MASPP is a public health-oriented suicide prevention and intervention program originally developed for a small American Indian tribe in rural New Mexico to target high rates of suicide among its adolescents and young adults. The goals of the program are to reduce the incidence of adolescent suicides and suicide attempts through community education about suicide and related behavioral issues, such as child abuse and neglect, family violence, trauma, and alcohol and substance abuse. As a community-wide initiative, the MASPP incorporates universal, selective, and indicated interventions and emphasizes community involvement, ownership, and culturally framed public health approaches appropriate for an American Indian population.

Central features of the program include formalized surveillance of suicide-related behaviors; a school-based suicide prevention curriculum; community education; enhanced screening and clinical services; and extensive outreach provided through health clinics, social services programs, schools, and community gatherings and events. In addition, neighborhood volunteers of various ages are recruited to serve as "natural helpers." These individuals engage in personal and program advocacy, provide referrals to community mental health services, and offer peer counseling (with guidance from professional mental health staff) to youth who may prefer to seek assistance from trusted laypersons in a less formal setting.

**Designation as a "Program with Evidence of Effectiveness"**

SPRC designated this intervention as a “program with evidence of effectiveness” based on its inclusion in SAMHSA’s National Registry of Evidence-Based Programs and Practices (NREPP).

Outcome(s) Reviewed (Overall Quality of Research Rating-scale of 0 to 4)*

1: Suicide attempts (2.0)
2: Suicide gestures (2.0)

Read more about this program's ratings [1].

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NREPP changed its review criteria in 2015. This program is a “legacy program,” meaning that it was reviewed under the pre-2015 criteria. The evidence for each outcome was reviewed and scored on a scale of 0-4, with 4 indicating the highest quality of evidence and 0 indicating very poor quality of evidence. The overall rating was based on ratings of six criteria: 1) reliability of measures, 2) validity of measures, 3) intervention fidelity, 4) missing data and attrition, 5) potential confounding variables, and 6) appropriateness of analysis. When considering programs, we recommend (a) assessing whether the specific outcomes achieved by the program are a fit for your needs; and (b) examining the strength of evidence for each outcome.

Implementation Essentials

- Thoroughly review the program manual [2] prior to implementation.
- Establish a planning group to adapt the model to fit the local community and guide the process of program implementation.
- Identify qualified staff and informal community supports.

2012 NSSP Objectives Addressed:

Objective 3.1: Promote effective programs and practices that increase protection from suicide risk.
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 8.3: Promote timely access to assessment, intervention, and effective care for individuals with a heightened risk for suicide.
Objective 8.6: Establish linkages between providers of mental health and substance abuse services and community-based programs, including peer support programs.
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 and/or substance use disorders.
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.

Links within this resource

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