SUICIDE PREVENTION SERVICE

Carly Memoli, Program Director

831-459-9373 x1 (administrative line)

Memoli.c@fsa-cc.org

Suicide Crisis Resources & COVID-19: Trends and Key Considerations

Suicide Prevention Service

Suicide Prevention Service of the Central Coast

Serving Santa Cruz, Monterey, and San Benito Counties since 1957

Administrative Office: (831) 459-9373

Suicide Crisis Line:

(877) 663-5433 or (800) 273-8255 / (800) 273-TALK

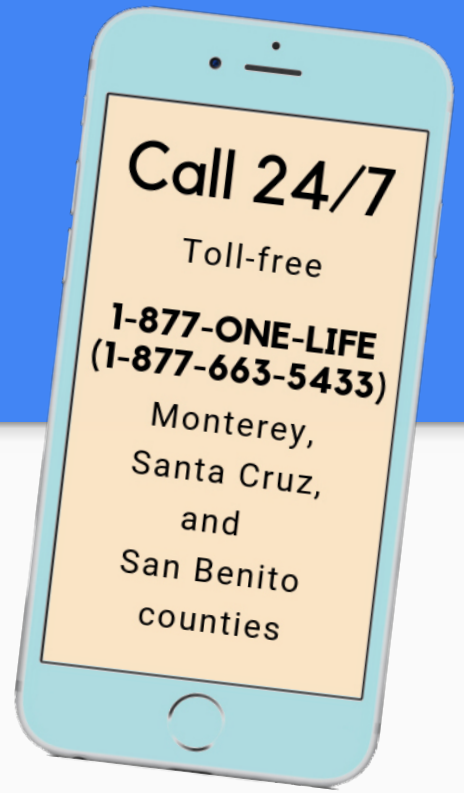
Website: www.suicidepreventionservice.org

Program email: sps24hr@fsa-cc.org

- Private, non-profit agency serving residents since 1957
- Variety of clinical, crisis, educational, and outreach services
- Accessible offices w/bilingual staff in Santa Cruz and Soquel
- Telehealth counseling for mild-moderate across the lifespan
- Virtual support groups, including for seniors

Suicide Crisis Line & National Lifeline

NATIONAL SUICIDE PREVENTION LIFELINE™
1-800-273-TALK (8255)
suicidepreventionlifeline.org



Suicide Crisis Line:

- Free, multilingual interpreters (140+ languages)
- Individuals in crisis or experiencing suicidal thoughts
- Those concerned for someone else (parent, student, peer, etc.)
- Consultation & support for teachers, administrators, and service providers
- Support, screening, assessment, safety planning, resources, follow up
- Accredited crisis center by the American Association of Suicidology.
- Volunteers are needed! Online training for responders starts 10/8/2020!!!

Outreach and Training

- Public messaging, media outreach, and social media campaigns
- Virtual (and, when permitted) in-person presentation modules for youth and general community (e.g. parents), bilingual
- Training and support for educators and service providers:
  - -Agency-developed, 1-8 hour trainings (e.g. C-SSRS/Safety Plan)
  - -Living Works safeTALK and ASIST (in-person only)
- To request services, email sps24hr@fsa-cc.org or complete an outreach request form at: suicidepreventionservice.org

Support for Survivors of Loss

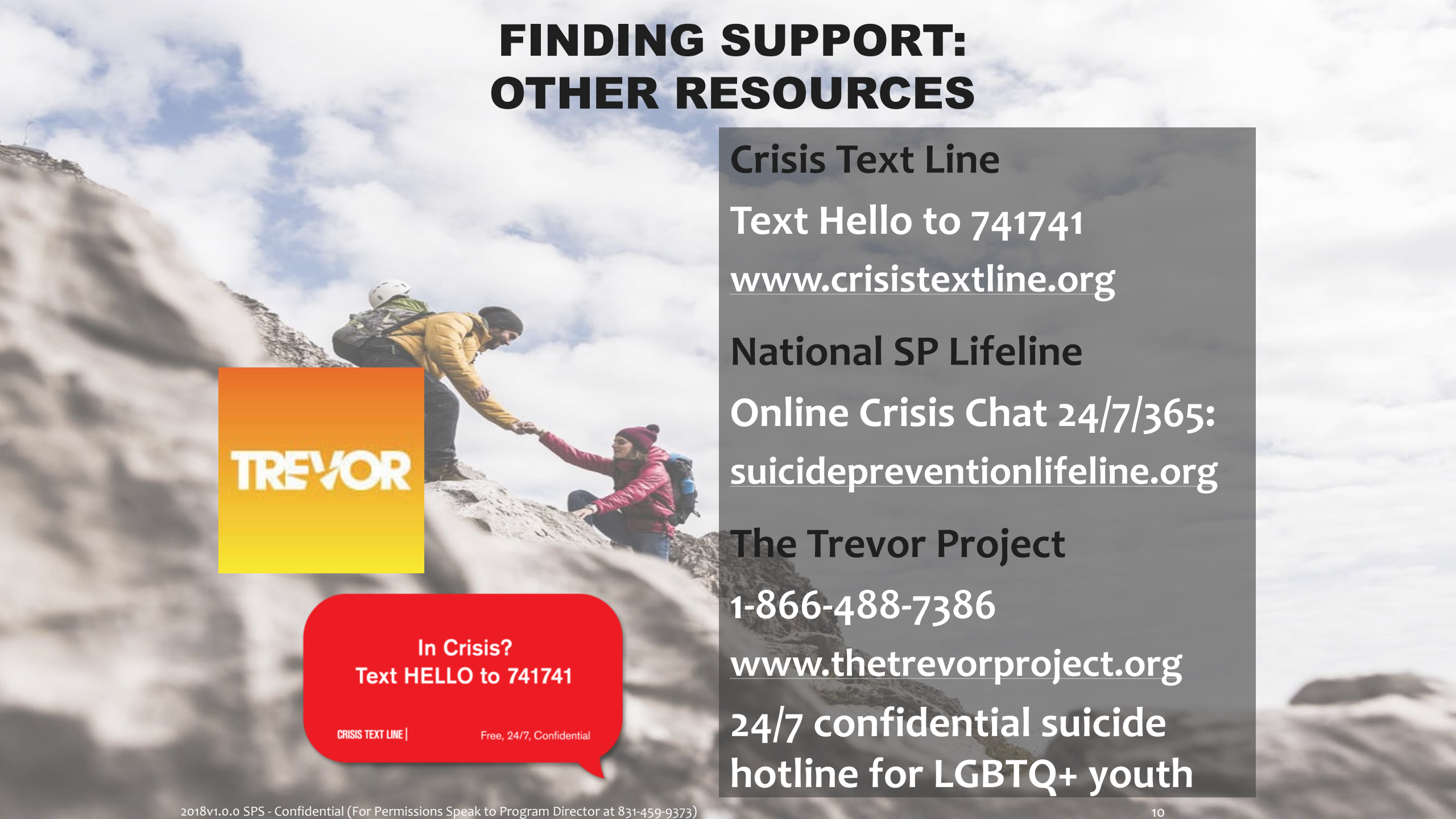
- WINGS – Warm Interactions Navigating Grief After Suicide: Resources and support groups for survivors 18+ (incorporate AFSP safety practices for survivors via telehealth)
- Intake and referral for individual, couple, or family counseling
- 24/7 phone support and follow-up support
- Exploring development of LOSS Team, other partnerships
- AFSP: International Survivors of Suicide Loss Day 11/21/2020

COVID-19 and Crisis Service Providers: Impacts and Key Considerations

- Rising demand for services: What does call volume tell us?
- Contributing and co-occurring factors (e.g. trauma): Who is most in need?
- Severity and length of caller crises: What is needed for safety?
- Partnerships with other service providers: How shall we work together?
- Funding: How do we plan for sustainability?
- Helping the helpers: How do we support those who provide support to others?

SERVICE	ACCESS	MOBILE EMERGENCY RESPONSE TEAM (MERT)	MENTAL HEALTH LIASIONS (MHL)	HOMELESS OUTREACH & PROACTIVE ENGAGEMENT SERVICES (HOPES)	SUBSTANCE USE DISORDER (SUD) SERVICES	CRISIS STABILIZATION PROGRAM
DESCRIPTION	Adult Access services provide triage, screening and intake assessment services for individuals not currently receiving services from Santa Cruz County Behavioral Health Services, inclusive of Specialty Mental Health Services and Substance Use Disorder Services. Presenting individuals are referred to appropriate level of care within Behavioral Health Services or a community provider. Provides walk-in Crisis services for adults at the North County Clinic.	Provides field-based crisis response to mental health crises in the community. Requests for services are triaged by the MERT Officer of the Day and staff are deployed accordingly. Frequent request are made by community partner organizations, medical offices, school, public serve sites and family members.	Mental Health Clinicians embedded with Santa Cruz Police Department, Santa Cruz Sheriff's Office, & Watsonville Police Department. MHL's respond with law enforcement to calls for service involving emotionally distressed persons and known mental health related crisis.	HOPES is a model that brings together existing resources to serve homeless individuals, inclusive of County and contract providers. The model utilizes an integrated multidisciplinary team that includes health providers, behavioral health providers, crisis services, outreach specialists, veteran providers, and criminal justice personnel. The coordinated services include outreach and engagement from a harm reduction approach, developing rapport while identifying risks and needs with the goal of linking homeless individuals with ongoing services to support.	SUDS oversees a network of SUDS service providers designed to provide a variety of SUD treatment options in our community. Services include withdrawal management, residential, residential perinatal, outpatient, intensive outpatient, case management, NTP, MAT and DUI classes.	Crisis assessment, intervention and referral services in a locked setting for up to 24 hours for adults and children. Dispositions to locked inpatient care or community resources
OPERATING HOURS	Monday- Friday 8am-5pm	Monday- Friday 8am-5pm	SCSO 7 days/wk SCPD 7 days/wk WPD M-F	Monday – Thursday 8am-5pm, in person response dependent upon availability of staff	Monday- Friday 8am-5pm	24/7 365 days/yr
ACCESS PROCESS	Self-refer	Call 1-800-952-2335 to reach a triage worker	Law Enforcement dispatch	Call 1-800-952-2335 to reach a triage worker	Self-refer	Self-refer or 5150
TELEPHONE #	1-800-952-2335	1-800-952-2335	911	1-800-952-2335	1-800-952-2335	1-800-600-2800
LOCATION	Currently only at North County at 1400 Emeline Avenue, Santa Cruz	Field-based	Field-based	Field-based	Currently only at North County at 1400 Emeline Avenue, Santa Cruz	2250 Soquel Avenue, Santa Cruz
EXPECTATIONS DURING COVID-19 PANDEMIC	All urgent Phone calls are received by licensed clinician M-F 8-5. Non urgent calls are received by clinician if possible or will have clinician call back. Urgent walk-in service is provided face to	Clinician will speak to caller to determine need. MERT will respond if there is a need for crisis evaluation.	You are calling for a law enforcement response. Mental Health Liaisons are attached as available to calls warranting their	Duties have continued as normal with a continued focus on education and harm reduction related to COVID-19 with unsheltered individuals. In-person service availability has been reduced due to staffing	All levels of service are currently available. Depending on the service provider and type of service provision, some treatment	Facility operations and services have continued as normal.

FINDING SUPPORT: OTHER RESOURCES



Crisis Text Line

Text Hello to 741741

www.crisistextline.org

National SP Lifeline

Online Crisis Chat 24/7/365:

suicidepreventionlifeline.org

The Trevor Project

1-866-488-7386

www.thetrevorproject.org

24/7 confidential suicide hotline for LGBTQ+ youth

VIEWPOINT

Suicide Mortality and Coronavirus Disease 2019—A Perfect Storm?

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Department of Psychology, Florida State University, Tallahassee.

Suicide rates have been rising in the US over the last 2 decades. The latest data available (2018) show the highest age-adjusted suicide rate in the US since 1941.[1] It is within this context that coronavirus disease 2019 (COVID-19) struck the US. Concerning disease models have led to historic and unprecedented public health actions to curb the spread of the virus. Remarkable social distancing interventions have been implemented to fundamentally reduce human contact. While these steps are expected to reduce the rate of new infections, the potential for adverse outcomes on suicide risk is high. Actions could be taken to mitigate potential unintended consequences on suicide prevention efforts, which also represent a national public health priority.

COVID-19 Public Health Interventions and Suicide Risk

Secondary consequences of social distancing may increase the risk of suicide. It is important to consider changes in a variety of economic, psychosocial, and health-associated risk factors.

Economic Stress

There are fears that the combination of canceled public events, closed businesses, and shelter-in-place strategies will lead to a recession. Economic downturns are usually associated with higher suicide rates compared with periods of relative prosperity.[2] Since the COVID-19 crisis, businesses have faced adversity and laying off employees. Schools have been closed for indeterminable periods, forcing some parents and guardians to take time off work. The stock market has experienced historic drops, resulting in significant changes in retirement funds. Existing research suggests that sustained economic stress could be associated with higher US suicide rates in the future.

Social Isolation

Leading theories of suicide emphasize the key role that social connections play in suicide prevention. Individuals experiencing suicidal ideation may lack connections to other people and often disconnect from others as suicide risk rises.[3] Suicidal thoughts and behaviors are associated with social isolation and loneliness.[3] Therefore, from a suicide prevention perspective, it is concerning that the most critical public health strategy for the COVID-19 crisis is social distancing. Furthermore, family and friends remain isolated from individuals who are hospitalized, even when their deaths are imminent. To the extent that these strategies increase social isolation and loneliness, they may increase suicide risk.

Decreased Access to Community and Religious Support

Many Americans attend various community or religious activities. Weekly attendance at religious services has been associated with a 5-fold lower suicide rate compared with those who do not attend.[4] The effects of closing churches and community centers may further contribute to social isolation and hence suicide.

Barriers to Mental Health Treatment

Health care facilities are adding COVID-19 screening questions at entry points. At some facilities, children and other family members (without an appointment) are not permitted entry. Such actions may create barriers to mental health treatment (eg, canceled appointments associated with child restrictions while school is canceled). Information in the media may also imply that mental health services are not prioritized at this time (eg, portrayals of overwhelmed health care settings, canceled elective surgeries). Moreover, overcrowded emergency departments may negatively affect services for survivors of suicide attempts. Reduced access to mental health care could negatively affect patients with suicidal ideation.

Illness and Medical Problems

Exacerbated physical health problems could increase risk for some patients, especially among older adults, in whom health problems are associated with suicide. One patient illustrated the psychological toll of COVID-19 symptoms when he told his clinician, "'I feel like (you) sent me home to die."[5]

Outcomes of National Anxiety

It is possible that the 24/7 news coverage of these unprecedented events could serve as an additional stressor, especially for individuals with preexisting mental health problems. The outcomes of national anxiety on an individual's depression, anxiety, and substance use deserve additional study.

Health Care Professional Suicide Rates

Many studies document elevated suicide rates among medical professionals.[6] This at-risk group is now serving in the front lines of the battle against COVID-19. A national discussion is emerging about health care workers' concerns about infection, exposure of family members, sick colleagues, shortages of necessary personal protective equipment, overwhelmed facilities, and work stress. This special population deserves support and prevention services.

Firearm Sales

Many news outlets have reported a surge in US gun sales as COVID-19 advances. Firearms are the most common

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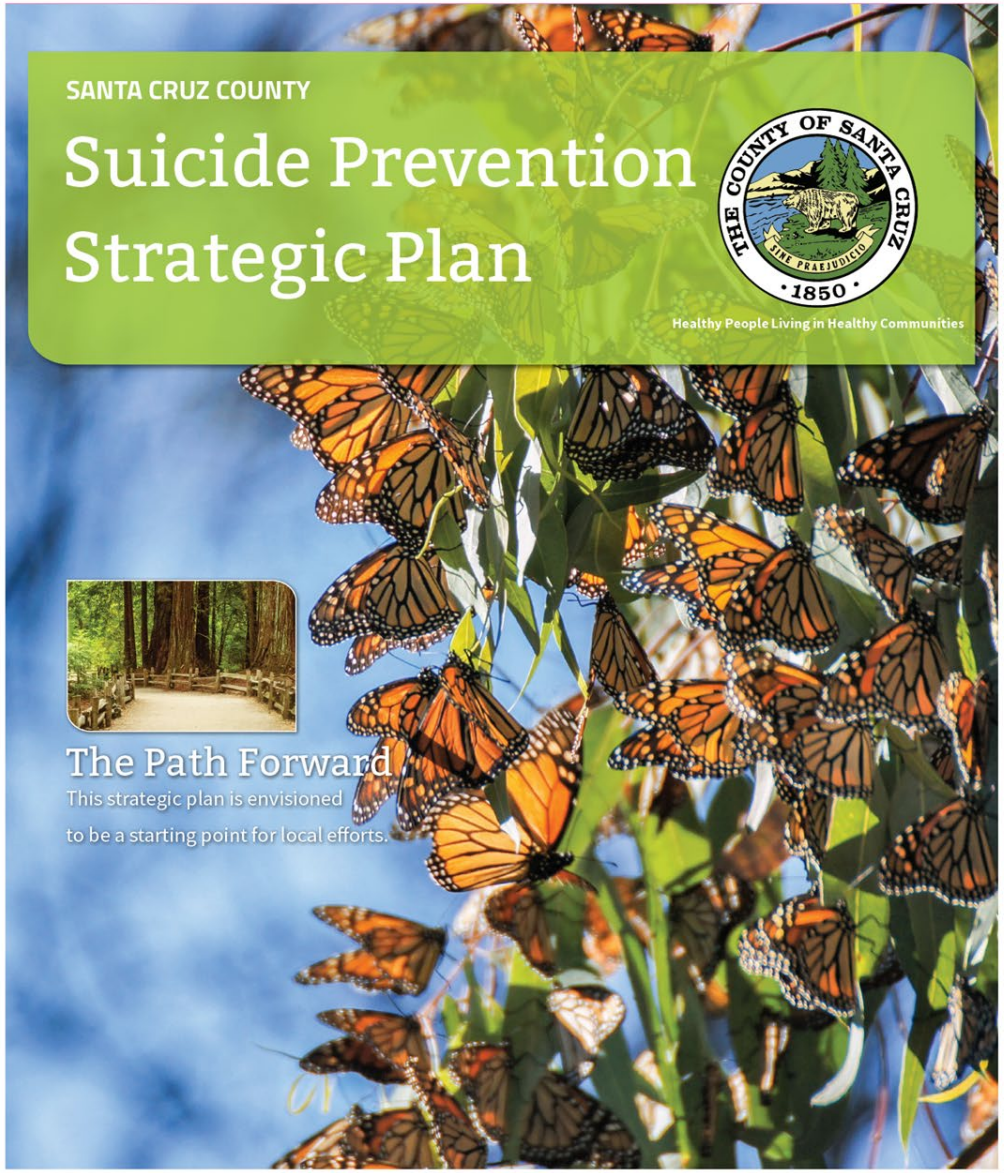
Key Trends

- Economic Stress
- Social Isolation
- Decreased Access to Community & Religious Support
- Barriers to Mental Health Treatment
- Illness & Medical Problems
- Outcomes of National Anxiety
- Health Care Professional Suicide Rates
- Firearm Sales
- Seasonal Variation in Rates




SANTA CRUZ COUNTY


INTRODUCTION


GOALS


KEY INFORMANT SURVEY

STRATEGIC PLAN

Program Areas

PREVENTION

INTERVENTION

POSTVENTION

Essential Elements

COMMUNICATION

TRAINING

DATA

EVALUATION

SPRC's Strategic Planning Approach to Suicide Prevention

Source: Suicide Prevention Resource Center (sprc.org)

Priority Populations

National data indicates elevated risk within these groups

LGBTQ

Older Adults

Tribal Communities

Veterans

Middle-aged White Males

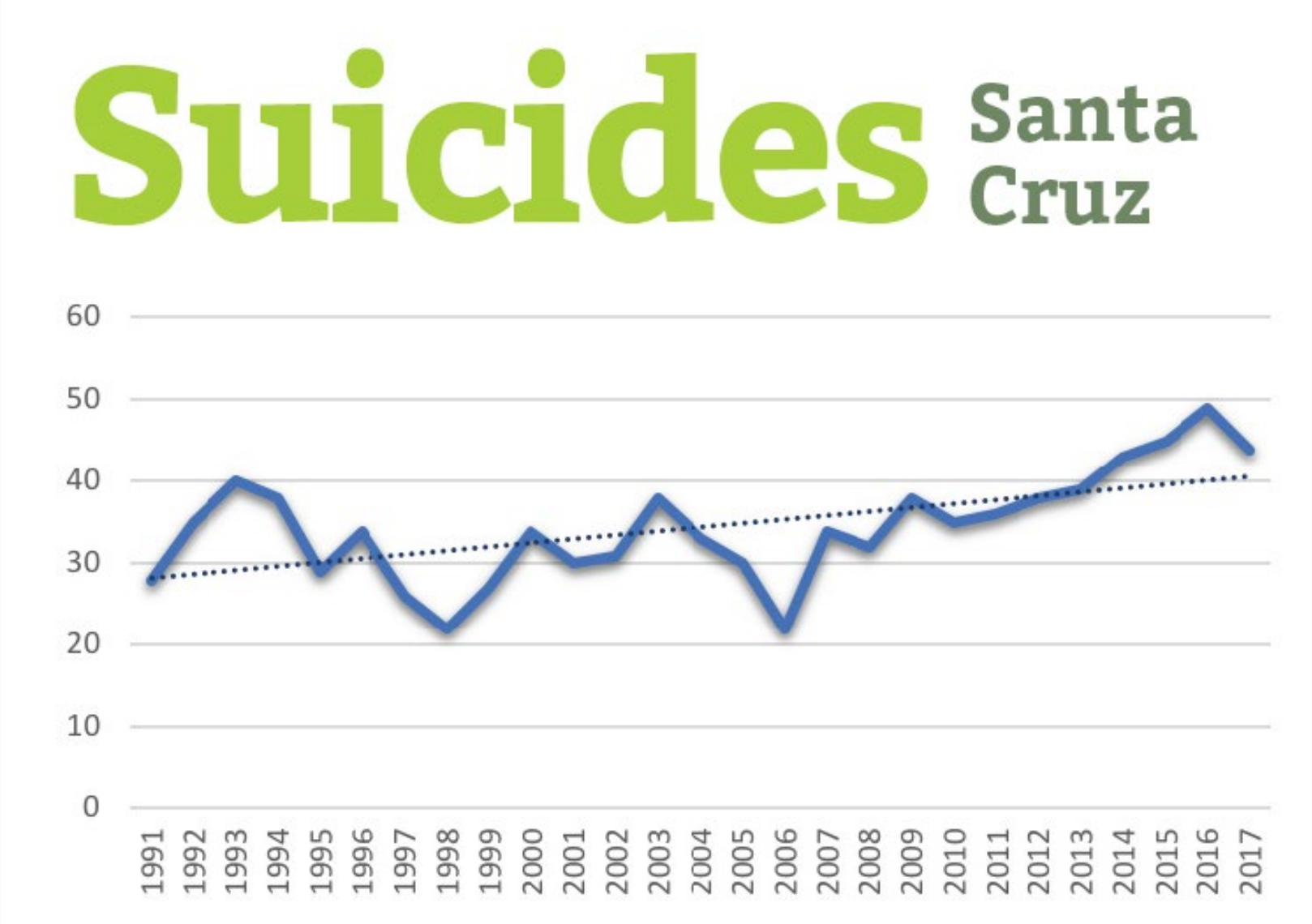
Trauma Exposed

Those with a mental illness

Local Data Snapshot

*Compiled by Suicide Prevention Consultant
Noah Whitaker

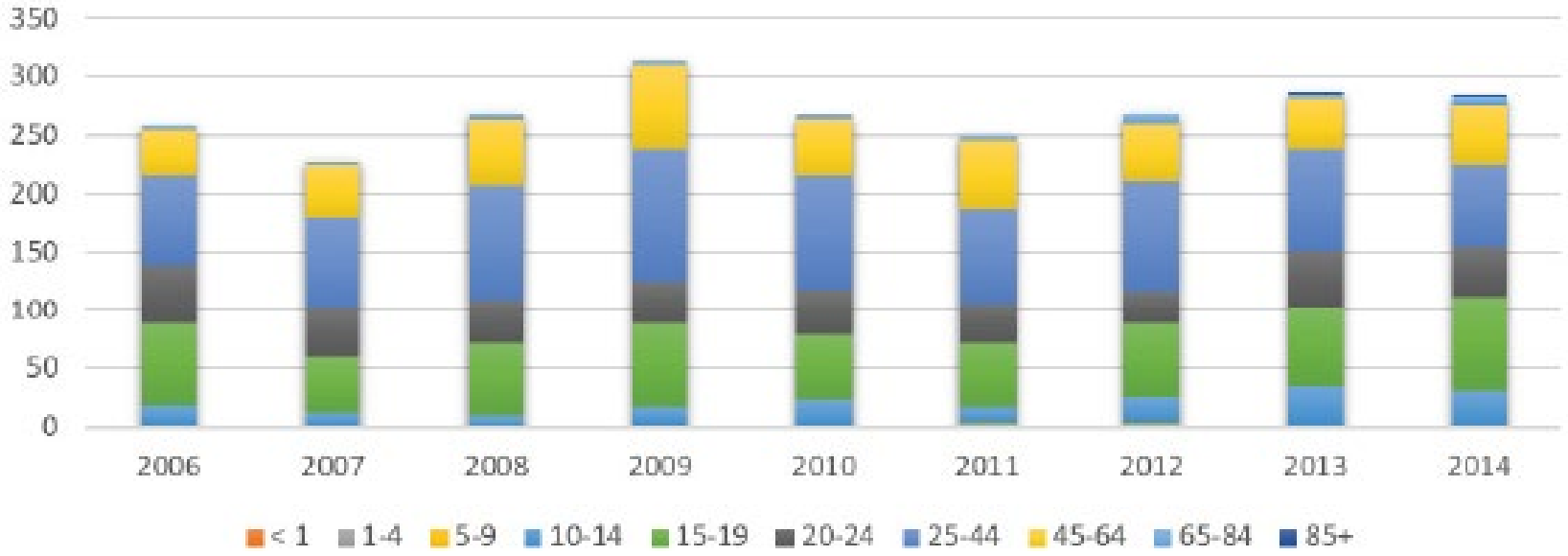
Data


Suicides
Santa Cruz
60
50
40
30
20
10
0
1991
1992
1993
1994
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017

Data

Self-Inflicted/Suicides

NON-FATAL EMERGENCY DEPARMENT VISITS BY AGE AND YEAR–SANTA CRUZ COUNTY



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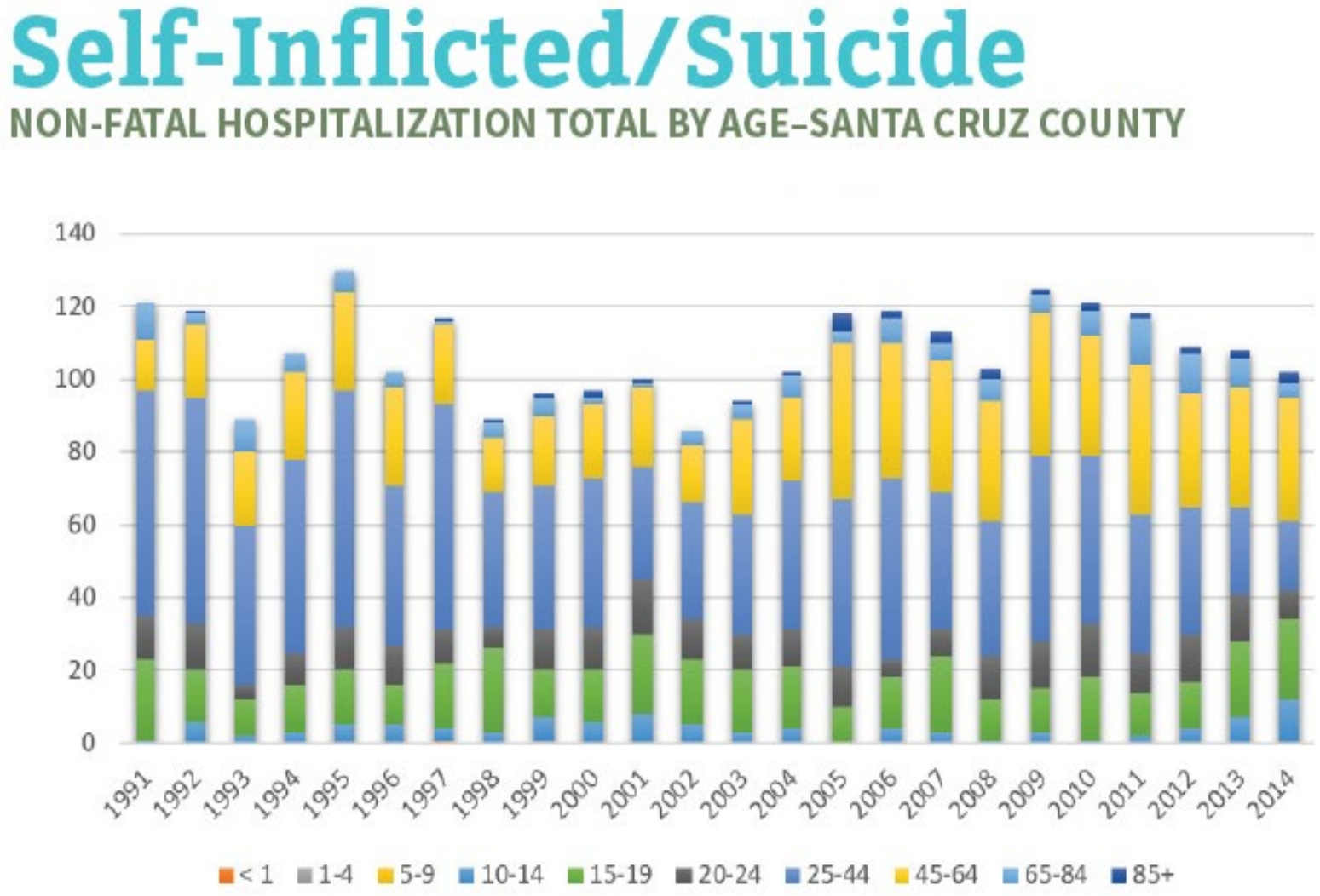
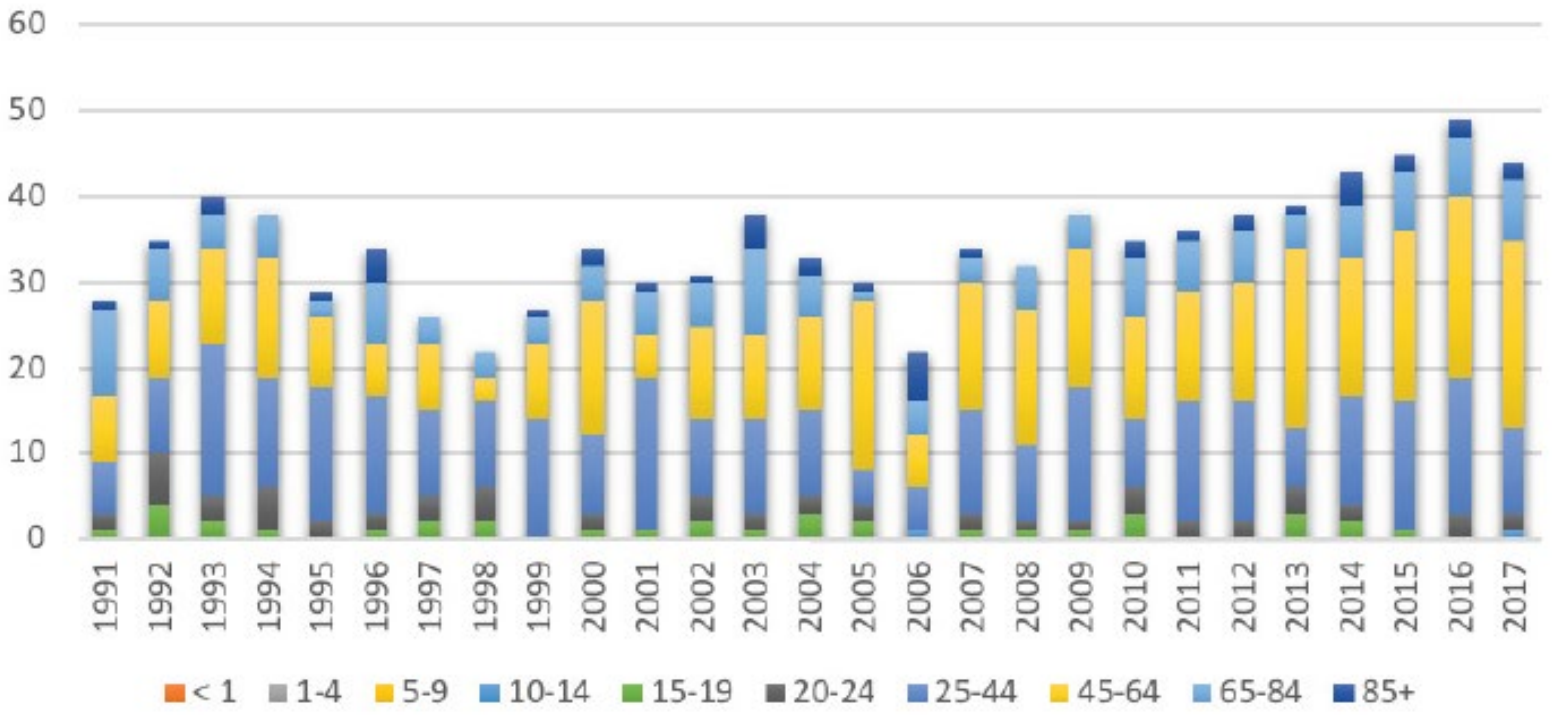
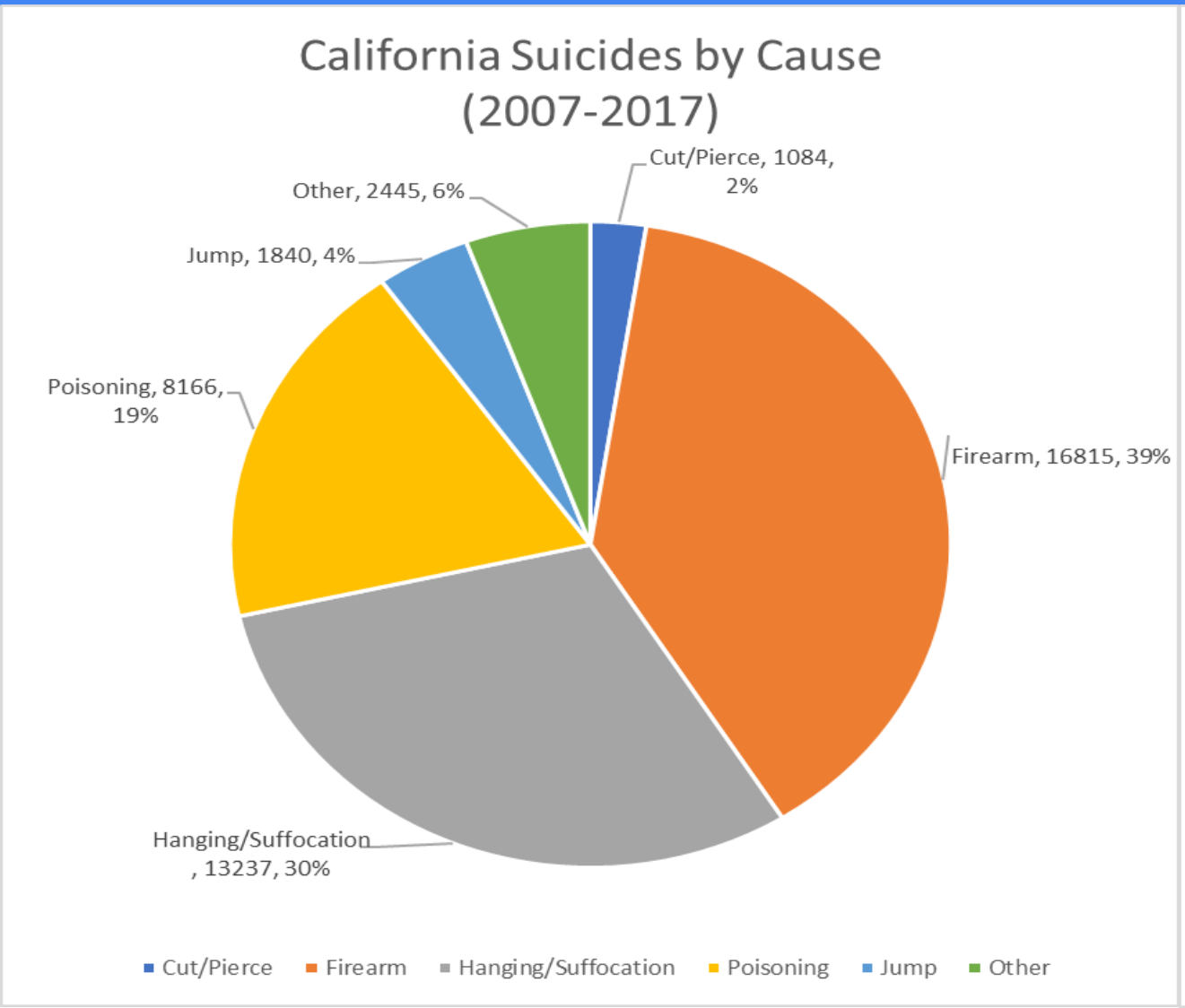

Self-Inflicted/Suicide
NON-FATAL HOSPITALIZATION TOTAL BY AGE–SANTA CRUZ COUNTY
140
120
100
80
60
40
20
0
1991
1992
1993
1994
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
< 1
1-4
5-9
10-14
15-19
20-24
25-44
45-64
65-84
85+

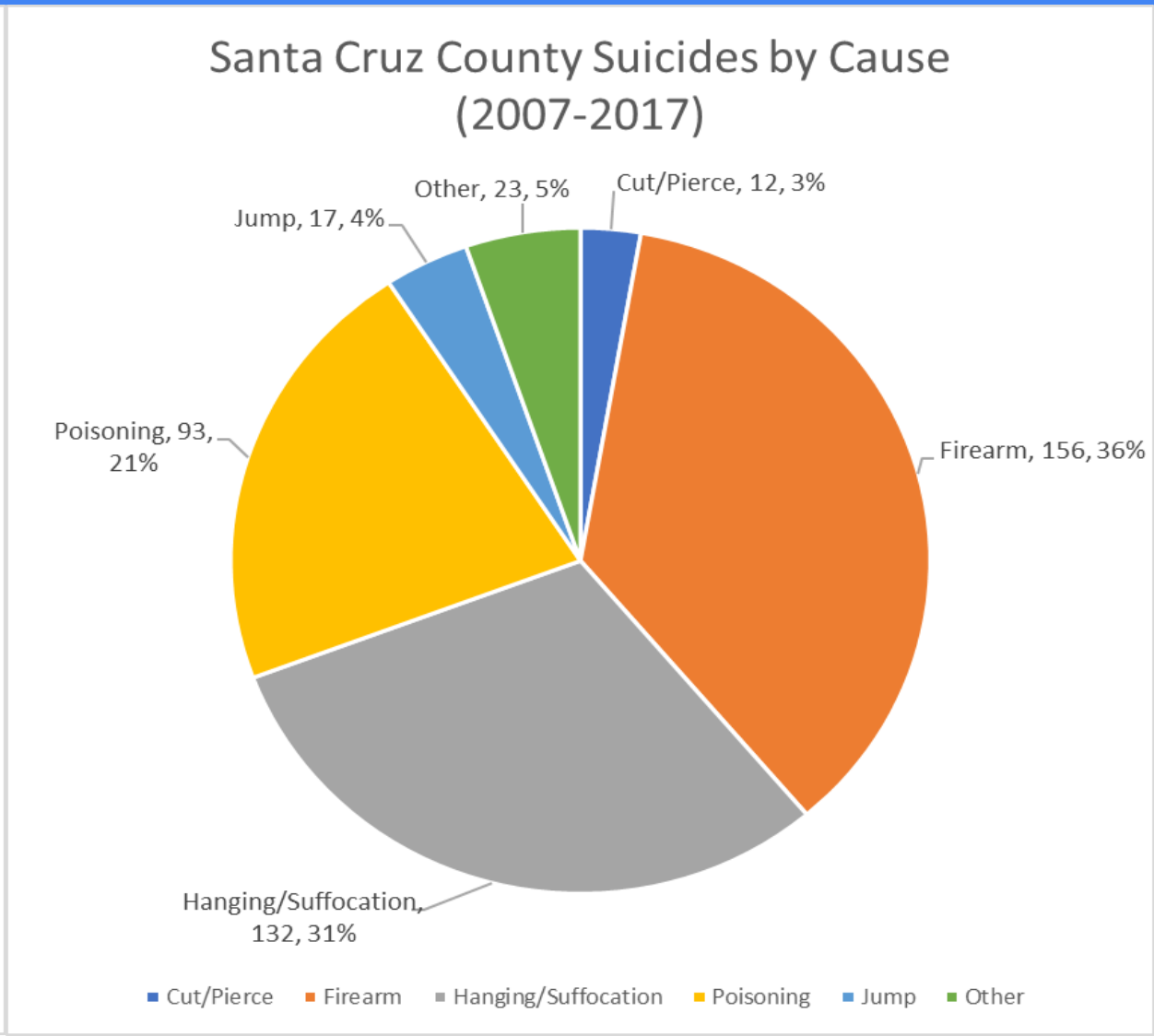
Data

Self-Inflicted/Suicide Death by Age/Year Santa Cruz

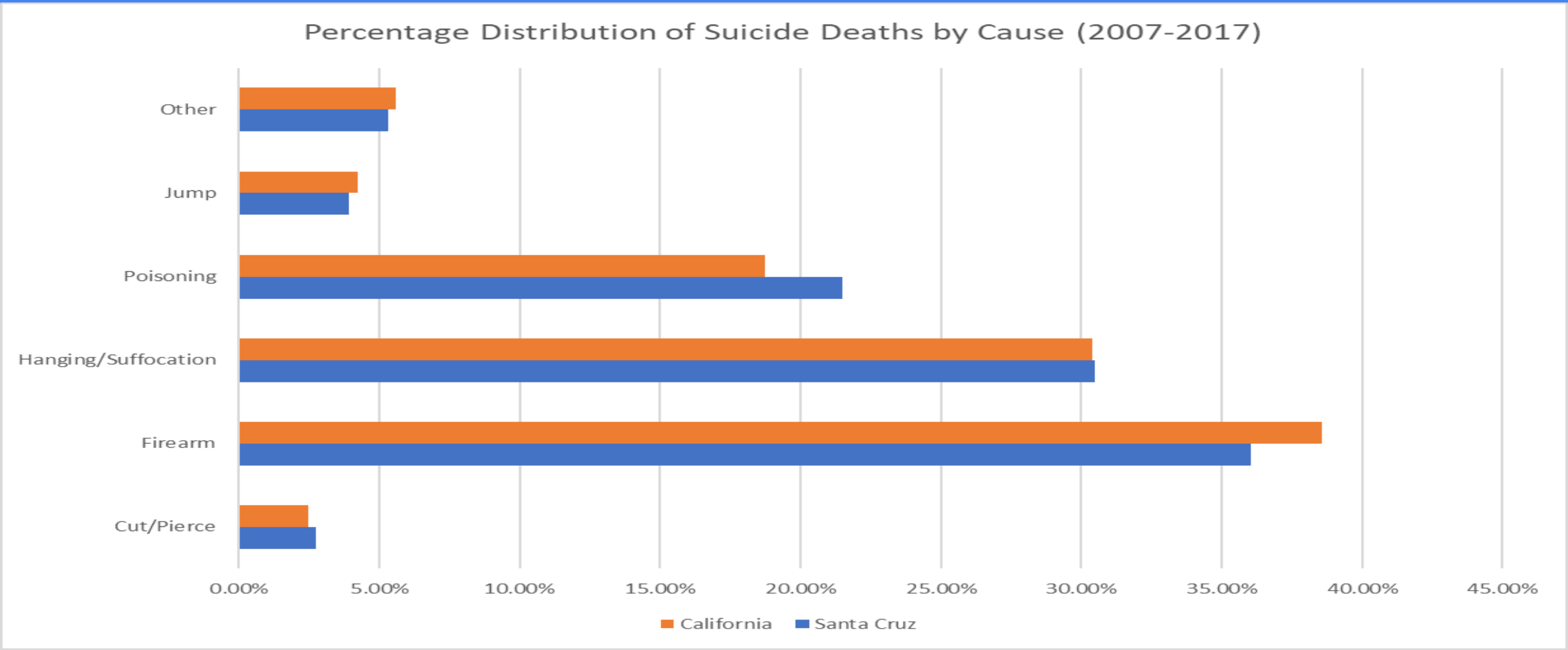


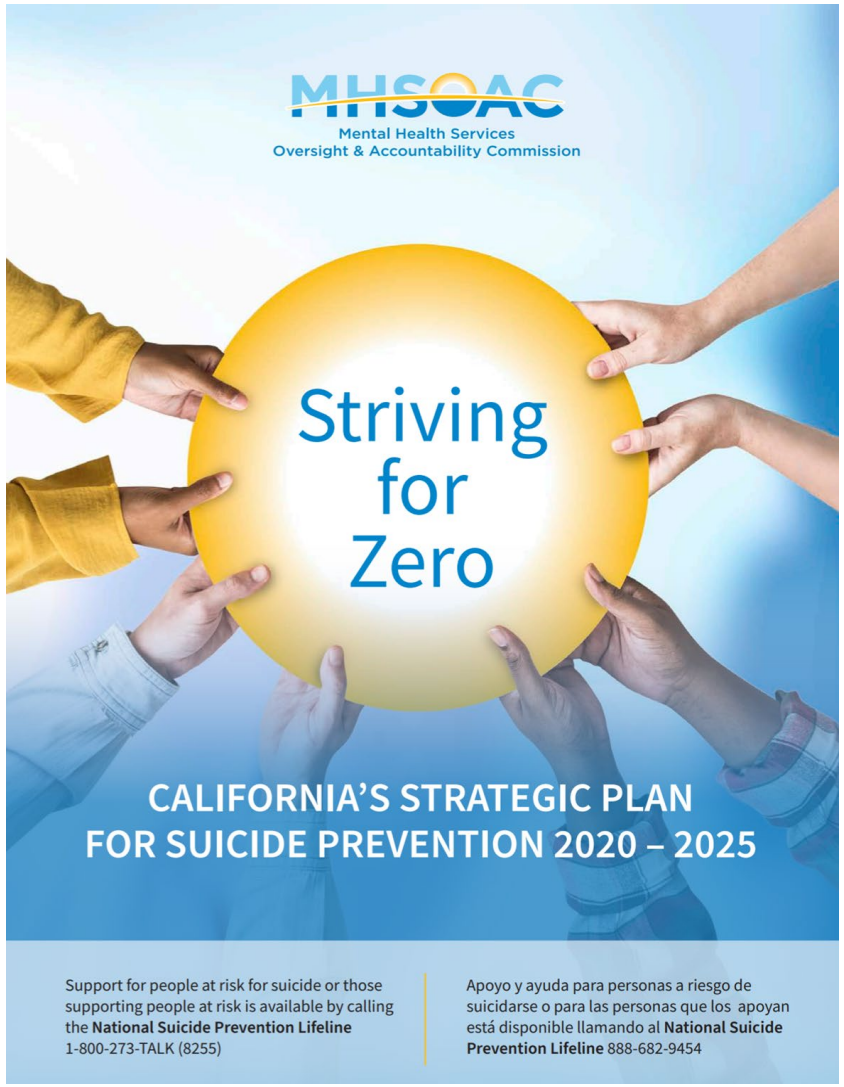
State vs County Suicides by Cause





Suicide deaths by cause





STRATEGIC AIM 1:
ESTABLISH A SUICIDE PREVENTION INFRASTRUCTURE

1 STRATEGIC AIM

GOAL 1: ENHANCE VISIBLE LEADERSHIP AND NETWORKED PARTNERSHIPS

Desired Outcome Increased awareness and sustainability of suicide as a preventable public health priority.

Short-term Target By 2025, state leadership is advancing suicide prevention as a public health priority, and all counties have leaders and coalitions engaged in suicide prevention efforts.

State Objectives

Objective 1a Establish centralized, visible state-level leadership by creating the Office of Suicide Prevention within the California Department of Public Health to provide strategic guidance, deliver technical assistance, develop and coordinate trainings, monitor data, conduct state-level evaluation, and disseminate information to advance statewide progress.

Objective 1b Engage private and public partners by creating the California Suicide Prevention Council to advance suicide prevention efforts with strategic planning and dissemination of best practices in their respective sectors.

Local and Regional Objectives

Objective 1c Establish leadership to provide clear direction for suicide prevention efforts and prioritize goals with maximal impact. Suicide prevention leadership may come from a coalition, a task force, or from health, mental health, and substance use disorder agencies or organizations.

Objective 1d Identify leaders who can champion suicide prevention as a public health priority. Leaders drive progress, develop and sustain relationships with partners, and help focus attention on suicide prevention as a core mission when faced with competing priorities.

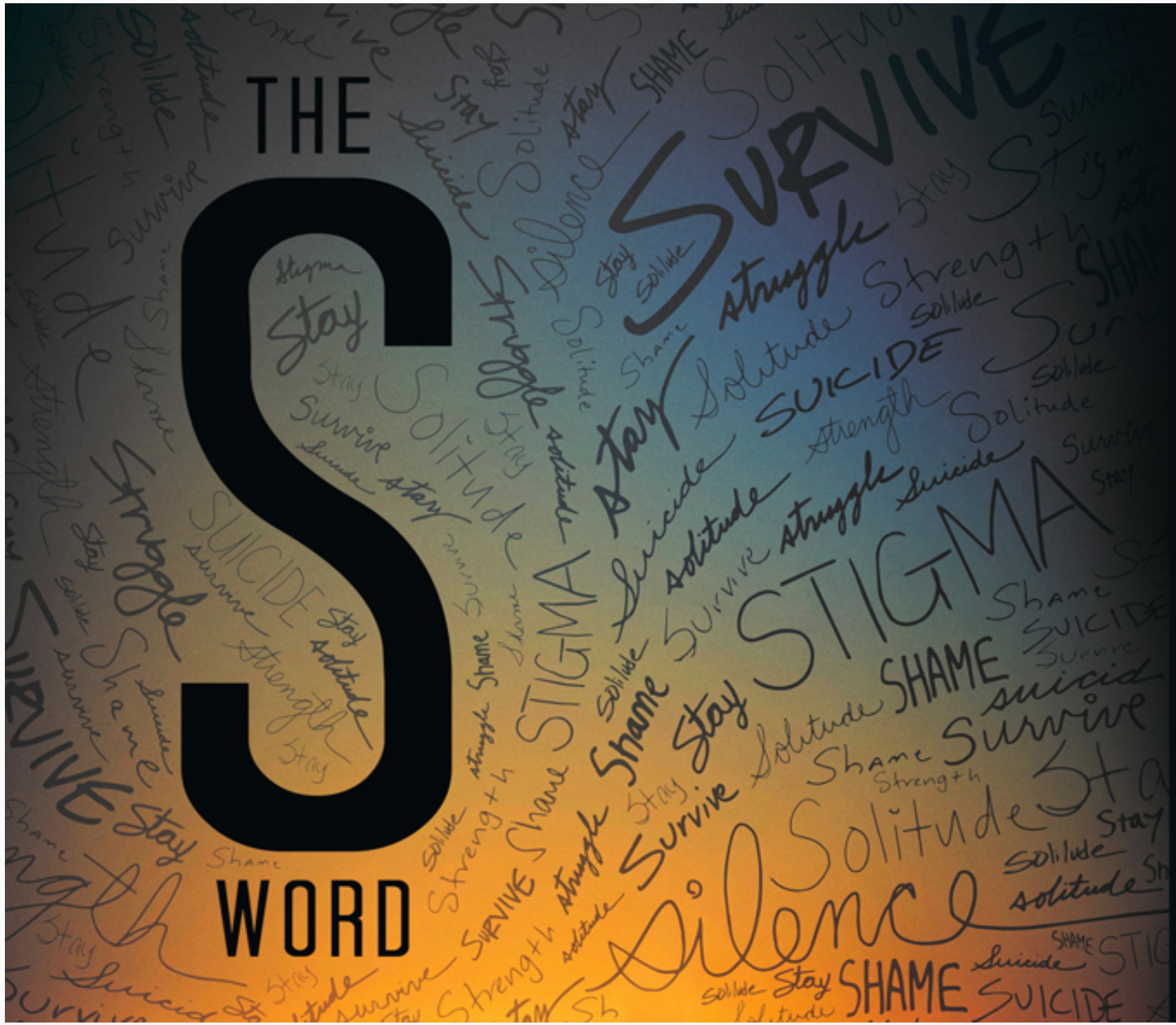
Objective 1e Hold regularly scheduled meetings to convene stakeholders, prioritize suicide prevention activities based on data and community input, leverage resources to build capacity across systems and communities/regionally, and expand services based on effectiveness.

Objective 1f Formalize a coalition of private and public partners to advance suicide prevention efforts by being an "action arm" to local and regional leaders.[21] Private and public leaders should be brought together to leverage their influence to champion efforts prioritized in their own sectors.[22] Within coalitions, sector-specific or strategy-specific subgroups should be created to focus expertise and keep members energized and engaged.[23] Consistent logistical support, strategic guidance, technical assistance and other infrastructure should be provided to the coalition by local leadership.[24]

Objective 1d Identify leaders who can champion suicide prevention as a public health priority. Leaders drive progress, develop and sustain relationships with partners, and help focus attention on suicide prevention as a core mission when faced with competing priorities.

Next steps & opportunities:

-SP Task Force and Strategic Plan
-Cross-County & Statewide Collaboration
-Screening of The S Word & Panel 9/29:
-Volunteer Responder Training starts 10/8
-International Survivors Day on 11/21



ONE WORD. MANY LIVES.

Interim, Inc., chosen to screen powerful documentary 'The S Word' to help open dialogue about suicide.

September 29th
5:30 p.m.

to register for Free VIRTUAL Event
please go to:
www.interiminc.org/s-word

CELEBRATING 45 YEARS
Interim, Inc.
Housing · Healing · Hope

GETTING HELP FOR YOURSELF

If this presentation has brought up feelings, experiences, or questions you want to talk about with someone, please reach out to our suicide crisis line or another resource listed. Help is available.

HOW WILL YOU TAKE CARE OF YOURSELF AFTER THIS PRESENTATION?

SUICIDE PREVENTION SERVICE

Local number: 1-877-663-5433

National Lifeline: 1-800-273-8255

www.suicidepreventionservice.org

Find us on Facebook and Instagram!