

## Healthy Communities Strategy #2: Suicide Prevention

Work with at least one organization to establish a policy and/or program to address suicide prevention and receive gatekeeper training for suicide prevention [using the Applied Suicide Intervention Skills Training (ASIST); Question, Persuade, and Refer (QPR); Counseling for Access to Lethal Means (CALM) or Mental Health First Aid training programs].

### **Expected Outcome:**

- Increased number of organizations that adopt new suicide prevention policies and/or programs and provide gatekeeper training sessions for suicide prevention using ASIST; QPR; CALM or Mental Health First Aid.

### **Health Equity Planning Principals:**

Vulnerable populations that experience suicidal behavior at higher than average rates include, but are not limited to, individuals with lower socio-economic status; those who are living with a mental health problem; people who have previously attempted suicide; Veterans and active duty military personnel; individuals who are institutionalized, have been victims of violence, or are homeless; individuals of sexual minority status (e.g. those who identify as LGBTQ); and members of certain racial and ethnic minority groups, especially American Indian. Communities should find optimal ways of identifying at-risk individuals. Reaching at-risk individuals may necessitate working with non-traditional stakeholders. Suicide loss survivors and those with lived experience should be utilized to identify service gaps and methods to reach at-risk individuals. County data should be used to identify the highest at-risk groups and most common means used when developing suicide prevention strategies.

### **Recommended Partners:**

• schools • community colleges and universities • medical and mental health care providers • employers • military/veteran groups • LGBTQ support agencies • community groups • civic groups • criminal justice • social services • aging services • gun shops • faith communities • law enforcement • first responders • advocates

### **Intervention Examples:**

- A. As a result of a church losing one of its parishioners to suicide, church leadership implemented an annual event that included a designated suicide awareness Sunday and implemented a gatekeeper training program for its staff and volunteers. The church also developed a referral service, connecting those in need to crisis intervention services in the community.
- B. Local schools are noticing an increase in stress among students and reach out for guidance. A training for school support services team, teachers and staff is provided inviting local mental health providers to talk about common youth mental health concerns, crisis planning and resource access. An evening awareness event is also developed for parents and teens which is educational and has interactive components. This led to the school developing a policy to annually provide Mental Health First Aid training to all newly employed staff of the school district.
- C. The county has a high suicide by firearm rate. This prompted county health department staff to work with health care and mental health care providers to

develop a comprehensive approach for patients identified as at-risk for suicide which included both a suicide risk assessment and inquiry about access to means. Health department staff also provided gun shops and firing ranges with educational materials, including safety messaging and warning signs for display that included information for both staff and patrons.

### **Related Programs:**

Align with work of the [Injury and Violence Prevention Branch](#). A suicide prevention program specialist is available to provide technical assistance on multiple aspects of prevention planning and can facilitate linkages to resources.

### **Recommended Tools/Resources:**

- A. Preventing Suicide: A Technical Package of Policy, Programs, and Practices  
[www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf](http://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf)
- B. National Suicide Prevention Lifeline  
<https://suicidepreventionlifeline.org>
- C. Suicide Prevention Resource Center  
[www.sprc.org/](http://www.sprc.org/)
- D. National Action Alliance for Suicide Prevention Safe messaging  
<https://theactionalliance.org>
- E. Recommendations for Reporting on Suicide: developed by leading experts in suicide prevention and in collaboration with several international suicide prevention and public health organizations, schools of journalism, media organizations and key journalists as well as Internet safety experts.  
<http://reportingonsuicide.org>
- F. The Framework for Successful Messaging is a research-based resource that outlines four critical issues to consider when messaging to the public about suicide.  
<http://suicidepreventionmessaging.org>

### **North Carolina Resources:**

- A. North Carolina Suicide Prevention Plan (State Plan)  
[www.injuryfreenc.ncdhhs.gov/preventionResources/docs/2015-NC-SuicidePreventionPlan-2015-0505-FINAL.pdf](http://www.injuryfreenc.ncdhhs.gov/preventionResources/docs/2015-NC-SuicidePreventionPlan-2015-0505-FINAL.pdf)
- B. Mental Health, Developmental Disabilities, Substance Abuse Services  
[www.ncdhhs.gov/divisions/mhddsas](http://www.ncdhhs.gov/divisions/mhddsas)
- C. American Foundation for Suicide Prevention-North Carolina  
<https://afsp.org/chapter/afsp-north-carolina>

### **Data Sources:**

- A. The Injury and Violence Prevention Branch operates the Violent Death Reporting System and monitors data from hospitalizations and Emergency Departments  
[www.injuryfreenc.ncdhhs.gov/DataSurveillance/SuicideData.htm](http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/SuicideData.htm)
- B. North Carolina Violent Death Reporting System 2017 Annual Report; pages 19-35  
<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/VDRS/FINAL-2017-NCVDRS-AnnualReport-5NOV2019.pdf>

- C. State Center for Health Statistics collects data on health-related topics including suicide  
<https://schs.dph.ncdhhs.gov>
- D. NC Detect: With NC DETECT, public health officials at the local, regional and state levels are able to monitor a variety of important public health issues in a secure and timely fashion, including influenza, post-hurricane health issues, injury and violence (including suicide), and vaccine-preventable disease surveillance.  
<https://ncdetect.org>
- E. Centers for Disease Control  
[www.cdc.gov/violenceprevention/suicide/datasources.html](http://www.cdc.gov/violenceprevention/suicide/datasources.html)  
[www.cdc.gov/violenceprevention/suicide/statistics/index.html](http://www.cdc.gov/violenceprevention/suicide/statistics/index.html)
- F. North Carolina Department of Public Instruction: North Carolina Healthy Schools operates the NC Youth Risk Behavior Survey  
[www.nchealthyschools.org/data/yrbs](http://www.nchealthyschools.org/data/yrbs)