Workgroup Template to Compile Recommendations for the Suicide Statewide Plan for Suicide Prevention
Treatment and Support 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 a several resources that may help you through this process.

Key Questions[1]:

- 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
Health Care Systems (Rural Health Clinics, FQHCs, Free Clinics, Primary Care, Hospitals/Acute Care) and Prevention and Wellness		

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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
Clinicians		
Behavioral Health		
Tribal, Local, or State Government		
Community-based Organizations		
Businesses and Workforce		
Transportation		
Public Education		

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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
Funding, Assessment, and Planning Silos		
Law Enforcement and Corrections		
Family Members and Friends		
Individuals		
Other/Miscellaneous/General		

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

- Promote suicide prevention as a core component of healthcare services.
    - Promote the adoption of "zero suicides" as an aspirational goal by healthcare and community support systems that provide services and support to defined patient populations.
    - Develop and implement protocols for delivering services for individuals with suicide risk in the most collaborative, responsive, and least restrictive settings.
    - Promote timely access to assessment, intervention, and effective care for individuals with a heightened risk for suicide.
    - Promote continuity of care and the safety and well-being of all patients treated for suicide risk in emergency departments or hospital inpatient units.
    - Encourage healthcare delivery systems to incorporate suicide prevention and appropriate responses to suicide attempts as indicators of continuous quality improvement efforts.
    - Establish linkages between providers of mental health and substance abuse services and community-based programs, including peer support programs.
    - Coordinate services among suicide prevention and intervention programs, healthcare systems, and accredited local crisis centers.
    - Develop collaborations between emergency departments and other healthcare providers to provide alternatives to emergency department care and hospitalization when appropriate, and to promote rapid follow-up after discharge.
- Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.
    - Adopt, disseminate, and implement guidelines for the assessment of suicide risk among those receiving care in all settings.
    - Develop, disseminate, and implement guidelines for clinical practice and continuity of care for providers who treat people with suicide risk.
    - Promote the safe disclosure of suicidal thoughts and behaviors by all patients.
    - Adopt and implement guidelines to effectively engage families and concerned others, when appropriate, through entire episodes of care for people with suicide risk.

  - Adopt and implement policies and procedures to assess suicide risk and intervene to promote safety and reduce suicidal behaviors among patients receiving care for mental and/or substance use disorders.
  - Develop standardized protocols for use within emergency departments based on common clinical presentation to allow for more differentiated responses based on risk profiles and assessed clinical needs.
  - Develop guidelines on the documentation of assessment and treatment of suicide risk and establish a training and technical assistance capacity to assist providers with implementation.
- Provide care and support to individuals affected by suicide deaths and attempts to promote health and implement community strategies to prevent further suicides.
  - Develop guidelines for effective comprehensive support programs for individuals bereaved by suicide and promote the full implementation of these guidelines at the state, tribal, and community levels.
  - Provide appropriate clinical care to individuals affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for complicated grief.
  - Engage suicide attempt survivors in suicide prevention planning, including support services, treatment, community suicide prevention education, and the development of guidelines and protocols for suicide attempt survivor support groups.
  - Adopt, disseminate, implement, and evaluate guidelines for communities to respond effectively to suicide clusters and contagion within their cultural context and support implementation with education, training, and consultation.
  - Provider healthcare providers, first responders, and others with care and support when a patient under their care dies by suicide.

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Aspirational Goals (National Action Alliance for Suicide Prevention)[1]

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.

TIER 1
- Prevention of re-attempts
- Enhance continuity of care
- Provider training
- Access to affordable and effective care

TIER 2
- Psychosocial interventions for those at risk
- Risk and protective factor interactions
- Stigma reduction
- Population-based risk reduction/resilience-building
- Prediction of imminent risk

TIER 3
- Improved biological interventions
- Reduction of access to lethal means
- Population- and setting-based screening

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The Social-Ecological Model: A Framework for Prevention[2]

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.

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