

# The Power of Human Connections: Improving the Treatment of Suicidality with the Insights of Lived Experience

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# Funding and Disclaimer



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The views, opinions, and content expressed in this product do not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, or HHS.

# Disclosures

No financial relationships or conflicts of interest to report.

# About SPRC

The Suicide Prevention Resource Center (SPRC) is the only federally funded resource center devoted to advancing the implementation of the National Strategy for Suicide Prevention. SPRC is supported through a grant from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA).

SPRC builds capacity and infrastructure for effective suicide prevention through consultation, training, and resources for state, tribal, health/behavioral health, and community systems; professionals and professional education programs; and national public and private partners and stakeholders.



## CME Credit

This activity is being accredited and implemented by the American Psychiatric Association (APA) as part of a subaward from the Suicide Prevention Resource Center (SPRC).

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education. The APA is accredited by the ACCME to provide continuing medical education for physicians.

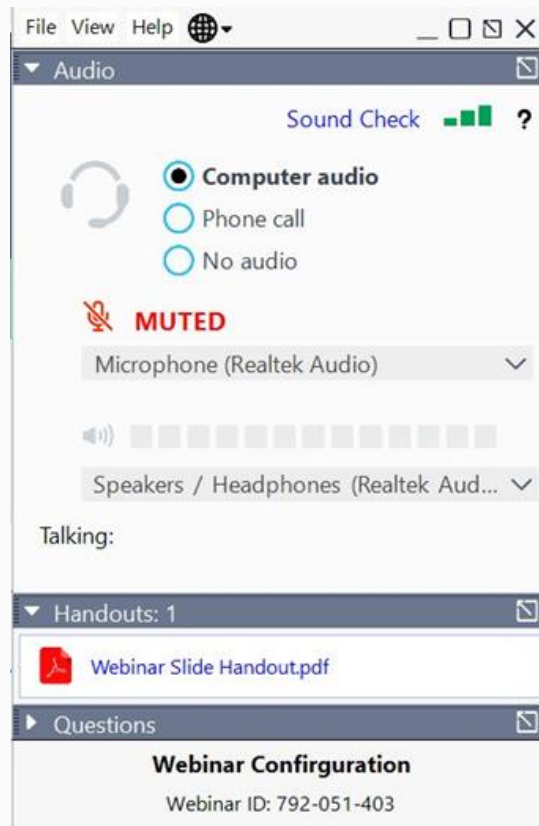
The American Psychiatric Association designates this live activity for a maximum of 1 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The Suicide Prevention Resource Center is the sole owner of the activity content, including views expressed in written materials and by the speakers.

# How To Download Handouts

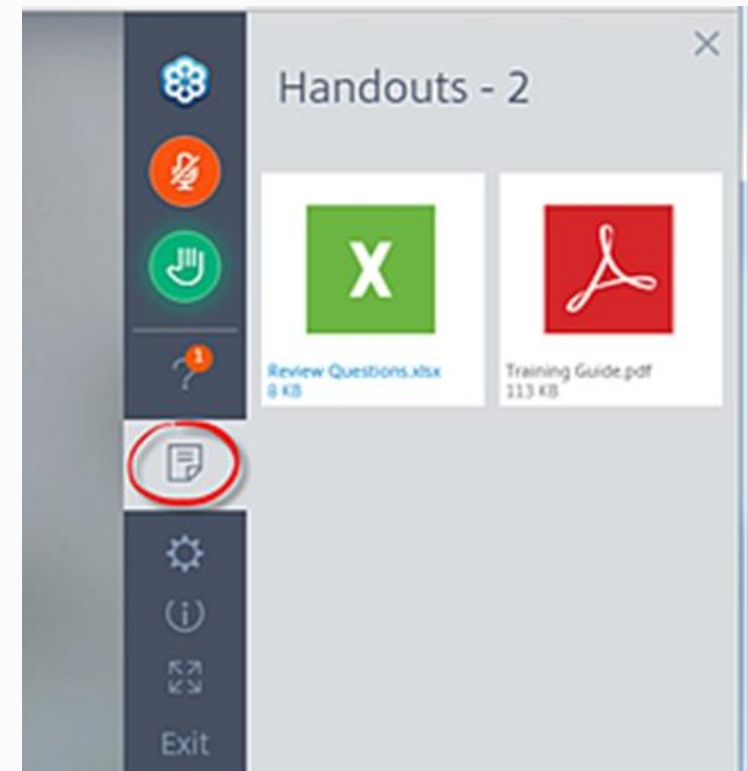
## Desktop

Use the “Handouts” area of the attendee control panel.



## Instant Join Viewer

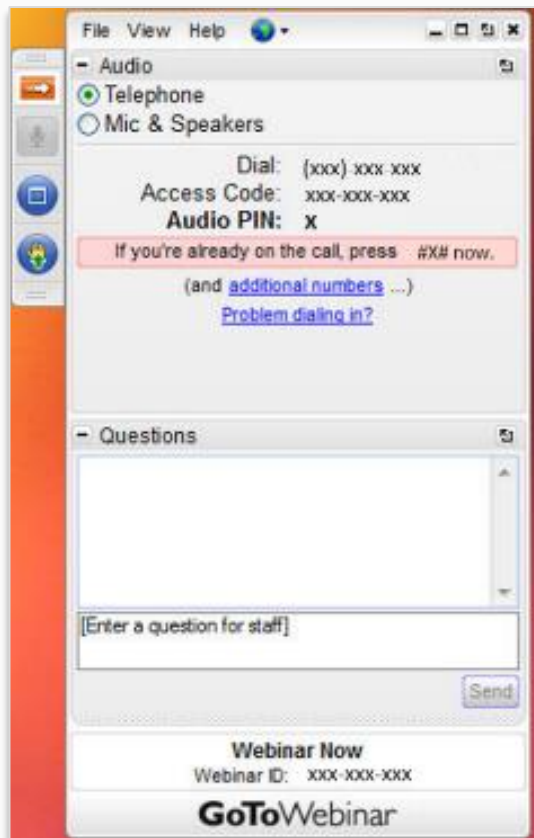
Click the “Page” symbol to display the “Handouts” area.



# How To Participate in Q&A

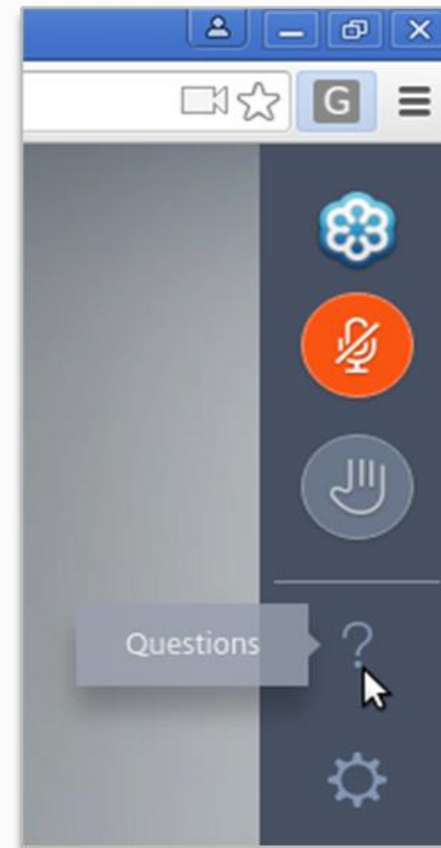
## Desktop

Use the “Questions” area of the attendee control panel.



## Instant Join Viewer

Click the “?” symbol to display the “Questions” area.







At least 50 million people consider suicide each year in the U.S. alone.

About 5% of them attempt suicide.

World literature, research and lived experience throughout history all show **the value of personal transformative struggle** including suicidal intensity ...

Q: How can we support people in “growing through” their suicidal intensity without taking harmful action in the spirit of dignity and partnership?



# PROGRAMS



*A social impact company driven by lived expertise.*

*The mission of Humannovations is to create a healthier future through innovative solutions that empower people and communities, and reduce the global burden of mental ill-health and suicide.*



## Partners



# Eduardo Vega



## Personal Mission and Experience

- Building recovery/growth-oriented approaches to mental health and suicide prevention driven by lived expertise, human rights and community empowerment
- 15+ years executive management and strategic growth in non-profit, government, etc. (CEO MHASF 2010-2016); State Commissioner; Fulbright Fellow
- 30 years in mental health, social services, advocacy including homeless services outreach/shelters, etc.
- Nationally/internationally active as leader in mental health policy, programs, advocacy, research, peer support programs
- Training and mentorship of crisis counselors, peer specialists and consumer advocates
- Executive Committee of National Action Alliance for Suicide Prevention; Steering Comm. Natl Suicide Prevention Lifeline

# II WELCOME/OBJECTIVES

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1. Identify core issues relating to the intersection of psychiatric care, mental health treatment and the personal lived experience of suicide
2. National and state level themes in crisis, peer support, suicide lived experience and suicide prevention
3. Review known initiatives and directions integrating lived experience with conventional and recent suicide prevention practice
4. Discuss alternative model of suicide recovery/growth
5. Review key humanizing terms/reframes related to crisis and intensity
6. Identify directions, challenges and opportunities



# PEOPLE WITH LIVED EXPERIENCE OF SUICIDE

12



www.creedthoughts.gov.www\creedthoughts.  
@sogodly\_

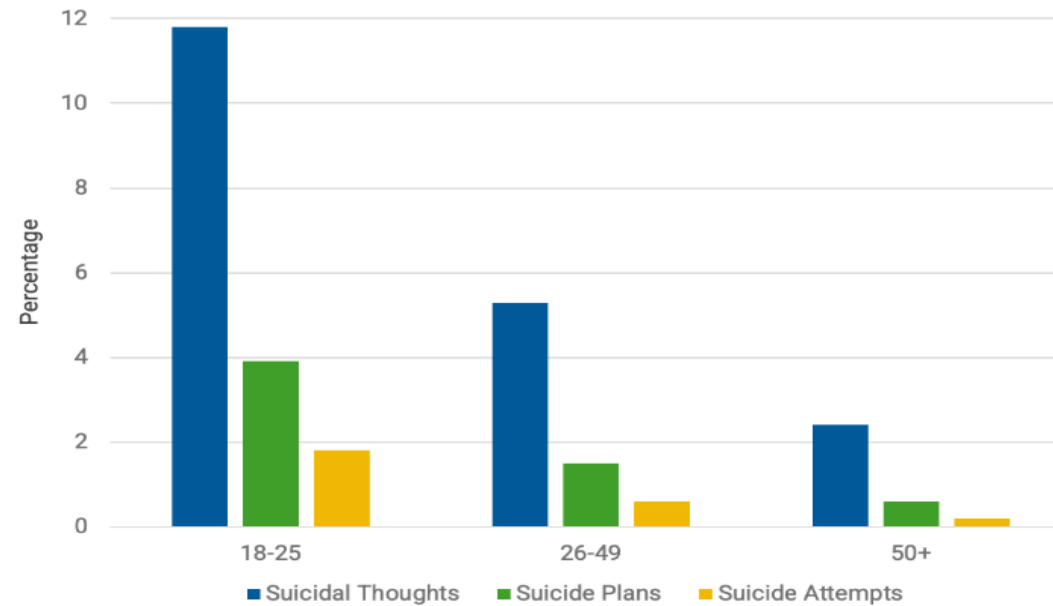
Trying to be honest with my therapist but not so honest that I get involuntarily hospitalized

# 13

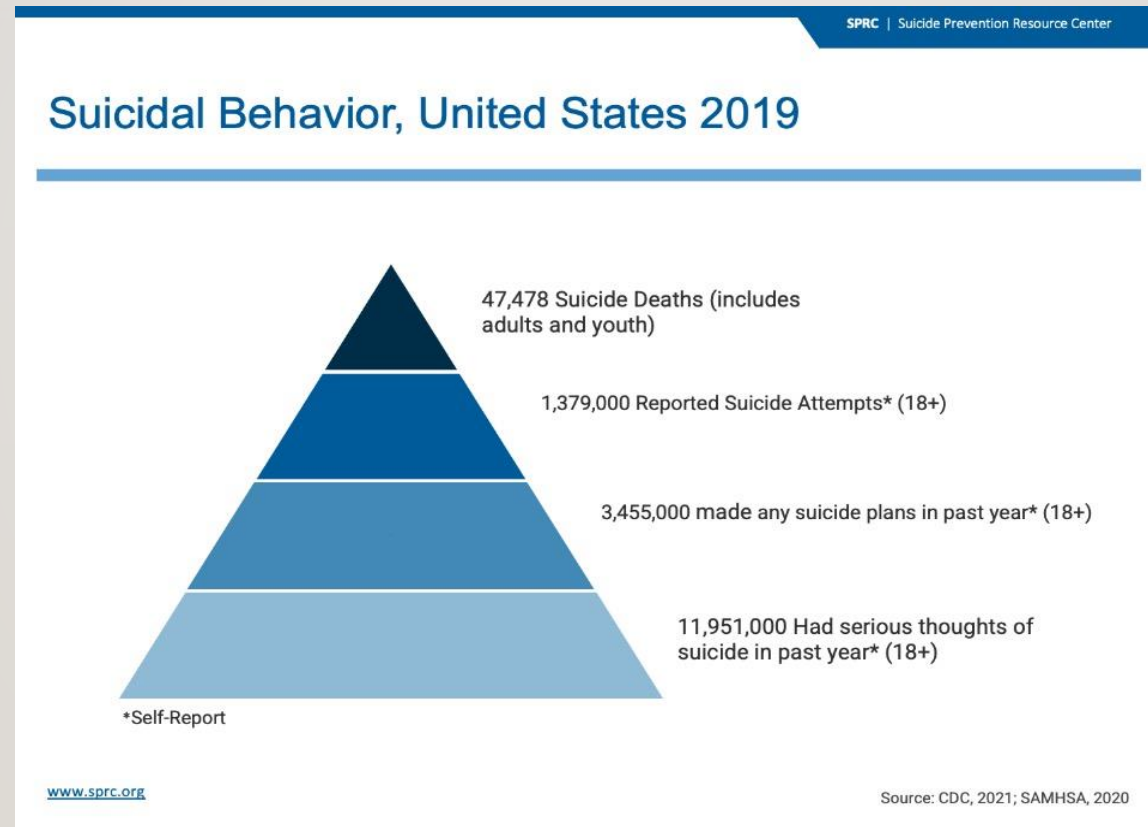
## PEOPLE WITH LIVED EXPERIENCE OF SUICIDE

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### Past-Year Suicidal Thoughts, Plans, and Attempts among Adults (18+) by Age, United States 2019

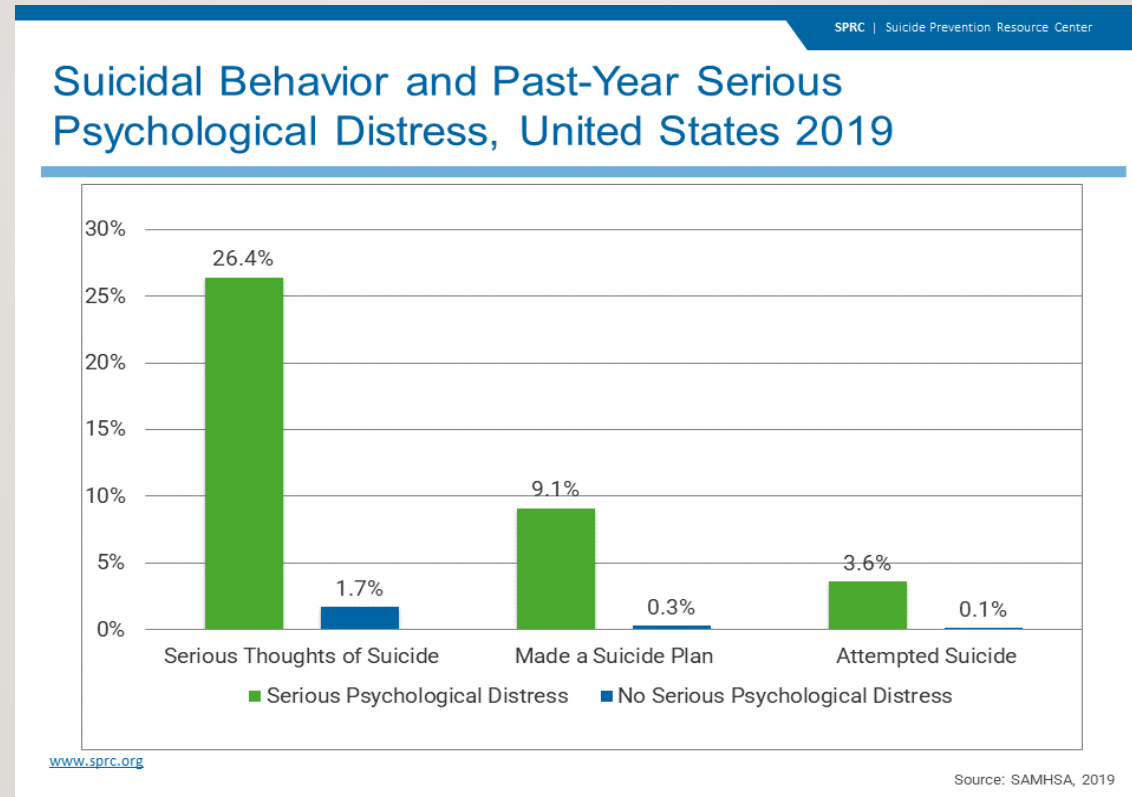


# 14 PEOPLE WITH LIVED EXPERIENCE OF SUICIDE

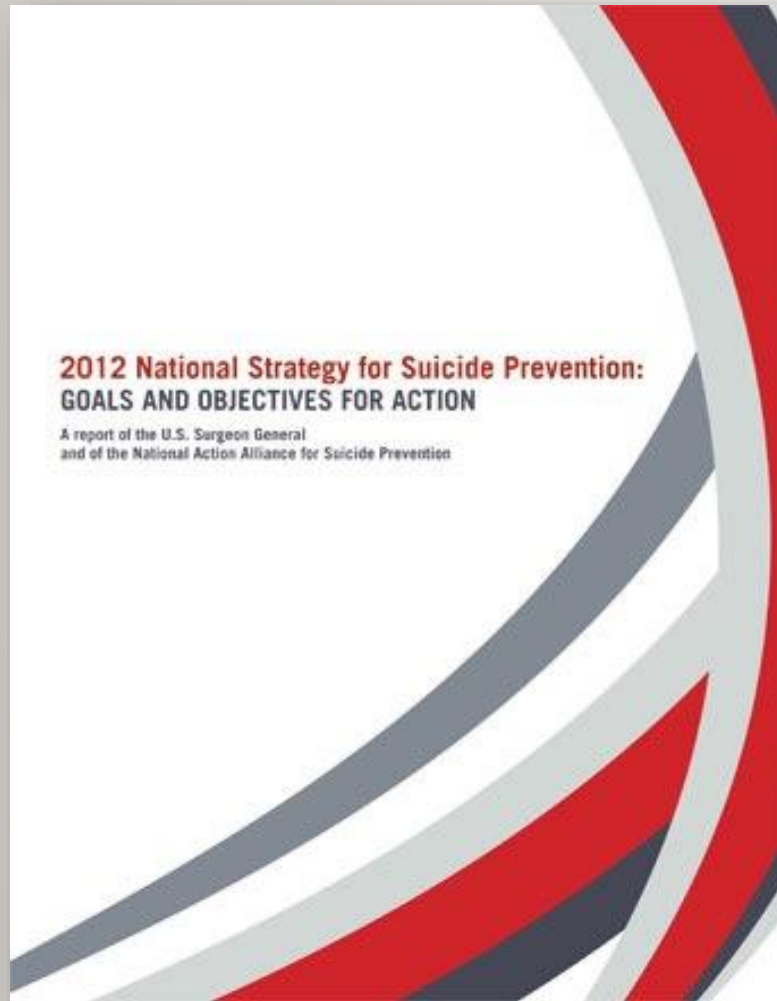




# 15 PEOPLE WHO DIE BY SUICIDE



# BACKGROUND – NATIONAL STRATEGY



## Objective 10.3

**Engage suicide attempt survivors** in suicide prevention planning, *including* support services, treatment, community suicide prevention education, and the development of guidelines and protocols for suicide attempt survivor support groups.

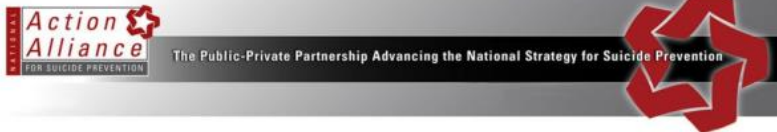
<http://actionallianceforsuicideprevention.org/NSSP>

# BACKGROUND – THE WAY FORWARD

**The Way Forward:  
Pathways to  
hope, recovery, and wellness  
with insights from lived experience**

Prepared by the  
Suicide Attempt Survivors Task Force  
of the National Action Alliance for Suicide Prevention  
July 2014

Suggested Citation: National Action Alliance for Suicide Prevention: Suicide Attempt Survivors Task Force. (2014). *The Way Forward: Pathways to hope, recovery, and wellness with insights from lived experience*. Washington, DC: Author.



- Pivotal report provides recommendations for advancing goals of NSSP based on the experience and expertise of suicide attempt survivors
- **Core Values**
  - Inspire **hope, meaning** and purpose
  - Preserve **dignity**, counter **stigma**, stereotypes, discrimination
  - Promote **community connectedness**

<http://actionallianceforsuicideprevention.org/task-force/suicide-attempt-survivors>

# THE WAY FORWARD

1. **Coercive treatment** feels like **punishment**, not care
2. **Dehumanization, disregard and microaggression undermine recovery** and trust in providers
3. **Alternatives that include others “who have been there”**

<http://actionallianceforsuicideprevention.org/task-force/suicide-attempt-survivors>



lines *for* life

Preventing Substance  
Abuse & Suicide

**ACTIVATING HOPE**

**EARLY ADOPTER PILOT**

**A PARTNERSHIP WITH LINES FOR LIFE**



Disruptive Change: Changing systems based in clinical practice, institutional stigma and fear related to suicide

- Is complex, difficult, risky
- Challenges professional training/roles and expectations
- Encourages change and learning
- Requires change in culture
- Requires soft and hard skills
- Cannot be achieved alone
- Can be approached with strategy and planning



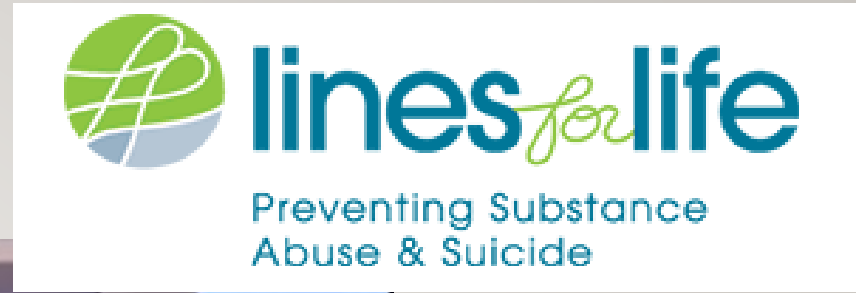


## ORGANIZATIONAL CLIMATE FOR ENGAGEMENT VOLUNTEER/STAFF SURVEY @LINES FOR LIFE

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- N = 117
  - 47% Volunteers (2/3 Adult, 1/3 Youth)
  - 33% Crisis Counselors (3/4 Full-Time)
  - 78% Female; Mean Age = 35 years
- Mean Wellness Supports rating = 2.9 (out of 4)
- Mean Overall Wellness Rating = 2.4 (out of 4)
- Ratings of Wellness Supports associated with Self-Rated Wellness
- Ratings of Positive Engagement Practices associated with Opportunities for Participation





## HOW WE GOT INVOLVED



# SEEING DIFFERENTLY, THINKING DIFFERENTLY, SPEAKING DIFFERENTLY

## SEEING

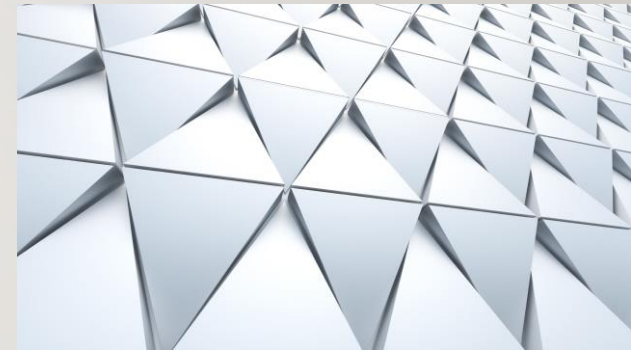
- SEEING people living with distress and despair

## THINKING

- THINKING about role of crisis/distress in change

## SPEAKING

- SPEAKING in terms of dignity and growth



GROWING  
THROUGH



HUMANNOVATIONS



# *NORMALIZING SUICIDAL INTENSITY*

*IS SUICIDE (DEATH) PREVENTION*



**Ease**

**Stress**

**Discomfort**

**Distress**

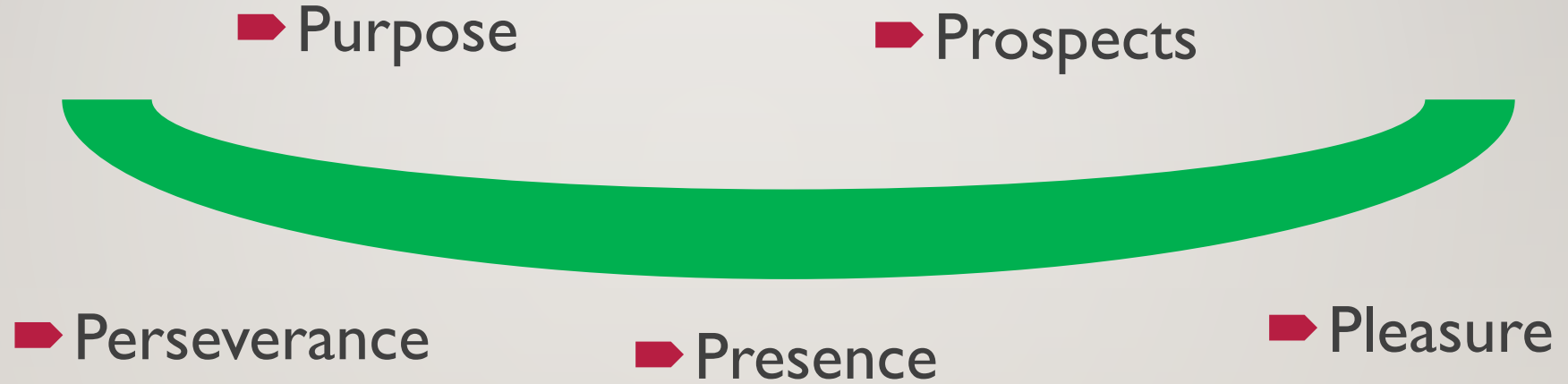
# NORMALIZING INTENSITY AND **THE 5 D'S**

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# THE 5 P'S (PROTECTIVE FACTORS)

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# GROWTH/RECOVERY LANGUAGE FOR SUICIDE



Person-first



Non-clinical  
non-pathologizing  
**Non-  
criminalizing**



Focus on process,  
possibility and  
growth



Growth/strength-  
based  
(not deficit-focused)



Inquiring, not  
labeling or judging



Chosen versus  
given/received  
identities



Descriptive,  
phenomenological



Natural everyday  
vs. clinical/power-  
based words

## Traditional/Clinical Term

## Growth/Recovery Alternative

CRISIS



TRANSFORMATIVE STRUGGLE

TRIGGERING



ACTIVATING

TRIGGER (N)



BUTTON/SPOT

COMMIT SUICIDE



DIE OF/COMPLETE SUICIDE

ACT OUT



EXPRESS INTENSITY

## Traditional/Clinical Term

## Growth/Recovery Alternative

SUICIDALITY



SUICIDAL INTENSITY

HOPELESSNESS



SEEKING MEANING

MENTALLY ILL



SEEKING RECOVERY

SUFFERING FROM



LIVING WITH\*

SYMPTOMATIC



CHALLENGED WITH

## Traditional/Clinical Term

## Growth/Recovery Alternative

SUICIDAL IDEATION



EXISTENTIAL DEBATE

PSYCHACHE



DESPAIR/ANGUISH

SUICIDAL BEHAVIOR



SEEKING RELIEF

MANIA/PRESSURE/LABILE



DISTRESS

SUICIDE ATTEMPTS/BEHAVIOR



LETHAL ACTIONS

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# PEER/LIVED EXPERIENCE SUPPORTS FOR SUICIDE





## 32 WHERE LIVED EXPERIENCE WORKS IN BH SYSTEMS OF CARE

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Suicide  
prevention

Suicide  
response

Mobile crisis  
services

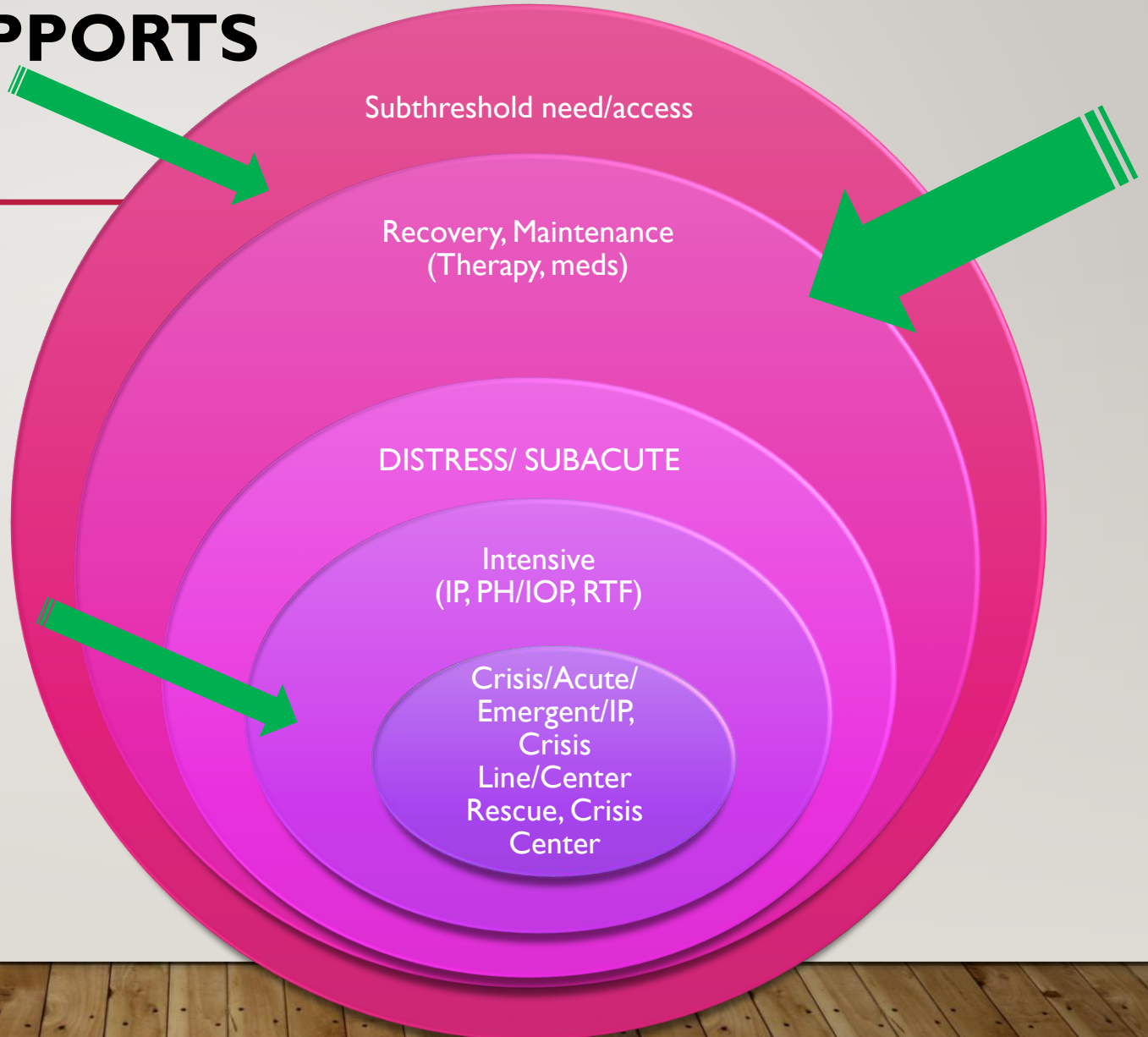
Peer respite  
services

Phone, text or  
online crisis  
response

Peer support  
groups



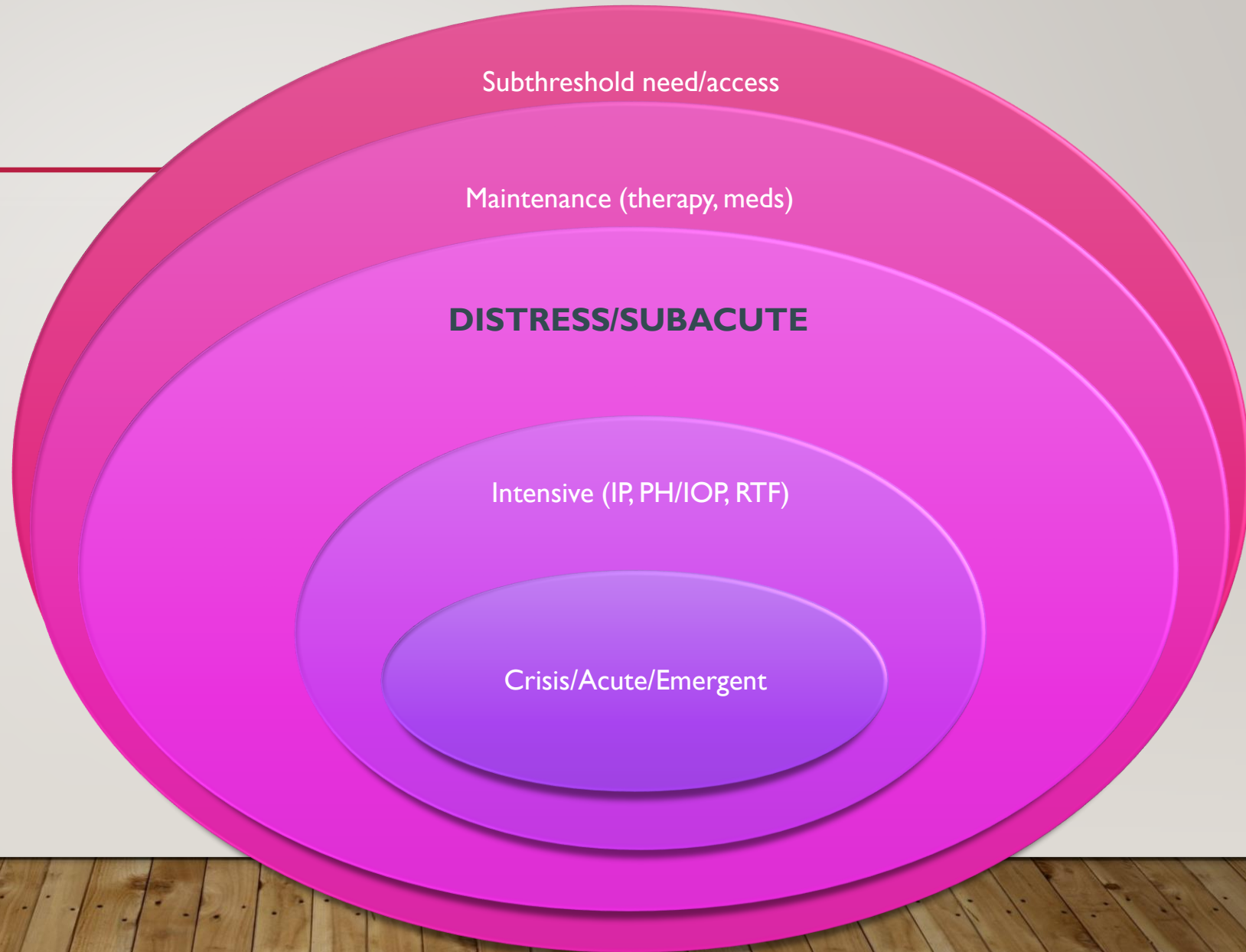
# PEER/MUTUAL SUPPORTS



BH PREVENTION  
INTERVENTION  
(US PUBLIC &  
PRIVATE)

LE/PEER SUPPORT  
ROLES TODAY

CURRENT NEED  
  
(PROJECTED)



Subthreshold need/access

Maintenance (therapy, meds)

**DISTRESS/SUBACUTE**

Intensive (IP, PH/IOP, RTF)

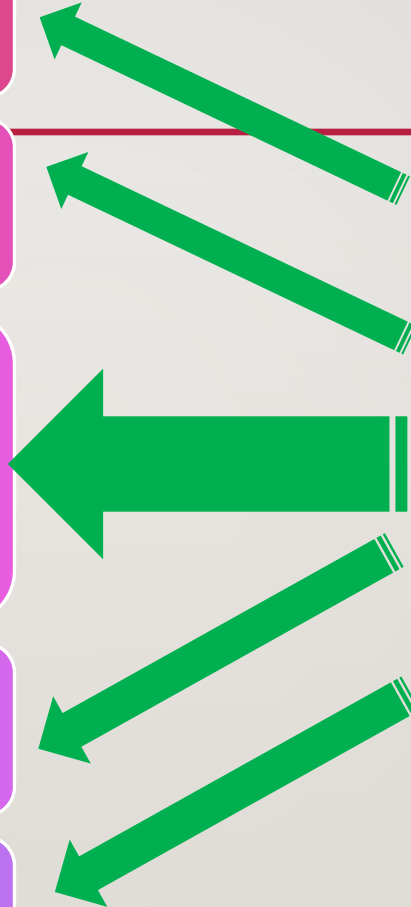
Crisis/Acute/Emergent

KEY  
PSYCHOSOCIAL  
INTERCEPT

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**PEER/MUTUAL  
SUPPORTS**



# CRISIS SUPPORTS AND SERVICES

## KEY PEER/LIVED EXPERIENCE CONNECTIONS

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Advocacy/Right Protections/Peer Advocacy



LE/SI Peer Support Groups/Meetings



MOBILE CRISIS



HOSPITAL, STABILIZATION UNITS, IOP



Community Crisis Programs/Peer Respite



Phone and Text Remote Supports



Post-Crisis Peer Support and Suicide Prevention Support





## KEY STEPS AND QUESTIONS



### TRAINING READINESS:

Are PS prepared, confident?



### INTEREST

Are PS interested to do this work?  
Is it in conflict with their values?



### COMMUNITY SUPPORT

Does the MH/BH/PS  
system support PS in these roles?



### Funding

Is the larger system invested in integrating PS?  
Are service lines and funding available for these jobs?





**GROWING**  
THROUGH

**“My lived experience with crisis and suicide was incredibly painful ...**

**I would never give it up because it made me who I am today...**

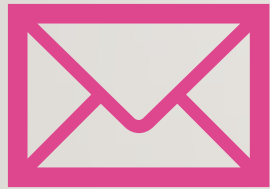
**And I like who I am today”**

**Terry: Civil Rights Attorney  
Suicide Attempt Survivor  
Volunteer Crisis Center Worker  
“Growth Ally”**



## 39 LET'S TALK!

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**Contact us:**

[e.vega@Humannovations.net](mailto:e.vega@Humannovations.net)



**Learn more at:**

<https://www.humannovations.net>





GROWING  
THROUGH



HUMANNOVATIONS

*Transformative Solutions for Healthy  
Minds and Communities*



# HOW TO CLAIM CREDIT

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Simply follow the instructions below. Email [LearningCenter@psych.org](mailto:LearningCenter@psych.org) with any questions.

1. Attend the virtual event.
2. Submit the evaluation.
3. Select the CLAIM CREDITS tab.
4. Choose the number of credits from the dropdown menu.
5. Click the CLAIM button.



Claimed certificates are accessible in My Courses > My Completed Activities



# Resources

Suicide Prevention Resource Center:  
[www.sprc.org](http://www.sprc.org)

Engaging People with Lived Experience:  
<https://sprc.org/keys-success/lived-experience>

Substance Abuse and Mental Health Services  
Administration:  
[www.samhsa.gov](http://www.samhsa.gov)

National Action Alliance for Suicide Prevention:  
[www.actionallianceforsuicideprevention.org](http://www.actionallianceforsuicideprevention.org)



# Thank you!

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**sprc.org**