Introduction: We are very fortunate to have a great slate of speakers who have come from far and wide, a little bit, Sacramento, the Bay area. We have, the first two speakers are Anara Guard and Sandra Black. And Anara worked for The Suicide Prevention Resource Center for many years. And Sandra Black was the coordinator of the office, of the California office, the Suicide Prevention while they came up with their strategic plan. They now both work for EDC, which is Educational Development Center, who has what, you'll hear a little bit about it today. And the acronyms don't matter, but it's the California Mental Health Services at, they call it the Calmaza. It's a group that does some state wide HSA projects. The reason that's important here is, Anara and Sandra are working on a new project, The Suicide Prevention Campaign for this region, so they'll be talking about that also.

Anara Guard: Thank you all for coming, this is a wonderful turnout. Really, Butte County is to be commended for this demonstration of commitment to the topic of suicide prevention. And I want to start by acknowledging that this is a tough topic. Many of us in this room have been personally touched. We've lost someone we know to suicide, a family member, a coworker, a friend, a roommate. And I think it's important to recognize that, to make sure that we take care of ourselves and each other during the day. And Sandra and I will be talking about suicide from a public health perspective, but we really know that behind the data, behind every number is a real person, and we really want to acknowledge that. So we're here to give you sort of the big picture, state and national picture. And there's bad news, but there's a lot of good news. And we're optimists as you'll see.
I'm sure everybody has seen these kinds of headlines. In the back if you can't quite see them these are headlines that relate to the rise in military suicide, teens who have died by suicide, supposedly for being bullied for being gay, right, we've all seen these headlines. This is interactive, y'all. Okay, great. So this is a truth, although I think we need to be very careful about having headlines like this mask what's really going on, especially because the headlines tend to be very trendy, and they give the impression of what's going on, and these headlines do not really reflect the truth about suicide as we experience it in many of our communities.
The truth is that after years of declining rates, so this slide way over on the left hand side, that's when the Great Depression was, suicide rates were extremely high then, then they came down during World War II, went up a little bit, and bounced around, and then were really declining during the 80's and 90's, but in recent years, we've seen them start to creep back up again, and that's a concern. But it's not the same for all populations.
So this slide which shows a decade, the top line is white men, okay? So when we talk about suicide, this is largely an older white man problem. The line next to it, the solid one, that's the overall suicide rate. The next one underneath that, that's dots, those are black men. And the one under that that's little short squares is white women. And as you can see that one has been climbing up, we didn't used to see that, this is a new trend, and its women in my age group for the most part. And then the bottom line is black women, for whom, suicide happily is still a very small problem, relatively speaking. Of course, in any one person's life it can be a huge problem, but from a public health data perspective, this is what it looks like. There are copies of the slides in your packets as well. So then, now let's look at some California data.

So the national data is to show to you sort of a general picture. And here I just wanted to go into a little bit of the California data. So first what this slide is basically you tend to see a higher risk with age. And that is reflective of what you see nationally as well. So again the top line, I'm not sure how well you can see the slide, but the top line being 50 plus years, and down to bottom line, 15 to 24 years.
Sandra Black: This one shows you again as Anara said, nationally we see that suicide tends be sort of a white male problem. We see the same thing here in California with the California data. So sorry about the colors here. Actually, the females are in the green bars and the males are the blue bars.

So what you're seeing here is regardless of racial ethnicity, with whites over here on the right, and then blacks, Asian, Pacific Islanders and Hispanic men are over three times more likely to die by suicide than women. And that's true within all of these different racial and ethnic groups, although again, the numbers for whites are much, much, much more, more high than for any other racial ethnic group overall.
So the question often comes up why are men so much more at risk than women. Generally, one of the things that we think is behind this is that men tend to use more lethal means than women, males than females I should say. So the most common method used by males is firearms, which tend to be a very lethal means. And as you can see here, the three different means on the left, again with the red being males, and the blue being females, sorry about that, we are seeing a lot of disparity in the type of means that are used between males and females with males again tending to use the type that's less uncertain what the outcome is going to be.
One of the other things we see in California that again is very similar to what is seen nationally is that rural areas tend to have higher rates of suicide than more urban, or populated areas. This is a map showing you the highest third of suicide rates in California in red, with the lowest third in green, and in the middle, third in blue, so you can see that a lot of our, the counties up here in Northern California are in red, very highly impacted by suicide. One of the, there's a lot of things that are associated with rural areas as you know, it's not a clear cut why rural areas tend to have the higher rates, there's probably a lot of different factors. But again one of the things that, you know, going back to the fact that white males tend to have the highest rates, they also tend to be a bigger proportion of the population in a lot of rural areas.
So far we've talked about variables, things that are kind of hard to change about a person like their age, their race, their ethnicity, their gender, or sex. So when we're thinking about prevention, we want to think about things that we can modify. Those things are useful in terms of outreach and trying to reach particular populations, but if we're looking at prevention strategies we want to think about things that we can really change. And so unfortunately, the data for this stuff is not quite as solid as the demographic data, like the mortality data shows us, okay, this person died by suicide, once that's determined, we can see how old they are, we can see if they're, you know, male or female, we can tell by and large what their racial ethnic group is, although it's not always clear cut. But some of these other factors are really very important as well, and they're really good things to target for prevention. So what we're seeing here are from coroners reports looking at variables outside those basic demographic variables, like mental health issues, life events, and that kind of thing that are often associated with suicide. So and you've probably often heard this before, but mental health issues and substance abuse issues underlying (assumed spelling) or diagnosed, treated or not, are often associated with suicide. So a lot of people, you can see 37% of those who died by suicide in these years had a current depression, or reported to have current depression, either by their friends or family, or maybe they were being treated for it. Other mental health problems, 29%. Other things that are often associated could be, you know, economic loss, or job loss. And some of these are going to be different based on who we're talking about. So for older white males, the variables that are important to them might be different than for young Hispanic females, for example, so it's complex, but these are really very important to look at for the purposes of prevention, and we do have some data on that.
So those are the numbers, that's sort of the bad news, but the good news is that there's a lot to give us hope, there's a lot going on nationally, in California, and here in Chico and Butte county as well. And for that Anara is going to talk to you a little bit about some of those programs.

**Anara Guard:** There are going to be a lot of resources that I mention, and these are all the URL's, for all of them are on a handout that's called helpful resources, optimistically, and hopefully they will indeed be helpful to you.
The field of suicide prevention has really taken off in the last ten to fifteen years, and we have more national resources than ever before in history. Has anybody heard of the National Action Alliance for Suicide Prevention? Okay, two people, great. The Action Alliance kicked off a year and a half ago. It is a high level public, private partnership, it is co-chaired by former Senator Gordon Smith, the former senator from Oregon for many years, who now is the executive director of the National Association of Broadcasters, and the secretary of the army. So they've brought some very high level people together, and they have task forces that are examining many different areas related to suicide prevention. And I think one of the good news pieces here is that it's not just government leading the way, for a long time we said suicide is a public health problem, and the answer was good, like public health solve it. Well, we can't do it by ourselves, it takes an entire community, so a public, private partnership, which is what you all are doing here as well, is really required.
We now have a national network of 24/7 crises lines around the country. From anywhere in the country you can call 1-800-273-8255, and the call will be routed to the nearest crises center to you. If they can't pick up for any reason it will get routed somewhere else, so that somebody will indeed answer the phone. There's a special line and option for veterans to press one and talk to folks who are well versed in what resources are available for veterans, and for families of veterans. It's also available in Spanish. Who's heard of the Lifeline? Okay. This is not a test. It's helpful just to know, what more do we need to do with outreach.
And California also has a solid and growing network of crisis lines. There are nine crisis centers that are affiliated with Lifeline. There are two additional ones that are not part of Lifeline, there are several more that are in the works. And then the Trevor Project, which specializes, it operates nationally for LGBTQ youths in particular.
This is a screenshot of just one of the many programs that the Department of Defense is now running, in an effort to turn around the problems of suicide among, excuse me, veterans, and active duty military. And what I want you to notice on this slide is two things, it's called Real Warriors. Real Battles. Real Strength. The word suicide doesn't appear there, and that's on purpose. They're trying to take a strength based approach to this, rather than, gosh you guys are in such bad shape kind of approach, which we know actually works better, we don't always have to shout the word suicide in order to get people's attention. And also across the top you can see that this is really designed to reach five different audiences, active duty, National Guard and reserve, veterans, families, and health professionals. So it's speaking to the whole community of folks, not just to the soldiers themselves.
There is more training than ever before. These are actually three different screenshots that are pasted on here. It kind of looks like one. Over on the left is assessing and managing suicide risk, which is a daylong training for mental health clinicians to help them be better prepared to respond and manage their suicidal clients. Suicide prevention, what can you do, the yellow across the top, that's one of the programs that Living Works offers, ASIST. And a lot of counties are doing, are training people to become assist trainers. And then down here on the bottom are just two examples, there are free online training workshops that you can go through at your own pace, and the URL for those is in your handout. So this one focuses on counseling around access to lethal means. If you have somebody who is suicidal and they have a gun or medications in the home, what are you going to do to make sure that the means are kept safe from the person who might be tempted to use them, how can you have that conversation, both for professionals and laypeople? So there's a lot of resources out there in terms of getting trained. QPR, and Mental Health First Aids are also ones that a lot of people. So has anybody in the room had training around suicide prevention of any kind? Great, so it's like about a third of you, wonderful, that's really good.
There's another activity called the Best Practices Registry. This is a joint project between the Suicide Prevention Resource Center and The American Foundation for Suicide Prevention. And there are more than a hundred different listings now in this BPR, as we call it, for short. It includes evidence based programs that have been through very rigorous evaluations, it includes expert and consensus statements, where leaders in the field came together and all agreed this is how you access a video, for example, to see whether it has more safe messaging than risky messaging. And then finally the biggest section that we call Inherent [assumed spelling] to Standards, these are programs that do indeed help to accomplish the goals of the national strategy for suicide prevention, and that they do what they say they're going to do. So if you're looking for, if you want to have materials for a certain population, or in a certain setting, this is a really good place to start. Why create something if it's already out there and you can use it or adapt it?
Fifteen years ago when we said suicide prevention, we basically meant locking somebody up who is at eminent risk of self harm, or maybe building a barrier around a bridge. And today we have a lot of models that really have full frameworks for us to follow. So this slide just shows you six components of a comprehensive suicide prevention strategy that the Rand Corporation identified by looking at many, many strategies across the country. They decided that these six components are what you needed to really be full-fledged both to ensure access to quality care because if you don't have access to quality care, you can't really succeed, and components to have the strongest evidence of really being effective. So we need to raise awareness, and promote self-care, we need to identify those people who are a risk, we need to facilitate access to quality care, we need to deliver that quality care, we need to restrict access to lethal means, and we need to respond appropriately, so those are the six components that they think. There's a lot of other frameworks, but this one I thought was nice and simple.
And, of course, in California we have a strategic plan that Sandra had a big hand in making sure that it became a reality. How many of you have ever heard of the California Strategic plan? Okay, great, most of you, people in the back did better at that one for some reason. And the statewide plan is modeled somewhat on the national plan, but it's very California specific, and I think you'll find that a lot of the county activities really draw from this heavily, it's worth taking a looking at.
And again as I said on the Best Practices Registry, there are materials our there specifically to aid high risk groups. Here are three examples. The circle of people is a tool kit that's available free online, on your handouts, for addressing suicide prevention among LGBT youth. Over here on the right is a tool kit to address mental health and suicide prevention in senior living communities, and then down here at the bottom is a resource sheet about what foster parents can do to prevent suicide among foster youth who are at very high risks.
So here in California, we are actually devoting more dollars to suicide prevention than the federal government, which is pretty astonishing. And there's a whole range of strategies from prevention to earlier intervention across the life span. And I'll have another slide that this is easier to see, but right now there are four program areas in suicide prevention, one is Social Marketing, and that's the one that Sandra and I are working on with At Ease. At Ease is the first partner down there. They are a marketing firm based in San Diego.
So the Mental Health Services Act funding is up at the top of this chart. And those dollars were used to fund three huge initiatives, a student mental health initiative, a stigma and discrimination initiative, and then for suicide prevention initiative. Out of the suicide prevention there is five areas to develop a suicide prevention network to expand the regional crisis center capacity, social marketing, gate keeper training, and evaluation. And I want to say something about the network. Earlier this week, I saw an email on a nationally suicide related list serve from a woman in Maine, who said that at a high school in Hemet called her because they had had two suicides, and they didn't know what to do. So I thought, wow we have a long way to go in figuring out how to get the word out of how can you get resources in your own community, the fact that Hemet turned to a woman in Maine because years ago she did a fantastic school based suicide prevention program, and she then put it out to a national list serve because she didn't know who to call in California. So we did this huge loop to then connect the folks in Hemet with Southern California resources for them. So I'm happy that all of you are here today because I think one goal today is that if you have a problem, you know who to call in Butte County, you don't need to call Maine, or Hemet for that matter. So the Social Marketing project in Green, we're doing four things, we'll be doing a statewide media campaign, and the theme of the campaign will be to know the signs, to get more people to recognize when somebody is in trouble, and to know what to do. We're going to be strengthening survival support groups through Friends for Survival, we're doing outreach and training to all of the counties with a particular emphasis on rural counties. And then really linking up counties and survival support groups in media, we'll being doing some trainings for counties about how to do more media outreach, how to do safe messaging, and how to have a better relationship
with your media so that they do a better job of covering not just the deaths that occur in your community, but days like this, the suicide prevention activities that are occurring in your community.
So this slide, which is almost the last one, reiterates some of what I just said, so there will be a lot of activities coming your way, we’re in the throes of producing all of these. But the bottom one, the Your Voice counts online Forum is live now. And I really want to encourage you to go there, you can sign up. And this is a place where you can look at the materials as they are developed. You can weigh in, there are polls, you can give your opinion, do you think this ad is going to work, or not, do you think we should go in this direction or in a different direction? There’s also an opportunity to have specific work groups. So for example, right now, there’s a Vietnamese language work group, where we really want to hear from members of the Vietnamese language community, to help us figure out how to produce materials that will be culturally appropriate and relevant to that particular community, so that’s just one example. So the Your Voice Counts is going to be up and active throughout the next few years. And the last time I checked, I think there was only one, or maybe two people from Butte County registered, cause we do ask you to indicate what county you’re in, so next week, I’d love to go see a whole lot of Butteans. I don’t know what the, I’m sorry, I don’t know the right term, Butte County folks on that website. So again, I think this is a good kickoff for the day. I know we’re starting with a lot of us talking at you, but have patience, you’ll have a lot of chance to talk as well.
And do we have three minutes for questions? Great, three minutes for questions.

**Question:** I don’t see any mention of the American Foundation for Suicide Prevention.

**Anara Guard:** Thank you. So he is reminding us that The American Foundation for Suicide Preventions sponsors the walk that is coming up here in Butte County. And I did not give, you know, specific Butte County sources, I didn’t try to include every national organization, that is quite true. AFSP is a national organization that has many great resources, and I have a table here, and I invite you to visit their table to get more resources.

**Question:** The other thing that is missing is, one could go through this whole day and not realize that there are native people in this county.

**Anara Guard:** Thank you. So he also reminds us that there are native people in this county, and yes the American Indians Alaskan Native suicide problem is very large, and extreme, and I could do an entire presentation on that. The Federal government is funding programs. I believe there are 22 tribal nations funded right now to do suicide prevention, so there are a number of growing models that have worked in American Indian communities that many of which you can find on the Suicide Prevention Resource Center website. They actually have entire pages designed for those audiences, so I thank you for reminding me about that. There is only so much I could fit into one presentation, but that’s an important one to not overlook.
Question: Can you explain what's meant by safe messaging?

Anara Guard: She wants to know what's meant by Safe Messaging. I have a couple of copies of a handout with me, and maybe we'll do a follow up on another trip. But research has shown that the ways in which we talk about suicide, particularly in public ways, in the ways in which the media in particular talks about suicide can actually create contagion [phonetic], when we're not careful about it. If we glamorize suicide, which folks like us don't tend to do, but also if we normalize it And I think that's a little bit what the supervisor was saying when we say it's a solution, that's almost making it sound like it's a normal problem, so I think we need to be particularly careful when we talk about statistics. If we keep saying over and over, suicide is the second leading cause of death among x, y, z population, by making it sound so common, first of all, it's not usually that common in a particular community, and that we can risk making suicide seem like it is almost a normal acceptable thing to do, or a normal response to stress. So there's some good evidence about ways in which we can talk about suicide. And also in ways that are sensitive to survivors. It's natural for us to say commit, someone committed suicide, some survivors, people who have lost someone to suicide are very sensitive to that word, because it's also how we talked about crimes, that someone committed a crime. So that's one example of language that I think we can be careful when we think about our language of how to talk about it, how to talk about suicide in ways that will be effective, but not produce contagion, or more harm.
**Question:** What did you mean when you, one category was training, identify gatekeeper, what did you mean by gatekeeper?

**Anara Guard:** Thank you. The gentleman asked what did I mean by gatekeeper. Gatekeeper is a term that has been in suicide prevention, I actually don't like it, so I'm sorry that I used it because to me it always sounds like somebody who keeps the gate shut, and it's supposed to be a word for somebody who opens the gate. A better term is a helper, a natural helper, so a gatekeeper is a helper who has been trained to recognize signs of suicidal crisis and who knows what to do in response. So Gatekeeper training programs are training programs where you do not have to be a mental health clinician, those are programs for all the rest of us. And thank you so much for asking, and I'll fine myself a quarter the next time I say that word. Other questions, comments, yes in the back.

**Question:** You never mentioned the Hmong Population, why is that?

**Anara Guard:** Yes, and that, because I was looking at, we were looking at national and state data, and on the national level the Hmong is miniscule, and even within the state, the Hmong population isn't broken out separate from Asian, Pacific Islander categories, when we look at the data. However, on a county level, and I believe the next speaker is going to focus more on Butte County, so I think that's where you will see that kind of information. And I was so pleased when I came up here a couple of months ago to learn what, that you have some great resources for the Hmong population here in Butte County. But yes in many communities where the Hmong population is significant, including Minneapolis, Saint Paul,
as well as here, suicide is unfortunately a problem in that community as well.