COMMUNITY FORUM

Diverse Approaches to Preventing Suicide and Inspiring Hope in Our Communities on October 24, 2018 in San Leandro, CA

FORUM NOTES FROM TABLE TOP DISCUSSIONS

A community forum was held to support the Commission's development of a strategic statewide suicide prevention plan in San Leandro, Alameda County, California on October 24, 2018. The community forum was organized to explore with Commissioners and community members opportunities for culturally competent approaches that could potentially prevent suicide, strategies for connecting people with services they need, and methods of promoting safety and wellness.

The following are notes recorded during the table top discussions and are organized by seven questions asked of forum participants. The notes are unedited, and duplicate answers have not been removed to show where responses were given multiple times. Responses have been sorted alphabetically to ease review.

QUESTION 1: What are some of the unique challenges to health and wellness in your community?

- 41 percent of suicide attempt rate among trans and non-binary people due to discrimination, rejection, bullying, isolation, and resulting in homelessness
- Affordable housing costs (rising rent & housing)
- Aphasia, different speaking
- As a newcomer, not sure what services are available
- Being ignored
- Being stripped of cultural identity
- Being treated "less than"
- Belief that suffering/pain is a personal failure
- Burn out of staff/providers/community leaders
- Can't just be Spanish speaker; must be bi-cultural
- Communication; language barrier
- Complicated funding, how to seek treatment with the funds
- Cost for services + cost associated to get the treatment
- County should recognize the community advocates and train them more instead of waiting for someone who shifted their culture through high school and college
- Criminalization of homelessness
- Cultural classes/acculturation
- Cultural exchange, things are different such as: driving, education, language, health care
- Cultural sensitivity
- Culturally appropriate services + outreach
- Differences between the same cultures, generational

- Different cultures within Latino community
- Difficult to navigate health systems
- Discrimination
- Discrimination/religion/bullying in employment
- Drugs (meth esp.) exasperates MH symptoms
- Everyone in our community knows someone killed or suicide
- Fear of seeking services to fear of immigration status
- Feeling misunderstood
- Financial
- Finding services in the language + people that look like them (Asian)
- Gender Discrimination
- Getting decision makers/leaders to realize + prioritize health & wellness, cost associated by this
- Government corruption
- Greed, focused on themselves, ignore problems
- Hard to talk about MH, if basic needs not met
- Hard to walk around outdoors to gain wellness when you may feel unsafe
- Having identity to be a debate at the political level, having identity be erased
- High involuntary treatment usage – fail first system
- High level of stress in peoples' lives – economically, too busy, self-care
- Homelessness
- Homelessness + breaking the ogles of going through the systems over and over
- Housing / cost of living; for some rent can take up to ¼ income; have to pay for rent and food before anything else
- Housing costs
- Housing crisis – increased worry/struggle for survival
- Housing for those who have multiple challenges
- Housing for transportation & non-binary individual
- Housing/cost of living, rent can take up to ¼ of income + can be much harder to spend money on services for MH when rent, food, etc. needs to come first
- Humanistic engagement, more personal interactions
- Immigration issues, political environment, having lack of cultural appropriate services, generation gaps, as a result causes empowerment and imbalance
- In the Chinses community: Education, Bullying, Language barriers, shame/stigma
- Inappropriate questions on intake, which makes it difficult to come back
- Institutional bias
- Institutional racism, sexism, discrimination
- Internet overload, possibly self-diagnosis leads to self-deception, inaccurate diagnosis
- Isolation; people not as connected to each other

- Judgement
- Lack of awareness of services; affordable housing
- Lack of awareness of where resources are
- Lack of education around MH issues
- Lack of education around suicide
- Lack of funding – SSI/ SSDI – application is difficult
- Lack of housing, rent control
- Lack of insurance or ability to pay for services, coverage does not equal to access
- Lack of knowing how to access
- Lack of native speaker professionals in health (MH field)
- Lack of real/relational/functional community (Basic, "It takes a village")
- Lack of resources (financially, either makes too much money or not enough)
- Lack of respite care
- Lack of services, direct MH services
- Lack of sleep, that can create MH challenges
- Lack of sufficient support system
- Lack of support and empowerment (community, family, foundational support/different levels of hierarchy)
- Lack of support from public school system
- Lack of timely access for MH & PH issues
- Lack of trust
- Lag time when requesting services
- Language barriers
- Loneliness & lack of universal basic income
- Lonely people + isolated, the need to connect with others like them
- Low income barriers (lack of access)
- Mental Health education + clarity, stigma reduction and problem across cultures
- Mental Health stigma
- MH/BH coverage for undocumented people
- Navigating the services are difficult
- Negative media portrayals of MH
- No one-stop location to help people with many things (counseling, immigration, computer, etc.)
- No roadmap
- Not enough beds for services
- Not knowing how to move forward when you are challenged (housing, divorce, unemployment, grief, victimization, worry
- Not knowing how to navigate sigma & lack of peer support
- Nutrition desserts, lack of good food, food insecurity

- Overall stigma of MH
- People are dismissive
- Perception (perceived that everything is "okay" based questions
- Political anxiety about access + care
- Poverty & isolation; explore the non-MH distress/grief (natural reactions) that cause suicide
- Poverty, violence, substance use
- Public transportation can be dangerous for the LGBT community
- Racism towards African Americans
- Rejection from community, school, family, and employment
- Relationship dysfunction
- Religious intolerance
- Reluctance to ask for help or seek preventive services
- Resettlement issues (lack of knowledge, lack of services, what to do?)
- Respite care for family members, need more places like FERC
- Secrecy (family/cultural)
- Seeing someone in crisis, how to help them
- Separation between SLD + MH services since there is a huge overlap. Exclusion criteria making it difficult to access the services
- Services are not convenient, far away from home
- Shame & stigma
- Shared understanding of well-being, what does that look like?
- Stigma around getting help
- Stigma to MH + ability to get services, acknowledgment, fear of giving out personal info
- Stigma with ethnic community
- Stigma, an ongoing problem permeates our system
- Stigmas/taboos about suicide
- Stress, pressure to compete or perform drive which makes it difficult to be honest
- Stress, youth under a huge amount of stress, adults as well (keeping their head above water)
- Systems of Oppression
- Transportation, owning a car or a bus is expensive + not being able to get to the services
- Trumps memo – we don't exist causes increase in distress & withdrawing basic human rights
- Trying to get to the services
- Treatment services don't mirror the community
- Underserved groups such as NHPI
- Unique challenge is SMC looks wealthy as a whole but there are large inequalities
- Universal entry point for services (like ACCESS)
- Waiting list to get services
- Waiting room for accessing services, difficulty

QUESTION 2: What do you think are some of the root causes of hopelessness in your community?

- Being able to be open about emotions; be passionate
- Chronic medical conditions
- Complication around entering the health/mental health services
- Constant living in fear
- Culture shock
- Depends of person/mutual situation
- Discrimination
- Discrimination
- Discrimination, racism, acts of hate
- Displacement from longtime living spaces
- Employment/income
- Feeling lack of control or power
- Feeling like no one understands
- Feelings of isolation and trauma
- Financial stress
- High cost of housing (Bay Area)
- Homelessness
- Homelessness
- Inadequate social/medical MH services
- Individuals facing loneliness/isolation
- Internalized/experienced sexism, racism, anti-Semitism
- Isolation
- Isolation – language barriers
- Isolation/lack of community
- Job loss
- Joblessness
- Lack of a support system/community support
- Lack of affordable housing for the poor
- Lack of civil society; strengthen the civil society
- Lack of connection in community
- Lack of cultural humility
- Lack of education about genocide + our personal experiences
- Lack of empathy
- Lack of employment
- Lack of employment and housing

- Lack of good leadership; good role models
- Lack of messages in the community that recovery is possible
- Lack of opportunity
- Lack of resources/services not knowing where to go
- Lack of support
- Lack of support for parents
- Lacking resources: healthy affordable food, housing/healthcare, education/employment
- Large aging population
- Legal status of immigration, stable income, living far away from family (separated)
- Less support & funding, no medical/MH services available for Chinese community and trans/non-binary in A.C.
- Living under threat of persecution
- Living up to capitalist ideas of success
- Losing family/friends in elder community
- Loss of partner (isolation and discrimination)
- Loss of respecting elders, asking for answers, traditions
- Low self-esteem
- Media (bad)
- Medical/MH issues
- MH issues
- Migration/home sick
- Not belonging
- Not feeling safe enough to ask for help
- One paycheck away from homelessness
- People suffering from loneliness
- Pervasive sexual violence
- Political climate
- Political climate
- Political climate
- Political climate attacking the community
- Political unrest
- Poverty
- Poverty
- Poverty
- Poverty
- Poverty + lack of control of your circumstances
- Self and societal blame
- Sickness

- Stigma
- Stigma around mental health issues
- Struggling to live up to societal norms; “success”
- Substance abuse issues
- Substance abuse/use sexual abuse
- Substance use
- Systematic oppression
- Tech isolation
- Tragedies within the family
- Trapped in human trafficking
- Trauma
- Underestimated
- Undocumented status
- Untreated trauma
- Way out
- Widespread harassment, stigmatization, and recent memo from President Trump stating trans and non-binary people don’t exist and don’t deserve basic civil rights
- Winner/loser mentality

QUESTION 3: If you were feeling unsafe or unwell, who would you call? How would you reach out for help?

- Partner, mom, if not available or interested, no one. I would avoid calling 911 at all costs due to fear of police.
- Friend or family member
- Talk to someone (doctor, social worker)
- Local & national hotlines
- Family/friends
- Friends
- Someone I trust
- No one, I would be afraid of the police
- Afraid of being assessed/approached by untrained professionals/mandated reporter (unconcerned about person's welfare) – no "best interest"
- The police
- Siblings and chosen family
- MH social worker (have est. relocation)
- Reach out to doctor (via e-mail) – primary care
- Physical psycho-somatic systems are reported to doctor
- Best friend who is trusted + knows history
- My cat (support animals)
- The "expert", depending on situation – the nature + exigency of the safety or illness
- Telephone – talking on phone most comfortable
- FB – closed social groups + FB messenger friends
- Reach out to peer community (because they understand + are supportive)
- Text people in peer community
- Call a MH professional
- Call county B.H. crisis line
- Talk to friends + family (call of phone – voice to voice, meet in person if possible)
- Start with primary care physician
- Would prefer text if in big crisis + don't know where to start
- Go online to research, do self-assessments (go through a rationalization process)
- There is self-stigma involved with someone even deciding to reach out or how/whom to ask (need to address this barrier first)
- Call family or partner
- A friend who can relate
- Approach co-worker/friend who is supportive + has experience in MH issues
- Depending on how unsafe/severity call authorities

- Call doctor/primary care
- Talk to therapist/suicide survivor
- Call crisis support services
- Talk to sibling
- Utilize national crisis "chat" service
- Connect with other members of your own culture
- Text line
- Reach out to spiritual community – walk into
- School counselors
- Go to LGBT community center
- Talk to peer support worker
- AA group
- Call best friend
- Call sister
- Call hospital or doctor
- Go to emergency room
- If feeling unsafe for my life, call police
- Talk to family or friends
- Call pastor at my church (or a chaplain)
- Talk to spouse
- Reach out to loved ones
- Go to connect with Buddhist temple (talk to monks)
- Text my therapist or case manager
- Pray – call on God
- Meditate
- Go to nature – talk a walk, go to the park, climb a tree
- Reach out by listening to or playing music
- Call suicide or crisis hotline
- Call/spend time with roommate
- Let boss/supervisor know what's happening – for support
- Call on a neighbor
- Call sister – talk on phone
- Spouse
- Would call sisters, who have good relationship with
- Would call a peer counselor from my association + we'd listen to each other
- Talk to therapist/setup appointment
- Call Kaiser nurse helpline
- Talk to friend who is a nurse

- Talk to religious and or community leader
- Connect to online group support
- Online searches
- Drive to friend's house – hang out with girlfriends
- Use phone as primary – voice to voice
- Call national support services "lifeline"
- Call local crisis support services
- Police: if physically unsafe
- Call supportive person: a family member or good friend
- Question: where would the "helper" go to get help if they are in crisis?
- Use a text-support hotline
- Utilize and reach out to your faith-based or cultural community
- Reach out/use apps (ie: Meditation App, a therapy or MH app)
- Increase support + regulation for good therapy or self-regulation apps (an aggregator app)
- Kids can go to teachers and coaches
- 1st preference of "How" to connect is person-to-person (voice or meet)
- Dial 211(info.)
- 911

QUESTION 4: Who are the leaders in your community that you might feel comfortable reaching out to for help or guidance?

- CBOs/nonprofits; Red Cross; respite centers; free clinics
- CIT officer; Probation officer; first responders; 911; District Attorney's Office
- Crisis center; call center; 211; local suicide prevention committees
- Doctors; primary care physicians; nurse helpline
- Elected officials; county supervisors; city council
- Faith/religious/spiritual leaders; Buddhist monk/pastor/Chaplin/medicine man; church; temple
- Friends; family; someone I trust; someone who gave you support before; people we feel comfortable with
- Google/internet
- Mental health clinician/psychologist/therapist/peer counselor; clinical supervisor
- Nobody; people are too busy
- None; people reach out to me as the community leader/support. Lack of trust or getting community support back is my experience.
- Other single mothers; support groups; peers; others with shared experience
- People in the community; bartenders; hair dressers/barbers; activists
- People with lived experience; survivors
- Teachers; school counselors and other school personnel like coaches; education leaders
- Vicarious trauma is a byproduct of being a leader
- We lack community leaders/tribes/communities
- Who do leaders go to for support? Within a small community, it's not safe, larger community is not understanding
- Work colleagues; leaders in organization; EAP; people I volunteer with; career mentors
- Yourself, personal self-care

QUESTION 5: What are some of the changes that could be made to make your community a better place? What would make your community a safer place to live and thrive?

- "For the community by the community"
- 5150 process needs to be safe and not traumatizing
- 5150s are very traumatic for trans and non-binary people due to police brutality, mis-gendering by psychiatric hospital staff and resulting suicide there. Improve trans gender competency among MH providers and police
- A healthcare system that's easy to navigate
- Address economic and health care disparities
- Address/improve trans/non-binary competency For law enforcement and crisis services
- Affordable education opportunities for people with fewer resources
- Affordable housing
- Afghan: use PSA/TV re MH language needs
- Age appropriate psycho education especially for younger elementary kids
- Alternative to incarceration; more services to people who were incarcerated
- Better education regarding homelessness and decrease stigma
- Better police training; CIT, de-escalation, unconscious bias
- Better, cheaper affordable housing options
- Building partnerships with schools, etc.
- Chinse hotline; live people who are bilingual
- Community activism and cavity engagement
- Concierge to guide thru healthcare in a one stop shop
- Correctly gendered in the hospital
- Create space in schools to talk about mental health and emptions
- Cultural and linguistic services (not phone services)
- Cultural sensitivity
- Cultural sensitivity
- DBT skills in community
- Decrease stigma can help people access services
- Easy access to healthcare and free healthcare
- Education
- Education family and community about suicide and LBGT issues
- End homelessness; open more shelters
- Faith-based community; more training to reduce stigma on mental health and suicide
- Free opportunities to learn more skills; job recreational; engagement opportunity an feel connected to community
- Free or on demand drug treatment
- Freedom to practice cultural beliefs
- Funding for schools to teach on emotional intelligence, equality and tolerance

- Get to know your neighbors
- Grassroots efforts to build capacity of the community by members of the community
- Improve discharge process
- Improve quality of psychiatry treatment
- Increase empathy in schools; teachers, students staff
- Increase support in schools for students; especially for kids with suicidal thoughts
- Increasing public awareness of signs of suicide
- Inpatient settings offer more than containment and safety
- Intact families (verses doing thing separate)
- Less confusing mental health services
- Less MH stigma
- Less red tape, less bureaucracy, shorter form assistance to complete forms
- Less tolerance of substance use
- Look at loopholes that displace renters
- Make police reporting easier for stolen property
- MH and suicide education for families and parents
- MH population is thrown in jail not property treated
- More affordable hosing
- More civilian interventions in MH crisis, less police intervention
- More civility; greeting others
- More community centers
- More community-based medical centers and supports to keep us in our homes
- More courtesy, getting to know others
- More crisis services support
- More education for community members
- More education re MH challenges and resources that can lead to stigma reduction
- More empathy for those who are homeless
- More employ assistance programs and access to therapy
- More employment opportunity
- More focus on whole person care
- More jobs/employment
- More Latino leaders to advocate for Latino needs
- More MH and Psychiatric training for police – make it mandatory
- More opportunity for social connection
- More or better mental health services in the community
- More parks/nature/tress in neighborhood to decrease stress
- More programs for Latino community
- More psychiatric beds
- More religious practices
- More resources for safe places to go and stay if someone is suicidal; hospitalization is traumatizing; and make these places known

- More services for children to have trusted relationships with adults
- More services for homeless individuals in county
- More support and funding for CBOs to do more cultural activities to heal
- More support for community peer workers an funding for full time positions
- More supportive housing for people with SMI
- More training for police on responding to MH crisis
- More translated documents (iE consent forms)
- Need better health data; local surveys/needs assessments; suicide surveillance
- Non-law enforcement 5150 process
- Offer group-peer connection
- Offer specialized training to understand needs of trans/non-binary MH services
- Older adults – safe space education in senior centers
- Policy changes to assure children of color are exposed to healing and helping fields
- Promote cultural appropriate workers in community
- Provider training connect with compassion for self
- Real MH professional or have MH training who is fluent in Chinese
- Recognize dignity and humanity are basic needs
- Reduce stigma of MH
- Reducing gang and racial violence in communities
- Safe and recreational space for all especially families (not enough lighting/safe space)
- Schools prepare students for real life; less standardized testing
- Smaller close knit groups
- Societal recognition that EVERYONE needs support
- Space to hold community events
- Step back on standardized test; more space for emotional learning
- Street lights, garbage cans, public restrooms
- Support groups in communities
- Talk to friends about feelings
- Train community member with experience in community
- Train local media on support/best practices on reporting on suicide
- Universal basic income
- Use green ribbons
- Use MHSA funds to address cultural sensitivity gap

QUESTION 6: what are some of the practices from your culture that promote health and wellbeing? Do you feel free to engage in these practices in your home? In your community?

- Acupuncture and acupressure
- Affirmations to promote health and well being
- Afghan community culturally hard to talk about suicide
- Art helps build trust
- Art/beading/games
- Ayurveda
- Being in a spiritual place like a temple, spiritual tools
- Being in the zone!
- Bible study
- Brining awareness and training about domestic violence
- Buddhist temple
- Building a community of open engagement
- Can be challenging for sandwich generation
- Can be challenging with community that don't communicate/emote (middle aged white person)
- Chatting with family far away; talking with people
- Chinese community mindfulness workshop and Tai Chi
- Comedy
- Community gardens
- Community service, volunteering
- Community, TV, outreach
- Connected to culture; attending cultural events; Engaging with someone from your home county; Mongolian community for example
- Cooking; eating food with people; meals with family and friends; Backyard BBQs; Once-a-week family dinner; pot lucks
- Cultural events; drumming; traditional healing and medicine; herbal medicine
- Deep/close friendships
- Different genders, languages
- Doing activity and talking
- Doing something artistic
- Events for children
- Events like today's forum
- Exercise; biking; hiking; dance; movement; playing sports; swimming
- Expand yoga throughout the county
- Explore culture
- Family bonds
- Family gatherings

- Family reunions
- Family visiting, peer community
- Feel free to do these things but people don't have access
- Gathering at sacred spaces, church, temples
- Good sleep, getting rest, napping
- Having a culture of a chosen family
- Having a good routine
- Having a pet
- Hobbies; fishing; arts and crafts; gardening; reading; Having a passion project; doing work that you enjoy
- Holidays
- In home sometimes not fee depending on who you live with
- Interacting with different people
- Intergenerational gathering
- Keeping open to different and new experiences
- Laugh therapy; try to start "laughing club" in Chinese community
- Limpias (cleansing)
- Meditation
- Mindfulness
- Money to support community events
- Music; singing; Karaoke; listen to music really loud
- Observing a Sabbath
- Parties; festivals; celebrations; celebrating traditional holidays
- Physical touch
- Plants
- Playing; Games and puzzles
- Politically divided so challenge to talk out
- Practicing all kinds of acceptance (LGBTQ)
- PRIDE Center; yes to access
- Prioritize wellness to increase productivity
- Reiki
- Religious or spiritual connection (prayer/meditation)
- Religious practice
- Respectful and honest discussion, disagreements, arguments
- Scheduled visits curanderos (in Spain and Latin America) a healer who uses folk remedies.
- Singing
- Singing bowls; spiritual instrument; burn incense
- Smudging and sweat lodges
- Sorority/fraternity gathering
- Spending time with friends
- Spiritual groups/shamanic healing

- Sports
- Sports – both doing and watching; gathering as fans of a team
- Support groups
- Surfing the internet
- Therapy
- Treating people well wherever you go; helping others; Feeling part of a community wanting to give back
- Use of self-identified pronouns, gender, name, respect for diversity, having access to restrooms
- Use of self-identified pronouns, name, gender identity. Respect for diversity. Assess to bathrooms. I don't have access to being gendered correctly by coworkers at my work despite pronoun signature in my email and being out to HR
- Vacations and traveling
- Water
- Yes in the community but not at work; makes me not want to work here
- Yoga and meditation
- Yoga can help refocus, time for self
- Youth events

QUESTION 7: What do you feel or think of when you hear about suicide? What would be your reaction if someone in your community attempted or died by suicide?

- A culture of ignoring the signs of suicide -call to stop!
- After a celebrity suicide, concern about the media messaging and the impact
- Anger at world. Call to action and advocacy. Many people attempt and die by suicide in my community. I'm a therapist and this is my primary work, both supporting trans and non-binary suicidal clients and survivors/friends of trans and non-binary people who die by suicide. Leads me to organize volunteer projects.
- Biological damage and emotional damage of family members
- Build capacity in peers
- Call to action
- Complicated and difficult to grieve
- Concern for survivors/family/how to help them
- Create a powerful campaign like "like former smoker"
- Degrees of relationship
- Depressed, sad, sacred
- Desire to do anything to help
- Desperation
- Did they know about the resources? If so why didn't they reach out?
- Do people have a right to decide to live or die?
- Embarrassment, shame, blaming of the survivor
- Empathy
- Feel empty, hopeless, anger, helplessness
- Feeling is sadness
- Feeling traumatized after
- Flexible, modify approach for culture (including family)
- For attempts – grateful when police have CIT training
- Forms can be accepted by agencies in their language
- Forms/assessment – easy, flexible in the persons language what were the circumstances like family and job
- Frustrated, overwhelmed (in school setting)
- Guilt
- Guilty feelings
- History of attempts should be confidential
- Hope the survivors get help for themselves
- Hopeless, grief
- Hopelessness felt; desperate need not to be hopeless
- How can we communicate: "It gets better"
- How can we help people get help sooner?
- How do we process?

- Hurt for the individual
- I do not have the skill set to help
- I feel a sense of responsibility
- I feel sad, wonder why
- I feel upset. What can I do? What can the community do to prevent this?
- I think of the family, community. Do they have support?
- I want the person to think about the impact on survivors
- I wish I would have known how lonely the person who died was; I would have been friends with him; we need to connect the lonely with the non-lonely
- Important cause
- Isolation
- Labels lead to horrible treatment – call to stop!
- Lack of MH service and compassionate care for inmates (suicide watch is inhumane)
- Left with more questions; it feels unresolved
- Life has no value to staff; no one seems to want to acknowledge inmate suicide
- Limits of policies/law of family involvement
- Mission and passion to serve/trans-non-binary community
- More research on preventing suicide
- Need statewide funding for national prevention hotline centers; sustainable and for kids
- Need to be intentional in getting information to teachers, the kids
- No support for survivors or people who work with people who die by suicide
- Not reaching out
- Noticing the willingness of a community (as a whole) to talk about suicide
- Outrage
- Overwhelming sorrow/sadness/grief
- Political cause
- Profound sadness
- Provide support to those left behind
- Push to seek help
- Questioning what did I miss or didn't see?
- Reason to build mutually supportive community
- Remember to assess ideation and plan
- Research and educate other communities on the rights of trans/non-binary community
- Sadness and compassion
- Sadness that I could not help
- Severe depression
- Shame for the community, family; policies creating additional barriers and shame
- Some people are callous; for self-preservation
- Something was wrong (for the person, their life)
- Sorrow, pain, what is the cause and why?
- Suicide isn't spoken about

- Survivor's guilt
- Survivors and family feel alone
- Sympathy for someone escaping the pain
- The struggle can be really private, may impact anyone
- This "what happened"? What were the signs?
- Triggering
- Underserved communities
- View suicide as community problem
- What could I do/society do to prevent this?
- What could I or anyone have done to help?
- What more could have been done?
- Wishing I did more

Final or General Comments

- Lack of coordination in health care systems
- Medical/ACA dysfunction
- If You Stick Around (A letter to those wanting to leave this life) by John Pavlovitz
- Bay Area-wide suicide prevention collaborative
- Statistics on suicide attempt
- Formalized process in case of suicide (workplace)
- Vicarious trauma for staff
- County-wide suicide prevention committee
- What would it look like to think about suicide prevention specifically for white people? Just because white culture operates as the sometimes invisible dominant culture doesn't mean we have effective strategies for identifying and addressing the elements of white culture that contribute to suicide. I think it would begin with looking at how whiteness harms what people – the pathologies are deep and extensive!