

# GMHSPC Suicide Prevention Subcommittee Report

1. Please list the goals and action steps completed by the subcommittee during the past year.
  1. Submitted proposal to SAMHSA for Garrett Lee Smith, Youth Suicide Prevention Funds. Unfortunately this was not funded.
  2. Chair Bill Art and Secretary/Treasurer Marcia Epstein provided information about effective suicide prevention activities when contacted by representatives of Kansas agencies, departments, and schools seeking assistance with suicide prevention activities; and also distributed information about recent research, educational activities, and awareness raising activities such as Suicide Prevention Week and Survivors of Suicide Day, through the large email distribution list of this subcommittee.
  3. The subcommittee provided speakers on suicide prevention for two state-wide conferences: the Recovery Conference, and the annual conference of the Association of Community Mental Health Centers of Kansas (ACMHCK).
  4. Representatives of the subcommittee - including several state agency heads - met with Gov. Parkinson for the annual Suicide Prevention Week proclamation.
  - a. List any challenges/barriers that were met in progress towards the goals. The barrier to our work continues to be the reliance on volunteer time from the very busy members of our subcommittee for all activities, due to the lack of any designated funding and staff positions at the state level for suicide prevention.
  
2. Please list your recommendations in priority order in the following table. Identify which New Freedom Commission goal(s) (see appendix a) will be influenced by implementing the recommendation and what resources would be required to implement including fiscal resources.

Priority	Recommendation	NFC Goal	Resources (fiscal)
1. <i>Example</i>	<i>Investigate ways to improve conditions for older adults with mental illness in nursing facilities</i>	1C	Xxxxx
	<i>Please note that our April 2010 Suicide Prevention Subcommittee Priorities are based on "SMART Goals": those that are specific, measurable, achievable, realistic, and timely.</i>		
1,	<i>Increase information-sharing year-round with all GMHSPC subcommittees: through monthly emails and when appropriate and manageable, having a representative at each others meetings</i>	<i>Goal 1 A,B,D; Goal 3 A-C; Goal 5 B</i>	<i>volunteer time of subcommittee members</i>
2.	<i>Increase information-sharing year-round throughout the state: through monthly emails to representatives of relevant state-</i>	<i>Goal 1 A,B,D; Goal 3 A-C; Goal 5 B</i>	<i>volunteer time of subcommittee members</i>

	<i>wide distribution lists, such as Area Agencies on Aging, ACMHCK, KDHE, and NAMI</i>		
3.	<i>By July 2010, develop suicide prevention bookmark with basic information on how to help and where to find help, accompanied by list of suggested distribution sites for populations such as: youth in schools, employed or unemployed adults, military individuals and families, people affected by alcohol and/or other substance abuse and distribute this through email networks as pdf</i>	<i>Goal 1 A,B,D; Goal 3 A-C;</i>	<i>volunteer time of subcommittee members</i>
4.	<i>During July 2010, by email, encourage hosting of activities in communities across the state during Suicide Prevention Week, September 5-11, 2010</i>	<i>Goal 1 A,B,D; Goal 3 A-C</i>	<i>volunteer time of subcommittee members for email correspondence, including url for American Association of Suicidology pages for Suicide Prevention Week resource information and awareness templates</i>
5.	<i>During July 2010, by email, encourage hosting of group participation during Suicide Prevention Week by mental health professionals, staff of other health and human services, leaders of faith communities, and staff of schools, colleges and universities in free webinars and/or on-line courses on best practices in suicide prevention provided through the national Suicide Prevention Resource Center (SPRC)</i>	<i>Goal 1 A,B,D; Goal 3 A-C; Goal 5 B</i>	<i>volunteer time of subcommittee members for email correspondence, including url for SPRC Training Institute pages</i>
6.	<i>Beginning in April 2010, make arrangements for providing speakers on Suicide Prevention for the Recovery Conference and the annual conference of the ACMHCK</i>	<i>Goal 1 A,B,D; Goal 3 A-C; Goal 5 B</i>	<i>volunteer time of subcommittee members to prioritize topic areas, determine &amp; secure best available speakers, and coordinate with the conference staff</i>
7.	<i>During September 2010, by email, encourage activities for mental health professionals, staff of other health and human services, leaders of faith communities, staff of schools, colleges, and universities, as well as the general public in communities across the state during Survivors of Suicide Day on November 20, 2010</i>	<i>Goal 1 A,B,D; Goal 3 A-C; Goal 5 B</i>	<i>volunteer time of subcommittee members for email correspondence, including url for American Foundation for Suicide Prevention pages on hosting a viewing of the national broadcast</i>

3. What does the committee plan to do next in support of the recommendations?

All activities listed above will be carried out by members of our subcommittee.

In addition, as time allows we will continue efforts to secure funding: The subcommittee will respond to federal requests for proposals for state-wide suicide prevention activities; and whenever requested, will endorse proposals to other funding sources submitted by other entities in the state for local suicide prevention activities which have been demonstrated effective.

Funding is most immediately needed for two services: developing a suicide prevention resource for our state and expanding Kansas capacity on the suicide prevention hotline networks.

4. Please include supporting documentation for each recommendation and appropriate references in the subcommittee narrative report

**Governor's Mental Health Services Planning Council  
Suicide Prevention Subcommittee Report  
April 1, 2010**

**Presented to:**

Governor Mark Parkinson  
Secretary Don Jordan, Social and Rehabilitation Services  
Chairperson Wes Cole, Governor's Mental Health Services Planning Council

**Suicide Prevention Subcommittee Vision**

Creating a suicide-free Kansas, where quality mental health services are available, trusted, and used when needed, without stigma

**Suicide Prevention Subcommittee Mission**

Kansans of diverse backgrounds improving the emotional well-being and safety of Kansans through state-wide sharing of information about suicide attempts and deaths in Kansas and about effective suicide prevention practices

**Suicide Deaths in Kansas**

Too many Kansans are lost to suicide each year. And way too many Kansans are traumatized by these deaths as they struggle with the additional pain and confusion that suicide adds. Kansas is long overdue for dedicating resources to this very significant public health crisis, but our subcommittee members understand that State funds are very limited at this time.

Kansas maintains an unfortunately high ranking amongst the 50 states for our rate of deaths by suicide. The choice to die by suicide generally results from a wide range of factors, and unfortunately no age, gender, religion, family status, profession, education level, or income level provides protection from suicide risk.

- The most recent national data tell us that in 2006, Kansas had the 17th highest suicide death rate in the US.
- The March 2010 Kansas Health Statistics Report on Suicides in Kansas, from Greg Crawford at KDHE, tells us that
  - In 2008, suicide was the 10<sup>th</sup> leading cause of death in Kansas.
  - We lost 380 Kansans to suicide in 2007, the year with the highest ever number of deaths by suicide
  - We lost 350 Kansans to suicide in 2008
  - A one year decrease can not be labeled a trend
  - In 2007, the age group of Kansans with the highest rate of death by suicide was those from 45 to 64 years old
  - In 2008, the rate of suicide deaths in that age group declined
  - In 2008, the age group of Kansans with the highest rate of death by suicide was those from 15 to 24 years old

The [Kansas Annual Summary of Vital Statistics 2008](#), also from KDHE, tells us that in Kansas suicide was again the 2nd leading cause of death of 15-24 year olds, while in our country it is the 3rd leading cause.

## **Preventing Suicide in Kansas: The Highlights**

We strongly believe that the *essential* starting point for significantly reducing suicide behaviors in Kansas is a suicide prevention resource center for our state, with paid staff. This resource center would serve as a hub for communicating within the state about the occurrence of suicide attempts and deaths, programs and materials – including bereavement support - used in various communities across the state, and programs and materials, particularly those that are evidence-based, available to Kansas communities.

This center could efficiently be co-located with Headquarters Counseling Center (HQCC) which serves the state on the national suicide prevention hotlines. HQCC is already well-connected with national suicide prevention resources, and houses a wide range of suicide prevention literature.

We believe that this center would facilitate each of these necessary steps:

- To reduce the frequency of suicide attempts and deaths in Kansas, we need to know more about what is happening and where. Improving surveillance of suicide behaviors will require resources and cooperation across the 105 counties.
- We need to match evidence-based prevention strategies with the needs across our diverse state, needs identified through that improved surveillance.
- We need to increase the capacity for answering calls *in* Kansas, when Kansans call the national suicide prevention hotline networks, the National Hopeline Network at 1.800.SUICIDE or the National Suicide Prevention Lifeline at 1.800.273.TALK
- We need to train mental health staff in therapies that have been demonstrated as effective in reducing suicidal behaviors, and such training needs to be required continuing education, to incorporate new findings on what is effective.
- We need to train physical health care providers in recognizing and reducing suicide risk, as people who actually die by suicide are much more likely to have been seen by a physical health care provider than a mental health provider. In addition, in the rural and frontier parts of our state, physical health care providers are more likely to be located close to people in need.
- Similarly, we need to incorporate videoconferencing, text messaging, social media, and other technological advances to provide services and education.
- We need to train media representatives in the importance of incorporating *Reporting on Suicide: Recommendations for the Media* available in places including the “For Media” section of the website of the American Foundation for Suicide Prevention [www.afsp.org](http://www.afsp.org)
- We need to create communities where getting help when needed is what you do, and where the needed help is readily available.

## **The Kansas Suicide Prevention Plan**

Adopted in 2006, this plan is grounded in principles consistent with the eleven goals of the Surgeon General's *National Strategy for Suicide Prevention* (2001), highlighting the need to:

- 1) Enhance the development of comprehensive information on suicide, including the incidence of suicidal thoughts and actions within state regions and among key risk groups, the willingness and unwillingness of Kansans to seek competent help for suicidal crises, and other important suicide-related information (National Strategy Goals 3, 10 and 11),
- 2) Construct a strategy within the state that allows for the systematic development of information over time, with projects that build and strengthen a coordinated state plan (NS Goal 2),
- 3) Provide support and information within each county, tailored to regional needs, for all key risk subgroups within the state and identify and publish existing resources in each county (NS Goal 4)
- 4) Strengthen community, provider and school identification and responsiveness to the unique forms of suicidal risks within their city, town or rural area (NS Goal 4).
- 5) Promote the development and use of evidenced-based suicide prevention interventions, tailored to the risk groups involved, designed with cultural and age-group competence, and capable of being delivered consistently and effectively (NS Goals 1, 2, 3 and 4),
- 6) Initiate training within the state to improve the mental health interventions for suicide (NS Goals 7 and 8),
- 6) Increase the ability of healthcare providers to initiate referral and suicide prevention (NS Goal 6)
- 7) Improve the ability of crisis workers and first responders to intervene competently (NS Goal 2, 4, 7 and 8)
- 8) And, include coordinated outcome measurements of all plan activities (NS Goal 10).

### **Suicide Prevention Plan Goals and Objectives: Awareness**

The awareness goal is to enhance community awareness that suicide is a public health and mental health problem, promote positive media efforts, improve state policy initiatives that support efforts to reduce suicide, facilitate the use of empirically-validated prevention efforts and ultimately, to understand the factors impacting Kansans' willingness or unwillingness to seek help in the event of a crisis. All information to be used in developing awareness will be supported through information collected for the information-driven coalition process.

- *Awareness Objective 1:* Enhance Kansan's awareness that suicide is a public health and mental health problem (coordinated through the Center for Suicide Prevention)
- *Awareness Objective 2:* Improve state policy initiatives to reduce suicide
- *Awareness Objective 3:* Facilitate the use of empirically-validated prevention efforts
- *Awareness Objective 4:* Understand the factors impacting help seeking
- *Awareness Objective 5:* Improve media support and media education for suicide prevention

### **Suicide Prevention Plan Goals and Objectives: Intervention**

The intervention goal is to utilize the information collected in the information-driven coalition process to support empirically-validated prevention and intervention activities.

- *Intervention Objective 1:* Based on local community information, promote suicide prevention initiatives that can utilize appropriate community resources and community members (clergy, school officials, parents, employers, etc.).
- *Intervention Objective 2:* Reduce risk factors and promote factors that reduce the risk of suicidal action.
- *Intervention Objective 3:* Build the capacity of mental health providers to provide quality, effective, culturally-sensitive care for suicide ideation.
- *Intervention Objective 4:* Strengthen crisis services and first responder skills.
- *Intervention Objective 5:* Increase the ability of healthcare providers to enact referral and suicide prevention
- *Intervention Objective 6:* Change Kansans' willingness to seek help in the face of a suicidal crisis.

### **Suicide Prevention Plan Goals and Objectives: Methodology**

The methodology goal is to build a systematic, empirically-driven, evolving plan to reduce suicide in the State Kansas. This methodology will be formulated to build collaboration among all regions, counties and communities of the state, to foster research and education about suicide and related issues and to increase scientific knowledge about how to prevent suicide.

- *Methodology Objective 1.* Establish an Oversight Committee for state plan activities and strategy development consisting of a broad, diverse group of persons reflecting political, educational, correctional, health, social services, faith community, mental health, survivor, and general-community backgrounds and perspectives.
- *Methodology Objective 2.* Establish a Prevention Practitioner and Scientific Committee to organize collection of State Plan information for presentation to the Oversight Committee and provide support for grant applications and funding solicitation.
- *Methodology Objective 3.* Develop methods of information gathering to assess the occurrence of suicide attempts and suicide completions in the State of Kansas.
- *Methodology Objective 4.* Provide technical support and outcome promotion for prevention activities two each of the four regions in the state.
- *Methodology Objective 5.* Encourage the development of scientific knowledge in suicide prevention activities within the state and the establishment of research partnerships.
- *Methodology Objective 6.* Establish an on-going funding plan to facilitate state plan activities and initiatives.

### **A Brief History of the Suicide Prevention Subcommittee:**

Since 1999 a committee of concerned Kansans has been working together to help reduce the number of suicide attempts and deaths by Kansans. The committee members have come from a wide range of geography as well as personal and professional backgrounds. Participation has been achieved through meetings in different parts of the state, telephone conferencing, videoconferencing, and email.

In the spring of 2006, Wes Cole of the Governor's Mental Health Services Planning Council (GMHSPC) invited the Kansas Steering Committee on Suicide Prevention to become a subcommittee, as suicide prevention had been identified as a high priority by the Council.

Leadership of the committee has included members who work extensively in suicide prevention counseling and research, who have also been able to participate in regional and national suicide prevention conferences. This participation not only brings valuable information back to our state, but also has created relationships with key staff of relevant federal agencies.

Through our history activities have included Suicide Prevention Conferences, Suicide Prevention workshops at state-wide conferences, teen suicide prevention poster contests for middle school and high school youth, creating the Kansas Suicide Prevention Plan (with input from focus groups in various parts of the state), annual Suicide Prevention Proclamations by Kansas governors and in many city commissions/councils and county commissions across the state, as well as year-round information sharing primarily through an email distribution list encouraging forwards. We also were instrumental in creating and distributing state-wide a suicide prevention brochure for elder Kansans, and in sponsoring a Kansas-Missouri workshop *Addressing the Suicide Epidemic: Galvanizing Community Leaders and the Media*, which featured Acting Surgeon General Dr. Steven K. Galson,

The subcommittee has also created funding proposals to SAMHSA to expand suicide prevention efforts in Kansas, but unfortunately has not yet been successful in securing federal funding.

**Suicide Prevention Subcommittee Membership:**

- *Officers serve two-year terms beginning March 2010.*
- *Members serve renewable three-year terms, however with all first terms beginning in March 2010, one-third start with one-year, one-third start with two-years, and one-third start with three-years.*

**Chair: Marcia Epstein, LMSW**

Headquarters Counseling Center  
National Suicide Prevention Lifeline &  
1.800.SUICIDE  
me@hqcc.lawrence.ks.us

**Co-Chair: Bill Art, LCSW**

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**Suicide Prevention Subcommittee Participants:**

- *In addition to our members, any interested person maybe added to our email distribution list and may participate in our meetings: in person, by telephone conference or by videoconference at sites in various parts of the state*

As suicide affects all demographics, we continue to strive to increase participation that includes the diversity of Kansas. Some of the target populations for members or participants include representatives of:

- Active Duty Military
- Aging
- Community Mental Health Centers
- Consumer of Mental Health Services
- Corrections and/or Juvenile Justice
- Education
- Faith Communities
- 1<sup>st</sup> Responder
- GLBT
- KDHE
- KD SRS
- Managed Care
- Media
- Mental Health Therapist
- National Suicide Prevention Hotline
- Native American
- Non-native Speaker of English
- Physical Health Care Provider
- Rural / Frontier Residence
- State or Federal Elected Official
- Substance Abuse Counseling
- Suicide Prevention Educator
- Suicide Prevention Researcher
- SPRC liaison
- Survivor of Suicide Loss
- Veteran

We aim to have participants from, and send members or participants to, each of the subcommittees of the GMHSPC.

We urge all participants to forward our informative emails to relevant email discussion groups and distribution lists.

## National Frameworks Guiding Suicide Prevention

### Healthy People 2010

[www.healthypeople.gov/](http://www.healthypeople.gov/)

The Leading Health Indicators used to measure the health of the Nation

- Physical Activity
- Overweight and Obesity
- Tobacco Use
- Substance Abuse
- Responsible Sexual Behavior
- **Mental Health**
- Injury and Violence
- Environmental Quality
- Immunization
- **Access to Health Care**

### National Strategy for Suicide Prevention: Goals and Objectives for Action, 2001

<http://mentalhealth.samhsa.gov/suicideprevention/strategy.asp>

From the preface by then Surgeon General David Satcher: *“Suicide exacts an enormous toll from the American people. Our Nation loses 30,000 lives to this tragedy each year, another 650,000 receive emergency care after attempting to take their own lives. The devastating trauma, loss, and suffering is multiplied in the lives of family members and friends.... Keep in mind that the National Strategy for Suicide Prevention is not the Surgeon General’s strategy or the Federal government’s strategy; rather, it is the strategy of the American people for improving their health and well-being through the prevention of suicide....”*

- **Goal 1:** Promote awareness that suicide is a public health problem that is preventable
- **Goal 2:** Develop broad-based support for suicide prevention
- **Goal 3:** Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse and suicide prevention services
- **Goal 4:** Develop and implement community-based suicide prevention programs
- **Goal 5:** Promote efforts to reduce access to lethal means and methods of self-harm
- **Goal 6:** Implement training for recognition of at-risk behavior and delivery of effective treatment
- **Goal 7:** Develop and promote effective clinical and professional practices
- **Goal 8:** Improve access to and community linkages with mental health and substance abuse services.
- **Goal 9:** Improve reporting and portrayals of suicidal behavior, mental illness and substance abuse in the entertainment and news media
- **Goal 10:** Promote and support research on suicide and suicide prevention
- **Goal 11:** Improve and expand surveillance systems

### The President’s New Freedom Commission on Mental Health, Final Report July 2003

[www.mentalhealthcommission.gov/](http://www.mentalhealthcommission.gov/)

- **Goal 1:** Americans understand that Mental Health is essential to overall health.
- **Goal 2:** Mental Health care is consumer and family driven.
- **Goal 3: *Disparities in Mental Health services are eliminated.***
- **Goal 4:** Early Mental Health screening, assessment, and referral to services are common practice.
- **Goal 5: *Excellent Mental Health Care is delivered and research is accelerated.***
- **Goal 6:** Technology is used to access Mental Health care and information.

## Best Practices Registry (BPR) for Suicide Prevention

[http://www.sprc.org/featured\\_resources/bpr/index.asp](http://www.sprc.org/featured_resources/bpr/index.asp)

3.31.10 listings

A collaboration between the [Suicide Prevention Resource Center](#) (SPRC) and the [American Foundation for Suicide Prevention](#) (AFSP). The registry is funded by the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA).

### Section I: Evidence-Based Programs

#### Section Ia: List of NREPP (National Registry of Evidence-Based Programs and Practices) - Reviewed Suicide Interventions

[http://www.sprc.org/featured\\_resources/bpr/nrepp\\_bpr.asp#programs](http://www.sprc.org/featured_resources/bpr/nrepp_bpr.asp#programs)

- **Prevention Programs**
  - [American Indian Life Skills Development/Zuni Life Skills Development](#)
  - [CARE \(Care, Assess, Respond, Empower\)](#)
  - [CAST \(Coping and Support Training\)](#)
  - [Columbia University TeenScreen](#)
  - [Emergency Room Intervention for Adolescent Females](#)
  - [Lifelines Curriculum](#)
  - [PROSPECT \(Prevention of Suicide in Primary Care Elderly: Collaborative Trial\)](#)
  - [SOS Signs of Suicide](#)
  - [United States Air Force Suicide Prevention Program](#)
- **Treatment Programs**
  - [Cognitive Behavioral Therapy for Adolescent Depression](#)
  - [Dialectical Behavior Therapy](#)
  - [Multisystemic Therapy With Psychiatric Supports \(MST-Psychiatric\)](#)

#### Section Ib: SPRC/AFSP Evidence-Based Practices Project

[http://www.sprc.org/featured\\_resources/bpr/ebpp.asp#list](http://www.sprc.org/featured_resources/bpr/ebpp.asp#list)

The following twelve programs were reviewed and classified as evidence-based (either Effective or Promising) by SPRC/AFSP. Effective programs, designated below with an asterisk "\*", met a higher standard of effectiveness than Promising programs.

- **Community-Based Programs**
  - [United States Air Force Suicide Prevention Program](#) (Linked to NREPP)
  - [Reduced Analgesic Packaging](#) (PDF)
- **Emergency-Room Programs**
  - [ER Means Restriction Education for Parents](#) (PDF)\*
  - [Emergency Room Intervention for Adolescent Females](#) (Linked to NREPP)
- **Primary Care**
  - [PROSPECT \(Prevention of Suicide in Primary Care Elderly: Collaborative Trial\)](#) (Linked to NREPP)\*
- **School-Based Programs**
  - C-Care/CAST (Listed as two programs on NREPP)
    - [CARE \(Care, Assess, Respond, Empower\)](#) (Linked to NREPP)\*
    - [CAST \(Coping and Support Training\)](#) (Linked to NREPP)\*
  - [Columbia University TeenScreen](#) (Linked to NREPP)
  - [Lifelines](#) (Linked to NREPP)
  - [Reconnecting Youth](#) (PDF)

- [SOS Signs of Suicide](#) (Linked to NREPP)
- [American Indian Life Skills Development/Zuni Life Skills Development](#) (Linked to NREPP)
- **Service Delivery**
  - [Psychotherapy in the Home](#) (PDF)

## Section II: Expert and Consensus Statements

[http://www.sprc.org/featured\\_resources/bpr/expert.asp#programs](http://www.sprc.org/featured_resources/bpr/expert.asp#programs)

- [A Resource Guide for Implementing the Joint Commissions 2007 Patient Goals on Suicide](#), Screening for Mental Health, Inc. (PDF)
- [Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment: A Treatment Improvement Protocol TIP 50](#), Substance Abuse and Mental Health Services Administration (PDF)
- [Consensus Statement on Youth Suicide by Firearms, Youth Suicide by Firearms Task Force and the American Association of Suicidology](#) (PDF)
- [Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student](#), Jed Foundation (PDF)
- [Guidelines for School Based Suicide Prevention Programs](#), American Association of Suicidology (PDF)
- [National Guidelines for Seniors' Mental Health: The Assessment of Suicide Risk and Prevention of Suicide](#), Canadian Coalition for Seniors' Mental Health (PDF)
- [Reporting on Suicide: Recommendations for the Media](#), Multiple Authors (PDF)
- [Standards for the Assessment of Suicide Risk Among Callers to the National Suicide Prevention Lifeline](#), National Suicide Prevention Lifeline (PDF)
- [Student Mental Health and the Law](#), Jed Foundation (PDF)
- [Suicide Prevention Efforts for Individuals with Serious Mental Illness](#), National Association of State Mental Health Program Directors (PDF)
- [Towards Good Practice: Standards and Guidelines for Suicide Bereavement Support Groups](#), Lifeline Australia (PDF)
- [Warning Signs for Suicide Prevention](#), American Association of Suicidology (PDF)

## Section III: Adherence to Standards

[http://www.sprc.org/featured\\_resources/bpr/standards.asp#programs](http://www.sprc.org/featured_resources/bpr/standards.asp#programs)

- **Awareness Materials**
  - [After an Attempt: A Guide for Medical Providers in the Emergency Department Taking Care of Suicide Attempt Survivors](#), National Suicide Prevention Lifeline (PDF)
  - [After an Attempt: A Guide for Taking Care of Your Family Member After Treatment in the Emergency Department](#), National Suicide Prevention Lifeline (PDF)
  - [After an Attempt: A Guide for Taking Care of Yourself After Your Treatment in the Emergency Department](#), National Suicide Prevention Lifeline (PDF)
  - [Depression and Bipolar Wellness Guides for Parents and Teens](#), Families for Depression Awareness (PDF)
  - [Depression Wellness Guide for Adults with Depression and their Family and Friends](#), Families for Depression Awareness (PDF)
  - ["Is Your Patient Suicidal?"](#) Emergency Department Poster and Clinical Guide, Suicide Prevention Resource Center (PDF)

- [Supporting Survivors of Suicide Loss: A Guide for Funeral Directors](#), SPAN USA (PDF)
- **Educational & Training Programs**
  - [Applied Suicide Intervention Skills Training \(ASIST\)](#), LivingWorks (PDF)
  - [Ask 4 Help Suicide Prevention for Youth](#), Yellow Ribbon Suicide Prevention Program (PDF)
  - [Assessing and Managing Suicide Risk: Core Competencies \(AMSR\)](#), SPRC Training Institute (PDF)
  - [Army ACE Suicide Intervention Program](#), U.S. Army (PDF)
  - [At-Risk: Identifying and Referring Students in Mental Distress](#), Kognito Interactive (PDF)
  - [Be A Link Suicide Prevention Gatekeeper Training](#), Yellow Ribbon Suicide Prevention Program (PDF)
  - [Campus Connect: A Suicide Prevention Training for Gatekeepers](#), Syracuse University (PDF)
  - [Connect/Frameworks Suicide Postvention Program](#), NAMI New Hampshire (PDF)
  - [Connect/Frameworks Suicide Prevention Program](#), NAMI New Hampshire (PDF)
  - [EndingSuicide.com](#), Clinical Tools, Inc. (PDF)
  - [Healthy Education for Life \(HELP\)](#), Heartline Oklahoma (PDF)
  - [Helping Every Living Person \(HELP\) Depression and Suicide Prevention Curriculum](#), Washington Youth Suicide Prevention Program (PDF)
  - [High School Gatekeeper Curriculum](#), Gryphon Place (PDF)
  - [Interactive Screening Program](#), American Foundation for Suicide Prevention (PDF)
  - [LEADS for Youth: Linking Education and Awareness of Depression and Suicide](#), Suicide Awareness Voices of Education (PDF)
  - [LOOK LISTEN LINK: A Health Curriculum for Middle School](#), Washington Youth Suicide Prevention Program (PDF)
  - [Making Educators Partners in Youth Suicide Prevention](#), Society for the Prevention of Teen Suicide (PDF)
  - [More Than Sad: Teen Depression](#), American Foundation for Suicide Prevention (PDF)
  - [Question, Persuade, Refer \(QPR\) Gatekeeper Training for Suicide Prevention](#), QPR Institute (PDF)
  - [Recognizing and Responding to Suicide Risk: Essential Skills for Clinicians](#), American Association of Suicidology (PDF)
  - [Response: A Comprehensive High School-based Suicide Awareness Program](#), ColumbiaCare (PDF)
  - [Sources of Strength](#), Mark LoMurray (PDF)
  - [Suicide Alertness for Everyone \(safeTALK\)](#), LivingWorks (PDF)
- **Protocols and Policies**
  - [Suicide Assessment Five-Step Evaluation and Triage \(SAFE-T\)](#), Screening for Mental Health (PDF)
  - [Youth Suicide Prevention, Intervention, and Postvention Guidelines: A Resource for School Personnel](#), The Maine Youth Suicide Prevention Program (PDF)
  - [Youth Suicide Prevention School-based Guide Checklists](#), Louis de la Parte Florida Mental Health Institute, University of South Florida (PDF)