

The Georgia Suicide Prevention Plan

Two of my son's classmates committed suicide. One was a former classmate who had transferred to an alternative school; the other a friend to whom he was particularly close, as we were to her family. On the eve of my son's high school graduation, amid the hustle and bustle, smiles and cheers, are the tears of a school community for one who will not walk across the podium, will neither stand with her classmates nor make the round of graduation parties. As I weep for joy for my son's success, these tears will be mixed with tears of despair and anguish for her family as they watch her twin brother cross the stage alone.

– A Georgia Mother

Death by suicide is not a gentle deathbed gathering: it rips apart lives and beliefs, and sets its survivors on a prolonged and devastating journey.

–Kay Redfield Jamison,
Night Falls Fast: Understanding Suicide

Funding For Operation of the
SUICIDE PREVENTION ADVOCACY NETWORK (SPAN)

Preparation of this **Georgia Suicide Prevention Plan (Plan)**
has been made possible by
“Funding for operation of the Suicide Prevention Advocacy Network (SPAN)”
as provided in the **Georgia FY 2001 Budget**, page 278 as shown below.

DEPARTMENT OF HUMAN RESOURCES – FY 2001 Budget Summary

ENHANCEMENT FORM

ENHANCEMENTS

Division of General Administration and Support

- | | | |
|----|---|-----------|
| 1. | Complete statewide implementation of Family Connection | 2,100,000 |
| 2. | Funding for post-adoptive training for staff and private providers designed to ensure childrens’ placements with adoptive families are permanent | 1,367,116 |
| 3. | Provide fundsfor DHR complete systems (514,534,828 total funds). Funding includes \$5,333,696 to cover operating deficits in current systems; \$700,000 for master license agreements; \$2,000,000 for the sunrise 2000 system; and \$1,494,000 for Public Health data systems and six positions including \$985,000 for vital records document imaging, \$237,000 for the Statewide Electronic notifiable Disease Surveillance Systems, and \$272,000 for the Public Health web site. An additional \$63,500 (74,608 total funds) is recommended for new Adult Protective Services case workers. | 9,591,276 |
| 4. | Create a new Office of Children’s Advocate. Add four new positions. | 300,000 |

Division of Public Health

- | | | |
|----|---|-----------|
| 1. | Provide statewide coverage of mental health prevention services | 1,000,000 |
| 2. | Funding for operation of the Suicide Prevention Advocacy Network (SPAN) | 250,000 |

The content of the Plan is solely the responsibility of SPAN USA.
The content of the Plan does not necessarily represent the official views of
the Georgia Department of Human Resources.

DEDICATED TO

All Georgians who have been touched by suicide –
that we might prevent these tragic losses

TOGETHER WE CAN

SALUTE TO

DAVID SATCHER, MD, PhD

Georgia Survivors of Suicide salute Surgeon General David Satcher for his outstanding leadership in mobilizing public support behind the challenge to address the National Public Health problem that suicide and suicidal behavior represent.

With his tireless energy and his attention to *listening*, Dr. Satcher has translated the message from “grassroots” people into action.

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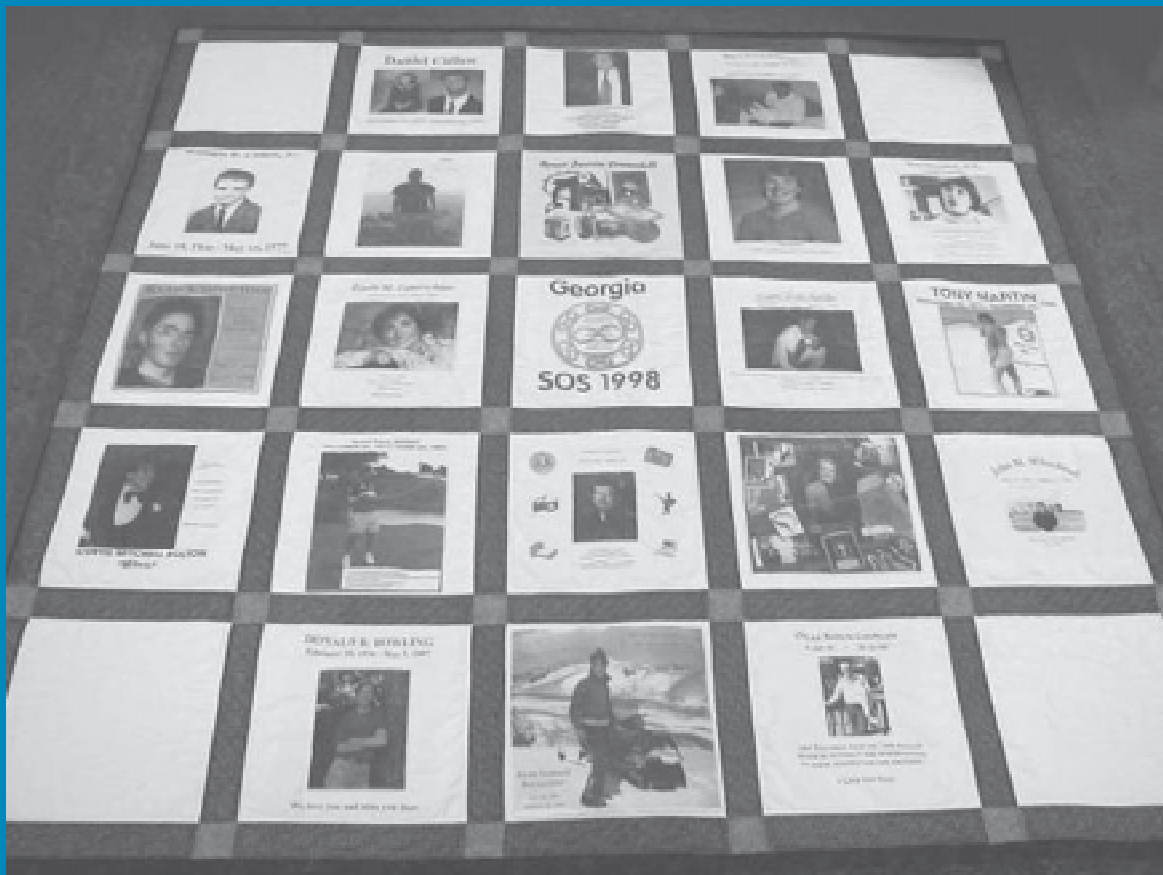
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FIRST *Lifekeeper*® *MEMORY QUILT*

Georgia *Faces of Suicide*

May 1998



Sandy Martin, a native Georgian raised in Cabbagetown (Atlanta), survives the suicide death of her only child, Tony. She is a charter member of SPAN USA and is currently President. During the first *National Suicide Prevention Awareness Event* (1996) Washington DC, as Sandy carried Tony in her heart and dreams, the seed to “Keep Life” was sown.

Since then, Sandy founded the *Lifekeeper Foundation*® that creates artwork and poetry and produces *Lifekeeper*® jewelry for sale. Technical guidelines and assistance for **Faces of Suicide** Quilts that Sandy started is also available through the Foundation. Visit their website at <http://www.lifekeeper.com>



Lifekeeper® **Faces of Suicide** Quilts carry the message that suicide prevention is about **saving lives**.

Suicide occurs in our families, so suicide prevention must also take place in our families, communities and counties.

Acknowledgements

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And special thanks to the 800 GEORGIANS who helped in the development of the plan by participating in focus groups and completing surveys

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Executive Summary

Suicide is a serious public health problem in Georgia. It is the ninth most common cause of death, taking the lives of more Georgians than murder. In fact, among Georgia youth and young adults ages 15-24, suicide is the third leading cause of death. Each year 850 Georgians of all ages die by suicide and about 17,000 seek emergency care for injuries related to suicide attempts. This is a tragedy, because many suicides are preventable. The good news is that you can help prevent them.

What can one family or one couple in Georgia do to prevent suicide? *A lot.* Here's an example:

The Suicide Prevention Advocacy Network USA (SPAN USA) was founded in Marietta, Georgia by the family of Terri Ann Weyrauch, MD, as a result of Terri's 1987 suicide. This national grassroots, non-profit organization, which was officially launched in 1996, brought the concept of "political will" into suicide prevention. As a result of their national success, SPAN USA formed a partnership with a number of Georgia public and private organizations in 1999 to do something about the problem of suicide in Georgia.

Responding to their plea for help, Governor Roy Barnes and the Georgia Legislature provided funding in the FY 2001 Georgia State Budget for SPAN USA to develop the Georgia Suicide Prevention Plan. Since then, many Georgians representing different fields and backgrounds have participated in the plan's development. The National Mental Health Association of Georgia (NMHAG) and the Georgia Department of Human Resources Division of Public Health have been key organizational partners. Now you can make a difference too!

A Framework for Suicide Prevention

The Georgia Suicide Prevention Plan (Plan) provides a framework for getting everyone in Georgia—including you—involved in preventing suicide. The Plan is designed to guide individual people, agencies, and organizations, in local communities as well as regional and state levels. One goal of this Plan is to change individual attitudes and knowledge about suicide. Equally important, the Plan seeks to promote suicide prevention in many of the systems in Georgia that touch our lives. These include education, health care, media, the workplace, faith communities, and criminal justice.

The overall aims of the Plan are to:

- prevent deaths due to suicide across the life span,
- reduce the occurrence of other self-harmful acts,
- reduce the suffering associated with suicidal behaviors and the traumatic impact of suicide on loved ones, and
- provide opportunities and settings to enhance resilience, resourcefulness, respect, nonviolent conflict resolution, and interconnectedness for individuals, families, and communities.

"Suicide could happen in your family too. Please, we need your help in fighting mental illness and saving precious lives."

—A Georgia youth who lost her teenage brother to suicide

The Plan is based on recommendations and information from:

- The Surgeon General's *Call to Action to Prevent Suicide 1999*
- The National Strategy for Suicide Prevention: Goals and Objectives for Action
- Suicide in Georgia: 2000, a state public health report, and
- Input from many concerned individuals and groups in Georgia.

The Pieces of the Plan

There are three large pieces that make up the Plan. These pieces represent its **foundation**, its **building blocks**, and its **keystone**.

The **foundation** of the Plan uses the **public health approach** for suicide prevention. This five-step public health model defines the problem, identifies risk and protective factors, develops and tests interventions to reduce risks and increase protective factors, implements interventions, and evaluates effectiveness. The public health model for suicide prevention is a systematic approach to developing and implementing interventions that are effective in reducing suicide.

The **building blocks** of the Plan are arranged as opportunities for Awareness, Intervention, and Methodology (AIM) to improve suicide prevention. These **major action steps** are presented as goals and objectives.

The **keystone** of the Plan is **implementation**; that is, putting the Plan to work.

Goals and Objectives of the Plan

Action Step: **A**WARENESS

Goal 1. Promote awareness that suicide is a serious public health problem and that many suicides are preventable.

Objectives for Goal 1 include:

- developing and implementing public information campaigns designed to increase all Georgians' knowledge of suicide prevention and an understanding of the role of risk and protective factors.
- establishing regular Georgia suicide prevention conferences.
- providing information through the Internet.

Goal 2. Develop broad-based support for suicide prevention.

Objectives for Goal 2 include:

- increasing the active participation of individuals, groups, communities, agencies, faith communities, and professional organizations in Georgia suicide prevention.
- developing the Plan Steering Committee and Advisory Council.

Goal 3. Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services.

Objectives for Goal 3 include:

- changing public attitudes to view mental and substance abuse disorders as real illnesses that respond to specific treatments.
- increasing the proportion of Georgians with underlying mental or substance abuse disorders who receive appropriate treatment.

Action Step: *I*NTERVENTION

Goal 4. Develop and implement community-based suicide prevention programs.

Objectives for Goal 4 include:

- increasing coordination among government agencies, and also between government agencies and private organizations, as they work to implement the Plan.
- increasing the number of evidence-based suicide prevention programs in schools, colleges, and universities, work sites, correctional institutions, aging programs, and community service programs.
- establishing policies and procedures in each setting for referral of persons at risk and for crisis response.

Goal 5. Promote efforts to reduce access to lethal means of self-harm.

Objectives for Goal 5 include:

- increasing the proportion of primary care clinicians, other health care providers and health and safety officials, who routinely assess the presence of lethal means in the home and educate about actions to reduce associated risks.
- developing and distributing materials to educate about actions to reduce the accessibility of lethal means of self-harm.

Goal 6. Implement training for recognition of at-risk behavior and delivery of effective treatment.

Objectives for Goal 6 include:

- improving education for nurses, physician assistants, physicians, social workers, psychologists, and counselors in the assessment and management of suicide risk, and the identification and promotion of protective factors.
- providing training for community members in recognizing and responding to persons at risk of suicide.
- providing education for family members of persons at elevated risk.

Goal 7. Develop and promote effective professional practices and support services.

Objectives for Goal 7 include:

- improving assessment and treatment of persons at risk for suicide.
- incorporating screening in primary care settings.
- training those who provide immediate response following a suicide to understand the unique needs of survivors and interact with tact and sensitivity.
- making appropriate mental health and substance abuse disorder treatment services available for persons with mental disorders, substance abuse disorders, or a history of trauma or abuse.
- fostering the education of family members and significant others of persons receiving mental health and substance abuse disorder treatment about the risk of suicide.

Goal 8. Improve access to and community linkages with mental health and substance abuse services.

Objectives for Goal 8 include:

- increasing the number of insurance plans that cover mental health and substance abuse care on par with coverage for physical health care.
- integrating mental health, substance abuse, and suicide prevention into health and social services outreach programs.
- incorporating screening and referral of persons at risk into many settings including schools, colleges, correctional institutions, clinics, and youth-serving programs.
- implementing support programs for persons who have survived the suicide of someone close to them.

Goal 9. Improve reporting and portrayals of suicidal behavior, mental illnesses, and substance abuse in the entertainment and news media.

Objectives for Goal 9 include:

- establishing a Georgia coalition of public and private organizations to promote accurate and responsible media representation of suicidal behaviors and mental illnesses.
- increasing the proportion of TV programs and news reports in Georgia that follow recommended guidelines for accurate and responsible portrayal of suicidal behavior and mental illnesses.
- including guidance on the portrayal and reporting of mental illnesses, suicide and suicidal behaviors in journalism courses of study.

Action Step: *M*ETHODOLOGY

Goal 10. Promote and support research and evaluation on suicide prevention.

Objectives for Goal 10 include:

- increasing funding (public and private) for suicide prevention research and evaluation conducted in Georgia, and for studies on how to put scientific knowledge into practice at the state, regional, and community levels.

- providing training and technical assistance on the evaluation of suicide prevention programs implemented in Georgia.
- increasing the number of jurisdictions in Georgia that will collect and provide information for follow-back studies on suicides.

Goal 11. Improve and expand systems for data collection.

Objectives for Goal 11 include:

- increasing the number of hospitals in Georgia that collect uniform and reliable data on suicidal behaviors by coding external cause of injuries and determining associated costs.
- implementing a violent death reporting system in Georgia that includes suicides and collects information not currently available from death certificates.
- using standard procedures for death scene investigations in Georgia counties.
- producing annual reports on suicide and suicide attempts in Georgia, such as *Suicide in Georgia: 2000*, which integrate information from multiple state data management systems.
- developing community level indicators for progress in suicide prevention to signal achievement of results.

Putting the Plan to Work

The keystone of the Plan is implementation—getting the Plan to work. This is where you can make a difference. In addition to the work of state agencies, implementing the plan will require broad participation and collaboration from individuals and groups in local communities. Professionals and community volunteers must work side-by-side, and public agencies and private organizations will have to expand their partnerships to make a difference in suicide prevention.

Suicide Prevention in Georgia is truly everyone's business!
The essential next steps are designed to:

- increase support, participation, and collaboration for suicide prevention,
- develop an operating structure or coordinating body for the Plan that reflects a public/private partnership and includes stakeholders,
- involve communities in suicide prevention planning at the local level,
- provide opportunities for people to share ideas and work together through statewide conferences and local community forums,
- make technical assistance and resources for suicide prevention widely available,
- develop and/or identify useful indicators to benchmark community progress in suicide prevention,
- improve program evaluation and surveillance, and
- provide progress reports on the Plan implementation.



Suicide too often kills multiple family members

Father and Son:

William Shannon Bruce, Jr.
Jan. 30, 1914 - Jul. 6, 1966

John Martin Bruce (Marty)
Aug. 24, 1957- Nov. 15, 1993

Mother and Son :

Darlene Meyer Breland
June 30, 1960 - June 5, 2000

Eric Michael Meyer
June 16, 1980 - Nov. 1, 1999

