

# IDAHO SUICIDE PREVENTION PLAN: AN ACTION GUIDE



**2011**

*“Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it’s the only thing that ever has.”*

*—Margaret Mead*

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**Suggested Reference**

Suicide Prevention (2011). Idaho Suicide Prevention Plan: An Action Guide. Boise, ID.

**Electronic Copies**

Electronic copies of the State Suicide Prevention Plan are available at several websites:

SPAN Idaho: [www.spanidaho.org/ispplan.pdf](http://www.spanidaho.org/ispplan.pdf)

Department of Health and Welfare: <http://healthandwelfare.idaho.gov> (click on ‘s’ and look for ‘suicide prevention’)

Idaho State University Institute of Rural Health: [www.isu.edu/irh/publications](http://www.isu.edu/irh/publications)

Dear Idahoans,

The Idaho Council on Suicide Prevention would like to thank you for the opportunity to address the critical issue of death by suicide in Idaho. Suicide is a major public health issue and has a devastating effect on Idaho's families, schools, faith-based organizations, businesses and communities.

This Idaho Suicide Prevention Plan is intended to empower communities in providing suicide prevention, intervention and response to suicide attempts and completions. Ultimately, our goal is to reduce the number of deaths by suicide throughout our state. Idaho consistently has a higher suicide rate than the United States as a whole. A total of 1,286 people died by suicide in Idaho in just five years from 2006 through 2010 (Bureau of Vital Records and Health Statistics, 2010, 2011).

The first Idaho Suicide Prevention Plan was presented in 2003. Since that time much positive work has been accomplished. In 2006, a Governor's Executive Order created the Idaho Council on Suicide Prevention to provide a coordinating body to lead suicide prevention efforts in Idaho. Strong collaborations have been established with the State Planning Council on Mental Health, the Division of Behavioral Health, the Division of Public Health, the Department of Education, Suicide Prevention Action Network of Idaho (SPAN Idaho), Idaho State University's Institute of Rural Health and other partners. However, there is much work yet to be done.

Today our state faces new challenges and new opportunities. The Governor's Executive Order has given the Idaho Council on Suicide Prevention the responsibility to ensure the continued relevance of the Idaho Suicide Prevention Plan. In order to meet that responsibility the Idaho Council on Suicide Prevention recognized it was time for a comprehensive review and revision of the Idaho Suicide Prevention Plan to meet today's realities. In 2010, the Idaho Council on Suicide Prevention began the development of this new Idaho Suicide Prevention Plan.

This Idaho Suicide Prevention Plan was created by gathering input from stakeholders from all across Idaho. The Idaho Council on Suicide Prevention has made a special effort to include the voices of all segments of the state: governmental leaders, individual citizens, faith-based groups, business community, military, Hispanics, Native Americans, community action organizations, health care providers, advocates for lesbian, gay, bisexual and transgender (LGBT) persons, education professionals, survivors and others. Suicide prevention has a role for everyone. It is the hope of the Idaho Council on Suicide Prevention that you will be able to recognize a role for yourself and your community within the pages of this document.

It is with deep appreciation the Idaho Council on Suicide Prevention now recognizes the many collaborators and stakeholders who have contributed to creating this revised Idaho Suicide Prevention Plan. We look to the future because of the tremendous strength of our collective will to stop unnecessary death by suicide.

Sincerely,

Kathie Garrett

Chair – Idaho Council on Suicide Prevention

*“There is a role for everyone in this action plan. You can make a difference.”*

## Acknowledgement of Partners

This document would not have been possible without the dedicated efforts of many people throughout the state. Individuals have given of their time to attend meetings, work on committees, review data and to thoughtfully discuss the issue of suicide in Idaho. Idaho State University's Institute of Rural Health facilitated and funded the process through a grant from the U.S. Substance Abuse and Mental Health Services Administration.

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*This Idaho Suicide Prevention Plan is presented to the state by the Idaho Council on Suicide Prevention.*

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# IDAHO SUICIDE PREVENTION GOALS

## **Goal 1: Public Awareness**

Idahoans understand that suicide is preventable and accept responsibility for their role in suicide prevention.

## **Goal 2: Anti-Stigma**

Idahoans understand and accept that seeking help for mental health issues is to be encouraged and supported.

## **Goal 3: Gatekeeper Education**

The education of professionals and others working with people at risk for suicide includes effective suicide prevention curricula and ongoing gatekeeper and other suicide prevention training.

## **Goal 4: Behavioral Health Professional Readiness**

Mental health and substance abuse treatment professionals are trained to use current, appropriate, and recommended practices for assessing and treating individuals who show signs of suicide risk.

## **Goal 5: Community Involvement**

Community leaders and stakeholders develop and implement suicide prevention activities that are current, recommended and culturally appropriate that are specific to their regions and communities.

## **Goal 6: Access to Care**

Crisis intervention and behavioral health services, including mental health and substance abuse treatment, are widely available, culturally appropriate, accessible, and valued by communities.

## **Goal 7: Survivor Support**

Information and services are in place in all regions of Idaho to support survivors and others affected by suicide in a sensitive and culturally appropriate manner.

## **Goal 8: Suicide Prevention Hotline**

An Idaho statewide suicide prevention hotline is established and funded.

## **Goal 9: Leadership**

The Idaho Council on Suicide Prevention oversees suicide prevention activities at all levels, as guided by the Idaho Suicide Prevention Plan, and works in collaboration with a lead Idaho state government agency that is responsible for Idaho's suicide prevention and intervention efforts.

## **Goal 10: Data**

Data are available on which to make decisions regarding suicide prevention services.

## INTRODUCTION

**S**uicide is a preventable tragedy. It takes lives, harms families and exacts a human and financial toll on our communities. Over five years from 2006 through 2010, more than 1,200 Idahoans died by suicide (1,286 deaths). Idaho consistently is listed in the top 10 states in the country for its rate of suicide, with rates ranging from a low of 12.8 per 100,000 people in 2000 to 19.9 in 2009 (Bureau of Vital Records and Health Statistics, 2011). Approximately 30,000-35,000 people die by suicide in the United States each year for a national rate of about 12 per 100,000 people.

Two hundred ninety Idahoans completed suicide in 2010. This followed 307 in 2009, the most in any given year on record (SPAN Idaho, 2010). The high number of

*“Suicide rate” is the number of suicide deaths per a population of 100,000 people in a specific time and place. By converting the numbers to a rate, comparisons of the frequencies of suicide in different places with different population sizes are possible.*

suicide deaths is just part of the problem. Many people attempt suicide who do not die. While it is difficult to gather accurate information about the number of people who attempt suicide, or the number of people who are so troubled they often consider taking their own lives (called “suicidal ideation”), it has been estimated that for every completed suicide there are as many as 25 more people who attempt suicide but do not die (American Association of Suicidology, 2008). By this

estimate, it is likely that as many as 7,250 people in Idaho attempted suicide in 2010, and approximately 825,000 attempt suicide in the United States each year.

Estimates of the number of people affected by a suicide death vary. This group called “suicide survivors” is made up of families, friends and others seriously affected by the suicide death of someone they care about.

*“A suicide attempt is a non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior. A suicide attempt may or may not result in injury.” (CDC)*

Some estimates project that 5-6 people are affected by each suicide death. Others place the figure far higher at 14 (Jordan and McIntosh, 2011). This would mean as many as 18,004 people in Idaho became “suicide survivors” from 2006 through 2009. About 420,000-490,000 people in the United States each year become suicide survivors. Family members and friends also can be very concerned and worried about those who survive but are feeling so hopeless that they also attempt to take their own lives. While many factors influence whether or not a person will become suicidal, the loss of a family member or friend to death by suicide puts survivors at especially high risk for suicide themselves.

**It is our hope that the Idaho Suicide Prevention Plan will empower communities to take action to make a difference. Together we can change the statistics and help all Idahoans embrace the most precious of all gifts - life. The Idaho Suicide Prevention Plan is an action guide to help individuals, organizations and communities plan suicide prevention activities that fit their specific needs. We believe there is a role for everyone in suicide prevention. The type of activities in which you choose to get involved will depend on many factors such as where you live (whether in a small rural community or a city), groups to which you belong (professional, cultural, or social) and your own personal values. Communities are more than geographic areas. They can be groups of like-minded people who agree to work together on an issue – in this case, suicide prevention.**



**History of Idaho Suicide Prevention Plan.** Idaho's first Suicide Prevention Plan was written in 2003. The plan addressed awareness, infrastructure, and methodology for implementation. The full text of the original plan can be found at: <http://healthandwelfare.idaho.gov/Portals/0/Children/DocumentsSrtView.pdf>

Many of the first plan's objectives have been achieved. In 2006, the Idaho Council on Suicide Prevention was created by Executive Order of Governor Dirk Kempthorne. That Executive Order was renewed by both Governor Jim Risch and Governor C. L. "Butch" Otter. The Idaho Council on Suicide Prevention is made up of community leaders from all across Idaho who have a special interest in suicide prevention. There are representatives from government, education, health care, consumer advocacy groups, veteran's affairs, the state mental health authority, survivors, universities and others. One of the responsibilities given to the Idaho Council on Suicide Prevention is to oversee the suicide prevention activities being carried out throughout Idaho and to ensure the continued relevance of the Idaho Suicide Prevention Plan. In 2010, the Idaho Council on Suicide Prevention determined that it was time to review and update the Idaho Suicide Prevention Plan in light of successful completion of many of the original plan's initiatives and the new challenges which have emerged since 2003.

The 2011 Idaho Suicide Prevention Plan was created from input gathered from diverse stakeholders from all regions of the state under the direction of the Executive Committee of the Idaho Council on Suicide Prevention. In particular, the Suicide Prevention Plan Development Group, a gathering of more than 20 stakeholders from across the state, met in two working sessions in July and August 2010. At these meetings, facilitated and funded by the Idaho State University Institute of Rural Health, representatives discussed issues that affect our state and how we can work together to make a difference for suicide prevention. From those discussions, a set of Values and Guiding Principles were established which were approved and adopted by the Idaho Council on Suicide Prevention in October 2010.

## *Values & Guiding Principles*

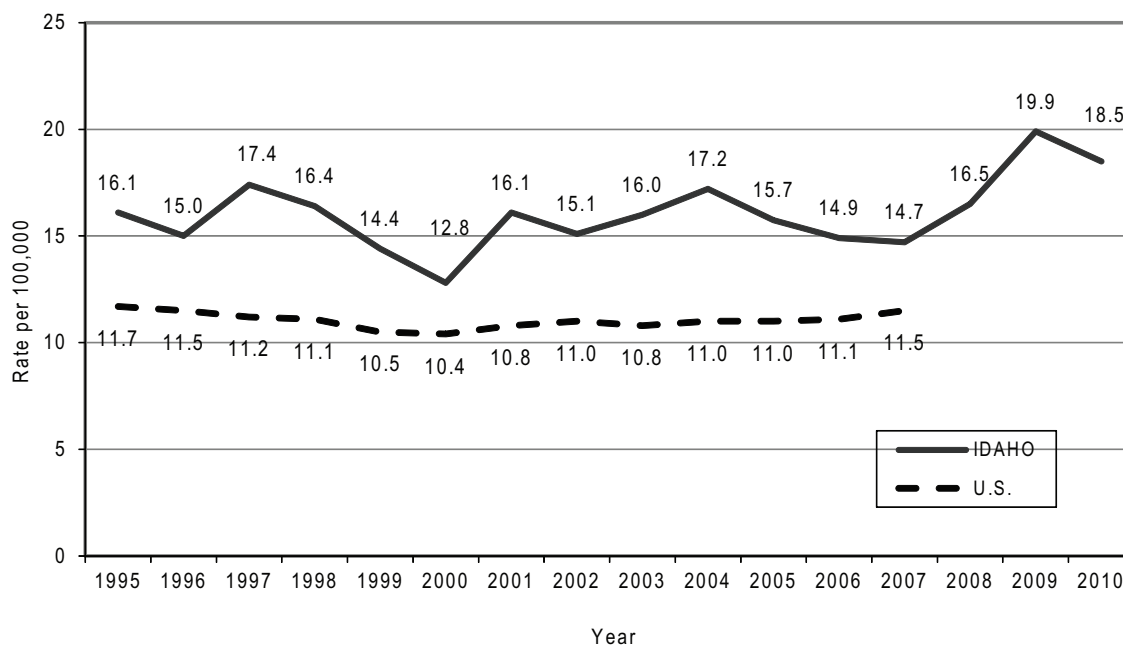
- **Suicide is a serious preventable public health problem that negatively affects communities and individual community members.**
- **Suicide arises from the interaction of individual, family, social and community factors. Suicide touches people of all ages and from all walks of life.**
- **Individuals who seek help for mental health concerns, including suicide, are to be accepted and supported, not stigmatized.**
- **Suicide prevention is the responsibility of the entire community and requires vision, will, and a commitment from the state, communities and individuals of Idaho.**
- **It is important for people to feel empowered to intervene with persons at risk for suicide.**
- **Adequate and accessible services for mental health diagnosis and treatment are essential for children and adults.**
- **Suicide prevention should be a part of an adequately funded and supported public and behavioral health system that addresses education, awareness, treatment and community engagement. It should include programs for communities and families with special attention paid to protect those known to be at high risk.**
- **Suicide prevention programs and program materials need to be culturally informed and respectful of the groups for which they are designed.**
- **Suicide prevention efforts should draw on appropriate best practice and evidence-based guidelines.**

## ABOUT SUICIDE

Suicide is a major public health issue that affects tens of thousands of Americans every year. Although suicide is a problem for the whole country and throughout the world, it is important to know that suicide rates in Idaho are much higher than the United States as a whole. While there has been a slight drop in the Idaho suicide rate in 2010, we still have much work to do.

Figure 1 below shows Idaho suicide death rates as compared to the national rates over 16 years from 1995-2010.

Figure 1: Idaho and U.S. Resident Suicide Death Rates 1995 - 2010



Rate: number of deaths per 100,000 population.

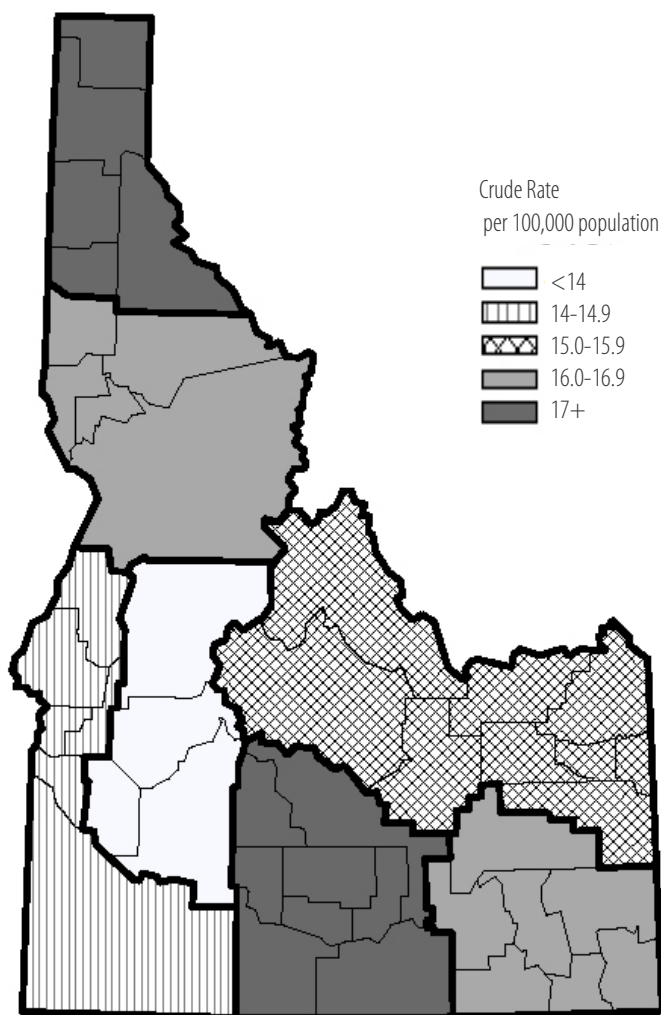
U.S. source: Centers for Disease Control and Prevention, CDC Wonder Mortality Query System.

Idaho source: Bureau of Vital Records and Health Statistics; Idaho Department of Health and Welfare (9/2011).

Idaho is among several states in the Intermountain West with rates much higher than the rest of the country. While the ranking of state suicide rates varies from year to year, Idaho typically ranks in the top 10. Just as suicide is not evenly distributed throughout the United States, it is not evenly distributed in Idaho. Some areas of our state have higher suicide rates than others. While the specific numbers for each region will vary from year to year, by looking at five year averages of rates we can get a better idea about patterns. The following chart shows how suicide rates vary in different parts of Idaho. It shows the highest rates are in the regions around Twin Falls and Coeur d’Alene, but all regions of Idaho are higher than the national rate of 12 suicides per 100,000 people.

People who kill themselves or attempt suicide have unique circumstances but there also are some overriding patterns we can study to help us target our suicide prevention efforts. Some of these patterns are:

Figure 2: Idaho Resident Suicide Death Rate by Region of Residence 2005-2009

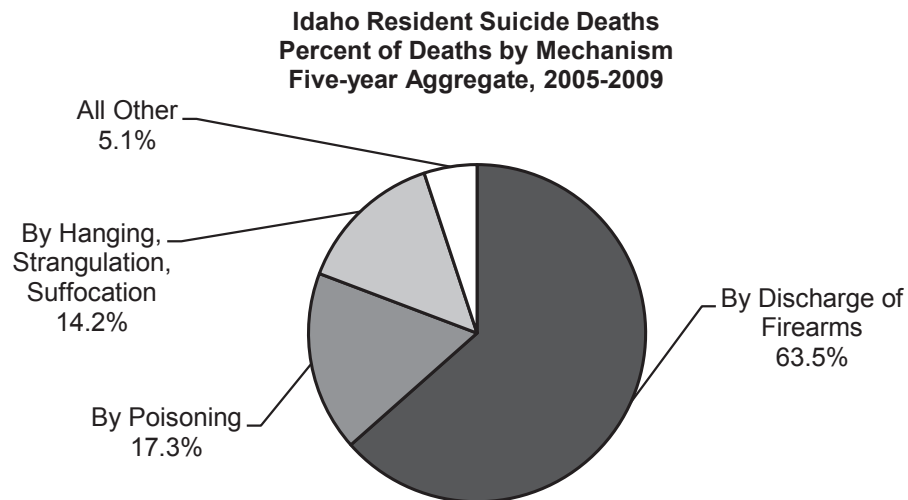


Source: Idaho Department of Health and Welfare Bureau of Vital Records and Health Statistics (4/2011)

- Men are much more likely to die by suicide than women. However, women attempt suicide about three times more often than men.
- The higher rate of attempted suicide in women is attributed to higher rates of mood disorders among females, such as major depression (American Foundation for Suicide Prevention, 2011).
- Men are more likely to use more immediate lethal means when they are suicidal, such as firearms. Most people who shoot themselves will die. Women often attempt suicide in other ways such as poisoning or drug overdose. While these suicide attempts are very serious and indicate a need for intervention, it is more likely that a person may be discovered and saved if they attempt through less lethal means.
- In Idaho, firearms are the primary means used for suicide deaths. Figure 3 illustrates that guns are used in 63.5 percent of all suicide deaths in Idaho while poisoning (which includes drug overdose) is the method used in 17.3 percent.
- These data emphasize the need for appropriate gun safety education and the availability of effective gun locks. If an individual is known to be at high risk for suicide it is recommended that all guns be removed from the home and stored in a safe place.

Figure 3 illustrates the methods used in completed suicide in Idaho from 1999 through 2003.

Figure 3: Suicide Methods in Idaho (1999-2003)

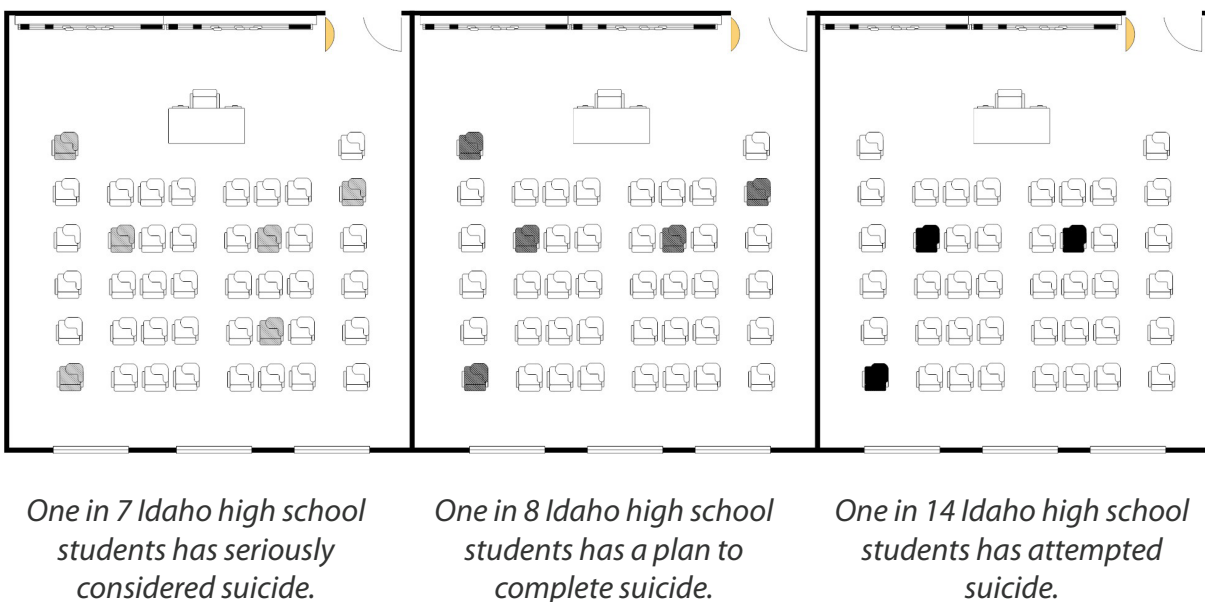


Source: Bureau of Vital Records and Health Statistics; Idaho Department of Health and Welfare (4/2011)

- Age is a factor in suicide risk. The age groups with the highest rates of suicide are those aged 65 and older, with those over 85 being at highest risk. Comprising only 13 percent of the U.S. population, individuals age 65 and older accounted for 18 percent of all suicide deaths in 2000. Among the highest rates (when categorized by gender and race) were white men age 85 and older.
- Of additional concern is the fact that “suicide rates for adolescents have doubled since 1970 and tripled since 1960, even as rates for other age groups have declined” (Mathur & Freeman, 2002).

Figure 4 shows the results of the Youth Risk Behavior Survey (YRBS), a survey that is given to students at public high schools in Idaho. It shows that in 2009 one in seven students who responded to this survey seriously considered suicide in the past year, one in eight students made a specific plan for suicide, and one in fourteen students actually made a suicide attempt.

Figure 4: Idaho High School Students Self-Reported Rates of Suicidal Ideation, Plan for Suicide and Attempted Suicide



Source: Idaho Youth Risk Behavior Survey (YRBS) 2009

Not everyone who attempts or completes suicide has a mental illness, and not all people with mental illnesses become suicidal. However, mental illnesses - especially depression – are a major risk factor for suicide. “While 95 percent of individuals with a mental illness and/or substance use disorder will never complete suicide, several decades of evidence consistently suggests that as many as 90 percent of individuals who do complete suicide experience a mental or substance use disorder, or both” (Center for Substance Abuse Treatment, 2008).

Research has shown that many people who die by suicide were drinking alcohol in the hours before they died (Kelly, 2009). Alcohol makes sad people feel worse. Alcohol clouds the ability to make good decisions and prompts impulsive acts. A person who is drinking and talking about suicide is at great risk for suicide.

Youths who bully and youths who are victims of bullying (including cyber-bullying) have also been identified as being at high risk for suicide (SPRC, 2011).

## Warning Signs for Suicide

- Threatening to, or talking about wanting to hurt or kill oneself
- Seeking access to methods of killing oneself
- Talking or writing about death, dying or suicide
- Abrupt personality changes
- Dramatic mood changes
- Feeling hopeless
- Feeling trapped
- Acting reckless or engaging in risky activities seemingly without thinking
- Hostile behavior
- Withdrawing from friends, family, and/or society
- Increasing alcohol or drug use
- Giving away possessions
- Previous suicide attempt
- Significant weight change
- Sleeping all the time or inability to sleep especially when accompanied by agitation

Source: Idaho Suicide Prevention Action Network of Idaho (n.d.)

**The Suicidal Process.** Suicides often start as occasional thoughts about death and proceed to suicidal ideation. Suicide ideation is when severe, intrusive thoughts cause a person to dwell on the idea of suicide over a prolonged period of time.

**Most people who think about suicide or develop a plan to kill themselves don't really want to die. They want the pain they are feeling to stop and are unable to see any other alternative.**

The suicidal process happens over time beginning with the first thoughts about suicide. If the process does not stop, it may end in a completed suicide. The fact that the process takes time for most people means there is time to intervene successfully. There is time to reach out. There is time to get help.

Many different things may cause people to feel like killing themselves. Experts say the cause of suicide is "multidimensional," meaning that no single factor prompts a person to attempt suicide. Factors are present in clusters. For example, a person may not have the skills to solve problems. A mental illness may further complicate problem solving. Some other factors such as the sudden end of an important relationship or the loss of a job may contribute to the development of suicidal feelings. Factors such as these combine to create a great deal of emotional pain. Most of the time people manage to keep going until things improve. However, for some people, there are times when the pain seems too great. They feel they are unable to fix their lives or to feel better. They feel hopeless. They don't know where to turn to get help. They feel alone. They don't see any value to their lives. They feel useless or that they are a burden to others. Helpless, hopeless, alone, useless - these are the feelings behind thoughts of suicide. People with depression or other mood disorders have added vulnerability for suicide.

**The Role of Economic Factors.** A 2010 study on the impact of economic factors on U.S. suicide rates was conducted by the U.S. Centers for Disease Control and Prevention (CDC) and published online in the American Journal of Public Health. This research found that particularly among those in prime working ages (25-64), suicide rates were likely to increase during a recession. "Economic problems can impact how people feel about themselves and their futures as well as their relationships with family and friends. Economic downturns can also disrupt entire communities," said Feijun Luo, Ph.D., an economist in CDC's Division of Violence Prevention and the study's lead author

(CDC, 2011). In 2011, the Idaho Department of Labor reported that our state has lost over 58,000 jobs in recent years and that the current recession has cut more deeply into Idaho than any other since World War II. Additionally, Idaho ranks in the top ten states for home foreclosures. “The number of distressed properties, or properties in short sale, in foreclosure, or bank-owned reached 45 percent in December of 2010” (Idaho Business Review, 2011). One report says there has been a foreclosure filing for one in every 34 homes in the state as of summer 2011 (Estrella, 2011).

There are a number of ideas about why suicide rates are so high in Idaho and throughout the Intermountain West. Important factors may include remoteness, distance to care, a shortage of mental health care providers, economic stressors and access to lethal means, such as firearms. However, another key factor to consider is stigma.

**The Stigma Connection.** The word “stigma” literally means “a mark of shame or disgrace”. A group of stigmatized people are seen as “less than” the rest of the population and may be subject to prejudice and discrimination. Stigma can erode an individual’s sense of belonging and lead to hopelessness and isolation. Stigma contributes to suicide by making people with mental health concerns less willing to seek treatment. It also makes healing more difficult for family members and other survivors who feel judged if someone they cared about died by suicide.

An example of stigma related to suicide was seen in a study comparing the extent to which families lie about the cause of death for members who die in accidents or families of suicide victims. The study showed that family members of accident

*“Suicidal ideation” is a person’s thought of harming or killing him/herself. The severity of suicidal ideation can be determined by assessing the frequency, intensity, and duration of these thoughts” (CDC, n.d.).*

victims reported not lying about their relative’s cause of death. However, 44 percent of the families of suicide victims reported lying at some time about their family member’s cause of death (Joiner, 2005, pg. 6-7).

The report of the U.S. Surgeon General states that stigma regarding mental illness has been a barrier to treatment for decades (1999). Stigma appears to be worse in rural areas than in larger cities (Rost et al, 2011). In rural areas it is common to have a high degree of stigma and resistance to seeking help. As mentioned above, mental illness is a major factor for suicide. Nearly two-thirds of all people with diagnosable mental disorders do not seek treatment. Stigma surrounding the receipt of mental health care is among the many barriers that discourage people from seeking treatment (U.S. Public Health Service, n.d.).

#### **Knowing More Through Research.**

Although more research is needed to improve our response to suicide, we do know that communities that are informed in suicide prevention awareness can reduce the number of deaths. Information about suicidal thoughts, feelings, and attempts as well as knowledge of warning signs, and understanding risk and protective factors can have a positive impact.

One compelling, research-based theory by Dr. Thomas Joiner suggests that people who feel a sense of burdensomeness and a failed sense of belongingness, and who learn to overcome physical pain, are more likely to complete suicide (Joiner, 2005, pg. 97-112). Though there are still things we do not fully understand about suicide, focusing efforts on belongingness and helping people feel effective and useful can save lives. Families, organizations, and communities can engage in activities that help people to feel included and needed and that address risky behaviors.

There are a variety of data sources to help individuals and organizations better understand the problem of suicide in Idaho and to plan suicide prevention activities. A list of these is provided in the section titled How to Find Additional Data Sources On Suicide page 34. It is also important to identify the data we would like to know that is not currently available. Only by knowing what information we know and what is needed can an individual or group determine the next steps to take.

**The key factor to recognize in gathering data or in designing new suicide prevention activities is that you are not alone. There are a number of individuals, organizations and resources available to help you get started. By working in collaboration with others, people in Idaho can strengthen one another's efforts and help each other find solutions to barriers.**

## HOW TO USE THIS PLAN

**T**he best ways to address the serious problem of suicide in your community will depend on a number of different factors, including community-specific resources and challenges. A community can mean many different things, such as a town, a neighborhood, a county, a region, even an entire state. "Community" also can refer to any group of people who come together with a common interest, such as a consumer group, religious denomination, political party or student association. You might relate to different communities for different goals. Your community may be a geographic area, a professional organization or an agency. Regardless of how you define "community" the efforts of a group of people to reduce suicide is extraordinarily valuable for suicide prevention.

## TAKING ACTION IS IMPORTANT

**W**e can prevent suicide because:

- Many people who complete suicide tell someone about their suicidal thoughts or show behaviors that indicate their plans before they take their lives.
- Many people who complete suicide see their doctor or mental health professional within one month before their death.
- Many people who attempt suicide are glad to have survived.
- Most people who are suicidal do not want to die – they want the pain to stop.



## YOU CAN MAKE A DIFFERENCE

**W**hat ideas occur to you as you read about suicide, stigma, research and action? Can you think of some ways you might decrease stigma? Is there something you can do to strengthen your community? What efforts might help someone who might be struggling? **No matter what your ideas are for taking action, they are important.**

The next section contains ten goals adopted by the Idaho Council on Suicide Prevention you can use to guide your efforts. They are not listed in priority order; all goals are important. Following each goal are subcategories to help you identify specific activities as well as measures to determine the success of your activities.

**“How We Will Do It”**— Under each goal are actions or strategies to guide how the goal can be implemented. Additional actions or strategies that support or help to accomplish the goal may be utilized.

**“Ideas for Things We Can Do”**—This section appears alongside each goal. It is a list of activities that communities can consider. There may be other activities that communities can select to carry out the goal. These are offered as suggestions to spark other ideas.

**“Ideas for How We Measure Our Success”**—This section offers some ways we can measure our progress in meeting the goal, measure our strategies and measure our activities. It answers the question: “Did our efforts make a difference?”

Whatever you do to implement and measure the goals outlined in this Idaho Suicide Prevention Plan, **we can make Idaho a stronger, healthier place to live by working together.**

*“Community” can mean different things. It can refer to people who live in a specific area. It also can mean people in different locations who have common interests. A community of action is any social group working together to create change.*

### *Measuring your success can be easy*

An important part of suicide prevention efforts is to measure whether your activities are effective. There are many ways to measure success. You can keep track of processes or outcomes. For example, if you hold a meeting, you can record how many people attended, their affiliations and other pertinent information. If you are distributing materials, you can keep track of how many are distributed and to whom. Measuring outcomes is somewhat harder but can be simplified. For example, you can survey people who attend a training to find out what they’ve learned and how they plan to use the new information in practical terms. You could then survey these people sometime after training to find out if they did use the information.

## *Idaho Voices*



Wade Virgin, Survivor

The date of May 5, 2004 has now taken its place with the other significant dates such as birthdays and holidays that we remember each year in our family. For us, May 5th now has its own meaning. Of course, it is Cinco De Mayo, celebrated by many in our area. However, it has even a deeper meaning to me. This is the day that we lost our brilliant son Russell, a victim of suicide. Russ was a high honor student at the University of Idaho, just a few weeks from graduating as an architect. He had just received a scholarship to assist in completing an advanced degree. He was what I call the “All American Boy”, loved by everyone who knew him. How could something like this happen to him? There is not even a close second to the pain you feel from losing a child to suicide. The pain radiates from your chest area and I felt that I had literally broken my heart. It took weeks before the feeling finally subsided. The second major issue I dealt with was the overwhelming feeling of guilt that I had. What was wrong with me? Why couldn't I see that my son was in crisis?

The Suicide Prevention Action Network (SPAN) has helped me the following ways:

1. It gave me someone to talk to who would just listen as I talked out my problems.
2. It taught me that guilt feelings and pain are normal for someone who has lost a family member to suicide.
3. I have learned that there are physical and emotional differences for those who attempt and complete suicide.

Finally, I have learned that life goes on and things do get better as time passes. It really helps knowing that others care. I thank God in heaven and the many friends and people that have assisted me through this process. It is extremely important that we be there to assist suicide survivors.

## GOAL 1: PUBLIC AWARENESS

Idahoans understand that suicide is preventable and accept responsibility for their role in suicide prevention.

### How We Will Do It

1. Increase awareness that mental health issues, including depression and substance use disorders, play a role in suicide and are treatable.
2. Ensure current, appropriate, recommended mental health and suicide prevention information is available in a variety of settings.
3. Create and implement a comprehensive social marketing campaign specific to mental health and suicide prevention.
4. Educate the media on their role in preventing suicide and encourage their use of current, appropriate, recommended media guidelines for safe and responsible messaging related to suicide.
5. Educate policy makers and public figures that suicide is preventable and the importance of their role in suicide prevention. Enlist community members to participate in suicide prevention.

*“Social marketing is the application of marketing technologies developed in the commercial sector to the solution of social problems where the bottom line is (voluntary) behavior change.” (Andreasen, 2005).*

### Ideas For Things We Can Do

- ✓ Identify a variety of community settings and distribute suicide prevention information.
- ✓ Conduct a wide variety of community awareness and education events related to suicide prevention.
- ✓ Meet with local media representatives and distribute current guidelines for responsible reporting regarding suicide and suicide prevention.
- ✓ The Idaho Council on Suicide Prevention will work with key state-level stakeholders to craft and make available consistent messages for suicide prevention education and social marketing efforts.

### Ideas For How We Measure Our Success

- Efforts have been initiated to engage key stakeholders, including policy makers, health and mental health and substance use treatment professionals, in appropriate suicide prevention activities.
- A plan has been developed and implemented to get current information about suicide prevention to a wide array of community settings where it is needed.
- A plan has been written and funds have been identified for a social marketing campaign specific to suicide prevention.
- Participation of community members in suicide prevention is tracked.
- Media guidelines have been disseminated and contacts documented.

## Idaho Voices

### Julie, Suicide Attempt Survivor

I was twenty years old and it was near Christmas. I had not wanted to go to college right out of high school, but that was unacceptable to my family, so I went to U of I and had about eleven majors my freshman year because I had no idea what I wanted to do with my life. I started my sophomore year living at home with my mother and attending Boise State, trying out yet another major. I rarely attended classes. One weekend day, I decided I had to express how much pain I was in. I went into my mother's medicine cabinet, and took several different pills from her many prescriptions. My mother was at home, and I must have told her what I had done, because she got me in the car and drove me to the hospital. They put a tube down my throat and were administering charcoal to neutralize the drugs. I woke up and pulled the tube out of my throat, and charcoal went everywhere. My mother slept on a cot in my hospital room that night. The next morning my physician came in and talked to me briefly and basically said that I shouldn't do that again. I was released to go home that day. My father sent me a Christmas card that said, "I'm glad you are okay." I told him, "That's just the point. I'm NOT okay." He berated me for trying to manipulate his emotions. I saw a counselor a few times. Then we moved to California. Much later, I was living away from home in a gross little apartment while going to



beauty school. My boyfriend had dumped me without even a good-bye. One evening, I called the Suicide Hotline, and the woman told me I needed to call a friend, and I told her I didn't want to bother anyone. I was living with a friend after not working for about a year due to chronic migraines. I was extremely depressed and was not on any anti-depressants. I was

making plans to kill myself. I ended up calling my friend and telling her what I was planning. She gave me some hotline numbers to call, which I did. I also told my mother how I had been feeling and she told me that she had been so afraid that I was going to complete suicide. I ended up moving back to Boise and moving in with my mother so she could support me and get me the care that I needed. Fortunately, I did get the care I needed with a combination of the right drug combination and talk therapy. It did take a while to get the drugs to the right combination and dosage, but it was worth sticking it out. I haven't had any suicidal thoughts since I started meeting with my Psychiatric Nurse Practitioner and my therapist. If I start feeling low I have both of them to turn to, and I feel safe asking for help and being honest about how I am feeling. You don't have to feel bad. There are many, many people who want to help you not only feel better in the short term, but also to deal with what is causing your pain in the long term. DON'T GIVE UP!!!!

## GOAL 2: ANTI-STIGMA

Idahoans understand and accept that seeking help for mental health issues is to be encouraged and supported.

### How We Will Do It

1. Identify barriers and opportunities related to seeking help for mental health issues.
2. Ensure current, appropriate, recommended mental health information is available in a variety of settings.
3. Create and implement a comprehensive social marketing campaign specific to mental health and stigma.

### Ideas For Things We Can Do

- ✓ Encourage community members, including health care providers, to engage in open dialogue about mental illness.
- ✓ Community leaders identify barriers to seeking treatment for mental health concerns.
- ✓ Educate community members about stigma and its negative consequences for individuals and their families.
- ✓ The Idaho Council on Suicide Prevention will work with key state-level stakeholders to provide information about the value of seeking mental health care.

### Ideas For How We Measure Our Success

- Barriers and opportunities related to seeking help for mental health issues have been identified and documented.
- Information about barriers and opportunities related to seeking help for mental health issues has been disseminated statewide.
- Information is available to professionals regarding the need for self-care when working with people who are suicidal.
- A social marketing campaign specific to mental health and stigma has been initiated.

*“Stigma is when someone judges you based on a personal trait. Unfortunately, this is a common experience for people who have a mental health condition.” (Mayo Clinic, 2009)*

## *Idaho Voices*



Jeni Griffin, Survivor  
Community Advocate & Trainer

Sugar- Salem High School invited me to come and help with an assembly about suicide prevention. They wanted their focus to be on the warning signs, the code of silence that youth take with friends, and how there are people they can turn to for help. The first speaker that day was a father whose son died by suicide about a year ago.

Then I spoke. My son died seven years ago by suicide. The father's story was mostly about how much he was going to miss out on things with his son. He expressed feelings to the students about how they need to watch out for each other and never think, "oh, he won't hurt himself". My talk was about the warning signs and what students should watch for in their friends' behaviors. Also, if they had thought of suicide themselves, that there was hope and help available. I talked about the code of silence, and how it proved deadly for my son, because there were several friends who knew he was at risk and had attempted several nights before. We had counselors available

that day for the students after the assembly in case there was need for an intervention or if somebody just needed to talk.

One student came up to me afterwards and said that he had been thinking about suicide and that he even had a plan and the means to complete the act soon. But my story was able to touch him deeply. He said that he had never thought about who might find him, especially his mom, because that would hurt her too much. He was able to talk to a counselor at that time and get some help for his feelings. Another young girl came up afterwards and said that she was really worried about her friend and could we help. The counselors were able to talk to the girl's friend and alert her parents to the possible suicide risk of their daughter. An intervention took place for at least two students because of this assembly and untold other conversations that took place between friends wanting to look out for each other.

## GOAL 3: GATEKEEPER EDUCATION

The education of professionals and others working with people at risk for suicide includes effective suicide prevention curricula and ongoing gatekeeper and other suicide prevention training.

### How We Will Do It

1. Secure funding and opportunities to provide training for relevant entities involved in professional education and development, including higher education and others.
2. Collaborate to assist, train and support relevant entities involved in professional licensure, education and development.
3. Ensure that ongoing gatekeeper training opportunities are available to people who work with individuals at risk for suicide.

### Ideas For Things We Can Do

- ✓ Communities identify local gatekeepers.
- ✓ Communities identify and provide opportunities for current, appropriate, and recommended gatekeeper trainings involving suicide prevention, intervention, postvention and self-care.
- ✓ The Idaho Council on Suicide Prevention will collaborate with professionals, gatekeepers and others responsible for training and curriculum requirements, to determine whether suicide prevention content is included.

### Ideas For How We Measure Our Success

- The field training and curriculum requirements for professionals, gatekeepers and others have been reviewed for suicide prevention content.
- Recommendations for strengthening suicide prevention content in curricula have been made.
- Resources for gatekeeper training have been provided.

*A “gatekeeper” can mean different things, depending on the setting. For example, a healthcare provider may make referrals to specialists and otherwise manage a patient’s care. A “community gatekeeper” is a trusted person who knows the warning signs for suicide and assists an at-risk person get the help they need.*

## *Idaho Voices*



John Landers, PhD  
Clinical Psychologist

I work as a clinical psychologist in an inpatient psychiatric hospital. Most people come to this facility as a result of extreme distress, which often includes experiencing suicidal ideation or even acting on those thoughts. My primary role at the hospital is to provide psychological assessments of patients when there are uncertainties regarding the diagnosis or proper treatment of the patient. Risk to self is one factor that I assess with every patient with whom I work. My risk assessments often include looking at prior behaviors as well as current symptoms. Recently, I have begun to measure thwarted belongingness, perceived burdensomeness, and acquired capability for suicide (i.e., learned fearlessness) with all patients who have been hospitalized. These factors are based on Dr. Thomas Joiner's groundbreaking and innovative research on suicide risk and potential and are quite new to the field of suicide risk assessment. I have found that including these new measures not only greatly enhances my ability to assess risk, but also gives me the ability to speak the language of my patients.

Just last week, when providing feedback to an adolescent female who has attempted suicide at least 10 times in the past two years, she said, "I've never had anyone be able to state so clearly why I become suicidal. When I feel alone and like I'm bringing others down, that is when I attempt." This new tool for assessing risk has also informed treatment planning, as now therapists can work to increase belongingness and decrease burdensomeness in those where these factors are leading to suicidal ideation and behaviors. Keeping up to date on the newest and empirically supported practices has significantly enhanced my work and been a great benefit to my patients.



## GOAL 4: BEHAVIORAL HEALTH PROFESSIONAL READINESS

Mental health and substance abuse treatment professionals are trained to use current, appropriate, and recommended practices for assessing and treating individuals who show signs of suicide risk.

### How We Will Do It

1. Engage mental health and substance abuse treatment professionals and other providers in developing university curricula, continuing education courses, and other professional suicide prevention training.
2. Ensure current, appropriate, and recommended suicide prevention, assessment, intervention and postvention training is available to mental health professionals and other health care providers.
3. Identify and disseminate information and training to mental health professionals and other health care providers on current, appropriate, and recommended practices to assess and treat people at risk for suicide, including self-care.

*“Behavioral Healthcare: The provision of mental health and chemical dependency (or substance abuse) services.” (Blue Cross/Blue Shield, 2011)*

### Ideas For Things We Can Do

- ✓ Identify local mental health professionals and other health care providers and encourage them to follow current, appropriate, and recommended practices for suicide risk assessment, intervention and follow up.
- ✓ Disseminate current, appropriate, and recommended practices to all mental health and other providers working with people at risk for suicide.
- ✓ The Idaho Council on Suicide Prevention and State of Idaho lead agency will collaborate with mental health professionals and other health care providers in developing university curricula, continuing education courses, and other professional training.

### Ideas For How We Measure Our Success

- The key decision makers among mental health professionals have been identified and actively participate in curriculum development and education.
- Current, appropriate, and recommended sources for training have been identified.
- Materials for training have been identified and are available to all mental health professionals and other audiences.

*Postvention activities occur after a suicide and involve interventions to support bereaved family, friends, professionals and peers—who are at risk of suicide themselves.*

## *Idaho Voices*



Mary Pierce, LCSW  
Veteran's Affairs Suicide Prevention Coordinator

As part of my duties for the Boise Veteran's Affairs Medical Center, I monitor and support the care of veterans after they have survived a suicide attempt or are evaluated to be a high risk for suicide. Research shows that the greatest time of risk for suicide is the first 30 days after psychiatric hospitalization. The Veteran's Affairs (VA) Suicide Prevention Initiative includes identifying veterans at high risk for suicide, providing enhanced care, e.g., therapy, regular psychiatric evaluation, safety planning (including listing the National Suicide Hotline phone number, persons and services to call when feeling suicidal, and coping strategies to decrease suicidal ideation), regular suicide risk assessment, and case monitoring by the Suicide Prevention Coordinator. During one call to check in with a veteran on the High Risk for Suicide List, the veteran informed me that it was his birthday and that he was not doing well. He felt misunderstood and ignored by his family and planned to kill himself. After some conversation the veteran agreed to come to the Boise VAMC and be admitted to the psychiatric unit. His plan of care was modified to include more intensive individual and family therapy. This veteran is currently doing well and been removed from the High Risk for Suicide List. The veteran calls occasionally to update me on his progress and thank me for saving his life.

## GOAL 5: COMMUNITY INVOLVEMENT

Community leaders and stakeholders develop and implement suicide prevention activities that are current, recommended and culturally appropriate that are specific to their regions and communities.

### How We Will Do It

1. Ensure community leaders and stakeholders are aware of the Idaho Suicide Prevention Plan and the resources are available to help them develop and implement suicide prevention efforts specific to their communities.
2. Assist, train and support community leaders and stakeholders about current, recommended, and culturally appropriate suicide prevention activities.
3. Assist community leaders and stakeholders to identify their community's suicide issues or people at risk for suicide.
4. Assist community leaders and stakeholders to identify and understand the unique cultural characteristics of their region that may relate to suicide.
5. Support the development of community groups that promote access to and use of mental health services.
6. Ensure current, culturally appropriate, recommended suicide prevention information is widely available in a variety of community settings.
7. Provide opportunities for communities to network and share information about suicide prevention.

### Ideas For Things We Can Do

- ✓ Community members gather public input to determine the status of and needs for suicide prevention efforts in their communities.
- ✓ Community leaders implement the Idaho Suicide Prevention Plan in their local area.
- ✓ Community leaders identify and support culturally diverse groups in their region on suicide prevention efforts.
- ✓ The Idaho Council on Suicide Prevention will work with key state-level stakeholders to develop and implement a plan to get current, culturally appropriate, recommended suicide prevention information to those settings where it is needed.

### Ideas For How We Measure Our Success

- Community leaders and stakeholders promote suicide prevention.
- Stakeholders and others have received the Idaho Suicide Prevention Plan and have identified ways to implement it in their regions.
- Community specific and culturally tailored training has been conducted and documented.
- Current suicide prevention information is available in settings where it is needed.
- Communities have provided opportunities for networking and information sharing about suicide prevention.

## *Idaho Voices*



Paula Campbell  
National Alliance on Mental Illness (NAMI)-Boise  
Vice President and Program Director

Our family has dealt with the maze of mental health treatment for the past six years in order to meet the needs of our son who was hospitalized in 2004. NAMI-Boise provided valuable resource information and free education classes and support.

It is critical that we utilize the funds we have available from both federal and state to create a better continuum of care for those in crisis.

It is even more important that we educate the public on the power of prevention, recognizing symptoms and utilizing community services before hospitalization is needed.

Stigma needs to be reduced once and for all.

## GOAL 6: ACCESS TO CARE

Crisis intervention and behavioral health services, including mental health and substance abuse treatment, are widely available, culturally appropriate, accessible and valued by communities.

### How We Will Do It

1. Encourage communities to value crisis intervention and behavioral health services.
2. Support the integration of and equitable funding for mental health and physical health services.
3. Support widely available, diverse and accessible behavioral health services in all regions of Idaho.
4. Identify and engage community champions to address suicide prevention.
5. Provide training about culturally appropriate crisis intervention and behavioral health services to communities.
6. Empower communities to reach out to policy makers in support of widely available, culturally appropriate and accessible crisis intervention and behavioral health services.

*“Culturally appropriate” refers to many things. It can address ethnic and racial issues but can be expanded to include rural, economic, religious, job type, and even differences between regional characteristics.*

### Ideas For Things We Can Do

- ✓ Community members collaborate with local media to educate the community on the value of crisis intervention and behavioral health services.
- ✓ Community members support those providing crisis intervention services to use current, appropriate, recommended, culturally relevant practices.
- ✓ The Idaho Council on Suicide Prevention will collaborate with policy makers to support widely available, culturally appropriate and accessible crisis intervention and behavioral health services throughout the state.

### Ideas For How We Measure Our Success

- Champions or group leaders support widely available crisis intervention and behavioral health services.
- Efforts to promote equitable, adequate funding and integration of physical and mental health services have been monitored.
- Community-specific and culturally tailored events and training have been conducted and documented.
- Interaction between community leaders and decision makers to promote suicide prevention has been documented.

*“Unfortunately, despite ongoing efforts to educate the public, the same social stigma that surrounds suicide also continues to stand between many people with mental and substance use disorders and the care they need — care that could help thwart potential suicide.” (Center for Substance Abuse Treatment, 2008)*

## *Idaho Voices*



Rich and Trudy Jackson  
Suicide Survivor Support Group Facilitators

Rich and Trudy Jackson are the survivors of the suicide death of their son Jason. They facilitated a suicide survivor support group in Boise for 20 years and are pioneers in suicide prevention in Idaho.

Survivor support groups play a vital role in helping survivors cope with grief and make the choice to find new meaning and direction in their lives. Many survivors have found their support to be a major factor in finding a new way of living in a world forever change by their loved one's decision.

## GOAL 7: SURVIVOR SUPPORT

Information and services are in place in all regions of Idaho to support survivors and others affected by suicide in a sensitive and culturally appropriate manner.

### How We Will Do It

1. Provide information and services to survivors and others affected by suicide that will help them deal with their grief and unique circumstances.
2. Support stakeholders to appropriately address the consequences of a community suicide crisis.
3. Support the development and continuation of community suicide survivors support groups.

### Ideas For Things We Can Do

- ✓ Community members create and maintain suicide survivor support groups.
- ✓ Communities provide resources and information to assist survivors in healing and moving forward.
- ✓ Community leaders support stakeholders in local suicide response.
- ✓ The Idaho Council on Suicide Prevention works with state-level stakeholders to educate people about the particular difficulties associated with losing someone to suicide.

### Ideas For How We Measure Our Success

- Appropriate information to help survivors deal with their grief has been identified and distributed.
- Community plans have been developed and implemented to support survivors.
- Survivors of suicide report feeling a reduced sense of stigma.

*“Suicide carries in its aftermath a level of confusion and devastation that is, for the most part, beyond description.” (Kay Redfield Jamison in US DHHS, 2001)*

*“A suicide survivor is someone who experiences a high level of self-perceived psychological, physical, and/or social distress for a considerable length of time after exposure to the suicide of another person” (Jordan and McIntosh, 2011).*

## *Idaho Voices*



Ann Kirkwood, MA

Idaho State University - Institute of Rural Health  
Director, Youth Suicide Prevention & Hotline Research  
Director, Better Today's. Better Tomorrow's.

Suicide prevention hotlines work. They provide needed access to care in some areas where mental health services are not widely available. Their services are available 24/7, 365 days a year. Responding to callers who are in a suicide crisis does save lives. A suicide prevention hotline in Idaho closed in late 2006 and the national Suicide Prevention Lifeline took on Idaho's calls as a professional courtesy. The locally funded hotline in Portland, Oregon, has temporarily answered Idaho calls in recent years at no cost to Idaho.

According to information from Lifeline, call volume from Idaho being answered in other states has more than doubled since 2007 (increasing from 1,534 in 2007 to 3,633 calls in 2009). However, operators in other states taking Idaho calls reported difficulties in making referrals for follow up care, an essential component to prevent additional suicide attempts and completions. The formation of a suicide prevention hotline in Idaho represents an opportunity to effectively address the issue of Idaho's high suicide rate.

In 2009, the State entered into a contract with the Institute of Rural Health at Idaho State University to study how a 24-hour statewide hotline could be established and maintained in Idaho. Data were collected from about 20 individual sources and 13 research projects were initiated. A full report and implementation guide from that effort is available on the IRH website at [www.isu.edu/irh/publications/Hotline\\_Report\\_2010\\_web\\_pwp.pdf](http://www.isu.edu/irh/publications/Hotline_Report_2010_web_pwp.pdf)

Maintaining funding for the Idaho hotline is an important step in establishing its presence in Idaho.



## GOAL 8: SUICIDE PREVENTION HOTLINE

An Idaho statewide suicide prevention hotline is established and funded.

### How We Will Do It

1. Identify an entity in Idaho to provide statewide suicide prevention hotline services.
2. Identify adequate and sustainable funding to support a statewide suicide prevention hotline.
3. Secure certification and accreditation for a statewide suicide prevention hotline.
4. Promote the Idaho suicide prevention hotline number statewide.
5. Evaluate usage patterns of the statewide suicide prevention hotline.
6. Evaluate community awareness of and attitudes toward a statewide suicide prevention hotline.

### Ideas For Things We Can Do

- ✓ Distribute hotline cards.
- ✓ Promote the hotline at community events.
- ✓ Distribute hotline cards to specific groups that interact with people at risk for suicide.
- ✓ The Idaho Council on Suicide Prevention will provide leadership to identify an entity in Idaho to operate a statewide suicide prevention hotline.

### Ideas For How We Measure Our Success

- An organization has been identified that will operate an Idaho suicide prevention hotline.
- Options for short- and long-term funding to support a certified and accredited hotline have been identified.
- An accreditation application for the Idaho suicide prevention hotline has been submitted.
- Calls to the Idaho suicide prevention hotline are tracked and reported.

*An Idaho hotline began as the Nampa Suicide Prevention Hotline in 1989. In 1994, it became Idaho Suicide Prevention Services operating statewide from Boise State University. The hotline was staffed almost entirely by volunteers. It closed in December 2006.*

# *Idaho Voices*



Kathie Garrett

Chair, Idaho Council on Suicide Prevention

The Idaho Council on Suicide Prevention is proud to be a part of Idaho's efforts to address the critical issue of suicide. The Council was established by Governor Kempthorne in 2006 and most recently appointed by Governor C. L. "Butch" Otter.

The Council has been given the following charge:

- To oversee the implementation of the Idaho Suicide Prevention Plan.
- To ensure the continued relevance of the Plan.
- To report to the Governor and Legislature annually.

By working in collaboration with partner groups, positive work has been accomplished. Ultimately, our goal is to reduce the number of deaths by suicide in Idaho. There is much work yet to be done. Everyone's efforts are needed to achieve our goals.

## GOAL 9: LEADERSHIP

The Idaho Council on Suicide Prevention oversees suicide prevention activities at all levels, as guided by the Idaho Suicide Prevention Plan, and works in collaboration with a lead Idaho state government agency that is responsible for Idaho's suicide prevention and intervention efforts.

### How We Will Do It

1. Ensure the continuation of the Idaho Council on Suicide Prevention.
2. Support efforts to secure adequate funding and administrative support for the Idaho Council on Suicide Prevention.
3. Obtain support and recognition for the Idaho Council on Suicide Prevention from decision makers at all levels.
4. Ensure the Idaho Council on Suicide Prevention continually evaluates membership representation to include appropriate diverse groups.
5. Ensure the relevancy and progress of the Idaho Suicide Prevention Plan.
6. Seek endorsement of the Idaho Suicide Prevention Plan by key decision makers.
7. Widely disseminate the Idaho Suicide Prevention Plan.
8. Evaluate implementation of the Idaho Suicide Prevention Plan.
9. Identify a lead state government agency responsible for Idaho's suicide prevention and intervention activities.
10. Support efforts to secure adequate funding for suicide prevention within the lead Idaho state government agency responsible for Idaho suicide prevention and intervention activities.

### Ideas For Things We Can Do

- ✓ The Idaho Council on Suicide Prevention will establish bylaws that reflect its mission and duties assigned by the governor's executive order.
- ✓ The Idaho Council on Suicide Prevention membership and progress of the Idaho Suicide Prevention Plan will be evaluated by the Council annually.
- ✓ The Idaho Council on Suicide Prevention will report annually to the Legislature and Governor on the progress of the Idaho Suicide Prevention Plan and Council activities.
- ✓ The Idaho Council on Suicide Prevention will develop and implement a dissemination strategy for the Idaho Suicide Prevention Plan.
- ✓ Stakeholders throughout Idaho will promote the naming of a lead state government agency responsible for Idaho Suicide prevention activities.

### Ideas For How We Measure Our Success

- The Executive Order creating the Idaho Council on Suicide Prevention is renewed on a regular basis to ensure continuation.
- A budget to support the Idaho Council on Suicide Prevention has been developed.
- Key decision makers have been provided information about the Idaho Council on Suicide Prevention.
- The Governor and Legislature are provided with an annual report on suicide and suicide prevention activities in the state of Idaho.
- A literature review and information on best practices, comparing the activities of Idaho to national evidence-informed practices, have been compiled in support of the Idaho Suicide Prevention Plan.
- A lead Idaho state government agency has been named.

## *Idaho Voices*



Elke Shaw-Tulloch, MHS

Chief, Bureau of Community & Environmental Health  
Division of Public Health  
Idaho Department of Health & Welfare

It is important to collect, analyze and interpret health data. This helps us to do several things:

- Prove or disprove what is perceived to be true in regard to a particular issue, topic or project,
- Dispel myth and rumor, and
- Make informed decisions.

For example, a hospital may review data about postpartum depression onset to determine that conducting a depression screening upon discharge is not as effective as a two week follow up telephone call to new moms to detect symptoms of depression. Public health tobacco prevention programs may obtain data to determine which segment of the population is the most impacted by tobacco use so they can target tailor-made interventions to that population. We use data in our daily lives also to help us make health-related decisions, such as reviewing the nutrition label on a food item to determine whether the amount of calories and sodium meets your health goals, determining the most economical health care clinic to get flu shots to protect your family, or tracking the number of your child's sleepless nights to initiate a discussion about anxiety with your child's health care professional.

This same informed decision-making approach must also be applied to suicide prevention, intervention and postvention activities to ensure that activities are purposefully targeted to have impact and make change.

## GOAL 10: DATA

Data are available on which to make decisions regarding suicide prevention services.

### How We Will Do It

1. Determine data needed for effective suicide prevention services including surveillance and outcome data.
2. Continue to collect and improve existing suicide-related data at state and community levels.
3. Promote the availability of and increase the access to suicide-related data.
4. Assist stakeholders in understanding how data can be used to plan and implement suicide prevention services.
5. Create and implement a method to share suicide-related data statewide, with a special emphasis on region-specific surveillance and outcome data.

### Ideas For Things We Can Do

- ✓ Statewide suicide prevention leaders educate local stakeholders on how data can be used appropriately to plan and implement suicide prevention programs.
- ✓ Communities identify and collect relevant, reputable data and use it appropriately to plan suicide prevention activities.
- ✓ Local stakeholders identify community members who need suicide data.
- ✓ Create and implement a method to share suicide-related data statewide, with a special emphasis on region-specific surveillance and outcome data.

### Ideas For How We Measure Our Success

- A group has been established to determine suicide data needs.
- Suicide data have been collected, recorded, tracked and trends over time have been identified.
- Data to support planning and evaluation efforts have been identified.
- Stakeholders have been trained to work with data.
- Data have been made widely available, as appropriate, to protect confidentiality of individuals.

*Surveillance (data) helps to define the problem for a community. It documents the extent to which suicide is a burden to a community and how suicide rates vary by time... geographic regions, age groups, or special populations. (NSSP pg 31)*

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## HOW TO FIND ADDITIONAL DATA SOURCES ON SUICIDE

There are a variety of data sources that could be useful for planning and measuring suicide prevention activities. This section lists some suggested sources for Idaho data. Please note that some recommendations are for types of data and others for sources of data. In most cases the types of data information also includes potential sources.

- **Youth Risk Behavior Survey (YRBS)** is part of a national survey of CDC, administered by the Idaho State Department of Education to students in grades 9-12 and is a self-report survey. It contains suicide related questions in addition to tracking behaviors among youth related to the leading causes of mortality and morbidity in six categories. Currently, data are collected every other year in Idaho. [www.sde.idaho.gov](http://www.sde.idaho.gov)
- **Behavior Risk Factor Surveillance System (BRFSS)** is the YRBS for adults and contains similar suicide related questions. The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. [www.cdc.gov/brfss](http://www.cdc.gov/brfss)
- **Idaho Office of Vital Statistics** The Idaho Bureau of Vital Records and Health Statistics maintains birth and death records filed from July 1911 to the present, and marriage and divorce records filed from May 1947 to the present. Some counties may have older birth, death, marriage, or divorce records in their files, but county files contain only records of vital events that occurred in that county. <http://healthandwelfare.idaho.gov/?TabId=82>
- **Idaho State University Institute of Rural Health Awareness to Action Youth Suicide Prevention Project** AAYSP conducts research and programs. Reports and data are produced, such as the Hotline Options Report. The purpose of the Idaho Awareness to Action Youth Suicide Prevention Project is to reduce suicide attempts and completions, regardless of ethnic/racial heritage, among Idaho youth ages 10-24. The overall goal of the project is to translate information into active suicide prevention by increasing adults' knowledge of youth suicide protective and risk factors and helping them to put that knowledge into active suicide prevention efforts. [www.isu.edu/irh/projects/ysp/goals.shtml](http://www.isu.edu/irh/projects/ysp/goals.shtml)
- **Idaho State University-Institute of Rural Health** The IRH has offices in Pocatello and in Meridian. The mission of the IRH is to improve the health of communities through research, education, and service. The IRH conducts research and program activities. Specific projects or data requests are possible. Reports are available at [www.isu.edu/irh](http://www.isu.edu/irh).
- **Idaho Suicide Data & Research Project** presents Idaho-specific data for four special at-risk populations in Idaho. The website presents actual Idaho suicide data on each population, such as incidence, race, place of injury, mechanism of death, etc., as well as risk and protective factor data for each special population. The four special populations are teen males, Native American males, working age males, and elderly males. The reports page presents research-based reports on each of the special populations, as well as extensive research bibliographies. The project has been managed by Benchmark Research and Safety, Inc. [www.idahosuicide.info](http://www.idahosuicide.info)



- National Violent Death Reporting System**  
 CDC has funded 18 states and established the National Violent Death Reporting System (NVDRS) to gather, share, and link state-level data on violent deaths. NVDRS provides CDC and states with a more accurate understanding of violent deaths. This enables policy makers and community leaders to make informed decisions about violence prevention programs, including those that address child maltreatment. Idaho is not among the NVDRS reporting states, however, NVDRS provides data that can be used to help guide Idaho programs.  
[www.cdc.gov/ViolencePrevention/NVDRS](http://www.cdc.gov/ViolencePrevention/NVDRS)
- Suicide Prevention Action Network, Idaho**  
 SPAN Idaho's mission is to reduce suicide in Idaho through statewide advocacy, collaboration and education in best practices. SPAN conducts suicide prevention conferences, trainings, survivor support, public awareness activities, and information and referral. SPAN spearheads statewide suicide prevention initiatives and works with national, state and local stakeholders to create positive change.  
[www.spanidaho.org](http://www.spanidaho.org)
- Suicide Prevention Resource Center** SPRC includes 490 web pages and 250 library resources on suicide prevention information. The site includes a range of information from suicide prevention and mental health news to strategic tools for developing suicide prevention programs. The site includes individual state suicide prevention pages, news and events, an online library, training, and links to other web sites.  
[www.sprc.org](http://www.sprc.org)
- The National Suicide Prevention Lifeline**  
 1-800-273-TALK (8255) is a 24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress. The Lifeline's national network of local crisis centers, provide crisis counseling and mental health referrals day and night. Although Idaho does not have a suicide prevention hotline that is part of the Lifeline system, Lifeline may be able to provide some data about Idaho calls that roll over to them. Idaho's calls as of summer 2011 were answered at the Portland, OR, call center which is funded by local Oregon resources.
- The Substance Use, Safety and School Climate survey and the Youth Risk Behavior Survey (YRBS)** are administered bi-annually in alternating years by the SDE. The Substance Use, Safety and School Climate survey captures student reported data on risk behaviors and school safety. There were 15,200 students surveyed statewide in the fall of 2008. The YRBS captures student reported data on intentional and unintentional injuries, sexual behaviors that can result in HIV infection, other sexually transmitted diseases and unintended pregnancies; dietary behaviors, physical activity and suicidal tendencies. The 2009 YRBS survey was completed by 2,154 students in 53 public high schools.  
[www.cdc.gov/HealthyYouth/yrbs](http://www.cdc.gov/HealthyYouth/yrbs)
- WISQARS** Web-based Injury Statistics Query and Reporting System (WISQARS), pronounced "whiskers", is an interactive database that provides national injury-related morbidity and mortality data used for research and for making informed public health decisions.  
[www.cdc.gov/injury/wisqars](http://www.cdc.gov/injury/wisqars)
- One way to address the problem of suicide is through social marketing campaigns. Social marketing "refers primarily to efforts focused on influencing behaviors that will improve health, prevent injuries, protect the environment, and contribute to communities." (Kotler & Lee, 2008. p 7).

## Social Marketing Resources

### *Archived webinar*

ISU – Institute of Rural Health sponsored a webinar titled “Social Marketing: Putting it into Practice”, which focused specifically on using social marketing for suicide prevention in July 2011. In this recorded webinar participants learn the basic principles of social marketing. Emphasis is placed on identifying appropriate behaviors, measuring change, and real world examples. The course is designed for people who are engaged in suicide prevention planning at the community level, but may be helpful to any grassroots effort for prevention or behavior change (<http://vimeo.com/26646412>).

### *Books*

Andreasen, A. R. (1995). *Marketing social change: Changing behavior to promote health, social development and the environment*. San Francisco: Sage Publications.

Andreasen, A. R. (2006). *Social marketing in the 21st century*. Thousand Oaks, CA: Sage Publications.

Kotler, P. & Lee, N. R. (2008). *Social marketing: Influencing behaviors for good*. Third Edition. Thousand Oaks, CA: Sage Publications.



