

Pain Isn't Always Obvious

KNOW THE SIGNS

Suicide Is Preventable



www.CareEnoughToAct.org

Butte County's Suicide Rates In State Context

CALIFORNIA SUICIDE STATISTICS, 2010:

- Suicide deaths: 3,823 (9.8/100,000).
- Non-fatal hospitalizations due to self-inflicted injuries: 16,425 (42/100,000).
- Non-fatal emergency department visits due to self-inflicted injuries: 28,735 (73.4/100,000).

BUTTE COUNTY SUICIDE STATISTICS, 2010:

- Suicide deaths: 51 (22.2/100,000).
- Non-fatal hospitalizations due to self-inflicted injuries: 159 (69.1/100,000).
- Non-fatal emergency department visits due to self-inflicted injuries: 275 (119.5/100,000).

CALIFORNIA SUICIDE TRENDS DOWNWARD:

- In 1991, the suicide rate was 12.3/100,000; in 2010, the suicide rate was 9.8/100,000.

BUTTE COUNTY SUICIDE TRENDS UPWARD:

- In 1991, the suicide rate was 17.6/100,000; in 2010, the suicide rate was 22.2/100,000.

All data collected from California Department of Public Health, Safe and Active Communities Branch.

The SUICIDE PREVENTION Task Force

CARE ENOUGH TO ACT WORKS TO REFRAME PUBLIC ATTITUDE ON SUICIDE



Betsy Gowan, manager of Program Development for Butte County Behavioral Health, has long recognized the need for a county-wide suicide prevention task force with a particular focus.

"If you are in imminent danger to yourself or others, in-patient psychiatric services are available," Gowan said. "But, if you're at that point where you're very depressed with long-term suicidal thoughts, there aren't as many resources."

Gowan and her colleagues maintain that suicide needs to be looked at as a continuum—a progression of high-risk behaviors leading up to the final act that often seem like obvious warning signs in retrospect. While emergency services for individuals under extreme mental distress are a valuable resource, Gowan believes intervention earlier in the continuum is the best approach to avoiding tragedy.

"You have suicide completions and suicide attempts, but you have a whole range of behavior before that point," she said.

So after California established the Office of Suicide Prevention in 2008, Gowan and Anne Robin, director of Butte County Behavioral Health, saw an opportunity to take advantage of the statewide campaign and address local needs. However, creating a program that would get through to desperately depressed people in their darkest hour was a daunting task.

"For the past years, economics have combined with other stressors and life seems challenging to a lot of people, but how do you help those who are feeling so challenged and feeling so much pain that they want to end their life?" Gowan said. "Most people in this situation don't want to end their life; they want to end the pain."

They formed a team of roughly 15 members from community agencies, including Out of the Darkness, Stonewall Alliance, Passages, Paradise's Project Vision, the Butte County Public Health Department and Enloe Hospital. The group decided to host a suicide summit at Enloe Conference Center in March of this year to gauge the county's interest in a full-time suicide prevention task force.

"I thought if we did really well, we would get about 100 people," Gowan said. "We filled [the conference center] and had to tell people they couldn't come in after a certain point. So, obviously, there was a big interest and need."

Toward the end of the conference, attendees split into groups to identify key issues. From those groups, the task force called individuals to join a steering committee, which

has since produced a mission statement, a logo and a name—Care Enough to Act.

Moving forward, one of Care Enough to Act's biggest challenges will be encouraging open dialogue between individuals suffering from depression and their close family and friends.

"HOW DO YOU HELP
THOSE WHO
ARE FEELING SO
CHALLENGED AND
FEELING SO MUCH
PAIN THEY WANT TO
END THEIR LIFE?"

"People are afraid to talk about it; they're afraid to ask," Gowan said. "So, some of our goals are outreach, education and awareness, so people understand what the issue is, how to talk about it, where to refer people and that talking about it is OK."

Hesitance to broach the subject of suicide goes hand-in-hand with the stigma associated with mental-health disorders, Gowan said.

"People have deep thoughts that somehow, 'I'm a failure if I have this mental illness,'" she said. "People don't think that if they have cancer or diabetes, even though there are lifestyle changes you can make to prevent them. With mental illness, it still feels like something about our core personality is wrong."

For Robin, Care Enough to Act is a chance to spread the word throughout Butte County: help is available and there's nothing wrong with seeking it out.

"We can help the entire community because everyone is touched by suicide," she said. "We can offer some support to a much broader range of people through education, letting them know the warning signs and how to get help without having to go off the deep end."

CETA Members: Carol Childers, Mike Gonzales, Rich Davis, Betsy Gowan, & Kate McCracken



The WORST Possible News

FATHER OF SUICIDE VICTIM CAMPAIGNS FOR RAISED AWARENESS

Mike and Mary Gonzales of Red Bluff received the worst news a parent possibly could on March 23, 2003. Their 19-year-old daughter, Suzanne, had taken her own life.

Suzanne was known as Suzy to family and friends, who described her as a bright girl with a quirky sense of humor who loved ska music. After graduating from Red Bluff High School, she received a full-ride scholarship to attend Florida State University.

"Since we had 3,000 miles distance between us, we did what we could to keep constant communication with phone calls, emails and the trips we could afford to go out there," her father said. "Every time we talked to her she was very upbeat and told us school and everything was going great. We didn't know that she'd actually dropped out and fallen into a deep depression."

Also unbeknownst to her parents was that, since January, Suzy had been posting on a pro-suicide website. In her first post, under the heading "Why Do You

Want to Die," she wrote: "I'm bored. I am bored with life. I cannot possibly think of anything I want to do that is worth doing. I just want to sleep all day. I'm just so fucking tired and sad all the time. I cry for no reason and I can't help but feel that I'm bothering others with my whining. I'm sorry to everyone. It would just be best if I would go away."

"We didn't know that she'd actually dropped out and fallen into a deep depression."

Other posters on the site encouraged her suicidal thoughts and Mike said one man in particular—whom he calls a "suicide predator"—helped her with everything from how to secure the potassium cyanide she used to take her life to editing her suicide note, delivered via delayed email to family, friends and the Tallahassee Police Department the day of her death. Her last post on the Website, at 11:15 p.m. the night before she died, read, "Bye



Suzy Gonzales

everyone, see you on the other side." "[Hours later], she cleaned up her apartment, looked after her cats, went to a hotel room and drank the cyanide," Mike said. "A friend of hers got an email and called my wife in hysterics, said she couldn't get a hold of Suzanne but had gotten a note. So my wife went online and found the email."

Mike said the TPD tried for several years to press charges on the predator, but they "didn't have the law to stand on." Despite the fact the man had contributed directly to her death (and has allegedly engaged in the same suicide predator behavior with young women before and since Suzy's suicide), he technically broke no laws.

This spurred the Gonzales family to spearhead the creation of H.R. Bill 1183, known as Suzy's Law, which would make it illegal to help someone take their own life by providing information and encouragement via the Internet. For the past six years the Gonzaleses have

campaigned tirelessly to get the law passed. It is currently undergoing revision for another attempt.

"The other path we took is that my wife and I became involved in suicide prevention," Mike said. "While we were promoting the bill, the American Foundation for Suicide Prevention invited us to come to L.A. to participate in an Out of the Darkness Walk."

After that initial event, they started speaking publicly about their experiences and people began to open up to them, he said. The Gonzales's were so moved by the support they found with the AFSP that they started attending walks up and down the state and helped bring Out of the Darkness to Butte County in 2010. October 27 will mark Chico's third annual walk, which Mike describes as an opportunity to meet others with shared experiences and to honor those who have been lost.

Chico Out of Darkness Walk: 2011



Out of the Darkness Walk

Out of the Darkness walks are annually held in communities throughout the country, including Chico, to benefit the American Foundation for Suicide Prevention (AFSP), the leading national non-profit organization dedicated to understanding and preventing suicide through research, education and advocacy. Most of all, the walks honor lost loved ones and the family, friends, co-workers and communities left behind.

CHICO'S WALK WILL BE HELD ON OCT. 27 FROM 9 A.M. TO NOON, BEGINNING IN THE CHICO CITY PLAZA. REGISTRATION FROM 8-9 A.M.

CONTACT
Mike Gonzales

E-MAIL ADDRESS
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PHONE
530.520.6696

WEB
www.afsp.donordrive.com

ALONE in His Room

STONEWALL ALLIANCE BOARD
MEMBER REFLECTS ON DIFFICULT
ADOLESCENT YEARS



Nicholas Mertz has known he was gay since he was 14 years old, but didn't come out until he graduated high school. Now 29, the Stonewall Alliance board member still has difficulty discussing his early years—particularly the times he seriously considered killing himself.

Mertz attended elementary, middle and high school in St. Louis, Mo. where he was often the target of taunts, slurs and physical violence. Making matters worse, his life at home was equally uncomfortable.

"I never got along with my family; I never felt like I belonged in general," he said during an interview in his home in Chico. Mertz felt truly loved by his grandparents alone. "I didn't get along with my mom; I was

always grounded and sent to my room."

Mertz was also spiritually confused, realizing early on that, for many, homosexuality and Christianity conflict. Though he prayed every night, he was told at church—where he went with his babysitter—that the God he prayed to "thinks I belong in Hell." Between harassment at school, his distant family life and the shame he felt at church, he began entertaining dark thoughts alone in his room.

"As bad as I've felt, bad enough to want to take my own life, I realized I needed a purpose."

"You think of how you want to do it," Mertz said. "I over-think everything; I'm so organized, so even when I thought about suicide I was organized. I really don't want to shoot myself in the head, that's too dramatic. I don't want to lynch myself, because I don't do well with pain.



Nicholas Mertz

"I came to the conclusion that the best way was to drown myself. That way, I'm in control, it's not as painful, not as dramatic and messy."

Temporary salvation came in the form of his first boyfriend, whom he met at 17 years old. The man was 10 years his senior and introduced Mertz to a wide social circle of other gay men.

"It was like, 'Oh, there are other gay people,' because you don't think there are," he said. "So I started feeling normal, they kind of filled that family void for me."

But it was not to last. After coming out, his mother sent him to a boy's home, where he found himself mired in a deep depression once again.

"So, I'm in this boy's home with a bunch of masculine dudes, but I know I'm gay so I don't want to look at someone the wrong way," he said. "The advisors saw me getting really depressed and they put me on Prozac."

At first, he had a positive response to the medication. For about a week, the depression lifted and suicide was far from his mind. But one day during a group meeting, a boy next to him made a derogatory remark that triggered him in an unprec-

edented way.

"I took a book and smashed it into his face," Mertz said. "He fell backward and I jumped on him. One of the advisors had to pull me off and sit on me because I was freaking out, wailing and going psycho."

From that point on, Mertz knew he would have to face his depression without the help of medication. To this day, he has "those depressing thoughts I know can get worse." But he has learned to channel his emotion into productive community service: since his arrival in Chico six months ago, he has served on the Stonewall Alliance's board, overseen several of the organization's projects including the fundraiser Takeover of Chico.

"As bad as I've felt, bad enough to want to take my own life, I realized I needed a purpose," he said. "When you do things, do them not just for yourself but also for other people. Look for an outlet."

Above all else, Mertz emphasizes the need for people to recognize the potential impact of their careless words or actions.

"A heavily depressed person will take it too far," he said. "They will over-evaluate what was said, have all these crazy thoughts, then they're dead."

The Family Acceptance Project

The Family Acceptance Project (FAP) focuses on the importance of a stable home life for LGBTQ+ youth who are often the subject of taunts, bullying and violence at school. Dr. Caitlin Ryan of the FAP finds many parents are unwilling to believe their child is gay and try to talk them out of it. They may tell him he is going through a phase, forbid him to discuss it and prevent him from reaching out to the gay community.

This approach tends to backfire, Ryan says, since the child interprets his parent's efforts as a rejection of his true self.

Ryan's research has found gay kids from highly rejecting families are more than **eight times as likely to attempt suicide**, almost **six times as likely to be clinically depressed** and more than **three times as likely to abuse drugs or have high risk of HIV infection** when compared to more accepting families.

Stonewall Alliance of Chico has adopted many of the concepts presented in the project as a foundation for the services they offer both LGBTQ+ youth and their families. Aydin Kennedy of Stonewall believes the project is particularly applicable to Butte County, a quasi-rural area where education and outreach services are hard to come by. He also believes parents who aren't fully accepting can still be supportive.

"You don't have to have a big party if your kid comes out," he said. "What you can do is say, 'I don't agree with this, but I love you anyway.'"

FAMILY ACCEPTANCE PROJECT
www.familyproject.sfsu.edu

Stonewall's SAYes program provides support for teens, young adults & parents.

PHONE: 530-893-3336

WEB: www.stonewallchico.org

TREVOR LINE (LGBTQ+ SUICIDE PREVENTION): 1-866-488-7386



At first glance, the group of older ladies circled around a table in a side conference room of Windchime Assisted Living could pass for a book club. There is tea, fruit and chocolate on a platter between them and everyone is smiling and clearly happy to see each other.

But this is not a book club—this is a support group for older women who have been to the darkest depths of depression, women who have either contemplated or attempted taking their lives. They represent a cross-section of the community rarely considered potentially suicidal, a misconception they consider with indignation.

"We don't get depressed or suicidal for no reason at all," says Martha*, a strikingly open and earnest woman. "We've bumped against a few walls to get this way."

"And not everybody bounces," says Kate McCracken, Director of Connections at Passages and their group leader.

The first group member to tell her story is Elizabeth*, a kindly, gray-haired woman who relates a series of upheavals that drove her into an emotional tailspin. After divorcing her husband and leaving her home of 30 years, she remarried and settled down once more.



The Will to Keep LIVING

WOMEN FROM A SUICIDE SUPPORT GROUP RELATE THEIR TROUBLED TALES

"We had a home together for 15 years," she says of her second husband. "He passed away and I found myself following my daughter around. She renewed a relationship with a young man and married him, which was great for her, but when I came back it was like losing my house all over again. You find yourself opening up boxes again and you get so tired. I just didn't want to go on anymore."

After a week of treatment with PASSAGES Connections, Elizabeth found the will to continue living. "I really feel like I've come through a crisis and I'm feeling great today," she says.

After a moment of silence, Martha begins her disturbing story in a matter-of-fact tone.

"I was raped when I was 15," she says. "I had gone water skiing up in Tahoe with a bunch of friends and I swallowed half the lake. So when they all went out [later], I stayed behind."

A man peering through her window found her lying on a rug in front of the fireplace, broke into the home, knocked her unconscious with a log from outside and forced himself upon her.

"I realized just yesterday this is where my suicidal thoughts came in," Martha says. "My parents never talked about it; they wouldn't talk to me about it."

Martha continued to harbor suicidal thoughts well into her adult life. After two failed marriages, Martha wed a man she considered the love of her life. But her husband had his faults—a physical ailment led to him drinking heavily and his unstable behavior culminated one day 40 years ago.

"He said to me, 'You'd better go get the kids because it's going to start raining,'" Martha says, her voice wavering for the first time. "Not realizing it was just an overcast day—there wasn't a rain cloud in sight—I went to go get them. When I came back, he had shot himself, put a gun in his mouth."

After a pause for reflection, Martha continues.

"He did me a great service," she says. "I knew then I couldn't do that to somebody else, and I

haven't been suicidal since that time."

For Karla*, a frail, anxious-looking woman, the roots of her depression trace back to before she was born. Her father left home to search for work, unaware that his wife had become pregnant with Karla.

"When she found out, she kept trying to abort me," she says. "At seven months, she got me out of there, but I lived anyway, obviously. The story was always repeated to

"WE'VE BUMPED

AGAINST A FEW WALLS

TO GET THIS WAY."

me how I ruined her life. I grew up thinking I didn't deserve to be here and I deserved to be punished."

Things got much worse before they got better. Karla was forced into prostitution by her uncle and impregnated by age 11. Though she was eventually able to extract herself from her volatile family situation, she has been haunted by her early memories her entire life.

"None of the family will have anything to do with me because of my mental illness," she says. "I struggle with feeling like I'm not good enough, like I don't fit in anywhere."

For the past several years, Karla has been in and out of the hospital after repeatedly overdosing on prescription medication. She says she finds solace in the group's weekly meetings.

"This group has been so good for me," she says, her hand in Elizabeth's. "It's been a long life, but you go on."

Across the table, another survivor says, "And aren't we glad we did? Thank God I'm getting older."

* The names of these women have been changed to protect their identity.

PHONE: 530-898-5923

EMAIL: passages@csuchico.edu

WEB: www.passagescenter.org

530-898-5923

Suicide & Older Adults

Older adults who complete suicide almost always seek help before their attempt:

20 percent
were seen by a physician within 24 hours

41 percent
saw their doctor within the week

75 percent
saw their doctor within a month

OLDER ADULTS HAVE THE HIGHEST COMPLETED SUICIDE RATIO COMPARED TO ATTEMPTS, BY FAR:

• **ADOLESCENTS:** for every completed suicide, there are between 100 and 200 attempts.

 / 100-200

• **YOUNG TO MIDDLE AGE:** for every completed suicide, there are 20 attempts.

 / 20

• **OLDER ADULTS:** for every completed suicide, there are only 4 attempts.

 / 4

Cops I TRUST

BUTTE COUNTY FIRST RESPONDERS
RECEIVE SPECIALIZED TRAINING

Each year since 2010, shiny pins reading “C.I.T.” grace the uniforms of an increasing amount of Butte County’s first responders. To those who know, the acronym indicates the officer has completed specialized Crisis Intervention Team training, but for many, it has come to mean something simpler: “Cops I Trust.”

Butte County Sheriff Captain Andy Duch explained that C.I.T. training equips officers to better deal with people afflicted with mental illness. Since it began, 30 sheriff’s deputies, dispatchers and correctional officers have been C.I.T. certified through the 40-hour program. Duch said the Butte County Sheriff receives about 900 annual calls regarding persons afflicted with mental illness.

“The C.I.T. academy includes a broad spectrum of training involving mental and behavioral health disorders, medications and side effects,” Duch said. “The heart of the class is a block of instruction on de-escalation and calming people when they are in crisis.”

All officers receive police academy and ongoing instruction in dealing with the mentally ill, but C.I.T. goes much further, Duch said.

“It gives officers and workers tools to recognize things and questions to ask they might not usually think about.”

While he was a lieutenant and SWAT Team commander, Duch participated in one particular incident in which a C.I.T.-trained officer, Christopher D’Amato, defused a dangerous situation that may have ended tragically.

D’Amato, who is also a hostage negotiator, responded with Duch’s SWAT Team to a Paradise residence where a young man, after making threats towards his father, barricaded himself inside his home with a number of firearms.

While such action may be seen as hostile to others, sometimes the perpetrator’s real target is themselves. In a phenomenon known as “suicide by cop,” a person deliberately acts in a threatening manner to provoke an officer to use lethal force.

While the SWAT team secured the perimeter, D’Amato used a neighbor’s rotary dial phone to call and speak with the man several times in the course of the six-hour stand-off, at the end of which the man surrendered peaceably.

“The bottom line is he had a diagnosed mental illness and was prescribed medication that he’d quit taking,” D’Amato said. “Because of my C.I.T. training, I was able to have a conversation with him about his diagnosis and medications.”

Another C.I.T. success story concerns a 16-year old woman from Paradise named Willow*. Beginning in 6th grade, she began experiencing deep depression and a series of mental health crises. Willow’s situation worsened for several years—she began cutting herself and contemplating suicide, finding herself hospitalized in a mental-health facility for the first time in 8th grade. The destructive behavior climaxed at the beginning of her freshman year in high school, when she inflicted a deep cut on her arm.

Then along came Officer Chris Pilgrim, one of four C.I.T.-trained officers working at the Paradise Police Department.

“The first several times she met requirements for 5150 and needed to be hospitalized,” Pilgrim said. “Usually, we’re on our way after we drop them off at the hospital and make a short report. The C.I.T. training teaches you to ask more questions. Through asking these

questions, I realized she was cutting to ease the pain, not to try to kill herself.”

Pilgrim kept following up with Willow, who today credits him with helping save her life.

“Sure, every teenager gets depressed, but I’m so much better now,” said Willow, who is now quick to smile. “I don’t cut myself, and I haven’t once thought about killing myself.”

“TREATING PEOPLE WITH
MENTAL ILLNESSES LIKE CRIMINALS
DOESN’T HELP ANYBODY.”

Now Willow has come full circle, and actually participated in the latest C.I.T. academy as a guest speaker.

“Speaking to them made me really look back, and it amazes me what a different person I am today,” she said. “It felt great, I really feel like I’m doing good by helping everyone know and understand how it feels to suffer from mental illness.”

Of the program overall, Duch said, “Patients get much better care, we don’t get assaulted and hurt as much, and we divert people out of the criminal justice system, because we don’t look at them as criminals. There’s a lot of advantages to it.

“Being mentally ill is not against the law, and being suicidal is not against the law,” he continued. “Treating people with mental illnesses like criminals doesn’t help anybody.”

* This name has been changed to protect identity



Christopher D’Amato of Butte
County Sheriff’s Office

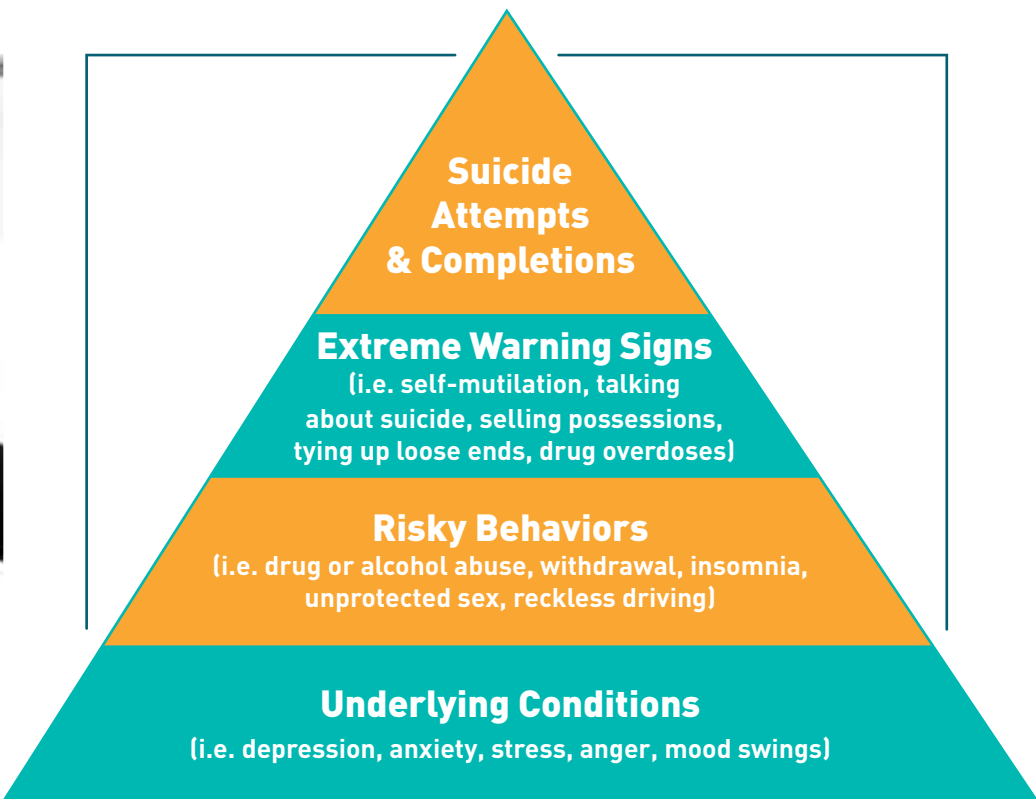
Several local law enforcement agencies have C.I.T. - trained officers.
If you are calling 911 for a potential suicide or other psychiatric crisis, request a C.I.T. officer.
If one is available, they will be routed to your call.



Cindy McDermott
& Jeremy Wilson

How to Get INVOLVED

MANY PEOPLE SEE THE SIGNS OF SUICIDE BUT ARE AFRAID TO GET INVOLVED. TALKING ABOUT IT CAN SAVE A LIFE—CARE ENOUGH TO ACT.



The Suicide Continuum

STEP 1 - - - - - Start the Conversation

MENTION THE SIGNS that prompted you to become concerned. This makes it clear you aren't asking "out of the blue" and makes it more difficult for the person to deny something is bothering them.

ASK DIRECTLY about suicide. Asking directly and using the word "suicide" establishes that you and the person at risk are talking about the same thing and you are willing to openly talk about it.

STEP 2 - - - - - Listen, Express Concern and Provide Reassurance

IF THEY ANSWER "YES" to your direct question about suicide, stay calm and don't leave them alone until further help is obtained.

LISTEN TO THE REASONS the person has for both living and dying. Validate that they are considering both options and underscore that living is an option for them.

LET THEM KNOW YOU CARE. Showing you

are genuinely concerned for them and take their situation seriously will go a long way in your support efforts.

What Not to Say

DON'T ASK in a way that indicates you want "no" for an answer. For example, "You're not thinking about suicide, are you?" or "You're not thinking about doing anything stupid, are you?"

DON'T ENCOURAGE them to do it. You may want to shout in frustration or anger, but this is the most dangerous thing you can say.

DON'T PROMISE SECRECY. They might say they don't want anyone else to know they are suicidal and you may be concerned they will be upset with you, but when someone's life is at risk it is more important to ensure their safety.

STEP 3 - - - - - Create a Safety Plan

ASK THEM if they have access to any lethal means—weapons or medications—and help remove them from the vicinity. Another friend, family member or law enforcement

may be needed to assist with this.

DO NOT PUT YOURSELF in danger; if you are concerned for your own safety, call 911.

CREATE A SAFETY PLAN together. Ask them what will keep them safe until they meet with a professional.

ASK THEM TO refrain from drug or alcohol use, or have someone monitor their use.

GET A VERBAL COMMITMENT that they will not act upon their suicidal thoughts until they get professional help.

STEP 4 - - - - - Get Help

PROVIDE THE PERSON with national or local resources. Call the National Suicide Prevention Lifeline anytime at 1-800-273-8255. The Butte County Crisis is 1-800-334-6622. More local resources can be found at www.SuicideisPreventable.org and on page 8 of this publication.

IF YOU FEEL the situation is critical, take the person to a nearby emergency department or walk-in psychiatric crisis clinic or call 911.

Get EDUCATED



Care Enough to Act is providing free
QPR training at their website, www.CareEnoughToAct.org

QPR stands for three simple steps anyone can learn to potentially save someone from committing suicide:
Question, Persuade and Refer.

Just as people trained in CPR and Heimlich maneuver help save thousands of lives each year, people trained in QPR learn to recognize the warning signs of a suicide crisis and how to question, persuade and refer someone to help. *The training takes about an hour.*

2nd Annual Suicide Prevention Summit
SAVE THE DATE: March 1, 2013

RESOURCES

FOR CRISIS:

- Butte County Department of Behavioral Health 24/7 Crisis Line: **1-800-334-6622**
- The Friendship Line (older adults): **1-800-971-0016**
- Homeless Emergency Runaway Effort: **1-800-334-6622**
- The Trevor Line (LGBTQ+ suicide prevention): **1-866-488-7386**
- Access crisis intervention services through text messaging: text the keyword **ANSWER** to **839863** to reach safe, non-judgemental sources of support for individuals in any type of crisis.
Visit www.crisiscallcenter.org for more details
Supported by The Alex Project on Facebook & www.nvcf.org
- Enloe Behavioral Health (24-hour hospital care for adults, 18 and up, who have been diagnosed with a psychiatric disorder): **1-530-332-5250**

text **ANSWER**
to **839863**

FOR SUPPORT:

- Talkline (hope, care and compassion for non-crisis situations seven days a week):
1-855-582-5554

FOR ONGOING SUPPORT:

- Passages Older Adult Suicide Prevention and Education Program: **1-530-898-5923**
- Stonewall SAYes: **1-530-893-6333**

FOR SUPPORT & PREVENTION AT LOCAL COLLEGES:

- Butte College Student Health Clinic: **1-800-895-2441**
- Butte College Safe Places & Wellness Center: **1-530-879-6185**
- CSU Chico Counseling & Wellness Center: **1-530-898-6345**
- CSU Chico Health Center: **1-530-898-5241**

SUICIDE PREVENTION WEEK SCHEDULE

MONDAY - OCT - 22

- *Suicide documentary screenings.* A showing and discussion of the documentaries "Families Touched by Suicide" and "Truth About Suicide." **Contact Mike Gonzales – 530-520-6696. BMU room 304 at Chico State. 7:30-8:30 p.m.**

TUESDAY - OCT - 23

- *Depression and experience: how depression can affect members of our wisest population.* Discussion led by Chris Sims. **Contact: chris@bidwellparkcounseling.com. Oroville Library, 1-2 p.m.**
- *Movies and conversation: fighting stigma through short film.* Arts-centered social engagement to help individuals learn more about mental health in California and the U.S., featuring winning entries from the "Art with Impact" short film competition.
Contact: Ariel Ellis, aellis11@mail.csuchico.edu. UHUB by Sutter Hall at Chico State. 7-9 p.m.

WEDNESDAY - OCT - 24

- *Inclusion and mental illness: how stigma shuts out students.* A talk with Dr. Devjani Banerjee-Stevens.
Contact: dbanerjee-stevens@csuchico.edu, (530) 898-6345. BMU 210 at Chico State. Noon-1 p.m.
- *Bullying and suicide.* A community meeting addressing the complexities of bullying and encouraging a collaborative solution.
Contact: Tom Kelem, tkelem@stonewallchico.org, (530) 893-3336. Chico Boys and Girls Club. 6:30-8 p.m.

THURSDAY - OCT - 25

- *You can make a difference: suicide prevention, intervention and post-intervention with older adults.* A workshop with speaker Dr. Patrick Arbore from the Institute of Aging in San Francisco.
Contact: Margie Mitchell, (530) 898-6637, mamitchell@csuchico.edu. Masonic Family Center of Chico. 9 a.m.-noon, registration at 8:30 a.m.
- *Jason Foundation Paradise community meeting.* A discussion of how to increase involvement in suicide prevention efforts in the Paradise area featuring a guest speaker from the Jason Foundation.
Contact: rdavis@buttecounty.net. Seventh Day Adventist Church in Paradise. 7 p.m.

FRIDAY - OCT - 26

- *For the Bible tells me so.* A screening of a documentary highlighting the conflict between religious beliefs and LGBTQ+ identities followed by a community discussion.
Contact: Tom Kelem, tkelem@stonewallchico.org, 893-3336. Trinity Methodist Church, Chico. 6-8 p.m.

SATURDAY - OCT - 27

- *Out of the Darkness Walk.* The annual walk to raise awareness of the suicide epidemic, potential warning signs and the psychiatric illnesses that can lead to suicide will include keynote speakers, information & booths and family activities. **Contact: Mike Gonzales, (530) 520-6696. Chico City Plaza. 8 a.m.-noon.**
REGISTER ONLINE – www.outofthedarkness.org