

## Workgroup Template to Compile Recommendations for the Suicide Statewide Plan for Suicide Prevention Clinical and Community Preventive Services

**Use the following matrix to come up with recommendations for your subgroup area.** In the first two columns, list/add to the **challenges and barriers** facing individuals, families, communities, and other organizations in providing care and improving population health, and the **opportunities and solutions** you suggest to address them. In the third column, list the related RCW, WAC, CFR, program policy, guidelines, infrastructure, trainings, etc. that need to be **changed, removed, improved, or developed** to implement solutions. The more specific, the better, but it is okay if you don't know the related laws or regulations. We included a variety of categories, however, feel free to include others or dismiss those you don't feel are relevant. Each workgroup should be ready to present and discuss their matrix to the larger group at the October 20 meeting.

Remember to think about your work across the dimensions of the social-ecological model. Below the matrix, I've also included several resources that may help you through this process.

### Key Questions<sup>1</sup>:

- Why do people become suicidal?
- How can we better or optimally detect/predict risk?
- What interventions are effective? What prevents individuals from engaging in suicidal behavior?
- What services are most effective for treating the suicidal person and preventing suicidal behavior?
- What other types of preventive interventions (outside healthcare systems) reduce suicide risk?
- What new and existing research infrastructure is needed to reduce suicidal behavior?

Challenges/Barriers	Opportunities/ Solutions	Related RCW/WAC/CFR/program policy, guidelines, training, efforts, infrastructure, etc. that need to be changed or developed to implement solutions
<b>Healthcare Systems (Rural Health Clinics, FQHCs, Free Clinics, Primary Care, Hospitals/Acute Care) and Prevention and Wellness</b>		

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Challenges/Barriers	Opportunities/ Solutions	Related RCW/WAC/CFR/program policy, guidelines, training, efforts, infrastructure, etc. that need to be changed or developed to implement solutions
<b>Clinicians</b>		
<b>Behavioral Health</b>		
<b>Tribal, Local, or State Government</b>		
<b>Community-based Organizations</b>		
<b>Businesses and Workforce</b>		
<b>Transportation</b>		
<b>Public Education</b>		
<b>Funding, Assessment, and Planning Silos</b>		

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Challenges/Barriers	Opportunities/ Solutions	Related RCW/WAC/CFR/program policy, guidelines, training, efforts, infrastructure, etc. that need to be changed or developed to implement solutions
<b>Law Enforcement and Corrections</b>		
<b>Family Members and Friends</b>		
<b>Individuals</b>		
<b>Other/Miscellaneous/General</b>		

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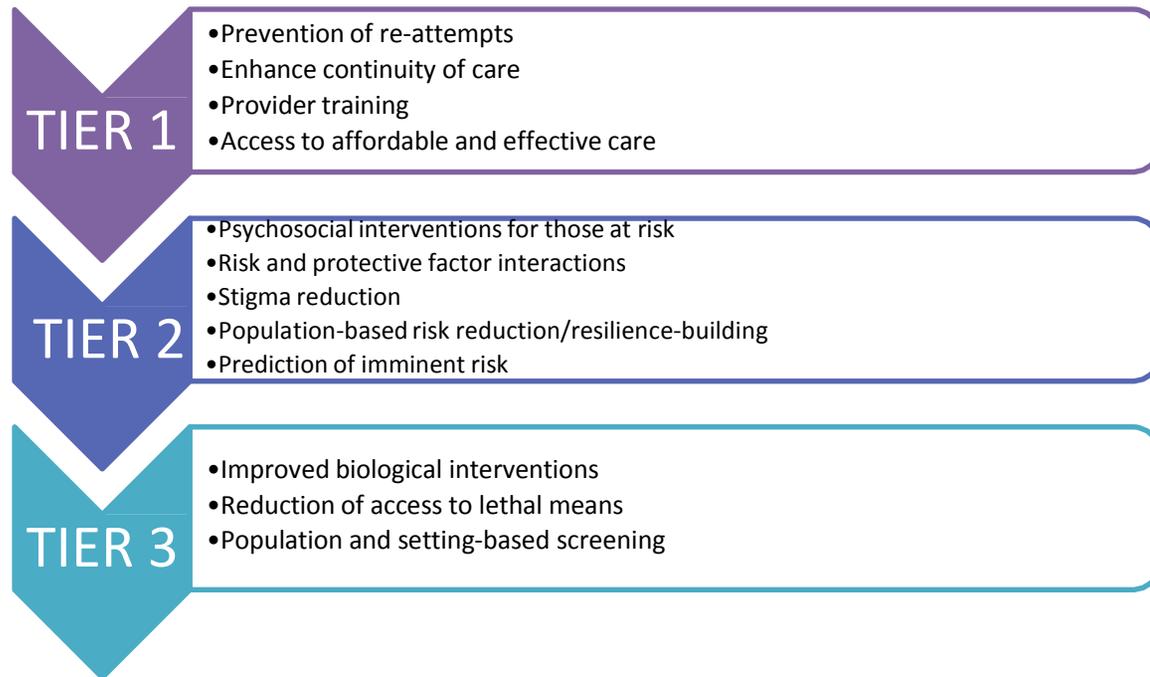
### Overarching themes and strategies from the National Strategy's *second* strategic direction:

- Develop, implement and monitor effective programs that promote wellness and prevent suicide and related behaviors.
  - Strengthen the coordination, implementation, and evaluation of comprehensive state, tribal, and local suicide prevention programming.
  - Encourage community-based settings to implement effective programs and provide education that promote wellness and prevent suicide and related behaviors.
  - Intervene to reduce suicidal thoughts and behaviors in populations with suicide risk.
  - Strengthen efforts to increase access to and delivery of effective programs and services for mental and substance use disorders.
- Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.
  - Encourage providers who interact with individuals at risk for suicide to routinely assess for access to lethal means.
  - Partner with firearm dealers and gun owner groups to incorporate suicide awareness as a basic tenet of firearm safety and responsible firearm ownership.
  - Develop and implement new safety technologies to reduce access to lethal means.
- Provide training to community and clinical service providers on the prevention of suicide and related behaviors.
  - Provide training on suicide prevention to community groups that have a role in the prevention of suicide and related behaviors.
  - Provide training to mental health and substance abuse providers on the recognition, assessment, and management of at-risk behavior, and the delivery of effective clinical care for people with suicide risk.
  - Develop and promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by all health professions, including graduate and continuing education.
  - Promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by credentialing and accreditation bodies.
  - Develop and implement protocols and programs for clinicians and clinical supervisors, first responders, and crisis staff on how to implement effective strategies for communicating and collaboratively managing suicide risk.

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## Aspirational Goals (National Action Alliance for Suicide Prevention)<sup>1</sup>

1. Ensure that people who have attempted suicide can get effective interventions to prevent further attempts.
2. Ensure that people getting care for suicidal thoughts and behaviors are followed throughout their treatment so they don't fall through the cracks.
3. Ensure that healthcare providers and others in the community are well-trained in how to find how to find and treat those at risk.
4. Ensure that people at risk for suicidal behavior can access affordable care that works, no matter where they are.
5. Ensure that people who are thinking about suicide but have not yet attempted receive interventions to prevent suicidal behavior.
6. Know what leads to, or protects against, suicidal behavior, and learn how to change those things to prevent suicide.
7. Increase help-seeking and referrals for at-risk individuals by decreasing stigma.
8. Prevent the emergence of suicidal behavior by developing and delivering the most effective prevention programs to build resilience and reduce risk in broad-based populations.
9. Find ways to assess who is at risk for attempting suicide in the immediate future.
10. Find new biological treatments and better ways to use existing treatments to prevent suicidal behavior.
11. Reduce access to lethal means that people use to attempt suicide.
12. Determine the degree of suicide risk (e.g., imminent, near-term, long-term) among individuals in diverse populations and in diverse settings through feasible and effective screening and assessment approaches.



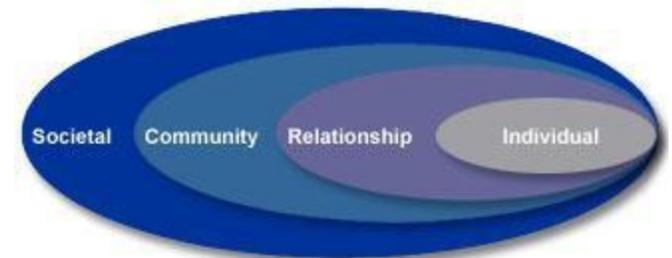
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## The Social-Ecological Model: A Framework for Prevention<sup>2</sup>

The ultimate goal is to stop violence before it begins. Prevention requires understanding the factors that influence violence. CDC uses a four-level social-ecological model to better understand violence and the effect of potential prevention strategies (Dahlberg & Krug 2002). This model considers the complex interplay between individual, relationship, community, and societal factors. It allows us to address the factors that put people at risk for experiencing or perpetrating violence.

Prevention strategies should include a continuum of activities that address multiple levels of the model. These activities should be developmentally appropriate and conducted across the lifespan. This approach is more likely to sustain prevention efforts over time than any single intervention.

**Individual**—The first level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. Some of these factors are age, education, income, substance use, or history of abuse. Prevention strategies at this level are often designed to promote attitudes, beliefs, and behaviors that ultimately prevent violence. Specific approaches may include education and life skills training.



**Relationship**—The second level examines close relationships that may increase the risk of experiencing violence as a victim or perpetrator. A person's closest social circle peers, partners and family members influences their behavior and contributes to their range of experience. Prevention strategies at this level may include mentoring and peer programs designed to reduce conflict, foster problem solving skills, and promote healthy relationships.

**Community**—The third level explores the settings such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence. Prevention strategies at this level are typically designed to impact the climate, processes, and policies in a given system. Social norm and social marketing campaigns are often used to foster community climates that promote healthy relationships.

**Societal**—The fourth level looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms. Other large societal factors include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society.

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## References

- 1) National Action Alliance for Suicide Prevention: Research Prioritization Task Force. (2014). *A prioritized research agenda for suicide prevention: An action plan to save lives*. Rockville, MD: National Institute of Mental Health and the Research Prioritization Task Force.
- 2) Dahlberg LL, Krug EG. Violence-a global public health problem. In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. *World Report on Violence and Health*. Geneva, Switzerland: World Health Organization; 2002:1–56.