

2015

PROGRESS
and forward
MOMENTUM



NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION



FROM THE ACTION ALLIANCE CO-CHAIRS

As the co-chairs of the National Action Alliance for Suicide Prevention (Action Alliance), we are delighted to present this five-year report noting the accomplishments and progress made by the Action Alliance and its dedicated Executive Committee, task forces, advisory groups, and secretariat. They have made these successful years possible.

From its launch on September 10, 2010, the Action Alliance has set itself apart in the field of suicide prevention. Its unique role as an umbrella organization, created to connect organizations from the public and private sectors, is a first of its kind. It has brought together individuals and organizations from different backgrounds and united them in the fight to save lives. More than 200 organizations have collaborated on Action Alliance activities since 2010, and this report highlights just a few of the achievements from these collaborations and partnerships.

Since its inception, the Action Alliance has evolved to become an influential and productive public-private partnership. To sustain our momentum and advance our priority initiatives, we continue to rely on public and private sector leadership, time, and resources. We want to ensure the continuation of critically needed collaboration at the national level.

The following report presents some of the Action Alliance's accomplishments during our first five years. We are grateful for all those who contributed their time and effort to this work. We look forward to our ongoing collaboration as we seek to significantly reduce the impact of suicide in our communities.

Sincerely,

National Action Alliance for Suicide Prevention Co-Chairs

Representing the Private Sector



Robert W. Turner
Senior Vice President – Retired
Union Pacific Corporation

Representing the Public Sector



Carolyn M. Clancy, MD
Chief Medical Officer
U.S. Department of Veterans Affairs

SAVING *Lives*

On September 10, 2010, for the first time in our nation's history, a public-private partnership was formed to advance suicide prevention efforts at the national level as called for in Objective 1.4 of the 2001 *National Strategy for Suicide Prevention: Goals and Objectives for Action* (NSSP).

Two of the country's foremost leaders, Kathleen Sebelius, MPA, Secretary of the U.S. Department of Health and Human Services (HHS), and Robert Gates, PhD, Secretary of the Department of Defense, joined together to launch the National Action Alliance for Suicide Prevention (Action Alliance). Today, the Action Alliance is the only public-private partnership advancing the specific objectives of the NSSP that require collaboration and leverage on the national level.

Vision

The Action Alliance envisions a nation free from the tragic experience of suicide.

Mission

To advance the NSSP by:

- *Championing* suicide prevention as a national priority
- *Catalyzing* efforts to implement high-priority objectives of the NSSP
- *Cultivating* the resources needed to sustain progress

Goal

To save 20,000 lives in five years





COLLABORATING

Reducing suicide rates in the United States can only be achieved by targeting suicide as a public health and mental health issue on multiple levels. By advancing suicide prevention in national, organizational, and corporate policies; health care transformation; media reporting; and community development, the Action Alliance covers a great deal of ground in its suicide prevention efforts.

The core strength of the Action Alliance is its unique catalytic role in the field and its ability to create unprecedented connections. In the five years since its inception, the Action Alliance has catalyzed collaborations among key stakeholders in both public and private sectors, including health

care providers, faith communities, behavioral health providers, national media, suicide attempt survivors, the criminal justice and law enforcement community, and many others. With our diverse Executive Committee, we speak with one voice, calling upon the nation to prioritize suicide prevention.

LEADING

The Action Alliance is based in strong leadership. Our founding co-chairs, the Honorable Gordon H. Smith and Secretary of the Army John M. McHugh, led the Action Alliance from its launch day. Under their direction, the Action Alliance recruited a diverse group of national leaders from around the country, launched 15 task forces, revised the NSSP, and set its first group of priority initiatives.

The Action Alliance and our country are indebted to Senator Smith and Secretary McHugh for their leadership and commitment to reducing the impact of suicide in the United States.



“The updated national strategy is a declaration that we can’t let up the pressure on the goal of reducing the suicide rate in this country.”

The Honorable Gordon H. Smith, JD

Former Senator
CEO of the National Association of Broadcasters
Founding Private Sector Co-Chair of the National Action Alliance for Suicide Prevention

The current co-chairs, Mr. Robert Turner and Dr. Carolyn Clancy, continue to provide thoughtful and critical leadership to the Action Alliance as it grows and expands its priority initiatives to reduce suicide.

“Whether or not we succeed will depend on making progress on our priorities. We can save lives if policymakers, health care systems, the media, and others will join with us.”

The Honorable John M. McHugh, MPA

Secretary of the Army
United States Department of Defense
Founding Public Sector Co-Chair of the National Action Alliance for Suicide Prevention



Additionally, the Action Alliance could not have been possible without the support of former Substance Abuse and Mental Health Services Administrator Pamela S. Hyde, JD. Her commitment to suicide prevention, and specifically to the Action Alliance, has been relentless over the last five years. From her work with the leaders of the Department of Defense and Veterans Affairs to create the Action Alliance to her integral role working with the Surgeon General in releasing the revised NSSP, her strong leadership and

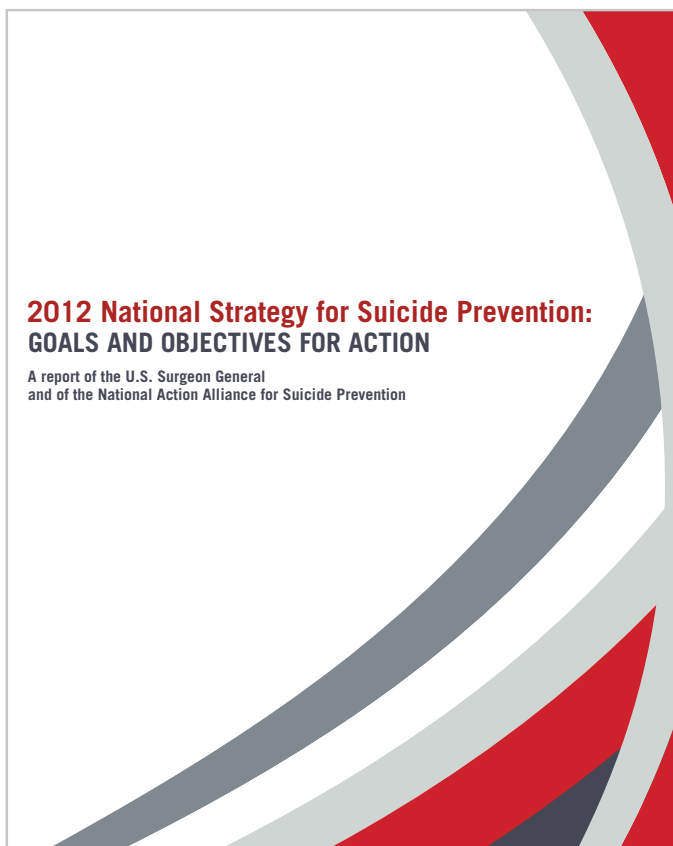
support greatly benefited the Action Alliance. In August 2015, Ms. Hyde stepped down from her role as Administrator. The Action Alliance extends deep gratitude for the support she and the Substance Abuse and Mental Health Services Administration (SAMHSA) have provided to this important work.

CREATING THE *Roadmap*

One of the key accomplishments of the Action Alliance is the revision of the *National Strategy for Suicide Prevention: Goals and Objectives for Action* (NSSP). On September 10, 2012, the Action Alliance, along with the U.S. Surgeon General's office, released the revised strategy, which emphasizes the role every American can play in protecting friends, family members, and colleagues from suicide.

The NSSP also provides guidance for schools, businesses, health systems, clinicians, and other sectors, taking into account nearly a decade of research and advancements in the suicide prevention field since the first strategy was published.

The 2012 NSSP includes 13 goals and 60 objectives. Seven shared themes outline what suicide prevention efforts should do:¹



- Foster positive public dialogue; counter shame, prejudice, and silence; and build public support for suicide prevention
- Address the needs of vulnerable groups, be tailored to the cultural and situational contexts in which they are offered, and seek to eliminate disparities
- Be coordinated and integrated with existing efforts addressing health and behavioral health and ensure continuity of care
- Promote changes in systems, policies, and environments that will support and facilitate the prevention of suicide and related problems
- Bring together public health and behavioral health
- Promote efforts to reduce access to lethal means among individuals with identified suicide risks
- Apply the most up-to-date knowledge base for suicide prevention

¹ U.S. Department of Health and Human Services (HHS), Office of the Surgeon General and National Action Alliance for Suicide Prevention. (2012, September). *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action*. Washington, DC: Author.

The revised NSSP is the product of our National Strategy for Suicide Prevention Revision/Update Task Force, co-led by Regina Benjamin, MD, MBA, former U.S. Surgeon General, and Jerry Reed, PhD, MSW, Director, Suicide Prevention Resource Center (SPRC), Education Development Center, Inc.

Many suicide prevention efforts have been spurred by the strategy, and numerous organizations and states have incorporated the implementation of the strategy into their work.

Currently, the [NSSP Implementation Assessment Advisory Group](#) is evaluating the utilization of the revised NSSP among states and key national stakeholders.

IDENTIFYING *Priorities*

While effective suicide prevention requires change on many levels, it is also important to establish priorities. In hopes of creating measurable change, our [Impact Group](#), co-led by Jane Pearson, PhD, Chair, National Institute of Mental Health (NIMH) Suicide Research Consortium, and Eric Caine, MD, Co-Director, Injury Control Research Center for Suicide Prevention, and Chair, Department of Psychiatry, University of Rochester, advises on Action Alliance priority development.

In support of the priority development process, four short-term assessment teams were developed to identify potential priority ideas:

1. Care Transitions in Healthcare Settings: Led by Richard McKeon, PhD, MPH, Branch Chief, Suicide Prevention Branch, Center for Mental Health Services (CMHS), SAMHSA, HHS
2. Culture of Safety: Led by Jane Pearson, PhD, Chair, NIMH Suicide Research Consortium, HHS
3. People in the Middle Years: Led by Jerry Reed, PhD, MSW, Director, SPRC, Education Development Center, Inc.
4. Alcohol and Substance Use: Led by Eileen Zeller, MPH, Lead Public Health Advisor, Suicide Prevention Branch, CMHS, SAMHSA, HHS

The leadership of these individuals and the teams they managed has been instrumental in the development and recent expansion of our two suicide prevention priorities: (1) transforming health systems and (2) changing the conversation about suicide.

TRANSFORMING HEALTH *Systems*

The Action Alliance is promoting the adoption of “zero suicide” as an organizing goal for health and behavioral health care systems by supporting efforts to transform suicide care through leadership, policies, practices, and the installation of suicide-specific outcome measurements.



This work builds on the momentum of the 2011 report *Suicide Care in Systems Framework*, which was released by the Action Alliance’s Clinical Care and Interventions Task Force. Co-leads of the task force, David Covington, LPC, MBA, CEO & President, RI International, Inc. and Michael Hogan, PhD, Principal, Hogan Health Solutions LLC, led the task force through the development of the Zero Suicide initiative. The Action Alliance launched the Zero Suicide initiative in 2012, and the framework was quickly adopted by a number of organizations. Currently, this initiative is supported by the Suicide Prevention Resource Center and includes the [Zero Suicide website and toolkit](#), technical assistance,

and the provision of expert faculty members. The Action Alliance also continues to support the Zero Suicide initiative by expanding the approach to additional health care organizations and supporting efforts to evaluate outcomes. The Zero Suicide approach has made such an impact in the United States that at least two European countries are adopting it, as well.



Thanks to the generous support of SAMHSA, the Action Alliance and the SPRC partnered to host a Zero Suicide Academy in 2014 and 2015. These academies provide a venue for health care organization leaders to learn the Zero Suicide approach for improving care and safety for those at risk for suicide and to help them develop their own organizational action plans.

We extend our gratitude to Universal Health Services, Inc., for their support of our Zero Suicide work. Their generous contributions allowed the Action Alliance to create the Zero Suicide website, which is interactive, user-friendly, and essential to supporting the work of organizations adopting and committing to a comprehensive approach to suicide care. The scope and impact of our efforts would not be possible without their contributions.

This work advances Goals 8–9 of the NSSP.

CHANGING THE *Conversation*

The Action Alliance is leveraging the media, national leaders, and all those who communicate about suicide prevention to change the national narratives around suicide and suicide prevention to ones that promote hope, connectedness, social support, resilience, treatment, and recovery. This priority's efforts are led by Jack Benson, MBA, Principal & Business Manager, Reingold, and Mark Weber, MBA, Deputy Assistant Secretary for Public Affairs, Human Services, Public Affairs Office, HHS.


Successful Messaging

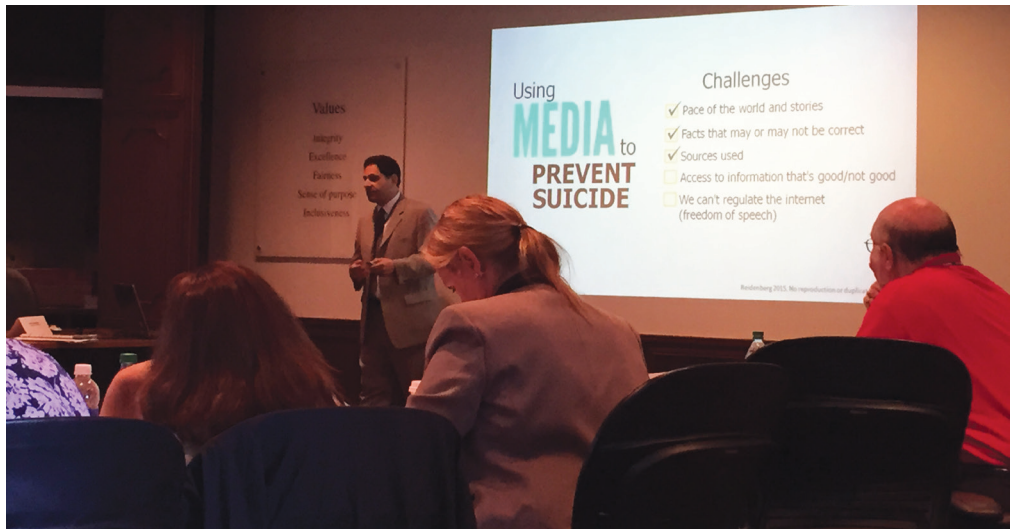
In June 2014, the Action Alliance launched the [*Framework for Successful Messaging*](#), which outlines how those working in suicide prevention and behavioral health care fields can create hopeful messaging that ultimately saves lives. Many leaders in suicide prevention and communication science contributed to the development of the framework.

Reporting Institutes

The Action Alliance works with national leaders in the journalism field to educate the U.S. media on balanced and responsible coverage of suicide and mental health reporting. With leadership from the Poynter Institute, reporters are trained on ethical and safe reporting practices through a series of *Poynter/Action Alliance: Covering Suicide and Mental Health Specialized Training Reporting Institutes*. The Reporting Institutes are



 National Action Alliance for Suicide Prevention
Framework for Successful Messaging



supported by the American Foundation for Suicide Prevention, Robert R. McCormick Foundation, Suicide Awareness Voices of Education, the SPRC, and the U.S. Department of Veterans Affairs.

Expert Panel Series

In September 2015, the Action Alliance partnered with Reingold under the leadership of Jack Benson, MBA, Principal & Business Manager, to offer the expert panel series *Stand Together: An Action Alliance Event Series*. The three panels focused on suicide in men in the middle years, teenagers & technology, and military/veterans and were offered to help journalists understand the specific challenges these populations face. Broadcast on Google Hangouts, the series received significant attention on social media and attracted numerous participants, leading to rich discussions of suicide, mental health, and hope.

PRISM National Simulcast



The PRISM Awards honor the accurate depictions of substance abuse and mental health stories within entertainment programming. Another example of Action Alliance partner leadership is the national simulcast of the National Suicide Prevention Lifeline phone number during the annual PRISM Awards. This effort is due to the leadership of Action Alliance Executive Committee member Brian Dyak, President and CEO, Entertainment Industries Council, Inc., the organization which presents the awards.

This work advances Goals 2–4 of the NSSP.

PRIORITIZING *Research*

Research Agenda

In August 2014, the Research Prioritization Task Force (RPTF), co- led by Thomas Insel, MD, Director, NIMH, and Phil Satow, MA, Co-Founder and Board Chair, The Jed Foundation, released [*A Prioritized Research Agenda for Suicide Prevention: An Action Plan to Save Lives*](#) (Research Agenda), the first of its kind for the field of suicide prevention. A three-year intensive and collaborative effort by the RPTF, the Research Agenda is a call to action to the suicide prevention field to align efforts and more directly prevent suicide attempts and save lives.



In September 2014, the American Journal of Preventive Medicine released [*Expert Recommendations for U.S. Research Priorities in Suicide Prevention*](#), a supplement to its September issue. The supplement, like the Research Agenda itself, is intended to highlight the challenges to be addressed in suicide prevention research and to suggest future research directions that have the potential to reduce suicide attempts and deaths.

Additionally, the RPTF partnered with Executive Committee member Linda Rosenberg, MSW, President and CEO, National Council for Behavioral Health and NIMH to offer a series of webinars that address the key recommendations of the Research Agenda. Like all Action Alliance efforts, leaders such as Jane Pearson, PhD, Chair, NIMH Suicide Research Consortium, brought these webinars to many community behavioral health providers to enhance their understanding of the research needed to save lives.

Portfolio Analyses

The RPTF also issued a crucial analysis of the nation’s suicide research efforts, as detailed in the [*U.S. National Suicide Prevention Research Efforts: 2008–2013 Portfolio Analyses*](#) (Portfolio Analyses). Results from the Portfolio Analyses show that investments in suicide research are severely lagging relative to research investments in other leading causes of death, such as heart disease, diabetes, and cancer.

“Suicide is one of our nation’s most preventable leading causes of death. Yet, it continues to be historically overlooked and prevention efforts continue to be underfunded. A commitment to a vigorous research effort will prevent both suicides and suicide attempts.”

—Phil Satow, Private Sector Co-lead of the Action Alliance’s Research Prioritization Task Force and Co-founder and Board Chair of The Jed Foundation



Today, suicide is finally being prioritized as a public health issue that can be prevented through research-informed strategies. The Portfolio Analyses underscores what research we have and what we need. It is a body of work that will guide the next steps in suicide prevention research.

Efforts such as these show how the Action Alliance catalyzes change on a broader level, with task force reports and suggestions making an impact on work that is being done in the field of suicide prevention.

This work advances Objectives 12.1–4; 13.1–2 of the NSSP.

TRAINING THE *Workforce*

Clinicians from a wide range of professions routinely encounter individuals at risk for suicide, yet many clinicians report that they are often unprepared in dealing with individuals at risk due to a lack of training. However, nurses, physicians, social workers, psychologists, school counselors, and a myriad of other clinical professionals now have more opportunity to learn how to prevent suicide among their patients.

In November 2014, the Clinical Workforce Preparedness Task Force, co-lead by Brian J. Boon, PhD, President and CEO, CARF International, and Alexander F. Ross, ScD, Senior Advisor for Behavioral Health, Division of Nursing and Public Health, Bureau of Health Workforce, the Health Resources and Services Administration, released [*Suicide Prevention and the Clinical Workforce: Guidelines for Training*](#) to provide the needed framework for training efforts to take place in the U.S. clinical workforce. The goal of these guidelines is to ensure that clinicians are equipped to address mental health concerns and that increased training will lead to more lives saved.

This work advances Objectives 1.1; 7.1, 7.3–4; 9.1, 9.2, 9.5 of the NSSP.

“We are embracing those with lived experience to broaden and shape the future of suicide prevention.”

—John Draper, PhD, Co-lead of the Suicide Attempt Survivors Task Force and Project Director, National Suicide Prevention Lifeline

CHARTING THE WAY *Forward*

The Suicide Attempt Survivors Task Force, co-lead by John Draper, PhD, Project Director, National Suicide Prevention Lifeline, and Eduardo Vega, MA, Executive Director, Mental Health Association of San Francisco, worked to shape an inclusive approach that informs suicide prevention initiatives with the perspectives of suicide attempt survivors.

With the July 2014 release of [*The Way Forward: Pathways to Hope, Recovery, and Wellness with Insights from Lived Experience*](#) (The Way Forward), the Action Alliance set the stage for a constructive collaboration in developing new, more effective means for reducing suicide attempts and deaths by providing recommendations based on practices that incorporate personal lived experiences. The Way Forward bridges gaps between suicide attempt survivors, clinicians, hospital staff, policymakers, and suicide prevention leaders. Today, the field recognizes the power of the voice of suicide attempt survivors. Individuals with lived experience are key in helping us improve how mental health treatment should be provided.

This work advances Objectives 3.2–3.3; 7.1; 8.3, 8.4; 9.2, 9.4; 10.3 of the NSSP.

PARTNERING WITH FAITH *Communities*

The Faith Communities Task Force, co-led by Talitha Arnold, MDiv, Senior Minister, United Church of Santa Fe, suicidologist David Litts, OD, and Anne Mathews-Younes, EdD, DMin, Director, Division of Prevention, Traumatic Stress & Special Programs, CMHS, SAMHSA, launched an educational [campaign](#) to provide every faith tradition, philosophy, sect, and denomination with a set of assembled communications aids and spiritual resources to help prevent suicides in their communities. The campaign also provides resources to assist faith communities in promoting mental and spiritual health as a whole as well as supporting the needs of family and friends after a suicide event. Faith communities can play a crucial role in the effort to save lives.



This work advances Objectives 1.1; 7.1 of the NSSP.

Kay Warren, Executive Committee member, has launched the Gathering of Mental Health and the Church, a multi-day event to foster mental health ministries. Engaging a number of the Action Alliance’s Executive Committee members, the Gathering has reached thousands of people exploring the role of the Church in helping individuals affected by mental illness, their loved ones, church leaders, and mental health professionals.

FOCUSING ON THE *Workplace*

Workplaces are as unique as the individuals who work in them, and while they each have their own cultures, the stress of demands often produce similar repercussions. In the United States, the majority of those who take their lives are of working age, and yet workplaces are often unprepared to deal with suicide.

The Workplace Task Force, co-led by Sally Spencer-Thomas, PsyD, CEO and Co-founder, Carson J. Spencer Foundation and Working Minds, and Yost Zakhary, MA, Public Safety Director, Woodway, TX, and Immediate Past President, International Association of Chiefs of Police, has engaged numerous sectors in the last five years to help combat suicide in this setting.

“Law enforcement officers are not immune to mental health issues.”

—Yost Zakhary, Action Alliance Executive Committee member, Co-lead of the Workplace Task Force, Public Safety Director, Woodway, TX, and Immediate Past President, International Association of Chiefs of Police

Workplace

Together with the American Association of Suicidology (AAS), Crisis Care Network, and the Carson J. Spencer Foundation, the task force developed [*Manager’s Guide to Suicide Postvention in the Workplace: 10 Action Steps for Dealing with the Aftermath of Suicide*](#). Released in 2013, the guide provides clear steps for postvention, giving leadership guidance on how to immediately respond to a traumatic event, have a plan in the short-term for recovery, and consider long-term strategies for helping employees cope down the line. The Workplace Task Force also adopted the Air Force Model and released a [*Comprehensive Blueprint for Workplace Suicide Prevention*](#) in collaboration with the Jed Foundation, the SPRC, and Working Minds. This blueprint guides workplaces in developing a suicide prevention program that is most appropriate to them.

Law Enforcement

The task force also partnered with police departments to tailor a set of resources specifically for law enforcement officers. In partnership with the Carson J. Spencer Foundation, International Association of Chiefs of Police, and AAS, they created a video to assist police departments in identifying warning signs and a guide to go along with it. The video, entitled [*Breaking the Silence: Suicide Prevention in Law Enforcement*](#) is intended to be a conversation starter to help officers save lives, not only among the citizens they protect but also among themselves. The [*accompanying facilitation guide*](#) helps leaders train officers and raise awareness regarding suicide prevention in their workplaces.

Construction Industry

The Bureau of Labor Statistics identified the construction industry as in the top nine occupations at risk for suicide. The Workplace Task Force worked with the Carson J. Spencer Foundation and RK Mechanical, Inc., to develop [*A Construction Industry Blueprint: Suicide Prevention in the Workplace*](#) to help construction industry leaders educate their work force about the importance of mental health. The blueprint, released in September 2015, is designed to normalize help-seeking behaviors within the construction industry, provides a workplace self-assessment questionnaire, and gives recommendations for effective workplace suicide prevention efforts geared specifically to construction workers.

This work advances Objectives 3.1–3; 5.2; 8.3 of the NSSP.

DATA & Surveillance

Federal and academic leaders participate regularly in an Action Alliance Task Force to explore ways of improving data and surveillance systems for suicide and related issues. The Data and Surveillance Task Force is co-led by Melvin Kohn, MD, MPH, Director, Adult Immunizations, Merck Pharmaceuticals and Scott K. Proescholdbell, MPH, Head, Injury Epidemiology and Surveillance Unit, Injury and Violence Prevention Branch, Chronic Disease and Injury Section, Division of Public Health, North Carolina Department of Health and Human Services. The task force is addressing non-fatal suicide attempts, as well as improving the timeliness of suicide death data.

This work advances Goal 11 of the NSSP.

WORKING-AGE Adults

To further focus on working-age adults, SAMHSA introduced a new program in 2014 to support states in implementing those NSSP goals and objectives focused on prevention of suicide and suicide attempts among working-age adults 25–64 years old.

Three-year grants were awarded to four state mental health authorities in New Mexico, New York, Oklahoma, and Tennessee. The focus of these grants is to implement interventions aimed at addressing goals 8 and 9 of the NSSP, specifically (1) promoting suicide prevention as a core component of health care services and (2) promoting and implementing effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.

The CDC has since funded two additional grants focusing on men in the middle years. These grants will support research to evaluate the effectiveness of programs or policies that prevent suicidal behavior among middle-aged males. The results from this research will expand the evidence base of effective and scalable suicide prevention strategies for middle-aged men.

This work advances Goals 8, 9, and 13 of the NSSP.

ENGAGING *Survivors*

In April 2015, the Survivors of Suicide Loss Task Force, co-led by Franklin Cook, Unified Community Solutions, psychologist Jack Jordan, and Karen Moyer, Co-Founder, Chairman, and Vice President, Moyer Foundation, released a set of guidelines outlining how communities can effectively respond to the devastating impact of suicide loss. [*Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines*](#) issues a call to action to strengthen and expand care to meet the needs of the bereaved and others who suffer from the effects of suicide loss. The report underscores the overall message that the voice of those bereaved must inform all suicide prevention efforts.

This work advances Objectives 7.1; 10.1, 10.5 of the NSSP.

HELPING *Youth*

In 2013, the Action Alliance released a set of comprehensive suicide prevention resources to support professionals who work with youth in the juvenile justice system. These suicide prevention protocols, guidelines, and tools were developed by the Youth in Contact with the Juvenile Justice System Task Force, co-led by Joe Coccozza, PhD, Director, National Center for Mental Health and Juvenile Justice at Policy Research Associates, Inc., and Melodee Hanes, JD, formerly of the Office of Juvenile Justice and Delinquency Prevention.

The resources can be accessed on the [Youth in Contact with the Juvenile Justice System Task Force](#) page. They provide practical guidance as well as realistic and helpful strategies for interacting with these at-risk youth.

Youth involved in the juvenile justice system are much more susceptible to suicidal ideation, attempts, and deaths than youth outside of the system. Based on the task force's literature review, research indicates that nearly one-third of justice-involved youth report having experienced suicidal ideation in the past year, and 36 percent have attempted suicide during their lifetimes. Youth in residential facilities have nearly three times the suicide rate of their peers in the general population. Implementing these resources will further improve the juvenile justice system's intervention standards and overall capacity in mental health care. These new resources address critical program areas and promote life-saving practices, such as effective screening, risk assessment, and the drafting of model policies that have been developed in collaboration with other child-serving agencies, particularly mental health.

This work advances Objectives 5.2; 7.1 of the NSSP.

SUPPORTING MILITARY AND *Veterans*

Throughout 2012, the Military/Veterans Task Force, formerly co-led by Maggie Haynes LaRocca, MA, Director, Combat Stress, Wounded Warrior Project, and Jan Kemp, PhD, RN, National Director, Suicide Prevention Program, Veterans Health Administration, U.S. Department of Veterans Affairs, completed five Partners in Care/Suicide Prevention summits in partnership with the National Guard Chaplaincy in five states: Arizona, Minnesota, Missouri, Oregon, and Virginia. More than 400 participants, the majority of them community clergy and members of faith communities, attended and received training. The chaplains also implemented Partners in Care, a program that coordinates support for Guard members and their families from faith communities. SAMHSA was instrumental in organizing and managing this initiative.



This work advances Objective 7.1 of the NSSP.

GIVING HOPE FOR *Life*

The American Indian/Alaska Native Task Force, co-led by Robert G. McSwain, MPA, Principal Deputy Director, Indian Health Service (IHS), and Kevin K. Washburn, JD, Assistant Secretary, Indian Affairs, U.S. Department of the Interior, developed [a toolkit to support the national American Indian/Alaska Native Hope for Life Day](#) in partnership with the IHS Methamphetamine and Suicide Prevention Initiative.

The purpose of *Hope for Life Day* is to promote a strengths based approach and encourage collaboration among federal agencies, national Indian and non-Indian organizations, and others to support the needs of American Indian and Alaska Native communities and to help prevent suicide among native populations across the country.

This work advances Objectives 1.1, 1.2; 2.1, 2.4; 3.2, 3.3 of the NSSP.

IN *Closing*

The Action Alliance plays a pivotal role in the field of suicide prevention. It rests on the structural foundation of a sound partnership between the public and private sectors, and it engages individuals from a variety of industries and backgrounds to join together in the name of suicide prevention.

Countless organizations, groups, and individuals have dedicated time, energy, and support to ensure that we can continue our fight to save lives. Without the support of the Action Alliance secretariat staff the accomplishments of the Action Alliance would be greatly diminished.

If you share our commitment and want to help support our suicide prevention efforts, we encourage you to use our resources, spread the word about the importance of mental health and suicide prevention, and support our commitment to this cause. With your help, we can get closer to our vision of a nation free from the tragic experience of suicide.

LOOKING AHEAD

How do we envision the next five years of the Action Alliance?

The Executive Committee is the backbone of the Action Alliance, and we will continue to rely on their deep commitment to advance suicide prevention in their sectors. We will rely on the Executive Committee, task force leaders, the Federal Working Group on Suicide Prevention, and members of the National Council for Suicide Prevention to open doors to others who share our commitment to reducing suicide deaths around the country. Doors to other stakeholders in corporate America, philanthropy, and the government sector also need to be opened and to stay open so that we can maintain the needed momentum to achieve the necessary systemwide efforts to help people in transition, distress, and suicidal despair.

Healthcare, mental health care, and public health are essential to solving the challenge of suicide. Bold action is what is needed, and we will call on all partners to authentically engage their sectors and also move outside of their traditional constraints to lead change in this country.

The next chapter also requires a concerted sustainability initiative in obtaining sufficient funding to make a difference in suicide morbidity and mortality. The Research Agenda and known evidence-based interventions require investments to save lives. It is only investments such as those made for research in heart disease, diabetes, and cancer that will make the needed changes to reduce suicide in this country.

Finally, we will seek support for the evaluation of evidence-based programs that are moving toward wide-scale implementation. Understanding how to invest in the translation of interventions for different communities' needs is critical to the changes we expect.

We have a great sense of optimism as we see the many individuals and organizations that have made a commitment to this issue in their organizations and sectors. Our expectation is that this commitment will grow until we see a nation free from the tragic experience of suicide. We know from the [2015 Mental Health and Suicide Survey](#) that Americans today value mental health as much as physical health—and that value holds great promise for the future. Help us make that future happen.

Sincerely,



Doryn Chervin, DrPH, MEd

Executive Secretary, National Action Alliance for Suicide Prevention
Vice President and Senior Scientist, Health and Human Development Division
Education Development Center, Inc.

The National Action Alliance for Suicide Prevention is the public-private partnership working to advance the *National Strategy for Suicide Prevention* and make suicide prevention a national priority. Education Development Center, Inc. operates the Secretariat for the Action Alliance through the Suicide Prevention Resource Center.

www.ActionAllianceforSuicidePrevention.org

