National Strategy for Suicide Prevention Federal Activities

January 2008

Obj. #	Objective

1.1 By 2005, increase the number of States in which public information campaigns designed to increase public knowledge of suicide prevention reach at least 50 percent of the State's population.

NIMH: Staff provides technical assistance for research and practice on safe public messaging.
CDC: Staff provides technical assistance for safe msg.
IHS: The IHS Community Suicide Prevention Website provides this information to the public, the website address is: http://www.ihs.gov/NonMedicalPrograms/nspn/. IHS Staff also provides technical assistance, tribal consultation and public messaging re: suicide prevention and awareness.
SAMHSA: AD Council Campaign-2007.

1.2 By 2005, establish regular national congresses on suicide prevention designed to foster collaboration with stakeholders on prevention strategies across disciplines and with the public.

DoD: The DoD Suicide Prevention and Risk Reduction Committee, composed of representatives from all the military services, hosts an annual suicide prevention conference to foster collaboration amongst disciplines and disseminate information on policy and best practices.
NIMH: Anticipate R13 conference grant to be submitted in FY08.
IHS: "Indigenous Suicide Prevention Research & Programs in Canada & the U.S.: Setting. A Collaborative Agenda conference was held in Albuquerque, NM, Feb. 7-9, 2006. This was a collaborative effort with NIMH and Health Canada. IHS staff also provides local focus groups and Tribal consultation to collaborate with stakeholders.
SAMHSA: SAMHSA and IHS are collaborating on a Suicide Prevention Summit. IHS and SAMHSA provide an annual national behavioral health conference which provides training and opportunities for collaboration on suicide prevention and intervention with stakeholders.

1.3 By 2005, convene national forums to focus on issues likely to strongly influence the effectiveness of suicide prevention messages.

DoD: The DoD Suicide Prevention and Risk Reduction Committee, composed of representatives from all the military services, hosts an annual suicide prevention conference which includes sessions focusing on effective suicide prevention messages and strategies.

NIMH: Through proposed Action Alliance; consultation with GLSMA grantees at annual meetings.
SAMHSA: Through proposed Action Alliance.
IHS: IHS collaborated with SAMHSA for a Suicide Prevention Summit. Tribal consultation is another venue this takes place. IHS areas also hold their own suicide prevention conferences regionally. In addition, this is being accomplished through the IHS and SAMHSA annual national behavioral health conference which provides training and opportunities for collaboration on suicide prevention and intervention.

1.4 By 2005, increase the number of both public and private institutions active in suicide prevention that are involved in collaborative, complementary dissemination of information on the World Wide Web.

DoD: All the military services have suicide prevention websites that disseminate information on suicide prevention policy, education, resources, and best practices.
NIMH: Coordinate with federal agencies and provide information to proposed alliance.
IHS: Community Suicide Prevention Website provides this information to the public, the website address is: http://www.ihs.gov/NonMedicalPrograms/nspn/. IHS is collaborating with other Federal, and public and private organizations, as well as Tribes and Tribal organizations to provide information on this website. The IHS and the First Nations and Inuit Health Branch of Health Canada Ad Hoc Working Group on Suicide Prevention is are working to disseminate suicide prevention information via the web across borders. In addition, this is being accomplished through the proposed Action Alliance.
SAMHSA: Through proposed Alliance.
HRSA: The National Adolescent Health Information Center, funded by the Maternal and Child Heath Bureau, updated the Fact Sheet on Suicide: Adolescents and Young Adults in 2006. The website address is: http://nahic.ucsf.edu/. The Stop Bullying Now Campaign—Take a Stand, Lend a Hand: This campaign included resources for young people, parents, and educators interested in bullying prevention. The campaign includes a web-based animated series, Public Service Announcements, and a Resource Kit.

2.1 By 2001, expand the Federal Steering Group to appropriate Federal agencies to improve Federal coordination on suicide prevention, to help implement the National Strategy for Suicide Prevention, and to coordinate future revisions of the National Strategy ongoing staff participates in steering group & federal partners. This is an ongoing activity.

NIMH: Ongoing activity.
CDC: Staff participates in steering group & Federal partners.
IHS: Ongoing activity.
SAMHSA: Ongoing activity.
HRSA: Ongoing activity.

2.2 By 2002, establish a public/private partnership(s) (e.g., a national coordinating body) with the purpose of advancing and coordinating the implementation of the National Strategy. Through proposed Alliance supporting establishment of Action Alliance. This is being accomplished through the proposed Action Alliance.

NIMH: Through proposed alliance.
CDC: Supporting establishment of Action Alliance.
IHS: This is being accomplished through the proposed Action Alliance. IHS also has a Suicide Prevention Committee who is making recommendations for the implementation of the National Strategy for Suicide Prevention (NSSP). Five IHS Areas with recent high rates of suicide activity are also creating Area-wide suicide prevention plans in alignment with the National Strategy.
SAMHSA: Through proposed alliance.

2.3 By 2005, increase the number of national professional, voluntary, and other groups that integrate suicide prevention activities into their ongoing programs and activities.

NIMH: Staff reviewed American Psychiatric Association guidelines; participated in CDC effort to develop common definitions of suicidal behavior; participated in SAMHSA meeting on best practices in Emergency Departments.
IHS: Staff is assisting American Indian and Alaska Native (AI/AN) communities with obtaining culturally appropriate information and training on best and promising practices in suicide prevention and intervention. IHS is also assisting AI/AN communities with tailoring these practices or programs to address their needs. IHS is encouraging IHS, Tribal and Urban programs, at the local, Area, and national levels, to integrate suicide prevention activities into their ongoing health and mental health delivery programs and

activities. IHS is promoting an ongoing integration initiative - to integrate behavioral health with chronic health and health promotion and disease prevention.

SAMHSA: Through proposed alliance.

HRSA: The Office of Rural Health Policy (ORHP) is charged with promoting better health service in rural America. OHRP funds the Rural Assistance Center (RAC), which has produced a resource guide on suicide prevention; answers frequently asked questions, as well as provide a glossary of terms and acronyms.

2.4 By 2005, increase the number of nationally organized faith communities adopting institutional policies promoting suicide prevention.

DoD: In all the military services, military chaplains play an active and integral role in military suicide prevention efforts. Chaplains are key members of the DoD Suicide Prevention and Risk Reduction Committee, and participate in the annual DoD Suicide Prevention Conference in large numbers.

NIMH: Support research testing efforts to safely and effectively include faith-based communities in suicide prevention.

CDC: Organization website promotes integrated approach to self directed violence prevention.

IHS: The IHS Director's Traditional Medicine Initiative emphasizes the alliance of traditional and western medical practices between community traditional healers and IHS health care providers across areas of health, including suicide prevention and intervention. Through this initiative, the agency seeks to foster formal relationships between local service units and traditional healers so that cultural values, beliefs, and traditional healing practices are respected and affirmed by the IHS as an integral component of the healing process (including health/mental health issues revolving around suicide).

SAMHSA: Through proposed alliance.

3.1 By 2005, increase the proportion of the public that views mental and physical health as equal and inseparable components of overall health.

DoD: The military educates 100% of its personnel on suicide prevention every year. This education focuses understanding mental health and mental illness, the risk factors for suicides, appropriate interventions for personnel identified as at risk, the benefits of treatment for mental health issues, and the reduction of the stigma associated with seeking mental health care.

NIMH: Staff provides technical assistance on federal and private fact sheets on mental health and its association with physical health.

CDC: Organization website promotes integrated approach to self directed violence prevention.

IHS: Promoting an integration initiative - to integrate behavioral health with chronic health and health promotion and disease prevention.

HRSA: Mental Health and Substance Abuse Expansion Grants seek to expand the capacity of Community Health Centers to provide high quality mental health/substance abuse care. These grants fund the establishment of new or the expansion of existing mental health/substance abuse treatment services in Community Health Centers. The Health Disparities Depression Collaborative works to ensure that Community Health Centers implement and maintain a population-based care model to improve depression assessments and care, as well as demonstrate improved health care outcomes.

3.2 By 2005, increase the proportion of the public that views mental disorders as real illnesses that respond to specific treatments.

DoD: The military educates 100% of its personnel on suicide prevention every year. This education focuses understanding mental health and mental illness, the risk factors for suicides, appropriate interventions for personnel identified as at risk, the benefits of treatment for mental health issues, and the reduction of the stigma associated with seeking mental health care.

NIMH: Staff provides technical assistance on federal and private fact sheets on mental health and its association with physical health.

IHS: IHS staff provides public messaging, fact sheets, and technical assistance. Promoting an integration initiative - to integrate behavioral health with chronic health and health promotion and disease prevention.

3.3 By 2005, increase the proportion of the public that views consumers of mental health, substance abuse, and suicide prevention services as pursuing fundamental care and treatment for overall health.

DoD: The military educates 100% of its personnel on suicide prevention every year. This education focuses understanding mental health and mental illness, the risk factors for suicides, appropriate interventions for personnel identified as at risk, the benefits of treatment for mental health issues, and the reduction of the stigma associated with seeking mental health care.

NIMH: Staff provides technical assistance on federal and private fact sheets on mental health and its association with physical health; supports research on mental health literacy.

IHS: Staff provides public messaging and technical assistance.

SAMHSA: Through the Garrett Lee Smith Youth Suicide Prevention grant programs, supports awareness campaigns on youth suicide prevention in states, tribes, and colleges.

3.4 By 2005, increase the proportion of those suicidal persons with underlying mental disorders who receive appropriate mental health treatment.

DoD: The Services train their medical and mental health providers and staff on the proper suicide risk assessment and treatment. For example, the Air Force has developed the Air Force Guide for Managing Suicidal Behavior and the Clinical Management of Suicidal Behavior Policy. These guidelines and policy were supplemented by the training of over 1,000 AF mental health personnel at 45 installations in FY07, in cooperation with the Suicide Prevention resource Center.

NIMH: Supports research addressing this issue.

IHS: Provides suicide prevention/intervention training to clinicians and community members, and utilizes a suicide surveillance form and depression screening in the electronic health record to identify and provide treatment to clients that are depressed and/or suicidal.

SAMHSA: Possible NIMH collaboration on topic.

HRSA: Mental Health and Substance Abuse Expansion Grants seek to expand the capacity of Community Health Centers to provide high quality mental health/substance abuse care. These grants fund the establishment of new or the expansion of existing mental health/substance abuse treatment services in Community Health Centers.

The Health Disparities Depression Collaborative works to ensure that Community Health Centers implement and maintain a population-based care model to improve depression assessments and care, as well as demonstrate improved health care outcomes.

4.1 By 2005, increase the proportion of States with comprehensive suicide prevention plans that a) coordinate across government agencies, b) involve the private sector, and c) support plan development, implementation, and evaluation in its communities.

NIMH: Staff provides technical assistance to States; supports research on implementation.

IHS: Coordination of 5 Areas with recent high rates of suicides to develop Area-wide suicide prevention plans, in alignment with the National and their respective State suicide prevention plans. These areas are also developing suicide prevention task forces to reduce suicide activity. Collaborating with consumers, and their families, Tribes and Tribal organizations, Federal (e.g. SAMHSA, NIH,

BIA and others) State, and local agencies, as well as public and private organizations, at the national, Area and local levels, to develop a comprehensive system of care and share resources to address the issue of suicide in Indian Country more effectively.

SAMHSA: Progress through Suicide Prevention Resource Center (SPRC) and Garrett Lee Smith (GLS) grants.

HRSA: The Maternal and Child Health Title V Block Grant Performance Measure 16: the rate (per100, 000) of suicide deaths among youths aged 15-19.
State Agency Partnerships to Improve Mental Health for Children and Adolescents funded by the Maternal and Child Health Bureau. The goals of the partnership included identifying the best practices for suicide prevention to school-aged youth and to increase ability of gatekeepers who can identify signs of mental health issues and suicidal warning signs.

4.2 By 2005, increase the proportion of school districts and private school associations with evidence-based programs designed to address serious childhood and adolescent distress and prevent suicide.

NIMH: Staff provides technical assistance as requested; agency supports relevant research.

CDC: Staff provides technical assistance when requested & supports research.

IHS: In some Areas, IHS staff is collaborating with the schools to provide suicide depression screening and other school based health/mental health services, suicide prevention education and crisis plans.

SAMHSA: Garrett Lee Smith (GLS) grants

HRSA: Funded two National School Based Mental Health Centers (University of Maryland and UCLA)

4.3 By 2005, increase the proportion of colleges and universities with evidence-based programs designed to address serious young adult distress and prevent suicide.

NIMH: Staff provides technical assistance as requested; agency supports relevant research.

CDC: Staff provides technical assistance when requested & supports research.

IHS: Staff is collaborating with some Tribal colleges in the area of suicide prevention/intervention (i.e. provide training and education in evidence based suicide prevention/intervention skills). IHS sponsors the American Indians in Psychology Program - which addresses the issue of suicide.

SAMHSA: Garrett Lee Smith (GLS) grants.

4.4 By 2005, increase the proportion of employers that ensure the availability of evidence-based prevention strategies for suicide.

NIMH: Staff provides technical assistance as requested; agency supports relevant research.
IHS: Staff is assisting American Indian and Alaska Native communities with obtaining culturally appropriate information and training on best and promising practices in suicide prevention and intervention. Assist American Indian/Alaska Native communities with tailoring these practices or programs to address their needs.

4.5 By 2005, increase the proportion of correctional institutions, jails and detention centers housing either adult or juvenile offenders, with evidence-based suicide prevention programs.

NIMH: Agency currently supports SBIR grants on this.
CDC: Staff provides technical assistance when requested.
IHS: In some Areas, IHS and BIA are collaborating to implement evidence based suicide prevention/intervention practices in BIA funded and tribal correctional facilities.

4.6 By 2005, increase the proportion of State Aging Networks that have evidence-based suicide prevention programs designed to identify and refer for treatment of elderly people at risk for suicidal behavior.

NIMH: Staff provides technical assistance as requested; agency supports relevant research.
CDC: Staff provides technical assistance when requested.
IHS: IHS staff provides training, technical assistance/consultation to IHS and Tribal providers and caregivers of elders.

4.7 By 2005, increase the proportion of family, youth and community service providers and organizations with evidence-based suicide prevention programs.

DoD: The DoD overall approach to community suicide prevention is based on the best current research data and is recognized by SAMHSA's National Registry of Evidence-Based Practices and Programs.
NIMH: Staff provides technical assistance as requested, agency supports relevant research.
CDC: Staff provides technical assistance when requested.
IHS: The IHS Community Suicide Prevention Website provides this information to the public, the website address is: http://www.ihs.gov/NonMedicalPrograms/nspn/. IHS Staff also

provides technical assistance, Tribal consultation and public messaging re: suicide prevention and awareness. IHS staff is assisting American Indian and Alaska Native (AI/AN) communities with obtaining culturally appropriate information and training on best and promising practices in suicide prevention and intervention. IHS staff is also assisting American Indian/Alaska Native (AI/AN) Communities with tailoring these practices or programs to address their needs. IHS is developing and deploying improved technology and suicide surveillance capability, particularly telemedicine, electronic charting and suicide monitoring technology to IHS and tribal programs.

4.8 By 2005, develop one or more training and technical resource centers to build capacity for States and communities to implement and evaluate suicide prevention programs.

SAMHSA: Completed-Suicide Prevention Resource Center (SPRC).

5.1 By 2005, increase the proportion of primary care clinicians, 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 and educate about actions to reduce associated risks.

DoD: DoD has policy and training in place to encourage the appropriate assessment and management of suicide risk by clinicians, to include the availability of lethal means.

NIMH: Staff provides technical assistance as requested; agency supports relevant research.

IHS: Physicians, and other health professions, and behavioral health staff routinely screen for depression and suicidal behaviors (including lethal means). Community health representatives and injury prevention staff provide technical assistance/consultations and grants in this area**.**

5.2 By 2005, expose a proportion of households to public information campaign(s) designed to reduce the accessibility of lethal means, including firearms, in the home.

IHS: Community health representatives and injury prevention staff provide technical assistance/consultations and grants in this area.

5.3 By 2005, develop and implement improved firearm safety design using technology where appropriate.

IHS: The Injury Prevention program provides technical assistance/consultations and grants in this area.

5.4 By 2005, develop guidelines for safer dispensing of medications for individuals at heightened risk of suicide.

IHS: Provides clinical policy and guidelines. Pharmacy, physicians, mental health staff and others are provided with appropriate training.

5.5 By 2005, improve automobile design to impede carbon monoxide-mediated suicide.

CDC: Staff provides technical assistance when requested & supports research.

5.6 By 2005, institute incentives for the discovery of new technologies to prevent suicide.

6.1 By 2005, define minimum course objectives for providers of nursing care in assessment and management of suicide risk, and identification and promotion of protective factors. Incorporate this material into curricula for nursing care providers at all professional levels.

DoD: DoD has policy and training in place to encourage the appropriate assessment and management of suicide risk by clinicians, to include the availability of lethal means.

IHS: Staff provides clinical policy, guidelines and technical assistance/consultation in this area as needed. Training is being developed for nurses to utilize a suicide surveillance form and depression screening in the electronic health record to identify and provide treatment to clients that are suicidal.

NIMH: Supports research providing evidence for best practices.

SAMHSA: Through proposed Alliance.

6.2 By 2005, increase the proportion of physician assistant educational programs and medical residency programs that include training in the assessment and management of suicide risk and identification and promotion of protective factors.

DoD: DoD has policy and training in place to encourage the appropriate assessment and management of suicide risk by clinicians, to include the availability of lethal means.

IHS: Area and local clinics provide clinical policy and opportunities for training to meet established requirements. The IHS manual is currently being revised to provide guidelines in this area.
NIMH: Supports research providing evidence for best practices.
SAMHSA: Through proposed Alliance.

6.3 By 2005, increase the proportion of clinical social work, counseling, and psychology graduate programs that include training in the assessment and management of suicide risk, and the identification and promotion of protective factors.

DoD: DoD has policy and training in place to encourage the appropriate assessment and management of suicide risk by clinicians, to include the availability of lethal means.
IHS: Provides clinical policy and training requirements. In some Areas, IHS staff is collaborating with the Tribal colleges in the area of suicide prevention/intervention. IHS sponsors the American Indians in Psychology Program - which addresses the issue of suicide. IHS collaborates with SAMHSA annually to provide a national behavioral health conference and provides training on suicide prevention and intervention at this event.
NIMH: Supports research providing evidence for best practices.
SAMHSA: Through proposed Alliance.

6.4 By 2005, increase the proportion of clergy who have received training in identification of and response to suicide risk and behaviors and the differentiation of mental disorders and faith crises.

DoD: DoD has policy and training in place to encourage the appropriate assessment and management of suicide risk by clinicians, to include the availability of lethal means.
IHS: Staff is assisting American Indian and Alaska Native communities, including clergy, with obtaining culturally appropriate information and training on best and promising practices in suicide prevention and intervention.
NIMH: Supports research providing evidence for best practices.
SAMHSA: Through proposed Alliance.

6.5 By 2005, increase the proportion of educational faculty and staff who have received training on identifying and responding to children and adolescents at risk for suicide.

DoD: 100% of DoD personnel receive training annually on identifying and responding to suicide risk.
IHS: Health Education staff and others are provided opportunities for suicide prevention/intervention training. IHS staff is assisting

American Indian and Alaska Native communities with obtaining culturally appropriate information and training on best and promising practices in suicide prevention and intervention. Assist AI/AN Communities with tailoring these practices or programs to address their needs. In some Areas, IHS staff is collaborating with the Tribal colleges in the area of suicide prevention/intervention. IHS sponsors the American Indians in Psychology Program - which addresses the issue of suicide.

SAMHSA: Garrett Lee Smith (GLS) grants.

NIMH: Supports research providing evidence for best practices.

HRSA: The Stop Bullying Now Campaign—Take a Stand, Lend a Hand: This campaign included resources for young people, parents, and educators interested in bullying prevention. The campaign includes a web-based animated series, Public Service Announcements (PSA), and a Resource Kit. The two National School Based Mental Health Centers funded through the Maternal and Child Health Bureau.

6.6 By 2005, increase the proportion of correctional workers who have received training on identifying and responding to persons at risk for suicide.

DoD: Although DoD has relatively few personnel working in corrections settings, all DoD personnel receive training annually on identifying and responding to suicide risk.

IHS: In some Areas, IHS, BIA and Tribes are collaborating to implement suicide prevention education/training to identify and to respond to persons at risk for suicide in BIA or Tribally funded correctional facilities.

NIMH: Supports research providing evidence for best practices.

6.7 By 2005, increase the proportion of divorce and family law and criminal defense attorneys who have received training in identifying and responding to persons at risk for suicide.

DoD: 100% of DoD personnel have receive training annually on identifying and responding to suicide risk, including lawyers and other legal staff personnel.

SAMHSA: Through proposed Alliance.

NIMH: Supports research providing evidence for best practices.

6.8 By 2005, increase the proportion of counties (or comparable jurisdictions such as cities or tribes) in which education programs are available to family members and others in close relationships with those at risk for suicide.

SAMHSA: Through proposed Alliance.
IHS: IHS staff is assisting American Indian and Alaska Native consumers and their families, and communities with obtaining culturally appropriate information and training on best and promising practices in suicide prevention and intervention.
NIMH: Supports research providing evidence for best practices.

6.9 By 2005, increase the number of recertification or licensing programs in relevant professions that require or promote competencies in depression assessment and management and suicide prevention.

SAMHSA: Through proposed Alliance.
NIMH: Supports research providing evidence for best practices.

7.1 By 2005, increase the proportion of patients treated for self-destructive behavior in hospital emergency departments that pursue the proposed mental health follow-up plan.

DoD: The Services train their medical and mental health providers and staff on the proper suicide risk assessment and treatment. For example, the Air Force has developed the Air Force Guide for Managing Suicidal Behavior and the Clinical Management of Suicidal Behavior Policy. These guidelines and policy were supplemented by the training of over 1,000 AF mental health personnel at 45 installations in FY07, in cooperation with the Suicide Prevention resource Center.
NIMH: Collaboration with AFSP to support ED patient registry to track follow-up care. Supports research providing evidence for best practices.
CDC: Supports research in this area.
IHS: IHS Manual is currently being revised to include information on managing suicidal behavior guidelines and policy. IHS physicians, other emergency personnel, and behavioral health staff routinely screen for depression and suicidal behaviors (including lethal means). There are depression screening tool and suicide surveillance tools available on the patient's electronic health record. IHS is implementing an ASBI program in 50 sites.
SAMHSA: Sponsored meeting of researchers, national organizations, and 5 Federal agencies to examine current knowledge and next steps to increase mental health follow-up for self destructive patients treated in hospital emergency departments.

7.2 By 2005, develop guidelines for assessment of suicidal risk among persons receiving care in primary health care settings, emergency departments, and specialty mental health and substance abuse treatment centers. Implement these guidelines in a proportion of these settings.

DoD: The Services train their medical and mental health providers and staff on the proper suicide risk assessment and treatment. For example, the Air Force has developed the Air Force Guide for Managing Suicidal Behavior and the Clinical Management of Suicidal Behavior Policy. These guidelines and policy were supplemented by the training of over 1,000 AF mental health personnel at 45 installations in FY07, in cooperation with the Suicide Prevention resource Center.

NIMH: Collaboration with AFSP to support ED patient registry to track follow-up care. Supports research in providing evidence for best practices.

CDC: Supports research in this area.

IHS: Manual is currently being revised to include information on managing suicidal behavior guidelines and policy. IHS and Tribal physicians, other emergency personnel, behavioral health and substance abuse treatment staff routinely screen for depression and suicidal behaviors (including lethal means). There are depression screening tool and suicide surveillance tools available on the patient's electronic health record.

SAMHSA: Suicide Prevention Resource Center developed Suicide Assessment Five-step Evaluation and triage card (SAFE-T). National Suicide Prevention Lifeline developed suicide risk assessment standards which have been implemented in all National Suicide Prevention Lifeline crisis centers.

AHRQ: United States Preventive Services Task Force (USPSTF) issued a recommendation in 2004 on screening for suicide risk in primary care settings. The USPSTF found that there was insufficient evidence to recommend routine screening in general population.

HRSA: Mental Health and Substance Abuse Expansion Grants **s**eek to expand the capacity of Community Health Centers to provide high quality mental health/substance abuse care. These grants fund the establishment of new or the expansion of existing mental health/substance abuse treatment services in Community Health Centers. The Health Disparities Depression Collaborative works to ensure that Community Health Centers implement and maintain a population-based care model to improve depression assessments and care, as well as demonstrate improved health care outcomes.

7.3 By 2005, increase the proportion of specialty mental health and substance abuse treatment centers that have policies, procedures, and evaluation programs designed to assess suicide risk and intervene to reduce suicidal behaviors among their patients.

DoD: DoD has policy and training in place to encourage the appropriate assessment and management of suicide risk by clinicians, to include the availability of lethal means.

NIMH: Staff provides technical assistance as requested; relevant research supported by agency.

IHS: IHS Manual is currently being revised to include information on managing suicidal behavior guidelines and policy. IHS and Tribal behavioral health and substance abuse staff routinely screen for depression and suicidal behaviors (including lethal means). There are depression screening tool and suicide surveillance tools available on the patient's electronic health record. Efforts are underway to increase depression screening, assessing suicide risk, and providing suicide prevention/interventions skills among IHS and Tribal mental health and substance abuse providers.

SAMHSA: The Suicide Prevention Resource Center is working with the State Mental Health Program Directors (NASMPD) on the development of technical paper on the role of the State Mental Health Authority in suicide prevention.

7.4 By 2005, develop guidelines for aftercare treatment programs for individuals exhibiting suicidal behavior (including those discharged from inpatient facilities). Implement these guidelines in a proportion of these settings.

DoD: DoD has policy and training in place to encourage the appropriate assessment and management of suicide risk by clinicians, to include the availability of lethal means.

NIMH: Staff provides technical assistance as requested; relevant research supported by agency.

IHS: IHS Manual is currently being revised to include information on managing suicidal behavior guidelines and policy, including those for aftercare treatment of individuals exhibiting suicidal behavior. IHS and Tribal mental health programs are directed to implement these guidelines.

SAMHSA: The Suicide Prevention Resource Center (SPRC) is collaborating with the American Association of Suicidology to prepare a summary of existing research and resources on continuity of care for patients discharged from emergency departments and inpatient units.

7.5 By 2005, increase the proportion of those who provide key services to suicide survivors (e.g., emergency medical technicians, firefighters, law enforcement officers, funeral directors, clergy) who have received training that addresses their own exposure to suicide and the unique needs of suicide survivors.

DoD: DoD has been training mental health personnel, chaplains, community agencies, and peer facilitators on Critical Incident Stress Management and Traumatic Stress Response for nearly a decade. Every installation has trained teams ready to respond to the needs of first responders and other trauma victims.

NIMH: Staff provides technical assistance as requested; relevant research supported by agency.

IHS: In some Areas, staff is providing training (e.g. Traumatic Stress Response/CISM services) to IHS and Tribal Emergency Response personnel, as well as community members including law enforcement, clergy and others.

SAMHSA: Suicide Prevention Resource Center is developing a curriculum to be used for this purpose.

7.6 By 2005, increase the proportion of patients with mood disorders who complete a course of treatment or continue maintenance treatment as recommended.

DoD: DoD provides free healthcare to all beneficiaries and provides active outreach through its suicide prevention program to encourage beneficiaries with mental health concerns to seek treatment.

NIMH: Agency currently supports grants on this.

IHS: IHS Manual is currently being revised to include information on managing mood disorders and other behavior guidelines and policy, including that of treatment and follow-up.

HRSA: Mental Health and Substance Abuse Expansion Grants seek to expand the capacity of Community Health Centers to provide high quality mental health/substance abuse care. These grants fund the establishment of new or the expansion of existing mental health/substance abuse treatment services in Community Health Centers. The Health Disparities Depression Collaborative works to ensure that Community Health Centers implement and maintain a population-based care model to improve depression assessments and care, as well as demonstrate improved health care outcomes.

7.7 By 2005, increase the proportion of hospital emergency departments that routinely provide immediate post-trauma psychological support and mental health education for all victims of sexual assault and/or physical abuse.

DoD: DoD has been training mental health personnel, chaplains, community agencies, and peer facilitators on Critical Incident Stress Management and Traumatic Stress Response for nearly a decade. Every installation has trained teams ready to respond to the needs of trauma victims. In addition, DoD has deployed an aggressive sexual assault prevention and response program, both to prevent such assaults and to ensure victims are afforded the full spectrum of medical, legal, and other support services available.

NIMH: Staff provides technical assistance as requested; relevant research supported by agency.

IHS: In some Areas, staff is providing training (e.g. Traumatic Stress Response/CISM services) to IHS and Tribal Emergency Response personnel.

7.8 By 2005, develop guidelines for providing education to family members and significant others of persons receiving care for the treatment of mental health and substance abuse disorders with risk of suicide. Implement the guidelines in facilities (including general and mental hospitals, mental health clinics, and substance abuse treatment centers).

NIMH: Staff provides technical assistance as requested; relevant research supported by agency.

IHS: IHS Manual is currently being revised to include information on guidelines for providing education to family members and significant others of persons receiving care for the treatment of mental health and substance abuse disorders with risk of suicide.

HRSA: Perinatal Depression Booklet. The goals of the entire Perinatal Depression Initiative, including this booklet, are to reduce stigma associated with perinatal depression, increase the number of women and families who seek treatment, increase the number of providers who recognize the symptoms of perinatal depression, and to provide screening for perinatal depression.

7.9 By 2005, incorporate screening for depression, substance abuse and suicide risk as a minimum standard of care for assessment in primary care settings, hospice, and skilled nursing facilities for all Federally-supported healthcare programs (e.g., Medicaid, CHAMPUS/TRICARE, CHIP, Medicare).

DoD: All military personnel receive screening for mental health concerns annually, prior to deployments, immediately upon return from deployments, and 90-180 days after returning from deployments.

NIMH: Staff disseminates Joint Commission patient safety goals; relevant research supported by agency.

IHS: IHS and some Tribal clinics and hospital staff are utilizing depression screening and suicide surveillance tools available on the patient's electronic health record. Staff also routinely uses alcohol assessment tools (e.g. CAGE). IHS is implementing an ASBI program in 50 sites. IHS manual is currently being revised and will provide guidelines for screening for depression, substance abuse and suicide risk to be used at IHS, Tribal and Urban clinics, hospitals, and other programs.

AHRQ: A recommendation made by the United States Preventive Services Task Force (USPSTF) in 2002 supports screening for depression in adults in primary care settings that have systems in place to insure accurate diagnosis, treatment, and follow-up. This recommendation is being updated currently by the Task Force.

HRSA: Mental Health and Substance Abuse Expansion Grants **s**eek to expand the capacity of Community Health Centers to provide high quality mental health/substance abuse care. These grants fund the establishment of new or the expansion of existing mental health/substance abuse treatment services in Community Health Centers. The Health Disparities Depression Collaborative works to ensure that Community Health Centers implement and maintain a population-based care model to improve depression assessments and care, as well as demonstrate improved health care outcomes.

7.10 By 2005, include screening for depression, substance abuse and suicide risk as measurable performance items in the Health Plan Employer Data and Information Set (HEDIS).

NIMH: Agency supports relevant research.

IHS: Clinics and hospital staff are using depression screening and suicide surveillance tools available on the patient's electronic health record. Staff also routinely use alcohol assessment tools (e.g. CAGE). IHS is implementing an ASBI program in 50 sites. The depression screening tool is a GPRA indicator.

AHRQ: Agency working with partners.

8.1 By 2005, increase the number of States that require health insurance plans to cover mental health and substance abuse services on par with coverage for physical health.

NIMH: Supports research assessing costs, benefits and quality of care.

8.2 By 2005, increase the proportion of counties (or comparable jurisdictions) with health and/or social services outreach programs for at-risk populations that incorporate mental health services and suicide prevention.

NIMH: Supports research assessing costs, benefits and quality of care.

8.3 By 2005, define guidelines for mental health (including substance abuse) screening and referral of students in schools and colleges. Implement those guidelines in a proportion of school districts and colleges.

NIMH: Agency supports relevant research.
CDC: Agency reviews & recommends policies in this area.
IHS: IHS Manual is currently being revised to include information on providing mental health screening and referral guidelines and policy. Some IHS behavioral health staff work closely with school personnel to provide technical assistance/consultation, and behavioral health services to students.

8.4 By 2005, develop guidelines for schools on appropriate linkages with mental health and substance abuse treatment services and implement those guidelines in a proportion of school districts.

NIMH: Agency supports relevant research.
CDC: Agency reviews & recommends policies in this area.
IHS: Manual is currently being revised to include information on mental health and substance abuse treatment guidelines and policy. Some IHS behavioral health staff work closely with school personnel to provide technical assistance/consultation, and behavioral health services to students.

8.5 By 2005, increase the proportion of school districts in which school-based clinics incorporate mental health and substance abuse assessment and management into their scope of activities.

NIMH: Agency supports relevant research.
IHS: IHS Manual is currently being revised to include information on mental health and substance abuse treatment guidelines and policy. Some IHS behavioral health staff work closely with school

personnel to provide technical assistance/consultation, and behavioral health and school based health clinics to students.

HRSA: HRSA funds the National Assembly of School Based Health Centers which is expanding Mental Health programs in their affiliated centers

8.6 By 2005, for adult and juvenile incarcerated populations, define national guidelines for mental health screening, assessment and treatment of suicidal individuals. Implement the guidelines in correctional institutions, jails and detention centers.

NIMH: Agency supports relevant SBIR research.

IHS: IHS Manual is currently being revised to include information on guidelines for mental health screening, assessment and treatment of suicidal individuals. In some Areas, IHS, BIA and Tribes are collaborating and implementing guidelines to provide mental health screening, assessment and treatment for American Indian and Alaska Natives who are incarcerated.

8.7 By 2005, define national guidelines for effective comprehensive support programs for suicide survivors. Increase the proportion of counties (or comparable jurisdictions), in which the guidelines are implemented.

NIMH: Agency supports relevant research.

8.8 By 2005, develop quality care/utilization management guidelines for effective response to suicidal risk or behavior and implement these guidelines in managed care and health insurance plans.

NIMH: Agency supports relevant research.

IHS: Manual is currently being revised to include information on guidelines and policy for managing suicidal behavior guidelines.

9.1 By 2005, establish an association of public and private organizations for the purpose of promoting the accurate and responsible representation of suicidal behaviors, mental illness and related issues on television and in movies.

NIMH: Agency coordinates with SAMHSA in Entertainment Industry Council awards.

9.2 By 2005, increase the proportion of television programs and movies that observe promoting accurate and responsible depiction of suicidal behavior, mental illness and related issues.

NIMH: Agency coordinates with SAMHSA in Entertainment Industry Council awards.

SAMHSA: Along with Entertainment Industries Council and NIMH, supports PRISM awards. Along with Entertainment Industries Council supports "Picture This: Depression and Suicide Prevention", a meeting to bring together television and film writers and suicide prevention experts to develop recommendations.

9.3 By 2005, increase the proportion of news reports on suicide that observe consensus reporting recommendations.

DoD: The Service Suicide Prevention Programs work closely with their Public Affairs counterparts to ensure coverage of suicides in appropriate, and to regularly release suicide prevention messages and information.

NIMH: Collaborated with Annenberg Foundation on earlier survey.

CDC: Collaboration with AFSP & Annenberg Foundation.

9.4 By 2005, increase the number of journalism schools that include in their curricula guidance on the portrayal and reporting of mental illness, suicide and suicidal behaviors.

NIMH: Collaborated with the Annenberg foundation and provided guidance for Carter Center Journalism Fellowships.

10.1 By 2002, develop a national suicide research agenda with input from survivors, practitioners, researchers, and advocates.

DoD: The Air Force is collaborating with the Uniformed Services University of the Health Sciences, the University of Rochester, and the Catholic University of America on three separate IRB-approved suicide prevention research protocols.

NIMH: Agency has Program Announcements; hopes to support a national conference (R13) to develop agenda.

CDC: Agency developed a research agenda.

IHS: IHS staff is collaborating with CDC and EPI centers to address suicide research among American Indians and Alaska Natives. Also, IHS and NIH collaborate on NARCH grants in which a few are addressing suicide research.

10.2 By 2005, increase funding (public and private) for suicide prevention research, for research on translating scientific knowledge into practice, and for training of researchers in suicidology.

IHS: NARCH grant provided funding to several communities for research on suicide prevention. Collaboration between IHS, NIH, and Tribal communities is currently underway.
HRSA: Perinatal Depression Grant provides funding to several communities for research on maternal and infant mental health services.
NIMH: Supports training and education grants on research in suicide prevention.

10.3 By 2005, establish and maintain a registry of prevention activities with demonstrated effectiveness for suicide or suicidal behaviors.

SAMHSA: Suicide Prevention Resource Center, SAMHSA

10.4 By 2005, perform scientific evaluation studies of new or existing suicide prevention interventions.

NIMH: Agency supports relevant research.
CDC: Agency supports relevant research.
IHS: NARCH grant provided funding to several communities for research on suicide prevention. Collaboration has occurred between IHS, NIH, and Tribal communities.
SAMHSA: Suicide prevention evaluations.
HRSA: Journal Article commissioned by the MCHB about New Jersey's Best Practices to prevent adolescent suicide

11.1 By 2005, develop and refine standardized protocols for death scene investigations and implement these protocols in counties (or comparable jurisdictions).

DoD: Each Service's investigative bodies (i.e., AFOSI, NCIS, CID) have well-established standardized procedures for death scene investigations.
CDC: Collaboration with National Association of Medical Examiners.
NIMH: Plans to support meeting of suicide prevention researchers with national violent death reporting system (NVDRS) staff to address this.

11.2 By 2005, increase the proportion of jurisdictions that regularly collect and provide information for follow-back studies on suicides.

DOD: Each Service collects and analyzes data on suicides, and DoD is implementing the DoD Suicide Event Reporting System to collect data on all DoD suicides and suicide attempts.
CDC: Agency supports National Violent Death Reporting System.
HRSA: Maternal and Child Health Title V National Performance Measure 16 related to adolescent suicide rates.
IHS: There are depression screening tool and suicide surveillance tools available on the patient's electronic health record. Also, regularly collect data on suicide ideation, gestures, attempts, and completions at IHS and some Tribal clinics and hospitals. IHS has a depression screening GPRA indicator.
NIMH: Plans to support meeting of suicide prevention researchers with national violent death reporting system (NVDRS) staff to address this.

11.3 By 2005, increase the proportion of hospitals (including emergency departments) that collect uniform and reliable data on suicidal behavior by coding external cause of injuries, utilizing the categories included in the International Classification of Diseases.

CDC: Active project.
NIMH: Collaborating with CDC on effort.
IHS: Clinics and hospital staff are using depression screening and suicide surveillance tools available on the patient's electronic health record. They are able to record data utilizing ICD codes.
AHRQ: Agency supports relevant research.

11.4 By 2005, implement a national violent death reporting system that includes suicides and collects information not currently available from death certificates.

CDC: Active project.
NIMH: Will pursue opportunity to expand to psychosocial autopsy study.

11.5 By 2005, increase the number of States that produce annual reports on suicide and suicide attempts, integrating data from multiple State data management systems.

DoD: Each Service produces annual reports on lessons learned from active duty suicides, drawing on data from multiple sources to provide a complete picture of suicide trends and risk factors. These reports influence the development of suicide prevention initiatives.

CDC: Agency supports this activity in Core injury states & through STIPDA.

IHS: Clinics and hospital staff there are using depression screening and suicide surveillance tools available on the patient's electronic health record. There is a GPRA indicator for screening for depression. Data is collected into IHS national data warehouse.

SAMHSA: Suicide Prevention Resource Center monitors and posts on its website state suicide prevention activity, including annual reports.

HRSA: Title V National Performance Measure 16 relating to youth suicide reported annually in the Title V Maternal and Child Health Block Grant Application

11.6 By 2005, increase the number of nationally representative surveys that include questions on suicidal behavior.

DoD: Multiple DoD surveys include questions about suicidality, such as the DoD Survey of Health-Related Behavior and the Air Force Community Assessment Survey.

NIMH: Agency is reviewing current surveys.

CDC: Agency supports current projects such as YRBS.

IHS: Clinics and hospital staff are using depression screening and suicide surveillance tools available on the patient's electronic health record. There is a GPRA indicator for screening for depression.

SAMHSA: SAMHSA's Office of Applied Studies plans to include questions on suicidal ideation, plans, and attempts in the 2008 National Survey on Drug Use and Health (NSDUH). These questions will be asked of adults aged 18 and over and will appear in an expanded Mental Health Module developed for the 2008 survey. The practice of providing all NSDUH interview respondents with the toll-free number for the National Suicide Prevention Lifeline (1-800 TALK) will be continued. It is anticipated that SAMHSA's suicide data will be published in the *Results from the 2008 National Survey on Drug Use and Health: National Findings* report, Fall 2009.

HRSA: Uniform Data Source for Community Health Centers

11.7 By 2005, implement pilot projects in several States that link and analyze information related to self-destructive behavior derived from separate data systems, including for example law enforcement, emergency medical services, and hospitals.

NIMH: Agency-funded Rochester Center working on this.

CDC: Agency activity with National Violent Death Reporting System (NVDRS) to addresses fatalities.

IHS:	Data is collected nationally from across IHS areas and facilities into an IHS national data warehouse.
HRSA:	State Agency Partnerships to Improve Mental Health for Children and Adolescents, and Bright Futures for Women's Health and Wellness through the Office of Women's Health.