

Iowa Plan for Suicide Prevention: 2011 to 2014

The Iowa Department of Public Health (IDPH) and Iowa's Suicide Prevention Strategy Steering Committee, hereinafter referred to as the Committee, has guided the development of the Iowa Plan for Suicide Prevention: 2011 to 2014. The committee reviewed the most recent Iowa Plan for Suicide Prevention 2005-2009 and the *Surgeon General's Call to Action to Prevent Suicide* and the *National Strategy for Suicide Prevention*, which highlights the need to increase awareness of suicide as a public health issue and calls for a public health approach toward suicide prevention. This approach calls for five basic steps: clearly define the problem; identify risk and protective factors; develop and test interventions; implement interventions; and evaluate effectiveness.

Problem: IDPH reports that from 2002-2007, a total of 1,998 suicide attempts resulted in death and 332 of these completions were children and young adults from 10 to 24 years of age. In Iowa, suicide is the second leading cause of death for all Iowans 15-40 years of age.

Suicide affects Iowa's families, friends, schools, businesses and communities. Although the number of Iowans impacted by suicide is difficult to calculate, conservative estimates indicate that there are at least six family members and friends intimately affected for every person who has attempted or completed suicide. This equates to about 12,000 Iowans affected by a person's death from suicide from 2002-2007. The IDPH reports that over this same time period, 2,656 Iowa youth were hospitalized for attempted suicide, tragically impacting an estimated 15,936 family members and friends.¹ A successful reduction in the number of people who attempt or complete suicide will require a reduction in the number of people who are at risk.

Risk and Protective Factors: Risk factors are conditions or circumstances that increase a person's vulnerability or potential for suicidal behavior. Protective factors reduce one's potential for suicidal behavior or reduce the likelihood of suicide. They enhance resilience and may serve to counterbalance risk factors. Risk and protective factors may be biopsychosocial, environmental, or sociocultural in nature. Although this division is somewhat arbitrary, it provides the opportunity to consider these factors from different perspectives.² The following risk and protective factors were developed as part of the national strategy.

RISK FACTORS

Biopsychosocial

- Mental disorders
- Alcohol and substance use disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Some major physical illnesses
- Previous suicide attempt
- Family history of suicide

Environmental

- Job or financial loss
- Relational or social loss
- Easy access to lethal means
- Suicide contagion

¹ Calculated using data provided by the American Association of Suicidology – www.suicidology.org - 1,998 and 2,656 multiplied by 6 respectively.

² National Strategy for Suicide Prevention: Goals and Objectives for Action United States Department of Health and Human Services, 2001.

Social Cultural

- Lack of social support and perceived sense of isolation
- Stigma associated with help seeking behavior and mental illness
- Effective clinical care for mental, physical and substance use disorders
- Easy access to a variety of clinical interventions and support for seeking help
- 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 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 implementing initiatives with a focus on evidence-based programs. The goals and objectives are flexible with specific objectives or dates changing based on emerging opportunities and available financial resources.

The committee acknowledges the need to develop the plan over a long time period, but agreed on a draft plan that includes broad goals and objectives. As more stakeholders are identified, workgroups will be established to focus on each goal to ensure it is being addressed. Each workgroup will reassess objectives within the goal, and determine the activities, timelines and specific agencies or individuals responsible for carrying out the activities.

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: The Committee and the IDPH will select data-driven, promising practices focused on promoting suicide prevention services.
- Objective 1.2: The Committee will include the promotion of the importance of positive mental health and its impact on the whole person.
- Objective 1.3: The Committee will expand collaborative partnerships to develop an implementation plan for a social marketing campaign.
- Objective 1.4: 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.
- Objective 1.5: The committee will promote the Suicide Prevention Lifeline number and website through their networks.
- Objective 1.6: The Committee, the IDPH and collaborative stakeholders will implement the planned social marketing campaign.
- Objective 1.7: On an annual basis, the Committee will review, update and distribute media guidelines for reporting about suicide to schools as well as all media.

Goal 2: Implement training across multiple disciplines for the recognition of at-risk behavior and referral to appropriate service providers.

- Objective 2.1 The Committee and the IDPH will identify specific populations (substance abuse treatment centers, mental health providers, LGBT, etc.) needing training.
- Objective 2.2: The Committee and the IDPH will identify promising practices in suicide prevention training focused for each of the identified populations.
- Objective 2.3: 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.
- Objective 2.4 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 2.5: The Committee and the IDPH will identify and promote suicide awareness and prevention training programs for a variety of professions.

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

- Objective 3.1: 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: The Committee and the IDPH will promote mental health screening programs to primary care providers, pediatricians, and other healthcare providers.
- Objective 3.3: The Committee will collaborate with the Iowa Department of Elder Affairs and its Area Agencies on Aging to enhance its screening and suicide prevention efforts.
- Objective 3.4: The Committee will collaborate with the Iowa National Guard, the Veteran's Administration Central Iowa Healthcare System and Vet Center Programs to enhance screening and suicide prevention efforts for Iowa veterans.
- Objective 3.5: 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: Promote evidence-based gatekeeper training programs in schools, colleges, and in the general population.

- Objective 4.1: The committee will identify current suicide prevention gatekeeper programs conducted in schools and colleges and determine the most effective method to promote them.
- Objective 4.2: The committee will identify gatekeeper programs for other populations (elderly, veterans, etc.) and assist appropriate agencies in implementing them.

Goal 5: Improve and expand surveillance and evaluation systems and develop methods for systematically disseminating knowledge obtained about effective practices and programs for suicide prevention.

- Objective 5.1: The IDPH epidemiologist will collect suicide death and injury data and provide a summary report, using hospital data and tracking demographic data and rates at the county, state, and regional levels.
- Objective 5.2: The IDPH, in consultation with the Committee, will complete the development of a database to track statewide suicide prevention activities and evaluation results and 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 5.3: The Committee will identify additional data sources and indicators to expand understanding of those at risk for suicide.

Goal 6: Develop a policy agenda for suicide prevention.

- Objective 6.1: The Committee will develop a policy agenda to educate legislators and policy makers on the importance of mental health, and affordable/accessible substance abuse and mental illness treatment for all Iowans.
- Objective 6.2: The Committee will develop a policy agenda to educate legislators and policy makers on the importance of expanding and replicating the concept and principles of mobile crisis response teams.
- Objective 6.3: The Committee will distribute its policy agenda to legislators and policy makers.

Partners:

The following organizations participated in the development of the Iowa Plan for Suicide Prevention:

Community School Representatives
Foundation 2 Crisis Center
Iowa Department of Education
Iowa Department of Human Services
Iowa Department of Public Health
 Bureau of Substance Abuse Treatment and Prevention
 Bureau of Family Health
Iowa School Nurse Organization
Veteran's Administration Medical Center – Des Moines
 Iowa National Guard
 Employee and Family Resources
 NAMI of Greater Des Moines
 Iowa Pride Network
 NASW – Iowa Chapter
 Orchard Place – Child Guidance Center
 University of Iowa Carver College of Medicine
 Polk County Health Services
 Juvenile Court Services – Sioux Cit

