

What is a public health approach to suicide prevention?

Suicide is the result of a confluence of factors—there is no single cause and therefore no standalone solution. In addition to individual and family/relationship factors, causes of suicide include community and societal factors. Catastrophic events can impact communities in a number of ways, including increasing the risk of suicide. A public health approach to preventing suicide applies a comprehensive set of strategies to effectively address this complex issue. Module 2 describes four components of the public health approach that can guide the formulation of suicide prevention efforts:

- **Comprehensiveness:** are efforts, emphasis, and resources well distributed across the prevention continuum?
- **Equity:** does the approach get to the roots of the problem and reach subpopulations with suicide rates higher than the general population?
- **Collaboration:** does it involve multiple sectors in addressing the community determinants of health?
- **Use of data:** is it rooted in community experience, in addition to best available research evidence?

This activity packet contains exercises and reflection questions from the module. To access the full contents of the module, visit: <https://preventioninstitute.org/suicide-prevention/modules>.

Learning outcomes:

- Distinguish where strategies fall along the prevention continuum (prevention/intervention/postvention).
- Use community determinants of health as a framework to articulate the role of multiple sectors in preventing suicide.
- Understand the value of incorporating multiple forms of evidence in suicide prevention efforts.
- Assess existing strategies and partnerships to identify gaps in comprehensiveness, collaboration, equity, and/or evidence.



What's your relationship to suicide prevention?

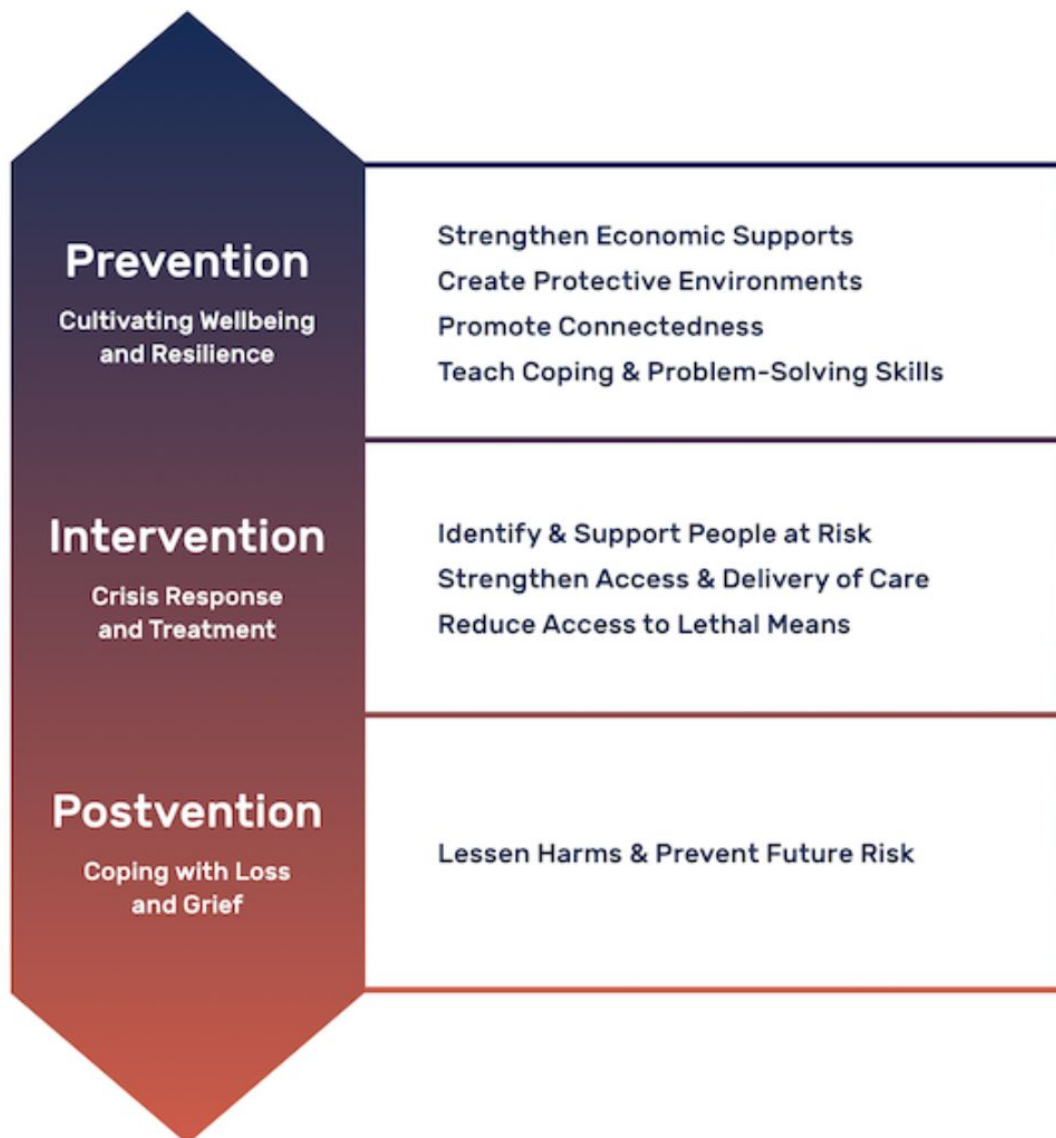
Check the boxes that correspond with your relationship and/or your sector, agency, or department's relationship to suicide or preventing suicide in your city or community.

- ☐ Lived experience / survivor of suicide attempt or loss (i.e. a loved one in your community)
- ☐ Primary work includes preventing suicide
- ☐ Primary work includes dealing directly with suicide and its aftermath.
- ☐ Work includes enhancing protective factors or reducing risk factors associated with suicide (<https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>).
- ☐ Works with a population at risk for suicide, but the main focus is something other than suicide or preventing suicide.
- ☐ Work includes reaching a lot of people with information.
- ☐ Work relates to informing or setting local priorities.
- ☐ Work includes emergency response to catastrophic events/during periods of infrastructure disruption.
- ☐ No obvious relationship to preventing suicide.

Comprehensiveness

A public health approach to prevent suicide is comprehensive. Often in response to a catastrophic event, the focus turns more to intervention and postvention, but it's important to attend to suicide prevention across the continuum and strengthen community factors that might be compromised as a result of the catastrophic event.

The figure below organizes the strategies included in the CDC suicide prevention technical package (<https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>) according to the Prevention Continuum.





The Prevention Continuum allows us to:

- Inventory existing suicide prevention work so we can leverage what we have and avoid duplication
- Ask “what’s missing?” and select strategies that fill identified gaps along the Prevention Continuum

Activity: Fill out the diagram according to where your local suicide prevention efforts fit along the continuum.



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PREVENTION CONTINUUM ACTIVITY

WHERE DO YOUR LOCAL SUICIDE PREVENTION EFFORTS FIT?

Prevention Cultivating Wellbeing and Resilience	
Intervention Crisis Response and Treatment	
Postvention Coping with Loss and Grief	

Equity



Health equity¹ means that everyone has a fair and just opportunity to attain their full health potential and that no one is disadvantaged, excluded, or dismissed from achieving this potential. Health equity emphasizes shifts in power and systems and requires the removal of systemic obstacles to health for groups that are more likely to experience health inequities, such as communities of color.

Certain groups experience inequities in rates of self-harm and suicide. A public health approach incorporates strategies intentionally focused on improving outcomes for these at-risk groups. During a catastrophic event, prevention efforts should focus on populations that were disproportionately impacted by suicide before the event as well as additional groups that may be at higher risk because of how the catastrophic event is affecting their lives.

Reflection questions:

In your community, who was disproportionately impacted by suicide before the COVID-19 pandemic?

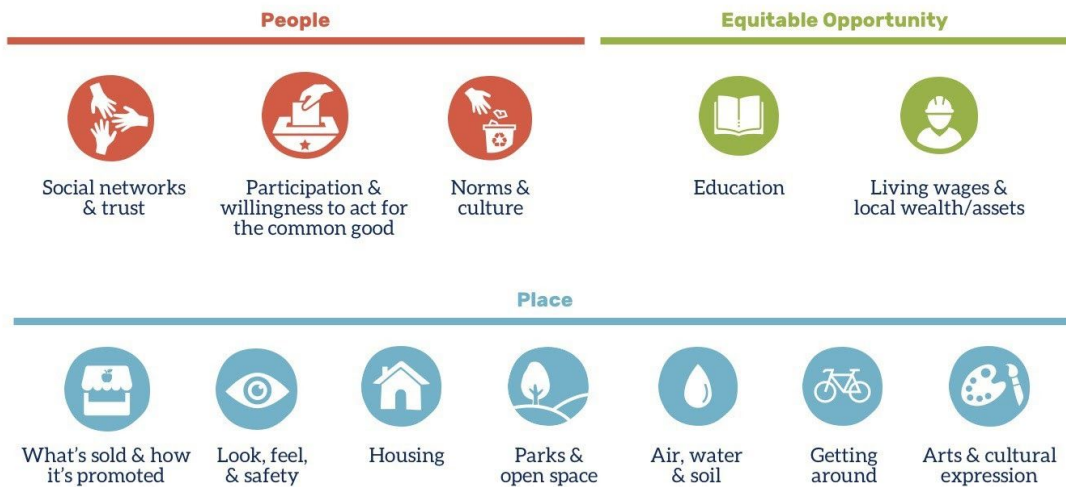
Who is at increased risk of suicide in your community during or following the COVID-19 pandemic?

¹ <https://preventioninstitute.org/publications/building-bridges-strategic-imperative-advancing-health-equity-and-racial-justice>

Increasing equity by improving community conditions

Many of the disparities we see in suicide rates are the result of inequitable community conditions. The THRIVE factors help us get to the root of the problem by thinking about community determinants of health, such as housing and safety. Improving community conditions can decrease suicide, and other forms of violence as well, and can improve a number of physical and emotional health outcomes. The full list of THRIVE factors is below.

THRIVE Factors



Activity: Review the two-page THRIVE assessment tool:

<https://preventioninstitute.org/sites/default/files/uploads/THRIVE%20Community%20Assessment%20Worksheet.pdf>. Make a list of partner organizations and community members that you would want to involve in assessing the community determinants of health in your local area and prioritizing them for action based on which ones have the most potential to increase equity in mental health outcomes.

Partner organizations and community members to involve:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Strategies to promote equity in policy making

Policies at the organizational, local, state, and federal level play a critical role in either advancing equity or perpetuating existing inequities.

CLASP has identified the following seven policy features that can help achieve equitable outcomes:

1. **Targeting:** Focus on selected demographic group(s) for priority.
2. **Programmatic strategies:** Services and opportunities tailored to priority groups, particularly programs co-designed with those groups.
3. **Proximity to services (access):** A variety of physical locations that are accessible to the target population.
4. **Eligibility:** Enrollment requirements and processes that facilitate participation of those with the most significant barriers.
5. **Reporting requirements:** Streamlined systems that disaggregate participation and outcomes data by race, gender, age, geography, or other demographic identifiers as well as groups who may face distinct barriers that can contribute to disparate outcomes.
6. **Performance measures:** Data collection that moves beyond typical measures of academic or employment gains to capture progress in socio-emotional learning or other ancillary domains.
7. **Use of funds:** Budget allocations that support strategies for serving prioritized groups.

Race Forward and partners co-developed Principles for Racially Equitable Policy Platforms (<https://www.raceforward.org/practice/tools/principles-racially-equitable-policy-platforms>), which offers five points of guidance for integrating racial equity into policy platforms. The principles also can be helpful in considering policy implications for other marginalized identities.

Both resources highlight the importance of community-driven solutions, and of tracking and disaggregating data in order to allocate resources to populations most impacted.

Reflection questions:

How is your community using one or more of the strategies articulated by CLASP or Race Forward to promote equity in the policy response to infrastructure disruptions?

What is a new strategy that your community could apply to planning going forward?

What barriers need to be addressed to implement a quick policy pivot?

Collaboration and the role of multiple sectors

A public health approach to suicide prevention spans public, private, and community sectors. Often, a public health department convenes partnerships, engaging community members and other sectors to work toward a shared vision. Depending on the strategy, partnerships to prevent suicide might include the public health, mental health, healthcare, education, employment/labor, housing, social services, and business sectors, among others. Partners from different sectors bring different knowledge and strengths based on:

- what kind of job they do (e.g. outreach and communication, informing or setting local priorities, operations),
- where they work along the prevention continuum,
- which populations they work with,
- which risk and protective factors their job impacts or focuses on, and
- their personal or lived experience.

An intentional multi-sector approach allows local government agencies and community-based organizations with differing mandates to address wellbeing simultaneously with their other organizational priorities. This “health in all policies” approach to prevent suicide becomes particularly important during catastrophic events.

Reflection questions:

What are your goals related to suicide prevention?

What would be your desired outcomes in collaborating with others?



Activity

Reflect on your current partners. Who are some new partners that you could connect with to build a comprehensive, equitable, suicide prevention strategy in your community?

The chart below is organized according to the seven strategies in the CDC's suicide prevention technical package (<https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>). Circle (or write in) the approach you want to consider. In the third column, list partners you would need to achieve success.

Strategy	Approach (select one)	Key Partners
Strengthen economic supports	☐ Household financial security ☐ Housing stabilization policies ☐ Other:	
Strengthen access and delivery of suicide care	☐ Coverage of mental health conditions ☐ Reducing provider shortages ☐ Safer suicide care ☐ Other:	
Create protective environments	☐ Reducing access to lethal means ☐ Organizational policy and culture ☐ Reducing excessive alcohol use ☐ Other:	
Promote connectedness	☐ Peer norm programs that normalize help-seeking and promote connectedness ☐ Community engagement activities ☐ Other:	
Teach coping and problem-solving skills	☐ Social-emotional learning programs ☐ Parenting skill and family relationship programs ☐ Other:	
Identify and support people at risk	☐ Training community leaders to identify people at risk of suicide and respond effectively ☐ Crisis intervention ☐ Treatment ☐ Other:	
Lessen harms and prevent future risk	☐ Postvention ☐ Safe reporting and messaging ☐ Other:	

Community-informed strategy development

Community-informed strategy development involves considering local context, populations, and conditions when planning for suicide prevention strategies. To develop suicide prevention strategies that achieve equitable outcomes, it's important to consider strategies that are recommended by communities in addition to those that have already been thoroughly researched. When we recognize lived experience as evidence and account for community and cultural context, we can employ programs that work in the communities they serve and begin to dismantle structural inequities.

The CDC's Framework for Thinking about Evidence, pictured below, expands the definition of evidence to account for local context and experience.



In addition to the **Best Available Research Evidence** (https://www.cdc.gov/violenceprevention/pdf/understanding_evidence-a.pdf), the framework includes:

- **Experiential Evidence**, based on “the professional insight, understanding, skill, and expertise that is accumulated over time and is often referred to as intuitive or tacit knowledge,” and
- **Contextual Evidence**, based on “factors that address whether a strategy is useful, feasible to implement, and accepted by a particular community” (<https://www.cdc.gov/violenceprevention/pdf/continuum-chart-a.pdf>). For example, community history, organizational capacity, and social norms are some factors that can impact the success of a prevention strategy.

Reflection question: What is one experiential or contextual factor in your community that impacts how you approach suicide prevention during a catastrophic event?



Activity: Select one or more local initiatives or programs and describe how they are informed by multiple forms of evidence.

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ACTIVITY: Select one or more local initiatives or programs and describe how they are informed by multiple forms of evidence.

Initiative or program	How does it leverage the best available research evidence?	How does it incorporate experiential evidence?	How does it incorporate contextual evidence?

Data sources

A public health approach is data driven. That means looking at the specific profile of suicide in the community, who is most affected, what risk factors are contributing to suicide, and what factors are helping to protect against it. Communities should develop strategies that are specifically designed to influence the conditions that are increasing the risk of suicide, according to the data. They should also evaluate strategies and use what they learn to make adjustments.

Communities can make critical contributions to the evidence base by measuring and disseminating their successes. Incorporating program evaluation and a communications plan allows communities to share findings and outcomes with other communities and stakeholders as they develop approaches that are effective in suicide prevention among different subgroups and in varying conditions.

Reflection questions:

What data do you already have that can help inform suicide prevention efforts (including partners, priorities, messaging)? What data do you still need?

How do you balance quantitative and qualitative data, and decide when you need to gather new information and when you can simply review existing data reports?

For efforts already underway: how is data being used to continuously modify and improve the overall approach and individual activities? How are you measuring and disseminating your successes?