



FLORIDA SUICIDE PREVENTION PLAN

2016-2020

Department of Children and Families
Office of Substance Abuse and Mental Health

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I. Executive Summary

In 2001, the U.S. Surgeon General issued the National Strategy for Suicide Prevention (National Strategy) to launch an organized effort to prevent suicide across the nation. Updated in 2012, the National Strategy represented a new approach to enlisting all Americans in the effort to prevent suicide. In Florida, suicide prevention strategies are developed and implemented in partnership with the Statewide Office for Suicide Prevention (SOSP), the statutorily created Suicide Prevention Coordinating Council (Council), and local communities. The SOSP is administratively housed in the Department of Children and Families' (Department) Office of Substance Abuse and Mental Health. The Florida Suicide Prevention Plan (Plan) is a joint effort of the Council and SOSP. Section 14.20195(a), F.S., requires the Council to advise the SOSP "regarding the development of a statewide plan for suicide prevention, with the guiding principle being that suicide is a preventable problem".

In 2014, suicide was the second leading cause of death for individuals ages 25-34 and the third leading cause of death for ages 5-24 in Florida. The purpose of this Plan is to guide statewide efforts to decrease suicide related deaths through a framework of goals and objectives that coordinate suicide prevention efforts at the state and local community levels.

The Department's mission is to:

- Work in Partnership with Local Communities to Protect the Vulnerable;
- Promote Strong and Economically Self-sufficient Families; and
- Advance Personal and Family Recovery and Resiliency.

To meet the Department's mission, the SOSP has organized the Plan's goals into four strategic directions similar to the National Strategy:

- Healthy and Empowered Individuals, Families, and Communities;
- Clinical and Community Preventive Services;
- Treatment and Support Services; and
- Surveillance, Research, and Evaluation.

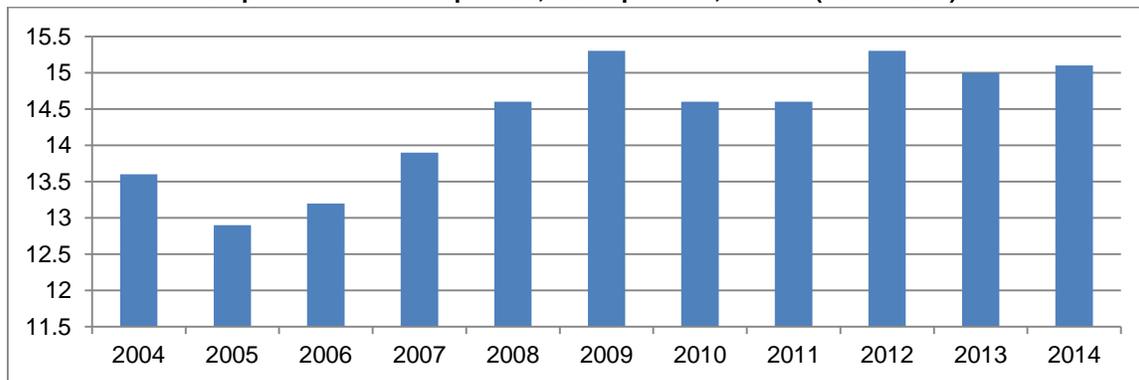
The Plan describes suicide prevention initiatives at the state and local community levels that aim to decrease suicide related deaths. Suicide prevention initiatives implemented by local communities and a variety of stakeholders provide the foundation that moves Florida's Plan forward. Section V of this document provides a list of suicide prevention activities and associated resources under each of the Plan's goals to support statewide implementation by multiple stakeholders. Section V is also available in a brochure format in the Department's website, at:

<http://www.myflfamilies.com/service-programs/mental-health/suicide-prevention>.

II. Current Status

Suicide was Florida's 10th leading cause of death in 2014, with 2,961 individuals taking their own lives. On average, one Floridian dies by suicide every three hours, and over twice as many die by suicide as by homicide according to the American Foundation for Suicide Prevention. Graph 1 shows an upward trend in the suicide rate from 2005 to 2009. The trend fluctuates from 2009 to 2014. However, it has continually remained above the 2007 rate through 2014.

Graph 1. Suicide Rate per 100,000 Population, Florida (2004 - 2014)



Data Sources: CHART D-4: RESIDENT DEATHS FOR LEADING CAUSES AND RATES PER 100,000 POPULATION, BY AGE GROUP, FLORIDA, 2013: *Florida Vital Statistics Annual Report (2013)*¹ and TABLE D-3: RESIDENT DEATHS AND RATES PER 100,000 POPULATION FOR 25 LEADING CAUSES, BY RACE, FLORIDA, 2004 AND 2014: *Florida Vital Statistics Annual Report (2014)*²

Although suicide data is unavailable for certain populations in Florida, it's essential to look at the 11 national high risk populations.

Individuals with mental and/or substance use disorders

Individuals with major depressive disorder, bipolar disorder, anxiety disorder, and schizophrenia are at higher risk for suicide. A 2009 to 2013 combined annual average shows that 120,000 adolescents had at least one major depressive disorder per year and 69% did not receive treatment in Florida. It also shows that approximately 525,000 adults had serious mental illnesses per year and 63.7% did not receive treatment.³

Alcohol and substance abuse is a risk factor for suicide; therefore, individuals with substance use disorders are also at high risk for suicide. A 2009 to 2013 combined annual average shows that approximately 124,000 adolescents in Florida reported that they used illicit drugs in the month prior to being surveyed.⁴ Although Florida does not currently report to the National

¹ See, <http://www.flpublichealth.com/V/SBOOK/pdf/2013/Deaths.pdf>, site accessed, September 24, 2015.

² See, <http://www.flpublichealth.com/V/SBOOK/pdf/2014/Deaths.pdf>, site accessed, September 24, 2015.

³ Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Florida, 2014. HHS Publication No. SMA-15-4895FL. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

⁴ Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Florida, 2014. HHS Publication No. SMA-15-4895FL. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

Violent Death Reporting System, the CDC found that in 2010, 33.4% of individuals who died by suicide tested positive for alcohol, 23.8% for antidepressants, and 20.0% for opiates, including heroin and prescription pain killers.⁵

Men in midlife and older men

Florida 2013 data shows that the two highest suicide rates were among men at midlife and older men.⁶ The risk-related behaviors for men in midlife are underreporting of mental health problems, interpersonal violence, economic hardships, not seeking help, dissolution of intimate relationships, and risk factors similar to other age groups such as mental illness, substance abuse, and access to lethal means. The risks for older men are social disconnection, physical illness, functional decline, and mental disorders.

Members of the Armed Forces and veterans

As of September 2014, there were a total of 1,584,000 veterans living in Florida, and of that total 794,000 were over 65 years old.⁷ Although specific suicide data for Florida is unavailable, the Department of Defense reported in 2014, nationally there were 273 suicides for the active component and 170 suicides for the reserve component.⁸ The active component includes the Air Force, Army, Marine Corps, and Navy while the Reserve component includes Air Force Reserve, Army Reserve, Marine Corps Reserve, Air National Guard, and the Army National Guard. Additionally, the National Strategy states that veterans are approximately 20% of the U.S. suicide deaths as estimated by the Centers for Disease Control and Prevention (CDC).

Lesbian, gay, bisexual, and transgender (LGBT) populations

It's imperative that Florida begins to collect data on LGBT populations due, in part to the fact that gay and bisexual men are at higher risk for suicide attempts before they turn 25 years old. According to a study reported by the CDC, seventh to 12th grade LGB students were more than twice as likely to attempt suicide compared to heterosexual students.⁹ Additionally, family-rejected LGB youth are 8.4 times as likely to have attempted suicide as LGB peers who reported no or low levels of family rejection.¹⁰

American Indians/Alaska Natives

Florida suicide data for American Indians/Alaska Natives is available for age-adjusted death rates per 100,000 populations from 2004 to 2010. This data shows that the suicide death rate for American Indians ages 18 to 85 years and older was 6.65. This rate was higher than the 5.30 death rate for all American Indian ages.¹¹ Some risk factors for American Indians/Alaska

Administration, 2015.

⁵ See, <http://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.pdf>, site accessed March 29, 2016.

⁶ See, http://www.cdc.gov/injury/wisqars/fatal_injury_reports.html, site accessed September 30, 2015.

⁷ See, http://www.va.gov/vetdata/docs/SpecialReports/State_Summaries_Florida.pdf, site accessed March 28, 2016.

⁸ See, <http://www.dspo.mil/Portals/113/Documents/DoD-Quarterly-Suicide-Report-CY2015-Q3.pdf>, site accessed March 28, 2016.

⁹ See, <http://www.cdc.gov/msmhealth/suicide-violence-prevention.htm>, site accessed March 29, 2016.

¹⁰ See, <http://www.thetrevorproject.org/pages/facts-about-suicide>, site accessed March 29, 2016.

¹¹ NCHS National Vital Statistics System for numbers of deaths; US Census Bureau for population estimates. Available at <http://www.cdc.gov/injury/wisqars/fatal.html>, site accessed March 30, 2016.

Natives are alcohol and other substance use, discrimination, historical trauma, and limited access and use of mental health services.¹²

Individuals who have attempted suicide

There is no complete count of suicide attempts in Florida; however, the data shows that the total number of hospital discharges involving suicide and self-inflicted injury has continued to increase from 28,983 in 2007 to 52,391 in 2013.¹³ Nationally, females attempt suicide three times more often than males. 25:1 is the estimated ratio of youth suicide attempts to youth suicide deaths.¹⁴ According to research, future attempt reduction is possible if efforts to challenge isolation and provide follow-up support are available after a suicide attempt.¹⁵

Individuals bereaved by suicide

Future research is needed on individuals bereaved by suicide in Florida. Someone bereaved by suicide is similar to a survivor of suicide. The CDC defines a survivor as a family member or friend of a person who died by suicide. These individuals experience guilt, anger, abandonment, denial, helplessness, and shock. It is estimated that there are between six and 32 survivors per suicide.¹⁶

Individuals with medical conditions

Due to various symptoms such as depression, suicide ideation, and level of pain, individuals with medical conditions such as cancers, degenerative diseases of the central nervous system, traumatic injuries and other disorders of the central nervous system, HIV/AIDS, chronic kidney disease, arthritis, migraine, and asthma are at high risk for suicide.¹⁷ Currently, Florida does not capture this type of data.

Individuals in justice and child welfare settings

The Florida juvenile suicide rate for adolescents ages seven to 17, captured from 1990 to 2014, is 20.5 per one million juveniles.¹⁸ A national survey identified 110 juvenile suicides between 1995 and 1999. The study revealed that the majority of suicides occurred in training schools/secure facilities and detention centers; however 15.2% of the suicides occurred in residential treatment centers.¹⁹ A national cohort study found that former child welfare involved

¹² U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action. Washington, DC: HHS, September 2012.

¹³ HCUPnet. Healthcare Cost and Utilization Project (HCUP). State statistics from HCUP State Inpatient Databases 2007-2013, Agency for Healthcare Research and Quality (AHRQ), based on data collected by the Florida Agency for Health Care Administration and provided to AHRQ. <http://hcupnet.ahrq.gov/>. Accessed October 14, 2015.

¹⁴ See, <http://afsp.org/about-suicide/suicide-statistics/>, site accessed March 29, 2016.

¹⁵ U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action. Washington, DC: HHS, September 2012.

¹⁶ Berman, AL. Estimating the population of survivors of suicide: Seeking an evidence base. *Suicide and Life-Threatening Behavior* 2011. 41(1), 110–116.

¹⁷ U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action. Washington, DC: HHS, September 2012.

¹⁸ See http://www.ojdp.gov/ojstatbb/special_topics/stateprofile.asp, site accessed March 31, 2016.

¹⁹ See <https://www.ncjrs.gov/pdffiles1/ojdp/grants/206354.pdf>, site accessed March 31, 2016.

individuals were four to five times more likely to be hospitalized for suicide attempts than the general population.²⁰

Individuals who engage in nonsuicidal self-injury (NSSI)

Nonsuicidal-self injury data is unavailable in Florida. National research shows that self-injury youth who attempt suicide experienced suicidal ideation and depression symptoms compared to youth who self-injure only. Research also indicates that NSSI individuals are at risk of dying by suicide within 10 years.²¹

III. Plan Development

In 2015 the SOSP and the Council met quarterly to discuss the Plan's development. At its March meeting, the Council created a committee to identify the Plan's goals and objectives. This Committee consisted of Council members and community stakeholders, and met every two weeks through June. The Committee's efforts to develop the Plan are summarized below:

1. The SOSP distributed a survey to stakeholders asking them to identify local planned programs, opportunities, and resources regarding suicide prevention for 2016-2020. Stakeholders included health care systems, insurers, clinicians, nonprofit agencies, community and faith-based organizations, state and local governments, schools, colleges, universities, and businesses. The SOSP and the Committee used the survey responses to help establish the Plan's goals and objectives. Appendix 1 summarizes the survey respondents by agency type and the top five initiatives identified statewide; Appendix 2 provides a map of the Department's six regions.
2. The Committee used information from the National Strategy to further develop goals and objectives and to identify Florida's strategic directions.
3. The Council created an annual assessment to look at the Plan's impact on deaths by suicide in Florida, review updated data and resources, and update and revise the plan, as needed. The annual assessment approach will begin in December 2017, and will include:
 - Stakeholder feedback;
 - Data review related to suicide deaths in previous years;
 - Review of Florida Youth Risk Behavior and Florida Substance Abuse surveys; and
 - National data review related to health-seeking behavior, prevalence rates, and treatment utilization to provide context for Florida data.

²⁰ Vinnerljung, B., Hjern, A. and Lindblad, F. (2006), Suicide attempts and severe psychiatric morbidity among former child welfare clients – a national cohort study. *Journal of Child Psychology and Psychiatry*, 47: 723–733. doi: 10.1111/j.1469-7610.2005.01530.x

²¹ U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action. Washington, DC: HHS, September 2012.

IV. Goals

The Plan is organized into four strategic directions, seven goals, and 11 objectives that guide suicide prevention efforts and activities. Additionally, due to the fact that suicide is a public health issue that affects family members, friends, coworkers, and communities, Section V of the Plan details action steps that stakeholders can use to implement suicide prevention efforts and activities in their communities.

Strategic Direction	Goal	Objective(s)
Healthy and Empowered Individuals, Families, and Communities	1. Integrate and coordinate suicide prevention activities across multiple sectors and settings	1.1 Integrate suicide prevention into the values, culture, leadership, and workplace of a broad range of organizations, programs, and schools with a role to support suicide prevention activities 1.2 Establish effective, sustainable, and collaborative suicide prevention programming at the state, tribal, and local levels
	2. Increase public knowledge of the factors that offer protection from suicidal behaviors and promote wellness and recovery	2.1 Reduce prejudice, stigma, and discrimination associated with suicidal behaviors and mental and substance use disorders
Clinical and Community Preventive Services	3. Implement and monitor effective evidence-based programs to promote wellness and prevent suicide-related behaviors	3.1 Encourage community-based settings to implement effective evidence-based programs and provide education to promote wellness 3.2 Intervene to reduce suicidal thoughts and behaviors in populations with suicide risk
	4. Provide training on the prevention of suicide and related behaviors to community and clinical service providers	4.1 Update and modify suicide prevention trainings to meet the provider's specific needs and roles.
Treatment and Support Services	5. Promote suicide prevention as a core component of health care services	5.1 Promote timely access to assessment, intervention, and effective care for individuals with heightened risks for suicide 5.2 Establish linkages between providers of mental health and substance abuse services and primary care and community-based programs, including peer support programs
	6. Promote and implement effective clinical and professional practices for assessing and treating those identified as being at-risk for suicidal behaviors	6.1 Adopt, disseminate and implement guidelines for the assessment of suicide risk among persons receiving care in all settings. 6.2 Adopt, disseminate, and implement guidelines for clinical practice and continuity of care for providers who treat persons with suicide risk.
Surveillance, Research, and Evaluation	7. Increase the usefulness of national and state level surveillance data to inform suicide prevention efforts	7.1 Identify available data to guide suicide prevention efforts

V. Action Steps

The Action Steps provide resources to support the Plan’s statewide implementation at the community level. To download these steps in a brochure format, visit <http://www.myflfamilies.com/service-programs/mental-health/suicide-prevention>.

Goal	Action Steps
<p>1. Integrate and coordinate suicide prevention activities across multiple sectors and settings</p>	<p>State, Tribal, and Local Governments:</p> <ul style="list-style-type: none"> • Promote and implement comprehensive suicide prevention efforts at the state level. Visit http://www.myflfamilies.com/service-programs/mental-health/suicide-prevention/meetings to read the 2015 Annual Report of the Suicide Prevention Coordinating Council. • Coordinate efforts through the Office of Substance Abuse and Mental Health. Contact it at 850-487-2920 or email samh@myflfamilies.com • The Suicide Prevention Resource Center lists suicide prevention efforts by settings that include juvenile justice, primary care, schools, and the workplace. To learn more visit http://www.sprc.org/library_resources/sprc <p>Businesses and Employers:</p> <ul style="list-style-type: none"> • Implement organizational changes to promote the mental and emotional health of employees, as well as individuals with behavioral health conditions, across multiple sectors and settings. Examples of organizational change include <i>Zero Suicide</i>, a specific set of strategies and tools to promote suicide prevention. To learn more visit http://zerosuicide.sprc.org/ • First responders/law enforcement/fire fighter agencies are urged to contact the <i>In Harm’s Way</i> initiative. Training-of-Trainers, Critical Incident Peer Support, and use of the Tool Kit and other resource materials are available at http://policiesuicide.spcollege.edu/ <p>Nonprofit, Community-, and Faith-based Organizations:</p> <ul style="list-style-type: none"> • Implement programs and policies to build social connectedness and promote positive mental and emotional health of individuals, families, and communities. Visit http://www.sprc.org/bpr/section-i-evidence-based-programs for a list of evidence-based programs. <p>Health System, Insurers, and Clinicians:</p> <ul style="list-style-type: none"> • Adopt a No Suicide Tolerance program to improve care and outcomes for individuals at risk of suicide in health care systems by implementing the Zero Suicide Toolkit, available at http://zerosuicide.sprc.org/toolkit <p>Individuals and Families:</p> <ul style="list-style-type: none"> • Attend a training/webinar to learn suicide warning signs and how to help/support family and friends who might be at risk for suicide. Visit http://training.sprc.org/ for a list of online trainings.

Goal	Action Steps
<p>Goal 1 continued: Integrate and coordinate suicide prevention activities across multiple sectors and settings</p>	<ul style="list-style-type: none"> Contact and join a local community suicide prevention task force for opportunities to become involved with suicide prevention efforts. Visit the Florida Suicide Prevention Coalition at http://www.floridasuicideprevention.org/
<p>2. Increase public knowledge of the factors that offer protection from suicidal behaviors and promote wellness and recovery</p>	<p>State, Tribal, and Local Governments:</p> <ul style="list-style-type: none"> Identify and promote strategies which promote wellness and resiliency. Visit http://www.myflfamilies.com/service-programs/mental-health/suicide-prevention/suicide-attempt-survivors for information about suicide attempt survivors. Encourage law enforcement, firefighters, and other first responders to attend a tuition-free 8-hour training titled <i>Law Enforcement Suicide Prevention Training of Trainers</i>, which has been designated as a best practice by the National Action Alliance for Suicide Prevention, to learn facts, statistics, truths and myths about suicide, organizational leadership, signs and signals, intervention strategies, and more. For more information email heisler.laura@spcollege.edu or call 727-341-4437. Encourage law enforcement, firefighters, and other first responders to visit http://policesuicide.spcollege.edu/ to learn more about trainings and the Law Enforcement Suicide Prevention Tool Kit designed to help them present suicide prevention training within their departments and reduce the stigma associated with seeking help. Become familiar with and implement the <i>Suicide Prevention Protocols for Youth in Contact with the Juvenile Justice System</i>, a resource from the National Action Alliance for Suicide Prevention’s efforts: http://actionallianceforsuicideprevention.org/task-force/juvenilejustice <p>Businesses and Employers:</p> <ul style="list-style-type: none"> Have managers and coworkers visit http://www.sprc.org/for-professionals for information on the roles of the workplace in suicide prevention. <p>Health System, Insurers, and Clinicians:</p> <ul style="list-style-type: none"> Provide ongoing training, coaching, and supervision in evidence-based practices/programs for clinical staff. Visit http://store.samhsa.gov/product/Quick-Guide-for-Clinicians-Based-on-TIP-50/SMA13-4793 for a free copy of SAMHSA’s <i>Quick Guide for Clinicians Based on TIP 50</i>. Visit http://www.suicidology.org/training-accreditation/rrsr-pc for a training on <i>Recognizing & Responding to Suicide Risk: Essential Skills in Primary Care</i>.

Goal	Action Steps
<p>Goal 2 continued:</p> <p>Increase public knowledge of the factors that offer protection from suicidal behaviors and promote wellness and recovery</p>	<p>Schools, Colleges, and Universities:</p> <ul style="list-style-type: none"> • Attend and support the Annual Suicide Prevention Day at the Capitol. Contact Judy Broward gatorjudy2@gmail.com for information. • Download <i>The Role of High School Teachers in Prevention Suicide</i> by visiting http://www.sprc.org/basics/roles-suicide-prevention • Educators, parents, and students can take the <i>More than Sad</i> training by visiting www.morethansad.org • High schools can download <i>Preventing Suicide: A Toolkit for High Schools</i> by visiting http://store.samhsa.gov/product/SMA12-4669 • Download <i>Youth Suicide Prevention School-based Guide</i> at http://theguide.fmhi.usf.edu/ <p>Nonprofit, Community-, and Faith-based Organizations:</p> <ul style="list-style-type: none"> • Plan, promote, and attend the Suicide Prevention Day at the Capitol. Contact Judy Broward gatorjudy2@gmail.com for information. • Plan and promote <i>Out of the Darkness</i> walks. For more information visit http://afsp.donordrive.com/ • Become familiar with and implement the <i>Faith.Hope.Life.</i> campaign, a resource from the National Action Alliance for Suicide Prevention: http://actionallianceforsuicideprevention.org/task-force/faith-communities/YLM-home • Facilitate understanding of risk and resiliency factors in specific cultural groups (e.g., race, ethnicity, faith, sexual orientation, socio-economic status, profession or trade) and utilize data to target suicide prevention and intervention efforts in specific populations. Visit http://www.myflfamilies.com/service-programs/mental-health/suicide-prevention/meetings for current data on suicide. The data is included in the Annual Report of the Suicide Prevention Coordinating Council. • Develop and implement communication strategies that convey culturally competent messages of help, hope, and resiliency. Visit http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/The-Way-Forward-Final-2014-07-01.pdf to download <i>The Way Forward: Pathways to hope, recovery, and wellness with insights from lived experience</i> prepared by the Suicide Attempt Survivors Task Force of the National Action Alliance for Suicide Prevention. <p>Individuals and Families:</p> <ul style="list-style-type: none"> • Learn the warning signs for suicide risk. Visit http://www.myflfamilies.com/service-programs/mental-health/suicide-prevention/about-suicide • Learn the steps necessary to prevent/stop bullying. Visit http://www.stopbullying.gov/what-you-can-do/teens/index.html • Learn the youth suicide warning signs. Visit http://www.youthsuicidewarningsigns.org/

Goal	Action Steps
<p>3. Develop, implement, and monitor effective evidence-based programs to promote wellness and prevent suicide-related behaviors</p>	<p>Health System, Insurers, and Clinicians:</p> <ul style="list-style-type: none"> Implement evidence-based practices/programs for customers. To find a list of evidence-based programs visit http://www.sprc.org/bpr/section-i-evidence-based-programs Screen for mental health needs, including suicidal thoughts and behaviors, and make referrals to treatment and community resources, as needed. Visit http://www.sprc.org/library_resources/items/suicide-screening-and-assessment for suicide screening and assessment. <p>Schools, Colleges, and Universities:</p> <ul style="list-style-type: none"> Develop a postvention action plan. Visit http://www.sprc.org/library_resources/items/suicide-postvention-strategies-school-personnel for postvention strategies for school personnel. Increase school-based and community-based access to mental health and counseling services for individuals at risk of suicide, and encourage the use of those services. Download <i>The Role of High School Mental Health Providers in Prevention Suicide</i> by going to http://www.sprc.org/basics/roles-suicide-prevention <p>Nonprofit, Community-, and Faith-based Organizations:</p> <ul style="list-style-type: none"> Increase awareness of community resources for suicide prevention by providing resources on organization websites. Order free materials from http://store.samhsa.gov/
<p>4. Provide training on the prevention of suicide and related behaviors to community and clinical service providers</p>	<p>Nonprofit, Community-, and Faith-based Organizations:</p> <ul style="list-style-type: none"> Provide suicide prevention trainings to organizations in the health system, insurers, clinicians, police departments, first responders, and schools. For information on webinars and trainings, visit http://www.sprc.org/training-institute <p>Schools, Colleges, and Universities:</p> <ul style="list-style-type: none"> Educate staff on appropriate available services. Encourage staff to refer those at risk for suicide to these services. To learn about college and university suicide prevention, visit http://www.sprc.org/collegesanduniversities Train relevant school and organization staff to recognize students and employees at potential risk of suicide. For more information visit http://www.mentalhealthfirstaid.org/cs/take-a-course/course-types/youth/
<p>5. Promote suicide prevention as a core component of health care services</p>	<p>Businesses and Employers:</p> <ul style="list-style-type: none"> Promote the availability of online and phone support services. Visit http://www.suicidepreventionlifeline.org/ or share the National Suicide Prevention Lifeline number: 1-800-273-TALK (8255). Order free materials by visiting http://www.suicidepreventionlifeline.org/getinvolved/materials.aspx

Goal	Action Steps
<p>Goal 5 continued:</p> <p>Promote suicide prevention as a core component of health care services</p>	<p>Nonprofit, Community-, and Faith-based Organizations:</p> <ul style="list-style-type: none"> Coordinate the services of community-based programs by requesting support from local mental health and substance abuse providers. <p>Individuals and Families:</p> <ul style="list-style-type: none"> Find information to help individuals who are struggling at the following website http://www.thencsp.org/#!SUPPORT%20A%20FRIEND/c8xp
<p>6. Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors</p>	<p>Health System, Insurers, and Clinicians:</p> <ul style="list-style-type: none"> Educate family members and significant others about appropriate steps to support individuals at suicide risk during treatment and/or after discharge from an Emergency Department or inpatient unit. Visit http://www.sprc.org/library_resources/items/suicide-risk-guide-evaluation-and-triage to download <i>Suicide risk: A guide for evaluation and triage</i>.
<p>7. Increase the usefulness of national and state level surveillance data to inform suicide prevention efforts</p>	<p>State, Tribal, and Local Governments:</p> <ul style="list-style-type: none"> Find the Suicide Prevention Coordinating Council's state level surveillance data at http://www.myflfamilies.com/service-programs/mental-health/suicide-prevention/meetings

VI. Suicide Prevention Resources

In an effort to raise awareness of suicide prevention, information about the risk and protective factors and the warning signs for suicidal behavior are summarized below.

Risk Factors

The Centers for Disease Control and Prevention defines risks as characteristics associated with suicidal behaviors. With risk factor awareness, stakeholders and other interested individuals can assist with recognizing and preventing suicide. Examples of risk factors include²²:

- Family history of suicide
- Family history of child maltreatment
- Previous suicide attempt(s)
- History of mental disorders, particularly clinical depression
- History of alcohol and substance abuse
- Feelings of hopelessness

²² See, <http://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>, site accessed, September 24, 2015

- Impulsive or aggressive tendencies
- Isolation, a feeling of being cut off from other people
- Barriers to accessing mental health treatment
- Loss (relational, social, work, or financial)
- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts

Warning Signs

The American Association of Suicidology defines warning signs as indicators that a person may be more at risk for suicidal behaviors. Suicide is preventable and increasing awareness of the warning signs is critical to ensuring that individuals in crisis are recognized and receive the help they need. Additionally, awareness of the risk factors and warning signs can reduce the stigma attached to suicide and to individuals exhibiting potential suicidal thoughts or behaviors. The following is a partial list of warning signs from the American Association of Suicidology²³:

- Increased substance (alcohol or drug) use
- No reason for living; no sense of purpose in life
- Anxiety, agitation, unable to sleep or sleeping all of the time
- Feeling trapped – like there's no way out
- Hopelessness
- Withdrawal from friends, family, and society
- Rage, uncontrolled anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Dramatic mood changes

Individuals experiencing higher risk of possible suicide may exhibit some or all of the following behaviors:

- Threatening to hurt or kill him/herself, or talking of wanting to hurt or kill him/herself; and/or,
- Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means; and/or,
- Talking or writing about death, dying or suicide, when these actions are out of the ordinary.

²³ See, <http://www.suicidology.org/resources/warning-signs>, site accessed, September 24, 2015

Protective Factors

According to the Centers for Disease Control and Prevention,²⁴ the following list of protective factors may reduce the risks for suicidal thoughts and behaviors:

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support (connectedness)
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes

Resources

To get help for yourself or a loved one, contact the following:

1. National Suicide Prevention Lifeline. Provides crisis support 24 hours a day, 7 days a week by phone and live chat. 1 (800) 273-8255. Website: www.suicidepreventionlifeline.org
2. The Veterans Crisis Line. Connects Veterans in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text. Veterans and their loved ones can call **1-800-273-8255** and **Press 1**, chat online, or send a text message to **838255** to receive confidential support 24 hours a day, 7 days a week.

To learn more about the risk and protective factors, visit:

1. The American Association of Suicidology. The AAS is a charitable, nonprofit membership organization for all those involved in suicide prevention and intervention, or touched by suicide. AAS is a leader in the advancement of scientific and programmatic efforts in suicide prevention through research, education and training, the development of standards and resources, and survivor support services. <http://www.suicidology.org/resources/warning-signs>
2. The Centers for Disease Control and Prevention Injury, Prevention and Control: Division of Violence Prevention. The Division's mission is to prevent injuries and deaths caused by violence. <http://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>
3. The Florida Suicide Prevention Coalition. The Coalition's mission is to collaborate with stakeholders to develop and implement suicide prevention, intervention, and postvention strategies and programs. http://www.floridasuicideprevention.org/learn_the_signs.htm
4. The Florida Department of Children and Families' Statewide Office for Suicide Prevention. SOSF and the Council guide suicide prevention efforts in Florida. <http://www.myflfamilies.com/service-programs/mental-health/suicide-prevention/about-suicide>

²⁴See, <http://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>, site accessed, September 24, 2015

5. The Suicide Prevention Resource Center. The SPRC is the nation's only federally supported resource center devoted to advancing the National Strategy for Suicide Prevention. It provides technical assistance, training, and materials to increase the knowledge and expertise of suicide prevention practitioners and other professionals serving people at risk for suicide. It also promotes collaboration among a variety of organizations in the field of suicide prevention. <http://www.sprc.org/basics/risk-and-protective-factors>

To learn more about suicide prevention, ways to help, and become involved, visit:

1. The Suicide Prevention Resource Center. <http://www.sprc.org/>
2. The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. Its mission is to reduce the effect of substance abuse and mental illness on America's communities. <http://www.samhsa.gov/>
3. The Florida Department of Children and Families' Statewide Office for Suicide Prevention guides suicide prevention efforts in Florida. This Office is also responsible for updating the Statewide Plan and writing an annual report to the Governor's Office. <http://www.myflfamilies.com/service-programs/mental-health/suicide-prevention>
4. The Florida Suicide Prevention Coalition collaborates to develop and implement suicide prevention, intervention, postvention strategies, and programs. Additionally, the Coalition, along with other organizations, coordinates the annual Suicide Prevention Day at the Capitol. <http://www.floridasuicideprevention.org/>

VII. Contact

For more information about the Statewide Plan or suicide prevention efforts, contact the Statewide Office for Suicide Prevention at 850-487-2920 or email samh@myFLfamilies.com. *Florida's 2016-2020 Statewide Plan for Suicide Prevention* can be accessed at <http://www.myflfamilies.com/service-programs/mental-health/suicide-prevention>

Appendix 1

CATEGORIES OF ORGANIZATIONS THAT RESPONDED TO THE 2015 FLORIDA SUICIDE PREVENTION SURVEY

Percentages of Types of Organizations					
Region	Type of Organization				
	Health Care Systems, Insurers, and Clinicians	Nonprofit, Community-, and Faith-Based Organizations	State and Local Government	Schools, Colleges, and Universities	Businesses and Employers
Northwest Region	9%	56%	2%	33%	0%
Northeast Region	9%	57%	2%	32%	0%
Central Region	0%	86%	14%	0%	0%
Southeast Region	30%	50%	0%	20%	0%
Southern Region	15%	67%	13%	0%	5%
SunCoast Region	9%	78%	0%	13%	0%

Top Five Suicide Prevention Initiatives Identified by Organization

- Health Care Systems, Insurers, and Clinicians
 - Screen for mental health needs/make referrals
- Nonprofit, Community-, and Faith-Based Organizations
 - Develop/implement communication strategies that convey messages of help, hope, & resiliency
- State and Local Government
 - Assess needs/resources
- Schools, Colleges, and Universities
 - Implement programs and policies to build social connectedness and promote positive mental and emotional health
- Businesses and Employers
 - Implement organizational changes to promote the mental and emotional health of employees

Appendix 2

MAP OF DEPARTMENT'S GEOGRAPHIC REGIONS

