

in this issue:

- **CONNECT named by DoD as part of “the way forward” 1**
- **Ethical issues surrounding suicide prevention 3**
- **Statewide cadre of CONNECT trainers in Vermont 2**
- **CONNECT a key component of national strategy for suicide prevention in Northern Ireland 4**
- **Developing youth prevention leaders with CONNECT “Train the Trainer” 2**
- **Spate of state worker suicides in New York spurs CONNECT postvention work 4**

CONNECT a way forward for DoD

The CONNECT Project is called out by federal government leader

With more fatalities by suicide than in combat in 2010, the U.S. Department of Defense has taken significant steps toward prevention. This includes recognizing The CONNECT Program as part of “the way forward” in countering suicide among military active-duty and veteran populations.

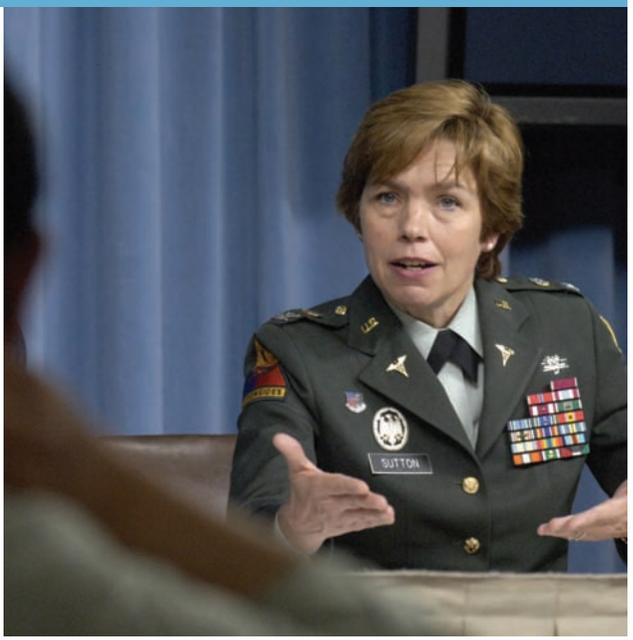


PHOTO USED WITH PERMISSION OF COALITIONFORVETERANS.ORG

In February 2010 witness testimony before the House Committee on Veterans’ Affairs, Brigadier General Loree K. Sutton, M.D., then DoD Director, Special Assistant to the Assistant Secretary of Defense for Health Affairs, identified an area of increasing outreach as supporting service members, families, first responders and other community members impacted after a suicide. This postvention is gaining enhanced attention from DoD as it looks to promote consistent protocols across programs.

General Sutton called out The CONNECT Project in her testimony for its use of evidence-supported protocols to promote an integrated community-based response to suicides. Her reference to applying appropriate guidelines to discussing cause and method of death, how to address needs of families, memorial service activities, and media coverage and messaging are all part of CONNECT postvention training, which is listed on the National best-practice Registry for suicide prevention/intervention/postvention. ■

When Vermont state prevention specialists were applying for federal funding for youth suicide prevention under the Garrett Lee Smith Memorial Act (GLSMA) in 2008, they sought out best practice programs—and chose the CONNECT model for community-based efforts.

“We’re a small state with small rural centers. We wanted to hone up the skills of regular service providers,” says JoEllen Tarallo-Falk, Executive Director, Center for Health and Learning. “CONNECT provides great technical assistance. They know their program inside and out.”

Program evaluation in Vermont shows a significant positive attitudinal shift among those trained in CONNECT since

mid-2009. The biggest benefit of CONNECT to Vermont thus far has been providing a vehicle for addressing community-wide prevention.

“The breadth of knowledge of the CONNECT staff, and **the breadth of reach across professions has been really impressive,”** JoEllen notes of CONNECT. “**I don’t know of any other program that delivers community based training customized to so many professions.”**”

CONNECT gatekeeper and discipline-specific training was tailored to Vermont needs and governing laws. The state chose to address primary care, youth-serving and social services providers, mental health clinicians and first *(continued on page 3)*

Youth connections

Community focuses on developing youth prevention leaders

Following several suicides and untimely deaths of youth and young adults over several years, local school officials and community members in Rochester, NH

brought in CONNECT to provide prevention and postvention training for school staff and community members. Training for school staff was supported in part through Federal Title IV Safe and Drug-Free School funding. The community then expanded its suicide prevention work by training youth and developing youth leadership using the CONNECT “Youth Train the Trainer” instruction. Youth are prepared to be CONNECT trainers, and together with a trained adult, facilitate the CONNECT youth training program for their peers.

“Data show that youth will most often seek out their peers for help. So it is vital that they know how to recognize friends and siblings who may be at risk and how to get them help,” says Ann Duckless, CPS, CONNECT Community Educator and Prevention Specialist.



Issue 1
SPRING 2011

From The CONNECT Project

Views expressed in this newsletter are solely those of the person being quoted, and do not necessarily reflect official policies of the National Alliance for Mental Illness (NAMI) or its affiliate NAMI New Hampshire. Although great care has been taken to ensure accuracy, NAMI New Hampshire and its servants or agents shall not be responsible or in any way liable for continued currency of the information or for any inaccuracies or omissions. This newsletter is not a substitute for consultation with health care providers on issues related to specific conditions or situations.

The CONNECT Project is a designated National Best Practice Program developed by:



15 Green Street
Concord, NH 03301
1.800.242.6264

www.TheConnectProject.org

(continued from page 2) responders. Laws regarding such issues as emergency response time and transport of clients were taken into consideration in protocols adapted to Vermont.

“CONNECT staff helped us research Vermont law in these and other relevant arenas,” says JoEllen. “When we first started working with CONNECT, we were in a process of capacity building and planning. The staff helped us think about things we might not have considered, such as the long-term goal of building a statewide cadre of trainers.”

“In following up with professionals trained through CONNECT, two themes emerged,” she continues. “Increased awareness of each others’ roles in suicide prevention, and increase in intention to advocate within their own professions for broad gatekeeper training in suicide prevention, intervention and postvention.”

Next on tap? “We’re bringing CONNECT back under a new contract to help us further build our cadre of statewide trainers to assist us with postvention,” adds JoEllen. ■

- CONNECT HAS PROFESSION-SPECIFIC TRAINING FOR:**
- Community Members/Family/Friends
 - Domestic Violence Agencies
 - Emergency Medical Services
 - Faith Leaders/Communities
 - Hospitals/Emergency Rooms
 - Institutions of Higher Education
 - Law Enforcement
 - Mental Health/Substance Use Providers
 - Military
 - Older Adult Service Providers
 - Primary Care Providers
 - School Personnel & Educators
 - Social Service Agencies
 - Train-the-Trainer
 - Youth Peer Training
 - Youth Train-the-Trainer



Ethical concerns are a key consideration in working with individuals at risk for suicide. That’s why The CONNECT Project offers training in this area to better define the clinical needs for suicidal individuals within the context of professional ethical codes and standards. CONNECT brings this training to

Principled protocols

Ethics Training from CONNECT casts insight on stigma of suicide

the 2011 Conference of the American Association of Suicidology, April 13-16 in Portland, Oregon.

Massachusetts and New Hampshire have conducted CONNECT Ethics Training. Included is discussion of personal dignity and individual worth, informed consent, confidentiality, involuntary treatment, and death with dignity/assisted suicide.

“Professional and personal attitudes on suicide can permeate a clinician’s treatment of an individual at risk for suicide,” notes Kenneth Norton, LICSW, Director of The CONNECT Project. “We use case scenarios representing challenging ethical situations with suicidal people, and explore these through group discussion. We look at what’s acceptable in certain circumstances, and exactly what those circumstances are.” ■

Northern Ireland outreach

In Nov. 2010 Northern Ireland invited CONNECT to Belfast to learn more about developing a

Northern Ireland taps The CONNECT Project model for its national strategy for suicide prevention

community-based response as another component of its suicide prevention efforts. While there, CONNECT Director Ken Norton delivered the keynote address at a two-day conference, “Suicide Prevention: What Works?” The high-profile role that CONNECT played was preceded by its involvement with Northern Ireland suicide prevention efforts dating back to 2005. It was then that CONNECT was invited to present in Belfast at a conference of delegates developing a national suicide prevention strategy for Northern Ireland. They were keen to learn about the CONNECT model of involving communities, and particularly use of protocols which could be helpful in dealing with historical sectarian

trust issues. When delegates wrote the national strategy, they included concepts based on The CONNECT Project.

“Northern Ireland as a country is very progressive around their suicide prevention efforts,” says Ken. “They’ve embraced CONNECT and its community-based model. They know it’s not enough to be a single system working in suicide prevention, but it’s vital to work across systems and across communities.” ■



*(From left)
CONNECT
Director Ken
Norton is joined by
Michael McGimpsey,
Minister for Health
with the NI Assembly,
and Fergus Cumiskey,
Clinical Director for
Contact Northern
Ireland.*

Model program **CONNECT Postvention Training in NEW YORK**



When seven call line workers at the New York State Department of Taxation took their lives from 2005-2007, Melanie Puerto was on high alert. As Director of Suicide Prevention Initiatives for the Office of Mental Health, Melanie knew effectively responding to a suicide is key to preventing more deaths. So she sought out a program in postvention that could deliver an integrated community response—and was best practice. She found CONNECT fit her need.

CONNECT is now conducting its National Best Practice Postvention “Train the Trainer” throughout New York State. The key for Melanie? The community-based model on which CONNECT is based. “It’s not enough to reach out to individuals or families after a suicide death,” she notes. “These are often not singular events. Their ripple effect throughout communities can be significant—and life threatening. So unless we address each suicide from the community model, we’re missing a huge piece of suicide prevention in the postvention work we do.” ■