

Resource Sheet #9-2: Common Problems Implementing Suicide Prevention Programs

This resource sheet contains information on common problems communities have faced in implementing suicide prevention programs. The information presented is intended to stimulate your thinking and is not an exhaustive discussion of each problem.

Follow the problem solving approach

It is most important to follow the 4-step problem solving process described in *Resource Sheet #9-1: Problem Solving Worksheet* to identify the root cause of the problem in your community and implement a solution that corrects the problem.

Work with others

It is highly recommended that you discuss the information in this resource sheet with other members of your planning group and community. Only through a collaborative effort may the root cause of the problem be identified and agreement reached on how to solve the problem

Common categories of problems in implementing suicide prevention programs include:

- Lack of interest in suicide prevention
- Organizational
- Fiscal
- “Un-reached” populations such as rural and American Indian communities
- Dominant personalities
- Turf wars
- Lack of or ineffective leadership
- Competing and changing community priorities
- Disagreements over what to do
- Lack of community resources and organizational capacity
- Not having a realistic action plan

Lack of interest in suicide prevention**Step 1: Describe the problem related to lack of interest in suicide prevention.**

Ask: Who, what, where, when, why?

Step 2: Distinguish the challenge to overcome; describe the desired ideal.***Low occurrence of suicide***

For example: a community with a total population of 5,000 may have had 2 suicides in a single year that resulted in heightened awareness of suicide and the formation of a suicide prevention planning group. However, that same community may not have had any deaths by suicides in the previous 3 years or may not have any deaths by suicides in the following 3 years. So, overall the occurrence of suicide may be quite low in the community.

Due to the low number of suicides in any community, it can often be very difficult to justify the time, funding and efforts needed to institute a suicide prevention program.

Social norms

How a community perceives suicide can be a significant barrier.

For example, suicide may be viewed as morally unacceptable (a sin against God) or a criminal act. Or, perhaps community leaders believe that suicide is a weakness in the emotional, mental or morale fiber of that person? As a result of these social norms, no one may be willing to devote public funds for suicide prevention.

Lack of interest in suicide prevention

Denial

Denial that there is problem with suicide is a powerful barrier and one that may defeat a suicide prevention program. Denial can affect an individual, a whole community, or state.

- Often a family can not accept that their loved one died by suicide. Some families may try to have the suicide classified an “accident”. This can be due to several reasons:
 - The negative stigma of suicide
 - Suicide is unacceptable in their community
 - The family does not want the memory of the person who died to be of a person capable of this action
 - Denial of insurance benefits to the surviving spouse
 - The social status of the person in the community

Even though a community may recognize they had a sudden rash of elderly or youth suicides, city government officials, religious leaders, state policy-makers and others may refuse to recognize this problem because they do not want the negative stigma associated with suicide.

Desired ideal(s) to be achieved

A community planning group may decide they want to promote the understanding and realization that even one death due to suicide has a great impact on the community....and that deaths by suicide may be prevented.

A community may decide that they want to promote the understanding that denial of a death by suicide can actually hurt more people in the long run.

Lack of interest in suicide prevention

Step 3: Discuss possible solutions and decide which one to implement.

Possible solution: Gather and present credible data

The basis for any successful injury prevention program is data collection. In suicide prevention programs data collection should be completed for a period of at least 3 to 5 years (and longer).

Examining trends will aid in establishing characteristics of suicide within the community, including:

- Age groups or special populations that are most affected
- Seasonal variations
- Locations of suicides (e.g., is suicide more prevalent in one section of the community?)

Sharing what is known about suicide and including data for all ages, cultural groups, and socioeconomic strata will help inform those in doubt about how pervasive this problem is and dispel myths about those who die by suicide. The community will come to realize that suicide affects all ages, races, and social strata.

Compare data with other areas or states to establish the differences and similarities between your community and other areas of your state or other states.

Possible solution: Put a face on the problem

This is an area where survivors will be invaluable. They will not be talking about data and suicide statistics but will, rather, be speaking about their loved one – putting a face to the problem.

Personalizing the challenge of suicide may help convince the community that action is needed.

Possible solution: Find a respected spokesperson(s)

The spokesperson should have the following qualities:

- The ability to listen as well as speak
- Capable of handling difficult questions about the topic of suicide and the people who die by suicide
- Sensitive about the subject matter and caring to the survivors
- Know how to handle the media and press
- Ability to adapt to different personalities.

Step 4: Implement the solution and determine the results.

After deciding which solution to implement, it is most important to collect information to determine how well the solution is addressing the problem.

Organizational issues

Step 1: Describe a common organizational problem in suicide prevention.

For example: We don't have a leader; or law enforcement personnel (or clergy or survivors, etc) won't participate; or there is conflict among the members of the coalition.

Working together with a wide variety of individuals and organizations is necessary to implement comprehensive suicide prevention programs.

Ask: Who, what, where, when, why?

Step 2: Distinguish the challenge to overcome; describe the desired ideal.

Conflicting agendas of planning group members

One of the challenges facing the formation of a community coalition is that each group represented will have a slight variation on the community agenda, or a different agenda entirely.

For example, some people will be interested in increasing depression screening, others in gun control; still others in increasing awareness of the general public, or specifically in the high school population.

The leadership of the group can help communicate the need for a multifaceted approach to the challenge of suicide, thereby making it clear that there is room at the table for a variety of agendas. The key is to ensure that the more vocal advocates for a particular approach don't dominate the strategic planning and implementation processes.

Organizational issues

Lack of a common focal point

Well-intended programs may lose their direction due to the lack of a common focal point. It is very easy for the goals and the agenda of a planning group to become unfocused.

Due to the various backgrounds of the individuals who will compose the planning group, the discussion could gradually shift from suicide prevention to other areas.

For example, school counselors may want to screen students to detect at high risk youth. Although this may be an important part of the suicide prevention effort, it is not likely to impact the overall community suicide rate, unless the suicide problem in a community is solely youth attending school.

Some members of the planning group may choose to focus on only one aspect of the problem. A narrow focus may limit the effectiveness of the community-wide effort that includes prevention and intervention.

Lack of a common language

Members of a multidisciplinary group will have different academic backgrounds and will be from organizations that have their own terms, definitions, and understanding of public health issues.

For example, a community may choose to use the phrase “died by suicide” rather than committed suicide which has a connotation of a crime being committed.

Note: A national panel of experts is working on common definitions concerning suicide, and suicide attempts.

Speaking in jargon may cause division or lack of interest among members of a group. For example, it is very annoying to listen to someone who speaks like this; “DHHS is now offering funding for activities surrounding MVCs. This funding will help participants of NNRA to attend training on NASP”.

Members of a planning group may not understand the full range of suicidal behaviors including gestures, self-harm, ideation and how each of these behaviors contribute to the overall suicide-related problem in the community.

Organizational issues

Desired ideals to be achieved

People with varying backgrounds on a suicide prevention planning group

- The planning group for suicide prevention requires representation from a variety of professions, experience, and backgrounds. Individuals who are flexible, willing to listen, and share will help in the success of the program.
- A balanced planning group will be better prepared to find resources and implement the chosen activities.
- Those who work with special populations such as, the elderly, youth, people with disabilities; injury prevention personnel; mental health / social workers; civic leaders; survivors; emergency medical systems personnel; physicians and nurses; and law makers bring unique and valuable perspectives to the program.

- Common baseline understanding of suicide prevention
 - It is important that all the members of the planning group understand the suicide data pertinent to the community.

For example, it is important to ensure that all members of the planning group understand the difference between rates and occurrences. (This information is presented in Module 4: Understanding and Presenting Data.) The distinctions about such nuances in the data are essential when speaking to others. Rates per 100,000 may not convey the intended meaning to an ordinary citizen in the community.
 - Suggestion: Provide regularly scheduled information and training sessions for planning group members, and orientation sessions for new members.
- Open communication
 - Communication is the most important factor to the successful solution to many of the problems we face today. If the planning group does not understand one another, or if there are those who feel embarrassed to ask for an explanation of some terminology or data facts, vital input will be lost.
- Common language and terminology
 - Members of a planning group must agree on terminology that will be used when discussing suicide with one another and the community.
 - It is the responsibility of the leadership to ask speakers to avoid acronyms and “jargon” and to discuss their topics in a manner that all can understand.

Suggestion: create and distribute a list of terms that the whole planning group will use.
- An understanding that a whole or “well” society includes all of its citizens.

Organizational issues**Step 3: Discuss possible solutions and decide which one to implement.*****Possible solution: Encourage “informality”***

Although some formality is needed to keep the planning group focused and on-task, the leadership may wish to convey a sense of familiarity and respect. Encouraging people to use first names and to drop titles is helpful to level the playing field among all participants.

Explain the data and other complex concepts in a manner that is understandable for all planning group members. For example: The number of suicides in Montana each year is equitable to “three regional jets crashing in Montana each year with 50 passengers on each of those jets!” Using these types of tangible examples will be helpful, not only to the planning group, but to the general public. Such examples may result in people beginning to comprehend the magnitude of the suicide problem.

Possible solution: Stress common goal, “prevention of suicide” as recommended in *The National Strategy for Suicide Prevention*

The ultimate goal of the planning group is suicide prevention – which should entail all aspects of the problem as recommended in *The National Strategy for Suicide Prevention*.

Organizational issues

Possible solution: Empower participants

Since the mid 1980's, there has been a renewed attention focused on the power and potential of local community groups. Instead of a top down approach it has become increasingly apparent that empowerment of individuals and interest groups helps to build a "sense of community" in solving the problems of that community.

An empowerment approach will build "ownership" of the problem being addressed. Suicide, like other social problems, belongs to all citizens of a community not just to the community's leadership or to those that have been directly affected by such a loss.

For example: "Suicide is everyone's business" is a phrase promoted by the American Association of Suicidology

As an individual citizen it is very empowering to realize "I own the power to help make a difference".

When a planning group feels empowered it is very important to be consistent and adopt practices that continue to promote a sense of ownership.

For example, the members of the planning group will discuss and set the agenda for future meetings; they will follow up, evaluate, and monitor the impact of their actions. These actions are distinct from a top-down approach in which the leader sets the agenda and follows up on individuals' commitments.

Step 4: Implement the solution and determine the results.

After deciding which solution to implement, it is most important to collect information to determine how well the solution is addressing the problem.

Fiscal issues

Step 1: Describe a common fiscal problem in suicide prevention.

For example: Suicide prevention is an unfunded mandate; or we just lost our funding.

Lack of funding is one of the leading challenges of all prevention programs.

While money will not solve the problem of suicide, sufficient fiscal resources to support the community's efforts are essential to the long-term success and sustainability of the program.

Ask: Who, what, where, when, why?

Step 2: Distinguish the challenge to overcome; describe the desired ideal.

Lack of awareness on the part of funding decision makers

Public and private resources are often allocated based on real or perceived needs. It is important to “make the case” to funding sources for suicide prevention activities. Often the low numbers of suicide deaths make this a difficult proposition.

Denial of the costs (and complexities) of a suicide prevention program

For example, some members of the planning group, with experience in producing Public Service Announcements (PSAs), may believe that an effective campaign can be waged simply by telling people what they should do or how they should act. They may insist that your work can be completed with little or no funding. (Note: PSAs do cost money to create, even though there is no charge for air time.)

Others may insist that other activities such as printing and copying can be produced with donations of a particular printer or publisher.

These statements are true to a point. Radio and TV stations and community businesses devote a certain amount of their resources to public service. However, the time and placement of free coverage may not coincide with media-related characteristics of the intended target group for suicide prevention.

For example, the high risk population may not watch the station or read the news from the free media sources, or at the time that the PSAs are broadcast. Free printing may not include color printing or graphics that may be most noticed by a specific population group.

Fiscal issues

Competing priorities

There is a finite amount of money available to support the correction or amelioration of an endless list of social challenges.

Step 3: Discuss possible solutions and decide which one to implement.

It is essential that the suicide prevention planning group make the strongest possible case for the impact of suicide from an economic and community perspective.

Possible solution: Collect and present data in terms of economic costs.

It is of great importance to present, first to the planning group and then the general public, the cost of suicide.

Key decision makers must become aware of the costs associated with premature death due to suicide. The cost of suicide attempts to the hospitals and the healthcare system is generally unknown to community leaders.

Compare the cost of suicide with the cost of the suicide prevention effort.

Note: The Suicide Prevention Resource Center is collecting data related to the economic costs of suicide. Encourage participants to check the website www.sprc.org

Fiscal issues

Possible solution: Collect and present data in terms of community impact.

Even greater than the economic cost of suicide is the impact of one suicide on a community. The suicide of one person affects not only the family and loved ones, but all the people who knew the individual.

Several things influence the social impact of suicide on the community namely, the age of the decedent, the size of the community, and often how well known the individual was in the community.

For example: A 38 year old married father of 2 dies by suicide. He was the foreman of a construction company, leader of a boy scout troop, and well liked in the community. The loss of income has an impact on the family and on the community due to the family's decreased purchasing power. The boy scout troop is leaderless and the youth have the experience of losing someone they admired and considered a role model. The entire community knows about the death and talks about it for days on end, affecting everyone's mood, productivity, and creating an environment of sadness, guilt, remorse, or perhaps blame, moral condemnation, or self-righeousness. His wife, overcome with grief and remorse, drops out of her volunteer activities.

For example: a well-known teenager dies by suicide. He is a popular athlete who does well in school and comes from a family with a modest income. How do the other teenagers in this school feel and react?

For example: The wife of a young doctor dies by suicide after the birth of their 5th child. They reside in a rural, medically underserved community, yet due to his personal remorse and the social stigma he feels, he decides to move to an urban community in hopes his children will experience a more wholesome and accepting community environment.

Often what emerges out of a tragic death by suicide is increased community awareness and commitment to the wellness and wholeness of the community.

Fiscal issues***Possible solution: Stress the importance of community wellness***

The old saying that a chain's strength is measured by its weakest link is true for every community in America. A community is as strong and vibrant as its weakest citizens.

Responsibility for community well-being resides with its citizens and not the federal or state government or a group focused on a specific health issue. The difference between a healthy community and a community suffering from social ills is the involvement of its citizens, what they believe about themselves and others, and the sense of community responsibility.

Possible solution: Acknowledge other priorities

It is important to recognize other challenges facing the community. The task of the planning group is to help community leaders and decisions makers understand that suicide is one of those challenges, related to other community mental health and public health priorities.

Collaborate with other initiatives if possible. Be a good community team player.

Step 4: Implement the solution and determine the results.

After deciding which solution to implement, it is most important to collect information to determine how well the solution is addressing the problem.

Rural communities

Step 1: Describe a common problem facing rural communities in suicide prevention.

For example: Suicide is not discussed.

Often we think of rural communities as small towns, friendly people who are supportive of each other, streets lined with flowers, storefronts with doors open and the welcome mat is always out. In many places, this idyllic perspective is true. The citizens in rural communities may be very close to each other. However, that intimacy may not always be supportive. Often a mistruth about someone will spread like wildfire, hurting not only the individual but affecting the whole community.

In rural America there is a tendency to stay isolated and in denial of what are considered “big city” problems. Rural dwellers are, in many cases, the firmest believers of the rural myth of safety and security.

People may believe that making problems public will hurt the community, individuals, or families. Often this thought is fostered by fear that if they recognize a problem or associate with it, they will have to adopt a new belief or point of view.

Ask: Who, what, where, when, why?

Step 2: Distinguish the challenge to overcome; describe the desired ideal.

Self sufficient nature of a typical rural population

Rural residents often view themselves as rugged individualists – many of them are the 3rd or 4th generation of the homesteading family. They pride themselves on being self-reliant. To rely on outsiders or an agency would be considered a weakness of character. In these rural communities an individual who died by suicide would be considered different than his neighbor. After all, “he should have been able to pull himself together”.

A common thought process in a rural community is that they do not want or need an outsider’s view of their problem(s).

Thus, the self sufficient nature of many rural communities may foster denial of problems, rejection of help, and the isolation of individuals who need help.

Rural communities

Unproven beliefs about suicide in rural communities

- **Isolation.** Many people believe that the reason suicide numbers and rates are so high in the western United States is due to people living far apart from each other.

“No wonder Fred killed himself, he lives out there 25 miles from town and only he came to town once a month.”
- **Inclement weather.** Much of the western rural United States has extreme weather conditions. In the northern regions of Alaska it is dark 20-24 hours a day for several months of the year. In Montana and Wyoming summer lasts about 120 days, the rest of the year is considered to be winter. In the southwest the majority of States is comprised of desert-area where temperatures reach well in the 100’s during the day and drop 30-40 degrees or more at night.

“Living in these conditions would cause someone to kill themselves.”
- **Poor economy.** Much of rural America depends on farming and ranching, which has been in decline for the past 20 years. Many people outside of farming and ranching are living on minimum wages and doing manual labor. It is easy to blame the economy for the problems related to suicide when you read in the USA Today that Montana ranks 48th in the nation for wages and has suicide rates that are persistently in the top 10 for the nation.

Lack of expertise in suicide prevention

In rural areas the clinical staff members of mental health systems are spread over many miles.

A void of informed professionals can often mean that well-intentioned individuals lead a suicide prevention effort down unproven (or even disproved) paths.

Step 3: Discuss possible solutions and decide which one to implement.

Possible solution: Obtain suicide prevention expertise.

Planning groups in rural areas may need to reach far beyond their borders to find sufficient expertise to help gather data, plan, guide, and evaluate a comprehensive community suicide prevention campaign.

Mention the Suicide Prevention Resource Center and contact person for participants’ State or Region.

Step 4: Implement the solution and determine the results.

After deciding which solution to implement, it is most important to collect information to determine how well the solution is addressing the problem.

American Indian populations

Step 1: Describe the problem

Ask: Who, what, where, when, why?

Step 2: Distinguish the challenge to overcome. What is the desired ideal?

High rates of suicide

The rate of suicidal behavior is high among certain (not all) nations, tribes, bands, reservations, and clans of American Indian people.

There is a high degree of variability in suicide rates among nations, tribes, bands, reservations, and clans of American Indian people.

Racial stereotyping

It is unfair to characterize American Indian populations in a manner that assumes suicide can be attributed to alcohol misuse or abuse. The “drunken Indian” stereotype is an injustice to many individuals, tribes, and nations who collectively often display total abstinence in much greater rates than the general population.

Cultural issues

- **Acculturation.** American Indians were, for many years, specifically targeted for programs of acculturation. For example, it was illegal to practice Indian spiritual beliefs or speak in native languages. Young persons were removed from reservations to attend boarding schools. This purposeful attempt to acculturate American Indians has, in many cases, resulted in the loss of traditional values, the respected position of the elders in the community and in the overall loss of identity.
 - **Lack of continuous leadership.** Complete change in tribal government positions are commonplace with each new tribal election. Such changes in key positions may make the development of a long-term strategy for suicide prevention more challenging.
-

American Indian populations

Co-morbid community conditions

In many reservation communities there are underlying social challenges that contribute to the wellness of the community and consequently may affect suicidal behavior. Among these are:

- High rates of unemployment
- A general state of poverty
- High usage rates of alcohol and drugs
- Little opportunity for educational or professional advancement
- A general sense of hopelessness

It is important to recognize that each American Indian community is unique. Not every community will face all of these challenges. Some communities may face other issues.

Step 3: Identify and discuss possible solutions. Decide which one to implement

Possible solution: Representation from American Indian populations is essential

Involvement of the American Indian populations is essential from the outset when planning suicide prevention programs that may affect their communities.

Step 4: Implement the solution and determine the results.

After deciding which solution to implement, it is most important to collect information to determine how well the solution is addressing the problem.

Dominant personalities

Step 1: Describe the problem

Often the success of a community driven effort rests on the shoulders of one or more vocal advocates. Sometimes advocates are survivors who bring high energy coupled with a narrow perspective on the problem and the solution.

For example, the death of a loved one may have been related to untreated depression and the family is vocal in their desire for mental health services. Across the table may be family members whose child obtained a neighbor's firearm and shot himself and they are motivated to pass legislation requiring responsible firearm storage. At another corner of the table may be a researcher who has come to believe that alcohol is a major contributor to suicide in the community.

Ask: Who, what, where, when, why?

Step 2: Distinguish the challenge to overcome. What is the desired ideal?

Suicide is a complex problem that is resistant to singular approaches of any type.

It will take a comprehensive, multi-faceted program planned and implemented by a multi-organizational partnership to address the complex nature of suicide prevention.

The best use of limited resources is to implement programs that are evidence-based, grounded in prevention principles, and further the goals of The National Strategy for Suicide Prevention.

Everyone must respect and value each others' viewpoints.

Step 3: Identify and discuss possible solutions. Decide which one to implement

- **Moderation by outside facilitator.** A moderating influence may be necessary to facilitate group meetings. The person may be a respected community leader or suicide expert. This individual can often bring the group back to center.
- **Empowerment evaluation process.** Ongoing feedback on the process of the meetings, the completion of the tasks and other program attributes can often sway the position of a particularly vocal individual.

Step 4: Implement the solution and determine the results.

After deciding which solution to implement, it is most important to collect information to determine how well the solution is addressing the problem.

“Turf”**Step 1: Describe the problem**

- It is difficult to avoid turf wars if agencies and organization are competing for limited resources or the same client-bases. It is understandable that each agency will be interested in protecting their programs against fiscal threats, challenges to competence, or status within the community.

For example, the community mental health system might be threatened by discussions of the need for better mental health services for a particular population or by statements that the services must not be good enough because the suicide rate is not going down.

Ask: Who, what, where, when, why?

Step 2: Distinguish the challenge to overcome. What is the desired ideal?

Step 3: Identify and discuss possible solutions. Decide which one to implement.

- **Avoid blaming.** One of the keys to successful community partnerships is to avoid finger pointing and blamesmanship. It is essential that all members of the community partnership understand each others' roles and responsibilities and their constraints and challenges.
- **Build relationships.** Personal relationships can begin and evolve when time for networking is built into meeting agendas.
- **Promote respect.** Always display professional respect and common courtesy to colleagues gathered around the table.

Step 4: Implement the solution and determine the results.

After deciding which solution to implement, it is most important to collect information to determine how well the solution is addressing the problem.

Leadership

Step 1: Describe the problem.

- **Lack of leadership.** Sometimes no one volunteers to be “the” leader of the group.
- **Loss of leadership.** Unfortunately, “spark-plugs” eventually burnout, choose a new cause to promote, or leave the area. If a community partnership is built around one or two leaders it is vulnerable to collapse or inertia.
- **Ineffective leadership.** Equally as challenging as losing a true leader is retaining an ineffective one. For example, an extremely passionate leader can become overbearing and drive vital partners away from the collaborative.

Ask: Who, what, where, when, why?

Step 2: Distinguish the challenge to overcome. What is the desired ideal?

Creating a leadership structure

Establishing a formal infrastructure too soon in the evolutionary process may frighten potential collaborators away and exacerbate personality conflicts and turf issues. The group needs to “feel each other out” and get comfortable with each other.

Create a leadership structure gradually, starting with a vision and mission statement. After initial issues have been hammered out then the infrastructure can be formalized. Perhaps the group will want to develop by-laws that discuss membership and leadership issues. In some cases the group might even evolve into its own legal entity so that it can become eligible for grants and contracts.

Creating a planned process for change in leadership

It is vitally important that changes in leadership be planned and built into the partnership infrastructure.

New leaders will have different styles and levels of commitment. A process for orienting and grooming emerging leaders is necessary to help ensure an uninterrupted flow of suicide prevention program activities.

Step 3: Identify and discuss possible solutions. Decide which one to implement.

Step 4: Implement the solution and determine the results.

After deciding which solution to implement, it is most important to collect information to determine how well the solution is addressing the problem.

Competing and changing community priorities

Step 1: Describe the problem.

Community leaders, particularly those that have decision-making authority, are in high demand. Political forces driven both by reality and perception often dictate the focus of community programs.

It is important to recognize and anticipate that the support a suicide prevention program might have in a year following a rash of suicides in the community might wane in the face of another “crisis” the following year.

It is important to plan for sustainability at the outset. As you are developing the work plan aim for modest and incremental improvements... items that can be accomplished even if resources suddenly evaporate.

Ask: Who, what, where, when, why?

Step 2: Distinguish the challenge to overcome. What is the desired ideal?

Step 3: Identify and discuss possible solutions. Decide which one to implement.

Possible solution: Ensure efficient and effective use of time.

One method for competing favorably with other priorities is to make certain that you are using the planning group’s time wisely. Make meetings meaningful. Set an agenda and stick to it. Ensure that progress has been made on commitments made at the previous meetings.

Competing and changing community priorities

Possible solution: Reinforce success and participation.

Continually evaluate the process and find ways to make it more rewarding for those that participate. Publicly recognize contributions of time, money, and other resources.

Possible solution: Build relationships.

It is important to stay in contact with individuals between events.

Possible solution: Maintain visibility.

Make certain that the local media sees the planning group as a key source of information concerning suicide.

Work to get feature articles published on a regular basis so that suicide is not in the media only when there is a public suicide or a suicide death of a prominent person.

Step 4: Implement the solution and determine the results.

After deciding which solution to implement, it is most important to collect information to determine how well the solution is addressing the problem.

Disagreement about activities to implement

Step 1: Describe the problem.

A person new to suicide prevention may be appalled to find that there are only a handful of proven strategies that have been documented by quality research and evaluation processes.

Even more discouraging might be the realization that some materials and programs that are being promoted by various groups or publishers have no proven efficacy. Some may even be deleterious to the health of persons that the coalition is trying to protect and preserve.

Ask: Who, what, where, when, why?

Step 2: Distinguish the challenge to overcome. What is the desired ideal?

Doing what works

The best use of limited resources is to implement programs that are evidence-based, grounded in prevention principles, and further the goals of *The National Strategy for Suicide Prevention*.

Promoting a broad perspective

- A broad perspective:
 - Leads to greater opportunities to involve a variety of people in the effort.
 - Leads to greater success.

For example: Reducing the number of completed and attempted suicides is much more likely to occur when the planning group member who is interested in untreated depression is working together with the member who sees the problem as alcohol misuse; and both are working together with the member who advocates safe firearm storage.

Disagreement about activities to implement

Step 3: Identify and discuss possible solutions. Decide which one to implement.

It is through association with knowledgeable people, reading, membership in professional associations, networking, and continuing education that the best practices for a specific community will emerge.

Possible solution: Involve knowledgeable people

The planning group must:

- Reach out to groups or individuals who are knowledgeable and experienced in successful suicide prevention.
- Find a mentor, model program, or similar community that has experienced success on which to base their program.
- Seek support and guidance from state and national resources.

Possible solution: Increase knowledge

- It is important that the leadership of the planning group become as knowledgeable about suicide as possible.
- It is important that all members of the planning group spend time reading suicide-related articles published in peer-reviewed journals.
 - *Suicide and Life Threatening Behaviors* published by the American Association of Suicidology
 - *Advancing Suicide Prevention*

It is important that members of the planning group peruse quality textbooks on suicide, particularly those that provide a broad overview of issues, to gain an understanding of the complexity of the topic.

- Maris, RW, Berman, AL, & Silverman, MM. *Comprehensive Textbook of Suicidology*, 2000.

Possible solution: Encourage networking and continuing education

Encourage members of the planning group to attend state, regional and national meetings.

Obtain membership in professional organizations related to suicide prevention and intervention. The flow of professional literature included in membership fees is very helpful.

Step 4: Implement the solution and determine the results.

After deciding which solution to implement, it is most important to collect information to determine how well the solution is addressing the problem.

Lack of community resources and organizational capacity

Step 1: Describe the problem.

Certain community resources must be in place before best practices can be initiated.

For example, if the community's mental health infrastructure is already overwhelmed, it makes little sense to create hospital based referral programs that will only end up placing an additional, and probably unmet, demand on that fragile system.

This is not to suggest that several approaches can't be occurring simultaneously but if the success of any of those efforts is contingent upon the availability of resources that don't exist in sufficient quantity or quality then the expansion and improvement of the missing resource must become a priority activity.

Ask: Who, what, where, when, why?

Step 2: Distinguish the challenge to overcome. What is the desired ideal?

Successful community-wide suicide prevention programs of the future will most likely be based on an integrated, multi-faceted approach.

A comprehensive suicide prevention program must be built on systems with solid foundations designed to capitalize on community resources and overcome community deficits.

Step 3: Identify and discuss possible solutions. Decide which one to implement.

Step 4: Implement the solution and determine the results.

After deciding which solution to implement, it is most important to collect information to determine how well the solution is addressing the problem.

Realistic action planning

Step 1: Describe the problem.

- **Anticipate delays.** It is essential to anticipate delays, especially when a project requires formal approval even with participating organizations.

Example: Even something as seemingly simple as developing a school-based recognition program may require approvals at various levels. There may be barriers of ignorance among school board members or parents who believe that talking about suicide will put the notion into their children's head thereby increasing the risk.

Example: If a project involves formal research, e.g., tracking crisis center calls or monitoring mental health center referrals, it is imperative to plan for lengthy approval processes. The help of a researcher familiar with institutional review board approval processes can help streamline this activity. Preparing applications and obtaining approvals is often measured in months and even years.

Ask: Who, what, where, when, why?

Step 2: Distinguish the challenge to overcome. What is the desired ideal?

Step 3: Identify and discuss possible solutions. Decide which one to implement.

Step 4: Implement the solution and determine the results.

After deciding which solution to implement, it is most important to collect information to determine how well the solution is addressing the problem.
