

National Council for Suicide Prevention Member's Accomplishments Toward the Goals/Objectives of the National Strategy for Suicide Prevention

Objective 1.1: **By 2005, increase the number of States in which public information campaigns designed to increase public knowledge of suicide prevention reach at least 50 percent of the State's population.**

JED: In late 2006, The Jed Foundation launched an awareness campaign with mtvU, MTV's college network broadcast on over 900 campuses in all 48 contiguous states, to decrease stigma around mental health issues and encourage help-seeking among college students. The campaign reaches an estimated 9 million college students nationwide through on-air programming, an online resource center and events in major markets across the country. Information on identifying and addressing the signs of suicide is a core component of the campaign.

SAVE: SAVE has developed several public awareness campaigns designed to increase public knowledge of suicide prevention (Prevent Suicide. Treat Depression., Stop Depression From Taking Another Life, Treat Depression As If Your Life Depends On It, You Can Too!, etc.). These campaigns have been in nearly every state in the country over the last 15 years, however probably only in Minnesota could we say it has reached at least 50% of the State's population. Total exposures of all campaigns are over 1 billion.

YR: Yellow Ribbon has chapters and Program sites in all 50 states, all of which contribute to and/or initiate public information campaigns.

Objective 1.2: **By 2005, establish regular national congresses on suicide prevention designed to foster collaboration with stakeholders on prevention strategies across disciplines and with the public.**

SPAN: Hosted 13 SPAN USA annual events.

YR: Yellow Ribbon has participated in national/ regional conferences for various organizations/ states, along with hosting national conferences for its own organization involving other groups and organizations.

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Objective 1.3: By 2005, convene national forums to focus on issues likely to strongly influence the effectiveness of suicide prevention messages.

- AAS: In 2003, AAS convened a working group of more than a dozen of the world's most renowned clinical researchers to reach consensus on what were empirically-supported warning signs (acute risk factors) for suicide. These were derived and published and are now commonly used and promoted in public health messaging by most major suicide prevention organizations and the Federal government. The acronym **IS PATH WARM?**, created to capture the 10 warning signs, has achieved wide recognition and includes public health messaging directing help-seeking responses to observations of risk. At annual AAS conferences, workshop presentations on public health messaging and approaches are routinely offered.
- JED: In 2007, The Jed Foundation brought together leading experts in mental health, higher education and the law, to help clarify complex legal issues that could influence how colleges and universities address suicide prevention on campus. The resulting document, *Student Mental Health and the Law*, has been accessed by thousands of campus professionals at schools across the country.
- NOPCAS: We hold annual conferences across the country in an effort to promote awareness of advances in suicide prevention and intervention specifically in diverse communities.
- SAVE: SAVE participated in the Chambers meeting (2004) on suicide prevention. In May, 2009, SAVE participated in the New Media Summit.
- SPAN: Conceived of, helped plan and convene a New Media and Suicide Prevention Action Planning Summit, hosted a Senior Suicide Hill briefing, co-hosted the Mental Health and Suicide Prevention in Senior Living Communities Summit, co-Hosted a conference for survivors of suicide attempts w/OASIS.
- YR: Beginning with consecutive years of 2001-2003, YRSPP initiated national conferences for the main purpose of disseminating effective suicide prevention messaging in unified manners to inform and educate the public.

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Objective 1.4: **By 2005, increase the number of both public and private institutions active in suicide prevention that are involved in collaborative, complementary dissemination of information on the World Wide Web.**

AAS: AAS has completely revamped its web pages to increase its impact and reach through the Internet, notably to allow easier access to its training programs and resources. Linkages have been created with MySpace and Facebook to extend suicide prevention efforts to these on-line communities. Notably, AAS was instrumental in getting the National Suicide Prevention Lifeline into a collaborative relationship with MySpace.

JED: The Jed Foundation's ULifeline (www.ulifeline.org) is an online resource center that launched in 2001 to help institutions of higher education provides accurate information on mental health and suicide prevention to their student populations. When schools join the ULifeline network, the system creates a custom site for their school that includes information on campus-specific resources and policies. To date, over 1,400 schools are part of the ULifeline network. The site also houses a tool that screens for common mental health problems including suicidal ideation. That tool was used by over 25,000 students in the last year alone. The back end of ULifeline allows campus health professionals to share resources and professional practice information.

NOPCAS: NOPCAS is linked to several websites that educate the public on suicide prevention as well as those pathways that lead to suicide such as domestic violence, alcoholism, drug abuse, etc . Accordingly, NOPCAS is listed on several of these sites.

SAMS: Samaritans branches collaborate with academic, non-profit, public and private groups in posting SP information.

SAVE: SAVE has an award winning website that was completely redone in 2007 to improve its look, functionality and access to increase its impact

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and reach through the Internet. Linkages are being created with MySpace, Facebook, Flickr, YouTube and other social networking sites to extend suicide prevention efforts to various on-line communities. Of note is SAVE's website is generally #1 or 2 on Google, #3 on Yahoo and #1 on AOL using search terms: suicide prevention. SAVE received approximately 2 million hits per year from over 150 countries worldwide.

SPAN: SPAN USA website; Checkup08 website; several mental health and suicide prevention organizations include the SPAN USA Legislative Action Center web sticker on their websites; promote SPAN USA and other groups Facebook, Twitter, MySpace webpages.

YRSP: YRSP has been actively involved with the NCSP from its beginning, using unified terminologies, joint statements, and reciprocal web links to refer to each other and their work, along with helping numerous chapters and other organizations to develop web sites and links to help encourage local groups/ individuals to access web based information on suicide awareness, education, prevention, intervention and postvention topics.

Objective 2.1: **By 2001, expand the Federal Steering Group to appropriate Federal agencies to improve Federal coordination on suicide prevention, to help implement the National Strategy for Suicide Prevention, and to coordinate future revisions of the National Strategy.**

Members of the National Council for Suicide Prevention have met as representatives of the National Council for Suicide Prevention with the FWG (3/08, 12/08, 5/09).

Objective 2.2: **By 2002, establish a public/private partnership(s) (e.g., a national coordinating body) with the purpose of advancing and coordinating the**

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implementation of the National Strategy.

NOPCAS: NOPCAS collaborates with the various States and Cities that invite us to hold a conference in their area. This creates many partnerships with focus on meeting the goals of the National Strategy.

SAVE: As a member of the National Council for Suicide Prevention, SAVE participated in meetings and conference calls with SAMHSA representatives and the FWG to stress the need for the development of the Action Alliance. SAVE also participated in the Action Alliance strategy meeting (12/08). SAVE was also active in the development of the NSSP.

SPAN: Currently convening the National Action Alliance for Suicide Prevention Planning Group.

Objective 2.3: By 2005, increase the number of national professional, voluntary, and other groups that integrate suicide prevention activities into their ongoing programs and activities.

AAS: AAS has forged active partnerships with national EAP and Funeral Director's associations. AAS's funded projects with the Federal Railroad administration and Federal Transit Administration to study and prevent suicide collectively are the first that these agencies have attended to suicide and its impact on their systems, employees, and the communities in which they operate.

JED: The Jed Foundation worked with the Suicide Prevention Resource Center to develop a comprehensive model for addressing at-risk students in campus environments. A document and Webinar series outlining this model and guiding campuses through a strategic planning process for promoting mental health and preventing suicide have been accessed by over 12,000 campus professionals. The goal of these programs is to make suicide prevention a campus-wide priority.

LINK: Trains professionals regionally on suicide prevention.

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- NOPCAS: We equip organizations and groups in communities with information on suicide prevention and intervention and train them as gatekeepers.
- SAVE: In partnership with the University of Minnesota, SAVE conducted the first black box warning labeling conference for professionals (held within 7 days of the issuance of the warning in 2004).
- YR: One of YRSPP's main objectives/ successes has been its collaboration with national groups (NCSP members along with groups such as the American Osteopathic Association and other professional organizations. Our state by state work partners state and local mental health agencies, along with educational groups, universities, ministerial alliances, parent organizations and local professionals.

Objective 2.4:

By 2005, increase the number of nationally organized faith communities adopting institutional policies promoting suicide prevention.

- JED: Religious institutions of higher education across the country are members of the ULifeline network and utilize The Jed Foundation's tools and resources for developing campus suicide prevention programs.
- NOPCAS: NOPCAS was instrumental in working with churches in Memphis Tennessee who needed direction in hosting a conference on suicide prevention in 2003. To date they now hold a conference every two years on suicide and the black church. They are up to their 4th conference which has moved from being regional to national as they reach out to Black churches across the country. These conference help in developing policies and procedures on addressing suicide in their congregation.
- SAVE: SAVE participated in advising the Lutheran Synods on policy matters related to suicide prevention.
- SPAN: Currently developing with SPRC a guide for members of the clergy.
- YR: YRSPP has worked with Faith-based groups in all communities that it has worked in over the years having helped local groups recruit their

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'upline' faith counterparts to adopt 'effective safe suicide prevention messages and activities' as part of their annual meeting and thus there national guiding documents and directives to then be distributed back to the larger subordinate bodies. One example is the on-going work for many years is the connection, joint work, etc. with Focus on the Family, various Catholic Diocese and the Nation Day of Prayer organization.

Objective 3.1:

By 2005, increase the proportion of the public that views mental and physical health as equal and inseparable components of overall health.

AAS: AAS has been an active and vocal supporter of mental health parity; no less of the public health messaging regarding the underlying vulnerability that mental health disorders create to increase suicide risk.

JED: In late 2006, The Jed Foundation launched an awareness campaign with mtvU, MTV's college network broadcast on over 900 campuses in all 48 contiguous states, to decrease stigma around mental health issues and encourage help-seeking among college students. The campaign reaches an estimated 9 million college students nationwide through on-air programming, an online resource center and events in major markets across the country. A critical part of the campaign's messaging revolves around mental illnesses as real, treatable conditions that should be given the same consideration as traditional "physical illnesses."

The Jed Foundation's media relations efforts help to raise awareness of mental health as a critical part of proactive wellness. These media outreach efforts have resulted in over 65 million impressions in the last two years.

The Jed Foundation was a founding member of the CheckUpNow campaign, established in 2008 as a grassroots movement to ensure every young person has access to a mental health "check-up" as part of their overall health assessment and maintenance.

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- NOPCAS: This is incorporated in our talks, presentations, group discussions, and formal classroom education when being taught by the President who is a professor at Howard University.
- SAMS: Samaritans branches were promoters of mental health parity in several states and does ongoing awareness work towards 3.1.
- SAVE: SAVE has been an active and vocal supporter of mental health parity; and the public health messaging regarding the underlying vulnerability that mental health disorders create to increase suicide risk.
- SPAN: Research America Survey funded by SPAN USA, some results published in Parade Magazine.
- YR: Just as Dr. Satcher said in his Call to Action for Suicide Prevention in 1998, that depression is a condition is an ailment located in a physical part of the body, the brain and as such needs to be treated as part of the whole body, not just a mental issue, YRSPP has integrated this philosophy and its related mental and physical health into its Curriculum both for youth and for adults which is a required component of all of our chapters and program sites, community campaigns and partnership agreements.

Objective 3.2:

By 2005, increase the proportion of the public that views mental disorders as real illnesses that respond to specific treatments.

- JED: In late 2006, The Jed Foundation launched an awareness campaign with mtvU, MTV's college network broadcast on over 900 campuses in all 48 contiguous states, to decrease stigma around mental health issues and encourage help-seeking among college students. The campaign reaches an estimated 9 million college students nationwide through on-air programming, an online resource center and events in major markets across the country. A critical part of the campaign's messaging revolves around mental illnesses as real, treatable conditions.

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mental health as a critical part of proactive wellness. These media outreach efforts have resulted in over 65 million impressions in the last two years.

The Jed Foundation and the American Psychiatric Foundation have partnered for The Transition Year Project which will help parents and students navigate the transition into college with a focus on emotional health. Part of this program is education on mental illnesses as real, treatable conditions. National research has been completed and printed guides and an online resource center will launch Fall 2009.

SAVE: SAVE has included "reducing stigma" in its Mission statement and maintained this as an integral part of all of its work (public awareness campaigns, educational presentations, resource materials). SAVE has also held several public conferences on mental illnesses and effective interventions. Several of SAVE's media campaigns have included messaging about brain illnesses and research in the field.

SPAN: Research America Survey funded by SPAN USA, some results published in Parade Magazine.

YR: Again this has been a required component of our training in all communities, state coalition work and on all our tribal settings.

Objective 3.3:

By 2005, increase the proportion of the public that views consumers of mental health, substance abuse, and suicide prevention services as pursuing fundamental care and treatment for overall health.

JED: In late 2006, The Jed Foundation launched an awareness campaign with mtvU, MTV's college network broadcast on over 900 campuses in all 48 contiguous states, to decrease stigma around mental health issues and encourage help-seeking among college students. The campaign reaches an estimated 9 million college students nationwide through on-air programming, an online resource center and events in major markets across the country. A critical part of the campaign's messaging revolves around mental illnesses as real, treatable conditions.

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- SAMS: Don't know how you prove it but, again, SAMS branches promote the above in local gov't, schools, CBO's, etc and through collaborations with local and state governments.
- SAVE: SAVE has used publicly identifiable people (nationally Kathy Cronkite, Rhonda Britton, Dieter Schmitz, Glenn Beck, Randi Kaye, Eric Hipple, and various local TV and radio personalities) in public awareness campaigns supporting treatment.
- SPAN: Research America Survey funded by SPAN USA, some results published in Parade Magazine.
- YR: As with the previous Objectives, this is a fundamental of YRSPP training nationwide, especially including the 1st Responders (Fire, Police, EMS, etc) as they relate to families, survivors and neighbors in crisis situations that formerly had been viewed as 'nuisance calls'.

Objective 3.4:

By 2005, increase the proportion of those suicidal persons with underlying disorders who receive appropriate mental health treatment.

- AAS: AAS's advanced clinical training program, **Recognizing and Responding to Suicide Risk: Essential Skills for Clinicians (RRSR)** has been given to mental health professionals and graduate students across the US and Canada. This training program has been delivered to inpatient and outpatient, adult and adolescent mental health professionals and students in all disciplines. The RRSR is designed to improve clinical skills inclusive of treatment planning, the use of safety contracts, etc.

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- JED: The Jed Foundation's programs and resources for college focus on creating a campus-wide system for identifying and supporting at-risk students. Schools with comprehensive, strategic programs and policies are more likely to get distressed students into the proper treatment program. Over 1,400 schools across the country have accessed these resources. These campuses represent over half of the country's college students.
- LINK: Provides counseling and referral services nationally.
- NOPCAS: This is accomplished as part of our educating the communities on suicide prevention and intervention and we hand out resource information.
- SAVE: See above.
- SPAN: Advocacy --- Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008; mental health equity in Medicare included in MIPPA bill that became law in July '08; active participation in the MHLG Budget/Appropriations Committee.
- YR: One of the initial agreements with each Program site or community is to coordinate with local, regional, state and national resources that are available to them prior to any formal training of schools, faith-based settings or communities. Developing appropriate intervention to treatment protocols are critical to any community feeling comfortable with their moving forward in preventing suicide.

Objective 4.1:

By 2005, increase the proportion of States with comprehensive suicide prevention plans that a) coordinate across government agencies, b) involve the private sector, and c) support plan development, implementation, and evaluation in its communities.

- SAMS: SAMS branches are key members of state SP planning coalitions.
- SAVE: Minnesota was the first state in the nation to have a legislatively funded suicide prevention coordinator and plan. Minnesota was also one of the first 3 states to have a lifespan plan. SAVE was actively involved in the development of these initiatives. SAVE served since its

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inception and continuing today on the Executive Council for the State Task Force and is part of a public/private partnership with the State of Minnesota forming a Technical Assistance Team providing assistance across agencies (public and private) and communities. SAVE has also provided assistance to other States as they have developed their state plans (FL, TX, WY).

- SPAN: Approximately 20 Strategic Planning (Core Competencies) for Suicide Prevention trainings Ongoing TA support to state suicide prevention coordinators and councils, as well as other interested community members.
- YR: Beginning with Colorado in 1998, YRSPP helped to coordinate its Colorado Suicide Prevention Plan, then helped to establish its Suicide Prevention Coalition of Colorado, then it's Office of Suicide Prevention, all of which still exist and expand. This model has been used to help this office and our Chapters to be involved in their respective states establishment of the same. Colorado's model of establishing suicide prevention in the Public Health Department and not in the subordinate, Mental Health Division as well as involving other state departments is the impetus for that part of its training for program sites and chapters to work in their respective regions and states.

Objective 4.2:

By 2005, increase the proportion of school districts and private school associations with evidence-based programs designed to address serious childhood and adolescent distress and prevent suicide.

- AAS: In June, 2008, AAS rolled out a **School Suicide Prevention Accreditation Program** designed to build knowledge competencies, including understanding evidence-based and best practices in suicide prevention, among school-based professionals working with students at-risk and/or implementing school-based suicide prevention and postvention programs. In time, we hope to be able to demonstrate that there will be at least one certified professional in the majority of our nation's schools who has attained a demonstrated level of competency.
- SAMS: If evidenced-based includes programs that have evaluations, SAMS branches are major forces in bringing the above to school districts in

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several states.

- SAVE: In 2002 SAVE conducted a state-wide survey on attitudes of youth and adults related to suicide, depression and schools. SAVE later developed a School-Based Crisis Management plan in 2005 and distributed that to schools in MN, WI, WY, FL, TX, CA and MD. In January, 2008, SAVE obtained a Level III Best Practices designation of its educational curriculum: **LEADS (Linking Education and Awareness of Depression and Suicide)**. This program is designed to increase knowledge, positive attitudes toward mental illnesses and increased behavior (help-seeking and support) for those at-risk. LEADS has been distributed to more than 50 schools in the nation as of 4/09 and is being considered for use in various school districts in Belgium.
- SPAN: Advocacy efforts for the authorization and appropriation of funding for state youth suicide prevention grants (GLSMA).
- YR: YRSPP has worked first and foremost in the Public and Private school arenas with its training since the beginning of its work in 1994, and has worked diligently to not only bring the safe, and evidenced-based curriculum forward for the communities, but has also worked to help establish 'what is appropriate for a program to be 'evidenced-based'? With its curriculums being accepted into the AFP/SPRC Registry for Best Practices, YRSPP continues to ensure that training has been, is now and always will be what is proven to be safe and effective.

Objective 4.3: By 2005, increase the proportion of colleges and universities with evidence-based programs designed to address serious young adult distress and prevent suicide.

- AAS: The above-noted School Suicide Prevention Accreditation Program is applicable to colleges and universities as well. In addition, hundreds of college and university mental health professionals have taken AAS's advanced clinical training program, **Recognizing and Responding to Suicide Risk: Essential Skills for Clinicians (RRSR)**.
- JED: The Jed Foundation's programs and resources for college focus on creating a campus-wide system for identifying and supporting at-risk students. Schools with comprehensive, strategic programs and policies

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are more likely to get distressed students into the proper treatment program. Over 1,400 schools across the country have accessed these resources. These campuses represent over half of the country's college students. The strategic process promoted by The Jed Foundation includes identifying campus-specific priorities, developing programming grounded in research and science, and incorporating appropriate evaluation.

- NOPCAS: NOPCAS collaborates with Historically Black Colleges and Universities (HBCUs) and conducts one day seminars. NOPCAS is consistently mailing out promotional materials for suicide prevention and anti stigma materials to those colleges and universities with sizeable student counseling centers. NOPCAS holds a suicide prevention symposium annually at Howard University.
- SAMS: If evidenced-based includes programs that have evaluations, SAMS branches are major forces in bringing the above to colleges and universities in several states.
- SPAN: Advocacy efforts for the authorization and appropriation of funding for college/university suicide prevention grants (GLSMA). Provide information on Facebook cause page "College Campus Suicide Prevention."

Objective 4.4:

By 2005, increase the proportion of employers that ensure the availability of evidence-based prevention strategies for suicide.

- SAMS: SAMS branches work with local and community agencies, EAPs, etc. in support of the above.
- YR: This is an area where YR has worked with many of the local and regional companies and businesses in its community work. Many companies have used the awareness campaign components of YRSPP, but hesitate with the full curriculum to entire work force. Training has been to the HR staff and Management.

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Objective 4.5: By 2005, increase the proportion of correctional institutions, jails and detention centers housing either adult or juvenile offenders, with evidence-based suicide prevention programs.

SPAN: Advocacy efforts that lead to inclusion of suicide prevention training and screening in the Mentally Ill Offender Treatment and Recovery Act Reauthorization.

YR: Awareness and gatekeeper components of the program are shared with facilities when communities are comfortable involving them.

Objective 4.6: By 2005, increase the proportion of State Aging Networks that have evidence-based suicide prevention programs designed to identify and refer for treatment of elderly people at risk for suicidal behavior.

SPAN: Co-hosting in the Older Adult Mental Health and suicide Prevention in Senior Living Communities Summit, multiple presentations regarding suicide prevention among older adults and promising programs to reduced suicide in the aging community. Dissemination of SPAN USA Older Adults and Suicide Prevention Brochure.

YR: YRSPP's Elderly "Blues Component" is an integrated part of the community training and preparation. Aging Agencies are brought to the 'Prevention Planning Table' whenever possible.

Objective 4.7: By 2005, increase the proportion of family, youth and community service providers and organizations with evidence-based suicide prevention programs.

AAS: AAS's advanced clinical training program, **Recognizing and Responding to Suicide Risk: Essential Skills for Clinicians (RRSR)** has been given to mental health professionals across the US and Canada. AAS has certified crisis centers across the US since 1976 to ensure high-quality services and training based on research and was the primary contractor on the published (2006) evaluations of suicide crisis lines relative to their effectiveness.

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- LINK: Trains community providers in suicide prevention.
- SAMS: If evidenced-based includes programs that have evaluations, SAMS branches are major forces in bringing the above to family, youth and CBO's in several states.
- SAVE: Although not evidence-based, SAVE developed a Community Action Kit that has been sold nationwide to help communities come together, learn, raise awareness and build capacity among all members of the community.
- SPAN: Advocacy efforts for the authorization and appropriation of funding for state youth suicide prevention grants (GLSMA).
- YR: All of the Chapters and Program sites in YR are required to involve the families, youth and community service providers in the planning, but also the actual training for gatekeepers and more in-depth coordinators. Providing them with evidence-based curriculum and tools are the only way that training will proceed.

Objective 4.8: By 2005, develop one or more training and technical resource centers to build capacity for States and communities to implement and evaluate suicide prevention programs.

- SAVE: SAVE recognizes this relates to the SPRC, however somewhat related to the Objective is the SAVE/YR (MN) Train-the-Trainer gatekeeper program developed between 2004 and 2006. This program trained more than 200 gatekeepers who then trained over 1,000 community members.
- SPAN: Advocacy efforts for the authorization and appropriation of funding for the TA grant (GLSMA).

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Objective 5.1: By 2005, increase the proportion of primary care clinicians, other health care providers, and health and safety officials who routinely assess the presence of lethal means (including firearms, drugs, and poisons) in the home and educate about actions to reduce associated risks.

AAS: In the spring of 2009, AAS will roll out its training program, **Recognizing and Responding to Suicide Risk in Primary Care (RRSR-PC)** which has been developed by a task force of clinical Suicidologists and primary care physicians and associates (physician assistants and nurses) to train PCPs and their staff on how to assess, build safety plans for, and otherwise triage patients at risk for suicide. Included in this training is a focus on means restriction as part of treatment planning.

SAVE: In 2007 SAVE developed a Hospital and Healthcare Professional Suicide Prevention training program that included information for healthcare professionals on assessment and reduction of lethal means of suicide.

YR: Through the American Osteopathic Association and its affiliated bodies, primary care physicians and others are routinely reminded of proper assessment and education in this area.

Objective 5.2: By 2005, expose a proportion of households to public information campaign(s) designed to reduce the accessibility of lethal means, including firearms, in the home.

SPAN: Promote the Means Matter publication, helped craft and signed on to NCSP statement on firearms, Op-Ed in Washington Times re access to firearms and suicide.

YR: All YR Awareness Campaigns conducted in each local area, state or region contains parts to inform and educate the general public to the need to be more vigilant with the proper storage and or/or removal of potentially lethal means in both the home and the workplace.

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**Objective
5.3:** **By 2005, develop and implement improved firearm safety design using
technology where appropriate.**

**Objective
5.4:** **By 2005, develop guidelines for safer dispensing of medications for
individuals at heightened risk of suicide.**

**Objective
5.5:** **By 2005, improve automobile design to impede carbon monoxide-mediated
suicide.**

**Objective
5.6:** **By 2005, institute incentives for the discovery of new technologies to prevent
suicide.**

SPAN: Advocate for any of the proposed Golden Gate Bridge barrier options.

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Objective 6.1: **By 2005, define minimum course objectives for providers of nursing care in assessment and management of suicide risk, and identification and promotion of protective factors. Incorporate this material into curricula for nursing care providers at all professional levels.**

AAS: *See 5.1 response above.*

NOPCAS: We set up training for nurses and clinical managers at the Howard University Hospital, Washington, D.C., every 6 months with the following objectives (1) discuss advances in suicide prevention; (2) describe various intervention strategies utilized in the prevention of suicide/suicide attempt; (3) Decrease the number of suicide/suicide attempts through appropriate and timely recognition of warning signs; and (4) implement appropriate suicide prevention measures.

Objective 6.2: **By 2005, increase the proportion of physician assistant educational programs and medical residency programs that include training in the assessment and management of suicide risk and identification and promotion of protective factors.**

AAS: *See 5.1 response above.*

NOPCAS: We conduct 8-week seminars for the Howard 3rd year psychiatric residents entitled, "Suicide Risk Management and Assessment," fall quarter that runs from October to the beginning of December.

SAVE: Although not specific to this Objective (medical professionals), in 2005 SAVE developed a Suicide Education and Prevention training program for use in dentistry (graduate programs and professional practices).

YR: Working with the American Osteopathic Association to incorporate proper education and residency programs for gatekeeper training as well as partnering with training for assessment, and related follow up.

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Objective 6.3: By 2005, increase the proportion of clinical social work, counseling, and psychology graduate programs that include training in the assessment and management of suicide risk, and the identification and promotion of protective factors.

AAS: AAS's advanced clinical training program, *Recognizing and Responding to Suicide Risk: Essential Skills for Clinicians (RRSR)* has been given to mental health professionals and graduate students across the US and Canada. This training program has been delivered to inpatient and outpatient, adult and adolescent mental health professionals and students in all disciplines.

YR: As part of the community resource-building in many of the counties where YRSPP works, training was reviewed and then adapted to update social work training, levels of evaluation for clinical certification and to be re-certified. Most county and/or state certifications did not, and many still don't, require LCSW or MSW certification to include any course work in suicide prevention. YR helps those agencies willing to look at re-working their criteria.

Objective 6.4: By 2005, increase the proportion of clergy who have received training in identification of and response to suicide risk and behaviors and the differentiation of mental disorders and faith crises.

LINK: Trains clergy on suicide prevention efforts.

NOPCAS: Board member Dr. Sherry Molock has conducted several training seminars for religious leaders in the Dc and Maryland area; and conducts a training seminar at all our annual conferences.

SAVE: Although not widely distributed or publicized, in 2005 SAVE developed a piece entitled: Suicide in the Catholic Church.

SPAN: Help at Hand series – in process.

YR: Since 1996, YRPP has trained clergy in all of its partner communities in being gatekeepers, warning signs, risk factors and behavioral change, as well as appropriate resource building to incorporate faith resources and local mental health agency partners. YR's Faith-based Curriculum has been used with and by members of the faith community since 1996

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to help communities understand the difference between faith needs and mental health needs, many times with the lines being blurred, but with faith workers being trained to "Be A Link", they understand when the need is within their expertise and when it becomes more, many times having the faith worker and the mental health practitioner working jointly.

Objective 6.5: **By 2005, increase the proportion of educational faculty and staff who have received training on identifying and responding to children and adolescents at risk for suicide.**

AAS: In June, 2008, AAS rolled out a **School Suicide Prevention Accreditation Program** designed to build knowledge competencies, including understanding evidence-based and best practices in suicide prevention, among school-based professionals working with students at-risk and/or implementing school-based suicide prevention and postvention programs. In time, we hope to be able to demonstrate that there will be at least one certified professional (staff member) in the majority of our nation's schools who has attained a demonstrated level of competency.

JED: In 2009, The Jed Foundation is funding 13 regional trainings for campus health professionals on identifying and addressing suicide risk. This effort will train over 1,000 campus health professionals across the country. The Jed Foundation provided funding and guidance on a project in partnership with the Suicide Prevention Resource Center and the University of Rochester to determine the effectiveness of training programs on the core competencies necessary to identify and address suicide risk (clinical evaluation, formulation of risk, treatment planning, and patient management). The evaluation showed that these training programs increased clinician confidence or perceived efficacy in identifying and addressing suicide risk. As part of this evaluation, trainings were held on five campuses.

LINK: Trains law enforcement in suicide prevention efforts.

SAMS: SAMS has done extensive work in this area.

SAVE: Over the last 15 years SAVE has trained over 2,000 faculty and staff on

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identifying and responding to children and adolescents at risk for suicide.

SPAN: Helped advocate for the 10 laws that require or encourage school personnel to have training in suicide prevention.

YR: Every school and educational facility that YR has worked in has been required to have their administration, faculty, staff (both certified and classified) and other on and off-site adults trained prior to any youth presentation, training or discussions to ensure safe and proper response to anyone in need. Youth or adult.

Objective 6.6:

By 2005, increase the proportion of correctional workers who have received training on identifying and responding to persons at risk for suicide.

AAS: Our RRSR clinical training program has been offered in correctional facilities.

SAMS: SAMS has done extensive work in this area.

SPAN: Advocacy efforts that lead to inclusion of suicide prevention training and screening in the Mentally Ill Offender Treatment and Recovery Act Reauthorization.

YR: Some communities have incorporated correctional workers in the local training. The YRSPP national office has trained correctional workers in about a dozen locations, but have encouraged chapters to incorporate them in their work at some point following establishment of the school and non school youth programs.

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Objective 6.7: **By 2005, increase the proportion of divorce and family law and criminal defense attorneys who have received training in identifying and responding to persons at risk for suicide.**

SAVE: In October, 2008, SAVE provided training to the majority of public district attorneys throughout the State of Florida on depression and suicide in the workplace.

Objective 6.8: **By 2005, increase the proportion of counties (or comparable jurisdictions such as cities or tribes) in which education programs are available to family members and others in close relationships with those at risk for suicide.**

SAVE: SAVE has conducted hundreds of gatekeeper training programs to tens of thousands of adults in communities throughout Minnesota.

SPAN: Advocacy efforts for the authorization and appropriation of funding for state and tribal youth suicide prevention grants (GLSMA).

YR: This is another area where YRSPP has required its training to be available. All family members of those at risk, as identified by local schools or mental health agencies, are trained along with other adults with the local professionals in the partnering mental health agencies being the actual trainers. This training teaches the YR Be A Link curriculum along with Risk and awareness components as identified and deemed necessary by the local mental health professionals.

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Objective 6.9: **By 2005, increase the number of recertification or licensing programs in relevant professions that require or promote competencies in depression assessment and management and suicide prevention.**

YR: As in Obj. 6.3, YRSPP has helped numerous counties and universities to re-evaluate their certification standards. The AOA has additional requirements for its professionals who work in related mental health specialties.

Objective 7.1: **By 2005, increase the proportion of patients treated for self-destructive behavior in hospital emergency departments that pursue the proposed mental health follow-up plan.**

AAS: Under contract to the Suicide Prevention Resource Center (SPRC), AAS has developed a poster and pocket card, with associated training materials, for emergency departments regarding the assessment and triage of patients at risk for suicide. Under a separate contract with the SPRC, AAS is currently completing a major White Paper on Continuity of Care with recommendations to both inpatient and emergency departments based on empirical research. This, we expect, will be vetted by SAMHSA and published in 2009.

LINK: Education and training programs for SIB.

SAVE: SAVE assisted with the development of materials for emergency departments regarding the assessment and triage of patients at risk for suicide, for patients who attempted suicide and for families of patients who attempt suicide.

Objective 7.2: **By 2005, develop guidelines for assessment of suicidal risk among persons receiving care in primary health care settings, emergency departments, and specialty mental health and substance abuse treatment centers. Implement these guidelines in a proportion of these settings.**

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AAS: See responses above relative to AAS's **RRSR-PC** and emergency department resources developed for the SPRC.

Objective 7.3: **By 2005, increase the proportion of specialty mental health and substance abuse treatment centers that have policies, procedures, and evaluation programs designed to assess suicide risk and intervene to reduce suicidal behaviors among their patients.**

AAS: AAS has provided on-site consultation services to substance abuse detox centers regarding their policies and procedures, training programs, and environmental safeguarding of inpatients at risk for suicide.

SAMS: SAMS has done extensive work in this area.

Objective 7.4: **By 2005, develop guidelines for aftercare treatment programs for individuals exhibiting suicidal behavior (including those discharged from inpatient facilities). Implement these guidelines in a proportion of the settings.**

LINK: Trains on postvention and aftercare treatment.

SPAN: Collaborated with DBSA on pamphlet regarding suicide prevention and mood disorders that includes a plan for staying safe for those exhibiting suicidal behavior.

Objective 7.5: **By 2005, increase the proportion of those who provide key services to suicide survivors (e.g., emergency medical technicians, firefighters, law enforcement officers, funeral directors, clergy) who have received training that addresses their own exposure to suicide and the unique needs of suicide survivors.**

AAS: AAS routinely has programs for these gatekeepers and first finders as part of its array of pre-conference training programs at its annual conference. In 2008 AAS trained hundreds of mobile crisis outreach

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workers in the State of Texas in an extensive focus on those at risk and those who witness/discover/survive a loved one's suicide.

- SAMS: SAMS has done extensive work in this area for police, emergency responders, military, etc.
- SAVE: Following Hurricanes Katrina and Rita, SAVE conducted a first-responder training program.
- SPAN: Help at Hand Series – Funeral directors guide completed; clergy and first responder's guides in process.
- YR: The 1st Responders training that was developed in conjunction with Firefighters from Colorado and other states, hospital staff, local mental health agencies, law enforcement, clergy and funeral home directors is presented to those agency members as well as the faith based curriculum to clergy in all of YRSPP's program sites. Each of over 135 sites is incorporating either the 1st Responders training and /or the Faith training with most using both.

Objective 7.6: By 2005, increase the proportion of patients with mood disorders who complete a course of treatment or continue maintenance treatment as recommended.

- SPAN: Collaborated with DBSA on pamphlet regarding suicide prevention and mood disorders that includes a plan for staying safe for those exhibiting suicidal behavior.

Objective 7.7: By 2005, increase the proportion of hospital emergency departments that routinely provide immediate post-trauma psychological support and mental health education for all victims of sexual assault and/or physical abuse.

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Objective 7.8: By 2005, develop guidelines for providing education to family members and significant others of persons receiving care for the treatment of mental health and substance abuse disorders with risk of suicide. Implement the guidelines in facilities (including general and mental hospitals, mental health clinics, and substance abuse treatment centers).

AAS: AAS has developed and published on its website [Recommendations for Inpatients and Residential Patients Known to be at Elevated Risk for Suicide](#) which include guidelines for the active collaboration with family members in discharge planning.

Objective 7.9: By 2005, incorporate screening for depression, substance abuse and suicide risk as a minimum standard of care for assessment in primary care settings, hospice, and skilled nursing facilities for all Federally-supported healthcare programs (e.g., Medicaid, CHAMPUS/TRICARE, CHIP, Medicare).

SPAN: Advocated for the Joshua Omvig Veterans Suicide Prevention Act which encourages screening of veterans who present at the Veterans Health Administration.

Objective 7.10: By 2005, include screening for depression, substance abuse and suicide risk as measurable performance items in the Health Plan Employer Data and Information Set (HEDIS).

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Objective 8.1: By 2005, increase the number of States that require health insurance plans to cover mental health and substance abuse services on par with coverage for physical health.

SAMS: SAMS has been a proponent on this and worked to see it implemented in several states.

SPAN: Advocated for Timothy's Law – NY, National parity measures – Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

Objective 8.2: By 2005, increase the proportion of counties (or comparable jurisdictions) with health and/or social services outreach programs for at-risk populations that incorporate mental health services and suicide prevention.

SAMS: SAMS has done extensive work in this area in several states.

SPAN: Advocacy efforts for the authorization and appropriation of funding for state and tribal youth suicide prevention grants (GLSMA). Disseminate brochures on Older Adults and Suicide Prevention and Military Families and Suicide Prevention.

YR: This is a fundamental component of all of YRSPP Chapters and Program sites to work with their county and other jurisdictions to develop outreach programs for mental health and suicide prevention.

Objective 8.3: By 2005, define guidelines for mental health (including substance abuse) screening and referral of students in schools and colleges. Implement those guidelines in a proportion of school districts and colleges.

AAS: See above regarding AAS's **School Suicide Prevention Accreditation Program** which presents evidence-based training regarding mental health screening and referral.

JED: The Jed Foundation's ULifeline (www.ulifeline.org) allows schools to offer their students an anonymous screening tool that also offers campus-specific information for seeking help. This tool, developed by

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Duke University Medical Center, has been completed by 25,000 students in the last year alone. In a national survey of counseling center professionals, over 90 percent of respondents identified anonymous screening as a critical tool in getting students to access mental health services.

The Jed Foundation's programs and resources for colleges, which have been accessed by over 1,400 schools, encourage campuses to create a campus-wide system for identifying and referring students who may be distressed or at risk for suicide.

- SPAN: Advocacy efforts for the authorization and appropriation of funding for state and tribal youth suicide prevention grants (GLSMA).
- YR: Awareness, education and referral are another required component of all YRSPP chapters and program sites. The awareness to referral to proper resources is used in all YR schools, estimated to be well over 5,000.

Objective 8.4: By 2005, develop guidelines for schools on appropriate linkages with mental health and substance abuse treatment services and implement those guidelines in a proportion of school districts.

- AAS: See above regarding AAS's **School Suicide Prevention Accreditation Program** which presents evidence-based training regarding mental health screening and referral.
- SAMS: SAMS has done extensive work in this area in several states.
- SAVE: This was part of SAVE's first state grant on schools (see 4.2 above).
- YR: Awareness, education and referral are another required component of all YRSPP chapters and program sites. The awareness to referral to proper resources is used in all YR schools, estimated to be well over 5,000.

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Objective 8.5: By 2005, increase the proportion of school districts in which school-based clinics incorporate mental health and substance abuse assessment and management into their scope of activities.

AAS: AAS's RRSR-PC training program will be disseminated to college/university student health centers, thus increasing assessment and treatment of at risk students in these settings as well as increasing triage and referral to university and community based mental health facilities.

YR: Awareness, education and referral are another required component of all YRSPP chapters and program sites. The awareness to referral to proper resources is used in all YR schools, estimated to be well over 5,000. Schools that have clinics are the focal point for any in-school referrals.

Objective 8.6: By 2005, for adult and juvenile incarcerated populations, define national guidelines for mental health screening, assessment and treatment of suicidal individuals. Implement the guidelines in correctional institutions, jails and detention centers.

SPAN: Advocacy efforts that lead to inclusion of suicide prevention training and screening in the Mentally Ill Offender Treatment and Recovery Act Reauthorization.

Objective 8.7: By 2005, define national guidelines for effective comprehensive support programs for suicide survivors. Increase the proportion of counties (or comparable jurisdictions) in which the guidelines are implemented.

NOPCAS: We have two support groups for survivors – District of Columbia and Prince George's County in Maryland. We train facilitators and incorporate national guidelines in the training. We are scheduled to train a husband and wife to begin a support group in Annarundel County in Maryland. Both Maryland Counties did and do not have support groups for survivors. The Annarundel support group will not be under NOPCAS, only trained by us.

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SAVE: In the early days of SAVE (1990-'95), SAVE conducted and facilitated numerous survivor support groups throughout Minneapolis and St. Paul, as well as trained group leaders. Today SAVE no longer facilitates groups, however has developed and distributed suicide survivor support group guidelines, although not tested or formally implemented them locally or nationally.

SPAN: Completed active survivor support groups updating work of Rubey & McIntosh. Co-authored analysis report in-press w/Suicide & Life Threatening Behavior (SLTB) Cerel, J., Padgett, J., and Reed, G. (2009, in press). Suicide Survivor Group Characteristics & Practices. Suicide & Life Threatening Behavior.

Co-authored a call for research as it relates to survivor support groups in-press w/SLTB Cerel, J., Conwell, Y., Reed, G., & Padgett, J. (2008, in press). A Call for Research: The Need to Better Understand the Impact of Support Groups for Suicide Survivors. Suicide & Life Threatening Behavior.

Objective 8.8: **By 2005, develop quality care/utilization management guidelines for effective response to suicidal risk or behavior and implement these guidelines in managed care and health insurance plans.**

Objective 9.1: **By 2005, establish an association of public and private organizations for the purpose of promoting the accurate and responsible representation of suicidal behaviors, mental illness and related issues on television and in movies.**

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AAS: AAS collaborated in the original CDC-sponsored development of media guidelines and the subsequent revision of those guidelines by a collaborative including AFSP, the Annenberg School, etc. These **Media Guidelines** have been published on our web pages for a number of years.

Additionally, AAS has conducted training workshops, based on the media guidelines, for media from throughout the state of Wisconsin.

SAMS: Samaritans works in collaboration with others on this goal.

SAVE: SAVE has conducted training workshops, based on the media guidelines, for media, mental health professionals, etc. SAVE's Executive Director is a part of the Entertainment Resource Professional Association assisting members of the entertainment industry on accurate and responsible portrayal of suicide and mental illness on television and in the movies.

SPAN: Participate in the Coalition for Constructive Converge Advised Entertainment Industries Council on Picture This: Suicide and Bipolar Disorder.

Objective 9.2:

By 2005, increase the proportion of television programs and movies that observe promoting accurate and responsible depiction of suicidal behavior, mental illness and related issues.

AAS: No measure available to document the impact of Media Guidelines.

JED: In late 2006, The Jed Foundation launched an awareness campaign with mtvU, MTV's college network broadcast on over 900 campuses in all 48 contiguous states, to decrease stigma around mental health issues and encourage help-seeking among college students. The campaign reaches an estimated 9 million college students nationwide through on-air programming, an online resource center and events in major markets across the country. The campaign's programming has been honored with a Peabody Award, two Emmy nominations and two PRISM nominations from the Entertainment Industries Council. To date, MTV Networks has donated over 15 million dollars in air-time for programming and PSAs that accurately represents emotional health

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issues and substance abuse.

- SAVE: SAVE has worked with some in the entertainment industry on this topic, however there are no formal outcomes or measurable reports from that work.
- SPAN: Development of Engaging the Media Guide, Participation in the Coalition for Constructive Converge, Participation in multiple EIC forums, Created the "Teachable Moments" initiative.
- YR: YRSPP and its chapters work to inform local and national television networks of proper depiction of mental health and suicidal behaviors, as well as communicating the same to agencies such as the Educational Industries Council and other media driven groups.

Objective 9.3:

By 2005, increase the proportion of news reports on suicide that observe consensus reporting recommendations.

- AAS: No measure available to document the impact of Media Guidelines.
- SAMS: Samaritans works in collaboration with others on this goal.
- SAVE: SAVE has worked with a number of media outlets between 2005 and 2009 on better reporting practices on suicide. SAVE also conducted a workshop with the Surgeon General in Kansas City (9/08) on Media and Suicide.
- SPAN: Ensure reporters that SPAN USA speak to have a copy of the Media Guidelines.
- YR: YRSPP has supported the Annenberg Media Guidelines and proper reporting to any and all media connections that have reported on YR activities over the years, everything from local newspapers, regional papers to the national TV and radio media, including but not limited to The Today Show, Good Morning America, The Oprah Winfrey Show, People Magazine, Christian Science Monitor, numerous regional TV and Radio shows and local papers. Media guidelines are presented to the available source at each entity to ensure the dissemination to the proper contact as much as is possible.

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**Objective
9.4:** **By 2005, increase the number of journalism schools that include in their
curricula guidance on the portrayal and reporting of mental illness, suicide
and suicidal behaviors.**

**Objective
10.1:** **By 2002, develop a national suicide research agenda with input from
survivors, practitioners, researchers, and advocates.**

SPAN: Cerel, J., Conwell, Y., Reed, G., & Padgett, J. (2008, in press). A Call for
Research: The Need to Better Understand the Impact of Support
Groups for Suicide Survivors. *Suicide & Life Threatening Behavior*.

Participate in an NIMH Consumer Advisory Council.

YR: As part of the NCSP.

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Objective 10.2: **By 2005, increase funding (public or private) for suicide prevention research, for research on translating scientific knowledge into practice, and for training of researchers in Suicidology.**

SPAN: Advocate for increased funding for NIMH and in particular the Developing Centers for Interventions to Prevent Suicide
Provided public comment at NIMH Advisory Council meeting

YR: As part of the NCSP.

Objective 10.3: **By 2005, establish and maintain a registry of prevention activities with demonstrated effectiveness for suicide or suicidal behaviors.**

SAVE: SAVE is listed in the best practices registry for LEADS (see 10.4).

YR: As part of the NCSP, promoting the AFSP/SPRC Registry

Objective 10.4: **By 2005, perform scientific evaluation studies of new or existing suicide prevention interventions.**

AAS: AAS is in the midst of 5-year grant-funded efforts supported by the Federal Railroad Administration and the Federal Transit Administration to study deaths by suicide on railroad property and, thereby, develop and pilot test/evaluate preventive interventions.

JED: The Jed Foundation provided funding and guidance on a project in partnership with the Suicide Prevention Resource Center and the University of Rochester to determine the effectiveness of training programs on the core competencies necessary to identify and address suicide risk (clinical evaluation, formulation of risk, treatment planning, and patient management). The evaluation showed that these training programs increased clinician confidence or perceived efficacy in

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identifying and addressing suicide risk.

In 2007, The Jed Foundation funded research conducted by Virginia Tech and Dr. Ronald Kessler from Harvard University on the mental health needs of the staff and faculty in the aftermath of their campus shootings. The research will be used to help schools create more resilient campus communities and decrease the likelihood of distress and suicidal behavior in the aftermath of tragedies.

- NOPCAS: This is ongoing...especially with gatekeeper training.
- SAMS: Samaritans works in collaboration with others on this goal.
- SAVE: Between 2005 and 2008, in partnership with the University of Minnesota, Department of Psychiatry, SAVE conducted a Billboard Research Study to look at the safe and effectiveness of using billboards and television commercials in suicide prevention. The study results are in press (Crisis, 2009).
- SPAN: Cerel, J., Padgett, J., and Reed, G. (2009, in press). Suicide Survivor Group Characteristics & Practices. *Suicide & Life Threatening Behavior*.

Wrote for SAMHSA the Substance Use and Suicide Prevention White Paper.
- YR: YRSPP has a commitment to evaluation to ensure the effectiveness, safe messaging and fidelity of the program. Evaluations have been on-going:
2000 – Minnesota/ University of MN (SAMHSA funded)
2002 –(NY) Commitment to Life/Project – Healthy Communities Alliance
2003 – (CO) Colorado Link Project – Denver Public Schools
2005 – (MD) Talbot County School District – Documented Behavioral Changes
2007 – (CO) Office of Suicide Prevention – University of Denver
2009 – Best Practices Registry (SPRC) Ask4Help! Curriculum for Youth
2009 – Best Practices Registry (SPRC) BeALink! Curriculum for Adults

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Objective 11.1: By 2005, develop and refine standardized protocols for death scene investigations and implement these protocols in counties (or comparable jurisdictions).

Objective 11.2: By 2005, increase the proportion of jurisdictions that regularly collect and provide information for follow-back studies on suicides.

AAS: We cannot offer data of an increase in the proportion of jurisdictions, but AAS has provided extensive training in the use of the psychological autopsy as a tool for researchers; AAS has published a standardized protocol for the psychological autopsy; and AAS has collaborated with the Injury Prevention Center in the State of Alaska in its follow-back study of suicides in that state

SPAN: Advocate for increased funding for the National Violent Death Reporting System.

Objective 11.3: By 2005, increase the proportion of hospitals (including emergency departments) that collect uniform and reliable data on suicidal behavior by coding external cause of injuries utilizing the categories included in the International Classification of Diseases.

SPAN: Participation in national meetings to address the issue of ICD external cause coding.

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Objective 11.4: **By 2005, implement a national violent death reporting system that includes suicides and collects information not currently available from death certificates.**

AAS: For many years, AAS was been the only national suicide prevention organization that had consistently paired with efforts to promote the implementation and expansion of the NVDRS, presenting on Capitol Hill in this regard.

NOPCAS: NOPCAS is a network member of the NVDRS's policy and government affairs division in which we support, sign letters, and campaign for more funding that will allow more states to be funded to incorporate this reporting system into their reporting methods.

SAVE: SAVE has advocated and supported federal efforts to promote the implementation and expansion of the NVDRS through letters of support to members of Congress, signing on to letters with other organizations and telephone and email advocacy to specific members of Congress.

SPAN: Advocate for increased funds for the NVDRS, participate in the National Violence Prevention Network.

Objective 11.5: **By 2005, increase the number of States that produce annual reports on suicide and suicide attempts, integrating data from multiple State data management systems.**

SAVE: SAVE has assisted the MN Dept. of Health in capturing this data for its annual report to the legislature each year since 2000.

SPAN: Advocate for increased funds for the NVDRS

YR: Worked with Colorado to ensure annual reporting of both suicides and

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attempts.

Objective 11.6:

By 2005, increase the number of nationally representative surveys that include questions on suicidal behavior.

JED: The Jed Foundation has worked with partners to develop and implement four national, statistically relevant research projects that produced data about college students and suicidal ideation and behavior:

In 2006, The Jed Foundation commissioned focus groups and a statistically relevant national survey to better understand the state of mind and mental health needs of America's college students as part of planning for the Half of Us campaign. This survey included significant information on suicidal ideation and attempts.

In 2008, The Jed Foundation commissioned a national, statistically relevant survey of parents of high-school juniors/seniors and college freshmen/sophomores to better understand how these parents viewed mental health and suicide risk.

In 2008 and 2009, The Jed Foundation worked with mtvU and the Associated Press on national, statistically relevant surveys on stress and mental health issues facing today's college students. Both these surveys included significant information on suicidal ideation and attempts.

Objective 11.7:

By 2005, implement pilot projects in several States that link and analyze information related to self-destructive behavior derived from separate data systems, including for example law enforcement, emergency medical services, and hospitals.

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SPAN: Promotion of and advocacy support for NVDRS.