2015-2020
OKLAHOMA STRATEGY FOR SUICIDE PREVENTION

Based on recommendations of the
Oklahoma Suicide Prevention Council

THE OKLAHOMA STRATEGY FOR SUICIDE PREVENTION IS DEDICATED TO ALL OKLAHOMANS WHO HAVE EXPERIENCED THE TRAGEDY OF SUICIDE AND TO THE BRAVE SURVIVORS.

THE OKLAHOMA SUICIDE PREVENTION COUNCIL ALSO DEDICATES THIS PLAN TO THE MEMORY OF CAROL KING, SUICIDE LOSS SURVIVOR AND CHAMPION FOR SUICIDE PREVENTION IN OKLAHOMA.

ACKNOWLEDGMENTS

Many individuals have dedicated time and energy to the development of the Oklahoma Strategy for Suicide Prevention. The Oklahoma Suicide Prevention Council acknowledges the following member and participating organizations for their commitment and support.

Family & Children's Services Tulsa - COPES Team
Ghost
HeartLine
Indian Health Services
INTEGRIS Health
Mental Health Association Oklahoma
Muscogee Creek Nation-Children's Mental Health Initiative
National Alliance on Mental Illness NAMI Edmond-North Oklahoma City Affiliate
National Alliance on Mental Illness NAMI Oklahoma
Oklahoma City Police Department
Oklahoma Commission on Children and Youth
Oklahoma Department of Mental Health and Substance Abuse Services
Oklahoma Department of Veterans Affairs
Oklahoma Faith Communities
Oklahoma Mental Health and Aging Coalition
Oklahoma National Guard
Oklahoma Office of Juvenile Affairs
Oklahoma State Department of Education
Oklahoma State Department of Health
Oklahoma State Department of Health Injury Prevention Division
St. Anthony Hospital
Survivors of Suicide

The Oklahoma Strategy for Suicide Prevention is closely aligned with the National Strategy for Suicide Prevention recommendations. Therefore, the developers of this plan would like to acknowledge the intentional and purposeful use of the National Strategy throughout the document.

INTRO DUCTION

BACKGROUND

RESILIENCE, STRONG WILL, COLLABORATION, AND EFFORT ARE PART OF THE FABRIC OF OUR STATE'S HISTORY AND CITIZENRY. THESE CHARACTERISTICS WERE THE DRIVING FORCE WHEN A GROUP OF CONCERNED OKLAHOMANS FIRST BEGAN GATHERING IN 1997 TO DISCUSS THE URGENCY AND NEED TO ADDRESS THE PREVENTION OF SUICIDE.

The Suicide Prevention Advocacy Network and Suicide Prevention Resource Center, national organizations responsible for state training and technical assistance, conducted the council's first strategic planning session on January 22, 2009. The purpose of the session was to orient new council members to research-based suicide prevention strategies and to begin a state needs assessment for suicide prevention. The council developed a vision statement, timeline of milestones for the state plan development process, and assigned tasks to council members to develop objectives for the plan. The council distributed a draft of goals and objectives during the month of October 2009. The plan was completed in 2010. In 2011 a printed booklet of the strategic plan was developed and printed for distribution to key stakeholders. In 2014 The Oklahoma Suicide Prevention Council began updating the Oklahoma Strategy for Suicide Prevention based on new research and new local data in preparation for a 2015-2020 edition of the booklet.

The components identified in this state plan will be coordinated by the Oklahoma Suicide Prevention Council. This council will oversee the development of different stages of the state strategy over a five-year period through 2020, and provide assistance to communities in identifying which of the plan's activities their community is ready for and how to implement them. Members of the council are legislatively appointed and represent various state agencies, survivors of suicide, veterans, Native Americans, LGBTQ, etc. The Oklahoma Suicide Prevention Council will track progress and achievement of goals in an annual report to be made available to the general public and the state legislature.

The Oklahoma Suicide Prevention Council meetings are free and open to the public for more information visit: http://ok.gov/odmhsas/Prevention_/Prevention_Initiatives/Suicide_Prevention_and_Early_Intervention_Initiative/

The Oklahoma Suicide Prevention Council hosts an annual conference to engage researchers, suicide survivors, clinicians, grassroots volunteers, and subject matter experts and to present best practices in suicide prevention. For more information attend an Oklahoma Suicide Prevention Council meeting or visit http://ok.gov/odmhsas/Prevention_/Prevention_Initiatives/Suicide_Prevention_and_Early_Intervention_Initiative/

OUR NEW LOOK

You've probably already noticed our new OSPC logo!

The logo created for the Oklahoma Suicide Prevention Council is a clean and modern crest. Inside the crest abstract imagery comes together to form a message of unity. The circle encompassing a square symbolizes the council surrounding those whom they serve. As the arch of the awareness ribbon rises like the sun, its rays extend out with hope.

Lines enter and exit throughout the shape to symbolize many coming together as one. The council couldn't be more happy with the new mark, and feel it will serve us well in the years to come.

MEANING

The circle encompassing a square symbolizes the council surrounding those whom they serve.

Rays extend from the arch of the awareness ribbon to symbolize a new beginning for those who have found hope. We shine light on the need to raise awareness for suicide prevention.

Within the crest you have line segments that symbolize many joining together as one. Coming from different angles and resources those who make up the council are equipped to serve and are strengthened as one.

SECONDARY

OSPC

OKLAHOMA SUICIDE PREVENTION COUNCIL

PURPOSE AND OVERVIEW OF OKLAHOMA'S SUICIDE PREVENTION STRATEGY

THE OKLAHOMA STRATEGY IS COMPREHENSIVE AND AMBITIOUS. TO ACHIEVE THESE THE PLAN'S GOALS IT WILL BE NECESSARY FOR OKLAHOMANS AT BOTH THE STATE AND LOCAL LEVELS TO TAKE ACTION.

The Oklahoma Suicide Prevention Council recognizes suicide as a public health problem and proposes strategies based on public health methods as recommended by the National Strategy for Suicide Prevention. The public health approach is widely regarded as the approach that is most likely to produce significant and sustained reductions in suicide using a system of defining the problem, identifying causes, and implementing and evaluating evidence-based prevention and early intervention strategies. As such, the Oklahoma Strategy for Suicide Prevention is closely aligned with the goals outlined in the National Strategy with objectives tailored to address the specific needs of Oklahomans.

The components identified in this state plan will be coordinated by the Oklahoma Suicide Prevention Council, which will oversee the development of different stages of the state strategy over a five-year period through 2020. The Council will provide assistance to communities in identifying which of the plan's activities their community is ready for and how to implement them. Members of the council are legislatively appointed and represent various state agencies, survivors of suicide, legislators, and interested individuals. This state strategy will involve regular ongoing review and revision. This review will involve tracking progress and achievement of goals as well as annual reporting on progress to the state Legislature.

THE PURPOSE OF THE PLAN IS TO OFFER OKLAHOMANS AT BOTH STATE AND LOCAL LEVELS WITH SUICIDE PREVENTION STRATEGIES THAT CAN BE DONE ACROSS MULTIPLE SETTINGS.

It is the purpose of the Oklahoma Strategy for Suicide Prevention to prevent suicide attempts, suicidal behaviors, and suicide deaths across the lifespan through the achievement of the following goals:

01
Integrate and coordinate suicide prevention activities across multiple sectors and settings.

02
Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors.

03
Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery.

04
Promote responsible media reporting of suicide, accurate portrayals of suicide and the safety of online content related to suicide.

05
Develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors.

06
Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.

07
Provide training to community and clinical service providers on the prevention of suicide and related behaviors.

08
Promote suicide prevention as a core component of health care services.

09
Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.

10
Provide care and support to individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides.

11
Increase the timeliness and usefulness of statewide surveillance systems relevant to suicide prevention and improve the ability to collect, analyze, and use this information for action.

12
Promote and support research on suicide prevention.

13
Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings.

THE PUBLIC HEALTH APPROACH IS WIDELY REGARDED AS THE APPROACH THAT IS MOST LIKELY TO PRODUCE SIGNIFICANT AND SUSTAINED REDUCTIONS IN SUICIDE.

SCOPE OF THE PROBLEM

WHAT CAUSES SUICIDE?

THE CAUSES OF SUICIDE ARE COMPLEX AND VARY AMONG INDIVIDUALS ACROSS AGE, GENDER, SEXUAL ORIENTATION, CULTURE, RACE, AND ETHNICITY.

Many people who attempted or completed suicide had one or more warning signs. While warning signs refer to more immediate signs or symptoms in an individual, risk factors for suicide are generally longer-term factors that are associated with a higher prevalence of suicide in the population. Recognition of warning signs has a greater potential for immediate prevention and intervention when those who are in a position to help know how to appropriately respond.

Feelings of hopelessness and an inability to make positive changes in one's life are two consistent psychological precursors to suicidal behaviors. Many of those who die by suicide are described by family or friends as having been depressed or as having problems with a current or former intimate partner.

RISK FACTORS FOR SUICIDE

BIOPSYCHOSOCIAL RISK FACTORS

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders
- Alcohol and other 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

ENVIRONMENTAL RISK FACTORS

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

SOCIAL/CULTURAL RISK FACTORS

- 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 (for instance, the belief that suicide is a noble resolution to a personal dilemma)
- Exposure to, including through the media, and influence of others who have died by suicide

WHAT PROTECTS AGAINST SUICIDE?

Protective factors can reduce the likelihood of suicide by counterbalancing some of the risk factors. Protective factors can reduce the likelihood of suicide by counterbalancing some of the risk factors. Examining populations with lower suicide rates can help understand potential protective factors and focuses for prevention strategies. Social, political, and economic factors may help explain different rates of suicide between countries and states. Differences in rates of depressive disorders, alcohol consumption, proportion of older adults, levels of social isolation, and religiosity may all play a role in the rate of suicide. Sociocultural differences between population groups and between individuals, including social connectedness, family relations, marital status, parenthood, and participation in religious activities and beliefs (including negative moral attitudes toward suicide), may all be important underlying factors.

PROTECTIVE FACTORS FOR SUICIDE

- 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

SUICIDE IN OKLAHOMA

OKLAHOMA IS RANKED 12TH HIGHEST AMONG ALL STATES FOR THE NUMBER OF SUICIDE DEATHS PER CAPITA. SUICIDE WAS THE MOST COMMON MANNER OF VIOLENT DEATH ACCOUNTING FOR 5,881 DEATHS DURING 2004 TO 2013, OR AN AVERAGE OF 588 DEATHS PER YEAR (15.9 PER 100,000 POPULATION). THE ANNUAL STATE SUICIDE RATE INCREASED FROM 14.2 IN 2004 TO 16.8 IN 2013. THE MEAN AGE OF SUICIDE VICTIMS WAS 55 YEARS. THE YOUNGEST PERSON WHO COMMITTED SUICIDE WAS 9 YEARS OF AGE AND THE OLDEST PERSON WAS 101 YEARS OF AGE.

SUICIDE WAS THE MOST PREVALENT TYPE OF VIOLENT DEATH IN OKLAHOMA FROM 2004-2013.

SUICIDE BY YEAR, OKLAHOMA

2004-2013

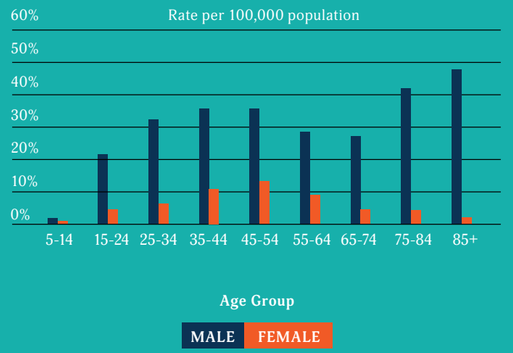
YEAR	NUMBER	RATE
2004	505	14.3
2005	518	14.6
2006	537	14.9
2007	522	14.4
2008	584	15.9
2009	576	15.5
2010	639	17.0
2011	691	18.3
2012	663	17.4
2013	646	16.8
TOTALS	5,881	15.9

AGE AND GENDER

01

AGE AND GENDER SPECIFIC RATES OF SUICIDE*

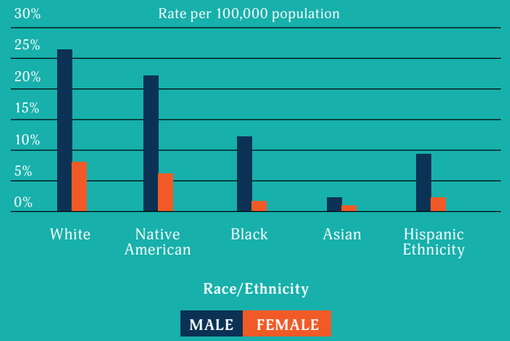
OKLAHOMA, 2004-2013



02

GENDER, RACE, AND ETHNICITY SPECIFIC RATES OF SUICIDE

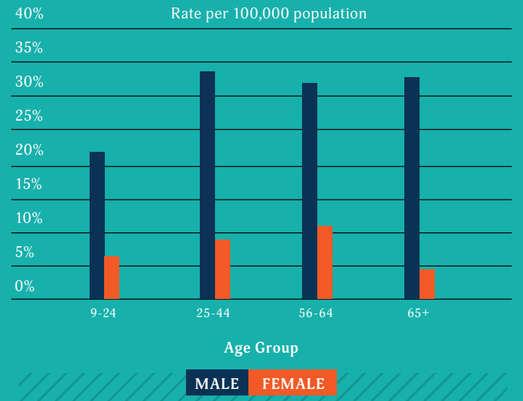
OKLAHOMA, 2004-2013



03

AGE GROUP AND GENDER RATES OF SUICIDE

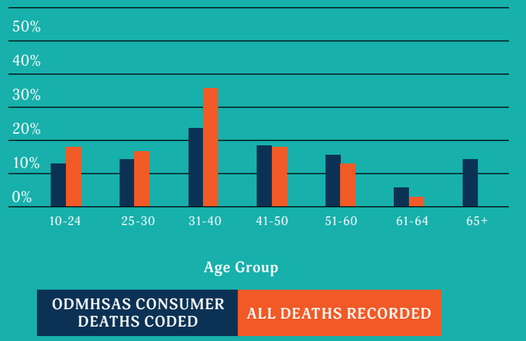
OKLAHOMA, 2004-2013



04

SUICIDE DEATHS BY AGE GROUP

ALL DEATHS WITH ODMHSAS CONSUMERS COMPARED



The age groups are broken from 10-24 years of age for the Garrett Lee Smith (GLS) Suicide Prevention Grant.

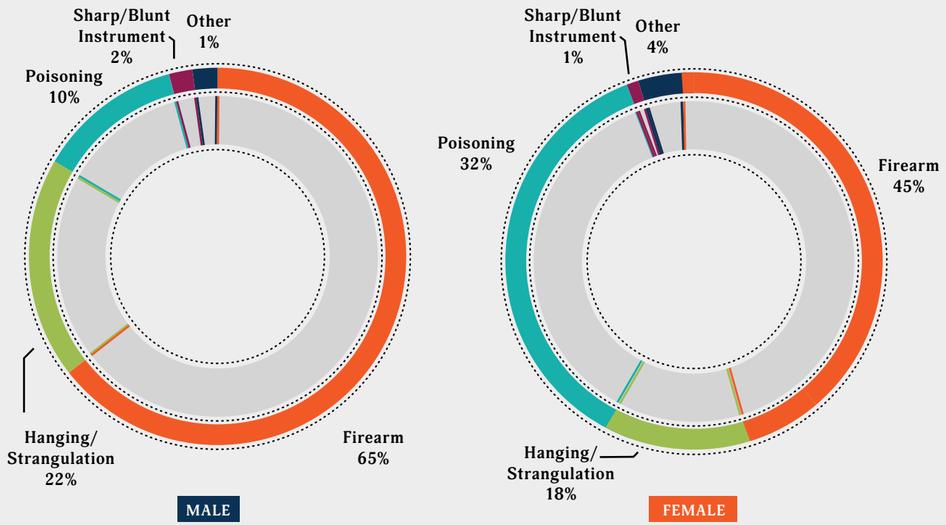
The age groups between 25 and 64 years of age are broken out for the National Strategy for Suicide Prevention (NSSP) Grant.

METHOD / MEAN

LEADING SUICIDE METHODS/MEANS

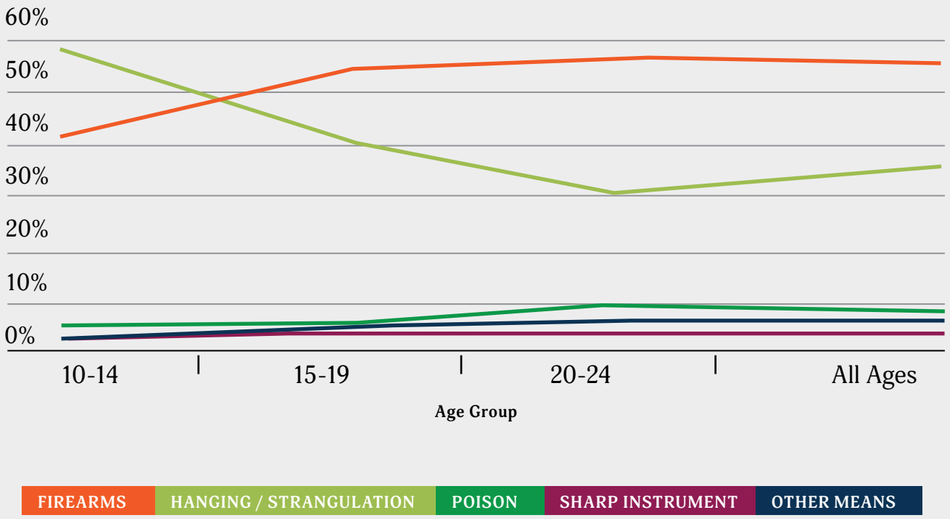
OKLAHOMA, 2004-2013

01
METHOD OF SUICIDE BY GENDER



02
METHOD OF SUICIDE AMONG PERSONS 10-24 YEARS OF AGE

OKLAHOMA, 2004-2008



CIRCUMSTANCES

MENTAL HEALTH, SUBSTANCE ABUSE, AND OTHER ADDICTIONS

- Current depressed mood
- Current diagnosed mental health problem
- Mental illness diagnosis
- Current mental health treatment
- Ever treated for mental health or substance abuse
- Alcohol problem
- Other substance abuse problem
- Other addiction

RELATIONSHIP & LIFE STRESSOR

- Intimate partner problem
- Family relationship problem
- Other relationship problem
- Abuse or neglect led to death
- History of abuse or neglect as a child
- Previous perpetrator of violence in the past month
- Previous victim of violence in the past month
- Physical fight (2 people)
- Argument (Timing of argument)

LEADING CIRCUMSTANCES ASSOCIATED WITH SUICIDE

OKLAHOMA, 2004-2013

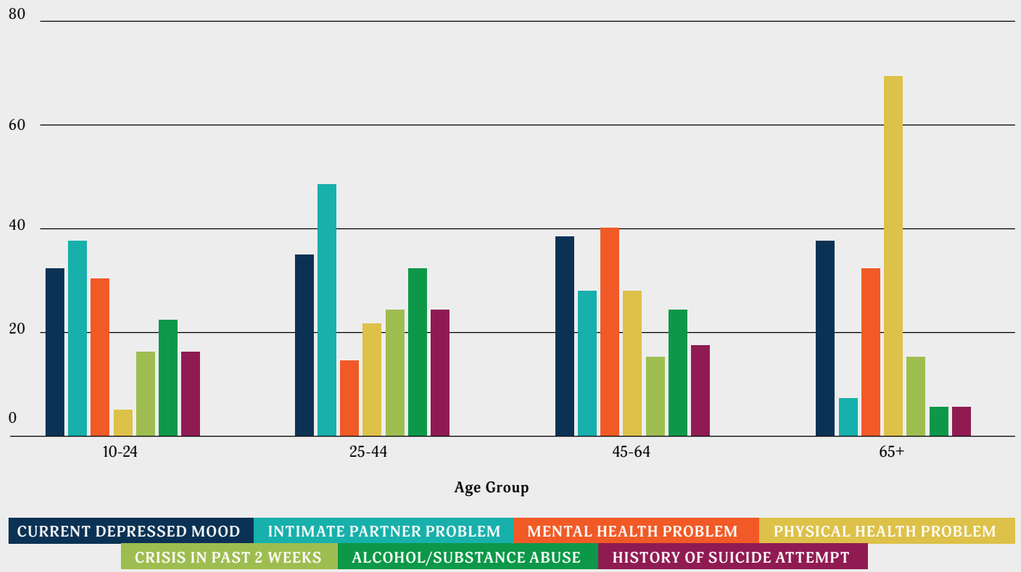
- 36% current depressed mood
- 34% intimate partner problem
- 35% one or more diagnosed or treated mental health problems
  - Depression (78%), bipolar (17%), anxiety disorder (8%), schizophrenia (7%), PTSD (3%)

Oklahoma Violent Death Reporting System

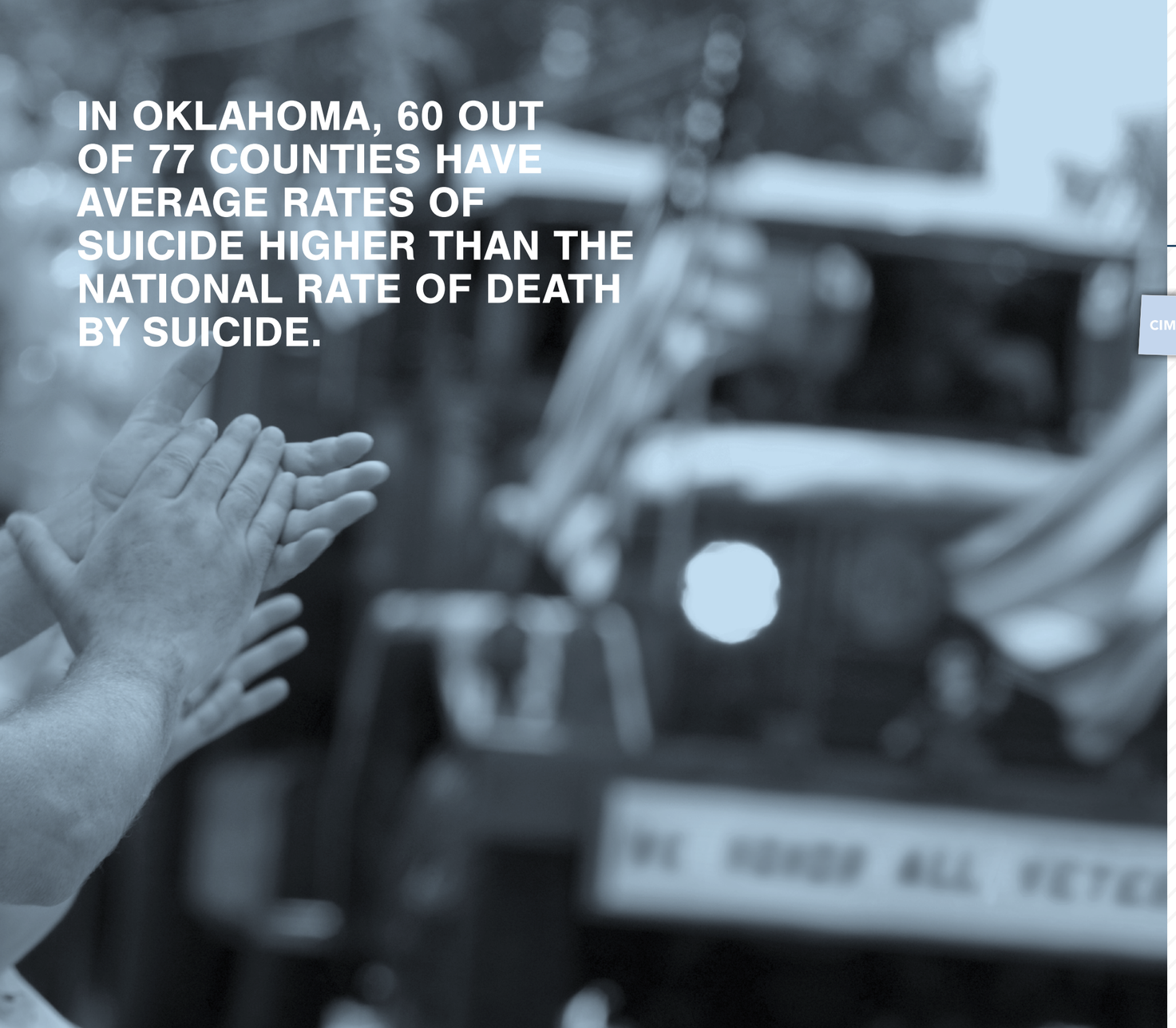
01

SUICIDE CIRCUMSTANCES BY LIFE STAGES

OKLAHOMA, 2004-2013



Oklahoma Violent Death Reporting System

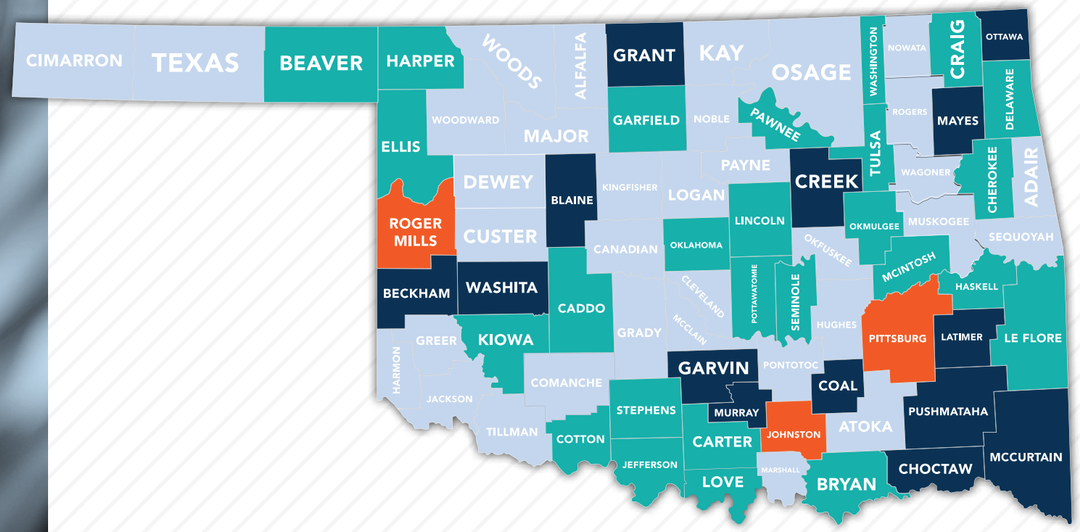


IN OKLAHOMA, 60 OUT OF 77 COUNTIES HAVE AVERAGE RATES OF SUICIDE HIGHER THAN THE NATIONAL RATE OF DEATH BY SUICIDE.

02

RATE OF SUICIDE DEATH BY COUNTY OF RESIDENCE

50+% ABOVE STATE RATE
25-49& ABOVE STATE RATE
1-24% ABOVE STATE RATE
BELOW STATE RATE



OKLAHOMA STATE RATE, 2004-2013, IS 15.88 SUICIDE DEATHS PER 100,000 RESIDENTS

This map illustrates how many counties are experiencing rates of death by suicide many times higher than the average state rate of death by suicide. The average state rate of death by suicide of 15.87 is significantly higher than the average national rate of death by suicide 12.6. In Oklahoma, 60 out of 77 counties have average rates of suicide higher than the national rate of death by suicide. More information about your county can be found at the Oklahoma State Department of Health's Injury Prevention Division. More information about your county's representation can be found at http://www.oklegislature.gov/findmylegislature.aspx

STRATEGY GOALS PREVENTION

OBJECTIVES FOR ACTION

STRATEGIC DIRECTION 1: HEALTHY AND EMPOWERED INDIVIDUALS, FAMILIES, AND COMMUNITIES

GOAL 01

INTEGRATE AND COORDINATE SUICIDE PREVENTION ACTIVITIES ACROSS MULTIPLE SECTORS AND SETTINGS.

OBJECTIVE 1.1	Integrate suicide prevention into the values, culture, leadership, and work of a broad range of organizations and programs with a role to support suicide prevention activities.
OBJECTIVE 1.2	Establish effective, sustainable, and collaborative suicide prevention programming at the state/territorial, tribal, and local levels.
OBJECTIVE 1.3	Sustain and strengthen collaborations across state agencies to advance suicide prevention.
OBJECTIVE 1.4	Develop and sustain public-private partnerships to advance suicide prevention.
OBJECTIVE 1.5	Integrate suicide prevention into all relevant health care reform efforts.

GOAL 02

IMPLEMENT RESEARCH-INFORMED COMMUNICATION EFFORTS DESIGNED TO PREVENT SUICIDE BY CHANGING KNOWLEDGE, ATTITUDES, AND BEHAVIORS.

OBJECTIVE 2.1 Develop, implement, and evaluate communication efforts designed to reach defined segments of the population.

OBJECTIVE 2.2 Reach policymakers with dedicated communication efforts.

OBJECTIVE 2.3 Increase communication efforts conducted online that promote positive messages and support safe crisis intervention strategies.

OBJECTIVE 2.4 Increase knowledge of the warning signs for suicide and of how to connect individuals in crisis with assistance and care.

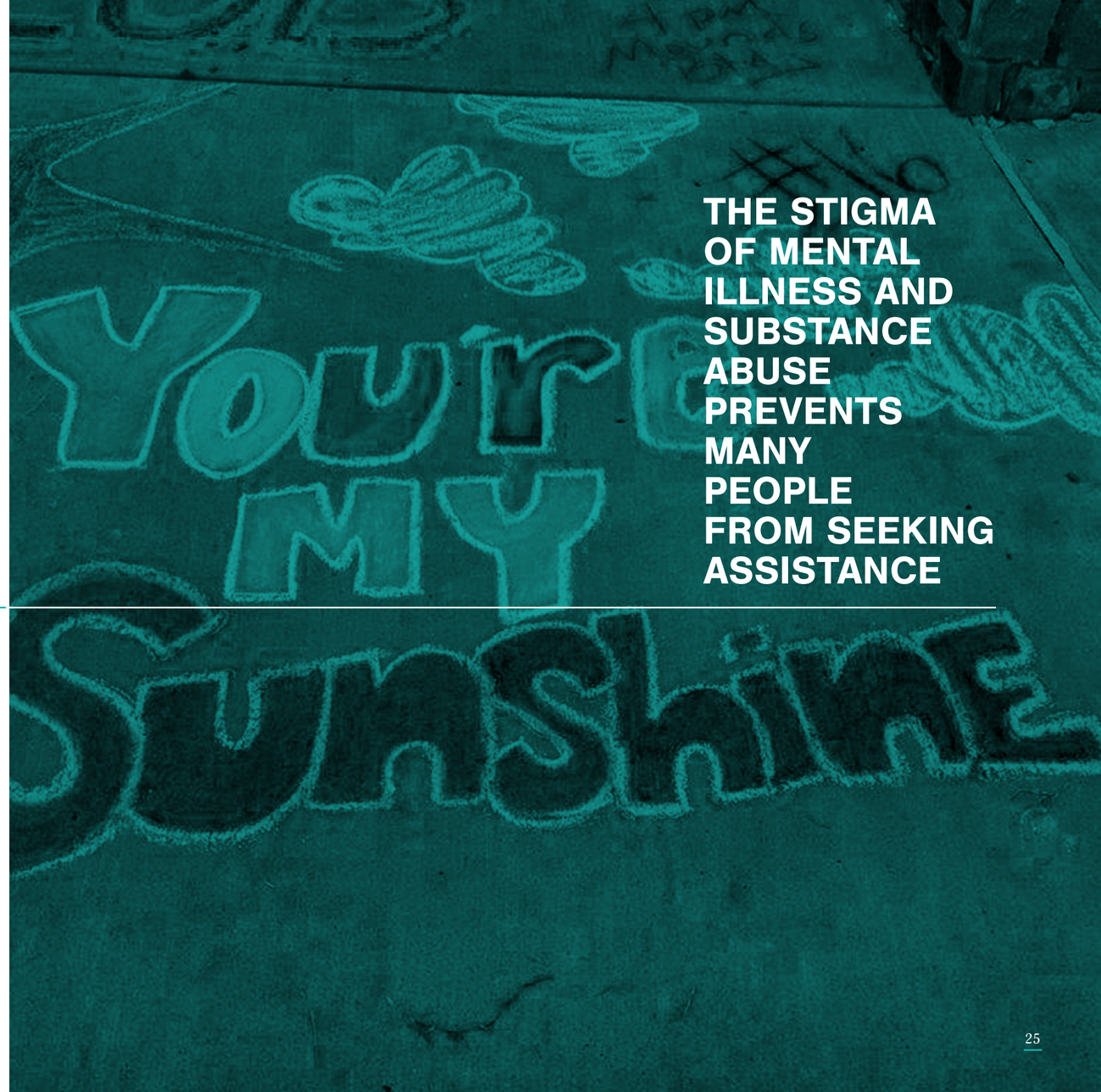
GOAL 03

INCREASE KNOWLEDGE OF THE FACTORS THAT OFFER PROTECTION FROM SUICIDAL BEHAVIORS AND THAT PROMOTE WELLNESS AND RECOVERY.

OBJECTIVE 3.1 Promote effective programs and practices that increase protection from suicide risk.

OBJECTIVE 3.2 Reduce the prejudice and discrimination associated with suicidal behaviors and mental and substance use disorders.

OBJECTIVE 3.3 Promote the understanding that recovery from mental and substance use disorders is possible for all.



THE STIGMA OF MENTAL ILLNESS AND SUBSTANCE ABUSE PREVENTS MANY PEOPLE FROM SEEKING ASSISTANCE

GOAL 04

PROMOTE RESPONSIBLE MEDIA REPORTING OF SUICIDE, ACCURATE PORTRAYALS OF SUICIDE AND THE SAFETY OF ONLINE CONTENT RELATED TO SUICIDE.

OBJECTIVE 4.1 Encourage and recognize news organizations that develop and implement policies and practices addressing the safe and responsible reporting of suicide and other related behaviors.

OBJECTIVE 4.2 Implement and monitor guidelines on the safety of online content for new and emerging communication technologies and applications.

OBJECTIVE 4.3 Disseminate guidance for journalism and mass communication schools regarding how to address consistent and safe messaging on suicide and related behaviors in their curricula.

EFFECTIVE SUICIDE PREVENTION PROGRAMS REQUIRE COMMITMENT AND RESOURCES

OBJECTIVES FOR ACTION

STRATEGIC DIRECTION 2: CLINICAL AND COMMUNITY PREVENTIVE SERVICES

GOAL 05

DEVELOP, IMPLEMENT, AND MONITOR EFFECTIVE PROGRAMS THAT PROMOTE WELLNESS AND PREVENT SUICIDE AND RELATED BEHAVIORS.

OBJECTIVE 5.1 Encourage community-based settings to implement effective programs and provide education that promote wellness and prevent suicide and related behaviors.

OBJECTIVE 5.2 Intervene to reduce suicidal thoughts and behaviors in populations with suicide risk.

OBJECTIVE 5.3 Strengthen efforts to increase access to and delivery of effective programs and services for mental and substance use disorders.

GOAL 06

PROMOTE EFFORTS TO REDUCE ACCESS TO LETHAL MEANS OF SUICIDE AMONG INDIVIDUALS WITH IDENTIFIED SUICIDE RISK.

OBJECTIVE 6.1 Encourage providers who interact with individuals at risk for suicide to routinely assess for access to lethal means.

OBJECTIVE 6.2 Partner with firearm dealers and gun owners to incorporate suicide awareness as a basic tenet of firearm safety and responsible firearm ownership.

OBJECTIVE 6.3 Recommend use of new safety technologies to reduce access to lethal means.

GOAL 07

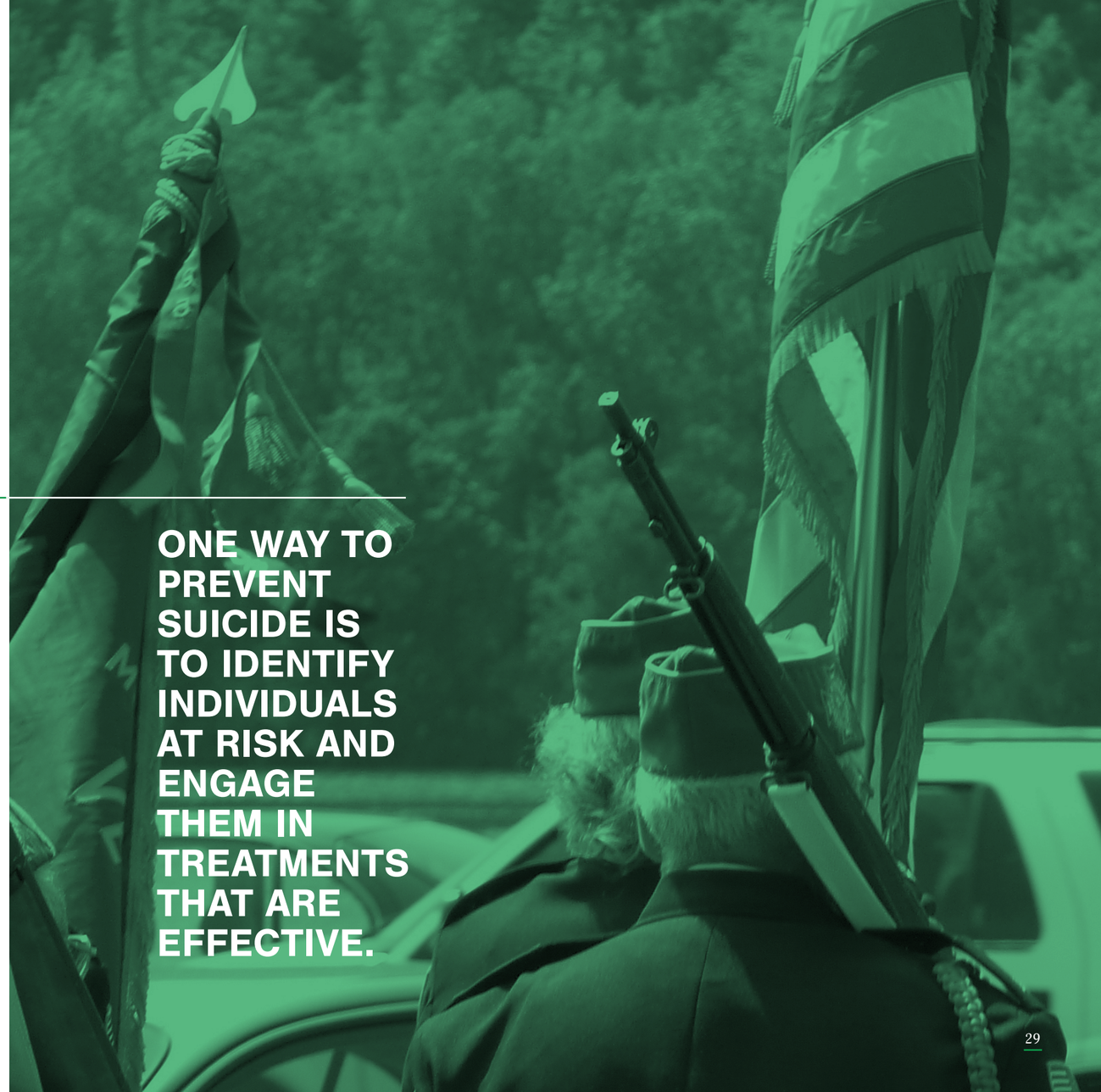
PROVIDE TRAINING TO COMMUNITY AND CLINICAL SERVICE PROVIDERS ON THE PREVENTION OF SUICIDE AND RELATED BEHAVIORS.

OBJECTIVE 7.1 Provide training on suicide prevention to community groups that have a role in the prevention of suicide and related behaviors.

OBJECTIVE 7.2 Provide training to mental health and substance use disorder providers on the recognition, assessment, and management of at-risk behavior, and the delivery of effective clinical care for people with suicide risk.

OBJECTIVE 7.3 Promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by all health professions/organizations, including graduate education and licensure for professionals, as well as credentialing and accreditation for organizations.

OBJECTIVE 7.4 Increase communication and collaboration among clinicians/clinical supervisors, first responders, crisis staff, and others in providing care and management for a suicidal person.



ONE WAY TO PREVENT SUICIDE IS TO IDENTIFY INDIVIDUALS AT RISK AND ENGAGE THEM IN TREATMENTS THAT ARE EFFECTIVE.

OBJECTIVES FOR ACTION

STRATEGIC DIRECTION 3: TREATMENT AND SUPPORT SERVICES

GOAL 08

PROMOTE SUICIDE PREVENTION AS A CORE COMPONENT OF HEALTH CARE SERVICES.

OBJECTIVE 8.1 Promote the adoption of "zero suicides" as an aspirational goal by health care and community support systems that provide services and support to defined patient populations.

OBJECTIVE 8.2 Identify and implement protocols for delivering services for individuals with suicide risk in the most collaborative, responsive, and least restrictive settings.

OBJECTIVE 8.3 Promote timely access to assessment, intervention, and effective care for individuals with a heightened risk for suicide.

OBJECTIVE 8.4 Promote continuity of care and the safety and well-being of all patients treated for suicide risk in emergency departments or hospital inpatient units.

OBJECTIVE 8.5 Encourage health care delivery systems to incorporate suicide prevention and appropriate responses to suicide attempts as indicators of continuous quality improvement efforts.

OBJECTIVE 8.6 Establish linkages between providers of mental health and substance abuse services and community-based programs, including peer support programs.

OBJECTIVE 8.7 Coordinate services among suicide prevention and intervention programs, health care systems, and accredited local crisis centers.

OBJECTIVE 8.8 Develop collaborations between emergency departments and other health care providers to provide alternatives to emergency department care and hospitalization when appropriate, and to promote rapid followup after discharge.

GOAL 09

PROMOTE AND IMPLEMENT EFFECTIVE CLINICAL AND PROFESSIONAL PRACTICES FOR ASSESSING AND TREATING THOSE IDENTIFIED AS BEING AT RISK FOR SUICIDAL BEHAVIORS.

OBJECTIVE 9.1 Recommend implementation of guidelines for the assessment of suicide risk among persons receiving care in all settings.

OBJECTIVE 9.2 Recommend implementation of guidelines for clinical practice and continuity of care for providers who treat persons with suicide risk.

OBJECTIVE 9.3 Promote the safe disclosure of suicidal thoughts and behaviors by all patients.

OBJECTIVE 9.4 Adopt and implement guidelines to effectively engage families and concerned others, when appropriate, throughout entire episodes of care for persons with suicide risk.

OBJECTIVE 9.5 Recommend implementation of policies and procedures to assess suicide risk and intervene to promote safety and reduce suicidal behaviors among patients receiving care for mental health and/or substance use disorders.

OBJECTIVE 9.6 Develop standardized protocols for use within emergency departments based on common clinical presentation to allow for more differentiated responses based on risk profiles and assessed clinical needs.

OBJECTIVE 9.7 Develop guidelines on the documentation of assessment and treatment of suicide risk and establish a training and technical assistance capacity to assist providers with implementation.

GOAL 10

PROVIDE CARE AND SUPPORT TO INDIVIDUALS AFFECTED BY SUICIDE DEATHS AND ATTEMPTS TO PROMOTE HEALING AND IMPLEMENT COMMUNITY STRATEGIES TO HELP PREVENT FURTHER SUICIDES.

OBJECTIVE 10.1 Offer comprehensive support programs for individuals bereaved by suicide that follow established guidelines (i.e., AFSP).

OBJECTIVE 10.2 Refer to and/or provide appropriate clinical care to individuals affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for complicated grief.

OBJECTIVE 10.3 Engage suicide attempt survivors in suicide prevention planning, including support services, treatment, and community suicide prevention education.

OBJECTIVE 10.4 Adopt, disseminate, implement, and evaluate guidelines for communities to respond effectively to suicide clusters and contagion within their cultural context, and support implementation with education, training, and consultation.

OBJECTIVE 10.5 Provide information and/or referrals to health care providers, first responders, and others with care and support when a patient under their care dies by suicide.

OBJECTIVES FOR ACTION

STRATEGIC DIRECTION 4: SURVEILLANCE, RESEARCH, AND EVALUATION

GOAL 11

INCREASE THE TIMELINESS AND USEFULNESS OF STATEWIDE SURVEILLANCE SYSTEMS RELEVANT TO SUICIDE PREVENTION AND IMPROVE THE ABILITY TO COLLECT, ANALYZE, AND USE THIS INFORMATION FOR ACTION.

OBJECTIVE 11.1 Improve the timeliness of reporting vital records data.

OBJECTIVE 11.2 Improve the usefulness and quality of suicide-related data.

OBJECTIVE 11.3 Improve and expand state/territorial, tribal, and local public health capacity to routinely collect, analyze, report, and use suicide-related data to implement prevention efforts and inform policy decisions.

OBJECTIVE 11.4 Increase the number of nationally representative surveys and other data collection instruments that include questions on suicidal behaviors, related risk factors, and exposure to suicide.

GOAL 12

PROMOTE AND SUPPORT RESEARCH ON SUICIDE PREVENTION.

OBJECTIVE 12.1 Promote that suicide prevention research done in Oklahoma is in alignment with the national suicide prevention research agenda.

OBJECTIVE 12.2 Promote the timely dissemination of suicide prevention research findings.

OBJECTIVE 12.3 Promote usage of available repositories of research resources (e.g., SPRC) to help increase the amount and quality of research on suicide prevention and care in the aftermath of suicidal behaviors.

EVERY YEAR ABOUT 500 OKLAHOMANS OF ALL AGES DIE BY SUICIDE.

GOAL 13

EVALUATE THE IMPACT AND EFFECTIVENESS OF SUICIDE PREVENTION INTERVENTIONS AND SYSTEMS AND SYNTHESIZE AND DISSEMINATE FINDINGS.

OBJECTIVE 13.1 Evaluate the effectiveness of suicide prevention interventions.

OBJECTIVE 13.2 Assess, synthesize, and disseminate the evidence in support of suicide prevention interventions.

OBJECTIVE 13.3 Examine how suicide prevention efforts are implemented in different tribes and communities to identify the types of delivery structures that may be most efficient and effective.

OBJECTIVE 13.4 Evaluate the usage and impact of the Oklahoma Strategy for Suicide Prevention. Solicit feedback from stakeholders regarding the efficacy of the Oklahoma Strategy for Suicide Prevention.

GLOSSARY OF FREQUENTLY USED TERMS

ANXIETY DISORDER
An unpleasant feeling of fear or apprehension accompanied by increased physiological arousal, defined according to clinically derived standard psychiatric diagnostic criteria.

COMPLICATED GRIEF
Feelings of loss, following the death of a loved one, which are debilitating and do not improve even after time passes. These painful emotions are so long lasting and severe that those who are affected have trouble accepting the loss and moving on with their lives. Also referred to 'traumatic grief' or 'prolonged grief'

CONNECTEDNESS
Closeness to an individual, group, or individuals within a specific organization; perceived caring by others; satisfaction with relationship to others; or feeling loved and wanted by others.

CONTAGION
A phenomenon whereby susceptible persons are influenced towards suicidal behavior through knowledge of another person's suicidal acts

DEPRESSION
A constellation of emotional, cognitive, and somatic signs and symptoms, including sustained sad mood or lack of pleasure.

EVIDENCE-BASED PROGRAMS
Programs that have undergone scientific evaluation and have been proven to be effective.

GATEKEEPER
Those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine. They may be trained to identify persons at risk of suicide, refer them to treatment or supportive services as appropriate. Examples include clergy, first responders, pharmacists, caregivers, and those employed in institutional settings such as schools, prisons, and the military.

INTERVENTION
A strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition (such as lithium for bipolar disorders, educating providers about suicide prevention, or reducing access to lethal means among individuals with suicide risk).

MEANS
The instrument or object used to carry out a self-destructive act (e.g., chemicals, medications, illicit drugs, firearms).

MEANS RESTRICTION
Techniques, policies, and procedures designed to reduce access or availability to means and methods of deliberate self-harm.

MENTAL DISORDER
A diagnosable illness characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress that significantly interferes with an individuals' cognitive, emotional, or social abilities; often used interchangeably with mental illness.

MENTAL HEALTH
The capacity of individuals to interact with one another and the environment in ways that promote subjective well-being, optimal development, and use of mental abilities (cognitive, affective, and relational).

METHOD
Actions or techniques that result in an individual inflicting self-directed injurious behavior (e.g. overdose).

MOOD DISORDER
A term used to describe all mental disorders that are characterized by a prominent or persistent mood disturbance; disturbances can be in the direction of elevated expansive emotional states or if in the opposite direction, depressed emotional states. These disorders include depressive disorders, bipolar disorders, mood disorders because of a medical condition, and substance-induced mood disorders.

POSTVENTION
Response to and care for individuals affected in the aftermath of a suicide attempt or suicide death.

PREVENTION
A strategy or approach that reduces the likelihood of risk of onset, or delays the onset of adverse health problems or reduces the harm resulting from conditions or behaviors.

PROTECTIVE FACTORS
Factors that make it less likely that individuals will develop a disorder; protective factors may encompass biological, psychological or social factors in the individual, family and environment.

RATE
The number per unit of the population with a particular characteristic, for a given unit of time. The rate of death by suicide is traditionally calculated using number of people died by suicide per 100,000. If ___ people in Oklahoma County died by suicide in 2014, then the rate of death by suicide in Oklahoma County is ___/100,000 = _____.

GLOSSARY OF FREQUENTLY USED TERMS

RISK FACTOR
Factors that make it more likely that individuals will develop a disorder; risk factors may encompass biological, psychological or social factors in the individual, family and environment.

SCREENING
Administration of a survey tool to identify persons in need of more in-depth assessment or treatment.

STAKEHOLDER
Entities including organizations, groups, and individuals that are affected by and contribute to decisions, consultations and policies.

SUBSTANCE USE DISORDER
A maladaptive pattern of substance use manifested by recurrent and significant prescription drugs such as analgesics, sedatives, tranquilizers, and stimulants; and illicit drugs such as marijuana, cocaine, inhalants, hallucinogens and heroin.

SUICIDAL BEHAVIORS
Behaviors related to suicide, including preparatory acts, as well as suicide attempts and deaths.

SUICIDAL IDEATION
Thoughts of engaging in suicide-related behavior.

SUICIDAL INTENT
There is evidence (explicit and/or implicit) that at the time of injury the individual intended to kill or harm themselves or wished to die and that the individual understood the probable consequences of their actions.

SUICIDE
Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

SUICIDE ATTEMPT
A nonfatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

SUICIDE ATTEMPT SURVIVOR
Individuals who have survived a prior suicide attempt.

SUICIDE LOSS SURVIVOR
Family members, friends, and others affected by the suicide of a loved one.

SURVEILLANCE
The ongoing, systematic collection, analysis, and interpretation of health data with timely dissemination of findings.

RESOURCES

ODMHSAS | Oklahoma Department Of Mental Health And Substance Abuse Services
https://www.ok.gov/odmhsas/Prevention_/Prevention_Initiatives/Suicide_Prevention_and_Early_Intervention_Initiative/index.html
(405) 522-3471

OSDH | Oklahoma State Department Of Health
www.ok.gov/health/Disease,_Prevention,_Preparedness/Injury_Prevention_Service/Oklahoma_Violent_Death_Reporting_System/index.html

National Suicide Prevention Lifeline
www.suicidepreventionlifeline.org

National Suicide Prevention Lifeline - Veterans
www.suicidepreventionlifeline.org/Veterans

SAVE | Suicide Awareness Voices Of Education
www.save.org

AAS | American Association Of Suicidology
www.suicidology.org

AFSP | American Foundation For Suicide Prevention
www.afsp.org

SPRC | Suicide Prevention Resource Center
www.sprc.org

SAMHSA | Substance Abuse And Mental Health Services Administration
www.Mentalhealth.samhsa.gov/Suicideprevention

NIMH | National Institute of Mental Health
www.nimh.nih.gov

CDC | Centers For Disease Control And Prevention
www.cdc.gov/Violenceprevention/Suicide

WHO | World Health Organization
www.who.int/Topics/Suicide

United States Department Of Veterans Affairs Office Of Mental Health Services
www.mentalhealth.va.gov/Suicide_prevention

Army G-1 Suicide Prevention
www.preventsuicide.army.mil

Navy Suicide Prevention
www.suicide.navy.mil

National Action Alliance for Suicide Prevention
www.actionallianceforsuicideprevention.org

Zero Suicide
www.ZeroSuicide.org

211 Oklahoma
www.211oklahoma.org

HeartLine Oklahoma
www.HeartLineoklahoma.org

The Trevor Project
www.thetrevorproject.org

OKLAHOMA DEPARTMENT OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES

www.ok.gov/odmhsas