

MARIN BEHAVIORAL HEALTH AND RECOVERY SERVICES



Photo Credit: Jeff Wong

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Overview of Services

Prevention
and Early
Intervention

Treatment

Crisis
Continuum

Recovery

Prevention and Early Intervention (PEI): Programs



PEI funds are intended to reduce risk factors and promote positive skills to increase the wellbeing of individuals prior to serious emotional or behavioral disorders by **improving timely access to services, increasing access and linkage to treatment, reducing stigma** and **utilizing evidenced based practices**. There are six types of programs:

1. Prevention
2. Early Intervention
3. Outreach for Increasing Recognition of Early Signs of Mental Illness
4. Access and linkage to treatment
5. Stigma and Discrimination Reduction
6. Suicide Prevention (Optional)

Prevention and Early Intervention (PEI): Suicide Prevention



- Buckelew Hotline and Training
- Statewide: population-based public health strategies such as marketing campaigns, community engagement programs through CalMHSA
- Trainings*:
 - Mental Health First Aid (MHFA): Youth, Adult, Spanish, Vietnamese
 - April 1st, Youth, May 3rd Adult, June 1st Adult Spanish
 - AB2246- in partnership with MCOE and Each Mind Matters
 - Mandates all schools serving pupils in grades 7-12 implement suicide prevention policies (as of 2017-18 school-year)
 - MCOE/Marin County **Crisis Response Protocols**- recommendations around suicide prevention and postvention, aligned with county-wide plan
 - Talk Saves Lives, ASSIST in partnership with MCOE and AFSP
- Funding for Strategic Planning and implementation

*For more information about trainings, email: BHRSMHSA@marincounty.org

- **The Goal of the Suicide Prevention Strategic Plan is to reduce suicide attempts and suicide deaths in Marin County.**
 - Enhance training and coordination of suicide prevention programming countywide, improve timely access to supports
 - In November of 2018, BHRS contracted with Resource Development Associates (RDA) to lead process.
 - Working closely with Marin County Dept. of PH, MCOE and Buckelew
- SB331- state mandated local program
 - This bill would require counties to create a suicide-prevention strategic plan that places particular emphasis on preventing suicide in children who are less than 19 years of age
 - 7 counties in CA currently suicide prevention plans

Suicide Prevention Strategic Planning: Data Collection Activities

- A total of **1,307 individuals** completed all or some of the Suicide Prevention Community Survey.
 - Among respondents who indicated their age, 5% were 25 years old or younger, and 23% were 60 or older.
 - 7% of respondents completed the survey in Spanish or Vietnamese.
- A total of **360** of students completed the student survey
- The assessment team spoke with a range of county stakeholders, service providers, and community members:
 - **9 focus groups, with a total of 78 participants.** Of this total, 60% of participants were young people or transition-aged youth (25 or younger).
 - **14 context-setting and key informant interviews** with county officials, community leaders, and community members and service providers with lived experience.

Suicide Prevention Strategic Planning: Initial Findings

SURVEY FINDINGS

Suicide is a widespread issue that impacts many in Marin County:

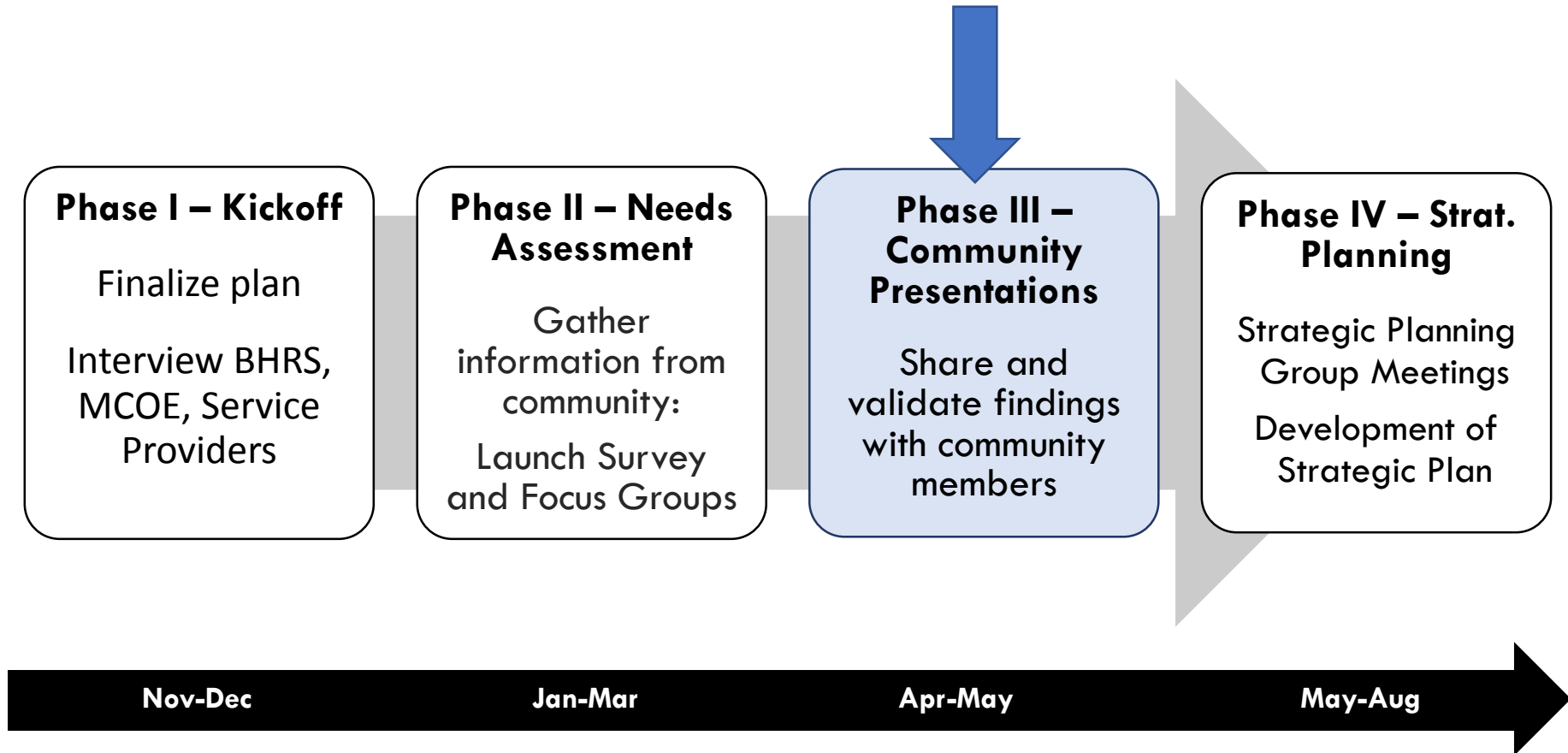
- 72% of all respondents have known at least one person who has attempted or died by suicide and 20% have themselves had serious thoughts about ending their life at some point.
- **Yet only 23% of respondents reported that they would recognize the warning signs if a friend or relative was thinking about suicide**

FOCUS GROUP & INTERVIEW FINDINGS

Participants...

- indicated a **need for greater coordination** (b/w the county and community-based organizations, b/w school districts) **to better leverage & share preexisting resources.**
- discussed multiple **social and cultural stressors** that can increase risk: loneliness, feelings of **stigma** around discussing mental health care, **cultures of perfectionism** in schools, loss of independence among older adult population, etc.
- frequently emphasized **the need for conversations and activities that engage youth at a younger age** (middle school) about suicide awareness/prevention

Suicide Prevention Strategic Planning: Activities & Timeline



Suicide Prevention Community Planning Event

May 2nd, 5:30-7pm

Marin Health and Wellness Campus

3240 Kerner Blvd, San Rafael 94901

To Register:

<https://www.marinhhs.org/form/suicide-prevention-community-planning-event>

Refreshments provided

Suicide in Marin Can Be Prevented



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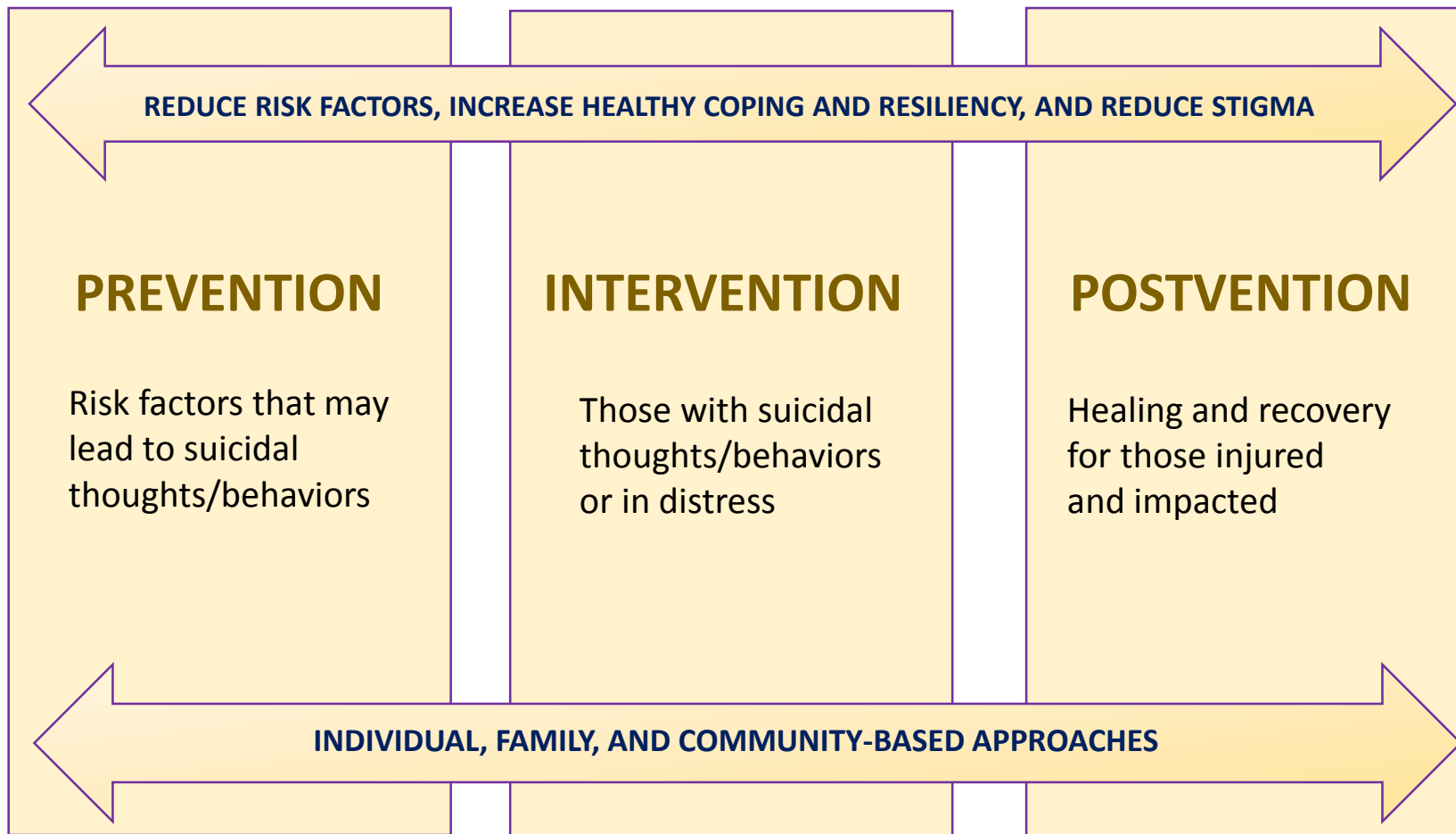
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Buckelew Suicide Prevention Hotline (Marin): 415-499-1100

BUCKELEW SUICIDE PREVENTION PROGRAM: CREATING CHANGE THROUGH COUNSELING, OUTREACH, EDUCATION, AND TRAINING



Buckelew Suicide Prevention Program

COUNSELING

- Provide direct outpatient counseling services to children and families
- Direct Suicide Prevention 24/7 crisis hotline and provide phone counseling to over 14,000 calls annually

TRAININGS

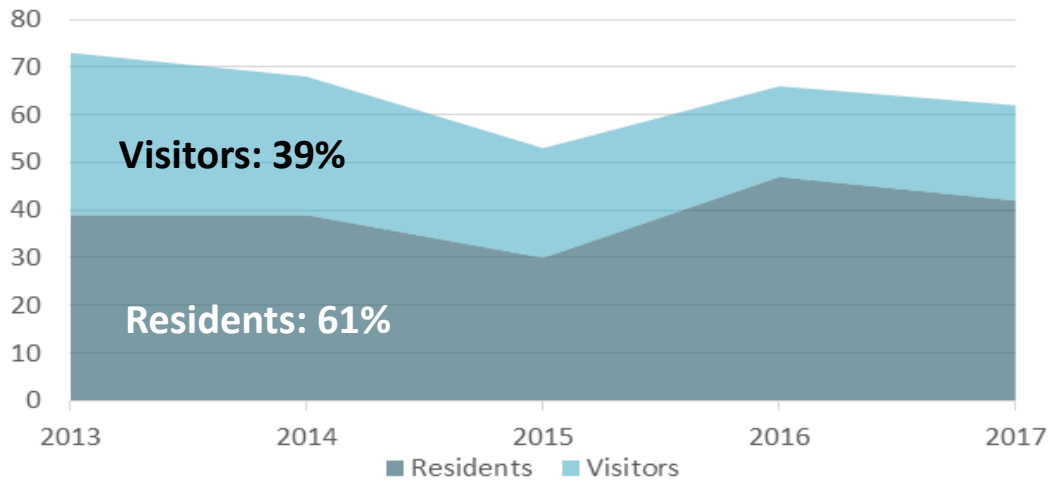
- Conduct volunteer phone counseling trainings through a series of 10-week, 40 hour training sessions that addresses crisis intervention to callers in distress or those worried about others.

EDUCATION AND OUTREACH

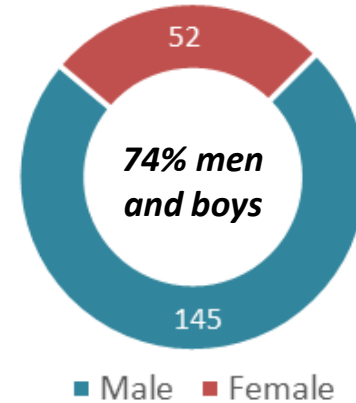
- Conduct no cost suicide prevention education to adolescents, parents, primary care, health advocates, educators, high school/college students, etc., including our “Care-3” Program
- Work with media to ensure safe and effective messaging and up to date information

Marin County Data: 2013-2017

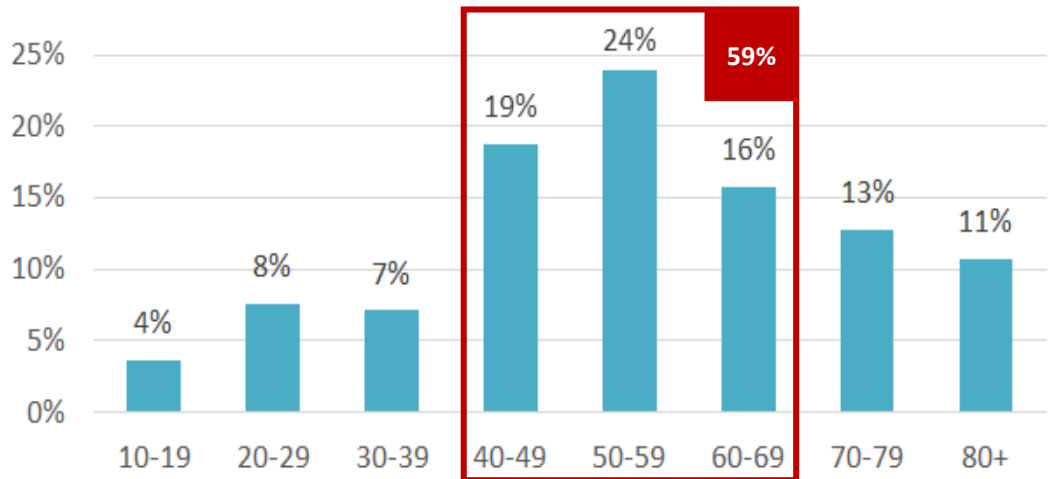
Marin County Suicides, by Residency,¹



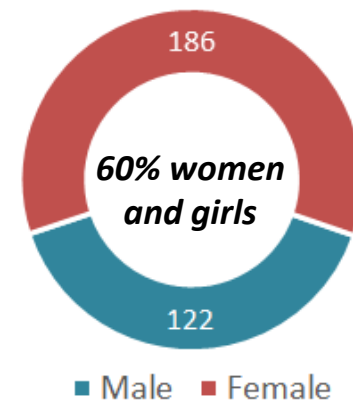
Suicides among Marin County, Residents by Sex³



Marin Resident Suicides, by Age²



Non fatal self injuries resulting in hospital visits (2014 only)⁴



(Source: RDA, Epicenter California Injury Data (2013-2016), Marin County Sheriff's Office, (2011-2017))

Suicide Can Be Prevented

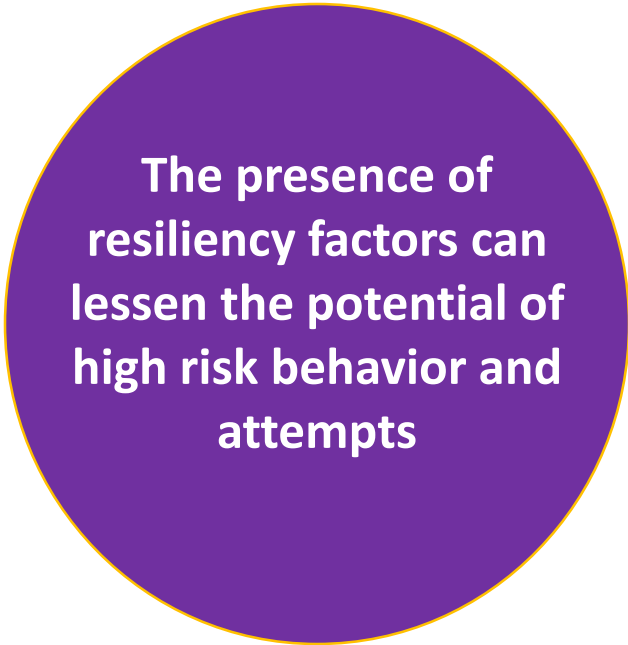
- Most Americans feel suicide is preventable
- The majority would be interested in learning how to play a role in helping someone who may be suicidal
- While a majority feel people show signs before taking their life, relatively few feel they can identify those signs or have the right words to have a conversation (but would like to!)
- Increased readiness to talk about mental health

What We Know

- You do not give a person ideas about suicide by talking about it
- Almost everyone who attempts or dies by suicide has given warning signs through their words or behaviors
- A suicide attempt, even half-hearted, is an attempt to seek help
- Most suicidal people who are offered help and resources to deal with their psychological pain choose to live
- Many (not all) have mental health conditions. More than half of people who died by suicide in 2015 did not have a known mental health condition
- Most people are ambivalent (even the most severely depressed). They do not want to die. They want the pain to end
- Suicide is the leading cause of death among people with substance use disorders

Internal/External Protective Factors

- School connectedness
- Connections to other non parent adults
- Family and community support
- Connections with friends
- School safety
- Access to health services
- Problem solving skills
- Cultural and religious beliefs
- Academic satisfaction
- Self care and self compassion
- Help seeking beliefs
- Frustration tolerance
- Fear of death



**The presence of
resiliency factors can
lessen the potential of
high risk behavior and
attempts**

Risk Factors

Health

- Depression
- Substance use disorder
- Bipolar disorder
- Schizophrenia
- Conduct disorder, delinquency
- Anxiety
- Chronic pain or other Traumatic brain injury
- Genetic vulnerability
- Eating disorder

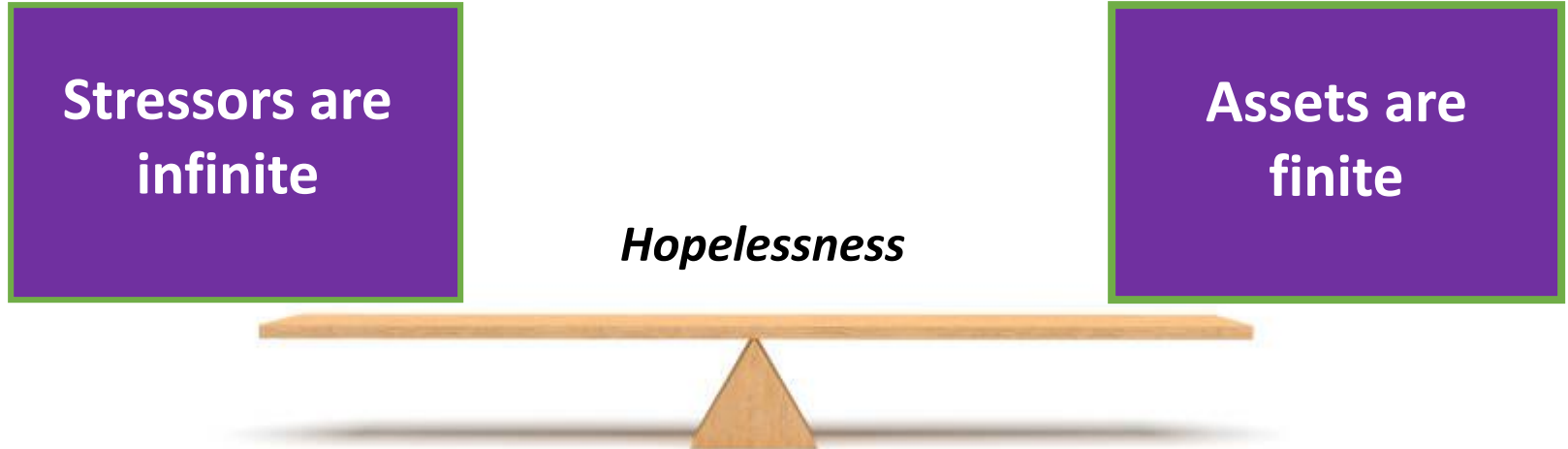
Environment

- Access to lethal means, weapons on campus
- Lack of respect, fair treatment, acceptance
- Negative social/emotional interactions, beliefs at school
- Prolonged stress
- Major life changes
- Exposure to suicide, media portrayal

Family

- Previous suicide attempts
- Family history of suicide
- Childhood abuse, neglect, or trauma
- Parental mental health
- Problems in parent-child relationship
- Financial problems
- Incarceration

Understanding People in Crisis



Warning Signs: Look at the **FACTS**

FEEELINGS

- Expressing hopelessness or having no reason to live
- Talking about being a burden to others or that you don't belong, trapped
- Expresses shame/failure
- Experiencing anxiety or depression
- Stomach aches, headaches
- Dramatic changes in mood
- Low self esteem
- Perception of self (over/under weight)
- Lack of interest in future plans

ACTIONS

- Looking for a way to kill oneself
- Increasing substance use
- Engaging in risky/impulsive behavior
- Withdrawing
- Giving things away
- Access to gun or pills
- Showing lack of control
- Daydream/sleep in class
- Final arrangements
- Self injury/cutting
- Stockpiling pills

CHANGES

- Become withdrawn
- Quit activities
- Ignore personal appearance
- Daydream or fall asleep in classroom
- Cut class
- Absences
- Friend groups
- Difficulty adjusting to gender identity
- Academic performance

THREATS

- Innuendos
- Verbal statements of intent
- Assignments
- Social media
- Talking about wanting to die, seeking revenge
- Jokes about taking their life

SITUATIONS

- Struggling
- Escalation of bullying or being bullied
- Experiencing personal loss or a break up
- Facing life changes
- Disciplinary issues



Indications that someone may be in danger of suicide, either immediately or in the near future. Stop and pay attention to more than 1 risk factor.

Differences Among Those At Risk

ADOLESCENTS:

- Bereaved by suicide, history of prior attempt, experiencing MHD, SUD, homelessness, in foster care, identify as LGBTQ+, gifted students

MEN:

- Veterans
- Men use more lethal means; less than half of men who die by suicide have a prior attempt
- Conflict with ideal of “being a man” and seeking help

WOMEN:

- Over half of women who are successful in suicide have a previous attempt
- Means are different from men

ELDERLY:

- 12 percent of the U.S. population, yet they account for 18 percent of suicide deaths
- Widowed, isolation, withhold nutrition or medication

How You Can Help Prevent Suicide in Marin

- Support survivors and those who have suffered loss
- Create greater health literacy, share the facts about suicide and create conversation with youth and others at risk
- Promote personal stories of recovery
- Collaborate with partners with shared risk/protective factors (eg., substance use, violence and gun sense leaders)
- Be a fearless ally and take a stand against stigma (ie., language, social media)
- Spread positive messages around help seeking for boys and men; connect with national initiatives, “Heads Up for Guys” and “The Movember Foundation”
- Engage in suicide prevention community events and forums (May 2nd Forum, September is Suicide Prevention month, NAMI, etc.)
- Stay informed of state and federal legislation for mental health and suicide prevention (eg., Senate Bill 428, etc.)
- Share the Marin Suicide Prevention Hotline number with your family and friends: 415-499-1100
- Volunteer with the Buckelew Phone Counseling Team! (Next training: May 14)

Thank you!



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