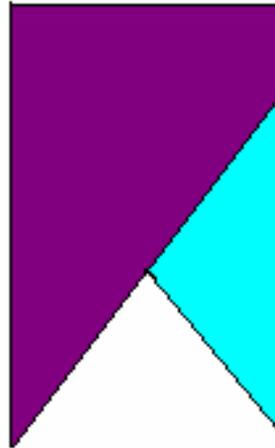


Suicide Prevention in Delaware County: An Action Plan for 2009-2011



**Delaware County Suicide Prevention & Awareness Task Force
Box 175, 4 State Road, Media, PA 19063-1413
www.delcosuicideprevention.org**

January 2009



From the Task Force:

January 23, 2009

Since 2002 the Delaware County Suicide Prevention & Awareness Task Force (DCSPATF), a coalition of county agencies, community groups, behavioral health providers, schools, hospitals, other organizations, and concerned individuals has worked to increase understanding of suicide prevention in the county.

Our efforts are motivated by: (i) the ongoing loss of lives to this preventable community problem every year; (ii) the effect of suicide on family members and others who are severely traumatized by the loss, and (iii) the burden that suicides and suicide attempts place upon police, emergency medical services, hospitals, crisis centers, and mental health providers.

Delaware County needs a plan to build suicide prevention capacity and readiness -- now. This document makes the case for greater attention to suicide prevention by:

- Defining suicide as a preventable problem in Delaware County
- Assessing the status of suicide prevention efforts in Delaware County
- Presenting a strategy to expand suicide prevention in Delaware County

We ask you to join us in working to reduce the incidence of suicide and suicidal behavior in our county.

Sincerely,

Terri Erbacher, Ph.D.

Terri Erbacher, PhD

Co-Chairperson

Ellen Chung-Finnegan, MSW, LCSW

Ellen Chung-Finnegan, MSW, LCSW

Co-Chairperson

<i>This plan is dedicated to all Delaware County residents lost to suicide</i>
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Introduction:

This document was developed in 2008 by the Delaware County Suicide Prevention & Awareness Task Force to guide the implementation and accountability of suicide prevention and postvention activities in the county. It presents an action plan for working towards the follow goals:

1. Develop broad-based county-wide support for suicide prevention.
2. Promote awareness and education that suicide is a preventable community health problem.
3. Reduce the stigma linked to being a consumer of suicide prevention services.
4. Develop and implement community suicide prevention programs.
5. Promote community efforts to reduce access to lethal means.
6. Improve and expand suicide surveillance systems.

These six goals were selected on the basis of their applicability to a county-level suicide prevention effort from among those included in the *National Strategy for Suicide Prevention*, the *Pennsylvania Youth Suicide Prevention Plan*, and the *Pennsylvania Adult and Older Adult Suicide Prevention Plan*. Using common objectives facilitates integration of county, state, and national prevention strategies.

Four steps were taken in outlining a plan for pursuing these goals: (i) a series of concrete objectives were developed for each goal; (ii) the general activities necessary to achieve the objectives were defined; (iii) the general activities were broken down into specific action steps; and (iv) each action step was prioritized in terms of its significance to tangibly advancing suicide prevention in Delaware County in 2009-2011. Priority was determined according to this schema:

- Must Do:* Actions that are determined to be directly and immediately necessary to generate positive outcomes related to the objective in the three year period.
- Should Do:* Actions that are determined to be optional in generating positive outcomes related to the objective in the three-year period.
- Could Do:* Actions that are determined to be desirable but not essential to generate positive outcomes related to the objective in the three-year period.

Actions that were initiated prior to the preparation of this document were classified as “ongoing.”

In all 28 high priority actions are targeted for achievement in the three year scope of this plan. These actions will be tasked to subcommittees of the Task Force. Progress will be reported at each meeting of the Task Force Steering Committee and on the DCSPATF web site.


Task Force Steering Committee:

2008 Executive Committee:	2008 Steering Committee:	Jody Farkas	Mary O'Sullivan
Ellen Chung Finnegan, Co-chair	Michelle Anderbeg	Stacy Gill	Jaye Pedante
Theresa Erbacher, Co-chair	Bettina Bernstein	Gerry Conzalez	Joy Pettit
Maryellen Carpenter ¹	Vince Borrelli	Colleen Healy	Maggie Pruett-Saratan
Robert Edwards	Julie Brown	Frederick N. Hellman, MD	Tony Salvatore
Nikole Heilmann	Laura Bruch	Martha Hochschwender	Jeanne Scarborough
Maureen Hennessey-Herman	Adrienne Busker	Sheldon Kovach, Esq.	Mary Shirley
Beth Mingey	Gerry Clark	Elisa Lehman	Kristin Smeins
	Jennifer McGowan	Leslie Lipson	Cheryl Spera
	Clark Christine Coates	Laura Longstreet	Carol Staubach
	Kristy Coombs	Joe Mack	Maris Taddonio
	Blake Cohen	Jennifer Marshall	Lynn Trocky
	Michael D'Angelo	Rosemary McCarthy	Julie Uhlein
	Bernadette Dacanay	Maria McCulloch	Vanessa Walker
	Ujwala Dixit, MD	David McKeighan	Carol Ann Yozviak
	Christine Dziembowski	Tom McGuirk	Kathy Zepka
	Linda Falasco	David Moran	
		Sherma Nicholas	

¹ Deceased

Task Force Values, Philosophy, and Vision:

Values²:

- Prevention programs should enhance protective factors.
- Family-focused prevention efforts may have a greater impact than strategies that focus only on individuals.
- Community programs need to strengthen norms that support help-seeking behavior in all settings.

Philosophy:

- Suicide prevention is a multidimensional endeavor inclusive of prevention, intervention, and postvention.
- Suicide prevention must use existing systems, establish a long-term community commitment, and provide for sustainability.
- A suicide prevention plan is a living document that will change over time in response to needs, conditions, priorities, and resources.
- A suicide prevention plan requires broad participation and collaboration and that this strategy is a beginning.
- Achievement of the objectives comprising the strategy calls for building a strong knowledge base, community support for change, and a caring and concerned partnership.
- Suicide prevention is everybody's business and the underlying purpose of our strategy is to create community ownership in saving lives and reducing the suffering brought on by suicide.

Vision:

- A suicide prevention capability integrated within existing systems to add capacity to structures in place for effectiveness.
- A central source of technical support to facilitate the ongoing implementation of suicide prevention resources in Delaware County.
- A comprehensive, accessible, effective evidence-based system of suicide prevention, intervention, and postvention services.
- The elimination of misinformation about suicide, indifference towards those who are suicidal, and insensitivity towards those bereaved by a suicide.
- A reduction of the lives lost to suicide among all age groups, ethnic and racial groups, and communities in Delaware County.

² Adopted from *Suicide Prevention: Prevention, Effectiveness, and Evaluation* (Washington, DC: Suicide Prevention Action Network. 2001).

 **Delaware County Goals for Suicide Prevention:****Goal 1: Promote Awareness and Education that Suicide is a Preventable Community Health Problem**

This goal addresses the need for greater community understanding of the nature of suicide, the risk and protective factors, warning signs, and interventions. It aims to raise recognition of suicide as a problem, to motivate open discussion of its dangers and how to avert them and assure that those in positions to help to recognize the potential for suicide in those they serve.

Goal 2: Develop Broad-based Countywide Support for Suicide Prevention

This goal calls for a county suicide prevention network to advocate for greater prevention, intervention, and postvention. It aims to generate widespread backing for reducing an avoidable loss of life and source of ongoing suffering. This goal and the strategy, would be facilitated by staff support to coordinate activity and lend expertise in suicide prevention.

Goal 3: Reduce the Stigma Linked to Being a Consumer of Suicide Prevention Services

This goal supports appropriate mental health care for suicidal persons and an environment facilitating help seeking by those who experience suicidal behavior. It aims to unburden at-risk individuals from a sense of shame or feelings of personal blame or weakness that interferes with seeking help.

Goal 4: Develop and Implement Community Suicide Prevention Programs

This goal relates to developing a formal structure of suicide prevention programs across the county focusing all age, racial, and ethnic groups. It aims to build the capacity and capability to mobilize, direct, and evaluate the outcome of community action against a persistent community health problem.

Goal 5: Promote Community Efforts to Reduce Access to Lethal Means

This goal specifically focuses on the role of firearms in the majority of suicides in the county. It aims to assure that weapons intended for sport or protection do not become the instrument of a devastating personal or family tragedy.

Goal 6: Improve and Expand Suicide Surveillance & Data Collection Systems

This goal seeks surveillance systems to collect data on individuals who complete or attempt suicide and related information, such as demographics, precipitating factors, mental and physical health history, etc. Suicide is preventable and this data can lead to a deeper understanding of strategies and prevention strategies that may prove effective.


Delaware County Suicide Prevention Goals Rationale:

Goal	Community Situation/Need
1. Promote Awareness and Education that Suicide is a Preventable Community Health Problem	<ul style="list-style-type: none"> • A lack of information about risk factors and warning signs leads to a lack of awareness about potential risk and the need to seek help. • On average 84% of all county suicides involve individuals between the ages of 20 and 64, but the public largely perceives suicide as a “teen problem.”
2. Develop Broad-based Countywide Support for Suicide Prevention	<ul style="list-style-type: none"> • Suicide is not presently seen as a community-wide problem primarily affecting adults. • There is little understanding that the majority of suicide victims fall into one or more of these groups: prior suicide attempters, mental illness sufferer, alcohol user/misuser, firearms owners, and veterans.
3. Reduce the Stigma Linked to Being a Consumer of Suicide Prevention Services	<ul style="list-style-type: none"> • Stigma is driven by widespread misinformation and myths about suicide. • Stigma most affects those who have made suicide attempts and those who have experienced a suicide loss. • Stigma keeps those who are troubled by suicidality from seeking help.
4. Develop and Implement Community Suicide Prevention Programs	<ul style="list-style-type: none"> • There were 476 suicides in the county from 2000-2007, <i>an average of 60 per year.</i> • In 2007 there were 89 suicides in the county. • It is estimated that there are from 8 to 25 attempts for each suicide. • Each year more than 400 suicide attempts in the county may require medical attention.
5. Promote Community Efforts to Reduce Access to Lethal Means	<ul style="list-style-type: none"> • Handguns and other types of firearms are the most frequently used lethal means associated with suicide in Delaware County. • 2% of the suicide attempts in PA involve guns, but these produce 54% of the fatalities. • Adult and elder white males account for 80% of firearms-related suicides in PA.
6. Improve and Expand Suicide Surveillance and Data Collection Systems	<ul style="list-style-type: none"> • Data on completed suicides in the county is presently limited to demographic variables. • There is no readily available county-level data on the prevalence of suicide attempts or hospitalizations related to suicidal behavior. • 70% of those engaging in suicidal behavior never seek health services.

Delaware County Suicide Prevention Community Readiness Assessment:

The Community Readiness Model (CRM) is a tool for assessing the status of prevention measures in relation to a specific community problem. It helps to define where prevention is and where it needs to go to change the status quo. The CRM distinguishes nine stages of community readiness. These have been applied to suicide prevention the county as follows:

1. **Low Awareness of Suicide as a Community Problem** – This is where suicide prevention stood in the county until the formation of the Task Force in 2002. Suicide was seen as an individual occurrence. Community prevention efforts were primarily limited to crisis intervention measures in the mental health and educational systems.
2. **Low Recognition of Potential for Suicide Prevention** – This is where things stood in the years 2002-2005 when the Task Force initiated community suicide prevention awareness activities but made only nominal impact outside its membership and the supporting stakeholder organizations.
3. **Increasing Recognition of Need for Suicide Prevention** – This where suicide prevention stood in the county in 2006. Growth and development of the Task Force and the impact of the Candle Lighting Memorial and the Annual Suicide Prevention Conference coupled with the Annual Walk/Run drove increasing awareness of suicide as a community problem.
4. **Pre-planning** – This where suicide prevention stood in 2007. Awareness efforts were well-established t and support was mounting to move into direct prevention. The introduction of the Task Force web site, which offered a range of information on suicide prevention in the county, broadened the interest in suicide prevention beyond those directly participating in Task Force activities.
5. **Preparation (*Actively planning for suicide prevention*)** – This is where suicide prevention in the county stood in 2008 when this plan was developed and tentatively introduced at the Annual Conference. The need for a plan to define and coordinate the array of suicide prevention measures arising for consideration was generally recognized.
6. **Initiation (*Implementation of prevention programming*)** – This is where things stand and present and for the period 2009-2011. The initial phase of planned suicide prevention actions will be put in place.
7. **Operation (*Prevention efforts underway*)** – This stage will be defined by the operation of the planned activities as suicide prevention resources in the county. Suicide prevention will be a routine component of established systems (i.e., behavioral health, community health, social services, education, criminal justice, etc.).
8. **Expansion (*Refine, improve, broaden programs*)** – This stage will be marked by the full implementation of the actions called for in this plan as well as other requisite measures developed in the interim.
9. **Professionalization (*Accountability and community support*)** – This stage will be characterized by deliberate attempts to assess the outcome and effectiveness of suicide prevention efforts in the county. It may also include the emergence of a formal “home” for county suicide prevention programs in the form of a new nonprofit organization.

Objectives	General Activities	Action Steps	Status
1.1 Continue to organize, facilitate and maintain a county-level suicide prevention task force.	<p>1.1-1A Conduct bi-monthly meetings of the steering committee, executive committee and committee meetings as needed.</p> <p>1.1-2A Maintain sufficient funds to maintain task force organization and activities.</p>	<p>1.1-1AS Continually diversify membership. Initiate relationships with new members from various target groups and community agencies.</p> <p>1.1-1AS Provide structure and leadership for the task force to ensure maintenance of activities, meetings and events.</p> <p>1.1-2AS Conduct fundraising and obtain sponsorships to fund events and promotional materials.</p> <p>1.1-2AS Collaborate with other suicide prevention organizations and task forces.</p>	<p><i>ONGOING</i></p> <p><i>ONGOING</i></p> <p><i>ONGOING</i></p> <p><i>SHOULD DO</i></p>
1.2 Collaborate with and increase the number of community and school districts groups and mental health treatment facilities that integrate suicide prevention activities into their ongoing activities.	<p>1.2-1A Work with school districts to determine types and status of suicide prevention activities in place and offer trainings where needed.</p> <p>1.2-2A Provide information to groups, service clubs, behavioral health, crisis units, veterans groups, physicians, EAP's, etc.</p>	<p>1.2-1AS Attend SAP and Superintendent meetings as possible, providing information and trainings.</p> <p>1.2-1AS Connect with Safe Schools Summit and District Attorney's Office.</p> <p>1.2-1AS Offer Gatekeeper Training on college campuses.</p> <p>1.2-2AS Identify and engage 3-5 new community groups yearly who also work with at-risk populations or have similar missions of suicide awareness and prevention.</p>	<p><i>COULD DO</i></p> <p><i>COULD DO</i></p> <p><i>MUST DO</i></p> <p><i>SHOULD DO</i></p>
1.3 Increasing the number of faith based communities with policies to prevent suicide.	<p>1.3-1A Conduct training programs for clergy.</p> <p>1.3-2A Conduct suicide prevention panel discussions in churches in the county.</p> <p>1.3-3A Develop web-based resources for clergy.</p>	<p>1.3-1AS Planning and implementation by the DCSPATF.</p> <p>1.3-2AS Identify faith based organizations to host programs.</p> <p>1.3-2AS Identify and coordinate presenters.</p> <p>1.3-2AS Disseminate information on suicide risk factors, warning signs, resources etc. in church bulletins.</p> <p>1.3-3AS Collaborate with organizations to identify resources.</p>	<p><i>MUST DO</i></p> <p><i>MUST DO</i></p> <p><i>MUST DO</i></p> <p><i>MUST DO</i></p> <p><i>MUST DO</i></p>

Goal 2: Promote Awareness and Education that Suicide is a Preventable Community Health Problem:

Objectives	Activities	Action Steps	Status
<p>2.1 Develop and implement at least 5 suicide awareness/ outreach campaigns to disseminate information to increase understanding of suicide risk, warning signs, and basic aid measures to Delaware County residents.</p>	<p>2.1-1A Establish Delaware County Suicide Prevention Day/Week with county wide educational programs and outreach events.</p>	<p>2.1-1AS Important programs and events are to be recognized by the Delaware County Council and local municipal governments. 2.1-1AS Annual candlelight vigil to remember those in the county lost to suicide and recognize those who are making great efforts in prevention.</p>	<p><i>COULD DO</i></p> <p><i>ONGOING</i></p>
	<p>2.1-2A Coordinate an annual regional conference with topics and keynotes matching current trends, resources and new research.</p>	<p>2.1-2AS Planning and implementation via the DCSPATF.</p>	<p><i>ONGOING</i></p>
	<p>2.1-3A Coordinate Annual Delaware County Suicide Prevention Awareness Walk/Run.</p>	<p>2.1-3AS Planning and implementation via the DCSPATF.</p>	<p><i>ONGOING</i></p>
	<p>2.1-4A Annual poster contest for high school students to build awareness amongst youth.</p>	<p>2.1-4AS Planning and implementation via the DCSPATF.</p>	<p><i>ONGOING</i></p>
	<p>2.1-5A Outreach to representatives from healthcare, human services, education, criminal justice, business, and government.</p>	<p>2.1-5AS DCSPATF members will conduct continued outreach. 2.1-5AS Display literature on suicide risk, warning signs, and sources of help at every Delaware County government facility serving the public.</p>	<p><i>SHOULD DO</i></p> <p><i>MUST DO</i></p>
	<p></p>	<p>2.1-5AS Display literature at 5-10 conferences, community health fairs, etc.</p>	<p><i>SHOULD DO</i></p>

 **Goal 3: Reduce the Stigma Linked to Being a Consumer of Suicide Prevention Services:**

Objectives	Activities	Action Steps	Status
<p>3.1 Help reduce the stigma related to being a behavioral health consumer and raise awareness that many behavioral health problems are treatable.</p>	<p>3.1-1A Support organizations and individuals who directly deliver mental health treatment for suicidal persons.</p>	<p>3.1-1AS Support the Delaware County Office of Behavioral Health’s effort to transform the community behavioral health system to better ‘fit’ the “recovery model” and be more oriented to the needs of consumers of mental health services.</p>	<p><i>MUST DO</i></p>
		<p>3.1-1AS Advocating that all providers have policies for initially screening new clients for suicide risk and assessing those found to be at risk on an ongoing basis.</p>	<p><i>MUST DO</i></p>
		<p>3.1-1AS Advocating that all agency staff know the main risk factors and warning signs of suicide.</p>	<p><i>MUST DO</i></p>
		<p>3.1-1AS Advocating for mental health parity.</p>	<p><i>SHOULD DO</i></p>
	<p>3.1-2A Broadly disseminate information regarding the ‘myths and realities’ of suicide.</p>	<p>3.1-2AS Disseminate information regarding the myths of suicide on the web, in our task force brochure, via posters and billboards, in the media, and during educational and outreach events.</p>	<p><i>ONGOING</i></p>
	<p>3.1-3A Support and promote the 24/7 county-wide “warm line” run by peer support specialists (Project REACH) trained to provide telephonic support and referrals in cases not involving a crisis or acute suicidality.</p>	<p>3.1-3AS Support local organizations, individuals and schools in making referrals to mobile crisis (Project REACH) and by listing available community-based resources on our online resource guide.</p>	<p><i>MUST DO</i></p>

Goal 4: Develop and Implement Community Suicide Prevention Programs:

Objectives	Activities	Action Steps	Status
4.1 Increase suicide prevention plans/policies in schools, work sites, correctional institutions, aging programs, and family, youth and community services.	<p>4.1-1A Share and distribute model suicide prevention policy defining responsibilities, steps to be taken, emergency contacts, and staff training requirements.</p> <p>4.1-2A Develop a technical support network to build capacity in the county and support implementation of suicide prevention programs.</p> <p>4.1-3A Assist organizations in selecting evidence-based screening and prevention programs with those felt to be at risk.</p> <p>4.1-4A Promote the use of QPR (Question/Persuade/ Refer) prevention training.</p>	<p>4.1-1AS Research such policies and educate Speaker's Bureau on them.</p> <p>4.1-1AS Refer individuals/agencies to other organizations who offer workplace suicide prevention training.</p> <p>4.1-2AS Develop criteria to evaluate plans; ask universities to evaluate plans.</p> <p>4.1-2AS Look at the prospects to create a position to coordinate the workgroups projects.</p> <p>4.1-3AS Promote the use of and training on The Teen Screen Program³ and other tools, such as the Counselors Care/Coping and Support Training² in schools.</p> <p>4.1-3AS Collaborate with the Delaware County Office of Behavioral Health to ensure suicide screening is a county approved tool that is utilized consistently.</p> <p>4.1-4AS Offer continuing education credits for educational programs. Offer online credits.</p> <p>4.1-4AS Provide training and/or oversight for new presenters.</p>	<p><i>COULD DO</i></p> <p><i>COULD DO</i></p> <p><i>COULD DO</i></p> <p><i>COULD DO</i></p> <p><i>MUST DO</i></p> <p><i>MUST DO</i></p> <p><i>ONGOING</i></p> <p><i>COULD DO</i></p>
4.2 Support implementation of programs for persons who have survived the suicide of someone close and self injurers or those who have made a suicide attempt or are troubled by chronic suicidal ideation.	4.2-1A Promote support groups (such as SOS, Inc.) and therapeutic programs.	<p>4.2-1AS Explore and expand support groups for youth/teens who have lost loved ones to suicide.</p> <p>4.2-1AS Collaborate with Survivors of Suicide, Inc.</p> <p>4.2-1AS Disseminate information to funeral directors, medical examiner, police, etc. regarding support groups and the AFSP/SOS Home Outreach Program and publicize on Task Force website.</p>	<p><i>MUST DO</i></p> <p><i>ONGOING</i></p> <p><i>MUST DO</i></p>

³ The Columbia University TeenScreen Program is a national youth mental health and suicide risk screening program classified a 'Promising' evidence-based intervention.

² C-Care/CAST is a school-based intervention for students at risk for suicide. This program reviewed and classified as an 'Effective' evidence-based intervention



Goal 5: Promote Community Efforts to Reduce Access to Lethal Means:

Objectives	Activities	Action Steps	Status
5.1 Educating health providers and health safety officials on the assessment of lethal means in the home and actions to reduce suicide risk.	5.1-1A Promote awareness of the use of all types of lethal means.	5.1-1AS Outreach to healthcare providers, including EMTs, paramedics, police and first responders. 5.1-1AS Partner with health systems and physician organizations (Delaware County Medical Society) to see that every primary care provider in the county receives information. 5.1-1AS Work collaboratively with police, EMT, paramedics, Medical Examiner, and Delaware River Port Authority on suicide prevention and awareness efforts.	<i>MUST DO</i> <i>COULD DO</i> <i>SHOULD DO</i>
5.2 Implementing a public information campaign designed to reduce accessibility of lethal means.	5.2-1A Encourage the inclusion of suicide information into firearm safety classes. 5.2-2A Promote lethal means safety education to children, elders, family members and providers. 5.2-3A Encourage safe disposal of old or unused potentially lethal objects.	5.2-1AS Explore creation of Lethal Means Committee with the DCSPATF. 5.2-1AS Identify firearm safety educators to collaborate with. 5.2-2AS Secure pamphlets on means restriction for distribution at health fairs, etc. 5.2-2AS Promote early education of lethal means safety to children. 5.2-2AS Implement Evidenced-Based Practices, such as Emergency Room Means Restriction Education for Parents or Reduced Analgesic Packaging. ³ 5.2-3AS Put information regarding lethal means access on the DCSPATF webpage.	<i>SHOULD DO</i> <i>SHOULD DO</i> <i>MUST DO</i> <i>MUST DO</i> <i>MUST DO</i> <i>ONGOING</i>

³ These programs were reviewed and classified as 'Effective' evidence-based interventions by SPRC/AFSP. See www.sprc.org.

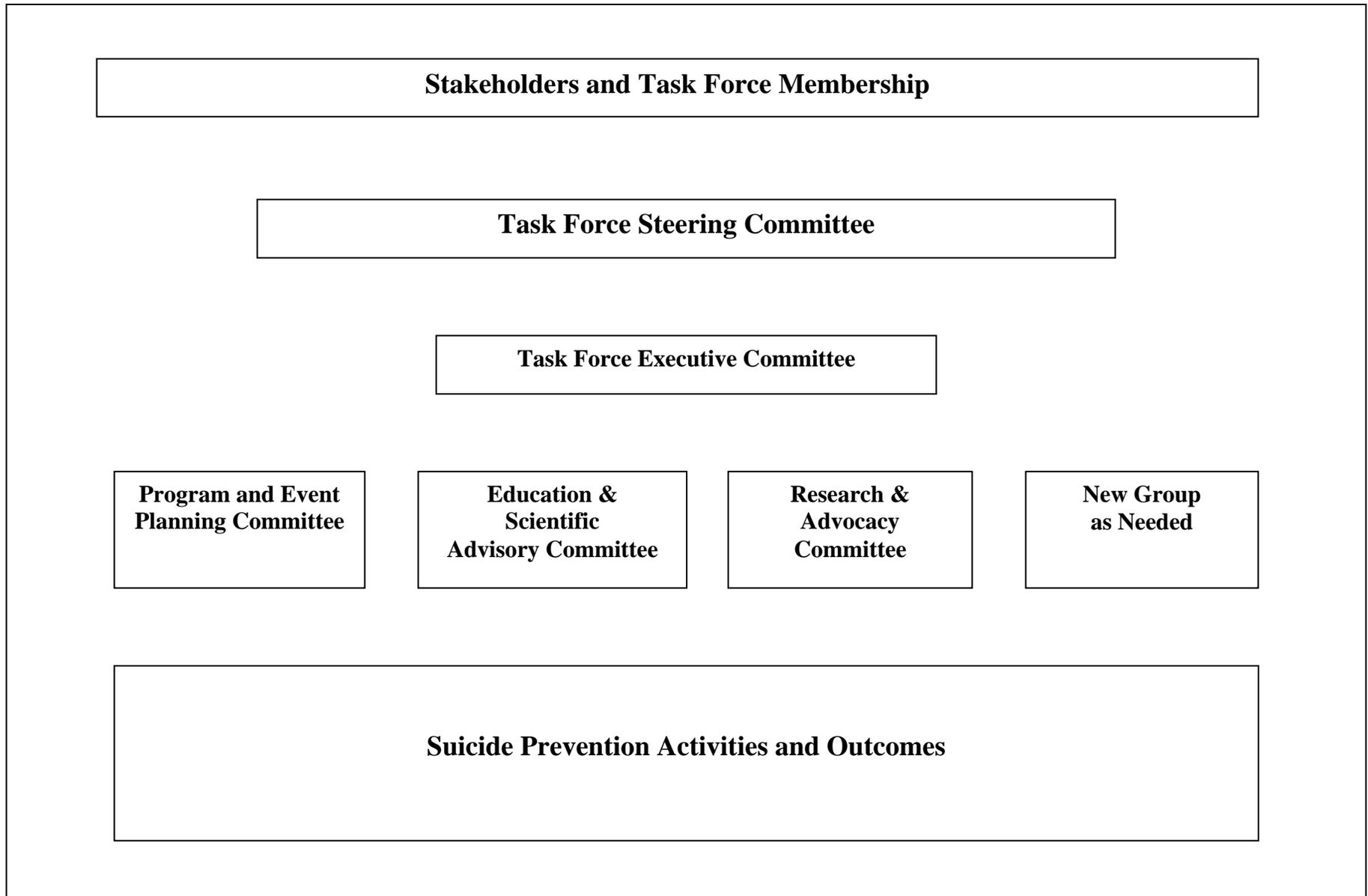

Goal 6: Improve and Expand Surveillance Systems:

Objectives	Activities	Action Steps	
6.1 Create a Delaware County Suicide Death Review Team.	6.1-1A Conduct meetings on a bi-monthly basis to review suicide death cases and examine data for patterns of possible 'preventable' deaths.	6.1-1AS Develop database of death statistics including age, race, religion, manner of death, precipitating factors, risks, etc. 6.1-1AS Develop an annual report on Delaware County suicide statistics.	<i>MUST DO</i>
6.2 Collaborate with hospitals to collect data on attempts.	6.2-1A Engage medical, psychiatric, emergency systems to document suicide attempts.	6.2-1AS Promote dialogue with stakeholders to develop plan. 6.2-1AS Assist in the development of data collection tool.	<i>MUST DO</i>


Task Force Subcommittee Missions:

Executive Committee	Program and Event Planning Committee	Education & Scientific Advisory Committee	Research & Advocacy Committee
<ul style="list-style-type: none"> • Manage finances, serve as spokes-persons for the task force, be a decision-making body with Steering Committee. • Conduct Steering Committee meetings, represent task force at state/regional meetings, serve as a “quick-response group” to deal with important matters in a timely manner. • Plan a general membership meeting to provide annual report and define goals for the coming year. • Serve as liaisons with working committees, other local/ national agencies and suicide prevention task forces 	<ul style="list-style-type: none"> • Coordinate with community partners in promoting awareness and prevention. • Collaborate with the Education & Scientific Advisory Committee on planning the Annual Regional Conference. • Develop and promote speaker’s bureau. <p>Public Relations Subcommittee:</p> <ul style="list-style-type: none"> • Collaborate with the Event and Planning committee in publicizing events. • Prepare press releases, handle media inquiries. • Develop public service announcements and op ed pieces. <p>Volunteers Subcommittee:</p> <ul style="list-style-type: none"> • Organize volunteers who would like to help out at events/activities. • A database of volunteers will be developed 	<ul style="list-style-type: none"> • Develop clinical training programs for a wide range of professionals, including social workers, psychologists, school counselors, teachers, physicians, nurses, clergy, law enforcement, emergency medical personnel, etc. • Collaborate with the Program & Event Planning Committee on planning the Annual Fall Regional Conference. 	<ul style="list-style-type: none"> • Initiate ideas for grants, research, etc. • Review information/ resources for web. • Communicate ideas to steering committee for discussion. • Recruit new members. • Share information on news, research, etc. <p>Communications Subcommittee:</p> <ul style="list-style-type: none"> • Serve as webmaster. • Manage resource guide. • Work with the PR Subcommittee to promote events. • Work with the Delaware County Medical Examiner’s Office in reviewing suicides to identify issues to be addressed in planning suicide prevention programs. • Collaborate with hospitals and other sources in developing yearly data on the incidence of suicide attempts in Delaware County

 **Task Force Structure and Process:**




Assignment of Objectives by Subcommittee:

Executive Committee	Program and Event Planning Committee	Education & Scientific Advisory Committee	Research & Advocacy Committee
<p>1.1 Continue to organize, facilitate and maintain a county-level suicide prevention task force.</p>	<p>2.1 Develop and implement at least 5 suicide awareness/outreach campaigns to disseminate information to increase understanding of suicide risk, warning signs, and basic aid measures to Delaware County residents and community</p> <p>2.2 Develop a Speaker's Bureau to provide outreach programs throughout the community.</p> <p>2.3 Develop a media campaign to develop awareness of suicide and prevention</p> <p>3.1 Help reduce the stigma related to being a behavioral health consumer and raise awareness that many behavioral health problems are treatable.</p>	<p>1.2 Collaborate with and increase the number of community and school districts groups and mental health treatment facilities that integrate suicide prevention activities into their ongoing activities</p> <p>1.3 Increasing the number of faith based communities with policies to prevent suicide.</p> <p>4.2 Support implementation of programs for persons who have survived the suicide of someone close and self injurers or those who have made a suicide attempt or are troubled by chronic suicidal ideation.</p>	<p>4.1 Increase suicide prevention in schools, work sites, prisons, and family, youth and aging services</p> <p>5.1 Educating health providers and health officials on assessment of lethal means in the home and actions to reduce risk.</p> <p>5.2 Implementing a public information campaign designed to reduce accessibility of lethal means.</p> <p>6.1 Create a Delaware County suicide Death review Team.</p> <p>6.3 Collaborate with hospitals to collect data on attempts.</p>

Resources:

PA and US Suicide Prevention Plans:

PA Department of Public Welfare (2002) *Pennsylvania Youth Suicide Prevention Plan*, Harrisburg, PA: Office of Mental Health and Substance Abuse Services (www.parecovery.org/documents/Youth_Suicide_Prevention_Plan.pdf)

PA Department of Public Welfare (2002) *Pennsylvania Youth Suicide Prevention, Five-Year Action Plan, July 2007-July 2012*, Harrisburg, PA: Office of Mental Health and Substance Abuse Services. (www.parecovery.org/documents/Youth_Suicide_Prevention_2007-12.pdf)

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Suicide Prevention Resources:

Suicide Prevention Resource Center (www.sprc.org)

American Foundation for Suicide Prevention (www.afsp.org)

American Association of Suicidology (www.suicidology.org)