

CT Suicide Advisory Board Meeting Minutes

Meeting Date: November 10, 2022

Location: Zoom Virtual Meeting

Present: Erica Aldieri, Jeanette Baker (United Way CT), Lisa Barry (UConn Health), Rayallen Bergman (CCPG), Torry Bernard, Leslie Browning, Haley Brown (DMHAS), Brendan Burke (OCA), Constance Capacchione (Uncas Health District), Jessica Chesbro (Ctr for Empowerment & Education), Vashon Chislum (Univ St Joseph), Heather Clinger (Wheeler), Amy Cloutier, Adele Cyr (Amplify), Belle Cyr (Enfield Youth Svcs.), Paige D, Ann Irr Dagle (Brian Dagle Fdn), Sarah DeFlumeri (Naugatuck Youth Svcs), Melissa Demma (United Services), Andrea Duarte (DMHAS), Kelley Edwards (DMHAS), Amy Evison (CHR), Jennifer Esposito (Judicial Branch), Taylor Gainey (APW), Grace Grinnell (NAMI Farmington Valley), Latoya Hinds (DMHAS), Mark Irons (SERAC), Aaron Jackson (Join Rise Be), Angela Jimenez (DPH), Robert Kanehl (CT Poison Control), Angelina Karwowski (Bristol-Burlington Health District), Lynn Kelley, Karen Kutzner, Pamela Lang (CSSD), Michelle Leibovitz (Rich Wright Productions), Valerie Lepoutre (NAMI CT), Jill Lloyd (Vibrant Emotional Health), Susan Logan (DPH), Cathy Ludlum (Second Thoughts CT), Mollie Machado (DMHAS), Steve MacHattie (Charter Oak Family Ctr), Mike Makowski (DPH), Michael Moravecek (CTARNG), Allyson Nadeau (Amplify), Lucy Orellano (OCA), Shauna Pangilinan (OCME), John Panicek (CT Rivers Scouting BSA), Adam Perrin (UConn School Medicine), Michelle Peters (AFSP-CT), Jonathan Pohl (CCSU), Samara Rainey, Paula Rego (IOL), M Romero, Richard Siddall (SMART Recovery), Heather Spada (United Way CT), Jennifer Sussman (UConn Health), Alyeska Tilly (DMHAS), Jennifer Tirado (Toivo), Colleen Violette (DPH), Elsa Ward (DMHAS), Sara Wakai (UConn Health), LoriBeth Young (DSS), and Susan Yurasevecz (DPH).

AGENDA ITEM/TOPIC	SUMMARY OF DISCUSSION	OUTCOME/ACTION /RESPONSIBLE
I. Welcome and Introductions	Ann Dagle and Andrea Duarte welcomed attendees.	
Review of Minutes	October minutes approved	
II. Presentation <i>Why We Didn't Tell You: Learning from lived experience of those with suicidal thoughts</i> Attempt Survivor and Lived Experience Committee Sam Rainy Valerie Lepoutre Steve MacHattie Susan Yurasevecz Jennifer Tirado	Goals of the presentation: <ul style="list-style-type: none"> - Reasons someone struggling with suicidal urges may stay quiet - Offer things we've found helpful when we've been in this position - Destigmatize suicide by talking about it openly Group was formulated because many people don't share with loved ones or providers for months or years later. How do we encourage them to speak up and reach out for help? <ul style="list-style-type: none"> - Conducted a survey among members - What was your state of mind in that moment? Shame, hurt, burden, worthless, not good enough, lost hope, distraught, rejected, tired, angry, upset, numb, ending pain felt and pain caused, loneliness, disappointment. Themes around the lies our minds tell us. Just a fraction of experience for many people who struggle. - What were your fears in reaching out for help? Making people feel disappointed or like a failure (therapists, parents, loved ones), didn't think I deserved help, taking up space for someone who needs it more, when I did speak up fear / threat of being 	

CT Suicide Advisory Board Meeting Minutes

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	<p>hospitalized (from helpline or medical center), one response stated, another reason to be discarded or rejected, “it didn't even occur to me”</p> <ul style="list-style-type: none"> - Screenings' can feel impersonal, done inappropriately, without empathy or humanity, and feel dehumanizing (ie. Not given privacy, asked in group/presence of others, no care in tone of voice, no eye contact/ looking at computer screen or notepad, back turned, “just checking off a box/doing a protocol”) <p>Looked at published research: Published research findings on reasons why people didn't report.</p> <ul style="list-style-type: none"> - PHQ-9s wording is open to interpretation - Sometimes attempts were not premeditated/ planned at time of questioning (alcohol is a precipitant for 1/3rd of them) - Difficulty talking about suicidal thoughts - Fears about losing confidentiality - Fears about losing autonomy, maybe being locked up - Stigma & embarrassment - Feared overreaction on healthcare providers part - Didn't think others would care - Didn't want to cause stress to others <p>Study was done to explore perspectives of patients who made a suicide attempt after having reported no thoughts of self-harm to identify factors that might facilitate or conclude patients from disclosing suicidal ideation in healthcare settings</p> <ul style="list-style-type: none"> - Key themes: <ul style="list-style-type: none"> - Not experiencing suicidal ideation at time of screening - Feared outcome of the disclosure - Reports included heavy episodic drinking at time of screening, particularly when suicide was completely unplanned <p>People also identified important aspects of interactions with healthcare providers that can facilitate disclosure</p> <ul style="list-style-type: none"> - Ask them for studies if interested <p>Prevalence of suicidal thoughts among outpatient clients</p> <ul style="list-style-type: none"> - 25% of those who attempted suicide one week after completing the PHQ-9 responded “not at all” to Q9: “In the past two weeks, how often have you thought that you would be better off dead or hurting yourself in some way?” - Half of folks who died by suicide denied suicidal ideation sometime in the week or month preceding the suicide 	

CT Suicide Advisory Board Meeting Minutes

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	<ul style="list-style-type: none"> - Between half and three quarters of persons with suicidal ideation do not report it or may even deny it if asked directly about it <p>Why did they not disclose suicidal ideation?</p> <ul style="list-style-type: none"> - Embarrassed, hate when they put it on record and it doesn't look good, and it looked like I'm crazy. - Lived committee survey received similar response - Not all suicidal urges are created equal, but all stated urges must be taken seriously - I have struggled with urges for many years, so when I say that I may just be acknowledging that I'm feeling overwhelmed and don't know what to do. (Thought of suicide may become coping skill and the only way they know how to say they're overwhelmed and don't know what to do) - When I say it I've been thinking about it for a while and may be closer to acting on it If I say it, things for me are feeling really bleak (Not comfortable with how I'm feeling and need help) - All of these are reasons why the conversation we have with someone who struggles is as important, if not more, than the scales we have to fill out for insurance companies and focus on liability <p>Current mental health systems impact:</p> <ul style="list-style-type: none"> - Although well intentioned, many factors in our current MH system can exasperate those feelings of feeling like a burden - Thoughts of suicide and history of attempts can be very stigmatized experiences. Some providers are unwilling to work with patients/clients deemed high risk. Having this history in our records can affect the way people treat us and respond to us. Sometimes the response is punitive and based on judgement rather than compassion. Certain diagnosis are more stigmatized than others. <p>Asked those that did speak up if they regretted speaking up</p> <ul style="list-style-type: none"> - The fear and isolation in the hospital alone made me regret speaking out - Experiencing more trauma being hospitalized and even experiences of sexual assault - Sought help from a psychiatrist but left feeling so personally violated thinking to myself "I'm not this sick" - Even the idea of being coerced or things like having people lose so many of their freedoms when hospitalized (phone taken away, being stripped down, no access to items of comfort if they don't fit what is "safe", clinicians thinking of worst possible scenario, and often times the very people who ask are not people who have been in that position themselves and have a hard time conceptualizing how big of an ask that is and how much people are effected when they go into these spaces) 	

CT Suicide Advisory Board Meeting Minutes

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	<ul style="list-style-type: none"> - Often times people don't have a job that allows them to have sick days and may lose their jobs which can lead to jeopardy of home or other assets - Often times hospitalization is well intended but there is a huge risk with hospitalization around people's lives being at greater despair when they get out - These protocols also effect clinicians and put them in a difficult place where they are being forced to act in ways that are contrary to basic human compassion - Suicide often regarded as undesirable symptom that should be eradicated, rather than an indicator of unresolved trauma or an understandable response to an unbearable situation <p>Better outcomes:</p> <ul style="list-style-type: none"> - Avoid over reactions from mental health staff - Avoid loss of autonomy to person struggling, especially via protocols in hospital system - People who take risk of answering yes to screenings / questions should be met with care and empathy to provide true patient centered care - A core ethical challenge may be providing short term procurement's that do not provide long term solutions and lack collaboration - Avoid just checking boxes, and "one size fits all" protocols and approaches - There are conflicting studies saying questionnaires are effective and others saying they are not as effective as once thought. How surveys are said, and care is delivered makes a difference. - Inform your care, take trainings, learn from people with lived experience and experts in the field. <p>Advocating for system changes</p> <ul style="list-style-type: none"> - Lobbying, advocacy, voting - Advocate for policy changes within your own organization - Speak up when you see unduly coercive practices - Supports organizations doing this work, especially peer-led non-profits - Incorporate expertise from lived experience community into existing boards or committees or form new ones. Put people with lived experience into leadership positions - Resources and contact information available in the slide deck <p>To view the presentation, visit: https://www.ctclearinghouse.org/Customer-Content/www/files/PDFs/Why_I_didnt_SayAnything_-_Updated.pdf</p>	

CT Suicide Advisory Board Meeting Minutes

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III. Reports	<p><u>Grant Initiatives</u> CDC Grant</p> <ul style="list-style-type: none"> - Jeanette Baker shared 3 out of the 6 current awareness social media sds (part of a 4-phase campaign part of DPH safety plan and Gizmos plan.) Videos are currently being played till end of year. They are available along with other resources at https://www.preventsuicidect.org/get-materials/mental-health-videos/ to share on your own social media. <p>Tribal Grant Update—Good Medicine Project</p> <ul style="list-style-type: none"> - Hosted a pop-up event in the pharmacy parking lot on the reservation and were able to engage tribal and non-tribal community members and employees with information and resources on suicide prevention. - Scott Barton was honored to speak at the RSAB’s CTSAB Prevention event in Meriden. - October brought more opportunities to share the indigenous perspective and provide insight to the needs of native communities. - Scott presented during the CT Judicial Branches Diversity week. - November is Native American Heritage Month. - Scott is currently presenting at the APHA National Conference. - On Saturday, Nov. 12 at the Pequot Museum & Research Center is having a Veteran’s Pow Wow from 10am – 6pm and is open to the public for anyone who would like to attend. - Working with AFSP to do their “It’s Real: Teens & Mental Health” workshop for community youth and parents/caregivers. The intent is to make it an intertribal event by inviting and engaging sister tribes from around New England. (Mohegan, Narragansett, Golden Hill Paugussett, Eastern Pequot, Shinnecock, Schaghticoke, Wampanoag & Aquinna tribes) <p><u>Regional Suicide Advisory Boards</u> https://www.preventsuicidect.org/about-us/regional-sab-business/</p> <p>Region 1/Southwestern</p> <ul style="list-style-type: none"> - The Hub continues to offer Naloxone and Question, Persuade, Refer (QPR) trainings twice a month open to the general public and offer agency specific training per request - RSAB Coordinator Victoria recently attended an ASIST training conducted by another RSAB Coordinator Adele Cyr 	

CT Suicide Advisory Board Meeting Minutes

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	<ul style="list-style-type: none"> - Continue to work closely in support of communities who have suffered a youth untimely death and are in need of postvention guidance - The Hub attended Fairfield County's AFSP Out of the Darkness Walk which took place in Westport and had a table at the event - Also tabled and participated at numerous Fresh Check Day events since the last CTSAB Meeting - The Hub will be a sponsor and attend the upcoming My Friend Gillian Fundraiser. - Continue to work closely with and support the Norwalk community in their beginning stages of suicide prevention/intervention and postvention work and implementation. - Next RSAB meeting: December 9 (virtually) from 12:00am - 2:00pm - To RSVP to the RSAB meeting or any other training offered through The Hub (such as QPR) visit www.thehubct.org/events <p>Region 2/South Central</p> <ul style="list-style-type: none"> - Continued QPR trainings both virtually for community and in person for stakeholders - Clinton had second Honest Community conversation where they learned more about warning signs and resources were passed out - Assisted with training at Amplify - Partnering with group Elis for Rachel, who is advocating for better mental health care and stigma reduction at Yale University, to engage them in postvention efforts - Next meeting: Tuesday December 6, 10:30am <p>Region 3/Eastern</p> <ul style="list-style-type: none"> - October 18 meeting discussed suicide among middle aged adults and had training - Working on QPR trainings with groups such as: Res Life at Mitchell College, Life Star flight crews through Hartford Healthcare, and staff from Eastern CT Sexual Assault Center - November 1 RSAB meeting featured a presentation from NAMI CT on their programs and resources - Held Veteran-specific gatekeeper training through staff from VA in Orange CT - Got signage placed of hope and help at two loss sites in the region (public parking center and bridge location) - Providing assistance to a school having an anniversary of a loss coming up this year - Next meeting: December 6 at 9:00am, topic: Adult crisis services - December 14 NAMI provider training 	

CT Suicide Advisory Board Meeting Minutes

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	<p>Region 4/North Central</p> <ul style="list-style-type: none"> - QPR monthly, doing collaboration with CT Children’s - Offering Naloxone monthly in the community - Specific QPR trainings coming up for Veterans groups, Ministry groups - Last RSAB meeting had a 988 presentation - Next meeting: February 16 with a presentation from Office of Chief Medical Examiner <p>Region 5 /Western</p> <ul style="list-style-type: none"> - Split postvention meetings from their quarterly RSAB meetings - First Suicide Prevention Information Network (SPIN) discussion meeting on October 26 - Holding a postvention training on November 30 - Continue to hold monthly QPR and Naloxone trainings (none in December) - Working on pulling together a panel to discuss screening, highlighting the C-SSRS - Next meeting is December 21 at 10:00am via Zoom <p><u>Foundations</u></p> <p>American Foundation for Suicide Prevention (AFSP) https://afsp.org/</p> <ul style="list-style-type: none"> - Walk season has wrapped up, expecting to raise approximately \$370,000 by end of year - November 19 is the annual International Survivors of Suicide Loss day with two events (one in-person and one virtual) - Drag Saves Lives event in Hartford - Joined mental health task force in Darien to address recent losses in community with policy and programming - Nov 18 presenting at CT Association for Health, Physical Education, Recreation and Dance conference - Train the trainer for Talk Saves Lives coming up TBA - Working with former law officer (Now has PhD in Suicidality) Has 4 part training program: Real Resilience in mental health workshop for Law enforcement, Suicide prevention and awareness workshop, Resilience workshop, Psychological autopsy training for first responders - Annual conference at end of January <p>Brian Dagle Foundation https://brianshealinghearts.org/</p> <ul style="list-style-type: none"> - Spoke at AFSP Hartford Out of Darkness Walk 	

CT Suicide Advisory Board Meeting Minutes

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	<ul style="list-style-type: none"> - Many asks for presentations of grief through the holidays, just did presentation at local high school, have online 6-week program running through Dec 20 on sharing grief through the holidays - Niantic Jingle Bell 5k December 10, registration is open - Time to Remember Dec 11 non-denominational service to honor and remember people lost - January - Train people to become support group leaders – all types of loss, creating group for addiction loss <p>SAVE https://save.org/</p> <ul style="list-style-type: none"> - No update <p>Jordan Porco Foundation https://www.rememberingjordan.org/</p> <ul style="list-style-type: none"> - No Update <p>My Friend Abby https://www.myfriendabby.org/</p> <ul style="list-style-type: none"> - No update <p><u>Committees</u></p> <p>Attempt Survivors/Lived Experience</p> <ul style="list-style-type: none"> - Attended East Hartford walk – set up booth to ask “what is your hope” - Had been working hard on today’s CTSAB presentation <p>Data to Action</p> <ul style="list-style-type: none"> - Postposed November 1 meeting, Next meeting is December 7, 1:00pm-2:00pm - Presenting synopsis of COP experience and decide next steps, presentations and needs of group - VDRS update as of Oct 31, we have had 324 suicides (preliminary data) <p>Education & Advocacy Committee</p> <ul style="list-style-type: none"> - Establishing committee goals and prospective materials for development - Group direction has been decided- would like to focus efforts on building “baseline” materials such as universal 1-pager with general information on who the CTSAB is and what we do, and materials for RSABs as well - Plan to develop general materials to use for advocacy, advocacy 101, sharing your story, testifying, etc. - Next meeting December 1, 1:00pm - Contact: Alyeska.tilly@ct.gov <p>Intervention-Postvention Response</p> <ul style="list-style-type: none"> - Updating loss support materials to get them to current status and make them available on the prevention website 	

CT Suicide Advisory Board Meeting Minutes

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	<ul style="list-style-type: none"> - Trying to increase loss support in the state - Efforts for postvention in academic / college campuses - Next meeting: December 1 <p>Lethal Means</p> <ul style="list-style-type: none"> - Looking at statewide plan – want to work on materials for two populations: older population and those under the healthcare arena - Looking for input with those with lived experience - Working in alignment on CDC grant for older population <p>Zero Suicide and Clinical Workgroup</p> <ul style="list-style-type: none"> - Thank Patty Graham for her years of dedication and leadership on the committee and welcomed Marissa Sicley-Rogers as tri-chair for learning collaborative - Next meeting: Nov 23 discussing 2023 goals <p>Awareness Campaign https://www.preventsuicidect.org/</p> <ul style="list-style-type: none"> - October website visits reached 2,000 visits, spike from October 28-31 with top visited page being the 988 page. - Campaign has continued to place advertisements at school sports games 	
IV. Member Updates	<ul style="list-style-type: none"> - Sam Rainey will be moving to NH but will stay connected 	
	Meeting adjourned	
<p>2021-2022 Meeting Schedule</p> <p>Meetings are the second Thursday of the month, 9:00am—11:00am</p> <p>Meetings are currently scheduled virtually. Please refer to the monthly meeting announcement for meeting information.</p>	<p>2023 meeting planning</p> <ul style="list-style-type: none"> - Special populations, particular strategies, people to connect with, what you’d like to learn more about, can bring speakers outside of CT - Let the tri-chairs know if you have any ideas - Andrea.Duarte@ct.gov Alice.Demeo2@ct.gov Ann@brianshealinghearts.org <p>Dates/Presentations</p> <p><u>2021-2022 Meeting Dates/Presentations:</u></p> <ul style="list-style-type: none"> - 12/8/22: Jeanette Baker, United Way of CT/211 and Kevin Burns, CT Department of Transportation, CTSAB Lethal Means Committee, <i>Addressing Lethal Means through Partnerships for Suicide Awareness</i> <p>Subcommittee meetings are listed in the monthly meeting announcement sent on the CTSAB listserv.</p>	