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# Suicide Prevention Planning Tool

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**Division of Mental  
Health and Addiction**



## Everyone Has a Role

As an advocate for suicide prevention, your first priority should be to mobilize the people and resources in your community around the issue. All of the community sectors cited below have the ability to change policy or contribute their time, influence and resources to the issue. For each sector below, list the names of those in your community that could be a collaborative partner in your prevention efforts. Where gaps exist in your list, your next task should be to identify these partners.

### Youth

Young people often turn to their peers to cope with social or emotional pain. Having youth at the table as partners and advisors is crucial for effective program development.


### Education

Educators have day-to-day contact with many young people and are well-positioned to observe students and to act. Administrators also have the power to influence policy.


### Parents

Like educators, parents are well-positioned to recognize warning signs in their children and children's peers and are powerful advocates for youth health.


### Survivors

Survivors are in a unique position to advocate for suicide prevention. Telling their stories will help bring attention to the problem and influence others into action.


### Business

Business leaders are often able to offer resources for your projects. They have a vested interest in the well-being and prosperity of the community, and they can also bring credibility and influence to your project.


### Healthcare

A substantial number of people contact their physician prior to a suicide attempt and first responders are in a key position to recognize warning signs. Healthcare administrators also have the ability to create policy.


### Faith

Studies reveal that large numbers of people who are thinking of harming themselves turn to clergy rather than to mental health professionals.


### Mental Health

Mental health providers in your community have a vested interest in suicide prevention—they are well-positioned to observe warning signs.


### Elected Officials

Support from the decision makers in your community is vital. They allocate funds, make decisions about health services and influence community attitudes.


### Justice

Youth in the justice system are at risk for suicide. Therefore, those in the judicial system have an important role in recognizing warning signs and advocating for services for youth offenders.


### Law Enforcement

Law enforcement is often the first responder for youth in crisis. Their experience and expertise makes them excellent advisors in program design as well as key partners in program implementation.


### Media

Research on suicide has established that suicides can increase with media attention. There are steps the media can take to prevent suicide and suicide contagion. Media is also a key partner in changing community attitudes.


### Other Key Stakeholders








## Why Youth Participation?

### Youth Have A Right To Participate

The right of youth to participate in decisions that affect them has been firmly endorsed through the United Nations Convention on the Rights of the Child (1989).

### Participation Promotes Resiliency

Within the context of government services, youth tend to be viewed as problems in need of solutions. The resilience model of youth development places the emphasis on potential, rather than on problem intervention. Resiliency-based programs are built upon community-wide, intersectoral collaboration and are focused on enhancing competence in young people as much as reducing a given risk behavior or undesirable outcome. This approach sees youth as part of the solution, not just the focus of the problem. Youth participation promotes resiliency by building on youth strengths, including energy, enthusiasm and creativity.

### Participation Reduces Risks

Ground-breaking work by the University of Minnesota, Division of General Pediatrics and Adolescent Health, has shown that a sense of connectedness, through involvement with a social environment of family, parents, school and community, has an influence on promoting health and protecting youth from risky behavior. The University of Minnesota research demonstrates that youth with strong social connections were less likely to engage in activities such as drinking and driving, violence, early and unprotected sex, and drug use. Extensive studies by other research and advocacy groups also indicate clearly that youth who feel involved, safe, valued and connected are less likely to engage in risky behaviors.

### Participation Is Central to Positive Youth Development

During adolescence, young people begin to define their own self-worth in terms of their skills and their capacity to influence their environment. It follows that in order for young people to make a healthy and effective transition to adulthood, they need opportunities to demonstrate that they are capable of being responsible, caring and participating members of society. Unfortunately, young people often have little opportunity for meaningful involvement during this key transition period. Consequently, alienated young people often turn toward self-destructive activities (risk-taking) or maladaptive social behaviors.

### Participation Enhances Youth Health

Youth participation offers young people the chance to develop important decision-making and problem solving skills, develop meaningful relationships, and a chance to bolster self-esteem. These benefits are known to protect youth against risk-taking behavior that impacts negatively on health both in the short- and long-term.

### Participation Improves Youth Programs and Service

By involving youth in the planning process, those responsible for programs and services can direct available resources toward finding more successful approaches to issues affecting youth.

### Participation Promotes Commitment

Research in community development and health promotion shows that people of all ages are more likely to make a commitment to a program when they have been involved from the outset in the program's design and implementation plans. Creating opportunities for input from specific populations, including cultural-minority youth, youth in care, and youth with mental or physical disabilities will increase the likelihood that these populations will benefit from programs designed to serve them.

Page from: *The McCreary Centre Society* [http://www.mcs.bc.ca/ya\\_why.htm](http://www.mcs.bc.ca/ya_why.htm)



## Community Assessment

The first step in developing an effective suicide prevention plan is to assess your community. A community assessment tells you about your community's readiness for a suicide prevention program and the state of the problem. In the public health approach to suicide prevention, an assessment also provides an overview of the risk and protective factors present in the community—helping you plan a more effective prevention campaign. The following assessment tool is intended for you to complete with your prevention coalition or organization. It is important to collaborate with others on this assessment to gain a broader knowledge of what is happening in your community.

### Community Profile

Community name:
Geographic boundaries of community (ZIP codes, physical borders, etc.):
Population of the target group to be served:
Socioeconomic demographics of target population:
Racial/ethnic breakdown of target population:
Languages spoken by target population:
School dropout rate of target population:
Percent of population to be served with private/public health insurance:



Medical care providers in the community. Indicate whether or not the target group is served by each (hospitals, health care centers, medical centers/clinics, etc.):

Mental health care providers in the community. Indicate whether or not the target group is served by each (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.):

Local media outlets that reach the community:

Agencies/organizations that serve the target population:

Suicide attempts and deaths among the target population:

Suicide ideation among the target population:

List all suicide prevention services/activities/programs/ plans presently taking place within the target population's community:

## Community Assessment

### Community Risk and Protective Factors

Use the list of risk and protective factors to identify those present in your community. Identify the resources/assets and limitations/gaps that exist in your community related to each.

#### RISK FACTORS

##### Individual Level

- Mental illness, particularly mood disorders
- Alcohol and other substance use, misuse, abuse
- Previous suicide attempt
- History of trauma or abuse
- Hopelessness

##### Family Level

- Family history of suicide

##### Community Level

- Barriers to health care and mental health care
- Stigma associated with help-seeking behaviors
- Lack of social support
- Access to lethal means
- Contagion—influence of other suicides

#### PROTECTIVE FACTORS

##### Individual Level

- Life skills—coping skills & help-seeking behavior
- Resiliency—sense of hope and support
- Cultural and religious beliefs that discourage suicide and support self-preservation

##### Family Level

- Sense of support—strong connections to family

##### Community Level

- Access to health care and mental health care
- Respect for help-seeking behavior
- Restricted access to lethal means
- Community supports

Source: Suicide Prevention Resource Center

Risk Factors	Resources/Assets	Limitations/Gaps
1.	▶ ▶ ▶	▶ ▶ ▶
2.	▶ ▶ ▶	▶ ▶ ▶
3.	▶ ▶ ▶	▶ ▶ ▶
Protective Factors	Resources/Assets	Limitations/Gaps
1.	▶ ▶ ▶	▶ ▶ ▶
2.	▶ ▶ ▶	▶ ▶ ▶
3.	▶ ▶ ▶	▶ ▶ ▶





## Suicide Prevention in the Community

How many schools and school districts in the community have implemented a crisis management plan that includes policies and procedures in case of a suicide?\*

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How many schools provide access to a mental health professional for its students? What is the student to mental health provider ratio in these schools? How often is this provider available to students?

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How many of the media outlets that reach the community have been trained in responsible media reporting of suicide?\*

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How do local emergency rooms respond to suicide attempts? Are referrals made? What follow-up is provided? Is hospital social work staff notified?\*

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What percentage of physicians in the community receive regular training on suicide warning signs and referral protocol?

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What percentage of educators and administrators in the community receive regular training on suicide warning signs and referral protocol?

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What percentage of community professionals who work with youth and families in the community receive regular training on suicide warning signs and referral protocol?\*

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How does the target population get information about 24 hour crisis hotlines?\*

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How many youth serving organizations provide screening for mental health or suicide? How often are the screenings provided? Are referrals made for high-risk youth?

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*\*Adapted from the Oregon Plan for Youth Suicide Prevention*



## Making an Action Plan

Now that you have completed a community assessment and have identified the risk and protective factors that exist, you can develop a plan of action. Follow the steps below to design a suicide prevention action plan that addresses the needs in your community.

Step 1: Prioritize the community risk and protective factors that were identified

Step 2: Brainstorm what can be done about each

Step 3: Prioritize your list, and develop goal statements for each

Step 4: List the steps to achieve each prioritized goal

Step 5: Identify roles for different sectors of the community for each goal

### Steps 1 & 2: Prioritize Risk and Protective Factors

Prioritize the list of identified risk and protective factors from the community assessment. Remember that effective prevention plans address risk and protective factors from multiple domains. Choose your top three priority risk and protective factors for each. Then, considering the resources/assets and limitations/gaps that were identified for each, list what actions can be taken for each prioritized risk and protective factor.

Risk Factors	What Can Be Done (Action)
1.	▶ ▶ ▶
2.	▶ ▶ ▶
3.	▶ ▶ ▶
Protective Factors	What Can Be Done (Action)
1.	▶ ▶ ▶
2.	▶ ▶ ▶
3.	▶ ▶ ▶





## Making an Action Plan

### Step 3: Develop Goal Statements

For each risk and protective factor, prioritize your list of what can be done. Choose your top two actions for each. Then, develop goal statements that demonstrate what change you hope to achieve and by when you hope to achieve it.

Example:

Risk Factor = Contagion/influence of suicide on others

Action Step #1: Educate local media

Goal Statement #1: Train 100% of local media outlets on responsible suicide reporting standards by the end of the year.

Action Step #2: Respond to suicides effectively in the community

Goal Statement #2: Increase the number of schools in the community with suicide response plans from one to five by the end of the year.

<b>Risk Factor #1</b>
Goal 1
Goal 2
<b>Risk Factor #2</b>
Goal 1
Goal 2
<b>Risk Factor #3</b>
Goal 1
Goal 2
<b>Protective Factor #1</b>
Goal 1
Goal 2
<b>Protective Factor #2</b>
Goal 1
Goal 2
<b>Protective Factor #3</b>
Goal 1
Goal 2



## Making an Action Plan

### Steps 4 & 5: List the Steps and Identify Opportunities for Collaboration

For each goal statement, list the steps required to achieve each and identify what roles various sectors of the community can have in achieving each goal.

Risk Factor #1		
Goal 1	Steps	Roles
Goal 2	Steps	Roles
Risk Factor #2		
Goal 1	Steps	Roles
Goal 2	Steps	Roles
Risk Factor #3		
Goal 1	Steps	Roles
Goal 2	Steps	Roles



Protective Factor #1		
Goal 1	Steps	Roles
Goal 2	Steps	Roles

  

Protective Factor #2		
Goal 1	Steps	Roles
Goal 2	Steps	Roles

  

Protective Factor #3		
Goal 1	Steps	Roles
Goal 2	Steps	Roles





## Advancing Your Plan Through Media Advocacy

Advocating for suicide prevention can be challenging. Trying to create significant change in your community requires shifting attitudes and the community's social norms. Through the power of media advocacy, you can strategically use the news media to advance your goals and influence social or public policy change.

### Media Advocacy Methods

- Letter to the Editor
- Newspaper article
- Op-Ed
- TV news feature
- Radio story/call-in
- Magazine column



### Letter to the Editor

Letters that are most likely to be published are short (less than 200 words), concise and to the point. Letters must also be timely—in response to a recent article (less than a week old) or related to an upcoming event.

### Op-Ed

An op-ed is an opinion editorial of approximately 800 words or less—a guest column in the editorial section of the newspaper. Check your local paper's editorial section for submittal instructions.

### TV News/Newspaper Article

TV news and newspaper features usually come about through a press release detailing a media event or they are the result of communication with a reporter who wants to cover a particular story or project.

### Framing the Message

1. State the problem: Be specific.
2. Provide evidence: Use facts or stories to demonstrate the problem; always try to use local data and information.
3. Offer a solution: Main focus; call your audience to action; you're trying to influence the change you want to see.
  - What do you want done about the problem?
  - What actions will create change?

### Spokesperson Tips

- Train, train, train
- Practice, practice, practice
- Authentic community voices
- Be concise—prepare three-second talking points
- Bridge technique—repeat, repeat, repeat
- Never say “no comment,” never guess or lie

*Adapted from the Institute for Public Strategies*



## Developing Talking Points

State the Problem:

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Evidence:

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Solution:

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State the Problem:

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Evidence:

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Solution:

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