

## Resource Sheet #4-1: The National Strategy for Suicide Prevention

### Web sites that describe evidence-based effective programs related to suicide prevention

- Suicide Prevention: [www.sprc.org](http://www.sprc.org)
- Violence Prevention: [www.surgeongeneral.gov/library/youthviolence/report.html](http://www.surgeongeneral.gov/library/youthviolence/report.html)
- Safe Schools/Healthy Students: [www.samhsa.gov/centers/cmhs/cmhs.hhml](http://www.samhsa.gov/centers/cmhs/cmhs.hhml)
- Center for Mental Health Services <http://www.samhsa.gov/centers/cmhs/cmhs.html>:  
Evidence-Based Practices: Shaping Mental Health Services Toward Recovery

“...much of the work of suicide prevention must occur at the community level, where human relationships breathe life into public policy. American communities are also home to scores of faith-based and secular initiatives that help reduce risk factors and promote protective factors associated with many of our most pressing social problems, including suicide.”

David Satcher, MD., Ph.D. Surgeon General  
National Strategy for Suicide Prevention. 2001

Representing the combined work of advocates, clinicians, researchers, and survivors, The National Strategy for Suicide Prevention lays out a framework for action and guides development of an array of services and programs. It strives to promote and provide direction to efforts to modify the social infrastructure in ways that will affect the most basic attitudes about suicide and that will also change judicial, educational, social service, and health care systems.

## **Goal 1: Promote awareness that suicide is a public health problem that is preventable**

### ***Rationale***

The stronger and broader the support for a public health initiative, the greater its chance for success. The social and political will can be mobilized when it is believed that suicide is preventable. Public forums and meetings keep the suicide issue in the forefront of attention.

Mass media is effective in dispelling myths and decreasing or eliminating the stigma associated with suicide and life-threatening behaviors.

***How are you doing: What efforts have been made in your community to increase awareness of suicide risk and protective factors and that suicide is a public health problem that is preventable?***

We have conducted or are conducting the following suicide awareness initiatives:

## **Goal 2: Develop broad-based support for suicide prevention**

### ***Rationale***

Collaboration across a broad spectrum of agencies, institutions, and groups is a way to ensure that prevention efforts are comprehensive and address psychological, biological, and social factors. Partnerships that evolve from collaboration blend resources, build upon each group's strengths, help to ensure that resources are used most effectively, and may lead to additional funding.

### ***How are you doing: Do you have broad-based community support for suicide prevention?***

We have broad-based community support for suicide prevention as evidenced by:

### **Goal 3: Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services**

#### ***Rationale***

60-90 percent of all suicidal behaviors are associated with some form of mental illness or substance use disorder. The stigma of mental illness and substance abuse prevents many individuals from seeking assistance; they fear prejudice and discrimination.

The stigma attached to suicide itself also reduces the number of individuals who seek help.

The stigma attached to suicide greatly increases the emotional distress for suicide survivors.

Historically, the stigma associated with mental illness, substance use disorders, and suicide has contributed to the inadequate funding available for preventive services and to low insurance reimbursements for treatments.

#### ***How are you doing: Has your community taken steps to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services?***

We have taken the following steps to reduce stigma:

## Goal 4: Develop and implement community prevention programs

### ***Rationale***

Preventive efforts to reduce suicidal behavior should be grounded in research that provides information about modifiable risk and protective factors as well as about appropriate target populations on which to focus prevention efforts.

Implementation of suicide prevention programs through organizations and agencies that have access to groups of individuals for other purposes is likely to be an effective way to reach at risk populations.

These organizations include:

- Schools: The majority of suicidal youth come to the attention of their peers, not adults. Peers can play an important role in the prevention of suicide if they take responsible action on behalf of their troubled peers.
- Workplaces: Employers are concerned about maintaining worker productivity which is affected by mental illness and substance abuse. Also the grief of suicide survivors may incapacitate a person at work.
- Correctional facilities: Jails and juvenile justice facilities have exceptionally high suicide rates, although rates in federal prisons are relatively low.
- Organizations for the aging population: Elderly have the highest overall suicide rate of all age groups.
- Family, youth, and community service providers and organizations: Integration of suicide prevention into existing service-based organizations provides opportunities to expand the numbers of individuals who may be reached by preventive interventions.

### ***How are you doing: Does your community have:***

- A comprehensive plan?
- Evidence-based programs:
  - in elementary, junior, and senior high schools
  - in colleges and universities
  - in work settings
  - in correctional facilities
  - for elderly people

We have the following programs in our community:

## **Goal 5: Promote efforts to reduce access to lethal means and methods of self-harm.**

### ***Rationale***

A small but significant number of suicidal acts are impulsive and of the moment, resulting from a combination of psychological pain or despair coupled with the availability of the means by which to inflict self-injury. If the means were not available, a self-destructive act may be prevented.

Means restriction is a key activity in a broader public health approach to reducing intentional and unintentional injuries. Following the premises of injury control, passive prevention strategies are more effective than active strategies.

The majority of suicides in the US are firearm-related. Other lethal means include: lethal doses of prescription medications or illegal substances, dangerous settings, and deadly car exhaust emissions.

### ***How are you doing: What percentage of community members understands the role of firearms and other lethal means and methods of self-harm?***

We have taken the following initiatives related to firearms and other lethal means and methods of self-harm:

## **Goal 6: Implement training for recognition of at-risk behavior and delivery of effective treatment**

### ***Rationale***

Gatekeepers are people who regularly come into contact with individuals or families in distress. When trained to recognize factors that place individuals at risk for suicide, they may intervene before the behaviors or early signs of risk evolve further. They are also in a position to enhance protective factors when indicated.

Gatekeepers include: all school personnel, clergy, police officers, correctional personnel, supervisors in work settings, natural community helpers, hospice and nursing home personnel and volunteers, primary health care providers, mental health care and substance abuse treatment providers, emergency health care personnel, divorce, family law and criminal defense attorneys, family members of individuals diagnosed with mental disorder.

Many health professionals lack training in the proper assessment, treatment, and management of suicidal patients and clients, or know how to refer them properly for specialized assessment and treatment.

### ***How are you doing: How many of the following “gatekeepers” have received training in recognizing at-risk behavior?***

- Teachers and school personnel
- Clergy; Police officers; Correctional personnel
- Employers and employee assistance personnel
- Primary health care providers
- Mental health care providers
- Hospice and nursing home personnel and volunteers
- Substance abuse treatment providers
- Emergency services personnel

We have the following gatekeeper programs in place:

## Goal 7: Develop and promote effective clinical and professional practices

### ***Rationale***

It is important to identify individuals at risk and to engage them in early and aggressive treatments that are effective in reducing risk factors and promoting protective factors. Heightened awareness of the presence or absence of risk and protective factors will result in better triage systems and allocation of resources for those in need of specialized treatment.

Individuals receiving appropriate treatment for mental disorders have the best likelihood of recovery.

### ***How are you doing: Are effective clinical and professional practices developed and being promoted to health care and mental health service providers?***

We have the following training and continuing education programs in place:

## **Goal 8: Improve access to and community linkages with mental health and substance abuse services**

### ***Rationale***

Disparities in access to mental health and substance abuse services associated with gender, race or ethnicity, education, income, disability, geographical location, or sexual orientation place individuals at increased risk.

Barriers to equal access and affordability of health care are influenced by financial, structural, and personal factors.

The extent of suicidal behavior is now seen as a reflection of the overall health and welfare system of the community.

***How are you doing: What is the degree of systems integration between the community based services and health care, mental health, and substance abuse treatment providers?***

We have integrated our systems in the following ways:

## **Goal 9: Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the entertainment and news media.**

### ***Rationale***

The media—movies, television, radio, newspapers, and magazines—have a powerful impact on perceptions of reality and on behavior.

Unlike with substance abuse and addiction, showing realistic portrayals of suicidal behaviors have been shown to increase suicidal thoughts and tendencies in viewers.

Media representations of suicide may increase suicide rates, especially among youth. “Cluster suicides” and “suicide contagion” have been documented and studies have shown that both news reports and fictional accounts of suicide in movies and television can lead to increases in suicide.

Media portrayals of mental illness and substance abuse may also indirectly affect the suicide rates. Negative views of these problems may lead individuals to deny they have a problem or be reluctant to seek treatment.

### ***How are you doing: Is suicide being accurately and responsibly portrayed by the media?***

We have promoted media guidelines related to suicide in the following ways:

## Goal 10: Promote and support research on suicide and suicide prevention

### ***Rationale***

Much is known about the risk factors associated with suicide, but less about how to modify them effectively.

Little is known about how to enhance protective factors with individuals already at risk. Information about effective interventions is growing, but little information about the long term effects of these interventions and about the variables that may influence their effectiveness.

Little is known about culturally appropriate messages and how to deliver them to targeted populations to reduce suicide.

### ***How are you doing: What is your community doing to develop and fund suicide and suicide prevention research?***

We have promoted the funding of suicide prevention and research in the following ways:

## Goal 11: Improve and expand surveillance systems

### ***Rationale***

Surveillance, the systematic and ongoing collection of data, are key to planning. They are used to track trends, to identify new problems, to provide evidence to support activities, to identify risk and protective factors, to assess the impact of prevention efforts.

State and local data help establish local program priorities and are necessary for evaluating the impact of suicide prevention activities.

### ***How are you doing: Are data being accurately and responsibly collected in your community?***

We have improved data collection in the following ways: