PENNSYLVANIA OLDER ADULT SUICIDE PREVENTION PLAN

Older Adults and Suicide: Pennsylvania's Strategic Plan

INTRODUCTION

In the United States, the highest rates of suicide are found among older adults. Suicidal behavior in late life is intentional and lethal, especially among older white males. The risk of dying is greater in suicide attempts made by the elderly. Risk factors can be identified; interventions and prevention can be successful. However, increasing awareness of the similarities with and the differences from adult suicide is essential for an effective plan. As the elderly population increases over the next several decades, the number of late life suicides will dramatically sky-rocket; "Baby Boomers" already have substantially higher suicide rates than the World War II and other generations before them.

The five-step public health model of prevention has been utilized here to identify the problem of suicide in older adults, identifying risk and protective factors, developing and testing interventions, implementing and evaluating interventions. It should be noted that detection of potential suicide in late life is complicated by the assumption that many of the symptoms, feelings, and circumstances in older persons are not genuine problems but the mistaken belief that these are part of the normal aging process or confused with a physical problem.

- Step 1: Defining the Problem
    - According to the CDC suicide rates increase with age and are among the highest in those 65

and older. In 2001, 5393 Americans over age 65-committed suicide, 85% were men.

- Substance Abuse and Mental Health Services Administration, (SAMHSA) older adults represent 13% of the population, however account for over 18% of all suicidal deaths.
- Older adults have more suicide completions than any other age group. The ratio of attempts to completions drops with age (4:1 in late life).
- For all women, and for men of other races, suicide rates reach their peak earlier in life.
- In Pennsylvania the highest rate of suicide is in older white men: for ages 75 – 79 there are, 32.1 suicides per 100,000, ages 80 - 84 there are 35.5 suicides per 100,000 and for ages 85 plus there are 33.2 suicides per 100,000. (Pennsylvania Department of Health, Suicide: Total number of Deaths and average annual age-specific death rates by sex and race, 1999-2003).
- Many older adults who commit suicide have recently visited a primary care physician: 20 % on the same day, 40% within one week and 70% within one month of the suicide. (National Suicide Prevention Statistics)
- Older adults who commit suicide are more likely to have suffered from a depressive illness than individuals who kill themselves at a younger age.
- Older adults suffer from a more “chronic” form of depression compared to those who suffer from depression early in life.
- The older adult population is the fastest growing population in Pennsylvania and our nation.

- Step 2: Identifying Cause through Risk and Protective Factors Research

Risk Factors for Suicide in Older Adults

- Biological, Psychological and Social Risk Factors
    - Depression (including late-onset depression)
    - Those elders with co-morbid disorders, especially Depression, Diabetes, heart disease and stroke
    - Somatic complaints
    - Severe pain
    - Frailty and perceived health decline
    - Medications (amount and type)
    - Burdened caregivers of older adults
    - Inflexibility
    - Low self-esteem, feelings of loss of dignity or control - sense of “being a burden”
    - Anxiety, agitation, traumatic grief
    - Isolated older adults – “lack of belongingness”
    - Marital Status (Widowed, divorced)
    - Race (White)
    - Gender (Male)
    - Increased age
    - Substance abuse
    - Loss of meaning, sense of hopelessness

        - Family/ personal history of suicidality
        - Ongoing stress, high degree of perceived stress
        - Past history of mental illness
        - Previous suicide attempts
        - History of violence

    - Environmental Risk Factors
        - Financial loss
        - Elders residing in care facilities
        - Desensitized to the violence of suicide
        - Availability of lethal agent

    - Social-cultural Risk Factors
        - Isolation
        - Poor social support
        - Living alone
        - Abuse
        - Family conflict
        - Loss (of relationship, role, functional capacity or support, health, work, mobility, finances), cumulative loss
        - Barriers to accessing health care, especially mental health and substance abuse treatment

Protective Factors for Suicide

- Effective clinical care for mental, physical and substance abuse disorders

---

    - Easy access to a variety of clinical interventions and supports in a variety of settings
    - Restricted access to highly lethal means of suicide
    - Support through ongoing medical and mental health care relationships
    - Learned skills in problem solving, conflict resolution, and nonviolent handling of disputes
    - Cultural and religious beliefs that discourage suicide and support self-preservation
    - Readily available social supports, including close friends and confidants

- Steps 3 & 4: Develop, institute and implement interventions, which can reduce the impact of risk factors or support protective factors.

    - Principles to keep in mind:
        - Suicide preventions programs should coordinate with other preventions efforts, such as substance abuse
        - Programs must address the needs of people in each stage of life
        - Programs must be culturally sensitive
        - Prevention programs are most effective when they are long-term, with opportunities for reinforcement of attitudes, behaviors and skills
        - Each community must develop a program that meets local needs and builds on local strengths

- Program planning should represent the community with respect to age, ethnicity, faith, occupation, sexual orientation, social economic status and cultural identity.
- Treatment of depression in late life can decrease suicidal risk

There are evidenced based practices for older adults that address depression, suicide and substance abuse. These three programs have been evaluated nationally, work in a variety of community-based settings and coordinate with other services including primary care mental health and substance abuse.

- PRISMe (SAMHSA) – Primary Care Research in Substance Abuse and Mental Health for the Elderly
- PROSPECT (NIMH)- Prevention of Suicide in Primary Care: Elderly Collaborative Trial
- IMPACT (Hartford Foundation)- Improving Mood Promoting Access to Collaborative Treatment

- Step 5: Concurrent Review - Evaluate Effectiveness- A community should build in an evaluation to determine whether the selected intervention will work under local conditions. Determining the costs associated with sustaining programs and comparing those costs to the benefits of the programs is another important aspect of evaluations.

Pennsylvania Strategy for Older Adult Suicide

Prevention: Goals and Objectives

- Goal 1: Promote awareness that suicide is a preventable public health problem. Increase cooperation and collaboration between public and private entities to encourage public education campaigns, sponsor conferences on suicide and suicide prevention programs and organize special-issue forums to disseminate information on older adults and suicide.

    - Action ideas:
        - Develop public education campaigns
            - Educational materials for the Community at large
            - Educational materials for families and seniors
            - Educational materials for the "faith-based communities"
        - Sponsor statewide conferences on suicide and suicide prevention
        - Develop informational materials specifically directed to older adults. Ensure the materials include suicide risk and protective factors, community resources and address the specific issues of older adults.
        - Target organizations that serve older adults, including AARP, area agencies on aging, senior centers, retirement

programs, senior high rises, and primary care.
    - Hold regional forums to present the Older Adult Suicide Prevention Plan and provide information and encouragement for outreach and coordinate planning across systems.

- Goal 2: Develop Broad-based support of Suicide Prevention.
  The Initiative must address the psychological, biological and social factors affecting older adults. Encourage collaboration across the broad spectrum of aging mental health agencies, institution, private and faith-based organizations. Organizations that build cooperative relationships can blend resources, such as mental health suicide prevention in senior centers; preventative suicide education in retirement planning or at AARP sponsored programs. The objectives established for this goal are focused on developing collective leadership and on increasing the number of groups working to prevent suicide. This will ensure that suicide prevention is better understood and that organizational support exists for implementing prevention activities. Their objectives include:
    - Organize a Statewide interagency committee made up of the Pennsylvania Department of Aging, Pennsylvania Department of Health, Office of Mental Health and Substance Abuse Services, Pennsylvania Medical Society, Pennsylvania Community Providers Association, Pennsylvania Psychological Association, Pennsylvania Psychiatric

Society and the Pennsylvania Behavioral Health and Aging Coalition.

- Establish public/ private partnerships dedicated to implementing the Pennsylvania Older Adult Suicide Prevention Strategy including AARP and other retirement programs, county aging offices, mental health providers, primary care physician's offices, hospital discharge planners, emergency room staff, and representatives from the arena of long-term care, faith-based organizations and insurance companies.
- Increase the number of professional, volunteer, and other groups that integrate suicide prevention activities into their ongoing activities including area agencies on aging, AARP, senior centers, and senior high rises.
- Increase the number of faith communities that adopt policies designed to prevent suicide.

- Action ideas:

    - Visit leaders of community groups, such as churches, United Way organizations, senior centers, etc… to engage their participation and support in integrating suicide preventions into ongoing programs. Include other prevention program such as substance abuse, gambling, etc…
    - Recruit and train at least one member of each aging county system to be a

community organizer for suicide preventions.
    - Complete an annual mailing to hospital discharge planners, primary care offices that include the statistics of suicide in older adults, user-friendly assessment scales, and community resources.

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

Suicide is closely linked to mental illness and substance abuse and specifically in older adults to loss, isolation and chronic illness. However, the stigma of mental illness and substance abuse prevents many older individuals form seeking assistance. The stigma of suicide itself, the view that suicide is shameful and/ or sinful, is also a barrier to treatment of persons who have suicidal thoughts who have attempted suicide. Historically, the stigma associated with mental illness, substance abuse, and suicide has contributed to inadequate funding for prevention services and to low insurance reimbursements for treatments. It has also resulted in the establishment of separate systems for physical health and mental health care. One consequence is that preventive services and treatment for mental illness and substance abuse are much less available to older adults. Moreover, this separation has led to bureaucratic and institutional barriers between the two systems that complicate the provision of services and further impede access to care. Destigmatizing mental illness and substance use disorders could increase access to treatment by reducing

financial barriers, integrating care and increasing the willingness of individuals to seek treatment.

- Action ideas:
    - Develop a public awareness campaign including educational presentations around aging and behavioral health issues.
    - Insure prevention activities are culturally and developmentally sensitive.
    - Seek to eliminate disparities that erode suicide prevention activities.
    - Emphasize early interventions to promote protective factors and reduce risk factors for suicide.
    - Utilize Wellness models and Peer-to-Peer programs to normalize the behavioral health aspects of aging.

- Goal 4: Develop and implement suicide prevention programs.

  Research has shown that many suicides are preventable; however effective suicide prevention programs require commitment and resources. The pubic health approach provides a framework for developing preventative interventions. Programs may be special to one organization, such as a senior center; county aging office or they may encompass an entire State. The goal is to ensure a range of interventions that in concert represent a comprehensive and coordinated program.

The objectives established for this goal are designed to foster planning and program development work and to ensure the integration of suicide prevention into organizations and agencies that have access to groups of individual for other purposes. The objectives also address the need for systematic planning at the State and Local levels, the need for technical assistance in the development of suicide prevention programs, and the need for ongoing evaluation.

- Objectives include:
  - Increasing the proportion of local communities with comprehensive suicide prevention plans
  - Increasing the number of evidence-based suicide prevention plans in community service programs, area agencies on aging, primary care sites, senior centers, and high rises.
  - Develop technical support centers to build the capacity across the state to implement and evaluate suicide prevention programs.

- Action ideas:
  - Identify lead organizations to coordinate efforts
  - Identify any current older adult suicide prevention plans across the State.

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

Evidence from many counties and cultures show that limiting access to lethal means of self-harm may be an effective strategy to preventing self-destructive behaviors. Often referred to as "means restriction," this approach is based on the belief that a small but significant minority of suicidal acts is, in fact, impulsive. They result from a combination of psychological pain or despair coupled with the easy availability of the means by which to inflict self-injury. Thus, limiting the individual's access to the means of self-harm may prevent a self-destructive act. Evidence suggests that there may be a limited time effect for decreasing self-destructive behaviors in susceptible and impulsive individual when access to the means for self-harm is restricted. Controversy exists about how to accomplish this goal. For some, means restriction may connote redesigning or altering the existing lethal means of self-harm currently available, by educating family members or other care provider on limiting their availability.

- The objectives established for this goal are designed to separate the individuals from the lethal means of self-harm. They include:

    - Educating health care providers and safety officials on the assessment of lethal means in the home and care facilities and the actions need to reduce suicide risk in older adults.
    - Implement a public information campaign designed to reduce accessibility of lethal means.
    - Improving firearm safety design, establishing safer methods for

dispensing potentially lethal quantities of medications and safer methods for reducing carbon monoxide poisoning for automobile exhaust systems, and
    - Supporting the discovery of new technologies to prevent suicide.

- Action ideas:
    - Encourage medical-personnel, staff routinely interacting with seniors, aging care managers, community high rise social workers, staff in the arena of long-term care, to routine ask about the presence of lethal means of self-harm in the home.
    - Educate family members on how to appropriately store and secure lethal means of self-harm.

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

  Studies indicate that many health professionals are not adequately trained to provide proper assessment, treatment, and management of suicidal patients, nor do they know how to refer clients properly for specialized assessment and treatment. Despite the increased awareness of suicide as a major public health problem, gaps remain in training programs for health professionals and others who often come into contact with patients in need of these specialized assessment techniques and treatment approaches. Develop interventions that are proactive as in mailing “at risk” individuals contact cards,

develop and provide individuals with “crisis cards” that instruct individuals in a series of action steps to prevent the action of suicide. In addition, many health professionals lack training in the recognition of risk factors often found in grieving family members of loved ones who have died by suicide (suicide survivors).

Key gatekeepers, people who regularly come into contact with individuals or families in distress, need training in order to be able to recognize factors that place individuals at risk for suicide, and to learn appropriate interventions. Key gatekeepers include primary care physicians, health care office staff, aging caseworkers, senior center staff and high-rise staff, social workers and nursing staff working in the arena of long-term care, clergy, police officers, emergency health care personnel, and seniors themselves.

- The objectives established for this goal are designed to ensure that health professional and key community gatekeepers obtain the training that will help them prevent suicide. They include:

    - Improving education for nurses, physician assistants, physicians, social workers, emergency room staff, home health care providers, aging case workers, clergy, police officers, psychologists, and other counselors
    - Outreach to senior centers, high rises, retirement communities and the arena of long term care to ensure individuals

having contact with seniors are aware of risk factors of suicide in older adults
    - Providing training for seniors themselves through senior center training and educational programs with AARP and other retirement organizations on how to identify and respond to persons at risk for suicide
    - Providing educational programs for family members of persons at elevated risk.

- Action Ideas
  - Include workshops on suicide prevention at annual meeting of professional associations
  - Specifically target primary care physicians for education about risk factors, identification of depressive symptoms, and effective treatment of depression (medication and therapy).
  - Provide educational programs through the County Agency on Aging to outreach to Aging staff, Senior Centers and high rises.
  - Include workshops on suicide prevention at the annual meetings of the long-term care associations
  - Encourage directors of education at professional schools in PA to include suicide prevention training in the curriculum.

- Goal 7: Develop and promote effective clinical and professional practices.

One way to prevent suicide is to identify individuals at risk and to engage them in treatments that are effective in reducing the personal and situational factors associated with suicidal behaviors (e.g.: loss, physical problems, depressed mood, hopelessness, helplessness, alcohol and other drug abuse, among others). Another way to prevent suicide is to promote and support the presence of protective factors, such as learning skills in problem solving, conflict resolution, and nonviolent handling of disputes. By improving clinical practices in the assessment, management, and treatment for individuals at risk for suicide, the chances for preventing those individuals from acting on their despair and distress in self-destructive ways are greatly improved. Moreover, promoting the presence of protective factors for these individuals can contribute importantly to reducing their risk.

- The objectives established for this goal are designed to heighten awareness of the presence or absence of risk and protective conditions associated with suicide, leading to better triage systems and better allocation of resources for those in need of specialized treatment. They include:

  - Changing procedures and/or policies in certain settings, including hospital emergency departments, substance abuse treatment centers, specialty mental health treatment centers, the arena of long-term care, and various institutional treatment settings, designed to assess suicide risk
  - Incorporating suicide risk screening in primary care

- Ensuring that individuals who typically provide services to suicide survivors have been trained to understand and respond appropriately to their unique needs (e.g., emergency medical technicians, firefighters, police, funeral directors)
- Increasing the numbers of older adults suffering from mood disorders who receive mental health treatment.
- Ensuring that persons treated for trauma, sexual assault, or physical abuse in emergency departments receive mental health services
- Fostering the education of family members and significant others of persons receiving care for the treatment of mental health and substance abuse disorders with risk of suicide.

  - Action ideas:

    - Work with hospital associations to develop tracking procedures for mental health follow-up.
    - Work with medical schools, nursing programs and allied health training programs so geriatric behavioral health issues are addressed in curriculums.
    - Distribute suicide risk posters for emergency rooms.
    - Provide staff in service training on suicide prevention.
    - Sponsor depression screening days.
    - Promote guidelines for aftercare treatment programs.
    - Organize suicide survivors in the community to provide seminars.

- Promote factors for successful aging in variety of settings and among various mental health and health care professionals including home health; such factors would include combating depression, maintaining active engagement with life, increasing social support, improving nutrition, improving sleep hygiene, increasing exercise, establishing connections and relationships).
- Promote principles of mental health recovery (including resilience)
- Promote education among professionals on effective clinical practices for suicide screening and identification, treatment, and prevention (i.e., use of role playing and safety plans)
- Promote hopefulness about the treatment of depression in late life and possibility of successful aging even in the presence of physical and mental illness

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

  The elimination of health disparities and the improvement of the quality of life for all Americans are central goals of Healthy People 2010. Some of these health disparities are attributable to differences of gender, race or ethnicity, education, income, disability, stigma, geographic location, or sexual orientation, however age remains the largest

disparity in regards to behavioral health service provision. This factors in and of itself places older adults at increased risk for suicidal behaviors. Barriers to equal access and affordability of health care may be influenced by financial, structural, and personal factors. Financial barriers include not having enough health insurance or not having the financial capacity to pay for services outside a health plan or insurance program. Structural barriers include the lack of understanding of age specific behavioral health needs across disciplines, lack of training of primary care providers in recognizing of age specific behavioral health needs, lack of willingness of mental heath providers to serve older adults, lack of medical specialists or other health care professionals to meet special needs of older adults or the lack of health care facilities. Personal barriers include ageism, cultural or spiritual differences, language, not knowing when or how to seek care, or concerns about confidentiality or discrimination. Reducing disparities is a necessary step in ensuring that all Americans receive appropriate physical health, mental health, and substance abuse services. One aspect of improving access is to better coordinate the services of a variety of community institutions. This will help ensure that at-risk populations receive the services they need, and that all community members receive regular preventive health services.

The objectives established for this goal are designed to enhance inter-organizational communication to facilitate the provision of health services to those in need of them. They include:

- Exploring the benefits for health insurance plans to cover mental health and substance abuse care on par with coverage for physical health care
- Implementing utilization management guidelines for suicidal risk in managed care and insurance plans
- Integrating mental health and suicide prevention into health and social services outreach programs for at-risk populations
- Defining and implementing screening guidelines for primary care, senior centers, and the arena of long term care, along with guidelines on linkages with service providers, and
- Implementing support programs for persons who have survived the suicide of someone close.

- Action ideas:

    - Work with county health and social service agencies to address the need for all staff who make visits and/or provide case management services to the elderly to be trained to make appropriate referrals to mental health services.
    - Support the Memorandums of Understanding between the County Mental Health and Aging Systems ensuring cross system training, teamwork and case review stressing the need for outreach and education to seniors on suicide prevention.

- Provide training for group facilitators and community meeting spaces for suicide survivor support groups

- Goal 9: Improve reporting and portrayals of suicide behavior, mental illness and substance abuse in the entertainment and news media.

The media-movies, television, radio, newspapers, and magazines-have a powerful impact on perceptions of reality and on behavior. Research over many years has found that media representation of suicide may increase suicide rates, especially among youth. “Cluster suicides” and “suicide contagion” have been documented, and studies have shown that both news reports and fictional accounts of suicide in movies and on television can lead to increases in suicide. It appears that imitation plays a role in certain individuals engaging in suicidal behavior. On the other hand, it is widely acknowledged that the media can play a positive role in suicide prevention, even as they report on suicide or depict it and related issues in movies and on television. The way suicide is presented is particularly important. Changing media representation of suicidal behaviors is one of several strategies needed to reduce the suicide rate. Media portrayals of mental illness and substance abuse may also affect the suicide rate. Negative views of these problems may lead individuals to deny they have a problem or be reluctant to seek treatment- and untreated mental illness and substance abuse are strongly correlated with suicide.

The objectives established for this goal are designed to foster consideration among media leaders of the impact

of different styles of describing or otherwise depicting suicide and suicidal behavior, mental illness, and substance abuse, and to encourage media representations of suicide that can help prevent rather than increase suicide. They include:

- Establishing a public/private group designed to promote the responsible representation of suicidal behaviors and mental illness on television and in movies
- Increasing the number of television programs, movies and news reports that observe recommended guidelines in the depiction of suicide and mental illness, and
- Increasing the number of journalism schools that adequately address reporting of mental illness and suicide in their curriculums.

- Action ideas:
    - Identify survivors and community advocates who will be active participants in the monitoring group.
    - Include survivors and advocates in curriculum development

- Goal 10: Promote and support research on suicide and suicide prevention.

  All suicides are highly complex. The volume of research on suicide and its risk factors has increased considerably in the past decade and has generated new questions about why individuals become suicidal or remain suicidal. The important contributions of underlying mental illness, substance use, and

biological factors, as well as potential risk that come from certain environmental influences are becoming clearer. Increasing the understanding of how individual and environmental risk and protective factors interact with each other to affect an individual's risk for suicidal behavior is the next challenge. This understanding can contribute to the limited but growing information about modifying risk and protective factors change outcomes pertaining to suicidal behavior.

The objectives established for this goal are designed to support a wide range of research endeavors focused on the etiology, expression, and maintenance of suicidal behaviors across the lifespan. The enhanced understanding to be derived from this research will lead to better assessment tools, treatments, and preventive interventions. The objectives include:

- Increasing funds for suicide prevention research
- Evaluating preventive interventions, and
- Establishing a registry of interventions with demonstrated effectiveness for prevention of suicide or suicidal behavior.

- Action ideas:
    - Develop and distribute user-friendly toolkits on program evaluation.
    - Increase the number of jurisdictions in PA that will collect and provide information on suicides.

- Goal 11: Improve and expand surveillance.
  Surveillance has been defined as the systematic and ongoing collection of data. Surveillance systems are key to health planning. They are used to track trends in rates, to identify new problems, to provide evidence to support activities and initiatives, to identify risk and protective factors, to target high risk populations for interventions and to assess the impact of prevention efforts.
  Data on suicide and suicidal behavior are needed at national, state and local levels. National data can be used to draw attention to the magnitude of the suicide problem and to examine differences in rates among groups (e.g., ethnic groups), locales (e.g., rural vs. urban) and whether suicidal individuals were cared for in certain settings (e.g., primary care, emergency departments). State and local data help establish local program priorities and are necessary for evaluating the impact of suicide prevention strategies.

  The objectives established for this goal are designed to enhance the quality and quantity of data available on suicide and suicidal behaviors and ensure that the data are useful for prevention purposes. They include:
    - Developing and implementing standardized protocols for death scene investigations
    - Increasing the number of hospitals that code for external cause of injuries
    - Supporting pilot projects to link and analyze information on self-destructive behavior from various, distinct data systems.

- Action ideas:
    - Implement a violent death reporting system that includes suicide and collects information not currently available from death certificates.
    - Develop a set of community level indicators for progress in suicide prevention.

Looking Ahead

The Pennsylvania Strategy for Suicide Prevention, as it includes a plan for Older Adults, creates a framework for suicide prevention for Pennsylvania. It is designed to encourage and empower groups and individuals to work together. The stronger and broader the support and collaboration on suicide prevention, the greater the chance for the success of this public health initiative. Suicide and suicidal behaviors can be reduced as the general public gains more understanding about the extent to which suicide is a problem, about the ways in which it can be prevented, and about the roles individuals and groups can play in prevention efforts.

The Pennsylvania Strategy is comprehensive and sufficiently broad so that individuals and groups can select those objectives and activities that best correspond to their responsibilities and resources. The plan's objectives suggest a number of roles for different groups. Individuals from a variety of occupations need to be involved in implementing the plans, such as aging service personal, health care professionals, police, attorneys, educators, and clergy, to name a few. Institutions such as the aging community, senior groups, AARP, faith-based

organizations, long-term care, and the system of higher education all have a necessary part to play. Sites for suicide prevention work include senior centers, nursing homes, primary care, emergency departments, and other venues seniors may frequent. Survivors, consumers, and the media need to be partners as well, and governments at the Federal, State and local level levels are key in providing funding for public health and safety issues.

Ideally, the Pennsylvania Strategy will motivate and illuminate. It can serve as a model and be adopted or modified by local communities as they develop their own suicide prevention plans. The Pennsylvania Strategy articulates the framework for statewide efforts and provides legitimacy for local groups to make suicide prevention a high priority for action.

The Pennsylvania Strategy encompasses the development, promotion and support of programs that will be implemented in communities across the state designed to achieve significant, measurable, and sustainable reductions in suicide and suicidal behaviors. This requires a major investment in public health action.

Now is the time for making great strides in suicide prevention. Implementing the Pennsylvania Strategy for Suicide Prevention provides the means to realize success in reducing the toll from this important public health problem. Sustaining action on behalf of all Pennsylvanians will depend on effective public and private collaboration, because suicide prevention is truly everyone's business.

This is a working document. It is expected to change and further develop over time as new opportunities, participants, research, and conditions evolve. Whether you have been involved in the initial development of the plan or are just now joining, you can make a difference by contributing to the plan's continued development.