Pacific Global Health Conference
Skills Building Workshops - Health & Culture

Preventing Suicide in Pacific Islanders

Carmina Alik
Micronesian Health Advisory Coalition, Honolulu, Hawai‘i

Janine Bumanglag & Davis Rehuher
Hawai‘i’s Caring Communities Initiative, University of Hawai‘i at Mānoa

Nancy Kern & Kathleen Merriam
State of Hawai‘i Department of Health

October 8, 2012 ◦ Ala Moana Hotel ◦ Honolulu, Hawai‘i
Preventing Suicide in Pacific Islanders

AGENDA

• Discussion with audience – Dave & Carmina
• Connect suicide prevention training – Janine & Dave
• Survivor perspective, importance of training and education – Kathleen
• Suicide prevention in Hawaiʻi - Nancy
• Community advocacy, networking & facilitating access to health care – Carmina
• Closure – Carmina & Dave
The Pacific Islands
Micronesia, Melanesia & Polynesia
Suicide in the Pacific Islands

Suicide rates among Pacific Islanders have been among some of the highest recorded in the past few decades:

- Western Samoa
- Fiji Indians
- Micronesians
  - Chuuk, Marshall Islands, Palau, Pohnpei, Guam
- New Zealand Maoris
- Native Hawaiians

Rates for Pacific Islander similar to other indigenous groups such Native Americans and Alaska Natives
Theories on high rates of suicide

• Research on suicide for Pacific Islanders is limited

• Intergenerational conflict
• Changing of family structure
• Loss of cultural supports
• Sociological change
• Acculturation
• Modernization

• However, Western approaches to mental health may not be appropriate for Pacific Islanders
Open Discussion

• Show of hands if suicide is an issue in your community

• If so, are there efforts to address the problem?

• Share an example that affected people in your community
Connect Youth Suicide Prevention Training

- Evidence-based
- Implemented for indigenous populations:
  - Alaskan Natives
  - Native Americans
  - Currently being utilized for Native Hawaiians and Pacific Islander youth in Hawaiʻi
Recognize, Connect!

Helping Individuals at Risk of Suicide

A Connect Training for Gatekeepers

6/12

A collaboration between NAMI NH and the University of Hawai`i

This training is supported under a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of The Connect Suicide Prevention Project and do not necessarily reflect those of SAMHSA or HHS.

NAMI NH Connect® program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2011
Why Are We Here?

- To say emphatically, “It is ok to talk about suicide and suicide prevention!”

- To connect with one another

  “The work of suicide prevention must occur at the community level, where human relationships breathe life into public policy.”

  – David Satcher, MD, PhD
  Sixteenth Surgeon General of the US

- TO PASS LIFE FORWARD
Goals of the Training
RECOGNIZE AND CONNECT

• **Module 1**: Recognize your role as a gatekeeper; 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.
Gatekeeper Training

- Regardless of one’s role in the community, we are gatekeepers at all times.

- Gatekeepers can be from many walks of life, and whether experienced or not, have a role in preventing suicide.

- Gatekeeper training is the basis by which all participants will begin with same information.

- Starting together as gatekeepers reinforces the working relationships that will be critical to reinforcing the safety net of suicide prevention.
Core Principles

- Suicide is a public health problem.
- Suicide is generally preventable.

- Everyone plays a part in preventing suicide.
- Suicide prevention is a priority for this community.

- Suicide prevention goes across the entire lifespan.

- Suicide prevention covers a wide range of high-risk behaviors, not just suicide.
- Cultural factors are important in preventing suicide.
- Greater awareness and communication between individuals and systems will help reduce suicide risk in a community.

- Recognize, Connect! are two key actions in prevention.
Disclaimer

- For community members, judgment regarding a particular suicide prevention plan is the responsibility of the individual or group helping a person at risk for suicide.

This training is not intended to be a substitute for a professional evaluation of any person at risk for suicide. A referral to qualified professionals should be made whenever there is a concern about someone who is suicidal.
Ecological Model

Society

Community
- Village
- Tribe

Family
- Peers
- Clan

Individual
“If Just One Person Shows That They Care”
Roles of Gatekeepers
Recognize!
Module 1

- Exploring Attitudes About Suicide
- Prevalence of Youth Suicide
- Risk and Protective Factors
- Warning Signs

NAMI NH Connect™ program materials are exclusively owned and copyrighted by NAMI NH. © NAMI NH, 2009
Suicide is a Profound Loss

• All of us have been touched by loss at some point in our lives.

• Talking about suicide can bring up personal experiences for us.

• We need to be sensitive to survivors, attempt survivors, or any of us at risk for suicide.

• If you find that the following information brings up painful emotional memories, take care of yourself and seek support that would be helpful to you.
The Extent Of Loss

• Nationally, there are over 36,000 confirmed suicide deaths each year.

• Someone attempts suicide every minute in the United States. Someone dies by suicide every 15 minutes.

• Suicide death often has serious impact on family, friends, co-workers, providers, and community members.
The “S” Word:

Why Don’t We Talk About It?
Recognize, Connect!

Talking About Suicide Is The First Step To Preventing Suicide!
Recognize…

Social, Cultural, and Personal Issues
What Do You See?

Observe thoughts, assumptions, & reactions to these images.

Are any of these youth at risk for suicide? Why or why not?
Sexual Orientation/Gender Identity

- Gay, lesbian, and bisexual (GLB) youth have a 4X greater risk of suicide attempts than heterosexual youth. (Garofalo, Wolf, Wissow, Woods, & Goodman, 1999, Archives of Pediatric and Adolescent Medicine)
- Represent 10% of population, yet 25% of homelessness.
- Almost 2/3 of middle and high school GLB youth feel unsafe at school.
- GLB high school youth have 5X greater rate of missing school and 4X greater rate of being threatened with weapon than heterosexual youth. (US YRBS, 2005)
Suicide and Diversity

• There are 1.36 million people in Hawaiʻi.
• Hawaiʻi is the most diverse state in the country, with the following ethnic populations (US Census, 2010):
  – 525,000 Asian Americans
  – 136,000 Native Hawaiian/Other Pacific Islander
  – 121,000 Hispanics
  – 22,000 African Americans
  – 4,000 other ethnicities

In Hawaiʻi, Native Hawaiian and Pacific Islander youth are at higher risk for suicide.
Suicide Facts

• All Warning Signs should be taken seriously.
• Most people who contemplate suicide are ambivalent right until the end.
• Most people who die by suicide (about 2/3) communicate their plans in advance.
• Talking about suicide does not cause someone to be suicidal.
• Most people (90%) who die by suicide have some type of mental health and/or substance use problem.
• There is effective treatment for mental health and substance use problems.
# Hawai‘i Data: Leading Causes of Death 2003-2007

**Age Groups**

<table>
<thead>
<tr>
<th>Rank</th>
<th>&lt;1</th>
<th>1-4</th>
<th>5-9</th>
<th>10-14</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
<th>All Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Short Gestation Injury 102</td>
<td>Unintentional Injury 32</td>
<td>Malignant Neoplasms 7</td>
<td>Unintentional Injury 20</td>
<td>Unintentional Injury 244</td>
<td>Malignant Neoplasms 297</td>
<td>Malignant Neoplasms 993</td>
<td>Malignant Neoplasms 1,937</td>
<td>Heart Disease 205</td>
<td>Heart Disease 772</td>
<td>Heart Disease 1,240</td>
</tr>
<tr>
<td>2</td>
<td>Congenital Anomalies 88</td>
<td>Congenital Anomalies 11</td>
<td>Unintentional Injury 7</td>
<td>Malignant Neoplasms 11</td>
<td>Suicide 78</td>
<td>Suicide 105</td>
<td>Heart Disease 281</td>
<td>Heart Disease 772</td>
<td>Heart Disease 1,240</td>
<td>Malignant Neoplasms 7,403</td>
<td>Malignant Neoplasms 10,775</td>
</tr>
<tr>
<td>3</td>
<td>Maternal Pregnancy Comp. 43</td>
<td>Malignant Neoplasms 7</td>
<td>Heart Disease 4</td>
<td>Suicide 7</td>
<td>Malignant Neoplasms 38</td>
<td>Malignant Neoplasms 82</td>
<td>Unintentional Injury 272</td>
<td>Unintentional Injury 324</td>
<td>Cerebrovascular 276</td>
<td>Cerebrovascular 2,950</td>
<td>Cerebrovascular 3,462</td>
</tr>
<tr>
<td>4</td>
<td>Bacterial Sepsis 34</td>
<td>Homicide 5</td>
<td>Homicide 3</td>
<td>Congenital Anomalies 6</td>
<td>Heart Disease 17</td>
<td>Heart Disease 75</td>
<td>Suicide 105</td>
<td>Cerebrovascular 159</td>
<td>Diabetes Mellitus 218</td>
<td>Chronic Low Respiratory Disease 1,281</td>
<td>Unintentional Injury 2,152</td>
</tr>
<tr>
<td>5</td>
<td>SIDS 32</td>
<td>Influenza &amp; Pneumonia 4</td>
<td>Influenza &amp; Pneumonia 2</td>
<td>Septicemia 4</td>
<td>Homicide 17</td>
<td>Homicide 27</td>
<td>Cerebrovascular 60</td>
<td>Liver Disease 139</td>
<td>Unintentional Injury 217</td>
<td>Chronic Low Respiratory Disease 1,054</td>
<td>Chronic Low Respiratory Disease 1,473</td>
</tr>
<tr>
<td>6</td>
<td>Unintentional Injury 20</td>
<td>Heart Disease 3</td>
<td>Septicemia 2</td>
<td>Heart Disease 2</td>
<td>Congenital Anomalies 15</td>
<td>Complicated Pregnancy 11</td>
<td>HIV 30</td>
<td>Suicide 137</td>
<td>Chronic Low Respiratory Disease 141</td>
<td>Alzheimer's Disease 966</td>
<td>Diabetes Mellitus 1,176</td>
</tr>
<tr>
<td>7</td>
<td>Circulatory System Disease 19</td>
<td>Perinatal Period 3</td>
<td>Cerebrovascular 1</td>
<td>Five Tied</td>
<td>Septicemia 5</td>
<td>HIV 11</td>
<td>Liver Disease 26</td>
<td>Diabetes Mellitus 71</td>
<td>Liver Disease 107</td>
<td>Diabetes Mellitus 861</td>
<td>Influenza &amp; Pneumonia 1,170</td>
</tr>
<tr>
<td>8</td>
<td>Placenta Cord Membranes 19</td>
<td>Cerebrovascular 2</td>
<td>Chronic Low Respiratory Disease 1</td>
<td>Five Tied</td>
<td>Chronic Low Respiratory Disease 4</td>
<td>Septicemia 10</td>
<td>Homicide 22</td>
<td>Septicemia 61</td>
<td>Septicemia 89</td>
<td>Unintentional Injury 811</td>
<td>Alzheimer's Disease 972</td>
</tr>
<tr>
<td>9</td>
<td>Intrauterine Hypoxia 18</td>
<td>Five Tied</td>
<td>Congenital Anomalies 1</td>
<td>Five Tied</td>
<td>Complicated Pregnancy 4</td>
<td>Cerebrovascular 8</td>
<td>Septicemia 19</td>
<td>Viral Hepatitis 56</td>
<td>Suicide 82</td>
<td>Nephritis 658</td>
<td>Septicemia 816</td>
</tr>
<tr>
<td>10</td>
<td>Two Tied 12</td>
<td>Five Tied</td>
<td>Perinatal Period 1</td>
<td>Five Tied</td>
<td>Pneumonitis 3</td>
<td>Nephritis 8</td>
<td>Diabetes Mellitus 17</td>
<td>Chronic Low Respiratory Disease 46</td>
<td>Nephritis 80</td>
<td>Septicemia 616</td>
<td>Nephritis 792</td>
</tr>
</tbody>
</table>

Source: CDC WISQARS 2003-2007
Suicide Rates and Possible Suicide Deaths in Hawai‘i, by County, 2006-2010

*Average 5-year rate per 100,000 residents aged 10 years and older.

Data provided by Hawai‘i State Department of Health
Rate* of Nonfatal Injuries from Suicide Attempts and Injuries of Undetermined Intent, by County, 2006-2010

*Average 5-year rate per 100,000 residents aged 10 years and older. Number of patients shown in parentheses.

Data provided by Hawai‘i State Department of Health
Suicide Deaths in Hawai‘i

• Hanging/suffocation is the primary method used.

• Firearms have the greatest risk of lethality.

• The presence of a firearm in the home increases the likelihood of suicide in that home by 5x compared to a home without a firearm, regardless of whether the firearm is properly stored. (Kellermann et al, 1992)
GENDER DIFFERENCES

- Males die by suicide at a rate 3.3X higher than females.
- Females attempt suicide at a rate 1.3X higher than males.

(SPRC Fact Sheet: 1999-2006)
Recognize...

*Risk and Protective Factors*
What are Risk Factors?

- Risk factors are influences that make it more likely that individuals will develop a mental health problem.

- Risk factors can include biological, psychological, or social factors in the individual, family, or community.

- The more risk factors a person has, the more he/she is at risk for suicide and other self-destructive behaviors.
Individual Risk Factors for Suicide

- Mental health issues
- Alcohol and other substance use problems
- Loss
- Poor impulse control
- History of trauma or abuse (e.g. physical, mental, or sexual)
- Prior suicide attempt (significantly increases risk)
- History of bullying or interpersonal conflict
- Compulsive, extreme perfectionism
Family Risk Factors

- Family history of suicide
- Depressed and/or suicidal parents
- Alcoholic and/or drug-addicted parents
- Changes in family structure (e.g. death, divorce, remarriage, etc.)
- Financial difficulties
Community Risk Factors

- Access to lethal means, e.g. firearms or other lethal means
- Stigma associated with help-seeking
- Lack of access to helping services
- Loss of family, friends, or idols to suicide
- Anniversary of someone else’s suicide/death
- Incarceration or loss of freedom, trouble with the law
What are Protective Factors?

• Protective factors are influences that make it less likely that individuals will develop a mental health problem.

• Protective factors can include biological, psychological, or social factors in the individual, family, or community.

• Protective factors help to lower the risk level of suicide and other self-destructive behaviors.

• These are strengths that we can develop and enhance for individuals in our community.
Individual Protective Factors

- Abstinence from alcohol and other drugs
- Help-seeking behavior
- Friends and supportive significant others
- Hope for the future
- Having goals
- Pets/Connectedness to others
- Good problem-solving skills
Family Protective Factors

- Strong interpersonal bonds, especially with family and adults
- Family cohesion
- Cultural and religious beliefs that discourage suicide and support self-preservation
- Ability to cope and handle crises
Community Protective Factors

- Effective care for mental and physical health and substance use problems
- Availability of counseling or trusted adult
- Restricted access to firearms or other lethal means, such as ropes, extension cords, Tylenol
- Opportunities to contribute/participation in school and/or the community
Hawai‘i: Unique Protective Factors
Kamehameha School’s Kahuaka‘i: Model of Well-Being
Recognize…

Warning Signs
Recognize!  
*Warning Signs*

- It can be difficult to tell Warning Signs from “normal” teenaged behavior.

- Sometimes youth who are depressed can appear angry, irritable, and/or hostile.

- Keep risk factors in mind when considering Warning Signs.

- Is the behavior you are seeing very different for this particular person?
Examples of Suicide Risk

- Difficulties at school, work
- Neglect of appearance, hygiene
- Dropping out of activities
- Sudden improvement in mood after being down or withdrawn
- Giving away favorite possessions

Positive Action:
- Look for combinations of risk factors
- Look for changes in behavior/mood
Warning Signs For Suicide: Cause for Immediate Action!

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself

- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means

- Talking or writing about death, dying, or suicide
Take Immediate Action!

• If the person is in immediate danger, call 911, or an ambulance, to take them to the emergency room.

• Do not leave the person unattended, even briefly.
Warning Signs for Suicide: Cause for Concern

- Feeling hopeless
- Feeling rage or uncontrollable anger
- Feeling trapped – like there’s no way out
- Dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life
Warning Signs For Suicide: Cause for Concern

- **Acting reckless** or engaging in risky activities – seemingly without thinking

- **Increasing alcohol or drug use**

- **Withdrawing** from friends, family, and society

- **Being unable to sleep, or sleeping all the time;** feeling anxious or agitated
Verbal Statements of Suicidal Intent

Direct Statements: Cause for Immediate Action!

- “I wish I were dead.”
- “I’m going to end it all.”
- “I’ve decided to kill myself.”
- “If [such and such] doesn’t happen, I’ll kill myself.”

Less Direct Statements: Take Action!

- “You’d be better off without me.”
- “What’s the point of living?”
- “Here, take this. I won’t be needing it anymore.”
- “Pretty soon you won’t have to worry about me.”
- “Who cares if I was dead anyway?”
Summary

Recognize!

• Youth suicide is generally preventable.
• We all have a role and responsibility in preventing suicide.
• Recognizing risk factors and warning signs is the first step to preventing youth suicide.
Connect!

Module 2
Connect!

- If you recognize any of the warning signs, it is important to check it out.

- Often our discomfort can interfere with taking appropriate action.

- If you are concerned, let the person know that you care.

- Remember: Talking about suicide is the first step to preventing suicide!
Active Listening

• Use eye contact, head nods, and encouragers (e.g. “uh huhs’) to show interest.

• Use open-ended questions that require more than a “yes” or “no” answer.

• Briefly state your observation of the situation or the way the youth might be feeling.

• Clarify your understanding by stating back in your own words what you have heard.
Questions To Ask If You Think Someone Is Suicidal

• “Are you thinking about killing yourself or ending your life?”
  “Have you ever felt so down that you thought of suicide?”

If the answer is no:
• Let them know you are still concerned.
• Continue to use Active Listening and validate their feelings.
• Keep in mind risk factors and warning signs.
• Share your concerns with an adult who should be involved.
• Take immediate action if warning signs are present.
If the Answer is Yes:

Gather as Much Information as Possible

• “How are you planning to kill yourself?”
• “When and where are you planning to kill yourself?”
• “Who else knows about your plans?”
• “What is happening in your life that makes you want to die?”
• “Have you told anyone else about this?”
• “What trusted adults could you talk to about this?”
Moving To Action

• “I’m glad you shared this with me. That is the first step in getting help.”
• “I am concerned about how you are feeling. I will work with you to help keep you safe.”
• “I think I know someone who can help. I’d like to call him/her.”
• “Is there someone who can help with how you are feeling? Would you like them to come with you?”
Gatekeepers: Who Takes The Lead if There Appears to Be Suicide Risk But No Attempt?

• If you are the only adult present, stay with the **person** at least until you get them physically connected with their family member and/or a qualified professional.

• If there is more than one adult present, **communicate your concerns** and facts known and determine with the other adults what the next steps are.
How Might a Suicidal Person React To Someone Offering Help?

- **Denial:** They may minimize it: “it’s not a big deal”
- **Anger:** Directed at you for bringing attention to this
- **Bargaining:** Wanting to negotiate or promise that they will not hurt themselves

Be prepared that you may not always get the reaction you are expecting.
CONNECTING WITH SOMEONE AT RISK: WHAT TO DO

• **Listen!** Many individuals who attempt suicide communicate their plans in advance.

• **Observe!** Have you noticed Warning Signs? Does their mood seem different than what they are communicating?

• **Pay attention to your gut sense,** especially if the person assures you they will be “fine” but your gut tells you they are not.

• **Ask directly** about their suicidal feelings.

• **Be calm.** Try not to overreact.

• **Offer a message of hope.** Let them know you will assist them in getting help.
Do not minimize their feelings or offer false reassurances, e.g. “You’ll feel better tomorrow”

Do not rely on their promise or contract for safety. A promise of safety is NOT a substitute for a mental health assessment.

Don’t promise to keep it a secret.

Don’t ask “why?” It can make people defensive.

Don’t leave the person alone.

Don’t transfer them abruptly to someone else; stay with them if possible until a smooth transition is made.
Summary
Module 2: Connect! Everyone Plays A Part in Preventing Youth Suicide

• Recognize the signs of a youth at risk.
• Listen to your gut sense; take action.
• Talk directly about suicide.
• Let them know you care.
• Gather as much information as possible.
• Stay with the person.
• Connect youth with help.
• When in doubt, check it out!
Preventing Suicide
Pacific Global Health Conference

Kathleen Rhoads Merriam, MSW
Adult Mental Health Division
Kathleen.merriam@doh.hawaii.gov
October, 2012
My Ohana…it is a perfect day!
In one minute, life changes forever…

My baby brother, Michael

Please watch over us…
The Aftermath

• The Shock
• The Blaming
• Do we pull together? Do we pull a part?
• What do we share? What do we hide?
• The services
• Getting help from “outsiders”
• Cultural and religious questions/concerns
• Forgiveness & Healing…How? When?
POSTVENTION

• SOS Family Grief Group “Survivors of Suicide”
  • Not alone
  • Safe and nurturing place to share one’s loss
  • Develop coping skills
  • Network
  • Community Resources and Access
  • Empowering
  • Celebrating the person’s life

MAHALO!
Asking the tough questions…

- Are you thinking about suicide?
- Are you thinking about killing yourself?
- Do you have the means to kill yourself?
- Do you ever feel like just giving up?
- Have you thought about how you would do it?

People want to be able to talk about dying, open the door. This can open the door to living…
Making it Safe

• It needs to be safe to talk about dying

• Often people can explore the reasons for living.

• Identifying “Protective Factors” is a priority

• What will keep us safe and healthy?
Protective Factors

- Surrounding oneself with positive conditions
  - people, places, and things
  - skill development with problem solving
- Reduction of stress as much as possible
- Health eating & drinking
- Access to clinical interventions and peer support
- Family support and community support
- Cultural connections
Suicide – an urgent community and public health issue

• Suicide is the single leading cause of injury death in Hawai`i
• Hawai`i lost 195 lives to suicide last year (about one every 1.8 days)
• 1170 are hospitalized after attempting suicide
• Nationally, about 34,598 people take their lives every year.
• **Applied Suicide Intervention Skills Training (ASIST)**, 2-Day workshop helps all kinds of caregivers learn suicide first aid intervention. Over a million people have taken the workshop worldwide. Outcome studies show participants are more willing, ready and able to help a person at risk of suicide.

• **safeTALK** (Alert Helper): A training lasting about three hours, safeTALK is for everyone in the community and is designed to ensure that persons with thoughts of suicide are connected to helpers who are prepared to provide first aid interventions.
• Four-hour training
• Awareness
  • suicide awareness
  • warning signs
  • risk factors
  • and intervention skills development.
• Knowledge and skills necessary to intervene with those at risk for suicide
• Ask, Care and Escort."
  • Directly and honestly question any buddy who exhibits suicidal behavior
  • ASK the buddy whether he or she is suicidal
  • CARE for the battle buddy
  • ESCORT the battle buddy to the source of professional help

Training helps to be aware of warning signs exhibited by a buddy who is hurting and ... intervene before a suicidal crisis.
PUBLIC AWARENESS

• Develop, Implement, and Coordinate public awareness activities with state, local, and non-profit agencies

• Develop educational materials: A Suicide Prevention 101 Tool

• Develop a press kit

• Implement targeted PA campaign

• Market educational & training opportunities

• Participate in Health Fairs

• Promote awareness of public events and activities related to suicide prevention (SP Healing After Conference, Walk, & Aloha Receptions)

• Promote public awareness of crises lines
KULE`ANA – HO`O ALAKA`I

It Takes Ohana

- National
- State
- County
- Cities / Towns
- Native Hawaiian Community, Law Enforcement, Military, Schools, Faith-based Organizations & other key groups
- Neighborhoods
- Families / Ohana
- Individuals

*Societal policy, norms, media
Community neighborhoods, workplace, schools
Family, friends, neighbors, individual

*Ecological graphic - HCCI

Passing life forward
“Preventing Suicide in Pacific Islanders”

Components of a Suicide Prevention System

Nancy Kern, MPH
Suicide Prevention Coordinator
Hawaii Department of Health
Elements of a suicide prevention program

- community collaboration
- coalition to address suicide prevention issues
- communication strategies
- public awareness: pamphlets, posters, etc.
- local and national resources
- gatekeeper trainings
- committed partners
“The work of suicide prevention must occur at the community level, where human relationships breathe life into public policy.”

David Satcher, MD, PhD
Sixteenth Surgeon General
Task Force represents:

- CARE Hawai`i
- Department of Education
- Department of Health
  - Adult Mental Health, Child & Adolescent Mental Health,
  - Alcohol & Substance Abuse Division, Injury Prevention Program, Maternal & Child Health, Tobacco Settlement Fund Management
- Hawai`i Primary Care Association
- Hawai`i S.P.E.A.R. Foundation of America
- Helping Hands Hawai`i
- Honolulu Police Department
- Judiciary – First Circuit

- Kahuku United Methodist Church
- Kapiolani Community College
- Maui Police Department
- Kaua`i Police Department
- Kid’s Hurt Too
- Koolauloa Health Center
- Mental Health America of Hawai`i
- Department of Health ACCESS Line
- Office for Social Ministry, Catholic Diocese
- Queen Lili`uokalani Children’s Center
- Queens Medical Center
- UH John A. Burns School of Medicine, School of Social Work, Counseling and Student Development Center
- Hawai`i Army National Guard
Prevent Suicide Hawaii Task Force

• PSHTF is a state, public, and private partnership

• consists of individuals, organizations, and community groups

• goal of the PSHTF is to reduce the incidence of suicides and suicide attempts in Hawaii

• PSHTF members include Neighbor Island representatives and community groups and organizations that support suicide prevention activities throughout the state.
Hawaii Suicide prevention listserv

• a suicide prevention listserv is maintained that provides information on upcoming meetings and conferences, including PSHTF meetings, available funding, current research and other related information

• to join the listserv, send an email to Nancy Kern at nancy.kern@doh.hawaii.gov
Local suicide prevention resources

Prevent Suicide Hawai‘i 2012 Steering Committee Members and Task Force Chairs:
• Nancy Kern, Suicide Prevention Coordinator, Department of Health Injury Prevention & Control Program. nancy.kern@doh.hawaii.gov & phone: (808) 733-9238
• Martin Hackel, Chair of the Statewide Prevent Suicide Hawai‘i Task Force martin_hackel@notes.k12.hi.us & phone: (808) 203-5515

Task Force Chairs
Hawai‘i Island – Hilo:
• Chair - Larry Walter lewalter@yahoo.com

Hawai‘i Island – Kona:
• Chair - Nancy Sallee orchid_isle_psychotherapy@yahoo.com; www.orchidisleHawai`i.com

Kaua‘i Island:
• Chair - Gina Kaulukukui rkaulukukui@Hawai`i.rr.com; website: www.preventsuicidekauai.org

Maui Island:
• Co-Chair - Ann Nakagawa nakagawa@mpd.net

O‘ahu Island:
• Chair - Pua Kaninau-Santos (808) 851-7731; (808) 271-8582; kkanina@qlcc.org and suicidepreventionispossible@gmail.com
National suicide prevention resources

SUICIDE PREVENTION LIFELINE 1-800-273-TALK (8255)
(www.suicidepreventionlifeline.org)

SAVE – Suicide Awareness Voices of Education (www.save.org) 952-946-7998

AMERICAN ASSOCIATION OF SUIDIOLOGY 202-237-2280
(www.suicidology.org)

NATIONAL HOPELINE NETWORK 1-800-SUICIDE (784-2433)

AMERICAN FOUNDATION FOR SUICIDE PREVENTION 1-888-333-AFSP (2377)
(www.afsp.org)

REACHOUT.COM 1-800-799-SAFE (7233)
(provides information and support for teens and young adults facing tough times and struggling with mental health issues)

NATIONAL DOMESTIC VIOLENCE HOTLINE
Gatekeeper trainings

• **Applied Suicide Intervention Skills Training (ASIST):** 2-Day workshop that assists caregivers to learn suicide first aid intervention. Over a million people have taken the workshop worldwide. Outcome studies show participants are more willing, ready and able to help a person at risk of suicide.

• **safeTALK (Alert Helper):** training lasting about three hours, safeTALK is for everyone in the community and is designed to ensure that persons with thoughts of suicide are connected to helpers who are prepared to provide first aid interventions.
To find out about suicide prevention trainings in Hawaii...

- Hawaii Department of Health website - [http://hawaii.gov/health](http://hawaii.gov/health) (go to lower left corner & click on links to trainings)

- Pua Kaninau-Santos – 851-7731 or [kkanina@qlcc.org](mailto:kkanina@qlcc.org)

- Jeanelle Sugimoto-Matsuda – [sugimotoj@dop.hawaii.edu](mailto:sugimotoj@dop.hawaii.edu)

- Nancy Kern – 733-9238 or [nancy.kern@doh.hawaii.org](mailto:nancy.kern@doh.hawaii.org)
It takes Ohana...

- Statewide efforts at all levels needed:
  - National
  - State
  - County
  - Cities / Towns
  - Military, Native Hawaiian, Law Enforcement, Schools, LGBTQ, faith-based organizations, mental health & other key groups
  - Neighborhoods
  - Families
  - Individuals
Community Advocacy

Carmina Alik

Micronesian Health Advisory Coalition
BACKGROUND

How I started working with Marshallese

PATIENT REFERRAL COORDINATOR

INTERPRETER

SOCIAL WORKER

ADVOCATE
SOCIAL & HEALTH ISSUES

- LACK OF EDUCATION
- ALCOHOL AND DRUG USE
- MENTAL HEALTH ISSUES
  - DEPRESSION, ANXIETY
- LACK OF HEALTH CARE PROFESSIONALS
ACCESS RESOURCES/

ADDRESS ISSUES

- SOCIAL-CULTURAL PRACTICES
- HEALTH DISPARITIES
- WARNING SIGNS
- ROLE OF FAMILY
OVERVIEW:

- Education & Training
- Sustainable Efforts
- Public Awareness
- Networking
- Resources
- Access to Community
Kommol Tata & Mahalo