

# Suicide Prevention Report

Fiscal Year 17/18

Suicide Prevention is one of the Shasta County programs listed under MHSA Prevention and Early Intervention. Activities must meet five fundamental concepts of the MHSA: cultural competence; wellness, recovery, resilience; community collaboration; client- and family-driven mental health system; and integrated service experience. An HHSa Suicide Prevention website is utilized to promote these ideas and keep the community up to date on any meetings, trainings or outreach events.

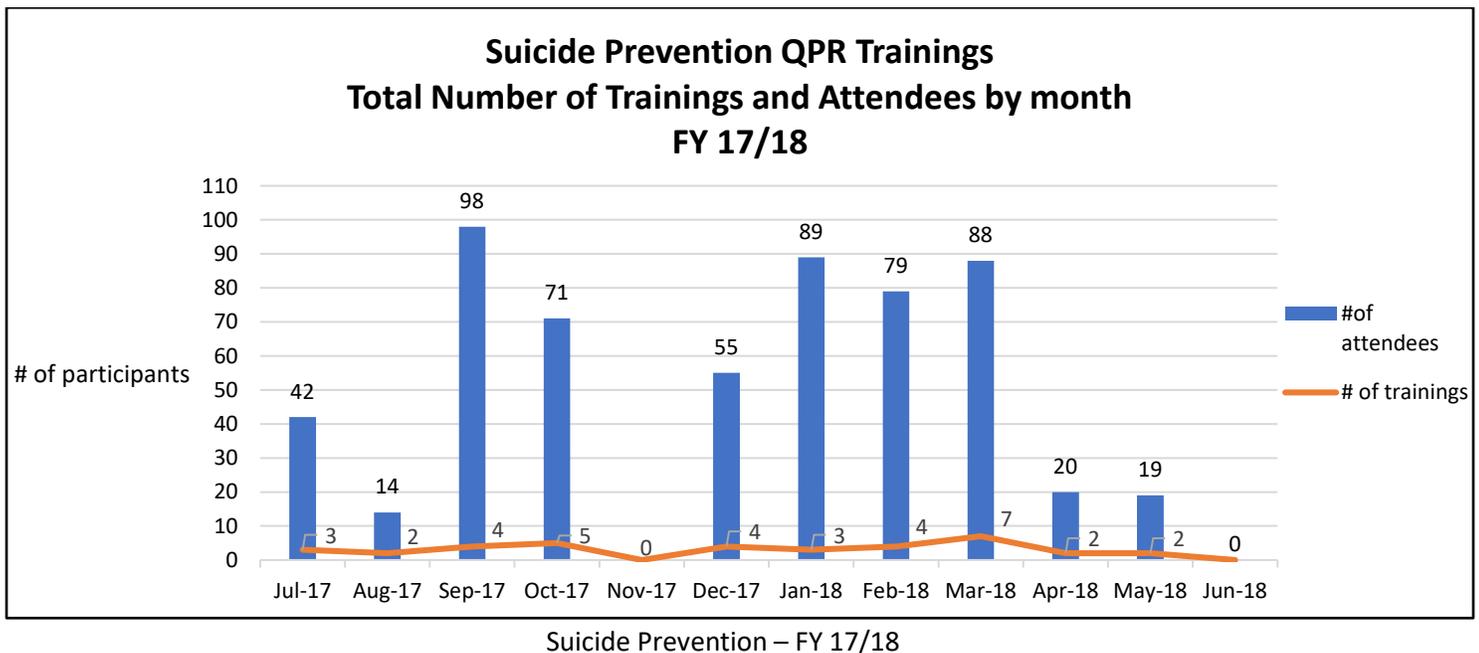
Suicide Prevention's newest prevention campaign, Captain Awesome, was created in 2017. The campaign is directed towards men to overcome barriers to expressing their emotions, and being vulnerable. Captain Awesome features local men demystifying mental health and depression and giving men the tools to maintain their mental and emotional health.

"More than Sad" is an evidence-based educational program developed by the American Foundation for Suicide Prevention to educate students grades 8-12 about depression and anxiety. A subcommittee of the Shasta Suicide Prevention Workgroup was created to implement the program in local schools. This best practice program teaches teens to recognize signs of depression in themselves and others, challenges the stigma surrounding depression and demystifies the treatment process.

Several workgroup members meet quarterly in collaboration with the Stand Against Stigma program to educate the local media on the importance of appropriate and responsible reporting of suicide. The suicide prevention liaison continues to work with the Stand Against Stigma program in community outreach and cross-promotion of program events. Health Fair participation has assisted with the awareness of Suicide Prevention and increasing community access to local resources.

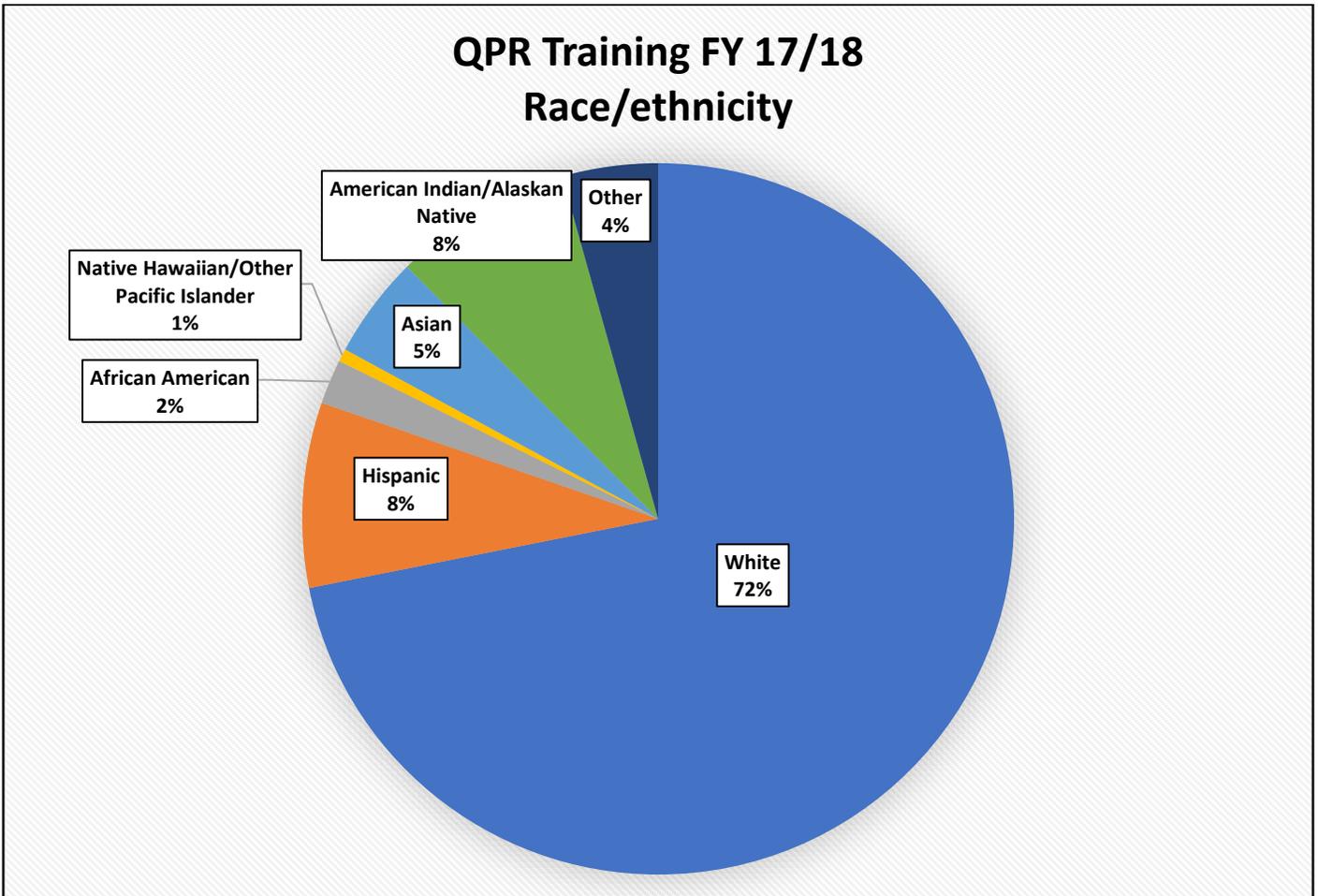
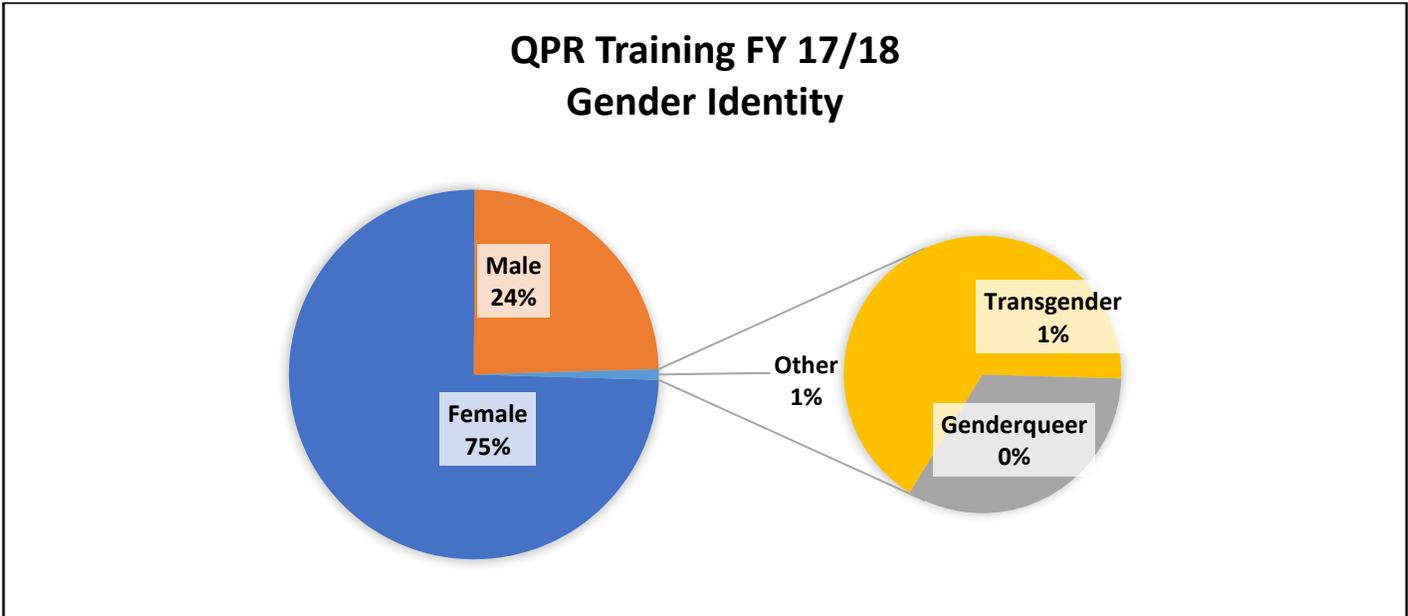
QPR trainings are one of the major areas of the Suicide Prevention program. QPR stands for Question, Persuade, Refer which is a practice that seeks to provide individuals with an awareness of the warning signs of suicide. This training protocol provides the individual with the tools to respond to an individual in suicide crisis. QPR suicide prevention trainings are given to groups or organizations in the county upon request.

In Fiscal Year 17/18, there were 36 QPR trainings with 575 attendees.

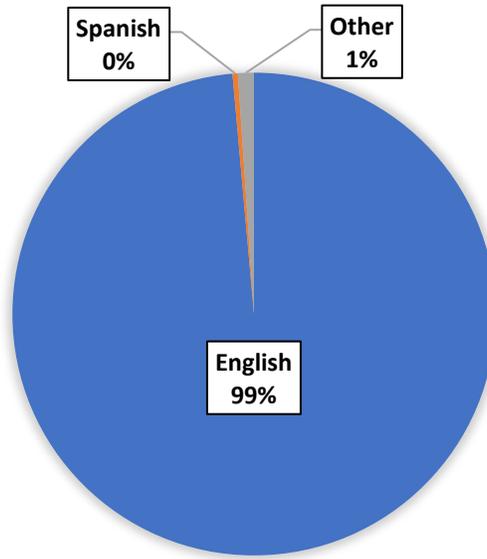


### Demographics on those who attended QPR trainings

All demographics are displayed as a percentage of those who chose to respond. In order to protect participant confidentiality, the actual numbers for each category are not displayed as some may be very small numbers (less than 10).

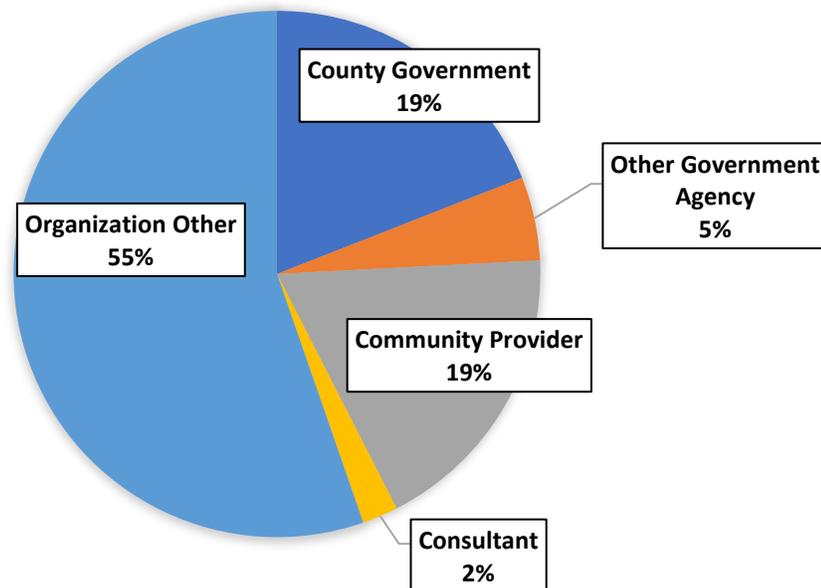


### QPR Training FY 17/18 Language



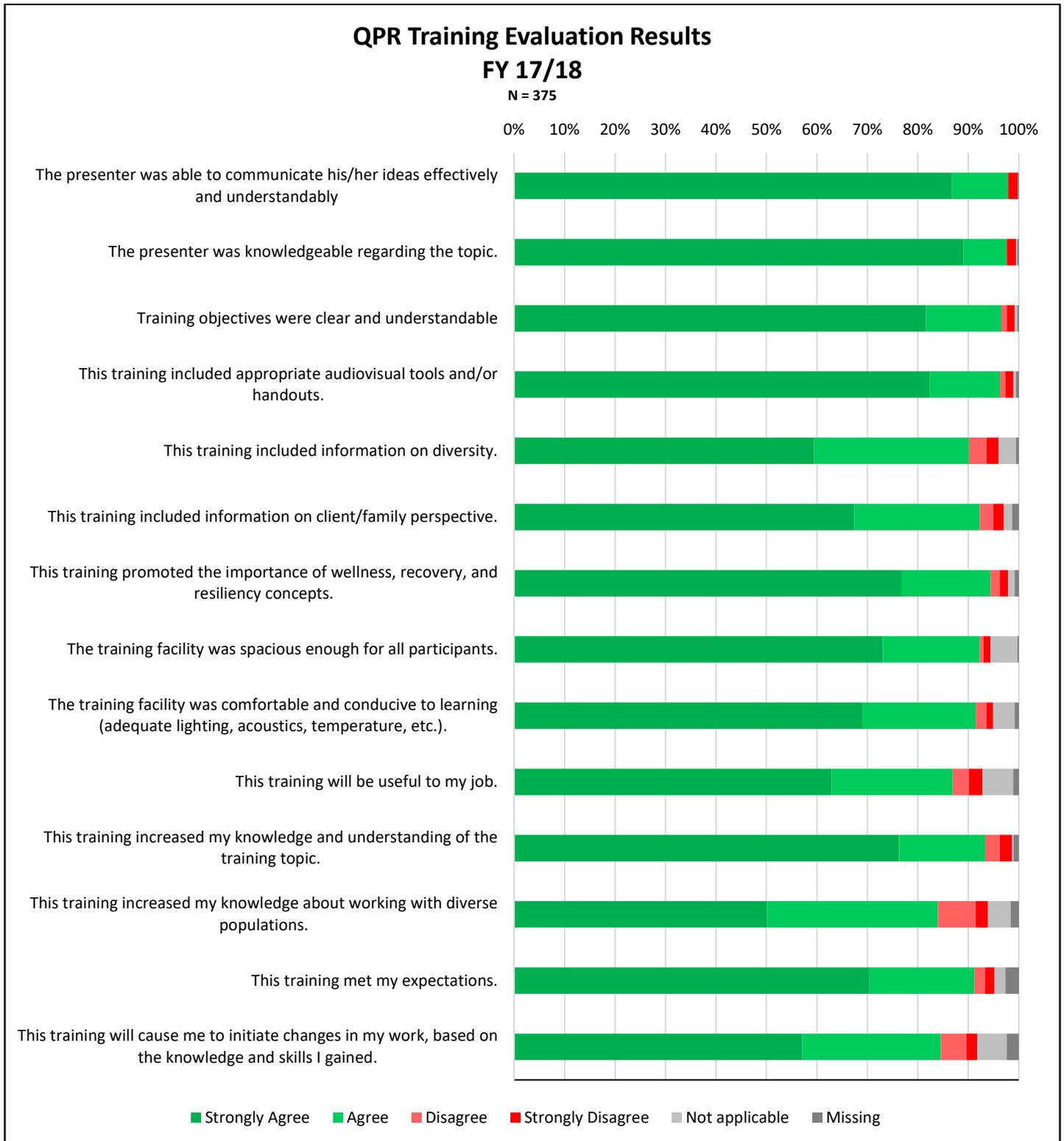
Participants were asked what best describes the organization they represented at this training. The results are shown below:

### QPR Training FY 17/18 Organizations Represented



During all Question, Persuade, Refer (QPR) Suicide Prevention trainings, attendees receive a Post Training Questionnaire. This questionnaire is used to give feedback to the trainer as a way of evaluating the training. Questionnaires also identify content that might be missing or trainings that might be valuable.

The three objectives on the Post Training Questionnaire for the QPR trainings are: 1) Recognize warning signs of suicide. 2) Learn how to ask someone if they are contemplating suicide. 3) Know resources for accessing help. The post-evaluations from Fiscal Year 17/18 are shown below:



Due to the large volume of free text responses, answers for the following questions have been grouped, and only those comments with 2 or more people providing a similar response have been listed.

**What barriers (if any) do you think would impact your ability to implement ideas presented in this training?**

<b>Barriers</b>
None (71)
My own comfort (17)
The barrier of time (9)
Having the correct relationship to implement this (8)
Personal beliefs (5)
Feeling like you can't help (2)
A huge barrier is lack of referrals and coordination of services (2)
Mental illnesses other than depression (2)

**What were the strengths of this training?**

<b>Strengths</b>
Excellent speaker and personable (96)
Thorough and knowledgeable on the subject (37)
Resources, phone, web, etc (26)
Real experience (23)
Very interesting and easy to understand and learn (9)
Informative, relatable, and engaging lectures and slides (8)
What to say, when to say it, and that you should say something (6)
Myths and facts were very educational (6)
Good, usable information (2)

**What suggestions or areas of improvement do you think would make this or future trainings more effective?**

<b>Suggestions</b>
None (64)
You did a great job! (26)
More time to go over same amount of material (10)
A video instead of just powerpoint (6)
Maybe a practice dialogue (3)
More interactive (2)
More information on diversity (2)
Maybe a quick break at one hour (2)

**What additional trainings would you like to see?**

<b>Additional trainings</b>
None <b>(37)</b>
Not sure <b>(9)</b>
ACE <b>(8)</b>
More trainings like this in schools for children and the community <b>(4)</b>
More role playing <b>(4)</b>
More mental health <b>(4)</b>
What to do after a crisis <b>(3)</b>
Resources for drug addiction and homelessness <b>(2)</b>
Training for healthcare providers and workers <b>(2)</b>

**Is there another format you would have liked to receive this training in? Why?**

<b>Format</b>
No <b>(81)</b>
N/A <b>(21)</b>
Online webinar to review later <b>(6)</b>
Video <b>(5)</b>

**Do you have any other comments or suggestions?**

<b>Comments</b>
Great presentation <b>(58)</b>
No <b>(56)</b>
This was personal knowledge for me <b>(3)</b>
Keep giving hope to the community <b>(2)</b>