**Talking Points and Data Briefing on Population Level Strategies**

**Take-Home Points:**

* Individuals of all ages can benefit from Social-Emotional Learning, Mindfulness, and Connection as protective factors.
* School-based settings can integrate Social Emotional Learning and Mindfulness programs into their curriculums and practices.
* Existing organizations and groups can integrate connectedness interventions into their current practices.

**Population Level Strategies**

A population-based approach to prevention aims to address broad social, emotional, and physical factors that can ultimately influence suicide risk. Strategies at the population level seek to enhance protective factors such as connectedness, contacts with caregivers, problem solving skills, and coping skills. Protective factors are characteristics that make it less likely that an individual will consider, attempt, or die by suicide. They also promote knowledge of warning signs and how to help as well as what resources are available to support people who are struggling. The ultimate goal of population-level approaches is to prevent people from going down the suicidal crisis path.

Population level strategies are most effectively implemented as part of a comprehensive strategy that includes prevention and early intervention: identifying and helping people at risk, as soon as possible; treatment for those who are struggling with behavioral health issues and after a suicide attempt; and postvention after a suicide loss.

*Suicide Prevention Resource Center Resources:*

Risk & Protective Factors: <https://www.sprc.org/about-suicide/risk-protective-factors>

Comprehensive Approach to Suicide Prevention: <https://www.sprc.org/effective-prevention/comprehensive-approach>

**Resources for Population-Level Strategies**

**CDC Technical Package on Preventing Suicide**

The CDC's Preventing Suicide: A Technical Package of Policies, Programs, and Practices includes a range of strategies that have an evidence base, including:

* Strengthening economic and housing supports
* Creating protective environments through reducing access to lethal means, organizational policies and culture that are oriented around wellness and reducing stigma, and addressing excessive alcohol use
* Promoting connectedness through peer support programs and community engagement activities
* Teaching problem solving and coping skills through programs and schools, workplaces, and other community settings
* Lessening harms and preventing future risk through postvention after a suicide loss (covered in webinar 1) and safe reporting and messaging about suicide
* CDC Technical Package on Preventing Suicide: <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>

**Workplace Suicide Prevention**

Most of the people who die by suicide are working age adults, many of whom spend a significant portion of their time at work. Workplaces offer an opportunity to promote wellness among this large and dispersed population. The resources below offer guidance for upstream approaches as part of a comprehensive suicide prevention strategy in workplaces.

* Comprehensive Blueprint for Workplace Suicide Prevention: <https://theactionalliance.org/resource/comprehensive-blueprint-workplace-suicide-prevention>
* Each Mind Matters Resource Collection on Suicide Prevention in the Workplace: <https://emmresourcecenter.org/collection/suicide-prevention-workplace>
* Construction Industry Alliance for Suicide Prevention: https://www.cfma.org/suicideprevention

**Social Emotional Learning (SEL) for Suicide Prevention**

SEL is the process, through which children and adults acquire and effectively apply the knowledge, attitudes and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. SEL utilizes an outside-in approach, with a focus on teaching skills; for example, a teacher introduces a skill such as recognizing an emotion, the students practice it for a set amount of time, and then the teacher moves on to the next skill.

The skills and strategies that children and teens gain through SEL have been shown to increase protective factors and reduce risk factors associated with suicide (AAS & SPTS, 2012). There’s a growing amount of research supporting the use of evidence-based SEL programming in the school setting, as part of the “upstream prevention” of youth suicide (Benson, 2006; Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2002; Guerra & Bradshaw, 2008; Weissberg, Kumpfer, & Seligman, 2003). Upstream prevention is defined as, “approaches that reduce risk factors or enhance protective processes that influence the likelihood that a young person will become suicidal”. Risk factors are those that increase the risk of suicide for individuals and protective factors are those that can buffer individuals from suicidal thoughts and behaviors. By specifically targeting risk and protective factors, SEL can be an effective public health approach to youth suicide. It’s been found that students receiving quality SEL instructions demonstrated the following: better academic performance, improved attitudes and behaviors, fewer negative behaviors, and reduced emotional distress (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). These positive outcomes serve a dual function: as protective factors that decrease problem behaviors and as foundations that support healthy development and success in life (Cicchetti, Rappaport, Sandler, & Weissberg, 2000; Durlak & Wells, 1997; Elias, Zins, Weissberg, Fre, Grenberg, & Haynes, 1997). Furthermore, research has found that SEL programming in youth can have a positive impact up to 18 years later on academics, conduct problems, emotional distress and drug use (Taylor, Oberle, Durlak, & Weissberg, 2017).

While much of the research on SEL today focuses on young people, it has also been shown to be useful for adults. The Collaborative for Academic, Social and Emotional Learning (CASEL) suggests that adults most certainly in the school setting such as teachers, principals, and counselors develop social and emotional competences in order to create a supportive classroom and climate, but also largely to help manage their own emotions, stress, and job satisfaction (Greenberg, Brown, & Abenavoli, 2016). A growing amount of research has found that teachers trained and supported in implementing SEL programs have lower job-related anxiety and depression (Tyson, Roberts, & Kane, 2009). Furthermore, the growth of social and emotional skills can lead to the development of protective factors for adults *outside of the school setting*, as they become better able to manage their own emotions and stress better.

**Evidence-Based Social Emotional Learning Programs**

**The Collaborative for Academic, Social and Emotional Learning (CASEL)** **supports** educators and policy leaders to enhance the experiences and outcomes for all Pre-Kindergarten through 12th grade students, by incorporating evidence-based social emotional learning into education curriculum and practice. CASEL’s District resource center offers guidance, and more than 500+ tools and resources to support high quality SEL implementation

CASEL provides information on over 40+ evidence-based SEL programs. Each program description includes evidence of effectiveness, grade range covered, average number of sessions per year, information for implementation and much more.

* CASEL: [https//casel.org](https://casel.org/)
* CASEL’s District Resource Center: <https://drc.casel.org/>
* CASEL’s Evidence-Based SEL Programs: <https://casel.org/guide/programs/>

**CARE for Teachers Program**, standing for Cultivating Awareness and Resilience in Education, was developed by the Garrison Institute. The CARE program utilizes an emphasis on emotional skills instruction to promote understanding, recognition, and regulation of emotions. Research has found that the CARE program supports teachers by improving their well-being, efficacy, and emotional regulation, reducing their psychological distress, and improving their physical health (Jennings, Snowberg, Coccia & Greenberg ,2011; Jennings, Brown, Davis, Frank, Doyle, Rasheed, DeWeese, Demauro, Cham, & Greenberg, 2017)

* CARE for Teachers Program: <https://createforeducation.org/care/>

Listed on the Suicide Prevention Resource Center, as an evidenced-based “upstream” program the **Good Behavior Game (GBG)** is a universal classroom-based behavior management strategy for elementary school that teachers use along with a school’s standard instructional curricula. GBG uses a classroom-wide game format with teams, as well as rewards with the intent of socializing children to the role of being a student and a member of the classroom community. Research has found that it reduces aggressive, disruptive classroom behavior, which is a shared risk factor for later problem behaviors, including adolescent and adult illicit drug abuse, alcohol abuse, cigarette smoking, antisocial personality disorder, violent and criminal behavior, and suicidal thoughts and behaviors (Kellam, Mackenzie, Brown, Poduska, Wang, Petras, & Wilcox, 2011).

* The Good Behavior Game: <https://www.sprc.org/resources-programs/good-behavior-game-gbg>

**Social Emotional Learning Resources**

* Center on the Social and Emotional Foundations for Early Learning: <http://csefel.vanderbilt.edu/>
* Navigating Social and Emotional Learning from the Inside Out— Looking Inside and Across 25 Leading SEL Programs: A Practical Resource for Schools and OST Providers) Elementary School Focus: <https://www.cde.ca.gov/eo/in/documents/selresourcesguide.pdf>
* Social and Emotional Learning Resource Finder: <http://www.selresources.com/>
* California Social and Emotional Learning Community of Practice is a partnership with Sacramento, Orange, and Butte Counties to build capacity within County Offices of Education. For more information contact, Dr. Lucy Vezzuto at Ivezzuto@ocde.us or Brent Malicote at bmailicote@scoe.net.

**Mindfulness for Suicide Prevention**

Mindfulness is defined by the Greater Good Science Center as the moment-by-moment awareness of our thoughts, feelings, bodily sensations, and surrounding environment. It draws on the premise that each individual has the natural capability for relationship-building qualities such as empathy and kindness. Furthermore, mindfulness has been described as having four distinct, yet overlapping processes: contact with the present moment, psychological acceptance, cognitive defusion, and self as context. Being mindful allows for a clearer understanding of how one's thoughts and emotions impact health and quality of life.

Several studies that have found that mindfulness reduces rumination, stress, and increases an individual’s positive affect, or the extent to which someone experiences positive emotions and sentiments. Research also supports the notion that mindfulness meditation decreases emotional reactivity (Ortner, Kilner, Zelazo, 2007). Evidence also suggests that mindfulness has numerous health benefits, including increased immune functioning (Davidson, Kabat-Zinn, Schumacher, Rosenkranz, Muller, Santorelli, Sheriden, 2003), improvement to well-being (Carmody & Baer, 2008) and reduction in psychological distress (Coffey & Hartman, 2008; Ostafin et al., 2006).

A growing body of evidence suggests that experiential avoidance, or the tendency to escape or avoid unwanted thoughts, emotions, memories, and sensations, even when doing so is futile or causes harm, is a core common process in those who are suicidal (Luoma & Villate, 2012). The idea of experiential avoidance overlaps with several other concepts that have been associated with suicidal behavior, including lack of distress tolerance (Linehan, 1993), cognitive and emotional suppression (Najmi, Wegner, & Nock, 2007), and emotion/avoidance-focused coping (Edwards & Holden, 2001). A number of studies have shown that interventions focused on increasing clients’ mindfulness of psychological events can in fact reduce the likelihood of experiential avoidance (Hayes, Luoma, Bond, Musada, Lillis, 2006). This research suggests that implementing mindfulness-based programs may be a promising suicide prevention strategy. Furthermore, mindfulness-based interventions have been shown to result in large reductions in depression, substance abuse, anxiety, and psychotic symptoms (Hofmann, Sawyer, Witt, & Oh, 2010; Hayes, et. al, 2006).

Research has also found that mindfulness can be helpful in the school setting, both for administrative staff and students. When teachers learn and practice mindfulness, they experience reduced stress and burnout, greater efficacy in doing their jobs, more emotional supportive classrooms, and better classroom organization, (Roeser, Schonert-Reichl, Jha, Cullen, Wallace, & Wilensky, 2013; Jennings, et. Al, 2011; Jennings, et. al, 2017, Flook, Goldberg, Pinger, Bonus, Davidson, 2013). Furthermore, studies have found that youth who practice mindfulness experience and develop: attention and learning skills, social and emotional skills, and resilience (Napoli, Krech, & Holley, 2005; Schonert-Reichl, Oberle, Lawlor, Abbott, Thomson, Oberlander & Diamond, 2015; Metz, Frank, Reibel, Cantrell, Sanders, & Broderick, 2013)

**Evidence-Based Mindfulness Programs**

**Mindfulness-Based Stress Reduction (MBSR**), was the first mindfulness-based program to be developed within the healthcare setting . In MBSR, individuals learn to recognize habitual, unhelpful reactions to difficulty and learn to instead bring an interested, accepting and non-judgmental attitude to all experiences, including difficult emotions, thoughts, and behaviors. Research has found that MBSR is beneficial for general psychological health and stress management in those with medical and psychiatric illness, as well as in healthy individuals (Janssen, Heerkens, Kuijer, van der Heijden, Engels, 2018).

**Dialectical Behavior Therapy (DBT),** is an evidence-based intervention that incorporates eastern meditative practices within a cognitive-behavioral framework. DBT is taught as a series of skills in four modules: mindfulness, interpersonal effectiveness, emotional regulation, and distress tolerance. DBT supports individuals to learn how to gain awareness of, and accept, their emotions. Research has shown that by developing these skills, individuals will better manage their overall responses to distressing situations. Research has also shown that individuals receiving DBT have lower levels of suicide attempts, as well as self-harm, compared to individuals receiving alternative evidence-based treatment (Linehan, Comtois, Murray, Brown, Gallop, Heard, n.d). DBT has also been found to be successful in the treatment of substance abuse and eating disorders (Linehan, Dimeff, Reynolds, Comtois, Welch, Heagerty, 2002).

* Dialectical Behavior Therapy: <https://www.sprc.org/resources-programs/dialectical-behavior-therapy>

Based on principles of the MBSR, **Mindfulness-Based Cognitive Therapy (MBCT**), is a promising evidence-based intervention that utilizes mindfulness. There’s a significant amount of empirical evidence in support of using MBCT to decrease the risk of depressive relapse, as well as in the treatment of anxiety (Mackenzie & Kocovski, 2016). MBCT combines traditional cognitive behavioral techniques with mindfulness strategies in order to help individuals better understand and manage their thoughts and emotions in order to achieve relief of feelings of distress. MBCT has been shown to help participants learn how to recognize their sense of being and see themselves as separate from their thoughts and moods. This disconnect can allow people to become liberated from their thought patterns in which the same negative messages may be replayed over and over.

**Learning to Breathe** is a research-based mindfulness curriculum created for the classroom or group setting. The curriculum is being used nationally and internationally and has been published in English and Chinese. Among adolescents and young adults, studies have show the increases calmness, self-acceptance, self-efficacy, emotional regulation, life satisfaction, and sleep quality (Metz,et.al, (2013); Broderick & Metz, 2009; Dvorakavo, Kishida, Ellavsky, Broderick, Argusti, & Greenberg, 2017).

* Learning to Breath: <https://learning2breathe.org/>

**.b** which stands for “Stop, Breathe, and Be” is a mindfulness based classroom program specifically for youth aged 11 – 18 and is delivered in a series of 9 practical lessons.

* .b: [http://mindfulnessinschools.org](http://mindfulnessinschools.org/)

**Transformative Life Skills** is a comprehensive dynamic evidence-based and trauma-informed mindfulness curriculum. The four-twelve lesson units progressively build on each other in the areas of stress management, self-awareness, emotional regulation, and healthy relationships.

* Transformative Life Skills: <http://www.niroga.org/training/tls/>

**Kripalu Yoga in the Schools** is the final mindfulness-based program. The yoga-based program consists of three modules, each of which focuses on breathing exercises, experiential activities, yoga poses, relaxation, and ending in closure. The program is also meant to increase a sense of community and relationship development amongst students. The Kripalu Yoga in the Schools curriculum is designed to be implemented by a certified yoga teacher who has received a 60-hour teacher training.

* Kripalu Yoga (mindfulness): [http://www.kripalu.org](http://www.kripalu.org/)

**Mindfulness-Based Applications**

Over the past several years there has been an increase in the app space of mindfulness-based apps. Included below are several that are available that the Heard Alliance supports. In addition, GritX is also featured which is a free program that includes self-care kits and the promotion of journaling and mindfulness exercises.

* Mindshift​: https://www.anxietycanada.com/resources/mindshift-cbt/
* Stop, Breath, and Think: <https://www.stopbreathethink.com/>
* Calm: https://www.calm.com/
* HeadSpace: https://www.headspace.com/
* Insight Timer: https://insighttimer.com/
* Grit-X: https://gritx.org/

**Promoting Connectedness**

**Happiness**

Happiness can be seen as a foundational protective factor against suicide. In recent years efforts to study and improve happiness not only at the individual level, but at the population level, have gained traction. The World Happiness Report is an annual publication from the United Nations Sustainable Development Solutions Network that compiles measures of happiness using surveys across 156 counties. A few common factors underly happiness despite the vast differences between the countries included in the survey. These factors include: Having close, supportive relationships and connection to others, helping others, good health, including mental health, and a sense of purpose or meaning in life.

* The World Happiness Report: <https://worldhappiness.report/>

**Research on Social Connectedness as a Protective Factor**

According to the Center for Disease Control (CDC) connectedness is the degree to which a person or group is socially close, interrelated, or shares resources with other persons or groups. The definition encompasses connections between individuals, their families, community organizations and social institutions. A significant amount of research establishes connectedness as a protective factor amongst adolescents, teens, adults, and older adults.

Amongst adolescents or young adults, research has found that those who feel close to their parents are less likely to engage in violence (Farrell, Mays, Bettencourt, Erwin, Vulin-Reynolds, & Allison, 2010), have lower risk for internalizing disorders (Day & Padilla-Walker, 2009), and are less likely to attempt suicide (Borowsky, Ireland, & Resnick, 2001). Adolescents and young adults who feel a sense of value to their school communities by peers and adults have been found to have improved academic outcomes (Booker, 2006) and a decrease in risky behaviors (Dornbusch, Erickson, Laird, & Wong, 2001). There has also been a strong association between positive social, academic, and health-related behaviors amongst youth who were involved in high-quality youth-mentor relationships (Sieving, McRee, McMorris, Shlafer, Gower, Kapa, & Resnick, 2017). Furthermore, youth’s perception of being able to count on their community for support and assistance, as well as perception of being cared for by adults in their community was found to be a protective factor against suicidal ideation and attempts in a national sample of Native American youth (Borowsky, Resnick, Ireland & Blum, 1999).

Connectedness between persons or at the individual level has been found to decrease the threat-level appraisal of experienced stress, as well as increase an individual’s ability to cope with stressful situations (Cohen, 2004). According to the CDC, close and supportive interpersonal relationships may also discourage individuals from adopting maladaptive behaviors such as substance abuse. Research has found that the number of friends an individual has, the high frequency of social contact and low levels of isolation and loneliness serve as protective factors against suicidal thoughts and behaviors in both adolescents, young adults, and older adults (Bearman & Moody, 2004; Donald, Dower, Correa-Velez, & Jones, 2006). Furthermore, contact with individuals, even those as simple a letter or card from a provider to a patient, have demonstrated reductions in suicide risk (Fleischmann, Bertolote, Wasserman, Leo, Bolhari, & Botega, 2008; Motto & Bostrom, 2001).

Communities can increase connectedness by strengthening cultural values and cultural identity. It’s important to note that culture in this context can refer to racial or ethnic, vocational, such as first responders and culinary professions; as well as special populations, such as military culture.

Research with various Native American populations has identified a sense of connectedness of the individual with their family, community, and natural environment as an important element of Native American world views (Hazel & Mohatt, 2001; Hill, 2006;), a protective factor against substance use and suicide (Allen, Mohatt, Fok, Henry, & The People Awakening Team, 2009), and an aid in recovery from substance use disorders (Gone, 2009; (Mohatt, Rasmus, Thomas, Allen, Hazel, & Marlatt, 2007). Existing research on veterans has found that experiencing a higher level of social connectedness may serve as a protective factor against psychological distress, depression, PTSD, low self-esteem and suicidal ideation Fanning & Peirrzak, 2013).

**Evidence-Based Programs Around Connectedness**

Listed on the National Best Practices Registry by the Suicide Prevention Resource Center, as well as SAMHA’s National Registry of Evidence-based Programs and Practices, **Sources of Strength** seeks to prevent suicide by increasing help seeking behaviors and promoting connections between peers and caring adults. Sources of Strength is one of the first suicide prevention programs to involve peer leaders in an effort to enhance protective factors associated with reducing suicide at the school population level.

* Sources of Strength: https://sourcesofstrength.org/discover/evidence/

**Volunteering**

Volunteering has many wellness-enhancing benefits. Volunteering is associated with less depression, more positive affect and happiness, and overall greater life satisfaction (Jenkinson, Dickens, Jones, Thompson-Coon, Taylor, Rogers, 2013; Andersen, Damianakis, Kroger, Wagner, Dawson, & Binns, 2014). The mental health benefits around volunteering can be explained by the bio-psycho-social mechanisms that are at work: it requires social and community participation, offering a sense of purpose and value (House, Umberson, Landis, 1988; Su & Ferraro, 1997). It also reduces isolation through expanding social interactions, friendships, and social networks (Willigen, 2000; Airouch, Antonucci, & Webster, 2014; Pilkington, Windsor, & Crisp, 2012). The experience of helping others can improve an individual's feelings of personal efficacy, the belief that one has the power to make a difference (Krause, Herzog & Baker, 1992). Furthermore, research has found that specifically, older adults receive physical and mental health benefits from their volunteer activities, including increased life satisfaction (Greenfield and Marks, 2004; Harlow and Cantor, 1996).

Volunteering has also been associated with measurable benefits to physical health. Even when controlling for other factors (age, health, and gender) research has found that when individuals volunteer, they are more likely to live longer and have better health later in life (Corporation for National and Community Service, Office of Research and Policy Development. The Health Benefits of Volunteering: A Review of Recent Research, Washington, DC 2007). Furthermore, older individuals benefit even more than younger individuals, and states with higher volunteer rates are more likely to have lower mortality rates and less incidence of heart disease. Research has also found that there is a threshold for volunteering of at least 1-2 hours per week to receive the benefits.

**Volunteering Resources**

* The Health Benefits of Volunteering: A Review of Recent Research: <https://www.nationalservice.gov/pdf/07_0506_hbr.pdf>
* Little Brothers Friends of the Elderly, SF: <http://littlebrotherssf.org>
* Boys and Girls Club of America: <https://www.bgca.org>
* Youth.gov
* Meals on Wheels: <https://www.mealsonwheelsamerica.org>
* Let's Do Lunch Campaign: <https://www.mealsonwheelsamerica.org/americaletsdolunch>
* Communities for All Ages Toolkit: https://www.aarp.org/livable-communities/tool-kits-resources/info-2016/where-we-live-communities-for-all-ages.html

**Community Health**

There are likely to be multiple factors associated with volunteerism that help account for these outcomes. Community Health Improvement is a process to identify and address the health challenges and needs of whole communities. Funded by the Robert Wood Johnson Foundation and implemented by the University of Wisconsin Population Health Institute, the County Health Rankings & Roadmaps web site compiles measures of community health at the county and state levels, offering a tool to assess community health and explore risk and protective factors at the community and society levels.

* County Health Rankings & Roadmaps: https://www.countyhealthrankings.org/

**Social Marketing Resources:**

* Know the Signs: <https://www.suicideispreventable.org/>
* Each Mind Matters: <https://www.eachmindmatters.org/>
* Each Mind Matters Resource Center: https://emmresourcecenter.org/

**Resources to Find Evidence-Based Practices**

The following web sites are good starting points for reviewing programs and practices that have some evidence base

* SAMHSA Evidence-Based Practices Resource Center: https://www.samhsa.gov/ebp-resource-center
* Suicide Prevention Resource Center: <http://www.sprc.org/keys-success/evidence-based-prevention>
* California Evidence-Based Clearinghouse for child Welfare: <http://www.cebc4cw.org>
* California Institute of Behavioral Health Solutions <https://www.cibhs.org/evidence-based-practices-0>

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