

CALIFORNIA OFFICE OF SUICIDE PREVENTION

Every Californian is Part of the Solution...

How will you contribute?



JULY
2012

News in Brief

The [Office of Suicide Prevention](#) (OSP) is pleased to present this edition of News in Brief. In order to minimize the number of email messages you receive from OSP, we are putting together this News in Brief document to share with you some news and resources in one concise document.

Contact us at suicideprevention@dmh.ca.gov.

We look forward to hearing from you!

ANNOUNCEMENTS:

SOURCES OF STRENGTH HAS BEEN ADDED TO THE NATIONAL REGISTRY OF EVIDENCE-BASED PROGRAMS AND PRACTICES (NREPP) AND TO THE BEST PRACTICES REGISTRY FOR SUICIDE PREVENTION

[Sources of Strength](#), a universal suicide prevention program, is designed to build socio-ecological protective influences among high school students to reduce suicide risk. Trained student peer leaders work with adult advisors at school and in the community to conduct well-defined messaging activities intended to change peer group norms influencing coping practices and problem behaviors (e.g., self-harm, drug use, unhealthy sexual practices), to reduce the acceptability of suicide as a response to distress, to increase the acceptability of seeking help, and to improve communication between youth and adults.

LIFELINE ACCEPTING SUBMISSIONS FOR MY LIFELINE VIDEO GALLERY

This fall [Lifeline](#) will replace the [Lifeline Gallery](#) with a new video gallery on YouTube. The My Lifeline video gallery will feature personal stories from people who have called and been helped by the Lifeline. Submissions are being accepted for brief videos of stories to inspire others to contact the Lifeline when in crisis. Lifeline also plans to feature videos from suicide prevention advocates, suicide attempt survivors and suicide loss survivors.

THE INTERNATIONAL ASSOCIATION FOR SUICIDE PREVENTION (IASP) RELEASES MATERIALS TO PROMOTE WORLD SUICIDE PREVENTION DAY (WSPD)

September 10, 2012 marks the 10th anniversary of [WSPD](#). This year's theme is Suicide Prevention across the Globe: *Strengthening Protective Factors and Instilling Hope*. In preparation, [IASP](#) has created a WSPD toolkit and WSPD press package. Resources in the toolkit include banners; postcards promoting the "Light

a Candle Near a Window at 8 PM" campaign; Quick Response (QR) matrix barcodes for WSPD, readable by smart phones; links to the official Facebook event page; and information on hashtags (#) that will be used on Twitter. The press package features guides on writing press releases, generating local media coverage, and giving media and radio interviews, as well as adaptable press releases. Participants are encouraged to submit local activities to the WSPD website.

NIMH OUTREACH PARTNERSHIP PROGRAM SOLICITATION FOR PROPOSALS

The National Institute of Mental Health (NIMH) Outreach Partnership Program has posted an announcement for an upcoming Solicitation for Proposals from the State of California. NIMH will invite proposal submissions from non-profit organizations serving counties in the North/Central and Southern regions of California.

The Vision of the California Office of Suicide Prevention

To implement & support a full range of strategies, from prevention through crisis intervention and postvention to prevent suicide and suicidal behaviors in California.

CALIFORNIA OFFICE OF SUICIDE PREVENTION

Every Californian is Part of the Solution...

How will you contribute?

The solicitation will be available on Tuesday, July 31, 2012 at 10:00 AM (ET) at the [NIMH Outreach Partnership Program webpage](#).

Applicants are selected as NIMH Outreach Partners through a competitive review process, and receive an annual award of \$7,500 for one (1) year with a renewable option for two (2) subsequent years to: a) disseminate NIMH research and educational materials; b) implement a special outreach project addressing mental disorders among children and adolescents, or mental health disparities; and c) promote involvement in NIMH and National Institutes of Health (NIH) research.

Inquiries about the solicitation are being addressed through a formal question and answer process. To keep the process as fair as possible, the Program staff will not be responding to questions individually or via phone.

[Click here](#) for more information about the Outreach Partnership Program.

RESOURCES:

SUICIDE CARE IN SYSTEMS FRAMEWORK

[Suicide Care in Systems Framework](#) was produced by the Clinical Care and Intervention Task Force of the [National Action Alliance for Suicide Prevention](#). This report lays out a conceptual framework to transform health systems with the goal of making patient suicide a “never event.”

TIME TO CHANGE LANGUAGE ABOUT SUICIDE

A recent [article](#) about boxer George Chuvalo titled; “Two of Chuvalo’s sons died of drug overdoses, and another son and Chuvalo’s wife committed suicide” prompted [a letter to the editor](#) due to use of the words “committed suicide”.

According to the letter to the editor the words “committed suicide” perpetuates the stigma toward a tragic event. We associate the word “committed” with crime, sin and being committed to a mental health facility. We can purge our language of phrases like “commit suicide,” “successful suicide,” “failed suicide” or “completed suicide.” The terms successful or failed

should never be associated with suicide. When we complete something we feel good—that feeling should not be associated with suicide. We can choose to say “died by suicide” or there was a “suicide attempt”, phrases void of judgment and lessen the stigma of suicide.

[Reporting on Suicide: Recommendations for the Media](#) provides guidelines that can be helpful to reporters and editors regarding using the most appropriate language when reporting on suicide.

ONLINE RESOURCES FOR CAREGIVERS ON SUICIDE GRIEF SUPPORT

Reviewed by grief and trauma experts, suicide bereavement support volunteers, crisis center directors, and survivors of suicide loss, the online [Suicide Grief Support Quick Reference](#) is now available for crisis workers, other caregivers, and grief support practitioners who work with people bereaved by suicide. It provides practical guidance and links to resources for survivors and child survivors, as well as online support for survivors and direction for caregivers on how to be helpful to people coping with grief after suicide. It includes a "how-to" video to aid in navigating the resource.

SAMHSA LAUNCHES NEW TOOLKIT ON SUICIDE PREVENTION IN HIGH SCHOOLS

In order to provide practical help the Substance Abuse and Mental Health Services Administration (SAMHSA) has developed a new toolkit entitled [Preventing Suicide: A Toolkit for High Schools](#). The toolkit aims at reducing the risk of suicide among high school students by providing research-based guidelines and resources to assist school employees and others identify teenagers at risk and take appropriate measures to provide help. The tool kit offers information on screening tools, warning signs and risk factors of suicide, statistics, and parent education materials. In addition, it provides high schools with useful information on the many federal, state and community programs that are available to help bolster their suicide prevention efforts.

CALIFORNIA OFFICE OF SUICIDE PREVENTION

Every Californian is Part of the Solution...

How will you contribute?

QPR FOR LAW ENFORCEMENT ADDED TO BEST PRACTICES REGISTRY FOR SUICIDE PREVENTION

[Question, Persuade, Refer \(QPR\) for Law Enforcement](#) is a 90-minute online certificate training program that teaches law enforcement professionals how to detect, intervene with, and refer someone at risk for suicide. Adapted from the broader Question, Persuade, and Refer gatekeeper training intervention, it teaches members of the law enforcement community to recognize and respond positively to someone exhibiting suicide warning signs and behaviors. QPR for Law Enforcement is available from the [QPR Institute](#) for a fee.

VETERAN RELATED:

SUICIDE RISK FACTORS AND RISK ASSESSMENT TOOLS: A SYSTEMATIC REVIEW

The objective of this [report](#) by the [Evidence-based Synthesis Program \(ESP\) Center](#), Portland VA Medical Center is to review recent evidence about risk factors and risk assessment tools within Veteran and military populations to provide evidence for clinical practice guideline development specific to these populations.

The key questions addressed in this report were:

- What assessment tools are effective for assessing risk of engaging in suicidal self-directed violence in Veteran and military populations?
- In addition to the risk factors included by current assessment tools, what other risk factors predict suicidal self-directed violence in Veteran and military populations?

DOD/VA SUICIDE PREVENTION CONFERENCE DAY 3: LEADERS TAKE THE STAGE

Defense Secretary Leon E. Panetta called suicide “one of the most complex and urgent problems facing our military families” and “perhaps the most frustrating challenge that I’ve come across since becoming secretary of defense.” Panetta cited four areas of action in suicide prevention — leadership responsibility, improvement in quality and access to health care, the enhancement of coping and resilience skills, and the increase of research.

“My long-term goal with the Department of Defense is to be a game-changing innovator in this field,” Panetta said. “Just as we helped foster the jet age; the space race; the Internet — I want us to break new ground in understanding the human mind and human emotion. In doing so, we will be drawing on a rich history of military needs and stirring innovation.”

The theme for the conference was “[back to basics](#)” — an attempt to ensure all VA caregivers are knowledgeable of the primary techniques for preventing suicide.

Secretary of Health and Human Services Kathleen Sebelius spoke of the importance of new programs, such as the Substance Abuse and Mental Health Services Administration [Operation Immersion](#), which fosters a deeper understanding between civilian providers and the military community they support. The program gives providers a glimpse into military life. “This is an initiative that brought community-based health care providers to a National Guard base where they live like soldiers for a few days ... they meet with soldiers of every rank and their families to hear about military culture, life on the front line and what life is like being back home. This gives health care providers and in-depth understanding of what service members and their families are actually going through and help them provide better care,” Sebelius said.

Since the Department of Veterans Affairs has increased its focus on mental health over the last few years, officials for the department said they have seen improvement in the treatment of veterans at risk for suicide. However, officials also estimated that of the veterans who do commit suicide, only one-third had turned to the VA for help. While the department has had progress, there is still frustration when it comes to stopping suicide after years of work. According to Pentagon officials, 154 military officials committed suicide in just the first 155 days of 2012 — the highest toll for the armed services since 9/11.

With such staggering statistics, Secretary of Veterans Affairs Eric Shinseki called for more research into the mentality behind suicide and a commitment to end this terrible trend. “Mental health professionals tell me that intervention works,” Shinseki said at the conference.
