

# Iowa Plan for Suicide Prevention: 2005 to 2009

## Environmental

- Job or financial loss
- Relational or social loss
- Easy access to lethal means
- Local clusters of suicide that have a contagious influence

## Social Cultural

- Lack of social support and sense of isolation
- Stigma associated with help-seeking behavior
- Barriers to accessing health care, especially mental health and substance abuse treatment
- Certain cultural and religious beliefs
- Exposure to, including through the media, and influence of others who have died by suicide

## PROTECTIVE FACTORS<sup>2</sup>

- Effective clinical care for mental, physical and substance use disorders
- Easy access to a variety of clinical interventions and support for helpseeking
- Restricted access to highly lethal means of suicide
- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self preservation

**Interventions and Evaluation:** This suicide prevention plan is designed to increase awareness of suicide as a public health issue in Iowa and calls for a public health approach focused on suicide prevention across the life span. The purpose is to build on the foundation of prior suicide prevention efforts in order to develop and implement statewide suicide prevention and early intervention strategies, grounded in public/private collaboration. The plan seeks to specify a targeted number of goals and objectives, focused on developing and/or implementing interventions and evaluating their effectiveness. The goals and objectives are considered to be a "living plan" where identified completion dates may change based on opportunity and available financial resources.

**Goal 1: Develop and implement a public education and information campaign focused on recognition of suicide as a public health problem that is preventable.**

Objective 1.1: By October 1, 2005, the Committee and the IDPH will select data driven, promising practices focused on promoting suicide prevention services.

Objective 1.2: By January 1, 2006, the Committee will expand collaborative partnerships to develop an implementation plan for a social marketing campaign.

Objective 1.3: By March 1, 2006, the Committee, the IDPH and collaborative stakeholders will utilize a logic model to develop an implementation plan for a social marketing campaign, to include identification of measurable outcomes. *(The campaign will include efforts to reduce access to lethal means and methods of self-harm.)*

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- Objective 1.4: By March 1, 2006 and annually thereafter, the Committee will review, select, and distribute guidelines for schools and colleges to respond to attempted and completed suicides.
- Objective 1.5: By July 1, 2006, the Committee, the IDPH and collaborative stakeholders will implement the planned social marketing campaign.
- Objective 1.6: On an annual basis, the Committee will review, update and distribute media guidelines for reporting about suicide.

## **Goal 2: Implement training and/or certification across multiple disciplines for the recognition of at-risk behavior and delivery of effective treatment.**

- Objective 2.1: By March 1, 2005, the Committee and the IDPH will identify those community members where training will maximize efforts focused on suicide prevention.
- Objective 2.2: By December 1, 2005, the Committee and the IDPH will identify promising practices in suicide prevention training focused for each of the identified populations.
- Objective 2.3: By December 1, 2005, the Committee and IDPH will develop plans to train volunteers who work with at-risk older adults, and those who work with families facing mental health challenges. The Committee and IDPH will work with aging networks, youth workers (such as counselors, coaches, child care providers, and college resident hall advisors), and with Family-to-Family education programs of the Iowa Alliance for the Mentally Ill.
- Objective 2.4: By January 1, 2006, the Committee will promote certification of crisis lines by American Association of Suicidology to ensure quality of care.
- Objective 2.5: By January 1, 2007, the Committee and the IDPH will identify and promote programs that include suicide awareness and prevention in the certification and credentialing processes for those employed in the medical and related fields.

## **Goal 3: Expand evidence based, community screening, early identification and intervention programs.**

- Objective 3.1: By September 1, 2005, the Department of Education, through its Learning Supports Initiative will encourage Area Education Agencies and local schools to collaborate with community service providers to implement research-based early identification and intervention programs (e.g. Columbia University Depression TeenScreen® Program, Signs of Suicide, etc.).
- Objective 3.2: Beginning January 1, 2006, the Committee and the IDPH will expand evidence-based, suicide screening, early identification and intervention programs in community-based settings, high risk employment settings, juvenile and adult community-based correctional settings, and in institutions of higher learning.
- Objective 3.3: By January 1, 2006, the Committee will work toward collaborating with the Iowa Department of Elder Affairs and its Area Agencies on Aging to enhance its screening and suicide prevention efforts.
- Objective 3.4: By January 1, 2006, the Committee will work toward collaborating with the Department of Veterans Affairs, the VA Central Iowa Healthcare System and

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Vet Center Programs to enhance screening and suicide prevention efforts for Iowa veterans.

Objective 3.5: By January 1, 2007, the Committee will promote development of statewide suicide survivor programs and a statewide survivor network to address the needs of relatives and friends of those who have died by suicide.

## **Goal 4: Improve and expand surveillance systems.**

Objective 4.1: By April 1, 2006, the IDPH will collect data and annually report on "The face of suicide in Iowa." (*IDPH will use hospital data, specifically tracking changes in demographic data and rates at the county, state, and regional levels.*)

Objective 4.2: By April 1, 2006, the IDPH, in consultation with the Committee, will begin distribution of a quarterly e-mail newsletter about suicide prevention research, potential funding sources, and updates on the state suicide plan to identified stakeholders.

Objective 4.3: By September 1, 2006, the Committee will identify additional data sources and indicators to expand our understanding of those at risk for suicide

## **Goal 5: Develop a policy agenda for suicide prevention.**

Objective 5.1: By October 1, 2005, the Committee will develop a policy agenda for use in educating legislators and policy makers on the importance of mental health and substance abuse parity in insurance coverage for all insured Iowans.

Objective 5.2: By October 1, 2005, the Committee will develop a policy agenda for use in educating legislators and policy makers on the importance of expanding and replicating the concept and principles of mobile crisis response teams.

Objective 5.3: By December 1, 2005, the Committee will distribute its policy agenda to legislators and policy makers.

## **The following organizations have participated in the Suicide Prevention Strategy Steering Committee and development of the Iowa Plan for Suicide Prevention:**

Agriwellness, Inc.	Iowa Law Enforcement Academy
American Red Cross, Central Iowa Chapter	Iowa Safe Kids Coalition
Black Hawk County Health Department	Iowa School Nurse Organization
Blank Children's Hospital	Iowa State University Extension Office
Community School Representatives	Iowa Statewide Poison Control Center
Creative Visions	Iowa Substance Abuse Program Directors Association
Des Moines Police Department	Iowans for the Prevention of Gun Violence
Des Moines University	Magellan Behavioral Care
Drake University, Counseling Services	Mobile Crisis Response Team
Eyerly-Ball Community Mental Health Services	Northern Iowa Mental Health Center – Mason City
Foundation 2 Crisis Center	Northwestern College, Student Counseling Services
Grinnell College	Orchard Place – Child Guidance Center
Hillcrest Family Services	Polk County Health Services
Iowa AIRS	Polk County Victim Services
Alliance for the Mentally Ill of Iowa	State of Iowa Legislators
Iowa Child Death Review Team	Suicide Survivor Groups
Iowa Consortium on Substance Abuse Research & Evaluation	United Church of Christ
Iowa Departments of Corrections, Education, Elder Affairs, Human Services, Public Health, and the Office of the Attorney General	University of Iowa's College of Medicine, College of Psychiatry, and Injury Prevention Research Center
	University of Northern Iowa
	Iowa Chapter of the American Academy of Pediatrics