



Developing strategies: How can we prevent suicide during catastrophic events and beyond?

Developing suicide prevention strategies in your locale involves more than choosing practices from best available research. Communities must consider local needs and assets, feasibility, fit, and more to assess what could work in their context and evaluate their efforts as they go. This is also true during a catastrophic event, meaning a disaster, like the COVID-19 pandemic or a hurricane, that can have monumental impacts across a population and the infrastructure of communities. Module 4 explores how to bring together best available research evidence from CDC's Preventing Suicide: A Technical Package of Policy, Programs, and Practice and learnings from your local context and experience to develop strategies during catastrophic events and beyond. 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:

- Understand how the technical package and other tools and frameworks can support suicide prevention efforts.
- Rapidly assess local fit and feasibility of best available evidence from CDC's technical package during catastrophic events and beyond.



Understanding the technical package

The CDC's suicide prevention technical package presents a core set of strategies to prevent suicide based on the best available research evidence:

<https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>. First released in 2017, it helps communities and states prioritize activities and understand the role of multiple sectors in preventing suicide.

The technical package organizes effective efforts into seven broad strategies spanning risk prevention, intervention, and postvention. This list of core strategies can be used to assess state and local resource distribution and comprehensiveness of current efforts, and to develop a balanced, multi-pronged plan to prevent suicide. Each strategy features sample programs, policies, and practices, summarized in the table below. Local governments and coalitions can bring this information together with contextual and experiential evidence in their communities, including local data on populations at higher risk of suicide and awareness of a community's particular needs during a catastrophic event.

Preventing Suicide	
Strategy	Approach
Strengthen economic supports	<ul style="list-style-type: none"> • Strengthen household financial security • Housing stabilization policies
Strengthen access and delivery of suicide care	<ul style="list-style-type: none"> • Coverage of mental health conditions in health insurance policies • Reduce provider shortages in underserved areas • Safer suicide care through systems change
Create protective environments	<ul style="list-style-type: none"> • Reduce access to lethal means among persons at risk of suicide • Organizational policies and culture • Community-based policies to reduce excessive alcohol use
Promote connectedness	<ul style="list-style-type: none"> • Peer norm programs • Community engagement activities
Teach coping and problem-solving skills	<ul style="list-style-type: none"> • Social-emotional learning programs • Parenting skill and family relationship programs
Identify and support people at risk	<ul style="list-style-type: none"> • Gatekeeper training • Crisis intervention • Treatment for people at risk of suicide • Treatment to prevent re-attempts
Lessen harms and prevent future risk	<ul style="list-style-type: none"> • Postvention • Safe reporting and messaging about suicide



The technical package and other suicide prevention resources

The technical package is one of several national tools and frameworks that focus on preventing suicide. While not exhaustive, Module 4 includes some commonly cited reports and resources. Some of these are high-level roadmaps for suicide prevention in the United States, while others, such as the technical package, are more suitable to state- and local-level planning. Depending on your role and work, some of these may be more relevant and helpful to you than others. To find out about these resources and how each relates to the CDC's technical package, visit:

<https://preventioninstitute.org/suicide-prevention/technical-package-and-other-resources>.

In addition to the national-level tools and frameworks, those working at the local level may find it valuable to refer to any strategic plans and resources within their state: <https://www.sprc.org/states>. The majority of states have strategic plans for suicide prevention.

Reflection questions

Strengthening economic supports is a core strategy in the CDC's suicide-prevention technical package, backed by best available research evidence, however it isn't reflected in most of the other suicide-prevention resources listed in Module 4.

- *Where does strengthening economic supports fall along the prevention continuum (prevention/intervention/postvention)?*

- *Why do approaches like financial security and housing stabilization matter in preventing suicide?*



How states and localities have leveraged the technical package

Module 4 includes two short interview clips that illustrate how states and municipalities can incorporate the technical package when planning for suicide prevention.

County-level video spotlight

Interview with Mego Lien, Prevention Services Division Manager, Behavioral Health Services Department of Santa Clara County: https://www.youtube.com/watch?v=wj4Uuf5Tf3Q&feature=emb_title.

In this video interview, Mego Lien shares how Santa Clara County, California has used the technical package and how the suicide prevention program has adapted its strategies during the COVID-19 pandemic. Key learnings Mego shares include:

- Suicide and suicide prevention are complex and require us to work collaboratively on a wide range of strategies.
- The CDC's suicide prevention technical package helps communities understand best available research and apply fundamental public health models.
- The ability to adapt strategies during catastrophic events depends on the relationships and efforts in place beforehand.
- Recognizing how risk and protective factors for suicide are impacted by a catastrophic event can help in adapting strategies and being responsive to a given context.

State-level video spotlight

Interview with Sarah Brummett, Office of Suicide Prevention Director, Prevention Services Division of the Colorado Department of Public Health & Environment:
<https://www.youtube.com/watch?v=VJmEEG1YzKY>.

In this video interview, Sarah Brummett shares how Colorado's state infrastructure for suicide prevention has allowed for focused attention on addressing the issue, even during the COVID-19 pandemic. Key learnings Sarah shares include:

- The CDC's suicide prevention technical package can be used to cross-check local identified and prioritized strategies and make the case to partners that there is research backing specific prevention strategies.
- State government has an important role to play in braiding and blending funds to invest in local communities and support comprehensive suicide prevention across the prevention continuum, including upstream factors like community connectedness and economic stability.



- Dedicated staffing and strong community engagement before catastrophic events creates a safety net that can respond during catastrophic events like COVID-19.
- Suicide prevention practitioners do not need to become experts on upstream factors like economic stability, but rather build partnerships, coordinate, and amplify efforts to address issues like food security, affordable housing, access to quality and affordable childcare, liveable wages, etc.

Reflection questions

- *What strategies and approaches in the suicide prevention technical package were discussed in the interviews?*
- *Which parts of the interviews surprised you?*
- *What are themes and differences in how the locales approach suicide prevention?*



Applying the technical package to your community context

How do we rapidly develop suicide prevention efforts to meet community needs? What does it look like during a catastrophic event? This can be done by bringing together best available research from the technical package and contextual and experiential evidence based on your community and the impacts of a particular catastrophic event.

Strategic Planning: A strategic planning process brings together agencies, organizations and residents to understand specific problems and populations most affected, identify possible solutions, and prioritize efforts, ultimately developing a community-wide suicide prevention approach. The Suicide Prevention Resource Center outlines a strategic planning approach and recommended steps. Visit:

<https://www.sprc.org/effective-prevention/strategic-planning>.

Planning efforts need to account for community trauma, the impact of chronic adversity (e.g., violence and structural violence) across a community, including eroded trust in institutions. *Healing- and trauma-informed planning* means residents, especially those from marginalized communities, are given the opportunity and support to take leadership roles in designing and implementing strategies. It also means all partners take accountability for current and past actions. This is based on the recognition that systems can induce stress and suicide prevention efforts should mitigate the impact of stress and trauma and should focus on building trust between partners and in the community. For more on this topic, see:

- Trauma Transformed <https://traumatransformed.org/about/>
- Urban Institute's "Trauma-Informed Community Building and Engagement: https://www.urban.org/sites/default/files/publication/98296/trauma-informed_community_building_and_engagement.pdf

If you have a strategic plan, it could be valuable to revisit it, and consider what additional questions have emerged in the context of the catastrophic event and who can provide insights.

Reflection questions:

- During a catastrophic event, what steps will you prioritize in a rapid strategic planning process if community leaders have limited bandwidth due to other response efforts?



- Who is most impacted by suicide right now who might not have been a priority population in the past?
- How does (or might) a catastrophic event challenge or change your community's current suicide-prevention strategies?



Considerations for strategy development

When developing strategies, it is important to understand that one organization or activity will not solve the complex problem alone. Preventing suicide requires comprehensive efforts across different partners in a community who are invested in implementing and learning from a multitude of strategic efforts. Regardless of how long you've been working on suicide prevention, the following considerations can guide you in assessing existing efforts at a state, local, or organizational level and mapping out potential new efforts.

General questions to understand your local context:

- *What populations are most impacted by suicide in your community and why? Consider data from before the catastrophic event and any information on how the catastrophic event has affected priority populations. Refer to *Module 3* for more details.*
- *What risk and protective factors are important to address in the current context? Revisit Risk and Protective Factors from Module 1 and any responses you might have jotted down for the reflection questions: <https://preventioninstitute.org/suicide-prevention/risk-protective-factors>.*
- *What agencies, organizations, or community groups support priority populations in your community?*



Activity: The following questions can help you and your partners assess strategies that you might want to implement. Answering “yes” to several questions in this set may indicate that a strategy is worth pursuing further.

Suicide Prevention Strategy Checklist

Strategy under consideration: _____

- ☐ Does your strategy leverage best available research from the CDC suicide prevention technical package (<https://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf>) and other resources?

Notes: _____

- ☐ Does it result in or build momentum for systems changes that advance health equity?

Notes: _____

- ☐ Does the community support this strategy/see this strategy as fulfilling a need? Is there local buy-in and political will?

Notes: _____

- ☐ Does it benefit a priority population?

Notes: _____

- ☐ Does it shift power, decision making, and/or resources to priority populations?

Notes: _____

- ☐ Does it build on existing community and multi-sector partnerships and assets?

Notes: _____

- ☐ Does it address suicide risk factors or bolster protective factors?

Notes: _____

- ☐ Can it be adapted/implemented during an infrastructure disruption?

Notes: _____

- ☐ Is there capacity and funding for implementing the strategy and sustaining it over the long term?

Notes: _____



Evaluation and learning

We often spend time upfront in developing strategies, and it's just as important to evaluate the impact and learn from what we implement on an ongoing basis. Evaluating what works and doesn't work to address risk factors, reinforce protective factors, and decrease rates of self-harm and suicide is a critical component of a public health approach to preventing suicide. As you develop strategies to reflect your community's experiences, assets, and needs, evaluating your local efforts can help your community reflect and adapt, expand the evidence base for suicide prevention, and inspire other communities to innovate. While evaluators often emphasize quantitative indicators, qualitative data can provide richness and details that might not show up in the numbers, such as insights around why a strategy does or doesn't work.

Visualizations like theories of change and logic models can help clarify how inputs, activities, and outputs connect to the outcomes we expect in the short, medium, and long term:

<https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/main>. They can also help in understanding how multiple efforts come together to build a comprehensive approach to preventing suicide and how strategies might connect and address other public health outcomes. Development of a theory of change or logic model can support both strategy development and evaluation. RAND Corporation's Suicide Prevention Evaluation Toolkit offers more guidance on logic models and provides a template to create your own logic model (page 39): https://www.rand.org/content/dam/rand/pubs/tools/TL100/TL111/RAND_TL111.pdf.

Module 4 provides sample theories of change and logic models, as well as links to additional evaluation resources from CDC, RAND, and the Suicide Prevention Resource Center.



Activity: This booklet brings together concepts from Modules 1 through 4. The purpose of it is to support you and your partners in mapping your current suicide prevention efforts to the strategies outlined in CDC’s Preventing Suicide: A Technical Package of Policy, Programs, and Practices and plan for future efforts. It is meant to be completed collectively in a group setting. There are no right or wrong answers, but your responses can help you identify strengths and opportunities for moving forward, as well as new partners that you may want to engage. Download the “Preventing trauma and suicide during catastrophic events and beyond” Strategy Assessment Activity Booklet here:

<https://preventioninstitute.org/publications/preventing-trauma-and-suicide-during-catastrophic-events-and-beyond-strategy-assessment>

Preventing trauma and suicide during catastrophic events and beyond

Strategy Assessment Activity Booklet

The purpose of this activity booklet is to support you and your partners in mapping your current suicide prevention efforts to the strategies outlined in CDC's [Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#) and planning for future efforts. It is meant to be completed collectively in a group setting. There are no right or wrong answers, but your responses can help you identify strengths and opportunities for moving forward.

Review the CDC's recommended strategies and map your current efforts

In this step you will reflect on your existing prevention efforts and how they map on to the strategies listed in CDC's [Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#). As you complete this portion of the activity booklet, reference the technical package for details on each strategy and approaches within each strategy.

The activity booklet includes the following steps:

Review the CDC's recommended strategies and map your current efforts	1
Strategy 1: Strengthen Economic Supports	2
Strategy 2: Strengthen Access and Delivery of Suicide Care	3
Strategy 3: Create protective environments	4
Strategy 4: Promote Connectedness	5
Strategy 5: Teach Coping and Problem-Solving Skills	6
Strategy 6: Identify and Support People at Risk	7
Strategy 7: Lessen Harms and Prevent Future Risk	8
Discuss your findings	9
Map new strategies that will enhance your suicide prevention efforts	10

STRATEGY 1: STRENGTHEN ECONOMIC SUPPORTS

To what extent are you engaged in strengthening economic supports (check one):

- Leading implementation
of this strategy
- Supporting implementation
of this strategy
- Learning more about this strategy
and building our capacity
- Not currently engaged
in this strategy

Map your current efforts related to strengthening economic supports:

What we’re doing (description of local strategy):	Who we’re focused on (population of focus): Examples: Black young adults, veterans, certain geography, etc.	What factors we’re addressing (risk and protective factors): Examples: financial stress, social isolation, etc.	Who we’re collaborating with (partners):	What we need to consider for catastrophic event contexts:	What we’re learning and additional notes:

STRATEGY 2: STRENGTHEN ACCESS AND DELIVERY OF SUICIDE CARE

To what extent are you engaged in strengthening access and delivery of suicide care (check one):

- Leading implementation
of this strategy
- Supporting implementation
of this strategy
- Learning more about this strategy
and building our capacity
- Not currently engaged
in this strategy

Map your current efforts related to strengthening access and delivery of suicide care:

What we’re doing (description of local strategy):	Who we’re focused on (population of focus): Examples: Black young adults, veterans, certain geography, etc.	What factors we’re addressing (risk and protective factors): Examples: financial stress, social isolation, etc.	Who we’re collaborating with (partners):	What we need to consider for catastrophic event contexts:	What we’re learning and additional notes:

STRATEGY 3: CREATE PROTECTIVE ENVIRONMENTS

To what extent are you engaged in creating protective environments (check one):

- Leading implementation
of this strategy
- Supporting implementation
of this strategy
- Learning more about this strategy
and building our capacity
- Not currently engaged
in this strategy

Map your current efforts related to creating protective environments:

What we’re doing (description of local strategy):	Who we’re focused on (population of focus): Examples: Black young adults, veterans, certain geography, etc.	What factors we’re addressing (risk and protective factors): Examples: financial stress, social isolation, etc.	Who we’re collaborating with (partners):	What we need to consider for catastrophic event contexts:	What we’re learning and additional notes:

STRATEGY 4: PROMOTE CONNECTEDNESS

To what extent are you engaged in promoting connectedness (check one):

- Leading implementation
of this strategy
- Supporting implementation
of this strategy
- Learning more about this strategy
and building our capacity
- Not currently engaged
in this strategy

Map your current efforts related to promoting connectedness:

What we’re doing (description of local strategy):	Who we’re focused on (population of focus): Examples: Black young adults, veterans, certain geography, etc.	What factors we’re addressing (risk and protective factors): Examples: financial stress, social isolation, etc.	Who we’re collaborating with (partners):	What we need to consider for catastrophic event contexts:	What we’re learning and additional notes:

STRATEGY 5: TEACH COPING AND PROBLEM-SOLVING SKILLS

To what extent are you engaged in teaching coping and problem-solving skills (check one):

- Leading implementation
of this strategy
- Supporting implementation
of this strategy
- Learning more about this strategy
and building our capacity
- Not currently engaged
in this strategy

Map your current efforts related to teaching coping and problem-solving skills:

What we’re doing (description of local strategy):	Who we’re focused on (population of focus): Examples: Black young adults, veterans, certain geography, etc.	What factors we’re addressing (risk and protective factors): Examples: financial stress, social isolation, etc.	Who we’re collaborating with (partners):	What we need to consider for catastrophic event contexts:	What we’re learning and additional notes:

STRATEGY 6: IDENTIFY AND SUPPORT PEOPLE AT RISK

To what extent are you engaged in identifying and supporting people at risk (check one):

- ☐ Leading implementation of this strategy
- ☐ Supporting implementation of this strategy
- ☐ Learning more about this strategy and building our capacity
- ☐ Not currently engaged in this strategy

Map your current efforts related to identifying and supporting people at risk:

What we’re doing (description of local strategy):	Who we’re focused on (population of focus): Examples: Black young adults, veterans, certain geography, etc.	What factors we’re addressing (risk and protective factors): Examples: financial stress, social isolation, etc.	Who we’re collaborating with (partners):	What we need to consider for catastrophic event contexts:	What we’re learning and additional notes:

STRATEGY 7: LESSEN HARMS AND PREVENT FUTURE RISK

To what extent are you engaged in lessening harms and preventing future risk (check one):

- Leading implementation
of this strategy
- Supporting implementation
of this strategy
- Learning more about this strategy
and building our capacity
- Not currently engaged
in this strategy

Map your current efforts related to lessening harms and preventing future risk:

What we’re doing (description of local strategy):	Who we’re focused on (population of focus): Examples: Black young adults, veterans, certain geography, etc.	What factors we’re addressing (risk and protective factors): Examples: financial stress, social isolation, etc.	Who we’re collaborating with (partners):	What we need to consider for catastrophic event contexts:	What we’re learning and additional notes:

Discuss your findings

Flip through your responses on the previous pages as you respond to the following questions:

How many of the strategies from the CDC's technical package are you currently advancing?

Strategies from the CDC's technical package are intended to work in combination and reinforce each other to prevent suicide. What strategies do you see as opportunities to expand your efforts? Where might you need to focus more attention?

Among which strategies are you interested in building your capacity to act and who might you need to engage to do so?

What are your next steps?

MAP NEW STRATEGIES THAT WILL ENHANCE YOUR SUICIDE PREVENTION EFFORTS

What we'd like to do (new local strategies):	Strategy category: 1. Strengthen economic supports 2. Strengthen access and delivery of suicide care 3. Create protective environments 4. Promote connectedness 5. Teach coping and problem-solving skills 6. Identify and support people at risk 7. Lessen harms and prevent future risk	Who we'll focus on (population of focus): Examples: Black young adults, veterans, certain geography, etc.	What factors we'll address (risk and protective factors): Examples: financial stress, social isolation, etc.	Who we'll collaborate with (partners):	What we'll need to consider for catastrophic event contexts	Capacity and readiness 1. Leading 2. Supporting 3. Building capacity	Additional considerations Example: cost

MAP NEW STRATEGIES (CONTINUED)

What we'd like to do (new local strategies):	Strategy category: 1. Strengthen economic supports 2. Strengthen access and delivery of suicide care 3. Create protective environments 4. Promote connectedness 5. Teach coping and problem-solving skills 6. Identify and support people at risk 7. Lessen harms and prevent future risk	Who we'll focus on (population of focus): Examples: Black young adults, veterans, certain geography, etc.	What factors we'll address (risk and protective factors): Examples: financial stress, social isolation, etc.	Who we'll collaborate with (partners):	What we'll need to consider for catastrophic event contexts	Capacity and readiness 1. Leading 2. Supporting 3. Building capacity	Additional considerations Example: cost