

R5 Suicide Advisory Board Minutes 12/22/2021

<u>Attendees</u>: Amery Bernhardt, Paula Gill Lopez, Joe Gorman, Gavin Craig, Debbie Berman, Kathy Hanley, Jenny Casey, Deborah Peterson, Sarah Lorenzini, Natalie Jackson, Donna Gleissner, Allison Fulton, Emma Hollis, Abby Wood, Jeff McKenna, Jules Calabro, Ethel-Anna Roome, Gabe Lomas, Haley Brown

<u>Membership Status</u>: The RBHAO is utilizing Survey Monkey to provide membership information and what members hope to gain from the Region 5 Suicide Advisory Board.

Brief Data Review: RBHAO will share data sets upon request

- CT had 331 Suicide deaths between 1/1/2021 and 11/30/2021. Rates of suicide in older adults are occurring at higher rates than pre-COVID times. Youth and young adult suicide rates are occurring fewer times than the pre-COVID average.
- Suicidal Ideation and Self Harm (SI & SH) review 4-year trend indicates an increased rate of SI & SH during COVID-19.

Discussion of media's portrayal of untimely deaths including suicide and mental health challenges. Group expressed concern that the media has inflated the concern of incidents to sensationalize the events. Is there a correlation between the growth of social media access and incidents of SI & SH?

Gavin – the current data sets share narrative of incidents that reach hospital level of care. Is there a way to capture suicidal ideation or self-harm prior to hospitalization? Group notes that suicidal ideation only shares a piece of the story pertaining to mental health challenges.

Jules – share resources to schools and emergency departments/ inpatient treatment facilities for localized youth behavioral health.

<u>Postvention Team Updates</u>: note the Postvention Teams need to be precise about the nature of the group. The initiatives are not 1st response level intervention or clinical care. The groups are intended to provide resources and potential referrals for individuals, families, and communities that are experiencing a suicide death. Potential renames: Postvention Network or Postvention Collaborative. Groups have experienced hesitancy from towns who don't want any legal responsibility related to suicide postvention. The important take away is that postvention teams provide support "down the long haul of loss"

<u>New Fairfield</u>: the community experienced an untimely death that created an opportunity to activate the postvention work of the group. The team mobilized supports to provide mental health resources due to the nature of the individuals' status within the community. The death had a social media presence which contributed to the wide spread of information pertaining to the tragedy. The team learned in practice how each sector of the community can be leveraged and supported during times of loss. Having relationships within the community directly contributes to the efficacy of the postvention response.

Two adult suicides within recent weeks. The team did not discover information from first responders, discussion about when its appropriate to reach out to loss survivors to provide resources. Noted: every circumstance is different and not every family is going to be open about the cause of death.



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<u>Danbury</u>: recent suicide occurred in Danbury, the team was not in a place to provide support and observe what steps steps were taken and how to be involved in the response work. The team is assessing what needs to be finished up for their writing in order to be published. Note: teams might be better positioned to have a physical binder with information so that it is always available rather than worrying about what agency is housing the documents.

Resources and Trainings: please see attachments for menu of trainings relevant to the work.

SELF CARE IS IMPORTANT please, remember that you are doing your very best with incredibly difficult work.

Next meeting: March 23 at 10:00AM on Zoom