



2015 Georgia Strategy for Suicide Prevention:
GOALS AND OBJECTIVES FOR ACTION

**SUICIDE SAFER
COMMUNITIES
IN GEORGIA**

An Update of the Georgia Suicide Prevention Plan
For use in 2015 – 2022

Georgia was the first state to develop a Suicide Prevention Plan. ***Together We Can, the Georgia Suicide Prevention Plan*** was published and began dissemination in 2001. An update to the Plan, *Georgia Suicide Prevention Action Strategy* was published in 2008 and disseminated along with the original Plan. Together these two documents generated much activity at the state and local levels in Georgia. Today in 2015, Georgia has an established Suicide Prevention Program within the Department of Behavior Health, Office of Behavioral Health Prevention, an active system of state and local suicide prevention coalitions, a robust program for survivors of suicide loss, and many organizations such as the military and veterans organizations, the school systems, and behavioral health providers who have suicide prevention strategies themselves. For instance, recent legislation now provides that each school system in Georgia must develop suicide prevention, intervention and aftercare plans. Many individuals, families, communities and organizations have worked to prevent the suicides in Georgia since our original Plan was developed.

This current update to the Georgia Suicide Prevention Plan has evolved from the progress made at the national level in developing national strategic directions. *The 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action*, a report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention, is being used throughout the United States to guide strategy to prevent suicides. The *Georgia Strategy for Suicide Prevention: Goals and Objectives for Action* is adapted from the National Strategy for use in Georgia. It is meant to be used as a framework for developing state, community, and organizational strategies and actions. Additionally, it may be used to monitor the effectiveness of state efforts as a whole.

The Suicide Prevention Program in the Office of Behavioral Health Prevention in the Department of Behavioral Health and Developmental Disabilities will collaborate with suicide prevention stakeholders to disseminate and use this document. The document is meant to be interactive with state and local strategic plans and actions being reported and incorporated. Revisions are anticipated within the seven years that this document will be used. We anticipate much progress in these seven years.

Strategic Direction 1: Healthy and Empowered Individuals, Families and Communities.

Goal 1: Integrate and coordinate suicide prevention activities across multiple sectors and settings.

Objective 1.1: Integrate suicide prevention into the values, culture, leadership and work of a broad range of organizations and programs with a role to support suicide prevention activities.

Objective 1.2: Establish effective, sustainable and collaborative suicide prevention programming at the state, regional, and local levels.

Objective 1.3: Sustain and strengthen collaborations across State agencies to advance suicide prevention.

Objective 1.4: Develop and sustain public-private partnerships to advance suicide prevention.

Objective 1.5: Integrate suicide prevention into all relevant health care reform efforts.

Goal 2: Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors.

Objective 2.1: Develop, implement, and evaluate communication efforts designed to reach defined segments of the population.

Objective 2.2: Reach policymakers with dedicated communication efforts.

Objective 2.3: Increase communication efforts conducted online that promote positive messages and support safe crisis intervention strategies.

Objective 2.4: Increase knowledge of the warning signs for suicide and of how to connect individuals in crisis with assistance and care.

Goal 3: Increase Knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery.

Objective 3.1: Promote effective programs and practices that increase protection from suicide risk.

Objective 3.2: Reduce the prejudice and discrimination associated with suicidal behaviors and mental health and substance use disorders.

Objective 3.3: Promote the understanding that recovery from mental health and substance use disorders is possible for all.

Goal 4: Promote responsible media reporting of suicide, accurate portrayals of suicide and mental illness in the entertainment industry and the safety of online content related to suicide.

Objective 4.1: Encourage and recognize news organizations that develop and implement policies and practices addressing the safe and responsible reporting of suicide and other related behaviors.

Objective 4.2: Encourage and recognize members of the journalism profession, entertainment industry, and online content developers who follow recommendations regarding the accurate and responsible portrayals of suicide and other related behaviors.

Objective 4.3: Develop, implement, monitor, and update guidelines on the safety of online content for new and emerging communication technologies and applications.

Objective 4.4: Develop and disseminate guidance for journalism and mass communication schools regarding how to address consistent and safe messaging on suicide and related behaviors in their curricula.

Strategic Direction 2: Clinical and Community Preventive Services.

Goal 5: Develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors.

Objective 5.1: Strengthen the coordination, implementation, and evaluation of comprehensive state, regional and local suicide prevention programming.

Objective 5.2: Encourage community-based settings to implement effective programs and provide education that promote wellness and prevent suicide and related behaviors.

Objective 5.3: Intervene to reduce suicidal thoughts and behaviors in populations with suicide risk.

Objective 5.4: Strengthen efforts to increase access to and delivery of effective programs and services for mental health and substance use disorders.

Goal 6: Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.

Objective 6.1: Encourage providers who interact with individuals at risk to suicide to routinely assess for access to lethal means.

Objective 6.2: Develop and implement a public service campaign for families relating to suicide proofing their homes.

Objective 6.3: Develop and implement new safety technologies to reduce access to lethal means.

Goal 7: Provide training to community and clinical service providers on the prevention and intervention of suicide and related behaviors.

Objective 7.1: Provide training on suicide prevention to community groups that have a role in the prevention of suicide and related behaviors.

Objective 7.2: Provide training to mental health and substance abuse providers on the recognition, assessment, and management of at-risk behavior, and the delivery of effective clinical care for people with suicide risk.

Objective 7.3: Develop and promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by all health professions, including graduate and continuing education and implement those guidelines in ongoing education.

Objective 7.5: Develop and implement protocols and programs for clinicians and clinical supervisors, first responders, crisis staff, and others on how to implement effective strategies for communicating and collaboratively managing suicide risk.

Strategic Direction 3: Treatment and Support Services.

Goal 8: Promote suicide prevention as a core component of health care services.

Objective 8.1: Promote the adoption of “zero suicides” as an aspirational goal by health care and community support systems that provide services and support to defined patient populations.

Objective 8.2: Develop and implement protocols for delivering services for individuals with suicide risk in the most collaborative, responsive, and least restrictive settings.

Objective 8.3: Promote timely access to assessment, intervention, and effective care for individuals with a heightened risk for suicide.

Objective 8.4: Promote continuity of care and the safety and well-being of all patients treated for suicide risk in emergency departments of hospital inpatient units.

Objective 8.5: Encourage health care delivery systems to incorporate suicide prevention and appropriate responses to suicide attempts as indicator of continuous quality improvement efforts.

Objective 8.6: Establish linkages between providers of mental health and substance abuse services and community-based programs, including peer support programs.

Objective 8.7: Co-ordinate services among suicide prevention and intervention programs, health care systems, and accredited local crisis centers.

Objective 8.8: Develop collaborations between emergency departments and other health care providers to provide alternatives to emergency department care and hospitalization when appropriate, and to promote rapid follow-up after discharge.

Goal 9: Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.

Objective 9.1: Adopt, disseminate, and implement guidelines for the assessment of suicide risk among persons receiving care in all settings.

Objective 9.2: Develop, disseminate, and implement guidelines for clinical practice and continuity of care for providers who treat persons with suicide risk.

Objective 9.3: Promote the safe disclosure of suicidal thoughts and behaviors by all patients.

Objective 9.4: Adopt and implement guidelines to effectively engage families and concerned others, when appropriate, throughout entire episodes of care for persons with suicide risk.

Objective 9.5: Adopt and implement policies and procedures to assess suicide risk and intervene to promote safety and reduce suicidal behaviors among patients receiving care for mental health and/or substance use disorders.

Objective 9.6: Develop standardized protocols for use within emergency departments based on common clinical presentation to allow for more differentiated responses based on risk profiles and assessed clinical needs.

Objective 9.7: Develop guidelines on the documentation of assessment and treatment of suicide risk and establish a training and technical assistance capacity to assist providers with implementation.

Goal 10: Provide care and support to individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides.

Objective 10.1: Develop guidelines for effective comprehensive support programs for individuals bereaved by suicide, and promote the full implementation of these guidelines at the state and community levels.

Objective 10.2: Provide appropriate clinical care to individuals affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for complicated grief.

Objective 10.3: Engage survivors of suicide loss and suicide attempt survivors in suicide prevention planning, including support services, treatment, community suicide prevention education, and the development of guidelines and protocols for suicide attempt survivor support groups.

Objective 10.4: Adopt, disseminate, implement, and evaluate guidelines for communities to respond effectively to suicide clusters and contagion within their cultural context, and support implementation with education, training, and consultation.

Objective 10.5: Provide health care providers, first responders, and others with care and support when a patient under their care dies by suicide.

Strategic Direction 4: Surveillance, Research, and Evaluation.

Goal 11: Increase the timeliness and usefulness of national and state surveillance systems relevant to suicide prevention and improve the ability to collect, analyze, and use this information for action.

Objective 11.1: Improve the timeliness of reporting vital records data.

Objective 11.2: Improve the usefulness and quality of suicide-related data.

Objective 11.3: Improve and expand state and local public health and behavioral health capacity to routinely collect, analyze, report and use suicide-related data to implement prevention efforts and inform policy decisions.

Goal 12: Promote and support research on suicide prevention.

Objective 12.1: Develop a State suicide prevention research agenda with comprehensive input from multiple stakeholders.

Objective 12.2: Disseminate the national suicide prevention research agenda.

Objective 12.3: Promote the timely dissemination of suicide prevention research findings.

Objective 12.4: Develop and support a repository of data and research resources to help increase the amount and quality of research on suicide prevention and care in the aftermath of suicidal behaviors.

Goal 13: Evaluate the impact and effectiveness of suicide prevention interventions and systems, and synthesize and disseminate findings.

Objective 13.1: Evaluate the effectiveness of suicide prevention interventions.

Objective 13.2: Assess, synthesize, and disseminate the evidence in support of suicide prevention interventions.

Objective 13.3: Examine how suicide prevention efforts are implemented in different communities to identify the types of delivery structures that may be most efficient and effective.

Objective 13.4: Evaluate the impact and effectiveness of the Georgia Strategy for Suicide Prevention in reducing suicide morbidity and mortality.