We All Have a Role To Play

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Let’s Begin with the End in Mind
Presentation Outline

- Brief history of suicide prevention in the US
- 2010 launch of the Action Alliance for Suicide Prevention
- 2012 launch of the revised *National Strategy for Suicide Prevention*
- Priority Objectives
- What’s next?
“Nothing great has been and nothing great can be accomplished without passion.”

G.W.F. Hegel
Richmond and Kotelchuck’s Health Policy Model

Key Milestones in Suicide Prevention

1958: First suicide prevention center opens in Los Angeles, California.

1959: First national conference on suicide held in Chicago, Illinois.

1960: National Association for the Prevention of Suicide founded.


1961: Suicide Prevention Advocacy Network USA (SPAN) founded.

1962: American Association of Suicidology (AAS) founded.

1963: The Suicide Prevention Research Foundation founded.

1964: The Suicide Prevention Research Foundation Research Center at the University of Texas founded.


1966: National Suicide Prevention Lifeline (1-800-273-TALK) founded.

1967: First National Suicide Prevention Lifeline held.

1968: First National Suicide Prevention Conference held.

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2009: First National Suicide Prevention Conference held.

2010: First National Suicide Prevention Conference held.

2011: First National Suicide Prevention Conference held.

2012: First National Suicide Prevention Conference held.
History

Key milestones:

- **1996**: UN/WHO *Prevention of Suicide: Guidelines for the Formulation and Implementation of National Strategies*.

- **2001**: *National Strategy for Suicide Prevention* (NSSP)
  - Obj. 2.2: By 2002, establish a public/private partnership (e.g., a national coordinating body) [to advance and coordinate] the implementation of the [NSSP].

- **2010**: Action Alliance launch by Secretaries of HHS/DoD.

- **2012**: Revised *National Strategy for Suicide Prevention* launched
2010 Launch of the Action Alliance

View the Launch Video
Leadership

Co-Chairs

- **Public Sector**: Secretary John M. McHugh, US Army
- **Private Sector**: Senator Gordon H. Smith, President/CEO of NAB

Executive Committee (EXCOM)

- **Public**: DoD, DOI, DOJ, ED, HHS, former Federal legislator, SAMHSA, state government, VA.
- **Private**: Behavioral health/substance abuse, business (e.g., Facebook, Union Pacific), faith/interfaith, hospitals, insurance, law enforcement, media, older adult services, primary care, suicide prevention, veteran services, and youth advocacy.
- **Other**: Clinical, consumer of mental health services, philanthropy, research, suicide attempt and loss survivors.
Action Alliance for Suicide Prevention

PRIVATE SECTOR CO-CHAIR

PUBLIC SECTOR CO-CHAIR

SECRETARIAT

NOMINATING COMMITTEE: Nominating new Executive Committee members

SUSTAINABILITY COMMITTEE: Working to ensure long-term viability of the Action Alliance

EXECUTIVE COMMITTEE:
- PRIVATE SECTOR MEMBERS (Senior executives of leading for-profit and non-profit organizations, philanthropic organizations, researchers and practitioners, and survivors of suicide loss and attempts)
- PUBLIC SECTOR MEMBERS
- EX OFFICIO MEMBERS

TASK FORCES:
Time limited work groups advancing the National Strategy for Suicide Prevention

ADVISORY GROUPS
NATIONAL COUNCIL FOR SUICIDE PREVENTION
FEDERAL WORKING GROUP ON SUICIDE PREVENTION
IMPACT GROUP
AD HOC ADVISORY GROUPS
Almost 200 Organizations Represented, including...

- Facebook, Inc.
- National Association for Public Health Statistics and Information Systems
- Commission on Accreditation of Rehabilitation Facilities
- Indian Child Trauma Center
- Long Island GLBT Services Network
- Waking Up Alive, Inc.
- Catholic Charities USA
- National Council of Juvenile and Family Court Judges
- Union Pacific Railroad
- National Organization for People of Color Against Suicide
- Emergency Nurses Association
- Henry Ford Health System
- National Association of Broadcasters
- International Association of Chiefs of Police
- CF Jordan Construction
- Vietnam Veterans of America
Vision:

- A nation free from the tragic experience of suicide.

Mission:

- Advance the NSSP by:
  - **Championing** suicide prevention as a national priority.
  - **Catalyzing** efforts to implement high-priority NSSP objectives.
  - **Cultivating** the resources needed to sustain progress.
Task Forces

- Prioritized according to high-priority goals and objectives of the NSSP, interest, political will, and resource availability.
  - **Infrastructure**: Data and Surveillance, NSSP, Research Prioritization.
  - **High-risk populations**: American Indian/Alaska Native, LGBT Populations, Military/Veterans, Suicide Attempt Survivors, Survivors of Suicide Loss.
  - **Intervention**: Clinical Care and Intervention, Clinical Workforce Development, Faith Communities, Public Awareness and Education, Workplace, Youth in Contact with the Juvenile Justice System.
Goal:

- To deliver a compelling business case that offers solutions, provides support for employers, and motivates them from inaction to the implementation of a comprehensive, public health approach to suicide prevention, intervention, and postvention in the workplace.
View the Workplace Suicide Prevention Video
A MANAGER’S GUIDE TO SUICIDE POSTVENTION IN THE WORKPLACE

10 ACTION STEPS FOR DEALING WITH THE AFTERMATH OF A SUICIDE

BY

THE WORKPLACE POSTVENTION TASK FORCE OF THE AMERICAN ASSOCIATION OF SUICIDOLOGY
AND
THE WORKPLACE TASK FORCE OF THE NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION

In partnership with the Carson J. Spencer Foundation and Crisis Care Network
Accomplishments

- **Rapid growth in membership:** More than 200 diverse organizations, supported by Suicide Prevention Resource Center staff.

- Implementation of strategic **communications** plan.

- Launch of 14 **task forces** that are enhancing national infrastructure and promoting suicide prevention interventions among high-risk populations and in specific settings.
  - Revision/launch of the **NSSP** (2012).
  - Forthcoming: prioritized research agenda, business case, clinical training guidelines, juvenile justice research/programming.

- Selection and advancement of four **priorities** (2012).
Overview of the Revised NSSP

- Written to appeal to a broad base
- Aligns with framework of the *National Prevention Strategy*, released June 2011
- Includes four strategic directions, 13 goals, and 60 objectives
- Addresses public and mental health
- Builds on advances made since 2001
Postvention and aftercare

Promote synergistic approach

Counter shame, stigma, and silence

Promote connectedness as protective factor

Address the needs of vulnerable groups

Multi-sectoral engagement

Strengthen continuity of care

Advance public health and mental health approach

Alternatives to approach and setting

Clinical training and assessment

Promote connectedness as protective factor
<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2012</th>
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<tbody>
<tr>
<td><strong>Released by:</strong></td>
<td>Surgeon General</td>
<td>Surgeon General and the Action Alliance = greater engagement of public and private sector partners</td>
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<tr>
<td><strong>Framework:</strong></td>
<td>Awareness, Intervention, Methodology with 11 goals, 68 objectives</td>
<td>4 strategic directions, 13 goals, 60 objectives</td>
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<tr>
<td></td>
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<td>More appeal to general public</td>
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<td></td>
<td></td>
<td>Aligned with the <em>National Prevention Strategy</em></td>
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<td><strong>Model:</strong></td>
<td>Socio-ecological model</td>
<td>Socio-ecological model with an integrated logic model</td>
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<td></td>
<td></td>
<td>(strategy for the strategy); includes action steps for multiple readers to have a role in reducing suicide</td>
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<td><strong>Activity in the US:</strong></td>
<td>Limited and in initial stages</td>
<td>At a tipping point for catalyzing increased effort</td>
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<td><strong>Best practices:</strong></td>
<td>No registry, Air Force model</td>
<td>SPRC/AFSP Best Practices Registry with 100+ programs</td>
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<td><strong>State plans:</strong></td>
<td>Was used as basis for most</td>
<td>Will allow states to update plans &amp; catalyze increased efforts</td>
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<td><strong>Focus:</strong></td>
<td>Greater focus on clinical providers; as well as sector specific objectives</td>
<td>Objectives are more broad and are to be implemented by multiple sectors; greater focus on the role of the community in general, as well as non-clinical professionals; encourages integration of primary/physical health and mental health care</td>
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<td><strong>Timelines:</strong></td>
<td>All objectives due by 2005</td>
<td>Ready for application / implementation at all times</td>
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<td><strong>High risk populations:</strong></td>
<td>Minimally addressed</td>
<td>Includes appendices for several high-risk groups</td>
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<td><strong>Crisis Lines:</strong></td>
<td>Minimally addressed</td>
<td>Includes greater focus as a best practice</td>
</tr>
<tr>
<td><strong>Aftercare/postvention:</strong></td>
<td>Minimally addressed</td>
<td>Goals focused on supporting persons impacted by suicide attempts and deaths</td>
</tr>
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Research Developments Since 2001 NSSP

- Increased understanding of the link between suicide and other health issues
- Evidence of the effectiveness of suicide prevention interventions
- New knowledge on groups at increased risk
- Enhanced surveillance
Landscape Developments Since 2001 NSSP

- Creation of public-private partnership for suicide prevention
- Widespread use of social media
- Increased recognition of the value of comprehensive and coordinated prevention efforts
- Continued funding for NSPL, Veterans Crisis Line, GLS Grantees, SPRC; New funding for ICRC-S, DSPO
To those who have lost their lives by suicide,
To those who struggle with thoughts of suicide,
To those who have made an attempt on their lives,
To those caring for someone who struggles,
To those left behind after a death by suicide,
To those in recovery, and
To all those who work tirelessly to prevent suicide
and suicide attempts in our nation.
We believe that we can and we will
make a difference.
How is the NSSP organized?

- Aligns with the Surgeon General’s National Prevention Strategy
NSSP Strategic Directions

STRATEGIC DIRECTION 1
Healthy & Empowered Individuals, Families, & Communities

STRATEGIC DIRECTION 2
Clinical & Community Preventative Services

STRATEGIC DIRECTION 3
Preventing Suicidal Behaviors

STRATEGIC DIRECTION 4
Surveillance, Research, & Evaluation

Mental and Emotional Well-Being
Injury and Violence-Free Living

Preventing Drug Abuse & Excessive Alcohol Use

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How is the NSSP organized?

- The National Strategy’s goals and objectives fall within four strategic directions, which, when working together, may most effectively prevent suicides:
  - Create supportive environments that promote healthy and empowered Individuals, families, and communities (4 goals, 16 objectives);
  - Enhance clinical and community preventive services (3 goals, 12 objectives);
  - Promote the availability of timely treatment and support services (3 goals, 20 objectives); and
  - Improve suicide prevention surveillance collection, research, and evaluation (3 goals, 12 objectives).
Themes of the NSSP

- **Suicide prevention efforts should:**
  - Foster positive public dialogue; counter shame, stigma, and silence; and build public support for suicide prevention.
  - Address the needs of vulnerable groups, be tailored to the cultural and situational contexts in which they are offered, and seek to eliminate disparities.
  - Be coordinated and integrated with existing efforts addressing health and behavioral health, and ensure continuity of care.
  - Promote changes in systems, policies, and environments that will support and facilitate the prevention of suicide and related problems.
  - Bring together public health and behavioral health.
  - Address both risk and protection.
  - Reflect the latest science, as well as evidence-based and best practices/programs.
Healthy and Empowered Individuals, Families, and Communities

- **GOAL 1.** Integrate and coordinate suicide prevention activities across multiple sectors and settings. (5 related objectives)
- **GOAL 2.** Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors. (4 related objectives)
- **GOAL 3.** Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery. (3 related objectives)
- **GOAL 4.** Promote responsible media reporting of suicide, accurate portrayals of suicide and mental illnesses in the entertainment industry, and the safety of online content related to suicide. (4 related objectives)
Clinical and Community Preventive Services

- **GOAL 5.** Develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors. (4 related objectives)

- **GOAL 6.** Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk. (3 related objectives)

- **GOAL 7.** Provide training to community and clinical service providers on the prevention of suicide and related behaviors. (5 related objectives)
GOAL 8. Promote suicide prevention as a core component of health care services. (8 related objectives)

GOAL 9. Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors. (7 related objectives)

GOAL 10. Provide care and support to individuals affected by suicide deaths and attempts to promote healing, and implement community strategies to help prevent further suicides. (5 related objectives)
Surveillance, Research, and Evaluation

- **GOAL 11.** Increase the *timeliness and usefulness of national surveillance systems* relevant to suicide prevention, and improve the ability to *collect, analyze, and use* this information for action. (4 related objectives)

- **GOAL 12.** Promote and support *research* on suicide prevention. (4 related objectives)

- **GOAL 13.** Evaluate the *impact and effectiveness* of suicide prevention interventions and systems, and synthesize and disseminate findings. (4 related objectives)
Healthy and Empowered Individuals, Families, and Communities

- Identify a lead agency to coordinate and convene public and private stakeholders, assess needs and resources, and develop and implement a comprehensive strategic suicide prevention plan.
- Develop and implement an effective communications strategy for promoting mental health and emotional well-being that incorporates traditional and new media.
- Disseminate recommendations for reporting on suicide to news organizations. The recommendations can be found at http://reportingonsuicide.org.
Clinical and Community Preventive Services

- **Identify groups at risk** and work with various stakeholders to **implement suicide prevention policies** and programs that address the needs of these groups.
- Sponsor trainings and **disseminate information on means restriction** to mental health providers, professional associations, and patients and their families.
- **Sponsor medication take-back days** and ongoing methods for the disposal of unwanted medications (e.g., secure collection kiosks at police departments or pharmacies).
Treatment and Support Services

- Disseminate information about the National Suicide Prevention Lifeline and other local or regional crisis lines.
- Promote the availability of online support services and crisis outreach teams.
- Develop protocols and improve collaboration among crisis centers, law enforcement, mobile crisis teams, and social services to ensure timely access to care for individuals with suicide risk.
Surveillance, Research, and Evaluation

- Analyze and identify strategies to increase the efficiency of state-based processes for certifying, amending, and reporting vital records related to suicide deaths.
- Implement the Centers for Disease Control and Prevention (CDC)'s action plan for improving external cause of injury coding.
- Adopt recommended self-directed violence uniform definitions and data elements developed by CDC and the Department of Veterans Affairs.
- Improve data linkage across agencies and organizations, including hospitals, psychiatric and other medical institutions, and police departments, to better capture information on suicide attempts.
Action Alliance Priorities: 2012-2014

- Integrating suicide prevention into health care reform and encouraging the adoption of similar measures in the private sector.

- Transforming health care systems to significantly reduce suicide.

- Changing the public conversation around suicide and suicide prevention.

- Increasing the quality, timeliness, and usefulness of surveillance data regarding suicidal behaviors.
President’s 2014 Budget Request

- **SAMHSA**
  - $50M to prevent suicide
    - Lifeline; GLS State & Tribal; GLS Campus; SPRC; AI/AN initiative
    - $2M first time funding to implement NSSP

- **CDC**
  - $10M Gun Violence Prevention Research
  - $20M NVDRS implementation nationwide

- **IHS**
  - Language about suicide and mental health burden

- **NIMH**
  - Army Study to Assess Risk and Resilience in Service Members (Army STARRS)

- **DoD**
  - $7M for Defense Suicide Prevention Office
“You must be the change you wish to see in the world.”

Mahatma Gandhi
Top 10 Things You Can Do TODAY

10. Promote your local, state, or national suicide prevention event through SPRC’s online calendar
   http://www.sprc.org/node/add/event

9. Donate to our partner organizations
   http://actionallianceforsuicideprevention.org/donate-to-partner-organizations

8. Distribute the *Recommendations for Reporting on Suicide* to your local media

7. Read *A Manager’s Guide to Suicide Postvention in the Workplace*

6. Take a free online course, such as *Locating and Understanding Data for Suicide Prevention*
   http://training.sprc.org/
5. Discover 100’s of resources in SPRC’s online library
http://www.sprc.org/library_resources/listing/search

4. Explore AAS’s attempt survivors blog, What Happens Now?
http://attemptsurvivors.com/

3. Learn more about the National Action Alliance for Suicide Prevention
http://actionallianceforsuicideprevention.org/

2. Subscribe to SPRC’S Weekly Spark

1. Share the revised *National Strategy for Suicide Prevention* with your colleagues
Follow the Yellow Brick Road!
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Director, Suicide Prevention Resource Center
Co-Director, Injury Control Research Center for Suicide Prevention
Member, Action Alliance for Suicide Prevention

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