Call to Action

February 11, 2009
HELP, Inc and NOPCAS, Inc
University of Massachusetts, Boston, MA

A. Background of the *Call to Action* Process

This meeting was the first of its kind in developing and identifying a range of public health priorities and specific measurable objectives for improving suicide prevention and intervention in communities of color.

The broad purpose for the ***Call to Action*** was to develop working groups. The workgroups were assigned to better define the risks and to identify efforts to prevent suicide and attempted suicide among people of color specifically and discuss the barriers. Each workgroup proposed approaches to prevention efforts from their unique perspective as well as suggest topics to be covered at our conference in the fall.

B. Sponsors and Contributors

Support for this event was provided by Center for Substance Abuse Treatment (CSAT) a division of the Substance Abuse and mental Health Services Administration (SAMHSA); and Harvard Pilgrim Healthcare Foundation; Horizon Center. Additional contributions were made by the Africana Studies Department, University of Massachusetts (UMASS); The Center for African, Caribbean and Community Development (UMASS); NEX Communications, Tailored Communications; Thomas and Martha Welch; FAVOR Design; and the William Munroe Trotter Institute, Boston, MA.

C. Organization and Process

Participants for this event represented a broad array of perspectives. They included representatives of the government agencies and non-governmental organizations, researchers, mental health care providers, clergy and others. Call to Action activities included both plenary addresses by experts in the field of suicide and breakout groups. Introductory plenary session provided a common knowledge base regarding the epidemiology of and risk and protective factors for suicidal behavior across life-span; description of programs for suicide prevention; what suicidal behavior looks like; suicide among Veterans; and suicidal trends among people of color.

Breakout groups were then formed to establish (a) what is needed in the communities and where the holes are in suicide prevention and intervention among people of color and (b) for educational awareness - what needs to be presented at the next conference on suicide prevention and intervention entitled *Affirming Life: Suicide Prevention and Intervention among People of Color* scheduled February 26 and 27, 2010.

D. Goals and Outcomes

The *Call to Action* working committee developed two primary goals after deciding which categories and topics within communities of color needed to be addressed in reference to suicide prevention:

(1) Develop a group consensus among key community leaders and government agencies on how best to prevent suicide in communities of color and what are the barriers.
(2) What communication materials are needed for distribution throughout the communities?
(3) Indicate what needs to be addressed at the next conference on suicide prevention and intervention in an effort to develop a readiness to save a life.

Group reports on topics that address concerns:

Clergy

- **Preventive measures needed at religious institutions that for suicide prevention and intervention that can enhance what already may exist.** Provide materials on suicide prevention and intervention in the church libraries and provide handouts for the Health Ministries in churches; provide training on how to recognize the signs when someone is in a suicidal crisis; provide training for pastors on how to management someone in a suicidal crisis; develop a connection with mental health providers within the community to refer those church members who are in crisis; develop relationships with Christian therapist.
- **Barriers for religious leaders working toward suicide prevention and intervention.** Lack of connection between age groups, pastors and members; lack of time to address the issue of suicide due to so many other commitments; boundary issues if the counselors are a member of the church; secrets within families that may keep a member from talking about it; pastors not knowing when to refer the member in crisis to a therapist and wanting to handle the matter alone; pastor not available 24/7.
- **What information is needed to better serve the religious community.** A tool kit that includes a resource list of mental health providers, counseling centers and crisis centers; literature by and for the church that gives a perception of the changed community and its affect on the faith-based community.
- **Topics to address at the next suicide prevention conference.** The spiritual side of addressing mental health and suicide and viewing the church as part of the solution.

Community Front liners

- **Definition of a community frontliner.** First person of contact in the community; a person who takes action in the community with the community interest in mind; and folks with a dominant presence in the community that can help identify and address needs and resources and has an influence as well as access.

- **Steps that should be taken by community front liners.** (1) identify front liners within your community, (2) train front liners to identify those at risk, (3) link individuals to resources and outreach, and (4) follow-up
- **On building collaborations.** Collaborate with churches, schools, families, local businesses and recreational facilities.
- **Topics to address at the next suicide prevention conference.** An introductory to suicide and its impact on the community; evidence-based programs; multi-disciplinary approach to prevention; trainings; models for collaborations; how suicide and violence interest.

Courts, Criminal Justice, Jails and Prisons

- **Courts have a responsibility to implement prevention initiatives.** However their capacity to do so is limited in terms of funding. Prevention through training the staff on recognizing the signs is helpful in addition to obtaining a culturally competent court clinic that can identify self-harm, harm to others and other signs of mental disorders. All diversions should occur within systems that are equipped with mental health resources
- **Communication materials needed.** Training materials around mental health issues; academics and in service training around crisis intervention that is culturally competent; violence, PTSD, abuse and neglect; ways to secure sustainable resources that help both adults and children.
- **Topics to address at the next suicide prevention conference.**
A session on mental health as a part of healthcare in general that creates an atmosphere of acceptance and an open discussion on mental health issues; and the address the *court-integrated mental health services* (CIMHS - which is a referral system) and its effectiveness.

Gay & Lesbians

- **Is there need for more sufficient prevention mechanisms among this population?** Yes**.** Standards in society are based on heterosexuality and a "straight" life. What is deemed acceptable determines how a diverse population is treated which consequently leaves cultural barriers and non acceptance of gay and lesbians. The straight world dominates societies' mores and folkways **-** the patterns of conventional behavior - such as family life and excludes alternative life styles that make it difficult to "mix in" comfortably. For many, it becomes traumatic to discover one is different from everyone else. Unspoken groups tend to go deeply in the closet. Prevention to suicide among this population needs to be more present.
- **Where does the shortfall lie in research among those who have alternative sexual preferences? Or is there sufficient data?** Not enough data
- **Topics to address at the next suicide prevention conference.**
Identify the diversity of the LGBTQ population, and gender identification; conduct a plenary that addresses all the attendees; follow-up discussion on the relationship between masculinity and femininity, women vs. men, LGBT rights vs women's rights.

Healthcare Professionals

- **Defining Healthcare Professionals located in our communities**. Non-traditional caregivers that can be found in Schools, After School programs, Community Organizations and Churches such as teachers, coaches, pastors, higher education administrators as well as the traditional health care providers – nurses, counselors, therapist, psychologist, and psychiatrist.
- **Are they easily accessible**? Not necessarily. There needs to be more communication among all those in the community who are working with youth and work as a team – not independently.
- **What needs to take place to enhance the skills of current and future health care professionals to detect potentially suicidal patients**? There needs to be more training and education in the area of suicide for all professionals in the health care fields. This would include recognition and appropriate responses to depressed, anxious people in their respective environments; there is a greater need for cultural competency across racial/ethnic lines of the population we serve, as well as those of our co-workers; and finally the need of a critical mass of non-white group members in the education and work environments of any given non-white. This is important in avoiding social and cultural isolation that can negatively affect performance and the mental health of a non white group member operating in a racially mixed setting.
- **Topics to address at the next suicide prevention conference.** Training for professionals on how to assess and manage a client at risk for suicide.

Suicide and Homicide (Interpersonal Violence/Self-Directed Violence)

- **Is there a clear overlap in risk factors that lead to suicide?** Some of the shared risk factors for homicide and suicide are: (1) role of substance abuse and alcoholism, (2) historical trauma, (3) Cultural resistance, and (4) emotions such as anger, anxiety, sadness.
- **Can prevention efforts for suicide and homicide be one of the same? Can we collaborate efforts?** Preventing suicide and/or homicide begins with decreasing those risk factors that lead to interpersonal violence or self-directed violence. The risk factors are similar such as the role of substance abuse and alcohol; mental disorders that weaken resilience and coping skills and mental disorders that amplifies distress. Restricting means and gun availability is also considered prevention for both homicide and suicide such as securing the buyback system.
- **Topics to address at the next conference in reference to prevention efforts for interpersonal violence and self-directed violence**.
  (1) A symposium on joint strategies for prevention that would be effective in reaching those at risk for homicide or suicide to include community base organizations, schools and clergy.
  (2) Coping with grief and include in the discussion - funeral directors as well as the churches.
  (3) Murder-suicide - what is known about murder suicide?

Youth ages 15 – 24

- **Given what we know about youth at-risk for suicide, where should our efforts go in developing suicide prevention initiatives?** Youth need to feel purposeful. Provide programs that keep them occupied and provide jobs. Youth are also around others on a daily basis and to that end counselors, teachers, mentors, clergy, and families all need to be trained on how to recognize the signs when a youth is in a suicidal crisis and how to refer them to the appropriate venue for help. Psychologist and family therapist need to be trained on how to manage a person in suicidal crisis.
- **Who in a youth's circle needs to be educated on preventing suicide the most and why?** This question can not be answered in a true sense – because in actuality – everyone in a youth's life need to be trained. It is difficult to determine who is most influential in a young adult's life, however, if the question was to be answered – it would be *peers.* Young adults listen to other young adult and are more influential than parents and teachers in many cases. Empower youth to be able to recognize signs of a crisis and symptoms of depression in their friends and in themselves.
- **What communication materials are needed to increase suicide awareness and prevention among youth?** Develop electronic media (facebook, myspace, YouTube, instant messaging); link to school websites; brochures that speak directly to young adults; PSA on Radio and TV.
- **Topics to address at the next suicide prevention conference.**
Issues on bullying such as bullicide; have youth participate in the conference; a symposium made up of those already working in this arena for young adults and share what works and does not work; to hear personal stories from youth; and finally, masculinity and suicide.

Survivors and Families

- **If a suicide occurs in your community, how is it handled? Does anyone reach out to the family?** Most communities of color do not receive any intervention, however, the Catholic Church has been known to be helpful in the healing process and most large black churches have a Bereavement Ministry…but nothing that deal directly with a suicide death.
- **Is there anywhere the family can go to get through the healing process?** No, services are minimal. There are support groups for death in general but rarely are there suicide support groups in communities of color.
- **Is there help for families who have experienced a family member who attempted suicide?** Health centers, emergency rooms,
- **Do families themselves, understand suicide as a public health problem or is it still taboo?** There appears to still be shame associated with suicide and a lack of awareness as well as avoidance of the issue of depression and suicidal behavior.
- **What can be done for families who have lost someone to suicide and families who have experienced an attempt?** Education through tool kits; pamphlets; media; community meetings; conferences for those who have constituencies and for the families who have lost someone to suicide; educate the religious communities; and make good use of the internet.

- **What communication materials are needed for families to increase awareness and prevention?** Materials that will communicate how to cope with suicide grief and loss; de-stigmatizing mental disorders and help seeking behavior; how to be culturally competent with constituency. Helping parents understand symptoms of suicidal behavior.
- **Topics to address at the next suicide prevention conference.** Documentaries; personal stories; the participation of more women; technical support based on evidence; the correlation of mental health, genetics, environment, substance abuse, urban psychosis and suicide.

Veterans

- **What are the biggest challenges in reference to preventing suicide for returning soldiers?** The stigma associated with help-seeking behavior. Certain populations such as the working class and the poor will not seek services from the Veterans Administration. Because of lack of treatment for those suffering from mental disorders, there is a large amount of self-medication. And managing the issues that lead to suicide such as relationship issues, job loss, re-integration with not real family planning which leads to lack of support.
- **Exactly where is the system of care falling short?** There is lack of cohesion among the service programs that support the Veterans; accessing services are not easy for them; and linkage to other outside supporting services is lacking.
- **How can the community supplement the poor system of care given the returning troops, as well as, those in combat?** The community based organizations and agencies can assist Veterans in managing any mental disorders that may have occurred during combat such as PTSD (Post Traumatic Stress Disorder) and TBI (Traumatic Brain Injury) by forming support groups, offering information on the disorders to help those diagnosed to understand their illness. Understanding your illness helps you manage it better. Other services the community could offer would be education on help seeking behavior and creating anti-stigma campaigns.
- **Topics to address at the next conference that pertains to suicide prevention and intervention for returning soldiers and soldiers currently deployed:** Suicide among the diverse populations – where lies the difference?; Other forms of self harm that is similar to suiciding, such as social suicides, indirect self-violence, suicide-by-cop. Also, a forum made up of the community leaders and a session on how to reach out to minority populations.

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