

Arkansas Strategy for Suicide Prevention – May 1, 2013

I. Awareness

Goal 1: Promote awareness that suicide is a public health problem and that many suicides are preventable.

Objective 1.1 Develop and implement public information campaigns designed to increase the knowledge of all Arkansans regarding suicide prevention and the role of risk and protective factors in prevention.

Objective 1.2 Establish and host regularly scheduled suicide prevention conferences designed to foster collaboration with stakeholders regarding prevention strategies and to inform communities.

Objective 1.3 Increase the number of Arkansas institutions (public and private) active in suicide prevention who deliver accurate and culturally sensitive information through the internet.

Goal 2: Develop broad-based support for suicide prevention.

Objective 2.1 Increase the number of people in Arkansas actively involved in some aspect of suicide prevention.

Objective 2.2 Increase the number of local communities in actively working to implement the Arkansas Suicide Prevention Plan.

Objective 2.3 Include suicide prevention education in ongoing programs and activities carried out by prevention organizations, professional, volunteer and other groups in all areas of the state.

Objective 2.4 Increase the number of faith-based communities and organizations adopting policies and procedures promoting suicide prevention and resiliency.

Objective 2.5 Develop an “Advisory Committee” to provide advice and support for implementation and to assure that the diversity of Arkansas citizens is recognized and addressed through the Suicide Prevention Plan.

Goal 3: Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services.

Objective 3.1 Increase the proportion of Arkansans who view mental health as an integral part of overall health and well-being.

Objective 3.2 Increase the proportion of Arkansans who view mental illness as medical conditions that respond to specific treatments, supports, and holistic practices.

II. Intervention

Goal 4: Develop and implement suicide prevention programs.

Objective 4.1 Demonstrate collaboration between government agencies and public/private partners in implementing the Arkansas Suicide Prevention Plan at the state, regional, and local levels.

Objective 4.2 Establish institutional policies and procedures for referral of persons at-risk for suicide and for crisis response situations.

Objective 4.3 Increase the number of school districts with evidence-based programs designed to identify youth in behavioral health distress and prevent suicide.

Objective 4.4 Increase the number of colleges and universities providing evidence-based programs addressing transitional-age young adult behavioral health distress and suicide prevention

Objective 4.5 Increase the number of employers in Arkansas who offer assistance through

evidence-based practices for their employees in emotional distress and at-risk for suicide.
Objective 4.6 Improve suicide prevention programs for adult and juvenile offenders in correctional facilities, jails, and detention centers in Arkansas.
Objective 4.7 Increase the number of evidence-based suicide prevention programs offered to the older adult population in Arkansas, particularly through service organizations targeting that population.
Objective 4.8 Increase the number of family, youth and community service organizations and providers in Arkansas offering evidence-based suicide prevention programs.
Objective 4.9 Improve, coordinate, and advertise crisis help line services throughout Arkansas.
Goal 5: Promote efforts to reduce access to lethal means and methods of self-harm for persons at high risk.
Objective 5.1 Increase the proportion of primary care physicians, health and safety officers, and other physical and behavioral health care providers who routinely ask about the presence of lethal means of self-harm in the home of individuals at high risk for suicide.
Objective 5.2 Develop and distribute materials to educate about actions to reduce the accessibility of lethal means of self-harm for those at high risk.
Goal 6: Implement training for recognition of at-risk behavior and delivery of effective treatment.
Objective 6.1 Provide continuing education for primary care physicians/staff on recognizing the signs of persons at-risk for suicide and in accessing community resources for treatment/prevention programs.
Objective 6.2 Incorporate suicide prevention materials in training programs for health care professionals including physicians, physician assistants, nurse practitioners, registered nurses, licensed practical nurses, certified nursing assistants, paramedics, and emergency medical technicians. Training should incorporate screening for at-risk indicators, identification of protective factors, promotion of resiliency, and local referral options when needed.
Objective 6.3 Incorporate suicide prevention materials in training programs for mental health and substance abuse professionals including psychologists, social workers, and counselors. Training should incorporate screening for at-risk indicators, identification of protective factors, promotion of resiliency, and local referral options when needed.
Objective 6.4 Incorporate suicide prevention materials in training programs for individuals providing in-home and community outreach and first responders including firefighters, police, poison control center personnel, 911 operators, home visitation program providers, hospice personnel, and case managers. Training should incorporate screening for at-risk indicators, identification of protective factors, promotion of resiliency, and local referral options when needed.
Objective 6.5 Increase the number of faith-based community providers trained in the identification of individuals at-risk for suicide, including the differentiation between mental health crisis and faith crisis.
Objective 6.6 Incorporate suicide prevention materials in training programs for educational faculty and youth development staff working outside school settings. Training should incorporate screening for at-risk indicators, identification of protective factors, promotion of resiliency, and local referral options when needed.
Objective 6.7 Incorporate suicide prevention materials in training programs for individuals working in juvenile justice, corrections, and public safety. Training should incorporate screening for at-risk indicators, identification of protective factors, promotion of resiliency, and

local referral options when needed.
Objective 6.8 Increase the number of community helpers, such as mail carriers, hairdressers, nail salon attendants, Meals on Wheels volunteers, and senior citizen volunteers who are trained to recognize the warning signs of suicide and are aware of community referral options for help.
Objective 6.9 Improve education programs and support services available to family members and others in close relationships with individuals at-risk for suicide and also for survivors of suicide.
Goal 7: Develop and promote effective clinical and professional practices.
Objective 7.1 Increase the proportion of individuals treated in hospital emergency departments who follow up with recommended behavioral health treatment/intervention.
Objective 7.2 Promote the incorporation of screening for at-risk factors and protection factors (including resiliency) into primary health care settings, emergency departments, and specialty clinics.
Objective 7.3 Consult with mental health and substance abuse providers throughout Arkansas to assure that appropriate suicide prevention policies, procedures and evaluation programs are incorporated into their programs and followed accordingly.
Objective 7.4 Enhance screening for depression, substance abuse and suicide risk as a basic standard of care for all state-supported health care programs in Arkansas.
Objective 7.5 Promote guidelines for aftercare treatment and follow up for individuals treated in an inpatient setting for suicidal behavior.
Objective 7.6 Assure first responders and individuals in key roles providing services to suicide survivors (emergency medical personnel, public safety officers, funeral directors, and clergy) are trained in the unique needs of this population and utilize a trauma-informed care perspective.
Objective 7.7 Increase the availability and completion of evidence-based treatment for mental health and substance abuse issues throughout Arkansas. Incorporate trauma-informed care throughout the system to increase effectiveness and satisfaction with programs.
Objective 7.8 Increase the number of hospital emergency departments providing, or accessing, immediate post-trauma mental health support/education for all individuals experiencing sexual assault and/or physical abuse.
Objective 7.9 Develop guidelines to assure that family members and significant others of individuals receiving treatment for a mental illness or substance abuse are provided with education on suicide risk factors, protective factors (including resiliency), and community resources.
Objective 7.10 Improve and expand comprehensive support services for survivors of suicide.
Goal 8: Increase access to, and community linkage with, mental health and substance abuse services.
Objective 8.1 Compile and update a guide to suicide prevention resources and services throughout Arkansas. Provide linkages to appropriate local and national resources.
Objective 8.2 Work closely with the Arkansas Insurance Commission to assure that mental health and substance abuse services are covered at the same level as physical health services.
Objective 8.3 Increase the number of counties in Arkansas providing outreach programs for at-risk populations.
Objective 8.4 Support guidelines and resources for mental health and substance abuse

screening and referral procedures for students in schools, colleges and university.
Objective 8.5 Support consistent use of screening for at-risk populations in correctional facilities, detention centers, crisis centers, family planning clinics, recreation centers, youth organizations, homeless shelters, employee assistance offices, and treatment programs.
Objective 8.6 Support the development and utilization of clinical “best practice” guidelines regarding response to suicidal behavior and/or risk factors. Encourage implementation in health insurance programs throughout the state.
Goal 9: Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the entertainment and news media.
Objective 9.1 Coordinate efforts with consumer and advocacy groups (NAMI-Arkansas, Mental Health Council of Arkansas, ASPN, Elliott Foundation, Alex Blackwood Foundation, and others) to include media practices toward accurate and responsible representation of suicidal behavioral and mental illnesses and informed media coverage of suicide prevention.
Objective 9.2 Increase the proportion of entertainment and news programs and print coverage in Arkansas reflecting accurate and responsible portrayal of suicidal behavior and mental illness.
Objective 9.3 Encourage Arkansas journalism programs to include guidance in their course of study on the portrayal and reporting of mental illness, substance use disorders, suicide, and suicidal behaviors.
III. Methodology
Goal 10: Promote and support research on suicide and suicide prevention.
Objective 10.1 Increase public and private funding for suicide prevention research and evaluation conducted in Arkansas.
Objective 10.2 Support the development of, and access to, a registry of prevention activities with demonstrated effectiveness (evidence-based or best practice) for preventing suicide and suicidal behaviors.
Objective 10.3 Provide training and technical assistance on evaluation of suicide prevention programs in Arkansas.
Goal 11: Improve and expand surveillance systems.
Objective 11.1 Develop and refine standard procedures for death scene investigations, and implement throughout Arkansas.
Objective 11.2 Develop and test a protocol to assist Arkansas hospitals in collecting uniform and reliable data on suicidal behaviors by coding external causes of injury and determining associated costs.
Objective 11.3 Implement a violent death reporting system that includes suicides and collects information not consistently from death certificates.
Objective 11.4 Compile and distribute reports on suicide and suicide attempts in Arkansas integrating data from all available sources.
Objective 11.5 Develop a set of community-level indicators for progress in suicide prevention to signal achievement of results.