



**2012 National Strategy for Suicide Prevention:  
GOALS AND OBJECTIVES FOR ACTION**

A report of the U.S. Surgeon General  
and of the National Action Alliance for Suicide Prevention

# **We All Have a Role To Play**

Jerry Reed, Ph.D., M.S.W.  
Vice President & Director  
Education Development Center



# 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?

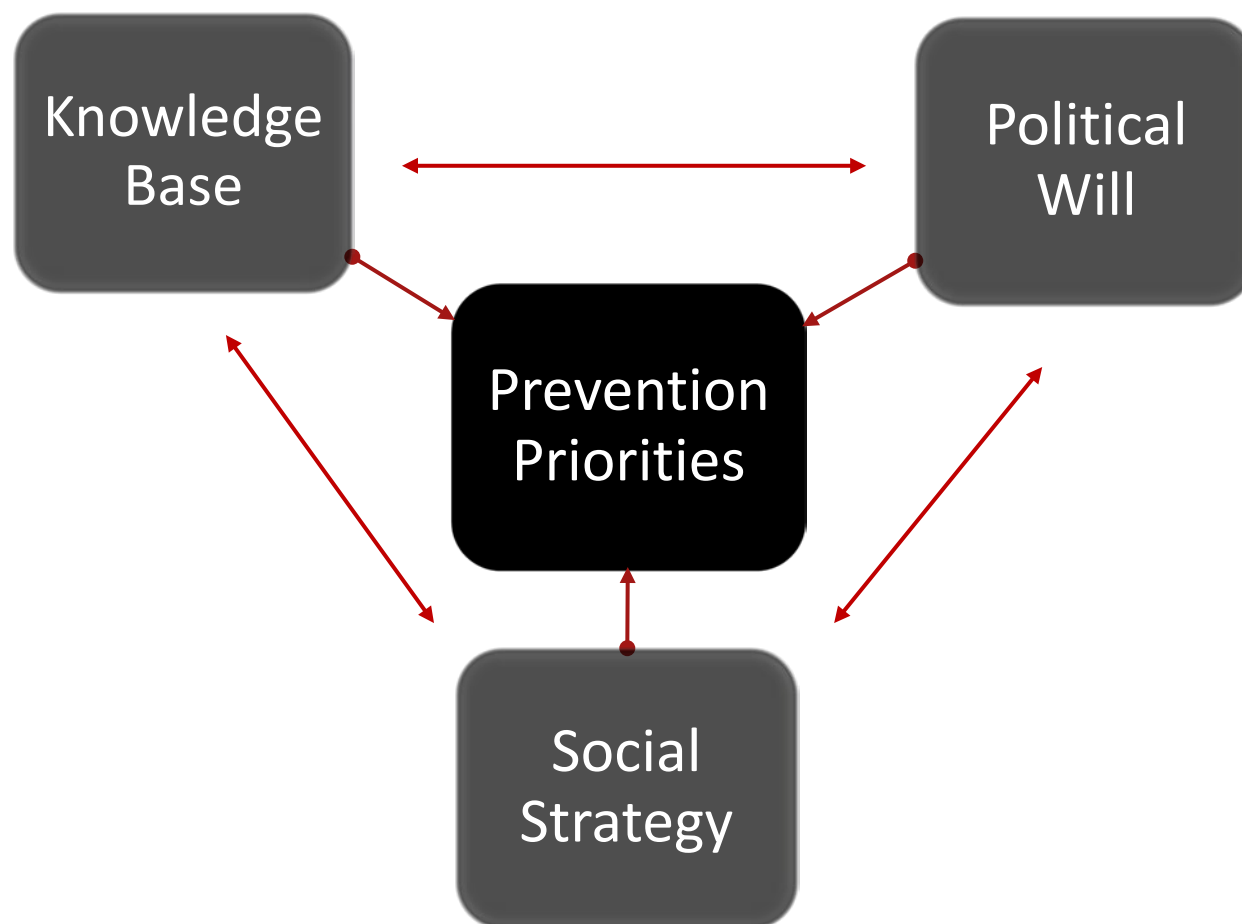


**“Nothing great has been and nothing great can  
be accomplished without passion.”**

*G.W.F. Hegel*



# The Model for Action



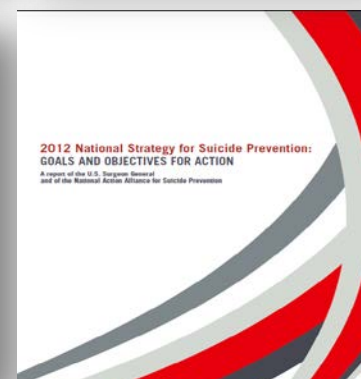
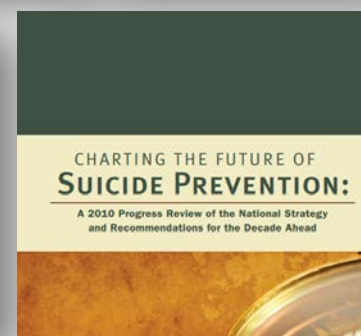
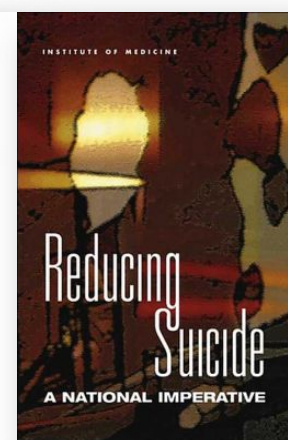
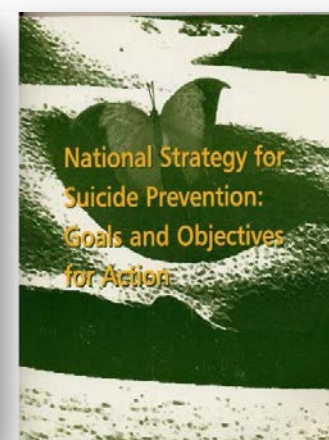
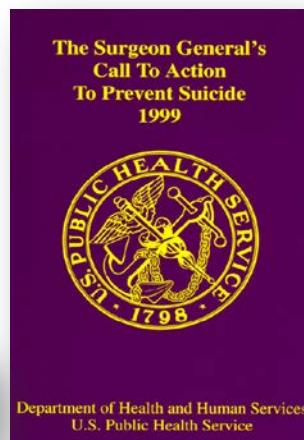
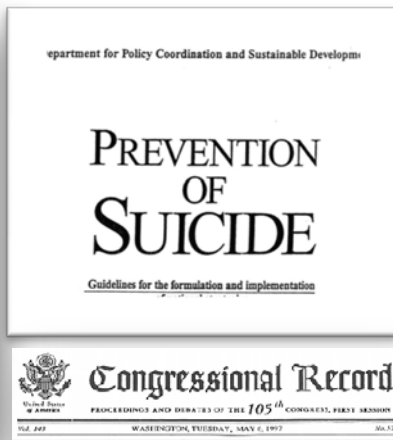
## Richmond and Kotelchuck's Health Policy Model

Found in: Atwood, K, Colditz, G. A., Kawachi, I. (1997). From public health science to prevention policy: Placing science in its social and political context. *American Journal of Public Health*, 87(10).





# Brief History of Suicide Prevention in the US

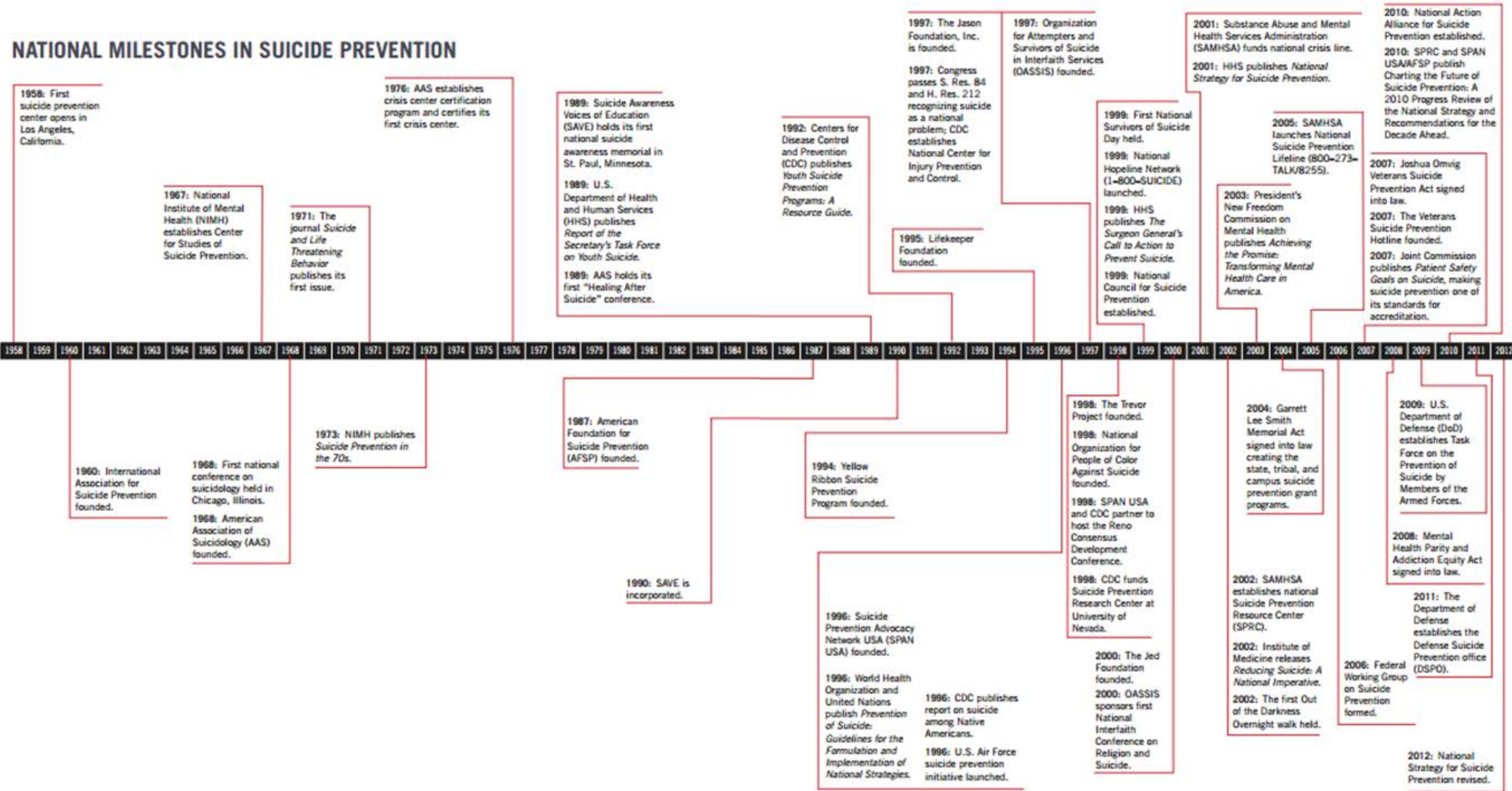






# Key Milestones in Suicide Prevention

## NATIONAL MILESTONES IN SUICIDE PREVENTION





## 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](#)



## Co-Chairs

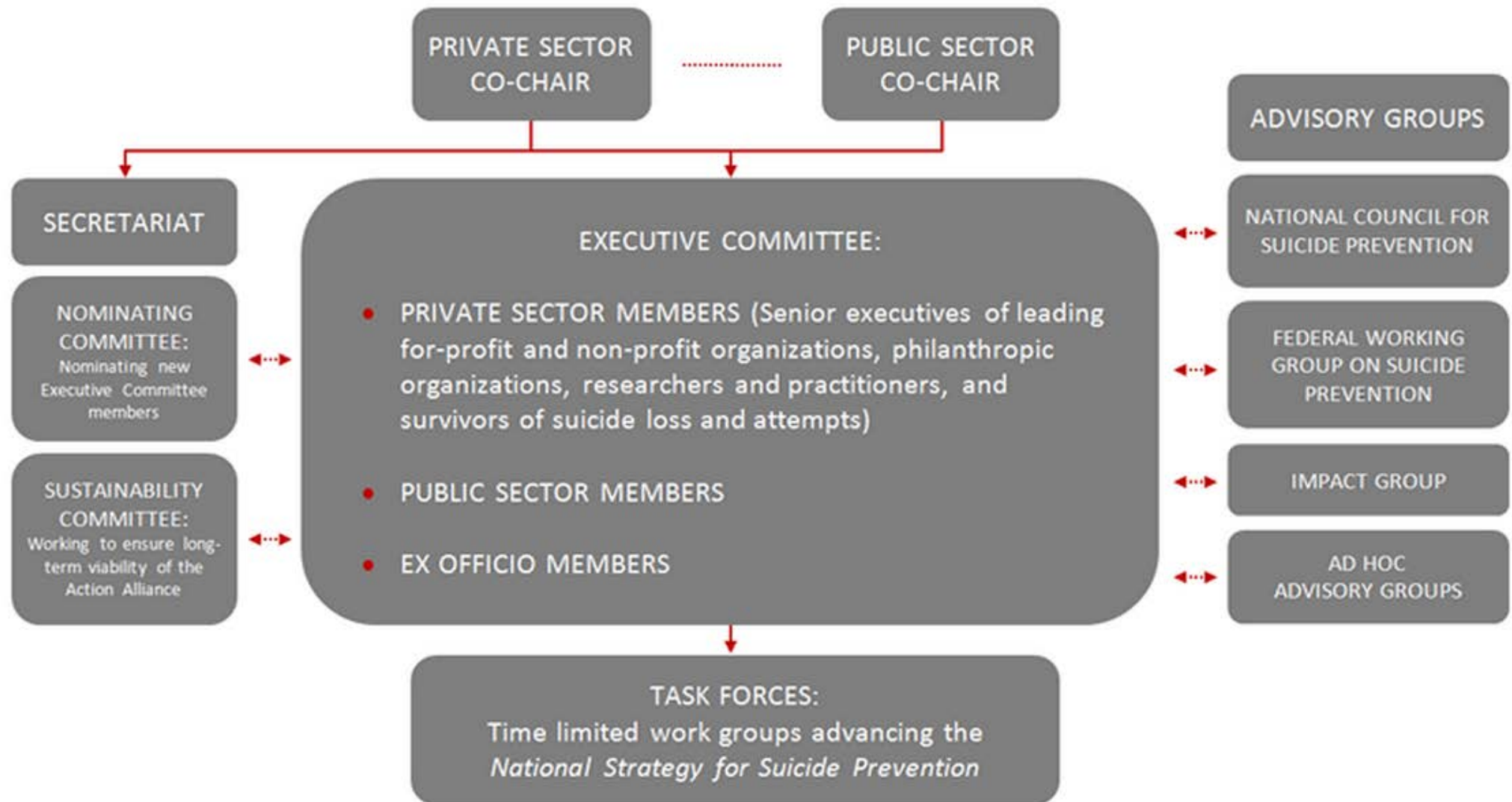
- **Public Sector:** Secretary John M. McHugh, US Army
- **Private Sector:** Senator Gordon H. Smith, President/CEO of NAB

## 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





## 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/Mission

---

## 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.



## Workplace Task Force

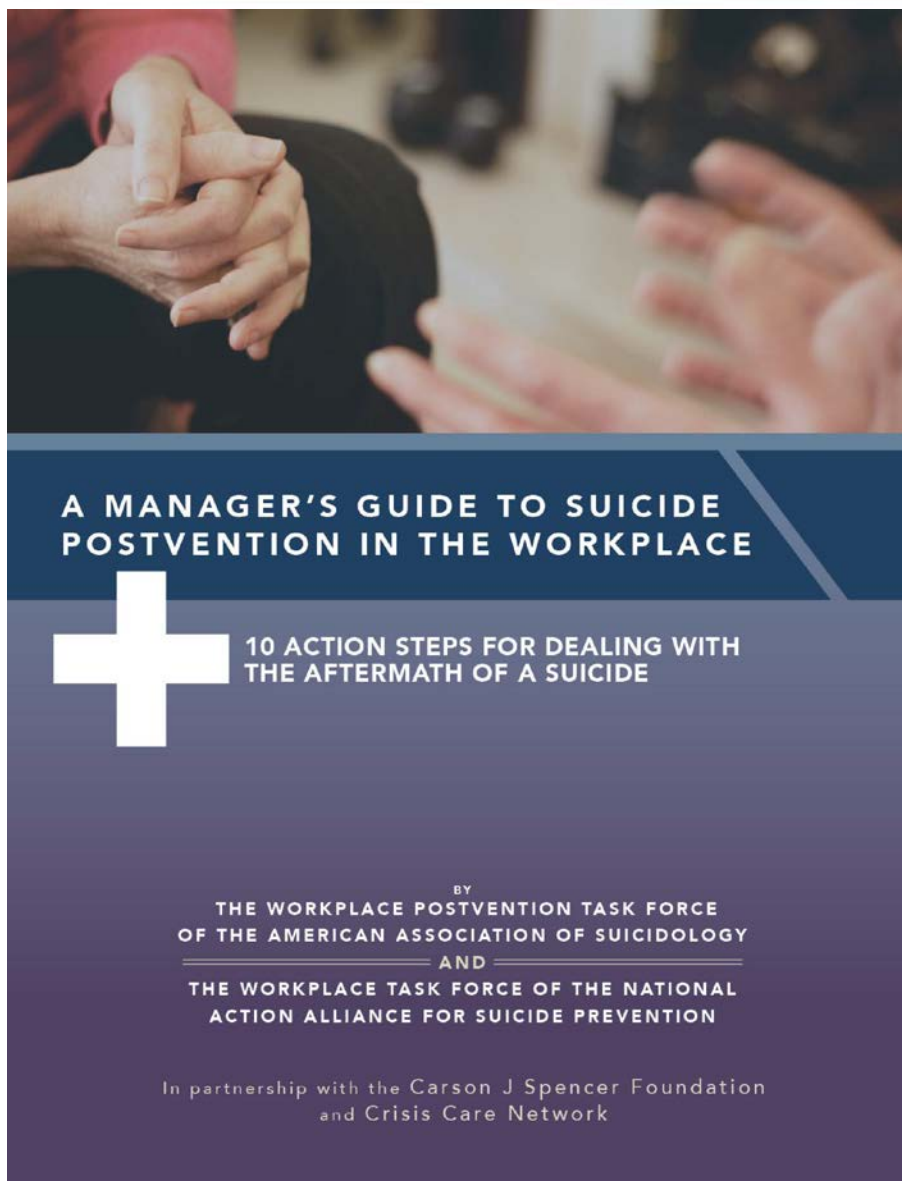


**[View the Workplace Suicide Prevention Video](#)**





## Workplace Task Force





# 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.
  - Release of ***Suicide Care in Systems Framework*** report (2011).
  - 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

**Promote  
synergistic  
approach**

**Counter shame,  
stigma, and silence**

**Promote  
connectedness  
as protective  
factor**

**Multi-sectoral  
engagement**

**Postvention  
and aftercare**

**Strengthen  
continuity  
of care**

**Address the needs  
of vulnerable groups**

**Advance public  
health and mental  
health approach**

**Clinical training  
and assessment**

**Alternatives to  
approach and setting**







# 2001 National Strategy vs. 2012 National Strategy

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



# 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

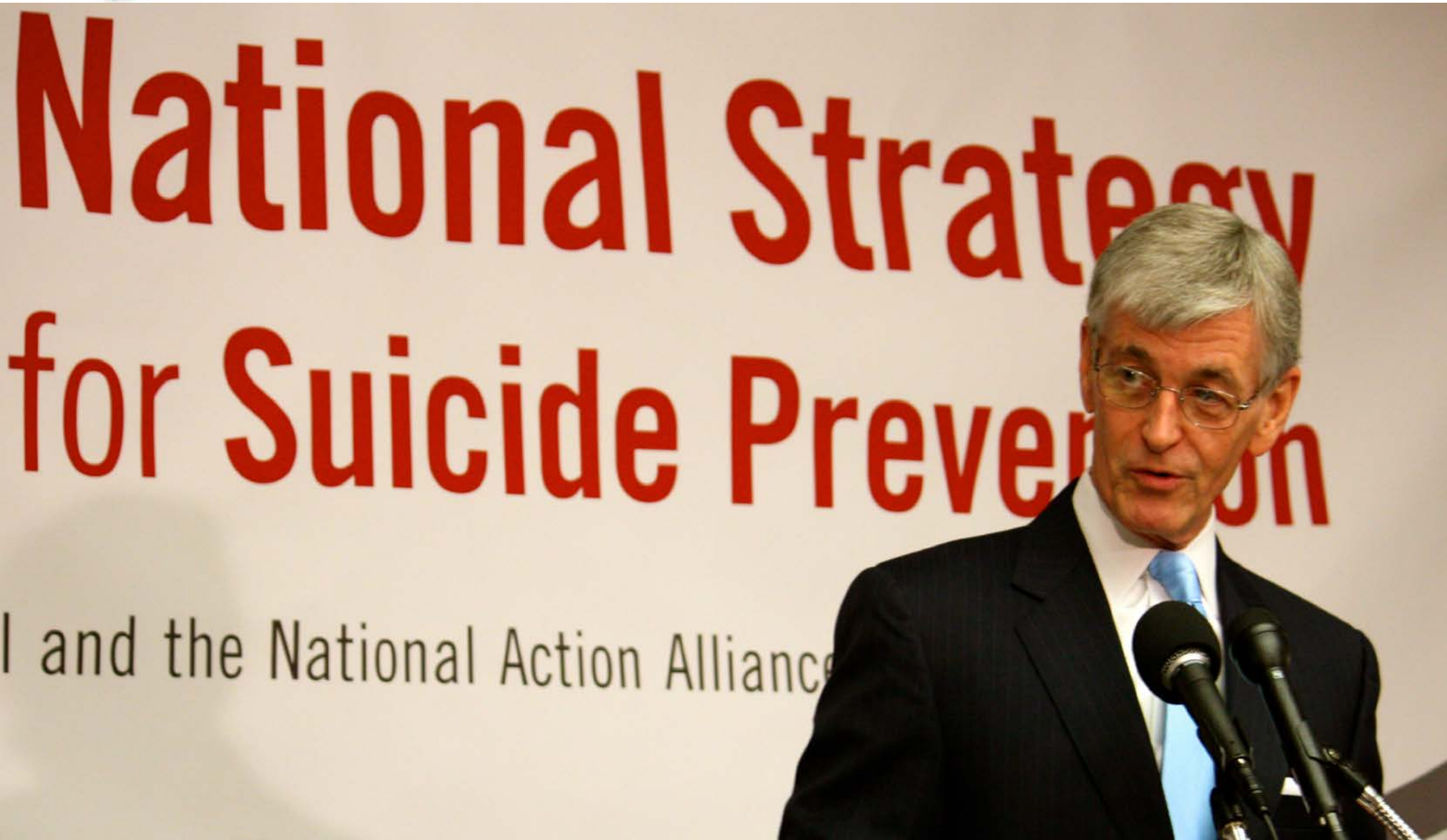
- Creation of public-private partnership for suicide prevention
- Widespread use of social media
- Increased recognition of the value of comprehensive and coordinated prevention efforts
- Continued funding for NSPL, Veterans Crisis Line, GLS Grantees, SPRC; New funding for ICRC-S, DSPO







## National Strategy for Suicide Prevention Launch







# NSSP Dedication



## 2012 National Strategy for Suicide Prevention: GOALS AND OBJECTIVES FOR ACTION

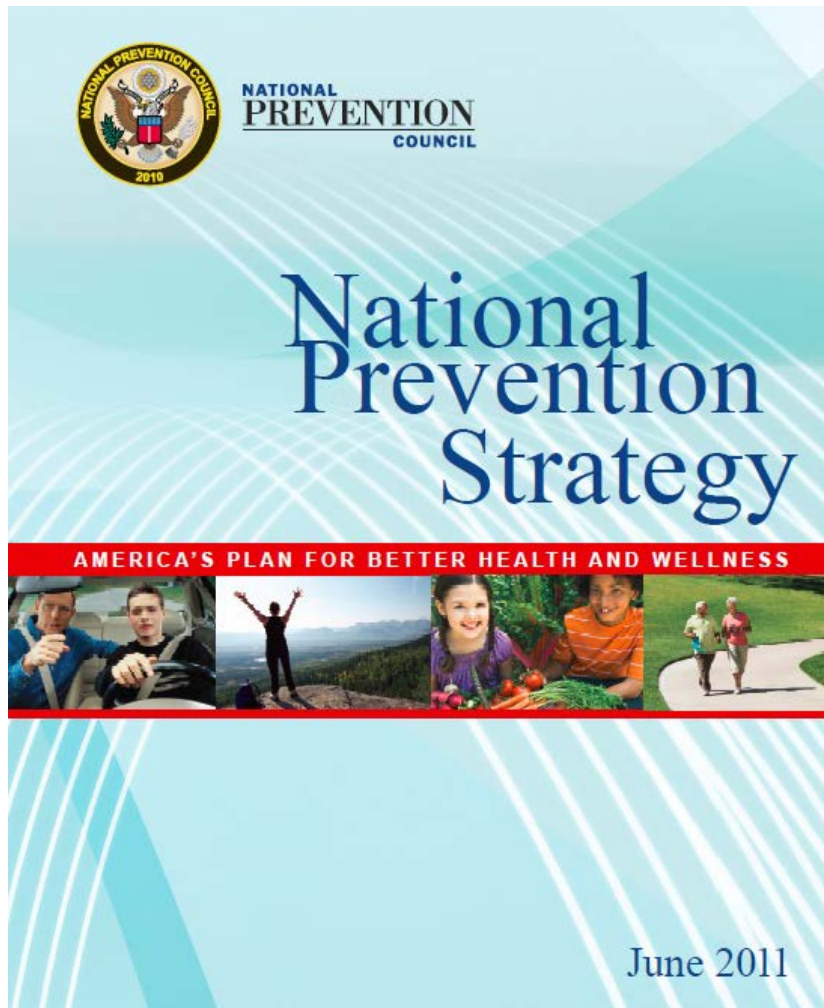
A report of the U.S. Surgeon General  
and of the National Action Alliance for Suicide Prevention

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.**

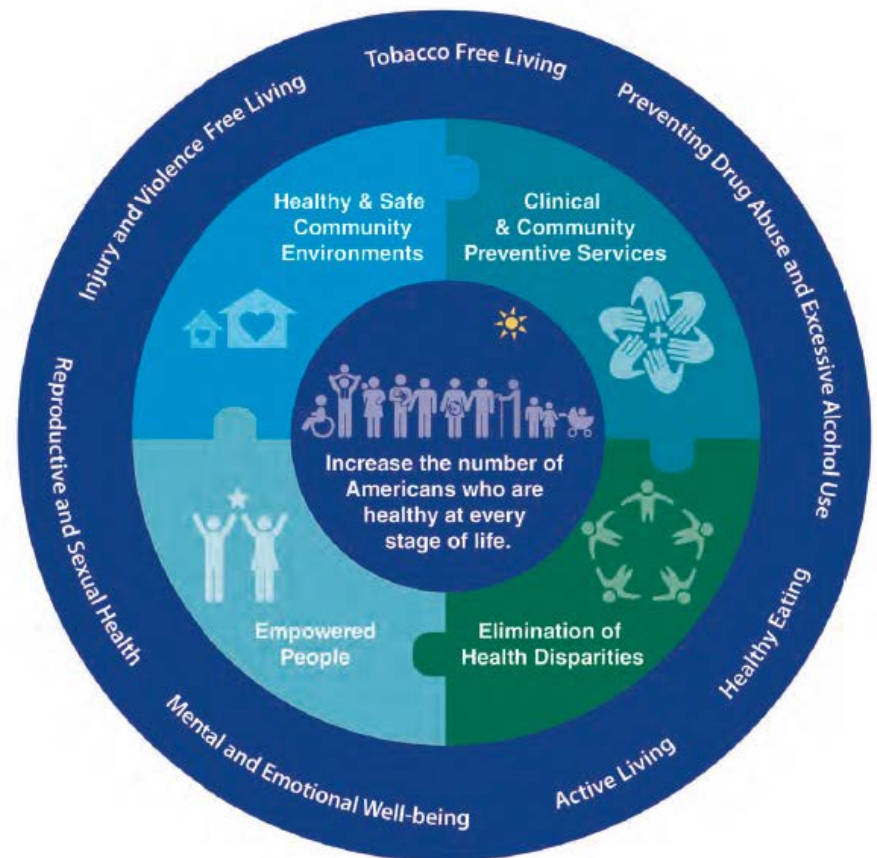


# How is the NSSP organized?

- Aligns with the Surgeon General's National Prevention Strategy

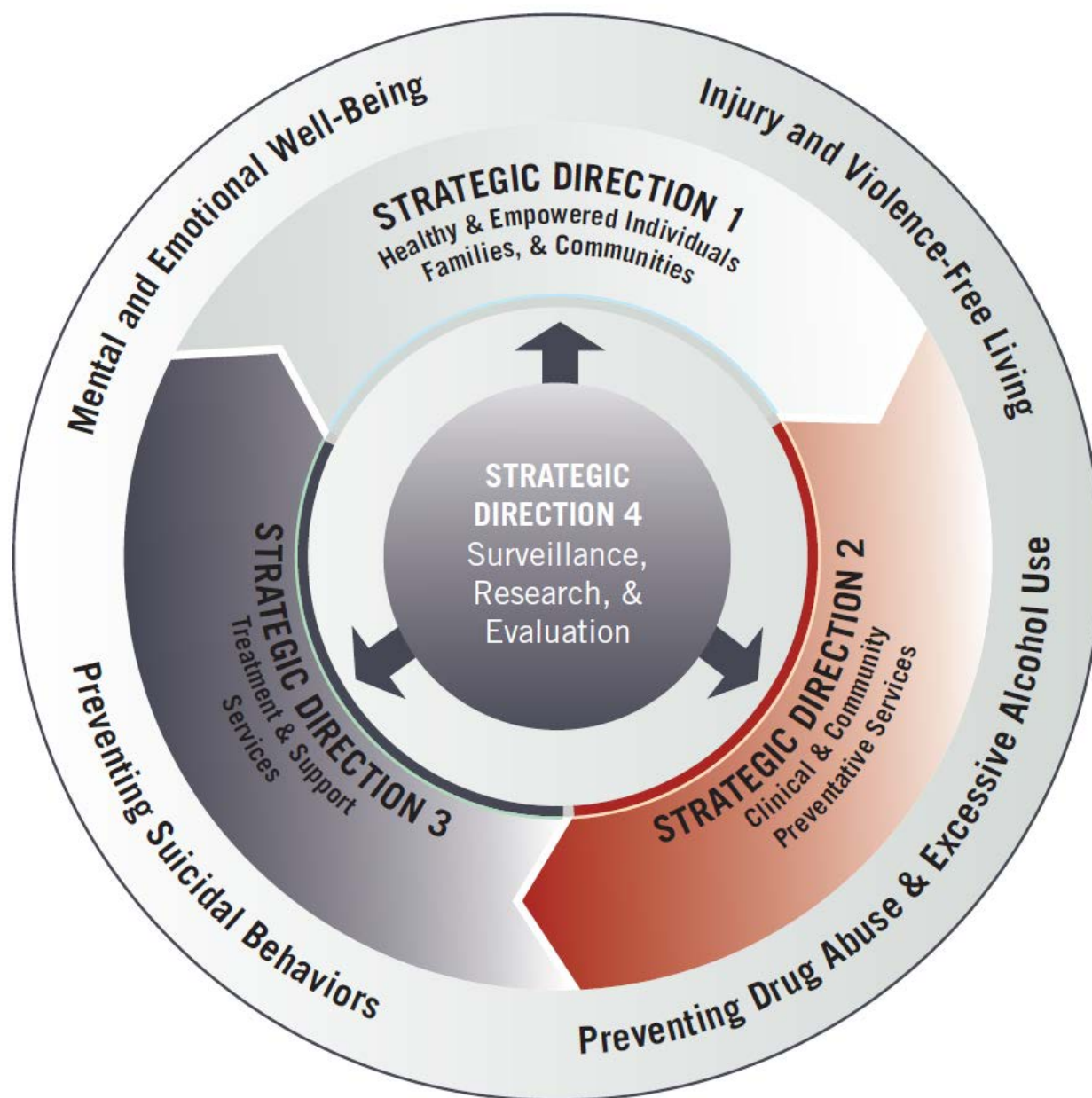


## National Prevention Strategy America's Plan for Better Health and Wellness





# NSSP Strategic Directions





# 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.





# Strategic Direction 1

## 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)



## Strategic Direction 2

---

### 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)



## Strategic Direction 3

---

### Treatment and Support Services

- **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)



# Strategic Direction 4

## 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)



# State, Tribal, Local, and Territorial Governments can...

## *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>.





# State, Tribal, Local, and Territorial Governments can...

## *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).



# State, Tribal, Local, and Territorial Governments can...

## *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.**



# State, Tribal, Local, and Territorial Governments can...

## *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.



# What's Next?

## 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

<http://reportingonsuicide.org/Recommendations2012.pdf>

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

<http://actionallianceforsuicideprevention.org/system/files/Managers-Guidebook-To-Suicide-Postvention-Web.pdf>

6. Take a free online course, such as *Locating and Understanding Data for Suicide Prevention*

<http://training.sprc.org/>



## Top 10 Things You Can Do TODAY

---

5. Discover 100's of resources in SPRC's online library

[http://www.sprc.org/library\\_resources/listing/search](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

<http://www.sprc.org/news-events/the-weekly-spark/weekly-spark-thursday-june-13-2013>

1. Share the revised *National Strategy for Suicide Prevention* with your colleagues

[http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full\\_report-rev.pdf](http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full_report-rev.pdf)





# Follow the Yellow Brick Road!





## Contact Information

---

**Jerry Reed, Ph.D., M.S.W.**

EDC Vice President

Director, Center for the Study and Prevention of Injury, Violence  
and Suicide

Director, Suicide Prevention Resource Center

Co-Director, Injury Control Research Center for Suicide Prevention

Member, Action Alliance for Suicide Prevention

(202) 572-3771

[jreed@edc.org](mailto:jreed@edc.org)