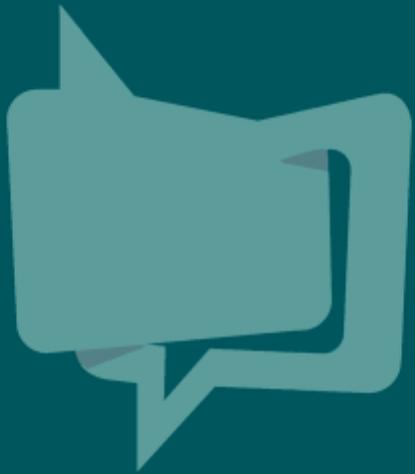
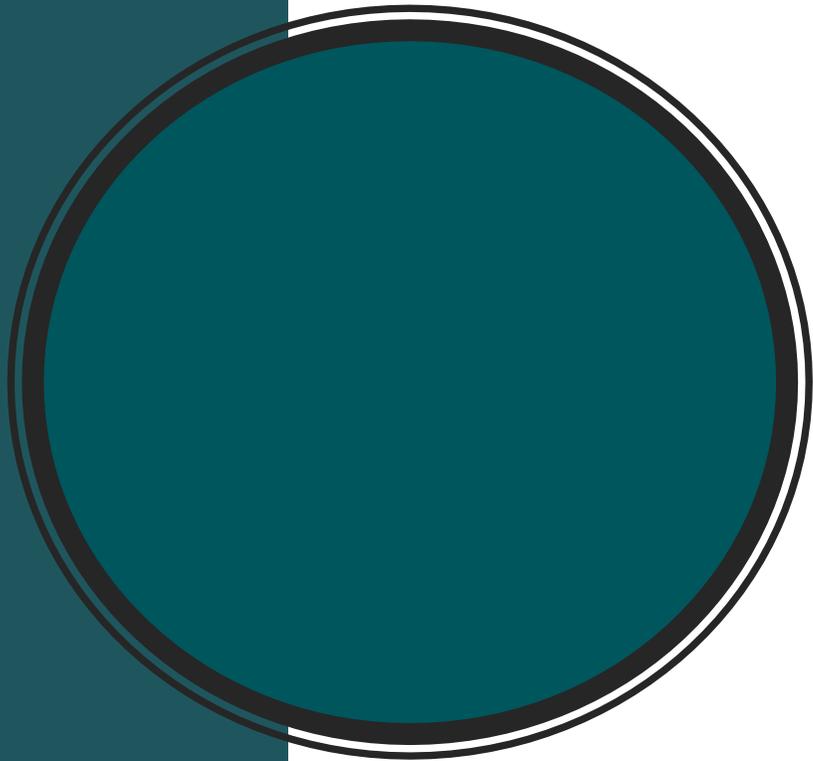


Learning Collaborative

Strategic Planning for Suicide Prevention FY 19/20



Learning Module 3: Population-Level Strategies for Suicide Prevention



- If you called in on the phone, find and enter your audio PIN
- If you have a question, technical problem or comment, please type it into the “chat” box or use the icon to raise your hand.



Sandra Black, MSW



Sandra Black has worked in suicide prevention in California since 2007. Until 2011 she managed the California Office of Suicide Prevention, which included completion and implementation of the California Strategic Plan on Suicide Prevention. In 2011 she joined the Know the Signs suicide prevention social marketing campaign as a consultant.



Rosio Pedroso



Rosio Pedroso has over 20 years of research and evaluation experience focusing on unserved and underserved communities. She has over six years of experience conducting train the trainer curriculum and materials for community engagement and statewide campaigns including suicide prevention and child abuse and neglect awareness.



Stan Collins



Stan Collins, has worked in the field of suicide prevention for nearly 20 years. Stan is a member of the American Association of Suicidology's Communication team and in this role supports local agencies in their communications and media relations related to suicide. In addition, he is specialized in suicide prevention strategies for youth and in law enforcement and primary care settings. Since 2016 he has been supporting school districts with AB 2246 policy planning and as well as postvention planning and crisis support after a suicide loss or attempt.



Stephanie Ballard, CADC



Stephanie Ballard, has over 10+ years of marketing, communications and operations experience working within the Mental and Behavioral Health Industry. She previously served as the Executive Director of Marketing for a national addiction treatment provider and is a Certified Drug and Alcohol Counselor.



Jana Sczersputowski, MPH



Jana Sczersputowski applies her public health background to deliver community-driven and behavior change oriented communication solutions in the areas of mental health, suicide prevention, child abuse prevention and other public health matters. She is specialized in strategic planning, putting planning into action, and evaluating outcomes. Most of all she is passionate about listening to youth, stakeholders and community members and ensuring their voice is at the forefront of public health decision making impacting their communities.

Strategic Planning Learning Collaborative Overview

Webinar 3: Population-Level Strategies



View Recordings

- Webinar 1: Postvention After Suicide
<https://register.gotowebinar.com/recording/2783486656319297032>
- Webinar 2: Addressing Access to Lethal Means
<https://register.gotowebinar.com/recording/9056505058276417030>

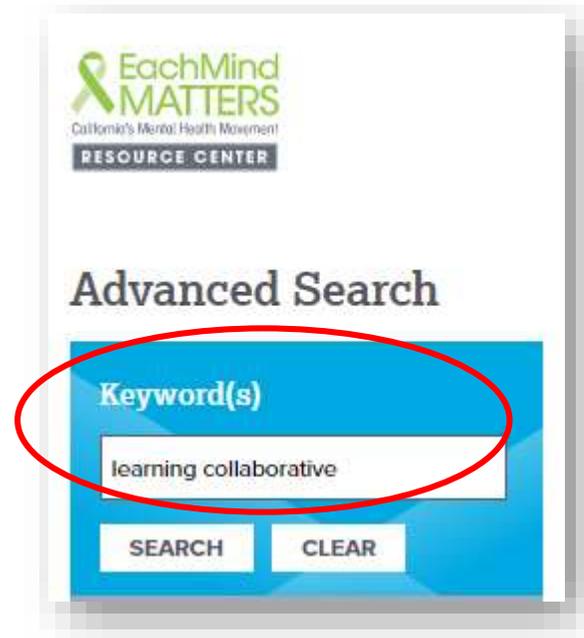
Register

- Webinar 4: Targeting High Risk Populations
February 18th, 10am-11:30am
<https://attendee.gotowebinar.com/register/8978419939836774669>
- Webinar 5: Assessing Your Crisis Response System
March 10th 10am-11:30am
<https://attendee.gotowebinar.com/register/2296286456097925645>

Resources for Learning Collaborative Members

- All past webinar recordings, slides from in-person meeting, and additional resources for the EMM Learning Collaborative can be found in the EMM Resource Center

- Follow the link below, or search for keyword “Learning Collaborative”

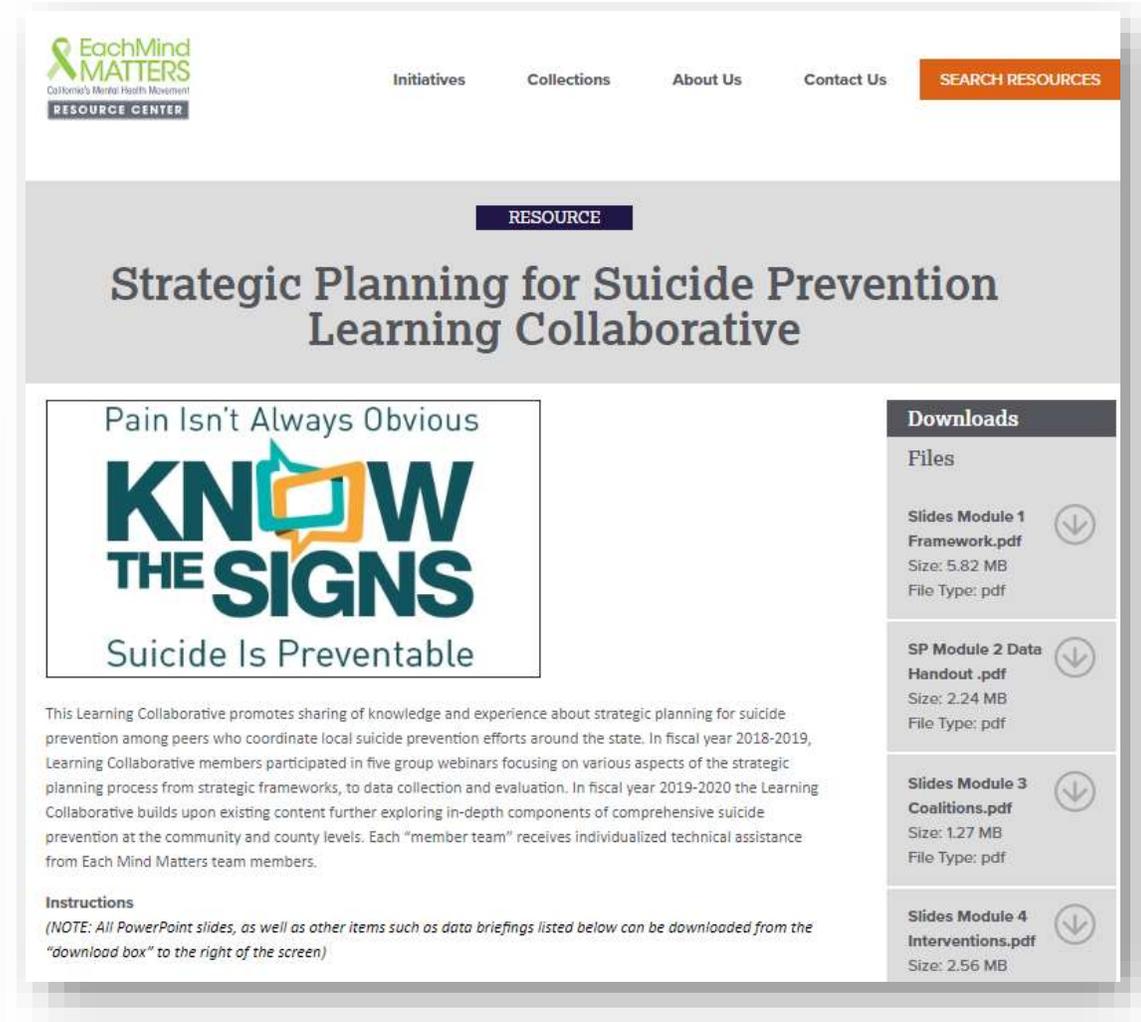


EachMind MATTERS
California's Mental Health Movement
RESOURCE CENTER

Advanced Search

Keyword(s)

SEARCH CLEAR



EachMind MATTERS
California's Mental Health Movement
RESOURCE CENTER

Initiatives Collections About Us Contact Us SEARCH RESOURCES

RESOURCE

Strategic Planning for Suicide Prevention Learning Collaborative

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

This Learning Collaborative promotes sharing of knowledge and experience about strategic planning for suicide prevention among peers who coordinate local suicide prevention efforts around the state. In fiscal year 2018-2019, Learning Collaborative members participated in five group webinars focusing on various aspects of the strategic planning process from strategic frameworks, to data collection and evaluation. In fiscal year 2019-2020 the Learning Collaborative builds upon existing content further exploring in-depth components of comprehensive suicide prevention at the community and county levels. Each "member team" receives individualized technical assistance from Each Mind Matters team members.

Instructions
(NOTE: All PowerPoint slides, as well as other items such as data briefings listed below can be downloaded from the "download box" to the right of the screen)

Downloads

Files

- Slides Module 1 Framework.pdf
Size: 5.82 MB
File Type: pdf
- SP Module 2 Data Handout .pdf
Size: 2.24 MB
File Type: pdf
- Slides Module 3 Coalitions.pdf
Size: 1.27 MB
File Type: pdf
- Slides Module 4 Interventions.pdf
Size: 2.56 MB

<https://emmresourcecenter.org/resources/strategic-planning-suicide-prevention-learning-collaborative>

Steps of Strategic Planning



Population

Higher Risk

Suicidal

Suicide Attempt

Suicide

Prevent Problems from Happening and Promote Wellness

Identify Problems Early and Connect People to Help

Safe and Compassionate Responses During and After a Crisis

Connectedness

Identify and Assist

Respond to Crisis

Postvention

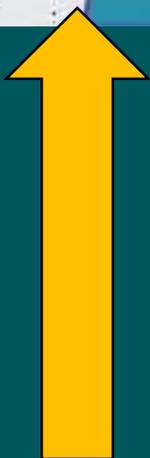
Life Skills and Resilience

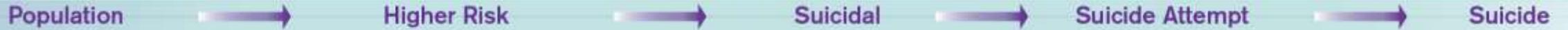
Increase Help-Seeking

Care Transitions/Linkages

Reduce Access to Lethal Means

Effective Care and Treatment





A population-based approach to prevention aims to address broad social, emotional, and physical factors that can ultimately influence suicide risk.

Strategies at the population level seek to enhance protective factors and promote knowledge of warning signs and how to help as well as what resources are available to support people who are struggling.

The ultimately goal of population-level approaches is to prevent people from going down the crisis path.



Individuals

Protective Factor: Coping and problem solving; reasons for living (e.g. children in the home); moral or religious objections to suicide; restrictions on access to lethal means

Risk Factor: History of depression and other mental illness; substance abuse; previous suicide attempt; personality features (aggression, impulsivity); hopelessness, certain health conditions, trauma, exposure to violence (victimization and perpetration); genetic and biological determinants

Relationships

Protective Factor: connectedness to others; supportive relationships with health and mental health care providers;

Risk Factor: high conflict or violent relationships; family history or loss of someone to suicide; isolation and lack of social support; financial and work stress

Community

Protective Factor: safe and supportive schools, workplaces, community environments; sources of continued care for health and behavioral health issues; support after suicide; restrictions on access to lethal means

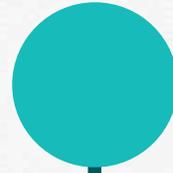
Risk Factor: Few supportive relationships; Barriers to health and behavioral health care

Society

Protective Factor: availability of appropriate and effective health and BH care; restrictions on access to lethal means

Risk Factor: ready availability of lethal means; unsafe media and public portrayals of suicide; stigma associated with help-seeking and mental illness

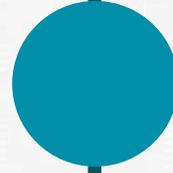
Questions to ask yourself for your strategic plan:



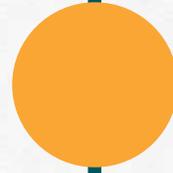
What programs/initiatives exist to foster connectedness and strengthen protective factors?



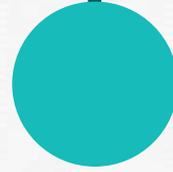
Are schools, after-school, and CBOs promoting and implementing Social Emotional Learning and mindfulness practices?



Are employers and local organizations implementing wellness programs?



What strategies are you implementing to reduce stigma about suicide and behavioral health challenges?



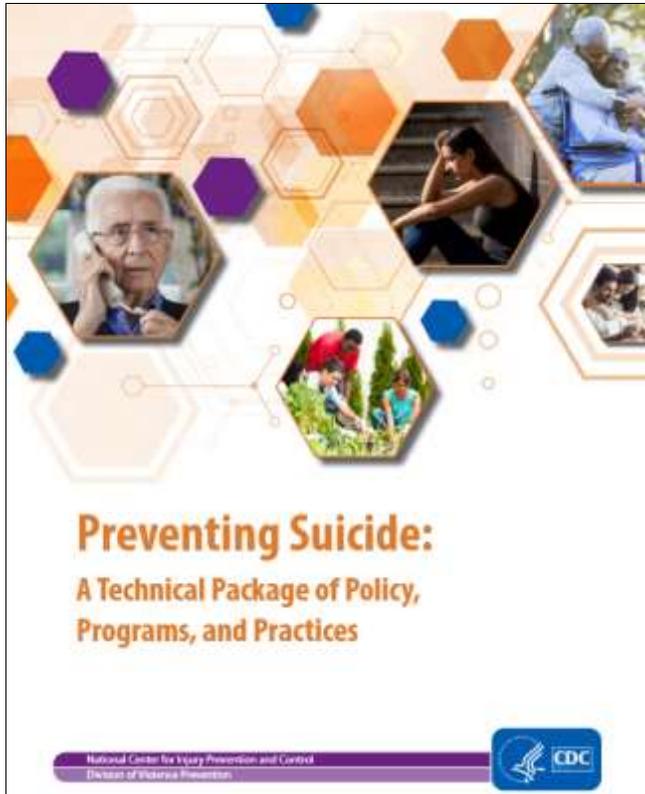
How is safe and effective messaging incorporated in news and social media platforms?

Striving for Zero: California Strategic Plan



STRATEGIC AIM 2: MINIMIZE RISK FOR SUICIDAL BEHAVIOR BY PROMOTING SAFE ENVIRONMENTS, RESILIENCY, AND CONNECTEDNESS

- Goal 4: Create safe environments by reducing access to lethal means
- Goal 5: Empower people, families, and communities to reach out for help when mental health and substance use disorder needs emerge
- Goal 6: Increase connectedness between people, family members, and community
- Goal 7: Increase the use of best practices for reporting of suicide and promote healthy use of social media and technology



 Preventing Suicide	
Strategy	Approach
Strengthen economic supports	<ul style="list-style-type: none"> • Strengthen household financial security • Housing stabilization policies
Strengthen access and delivery of suicide care	<ul style="list-style-type: none"> • Coverage of mental health conditions in health insurance policies • Reduce provider shortages in underserved areas • Safer suicide care through systems change
Create protective environments	<ul style="list-style-type: none"> • Reduce access to lethal means among persons at risk of suicide • Organizational policies and culture • Community-based policies to reduce excessive alcohol use
Promote connectedness	<ul style="list-style-type: none"> • Peer norm programs • Community engagement activities
Teach coping and problem-solving skills	<ul style="list-style-type: none"> • Social-emotional learning programs • Parenting skill and family relationship programs
Identify and support people at risk	<ul style="list-style-type: none"> • Gatekeeper training • Crisis intervention • Treatment for people at risk of suicide • Treatment to prevent re-attempts
Lessen harms and prevent future risk	<ul style="list-style-type: none"> • Postvention • Safe reporting and messaging about suicide

Effective upstream strategies

- Early recognition and treatment of depression
- Cognitive Behavioral Therapy for Suicide Prevention
- Dialectical Behavioral Therapy
- Collaborative Assessment and Management of Suicidality
- Caring Contacts
- **Early intervention, e.g. Good Behavior Game, PIER model**
- **Safety planning**
- **Suicide prevention hotlines**
- Counseling on Access to Lethal Means
- Gatekeeper training

Appendix: Summary of Strategies and Approaches to Prevent Suicide

Strategy	Approach/Program, Practice or Policy	Best Available Evidence			Lead Sectors ¹
		Suicide	Suicide Attempts or Ideation	Other Risk/Protective Factors for Suicide	
Strengthen economic supports	Strengthening household financial security				Government (local, state, Federal)
	Unemployment benefit programs	✓		✓	
	Other income supports	✓			Business/Labor
	Housing stabilization policies				Government (local, state, Federal)
Neighborhood Stabilization Programs			✓		
Strengthen access and delivery of suicide care	Coverage of mental health conditions by health insurance policies				Government (local, state, Federal)
	Mental Health Parity Laws	✓		✓	
	Reduce provider shortages in underserved areas				Government (local, state, Federal)
	National Health Service Corps (NHC)			✓	
	Telemental Health (TMH)			✓	Healthcare
	Safer suicide care through systems change				Social Services
	Henry Ford Perfect Depression Care (Pre-crisis to Zero Suicide)	✓		✓	
Create protective environments	Reduce access to lethal means among persons at risk				Government (local, state)
	Intervening at suicide hot spots	✓			
	Self-storage practices		✓	✓	Public Health
	Emergency Department Counseling on Access to Lethal Means (ED-CALM)			✓	Healthcare
	Organizational policies and culture				Business/Labor
	Together for Life	✓			
	US Air Force Suicide Prevention Program	✓		✓	Government (local, state, Federal)
	Correctional suicide prevention	✓			Government (local, state, Federal)
Community-based policies to reduce excessive alcohol use				Government (local, state)	
Alcohol outlet density	✓		✓		
Promote connectedness	Peer norm programs				Public Health
	Source of Strength			✓	
	Community engagement activities				Public Health Government (local)
Greening vacant urban spaces			✓		

Upstream
 Increase
 connectedness, life
 skills, resiliency,
 help-seeking

KINGS VIEW
 TULARE &
 KINGS COUNTY
 WARM LINE



Confidential
 Confidencial

Peer-to-peer
 Recibira apoyo
 por telefono

Non-Crisis
 No es una linea
 de emergencia

*We are ready to listen
 when you are ready to talk*

*Estamos dispuestos a escuchar
 cuando este listo para hablar*

Toll Free Llama Gratis
1.877.306.2413

ALWAYS OPEN
SIEMPRE ABIERTO

A service of Kings View Center through the Tulare County MHA Program

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**GOOD SUPPORT NEVER
 GOES OUT OF STYLE**



**MEALS ON
 WHEELS**

deliver a difference

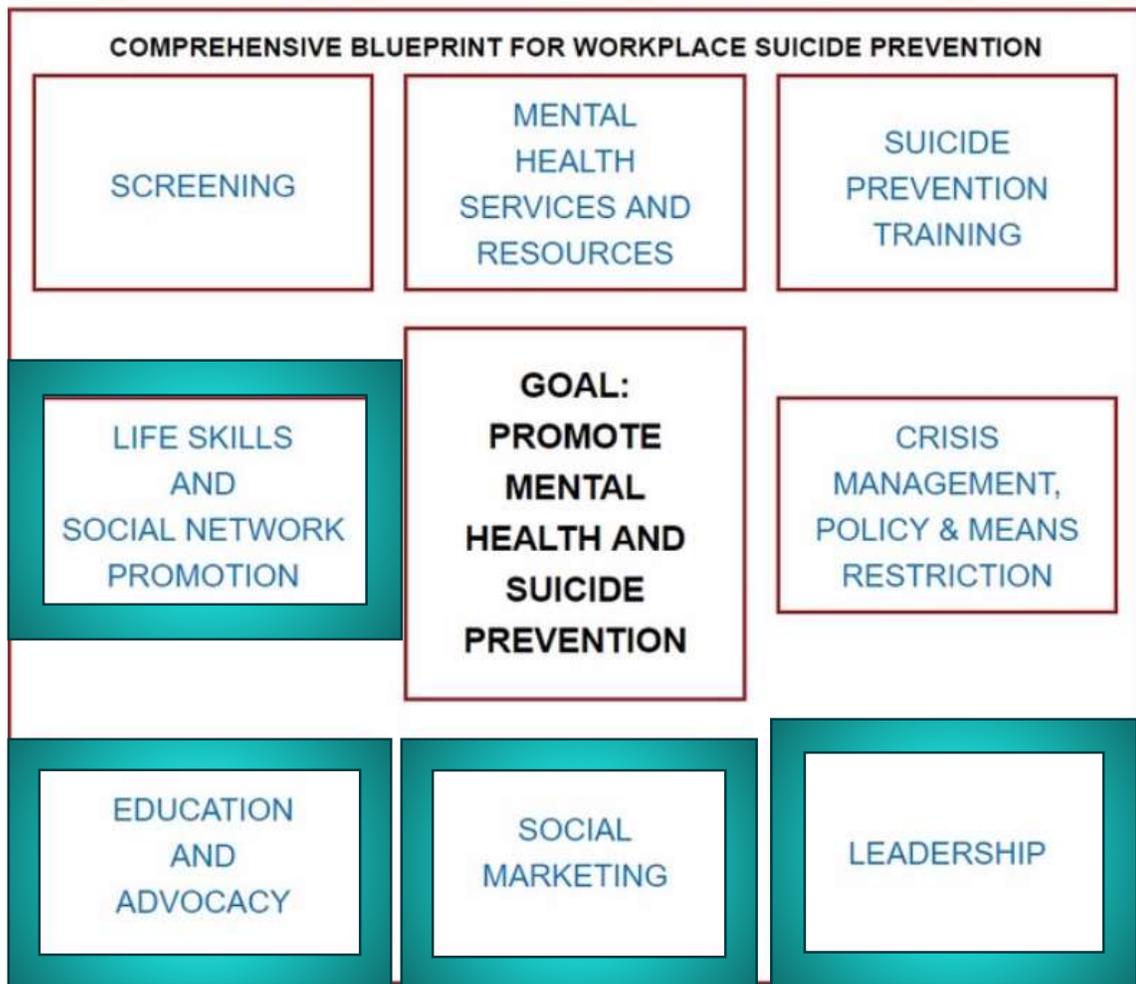


the **OC**
WarmLine

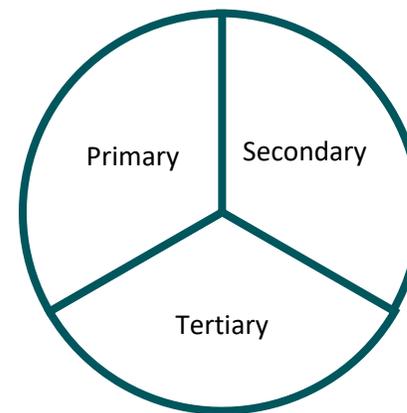


Directing Change
 Program & Film Contest
www.DirectingChange.org

Workplace Initiatives



Workplace psychological health and safety



Promotion of psychological health
Prevention of psychological harm
Effective, early intervention
Long term continuous improvement

Recommendations for Effective Suicide Prevention



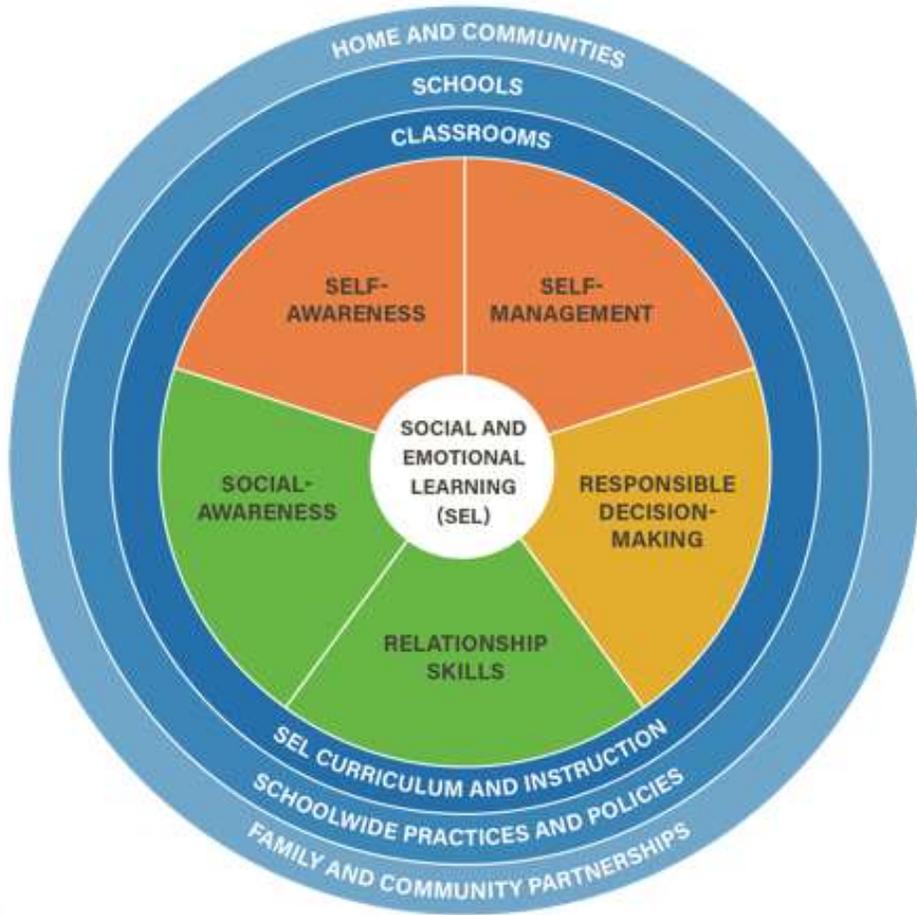
"Bake it in, don't bolt it on." - D. Covington, Executive Committee Member of the National Action Alliance for Suicide Prevention, on the importance of integrating suicide prevention strategies into existing culture and strengths of organizations.

UPSTREAM Prevent Problems from Happening in the First Place	MIDSTREAM Identify Problems Early and Connect People to Help	DOWNSTREAM Safe and Compassionate Responses to Mental Health Crises
<p>Shift Workplace Cultural Perspective: Make mental health and suicide prevention health and safety priorities. Leadership must model this, clearly communicate benefits and answer questions for concern. Regularly promote mental health practices and a range of resources – e.g., new employee orientation, benefits renewal, newsletters.</p> <p>Develop Life Skills: Offer training in conflict resolution, stress management, communication skills, financial planning, goal setting, parenting or other skills-based programs for employees.</p> <p>Improve Mental Health and Addiction Knowledge: Deliver regular toolbox talks and awareness communication on mental health topics and how to improve wellness. Consistently link mental health with wellness and safety programs.</p> <p>Promote Social Networks: Create a healthy community and foster genuine workplace support.</p>	<p>Identify People at Risk: Detect early symptoms for depression, anxiety, substance abuse and anger.</p> <p>Promote Help-Seeking: Promote resources like the National Suicide Prevention Lifeline 1-800-273-TALK (8255), provide peer assistance training and normalize help-seeking behavior.</p> <p>Increase Access to Quality Care: Provide affordable mental health services well-versed in state-of-the-art suicide risk assessment, management and support and a range of effective treatment options.</p>	<p>Promote Worker Use of Mental Health Services: When workers are struggling, supervisors can take the lead in connecting employees to immediate mental health and crisis services.</p> <p>Restrict Access to Potentially Lethal Means: When potential for suicide is high, remove access to guns, pills and other means of suicide.</p> <p>Provide Support after Suicide: Follow crisis management procedures and longer-term support in the aftermath of a suicide as outlined in "A Managers Guide to Suicide Postvention in the Workplace" [available as free PDF at www.WorkingMinds.org].</p>

Social-Emotional Learning



Social-Emotional Learning for Suicide Prevention



- The skills and strategies that children and teens gain through Social Emotional Learning (SEL) have been shown to increase protective factors and reduce risk factors associated with suicide (AAS & SPTS, 2012).
- Effective SEL develops skills in problem solving, conflict resolution, nonviolent ways of handling disputes as well as a sense of connectedness all of which serve as protective factors for youth against suicide and other self-destructive behaviors during transitions or crises (AAS & SPTS, 2012).
- Teachers, principals, and counselors that develop social and emotional competences create a more supportive classroom and climate, but also it largely helps them manage their own emotions, stress, and job satisfaction (Greenberg, Brown, & Abenavoli, 2016).

The Collaborative for Academic, Social and Emotional Learning (CASEL)



CASEL Guide: PreK and Elementary Evidence-Based Programs

Preschool Programs

SElect Programs

- *All's Pals*
- *Circle of Education*
- *HighScope Education*
- *I Can Problem Solve*
- *Incredible Years Train*
- *Peaceworks: Peacem*
- *Promoting Alternativ*
- *Second Step*
- *Tools of the Mind*

2013
CASEL GUIDE

		KEY
Grade Range Covered	PreK-3	
Grade-by-Grade Sequence	PreK-K, 1-3 (booster lessons)	
Average Number of Sessions Per Year	45 core lessons and 9 booster lessons	
Classroom Approach to Teaching SEL	Explicit skills instruction	
Opportunities to Practice Social and Emotional Skills	●	○ Minimal ● Adequate ● Extensive
Classroom-Wide Context	●	
School-Wide Context	○	
Family Context	●	
Community Context	○	
Tools for Monitoring Implementation	✓	
Tools for Measuring Student Behavior	✓	

Evidence of Effectiveness

All's Pals has been evaluated in three quasi-experimental studies, the largest of which included 37 classes. Students have been followed over the course of a single year.

		KEY
Grades Evaluated	PreK	
Geographic Location	Rural, Suburban, Urban	
Student Race/Ethnicity	African-American, Caucasian	
Percent Receiving Reduced Lunch	100%	
Evaluation Outcomes	Increased positive social behavior, reduced conduct problems, reduced emotional distress	Blueface: Behavioral Outcomes Italic: Additional Outcomes

CASEL's District Resource Center

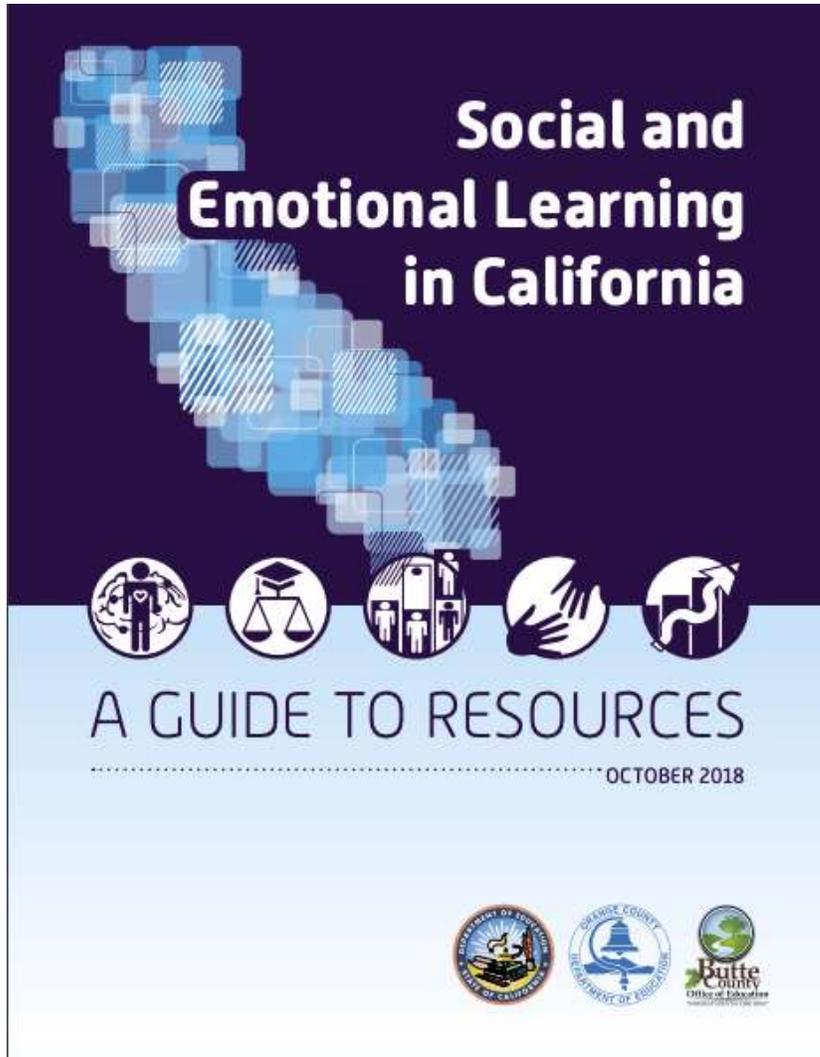
The District Resource Center helps school districts make social and emotional learning (SEL) an integral part of every student's education. Find research, knowledge, and resources curated from school systems across the U.S. to support high-quality, systemic implementation of SEL.

[How It Works](#)

[Scroll for More](#)

- CASEL's District Resource Center: <https://drc.casel.org/>
- CASEL's Evidence-Based SEL Programs: <https://casel.org/guide/programs/>

Social and Emotional Learning in California



RESOURCE SNAPSHOTS

Note: Current as of April 2018

Contents

1. ACT (Assets Coming Together) For Youth—Social and Emotional Learning Toolkit
2. ASCD Whole Child Approach
3. CASEL District Resource Center
4. CASEL Guide (2013), Effective Social and Emotional Learning Programs, Preschool and Elementary School Edition
5. CASEL Guide (2015), Effective Social and Emotional Learning Programs, Middle and High School Edition
6. Center on the Social and Emotional Foundations for Early Learning
7. Character Lab
8. Communities in Schools, Central Texas—Trauma Training for Educators
9. Edutopia
10. Heart-Mind Online
11. Incorporating Social and Personal Competencies into Classroom Instruction and Educator Effectiveness; A Toolkit for Tennessee Teachers and Administrators
12. inspireEd
13. IPEN Learning Library
14. National Center on Safe Supportive Learning Environments
15. National Child Traumatic Stress Network
16. National Education Association Diversity Toolkit
17. Navigating Social and Emotional Learning from the Inside Out—Looking Inside and Across 25 Leading SEL Programs: A Practical Resource for Schools and OST Providers) Elementary School Focus
18. NBC News Parent Toolkit
19. Preparing Youth to Thrive: Promising Practices for Social & Emotional Learning
20. Restorative Practices: Fostering Healthy Relationships & Promoting Positive Discipline in Schools, A Guide for Educators
21. SEL School: Connecting Social and Emotional Learning to Effective Teaching, The
22. Social and Emotional Learning Resource Finder
23. Students at the Center Hub
24. Teaching Tolerance
25. Transforming Education Toolkits
26. State Resources and Examples
27. California District Resources and Examples

12



- **CDE: Social & Emotional Learning in California Resource Guide:**
<https://www.cde.ca.gov/eo/in/documents/selresourcesguide.pdf>

Evidence-Based Social Emotional Learning Programs

Good Behavior Game (GBG): Listed on the Suicide Prevention Resource Center, as an evidence-based “upstream” program.

- <https://www.sprc.org/resources-programs/good-behavior-game-gbg>

CARE for Teachers Program: Standing for Cultivating Awareness and Resilience, the CARE program is supported by CASEL as a evidence-based resource for adults.

- <https://createforeducation.org/care/>

Good Behavior Game (GBG)

[PDF version of this page](#)

Date: 2017

(For resources, this is the publication date. For programs, this is the date posted.)

Information

Type: Program/Practice, Education/Training
Program, Program with Evidence of Effectiveness

Organization: American Institutes for Research

Costs: See the [Blueprints Listing](#).

Contact

See the [Blueprints Listing](#).

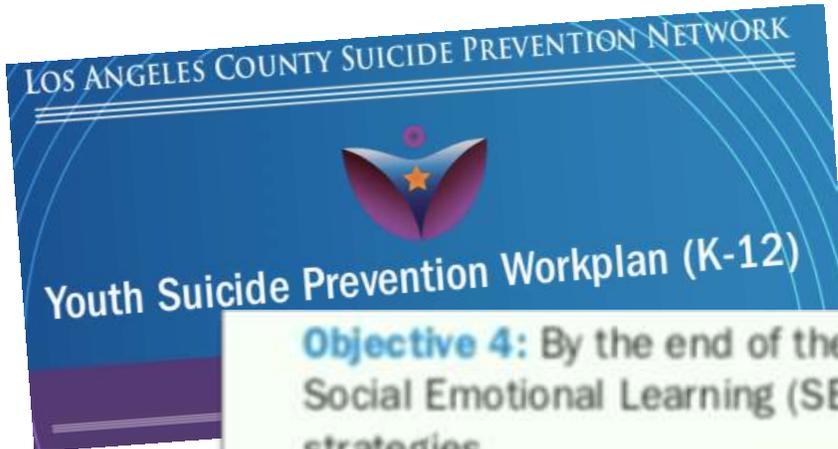
The Good Behavior Game (GBG) is a universal classroom-based behavior management strategy for elementary school that teachers use along with a school's standard instructional curricula. GBG uses a classroom-wide game format with teams and rewards to socialize children to the role of student. It aims to reduce aggressive, disruptive classroom behavior, which is a shared risk factor for later problem behaviors, including adolescent and adult illicit drug abuse, alcohol abuse, cigarette smoking, antisocial personality disorder (ASPD), violent and criminal behavior, and suicidal thoughts and behaviors.



CARE
FOR TEACHERS

Cultivating Awareness and Resilience in
Education

How to Put This Into Action?



Objective 4: By the end of the 2024/2025 fiscal year, some staff in every school are trained in Social Emotional Learning (SEL) teaching techniques, and implement research-based SEL strategies.

Action Items for FY 2019/20:

- A1:** By the end of the FY 2019/20 establish a baseline of schools that have staff trained in Social Emotional Learning (SEL) and that are implementing research-based SEL strategies.
- A2:** By the end of FY 2019/20 compile list of school and community-based SEL programs
- A3:** By the end of FY 2019/20 create a plan to promote and raise awareness of SEL programs across county.

Long Term Action Items:

- A1:** Create a train-the-trainer for staff in youth groups and after school programs to implement SEL.
- A2:** Create strategy to ensure credentialing candidates are trained in SEL learning and teaching.

How to Put This Into Action?

Join a community of practice to network and build capacity to lead and support Social and Emotional Learning in your county!



CALIFORNIA SOCIAL AND EMOTIONAL LEARNING COMMUNITY OF PRACTICE

Who should attend?
County Office of Education
teams & SEL Providers
(COE teams may include
invited district SEL leaders.)

Our Purpose:

- Build capacity to support systematic SEL implementation efforts in districts and schools
- Actively learn and collaborate with your county team and others to promote SEL best practices within a multi-tiered system of support framework
- Align SEL to a variety of supports such as PBIS, Restorative Practices, Trauma-informed Education
- Strategize the inclusion of SEL into LCAP, Differentiated Assistance and other county-office support processes
- Address challenges of integrating inclusive, research-based SEL approaches into practices and systems
- Learn from successful SEL efforts in districts and schools

• Fall 2019 Meetings:

South | December 5, 2019
Brandman University
16355 Laguna Canyon Road
Irvine, CA 92618
<http://ocde.k12oms.org/1250-172305>

North | December 9, 2019
SCOE Conference Center
3661 Whitehead St. #100
Mather, CA 95655
<http://ocde.k12oms.org/1250-172307>

• Spring 2020 Meetings:

North | March 23, 2020
SCOE Conference Center
3661 Whitehead St. #100
Mather, CA 95655
<http://ocde.k12oms.org/1250-172311>

South | April 14, 2020
Orange Co. Dept. of Education
200 Kalmus Drive
Costa Mesa, CA 92626
<http://ocde.k12oms.org/1250-172314>

For additional information, contact: Brent Malicote,
SCOE, bmalicote@scoe.net, 916.228.2201 or Dr. Lucy
Vezzuto, OCDE, lvezzuto@ocde.us, 714.327.1081

Time: 9:30 a.m. to 3:30 p.m.
Light Breakfast & Lunch Provided.

No Cost

For additional information, contact: Brent Malicote,
SCOE, bmalicote@scoe.net, 916.228.2201 or Dr. Lucy
Vezzuto, OCDE, lvezzuto@ocde.us, 714.327.1081

The strength of public private partnerships



Blue Shield of California's BlueSky initiative supports mental health for middle- and high school students in California by providing additional mental health clinicians in schools, training teachers on the signs of mental health issues, and empowering students with in-person and online mental health support resources.



One-on-one therapy for students most in need



Youth Mental Health First Aid training for educators



Support for student-led peer groups in high schools



Online mental health and resilience resources for all students

Through the work of nonprofit Wellness Together, BlueSky will bring additional mental health clinicians into schools to enhance access to care. This service is launching initially in 19 middle- and high schools, with a student body of more than 20,000 students in Oakland Unified and San Leandro Unified school districts in Alameda County, and Sweetwater Union, Oceanside Unified and Juvenile Court & Community Schools in San Diego County.

Mindfulness

Building Resilience in Stressed Kids using Simple Mindfulness Techniques

By Dianne Maroney
Monday, March 26th, 2018

Mindfulness is a bit of a buzzword in society today. Most people have heard of it, but many are confused about what mindfulness really means. It's common to think it's only about meditation, but in reality is simply means focusing your awareness on the present moment, calmly noticing your emotions and physical sensations without judgment as you are doing whatever you happen to be doing. You can be mindful as you do just about anything from sitting quietly and breathing, to drawing, eating, or playing in the sand.

The benefits of mindfulness are plentiful. According to the research on mindfulness with adults and children, mindfulness improves immune function (fewer illnesses), increases concentration,



Mindfulness is defined by the Greater Good Science Center as the moment-by-moment awareness of our thoughts, feelings, bodily sensations, and surrounding environment. Furthermore, mindfulness has been described of having four distinct, yet overlapping processes: contact with the present moment, psychological acceptance, cognitive defusion, and self as context.

Mindfulness promotes self-regulation and coping skills, which builds on the skills learned through SEL.

Mindfulness Interventions for Suicide Prevention



Building Resilience in Stressed Kids using Simple Mindfulness Techniques

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Monday, March 26th, 2018

Mindfulness is a bit of a buzzword in society today. Most people have heard of it, but many are confused about what mindfulness really means. It's common to think it's only about meditation, but in reality it simply means focusing your awareness on the present moment, calmly noticing your emotions and physical sensations without judgment as you are doing whatever you happen to be doing. You can be mindful as you do just about anything from sitting quietly and breathing, to drawing, eating, or playing in the sand.

The benefits of mindfulness are plentiful. According to the research on mindfulness with adults and children, mindfulness improves immune function (fewer illnesses), increases concentration,



- A number of studies have shown that interventions focused on increasing clients' mindfulness of psychological events can in fact reduce the likelihood of experiential avoidance, which is a core common process in those who are suicidal (Hayes, Luoma, Bond, Musada, Lillis, 2006)
- Mindfulness-based interventions have been shown to result in large reductions in depression, substance abuse, anxiety, and psychotic symptoms (Hofmann, Sawyer, Witt, & Oh, 2010; Hayes, et. al, 2006).
- Studies have found that youth who practice mindfulness experience and develop: attention and learning skills, social and emotional skills, and resilience (Napoli, Krech, & Holley, 2005; Schonert-Reichl, Oberle, Lawlor, Abbott, Thomson, Oberlander & Diamond, 2015; Metz, Frank, Reibel, Cantrell, Sanders, & Broderick, 2013).



☰ Menu

.b Curriculum (ages 11 – 18)

Learning To BREATHE



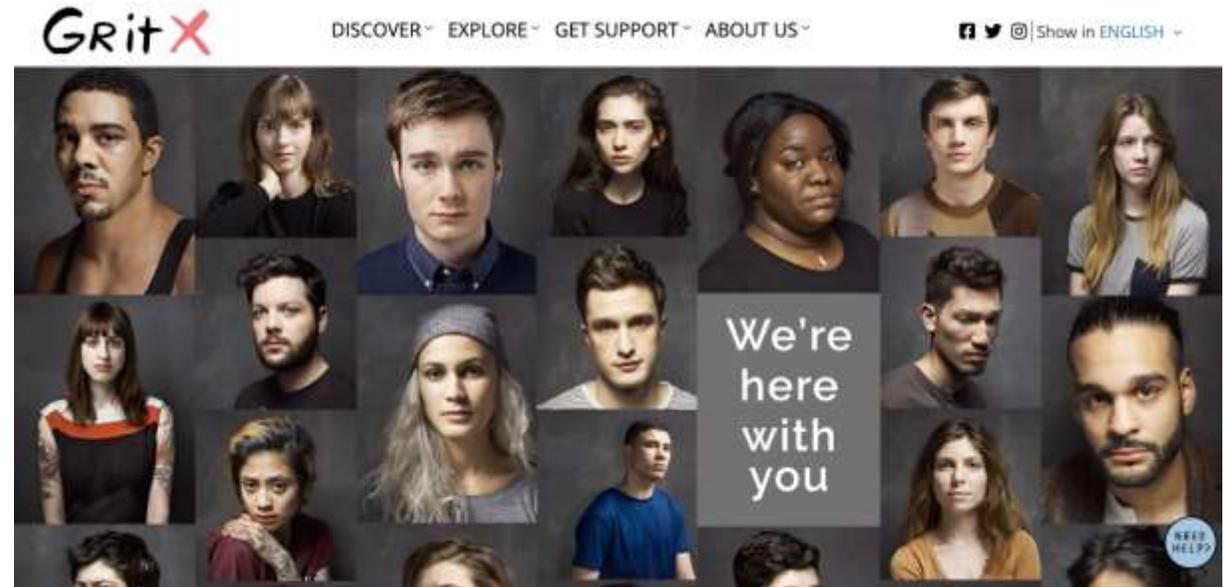
It's as easy as **A**
ACTION

Moving with purpose and mindfulness clears tension and stress in your body.



Resources for Mindfulness & Wellness

- [Mindshift](#)
- [Stop, Breath, and Think](#): For youth, with meditations for mindfulness and compassion
- [Calm](#): Guided meditation and relaxation exercises
- [HeadSpace](#): Meditation and mindfulness made simple
- [Insight Timer](#): 2,714 free guided meditations
- [Grit-X](#)



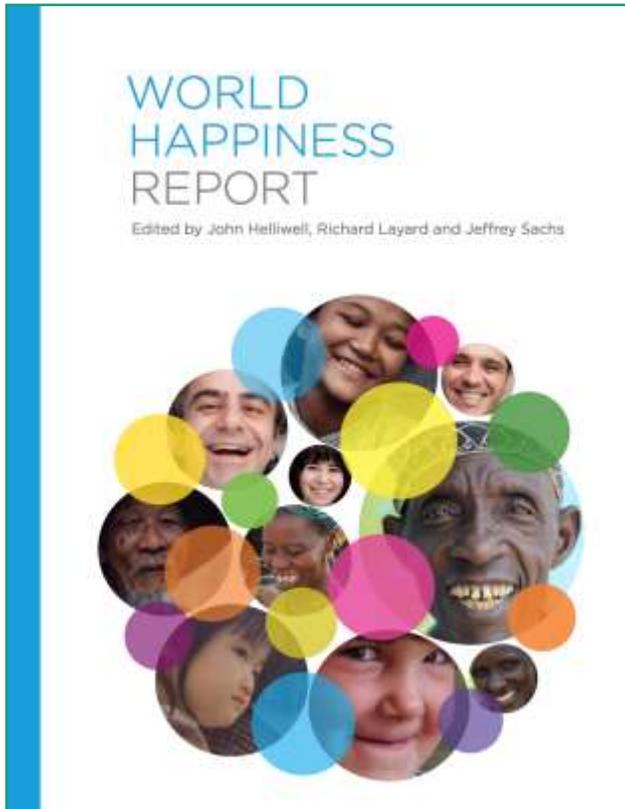


Q&A

Promoting Connectedness



How can we influence happiness in the community?



What makes people happy?

- Having close relationships and connection to others, or “social capital”.
- Helping others, from volunteering to reaching out to someone who is having a tough time.
- Good physical and mental health.
- A sense of meaning in life.

Community Health Measures

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

California 2019 Select another state

Overview Rankings Measures Downloads Compare Counties Select a county Print

Select a Measure: A Length of Life measure

HEALTH OUTCOMES
PREMATURE DEATH

Premature death

Health Outcomes
Health Factors
Additional Measures

Demographics
Length of Life
Quality of Life
Health Behaviors
Clinical Care
Social & Economic Factors
Physical Environment

Disconnected youth
Median household income
Children eligible for free or reduced price lunch
Residential segregation - Black/White
Residential segregation - non-white/white
Homicides
Firearm fatalities

- Health Outcomes
- Health Factors
- Additional Measures

- Length of Life
- Quality of Life

- Poor or fair health
- Poor physical health days
- Poor mental health days
- Low birthweight

Find Strategies by Topic

- Health Behaviors**
 - Alcohol and Drug Use
 - Diet and Exercise
 - Sexual Activity
 - Tobacco Use
- Clinical Care**
 - Access to Care
 - Quality of Care
- Social & Economic Factors**
 - Community Safety
 - Education
 - Employment
 - Family and Social Support
 - Income
- Physical Environment**
 - Air and Water Quality
 - Housing and Transit

Social Connectedness



- Strong social networks, high frequency of social contact and low levels of isolation and loneliness serve as protective factors against suicidal thoughts and behaviors.
- Contact with others such as a letter or card from a provider to a patient, has demonstrated reductions in suicide risk among patients.
- Among Native American youth, perception of being able to count on their community for support and being cared for by adults in their community, were found to be protective factors against suicidal ideation and attempts.
- Among veterans, experiencing a higher level of social connectedness may serve as a protective factor against psychological distress, depression, PTSD, low self-esteem and suicidal ideation.

Volunteerism

Research demonstrates that volunteering leads to better health and that older volunteers are the most likely to receive physical and mental health benefits from their volunteer activities.

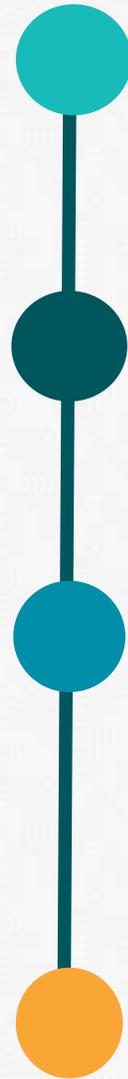


- Volunteering strengthens social ties and protects individuals from isolation
- Older individuals who volunteer experience even greater health benefits than younger volunteers
- Even when controlling for other factors (e.g. age, health, and gender) research has found that when individuals volunteer, they are more likely to live longer and have better health in later life.
- There is a “volunteering threshold” to receive the positive health outcomes.
- States with higher volunteer rates are more likely to have lower mortality rates and less incidence of heart disease.

Strategies to increase social connectedness

Programs that promote interaction and cooperation between people of different ages, especially children and older adults

Mentorship programs based in schools, community centers, or faith-based organizations



Group activities that promote social interactions and community involvement among older adults

Organized social, art, or physical activities for school-aged youth outside of the school day



volunteer



Suicide prevention
hotlines and warm lines

Community Boards

Fundraising

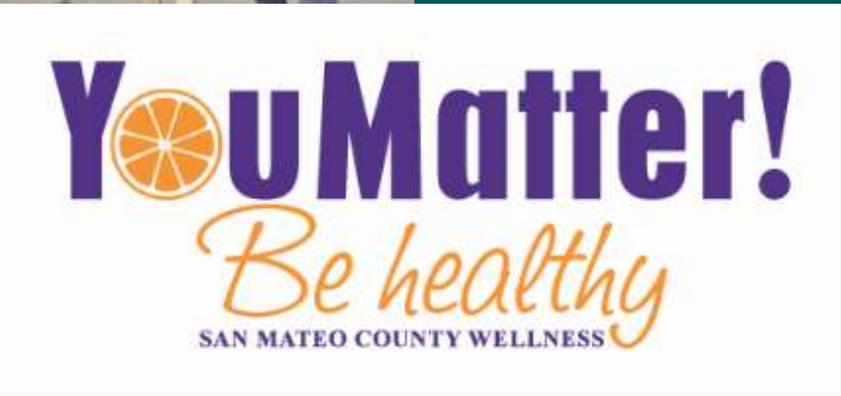
Office Support

Event Planning &
Logistics

Meals on Wheels

Peer support programs





Wellness programs

Education and behavioral health literacy

Mindfulness and mediation

Community counseling

Exercise and nutrition programs

Availability of healthy food

Insurance parity



Gratitude

May 18-20, 2018

Research shows that practicing gratitude promotes better physical and mental health

The Los Angeles County Department of Mental Health is pleased to participate in the national Weekend of Worship, a part of Cities Thrive (<http://www.nyc.gov/citiesthrive>) by asking clergy to use the theme of Gratitude on the same weekend in May.

LA County Parks After Dark (PAD) will offer tree fun for the entire family. Sports, workshops, concerts, movies, resource fair, food and much more! Please visit parks.lacounty.gov for a complete listing of PAD sites and activities.

Mini Grants for Community Engagement

The Los Angeles County Department of Mental Health (LACDMH), in collaboration with CalMHSA, is excited to announce that it will be offering grants of up to \$5,000 to engage communities across the County by creating opportunities and events that increase community engagement, reduce stigma and enhance wellbeing.

The grant period will run from **March 1, 2020 through May 31, 2020**, with grants being awarded to individuals and

JUNE 14TH - AUGUST 4TH
THURSDAY, FRIDAY AND SATURDAY NIGHTS
6-10 PM

FREE FUN FOR THE ENTIRE FAMILY!

Los Angeles County Department of Parks and Recreation

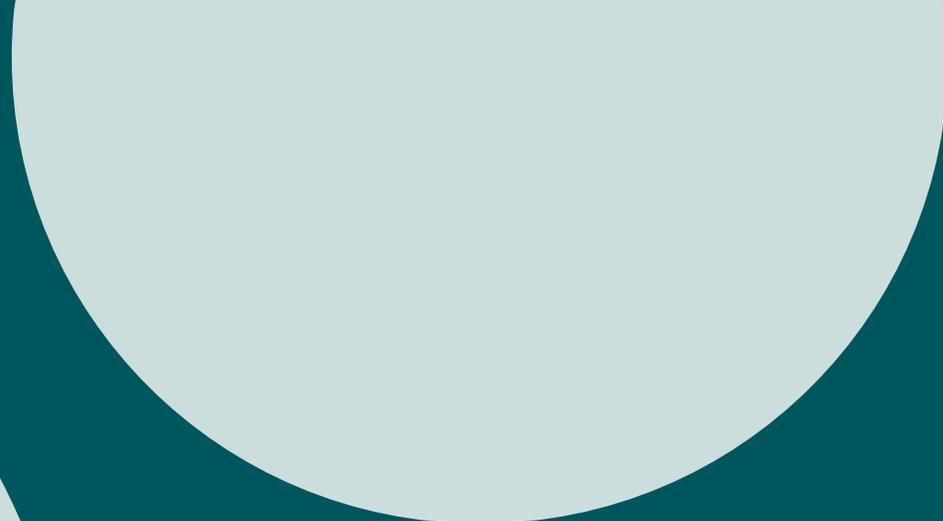
14 DE JUNIO - 4 DE AGOSTO
JUEVES, VIERNES Y SÁBADOS POR LA NOCHE
6-10 PM

VERSIÓN GRATUITA PARA TODA LA FAMILIA!

Los Angeles County Department of Parks and Recreation

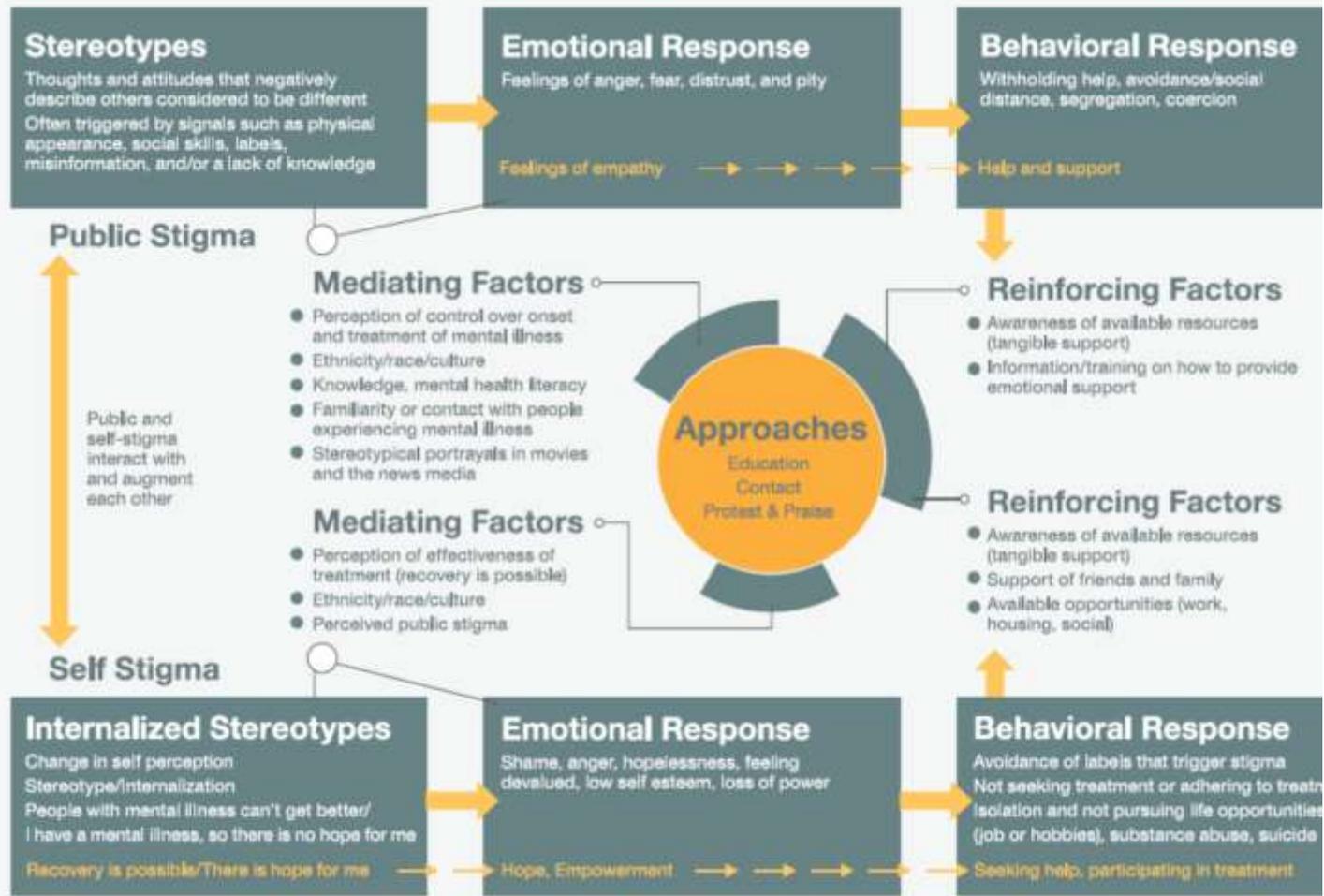


Q&A

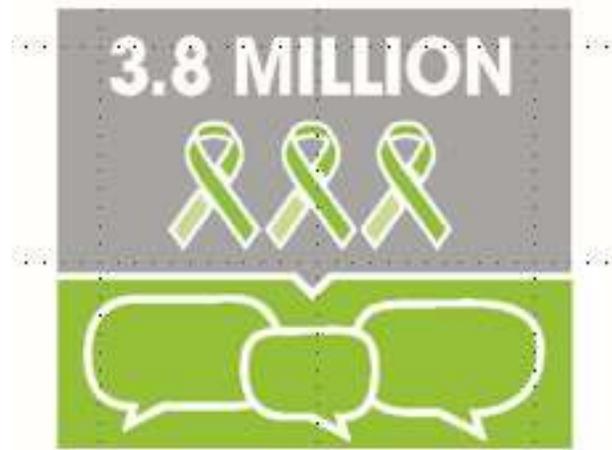
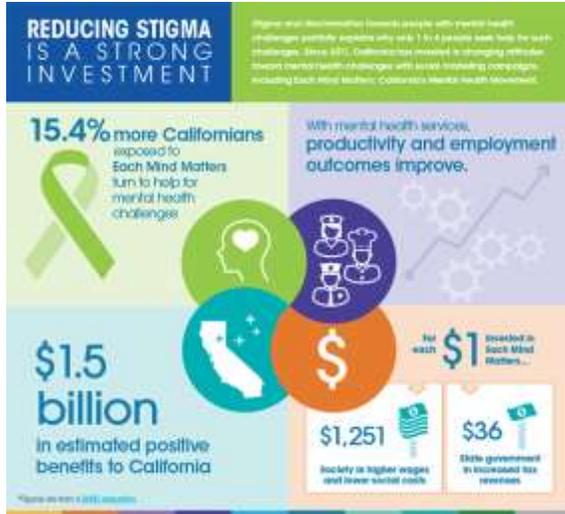


Social Marketing and Public Awareness Campaigns

Figure 3. Behavior Change Model



This figure is adapted from information provided by Patrick Corrigan, "Mental Health Stigma as Social Attribution: Implications for Research Methods and Att Change," *Clinical Psychology: Science and Practice*, Spring 2000; 7(1) Health Module; and from Norman Satorius and Hugh Shulze, "Reducing the Stigma of Mental Illness: A Report from a Global Programme of the World Psychiatric Association," Cambridge University Press, 2005.



More Momentum

3.8 million Californians (or 13% of Californians surveyed) saw someone wearing a lime green ribbon, and almost half of those had a conversation about mental health because of the green ribbon.

Figure B. Knowledge, Efficacy and Action Items: Disagreement Desirable.

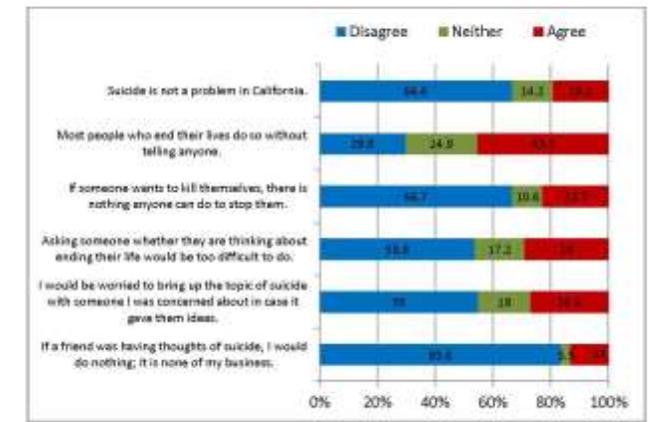
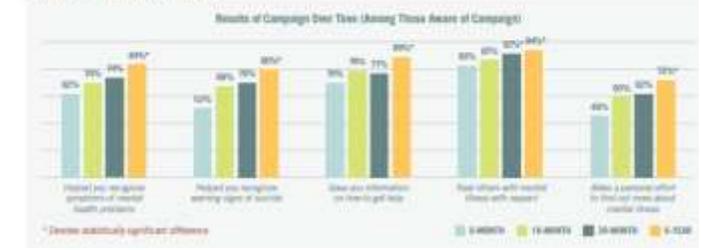


Figure 1. Campaign Findings





Take a step to be Stigma Free OC



I'm ready to take the pledge.

- Home
- About Stigma
- Toolkit
- Events
- Partners
- Get Help Now

About the Stigma Free Orange County, CA Movement

Stigma Free OC is a county-wide movement which aims to stamp out the stigma associated with mental illness and substance use disorders. We are dedicated to raising awareness of these illnesses by creating an environment where affected individuals are supported in their efforts to achieve wellness and recovery.

The six buttons in the navigation bar above pr

Room4Everyone TRI-CITY MENTAL HEALTH

Select Language: [Dropdown]

Search: [Input] [Submit]

Our Campaign | Where Do I Fit? | Personal Stories | Get Involved | Learn More

Share

Mental Health and Stigma

Three out of four people with a mental illness report that they have experienced stigma. When a person is labeled by their illness they are seen as part of a stereotyped group. Negative attitudes create prejudice which leads to negative actions and discrimination.

Do you...?

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
Stigma against citizens with a Lake County?	<input type="checkbox"/>				
about mental illness.	<input type="checkbox"/>				
(such as talking with a young people to recover	<input type="checkbox"/>				
to do more to help people for.	<input type="checkbox"/>				
We often treated unfairly.	<input type="checkbox"/>				
acceptable terms for	<input type="checkbox"/>				
in a negative way	<input type="checkbox"/>				
to be violent and	<input type="checkbox"/>				
illness do not get	<input type="checkbox"/>				
ful	<input type="checkbox"/>				
all any of my	<input type="checkbox"/>				
y sensitive let	<input type="checkbox"/>				
ness.	<input type="checkbox"/>				
a mental	<input type="checkbox"/>				

Female Male Other

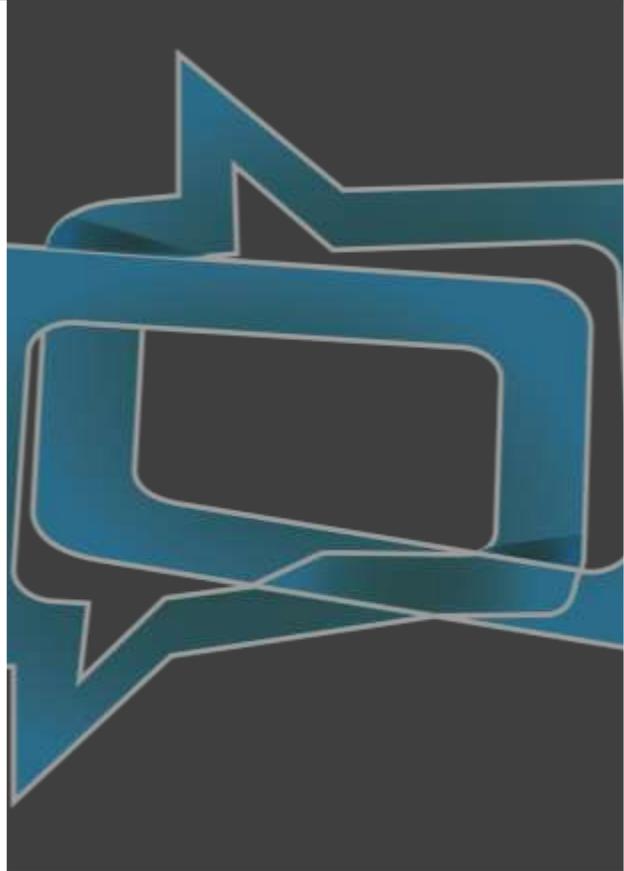
21-32 33-49 50+

Native American or Alaska Native Asian/Asian American

Other _____

To fill out our survey! Each mind - and person - matters.





ería: #1

El sufrimiento no siempre se nota
RECONOZCA LAS SEÑALES
 El Suicidio Es Prevenible

imiento el las viven de al se perar			Pregunte Directamente
	"Me quiero morir."	SanaMente www.SanaMente.org	
8. 454	GRATIS		www. ElSuicidioEsPrevenible.org
		El sufrimiento no siempre se nota	<i>testamento</i>

La familia estaría mejor sin mí.



How have you integrated the Know the Signs campaign locally?

Campaign materials are available in several languages and for a variety of communities

- African American
- API youth
- Cambodian
- Chinese
- Filipino
- General public
- Hmong
- Individuals in crisis
- Korean
- Lao
- LGBTQ
- Middle aged men
- Spanish-speaking
- Vietnamese
- Russian



Know the Signs >> Find the Words >> Reach Out

www.EMMResourceCenter.org



Creating Linguistically and Culturally Competent Suicide Prevention Materials

Date: 2017

(For resources, this is the publication date. For programs, this is the date posted.)



[PDF version of this page](#)

Information

Type: Manual

Author: Suicide Prevention Resource Center (SPRC) and California Mental Health Services Authority (CalMHSA)

Publisher: Education Development Center, Inc. (EDC)

See This Resource

[Creating linguistically and culturally competent suicide prevention materials \(8.13 MB\)](#)

National initiatives – Social Media

#BeThe1To

JOIN THE MOVEMENT

EVENTS

STORIES

ABOUT

RESOURCES



#BeThe1To

If you think someone might be considering suicide, be the one to help them by taking these 5 steps:

ASK. KEEP THEM SAFE. BE THERE. HELP THEM CONNECT. FOLLOW UP.

SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)

Find out why this can save a life at www.BeThe1To.com

If you're struggling, call the Lifeline at **1-800-273-TALK (8255)**

DOWNLOAD KIT 

CREATED BY: [NATIONAL SUICIDE PREVENTION LIFELINE](#) 



BE THE ONE TO SAVE A LIFE.

YOU CAN DO SOMETHING TO PREVENT SUICIDE.

JOIN THE MOVEMENT 

Working with the Media



Statewide Plan- Strategic Direction



2

STRATEGIC
AIM

GOAL 7: INCREASE USE OF BEST PRACTICES FOR REPORTING OF SUICIDE AND PROMOTE HEALTHY USE OF SOCIAL MEDIA AND TECHNOLOGY

Desired Outcome  Reduce events referred to as “suicide clusters,” when multiple suicides occur within a particular time period or location, especially among youth.

Short-term Target  By 2025, all counties are conducting activities to increase awareness of best practices for reporting suicide to local media partners. Activities could include offering informational sessions, posting information online, and holding informational sessions.

Objectives (State):

- 7a: Research and policy agenda
- 7b: Awareness of recommendations by partnering w/ media
- 7c: Integrate into colleges
- 7d: Best practices for use of social media

Objectives (Local/Regional):

- 7e: Identify media and community partners (PIOs) and deliver trainings on best practices
- 7f: Disseminate recommendations and research supporting safe messaging
- 7g: Partner with media to share resources and reduce stigma
- 7h: Disseminate information on risk expressed on social media risk and response
- 7h: Integrate public campaigns and school curriculum on safe social media use
- 7i: Minimize sharing of misinformation in media/social media



reporting on suicide.org

[Recommendations](#)[Online Media](#)[Examples](#)[Find an Expert](#)[Research](#)[About](#)[Other Languages](#)

RECOMMENDATIONS FOR REPORTING ON SUICIDE[®]

Developed in collaboration with American Association of Suicidology, American Foundation for Suicide Prevention, Annenberg Public Policy Center, Associated Press Managing Editors, Canterbury Suicide Project - University of Otago, Christchurch, New Zealand, Columbia University Department of Psychiatry, ConnectSafety.org, Emotion Technology, International Association for Suicide Prevention Task Force on Media and Suicide, Medical University of Vienna, National Alliance on Mental Illness, National Institute of Mental Health, National Press Photographers Association, New York State Psychiatric Institute, Substance Abuse and Mental Health Services Administration, Suicide Awareness Voices of Education, Suicide Prevention Resource Center, The Centers for Disease Control and Prevention (CDC) and UCLA School of Public Health, Community Health Sciences.

IMPORTANT POINTS FOR COVERING SUICIDE

- More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. The magnitude of the increase is related to the amount, duration and prominence of coverage.
- Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death.
- Covering suicide carefully, even briefly, can change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help.

Rectangular Snip



Q&A

Striving for Zero: California Strategic Plan



STRATEGIC AIM 2: MINIMIZE RISK FOR SUICIDAL BEHAVIOR BY PROMOTING SAFE ENVIRONMENTS, RESILIENCY, AND CONNECTEDNESS

- Goal 4: Create safe environments by reducing access to lethal means
- Goal 5: Empower people, families, and communities to reach out for help when mental health and substance use disorder needs emerge
- Goal 6: Increase connectedness between people, family members, and community
- Goal 7: Increase the use of best practices for reporting of suicide and promote healthy use of social media and technology

Striving for Zero: California Strategic Plan

GOAL 5: Empower people, families, and communities to reach out for help when behavioral health needs emerge.

- **Objective 5c:** Identify community needs & expand community-based services for managing stressors and building resiliency, as well as activities that increase life skills such as mindfulness.
- **Objective 5d:** Expand outreach and engagement strategies to promote behavioral health and community services and resources.
- **Objective 5e:** Partner with community organizations and businesses to coordinate social marketing suicide prevention awareness campaigns.
- **Objective 5f:** Expand mental health services, encourage people to seek help, and promote messages of hope.
- **Objective 5g:** Develop a network of peer support providers to help navigate health and behavioral health systems.

GOAL 6: Increase connectedness between people, family members, and the community.

- **Objective 6c:** Increase services intended to build positive attachments and social support amongst individuals, their families, and their communities.
- **Objective 6e:** Promote a culture free of stigma and discrimination by having open dialogues about mental health and resources and deliver messages of hope.
- **Objective 6f:** Integrate suicide prevention strategies into services intended to reduce other forms of violence.
- **Objective 6g:** Partner with community-based organizations to build and promote opportunities for volunteerism.

SA EBP Resource Center

EVIDENCE-BASED PRACTICES RESOURCE CENTER

Evidence-Based Practices Resource Center

SAMHSA is committed to improving prevention, treatment, and recovery support services for mental and substance use disorders.

This new Evidence-Based Practices Resource Center aims to provide communities, clinicians, policy-makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings. The Resource Center contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources.

[Learn more about the Evidence-Based Practices Resource Center.](#)

Resources

Topic Area

Populations Target Audience

- » [Providers' Clinical Support System for Medication Assisted Treatment \(PCSS-MAT\)](#)
- » [Addiction Technology Transfer Center \(ATTC\) Network](#)
- » [Center for the Application of Prevention Technologies \(CAPT\)](#)
- » [Bringing Recovery Supports to Scale Technical Assistance Center Strategy \(BRSS TACS\)](#)
- » [SAMHSA-HRSA Center for Integrated Health Solutions \(CIHS\)](#)
- » [National Center on Substance Abuse and Child Welfare \(NCSACW\)](#)
- » [National Training and Technical Assistance Center for Child, Youth & Family Mental Health \(NTTAC\)](#)

Topic Area

Populations Target Audience

Sort by Items per page

Apply

Suicide Prevention Resource Center



Also in This Section

Keys to Success

- [Engaging People with Lived Experience](#)
- [Partnerships and Collaboration](#)
- [Safe and Effective Messaging and Reporting](#)
- [Culturally Competent Approaches](#)
- [Evidence-Based Prevention](#)

Evidence-Based Prevention



Practicing evidence-based prevention means using the best available research and data throughout the process of planning and implementing your suicide prevention efforts.

Evidence-based prevention includes:

- [Engaging in evidence-based practice \(sometimes called evidence-based public health\)](#)
- [Selecting or developing evidence-based programs](#)



Engaging in Evidence-Based Practice

Evidence-based practice has been defined as "the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of communities and populations in the domain of health protection, disease prevention, health maintenance and improvement (health promotion)." ¹

SPRC Promising Practice Interventions

- Also in This Section**
- American Indian/Alaska Native Settings
 - Getting Started
 - Data Sources
 - Promising Prevention Practices
 - Sustaining Efforts
 - Sharing Our Wisdom
 - Culturally Relevant Links

Promising Prevention Practices



Suicide prevention efforts for AI/AN groups should be based on the culture and history of each community. The recommended resources below provide information on culturally appropriate practices that may reduce risk and increase protective factors for suicide.

 Resource List/Bibliography	 Manual	 Resource List/Bibliography
FNBHA catalogue of effective behavioral health practices for tribal communities	Healthy Indian Country Initiative promising prevention practices resource guide	Oregon.gov: Evidence-based practices
The First Nations Behavioral Health Association (FNBHA) catalogue is based on criteria developed by an expert panel in May 2008.	This guide highlights the work of the 14 Healthy Indian Country Initiative tribal grantee programs, including suicide prevention programs.	This website offers an inventory of tribal practices for the prevention or treatment of mental health and substance use disorders.
 Website		
Indian Health Service: Suicide prevention program		

Thank you for attending!



Pain Isn't Always Obvious



Suicide Is Preventable

Funded by counties through the voter-approved Mental Health Services Act (Prop. 63).