

***SAMHSA Suicide Prevention Grantee  
Technical Assistance Meeting  
Forging Our Legacy: Creating and  
Sustaining A Cultural Shift on Campus***

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*Opening Minds, Taking Action, Saving Lives*

*"It Takes a Community"*

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SUICIDE PREVENTION ACTION NETWORK USA  
Opening Minds. Changing Policy. Saving Lives.

# Opening Quote

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*"It was once said that the moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life, the sick, the needy and the handicapped."*

*Hubert H. Humphrey*



# 400,774 U.S. Suicide Deaths (1992-2004)

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2004	32,439
2003	31,484
2002	31,655
2001	30,622
2000	29,350
1999	29,199
1998	30,575
1997	30,535
1996	30,903
1995	31,284
1994	31,142
1993	31,102
1992	30,484

# It takes a community to prevent suicide

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Federal, state & local government, business, advocates, researchers, media, philanthropy, practitioners, clergy, first responders, non-profits, legislators, survivors, consumers, campus grantees, state & tribal grantees, SPRC, law enforcement, professional associations, entertainment industry, schools, industry, Lifeline, local suicide prevention coalitions, community leaders

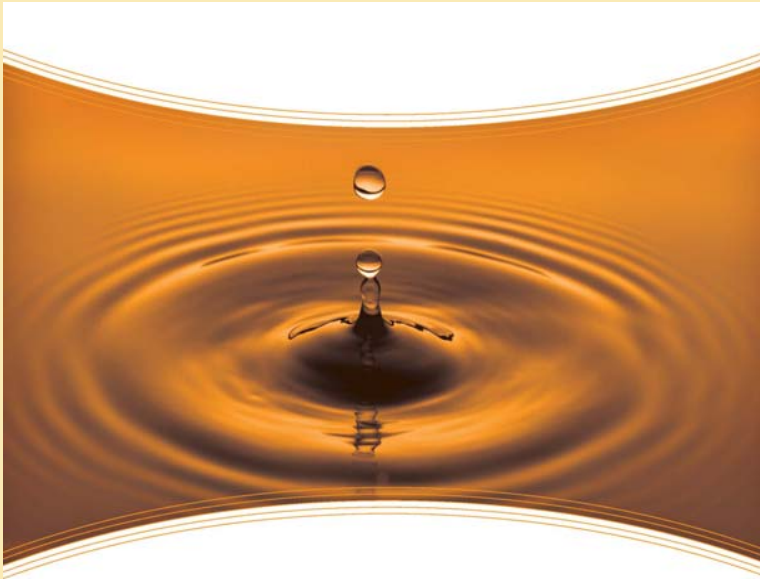
# What is community?

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- ***com·mu·ni·ty*** - noun, plural ***-ties***.
  - a social group of any size whose members reside in a specific locality, share government, and often have a common cultural and historical heritage.
  - a locality inhabited by such a group.
  - a social, religious, occupational, or other group sharing common characteristics or interests and perceived or perceiving itself as distinct in some respect from the larger society within which it exists (usually prec. by *the*): *the business community; the community of scholars.*
  - a group of associated nations sharing common interests or a common heritage: *the community of Western Europe.*



# Suicide affects communities




A suicide may be a personal act,  
**BUT WE ALL FEEL ITS EFFECTS.**

In the United States, we lose 87 people a day to suicide. For every suicide at least six people will be left to make sense of it. At least six people will grapple with feelings of loss, despair, and guilt.

Each year, over 180,000 individuals become suicide survivors. Suicide impacts families, communities, and society as a whole. That's why suicide is a public health problem. **That's why we all need to be part of the solution.**

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# How do we build a community response?

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- Know the data
- Know the players
- Have a strategy
- Build community capacity
- Think public health and not just mental health
- Engage the media
- Engage the legislature
- Involve survivors
- Build partnerships
- Identify leaders
- Evaluate progress
- Share results
- Be willing to add, delete, modify approach based on findings

# Opportunities by engaging communities

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- Prevention
- Awareness
- Dissemination of Best Practices
- Coordinated Care
- Lifesaving interventions
- Postvention
- Build community capacity
- Healing
- Action



# Challenges to engaging communities

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- Identifying leaders in multiple sectors
- Challenging the stigma
- Overcoming fear/generating interest
- Staying focused
- Clinical/support capacity
- Resources

# Consequences of Not Engaging

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- Lives tragically lost
- Families changed forever
- Communities affected in ways we haven't begun to understand
- Societies that will not benefit from the years of potential contributions of those who die by suicide
- A world where suicide accounts for 54% of violent deaths and nearly 1 million suicides occur annually – 1 person every 40 seconds



# Communities play a vital role in suicide prevention



Which helping hand will prevent a suicide?

## THEY ALL MIGHT.

In the United States, someone dies by suicide every 17 minutes. In many cases, these deaths are preventable.

As an individual, speaking openly about suicide, knowing the warning signs and offering a helping hand could, quite literally, make the difference between life and death.

As a nation, fully implementing the National Strategy for Suicide Prevention and establishing mental health parity could help save lives.

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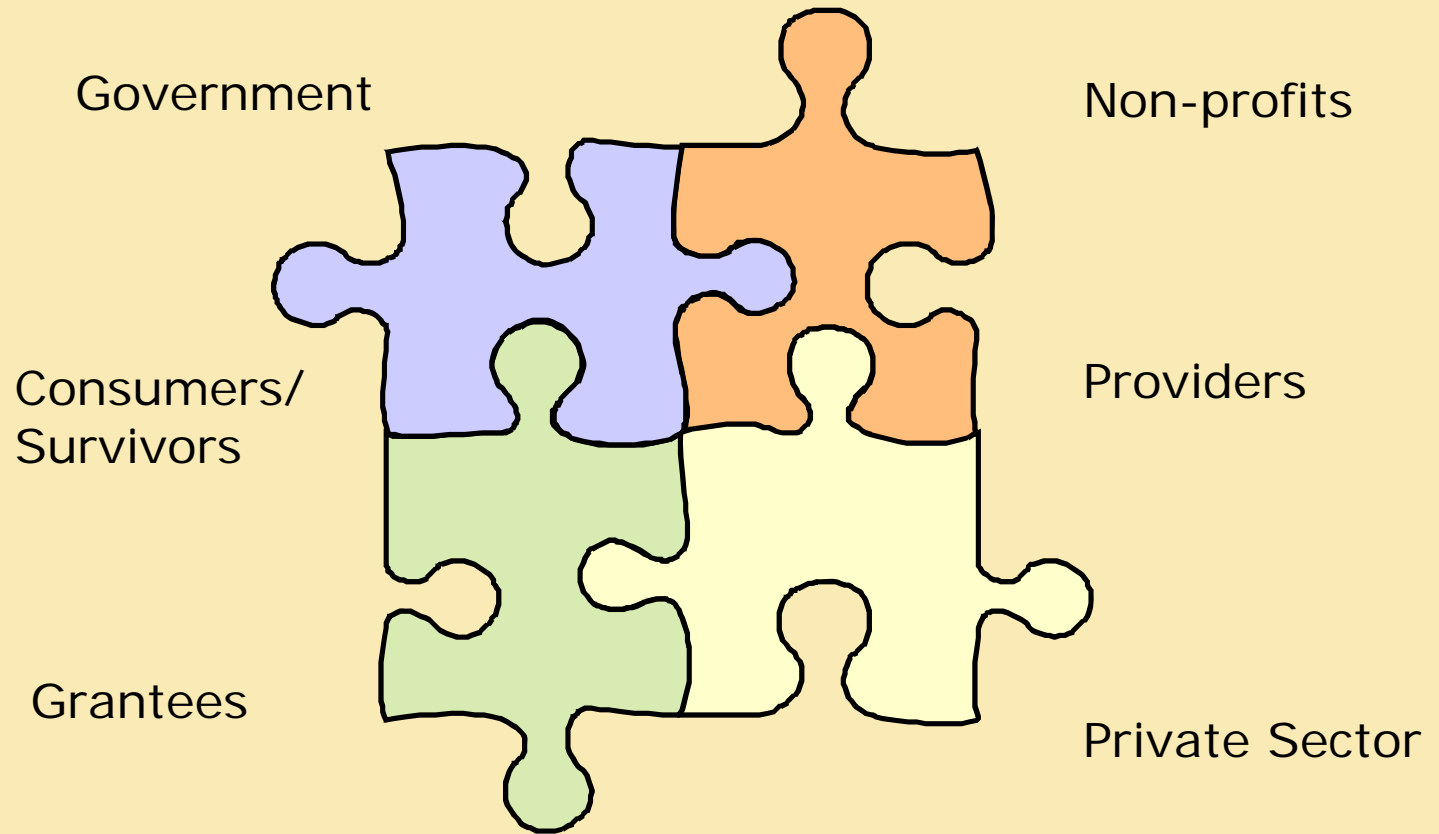
# Our challenge

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- Lives depend on our working as a community, here, home and wherever we are doing our work. If there is a community – join it– If there is no community – start one – and encourage others to join you.



# We all hold a critical piece



# National Strategy for Suicide Prevention

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- Objective 4.3 states:
  - Increase the proportion of colleges and universities with evidence-based programs designed to address serious young adult distress and prevent suicide

# Let's Reflect

- 11 years ago Congress was silent on suicide as a public health problem
- 10 years ago no national conference had been held on suicide prevention
- 9 years ago there was no Surgeon General's Call to Action to Prevent Suicide
- 7 years ago there was no national hotline
- 7 years ago there was no National Strategy for Suicide Prevention
- 7 years ago there were no media guidelines
- 6 years ago there was no IOM Report on Reducing Suicide
- 6 years ago there was no National Suicide Prevention Resource Center
- 4 years ago there was no Garrett Lee Smith Memorial Act
- 2 years ago suicide prevention was not a priority on the SAMHSA Priority Matrix
- 2 years ago there was no federal working group on suicide prevention
- 2 years ago there was no plan to establish an Action Alliance for Suicide Prevention



# Thanks to the Early Pioneers

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# Today

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- We have S.Res 84 and H.Res 212 passed in the U.S. Senate and House of Representatives
- We held the landmark Reno Conference
- We have a Surgeon General's Call to Action on Suicide Prevention
- We have a National Strategy for Suicide Prevention
- We have media guidelines
- We have an IOM Report
- We have state suicide prevention plans
- We have state legislation
- We have federal legislation
- We have some best practices
- We have a National Suicide Prevention Resource Center
- We have 38 states and tribes and 55 colleges receiving Garrett Lee Smith Memorial Act grants
- We have a national hotline linking 125 crisis centers
- We have a federal agency that has made suicide prevention a program priority
- We will soon launch the AASP
- We have a federal working group on suicide prevention
- We have veteran suicide prevention legislation
- We have strong public/private partnerships

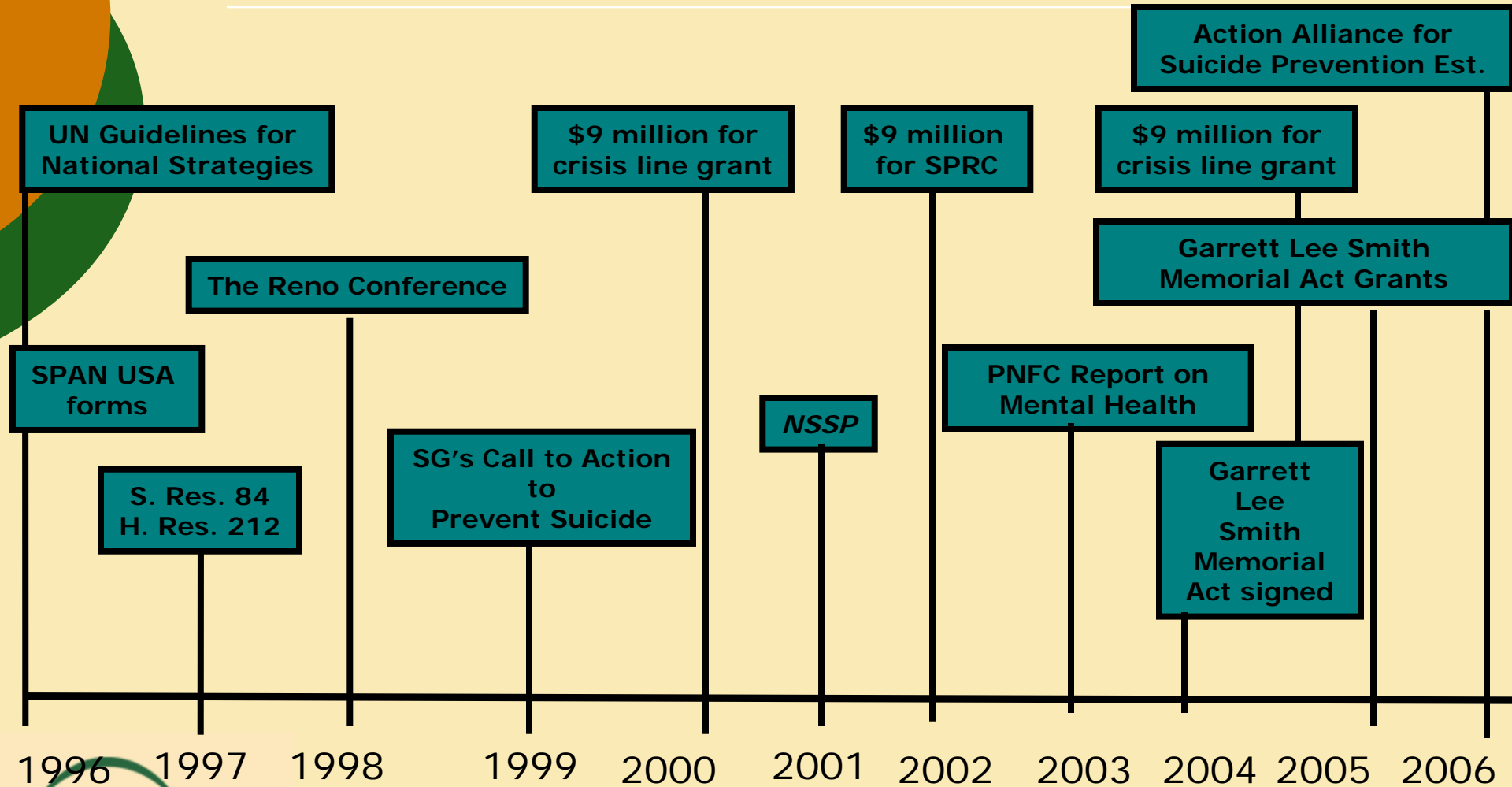


# National Chronology

- 1996 – WHO Guidelines for the Formulation and Implementation of National Strategies
- 1997 – S.Res.84 & H.Res.212
- 1998 – Reno Conference
- 1999 – Surgeon General's Call to Action to Prevent Suicide
- 2001 – National hotline grant awarded
- 2001 - NSSP
- 2001 – Media Guidelines
- 2002 – IOM Report
- 2002 – SPRC established
- 2003 – New Freedom Commission Report
- 2004 – Garrett Lee Smith Memorial Act enacted
- 2004 – National hotline grant awarded
- 2006 – Suicide Prevention included on SAMHSA Program Priority Matrix
- 2006 – Federal Working Group on Suicide Prevention established
- 2007 – National Action Alliance for Suicide Prevention established



# The Federal Response to Suicide Prevention



# SPRC/AFSP Evidence-Based Practices Project

- Community-Based Programs
  - U.S. Air Force Suicide Prevention Program
  - Reduced Analgesic Packaging
- Emergency-Room Programs
  - ER Means Restriction Education for Parents
  - ER Intervention for Teen Females and Their Mothers
- Primary Care
  - PROSPECT (Care Management for Elderly
- School-Based Programs
  - C-Care/CAST
  - Columbia University Teen Screen
  - Lifelines
  - Reconnecting Youth
  - SOS Signs of Suicide
  - Zuni Life Skills Intervention
- Service Delivery
  - Psychotherapy in the Home

[http://www.sprc.org/featured\\_resources/bpr/ebpp.asp](http://www.sprc.org/featured_resources/bpr/ebpp.asp)



# National Registry of Evidenced – Based Programs and Practices

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- Prevention Programs
  - SOS Signs of Suicide
  - U.S. Air Force Suicide Prevention Program
- Treatment Programs
  - Cognitive Behavioral Therapy for Adolescent Depression
  - Dialectical Behavior Therapy

[http://www.sprc.org/featured\\_resources/bpr/nrepp\\_bpr.asp](http://www.sprc.org/featured_resources/bpr/nrepp_bpr.asp)



# What we still need to do?

- Fully implement the NSSP
- Create public/private partnership to oversee NSSP
- Implement, fully fund and evaluate the Garrett Lee Smith Memorial Act
- Expand National Violent Death Reporting System
- Monitor non-fatal suicide surveillance
- Continue emphasis on public health/mental health approach to suicide prevention
- Continue development of campus grantee program
- Engage new members of our community
- Continue development and implementation of state & tribal plans
- Promote & disseminate evidence-based practices
- Continue evaluation & research to expand current evidence-base
- Emphasize life-span approach to suicide prevention
- Communicate successes
- Emphasis on inter-agency collaboration
- Sustain our efforts
- Leave a legacy

# Message to Pioneers

- Welcome to the movement – you are a critical piece of the puzzle and a vital member of our community
- Leave a legacy – evaluate your efforts
- Build capacity
- Make a difference in the lives you touch
- Be collaborative
- Think outside the box
- Find ways to sustain the movement
- Speak loudly, your voice is essential
- Work your community
- Stay in touch with the larger community
- Learn about the other pieces of the puzzle and what they do
- Visit websites
- Engage the media
- Let your elected officials and campus leadership know what you are doing
- Think mental health and public health – They go hand in hand



# Campus Grantees – Welcome to the Suicide Prevention Community!

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# Closing Quote

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“You must be the change you want to see in the world.”

Mahatma Gandhi



# Contact Information

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