



**Stanford**  
**M E D I C I N E**

## Community Suicide Prevention

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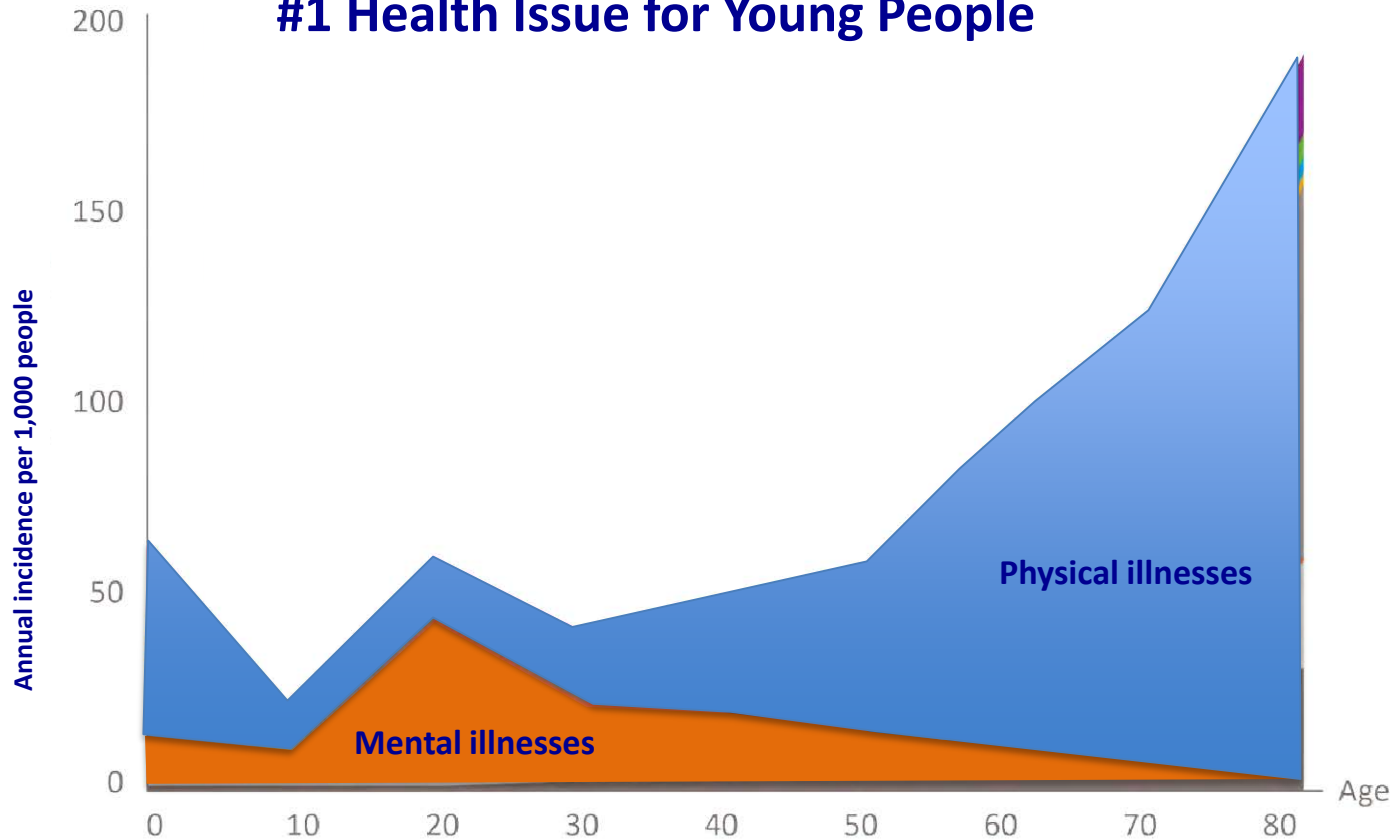


Lucile Packard  
Children's Hospital  
**Stanford**

- **HALF of all lifetime cases of mental illness start by age 14**
  - **75% start by age 24**
  - **79% don't access care**



## Global Burden of Disease: #1 Health Issue for Young People



# FACTS ABOUT CHILDREN'S MENTAL HEALTH



**29.8%**

OF YOUNG ADULTS AGES 18 TO 25  
REPORTED HAVING EXPERIENCED A  
MENTAL, BEHAVIORAL, OR EMOTIONAL  
DISORDER IN THE PAST YEAR

**\$247  
BILLION**

SPENT ANNUALLY ON MENTAL,  
EMOTIONAL & BEHAVIORAL  
DISORDERS AMONG YOUTH  
INCLUDING FOR MENTAL HEALTH  
SERVICES, LOST PRODUCTIVITY  
AND CRIME

**1 in 5**

U.S. CHILDREN AND TEENS  
HAVE A DIAGNOSABLE  
PSYCHIATRIC DISORDER

**1/2**

OF ALL LIFETIME CASES OF  
MENTAL ILLNESS BEGIN BY  
AGE 14

**1 in 4**

PARENTS FINDS IT  
DIFFICULT TO OBTAIN  
MENTAL HEALTH SERVICES  
FOR THEIR CHILD



AMERICAN ACADEMY OF  
CHILD & ADOLESCENT  
PSYCHIATRY

WWW.AACAP.ORG

## MOST AMERICANS LACK ACCESS TO CARE

**56%**

OF AMERICAN ADULTS WITH A MENTAL ILLNESS **DID NOT** RECEIVE TREATMENT

**1 IN 5**  REPORT AN UNMET NEED

**7.7%**

OF YOUTH HAD **NO ACCESS** TO MENTAL HEALTH SERVICES THROUGH THEIR PRIVATE INSURANCE

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## YOUTH MENTAL HEALTH IS WORSENING AND ACCESS TO CARE IS LIMITED

IN A FIVE YEAR PERIOD, **RATES OF SEVERE YOUTH DEPRESSION** HAVE INCREASED



**OVER 1.7 MILLION** YOUTH WITH MAJOR DEPRESSIVE EPISODES **DID NOT** RECEIVE TREATMENT

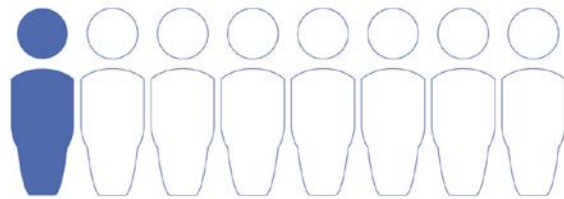


**5.9%**  **8.2%**

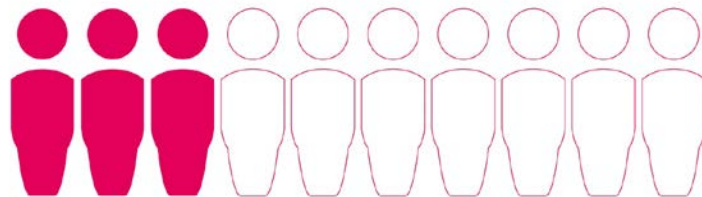
THAT'S ENOUGH TO FILL **EVERY** MAJOR LEAGUE BASEBALL STADIUM ON THE EAST COAST **TWICE**



# Young people don't seek or get professional help!!



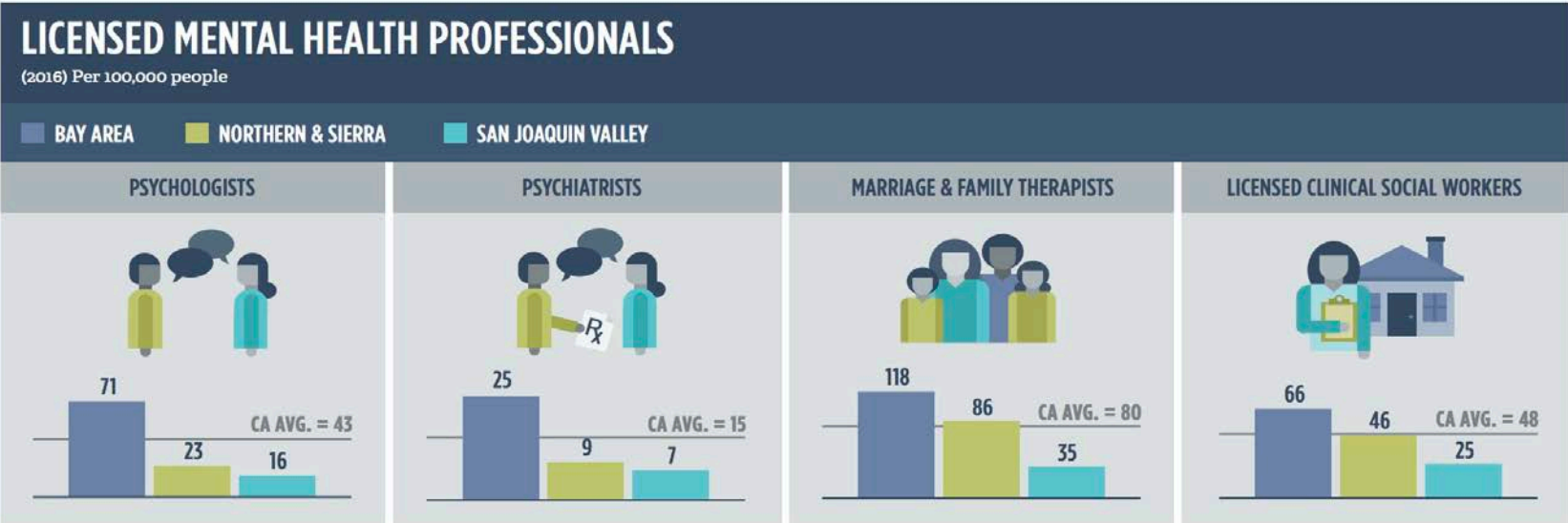
Only 13% of young men and 31% of young women access professional mental health care



Young men aged 16-24 have the lowest professional help-seeking of any age group

# California Behavioral Health Workforce Numbers by Profession and Region

The regions with the greatest demonstrated need have the fewest providers.



For more information and sources, see *Mental Health in California: For Too Many, Care Not There* at [www.chcf.org/mentalhealth](http://www.chcf.org/mentalhealth) and *California's Current and Future Behavioral Health Workforce* at <https://healthforce.ucsf.edu/BHWorkforce>.

# Suicide Rate by Region Across California

## Suicide Rate, by Region All Ages, California, 2011 to 2013

PER 100,000 POPULATION, 3-YEAR AVERAGE

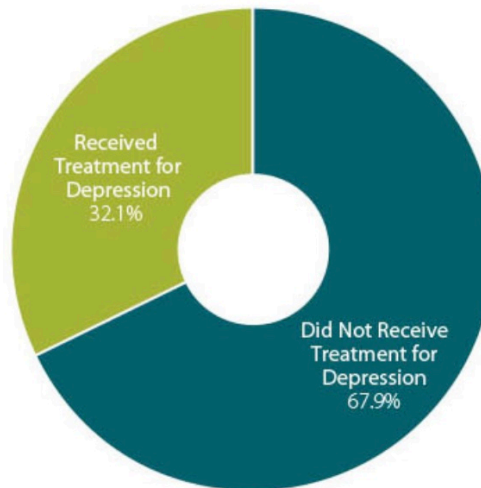




In CA, 1 in 8 teenagers have depression. Less than one-third (30.5%) receive treatment

Treatment for Major Depressive Episode  
Adolescents, California, 2011 to 2015

PERCENTAGE REPORTING MDE IN THE PAST YEAR WHO ...



# CDC Update on AI/AN Suicide Rates, March 2018

Leavitt RA, Ertl A, Sheats K, Petrosky E, Ivey-Stephenson A, Fowler KA. Suicides Among American Indian/Alaska Natives — National Violent Death Reporting System, 18 States, 2003–2014. *MMWR Morb Mortal Wkly Rep* 2018;67:237–242.

- More than one third (35.7%) of AI/AN decedents were aged 10–24 years (versus 11.1% of whites).
- Compared with whites, AI/AN decedents had 6.6 times the odds of living in a nonmetropolitan area,
- Compared with whites, AI/AN decedents had 2.4 times the odds of a suicide of a friend or family member affecting their death
- Compared with whites, AI/AN decedents had 2.1 times the odds of a positive alcohol toxicology result

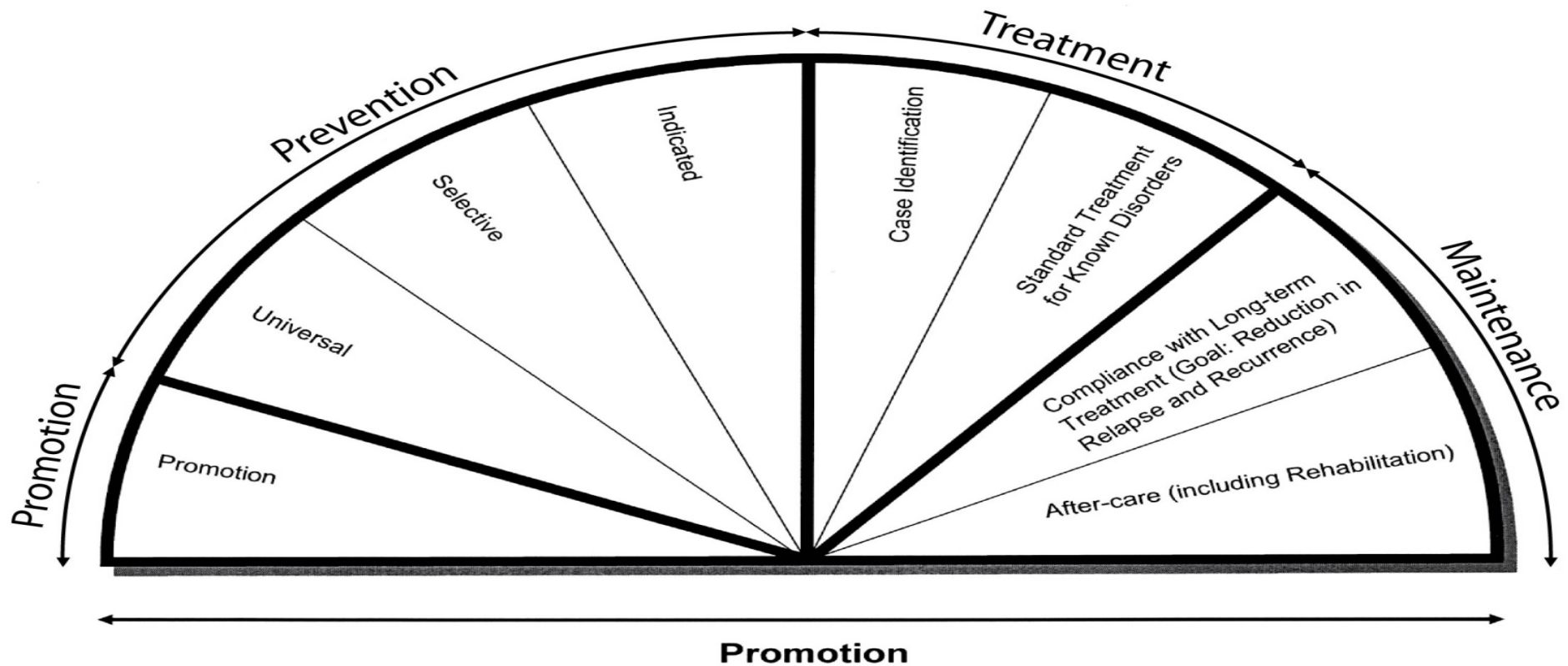
# CDC Update on AI/AN Suicide Rates, March 2018

- Approximately 70% of AI/AN decedents resided in nonmetropolitan areas, including rural settings
- AI/AN decedents had lower odds than did white decedents of having received a mental health diagnosis or mental health treatment, even when controlling for age and sex.
- AI/AN decedents were more likely to have a friend's or family member's suicide contribute to their death. A previous study in one AI/AN tribe found that suicidal behavior occurred close in time and within tight social networks, suggesting suicide contagion

## Recommendations

- Suicide prevention efforts should **incorporate evidence-based, culturally relevant strategies** at individual, interpersonal, and community levels and need to account for the heterogeneity among AI/AN communities.
- **School-based programs** are able to reach a large number of AI/AN youths at high risk and could increase the availability of services for AI/AN in isolated nonmetropolitan areas (4).
- **School-based programs** that focus on individual life skills development and interpersonal social emotional learning programs to promote healthy relationships and conflict resolution.
- AI/AN had an elevated risk of their own suicide being linked to the suicide death of a loved one, **community level prevention strategies, including programs that focus on postvention** (e.g., survivor support groups) and **safe reporting** of suicides by the media (e.g., not using sensationalized headlines), should be considered

# Prevention And Promotion (IOM)





# The Atlantic

China Builds the  
Next Hollywood  
p. 44

Donald Trump and the  
Myth of the Front-Runner  
p. 12

## The Silicon Valley Suicides

Why are so many  
kids killing themselves  
in Palo Alto?

By **HANNA ROSIN**



+

The Secret  
Life of John  
le Carré

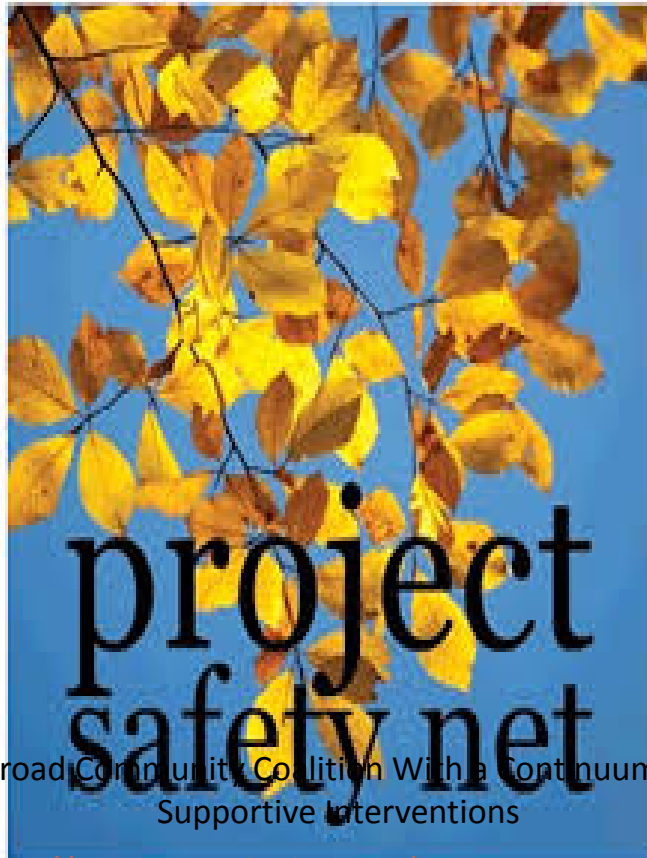
The World's  
Greatest Actor

Why You  
Bought That  
Ugly Sweater

DECEMBER 2015  
THEATLANTIC.COM

# Palo Alto Community Support for Mental Wellbeing -How Do **YOU** Build Community?

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Broad Community Coalition With a Continuum of Supportive Interventions

<http://www.psnpalalto.com/community-events/>

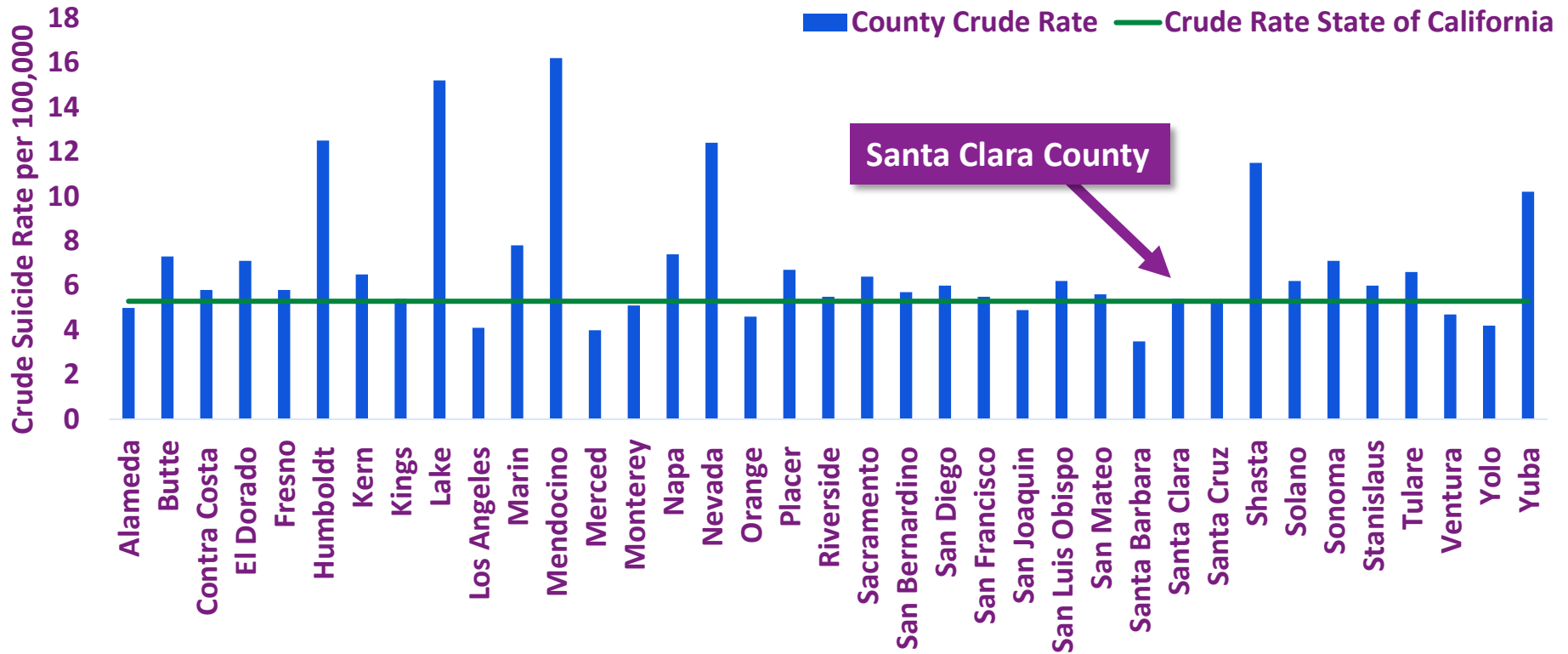


Health and Mental Health Professionals Aligned to Expand Coordinated Services





# Crude suicide rate among youth, by California County of residence, 2003–2014



Data Source: CDC WONDER Case Definition: Youth suicide decedent, age 10-24, that died in the United States 2003-2014

**246 media articles from 2009 through  
2015 were identified and abstracted  
using a checklist**

# Example characteristics included in checklist

## Negative Characteristics

- Sensational headline
- Photos of location or methods of suicide
- Photos of memorials/grieving
- Reporting on suicide similar to a crime
- Oversimplification of suicide

## Positive Characteristics

- Inclusion of local/national hotline number
- Inclusion of warning signs
- Discussion of suicide as a public health issue
- Description of suicide as preventable

## Example characteristics included in checklist

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- Description of suicide as preventable

# Average number of characteristics

## Negative Characteristics

**Average: 4.3**

**Range: 0-11**

## Positive Characteristics

**Average: 0.5**

**Range: 0-7**

## Average number of characteristics

### Negative Characteristics

Average: 4.3

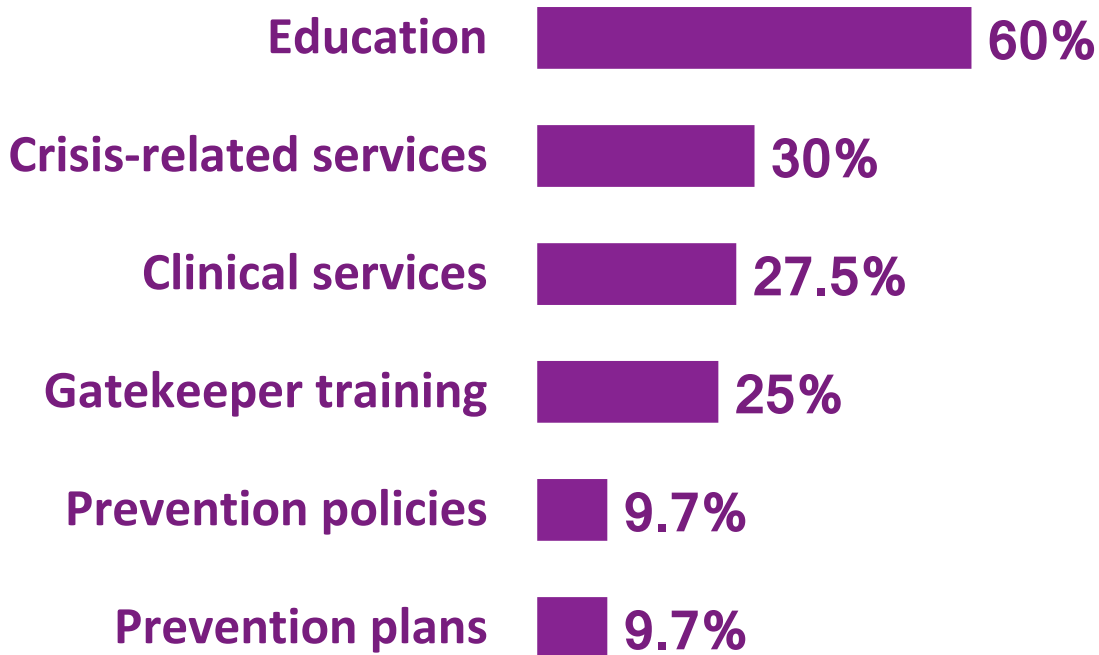
Range: 0-11

### Positive Characteristics

Average: 0.5

Range: 0-7

# Prevention activities, programs, policies



Data Sources: Materials related to programs, policies, and activities being utilized as part of suicide prevention efforts in Santa Clara County that were shared with the Epi-Aid team and were specifically focused on suicide prevention.

# CDC EPI-AID Santa Clara County Recommended Suicide Prevention Strategies

1. Multiple prevention approaches to address multiple risk factors
2. Access to evidence-based mental health care
3. Family relationships and family-based programs
4. Connection to school and school-based programs
5. Identify and support people at risk
6. Crisis intervention
7. Suicide postvention
8. Prevention of other forms of violence
9. Reducing access to lethal means for youth at risk
10. Safe messaging and reporting about suicide
11. Strategic planning for suicide prevention
12. Selection and implementation of evidence-based programs
13. Continuous program evaluation



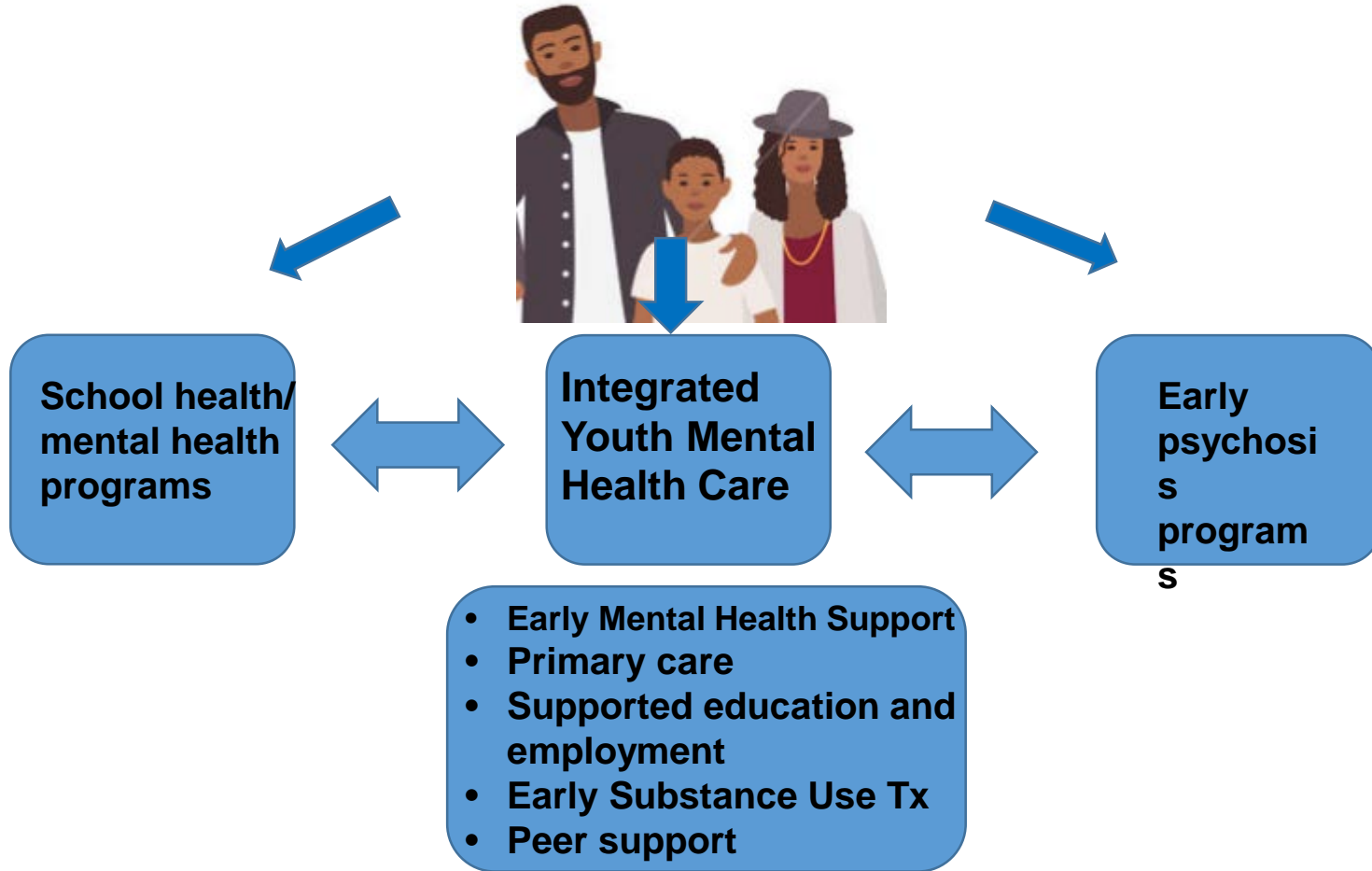
# Local Asian Family Community Support

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- Ad Hoc workgroup created and panels March 2015
- Increased family communication and therapy services via AACI for district
- Transition planning meetings for parents
- Focus groups
- Family communication skits



# A Public Mental Health Continuum for Youth

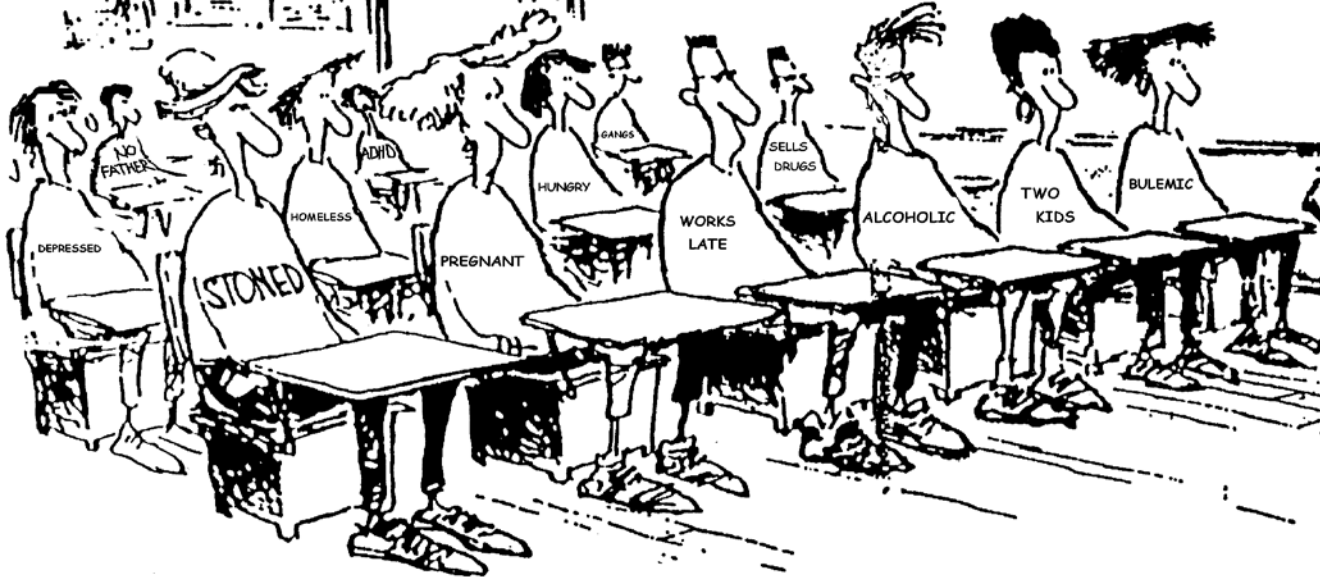


JIM BERGMAN  
COLUMBIAN  
PICTURESTOCK

**Test Today:  
Othello**

*PSAT Tutoring  
after school today*

**Aging Parent  
Divorcing**



**Good Morning, Teacher**

# The Importance of School and Community Mental Health and Health Access/Connections

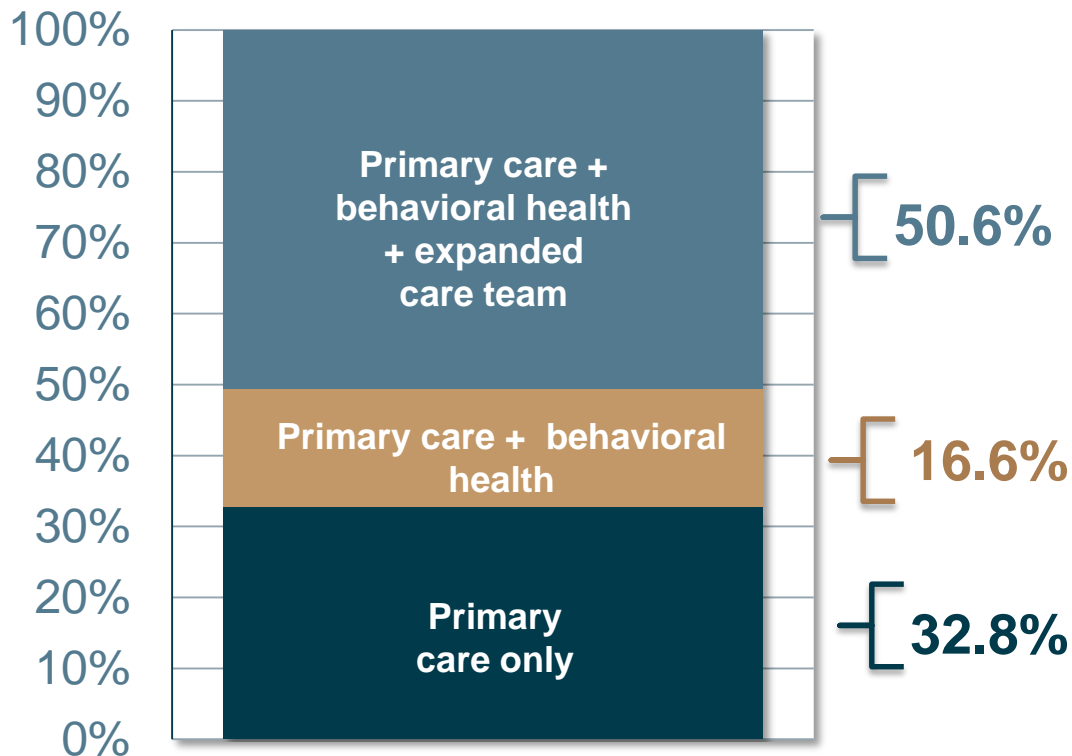
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- Creating accessible, confidential school based mental health and wellness service systems across districts
  - Financial models to support all students, whether Medi-Cal or commercially insured
  - HIPAA-FERPA issues in services
  - Addressing needs of all students with mental health support needs from Special to regular education





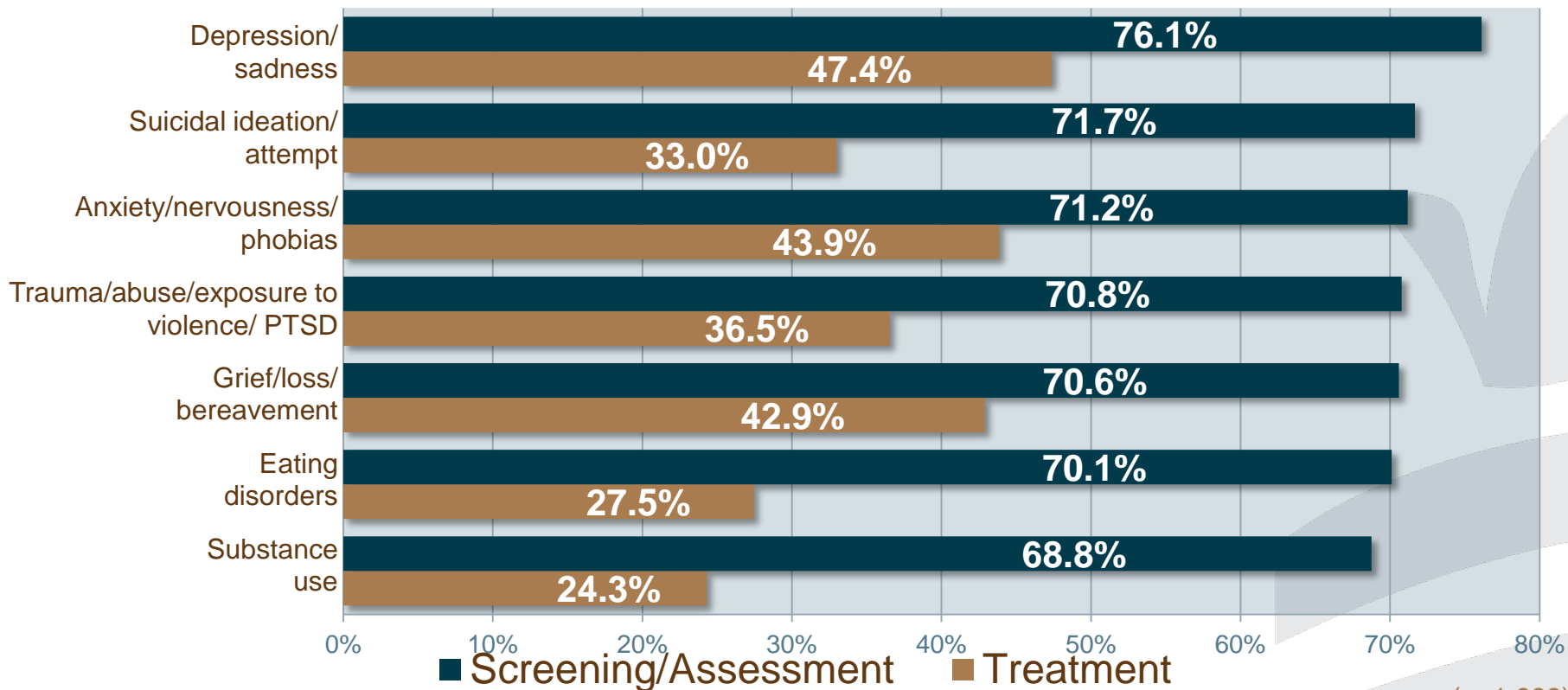
## SBHC Staffing Profiles



(n=1,737)

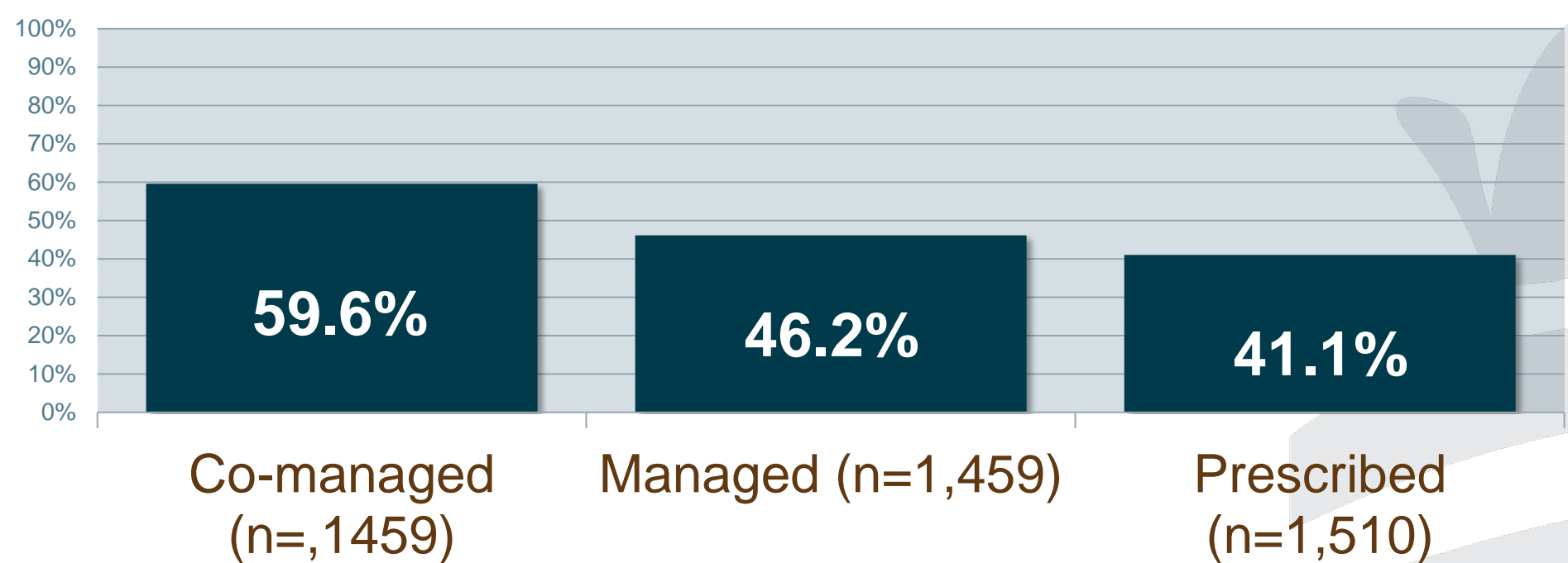


## Behavioral Health Services



(n=1,683)

## Access to Behavioral Health Medication in SBHC



# Sources of Strength

<https://sourcesofstrength.org/>





# Telebehavioral Health Support for Rural Programs

- Outreach to schools
- Direct service partnerships with FQHCs and BH agencies
- Child/adolescent behavioral health weekly connections for schools , primary care, BH
- Expanded statewide IHS and tribal telehealth clinical programs
- National and regional IHS training and consultations clinics in BH, addictions, pain, infant MH, DD/MI

# Garrett Lee Smith Suicide Prevention Models

- Linked to school or SBHC
- Provide for suicide prevention coordinator for education and training across school and district
- Screening or early intervention models linked to on site behavioral health provider
- Televideo, telephone backup for training, consultation, case support and systems support

# New Mexico **Honoring Native Life** Youth Suicide Prevention Network

- Inform and engage tribes and other partners
- Facebook:  
<https://www.facebook.com/HonoringNativeLife/>
- Website : [www.honoringnative.life.org](http://www.honoringnative.life.org)
- Youth network and community advisory board
- Coordinate scarce BH resources, statewide training, and data collection

One stop service for mental health, AOD, physical health, vocational assistance that is youth friendly and free or low cost



## Reconciliation Acknowledgement

We acknowledge that headspace is in a unique position in the Australian youth space and recognise that we can make a positive contribution to the lives of young people. As our small contribution to Indigenous reconciliation and reducing racism and other forms of discrimination - we acknowledge, the wise people of our Indigenous communities, past and present who are the foundations of this great country of ours. We acknowledge that we share this land with the traditional owners and custodians.



OUR BRAND TOOK A YEAR TO DEVELOP WITH HUNDREDS OF YOUTH CONSULTED...



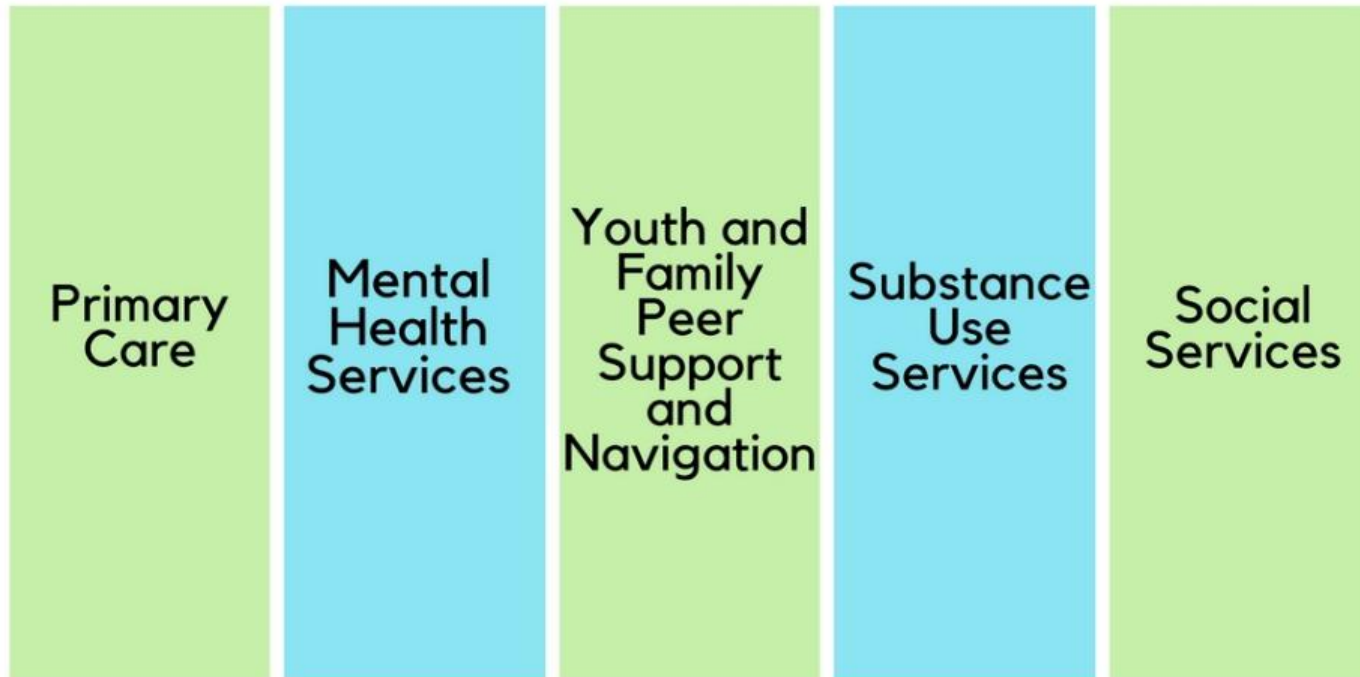
FIND HELP, HOPE, SUPPORT, FIND YOURSELF.

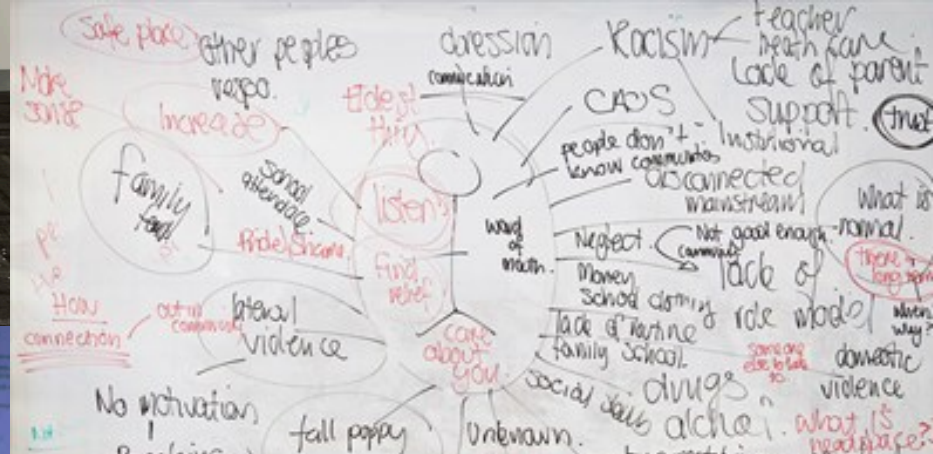
FORGE NEW CONNECTIONS AND NEW ABILITIES.  
FORGE YOUR PATH FOR WELLNESS.

A FOUNDATION FOR HEALTH AND WELL-BEING.  
A FOUNDATION FOR WHO YOU WANT TO BE.

WELCOME TO FOUNDRY.

# THE FOUNDRY MODEL: CORE SERVICES







**LOST IN THE MESS?**  
**NO SHAME IN TALKING IT OUT**  
 HEADSPACE - YOUR SPACE - YARN SAFE  
[www.yarnsafe.org.au](http://www.yarnsafe.org.au)  
 headspace

**DANIEL VS THE BLACKCLOUD**  
 A STORM IS BREWING  
 DON'T HAVE TO FIGHT DEPRESSION ALONE. GO GET HELP. VISIT HEADSPACE.ORG.AU  
 WE'VE GOT YOUR BACK  
 headspace

**DAVID VS THE AVALANCHE OF EXAMS**

**CHARLIE VS BIG SECRET**

**GOT A LOT GOING ON?**  
**NO SHAME IN TALKING IT OUT**  
 HEADSPACE - YOUR SPACE - YARN SAFE  
[www.yarnsafe.org.au](http://www.yarnsafe.org.au)  
 headspace

**NEED SPACE?**  
**NO SHAME IN TALKING IT OUT**  
 HEADSPACE - YOUR SPACE - YARN SAFE  
[www.yarnsafe.org.au](http://www.yarnsafe.org.au)  
 headspace

**SARAH VS THE DREADED BUTTERFLIES**  
 headspace

If your child doesn't seem like themselves

**GOT A LOT GOING ON?**  
**NO SHAME IN TALKING IT OUT**  
 HEADSPACE - YOUR SPACE - YARN SAFE  
[www.yarnsafe.org.au](http://www.yarnsafe.org.au)  
 headspace

If your child doesn't seem like themselves  
 headspace  
 Support for young people and their families  
 Visit [headspace.org.au](http://headspace.org.au) to find a centre near you or phone 1800 459 499

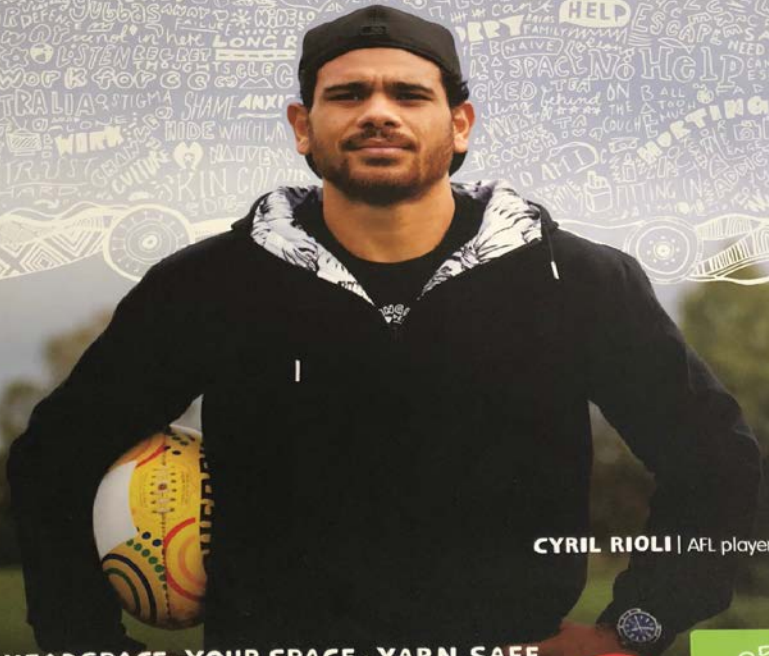
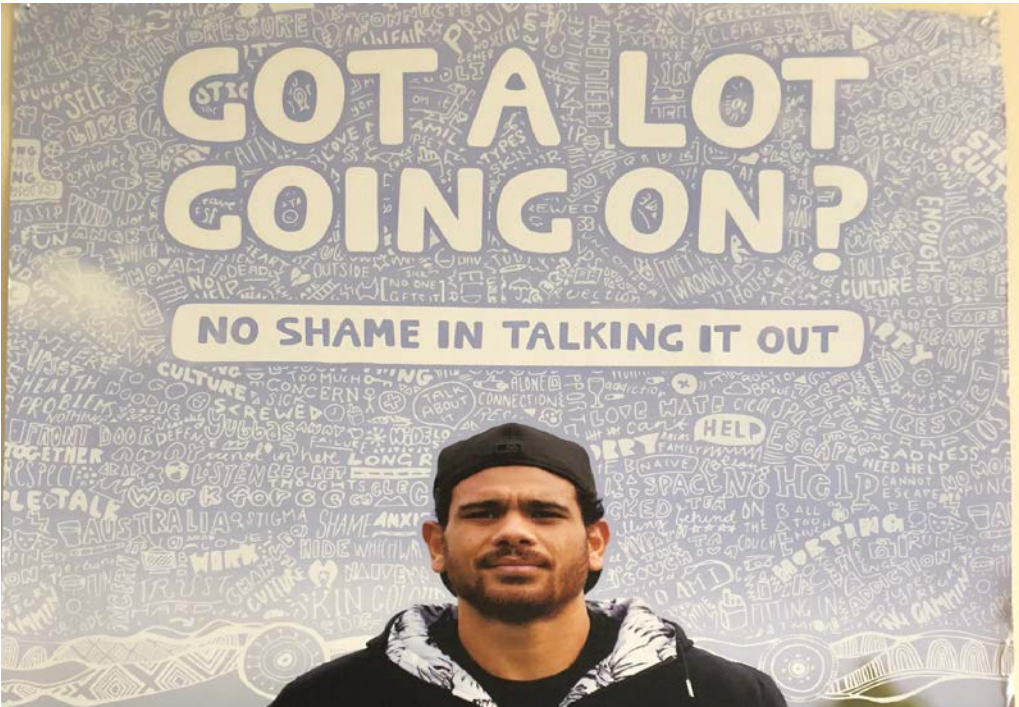
If your child doesn't seem like themselves

headspace  
 National Youth Mental Health Foundation



# GOT A LOT GOING ON?

NO SHAME IN TALKING IT OUT



CYRIL RIOLI | AFL player | Tiwi

AGED 12-25?

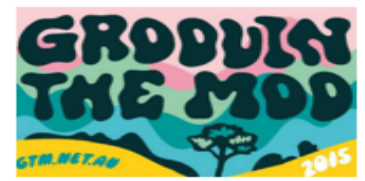
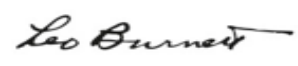
HEADSPACE · YOUR SPACE · YARN SAFE  
WWW.YARNSAFE.ORG.AU



headspace acknowledges Aboriginal and Torres Strait Islander peoples as the First Peoples of Australia and we pay our respects to their elders, both past and present, and future.  
headspace National Youth Support Helpline is funded by the Australian Government Department of Health under the Youth Mental Health Initiative.

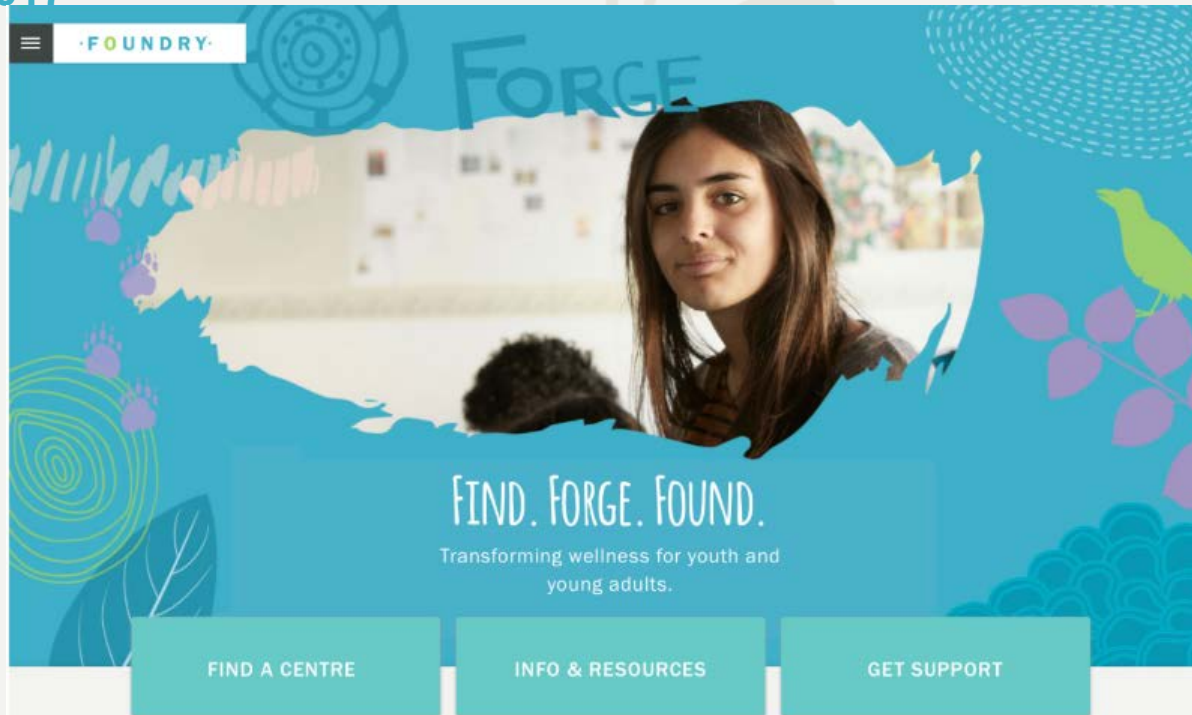


# Stanford MEDICINE



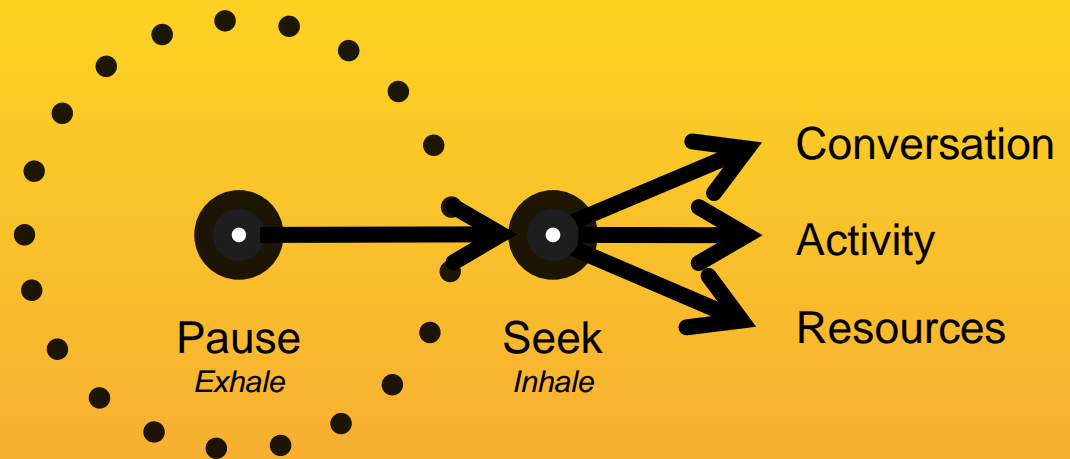
Lucile Packard  
Children's Hospital  
Stanford

## WE HAVE PARTNERED WITH BC CHILDREN'S HOSPITAL TO BUILD FOUNDRY ONLINE ..... LAUNCHING NOVEMBER 2017



**Young people  
just want to stand still,  
but constantly need to  
run.**

# Designing for the moment of pause



Mid-project share — Mar 29

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Mid-project share — Mar 29, 2018

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# Next Steps in Santa Clara County Site Development and Implementation

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- Continued Funding Partnership Development
- Initial funds from Santa Clara County support our new youth and school/employment specialists
- Youth Advisory Board in Place with 27 members
- Looking now for 2 sites in Santa Clara County
- Discussions with Commercial and Medi-Cal partners
- Initial Evaluator on Board
- Community Partners awaiting Proposal



# Broader County & State Partnership Development

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- MHSA and County Behavioral Health Directors support for March 7 visit from Foundry
- Stanford Center for Youth MH & Wellbeing and Foundry developing partnership to support implementation initially with 4-5 interested counties
  - Protocol and service development
  - Support with site selection & development
  - Data and evaluation support
- Developing funding to support Implementation Team
- Working with IDEO.org on design, space, & name





Thank You!



# Contact information

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