

Suicide Prevention Resource Center: A National Resource for a National Imperative

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Annual Suicide Prevention Conference

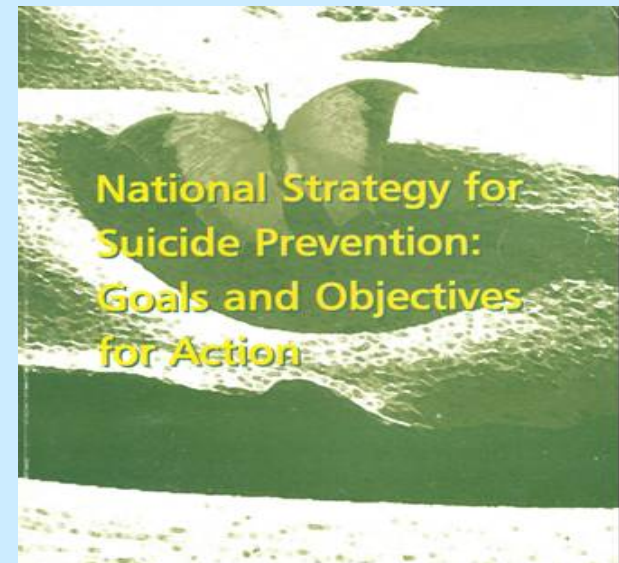
January 11, 2010

“Suicide has stolen lives around the world and across the centuries...

Only recently have the knowledge and tools become available to approach suicide as a preventable problem with realistic opportunities to save many lives.”

– William Styron

***National Strategy for
Suicide Prevention:
Goals and Objectives
for Action***



GOAL 4:
Develop and implement
community-based
suicide prevention programs.

Objective 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.

Suicide Prevention Resource Center

SPRC promotes the implementation of the NSSP and enhances the nation's mental health infrastructure by providing states, government agencies, private organizations, colleges and universities, and suicide survivor and mental health consumer groups with access to the science and experience that can support their efforts to develop programs, implement interventions, and promote policies to prevent suicide.

SPRC Steering Committee

A distinguished group of experts and stakeholders including:

- Janet Hawkins, M.S.W., M.P.A.
Defense Center of Excellence for Psychological Health and Traumatic Brain Injury
- Bradley Karlin, Ph.D., M.S.
Office of Mental Health Services, VA Central Office

SPRC Functions:

- Translate research to practice
- Provide expert consultation
- Deliver technical assistance
- Develop and disseminate training
- Gather and disseminate resources
- Manage the Best Practices Registry

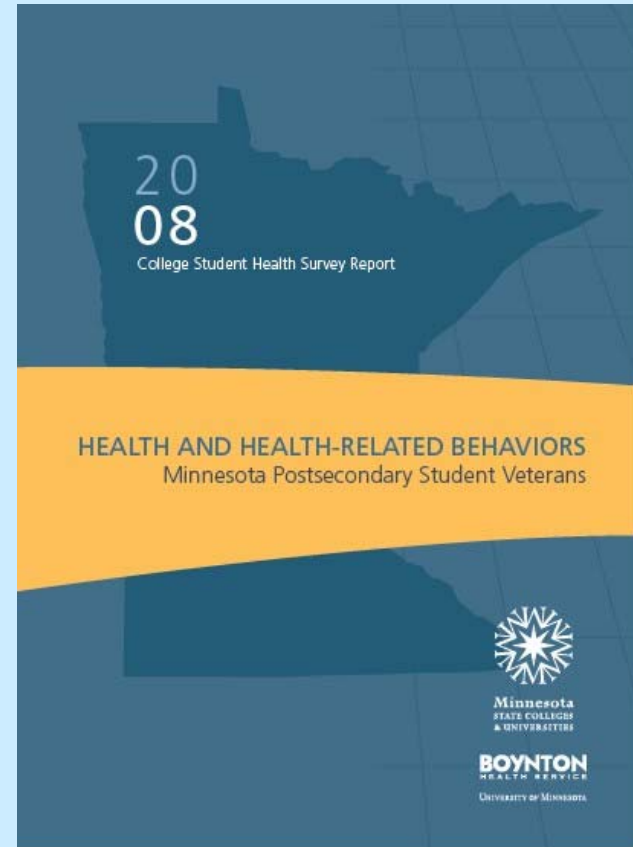
SPRC provides customized assistance and technical resources to:

- SAMHSA suicide prevention grantees – state, tribal, and campus
- Non-grantees, such as suicide prevention coordinators and coalition members

University of Minnesota

Health and Health-Related Behaviors: Minnesota Postsecondary Student Veterans

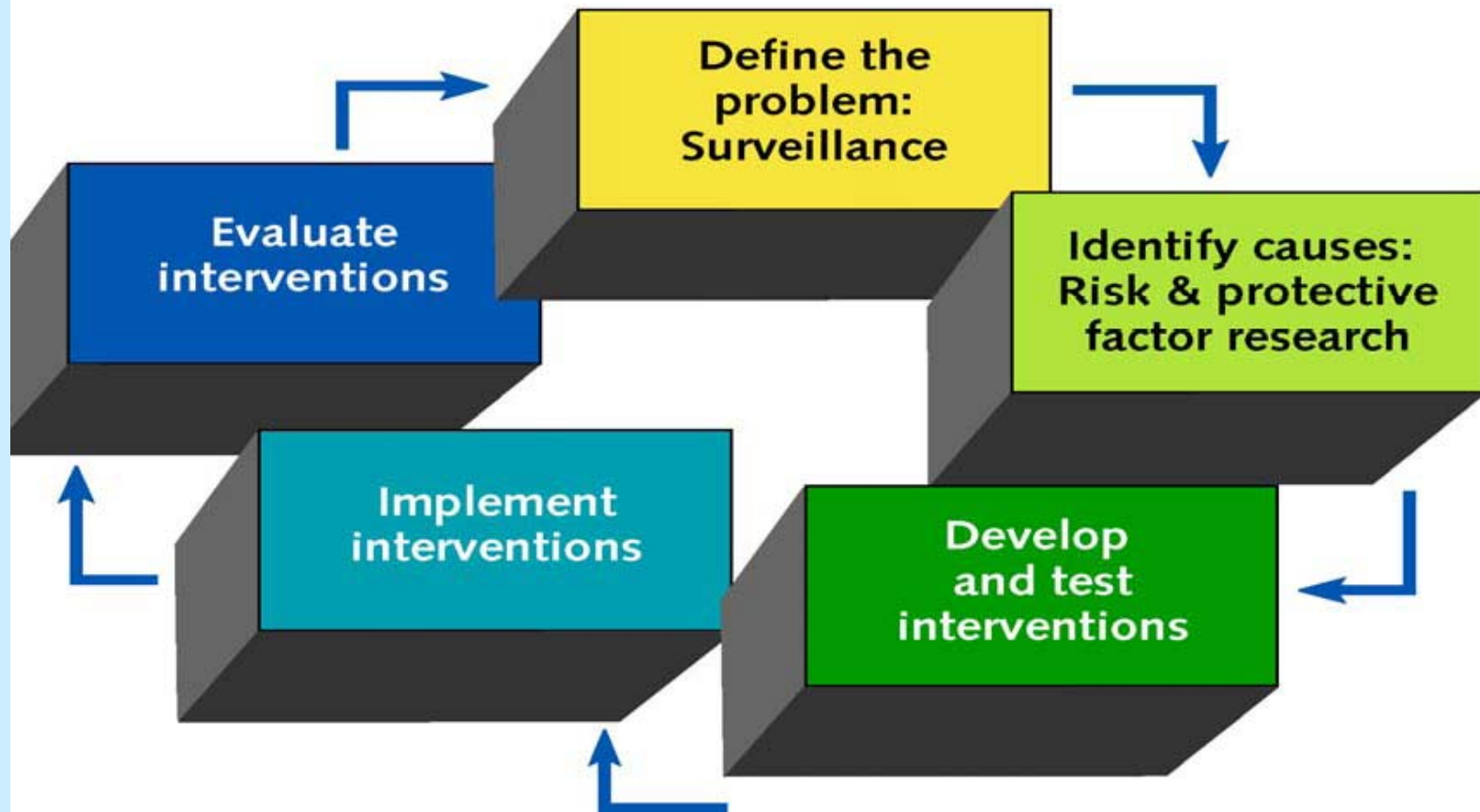
http://www.bhs.umn.edu/healthdata/report/Veterans_CSHSReport_08.pdf



GOAL 1:

**Promote awareness that suicide
is a public health problem
that is preventable.**

The Public Health Approach to Prevention



We need to...

- Increase awareness that suicide is a serious public health problem
- Dispel myths about suicide and suicide prevention



U.S. Department of Defense Military Health System

www.health.mil

GOAL 2:

**Develop broad-based support
for suicide prevention**

The National Action Alliance for Suicide Prevention

- A public-private partnership to move the goals and objectives of the National Strategy for Suicide Prevention (NSSP) from paper to practice.
- Coordinated by SPRC.

GOAL 3:

Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services.



Veterans Suicide Prevention Hotline
www.suicidepreventionlifeline.org/Veterans



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Suicide Prevention 101
Attempts and Attempt Survivors
Awareness and Safe Messaging
Clinical Resources
Cultural Competence
Data and Statistics
Media
Mental Health
Policy and Legislation
Populations and Settings

Adult Corrections
American Indians/Alaska Natives
Asian Americans/Pacific Islanders
Black /African Americans
College
Faith-based
First Responders
Foster Care
Hispanics/Latinos

Home SPRC > Populations and Settings > Military/Veterans

U.S. Air Force Suicide Prevention Program
 URL: http://afsp. afms.mil/idc/groups/public/documents/webcontent/knowledgejunction.hcst?functionalarea=AFsuicidePreventionPrm&doctype=subpage&docname=CTB_018216&incbanner=0
 This official U.S. Air Force website contains and overview of the Air Force suicide prevention program as well as products, policies and resources on suicide prevention.
[Show Details](#)

U.S. Army Behavioral Health- Suicide Prevention
 URL: <http://www.behavioralhealth.army.mil/sprevention/index.html>
 This official U.S. Army website contains links to the suicide prevention mission and other Army suicide prevention materials.
[Show Details](#)

U.S. Coast Guard Suicide Prevention
 URL: http://www.uscg.mil/hq/g-w/g-wk/wkw/EAP/suicide_prevention.htm
 This official U.S. Coast Guard website contains information on what suicide prevention training is available as well as links to related websites.
[Show Details](#)

U.S. Marine Corps Suicide Prevention Program
 URL: <http://www.usmc-mccs.org/suicideprevent/>
 This official U.S. Marine Corps website contains news items, training materials, and other information about suicide and suicide prevention in the Marine Corps. The site includes a toolbox for Marines and their families, command and leaders, and health professionals. A link to the Leaders Guide for Managing Marines in Distress is also listed.
[Show Details](#)

U.S. Navy Suicide Prevention Program
 URL: <http://www.npc.navy.mil/CommandSupport/SuicidePrevention/>
 This official U.S. Navy website contains information on suicide, training materials, and presentations on suicide prevention. A link to the Leaders Guide for Managing Sailors in Distress is also listed.
[Show Details](#)

Depression screening in a VA primary care clinic
 URL: <http://psychservices.psychiatryonline.org/cgi/reprint/57/12/1694.pdf>
 Psychiatric Services. 2006 Dec; 57:1694-96. In 1998, the U.S. Department of Veterans Affairs (VA) mandated annual depression screening at all VA primary care clinics. VA Medical Center, New Orleans, implemented a four-item screening tool. The authors report on an evaluation of the screening program.
[Show Details](#)

Depressive disorder treatment in the military health system (MHS): A national quality management program special study
 URL: <https://www.gmo.amedd.army.mil/depress/NQMP.pdf>
 The purpose of this study was twofold. First, the study obtained baseline measurement rates for the Major Depressive Disorder CPG (the diagnosis codes for depression included non major depression diagnoses). Second, the study measured Antidepressant Medication Management using Health Plan Employers Data and Information Set (HEDIS) 2002 Technical Specifications. MHS (Military Health System) performance rates were compared to rates from HEDIS civilian managed care plans.

SPRC Library - <http://library.sprc.org>

GOAL 5:

Promote efforts to reduce access to lethal means and methods of self-harm.

Is Your Patient Suicidal?

1 in 10 suicides are by people seen in an ED within 2 months of dying. Many were never assessed for suicide risk. Look for evidence of risk in *all* patients.

Signs of Acute Suicide Risk

<ul style="list-style-type: none"> ❖ Talking about suicide ❖ Seeking lethal means ❖ Purposeless ❖ Anxiety or agitation ❖ Insomnia ❖ Substance abuse 	<ul style="list-style-type: none"> ❖ Hopelessness ❖ Social withdrawal ❖ Anger ❖ Recklessness ❖ Mood changes
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Other factors:

- ❖ **Past suicide attempt** increases risk for a subsequent attempt or suicide; multiple prior attempts dramatically increase risk.
- ❖ **Triggering events** leading to humiliation, shame, or despair elevate risk. These may include loss of relationship, financial or health status—real or anticipated.
- ❖ **Firearms** accessible to a person in acute risk magnifies that risk. Inquire and act to reduce access.


Patients may not spontaneously report suicidal ideation, but 70% communicate their intentions to significant others. Ask patients directly and seek collateral information from family members, friends, EMS personnel, police, and others.

Ask if You See Signs or Suspect Acute Risk—Regardless of Chief Complaint

1. Have you ever thought about death or dying?
2. Have you ever thought that life was not worth living?
3. Have you ever thought about ending your life?
4. Have you ever attempted suicide?
5. Are you currently thinking about ending your life?
6. What are your reasons for wanting to die and your reasons for wanting to live?

How you ask the questions affects the likelihood of getting a truthful response. Use a non-judgmental, non-condescending, matter-of-fact approach.






These questions represent an effective approach to discussing suicidal ideation and attempt history; they are not a formalized screening protocol.

National Suicide Prevention Lifeline: 1-800-273-TALK (8255)


The 24-hour, toll-free lifeline is available to those in suicidal crisis. The Lifeline is not a resource for practitioners in providing care.

10% of all ED patients are thinking of suicide, but most don't tell you.
Ask questions—save a life.

See publications available from the National Prevention Innovation Center. Check us out on YouTube for the Advancing Suicide and Mental Health Services Administration (AMHS) 10K Experience at Health and Human Services (HHS). (2014) (NPSIC). Any opinions, findings and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of SAMHSA.

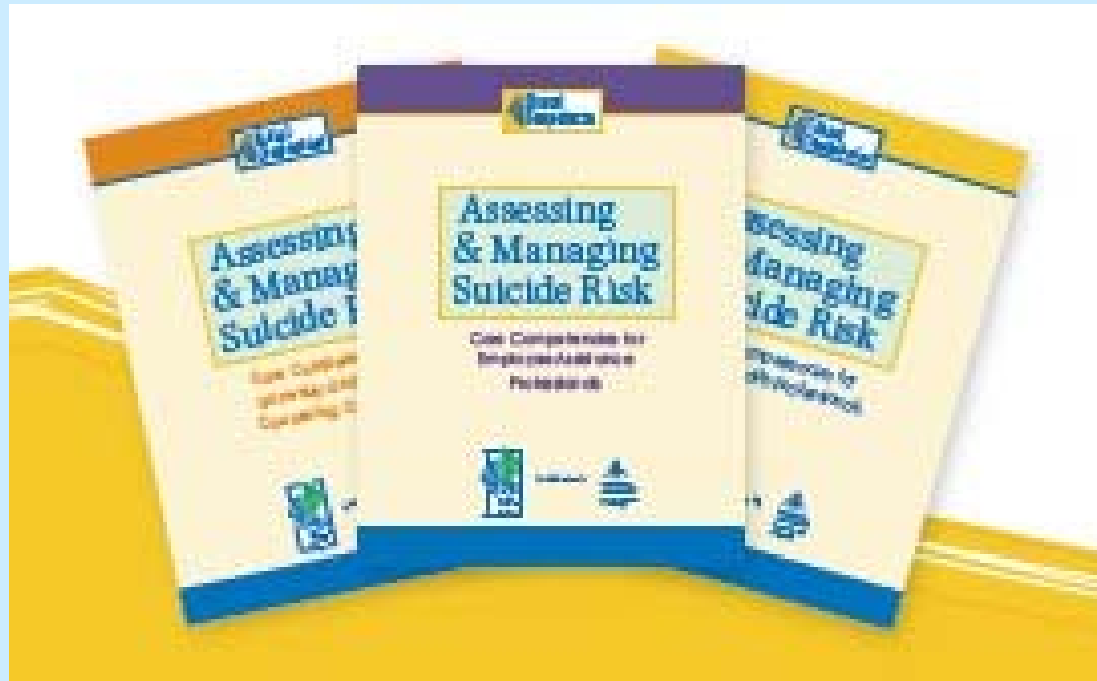






Information online at:
http://www.sprc.org/library/ER_SuicideRiskPosterVert2.pdf

Copies can be ordered from:
www.ena.org/store

GOAL 6:

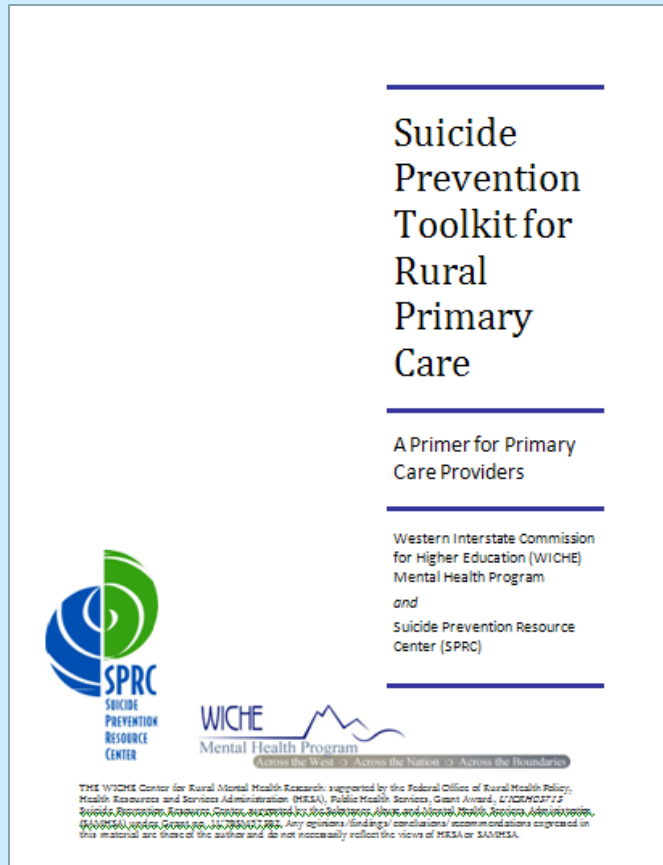
**Implement training for recognition of
at-risk behavior and
delivery of effective treatment.**



For more information about the Assessing & Managing Suicide Risk workshop, contact Isaiah Branton , AMSR Training Coordinator, at ibranton@edc.org or 202-572-3789.

GOAL 7:

**Develop and promote effective
clinical and professional practices.**



To download a free copy, go to
www.sprc.org/pctoolkit

**To order a hard copy of the
toolkit, go to**
www.wiche.edu

GOAL 8:

**Improve access to and
community linkages with
mental health and
substance abuse services.**

The Weekly Spark

www.sprc.org/news

NEWS HEADLINES:

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National News

Brigade teams bring mental health to Fort Campbell, The Washington Post, Nov. 30, 2009

At Fort Campbell army base in Kentucky, a new team structure is helping leaders identify and respond to signs of stress among soldiers. In the new approach, counselors and social workers are assigned to each brigade so they can get to know commanders and soldiers. Doctors, chaplains, and legal officers are also part of the team. To further encourage soldiers to discuss problems openly, each team has a licensed therapist known as a "military family life consultant" who can talk to soldiers off the record. Such meetings may be held off-post at an informal location, such as a coffee shop.

[Link to Article](#)

GOAL 9:

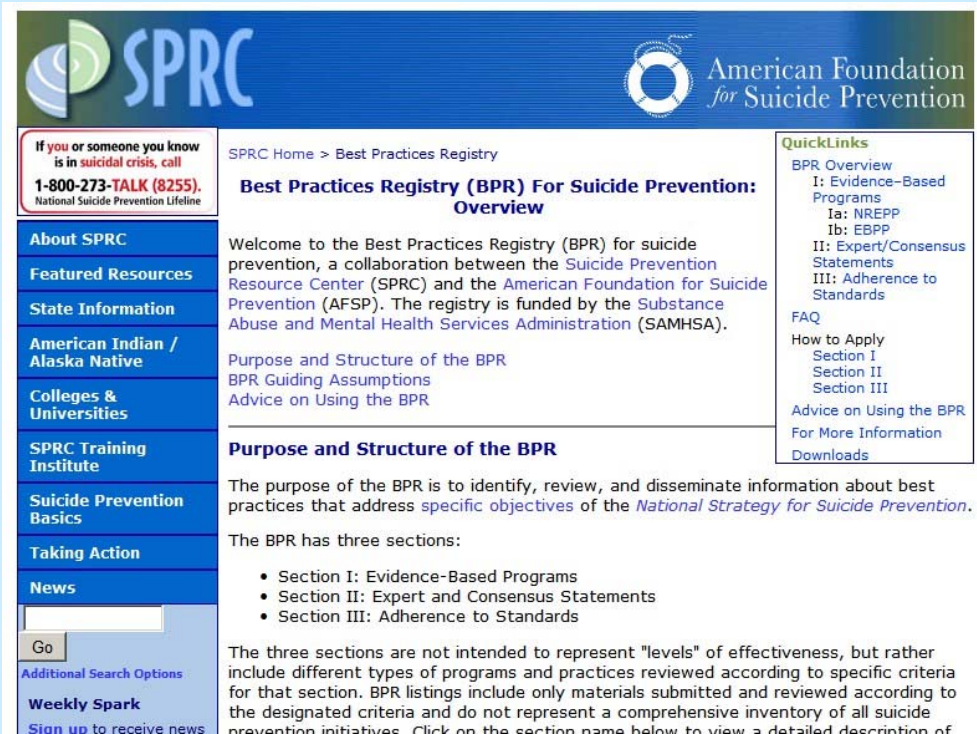
Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the entertainment and news media.

GOAL 10:

**Promote and support research on
suicide and suicide prevention.**

Best Practices Registry for Suicide Prevention

www.sprc.org/featured_resources/bpr



If you or someone you know is in suicidal crisis, call 1-800-273-TALK (8255). National Suicide Prevention Lifeline

SPRC Home > Best Practices Registry

American Foundation for Suicide Prevention

Best Practices Registry (BPR) For Suicide Prevention: Overview

Welcome to the Best Practices Registry (BPR) for suicide prevention, a collaboration between the Suicide Prevention Resource Center (SPRC) and the American Foundation for Suicide Prevention (AFSP). The registry is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Purpose and Structure of the BPR
BPR Guiding Assumptions
Advice on Using the BPR

Purpose and Structure of the BPR

The purpose of the BPR is to identify, review, and disseminate information about best practices that address specific objectives of the *National Strategy for Suicide Prevention*.

The BPR has three sections:

- Section I: Evidence-Based Programs
- Section II: Expert and Consensus Statements
- Section III: Adherence to Standards

The three sections are not intended to represent "levels" of effectiveness, but rather include different types of programs and practices reviewed according to specific criteria for that section. BPR listings include only materials submitted and reviewed according to the designated criteria and do not represent a comprehensive inventory of all suicide prevention initiatives. Click on the section name below to view a detailed description of

QuickLinks

- BPR Overview
- I: Evidence-Based Programs
 - Ia: NREPP
 - Ib: EBPP
- II: Expert/Consensus Statements
- III: Adherence to Standards
- FAQ
- How to Apply
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United States Air Force Suicide Prevention Program

Date of Review: July 2006

The United States Air Force Suicide Prevention Program (AFSPP) is a population-oriented approach to reducing the risk of suicide. The Air Force has implemented 11 initiatives aimed at strengthening social support, promoting development of social skills, and changing policies and norms to encourage effective help-seeking behaviors. AFSPP's 11 initiatives include:

- Leadership Involvement
- Suicide Prevention in Professional Military Education
- Guidelines for Use of Mental Health Services
- Community Preventive Services
- Community Education and Training
- Investigative Interview Policy
- Critical Incident Stress Management
- Integrated Delivery System (IDS)
- Limited Privilege Suicide Prevention Program
- Behavioral Health Survey
- Suicide Event Surveillance System

[Descriptive Info](#) [Outcomes](#) [Ratings](#) [Study Populations](#) [Studies/Materials](#) [Contacts](#)

United States Air Force Suicide Prevention Program featured in the BPR, Section I: Evidence-Based Program

GOAL 11:

Improve and expand surveillance systems.





Contact SPRC

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