

WELCOME!

Tuesday, September 9, 2014

2:00 p.m. – 3:00 p.m. Eastern /

11:00 a.m. – Noon Pacific

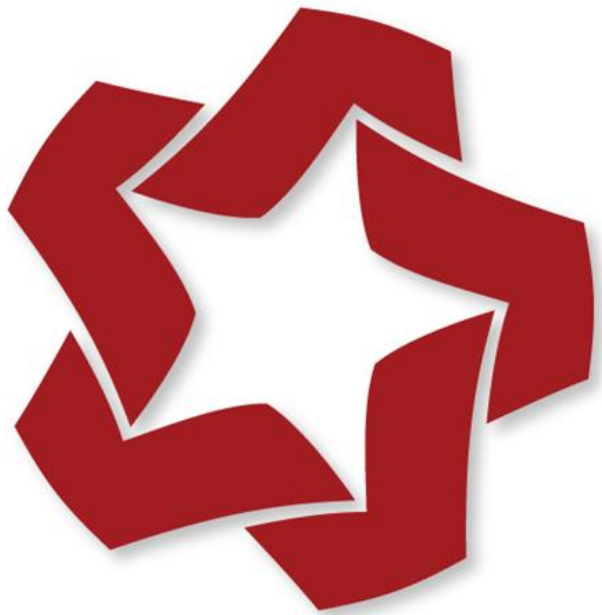
**The Way Forward: Pathways to hope, recovery,
and wellness with insights from lived experience**

**National Action Alliance for Suicide Prevention:
Suicide Attempt Survivors Task Force**



Angela Mark, Public Health Advisor
Substance Abuse and Mental Health Services
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Center for Mental Health Services
Suicide Prevention Branch





**The Way Forward: Pathways to hope, recovery,
and wellness with insights from lived experience**

**National Action Alliance for Suicide Prevention:
Suicide Attempt Survivors Task Force**



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**National Action Alliance for Suicide Prevention
Suicide Prevention Resource Center**



National Action Alliance for Suicide Prevention

- Vision: A nation free from the tragic experience of suicide
- Mission: To advance the *National Strategy for Suicide Prevention* (NSSP) by:
 - **Championing** suicide prevention as a national priority
 - **Catalyzing** efforts to implement high-priority objectives of the NSSP
 - **Cultivating** the resources needed to sustain progress
- Overarching Goal: Save 20,000 lives in the next five years.



Many Thanks to the SASTF Members

- **John Draper, PhD – Co-Lead**, Project Director, National Suicide Prevention Lifeline
- **Eduardo Vega, MA – Co-Lead**, Executive Director, Mental Health Association of San Francisco
- **DeQuincy Lezine, PhD, – Lead Writer**, Prevention Communities
- **Lilly Glass Akoto, LCSW**, Looking In ~ Looking Out, LLC
- **Cara Anna**, Founder, Talking about Suicide Blog
- **Heidi Bryan**, Founder, Feeling Blue Suicide Prevention Council and Heidi Bryan Consulting, LLC
- **Julie Cerel, PhD**, Associate Professor, College of Social Work, University of Kentucky
- **Mark Davis, MA**, Consumer Advocate
- **Linda Eakes, CMPS**, New Frontiers, Truman Behavioral Health
- **Barb Gay, MA**, Executive Director, Foundation 2, Inc.
- **Leah Harris, MA**, National Empowerment Center
- **Tom Kelly, CRSS, CPS**, Manager, Recovery and Resiliency, Magellan Health Services of Arizona
- **Carmen Lee**, Program Director, Stamp Out Stigma
- **Stanley Lewy, MBA, MPH**, President, Suicide Prevention Association
- **Jennifer Randal-Thorpe, CEO**, MR Behavior Intervention Center
- **Shari Sinwelski, MS, EdS**, Director of Network Development, National Suicide Prevention Lifeline
- **Sabrina Strong, MPH**, Executive Director, Waking Up Alive, Inc.
- **CW Tillman**, Consumer Advocate
- **Stephanie Weber, MS**, Executive Director, Suicide Prevention Services of America
- * Staff Support:
 - **Melodee Jarvis**, Mental Health Association of San Francisco
 - **Angela Mark**, Substance Abuse and Mental Health Services Administration (SAMHSA)



Presentation Overview

- Suicide Attempt Survivor Task Force in context
- Overview of *The Way Forward*
- Key Recommendations
- Action Steps
- Questions and Answers



Eduardo Vega, M.A.

Executive Director

Mental Health Association of San Francisco



Lived Experience in Context-- Why now?

- Suicide Prevention (SP) has in the last ten years begun to include the voice of Attempt Survivors as stakeholders/key informants in SP policy
- This shift may indicate the following
 1. The SP community is more accepting of people who have attempted suicide as having a unique ability to contribute to SP
 2. Attempt survivors perceive more opportunities to meaningfully participate in SP



Why now?

- This shift may indicate the following
 3. The distrust/rejection/fear between people who have been suicidal/suicide attempt survivors and those bereaved by suicide ‘family survivors’ is diminishing creating more opportunities for coalition
 4. The predominance of the ‘scientific/medical’ model of suicidology/intervention is waning due to lack of systemic or sustained results for SP globally



Why now?

- This shift may indicate the following
 5. More people are willing to openly discuss suicide and challenge stigma publicly through personal disclosure (less fear of public stigma/discrimination)
 6. SP is “catching up” to other health and disabilities communities that actively engage ‘consumers’ or ‘patients’ as key informants as resources for improvement, peer supportive services etc.



Why now?

- This shift may indicate the following
 7. Suicidology and SP are being increasingly informed by transformative shifts in mental health including the ‘recovery model’ ‘consumer-centered services’ and stigma-change
 8. Suicide Attempt Survivors are being viewed as effective change agents who can, at minimum, speak to those who are having and/or acting on suicidal thoughts and feelings



Why now?

- This shift may indicate the following
 9. Recent high-profile disclosure of suicidal feelings and behaviors have countered the legacy of stigma
 - *Jamison, Wise, Hines, Lezine, etc.*
 10. The culture of silence and shame supported by history, cultural and religious traditions, science/suicidology and the SP 'community' with the largely unsupported view that stigma is preventative of suicide is changing



- This shift may indicate the following
 11. Stigma and discrimination surrounding mental health and suicidal behaviors are increasingly viewed as interrelated with attendant results evidenced where initiatives in both are simultaneous/synchronous
 - *(i.e. SP+SDR is superior to either individually in terms of reduced death/attempts)*
 - *“consumers” as most effective for SDR (Corrigan, et al)*



Historical Context

- Disabilities Movement (1970s-present)
 - ‘nothing about us without us’
 - Client-centered services
 - Anti-discrimination, ADA, Olmstead
- Recovery movement (1990s-present)
 - Harding findings
 - Stigma within systems
 - Peer support; consumer-driven services
 - !! PROTECTIVE FACTORS



AS Initiatives – Policy

- Reno National Strategy Conference Expert Panel - 1998
- National Strategy for Suicide Prevention (2001/2012)
- OASSIS (*Organization for Attempters and Survivors of Suicide in Interfaith Services*) Conference – 2005
- NSPL “Lifeline” Consumer-Survivor Subcommittee (2005)
- SAMHSA Attempt Survivor Dialogue (2007)



AS Initiatives – Programs

- “Feeling Blue Suicide Prevention”
- SAS support groups
 - Models (therapist driven, mixed, pure peer)
- SAMHSA After an Attempt/
 - Journey towards Help and Hope
- “Do Send a Card”
- Stigma Change around suicide
 - Reachout.com
 - Hines “Bridge”, Wise, etc.



AS Initiatives – Practices

- Hiring, disclosure at Crisis Call Centers, other settings
- Advocacy, activism, peer support
- NIMH RFA to learn about impacts of stigma/shame etc
- Center for Dignity, Recovery and Empowerment
 - HOPE /WRAP group (x4) program with SFSP
 - Suicide Stigma research
 - Sound Out for Life/Stand Up for Life
 - Training /TA for PLES involvement



DeQuincy Lezine, Ph.D.
President and Chief Executive Officer
Prevention Communities



Overview of “*The Way Forward*”

- The people with the most intimate information about suicidal acts are those who have lived through such experiences.
- This resource seeks to filter the evidence base used for suicide prevention through the lens of Core Values.
- The overarching goal of this document is to generate better support for the person experiencing suicidal thoughts and feelings, with the hope of saving lives and preventing future suicide attempts.



SAS Task Force Core Values

Inspire **hope**,
meaning and
purpose

Preserve **dignity**,
counter **stigma**,
stereotypes,
discrimination

Connect people
to **peer supports**

Promote
community
connectedness

Engage and
support **family**
and friends

Respect and
support cultural,
spiritual **beliefs**
and traditions

Promote **choice**
and
collaboration

Provide **timely**
access to care
and support



Suicide Prevention Approaches





Leah Harris, M.A.

National Empowerment Center



Part 1: Self-Help, Peer Support, and Inclusion

- Practice Recommendation: Every attempt survivor should receive information about self-advocacy.
- Program Recommendation: Develop a national technical assistance center focused on helping attempt survivors, and fostering peer supports for people with lived experience of a suicidal crisis.
- **Policy Recommendation: Every Task Force of the Action Alliance should recruit people with lived experience of a suicidal crisis as members. This will demonstrate that the suicide prevention community values them and their expertise.**



Part 2: Family, Friends, and Support Network

- Practice Recommendation: Every attempt survivor should define a support network for himself or herself; people can assist in the process but not insist on who should be included or excluded.
- Practice Recommendation: Offer training and/or educational materials to people identified by the attempt survivor as supports.
- **Program Recommendation: Develop, disseminate and promote programs specifically intended to help the family and friends of attempt survivors.**
- Note: There are few resources currently available for family (and almost no resources at all for friends) of attempt survivors.



Part 3: Medical and Mental Health Services and Supports

- **Practice Recommendation: Mental health providers should integrate principles of collaborative assessment and treatment planning into their practices.**
- Program Recommendation / Highlight: Suicide prevention organizations should support and further develop resources like HelpPRO to help people identify therapists who are willing and able to help people in crisis.
- Policy Recommendation: Specific guidelines for promoting safe disclosure medical settings should address negative stereotypes, prejudice, and discrimination from health care professionals.



Part 4: Crisis and Emergency Care

- Practice Recommendation: Training for healthcare providers and emergency department staff should include information about helping suicidal patients in ways that are collaborative, respectful, and preserve dignity.
- **Program Recommendation: Peer specialists should be available in emergency departments to help support and advocate for patients experiencing a suicidal crisis.**
- Policy Recommendation: Upon intake and discharge, patients as well as family or friends should be given information and resources that can help them understand the treatment process, patients' rights, and options for support such as crisis hotlines and warm lines.



Part 5: Systems Linkages and Continuity of Care

- Practice Recommendation: Research and evaluation studies must be conducted to examine and improve new supports like online forums.
- Program Recommendation: Students who are coping with suicidal thoughts or mental/behavioral health challenges should have access to a peer specialist who can provide support and connect them to resources for additional care.
- **Policy Recommendation: Hospitals and emergency departments should partner with community providers and peer supports to establish formal ties that can facilitate continuity of care practices.**



Part 6: Community Outreach and Education

- Practice Recommendation: People with personal experience from a suicidal crisis should be encouraged to publicly share their stories of recovery, and they should receive support and positive recognition for doing so.
- **Program Recommendation: Develop a network of professionals with lived experience to initiate and implement research projects to support suicide attempt survivors.**
- Policy Recommendation: Suicide prevention communications efforts should engage attempt survivors throughout the process of developing, implementing, and evaluating initiatives or campaigns.



John Draper, Ph.D.

Project Director

National Suicide Prevention Lifeline



A Model for Collaboration: “Zero Suicide” & SAS Task Forces

Summit in San Francisco, March 6, 2014; Hosted by MHA-SF

Zero Suicide Advisory Committee: Goal 2 of Action Alliance ***Transform health care systems to significantly reduce suicide.*** The AA will promote the adoption of “zero suicides” as an organizing goal for clinical systems by providing support for efforts to transform care through leadership, policies, practices, and outcome measurement.

Suicide Attempt Survivor TF; Goal 3 of Action Alliance: ***Change the public conversation around suicide and suicide prevention.*** The AA will leverage the media and national leaders to change the national narratives around suicide and suicide prevention to ones that promote hope, connectedness, social support, resilience, treatment and recovery. This initiative will fundamentally transform attitudes and behaviors relating to suicide and suicide prevention



New Language for a New Conversation in Suicide Prevention

“I am a person. I am not a lost cause.”



New Language for a New Conversation in Suicide Prevention

“Suicidal experiences are transformational events.”



New Language for a New Conversation in Suicide Prevention

“Coercion = Failure.”



Action Steps for a New Conversation, New Practices and Programs in Suicide Prevention

- Read the document; select 3-4 recommendations for you or your organization to consider.
- Disseminate this resource to key stakeholders in your network (write a newsletter article, links on your web site, link through your social networks, etc.)
- If your organization hosts webinars or conferences, feel free to invite members of our Task Force to present.
- Advocate with funders and policymakers about ways to support integrating recommendations into care systems.
- If you are a part of a provider organization, use this document to start a conversation with a local consumer advocacy/peer-run or support organization. If you are part of a peer-run or peer-support organization, take this document to providers in your field to seek partnerships that will help implement the recommendations in this paper.



Contact for questions

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 - Eduardo Vega, eduardo@mentalhealthsf.org
 - John Draper, JohnD@mhaofnyc.org
- Action Alliance: Jason Padgett, jpadgett@edc.org



Q & A