Iowa Plan for Suicide Prevention 2015-2018

Goal: **To reduce the annual number of deaths by suicide in Iowa by 10% by the year 2018 (a reduction of 41 from the 406 three-year average from 2012-2014), ultimately working towards zero deaths by suicide**

Dedication

This plan is dedicated to all Iowans who have been touched by suicide. Whether by attempt, death, bereaved or those providing care to those impacted by suicide, we honor and recognize you as a valued member of our communities' history and our future. By working together, we can help those in need and prevent suicide in our state.

Executive Summary: Suicide[1] is a local and state problem that affects Iowans of all ages. Thousands of Iowans are affected by suicide[2] each year. In 2013, 445 Iowans died by suicide – the highest number in the last 25 years. Preliminary data show that 392 Iowans died by suicide in 2014. This number does not include Iowans who have attempted suicide, nor does it reflect those who were affected by the loss of a family member, friend, neighbor, colleague, loved one, or other individuals in their life to suicide.

Suicide is a complex problem, affected by mental health[3], substance use, life stressors, history of loss, access to means[4], and many other factors. A complex problem requires a complex response; therefore a comprehensive suicide prevention plan[5] is needed to reduce the number of suicides in Iowa. This plan addresses prevention[6] strategies for at-risk populations[7] and promotes evidence-based strategies for all populations. In addition, increased collaboration with other prevention organizations and efforts is needed. These groups may include: caregivers, educators, faith community leaders, grief counselors, health care providers, substance abuse prevention and treatment providers, mental health providers, and employee assistance staff, among others. It is important to note that organizations and efforts vary across Iowa, due in part to population density and geographic diversity.

This Iowa Suicide Prevention Plan builds on previous plans and incorporates the 2012 National Strategy for Suicide Prevention to provide a framework for suicide prevention. It identifies goals[8] and recommendations on what individuals, community organizations, governmental agencies, and employers can do to reduce the number of suicide attempts[9] and deaths in Iowa. It includes education and training opportunities, increased community awareness of suicide warning signs, increased risk assessment and treatment, and an improved understanding of the needs of attempt and loss survivors[10]. All Iowans are called to play a role in preventing suicide.

There are several key points that cross all goals and objectives[11] including stigma, zero suicides, and cultural context.

- The first point is that of *stigma reduction*. This Plan outlines ways in which Iowans who are experiencing suicidal ideation[12], have attempted suicide, and/or have lost someone to suicide, may find peace, comfort, hope, and support without fear of stigma or judgment. This comes in the way things are said, printed, and implied, and stems from a focus on the person rather than an event, diagnosis or other label. One specific example is in the use of "died by suicide[13]" rather than other terms that have a stigmatizing or shaming effect like "committed suicide."
- A second key point is "*zero suicides*": systems of care must set a target of zero patients dying by suicide within their system. This concept looks at supporting staff when someone receiving care dies by suicide, and calls for a deliberate review of practices and policies to ensure all is being done to provide a safe environment.
- The final point is one of *cultural context*: suicide prevention efforts must be culturally appropriate[14]. Iowans come from different family backgrounds, races, ethnicities, and religions; and also differ by education, ability level, employment status, socioeconomic status, age, sexual orientation, gender identification, and life experience.

This Plan acknowledges that suicide prevention efforts must keep in mind these key points: reducing stigma, striving for zero suicides, and being culturally appropriate while working towards the following goals and objectives.

GOAL 1. Identify, coordinate, and establish suicide prevention activities across multiple sectors and settings.

- Objective 1.1: Identify current suicide prevention activities in Iowa.
- Objective 1.2: Promote the integration of suicide prevention into the values, culture[15], leadership, and work of a broad range of organizations and programs in an effort to support suicide prevention activities.
- Objective 1.3: Develop, sustain, and strengthen public-private partnerships across governmental and community organizations to advance suicide prevention.
- Objective 1.4: Encourage community-based settings to implement evidence-based programs[16] and provide education that promote wellness and prevent suicide within their community.
- Objective 1.5: Promote and improve access to effective programs and services for Iowans with mental health and substance use disorders[17].
- Objective 1.6: Promote the implementation of a "multi-tiered" approach which includes general public health[18] programs and programs targeted to "at-risk" populations.

GOAL 2. Increase knowledge of the factors that offer protection from suicidal behaviors[19] and that promote wellness and recovery.

- Objective 2.1. Promote implementation of research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors using media campaigns.
- Objective 2.2: Increase awareness through the dissemination of suicide prevention materials and information at conferences, workshops, and community events.
- Objective 2.2: Increase knowledge of the warning signs for suicide and how to connect individuals in crisis with assistance and care.
- Objective 2.3: Encourage care providers, including medical staff, elder care providers, direct care providers, and other health care providers to become comfortable asking about and talking about suicide with the persons they are serving.
- Objective 2.4: Reduce the stigma, stereotypes, judgments, and discrimination associated with suicidal behaviors, mental health disorders[20], and substance use disorders.
- Objective 2.5: Encourage the use of appropriate and nonjudgmental language in all forms of communication when talking about suicide (i.e. “died by suicide” instead of “committed suicide” or “successful suicide”).
- Objective 2.6: Promote understanding that treatment of and recovery from substance use and mental health disorders is possible for all.
- Objective 2.7. Encourage and promote efforts to reduce access to lethal means of suicide among individuals who may be suicidal.

GOAL 3. Provide training to community gatekeepers[21] and service providers on the prevention of suicide and related behaviors.

- Objective 3.1: 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 a risk of suicide.
- Objective 3.2: Promote development and adoption of core education and training guidelines on the prevention of suicide and related behaviors by all health professions and educators,

including undergraduate, graduate, continuing education, and credentialing and accreditation bodies.

- Objective 3.3: Educate clinicians and clinical supervisors, first responders, crisis staff, and others on how to implement effective strategies for managing suicide risk.

GOAL 4. Promote suicide prevention as a core component of services that are likely to include people at risk of suicide. This shall include the promotion and implementation of effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.

- Objective 4.1: Promote and support implementation of mental health screening[22] in primary care, educational, correctional, and other settings in order to assess suicide risk and intervene to improve safety and reduce suicide risk.
- Objective 4.2: Promote and implement protocols for delivering services to individuals with suicide risk in the most collaborative, responsive, and least restrictive settings.
- Objective 4.3: Promote timely access to assessment, intervention[23], and effective care for individuals with a heightened risk for suicide.
- Objective 4.4: Promote continuity of care for the safety and well-being of all individuals treated for suicide risk in emergency departments, hospital inpatient units, and other health care settings.
- Objective 4.5: Promote cross-learning opportunities to build better understanding and improve quality of services across providers of mental health; domestic or dating violence; bullying; substance abuse services; and community-based programs, including peer support programs and those working with diverse populations.
- Objective 4.6: Coordinate services among suicide prevention and intervention programs, health care systems, and accredited local crisis centers. These services should include wrap-around services and community supports whenever and wherever available.
- Objective 4.7: Encourage the creation of safe environments where disclosure of suicidal thoughts and behaviors can occur.
- Objective 4.8: Recommend guidelines to effectively engage the individual, families, and concerned others to ensure care is collaborative, when appropriate, and person-focused, throughout the entire duration of care for persons with suicide risk.
- Objective 4.9: Promote the development of guidelines on the documentation of assessment and treatment of suicide risk; establish a training and technical assistance capacity to assist providers with implementation.

GOAL 5. Provide care and support to individuals affected by suicide attempts and deaths to promote healing, and implement community strategies to help prevent further suicides.

- Objective 5.1. Identify, establish, and assist survivor support networks and groups.
- Objective 5.2: Identify and promote trainings that provide core competencies/skill building for effective comprehensive support programs for individuals bereaved by suicide[24], and implement programs as trained.
- Objective 5.3: Promote training for clinical professionals and other service providers on appropriate care for individuals affected by a suicide attempt or bereaved by suicide, including trauma informed treatment and care for complicated grief[25].

- Objective 5.4: Engage suicide attempt survivors[26] 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 5.5: Identify and promote organizations that offer health care providers, first responders, and others care and support when a patient or person they are serving dies by suicide.
- Objective 5.6: Promote and recommend guidelines for communities to respond effectively to multiple suicide deaths or the risk of contagion[27], and support implementation with education, training, and consultation.

GOAL 6. Collect data and research findings, and utilize throughout Iowa suicide prevention efforts.

- Objective 6.1: Promote responsible and effective use of suicide-related data.
- Objective 6.2: Encourage open dialogue with data keepers to better understand data collection and reporting protocols to improve the usefulness and quality of suicide-related data.
- Objective 6.3: Encourage improvement of state and local public health capacity to routinely collect, analyze, report, and use suicide-related data to implement prevention efforts and inform policy decisions.
- Objective 6.4: Identify additional data sources that address issues such as suicidal behaviors, related risk factors, and exposure to suicide.
- Objective 6.5: Disseminate the national suicide prevention research agenda and findings.

Appendix 1: Glossary

1. **Suicide**—Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.
2. **Affected by suicide**—All those who may feel the impact of suicidal behaviors, including those bereaved by suicide, as well as community members and others.
3. **Mental health**—The capacity of individuals to interact with one another and the environment in ways that promote subjective well-being, optimal development, and use of mental abilities (cognitive, affective, and relational).
4. **Means**—The instrument or object used to carry out a self-destructive act (e.g., chemicals, medications, illicit drugs).
5. **Comprehensive suicide prevention plans**—Plans that use a multifaceted approach to address the problem, for example, including interventions targeting biopsychosocial, social, and environmental factors.
6. **Prevention**—A strategy or approach that reduces the likelihood of risk of onset or delays the onset of adverse health problems, or reduces the harm resulting from conditions or behaviors.
7. **At-risk population—**individuals or groups who are at higher risk of suicide than the general population.
8. **Goal**—A broad and high-level statement of general purpose to guide planning on an issue; it focuses on the end result of the work.
9. **Suicide attempt**—A nonfatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.
10. **Suicide loss survivors**—See bereaved by suicide.
11. **Objective**—A specific and measurable statement that clearly identifies what is to be achieved in a plan; it narrows a goal by specifying who, what, when, and where or clarifies by how much, how many, or how often.
12. **Suicidal ideation**—Thoughts of engaging in suicide-related behavior.
13. **Died by Suicide—**Currently accepted term to use; is person-centered and non-stigmatizing.
14. **Culturally appropriate**—A set of values, behaviors, attitudes, and practices reflected in the work of an organization or program that enables it to be effective across cultures, including the ability of the program to honor and respect the beliefs, languages, interpersonal styles, and behaviors of individuals and families receiving services.
15. **Culture**—The integrated pattern of human behavior that includes thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, faith, or social group.
16. **Evidence-based programs or practices**—Programs or practices that have undergone scientific evaluation and have proven to be effective.

17. **Substance use disorder**—A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to repeated use; includes maladaptive use of legal substances such as alcohol; prescription drugs such as analgesics, sedatives, tranquilizers, and stimulants; and illicit drugs such as marijuana, cocaine, inhalants, hallucinogens, and heroin.
18. **Health**—The complete state of physical, mental, and social well-being, not merely the absence of disease or infirmity.
19. **Suicidal behaviors**—Behaviors related to suicide, including preparatory acts, as well as suicide attempts and deaths.
20. **Mental health disorder**—A diagnosable illness characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress that significantly interferes with an individual's cognitive, emotional, or social abilities; often used interchangeably with mental illness.
21. **Gatekeepers**—Those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine. They may be trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate. Examples include clergy, first responders, pharmacists, caregivers, and those employed in institutional settings such as schools, prisons, and the military.
22. **Screening**—Administration of an assessment tool to identify persons in need of more indepth evaluation or treatment.
23. **Intervention**—A strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition (such as medication for mental health disorders), educating providers about suicide prevention, or reducing access to lethal means among individuals with suicide risk).
24. **Bereaved by suicide**—Family members, friends, and others affected by the suicide of a loved one (also referred to as survivors of suicide loss).
25. **Complicated grief**—Feelings of loss, following the death of a loved one, which are debilitating and do not improve even after time passes. These painful emotions are so long lasting and severe that those who are affected may have trouble accepting the loss and functioning normally within their lives. Also referred to as "traumatic grief" or "prolonged grief."
26. **Suicide attempt survivors**—Individuals who have survived a prior suicide attempt.
27. **Contagion**—A phenomenon whereby susceptible persons are influenced toward suicidal behavior through knowledge of another person's suicidal acts.

Appendix 2: Links of Interest

Below are links of interest that are referenced directly in this Plan or that are particularly relevant to specific goal areas, along with the National Suicide Prevention Lifeline. Links are presented alphabetically, with a brief description provided for each:

2012 National Strategy for Suicide Prevention (http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full-report.pdf): National guide from the U.S. Surgeon General presenting a framework to reduce suicides and promote health and safety. This is a follow-up to the 2001 edition.

National Suicide Prevention Lifeline (http://www.suicidepreventionlifeline.org/ or 1-800-273-8255): National resource for those who need help for themselves or for others. Confidential services offered by nearest available call center, with two located In Iowa.

National Suicide Prevention Research Agenda (http://actionallianceforsuicideprevention.org/task-force/research-prioritization): Agenda outlining the most promising research areas to help reduce the rates of suicide attempts and deaths.

Recommendations for Reporting on Suicide (http://reportingonsuicide.org/wp-content/themes/ros2015/assets/images/Recommendations-eng.pdf): A guide for media and those who work with media on ways to report on suicide that are positive, hopeful, and don't increase the chances of additional suicides.

Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines (http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/NationalGuidelines.pdf): Guidelines for the creation and sustainment of resources, infrastructure, services, and systems necessary to effectively respond to any incidence of suicide in the United States.

Appendix 3: Crosswalk of Goals and Objectives with the 2012 National Strategy for Suicide Prevention

	Iowa Plan	National Plan
Goal	1	1
Objective	1.1	
	1.2	1.1
	1.3	1.4
	1.4	5.2
	1.5	5.4
	1.6	
Goal	2	3
Objective	2.1	Goal 2, 2.3
	2.2	
	2.3	2.4
	2.4	
	2.5	3.2
	2.6	4.1, 4.2, 4.3
	2.7	3.3
	2.8	Goal 6, 6.1
Goal	3	7
Objective	3.1	7.2
	3.2	7.3, 7.4
	3.3	7.5
Goal	4	8&9
Objective	4.1	
	4.2	8.2, 9.2
	4.3	8.3
	4.4	8.4, 8.8
	4.5	
	4.6	8.7
	4.7	9.3
	4.8	9.4
	4.9	9.7

Goal	5	10
Objective	5.1	
	5.2	10.1
	5.3	10.2
	5.4	10.3
	5.5	10.5
	5.6	10.4
Goal	6	13
Objective	6.1	
	6.2	
	6.3	11.3
	6.4	
	6.5	12.2

Appendix 4: Thank You to Those who Contributed to this Iowa Suicide Prevention Plan

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