

# **NAMI NH**

**National Alliance on Mental Illness NH**

## **FRAMEWORKS**

### **Youth Suicide Prevention Project**

#### **A Community Based Suicide Prevention Program**

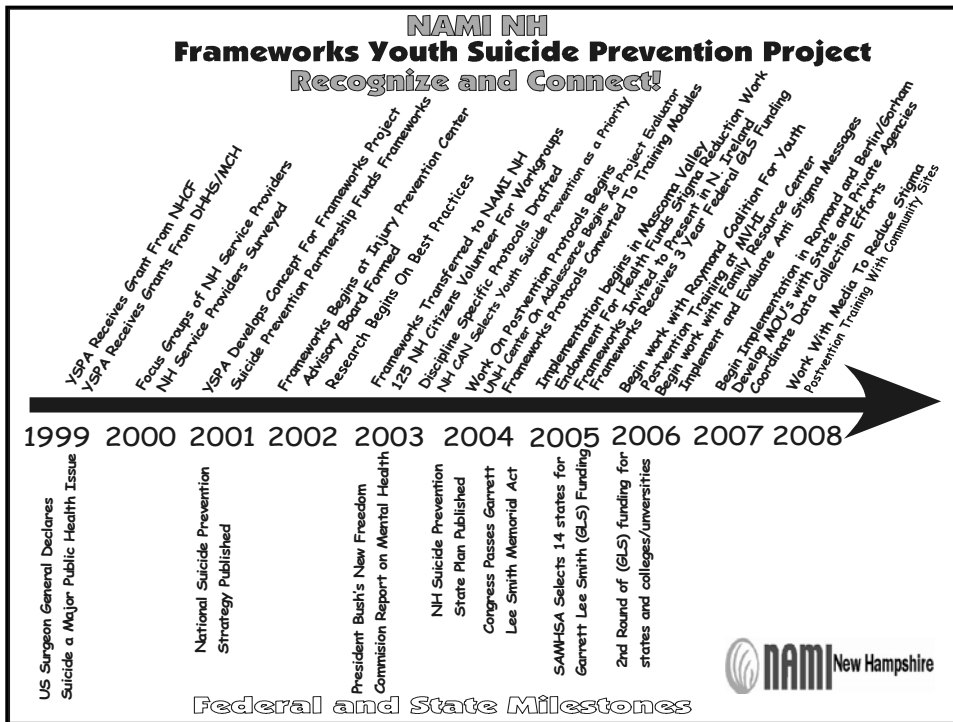
**RECOGNIZE & CONNECT!**



### **Public Private Partnership:**

- Suicide Prevention Partnership
- Endowment for Health
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- New Hampshire Charitable Foundation
- Geoffrey E. Clark and Martha Fuller Clark Fund
- French Foundation





## Community Buy In Starts with Shared Values and Beliefs

- Suicide is a public health problem.
- Suicide is generally preventable.
- Suicide prevention is important for all ages
- Everyone has a responsibility in preventing suicide.
- Mental health care is useful for people who might be thinking or talking about, threatening, or who had attempted suicide.
- Stigma prevents people from talking about suicide and seeking mental health care.
- Education and linkage between individuals and systems will help to reduce the risk of youth suicide in a community.
- Continuous learning, continuous improvement
- Culture- an important factor in suicide prevention.

## Suicide Impacts All Cultures (differently)

- What is the culture(s) of the community you are dealing with?
- How does this culture impact risk/protective factors: what kind of outreach works?
- Impact on help seeking behaviors
- Stigma about mental health
- Spiritual and personal values
- Who are the marginalized populations?
- Adolescent Culture
- Rural Culture
- New Hampshire: “Live Free or Die”
- Gun ownership

## **Our Framework: An Ecological Approach**

Effective change requires working within multiple environments

- National: NSSP; Research/Evidence Base; GLS/Cross Site
- State: State Plan; State Agencies; Policy/Legislative
- Community: Risk and Protective factors, key stakeholders
- Organizations
- Individuals
- Survivors

# FRAMEWORKS: A COMPREHENSIVE PUBLIC HEALTH PROGRAM

- Prevention- education about early recognition
- Intervention- skills for responding to attempts and threats
- Postvention- appropriate response after a suicide (Postvention becomes Prevention)



## POWER OF COLLABORATION



“The growing interest in using collaboration to deal with problems that affect community health stems from the fact that many of these problems are complex; consequently, they go beyond the capacity, resources, or jurisdiction of any single person, program, organization, or sector to change or control. ”

Lasker, RD, Committee on Medicine and Public Health. *Medicine and Public Health: the Power of Collaboration*. 1997



# COMMUNITY HEALTH GOVERNANCE

“Establishing locally tailored processes that enable a broad array of people and organizations to work together on an ongoing basis to (1) talk to each other about community health; (2) define and assess the health of the community; (3) identify and understand the nature of problems that affect community health; and (4) leverage their complementary strengths and capabilities to solve community health problems. The workgroup calls this kind of broadly participatory collaborate process **community health governance (CHG).**”

Baxter, RJ. *What Turning Point Tells Us: Implications for National Policy*. 2001  
Center for the Advancement of Collaborative Strategies in Health. *Turning Point Community Health Governance Workgroup:  
Creating Community-Driven Structures to Advance Community Health*. 2001



## Frameworks: A Community Based Model

- Use of protocols to insure consistent response, increase understanding of roles and builds trust
- Involves service providers and gatekeepers (including youth, family, and survivors)
- Frameworks training promotes the community coalition working on community risk and protective factors.
- Emphasis on recognizing risk factors and warning signs offers opportunity for early intervention with other problems such as substance abuse, mental illness, delinquency, domestic violence, child abuse
- Encourages collaboration with other prevention/treatment activities
- Addresses stigma and promotes help-seeking behavior



# FRAMEWORKS-KEY STAKEHOLDERS



- Schools/Education
- Mental Health and Substance Abuse Providers
- Law Enforcement
- Emergency Medical Services
- Emergency Departments
- Dispatch
- Social Service Agencies
- Community Gatekeepers
- Youth/Students
- Primary Care Providers
- Judiciary
- Funeral Directors
- Clergy/Faith Based
- Community Coordinator
- Cultural Effectiveness



## Protocol Development

- Identify evidenced based/best practice standards within each discipline/area
- Draft protocols based on research & available protocols (few)
- Recruited over 125 NH citizens including service providers, gatekeepers, youth, survivors for workgroup/protocol development
- Groups responded to draft protocols (project staff continuously revised protocols based on feedback and ongoing research)
- Exchange and review protocols between work groups
- Anticipate, identify and resolve gaps and systems issues
- External review team of national prevention experts



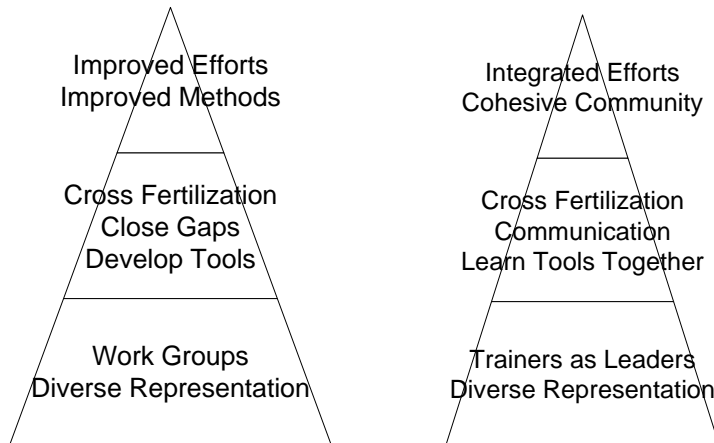
## Benefits of Protocols

- Identify/share best practices
- Increases likelihood of consistent response
- Clarifies roles, expectations between systems/organizations
- Increases communication/trust
- Easy access: Will be made available on the internet

## Protocols Converted to Training Modules

- Module 1: **Recognize** your role as a gatekeeper, and learn to recognize risk factors, protective factors, and warning signs for suicide in youth.
- Module 2: Gain an increased comfort level in knowing how to **connect with a youth at risk**.
- Module 3: Have an increased awareness of how to **connect a suicidal youth with resources**.
- Module 4: **Connect the community** on working together to prevent youth suicide.

## Parallel Process: From Work Group To Community



## Dancing In The Streets!

- Identify/Selection process to choose coalitions
- Meeting with key stakeholders to gain buy in
- Acknowledge different expectations and time frames
- Community implementation decreases the likelihood of late adopters
- Never underestimate the possibility of finding allies in unlikely places
- Communities are hungry for a systemic community approach

## Implementation Process

- Work with existing community coalitions
- Start with local data eg. Youth Risk Behavior Survey
- Provide training and technical assistance
- Use of a train-the-trainer model
- Gatekeeper training as the core foundation (includes faith communities, employers, etc)
- Focus on process as well as content
- Youth involvement
- Community development component
- Evaluate outcomes/process



## Use of Evidence Supported Practices

**Frameworks training incorporates key strategies identified in the National Strategy for Suicide Prevention such as:**

- Stigma reduction,
- Lethal means restriction
- Use of media recommendations
- Promotion of effective clinical and professional practices,
- Improving access to health care,
- Increased public awareness
- Recognition of risk/protective factors and warning signs
- Identifies and incorporates importance of individual and community culture including rural culture



## **Challenges for Community Evaluation**

- Difficult to get buy in - Considered a luxury few can afford
- Many variables impact on results
- Late arrivals/early departures
- Difficulty gathering data across multiple systems/providers
- How to involve gatekeepers/youth in an evaluation process?
- Confidentiality



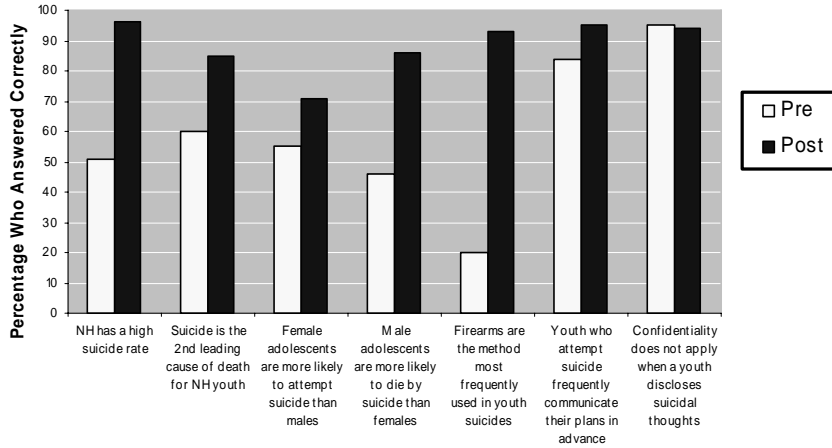
## **Community Evaluation**

- University of New Hampshire Center on Adolescence  
Conducting project evaluation
- Use of surveys (pre and post test) to measure participants and  
community knowledge and confidence
- Control community (pre and post)
- SAMHSA/Cross site evaluation requirements
- Applied Research Grant to support community evaluation  
activities
- Evaluation covers all aspects of the project and informs project  
design and implementation.



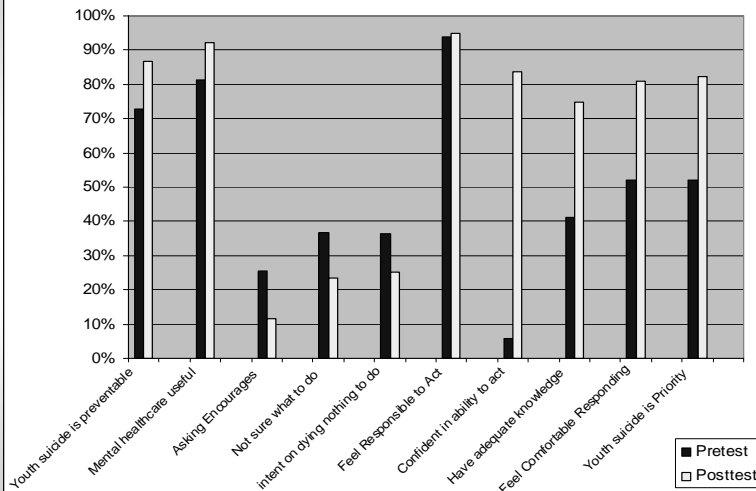
# Pilot Site Evaluation Results

Community Participants' Knowledge of Facts: Pre- and Post-Training  
(85 respondents)



# Pilot Site Evaluation Results

Community Trainings- Attitudes and Beliefs



## **Baseline Survey**

- **Funded with GLS funds done in collaboration with Suicide Prevention Council Data Committee**
- **UNH Survey Center, Omnibus Survey**
- **July 2006 -Telephone Survey**
- **Responses from 487 – 496 people**
- **Broken down by demographics, political affiliation, geography and years in NH**
- **Five point scale. (Do you strongly agree, agree somewhat, are neutral, somewhat disagree or strongly disagree?)**



### *1. Suicide is preventable*

- **43% strongly agree**
- **30% agree somewhat**
- **9% neutral**
- **9% somewhat disagree**
- **5% strongly disagree**



***2. MH care is useful for those who might be thinking about, threatening or who had attempted suicide.***

- 71% strongly agree
- 19% agree somewhat
- 3% neutral
- 1% somewhat disagree
- 2% strongly disagree



***3. I would feel uncomfortable getting MH services because of what some people might think if they found out.***

- 6% strongly agree
- 11% agree somewhat
- 5% neutral
- 15% somewhat disagree
- 63% strongly disagree



***4. If someone were thinking about, threatening or had attempted suicide, I would know how to find help.***

- **59% strongly agree**
- **25% agree somewhat**
- **3% neutral**
- **6% somewhat disagree**
- **4% strongly disagree**



***5. If I became aware that a young person was thinking about, or had attempted suicide, I would feel I had a responsibility to do something to help.***

- **87% strongly agree**
- **9% agree somewhat**
- **1% neutral**
- **1% somewhat disagree**
- **1% strongly disagree**

## Sustainability

- Work toward being listed on Best Practice Registry and eventually Evidenced Based Practice
- Current community implementation/evaluation will inform future dissemination efforts to other communities
- Think strategically and constantly choose sustainability
- Develop strong survivor networks to promote healing and advocacy
- Address statewide data needs to support sustainability efforts
- Identify public and private funding to support suicide prevention efforts



## Resources:

- Ken Norton 603 225-5359  
[knorton@naminh.org](mailto:knorton@naminh.org)
- Website contains:
  - Copies of Protocols
  - Evaluation results
  - Information for Survivors
  - Resources and links

**[www.naminh.org](http://www.naminh.org)**