



# San Diego County Suicide Prevention Council Annual Report to the Community 2018

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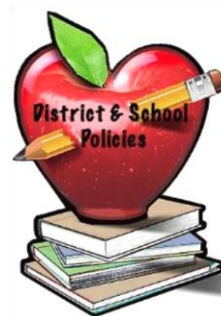
## Youth Suicide Prevention: New School Policies and Beyond

The San Diego County Suicide Prevention Council Annual Report to the Community shares prevention resources and local data on suicide and help-seeking behavior. Our goal with this annual report is to raise awareness that suicide is everyone's problem, stimulate efforts to connect people to resources and, ultimately, reduce regional suicide rates.

This year's report focuses on *Youth Suicide Prevention: New School Policies and Beyond*. It describes a new state law for school suicide prevention policies in grades 7 through 12 and other developments relevant to the prevention of youth suicide. These are important because late childhood and adolescence is a key suicide prevention "window period" when emotional and behavioral problems that increase suicide risk first show symptoms.<sup>1</sup> ***Programs that focus on this period can prevent or reduce these problems and the onset of suicidal behaviors, and those delivered in everyday settings like schools hold promise for the broadest prevention impact.*** Such programs can help jump-start progress in reducing suicides in San Diego County, a public health problem that remains a challenge according to recent data.

### SAN DIEGO COUNTY STATUS OF SUICIDE

Compared to 2016, the County's suicide rate in 2017 increased 5% from 13.1 to 13.8 per 100,000 population. This increase follows a 5% decrease in regional suicide rates from 2013- to 2016. In contrast, the rate of regional Emergency Department discharges due to non-fatal self-harm decreased 5% between 2015 and 2016 (most recent data available). ***In addition, significant gains in help-seeking are evident. Crisis Calls to the local Access & Crisis hotline in 2017 increased 22% to an unprecedented 31.4% of all call volume.*** Annual visits to the *It's Up to Us* suicide prevention/mental health media campaign website increased 8% in 2017, on top of the 17% increase in 2016. The campaign's total number of Facebook Fans rose 34% in 2017. Finally, the number of participants attending suicide prevention trainings increased 87% from 2016 to 2017, reflecting a 57% increase in the annual number of trainings provided. ***You can see more details for the data referred to on the next page in the Status of Suicide & Suicide Prevention in San Diego County: 2018 Report Card.***



### SUICIDE PREVENTION IN SCHOOLS

Now law, Assembly Bill 2246 mandates that public schools serving students in grades 7 through 12 adopt a policy on student suicide prevention, intervention and postvention. The

policy must specifically address the needs of high-risk groups and include suicide awareness and prevention training for teachers. Furthermore the policy must be developed in consultation with school and community stakeholders, school-employed mental health professionals, and suicide prevention experts. PAGE 3



### WHAT I WISH MY PARENTS KNEW

Regardless of the experiences shared, one element that has remained consistent in the youth voice is the message of how important a role parents can, and need to play in suicide prevention. PAGE 7

<sup>1</sup> Wyman PA. Developmental approach to prevent adolescent suicides. Research pathways to effective upstream preventive interventions. Am J Prev Med. 2014 Sep; 47(3 0 2): S251-S256.

## Status of Suicide & Suicide Prevention in San Diego County: 2018 Report Card

What do the data reveal about suicide? What is being done about it?

This Report Card brings together the most recent data available from multiple sources (for the years 2013 through 2017) to present a profile of suicides for all ages in San Diego County. Information from the County Medical Examiner, the Access & Crisis Line, hospital emergency departments, student self-reports, suicide prevention awareness campaigns and suicide prevention training programs are presented to provide a more complete understanding of the status of suicide and efforts to prevent them in San Diego County.

Indicator	2013	2014	2015	2016	2017
<b>1. Total Suicide Deaths (ALL AGES)</b>					
a. Number	441	420	427	431	458
b. Rate per 100,000 population	13.8	13.0	13.1	13.1	13.8
<b>2. Emergency Department Discharges:</b>					
<b>Self-Inflicted Injury/Poisoning</b>					
a. Number	2,870	3,263	3,248	3,098	-
b. Rate per 100,000 population	91.1	102.2	99.5	94.2	-
<b>3. Access &amp; Crisis Line:</b>					
Percent of All Calls that are Crisis Calls	19.7	22.4	25.8	25.7	31.4
<b>4. <i>It's Up to Us</i> Media Campaign</b>					
a. Annual Website Visits	98,960	134,574	210,663	246,273	265,771
b. Total Facebook Fans	10,186	13,211	14,239	16,074	21,602
<b>5. Student Self-Report:</b>					
Percent of Students who Seriously Considered Suicide	-	17.5%	-	14.5%	-
<b>6. Suicide Prevention Gatekeeper Trainings</b>					
a. Presentations	90	116	101	100	157
b. Participants	5,112	6,390	2,747	1,937	3,627

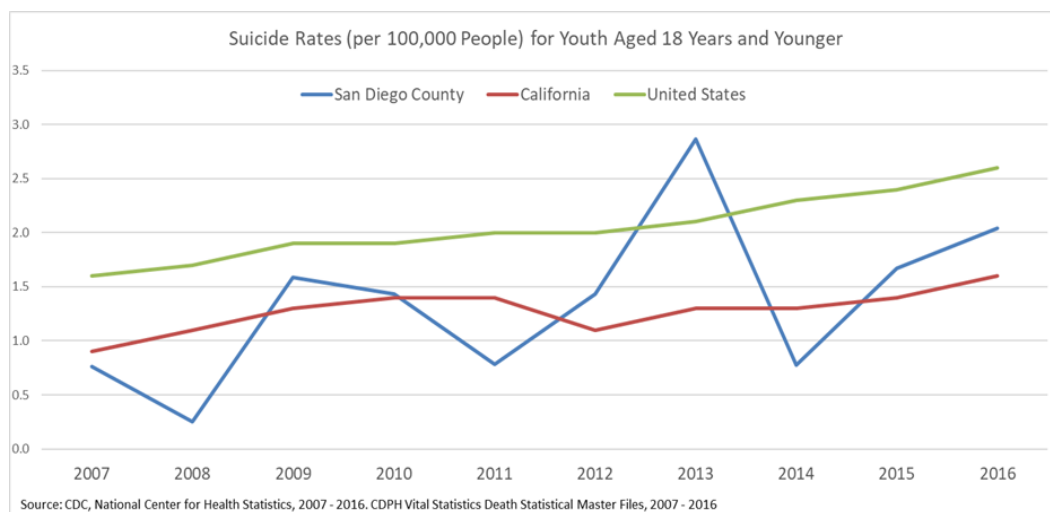
1. Total number and rate of persons that died by suicide. Source: County of San Diego HHSA, Emergency Medical Services, Medical Examiner Database, 2013-2017. Population Data from SANDAG. Suicide rates for previous years may not reflect values included in prior report cards due to updated population estimates. 2. Total number, rates of persons discharged from emergency department that had self-inflicted harm from 2013-2016. Source: County of San Diego HHSA, Emergency Medical Services, Medical Examiner Database, 2013-2016. Population Data from SANDAG. 3. Total percentage of self-reported crisis calls to the San Diego County Access & Crisis Line from 2013-2017. Source: OptumHealth. 4. Total number of persons that visited the *It's Up to Us* media campaign website and cumulative number of fans of the Facebook campaign website page per year from 2013-2017. Source: Civilian Agency. 5. Total percent of youth (9th and 11th Grade) that had suicide ideation (surveys conducted every other year from 2013-2017). Source: California Healthy Kids Survey (CHKS), Developed by WestEd for the California Department of Education, 2013-2017. The total percent is an average of the 9th and 11th grade percentages. 6. Total number of Gatekeeper suicide prevention trainings [Question, Persuade, and Refer (QPR), ASIST, GLSEN, First Responders, Pharmacists] overall held and participants trained as tracked by San Diego County Suicide Prevention Council. Source: Community Health Improvement Partners, 2013-2017.

Call the San Diego Access & Crisis Line (ACL) at (888) 724-7240 to receive FREE assistance 7 days a week/24 hours a day. For mental health and suicide prevention resources, information about free suicide prevention trainings, or to use chat services with ACL Monday-Friday (4pm-10pm), visit [www.Up2SD.org](http://www.Up2SD.org). For more information on the San Diego County Suicide Prevention Council, visit [www.spcsandiego.org](http://www.spcsandiego.org).

# Youth Suicides - Local, State and National Comparison

Between 2007-2016 among those aged 18 years and younger, the suicide rate in San Diego County (2.0 per 100,000 people) is lower than the national rate (2.6 per 100,000 people) but higher than the California State rate (1.6 per 100,000 people).

While the San Diego County rate has fluctuated among this age group over the last decade, this relationship between the County, national, and state suicide rates has generally held true over the last 10 years. However, compared to overall numbers for suicide in all ages these numbers are relatively low.



## AB2246 New Legislation for Suicide Prevention in Schools

Parents, educators, mental health professionals, and legislators made an unprecedented effort to address the pressing need to prevent youth suicides in California.

In 2016, Assembly Bill (AB) 2246 was passed, adding Section 215 to the Education Code. AB2246 addressed this need by requiring Local Educational Agencies (LEAs) to adopt a comprehensive suicide prevention policy at the beginning of the 2017-18 school year. This bill mandates that the Governing Board of any LEA that serves students in grades seven through twelve to adopt a policy on student suicide prevention, intervention, and postvention. The board policy must be developed in consultation with school and community stakeholders, school-employed mental health professionals, and suicide prevention experts.

Within the policy they should include consideration of suicide awareness and prevention training for teachers, and ensure that a school employee acts only within the authorization and scope of the employee's credential or license. While the mandate does not apply to private schools or schools with students below grade seven they are encouraged to consider adopting a suicide prevention policy as a safety net for all of their students

### ADDRESSING THE NEEDS

AB2246 require policies to specifically address the needs of high-risk groups that are disproportionately affected by suicide including the following: youth bereaved by suicide, youth with disabilities, mental illness, or substance use disorders, youth experiencing homelessness or in and out-of home settings such as foster care; and youth who are lesbian, gay, bisexual, transgender, or questioning.

### LOCAL EFFORTS

*The San Diego County Office of Education (SDCOE) partnered with Directing Change to offer three one-day workshops on "Preparing for Policy Change" which are open to the 42 school districts they support. The goal of the workshop was for school district teams to leave with a draft suicide prevention policy. Participation in these workshops included representation from 21 of the 42 school districts in San Diego County.*

### STAFF DEVELOPMENT

All staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention. Additional professional development in risk assessment and crisis intervention will be provided to school employed mental health professionals and school nurses. (Source: <https://www.cde.ca.gov/ls/cg/mh/suicideprevre.s.asp>)



### AB2246 PREPARING FOR POLICY CHANGE WORKSHOPS

Participation in these workshops included representation from 21 of the 42 school districts in San Diego County.

## A Countywide Effort for Suicide Prevention + Mental Health in School Settings

### SAN DIEGO COUNTY OFFICE OF EDUCATION

The San Diego County Office of Education (SDCOE) is committed to supporting schools, students and families with resources to address suicide prevention for its students. It provides consultation, trainings and technical assistance to the 42 school districts around the county.



situations. Training participants had the following to say about the training:

- ❖ *"Helps better prepare us to address hard issues that are always changing."*
- ❖ *"Empowering, timely and extremely important"*
- ❖ *"Every teacher should be required to attend this training."*

### JUVENILE COURT AND COMMUNITY SCHOOLS

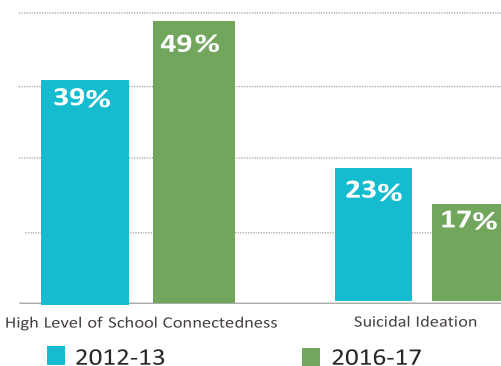
Going beyond regular school settings, SDCOE also developed a suicide prevention policy for its Juvenile Court and Community Schools (JCCS). JCCS provides instruction for school-age youth who are either wards of the court or have been referred by social services, probation, or one of the 42 school districts in San Diego County. Services are provided to students who are incarcerated, pregnant or parenting, in foster care, expelled, chronically truant, in homelessness. In February 2018, all JCCS staff became certified in Youth Mental Health First Aid (YMHFA). To view the policy visit: <http://www.sdcoe.net/Board/Pages/policies.aspx>

### POSITIVE SCHOOL CLIMATE TRAININGS

In addition to YMHFA trainings, SDCOE and its partners provide about 45 additional trainings per year with over 2,000 educators/partners from the 42 school districts and charter schools to promote positive school climate on campuses.

#### These trainings include:

- ☐ Question, Persuade and Refer (QPR)
- ☐ Applied Suicide Intervention Skills Training (ASIST)
- ☐ Restorative Practices
- ☐ Science of Gratitude
- ☐ Mindfulness
- ☐ Self-Care and Trauma
- ☐ Youth Anxiety
- ☐ Gay Lesbian Straight Education Network (GLSEN)
- ☐ Commercially Sexually Exploited Children
- ☐ Trauma Informed Practice in Schools
- ☐ Social Emotional Intelligence
- ☐ Building Asset Based Relationships with Youth



### PROJECT CAL-WELL DATA

The recent Countywide California Healthy Kids Survey data revealed promising trends for secondary students from the inception of Project Cal-Well. As shown in the graph below, **high school students reported a 10% increase in school connectedness and a 6% decrease in suicide ideation since 2012-13.**

### PROJECT CAL-WELL

As part of a grant-funded initiative, Project Cal-Well, the SDCOE Student Mental Health & Well-Being Unit has focused its efforts on reducing the stigma of mental health, increasing mental health literacy and creating positive school climates. SDCOE has conducted 52 YMHFA trainings certifying 1,488 school staff, partners and parents since 2015.

YMHFA teaches adults who regularly interact with young people how to help adolescents who are experiencing mental health challenges in both crisis and non-crisis





## MOUNTAIN EMPIRE UNIFIED SCHOOL DISTRICT

As one of the Project Cal-Well school districts, Mountain Empire Unified School District (MEUSD) certified all 250 of its district staff on Youth Mental Health First Aid (YMHA). Additionally, district staff are now trained in Restorative Practices, Compassionate Schools, Positive Behavior Intervention in Schools and Social/Emotional Learning. A group of student leaders at Mountain Empire High School became trained in National Alliance for Mental Illness (NAMI) on Campus and formed a club on campus. Some of the positive trends in their California Healthy Kids Survey (CHKS) data include a 13% increase in the number of high school students reporting that they feel school connectedness and a 10% decrease in suicidal ideation since 2012-2013. Moreover, 7<sup>th</sup> graders who reported that they feel chronically sad and hopeless decreased by 11% since 2013-2014.

*"A 13% increase in the number of high school students reporting that they feel school connectedness and a 10% decrease in suicidal ideation since 2012-2013." –Mt. Empire Unified School District*

## FOR MORE INFORMATION

Mara Madrigal-Weiss, MA, M.Ed.,  
Director of Wellness & Student Achievement  
Student Services and Programs Division  
[mmadrigal@sdcoe.net](mailto:mmadrigal@sdcoe.net)  
Heather Nemour, MA  
Project Specialist  
Student Mental Health & Well-Being  
Student Support Services Department  
[heather.nemour@sdcoe.net](mailto:heather.nemour@sdcoe.net)

San Diego County Office of Education  
Student Support Services  
6401 Linda Vista Road, Room 411  
San Diego, CA 92111



# Updated Guidelines for Adolescent Depression in Primary Care

## DEPRESSION IN ADOLESCENTS

Typically referred to as teenage depression from a medical perspective-this mental and emotional condition is no different from adult depression. However, compared with adults, the symptoms can look different in teens because they have different social and developmental challenges. These challenges include peer pressure, sports, fluctuating hormone levels and physical changes. Depression is associated with high levels of stress, anxiety and in the worst case scenarios, suicide. Depression can affect teens in all aspects of life- personal, school, work, social and family. Eventually this can lead to social isolation and other problems. (Source: Adolescent Depression, [www.healthline.com](http://www.healthline.com))

Contrary to common belief, depression isn't something that people can just "get over". It is a real medical condition that needs to be addressed in the proper way.

## THE ROLE OF PRIMARY CARE

Teen depression occurs in as many as one in every five teens during adolescence, but they often go undiagnosed and untreated, sometimes because of lack of access to mental health specialists. Aware that pediatricians and other primary care providers are often in the best position to identify and help depressed teens, the specialists of the American Academy of Pediatrics (AAP) participated in a team of medical and psychiatric researchers and clinical experts to develop the first update to the guidelines in a decade.

The "**Guidelines for Adolescent Depression in Primary Care: (GLAD-PC)**," was divided in two parts, **Part I: Practice, Preparation, Identification, Assessment, and Initial Management** and **Part II: Treatment and Ongoing Management** were published in the March 2018 issue of Pediatrics. The guidelines are intended for youth ages 10 to 21, and describe the differences between mild, moderate, and severe forms of Major Depressive Disorder.

In addition, the guidelines for the first time encourage universal adolescent depression screening for children over the age of 12. The guidelines also provide direction for physicians on when to reach out and consult with a mental health provider depending on the severity of the condition. While the guidelines provide ways to include the family in the teen's treatment, they also recommend time spent alone with the adolescent. "There are often community mental health resources that families and physicians can consult to obtain the best possible care," Dr. Zuckerbrot said. "The earlier we identify teenagers who show signs of depression, the better the outcome." (Source: American Academy of Pediatrics Publishes Teen Depression Guidelines that Equip Physicians to Tackle Mental Health Issues. [www.aap.org](http://www.aap.org))

## FOR MORE INFORMATION

The guidelines are available at <https://doi.org/10.1542/peds.2017-4081> (P.I) and <https://doi.org/10.1542/peds.2017-4082> (P.II) You can also access a toolkit (at no cost) for download at <http://www.gladpc.org>.

# The HERE Now Suicide Prevention Program

San Diego Youth Services (Central San Diego), North County Lifeline (North County), and South Bay Community Services (Southbay) are collaborating to prevent youth suicide by actively engaging schools to create a safer place to learn through the diverse *HERE Now Program* (Helping, Engaging, Reconnecting, and Educating).

## THE HERE NOW SUICIDE PREVENTION PROGRAM

The HERE Now Program funded by the County of San Diego Health and Human Services Agency, Behavioral Health Services Department focuses on preventing suicide by educating 7<sup>th</sup> through 12<sup>th</sup> grade youth and their families on the warning signs, risk factors, and protective factors for depression and suicide. The HERE Now Program seeks to shift social norms about the stigma attached to individuals who seek mental health services by educating about mental health, teaching in schools, reaching out to parents, changing policies, implementing bullying prevention, and having in place a seamless system of services that identifies youth who need help before they attempt suicide.

## SOS-SIGNS OF SUICIDE PREVENTION PROGRAM®

The HERE Now Program utilizes the SOS-Signs of Suicide Prevention Program®. The SOS program has developmentally specific materials developed for middle and high school youth. Through the usage of the acronym ACT; A-ACKNOWLEDGE that your friend is struggling, C-tell the person you CARE, and T-TELL a trusted adult. This evidence-based curriculum utilizes a video as its main teaching tool. The DVD features acted out vignettes of adolescents role modeling the ACT technique and includes powerful true stories of youth whose lives have been affected by depression, bullying, and suicide. The program teaches youth warning signs of suicide and depression and encourages them to seek help for themselves and others.

## STAFF PRESENTATIONS

The HERE Now Program team spend anywhere from one to two weeks on each school campus providing education and support to school staff, parents/guardians,

and students. The HERE Now Program team calls this time at the school "Check Your Mood Week." The HERE Now Program seeks to support the entire school community. This includes presentations that are offered to teachers and other support staff on campus. These presentations include information on the program and what school staff can expect while HERE Now Program staff are on their campus. Information on suicidal ideation, depression, self-injurious behaviors, bullying, and tips on how staff can support students are provided. During this presentation, they also review local resources and the school's safety protocol.

## PARENT PRESENTATIONS

The program also includes support for parents and guardians and provides them with tools they need to support their children at home. A parent presentation is offered at each school with topics such as suicidal ideation, self-injurious behaviors, bullying, childhood depression, effective communication, and teen development and stress.

## STUDENT PRESENTATIONS

The student presentations occur during one class period and include information on facts regarding depression, suicide and bullying, warning signs of suicide, normal vs. atypical reactions to stress in relation to depression, bullying prevention and bystander reporting, and personal strengths and coping skills. Students are taught how to respond to a friend if they are concerned about their safety. Following the video and discussion, all students are asked to complete a response card, which asks students, based on the presentation, whether they would like to speak to someone regarding themselves or a friend. The program asks each student to complete this response card to ensure we can support everyone that hears the presentation. Following up with students is key to the HERE Now Program, to ensure students are offered the support they need the response cards help identify those at higher risk without being identified by their classmates. During these assessments, the program helps students identify trusted adults on campus, as well as off campus, coping skills, strengths, and provides community resources and referrals.

## HERE NOW Program Presentations

Staff 1,888

Parents 456

Students 22,474

## DID YOU KNOW

In the 2016-17 school year the HERE Now Program team worked with 15 school districts and 56 schools throughout San Diego County. The HERE Now Program presented to 1,888 staff, 456 parents, and 22,474 students.



## PROGRAM GOAL

The goal of the program is to educate by increasing awareness, promoting conversations, and inspiring connections to prevent suicide—one community, one school, one life at a time.



## FOR MORE INFORMATION

Any questions or interest in additional information please contact Judi Park, HERE Now Program Manager at 619-258-6877 ext.3274 or at [jpark@sdyouthservices.org](mailto:jpark@sdyouthservices.org)

# What I Wish My Parents Knew- A Community Event

Schools play an important role in suicide prevention. Aside from that fact that youth spend most of their day on the school campus, schools and districts can be a conduit for bringing the community together and engaging parents.

With this in mind, it is important to explore efforts to engage parents, and the larger school community, as partners in suicide prevention. One such effort that stands as a shining example of these efforts, is the event "What I Wish My Parents Knew" (WIWMPK) which originated from the community serviced by the Poway Unified School District. The event is one of the most successful activities that has been utilized locally to accomplish a community approach to reduce risk among youth, including risk of suicide, by providing parents with knowledge and skills around a variety of mental health related topics.

WIWMPK events have been occurring in the Poway community for five years. The program occurs 2-3 times during the school year, and rotates school sites within the district to make it more accessible to parents. Events are open to all parents regardless of the grade of their child, and emphasize the importance of engaging youth on these topics at early ages.

The format for the event is fairly simple:

- ◆ Half-hour resource fair for parents featuring local community resources (30min, optional)
- ◆ Brief welcome/keynote speaker remarks (10-30min)
- ◆ Two one-hour break-out sessions on a variety of topics (60min/each)

## THE VOICES

The most important piece that has led to the success of the WIWMPK is the utilization of the youth voice. A primary piece of the event is to allow youth to share, "what they wish their parents knew." To accomplish this, a few key elements are necessary to the program.

First, it begins with youth input on the topics to be covered during the breakout sessions. A survey is delivered to students, asking for their thoughts about what they would like their parents to know. Responses from students in the past have included: suicide prevention and mental health, bullying, social media, communicating with parents/youth, and dealing with academic pressure.

Another key component of the events is to have youth participate in the break-out sessions themselves. During each session, on each of the topics, youth serve as "co-presenters" and share their experiences around the issues. For example, during the suicide prevention/mental health workshop, youth may share their own experiences of dealing with thoughts of suicide, suicide attempts, and supporting their friend during difficult times.

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*Regardless of the experiences shared, one element that has remained consistent in the youth voices is the message of how important a role parents can, and need to play in suicide prevention.*

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In past events, during the suicide prevention workshop, there have been some consistent themes. One recurring theme has centered on academic pressure. One student noted,

**"I didn't know how to tell my parents that I was feeling overwhelmed with pressure from school. I was going to school 8 hours a day, practice for 2 hours, then homework for 3-4 hours a night. I was so worried they'd be disappointed in me."**

The student went on to share how "bottling up" these emotions led them to anxiety and eventually depression because they didn't know how to ask for help. Another student shared their experiences around fear of acceptance for coming out to their parents.



**"I was so isolated, and scared of what my parents would think. My girlfriend had recently died, and although my parents were supportive because they knew we were 'friends', they didn't fully understand the level of grief I was feeling because we weren't 'just friends', she was my girl."**

The student went on to share that repressing the level of grief led to her own struggles with thoughts of suicide. But perhaps the most common experience shared by students, is from those who didn't have a "why." When it comes to mental illness, such as depression, students can become even more distraught when their symptoms are not associated with traumatic life events or stressors. One student commented,

**"The hardest part of my depression was that I didn't have a 'why'. My parents loved me and provided for me, I had a good group of friends, but I still felt so much pain in my heart. But since 'nothing was wrong', I didn't know how to ask for help, and when I did the adults in my life responded with 'what do you have to be depressed about?'"**

The biggest take away from each of the WIWMPK events is that youth desire to be heard. They have needs that we as an entire community often fail to hear. WIWMPK is just one example of how communities can help give youth a voice and create a safe space for our children to be heard; a safe place where they can express their fears, their insecurities, and most importantly, their hopes.

**For more information:** Visit <http://whatiwishmyparentsknew.com/welcome/> and/or contact Stan Collins: [Stan@SuicideIsPreventable.org](mailto:Stan@SuicideIsPreventable.org)



## The San Diego County Suicide Prevention Council (SPC)

The SPC is a community-wide collaborative focused on realizing a vision of zero suicides in San Diego County. Our mission is to prevent suicide and its devastating consequences in San Diego County. On April 1, 2010, the County of San Diego Health and Human Services Agency (HHSA) awarded Community Health Improvement Partners (CHIP) a contract to form and establish an interagency council to create, introduce, and drive implementation of a Suicide Prevention Action Plan (SPAP) for San Diego County—the first of its kind in California.

In 2016, HHSA 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 suicide in the region. Today, with continued support from the County of San Diego, the council provides oversight, guidance, and collective support to implement the recommendations of the SPAP.

## SPC Subcommittees

- ◆ Assessment + Evaluation
- ◆ Faith Organization Outreach
- ◆ Higher Education
- ◆ Media
- ◆ School (K-12) Collaborative
- ◆ Training + Education (Ad-Hoc)
- ◆ High-Risk Populations (Ad-Hoc)
- ◆ Help Line Collaborative (Ad-Hoc)

## SUICIDE IS PREVENTABLE

- ❑ If you or someone you know needs help call the *Access & Crisis Line* at 888-724-7240 (7days a week/24hrs a day and multiple languages available).
- ❑ Download the SAMHSA *Preventing Suicide: A Toolkit for High Schools 2012* at <https://www.samhsa.gov/capt/tools-learning-resources/preventing-suicide-toolkit>
- ❑ Learn the signs and what to do next by hosting or attending a QPR Suicide Prevention Gatekeeper training, go to <http://www.spcsandiego.org> to find a training.
- ❑ Find resources by visiting the *It's Up to Us* website [www.up2SD.org](http://www.up2SD.org) ; become a Facebook Fan [www.facebook.com/up2sd](http://www.facebook.com/up2sd)
- ❑ Share this information and talk to your family and friends about suicide and mental health.
- ❑ Support the efforts by volunteering your time and/or donate to suicide prevention organizations.
- ❑ Call 2-1-1, it is a resource and information hub for community, health and disaster services.
- ❑ Take a Mental Health First Aid training [www.mhasd.org](http://www.mhasd.org).
- ❑ Learn more about San Diego Suicide Prevention Action Plan Update 2018 at <http://www.spcsandiego.org> and/or join our mailing list by emailing [info@sdchip.org](mailto:info@sdchip.org) subject: SPC Mailing List

## Suicide Prevention Milestones Timeline

