Universal Suicide Prevention Strategies  
February 28, 2011  
Sub-Committee Notes

The first meeting of the Organizations and Systems Sub-Committee was held on February 28th, 2011. Twenty-six (26) participants, including one who joined via phone, participated in discussion of the three universal prevention strategies prioritized during the February 14th subcommittee meeting. These three strategies were training, media, and research and data collection. Participants were grouped into in breakout sessions made up of 5-6 group members, assigned one of the three strategies (e.g., training, media, and research and data collection) and asked to discuss what needs to happen at the system and organizational level to implement this suicide prevention strategy? Following the group discussion, participants were asked to present back to the larger group. This document contains the raw notes from the breakout sessions and the report back from breakout groups to all attendees.

Media Breakout

+ What needs to happen at the system and organizational level to implement this suicide prevention strategy?
  - Funding/Purchased
  - Push the media
    - Get media buy-in
    - Conference
    - They are 1 of 3 most important functions of change
  - Who’s responsible? SPAC? County?
  - Local media subcommittee
  - Does National Broadcast Groups influence local reporting? How? Work together?
    - Univision
  - Age and culture appropriate delivery
    - Captain America comic book
  - Everybody involved
    - Faith community (need training)
      - Messages – pastor/connecting
      - Newsletters
    - Divorce Court
  - Change norms
    - Get people to talk about it
    - Know signs and symptoms
    - Where to go for help
    - Care for people!!
  - Root causes
    - Bullying/isolation/self-esteem
    - Divorce
  - Cartoons on PBS TV (Old man and wife)
    - Repetitive
    - Major networks
  - Responsible reporting – (Cohn family member) Julien Hug
    - List resources
• Signs and symptoms
• Stories, PSA timing
  • Local papers – Community news
    o Culture/age appropriate delivery
    o Planned submission and series
    o Link large and small – consistent message
      ▪ Value based
      ▪ Big buys
    o Trickle down to newsletters
      ▪ CommColl/PTA/Employee Assistance
    o Social Networking – cutting (YouTube)
      ▪ Bullying/isolation/cutting/#1/self-esteem
      ▪ Value based
• Keep the end in mind which is to change social norms around suicide

Research and Data Collection

What needs to happen at the system and organizational level to implement this suicide prevention strategy?
  • Identify gaps in knowledge
  • Demystify the stigma
  • Centralized place for data storage and availability for county to use
  • Determine “Holder” of information
  • Consistent/standard data collection
    o Data
      ▪ Deaths, including accidental/suspicious death
      ▪ Create an “algorithm of risk”
      ▪ Hasp
      ▪ ED
      ▪ Mental health
        ▪ Treatment effectiveness
        ▪ Prevalence of mental health issues
        ▪ Isolation
  • Outreach/training staff on “non-traditional” signs and symptoms
    o Increase awareness
  • Non-traditional data sources
    o Home visits
  • Make data a priority
  • Confidentiality
    o Address confidentiality issues with data sharing/data reporting to increase quality, accuracy of data, and promote data sharing (especially issues with stigma)
    o System could create agreements for data sharing
  • Publish/market data
    o Use local data for program effectiveness
  • Stakeholder buy-in
  • Improve quality of data
    o Outcome
    o Treatment effectiveness
Training

What needs to happen at the system and organizational level to implement this suicide prevention strategy?

- Administrative support – i.e. Mayor – CEO
- Funding Sources – incentives
  - Present the economic benefits of investing in the training
- Structured educational planning
  - i.e. tiered (general → specialized)
  - same message delivered – implementation
  - Consensus on training elements, actions to take, and consistent message (especially within HHSA), consistent training with diverging ways of presenting the material to fit the target population
- Mandated evidence based
- Distribution – verbal, visual, technology
  - Materials – communication
- Personal impact (relevance)
  - Cultural, spiritual, social, educational
- Connected lines of communication between agencies, government, service organizations, community groups, etc
- Neutral mediator
  - Brings all factors to shakers and movers
- Access to treatment following awareness
- Economics of positive treatment (efficient)
- Organizational – identify key elements on what the organization needs in regards to crisis intervention
- Active duty military – suicide prevention coordinator
- VA healthcare
- County HHSA
- Educational system
  - Law enforcement
- Need to have ambassadors form each organization with high influence
- Trainings for every level of education and position in the community
- Implemented into Health class in high school
- Addressing denial and minimizing cues (stigma)
- Educate:
  - What makes someone at risk?
  - Identify warning signs…
  - Who else can you contact to evaluate the risk?
  - Connectivity – making people feel comfortable talking about suicide
- System Training
• Mandated social contract: everyone required to call… i.e. child abuse reporting – whole agency dedicated to following up on suicide risk reports
• Education at school level
• Reduce stigma, increase education and comfort
• Change and conform response to suicide risk
  o Individuals are hesitant to say “yes” when they know they are going to be admitted
• Threshold to stress or SI
• More simple assessment tool where the response is valid and reliable
• Key – relationship with client/patient at system level – connectivity – teach how to obtain best level of connectivity
• Customer satisfaction to help assess
• Increase customer service through unconditional positive regard
• Target – dept crisis support
• Financial – Programs – check into cash
• How do we get the system to implement the training
• Lack of common training
• A champion/ambassador from every part of the system/community- Train the trainer model
• Carol LeBeau/Alfred Aquire/Nick
  o Media, HHSA
• Board of Supervisors
  o MHB – Mental Health Board
• Who on the boards have had personal experience with suicide
• Centralized location for information, have a dedicated agency within the county to address suicide prevention “Dept of Suicide Prevention”
  o County entity that is a watchdog for accountability on training