

Make Your Suicide Prevention Efforts More Effective: **5 Key Things You Should Know**

September 6, 2018

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@SPRCTweets

EDC

Education
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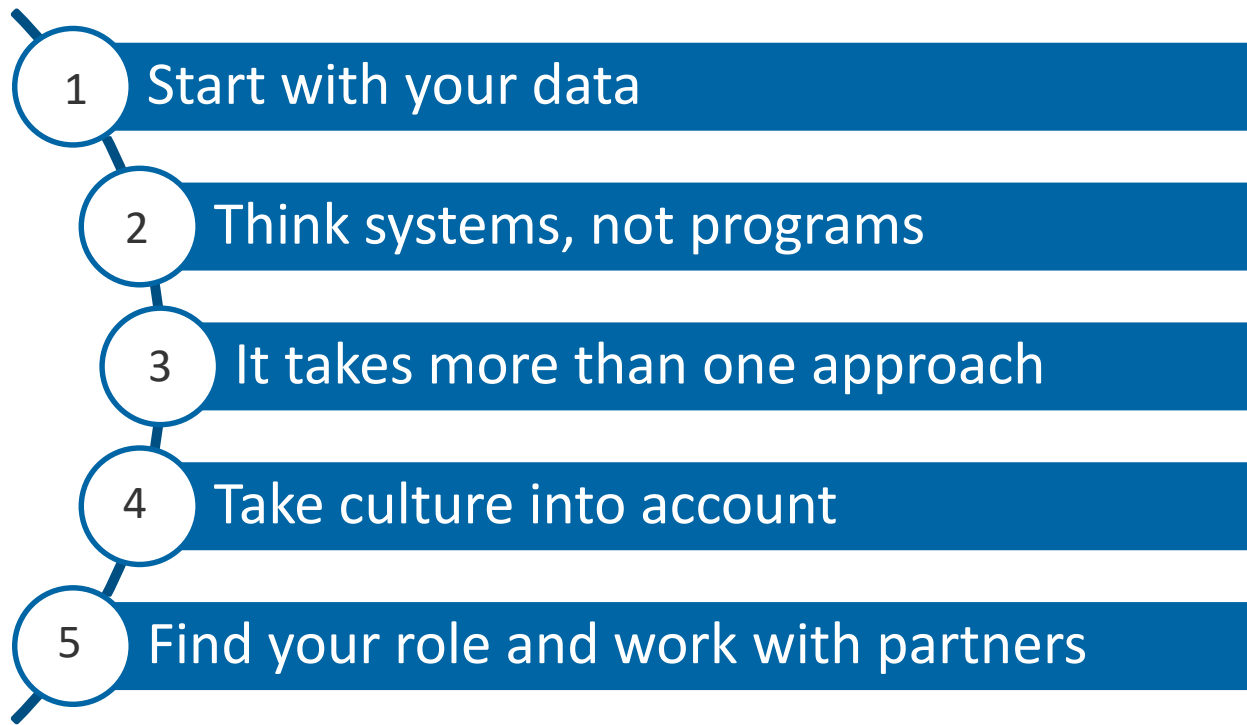
About SPRC

- Support for states, tribes, campuses, communities, and organizations
- National partnerships, including secretariat support for Action Alliance
- Resources for suicide prevention professionals:
 - *Weekly Spark* newsletter
 - Free online trainings
 - Toolkits, videos, and resources



Visit www.sprc.org

5 key things to make your efforts more effective

- 
- 1 Start with your data
 - 2 Think systems, not programs
 - 3 It takes more than one approach
 - 4 Take culture into account
 - 5 Find your role and work with partners





1. Start with your data

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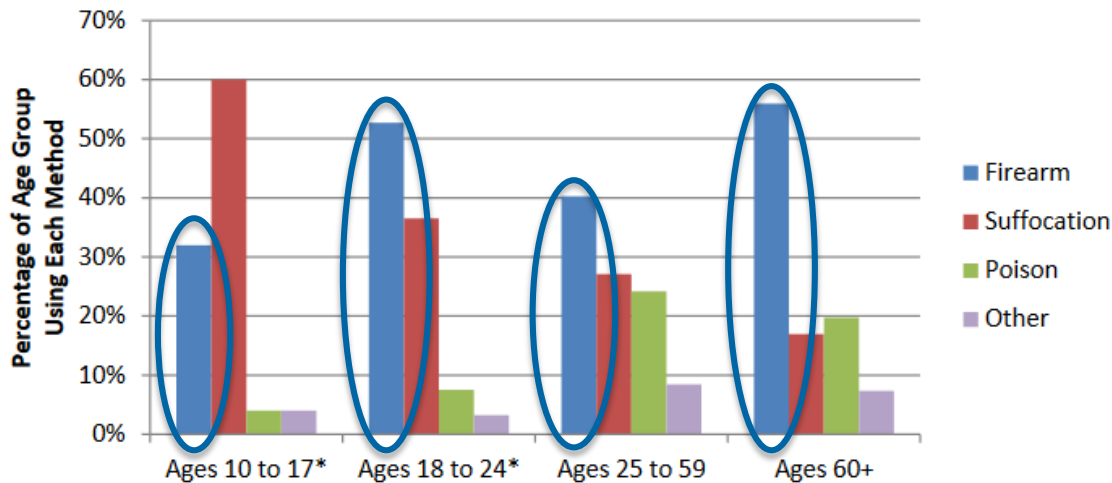
Figure 27

Suicide methods used in NH vary by age group, as seen in 2011-2015.

Suicide Methods Used by Age Group

NH Data, 2011-2015

Data Source: CDC WISQARS



Source: http://www.theconnectprogram.org/sites/default/files/site-content/2016_annual_suicide_report_-_final_-_10-31-17.pdf

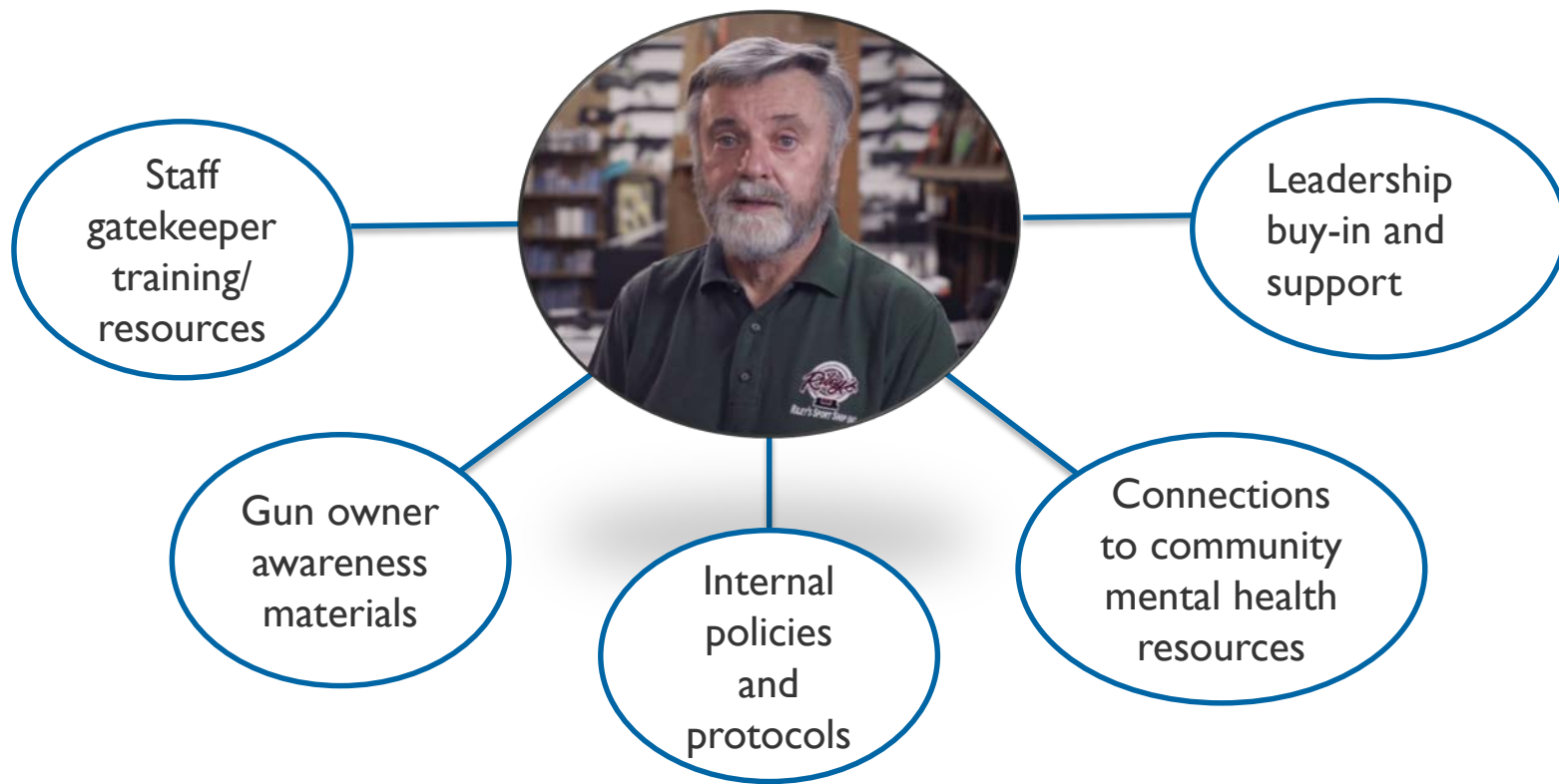
1. Start with your data



A detailed close-up photograph of a complex mechanical watch movement. The image shows several interlocking gears of different sizes and colors, including silver, gold, and blue. The gears are set against a dark background, and the lighting highlights the intricate details of the metal components. A semi-transparent blue banner is overlaid across the middle of the image, containing the text '2. Think systems, not programs'.

2. Think systems, not programs

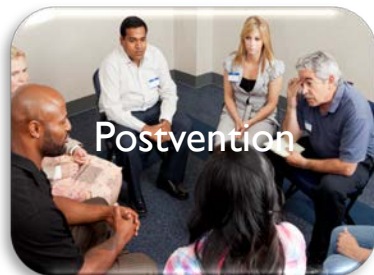
2. Think systems, not programs





3. It takes more than one approach

3. It takes more than one approach





4. Take culture into account

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PROGRESS IN SAFETY

Unintentional gun deaths have **dropped by over 50% in New Hampshire** over the last three decades!


NEW HAMPSHIRE FIREARM ACCIDENTS		
	Deaths	Injuries treated in the Emergency Department
1983-1987	17	NA
2003-2007	7	193

Still, with one or two deaths a year—and about 40 injuries treated in New Hampshire emergency departments every year from firearm accidents—we can do better.

The first step is to follow the 11 commandments of gun safety. The newest rule addresses suicide prevention. Suicides far outnumber homicides in New Hampshire (annually about 150-200 suicides vs. 20 homicides). Firearms are the leading suicide method in our state (about half of all suicides).

If a family member is going through a difficult period (like depression, a relationship break-up, or drug problem), make sure they can't get to your guns. To learn ways to get help for them, call the **National Suicide Prevention Lifeline: 1-800-273-TALK (8255)**.

ABOUT THE COALITION




The New Hampshire Firearm Safety Coalition brings together a broad range of individuals and organizations who share a concern with firearm safety.

The group includes: gun shops and firing ranges, legislators, injury prevention and mental health advocates, researchers and committed volunteers.

Since the Coalition first formed in 1994, the group has produced a variety of public education materials initially geared towards young people: a brochure and other printed materials, Firearm Safety Display Kits available for use at health fairs and educational programs, and two videos entitled "Staying Safe Around Guns – What You DON'T Know Can Hurt You" for middle and high school students. Since then, more than 4500 copies of these have been distributed throughout NH, the US and abroad.

In 2009, the Coalition took on *Suicide Prevention: A Role for Gun Shops and Ranges* – a collaborative effort to engage gun shop and range owners, their employees and their customers on preventing suicide, the number one type of firearm death in the U.S.

For more information visit our website www.nhpsc.org



GUN SAFETY RULES

11 COMMANDMENTS OF GUN SAFETY

Look inside to see what's new!

Let's not get on the 'anti-gun' or 'pro-gun' bandwagon; let's get on the 'anti-suicide' bandwagon.

- Ralph Demicco
gun owner and the former owner of Riley's Sport Shop in New Hampshire

Source: <https://www.hsph.harvard.edu/means-matter/gun-shop-project/>

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4. Take culture into account

Suicide Prevention Partnerships with Gun Owner Groups



Source: <https://www.hsph.harvard.edu/means-matter/gun-shop-project/>

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5. Find your role and work with partners

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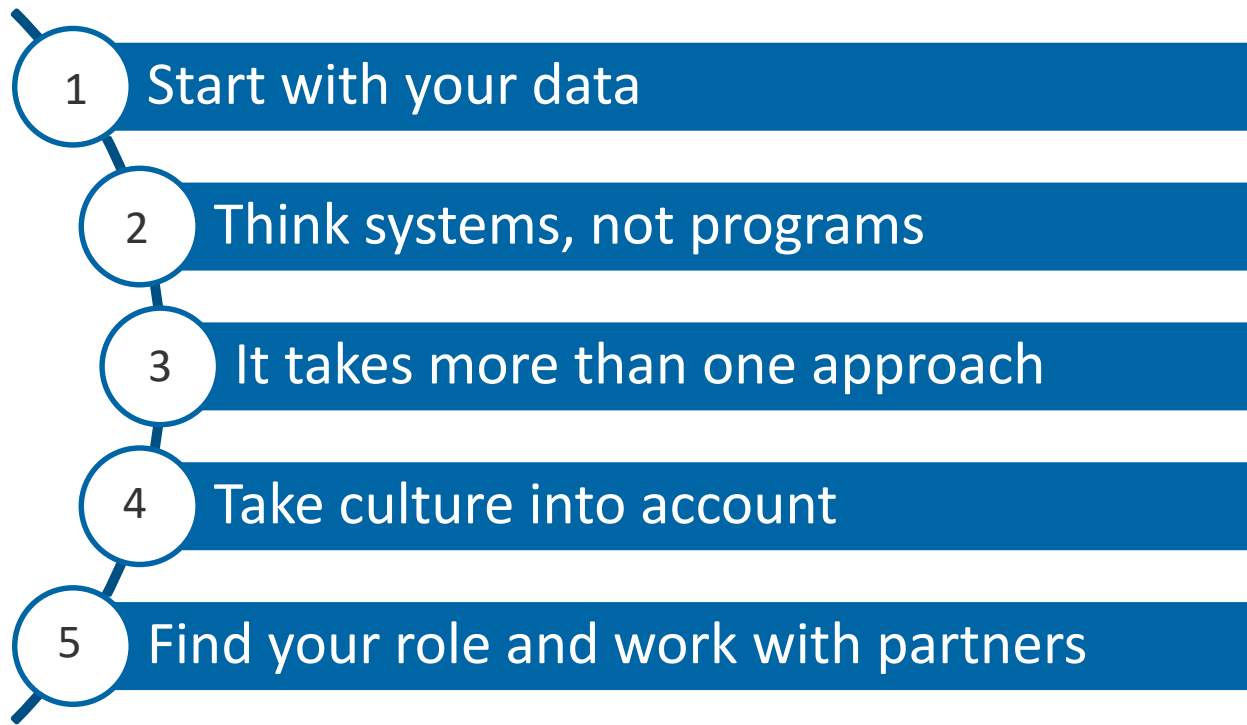
Where could you play a role?



New Hampshire Firearms Safety Coalition:

- Gun Shops
- Firing Ranges
- Legislators
- Injury Prevention Advocates
- Mental Health Advocates
- Researchers
- Statewide Suicide Prevention Coalition members
- Volunteers

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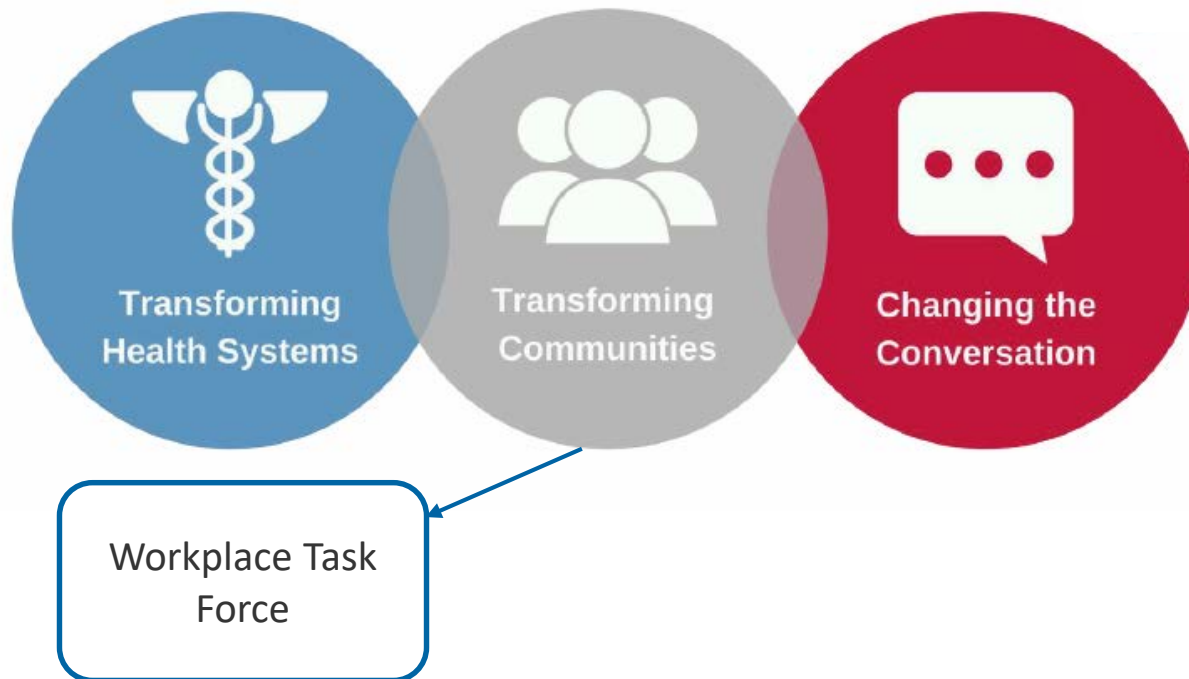
Remember the construction worker?



National Action Alliance for Suicide Prevention



Action Alliance Strategic Priorities

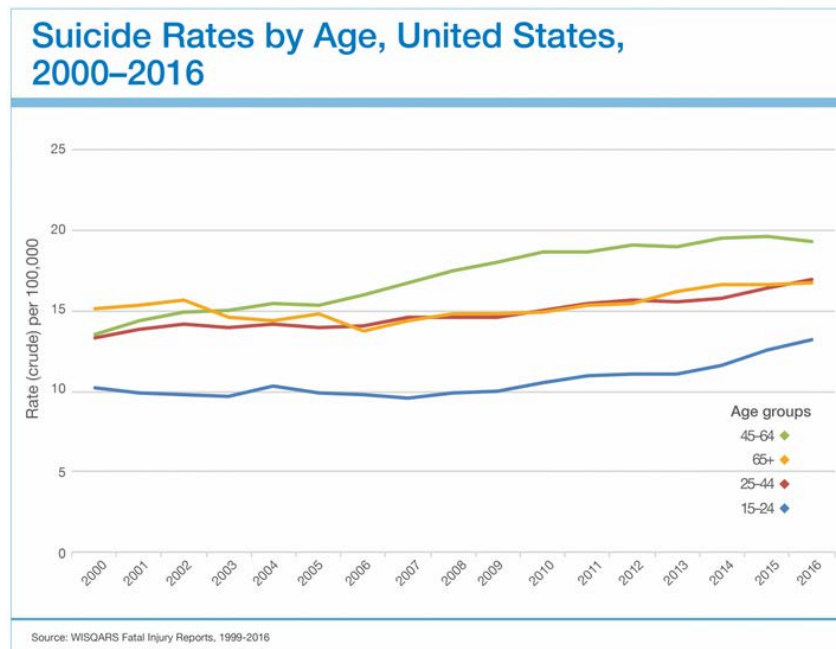




1. Start with your data

Data on suicide in the workplace

- Men of working age have highest suicide death rates
 - Construction industry has among the highest suicide rates
- ➡ Committee on construction suicide prevention

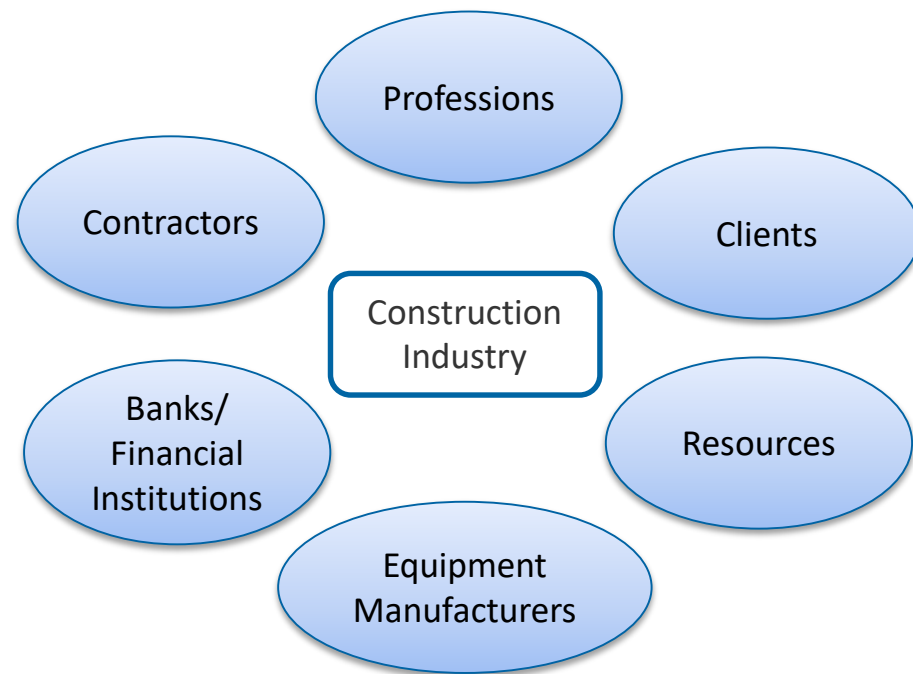


A detailed close-up photograph of a complex mechanical watch movement, featuring various sized silver and gold gears, jewels, and intricate metalwork. A semi-transparent blue horizontal band is overlaid across the middle of the image, containing the text '2. Think systems, not programs'.

2. Think systems, not programs

2. Think Systems, not programs

- Culture change
- ‘Baking in’ wellness and mental health services
- Looking beyond individual organizations



Mates in Construction and systems change

Case Management

- EAP supports
- Financial Counseling
- Grief Counseling
- Drug and Alcohol Services
- Family/Relationship Counselling

Culture Change and Peer Support



GENERAL AWARENESS

GAT Training is delivered to at least 80% of workers on-site and is delivered en-masse and on-site at a time and place convenient to the builder and to MATES. This training helps to introduce workers to the nature of the problem and provides practical guidance as to how they can assist.



CONNECTOR

Connector Training is provided to those people on site who volunteer to become a Connector. A Connector is someone who is trained to help keep someone in crisis safe, while at the same time connecting them to professional help.



ASIST

ASIST Training equips individuals to become an ASIST worker. These workers can be compared to the first aid officer on site. ASIST workers will talk to a person contemplating suicide with the object of making this person "safe". Using simple skills an ASIST worker will listen to the persons' concerns and respond to them appropriately with the object of reaching a "contract" or a "safe plan" for the worker.

Onsite and Virtual Supports

- Field Visits
- Phone support to peers
- Hotline

Critical Incident and Postvention Support

- Critical incident field visits
- Onsite postvention supports
- Crisis hotline

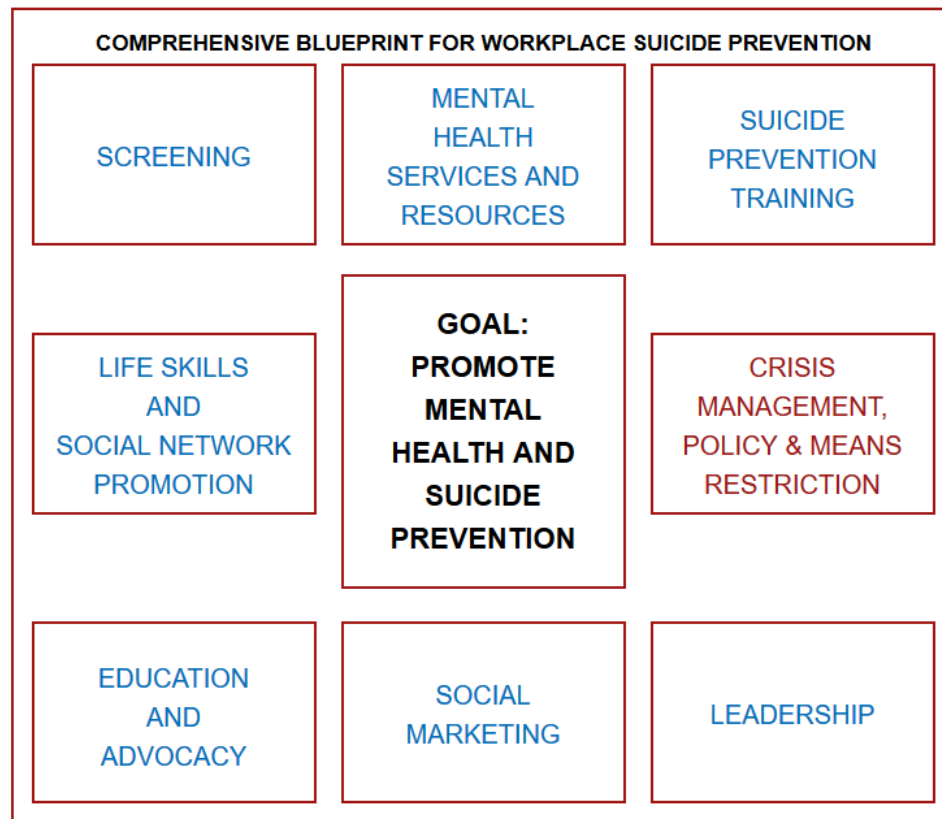
Source: <http://matesinconstruction.org.au/about/how-mic-works/>

www.sprc.org



3. It takes more than one approach

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Construction Suicide Prevention Blueprint

Upstream	Midstream	Downstream
<ul style="list-style-type: none">• Shift Workplace Culture• Develop Life Skills• Improve Mental Health• Promote Social Networks	<ul style="list-style-type: none">• Identify People at Risk• Promote Help-Seeking• Increase Access to Quality Care	<ul style="list-style-type: none">• Promote Use of Mental Health Services• Reduce Access to Lethal Means• Provide Support after Suicide



4. Take culture into account

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Home / Safety and Risk / Suicide Prevention: A Health and Safety Priority for the Construction Industry

Suicide Prevention: A Health and Safety Priority for the Construction Industry

Tuesday, July 19, 2016



When the Centers for Disease Control (CDC) released its milestone report on occupation and suicide earlier this month, many construction industry leaders took notice.

For the first time, researchers were able to rank industries by highest rates and the largest numbers of deaths by suicide across 17 states. Construction was ranked number two for highest rates of suicide and number one for highest numbers.

ENR Engineering News-Record

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Cal Beyer: Boosting Industry Awareness About Suicide Prevention



January 18, 2017

Calvin "Cal" Beyer
Issaquah, Wash.



5. Find your role and work with partners

Find your role and work with partners

CFHA proudly welcomes and acknowledges the following Alliance members:

American Contractors Insurance Group (ACIG)



American Society of Safety Engineers (ASSE)



American Subcontractors Association



Arizona Builders Alliance (ABA)



Arizona Rock Products Association (ARPA)



Arizona Utility Contractors Association (AZUCA)



Asphalt Pavement Association of Oregon



Associated Builders and Contractors (ABC)



Associated General Contractors of America (AGC)



Association of Equipment Management Professionals (AEMP)



Laborers' Health & Safety Fund of North America



LABORERS' HEALTH & SAFETY FUND OF NORTH AMERICA

La Frontera



Lines for Life



Man Therapy



Maryland Construction Network



Mechanical Contractors Association of America (MCAA)



Nater Associates, Ltd.



National Action Alliance for Suicide Prevention



National Asphalt Pavement Association (NAPA)



National Association of Surety Bond Producers (NASBP)



National Association of the Remodeling Industry (NARI) Metro DC Chapter



The Association of Union Constructors (TAUC)



BKD



Brent Darnell International



Construction



Construction Center of Excellence



Construction Industry CPAs and Consultants (CICPAC)



Construction Management Association of America (CMAA)



Construction Marketing Association



Council on Tall Buildings and Urban Habitat



Crisis Text Line



CW Safety & Health Management Program



Dennis Gillan Inspirational Speaker



National Association of Women in Construction (NAWIC)



National Electrical Contractors Association (NECA)



National Electrical Contractors Association (NECA) Puget Sound Chapter



National Roofing Contractors Association



National Utility Contractors Association (NUCA)



Now Matters Now



Perspectives, Ltd



Phoenix Electrical JATC Apprenticeship Program



Pine Rest Christian Mental Health Services



Plumbing-Heating-Cooling Contractors Association (PHCCA)



R.T. Continuum

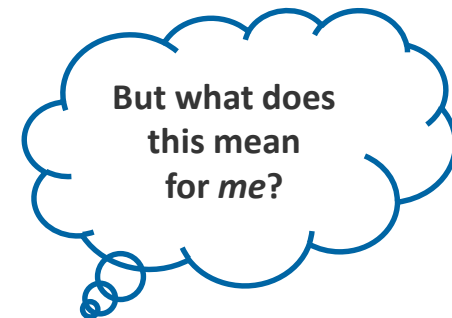


Source:

<http://www.cfma.org/news/content.cfm?ItemNumber=5028&navItemNumber=4640>

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1. Start with your data

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California data resources


- DPH Epi Center
- California Health Interview Survey (CHIS)
- Los Angeles County Injury and Violence Prevention program
- Los Angeles County Child Death Review Team

The screenshot shows the California Department of Public Health (CDPH) EpiCenter website. The header includes the CDPH logo, the text "EpiCenter California Injury Data Online", and the "Safe and Active Communities" logo. A navigation bar contains links: Overall Injury Surveillance, Selected Injury Topics, Injury Data Summaries, Traumatic Brain Injuries, Alcohol/Drug Consequences, Population Data, and Linked Crash Medical Data. The main content area is titled "Injury Data Summaries" and includes a note about general tables and a red banner announcing new 2014-2015 death data. A sidebar on the left offers links like "About our data", "Tell us how you use our data", and "Help with building tables". The main form allows users to select "Outcome" (Death, Non-fatal Hospitalization, Non-fatal Emergency Department Visit), "Report" (Injuries by Cause and Age, Top Five Causes of Injury, Injury Trend - Frequencies, Injury Trend - Rates), "Year" (2016), "County" (California, Alameda, Alpine, Amador), and "Output Format" (HTML, Excel, PDF). A "Submit" button is at the bottom right.

1. Start with your data

SPRC Resources

- Free online trainings on finding data and strategic planning
- Using Data to Prevent Suicide (SPARK Talk video)
- Surveillance Success Stories
- *Breaking down barriers: Using youth suicide-related surveillance data from state systems (Report)*



Surveillance Success Stories

California Department of Corrections and Rehabilitation

The Need for Data

Beginning in 1999, the California Department of Corrections and Rehabilitation (CDCR) set out to improve its systemwide surveillance of suicide deaths to inform prevention activities. CDCR is a large state prison system with 35 facilities, housing more than 120,000 male and female inmates. At that time, CDCR began placing suicide prevention coordinators (SPCs) in each facility to collect suicide death and self-harm data and organize suicide prevention trainings. CDCR also employs a central SPC and a suicide review coordinator to oversee the work of the SPCs.

CDCR's size, complexity, and decentralized structure have posed challenges for consistent and reliable tracking of suicide deaths and self-harm, including suicide attempts and non-suicidal self-injury. To create a more uniform process for coding suicide deaths, CDCR adopted definitions of suicide deaths from the Centers for Disease Control and Prevention's National Violent Death Reporting System (CDC NVDRS) in 2005. CDCR uses these standard definitions to make initial determinations of deaths by suicide, which are then investigated and confirmed by the coroner's office.

In 2010, CDCR began looking at their self-harm data collection processes by conducting a survey to determine how each facility was collecting this information. The survey found a high degree of inconsistency in the collection and reporting of self-harm incidents. Only some facilities used systematic methods to track these incidents, and CDCR staff were using different definitions of self-harm when collecting this data. Based on the findings of this survey, the central SPC developed trainings and educational videos to ensure that staff in each facility are using the same definitions of self-harm when collecting data.

Getting the Data

In 2014, the central SPC set up a centralized tracking system to record incidents of self-harm and suicide, which is managed through Microsoft SharePoint software. Each

facility's SPC is required to enter self-harm data from their facility into the SharePoint site monthly, as well as data they've collected from in-depth reviews of any suicide deaths that have occurred. This pool of data is then transferred into the CDCR's centralized database.

Analyzing the Data

CDCR's centralized database includes data from a variety of sources, including the self-harm tracking system, electronic health records, pharmacy records, and quality management systems. The database can generate reports on suicide deaths and self-harm using up to 50 different parameters, including location, time frame, and mental health-related variables, such as diagnoses and treatment histories.

These reports enable suicide prevention staff to examine which facilities have the highest numbers of suicide deaths, the security levels of the prisons in which most suicide deaths occur, and the mental health treatment history of inmates who engage in self-harm or die by suicide. They then seek to identify shared risk factors among those who were suicidal to inform prevention efforts. Mental health staff in each facility can also access management reports that track their site's performance.


Data Resources

Locating and Understanding Data for Suicide Prevention (online course): <http://training.sprc.org>

National Violent Death Reporting System: Stories from the Frontlines of Violent Death Surveillance: <http://go.edc.org/Data3>

Suicide Prevention in the Adult Justice System: <http://www.sprc.org/settings/adult-justice-system>

Self-Directed Violence Surveillance: Uniform Definitions and Recommended Data Elements: <https://go.edc.org/CDCSDVS>



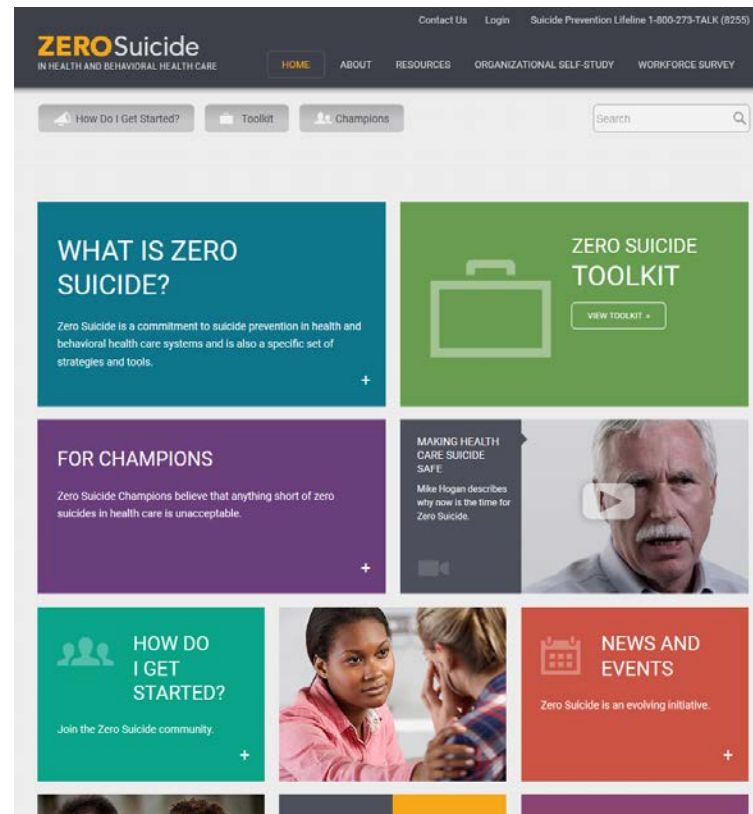
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2. Think systems, not programs

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Systems change for suicide prevention in:

- Health and Behavioral Health (Zero Suicide)
- Primary Care practices
- High Schools (prevention/postvention)
- Senior Living Facilities and Senior Centers
- College and University Campuses
- Juvenile Justice systems
- ...and more!





3. It takes more than one approach

3. It takes more than one approach

Preventing Suicide: A Technical Package (CDC)

Preventing Suicide	
Strategy	Approach
Strengthen economic supports	<ul style="list-style-type: none"> Strengthen household financial security Housing stabilization policies
Strengthen access and delivery of suicide care	<ul style="list-style-type: none"> Coverage of mental health conditions in health insurance policies Reduce provider shortages in underserved areas Safer suicide care through systems change
Create protective environments	<ul style="list-style-type: none"> Reduce access to lethal means among persons at risk of suicide Organizational policies and culture Community-based policies to reduce excessive alcohol use
Promote connectedness	<ul style="list-style-type: none"> Peer norm programs Community engagement activities
Teach coping and problem-solving skills	<ul style="list-style-type: none"> Social-emotional learning programs Parenting skill and family relationship programs
Identify and support people at risk	<ul style="list-style-type: none"> Gatekeeper training Crisis intervention Treatment for people at risk of suicide Treatment to prevent re-attempts
Lessen harms and prevent future risk	<ul style="list-style-type: none"> Postvention Safe reporting and messaging about suicide

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Suicide Prevention Resource Center

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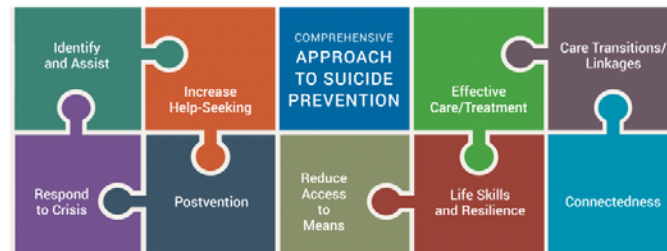
8 2 5 5
1 (800) 273 TALK

Also in This Section

Comprehensive Approach

- Identify and Assist
- Increase Help-Seeking
- Effective Care/Treatment
- Care Transitions/Linkages
- Respond to Crisis
- Postvention
- Reduce Access to Means
- Life Skills and Resilience
- Connectedness

A Comprehensive Approach to Suicide Prevention



Strategies, Programs, and Practices to Consider

Effective suicide prevention is comprehensive: it requires a combination of efforts that work together to address different aspects of the problem.

The model above shows nine strategies that form a comprehensive approach to suicide prevention and mental health promotion. Each strategy is a broad goal that can be advanced through an array of possible activities (i.e., programs, policies, practices, and services). This model of a comprehensive approach was adapted from a model developed for campuses by SPRC and the Jed Foundation, drawing on the U.S. Air Force Suicide Prevention Program.

Identify and Assist Persons at Risk

Many people in distress don't seek help or support on their own. Identifying people at risk for suicide can help you reach those in the greatest need and connect them to care and support. Examples of activities in this strategy include gatekeeper training, suicide screening, and teaching warning signs.

Increase Help-Seeking

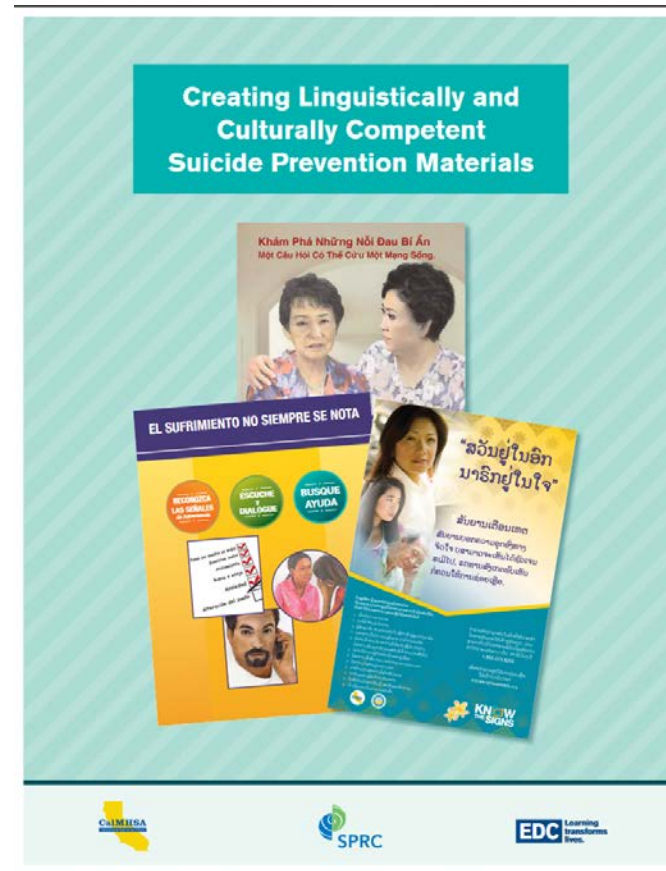
By teaching people to recognize when they need support—and helping them to find it—you can enable them to reduce their suicide risk. Self-help tools and outreach campaigns are examples of ways to lower an individual's barriers to obtaining help, such as not knowing what services exist or believing that help won't be effective. Other interventions might address the social and structural environment by, for example, fostering peer norms that support help-seeking or



4. Take culture into account

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- Creating linguistically and culturally competent materials (toolkit)
- Demographic data factsheets
- Resources specific to:
 - AI/AN populations
 - Service members and veterans
 - Rural settings
 - LGBTQ youth
 - And more...





5. Find your role and work with partners

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- National Strategy for Suicide Prevention
- Transforming Communities report
- Partnerships virtual learning lab

2 Engage Potential Partners [Back to topics](#)

One of the most common roadblocks that states encounter involves an underlying assumption that partners share similar goals, and that everyone recognizes suicide prevention as a critical priority. Obviously, no one wants a suicide to occur, but a partner's daily work and long-term goals are likely focused on other priorities. To successfully engage a partner, it's important to take time to learn about their goals and perspectives.

Select any of the common questions about this topic to learn more.

?

How can I learn about a potential partner's priorities?

?

How can I influence a partner's buy-in?

?

What is the best way to frame my "ask"?

 SPRC | VIRTUAL LEARNING LAB | PARTNERSHIPS [← Prev](#) [Next →](#)



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8 2 5 5
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We all have a role to play.
Together, we can save lives.

Effective prevention starts with *you*.

- Make a plan to prevent suicide
- Find a suicide prevention program
- Measure your program's success
- Improve suicide care for your patients
- Take action after a suicide

www.sprc.org

Featured Resources

SPRC RESOURCE



The Patient Safety Screener (PSS-3): A Brief Tool to Detect Suicide Risk in Acute Care Settings

Our new seven-minute video describes the PSS-3, a tool developed by the University of Massachusetts Medical School.

SPRC RESOURCE



Suicide Prevention Month: Ideas for Action

This two-page resource offers information to help anyone, anywhere get involved in Suicide Prevention Month.

SPRC RESOURCE



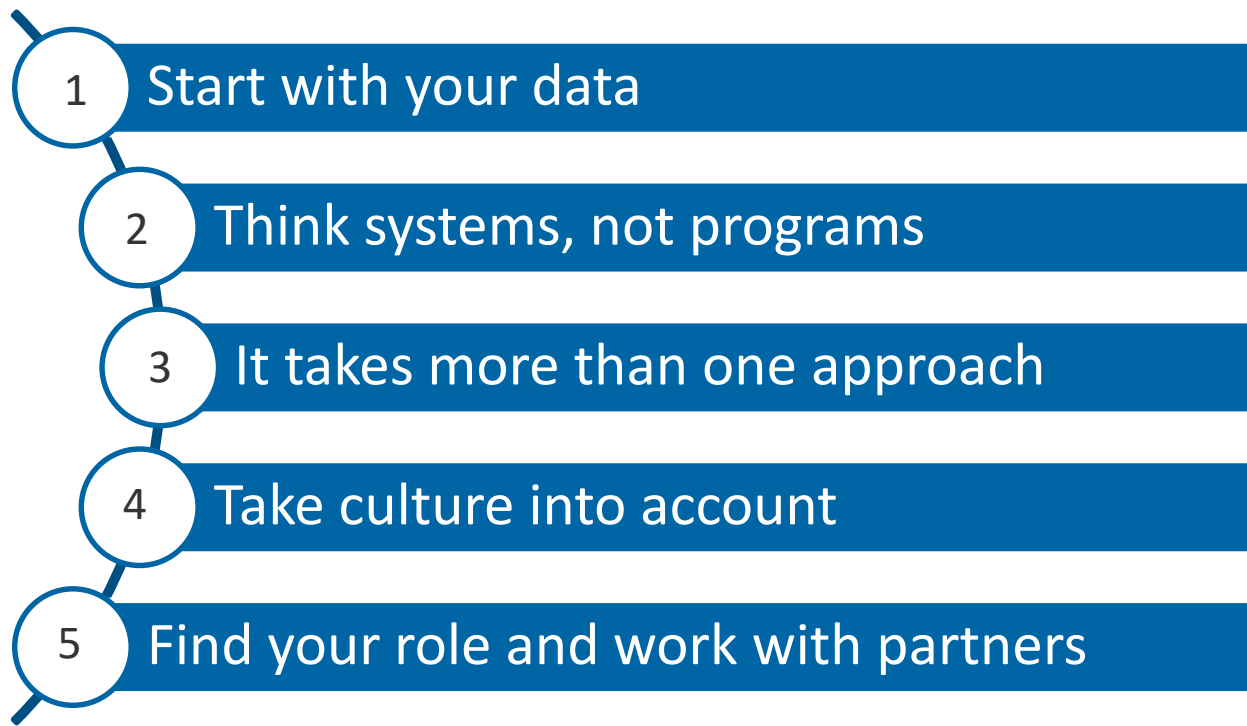
Virtual Learning Lab: State Suicide Prevention

This virtual learning lab is designed to help state- and community-level partnerships build and improve more effective prevention efforts.

Effective suicide prevention requires multiple approaches.

LEARN WHAT WORKS.

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References

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Thank you!

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