

Drafted by the CHIP Violence & Injury Prevention Work Team - Suicide Prevention Committee

Endorsed by the CHIP Steering Committee January 23, 2002

Section 1: Awareness

GOAL: 1. Promote awareness that suicide is a public health problem that is preventable.

Objective No.: 1.1

Conduct a public information campaign designed to increase public knowledge of suicide prevention that reaches at least fifty per cent of the county's population.

Idea for Action: Work with media specialists to develop and disseminate safe and effective messages about suicide and its prevention, targeting ≥ 1 million county residents, including the young and the old, various racial and ethnic populations.

Action to Date: Project Concern International - Suicide prevention is among the topics selected for a series of health messages to be delivered to the public via the media in a CHIP/PCI project that also relies on support from businesses. The committee prepared a one-page overview on suicide in San Diego County for use by CHIP as it seeks business interest.

Objective No.: 1.2

Convene a countywide forum on suicide prevention designed to foster collaboration among stakeholders and to focus on issues influencing the effectiveness of suicide prevention initiatives.

Idea for Action: Plan and hold a "San Diego County Suicide Prevention Summit." (See, e.g., Substance Abuse Summit).

Objective No.: 1.3

Increase the number of both public and private institutions active in suicide prevention in the county that are involved in collaborative dissemination of information via the WWWeb.

Idea for Acton: Deliver mental health/suicide prevention public health messages (i.e., promoting awareness and referral sources for those in need) on one or more local websites (e.g., CHIP, County, etc.) either directly or via linkages to key organizations currently disseminating this information (e.g., AAS, AFSP, SPAN USA, AAP, etc.)

GOAL: 2: Develop broad-based support for suicide prevention.

Objective No.: 2.1

Establish a public/private partnership with the purpose of advancing and coordinating implementation of a countywide suicide awareness and prevention effort.

Idea for Action: Establish a suicide prevention committee to stimulate attention to the issue of suicide, involve key groups, and establish momentum for priority actions. (See, e.g., County Meth Strike Force.)

Action to Date: CHIP Suicide Prevention Committee - a public/private multidisciplinary committee of the CHIP Violence and Injury Prevention Work Team, the group has been meeting monthly since June 2000 to work to reduce suicide in San Diego County. The committee aims to prioritize for local action selected strategies set forth in the U.S. Surgeon General's new *National Strategy for Suicide Prevention: Goals and Objectives for Action* (2001).

Objective No.: 2.2

Increase the number of professional, voluntary, and other groups in the county that integrate suicide prevention activities into their ongoing programs and activities.

Idea for Action: Contact organizations and encourage them to consider ways to integrate suicide prevention into their ongoing activities. (See also, Goal 6).

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| Section 2: Intervention |
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GOAL: 3. *Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services.*

Objective No.: 3.1

Increase the proportion of persons who receive assistance/utilize services for suicide or mental health crisis prevention.

Idea for Action: Develop and market the services of a new Youth to Youth Helpline, and increase public awareness of existing countywide crisis services (e.g., Crisis Line). Monitor for a measurable increase in calls.

Action to Date: Youth to Youth Helpline Proposal - Youth hotlines may be a successful strategy to reach out to teens at risk for suicide. A joint effort by representatives of CHIP (including members of its Suicide Prevention Committee), County agencies, the Childrens Initiative, and the Center for Community Solutions recently culminated in a proposal to pursue development of a new countywide Youth to Youth Helpline.

Objective No.: 3.2

Hold (or promote) events that provide screening for depression, substance abuse, and suicide risk.

Idea for Action: Hold/promote local event(s) for National Depression Screening Day (October); National Alcohol Screening Day (April); National Suicide Prevention Week (First week in May).

Action to Date: National Depression Screening Day: The committee is promoting NDSD in conjunction with the CHIP Mental Health Work Team. A major goal is to double the screening sites for this year's NDSD slated for October 11.

GOAL: 4. *Develop and implement community-based suicide prevention programs.*

Objective No.: 4.1

Increase the proportion of regional public and private schools that provide access to [evidence-based]¹ programs designed to address serious childhood and adolescent distress and prevent suicide.

Idea for Action: Implement and evaluate programs that train school staff/students about the warning signs for suicidal youth and provide a plan of action for helping those at risk (e.g., Yellow Ribbon Program).

Objective No.: 4.2

Increase the proportion of regional colleges and universities that provide access to [evidence-based] programs designed to address serious young adult distress and prevent suicide.

Idea for Action: Implement and evaluate programs that train college resident advisors about suicide risk identification, crisis intervention, and referral.

Objective No.: 4.3

Increase the proportion of county employers that provide access to [evidence-based] prevention strategies for suicide.

Idea for Action: Encourage county Employee Assistance Programs to implement and evaluate programs that educate employees about suicide risk identification/referral and signs of maladaptive substance use.

Action to Date: Suicide Prevention at EAPA Conference - The San Diego Chapter of the Employees Assistance Professionals Association held a conference May 18, 2001 devoted to depression in the workplace. Members of the Suicide Prevention Committee presented on "Suicide in San Diego County: The Need for Prevention through Public Awareness."

Objective No.: 4.4

Increase the proportion of regional correctional institutions, jails and detention centers housing either adult or juvenile offenders, which provide access to [evidence-based] suicide prevention programs.

Idea for Action: Develop screening assessment tools and monitoring protocols for alcohol and drug detoxification in jail and detention settings.

Objective No.: 4.5

Increase the proportion of county Aging and Independent Services and affiliates that provide access to [evidence-based] suicide prevention programs designed to identify and refer for treatment elderly people at risk for suicidal behavior.

Idea for Action: Develop and implement a training program for employees and volunteers of regional senior programs to assist them in the identification of persons at risk for suicide.

Objective No. 4.6

Increase the proportion of family, youth and community service providers and organizations that provide access to [evidence-based] suicide prevention programs.

Idea for Action: Create resource kits for service organizations that include educational materials on suicide prevention and referral information for mental health services.

GOAL: 5. *Promote efforts to reduce the risks associated with access to firearms.*

Objective No.: 5.1

Increase the proportion of primary care clinicians, other health care providers, and health and safety officials who routinely assess the presence of firearms in the home and educate about the actions to reduce associated risks.

Idea for Action: Develop and incorporate screening for firearm risks and safe home storage practices as a standard component of health care delivered in county emergency departments and clinics providing well child care. Develop standardized practices for law enforcement response to domestic emergencies that assess for the presence of firearms and advocate their removal or safe storage.

GOAL: 6. Implement training for recognition and referral of at-risk behavior.

Objective No. 6.1

Increase the proportion of healthcare providers who received training on identifying and responding to patients at risk for suicide.

Idea for Action: Implement training for physicians and nurses to identify patients, including the elderly, who are at risk for self-destructive behaviors.

Objective No.: 6.2

Increase the proportion of public and private school faculty and staff who received training on identifying and responding to children and adolescents at risk for suicide.

Idea for Action: Develop and evaluate training modules for those school staff most likely to come in contact with students at risk, which in addition to teachers, include bus drivers, nurses, custodians, and school grounds supervisors (see also Objective 4.1).

Objective No.: 6.3

Increase the proportion of public and private school peer counselors who received training on identifying and responding to children and adolescents at risk for suicide.

Idea for Action: Develop and evaluate training modules for peer counselors to identify and refer students at risk.

Action to Date: School Peer Counseling Programs - Peer programs may be a successful means of reaching teens at risk for suicide. The committee is in the process of conducting an inquiry into the number of peer programs (peer counseling and other peer programs) operating in middle and high schools countywide.

Objective No.: 6.4

Increase the proportion of regional correctional workers who received training on identifying and responding to persons at risk for suicide.

Idea for Action: Develop and evaluate training modules for correctional workers to identify and refer persons at risk.

Objective No. 6.5

Increase the proportion of divorce, family law, and criminal defense attorneys who received training in identifying and responding to persons at risk for suicide.

Idea for Action: Develop and evaluate training modules for attorneys to identify clients at risk.

Objective No.: 6.6

Increase the proportion of senior citizen service staff who received training on identifying and responding to elderly at risk for suicide.

Idea for Action: Develop and evaluate training modules for senior citizen service staff to identify and refer elderly at risk.

Objective No.: 6.7

Increase the proportion of organizations offering education/information to family members and others in close relationships with those at risk for suicide.

Idea for Action: Improve marketing of existing community-level programs; encourage private organizations with the capability to provide suicide awareness and prevention education to do so, e.g.: PTAs, EAPs, etc

GOAL: 7. Develop and promote effective clinical and professional practices.

Objective No. 7.1.

Develop and implement guidelines for the assessment of suicidal risk among patients in primary health care settings and hospital emergency departments.

Idea for Action: Develop standard suicide assessment guidelines for primary care physicians when assessing patients.

Objective No.: 7.2

Increase the proportion of those who provide key services to suicide survivors (e.g., emergency medical technicians, firefighters, law enforcement officers, funeral directors, clergy, crisis responders) who received training that addresses both their own exposure to suicide and the unique needs of suicide survivors.

Idea for Action: Organize suicide survivors' seminar to provide information to first responders on recognizing and managing the personal impact of suicide.

Objective No.: 7.3

Increase the proportion of regional health care providers that incorporate screening and brief intervention for the assessment and referral of substance abuse and mental health problems as a routine component of health care services.

Idea for Action: Encourage county hospital emergency departments and primary care settings to adopt screening and brief intervention as a standard of care.

Action to Date: County Board of Supervisors –on June 19, 2001, the County authorized the continued implementation and expansion of the Board-supported screening and brief intervention services initiative in partnership with the healthcare and other community sectors in San Diego County.

GOAL: 8. Increase access to and community linkages with mental health and substance abuse services.

Objective No.: 8.1

Develop guidelines for appropriate access of persons to regional mental health services (including substance abuse treatment). Distribute these guidelines to a proportion of regional health care and/or social service settings.

Idea for Action: Continue/update guidelines in the CHIP Mental Health Work Team's Help Connection (2000). Distribute in English and Spanish according to plan (see Plan of Distribution i.e.: EAPs, etc.). Supplement as needed with distribution of the County's programs as provided in its directories for adult and adolescent services.

Action to Date: See the activities of the CHIP Mental Health Work Team.

Objective No. 8.2

Increase the proportion of (public and private) school districts and colleges that instituted appropriate guidelines for mental health (including substance abuse) screening and referral of at risk students.

Idea for Action: Identify those school districts that have instituted guidelines for mental health screening and referral of students demonstrating at risk behaviors for suicide (see, CDC (1992): *Youth Suicide Prevention Programs: A Resource Guide*)).

Objective No. 8.3

Increase the proportion of (public and private) school districts with appropriate linkages with mental health and substance abuse treatment services.

Idea for Action: Establish a public/private working group to investigate ways to provide effective mental health support for schools.

GOAL: 9 Improve reporting and portrayals of suicide behavior and mental illness in the media.

Objective No: 9.1

Convene a local forum to focus on practices in the media that promote the accurate and responsible representation of suicidal behaviors and mental illness in the media.

Idea for Action: Convene a meeting with representatives of the local chapter of the Society of Professional Journalists or other appropriate persons to discuss appropriate coverage (e.g.: AAS guidelines) and constructive critiques of misleading or hurtful depictions of suicide and mental illness.

Objective No: 9.2

Increase the proportion of news reports on suicide that observe recommended reporting guidelines.

Idea for Action: Develop and provide press information kits that include reporting guidelines (e.g. AAS) and contact information for local spokespersons that may provide additional information (e.g., listing help resources, explaining how to identify high-risk individuals, and describing available treatment for depression). Monitor for a measurable increase in news reports that observe the reporting guidelines.

Action to Date: School Shootings- A letter on behalf of the committee was sent to the president of KNSD Channel 7 commending the news staff for their professional and sensitive reporting of the tragic Santana High School shooting. News Contact - The committee contacted the San Diego Union Tribune to extend an open invitation to the newspaper staff to contact the committee for resource information on suicide/prevention.

Section 3: Methodology

GOAL: 10 Improve and expand surveillance systems.

Objective No. 10.1

Develop and implement standardized protocols for death scene investigations in the county.

Idea for Action: Review existing county medical examiner death scene investigation protocol for suicide and make appropriate recommendations.

Action to Date: Report: SD County Medical Examiner Suicide Scene Investigation Protocol – Members of the committee met with the Medical Examiner in June to review and report on the suicide scene protocol used by investigators. A draft report was made.

Objective No.: 10.2

Develop and implement a countywide hospital emergency department data reporting system that captures aggregate information on suicides and suicide attempts.

Idea for Action: Develop and implement an Emergency Department Data Reporting System involving all county hospitals emergency departments. (See, Project of CHIP-VIP).

Action to Date: A proposal for a countywide Emergency Department Data Reporting System was developed by the Violence and Injury Prevention Work Team and endorsed in concept by the CHIP Steering Committee and the Healthcare Association in the Spring of 2001. Initial funding was obtained.

Objective No.: 10.3

Produce an annual report on county suicides (and suicide attempts).

Idea for Action: Encourage county health agency(s) to produce an annual report on suicide.

Action to Date: Suicide Data Analysis - Data from the County Medical Examiner Database was analyzed by EMS for the three-year period of 1996-98, revealing the number, rate, and social characteristics of suicide in San Diego County.

Objective No. 10.4

Implement a pilot project in the county that will link and analyze information related to self-destructive behavior derived from separate data systems including, for example, emergency medical services and hospitals.

Idea for Action: Encourage county health agency to link and analyze information from the Prehospital Data System and the (pending) Emergency Department Data Reporting System.

Action to Date: A proposal for a countywide Emergency Department Data Reporting System was developed by the Violence and Injury Prevention Work Team and endorsed in concept by the CHIP Steering Committee and the Healthcare Association in the Spring of 2001. Initial funding was obtained.

Primary References

Many of the goals and objectives and ideas for action in the “Action Plan for: **CHIP Suicide Prevention Strategy for San Diego County**” were taken in whole or in part from the following sources:

U.S. Department of Health and Human Services (2001). National strategy for suicide prevention: Goals and objectives for action. Rockville, MD. U.S. Department of Health and Human Services, Public Health Service.
Available at <http://www.mentalhealth.org/suicideprevention> or <http://www.surgeongeneral.gov/library/reports.htm>

U.S. Public Health Service (1999). The Surgeon General’s call to action to prevent suicide. Washington, DC. Author.
Available at: <http://www.surgeongeneral.gov/library/reports.htm>

Additional References

C.D.C. (1992). Youth suicide prevention programs: A resource guide. Atlanta, GA: Centers for Disease Control.
Available at: <http://www.cdc.gov/ncipc/pub-res/youthsui.htm>

¹ The term “evidence-based” appears in brackets in many of the objectives in the “Action Plan for: **CHIP Suicide Prevention Strategy for San Diego County**.” This is to highlight the fact that suicide prevention research is still in its early stages. As stated in the *National Strategy for Suicide Prevention: Goals and Objectives for Action*:

“[C]onsiderably less is known about effective programs than is desirable; nevertheless, some interventions have proven effective and others appear promising but are in need of evaluation.....The term “evidence-based” is often used to suggest the importance of implementing those interventions that have scientific evidence of effectiveness.”

U.S. Department of Health and Human Services (2001), p. 62.