

# Suicide Prevention Toolkit





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Dear Community Leader,

We applaud you for taking a leadership role in preventing youth suicide by participating in the community toolkit training. By accepting the challenge to do something about youth suicide in your community, you are a true leader.

Youth suicide in our state is a major public health problem. Suicide is the second leading cause of death for young people in Oklahoma, and an astounding 15% of youth surveyed in Oklahoma report that they have seriously considered suicide. Whether it is suicide deaths, attempts, or related problems such as alcohol and other drug use or barriers to mental health services, your community likely has some level of risk for youth suicide.

Since the Oklahoma state plan on youth suicide prevention was developed in 1999, there have been many exciting youth suicide prevention efforts initiated across the state. Youth screening programs in schools have been launched, state agencies have successfully collaborated to collect vital suicide data, trainings on suicide prevention have been organized, and a statewide conference on suicide prevention is now held annually—just to name a few.

We have made great strides in our state to prevent youth suicide in a short period of time, but we need your help to do more. Now is the time to mobilize our communities into action. Now is the time to take control of the problems in our communities that create increased suicide risk for our young people. The goal of this toolkit and training is to provide community advocates, like you, the necessary tools to develop and implement successful youth suicide prevention initiatives.

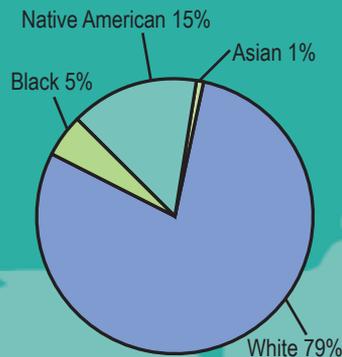
Everyone has a role in preventing youth suicide. As part of the toolkit training, we hope your role will be to help lead the suicide prevention movement in your community. We thank you for your continued support and look forward to supporting your efforts!





## Youth Suicide in Oklahoma:

Race of Suicide Victims Aged 15-24 in 2004



Suicide was the second leading cause of death among youth age 15-24 from 1998 through 2005.

Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. Available from URL: [www.cdc.gov/ncipc/wisqars](http://www.cdc.gov/ncipc/wisqars)

### Oklahoma Violent Death Reporting System (VDRS)

- The youngest person who died by suicide in Oklahoma in 2004 was 13 years of age.
- Those with the highest suicide rate among youths age 15-24 in 2004 were Native Americans.
- For many victims, information on circumstances associated with the suicide was available in the police report and/or medical examiner report. Here are the top 10 circumstances reported for persons aged 10 to 24 in 2004:

Gender	10-14		15-24	
	Count	Rate	Count	Rate
All Youths	3	0.6	75	14.1
Male	3	1.2	61	22.1
Female	0	0	14	5.4

\*Rate per 100,000 population

1. Crisis in past two weeks (51%)
2. Intimate partner problem (45%)
3. Current depressed mood (39%)
4. Relationship problem other than intimate partner (27%)
5. Current mental health problem (24%)
6. Substance abuse problem (19%)
7. History of suicide attempts (18%)
8. Current treatment for mental illness (13%)
9. Job problem (12%)
10. Recent criminal/legal problem (12%)

- Of all persons aged 10 to 24 who died by suicide in 2004, 10% were veterans (persons who had served in the U.S. Armed Forces).
- Of the 70 persons age 10-24 who died by suicide and were tested for drugs and/or alcohol in 2005, 40% tested positive.

Source: Oklahoma State Department of Health, Violent Death Reporting System, 2004 and 2005

### Oklahoma Youth Risk Behavior Survey (YRBS)

- 27.9% of students reported feelings of depression with the highest percentage among 9th grade girls at 41.1%.
- 15.4% of students reported that they seriously considered attempting suicide with the highest percentage among 9th grade girls at 26.1%.
- 12.4% of students reported that they had a suicide plan, with the highest percentage among 9th grade girls at 20.2%.
- 7.9% of all students had actually attempted suicide in the past year with the highest percentage among 9th grade girls at 12.8%.
- As a whole, female students reported more suicide attempts than male students with percentages of 9.0% and 6.7%, respectively.
- The percent of youths who attempted suicide went up from 2003 to 2005 by almost a percentage point, from 7.0% to 7.9%.

Source: Oklahoma State Department of Health, Youth Risk Behavior Survey, 2003 and 2005

## Myths and Facts about Youth Suicide:

**Myth:** A youth threatening suicide is really not serious about completing suicide—they must just want attention.

**Fact:** Talking about suicide can be a plea for help, and it can be a late sign in the progression toward a suicide attempt. Those who are most at risk will show other signs apart from talking about suicide. If you have concerns about a young person who talks about suicide, encourage him/her to talk further and help them to find appropriate counseling assistance. Threatening suicide is cause for concern, no matter what the motivation. Although some people may be seeking attention or trying to manipulate others, all threats are cause for concern and require professional follow-up. At the very least, threatening suicide is a sign that they need to learn more effective coping skills.

**Myth:** Suicide cannot be prevented – a young person who wants to die by suicide will find a way to do it.

**Fact:** Suicide is one of the most preventable forms of death. The majority of the time, youth who attempt or die by suicide have given definite signs or talked about suicide. The keys to prevention are recognizing the warning signs and knowing what to do to help. Remember that most suicidal youth don't really want to die, they just want their pain to end, and suicide may seem like their only option. Suicide can be prevented.

**Myth:** Talking about suicide with someone who is potentially suicidal will cause them to attempt suicide.

**Fact:** Talking about suicide does not create or increase risk—it actually reduces risk. Talking about suicide provides the opportunity for communication. The first step is to ask whether or not the young person is intending to harm him/herself. Listen without judgment, ask them directly about their intent, and find them professional help. If you cannot have this conversation, then find someone who will.

**Myth:** Most suicides happen without warning.

**Fact:** We often hear from those who have lost someone to suicide that it happened without warning or that their loved one showed no signs. It is most likely that the intent to end their life may not have been initially recognized. However, most young people exhibit warning signs. The key is to know the warning signs and be ready to offer help.

*Adapted from Washington's Youth Suicide Prevention Program [www.yspp.org](http://www.yspp.org)*

## Warning Signs of Suicide:

One of the keys to preventing youth suicide is knowing the warning signs. The following signs have been identified as common factors that have been observed in suicidal youth. A young person exhibiting one or more of these signs might be considering suicide:

- A fixation with death or violence
- Violent mood swings or a sudden change in personality
- Difficulty in adjusting to gender identity
- Signs of depression, such as:
  - A sudden worsening in school performance
  - Withdrawal from friends and extracurricular activities
  - Expressions of sadness, hopelessness, anger or rage
  - A sudden, unexplained decline in enthusiasm and energy
  - Overreaction to criticism
  - Indecision, lack of concentration, and forgetfulness
  - Lowered self-esteem, or feelings of guilt
  - Restlessness and agitation
  - Changes in eating or sleeping patterns
  - Unprovoked episodes of crying
  - Sudden neglect of appearance and hygiene
  - Seeming to feel tired all the time for no apparent reason
  - Use of alcohol or other drugs

*Other warning signs of suicide that demand immediate action:*

- Announcing that the person has made a plan to kill him- or herself
- Talking or writing about suicide or death
- Saying things such as:
  - I wish I were dead.
  - I'm going to end it all.
  - You will be better off without me.
  - What's the point of living?
  - Soon you won't have to worry about me.
  - Who cares if I'm dead, anyway?
- Staying by themselves rather than hanging out with friends
- Expressing feelings that life is meaningless
- Giving away prized possessions, saying goodbye
- Neglecting their appearance and hygiene
- Obtaining a weapon or other means by which to hurt themselves (such as prescription drugs)

*Watch for warning signs in combination with any of the following:\**

- A recent death or suicide of a friend, family member, or peer in the school/community
- A recent break-up with a boyfriend or girlfriend, or conflict with parents
- Readily accessible firearms or prescription drugs
- Impulsiveness and risk taking
- Lack of connection to friends, family, or caring adult
- Previous suicide attempt

*\*Washington Youth Suicide Prevention Program Community Toolkit*

## What to do to Save a Life:

*If you recognize warning signs in a young person, it is important to be ready to help. The following intervention was developed by the QPR Institute and is a three step process for helping a young person who has exhibited the warning signs of suicide. QPR, like CPR, is an easy to remember acronym that can help you save a life.*

**QUESTION** the young person about suicide. Do not be afraid to ask. Asking about suicide does not increase suicide risk—it will help. Even if the person exhibiting warning signs is not thinking of suicide, they likely still need your attention and help.

- Are you having thoughts of suicide?
- Are you thinking of killing yourself?
- Have you made plans?

**PERSUADE** the young person to get help. Listen carefully and without judgment to what they have to say. Do not attempt to counsel the person. Simply listen, then say,

- Let me help.
- Come with me to find help.
- Let's talk to someone who can help.

**REFER** the young person for help. Do not promise secrecy, and do not worry about being disloyal. It is crucial that the person that you are helping find adequate services. It's best to know the resources in your area and to help the young person make an appointment or go with them to the facility. Section 3 of this toolkit will help you identify the services in your area.

Call 1-800-273-TALK (8255) if you or someone you know is in crisis or needs help.

Become a certified QPR Gatekeeper. Contact ODMHSAS to attend or host a QPR Gatekeeper training at 405-522-8774.

# Taking Action in Your Community





## Youth Suicide Prevention in Oklahoma:

Oklahoma developed a State Plan on Youth Suicide Prevention in 1999 at the request of the Oklahoma Legislature. In 2001, the Youth Suicide Prevention Act was enacted, creating the state's Youth Suicide Prevention Council. The Council involves physicians, educators, survivors of suicide, mental health professionals, clergy, legislators and representatives from state agencies including Health, Mental Health and Substance Abuse Services, Education, and Juvenile Affairs.

### *Oklahoma State Plan: Strategies for Prevention*

The following is a summary of the prevention strategies outlined in the Oklahoma state plan. The plan is designed to be comprehensive and to improve health conditions at the state and local community level.

#### Assessment:

- Improve the way suicide deaths and attempts are recorded and reported statewide
- State agencies assist communities in accessing and using local data
- Administer the Youth Risk Behavior Survey in schools statewide

#### Policy Development:

- Improve the way suicide deaths are reported in the media to reduce contagion
- Increase young Oklahomans' access to health and mental health services, including improving access to mental health services in the school setting
- Reduce youth access to lethal means, such as alcohol, other drugs, and firearms
- Improve referral networks in communities statewide

#### Assurance of Services:

- Build strong public support for the investment in young people and create leadership and positive social opportunities for youth
- Create public education campaigns about youth suicide
- Implement community and school-based suicide intervention training and screening programs
- Provide support and services for high risk youth and their families

## Effective Suicide Prevention:

The National Strategy for Suicide Prevention and the Oklahoma State Plan for Youth Suicide Prevention advocates a public health approach to suicide prevention. The public health approach is widely regarded as the most effective method for creating a significant and sustainable impact on youth suicide. The public health model uses five evidence-based steps:

- Define the problem
- Identify the causes: risk and protective factors
- Develop a comprehensive plan
- Implement the plan
- Evaluate your efforts

### *Other Keys to Effectiveness:*

- Engaging a broad representation of the community in your prevention efforts, including youth
- Developing a plan with strategies that work on multiple levels:
  - Individual, family, community
  - Implementing strategies that are evidence-based—those that have been shown to be effective in other communities
  - Ensuring interventions are culturally appropriate for your community

### RISK FACTORS:

#### *Individual Level*

- Mental illness, particularly mood disorders
- Alcohol and other substance use, misuse, abuse
- Previous suicide attempt
- History of trauma or abuse
- Hopelessness

#### *Family Level*

- Family history of suicide

#### *Community Level*

- Barriers to health care and mental health care
- Stigma associated with help-seeking behaviors
- Lack of social support
- Access to lethal means
- Contagion—influence of other suicides

*Source: Suicide Prevention Resource Center*

### PROTECTIVE FACTORS:

#### *Individual Level*

- Life skills—coping skills & help-seeking behavior
- Resiliency—sense of hope and support
- Cultural and religious beliefs that discourage suicide and support self-preservation

#### *Family Level*

- Sense of support—strong connections to family

#### *Community Level*

- Access to health care and mental health care
- Respect for help-seeking behavior
- Restricted access to lethal means
- Community supports

*Source: Suicide Prevention Resource Center*

## Youth Suicide Prevention Strategies:

### GATEKEEPER PROGRAMS

Gatekeeper programs are aimed at training community members who regularly come into contact with youth on how to identify suicide risk and to effectively refer young people at risk for help. Gatekeeper programs usually consist of learning how to recognize warning signs and how to effectively communicate with a young person at risk.

*Examples: QPR (Question, Persuade, Refer), ASIST (Applied Suicide Intervention Skills Training)*

### SCREENING PROGRAMS

Screening programs are designed to screen young people for suicide risk factors, and particularly mental illness indicators. Screening programs usually consist of widespread or selected screening by a trained adult. If a youth is positively identified as being at risk, the student is referred for services.

*Examples: Columbia TeenScreen, SOS (Signs of Suicide)*

### INFRASTRUCTURE / POLICY DEVELOPMENT

These strategies are intended to change the conditions in our communities that contribute to youth suicide. This can include a change in laws, policies, and practices to create environments that decrease the likelihood of youth suicide. While other prevention strategies are aimed at changing an individual's behavior, these strategies are aimed at changing the environment in which individuals exist (live, work, go to school, etc.).

*Examples: Lethal means restriction, Referral network improvement, Media reporting standards, Primary care/emergency room intervention protocols, Campus crisis and suicide response planning, Access to services*

### CRISIS MANAGEMENT

These are strategies aimed at intervening with youth in immediate crisis. Crisis programs offer varying levels of interaction with youth and may involve some level of assessment and counseling. They are designed to find youth at risk the appropriate services in their community.

*Examples: National Suicide Prevention Lifeline (1-800-273-HELP)*

### POSTVENTION STRATEGIES

Postvention strategies are designed to prevent future suicides or suicide attempts after a suicide death or attempt has occurred. This strategy can prevent contagion effects that may occur in a community, school, or family after a suicide.

*Examples: Media reporting training, Campus crisis response teams, Campus crisis and suicide response planning*

## Getting Organized:

As an advocate for youth suicide prevention, your first priority should be to mobilize the people and resources in your community around the issue. Whether you are an individual acting out of your own personal passion for the issue or part of an organization engaged in prevention programming, it is crucial that key sectors of the community buy in to your prevention efforts. By taking the time to do this, your efforts will not only be accomplished easier and more quickly, but will also yield more outcomes.

### Individuals → Coalition

- Broad influence
- Diversity of ideas, abilities
- Network of resources
- Long-term sustainability
- Funding priority
- Time and energy
- Collaboration, not duplication

### Staff Driven → Community Driven

- Authentic community voices
- Service recipients @ advisors
- Greater influence
- Network of resources
- Time and energy
- Come from within, not “outsider”
- Broader impact, unexpected outcomes

## CHALLENGES AND SOLUTIONS:

While the benefits of working within a coalition for youth suicide prevention far outweigh the burden, there will be times when you encounter barriers. These could be a result of people’s unwillingness to discuss the issue or a problem with community readiness and timing. Below are common obstacles you may face when trying to engage the community in youth suicide prevention and ideas to overcome these obstacles.

### *Barrier:*

Denial of youth suicide as a priority issue or a real problem in the community

### *Potential Solution:*

Many people view suicide as a rare or isolated occurrence, and most fear the stigma associated with admitting that suicide and its related risk factors are a problem in their community. The key to overcoming denial is education and action. Remind those in denial that your efforts are aimed at preventing suicide by ensuring the strengths of the community are preserved and that necessary improvements are made. Remember the impact of telling your story and facilitating contact between survivors of suicide, youth and the person you are trying to influence.

Time—people or organizations don’t have time to take on another issue

Time is an issue with almost everyone—the key is to mobilize the existing resources in your community. It is important to match your group’s needs with the appropriate person/organization. Identify people and organizations within the community that already have similar health-related goals or interests, and explore potential partnership projects that align with their current efforts. You may have to make the link between suicide and other problems to align with another existing coalition’s mission (connection between substance abuse and suicide, for example).

Resources are limited

The projects your coalition take on will have to be realistic depending on the amount of resources you have, but much can be done with little to no funding. The key to community mobilization is identifying and leveraging the existing resources in your community. By engaging multiple sectors of the community in your efforts, you bring a wealth of resources to the table. Be strategic about what resources you need and identify the people and organizations in your community that can offer help.

Competition with other health/community issues

Many communities are overwhelmed by the issues that face their young people. Remember, however, that suicide is related to other important issues such as alcohol and other drug use, violence, mental illness, etc. Prevention efforts aimed at combating these other issues can also have a positive effect on youth suicide. Explore how your efforts align with the efforts of other existing coalitions and youth-serving agencies working in your community.

## Everyone Has a Role:

As an advocate for youth suicide prevention, your first priority should be to mobilize the people and resources in your community around the issue. All of the community sectors cited below have the ability to change policy or contribute their time, influence, and resources to the issue. For each sector below, list the names of those in your community that could be a collaborative partner in your prevention efforts. Where gaps exist in your list, your next task should be to identify these partners.

### YOUTH

Young people often turn to their peers to cope with social or emotional pain. Having youth at the table as partners and advisors is crucial for effective program development.

### EDUCATION

Educators have day-to-day contact with many young people and are well-positioned to observe students and to act. Administrators also have the power to influence policy.

### PARENTS

Like educators, parents are well-positioned to recognize warning signs in their children and children's peers and are powerful advocates for youth health.


### SURVIVORS

Survivors are in a unique position to advocate for suicide prevention. Telling their stories will help bring attention to the problem and influence others into action.

### BUSINESS

Business leaders are often able to offer resources for your projects. They have a vested interest in the well-being and prosperity of the community, and they can also bring credibility and influence to your project.

### HEALTHCARE

A substantial number of people contact their physician prior to a suicide attempt, and first responders are in a key position to recognize warning signs. Healthcare administrators also have the ability to create policy.


### FAITH

Studies reveal that large numbers of people who are thinking of harming themselves turn to clergy rather than to mental health professionals.

### MENTAL HEALTH

Mental health providers in your community have a vested interest in suicide prevention—they are well-positioned to observe warning signs.

### ELECTED OFFICIALS

Support from the decision makers in your community is vital. They allocate funds, make decisions about health services, and influence community attitudes.


### JUSTICE

Youth in the justice system are at risk for suicide. Therefore, those in the judicial system have an important role in recognizing warning signs and advocating for services for youth offenders.

### LAW ENFORCEMENT

Law enforcement is often the first responder for youth in crisis. Their experience and expertise makes them excellent advisors in program design as well as key partners in program implementation.

### MEDIA

Research on suicide has established that suicides can increase with media attention. There are steps the media can take to prevent suicide and suicide contagion. Media is also a key partner in changing community attitudes.


### OTHER KEY STAKEHOLDERS


## Why Youth Participation?

### YOUTH HAVE A RIGHT TO PARTICIPATE:

The right of youth to participate in decisions that affect them has been firmly endorsed through the United Nations Convention on the Rights of the Child (1989).

### PARTICIPATION PROMOTES RESILIENCY:

Within the context of government services, youth tend to be viewed as problems in need of solutions. The resilience model of youth development places the emphasis on potential, rather than on problem intervention. Resiliency-based programs are built upon community-wide, intersectoral collaboration and are focused on enhancing competence in young people as much as reducing a given risk behavior or undesirable outcome. This approach sees youth as part of the solution, not just the focus of the problem. Youth participation promotes resiliency by building on youth strengths, including energy, enthusiasm and creativity.

### PARTICIPATION REDUCES RISKS:

Ground-breaking work by the University of Minnesota, Division of General Pediatrics & Adolescent Health, has shown that a sense of connectedness, through involvement with a social environment of family, parents, school, and community, has an influence on promoting health and protecting youth from risky behavior. The University of Minnesota research demonstrates that youth with strong social connections were less likely to engage in activities such as drinking and driving, violence, early and unprotected sex, and drug use. Extensive studies by other research and advocacy groups also indicate clearly that youth who feel involved, safe, valued, and connected are less likely to engage in risky behaviors.

### PARTICIPATION IS CENTRAL TO POSITIVE YOUTH DEVELOPMENT:

During adolescence, young people begin to define their own self-worth in terms of their skills and their capacity to influence their environment. It follows that in order for young people to make a healthy and effective transition to adulthood, they need opportunities to demonstrate that they are capable of being responsible, caring and participating members of society. Unfortunately, young people often have little opportunity for meaningful involvement during this key transition period. Consequently, alienated young people often turn toward self-destructive activities (risk-taking) or maladaptive social behaviors.

### PARTICIPATION ENHANCES YOUTH HEALTH:

Youth participation offers young people the chance to develop important decision-making and problem solving skills, develop meaningful relationships, and a chance to bolster self-esteem. These benefits are known to protect youth against risk-taking behavior that impacts negatively on health both in the short- and long-term.

### PARTICIPATION IMPROVES YOUTH PROGRAMS AND SERVICE:

By involving youth in the planning process, those responsible for programs and services can direct available resources toward finding more successful approaches to issues affecting youth.

### PARTICIPATION PROMOTES COMMITMENT:

Research in community development and health promotion shows that people of all ages are more likely to make a commitment to a program when they have been involved from the outset in the program's design and implementation plans. Creating opportunities for input from specific populations, including cultural-minority youth, youth in care, and youth with mental or physical disabilities will increase the likelihood that these populations will benefit from programs designed to serve them.

*Page from: The McCreary Centre Society [http://www.mcs.bc.ca/ya\\_why.htm](http://www.mcs.bc.ca/ya_why.htm)*

## Community Assessment:

The first step in developing an effective youth suicide prevention plan is to assess your community. A community assessment tells you about your community’s readiness for a suicide prevention program and the state of the problem. In the public health approach to suicide prevention, an assessment also provides an overview of the risk and protective factors present in the community—helping you plan a more effective prevention campaign. The following assessment tool is intended for you to complete with your prevention coalition or organization. It is important to collaborate with others on this assessment to gain a broader knowledge of what is happening in your community.

### COMMUNITY PROFILE:

Community name:	
Geographic boundaries of community: (ZIP codes, physical borders, etc.)	
Population of the target group to be served:	
Socioeconomic demographics of target population:	
Racial/ethnic breakdown of target population:	
Languages spoken by target population:	
School dropout rate of target population:	
Percent of population to be served with private/public health insurance:	
Medical care providers in the community. Indicate whether or not the target group is served by each: (hospitals, health care centers, medical centers/clinics, etc.)	

<p>Mental health care providers in the community. Indicate whether or not the target group is served by each: (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.)</p>	
<p>Local media outlets that reach the community:</p>	
<p>Agencies/organizations that serve the target population:</p>	
<p>Suicide attempts and deaths among the target population:</p>	
<p>Suicide ideation among the target population:</p>	
<p>List all suicide prevention services/activities/programs/plans presently taking place within the target population's community:</p>	

## Community Assessment:

### COMMUNITY RISK AND PROTECTIVE FACTORS:

Use the list of risk and protective factors on page 13 to identify those present in your community. Identify the resources/assets and limitations/gaps that exist in your community related to each.

Risk Factors:	Resources/Assets:	Limitations/Gaps:
<i>Ex: Barriers to mental health care</i>	<i>More than five mental health providers in the community.</i>	<i>None are crisis centers, and only one serves youth under 18.</i>
Protective Factors:	Resources/Assets:	Limitations/Gaps:

## Suicide Prevention in the Community:

How many schools and school districts in the community have implemented a crisis management plan that includes policies and procedures in case of a suicide?\*

How many schools provide access to a mental health professional for its students? What is the student to mental health provider ratio in these schools? How often is this provider available to students?

How many of the media outlets that reach the community have been trained in responsible media reporting of suicide?\*

How do local emergency rooms respond to youth suicide attempts? Are referrals made? What follow-up is provided? Is hospital social work staff notified?\*

What percentage of physicians in the community receive regular training on suicide warning signs and referral protocol?

What percentage of educators and administrators in the community receive regular training on suicide warning signs and referral protocol?

What percentage of community professionals who work with youth and families in the community receive regular training on suicide warning signs and referral protocol?\*

How does the target population get information about 24 hour crisis hotlines?\*

How many youth serving organizations provide screening for mental health or suicide? How often are the screenings provided? Are referrals made for high-risk youth?

*\*Adapted from the Oregon Plan for Youth Suicide Prevention*

## Making an Action Plan:

Now that you have completed a community assessment and have identified the risk and protective factors that exist, you can develop a plan of action. Follow the steps below to design a youth suicide prevention action plan that addresses the needs in your community.

Step 1: Prioritize the community risk and protective factors that were identified

Step 2: Brainstorm what can be done about each

Step 3: Prioritize your list, and develop goal statements for each

Step 4: List the steps to achieve each prioritized goal

Step 5: Identify roles for different sectors of the community for each goal

### *Steps 1 & 2: Prioritize Risk and Protective Factors*

Prioritize the list of identified risk and protective factors from the community assessment. Remember that effective prevention plans address risk and protective factors from multiple domains. Choose your top three priority risk and protective factors for each. Then, considering the resources/assets and limitations/gaps that were identified for each, list what actions can be taken for each prioritized risk and protective factor.

Risk Factors:	What can Be Done (Action):
1:	○ ○ ○
2:	○ ○ ○
3:	○ ○ ○
Protective Factors:	What can Be Done (Action):
1:	○ ○ ○
2:	○ ○ ○
3:	○ ○ ○

## Making an Action Plan:

### *Step 3: Develop Goal Statements*

For each risk and protective factor, prioritize your list of what can be done. Choose your top two actions for each. Then, develop goal statements that demonstrate what change you hope to achieve and by when you hope to achieve it.

Example:

Risk Factor = Contagion/influence of suicide on others

Action Step #1 = Educate local media

Goal Statement #1: Train 100% of local media outlets on responsible suicide reporting standards by the end of the year.

Action Step #2 = Respond to suicides effectively in the community

Goal Statement #2: Increase the number of schools in the community with suicide response plans from one to five by the end of the year.

Risk Factor #1:  Goal 1:  Goal 2:
Risk Factor #1:  Goal 1:  Goal 2:
Protective Factor #1:  Goal 1:  Goal 2:
Protective Factor #1:  Goal 1:  Goal 2:

## Making an Action Plan:

*Step 4 & 5: List the Steps and Identify Opportunities for Collaboration*

For each goal statement, list the steps required to achieve each and identify what roles various sectors of the community can have in achieving each goal.

Goal 1:	Steps:	Roles:
Goal 2:	Steps:	Roles:
Goal 3:	Steps:	Roles:
Goal 4:	Steps:	Roles:
Goal 5:	Steps:	Roles:

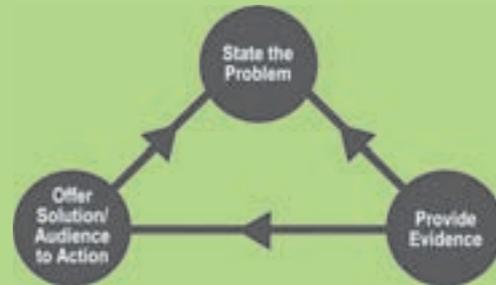
Goal 6:	Steps:	Roles:
Goal 7:	Steps:	Roles:
Goal 8:	Steps:	Roles:
Goal 9:	Steps:	Roles:
Goal 10:	Steps:	Roles:

## Advancing Your Plan Through Media Advocacy:

Advocating for youth suicide prevention can be challenging. Trying to create significant change in your community requires shifting attitudes and the community's social norms. Through the power of media advocacy, you can strategically use the news media to advance your goals and influence social or public policy change.

### MEDIA ADVOCACY METHODS

- Letter to the Editor
- Newspaper article
- Op-Ed
- TV news feature
- Radio story/call-in
- Magazine column



#### *Letter to the Editor*

Letters that are most likely to be published are short (less than 200 words), concise, and to the point. Letters must also be timely—in response to a recent article (less than a week old) or related to an upcoming event.

#### *Op-Ed*

An op-ed is an opinion editorial of approximately 800 words or less—a guest column in the editorial section of the newspaper. Check your local paper's editorial section for submittal instructions.

#### *TV News/Newspaper Article*

TV news and newspaper features usually come about through a press release detailing a media event, or they are the result of communication with a reporter who wants to cover a particular story or project.

### FRAMING THE MESSAGE

1. State the problem: Be specific
2. Provide evidence: Use facts or stories to demonstrate the problem; always try to use local data and information
3. Offer a solution: Main focus; call your audience to action; you're trying to influence the change you want to see.
  - What do you want done about the problem?
  - What actions will create change?

### SPOKESPERSON TIPS

- Train, train, train
- Practice, practice, practice
- Authentic community voices
- Be concise—prepare three-second talking points
- Bridge technique—repeat, repeat, repeat
- Never say “no comment,” never guess or lie

*Adapted from Institute for Public Strategies*

## Developing Talking Points:

State the Problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

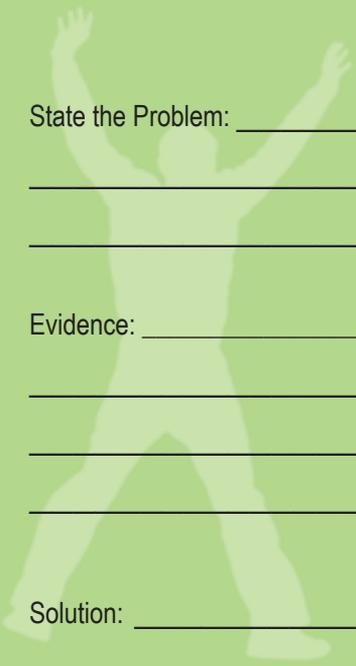
Evidence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Solution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State the Problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evidence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Solution: \_\_\_\_\_  
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## Success Stories from the Field:

### CRISIS MANAGEMENT: SAFETEAM

#### *Program Goals:*

SafeTeam was created in response to area suicides and is one of the programs recommended from the work of the Suicide and Violence Prevention Committee. The project was implemented in two Tulsa area high schools and has since expanded to include other high schools as well as a middle and elementary school.

The goals of SafeTeam are to:

- Provide an early warning communication system that allows for students, parents, and school staff to respond quickly to students who are experiencing emotional distress so the schools can intervene before harmful situations occur;
- Improve staff organization when responding to troubled students, and to train staff to recognize and refer individuals to the SafeTeam coordinator when they demonstrate a need for personal assistance;
- Help students develop an appreciation for the critical role they play in maintaining the physical and emotional safety of themselves, their friends, and the entire school community;
- Provide parents the opportunity to communicate their concerns, needs, questions, and suggestions regarding school safety with the SafeTeam Coordinator, actively participating in the effort to keep the school and students safe;
- Strengthen the level of trust between students and the SafeTeam Coordinator, and teachers, providing an outlet for students to seek guidance;
- Create a positive attitude toward safety and mental health within the entire school community;
- Develop an improved sense of appreciation for diversity that exists within a school community and to improve communication across the scope of that diversity;
- Effectively connect students and their parents/guardians with community resources that will be helpful to them if emotional distress is present.

#### *Program Successes:*

SafeTeam's activities have included holding forums with the school community and inviting a guest speaker to present on a specific topic, providing mentoring programs within the schools, peer mediation, fundraisers, providing education for other schools, and regular adult and student committee meetings. SafeTeam and elementary, middle, and high schools in the Tulsa area are collaborators of this project.

SafeTeam impacts individual personality risk factors, which are alleviated through specific counseling strategies, such as conflict resolution, stress relief, challenging negative thoughts, boosting self-esteem through involvement in organized activities, impulse control, and problem solving skills. SafeTeam provides the students an advocate to help establish a sense of belonging and a voice within the school community.

## Success Stories from the Field:

### SCREENING: COLUMBIA TEENSCREEN

#### *Program Goals:*

In the fall of 1997, Tulsa experienced three suicide deaths among local teenage girls. At that time the Mental Health Association convened a task force to initiate a community response. The task force researched evidence-based suicide prevention approaches and discovered the TeenScreen program developed by Columbia University. The program was piloted using existing resources within the organization and expanded using Venture Grant funding from the Tulsa Area United Way. It is sustained through significant contributions from a private foundation that wishes to remain anonymous.

The goal of the TeenScreen Program is to ensure that all parents are offered the opportunity for their teens to receive a voluntary mental health check-up. The program's primary objective is to help young people and their parents through the early identification of mental health problems, such as depression.

Mental health screening asks youth about the risk factors and symptoms of mental illness and suicide risk, in a safe and confidential way, through a computerized screening program developed by Columbia University. Parents of youth found to be at possible risk are notified and helped with identifying and connecting to local mental health services where they can obtain further evaluation and, if needed, treatment.

The program was introduced to school administrators, school counselors, nurses, and teachers with whom the Association had solid relationships. By developing these relationships and demonstrating that the TeenScreen program is effective in identifying youth in need, collaborations with many community members have increased. These include area service providers (outpatient and inpatient), colleges (internships), area foundations and businesses, government entities, as well as Tulsa Public Schools and several other outlying districts' school systems.

#### *Program Successes:*

This program has steadily grown over the six years of its existence. Nearly 2,000 youth have been screened through 2007. Of those screened, 28.4% were flagged for clinical interviews.

The passion and dedication of the Mental Health Association in Tulsa's leadership is the most important factor in the success of this program. Though the program has been proven effective, is well supported by research and Columbia University, and continues to secure funding from many sources, it would not be sustainable without the efforts of the leadership at the Mental Health Association in Tulsa and other community leaders.

## Success Stories from the Field:

### GATEKEEPER TRAINING: UNIVERSITY OF CENTRAL OKLAHOMA

#### *Program Goals:*

The suicide prevention goals of the University of Central Oklahoma (UCO) consist of training faculty and staff as QPR gatekeepers. The QPR training has been institutionalized as part of the Healthy Life Skills curriculum, which is a required class at the University. UCO also provides professional education to faculty and staff about suicide and related issues such as self injury and alcohol abuse as they relate to suicide.

#### *Program Successes:*

Since February of 2007 UCO has reached 1,192 individuals, which includes program delivery only, and does not include mass communication or general awareness efforts.

The initial QPR gatekeeper training session evaluations are positive and UCO expects to see an increase in referrals to the Student Counseling Center or Health Services due to QPR training.

UCO has conducted QPR Train-the-Trainers, QPR gatekeeper training, Lunch and Learn sessions for faculty and staff with presentations given by medical and mental health professionals, and presentations to faculty on mental health and suicide as part of overall campus health presentations.

## Success Stories from the Field:

### YOUTH LEADERSHIP: PYRS COALITION

#### *Program Goals:*

Tulsa PYRS (Productive Youth Rendering Safety) was co-founded in January 2004 by two Broken Arrow High School students. These students became involved with the Mental Health Association of Tulsa (MHAT) in the spring of 2003 through a presentation they developed on self-mutilation for a school history class. Their project was well received and they presented it as a breakout session for the 2003 Zarrow Mental Health Symposium. One of the main goals of MHAT is to search for a way to have more direct input and feedback from youth about their mental health related needs. Lori Pede and Emily Rose worked with MHAT to help launch the group with assistance from Phil Lowe of Youth Services of Tulsa and several of the area high school Department of Human Services social workers and SafeTeam coordinators. Weekly meetings were held over the summer to develop goals and objectives and develop a recruitment plan to get additional area youth involved.

The number one goal of PYRS is to encourage teens to accept the differences and diversity of teens across the community. PYRS has also set a goal to establish a SafeTeam in every Tulsa area High School. PYRS is also working toward establishing SafeTeams in elementary and middle schools.

#### *Program Successes:*

PYRS hosts many activities throughout the year, including a film festival consisting of various movies that focused on suicide, depression, racism, and a number of other obstacles that teens face every day. The movies were free and advertised with flyers and by word of mouth at area schools. After each movie, a group discussion led by student PYRS members was held to discuss the issues.

PYRS student leaders also coordinate a Youth Listening Conference and recruit students from different schools to present problems that they deal with, how they affect them, and possible solutions. The students present these problems to a listening panel made up of various community leaders, such as the police chief, mayor's office, district attorney, heads of area social service agencies, religious leaders, and school board members.

## Success Stories from the Field:

### HEALTHCARE PROVIDER PREVENTION AND INTERVENTION: MERCY HOSPITAL

#### *Program Goals:*

The Oklahoma Department of Mental Health and Substance Abuse Services, in partnership with Oklahoma State Department of Health and the Oklahoma Youth Suicide Prevention Council, created a succinct training for physicians, nurses, and staff at all of the hospitals and community health clinics in the Mercy Health System, which included the distribution of Lifeline materials. The initiative proved so successful that the partners are discussing which projects to undertake next, and hospitals from around the region and country are calling on Mercy Health System to expand their own suicide prevention efforts.

Over a period of months in 2006, several youth and young adults ended up in the emergency department of the Mercy Health Center in Oklahoma City for self-inflicted injuries. A group of nurses who work in the emergency room at Mercy hospital were severely shaken by these events and decided to take action to prevent similar tragedies. They contacted the Oklahoma Department of Mental Health and Substance Abuse Services to discuss what could be done.

The Oklahoma Department of Mental Health and Substance Abuse Services and administrators of Mercy Health System, which includes several hospitals and community health clinics in the area, decided to educate physicians, nurses, staff, and other emergency room personnel about how to recognize suicide warning signs and how to properly refer survivors of suicide attempts and those displaying warning signs of suicide to local crisis centers for follow up care.

#### *Program Successes:*

More than 2,000 emergency department and family practice physicians, nurses, and staff have received training on the warning signs of suicide, what questions to ask a patient who may be at risk of suicide, and how to refer a patient for follow up services and care.

Having achieved its goal of delivering ongoing training to relevant health care providers and staff at Mercy Health Systems, the Oklahoma Department of Mental Health and Substance Abuse Services is looking toward continued collaborative efforts in health care, including establishing best practice protocols for suicide attempt survivors who enter emergency departments at hospitals, and conducting screening and brief interventions for all patients in health care settings.

## SCHOOL CRISIS PLANNING: NORMAN PUBLIC SCHOOLS

### *Program Goals:*

The suicide prevention goals of Norman Public Schools (NPS) are to educate NPS students on the warning signs of suicide, to increase awareness of how to get help for themselves or for a friend, provide in-service to all faculty members regarding suicide prevention, and to increase awareness of parents regarding the issue of youth suicide.

In 2004-05 Norman Public Schools, in collaboration with Heartline, trained volunteers to conduct suicide prevention presentations. Presentations were provided to NPS eighth graders and all high school students. During 2005-06 and 2006-07, presentations were given by Heartline volunteers to all ninth grade students. NPS middle school counselors presented the program to all eighth grade students. Suicide prevention in-service training was provided during the 2004-05 school year to all faculty members. Parent awareness meetings were held for both middle school and high school levels.

### *Program Successes:*

Norman Public Schools trained 6,945 students in suicide prevention from 2004 through 2007. All NPS staff received suicide prevention training during 2004-05. As a result of the suicide prevention program, teachers and counselors report that students are more willing to refer themselves or others.

Through this effort, a stronger collaboration has developed between school psychologists, school counselors, and local mental health agencies.

Also, as a result of these presentations, NPS has been able to identify those students who were at high risk, and in conjunction with parents, find the resources needed.

The program's efforts are evident through suicide prevention referrals from parents, teachers and counselors. In addition, students make contacts with teachers and counselors more readily regarding suicide issues.



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