



## **PENNSYLVANIA YOUTH SUICIDE PREVENTION FIVE-YEAR ACTION PLAN**

**August 2007-July 2012**

The Suicide Prevention Monitoring Committee ensures implementation of the following 11 goals taken from the PA Youth Suicide Prevention Plan developed in 2001. The first 5 year action plan (2002-2007) emphasized the first four goals in both statewide and county activities. A planning meeting held in October 2007 recommended continuing to prioritize the first 3 goals and objectives of the first 5 year plan while making increased commitments to Goals 6, 7, and 8. Since many of the tasks listed in the first 5 year plan have been completed, new tasks and activities are currently being developed.

### **GOALS:**

- Goal 1:** Promote Awareness that Youth Suicide is a Public Health Problem that is Preventable
- Goal 2:** Develop Broad-based Support for Youth Suicide Prevention
- Goal 3:** Develop and Implement Strategies to Reduce the Stigma Associated with Being a Youth Consumer of Mental Health, Substance Abuse, and Suicide Prevention Services
- Goal 4:** Identify, Develop, and Implement Youth Suicide Prevention Programs
- Goal 5:** Promote Efforts to Reduce Access to Lethal Means and Methods of Self-Harm
- Goal 6:** Implement Training for Recognition of At-Risk Behavior and Delivery of Effective Treatment
- Goal 7:** Develop and Promote Effective Clinical and Professional Practices
- Goal 8:** Improve Access to and Community Linkages with Mental Health and Substance Abuse Services
- Goal 9:** Improve Reporting and Portrayals of Suicidal Behavior, Mental Illness, and Substance Abuse in the Entertainment and News Media
- Goal 10:** Promote and Support Research on Youth Suicide and Youth Suicide Prevention
- Goal 11:** Improve and Expand Surveillance Systems

**Goal 1: Promote Awareness that Youth Suicide is a Public Health Problem that is Preventable.**

<b>OBJECTIVES</b>	<b>TASKS</b>	<b>ACTIVITIES TO DATE: January 2008</b>
1. Develop public education campaigns	Develop fact sheets and place them on various state websites. Include information about depression, suicide and other behavioral health problems in the curriculum for education conferences	
2. Encourage a variety of organizations to add youth suicide prevention topics to their conferences/meetings, sponsor conferences and organize special issue forums	Sponsor an annual statewide suicide prevention conference. Provide suicide prevention fact sheets for use at organizations addressing this topic at other types of conferences and forums.	Held the first statewide Suicide Prevention Conference in September 2007. Planning committee is planning the second Suicide Prevention Conference to be expanded to two days in September 2008.
3. Increase awareness of Youth Suicide Prevention programs, activities, and information, including disseminating information through the internet.	Provide consistent updates to the newly acquired website domains: <a href="http://www.paspi.org">www.paspi.org</a> and <a href="http://www.paspi.info">www.paspi.info</a>	Child Death Review has purchased the domains for the next 4 years for use by the PA Suicide Prevention Initiative. A webmaster has been chosen. Meeting to discuss management of the website to be held in February.

**Goal 2: Develop Broad-based Support for Youth Suicide Prevention**

<b>OBJECTIVES</b>	<b>TASKS</b>	<b>ACTIVITIES TO DATE: January 2008</b>
1. Continue to support the state interagency committee to improve coordination and to ensure implementation of the state action plan	Hold sufficient Monitoring Committee and Subcommittee meetings to ensure implementation of the goals and objectives in the plan.	Monitoring Committee meetings held at least quarterly. Subcommittees held as needed. Suicide Prevention in Primary Care Subcommittee assisted in preparation of proposal for Garrett Lee Smith Youth Suicide Prevention grant opportunity.
2. Continue to support public/private partnerships dedicated to implementing the PA strategy	Provide opportunities for adequate communication among partners. Collaborate with organizations and Universities to promote Suicide Prevention trainings and activities	Members of the Monitoring Committee have provided resources for hosting meetings. Child Death Review has provided conference call resources to enable regular communication.

3. Increase the number of professional, volunteer, faith community, and other groups that integrate youth suicide prevention activities into their programs, and adopt policies to prevent youth suicide	Contact other states to get additional ideas.	
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**Goal 3: Develop and Implement Strategies to Reduce the Stigma Associated with Being a Youth Consumer of Mental Health, Substance Abuse, and Suicide Prevention Services**

<b>OBJECTIVES</b>	<b>TASKS</b>	<b>ACTIVITIES TO DATE: January 2008</b>
1. To increase treatment of the underlying mental health and/or substance abuse issues many suicidal youth experience by decreasing stigma associated with treatment	Tasks to be determined	
2. To transform public attitudes to view mental and substance abuse disorders as real illnesses, equal to physical illness, that respond to specific treatments, and to view youth who obtain treatment as pursuing basic health care	Tasks to be determined	

**Goal 4: Identify, Develop, and Implement Youth Suicide Prevention Programs**

<b>OBJECTIVES</b>	<b>TASKS</b>	<b>ACTIVITIES TO DATE: January 2008</b>
1. Increase the proportion of local communities with comprehensive suicide prevention plans	Identify a contact person for suicide prevention in every county.	Decision made to pursue the possibility of utilizing contacts in the county Child Death Review Teams.
2. Increase the number of evidence-based suicide prevention programs in schools, colleges, and family, youth and community service programs	Continue to encourage the use of TeenScreen, Signs of Suicide (SOS), Yellow Ribbon, and QPR.	
3. Develop technical support activities to build the capacity across the state to implement and evaluate suicide prevention programs	Tasks to be determined.	

**Goal 5: Promote Efforts to Reduce Access to Lethal Means and Methods of Self-Harm**

<b>OBJECTIVES</b>	<b>TASKS</b>	<b>ACTIVITIES TO DATE: January 2008</b>
1. Educate parents, health care providers, health and safety officials, and school personnel on: the assessment of lethal means in the home, school, and community, and identifying actions to reduce the means of self-harm in their environments	Identify resource persons who can facilitate education in community settings.	STAR Center has identified some resources and they will be pursued.
2. Implement a public information campaign designed to reduce accessibility of lethal means	To be determined.	

**Goal 6: Implement Training for Recognition of At-Risk Behavior and Delivery of Effective Treatment**

<b>OBJECTIVES</b>	<b>TASKS</b>	<b>ACTIVITIES TO DATE: January 2008</b>
1. Improve education for nurses, physician assistants, physicians, social workers, psychologists, addictions and other counselors	Promote the use of resources on the SPRC website.	
2. Provide training for clergy, teachers and other educational staff, corrections workers, staff of child-serving systems such as children and youth case workers, child welfare personnel, juvenile justice personnel, and attorneys on how to identify and respond to youth at risk for suicide	Expand prevention programs in juvenile detention centers. Identify particular risks for suicide in specific communities and barriers to help-seeking.	“Feeling Blue” has been providing QPR training statewide.
3. Provide training for leaders of youth, community and faith-based organizations and groups, child care providers, athletic associations, "adult mentors" and "peer mentors" on how to identify and respond to youth at risk for suicide	Promote the use of suicide prevention programs including QPR.	“Feeling Blue” has been providing QPR training statewide.
4. Provide educational programs for family members of youth at elevated risk	To be determined.	
5. Provide educational programs for all students for recognition of at-risk behavior and how to respond.	To be determined.	

**Goal 7: Develop and Promote Effective Clinical and Professional Practices**

<b>OBJECTIVES</b>	<b>TASKS</b>	<b>ACTIVITIES TO DATE: January 2008</b>
1. Change procedures and/or policies in certain settings, including primary care settings, hospital emergency departments, substance abuse treatment centers, specialty mental health treatment centers, and various institutional treatment settings, to include screening and assessment of youth suicide risk	Develop grant proposal to support the use of screening in primary care settings,	SAMHSA grant proposal submitted.
2. Ensure that individuals who typically provide services to youth suicide survivors have been trained to understand and respond appropriately to their unique needs (e.g., emergency medical technicians, firefighters, police, funeral directors)	Encourage use of resources from SPRC website.	
3. Increase the numbers of youth who receive support and continued treatment services (including consistent follow-up) for mood disorders and other behavioral health disorders difficult to detect such as substance abuse	To be determined.	
4. Ensure that youth treated for trauma, sexual assault, or physical abuse in all healthcare settings, including in emergency departments receive consultation, referral, mental health services, and/or support services. These support services may include domestic violence centers, rape crisis centers, etc	Encourage local task forces to promote the use of resources available on the SPRC website.	
5. Foster the education by providers of mental health and substance abuse services for family members and significant others of youth receiving care for the treatment of mental health and substance abuse disorders on the risk of suicide.	Develop grant proposal to support the training of behavioral health professionals to work with families.	SAMHSA grant proposal submitted.

**Goal 8: Improve Access to and Community Linkages with Mental Health and Substance Abuse Services**

<b>OBJECTIVES</b>	<b>TASKS</b>	<b>ACTIVITIES TO DATE: January 2008</b>
1. Explore the benefits for health insurance plans to cover mental health and substance abuse care on par with coverage for physical health care	To be determined.	
2. Implement utilization management guidelines for suicidal risk in managed care and insurance plans	To be determined.	
3. Integrate culturally competent mental health and suicide prevention into health and social services outreach programs for at-risk populations.	Continue to support the foundational efforts through OMHSAS for culturally competent care.	
4. Defining and implementing screening guidelines for schools, colleges, state professional organizations, and corrections institutions, along with guidelines on linkages with service providers	To be determined.	
5. Implementing support programs for youth who have survived the suicide of someone close	To be determined.	

**Goal 9: Improve Reporting and Portrayals of Suicidal Behavior, Mental Illness, and Substance Abuse in the Entertainment and News Media**

<b>OBJECTIVES</b>	<b>TASKS</b>	<b>ACTIVITIES TO DATE: January 2008</b>
1. Increase the number of local television programs and news reports that observe recommended guidelines in the depiction of suicide and mental illness	To be determined.	
2. Increase the number of journalism schools that adequately address reporting of mental illness and suicide in their curricula	To be determined.	
3. Promote awareness of the influence of the entertainment industry	To be determined.	

**Goal 10: Promote and Support Research on Youth Suicide and Youth Suicide Prevention**

<b>OBJECTIVES</b>	<b>TASKS</b>	<b>ACTIVITIES TO DATE: January 2008</b>
1. Promote youth suicide prevention research	Support the work of the Suicide Prevention in Primary Care Subcommittee. Support the work of members of Monitoring Committee who are doing research.	The Suicide Prevention in Primary Care Subcommittee has assisted in developing the r
2. Evaluate preventive interventions	Support the evaluation component of the Suicide Prevention in Primary Care Project recommended by the Suicide Prevention in Primary Care Subcommittee.	Evaluation component developed as part of the grant proposal to SAMHSA for the Suicide Prevention in Primary Care Project.
3. Establish a registry of interventions with demonstrated effectiveness for prevention of suicide or suicidal behavior.	Utilize existing registry from Suicide Prevention Resource Center (SPRC) and create link to <a href="http://www.sprc.org">www.sprc.org</a> from newly acquired state website.	Members of Monitoring Committee consistently and regularly check the SPRC website. Many resources from website are being utilized in local communities. Some resources will be used in the Suicide Prevention in Primary Care Project.

**Goal 11: Improve and Expand Surveillance Systems**

<b>OBJECTIVES</b>	<b>TASKS</b>	<b>ACTIVITIES TO DATE: January 2008</b>
1. Improve analysis and availability of statewide child death review data.	Create regular opportunities for review of child death review data and analyze for trends.	Monitoring Committee reviewed Child Death Review data in October 2007.
2. Increase the number of hospitals that code for external cause of injuries	To be determined.	
3. Produce an annual report on youth suicide	Develop an outline and format for report to be completed in June of each year.	
4. Encourage the development of pilot projects to link and analyze information on self-destructive behavior from various, distinct data systems.	Request information from partners on Monitoring Committee.	Juvenile Detention Centers Association of PA (JDCAP) has collected data on increasing suicide in detained youth. Data are available at <a href="http://jdcap">jdcap</a> .