

Iowa Plan for Suicide Prevention: 2005 to 2009

The Iowa Department of Public Health (IDPH) and Iowa's Suicide Prevention Strategy Steering Committee, hereinafter referred to as the Committee, has guided the development of the Iowa Plan for Suicide Prevention: 2005 to 2009. IDPH and the committee utilized the *Surgeon General's Call to Action to Prevent Suicide* and the *National Strategy for Suicide Prevention*, which highlights the need to increase awareness of suicide as a public health issue and calls for a public health approach focused on suicide prevention. This approach calls for five basic steps: clearly define the problem; identify risk and protective factors; develop and test interventions; implement interventions; and evaluate effectiveness.

Problem: IDPH reports that from 1999 to 2003, a total of 1,553 suicide attempts resulted in death and 280 of these completions were children and young adults from 10 to 24 years of age. In 2002, the Centers for Disease Control and Prevention reported that suicide was the ninth leading cause of death for all Iowans and it was the second leading cause of death for children and young adults from 10 to 24 years of age.

Suicide affects Iowa's families, friends, schools, businesses and communities. Although the number of Iowans impacted by suicide is difficult to calculate, conservative estimates indicate that there are at least six family members and friends intimately affected for every person who has attempted or completed suicide. This equates to at least 9,318 Iowans affected by a person's death from suicide from 1999 to 2003. The IDPH reports that over this same time period, 2,656 Iowa youth were hospitalized for attempted suicide, tragically impacting an estimated 15,936 family members and friends.¹ A successful reduction in the number of people who attempt or complete suicide will require a reduction in the number of people who are at risk.

Risk and Protective Factors: Iowans on the Committee have participated in the planning and development of a National Strategy for Suicide Prevention since 1998. Risk factors may be thought of as leading to or being associated with suicide; that is, people "possessing" the risk factors are at greater potential for suicidal behavior. Protective factors, on the other hand reduce the likelihood of suicide. They enhance resilience and may serve to counterbalance risk factors. Risk and protective factors may be biopsychosocial, environmental or sociocultural in nature. Although this division is somewhat arbitrary, it provides the opportunity to consider these factors from different perspectives.² The following risk and protective factors were developed as part of the national strategy.

RISK FACTORS²

Biopsychosocial

- Mental disorders
- Alcohol and substance use disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Some major physical illnesses
- Previous suicide attempt
- Family history of suicide

¹ Calculated using data provided by the American Association of Suicidology – www.suicidology.org - 1,553 and 2,656 multiplied by 6 respectively.

² National Strategy for Suicide Prevention: Goals and Objectives for Action, United States Department of Health and Human Services, 2001.

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Environmental

- Job or financial loss
- Relational or social loss
- Easy access to lethal means
- Local clusters of suicide that have a contagious influence

Social Cultural

- Lack of social support and sense of isolation
- Stigma associated with help-seeking behavior
- Barriers to accessing health care, especially mental health and substance abuse treatment
- Certain cultural and religious beliefs
- Exposure to, including through the media, and influence of others who have died by suicide

PROTECTIVE FACTORS²

- Effective clinical care for mental, physical and substance use disorders
- Easy access to a variety of clinical interventions and support for helpseeking
- Restricted access to highly lethal means of suicide
- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self preservation

Interventions and Evaluation: This suicide prevention plan is designed to increase awareness of suicide as a public health issue in Iowa and calls for a public health approach focused on suicide prevention across the life span.. The purpose is to build on the foundation of prior suicide prevention efforts in order to develop and implement statewide suicide prevention and early intervention strategies, grounded in public/private collaboration. The plan seeks to specify a targeted number of goals and objectives, focused on developing and/or implementing interventions and evaluating their effectiveness. The goals and objectives are considered to be a “living plan” where identified completion dates may change based on opportunity and available financial resources.

Goal 1: Develop and implement a public education and information campaign focused on recognition of suicide as a public health problem that is preventable.

Objective 1.1: By October 1, 2005, the Committee and the IDPH will select data driven, promising practices focused on promoting suicide prevention services.

Objective 1.2: By January 1, 2006, the Committee will expand collaborative partnerships to develop an implementation plan for a social marketing campaign.

Objective 1.3: By March 1, 2006, the Committee, the IDPH and collaborative stakeholders will utilize a logic model to develop an implementation plan for a social marketing campaign, to include identification of measurable outcomes. *(The campaign will include efforts to reduce access to lethal means and methods of self-harm.)*

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- Objective 1.4: By March 1, 2006 and annually thereafter, the Committee will review, select, and distribute guidelines for schools and colleges to respond to attempted and completed suicides.
- Objective 1.5: By July 1, 2006, the Committee, the IDPH and collaborative stakeholders will implement the planned social marketing campaign.
- Objective 1.6: On an annual basis, the Committee will review, update and distribute media guidelines for reporting about suicide.

Goal 2: Implement training and/or certification across multiple disciplines for the recognition of at-risk behavior and delivery of effective treatment.

- Objective 2.1: By March 1, 2005, the Committee and the IDPH will identify those community members where training will maximize efforts focused on suicide prevention.
- Objective 2.2: By December 1, 2005, the Committee and the IDPH will identify promising practices in suicide prevention training focused for each of the identified populations.
- Objective 2.3: By December 1, 2005, the Committee and IDPH will develop plans to train volunteers who work with at-risk older adults, and those who work with families facing mental health challenges. The Committee and IDPH will work with aging networks, youth workers (such as counselors, coaches, child care providers, and college resident hall advisors), and with Family-to-Family education programs of the Iowa Alliance for the Mentally Ill.
- Objective 2.4: By January 1, 2006, the Committee will promote certification of crisis lines by American Association of Suicidology to ensure quality of care.
- Objective 2.5: By January 1, 2007, the Committee and the IDPH will identify and promote programs that include suicide awareness and prevention in the certification and credentialing processes for those employed in the medical and related fields.

Goal 3: Expand evidence based, community screening, early identification and intervention programs.

- Objective 3.1: By September 1, 2005, the Department of Education, through its Learning Supports Initiative will encourage Area Education Agencies and local schools to collaborate with community service providers to implement research-based early identification and intervention programs (e.g. Columbia University Depression TeenScreen® Program, Signs of Suicide, etc.).
- Objective 3.2: Beginning January 1, 2006, the Committee and the IDPH will expand evidence-based, suicide screening, early identification and intervention programs in community-based settings, high risk employment settings, juvenile and adult community-based correctional settings, and in institutions of higher learning.
- Objective 3.3: By January 1, 2006, the Committee will work toward collaborating with the Iowa Department of Elder Affairs and its Area Agencies on Aging to enhance its screening and suicide prevention efforts.
- Objective 3.4: By January 1, 2006, the Committee will work toward collaborating with the Department of Veterans Affairs, the VA Central Iowa Healthcare System and

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Vet Center Programs to enhance screening and suicide prevention efforts for Iowa veterans.

Objective 3.5: By January 1, 2007, the Committee will promote development of statewide suicide survivor programs and a statewide survivor network to address the needs of relatives and friends of those who have died by suicide.

Goal 4: Improve and expand surveillance systems.

Objective 4.1: By April 1, 2006, the IDPH will collect data and annually report on “The face of suicide in Iowa.” (*IDPH will use hospital data, specifically tracking changes in demographic data and rates at the county, state, and regional levels.*)

Objective 4.2: By April 1, 2006, the IDPH, in consultation with the Committee, will begin distribution of a quarterly e-mail newsletter about suicide prevention research, potential funding sources, and updates on the state suicide plan to identified stakeholders.

Objective 4.3: By September 1, 2006, the Committee will identify additional data sources and indicators to expand our understanding of those at risk for suicide

Goal 5: Develop a policy agenda for suicide prevention.

Objective 5.1: By October 1, 2005, the Committee will develop a policy agenda for use in educating legislators and policy makers on the importance of mental health and substance abuse parity in insurance coverage for all insured Iowans.

Objective 5.2: By October 1, 2005, the Committee will develop a policy agenda for use in educating legislators and policy makers on the importance of expanding and replicating the concept and principles of mobile crisis response teams.

Objective 5.3: By December 1, 2005, the Committee will distribute its policy agenda to legislators and policy makers.

The following organizations have participated in the Suicide Prevention Strategy Steering Committee and development of the Iowa Plan for Suicide Prevention:

Agriwellness, Inc.
American Red Cross, Central Iowa Chapter
Black Hawk County Health Department
Blank Children’s Hospital
Community School Representatives
Creative Visions
Des Moines Police Department
Des Moines University
Drake University, Counseling Services
Eyerly-Ball Community Mental Health Services
Foundation 2 Crisis Center
Grinnell College
Hillcrest Family Services
Iowa AIRS
Iowa Alliance for the Mentally Ill
Iowa Child Death Review Team
Iowa Consortium on Substance Abuse Research & Evaluation
Iowa Departments of Corrections, Education, Elder Affairs,
Human Services, Public Health, and the Office of the
Attorney General
Iowa Law Enforcement Academy

Iowa Nurses Association
Iowa Safe Kids Coalition
Iowa School Nurse Organization
Iowa State University Extension Office
Iowa Statewide Poison Control Center
Iowa Substance Abuse Program Directors Association
Iowans for the Prevention of Gun Violence
Magellan Behavioral Care
Mobile Crisis Response Team
Northern Iowa Mental Health Center – Mason City
Northwestern College, Student Counseling Services
Orchard Place – Child Guidance Center
Polk County Health Services
Polk County Victim Services
State of Iowa Legislators
Suicide Survivor Groups
United Church of Christ
University of Iowa’s Colleges of Medicine, Nursing, and
Psychiatry, and the Injury Prevention Research Center
University of Northern Iowa
Iowa Chapter of the American Academy of Pediatrics