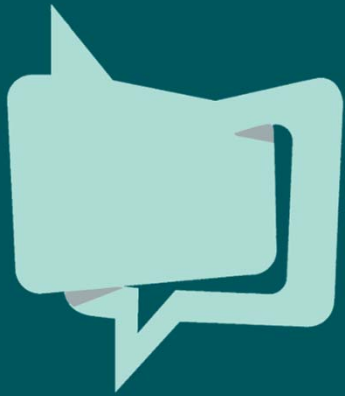# Learning Collaborative
Strategic Planning for Suicide Prevention

Learning Module 1: Strategic Framework

Know the Signs >> Find the Words >> Reach Out

Sandra Black, MSW

Anara Guard

Sandra Black has worked in suicide prevention in California since 2007. Until 2011 she managed the California Office of Suicide Prevention, which included completion and implementation of the California Strategic Plan on Suicide Prevention. In 2011 she joined the Know the Signs suicide prevention social marketing campaign as a consultant, and has since also joined the Each Mind Matters mental health movement team. She provides technical assistance to counties and community-based organizations around mental health promotion and suicide prevention. She holds an MSW from the University of California, Berkeley and a BS from Cornell University.

Anara Guard has worked in suicide and injury prevention since 1993. For the past eight years, she has been a subject matter expert advising Know the Signs and other suicide prevention projects. Previously, she was deputy director at the national Suicide Prevention Resource Center where, among other duties, she led the development of annual grantee meetings for SAMHSA's suicide prevention grantees and oversaw technical assistance. She has presented numerous workshops and trainings for journalists, community members, and the field of suicide prevention at large on how best to communicate about suicide prevention. Her publications include peer-reviewed articles and manuals on alcohol screening and brief intervention, rural suicide postvention, consumer protection approaches to firearm safety, child hyperthermia, violence and teen pregnancy, and more. Ms. Guard earned a master's degree in library and information science and a certificate in maternal and child health.

Sandra Black, MSW

Anara Guard

Rosio Pedroso

Stan Collins

Jana Sczersputowski, MPH

Rosio Pedroso has over 20 years of research and evaluation experience focusing on unserved and underserved communities. She has over six years of experience conducting train the trainer curriculum and materials for community engagement and statewide campaigns including suicide prevention and child abuse and neglect awareness.

Stan Collins, has worked in the field of suicide prevention for nearly 20 years. Currently he is working as a consultant, focusing on technical assistance in creation and implementation of suicide prevention curricula and strategies. Stan is a member of the American Association of Suicidology's Communication team and in this role supports local agencies in their communications and media relations related to suicide. In addition, he is specialized in suicide prevention strategies for youth and in law enforcement and primary care settings. Since 2016 he has been supporting school districts with AB 2246 policy planning and as well as postvention planning and crisis support after a suicide loss or attempt.

Jana Sczersputowski applies her public health background to deliver community-driven and behavior change oriented communication solutions in the areas of mental health, suicide prevention, child abuse prevention and other public health matters. She is specialized in strategic planning, putting planning into action, and evaluating outcomes. Most of all she is passionate about listening to youth, stakeholders and community members and ensuring their voice is at the forefront of public health decision making impacting their communities.
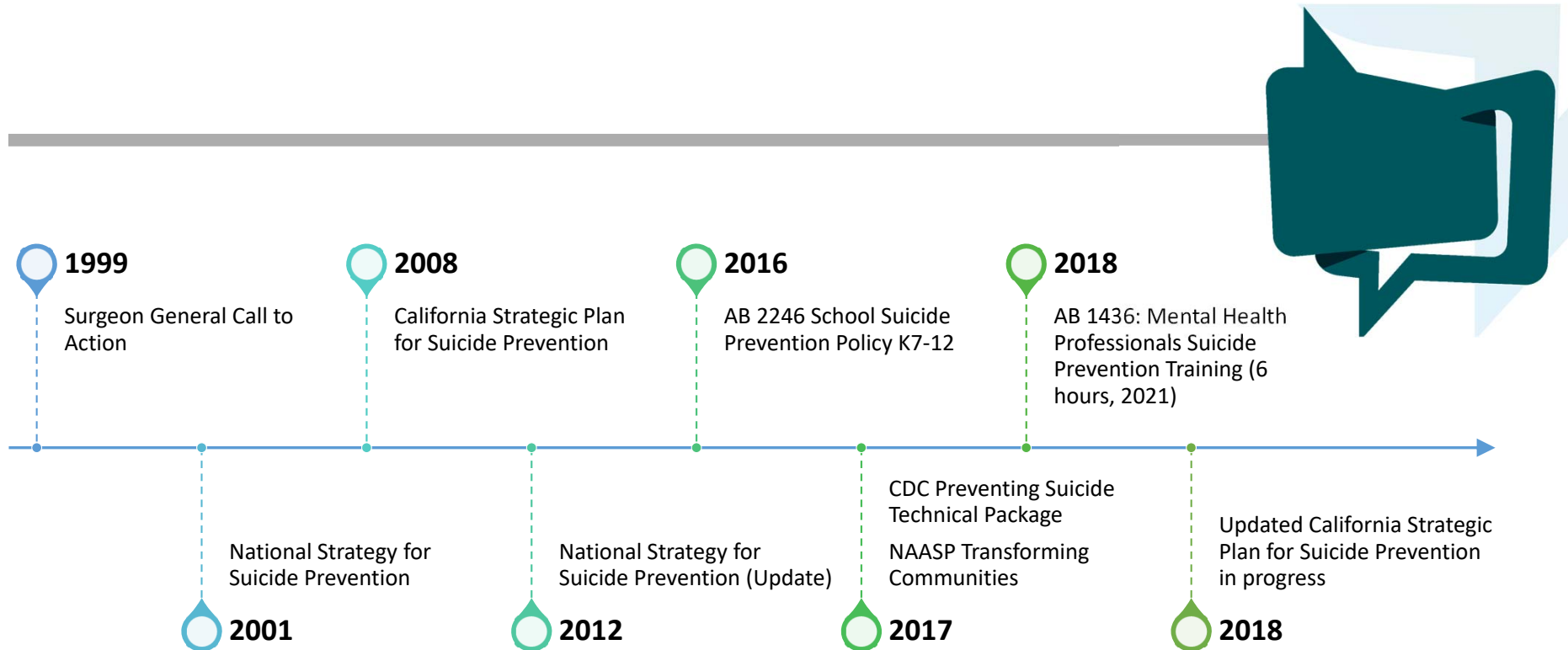
Strategic Planning Learning Collaborative Overview

Webinar 1: Strategic Planning Framework

- **Tuesday November 6th 10:30am-12p**

- Webinar 2: Describe the problem and its context
  - **December 4th 10:30am-12pm**

- Webinar 3: Building and sustaining a coalition
  - **January 15th 10:30am-12pm**

- Webinar 4: Putting planning into action: Selecting interventions and using logic models
  - **February 5th 10:30am-12pm**

- Webinar 5: Evaluating and sustaining your efforts
  - **March 12th 10:30am-12pm**

A History of Suicide Prevention Policies and Plans

1999
Surgeon General Call to Action

2001
National Strategy for Suicide Prevention

2008
California Strategic Plan for Suicide Prevention

2012
National Strategy for Suicide Prevention (Update)

2016
AB 2246 School Suicide Prevention Policy K7-12

2017
CDC Preventing Suicide Technical Package

NAASP Transforming Communities

2018
AB 1436: Mental Health Professionals Suicide Prevention Training (6 hours, 2021)

2018
Updated California Strategic Plan for Suicide Prevention in progress

Suicide rates have been rising in nearly every state, according to the latest Vital Signs report by the Centers for Disease Control and Prevention (CDC). In 2016, nearly 45,000 Americans age 10 or older died by suicide. Suicide is the 10th leading cause of death and is one of just three leading causes that are on the rise.
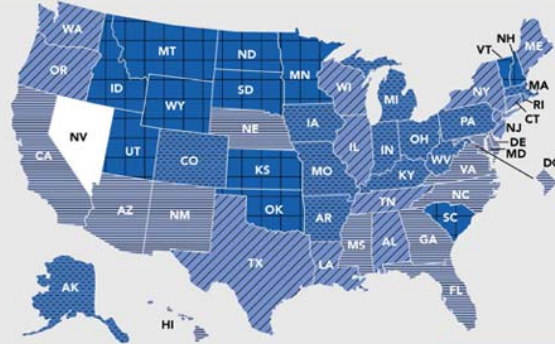
Suicide is rarely caused by a single factor. Although suicide prevention efforts largely focus on identifying and providing treatment for people with mental health conditions, there are many additional opportunities for prevention.

"Suicide is a leading cause of death for Americans – and it's a tragedy for families and communities across the country," said CDC Principal Deputy Director Anne Schuchat, M.D. "From individuals and communities to employers and healthcare professionals, everyone can play a role in efforts to help save lives and reverse this troubling rise in suicide."

Many factors contribute to suicide

For this *Vital Signs* report, CDC researchers examined state-level trends in suicide rates from 1999-2016. In addition, they used 2015 data from CDC's National Violent Death Reporting System, which covered 27 states, to look at the circumstances of suicide among people with and without known mental health conditions.

Suicide rates rose across the US from 1999 to 2016.

View large image and text description

Surgeon General

In 1999 the Surgeon General issued a Call to Action to Prevent Suicide, declaring suicide a "serious public health problem".

https://profiles.nlm.nih.gov/ps/access/nnbbbh.pdf)

Public Health

is the science of protecting and improving the health of people and their communities through prevention, early intervention, and effective response to disease when it occurs.
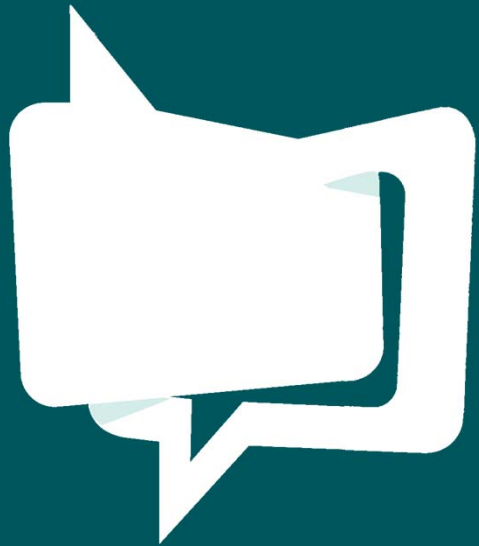
A Public Health Approach

emphasizes preventing problems from occurring or recurring (not just treating problems that have already occurred); focusing on whole populations rather than individuals; and addressing health disparities and access.

National Strategy for Suicide Prevention

The Surgeon General's report led to the development of the first national comprehensive suicide prevention plan in 2002, updated in 2012. This plan Acknowledges that suicide is a complex problem requiring complex solutions at multiple levels

Using a Public Health Approach to Suicide Prevention

Programs that have taken the public health approach to suicide prevention have demonstrated outcomes of reductions in suicidal behaviors, as well as other negative outcomes.

Review of programs that have demonstrated effectiveness in reducing suicide deaths and/or attempts to distill common elements had the following elements in common:

- ❑Unity
- ❑ Strategic Planning
- ❑ Integration
- ❑ Fit
- ❑ Communication
- ❑ Data
- ❑ Sustainability

Source:
NAASP Transforming Communities

Communities are key settings for suicide prevention

Life skills and positive social connections

are formed that help strengthen resiliency and

ability to copy with life's challenges.

The people

we interact with day to day are in a key position to

help identify who may be at risk and connect them

with the assistance and care. They provide support

for those bereaved by suicide.

Effective crisis services

are available and people know where
to find them

Connections are developed between different systems

promoting seamless care and support networks

Partners in Suicide Prevention

- Friends, families

- Workplaces

- Survivors of Suicide Loss and Suicide Attempts

- Mental health and health care providers

- Law enforcement, Coroner

- Faith leaders

- Social service providers

- Educators, youth workers

- Community leaders

- Substance abuse counselors

- Staff and organizations that serve specific populations that may be at risk

- Representatives from the community you want to serve

Recommended Reading

2012 National Strategy for Suicide Prevention: GOALS AND OBJECTIVES FOR ACTION
A report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention

CALIFORNIA STRATEGIC PLAN ON SUICIDE PREVENTION: Every Californian Is Part of the Solution

Action Alliance FOR SUICIDE PREVENTION
Prepared by the Transforming Communities Priority Group of the National Action Alliance for Suicide Prevention

TRANSFORMING COMMUNITIES
Key Elements for the Implementation of Comprehensive Community-Based Suicide Prevention

Preventing Suicide: A Technical Package of Policy, Programs, and Practices
National Center for Injury Prevention and Control
Division of Violence Prevention
CDC

What happens when you call a meeting of community members and stakeholders together and ask what the county needs to do about suicide?

Emotional response to recent loss and/or media stories

Harrowing stories

Address needs of diverse communities

Raise awareness

Someone needs to do something!!!

More services

More trainings

What makes a Plan Strategic?
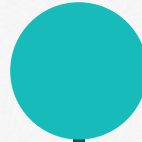
Developed and monitored by a coordinating body
such as a coalition, that is responsible for implementing, tracking, and monitoring progress.
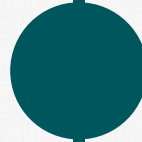
Outlines a logical process
where certain actions are intended to lead to certain outcomes, ways to know if things have gone off course, and opportunities to change course.
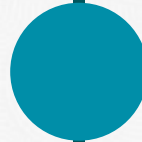
Identifies clear and measurable objectives
that are time limited, focused and specific.

Based on data
from multiple sources and presenting an objective view of the problem, a realistic assessment of strengths and challenges, feasibility, and readiness

Result of a strategic planning process

Steps of Strategic Planning

1

STEP 1
Describe the Problem

2

STEP 2
Choose Long Term Goals

3

STEP 3
Identify Risk and Protective Factors

4

STEP 4
Select or Develop Interventions

5

STEP 5
Plan the Evaluation

6

STEP 6
Implement, Evaluate, Improve

Based on the Steps of Strategic Planning Framework from the Suicide Prevention Resource Center (SPRC).

Step 1:
Describing the Problem and its Context

The Issue

The Construction Industry is at High Risk for Suicide

Here is why the nation should make suicide prevention a priority:

National Statistics

- Over **41,000** suicides occur each year making it the **10th highest cause of death for all ages** (CDC).

- Each year, self-inflicted injury accounts for 836,000 emergency department visits (CDC).

- **Suicide is the 2nd leading cause of death for men 25-54** in the United States (CDC).

- More people die from suicide than from motor vehicle crashes (CDC).

- Men in high skill and high stakes occupations (i.e. supervisors of heavy construction equipment) are almost 1.5 times more likely to die by suicide (Business Insider)[1][2].

- People in occupations requiring no education after high school are more at risk for suicide (Review of 34 Studies)[3].

"You can't fix your mental health with duct tape."
- ManTherapy.org

Construction Industry Statistics

- **Men out-pace women four to one in suicide deaths** and white working-age men have the highest suicide rates. However, **among women**, workers with the **highest suicide rates were in construction and extraction** (134.3 per 100,000).

- The **construction industry** is in the **top nine** occupations **at risk for suicide** (BLS).

"We have a tough guy mentality – suck it up and get through whatever is thrown at you. The idea to be open to something that is personal, at work, is difficult. Usually there is a perception that you'll be met with indifference. The Operations Staff needs to understand that it is okay to discuss personal issues.

- Trade Supervisor

[1] Lubin, G. (2011, October 18). The 19 Jobs Where You're Most Likely To Kill Yourself. Retrieved August 5, 2015.
[2] NIOSH (2015). National Occupational Mortality Surveillance (NOMS). U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, Division of Surveillance, Hazard Evaluation and Field Studies, Surveillance Branch. Retrieved August5, 2015.
[3] Milner, A., Spittal, M., Pirkis, J., & Lamontagne, A. (2013). Suicide by occupation: Systematic review and meta-analysis. The British Journal of Psychiatry, 203(6), 409–416. doi:10.1192/bjp.bp.113.128405

SUICIDES BY AGE GROUP IN 2016

LIVE WELL SAN DIEGO

Age Group	Male	Male Rate**	Female	Female Rate**	Total	Total Rate**
10-19	13	6.7	5	2.4	18	4.5
20-29	60	23.8	12	4.0	72	13.1
30-39	52	22.6	16	6.5	68	14.3
40-49	49	23.4	18	8.6	67	16.0
50-59	59	27.6	30	14.4	89	21.1
60-69	43	25.7	15	9.9	58	18.2
70-79	18	19.2	9	11.8	27	15.9
80+	25	35.6	4	*	29	25.1

*Rates not calculated for totals less than 5

**Rates per 100,000 people

Sources: County of San Diego, Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 – 2016. Centers for Disease Control and Prevention, National Center... WONDER On-line Database...

SUICIDE RATES BY MARITAL STATUS, 2016
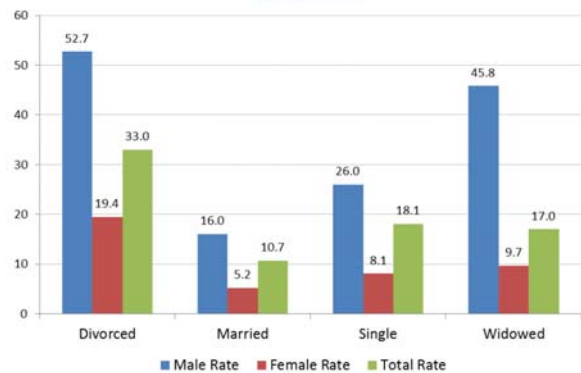
LIVE WELL SAN DIEGO

Sources: County of San Diego, Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 – 2016. Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2016. CDC WONDER On-line Database. U.S. Census Bureau, 2007-2016 American Community Survey.

Rates per 100,000 people

SUICIDE RATES BY RACE AND GENDER, 2016
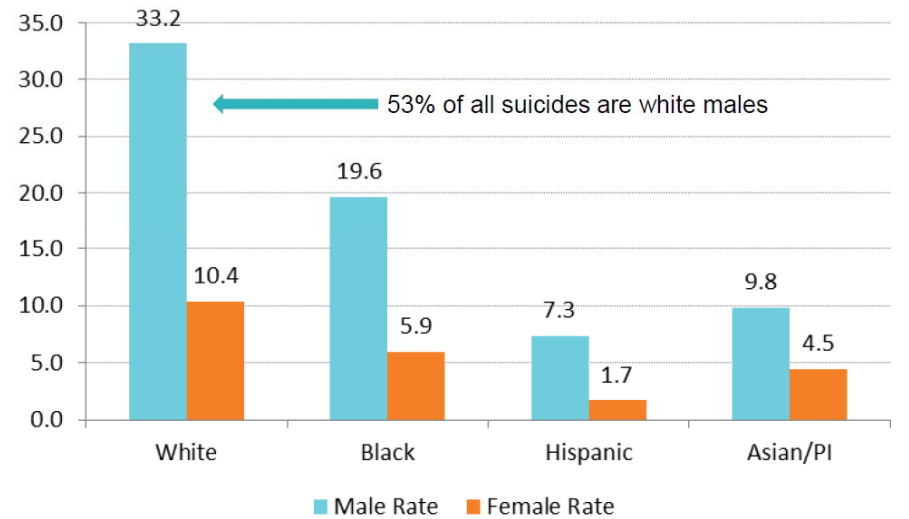
LIVE WELL SAN DIEGO

53% of all suicides are white males

Sources: County of San Diego, Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 – 2016. Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2016. CDC WONDER On-line Database. U.S. Census Bureau, 2007-2016 American Community Survey.

Rates per 100,000 people

PERCENT METHOD OF SUICIDE, 2003 - 2016

Sources: County of San Diego, Health and Human Services Agency, Emergency Medical Services, Medical Examiner Database, 2000 – 2016. Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2016. CDC WONDER On-line Database. U.S. Census Bureau, 2007-2016 American Community Survey.

Step 2:
Choose Long Term Goals
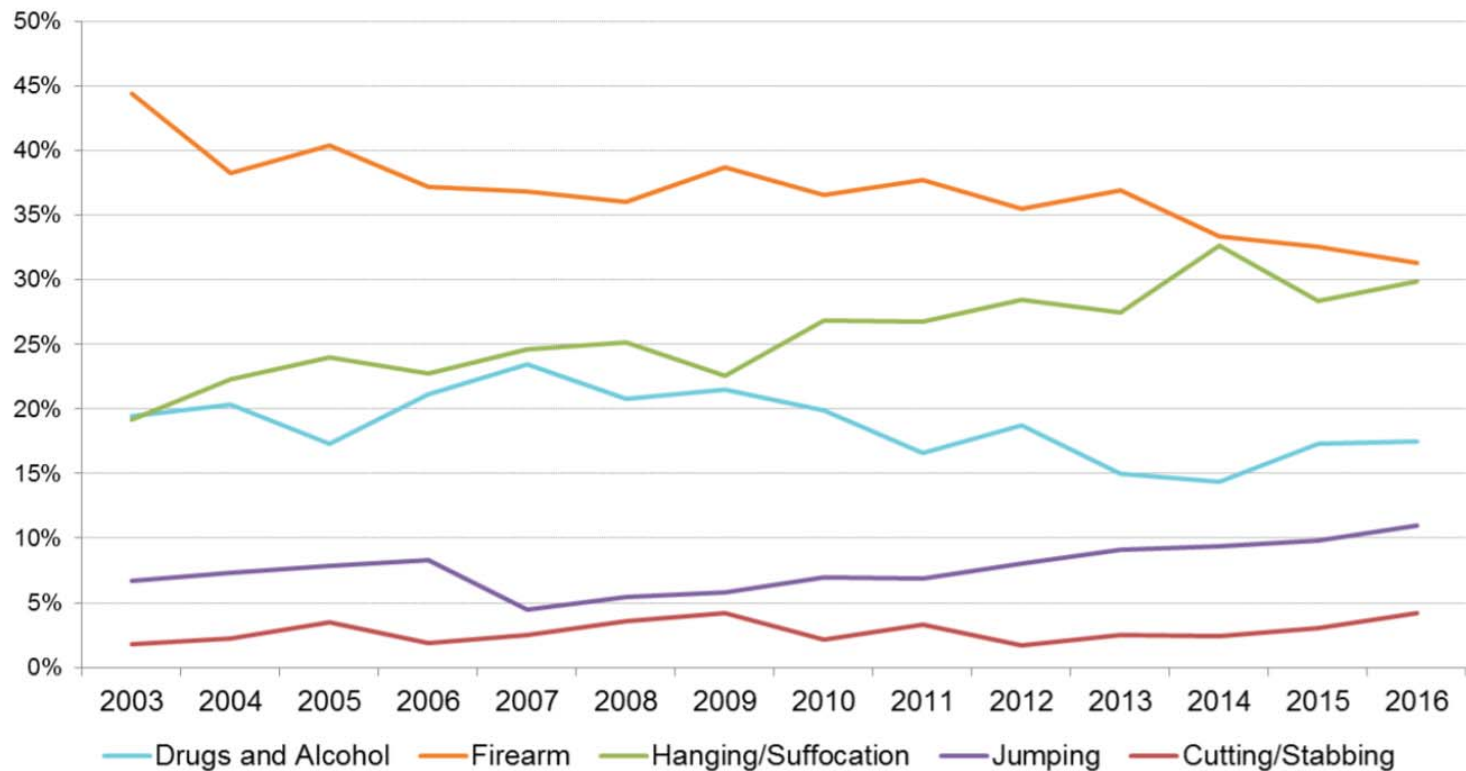
Social Marketing Campaign

Target Groups	Activities (Universal & Selective)	Short Term Outcomes (Knowledge, Attitude, Skills)	Long Term Outcomes (Behavior Change)	Outcome Measures
General Public and Individuals at Risk **Selected Audiences at Elevated Risk:** Experiencing mental illness Suicide survivors Veterans Middle-aged white men Older adults Asian adults, specifically Filipino, Vietnamese and Chinese Americans Native American youth GLBTQ youth Latina youth	Media Campaign **(Statewide)** Campaign Tool Kits with ready to use, targeted materials (TV, Radio, Print, Online and more) provided to each County **(Statewide)** Targeted materials for those at elevated risk (**Driven by data and demographics**) Social Media Campaign **(Statewide)** Digital Stories **(Statewide)** Targeted Websites **(Statewide)** Safe Messaging Video Contest **(Statewide)**	**Increased knowledge:** Risk factors and warning signs Crisis lines and resources Suicide is preventable Recovery is possible Exposure to role modeling of how to offer help Exposure to the value of becoming a trained gate keeper Exposure to hope through personal stories Survivor support groups are trained to advocate with local media Survivor support groups have received sustainability training News media have reporting recommendations and	More people will recognize warning signs, confidently offer help and be able to connect at risk individuals to resources More people will be trained as gate keepers More individuals will ask for help and seek help from appropriate resources Reduced stigma around help seeking More and balanced news coverage about suicide More news coverage and entertainment practicing safe messaging More survivor support	Baseline and annual follow-up studies Number of media impressions Data from counties ordering and using media materials Website traffic analysis Calls to phone numbers listed on campaign materials News coverage of suicide statewide Annual media analysis of news coverage adhering to reporting recommendations Number of news outlets

Step 3:
Identify Risk and
Protective Factors

Risk and Protective Factors

Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes. The vast majority of people who have risk factors do not die by suicide. The relevance of risk factors can vary by age, race, gender, sexual orientation, where you live, and socio-cultural and economic status.

Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events. They promote strength and resilience.

Individuals

Protective Factor: Coping and problem solving; reasons for living (e.g. children in the home); moral or religious objections to suicide; restrictions on access to lethal means

Risk Factor: History of depression and other mental illness; substance abuse; previous suicide attempt; personality features (aggression, impulsivity); hopelessness, certain health conditions, trauma, exposure to violence (victimization and perpetration); genetic and biological determinants

Relationships

Protective Factor: connectedness to others; supportive relationships with health and mental health care providers;

Risk Factor: high conflict or violent relationships; family history or loss of someone to suicide; isolation and lack of social support; financial and work stress

Community

Protective Factor: safe and supportive schools, workplaces, community environments; sources of continued care for health and behavioral health issues; support after suicide; restrictions on access to lethal means

Risk Factor: Few supportive relationships; Barriers to health and behavioral health care

Society

Protective Factor: availability of appropriate and effective health and BH care; restrictions on access to lethal means

Risk Factor: ready availability of lethal means; unsafe media and public portrayals of suicide; stigma associated with help-seeking and mental illness

Industry Risk Factors

"*A big part of the depression is drinking or using. A lot of times the issue is pain. We are in labor, so literal physical body pain. The more in pain they are, the more they drink or take a couple extra drugs...*"

- Field Manager

Access to lethal means: People who have access to, and familiarity with, lethal means like firearms, pills and high places, are often less afraid and more capable of self-inflicted harm by these means.

Capability for fearlessness: When a workplace has a culture of recklessness, bravery and/or stoicism, and people are rewarded for being tough, they are often less likely to reach out and ask for help.

Exposure to physical strain or psychological trauma: Workplaces that expose employees to physical or psychological injury through traumatic life-threatening events can experience symptoms of chronic pain, post-traumatic stress, or burnout that can contribute to suicide despair.

Culture of substance abuse: Workplaces that informally support a culture of self-medication to relieve stress can experience escalating substance abuse problems that also increase the risk of suicide.

Fragmented community/isolation: When workers are often in transitory or seasonal employment, they can experience a lack of belongingness and a higher level of uncertainty that adds to a sense of isolation and lack of meaning.

Humiliation/Shame: When a humiliating job failure occurs and the employee's main source of identity is their work, this event can trigger depression and suicidal thoughts.

Industry Risk Factors (continued)

Entrapment: When employees feel that they must do something they would not normally do because they see no other way to meet their goals, hopelessness can result. Sometimes workers in the industry experience the "golden handcuffs" phenomenon: feeling entrapped into the one line of very stressful work because they see no other way to sustain a certain standard of life for themselves and their families.

Workplaces involved in community suicide deaths: Construction sites that include bridges and buildings are sometimes the death sites for suicide. These types of community suicides can trigger suicidal thoughts or depression in job site workers.

"I know one person who killed himself and three more that OD'd. That's a lot. A lot of guys just don't think that they measure up, and all day they are just told to get it done, get it done, get it done."

- Field Manager

Nature of the work: Cyclical work with regular periods of lay-offs and re-hiring causes uncertainty about employment. Workforce and skill shortages result in laborers working overtime to complete projects. The combination results in a "pressure cooker" atmosphere that can overwhelm employees.

Sleep disruption: Working long or abnormal hours can effect sleep, causing mental and physical exhaustion. This effects performance, increases the probability of injury, and can exacerbate other mental health concerns.

"A guy who worked with me started doing drugs, he always drank like a lot of workers do. He turned to meth and it went downhill. He needed someone to talk to."

-Trade Supervisor

Protective Factors

- Culture that promotes the importance of safety
- Emphasis on teamwork
- Culture of employee engagement and connectedness, providing a sense of "brotherhood"
- Culture of wellness that values mental health
- Access to insurance and mental health care (e.g., Employee Assistance Program)
- Informational support systems (buddy systems)
- Leadership and supervisor training

"The buddy system was originally set up as a safety concern. We'd ask each other, 'Do you have everything planned out so you'll be safe?' The buddy system gave new people an opportunity to say something if they saw anything happening that was wrong. But it was never geared toward "how are you doing today?"

- Field Manager

Step 4:
Select or Develop Interventions

SPRC Approach to Suicide Prevention

Upstream

Increase connectedness, life skills, resiliency, help-seeking

KINGS VIEW
TULARE & KINGS COUNTY WARM LINE

Confidential
Confidencial

Peer-to-peer
Recibira apoyo por telefono

Non-Crisis
No es una linea de emergencia

We are ready to listen when you are ready to talk
Estamos dispuestos a escuchar cuando estés listo para hablar

Toll Free Llama Gratis
1.877.306.2413

ALWAYS OPEN
SIEMPRE ABIERTO

A service of Kings View funded through the Tulare County MHSA Program

Like us on Facebook
Tulare County Warm Line

behavioral health
kcbh.org

GOOD SUPPORT NEVER GOES OUT OF STYLE

MEALS ON WHEELS
deliver a difference

the OC WarmLine

Directing Change
Program & Film Contest
www.DirectingChange.org

Intervention

Identify and assist, respond to crises, care transitions/linkages, effective care and treatment

Pain Isn't Always Obvious

KNOW THE SIGNS

Suicide Is Preventable.org

ASIST

safeTALK

Recommended Standard Care for People with Suicide Risk:
MAKING HEALTH CARE SUICIDE SAFE

The Trevor Project
SAVING YOUNG LIVES
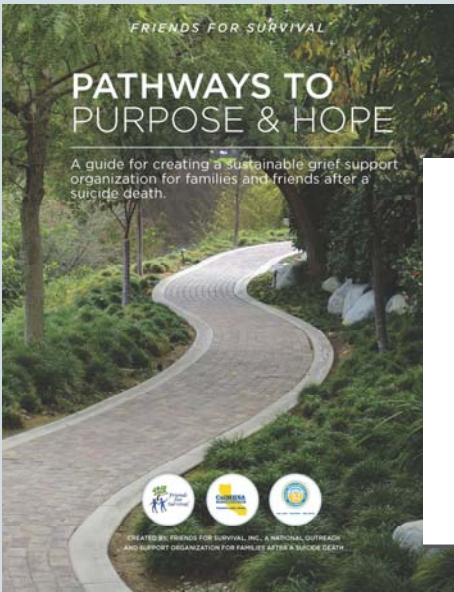
Postvention and Support:
after suicide deaths and attempts

Reduce Access to Lethal Means

Suicide Prevention Resource Center

REGISTER   LOG IN

Online Courses Home   List of Courses   FAQ

NATIONAL SUICIDE PREVENTION LIFELINE   1 (800) 273 TALK   8255

Online Courses

Counseling on Access to Lethal Means (CALM)

Course Description

Log in

Access to lethal means can determine whether a person who is suicidal lives or dies. This course explains why means restriction is an important part of a comprehensive approach to suicide prevention. It will teach you how to ask suicidal patients/clients about their access to lethal means, and work with them and their families to reduce their access.

After completing this course you will be able to:

Explain why reducing access to lethal means is an effective way of saving lives.
- Describe the role of impulsivity, ambivalence, and differing lethality of methods in contributing to suicide deaths and attempts.
- Describe how counseling on access to lethal means fits into suicide prevention counseling.
- Ask your patients/clients about their access to lethal means.
- Work with your patients/clients on reducing access to lethal means, particularly firearms and medications, including:
  - Communicate effectively with your patients/clients about this issue.
  - Set goals for reducing access and develop a plan that is acceptable to both you and your patients/clients.

Counseling on Access to Lethal Means online training

You have the power to make a difference.

The power to save a life.

In a crisis, call **WellSpace Health** at 1.800.273.TALK (8255)

For older adults, please call **the Friendship Line** at 1.800.971.0016

Supported by the Glenn County Behavioral Health Department

BEHIND CLOSED DOORS I'M FALLING APART

On the surface, a friend experiencing emotional pain or suicidal thoughts may seem OK. The warning signs — like isolation, depression or hopelessness — aren't always obvious. Knowing the signs is the first step toward being there for a friend in need. Visit suicideispreventable.org to recognize the signs, find the words and reach out. You have the power to make a difference. The power to save a life.

KNOW THE SIGNS

Suicide is Preventable.   Learn the signs at suicideispreventable.org

CDC Technical Package

Preventing Suicide

Strategy	Approach
Strengthen economic supports	• Strengthen household financial security • Housing stabilization policies
Strengthen access and delivery of suicide care	• Coverage of mental health conditions in health insurance policies • Reduce provider shortages in underserved areas • Safer suicide care through systems change
Create protective environments	• Reduce access to lethal means among persons at risk of suicide • Organizational policies and culture • Community-based policies to reduce excessive alcohol use
Promote connectedness	• Peer norm programs • Community engagement activities
Teach coping and problem-solving skills	• Social-emotional learning programs • Parenting skill and family relationship programs
Identify and support people at risk	• Gatekeeper training • Crisis intervention • Treatment for people at risk of suicide • Treatment to prevent re-attempts
Lessen harms and prevent future risk	• Postvention • Safe reporting and messaging about suicide

Recommendations for Effective Suicide Prevention

"Bake it in, don't bolt it on." - *D. Covington, Executive Committee Member of the National Action Alliance for Suicide Prevention, on the importance of integrating suicide prevention strategies into existing culture and strengths of organizations.*

UPSTREAM	MIDSTREAM	DOWNSTREAM
Prevent Problems from Happening in the First Place	**Identify Problems Early and Connect People to Help**	**Safe and Compassionate Responses to Mental Health Crises**

UPSTREAM

Shift Workplace Cultural Perspective: Make mental health and suicide prevention health and safety priorities. Leadership must model this, clearly communicate benefits and answer questions for concern. Regularly promote mental health practices and a range of resources – e.g., new employee orientation, benefits renewal, newsletters.

Develop Life Skills: Offer training in conflict resolution, stress management, communication skills, financial planning, goal setting, parenting or other skills-based programs for employees.

Improve Mental Health and Addiction Knowledge: Deliver regular toolbox talks and awareness communication on mental health topics and how to improve wellness. Consistently link mental health with wellness and safety programs.

Promote Social Networks: Create a healthy community and foster genuine workplace support.

MIDSTREAM

Identify People at Risk: Detect early symptoms for depression, anxiety, substance abuse and anger.

Promote Help-Seeking: Promote resources like the National Suicide Prevention Lifeline 1-800-273-TALK (8255), provide peer assistance training and normalize help-seeking behavior.

Increase Access to Quality Care: Provide affordable mental health services well-versed in state-of-the-art suicide risk assessment, management and support and a range of effective treatment options.

DOWNSTREAM

Promote Worker Use of Mental Health Services: When workers are struggling, supervisors can take the lead in connecting employees to immediate mental health and crisis services.

Restrict Access to Potentially Lethal Means: When potential for suicide is high, remove access to guns, pills and other means of suicide.

Provide Support after Suicide: Follow crisis management procedures and longer-term support in the aftermath of a suicide as outlined in "A Managers Guide to Suicide Postvention in the Workplace" [available as free PDF at www.WorkingMinds.org].

Strategy	Strategic directions	Examples of suggested actions (listing here is not intended to indicate that these actions are priorities)	Example potential evaluation outcomes
Means Reduction	**5a.** Educate community and professionals	• Share research offered by the Harvard School of Public Health on "Means Matter" • Disseminate information on safe storage of firearms • Develop clinical skills in lethal means assessment and counseling for healthcare professionals • Train providers on how to work with veterans to figure out how to reduce means in a way that is specific to them	✓ Improved understanding of the effectiveness of means reduction strategies ✓ Increased advocacy efforts for decreasing access to means of suicide ✓ Increased capacity in lethal means assessment ✓ Decreased access to lethal means

Figure 1. SPAP Strategy Framework

San Diego County
Suicide Prevention Action Plan
Update 2018

Working Together To End Suicide

PREVENT FIREARM SUICIDES

Firearms are the leading method of suicide in San Diego County.

In fact, suicides by firearm outnumber homicides by firearm approximately 3 to 1.
County of San Diego Health and Human Services Agency (HHSA), Emergency Medical Services

Over a 10-year period 1,451 people died of suicides involving firearms in San Diego County.
HHSA, Emergency Medical Services, Medical Examiner Database, 2008-2017

Look inside to learn the warning signs for suicide and gun safety tips to keep yourself or a loved one safe.

Step 5:
Plan the Evaluation

Left Diagram

IF people know the warning signs of suicide… → AND know of resources where they can seek help… → THEN they will be more confident in their ability to discuss suicide… → AND IF they know what questions to ask and how to intervene with a person at risk → THEN they will take the appropriate steps… → AND more people will be helped as a result.

Right Diagram (Appendix B)

Your Voice Counts (YVC) Forum
Will provide community members, consumers, and stakeholders with ongoing input into the design, implementation and evaluation of the campaign

Long Term Outcome: Increased Statewide Capacity to Prevent Suicide

Prevention: More individuals seek help and have access to resources and support groups resulting in fewer suicide attempts and death.

Early Intervention: More Californians are able to recognize warning signs and are trained to intervene.

Systems Change: More media and entertainment outlets practice safe messaging resulting in more and balanced news and media coverage.

Social Marketing Campaign

Target Groups	Activities (Universal & Selective)	Short Term Outcomes (Knowledge, Attitude, Skills)	Long Term Outcomes (Behavior Change)	Outcome Measures
General Public and Individuals at Risk	Media Campaign **(Statewide)**	**Increased knowledge:** Risk factors and warning signs; Crisis lines and resources; Suicide is preventable; Recovery is possible	More people will recognize warning signs, confidently offer help and be able to connect at risk individuals to resources	Baseline and annual follow-up studies
Selected Audiences at Elevated Risk:	Campaign Tool Kits with ready to use, targeted materials (TV, Radio, Print, Online and more) provided to each County **(Statewide)**	Exposure to role modeling of how to offer help	More people will be trained as gate keepers	Number of media impressions
Experiencing mental illness	Targeted materials for those at elevated risk **(Driven by data and demographics)**	Exposure to the value of becoming a trained gate keeper	More individuals will ask for help and seek help from appropriate resources	Data from counties ordering and using media materials
Suicide survivors	Social Media Campaign **(Statewide)**	Exposure to hope through personal stories	Reduced stigma around help seeking	Website traffic analysis
Veterans	Digital Stories **(Statewide)**	Survivor support groups are trained to advocate with local media	More and balanced news coverage about suicide	Calls to phone numbers listed on campaign materials
Middle-aged white men	Targeted Websites **(Statewide)**	Survivor support groups have received sustainability training	More news coverage and entertainment practicing safe messaging	News coverage of suicide statewide
Older adults	Safe Messaging Video Contest **(Statewide)**	News media have reporting recommendations and Entertainment industry is exposed to safe messaging through involvement in safe messaging video contest	More survivor support groups available in the community	Annual media analysis of news coverage adhering to reporting recommendations
Asian adults, specifically Filipino, Vietnamese and Chinese Americans	PR, Events and Media Advocacy **(Statewide and Regional)**	Increased knowledge of health care providers about suicide	More health care providers with skills to recognize and act when patients showing warning signs of suicide	Number of news outlets that participate in forums
Native American youth	Training Forums for Media and Survivors. **(Regional)**	10 rural counties will have received media training and technical assistance		Number of news outlets that adopt reporting policies
GLBTQ youth	Health Care Provider Campaign **(Statewide)**			
Latina youth	Targeted Outreach to Rural Communities **(Regional)**			
Rural residents				
Selected Groups				
Peer support groups				
News media				
Entertainment				
Health care providers				
Rural counties				

Core Values
Community and consumer driven, utilization of best practices, sustainable, culturally and linguistically competent, collaboration & integration, data driven & outcomes-based

Step 6:
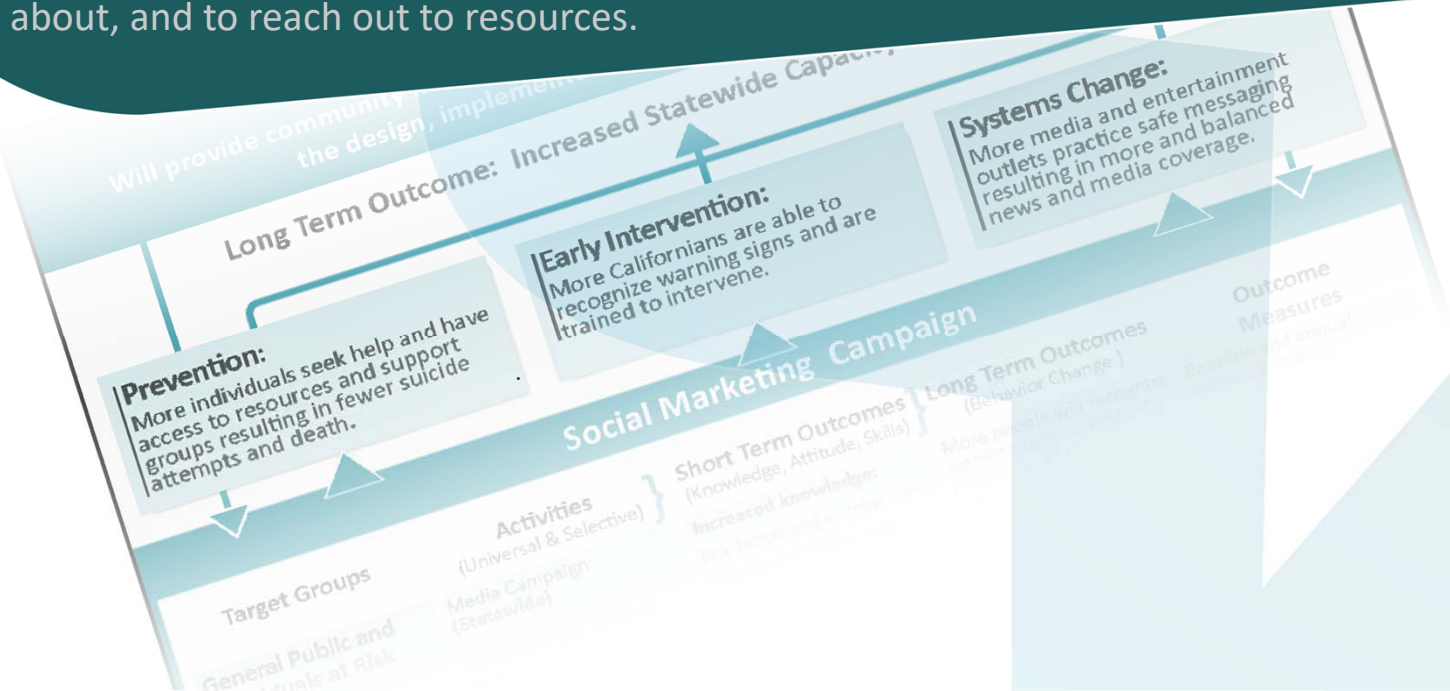# Implement, Evaluate and Improve

Know the Signs is a statewide suicide prevention social marketing campaign with the overarching goal to increase Californians' capacity to prevent suicide by encouraging individuals to know the signs, find the words to talk to someone they are concerned about, and to reach out to resources.

KN♦W THE SIGNS

Will provide community
the design, implement

Long Term Outcome: Increased Statewide Capacity

Systems Change:
More media and entertainment outlets practice safe messaging resulting in more and balanced news and media coverage.

Early Intervention:
More Californians are able to recognize warning signs and are trained to intervene.

Prevention:
More individuals seek help and have access to resources and support groups resulting in fewer suicide attempts and death.

Social Marketing Campaign

Target Groups

General Public and
...uals at Risk

Activities
(Universal & Selective)

Media Campaign
(Statewide)

Short Term Outcomes
(Knowledge, Attitude, Skills)

Increased knowledge:

Long Term Outcomes
(Behavior Change)

Outcome
Measures

50%

Californians were exposed to the Know the Signs campaign that was rated by an expert panel to be **aligned with best practices** and one of the best media campaigns on the subject.

"The results provide further evidence that the **Know the Signs** campaign is making Californians **more confident in their ability to intervene** with someone at risk of suicide."
(RAND Corporation, 2015)

Q&A

EachMind
MATTERS
California's Mental Health Movement

CalMHSA

MENTAL HEALTH SERVICES ACT
PROPOSITION
63
CALIFORNIA

Pain Isn't Always Obvious
KNOW
THE SIGNS
Suicide Is Preventable

Funded by counties through the voter-approved Mental Health Services Act (Prop. 63).