



## **Transcript of SPARK Talk on “The Suicide Prevention Movement” Jerry Reed, PhD, MSW, Director of the Suicide Prevention Resource Center**

Suicide Prevention has grown enormously in the last 17 years. For the first time we have federal appropriations. Many states have a state suicide prevention plan. We have a national plan that guides our efforts here in the United States. And, we have a wonderful public–private partnership that come/that brought together members of the private sector the public sector, the philanthropic sector to help us advance objectives that we all believe will truly make a difference and end this burden of suicide to the greatest degree humanly possible.

So because of that, there’s a lot of momentum. People are prepared. There is an infrastructure today that didn’t really exist in the past. Many, many people are committed to doing what they can to reduce the burden of suicide in their community.

At the same time--because we are being very honest with where we are in the field--we see the burden continue to exist, we have to look at new ways and new approaches to complement the approaches we’ve discovered thus far to reach people who struggle.

I think it’s incredibly important that we make sure the clinical workforce is well trained, that there’s an adequate workforce in size, geographically dispersed around the country for those in need, and certainly one that is competent and capable, working in systems that know how to care very deeply for the patients who walk through their door. I feel very strongly that we should make sure every door is the right door for a person who struggles. It’s just not sufficient if you have someone you love to not know where to take them and--if you do take them somewhere--to not have a strong confidence that they’re going to get the kind of care they deserve to get on the path to recovery that we all hope for.

But having said that, that’s not enough. ‘Yes’ we have to think about mental health, but ‘yes’ we also have to think about public health approaches—how can we reach people and populations at risk by thinking about settings where we might find individuals at risk that we haven’t really looked at before, or in engaging partners that could join us in this effort.

I think as we look at suicide prevention we just have to look through a lens much broader than just mental health, we have to think about community health, family health, we have to think about societal health, and making sure we do our part as a society to make sure that those in this society who are experiencing transitions do so with the confidence that they’re cared about and that we have a comprehensive suicide prevention program that’s based on what we know and it applies strategies that can really make a difference for those who are experiencing tough times. I think to do anything less is insufficient.

I think as a national community who 20 years ago we barely uttered the word ‘suicide’ or ‘suicide prevention,’ today we have mobilized a workforce, we’ve mobilized a nation, we have states and tribes and campuses and territories doing so much, non-profit organizations doing so much to make a difference. We just need to continue to fly in a unified way together, and not think that any one solution is an adequate solution, that any one approach is a sufficient approach, or any one organization is going to do this all by themselves.

