Local Best Practices

Suicide prevention strategies range from media campaigns aimed at the general public, to screening programs to identify and assess at-risk groups, to assessment and treatment for those that evidence early warning signs of suicide risk. Studies have shown that integrated prevention models that "incorporate all levels of prevention and include targets of reduction of mental illness and promotion of mental health" across a system of care can have the biggest impact.[1] For example, the Perfect Depression Care Initiative in Michigan's Henry Ford Health System is an integrated approach where all patients are assessed for depression and provided services based on need. This initiative dramatically reduced suicides from the annual rate of 89 per 100,000 to no suicides over a two year period.[2]

Community survey respondents provided information about the services they provide. Additionally, stakeholders provided insight into existing services. The information presented in this section is not an exhaustive account of available services and supports in San Diego County, but rather a snapshot of some of the services available that match best practice prevention efforts. A full inventory of existing suicide prevention services will be conducted as part of the action planning process.

Outreach/ Public Awareness

Media campaigns to promote specific prevention efforts have been successful in smoking cessation, HIV prevention, and cancer screening. However, widespread suicide prevention campaigns are frequently not common due to fear of imitation. Best practices recommend that efforts be targeted to reduce the glorification and romanticizing of suicides in the media and focus on stigma reduction and awareness. Additional education efforts can promote awareness of suicide among the general public as well as outreach to connect people to services.[3]

Stakeholders noted that local public awareness efforts appear to be working because the community at large is increasing talking more about suicide and the

Screening for Depression

Each year, the Behavioral Health Work Team of CHIP and its partners, including the County, conduct a Depression Screening Week in an attempt to reach out to the community and refer those in need to services. In fall 2010, 435 screenings were conducted throughout the County. Providers who participated in this effort observe that while there were less screenings conducted this year, a higher number of cases warranting follow-up were identified.

The following is a summary of this effort:

- Screenings were predominantly among women (69.4%) and adults 25-64 (69.3%)
- Most were Hispanic (41.8%) or White (23.0%).
- 33.5% showed no to minimal risk and 21.0% showed mild risk
- Almost half showed moderate to severe risk (45.5%)

Source: Community Health Improvement Partners (CHIP)

[1] Book chapter: suicide prevention. Carl C. Bell, Jerome Richardson, and Morris A. Blount Jr.

[2] Tracy Hampton. Depression Care Effort Brings Dramatic Drop in Large HMO Population's Suicide Rate. JAMA, Vol 303. No 19. pg 1903.

[3] Committee on Pathophysiology & Prevention of Adolescent & Adult Suicide, Board on Neuroscience and Behavioral Health. *Reducing Suicide: A National Imperative*. Ed. SK Goldsmith, TC Pellmar, AM Kleinman, WE Bunney. Washington, D.C.: The National Academies Press: 2002.

importance of prevention efforts seems to be better understood.
Stakeholders mentioned the following outreach/ public awareness efforts in San Diego County:

- Mail and internet newsletters;
- Speakers bureau for community, schools, law enforcement, and emergency responders;
- Community events such as: National Survivors of Suicide Day, Out of the Darkness Community walk (attended by over 500 participants), and distributing information and event flyers through local venues (e.g., libraries and vendors.);
- Communication though the media, such as the Media Recommendations project, or though videos such as the "More than Sad" program aimed at teens;
- Mental health education to older adults and caregivers of older adults;
- Interactive Screening Programs (pilot program currently run at UCSD Medical School); and
- Attendance at health fairs to provide depression screenings. These events are a good opportunity of doing face-to face promotion of the issue because people do not always pay attention to written materials.

Reducing Access to Means

The literature cites the importance of universal measures that can be used to reduce the availability of common tools for suicide.[4] Reducing access to firearms, the most common means of suicide, can have a great impact. One study showed that suicide rates by firearms were much higher for those that had purchased a gun in the past year.[5] Studies show that the presence of a gun in the household increases youth suicide risk; studies show that warning parents who have taken their child to the emergency room for a suicide attempt about suicide risks and providing education about reducing access to firearms, drugs and other means can reduce the likelihood of another suicide attempt .[6] Other restriction efforts can include limiting access to fatal dosages of medication and restricting access to tall buildings and bridges.

Suicide Prevention Contracts*

Suicide prevention contracts, verbal or written commitments to avoid self-destructive behavior and communicate suicidal thoughts to counselors, are widely used in all mental health settings as risk management tools, but they remain poorly evidenced.

Stakeholders interviewed did not discuss suicide prevention contracts as part of their services. One stakeholder did share that the VA suicide prevention program includes a safety contract that records triggers for crisis and who to call for help.

**Source:* Reducing Suicide: A National Imperative.

Despite the importance of this step in suicide prevention, counseling regarding means restriction, such as locking up guns, rarely occurs. Best practice literature cites few examples of studies regarding these efforts.[7] This was the case in speaking to stakeholders as most did not mention this approach when discussing suicide prevention efforts. The only program noted to include this component was the Veterans Administration suicide prevention program which distributes gun locks to patients as well as modifies hospital environments

[4] Ibid.
[5] Ibid.
[6] Kruesi, M. J. *Intervention Summary: Emergency Department Means Restriction Education (*2010). National Registry of Evidence-Based Programs and Practices. Web. 13 Dec. 2010. <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=15>.
[7] Committee on Pathophysiology & Prevention of Adolescent & Adult Suicide, Board on Neuroscience and Behavioral Health. *Reducing Suicide: A National Imperative*. Ed. SK Goldsmith, TC Pellmar, AM Kleinman, WE Bunney. Washington, D.C.: The National Academies Press: 2002.

to ensure that patients cannot hurt themselves; this includes blocking access to low hanging pipes and glass than can be broken.

Counseling and Support

Services geared towards individuals identified as being at-risk tend to be tailored to the specific needs of specific populations. For example a youth counseling program might focus on enhancing a youth's sense of personal control while a support group for survivors of suicide loss might help reduce guilt and shame associated with suicide.

Given that 90% of suicide occurs in people with a diagnosable mental illness at the time of the attempt, treatment such as drug and psychotherapy to manage the underlying mental disorder can have an impact. Studies show that medication alone is not sufficient. There are limited studies examining which long-term interventions show the most benefits. Literature suggests that integrated behavioral and physical health programs make the greatest impact. In addition, programs that include targeted assessments as well as follow-up with the same provider tend to have the greatest impact.[8] Existing counseling and support services mentioned by stakeholders include:

- Suicide assessments in the mental health arena. These are increasing due to regulatory changes and are completed by a variety of staff;
- Mental health assessments (suicide, substance abuse); Incredible Years Evidence Based for adults and children (mental health assessments)[9];
- Community support groups for those at risk. Union of Pan Asian Communities (UPAC) clubhouse model where clients with a psychiatric diagnosis can attend;
- Group therapy, individual therapy and psychoeducation;
- Groups available for specific populations: Adult and teen survivors of suicide loss (such as the Survival Outreach program)[10], and Intergenerational programs for the API community;
- Case management programs (including those for clients with substance abuse problems and HIV); and
- Staff advocate for clients – Example: when social workers see a problem with a child, they refer for counseling, treatment or medications.

School-based programs

School-based programs have been shown to enhance skills such as problem-solving, coping and personal control. Efforts may also be geared toward training school personnel to recognize warning signs of suicide as well as efforts to control bullying. Best practices support skills-based training prevention programs as well as increased accessibility to services. Longer-term interventions are recommended; research has shown that short-term interventions are not as effective and might be harmful as they provide inadequate time to address the

[8] Ibid

[9] The Incredible Years are research-based, proven effective programs for reducing children's aggression and behavior problems and increasing social competence at home and at school. More information can be found at: http://www.incredibleyears.com/

[10] The American Foundation for Suicide Prevention's Survival Outreach program provides trained local volunteers to provide support and resource information to those who have lost someone to suicide. More information can be found at: http://www.afsp.org/index.cfm?fuseaction=home.viewPage&page_id=45225B03-FBF2-AEBB-C260FDE7B93D1BCF

issues raised. Single presentation programs, such as videos depicting suicide can also be potentially harmful as they can cause distress or potentially motivate imitation behavior.[11]

One stakeholder reported that San Diego City Schools had already seen a preschooler and a fifth grader attempt suicide.

-Stakeholder report

Given these results, experts recommend screening for those at-risk rather than universal approaches targeted at all students. In addition, programs that are integrated into "broader health promotion programs . . . directed at preventing other self-destructive behaviors, such as alcohol and substance abuse" are recommended.[12]

One stakeholder described the positive outcomes generated from a school-based program, noting that when teens are assessed, offered appropriate intervention and long-term care, they return to school much better. There is an improvement in affect, grades, and attendance. She estimated that 95% of students who get real help and ongoing care improve and return to a high quality of life. She concluded: "The key is addressing the underlying mental health issues." The following are existing school-based services mentioned by stakeholders.

- The Suicide Prevention Education and Awareness Program (SPEAK) is offered through the San Diego Unified School District (approximately 75 schools) and is focused on suicide prevention. Training and education is provided for faculty, staff and parents, as well as through student assemblies. Specialty teams are created on each campus.
- Yellow Ribbon Suicide Prevention Program® is a community-based program primarily developed to address youth/teen/young adult suicide (ages 10-25) through public awareness campaigns, education and training and by helping communities build capacity. The program helps reduce stigma associated with asking for help and strengthens the link between young people and professional help.
- A "socio-emotional curriculum" for elementary and middle schools that teaches skills to manage one's own mental health challenges, enable children to learn how to cope better, be at reduced risk, and understand depression and suicide better when they are later caring for older adults and much later, becoming older adults themselves.

[11] Committee on Pathophysiology & Prevention of Adolescent & Adult Suicide, Board on Neuroscience and Behavioral Health. *Reducing Suicide: A National Imperative*. Ed. SK Goldsmith, TC Pellmar, AM Kleinman, WE Bunney. Washington, D.C.: The National Academies Press: 2002.
[12] Ibid