



Puerto Rico Suicide Prevention Case Study

Puerto Rico has faced a series of natural disasters that have depleted resources and resulted in years of economic loss and repeated destruction.

Residents who were already coping with uncertainty and the loss of homes, community, and livelihoods after two hurricanes struck two-and-a-half years earlier faced a new disaster in the aftermath of the 6.4 magnitude earthquake that struck on January 7, 2020. Two months later, with the emerging transmission of COVID-19 within the community, residents were again plunged into feelings of uncertainty and insecurity.

Displacement caused by these events took a variety of forms, with some families living in large shelters, others residing in small camps set up on public or private land, and still others remaining tentatively in their homes but sleeping in tents or cars overnight. As is often the case after disasters, many people also developed a fear of darkness and nightfall, and had difficulty sleeping, expecting and waiting for the worst events to happen at night.

Many individuals were still living in mass shelters or had doubled-up with friends and family when the first cases of COVID-19 were detected in Puerto Rico in March 2020. The emergence of COVID-19 brought more loss and fear to the public, disrupted in-person activities, and pushed children and seniors out of schools, community groups and senior centers into isolated homes. Furthermore, the virus isolated individuals from coping mechanisms available within the community, such as attending religious services or gathering to play music.

Since the hurricanes in 2017 and subsequent natural disasters, Puerto Rico has seen a steady increase in the number of calls to the national mental health crisis hotline and an increase in the number of people who died as a result of suicide.

Puerto Rico has an established Suicide Prevention Commission run by the Ministry of Health that tracks the number of people who have died by suicide; however, it was felt that the government's suicide prevention strategy was slightly disjointed and neglected frontline community leaders.

In the face of these consecutive disasters, local community organizations are at the frontlines of providing mental healthcare and disaster relief, as they are the people who are living through the event and helping others live through it.

International Medical Corps recognizes that community organizations are a safety net in times of shared crisis, like 2017's Hurricane Maria, the 2020 earthquakes and COVID-19, as well as during more intimate events, like the death of a family member, personal trauma from a violent crime or an abusive relationship. Recognizing this key social capital, our Mental Health and Psychosocial Support (MHPSS) team sought to do more than increase knowledge and training; it created workshops with practical strategies to improve the effectiveness and efficiency of resources distribution. The team also worked to improve peer support and collaboration

between community leaders and those who offer health, safety, education and arts/culture programs.

With support from a Major League Baseball grant, International Medical Corps hosted a workshop series titled, “Preventing Suicide Together: coalition building and training for suicide prevention.” The workshops were designed to build momentum among community-based and government organizations to transform health and mental health outcomes by designing and implementing upstream initiatives that disrupt root causes of suicide and suicidal risk factors, such as poverty, loneliness and chronic stress. The team created this approach understanding that capacity building for government and local community organizations can improve performance directly, and has the potential to increase mutual engagement and collaboration.

The workshop series had the following objectives.

Objective 1:

Conduct asset mapping to identify the current, available resources, and gaps that affect individuals and families, and impact rates of suicide, related to:

- economic supports;
- suicide care;
- coordination mechanisms;
- resources to teach positive coping and problem-solving skills;
- the ability to identify and support people at risk; and
- the ability to decrease harm and prevent future risk.

Objective 2:

Provide training and access to global resources and databases. To address gaps identified in the mapping exercise, and to build community resiliency, we will facilitate three workshops for 50 community leaders on incorporating suicide prevention into their organizations and on using existing best practice and online tools to research and integrate innovative practices. By broadening the understanding of mental health and suicide, we hope to increase referrals between organizations with differing capacities.

Objective 3:

Engage organizations to collectively address systemic factors that increase suicide risk. After identifying policies that can contribute to suicide—such as limited access to healthcare—International Medical Corps will help organizations collectively develop and execute plans to combat the social, economic and political barriers that contribute to suicide through advocacy and coordination. Communities will have the tools not only to address rising suicide rates on both the direct and systemic levels, but also to effectively coordinate responses to future crises.

Workshop 1: Engaging organizations to collectively address systemic factors that increase suicide

Topics covered: Local data and statistics on mental health and suicide; definition of MHPSS; emotional regulation; and recognizing and responding to suicidal behavior.

Group discussion: What do you think about when we talk about suicide? What are the mental health needs of your community? Are services accessible and available? What projects or services are needed to address mental health and prevent suicide?

Description: The introductory session of the workshops started with breakout sessions where participants discussed the status of mental health in their communities, what type of support was available and whether it was accessible to all community members. The discussions were lively, with respondents sharing the following observations:

“The resources are mainly centralized in San Juan ... which reinforces the marginalization. In the southeast area, for example, there are few resources for the rural population.”

“We need to educate society to reduce the persistent taboo/stigma around access to therapy and psychological assistance, as well as the importance of joining forces between psychologists and psychiatrists to treat mental health. Breaking the stigma around mental health can increase access to seeking and receiving help.”

Figure 1: Introductory exercise asking participants to write the words that come to mind when they think about suicide. The most common responses were sadness, pain, depression and frustration.

En que piensas si hablamos de suicidio?



The workshop continued with a presentation of local data and statistics on mental health and suicide, to help participants better understand the scope of the topic and which populations in Puerto Rico are most affected. The second half of the workshop was dedicated to teaching signs of self-harm and strategies for intervening if you suspect an individual may be at risk for suicide, such as directly asking them if they feel unhappy and are considering suicide. One of

the primary messages of the training was the importance of being direct and not avoiding reaching out to a person who is demonstrating suicidal behavior.

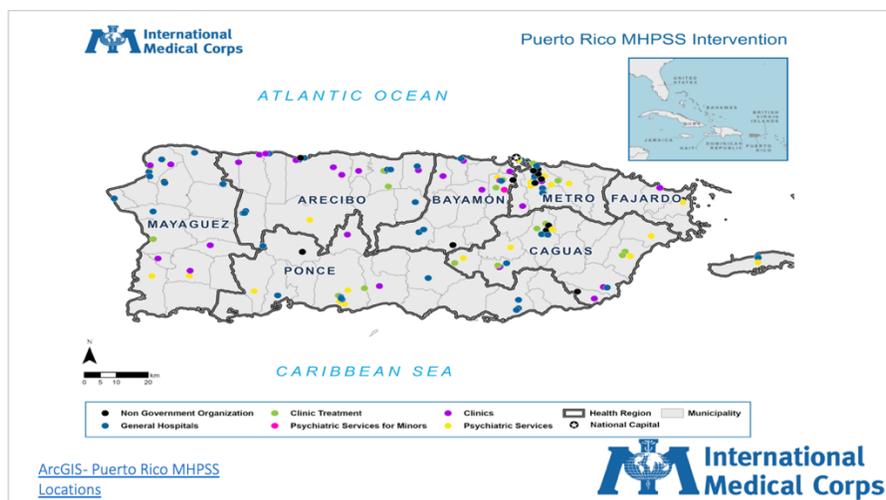
Workshop 2: Asset mapping to identify the current, available resources, and gaps that affect individuals and families, and that impact rates of suicide

Topics covered: Definition and benefits of coalitions; explanation of asset mapping and how to identify strengths, resources and existing services in your region; mental health risk and protective factors; and making referrals to mental health services.

Group discussion: Identification of community resources in Puerto Rico, discussion of practical cases and how to evaluate an individual for mental health risk and protective factors, and how to make an appropriate referral to mental health care.

Description: The second workshop focused on asset mapping. Asset maps are used to identify the strengths, services and resources of a community or region.¹ International Medical Corps staff demonstrated the resource map used by our team to refer individuals to mental health services, which shows types of services and the populations. If an emergency were to affect a certain region of Puerto Rico, our team has identified in advance the mental health sites that potentially would be damaged or experience a surge in patients.

Figure 2: Asset map demonstration illustrating how International Medical Corps uses a map of local resources for quick referrals during development activities and emergency response.



¹ Rural Health Information Hub. (2020). Identify Assets/Resources Available. <https://www.ruralhealthinfo.org/toolkits/rural-toolkit/1/asset-identification>. Retrieved on May 19.

The participants broke into small groups to brainstorm about strengths, services and resources in Puerto Rico. One of the central findings of this workshop was that many organizations were operating in a “bubble,” and not making referrals or connecting their participants to outside resources. The resources listed during the asset mapping brainstorm were later shared with all participants, so they could incorporate the information into future referrals.

Next, the participants worked together on practice cases, where they discussed risk factors, protective factors and actions they could take to support the individuals profiled in the case. One of the practice cases concerned a female adolescent who attempted suicide following the loss of her mother to illness. Participants spoke about how the teenager would need mental health treatment but might also benefit from increased engagement at school through sports or art class. The discussion continued about the increased challenges involved in reaching adolescents with such positive support during the pandemic.

Finally, the participants were encouraged to connect with one another outside of the workshops to learn more about how they could collectively address suicide by working together to serve vulnerable individuals, such as school educators referring students to arts and cultural organizations that were offering online workshops.

Figure 3: Participants discuss case management, led by International Medical Corps.

The image shows a virtual meeting slide titled "CASO PRÁCTICO 2" (Practical Case 2). The slide contains a case description and a list of bullet points. To the right of the text is a video grid showing several participants in a virtual meeting. The International Medical Corps logo is visible in the bottom right corner of the slide.

CASO PRÁCTICO 2

Hombre de 50 años que es referido por la línea PAS AMSCA de que su mujer llamara para pedir ayuda por un nuevo intento de suicidio de su marido (se cortó las venas)

- Casado sin hijos, convive con su mujer en un piso en Caguas
- Diagnóstico de trastorno depresivo los últimos dos años, bajo tratamiento farmacológico solo el primer año (dejó la medicación el segundo año)
- Tuvo un nuevo intento de suicidio hace 3 años, a través de un consumo de tóxicos
- Su consumo de alcohol y tabaco ha aumentado mucho en los últimos 12 meses. Participa en un grupo de autoayuda para dejar de beber alcohol
- Pérdida de empleo estable hace 4 años y desde entonces, no ha encontrado nuevo trabajo
- Situación socioeconómica difícil, ya que su falta de empleo ha hecho que aumenten sus deudas y créditos pendientes
- SINTOMATOLOGÍA: refiere insomnio, niveles muy altos de ansiedad y estrés, tristeza y apatía, pensamientos recurrentes de muerte para dejar de sufrir, baja autoestima

International Medical Corps

Workshop 3: Incorporating suicide prevention and existing best practices into their own organization

Topics covered: Access to global databases for ongoing education and training; implementing a referral process for unmet mental health and psychosocial needs; and laws and policies for health personnel and first responders that address suicide and suicide prevention.

Group discussion: Information sharing and discussion of conclusions and analysis of previous workshop-group breakout sessions.

Description: By the third session, the same participants had been in repeated small-group discussions and had an established rapport with one another. International Medical Corps took time during the final workshop to report back to participating organizations on the results and analysis of comments made during open discussions. Across the participating individuals, there were shared observations of unmet needs of community members and support organizations. These included:

1. a significant increase in suicidal thoughts and attempts in the youth population, the elderly and victims of violence and abuse and/or witnesses to crimes;
2. a level of mental health concern equal to or greater than the physical health threat of COVID-19; and
3. a lack of tools, particularly in rural areas, to cope with social pressure and a context of uncertainty and instability.

There was strong interest in continuing the coalition of organizations represented and of working collaboratively in the future. When asked about potential strategies that could be taken to jointly address suicide, participants highlighted the following steps.

Strategy 1: Creation of ongoing collaboration networks. This will help to maximize resources and improve equity between urban and rural areas in providing services.

Strategy 2: Expansion of knowledge to increase agency capacity. By deepening understanding of suicide risk factors, there is a greater possibility for organizations to create programs that address root causes of suicide and to support individuals through emotional crisis and disaster situations.

Strategy 3: Recognition of mental health as a shared priority. This will engage new actors and encourage existing actors to allocate attention and resources to this topic.

Strategy 4: Preparing for crisis situations. This will incorporate lessons learned from recent disasters into organizational practices, and enable organizations to develop plans and agreements in advance of the next emergency.

Following the conclusion of the third workshop, our mental health team developed a toolkit of resources to help address remaining needs and further facilitate referrals and partnerships between participating organizations. The toolkit further built local capacity by seeking to advance the strategic actions discussed in the third workshop.

Toolkit Components

1) Annual membership to EbscoHost Research Database

Because access to information on suicide was highlighted by participants in the third workshop as critical for supporting organizations to develop programs that improve protective factors and reduce risk factors for suicide, we included access to peer-reviewed articles and a landing page with suggested journals, as well as access to an online research database where local organizations could gain knowledge on mental health topics by accessing published research on evidence-based programs, suicide risk and protective factors.

2) Community Reference Guide

To help community organizations manage cases holistically and lessen the feeling that each community organization is solely responsible for all types of support a participant might need, this resource included the names, description and contact information such community

resources as reduced-cost mental healthcare, boys' and girls' clubs, and assistance for victims of violence. The reference guide was designed from the resources shared by participants during group breakout sessions. During the workshops, our teams encouraged participants to maintain and update this reference guide, based on the needs of their communities.

Before participating in the workshops hosted by International Medical Corps, government and NGO leaders had felt burdened and overwhelmed, and they had not considered making referrals to partner agencies to provide support outside of their scope. The workshop series inspired the participating individuals to look to a broader community of service providers for support in addressing mental health and suicide. The positive and empowering tone of the workshops helped the participants from the community organizations feel listened to, less burnt out and better equipped to incorporate a mental health and psychosocial lens into their programming.

Three months after the final workshop, International Medical Corps has been asked to sit on the National Suicide Prevention Commission to continue to work with local organizations in suicide prevention, and to foster collaboration with the valuable work done by the Ministry of Health.