

# **Suicide Prevention National Priorities and Initiatives**

**SAMHSA State, Tribal,  
Adolescents at Risk Suicide  
Prevention Grantee Meeting  
Richard McKeon, Ph.D.  
December 10, 2007**

**“Suicide is a serious public  
health challenge that has not  
received the attention and degree  
of national priority it deserves.”**

**- The President’s New Freedom  
Commission on Mental Health, 2003**

## Suicide and Public Policy

- 1997-U.S. Congress -S. Res 84 and H. Res 212
- 1999-Surgeon General's Call to Action to Prevent Suicide
- 2001-National Strategy for Suicide Prevention
- 2002-Institute of Medicine Report-Reducing Suicide: A National Imperative
- 2003-President's New Freedom Commission
- 2004-Garrett Lee Smith Memorial Act
- 2005-Federal Action Agenda
- 2006-Establishment of Federal Working Group on Suicide Prevention

**“The Commission urges swiftly implementing and enhancing the NSSP to serve as a blueprint for communities and all levels of government.”**

**- The President's New Freedom Commission on Mental Health, 2003**

## Federal Working Group on Suicide Prevention

- Working across the Executive Branch
- SAMHSA, NIMH, CDC, Indian Health Service, DOD, VA, DOJ, DOE, HRSA, AOA, AHRQ
- Identifying work being done across the Federal Government to implement the National Strategy for Suicide Prevention
- Promoting the development of a National Action Alliance to prevent suicide.

## Federal Working Group on Suicide Prevention

- Promoting collaboration among agencies on suicide prevention activities.
- SAMHSA/VA collaboration around suicide prevention hotlines.
- Meeting on improving follow up after suicide attempts are evaluated in ED's included 6 Federal agencies.
- We are trying to do on the Federal level, what we are encouraging States and Tribes to do.

## NFC-National Action Alliance

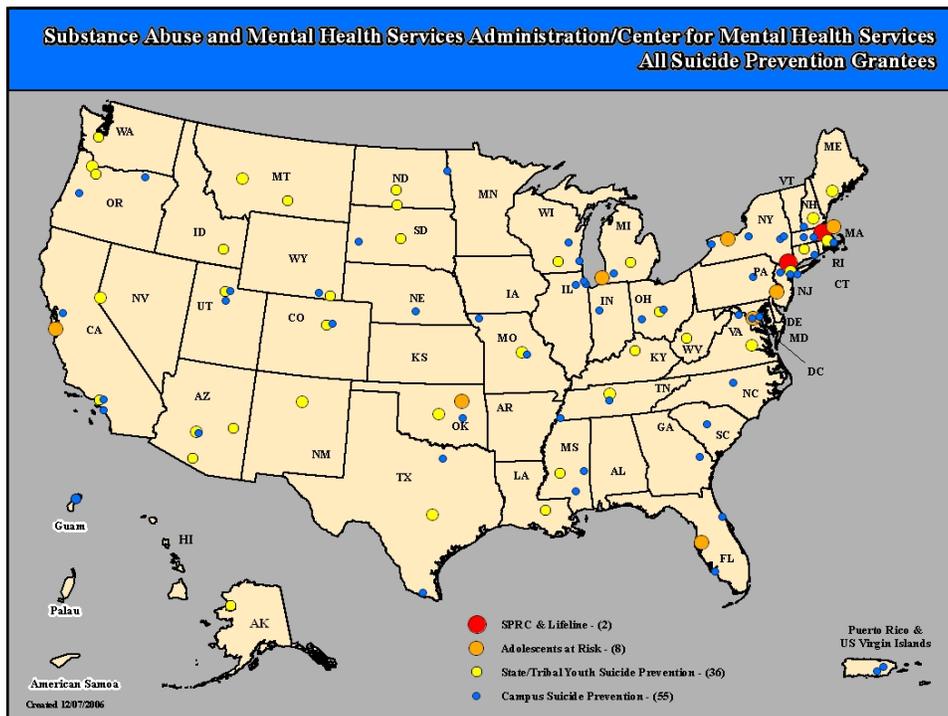
The Commission recommends forming a national level public-private partnership to advance the goals and objectives of the NSSP that proposes projects in every State. The public-private partnership would emphasize voluntary coalitions to address suicide prevention in communities and would include local leaders, business and school personnel, and representatives of the faith community

## Garrett Lee Smith Memorial Act

- In 2004, the Congress passed and the President signed into law, the Garrett Lee Smith Memorial Act.
- For the first time, funding for community-based suicide prevention has become widely available for States, Tribes, and colleges across the country.
- Implementing community-based suicide prevention is Goal 4 of the National Strategy for Suicide Prevention.

## SAMHSA Suicide Prevention Activity

- SAMHSA's activity in suicide prevention has increased dramatically.
- At the start of 2005, there were two competitive grant awards for suicide prevention.
- At the end of 2005, there were 46.
- At the end of 2007, there are over 100, including 31 States, 7 Tribes/Tribal organizations, and 55 colleges.
- Current RFA for State/Tribal and Campus programs.



## Garrett Lee Smith Memorial Act Evaluation Requirements

- Congress required both a cross site evaluation and local evaluations.
- SAMHSA is required to report to Congress on the results of both the cross site and the local evaluations.
- We are looking forward to learning more from you about the results of your local evaluations.

## Garrett Lee Smith Memorial Act Evaluation Requirements

- The results of these evaluations should assist us in sustaining these important efforts over time.
- For the Garrett Lee Smith programs to continue over time, we will need to continually incorporate new knowledge, as we know there is much work that remains to be done.
- Evaluation results must continually inform our implementation efforts.
- GLSMA Reauthorization

## Enhanced Evaluations

- Cross site evaluation, including an Interagency Agreement with the Centers for Disease Control to perform enhanced evaluations in Maine, Tennessee, and with the Native American Rehabilitation Association
- Additional SAMHSA enhanced evaluation to the White Mountain Apache/Johns Hopkins University grantee focusing on youth who attempt suicide and are seen in the Emergency Department

## Adolescents at Risk Evaluations

- 8 grantees, \$2 M awarded September 2005.
- Focus on improving our knowledge on school-based suicide prevention programs.
- We are learning more about how youth at risk can be identified, families engaged, and youth linked to services.
- Supplements awarded for one additional year.

## Opportunities for the Future

Currently we are making a major investment in school-based suicide prevention. We need to identify the key components and demonstrate the effectiveness of comprehensive school-based suicide prevention.

## Opportunities for the Future

- The benefit of school-based suicide prevention is that all youth need to go to school.
- We also need to work with youth in higher risk settings such as juvenile justice, foster care, and emergency departments.
- As suicide prevention programs go through NREPP review, we need to improve how they are disseminated and assure cultural competence.
- We need to assure that youth-serving agencies and programs act as a system so youth at risk do not fall through the cracks.

## Sustainability

- Showing that what we are doing is effective is crucial for sustainability of our suicide prevention efforts.
- Also key is having a broad coalition of public and private stakeholders in suicide prevention.
- This coalition should include the multiple youth serving agencies identified in GLSMA: education, mental health, substance abuse, juvenile justice, foster care, as well as colleges, crisis centers, VA facilities, and others.
- Encourage States and Tribes working together.

## Suicide Prevention for Veterans

- Data from NVDRS indicate that 20% of all suicides in the U.S. are by veterans.
- Meaningful national suicide prevention efforts will have to include veterans.
- Suggestions that risk for younger veterans (19-24) may be greater.
- NSPL/VA hotline initiative.
- 150+ VA Suicide Prevention Coordinators

## Campus Suicide Prevention Grants

- New RFA: Encourage colleges in your State, or Tribal colleges with which you are affiliated, to apply.
- Include colleges in your coalitions.
- College campuses are communities where suicide prevention activities can be feasibly implemented. Through the Campus cross site evaluation and other efforts we will continue to learn and have an impact.

## National Suicide Prevention Lifeline

- National toll free number 1-800-273-TALK.
- Calls routed automatically to the closest of 125 networked crisis centers.
- Excellent examples of collaboration between the Lifeline and both States and Tribes.
- Many States have excellent collaborations with local crisis centers. For those that don't, we encourage you to consider this.
- Lifeline has a Tribal initiative. We are trying to learn more about how the Lifeline and local crisis centers can best be of assistance in responding to the tragedy of youth suicide in Indian Country.

## Hotline Evaluation Conclusions

- As with the GLSMA programs, there has been ongoing evaluation activity. Results just published in the June 2007 issue of ***Suicide and Life Threatening Behavior***.
- Among crisis callers, distress decreases during and after calls.
- Crisis hotlines are reaching seriously suicidal callers – 14% of suicidal callers spontaneously reported that the call saved their life.
- Hopelessness decreases during and after calls.
- Suicidal intent decreases during calls.
- Suicide risk assessments need to be done routinely on all crisis calls.

## Follow-up to Hotline Evaluations

- Disseminated evaluation findings to all crisis centers.
- Certification/training experts developed and disseminated standards for suicide risk assessment.
- Develop training that will enhance worker behaviors on good contact, lethality assessments, and problem solving.
- Provided technical assistance on adapting the standards.
- By September, 2007 all 125 crisis centers had implemented the standards.
- Wonderful example of evaluation impacting practice.
- Evaluation and implementation must continually inform each other .
- This has led to a NIMH grant to study the training effectiveness of modified ASIST.

## Lifeline Public Education Campaigns

- Providing materials and technical assistance to crisis centers participating in Lifeline network.
- Several large-scale collaborations with GLSMA grantees.
- “Warning signs” wallet cards sent to over 5,000 Emergency Departments in partnership with ACEP.
- Working on reaching out to suicide attempters due to the high mortality and morbidity associated with suicide attempts.

## History of SPRC

Goal 4.8 of the *National Strategy for Suicide Prevention* called for “the development of a technical assistance and resource center to build capacity for states and communities to implement and evaluate suicide prevention programs.”

The screenshot shows the SPRC (Suicide Prevention Resource Center) website. The header includes the SPRC logo and a banner with the text "SUICIDE PREVENTION RESOURCE CENTER" and a collage of diverse people's faces. Below the header, there are several sections:

- Left Sidebar:** Contains navigation links such as "About SPRC", "Suicide Prevention Basics", "Featured Resources" (circled in red), "State Information" (circled in red), "Taking Action", and "News". It also includes a search bar, "Additional Search Options", and a "Weekly Spark" sign-up section.
- Main Content Area:** Features a "This Month Don't Miss..." section with a green button. Below it are news articles with headlines like "SPRC to train 1300 Air Force personnel to assess and manage suicide risk" and "SAMHSA AWARDS \$25.7 Million in Suicide Prevention Grants to Universities, States, Tribes".
- Right Sidebar:** Includes a "Customized Information" section with a "Select Your Role" dropdown (circled in red), a "Quick Links" section with various links, and a "SAMHSA Grantees Toolkit" link (circled in red).
- Bottom Section:** Contains a "News Highlights" section with a green button, a "Subscribe to the Weekly Spark" section (with "Weekly Spark" circled in red), and "National" and "State" news categories.

## Recent/Upcoming SPRC Initiatives

- NASMHPD paper on the role of State Mental Health Authorities in Suicide Prevention
- STIPDA recommendations on youth suicide prevention in rural areas
- Two day meeting on Improving Follow Up For Patients Seen in Emergency Departments following Suicide Attempts
- GLBT White Paper

# NIMH/AAS Consensus Panel Recommendations

**TABLE 2**  
*Consensus Warning Signs for Suicide*

Are you or someone you love at risk for suicide? Get the facts and take action.

Call 9-1-1 or seek immediate help from a mental health provider when you hear, say or see any one of these behaviors:

- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves: seeking access to pills, weapons, or other means
- Someone talking or writing about death, dying, or suicide

Seek help by contacting a mental health professional or calling 1-800-273-TALK for a referral should you witness, hear, or see anyone exhibiting any one or more of these behaviors:

- Hopelessness
- Rage, anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Feeling trapped—like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, or society
- Anxiety, agitation, unable to sleep, or sleeping all the time
- Dramatic changes in mood
- No reason for living; no sense of purpose in life

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)

## Suicide Warning Signs

Seek help as soon as possible by contacting a mental health professional or by calling the National Suicide Prevention Lifeline at 1-800-273-TALK if you or someone you know exhibits any of the following signs:

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Acting reckless or engaging in risky activities—seemingly without thinking
- Feeling trapped—like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated, or unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life

## SAMHSA Matrix

- Suicide Prevention is now a priority area across SAMHSA.
- CSAT Treatment Improvement Protocol
- CMHS Consumer Dialogue
- Office of Communications-Public Education Campaign-Ad Council-mid 2008
- Matrix Action Plan on Website, including a planned update to the NSSP

## Who We Work With

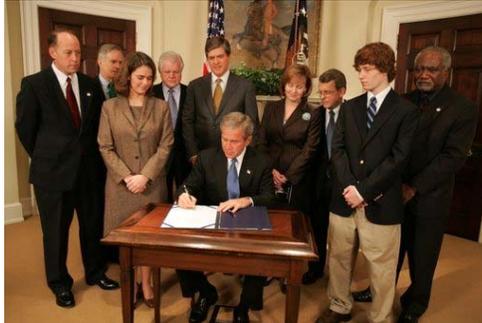
- Garrett Lee Smith Grantees

- State/Tribal: **38**

- Cohort I: 14
- Cohort II: 22
- Cohort III: 2

- Campus: **55**

- Non-grantee State suicide prevention coalitions and planning groups



## Contact Information

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