

# State of Delaware Suicide Prevention Plan

July 2013 - July 2018

## A Five-Year Strategy

Approved by Delaware Suicide Prevention Coalition on Monday, June 17, 2013

<p><b>Goal 1 :</b>  <b>Integrate and coordinate suicide prevention activities across multiple sectors and settings</b></p>	
Objectives	Strategies
<p>1.1                      Ongoing: Continue to hold regular suicide prevention coalition meetings designed to foster collaboration with stakeholders on prevention strategies across disciplines and with the public</p>	<p>1.1.1                      Maintain relationships with relevant organizations</p> <p>1.1.2                      Engage organizations to disseminate information through their channels of communication</p> <p>1.1.3                      Identify points of contact who are not represented on the coalition and encourage these stakeholders to utilize their expertise to support the work of the Delaware Suicide Prevention Coalition</p> <p>1.1.4                      Ensure Governor's endorsement and gain legislative support</p>
<p>1.2                      By 2015: Increase the number of both public and private organizations active in suicide prevention including the number of government, professional, volunteer and other groups that integrate suicide prevention activities into their ongoing activities</p>	<p>1.2.1                      Engage organizations in developing suicide prevention awareness messages and events</p> <p>1.2.2                      Encourage and collaborate with local government, professional, volunteer and other groups to include suicide prevention as a topic of analysis and discussion in their programs, training workshops, and other related activities</p>
<p>1.3                      By 2015: Establish a comprehensive Suicide Prevention Network to help implement the objectives of the Delaware Suicide Prevention Coalition statewide plan and implement the <i>National Strategy</i> as applicable</p>	<p>1.3.1                      Engage organizations dedicated to implementing the National Strategy</p> <p>1.3.2                      Convene as needed to plan and implement community-based suicide prevention activities</p>

Goal 1 Continued: Integrate and coordinate suicide prevention activities across multiple sectors and settings

<p>1.3 Continued          By 2015: Establish a comprehensive Suicide Prevention Network to help implement the objectives of the Delaware Suicide Prevention Coalition statewide plan and implement the <i>National Strategy</i> as applicable</p>	<p>1.3.3          Provide technical assistance to the Suicide Prevention Network</p> <p>1.3.4          Engage relevant partners in suicide prevention activities</p> <p>1.3.5          Increase the number of government, professional, volunteer and other groups that integrate suicide prevention activities into their ongoing activities</p> <p>1.3.6          Communicate with partners through meeting minutes, coalition member newsletters and News Journal inserts to provide information and to increase involvement in suicide prevention projects</p>
<p>1.4          By 2015: Support faith-based communities who have adopted institutional policies promoting suicide prevention and increase the number of faith-based communities who address suicide prevention.</p>	<p>1.4.1          Continue to provide Lifelines and safeTALK trainings to local faith-based groups.</p> <p>1.4.2          Encourage local faith-based groups to include suicide prevention as a topic of analysis and discussion</p> <p>1.4.3          Collaborate with faith-based groups to develop plans to assist their members in identifying risk factors, encouraging treatment for depression, increasing protective factors, and offering support and guidance to individuals</p>

**Goal 2:**

**Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors**

<b>Objectives</b>	<b>Strategies</b>
2.1 Ongoing: Support the Get Right Side Up public education campaign that increases public knowledge of suicide prevention to Delaware's youth	2.1.1 Maintain the Get Right Side Up website which provides information, support services, and warning signs  2.1.2 Involve youth in identified activities related to Get Right Side Up
2.2 By 2015: Develop, implement, and evaluate communication efforts designed to reach defined segments of the population	2.2.1 Participate in statewide conferences and special-issue forums on suicide and suicide prevention  2.2.2 Advertise 1-800-273-TALK hotline number  2.2.3 Use national suicide prevention resources for technical and material support

**Goal 3:**

**Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery**

<b>Objectives</b>	<b>Strategies</b>
<p>3.1 By 2015: Increase the number of individuals that view mental and physical health as equal and inseparable components of overall health to reduce the prejudice and discrimination associated with suicidal behaviors and mental and substance use disorders. Promote the understanding that recovery from mental and substance use disorders is real and possible for all.</p>	<p>3.1.1 Publish related articles in News Journal insert</p> <p>3.1.2 Disseminate articles and public service announcements that educate about and highlight suicide prevention strategies</p> <p>3.1.3 Develop public awareness campaigns to transform public attitudes and build on existing efforts</p> <p>3.1.4 Enhance school health curricula to ensure that mental health and substance abuse is appropriately addressed</p> <p>3.1.5 Collaborate with medical professionals to reduce the stigma of mental health related issues within the medical community and to encourage mental health treatment</p> <p>3.1.6 Provide information to the pediatric and primary health care community to educate them about the signs, symptoms and available resources regarding suicide</p> <p>3.1.7 Promote educational programs about trauma-informed care</p>
<p>3.2 Ongoing: Promote effective programs and practices that increase protection from suicide risk.</p>	<p>3.2.1 Encourage and support community groups (e.g., schools, faith-based and social organizations) to provide avenues that enhance connectivity among citizens</p>

**Goal 4:**

**Promote responsible media reporting of suicide, accurate portrayals of suicide and mental illnesses in the entertainment industry, and the safety of online content related to suicide**

Objectives	Strategies
<p>4.1 By 2018: Establish a public/private group designed to promote the responsible representation of suicidal behaviors and mental illness in the media</p>	<p>4.1.1 Convene a group that includes representatives from the state Public Communications Officers, the News Journal, CN8, local TV channels 22 and 8 and other affiliates of the Delaware Suicide Prevention Coalition</p> <p>4.1.2 Support adherence to guidelines for the responsible portrayal and reporting of suicides and suicide attempts in media and entertainment outlets</p> <p>4.1.3 Promote education on responsible reporting and encourage instruction on targeting stories using the reporting guidelines</p>
<p>4.2 By 2018: Increase the number of journalism departments in local colleges and universities that adequately address reporting of mental illness and suicide in their curricula</p>	<p>4.2.1 Convene a group that includes representatives from journalism departments in local colleges and universities and the Division of Child Mental Health Services as well as liaisons to the Delaware Suicide Prevention Coalition liaison and other affiliates</p>

**Goal 5:**

**Develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors**

Objectives	Strategies
<p>5.1 By 2015: Increase the number of agencies and organizations with comprehensive suicide prevention plans that coordinate across government agencies</p>	<p>5.1.1 Collaborate and coordinate with local agencies that deliver services in public health (e.g., injury prevention, mental health and substance abuse)</p> <p>5.1.2 Provide technical assistance for agencies and organizations in developing goals, objectives, timetables and actions to be taken</p> <p>5.1.3 Provide agencies and organizations with national and state resources related to evidence-based programming for suicide prevention</p> <p>5.1.4 Encourage all plans to be culturally competent according to the guidelines and criteria developed by SAMHSA</p>
<p>5.3 By 2016: Increase the number of correctional institutions and detention centers housing either juvenile or adult offenders, with best practices and evidence-based suicide prevention programs</p>	<p>5.3.1 Provide training and technical assistance in evidence-based programs (e.g., Lifelines, safeTALK)</p> <p>5.3.2 Provide fidelity guidelines to correctional institutions and detention centers toward achieving the program's outcomes</p> <p>5.3.3 Encourage the criminal justice system to develop criteria by which the programs can be evaluated</p>
<p>5.4 By 2016: Define and implement screening guidelines for schools, colleges and juvenile justice system, along with guidelines on linkages with service providers</p>	<p>5.4.1 Research Best Practices and existing guidelines</p> <p>5.4.2 Encourage schools, colleges and juvenile justice systems to embrace these guidelines, which should include assessment tools and criteria, protocols, algorithms for assessing risk status, referral guidelines and evaluation measures in mental health and substance abuse screening</p>

**Goal 6:****Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk**

<b>Objectives</b>	<b>Strategies</b>
<p>6.1 By 2018: Increase the number of primary care clinicians, other health care providers, and health and safety officials who routinely assess the presence of lethal means (including firearms, drugs, and poisons) in the home and educate about actions to reduce associated risks</p>	<p>6.1.1 Identify a screening tool for primary care clinicians, other health care providers, and health/safety officials to assess the presence of lethal means in the home</p> <p>6.1.2 Identify guidelines on how to talk to family members about the presence of lethal means in the home</p> <p>6.1.3 Educate individuals and families about firearm storage and access, and about appropriate storage of alcoholic beverages, prescription drugs, over-the-counter medications and poisons used for household purposes</p>
<p>6.2 By 2018: Advocate for firearm safety, safer methods for dispensing potentially lethal quantities of medications and methods for reducing carbon monoxide poisoning from automobile exhaust systems</p>	<p>6.2.1 Support and sponsor legislative efforts in the improvement of technologies to prevent suicide by lethal means</p> <p>6.2.2 Distribute information on current topics and support national advocacy efforts in this area</p> <p>6.2.3 Work with military agencies to establish special projects in an effort to reduce violence with guns</p>
<p>6.3 By 2018: Expose a large number of households to public information campaign designed to reduce accessibility of lethal means</p>	<p>6.3.1 Educate individuals and families about limiting access to lethal means (e.g., firearms and substance use, including prescription drugs)</p> <p>6.3.2 Use multiple strategies to communicate the message through posters and pamphlets, videos, bus signs and billboards, and other media</p> <p>6.3.3 Share findings among coalition members regarding trends in lethal means (e.g., the Child Death, Near Death and Stillbirth Commission reports an increase in the use of prescription drugs among youth)</p> <p>6.3.4 Take action to address newly identified trends through strategies such as education and communication</p>

**Goal 7:**

**Provide training to community and clinical service providers on the prevention of suicide and related behaviors**

<b>Objectives</b>	<b>Strategies</b>
<p>7.1 By 2016: Increase the number of employers who include workforce development training in the assessment and management of suicide risk and the identification and promotion of protective factors</p>	<p>7.1.1 Encourage agencies and organizations to incorporate evidence-based training programs for their staff</p> <p>7.1.2 Offer evidence based training to large employers (e.g. ASIST, safeTALK, QPR)</p>
<p>7.2 By 2016: Increase the number of clergy who have received gatekeeper trainings in identifying and responding to suicide risk and behaviors</p>	<p>7.2.1 Engage clergy and faith-based communities regarding Applied Suicide Intervention Skills Training (ASIST), Question Persuade Refer (QPR) Training, and other gatekeeper trainings</p> <p>7.2.2 Provide training and technical assistance to clergy</p> <p>7.2.3 Encourage gatekeeper training methods and techniques to be used in the faith-based communities</p>
<p>7.3 By 2016: Increase the number of education programs available to family members and community members of all ages</p>	<p>7.3.1 Organize and integrate public awareness workshops in locations (e.g., school meetings, libraries, churches) convenient for families and community members</p>
<p>7.4 Ongoing: Provide training to mental health and substance abuse providers on the recognition, assessment, and management of at-risk behavior and the delivery of effective clinical care for people with suicide risk</p>	<p>7.4.1 Encourage the providers to take advantage of workshops offered on suicide-related topics</p> <p>7.4.2 Partner with providers of training to deliver education on suicide-related topics</p>

**Goal 8:****Promote suicide prevention as a core component of health care services**

<b>Objectives</b>	<b>Strategies</b>
<p>8.1 By 2016: Increase the number of persons treated for self-destructive behavior in emergency departments, hospital settings, Federally Qualified Health Centers, primary care offices and other health care related locations that pursue a mental health follow-up plan</p>	<p>8.1.1 Develop guidelines for hospitals and health delivery systems that ensure adequate resources to confirm of mental health follow-up appointments</p> <p>8.1.2 Collaborate locally to establish processes that increase the number of patients who keep follow-up mental health appointments after discharge from emergency departments and other hospital settings</p> <p>8.1.3 Support actions that help guardians of youth patients to be aware of and implement the proposed mental health follow-up plan</p>
<p>8.2 By 2017: Develop and implement protocols for delivering services for individuals with suicide risk in the most collaborative, responsive, and least restrictive settings</p>	<p>8.2.1 Encourage coalition members to share protocols</p> <p>8.2.2 Consider coalescing protocols into a document that can be shared with Delaware agencies</p> <p>8.2.3 Promote the use of least restrictive settings in coalition-related literature</p>
<p>8.3 By 2017: Encourage health care delivery systems to incorporate suicide prevention and appropriate responses to suicide attempts as indicators of continuous quality improvement efforts</p>	<p>8.3.1 Discuss outcome measures with Healthcare Commission</p> <p>8.3.2 Identify specific training opportunities on quality improvement indicators related to response to suicide attempts</p> <p>8.3.3 Encourage the quality improvement offices in healthcare programs to develop indicators specific to suicide attempts</p>

## Goal 9.

### Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors

Objectives	Strategies
<p>9.1 By 2016: Start using standardized guidelines for assessment of suicide risk among individuals receiving care in primary health care settings, emergency departments, and specialty mental health and substance abuse treatment centers</p>	<p>9.1.1 Develop standardized suicide assessment guidelines</p> <p>9.1.2 Identify those who need training and technical assistance in using suicide assessment guidelines</p> <p>9.1.3 Provide training and technical assistance to personnel in primary health care settings, emergency departments, and specialty mental health and substance abuse treatment centers</p> <p>9.1.4 Promote effective assessment services to personnel in primary health care settings, emergency departments, and specialty mental health and substance abuse treatment centers</p>
<p>9.2 By 2016: Increase the number of hospital emergency departments that routinely provide immediate post-trauma psychological support and mental health education for all victims of sexual assault and/or physical abuse</p>	<p>9.2.1 Develop protocols to provide post-trauma psychological support and mental health education</p> <p>9.2.2 Ensure proper follow-up and after-care treatment</p>
<p>9.3 By 2016: Develop quality care/utilization management guidelines for effective response to suicidal risk or behavior and implement these guidelines in managed care and health insurance plans</p>	<p>9.3.1 Collaborate with managed care and insurance providers to develop uniform operational definitions for suicidal behaviors and related terms in quality care/utilization management guidelines</p>
<p>9.4 By 2016: Facilitate an understanding of healthcare reform initiatives as they relate to suicide prevention and treatment of suicide survivors</p>	<p>9.4.1 Develop public awareness campaigns to transform public attitudes regarding stigma related to mental health disorders</p> <p>9.4.2 Develop a public information campaign describing the role of medication in the treatment of persons with mental or substance use disorders (e.g., bipolar disorder, schizophrenia, dual diagnosis)</p>

Goal 9 Continued: Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors

<p>9.4 Continued By 2016: Facilitate an understanding of healthcare reform initiatives as they relate to suicide prevention and treatment of suicide survivors</p>	<p>9.4.3 Collaborate with local and state agencies to decrease barriers for ethnic and cultural groups such as lack of health insurance</p> <p>9.4.4 Encourage regular risk assessment at individual healthcare homes</p>
<p>9.5 By 2016: Increase the number of mental health service providers in Kent and Sussex Counties.</p>	<p>9.5.1 Provide advocacy to policy makers</p> <p>9.5.2 Collaborate with Delaware Healthcare Commission to support mutual efforts</p> <p>9.5.3 Collaborate with Division of Public Health provider recruitment programs</p>
<p>9.6 Ongoing: Promote the safe disclosure of suicidal thoughts and behaviors by all persons</p>	<p>9.6.1 Provide ongoing support for safe disclosure by consistent messaging, promotion, and training of evidence based practices</p>
<p>9.7 By 2017: Develop standardized protocols for use within emergency departments based on common clinical presentation to allow for more differentiated responses based on risk profiles and clinical needs</p>	<p>9.7.1 Establish a temporary ad hoc group to work with emergency departments to accomplish this</p>
<p>9.8 By 2017: Develop guidelines on the documentation of assessment and treatment of suicide risk, and establish or identify resources to provide a training and technical assistance to assist providers with implementation</p>	<p>9.8.1 Research guidelines that have been vetted by American Association of Suicidology and other experts</p> <p>9.8.2 Consider bringing American Association of Suicidology and other expert resources to Delaware to assist with implementation</p>

## Goal 10.

### Provide care and support to individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides

Objectives	Strategies
<p>10.1 By 2016: Define state guidelines for effective comprehensive support programs for suicide survivors</p>	<p>10.1.1 Develop guidelines and offer peer leadership training for facilitators of suicide survivors support groups</p>
<p>10.2 By 2016: Increase the number of providers who are prepared to deliver effective services to suicide survivors</p>	<p>10.2.1 Provide training and technical assistance in suicide survival to professionals and other service-oriented individuals (e.g., emergency medical technicians, firefighters, law enforcement officers, funeral directors and clergy)</p> <p>10.2.2 Arrange for suicide survivors to speak at seminars on topics such as recognizing and managing the personal impact of suicide to first responders</p>
<p>10.3 Ongoing: Increase the number of suicide survivors who are attending educational and support programs</p>	<p>10.3.1 Increase awareness of available support groups</p> <p>10.3.2 Encourage availability of groups in all three counties</p> <p>10.3.3 Create new supportive programming in psychiatric and medical facilities, high school wellness centers, community organizations and faith-based communities</p>
<p>10.4 Ongoing: Provide appropriate clinical care to individuals affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for complicated grief</p>	<p>10.4.1 Provide training to clinical programs on trauma treatment and care for complicated grief</p> <p>10.4.2 Identify standards of care for programs who provide trauma treatment and care for complicated grief</p>
<p>10.5 Ongoing: Engage suicide attempt survivors in suicide prevention planning, including support services, treatment, community suicide prevention education, and the development of guidelines and protocols for suicide attempt survivor support groups</p>	<p>10.5.1 Encourage participation in Mental Health Association groups as well as other applicable agency groups</p> <p>10.5.2 Provide information to Division of Services for Aging and Persons with Disabilities for inclusion in their resource guide</p>

Goal 10 Continued: Provide care and support to individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides

<p>10.6 By 2015: Adopt, disseminate, implement, and evaluate guidelines for Delaware to respond effectively to suicide clusters and contagion within their cultural context, and support implementation with education, training, and consultation</p>	<p>10.6.1 Work with Division of Public Health, Center for Disease Control, and other State entities to develop these guidelines</p> <p>10.6.2 Establish an ad hoc group to focus on this objective</p> <p>10.6.3 Work with the Center for Disease Control to provide education</p>
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## **Goal 11.**

**Increase the timeliness and usefulness of surveillance systems relevant to suicide prevention and improve the ability to collect, analyze, and use this information for action**

<b>Objectives</b>	<b>Strategies</b>
11.1 By 2018: Encourage the development of standardized protocols for death scene investigations	11.1.1 Collaborate with first responders to review emergency medical services protocols for suicide scene procedures and revise as needed  11.1.2 Support the provision of training to emergency medical technicians, medical examiners, fire fighters, police and coroners in gathering evidence from a suicide scene
11.2 By 2018: Increase the number of jurisdictions that regularly collect and provide information for follow-back studies of suicides	11.2.1 Determine if local jurisdictions complete follow-back studies on completed suicides; if not, advocate for follow-back studies  11.2.2 Support existing initiatives (e.g., Child Death, Near Death and Stillbirth Commission; Morbidity and Mortality Committees)  11.2.3 Establish Delaware Suicide Prevention Coalition subcommittee focused on monitoring surveillance data including those from schools, hospitals, and crisis lines to provide an early information warning system  11.2.4 Subcommittee will draft recommendations for the Coalition to present to state legislators
11.3 By 2018: Increase the number of hospitals that collect uniform and reliable data on suicidal behavior by coding external causes of injuries	11.3.1 Advocate for mandated coding of external causes of injury by all hospitals  11.3.2 Request presentations from local hospitals to the coalition to understand their data collection criteria
11.4 By 2018: Increase the number of state survey instruments that include questions on suicidal behavior	11.4.1 Advocate for separate questions for suicidal behaviors in state surveys  11.4.2 Task a coalition member to identify the number and contact persons for state survey instruments.

Goal 11 Continued: Increase the timeliness and usefulness of surveillance systems relevant to suicide prevention and improve the ability to collect, analyze, and use this information for action

<p>11.5 By 2018: Encourage the development of a statewide violent death reporting system that includes suicides and collects information not currently available from death certificates</p>	<p>11.5.1 Review current practices and ensure that nationally recognized reporting systems are in line with state practices</p>
<p>11.6 By 2018: Increase the number of annual reports on suicide and suicide attempts</p>	<p>11.6.1 Review current practices and ensure that nationally recognized reporting systems are in line with state practices</p> <p>11.6.2 Encourage state health agencies to produce reports on suicide</p>
<p>11.7 By 2018: Support pilot projects to link and analyze information on self-destructive behavior from various distinct data systems</p>	<p>11.7.1 Link data systems from law enforcement, emergency medical services, hospitals and other public health agencies</p> <p>11.7.2 Eliminate barriers with respect to data linkage including difficulties in obtaining access to various data sets, maintaining databases and issues of confidentiality</p> <p>11.7.3 Analyze linked data systems to provide more comprehensive information about youth suicide and suicide attempts</p>

**Goal 12:****Promote and Support Research on Suicide Behavior and Prevention**

<b>Objectives</b>	<b>Strategies</b>
12.1 By 2018: Develop a statewide suicide research agenda with inputs from survivors, practitioners, researchers and advocates	12.1.1 Include research on aspects of prevention, intervention or postvention, including basic, applied, clinical, evaluation, community-based intervention and media-based research
12.2 By 2018: Increase funding, public and private, for suicide prevention research, research on translating scientific knowledge into practice, and training of researchers in suicidology	12.2.1 Apply for public and private funding through collaboration with federal, state and local stakeholders  12.2.2 Leverage existing resources to maximize funding for suicide prevention research
12.3 By 2018: Establish and maintain a Delaware registry of prevention activities with demonstrated effectiveness for preventing suicide or suicidal behaviors	12.3.1 Review existing research to gather findings that have the most potential for application in community and clinical settings  12.3.2 Make the registry available to individuals or communities so they can apply them or build upon them in developing local youth suicide prevention initiatives
12.4 By 2018: Disseminate the national suicide prevention research agenda	12.4.1 Research how to add electronic access to suicide prevention research guide on coalition members' websites  12.4.2 Consider including national suicide prevention research agenda to other document dissemination that the coalition creates

## **Goal 13.**

### **Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings**

<b>Objectives</b>	<b>Strategies</b>
<p>13.1 By 2016: Develop a comprehensive data collection plan that regularly obtains and analyzes state and county suicide rates and suicide attempts in a coordinated and integrated method</p>	<p>13.1.1 Discuss the National Outcome Measures and encourage the coalition membership organizations to collect data on specific measures</p> <p>13.1.2 Evaluate state-level achievements based on established National Outcome Measures (NOM)</p> <p>13.1.3 Define the goals and objectives of the data collection protocol</p> <p>13.1.4 Agree on operational definitions and methodology for the statewide data collection plan</p> <p>13.1.5 Ensure data collection and measurement repeatability, reproducibility, accuracy and stability in activities</p> <p>13.1.6 Follow through with the data collection process as defined by the statewide data collection plan</p> <p>13.1.7 Establish an ad hoc committee to concentrate on these strategies in order to achieve this objective.</p> <p>13.1.8 Utilize data to address any identified disparities around suicide behavior in Delaware, e.g. demographic disparities, special populations, etc.</p>