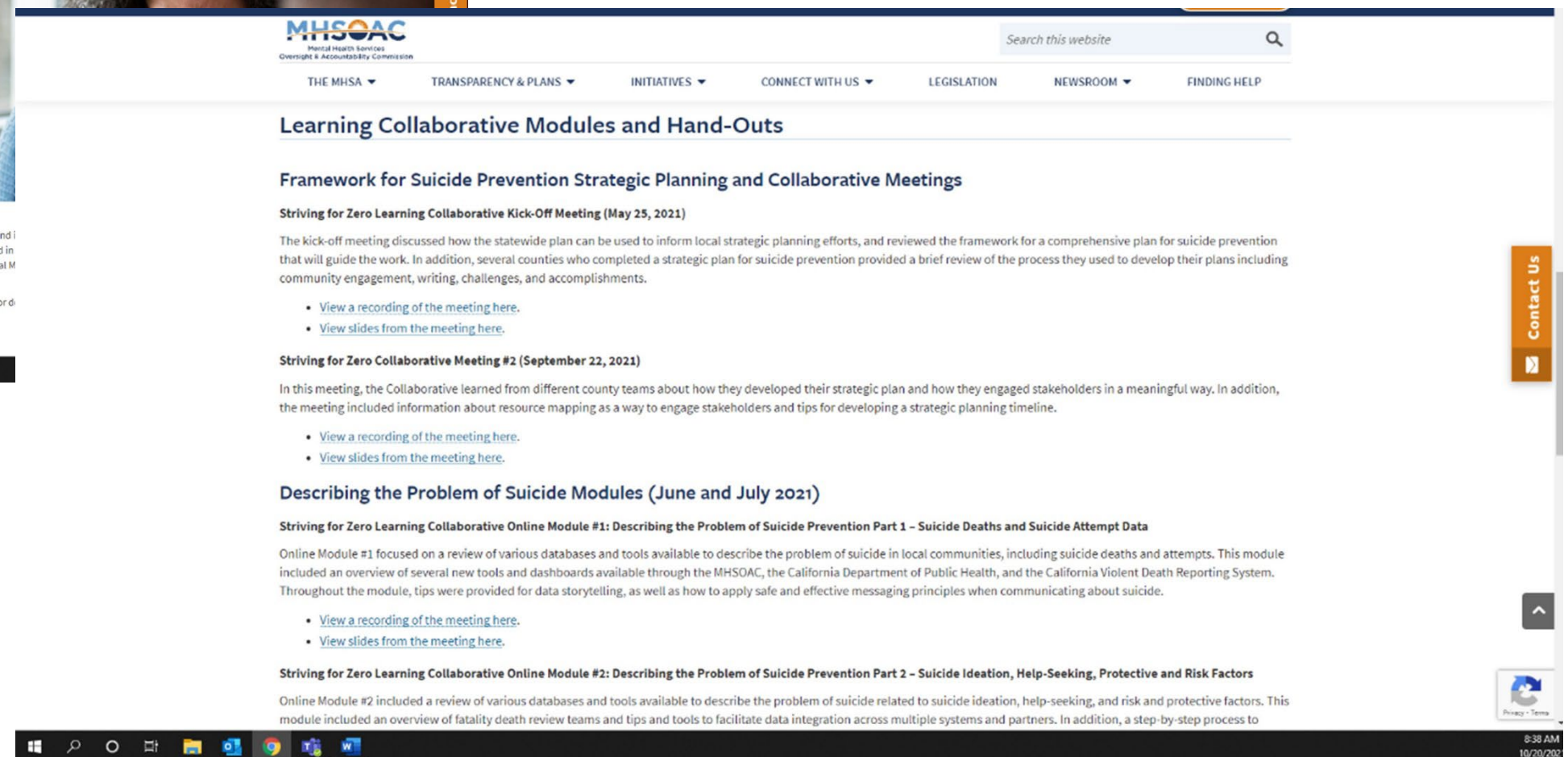
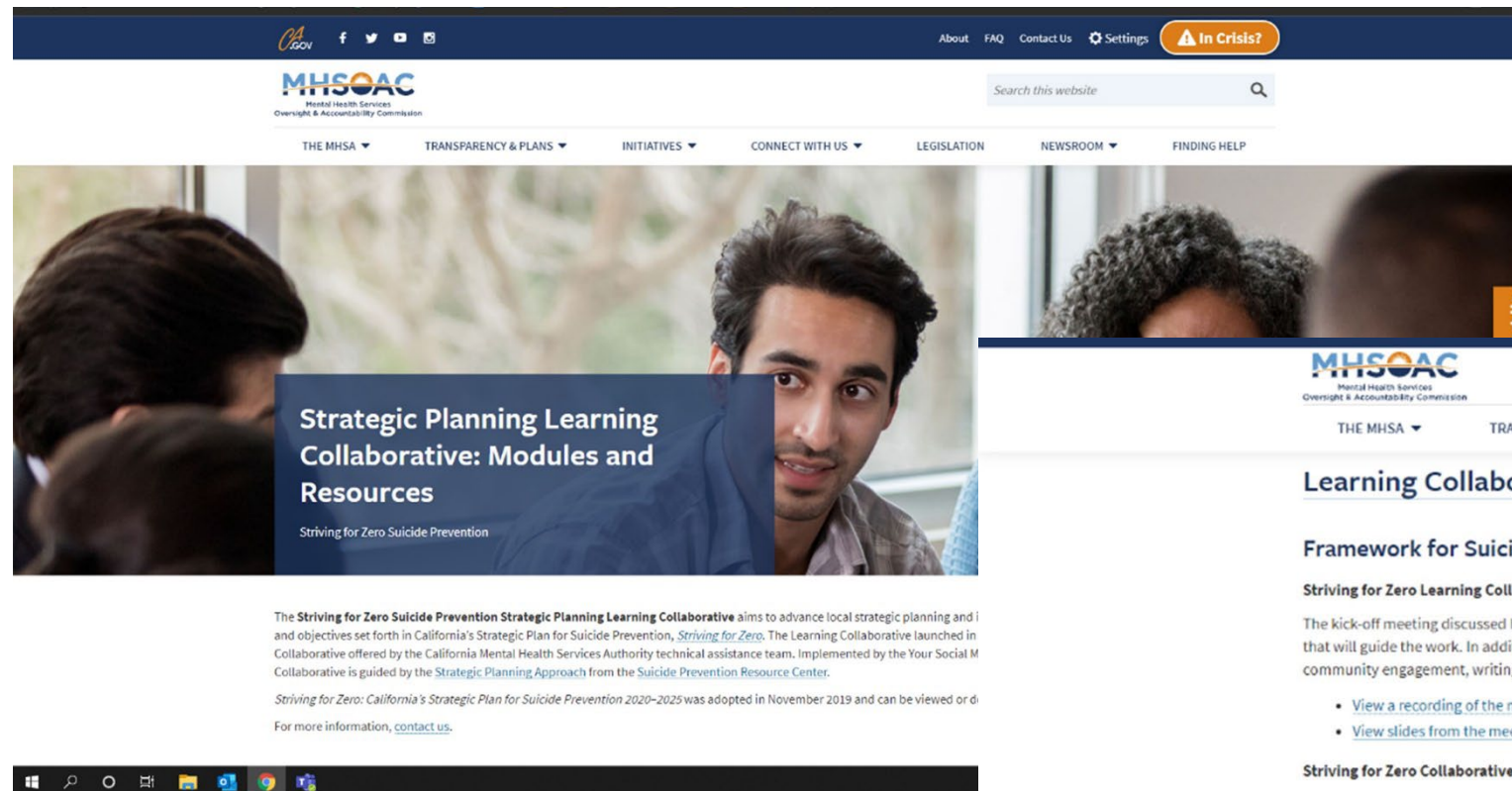
The Learning Collaborative utilized a public health approach to suicide prevention. This approach emphasizes preventing problems from occurring or recurring (not just treating problems that have already occurred); focusing on whole populations rather than individuals; and addressing health disparities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

Each Mind 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

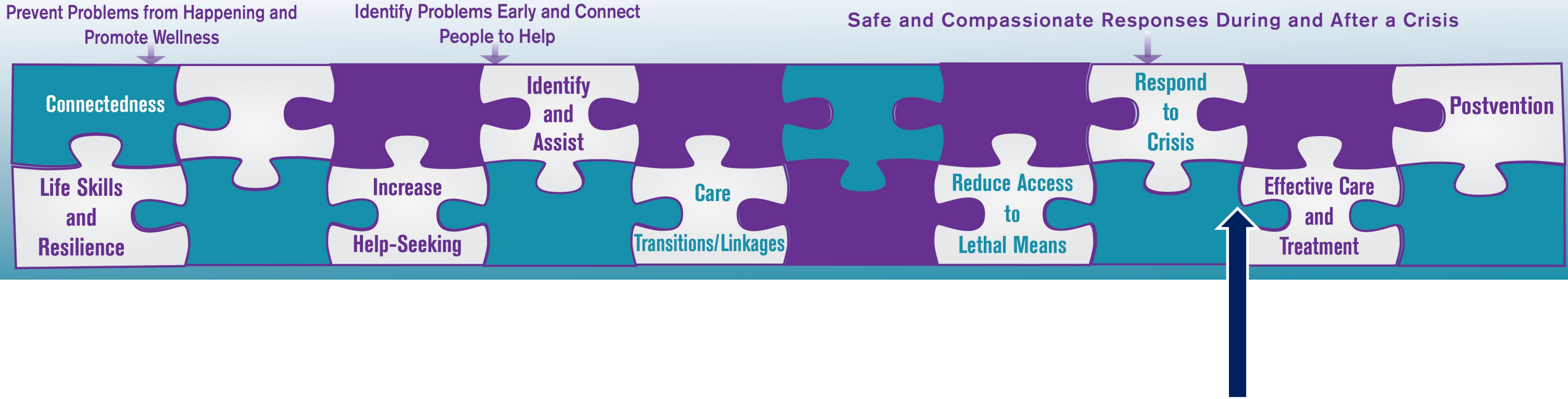
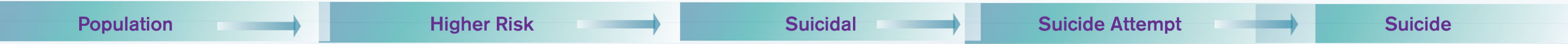
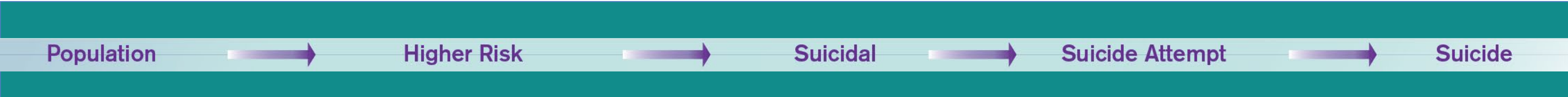


Steps of Strategic Planning

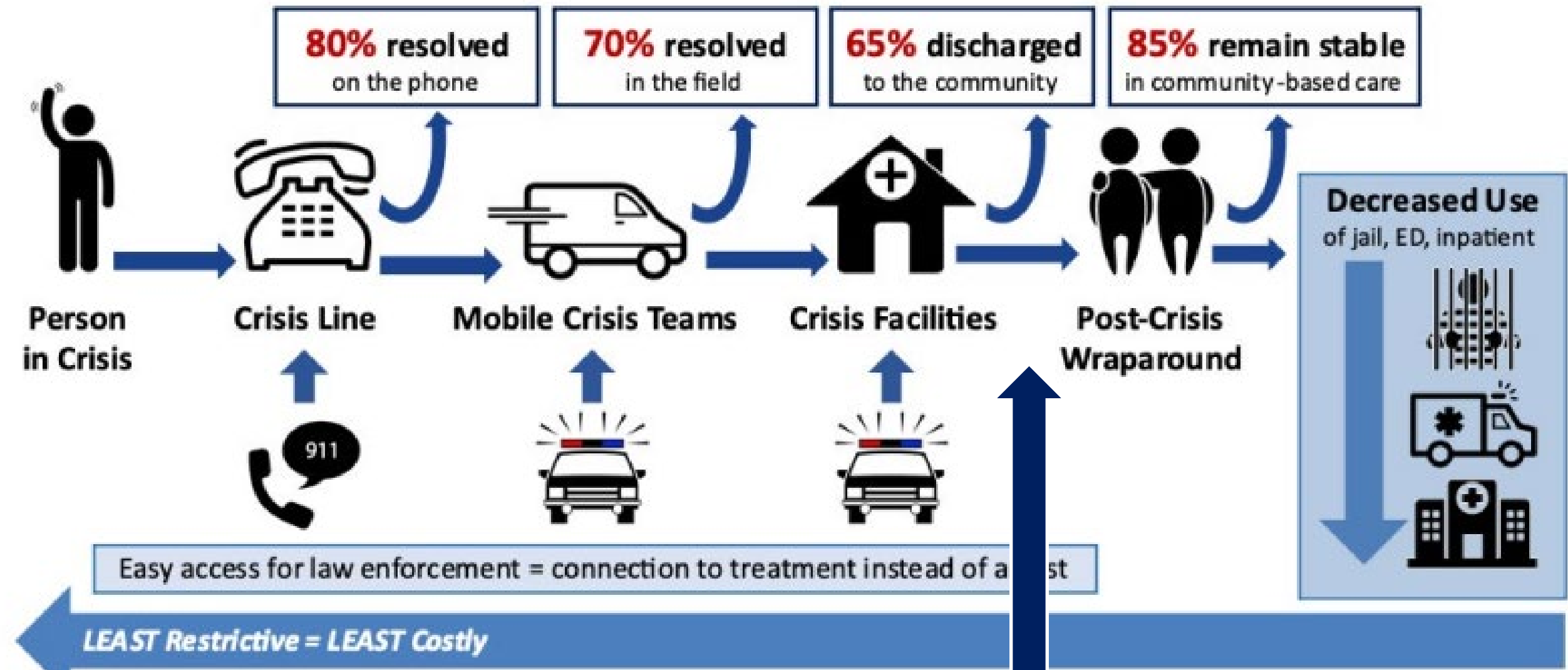


Based on the Steps of Strategic Planning Framework from the Suicide Prevention Resource Center (SPRC)

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



Crisis System: Alignment of services toward a common goal

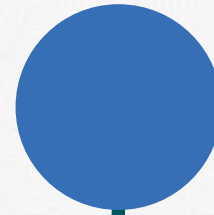


Easy access for law enforcement = connection to treatment instead of a jail

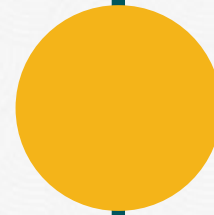
Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies. Alexandria, VA: National Association of State Mental Health Program Directors. <https://www.nasmhpd.org/sites/default/files/2020paper11.pdf>

(Balfour, 2020)

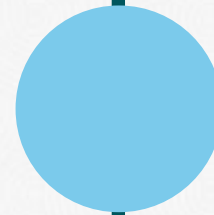
A prior suicide attempt is one of the primary risk factors for a second attempt. Research demonstrates that risk is elevated particularly in the first few weeks and months following an attempt, therefore a follow-up plan should be implemented no later than the first week and continuing during the first year. Key Strategies include the following:



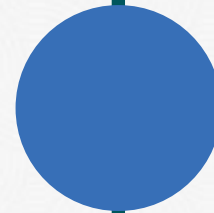
Continuity of care and a caring contact within one week after discharge from the ER or hospital after a suicide attempt



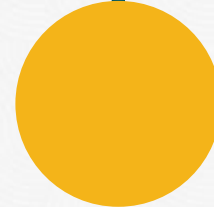
Availability of follow-up interventions, for individuals or families.



Effective re-entry protocols for students returning to school after a suicide attempt.



Availability of clinicians trained in assessing and ongoing care for suicide risk to support their recovery.



Suicide Attempt Survivor Support Groups

A review of 11 research studies concluded that **multiple contacts** with patients discharged from psychiatric hospitalization or emergency departments after a suicide attempt or ideation **may prevent future suicidal behaviors**. The authors caution that **more research is needed to understand the number and type of contacts that are most successful**, as well as whether the effect of follow-up is affected by availability of mental health care or patient characteristics like gender and culture. The authors suggest that multiple follow-up contacts may be effective because they “provide a sense of connectedness and assurance that someone cares about the patient,” remind the patient that mental health care is available, give information on how to access this care, and motivate patients to participate in treatment.

Luxton, D.D., June, J.D., & Comtois, K.A. (2013). Can post-discharge follow-up contacts prevent suicide and suicidal behavior? A review of the evidence. Crisis 34(1): 32-41.



Caring, handwritten letters sent quarterly to monthly throughout the year for up to 5 years after inpatient hospitalization significantly **reduced the number of suicide deaths** among patients who received them compared to similar patients who did not. The study targeted patients who refused long-term care or to engage with the health care system.

Reger MA, Gebhart HM, et al. (2018) Veteran preferences for the Caring Contacts suicide prevention intervention. Suicide Life Threat Behav doi: 10.1111/sltb.12528

A US study explored whether follow-up calls provided a return on investment by examining the 30 days post-discharge through a multi-state Medicaid database. This study found that follow-up reduced subsequent readmission by at least 13.3% and therefore saved money.

Richardson, J. S., Mark, T. L., & McKeon, R. (2014). The return on investment of postdischarge follow-up calls for suicidal ideation or deliberate self-harm. Psychiatric Services, 65(8), 1012–1019.

A study published by **JAMA Pediatrics in April 2019** indicated that the number of children and teens in the United States who visited emergency rooms for suicidal thoughts and suicide attempts doubled between 2007 and 2015. The average age of a child at the time of evaluation was 13, and 43% of the visits were in children between 5 and 11.


State Plan: Support After a Suicide Attempt




4

STRATEGIC
AIM

GOAL 11: ENSURE CONTINUITY OF CARE AND FOLLOW-UP AFTER SUICIDE-RELATED SERVICES

Desired Outcome  Reduce subsequent suicidal behavior among people discharged from emergency departments and hospital settings after suicide-related services.

Short-term Target  By 2025, all people prior to being discharged from emergency departments and hospital settings after receiving suicide-related services create a plan for follow-up care and contact over a 12-month period or more, as needed.

https://mhsoc.ca.gov/sites/default/files/Suicide%20Prevention%20Plan_Final.pdf

State Plan: Support After a Suicide Attempt

Local and Regional Objectives

Objective 11d Increase the use of electronic health records to document a person's safe transition to another provider, and ensure life-saving information is transmitted, while protecting the person's privacy.

Objective 11e Facilitate safe and timely care transitions by providing linkages to culturally and linguistically appropriate outpatient mental health and substance use disorder providers, crisis services, safety planning or crisis response planning, and by reducing access to lethal means.

Objective 11f Disseminate to emergency department administrators the *Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments* found at http://www.sprc.org/sites/default/files/EDGuide_full.pdf, along with the *Quick Guide for Clinicians* found at http://www.sprc.org/sites/default/files/EDGuide_quickversion.pdf, to increase awareness of safe discharge practices for people seen for suicide-related services.

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/>.

Objective 11i Create uniform policies and procedures for safely transitioning people or students back into the workforce and home or school following a suicide attempt, suicide, or hospitalization for a mental health crisis.

https://mhsoac.ca.gov/sites/default/files/Suicide%20Prevention%20Plan_Final.pdf

Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments

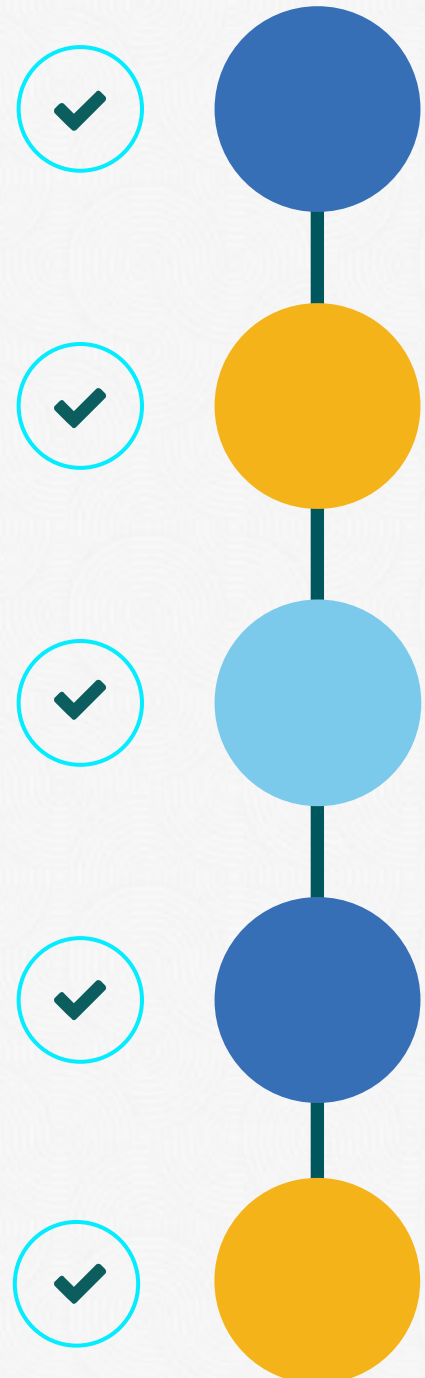

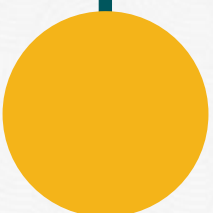
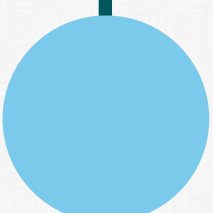
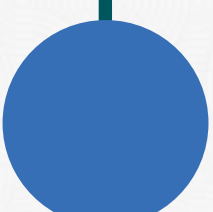
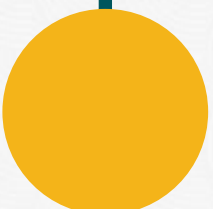


CALM – Counseling on Access to Lethal Means

Bullet Points

Our mission is to teach medical and mental health care providers how to reduce the risk of firearm injury in their patients.

Resource Mapping Questions to consider...

- 
- ✓  What is the data on suicide attempts in your county?
 - ✓  What services and supports for attempt survivors are available in your community?
 - ✓  How are survivors of a suicide attempt supported after they leave the hospital or short-term crisis care?
 - ✓  Are health care and hospitals represented on your coalition or part of your planning process?
 - ✓  How are suicide attempt survivors involved in your strategic planning process?

Guest Speaker David Lopez, Kingsview

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Fresno County Follow Up Program



**CENTRAL
VALLEY SUICIDE
PREVENTION
LIFELINE**
1-800-273-8255

Challenges Post Discharge

NOT ATTENDING APPOINTMENTS

As many as 70% of suicide attempters never attend their first appointment or maintain treatment for more than a few sessions.

GAPS IN AVAILABLE CARE

Many people lack access to available resources for care or are unaware of the resources that are available to them.

LACK OF A SUPPORT NETWORK

Patients can experience loneliness and despair following discharge – those that lack social supports can be particularly vulnerable.

INAPPROPRIATE OR UNIDENTIFIED CARE REFERRAL NEEDS

Referrals from Emergency Departments or hospitals may not match the patient's needs.

Points of entry

- Discharge from Emergency Room
- Exodus (Crisis Stabilization Unit)
- Referral from Crisis Co Responders (Rural Triage, Metro)
- Suicide Prevention Lifeline



Follow Up Care:

Follow-up care supports the transition of individuals who are in suicidal crisis as they continue their journey towards recovery.

Follow-up is an impactful and cost-effective method of suicide prevention. Research shows that follow-up with hotline callers and people recently discharged from an Emergency Department or inpatient setting has positive results for both those receiving care and those providing it.



Follow-up care provides a safety net between contacts, ensures continuity of care, and continues the assessment and management of risk.

Service Includes:

Mood check and risk/safety assessment

Crisis support and counseling

Psychoeducation and skill building

Review and revision of safety plan

Problem solving obstacles

Follow-up care is effective and should be seen as an integral part of service delivery post discharge.

Structured, consistently applied protocols are essential for an effective follow up program. Obtain consent early in the patient's care to ensure a plan is in place. Ensure the patient has a clear understanding of the follow-up service.

QUESTIONS

If you have any questions, please feel free to reach out, I would be happy to expand upon and clarify any of the data presented or answer anything else you are interested in. – DAVID

Contact info:
dlopez@kingsview.org
559-256-7602
559-630-1265

THANK YOU

Q&A



Guest Speaker Bhuvana Rao, Ph.D

Bhuvana Rao, Ph.D.
Division Manager
Office of Suicide Prevention
Mental Health and Recovery Services
County of Orange Health Care Agency

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Postvention Stepdown Services Orange County

Bhuvana Rao, Ph.D.

**Office of Suicide Prevention, Mental Health Recovery Services
Orange County Health Care Agency**



Postvention Step-Down Services

- Orange County seeing increase in rate of readmissions of individuals with suicide attempts or individuals with suicidal ideation in Orange County hospitals, emergency services, inpatient and outpatient centers.
- Exacerbated during the pandemic (although suicide rates were flat lined).
- We know that after a person is treated for a suicide attempt and discharged, their risk for reattempt is very high.
- Post-discharge care tends to be inconsistent in Orange County and same trend is seen nationally.
- Effort to close the continuum of care gap at post- discharge.
- OC HCA funded Didi Hirsch Suicide Prevention Services for a service expansion of current services.



Postvention Step-Down Services



- Service expansion to partner with Orange County emergency departments, intensive outpatient programs and inpatient behavioral health units for linkages and “warm transfers” to Didi Hirsch step-down intervention, prevention and postvention services.



Postvention Step-Down Services

Referral process: Upon discharge, hospital or ER staff links patient with suicide ideation and/or a suicide attempt to Didi Hirsch at dedicated Referral Line: (714) 989-8311 and “warm transfers” the patient to Didi Hirsch SPC staff.

At Didi Hirsch: Reassessment of risk, safety planning and emotional support to reduce the risk of a suicide attempt.

One-on-one therapeutic sessions for individuals, couples and families to , coping skills and support groups for individuals and family members (recognizing warning signs, how to obtain help and how to manage their own stress).

Postvention Step-Down Services



- Evidence-based practice:
Cognitive Therapy for Suicide Prevention (CT-SP)
- Follow-up services upon completion of therapeutic services include:
 - Monitoring of safety plans, ongoing risk assessments and follow-through on referrals to community resources
 - Monthly therapist check –in with participant for 2 months post discharge
 - Subsequently, follow-up by specially trained Crisis Line Extended Follow-Up triage team at the 3, 6, and 12 month post discharge from the program
 - Follow-up calls by the Crisis Line Extended Care counselors available to individuals who were discharged from hospitals but did not attend the Didi Hirsch step-down care program



Q&A



Guest Speaker: Liseanne Wick

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EVERYONE deserves
to be seen.



Suicide Prevention & Crisis Services

Liseanne Wick, MS, D.Div.
Director



Mission

Achieving regional health through high quality comprehensive care.

Everybody deserves to be seen, no matter who you are, where you come from, where you work or what place you call home.



WELLSPACE HEALTH
We see YOU.



Suicide Prevention & Crisis Services

BRIEF DESCRIPTION:

- Over 50 years of experience providing professional 24hr Suicide Prevention Crisis Line service throughout CA- and beyond
- Nationally Accredited (*American Association of Suicidology, Joint Commission on Behavioral Health*)
 - Local Suicide Prevention Crisis Line, chat, and texting available 24/7/365
 - Covering 50/58 counties in CA for National Lifelines & chat
 - **Crisis Chat & Crisis Texting – text HOPE to 916.668.iCAN** or go to:
www.suicideprevention.wellspacehealth.org

ED Follow Up Suicide Prevention Program 2010-2021

Postvention as suicide prevention

Benefits of ED Follow Up program

- Lives are saved and risk of re-attempt is reduced post discharge from ED
- Expert follow up care post-discharge at no cost to the patient using Best Practices and Evidence-Based interventions
 - Improved Continuity of Care for persons at high risk of suicide
 - Individuals feel supported and learn about services that can help
 - Ongoing risk assessment and monitoring

Excellent Outcomes

CONNECTING WITH SUICIDAL PATIENTS POST DISCHARGE:

- **8,076 contacts were made with patients post-discharge across 10 years**

ENHANCED CONTINUITY OF CARE:

- **901 Patients referred from regional Emergency Departments (Sutter, Dignity, & UCDCMC) to WellSpace Health Suicide Prevention ED Follow Up program**

What we do and what it looks like- referral form in ED, first contact within 24-48 hours, Risk Assessment & monitoring, Empathetic emotional support, Collaborative Safe Planning, Debriefing crisis and hospitalization, Linkage to treatment services and supports, Self care plan explored, 24hr access to hotline, chat, text.

We see you.

Excellent Outcomes

- **PREVENTING SUICIDE DEATHS & RE-ATTEMPTS post-discharge:**

OF the 901 patients referred for ED Follow Up:

-99% patients remained safe from suicide post-discharge

-Only 1% attempted suicide post-discharge in 10+ years of ED Follow Up

-0 Suicide Deaths among participants in 10+ years of ED Follow Up

We see YOU.

WellSpace Health Post Discharge Outcomes



We see you.

California Post Discharge Outcomes



We see you.

Questions?

Liseanne Wick, MS, D.
Director, Suicide Prevention
916-368-3118
Lwick@wellspacehealth.org



We see you.

Q&A



Guest Speaker Kara Connors, MPH

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An Overview of the Youth Action Team, Caring Cards Initiative and Sensitivity Training

Kara Connors, MPH
kconnors@marincounty.org

Marin County Behavioral Health and Recovery Services



Marin County
Suicide Prevention Collaborative
Marin Gun Safety Collaborative
Volunteer Opportunity for Marin Youth!



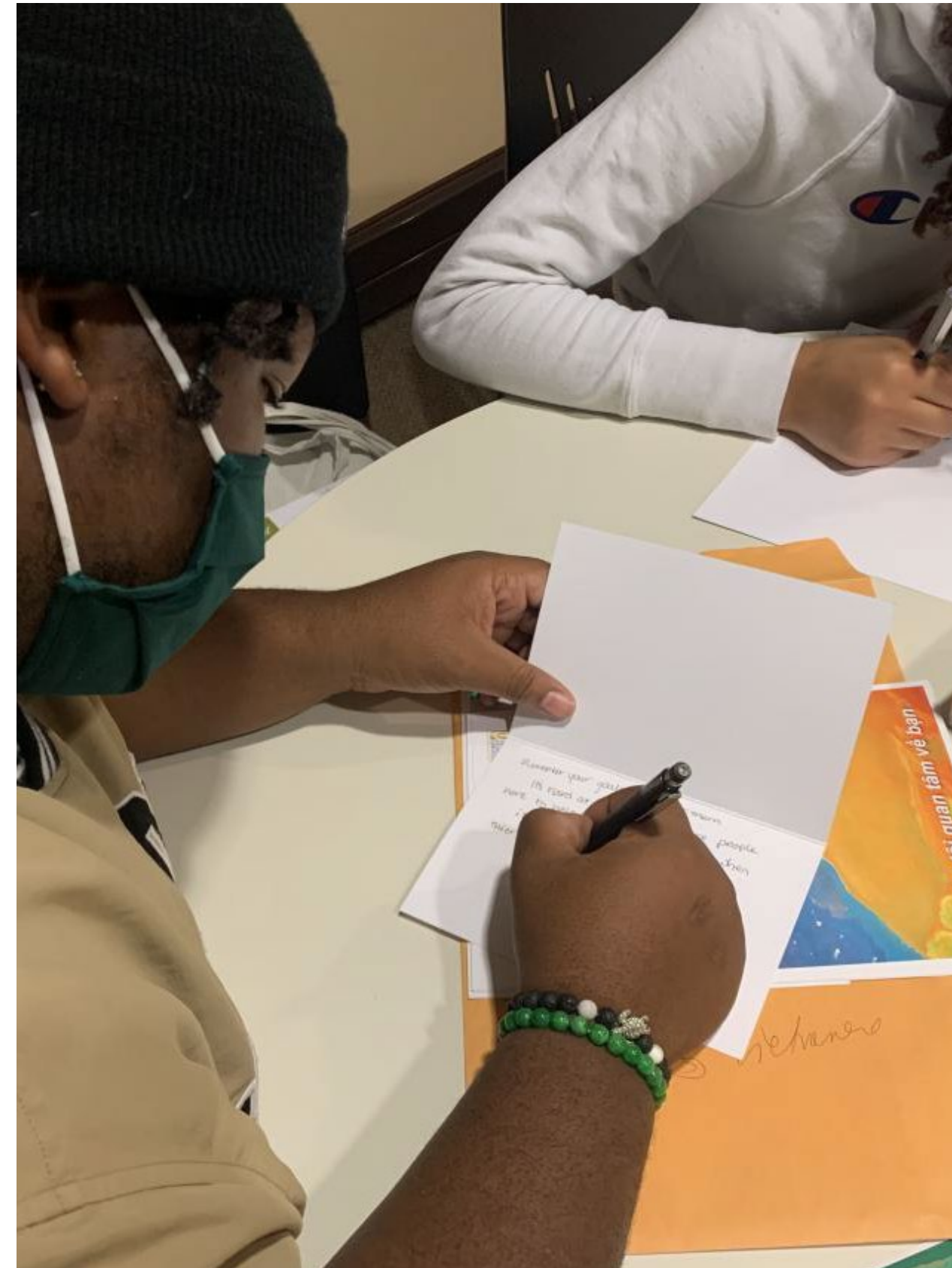
YOUTH ACTION TEAM

YOU'RE INVITED!

The Marin County Suicide Prevention Collaborative invites youth (ages 15-25) to help create awareness around suicide prevention in our community. Community service credits available upon request.

ABOUT THE SUICIDE PREVENTION COLLABORATIVE

The Collaborative and our Community Action Teams focus on ways to educate the community about suicide prevention and mental health. The Youth Action Team provides leadership in raising awareness on these



Marin Independent Journal

Marin students, volunteers pen 'caring cards' to patients in recovery



By KERI BRENNER | kbrenner@marinij.com | Marin Independent Journal
PUBLISHED: November 24, 2021 at 11:48 a.m. | UPDATED: November 24, 2021 at 1:33 p.m.



1 of 3

Hall Middle School teacher Lisa Ferguson helps proofread 8th-grader Angelica Claire's "Caring Card" in Ferguson's community leadership class in Larkspur on Wednesday, Nov. 17, 2021. The Caring Cards program, handwritten notes of support, was suggested by the Suicide Prevention Collaborative's Youth Action Team. (Alan Dep/Marin Independent Journal)

Marin young people or adults discharged from mental health treatment programs this holiday season can look forward to words of comfort and cheer from their neighbors, instead of dreading any stigma that could be attached to their recovery.

For the first time, county schools, agencies and health care providers are joining forces to give the former mental health or rehabilitation patients 2,000 "caring cards." The cards, which will be mailed



THE ARK

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Shayne Jones · Dec 1, 2021 · 1 min read

Strawberry teen aids county program to support those struggling with mental health



Strawberry teen Scarlett Goh is helping Caring Cards, a county initiative to send handwritten notes to hospitalized patients in Marin who are struggling with mental-health issues. (Elliot Karlan / For The Ark)

After a traumatic experience, the world can feel like a lonely place.

Strawberry's Scarlett Goh says that's why she's spearheading Caring Cards, a county program that sends handwritten notes to hospitalized patients in Marin who have been struggling with their mental health, suicidal ideation, substance abuse or other behavioral-health issues.

The program is an initiative of the Marin County Suicide Prevention Collaborative's youth action team, which includes 17-year-old Scarlett as a member. The team is one of six under the collaborative that works to raise awareness of and de-stigmatize mental health.

For the complete story, pick up this week's edition of The Ark on newsstands or [SUBSCRIBE NOW](#) for home delivery.



85 views

Recent stories

- Belvedere city manager will retire on June 15
- County to review list of Strawberry sites for housing
- Katherine Schwarberg Swan
- Panelists share perspectives at Women's History Month
- Belvedere seeks interim appointee for vacant position
- Belvedere residents voice opposition to infrastructure
- New draft scales back city charter needed to pose tax
- Tiburon residents weigh in on traffic and noise issues
- Scientists search for ways to restore eelgrass in
- Dick Ward



What is Caring Cards?

- Caring Cards sends heartfelt messages of hope, recovery, and support to someone who has been hospitalized or has been struggling with mental health, suicidality, and/or substance use issues.
- The cards have images of youth artwork with a handwritten caring message inside and referral information on the back.
- By utilizing youth art that expresses their own journey with mental health, those who receive the card may feel more supported by someone “who has been there” on a similar journey.
- Note: you do not have to have experience to be a part of this program.

Why Caring Cards? Connection Keeps People Safe.

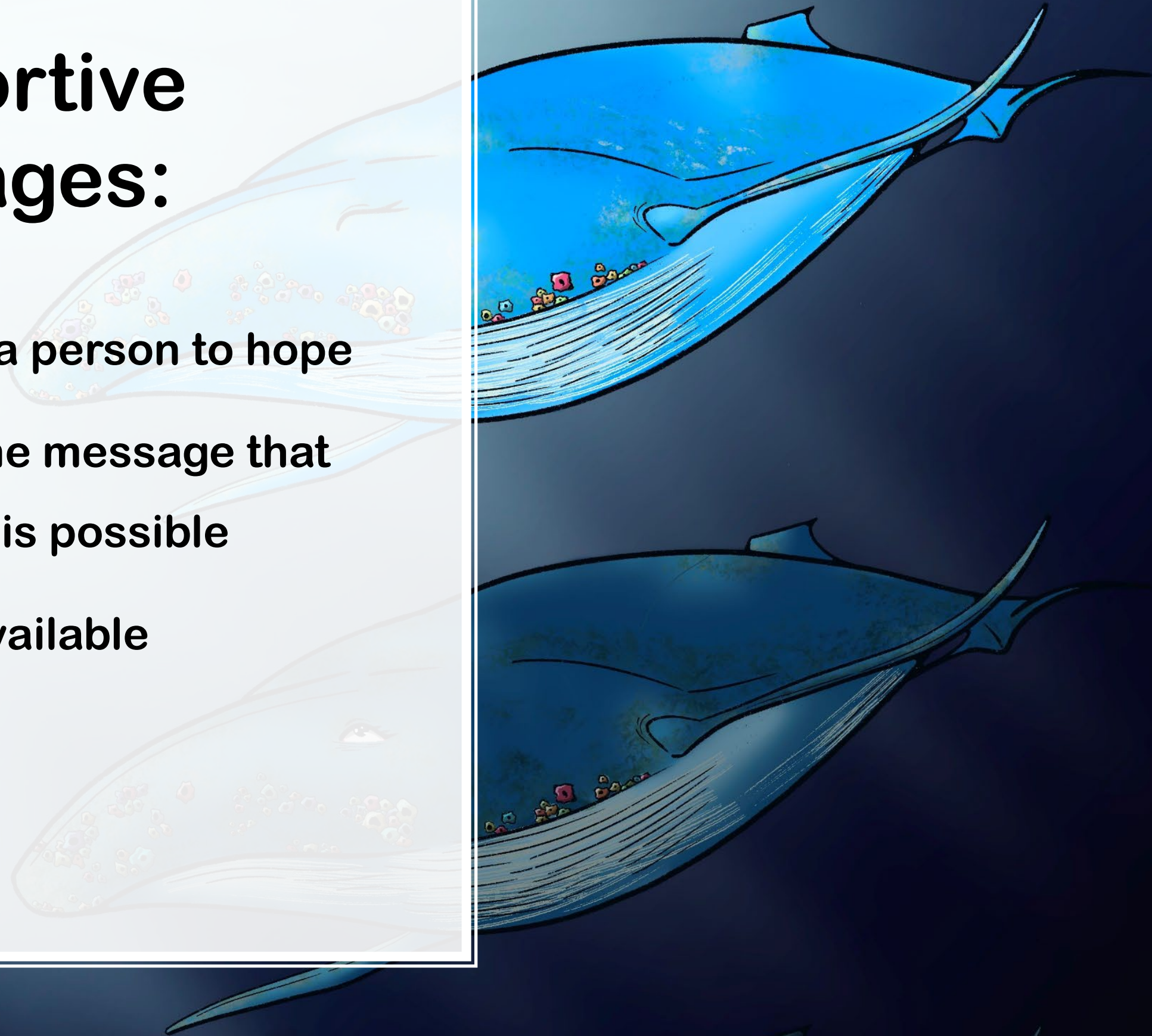
We know that cultivating a sense of belonging and acceptance can go a long way towards helping a person in recovery feel that life is worth living.

In a program similar to the Caring Card initiative, more than 80% of former psychiatric unit patients surveyed said receiving a "get well soon" card would have helped their recovery. Words of hope and encouragement can remind those at discharge or following a visit that they are not alone and recovery is possible.

The Caring Card initiative supports our neighbors, friends and loved ones with messages to support hope and recovery in their journey.

Supportive Messages:

- Connect a person to hope
- Shares the message that recovery is possible
- Help is available



What Does a Caring Card Look Like?

Dear Neighbor,

I know that things may be hard right now and you may wonder if you'll ever feel better. We are stronger than we think sometimes. You have what it takes to reach for recovery. I believe in you and you must believe in yourself too.

Warmly,

Your Caring Friend

Dear Friend,

Sometimes mental illness can make us feel alone and isolated. But you are not alone. It is brave to ask for help so that you can live the life you deserve. If you are feeling sad or discouraged, there are resources in our community that can help.

Sincerely,

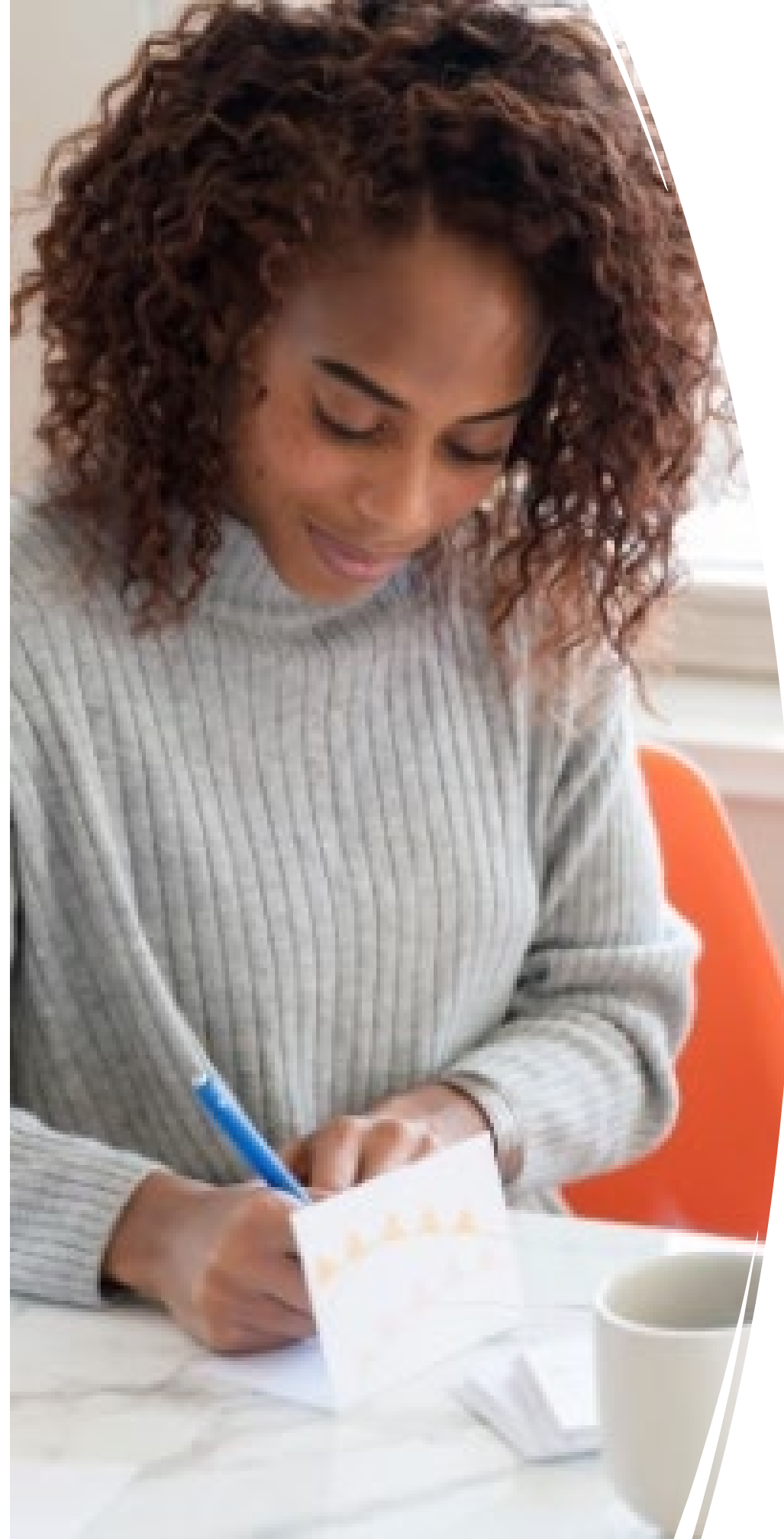
A Friend in Marin

Dear Neighbor,

I know this work is hard. Always have hope and believe that your recovery is possible. If someone gives you help, please take it! Don't listen to the stigma of mental illness. Participate in your treatment and please reach out to the numbers on the back.

Love,

A Caring Person



How to Sign Your Card

- **Your Friend**
- **Warmly**
- **A Caring Neighbor**
- **Someone Whose Been There**
- **Someone Who Cares**
- **Love**
- **Warm Wishes**

Questions to Consider

- **What did you like about these examples? What did you notice about them?**
- **If you were struggling, think about what you would like to read (or not read).**



What Not to Include

- No faith-related messages
- No identifying information on the card or envelopes
- Do not share the details of your experience or story. This is about the person you are writing to and supporting them.
- If you are unsure, please ask!

Resources

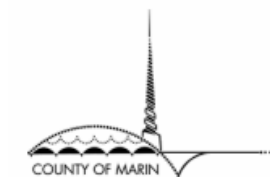
Use them as much/often as you need!

- National Suicide Prevention Lifeline
800-273-8255
- Marin Suicide Prevention Hotline
(Marin) 415-499-1100
- Crisis Text Line: Text MARIN to
741741
- Trevor Project Lifeline (LGBTQ
youth): 1-866-488-7386
- Upcoming: Youth loss survivor
support groups

In Crisis?

**Text MARIN
to 741741**

**Receive free, 24/7,
confidential support**



CRISIS TEXT LINE |

Thank you!

You make our community a safe and caring place for everyone.

Kara Connors, MPH

kconnors@marincounty.org

Marin County
Suicide Prevention
Collaborative



WELLNESS • RECOVERY • RESILIENCE



Q&A



Guest Speaker Robert Stohr

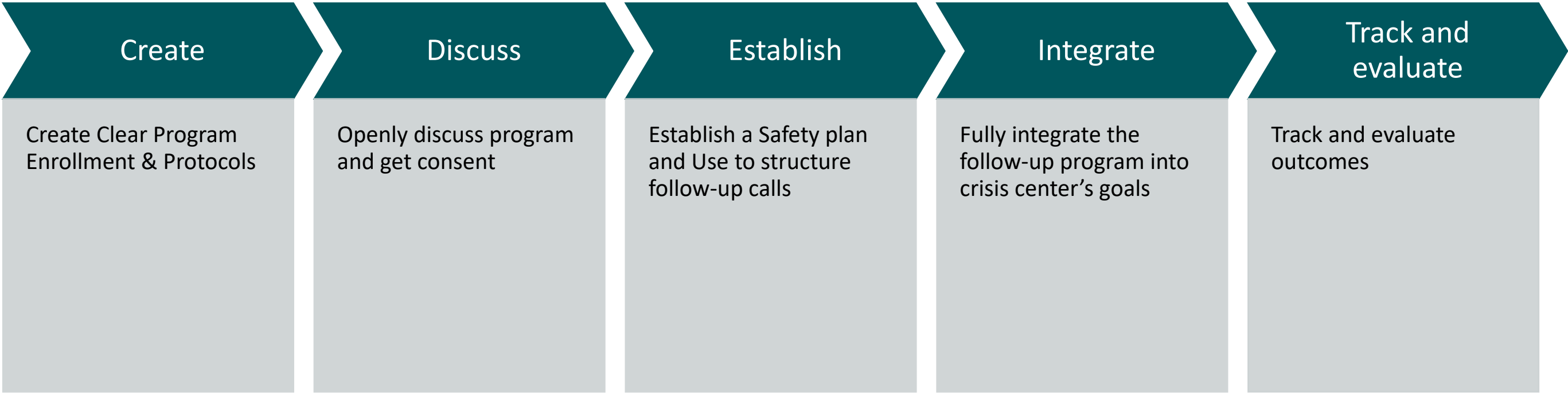
Robert K. Stohr, M.S., L.M.F.T
President of Board of Directors For the Greater
Los Angeles Chapter of the American Foundation
for Suicide Prevention
Executive Director for U.S.VET



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
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Recommendations for Follow-Up Program



Example

Didi Hirsch Emergency Department Follow Up Program with Ronald Reagan UCLA Medical Center and Cedars-Sinai Medical Center

Follow up services are provided to recently discharged patients who have had thoughts of suicide or contemplated an attempt. Once the Crisis Line Program Coordinator receives a referral from these medical centers, they conduct an intake by phone within 24 hours. Three call attempts are made to contact the patient. If the patient agrees to enroll in the follow up program, a Crisis Line Shift Supervisor is assigned to them. The Crisis Line Shift Supervisor schedules weekly check-ins with the patient to monitor their risk for suicide and provide emotional support and link them to long term care. These calls focus on the development of coping strategies, safety planning, and finding treatment. Crisis Follow-Up Services typically terminate 4-6 weeks after the patient is connected with the appropriate long-term care, but can go longer if needed.



A teal-colored ribbon graphic with a folded appearance on the left side, containing white text.

*Groups for Attempt
Survivors*

Survivors of Suicide Attempt Groups



Recommendations for Developing and Facilitating an Attempt Survivor Group



Preparation and Qualification



Suggested Program training requirements



Group Structure



Short- and Long-Term Goals



Group Outline and Themes

Recommendations for Attempt Survivor Groups



Preparation and Qualifications

Before implementing a support group for attempt survivors, facilitators need to have training in assessing suicide risk and dealing with imminent risk.

It is expected that support group facilitators have education and experience in mental health and suicide prevention.

Suggested Program Requirements

1. Knowledge of how to develop, implement, and manage a suicide attempt survivor support group, using a community implementation team model;
2. Knowledge of safety issues related to suicide attempt survivor support groups
3. Knowledge of resources and tools for suicide attempt survivors.

Facillitators: Clinical and Peer



Clinical : Provide Structure to the group, share ground rules, discuss and present psychoeducational strategies and tools

Peer : Develop Rapport with clients, share personal insights, model healing, and provide emotional connection and support

Group Structure

Psycho-education

- *Resources*
- *Increased Awareness about Mental Health and Suicide Prevention*

Skill Building

- *Coping Strategies*
- *Activities*
- *Safety Planning*

Support

- *Connection*
- *Peer Support*
- *Check-in*

Short term goals

-
- Maintaining participant safety and managing risk

-
- Reducing internalized/perceived stigma

Increasing comfort with and ability to speak about the thoughts and feelings that led to their suicide attempt

-
- Increasing knowledge about, and the likelihood of using, safety planning tools and resources

Increasing connectedness, including access to peers who can support each other in times of crisis

Long term goals

Reduce
Suicide Desire

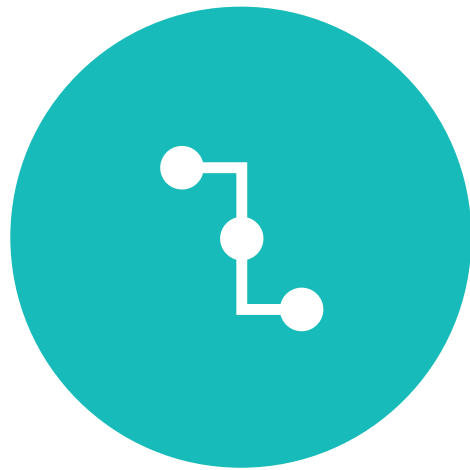
Reduce
Suicide intent

Increasing
protective
factors

Create a
support
network

Preventing
future
attempts

Themes



CONNECTION



BEING HEARD AND
UNDERSTOOD



STAYING ALIVE

8 Week Group Outline

Week One: GROUP OVERVIEW/INTRODUCTIONS.

Week Two: TALKING ABOUT SUICIDE

Week Three: GIVING AND RECEIVING SUPPORT

Week Four: WHAT CAUSES MY THOUGHTS?

Week Five: COPING WITH THE THOUGHTS –SAFETY PLANNING

Week Six: RESOURCES

Week Seven: CREATING HOPE

Week Eight: CLOSURE

Example

Attempt Survivor Support Group

In 2011, Didi Hirsch developed one of the first group processes to work with suicide attempt survivors in the nation. The group is an eight-week group facilitated by a licensed clinician and a peer facilitator, someone with "lived experience". The eight weeks best practice program consists of learning to discuss suicide and tell your story; talking about suicide in order to understand your personal risk and protective factors; learning to understand precipitating events that had the potential to trigger suicidal thoughts or feelings; developing coping mechanisms through an understanding of some simple cognitive techniques; identifying personal and community resources; and developing a safety plan. Currently one group is offered.





Guest Speaker

Robert Stohr

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Q&A



Considerations for Health Care

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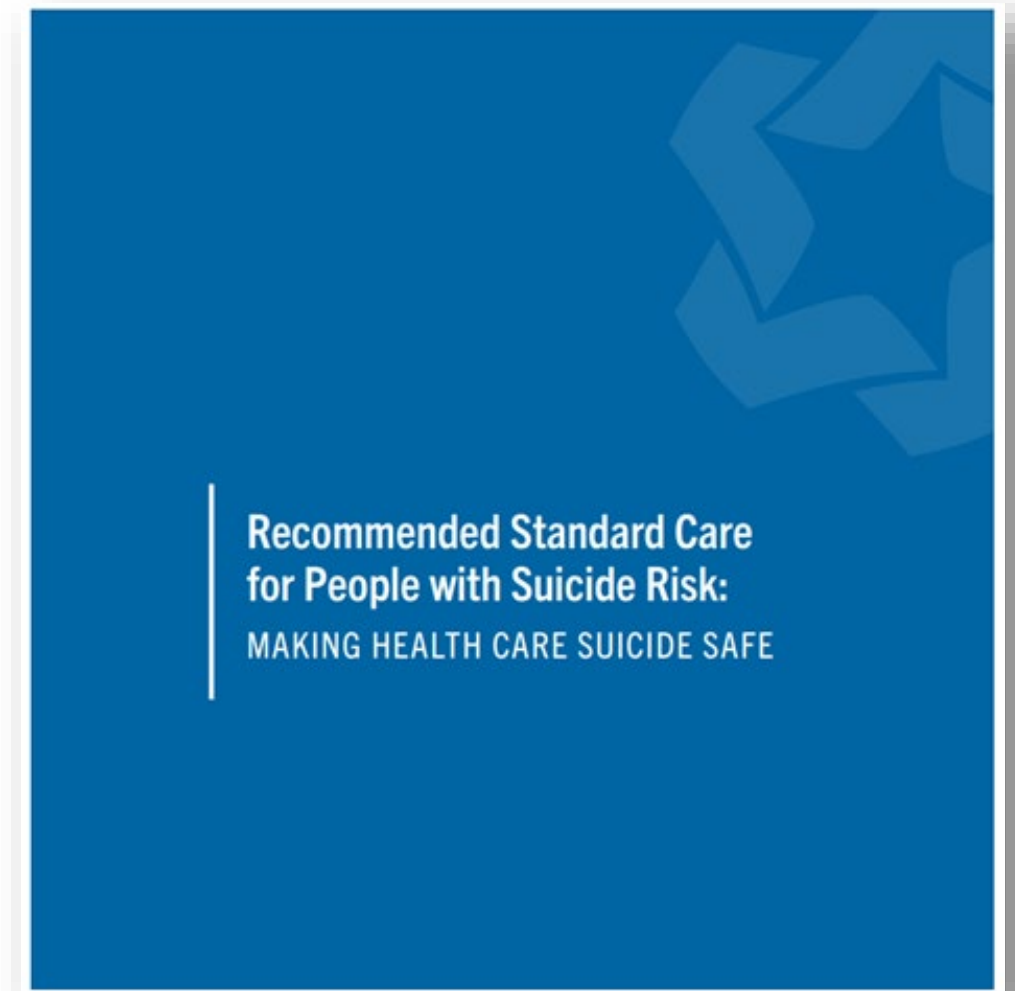
Hospital Stays or Outpatient?

- Very brief stays are not long enough to get many suicidal people through their period of elevated risk, and they are often discharged while still in a state of elevated risk (Crawford, 2004; Olfson et al., 2016; Qin & Nordentoft, 2005).
- Hospital treatment (like other mental health care) **usually does not directly address suicidal thought patterns**, relying on the hope that treatment for other behavioral health diagnoses problems is sufficient
- Suicide rates for the days and weeks **immediately after hospitalization are extremely high** (Crawford, 2004; Olfson et al., 2016; Qin & Nordentoft, 2005)
- As many as half of initial mental health appointments are not completed (Bickley et al., 2013)
- Risk of suicide is highest in the few days after discharge and well before scheduled outpatient visits (Crawford, 2004; Olfson et al., 2016; Qin & Nordentoft, 2005)

Recommended Standard Care for People with Suicide Risk: Making Health Care Suicide Safe

Identifies three key gaps in health care for prevention of suicide:

- Not Proactively Identifying Intense Suicide Risk
- Not Acting Effectively for Safety
- Not Providing Supportive Contacts for People at Risk of Suicide



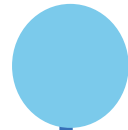
https://theactionalliance.org/sites/default/files/action_alliance_recommended_standard_care_final.pdf

Best practices for continuity of care

Recommendations for Inpatient Providers

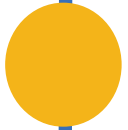
Recommendations for Outpatient Providers

Collaborative protocols and procedures for seamless transfer



Consider the inpatient provider as part of the care team

Involve family members and other natural supports.



Connect with the patient and their family and/or other natural supports.

Collaboratively develop a safety plan.



Narrow the transition gap.

Follow up with the patient.



Maintain good communication.

Source: National Action Alliance for Suicide Prevention, "Best Practices in Care Transitions for Individuals with Suicide Risk".

ZERO Suicide in Behavioral Health Care



The Zero Suicide framework is a system-wide, organizational commitment to safer suicide care in health and behavioral health care systems. The framework is based on the realization that suicidal individuals often fall through the cracks in a sometimes fragmented and distracted health care system.

Elements of Zero Suicide

- 1** **Lead** system-wide culture change committed to reducing suicides
- 2** **Train** a competent, confident, and caring workforce
- 3** **Identify** individuals with suicide risk via comprehensive screening and assessment
- 4** **Engage** all individuals at-risk of suicide using a suicide care management plan
- 5** **Treat** suicidal thoughts and behaviors using evidence-based treatments
- 6** **Transition** individuals through care with warm hand-offs and supportive contacts
- 7** **Improve** policies and procedures through continuous quality improvement

www.ZeroSuicide.com

Follow-up and the National Suicide Prevention Lifeline

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Crisis Hotlines & Follow-up Care

Crisis Lines are uniquely positioned to:

- Provide 24-hr access to staff trained in suicide assessment and intervention
- Intervene when a caller is not willing or able to ensure his or her own safety
- Avert unnecessary ED visits and better ensure needed ED visits
- Connect directly with local mobile crisis teams
- Thoroughly assess for risk of suicide, provide support, offer referrals, develop a safety plan, and dispatch emergency intervention if necessary



For more information on follow-up matters, visit: [here](#)

- 91% of Lifeline Centers provide follow-up services.
- 38% of Lifeline Centers have formal relationships with their local Emergency Department
- Follow up typically occurs within 24-48 hours following a suicidal crisis call or discharge from an Emergency Department or Inpatient setting and can be done in a number of ways.

Emergency Department/Crisis Line Partnerships



Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments

Range of options to determine and conduct the appropriate course of action, treatment options, and referrals needed:

- Incorporates a Decision Support Tool, series of Brief Suicide Interventions, means safety measures, and the SAFE-T Tool
- Provides a framework and guidelines for:
 - ✓ Assessing Risk; determining whether to discharge and refer or admit for care
 - ✓ Ensuring appropriate and consistent follow-up upon discharge



Training and Treatment Considerations

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Training and Treatment Considerations

- **AMSR – Assessing and Managing Suicide Risk**
- **RRSR – Recognizing & Responding to Suicide Risk**
- **CALM – Counseling on Access to Lethal Means**
- **CAMS – Collaborative Assessment and Management of Suicidality**
- **LivingWorks Suicide to Hope Training**
- **Preventing Suicide in ED Patients**
- **Suicide Prevention 201**
- **Cognitive Behavioral Therapy for Suicide Prevention**
- **Dialectical Behavioral Therapy**
- **The Attempted Suicide Short Intervention Program (ASSIP)**



A M E R I C A N
ASSOCIATION OF SUICIDOLOGY

What's Next?

**Striving for Zero
Collaborative Meeting #5**
Wednesday, June 15th
10AM - 12PM
Register here.

Learning Collaborative Resource Page:



CaMHSA Webinar Series: Recordings

Guidance for the Systematic Infusion of Culture and Diversity Into Suicide Prevention Efforts

<https://attendee.gotowebinar.com/recording/8974977386690629136>

Current treatment barriers and possible solutions for improving suicide interventions for BIPOC communities

<https://attendee.gotowebinar.com/recording/131319492283411727>

Sociocultural risk and protective factors associated with suicide among BIPOC youth

<https://attendee.gotowebinar.com/recording/8689555164474880527>

Structural and systemic factors that impact suicide treatment seeking and access BIPOC youth

<https://attendee.gotowebinar.com/recording/6458439363841028364>

Delivering culturally responsive suicide interventions in community settings

<https://attendee.gotowebinar.com/recording/9050973433237194764>

Pain Isn't Always Obvious
KNOW THE SIGNS
Suicide Is Preventable

**One Size Does Not Fit All:
Making Suicide Prevention and
Interventions Equitable for Our
Increasingly Diverse Communities.**

Risk and protective factors for suicide vary widely across cultures. Beliefs and attitudes about suicidal behavior are influenced by socio-economic inequality and injustice, historical trauma, socialization and experiences with institutions, psychiatric treatment and handling of crisis situations in communities. There is a need for appreciation and understanding of cultural context in which suicidal behavior occurs and effective action around developing and delivering culturally responsive interventions. This webinar series is brought to you by the California Mental Health Services Authority (CaMHSA). This webinar series is intended for county behavioral health staff, mental health providers, social workers, and clinicians.

Webinar #1:
Current treatment barriers and possible solutions for improving suicide interventions for BIPOC communities.

Date:
Thursday
January 20, 2022
10 a.m. - 11:30 a.m.

Cost:
Complementary

CEUs available

Please register at:
<https://attendee.gotowebinar.com/register/2076795364855058703>

Description:
This webinar will serve as an introduction to the four-part webinar series developed to help community practitioners understand how sociocultural context impacts self-injurious thoughts and behaviors. This webinar will provide an overview of clinical recommendations that are aimed to make suicide prevention more focused and equitable for diverse communities. First, an overview of current data gaps, biases and limitations will be discussed through an equity, diversity, and inclusion [EDI] lens. This will inform attendees of the current state of our knowledge regarding trends in suicide among BIPOC communities with a focus on youth. Second, we will discuss how community agencies can "call in" community members into their strategic planning in a meaningful way. We will end the webinar with a discussion of current structural and sociocultural barriers to care and will also facilitate a conversation about possible multi-level solutions that can help equitable suicide interventions move forward.

As a result of attending this webinar, participants will be able to:


1. Identify current treatment gaps and structural biases that have limited the advancement of suicide interventions for BIPOC communities.
2. Learn how to involve diverse communities in building suicide intervention strategies that work.
3. Analyze possible solutions to suicide related care for BIPOC communities with a special emphasis on youth.

CaMHSA
California Mental Health Services Authority

[SuicideisPreventable.org](https://www.suicideispreventable.org)

View Recording here:

<https://mhsoac.ca.gov/initiatives/suicide-prevention/the-suicide-fatality-review-process-webinar/>



THE SUICIDE FATALITY REVIEW PROCESS
WITH DR. KIMBERLY REPP

MHSOAC
Mental Health Services
Oversight & Accountability Commission


FREE VIRTUAL TRAINING FOR LOCAL HEALTH AND BEHAVIORAL HEALTH DEPARTMENTS AND THEIR SUICIDE PREVENTION PARTNERS

In formalizing data collection after a suicide death, the Suicide Fatality Review Process and suicide surveillance system allow communities to track near real-time trends, determine who in the community is most at risk, and consider systemic changes that could potentially prevent future suicides. In this 90-minute webinar aimed at health and public health departments, medical examiners, and coroners' offices, Dr. Repp will provide an overview of the process and its implementation. This training opportunity is funded by California's Mental Health Commission.

Wednesday, January 26, 1 – 2:30 PM

For questions, contact **Amanda Lawrence, Ph.D.**,
amanda.lawrence@mhsoac.ca.gov

PRESENTERS:



Dr. Kimberly Repp, Chief Epidemiologist,
Washington County

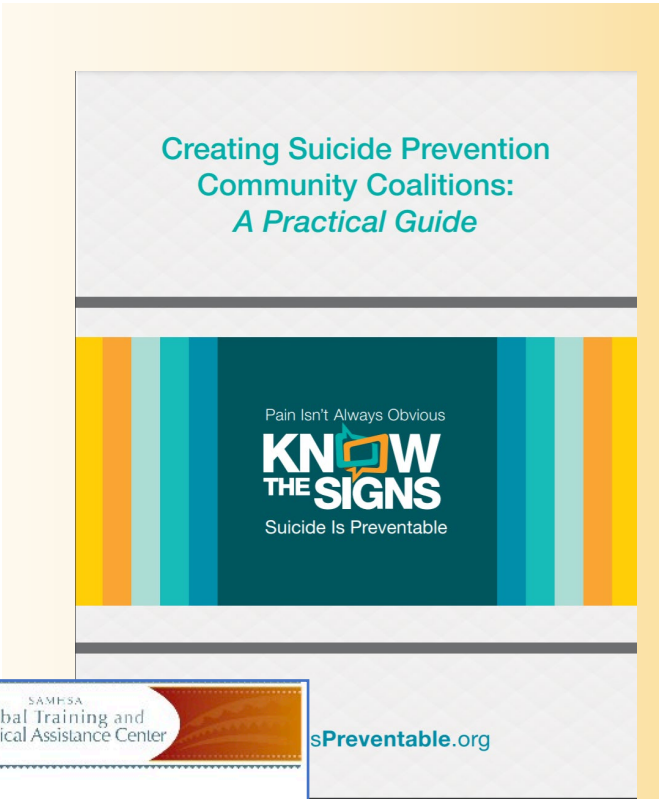
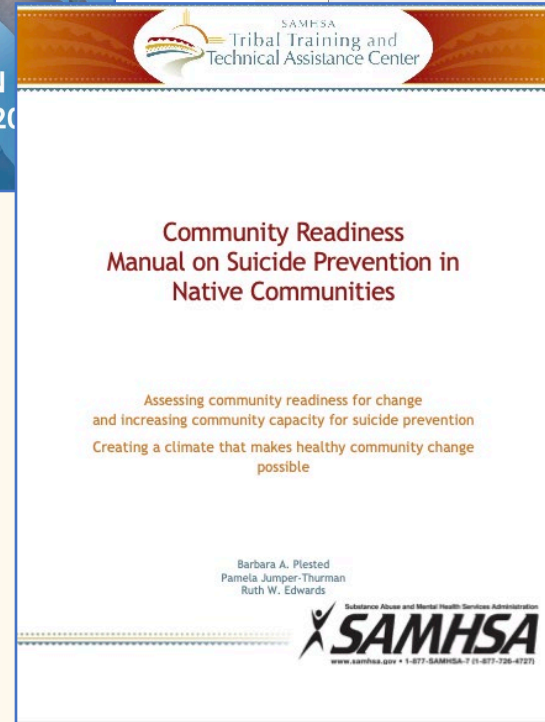
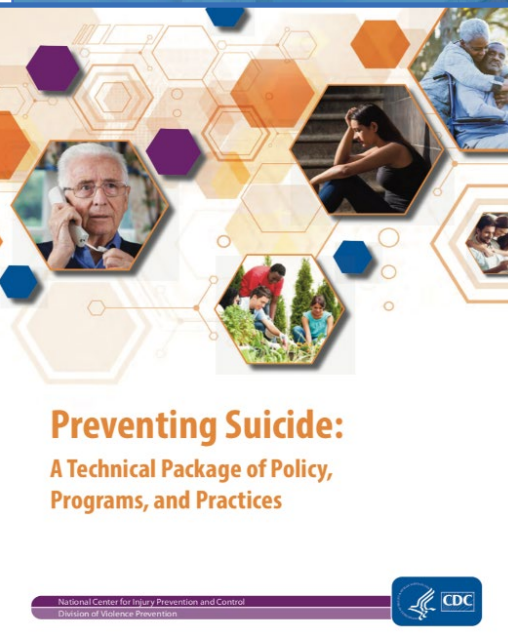
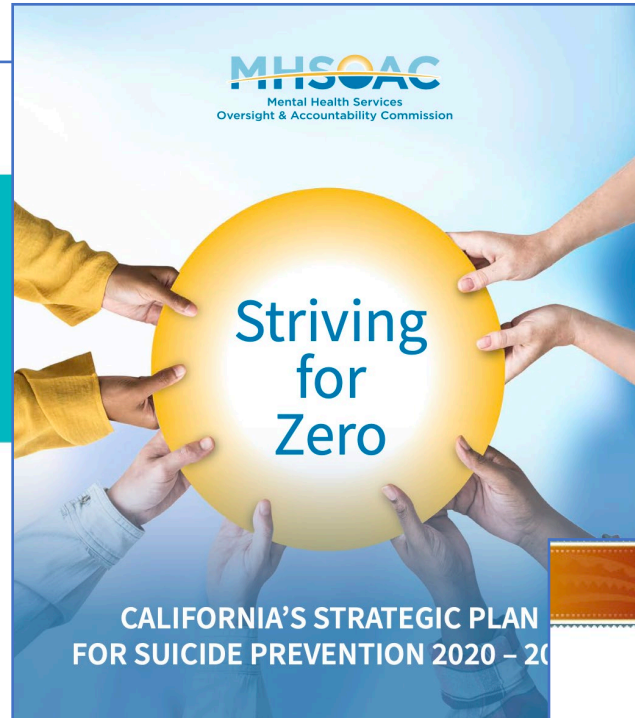
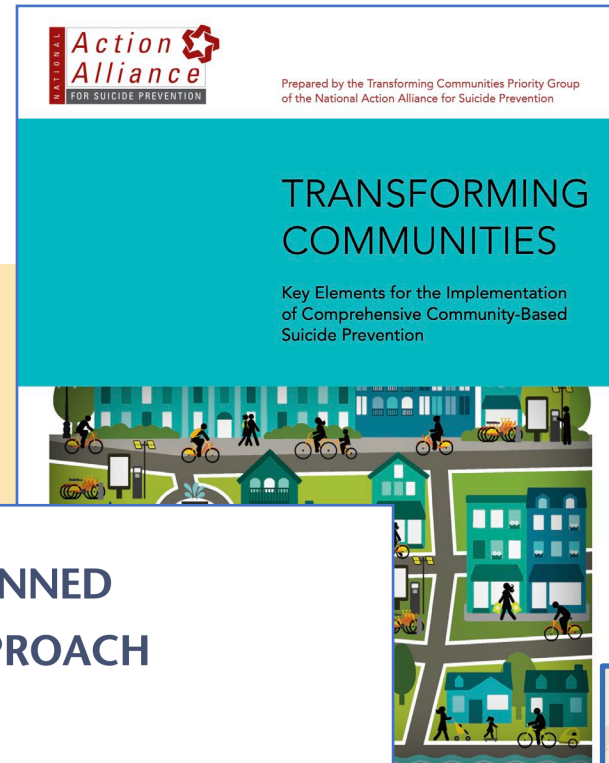
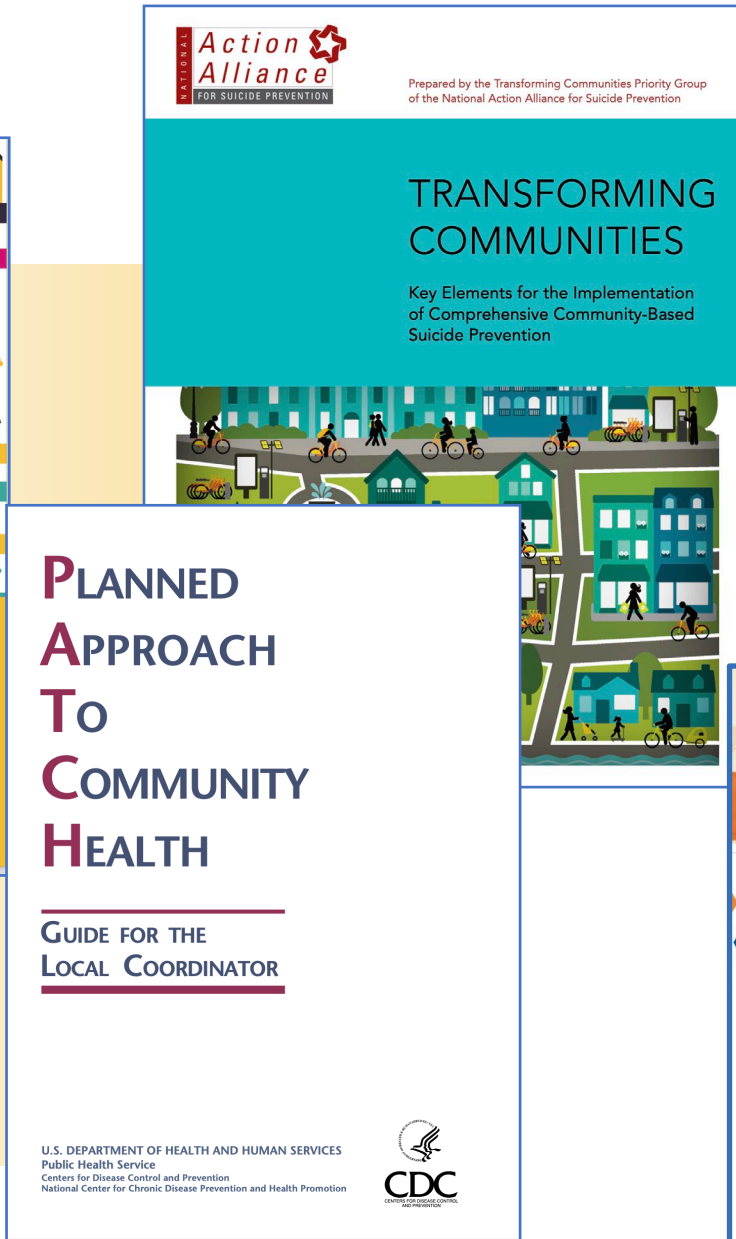
Kristen M. Smith, Humboldt County,
Suicide Fatality Review Core Team

Ron M. Largusa, MSPH, Epidemiologist,
Humboldt County, Public Health

[Click Here to Register](#)

MHSOAC | 1325 J Street, Suite 1700 | Sacramento, CA 95814 | Phone (916) 445-8696 | Email mhsoac@mhsoac.ca.gov | mhsoac.ca.gov

Guiding Resources



Thank you for your time

For more information please contact: jana@yoursocialmarketer.com

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