Guidance for Reviewing State Suicide Prevention Plans
DRAFT

The history, content, scope and ownership of state suicide prevention efforts varies widely between states. Suicide prevention leadership may come from a statewide coalition, governor's office, task force, or health agency (including public health, mental health, injury prevention and others). Mental health agencies should be connected to suicide prevention work in their state, and should play a part in shaping, implementing, monitoring and regularly updating their state suicide prevention plan.

Although fiscal and political environments always change, there is value to having a well-thought-out strategic plan developed, in order to maximize existing resources, promote broad collaboration, and be prepared when funding at the state or national level becomes available. The following are key areas that should be included in every state suicide prevention plan and efforts to implement that plan. This list can be used as a guide to provide feedback to mental health agencies on their state plans, and to coach them on how to play a part in strengthening those plans.

Key Plan Elements

The following are key elements that should be included in an effective suicide prevention plan.

- **Plans should focus on a Lifespan approach**. Effective state plans should focus on identifying risk and protective factors of populations across the lifespan and be flexible in addressing unique challenges related to various factors (geographic location, race, ethnicity, etc…)
  EXAMPLE: Wisconsin plan:
  http://www.dhs.wisconsin.gov/health/InjuryPrevention/pdffiles/WISuicidePrevStrategy.pdf (pp.6-10)

- **Plans should be data-driven.** In order to effectively allocate resources, states should identify and prioritize high-risk populations and settings by using available state-specific data that:
  - Identifies populations with high numbers and high rates of suicide deaths and attempts.
  - Points to geographic areas and institutional settings in which rates are significantly higher than in the general population (e.g. rural areas, correctional settings, etc.)
  - Characterizes suicide deaths and attempts, including which risk factors are associated for different populations (such as known mental illness and treatment, substance abuse disorders, access to care, prior attempts, etc.)

  EXAMPLE: Delaware plan: http://www.sprc.org/stateinformation/PDF/stateplans/plan_de.pdf (pp. 13-17)

- **Plans should be based on the public health approach.** Mental health agencies and professionals often focus on individual characteristics of suicidality and how those can be treated. However, to be effective, suicide prevention plans should take a public health approach, looking not only at individual characteristics, but identifying risk and protective factors in populations, partnering across sectors, and working across the spectrum of prevention, intervention, and postvention.
  EXAMPLES: North Carolina plan:
  http://www.injuryfreenc.ncdhhs.gov/About/YouthSuicidePreventionPlan.pdf (p. 9)
  Colorado plan: http://www.cdphe.state.co.us/pp/suicide/SuicideReportFinal2009.pdf (pp. 15-18)

- **Plans should be comprehensive.** Effective suicide prevention plans are comprehensive, incorporating multiple components that address several risk and protective factors at the individual, family, institutional and community level. Planners should be sure that each component is clearly tied to reducing risk and increasing protective factors, and should periodically assess the effects of statewide efforts. The plan should account for geographic differences within the state and incorporate monitoring over time for effectiveness. EXAMPLE: Massachusetts plan: http://www.sprc.org/stateinformation/PDF/stateplans/plan_ma.pdf (pp. 19-30)

- **Plans should be regularly monitored, updated and revised.** State suicide prevention plans should be living documents. Annual action plans should identify who is responsible for carrying out the different elements of the plan, and suicide prevention leaders should assess progress at least annually. Periodically (every 3 years at most), those involved in statewide suicide prevention work should gather to look at the impact the plan has had, review updated data and resources, and update and/or revise the plan accordingly. EXAMPLE: Nebraska plan: http://www.sprc.org/stateinformation/PDF/stateplans/plan_ne.pdf (pp. 3-4)

Helpful Messages for State Mental Health Agencies

When providing feedback on the state suicide prevention plan, Project Officers can offer the following guidance and advice to state mental health leadership:

- **Suicide prevention is a collaborative effort.** Suicide prevention cannot be a one-person or single-agency effort. Often coalitions, task forces, or multi-agency work groups develop and oversee the state suicide prevention plan. Mental health agencies should seek to not only participate in the appropriate group in their state, but to offer key leadership based on their knowledge of and access to mental health resources and information. Ongoing collaboration and expansion is necessary to support effective suicide prevention efforts. Mental Health Agencies should also be familiar with related state initiatives, to continue to expand efforts and identify new ways to reach and help those at risk of suicide.

- **Suicide prevention planning is an opportunity to draw in new resources.** Because suicide is complex, and effective suicide prevention is multi-level, the state suicide prevention plan is a way that new partners can be engaged (such as substance abuse prevention and treatment, wellness initiatives, groups focusing on specific populations, healthcare groups, and other public health groups). These partners can offer the potential to pool resources, funding, and efforts in the community, and can help carry out key elements of the state plan.

- **When possible, agency staff involved in updating or revising plans should draw on strategic planning tools and resources.** Staff leading or participating in suicide prevention planning efforts should familiarize themselves with the strategic planning process through such resources as the SPRC Strategic Planning Approach to Suicide Prevention online training (available December 2011), the SAMHSA Strategic Planning Framework, the University of Kansas Community Toolbox, or other strategic planning guides.