Resource Sheet #4-2:
Writing a Report or Making a Presentation

The final product of your deliberations as a planning group will most likely take the form of a written and verbal report to decision makers and funders. The report will describe the at-risk population group you have selected to address and recommendations for an intervention to be implemented. The following template may be used to guide the writing of a report and preparing your presentation. Following the template is a sample presentation.

Begin with a problem statement

A carefully crafted "problem statement" can become a catalyst for change. The statement includes what is happening, why it is happening, as well as who in your community is suffering. The problem statement lays the foundation for a data-driven, evidence-based solution to emerge. Indeed, your problem statement may become powerful enough to determine the success or failure of your effort–it cannot be underestimated.

Writing a Report/Making a Presentation

1. Describe the data you have collected regarding the at-risk population you have decided to address.

Individuals at-risk for suicide are ________________________________ (describe suicide-related behaviors such as methods, attempts, ideation).

Research reveals that _________________________________ (data that has been collected).

What does the data say about frequency?

How do the numbers compare with other populations?

What are the trends or patterns?

2. Describe the at-risk population in terms of risk and protective factors.

Refer to Resource Sheet #1-1: Risk and Protective Factors

Risk Factors

Bio-psycho-social

Social-cultural

Cultural-environmental

Demographics

Protective Factors

3. Put a "face" on the at-risk population.

Without using actual names, describe a person (or group of people) who represents the at-risk population.

Describe this person's situation and the impact of suicide or potential suicide on family, friends, co-workers, and the community

4. Describe the at-risk population in terms of behaviors associated with other health related problems.

Typically, the at-risk for suicide population faces other health-related problems.

The at-risk population faces additional problems ________________________________

5. Discuss the impact if the problems of the at-risk population are not addressed.

In the short term, the impact will be ____

In the long term, the impact will be ____

The impact on the community has been____

The impact on the community will be (in the future)________________________________

What is the impact on prevention and intervention services?

What is your recommendation?

6. Describe what other communities or programs have done

Other communities have addressed this population and problems by doing ________________

The rationale for this approach was____

The results of these interventions have been____

7. Describe the most promising strategy for prevention and intervention.

The most promising strategy for prevention is ____________________________

Because____

Explain how these interventions:

- Reduce risk factors
- Enhance protective factors
- Are evidence-based
- Follow prevention principles
- Further the recommendations of *The National Strategy for Suicide Prevention*

Can we do it?

8. Explain the available or needed capacity, resources, and commitment to implement the intervention.
In our community, we have the following ________________________(services or conditions). We lack the following ____ (services or conditions). We have the following opportunities and challenges______________________________________

Sample Problem Statement

Dear Chairman and members of the Committee:

I am here to talk to you today about the problem of elderly suicide. While most initiatives to prevent suicide have focused on youth, it is actually older adults who have the highest rates of suicide.

In 2002, the latest year for which national data is available, 5,548 Americans over the age of 65 died by suicide. And although older adults comprised only 12.3% of the U.S. population in 2002, they accounted for 17.5% of completed suicides.

While there are a number of risk factors associated with suicide among this population, the presence of an affective disorder, particularly depression, repeatedly has been found to be one of the greatest risk factors for this group. As you know, depression is an illness which can be treated through psychotherapy and/or psychopharmacology.

Research has found that approximately 60% of older adults who complete suicide visit their primary care physician within a month of their death, indicating an opportunity for intervention which is all too often missed.

That is why I am asking you to fund PROSPECT, a program which has been showed to significantly reduce suicidal ideation and depressive symptoms among older adults suffering from depression. The program, which was evaluated using a randomized controlled trial, the most rigorous of research designs, has been classified as "effective" by the Evidence Based Practices Program of the Suicide Prevention Resource Center, the federally funded technical assistance center. Communities around the State and nation have discovered this program. More and more legislatures are seeing the benefits of funding this program. In Neighboring County, PROSPECT has been in existence for 2 years. We have letters of support from delighted families and men who have benefited from the program.

Suicide is a tragic and devastating end, which affects not only to the immediate family, but the community and society at large. Older men are role models particularly for the young men in their families. Explicitly and implicitly they set the norms for acceptable behavior within their family and cultural community. When their mental health is ignored by our health care system, we lose face. Faith in our humanity and our ability to care for each other is whittled away.

While prevention initiatives have been undertaken in this community, most efforts have focused on adolescents or young adults. Yet older adults are at greatest risk. We must act now: the older population is the fastest growing segment of the population and this problem will not go away without targeted intervention. Mental health services for this population group are non-existent.

An elderly man that I know, a relative, at age 92, decided to take his life when he was diagnosed with end stage colon cancer. His decision devastated his wife who pleaded with him to change his mind. She said this was not what they had agreed to and she wanted him around for as long as possible. His children were split between those who understood his despair and those who couldn't imagine a worse way to die. This man was depressed and did not want to be a burden to his family…and his family did not know how to help him. They each took time off from work and literally went on 24-hour watch to prevent his suicide. He spent his final days, depressed, and died naturally while watching a ball game with my brother.

Please provide finding to implement the PROSPECT program in our community. No one, living in the United States with one of the best health care systems in the world, should have to live (or die) being depressed for lack of mental health services.