Connect Suicide Prevention/Intervention Training

Date: 2007 (For resources, this is the publication date. For programs, this is the date posted.)

Information

Type: Program/Practice, Education/Training Program
Organization: NAMI New Hampshire
Costs: Connect Suicide Prevention/Intervention training can be provided in the following formats: Training - one day (six hours or customized) 30 participants, $3,000 plus travel. Training and Planning - two days. Day One is the above curriculum. Day Two applies Day One’s training to develop a plan that builds or strengthens a community safety net around suicide prevention. The interactive planning process empowers a community to create a suicide response plan based on 15 key elements and in the context of their culture and available resources. 30 participants, $6,000 plus travel.

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Developed by NAMI New Hampshire, Connect Suicide Prevention/Intervention provides training in suicide prevention across the lifespan for professionals and laypersons. Using a unique socio-ecological model, Connect examines suicide prevention in the context of the individual, family, tribe, community and society.

Participants learn to recognize early warning signs of suicide and how to connect with individuals at risk and get them help. Additionally, Connect training addresses “systems” issues including the need for community-wide collaboration, safe messaging, restricting access to lethal means, and the impact of social media.

Specific best practice protocols have been developed for gatekeepers, social services agencies, mental health and substance abuse providers, education, law enforcement and first responders, medical providers and faith communities. Connect protocols were created through statewide stakeholder groups and were then reviewed by national suicide prevention experts. Connect training activities and materials are based on these protocols and were developed in consultation with experts in training and suicide prevention, and then tested and evaluated.

Connect training includes interactive case scenarios, facilitated discussion, activities, written materials, PowerPoint, and consultation. Connect staff welcome collaboration with organizations, tribes, or villages to customize the training to be culturally effective. Connect staff encourage and facilitate dialogue between service systems and key stakeholders to help strengthen the response to persons at risk.
Program Objectives

After training, participants in the Connect Suicide Prevention/Intervention training will have increased:

1. Competency in how to recognize and respond to suicide warning signs.
2. Skills in how to intervene and connect a suicidal person to resources.
3. Understanding of attitudes toward suicide and the effects of stigma.
4. Knowledge of the scope of suicidal behavior through suicide trends and statistics.
5. Knowledge of individual and community risk and protective factors.
6. Awareness of restricting access to lethal means, safe messaging, and the influence of electronic communication and social media.
7. Understanding of the respective roles of local service providers in suicide prevention and intervention.
8. Opportunities for networking, relationship building, information sharing, and problem solving during the training.

Implementation Essentials

- Community support and resources to support prevention efforts.

2012 NSSP Objectives Addressed:

Objective 1.2: Establish effective, sustainable, and collaborative suicide prevention programming at the state/territorial, tribal, and local levels.
Objective 7.1: Provide training on suicide prevention to community groups that have a role in the prevention of suicide and related behaviors.

- Populations: Adults, Young Adults Ages 18 to 25 Years, Adults Ages 26 to 55 Years, Older Adults, Youth, Children Ages 12 and Younger, Adolescents
- Settings: American Indian/Alaska Native Settings, Schools, Middle School, High School, Colleges and Universities, Communities, Faith Communities, Law Enforcement, First Responders
- Strategies: Identify and Assist, Gatekeeper Training, Care Transitions/Linkages, Reduce Access to Means

Links within this resource
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