

**Universal Suicide Prevention Strategies**  
**February 14, 2011**

**Definition:** *Universal strategies* are targeted to the general public or a whole population group. Designed to influence everyone, they reduce suicide risk by strengthening protective factors like community support and social skills, removing barriers to care, enhancing knowledge of what to do to help suicidal individuals, and increase access to help. Interventions might include public education campaigns, “suicide awareness” programs, means restriction, education programs for the media on reporting practices related to suicide, and crisis response plans and teams.

<b>Universal Strategy Suggestion</b>	<b>Detail</b>	<b>Source</b>
Reduce Access to Means	Pills <ul style="list-style-type: none"> <li>• Reduce number of over the counter pills sold in one bottle.</li> <li>• Reduce number of prescription pills prescribed at a time.</li> </ul>	Reference B  January 21, 2011 Forum Feedback  Reference A
	Automobile exhaust <ul style="list-style-type: none"> <li>• Detoxify emissions</li> <li>• Have automobiles automatically shut off if idle for a certain amount of time.</li> <li>• Modify tailpipe ends to make attaching a hose more difficult.</li> </ul>	
	Railway suicides <ul style="list-style-type: none"> <li>• Separate passengers from train beds</li> <li>• Surveillance improvement of passengers by station staff</li> <li>• Liaison to hospitals in areas with a population with a high mental illness density</li> <li>• Availability of emergency hotline phones</li> <li>• Use of slow approach to station</li> </ul>	
	Guns <ul style="list-style-type: none"> <li>• Stricter firearm legislation → direct relationship between strictness of gun control laws/prevalence of gun ownership and firearm suicide rates/overall suicide rates</li> <li>• Increase safety campaigns around gun awareness and use. Require training to obtain a gun and have legal ramifications for firearm distributors.</li> </ul>	
	Restrict access to tall buildings and bridges	
Changing the media’s response to reporting on suicides	Aim to improve the media’s response to suicide while diminishing or eliminating imitation or modeling of suicidal behavior. <ul style="list-style-type: none"> <li>• Do not glorify suicide or portray it as romantic, normal, or heroic.</li> </ul>	Reference B  Needs Assessment Focus Groups
	Report when suicide is not involved	January 21, 2011 Forum Feedback
Modify the existing	When Googling suicide, make sure resources that are listed first	Suggestions from SPAP
provide access to help lines rather than information on how to		

information that is available	complete suicide.	meeting on February 1, 2011
	Make efforts to minimize bad information or inaccurate information as well as information on how to complete a suicide.	
	Keep list of hospitals that provide free assessments up to date. <ul style="list-style-type: none"> <li>• Ensure that Crisis hotlines have this up to date information.</li> </ul>	January 21, 2011 Forum Feedback
	Use old media methods such as TV, bus, radio, and newspaper.	
	Provide more information about/familiarity with existing resources	
	Create a resource guide for San Diego.	
	Importance of media campaigns to talk more about suicide. <ul style="list-style-type: none"> <li>• Make talk about suicide normal and not taboo.</li> </ul>	
Integrate suicide prevention information into broader health promotion programs.		
Increase public education and awareness	Use mail and Internet newsletters to increase awareness.	Suggestions from SPAP meeting on February 1, 2011
	Provide links to common provider's on each other's page	
	Increase education everywhere and to everyone.	
	Use new media such as instant messaging, sites that are compatible with cell phones, social networking sites, chat rooms.	Needs Assessment Focus Groups
	Spread awareness at community events	
Training of staff	Involve more people into suicide risk and assessment training <ul style="list-style-type: none"> <li>• Primary health providers, mental health providers, substance abuse treatment program facilitators, community experts, front line staff</li> </ul>	January 21, 2011 Forum Feedback
	Integrate training between primary care and behavioral care.	
	Increased/required/mandatory training that is standardized and free for everyone	
	Encourage the use of "skill based" and "action oriented" training instead of training through the use of information only (e.g. role playing)	Needs Assessment Focus Groups
	Require a re-training "booster" every 2-3 years	
	Train community providers (e.g. police, religious organizations, and general public)	Reference A
	Training in schools for students, staff, and families.	
Increase forms of support	Create a warm line integrating community support <ul style="list-style-type: none"> <li>• Peer to peer support</li> <li>• Intergenerational</li> <li>• Mentorship</li> </ul>	January 21, 2011 Forum Feedback
	Use a more holistic, collaborative approach/model to suicide prevention	Needs Assessment Focus Groups
	Implement a standardized process → one place to call that can refer the caller to the appropriate services that are needed	
	Implement standardized guidelines that are time sensitive and simple. (ex. Magnets)	Reference A
	Provide follow-up and long term care resources	

	Universal screening across locations (workplace/human resources, schools, salons, bars, etc.)	
	"Safe landings" – immediate intervention for those who experience significant or traumatic life events	
	Encourage informal interventions/support	
	Implement the use of suicide prevention contracts	
	Utilize long term interventions	
Accessibility of programs	Increase number of service providers	January 21, 2011 Forum Feedback  Needs Assessment Focus Groups
	Increase transportation to service providers	
	Increase affordability of services	
	Use technology to increase accessibility of support. (e.g. teletherapy via Skype)	
	Implement universal depression screenings	
De-stigmatize participation in services	Rebrand mental health terminology to increase participation	January 21, 2011 Forum Feedback  Needs Assessment Focus Groups

References

- A) Suicide Prevention Resource Center and SPAN USA. David Litts, editor. *Charting the Future of Suicide Prevention: A 2010 Progress Review of the National Strategy and Recommendations for the Decade Ahead*. 2010. Newton, MA: Education Development Center, Inc.
- B) Carl C. Bell, Jerome Richardson, and Morris A. Blount Jr. (2005). Suicide Prevention. In J. R. Lutzker (Ed.), *Preventing Violence: Research and Evidence-Based Intervention Strategies* (217 – 237).