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# It Takes a Village: A Community Approach to Suicide Prevention

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CATCH SIGHT OF THE  
GOOD LIFE



ELMHURST SUICIDE PREVENTION IN YOUTH

# OUTLINE

01

## WHY

Why a community approach to Suicide Prevention and educating our community?

02

## WHAT

What does this approach look like?

03

## HOW

How do we implement this?

04

## GETTING STARTED

Putting together an MOU/policy and taking the first steps.

05

## Q & A

Open forum for participants and presenters

# Why a Community and Public Health approach?

Reductions in suicide rates through community suicide prevention efforts have been demonstrated in:

- a program in New Mexico focused on American Indian youth<sup>1</sup>
- a program delivered by adolescents peer leaders in High School<sup>2</sup>
- a province-wide program in Quebec<sup>3</sup>
- the Garrett Lee Smith Memorial Grant suicide prevention programs in the USA<sup>4</sup>

<sup>1</sup> May, P. A., Serna, P., Hurt, L., & Debruyn, L. M. (2005). Outcome evaluation of a public health approach to suicide prevention in an American Indian tribal nation. *American Journal of Public Health*, 95(7), 1238–1244.

<sup>2</sup> Wyman, P. A., Brown, C. H., LoMurray, M., Schmeelk-Cone, K., Petrova, M., Yu, Q., ... & Wang, W. (2010). An outcome evaluation of the Sources of Strength suicide prevention program delivered by adolescent peer leaders in high schools. *American journal of public health*, 100(9), 1653-1661.

<sup>3</sup> Gouvernement du Quebec. (1998). Help for life: Quebec's strategy for preventing suicide. Retrieved from [publications.msss.gouv.qc.ca/msss/en/document-00212/](http://publications.msss.gouv.qc.ca/msss/en/document-00212/).

<sup>4</sup> Godoy Garraza, L., Kuiper, N., Goldston, D., McKeon, R., & Walrath, C. (2019). Long-term impact of the Garrett Lee Smith Youth Suicide Prevention Program on youth suicide mortality, 2006-2015. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 60(10), 1142–1147.

# Activity #1: What does your village look like?

Refer to the “Building Your Village” worksheet and consider:

- What are some of the populations that you are serving?
  - Racial/ethnic minorities; Faith communities; LGBTQ+ community; Immigrant groups
- What are some of the strengths that you can draw on?
  - Strong community bonds? Community groups and organizations?
- What are some of the challenges and/or needs?
  - Language barriers? Mistrust? Lack of resources/services?





# What does this approach look like?

Promotion of multisystemic preventative and multidisciplinary efforts to reduce suicide:

- Partnership and Community Engagement<sup>1</sup>
  - It takes a village (from Chapel to Consulate)
- Education and Training<sup>2</sup>
  - Continued Education
    - Specializations (QPR, ASSIT, CSSRS, Art therapy)
    - Suicide Risk & Prevention Ongoing Staff Training
  - Diversity
    - Team having Cultural Competence
    - Team reflect community served
- Evidence-based practice



<sup>1</sup> Preventing suicide: a community engagement toolkit. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

<sup>2</sup> Coppens, E., et al. (2014). Effectiveness of community facilitator training in improving knowledge, attitudes, and confidence in relation to depression and suicidal behavior: results of the OSPI-Europe intervention in four European countries. *Journal of affective disorders*, 165, 142–150. <https://doi.org.queens.ezproxy.cuny.edu/10.1016/j.jad.2014.04.052>

<sup>3</sup> Chu, J., Floyd, R., Diep, H., Pardo, S., Goldblum, P., & Bongar, B. (2013). A tool for the culturally competent assessment of suicide: The Cultural Assessment of Risk for Suicide (CARS) Measure. *Psychological Assessment*, 25(2), 424–434. <https://doi.org/10.1037/a0031264>

# How do we implement this approach?

As “HOPE DEALERS” vow to lead with a Community Commitment:

- Universal training
- Screening & Wellness Groups
  1. to build healthier families and communities
  2. to recognize risk when present
  3. to help at-risk individuals to seek professional help and treatment
- Connection to Community Interventions and Services
- Do the work:
  - Dr. Terepka’s vision was birthed!
  - NY State Office of Mental Health funded program



# Principles & Guidelines for SBHC's in New York State

## Section 2.C:



- The SBHC recognizes that it functions within the community and should draw upon and contribute to its resources.
- SBHC providers contribute to and participate in community diagnosis - health surveillance, monitoring and evaluations conducted as a routine function of public health agencies.
- Community-oriented care assures that the views of community members are incorporated into decisions involving policies, priorities, and plans related to the delivery of SBHC services.

# Activity #2: Growing your village.

Refer to the “Building Your Village” worksheet and consider:

- Who are some of the potential partners in your community?
  - Remember to be expansive in considering who your community partners could be!
  - Use the answers that you gave in the “populations you are serving” question to guide you.
- What are some of the challenges that you anticipate in trying to build out those partnerships?



# VISION AND MISSION

Need Based Vision & Equity Focused Mission

## Vision

- Engage in prevention efforts using a multilevel (3-tiered) interdisciplinary approach
- Community-based model, with biopsychosocial / ecological framework

## Mission

- Commit to empowering diverse communities with information and resources to help prevent youth suicide
- Create a culture of suicide prevention through destigmatization of mental health, empowerment of community resources, and use of culturally affirming interventions

# OVERVIEW

TIER I: UNIVERSAL  
OUTREACH &  
PREVENTION

EDUCATE YOUTH, FAMILIES, AND THEIR COMMUNITIES ABOUT  
SUICIDE RATES, RISKS, WARNING SIGNS, PREVENTION AND  
RESOURCES

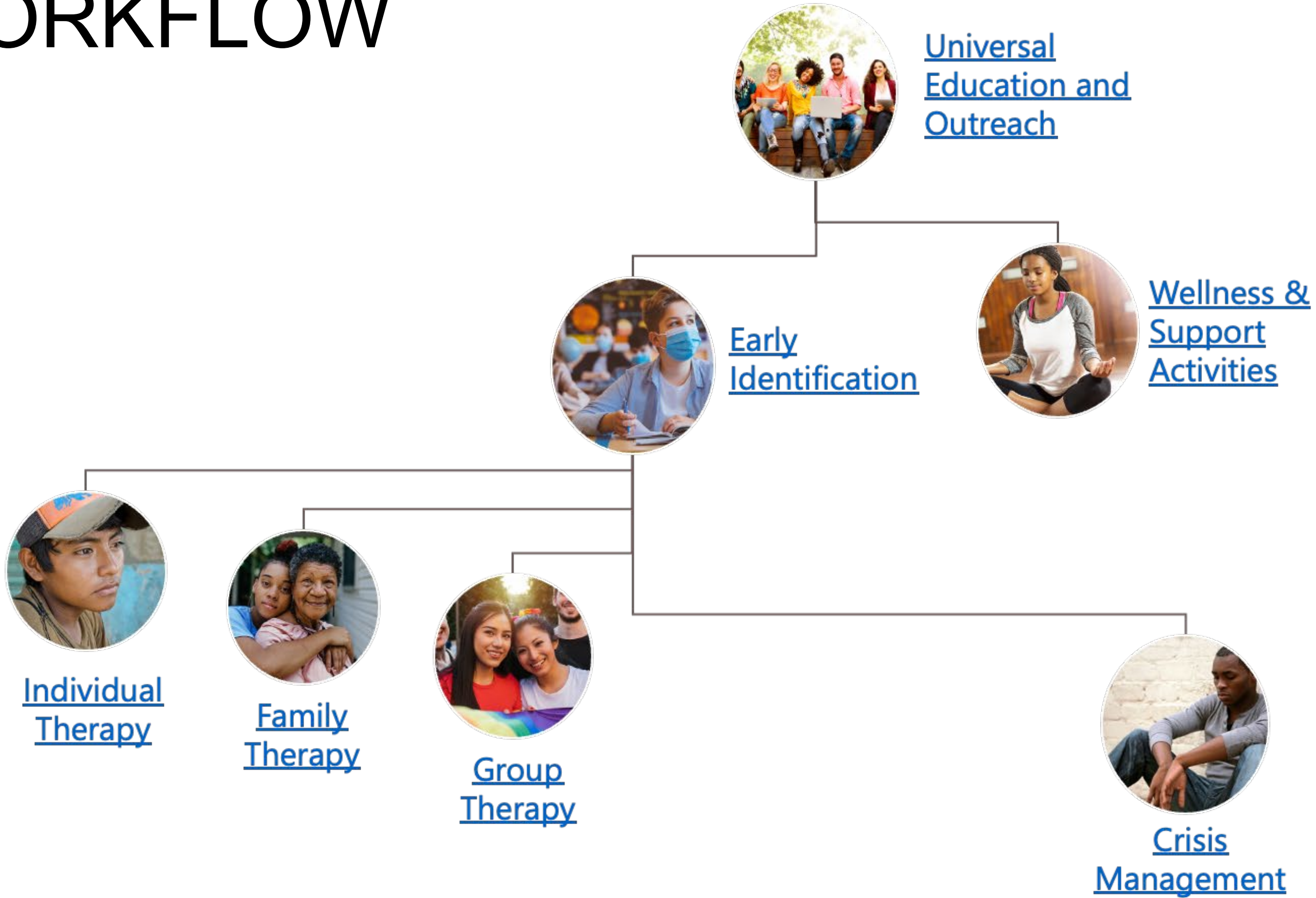
TIER II: EARLY  
IDENTIFICATION &  
WELLNESS AND  
SUPPORT ACTIVITIES

IDENTIFY YOUTH AT ELEVATED RISK OF SUICIDE AND  
PROVIDE PREVENTATIVE WELLNESS AND SUPPORT  
ACTIVITIES

TIER III: SPECIFIC BH  
RESPONSE

CONNECT YOUTH AT HIGH RISK OF SUICIDE WITH CRISIS  
MANAGEMENT AND OUR BEHAVIORAL HEALTH SERVICES

# WORKFLOW



# Tier I: Universal Outreach and Prevention

WHO: YOUTH (AND THEIR COMMUNITIES)

MIDDLE SCHOOLS (SBHC)

HIGH SCHOOLS (SBHC)

PARENTS / EDUCATORS

COLLEGES

WHAT: EDUCATIONAL PROGRAMMING ON

SUICIDE RATES AND RISK FACTORS

SUICIDE WARNING SIGNS

SUICIDE PREVENTION AND RESOURCES

WHERE:

PUBLIC SCHOOLS

LIBRARY

COMMUNITY CENTERS

HOW:

IN-PERSON / VIRTUAL / HYBRID

LARGE GROUPS / SMALL GROUPS



# Tier II: Early Identification

WHO: YOUTH ATTENDING COMMUNITY OUTREACH EVENTS OR HOSPITAL-BASED SERVICES

## WHAT:

- ASSESSMENT (C-SSRS)
- DOCUMENTATION OF SOCIAL DETERMINANTS
- PATIENT EDUCATION ABOUT SUICIDE PREVENTION
- PATIENT EDUCATION ABOUT RESOURCES
- OFFER LINKAGES TO WRAP AROUND SERVICES

## Where:

- PRIMARY CARE
- Virology Clinic
- Ambulatory Behavioral Health Services - Child & Adolescent
- Ambulatory Behavioral Health Services - Adult
- Chemical Dependency/Substance Use Disorder Clinic
- SCHOOLS / COLLEGES
- COMMUNITY CENTERS
- HEALTH FAIRS

## HOW:

- PHYSICALS / WELLNESS VISITS
- INITIAL ASSESSMENTS
- COMMUNITY TABLING
- INFORMATIONAL BROCHURES

# Tier II: Wellness Activity

WHO: YOUTH ATTENDING COMMUNITY OUTREACH EVENTS OR HOSPITAL-BASED SERVICES

WHAT:

- WELLNESS EVENTS
  - THERAPEUTIC ART/WRITING WORKSHOPS/VISION BOARD WORKSHOPS
  - MINDFULNESS
  - SELF-CARE
  - NUTRITION (HEALTHY LIFESTYLES GROUP IN PEDI)
- DROP IN GROUPS
  - IDENTITY SUPPORT
  - VOCATIONAL SUPPORT
  - COPING SKILLS

WHERE: HOSPITAL, PUBLIC SCHOOLS, QUEENS LIBRARY, UNIVERSITY/COLLEGES, ETC.

HOW: IN-PERSON / VIRTUAL / HYBRID / LARGE GROUPS / SMALL GROUPS

# Tier III: Specific Behavioral Health Response

## WHO:

YOUTH ENDORSING SI OR SYMPTOMS OF  
ELEVATED MENTAL ILLNESS

## WHAT:

INDIVIDUAL COUNSELING  
FAMILY COUNSELING  
GROUP THERAPY  
VOCATIONAL  
COUNSELING  
CRISIS MANAGEMENT

## WHERE:

SUICIDE PREVENTION HELP-LINES ; 988  
AMBULATORY BEHAVIORAL HEALTH SERVICES - CHILD & ADOLESCENT  
AMBULATORY BEHAVIORAL HEALTH SERVICES - ADULT  
CHEMICAL DEPENDENCY/SUBSTANCE USE DISORDER CLINIC  
INTENSIVE OUTPATIENT PROGRAM  
PARTIAL HOSPITALIZATION PROGRAM  
COMPREHENSIVE PSYCHIATRIC EMERGENCY ROOM

## HOW:

EXISTING SERVICES & ADJUNCTIVE DROP-IN GROUPS

# Implementation: Staffing Plan

## PROGRAM COORDINATOR (DIRECTOR)

- OVERSEE PROGRAM OPERATIONS
- EXECUTE AND DEVELOP COMMUNITY RELATIONSHIPS

## MENTAL HEALTH LEAD (ASSOCIATE DIRECTOR)

- PROVIDE TRAINING AND SUPERVISION TO ALL STAFF
- DEVELOP AND FACILITATE DROP-IN GROUPS

## COMMUNITY HEALTH WORKER

- ENGAGE IN COMMUNITY OUTREACH AND PRESENTATIONS.

## PUBLIC HEALTH ADVISOR

- ACT AS PATIENT CARE NAVIGATORS
- MANAGE CASES AND PROVIDE LINKAGES TO VARIOUS SERVICES

## PEER COUNSELOR

- ENGAGE YOUTH THROUGH WORKSHOPS, PRESENTATIONS AND EVENTS





# Implementation: Community Partners

## SCHOOLS

- community colleges (presentations, club activities)
- High schools (wellness wednesdays; screenings; trainings)
- MIDDLE SCHOOLS (AFTERSCHOOL BEACON PROGRAMS)

## CLINICAL SETTINGS

- HOSPITAL (ADOLESCENT PHP PROGRAM: WELLNESS)
- CLINICS (ADOLESCENT, SPECIALTY LGBTQ+: GROUPS)

## COMMUNITY SETTINGS

- HEALTH FAIRS (TABLING)
- MUSEUM, BOTANICAL GARDEN (TRAININGS; WELLNESS)
- CBOS (TRAININGS; WORKSHOPS; REFERRALS)

## FAITH COMMUNITIES

- PLACES OF WORSHIP (WORKSHOPS; FOOD PANTRY)

## OTHER

- CONSULATE (TABLING; WORKSHOPS)



# Getting started . . .

- What do you need and who needs to be involved?
  - Identify your key players!
- Crafting an MOU / policy.
  - In your partnerships: what services or assistance are they bringing to your school?
  - What responsibilities do you shoulder? Them?
  - Consents, escalation procedures/protocol, etc.
- Get this sorted BEFORE meeting with potential community partners!
  - Can be revised after the fact, if needed.





# Activity #3: Crafting an Action Plan.

Refer to the “Building Your Village” worksheet and consider:

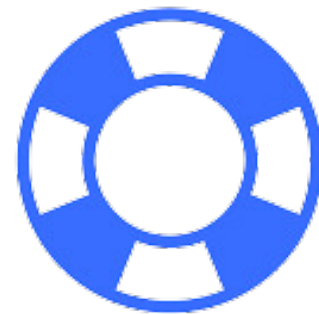
- How might you begin to craft an MOU or policy?
  - Who are the key players that you will need to involve in the process?
  - What are some of the key things you will need to address?
- List 1-3 action steps that you can begin to take immediately
  - Outreach? Planning/coordination? Research?



# Resources



**24/7 CALL, TEXT, CHAT**



**American Foundation for Suicide Prevention**



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SPREAD THE   
**WORD**