

Suicide Prevention & Postvention in SE Pennsylvania: An Overview

Introduction

Suicide is a daily occurrence in southeastern Pennsylvania. On average, there is at least one suicide every day somewhere in Bucks, Chester, Delaware, Montgomery, and Philadelphia counties. Overall there are about 400 suicides every year in the region, approximately one-third of all suicides in the state. Over the years, concern about suicide has usually been episodic. Community interest might become aroused and then subside until the next occurrence.

This began to change in 2002 with the formation of the Montgomery County Suicide Prevention Task Force, the first such body in the region. Soon similar groups arose in adjoining counties. Now there are many new efforts and many established organizations and providers have become more active in suicide prevention and postvention.

Here we look at what is being done about suicide and suicide loss in our region, particularly on the part of the suicide prevention task forces in each county. We will briefly consider what has to be done next to make suicide prevention and postvention more effective in the region. Lastly we will look at what MCES is doing in regard to suicide prevention and suicide postvention.

Background

There has been an upsurge of interest in suicide prevention nationwide in the past several years that was spurred in part by federal initiatives. In 1989, the US Department of Health and Human Services issued the four-volume **Report of the Secretary's Task Force of Youth Suicide**. In 1992, the Centers for Disease Control released **Youth Suicide Prevention Programs: A Resource Guide and Suicide in the United States 1980-1992** in 1995.

Two later documents had a greater impact. The first was **The Surgeon General's Call to Action to Prevent Suicide** in 1999, which offered a "blueprint for addressing suicide." It was followed in 2001 by **the National Strategy for Suicide Prevention: Goals and Objectives for Action**, our first national suicide prevention plan. It motivated many states, counties, and municipalities to consider what they could do about suicide as a "preventable public health problem."

Youth suicide prevention at the state level in Pennsylvania began with the Student Assistance Program (SAP) and the Services for Teens at Risk (STAR) Center. SAP began in 1985 as a collaboration between the Departments of Education, Health, and Public Welfare. It operates in all school districts. The Pittsburgh-based STAR-Center began in 1986 to address youth suicide, depression, and violence, and now offers consultation and training statewide to schools.

In 2003, the SAP Interagency Committee convened a workgroup to formalize a state youth suicide prevention plan. The workgroup used the **National Strategy** as a template and defined objectives to fit Pennsylvania's needs. It produced a 5-year work plan to meet the objectives.

Suicide prevention is now recognized as achievable. It is finally and firmly on the community health policy agenda.

What exactly is Suicide Prevention?

Suicide prevention is a formal effort to reduce the effect of intrinsic risk factors (e.g., gender, race, age) and extrinsic risk factors (e.g., firearms availability, alcohol use), and to enhance the scope and strength of protective factors, to deter the onset of behaviors leading to suicide.

A risk factor is something that is strongly related to the onset of suicidality. A protective factor is something that reduces suicide risk. More information on both is available in our booklet, “What Everyone Should Know about Suicide,” (available on request or at www.mces.org).

Suicide prevention often follows the “USI” model, which is widely used in prevention programming. The model distinguishes three levels of prevention: Universal, Selective, and Indicated. Universal prevention is community-wide. Selective prevention targets specific at-risk groups. Indicated prevention is aimed at individuals manifesting signs of at-risk behavior.

Examples of activities that fall under universal prevention are coalition building and increasing community awareness about suicide risk factors, and warning signs. Selective prevention could include suicide risk assessment training for clinicians and improving accessibility to pertinent community services (e.g., a resource directory). Indicated prevention might address support groups for suicide attempters and enhancing coping skills in high risk youths, adults, and elders. This taxonomy helps to sort out the suicide prevention efforts around the region.

What is Suicide Postvention?

Edwin Shneidman coined this term to describe aftercare for those affected by suicide. He characterized it as “prevention for the next generation.” This acknowledges the sad reality that those who experience a suicide loss are left at high risk of suicide themselves as a consequence. Suicide postvention includes all interventions that attempt to reduce the negative consequences that may affect those close to the victim after a suicide has occurred.

A suicide is a critical incident. Suicide loss is a crisis. It triggers an acute response on the part of those close to the victim. It disrupts psychological and physical wellbeing, overrides coping mechanisms, and causes extreme stress and distress.

Postvention is basically a special form of crisis intervention. Its purpose is to deliver acute psychological support, lessen the distress, and help restore coping ability. There are four objectives to any postvention effort:

- Ease the trauma and related effects of the suicide loss
- Prevent the onset of adverse grief reactions and complications
- Minimize the risk of suicidal behavior
- Encourage resilience and coping

Postvention should take place as soon as possible after the suicide. It should be offered to everyone who experiences a suicide. It should especially be accessible to those with serious mental illness who lose a family member or someone in their support system to suicide. This capability is unfortunately not generally available.

What is the Prevalence of Suicide in the Region?

Table 1 gives the number of suicides over a three-year period and the suicide rate (the number of suicides for each 100,000 residents). The region and all counties but Philadelphia are under the 10.7 statewide rate for the period. The regional rate is below the 11.0 rate for the US.

Table 1. Age-adjusted Reported Suicides, 2002-2004¹

County	Deaths	Average/Yr	Rate/100,000
Bucks	186	62.0	10.1
Chester	111	37.0	7.9
Delaware	157	52.3	9.3
Montgomery	213	71.0	9.0
Philadelphia	475	158.3	10.8
Region	1142	380.6	10.1

¹ Data Source: PA Department of Health, EpiQMS (Epidemiologic Query and Mapping System)

In *Healthy People 2010*, a nationwide health promotion program, the PA Department of Health set 5.0 as the rate to be achieved by each county. Halving the suicide rate is an ambitious goal in light of the limited prevention resources in place. More realistic goals relating to the suicide rate should be part of each county's prevention planning.

In Chart 1 the region shows the familiar 80/20 Male/Female distribution that has characterized suicide in the US. The chart makes clear that there will be no significant reduction in suicide in the region unless some selective prevention activity is directed at males.

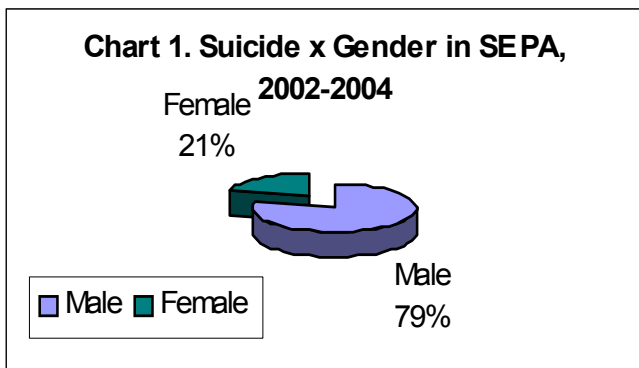


Chart 2 gives the racial or ethnic identities of victims. This breakout of suicide victims for the region as a whole is consistent with that found at the state and national levels. Social, cultural, and religious values may serve as protective factors in regard to suicide among Afro-Americans and in the Latino and Asian/Pacific Islander population, which make up the "Other" category.

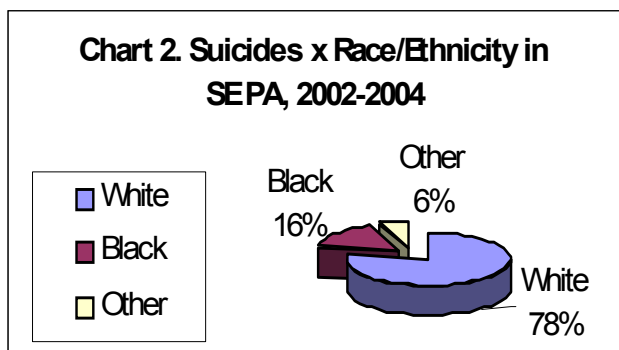
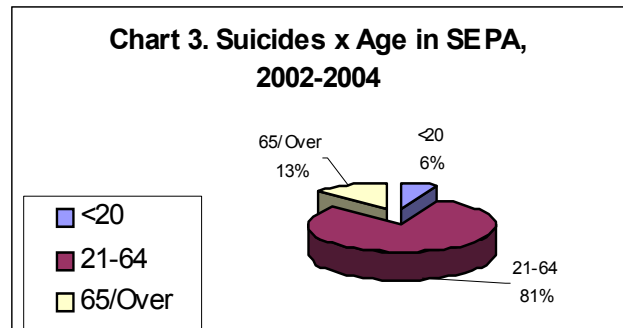


Chart 3 shows that suicide victims in the region are predominantly adults. It also shows that elders account for twice as many suicides as youths.



According to the Pennsylvania Department of Health, suicide is the leading cause of violent death in the four suburban counties where it claims almost three times as many lives as homicide. It is among the top three causes of death in the region for the 5-24 age group. It is among the top four causes of death for the 25-44 age group in the four suburban counties. It is the fifth leading cause of death for those ages 45-64 in Bucks and Montgomery counties.

Some Sources of Data on Suicide

County Data on Suicide

- Bucks County Health Department (215-345-3318)
- Delaware County Intercommunity Health Coordination (610-891-5311)
- Chester County Health Department (610-344-6225)
- Montgomery County Health (610-278-5117)
- Philadelphia Dept of Public Health (215- 685-5670)

State Data on Suicide

- PA Department of Health (877-724-3258)
- www.dsf.health.state.pa.us/health

National Data on Suicide

- National Center for Health Statistics (NCHS)
- www.cdc.gov/nchs/fastats/suicide.htm
- National Center for Injury Prevention and Control
- www.cdc.gov/ncipc/wisqars/default.htm

Data on Suicides for Other States

- American Association for Suicidology
- www.suicidology.org/associations

What's Happening in Suicide Prevention in the Counties?

Montgomery County

The Montgomery County Suicide Prevention Task Force is sponsored by the Montgomery County Health Department and coordinated by the Injury Prevention Program staff. Its mission is “to develop strategies to reduce the risk of suicide in Montgomery County through the collaborative efforts of community agencies and service providers.”

The Task Force focuses on suicide as a community-wide problem affecting all age groups. The current membership is diverse and draws representation from most pertinent stakeholder sectors. This includes crisis intervention, mental health, children’s services, aging services, education, community health, suicide prevention, postvention and support, and first responders. Nonprofit, faith-based, and county government agencies participate.

Notable achievements include the Annual Montgomery County Suicide Prevention Awareness Walk at the Norristown Farm Park every October, QPR (Question, Persuade, Refer) Suicide Intervention Training, suicide prevention education for providers of aged services, a web site (www.montcopa.org/suicideprevention), and special events such as hosting a presentation by Jerry Reed, Executive Director of the Suicide Prevention Action Network (SPAN). The Task Force prepared the ***Montgomery County Suicide Prevention Resource Guide***.

Among the Task Force’s near-term plans and objectives are the preparation of a county suicide prevention plan, outreach to physicians and primary care providers (one inservice was held in 2004), addressing the incidence of suicides among adult males and attempts among teens, expanding post-attempt aftercare and support, and extending suicide bereavement support resources.

Delaware County

The Delaware County Suicide Prevention/Awareness Task Force was informally started in 2002 by Survivors of Suicide, Inc. as the auspice for a Candle Light Memorial Service in Rose Tree Park. In 2003, the Task Force was formally adopted by the Delaware County Medical Society with the support of the Delaware County Medical Examiner’s Office.

The Task Force’s vision is to be a broad-based coalition to maintain community-wide awareness of suicide in Delaware

County, to work for a comprehensive system of prevention, crisis, intervention, and postvention services, and to eliminate ignorance, indifference, and insensitivity about suicide and suicide loss. It is community-wide in scope.

Members include physicians, school districts, the Intermediate Unit, mental health providers, faith-based organizations, law enforcement, advocacy and support groups, public and private human service agencies, and community groups. Much of the work is done through a Steering Committee, an Events/Public Relations Committee, and a Research/Education Committee.

The Candle Lighting Memorial, a significant support and awareness event, will be held for the fifth time in September. The Task Force participates in health fairs, gives community presentations, and holds suicide prevention educational programs for providers. In May it will host a Suicide Prevention Awareness Walk/Run. Future plans include physician outreach and educational events for those who come into contact with high-risk individuals.

Chester County

The Chester County Youth Suicide Prevention Task Force has been meeting for almost two years. It was organized by the Children’s Mental Health Program of the Chester County Office of MH/MR Services with the assistance of the Region 1 Student Assistance Program (SAP) Coordinator.

The Task Force’s mission is “to collaborate with community members and service providers to develop prevention and intervention strategies to reduce the risk, stigma, and occurrence of youth suicide in Chester County.” Its vision is “to educate and inform the people of Chester County about suicide recognition, prevention, and its impact on the community.”

Membership strongly reflects the Task Force’s youth suicide orientation. Representation is drawn from county youth agencies, including the juvenile detention center and juvenile probation, children and youth services, and the health department, as well as public and private schools, mental health providers and advocates.

Current Task Force projects include establishing evidenced-based standard protocols for school use in responding to the issue of youth suicide, implementing suicide loss educational support programs to be offered twice yearly at Peter’s Place, Berwyn, PA, organizing a monthly Teen Night at Horizon House’s Drop-In Center in West Chester, and presenting a musical event by youths for youths at the Coatesville Cultural Society to encourage positive choices by teens.

Bucks County

The Bucks County Youth Suicide Prevention Task Force originated with a presentation on youth suicide by the Regional SAP Coordinator to the Safe and Drug Free Schools Advisory Committee in 2004. The Task Force began meeting quarterly later that year. It is coordinated by the Office of Safe and Drug Free Schools (SDFS) of the Bucks County Intermediate Unit.

The Task Force's mission is "to reduce the incidence of youth suicide by creating a countywide plan, identifying resources, and implementing effective prevention strategies." It has set three main objectives: developing public education programs, encouraging organizations to add youth suicide to their agendas, and employing the Internet as a means to increase awareness.

Membership draws from school-based and private practice social workers and psychologists, SAP Team Coordinators from all county schools, mental health providers, family service agencies, addiction services, the county youth center, and Survivors of Suicide.

Accomplishments include holding a Teen Screen training, distribution of the STAR-Center's Postvention and Teen Depression Handbooks to schools, preparation of a resource guide, and presentations to school districts. Upcoming plans are to expand membership, distribute the resource guide, finalize Task Force goals and objectives, offer a Lifelines training and implement a youth suicide LISTSERV for on-line dissemination of youth suicide information.

Philadelphia County

The Philadelphia Youth Suicide Prevention Task Force will soon be completing its second year of activity. Like the other youth-oriented task forces in the region it grew out of efforts by the Regional SAP Coordinator.

The Task Force meets monthly and the membership represents the youth services sector in Philadelphia. It meets under the sponsorship of the Philadelphia Office of Behavioral Health, which has many staff members from various departments on the Task Force. The Philadelphia School District, the SAP team, and Community Behavioral Health (CBH) are also participants.

The Task Force's activities and plans parallel those of the other youth suicide prevention efforts in the region. There have been a number of trainings and several more are planned.

In January 2006, the Task Force brought the other county suicide prevention groups in the region together at the Belmont Center for Comprehensive Treatment in Philadelphia. This was a significant contribution. Suicide prevention advocates from the five-county area were able to share their activities and ideas with their counterparts for the first time. Future meetings are anticipated and there was strong interest in regional collaboration, coordination, and cooperation.

What About Past Efforts?

Ten years ago there was comparatively little going on. Only two organizations had "suicide" in their titles, the local chapter of the New York-based American Foundation for Suicide Prevention and Survivors of Suicide, Inc. (SOS). Both were comprised of volunteers and worked together to advocate for suicide prevention and promote support groups for those bereaved by suicide.

Beyond the Student Assistance Program (SAP), most of what was going on then, as now, was in the areas of crisis intervention, psychiatric evaluation, and inpatient care of individuals at high risk of suicide. These services prevented suicide on a case-by-case basis. Some of the crisis centers and psychiatric facilities did do community education about suicide from time-to-time. However, suicide prevention at the community level was not an explicit facet of their missions.

Crisis hotlines were well established in the region before the mid-1990s. Each county funded one or more such services. Contact CareLine has served the region since 1972. Volunteers then, as now, field many calls associated with suicide, loss, and grief.

In 1996, postvention resources were limited to SOS sponsored peer-led support groups in Philadelphia and the suburban counties. The Compassionate Friends (TCF), which assists bereaved families following the death of a child of any age and by any cause, including suicide also had several local chapters in place.

Many of those involved with these early efforts are now very much involved with the county suicide prevention task forces and other suicide-related activities in the region.

What's Going on Now in Prevention?

Figure 1 shows that much has changed. In addition to the county task forces, there are other organizations dedicated to suicide prevention in the region. There are also additional sources of suicide loss support as well. Some of these are profiled below.

The American Foundation for Suicide Prevention, Greater Philadelphia Chapter (AFSPGP) now has a small full-time staff and is working with Temple University and the University of Pennsylvania in youth suicide prevention and postvention for adolescent suicide grieverers respectively. AFSPGP also hosts the annual "Out of Darkness" suicide walk and hosts and co-hosts (with Survivors of Suicide) two yearly conferences on suicide loss.

The Feeling Blue Suicide Prevention Council originally began as an outreach program of St. Martin's Episcopal Church in Radnor, PA. Its mission is "to be a community-based organization dedicated to decreasing the rising incidence of suicide in Southeastern Pennsylvania, reducing the stigma associated with suicide, and supporting those people affected by depression or by the loss of a loved one to suicide." Feeling Blue offers many suicide prevention trainings and services, notably QPR (Question, Persuade, Refer), a program for identifying and helping suicidal individuals.

Feeling Blue also sponsors "Suicide Anonymous" (SA), a 12-step program to help people cope with chronic thoughts of suicide. It is the only resource of its type in the area. Meetings are Mondays at 7:30PM at the Montgomery County Human Services Center (1430 DeKalb Street, Norristown, PA). SA provides a safe environment where members can freely share their suicidal thoughts and provide each other with support.

Brooke Glen Behavioral Hospital, a psychiatric facility in Fort Washington, PA, hosts the local affiliate of The Jason Foundation, Inc., a national organization that promotes youth suicide prevention. The Foundation's purpose is "to provide information, tools, and resources to students, educators/youth workers, and parents that will enable early detection of at-risk behavior and guide them to local help resources."

Contact CareLine now has two centers in the region. They are the only crisis line in the five-county area accredited by the American Association of Suicidology, and are part of the National Suicide Prevention Lifeline (800-273-TALK) network.

What's Happening in Postvention?

Survivors of Suicide (SOS) is still on the scene. It remains an all-volunteer group. It offers support groups and related services to those bereaved by suicide loss. SOS volunteers give telephonic support to those newly bereaved. SOS publishes a newsletter, maintains a web site (phillysos.tripod.com), and disseminates copies of a booklet entitled *Recovering from Suicide Loss*. SOS continues to work closely with AFSPGP on various projects. SOS board members are active members of three of the county task forces.

Peter's Place Center for Grieving Children and Families in Berwyn opened in late 2001. It offers free peer support groups for grieving children and teens ages 3 to 18, and their families to help after a loss. It is modeled on The Dougy Center for Grieving Children in Portland, OR, the first center to provide peer support groups for grieving children. Peter's Place welcomes children bereaved by suicide.

The Center for Loss and Bereavement in Skippack provides counseling, support, and education for individuals, couples and families dealing with loss and bereavement. Its mission is "to give responsive care and practical help to each person as they move through their unique grieving process." The Center offers "Support for Suicide Loss" for adults 21 or over who have experienced the suicide of a loved one. The program uses discussion and a supportive format.

Abington Memorial Hospital's Safe Harbor program provides free, ongoing grief support groups for children, teens and their parents or caregivers. It offers "Healing After a Suicide," a support group for children and teens (ages 7 to 18) and their parent/caregivers who are coping with the suicide of a loved one.

In 2002, the Center for Mood and Anxiety Disorders at the University of Pennsylvania announced the opening of "Children and Families Bereaved by Suicide." This clinic, which treats children (age 5-18 years) bereaved by suicide, and their families, is located at Pennsylvania Hospital in Philadelphia. It was developed with the help of AFSPGP.

(Continued on pg. 8)

Prevention/Crisis Intervention			Assessment/Stabilization		Recovery/Support	
Universal Prevention	Selected Prevention	Indicated Prevention	Case Finding	Acute Treatment	Postvention	Maintenance
Community-wide (all groups/ages/etc.) prevention activities.	Activities aimed at those at greater than average risk or at targeted groups.	Directed at those showing early warning signs or in high risk group.	Activities to identify and assess those showing high suicidal risk or behavior.	Short-term clinical activities for those in or near a state of acute suicidality.	Aftercare for those affected by a suicide loss or who made a suicide attempt.	Ongoing support to prevent complicated grieving or suicidality recurrence.
Community Prevention	Group-specific Prevention	Crisis Intervention	Psychiatric Evaluation	Inpatient Hospitalization	Short-term Support	Long-term Support
<i>Coalitions</i> Bucks Co. Task Force Chesco. Task Force Delco. Task Force Montco. Task Force Phila. Task Force	<i>Youth Programs</i> AFSPGP/Temple University North Philadelphia Jason Foundation Student Assistance Program (SAP)	<i>Psychiatric Emergency</i> Chesco Crisis Ctr Crozer Chester Einstein CRC ¹ Hall-Mercer CRC Larkspur CRC Lenape Valley Frnd. MCES Mercy Catholic Mercy Hospital CRC Temple/Episcopal Philadelphia Children's CRC	<i>Psychiatric Hospitals</i> Belmont Brooke Glen Fairmount Friends Horsham Clinic MCES	<i>Psychiatric Hospitals</i> Brooke Glen Belmont Fairmount Friends Horsham Clinic MCES Temple/Episcopal	<i>Suicide Loss</i> Peter's Place Phila. ME Office Grief Assistance Program (GAP) Survivors of Suicide The Compassionate Friends The Tragedy Response Unit Support Team	<i>Suicide Loss</i> Center for Loss & Bereavement Charles Murray Jr. Circle of Friends Groups Children and Families Bereaved by Suicide Safe Harbor Program St. Christopher's Ctr for Grieving Children Survivors of Suicide The Compassionate Friends Women's Institute for Family Health
<i>Organizations</i> Amer. Foundation for Suicide Prevention, Greater Phila. (AFSPGP) Feeling Blue Suicide Prevention Council Montgomery County Emergency Service (MCES)	<i>Elder Programs</i> Mental Health and Aging Advocacy Project (MHA SEPA) Senior Outreach Service (Central MH)	<i>Other Resources</i> Access Services CONTACT CareLine Health/Project Reach Holcomb Behavioral Penn Foundation Suicide and Crisis Intervention Line	Community hospitals may also provide this service.	Community hospitals may also provide this service.	<i>Suicide Attempters</i> Suicide Anonymous	<i>Suicide Attempters</i> Suicide Anonymous

Figure 1. The SE PA region suicide prevention resource continuum, 2006 (Partial Listing).

¹CRC = Crisis Response Center

(What's Happening In Postvention from pg. 6)

The Tragedy Response Unit Support Team (TRUST) in Blue Bell is a faith-based service that offers immediate in-home/on-scene intervention to those affected by traumatic loss including suicide. It was formed in 1999.

The Philadelphia Medical Examiner's Office has a Grief Assistance Program (GAP). It primarily assists those bereaved because of a homicide. However, GAP staff provide crisis intervention support to family members of suicide victims and give them information and referrals to resources. The Delaware County Medical Examiner's Office briefly offered a similar program.

What's Next in County-level Suicide Prevention?

Figure 2 outlines how voluntary groups take on community problems. At the outset a few individuals share a concern about an unmet need. Next they come together around a shared understanding of the problem. This serves as the platform for raising community awareness about the problem. Momentum builds to move from talking about the situation to doing something to improve the situation. At this point the group shifts into problem-solving mode and engages in needs assessment, prioritizing, goal setting, and programming. When consensus is reached on a program strategy the group enters the change agent stage of its life cycle.

The county task forces are, to varying degrees, all at the awareness stage of the process. The net result is that a strong foundation has been laid in the region for change. What has taken place might be described as region-wide community capacity building. The county task forces are frameworks for increasing community awareness about suicide, and, in some cases, suicide loss.

This is a positive development. But things must move on to the next level. What needs to happen next is to achieve some coordination among these disparate local efforts to minimize duplication and assure optimal use of scarce resources. This is the function of county suicide prevention plans promulgating local needs, objectives, priorities, and actions.

The county task forces are well positioned to take on this task. Each has already successfully drawn in most of the key stakeholders. Each possesses a core group of committed individuals able to produce meaningful prevention plans for their counties within a reasonable timeframe. The task forces have the elements in place for an effective planning effort.

While there is no standard model for a county suicide prevention plan, there are examples of such plans from other states to review. However, it is not the plans' formats that matter. It is how well the plans will serve as tools to guide and motivate the changes necessary to elevate suicide prevention in each county to the point where lives are being saved.

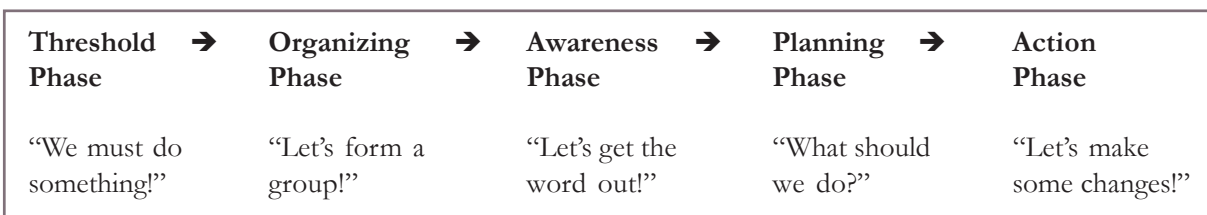
Reducing the number of individuals lost to suicide, decreasing the incidence of suicide attempts, and expanding the support available and accessible to those who experience a suicide are the fundamental outcomes to any plan implementation. Local needs may dictate which populations are targeted. The plans should be structured to facilitate results in the context of each county.

The county suicide prevention plans must do more than target local needs. They must have "fit" with existing service systems. The task forces must make plans that:

1. Interface with existing community plans in areas such as mental health, children and youth services, aging, and community health, among others.
2. Integrate suicide prevention into the programming of established providers and institutions, particularly mental health and substance abuse services.
3. Call for ongoing evaluation of all activities with wide sharing of the results.

Relating county plans to their equivalents in other arenas will assure that suicide prevention is part of the service fabric and not set apart from other major community concerns. Enlisting well-rooted providers to take on suicide prevention, wherever practical, will facilitate implementation, minimize duplication, and broaden ownership. Evaluation will not only assure effectiveness, it will assure, on the basis of "what gets measured, gets done," that planned actions are initiated.

Figure 2. The Suicide Prevention Plan Development Process



What About State-level Suicide Prevention Planning?

In July 2005, a State Adult/Older Adult Suicide Prevention workgroup was formed. Its mission is to create a Pennsylvania Adult/Older Adult Suicide Prevention Plan. This effort would benefit from the participation of the county task forces in our region and vice-versa.

Suicide prevention is inherently “local” but it can be enhanced by a strong and inclusive state suicide prevention planning process. The state planning effort can help the counties and the region by:

- Motivating, promoting, and supporting local planning efforts.
- Assembling “evidenced based” and “best practices” prevention and postvention strategies and programs for the local groups to draw upon.
- Facilitating boundary spanning and interfacing to assure that county developed programs are integrated with existing state-mandated service systems.

What About Suicide Postvention?

Postvention goes hand-in-hand with suicide prevention and a number of the county task forces have taken on the need to increase suicide loss support in their counties. However, postvention program planning and development gets little explicit attention. This is partly because suicide loss is not as readily quantified as suicide. Any suicide touches many lives but little is known about suicide loss as a community health problem.

A widely used benchmark, attributed to Edwin Shneidman, is that every suicide leaves 6 to 8 severely and acutely bereaved people in its aftermath. This suggests that as many as 3000 or more individuals in the region may need suicide postvention every year. Within this population there are sub-groups who may be put at extremely high risk by their loss because of an existing history of mental illness, alcohol or substance use/abuse, or suicidal behavior.

Existing postvention services are limited in terms of availability. Postvention is increasing for young suicide griever, but there are no suicide grief resources directed at other high-risk groups. There are no such services targeting suicide loss among men in general, the elderly, or minorities. These groups have special grief support needs that demand appropriate attention.

We suggest a two-tier postvention development model. Tier one is “proactive postvention” in which basic crisis intervention is offered on-scene/in-home to family members and others close to the victim immediately after the suicide. Tier two is “reactive postvention” in which ongoing support and resources for special groups are made available through self-referral or referrals from those who encounter individuals bereaved by suicide.

Ideally proactive postvention should be available countywide from a single centralized provider on a 24/7 basis. Our recommendation is that this capability be developed in the existing county-funded crisis centers, the crisis response centers (CRC) because (i) postvention is crisis intervention; (ii) the centers are accessible 24/7; and (iii) the center staffs possess many basic skills applicable to postvention and could readily build on them. (Crisis centers in other parts of the country offer postvention. The Baton Rouge Crisis Center is the best known example.)

What the crisis centers in the region would need to add is an outreach mode to contact those who may need help and a means of identifying such individuals. Most local crisis centers do routinely contact at-risk individuals at present when need warrants doing so. Knowing what to say after a suicide can be addressed through training. Knowing who to call and when to call is a different problem.

County coroners or medical examiners, often at the scene officially identify suicides as such. Where family members, partners, or others close to the victim are present or known, their contact information can be shared with the crisis center for immediate follow-up. Not all those affected by a suicide will necessarily want such help, it is important that they know that it is available. Proactive postvention also demonstrates that the community acknowledges the loss.

Through proactive postvention the crisis centers would serve as gatekeepers to the suicide loss support system, which, in turn, would provide what we term “reactive postvention.” This tier would comprise the existing suicide loss support resources for children, adults, and families as well as the as yet unavailable specialized support resources for men, minorities, and elders, and others.

The county task forces should continue to help enhance current suicide loss supports and encourage the filling of unmet special loss support needs. Like suicide prevention, postvention should be built into existing services whenever practical.

What is MCES Doing?

As a community-oriented psychiatric crisis facility, Montgomery County Emergency Service, Inc. (MCES) has always been a strong supporter of suicide prevention. Our involvement in this area has been expanding since 2001. Here are the highlights of our efforts:

- MCES staff helped organize and remains very involved with the Montgomery County Suicide Prevention Task Force and the Delaware County Suicide Prevention/Awareness Task Force.
- MCES co-sponsors the Annual Montgomery County Suicide Prevention Awareness Walk with the Montgomery County Health Department (MCHD).
- MCES is represented on the state-wide work group developing an Adult and Older Adult Suicide Prevention Plan for Pennsylvania.
- MCES offers four or more workshops on suicide prevention approved for continuing education credit every year as part of its annual Community Lecture Series.
- MCES, in cooperation with the MCHD, has placed several articles on suicide and suicide loss in Montgomery County daily and weekly newspapers over the past five years.
- MCES contributes articles on suicide and suicide loss to the newsletters of mental health consumer support and advocacy organizations.
- MCES staff deliver presentations and trainings at county, regional, state, and national conferences on mental health and crisis intervention.
- MCES provides speakers on suicide prevention to community and consumer groups and gives on-site workshops for the staffs of behavioral health providers.
- MCES has incorporated suicide prevention into its crisis intervention training for police officers and other criminal justice system personnel.
- MCES includes education on suicide postvention and suicide/traumatic loss notification in its advanced training for police officers and other criminal justice system personnel
- MCES developed a “Model Suicide Emergency Policy for Municipal Police Departments” for adoption by local law enforcement agencies.
- MCES has provided several trainings on jail suicide prevention to corrections officers and other county prison staff.
- MCES offers training in suicide postvention as part of its advanced crisis intervention training for police officers dealing with families after a suicide.
- MCES has prepared a booklet entitled “What Everyone Should Know about Suicide” to answer basic questions about suicide by patients, family members, and the community.
- MCES issued “What Emergency Responders Need to Know about Suicide Loss” to all Emergency Medical Services in Montgomery County. MCES also offers a similar postvention education resource for crisis centers and mental health providers.
- MCES provided staff assistance to Survivors of Suicide, Inc. (SOS), in writing *Recovering from Suicide Loss: A Self-Help Booklet for Those Who Have Lost Someone to Suicide* and *What Clergy Need to Know About Suicide Loss: How to Help After a Suicide*.
- MCES provides postvention to former patients and other individuals with serious mental illness who have experienced a suicide loss.
- MCES makes an extensive range of informational materials on suicide prevention and suicide loss available at its facility for patients, family members, and visitors.

What are MCES Plans for Suicide Prevention?

As evident from the activities highlighted above, MCES has served as an informal regional suicide prevention resource for the southeastern Pennsylvania area for several years. MCES has also provided extensive support to the expansion of suicide postvention services in the five-county region. In this role, MCES has helped to drive the development and sustain the continuing expansion of critical community services.

MCES is committed to enhancing the availability and effectiveness of suicide prevention and postvention capabilities in both Montgomery County and in the contiguous counties and to supporting the growth of such services throughout the Commonwealth of Pennsylvania and in the tri-state Delaware Valley area. To this end, MCES is exploring the creation of a Regional Suicide Prevention Resource Center that would more formally contribute to reduction of suicide deaths and the amelioration of the emotional trauma that accompanies suicide loss.

MCES will continue to give attention to minimizing suicidal behavior and suicides among individuals with serious mental illness, and facilitating the implementation of postvention services and related supports to ease the effects of suicide loss on these vulnerable, high risk individuals.

Questions about this issue or requests for more information about MCES's involvement in suicide prevention and postvention may be directed to Tony Salvatore, Director of Development, at 610-279-6100 or tsalvatore@mc.es.org.

Some On-line Information Sources

American Association of Suicidology
www.suicidology.org

American Foundation for Suicide Prevention
www.afsp.org

Centre for Suicide Prevention
www.suicideinfo.ca

International Association for Suicide Prevention
www.med.uio.no/iasp/

National Organization for People of Color Against Suicide
www.nopcas.com

National Strategy for Suicide Prevention
www.mentalhealth.samhsa.gov/suicideprevention

Pennsylvania's Five-Year Suicide Prevention Action Plan (2004-07)
www.dpw.state.pa.us/child/behavhealthservchildren/003670733.htm

Suicide Awareness/Voices of Education (SAVE)
www.save.org

Suicide Prevention Action Network (SPAN)
www.spanusa.org

Suicide Prevention Resource Center
www.sprc.org

Survivors of Suicide, Inc. (215-545-2242)
<http://phillysos.tripod.com>



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Area Events of Interest

"Out of Darkness" Walk
American Foundation for Suicide Prevention
Greater Philadelphia Chapter
Sunday, October 1, 2006
Information: Pat Gainey (215-746-7256)

**4th Annual Montgomery County Suicide
Prevention Awareness Walk**
Hosted by Montgomery County Health Department
and Montgomery County Emergency Service
Norristown Farm Park
Germantown Pike and North Wales Road
East Norriton, PA
Saturday, October 7, 2006, 10:00AM-12:00PM
Information: Tricia Greer (610-278-5117)

"National Survivors of Suicide Day"
Saturday, November 18, 2006
Annual Fall Suicide Survivors Conference
American Foundation for Suicide Prevention
Greater Philadelphia Chapter
Saturday, November 18, 2006
Information: Pat Gainey (215-746-7256)

**Delaware County Suicide Prevention
Awareness Walk**
Hosted by DelCo Suicide Prevention Task Force
Rose Tree Park, Upper Providence, PA
Saturday, May 6, 2006, 9:30AM-12:30PM
Information: Tony Salvatore (610-279-6100)

**Survivors of Suicide, Inc. 2006 Annual Spring
Conference**
Clark Auditorium (off main entrance)
Crozer Chester Medical Center, Upland, Pa
Saturday, May 20, 2006, 9:00AM-2:30PM
Information: SOS (215-545-2242)

Annual Memorial Candle Lighting Service
Hosted by Delaware County Suicide Prevention
Task Force and Survivors of Suicide, Inc.
Rose Tree Park Amphitheatre, Upper Providence, PA
Wednesday, September 6, 2006, 7:00PM-8:30PM
Information: Linda Falasco (phant45@comcast.net)

"World Suicide Prevention Day"
Theme: "With Understanding, New Hope,
Sunday, September 10, 2006