

INDIANA STATE SUICIDE PREVENTION FRAMEWORK

Presented by the Indiana Suicide Prevention Network and supported by the Indiana Family and Social Services Administration, Division of Mental Health and Addiction.

CONTENTS

INTRODUCTION	2
Types of suicide prevention efforts	2
Primary prevention	3
Warning signs	4
Getting to Zero Suicide in Indiana: Five goals to decrease suicide	5
Glossary of Frequently Used Language	13

INTRODUCTION

The Indiana Suicide Prevention Network, comprised of state, organizational, and individual level stakeholders, is committed to a bold and aspirational goal of zero suicides for the state of Indiana. The structure of the national Zero Suicide seven (7) essential elements provides the backbone of this framework, promoting a systematic approach to suicide prevention. Suicide affects everyone; therefore, this approach is applicable to all Hoosiers regardless of demographics. We firmly believe that suicide is a public health issue and not solely a mental health issue.

In order to reverse the trend of increased suicide thoughts, attempts, and deaths, we need to break out of stereotypical patterns for partners in suicide prevention (i.e., mental health) and build new relationships with non-traditional helpers (e.g., baristas, employers, liquor store clerks, barbers, etc.). It is our hope that by broadening our approach, we will reduce suicide in Indiana.

We recognize that suicide prevention efforts across this broad spectrum will vary significantly and there is no one-size-fits-all approach to suicide prevention. The intent of this framework is to help guide individuals, communities, and organizations to create their own suicide prevention plans that address their unique needs and opportunities. With that in mind, this framework was designed to be flexible as some plans may address all seven elements, while others may only address one or two. It is also the intent of the Indiana Suicide Prevention Network, in conjunction with the Indiana State Division of Mental Health and Addiction, and other key partners, to provide ongoing technical assistance for the utilization of this framework.

TYPES OF SUICIDE PREVENTION EFFORTS

When we talk about suicide prevention, we typically mean anything and everything we do to prevent suicide. But the word “prevention” can actually be used to refer to three types of activities:

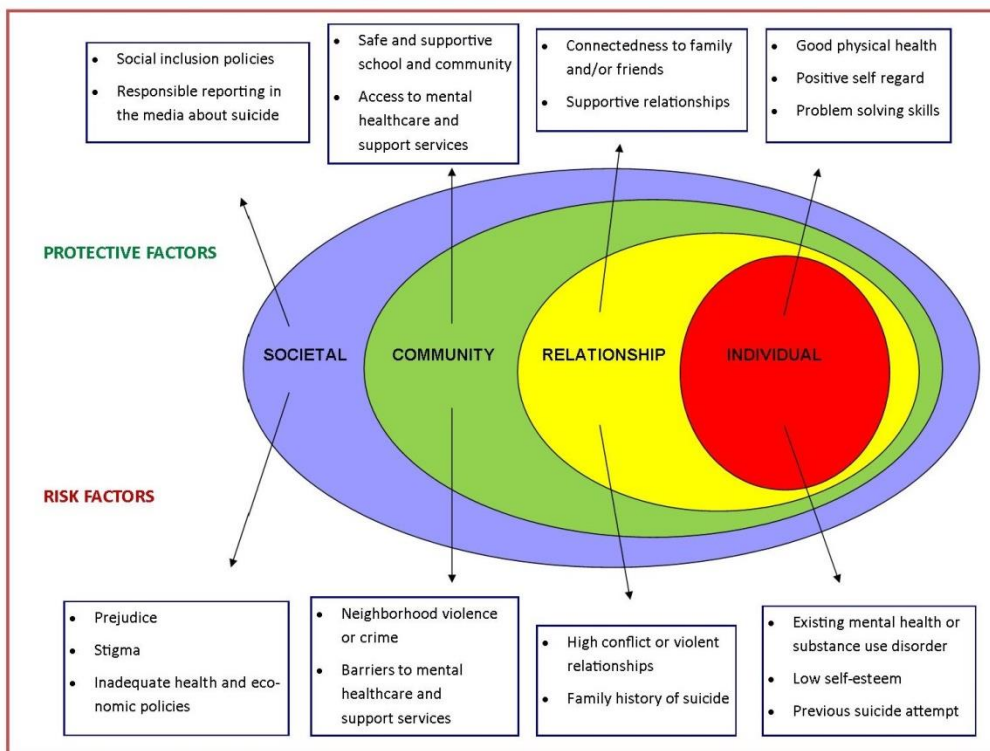
- 1) Primary prevention, which seeks to prevent the onset of a condition or harmful behavior
- 2) Secondary prevention, which seeks to treat people who exhibit signs of a condition or risks closely associated with that condition
- 3) Tertiary prevention, which treats people already afflicted by a condition, and aims to lessen its long term impact

Effective suicide prevention is comprehensive and requires a combination of efforts that work together to increase suicide awareness, while also promoting intervention, resilience, postvention, and a commitment to social change. Most of our suicide prevention efforts have focused on secondary prevention – that is the identification, referral, and treatment of people at risk for suicide. However, it is also important to alter the life trajectories of people before they become suicidal – that is, to engage in primary prevention.

PRIMARY PREVENTION

Suicide primary prevention strategy focuses on the unique contextual influences and experiences that work together to place an individual on a path toward or away from suicidal behaviors. Called **risk and protective factors**, these underlying elements help to determine an individual’s ability to avoid or engage in harmful behaviors that lead to suicide. For example, influences that are known to facilitate or predict suicidal ideation, attempts, or death are known as ‘risk factors’, while influences that are known to inhibit or reduce the likelihood of these things are ‘protective factors’.

Suicide, like other human behaviors, has no single determining cause. Instead, suicide occurs in response to numerous biological, psychological, relational, environmental, and societal influences that interact with one another, often over time. Utilizing the social ecological model, prevention occurs on multiple levels – from the individual, family, and community levels to the broader social environment.



Adapted from Risk and Protective Factors for Suicide and Suicidal Behavior: A Literature Review

<http://www.gov.scot/Resource/Doc/251539/0073687.pdf>



Different types of violence, including suicide, are connected and often share the same root causes. They can also all take place under one roof, in the same community or neighborhood, at the same time, or at different stages of life. Understanding the overlapping causes of violence and the things that can protect people and communities is important, and can help us better address violence in all its forms.

“Connecting the Dots: An Overview of the Links between Multiple Forms of Violence” is a resource co-developed by the CDC’s Division of Violence Prevention and Prevention Institute highlighting the latest research on the connections between different forms of violence and how these connections affect communities.

https://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf

WARNING SIGNS

People thinking of suicide show warning signs, even unintentionally, nearly 90% of the time. It is important that we know the warning signs so that we can intervene before it is too late.

Here is a list of common warning signs related to suicide:

- Talking about wanting to die or to kill themselves
- Looking for a way to kill themselves, like searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Showing rage or talking about seeking revenge
- Sleeping too little or too much
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Withdrawing or isolating themselves
- Extreme mood swings

If you notice any of these warning signs, especially if they are new, have increased, or seem related to a painful event, loss, or an unwanted change in their lives, talk to the person about your concern and/or contact a mental health provider or the National Suicide Prevention Lifeline (1-800-273-8255 (TALK) or text “CSIS” to 839863).

For more information on these as well as information on how to help yourself or someone else, see <https://suicidepreventionlifeline.org/>

Risk Factors vs. Warning Signs – Know the Difference!

Risk factors are often confused with warning signs of suicide. Warning signs indicate an immediate risk of suicide, whereas risk factors indicate someone is at heightened risk for suicide, but indicate little or nothing about immediate risk (Rudd et al., 2006). Warning signs are only applicable to individuals, whereas risk and protective factors are found in individuals and communities. Being able to tell the difference between a risk factor and a warning sign is important in communications about suicide risk. Talking about warning signs helps people know what actions they can take right now to help someone at immediate risk for suicide. Talking about risk factors helps people understand what might need to change within an individual or a community in order to decrease suicide risk over time.

<https://www.sprc.org/sites/default/files/migrate/library/RiskProtectiveFactorsPrimer.pdf>

GETTING TO ZERO SUICIDE IN INDIANA: FIVE GOALS TO DECREASE SUICIDE

Goal 1: Develop an interactive suicide prevention website

The purpose of an interactive suicide prevention website is to immediately provide resources to individuals that are having suicidal thoughts or for those that know of someone that needs additional help. The information that will be made available will be an interactive map of the state of Indiana which will show county hospitals, community mental health centers and local suicide prevention resources. The projected outcome of the website is to increase public awareness of suicide and suicide prevention by providing warning signs of those contemplating suicide. For non-professionals, the website will also include suggestions on how to talk to the individual that mentions wanting to commit suicide. By creating awareness, Division of Mental Health and Addiction (DMHA) expects an increase in accurate data collection of deaths by suicide. The website will be developed and maintained by Indiana DMHA.

ENGAGEMENT OBJECTIVES

Objective 1: Increase public awareness by marketing the new website so those that need the information are aware of its location.

Objective 2: Promote buy-in from state divisions/departments to utilize the website as well as notify clients of website

Objective 3: Create a form “*Commitment to Self*” for individuals in crisis to utilize

TRAIN: DEVELOP A COMPETENT, CONFIDENT, AND CARING WORKFORCE.

Objective 1: Provide a webinar to educate providers on the use of the website and its contents i.e. identification of suicide warning signs, including those unique to marginalized groups such as youth and veterans.

COORDINATE: STRENGTHEN RELATIONSHIPS BETWEEN ENTITIES WORKING TOWARDS SUICIDE PREVENTION TO ENSURE THE REDUCTION OF SUICIDE RISK AND BEHAVIOR AND PROMOTE WELLNESS.

Objective 1: Coordinate with suicide prevention coalitions to obtain up to date suicide facts, warning signs and resources for youth, adult, older adult and veterans for the website

Objective 2: Coordinate with other state agency partners to obtain suicide prevention resources for youth, adult, older adult and veterans for the website.

Goal 2: Increase participation within suicide prevention coalitions by 20%

Suicide is a global epidemic that reaches all of society regardless of race, age, gender, sexuality, and socioeconomic status. A suicide prevention coalition is an agency created by community individuals to prevent suicide and create a resource network for those who were working to prevent suicide around the state. Suicide Prevention resources are available in each state and Indiana is no different. Indiana is “nationally ranked 25th for suicides with 15.36 suicides per 100,000 population, ahead of national average of 13.42.”ⁱ In the best interest of our communities, families and friends, DMHA will work towards increasing statewide coordination with appropriate entities to address barriers that prevent services from being rendered to individuals at risk for suicide.

LEAD: CREATE A LEADERSHIP-DRIVEN, SAFETY-ORIENTED CULTURE AMONG STATE, COUNTY, AND LOCAL ORGANIZATIONAL DECISION MAKERS COMMITTED TO DRAMATICALLY REDUCING SUICIDE.

Objective 1: Promote buy-in from local suicide prevention organizations by inviting them to be part of the Indiana Suicide Prevention Network Advisory Council.

Objective 2: Promote buy-in from other state agencies to be part of the Indiana Suicide Prevention Network Advisory Council.

Objective 3: Infuse suicide prevention into the protocols, culture, leadership, and programs of a broad range of communities, organizations, and individuals.

ENGAGE: ENSURE EVERY COMMUNITY AND INDIVIDUAL IS AWARE OF AND ENGAGED IN SUICIDE PREVENTION EFFORTS.

Objective 1: Promote sustainability of the suicide prevention efforts within the workforce, schools, organizations, communities, and families by identifying current initiatives and how DMHA can assist with completing initiatives.

Objective 2: Support statewide education of suicide prevention activities within Hoosier communities.

Objective 3: Facilitate the creation of additional suicide prevention coalitions.

IDENTIFY: SYSTEMATICALLY IDENTIFY AND ASSESS SUICIDE RISK AMONG RESIDENTS OF INDIANA.

Objective 1: Utilize the Indiana Violent Death Reporting System to identify high risk areas for suicide.

Objective 2: Encourage suicide prevention workforce surveys among providers to identify suicide prevention training needs.

TRAIN: DEVELOP A COMPETENT, CONFIDENT, AND CARING WORKFORCE.

Objective 1: Facilitate presentations for regional suicide prevention meetings to educate and update providers on recent suicide prevention activities and resources.

Objective 2: Support the Indiana Suicide Prevention Network for the development of the Indiana Suicide Prevention Framework teams.

COORDINATE: STRENGTHEN RELATIONSHIPS BETWEEN ENTITIES WORKING TOWARDS SUICIDE PREVENTION TO ENSURE THE REDUCTION OF SUICIDE RISK AND BEHAVIOR AND PROMOTE WELLNESS.

Objective 1: Establish linkages between healthcare and substance use treatment providers, schools of all levels, community-based programs, peer-support programs that utilize lived experience, and faith-based organizations.

Objective 2: Invite suicide prevention organizations to the Indiana Suicide Prevention Network Advisory Council to share what actions their organizations have taken to increase suicide prevention efforts in their community.

IMPROVE: APPLY A DATA-DRIVEN QUALITY IMPROVEMENT APPROACH TO SUICIDE PREVENTION THAT WILL LEAD TO IMPROVED OUTCOMES, BETTER CARE FOR THOSE AT RISK, AND SUICIDE-SAFER COMMUNITIES.

Objective 1: Obtain quarterly reports from suicide prevention organizations on completion of activities within their community.

Objective 2: Review quarterly death reports and suicide prevention lifeline calls for each county track effectiveness of activities.

GOAL 3: Submit Suicide Prevention Budget Recommendation

Around the country, the epidemic for death by suicide has been felt. Many states have implemented suicide prevention efforts; however, nearly half of the states in the country have a budget line item for suicide prevention. Indiana does not currently have suicide prevention as a line item in the State budget. The Center for Disease Control released a report in April 2018 that showed suicides in Indiana between 1999 and 2016 increased by 32%. Nationwide, suicide has become the 10th leading cause of death. In Indiana it has become the second leading cause of death for Hoosiers age 15-34¹. Despite many efforts for education and training around suicide prevention, the stigma associated with seeking mental health support and help with suicidal thoughts still persists. The only current funding stream the state of Indiana uses for funding suicide prevention efforts are federal grant dollars, which limits the scope of suicide prevention activity. As these grants have become more competitive, the Substance Abuse and Mental Health Services Administration (SAMSHA – FEDERAL GOVERNMENT) has stated that states with a budget for suicide prevention have a leg up on other states that do not.

In preparation for submission for a suicide prevention activities budget, a call went out to all Indiana Suicide Prevention Coalitions and the Indiana Suicide Prevention Network. The call requested a list of all community activities that would be conducted to eliminate stigma about treatment for mental health issues as well as the cost of operations for their organization.

Suicide prevention lifelines, conferences, training materials, marketing materials, and an increase in staff to facilitate the needs of the State requires funding.

COORDINATE: STRENGTHEN RELATIONSHIPS BETWEEN ENTITIES WORKING TOWARDS SUICIDE PREVENTION TO ENSURE THE REDUCTION OF SUICIDE RISK AND BEHAVIOR AND PROMOTE WELLNESS.

Objective 1: Request and review suicide prevention efforts from members of suicide prevention coalitions.

Objective 2: Research costs of providing the requested suicide prevention activities

Objective 3: Develop a budget that addresses suicide prevention State goals

¹ Suicide in Indiana Report 2011-2015, released March 2017 by Indiana State Department of Health

GOAL 4: Provide quarterly suicide prevention awareness training opportunities to reduce stigma

The American Foundation for Suicide Prevention highlights that per the Center for Disease Control, Indiana, on average, loses one person every eight hours to suicide. Suicide is the second leading cause of death for Hoosiers ages 15-34. Twice as many Hoosiers die by suicide than by homicide. In 2010, suicide is reported to have cost the State more than \$1,000,000,000 in medical and productivity loss. Stigma is keeping our Hoosiers feeling helpless and hopeless from seeking help.

The state of Indiana will provide quarterly mental health awareness and suicide prevention trainings to mental health professionals, behavioral health professionals, medical health professionals, and educators. The trainings will demonstrate the importance the state of Indiana has placed on removing the stigma from receiving mental health services. These trainings will target our youth, adult and senior populations. DMHA's goal is to increase the communication within families so that no one feels alone; to see that we are all more alike than we are different. We all have physical health needs just as we do mental health needs.

LEAD: CREATE A LEADERSHIP-DRIVEN, SAFETY-ORIENTED CULTURE AMONG STATE, COUNTY, AND LOCAL ORGANIZATIONAL DECISION MAKERS COMMITTED TO DRAMATICALLY REDUCING SUICIDE.

Objective 1: Schedule quarterly leadership conference calls to discuss progress on initiatives, identified barriers in addressing/completing goals.

Objective 2: Infuse suicide prevention into the protocols, culture, leadership, and programs of a broad range of communities, organizations, and individuals.

ENGAGE: ENSURE EVERY COMMUNITY AND INDIVIDUAL IS AWARE OF AND ENGAGED IN SUICIDE PREVENTION EFFORTS.

Objective 1: Notify suicide prevention coalitions, school districts, community mental health centers and other interested stakeholders of available trainings and resources that address suicide prevention.

Objective 2: Initiate efforts to build healthy and empowered individuals, families, and communities.

Objective 3: Create suicide prevention working groups for areas identified with highest risk for suicide.

TRAIN: DEVELOP A COMPETENT, CONFIDENT, AND CARING WORKFORCE.

Objective 1: Develop three separate training tracks: Adult/Parent; Veteran; and Child (middle/high school) to address the different emotional issues and warning signs for each group.

Objective 2: Collaborate with schools to provide assistance/guidance to increase suicide prevention activities.

Objective 3: Coordinate with local and regional advisory groups to identify available resources and training programs that have been found effective.

TREAT: PROMOTE AND SUPPORT USE OF STANDARDIZED, EFFECTIVE, EVIDENCE-BASED TREATMENTS IN ALL CARE ENVIRONMENTS.

Objective 1: Provide stakeholders with recent developments in suicide prevention including promising effective treatments.

Objective 2: Support and promote the delivery of effective, suicide-safer clinical care.

IMPROVE: APPLY A DATA-DRIVEN QUALITY IMPROVEMENT APPROACH TO SUICIDE PREVENTION THAT WILL LEAD TO IMPROVED OUTCOMES, BETTER CARE FOR THOSE AT RISK, AND SUICIDE-SAFER COMMUNITIES.

Objective 1: Require providers to submit a quarterly report on completed and attempted suicides, number of crisis calls, and suicide prevention trainings completed during the quarter.

Objective 2: Evaluate the impact and effectiveness of suicide prevention strategies in reducing morbidity and mortality of clients within CMHC care.

GOAL 5: Increase number of national suicide prevention lifeline crisis centers

Currently, Indiana has five (5) National Suicide Prevention Lifeline (NSPL) Crisis Call Centers that cover only 37 counties. Therefore, when a call goes to the NSPL outside of those 37 counties, the chance that the call is picked up by a NSPL Crisis Call Center outside of the state of Indiana is only 93% with an average wait time of longer than five minutes. Furthermore, no county south of Johnson County is covered by any of the NSPL Crisis Call Centers. Between the five crisis call centers, 17,982 calls were answered.

We want to ensure that any Hoosier that is reaching out to get help and contacts the NSPL, not only receives a response to their call within 10 seconds; but, that they get a response from the closest Indiana NSPL Crisis Center. Increased funding would be required in order to make this a reality. Doing so would allow crisis call centers the ability to expand the services provided and provide the needed oversight to ensure that federal and state policies for the Lifeline are followed.

Legislation was passed in congress that authorized a three digit number for the NSPL. Communication between SAMSHA and the Federal Communication Commission has been ongoing with regards to utilizing “geo-tagging” for NSPL callers. This would allow an individual on a cell phone to contact the NSPL and be connected to the closest NSPL Crisis Call Center. This is the same technology 9-1-1 currently uses.

LEAD: CREATE A LEADERSHIP-DRIVEN, SAFETY-ORIENTED CULTURE AMONG STATE, COUNTY, AND LOCAL ORGANIZATIONAL DECISION MAKERS COMMITTED TO DRAMATICALLY REDUCING SUICIDE.

Objective 1: Educate legislative members on the purpose, function and need for national suicide prevention lifeline crisis centers.

Objective 2: Create buy-in among executive staff of suicide prevention community partners to address the need for additional suicide prevention lifeline crisis centers.

ENGAGE: ENSURE EVERY COMMUNITY AND INDIVIDUAL IS AWARE OF AND ENGAGED IN SUICIDE PREVENTION EFFORTS.

Objective 1: Create awareness within Hoosier communities of the purpose and existence of the national suicide prevention lifeline crisis centers.

Objective 2: Contact interested organizations for hosting a national suicide prevention lifeline crisis center.

TRAIN: DEVELOP A COMPETENT, CONFIDENT, AND CARING WORKFORCE.

Objective 1: Educate communities on the need for national suicide prevention lifeline crisis centers.

Objective 2: Provide technical assistance and facilitate crisis trainings.

COORDINATE: STRENGTHEN RELATIONSHIPS BETWEEN ENTITIES WORKING TOWARDS SUICIDE PREVENTION TO ENSURE THE REDUCTION OF SUICIDE RISK AND BEHAVIOR AND PROMOTE WELLNESS.

Objective 1: Link organizations and available community resources to ensure success of national suicide prevention lifeline crisis centers

Objective 2: Research the ability to connect all Hoosiers to needed services through the use of one crisis number.

IMPROVE: APPLY A DATA-DRIVEN QUALITY IMPROVEMENT APPROACH TO SUICIDE PREVENTION THAT WILL LEAD TO IMPROVED OUTCOMES, BETTER CARE FOR THOSE AT RISK, AND SUICIDE-SAFER COMMUNITIES.

Objective 1: Collect data around the use of the lifeline crisis center including number of calls answered and missed.

Objective 2: Research how to measure the quality of assistance provided to callers to the crisis line.

GLOSSARY OF FREQUENTLY USED LANGUAGE

At-risk	A person or groups of people who are considered to have a higher probability of severe outcomes.
Collective impact	Coming together to collectively define a problem and create a shared vision to solve it.
Crisis team	A multidisciplinary team whose primary focus is to address crisis preparedness, intervention/response and recovery, including for suicide related situations. These professionals have been specifically trained in suicide intervention and crisis preparedness.
Culture of safety	The product of individual, group, and/or organizational beliefs, values, attitudes, perceptions, competencies, and patterns of behavior that determine an organization's commitment to quality and safety.
Died by suicide	Death from a self-inflicted act (e.g., injury, poisoning, or suffocation) where there is evidence that the act was intentional. No longer is the phrase "committed suicide" acceptable.
Evidence based program	When a program/intervention has produced positive effects on the primary targeted outcome, has been evaluated, and these findings are reported in a peer-reviewed journal.
High-Risk	A person who is defined as high risk for suicide is one who has made a previous suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The person may have thought about suicide including potential means of death and may have a plan.
Intervention	The direct efforts of anyone to prevent an individual/s from attempting to take their own life. This includes strategies designed to support, empower, respect, and change an individual's behavior, mood, and/or Environment.

LOSS Teams	Local Outreach to Suicide Survivors is an active model of postvention. The team is made up of suicide survivors who have been trained to assist the bereaved at the scene of a suicide by providing support and referrals.
Mental health	A person’s positive or negative thinking, emotional state, and behavior that affects their ability to work or attend school, carry out daily activities, and/or engage in satisfying relationships.
Person with lived experience	Personal knowledge gained through direct, first-hand experiences with suicide. Someone who has experienced suicidal thoughts, survived a suicide attempt, cared for someone who has attempted suicide, been bereaved by suicide, or been touched by suicide in another way.
Prevention	The action of stopping something from happening or arising.
Primary prevention	Actions or efforts taken to avoid a negative consequence or outcome by enhancing protective factors and/or reducing risk factors.
Protective factors	Conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that are associated with a lower likelihood of negative outcomes or that reduces the negative impact of a risk factor on negative outcomes.
Public health	Public health promotes and protects the health of people and the communities where they live, learn, work and play.
Recovery	A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery includes the ability to effectively manage and withstand triggering emotions and may involve peer-support programs, professional counseling and/or medication.
Risk assessment	A suicide risk assessment refers to a more comprehensive evaluation done to confirm suspected suicide risk, estimate the immediate danger to the patient, and decide on a course of treatment. Although assessments can involve structured questionnaires, they also can include a more open-ended conversation with a patient and/or friends and family to gain insight into the patient’s thoughts and behavior,

	risk factors (e.g., access to lethal means or a history of suicide attempts), protective factors (e.g., immediate family support), and medical and mental health history.
Risk factors	Characteristics or conditions that increase the chance of a particular negative outcome. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and environment.
Safety plan	A detailed, written plan that outlines concrete steps a person can take to recognize and respond to a suicidal crisis. Safety Plans include: (1) Recognizing the warning signs of an impending suicidal crisis. (2) Employing coping strategies that do not require assistance. (3) Using social contacts and social settings as a distraction from suicidal thoughts. (4) Informing friends or family members about the suicidal crisis and seeking their help. (5) Identifying and seeking help from mental health professionals or crisis services; and (6) Restricting access to lethal means.
Self-harm/self-injury	Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. A self-inflicted injury that is not intended to result in death is often called non-suicidal self-injury or NSSI.
Suicidal behavior	These behaviors include suicide attempts, intentional injury to self, associated with at least some level of intent, developing a plan or strategy for suicide, writing a suicide note, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one’s life.
Suicidal ideation	Thinking about or considering death as a result of one’s own actions. Suicidal ideation may vary in intensity. A desire to be dead without a plan or intent to end one’s life is still considered suicidal ideation.
Suicide	Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner’s or medical examiner’s office must first confirm that the death was a suicide before any official may state this as the cause of death.
Suicide attempt	A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries.

Suicide attempt survivor	A person who has lived experience with suicidal thinking and behaviors and has survived a suicide attempt.
Survivor of suicide loss	A person who has lost a loved one to suicide.
Suicide postvention	Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death.
Suicide screener	A standardized, evidence-based tool used to identify individuals who may be at risk for suicide. Suicide screening can be done independently or as part of a more comprehensive health or behavioral health screening.
