

Florida Suicide Prevention Strategy 2011 – 1015

Goals, Objectives and Action Ideas

The mission of the Statewide Office of Suicide Prevention is to reduce the number of suicides in the state of Florida. This involves reducing suicidality – a condition that includes suicidal ideation, desire, planning, behaviors, attempts, and deaths, and improving the quality of life for those who are suffering. The Statewide Office of Suicide Prevention coordinates Florida's suicide prevention efforts by developing mechanisms for implementing the goals and objectives of the *Florida Suicide Prevention Strategy*, providing oversight, building capacity, creating policy, and mobilizing communities.

The purpose of these goals and objectives is to provide a framework for helping to identify priorities and organizing efforts to prevent suicide across the lifespan. This menu of actions will be used to guide Florida's suicide prevention efforts and the development of community-based plans.

No one agency or organization has the capacity to address all of these goals, hence this menu of options is broad in scope to provide the opportunity for agencies, organizations, coalitions, and individuals to contribute to the progress of the overall goals, objectives and action ideas.

Measuring progress and outcomes are key to evaluating implementation. It is expected that as the State and individual communities identify priority goals and objectives, measureable outcomes will be developed in order to monitor progress.

GOAL 1. Promote awareness that suicide is a preventable public health problem.

GOAL 2. Reduce the stigma associated with being a consumer of mental health, substance abuse and suicide prevention services.

GOAL 3. Create collaborations and networks that support common goals in suicide prevention.

GOAL 4. Develop and implement evidence-based suicide prevention, intervention and postvention programs.

GOAL 5. Develop and promote clinical and professional practices for delivery of effective treatment.

GOAL 6. Improve community access to mental health and substance abuse services.

GOAL 7. Reduce access to lethal means and methods of self-harm.

GOAL 8. Support suicide prevention research and improve surveillance systems.

GOAL 1. Promote awareness that suicide is a preventable public health problem.

1.1 Provide education and disseminate information about the sources of help available for persons who are feeling depressed or suicidal.

1.1.1 Educate communities about the *Florida Suicide Prevention Strategy*.

1.1.2 Promote the National Suicide Prevention Lifeline 1-800-273-8255 (TALK), and Florida's other certified suicide prevention hotlines.

1.1.3 Continue to update Florida's Resource Directory with available suicide prevention resources. (To be added, email Allyson.Adolphson@myflorida.com.)

1.1.4 Become familiar with reputable, nationally-recognized suicide prevention websites. (See a list of recommended websites at <http://www.helppromotehope.com/resources/links.php>.)

1.1.5 Create or join online communities connected with suicide prevention.

1.1.6 Disseminate educational materials and family guides in schools, workplaces and communities.

1.1.7 Utilize national resources to plan community activities for National Suicide Prevention Week and World Suicide Prevention Day.

1.1.8 Plan, sponsor and attend special-issue trainings, conferences and forums, such as the Florida Annual Statewide Prevention Conference, or the American Association of Suicidology Conference.

1.1.9 Develop and evaluate public health education and social marketing campaigns.

GOAL 2. Reduce the stigma associated with being a consumer of mental health, substance abuse and suicide prevention services.

2.1 Increase awareness of risk and protective factors and intervention skills should a crisis arise.

2.1.1 Educate oneself and others on the signs of depression, suicide and drug abuse, including prescription drug abuse.

2.1.2 Display and share information on suicide prevention, the risk and protective factors, warning signs, and helpline numbers throughout schools, workplaces and communities.

2.1.3 Develop and disseminate a suicide prevention pocket card that includes the risk factors, protective factors, warning sign, screening questions, a how-to-help list, and suicide prevention resource numbers.

2.2 Transform public attitudes to view mental health and substance use disorders as physical illnesses that respond to specific treatments, and address environmental factors such as discrimination and limited understanding of living with mental illness.

2.2.1 Promote awareness that mental illness is treatable.

2.2.2 Promote help-seeking, positive coping skills, belongingness and social support as healthy behaviors.

2.2.3 Support mental health parity so that insurance covers mental health issues as equally as any other physical illness.

2.3 Foster workplace cultural changes that strengthen social support among workers.

2.3.1 Support and encourage employees in need to see their primary care practitioners for assessment and obtain referrals for treatment.

2.3.2 Develop resource kits that include suggestions for activities designed to strengthen connectedness.

2.4 Improve media reporting and entertainment portrayals of suicidal behavior, mental illness and substance abuse.

2.4.1 Educate media outlets on the appropriate way to cover suicide. Congratulate them when they report responsibly and offer assistance when they have not.

2.4.2 Promote appropriate media reporting on and portrayals of suicide and mental illness in television, film and news reports, and collaborate with the federal Substance Abuse and Mental Health Services Administration's stigma reduction campaign.

2.4.3 Engage the media on advancing local suicide prevention efforts. Utilize SPAN USA's "Engaging the Media Guide" and SPAN USA Media Action Center to reach local media.

2.4.4 Promote public testimony from credible spokespeople, including those well-known, who have received treatment.

2.4.5 Proactively write letters to the editor.

GOAL 3. Create collaborations and networks that support common goals in suicide prevention.

3.1 Strengthen suicide prevention efforts and ensure coordination between state agencies.

3.1.1 Include mental health, suicide prevention and resiliency efforts into agency initiatives, policies, and curricula for health and wellness.

3.1.2 Align state agency planning with federal Health and Human Services priority initiatives.

3.1.3 Ensure communication and coordination of suicide prevention activities within all state agency divisions.

3.1.4 Increase the number of suicide prevention experts on State commissions and councils, and include a consumer and family-centered perspective.

3.1.5 Secure funding for suicide prevention efforts by working with the Legislature to fund initiatives, and applying for federal and foundation grants.

3.1.6 Continue to build the Statewide Office of Suicide Prevention email listserve, and encourage others to develop listserves and communication systems.

3.2 Develop, advance and sustain community-based coalitions.

3.2.1 Develop specific actions plans to implement goals and objectives of the *Florida Suicide Prevention Strategy*.

3.2.2 Apply for grants to fund community-based coalition efforts.

3.2.3 Encourage survivors of suicide to participate in suicide prevention coalitions, focus groups, peer programs and special events in the community.

3.2.4 Organize grassroots support for state and federal legislation to support suicide prevention issues and use evidence-based research in these efforts.

3.2.5 Create avenues for open, multi-directional communication among coalition members.

3.3 Integrate suicide prevention activities into policies and initiatives of the broader prevention field.

3.3.1 Integrate suicide prevention planning into planning for the prevention and intervention of other health issues that share similar risk and protective factors, including mental health, substance abuse, interpersonal violence, bullying and others.

3.3.2 Collaborate with those developing trauma-informed care strategies within health and human service systems.

3.3.3 Integrate suicide prevention activities into other current associated initiatives and existing community networks, so as to share resources and advance shared missions.

3.3.4 Educate local government, public and private funders, elected and appointed officials and engage them in community suicide prevention and planning activities.

3.3.5 Increase the number of professional, faith, volunteer and other groups that integrate suicide prevention into their regular, ongoing activities and services.

GOAL 4. Develop and implement evidence-based suicide prevention, intervention and postvention programs.

4.1 Implement suicide prevention programs in organizations and institutions that serve individuals and families.

4.1.1 Adopt programs endorsed by the Evidence-Based Practice Registry of the Suicide Prevention Resource Center.

4.1.2 Provide and promote prevention, intervention and postvention services and education in schools and workplaces.

4.1.3 Follow an implementation process, such as the Implementation Guide or the Florida Substance Abuse Response Guide, which is based on proven implementation techniques.

4.1.4 Obtain buy-in from school administrators, mental health professionals, school personnel, families and others to increase receptiveness to school-based suicide prevention programs and screenings.

4.1.5 Encourage all schools and communities to have a crisis response plan and a review process for if a suicide occurs.

4.1.6 Encourage youth survivors to help with and promote peer groups in schools.

4.2 Implement training that teaches recognition of at-risk behavior and intervention skills.

4.2.1 Identify a network of trainers who can train various populations about suicide prevention.

4.2.2 Encourage consistency of training where possible and appropriate. Develop refresher courses for sustainability.

4.2.3 Expand evidence-based gatekeeper training to various lay and professional populations; e.g., ASIST, Lifelines, QPR, SOS, etc.

4.2.4 Include suicide prevention, intervention, and crisis response/aftercare in provider educational programming.

4.2.5 Train students and employees in recognizing the warning signs of suicide and getting help for themselves and others.

4.2.6 Require educational administration and all school personnel to receive instruction in suicide prevention.

4.2.7 Train students, families and personnel to create educational and workplace environments that are free from all types of harassment and bullying.

4.2.8 Ensure children receive training in coping, decision-making, values clarification, emotion regulation, impulse control strategies and communication skills in school. The curriculum must be modified as children mature to ensure applicability.

4.2.9 Develop and offer peer leadership training for facilitators of suicide survivor support groups.

GOAL 5. Develop and promote clinical and professional practices for delivery of effective treatment.

5.1 Develop comprehensive systems of care that utilize evidence-based practices to screen for and help those at risk.

5.1.1 Support the integration of mental health services into primary health care.

5.1.2 Develop standardized suicide assessment guidelines and policies for primary care, emergency departments and other healthcare settings when assessing patients.

5.1.3 Implement training for healthcare providers to identify mental health conditions that contribute to suicide risk.

5.1.4 Increase awareness of disorders like mental health, substance abuse, and learning difficulties and the link to later suicidal thoughts, ideations, and attempts.

5.1.5 Train medical personnel to handle the despair of seriously or terminally ill patients, including veterans and the elderly.

5.1.6 Develop protocols to address survivor needs immediately following the suicide of a loved one (e.g., contacted by another survivor, support group resources, and other specialized services.)

5.1.7 Define and implement guidelines for mental health screening (including substance abuse) and referral of students in schools.

5.1.8 Develop monitoring protocols for alcohol and drug detoxification in jail and detention settings.

5.1.9 Ensure that persons treated for trauma, sexual assault, or physical abuse in emergency departments receive immediate psychological support and mental health services.

5.2 Design and implement multi-disciplinary protocols for all those who respond to individuals in crisis.

5.2.1 Encourage evidence-based therapeutic treatment.

5.2.2 Encourage appropriate and sensitive treatment of people with mental illness in all settings.

5.2.3 Disseminate examples of interview techniques (such as the American Psychiatric Association Guide) to healthcare providers.

5.2.4 Train health care providers to treat traumatic brain injury, post-traumatic stress disorder, and other veterans' issues.

5.2.5 Train counselors and professionals to address the trauma issues associated with suicide loss.

5.2.6 Ensure that individuals who typically provide services to suicide survivors (e.g., emergency medical technicians, firefighters, law enforcement, funeral directors, etc.) have been trained to understand and respond appropriately to their unique needs.

5.2.7 Review local emergency medical services protocols for suicide scene procedures and revise as needed.

5.2.8 Develop and implement training for law enforcement officers and Department of Children and Families staff who rescue runaways and missing children to assess suicide risk factors and provide resources for those children and their families.

5.2.9 Increase the proportion of correction workers, juvenile workers, criminal defense attorneys, family lawyers, divorce lawyers, clergy, religious leaders, and hospice workers who have received training in identifying and responding to at-risk individuals.

5.2.10 Work with medical, nursing and mental health academic leaders to define minimum course objectives and skills for assessing and managing suicide risk.

5.2.11 Increase the number of recertification or licensing programs in relevant professions that require or promote competencies in depression assessment, management and suicide prevention.

5.3 Increase cultural competence of service providers and promote culturally diverse services.

5.3.1 Increase the proportion of culturally competent providers through workforce development, particularly in geographically underserved areas.

5.3.2 Encourage programs that target special populations such as youth, sexual minorities, veterans, seniors and other at-risk groups.

5.3.3 Address the shortage of service providers who reflect characteristics of the populations served.

5.3.4 Conduct suicide prevention activities and services in a manner that is relevant to the culture of the target group.

5.3.5 Implement programs that provide shelter and education for LGBT youth and support for their parents.

5.3.6 Establish professionally-facilitated alliances in schools and community agencies to provide support and prevent isolation among LGBT youth and other high-risk populations.

5.3.7 Provide suicide prevention training for medical interpreters.

5.4 Increase continuity of care for at-risk individuals through sustainable service linkages at the local, regional and state levels with all relevant providers.

5.4.1 Create connections between community-based organizations and mental health professionals providing a spectrum of appropriate and affordable services.

5.4.2 Increase opportunities for professionals serving high-risk populations to work collaboratively.

5.4.3 Identify service gaps in community systems through health task forces with local agency leaders and stakeholders.

5.4.4 Address resource shortages (e.g., rural isolation and limited services, outpatient day programs, etc.)

5.4.5 Create incentives for treatment of clients with dual diagnosis.

5.4.6 Provide training opportunities on collaborating and connecting suicide prevention to mental health, substance abuse prevention and other related health issues.

5.4.7 Work with managed care and insurance providers to develop uniform operational definitions for suicidal behaviors and related terms in utilization and management guidelines.

GOAL 6. Improve community access to mental health and substance abuse services.

6.1 Integrate mental health and suicide prevention into health and social services outreach programs for at-risk populations.

- 6.1.1 Offer free mental health and suicide risk screenings at local health departments and healthcare providers.
- 6.1.2 Offer free or low-cost counseling, trauma and suicide prevention services.
- 6.1.3 Ensure schools have, “Where to Turn” books listing agencies to help all youth and their families.
- 6.1.4 Support programs targeted to at-risk youth that are found to have a higher suicide rate than the Florida average for that demographic group.
- 6.1.5 Expand mental health services to children and youth in schools, after school programs, and community programs.
- 6.1.6 Implement proven transition to independence programs for youth and young adults with emotional and behavioral difficulties that enable them to become independent and fully-functioning adults.
- 6.1.7 Implement incentives and assistance for parents to get services for their children.
- 6.1.8 Make more mobile health and mental health clinics (clinics on wheels) available.
- 6.1.9 Promote transportation services to providers, especially for veterans, elders, homeless, individuals of low SES, and people living in rural areas.

6.2 Implement aftercare treatment programs for discharged individuals exhibiting suicidal behavior and those with on-going mental health needs.

- 6.2.1 Implement strict discharge standards.
- 6.2.2 Develop crisis plans that include key providers and support systems.
- 6.2.3 Provide case management to ensure appropriate linkage to treatment maintenance.
- 6.2.4 Encourage follow-up between hospital staff and community agencies after a hospital discharge for suicide attempts.
- 6.2.5 Provide transitional services, such as re-entry plans for students and adults, steps down from in-patient care.
- 6.2.6 Promote support groups, peer-to-peer training and outreach, and other avenues of peer education, mentoring and support.
- 6.2.7 Educate on available resources, including 24-hour helplines.
- 6.2.8 Disseminate easy-to-use tools to aid at-risk individuals and their families in treatment adherence and relapse prevention.
- 6.2.9 Provide educational programs for family members of persons at elevated risk.

6.3 Link employees with substance abuse and mental health services.

6.3.1 Develop crisis response/aftercare protocol and provide postvention for co-workers of an employee who has died by suicide.

6.3.2 Develop employee assistance programs (EAPs) for mental health, substance abuse and suicide prevention.

6.3.3 Work with business associations to provide financial information about the costs and benefits of mental health and substance abuse parity.

6.3.4 Require health insurance plans to cover mental health and substance abuse services on par with coverage for physical health.

6.3.5 Complete and/or disseminate cost benefit studies conducted in states that have implemented parity laws.

GOAL 7. Reduce access to lethal means and methods of self-harm.

7.1 Increase the safe storage of gun, alcohol, pharmaceuticals, poisons and other lethal means.

7.1.1 Implement a public information campaign designed to reduce accessibility of lethal means.

7.1.2 Educate families about how to appropriately store and secure lethal means of self-harm.

7.1.3 Develop educational materials to make families aware of safe ways of storing and dispensing common pediatric, adolescent and adult medications.

7.1.4 Encourage gun shows and shops in Florida to distribute free gun locks and disseminate materials advertising the National Suicide Prevention Lifeline number.

7.2 Increase the use of official assessments of the presence of lethal means in the home and educate about actions that can reduce associated risks.

7.2.1 Increase the proportion of primary care clinicians, emergency departments, other health care providers, and health and safety officials who routinely assess the presence of lethal means (including firearms, drugs, and poisons) in the home.

7.2.2 Train health and mental health professionals to discuss risks of access to lethal means with their clients.

7.3 Support the discovery and implementation of new means restriction technologies.

7.3.1 Improve firearm safety design.

7.3.2 Establish safer methods for dispensing lethal quantities of medications, especially to individuals at heightened risk of suicide.

7.3.3 Seek methods for reducing carbon monoxide poisoning from automobile exhaust systems.

7.3.4 Review train crossings, bridges and overpasses where there have been suicides to assess safety features.

GOAL 8. Support suicide prevention research and improve surveillance systems.

8.1 Increase and expand research on suicide and suicide prevention, including program evaluation.

8.1.1 Expand research on the positive/protective role families can play in the recovery and prevention of suicide risk of a suicidal family member across the lifespan.

8.1.2 Pursue determining how risk factors combine to shape suicidal behavior.

8.1.3 Support research on mental health screening to improve the capacity to identify mental illness in its early stages and to promote adoption of mental health preventative checkups.

8.1.4 Investigate the neurobiological aspects of suicidal behavior including identification of specific genes that contribute to suicide risk and the influence of child abuse and other trauma on subsequent suicide risk.

8.1.5 Develop treatments to diminish the risk of suicidal acts in clients who are waiting for anti-depressants and anti-psychotic medication to take effect.

8.1.6 Develop pharmacological treatments for aggressive/impulsive behavior, and thereby reduce the probability of suicidal behavior. Use brain imaging and neuropsychological tests of decision-making to measure the individual's risk of attempting suicide when depressed. Understand more fully how major stress response systems of the body affect suicide risk and how to medically respond.

8.1.7 Conduct rigorous studies of late life suicide and cognitive behavioral and neurological changes associate with: normal aging, depression and dementia; personality traits and disorders; social support and isolations; mental illness; chronic illness and end stage disease; pain and functional impairment.

8.1.8 Determine whether treatments designed to mitigate hopelessness and related effects in older people are effective in lowering suicide risk.

8.1.9 Promote and support program quality improvement through evaluation.

8.1.10 Develop suicide prevention performance measure sand use them to evaluate program effectiveness. Measures should be of short term and long term outcomes and should be connected to theory and the program logic model.

8.1.11 Share methodology and procedures of effective programs.

8.2 Improve, expand and standardize suicide surveillance systems and methods of data collection.

8.2.1 Train community members on how to locate and analyze available data.

8.2.2 Systematically collect suicide data in each Florida community; compile and analyze these data at the community level on an annual basis.

8.2.3 Produce an annual report on suicide and suicide attempts and disseminate to policy makers and leaders.

8.2.4 Identify and or develop ways of using suicide death data to quickly identify changes in trends or needs.

8.2.5 Support implementation of the National Violent Death Surveillance System, which includes data on mortality from suicide, as well as suicide attempts.

8.2.6 Mandate hospitals, including emergency departments, to collect uniform and reliable data on suicidal behavior by coding external cause of injuries utilizing categories included in the International Classification of Diseases.

8.2.7 Develop and refine standardized protocols for death scene investigations and implement these protocols.

8.2.8 Increase the proportion of jurisdictions that regularly collect and provide information for follow-back studies and psychological autopsies.

8.2.9 Integrate questions about suicidal behavior into health-related surveys.

8.2.10 Collect and report data on access and utilization of health and mental health care, including disparity measures by race, ethnicity, primary language, socioeconomic status, age, gender, sexual orientation, geographic location, housing situations, and criminal justice involvement.