SPRC Research to Practice Webinar

The Revised

National Strategy for Suicide Prevention

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Task Force of the National Action Alliance for Suicide Prevention

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National Strategy for Suicide Prevention
Presentation Overview

- Historical context for a new NSSP
- Document overview
- Key points and themes
- Strategic Directions
- Appendices
Why revise now? What has changed since 2001?

- **Data**
  - Increase in suicide rates and numbers
  - Documented reports of suicidal thoughts/behavior/attempts

- **Science**
  - Advances in science and evidence
    - SPRC/AFSP Best Practices Registry for Suicide Prevention
  - Growing awareness that suicide is preventable, treatments are effective, and recovery is possible
  - Effective suicide prevention is about engaging support, systems, sectors, and science to save lives
Why revise now? What has changed since 2001?

- **Environmental**
  - Nation involved in two wars
  - Period of economic uncertainty
  - Several natural disasters
  - Greater public awareness and media interest regarding suicide

- **Policy**
  - Legislative and executive branch advances
  - Action Alliance for Suicide Prevention
Mission

- Propose a revision to and the review, refinement, and approval of the revised NSSP.
- Stimulate and coordinate dialogue to ensure that the NSSP reflects input from as many stakeholders and perspectives as possible.
- Work toward an NSSP that is strategic in direction and meant to stimulate planning and actions by both public- and private-sector stakeholders.
National Strategy for Suicide Prevention Task Force

Leadership

- **Public Sector Co-Lead**: Surgeon General Regina Benjamin, MD
- **Private Sector Co-Lead**: Jerry Reed, PhD, MSW, Suicide Prevention Resource Center
National Strategy for Suicide Prevention
Task Force Membership

- Carl Bell, Community Mental Health Council
- Derek Blumke, Student Veterans of America
- Brian Boon, Commission on Accreditation of Rehabilitation Facilities
- Michael Botticelli, Massachusetts Department of Public Health
- Eric Caine, University of Rochester
- Brian Dyak, Entertainment Industries Council, Inc.
- Jim Galloway, Assistant Surgeon General
- Michael Hogan, New York State Office of Mental Health
- Jack Jordan, Family Loss Project
- Ira Katz, US Department of Veterans Affairs
Mel Kohn, Oregon Health Authority
Richard McKeon, Substance Abuse and Mental Health Services Administration
Richard Ramsay, University of Calgary
Dan Reidenberg, Suicide Awareness Voices of Education
Scott Ridgway, Tennessee Suicide Prevention Network
Mort Silverman, Suicide Prevention Resource Center
Eduardo Vega, Mental Health America of San Francisco
Overview of the Revised NSSP

- Builds on advances made since 2001
- Written to appeal to a broad base – everyone has a role
- Aligns with framework of the *National Prevention Strategy*, released June 2011
- Includes four strategic directions, 13 goals, and 60 objectives
- Addresses public and mental health
- Ready for application/implementation at all times
Key Points

- Suicide is preventable
- Advance public health and mental health approach
- Strengthen continuity of care
- Promote synergistic approach
- Advance multi-sectoral engagement
- Promote connectedness as protective factor
- Postvention and aftercare are vital components
- Clinical training and assessment in multiple settings is needed
- Consider alternatives to approach and setting
Suicide prevention efforts should:

- Foster positive public dialogue; counter shame, prejudice, and silence; and build public support for suicide prevention.
- Address the needs of vulnerable groups, be tailored to the cultural and situational contexts in which they are offered, and seek to eliminate disparities.
- Be coordinated and integrated with existing efforts addressing health and behavioral health, and ensure continuity of care.
Themes of the NSSP

Suicide prevention efforts should:

- Promote changes in systems, policies, and environments that will support and facilitate the prevention of suicide and related problems.
- Bring together public health and behavioral health.
- Promote efforts to reduce access to lethal means among individuals with identified suicide risks.
- Apply the most up-to-date knowledge base for suicide prevention.
Additional Features of the Revised NSSP

Topics receiving more attention in the Revised NSSP:

- Groups at higher risk for suicidal behavior than the general population
- Crisis Lines as a best practice
- Aftercare/postvention: supporting persons impacted by suicide attempts and deaths
Strategic Direction 1

Healthy and Empowered Individuals, Families, and Communities
Clinical and Community Preventive Services
Strategic Direction 3

Treatment and Support Services
Strategic Direction 4

Surveillance, Research, and Evaluation
Q&A
Questions about the Revised NSSP

To submit your question, go to http://www.actionallianceforsuicideprevention.org/nssp-feedback
Thank you!
Contact Us

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