

Suicide Prevention Forum Feedback Results Summary

Background and Purpose

The Suicide Prevention Forum was held on January 21st, 2011, from 8:00am to 4:00pm, at the Paradise Point Resort. The purpose of the forum was to:

- + Identify key components of the Perfect Depression Care Program.
- + Discuss and inform the results of the Suicide Prevention Action Plan Needs Assessment.
- + Participate in the development of strategies for the Suicide Prevention Action Plan.

Forum Overview

There were a total of 209 attendees. The majority of participants came from social service organizations (36.1%) or mental health (29.3%). Consumers and individuals from public safety were least represented (Table 1).

The day began with registration and a continental breakfast. CHIP, along with the co-chairs, gave opening remarks. Two key note speakers were presented. Dr. Wilma Wooten, Public Officer, County of San Diego Health and Human Services

Department, spoke about the role of suicide prevention in the County's Building Better Health campaign and the Safety Agenda. Dr. Edward Coffey, Vice President and CEO of Behavioral Health Services, spoke about the development and implementation of a highly successful, Perfect Depression Care Program, which significantly reduced suicides within the Henry Ford Health System. Harder+Company Community Research followed with an overview of the needs assessment findings which set the stage for the morning and afternoon break-out sessions. CHIP Director of Programs provided an overview of the day's agenda and the breakout discussion sections. The slides from the morning presentations can be found in Appendix C.

There were a total of six breakout options that morning. Attendees were given the opportunity to choose their break-out group(s) proceeding the day of the forum. They were also offered the opportunity to switch break-out rooms if their first choice was not awarded. The morning break-out options were as follows:

- Latino
- Native America
- Asian Pacific Islander
- LGBTQI
- Youth
- Older Adults

With the aim of gathering rich, in-depth information about suicide prevention within each of these targeted populations, participants were encouraged to share openly and honestly. Small groups were formed within each break-out room in which participants were asked to discuss 3 main topics. These topics were in

Table 1: Organizations Represented (n=209)	
Organization Type	Percent (%)
Social Service Organization	36.1%
Mental Health	29.3%
Education	9.6%
County Department	9.1%
Hospital	3.8%
Public Safety	1.4%
Consumers	0.5%
Other	10.1%

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accordance to the information provided in the needs assessment handout as well as the information shared by the community facilitators about the content of the needs assessment. These topics consisted of: (1) What findings resonated for you as a result of the needs assessment report; (2) What seems to be missing; and (3) What strategies and solutions can help address these needs? Participants were then reconvened to share their written thoughts with the entire break-out group. This report-back was recorded and key themes were presented back by the community facilitators to the entire forum over lunch. Below is a summary of the key themes discussed within each group. Please see Appendix A and B for a more detailed list of participant feedback.

Group 1: Latinos

- Importance of the Setting
- Cultural match
- Use of the right words- how does the community talk about depression and mental illness
- Cross-training- involve everyone including primary health, mental health, substance abuse treatment, community experts, front line staff
- More time! Everyone in the room has addressed these challenges and has solutions. How do we move forward collaboratively?

Group 2: Native America

- “Nothing about us without us”
- Sustainability of programs
- Greater understanding of historical development
- Mistrust
- Culturally driven process. Culture is our prevention (protective factor from suicide)
- Creating opportunities for community to become providers
- Strength-based approach when working with community
- County to address denial of services within communities (health and school-based denial)

Group 3: Asian Pacific Islanders

- Additional information needed on male API data and South Asian/Middle Eastern
- Create a warm line integrating community support including peer to peer support, intergenerational, and mentorship
- Meet the community where they are (i.e., festivals, gatekeepers, relationship building)

Group 4: LGBTQI

- Address diversity within the LGBTQI community (ethnicity, socio-economic factors, gender, etc.
- Further diversity within LGBTQI regarding identity and needs
- Support outside families: broaden people who feel confident engaging in discussion
- Access to information: ensure internet has accurate information and access to services
- Open communication with school boards and engage parents
- More LGBTQI cultural competency trainings within schools and service agencies
- Make services available throughout the county, not just in the urban areas. Make services more affordable especially for youth so that they will be able to access them on their own.

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Group 5: Youth

- More holistic collaborative approach to suicide prevention
- De-stigmatization (within peer groups, parents, family and educators)
- Age appropriate outreach and education (e.g., social media)
- Culturally appropriate resources and training
- Dual diagnosis (substance use/abuse and/or mental health issues)
- Include military youth and youth in the military
- Lack of familiarity with the Access and Crisis Line (800-479-3339)

Group 6: Older Adults

- The high suicide completion rate resonated
- Lack of familiarity with the Access and Crisis Line
- Missing data/research on the impact of the loss of a spouse
- A need to rebrand Mental Health terminology to increase participation
- Need an integrated model of care and education

In addition to the morning session, there were also a total of six break-out rooms in the afternoon. There were two rooms available for each of the 3 break-out options including:

- First Responders (Access & Crisis, Law Enforcement PERT)
- Provider Training
- Promising local best practices for intervention

The afternoon sessions were structured in the same format as the morning sessions. Small groups were formed and participants addressed the 3 main topics from above. Again, the groups were reconvened and participants reported back. Feedback was recorded and reported to the large group before closing remarks. Here are the key themes discussed per break-out option:

Group 1: First Responders

- Broaden and define what a first responder is: Formal vs. informal first responder; first contact vs. first professional
- Provide more information about existing resources (i.e., Access & Crisis Line, other hot lines)
- Implement a standardized process- one place to call that will refer you to services that are needed
- What is the effect on first responder? Suicide rate among service providers
- Implement standardized guidelines that are time sensitive and simple (e.g., magnets)

Group 2: Provider Training

- Require suicide prevention training within licensing and education
- Multifaceted provider training that is relevant and dynamic
- Higher education institutions are not being included in PEI funding despite participation (not in surveys)
- Managers have higher knowledge. There is no trickle down of information to line staff
- Suicide prevention should include current community stressors (i.e., unemployment, immigration)
- Standardize the training curriculum and make it accessible-FREE
- Integrated training between primary care and behavioral care
- Increase collaborations (e.g., courage to call)

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- National and local hub for certification
- E-learning and chat rooms
- Support services for staff
- Resource guide for San Diego
- Diversified/interactive training for different populations
- Peer training (Yellow Ribbon model) to engage youth

Group 3: Best Practices

- Increase safety campaigns around gun awareness and use. Require training to obtain a gun and have legal ramifications for firearm distributors
- Increased training for law enforcement beyond the PERT team
- Provide follow-up and long term care resources
- Promoting peer support
- Zero suicide is the goal
- Let's take it personal
- Remember that 90% of people who completed suicide had a diagnosable mental illness
- Gender differences within services (e.g., screening for women tend to focus on domestic violence rather than mental illness)
- Universal screening across locations (workplace/human resources, schools, salons, bars, etc.)
- "Safe Landings"-immediate intervention for those who experience significant or traumatic life events
- Education everywhere to everyone
- Importance of media campaigns: talk more about suicide
- Report when suicide is not involved

Key themes identified throughout all break-out groups:

1. More Holistic, Integrated, Collaborative Approach/Model to Suicide Prevention
 - a. Integrated model of care, education, and community support
 - b. Promoting peer to peer support (mentorship)
2. More Culturally driven process (trust building)
 - a. Culturally appropriate resources and training
 - b. Address diversity (ethnicity, socio-economic factors, age appropriate, gender, etc.)
3. Rebranding Mental Health terminology to reduce stigma
 - a. 90% of people who completed suicide had diagnosable mental illness
 - b. Dual-diagnosis
 - c. Collaborative Approach
4. Lack of familiarity with the Access and Crisis line and existing resources (more easy to remember number) (Resource guide for San Diego)
 - a. Lack of access to information (e.g., more use of internet, chat rooms, media campaigns)
 - b. Lack of access to and being denied services (e.g., location, cost, transportation, citizenship, language, childcare)
5. Increased/Required (Mandatory) Training for everyone (standardized and free)
6. Providing follow-up and long-term care resources and services
 - a. Tracking transition of care

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Forum Evaluation

Following the forum events, participants were encouraged to fill out an evaluation form to provide feedback regarding the quality, worth and usefulness of the day's events. Below, please find a detailed summary of the results from these evaluations.

A total of 114 participants completed an evaluation form (54.5% response rate). Overall, participants felt the forum was successful and found the day to be inspirational and informative. A majority (74.8%) of the participants reported they would be interested or very interested in attending a Suicide Prevention Action Plan Committee meeting. Some participants wanted to know more about how the information from the forum would be used and how the needs assessment target populations were chosen. The following tables summarize the feedback obtained from the forum evaluation forms.

Table 2: Rating of Forum Logistics and Planning (n=114)

	Excellent	Good	Fair	Poor
Location	102 (90.3%)	11 (9.7%)		
Time	94 (82.5%)	20 (17.5%)		
Food	61 (55.5%)	41 (37.3%)	6 (5.5%)	2 (1.8%)
Presentations	77 (69.4%)	32 (28.8%)	2 (1.8%)	
Facilitators	75 (66.4%)	34 (29.8%)	4 (3.5%)	
Relevance	75 (66.4%)	35 (31.0%)	3 (2.7%)	
Overall Quality	75 (68.2%)	34 (30.9%)	1 (0.9%)	

Table 3: Rating of Forum Outcomes

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NA
The day was energizing and/or inspirational	51 (44.7%)	53 (46.5%)	10 (8.8%)			
The forum achieved the stated objectives.	53 (47.3%)	54 (48.2%)	4 (3.6%)	1 (0.9%)		
Learned more about suicide in San Diego County.	62 (54.4%)	42 (36.8%)	9 (7.9%)	1 (0.9%)		
The keynote speaker provided useful, clear information.	80 (70.8%)	27 (23.9%)	5 (4.4%)			1 (0.9%)
The keynote speaker was qualified and knowledgeable.	91 (79.8%)	20 (17.5%)	2 (1.8%)			1 (0.9%)
The facilitated breakout sessions led to meaningful discussion about suicide prevention.	49 (43.0%)	57 (50.0%)	8 (7.0%)			
The discussions today set a foundation for a Suicide Prevention Action Plan for San Diego County.	52 (45.6%)	56 (49.1%)	6 (5.3%)			

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Implications for Needs Assessment Report

The purpose of the suicide prevention needs assessment is to provide data and stakeholder feedback to inform the development of the suicide prevention action plan. Some feedback obtained during the forum addressed the needs assessment findings directly. Table 4 outlines how feedback from the form will be incorporated into the needs assessment report or will inform further study.

Table 4: Forum Feedback related to Needs Assessment	
Information to be added to needs assessment report	
•	Add information related to Veterans
•	Clarity on Exhibit 3.4
•	Native American-why are only southern tribes represented? Include all county tribes
•	Refine information within first responder section. Include the true definition of first responder (limited group considered first responder) and difference between professional versus non-professional first responder. Add in addition resources. Include information regarding the education and training of first responders.
•	Suicide rates for API males
Areas of Further Study	
•	Additional data on suicide among Middle-Eastern, Indian, Chinese, Vietnamese, Pacific Islanders, Samoan, and South Asian populations
•	Additional data regarding suicide among LGBTQI , particularly adults
•	Appropriate tools (screening tools) for first responders
•	Best practices for specific populations (culturally specific)
•	Information on support services/resources (wrap around services/care), safety plans, increase outreach/public awareness, media campaigns, referral system to treatment
•	Information on homelessness and suicide
•	Information on terminally ill and euthanasia
•	Military/veterans
•	Peer to peer support model (counseling/interventions)
•	Socio-economic status, environmental factors, breakdown of family make-up
•	Suicide rates for first responders (i.e., law enforcement, firefighters, military)