



## BUILDING THE PATH TO THE PROMISE OF PREVENTION

*Recommendations from the Iris Alliance Fund's  
National Leadership Council Annual Meeting*

**Youth suicide** is a tragedy that echoes nationally and globally as a growing, but still silent, public health problem impacting entire families and communities. Suicide was the third leading cause of death among 10- to 24-year-olds and a recent report by the Substance Abuse and Mental Health Services Administration stated that approximately 900,000 youth, ages 12 to 17, have made plans for suicide. Almost 80 percent of them actually attempted suicide, and 1.8 million had thought about suicide during major episodes of depression.

## BACKGROUND

There continues to be significant barriers to addressing suicide, most notably the pervasive stigma around mental health issues that limits help-seeking as well as the availability of services to meet the needs of California families, including an inadequate number of health care providers working in the mental health field. While a recent poll by the Iris Alliance Fund showed that 55 percent of Californians knew a teenager who attempted or completed suicide, respondents ranked suicide last as a major problem for teens compared to sexually transmitted diseases, use of alcohol/illegal drugs, violence, and poor academic performance.

Recent events in California, however, have provided new hope for prevention, early intervention, and treatment in mental health. In November 2004, California voters passed Proposition 63, establishing the state's new Mental Health Services Act (MHSA). The MHSA will generate approximately \$700 million in the first year to provide integrated services to persons currently disabled by mental illness, persons showing signs of mental illness in need of prevention services, and to families and caregivers of those affected. In an unprecedented move, the MHSA mandates 20 percent of its funding be used for prevention and early intervention services. The state is now working to establish this groundbreaking prevention and early intervention program, and county programs will be evaluated on how well they reduce negative outcomes such as suicide, homelessness, unemployment, and incarceration. The ultimate goal will be to shift the balance between prevention and treatment until 80 percent of MHSA funds are spent on prevention and early intervention. Identifying strategies for youth suicide prevention that may be covered under this funding stream was the focus of the Iris Alliance Fund's annual meeting of its National Leadership Council in October 2005.

## THE IRIS ALLIANCE FUND

The Iris Alliance Fund was founded in 2001 to educate the public and opinion leaders about youth suicide, and to forge public and private sector partnerships that support effective prevention and early intervention programs. The Iris Alliance Fund believes that in order to prevent suicide and increase access to mental health care, there must be a broad-based, multi-level effort to change our social and policy environment. It requires that we end the stigma and silence around mental health issues. It demands that we invest in initiatives that promote youth wellness and positive emotional development. It calls for an effort to provide communities with the tools to achieve these ends, strengthening capacity, fostering local leadership, and organizing partnerships and collaboration across diverse sectors of a community.

The Iris Alliance Fund's primary initiative for this process of social change is its National Leadership Council, a 65-member body of private foundations, nonprofit organizations, health care professionals, businesses, legislators, and government leaders who are committed to preventing youth suicide and improving mental health outcomes for diverse

communities. Through an annual meeting and year-round technical assistance, the Iris Alliance Fund engages these national and local leaders in becoming ambassadors for suicide prevention, reducing stigma through education, and changing the public discourse on mental health issues. *(Please see Appendix One for a list of the National Leadership Council members.)*

On October 19, 2005, the Iris Alliance Fund convened its fourth annual meeting of the National Leadership Council in San Francisco, California. The purpose of *Building the Path to the Promise of Prevention* was to provide information about California's Mental Health Services Act, and discuss several goals within the context of this new initiative, which is hoped to serve as a model for other states across the country:

1. Improve access to mental health early intervention programs and treatment services;
2. Reduce the stigma around mental health through public education and opinion leader influence; and
3. Increase the numbers of mental health care professionals and achieving parity and standards of cultural competency for mental health care services.

The meeting included several presentations, including discussions on how we communicate the issue of suicide, how we can work to reduce stigma through the media, community "best practice" strategies, and how groundbreaking initiatives like California's new Mental Health Act can serve to integrate these ideas. *(Please see Appendix Two for a copy of the meeting agenda.)*

This report is designed to highlight some of the meeting's recommendations and strategies for increasing access to mental health services and reducing stigma. It is geared toward generating ideas for all those interested in youth suicide and mental health, including elected officials, county health departments, schools of social work, psychology and psychiatry programs, continuing education programs, nonprofit health advocates, and funders.

*"The MHSA's emphasis on prevention, early intervention, and stigma elimination is truly groundbreaking. The stigma of mental illness is a tremendous barrier for people who are suffering to seek the help they need. By breaking the silence and treating mental illness as an important public health issue, we can help people overcome mental illness and go on to lead healthy, fulfilling, productive lives."*

*Mary Hayashi, president of the Iris Alliance Fund*



## ISSUES AND RECOMMENDATIONS

### COMMUNICATIONS

A significant portion of the meeting covered issues of communication around suicide, including the language used when we discuss suicide personally and professionally, and how suicide and mental health is featured in the media. These discussions relate directly to stigma, which in turn affects many other issues in the mental health field, including access to services, funding for services, and availability of services (e.g. number of individuals who enter the mental health professions).

#### ► Language of Suicide

The meeting featured a presentation on the effects of common yet judgmental language, such as “committed suicide” or “chose suicide.” The language many people use when referring to suicide reflects ingrained notions of suicide as a crime, rather than as a symptom of illness. For example, as police conduct investigations of suicides, the questioning of relatives and putting up of police tape connotes a “wrongdoing” and can keep supportive people away. This is a perspective that should be changed not only to improve treatment and reduce stigma, but also to help survivors and loved ones cope with suicide.

#### *Recommendations for Talking About Suicide:*

- Suicide should be treated and discussed like any other cause of death, such as cancer. Using phrases such as “completed suicide” or “successful suicide” equates success with death, and phrases such as “failed suicide” in turn equate failure with life. Saying someone “died of cancer” or “died by accident” is not judgmental, but saying someone “committed suicide” blames the victim and makes it sound like a choice. Avoid judgmental language and try to replace it with neutral terms, such as “died by suicide.”
- Be a good listener and be persistent in offers of support. Also, it is important to know that “why?” is a question that cannot be answered.
- **The Role of the Media in Suicide Prevention**

Judgmental language and stereotypes also pervade media coverage of mental illness. In this session, participants discussed how media images of mental illness have changed recently, flaws that still prevail, and how leaders such as the National Leadership Council members could work with reporters, producers and editors to ensure fair and accurate portrayals.

Mental health issues are covered much more frequently now than ever before. For example, news organizations began addressing the mental health of survivors immediately in the wake of Hurricanes Katrina and Rita. The coverage of the recent Food and Drug Administration hearings on the effects of anti-depressants on youth and suicide is another example of how the media are bringing mental health issues into the light. On the negative side, media consolidation, competition from cable and the Internet, and an increased focus on the bottom line are reducing the size of newsroom staff. Reporters are now expected to cover a wide range of topics, making it harder to find reporters who have expertise in any one area, especially mental health.

*“[Suicide] is not a choice. A victim feels trapped with no other way out of the pain, and they’re impaired and can’t see anything but pain. Hopelessness overwhelms them.”*

*Dr. James Mazza, President of the American Association of Suicidology.*



*“It’s impossible to know immediately if a program is working, so we must allow for variety and have ways to compare programs’ effectiveness. The next 3-9 months is the key time to get off on the right foot for the launch of implementation. What we do here will determine what can and can’t be done with prevention and early intervention in mental health anywhere, not just California.”*

*Rusty Selix, executive director of the Mental Health Association in California.*



These broad changes in the media, however, can offer opportunities for mental health advocates. With the public growing accustomed to being able to pick up their news at any time of day from a variety of media, such as print, radio, TV or the Internet, media outlets are motivated to fill their vast news space. New technology, such as podcasts, also may provide an opportunity for more in-depth coverage of any issue, including mental health. Building relationships with reporters, editors and producers will be the best way for mental health advocates to take advantage of these burgeoning opportunities.

#### *Recommendations for Reaching the Media:*

- Make it personal: nothing is more powerful than a human connection.
- Be prepared for interviews and plan your remarks. Talk to the reporter about the story’s angle to get a sense of the questions you’ll be asked and the messages you want to relay. The average sound bite is seven seconds, so it is necessary to be compelling quickly.
- When reporters use judgmental or negative language, tell them. It is also important to make sure editors are aware of language issues so they do not unintentionally add mistakes before a story goes out.
- Offer feedback on a regular basis. If you see a well-written story, tell the reporter and encourage them to do more like it.
- Prepare for media inquiries by designating one or more people to speak for your group, and prepare a list of frequently asked questions so they can have some answers ready. Having a script or outline will help you stay on message.
- Avoid jargon. Explaining something in plain English makes it easier to understand and also helps you focus your thinking and your answer. Most newspapers are written to be understood by a seventh-grader, and people only have one chance to understand you in an audio interview.

### MODEL PROGRAMS

With the prospect of new funding for and public awareness of mental health issues, participants discussed a variety of model programs to provide key ideas and strategies for supporting effective programs under MHSA. Participants encouraged the idea of promoting and supporting a lifelong system of care that focuses on individual needs at every stage of life. Mental health systems of care should have more consumer input, and should be tailored to individual need. The MHSA should be viewed as an opportunity to bring successful, innovative experimental programs into the mainstream with this new funding.

### ► School-based Programs

Participants were strong advocates for supporting programs in schools, as working directly with youth through schools is an effective way to find and reach out to young people in need. For example, including depression screening in the school curriculum makes it easier to reach youth, especially if consent is passive—meaning parents have to make an effort to opt out, rather than opting in. Participants noted how schools can be instrumental in detecting symptoms and directing youth toward treatment, however, most schools and districts in the state do not have the money to keep professional counselors on staff. One researcher noted that there is usually a 10 percent risk rate in a school population, so outside counselors have to be brought in to help because that many students would overwhelm the typical single existing school counselor, if the school has one at all.

One organization, the Trevor Project, discussed its collaborative project to expand awareness through public education. The project is currently working with the Los Angeles Unified School District, providing the district with kits for educators to help them help teens they believe might be suicidal. The kits, which include a teaching guide and posters and wallet-sized cards with the Trevor's Project's hotline number, have been well-received, with 88 percent of both teachers and youth saying they know more about the subject than they did before, and 100 percent of schools saying the materials were useful. The project is currently working to expand the kit program to five states and be nationwide within two years.

#### *Recommendations for School Funding:*

- Proactive communication is key to keeping young people healthy. A study from May 2005 shows that just asking about suicide relieves kids' anxiety about it and that it's healthy for them to discuss their feelings.
- Peer counseling programs are a good model because young people are less likely to seek out adults. However, teens are often reluctant to "betray" a friend in distress who swears them to secrecy, so it is essential that peers be trained and encouraged to get help if a friend is thinking about suicide.
- Support initiatives to keep young people in school. Drop-outs have a higher risk of suicide, so keeping them in school is a very good "suicide prevention program."
- Providing teaching resources and community referral information for school employees can assist these critical gatekeepers to help their students.



**"The Mental Health Services Act is making prevention and early intervention the norm again. To take advantage of this opportunity and move this reform forward, we must apply lessons learned from our past experiences and from current mental health programs to ensure that we promote quality mental health services that are accessible, culturally competent, and that people will be willing to use."**

*Gwen Foster, Senior Program Officer,  
The California Endowment*

### ► Community-based Programs

Meeting participants also stressed community-based initiatives to not only ensure more families have access to mental health services, but also to address comfort levels that are influenced by race, class, gender, age, and sexual orientation. National Leadership Council members provided a review of some successful programs, including children's programs, support for gay and lesbian youth, and a peer counseling program for girls.

*California's Primary Intervention Program (PIP)*—Participants stressed the importance of working with very young children because signs of mental illness often manifest themselves at an early age. Speakers shared information about California's Primary Intervention Program (PIP), a school-based prevention and early intervention program that targets students in grades K-3 who are experiencing mild or moderate adjustment issues, and gives them more self-esteem and tools to cope. One lesson from the program is that it matters how the schools phrase their requests to parents to refer their children for mental health services. When they called it "mental health," half of parents said they did not want to participate because they were afraid of the stigma.

However, when asked "Can we put your child in a program to help them succeed in school?"—100 percent of parents said yes. On all measures of behavior, the children improved, and it was almost universally attributed to this intervention:

- Attendance improved by 50 percent.
- School discipline improved by 65 percent.
- Referrals for additional counseling dropped to zero.
- Academic performance went up, too.
- Two years later, the results are still consistent.

*Girls Inc. of Alameda County*—Girls Inc. coordinates a program called HEART (Helping Everyone Achieve Respect Together), which involves peer-to-peer mentoring for girls in grades 9 to 11. The 5-year-old program recruits 22 to 25 young women for a two-year program that provides them with 40 hours of training, before the school year starts, on

peer leadership on health and personal issues that might affect their peers. First-year participants function as peer educators and receive weekly trainings, and second-year participants become mentors and have twice-weekly trainings. Counselors' primary functions are to listen without judgment and steer their contacts to more resources, rather than offer advice themselves. They are also encouraged to speak up if someone is in danger. Last year, HEART counselors had 700 contacts with their peers about a variety of health issues such as pregnancy and STDs, relationship issues, depression, stress, body image, and substance abuse.

*Trevor Project*—The Trevor Project, which runs the country's only 24-hour suicide hotline for gay and questioning teens, was established to promote tolerance for gay and questioning teenagers and to aid in suicide prevention. The project grew out of an HBO documentary about a gay teen named Trevor who faced ridicule from his peers and attempted suicide several times. The Trevor helpline was created to help such teens and receives thousands of calls per month. The Trevor Project has been able to provide program support and technical assistance to school districts, and works with celebrities to increase awareness about suicide prevention and mental health.

**"Building a system that focuses on prevention is the only way to change the status of mental health care in America."**

*Michael Faenza, president of the  
National Mental Health Association.*



**Recommendations:**

- ▶ It is critical to support community-based education that has targeted, audience-specific efforts that take into account issues such as race, gender, age and culture.
- ▶ Supported programs should include partnerships with non-health-related institutions, such as schools, businesses and faith institutions, in order to gain access to specific populations.
- ▶ Prevention is a critical focus of addressing suicide prevention, and efforts to promote mental health should start early on in life.

**▶ Health Care Professional Training**

Participants also discussed model ideas in health care professional training. One model program was The California Endowment's recent Mental Health Initiative to train practitioners and identify new and effective mental health practices and programs in underserved communities. The 46 grantees involved their communities in program design and used culturally appropriate outreach strategies to increase awareness of mental health issues and access to services. These lessons guided the creation of The Endowment's new five-year Mental Health Special Initiative to improve the mental health and well-being for populations at high risk of acute or chronic mental illness by increasing access to services, enhancing the pool of a culturally competent mental health work force, and through policy development and advocacy. The Endowment will also share this knowledge as part of the technical assistance it will be providing for MHSA implementation.

**Recommendations for Health Care Professionals:**

- ▶ The stigma of mental illness is a very big issue within different cultures, and some refuse to acknowledge mental illness. Outreach must be innovative and collaborative, involving various trusted individuals in the community.
- ▶ Providers need to go out into the communities because people will not always come to them.
- ▶ Mental health services should collaborate with community clinics because people are likely to go first to their own doctors.
- ▶ Community involvement and consumer input are essential to creating quality mental health services that people will be willing to use.

**SUMMARY**

The establishment of California's Mental Health Services Act marks years of work by advocates on the front-line, and provides an opportunity for us all to eliminate the stigma around mental health and increase access to services—both in prevention and intervention. Addressing youth suicide under this new environment will still require investment and action from all sectors. It is not the responsibility of only parents, or only teachers, or only health professionals. As demonstrated by discussions in this report, everyone has a role to play in the prevention of suicide and can take small steps, whether through communication or through community involvement, to make huge social change.

*This report was made possible by a grant from The California Endowment.*



*"In the face of decreasing budgets, increasing caseloads, and an inability to do what needs to be done, we now have the hope and the resources to change people's lives, to change our culture, and to change the state of California for the better. Through this initiative, we have the chance to set a model for the rest of the nation and the rest of the world to show that mental health matters, that mental health must be a top-tier public health priority, and that people do not have to suffer endlessly in silence."*

*Darrell Steinberg, Co-Author of Prop. 63 and Former California State Assembly Member*

**APPENDIX ONE: NATIONAL LEADERSHIP COUNCIL MEMBERS****HONORARY CHAIR**

**David Satcher, MD**  
National Center for Primary Care  
Morehouse School of Medicine

**STEERING COMMITTEE**

**Carol Breslau**  
Vice President for Initiatives  
The Colorado Trust

**Reese Butler**  
Founder  
The Kristin Brooks Hope Center

**Brenda Drake**  
Director  
Public Health Trust

**Dian Harrison, MSW**  
President & CEO  
Planned Parenthood Golden Gate

**Mary Hayashi, MBA**  
President  
Iris Alliance Fund

**Afton Kobayashi**  
CEO  
NAWHO

**Iris Litt, MD**  
Stanford School of Pediatric Medicine

**Kit Wall**  
Local Government Relations  
Eli Lilly & Company

**Mary Woolley, MA**  
President  
Research!America

**NATIONAL LEADERSHIP COUNCIL**

**Lupe Alonzo-Diaz, MPA**  
Executive Director  
Latino Coalition for a Healthy California

**Bonnie Armstrong**  
Senior Fellow  
Foundation Consortium

**Anne Bakar**  
President & CEO  
Telecare Corporation

**Raymond Baxter, PhD**  
Senior Vice President, Community Benefits  
Kaiser Permanente

**Barrie Becker, JD**  
State Director  
Fight Crime: Invest in Kids California

**Shoshana Bennett, PhD**  
President  
Postpartum Support International

**Carol Berkowitz, MD**  
President  
American Academy of Pediatrics

**Alan "Lanny" Berman, PhD**  
Executive Director  
American Association of Suicidology

**Kyra Bobinet, MD**  
Executive Director  
Vision Youthz

**Kathy Bonk**  
President & CEO  
Communications Consortium Media Center

**Gregory Boyle, SJ**  
Founder and Director  
Homeboy Industries & Jobs for a Future

**Charles Bresler, PhD**  
President  
The Men's Wearhouse

**John Buck**  
President  
California Council of Community Mental Health Agencies

**Glorisa Canino, PhD**  
Director  
Behavioral Sciences Research Institute, University of Puerto Rico

**Robin Chin, RPh**  
Pharmacy Manager/Team Leader  
CVS Pharmacy

**Kita Curry, PhD**  
President & CEO  
Didi Hirsch Community Mental Health Center

**Michael Faenza**  
President & CEO  
National Mental Health Association

**Lewis Feldstein**  
President  
New Hampshire Charitable Foundation

**Steve Fields**  
Executive Director  
Progress Foundation

**Bruce Fisher, JD**  
Executive Director  
Huckleberry Youth Programs, Inc.

**Laurie Flynn**  
Director  
Carmel Hill Center for Early Diagnosis & Treatment Columbia University

**Henry Foster, MD**  
Professor of Obstetrics and Gynecology  
Meharry Medical College

**Dale Garell, MD**  
USC Care Medical Group, Inc.

**Cynthia Gomez, MD**  
Assistant Professor & Director  
Center for AIDS Prevention Studies  
University of California

**Janet Gorewitz, PhD**  
Former Executive Director  
Crisis Support Services of Alameda County

**Phyllis Greenberger**  
President & CEO  
Society for Women's Health Research

**Nina Gutin, PhD**  
Clinical Psychologist  
The Jeff Gutin Fund

**Jane Henderson, PhD**  
Former Executive Director  
First 5 California Children & Families Commission

**Susan Jamerson, MPH**  
Executive Director  
Native American Health Center

**Marcia Kraft Goin, MD, PhD**  
Former President  
American Psychiatric Association

**Ted Lempert**  
President  
Children Now

**Lauren LeRoy, PhD**  
President & CEO  
Grantmakers In Health

## APPENDIX ONE CONTINUED

**Richard Lieberman, PhD, NCSP**  
School Psychologist  
Los Angeles Unified School District  
Suicide Prevention Unit, Valley Clinic

**Deidre Lind, MPA, MSW**  
Manager  
Mattel Children’s Foundation

**Pat Loomes**  
Executive Director  
Girls Inc. of Alameda County

**Belinda Lyons**  
Executive Director  
Mental Health Association of San Francisco

**Charles Maas, MD**  
Assistant Clinical Professor  
Department of Psychiatry  
University of California at Davis

**Daniel Macallair, MPA**  
Executive Director  
Center on Juvenile and Criminal Justice

**Effie Malley, MPA**  
Program Director  
Suicide Prevention Partnership

**Shelly Masur, MPH**  
Director  
Adolescent Health Collaborative

**Stephen W. Mayberg, PhD**  
Director  
California Department of Mental Health

**Len McCandliss**  
President & CEO  
Sierra Health Foundation

**Eve Meyer**  
Executive Director  
San Francisco Suicide Prevention

**Sandra Naylor-Goodwin, PhD**  
Executive Director  
California Institute of Mental Health

**Debra Ness, MS**  
President  
National Partnership for Women  
and Families

**Denis Nissim-Sabat, PhD**  
Senior Policy Analyst  
American Psychological Association

**Stephen Peeps**  
President & CEO  
Lucile Packard Foundation for Children’s  
Health

**Janet Pregler, MD**  
Director  
UCLA National Center of Excellence in  
Women’s Health

**Judith Rapaport**  
Chief of Child Psychiatry  
National Institute of Mental Health

**Kay Redfield Jamison, PhD**  
Professor of Psychiatry  
The Johns Hopkins University

**Peter Reis, PhD**  
Vice President  
AIDS Healthcare Foundation

**Lorie Rice, MPH**  
Associate Dean-External Affairs  
University of California at San Francisco  
School of Pharmacy

**Ruth Lynn Riedel, PhD**  
CEO  
Alliance Health Care Foundation

**Charlotte Ross-Fisher**  
President  
Lincoln Hills Foundation

**Rusty Selix, JD**  
Executive Director  
Mental Health Association of California

**Carole Shauffer, JD**  
Executive Director  
Youth Law Center

**The Honorable Darrell Steinberg, JD**  
Hanson, Bridgett, Marcus, Vlahos &  
Rudy, LLP

**The Honorable Tom Torlakson**  
California State Senate

**Jorge Valencia**  
President & Executive Director  
The Trevor Project

**Vicki Weisfeld**  
Senior Communications Officer  
Robert Wood Johnson Foundation

**Kenneth B. Wells, MD, MPH**  
Senior Scientist, & Director  
RAND, UCLA-NPI Health Services  
Research Center

**Susan Wu**  
Pediatric Residency Program  
Children’s Hospital Oakland

**Laurie Young, PhD**  
Executive Director  
Older Women’s League

**EX OFFICIO**  
**Debbie Dingell, MA**  
Vice Chair  
GM Foundation

**The Honorable Dianne Feinstein**  
United States Senate

**The Honorable Liz Figueroa**  
California State Senate

**Gwen Foster**  
Senior Program Officer  
The California Endowment

**Rodney Hammond, PhD**  
Director of Violence Prevention  
National Center for Injury Prevention  
and Control

**Vivian Pinn, MD**  
Director  
National Institutes of Health  
Office of Research on Women’s Health

**John Seffrin, PhD**  
Chief Executive Officer  
American Cancer Society

**The Honorable Jackie Speier**  
California State Senate

## APPENDIX TWO: MEETING AGENDA

**IRIS ALLIANCE FUND**  
FOURTH ANNUAL MEETING  
BUILDING THE PATH TO THE PROMISE OF PREVENTION  
*Co-sponsored by the Mental Health Association in California and  
the California Council of Community Mental Health Agencies*

October 19, 2005

## AGENDA

**9:00am to 10:00am Registration and Breakfast**

**10:00am to 10:05am Call to Order and Meeting Overview**

With the current activity around mental health care reform in California, the Fourth Annual Meeting will cover issues related to prevention and early intervention in suicide and mental illness, including stigma, public perception of mental illness, and existing programs that are currently making a difference in youth suicide prevention.

*Speaker: Mary Hoffman* – Partner at FowlerHoffman, LLC

**10:05am to 10:15am Special Guest Speaker: The Honorable Tom Torlakson – California State Senate**

**10:15am to 10:40am Year in Review and New Survey on Youth Suicide and Depression**

This has been an exciting year for the Iris Alliance Fund, including the promising work of our partnership projects, Founder Mary Hayashi’s appointment to the Mental Health Services Oversight and Accountability Commission, and 15 new members joining the National Leadership Council. Mary Hayashi will present the findings of recent research from the Substance Abuse and Mental Health Services Administration on adolescent suicide and depression.

*Speaker: Mary Hayashi, MBA* – President, Iris Alliance Fund

**10:40am to 11:10am The Language of Suicide**

Stigma about mental illness and suicide exist not only in the way people act, but also in the way people speak. As we incorporate prevention and early intervention into our work, we must pay close attention to the language we use to talk about mental illness in order to be effective. This session will examine what the words we use really mean and how they affect public perception of mental illness and suicide, including phrases such as “commit suicide” instead of “die by suicide.”

*Speaker: James Mazza, PhD* – President, American Association of Suicidology

**11:20am to 11:30am Break**

**11:30am to 12:00pm Discussion: The Role of the Media in Suicide Prevention**

The media have an important role to play in educating the public about suicide. Responsible coverage can inform the public about warning signs and even change attitudes, but flawed coverage can do more harm than good, possibly leading to imitation and “suicide contagion.” This session will discuss how members of the National Leadership Council can effectively work with the media to engender responsible reporting that can help eliminate stigma and prevent suicide.

*Moderator: Kita S. Curry, PhD* – President & CEO, Didi Hirsch Community Mental Health Center

*Speaker: Kevin McCormack* – Former Health and Medical producer, KRON-TV news & 2004 recipient of a Rosalyn Carter Fellowship for Mental Health Journalism

**12:00pm to 1:00pm Networking Lunch**

**1:00pm to 2:00pm The Mental Health Services Act**

Mental health is witnessing fruitful results of longtime advocacy efforts to increase access to services for children and adults in need. The passage of Proposition 63 marks a tremendous victory for mental health advocates and an unprecedented source of funding and reform. Now that the Mental Health Services Act is law, California has a tremendous opportunity to address prevention and early intervention to truly reform the state’s mental health care system. This overview of the prevention and early intervention components of the Act will explain the progress being made and the careful steps being taken to ensure a successful roll-out.

*Moderator/Speaker: Gwen Foster* – Senior Program Officer, The California Endowment

*Speakers: Darrell Steinberg* – Former California Assemblyman, Prop 63 co-author & Chairman of the Mental Health Services Oversight and Accountability Commission

**Rusty Selix** – Executive Director, Mental Health Association of California; Executive Director, California Council of Community Mental Health Agencies; & co-author of Proposition 63

**2:00 pm to 3:15pm Solutions from the National Leadership Council**

The National Leadership Council is now more than 80 members strong, representing an impressive array of diverse leaders and experts from a variety of fields, all with a commitment to eliminating stigma and promoting youth suicide prevention. A panel of National Leadership Council members and guests will discuss tested strategies for prevention and early intervention for youth, the challenges in reaching out to particular populations, issues of stigma, and how these promising programs and ideas could fit into the MHSA and similar future initiatives.

*Moderator: Steve Fields* – Executive Director, Progress Foundation

*Speakers: Steve Mayberg, PhD* – Director, California Department of Mental Health

**Pat Loomes** – Executive Director, Girls, Inc. of Alameda County

**Michael Faenza** – President & CEO, National Mental Health Association

**Jorge Valencia** – Executive Director, The Trevor Project

**3:15pm to 3:30pm Closing Discussion**

**3:30pm Adjourn**

**5:30pm to 6:30pm Reception**

**6:30pm to 8:00pm Iris Alliance Fund Annual Gala**

*Honoring Anne Bakar*, President of Telecare Corporation  
*Recognizing* Proposition 63 authors Darrell Steinberg and Rusty Selix  
*Featuring* Keynote Speaker Tipper Gore

**Iris Alliance Fund National Leadership Council**

## 2005 Annual Meeting

## Participant List

**Lupe Alonzo-Diaz, MPA**  
Executive Director  
Latino Coalition for a Healthy  
California

**Bonnie Armstrong**  
Senior Fellow  
Foundation Consortium for  
California's Children & Youth

**Anne Bakar**  
President & CEO  
Telecare Corporation

**Raymond Baxter, PhD**  
Senior Vice President,  
Community Benefits  
Kaiser Permanente

**Barrie Becker, JD**  
State Director  
Fight Crime: Invest in Kids  
California

**Kyra Bobinet, MD**  
Executive Director  
Vision Youthz

**John Buck**  
President  
California Council of  
Community Mental Health  
Agencies

**Kita Curry, PhD**  
President & CEO  
Didi Hirsch Community  
Mental Health Center

**Karyn Dresser, PhD**  
Director  
STARS Behavioral Health  
Group

**Deborah Escobedo**  
Staff Attorney  
Youth Law Center

**Michael Faenza**  
President & CEO  
National Mental Health  
Association

**Steve Fields**  
Executive Director  
Progress Foundation

**Henry Foster, MD**  
Professor of Obstetrics and  
Gynecology  
Meharry Medical College

**Gwen Foster**  
Senior Program Officer  
The California Endowment

**Erin Gabel**  
District Representative  
Office of Senator Tom  
Torlakson

**Susan Gallagher**  
Executive Director  
Mental Health  
Association—Sacramento

**Dale Garell, MD**  
USC Care Medical Group, Inc.

**Dave Gordon**  
Superintendent  
Sacramento County Office of  
Education

**Janet Gorewitz, PhD**  
Former Executive Director  
Crisis Support Services of  
Alameda County

**Mary Jane Gross, RN, MN**  
President  
Stars Behavioral Health Group

**Dian Harrison, MSW**  
President & CEO  
Planned Parenthood Golden  
Gate

**Mary Hayashi, MBA**  
President  
Iris Alliance Fund

**Andrea Hillerman**  
Consumer Advocate Liason  
Mental Health  
Association—Sacramento

**Mary Hoffman**  
Partner  
FowlerHoffman

**Lena Hoffman**  
Associate  
FowlerHoffman

**Ian Hunter, PhD**  
Executive Director  
San Fernando Valley  
Community Mental Health  
Center

**Susan Jamerson, MPH**  
Executive Director  
Native American Health Center

**Corene Kendrick**  
Staff Attorney  
Youth Law Center

**Afton Kobayashi**  
CEO  
NAWHO

**Ted Lempert**  
President  
Children Now

**Iris Litt, MD**  
Stanford School of Pediatric  
Medicine

**Pat Loomes**  
Executive Director  
Girls Inc. of Alameda County

**Belinda Lyons**  
Executive Director  
Mental Health Association of  
San Francisco

**Charles Maas, MD**  
Assistant Clinical Professor  
Department of Psychiatry  
University of California at  
Davis

**Shelly Masur, MPH**  
Director  
Adolescent Health  
Collaborative

**Stephen W. Mayberg, PhD**  
Director  
California Department of  
Mental Health

**James J. Mazza, PhD**  
President  
American Association of  
Suicidology

**Kevin McCormack**  
Director of Communications  
Kaiser Permanente Division  
of Research

**Eve Meyer**  
Executive Director  
San Francisco Suicide  
Prevention

**Nora O'Brien**  
Sr. Regional Advocate  
California Primary Care  
Association

**Ryan Peters**  
Project Assistant  
Fight Crime: Invest in Kids  
California

**Lorie Rice, MPH**  
Associate Dean-External Affairs  
University of California at San  
Francisco School of Pharmacy

**Luan Rivera**  
President-Elect  
CSBA

**Jorge Romero, LMFT**  
Tulare Youth Service Bureau

**Rusty Selix, JD**  
Executive Director  
Mental Health Association in  
California

**Janice Shiffler**  
Associate  
FowlerHoffman

**Darrell Steinberg, JD**  
Chair  
Mental Health Services  
Oversight and Accountability  
Commission

**Tom Torlakson**  
California State Senate

**Jorge Valencia**  
President & Executive Director  
The Trevor Project

**Kit Wall**  
Local Government Relations  
Eli Lilly & Company

**David Young, PhD, MPH**  
Administrator  
STARS Community Services



One Embarcardero Center  
Suite 500  
San Francisco, CA 94111  
[www.irisfund.org](http://www.irisfund.org)