

# An End to Suicide in Arizona

## 2019 State Plan

### EXECUTIVE SUMMARY

According to officials at the World Health Organization (WHO), more than 800,000 people die by suicide each year globally; many more make an attempt. Suicide remains the second leading cause of death among 15-29 year olds worldwide; a suicide happens once every 20 seconds. It is estimated for every completed suicide, there are 20 others who have attempted.

In Arizona, an average of 1350 people die by suicide annually. The majority of these suicides were by gun.

Suicide is not just a behavioral health concern. Suicide may be linked to depression and other illnesses, but the majority of those who have a behavioral health illness do not commit suicide. Suicide touches every family and community in Arizona, regardless of diagnoses, zip codes, ethnicities, or faith.

Suicide is the second leading cause of “years of potential life lost” in our state for American Indians. Also of grave concern are suicides among our increasing populations of retirees and veterans.

The 2019 state plan is a guideline for activities to prevent suicide in Arizona. This plan has been created with guidance from community stakeholders, including the Arizona Coalition for Suicide Prevention.

### 2019 STATE PLAN

The *2019 End to Suicide in Arizona State Plan* provides recommendations including strategic directions, objectives and strategies specific to our state. The four strategic directions are the same as those given in the National Strategy with the goals, objectives, and strategies closely following the national plan. The statewide strategies identified in the plan are those that can be directly supported by the Arizona Suicide Prevention Coalition and AHCCCS.

This plan was submitted to the Arizona Coalition for Suicide Prevention and other community partners for comment and final review. As such, this plan is presented in collaboration with the Coalition, on behalf of the citizens of Arizona. Together, our mission is to improve the health and wellbeing of all Arizonans by eliminating suicide.

### KEY COMPONENTS

Suicide prevention should be community-based; the effort to reduce stigma associated with suicide, and/or asking for help to address mental illness needs to be communal. Key mental health and suicide prevention terms used in this document follow definitions in the National Strategy for Suicide Prevention:

<http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full-report-rev.pdf>

### STRATEGIC DIRECTIONS:

1. Healthy individuals and communities
2. Ready access to prevention resources for clinicians and communities
3. Treatment and support services available to clinicians, communities, survivors
4. Continued evaluation and monitoring of prevention programming

A 2019 calendar is included in the index with a preliminary list of activities related to the following goals, objectives, and immediate points of action. As the year progresses, updates will be available on the

AHCCCS blog.

## **GOALS:**

1. Reduce the number of suicides in Arizona through coordinated prevention activities, including developing broad-base support for the Zero Suicide model
2. Reduce stigma related to suicide, including promoting responsible media reporting of suicide
3. Promote efforts to reduce access to lethal means of suicide
4. Promote suicide prevention as a core component of health care services
5. Provide care and support to individuals affected by suicide deaths or suicide attempts and implement community best practice-based prevention, intervention and postvention strategies
6. Increase the timeliness and usefulness of national, state, tribal, and local surveillance systems relevant to suicide prevention and improve the ability to collect, analyze, and use this information for action
7. Evaluate the impact and effectiveness of suicide prevention interventions and systems and disseminate findings

**GOAL 1.** Reduce the number of suicides in Arizona through coordinated prevention activities, including developing strong, multidisciplinary support for the Zero Suicide model

**OBJECTIVES 1.1:** Integrate zero suicide prevention into the core values, culture, leadership, conversation and work of a broad range of organizations and programs with a role to support suicide prevention activities—including AHCCCS and contracted managed care organizations.

**OBJECTIVE 1.2:** Establish effective, sustainable, and collaborative suicide prevention programming at the state, county, tribal, and local levels.

**OBJECTIVE 1.3:** Sustain and strengthen collaborations across agencies (state, county, tribal, municipal) and community-based organizations to advance suicide prevention.

**GOAL 2.** Reduce stigma related to suicide, including promoting responsible media reporting of suicide

**OBJECTIVE 2.1:** Promote effective programs and practices that increase protection from suicide risk.

**OBJECTIVE 2.2:** Reduce prejudice, discrimination, or stigma associated with suicidal behaviors, and mental health and substance use disorders.

**OBJECTIVE 2.3:** Promote the understanding that recovery from mental health illness and substance use disorders is possible for all.

**OBJECTIVE 2.4:** Encourage and recognize news and online organizations that develop and implement policies and practices addressing the safe and responsible reporting of suicide and other related behaviors.

**OBJECTIVE 2.5:** Encourage and recognize news and online organizations that develop and implement policies and practices addressing the safe and responsible reporting of suicide and other related behaviors.

**GOAL 3:** Promote efforts to reduce access to lethal means of suicide

**OBJECTIVE 3.1:** Encourage providers who interact with individuals and groups at risk for suicide to routinely assess for access to lethal means.

**OBJECTIVE 3.2:** Partner with firearm dealers, gun owners, concealed handgun trainers and law enforcement to incorporate suicide awareness as a basic tenet of firearm safety and responsible firearm ownership.

**OBJECTIVE 3.3:** Encourage the implementation of safety technologies to reduce access to lethal means.

**GOAL 4.** Promote suicide prevention as a core component of health care services

**OBJECTIVE 4.1:** Provide training to community groups in the prevention of suicide and related

behaviors.

**OBJECTIVE 4.2:** Provide training to all health care providers, including mental health, substance abuse and behavioral health, on the recognition, assessment, and management of risk factors, warning signs, and the delivery of effective clinical care for people with suicide risk.

**OBJECTIVE 4.3:** 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.

**OBJECTIVE 4.4:** Promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by credentialing and accreditation bodies.

**OBJECTIVE 4.5:** Develop and implement protocols, programs, and policies for clinicians and clinical supervisors, first responders, crisis staff, and others on how to implement effective strategies for communicating and collaboratively managing suicide risk.

**GOAL 5:** Provide care and support to individuals affected by suicide deaths or suicide attempts and implement community best practice-based prevention, intervention and postvention strategies

**OBJECTIVE 5.1:** Support current LOSS teams and research funding options to expand work statewide.

**OBJECTIVE 5.2:** Provide suicide prevention information in Spanish.

**OBJECTIVE 5.3:** Provide evidence-based best practice information regarding postvention strategies.

**GOAL 6.** Increase the timeliness and usefulness of national, state, tribal, and local surveillance systems relevant to suicide prevention and improve the ability to collect, analyze, and use this information for action

**OBJECTIVE 6.1:** Strengthen relationships with state, county partners to improve access to suicide data.

**GOAL 7.** Evaluate the impact and effectiveness of suicide prevention interventions and systems and disseminate findings

**OBJECTIVE 7.1:** Evaluate the effectiveness of suicide prevention interventions in Arizona

**OBJECTIVE 7.2:** Assess, synthesize, and disseminate the evidence in support of suicide prevention interventions in Arizona.

**OBJECTIVE 7.3:** Examine how suicide prevention efforts are implemented in different states/counties and communities to identify the types of delivery structures that may be most efficient and effective.

## What Can You Do to Prevent Suicide?

Research shows there are protective factors that keep individuals from dying by suicide. Individuals, neighborhoods, cities, etc... can accomplish the following to strengthen their communities and prevent future suicides.

1. Build strong, positive relationships with family and friends.
2. Become involved in your community. Mentor youth. Volunteer at a food bank. Join a faith or spiritual community. Check on your neighbors, especially those who are older and live alone.
3. Learn the signs and symptoms of suicide and suicidal behaviors and how to reach out to those who may be at risk.
4. Store firearms locked and unloaded. Store ammunition in a different location, also locked.
5. Dispose of unwanted medications.
6. Learn when to contact treatment providers or emergency services for loved ones who are at risk for suicide.
7. Provide appropriate follow up support to family members who have been discharged from an ED or inpatient for suicidal thoughts or attempts.
8. Ask your community leaders about suicide prevention. Does your local library have flyers on how to access behavioral health services? Are your children's teachers receiving suicide prevention training? Does your church know how to respond if someone in the congregation is suicidal?
9. Participate in local coalitions. For information about the Arizona Suicide Prevention Coalition, visit: <https://www.azspc.org/>
10. Encourage your neighborhood newsletter, or city, to convey messages of help, hope, and resiliency. Use your voice for prevention by writing a letter to your editor. Does your Senator know about suicide prevention efforts in your community?

*Reference: 2012 National Strategy for Suicide Prevention*

## RESOURCES:

2012 National Strategy for Suicide Prevention -

<http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/>.

After a Suicide: A Toolkit for Schools

<https://www.afsp.org/coping-with-suicide-loss/education-training/after-a-suicide-a-toolkit-for-schools>

Assessing and Managing Suicide Risk (AMSR)

<http://www.sprc.org/training-institute/amr>

Best Practices Registry, Suicide Prevention Resource Center

<http://www.sprc.org/bpr>

Counseling on Access to Lethal Means Project (CALM) [http://www.hsph.harvard.edu/means-](http://www.hsph.harvard.edu/means-matter/examples-of-means-restriction-programs/)

[matter/examples-of-means-restriction-programs/](http://www.hsph.harvard.edu/means-matter/examples-of-means-restriction-programs/) Center for Elimination of Disproportionality and

Disparities [http://www.hhsc.state.tx.us/hhsc\\_projects/cedd/](http://www.hhsc.state.tx.us/hhsc_projects/cedd/)

Chronological Assessment of Suicide Events (CASE approach - [www.suicideassessment.com](http://www.suicideassessment.com)), Clinical

Workplace Preparedness and Comprehensive Blueprint for Workplace Suicide Prevention

<http://actionallianceforsuicideprevention.org/task-force/workplace/cspp/training> Collaborative

Assessment and Management of Suicidality (CAMS) <http://psychology.cua.edu/faculty/jobes.cfm>

Columbia Suicide Severity Rating Scale (CSSRS) <http://www.cssrs.columbia.edu/>) Framework for

Successful Messaging [www.SuicidePreventionMessaging.org](http://www.SuicidePreventionMessaging.org)

LOSS Team Postvention Workshops and Trainings [http://www.lossteam.com/About-LOSSteam-](http://www.lossteam.com/About-LOSSteam-2010.shtml)

[2010.shtml](http://www.lossteam.com/About-LOSSteam-2010.shtml) Means Matters, Harvard School of Public Health

<http://www.hsph.harvard.edu/means-matter/examples-of-means-restriction-programs/>

National Registry of Evidence-Based Prevention Programs

<http://nrepp.samhsa.gov>

National Suicide Prevention Lifeline, 1-800-273-8255

<http://www.suicidepreventionlifeline.org>

Preventing Suicide: A Toolkit for Schools

<http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>

Recommendations for Reporting on Suicide

<http://reportingonsuicide.org>

Self-Directed Violence Surveillance Uniform Definition and Recommended Data Elements

<http://www.cdc.gov/violenceprevention/pdf/self-directed-violence-a.pdf>. Suggested Guidelines for

Implementation of a Trauma-informed Approach

<http://www.samhsa.gov/traumajustice/traumadefinition/guidelines.aspx>

The Way Forward - Pathways to hope, recovery, and wellness with insights from lived experience

[http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/The-](http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/The-Way-Forward-Final-2014-07-01.pdf)

[Way-Forward-Final-2014-07-01.pdf](http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/The-Way-Forward-Final-2014-07-01.pdf)

Zero Suicide in Health and Behavioral Health Care

## **2019 CALENDAR OF EVENTS:**

Arizona Suicide Prevention Coalition: Second Tuesday of the month JFCS  
2033 N. 7th St. Phoenix, AZ  
Dial in: 1-619-326-2772 #5131264

Survivors of Suicide Support Group Last Tuesday, monthly  
8:30 pm  
Christ Lutheran Church 25 Chapel Rd  
Sedona, AZ 86336

September:  
Suicide Prevention Month

December:  
Out of Darkness Suicide Prevention walk, Phoenix