Youth Suicide Prevention Community of Practice, Third Meeting – Special Populations in Youth Suicide Prevention: Rural and LGBTQ Youth

Wednesday, March 28, 2012
10:30 to 11:30 a.m. Eastern Standard Time

Featured Speakers:
Barri Faucett and Nathan Belyeu

Moderator: Erica Streit-Kaplan

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Introductions

• Minnesota
• Missouri
• Nebraska
• North Carolina
• North Dakota

• Oklahoma
• Puerto Rico
• Tennessee
• Virginia
• West Virginia

• Other partners
Adolescent Suicide Prevention and Intervention Efforts in Rural Communities

Barri Sky Faucett, MA
ASPEN Project Director
Participants will be introduced to culture and ideology of suicide in rural communities.

Participants will be introduced to the obstacles and barriers unique to suicide prevention and interventions in rural America.

Participants will be introduced to interventions tailored to a rural population with evidence of success in interacting with at-risk youth.
Characteristics of a Rural Culture

- Low population density
- Residents relatively small communities; separated geographically
- Multi-generations living in close proximity
- Church Orientation
- Male Head of Household
Ideology of Suicide in Rural Appalachia

• Suicide is a sin.
• Suicide is a cowardly.
• Suicide should not be mentioned so that it doesn’t occur.
Disadvantages/Barriers to Efforts of Suicide Prevention

• Mental health treatment is taboo and signifies weakness.

• Limited access to mental health care due to location and transportation.

• Family and feeling issues are encouraged to be kept within the family.
Rural Community Assets in Efforts of Suicide Prevention

- Enhanced Social and Economic Infrastructures
- Community circles - network of key players for key collaboration and partnerships across disciplines
Means of Tailoring Prevention to Rural Communities

Integrate work of suicide prevention into practices within the community

- Juvenile Justice
  - Day Reporting Centers
- Schools
  - Screenings
  - Recognition and response system
- Churches
  - Gatekeeper training for youth groups and pastors
Means of Tailoring Prevention to Rural communities

• Community Events
• Beyond the Yellow Ribbon - National Guard
• Reality Tours - Local Secondary School events with students and parents
• Street Fairs
• WV Power Park
Primary Health Care

- The primary care setting presents an excellent opportunity for suicide prevention. Suicidal patients often visit their primary care providers within days or weeks before taking their lives.
- 20% of those who die by suicide visited their PCP within 24 hours of their death.
- Primary care is the #1 source for mental health treatment in the U.S.
- Approximately 70% of primary care medical visits are for psychosocial issues.
Distributed Materials

- PCP Toolkit- SPRC.org
- Newsletter
- Is Patient Suicidal?
- After an Attempt- for self
- After an Attempt- for families
Utilizing Pre-existing Resources

- School-Based Health Centers
- School-Based Mental Health Centers
- WV Wellness Coordinators
- Adolescent Health Coordinators
- Local Coalitions
Providing MQR Services

Mobile Quick Response Services

- 24 hour response
- ASAP-20 assessment and referral
Referrals

ASPEN Referrals by Year

Number of Clients

Yr 1 (20%)  Yr 2 (30%)  Yr 3 (50%)

57  85  142
Results Continued

Depression Item on WV Assessment*

81% Improved from Severe to Moderate

15% Improved from Severe to Mild

4% Improved from Severe to Not Present
Power of Community Connections in Enhancing Exposure

ASPEN Referrals

- Total Youth Screened
- Youth Identified for Referral

Graph showing ASPEN referrals with bars indicating total youth screened and youth identified for referral.

Bar graph showing yearly ASPEN referrals from 2006-2007 to 2010-2011:
- 2006-2007: 35
- 2007-2008: 413
- 2008-2009: 482
- 2009-2010: 1734
- 2010-2011: 1953
PSA For Prevention
WV Contacts

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Effective Strategies and Tools for Gatekeepers and Trainers

Nathan Belyeu
Senior Education Manager
The leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth
Outline

- The Trevor Project’s Resources
- Strategies for inclusion of LGBTQ youth and young adult competencies in gatekeeper trainings
- Resources for trainers
Why the Trevor Project?

- Suicide is the 3rd leading cause of death among 15 to 24 year olds\(^1\)
- LGB youth are up to 4x more likely to attempt suicide than their heterosexual peers because of the ways they are treated in their homes, schools, and various communities.

Sources: \(^1\)CDC 2007; Massachusetts Youth Risk Behavior Survey 2009
The Trevor Project’s Programs

The Trevor Lifeline
Ask Trevor
Trevor Chat
Trevor Space
Team Trevor Lifeguard Workshops
CARE Trainings
Trevor Survival Kit
Strategies for Trainers

• Asses the knowledge base of your audience regarding LGBTQ people and train accordingly

• Accurately describe and explain LGBTQ youth’s increased risk for suicide using safe messaging

• Educate gatekeepers regarding national and local LGBTQ resources stressing that they don’t have to become an expert
Strategies for Trainers

1) Conduct an LGBTQ specific training for gatekeepers
   • Benefits - More in depth conversation of LGBTQ specific Resources
   • Challenges - Time and participation

2) Insert LGBTQ information into existing gatekeeper training
   • Benefits – Reaches all participants. Less time commitment
   • Challenges - Time limitations
The Trevor Project’s CARE Workshop Content

• The Trevor Project 101
• LGBTQ terminology
• Research regarding LGBTQ youth suicide attempts
• General Risk Factors and Warning Signs
• LGBTQ specific Risk Factors and Warning Signs
• How to respond
• How to respond: Specific tips regarding LGBTQ youth and young adults
Resources for Gatekeeper Trainings

- Safe Messaging for Talking about Suicide and LGBTQ youth
- The Trevor Project’s CARE Workshop Webinars
- LGBTQ youth and the risk for suicide: Slides for trainers. Coming Soon!
QUESTIONS?
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Senior Education Manager

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Discussion

For more information contact:
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Upcoming Meetings

April 25
May 16
June 20

Wednesdays 10:30-11:30 Eastern Time/
9:30-10:30 Central Time