

Community Partnerships in Suicide Prevention

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“Suicide is a serious public health challenge that has not received the attention and degree of national priority it deserves.”

**- The President's New Freedom
Commission on Mental Health, 2003**

Community Partnerships

- "...Much of the work of suicide prevention must occur at the community level, where human relationships breathe life into public policy." (Preface to the National Strategy for Suicide Prevention)
- David Satcher, M.D. Ph.D.
Surgeon General

Community Partnerships-NSSP

- Goal 4 of the National Strategy for Suicide Prevention
- "Develop and Implement Community Based Suicide Prevention Programs"
- Involve both government and the private sector
- Develop a plan, implement, and evaluate

Community Partnerships-Garrett Lee Smith Memorial Act

- Develop and implement statewide or tribal youth suicide early intervention and prevention strategies in schools, juvenile justice systems, substance abuse programs, mental health programs, foster care systems, and other child and youth support organizations

If you are in crisis, call the National Suicide Prevention Lifeline at 1-800-273-TALK

SPRC SUICIDE PREVENTION RESOURCE CENTER

This Month Don't Miss...

SPRC to train 1300 Air Force personnel to assess and manage suicide risk
The US Air Force has awarded SPRC a contract to conduct workshops on Assessing and Managing Suicide Risk at 45 Air Force installations around the world. Read [more](#).

SAMHSA AWARDS \$25.7 Million in Suicide Prevention Grants to Universities, States, Tribes
SAMHSA has awarded 46 grants, totaling \$25.7 million to support a broad array of activities across the country to prevent suicide, including grants funded through appropriations under the Garrett Lee Smith Memorial Act for youth suicide prevention. These most recent grants fund 34 campuses, nine states, and three tribal entities.

Louisiana and Mississippi to Receive \$2.4 million for Youth Suicide Prevention
SAMHSA announced awards of \$2.4 million over three years to Louisiana and Mississippi to develop and implement statewide suicide prevention and early intervention activities to benefit youth who are adversely impacted by the hurricanes of one year ago.

New curriculum helps mental health professionals manage suicide risk
SPRC and the American Association of Suicidology (AAS) announce a new workshop curriculum for mental health professionals and those working in EAP settings. The [one-day workshop](#) teaches competencies that are core to assessing and managing suicide risk.

More of "This Month Don't Miss"...

News Highlights

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History of SPRC

- Goal 4.8 of the *National Strategy for Suicide Prevention* called for “the development of a technical assistance and resource center to build capacity for states and communities to implement and evaluate suicide prevention programs.”

Information and Resources

- Multiple publications and other resources
 - Strategic Planning for Suicide Prevention
- Web pages for each of the 50 states, including contacts, data, and state suicide prevention plans
 - <http://www.sprc.org/stateinformation/index.asp>
- E-mail list:
 - *The Weekly Spark* – weekly newsletter

Community Partnerships

- A comprehensive, community driven, public health approach is necessary.
- Mental health services are an essential component of suicide prevention, but insufficient to reduce suicide rates in communities.

Why mental health services are not sufficient

- Many of those at high risk don't seek mental health services
- The majority of mental health professionals have not been trained in suicide risk assessment and management.
- Mental health services are often not accessible, poorly coordinated, and not structured to meet the needs of people at risk for suicide.

Community Partnerships

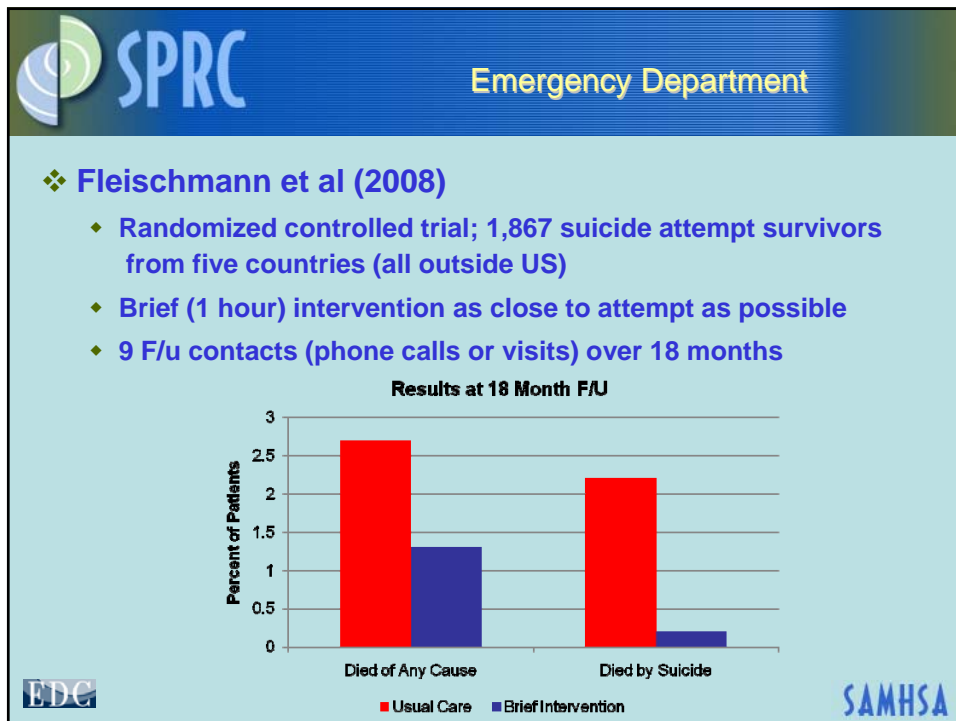
- Communities deserve high quality mental health services that are responsive to community needs.
- Communities need access to mental health services (problems include waiting lists, lack of evening hours)
- Mental health services need crisis response and outreach capacities .

Community Partnerships

- Utah Youth Suicide Study
- 63% of youth in Utah who died by suicide had previous contact with the juvenile justice system.
- 28% of youth in Utah who died by suicide had previous contact with mental health services.

Community Partnerships

- National Violent Death Reporting System
- Approximately 28% of males but approximately 50% of females have received mental health treatment at some point.
- South Carolina NVDRS
- 10% of those who died by suicide seen in an Emergency Department within 60 days of their death



Community Partnerships

- We need to be able to engage youth in the community settings where most youth can be found, as well as in those settings where high risk youth can be found.
- We need universal approaches to be utilized in schools and primary care settings.
- We also need suicide prevention approaches in juvenile justice settings, foster care settings, Emergency departments and substance abuse programs.

Community Partnerships

- You have heard about a number of school based suicide prevention approaches
- School based suicide prevention efforts have received significant support through the Garrett Lee Smith grants.
- SAMHSA is currently funding the development of a toolkit for school based suicide prevention efforts.

Community Partnerships

- Primary care is an underutilized setting for suicide prevention efforts.
- SPRC Rural Primary Care toolkit
- Pennsylvania GLS –primary care screening
- Tremendous opportunities for collaboration with other partners such as HRSA

Community Partnerships

- The Veterans Administration now has Suicide Prevention Coordinators in every VA Medical Center and many clinics as well who have responsibility for community outreach.
- SAMHSA funds the Campus Suicide Prevention grant program.

Community Partnerships

- Crisis Centers are important community partners.
- 143 in the National Suicide Prevention Lifeline network
- Often staffed by community volunteers, so they are really of the community.
- Spanish language subnetwork and American Indian initiative

Are you or someone you love at risk of suicide?

NATIONAL
SUICIDE
PREVENTION
LIFELINE™
I-800-273-TALK
www.suicidepreventionlifeline.org

NATIONAL
SUICIDE
PREVENTION
LIFELINE™
I-800-273-TALK
www.suicidepreventionlifeline.org

Get the facts and take appropriate action.

 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

Suicide Warning Signs

Seek help as soon as possible by contacting a mental health professional or by calling the National Suicide Prevention Lifeline at 1-800-273-TALK if you or someone you know exhibits any of the following signs:

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Acting reckless or engaging in risky activities—seemingly without thinking
- Feeling trapped—like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated, or unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life

Contact information

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