

Recommendations for Local Suicide Prevention Infrastructure



Suggested Citation

Suicide Prevention Resource Center (2024). *Recommendations for local suicide prevention infrastructure*. <https://sprc.org/online-library/local-infrastructure>

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Key Informant Interview Sites

Alabama

Arkansas

Colorado

Connecticut

Minnesota

New Mexico

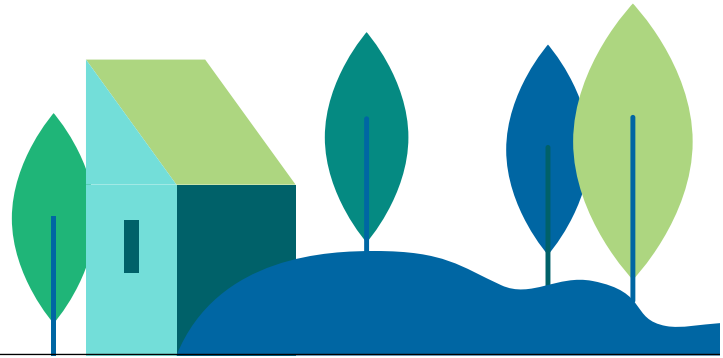
Oregon

Utah

The Suicide Prevention Resource Center is supported by a grant from the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), under Grant No. 1H79SM083028.

The views, opinions, and content expressed in this product do not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, or HHS.

Contents



Introduction	5
Foundational Themes	9
Summary of Recommendations	11
Recommendations for Local Suicide Prevention Infrastructure	13
Establish	13
Partner	15
Guide and Support	17
Examine	19
Appendix A: Glossary	22
Appendix B: Resources for Local Suicide Prevention Infrastructure	24

Introduction



Suicide remains a serious problem affecting the lives of millions of Americans in communities across the country.

The 2024 [National Strategy for Suicide Prevention](#) (*National Strategy*) recognizes that suicide is a complex health issue influenced by diverse risk and protective factors. As a result, suicide prevention requires a comprehensive approach that combines strategies aimed at protecting people from becoming at risk, supporting those who may be at risk or experiencing a suicidal crisis, and promoting healing and recovery.

Community-based programs are uniquely positioned to understand how suicide affects specific groups of people and to implement evidence-based prevention strategies that are tailored to the local cultural context and grounded in the community's needs and resources. Yet, in order to be successful, these programs must be supported by a solid infrastructure—a concrete, practical framework that supports local suicide prevention-related systems, organizations, and efforts. This infrastructure includes all the basic structures and organization that the community will need to effectively plan, implement, evaluate, and sustain its suicide prevention efforts.

2024 National Strategy for Suicide Prevention

Strategic Direction 1:

Community-Based Suicide Prevention

Goal 6:

Build and sustain suicide prevention infrastructure at the state, Tribal, local, and territorial levels.

Why Were the Recommendations Developed?

Recommendations for Local Suicide Prevention Infrastructure (Local Infrastructure Recommendations) was developed to help local settings—such as municipalities, counties, and Tribal governments—establish, improve, and sustain a strong local suicide prevention infrastructure. These recommendations support the achievement of Goal 6 of the *National Strategy* ([see sidebar on page 5](#)), which calls for building and sustaining a strong suicide infrastructure at all levels— state, Tribal, local, and territorial.

The Local Infrastructure Recommendations seek to support the efforts of local and state leaders and their partners who help shape the local suicide prevention infrastructure, including:

Decision makers:

County, municipal, and Tribal leaders, as well as policy decision-makers, such as elected and appointed officials in public health, social services, behavioral health care, health care, and crisis response systems

Local leaders and advocates:

County, municipal, and Tribal associations and coalitions; local, state, and national advocacy groups; and agencies that can influence local infrastructure

Implementers:

County, municipal, and Tribal suicide prevention leaders and others implementing suicide prevention programs and practices

The recommendations can help community leaders assess their existing infrastructure to identify strengths, gaps, and resources needed to improve the foundation for suicide prevention in their community. This guidance can also support community leaders in their efforts to do the following:

- Bring together local partners to strengthen and expand existing suicide prevention efforts
- Increase awareness and knowledge of suicide prevention
- Develop action plans
- Develop or adapt a framework for a public health approach to suicide prevention
- Understand and apply insights from relevant local data
- Implement evidence-based prevention and postvention efforts
- Obtain and sustain funding
- Support the hiring and retention of qualified workers

Ultimately, having a strong local infrastructure for suicide prevention in place will support the overall goal of fostering healthy communities in which suicide risk is reduced, and all people have the resources and support to live dignified and meaningful lives.

How Were the Recommendations Developed?

The Suicide Prevention Resource Center (SPRC) coordinated the development of the Local Infrastructure Recommendations through a consultation process that engaged experts and partners from across the United States and Tribal nations ([see Acknowledgments section for a full list of contributors](#)). This input, which informed the core ideas in the recommendations, helps ensure that the recommendations represent diverse perspectives and experiences related to suicide prevention infrastructure.

The development process included the following:

Literature review and environmental scan: The first step was a review of the research on community-level suicide prevention infrastructure and a scan of existing information and resources, including the following:

- [Recommendations for State Suicide Prevention Infrastructure](#) (State Infrastructure Recommendations)
- [Community-Led Suicide Prevention Toolkit](#)
- [Suicide, Overdose, and Adverse Childhood Experiences Prevention Capacity Assessment Toolkit](#)

Engaging a task force: Using the insights obtained from the literature review and environmental scan, a task force of experts from diverse public and private organizations from county, municipality, state, and national levels worked over several months in virtual meetings and one in-person meeting to develop a set of draft recommendations.

Key informant interviews: Interviews were conducted with individuals from geographically diverse settings who work in local suicide prevention, including decision-makers, local leaders, and implementers. We asked key informants about their perspectives on effective local suicide prevention infrastructure.

Input from advisors: Additional input was also obtained from other project advisors with experience in infrastructure development, suicide prevention, and local policy and administration.

What Does This Document Include?

This document presents the Local Infrastructure Recommendations that were developed through the consultation process described above. The recommendations are organized into four areas—Establish, Partner, Guide and Support, and Examine—that represent the essential elements of local infrastructure for suicide prevention. These four essential elements were informed by the essential elements in the SPRC’s state Infrastructure Recommendations, which we adapted to reflect the characteristics and needs of local settings. A summary table of the Local Infrastructure Recommendations is also included as a quick reference tool.

In addition to the recommendations, this document identifies foundational themes that emerged from the consultation process that informed the development of the recommendations. These themes are relevant to all the elements and represent core ideas that communities should consider when planning, implementing, and assessing local suicide prevention infrastructure. The document also includes a glossary ([Appendix A](#)), and a list of resources that can help local programs implement the Local Infrastructure Recommendations ([Appendix B](#)).

To Learn More

Appendix A

presents a glossary with definitions for the terms used in this document.

Appendix B

provides a list of resources that can help local programs implement the Local Infrastructure Recommendations.

Foundational Themes



The following are key considerations that can help communities develop and sustain a strong local infrastructure. These six foundational themes are relevant across all Local Infrastructure Recommendations.

Alignment With Local Context

Local suicide prevention infrastructure should be customized and adapted to the local contexts, considering population size (e.g., urban, suburban, rural, remote); readiness or capacity to engage in suicide prevention activities; community diversity; specific organizations and groups involved; audiences; and other relevant factors.

Lived Experience

People who have directly experienced or supported people with suicidal thoughts, suicide attempts, or suicide loss should be included and have a voice and leadership roles in all components of planning and developing local infrastructure for suicide prevention. Involving multiple people with suicide-centered lived experience helps to ensure that suicide prevention strategies and messages reflect the perspectives of individuals who have a personal history with suicide. When incorporating lived experience expertise, it is important to be sensitive to each person's unique experiences and preferences.

Diverse Perspectives

Local suicide prevention programs should recruit staff members and volunteers who represent diverse groups within the community to plan and implement suicide prevention activities. This diversity will help ensure that (1) the community is more fully represented in suicide prevention efforts; (2) multiple perspectives are heard; (3) partnerships are built with many different groups; and (4) the resulting suicide prevention plan reflects the whole community's needs, resources, and voices.

Education

Educating the community on suicide prevention is key to building and sustaining local suicide prevention infrastructure. Too often, local suicide prevention education is limited to a few areas—such as training for community helpers or clinical providers—and overlooks other areas in which more comprehensive education and trainings are needed. Education about suicide prevention should be multifaceted and ultimately build awareness and skills related to the key areas of suicide prevention (see sidebar below).

Most importantly, education needs to happen at all levels of the community, including individuals, families, schools, neighborhoods, faith communities, workplaces, and local government. Decision-makers and leaders in multiple sectors need to understand how they can support suicide prevention through their influence and leadership and how education can be an effective tool for empowering positive action and policy change. Educating leaders can also support organizational or sector changes, such as new workplace policies or increased municipal government support for suicide prevention. Moreover, engaging leaders whose work serves people across the lifespan (e.g., maternal health, early childhood, schools, workplaces, senior services, faith communities, and funeral homes) can amplify the reach of suicide prevention efforts.

Key Areas of Suicide Prevention

Upstream prevention:

Addressing risk and protective factors to prevent the onset of suicidality

Secure environments:

Physical locations where immediate access to potential methods of suicide has been limited

Crisis care:

Responding to emerging and immediate suicide risk or behaviors (e.g., via crisis hotlines)

Postvention:

Preparing for and addressing the aftermath of suicide attempts and deaths

Healing and recovery:

Helping individuals heal and recover from suicidal thoughts or behaviors

Culture

Culture plays an important role in suicide prevention. Cultural considerations can affect the way a community perceives, responds, and heals after a suicide loss or a suicide attempt. Efforts to build and sustain local suicide prevention infrastructure should consider local cultural perspectives and include trusted messengers from local cultural groups, particularly groups affected by structural inequities, such as those with limited or disparate access to health and behavioral health care services. Consider how local cultural groups may use different language and framing for suicide prevention based on their unique experiences, and what adaptations may be needed for messaging, planning, implementation, evaluation, and sustainability of activities.

Rural Considerations

Rural communities have unique needs and perspectives that are important to consider when developing local suicide prevention infrastructure. In small and rural communities, community members often play multiple roles in various settings, such as schools, faith communities, medical offices, businesses, and government. While suicide losses can reverberate across the entire community, resources to address the impact of suicide may not be easily available. Local suicide prevention infrastructure should be built with these factors in mind.

Summary of Recommendations

Local Suicide Prevention Infrastructure	
Essential Elements	Recommendations
Establish*	<ul style="list-style-type: none"> • Designate a lead organization to bring together and organize efforts to prevent suicide at the local level. • Create and maintain core staff positions to build and sustain local infrastructure functions. • Identify and secure other resources needed to build and sustain local suicide prevention infrastructure. • Consider potential public and private sector partners, including ones not traditionally involved in suicide prevention. • Secure long-term (5+ years) funding for suicide prevention infrastructure
Partner	<ul style="list-style-type: none"> • Form a local working group (or collaborative) composed of members from the public and private sectors. • Establish formal connections with local partners whose interests intersect around shared risk and protective factors for suicide and other public health issues. • Develop shared definitions and a core mission statement for your local suicide prevention efforts. • Develop a comprehensive community-based suicide prevention plan that addresses the entire continuum of suicide prevention activities across the lifespan. • Report to the local community annually on the status of suicide prevention activities and their effectiveness, barriers, emerging needs, and opportunities for improvement
Guide and Support**	<ul style="list-style-type: none"> • Strengthen staff capacity to carry out local suicide prevention activities and serve as a resource to partners and others in the community. • Build and sustain relationships with community partners to support the unique role they can play in multifaceted lifespan suicide prevention, such as driving the strategic efforts they are most passionate about and best equipped to support. • Use audience-specific messaging when talking about suicide prevention. • Provide resources and ongoing suicide prevention technical assistance to support growth in partner organizations' structure, policies, and activities.

Local Suicide Prevention Infrastructure

Essential Elements	Recommendations
<p>Examine</p>	<ul style="list-style-type: none"> • Identify and collaborate with multiple data sources to regularly collect, combine, and analyze data relevant to your local context. • Ensure that your local data represent all groups in your community, especially groups that have been most impacted by suicide, underserved by health and behavioral health care, or historically underrepresented in suicide prevention efforts. • Dedicate local funding and personnel to support the collection and analysis of high-quality, privacy-protected data on suicide attempts and deaths. • Use local data to describe and understand suicide in your community. • Develop staff and community partner capacity to regularly analyze and use data to inform action at the local level. • Share findings regarding the progress and impact of your work with relevant decision-makers.

* Combines components of SPRC's state Infrastructure Recommendations essential elements Authorize and Lead.

** Combines components of SPRC's state Infrastructure Recommendations essential elements Lead, Build, and Guide.

Recommendations for Local Suicide Prevention Infrastructure



Establish

Establishing a foundation for planning and coordinating local suicide prevention efforts is a critical first step. This includes designating a lead organization, identifying partners, securing funding and other resources, and coordinating the implementation of a local suicide prevention plan.

Recommendations:

Designate a lead organization to bring together and organize efforts to prevent suicide at the local level. This organization could be a coalition or collaborative, a public health department, or another entity that can serve as the lead or backbone for your community-based efforts. This organization should have the following:

- Substantial knowledge of evidence-based suicide prevention across the continuum of suicide prevention activities and knowledge of how to use local data to guide suicide prevention planning and activities
- An understanding of local populations, cultures, and values
- The ability to develop meaningful relationships with community leaders and trusted messengers across many subgroups
- The capacity to begin work immediately, along with the potential to increase capacity over time through local collaboration

Working closely with various partners, including local leaders and key messengers, the lead organization will:

- Support ongoing communication and collaboration among partners, such as holding partner meetings on a regular basis
- Develop a shared vision and goals for local suicide prevention among partners
- Coordinate community suicide prevention efforts by serving as a hub of information and education
- Link existing efforts that complement suicide prevention, avoid duplication of efforts, and ensure continuity
- Collaboratively analyze and report local data relevant to suicide prevention to help the community understand the scope of the problem and how local organizations and activities are working to prevent suicide

Create and maintain core staff positions to build and sustain local infrastructure functions. Hire, train, support, and compensate people with suicide-centered lived experience and others who represent the diversity of your community.

Identify and secure other resources to build and sustain a local suicide prevention infrastructure. Consider developing a detailed inventory of resources available in your community that can support local infrastructure, as well as a list of resources that are needed but not available.

Examples of Resources include:

- Business needs (e.g., office space, meeting facilities, and digital communications)
- Help navigating health care service systems, including mental health and substance misuse care
- Subject matter expertise
- Certified trainers
- Funding opportunities from multiple sources, including those that can be shared

Consider potential public and private sectors partners, including ones not traditionally involved in suicide prevention. As suicide risk is also influenced by upstream factors such as financial problems, identify opportunities to collaborate with new partners on efforts that address social determinants of health (e.g., housing, transportation, employment, banking, and recreation). Other potential partners include organizations dedicated to addressing public health issues that share risk and protective factors with suicide, such as substance misuse. For example, drug-take back events held by opioid overdose prevention groups can also help prevent suicide by removing access to substances someone could use to attempt suicide (also referred to as “lethal means”). A lead suicide prevention entity can partner with a local organization holding a drug take-back event to strengthen both efforts. Consider incorporating collaborative or complementary efforts into local suicide prevention plans using a shared risk and protective factors framework to amplify success across areas of work.

Secure long-term (5+ years) funding for suicide prevention infrastructure. Often, the impact of prevention activities can be seen only after the original funding term ends. Sustained funding ensures the continuity of existing work while allowing space for new activities and funding opportunities. Long-term funding can also help secure paid positions dedicated to suicide prevention. Consider braiding funding from multiple sources and working with partners to submit joint applications for funding. This approach will help the community share and make the most of limited resources for mutual benefit and progress.

Partner

Relationships and partnerships are the heart of local suicide prevention efforts. Collaborating with local service providers, programs, and organizations is essential to increasing the effectiveness, reach, and impact of suicide prevention efforts. Benefits can include:

- Opportunities to create a shared mission, language, and approach
- Increased access to resources, including trained personnel, data, and funding
- Increased ability to serve key populations, including groups that are most impacted by suicide and those who are underserved and historically underrepresented in suicide prevention efforts
- Improved understanding of the unique impacts of suicide on a given community or group
- Reduced duplication or conflict in efforts
- New opportunities to share knowledge, work on shared risk and protective factors, and collaborate on program and policy efforts

Potential Community Partners

- Community mental health
- Public health
- Substance misuse prevention
- Elected officials
- Tribal representatives
- Individuals with suicide-centered lived experience
- Schools
- Coroners and medical examiners
- Colleges and universities
- Banking
- Transportation
- Senior programs
- Youth advocacy groups
- Cultural groups
- Funeral directors
- Faith leaders
- Law enforcement and first responders
- Firearm owners
- Business and workforce
- Housing
- Food resources
- Military
- Health care providers and hospitals
- Crisis centers
- Local U.S. Department of Veterans Affairs providers or military installations
- Grief support organizations
- Reentry programs that support people returning from incarceration
- Library and park officials
- Advocates for groups who are most impacted by suicide, underserved, or historically underrepresented

Recommendations:

Form a local working group (or collaborative) composed of members from the public and private sectors. Develop a list of potential community partners ([see sidebar on page 15](#)) who work in upstream prevention, secure environments, crisis intervention, healing and recovery, postvention support, and other relevant areas. Ensure that partners represent the perspectives of people of all ages and the diverse groups or cultures represented in your community, especially the groups most impacted by suicide, underserved by health and behavioral health care, or underrepresented in suicide prevention efforts. If a local working group exists, review the membership for opportunities to invite new members and sectors to be involved in local suicide prevention efforts.

Establish formal connections with local partners whose interests intersect around shared risk and protective factors for suicide and other public health issues. Develop working agreements, such as a shared memorandum, letter of intent, or community benefits agreement, that detail each partner's areas of expertise and commitment to suicide prevention activities. Working agreements may also help support future funding opportunities. An example of a formal agreement is a memorandum of understanding (MOU) on data sharing that specifies how data privacy will be protected and how data will be shared in ways that will not cause harm. The MOU can also ensure continuity of work during staff changes and address potential power dynamics among partners that could influence data collection, analysis, or dissemination.

Develop shared definitions and a core mission statement for your local suicide prevention efforts. Suicide prevention can be understood and talked about differently across groups. Work together with partners to develop shared definitions of core concepts in suicide prevention (e.g., suicide risk and protective factors). Write a high-level mission or goal statement expressing your working group's purpose and foundational aims. The statement should speak to the heart of your work to inform and inspire community members.

To Learn More

See the [Unity](#) section of the *Community-Led Suicide Prevention Toolkit* for more on how to develop broad-based support for a shared vision.

Develop a comprehensive community-based suicide prevention plan that addresses the entire continuum of suicide prevention activities across the lifespan. Local efforts should address five key areas of suicide prevention: upstream prevention, secure environments, crisis intervention, postvention, and healing and recovery ([see Key Areas of Suicide Prevention sidebar on page 10 for more information](#)).

A local-level suicide prevention plan offers important guidance for framing infrastructure. When developing your community-based suicide prevention plan:

- Ensure that plan developers are a diverse group that reflects the community and can work collaboratively.
- Consider priorities articulated in the state or territory suicide prevention plan to potentially align and amplify efforts at the local level.
- Ensure that the plan includes evidence-informed strategies that are aligned with your local context, including your program's capacity and populations served. Use local data, combined with input from subject matter experts and others in your community, to identify and address the needs of the groups most impacted by suicide, underserved by health and behavioral healthcare, or historically underrepresented in suicide prevention efforts.
- Include evaluation and quality improvement in the plan. Determine each strategy's timeline, goals, data, and projected outcome. Regularly review progress toward goals and projected outcomes. Facilitate learning around successes, challenges, and adaptations that can support modifications to the plan as needed. Always celebrate successes.
- Educate the public, service providers, civic leaders, and trusted messengers on the local suicide prevention plan. Tailor messaging and dissemination to each audience's perspective, culture, needs, and potential involvement, as well as the ways each group may benefit from the plan.
- Invite community input on suicide prevention activities on a regular basis.
- Collaborate with nearby communities to share resources, data, and support when appropriate.

Update the plan every 3 to 5 years—in collaboration with the state or the territory suicide prevention office—to address changing needs.

To Learn More

See [Planning Key Area 1](#) of the *Community-Led Suicide Prevention Toolkit* for more guidance on how to develop your community-based suicide prevention plan.

Report to the local community annually on the status of suicide prevention activities and their effectiveness, barriers, emerging needs, and opportunities for improvement. Through a report, town hall, or community event, provide annual feedback to community members on your progress in implementing the suicide prevention plan. Share success stories, learning opportunities, partnerships, funding expenditures, and projections for the coming year. Consider consulting with the state or territory suicide prevention office for help with data collection, interpretation, and evaluation, if appropriate.

Guide and Support

Community suicide prevention programs need core staff to build and sustain efforts using best practices across the lifespan and addressing all areas of suicide prevention. Local staff can develop partnerships, access trusted messengers, coordinate efforts, provide technical assistance, measure outcomes, and report progress on local suicide prevention plan activities.

Recommendations:

Strengthen staff capacity to carry out local suicide prevention activities and serve as a resource to partners and others in the community. In addition to providing basic education on suicide prevention, provide staff with formal training on how to:

- Effectively communicate and collaborate with various audiences, using cultural humility and self-reflection to enhance communication and increase understanding
- Develop partnerships with diverse groups, including groups that have been most impacted by suicide, underserved by health and behavioral health care, or historically underrepresented in suicide prevention efforts
- Use local data to guide suicide prevention efforts
- Implement effective prevention strategies and approaches and evaluate progress and results
- Provide technical assistance to partners and others in the community to build knowledge and skills related to suicide prevention

Training should be provided on a regular, ongoing basis and be followed by supervision to ensure consistency in practice, provide a feedback mechanism, build confidence, and support quality control.

Build and sustain relationships with community partners to support the unique role they can play in multifaceted lifespan suicide prevention, such as driving strategic efforts they are most passionate about and best equipped to support. Help potential partners understand that everyone can play a role in suicide prevention. Consider ways to help partners embed suicide prevention in their organizations.

For example:

- Creating a workplace policy on mental health leave
- Adopting municipal nondiscrimination policies in workplace and/or public accommodations
- Strengthening feelings of connection to family and community among older adults
- Improving coordination of crisis services
- Joining with others to develop a community-based post-suicide (postvention) response plan
- Embedding suicide prevention training in annual training requirements

Encourage community partners to be a resource to other partners in growing their suicide prevention-related structure, policies, and activities.

Use audience-specific messaging when talking about suicide prevention. Identify trusted messengers for specific audiences, as messages will not be heard if the audience does not trust the messenger. For example, training on the secure storage of firearms that focuses on relocating firearms in the home when suicide risk is present may be more effective if it is co-facilitated with a firearm owner. Consider using storytelling by trusted messengers in communities that have a strong oral tradition. Messaging should address suicide prevention in a safe way that encourages help-seeking, hope, positive action, and healing. See the National Action Alliance for Suicide Prevention's [Framework for Successful Messaging](#) to get started or to refine your messaging.

Messages about suicide prevention are not “one size fits all.” Information about suicide prevention is most effective when it is written for a specific audience.

Tailor your messages about suicide prevention to each local group of focus (for example, middle-aged men, adolescents, individuals with limited English language proficiency).

Provide resources and ongoing suicide prevention technical assistance to support growth in partner organizations’ structure, policies, and activities. This includes providing training to all who will play a role in suicide prevention, not only clinicians or the community at large. Consider offering resources and training in different languages when possible. Make sure the training is appropriate for the many different roles involved. Measure outcomes to make sure the training is having an impact.

Examine

Gathering and understanding data relevant to suicide prevention at the local level is critical to developing local suicide prevention infrastructure. Suicide prevention efforts must be based on accurate and timely local data to be effective. Collecting, analyzing, and learning from local data can help communities understand the needs of specific populations at risk for suicide, the effectiveness of suicide prevention strategies, and how to make quality improvements along the way. In addition, routine data analysis can help your local suicide prevention program identify emerging needs, develop new and innovative suicide prevention efforts, and communicate the impact of your work to relevant decision-makers.

Recommendations:

Identify and collaborate with multiple data sources to regularly collect, combine, and interpret data relevant to your local context. No single source can provide all the data you will need to understand the suicide problem in your community. Local, state, and federal sources may include the local health department, coroner’s and medical examiner’s offices, local nonprofits, hospital systems, law enforcement, school districts, and relevant coalitions or collaboratives. Formal data-sharing agreements with community partners can specify provisions for protecting privacy while sharing data and reducing the duplication of data collection and analysis. Communities with a small population size may consider examining data at the regional level to protect privacy, identify trends, and share knowledge.

Ensure that your local data represent all groups in your community, especially groups that have been most impacted by suicide, underserved by health and behavioral health care, or historically underrepresented in suicide prevention efforts. Partner and collaborate with community leaders and trusted messengers to engage with and fully include community groups in data-related or research activities—from identifying data sources to collecting community-based data. Invite people who are most impacted by suicide or who are from groups underserved by health and behavioral health care or historically underrepresented in suicide prevention efforts (e.g., migrant health centers, Indian Health Services, specific racial/ethnic groups, formerly incarcerated individuals, LGBTQIA2S+ individuals) to be part of collecting, reviewing, and sharing data.

Dedicate funding and personnel to support the collection and analysis of high-quality, privacy-protected data on suicide attempts and deaths. Use one-to-one conversations with local or state health department epidemiologists and decision-makers, as well as university researchers, to increase time and attention to suicide prevention data needs. When allocating resources to data collection and analysis, describe how analyzing data on suicide deaths, attempts, and risk and protective factors can contribute to improved planning, resource allocation, and program effectiveness through evaluation and data-informed quality improvements. Consider ways to improve data quality, such as having data or evaluation personnel consult with community partners to develop a death scene investigation process and reporting form that collects information on key populations and concerns not listed on standard death scene investigation or medical examiner’s forms (e.g., gender identity, sexual orientation). Consider developing a suicide loss review board to help identify potential patterns that can inform prevention efforts.

Use local data to describe and understand suicide in your community. Local data can help establish the focus of suicide prevention efforts. It will also help the lead organization and its community partners understand what knowledge, services, and partnerships are already in place and where gaps exist at each level of the suicide prevention continuum. The data should address the entire continuum of suicide prevention, include health equity issues specific to the local context, and reflect the lived experiences of people in the local areas they represent. Identify and acknowledge the impact of geographic, historical, and structural factors on risk and protective factors for suicide, access to quality care, and social determinants of health.

Develop staff and community partner capacity to regularly analyze and use data to inform action at the local level. Once funding for data and evaluation personnel is secured, ensure that these personnel have the skills and support to:

- Collect, analyze, and interpret quantitative and qualitative data
- Consult people with suicide-centered lived experience and members of different cultural groups regarding how the data are presented and used
- Facilitate data interpretation discussions with communities to learn how they understand and make sense of data and findings
- Use data to identify cultural factors and considerations for suicide prevention
- Debrief after suicide death review analysis

Commit to supporting and building the capacities of community partners and members of the general community to collect, analyze, and use data. When educating the community through public trainings, focus on increasing data literacy—the ability to read, understand, create, and communicate data as information. Tailor resources and meet people where they are in terms of data skills; use easy-to-read resources, infographics, and online dashboards. Translate resources into the languages preferred by your intended audiences. Consider using storytelling to explain data, particularly in communities that have a strong oral tradition.

To Learn More

See the [Data](#) section of the *Community-Led Suicide Prevention Toolkit* for more information on how to use data to guide your program's actions and improve efforts.

Share findings regarding the progress and impact of your work with relevant decision-makers. Provide local data, ongoing findings, and recommendations to local, state-level, or other relevant decision-makers and policymakers. Disseminate brief handouts that summarize key findings to inform local and state legislation and state plans. Consider including information on how suicide prevention efforts play a role in improving other public health problems that share risk and protective factors with suicide, such as substance misuse or violence prevention. Routinely sharing process and key findings helps tell the story of local suicide prevention efforts and their impact, which can increase awareness and encourage additional funding opportunities and policy change.

Appendix A: Glossary

affected by suicide: All individuals who may feel the impact of suicidal thoughts and attempts, including those bereaved by suicide, as well as community members and others.

bereaved by suicide: Individuals who have been impacted by the loss of a loved one to suicide (also referred to as “survivors of suicide loss”).

comprehensive approach to suicide prevention: An approach that combines multiple strategies for preventing suicide among diverse groups across the suicide prevention continuum (defined below).

culturally responsive: The practice of understanding and respecting people from different cultures by learning about their traditions, beliefs, and ways of doing things, and being kind and open-minded toward them in order to tailor programs, policies, and services to their specific needs.

culture: The integrated pattern of human behavior that includes the thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, faith, or social group.

crisis care: Crisis service systems that provide intervention by trained professionals and paraprofessionals at the point of behavioral health crisis. Such systems include crisis hotlines, mobile response teams, and crisis receiving and stabilization centers.

health equity: The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and health care; and eliminate preventable health disparities.

LGBTQIA2S+: Abbreviation for lesbian, gay, bisexual, transgender, queer, intersex, asexual, or Two-Spirit. The additional “+” stands for all other minoritized sexual orientation and gender identities not included in the acronym.

evaluation: The systematic investigation of the value and impact of a program, practice, or policy.

evidence-based approaches: Programs, practices, activities, policies, procedures, and interventions that have been evaluated and found to be effective in achieving specified outcomes. These approaches should be informed by practice-based expertise, cultural competence, and the values of the groups served.

evidence-informed: Approach, program, or practice that blends knowledge from research, real-world practice, and local knowledge but has not had the benefit of full or robust evaluation.

intervention: A strategy, program, or approach intended to prevent an outcome or to alter the course of an existing condition. Examples include connecting someone who may be struggling to crisis services or reducing access to objects, substances, or places that someone may use to attempt suicide among individuals with suicide risk.

lethal means: Objects, substances, or places someone may use to attempt suicide.

municipality: A village, town, or city usually governed by a mayor and council. From this noun, comes the adjective “municipal,” which can be used to describe something that relates to a village, town, or city, or its government.

prevention: A strategy or approach that reduces the likelihood of the onset of adverse health problems, delays the onset of adverse health problems, increases individual or community protection from a negative result, or reduces the harm resulting from conditions or behaviors.

postvention: Policies, programs, practices, and supports implemented in the aftermath of a suicide loss, attempt, or crisis intended to reduce further risk for suicide.

protective factors: Individual, relationship, community, and environmental elements that make a negative outcome less likely.

risk factors: Individual, relationship, community, and environmental elements that make a negative outcome more likely.

secure environments: Physical locations where immediate access to potential methods of suicide has been limited.

social determinants of health: Conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These may include economic stability, education, health care access, housing security, and relationships and interactions with people in the community.

suicide: Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

suicide attempt: A nonfatal, self-directed, potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

suicide-centered lived experience: Includes having experienced thoughts of suicide, survived a suicide attempt, lost a loved one to suicide, or provided substantial support to a person with direct experience of suicide.

suicide prevention continuum: A range of suicide prevention efforts appropriate for different groups. It includes (1) efforts aimed at preventing community members from becoming at risk for suicide, (2) responsive intervention and crisis supports for individuals who experience thoughts of suicide or make a suicide attempt, (3) quality effective treatment and recovery services that directly address suicide, and (4) postvention strategies for individuals and communities after a crisis or loss to suicide.

trauma-informed approach: A program, organization, or system that (1) recognizes the widespread impact of trauma and understands potential paths for recovery; (2) recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; (3) responds by fully integrating knowledge about trauma into policies, procedures, and practices; and (4) seeks to actively resist re-traumatizing individuals.

upstream prevention: Also called “primary prevention,” it refers to community-based efforts that decrease risk factors and support protective factors to prevent people from experiencing suicidality. These efforts may include activities such as decreasing exposure to trauma, racism, or disparate access to health care, as well as supporting healthy connections and financial security.

Appendix B: Resources for Local Suicide Prevention Infrastructure

[Community-Led Suicide Prevention \(CLSP\)](#)

Developed by Education Development Center (EDC), the CLSP framework and online toolkit provides step-by-step information and how-to tools to support communities in achieving comprehensive suicide prevention. EDC also provides interactive training and tailored coaching on this model.

[Community Tool Box](#)

This University of Kansas website offers 16 toolkits on topics that help build healthier communities and bring about social change. Topics include coalition and leadership building; assessing needs and analyzing problems; developing, implementing, and evaluating action plans; enhancing cultural competence; applying for funding; and sustaining the work.

[Recommendations for State Suicide Prevention Infrastructure](#)

This SPRC resource presents recommendations for the development of a state-level infrastructure for suicide prevention.

[SPRC: About Lived Experience](#)

This SPRC webpage defines “suicide-centered lived experience” and describes the importance of involving people with lived experience in suicide prevention efforts. It also lists key considerations for engaging people with lived experience in prevention efforts.

[Suicide, Overdose, and Adverse Childhood Experiences Prevention Capacity Assessment Toolkit \(SPACECAT\)](#)

Developed by the National Association of County and City Health Officials and EDC, this resource provides guidance to local health departments on how to strengthen their capacity to address the intersection of suicide, overdose, and adverse childhood experiences (ACES)

Establish

[A Strategic Planning Approach to Suicide Prevention](#)

This free SPRC online course can help local suicide prevention coalitions identify activities that will be effective in addressing the problem of suicide and help prioritize their efforts. The training presents a case study that illustrates how a community task force applies the strategic planning process to its work.

[Getting Started Guide: Community-Led Suicide Prevention](#)

Developed by Community-Led Suicide Prevention (CLSP), this step-by step guide provides community members with information on how to launch their local suicide prevention efforts.

[Strategic Planning Worksheet](#)

This CLSP worksheet helps community-based suicide prevention coalitions plan across the seven CLSP elements and link their community's suicide prevention plans with the evidence-informed approaches in the Centers for Disease Control and Prevention's (CDC's) Suicide Prevention Resource for Action.

[Suicide Prevention Resource for Action](#)

This CDC resource details the strategies with the best evidence to reduce suicide. This resource can help states and communities prioritize suicide prevention activities that are most likely to have an impact.

Partner

[Coalition Guide Resource](#)

This easy-to-use guide assists communities and leaders through the process of building a coalition.

[Community Tool Box: Creating and Maintaining Coalitions and Partnerships](#)

This section of the Community Tool Box provides guidance on how to develop partnerships at the community level to advance a shared goal.

[SPRC: Partnerships and Collaboration](#)

These six worksheets focus on the various components for establishing a collaboration: running an initial collaboration meeting, identifying new partners, determining readiness for collaboration, developing partnerships and writing MOUs, identifying expertise and resources needed, and retaining members over time.

Guide and Support

[Addressing the Intersection of Suicide, Overdose, and Adverse Childhood Experiences: Guidance for Adapting Community-Led Suicide Prevention for Local Health Departments](#)

This guidance document provides information for adapting the key elements of the CLSP Toolkit to assist local health departments and partner organizations in taking a community-led approach to working at the intersection of suicide, overdose, and ACEs.

[Community Tool Box: Promoting Internal Communication](#)

This section of the Community Toolbox supports creating, using, and improving communication within a group or organization.

[County Health Rankings and Roadmaps Action Center: Communicate](#)

The Action Center's suite of resources provides guidance and tools to help communities create change related to health issues by moving from data to action. The Communicate section provides activities key to developing communication plans.

[Framework for Successful Messaging](#)

This National Action Alliance for Suicide Prevention website outlines four key factors to consider when messaging to the public about suicide: strategy, safety, conveying a positive narrative, and following relevant guidelines.

[Recommendations for Reporting on Suicide](#)

This website provides recommendations to news media reporters and editors on how to safely report on suicide.

Examine

[Beyond Numbers: Navigating Data for Suicide Prevention](#)

This free SPRC online course can help suicide prevention programs strengthen their suicide prevention data infrastructure and ensure data equity in all efforts.

[Locating and Understanding Data for Suicide Prevention](#)

This free SPRC online course offers step-by-step guidance on how to obtain and interpret suicide-related data in order to effectively target prevention efforts.

[Toolkit for Communities Using Health Data](#)

This toolkit provides guidance on how community-level organizations can collect, use, protect, and share health data responsibly.

