



TASK FORCE ACCOMPLISHMENTS: SEPTEMBER 2010 TO AUGUST 2011

Listed below are some of the key accomplishments of the Task Forces from the first year of the Action Alliance.

INFRASTRUCTURE TASK FORCES

DATA AND SURVEILLANCE TASK FORCE

- ◆ Reviewed vital statistics system and identified potential areas for improvement, particularly related to data quality and system timeliness.
- ◆ Reviewed existing datasets to identify those most promising for suicide prevention. Several of these datasets utilize emerging or novel approaches (e.g., early warning detection systems [BioSense]), non-traditional data sources (e.g., National EMS Information Systems), or have the potential to incorporate suicide-related information (e.g., Behavioral Risk Factor Surveillance System).
- ◆ Submitted suggestions for the revised National Strategy to NSSP Revision Task Force.

NATIONAL STRATEGY (NSSP) REVISION TASK FORCE

- ◆ Conducted an ambitious effort to gather input for updating the NSSP through public listening sessions, a web-based survey instrument, Task Force co-leads, workshops and other means.
- ◆ Convened key planners for two days to discuss the input received. Began drafting the revised NSSP and planning for a Spring 2012 release.

RESEARCH PRIORITIZATION TASK FORCE

- ◆ Established the goal to develop an agenda for research that has the potential, if implemented successfully, to reduce morbidity (attempts) and mortality (deaths) each, by at least 20% in 5 years, and 40% or greater in 10 years.
- ◆ Reviewed literature to determine what interventions, if applied optimally, could result in 7,000 fewer suicide deaths annually.
- ◆ Contacted national experts for their input on a research agenda for reducing suicide deaths and attempts.

In 2011, the Action Alliance's Public Awareness and Education Task Force put in motion a strategy to shift public perception about suicide by working with the entertainment industry and social media to reach various audiences. In 2012, our messages will continue to be clear and direct, conveying that suicide is preventable, creating awareness about signs that help is needed, and promoting the help available through the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Brian Dyak, EXCOM member and Co-Lead of the Public Awareness and Education Task Force





- ◆ Gathered nation-wide stakeholder input for aspirational research goals, resulting in 12 ideas currently being ranked and discussed for reduced burden, practicality, and acceptability.
- ◆ Planned a review of the current research portfolio in order to highlight the greatest research gaps.
- ◆ Began to conceive of a “Map of Burden” of available data on suicide deaths and attempts, in order to identify where the greatest burden of suicide attempts and deaths are found (i.e. demographically defined populations and settings).

INTERVENTIONS TASK FORCES

CLINICAL CARE AND INTERVENTION TASK FORCE

- ◆ Developed the final draft of a Task Force report (“Suicide Care in Systems Framework”) that includes recommendations for adoption by every health and behavioral health plan and provider on addressing suicide prevention.
- ◆ Expanded the dialogue to include those with systems-level responsibility with these key expectations: leadership commitment, culture and core values transformation, key clinical practices for different levels of care, and measurement to ensure performance improvement.
- ◆ Introduced the concept of a “boundaried population” for health care and behavioral health system accountability. Highlighted opportunity for a “zero-defect” approach that works to render suicide a “never event” in health care settings and plans.

CLINICAL WORKFORCE PREPAREDNESS TASK FORCE

- ◆ Identified and revised specific goals of the NSSP related to training of the clinical professions.
- ◆ Built a key stakeholders list of 50+ entities to solicit support for developing training standards for various professions and to build a conduit for support.
- ◆ Established two primary workgroups to gather information and solicit support:
 - Survey workgroup to survey current training requirements of the identified key stakeholders and willingness to support the work of the task force (state/regulatory, credentialing bodies/higher institutions).
 - Literature and Training Standards workgroup to review current practices among clinical professionals.

FAITH COMMUNITIES TASK FORCE

- ◆ Collaborated with Military/Veterans Task Force to implement “Partners in Care” program to link local congregations with returning National Guard veterans (see the Military/Veterans task force text above for more information).
- ◆ Explored options with the Public Awareness and Education Task Force for a social media campaign with faith leaders across the nation to advance mental health promotion and suicide prevention in faith communities.
- ◆ Studied responses to tragedy and hopelessness in Abrahamic literature and began investigating venues for disseminating a webinar on the topic. The goal will be to orient faith-leaders to the resources within this important literature that can be used to promote hopefulness, social support, and reasons for living.





PUBLIC AWARENESS/EDUCATION TASK FORCE

- ◆ Recommended revisions to specific elements of the NSSP relating to the media goals.
- ◆ Coordinated extensive outreach campaigns leveraging traditional and new media to focus on prevention and raising awareness. Activities included:
 - Promoting suicide prevention awareness and education to the entertainment community, including sending a newsletter to about 6,000 people in the entertainment industry.
 - Outreach to the general public to promote the National Suicide Prevention Lifeline in nationally simulcast PRISM Awards Showcase. The Showcase honors accurate depictions of substance abuse and mental health stories within entertainment programming.
 - Outreach campaigns leveraging media focusing on the "Take 5 Campaign" with SAVE and Facebook, and coordination of media for World Suicide Prevention Day.

WORKPLACE TASK FORCE

- ◆ Recruited members from key stakeholder groups, including business, human resource management, and behavioral health and crisis interventions services.
- ◆ Researched existing materials, toolkits and resources available to support suicide prevention efforts in the workplace.
- ◆ Conducted research in preparation for drafting a business case that will serve as the foundation for employers promoting suicide prevention initiatives in their workplaces, with a goal of making workplaces increasingly healthy and productive.

YOUTH IN CONTACT WITH THE JUVENILE JUSTICE SYSTEM TASK FORCE

- ◆ Formed four sub-groups to address the following task force objectives:
 - Develop and implement a comprehensive national strategy directed at individuals working in the juvenile justice system with an action plan to promote awareness of suicide risk and prevention among juvenile-justice-involved youth.
 - Collect and review current research on suicide and its prevention among juvenile-justice-involved youth to identify gaps in literature and research, make funding recommendations for future research, and disseminate a white paper.
 - Review, develop and implement suicide prevention programs and training curricula; enforce implementation of National Juvenile Correctional Standards.
 - Improve collaboration between the mental health and juvenile justice systems. The subcommittee is reviewing four existing collaboration plans and will make a formal recommendation.

HIGH-RISK POPULATIONS TASK FORCES

AMERICAN INDIAN/ALASKA NATIVE (AI/AN) TASK FORCE

- ◆ Conducted ten (10) Tribal listening sessions across Indian country to gather information on suicide prevention needs, concerns, programs, and practices.
- ◆ Co-led Action Summits for Suicide Prevention in Arizona and Alaska. The information obtained at the listening sessions provided the foundation for the suicide prevention trainings and program





topics for the Action Summit for Suicide Prevention in Arizona and Alaska. Open meetings were held for Summit participants to provide comments.

- ◆ Contributed to the planning and launch of three AI/AN strategic planning documents on suicide prevention and behavioral health. The documents state goals and objectives for dealing with suicide, alcoholism, substance abuse, and other behavioral health issues in Indian Country.

LESBIAN, GAY, BISEXUAL, TRANSGENDER YOUTH TASK FORCE

- ◆ Reviewed the NSSP and provided input to NSSP Revision Task Force to ensure inclusion of LGBT-oriented content in the NSSP revision.
- ◆ Prioritized addressing the lack of data on completed suicides among LGBT populations as a key prevention strategy.
- ◆ Identified the importance of addressing needs of LGBT people across the lifespan in suicide research and prevention.

MILITARY/VETERANS TASK FORCE

- ◆ Collaborated with Faith Communities Task Force to implement the “Partners in Care” program, developed by a National Guard chaplain. Implemented in five states, the program will allow faith-based communities to work with their state National Guard to provide care and support for military personnel and suicide prevention training targeted at military and veterans.
- ◆ Identified that most community-based suicide prevention trainings do not address military culture, thereby missing an important opportunity to prevent suicides among military members and veterans. Established a goal to create a suicide prevention module with emphasis on military culture that can be used nation-wide by organizations involved in disseminating suicide prevention trainings.

