Georgia Department of Behavioral Health & Developmental Disabilities

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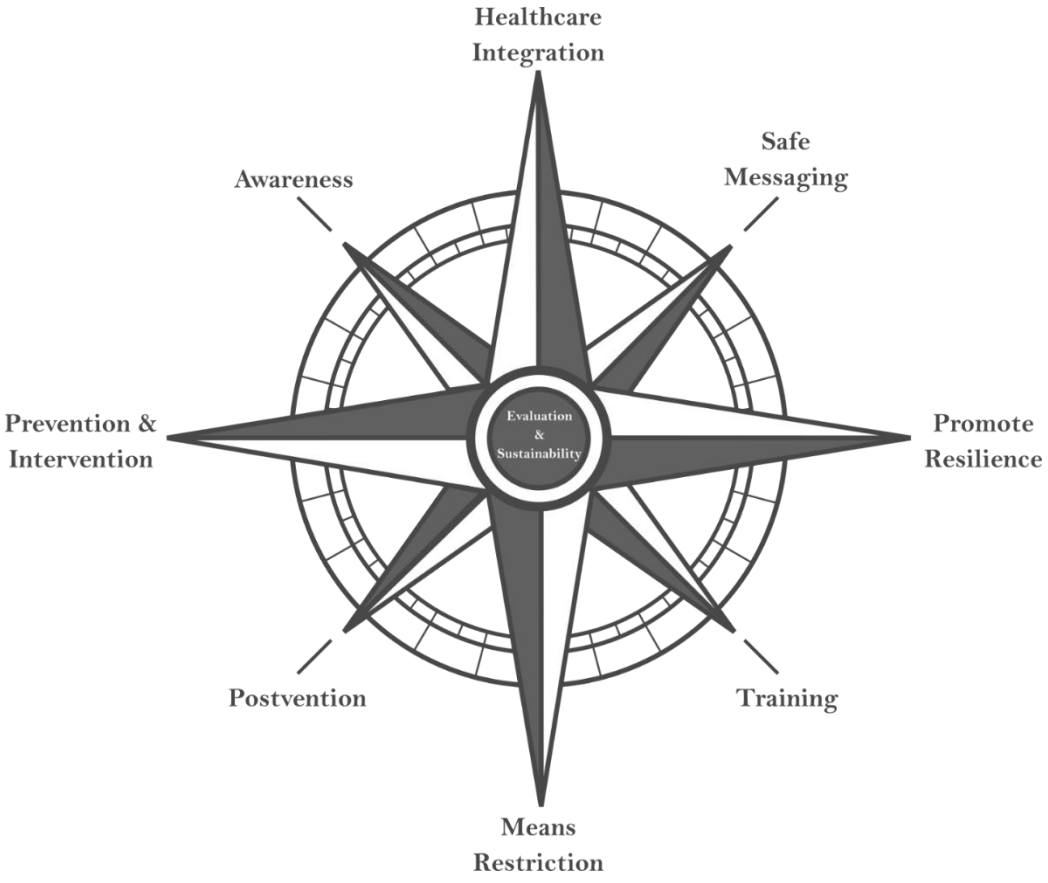
Georgia Suicide Prevention Strategic Plan

2020 – 2025



Office of Behavioral Health Prevention and Federal Grants
Suicide Prevention Program

Georgia Suicide Prevention Strategic Plan
2020 – 2025

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Foreword

Dear Georgians,

We are excited to share with you this 2020-2025 Suicide Prevention Strategic Plan, a document that will serve as a guiding light for everyone in our great state who is passionate about suicide prevention. Georgia was the first state to develop a Suicide Prevention Plan in 2001, which was subsequently updated in 2008, and again in 2015 in the years following the legislative establishment of Georgia's Suicide Prevention Program. This present document represents the evolution of those previous steps.

Despite the great work that has been done up till now, over the past decade suicide rates across the United States have risen by 30% and in Georgia specifically by 16%. In 2018, nearly 1,600 lives were lost to suicide in Georgia, a very high toll—higher than the number of homicides, fatal car accidents, or opioid overdose deaths. Suicide is now the 10th leading cause of death in our state and the 2nd leading cause for those aged 10 to 24.

Sadly, these numbers are just the tip of the iceberg. Research shows that many more individuals attempt suicide than die by suicide, and even more struggle with thoughts of suicide. The ripple effect of a single death profoundly affects family, friends, neighbors, and co-workers. Many new loss survivors are added to our communities each day, often being deeply impacted by their loss and requiring support themselves.

The issue of suicide is complex, and there is no single path that leads an individual to die in this manner. However, the field of suicide prevention has been able to use data and research to determine clear risk and protective factors, best practices, and specific evidence-based approaches for addressing this public health crisis. Given these considerations, Georgia's Suicide Prevention Program convened a gathering of Georgia's top minds and stakeholders committed to preventing suicide in early 2019 to break ground on the document you are about to read, prioritizing goals and strategies to address the burden of suicide over these next five years.

We all must do our part to reverse this troubling trend and take a stand for the lives of our fellow Georgians. Our hope is that this document inspires and guides your work, in whatever capacity you serve, to bring hope to the hopeless and healing to those in pain—to save lives together in the state of Georgia.

- *The Georgia Suicide Prevention Program Team*

Executive Summary

Purpose of the Georgia Suicide Prevention Strategic Plan

It is the primary aim of the 2020-2025 Georgia Suicide Prevention Strategic Plan to increase suicide prevention awareness across the state, to develop and implement best clinical and preventive practices, and to advance and disseminate knowledge about suicide and effective methods for prevention.

What is the Georgia Suicide Prevention Strategic Plan?

This document serves as a comprehensive update to the previous Georgia Suicide Prevention Strategic Plan, which was published in 2015, and offers recommended priority goals, objectives, and strategies for the upcoming years. The previous plan outlined the problem of suicide and identified steps necessary to prevent suicide; it extended the continued national efforts encouraging states to coordinate across government agencies and involve the private sector to develop, implement, and evaluate a comprehensive prevention plan. This plan is based on best and promising practices for suicide prevention and the 2012 National Strategy for Suicide Prevention.

Who is the Georgia Suicide Prevention Strategic Plan for?

The Georgia Suicide Prevention Strategic Plan is for any person, community, agency, institution, or organization that has the means to and interest in helping to implement recommendations outlined in the plan. This plan can be useful for policy and decisionmakers to gauge Georgia's suicide prevention efforts and determine what still needs to be accomplished.

How to use the Georgia Suicide Prevention Strategic Plan

This Strategic Plan is meant to guide suicide prevention efforts in Georgia. It is not a substitute for individualized work or action steps developed by organizations or persons interested in preventing suicide. Rather, the Strategic Plan should be viewed as a compass shared by all suicide prevention stakeholders that will give a unifying direction to their programs. The goals, objectives, and strategies can be pursued by individual stakeholders, but collaboration is encouraged among stakeholders to increase the effectiveness of individual efforts. The Strategic Plan is designed so that, logically, if the strategies under each objective are achieved, the objective is achieved, and if the objectives under a goal are achieved, then that goal should be fully achieved.

Georgia Suicide Prevention Strategic Plan Process

With guidance from public and private partners, the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) and suicide prevention stakeholders convened a statewide summit, workgroup and committee meetings, conference calls, and multiple review sessions for the purpose of revising the plan. It should be acknowledged that more than fifty stakeholders, including physicians, coroners, researchers, mental health providers, administrators, survivors, community members, and others participated in this intensive year-long workgroup to prioritize suicide

prevention goals, objectives, and strategies most practical to Georgia for the coming five-year window of focus.

Technical assistance was provided from national and local entities, including the Centers for Disease Control and Prevention (CDC), Suicide Prevention Resource Center, Georgia Department of Public Health, National Alliance on Mental Illness, Georgia Bureau of Investigations, and SPAN-GA. Committees made up the collective workgroup, each committee charged with addressing specific goals, objectives, and strategies. The Georgia DBHDD Suicide Prevention Program team worked across the state and beyond to synthesize the priorities with the support of Dr. Dorian Lamis of Emory University. The final version of the plan was reviewed with input from Georgia DBHDD internal leadership, our Community Advisory Council, and government and non-government stakeholders.

The resulting document outlines eleven priority goals, with connected objectives, strategies, and accompanying rationale. The Georgia DBHDD Suicide Prevention Program team will guide the implementation of activities in collaboration with national and local partners invested in suicide prevention efforts.

This plan also contains a brief overview of the suicide burden in Georgia, including recent data on specific geographic trends and impacted populations. Also included in this document is an overview of suicide prevention work that is ongoing and has been completed by DBHDD as well as resources to further support suicide prevention efforts in Georgia. Unless otherwise noted, the data and graphs in this document are based on the most current data available, which takes into consideration the number of suicides that occur in Georgia regardless of resident status at the time of death.

The 2020-2025 Georgia Suicide Prevention Strategic Plan was made public and distributed in the summer of 2020.

Zero Suicide Framework

The foundation of the 2020-2025 Georgia Suicide Prevention Strategic Plan is heavily informed by the tenets of the Zero Suicide framework. The Zero Suicide framework was put forth by the National Action Alliance for Suicide Prevention as an integrated system strategy for suicide prevention. Zero Suicide is built on the understanding that often those individuals who may be suicidal fall through the cracks within organization systems that do not have a comprehensive approach. The model focuses on bridging the gaps in care and improving the quality of care for patients in health and behavioral health settings. Zero Suicide focuses on the following seven essential elements of care that should be adopted and implemented to reduce suicide:

- Lead system-wide culture change committed to reducing suicides
- Train a competent, confident, and caring workforce
- Identify individuals with suicide risk via comprehensive screening and assessment
- Engage all individuals at-risk of suicide using a suicide care management plan
- Treat suicidal thoughts and behaviors using evidence-based treatments
- Transition individuals through care with warm hand-offs and supportive contacts
- Improve policies and procedures through continuous quality improvement

Suicide is a growing public health concern in the United States, and Zero Suicide is an approach that aims to reduce suicide for those who are receiving services in health and behavioral health settings. As you review this plan you will find that many of the above components are embedded in the goals, objectives, and strategies.

Cultural Competency

Across the state of Georgia, there are very diverse groups of people, lifestyles, cultures, ages groups, races, and ethnicities; it is imperative that any statewide plan for suicide prevention addresses the need for culturally-competent practices. It is recognized that suicide behavior across cultures, sexes, genders, and age groups can vary. Because of this, prevention approaches should be heavily informed by the values, needs, and strengths of the groups being served. Our practices in suicide prevention must respect, acknowledge, and make considerations for the target populations' beliefs, cultures, and linguistic differences. This is a key element in care because cultural differences are factors that may motivate one to choose or reject suicide and ultimately choose or reject intervention efforts.

It is important for those in health and behavioral health settings to be knowledgeable about the specific groups served so that screenings, assessments, safety planning, and treatment planning will be reflective and received. For example, Clay (2018) states that ethnic minorities may express suicide ideation in terms such as fatigue, reckless behavior, anger, or not answer the screening questions altogether. In such a case, an assessment may incorrectly present a lower risk for suicide. It is imperative for providers to be trained in intersectional dimensions of suicide that include culture, age, sex, and gender in efforts to meet and reach individuals at risk for suicide. Our Georgia Suicide Prevention Strategic Plan reflects the desire to increase cultural competency across the state and be inclusive in the work that we do to reduce suicide in Georgia.

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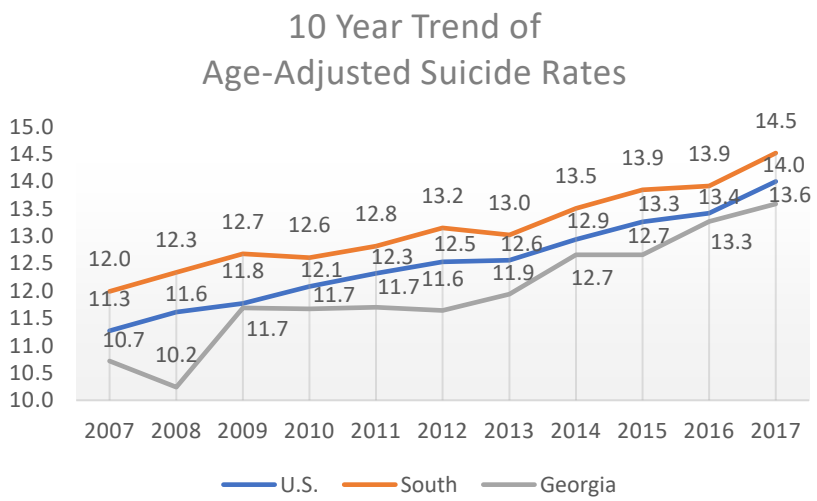
Georgia Suicide Data

With 159 counties, Georgia is a microcosm of the nation culturally, racially, and ethnically. Its diversity includes mountainous regions, rural farming communities, heavily-populated urban centers, and a coastal region with a significant senior population. In a fundamental shift, over the last 30 years, Georgia's population has changed the state from a largely-rural area with urban clusters to an urban state with rural areas. Its population has grown from 9,687,653 in 2010 to an estimated 10,617,423 in 2019, making it the eighth most populous state in the nation.

Over the past decade, suicide rates across the United States and Georgia have risen, although Georgia's suicide rate remains lower than the national average; Georgia ranks 38th when compared to other states. In 2018, 1,565 suicides were reported by the Georgia Department of Public Health, which is an average of four deaths by suicide per day. Suicide is currently the 10th leading cause of death. Based on Georgia's top 10 leading causes of death for 2014-2018 by age, suicide was the 1st leading cause of death for those 10-14 years of age and 3rd leading cause of death for those 15-24 years of age.



2018 At-a-Glance

1,565
Preventable deaths by suicide

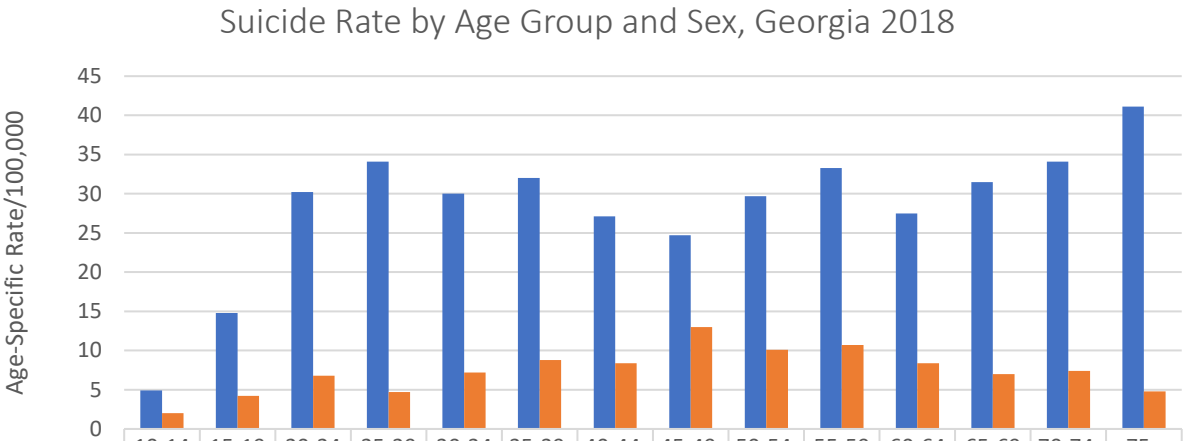
Average of **30** deaths a week or **4** lives lost daily

78% of suicide deaths were men

63% of suicides involved firearms

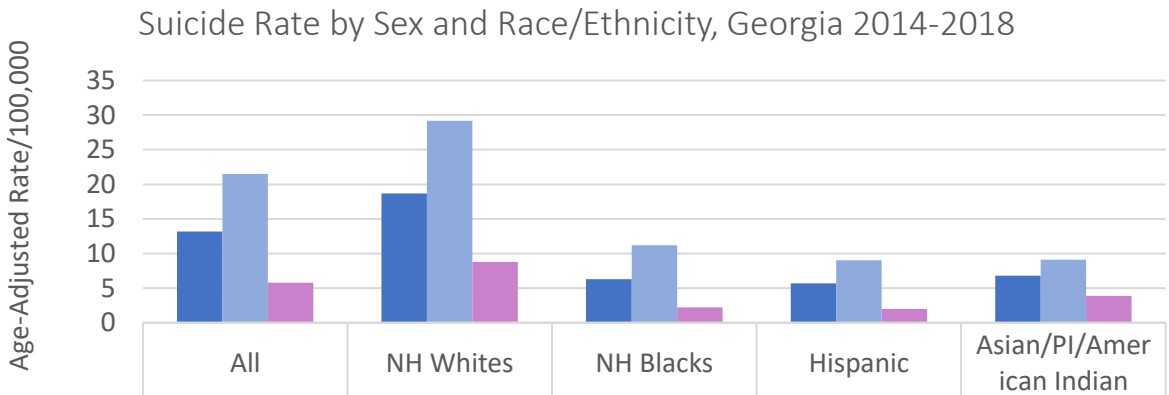
Average suicide rates were higher in rural counties

In 2018, 78% of suicides in Georgia were males, and 22% were females. Males had an age-adjusted suicide rate of 23.7 per 100,000 compared to a rate of 6.3 per 100,000 for females. The suicide rate among males in Georgia was highest among 25-29, 55-59, and 70 years and older age groups. The suicide rate for females was highest for 45-49 years of age.



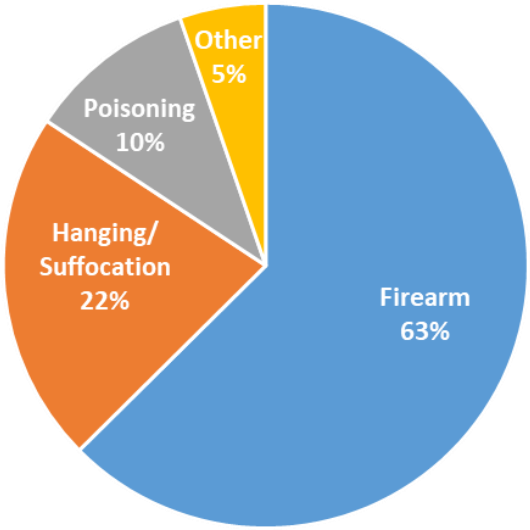
	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Males	4.9	14.8	30.2	34.1	30	32	27.1	24.7	29.7	33.3	27.5	31.5	34.1	41.1
Females	2.0	4.2	6.8	4.7	7.2	8.8	8.4	13.0	10.1	10.7	8.4	7.0	7.4	4.8

In 2018, 77% of Georgians who died by suicide were non-Hispanic whites, 16.6% were non-Hispanic blacks or African Americans, 3% were Hispanic or Latino, and 2.6% were Asians or Pacific Islanders. A higher proportion of non-Hispanic blacks die by suicide in Georgia than the U.S. average (16.6% vs. 6.2%), and Georgia non-Hispanic whites who die by suicide make up a greater proportion than the overall non-Hispanic white population in the state (77% vs. 53%). Among all races / ethnicities and sexes, white males who are not Hispanic or Latino have the largest age-adjusted suicide rate (32.3 per 100,000 in 2018).

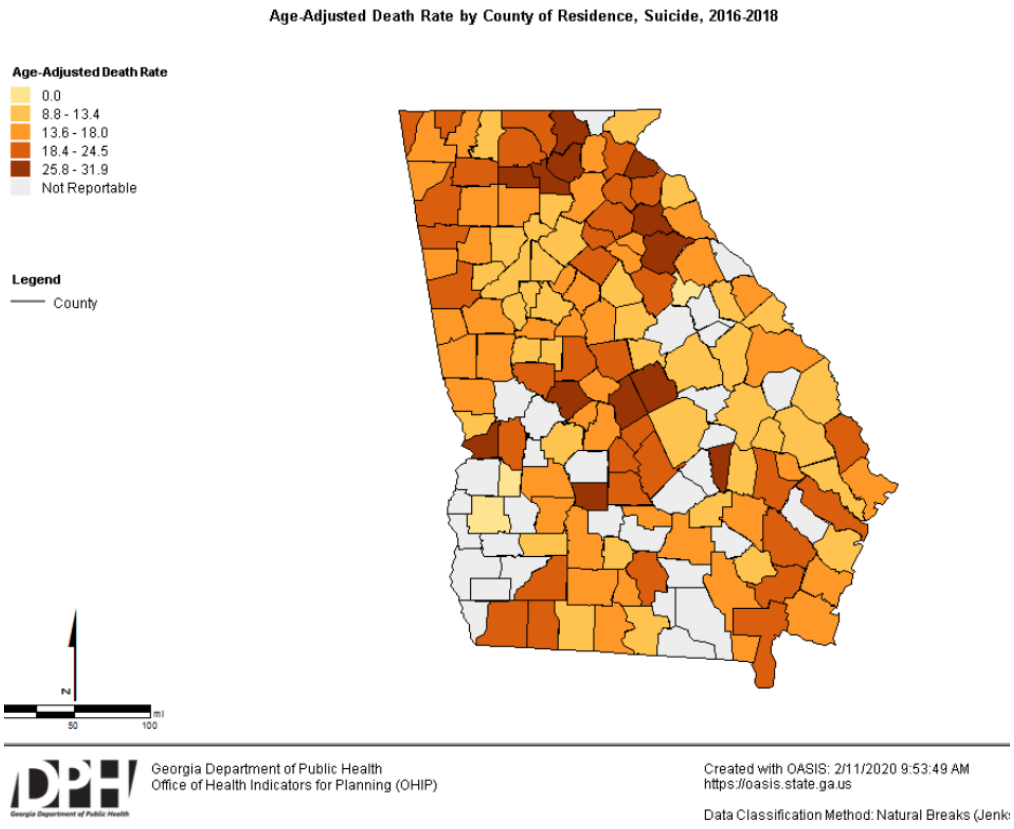


	All	NH Whites	NH Blacks	Hispanic	Asian/PI/American Indian
Overall	13.2	18.7	6.3	5.7	6.8
Males	21.5	29.2	11.2	9	9.1
Females	5.8	8.8	2.2	2	3.9

In 2017, firearms were the most-commonly-used means resulting in suicide (63%), followed by hanging/suffocation (22%), and poisoning (10%). Other means accounted for 5% of suicides in Georgia. Firearms were the most-commonly-used means resulting in suicide for both males and females, though firearms accounted for a larger proportion of male deaths than female. Poisoning accounted for a larger percentage of female suicides compared to males. Hanging/suffocation was relatively the same between males and females.



Many of Georgia's 159 counties are rural, which means they have a total estimated population below 35,000 according to the Georgia Department of Public Health. While non-rural counties in Georgia tend to have a higher number of suicides (1,229 vs. 336 in 2018), rural counties have a higher age-adjusted rate of suicide (18.4 vs. 13.8 in 2018) due to the smaller population sizes and other contributing factors such as access to services.



Research-Validated Suicide Factors

The following sections present a non-exhaustive list of risk and protective factors, possible precipitating events, and warning signs for suicide.

Risk Factors for Suicide

Risk factors are characteristics of a person or their environment that increase the potential for death by suicide.

- History of suicide thoughts or behaviors, especially prior attempt(s)
- Mental disorders, particularly depression and other mood disorders
- Misuse and abuse of alcohol or other drugs
- Job or financial loss
- Chronic disease / chronic pain
- Recent diagnosis of terminal illness (within past 12 months)
- Traumatic brain injury
- Disability and functional decline / impairment
- Exposure to someone who died by suicide, especially a family member
- Nonsuicidal self-injury
- Individual impulsivity and aggression
- Psychological factors: feelings of hopelessness, cognitive rigidity, feelings of entrapment, impaired decision-making, negative evaluations of self and future
- Perception that suicide is a common and acceptable response to distress
- Personal access to lethal means
- Social isolation / disconnection
- Relationship conflict, discord, or loss
- Perceived burdensomeness
- Sexual- or gender-based violence
- Intimate partner violence
- Experiencing natural disaster
- Stresses of acculturation and dislocation
- Stress resulting from prejudice and discrimination
- Juvenile justice involvement, especially in custody
- History of out-of-home care or adopted
- Trauma and childhood abuse (e.g., emotional, physical, sexual)
- Local epidemics of suicide
- Barriers / lack of access to behavioral health care
- Stigma associated with help-seeking behaviors
- General access to lethal means
- Unsafe media portrayals or reporting of suicide
- Experiencing war and conflict
- Historical trauma
- Societal financial upheaval (e.g., recession, stock market crash)

Protective Factors

Protective factors are personal or environmental characteristics that help protect people from suicide.

- Availability of physical and mental health care
- Effective clinical care for mental, physical, and substance use disorders
- Supportive relationships with health care providers
- Connectedness to individuals, family, community, and social institutions
- Life skills (including problem solving skills and coping skills, ability to adapt to change)
- Self-esteem and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide
- Restrictions on lethal means of suicide
- Safe and supportive schools and community environments
- Reasons for living (e.g., children in the home)
- Specific plans for the future
- Sources of continued care after psychiatric hospitalization
- Sobriety, along with attendance of mutual support group meetings
- A sense of control over one's future
- Positive school or employment experience
- Positive, optimistic outlook (i.e., hope)
- Cultural continuity

Precipitating Factors

Precipitating factors are stressful events that can trigger a suicide crisis in a vulnerable person.

- End of a relationship or marriage
- Death of a loved one
- An arrest, or upcoming / pending judicial hearing
- Serious financial problems
- Public humiliation
- Episode of substance or alcohol use after a period of recovery
- Losing a scholarship, job, or promotion
- Academic failure
- Other life stress crisis

Warning Signs

Warning signs are behaviors that indicate that someone may be at immediate risk for suicide.

- Talking or writing about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings
- Giving away prized possessions

For more information on suicide factors:

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Suicide Prevention Efforts in Georgia

In 2010, the Georgia legislature approved under Georgia Code 37 that the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) shall manage the newly-created Suicide Prevention Program (SPP).

Supported through both state and federal funding, a team of full-time staff work across state agencies, DBHDD divisions, and programs to provide suicide prevention direction and support. Additionally, DBHDD's Suicide Prevention Program leverages state and local partnerships to expand access to training, program technical assistance, clinical suicide intervention guidance, postvention care, as well as public policy guidance. There are many treatment providers, community organizations, coalitions, and individuals conducting suicide prevention programs.

DBHDD Suicide Prevention Program activities include:

Garrett Lee Smith Youth Suicide Prevention (GLS)

Starting in 2015, the five-year Garrett Lee Smith (GLS) grant project focuses on youth and young adults, ages 10 to 24, living in Georgia counties with youth suicide rates higher than the national average. Selected populations of focus include African American youth, youth suicide attempters, and family members of youth who have been identified with suicide ideation or a suicide attempt.

Strategic Prevention Framework for Suicide Prevention (SPF-SP)

The Strategic Prevention Framework for Suicide Prevention uses SAMHSA's SPF model, historically used for substance abuse prevention, for the purpose of suicide prevention. The project targets counties in each region of the state with high rates of suicide. The SPF model stresses using data-driven, research-validated, evidence-based approaches to adapt unique prevention responses to the needs of diverse communities to solve public health problems.

Mental Health Awareness Training (MHAT) Project

The MHAT Project trains individuals to recognize the signs and symptoms of mental health disorders, educate individuals about mental health resources in the community, establish links with mental health agencies to refer individuals to appropriate services, and train gatekeepers and first-responders to employ crisis de-escalation techniques. Specific sponsored trainings include: Mental Health First Aid, Youth Mental Health First Aid, Applied Suicide Intervention Skills Training, Assessing and Managing Suicide Risk, and Question, Persuade, Refer.

Georgia Suicide Prevention Coalitions

The Suicide Prevention Program collaborates with community-based Suicide Prevention Coalitions to enhance skills, facilitate growth, build capacity, and support the sustainability of local suicide prevention efforts.

GA DBHDD Public Policy on Suicide Prevention, Screening, Brief Intervention, and Monitoring

The Georgia DBHDD public policies and Clinical Companion document are applicable to Comprehensive Community Provider (Tier 1) and Community Medicaid Provider (Tier 2 and Tier 2+) organizations approved to serve individuals with mental health diagnoses and/or addictive diseases.

Georgia Mental Health Trainer Network

The Georgia Mental Health Trainer Network exists to support trainers, educators, and facilitators in managing their certification status, create opportunities to leverage training, troubleshoot training/trainer challenges, and mobilize to manage local and statewide capacity.

Georgia Suicide Prevention Clinician Network

The Georgia Suicide Prevention Clinician Network exists to support clinicians conducting suicide screening, executing safety plans, and/or implementing specific suicide prevention, intervention, and postvention services. In addition, this network will mobilize clinicians to manage local and statewide capacity specific to suicide prevention clinical skills.

Survivor Support Services

The Georgia Postvention Program provides response, resource, support, and referral services to families and communities after a suicide loss. It also serves to train and provide technical support to Survivors of Suicide Support Group Facilitators as well as provide technical assistance to Suicide Prevention Coalitions.

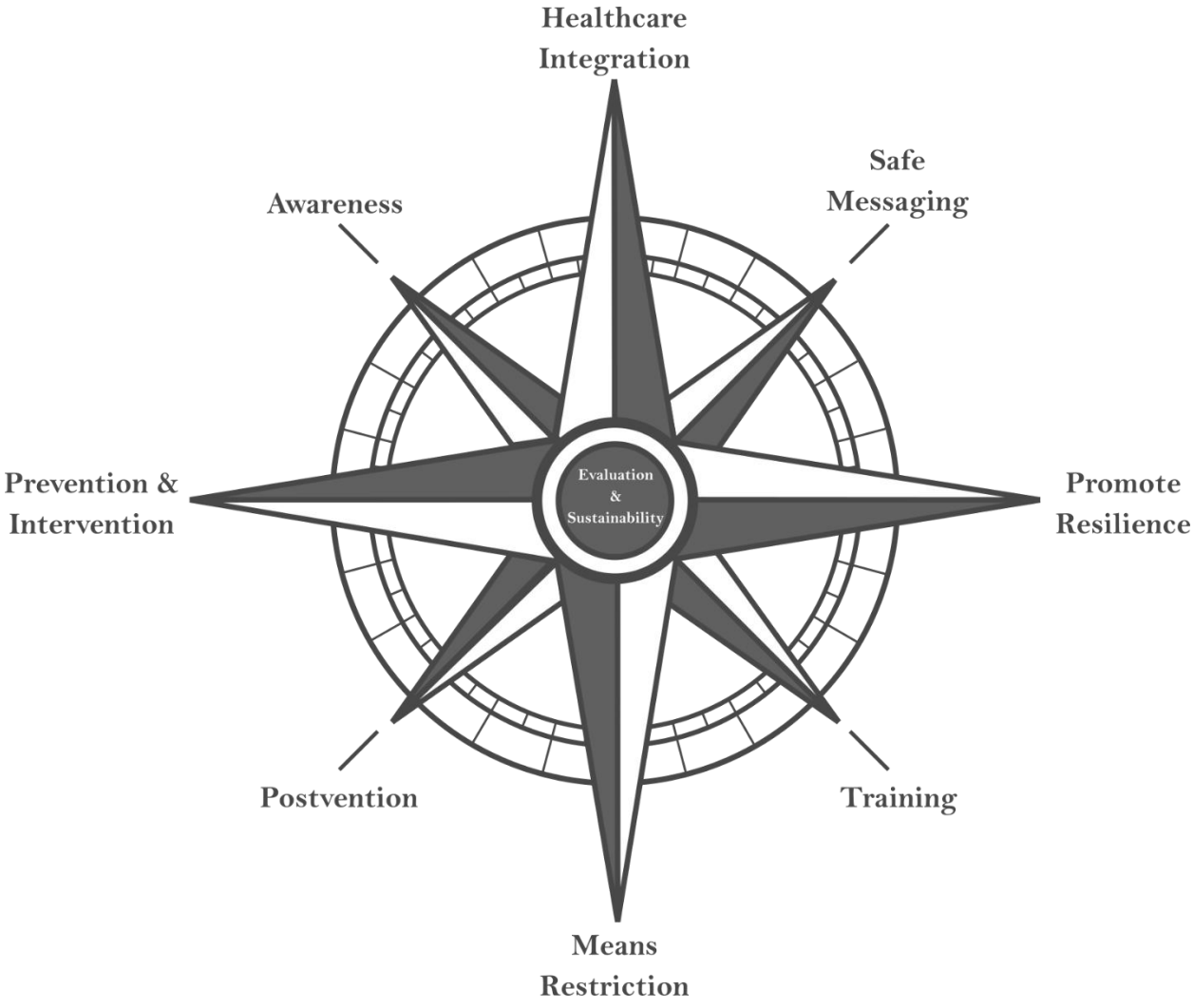
Georgia Suicide Prevention Conferences

The Suicide Prevention Program hosts bi-annual suicide prevention conferences in the state of Georgia. In 2019, the conference was combined for the first time with the Georgia Suicide Prevention College and University Conference, and there were 350 registrants, representing all regions of the state and beyond. The Suicide Prevention Program also regularly presents and has a presence at other state and national prevention and mental health conferences.

Georgia Suicide Prevention Strategic Plan

2020 – 2025

Goals, Objectives, & Strategies



Overview of Priority Goals

1. Promote the integration of suicide prevention as a core component of public and private behavioral health and healthcare systems.

2. Increase public knowledge of suicide risk, warning signs, protective factors, and precipitating factors across the lifespan.

3. Build capacity for protective factors, resiliency, and stigma-reduction in communities and schools.

4. Support the adoption of suicide safe messaging through media and public education.

5. Target high burden counties and communities to promote the adoption of evidence-based and evidence-informed suicide prevention and intervention strategies.

6. Prioritize at-risk populations to promote the adoption of evidence-based and evidence-informed suicide prevention and intervention strategies.

7. Increase efforts to reduce access to lethal means of suicide.

8. Expand evidence-based suicide prevention trainings for clinicians and gatekeepers.

9. Implement postvention best practices to provide care and support to individuals and communities.

10. Increase the timeliness and usefulness of data systems relevant to suicide prevention.

11. Sustain the suicide prevention efforts outlined in this strategic plan.

GOAL 1: Promote the integration of suicide prevention as a core component of public and private behavioral health and healthcare systems.

Through integrating evidence-based clinical practices as a core component of behavioral health and other healthcare systems, there is a greater likelihood of effective suicide interventions being implemented with fidelity.

Objective 1.1 Engage public and private healthcare leaders across the state to integrate suicide prevention as a core component of behavioral health and healthcare systems.

Strategies:

1.1.1 Identify and connect with leaders, decision-makers, and other stakeholders throughout Georgia's public and private behavioral health and healthcare systems.

1.1.2 Support in-person, webinar, or telephonic informational and consultation meetings to increase awareness and promote adoption of suicide prevention as a core component of services.

1.1.3 Provide access to ongoing technical guidance to public and private healthcare leaders, decision-makers, and stakeholders regarding best practices for suicide prevention.

Rationale:

According to the Centers for Disease Control and Prevention, promoting effective clinical practices for the integration of suicide prevention and intervention as a core component of behavioral health and other healthcare services is deemed to be highly effective in reducing suicide risk in these settings.[1]

Objective 1.2 Increase the adoption of suicide risk screening and assessment best practices for individuals receiving healthcare services.

Strategies:

1.2.1 Implement the Zero Suicide framework of screening for suicide risk for every individual receiving healthcare services.

1.2.2 Provide access to training for behavioral health providers to screen and assess individuals with potential suicide risk using evidence-based screening and assessment tools.

1.2.3 Promote adherence to policies and best practices for healthcare providers regarding completing evidence-based assessments for suicidality prior to changes in risk status and/or discharge for individuals presenting with suicidal ideation or behavior.

Rationale:

According to the National Strategy for Suicide Prevention, individuals who are at-risk for suicide are more likely to be identified for intervention and treatment if the clinician is trained in administering an empirically validated screening and/or assessment tool.[2]

Objective 1.3 Increase the knowledge and skills of effective evidence-based suicide prevention practices among new and emerging behavioral health and healthcare professionals.

Strategies:

1.3.1 Support the inclusion of suicide prevention into the educational curricula among emerging behavioral health and healthcare professionals (e.g., students, interns, medical residents) enrolled in post-secondary and graduate school programs.

1.3.2 Promote availability and access to suicide-specific CMEs and CEUs for active behavioral health and healthcare professionals.

1.3.3 Advocate for suicide risk assessment, prevention, and treatment to be mandatory areas for clinical supervision obtained toward the pursuit of licensure / certification.

1.3.4 Collaborate with state and national behavioral health professional groups to advocate for suicide risk assessment / suicide prevention skills to be included in ethical standards.

Rationale:

According to Graves and colleagues, aspiring behavioral health and healthcare professionals enrolled in behavioral health and healthcare educational programs are not being appropriately trained in suicide prevention, including risk assessment and intervention.[3]

Objective 1.4 Promote continuity of care and the safety and well-being of individuals treated for suicide risk in healthcare (e.g., emergency departments, hospital inpatient / outpatient units) and community support systems.

Strategies:

1.4.1 Identify opportunities for improvement in continuity of care by better understanding the experiences of individuals at heightened risk for suicide who have presented to healthcare and community support systems.

1.4.2 Support the referral of individuals identified by outpatient healthcare providers as having suicide risk to evidence-based suicide-specific treatment.

1.4.3 Promote policies and best practices of documented referrals to suicide-specific treatment for individuals with suicide risk being discharged from inpatient settings.

1.4.4 Promote policies and best practices for organizational linkages and service transitions (e.g., warm hand-offs) from one provider to the next when referring individuals with identified suicide risk.

1.4.5 Promote the adoption of best practice protocols, training, and toolkits / resources to ensure immediate and continuous follow-up (e.g., supportive contacts) for individuals at risk and their families within public and private behavioral health and healthcare systems.

1.4.6 Promote service and referral collaborations between local hospital emergency departments, urgent care centers, and behavioral health and healthcare providers to provide alternatives to hospitalization when appropriate.

Rationale:

According to the Suicide Prevention Resource Center, high-risk individuals receiving best practices in the continuity of care after being screened positive for suicide ideation and/or attempt are likely to be engaged in treatment to reduce suicide risk.[4]

GOAL 2: Increase public knowledge of suicide risk, warning signs, protective factors, and precipitating factors across the lifespan.

Many factors can be addressed in preventing suicide, such as promoting physical, mental, emotional, and spiritual wellness throughout communities. Increased awareness of suicide risk and protective factors can help to support individuals coping with emotional distress and assist the overall ability of communities to equip residents to overcome challenges and crises at any age.

Objective 2.1 Educate the general public on the research-validated risk factors, protective factors, warning signs, and precipitating factors for suicide.

Strategies:

2.1.1 Support media and education campaigns that promote suicide prevention to include knowledge of risk factors, protective factors, warning signs, and possible precipitating factors.

2.1.2 Provide information and training to Georgia residents to raise awareness of local risk and protective factors at the community level.

Rationale:

According to the Suicide Prevention Resource Center, awareness and knowledge of suicide risk factors and warning signs increase the capacity of individuals to actively support suicide prevention.[5]

GOAL 3: Build capacity for protective factors, resiliency, and stigma-reduction in communities and schools.

Societal attitudes and bias can create barriers to communities overcoming the stigma attached to mental health challenges. It is essential to increase awareness about trauma, recovery, and crises within families, schools, and organizations to help promote resiliency and increase help-seeking behaviors.

Objective 3.1 Support efforts for increasing sustained social connectedness in communities with high suicide burden.

Strategies:

3.1.1 Engage community and civic leaders (e.g., county commission, city council) around the importance of community programming to promote social connectedness.

3.1.2 Increase the number of active community-level suicide prevention coalitions throughout the state and engagement in coalition work by community.

3.1.3 Provide access to community-level trainings focused on problem-solving, coping skills, and help-seeking behaviors, as well as social-emotional learning programs, parenting skills classes, and family relationship programs.

3.1.4 Partner with stakeholders within communities to communicate messages of resilience, hope, recovery, and help-seeking in regard to suicidality.

Rationale:

According to the National Strategy for Suicide Prevention, "policies and programs that foster connectedness can help to promote mental and physical health recovery."[6]

Objective 3.2 Reduce perceived stigma, prejudice, and discrimination associated with suicide thoughts and behaviors.

Strategies:

3.2.1 Develop and distribute information and best practices to local employers on how to support employees and members and provide for a safe, accepting environment.

3.2.2 Educate spiritual leaders in communities of faith on suicide statistics, risk and protective factors, and how to talk to and encourage those at risk to access help.

3.2.3 Increase communication with messages of resilience, hope, and recovery through peer support services and persons with lived experience sharing their stories.

Rationale:

According to the National Academies of Sciences, Engineering, and Medicine, attention to stigmatizing structures of society enables examination of prejudice and discrimination against people with mental health and substance use disorders. Discriminatory policies and practices can appear to endorse negative social norms and deepen self-stigma.[7]

Objective 3.3 Promote policies and approaches for safe and supportive school environments and communities.

Strategies:

3.3.1 Support the increased use of evidence-based upstream suicide prevention programs in schools and community agencies.

3.3.2 Provide specific training on accessing and utilizing multiple data sources (e.g., Georgia Student Health Survey, Youth Risk Behavior Survey, morbidity and mortality reports, local coroner data) to raise awareness of local risk and protective factors.

3.3.3 Mobilize communities to voice the need for in-school and community prevention efforts to connect students and individuals in crisis with assistance and care.

3.3.4 Encourage periodic review of school policies, protocols, and trainings to ensure alignment with efforts to reduce stigma and increase individual protective factors (e.g., resiliency).

Rationale:

Suicide often has a ripple effect, impacting not only the school but also neighbors, peers, coaches on community sports teams, members of religious communities, and any other organizations in which a student or their family members may be involved. Although early research estimated six people were affected by a suicide,[8] more recent research suggests each suicide affects 135 people, with 25 reporting significant and persistent distress.[9]

GOAL 4: Support the adoption of suicide safe messaging through media and public education.

Research indicates that media exposure to unsafe messaging regarding suicide can increase the risk of suicide and distress caused by exposure to suicide. With the rapid expansion of media formats available for public consumption, it is imperative to create an approach that addresses suicide-related content in both traditional- and citizen-published media.

Objective 4.1 Encourage adoption and use of best practice guidelines for suicide safe messaging by media outlets.

Strategies:

4.1.1 Identify, engage, and educate media outlets (e.g., TV, radio, newspaper) that report on or deliver content related to suicide.

4.1.2 Promote access to safe messaging guidelines for identified media outlets.

4.1.3 Promote access to educational sessions on safe messaging for identified media outlets.

Rationale:

According to the National Action Alliance for Suicide Prevention, "To prevent suicide, we need to be able to talk about it openly—without fear or shame. But how we talk about suicide matters. These conversations can be helpful or harmful. Suicide-related messages must be conveyed in ways that support safety, help-seeking, and healing. Towards this goal, the Action Alliance leads efforts focusing on three key groups: the news media, the entertainment media, and other organizations that regularly disseminate messages related to suicide."[10]

Objective 4.2 Encourage adoption and use of best practice guidelines for suicide safe messaging by the public.

Strategies:

4.2.1 Promote safe messaging guidelines through social media and various communication outlets commonly viewed by the public.

4.2.2 Promote community stakeholder access to evidence-based safe messaging guidelines and best practices.

4.2.3 Promote access to educational sessions related to various topics around suicide safe messaging in the public (i.e., suicide in social media).

4.2.4 Identify, engage, and educate individuals who are regularly interviewed or post about mental health and suicide in the community.

Rationale:

According to the National Action Alliance for Suicide Prevention, "Many groups—non-profit organizations, businesses, charitable foundations, and others—routinely disseminate messages about suicide in websites, social media, educational materials, and other print and digital communications. It is important that this information be conveyed in ways that support suicide prevention rather than increase risk."[11] When used properly, social media can be a valuable tool to increase connection, promote resources, and offer support."[12]

GOAL 5: Target high-burden counties and communities to promote the adoption of evidence-based and evidence-informed suicide prevention and intervention strategies.

This goal prioritizes suicide prevention and intervention strategies particular to geography—Georgia communities and high burden counties. In goal setting for Georgia communities, there is a greater opportunity to reduce the suicide burden in the state.

Objective 5.1 Increase the awareness, understanding, and use of evidence-based and evidence-informed suicide-specific prevention and intervention strategies and tools to be adopted by providers in a variety of settings in communities with high burden of suicides and attempts.

Strategies:

5.1.1 Promote the awareness of and access to evidence-based and evidence-informed suicide prevention and intervention tools to providers, programs, clinicians, and stakeholders serving in high burden rural communities.

5.1.2 Encourage education and adoption of evidence-based and evidence-informed suicide prevention and intervention strategies and tools by providers in communities with the highest burden of suicide and/or attempts (measured by suicide-related emergency room and hospital discharge rates).

Rationale:

The Centers for Disease Control and Prevention recommends considering policies, programs, and practices that will impact across individual, relationship, community, and societal levels. According to the CDC, creating environments that address risk and protective factors where individuals live, work, and play can help prevent suicide. Settings where these populations work and reside are ideal for implementing programs, practices, and policies to buffer against suicide.[13]

To find evidence-based practices, visit:

http://www.sprc.org/resources-programs

https://www.samhsa.gov/ebp-resource-center

GOAL 6: Prioritize at-risk populations to promote the adoption of evidence-based and evidence-informed suicide prevention and intervention strategies.

This goal prioritizes suicide prevention and intervention strategies particular to demographics—the populations in the state most at risk for suicide attempts and/or deaths. In goal setting for Georgia populations, there is a greater opportunity to reduce the suicide burden in the state.

Objective 6.1 Increase the use of evidence-based and evidence-informed suicide-specific prevention and intervention strategies and tools to be adopted by providers in a variety of settings serving populations at risk for suicide attempts and/or deaths.

Strategies:

6.1.1 Disseminate suicide prevention and intervention best practices to providers, programs, clinicians, and stakeholders serving populations at risk for suicide.

6.1.2 Promote increased screening of individuals who are at a disproportionally high risk of suicide attempts and/or suicide using evidence-based assessment tools.

6.1.3 Engage health systems to increase crisis intervention and post-inpatient follow-up with individuals belonging to populations at high risk.

6.1.4 Promote awareness and use of the national and state crisis lines among providers and the general public.

Rationale:

The Centers for Disease Control and Prevention recommends considering policies, programs, and practices that will impact across individual, relationship, community, and societal levels. This goal supports a proactive approach to finding those individuals at greatest risk, initiating effective response, crisis intervention, and evidence-based treatment. The CDC cites that the current evidence suggests that identifying people at risk of suicide and the continued provision of treatment and support for these individuals can positively impact suicide and its associated risk factors.[14]

To find evidence-based practices, visit:

http://www.sprc.org/resources-programs

https://www.samhsa.gov/ebp-resource-center

GOAL 7: Increase efforts to reduce access to lethal means of suicide.

Reducing access to lethal means has proven to be an effective method for lowering suicide rates. Through the integration of prevention and intervention strategies at points of access, in healthcare, in communities, and in homes, lethal means restriction strategies can increase opportunities for early intervention and care.

Objective 7.1 Improve and expand protocols for providers who interact with individuals at risk for suicide to educate and assess routinely for access to lethal means.

Strategies:

7.1.1 Encourage providers to educate individuals at risk for suicide and their families about safe firearm storage and access, storage of alcoholic beverages, prescription drugs, over-the-counter medications, and poisons in the home.

7.1.2 Promote provider education around reducing the stocking of medicine in the medicine cabinet to nonlethal quantity, and locking medicines used to sleep, relieve anxiety and muscle spasms, and prevent seizures.

Rationale:

According to Barber and Miller, counseling at-risk people and their families on the importance of temporarily storing household firearms away from home or otherwise making household firearms inaccessible to the at-risk person is a critical part of means restriction to reduce substantially the number of suicides. Providers, gatekeepers, and gun owner groups are important partners in this work.[15]

Objective 7.2 Encourage partnerships with firearm dealers, gun owner groups, and other stakeholders to incorporate suicide awareness as a basic tenet of firearm safety and responsible firearm ownership.

Strategies:

7.2.1 Engage firearm dealers to integrate suicide awareness staff training as part of routine safety practices.

7.2.2 Support partnerships with firearm dealers, gun owner groups, and other stakeholders to offer access to suicide prevention education and crisis resources to gun owners.

7.2.3 Promote access to and foster the use of suicide prevention materials and safety devices to promote firearm safety and responsible firearm ownership.

Rationale:

The Centers for Disease Control and Prevention 2017 WISQARS data indicates that firearms account for means in 63% of suicides in Georgia.[16] Harvard Means Matter cites research indicating firearm access as a factor that increases suicide risk. Additionally, studies show that reductions in access to lethal means can prevent suicides.[17]

Objective 7.3 Implement environmental strategies in the community and in facilities to reduce lethal means access.

Strategies:

7.3.1 Promote the installation of physical barriers or other deterrents at any known suicide hot spot in the state.

7.3.2 Adopt strategies that reduce ligature points and access to potential ligatures in secured facilities such as detention centers and inpatient mental health treatment centers.

Rationale:

According to the Centers for Disease Control and Prevention, "modifying the characteristics of the physical environment to prevent harmful behavior such as access to lethal means can reduce suicide rates, particularly in times of crisis or transition."[18]

GOAL 8: Expand evidence-based suicide prevention trainings for clinicians and gatekeepers.

Prevention education is a key component in efforts to advance care, increase awareness, heighten responsiveness, and create cultures of support for individuals at risk for suicide. Expanding access to training for healthcare professionals and the community at large will expand the safety net of individuals who can recognize and respond effectively to suicide risk and crisis.

Objective 8.1 Increase access to evidence-based suicide prevention trainings for behavioral health and healthcare providers.

Strategies:

8.1.1 Promote access to evidence-based trainings, prioritizing access for identified behavioral health and healthcare professionals in high-burden areas.

8.1.2 Promote access to electronic evidence-based suicide prevention trainings for behavioral health and healthcare providers in rural communities.

8.1.3 Encourage clinicians to increase knowledge and skills specific to suicide screening, assessments, interventions, safety planning, and postvention.

Rationale:

This objective and related strategies were developed to align with Goal 7 of the National Strategy for Suicide Prevention, which reads: "Provide training to community and clinical service providers on the prevention of suicide and related behaviors."[19]

Objective 8.2 Expand access to evidence-based gatekeeper trainings for citizens and stakeholders.

Strategies:

8.2.1 Identify and promote gatekeeper training opportunities in areas identified as having a high burden of suicide.

8.2.2 Deliver targeted gatekeeper trainings to community groups who have a role in suicide prevention (e.g., faith leaders / community, first responders / law enforcement, educators).

8.2.3 Provide train-the-trainer opportunities to public / private stakeholders who will be engaged in suicide prevention efforts in identified areas.

8.2.4 Promote access to evidence-based electronic suicide prevention trainings for gatekeepers in rural communities.

Rationale:

This objective and related strategies were developed to align with Goal 7 of the National Strategy for Suicide Prevention, which reads: "Provide training to community and clinical service providers on the prevention of suicide and related behaviors."[20]

GOAL 9: Implement postvention best practices to provide care and support to individuals and communities.

In recent years, the concept of postvention as prevention has evolved, calling for more focus on the enhancement and expansion of resources for individuals and communities affected by suicide loss. Increased access to services and capacity for clinical support are essential to the ongoing advancement of the continuum of care for survivors of suicide loss.

Objective 9.1 Increase access to treatment and support services for survivors of suicide loss.

Strategies:

9.1.1 Promote access for survivors to peer support, treatment services, local and online resources, and other postvention supports.

9.1.2 Promote access to evidence-based postvention training and technical support for peer supports and professionals providing postvention care.

9.1.3 Encourage implementation of evidence-based postvention policies and practices in peer support and clinical care.

9.1.4 At the level of support services, provide an array of assistance, programs, and resources that help bereaved individuals and families cope with and recover from the effects of their loss to suicide.

9.1.5 Promote access to training and technical support for peer support group facilitators.

Rationale:

The Suicide Prevention Resource Center cites that an effective response to suicide loss should "Build capacity for ongoing support and treatment, including professional and peer-support options, for those who need it."[21]

Objective 9.2 Increase capacity for community and clinical support after a suicide loss.

Strategies:

9.2.1 Standardize the use of evidence-based best practices by individuals responding to and providing care for suicide loss.

9.2.2 Provide access to evidence-based community and advanced clinical postvention training.

9.2.3 Encourage implementation of evidence-based postvention policies and practices in organizational, workplace, and community settings.

9.2.4 Standardize the use of alternative support services.

Rationale:

According to Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines, "...it is essential to advance purposeful communication and collaboration among all disciplines working to support the bereaved—especially those focused on addressing the effects of every manner of sudden or traumatic death."[22]

GOAL 10: Increase the timeliness and usefulness of data systems relevant to suicide prevention.

It can be difficult to prioritize resources and implement strategies for suicide prevention without timely, accurate, and granular data about the nature of the problem. The quality and availability of data on suicide can vary widely, thus requiring coordinated efforts to improve the collection, analysis, and distribution of relevant data.

Objective 10.1 Improve the usefulness and quality of suicide-related data.

Strategies:

10.1.1 Collaborate with established statewide epidemiological workgroups.

10.1.2 Implement the Centers for Disease Control and Prevention's action plan for improving external cause of injury coding.

10.1.3 Promote the use of self-directed violence uniform definitions and data elements developed by the Centers for Disease Control and Prevention and the Department of Veterans Affairs.

Rationale:

Improving the usefulness and quality of suicide-related data can help explain the scope of the problem, identify high-risk groups, set priority prevention activities, and monitor the effects of suicide prevention programs.[23]

Objective 10.2 Improve and expand the public health capacity to collect, analyze, report, and use suicide-related data routinely to implement prevention efforts and inform policy decisions.

Strategies:

10.2.1 Release updated suicide data in a timely manner.

10.2.2 Implement the state-level suicide fatality review committee to reduce gaps in services, improve interagency collaboration, and reduce barriers to accessing care.

10.2.3 Support the use of psychological autopsies.

10.2.4 Partner with the Office of the Medical Examiner and coroners to increase access to data regarding suicides.

10.2.5 Provide suicide epidemiology opportunities for trainees.

10.2.6 Disseminate surveillance data to stakeholders in readily-usable forms to support quality improvement work.

Rationale:

According to Bossarte, improving and expanding the state and local public health capacity to collect, analyze, report, and use suicide-related data routinely will develop effective prevention efforts, especially at the local level.[24]

Objective 10.3 Increase the number and quality of surveys and other data collection instruments that include questions on protective factors against suicide ideation, suicide behaviors, related risk factors, and exposure to suicide.

Strategies:

10.3.1 Include the Adverse Childhood Experience module and suicide thoughts and attempts in the Behavioral Risk Factor Surveillance System survey at least every two years.

10.3.2 Increase the number of schools that participate in the Georgia Student Health Survey.

10.3.3 Measure attitudes, beliefs, and knowledge around suicide and suicide prevention.

10.3.4 Encourage health care systems to monitor / measure suicide prevention activities and improve their system based on the findings.

10.3.5 Gather data on groups with increased suicide risk (e.g., LGBTQ populations, veterans, unintentional drug-related poisonings, middle-aged males, and others).

Rationale:

According to Franklin and colleagues, increasing the number and quality of surveys and other data collection instruments that include questions on protective factors against suicide behaviors, risk factors, and exposures to suicide will help us to plan prevention and support services and to understand better community suicide prevention needs.[25]

GOAL 11: Sustain the suicide prevention efforts outlined in this strategic plan.

Improved suicide prevention outcomes will inevitably be short-lived if advances and systemic changes resulting from this strategic plan are not intentionally sustained or implemented sustainably.

Objective 11.1 Monitor suicide prevention strategic plan implementation throughout the state and in local communities.

Strategies:

11.1.1 Establish an evaluation team to work with established statewide epidemiological groups to identify needs as well as monitor and evaluate the implementation of the strategic plan.

11.1.2 Create an evaluation plan to include measurable outcomes, assessment targets, performance measures, and/or implementation timelines.

11.1.3 Ensure state grant-funded suicide prevention deliverables include strategic plan objectives and standard measurements to monitor implementation and effectiveness.

11.1.4 Seek funding to evaluate suicide prevention program goals.

Rationale:

Monitoring how the suicide prevention strategic plan is being implemented in the state and in local communities will help to evaluate the quality and quantity of implementation and types of structures that may be more effective or efficient.[26]

Objective 11.2 Catalyze momentum for suicide prevention efforts at the state and community levels.

Strategies:

11.2.1 Recruit and cultivate leaders and advocates for suicide prevention.

11.2.2 Identify and establish relationships with a diverse group of partners to help with the launch and implementation of the suicide prevention strategic plan.

11.2.3 Formalize any partnerships between agencies using memoranda of understanding as appropriate to make sure the strategic plan is sustained.

Rationale:

Catalyzing momentum beyond initial planning and after grant funds are depleted is critical to sustaining suicide prevention efforts over time.[27]

Objective 11.3 Secure additional funding and/or resources to expand and sustain suicide prevention efforts.

Strategies:

11.3.1 Prioritize and seek additional funds to support and implement the suicide prevention strategic plan.

11.3.2 Seek a diverse source of funds to expand and sustain suicide prevention efforts.

Rationale:

Securing additional funding will ensure that suicide prevention efforts will be sustained and enhanced throughout Georgia.[28]

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Resources

National Crisis and Suicide Prevention Resources

National Suicide Prevention Lifeline
https://suicidepreventionlifeline.org/

Crisis Text Line
https://www.crisistextline.org/

Veterans Crisis Line
https://www.veteranscrisisline.net/

The Trevor Project
https://www.thetrevorproject.org/

The notOK App
https://www.notokapp.com/

American Foundation for Suicide Prevention
https://afsp.org/

American Association of Suicidology
https://aas.org/

Georgia Crisis and Suicide Prevention Resources

Georgia Crisis and Access Line
http://www.behavioralhealthlink.com/

DBHDD Suicide Prevention Program
https://dbhdd.georgia.gov/bh-prevention/suicide-prevention

American Foundation for Suicide Prevention, Georgia
https://afsp.org/chapter/afsp-georgia/

Suicide Prevention Action Network, Georgia
https://www.span-ga.org/

General Information

2012 National Strategy for Suicide Prevention
https://www.ncbi.nlm.nih.gov/books/NBK109917/pdf/Bookshelf_NBK109917.pdf

Preventing Suicide: A Technical Package of Policy, Programs, and Practices
https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf

Suicide Prevention Resource Center
https://www.sprc.org/

Safe Messaging Best Practices for Media & Citizens

Action Alliance Framework for Successful Messaging: Safety
http://suicidepreventionmessaging.org/safety

Recommendations for Reporting on Suicide
https://reportingonsuicide.org/

Recommendations for Blogging on Suicide
https://www.bloggingonsuicide.org/

CDC Social Media Tools, Guidelines, & Best Practices
https://www.cdc.gov/socialmedia/tools/guidelines/

Tips for Representing Mental Health in Language and Imagery
https://www.bevocalspeakup.com/assets/downloads/how-to-portray-mental-health.pdf

How to Use Social Media for Suicide Prevention
http://bit.ly/SuicidePrevSocialMediaGuide

Means Restriction

Counseling on Access to Lethal Means
https://www.sprc.org/resources-programs/calm-counseling-access-lethal-means

Means Matter
https://www.hsph.harvard.edu/means-matter/

National Sports Shooting Foundation: Suicide Prevention
https://www.nssf.org/safety/suicide-prevention/

Project ChildSafe
https://projectchildsafe.org/

Drug Disposal
https://takebackday.dea.gov/