Nebraska Statewide Suicide Prevention Plan 2016-2020

This plan provides a framework to help Nebraskans work together to prevent suicide. It sets out shared strategies for suicide prevention and sets the stage for action plans created by communities, agencies and organizations across the state.

Acknowledgements

This document is the result of a collaborative effort. Many Nebraskans participated in the development and review of this document. Thank you to all of the contributors, especially those who have been impacted by suicide. Among the many contributors, several groups spent considerable time and energy on this document and on the process leading up to this plan.

- *Nebraska Department of Health and Human Services, Division of Behavioral Health*
- *Nebraska State Prevention Advisory Council*
- *Nebraska Statewide LOSS Team (Local Outreach to Suicide Survivors) Development Group*
- *Nebraska State Suicide Prevention Coalition and associated community coalitions*
- *Nebraska youth summit participants*
- *Regional Behavioral Health Authorities of Nebraska*
- *University of Nebraska Public Policy Center*
- *Anonymous survey respondents reviewing the draft plan*
- *Focus group participants (led by Regional Behavioral Health Authorities)*

Introduction

Suicide is a preventable public health problem impacting Nebraskans of all ages and backgrounds across our state, tribal lands and nation. Suicide prevention is everyone's responsibility. The desired outcome of actions stimulated by the state suicide prevention plan is zero suicides in Nebraska. This is an aspirational goal that recognizes the personal nature of suicide and its impact[1]. One suicide is too many in any family, community or system. Nebraska's challenge is to adopt a statewide philosophy that suicide is preventable accompanied by shared strategies to prevent it. This sets the stage for the development of specific action plans that include measurable outcomes.

Desired outcome:
Zero Suicides in Nebraska

- This plan guides Nebraska suicide prevention efforts
- Suicide prevention strategies are shared statewide
- Action planning and surveillance occurs at local, regional, state & tribal levels

Nebraska's plan builds on the 2012 National Strategy for Suicide Prevention by embracing an ecological approach to suicide and the organization of goals and objectives in four interconnected strategic directions.

The Department of Health and Human Services (DHHS) Division of Behavioral Health purposely maintains this statewide plan for suicide prevention as a shared document for all systems. Thus, this plan provides a framework for state agencies, regional entities, community coalitions and organizations to guide development of action plans related to suicide prevention. These organizational action plans should support the state's suicide prevention goals and be evidence-based or informed, culturally sensitive and data-driven.

Nebraska Plan Development

Revision of Nebraska's suicide prevention plan was guided by a collaborative that included representatives from the Nebraska DHHS Division of Behavioral Health, Regional Behavioral Health Authorities, the Nebraska State Suicide Prevention Coalition and State LOSS Team (Local Outreach to Suicide Survivors) Development Group. Stakeholder involvement in plan development included an on-line survey and focus groups led by Regional Prevention System Coordinators and in-person reviews by the Nebraska State Suicide Prevention Coalition, LOSS Team representatives, and the State Prevention Advisory Council prior to finalizing a draft for public review and comment. Appendix A contains results of the survey and focus groups prioritized by Nebraska stakeholders.

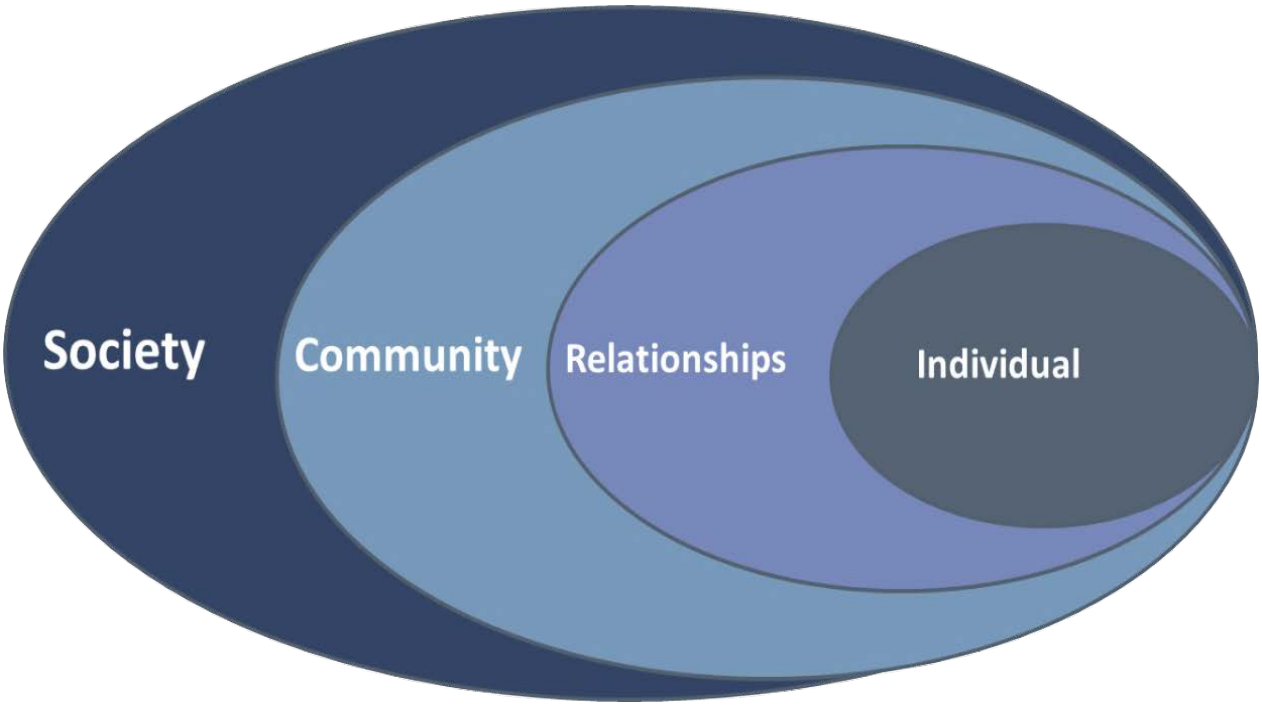
[1] More information about the zero suicide approach and its application to health and behavioral health care systems can be found at http://zerosuicide.sprc.org/

Ecological Approach

Nebraska's state suicide prevention plan is built on the strategic directions identified in the National Suicide Prevention Strategy (2012)[2]. The plan assumes that an ecological approach to suicide prevention promotes sustainable change.

The ecological approach assumes that risk and protective factors can be viewed from and are influenced by interactions at many different levels. The first level is the individual, including biological, historical and situational factors that influence a person's behavior. The second level includes relationships surrounding the individual and their influence on behavior. The third level is the community(s) in which relationships occur. The fourth level includes societal factors like culture, inequalities and policies that create the climate for communities.

Action plans designed to increase factors that protect us from suicide or decrease factors placing us at risk for suicide can be implemented at each of these levels. For example, treating depression at an individual level decreases suicide risk; increasing healthy connections enhances relationships and protection against suicide; safe schools are part of healthy communities; and appropriate restriction of lethal means of suicide as a societal norm decreases suicide overall.



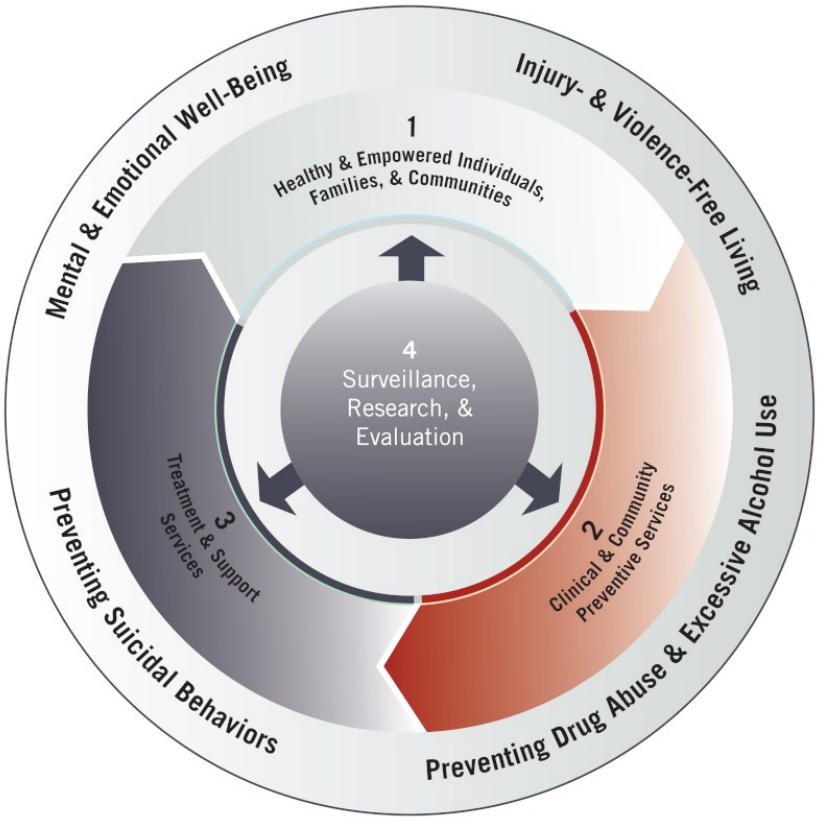
[2] http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/

National Strategic Directions

The National Strategy for Suicide Prevention is organized with four strategic directions that are "interrelated and interactive, rather than stand alone areas" (page 24 of the National Strategy). Organization by strategic direction allows for overlaps in each of these areas with a caveat that goals and objectives must be customized and made culturally and linguistically relevant by local areas working in suicide prevention. The four strategic directions[3] support promotion of mental and emotional well-being, injury and violence free living, preventing suicidal behaviors and preventing drug abuse and excessive alcohol use by focusing on:

1. Healthy empowered individuals, families and communities
2. Clinical and community preventive services
3. Treatment and support services
4. Surveillance, research and evaluation

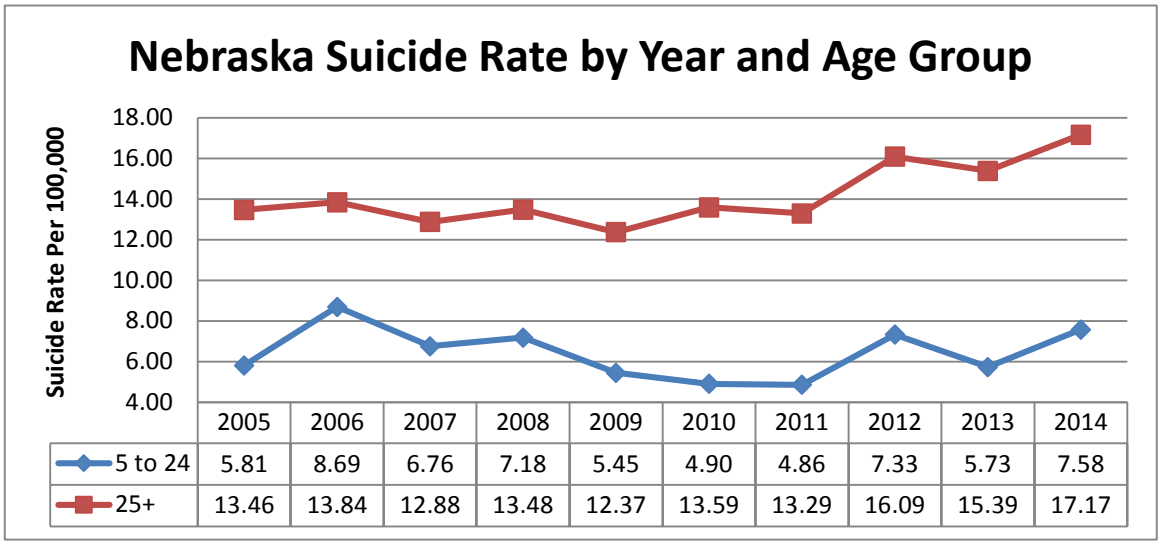
Organization of National Strategic Directions



[3] Graphic representing National Strategic Directions retrieved 1/19/2016 from http://www.ncbi.nlm.nih.gov/books/NBK109906/

Suicide in Nebraska

Suicide is a public health problem in Nebraska. Nebraska's overall rate of suicide in 2014 was 12.5 per 100,000 people – which is only slightly lower than the nation's overall rate of 12.94 per 100,000 people.



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
5 to 24	5.81	8.69	6.76	7.18	5.45	4.90	4.86	7.33	5.73	7.58
25+	13.46	13.84	12.88	13.48	12.37	13.59	13.29	16.09	15.39	17.17

The trend in Nebraska for both youth and adults shows slightly increased rates of suicide from 2005 to 2014. Nebraska's data on suicide is compiled by the Nebraska Department of Health and Human Services, Division of Public Health from hospital discharge data. Nationally the rates are monitored by the Centers for Disease Control (CDC).

Strategies to reduce the risk of suicide in Nebraska

The work of reducing the risk of suicide must be shared among systems (e.g., education, behavioral health, public health, justice, etc.), communities, organizations and individuals across the state if we are to reach the desired outcome of zero suicides in Nebraska. The Nebraska plan fosters this shared sense of responsibility by identifying priority strategies which will guide development of action plans at local, regional and state levels. The strategies can be applied using an ecological approach by directing actions to meet identified needs for individuals, relationships, communities or society. For example, an agency, collaborative or community may identify a priority group that is more vulnerable and at risk for suicide (e.g., older men, adolescents, Lesbian, Gay, Bisexual, returning veterans, etc.) and embrace one or more strategies directed at that group when creating specific action plans. Some actions may impact individual risk (e.g., screening for suicide risk) and some address community issues (e.g., placing resource numbers near bridges or parking structures). Nebraska has identified two overarching strategies in each of the strategic directions that can be applied using this ecological model.

Healthy Empowered Individuals, Families & Communities

Strategy 1: Increase Nebraskans' knowledge of factors promoting wellness and recovery.

> This strategy sets the stage for communities and organizations to come together to make suicide prevention a priority by increasing the factors that protect us from suicide risk. Health promotion and enhancement of pro-social activities (i.e., sharing, helping others, providing support) create connections among people, which in turn decrease suicide risk. Wellness and recovery are supported when communities embrace getting help for mental health problems as a sign of strength. This also helps break down the stigma associated with getting mental health treatment.

Strategy 2: Increase the number of Nebraskans who know warning signs and how to help someone who is at risk for suicide.

> Promoting widespread awareness of suicide warning signs and how to help will increase the likelihood that a person is identified and connected to help early. This strategy creates an understanding that Nebraskans of all ages can make a difference and save a life by knowing what to look for, the questions to ask and resources to help.

Clinical & Community Prevention Services

Strategy 3: Integrate evidence informed, culturally sensitive suicide prevention strategies in all systems serving Nebraskans.

> This strategy creates the expectation that every system in Nebraska (education, healthcare, justice, etc.) have suicide prevention as a part of their service, training and culture. Using proven interventions and data collection to move culturally sensitive strategies into the evidence informed category will ensure that Nebraskans are served well.

Strategy 4: Increase local/regional collaborations addressing health promotion and early prevention.

> Nebraskans regularly come together and collaborate. This strategy expands the focus of new and existing collaborations to include promotion of healthy behaviors and prevention of risk factors for suicide as early as possible. Collaborations are encouraged to embrace the ecological approach by implementing interventions that promote health at all levels (individual, relationships, community, and society). The Nebraska State Suicide Prevention Coalition serves as a networking hub for local coalitions and collaborative groups specifically addressing suicide.

Treatment & Support Services

Strategy 5: Increase clinical expertise in assessment and management of suicide risk across the state.

Mental health treatment and support services in Nebraska are not readily available in all areas of the state. This strategy addresses the availability and quality of treatment services in Nebraska by insisting that professionals offering mental health services have the knowledge and skill to appropriately assess and manage suicide risk. Clinical settings (mental health, substance abuse and healthcare) are encouraged to adopt practices that move Nebraska closer to the desired outcome of zero suicides.

Strategy 6: Increase availability of crisis management services across the state.

A critical component of suicide prevention is the availability and accessibility of services when someone is in need of them. Crisis intervention, management and support services are prioritized for development or enhancement as part of this strategy. Postvention services (serving survivors immediately after a suicide death) are critical in the aftermath of suicide and serve a crisis management function for survivors. These services are delivered in communities (e.g., Local Outreach to Survivors of Suicide – LOSS – teams) and in organizations such as schools or universities by crisis response teams.

Surveillance, Research and Evaluation

Strategy 7: Expand the use of regularly collected data to measure progress toward achievement of suicide prevention goals and action plans at all levels (state, regional, local, organizational).

A variety of data is collected and reported locally, regionally and at the state level. This goal encourages use of this data to assess progress toward achieving goals related to suicide prevention that are set at regional or state levels. Incorporating evaluation and tracking protocols in action plans that minimize the burden of data collection by using existing datasets when possible will be more sustainable over time.

Strategy 8: Increase coordination of data dissemination at all levels.

Data is collected and reported in every system (e.g., education, health, justice, etc.) at every level (state, regional, local, organizational). Coordination and agreement of what to track and how to report it will increase evidence informed decision making and the overall understanding of progress made in the area of suicide prevention. Accessible, easily understood reporting should be the goal of data reporting at every level.

Action Plans

The Nebraska State Suicide Prevention Plan sets out strategies to move towards the ultimate goal of zero suicides in Nebraska. The plan is a multi-year guidance document that sets the stage for individual agencies, organizations and coalitions to create action plans focusing on one or more of the strategies offered in the plan. These action plans are dynamic and should include measurable outcomes, along with a plan of action to achieve them. Action plans are "owned" by the entity that creates them and thus are not part of this overall plan. The Nebraska State Suicide Prevention Coalition for example, creates an action plan that is reviewed and revised annually. The DHHS Division of Behavioral Health incorporates action planning for suicide prevention into their strategic prevention plan for the Nebraska Behavioral Health System. Appendix B contains an action plan template that can be customized for use in support of Nebraska's State Suicide Prevention Plan.

Online Government Funded Resources

Nebraska Department of Health and Human Services, Division of Behavioral Health Suicide Prevention
http://dhhs.ne.gov/behavioral_health/Pages/beh_mh_suialert.aspx

Nebraska Department of Education School Safety Center
http://www.education.ne.gov/Safety

Suicide Prevention Resource Center (SPRC) (Contains links to evidence informed practices and other resource material)
http://www.sprc.org/

SAMHSA/HRSA Integrated Health Solutions for Suicide Prevention
http://www.integration.samhsa.gov/clinical-practice/suicide-prevention

	Healthy Empowered Individuals, Families & Communities	Clinical & Community Prevention Services	Treatment & Support Services
What would be different in your world if suicide prevention was a priority in Nebraska?	1. Healthy and well individuals and families 2. Increase awareness 3. Decrease stigma 4. Communities come together to make suicide a priority 5. More open dialogue about suicide 6. Fewer suicide attempts 7. Lower rates of youth thinking about suicide 8. Decrease drug abuse 9. Public aware of how to help people who may be suicidal 10. Veterans return to communities with support 11. More public ad campaigns 12. Decrease community levels of violence 13. Decrease worry, sadness and anxiety about friends and family who are suicidal 14. Emergency room use decreases for self-injury 15. Fewer concerning social media posts 16. Youth understand themselves better 17. Crime decreases as prevention services increase 18. More people know suicide is a serious issue 19. Mechanisms for awareness in community prevention	1. Increase collaborations 2. Increase prevention pathways 3. Screening 4. Suicide prevention planning is integrated in all systems 5. Training/Education for professionals (law enforcement, educators, providers) 6. Law enforcement and behavioral health work together closely 7. All are aware of screening and referral protocols 8. Providers know how to address trauma and suicidality 9. Anti-bullying interventions are in all schools 10. Behavioral health issues are addressed 11. Continuity of services is valued in all systems 12. Braid funding for substance abuse prevention and mental health promotion 13. Address child abuse and promote early prevention strategies 14. Fewer Emergency Protective Custody cases across state 15. Collection and use of Adverse Childhood Experiences (ACE) 16. Decrease drug and alcohol use and abuse 17. Education for youth	1. Services available across the state 2. Accurate assessments 3. Improved discharge planning 4. Appropriate treatment is available when needed 5. Unfettered access to appropriate services 6. More support services are available when they are needed 7. Crisis services are available when needed 8. Hospitals have discharge plans in place and increase follow-up after discharge 9. Systems are collaborative in service planning for individuals and families

APPENDIX A – Prioritization of state survey results – October 30, 2015

	Healthy Empowered Individuals, Families & Communities	Clinical & Community Prevention Services	Treatment & Support Services
What is needed to reduce risk of suicide in communities	1. Culture of acceptance and fostering protective factors 2. Health promotion 3. Decreased stigma attached to help seeking behaviors 4. Widespread awareness of suicide warning signs and what to do 5. Promote pro-social activities for all ages 6. Integrated information dissemination among systems 7. Increased public awareness of suicide by school personnel and students within schools 8. Awareness of services available to Veterans 9. Community champions for suicide prevention 10. Good access to services	1. Identify students at risk 2. Prevention of bullying and violence 3. Expand use of peer support 4. Support groups (depression, suicide survivors, etc.) 5. Prompt effective referrals 6. Culturally sensitive interventions 7. Known resources for referral of persons at risk in the community 8. Conferences or summits for middle school age youth promoting suicide prevention 9. Programs that value seniors 10. Prevention services 11. Integration of prevention practices in faith communities 12. Increased funding for prevention, health promotion and treatment services 13. Expand training of law enforcement in mental health issues	1. Shared goal of zero suicides 2. Trained clinicians in all areas of the state 3. Increased access to crisis management services 4. Postvention for youth/schools after an attempt or death

	State Level Tracking Responsibility	Regional Level Tracking Responsibility	Local Level Tracking Responsibility**
What should be tracked in Nebraska and who should track it	• Surveys-Educator competence to screen for suicide • Youth perceptions (YRBS;BRFS) • Satisfaction with services • Perceived competence in assessing suicide risk • Statistics – death; prevalence of mental health disorders • Number of youth in juvenile justice programs, foster care, and out of home care with behavioral health issues • Method and means tracking • Longitudinal tracking of persons attempting suicide* • Number of suicide completions • Embed questions in existing scientific polls regularly given in Nebraska	• Success of treatment programs and providers with treatment of suicide issues • Safety plan efficacy • Number and location of behavioral health services • Reasons for leaving services • Number of crisis calls • Number of psychiatric inpatient stays • Number and location of EPC's • Measure acceptance of awareness training	• Qualitative data – interviews with suicide attempters and survivors • Number of support groups • Number of persons asking for help when suicidal • Number of suicide attempts • Depression screening statistics • Number of emergency room visits • Track media for suicide prevention reporting bias and responsible reporting • Track awareness activities and health promotion activities • Track positive outcomes and increase of protective factors • Assess quality of relationships between adults and youth/students/transition age youth

* Longitudinal tracking may be an activity on every level

**Local responsibility in frontier areas may actually be regional

How to use this template

The following pages include a set of tables that can be used to create an action plan based on the strategies set out in the Nebraska State Suicide Prevention Plan 2016-2020. Here are few suggestions to help you with a process to complete the template.

Step 1 – Needs Identification

What are the identified needs you are addressing with your action plan? For example, you may have completed a needs assessment in your community or agency that identified a lack of educator awareness about what to do if someone is suicidal, a demographic group at high risk for suicide living in the community or a need for more expertise in treating depression in the community.

Step 2 – Set Measurable Desired Outcomes / Goals

Identify what would be different if the need (step 1) was met. This becomes an outcome or goal that will ultimately be measured to determine if your actions succeed. Include the type of data or measurement needed to prove that the outcome or goal was achieved. For example, if the need is for youth leaders to know what to do if a youth is suicidal, the expected outcome could be worded like this: One hundred percent of youth leaders in our area will complete suicide prevention training; or Ninety percent of youth leaders participating in suicide prevention training will show an increase in knowledge as evidenced by pre- to post-test scores.

Step 3 – Create a list of Actions, Responsible Persons and Timelines

Once you have identified the need and the desired outcome, create a list of specific actions that can be taken to move toward that goal. Actions are more likely to be completed if the responsible person(s) or group(s) is clearly noted and a timeline attached for completion of the action. For example, one action may be to identify the organizations with youth leaders in your area which is assigned to a member of the coalition to complete by a certain date.

Step 4 – Measure Progress

Measure your progress. The action plan can be modified as conditions change and data is collected. Be sure to celebrate progress!

Choose the strategic direction(s) and strategies you are supporting with your action plan and fill in the tables with your group's plan of action.

Healthy Empowered Individuals, Families & Communities				
Strategy 1: Increase Nebraskans' knowledge of factors promoting wellness and recovery.				
Identified Need	**Action/Activities**	**Expected Outcome (Measurable Goal)**	**Responsible Party**	**Timeline**
Strategy 2: Increase the number of Nebraskans who know warning signs and how to help someone who is at risk for suicide.				
Identified Need	**Action/Activities**	**Expected Outcome (Measurable)**	**Responsible Party**	**Timeline**

Clinical & Community Prevention Services				
Strategy 3: Integrate evidence informed, culturally sensitive suicide prevention strategies in all systems serving Nebraskans.				
Identified Need	**Action/Activities**	**Expected Outcome (Measurable)**	**Responsible Party**	**Timeline**
Strategy 4: Increase local/regional collaborations addressing health promotion and early prevention.				
Identified Need	**Action/Activities**	**Expected Outcome (Measurable)**	**Responsible Party**	**Timeline**

Treatment & Support Services				
Strategy 5: Increase clinical expertise in assessment and management of suicide risk across the state.				
Identified Need	**Action/Activities**	**Expected Outcome (Measurable)**	**Responsible Party**	**Timeline**
Strategy 6: Increase availability of crisis management services across the state.				
Identified Need	**Action/Activities**	**Expected Outcome (Measurable)**	**Responsible Party**	**Timeline**

Surveillance, Research & Evaluation				
Strategy 7: Expand the use of regularly collected data to measure progress toward achievement of suicide prevention goals and action plans at all levels (state, regional, local, organizational).				
Identified Need	**Action/Activities**	**Expected Outcome (Measurable)**	**Responsible Party**	**Timeline**
Strategy 8: Increase coordination of data dissemination at all levels				
Identified Need	**Action/Activities**	**Expected Outcome (Measurable)**	**Responsible Party**	**Timeline**