



**South Carolina Strategy
for Suicide Prevention**

2018-2025

Data, strategies, resources, and language contained in this document were aggregated from materials produced by numerous accredited suicide prevention authorities, including but not limited to:

The Substance Abuse and Mental Health Services Administration (SAMHSA)

The Centers for Disease Control and Prevention (CDC) The Suicide Prevention Resource Center (SPRC)

The American Association of Suicidology (AAS) The American Foundation for Suicide Prevention (AFSP)

Other Garrett Lee Smith Memorial Grant Program (GLS) suicide prevention plans

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Photos donated by numerous photographers, whose names are listed at the end of this document.

Graphic charts courtesy of the Centers for Disease Control and Prevention's Web-based Injury Statistics Query and Reporting System; Centers for Disease Control and Prevention's *Vital Signs* publication

Special thanks go to Helen Pridgen, Director of the American Foundation for Suicide Prevention-SC Chapter; John Magill, Director of the South Carolina Department of Mental Health; Tinotenda Martin, SCYSPI Administrator; Taylor Davis, Ed. S, NBCC, LPC-A – SCYSPI Suicide Prevention Program Coordinator; Brandon Parker, SCYSPI Marketing Coordinator; and the entire S.C. Suicide Prevention Coalition.



*This document is dedicated
to the people of South Carolina.*

*Every image contained within was either
a free-use photo or donated, and selected
to represent each county of our beautiful state.*

Brookgreen Gardens
Georgetown County





While I breathe, I hope.

Table of Contents

Letter from S.C. Suicide Prevention Coalition Chair
S.C. Department of Mental Health Director John Magill..... Page 5

Members of S.C. Suicide Prevention Coalition..... Pages 6-7

Executive Summary..... Pages 8-9

Considering the Language Pages 10-14

Looking at the Data Pages 15-22

Understanding Suicide..... Pages 23-27

- Socioeconomic Model Page 24
- Risk Factors Page 25
- Warning Signs..... Page 26
- Protective Factors Page 27

Activating Protective Factors in S.C.: Goals, Strategies and Recommendations
What South Carolinians can do to help on individual, interpersonal, community, and societal levels Pages 28-45

Call to Action Page 46

Resources Pages 47-51

Photo credits Pages 52-53

References Page 54

*Abbeville Court Square
Abbeville County*



A letter from the S.C. Suicide Prevention Coalition Chair



John H. Magill
 Director of the S.C. Department of Mental Health

Dear Citizens of South Carolina,

During the last two years, leaders from across the state have come together to develop a better understanding of suicide and its impact on South Carolinians.

This group, known as the South Carolina Suicide Prevention Coalition, has been invested in creating hope and decreasing suicide rates. These individuals have been working diligently to present information and guidance about suicide in the Palmetto State.

Suicide is currently the second-leading cause of death for South Carolinians aged 10 to 35, and it affects every county within our state's borders.

The Coalition's goal is to develop broad-based support for suicide prevention, reduce

stigma, advocate for change in policies and practices, and raise awareness about suicide — a preventable death.

This is a living document, preliminary in nature, that will continue to be updated with resources, research, and strategies, on an annual basis.

We want citizens, professionals and organizations to share this mission and effort in promoting health and improving safety in South Carolina.

It has been an honor and a privilege to serve as Chair of the South Carolina Suicide Prevention Coalition, a group of determined and compassionate individuals whose efforts I know will save lives.

Sincerely,

John. H. Magill
 State Director
 South Carolina Department of Mental Health

Members of the *South Carolina Suicide Prevention Coalition*

“Committed to reducing suicide rates in our state by 20% by 2025.”

John H. Magill

South Carolina Department of Mental Health
State Director and South Carolina Suicide Prevention Coalition Chair

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South Carolina Department of Education
Director of the Office of Student Intervention Services

Dr. Jim Hayes

National Alliance on Mental Illness - South Carolina
Board President

Michael Cunningham

AnMed Health
Vice President of Advancement

Aiken Horse Track
Aiken County



Members of the

South Carolina Suicide Prevention Coalition

“Committed to reducing suicide rates in our state by 20% by 2025.”

Dr. Shawn Stinson

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 Senior Vice President of Healthcare Innovation and Improvement

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 Program Officer

Dr. Pete Liggett

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 Deputy Director of Long Term Care and Behavioral Health

Alisa Liggett

University of South Carolina
 Executive Director of Academic Integrity & Behavioral Intervention
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 Director of Social Work
 Community Health Services

Myrtle Beach
Horry County



There are people in this state who possess hearts with immeasurable compassion; heroes who take it upon themselves to ease the minds and shoulder the burdens of their fellow South Carolinians. The men, women, and children of our state need these champions, now.

Shall we count you among them?

*Join the fight
against suicide
in the
Palmetto State.*

Suicide is a public health issue in South Carolina, but research indicates these deaths are preventable so long as members within a wide range of communities embrace their roles in a unified effort. We can fight suicide by creating suicide care pathways throughout our communities, state agencies, and organizations serving youth and adults that are evidence-based, data-driven, and collaborative in nature.

The details of this plan address what we can do on individual, interpersonal, community and societal levels to ensure that those among us struggling with suicidal thoughts feel safe to discuss their worries and illnesses openly, are encouraged to seek the help they need, have access to quality mental and physical health care, and are protected by their friends, families and peers as they valiantly pursue recovery.

Hartwell Dam
Anderson County



Continuity of Care

*Following through
on promises to our state*

Suicide has been a topic of great concern to the State of South Carolina for quite some time, and the developments in recent years have only strengthened leadership's resolve to find solutions for a growing problem in our state.

In 2004, South Carolina's first Suicide Prevention Plan was released through the S.C. Department of Health and Environmental Control.

Using data from the South Carolina Violent Death Reporting System, the Plan was updated in 2010 under the guidance of the State Suicide Prevention Coalition to reflect current statistics and goals. (You may view the 2010 plan at www.sprc.org/states/south-carolina).

The Coalition was effectively relaunched in December 2016

to identify the Palmetto State's strengths and needs in suicide prevention, intervention, and postvention across the lifespan. The relaunch of the Coalition includes leadership and experts from state agencies (such as the Department of Mental Health and the Department of Health and Environmental Control), concerned members of the S.C. Legislature, and key community stakeholders, such as American Foundation for Suicide Prevention – SC Chapter (AFSP SC), Mental Health America of S.C. (MHA SC), and National Alliance on Mental Illness S.C. (NAMI SC), who also lead and collaborate on other suicide prevention efforts across the state.

In September 2015, the S.C. Department of Mental Health was awarded a federal Garrett Lee Smith Memorial grant to fund

the S.C. Youth Suicide Prevention Initiative (SCYSPI). This initiative is an intensive, community-based effort with a goal of reducing suicide among South Carolina's youth and young adults aged 10-24 by 20% by 2025, a goal adopted from AFSP's Project 2025 (afsp.org/project2025). An additional goal for SCYSPI is to screen at least 30,000 youth and young adults for suicide risk and mental health needs during the next five years. For more information, visit scyspi.org.

Currently, South Carolina law (§ 59-26-110) requires at least two (2) hours of training in youth suicide awareness and prevention for the renewal of certification every five (5) years for certified middle and high school educators. This was achieved through the adoption of the Jason Flatt Act

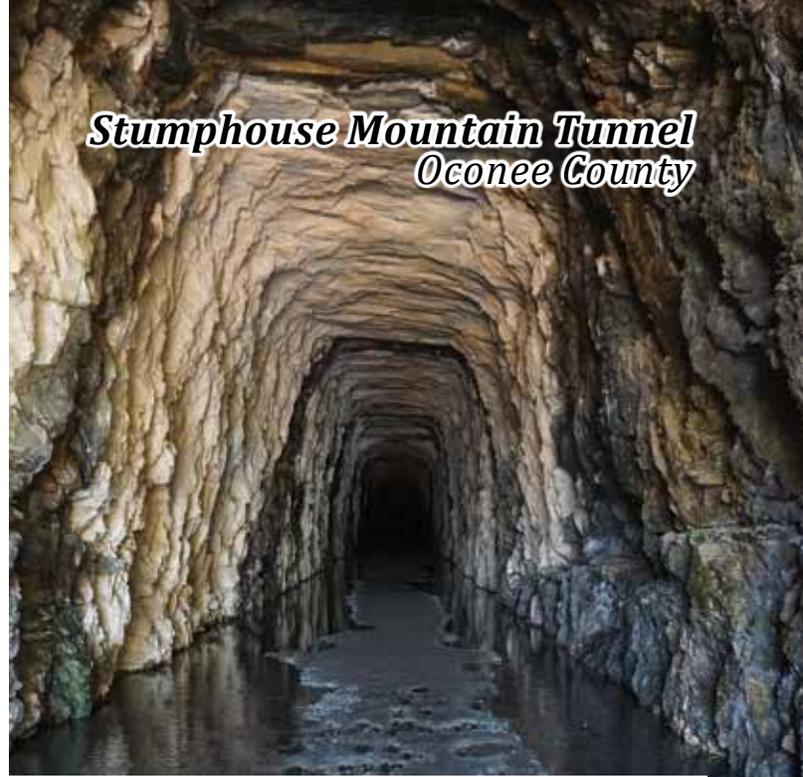
Denmark Depot Bamberg County



*Swan Lake & Iris Gardens
Sumter County*



*Stumphouse Mountain Tunnel
Oconee County*



Considering the language

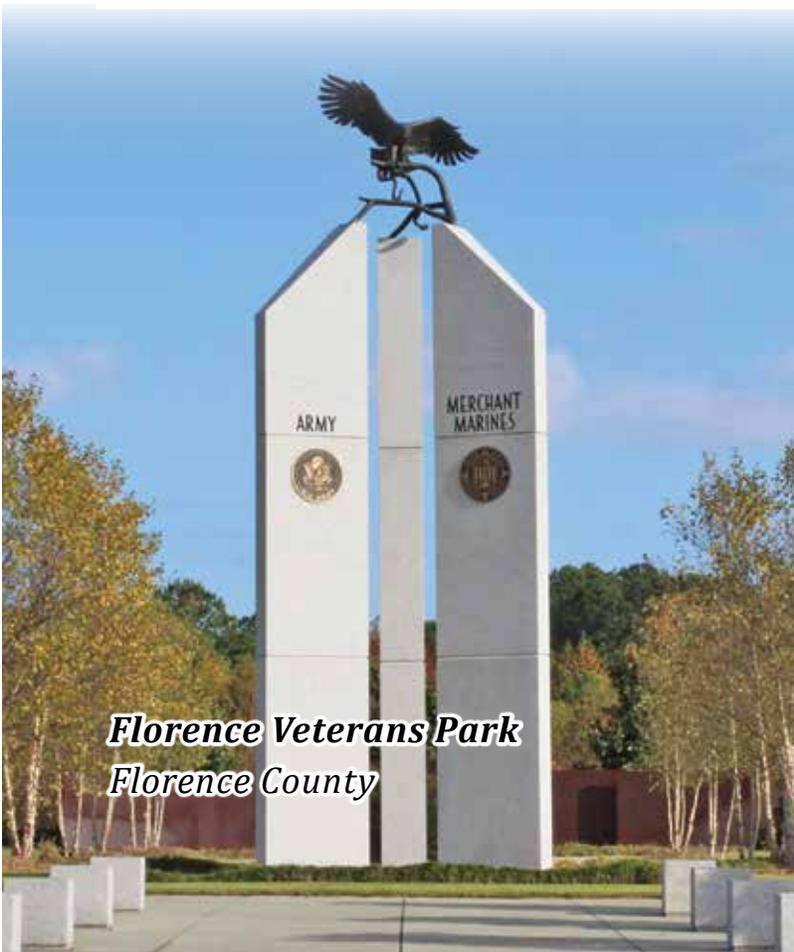
When discussing subjects of public concern, it is imperative we use the language and terminology constructed by the professionals who conduct and publish the research

associated with that subject to maintain continuity, accuracy, and objectivity.

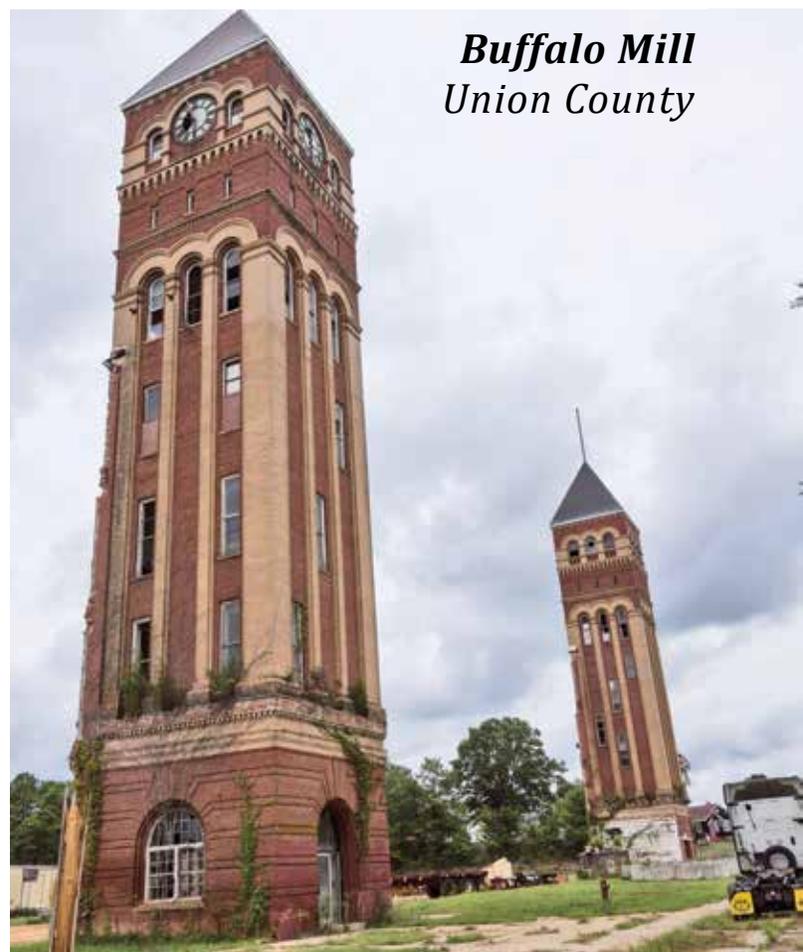
Suicidologists and others who have devoted their time to understanding and fighting suicide have created

terms and crafted language pertaining to the subject for a reason, and when we fully adopt those definitions and practices, we increase our chances of effectively fighting suicide in the Palmetto State.

*Florence Veterans Park
Florence County*



*Buffalo Mill
Union County*



Considering the language | *A focus on accuracy*

In the Palmetto State, there are very few topics as steeped in stigmas as suicide — a simple utterance of the word can dramatically shift moods.

There was once a time when people did not discuss HIV/AIDS, cancer or teen pregnancy, but as people developed a better understanding about the subjects over time, they began having open conversations about these problems and embraced them as public health issues.

Suicide should be viewed no differently.

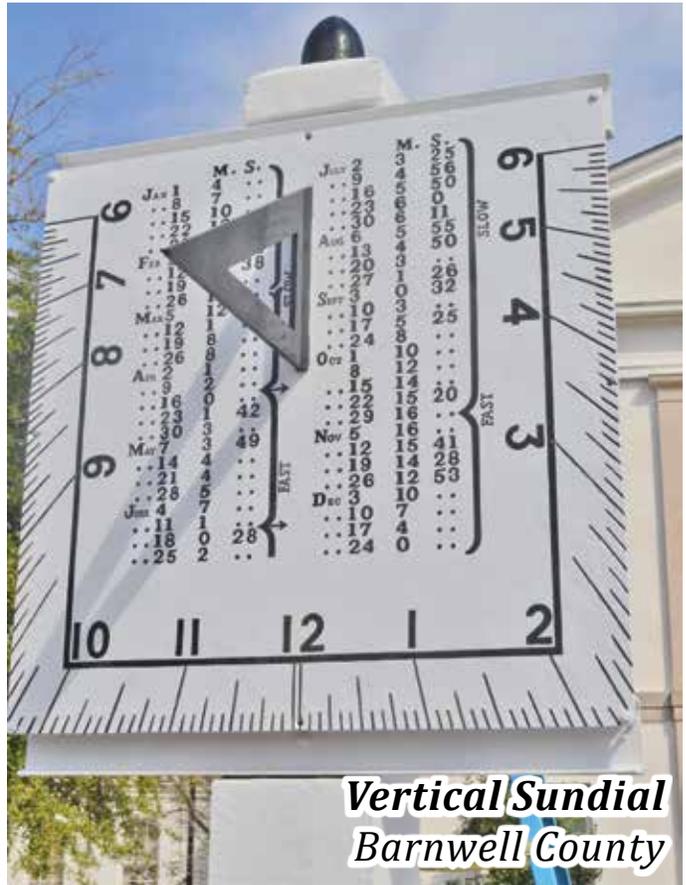
The brain is an organ, and like the heart or lungs, it is susceptible to disease and trauma that affect its ability to function properly.

When someone’s heart is in crisis, a heart attack occurs. When the brain is in crisis, it often seeks death as a means to end the pain.

Suicide is not about dying; it’s about ending the pain.

Considering the bio-chemistry, physiology and other factors that influence thoughts and behaviors, suicide should be discussed from a medical perspective. In doing so, we should strive to use appropriate and clinically correct terminology.

Changing the language will also reduce the stigmas surrounding subject, so that we address suicide as the public health concern it truly is.



**Vertical Sundial
Barnwell County**

When referring to an intentionally self-inflicted death, the clinically correct language is “died by suicide”

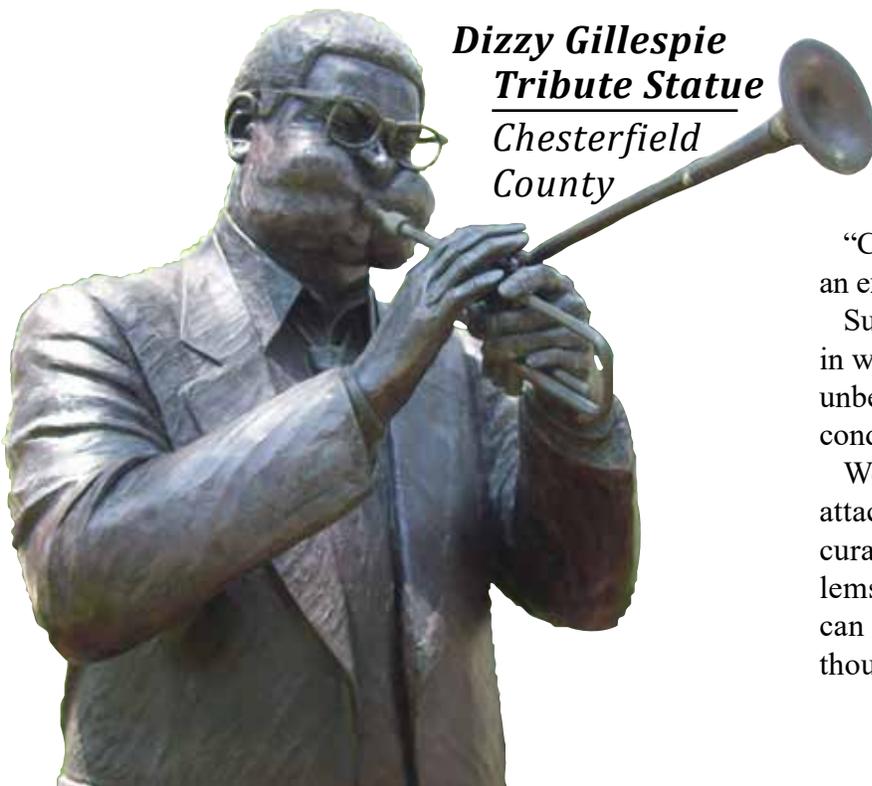
The verb historically associated with suicide is “commit,” a word professionals in the suicide prevention community do not use because it is inaccurate and stigmatizing.

“Commit” is connected to a criminal act, which is an extension of a character defect.

Suicide is not a defect, but a mental health crisis in which the brain is simply reacting to trauma or unbearable stress, often impaired by mental health condition(s).

We do not say that someone “committed a heart attack” or “committed cancer,” which is a more accurate parallel to draw between mental health problems or symptoms and suicide. Using “commit” can deter those who are struggling with suicidal thoughts from seeking the help they need.

**Dizzy Gillespie
Tribute Statue
Chesterfield
County**



Considering the language | *A focus on accuracy*

This shift also grants freedom for those lost someone to suicide to have open conversations about their grief and coping progress, as the hurtful stigma is removed from the loss.

Another shift in language is the elimination of the word “successful” when discussing suicide, as there is nothing successful about a suicide. Instead, clinicians use “**completed**” when referring to someone who dies from a suicide attempt.

Those who attempt suicide but do not die are called “**survivors of suicide**” or “**suicide survivors.**”

Family, friends, coworkers, and others who are affected by an individual’s suicide are referred to as “**survivors of suicide loss.**”

The importance of clear and consistent language for characterizing suicide-related behaviors is not only needed to decrease stigma but to also provide accuracy of the medical urgency. Problematic language has been around for a while, such as the

commonly used label “suicide gesture.”

Medical and behavioral health professionals have been strongly encouraged by the National Institute of Mental Health, the Center for Mental Health Services, and the American Association of Suicidology to consider discontinuing the use of the term “suicide gesture” in light of its associated dismissive connotation and inconsistent application in clinical practice and research.

Instead of “suicide gesture,” recommendations have been made to provide more precise descriptions of suicidal behaviors and the functional assessment of suicide-related behaviors.

First and foremost, the seemingly inconsistent distinction drawn between a “genuine” suicide attempt and a suicide gesture ignores the fact that suicidal behavior is often characterized by mixed motives and considerable ambivalence about life and death.



*Hilton Head Island
Beaufort County*

Considering the language | Terms to know

On a societal level, general knowledge and use of appropriate terminology when dealing with issues related to suicide helps reduce stigma associated with seeking help.

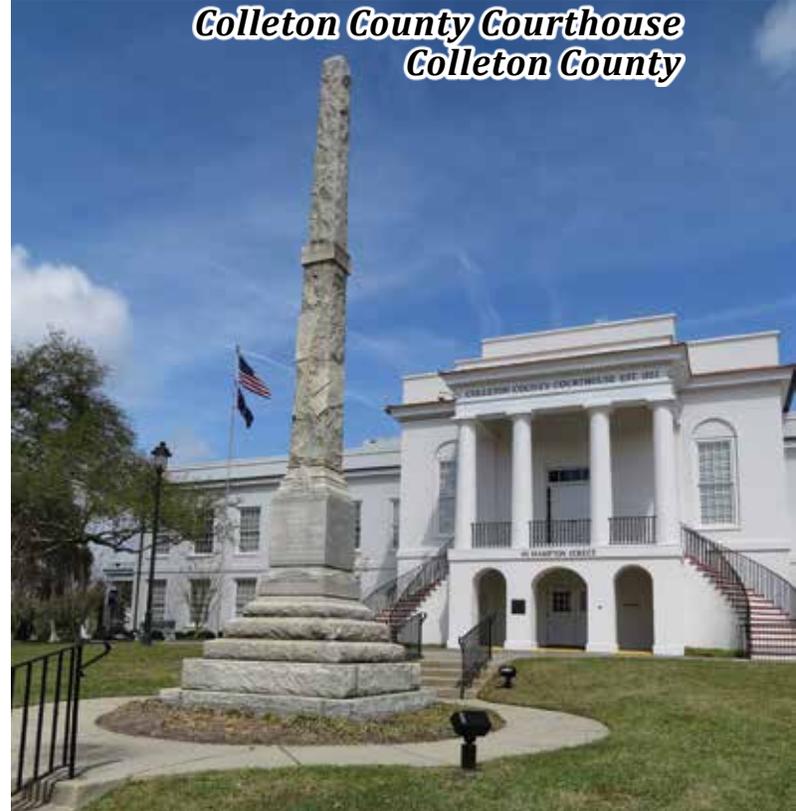
In medical settings, using accurate and appropriate nomenclature concerning suicide promotes and facilitates proper and concise care of at-risk individuals and those affected by suicide, as does referring those individuals to care.

The following terms are defined in reports from the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention:

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

Bereaved by suicide: Family members, friends, and others affected by the suicide of a loved one (also referred to as “survivors of suicide loss”)

Means: The instrument or object used to carry out a self-destructive act, such as chemicals, medications, or illicit drugs



Methods: Actions or techniques that result in an individual inflicting self-directed injurious behavior, such as overdose, suffocation, etc.

Cypress Gardens *Berkeley County*



Considering the language | *Terms to know*

Other suicide behavior including preparatory acts: Acts or preparation toward making a suicide attempt, but before potential for harm has begun. This can include anything beyond a verbalization or a thought, such as assembling a method (such as collecting pills) or preparing for one's death by suicide (writing a suicide note, giving things away)

Postvention: Response to and care for individuals affected in the aftermath of a suicide attempt or suicide death

Protective factors: Positive conditions and personal and social resources that reduce the likelihood of an individual developing a disorder. For those already struggling with a disorder, these elements promote resiliency and reduce the potential for suicide and other high-risk behaviors. Protective factors may encompass biological, psychological, or social aspects in the individual, their family, or their environment

Resilience: Capacities within a person or organization that promote positive outcomes, such as mental health and well-being, and provide protection from factors that might otherwise place that person at risk for adverse health outcomes

Risk factors: Elements within a person's life that make it more likely that individual will develop a disorder. Risk factors may encompass biological, psychological, or social aspects in the individual, their family or their environment

Suicidal behaviors: Conduct related to suicide, including preparatory acts, suicide attempts and deaths

Suicidal ideation: Thinking about, considering, or planning suicide

Suicidal plan: A thought regarding a self-initiated action that facilitates self-harm behavior or a suicide attempt; often including an organized manner of engaging in suicidal behavior, such as a description of a time frame and method

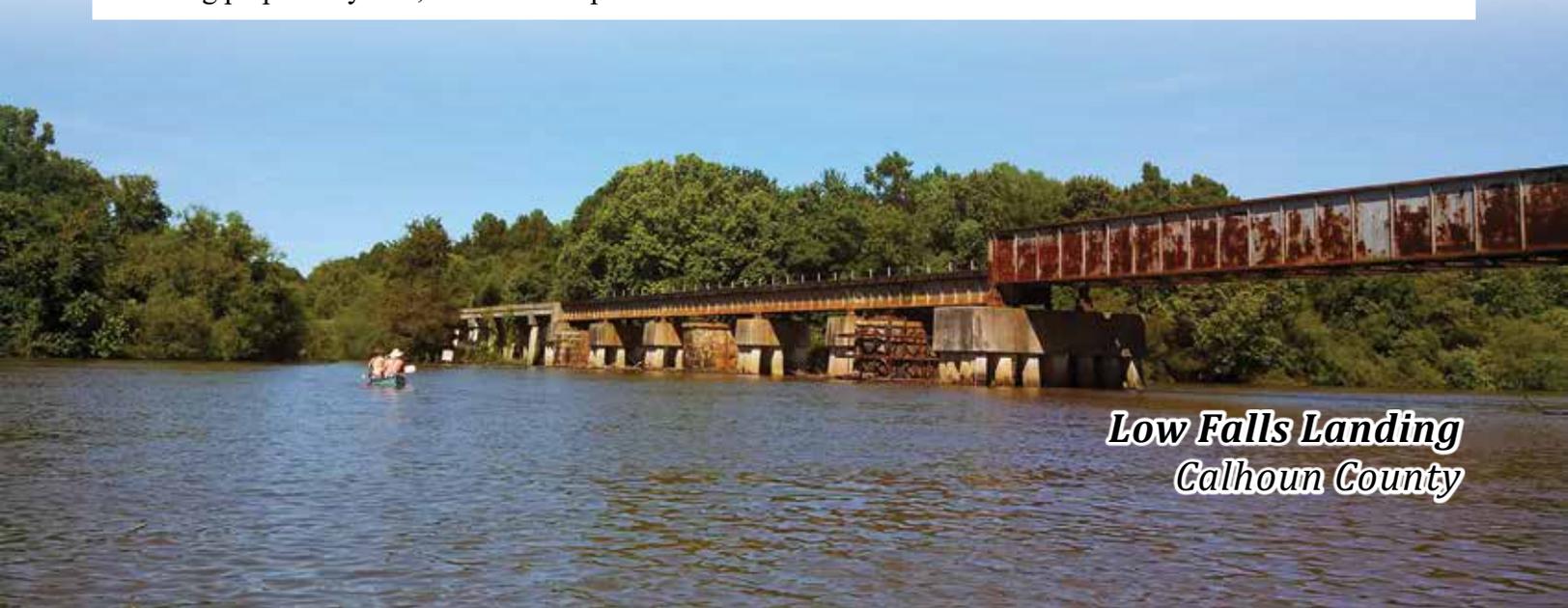
Suicide experiences: Suicidal ideations, suicide plans, and suicide attempts. People who experience suicidal ideation and make suicide plans are at increased risk of suicide attempts, and people who experience all forms of suicidal thoughts and behaviors are at greater risk of dying by suicide

Suicide (die by suicide, death by suicide, suicide death): Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

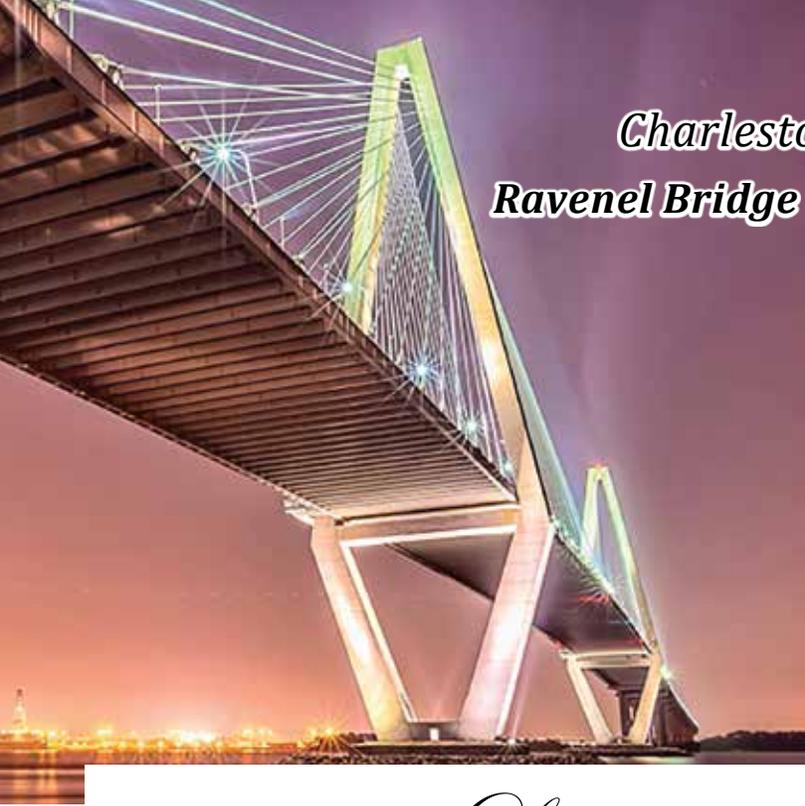
Suicide attempt: A non-fatal, self-directed, potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury

Suicide crisis (suicidal crisis or potential suicide): A situation in which a person is attempting to kill themselves or is seriously contemplating or planning to do so. It is considered a medical emergency, requiring immediate suicide intervention and emergency medical treatment.

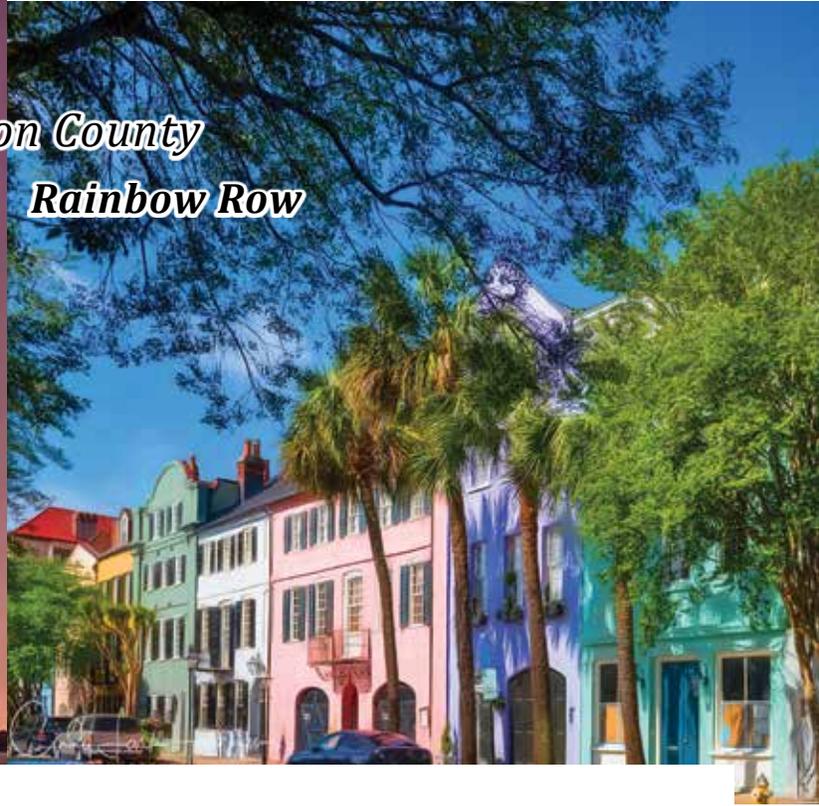
Note: HIPAA and FERPA policies do not apply to individuals attempting suicide or expressing a desire to attempt suicide in the near or immediate future.



*Low Falls Landing
Calhoun County*



*Charleston County
Ravenel Bridge*



Rainbow Row

Looking at the data

To understand how far-reaching suicide is in South Carolina, it is necessary to observe quantitative data on the issue.

Data concerning suicide is collected by the Centers for Disease Control and Prevention and published online through their Web-based Injury Statistics Query

and Reporting System. Other data specific to the Palmetto State is gathered and made available by the S.C. Department of Health and Environmental Control's Violent Death Reporting System.

While both systems provide an in-depth look into the pervasiveness of suicide across many demographics, it is crucial that our

state collects more specific and diverse information to help develop unique strategies for preventing suicide among especially vulnerable groups.

The information available paints a portrait of a state in desperate need of a refocused suicide prevention plan.

*Lake Marion
Clarendon County*



SUICIDE 10th

is now the *Dum spiro, spero* -leading cause of death in SC

- #2 cause of death for ages 10-35
- #4 cause of death for ages 36-54
- #8 cause of death for ages 55-64
- #16 cause of death for ages 65 & older



On average, **1** South Carolinian dies by suicide every **11 hours**.

There are nearly **twice** as many **suicides** each year in South Carolina as there are **homicides**.

	Suicides	Homicides
2015	742	448
2016	815	426

Suicide Death Rates

	Deaths by Suicide	Rate per 100,000	State Rank
South Carolina	815	15.65	23
Nationally	44,965	13.42	

Suicide cost

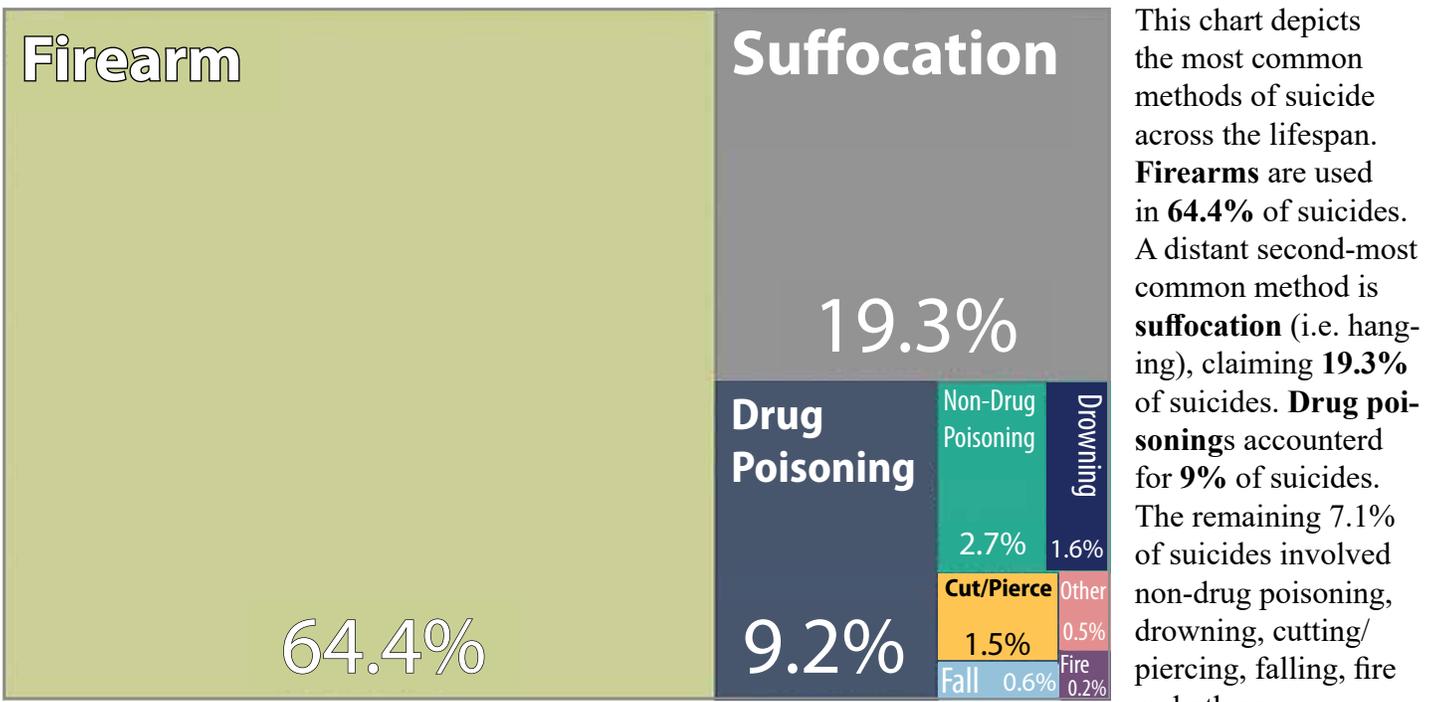
South Carolina more than **\$748 million** of combined lifetime medical and work loss in 2010, an average of **\$1.18 million** per suicide death

All tables, facts, and figures presented on this page is based on CDC data and research



The Peachoid
Cherokee County

Looking at the data | Suicide by the numbers



This chart depicts the most common methods of suicide across the lifespan. **Firearms** are used in **64.4%** of suicides. A distant second-most common method is **suffocation** (i.e. hanging), claiming **19.3%** of suicides. **Drug poisonings** accounted for **9%** of suicides. The remaining 7.1% of suicides involved non-drug poisoning, drowning, cutting/piercing, falling, fire and others.

In studying suicide, understanding *how* it is happening is just as important as learning *why* it is happening.

By analyzing data regarding lethal means, we gain insight in devising more thorough strategies that help limit access to those means. This information also helps craft awareness, leading to the recruitment of stake-

holders with mutual interests.

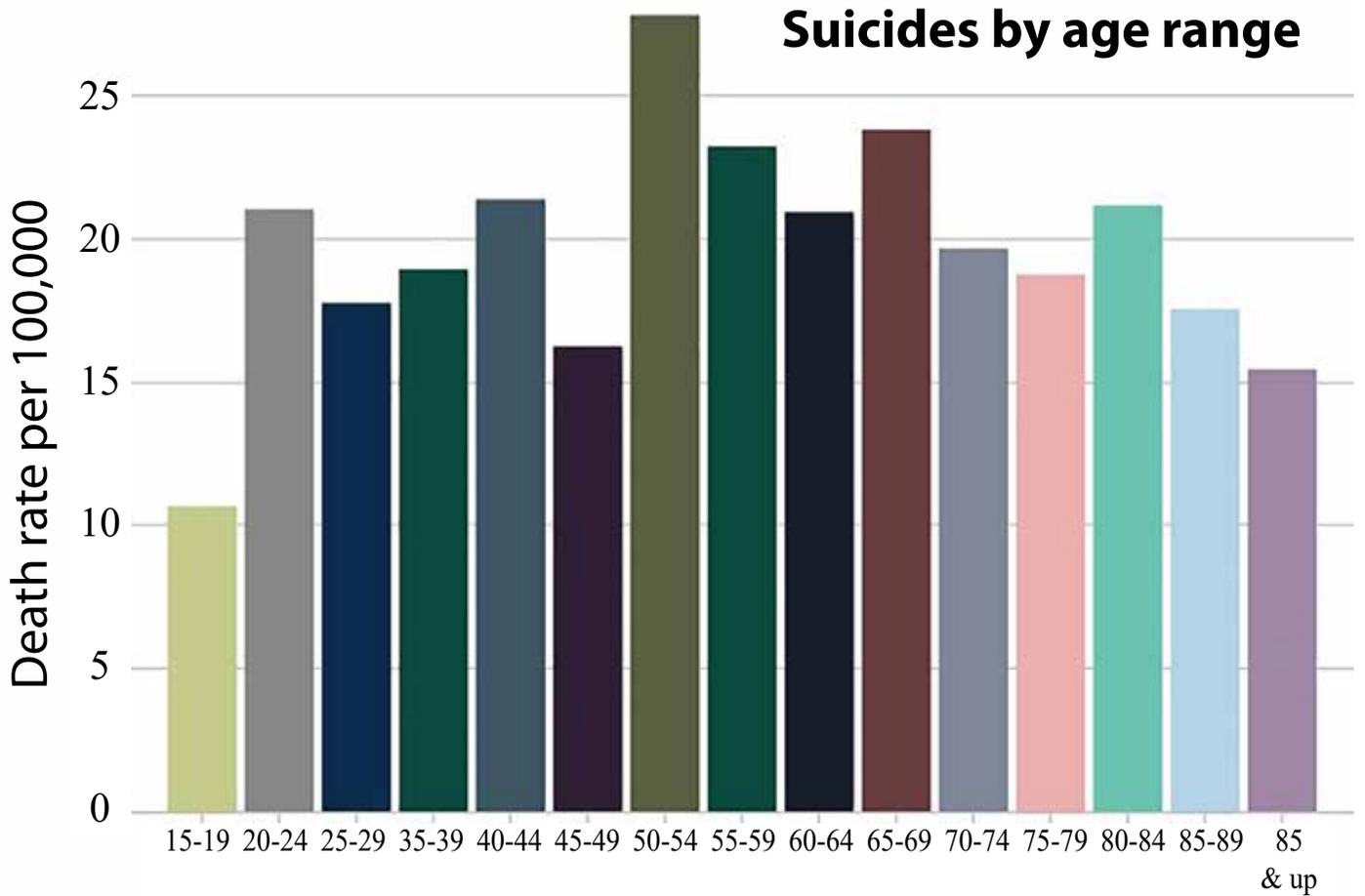
For example, knowing that **firearms** account for nearly **two-thirds of suicide deaths** might persuade firearms dealers to disseminate suicide prevention materials with their products.

Some states encourage or require gun dealers to emphasize **gun safety** at the point of sale.



*Downtown Chester
Chester County*

Suicides by age range



Nearly everyone has a preconception about who is mostly likely to die by suicide.

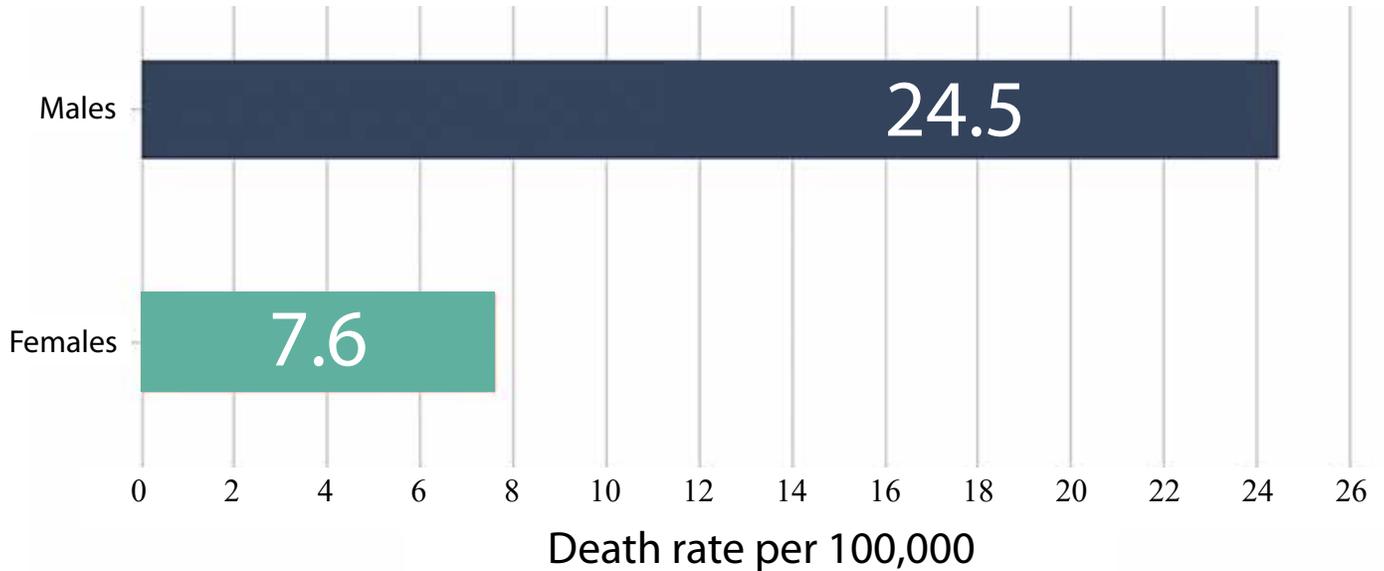
However, as this graph illustrates, any notion that suicide overwhelmingly affects

one age group more than other is unfounded. Every age group is at risk of suicide, so plans to reduce suicide across an entire state must include strategies that address individuals of all ages.



*Little Pee Dee State Park
Dillon County*

Suicides by gender identity



When observing the information presented in this graph, it might be easy to develop simple assumptions about suicide as it relates to gender in South Carolina.

While males are nearly **3 times** more likely to **die** by suicide than females, females **attempt** suicide at **3.5 times** the rate of males.

Part of this discrepancy is attributed to methodology: Males use more lethal means. According to the 2016 CDC data, **70% of males** who died by suicide used **firearms** and **19.3% used suffocation**.

In general, males are more likely to own or have access to firearms.

Only **47.5%** of females used **firearms** (though research indicates female use of firearms in suicide is increasing), while **26.5%** used **drug poisoning** and **19%** used **suffocation**.

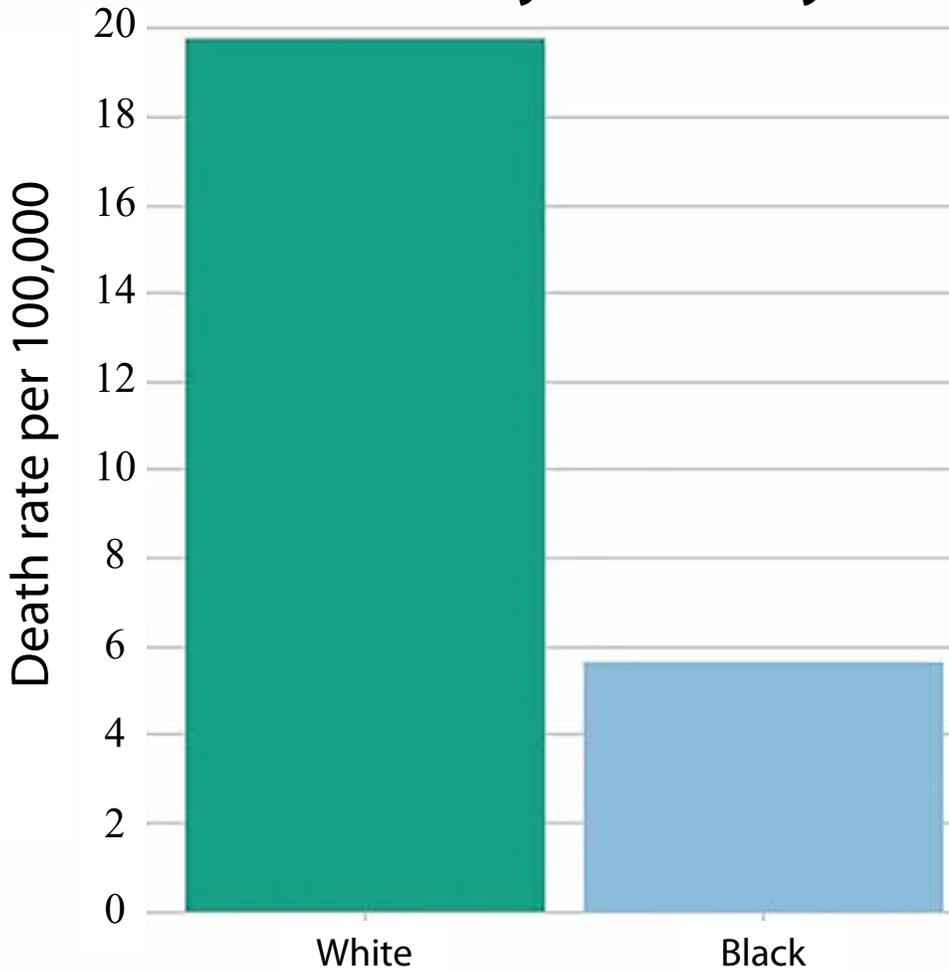
The difference in method, however, is not an indication that females are “less serious” than males about taking their own lives. Every attempt is a true effort to that individual, regardless of method.



12 STONE MONUMENT
 ERECTED IN HONOR OF THE FOUNDER OF
 BETTIS ACADEMY
 Rev. ALEXANDER BETTIS
 BORN AUGUST 4, 1836—DIED MAY 13, 1895
 HE WAS A BORN LEADER AND A FRIEND OF HUMANITY
 GONE BUT NOT FORGOTTEN
 ERECTED BY MT. CANAAN ASSOCIATION 1942
 DEACON S. LOYD, CHAIRMAN
 PROFESSOR A. W. NICHOLSON
 IS NOW PRESIDENT
 AND HAS BEEN FOR FORTY YEARS.

*Bettis Academy & Junior College
 Edgefield County*

Suicides by ethnicity



While suicide affects many ethnicities, CDC data about many demographic groups in South Carolina is limited.

According to the data that is available, whites across the lifespan are at more than three times the risk of dying by suicide than their black counterparts.

Among whites, the death rate for males is 30.1 per 100,000 and 9.6 per 100,000 for females. The overall crude death rate is 20.75.

As far as methods, 65.6% used firearms, 17.8% used suffocation, 10.2% used drug poisoning, and most of the remaining suicides involved non-drug poisoning, cutting, and drowning.

Darlington Raceway
Darlington County



A need for expanded data collection

To best combat suicide, it's important we gather as much information as possible about specific populations within South Carolina.

In collecting data about these groups, we learn their unique risk factors and how we might best assist at-risk individuals while respecting the elements of their cultures and situations.

Even when filtering information by some of the most general denominators, such as race or ethnicity, very little information is available in our state.

On a national level, new research is restructuring our understanding of suicide among

black populations. In an article published by the National Institute of Health in May 2018, researchers said they found **black children aged 5-12** were **twice as likely** to attempt suicide as their white counterparts.

Other research, such as articles published by the Suicide Prevention Resource Center, indicates that **immigrant youth** are at an **elevated risk of suicide**.

There is also very little data available about other populations in South Carolina, such as Lesbian, Gay, Bisexual, Transgender, and Queer (LGBT) individuals. National research and efforts within other states

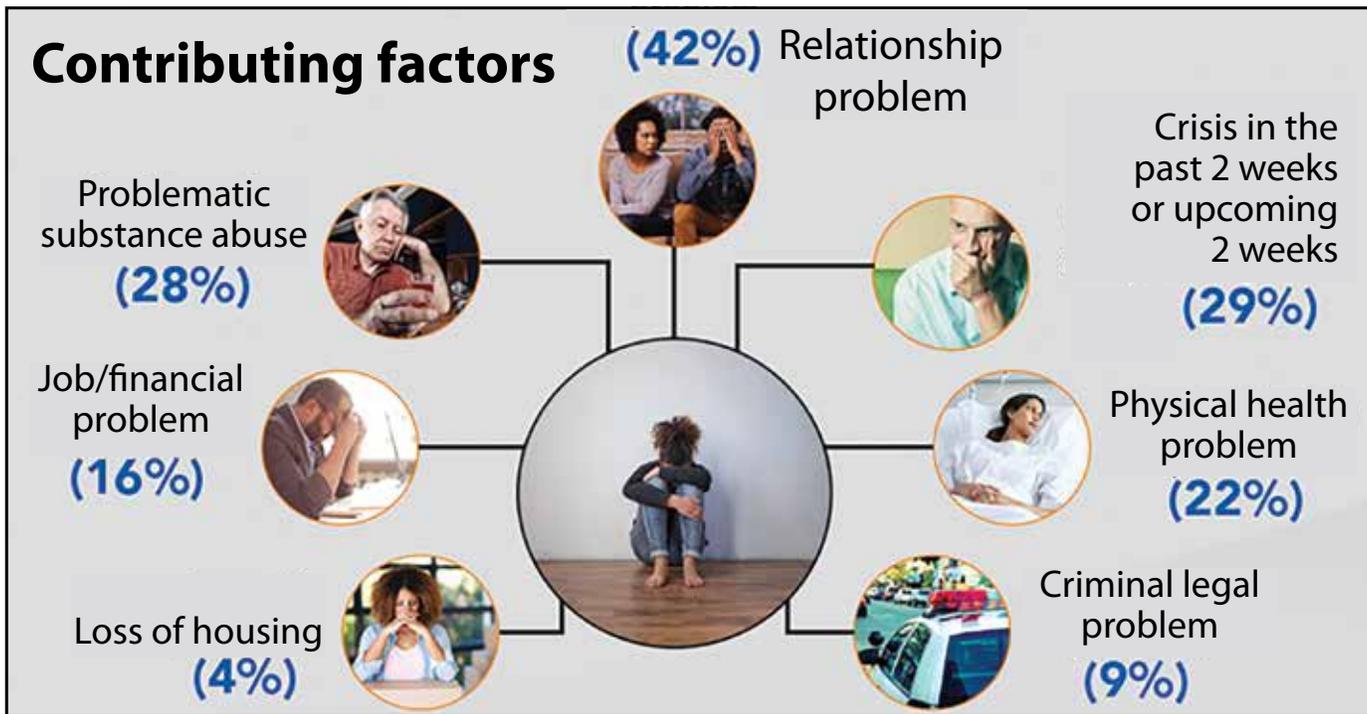
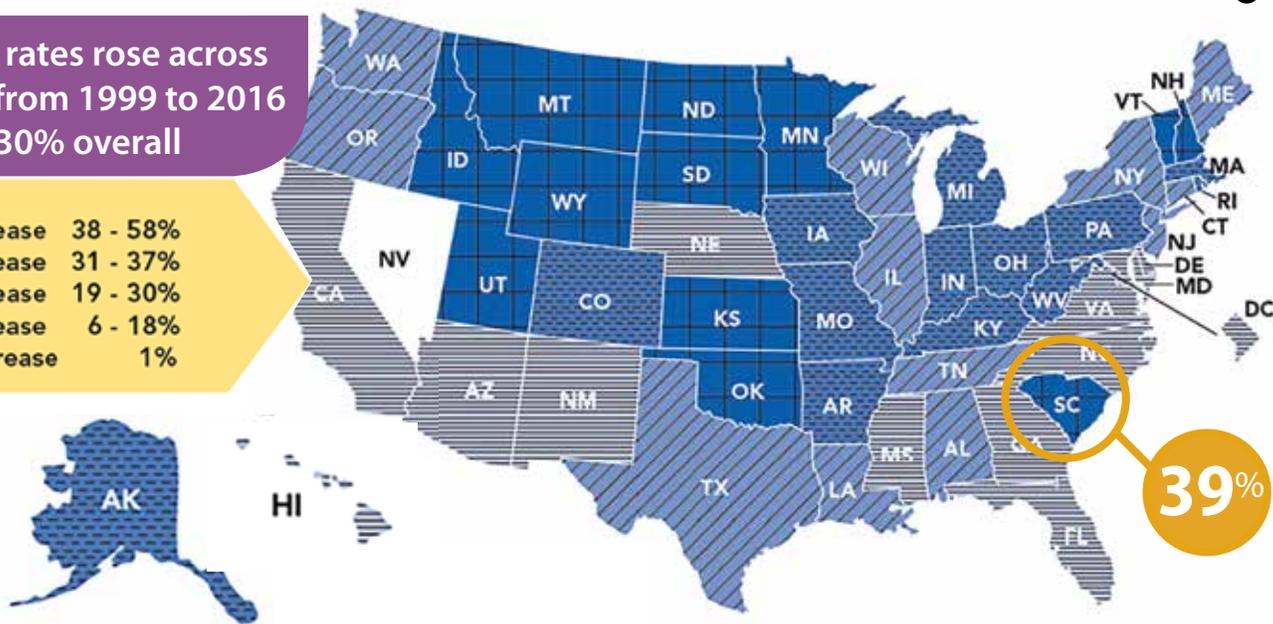
indicate the LGBTQ+ population is at higher risk than most other demographic groups, with some studies concluding these individuals are 1.5-3 times more likely to contemplate suicide than their heterosexual counterparts. Even within the LGBTQ+ population, transgender individuals are especially at risk, as nearly half report having attempted suicide — 92% attempt before the age of 25.

All lives within the Palmetto State are important and should be cherished. It is imperative we seek more data in all areas of suicide prevention research if we are to effectively serve these populations.

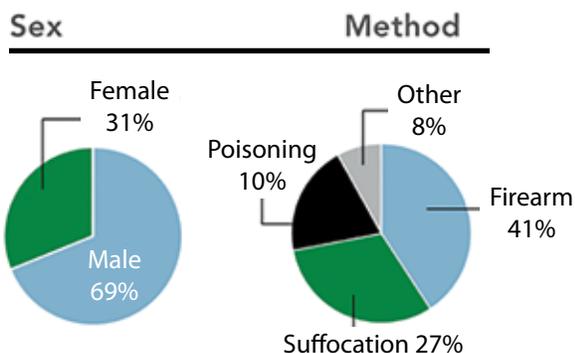
*Winthrop University
York County*



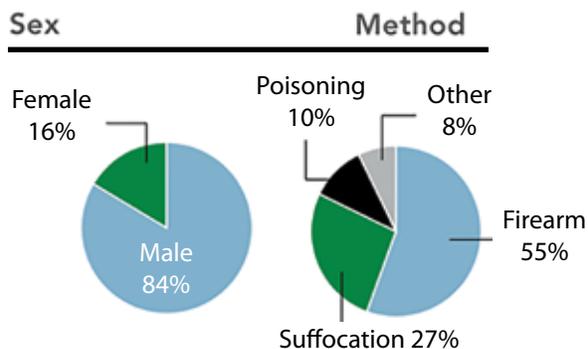
Suicide rates rose across the U.S. from 1999 to 2016 by 30% overall



Known mental health conditions

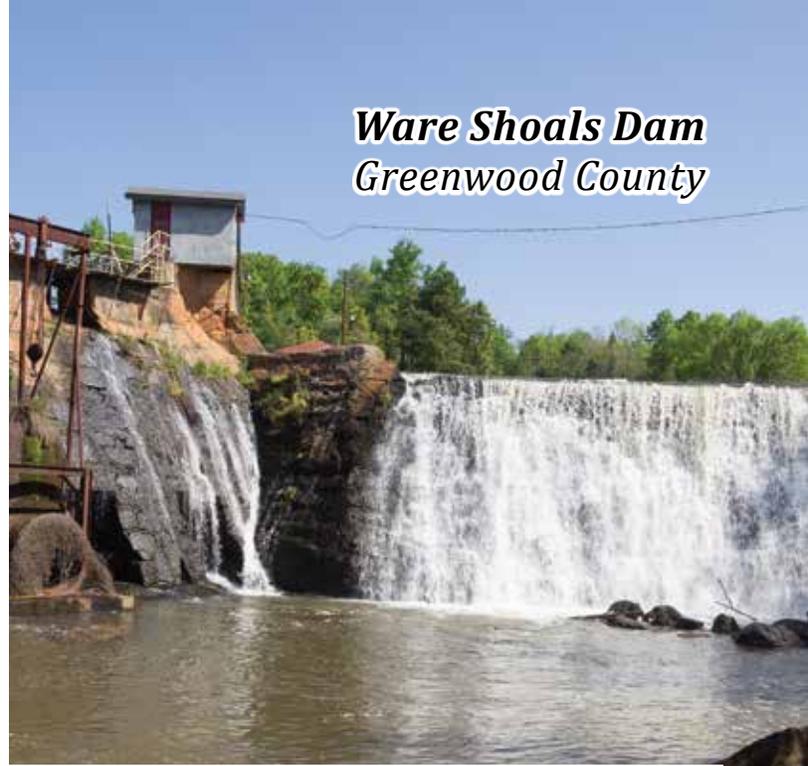


No known mental health conditions





*Raven Cliff Falls
Greenville County*



*Ware Shoals Dam
Greenwood County*

Understanding suicide

Statistics present information in an impactful, objective format that makes the scope of suicide deaths digestible for the public at large.

What statistics cannot do, however, is answer the questions of *why* people attempt suicide and *how* can we might go about preventing suicides.

To properly design suicide prevention efforts and protocols, we have to understand risk factors and how they contribute to an individual's suicide experiences.

Once we have a grasp of risk factors, we can begin instituting protective factors — things we can do and resources we can offer that help alleviate or curb the

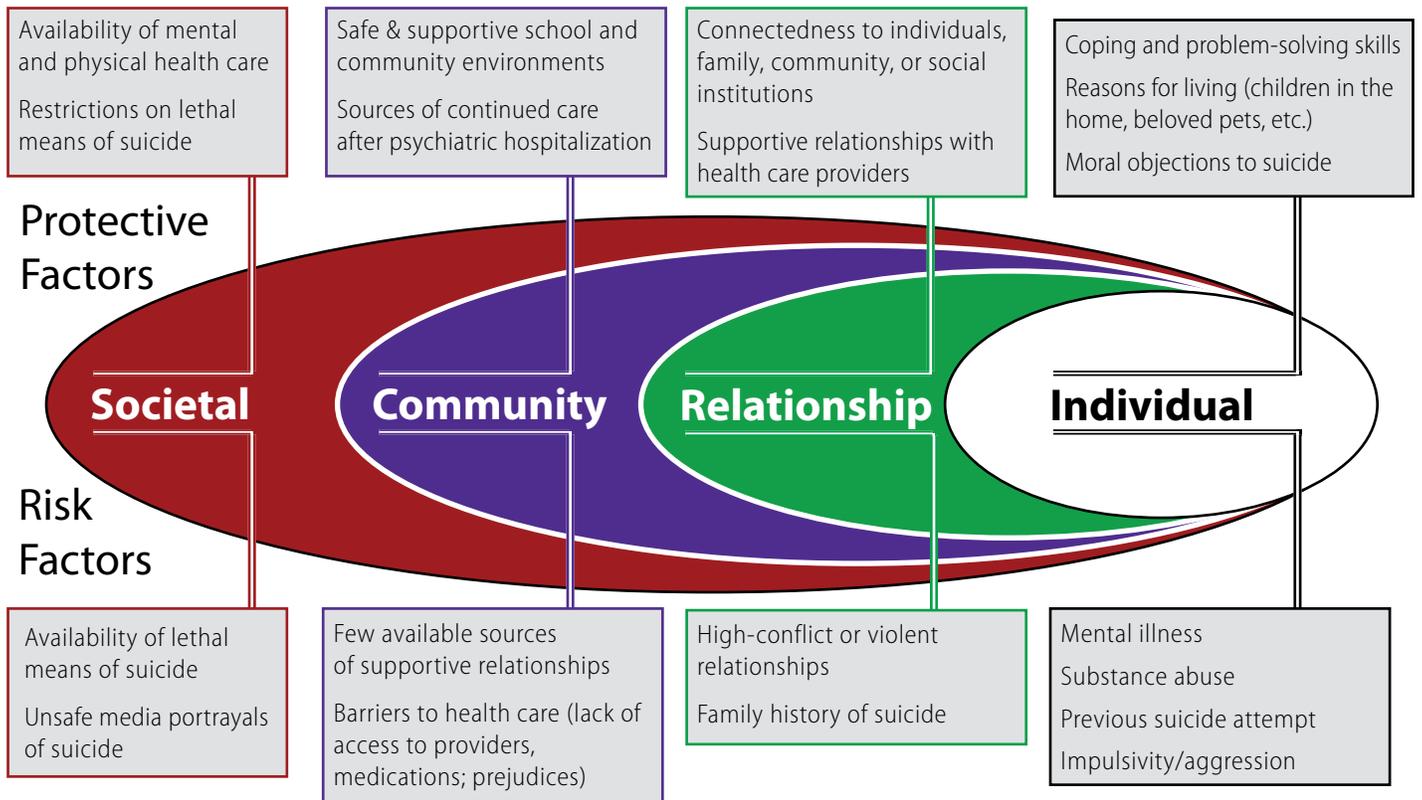
impact of risk factors and reduce the likelihood of suicide attempts and deaths.

Finally, we must familiarize ourselves with the warning signs of suicide. Knowing what to look for is critical to identifying at-risk individuals and connecting them to the support and mental health care they need.



*Ernest F. Hollings ACE Basin National Wildlife Refuge
Hampton County*

Understanding suicide | The Social Ecological Model



One of the best tools for helping us understand risk and protective factors is the social ecological model, that categorizes the various factors that impact our lives.

In terms of the model, **Societal** refers to how the individual is affected by the perceptions and stigmas held by the culture of where

they live on a larger scale, be it a country, a region, or a state.

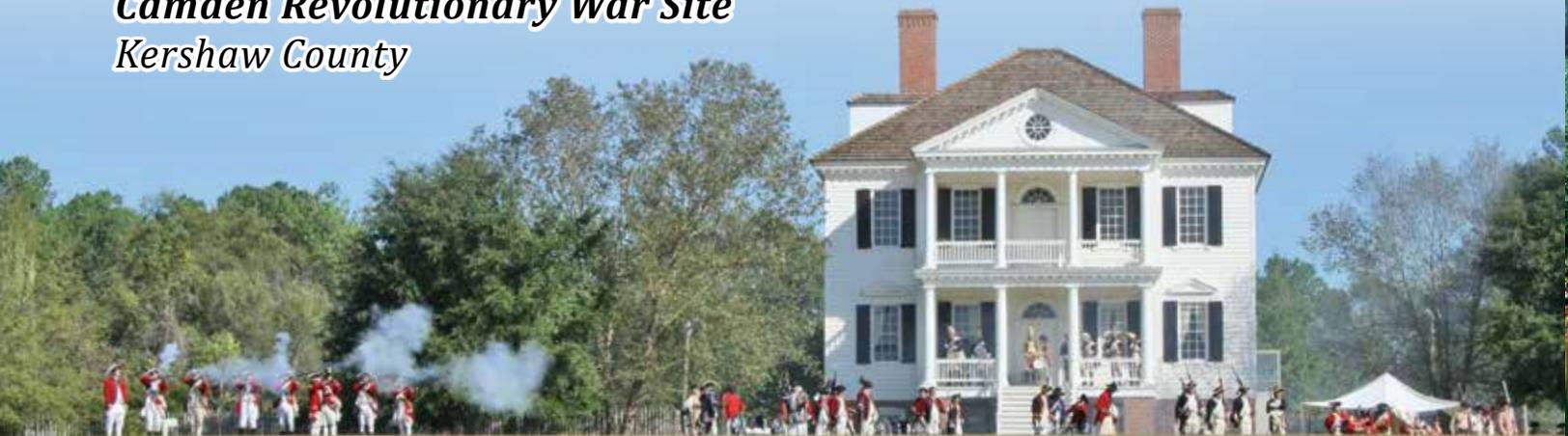
Community refers more to the individual’s geographical position on a smaller scale, such as a town or district. A person’s location greatly affects the availability of resources and means of accessing health care.

Relationship refers to the health of the individual’s connections

to other people, such as romantic interests, friends, peers, and family members, and how those connections affect their mental health.

Individual means the factors that are almost entirely contained within that person, such as an existing mental illness, a substance abuse problem, or pain from past or currently ongoing trauma.

Camden Revolutionary War Site Kershaw County



Understanding suicide | Risk factors

Risk factors are elements within a person’s life that make it more likely an individual will be at risk of a mental health crisis. Risk factors include biological, psychological, or social aspects of the individual, their family or their environment.

Stress comes in many forms, from a combination of life events and an individual’s interpretations

of those events.

We all manage stress differently. Some may feel overwhelmed by the compounded pain and trauma they have experienced. This latter group are referred to as at-risk individuals, or those who might turn to suicide as a means to end their suffering.

For example, the 2017 CDC Suicide Technical Package reported that suicide rates increase during eco-

nomie recessions marked by high unemployment rates, job loss, and economic instability and decrease during economic expansions and periods marked by low unemployment rates, particularly for working-age individuals 25 to 64 years old.

Identifying risk factors can potentially protect against suicide. For example, strengthening economic support systems.

Common Risk Factors include:

- Rejection
- Moving to a new place or attending a new school
- Death of a loved one
- Academic failure
- Divorce or separation
- Disciplinary crisis
- Breakups
- Arrest or incarceration
- Presence of a gun within the home
- Lack of meaningful attachments
- Witnessing a violent event
- Feeling unwanted by others, or a sense of being a burden
- History of suicidal behavior
- Suicide of a loved one
- Emotional or physical abuse
- Sexual or gender identity conflict
- Domestic violence
- Alienation
- Sexual abuse/ assault or rape
- Low self-esteem
- Serious illness in the family
- Becoming disabled
- Feelings of powerlessness
- Psychiatric illness
- Perfectionism
- Learning disability
- Loss of identity/ status
- Substance abuse
- Financial setbacks
- Loss of employment
- Retirement issues



*Sergeant Jasper Park
Jasper County*

Understanding suicide

Protective factors

Protective factors are positive conditions and personal and social resources that reduce the likelihood of an individual developing a disorder.

For those already struggling with a disorder, these elements promote resiliency and reduce the potential for suicide and other high-risk behaviors.

Research shows that a single protective factor is known to counteract up to four risk factors.

Protective factors may encompass biological, psychological, or social aspects in the individual, their family, or their environment.

Metaphorically, risk factors are “chronic diseases,” and protective factors are “medications” or “treatments” that help an individual survive the crises caused by their trauma and pain.

Common Protective Factors include:

- Attitudes, values & norms that enforce strong belief in the value of life
- Problem-solving & coping skills
- Access to proper mental & physical health care
- Strong connections to friends, family, & supportive significant others
- Hope for the future
- Sobriety
- Impulse control
- Resiliency
- Strong sense of self-worth or self-esteem
- Reasons for living
- Having a pet
- Financial assistance
- Restricted access to lethal means
- General optimism
- Employment opportunities
- Support for victims of bullying, harassment, abuse, and physical or sexual assault
- Opportunities to participate in and contribute to school or community activities
- Ability to regulate emotions & tolerate frustrations

*Allendale County Courthouse
Allendale County*



Understanding suicide

Protective factors

Warning signs are observable indications that someone might be at risk of suicide — perhaps immediately or in the future.

If risk factors are metaphorically

understood to be illnesses, then warning signs are the symptoms.

Much like an infection, when risk factors have resulted in tangible symptoms (warning signs), connecting the at-risk individual with care is

of the utmost importance.

Fortunately, these indicators are easily seen, heard, and felt, so long as we acknowledge them as warning signs for suicide.

Common Warning signs include:

Verbal signs

If a person talks about:

- Being a burden to others
- Feeling trapped
- Experiencing trauma
- Struggling to cope with the loss of a loved one
- Having no reason to live
- Killing themselves
- Death

Behaviors

Specific things to look for:

- Threats to attempt suicide
- Increased use of alcohol or drugs

- Misuse of prescription drugs
- Looking for a way to kill themselves, such as through online searches for materials or means
- Acting recklessly
- Withdrawing from activities
- Isolating themselves from friends and family
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized

possessions

- Aggression
- Self harm, such as cutting
- Making funeral arrangements
- Drastic mood changes

Moods

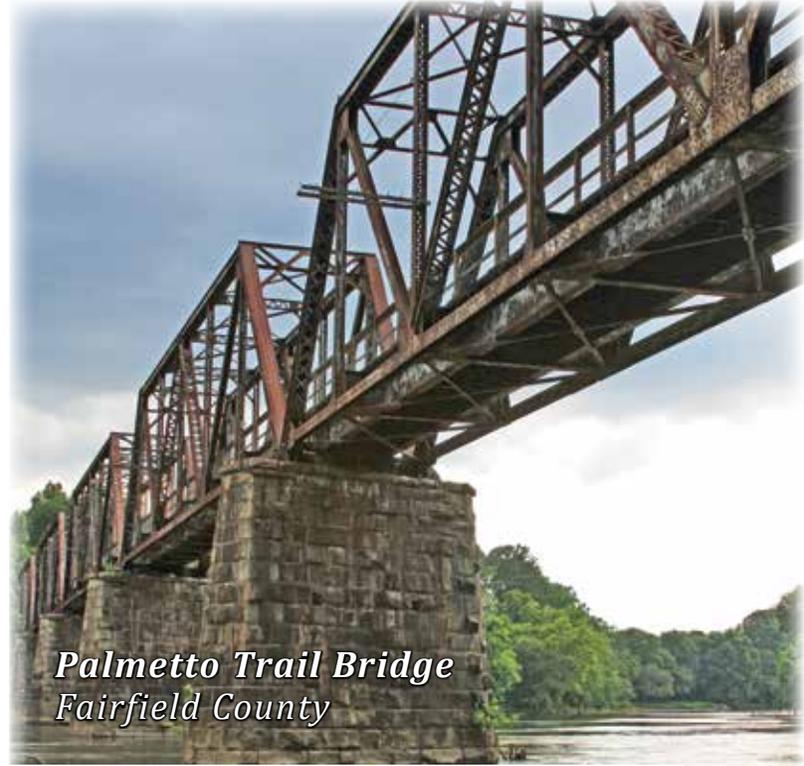
Individuals who are thinking about suicide often display one or more of the following:

- Depression
- Loss of interest
- Rage
- Irritability
- Humiliation
- Anxiety

*Clemson Memorial Stadium
Pickens County*



*Waxhaw Presbyterian
Cemetery
Lancaster County*



*Palmetto Trail Bridge
Fairfield County*

Activating protective factors

Goals, strategies and recommendations

Though educating residents of our state will improve their perspectives about suicide, having objectives and methods for fulfilling them is the only way to create effective, longterm suicide care pathways.

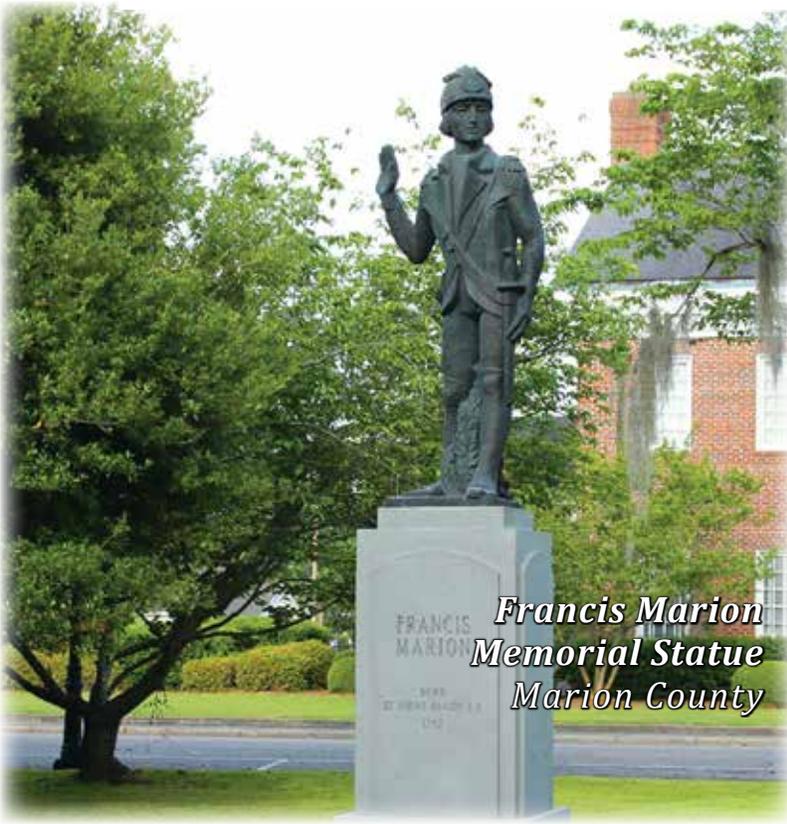
The goals, strategies, and

recommendations in this plan address different areas of focus in suicide prevention, intervention, and longterm care, as well as how South Carolinians can help on individual, relationship, communal, and societal levels.

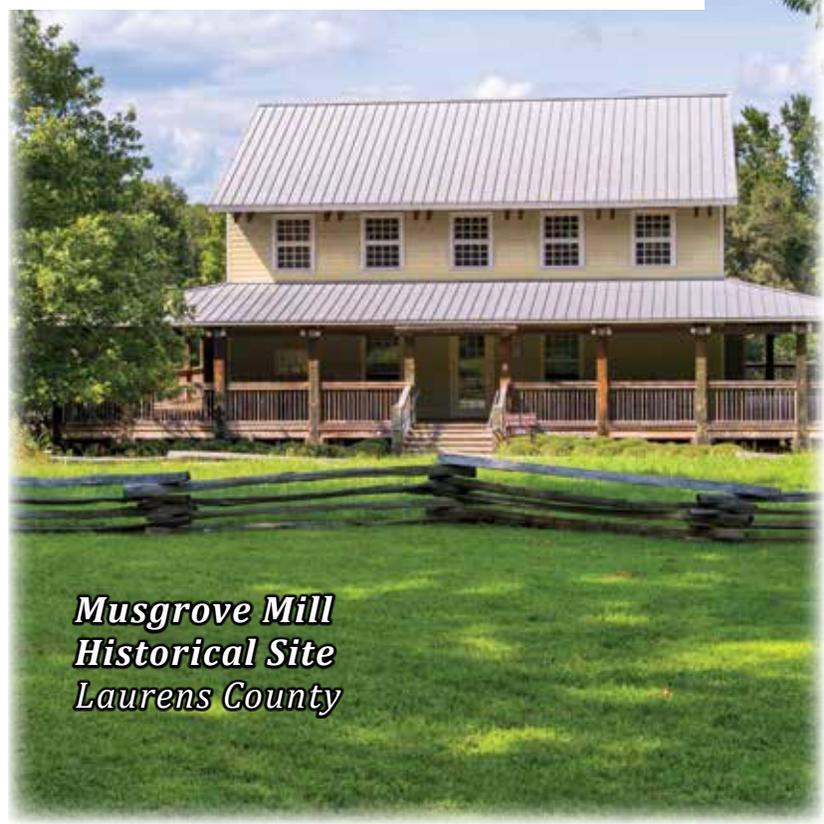
Each of these items is based on

best-practice standards developed through extensive research, not simple opinions and conjecture.

If we work together, embracing the language and philosophies within this plan, these items will be of little difficulty to implement and accomplish.



*Francis Marion
Memorial Statue
Marion County*



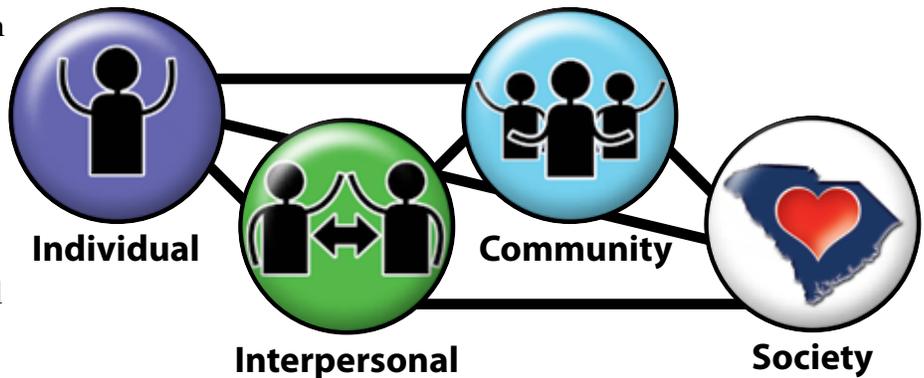
*Musgrove Mill
Historical Site
Laurens County*

Activating protective factors | Overview

From the social ecological model, we established that risk factors must be addressed on four levels: Individual, interpersonal, community and societal.

Additional research has determined that there are nine essential protective factors that can be instituted by one or more of the levels identified in the social ecological model.

Social Ecological Model Levels



Identified Essential Protective Factors

- Increase coping & problem-solving skills
- Increase social norms that support recovery and help-seeking
- Improved access to quality physical & mental health care
- Increase connectedness to individuals, family, community & social institutions by creating safe & supportive school & community environments
- Increase safe media portrayals of suicide & adoption of safe messaging practices
- Increase support to survivors of suicide loss
- Reduce access to lethal means
- Increase prevention & early intervention for mental health problems, suicidal ideation & behaviors, & substance abuse
- Increase collection & analysis of data regarding risk & protective factors to help guide prevention efforts

*Dorn's Flour and Grist Mill
McCormick County*

*Marlboro County
Courthouse
Marlboro County*



On an individual level



Increase Coping and Problem-Solving Skills

STRATEGY: Make universal evidence-based health education and social/emotional health programs approachable and available.

EXAMPLES:

- Seeking mental and behavioral health services, i.e. Dialectical Behavioral Therapy
- Positive behavioral interventions and supports in schools, i.e. The Good Behavior Game, School-based mental health care services
- Life skills
- Financial planning & budgeting skills

THINGS YOU CAN DO FOR YOURSELF:

- Find a therapist or support group
- Build a support network (and use it) i.e. your social network, coworkers, friends, family, or spiritual connections
- Make a safety plan
- Call the **National Suicide Prevention Lifeline** or more resources and help: **1-800-273-8255 (TALK).**

Claflin University
Orangeburg County



HISTORIC TINGLEY MEMORIAL HALL
circa 1908
Charles DeLoach



On an interpersonal level

Increase connectedness to individuals, family, community & social institutions by creating safe & supportive school & community environments

Things you can do for others anytime:

- Ask someone you are worried about if they're thinking about suicide
- Keep them safe. Reduce access to lethal means for those at risk
- Be there with them. Listen to what they need
- Help them connect with ongoing support. You can start with the **National Suicide Prevention Lifeline:**
1-800-273-8255
- Follow up to see how they're doing



STRATEGY: Promotion of child abuse prevention services to reduce risk factors that correlate to suicide

STRATEGY: Utilize the existing peer support infrastructure to embed suicide prevention strategies in supporting individuals in recovery

Increase Coping and Problem-Solving Skills

STRATEGY: Implement and promote evidence-based parenting programs.

EXAMPLES:

- Guiding Good Choices
- Strengthening Families



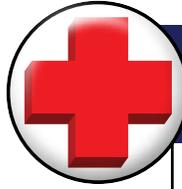
Increase Support to Survivors of Suicide Loss

STRATEGY: Increase outreach to survivors of suicide loss through key partnerships to promote awareness of and access to suicide-specific grief supports.

STRATEGY: Provide support and resources to health and behavioral healthcare providers for when a client under their care dies by suicide.



On a community level



Increase Availability and Access to Quality Physical and Mental Health Care

Things communities can do to help:

- Identify and support people at risk of suicide
- Teach problem-solving and coping skills to help people manage challenges with relationships, jobs, health, or other concerns
- Promote safe and supportive environments
- Offer activities that bring people together so they feel connected and not alone
- Connect people at risk to effective and coordinated mental and physical healthcare.
- Expand options for temporary assistance for those struggling to make ends meet
- Prevent future risk of suicide among those who have lost a friend or loved one to suicide.
- Improve awareness of emergency resources like the National Suicide Prevention Lifeline (**1-800-273-8255**) and the Crisis Text Line (**741741**)

STRATEGY: Promote the adoption of the ‘ZeroSuicide’ framework by health and behavioral health care providers statewide.

Components of ZeroSuicide:

1. Engage leadership in a commitment to reduce suicide deaths
2. Develop a confident, competent, and caring workforce (quality training CMEs and CEUs for healthcare professionals)
3. Identify every person at risk for suicide using quality assessments (increase use of the Columbia-Suicide Severity Rating Scale)
4. Suicide Care Management Plan (policies and procedures)
5. Use evidence-based treatment to treat suicidal thoughts and behaviors directly

EXAMPLES:

- Use of the Stanley Brown Safety Plan
 - Counseling on Access to Lethal Means
 - Collaborative Assessment and Management of Suicidality
 - Dialectical Behavioral Therapy
 - Cognitive Behavioral Therapy for Suicide Prevention)
6. Support patients through every transition in care (sources of continued care after psychiatric hospitalization, warm handoffs and caring contacts and follow up procedures during care transitions)
 7. Apply data-driven quality improvement

Activating protective factors | Community level



On a community level



Increase Availability and Access to Quality Physical and Mental Health Care

STRATEGY: Expand and strengthen South Carolina's existing crisis services and follow-up after a crisis

OBJECTIVES:

1. Promote existing services to increase awareness and utilization
2. Increase use of areas offering Mobile Crisis (CCRI), receiving centers and other stepped interventions and services

STRATEGY: Increase access to physical and behavioral healthcare services

OBJECTIVES:

1. Increase telehealth availability, particularly in rural communities
2. Increase access to psychotropic medication

Williams-Brice Stadium
Richland County





On a community level



Increase social norms that support recovery and help-seeking

STRATEGY: Increase awareness of suicide as a preventable public health problem utilizing research-informed communication that is designed to prevent suicide by changing knowledge, attitudes and behaviors.

OBJECTIVES:

1. Annually distribute data and resource flyers to professionals and individuals in SC which includes suicide data, prevention resources and crisis line numbers
2. Continue to increase SC capacity for evidence-based gatekeeper trainings (such as ASIST, Mental Health First Aid, Question, Persuade, Refer [QPR], etc.)
3. Develop, implement and evaluate communication initiatives that reach the whole or segments of the population to increase help seeking and promote recovery (e.g., Man Therapy, social media, etc.)

Dixie Belle Peach Orchard
Saluda County





On a community level



Limit access to lethal means

Firearms are the most lethal and most common method of suicide, accounting for 64.4% of all suicide deaths in the Palmetto State.

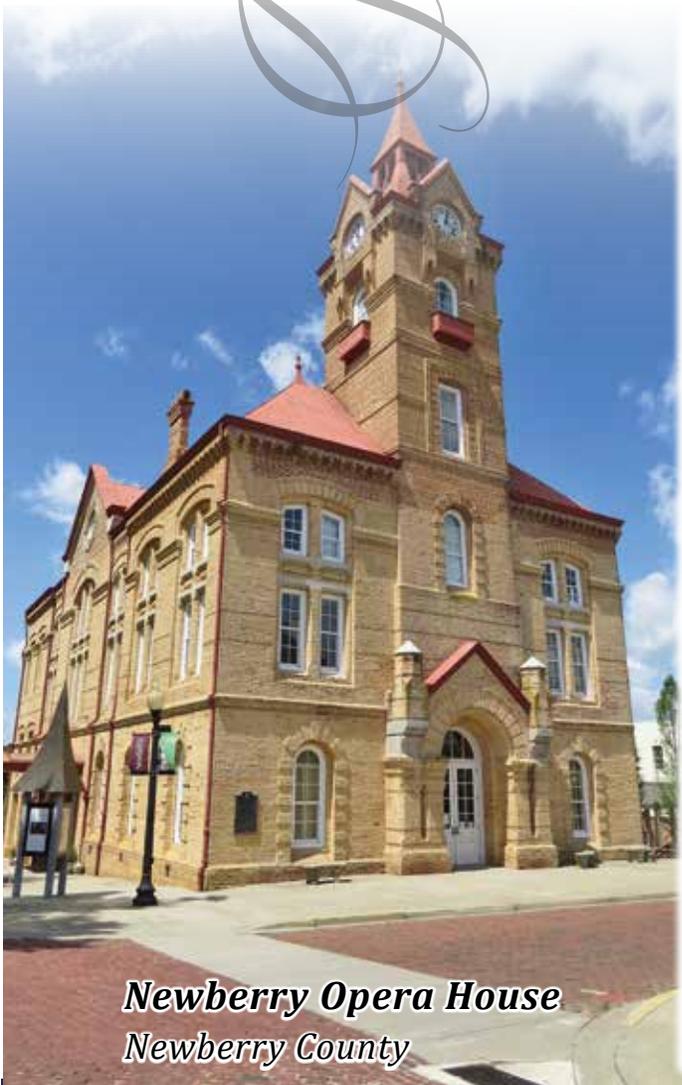
More people who die by suicide use a gun than all other methods combined. Suicide attempts with a firearm are almost always fatal. Those who use other methods are less likely to die; nine out of ten people who survive a suicide attempt do not go on to die by suicide, later.

Every U.S. study that has examined the relationship has found that access to firearms is a risk factor for suicides.

Firearm owners are not more suicidal than non-firearm owners; rather, their suicide attempts are more likely to be fatal. Many suicide attempts are made with little planning during a short-term crisis period. If highly lethal means are less available and temporarily postpone their attempt, the odds are increased that they will survive.

Studies in a variety of countries have indicated that when access to highly lethal and leading suicide methods is reduced, the overall suicide rate drops.

At a state and local level, we can work to ensure that every suicidal person and their loved ones hear the message that keeping firearms out of reach during a suicidal crisis can save lives.



Newberry Opera House
Newberry County





On a community level



Limit access to lethal means

Four practical steps:

1. Change policies by adding “Lethal means counseling” protocols to providers’ and gatekeepers’ existing suicide prevention protocols.
2. Train providers and gatekeepers how to conduct lethal means counseling.
3. Change information systems to cue providers to educate families.
4. Expand options in the community for temporary storage or disposal of firearms for families requesting these services.

1. Change policy

Encourage statewide and local professional groups and institutions to add a “lethal means counseling” policy to their current suicide prevention protocols to ensure that all suicidal or at-risk patients and their families are counseled about reducing access to guns at home.

Examples of state associa-

tions to target: state hospital association, social workers’ association, school psychologist association, truancy officer association, etc.

Examples of local agencies to target: mental health agencies, emergency departments, schools, employee assistance groups, etc.

In most cases, your goal will be to add lethal means

counseling policies to existing suicide prevention policies.

If a group doesn’t have basic suicide prevention policies, try to work with them (or ask The S.C. Suicide Prevention Coalition) to work with them to adopt basic suicide prevention policies, as well as lethal means counseling policies.



On a community level

Limit access to lethal means



2. Train providers

Train providers who come into contact with people at risk for suicide and their families on how to talk about reducing access to firearms at home.

Most currently do not. A good training model is the CALM Training (Counseling on Access to Lethal Means), which trains mental health providers, emergency department

personnel, and primary care providers.

The training covers three general areas (the public health approach to suicide prevention, firearm safety basics, and clinical skills in speaking with families about reducing access to firearms and lethal medications at home).

Suicidal people — particularly those who use a firearm — often don't seek out care by

a mental health provider.

Think about other types of providers with whom they may come into contact, such as police, counselors providing services to domestic abusers, defense attorneys, substance abuse counselors, school truancy officers, primary care providers, etc. See other examples of means reduction programs.

3. Change Information Systems

One way to ensure that at-risk patients and their families receive lethal means counseling is to build reminders into an agency's information system.

For example, a health care institution with electronic patient charting software can

add a flag to indicate whether the patient is considered at risk for suicide.

Checking off the patient as "at risk" would trigger the software to remind the provider to talk with the patient and his/her family about firearms and lethal medications at home, in addition to following the agency's

existing protocols for responding to suicidal risk.

Standard paper forms (for example, intake forms for new psychiatric patients, suicide assessment forms used by school psychologists, etc.) could also include check-off boxes cueing the provider to ask about firearms at home.



On a community level



Limit access to lethal means

4. Expand options

Work with local police and other public safety groups to expand options for families who want to permanently or temporarily remove their guns.

Many police departments currently have no policy or protocols in place to dispose of or store firearms and are

not able to help families.

Work with them to explore some feasible options.

If you come up with good options (such as getting a local shooting range to offer storage lockers), please contact your local suicide prevention organizations and let us know so that we can spread the word.

STRATEGY: Provide training to providers (pharmacists, counselors, and physicians) who interact with individuals who may be at risk for suicide on counseling on access to lethal means.

STRATEGY: Partner with firearm retailers and gun owners to incorporate suicide awareness and prevention as a basic tenet of firearm safety and responsible firearm ownership.

STRATEGY: Promote and distribute tools/strategies to reduce access to lethal means such as gun locks, safes, and medication lock boxes/bags, etc. Promote existing resources such as drug takeback events, prescription drug drop-offs, and Use Only As Directed campaign.

***School for the Deaf and Blind
Walker Hall
Spartanburg County***



On a community level



Increase Connectedness to Individuals, Family, Community & Social Institutions by Creating Safe & Supportive School & Community Environments

STRATEGY: Support primary prevention and early identification of Adverse Childhood Experiences using partnerships with government, healthcare and behavioral health providers, schools and non-profits.

STRATEGY: Create safe environments for Lesbian, Gay Bisexual, Transgender, and Queer/ Questioning (LGBTQ+) youth and young adults including the promotion of research-supported initiatives such as Gay-Straight Alliances, the Family Acceptance Project, and the Trevor Project.

STRATEGY: Utilize community coalitions to increase opportunities for prosocial involvement by all community members.

STRATEGY: Partner with businesses to implement workplace wellness and suicide prevention/postvention strategies.

STRATEGY: Support the local school district in the adoption of evidence-based suicide prevention, intervention, and postvention strategies and policies.



Increase Support to Survivors of Suicide Loss

STRATEGY:

Improve the quality and quantity of resources available to survivors of suicide loss by providing research-supported training opportunities.



On a community level



Increase safe media portrayals of suicide & adoption of safe messaging practices

STRATEGY: Increase positive hopeful communications efforts and support safe communication strategies in all media channels.

STRATEGY: Educate stakeholders and media representatives about safe messaging principles through resources like the National Action Alliance for Suicide Prevention.

STRATEGY: Use multiple media channels to increase sharing of lived experience stories of recovery from suicide and mental health conditions.



Increase Comprehensive Data Collection & Analysis Regarding Risk & Protective Factors to Guide Prevention Efforts

STRATEGY: Partner with the coroners' offices to increase access to data regarding suicides.

STRATEGY: Increase timely availability of suicide data to key stakeholders involved in prevention efforts.

STRATEGY: Implement the state level suicide fatality review committee to reduce gaps in services, improve inter-agency collaboration, and reduce barriers to accessing care.

STRATEGY: Strategize and prioritize methods to collect more comprehensive data regarding LGBTQ persons' risk of suicide ideation and suicide fatality.



On a community level



Increase Prevention & Early Intervention for Mental Health Problems, Suicide Ideation and Behavior and Substance Misuse

STRATEGY: Increase awareness of suicide as a preventable public health problem using research-informed communication that is designed to prevent suicide by changing knowledge, attitudes and behaviors.

STRATEGY: Develop and sustain public-private partnerships to advance suicide prevention.

OBJECTIVES:

1. SC Suicide Prevention Coalition including workgroups as currently constituted: Youth, LGBTQ, First Responders, Community Awareness, Firearm Safety, Workplace, Zero Suicide, Executive Committee.
2. The SC Suicide Prevention Coalition will provide support and technical assistance to community coalitions statewide to improve infrastructure and ability to address suicide prevention in their local communities.

STRATEGY: Promote and support the expansion of school-based mental health services, Mobile Crisis, and Family Resources Programs in all communities throughout SC.



*Pearl Fryar
Topiary Gardens
Lee County*





On a community level

Instill a sense of worth, belonging, and purpose in faith-based settings

F *faith communities are a natural setting for suicide prevention, as spiritual beliefs and practices tend to help people experience greater hope and meaning in their lives.*

Faith communities can also provide opportunities for developing positive relationships with others and can be an important source of support during difficult times.

There are nationwide initiatives and resources specifically aimed at recruiting and guiding faith-based communities in suicide prevention efforts.

General spiritual and faith-specific strategies for suicide prevention efforts can be found:

Faith.Hope.Life

<http://actionallianceforsuicideprevention.org/faith-communities-task-force>

Suicide Prevention Resource Center: The Role of Faith Communities in Preventing Suicide

http://www.sprc.org/sites/default/files/migrate/library/faith_dialogue.pdf

Things faith-based communities can do:

- Reach out to individuals who you think might be at risk of suicide, then be supportive by listening to them and connecting them to resources
- If someone admits to suicidal thoughts or makes threats of suicide, emphasize the value of their lives; help them celebrate reasons for living
- Help individuals thinking about suicide build healthy social connections
- Create support groups and in-house services for individuals who are considering or have attempted suicide, as well as those who have lost someone to suicide.



On a community level



Increase access to resources and normalize conversations about suicide in the workplace

The majority of people who die by suicide are of working age, and the workplace offers crucial opportunities to help employees who are struggling with suicidal thoughts, suicide attempts, or the aftermath of a suicide death.

The participation of business leaders, employers, managers, and coworkers is critical to the success of suicide prevention among working-age adults.

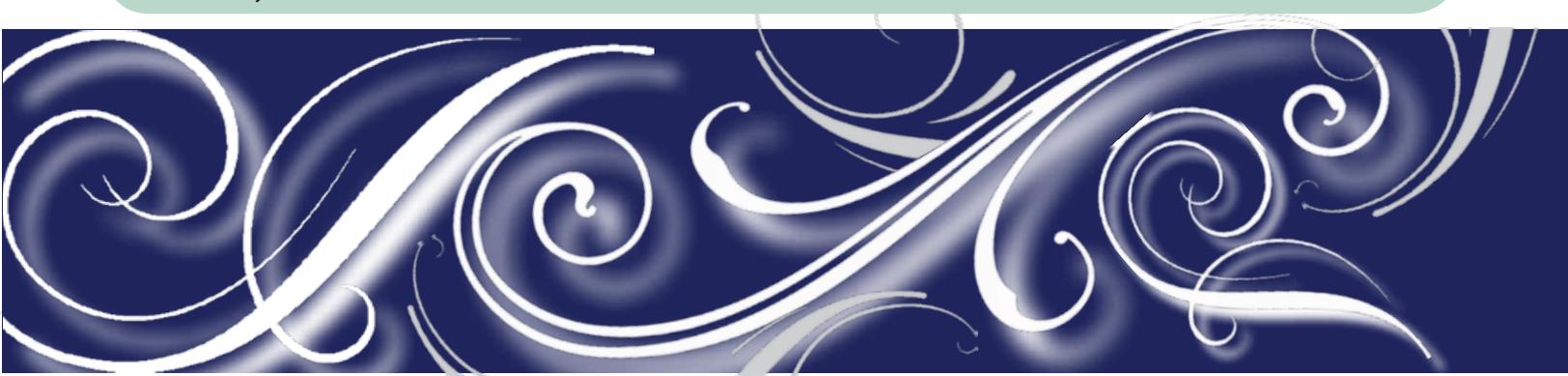
Every place of employment, regardless of size, can offer assistance.

For more information, visit:

www.theactionalliance.org/communities/workplace

Things managers and human resource personnel can do

- Post or disseminate suicide prevention resources to employees on a regular basis
- Include basic suicide prevention training for new hires, as well as refresher courses for existing employees
- Create a protocol for when an employee dies by suicide, including resources for those grieving the loss of their coworker
- Designate certain staff to act as a response team during the event of an employee's death by suicide
- Offer appropriate resources for employees who experience a loss to suicide outside the workplace
- Promote worker use of mental health resources and services
- Shift the cultural perspective on mental health by making it a priority. Leadership must model this shift, especially, and clearly communicate employee benefits and answer questions for concern.



On a societal level



Increase Connectedness to Individuals, Family, Community & Social Institutions by Creating Safe & Supportive School & Community Environments

STRATEGY: Promote evidence-based training, policies and protocols for first responders to support them in responding to mental health, substance use and suicide related incidents in the community

THINGS OUR SOCIETY CAN DO EVERY DAY:

- Work to eliminate stigmas to help normalize conversations about mental health and suicide
- Support and promote suicide prevention efforts
- Encourage media outlets to adopt safe messaging practices about suicide
- Make learning about risk factors, protective factors and warning signs a common practice
- Familiarize ourselves with resources for those at risk of suicide
- Improve willingness to identify and support individuals at risk of suicide
- Expand and improve assistance for housing and unemployment stresses



Colonial Dorchester Ruins
Dorchester County



On a societal level



Increase Support to Survivors of Suicide Loss

STRATEGY: Promote and disseminate postvention protocols — including, but not limited to, Connect Suicide Postvention Training — in a variety of settings: workplace, schools, clinical settings, community, and media to promote healing and reduce risk of contagion.



Increase Prevention & Early Intervention for Mental Health Problems, Suicide Ideation and Behavior and Substance Misuse

STRATEGY: Continue to increase South Carolina's capacity for evidence-based gatekeeper trainings

STRATEGY: Promote the implementation of mental health screening and referrals in work sites, schools, senior centers, and community settings.

EXAMPLES:

- ASIST
- Mental Health First Aid
- Question, Persuade, Refer (QPR)





Williamsburg County Courthouse
Williamsburg County

Answering the Call to Action

In South Carolina, a person dies every eleven hours by suicide. There are more than 44,000 deaths by suicide each year. More lives are lost to suicide than to road traffic accidents or homicide.

The Call to Action has been shaped by what stakeholders believe is important.

The achievements of the Call

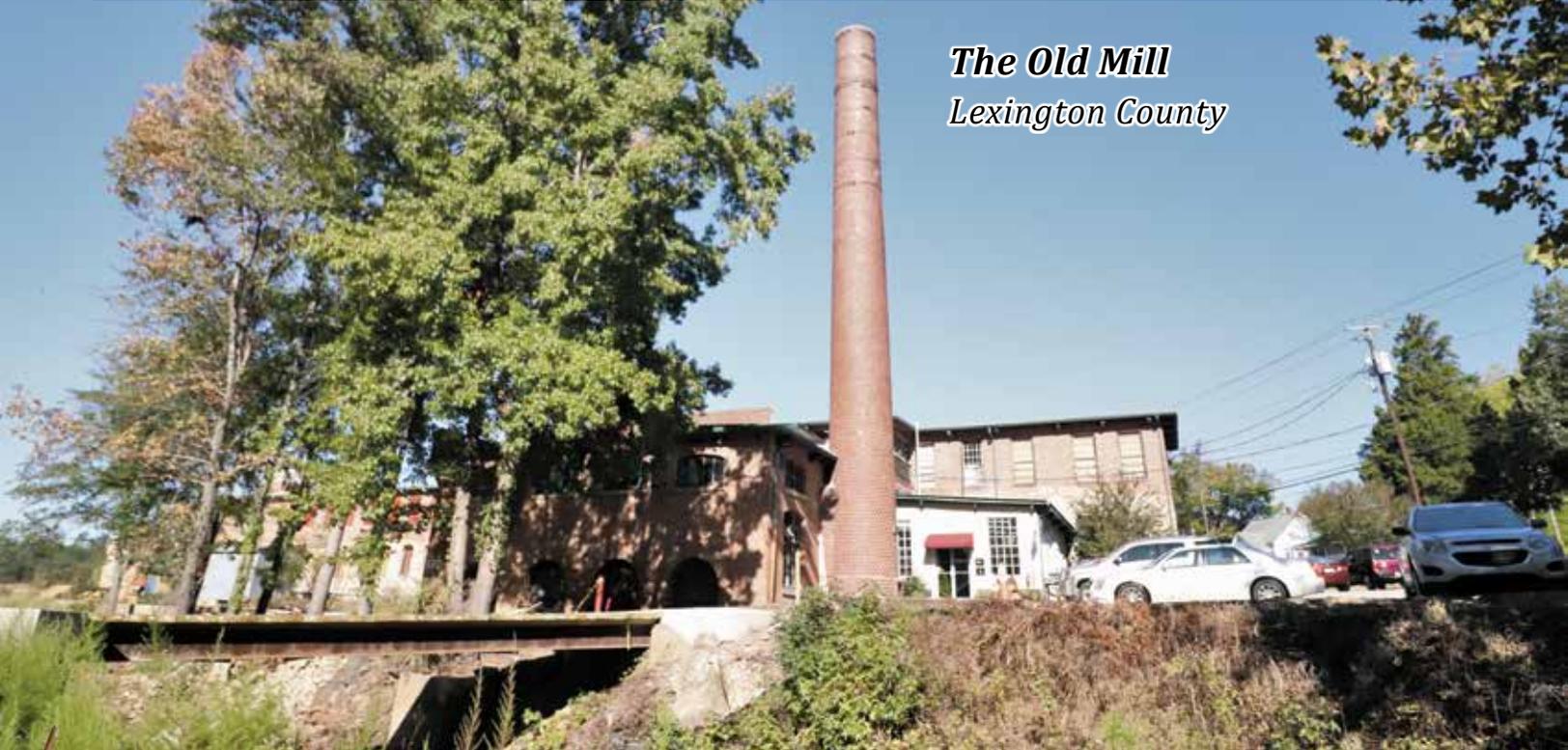
to Action are strongly dependent on the will and commitment of stakeholders to take action and to work together.

Help us fight suicide

- Engage organizations and communities so that together each of us plays their individual role in reducing suicide
- Seek to achieve real change by prioritizing a few of the most

important issues to focus our joint energies on

- Recognize the good work already underway and help stakeholders share and coordinate activity
- Make us all more accountable for what we have promised to do because we have publicly stated our commitment



The Old Mill
Lexington County

Resources near and far | *Help around the corner*

FOR EMERGENCIES

If an individual is in immediate danger or poses a threat to someone else, please call **911**

National Suicide Prevention Lifeline
1-800-273-8255

Crisis Text Line
Text "HOME" to **741741**

- A clear, simple, publicly accessible, universal, accurate data collection method, which produces more timely and accurate statistics of suicides, serious self-harm events, etc.



South Carolina Youth Suicide Prevention Initiative (SCYSPI)

What we do: The South Carolina Youth Suicide Prevention Initiative is a grant program of the Department of Mental Health (DMH). We are federally funded and evaluated by the Substance Abuse and Mental Health Administration (SAMHSA) division of the U.S. Department of Health and Human Services.

We have been tasked with reducing the instance of suicide among youth and young adults ages 10 to 24 in South Carolina. However, our systemic efforts positively impact the health and wellness of diverse populations across the lifespan.

We promote strength, resiliency, and hope for young people and their families by developing collaborative partnerships with statewide community-based organizations, state and local agencies, hospitals, inpatient facilities, academic institutions and many others who work together to reduce the incidents of suicide in youth and young adults throughout our state.

What we aim to do: To achieve our mission, we seek out and involve community partners and have built a coalition focused on preventing suicide in youth and young adults. We believe our role within the suicide prevention process works best when youth, young adults, survivors, those left behind by suicide, and professional and community stakeholders work together to:

- Understand cultural barriers associated with the topic of suicide prevention and grief support
- Be open, respectful and inclusive to the diversity in all lived experiences
- Provide access to information and resources

STATE AND COMMUNITY ORGANIZATIONS



South Carolina Department of Mental Health

What we do: We aim to prevent suicides in South Carolina by de-stigmatizing suicide and increasing awareness through preventative services and training, campaigning for social policy change and contributing locally, regionally and nationally to implement an achievable cross-sector strategy.

What we aim to do:

- Work with schools to improve outcomes for children and young people with social, emotional or behavioural difficulties
- Strengthen regional SCYSPI partnerships
- Train in young suicide prevention
- Campaign for change in problem areas
- Hold strategic meetings with local & regional leads

How we would like to work with others:

Promote mental health and emotional wellbeing of all children and young people by:

- Reducing stigma
- Provide effective, easily accessible and acceptable mental health services for children and young people.
- Institute a common, unbranded, online portal where people can find help
- A universally accepted standard against which every health or public service provider can be assessed and which assures everyone can get appropriate support when trying to prevent a suicide

Resources near and far | *Help around the corner*

- Instill hope and advocate for programs and services that enhance community awareness
- Intervene and provide a space for those who are lonely, depressed, and suicidal or grieving the loss of someone by suicide to be heard
- Embrace recovery and nonjudgmental listening as the means for communicating and connecting with those affected by suicide

How we would like to work with others:

- Implore South Carolina schools to adopt our Suicide Prevention School-Based Program
- ZeroSuicide Program Implementation in health and behavioral health care settings
- Provide access to information and resources
- Best-Practice Suicide Safe Policy and Protocol development
- Follow-up / Aftercare planning and development
- Destigmatization and awareness strategies
- Tiered comprehensive best practice for community members and multi-disciplinary audiences
- Cultural competency trainings focused on high-risk populations (i.e. LGBTQ+ populations, individuals living with serious mental illnesses, etc.)
- Coalition and task force development
- Postvention consultation

Contact information:

South Carolina Youth Suicide Prevention Initiative
 2205 Main Street
 Columbia, SC 29201
 Phone: (803) 896-4740
 Email: scyspi@gmail.com
 Website: scyspi.org



**American
 Foundation
 for Suicide
 Prevention**

American Foundation for Suicide Prevention (AFSP) – South Carolina Chapter

What we do: Our grassroots work focuses on eliminating the loss of life from suicide in South Carolina by delivering innovative prevention programs, educating the public about risk factors and warning signs, raising funds for suicide research and pro-

grams, and reaching out to those individuals who have lost someone to suicide.

We bring together people from all backgrounds who want to prevent suicide in our communities. Families and friends who have lost someone to suicide, vulnerable individuals, mental health professionals, clergy, educators, students, community/business leaders, and many others energize our chapter.

What we aim to do: As an organization that is dedicated to saving lives and bringing hope to those affected by suicide, AFSP creates a culture that's smart about mental health by engaging in the following core strategies:

- Funding of scientific research
- Educating the public about mental health and suicide prevention
- Advocating for public policies in mental health and suicide prevention
- Supporting survivors of suicide loss and those affected by suicide.

How we would like to work with others:

Research

AFSP began as a research organization dedicated to finding the best ways to prevent suicide. Much of what is known about suicide comes from studies that AFSP has funded. Our studies open up new areas of inquiry, and our council of scientific advisers helps set the national research agenda.

- Encourage research and promote AFSP research opportunities.

Education

Talk Saves Lives™ Training: A community-based presentation that covers the general scope of suicide, the research on prevention, and what people can do to fight suicide.

- Conduct Talk Saves Lives™ presentations throughout the state to educate South Carolinians on the risk and warning signs of suicide, and how together, we can help prevent it. Talk Saves Lives is also available in Spanish and in the following additional modules: Firearm Owners, Seniors, and LGBT.

Mental Health First Aid Training: In a partnership with the National Council for Behavioral Health, AFSP chapters host Mental Health First Aid (MHFA) train-

Resources near and far | *Help around the corner*

ings. MHFA is an eight-hour training that teaches participants a five-step action plan to help someone who is suffering from a mental health crisis.

- Provide MHFA training to teach participants an action plan to help someone in distress.

SafeTALK: A Living Works program, SafeTALK is a half-day alertness workshop that prepares anyone over the age of 15, regardless of prior experience or training, to become a suicide alert helper.

Seniors and Suicide brochure and literature: distribution of our Seniors and Suicide brochure and literature with the Governor's Office on Aging and locations affiliated with senior programs and outreach.

College Campuses

- Implement AFSP's signature intervention program, the **Interactive Screening Program (ISP)** at additional SC colleges
- Grow **Out of the Darkness Campus Walks** on SC college campuses
- Provide the AFSP-produced film **It's Real: College Students and Mental Health** that is designed to raise awareness about mental health issues commonly experienced by students, and is intended to be used as part of a school's educational program to encourage help-seeking. The film and guide encourage students to be mindful of the state of their mental health, to acknowledge and recognize when they are struggling, and to take steps to seek help.

Middle Schools and High Schools

- Continue to train school counselors and educators to deliver **More Than Sad: Suicide Prevention Education for Teachers and Other School Personnel** and **More Than Sad: Teen Depression**
- Implement training programs for parents with **More Than Sad: Parent Training**
- Promote **Signs Matter** online program for K-12 Educators

Advocacy

- Sponsor Advocacy Events for legislators to bring attention to policies that can make a difference in saving lives
- Recruit new volunteers for Field Advocate Program
- Continue partnerships and/or task groups with SC Department of Education, Department of Mental

Health, and DHEC - SC Violent Death Reporting System.

- Continue to build relationships with the military and veterans through summits, workshops and other program activities with Fort Jackson, South Carolina National Guard, Veterans Administrations, and the Veterans Policy Academy.

Support survivors of suicide loss

- Provide programs and resources for healing as well as volunteer opportunities for survivors who find meaning in supporting their peers.
- Promote **Survivors Outreach Program**. In the aftermath of a suicide, trained AFSP suicide loss survivor volunteers meet in person, by phone, or video chat with the newly bereaved to provide support and resources.
- Provide host sites for **International Survivors of Suicide Loss Day** held yearly the Saturday before Thanksgiving. On Survivor Day, people affected by suicide loss gather in local communities to find comfort and gain understanding as stories of healing and hope are shared.
- **Administer AFSP's signature Out of the Darkness Community Walks** to increase suicide prevention awareness and provide support to those affected by suicide.
- (803) 552-9318



National Alliance on Mental Illness (NAMI) South Carolina

What we do: NAMI is the nation's largest grass-roots mental health nonprofit organization dedicated to building better lives for the millions of Americans affected by mental illness. One in four adults and one in five youth are affected by mental health conditions. We are working to dispel the myths and reduce the stigma associated with mental illness through support, education and advocacy in South Carolina.

What we aim to do:

- Support individuals living with a mental health condition and their families through free area sup-

port groups

- Offer free education presentation programs for students, school staff and families which includes warning signs and symptoms for mental health conditions, facts and statistics. There is a portion of each of the three Ending the Silence programs that focuses on suicide awareness and prevention.
- Offer free presentations (Ending the Silence, In Our Own Voice) and course presentations (Family-to-Family, NAMI Basics, Homefront, Peer-to-Peer, Provider Education, Crisis Intervention Training) in the community and to individuals living with mental health conditions and their families.
- Collaborate with partners and advocate to raise awareness and bring more services to South Carolina.

How we would like to work with others:

- A common, unbranded, online portal where people can find help.
- A universally accepted standard against where all service providers can be assessed to assure everyone can get appropriate support when trying to prevent a suicide.
- A clear, simple, publicly accessible, universal, accurate data collection method, which produces more timely and accurate statistics of suicides, and serious self-harm events.

Contact information:

NAMI South Carolina
P.O. Box 1267
Columbia, SC 29202
(803) 733-9591



Mental Health America of South Carolina

(803) 779-5363



South Carolina Coalition Against Domestic Violence and Sexual Assault (SCCADVASA)

What we do: SCCADVASA is the statewide coalition of organizations providing intervention services to victims and survivors of domestic violence and sexual assault and Primary Prevention programs to students and communities across the state.

What we aim to do: We work towards ending domestic and sexual violence in South Carolina and beyond through engaging individuals and communities in advocacy, collaboration and education. We advocate for the transformative social change that will result in a society free of violence, push for policy changes that support survivors, and provide education and technical assistance to build the capacity of our members, allied organizations and communities to provide trauma-informed and survivor-centered services.

How we would like to work with others:

- Collaborate in preventing all forms of violence and trauma and understanding how our work can contribute to the overall goal of greater safety for everyone in the state.
- Support allied organizations in understanding the dynamics of sexual and domestic violence and the diverse needs of survivors when they access services.
- Incorporate suicide prevention strategies into services for survivors of domestic and sexual violence.

Contact Information:

Phone: 803-256-2900
Mail: P.O. Box 7776
Columbia, SC 29202
Email: info@sccadvasa.org



SOUTH CAROLINA NATIONAL GUARD

South Carolina National Guard (SCNG) Suicide Prevention Program

What we do: *“One suicide is one too many.”*

Our goal is to improve awareness through the development and enhancement of the Suicide Prevention Program policies designed to minimize suicide behavior and reduce the stigma to facilitate the willingness to seek Behavioral Health treatment, thereby preserving life through individual readiness for service members, their families, and the citizens of South Carolina. The end state of this goal is to have Zero Suicides in South Carolina, and to build a Suicide-Safer Community.

What we aim to do:

- Educate our population about the resources both military and civilian around South Carolina
- Use Applied Suicide Intervention Skills Training (ASIST) and Ask, Care, Escort (ACE) to prepare our Military and Community Leaders to Engage with someone who is having Suicidal Thoughts and Empower them with the ability listen, show compassion, and encourage self-motivation to seek and receive Behavioral Health treatment.

Applied Suicide Intervention Training (ASIST)

ASIST is a two day course developed by living works education. The Key learning objective is awareness of person at risk concerns, caregiver tasks, and development of intervention skills using an internationally known suicide intervention model. ASIST two day workshops are coordinated one a month throughout the year by the Suicide Prevention Program Manager (SPPM) of SCNG.

Ask, Care, Escort (ACE)

ACE training equips personnel with the skills necessary to recognize suicidal signs and symptoms and basic intervention techniques.

- Consistently be a Voice to all levels of leadership in the importance of providing Suicide Prevention Training and Awareness activities and events throughout our units and in our local community.

- Attend State, Regional, and Local Coalition and other policy meetings to coordinate our efforts with other Leaders in the Suicide Prevention Community.

How we would like to work with others:

- We coordinate with the ASIST Trainers from all community partners to provide ASIST training anywhere in SC.
- We have a page where everyone can find out what our resources are www.facebook.com/SCNGSP-PM.
- SCNG provides 8 Centers around SC that have a Behavioral Health Specialist that is licensed and ASIST trained.
- We provide Speaking Presentations for one hour or up to an all-day workshop.
- Our Volunteers from the SCNG provide over 500 hours of service to assist various Suicide Prevention Organizations around SC.

Contact information:

SFC Christopher Allen
R2 Suicide Prevention Program Manager
Office: 803.299.2736
Cell: 803.727.2092
Email: christopher.j.allen2.mil@mail.mil

The South Carolina Suicide Prevention Coalition would like to thank the numerous photography talents who donated their artwork to this document.

Your contributions capture the beauty and history of our beloved state from perspectives and through artistic lenses as diverse and unique as the residents who call The Palmetto State home.

Abbeville County

Abbeville Court Square — Page 4

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Aiken County

Aiken Horse Track — Page 6

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Allendale County

Allendale County Courthouse — Page 25

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Hartwell Dam — Page 8

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Bamberg County

Southern Railway Depot in Denmark, SC — Page 9

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Barnwell County

Vertical Sundial at the County Courthouse – Page 11

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Beaufort County

Harbor Town Lighthouse - Blue Hour — Page 12

Photo by Dan Clouser, donated in honor of his step-son, Tanner Rowell, lost to suicide in 2016
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Berkeley County

Cypress Gardens – Page 13

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Calhoun County

Trestle at Low Falls Landing — Page 14

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Rainbow Row — Page 15

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Ravenel Bridge – Page 15

Photo by Curtis Cabana; owner of Curtis Cabana Photography based in Summerville, S.C. The photo of the Arthur Ravenel Jr. Bridge was taken (by me) in March 2016 from the pier at Waterfront Park in Mt. Pleasant, S.C.

Cherokee County

The Peachoid – “Big Ole Peach” — Page 16

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Darlington Speedway — Page 20

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Old Dorchester ruins — Page 42

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Palmetto Trail Bridge — Page 27

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Ware Shoals Dam — Page 22

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Ernest F. Hollings ACE Basin

National Wildlife Refuge — Page 22

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Marlboro County Courthouse — Page 28

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Dorn's Flour and Grist Mill — Page 28

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Newberry Opera House — Page 34

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Williamsburg County Courthouse — Page 44

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