

Hope > Pain

“Speak the name of the beast and it will retreat” –Stan Collins



Directing Change

Program and Film Contest



www.DirectingChangeCA.org

Directing Change is funded by county behavioral health agencies through the mental health services act and part of statewide mental health, student wellness and suicide prevention efforts.



Directing Change
Program & Film Contest



eachmindmatters.org



suicideispreventable.org



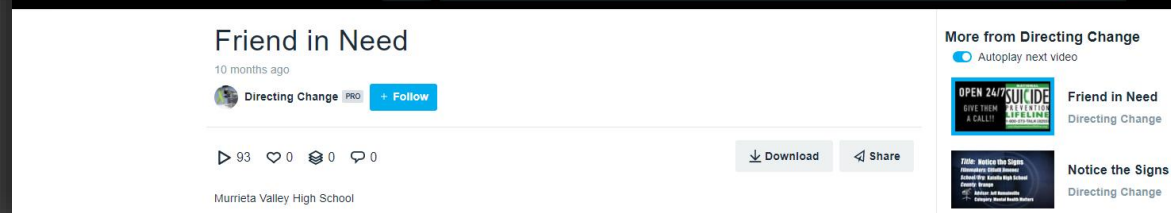
Your Social Marketer, Inc.

How to Access FILMS



Honorable Mention "Your Story"
Orange County
Filmmakers: Kenna Madrick & Paige Walker
Canyon High School
Advisor: Alex Graham

[View](#)
[Download](#)



www.DirectingChangeCA.org/films/

“Suicide Prevention and intervention require constant vigilance.”

Hayes Lewis, co-creator of Zuni Life Skills

Use

**“died by suicide”
or
“took their own life”**

“attempted suicide”

Don't Use

“committed suicide”

*Note: Use of the word commit can
imply crime/sin*

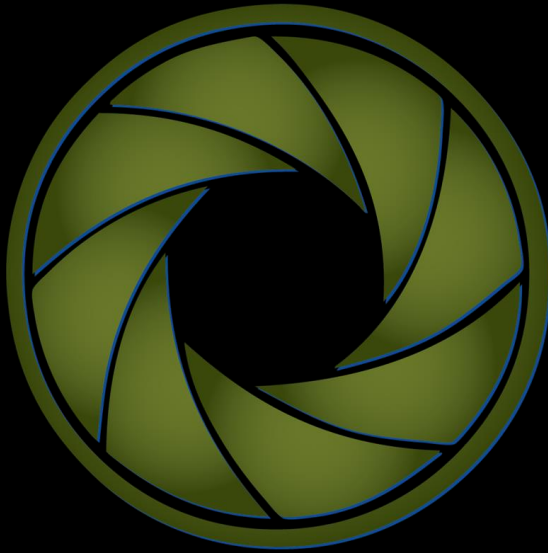
**“successful” or
“unsuccessful”**

*Note: There is no success, or lack of
success, when dealing with suicide*

“Werther” v. “Papageno”

Certain presentations on the topic of suicide may influence a vulnerable person towards suicidal behavior.

But positive messaging about suicide prevention may have protective effects such as coverage of positive coping in adverse circumstances, or information about resources.



What are the
Causes of Suicide?



22

VETERANS

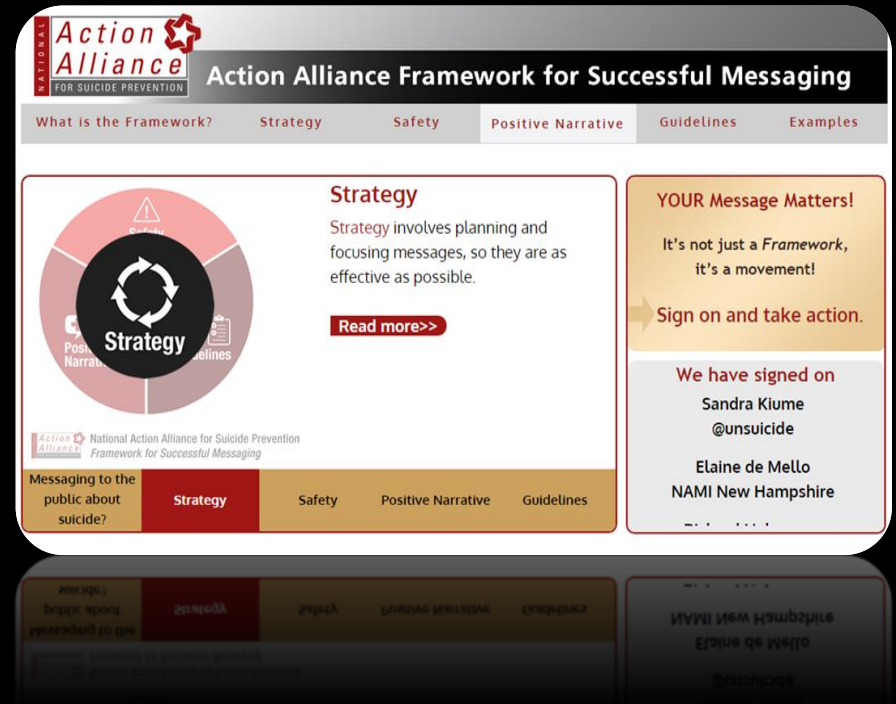
COMMIT

SUICIDE

EVERY DAY

Key Considerations:

- What messages are we using?
- What messages are we sending?



SuicidePreventionMessaging.org

Factors of Suicide

- **Warning Signs:** An observable behavior which may indicate a person is thinking about suicide (“red flag”, symptom)
- **Risk Factors:** Factors that make it more likely that individuals may be at risk for suicide. These may encompass biological, psychological, or social factors in the individual, family, and environment.

Warning Signs

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live

Verbal Warning Signs

Direct

“I wish I were dead”

“I’m going to kill myself”

Indirect

“People would be better off without me”

“You won’t have to worry about me much longer.”

“I feel like there is no way out”

Warning Signs

- Hopelessness
- Withdrawing or feeling isolated
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Showing rage or talking about seeking revenge

Warning Signs

- Putting affairs in order
- Giving away prized possessions
- Displaying extreme mood swings
- Changes in eating and sleeping patterns
- Sudden Increase in Mood

Risk Factors

- **Previous Suicide Attempt**
- **Traumatic Life events**
 - Death of a loved one, especially if by suicide
 - Victim of injury, loss, or violence
 - Fear of punishment, incarceration
 - Diagnosis of a serious or terminal illness

Risk Factors

- **Major situational life changes:**
 - Loss of major relationship
 - Job loss
 - Being expelled from school
 - Recent move or relocation

Asking about Suicide

- **Are you thinking about suicide?**
- **Do you have a plan?**
- **When is the pain the worst?**

Recommendations for discussing suicide

- Give yourself plenty of time
- Avoid Yes/No questions
- Allow the person to speak freely
- Respect the persons privacy
- Have your resources handy

MY3 Features: Safety Plan

MY3

MY SAFETY PLAN

Fill out MY SAFETY PLAN and reference it when you are feeling suicidal.

- ▼ 1. MY WARNING SIGNS EDIT
- ▼ 2. MY COPING STRATEGIES EDIT
- ▼ 3. MY DISTRACTIONS EDIT
- ▼ 4. MY NETWORK EDIT
- ▼ 5. KEEPING MYSELF SAFE EDIT

- Adapted from Safety Plan by Barbara Stanley & Gregory Brown (2008)
- A tiered plan that provides activities for distraction, and people to call on depending on degree of suicidality
- A **tool** in your therapeutic relationship; a **plan to stay safe** for the individual
- Can be emailed to providers

National Crisis Resources

CRISIS TEXT LINE |

Text HELLO to 741741

Free, 24/7, Confidential



California Resources



www.SuicideIsPreventable.org



www.EachMindMatters.org

Hold on to what is good,
Even if it's a handful of earth.
Hold on to what you believe,
Even if it's a tree that stands by itself.
Hold on to what you must do,
Even if it's a long way from here.
Hold on to your life,
Even if it's easier to let go.
Hold on to my hand,
Even if someday I'll be gone away from you.

-Pueblo Prayer

Hope > Pain

- Stan Collins
- StanPCollins@gmail.com

Preparing for Policy Change: Suicide Prevention, Intervention, and Postvention



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“Suicide Prevention and intervention require constant vigilance.”

Hayes Lewis, co-creator of Zuni Life Skills

Growing Support for Suicide Prevention

September 2016, AB 2246: Mandates all schools serving pupils in grades 7-12 to implement suicide prevention policies before the beginning of the 2017-18 school year.

Education Code Section 41533: Funding to pay for suicide prevention training for school teachers.

Education Code Section 49604: This statute authorizes Superintendent to encourage provision of suicide prevention training to each school counselor at least one time while employed as a counselor.

Education Code section 49076 (Release of Information in Emergency Situations): School districts may release information from pupil records to the following: Appropriate persons in connection with an emergency if the knowledge of the information is necessary to protect the health or safety of a pupil or other persons. Schools or school districts releasing information pursuant to this subparagraph shall comply with the requirements set forth in Section 99.32(a)(5) of Title 34 of the Code of Federal Regulations.

AB 2246

Education Code section 215 (a)
(1)

The governing board or body of a local educational agency that serves pupils in grades 7 to 12, inclusive, shall, before the beginning of the 2017-18 school year, adopt, at a regularly scheduled meeting, a policy on pupil suicide prevention in grades 7 to 12, inclusive. The policy shall be developed in consultation with school and community stakeholders, school-employed mental health professionals, and suicide prevention experts and shall, at a minimum, address procedures relating to suicide prevention, intervention, and postvention.

The case for policies and procedures



- ☐ Maintaining a safe and secure school environment is part of school's mission
- ☐ Promote the behavioral health of students, which enhances their academic performance
- ☐ Impact of suicide on other students and school community
- ☐ Avoid liability related to suicides or suicide attempts by students



Building a strong foundation

Create a policy that provides the foundation for suicide prevention, intervention and postvention in your district.



A strong suicide prevention policy

Protocols for
helping
students at risk

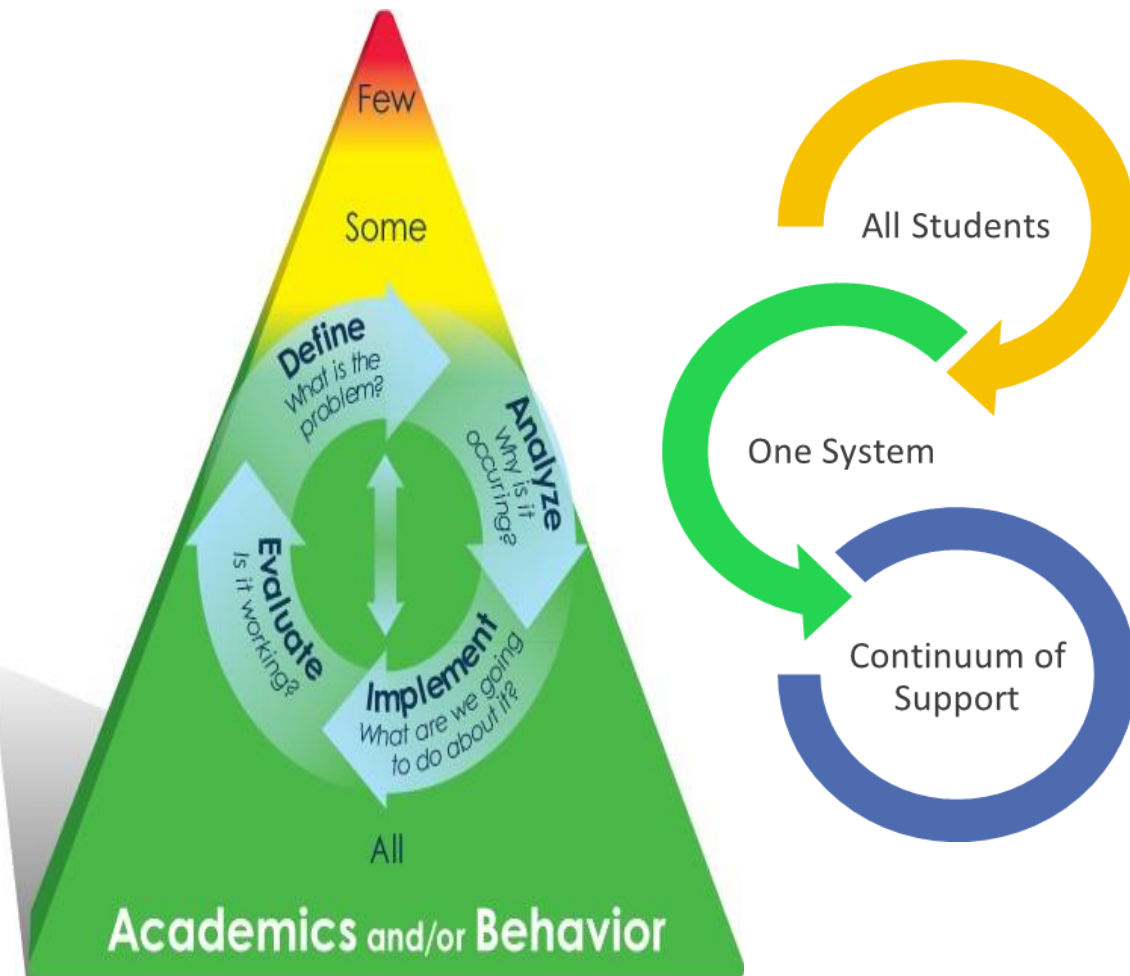
Staff
education and
training

Parent
education and
training

Student
education and
engagement

- ✓ Prevention
- ✓ Intervention
- ✓ Postvention

Establishing a Multi-Tiered System of Support for Suicide Prevention/Intervention/Postvention -



In California, MTSS is a whole-school prevention-based framework for improved learning outcomes for every student through a layered continuum of evidence-based practices and support (CDE)

Accessing Data



California Healthy Kids Survey

Aggregated state and county data is available online to 2013.

To access state and county data go to
<http://chks.wested.org>

Reports CHKS (<http://chks.wested.org/>)

Step 1: Select “Reports” from top menu

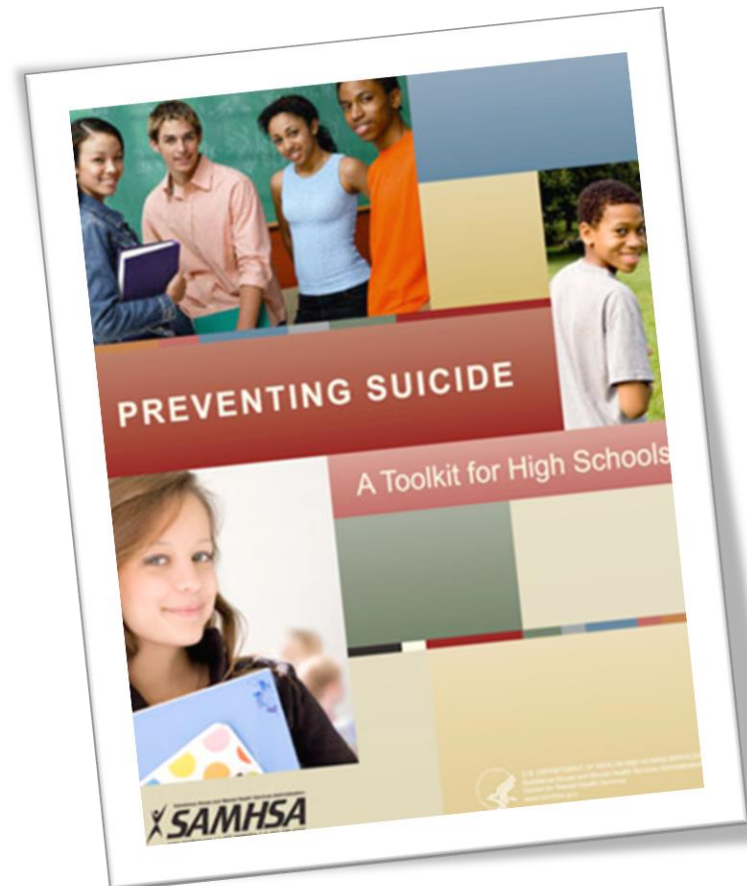
Step 2: Identify County and/or District

Query CHKS (<http://chks.wested.org/query-chks/>)

A great resource

This Presentation is based in part on information found in:

*Preventing Suicide:
A Toolkit for High Schools (Ch. 3)*





Staff Development and Trainings

What does the CDE sample policy recommend?

- All staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention.
- The training shall be offered under the direction of a District counselor/psychologist and/or in cooperation with one or more community mental health agencies.
- Additional professional development in risk assessment and crisis intervention will be provided to school employed mental health professionals and school nurses.

Education Code section 215 (a)
(4) The policy shall be written to ensure that a school employee acts only within the authorization and scope of the employee's credential or license. Nothing in this section shall be construed as authorizing or encouraging a school employee to diagnose or treat mental illness unless the employee is specifically licensed and employed to do so.

High Risk Populations

AB 2246 require policies to specifically address the needs of certain high-risk groups that are disproportionately affected by suicide.

Youth who are members of these groups can be at elevated risk for suicide, but it is important to remember that identification with any of these groups does not necessarily mean an increase of risk.

Efforts should be targeted to address and reduce added stressors youth who identify as part of these (or other) groups may experience.

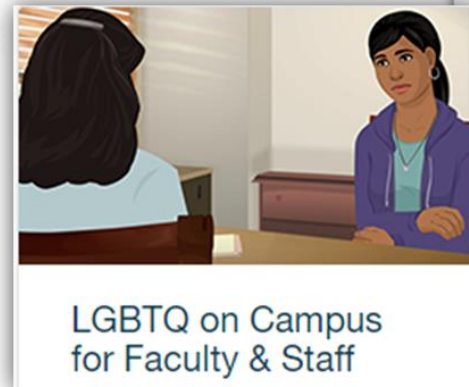
Education Code section 215
(a) (2)

The policy shall specifically address the needs of high-risk groups, including, but not limited to, all of the following:

- Youth bereaved by suicide.
- Youth with disabilities, mental illness, or substance use disorders.
- Youth experiencing homelessness or in out-of-home settings, such as foster care.
- Lesbian, gay, bisexual, transgender, or questioning youth.

High Risk Populations

- Speak to youth and involve them!
- Meet and learn about local community resources
- Provide cultural competency trainings for staff (speakers, online, CBOs)
- Create clubs on campus (e.g. GSA, NAMI on Campus)
- Create support group on campus



“Suicidal behaviors in LGBT populations appear to be related to “minority stress”, which stems from the cultural and social prejudice attached to minority sexual orientation and gender identity. This stress includes individual experiences of prejudice or discrimination, such as family rejection, harassment, bullying, violence, and victimization. Increasingly recognized as an aspect of minority stress is “institutional discrimination” resulting from laws and public policies that create inequities or omit LGBT people from benefits and protections afforded others. Individual and institutional discrimination have been found to be associated with social isolation, low self-esteem, negative sexual/gender identity, and depression, anxiety, and other mental disorders. These negative outcomes, rather than minority sexual orientation or gender identity per se, appear to be the key risk factors for LGBT suicidal ideation and behavior.”

-U.S. Department of Health and Human Services



Assessment

Assessment: What does the CDE sample policy recommend?

- At least two staff members shall be designated as the primary and secondary point of contact regarding potential suicidal intentions.
- A referral process should be prominently disseminated to all staff members, so they know how to respond to a crisis and be knowledgeable of the school and community-based resources.
- Additional professional development in risk assessment and crisis intervention will be provided to school employed mental health professionals and school nurses.

Education Code section 215
(a)
(4) The policy shall be written to ensure that a school employee acts only within the authorization and scope of the employee's credential or license. Nothing in this section shall be construed as authorizing or encouraging a school employee to diagnose or treat mental illness unless the employee is specifically licensed and employed to do so.

Assessment

- Whenever a staff member suspects or has knowledge of a student's suicidal intentions, they shall promptly notify the primary or secondary point of contact
 - Assessment conducted
 - Parent notification
 - Referral to outside resources
- Students experiencing suicidal ideation shall not be left unsupervised.



Assessment: Risk Assessment Tools

Components of a Risk Assessment:

1. Assess risk factors
2. Ask about suicidal thoughts, plan, and intent
3. Assess protective factors
4. Apply clinical judgment
5. Document

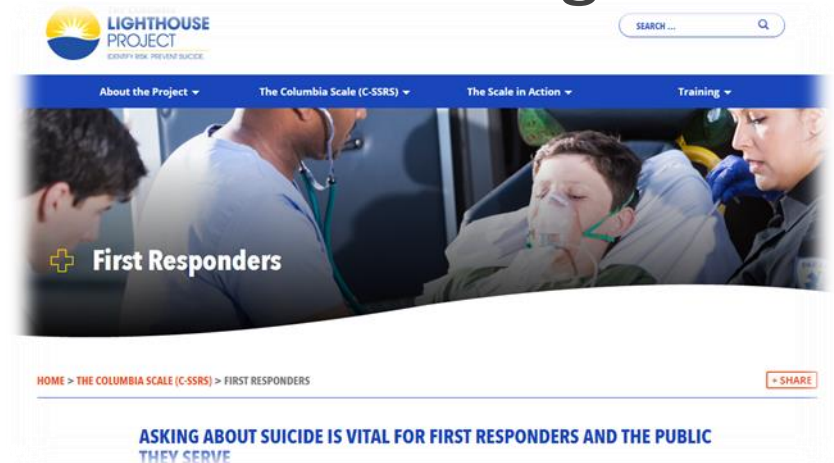
Assessment: Risk Assessment Tools

Columbia Suicide Severity Rating Scale (CSSRS)

www.cssrs.columbia.edu/

Versions for schools, first responders, healthcare and other fields

Visit the website for materials and training resources



Assessment: Safety Planning

Safety Planning and Support:

- Recognizing the signs of crisis
- Identifying coping strategies
- Having social contacts who may distract from the crisis
- Contacting friends and family for crisis support
- Contacting health professionals, including 911 or crisis hotlines

Reducing access to lethal means

MY3 Safety Planning Mobile App

www.MY3app.org

- **Target audience:** Those at risk for suicide
- **Purpose:** Getting those at risk for suicide connected to their primary support network when they are in crisis; also provides safety planning and other helpful resources

Reducing access to lethal means



Re-Entry Procedures

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization):

- School staff to meet with parent/guardian (discuss re-entry, next steps)
- Identify coordinator for student/parent/outside care provider
- Parent to provide documentation of care
- Identified coordinator to provide “check-ins” with student



Student Engagement and Youth Voice

Workgroup Time

How are you currently engaging youth?



Youth Engagement Programs

- NAMI on Campus and Ending the Silence Presentations
- The Directing Change Program and Film Contest
- More Than Sad: American Foundation for Suicide Prevention
- LEADS for Youth: Linking Education and Awareness of Depression and Suicide
- Kognito (Peer-to-Peer)



Ending the Silence Program

Local
NAMI
Affiliates



American Foundation
for Suicide Prevention



Directing Change Program & Film Contest

Youth and young adults submit 60 second films in suicide prevention, mental health matters, and explore these topics through the lens of diverse cultures.



❖ Submission Deadline: March 1

✓ Open to youth ages
14-25 and grades 7-12

✓ Red Carpet Award Ceremony

✓ Cash prizes for winning
teams and schools



Learning Methodology

Directing Change integrates sound pedagogical principles into the filmmaking process so that participants are engaged via all methods of the “learning spectrum”: to see, experience, discuss, and apply. Once created films are used in schools and communities to raise awareness and start conversations about these topics.



<https://vimeo.com/92756723>



<https://youtu.be/aR7Rgo6tPU0>

<https://www.youtube.com/watch?v=IFFICLJNbQ8>

Educational Resources

The Directing Change Program is an evaluated education program that can easily be integrated into classroom, club, or extracurricular activities.

Example of educational resources:

- Lesson plans
- Short educational films and Prezi about mental health, suicide prevention and how to help a friend
- Fact sheets
- PowerPoint presentation for schools with lesson plans
- Getting started Prezi presentation and participation booklets
- Prevention programs, staff and parent trainings



<http://www.directingchangeCA.org/schools/>

WALK IN OUR SHOES

Hello! Are you curious about what it's like to be in someone else's shoes? Do you want to learn about other people's lives? Curiosity and learning are great, so lace up, strap on, or slip on your sneakers and let's learn about mental health. Learning about other people can help you understand that they're still a lot like you — they're just on a journey in different shoes.





FOR GROWNUPS

NEED HELP NOW?

FOR TEACHERS

Mental health challenges are more common than one realizes. As an educator, you play a crucial role in introducing the subject of mental health to your students. In fact, some of your students have probably experienced their own mental health challenges.

The following resources provide information about mental health, a synopsis of the Walk In Our Shoes campaign and a Classroom Facilitation Guide, with accompanying activities, that familiarize students with mental health and wellness.

INTRODUCING MENTAL HEALTH (TEACHERS)
ABOUT WALK IN OUR SHOES
CLASSROOM FACILITATION GUIDE
CLASSROOM LESSON PLANS
CLASSROOM ACTIVITIES

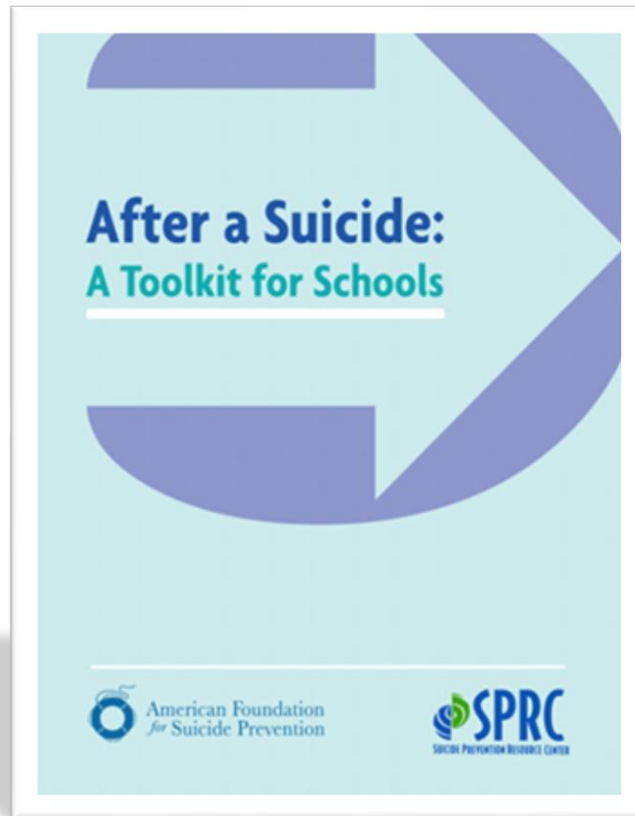
www.walkinourshoes.org/for-grownups



Postvention

Another great resource

*After a Suicide: A Toolkit
for Schools*



What is Postvention?

Postvention refers to programs and interventions for survivors following a death by suicide.

Postvention Considerations:

- **Timing** is CRITICAL
- Plans are best followed when created **BEFORE** a suicide occurs



Why Postvention in Schools?

- Schools are often unsure about how to respond after a suicide and there has been debate as to best practice response
- Certain practices may put some students at greater risk
- An effective response can reduce the risk of suicide contagion and restore a safe, healthy learning environment



Goals of Suicide Postvention

- Assist survivors in the grief process
- Identify and refer individuals who may be at risk following the suicide
- Provide accurate information while minimizing the risk of suicide contagion
- Implement or further ongoing prevention efforts



Postvention: What does the CDE sample policy recommend?

- It is vital that schools are prepared ahead of time in the event of such a tragedy.
- The suicide point of contact for the district shall ensure that each school site adopt an action plan for responding to a suicide death as part of the general Crisis Response Plan.
- District Policy should require that all schools have a postvention plan in place that is updated annually.

Postvention Checklist

Steps to Take in Immediate Aftermath	Staff Responsible	External Contacts (Phone Numbers)	Tools
Notify key individuals			
1. Verify death	Lead: <input type="text"/> Backup: <input type="text"/>	Police: <input type="text"/> Medical examiner: <input type="text"/>	
2. Ensure that staff know how to respond to inquiries and manage the campus for safety	Lead: <input type="text"/> Backup: <input type="text"/>		Tool 3.A.1: Sample Script for Office Staff
3. Notify superintendent's office	Lead: <input type="text"/> Backup: <input type="text"/>	Superintendent : <input type="text"/> Backup/weekends: <input type="text"/>	
4. Notify district crisis team*	Lead: <input type="text"/> Backup: <input type="text"/>	District crisis team: <input type="text"/> Weekend/vacation/late night contacts: <input type="text"/>	
5. Notify schools attended by family members of the deceased	Lead: <input type="text"/> Backup: <input type="text"/>	Other schools in district: <input type="text"/>	
6. Contact and coordinate with external mental health professionals	Lead: <input type="text"/> Backup: <input type="text"/>	Community mental health providers: <input type="text"/> External crisis response professionals: <input type="text"/>	Tool 3.A.2: Sources of Postvention Consultation
7. Reach out to and work with the family of the deceased	Lead: <input type="text"/> Backup: <input type="text"/>		Tool 3.A.3: Guidelines for Working with the Family
*In tribal communities, Bureau of Indian Education schools notify the main office and tribal schools notify the principal.			

Steps to Take in Immediate Aftermath	Staff Responsible	External Contacts (Phone Numbers)	Tools
Notify school community			
8. Notify all faculty and staff	Lead: <input type="text"/> Backup: <input type="text"/>		Tool 3.A.4: Guidelines for Notifying Staff
9. Coordinate notifying students about the deaths	Lead: <input type="text"/> Backup: <input type="text"/>		Tool 3.A.5: Sample Announcements
10. Notify families of students about the death and the school's response	Lead: <input type="text"/> Backup: <input type="text"/>		Tool 3.A.6: Sample Letter to Families
Support students and staff			
11. Provide staff with guidance in talking to students	Lead: <input type="text"/> Backup: <input type="text"/>		Tool 3.A.7: Talking Points for Students and Staff After a Suicide
12. Provide support to staff	Lead: <input type="text"/> Backup: <input type="text"/>	Community mental health professionals: <input type="text"/>	
13. Identify, monitor, and support students who may be at risk	Lead: <input type="text"/> Backup: <input type="text"/>		
14. Implement steps to help students with emotional regulation	Lead: <input type="text"/> Backup: <input type="text"/>		
15. Participate in and/or advise on appropriate memorialization in the immediate aftermath	Lead: <input type="text"/> Backup: <input type="text"/>		Tool 3.A.8: Guidelines for Memorialization
Minimize risk of contagion through the media			
16. Work with press/media	Lead: <input type="text"/> Backup: <input type="text"/>	Local media contact(s): <input type="text"/>	Tool 3.A.9: Guidelines for Working with the Media
17. Monitor social media	Lead: <input type="text"/> Backup: <input type="text"/>		

Tools and Resources

A wide range of **mental health** and **suicide prevention** educational resources are available for diverse communities across the lifespan:

- Posters
- Brochures
- Fact Sheets
- Personal Stories of Hope
- Vignettes and booklets
- TV and radio PSAs
- Billboards

And more at:

EMMResourceCenter.org

SuicidelsPreventable.org

EISuicidioEsPrevenible.org

EachMindMatters.org

SanaMente.org



Thank you!

Stan Collins: Stan@SuicideIsPreventable.org



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Program & Film Contest



eachmindmatters.org



Your Social Marketer, Inc.



suicideispreventable.org