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***National Strategy  
for Suicide  
Prevention***

***Compendium  
of Federal Activities***

**2009**

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## PREFACE

In 2001, the U.S. Department of Health and Human Services issued the National Strategy for Suicide Prevention. The Office of the Surgeon General coordinated the efforts of numerous agencies, including SAMHSA, CDC, NIMH, HRSA, IHS, and other public and private partners to develop the first, comprehensive, integrated, public health approach to reducing deaths by suicide and suicide attempts in the United States. This effort was also pursuant to Congressional resolutions -S.Res 84 and H.Res 212 which declared that suicide was a national problem, requiring a national strategy to prevent suicide. In 2003, the President's New Freedom Commission on Mental Health reiterated the call for full implementation of the National Strategy for Suicide Prevention

The National Strategy for Suicide Prevention contains 11 goals and 68 objectives. While the strength of the National Strategy lies in the comprehensiveness of these recommendations, the scope and magnitude of the plan makes assessment of progress towards implementing the National Strategy more complex. Some objectives may be completely fulfilled, others partially fulfilled, and others not fulfilled at all. In order to begin a process of updating the National Strategy, the Federal Working Group on Suicide Prevention has requested input from its members on work being done by Federal agencies that may be relevant to any of the National Strategy objectives. The following document; National Strategy for Suicide Prevention Federal Activities, contains the information obtained from this request. It should be noted that this is only a partial list of Federal activities relevant to NSSP objectives, as there are Federal agencies not participating in the Federal Working Group on Suicide Prevention. This also does not include the significant amount of work on National Strategy objectives completed by private organizations, information the Federal Working Group on Suicide Prevention is hopeful can be obtained by a planned National Action Alliance to Prevent Suicide, itself one of the objectives of the National Strategy.

The Federal Working Group plans to update this document on Federal Activities on a twice yearly basis.

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## **NSSP Goals and Objectives for Action: Summary List**

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### *SECTION 1: AWARENESS*

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1. Promote awareness that suicide is a public health problem that is preventable.
2. Develop broad-based support for suicide prevention
3. Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse and suicide prevention

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### *SECTION 2: INTERVENTION*

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4. Develop and implement suicide prevention programs
5. Promote efforts to reduce access to lethal means and methods of self-harm
6. Implement training for recognition of at-risk behavior and delivery of effective treatment
7. Develop and promote effective clinical and professional practices
8. Increase access to and community linkages with mental health and substance abuse services
9. Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the entertainment and news media

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### *SECTION 3: METHODOLOGY*

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10. Promote and support research on suicide and suicide prevention
11. Improve and expand surveillance systems

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**SECTION 1: AWARENESS**

*PROMOTE AWARENESS THAT SUICIDE IS A PUBLIC HEALTH PROBLEM THAT IS PREVENTABLE.*

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*NSSP 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.*

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- CDC** Staff provides technical assistance for safe messaging.
- DoD** Each military Service provides public health information on suicide prevention program websites. The Defense Centers of Excellence manages numerous websites with public education information. Military OneSource conducts national marketing campaigns and Webinars for military and family members in all states.
- IHS** The IHS Community Suicide Prevention Website provides this information to the public at the following web address:  
<http://www.ihs.gov/NonMedicalPrograms/nspn/>. IHS staff also provides technical assistance, tribal consultation and public messaging re: suicide prevention and awareness.
- NIMH** Staff provides technical assistance for research and practice on safe public messaging.
- SAMHSA** AD Council Campaign -2007
- VA** VA develops and disseminates public health messages related to suicide prevention, the availability of the Hotline, mental health issues, and the availability of effective mental health care through the VA.

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*NSSP 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.*

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- DoD** The DoD Suicide Prevention Risk Reduction Committee (SPARRC), composed of representatives from all the military services and chaired by a representative of the Defense Centers of Excellence in Psychological Health and Traumatic Brain Injury jointly sponsor with VA an annual Military Suicide Prevention Conference to foster collaboration amongst disciplines and disseminate information on policy and best practices. The conference in January 2009 received over 700 attendees.

## SECTION 1: AWARENESS

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- IHS** The "Indigenous Suicide Prevention Research & Programs in Canada & the U.S." conference was held in Albuquerque, NM from February 7-9, 2006. This was a collaborative effort between IHS, NIH, SAMHSA, and Health Canada. As part of the Memorandum of Understanding between Health Canada and the United States Department of Health and Human Services, an Ad Hoc Working Group on Suicide Prevention was established and will plan a similar indigenous suicide prevention conference in Canada in 2009. IHS hosts an annual national behavioral health conference which provides training and collaboration opportunities. The 12 IHS Areas also host their own suicide prevention and behavioral health conferences.
- NIMH** NIMH collaborates with other organizations in providing research updates at national meetings, i.e., DoD/VA Suicide Prevention Conference.
- 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.
- VA** VA coordinates suicide prevention activities developed and implemented by program offices and a VA Steering Committee on Suicide Prevention.

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*NSSP 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 (SPARRC), composed of representatives from all the military services, hosts with the VA the annual Military Suicide Prevention Conference which includes sessions focusing on effective suicide prevention messages and strategies.
- IHS** Through proposed Action Alliance and at Tribal consultation meetings.
- NIMH** Through proposed Action Alliance; and presentations and consultation at various national meetings.
- VA** Through proposed Action Alliance.

*NSSP 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.*

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- DoD** Each military Service sponsors multiple suicide prevention websites that disseminate information on suicide prevention policy, education, resources, and best practices. The Defense Centers of Excellence in Psychological Health and Traumatic Brain Injury hosts a website that disseminates information on suicide prevention.
- HRSA** The National Adolescent Health Information Center, funded by the Maternal and Child Health 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.
- IHS** The IHS Community Suicide Prevention website provides American Indian/Alaska Native (AI/AN) communities with culturally appropriate information about best and promising suicide prevention and early intervention programs and training opportunities. Further information and resources can be found at the following address: <http://www.ihs.gov/NonMedicalPrograms/nspn/>. In addition, a Memorandum of Understanding between Health Canada and the United States Department of Health and Human Services was signed to raise the health status of First Nations people in Canada and American Indians/Alaska Natives in the U.S. As part of this work, the Honoring Life Network, which is a project of the National Aboriginal Health Organization, developed a website that offers culturally relevant information and resources on suicide prevention for Aboriginal people in Canada. Further information and resources can be found at the following address: <http://www.honouringlife.ca>. These websites are directly linked to each other.
- NIMH** Resources from the NIMH website include: suicide facts from CDC, recommendations for the media from AFSP, and national reports on suicide prevention. Also coordinates with federal agencies to provide information to proposed alliance.
- SAMHSA** Through proposed alliance.

## SECTION 1: AWARENESS

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**VA** VA will develop a Suicide Prevention Web Site to provide information to veterans and families about suicide prevention.

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*NSSP 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.*

---

**AHRQ** Staff participates on the Federal Partners Senior Workgroup.

**CDC** Staff participates in steering group and Federal partners.

**DoD** Ongoing activity.

**ED** Staff participates in steering group and Federal partnerships.

**HRSA** Ongoing activity.

**IHS** Ongoing activity.

**NIMH** Ongoing activity.

**SAMHSA** Ongoing activity.

**VA** VA works with the Federal Partners Work Group of Suicide Prevention and relevant academic partners to promote the ethical and responsible reporting of suicide in news reports, and its depiction in entertainment media.

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*NSSP 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.*

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**CDC** Supporting establishment of Action Alliance.

**DoD** Supports the creation of a public/Private partnership through the Action Alliance.

## SECTION 1: AWARENESS

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**IHS** The IHS Suicide Prevention Committee (SPC) was established and tasked with identifying and defining the steps needed to significantly reduce and prevent suicide and suicide-related behaviors in AI/AN communities. The SPC will finalize a five-year Indian Health System Suicide Prevention Strategic Plan which mirrors the National Strategy. In addition, the IHS Director has established the National Tribal Advisory Committee on Behavioral Health which is made up of Tribal Leaders and the Behavioral Health Workgroup which consists of clinical leaders. These two groups provide recommendations to IHS on funding and behavioral health issues such as suicide prevention.

**NIMH** Through proposed alliance.

**SAMHSA** Through proposed alliance.

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*NSSP 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.*

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**AoA** Aging Network Organizations involved in suicide prevention activities:

- NORCs – Naturally Occurring Retirement Communities.
- Jewish Family Services of San Diego: Creating Opportunities for Older Persons (CO-OP).
- National Alzheimer’s Association – concerns include Caregiver Depression.
- Benjamin Rose Institute – The Care Consultation Project. Target population includes elderly participants with diagnosed depression

**DoD** Work with local school jurisdictions to educate staff on unique risk factors for the public school children of deploying military members. DoD is actively working to increase suicide prevention focus on National Guard and Reserve component units often in decentralized rural locations. Educational campaigns by Tricare Management Activity to increase awareness and readiness of local professionals and providers who may treat military service members in local communities.

**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.

## SECTION 1: AWARENESS

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- 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.
- NIMH** Staff reviewed American Psychiatric Association guidelines; participated in CDC efforts to develop common definitions of suicidal behavior; participated in SAMHSA meeting on best practices in Emergency Departments.
- SAMHSA** Through proposed alliance.
- VA** VA has strong liaisons between its Chaplaincy and Mental Health programs to provide education and training to develop model programs to enhance the roles of Chaplains, and through them, community clergy, in suicide prevention and promotion of mental health for veterans

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

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- CDC** Organization website promotes integrated approach to self directed violence prevention.
- DoD** In all the military services, military chaplains play an active and integral role in military suicide prevention efforts. For example, by virtue of their position as members of the units they serve, Navy Chaplains play a critical role in suicide prevention. Strategies employed by chaplains include “deckplate” visitation (i.e., interacting with command personnel in their work spaces); individual counseling; pre- and post-deployment briefings; briefings to new personnel during command indoctrination; and providing training on suicide awareness and prevention.
- Chaplains are key members of the DoD Suicide Prevention and Risk Reduction Committee (SPARRC), and participate in the annual DoD/VA Military Suicide Prevention Conference in large numbers. Apart from their DoD role, chaplains may also leverage their non-military status as clergy to influence and train their own national faith groups.



## SECTION 1: AWARENESS

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- 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).
- NIMH** Supports research testing efforts to safely and effectively include faith-based communities in suicide prevention.
- SAMHSA** Through proposed Action Alliance.
- VA** VA has strong liaisons between its Chaplaincy and Mental Health programs to provide education and training and develop model programs to enhance the roles of Chaplains, and through them, community clergy, in suicide prevention and the promotion of mental health for veterans.

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

---

- CDC** Organization website promotes integrated approach to self directed violence prevention.
- DoD** The Chairman of the Joint Chiefs of Staff and the Secretary of Defense, along with numerous other DoD leaders recently emphasized the importance of identifying and treating mental health and suicidal risk with the same attention and imperative that is given to physical health concerns. The military educates 100% of its personnel on suicide prevention every year. This education focuses on 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.

## SECTION 1: AWARENESS

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- 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.
- IHS** The IHS Director's Three Initiatives will raise the wellness and strength of the AI/AN people to the highest level through health promotion, behavioral health, and a focus on prevention and improving chronic conditions. This approach creates and supports a flexible health system that is individual, family, and community centered. This includes changing the paradigm of mental health services from being specialty and disease focused to being a part of primary care and the "Medical Home".
- NIMH** Staff provides technical assistance on federal and private fact sheets on mental health and its association with physical health.
- VA** VA develops and disseminates public health messages related to suicide prevention, the availability of the Hotline, mental health issues, and the availability of effective mental care through VA. Messages reducing the stigma associated with mental health conditions and help-seeking are incorporated into all of VA's mental health-related public health messages and outreach activities.

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

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- DoD** The Chairman of the Joint Chiefs of Staff and the Secretary of Defense, along with numerous other DoD leaders recently emphasized the importance of identifying and treating mental health and suicidal risk with the same attention and imperative that is given to physical health concerns. Combat Operational Stress Control education and awareness programs educate military and family members on PTSD and associated mental illnesses. The Defense Centers of Excellence on Psychological Health and Traumatic Brain Injury provides education to DoD beneficiaries and the public on the very real sequelae faced by those suffering from mental illness.

## SECTION 1: AWARENESS

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**IHS** IHS staff provides public messaging, fact sheets, and technical assistance. Education on mental health and mental illness is provided at IHS national and regional health and behavioral health conferences and summits annually.

**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.

**VA** As part of its ongoing education and outreach activities, as well as a component of care for veterans, VA has developed and disseminates psychoeducational materials about suicide prevention for veterans and their families. Working through the Suicide Prevention Coordinators in each medical center, VA provides “guide” training on warning signs of suicide and the availability of effective treatment for individuals in the community including veterans, families, and staff from relevant agencies and organizations.

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*NSSP 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.*

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**DoD** The Department of Defense engages in public education campaigns through websites, public service announcements on radio and television, newspaper advertisements, and through both required and optional annual training in suicide prevention, substance abuse and mental health initiatives, in order to educate family members and service members about the importance of seeking mental health care for distress and equating it with basic health care. Combat Operational Stress Programs are emphasizing Psychological First Aid as a corollary to first aid “as usual” to demonstrate the equal fundamental nature of mental health.

**IHS** IHS staff provides public messaging, fact sheets, and technical assistance. Education on mental health and mental illness is provided at IHS national and regional health and behavioral health conferences and summits annually.

**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.

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

**VA** VA's suicide prevention program is based on the general principles that effective suicide prevention requires both public health and clinical programs, and that the clinical activities must include ready access to high quality mental health services as well as programs directed specifically toward suicide prevention. VA promotes access and engagement in mental health services through the integration of mental health into primary care.

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

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**DoD** The Services engage in public education campaigns and leadership training to encourage service members in distress to seek health care from mental health providers. In addition, the Services train their medical providers and counseling staff on the proper suicide risk assessment and treatment. For example, the Marine Corps trained their Marine and Family Services counselors using the SPRC/AAS developed Assessing and Managing Suicide Risk curriculum and the Air Force developed the Air Force Guide for Managing Suicidal Behavior and the Clinical Management of Suicidal Behavior Policy.

**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.

- IHS** IHS GPRA measures now include screening for depression in primary care settings as best practice in order to assist in identifying patients at risk for developing suicidal ideation. Tools have been selected to assess depression, monitor response, track such response over time, and are incorporated into the IHS Electronic Health Record. IHS has consistently met or exceeded target goals for this GPRA depression screening measure. Through our Chronic Disease Collaborative and Innovations in Primary Care project, there are efforts to integrate behavioral health providers directly into primary care settings. Tele-behavioral health technology is increasingly adopted to improve access to behavioral health services. Currently, over 30 IHS and Tribal facilities in 8 IHS Areas are augmenting on-site behavioral health services with tele-behavioral health services. This type of system capacity building supports not only distance psychiatric services to remote communities where such services are not available now but can also be used to share resources more efficiently in urban and semi-urban areas.
- NIMH** Supports research addressing the issue; recently issued request for applications on suicide prevention in emergency departments. SAMHSA to collaborate through the provision of education and training on best practices.
- SAMHSA** Possible NIMH collaboration on topic.
- VA** Since 2005, VA has enhanced its mental health services by adding approximately 4000 full-time staff, and expanding the range of services that are available in VA Medical Centers and Clinics. It has also expanded the activities of the Vet Centers in its Readjustment Counseling Service to provide outreach to returning veterans and to communities, as well as direct counseling.

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**SECTION 2: INTERVENTION***DEVELOP AND IMPLEMENT COMMUNITY-BASED SUICIDE PREVENTION PROGRAMS.*

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*NSSP 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.*

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- DoD** Work with local and state suicide prevention offices to provide seamless care to at risk service members and their families. Collaborate through State National Guard offices to support suicide prevention planning for local communities.
- HRSA** The Maternal and Child Health Title V Block Grant Performance Measure 16: the rate (per 100, 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.
- IHS** IHS coordinates the 5 Areas with high rates of suicides to develop Area-wide suicide prevention plans, in alignment with the National Strategy and their respective State suicide prevention plans. These areas are also developing suicide prevention task forces to reduce suicide activity. As a result of the Transformation of Mental Health Care and the National Strategy for Suicide Prevention, IHS has formed an alliance with SAMHSA, other HHS agencies, and non-governmental organizations, States and tribes to address and reduce suicide activity across the U.S. and in Indian Country.
- NIMH** Staff provides technical assistance to States; supports research on implementation.
- SAMHSA** Progress through Suicide Prevention Resource Center (SPRC) and Garrett Lee Smith (GLS) grants.
- VA** VA has appointed suicide prevention coordinators, and is developing suicide prevention teams in each medical center. Their roles include collaborations and coordination of activities with those in each State and community.

## SECTION 2: INTERVENTION

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*NSSP 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.*

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- CDC** Staff provides technical assistance when requested & supports research.
- DoD** The Signs of Suicide Prevention Program was modified to meet the specific needs of military children and is being offered to middle and high schools located on military installations in the U.S. and overseas throughout DoDEA.
- ED** Grants to local and state educational agencies and Indian Tribes to establish linkages between schools and mental health systems, to build capacity and expand services; grants to provide qualified mental health professionals to schools, staff providers technical assistance as requested.
- HRSA** Funded two National School Based Mental Health Centers (University of Maryland and UCLA).
- 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.
- NIMH** Staff provides technical assistance as requested; agency supports relevant research.
- SAMHSA** Garrett Lee Smith (GLS) grants.

*NSSP 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.*

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- CDC** Staff provides technical assistance when requested & supports research.
- ED** Grants to institutions of higher education for prevention and intervention activities to reduce alcohol abuse; staff provides technical assistance as requested.
- 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 into Psychology Program - which addresses the issue of suicide.



## SECTION 2: INTERVENTION

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**NIMH** Staff provides technical assistance as requested; agency supports relevant research; current solicitation on college mental health research through ARRA funds.

**SAMHSA** Garrett Lee Smith (GLS) Grants.

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

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**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.

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

**VA** VA promotes and supports research on veteran suicide prevention and suicide prevention through the Office of Research and Development, the Mental Illness Research Education and Clinical Center in Denver, the Center of Excellence in Canandaigua, NY, the Serious Mental Illness Research Education and Clinical Center in Ann Arbor, the Office of Public Health, and other VA entities.

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*NSSP 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.*

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**CDC** Staff provides technical assistance when requested.

**IHS** In some Areas, IHS, BIA, and tribal law enforcement are collaborating to implement evidence based suicide prevention/intervention practices in BIA funded and tribal correctional facilities.

**NIMH** Agency currently supports SBIR grants on this.

**VA** VA provides re-entry services for veterans being released from Federal and State prisons.

*NSSP 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.*

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**AoA** The programs presented below represent initiatives that have received direct funding, support and partnership via the Administration on Aging (AoA). The National Council on Aging and the Aging Network partner, Sheltering Arms Senior Services, administer Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) Evidence-Based Depression Care Management, a national model program funded by the Administration on Aging. The project uses evidence-based intervention to screen, address and prevent depression in older adults. The Healthy IDEAS initiative was initiated in 2003 and to date includes community-based projects in nine states, seven of which are part of the Aging Network directly funded by the US Administration on Aging's discretionary grants program: Maryland (1 site), New Jersey (2 sites), Texas (3 sites), and Ohio (1 site). Six Healthy IDEAS sites in Maine are directly funded by the State Unit on Aging, local Area Agencies on Aging (AAAs), and National Family Caregiver Older American's Act funding. Two sites in Maryland and Vermont are creatively using Older American's Act Title III monies to fund depression intervention and prevention activities.

- Evidence-based Depression Care Management: Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) – Based in Washington State at the University of Washington's Health Promotion Research Center and supported by multiple private, state and local partners. Although no longer currently funded directly via AoA, several Aging Network entities are involved in this program, which is continuing to broadly disseminate its findings, toolkit and trainings to other aging service providers within the Aging Network. Currently, two of four sites funded are being implemented in Washington State via the Aging Network.
- AoA's Alzheimer's Disease Demonstration Grants to States (Caregiver Depression) recipients:
- Minnesota Board on Aging, Georgia's Department of Human Resources, Division of Aging Services, California Department on Aging, Maine Department of Health and Human Services (Healthy IDEAS), North Carolina Department of Health and Human Services
- State Plans on Aging, beginning 2008/2009, that address: Elderly Mental Health, Depression and Suicide Issues

### **Delaware**

- Formalize partnerships and service coordination protocols with mental health agencies

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## SECTION 2: INTERVENTION

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- Cross training with aging and mental health staff to identify mental health issues
- Outreach through information, referral and assistance

### **Florida**

- Train aging staff to identify warning signs for depression and other mental health symptoms
- Create community awareness and education on depression. Provide depression prevention tools, e.g. screening, assessment and case management protocols.

### **Idaho**

- Coordinate service provision with mental health agencies
- Create screening tools for partnering agencies

### **Kentucky**

- Implement Program to Encourage Active, Rewarding Lives for Seniors (PEARLs) project, an evidenced-based depression and mental health intervention program

### **Louisiana**

- Coordinate service with mental health agencies
- Provide education and awareness about depression symptoms

### **Maryland**

- Improve service coordination and bridge service gaps by partnering with mental health agencies

### **Maine**

- Coordinate service provision with mental health agencies
- Provide culturally appropriate sensitivity training to assist staff with interacting and addressing the needs of mentally ill clients

### **Nevada**

- Coordinate service provision with the state Office of Suicide Prevention Consumer Education
- Goals: Reduce incidence of suicide (highest elderly suicide rate in the country for the last 20 yrs.), Strengthen partnerships with mental health agencies and service providers, Encourage more collaboration with mental health agencies and service providers, Train staff in suicide prevention techniques, and Advocate for an increase in resources on suicide prevention

### **Pennsylvania**

- Increase awareness of the problem of suicide and prevention strategies:

## SECTION 2: INTERVENTION

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- Create and introduce suicide risk scales and depression assessment tools
- Create outreach and prevention strategies
- Train staff to address the needs of and to identify consumers at risk for suicide
- Encourage more partnerships with mental health providers

### South Carolina

- Improve aging network staff's identification of clients at risk for depression, including caregivers
- Coordinate service provision with mental health agencies

<b>CDC</b>	Staff provides technical assistance when requested.
<b>IHS</b>	IHS staff provides training, technical assistance/consultation to IHS and Tribal providers and caregivers of elders.
<b>NIMH</b>	Staff provides technical assistance as requested; agency supports relevant research.
<b>VA</b>	VA provides mental health services to older veterans in programs that integrate mental health with primary care, home-based care, and long-term care as well as in specialty mental health care programs.

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

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<b>CDC</b>	Staff provides technical assistance when requested.
<b>DoD</b>	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.
<b>IHS</b>	The IHS Community Suicide Prevention Website provides this information to the public. IHS staff also provides technical assistance, tribal consultation and public messaging re: suicide prevention and awareness.
<b>NIMH</b>	Staff provides technical assistance as requested, agency supports relevant research. Initiative for suicide prevention research in emergency departments intended to provide evidence base.
<b>VA</b>	VA provides services to veterans' families as a component of care provided to eligible veterans.

## SECTION 2: INTERVENTION

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*NSSP 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.*

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- DoD** DoD created the Defense Centers of Excellence in Psychological Health and Traumatic Brain Injury which chairs the DoD Suicide Prevention and Risk Reduction Committee (SPARRC) and co-hosts the annual Military Suicide Prevention Conference with the VA. SPARRC serves as a collaborative effort to ensure sharing and vetting of best practices to act as a force multiplier in Service based suicide prevention programs.
- IHS** IHS refers AI/AN tribes and communities to the Tribal Prevention Specialists at the Suicide Prevention Resource Center. These SPRC Tribal Prevention Specialists participate on conference calls for the IHS Area suicide prevention programs and the US/Canada MOU Ad Hoc Working Group on Suicide Prevention.
- SAMHSA** Completed-Suicide Prevention Resource Center (SPRC).
- VA** VA has implemented the Mental Illness Research Education and Clinical Center in Denver as a center focused on biological and neuropsychiatric approaches, and the Center of Excellence in Canandaigua as a center focused on public health approaches for suicide prevention. It has developed the Serious Mental Illness Research Education and Clinical Center in Ann Arbor as a center focused on studies of veterans' suicide rates, risk factors, and their regional variation.

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*NSSP 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.*

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- AHRQ** AHRQ currently supports research providing evidence for best practices.
- 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** Physicians, and other health professions, and behavioral health staff routinely screen for depression and suicidal behaviors (including lethal means). Community mental health representatives and injury prevention staff provide technical assistance/consultations and grants in this area.

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**NIMH** Staff provides technical assistance as requested; agency supports relevant research. Initiative for suicide prevention research in emergency departments intended to provide evidence base.

**VA** VA requires clinical evaluations of the risk of suicide, including assessment of access to lethal means, in those who screen positive for mental health conditions.

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*NSSP 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.*

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**AHRQ** AHRQ currently supports a nationwide survey, the Healthcare Cost and Utilizations Project (HCUP), which is the largest collection of longitudinal hospital care data in the United States with all-payer, encounter-level information. Specific data on hospitalizations are included.

**IHS** Community health representatives and injury prevention staff provide technical assistance.

**VA** VA is implementing a gun safety program in each medical facility that will include the distribution of gun safety literature and gun locks.

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

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

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

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**AHRQ** AHRQ supports research providing evidence for best practices.

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

**VA** VA is implementing a gun safety program in each medical facility, that will include the distribution of gun safety literature and gun locks.

## SECTION 2: INTERVENTION

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

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**CDC** Staff provides technical assistance when requested and supports research.

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

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**DoD** DoD is supporting research on creative efforts to prevent suicide through the Military Operational Medical Research Program.

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*NSSP 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.*

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**AHRQ** AHRQ supports research providing evidence for best practices.

**DoD** DoD has policy and training in place to encourage the appropriate assessment and management of suicide risk by clinicians.

**IHS** Staff provides clinical policy, guidelines and technical assistance/consultation in this area as needed. Training has been developed for health professionals including 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.

**VA** VA has extensive training activities for providers in areas such as the recognition, diagnosis, and treatment of mental health conditions, and pain management. In addition, there are programs specifically targeting suicide prevention more directly. VA has implemented mandatory training in suicide prevention for all VHA health care providers, and for all non-clinical staff that interacts with veterans.

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*NSSP 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.*

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- AHRQ** AHRQ supports research providing evidence for best practices.
- 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. Area and local clinical policy and opportunities for training meet established requirements.
- IHS** Area and local clinics provide clinical policy and opportunities for training to meet established requirements.
- NIMH** Supports research providing evidence for best practices.
- SAMHSA** Through proposed alliance.
- VA** VA has implemented mandatory training in suicide prevention for all VHA health care providers.

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*NSSP 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.*

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- AHRQ** Supports research providing evidence for best practices.
- DoD** DoD has policy and training in place to encourage the appropriate assessment and management of suicide risk by clinicians. For example, all Navy psychology interns are exposed to seminars and training in suicide risk assessment by the American Association of Suicidology.
- 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 into Psychology Program - which addresses the issue of suicide.
- NIMH** Supports research providing evidence for best practices.
- SAMHSA** Through proposed alliance.



## SECTION 2: INTERVENTION

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**VA** VA has implemented mandatory training in suicide prevention for all VHA health care providers

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*NSSP 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 health disorders and faith crises.*

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**DoD** DoD has policy and training in place to encourage the appropriate assessment and management of suicide risk by chaplains. For example, all Navy Chaplains receive basic training on suicide awareness and prevention techniques. Over and above this baseline, some chaplains receive clinical training as part of the Pastoral Care Residency (PCR) program, which is a run for the Chief of Navy Chaplains by the Bureau of Navy Medicine with support from the Department of Veteran's Affairs. A key part of the PCR curriculum addresses suicide as it relates to spiritual crisis and mental disorders.

**IHS** Staff is assisting AI/AN communities, including clergy and traditional healers, 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.

**VA** VA has implemented mandatory training on suicide prevention for all VHA staff that interacts with veterans. Working through the Suicide Prevention Coordinators in each medical center, VA provides "guide" training on warning signs of suicide and the availability of effective treatment for individuals in the community including veterans, families, and staff from agency and organization.

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*NSSP 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.*

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**DoD** 100% of DoD personnel receive training annually on identifying and responding to suicide risk.

**ED** Grants to local and state educational agencies and Indian Tribes to establish linkages between schools and mental health systems, to build capacity, provide professional development and expand services to help improve ability to identify risk and make appropriate referrals; staff provides technical assistance as requested.

## SECTION 2: INTERVENTION

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- 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.
- IHS** Educational faculty and staff are provided opportunities for suicide prevention/intervention training at IHS national and regional conferences and summits. IHS staff to provide training at national, regional, and local education conferences and trainings when requested.
- NIMH** Supports research providing evidence for best practices.
- SAMHSA** Through Garrett Lee Smith (GLS) Grants.

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

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- 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.
- VA** Working through the Suicide Prevention Coordinators in each medical center, VA provides “guide” training on warning signs of suicide and the availability of effective treatment for individuals in the community including veterans, families, and staff from relevant agencies and organizations.

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*NSSP 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.*

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- DoD** 100% of DoD personnel have received training annually on identifying and responding to suicide risk, including Judge Advocate General Corps attorneys and other legal staff personnel.
- NIMH** Supports research providing evidence for best practices.

## SECTION 2: INTERVENTION

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**SAMHSA** Through proposed Alliance.

**VA** Working through the Suicide Prevention Coordinators in each medical center, VA provides “guide” training on warning signs of suicide and the availability of effective treatment for individuals in the community including veterans, families, and staff from agency and organizations.

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*NSSP 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.*

---

**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.

**SAMHSA** Through proposed Alliance.

**VA** Working through the Suicide Prevention Coordinators in each medical center, VA provides “guide” training on warning signs of suicide and the availability of effective treatment for individuals in the community including veterans, families, and staff from agency and organizations. As part of its ongoing education and outreach activities for veterans, VA has developed and disseminates psychoeducational materials about suicide prevention for veterans/families.

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*NSSP 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.*

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**NIMH** Supports research providing evidence for best practices.

**SAMHSA** Through proposed Alliance

*NSSP 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.*

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- CDC** Supports research in this area.
- 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.
- IHS** IHS physicians, other emergency personnel, and behavioral health staff routinely screen for depression and suicide behaviors (including lethal means). There are depression screening tools and suicide surveillance tools available on the patient's electronic health record. One primary care based behavioral health intervention is the Alcohol Screening Brief Intervention, which our agency is broadly promoting as an integral part of emergency and primary care.
- NIMH** Collaboration with AFSP to support ED patient registry to track and follow-up care. Supports research providing evidence for best practices. Initiative for suicide prevention research in emergency departments intended to provide evidence base.
- 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.
- VA** Emergency departments in VA Medical Centers have 24/7 mental health coverage. Medical Centers and Community Based Outpatient Clinics that do not have Emergency Departments or 24/7 Urgent Care Centers are developing understandings with community emergency departments to facilitate the availability of mental health emergency care services on a 24/7 basis. VA provides educational outreach to mental health and primary care providers in the community who may see veterans or their families to promote awareness of the invisible wounds of war, of military and veteran's culture, and the availability of services through VA.

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

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- AHRQ** AHRQ supports research providing evidence for best practices.
- CDC** Supports research in this area.
- 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 and along with the Marine Corps has trained their staff with 1-day AAS/SPRC curriculum, "Assessing and Managing Suicide Risk."
- 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.
- IHS** 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 tools and suicide surveillance tools available on the patient's electronic health record.
- NIMH** Collaboration with AFSP to support ED patient registry to track follow up care. Current initiative for suicide prevention research in emergency departments intended to provide evidence base. Supports research in providing evidence for best practices.
- SAMHA** Suicide Prevention Resource Center developed Suicide Assessment Five-Step Evaluation and triage care (SAFE-T). National Suicide Prevention Lifeline developed suicide risk assessment standards which have been implemented in all National Suicide Prevention Lifeline crisis centers.

## SECTION 2: INTERVENTION

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**VA** VA's suicide prevention program is based on the general principles that effective suicide prevention requires both public health and clinical programs, and that the clinical activities must include ready access to high quality mental health services as well as programs directed specifically toward suicide prevention. VA integrates services for the evaluation and treatment of mental health conditions into primary care, and other medical care settings.

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*NSSP 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.*

---

**AHRQ** AHRQ supports research providing evidence for best practices.

**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** IHS Manual is currently being revised. The Indian health system behavioral health and substance abuse staff routinely screen for depression and suicidal behaviors (including lethal means). There are depression screening tools and suicide surveillance tools available on the patient's electronic health record.

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

**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.

**VA** VA's suicide prevention program is based on the general principles that effective suicide prevention requires both public health and clinical programs, and that the clinical activities must include ready access to high quality mental health services as well as community-based programs supporting help-seeking, and clinical program directed specifically toward suicide prevention. VA is a national system, and its policies are implemented in each of its medical centers and clinics.

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*NSSP 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.*

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- 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** IHS Manual is currently being revised. Staff provides technical assistance as requested.
- NIMH** Staff provides technical assistance as requested; relevant research supported by agency.
- 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.
- VA** VA has national requirements for continuity of care and timely follow-up for those discharged from inpatient mental health units, and residential care programs, as well as those seeking emergency care for problems related to mental health conditions.

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*NSSP 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, and clergy) who have received training that addresses their own exposure to suicide and the unique needs of suicide survivors.*

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- AHRQ** AHRQ currently supports a nationwide survey, the Healthcare Cost and Utilizations Project (HCUP), which is the largest collection of longitudinal hospital care data in the United States with all-payer, encounter-level information. Specific data on hospitalizations are included.
- 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. Newer training focuses on Psychological First Aid models. Every installation has trained teams ready to respond to the needs of first responders and other trauma victims.

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- 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. The IHS Emergency Medical Services/Preparedness Division is supporting AI/AN communities by utilizing the IHS Emergency Response to Suicide Model to assess communities with high incidence of suicide, coordinate a response to the affected community, and augment existing staff, with the goal of mitigating the emergency and stabilizing the community. This response has included training provided to law enforcement, emergency personnel, emergency medical technicians, and other service providers.
- NIMH** Staff provides technical assistance as requested; relevant research supported by agency.
- SAMHSA** Suicide Prevention Resource Center is developing a curriculum to be used for this purpose.

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

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- AHRQ** AHRQ supports research providing evidence for best practices.
- 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.
- 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.
- IHS** IHS Manual is currently being revised to include treatment and follow-up.
- NIMH** Agency currently supports grants on this.
- VA** VA utilizes quality and performance indicators throughout its system to monitor the quality of care for mood disorders, as well as other mental health conditions.



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*NSSP 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.*

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**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.

**IHS** In some Areas, staff is providing training (e.g. Traumatic Stress Response/CISM services) to IHS and Tribal Emergency Response personnel. The IHS Manual is currently being revised to include a sexual assault policy. The IHS and Administration for Children and Families (ACF) are jointly funding a competitive cooperative agreement for Violence Against Women (VAW) Pilot Program. The program aims to improve the responsiveness of tribal and urban Indian health facilities that provide care to AI/AN females aged 13 and above who have experienced domestic violence and sexual assault.

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

**VA** VA screens all veteran patients for histories of military sexual trauma, and expedites further evaluations and treatment for those who screen positive.

*NSSP 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).*

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**DoD** Services provide marketing materials including posters and brochures that are available at military treatment facilities to educate patients and family members on suicide risk, warning signs and protective factors.

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- 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
- IHS** IHS Manual is currently being revised and addresses the treatment of mental health and substance abuse disorders including those at risk of suicide.
- NIMH** Staff provides technical assistance as requested; relevant research supported by agency.
- VA** Working through the Suicide Prevention Coordinators in each medical center, VA provides “guide” training on warning signs of suicide and the availability of effective treatment for individuals in the community including veterans, families, and staff from agency and organizations. As part of its ongoing education and outreach activities, as well as a component of care for veterans, VA has developed and disseminates psychoeducational materials about suicide prevention for veterans and families.

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*NSSP 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).*

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- AHRQ** AHRQ currently supports providing evidence for best practices.
- 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.
- 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.

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- 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 the alcohol screening and brief intervention (ASBI) program and has developed guidelines for implementation. IHS manual is currently being revised and will provide guidelines for screening.
- NIMH** Staff disseminates Joint Commission patient safety goals; relevant research supported by agency.
- VA** VA requires periodic screening for depression, post-traumatic stress disorder, and problem-drinking in all of its health care programs. It requires clinical evaluations of the risk of suicide in all patients who screen positive.

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*NSSP 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).*

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- AHRQ** Agency working with partners.
- 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. IHS GPRA measures now include screening for depression in primary care settings as best practice in order to assist in identifying patients at risk for developing suicidal ideation. IHS has consistently met or exceeded target goals for this GPRA depression screening measure.
- NIMH** Agency supports relevant research.
- VA** VA includes screening and follow-up for positive screens for depression, post-traumatic stress disorder, and problem drinking among the indices it follows in its quality and performance program.

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*NSSP 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.*

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

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*NSSP 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.*

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

**VA** The responsibilities of the Suicide Prevention Coordinators in each facility include outreach and liaison with community agencies and organizations. VA conducts outreach to enrolled and eligible veterans through Vet Center programs, and other mechanisms.

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*NSSP 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.*

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**CDC** Agency reviews & recommends policies in this area.

**ED** Grants to local and state educational agencies to create protocols and improve access to mental health services; grants to institutions of higher education, and other public and private nonprofit organizations to address alcohol use and high risk drinking; staff provides technical assistance as requested.

**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.

**NIMH** Agency supports relevant research. Current initiative on college mental health research; using ARRA funds.

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*NSSP 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.*

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**CDC** Agency reviews & recommends policies in this area.

## SECTION 2: INTERVENTION

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**ED** Grants to educational agencies, local educational agencies and Tribes to establish linkages between schools and mental health systems, to build capacity and expand services; staff provides technical assistance as requested.

**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.

**NIMH** Agency supports relevant research.

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*NSSP 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.*

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**ED** Grants to state educational agencies, local educational agencies and Indian Tribes to establish linkages between schools and mental health systems, to build capacity and expand services; staff provide technical assistance as requested. Several recipients have addressed SBHC's.

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

**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.

**NIMH** Agency supports relevant research.

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*NSSP 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.*

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**NIMH** Agency supports relevant SBIR research.

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**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.

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*NSSP 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.*

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**DoD** Services are encouraging more robust postvention efforts. For example, the Marine Corps added a section on postvention to their suicide prevention website, work with the Tragedy Assistance Program for Survivors (TAPS) and engage survivors interested in working with the suicide prevention program. Further, the annual Military Suicide Prevention Program included numerous workshops and presentations by and for survivors in January 2009.

**NIMH** Agency supports relevant research.

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*NSSP 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.*

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

**NIMH** Agency supports relevant research.

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*NSSP 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.*

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

**SAMHSA** With Entertainment Industries Council supports annual PRISM awards

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**VA** VA works with the Federal Partners Work Group of Suicide Prevention and relevant academic partners to promote the ethical and responsible reporting of suicide in news reports, and its depiction in entertainment media.

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*NSSP 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.*

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**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.

**VA** VA works with the Federal Partners Work Group of Suicide Prevention and relevant academic partners to promote the ethical and responsible reporting of suicide in news reports, and its depiction in entertainment media.

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

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**CDC** Collaboration with AFSP & Annenberg Foundation.

**DoD** The Service Suicide Prevention Programs work closely with Service and DoD Public Affairs Officers to ensure coverage of suicides is accurate and appropriate, and to regularly release suicide prevention messages and information.

**NIMH** Collaborated with Annenberg Foundation on earlier survey.

**VA** VA works with the Federal Partners Work Group of Suicide Prevention and relevant academic partners to promote the ethical and responsible reporting of suicide in news reports, and its depiction in entertainment media.

*NSSP 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.*

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

**VA** VA works with the Federal Partners Work Group of Suicide Prevention and relevant academic partners to promote the ethical and responsible reporting of suicide in news reports, and its depiction in entertainment media.



**SECTION 3: METHODOLOGY*****PROMOTE AND SUPPORT RESEARCH ON SUICIDE AND SUICIDE PREVENTION***

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

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**CDC** Agency developed a research agenda.

**DoD** The Defense Centers of Excellence on Psychological Health and Traumatic Brain Injury promotes research through a research directorate. The Army acts as an executive agent for numerous DoD research programs including Military Operational Medicine Research Program which currently manages RFAs for grant moneys in suicide prevention research. The Services collaborate with academic institutions such as the Uniformed Services University of the Health Sciences (USUHS), the University of Rochester, and the Catholic University of America. The Rand Corporation is conducting a study of DoD suicide prevention programs and the Army and Marine Corps are collaborating with NIMH on a 5-year longitudinal study of suicide factors.

**IHS** The Tribal Epidemiology Centers are developing increasing interest in behavioral health concerns. The Tribal Epidemiology Centers, CDC, and IHS convene regular conference calls to discuss injury-related subjects, including suicidal behavior. IHS and NIH collaborate on NARCH grants in which a few are addressing suicide research.

**NIMH** Agency has period research initiatives informed by workshops that include researchers and advocates (survivors, practitioners).

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***NSSP 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.***

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**AHRQ** AHRQ supports research providing evidence for best practices.

**DoD** The Military Operational Medicine Research Program is reviews applications for DoD grant moneys in suicide prevention research. The Uniformed Services University of Health Sciences engages in a program of suicide prevention and intervention research.

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

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

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- SAMHSA** Suicide Prevention Resource Center (SPRC), SAMHSA.

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

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- CDC** Agency supports relevant research.
- DoD** The Military Operational Medicine Research Program is reviews applications for DoD grant moneys in suicide prevention research. The Uniformed Services University of Health Sciences engages in a program of suicide prevention and intervention research and is studying specific Marine Corps initiatives. Rand Corporation is conducting a study of all DoD suicide prevention programs' effectiveness.
- HRSA** Journal Article commissioned by the MCHB about New Jersey's Best Practices to prevent adolescent suicide.
- IHS** NARCH grant provided funding to several communities for research on suicide prevention. Collaboration has occurred between IHS, NIH, and Tribal communities.
- NIMH** Agency supports relevant research.
- SAMHSA** Suicide prevention evaluations.

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

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- CDC** Collaboration with National Association of Medical Examiners.

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**DoD** Each Service's investigative bodies (i.e., AFOSI, NCIS, CID) have well-established standardized procedures for death scene investigations.

**NIMH** Plans to support meeting of suicide prevention researchers with national violent death reporting system (NVDRS) staff to address this.

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

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**CDC** Agency supports National Violent Death Reporting System.

**DoD** Each Service collects and analyzes data on suicides, and DoD has standardized data collection through the implementation of the DoD Suicide Event Report in use by all Services and managed at the Center of Excellence in Telehealth and Technology, a center of the Defense Centers of Excellence on Psychological Health and Traumatic Brain Injury.

**HRSA** Maternal and Child Health Title V National Performance Measure 16 related to adolescent suicide rates.

**IHS** IHS has developed a suicide surveillance reporting tool to document incidents of suicide in a standardized and systematic fashion. This tool is part of the RPMS health information system and is available to all providers. The Suicide Reporting Database is beginning to provide a more detailed picture of who is committing or attempting suicide and identifies salient factors contributing to the events. Accurate and timely data captured at the point of care provides important clinical and epidemiological information that can be used to inform intervention and prevention efforts.

**NIMH** 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. Plans to support meeting of suicide prevention researchers with national violent death reporting system (NVDRS) staff to address this.

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*NSSP 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.*

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**AHRQ** AHRQ currently supports a nationwide survey, the Healthcare Cost and Utilization Project (HCUP), which is the largest collection of longitudinal hospital care data in the United States with all-payer, encounter-level information. Specific data on suicide-related hospitalizations are included.

**CDC** Active project.

**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.

**NIMH** Current initiative on suicide prevention in emergency departments requests reliable approach to screening, triage, and follow-up.

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

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**CDC** Active project.

**NIMH** Will pursue opportunity to expand to psychosocial autopsy study.

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*NSSP 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.*

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

**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.

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

- IHS** IHS is developing an IHS-wide Behavioral Health “data mart” to provide IHS leadership with up-to-date information on Suicidal events including Suicide Completions. The application will include a number of available reports and will provide the ability to identify “cluster” events to assist in the mobilization and deployment of available resources. IHS will also publish an Indian Health Focus report on Behavioral Health which will include suicide data. 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 collected in data warehouse.
- NIMH** Supports research initiative for states to collect relevant data and collaborate with other states to assess various policies.
- SAMHSA** Suicide Prevention Resource Center monitors and posts on its website state suicide prevention activity, including annual reports.

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

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- AHRQ** AHRQ currently supports a nationwide survey, the Healthcare Cost and Utilization Project (HCUP), which is the largest collection of longitudinal hospital care data in the United States with all-payer, encounter-level information. Specific data on suicide-related hospitalizations are included.
- CDC** Agency supports current projects such as YRBS.
- DoD** Multiple DoD surveys include questions about suicidality, such as the DoD Survey of Health-Related Behavior and the DoD Quality of Life Survey.
- HRSA** Uniform Data Source for Community Health Centers.
- NIMH** Agency is reviewing current surveys.
- SAMHSA** SAMHSA’s Office of Applied Studies included questions on suicidal ideation, plans, and attempts in the 2008 National Survey on Drug Use and Health (NSDUH). Questions were asked of adults aged 18 and over 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.

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*NSSP 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.*

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- CDC** Agency activity with National Violent Death Reporting System (NVDRS) to address fatalities.
- 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.
- IHS** Data is collected nationally from across IHS areas and facilities into and IHS national data warehouse.
- NIMH** Supports research initiative for states to collect relevant data and collaborate with other states to assess various policies.