



**Suicide Prevention Resource Center**

Promoting a public health approach to suicide prevention

# **SPRC Research to Practice Webinar**

## **The Revised**

## ***National Strategy for Suicide Prevention***

October 3, 2012

# **Lead, National Strategy for Suicide Prevention Task Force of the National Action Alliance for Suicide Prevention**



**Jerry Reed, PhD, MSW  
Director, Suicide Prevention Resource Center**

# Strategic Direction Leads of the National Strategy for Suicide Prevention Task Force



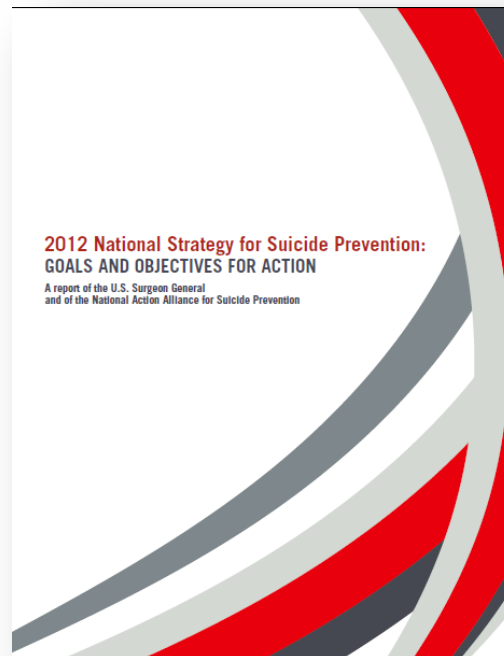
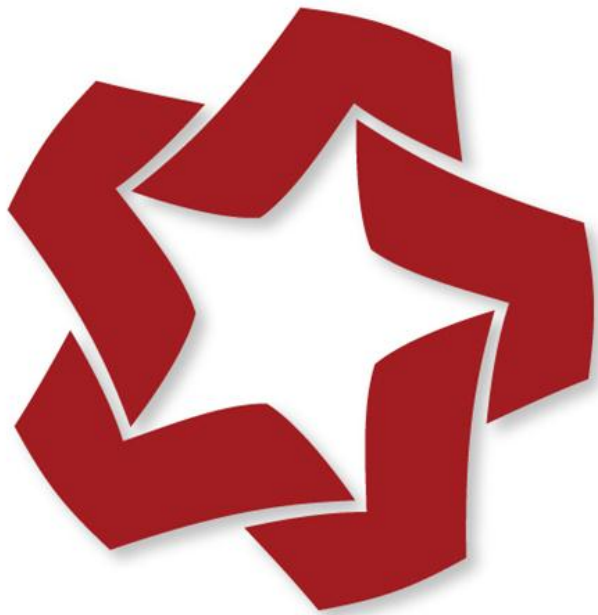
**Daniel J. Reidenberg, PSY.D., FAPA, DAPA, BCPC, CRS, CMT**  
Executive Director, Suicide Awareness Voices of Education;  
Managing Director, National Council for Suicide Prevention



**Richard McKeon, PhD, MPH**  
Chief, Suicide Prevention Branch, Substance Abuse and Mental  
Health Services Administration, US Department of Health and  
Human Services



**Morton M. Silverman, MD**  
Senior Advisor, Suicide Prevention Resource Center



# ***National Strategy for Suicide Prevention***



# Presentation Overview

---

- Historical context for a new NSSP
- Document overview
- Key points and themes
- Strategic Directions
- Appendices



# Why revise now? What has changed since 2001?

## ■ Data

- Increase in suicide rates and numbers
- Documented reports of suicidal thoughts/behavior/attempts

## ■ Science

- Advances in science and evidence
  - SPRC/AFSP Best Practices Registry for Suicide Prevention
- Growing awareness that suicide is preventable, treatments are effective, and recovery is possible
- Effective suicide prevention is about engaging support, systems, sectors, and science to save lives



# Why revise now? What has changed since 2001?

---

- **Environmental**
  - Nation involved in two wars
  - Period of economic uncertainty
  - Several natural disasters
  - Greater public awareness and media interest regarding suicide
  
- **Policy**
  - Legislative and executive branch advances
  - Action Alliance for Suicide Prevention



# National Strategy for Suicide Prevention Task Force

---

## Mission

- Propose a revision to and the review, refinement, and approval of the revised NSSP.
- Stimulate and coordinate dialogue to ensure that the NSSP reflects input from as many stakeholders and perspectives as possible.
- Work toward an NSSP that is strategic in direction and meant to stimulate planning and actions by both public- and private-sector stakeholders.





# National Strategy for Suicide Prevention Task Force

## Leadership

- **Public Sector Co-Lead:** Surgeon General Regina Benjamin, MD
- **Private Sector Co-Lead:** Jerry Reed, PhD, MSW, Suicide Prevention Resource Center





# National Strategy for Suicide Prevention Task Force Membership

- Carl Bell, Community Mental Health Council
- Derek Blumke, Student Veterans of America
- Brian Boon, Commission on Accreditation of Rehabilitation Facilities
- Michael Botticelli, Massachusetts Department of Public Health
- Eric Caine, University of Rochester
- Brian Dyak, Entertainment Industries Council, Inc.
- Jim Galloway, Assistant Surgeon General
- Michael Hogan, New York State Office of Mental Health
- Jack Jordan, Family Loss Project
- Ira Katz, US Department of Veterans Affairs



# National Strategy for Suicide Prevention Task Force Membership

---

- Mel Kohn, Oregon Health Authority
- Richard McKeon, Substance Abuse and Mental Health Services Administration
- Richard Ramsay, University of Calgary
- Dan Reidenberg, Suicide Awareness Voices of Education
- Scott Ridgway, Tennessee Suicide Prevention Network
- Mort Silverman, Suicide Prevention Resource Center
- Eduardo Vega, Mental Health America of San Francisco



# Overview of the Revised NSSP

---

- Builds on advances made since 2001
- Written to appeal to a broad base – everyone has a role
- Aligns with framework of the *National Prevention Strategy*, released June 2011
- Includes four strategic directions, 13 goals, and 60 objectives
- Addresses public and mental health
- Ready for application/implementation at all times



# Key Points

---

- Suicide is preventable
- Advance public health and mental health approach
- Strengthen continuity of care
- Promote synergistic approach
- Advance multi-sectoral engagement
- Promote connectedness as protective factor
- Postvention and aftercare are vital components
- Clinical training and assessment in multiple settings is needed
- Consider alternatives to approach and setting



## **Suicide prevention efforts should:**

- Foster positive public dialogue; counter shame, prejudice, and silence; and build public support for suicide prevention.
- Address the needs of vulnerable groups, be tailored to the cultural and situational contexts in which they are offered, and seek to eliminate disparities.
- Be coordinated and integrated with existing efforts addressing health and behavioral health, and ensure continuity of care.



## **Suicide prevention efforts should:**

- Promote changes in systems, policies, and environments that will support and facilitate the prevention of suicide and related problems.
- Bring together public health and behavioral health.
- Promote efforts to reduce access to lethal means among individuals with identified suicide risks.
- Apply the most up-to-date knowledge base for suicide prevention.



# Additional Features of the Revised NSSP

---

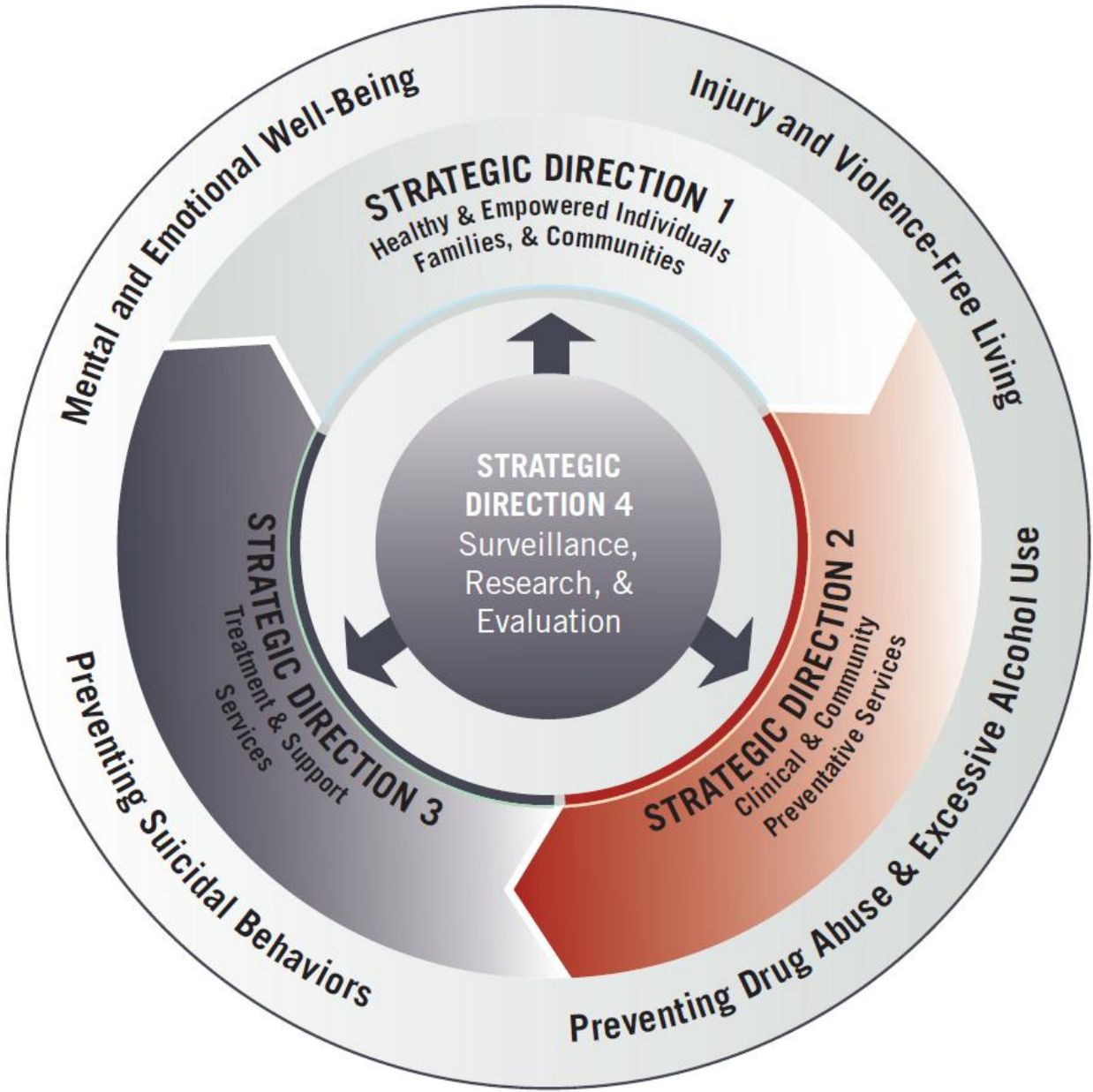
## Topics receiving more attention in the Revised NSSP:

- Groups at higher risk for suicidal behavior than the general population
- Crisis Lines as a best practice
- Aftercare/postvention: supporting persons impacted by suicide attempts and deaths





# Strategic Directions within the National Strategy for Suicide Prevention





# Strategic Direction 1

---

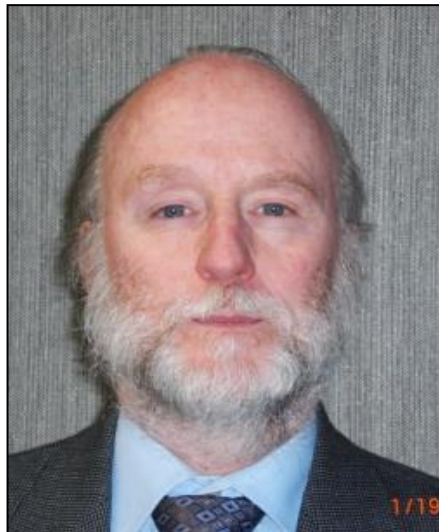
## Healthy and Empowered Individuals, Families, and Communities





## Strategic Direction 2

### Clinical and Community Preventive Services

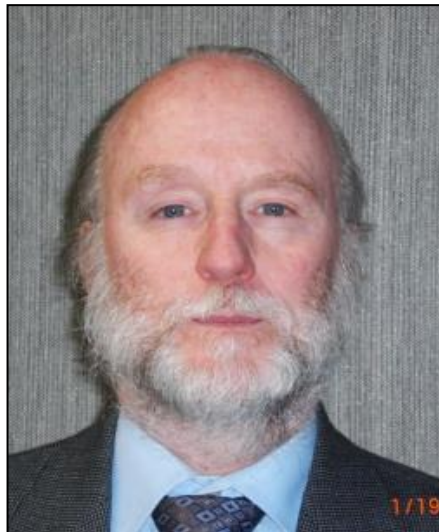




## Strategic Direction 3

---

### Treatment and Support Services





## Strategic Direction 4

---

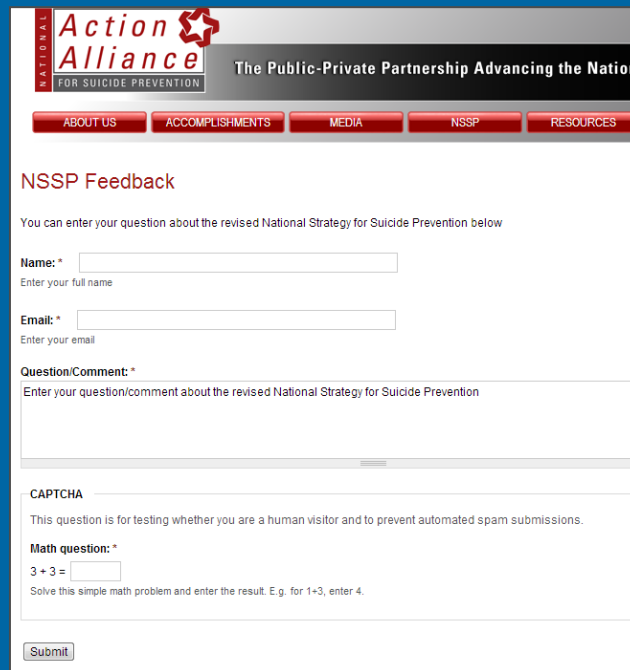
### Surveillance, Research, and Evaluation



# Q&A

# Questions about the Revised NSSP

To submit your question, go to  
<http://www.actionallianceforsuicideprevention.org/nssp-feedback>



The screenshot shows the 'NSSP Feedback' form on the National Alliance for Suicide Prevention website. The header includes the logo 'Action Alliance FOR SUICIDE PREVENTION' and the tagline 'The Public-Private Partnership Advancing the National Strategy for Suicide Prevention'. A navigation menu contains buttons for 'ABOUT US', 'ACCOMPLISHMENTS', 'MEDIA', 'NSSP', and 'RESOURCES'. The form itself is titled 'NSSP Feedback' and contains the following fields:

- Name:** \* [text input field]  
Enter your full name
- Email:** \* [text input field]  
Enter your email
- Question/Comment:** \* [text area]  
Enter your question/comment about the revised National Strategy for Suicide Prevention
- CAPTCHA:**  
This question is for testing whether you are a human visitor and to prevent automated spam submissions.
- Math question:** \*  
 $3 + 3 =$  [text input field]  
Solve this simple math problem and enter the result. E.g. for 1+3, enter 4.

A 'Submit' button is located at the bottom of the form.

# Thank you!



# Contact Us

---



**Xan Young, MPH**  
**SPRC Training Institute**  
**Project Director**  
[xyoung@edc.org](mailto:xyoung@edc.org)  
**202-572-3728**

**Dominique Lieu, MA**  
**SPRC Training Institute**  
**Training Specialist**  
[dlieu@edc.org](mailto:dlieu@edc.org)  
**617-618-2984**

[www.sprc.org](http://www.sprc.org)