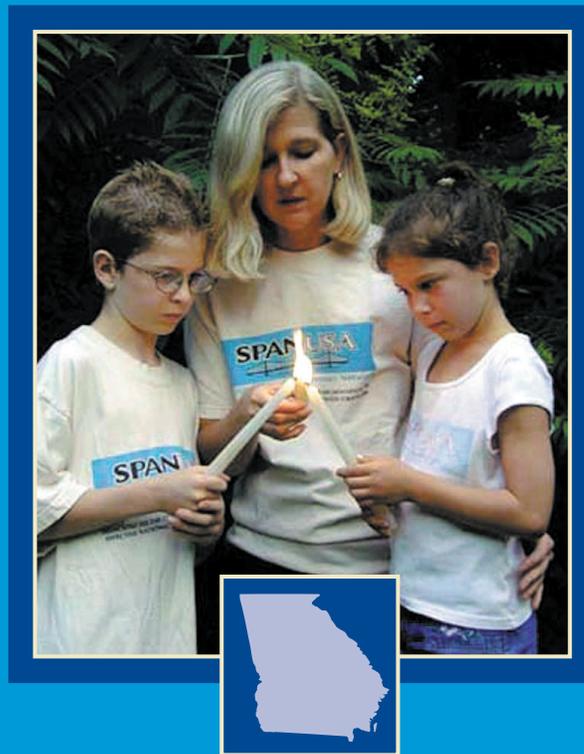


Saving Lives In Georgia

Together We Can



Georgia Suicide Prevention Plan

Strengthening Protective Factors and Reducing Risk Factors

June 30, 2001

Cover

Kathy Bruce and her children Parker and McLain of Fayetteville GA, light candles in memory of her husband and their dad at the May 2001 SPAN USA National Suicide Prevention Awareness Event in Washington DC.

Parker and McLain know that their dad, Marty Bruce (and both his father and sister) died by suicide of an illness called “depression”.

The Bruces have graciously allowed us to use their picture to represent:

- 1. Survivors of suicide (those who have lost a loved one to suicide or who have attempted) lead the fight against the stigma of suicide and mental illness by bringing the light of research and knowledge to dispel the darkness of misunderstanding.**
- 2. Suicide and suicidal behavior impacts people of all ages and backgrounds as shown on the Georgia Lifekeeper Memorial Faces of Suicide quilt on the back cover.**

Each of us, by working in our own local community to build protective factors and reduce risk factors for suicide, can help prevent suicide. By reaching out to care for and support others, every person can make a difference.

TOGETHER WE CAN!



Georgia Suicide Prevention Plan

Strengthening Protective Factors and Reducing Risk Factors

The Georgia Suicide Prevention Plan

Two of my son's classmates committed suicide. One was a former classmate who had transferred to an alternative school; the other a friend to whom he was particularly close, as we were to her family. On the eve of my son's high school graduation, amid the hustle and bustle, smiles and cheers, are the tears of a school community for one who will not walk across the podium, will neither stand with her classmates nor make the round of graduation parties. As I weep for joy for my son's success, these tears will be mixed with tears of despair and anguish for her family as they watch her twin brother cross the stage alone.

– A Georgia Mother

Death by suicide is not a gentle deathbed gathering: it rips apart lives and beliefs, and sets its survivors on a prolonged and devastating journey.

–Kay Redfield Jamison,
Night Falls Fast: Understanding Suicide

Funding For Operation of the
SUICIDE PREVENTION ADVOCACY NETWORK (SPAN)

Preparation of this *Georgia Suicide Prevention Plan (Plan)*
has been made possible by
“Funding for operation of the Suicide Prevention Advocacy Network (SPAN)”
as provided in the **Georgia FY 2001 Budget**, page 278 as shown below.

DEPARTMENT OF HUMAN RESOURCES – FY 2001 Budget Summary

ENHANCEMENT FORM

ENHANCEMENTS

Division of General Administration and Support

1.	Complete statewide implementation of Family Connection	2,100,000
2.	Funding for post-adoptive training for staff and private providers designed to ensure childrens’ placements with adoptive families are permanent	1,367,116
3.	Provide fundsfor DHR complete systems (514,534,828 total funds). Funding includes \$5,333,696 to cover operating deficits in current systems; \$700,000 for master license agreements: \$2,000,000 for the sunrise 2000 system; and \$1,494,000 for Public Health data systems and six positions including \$985,000 for vital records document imaging, \$237,000 for the Statewide Electronic notifiable Disease Surveillance Systems, and \$272,000 for the Public Health web site. An additional \$63,500 (74,608 total funds) is recommended for new Adult Protective Services case workers.	9,591,276
4.	Create a new Office of Children’s Advocate. Add four new positions.	300,000

Division of Public Health

1.	Provide statewide coverage of mental health prevention services	1,000,000
2.	Funding for operation of the Suicide Prevention Advocacy Network (SPAN)	250,000

The content of the Plan is solely the responsibility of SPAN USA.
The content of the Plan does not necessarily represent the official views of
the Georgia Department of Human Resources.

DEDICATED TO

All Georgians who have been touched by suicide –
that we might prevent these tragic losses

TOGETHER WE CAN

SALUTE TO

DAVID SATCHER, MD, PhD

Georgia Survivors of Suicide salute Surgeon General David Satcher for his outstanding leadership in mobilizing public support behind the challenge to address the National Public Health problem that suicide and suicidal behavior represent.

With his tireless energy and his attention to *listening*, Dr. Satcher has translated the message from “grassroots” people into action.

***THE GEORGIA SUICIDE PREVENTION PLAN
PREPARED BY***

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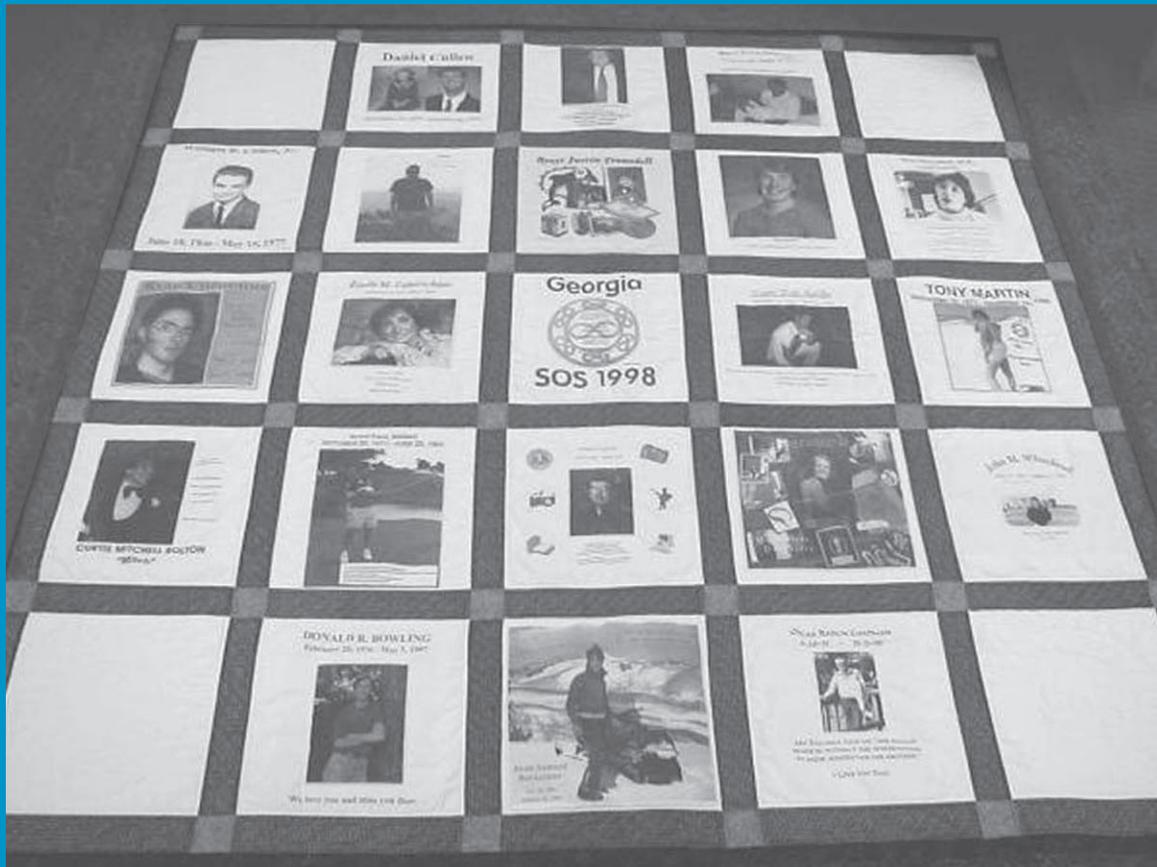
Carol Koplan, MD

Marti Vogt, Mental Health Educator

FIRST *Lifekeeper*® *MEMORY QUILT*

Georgia *Faces of Suicide*

May 1998



Sandy Martin, a native Georgian raised in Cabbagetown (Atlanta), survives the suicide death of her only child, Tony. She is a charter member of SPAN USA and is currently President. During the first *National Suicide Prevention Awareness Event* (1996) Washington DC, as Sandy carried Tony in her heart and dreams, the seed to “Keep Life” was sown.

Since then, Sandy founded the *Lifekeeper Foundation*® that creates artwork and poetry and produces *Lifekeeper*® jewelry for sale. Technical guidelines and assistance for **Faces of Suicide** Quilts that Sandy started is also available through the Foundation. Visit their website at <http://www.lifekeeper.org>

Lifekeeper® **Faces of Suicide** Quilts carry the message that suicide prevention is about **saving lives**.

Suicide occurs in our families, so suicide prevention must also take place in our families, communities and counties.



Acknowledgements

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Founders

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president of SPAN USA and Co-Founder
of Nat.Org.People of Color Against Suicide

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		Sally Wallace (Fayetteville)
		Kathy Dale Wright (Lithonia)

And special thanks to the 800 GEORGIANS who helped in the development of the plan by participating in focus groups and completing surveys



STATE OF GEORGIA
OFFICE OF THE GOVERNOR
ATLANTA 30334-0900

Roy E. Barnes
GOVERNOR

Dear Fellow Georgians:

It is my honor today to present the first *Georgia Suicide Prevention Plan*. This plan is designed to significantly reduce suicides, which not only claim more lives in our state than homicide, but also are the eighth leading cause of death in Georgia. Our plan, developed by a public-private partnership, integrates state and community prevention activities and welcomes the support and financial commitment of the Office of the Governor and the Georgia General Assembly.

The Public Health Division of the Georgia Department of Human Resources, the Suicide Prevention Advocacy Network (SPAN USA) and the National Mental Health Association of Georgia engaged nearly 1,000 Georgians in the year-long effort to assess suicide prevention needs statewide and to write a comprehensive prevention plan to meet those needs. The plan is modeled on the United States Surgeon General's 1999 Call to Action to the states.

Georgia's plan reflects our commitment to fight this silent, tragic killer which the United States Surgeon General has identified as a preventable national public health problem. I urge every Georgian to join our prevention brigade, as we reclaim our loved ones and their lives.

Sincerely,

A handwritten signature in black ink that reads "Roy E. Barnes".

Roy E. Barnes
Governor



Gary B. Redding, Acting Commissioner
Kathleen E. Toomey, M.D., M.P.H., Division Director

Georgia Department of Human Resources • Division of Public Health
2 Peachtree Street, NW • Suite 12-170 • Atlanta, Georgia 30303-3185 • Tel: (404) 657-2700 • Fax: (404) 657-2710

August 1, 2001

Mr. and Mrs. Gerald E. (Jerry) Weyrauch
Suicide Prevention Advocacy Network
5034 Odins Way
Marietta, GA 30068

Dear Mr. and Mrs. Weyrauch:

I congratulate you on the completion of the Georgia Suicide Prevention Plan. Your efforts will serve as a resource for our state as we make suicide prevention a public health priority.

Suicide kills an average of 848 Georgians every year. I encourage everyone to become familiar with your plan and take appropriate actions to join in the battle to save lives.

Sincerely,

A handwritten signature in black ink that reads "Kathleen E. Toomey". The signature is fluid and cursive, with a large loop at the end.

Kathleen E. Toomey, M.D., M.P.H.
Director
Division of Public Health

KET/jbm

cc: Michael R. Smith
Steve Davidson

Table of Contents

Executive Summary

xi-xv

The Georgia Suicide Prevention Plan (Plan)

Section 1: The Foundation

Recognizing the Need for Action	1
The Problem of Suicide in Georgia.....	1
Development of the Plan.....	2
The Suicide Prevention Plan Concept.....	4
Using the Public Health Approach to Prevent Suicide.....	6
Working Together to Save Lives.....	12
Mobilizing Communities for Action.....	12

Section 2: The Building Blocks

Focusing Action: Comprehensive Goals to Prevent Suicide.....	15
Action Step: Awareness	16
Goal 1. Promote awareness	16
Goal 2. Develop support	17
Goal 3. Reduce stigma	18
Action Step: Intervention.....	19
Goal 4. Develop and implement programs	19
Goal 5. Reduce access to lethal means	20
Goal 6. Train and deliver services	21
Goal 7. Develop and promote effective practices	23
Goal 8. Increase access and community linkages	24
Goal 9. Improve media practices	26
Action Step: Methodology	26
Goal 10. Improve research and evaluation	26
Goal 11. Improve surveillance	27

Section 3: The Keystone

Next Steps	29
A Continuous Improvement Process.....	29
Taking Action	29
Essential Next steps.....	30
Web Resources for Information about Suicide and Suicide Prevention	31
References.....	34
Glossary of Terms.....	36

Executive Summary

Suicide is a serious public health problem in Georgia. It is the ninth most common cause of death, taking the lives of more Georgians than murder. In fact, among Georgia youth and young adults ages 15-24, suicide is the third leading cause of death. Each year 850 Georgians of all ages die by suicide and about 17,000 seek emergency care for injuries related to suicide attempts. This is a tragedy, because many suicides are preventable. The good news is that you can help prevent them.

What can one family or one couple in Georgia do to prevent suicide? *A lot.* Here's an example:

The Suicide Prevention Advocacy Network USA (SPAN USA) was founded in Marietta, Georgia by the family of Terri Ann Weyrauch, MD, as a result of Terri's 1987 suicide. This national grassroots, non-profit organization, which was officially launched in 1996, brought the concept of "political will" into suicide prevention. As a result of their national success, SPAN USA formed a partnership with a number of Georgia public and private organizations in 1999 to do something about the problem of suicide in Georgia.

Responding to their plea for help, Governor Roy Barnes and the Georgia Legislature provided funding in the FY 2001 Georgia State Budget for SPAN USA to develop the Georgia Suicide Prevention Plan. Since then, many Georgians representing different fields and backgrounds have participated in the plan's development. The National Mental Health Association of Georgia (NMHAG) and the Georgia Department of Human Resources Division of Public Health have been key organizational partners. Now you can make a difference too!

A Framework for Suicide Prevention

The Georgia Suicide Prevention Plan (Plan) provides a framework for getting everyone in Georgia—including you—involved in preventing suicide. The Plan is designed to guide individual people, agencies, and organizations, in local communities as well as regional and state levels. One goal of this Plan is to change individual attitudes and knowledge about suicide. Equally important, the Plan seeks to promote suicide prevention in many of the systems in Georgia that touch our lives. These include education, health care, media, the workplace, faith communities, and criminal justice.

The overall aims of the Plan are to:

- prevent deaths due to suicide across the life span,
- reduce the occurrence of other self-harmful acts,
- reduce the suffering associated with suicidal behaviors and the traumatic impact of suicide on loved ones, and
- provide opportunities and settings to enhance resilience, resourcefulness, respect, nonviolent conflict resolution, and interconnectedness for individuals, families, and communities.

"Suicide could happen in your family too. Please, we need your help in fighting mental illness and saving precious lives."

—A Georgia youth who lost her teenage brother to suicide

The Plan is based on recommendations and information from:

- The Surgeon General's *Call to Action to Prevent Suicide 1999*
- The National Strategy for Suicide Prevention: Goals and Objectives for Action
- Suicide in Georgia: 2000, a state public health report, and
- Input from many concerned individuals and groups in Georgia.

The Pieces of the Plan

There are three large pieces that make up the Plan. These pieces represent its **foundation**, its **building blocks**, and its **keystone**.

The **foundation** of the Plan uses the **public health approach** for suicide prevention. This five-step public health model defines the problem, identifies risk and protective factors, develops and tests interventions to reduce risks and increase protective factors, implements interventions, and evaluates effectiveness. The public health model for suicide prevention is a systematic approach to developing and implementing interventions that are effective in reducing suicide.

The **building blocks** of the Plan are arranged as opportunities for Awareness, Intervention, and Methodology (AIM) to improve suicide prevention. These **major action steps** are presented as goals and objectives.

The **keystone** of the Plan is **implementation**; that is, putting the Plan to work.

Goals and Objectives of the Plan

Action Step: **A**WARENESS

Goal 1. Promote awareness that suicide is a serious public health problem and that many suicides are preventable.

Objectives for Goal 1 include:

- developing and implementing public information campaigns designed to increase all Georgians' knowledge of suicide prevention and an understanding of the role of risk and protective factors.
- establishing regular Georgia suicide prevention conferences.
- providing information through the Internet.

Goal 2. Develop broad-based support for suicide prevention.

Objectives for Goal 2 include:

- increasing the active participation of individuals, groups, communities, agencies, faith communities, and professional organizations in Georgia suicide prevention.
- developing the Plan Steering Committee and Advisory Council.

Goal 3. Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services.

Objectives for Goal 3 include:

- changing public attitudes to view mental and substance abuse disorders as real illnesses that respond to specific treatments.
- increasing the proportion of Georgians with underlying mental or substance abuse disorders who receive appropriate treatment.

Action Step: *I*NTERVENTION

Goal 4. Develop and implement community-based suicide prevention programs.

Objectives for Goal 4 include:

- increasing coordination among government agencies, and also between government agencies and private organizations, as they work to implement the Plan.
- increasing the number of evidence-based suicide prevention programs in schools, colleges, and universities, work sites, correctional institutions, aging programs, and community service programs.
- establishing policies and procedures in each setting for referral of persons at risk and for crisis response.

Goal 5. Promote efforts to reduce access to lethal means of self-harm.

Objectives for Goal 5 include:

- increasing the proportion of primary care clinicians, other health care providers and health and safety officials, who routinely assess the presence of lethal means in the home and educate about actions to reduce associated risks.
- developing and distributing materials to educate about actions to reduce the accessibility of lethal means of self-harm.

Goal 6. Implement training for recognition of at-risk behavior and delivery of effective treatment.

Objectives for Goal 6 include:

- improving education for nurses, physician assistants, physicians, social workers, psychologists, and counselors in the assessment and management of suicide risk, and the identification and promotion of protective factors.
- providing training for community members in recognizing and responding to persons at risk of suicide.
- providing education for family members of persons at elevated risk.

Goal 7. Develop and promote effective professional practices and support services.

Objectives for Goal 7 include:

- improving assessment and treatment of persons at risk for suicide.
- incorporating screening in primary care settings.
- training those who provide immediate response following a suicide to understand the unique needs of survivors and interact with tact and sensitivity.
- making appropriate mental health and substance abuse disorder treatment services available for persons with mental disorders, substance abuse disorders, or a history of trauma or abuse.
- fostering the education of family members and significant others of persons receiving mental health and substance abuse disorder treatment about the risk of suicide.

Goal 8. Improve access to and community linkages with mental health and substance abuse services.

Objectives for Goal 8 include:

- increasing the number of insurance plans that cover mental health and substance abuse care on par with coverage for physical health care.
- integrating mental health, substance abuse, and suicide prevention into health and social services outreach programs.
- incorporating screening and referral of persons at risk into many settings including schools, colleges, correctional institutions, clinics, and youth-serving programs.
- implementing support programs for persons who have survived the suicide of someone close to them.

Goal 9. Improve reporting and portrayals of suicidal behavior, mental illnesses, and substance abuse in the entertainment and news media.

Objectives for Goal 9 include:

- establishing a Georgia coalition of public and private organizations to promote accurate and responsible media representation of suicidal behaviors and mental illnesses.
- increasing the proportion of TV programs and news reports in Georgia that follow recommended guidelines for accurate and responsible portrayal of suicidal behavior and mental illnesses.
- including guidance on the portrayal and reporting of mental illnesses, suicide and suicidal behaviors in journalism courses of study.

Action Step: *M*METHODOLOGY

Goal 10. Promote and support research and evaluation on suicide prevention.

Objectives for Goal 10 include:

- increasing funding (public and private) for suicide prevention research and evaluation conducted in Georgia, and for studies on how to put scientific knowledge into practice at the state, regional, and community levels.

- providing training and technical assistance on the evaluation of suicide prevention programs implemented in Georgia.
- increasing the number of jurisdictions in Georgia that will collect and provide information for follow-back studies on suicides.

Goal 11. Improve and expand systems for data collection.

Objectives for Goal 11 include:

- increasing the number of hospitals in Georgia that collect uniform and reliable data on suicidal behaviors by coding external cause of injuries and determining associated costs.
- implementing a violent death reporting system in Georgia that includes suicides and collects information not currently available from death certificates.
- using standard procedures for death scene investigations in Georgia counties.
- producing annual reports on suicide and suicide attempts in Georgia, such as *Suicide in Georgia: 2000*, which integrate information from multiple state data management systems.
- developing community level indicators for progress in suicide prevention to signal achievement of results.

Putting the Plan to Work

The keystone of the Plan is implementation—getting the Plan to work. This is where you can make a difference. In addition to the work of state agencies, implementing the plan will require broad participation and collaboration from individuals and groups in local communities. Professionals and community volunteers must work side-by-side, and public agencies and private organizations will have to expand their partnerships to make a difference in suicide prevention.

***Suicide Prevention in Georgia is truly everyone’s business!
The essential next steps are designed to:***

- increase support, participation, and collaboration for suicide prevention,
- develop an operating structure or coordinating body for the Plan that reflects a public/private partnership and includes stakeholders,
- involve communities in suicide prevention planning at the local level,
- provide opportunities for people to share ideas and work together through statewide conferences and local community forums,
- make technical assistance and resources for suicide prevention widely available,
- develop and/or identify useful indicators to benchmark community progress in suicide prevention,
- improve program evaluation and surveillance, and
- provide progress reports on the Plan implementation.



Suicide too often kills multiple family members

Father and Son:

William Shannon Bruce, Jr.
Jan. 30, 1914 - Jul. 6, 1966

John Martin Bruce (Marty)
Aug. 24, 1957- Nov. 15, 1993

Mother and Son :

Darlene Meyer Breland
June 30, 1960 - June 5, 2000

Eric Michael Meyer
June 16, 1980 - Nov. 1, 1999



Section 1: The Foundation

Recognizing the Need for Action

The Problem of Suicide in Georgia

Suicide is a tragedy that claims the lives of hundreds of Georgians each year –mothers and daughters, fathers and sons, brothers and sisters, friends, neighbors. Who completes suicide? People you meet at work, the grocery store, the gym, and places of worship; children in our schools, young adults in colleges and universities, and older people. Maybe someone you know. Maybe someone you love.

"I was shocked to learn that the suicide rate where I live is so high. What can I do?"

–A fellow Georgian

Did you know that in Georgia:

- 850 people a year die of suicide, making it the ninth leading cause of death among Georgians of all ages; it is the third leading cause of death among young Georgians ages 15-24.
- 44 percent of Georgia counties had suicide rates above the national rate.
- More Georgians die by suicide than homicide.
- An estimated 17,000 Georgians will seek emergency care this year for injuries related to suicide attempts.

These disturbing facts about suicide (*taken from Georgia Division of Public Health, 2000; CDC National Mortality Statistics; McCraig & Strussman, 1997*) show that it remains a serious public health problem in Georgia.

And there is more. These numbers are troubling, but they do not include many, many others who attempt suicide but never go to the hospital. They do not include unreported suicides. Suicide deaths are undercounted because death certificates may misclassify the cause of death as accident or by undetermined causes. Pressure to not report a death as suicide may come because many people wrongly see suicide as a mark of disgrace or shame—a stigma on themselves and their families. This stigma of suicide places a cruel burden on surviving family members and friends, who may, in hiding a suicide, be left to mourn in silence and secret.

Maybe someone you know. Maybe someone you love.

The Georgia Suicide Prevention Plan (Plan) will change how we think and act to prevent suicide. Working together through the Plan is intended to:

- Prevent deaths due to suicide across the life span.
- Reduce the occurrence of other suicidal behaviors.
- Reduce the suffering associated with suicidal behaviors and the traumatic impact of suicide on significant others.
- Provide opportunities and settings to enhance resilience, resourcefulness, respect, nonviolent conflict resolution, and inter-connectedness for individuals, families, and communities.

"Clearly we have major problems in the area of mental health that need our attention NOW."

—A fellow Georgian

Development of the Plan

Only recently, knowledge has become available to help us approach suicide as a preventable problem with realistic opportunities to save many lives.

The Georgia Suicide Prevention Plan (referred to throughout this document as Plan) is framed upon these advances in science and public health. The Plan is connected with national efforts to develop strategies for suicide prevention that can be carried out by public and private partners in communities across the country.

There has been international interest in suicide prevention for many years. In 1993, the United Nations (UN) and World Health Organization (WHO), in collaboration with the Canadian partnership led by Living Works Education and Alberta's Suicide Information and Education Centre (SIEC), hosted an international conference in Calgary, Canada. Representatives from twelve countries attended the conference. The results of that meeting were documented in a booklet called *Prevention of Suicide: Guidelines for the Formulation and Implementation of National Strategies (United Nations 1996)*. The UN *Guidelines* were developed as a way to facilitate the development of national strategies for the prevention of suicidal behaviors within the socio-economic and cultural context of any interested country (*Ramsey 2001*).

In 1987, Terri Ann Weyrauch, MD died by suicide. After her death, her parents began to volunteer with several local and national suicide prevention groups. Asked to review an early draft of the Guidelines, they sensed that the document provided the missing element needed for a suicide prevention effort in the U.S. The Weyrauchs conducted a year-long national survey to seek support for an activist grassroots organization that would promote the "political will" needed to move the federal government to "do something about the high rates of suicide nationally."

The Suicide Prevention Advocacy Network USA (SPAN USA), a national, non-profit advocacy organization, was founded in January 1996, "to create and implement a national suicide prevention strategy" based on the UN Guidelines. SPAN USA members include suicide survivors (persons close to someone

who completed suicide), suicide attempters, and the people who support them. SPAN USA's efforts to marshal political will for suicide prevention generated Congressional Resolutions recognizing suicide as a national problem and suicide prevention as a national priority.

SPAN USA propelled the creation of an innovative public/private partnership that worked jointly to sponsor a National Suicide Prevention Conference in Reno, Nevada, in October 1998 (SPAN USA Reno Conference). SPAN USA and the Centers for Disease Control and Prevention (CDC) commissioned briefing papers to summarize the evidence base for suicide prevention among at-risk populations and to make recommendations for public health action to be considered during the Conference (Silverman, Davidson, and Potter, 2001).

SPAN USA Reno Conference participants included researchers, health, mental health and substance abuse clinicians, policy makers, suicide survivors, consumers of mental health services, and community activists and leaders. They discussed presentations of the briefing papers and engaged in careful analysis of what was known and what needed to be learned about suicide and its potential responsiveness to a public health model for suicide prevention. Working in regional, multidisciplinary groups, participants at the SPAN USA Reno Conference offered many additional recommendations. An expert panel successively refined the recommendations into a list of 81.

AIM

Awareness Intervention Methodology

Moving forward with the work of the SPAN USA Reno Conference, the Surgeon General issued his *Call to Action to Prevent Suicide* in July 1999, emphasizing suicide as a serious public health problem (USPHS, 1999). The Surgeon General's Call introduced a blueprint for addressing suicide prevention through Awareness, Intervention, and Methodology (AIM). AIM describes 15 broad recommendations containing goal statements, general objectives, and recommendations for implementation that are consistent with a public health approach to suicide prevention. AIM represents a consolidation of the highest-ranked of the 81 SPAN USA Reno Conference recommendations according to their scientific evidence, feasibility, and degree of community support.

The recommendations of both the SPAN USA Reno meeting and *The Call to Action* have been refined with a view to developing a comprehensive plan outlining national goals and objectives that would stimulate the subsequent development of defined activities for local, State and Federal partners. SPAN USA has worked to build the Georgia Suicide Prevention Plan in concert with this national strategy while incorporating specific state needs and interests.

National goals and objectives were refined as part of a broadly inclusive process which has invited critical examination by scientific, clinical, and government leaders; other professionals; and the general public. Revised draft goals and objectives were also posted on the World Wide Web, inviting comment. During 2000, public hearings were held in Atlanta, Boston, Kansas City, and Portland to provide a face-to-face forum for additional input and clarification. Key experts across the country provided additional review. These experts included scientists, survivors, researchers, consumers, public health leaders, advocates, clinicians, and business leaders.

SPAN USA has mobilized support in community meetings across the state. Following this series of focus group meetings and community meetings, SPAN USA adapted state-appropriate goals and objectives from the National Strategy for the Plan.

Governor Roy Barnes and the Georgia Legislature appropriated funds in fiscal year 2001 for SPAN USA to develop the Plan. SPAN USA partnered with the Georgia Department of Human Resources, Division of Public Health and the National Mental Health Association of Georgia to write the Plan. The result of that work is the document you are now reading.

The Georgia Suicide Prevention Plan Concept

This Plan to prevent suicide is a comprehensive and integrated approach to reduce the loss and suffering from suicide and suicidal behaviors across the life span. It encompasses the promotion, coordination, and support of activities that will be implemented across Georgia as culturally appropriate, integrated programs for suicide prevention among Georgians at the state, regional, county, and community levels.

A broad public/private partnership is essential for developing and implementing a state suicide prevention plan. Interwoven within the Plan are three key ingredients for action to improve suicide prevention: **1) a knowledge base, 2) the political will to support change and generate resources, and 3) a social strategy to accomplish change.**

Developing a suicide prevention plan provides an opportunity to convene public and private partners across many sectors of society—state government, public health, education, human services, faith

Benefits of a State Plan

- Raise awareness and help make suicide prevention a statewide priority. This can help direct resources of all kinds to the issue.
- Provide opportunities to use public-private partnerships and the energy of survivors to engage people who may not consider suicide prevention part of their mission. A state plan supports collaboration across a broad spectrum of agencies, institutions, groups, and community leaders as implementation partners.
- Link information from many prevention programs to avoid unintentional duplication and share information about effective prevention activities.
- Direct attention to measures that benefit all people in Georgia and, by that means, reduce the likelihood of suicide, before vulnerable individuals reach the point of danger.

communities, volunteer organizations, advocacy, and business—to sustain a true, Georgia-wide effort.

Suicide is an outcome of complex interactions among neuro-biological, genetic, psychological, social, cultural, and environmental factors. Multiple risk and protective factors interact in suicide prevention. Development of a State Plan can bring together multiple disciplines and perspectives to create an integrated system of interventions across multiple levels, such as the family, the individual, schools, the community, and the health care system.

Collaborating in a State Plan can help develop priorities. Resources are always finite and priorities direct resources to projects that are likely to address the greatest needs and achieve the greatest benefits. Some kinds of expertise are not available across all communities. A State Plan can provide assistance with valuable kinds of expertise to strengthen community programs.

Key Elements of a State Plan

A State Plan has many interrelated elements contributing to success in reducing the toll from suicide. They include:

- A means of engaging a broad and diverse group of partners to develop and implement the Plan with the support of public and private policies
- A sustainable and functional operating structure for partners with authority, funding, responsibility, and accountability for the state plan development and implementation
- Agreements among state agencies and institutions outlining and coordinating their appropriate segments of the State Plan
- A summary of the scope of the problem and consensus on prevention priorities
- Specified goals, and objectives integrated into a conceptual framework for suicide prevention
- Appropriate activities that can be evaluated for practitioners, policy makers, service providers, communities, families, agencies, and other partners
- A data collection and evaluation system to track information on suicide prevention and benchmarks for Plan progress

"The costs of suicide in terms of the effects it has on families and friends and on the community are much greater than the costs of prevention."

—A Georgia counselor

Using the Public Health Approach to Prevent Suicide

The Plan represents a highly blended synthesis of perspectives from researchers and scientists, practitioners, leaders of private non-governmental organizations and groups, federal agencies, survivors, and community leaders. Because the Plan is meant to be useful for applications outside the tightly controlled research environment, it builds onto the limited realm of scientific evidence in suicide prevention. While goals and objectives must be consistent with available scientific evidence and support the expansion of the scientific knowledge base, they are intended for use in other environments of public policy and community action.

The goals and objectives in the Plan are among many elements needed, but not the entire Plan. The blend of evidence represented in the goals and objectives helps guide an informed selection of activities for suicide prevention across the broad spectrum of communities in Georgia. The state dialogue to determine specific activities to accomplish each objective will be an extension of the consensus reached on these higher order goals and objectives. In that subsequent step, responsibility and accountability for carrying out activities will be accorded in the details of how each activity should be accomplished, by whom, and with what resources.

Several broad public health themes for the Georgia Plan are interwoven throughout this document. These themes are valuable considerations as groups and individuals across Georgia move forward in designing and strengthening suicide prevention activities.

The six themes are as follows:

- 1 Draw attention to a wide range of actions so that specific activities can be developed to fit the resources and areas of interest of people in everyday community life as well as professionals, groups, and public agencies. As the ninth leading cause of death among Georgians, suicide affects families and communities everywhere across the state. Suicide prevention is everyone's business.
- 2 Seek to integrate suicide prevention into existing health, mental health, substance abuse, education, and human services activities. Settings that provide related services, such as schools, workplaces, clinics, medical offices, correctional and detention centers, eldercare facilities, faith communities, and community centers are all important venues for seamless suicide prevention activities.
- 3 Guide the development of activities that will be tailored to the cultural contexts in which they are offered. While population-based interventions are applicable without regard to risk status, it does not mean that one size fits all. The cultural and developmental appropriateness of suicide prevention activities derived from the Plan are a vital design and implementation consideration.
- 4 Seek to eliminate disparities that erode suicide prevention activities. This is an important commitment in the Georgia Suicide Prevention Plan. Health care disparities are attributable to such differences as race or ethnicity, gender, education or income, disability, age, stigma, sexual orientation, or geographic location.

- 5 Emphasize early interventions to promote protective factors and reduce risk factors for suicide. As important as it is to recognize and help suicidal individuals, progress depends on measures that address problems early and promote strengths so that fewer people become suicidal.
- 6 Seek to build statewide capacity to conduct integrated activities to reduce suicidal behaviors and prevent suicide. Capacity building will ensure the availability of the resources, experience, skills, training, collaboration, evaluation, and monitoring necessary for success.

Moving forward with the Plan can bring suicide prevention into the forefront of Georgia's public commitment to health and well-being. Working together in a coordinated and systematic way towards implementing appropriate activities for each objective will lead to measurable progress.

The foundation for developing and implementing the Georgia Suicide Prevention Plan is the five-step public health model presented in *National Strategy for Suicide Prevention: Goals and Objectives for Action*. The public health approach is designed to organize prevention efforts and resources in such a way that they reach large groups or populations of people systematically and effectively.

The five-step public health model is outlined here. It links defining the problem, identifying risk and protective factors, developing and testing interventions, implementing, and evaluating interventions. The steps can and often do occur at the same time and depend on one another.

Step 1: Clearly Defining the Problem

Surveillance is the ongoing process of collecting information about the "who, what, when, where, how, and how many" of suicide in Georgia. Needs assessment is another valuable contribution to the first step of the Public Health model because it helps us clearly define the existing conditions that affect the problem.

Surveillance information can tell us how much of a burden suicide is to the state and the community. Surveillance reports can show trends in risk and protective factors for suicide. State surveillance data for the Plan came from the publication called *Suicide in Georgia: 2000*. Some of the highlights of that report may surprise you. For example, did you know that:

- suicide rates are five times higher for males than for females in Georgia?
- the suicide rate among Georgia African-Americans aged 15-24 was 40 percent higher in 1996-1998 than it was in 1984-1986?
- suicide rates are two times higher for whites than African-Americans in Georgia?
- the suicide rate for Georgia's rural counties is more than 17 percent higher than the urban county rate?

Step 2: Identifying Causes through Risk and Protective Factors Research

The base for suicide prevention comes from observing suicide risk factors, suicide protective factors, and their interactions.

Suicide risk factors are things that increase the potential for a person's suicide or suicidal behavior. A person's age, gender, or ethnicity can increase the impact of certain risk factors or combinations of risk factors for them. Understanding risk factors can help counteract the myth that suicide is a random act or results from stress alone.

Suicide protective factors are things that reduce the potential for a person's suicide or suicidal behavior. Protective factors include attitudes and behaviors.

Both risk and protective factors include a wide variety of characteristics of individuals and groups. These characteristics include things like a person's family history, biology, psychology, and socio-cultural situation. They also include environmental conditions, such as easy access to the highly lethal means of suicide or easy access to help and treatment services.

The following Risk and Protective Factors for Suicide are identified in the *National Strategy for Suicide Prevention: Goals and Objectives for Action*.

Risk Factors for Suicide

Biological, Psychological and Social Risk Factors

- Previous suicide attempt
- Mental disorders—particularly mood disorders such as depression and bipolar disorder, anxiety disorders, schizophrenia, and certain personality disorder diagnoses
- Alcohol and substance abuse disorders
- Family history of suicide
- History of trauma or abuse
- Hopelessness
- Impulsive and/or aggressive tendencies
- Some major physical illnesses

Environmental Risk Factors

- Job or financial loss
- Relational or social loss
- Easy access to lethal means
- Local clusters of suicide that have a contagious influence

Socio-cultural Risk Factors

- Lack of social support and sense of isolation
- Stigma associated with help-seeking behavior
- Barriers to accessing health care, especially mental health and substance abuse treatment
- Certain cultural and religious beliefs—for instance, the belief that suicide is a noble resolution of a personal dilemma
- Exposure to the influence of others who have died by suicide, including media exposure

Protective Factors for Suicide

- Effective clinical care for mental, physical, and substance use disorders
- Easy access to a variety of clinical interventions and support for help-seeking
- Restricted access to highly lethal methods of suicide
- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships
- Learned skills in problem solving, conflict resolution, and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self-preservation

Information about risk and protective factors contributes to selecting useful interventions for suicide prevention. But much remains to be learned; especially about how these risk and protective factors interact across the life course and how community suicide prevention programs can best integrate this information.

Reducing Risk Factors

Interventions are actions or programs that can reduce the effect of risk factors and/or increase protective factors. An example of an intervention would be providing effective treatment for depressive illness.

Some risk factors cannot be changed, such as a previous suicide attempt, but even these may have a signal purpose. They can serve as reminders of the heightened risk of suicide when the individual is ill or suffering adversity.

Enhancing Protective Factors

If we want to prevent suicide, enhancing resilience and protective factors is as important as reducing risk. Unfortunately, positive resistance to suicide is not permanent. This means that activities to support and maintain protection against suicide need to be repeated and ongoing

Step 3: Develop and Test Interventions

This step has several parts. First, it involves developing interventions, which are prevention actions or programs that can reduce the impact of risk factors or support protective factors. Rigorous scientific testing of interventions before they are put in place widely is important to ensure that the interventions are safe, ethical, and practical. There are several stages to this testing, beginning with efficacy studies that look at whether an intervention works under ideal conditions.

If the answer is “yes, they work under ideal conditions,” then effectiveness studies may be carried out under real world settings. This further testing with larger groups can lead to refinements and improvements in the intervention and understanding critical factors in implementing the intervention that may affect the people for whom it works.

Step 4: Implement Interventions

Prevention science in other areas such as substance abuse prevention and violence prevention shows some principles for effective action that apply to suicide prevention initiatives too. When we begin to implement the goals and objectives of Plan, we should base our efforts on these prevention principles. Here are the prevention principles to keep in mind:

- 1) Piecemeal, “here and there” prevention efforts may be weak; comprehensive programs are much more effective. For example, some community suicide prevention programs might include media campaigns and policy changes. These kinds of campaigns are much more effective when they are accompanied by programs that touch people personally in settings like schools, sports events, faith communities, and the workplace.
- 2) Suicide is related to many other problems facing Georgia’s communities and cannot be addressed alone. As a result, suicide prevention programs should coordinate with other prevention efforts such as those designed to help reduce substance abuse.
- 3) We need suicide prevention programs that can address the unique needs of people in each stage of life. This means suicide prevention programs must be developmentally appropriate and must address protective and risk factors across all age groups.
- 4) Suicide prevention programs must be culturally sensitive.
- 5) Prevention programs are stronger when they are long-term, with repeated opportunities to reinforce targeted attitudes, behaviors, and skills.
- 6) Family-focused prevention efforts have a greater effect than goals that focus on parents only or children only.
- 7) Prevention efforts tend to be stronger when they address multiple risk and protective factors. The higher the level of risk, the stronger the suicide prevention effort must be and the earlier it should begin.
- 8) To prevent suicide, we need to develop healthy communities across Georgia. We can do this through coordinated prevention programming with a local focus. Each community needs to develop its own suicide prevention plan that is tailored to meet local needs and build on local strengths.
- 9) Suicide prevention program planning and implementation must involve people, agencies, and organizations that represent the community broadly with respect to age, ethnicity, faith, occupation, sexual orientation, socioeconomic status, and cultural identity.
- 10) Training programs must seek to develop skills and not just work to increase knowledge. Effective training for skills requires multiple opportunities to *practice* the skills themselves, not just learn about them.
- 11) Public information campaigns about suicide prevention need to be ongoing efforts in order to maintain awareness. They should be developed with the assistance of persons knowledgeable about social marketing.

Step 5: Evaluate Effectiveness

"The lack of evaluation research is the single greatest obstacle to improving current efforts to prevent suicide among adolescents and young adults."

Morbidity and Mortality Weekly Report (MMWR)
April 22, 1994, Vol. 43/No. RR-6

Evaluations need to occur following the development and testing of interventions (Step 3) and following implementing interventions in the community (Step 4). Ideally, program planners will choose programs that have been fully evaluated and shown to be effective. Sometimes interventions are chosen which have not been fully evaluated, but are thought to be “promising” based on initial or partial evidence. Other available interventions follow known prevention principles or expert recommendations and might be considered “best practices” but lack evidence of effectiveness. A community should build in an evaluation to determine whether any intervention selected works under local conditions. ***Community suicide prevention programs must budget the time and money to build in evaluation right from the start!***

Determining the costs associated with sustaining programs and comparing those costs to the benefits of the programs is another important aspect of evaluation. This cost evaluation may help you receive continuing funding to sustain your program.

Web resources listed at the end of the Plan provide useful sources of information about designing and carrying out evaluations.

Working Together to Save Lives

"We as a society cannot let this go on any longer. We can't keep sweeping it under the carpet and hoping nobody notices."

— A Georgia Survivor

Mobilizing Communities for Action

The heart of the Plan is a call to *you*—caring people in local communities all over the state—asking you to take action to prevent suicide.

The Plan itself started with one family who lost a daughter to suicide. The family brought together a small group of people they had met who also wanted to address suicide prevention. The group started meeting together once a month to explore how they could mobilize the state to take action. Others joined them, and the Plan you are now reading is the result. You can use a similar process in your community.

Working Locally, One Suicide Prevention Champion by One

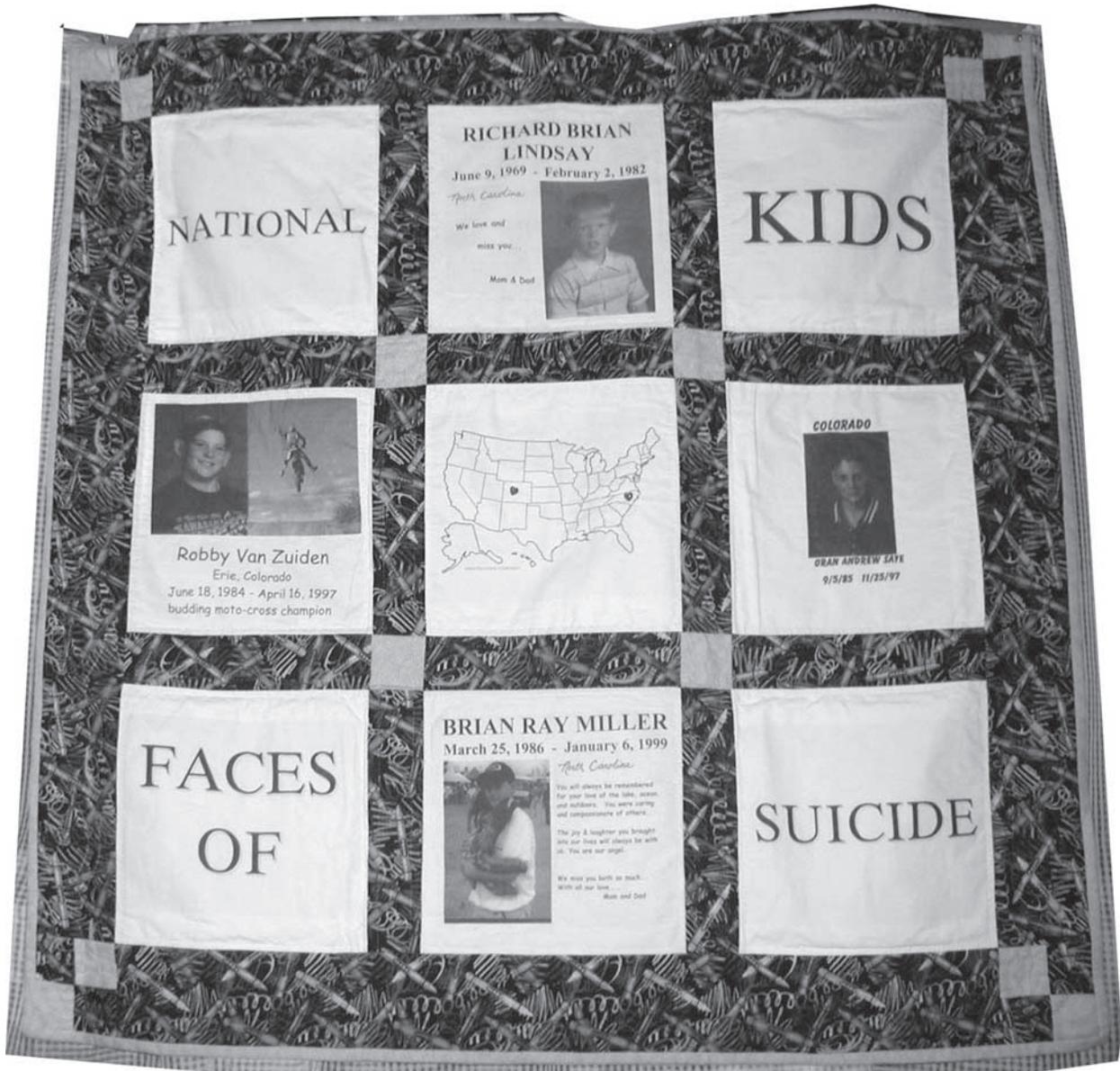
Effective suicide prevention efforts have to take place at the local level. The state and regional levels provide necessary support, but it's really up to the local communities to bring the action home. All it takes to start mobilizing a local community for suicide prevention is one person—any person from any walk of life. The group that person talks to about suicide prevention might be a woman's club, a ministerial alliance, or maybe a family resource center. The truth is, the starting point doesn't matter; *getting started* does. It matters that the person or group is determined to address the problem of suicide where they live and that they build a coalition of interested community and professional partners for action.

The first step in mobilizing your community is to recognize that the problem of suicide touches many people in every area, including yours. A lot of people may not know that fact, but would want to help if they knew. Many may know someone at risk for suicide, or may have been deeply touched by suicide already, but they may not know how to get involved. You can be a motivator in all these cases. As you start to take action, you will meet more and more people that will want to work with you.

***Remember, suicide prevention
in your area starts with you.
Whoever you are and wherever you are,
you can mobilize your community to
develop and launch a
suicide prevention initiative.
You can help save lives.***

The National Kid's Quilt

This quilt shows some of the faces of children age 12 and under who died by suicide. The CDC reports that for 1996 through 1998 the 3rd leading cause of death in youth 10-20 is suicide.



*"I am of the opinion
that it is society's
discrimination of the
illnesses that
lead to suicide, that so
often make these illnesses
too painful to bear!"*

–Georgia Suicide
newsletter contributor

Section 2: The Building Blocks Focusing Action

Comprehensive Goals to Prevent Suicide

The Plan gives a framework for getting everyone in Georgia—including *you*—involved in preventing suicide. The Plan is designed to guide individual people, agencies, and organizations, both in local communities and at the regional and state levels. One intention of this Plan is to change individual attitudes, knowledge, and behaviors about suicide. Equally important, the Plan seeks to affect all the systems in Georgia that touch our lives, including education, health care, the media, business, faith, and criminal justice, and to motivate them to help prevent suicide.

The previous section of the Plan told you a little about why suicide prevention is important, how the Plan came into existence, and why we need to evaluate any actions we take in our work for suicide prevention.

This section gives actual goals and ideas you can use. The information offered is not to be considered a “prescription” for what you must do in your community. You know your community best. Consider the ideas below as a menu from which you can select those you believe will work best. By acting on *any* of the ideas listed in this section, you will have a direct impact on suicide prevention efforts in Georgia.



The **building blocks** of the Plan are eleven goals with related objectives based on the *National Strategy for Suicide Prevention: Goals and Objectives for Action*. A goal is a targeted outcome—a result to aim for—which will promote the reduction of suicide. The goals in the Plan are grouped together under three headings **A**wareness, **I**ntervention, and **M**ethodology – **AIM**.

Any single step you take, any one objective you try to tackle, can help prevent suicide. If you take on one goal in your community, and someone else does the same thing in theirs, and on and on, together we will be building a powerful force to save lives in Georgia!

- **Plan Objectives:** For each goal, there are a number of related objectives, which can serve as direction guides. Their purpose is to help you focus on how to achieve the goals.
- **Action Ideas:** Each objective has an action idea, to stimulate your thinking about ways to implement or support that objective in your local community.
- **Evaluation:** If you are carrying out suicide prevention activities, part of your time and your budget needs to be devoted to evaluating the outcomes from your project. Please see the listing of Web resources for information about conducting sound evaluations.

"We need to help people that have no hope or money. We need to support them and not throw them away."

—A Georgia mother who lost a daughter to suicide

Action Step: **A**AWARENESS

The problem of suicide in Georgia is serious—after all, suicide takes more lives than murder in our state. More Georgians need to be made aware of this! And at the same time, they need to be told that many suicides are preventable, and *they* can help fight suicide.

There is no single way to reach every person in Georgia and make them more aware of the problem of suicide but some of the useful approaches are:

- Public information campaigns
- Forums at the community level where friends, neighbors, and professionals can come together and learn about suicide prevention opportunities
- Regional and state conferences
- Web sites

Summary

A variety of approaches are needed to reach all the different types of people that make their home in Georgia.

Goal 1. Promote awareness that suicide is a serious public health problem and that many suicides are preventable.

Objective 1.1 Develop and implement public information campaigns designed to increase all Georgians' knowledge of suicide prevention and an understanding of the role of risk and protective factors in prevention.

Action idea: Develop information materials that community members can distribute to neighbors, friends, and co-workers. Call 1-770-740-0632 —the Plan office —for ideas. Materials should describe suicide risk and protective factors, present available community resources, explain how to join in the effort to prevent suicide in Georgia, and discuss how to increase help-seeking behaviors.

Objective 1.2 Establish regular Georgia suicide prevention conferences designed to foster collaboration with stakeholders on prevention strategies and to inform communities.

Action idea: Hold public forums across the state at the regional level and in local communities. These forums should present the Plan and encourage regions and communities to act on implementing the Plan.

Objective 1.3 Increase the number of public and private Georgia institutions active in suicide prevention that deliver clear and culturally sensitive information through the Internet.

Action idea: Access the Plan web site for information about Plan activities and links to resources for suicide prevention: www.georgiasuicidepreventionplan.org.

Goal 2. Develop broad-based support for suicide prevention.

The only really effective way to prevent a public health problem like suicide is for people from every walk of life, every faith, every ethnic background, and every age group to work together. Taking action to prevent suicide is more than just the job of mental health professionals—*every* Georgian has a part to play in saving lives! Working together will achieve success in preventing suicide.

Objective 2.1 Increase the number of people in Georgia actively involved in some aspect of suicide prevention.

Action idea: At the community level, put outreach activities in place that build on the public information campaigns and actively recruit people from all parts of the community to participate in the Plan.

Objective 2.2 Increase the number of local communities in Georgia actively working to implement the Plan.

Action idea: Recruit and train at least one member of each community in Georgia to be a community organizer for suicide prevention.

Objective 2.3 Include suicide prevention education in ongoing programs and activities carried out by prevention organizations, professional, volunteer, and other groups across Georgia.

Action idea: Visit leaders of these community groups to engage their participation and support in integrating suicide prevention into ongoing programs. Examples of the groups include child abuse, substance abuse, domestic violence, tobacco, and gambling prevention organizations. Other groups include Family Connection Programs, Community Service Boards, Boys and Girls Clubs, United Way Agencies, and faith-based service providers.

Objective 2.4 Increase the number of faith communities in Georgia that adopt policies and programs promoting suicide prevention.

Action idea: Identify faith communities at both the state and community level. Visit their leaders to ask for their cooperation and support. Provide suggested policies and programs promoting suicide prevention, and ask the faith leadership to implement them in their organizations.

Objective 2.5 Expand the Plan Steering Committee with representatives from both the public and private sectors including scientists, suicide survivors, consumers of mental health services, educators, clinicians, community volunteers, public health leaders, and corporate/nonprofit advocates. This Committee provides oversight for Plan implementation, and it works towards collaboration between state wide agencies and organizations.

Action idea: Coordinate with existing prevention programs in related areas, such as substance abuse, child abuse, and gambling prevention; faith communities, Cooperative Extension Service, Community Service Boards, Family Connections, and others.

Objective 2.6 Expand the Plan Advisory Council to provide advice and support for implementation.

Action idea: Recruit active Advisory Council members that are broadly representative of Georgia. The Advisory Council will hold meetings in various parts of Georgia.

Goal 3. Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services.

Suicide is often closely linked to mental illness and to substance abuse, and both can be effectively treated. However, the stigma of mental illness and substance abuse prevents many people from getting treatment they need and may also cause family members to try to hide what's happening instead of reaching out for help. They are afraid of how others will react. They are afraid they will face discrimination and prejudice. Stigma has been identified as a strong barrier to future progress in the area of mental health and suicide prevention. Each Georgian can play a significant part in overcoming the barrier of stigma, so that people can receive the help they need.

Objective 3.1 Increase the proportion of the people in Georgia that view mental and other health as co-equal and inseparable components of overall health.

Action idea: Train community volunteers to give educational presentations at local civic groups.

Objective 3.2 Increase the proportion of the people in Georgia that view mental disorders as real illnesses that respond to specific treatments.

Action idea: Develop a public awareness campaign that shows mental illnesses as treatable disorders and not character failings.

Objective 3.3 Increase the proportion of the people in Georgia that view consumers of mental health, substance abuse, and suicide prevention services as pursuing fundamental care and treatment for overall health.

Action idea: Develop a speakers bureau that can make community presentations.

Objective 3.4 Increase the proportion of those suicidal persons in Georgia with underlying mental disorders who receive appropriate mental health treatment.

Action idea: Work to ensure that mental health services are culturally sensitive.

Action Step: INTERVENTION

Goal 4. Develop and implement community-based suicide prevention programs.

Objective 4.1 Improve collaboration among government agencies and among public/private partners in implementing the Plan at the state, regional, and local levels.

Action idea: Representative governmental groups include the Georgia Department of Human Resources (Divisions of Public Health, Mental Health, Mental Retardation and Substance Abuse, Aging Services, and Family and Children's Services); the Georgia Department of Education, Juvenile Justice, Pardon and Paroles, Community Service Boards, County Health Departments, the Department of Highway Safety and the Department of Public Safety. Non-governmental groups include SPAN USA, the National Mental Health Association of Georgia, the National Alliance for the Mentally Ill, the Georgia Council on Child Abuse, the Family Connection, the Georgia Council on Substance Abuse, the Georgia Prevention Network, and Cooperative Extension Service, among many others. Identify a lead agency or organization to coordinate implementation of the Georgia Plan.

Objective 4.2 Establish institutional policies and procedures for referral of persons at risk and for crisis response.

Action idea: Provide knowledgeable presenters to assist with in-service education programs that will keep school system personnel updated about referral and crisis response procedures.

Objective 4.3 Increase the number of school districts with evidence-based programs that are designed to address childhood and adolescent distress and prevent suicide. Call 1-770-740-0632 (The Plan office) for ideas.

Action idea: Support parent-teacher groups and school system personnel in identifying a district-wide suicide prevention program to put into place.

Objective 4.4 Increase the number of colleges and universities in Georgia with evidence-based programs designed to address young adult distress and prevent suicide.

Call
1-770-740-0632
(The Plan office)
for ideas.

Action idea: Work with student counseling service directors at colleges and universities in Georgia to select and implement programs.

Objective 4.5 Increase the number of employers in Georgia that make evidence-based prevention programs for suicide available to their employees.

Action idea: Coordinate activities with employee assistance professionals and human resources directors at local companies.

Objective 4.6 Improve suicide prevention programs for both adult and juvenile offenders in Georgia’s correctional institutions, jails, and detention centers.

Action idea: Invite staff and community advisory board members from correctional institutions to conferences and meetings on mental health services and suicide prevention.

Objective 4.7 Increase the number of elder service organizations that include evidence-based suicide prevention programs designed to identify older people at risk for suicidal behavior and refer them for treatment.

Action idea: Work with directors of the nursing homes in communities to conduct a needs assessment for suicide prevention programs for their residents.

Objective 4.8 Increase the number of family, youth and community service organizations and providers in Georgia with evidence-based suicide prevention programs.

Action idea: Establish round table meetings for local youth-serving organizations to exchange information and promote incorporation of suicide prevention into their ongoing programs.

Objective 4.9 Improve and coordinate crisis help line services in Georgia.

Action idea: Evaluate existing coverage and outcomes to identify areas for improvement.

Goal 5. Promote efforts to reduce access to lethal means of self-harm.

Objective 5.1 Increase the proportion of primary care clinicians, other health care providers and health and safety officials who routinely ask about the presence of lethal means of self-harm in the home and educate about actions to reduce associated risks.

Action idea: Partner with hospital associations, managed care organizations, and professional medical health organizations to provide opportunities for clinicians and other health care providers to learn about decreasing access to lethal means of self-harm.

Objective 5.2 Develop and distribute materials to educate about actions to reduce the accessibility of lethal means of self-harm.

Action idea: Engage community leaders and prevention specialists in development of appropriate materials.

Goal 6. Implement training for recognition of at-risk behavior and delivery of effective treatment.

Many of the conditions associated with suicidal behaviors have effective treatments. Unfortunately, many people are not trained to recognize persons at risk for suicide who could benefit from treatment. Even many health professionals do not have the training to provide proper assessment and treatment, and may not know when to refer persons for specialized care.

This goal addresses the need to provide training to key community gatekeepers as well as professionals. Gatekeepers are community members who regularly come into contact with people who may be at risk for suicide.

Objective 6.1 Provide continuing education for primary care providers that includes the recognition of persons at risk for suicide, information on screening programs, assessment and management of suicide risk, effective treatments, and appropriate conditions for referral to specialty care.

Action idea: Include workshops on suicide prevention at annual meetings of professional associations.

Objective 6.2 Incorporate suicide prevention materials in training programs for physician assistants, physicians, medical residents, nursing care providers, and other health professionals. This training should cover the assessment and management of suicide risk and identification and promotion of protective factors.

Action idea: Work with directors of education at professional schools in Georgia to include suicide prevention training in the basic curriculum. This training should cover the assessment and management of suicide risk and identification and promotion of protective factors.

Objective 6.3 Increase the number of clinical social work, counseling, and psychology graduate programs in Georgia that include suicide prevention training. This training should cover the assessment and management of suicide risk and identification and promotion of protective factors.

Action idea: Work with directors of education at these professional programs to include suicide prevention training in the basic curriculum. This training should cover the assessment and management of suicide risk and identification and promotion of protective factors.

Objective 6.4 Increase the number of social workers, poison control center personnel, outreach workers, case managers, and home visitation program providers who receive job-

related suicide prevention training. This training should cover the assessment of and response to suicide risk and behaviors.

Action idea: Work with the Department of Family and Children’s Services to incorporate training on the assessment and response to suicide risk and behaviors into ongoing in-service education.

Objective 6.5 Increase the number of clergy from all faith communities in Georgia who are trained in identification of and response to suicide risk and behaviors, and who are trained to tell the difference between mental disorders and faith crises.

Action idea: Provide speakers to the local ministerial alliance to assist in training programs.

Objective 6.6 Increase the number of educational faculty and staff and youth development staff working outside school settings who receive training on identifying and responding to children and adolescents at risk for suicide.

Action idea: Work with local school systems and youth-serving organizations to provide gatekeeper training for all staff, e.g., teachers, school counselors, bus drivers, custodians, coaches, playground supervisors, and after-school program staff.

Objective 6.7 Increase the number of juvenile justice, justice, correctional and public safety system personnel in Georgia who receive training on identifying and responding to persons at risk for suicide.

Action idea: Work with youth detention centers to provide gatekeeper training for all their staff.

Objective 6.8 Improve education programs and support services available to family members and others in close relationships with people at risk for suicide and survivors of suicide.

Action idea: Work with community mental health centers to incorporate education programs for family members and others in close relationships with people at risk for suicide.

Objective 6.9 Increase the number of community helpers, such as mail carriers, hairdressers, Meals on Wheels volunteers, and senior service volunteers who are trained to recognize, respond to, and refer for help people at risk of suicide and associated mental and substance abuse disorders.

Action idea: Work with local Meals on Wheels programs to provide gatekeeper training to staff and volunteers.

Goal 7. Develop and promote effective professional practices and support services.

Implementing this goal will help to ensure that at-risk people receive the assessment and treatment services they need. It presents ways to help provide appropriate training for key people who deliver these services, and it seeks to ensure that a full range of services will be provided. These services include follow-up for at-risk people so that treatments are continued to reach maximum benefits. Reaching these service providers and helping them do more for suicide prevention can save many lives.

Objective 7.1 Increase the proportion of patients treated for self-destructive behavior by Georgia hospital emergency departments that pursue the proposed mental health follow-up plan.

Action idea: Work with hospital associations to develop tracking procedures that can confirm mental health follow-up appointments.

Objective 7.2 Promote the incorporation of guidelines to use in assessing suicidal risk among people receiving care in primary health care settings, including survivors of suicide, emergency departments, and specialty mental health and substance abuse treatment centers.

Action idea: Sponsor the distribution of posters for emergency rooms that list important steps in assessing suicide risk.

Objective 7.3 Increase the number of mental health and substance abuse treatment centers in Georgia that have clear suicide prevention policies, procedures, and evaluation programs. These programs should be designed to assess suicide risk and to intervene to reduce suicidal behaviors.

Action idea: Work with local mental health and substance abuse directors to offer community and staff in-service suicide prevention education.

Objective 7.4 Enhance screening for depression, substance abuse and suicide risk as a basic standard of care for all state-supported healthcare programs in Georgia's primary care settings, hospice, and skilled nursing facilities.

Action idea: Sponsor depression screening days.

Objective 7.5 Promote guidelines for aftercare treatment programs for individuals exhibiting suicidal behavior (especially those discharged from inpatient hospital units and mental health institutional settings).

Action idea: Work with local directors of specialty treatment centers and offer community participation in developing guidelines that include education and psychological support to families and significant others of those who have exhibited suicidal behavior.

- Objective 7.6** Certain people in Georgia provide key immediate services to suicide survivors as first responders, for instance, emergency medical technicians, public safety officers, funeral directors, and clergy. Provide training that specifically addresses these first responders' own exposure to suicide and the unique needs of survivors.
- Action idea:** Organize suicide survivors in the community to provide seminars on recognizing and managing the personal impact of suicide on first responders.
- Objective 7.7** Increase the availability of appropriate mental health and substance abuse disorder treatment services in Georgia for persons with mental disorders, substance abuse disorders, or a history of trauma or abuse. Increase the number of patients served who complete their course of treatment or continue indicated maintenance treatment.
- Action idea:** Local clinicians follow up with a call or letter to encourage their patients with depression that have discontinued treatment to resume it.
- Objective 7.8** Increase the number of hospital emergency departments in Georgia that routinely provide immediate post-trauma psychological support and mental health education for all victims of sexual assault and/or physical abuse.
- Action idea:** Encourage volunteer training in suicide prevention and victim support. Link them to hospital emergency departments as a resource.
- Objective 7.9** There are people in Georgia receiving care for the treatment of mental health and substance use disorders that are at-risk for suicide. Develop guidelines for providing education to their family members and significant others. Implement the guidelines in Georgia facilities such as general and mental hospitals, mental health clinics, and substance abuse treatment centers.
- Action idea:** A partnership made up of service providers in a community can work together with some family members to develop education guidelines and implement them in their respective facilities.
- Objective 7.10** Extend and improve comprehensive support services for survivors of suicide.
- Action idea:** Provide training for group facilitators and community meeting spaces for survivor of suicide support groups.

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

Services to prevent suicide must be available when and where people need them. That means providing services in lots of different places. Financial barriers such as not having health insurance must come down. Structural barriers such as lack of health care professionals to meet the need must

be overcome. You can help put any one of a variety of outreach goals in place that address personal barriers, such as not knowing what to do or when to seek care, or concerns about confidentiality or discrimination.

Objective 8.1 Compile and update a guide to Georgia suicide prevention resources and services (A Georgia Suicide Prevention Resource Directory.) Provide linkages to The National Suicide Prevention Resource Center.

Action idea: Provide current suicide prevention information to Georgia's existing help lines.

Objective 8.2 Make Georgia the leading state in health insurance plans that cover mental health and substance abuse services on par with coverage for other health.

Action idea: Educate state senators and representatives and the insurance commissioner, in order to build the necessary support for substantial parity legislation. In addition, community members can work with employee organizations and local employers to provide benefits for mental health coverage at the same level as coverage for physical health care.

Objective 8.3 Increase the number of Georgia counties with health and/or social services outreach programs for at-risk populations. These outreach programs should include mental health and substance abuse services and suicide prevention activities.

Action idea: Work with county health and social service agencies to address the need for all staff who make home visits and/or provide case management services to the elderly to be trained to make appropriate referrals to mental health services.

Objective 8.4 Support guidelines for mental health and substance abuse screening with referral procedures for students in schools, colleges and universities. Expand the availability of site-based nurses and counselors to provide assessment and referral after screening.

Action idea: Parents could work with the local school board to institute policies and procedures for assessment, referral, and follow-up to local service providers that would offer same-day initial appointments for high-risk students.

Objective 8.5 Support consistent use of guidelines for mental health screening in sites with at-risk populations such as correctional facilities, detention centers, crisis centers, family planning clinics, recreation centers, youth-serving organizations, homeless shelters, employee assistance offices, and alcohol /drug treatment programs.

Action idea: Community members can support ongoing continuing education in screening for providers and the availability of licensed professionals to provide referral services.

Objective 8.6 Support quality care/use management guidelines that detail appropriate responses to suicidal risk or behavior. Implement these guidelines in managed care and health insurance plans that operate in Georgia.

Action idea: Work with managed care organizations in Georgia to develop and implement clinical practice guidelines for suicide risk assessment and management.

Goal 9. Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the entertainment and news media.

Evidence indicates that the way suicide, mental illnesses, and substance abuse are presented in the media may affect the suicide rate.

Objective 9.1 Establish a Georgia coalition of public and private organizations to influence media practices. This group can promote the accurate and responsible representation of suicidal behaviors and mental illnesses and informed media coverage of suicide prevention.

Action idea: Identify survivors and community advocates who will be active participant members of the coalition.

Objective 9.2 Increase the proportion of entertainment and news programs and print coverage in Georgia that reflect accurate and responsible portrayal of suicidal behavior, mental illnesses, and related issues.

Action idea: Offer regular seminars for editors and producers that identify appropriate coverage and misleading or dangerous depictions of suicide, mental illnesses, and treatments.

Objective 9.3 Encourage Georgia journalism schools to include guidance in their course of study on the portrayal and reporting of mental illnesses, substance use disorders, suicide, and suicidal behaviors.

Action idea: Bring survivors and prevention specialists together with journalism professors in developing curriculum materials.

Action Step: *M*METHODOLOGY

Goal 10. Promote and support research and evaluation on suicide prevention.

Advancing research and evaluation increases the knowledge base for effective interventions to prevent suicide. This knowledge can inform decision-making among community groups as they seek to provide quality programs that will make a difference.

Objective 10.1 Increase public and private funding for suicide prevention research and evaluation conducted in Georgia, and for studies on how to put scientific knowledge into practice in Georgia at the state, regional, and community levels.

Action idea: Develop community-researcher-practitioner networks for better suicide prevention research in Georgia.

Objective 10.2 Support development of and access to a registry of prevention activities with demonstrated effectiveness for preventing suicide and suicidal behaviors.

Action idea: Local suicide prevention program planners could review the registry to help guide their selection of activities.

Objective 10.3 Provide training and technical assistance on the evaluation of suicide prevention programs implemented in Georgia.

Action idea: Develop and distribute user-friendly toolkits on program evaluation.

Objective 10.4 Increase the number of jurisdictions in Georgia that will regularly collect and provide information for follow-back studies on suicides.

Action idea: Follow-back studies of suicide gather additional information after a death that can be useful in prevention. Develop community support for follow-back studies so that local jurisdictions will be willing to participate.

Goal 11. Improve and expand surveillance systems.

Remember that surveillance is the ongoing process of collecting information about the “who, what, when, where, how, and how many” of suicide in Georgia. Surveillance systems are key to planning for suicide prevention. We must get information about suicide both from sources developed for this purpose (like vital statistics and medical examiner databases) and from other sources like mental health agencies, psychiatric hospitals, child death review team reports, and emergency departments. To realize success in preventing suicide we need better indicators to measure community-level results and expanded surveillance systems. By helping implement the objectives for this goal, you are helping to improve data available to make informed decisions about suicide prevention.

Objective 11.1 Develop and refine standard procedures for death scene investigations, and implement these procedures in all Georgia’s counties.

Action idea: Provide scientific information about suicide to coroners and medical examiners developing procedures, so the appropriate kinds of investigation evidence can be sought to accurately identify deaths that were suicide.

Objective 11.2 Develop and test a protocol to assist Georgia hospitals in collecting uniform and reliable data on suicidal behaviors by coding external causes of injury and determining associated costs.

Action idea: The Department of Human Resources Division of Public Health could conduct a trial of the protocol and report back findings and recommendations.

Objective 11.3 Implement a violent death reporting system in Georgia that includes suicides and collects information not currently available from death certificates.

Action idea: Use local Fatality Review Committees to provide additional information.

Objective 11.4 Produce reports on suicide and suicide attempts in Georgia, integrating data from multiple state data management systems.

Action idea: Support publication of regular Georgia suicide surveillance reports from the Department of Human Resources Division of Public Health.

Objective 11.5 Establish surveillance systems of risk behaviors for suicide among youth and adults in Georgia.

Action idea: Local community members need to ask their school boards and superintendents to administer the CDC Youth Risk Behavior Survey (YRBS) throughout the school system including all questions about suicidal thinking and behaviors.

Objective 11.6 Develop a set of community level indicators for progress in suicide prevention. Indicators are measures that signal achievement of community level results.

Action idea: Initiate a process for identifying indicators keyed to the Plan and make indicator information accessible in communities across Georgia.

*"We need help now.
The young people here
are greatly at risk."*

—A Georgia minister

Section 3: The Keystone

Next Steps . . .

A Continuous Improvement Process

The Plan represents the best efforts of a group of dedicated people who welcome your ideas for community prevention activities and user feedback on the Plan. Please contact us at:

**The Georgia Suicide Prevention Plan
5034 Odins Way, Marietta, GA 30068**

Phone: **770-740-0632** (local Atlanta)
Fax: **770-642-1419**
E-mail: **GSPP@spanusa.org**

This Plan is a living document. That means it is expected to change and to further develop over time, as new opportunities, new community participants, new research, and new conditions arise. Whether you have been involved in the initial development of the Plan or are just now joining, you can make a difference by contributing to the Plan's continued development.

Taking Action

This Plan is comprehensive and wide-ranging. Putting the Plan into action will take place in phases. For the Plan to work, every one of us must be involved. The keystone of the Plan is implementation—getting the Plan to work. This is where **you** are important. In addition to the work of state agencies, implementing the Plan requires broad participation and collaboration from each of us in our own communities. Professionals and community volunteers must work side-by-side, and public agencies and private organizations will have to expand their partnerships so that together Georgia can make a lasting difference in suicide prevention.

Suicide Prevention in Georgia is truly everyone's business!

The essential next steps are designed to:

- ✓ increase support, participation, and collaboration for suicide prevention,
- ✓ develop an operating structure or coordinating body for the Plan that reflects a public/private partnership,
- ✓ involve communities in suicide prevention planning at the local level,
- ✓ provide opportunities for people to share ideas and work together through statewide conferences and local community forums, make technical assistance and resources for suicide prevention widely available,
- ✓ develop or identify useful indicators to benchmark community progress in suicide prevention,
- ✓ improve program evaluation and surveillance, and
- ✓ provide progress reports on Plan implementation.

**Now is the time
for Georgians to realize success
in preventing suicide!**

Web Resources for Information about Suicide and Suicide Prevention

Evaluation Information

Georgia Suicide Prevention Plan
<http://www.georgiasuicidepreventionplan.org>

Primer on Evaluation from the U.S. Department of Justice
<http://www.bja.evaluationwebsite.org>

The Public Health Approach to Evaluation
<http://www.cdc.gov/eval>

Taking Stock: A Practical Guide to Evaluating Your Own Programs
<http://www.horizon-research.com/public.htm>

National and International Organizations Working for Suicide Prevention

American Association of Suicidology
<http://www.suicidology.org>

American Foundation for Suicide Prevention
<http://www.afsp.org>

Faith in Action (the Robert Wood Johnson Foundation)
<http://www.fiavolunteers.org>

Georgia Suicide Prevention Plan
<http://www.georgiasuicidepreventionplan.org>

Jason Foundation, Inc.
<http://www.jasonfoundation.com>

The Link's National Resource Center for Suicide Prevention and Aftercare
<http://www.thelink.org>

National Organization for People of Color Against Suicide
<http://www.nopcas.com>

National Hopeline Network – 1-800-SUICIDE
<http://www.hopeline.com>

Organizations of Attempters and Survivors of Suicide Interfaith Services
<http://www.oassis.org>

Samaritans

<http://www.samaritans.org.uk>

Suicide Awareness Voices of Education

<http://www.save.org>

Suicide Prevention Advocacy Network USA

<http://www.spanusa.org>

Suicide Prevention Efforts in Canada

<http://www.suicideinfo.ca>

Suicide Prevention Research Center

<http://www.suicideprc.com>

World Health Organization Suicide Prevention Efforts

http://www.who.int/mental_health/Topic_Suicide/suicide1

Yellow Ribbon Suicide Prevention Program

<http://www.yellowribbon.org>

National Strategy for Suicide Prevention

Comprehensive National Strategy for Suicide Prevention Web Site

<http://www.mentalhealth.org/suicideprevention>

Suicide Prevention Advocacy Network, USA

<http://www.spanusa.org>

Surgeon General's: Call to Action to Prevent Suicide 1999

<http://www.spanusa.org>

State Suicide Prevention Efforts

Children's Safety Network National Injury and Violence Prevention Resource Center.

This site lists (by state) rates and methods of suicide in children aged 10 and up.

<http://www.injuryprevention.org/info/data.htm>

Georgia Suicide Prevention Plan

<http://www.georgiasuicidepreventionplan.org>

State Resources for Child Injury and Violence Prevention

<http://www.edc.org>

Suicide Data

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control Data
<http://www.cdc.gov/ncipc/osp/data.htm>

Costs of Completed and Medically Treated Suicide
<http://www.edc.org/HHD>

Maternal and Child Health Bureau Block Grant Data
<http://www.mchb.hrsa.gov> (click on Grant Guidance)

Web Based Injury Statistics Query and Reporting System (WISQARS)
<http://www.cdc.gov/ncipc/wisqars>

Suicide and Suicide Prevention Information

Crisis Management in Schools Following a Suicide
http://www.ed.gov/databases/ERIC_Digests/ed315700.html

Evangelical Lutheran Church in America. A Message on Suicide Prevention
http://www.elca.org/dcs/suicide_prevention.html

National Institute Mental Health Frequently Asked Questions about Suicide
<http://www.nimh.nih.gov/research/suicidefaq.cfm>

National Institute of Mental Health Selected Bibliography on Suicide Research – 1999
<http://www.nimh.nih.gov/research/suibib99.cfm>

The National Institute of Mental Health report on Research on Women's Mental Health
<http://www.nimh.nih.gov/wmhc/highlights.cfm>

National Institute Mental Health Suicide Fact Sheets
<http://www.nimh.nih.gov/research/suifact.htm>

Providing Immediate Support for Survivors of Suicide
http://www.ed.gov/databases/ERIC_Digests/ed315708.html

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U.S. Public Health Service, *The Surgeon General's Call to Action to Prevent Suicide*. Washington, DC, 1999

Glossary of Terms Used in the Georgia Plan

Assessment - The ongoing process of information gathering, examination, and evaluation to a) determine risk, b) identify contributing factors which may be modified, c) diagnose, if applicable, d) choose optimal interventions or treatments, and e) track the impact of interventions or treatments.

Attempters – See Suicide attempt and Suicide survivors

Community capacity – The characteristics of communities that affect their ability to identify, mobilize, and address social and health problems and the cultivation and use of transferable knowledge, skills, systems and resources that affect community and individual level changes consistent with population health-related goals and objectives. (Goodman et. al., 1998)

Connectedness – A person’s sense of belonging with others. A sense of connectedness can be with family, school, workplace, and community.

Effectiveness – Effectiveness studies test the real world impact of interventions that have been shown to be efficacious under controlled conditions. These studies are needed to determine whether results from studies carried out under very controlled situations may be generalized to other settings.

Efficacy – Efficacy studies are used to develop and refine interventions under experimental conditions. These settings are usually controlled to represent ideal conditions.

Epidemiology – The study of statistics and trends in health as applied to the whole community or population.

Evidence-based programs – Those programs that have some research showing that the program was associated with the intended beneficial outcome(s).

Follow-back study – A study carried out after a death to provide information from persons or from existing records that will add to the information sources used by the coroner or medical examiner in determining the cause of death. Example: the collection of the same categories of information about persons who had died by suicide and persons who had died from heart disease in order to compare the two groups and help understand their risk and protective factors.

Gatekeeper training – Training for community members who have face-to-face contact with many others as part of their usual routine. Training usually includes recognition of persons at risk of suicide and information on how to refer for treatment or supporting services, as appropriate.

Interventions – Actions or programs that can reduce the effect of risk factors and/or increase protective factors. An example of an intervention would be providing effective treatment for depressive illness.

Mental Health Screening – Surveys done by health care professionals, schools, and others to identify people who have a mental illness and to refer them to mental health professionals.

Outcome – A measurable change that can be attributed to an intervention or a program.

Outreach programs – Programs with staff that go into communities to deliver services or recruit participants.

Population-based interventions – Interventions targeting populations or communities rather than individuals.

Primary care – The care system that provides the first point of contact for those in the community seeking general assistance; for example, family practitioners or pediatric nurse clinicians.

Program evaluation – The process used to measure the outcomes of a program or service.

Providers – Professionals who offer health, mental health, treatment, or social services.

Protective factors – Those characteristics and circumstances that reduce the likelihood of suicide or suicidal behaviors.

Resilience – Capacities within a person 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 – Those characteristics and circumstances that make it more likely for suicide or suicidal behaviors to occur.

Stakeholders – The groups and individuals that care about or are affected by suicide prevention decisions and policies.

Substance use disorders – Disorders in which drugs, including alcohol, are used to such an extent that social and occupational functioning is impaired and control or abstinence becomes impossible.

Suicidal behavior – Suicidal behavior includes a range of activities related to suicide and self-harm, including suicidal thinking, self-harming behaviors without thoughts of death, and suicide attempts.

Suicide – Intentional, self-inflicted death.

Suicide attempt – (Also Attempters) Nonfatal behavior that is intended to end one's own life, and which may produce self-injury.

Suicide attempt survivors – Individuals who have previously attempted suicide.

Suicide survivors – Family members, significant others, or acquaintances who have experienced the loss of a loved one due to suicide. In other publications this term may be used to refer to suicide attempt survivors.

Surveillance – The regular monitoring of health conditions in the population through the systematic collection, evaluation, and reporting of measurable information. Surveillance can be used to understand trends.

EDITOR'S NOTE: Many entries in this Glossary quote or adapt usage from *National Strategy for Suicide Prevention: Goals and Objectives for Action, Commonwealth Department of Health and Aged Care 2000, Promotion, Prevention and Early Intervention for Mental Health – A Monograph, and Promoting the Mental Health and Wellbeing of Children and Young People.*

*"I often wonder, in this hurried,
harried world we live in...does
anyone truly care?"*

—A Georgia social worker

"We must let people contemplating suicide know that someone cares and that there are people available to help them, that there IS help."

A Georgia father who lost a son to suicide

Saving Lives In Georgia

Together We Can!

Georgia Suicide Prevention Plan

Strengthening Protective Factors and Reducing Risk Factors

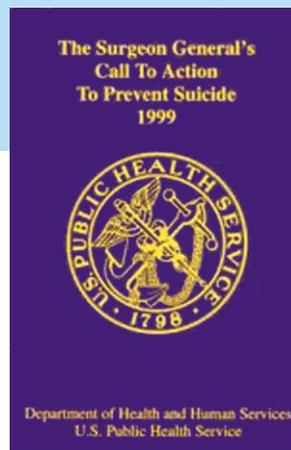
“ But even the most well-considered plan accomplishes nothing if it is not implemented.

To translate AIM (page 13) into action, each one of us whether we play a role at the federal, state, or local level, must turn these recommendations into programs best suited for our own communities.

*We must act now.
We cannot change the past, but together we can shape a different future.”*

*– David Satcher, M.D., Ph.D.
Assistant Secretary for Health and Surgeon General*

From The Surgeon General's Call to action To Prevent Suicide 1999; page 2;
Department of Health and Human Services, U.S. Public Health Service

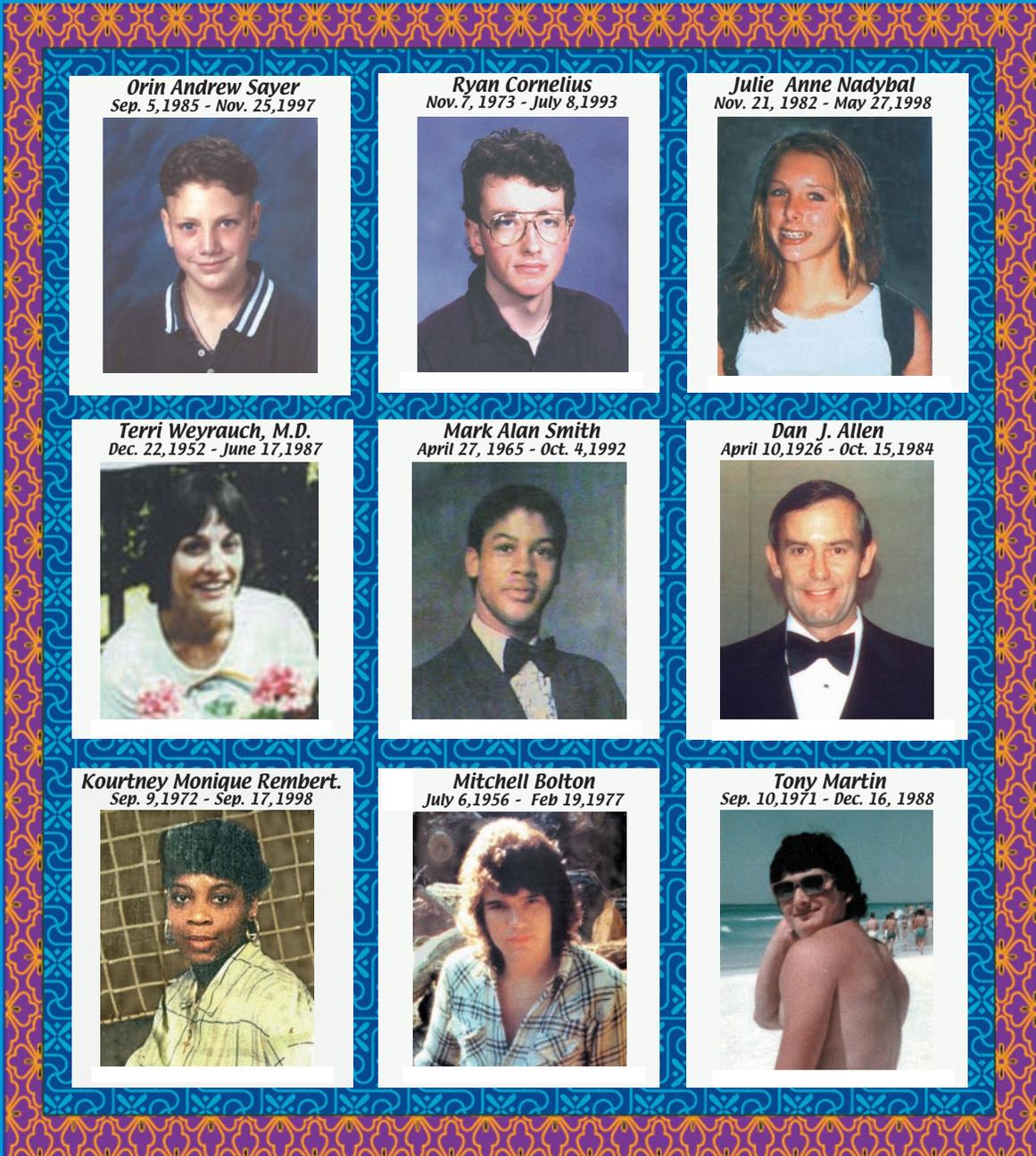


Georgia Suicide Prevention Plan

Strengthening Protective Factors and Reducing Risk Factors

Faces of Suicide

from *Lifekeeper* Memory Quilts



Orin Andrew Sayer
Sep. 5, 1985 - Nov. 25, 1997



Ryan Cornelius
Nov. 7, 1973 - July 8, 1993



Julie Anne Nadybal
Nov. 21, 1982 - May 27, 1998



Terri Weyrauch, M.D.
Dec. 22, 1952 - June 17, 1987



Mark Alan Smith
April 27, 1965 - Oct. 4, 1992



Dan J. Allen
April 10, 1926 - Oct. 15, 1984



Kourtney Monique Rembert.
Sep. 9, 1972 - Sep. 17, 1998



Mitchell Bolton
July 6, 1956 - Feb 19, 1977



Tony Martin
Sep. 10, 1971 - Dec. 16, 1988



National
Mental Health
Association of Georgia



Suicide Prevention Advocacy Network

Suicide Prevention Advocacy Network, Inc / 5034 Odins Way, Marietta, Georgia 30068
1-888-649-1366 / Fax: 770-642-1419 / email: act@spanusa.org / website: www.spanusa.org