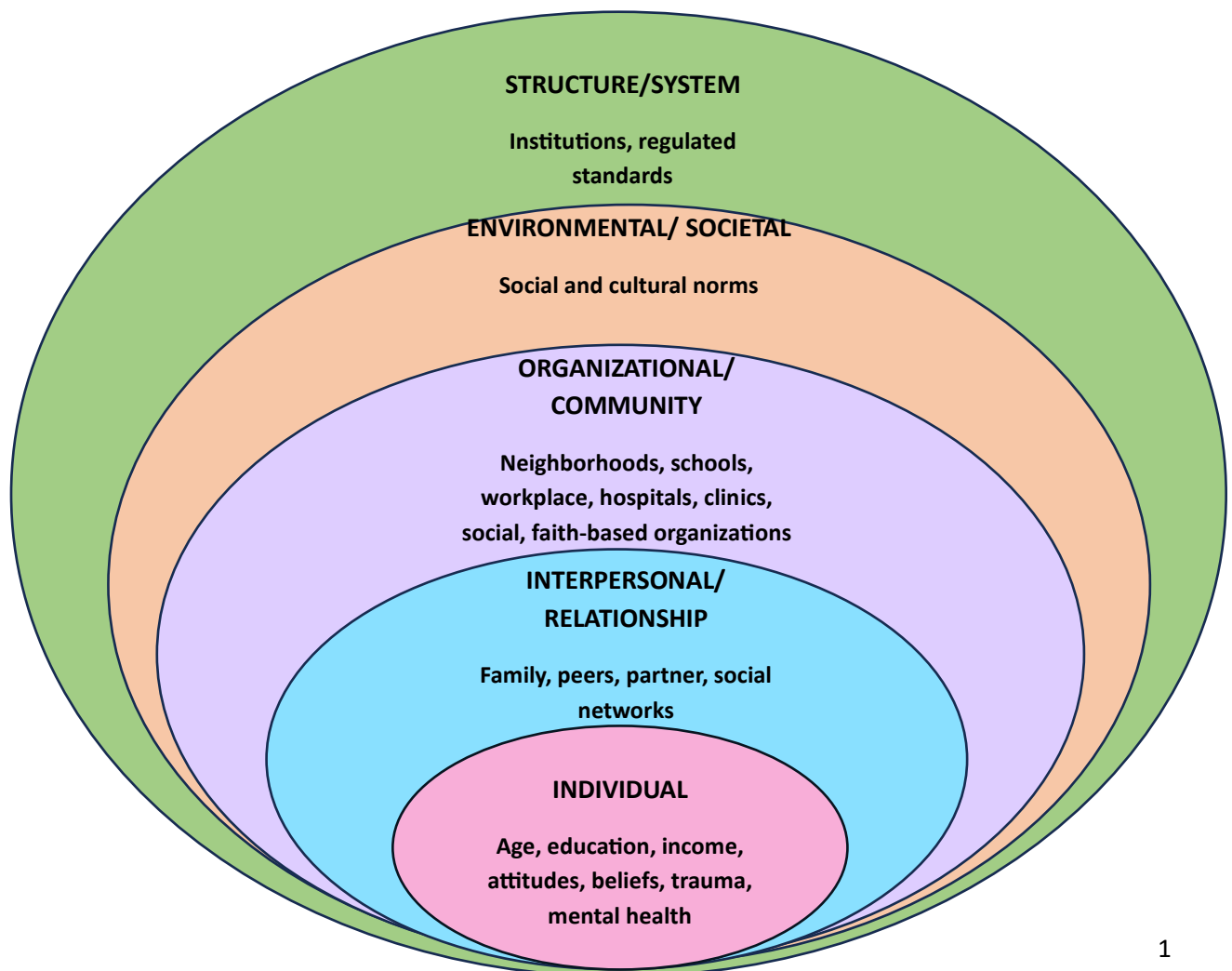# GETAC INJURY PREVENTION & PUBLIC EDUCATION COMMITTEE

SOCIAL ECOLOGICAL MODEL OF SUICIDE PREVENTION

The mission of GETAC is to promote, develop, and advance an accountable, patient-centered trauma and emergency healthcare system.[1] Suicide is a leading cause of injury-related mortality in Texas.[2]

The GETAC Injury Prevention and Public Education Committee created this tool using the Social Ecological Model framework that compiles evidence-informed suicide prevention strategies and recommendations across multifaceted factors. This framing recognizes that health and behaviors do not just depend on individual choices, but are shaped by the environment, relationships, and broader societal influences. Thus, interventions and solutions should target multiple levels to be effective.[3]

This tool is made available for practitioners and leaders to assist in the adoption of systematic and comprehensive initiatives for the prevention of suicide.

STRUCTURE/SYSTEM

Institutions, regulated standards

ENVIRONMENTAL/ SOCIETAL

Social and cultural norms

ORGANIZATIONAL/ COMMUNITY

Neighborhoods, schools, workplace, hospitals, clinics, social, faith-based organizations

INTERPERSONAL/ RELATIONSHIP

Family, peers, partner, social networks

INDIVIDUAL

Age, education, income, attitudes, beliefs, trauma, mental health

INDIVIDUAL FACTORS
Understand risk factors and signs of suicide/suicidal ideation to key stakeholders (students, teachers, providers)[4]
Identify safe storage of lethal means/counseling on access to lethal means among people at risk[5,6]
Educate on access to local mental health or behavioral health authorities (i.e., Local MHMR services)[7]

INTERPERSONAL/RELATIONSHIP FACTORS

Encourage suicide prevention/intervention/postvention educational opportunities for providers
   o Suicide prevention education as continuing professional educational activities[8]
   o Ensure that healthcare providers are adequately trained to treat persons with suicidal ideation[9]
   o Educate providers about the importance of lethal means counseling in the treatment of individuals experiencing suicidal crisis[8]

Suicide prevention/Mental health resources
   o Expand information about the availability of mental health resources such as TCHATT, CPAN, PeriPAN[10]
   o Educate on suicide/mental health navigation lines (i.e., 988, 211, Hear for Texas—North Texas)

Survivors
   o Work with suicide survivors to provide testimonials that assist in creating resources[11]
   o Partner with the Trauma Survivor Network to connect survivors with mental health resources and peer-support[12]

Safety plans for suicide risk are shared with a client's identified support persons, constantly changing to meet needs, and shared with other staff[6]

ORGANIZATIONAL/COMMUNITY FACTORS
Education programs within the schools on resilience, coping and problem-solving skills, bullying prevention, healthy relationships and connection to others, and strong sense of cultural identity[11]
Utilize resources widely available from reputed associations such as the CDC[11]

Community-based Suicide Prevention Training/Education
   o Mental Health First Aid training[13]
   o Training on signs and symptoms of mental illness and the importance of early intervention[14]
   o Suicide Gatekeeper Training[11]
   o Education on safe storage of lethal means/reduce access to lethal means among people at risk[5,6]
   o Highlight the suicide prevention hotline (988) through public awareness campaigns[11]

- Work with local media to ensure safe suicide messaging is spread and opportunities for trainings[11,15]

Organizational Staff Training/Education
- Have staff be trained a minimum number of hours on suicide prevention and repeat trainings at regular intervals[6]
- Consider implementing a Prevention and Intervention in Crisis Situations (PCIS) training[6]
- Provide skill-based learning for trauma-informed practices[8,16]

Encourage the faith communities, workplaces/corporate businesses to support mental and spiritual health as a whole[17]

Increase social connection building for support networks in the community[18]
- Build peer to peer support and social networks with organizations that serve at-risk populations (i.e., cultural and youth at risk serving organizations, Veterans' Affairs outreach/investment)[4,11]

Increase awareness and involvement in the Texas Suicide Prevention Collaborative and regional/local suicide prevention coalitions[19]

Conduct organizational assessment to identify the current goals and gaps to address suicide prevention[6]

Access to mental health care/promotion of mental health wellness
- Operationalize Family and Employee Assistance/Wellness Programs[11]
- Telehealth to increase access and timing to mental health services[20]
- Encourage managed care organizations/health plans to provide mental health options[21]
- Provide space within schools for private mental health appointments[22]
- Create culturally sensitive services and be aware of stigma around help-seeking[11]

Suicide risk screening
- Hospital systems implement Joint Commission National Patient Safety Goal on Suicide Prevention[23]/ Trauma Centers implement American College of Surgeons (ACS) Committee on Trauma's Committee on Injury Prevention and Control suicide prevention recommendations[24]
- Create methods of standardization of suicidal ideation screening and frequency across all parts of the organization (incorporate validated screening instruments into workflows such as the Columbia-Suicide Severity Rating Scale (C-SSRS), Ask Suicide-Screening Questions (ASQ), or Patient Health Questionnaire-9 (PHQ-9) Depression Scale)[6,9,25,26]

Suicide response
- Create a suicide care management plan[6]
- Community safety planning, including training for peer to peer support
- Use of safe media guidelines for reporting suicide-related events[15]

Suicide follow-up/aftercare
- o   Conduct root cause analysis for all suicide events and update policies[6]
- o   Provide suicide prevention tools for front-line/first responders (i.e., crisis intervention teams, counselors available at the time of interaction)[27]

Crisis intervention and aftercare community education
- o Give community a clear path of referral to effective treatment[6]
- o Education on tools/technology (i.e. artificial intelligence) that can monitor social media for concerning content[28]
- o Create community-based crisis resource lists[11]
- o Training for state and local child fatality/death review teams using root cause analysis when conducting suicide case reviews[29]

Provide grief support resources and training to responders and the community impacted by suicide[30]

ENVIRONMENTAL/SOCIETAL FACTORS

Create culturally sensitive services/resources and be aware of stigma around help-seeking[11]

Create a "safety culture" and normalize mental health support/decrease stigma around mental health[6]

Reduce substance use
- o Limiting location and density of alcohol outlets, alcohol tax, enforcement of legal age for alcohol sales[5]
- o Support multimodal analgesic strategy with opioid-minimizing[31,32]

STRUCTURAL/SYSTEM FACTORS

Access to care[4,33]
- o Consider increasing capacity/funding for mental health providers, especially in underserved areas [4,33]
- o Consider increasing funding reimbursement for mental health encounters [4,33]
- o Support the use of Medicaid 1115 Waiver funds for community based mental health care/crisis intervention services[34]
- o Continue to fund local mental health or behavioral health authorities[7] and the Texas Child Mental Health Care Consortium (CPAN, TCHATT, PeiPAN)[10]

Strengthen economic supports[5]
- o Align with strategies that support stable housing[35]
- o Align with strategies that support livable wages[36]

Suicide prevention education as required continuing education for licensed providers (i.e., physicians, nurses, social workers, EMS, law enforcement, fire fighters, human resource professionals, etc)[8]

Support suicide prevention efforts that are evidence-based[6,11]
- o   Align statewide data collection for suicide prevention through expanding the National Violent Death Review System data collection[37]

o Reduce means of suicide, for example "Extreme Risk Protection Orders" to temporarily remove lethal means from individuals that are at risk to harm themselves or others[4,6]
o Address suicide prevention in those at elevated risk for suicide (veterans, rural populations, act risk populations, minoritized and marginalized persons)[4,25]
o Support statewide public awareness for suicide prevention[6,38]

Statewide organizations/coalitions for suicide prevention:
Hogg Foundation for Mental Health
Meadows Mental Health Policy Institute
Texans Care for Children
Texas Child Mental Health Care Consortium
Texas Local Mental Health and Behavioral Health Authorities
Texas Suicide Prevention Collaborative
Texas Veterans Commission - Military Veteran Peer Network

Resources for suicide prevention:
American Academy of Pediatrics
American College of Surgeons
American Foundation for Suicide Prevention
Centers for Disease Control and Prevention
Mental Health America
National Alliance on Mental Illness (NAMI) Texas
SAMHSA 988 Partner Toolkit
Texas Education Agency
Texas Health and Human Services
The National Action Alliance for Suicide Prevention
Zero Suicide

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