



Riverside County Suicide Prevention Coalition

Quarterly Meeting <https://youtu.be/GadB-z8MTZU>

1/25/2023

9:00 am- 11:00 am

I. Welcome

- Suicide Prevention Coalition Overview by Rebecca Antillon and Diana Gutierrez

II. Presenter Noah Whitaker, “LOSS Team Training: Support for The Bereaved through an Active Postvention Model”

This Active Postvention Model presentation is funded by counties through the voter-approved Mental Health Services Act (Prop.63) and it is part of statewide efforts to prevent suicide, reduce stigma and discrimination related to mental illness, and promote the mental health and wellness of students.

Postvention is Prevention

“Postvention is a term used to describe the range of timely, coordinated, and appropriate activities following a suicide, that is designed to provide support to loss survivors and to prevent suicide contagion.”

“After Rural Suicide: A guide for Coordinated Community Postvention Response.”

Noah shared his own family story and how he became a suicide loss survivor as well as what led him to this work.

- Global, National, & State Strategic Plans:
 - **World Health Organization:** Utilization of non-specialized health professionals- involving non-specialized health workers.
 - Self-Help Groups: For survivors of suicide attempts and those bereaved by suicide.
 - Trained Volunteers: Important contribution in supporting people during suicidal crises.
- **National Strategy For Suicide Prevention:**
 - Goal 10: Provide care and support to individuals affected by suicide deaths and attempt to promote healing and implement community strategies to help prevent further suicides.
 - Objective 10.1: Develop guidelines for effective comprehensive support programs for individuals bereaved by suicide and promote the full implementation of these guidelines at the state/territorial, tribal, and community levels.
 - Objective 10.2: Provide appropriate clinical care to individuals affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for complicated grief.
 - Objective 10.3: Engage suicide attempt survivors in suicide prevention planning, including support services, treatment, community suicide prevention education, and the development of guidelines and protocols for suicide attempt survivor support groups.

- Objective 10.4: Adopt, disseminate, implement, and evaluate guidelines for communities to respond effectively to suicide clusters and contagion within their cultural context, and support implementation with education, training, and consultation.
- **The State of California:**
 - California launched Striving for Zero as the strategic plan for Suicide Prevention 2020-2025 <https://mhsoac.ca.gov/newsroom/announcements/striving-for-zero-californias-strategic-plan-for-suicide-prevention-2020-2025/>
 - Strategic Aim 4: Improve suicide-related services and supports.
 - Desired Outcome: Reduce the amount of time between a suicide loss and access to bereavement services specifically designed to meet the needs of suicide loss survivors.
 - **Goal 12:** Expand support services following a suicide loss.
 - **Objective 12d:** Develop an integrated postvention services plan to guide the delivery of best practices following a suicide loss. The plan should tailor strategies to settings and cultures, including schools, workplaces, faith communities, hospitals, and healthcare settings, tribal communities, and correctional facilities. The plan should identify a lead agency or organization responsible for ensuring adequate capacity, training, and effectiveness in the delivery of activities that support survivors, service providers, and community members after a suicide loss. Enter into agreements that contain clearly defined roles and procedures to increase the effectiveness of coordinated responses, such as procedures for sharing private information and data based on the role of each provider.
Resources to guide the creation of a community postvention response can be found here: <https://www.cibhs.org/pod/after-rural-suicide>
 - **Objective 12i:** Enter into memorandums of understanding with coroners and medical examiners to establish coordinated, timely, and respectful responses following a suicide loss, and establish policies and protocols to govern activities in the event of a suicide. Components should include how information is shared, and with whom, and how the privacy of families is respected, including a process for determining how and when to reach out to family members with resources and support. This strategy includes people who die by suicide in correctional or hospital settings.
 - **Objective 12e:** Develop an online bereavement toolkit consisting of community-specific resources. Partner with hospitals, first responders, funeral directors, faith-based communities, and coroners and medical examiners to distribute the toolkit in print or via web links.
Resources to support funeral directors' participation in this strategy can be found here: <https://www.sprc.org/resources-programs/supporting-survivors-suicide-loss-guide-funeral-directors-2nd-ed>
 - **Objective 12f:** Provide training to first responders, crisis service providers, and access line responders on best practices in supporting suicide loss survivors, from understanding their unique needs to helping them access

resources.

- **Objective 12g:** Create local suicide bereavement support programs or expand the capacity and sustainability of existing programs using Pathways to Purpose and Hope found at <https://emmresourcecenter.org/resources/pathways-purpose-and-hope-guide-creating-sustainable-suicide-bereavement-support-program>

- **Objective 12h:** Expand support services designed and facilitated by survivors of suicide loss. Train survivors of suicide loss to speak safely and effectively about their loss and create a local speakers bureau to give a forum for survivors to deliver suicide prevention messaging to the public. Provide training for suicide loss survivor service facilitators and create opportunities for service facilitators to support each other, including group debriefs sessions. Speaking Out About Suicide - by the American Foundation for Suicide Prevention: <https://www.datocms-assets.com/12810/1584538255-3739afspspeakingoutaboutsucideflyerm1.pdf>

-Local Suicide prevention Strategic Plan Recommendations: Riverside County

-Develop a community postvention plan and implement postvention team(s) to coordinate effective responses at various levels and across multiple settings.

-Implement and expand survivor's support groups into systems of care to address immediate, delayed, and ongoing support.

- Currently in Place:

Through resource mapping in Riverside County's stakeholder process, there was a clear lack of postvention services throughout the county. Through resource mapping, a suicide loss survivor support group was identified as well as the Trauma Intervention Program (TIP), primarily located in the Mid-County region. Riverside County now has a LOSS team through TIP. Postvention efforts in Riverside County should be a primary area of focus to work toward reducing suicides, as research has found that survivors of suicide are at an increased risk of suicide themselves.

• **The Continuum of Survivorship:**

Exposed - anyone who intersects with the decedent.

Affected - exposed who need additional support.

Suicide bereaved short-term - personal or close relationship and a typical grief experience.

Suicide bereaved long-term - those who experience profound trauma or complicated grief due to the loss and the disruption is likely to last more than a year.

• **The Aftermath of suicide Exposure:**

- It is estimated that 50% of the population will be exposed to the suicide of someone they know at some point in their life.

- An Average of 115 people are exposed when a suicide occurs, of these, 63 will identify as having a high or very high level of closeness with the person.
- On average, 25 people will have their lives impacted in a major way, and suicide will have a devastating impact on the 11 people closest to the person.

-The uniqueness of suicide loss:

- Suicide is a singular event.
- It brings to question the state of mind of the decedent and whether it was a free choice or coerced.
- (By voices or other external factors) - Why? This can become a central focus in a grief journey.
- Suicide is preventable - - if it is, why wasn't my loved one's death prevented, who is at fault? Shame, blame, and guilt.
- Stigma (internal & external) - illegal, sinful, weak character - can lead to less help-seeking for survivors.
- Traumatic - psychological, direct (exposure), or imagined.
- Tends to be sudden and unexpected even if the decedent had multiple prior attempts.
- Feelings of abandonment
- Fear of contagion & an increased risk
- Relief

A Significant and profound increase in suicide risk:

- *Greater rates of bipolar disorder in persons exposed to the suicide of a parent.*
Tsuchiya, Agerbo, & Mortensen, 2005
- *Greater depression across all kinship losses.*
Kessing, Agerbo, & Mortensen, 2003
- *Greater depression in adolescent and young adult friends losing a peer.*
Brent, Moritz, Bridge, Perper, & Canobbio, 1996b
- *Greater depression in bereaved mothers*
Brent, Moritz, Bridge, Perper, & Canobbio, 1996a
- *Greater depression and substance abuse in youth losing a parent.*
Brent, Melhem, Donohoe, & Walker, 2009
- *Greater psychiatric morbidity in elderly parents losing a child.*
Clarke & Wrigley, 2004
- *Greater psychiatric morbidity in elderly parents losing a child*
Greater Clarke & Wrigley, 2004
- *Greater rates of complicated grief disorder*
Bailey, Kral, & Dunham, 1999; Holland & Neimeyer, 2011; Melhem et al., 2004b
- *Greater mental health symptoms and social isolation in surviving spouses 10 years after a loss*
Saarinen et al., 2002
- *Poorer self-ratings of mental health and greater depression and suicidal ideation in bereaved mothers and fathers five or more years after the death of a child when compared to a non-bereaved national sample. The lowered ratings of mental health and depression persisted for more than 10 years for the bereaved mothers.*
Feigelman et al., 2012
- *Greater social strain and stigmatization within the social networks of loss survivors*
Cvinar, 2005; Feigelman et al., 2009; Feigelman et al., 2012

Legacy Issues for Adult Children of Suicide

- Often referred to as adults from a treatment program “to look into that suicide of their dad or mom when they were a child” – ACEs.
- Alcohol, Drugs, Relationship issues, and Work problems.
- Trust issues and foreshortened future.
- Hyper mature when young, prolonged adolescent behavior as adults.
- Milestones - birthdays, graduation, and age of death.

LOSS Team:

Active Postvention Model: After Rural Suicide

A Guide for coordinated Community Postvention Response:

- Support healing of the individuals affected (loss survivors) and of the community at large.
- Offer support to at-risk individuals and reduce the likelihood of additional attempts or deaths contagion).
- Help individuals and organizations respond promptly and appropriately.
- Offer messaging and activities to help educate the community about suicide prevention.

Potential Community Strategies

- Support groups specializing in suicide loss and bereavement are offered in languages that meet communities’ needs.
- Create events and other ways for individuals and families to engage in a support network.
- Clinicians who have special training in suicide-related bereavement and are known in the community.
- Develop integrated postvention plans that guide response after a suicide death in communities and key settings, such as schools and workplaces. Postvention plans should include response teams that aid in reducing the time between suicide-related death and resources given to survivors.
- Increase the number of clinicians, counselors, and providers that are skilled and trained in offering suicide bereavement services and create a directory to facilitate the ability of loss survivors to connect with skilled providers.
- Increase awareness of and access to existing survivors of suicide loss support groups and resources.

Organizations Responding To loss:

- Approach the situation with compassion.
- Listen & connect to their unique needs.
- Treat responses to loss equitably.
- Connect with experts.
- Learn resources.
- Get involved.
- Develop policies or guidelines to direct future action
- Embrace your HR policies.
 - EAP or similar programs & specialty training
- Phase-based actions: Acute, Recovery, Reconstructing.

Immediate Response:

- Coordinate: Contain the crisis.
- Notify: Protect and respect the privacy rights of the deceased employee and their loved ones during death notification.
- Communicate: Reduce the potential for contagion.
- Support: Offer practical assistance to the family.

Short-Term Response:

- Link: Identify and link impacted employees to additional support resources and refer those most affected to professional mental health services.
- Comfort: Support, comfort, and promote healthy grieving of the employees who have been impacted by the loss.
- Restore: Restore equilibrium and optimal functioning in the workplace.
- Lead: Build and sustain trust and confidence in organizational leadership.

Long-Term Response:

- Honor: Prepare for anniversary reactions and other milestone dates.
- Sustain: Transition postvention to suicide prevention.

Resources Make a Difference

- Peer Support Group
- Partnerships & Relationships
- Individual and/or family counseling
- Bibliotherapy (reading)
- Websites
- Events
- Artifacts!!!

III. Resources (Noah Whitaker)

- LOSS team - foundation of LOSS & APM
 - <https://www.lossteam.com/>
- Alliance of Hope for Suicide Loss Survivors - website
 - <https://allianceofhope.org/>
- Friends for Survival - website
 - <https://friendsforsurvival.org/>
- Touched by Suicide: Hope and Healing After Loss - book
 - <https://a.co/d/hY9WiYI>
- VOICES of HEALING and HOPE - book
 - <http://www.irisbolton.com/order.html>
- Why People Die by Suicide - book
 - <https://a.co/d/5gNzMBN>
- After Suicide Loss: Coping with Your Grief, 2nd Edition - book
 - <https://a.co/d/9Wi8xH8>

IV. Local Resources (Myeshia Bobo- Dr. Jenn Carson)

- It's UP 2 US: Riverside - website.
 - <https://up2riverside.org/resources/after-a-suicide/>
- Suicide Prevention Coalition -Riverside County
 - www.rivcospc.org
- Trauma Intervention Programs (TIP)
 - www.tiprivco.org
- Suicide Loss Support Groups (SOSL)
Contact: Michele@soslsd.org or (619) 482-0297
- Healing Conversations
 - <https://afsp.org/healing-conversations> or Contact: Bobbi Rich (760)459-5198
HCCinlandEmpire@afsp.org
- Inland So Cal Crises and Suicide Help Line
 - 951-686-HELP
- Take My Hand, A Mental Health Peer Support Chat Line
 - <https://takemyhand.co/>
- Behavioral Health Access Line, Medi-Cal Mental Health Services CARES LINE
 - (800-499-3008)
- Mobile Crisis Response Unit
 - 951-686-HELP
- Mental Health Urgent care (Riverside/ Perris/ Palm Springs)
- Emergency Psychiatric Hospitals (951)358-4881
- 911/ Emergency Room

V. California Statewide & National Resources (Myeshia Bobo)

- Making the Connection
www.maketheconnection.net
- The Trevor Project
www.thetrevorproject.org
- Survivors After Suicide
www.didihirsch.org
- Friends For Survival
www.friendsforsurvival.org
- American Foundation For Suicide Prevention (AFSP)
www.afsp.org
- American Association of Suicidology (AAS)
www.suicidology.org
- National Suicide Prevention Lifeline
1-800-273-8255 (TALK) or 988
- Crisis Text Line: 741741

VI. Q&A

VII. Next Quarterly Meeting:

Wednesday, April 26, 2023, from 9:00 am to 11:00 am