Respectability Webinar

**Saving Lives: A Conversation about Suicide Prevention in the Jewish Community**

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Captions Edit

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>> DEBBIE FINK: Welcome. We, at RespectAbility, hope that your holiday season was meaningful, reflective, and joyful. I am Debbie Fink, RespectAbility’s Director of the Community Outreach and Impact, and overseer of Jewish inclusion work. I'm here today to thank you for joining us and to moderate our critical webinar, *Saving Lives: A Conversation about Suicide Prevention in the Jewish Community.*

It is an honor to introduce our two very special guests and experts in the field. Linda Burger and Laurie Morgan Silver. Both Linda and Laurie are are calling in from what Linda calls “the third coast.”

Before we proceed, allow me to share some information about our speakers. Linda Burger has devoted her professional life to leading and shaping significant social service programs, including the establishment of game changing initiatives that focus on erasing stigmas associated with disability and mental health issues. Since 2005, Linda has been the CEO of Jewish Family Service Houston where she continues to transform and expand the agency's resources and ability to respond to safety net basic needs, community emergencies and most relevant to today's webinar, to individuals who need ongoing help with counseling and other services.

Linda is an immediate past chair of the Network of Behavioral Health Providers in Houston, among other board and advisory positions, and including on serving RespectAbility's executive board as the newly appointed Treasurer. Linda, it means the world to RespectAbility to have you on board, Linda, and we thank you for being here today.

Our second special guest is Laurie Morgan Silver. Laurie directs mental health initiatives at Jewish Family Services Houston. She's a licensed clinical social worker who has been in private practice, seeing individuals, couples, and families for close to 25 years. Laurie has worked with adolescents and adults at risk of attempting suicide, as well as facilitating after care for those who have lost a friend or loved ones due to death by suicide, overdose or tragic accident. She attended University of Houston and Princeton University.

Prior to her career in mental health, Laurie was a marketing executive and broadcast journalist. So Laurie, we hope your participation in this webinar brings you back to your broadcast journalism days.

Thank you, Laurie, for taking the time to address the serious topic with us today. Before we get started, I want to emphasize three critical points. First and foremost, this webinar hosted by RespectAbility does not claim to be a substitute for mental health medical treatment. Its purpose is to inform, educate, and raise awareness. On that note, if you or someone you know may be considering suicide, contact the National Suicide Prevention Line online and/or call 1-800-273-TALK. That is 1-800-273-8255. In Española: *(SPANISH LANGUAGE)* 1-800-273-8255. Otra vezen Española, 1-800-273-8255. Deaf and hard of hearing, the number is 1-800-799-4889. Again, 1-800-799-4889 or the crisis text line by texting 741741.

Our content warning is that this webinar address on the emotional impact of suicide. Methods will not be addressed during this webinar. So Linda and Laurie, thanks again for being ready and sharing your wisdom in our webinar with our coast-to coast-to coast participants and I now turn it over to you.

>> LINDA BURGER: Debbie, thank you so much. This is Linda. And Laurie and I are very honored to be invited to lead this seminar today, and especially knowing that many of the people on the call are you know, in their own right experts on this topic.

I think that what we have found that might be unique about Houston and our approach is that we are really looking at the issue from a comprehensive point of view, meaning all ages, all stages of life and at all places along the line where maybe we could make a difference. All of the programs and services we will talk to you about today are evidence-based programs that exist out there and I know that many of my colleagues across the country use those programs.

What we're trying to do is saturate the Jewish community and at the same time, learn in real time what's working and what is not. And in that vein, we are trying to share everything that is working for us and everything that fails, every step of the way.

We are not waiting to find out if something has a long history of working. We just want to approach one person at a time and one life at a time.

I would also like to say that we work really hard not to use language that will trigger someone or make them feel bad. And so I want to almost apologize up front if there's anything that we say that hits someone wrong, it's only with the best of intentions that we are discussing this topic.

So moving forward, I wanted to just give you a little bit of background. For me, personally, I have not had an individual in my lifetime die by suicide. However, my great grandfather and my great uncle both took their lives within two years of each other. And what I know is what stigma does to a family. And I also know what happens when nobody talks about it.

So my personal commitment in this area is to make sure that generations later, families aren't still suffering because it was too taboo to speak about what happened in their own family.

I'm going to let Laurie just give you a little bit of background about why she's doing this work.

>> LAURIE SILVER: Hello and thank you all as well very much for asking us to do this presentation today. It's a very tender topic and we're very honored to be with all of you. I want to share a background of myself that I was working in a completely different field in broadcast journalism, and marketing and public relations and in 1988, my older sister, who I was enormously close to, died by suicide. She had and has two young children, who were very young at the time when she died. And ironically, it will be 30 years this October since she died. So, this work has intense personal meaning to me.

In the aftermath of her death, I discovered the complete void in services and conversation and resources, and I turned to crisis intervention of Houston. It was back in the day of the yellow pages and that's what I found, and that's where I began to do volunteer work as a way to try to understand and make meaning, and discovered that I truly loved the work and it was very meaningful to me. And I returned to graduate school and began to work in this area many, many years ago.

It's been fortunate that I have been able to work with Linda to create this comprehensive program that's both prevention treatment and after care in our Jewish community because of the cluster of adolescent young adult suicides that we had, as well as the suicides that have taken place among older men in our community. So, that's a bit of background for me and I will turn it back over to Linda and she will talk about statistics in our community.

>> LINDA: Thank you, Laurie. Lack of disclosure about completed suicides and suicide attempts makes it very difficult to accurately assess the rate. Worldwide, 1 million people die by suicide each year. There were nearly 45,000 total reported suicides in the United States in 2017. Almost twice the number of reported homicides.

By comparison, 18 years earlier, in 1999, just over 29,000 suicides were recorded in the United States. By 2011, 39,000. In other words, within 12 years, death by suicide increased almost 30% within the United States, and the country suicide rate reached its highest level in 30 years in 2016.

While the percentage increases have leveled off since 2016, the numbers themselves are still increasing. While increases have been the largest in the mid to older age groups, adolescents and young adult depths have steadily increased as well.

In 2010, the suicide rate for those 15 to 24 was 10.5%. But by 2016, it was 13%, an increase of 25%. The age group 19 to 34 increases 17% during the same time frame, but when we look at ages 15 to 19 alone, just FYI, we see a startling increase in suicide rates among male and females increasing 31% from 2007 to 2015.

Adolescents and young adults face many of the same suicide risks as older adults. Unemployment, lack of income, drug and alcohol use, and pressures that may result from sexual orientation. There's a theory called intersectionality, which adds to our understanding of how these factors compound the risk of suicide. When one risk factor is added to another, and then to another, such as gender, class, socioeconomic status, sexual orientation, drug use, and mental illness, the exponential risk of suicide increases. We know that young people have a higher percentage of unemployment and drug use.

In addition, the complex psychological and emotional stressors that can accompany sexual orientation result in enormous pressures that have also increases the risk by suicide.

In the state of Texas, suicides have increased 23% over the past 15 years, with 3 to 4,000 deaths by suicide each year. In 2015, suicide was the second leading cause of death in Texas for those ages 15 to 24. Rates are essentially flat for blacks and Hispanics, but we saw a 46% increase in suicides among Caucasians.

Now, when we look closer to home, our statistics in Harris and Weller County, we are still analyzing data we received from Fort Bend and Brazoria County, but since January 2018, JFS has been scouring customized statistics provided by the Harris County Forensic Society, a multi-hundred page database. We will ask the society to provide us with suicide statistics by age, cause of death, race and gender from 2013 to the present.

Based on our research, 1,540 suicides were completed in Harris County between 2015 and 2017. Of those, 45% were ages 15 to 40 years of age.

For the year 2016, when rates nationally were at record highs, the population of Houston was approximately 2.3 million people, 300 deaths by suicides were recorded in Houston.

That same year, the Jewish population of Texas was about 160,000 people, which meant that between 20 and 30 deaths by suicide were recorded in our community statewide. The Jewish population of Houston was approximately 67,000 people, which translates to 8 to 10 suicides among Jewish adolescents, and young adults in our small community in one year alone. As you know, in our faith, saving a life is a foundational theological principle. Therefore, we viewed these numbers as a crisis.

>> LAURIE: I want to step in here for just a moment before Linda talks about one of our prevention initiatives and tell you that what we did, following this very extensive review of statistics and it took quite a while to even find the correct people who have the statistics in our area. We put together the many aspects of this comprehensive program and then we invited a community of a council of advisors from our city and area of Houston. And we met under June of this past year to review all of the programs that we were thinking of taking forward in order to get feedback from the community and to see if they felt we were on track, what we were missing, what might not resonate for them, and what might need to be tinkered with a little bit and so we did had a powerful meeting this summer. Our council members, which you can access at anytime include the head of the counseling department at Rice University and at HCC. We have the psychologist from the fire department and the police department from the city of Houston. We have high-level clinicians from the Menninger Clinic and we have the heads of one of the private schools in the community, St. John's School, and as well the Jewish high school, Emery Winger. We also have the Hope in Healing Center, which is somewhat of a counterpart to JFS and other faith based communities in the city.

We had a number of people from other public high schools and middle schools in the community, just to name a few, and so we wanted to have, so to speak, a focus group to sit down and review all of our initiatives before we began to implement anything and we did get very sound feedback, and a lot of support for the range of our initiatives.

So with that, I will turn it back over to Linda and let her begin to tell you about some of our prevention initiatives.

>> LINDA: So, the first prevention program that we implemented in 2015 and I don't know if we mentioned in the beginning that we had close to a dozen young adults between the age of 22 and 35 die by suicide in actually, almost a less than half a year. And it was a wake up call for our community and immediately, we began looking for the best services that we could find that already existed. And, of course, mental health first aid and youth mental health first aid, two of those programs, have more than 1 million people who have taken the class. And we just started training people. It was a very interesting initiative in the beginning to have the rooms filled with rabbis, Jewish educators, principals of schools, anybody. Everybody was thirsty for how could they prevented what had happened and what could they do moving forward? I would say that we provided close to 1,000 hours of training to individuals in the community in the first six to eight months. And this is a wonderful program, but what we have decided is that there's really only one Jewish trainer, not that you have to be Jewish to do this training. As a matter of fact, all the co-facilitators have not been Jewish, but we have found that it's a uniquely culturally special group when you have everybody speaking the same cultural language.

So, we had decided to recruit between 15 and 30 adults to teach the two courses, youth mental health first aid and adult mental health first aid. And let’s just make it clear: The youth mental health first aid is not for youth, it’s for people who work with the youth. I call it CPR in the brain. I know that it saves lives and we have seen it happen many times in the last few years already.

So, our goal: we have a training happening for the trainers in January. Our goal is that every adult in the Jewish community, no matter where they live in our city, take the eight-hour class once every three years. That's thousands of people and therefore, we have to have it offered three or more times a month to be able to really saturate the community with these classes.

So, you know, a lot of things have to line up. We have to identify 15 to 30 people, all whom can give us the same three eight hour days or five eight hour days in a row to do the training and we scheduled it for January, and we're in the middle of doing our recruiting and we know we'll have 15. The question is how many more we'll have.

But as you can see on this slide, if we have 15 facilitators trained, and they lead 22 courses citywide, making sure that 330 adults received the certification, that's just a drop in the bucket of the number of people that we want to get trained.

We have been very fortunate because, for example, the largest conservative synagogue in town has decided that the mental health first aid is one of their social action plans for the year. And they have already announced, during Yom Kippur, the dates for the trainings and the classes are already filled. So we know that we have the attention, and we just now have to get the trainers ready to do the training.

>> LAURIE: Thank you, Linda. So, the next program that we are working on is one that is based in the middle schools and the high schools. It pairs trusted adults with peer leaders. And there was a great deal of work that Linda did prior to my joining JFS to really vet different programs that were targeted to this age population.

Sources of strength is not an intentional suicide prevention program, but it has, as its outcome, that there's a four times greater chance that any peer who has gone through this program and had adult support will, in fact, turn to an adult for support if they are in a mental health crisis, if they are experiencing trauma from bullying, if they are at risk of substance use. So though the program does not directly speak to suicide prevention, those are, in fact, the benefits and the outcomes.

This program is different because it, again, it does not talk about suicide, but it very much talks about the strengths of the individual, and it pairs trusted adults with peers that is focused on strength and resilience building.

You can see a bit of a model that I just described to you. If we start at the end, the program ends up looking like messaging campaigns five to six times a year, developed specifically by the peer leaders, either in the schools or in a digital format, where they highlight specific strengths that they want to share with others in their school, addressing issues of social pressure, whatever strengths are required to address the pressures that they are facing.

These are our flyers. At the moment, we are actively recruiting for the first big training day. Dan Adams, who started Sources of Strength, agreed to treat the Houston community as one large school and so we are currently enrolling students for a day of training on October 14th, where we train adults in the morning and we train the peer leaders in the afternoon. Caitlin Bohara, who is working on this, is over at Baron Academies, one of the Jewish middle-high schools in town, signing up students as we speak for the training that day. We are doing the same at Emery Winger School and the public schools around town and building our group of people who will be trained that day in order to enact the program within the school.

The notion being that the peers themselves take ownership of this and counteract the pressures and the messages that they face in their school settings.

So just to summarize, we are recruiting and this is kind of what our goals are. One adult for ten peer leaders, and including staff from the schools, five to six messaging campaigns per year.

These are some campaign examples that are literally on the walls, although the students as well can use digital campaigns. Again, more pictures of campaign examples in different schools. Strengths that have been highlighted by other students. So that gives you some overview of sources of strength. We will have a great deal more to tell you after our first training and our first program. We are also giving thought to training and utilizing this in summer camp, even on summer campsites like the summer camps in our area and training a trainer within JFS to continue to do this program after this, our pilot year.

So, that covers sources of strength. I want to talk about some of the other things we are doing in terms of crisis support. Because of all the work we are doing and because of the awareness that's been increasing in our community, we are getting a lot more calls to become aware of people who are at high risk of attempting suicide or being at risk of attempting suicide. So, we are very actively offering crisis support in the form of telephone intervention and person intervention, the minute we get a call from someone. As a matter of fact, a member of our community reached out to us a few days ago with an employee who was very suicidal and over the course of the weekend, Linda and I were both in support of this person and have been working with the at-risk individual in person for the last four days intensively. Gotten him to a psychiatrist very quickly and so very active crisis support in that situation.

Part of what is also supporting us, I will share where you that our website is currently in redesign, but we have plans for an even more extensive website that you will see right now that will include our prevention, our treatment and our after care programs, a broad range of resources. Our bereavement guide, which we will be talking about more in a minute, our social media efforts which are very extensive at this effort.

In addition, we were asked to partner with the Jewish Herald Voice here in the city, and we are doing a weekly call in, which you will see more on in a minute. In fact, there it is. We are doing a weekly column called "Be Well." We address topics that deal with mental health and well-being, and we address questions coming in from the community. We, as well, are highlighting our prevention programs like sources of strength and touching the heart and beautifully, I can share with you that we did a column on touching the heart, and Linda received a call about a day or so later, and we ended up receiving funding for this program, which we will talk with you more about in a moment.

So this column, as well, will be included on our website. It’s a part of our redesign. This is one of the public service announcements. We have a series of four of these that are being run on various social media sites. This is the one that seemed to have captured the most attention.

Although there's music under this, what I will do is just show you this, so you can see the imagery of this particular PSA.

*(pause)*

It's playing.

>> LAURIE SILVER: It's only playing on yours.

>> LINDA BURGER: Oh, it’s not playing. Okay.

>> FRANK:Hi, everyone. To play the video on the slide, please click on the picture in the presentation.

>> LINDA: Okay. So, I will give you a moment or so to do that.

>> LAURIE: And you can have time to do that when we finish today, but we want to get through all of our content and have time for questions and answers.

Before I go into the notion of our program *Touching the Heart*, I want to tell you more about a gentleman who we have great respect for and whose highly researched theory we have been working very much from. His name is Thomas Joiner, and he's both a clinician and as well a suicide survivor. He has a very highly researched theory of why people die by suicide. It had as a backdrop, the fact his dad died of suicide in 1990 when he himself was a psychology graduate student. And his conclusion emerged through the struggle that he was dealing with to reconcile the existing theories of suicide with the personal experience he had of his father's death.

I can't capture the full complexity of the theory, but I do want to include a few things that I want to explain to you.

He includes a very in depth discussion of what kind of deaths are, in fact, to be thought of as suicides, drug overdose, a solo driver plowing into a tree, a terrorist taking his or her own life in an explosion, a sick person choosing assisted suicide. He believes all of these acts demand far more understanding and research which he's involved in doing, so that we as a community of helpers and healers come to an understanding that intentional as well as risk related desks might all be thought of as death by suicide. And I know that that's very controversial, but that's part of his theory.

He writes very much that suicidal behavior does run in families, and it has to do with genetics and neurobiology and genetically conferred personality traits such as impulsivity. He talks about families sharing genes and much else, including the family environment, with childhood adversity being known to be a high risk factor for later suicidal behavior and many of you may know about the ACE assessment (Acute Childhood Experience).

So he believes that this is all implicated in the development of mental disorders, such as depression and anxiety, and bipolar disorder and addiction and he considers these to be what he called distal factors that don't fully explain suicide. He thinks they come up short.

So one thing that he writes, and I wanted to share this quote, "It's emotional pain, hopelessness, emotional disregulation or any variable is crucial in suicide. How then to explain the fact that most people with any of these variables do not die by or attempt suicide? How do we understand that there are people who genuinely desire suicide, but don't feel able to carry through with it?"

He shares several factors that we think are important to share. He talks about the person acquiring the ability to enact lethal self injury over the course of time.

He also continues how does one surmount the most powerful instinctive nature which is to live. He writes through repeated experience with painful or provocative stimuli, especially but limited to deliberate self-harm and increased involvement may lead people to viewing death and peculiarly positive ways.

He also adds that there's two additional factors that he considers to be critical and understanding is the desire to die by suicide.

First is the basic human need for effectiveness or a sense of contribution and meaning, and second is the need for connection or a sense of belonging.

He concludes that when one truly believes that they are a burden and that their death has more meaning than their life, when one feels they don't belong and instead feel excruciating social isolation, then a tiny overlap occurs. He believes that had an overlap of hopeless alienation awarded belongingness, a sufficient desire for death, and the fearlessness to inflect self harm and act on that desire result in depth by suicide.

So, that's a bit of his theory that we wanted to share with you today. And that forms the foundation of much of our thinking for our prevention and treatment and after care programs.

Joiner was hired by the US Military to set up a virtual connection program to see if it would have an impact, evidence based, to have an impact on reducing suicide. And it's proven to be very, very effective. We have adapted his program in the form of our initiative, which we named Touching the Heart and this is a program that's based in anonymous text messaging initiatives, much like the program that Joiner started which was based on a 1950s program. At this point, what we are doing is to recruit and we are actively recruiting and actively sending out messages at this point, to college students that have just left our Houston community with bi-weekly messages of simple connection and tips for resilience and how you are doing and what’s going on with you, and we want to know that we are thinking about you.

If you would like a Skype consultation, we are here for you and reach out to us if you are struggling in any way. We just launched this program two weeks ago. We are happy with the number of sign ups that are we have. We are continuing to actively recruit and we are utilizing the Red Oxygen program as our technology foundation. And we are actively working with the synagogues and schools in town to begin to accelerate our recruiting efforts on this program, as well as talking to the counseling departments of different colleges where we know our Jewish students have gone.

So, that's kind of the status of our Touching the Heart program at this point. And I will add that out next two demographic groups that we hope to reach out to young adult Jews who have returned to the city of Houston to work and then to the very high risk demographic of older men in our community. And as we stated earlier, we have had seven deaths of suicides of men in their mid-40s to later 50s since the beginning of 2018.

I will turn this over to Linda.

>> LINDA: So you can see why I'm so happy to have Laurie on my team. She has put together an after care program that is really where we began. As I mentioned in the beginning, we had so many deaths by suicide and we had full communities grieving, and so we were looking for ways to help not only the families, but the extended families and friends that were surrounding individuals and their families when there was a death. So we have a pretty extensive program in place now.

We have a bereavement guide that Laurie will speak to in just a moment that is available to a funeral home to give to a family. They are often the first to know that the death is actually by suicide. The rabbis also turn to us for partnerships. We are actually meeting with all of the Houston area rabbis on October 24th. But we are pretty well known to all of them on a daily basis. So they will often reach out to us, but as you know, families in the very moments upon a death like this are not always really ready for us to step in, and we respect everything that they are going through and want to be available when they are ready.

So we have begun sending a letter, several families, older families who had death by suicide help us craft the letter, and try to imagine what it would feel like if they actually had received that letter when their loved one died. So we actually used it, unfortunately quite a bit. And I always hold my breath as I send it particularly to a family who doesn't have a connection to JFS or to me or to Laurie.

But, what we have found is that it works. So just to give you an example, an 80-year-old mother lost her son to suicide and we sent her the letter, but didn't make a phone call or go see her. But the letter simply said that both Laurie and I were available, and we would be happy to be responsive if they were interested. And weeks later, really, several months after the death, I received a phone call from the daughter-in-law; it was her husband who died. And she was concerned about her son. And when she was speaking about it with her mother in law, her mother in law pulled the letter out and gave it to her. And so we have found numerous occasions that people put the letter away until they are ready, but they have both of our cell phone numbers and are able to reach us at any time.

Once we are engaged and particularly in the immediate after death of the death, we do what the family needs and wants. So, there have been times that I have been at the place of death, arriving with a medical examiner because a family called. There are other times where we have been invited to have some of our staff at the home, even before the burial takes place and certainly throughout the weeks of shiva. We also been invited by young adults, in particular, and extended community members to private dinners or opportunities to grieve the loss of their friend or loved one. It's often very hard for them to do that work with the family and so we try to be there for them as well.

Yes. So, we actually want to tell you about the bereavement guide.

>> LAURIE: Thank you, Linda. So to support those who lost a family member to death, by suicide, or by drug abuse, we have written a guide, which we have also. Linda has actively reached out to those who have had this loss to reed our guide, to sense that it is on track and on target and comfortable for those in very deep and traumatic, complex bereavement to receive this and we do have support, as Linda said, from the funeral homes and from the rabbis to the different people in the community and we are currently printing this; which I'm actually very happy to say that we will be offering this guide to those various people in the community as a matter of support.

>> LINDA: And I just wanted to add that it is on our website now.

>> LAURIE: Terrific.

We are currently in the midst of planning. This is actively going on. A very short, but very meaningful memorial service around the time of Hanukkah and as all of you on the call can understand and imagine when a loved one dies in a tragic way by suicide or overdose, or a tragedy, it's related to a mental health fatality. The death becomes the primary story of the person.

So, we are putting together a small book where loved ones can write a short piece about what their loved one's life was like when they were alive, and then we will do a very short service with clergy in attendance to light candles and to remember loved ones and this is going to be in December of this year.

In addition, the areas that we are starting to work on have to do with trainings in the community. We have currently done suicide protocol training at one of the largest synagogues in town and we have invitations from four other synagogues at this point to come in and train their clergy when they receive a call from someone who might be hopeless or have suicidal ideation or extreme mental health crisis. We are doing that for the faculty and staff at the Jewish day schools and religious schools in the community. We are currently working on another training to do corporate citizen protocol trainings in our community and I already mentioned school faculty and administration for the protocol trainings, and developing a curriculum on self care that we can take into the schools, specifically for faculty administration, because they are dealing with a lot of mental health crisis all the time. We have also been very active in a speakers' bureau. These are some of the topics that we speak about and I think Linda and I have been doing quite a number of talks since the beginning of this year. And so with that, we leave time for questions and answers. We are also doing three research initiatives right now. One is being done between Jewish Family Service, the Hope and Healing Center and the Menninger Clinic to look at faith and resilience post-Hurricane Harvey. And we’re doing a collaborative research effort with University of Houston on suicide assessment.

We are just beginning to look at our addiction services and these are some of the areas that we hope to expand. I forgot to mention that we are doing grief and bereavement support groups actively now.

On Wednesday night is the one that I'm running for those who lost a loved one by suicide, drug overdose, or an accident. And there's a group I run on Tuesday nights for widows and widowers, and there's a group for those who are struggling with drug use and overuse, but there are other areas, and there's a lot of individual couple and family psychotherapy going on here at JFS for those who are struggling in these areas. We hope to expand our addiction services.

So, that gives us a bit of an overview. I can see that there are some questions coming in on the screen over here that we want to have time to address.

>> DEB:Great. So, thank you so much Linda and Laurie for sharing this wealth of potentially life saving information. It's really a lot to think about and we really appreciate it. So, we do want to turn it over now to questions that will be coming through anonymously. So while Luke, if you want to tell people what they need to do, our operator is Luke, we would appreciate it.

>> OPERATOR: Thank you, Debbie. Hello, everyone. You can send questions using the Q&A window located on the lower left of the presentation screen. Just type your message and press ask to send it.

As Debbie mentioned, questions to submit are anonymous and won't be seen by any of our audience. Go ahead, please.

>> DEBBIE:Why don't I start off with one question? As it is said, to save a life is to save a world to paraphrase. So what has been the greatest success as you have experienced in your work? I mean, you shared many stories that probably answers to, that but if you can direct it with one response, we would welcome it.

>> LINDA: Sure. This is Linda. I think that probably I had a group of 11th grade boys visiting JFS one day, and they were here to learn about the history of JFS. We are 105 years old and they wanted to know what was different today than the work we were doing 105 years ago? And I just said suicide. For example, we…I really don't think 105 years ago, the founding members of Jewish Family Services were focused on suicide. And before I could say anything else, a young man's hand popped up, and it continued to pop up, probably I finish the answer to the previous question. The first question was: What if you know of someone who is thinking of killing themselves? I said, I think that if you know somebody, you should encourage them to speak to their parents. And the next question was if their parents think it's a call for attention? Then, you need to talk to a trusted adult. The questions kept coming and finally, I hand him my business card with a cell phone on it. I said, “Why don't we talk after class? Here's my phone number.”

Well, the teacher was wise enough not to wait and an hour later, he called me and said, “I have taught that boy and I didn't know that he had any issues and today, I had the principal, the counselor and his parents in the office with him, and he's on his way for help.”

So, that's what motivates you to do it is that what we can't undowhat has already happened. We are just working really hard to change it for someone else.

>> LAURIE: I will add a short one as well. Linda received a call from a member of the community whose 80 year old mother had made a suicide attempt and we became very quickly involved with getting her into inpatient treatment and we have been working with her as well as her son, who found her, who is in his 50s, in terms of her getting very active treatment for depression and chronic pain, and working with the son in terms of his trauma from having found her following the attempt. That's very recent as well.

So those are two examples that we can point to, just from the past short period of time.

>> DEB: Thank you. Well, those are two examples that saved two worlds. So thank you for all the critical work that you do.

So, we're going to move on now. We have a question from Greater Metrowest, Able in New Jersey. The question is just trying to get a sense of how large or small of a community you are trying to serve with these programs. How many day schools? How many synagogues and how many JFS offices are involved in the delivery of these programs? Thank you.

>> LAURIE: Sure. I appreciate the question and it's a really good one. We are not certainly as large as Metrowest. We have about 26,000 families that are identified as Jewish in the greater Houston area. Let me just say that we cover the distance. (The distance) we cover is far greater than most other JFSs, but the numbers of the Jewish community are much smaller.

That enables something else in Houston, which is a really cohesive group of organizations and community members. So, when I say we're meeting with all the rabbis, we are meeting with all the rabbis from all of the all walks of Judaism, but then there's a group that are primarily Habad, who don't belong to the Houston rabbinical association. And we are meeting with all of the Habad rabbis separately. But, we are definitely saturating the community with the knowledge and the expertise.

Laurie and I are on a mission and the two of us are definitely the face of this effort to saturate the community, but we are supported by about a dozen clinical folks in our JFS main location. We would like to say we have a second location because all of the groups are being run out of Laurie's private office in another part of the city, which gives us a little bit more coverage, and the reason that we're pushing so hard on training the trainers for mental health first aid is that we need to be wherever there are pockets of Jews living and they are not all within a 25 mile radius of where we sit.

The other thing she mentioned the Council of Advisors earlier. And the fact is that we broadened the net quite a bit so that we have experts across the city looking at what we're doing to see if we're going in the right or wrong direction.

I can give you an example. Many of you may know Dr. Madeline Gould. She's at Columbia and I didn't know her, except there was like a three page article about her in "The New York Times" in, I think, it was July of 2015 and as I read about her and her expertise, I thought to myself, “This is someone I need to know.” So I put it aside, but a few weeks later, one of my volunteers wrote me and said, “I don't know if you remember me, but I know you are doing work in suicide. And I think you should meet my friend Madeline Gould.”

And actually, Dr. Gould was so fabulous. I had an appointment with her on a weekly basis by phone. She scheduled me like I was a patient, and she actually helped oversee some of the decisions we were making early on. And she's one of the ones that introduced us, for example, to Sources of Strength, which is in other cities. It's been around for 30 years. It's just never been in Houston.

So, you know, we have really reached out far to get the expertise we can. So that's a long way to answer we are small. Everything we are doing, we are trying to make replicable. On our website, there's a passworded section that we make available to any of our colleagues around the country, where we just keep putting our slide shows, our power points, our flyers, anything that we….any mistake we have made, anything. We put everything there to share in real time what's happening. So you could take, for example, our bereavement guide and you can slap your logos on the back and we would appreciate you still saying that it's written by Laurie. But if it can work in your community, you can have it. And we just feel that the problem is so big. And all the things that everybody is doing, each individual thing is good, but nothing is working as a whole.

And we're just passionate about finding out how to look at this as a full community and see what we can learn and then pass on in real time and as quickly as possible.

>> DEB: Thank you for that comprehensive answer. So important to the community at large to have your information available. We do have another question here.

>> JENNIFER LASZLO MIZRAHI: Hi, this is Jennifer Mizrahi. This was an extraordinary session and I would like to thank you very much. It’s just extraordinary work. I have a specific question about two items. One is that you are going to need a lot of volunteers for what is, essentially, an extremely important role. So, what is the sort of prototype of your perfect volunteer? How do you find them at a time when it's very hard to find volunteers for anything? Never mind something so important and where you need such a high level of thoughtfulness, but also being able to be accessible and available to people at what may not be a conveniently scheduled time?

So, number one is about the volunteers and number two is how have you sort of framed the conversation around people who may need to be institutionalized, who don't want to be institutionalized for mental health conditions, wanting to protect the rights of the individual with the mental health condition, but also respecting the concerns of people who are at extreme risk?

>> LINDA: So, Linda will take the answer on volunteers and give Laurie a little time to respond to your second question

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You know, Jennifer, we have found that people do want to volunteer if you can make the right matches.

So at JFS, we do have a full time person who is constantly recruiting volunteers, but on this mental health first aid, we have been doing it by word of mouth and by you know, through the synagogues and every way we can, we are getting the word out. But, the kind you will be surprised maybe by my answer that to teach mental health first aid, you do not need to be a mental health professional. And you have to being able to stand in front of a crowd for, you know, eight hours and do the teaching, but you don't necessarily have to have mental health as a degree in your background. I will say that the group that we find the most available to volunteer, especially that kind of time, are Baby Boomers, who have just retired or who are about to retire and they are looking for meaningful second careers or second opportunities in their life to do something that they are passionate about.

Also, people with mental illness in their family and would have lost someone to a death by suicide or overdose, often times, are the very best teachers we found.

>> JENNIFER: Thank you for that, thank you. Laurie, are you ready to-

>> LAURIE: I will quickly answer the other. So clearly, there's a triaging of any case when we have someone who seems to be in a mental health crisis. That's part of the protocol, actually, that we are training the clergy and the faculty and the city about and certainly our clinicians here at JFS. All of us work from that framework as well.

JFS here also has an intensive outpatient program. So we design the program in a step way, depending on what the age of the person is. Clearly we can't have someone go end patient, if we are trying to do that. So we work very incrementally, very crisis format with a lot of intensive connection and counseling up front, moving a person into an inpatient setting if that's needed, and we do have a very strong working relationship with a number of the inpatient facilities here in town, as well as step down programs if someone is coming out of an addiction facility.

So it's a really case by case sort of situation, but there is such a new focus on integrated care, with all sorts of people helping someone to get the proper care, whether it's the chief physician, the mental health professionals, family members, all of us working in coordination to help to move the person into the proper level of care. I hope that answers the question.

>> JENNIFER:Thank you. Thank you. A complex, complex situation to navigate.

>> DEBBIE: So if there are no more questions, I wanted to wrap this up. I want to once again thank Linda and Laurie for your sensitive, informative presentation on this tender topic. We will be sending all the participants a copy of Linda and Laurie's PowerPoint with permission from Linda and Laurie. And once again, if you or someone you know may be considering suicide, contact the National Suicide Prevention Lifeline and/or call 1-800-273-TALK. That's 1-800-273-8255.

And we really want to thank you all for joining us. If you would like to join us for our next Jewish related webinar, it's on Tuesday, October 16th at 1 p.m. Eastern Standard Time. Its topic is *RespectAbility, 2018 National Jewish Disability Inclusion Survey*. So you can find out what Jewish folks are thinking. We have about inclusion in our community. It will feature our one and only president, Jennifer Laszlo Mizrahi and Meagan Burren. We are wishing all you well and shalom, and thanks again to Linda and Laurie.

>> JENNIFER:Thank you and have a great day! This concludes our call.