CALIFORNIA OFFICE OF SUICIDE PREVENTION

Every Californian is Part of the Solution... *How will you contribute?*

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News in Brief

The California Department of Mental Health (DMH) 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:

BERNARD MAYES TO BE HONORED AS LIFELINE TO PEOPLE WHO ARE SUICIDAL

Fifty years ago, Bernard Mayes, an ordained Episcopal priest, created the first suicide hotline in the United States. At first, Mayes advertised on city buses under a pseudonym ("Thinking of ending it all? Call Bruce, PR1-0450, San Francisco Suicide Prevention") and answered all the calls himself. San Francisco Suicide Prevention crisis center now has 100 volunteers and 10 paid staff members; call volume has increased from 200 calls per month to 200 calls per day. The organization's fiftieth anniversary was recently celebrated at a gala event.

SAN MATEO COUNTY IS PROVIDING WEBINARS FROM THE AMERICAN ASSOCIATION OF SUICIDOLOGY

These webinars are funded through Mental Health Services Act and are available to California providers outside of San Mateo County. Continuing education credits will be offered. Slots will be provided on a first-come basis. The American Association of Suicidology is a national leader in education and research on the topic of suicide.

The first webinar is Recognizing and Responding to Suicide Risk for Primary Care**.** It will be held Monday, June 18th, from 11 a.m. to 12:30 p.m. The second webinar is Bullying and Suicide. It will be held Tuesday, June 26th from 12 to 1:00 p.m. To register for the trainings, click on the training titles, above.

NATIONAL LIFELINE CHAT PILOT

A national Lifeline Chat pilot is made available through a collaboration between the National Suicide Prevention Lifeline and Contact USA. The chat pilot began March 1, 2012 and runs through September 28, 2012, and consists of the following California crisis centers:

- Contra Costa Crisis Center
  Hours: Monday-Friday, 3 p.m.-7 p.m.
- Didi Hirsch Mental Health Services
  Hours: Monday-Friday, 6 p.m.-10 p.m.
- San Francisco Suicide Prevention
  Hours: Monday-Friday, 11 a.m.-11 p.m.

RESOURCES:

NEW CDC GUIDE TO WRITING FOR SOCIAL MEDIA

This new guide from the Centers for Disease Control and Prevention (CDC) was written to provide guidance and share the lessons learned in more than three years of creating social media messages in CDC health communication campaigns, activities, and emergency response efforts. This guide provides information to help one write more effectively using multiple social media channels, particularly Facebook, Twitter, and mobile phone text messaging. The guide is intended for a beginner audience, although some readers with an intermediate level may find it useful too.

AMERICAN ASSOCIATION OF SUICIDOLOGY RESOURCES ABOUT YOUTH SUICIDE

The following resources, with the exception of the brochure, includes an overview, risk and protective factors, resources and other prevention information about each of their respective groups.

- Brochure about the National Center for the Prevention of Youth Suicide
- Resource Sheet about Youth Suicidal Behavior
- Resource Sheet about Suicidal Behavior among Lesbian, Gay, Bisexual, and Transgender youth
- Resource Sheet Preventing Suicidal Behavior Among Youth in Foster Care
- Resource Sheet Preventing Suicidal Behavior Among College and University Students

EDUCATION MATERIALS DESIGNATED BEST PRACTICE RESOURCES FOR SUICIDE PREVENTION FOR GAY & TRANSGENDER YOUTH

The Family Acceptance Project (FAP) at San Francisco State University has been studying the impact of family acceptance and rejection on suicide risk among LGBT youth. FAP has developed a multi-lingual, multi-cultural series of family education booklets – Supportive Families, Healthy Children: Helping Families Support their LGBT Children. The booklets have been designated as best practice resources for suicide prevention for LGBT youth and young adults by the national Best Practices Registry for Suicide Prevention. The booklets are available in English, Spanish and Chinese. The booklets help ethnically and religiously diverse families understand how specific reactions to their children's LGBT identity both contribute to and protect against risk for suicide and related health problems.

Supportive Families, Healthy Children is available for download. Printed copies are available from the Family Acceptance Project. Lower literacy and faith-based versions are in development. FAP provides on-site training on using these materials. Contact fap@sfsu.edu to obtain printed versions and information on training.

RESEARCH:

SUICIDAL IDEATION AND SELF-HARM IN LESBIAN, GAY, BISEXUAL, AND TRANSGENDER YOUTH

More than one-third of lesbian, gay, bisexual and transgender (LGBT) youth have had thoughts of suicide and 15% have engaged in some form of self-harm, according to new research published in the American Journal of Preventive Medicine.

In assessing the predictors of suicidal ideation and self-harm, researchers found that previous suicide attempt, impulsivity, LGBT victimization and low social support increased risk. Gender non-conformity, female gender, sensation-seeking and hopelessness increased risk of self-harm.

The researchers emphasized that school professionals should focus on enhancing social support networks for LGBT youth. They also advised greater parental supervision as a way to limit opportunities for youth to engage in self-harm.

CAMPUSES GRAPPLE WITH SUICIDE PREVENTION

A lawsuit brought against Cornell University by the father of a student who died by suicide is spurring conversation about the role of colleges and universities in preventing suicide. The student's father, Howard Ginsburg, has filed a lawsuit against Cornell claiming the University was negligent because the bridge that his son jumped from lacked a fence. According to the University of North Carolina law professor Charles Daye, suicide-related negligence lawsuits against universities usually focus on the administrative response to students exhibiting warning signs of suicide. In contrast, Ginsburg's suit centers on the lack of a physical barrier to suicide. Morton Silverman, senior advisor to Suicide Prevention Resource Center, notes that physical measures taken to "suicide-proof" a structure can be helpful in reducing suicide, but "there is no such thing as a 100 percent guarantee that any physical changes will prevent suicide in all situations."

VETERAN RELATED:

VETERANS CRISIS LINE AVERTING SUICIDE VIA TEXT

Text services are the latest outreach in the Veterans Affairs Department's suicide prevention efforts. This is a significant change from the traditional phone hotline services.

A VETERAN'S DEATH, THE NATION'S SHAME

For every soldier killed on the battlefield this year, about 25 Veterans are dying by their own hands. An American soldier dies every day and a half, on average, in Iraq or Afghanistan. Veterans kill themselves at a rate of one every 80 minutes. More than 6,500 veteran suicides are logged every year — more than the total number of soldiers killed in Afghanistan and Iraq combined since those wars began.

One reason for veteran suicides (and crimes, which get far more attention) may be due to post-traumatic stress disorder, along with a related condition, traumatic brain injury. One study found that by their third or fourth tours in Iraq or Afghanistan, more than one-quarter of soldiers had such mental health problems.

Preliminary figures suggest that being a veteran now roughly doubles one's risk of suicide. For young men ages 17 to 24, being a veteran almost quadruples the risk of suicide, according to a study in The American Journal of Public Health. The Veterans Administration has established a suicide hotline and appointed suicide-prevention coordinators. To find a listing of suicide prevention coordinators throughout California, visit the US Department of Veteran Affair site.

CLINIC VISITS COMMON BEFORE SERVICE MEMBERS' SUICIDE

Primary care clinicians may need more training to spot potentially suicidal troops during routine medical visits. About 45 percent of military service members who died by suicide visited outpatient medical clinics within the 30 days prior to their deaths, according to Department of Defense research.

Only 7.3 percent of the individuals who later died by suicide visited a mental health or psychiatric clinic in the month prior to suicide; but 26.2 percent showed up in family or primary care offices. Those who died by suicide made excessive clinic visits to nonmilitary facilities, to family practice, substance abuse, and emergency medical settings.

Suicidal, Self-Harming Troops Sought Outpatient Care
In the years 2001 to 2010, armed services members visited the following primary care or specialty clinics in the month before they died by suicide or they intentionally inflicted self-injury.

Outpatient clinic type	Suicide #	Suicide %	Self-inflicted injury #	Self-inflicted injury %
Any outpatient clinic	876	45.2	14,637	73.4
Primary care	318	16.5	5,796	29.2
Family practice	187	9.7	2,495	12.6
Nonmilitary facility	157	8.2	2,650	13.3
Emergency medical	135	7.0	2,911	14.6
Optometry	102	5.3	1,647	8.3
Substance abuse	90	4.7	2,181	11.0
Physical therapy	89	4.6	1,443	7.3
Hearing conservation	89	4.6	1,319	6.6
Mental health	85	4.4	2,948	14.8
Immunizations	72	3.7	1,133	5.7
Social work	57	3.0	1,180	5.9
Psychiatry	55	2.9	3,035	15.3

A separate study by some of the same researchers and other colleagues in the same publication, found that "mood disorders, partner relationships, and family-circumstance problems, but not mild traumatic brain injury, were associated with increased odds of suicidality." They suggested that looking at constellations of these symptoms and diagnoses may offer clinicians better clues to suicidality.