



Illinois Suicide Prevention Strategic Plan

Updated Goals and Objectives

2018-2021

January 2019



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The Illinois Department of Public Health and the Illinois Suicide Prevention Alliance want all Illinois residents, especially those at risk of suicidal behaviors, to live to their full potential.

This plan is dedicated to all people in Illinois whose lives have been affected by suicide.

The Illinois Suicide Prevention Strategic Plan is a required activity of the Suicide Prevention, Education and Treatment Act (Public Act 095-0109.)

Overview

What is the Illinois Suicide Prevention Strategic Plan?

This document serves as an update to the *Illinois Suicide Prevention Strategic Plan*, which was published in 2008, and offers recommended action steps for the upcoming years. The previous plan outlined the problem of suicide and identified strategies around the goals and objectives necessary to prevent suicides. It extended the continued national efforts encouraging states to coordinate across government agencies and involve the private sector to develop, implement and evaluate a comprehensive prevention plan.

With guidance from public and private partners, the Illinois Department of Public Health and the Illinois Suicide Prevention Alliance devoted several meetings to revising the plan. Members took steps, to review the first strategic plan, reflect on accomplishments, modify the objectives, and identify recommended action steps. Where appropriate, this plan identifies potential strategies and potential audiences for individual objectives.

Similar to the first strategic plan, this plan is comprehensive, complex, and ambitious. The updated plan challenges communities, public health professionals, and health care providers to educate, inform, and motivate the public to maximize resources to reduce the burden of suicide. By doing so, there can be an improved environment and better outcomes for individuals with depression and other mental illnesses, and for those whose life situations have brought seemingly unbearable pain.

The intent of the plan is to guide suicide prevention efforts within the following areas:

- Education and Training
 - Goal 1 - Knowledge is Power; Ask About Suicide - *Increase awareness, knowledge, and competency in suicide prevention, assessment, and treatment for first responders and health care workers, social service workers, clergy, law enforcement, and school personnel.*
 - Goal 2 - Ensure Safety to Live and Love - *Promote utilization of suicide prevention services for victims of harassment and violence.*
- Community Awareness
 - Goal 3 - Treatment Works - *Advocate for a comprehensive continuum of care for those at highest risk for suicide.*
 - Goal 4 - Suicide is Everyone's Business; It Only Takes One - *Increase the public's awareness of the burden of suicide and how individuals and communities can be part of prevention efforts.*
- Data
 - Goal 5 - Data Counts - *Improve suicide-related data collection.*

- Sustainability
 - Goal 6 - Bank on Saving Lives - *Develop sustainable funding sources for implementing suicide prevention intervention and crisis response/aftercare programs in Illinois and for evaluation of the results in order to save more lives.*

Who is the Plan for?

The *Illinois Suicide Prevention Strategic Plan* (Plan) is for any person, community, agency, institution, or organization that has the means to and interest in helping to implement recommendations outlined in the plan. This plan also can be useful for policy and decision makers to gauge Illinois suicide prevention efforts and what still needs to be done.

How to Use this Plan?

This Plan is meant to guide the suicide prevention efforts in Illinois. This Plan is not a substitute for individualized work or action plans developed by organizations or persons interested in preventing suicide. Rather, the Plan should be viewed as a compass shared by all suicide prevention stakeholders that will give a unifying direction to all their programs. The goals, objectives, and strategies can be pursued by individual stakeholders. Collaboration is encouraged among stakeholders to increase the effectiveness of their individual efforts.

Goal 1: Knowledge is Power; Ask About Suicide

Increase awareness, knowledge, and competency in suicide prevention, assessment, and treatment for first responders, health care workers, social service workers, clergy, law enforcement, and school personnel.

Bystander intervention programs (e.g. gatekeeper training)

Objective 1.1 By 2021, bystander intervention programs will be implemented in settings where first responders are likely to be found.

Potential strategy:

- Implement gatekeeper trainings for community members and professionals in a position to have first contact with persons at risk for suicide (gatekeeper) in order to recognize a person at risk of suicide and to connect them with help.
 - *Potential audiences* – all school personnel, correctional workers, faith community leaders, first responders, judges and court staff, juvenile justice/detention personnel, law enforcement professionals, primary care providers, public health officials, service members, veterans and their families, and students

Best practices, evidence-based practices, and evidence-informed practices

Objective 1.2 By 2021, best practices, evidence-based practices, and evidence-informed practices will be instituted in settings where first responders are likely to be found.

Potential strategies:

- Best practices, evidence-based practices, and evidence-informed practices curriculum/modules will be developed and offered to professional preparation programs.
 - *Potential audiences* - mental health workers, social service workers, clergy, law enforcement, and school personnel
- Best practices, evidence-based practices, and evidence-informed practices curriculum/modules will be promoted through professional development and continuing education opportunities, social marketing, and networking.

Objective 1.3 By 2021, statewide associations will collaborate to promote evidence-based and evidence-informed practices for reducing suicide risk.

- *Potential audiences* – associations representing various disciplines, such as children’s mental health, chronic illness, coroners, disability, domestic violence survivors, faith-based, family violence, firefighters, hospitals, law enforcement,

maternal and child health, nurses, psychiatry, psychology, public health, rehabilitation, school health, school health centers, service members, veterans and their families, sexual assault survivors, support groups, and trauma survivors

Professional programs

Objective 1.4 By 2021, incorporate course objectives with regards to the assessment and management of suicide risk, and identification and promotion of protective factors within curriculums for health care professionals.

- *Potential audiences* - providers of nursing care, physician assistant education programs, medical residency programs, clinical social work counseling, and psychology graduate programs

Objective 1.5 By 2021, increase the number of licensing programs or recertification in relevant professions that require or promote competencies in depression assessment and management and suicide prevention strategies.

- *Potential audiences* – physician specialties (psychiatry, family practice, pediatrics, and emergency medicine), substance abuse counselors, employee assistance professionals, employee health services, and behavioral health services (psychology, social work, psychiatric nursing, counseling, and marriage and family therapy personnel)

Objective 1.6 By 2021, efforts to implement screening and assessment for suicide will be implemented in professional preparation programs (e.g. first responders, health care professionals, curriculums, etc.).

Potential strategies:

- Curriculum will be developed and offered to professional preparation programs.
 - *Potential audiences* – clergy, law enforcement, local municipalities, mental health workers, nursing programs, and school and social services personnel
- The concept of screening and assessment for suicide will be promoted and advocated for through meetings, professional development and continuing education, social marketing, and other means.
- Provide education programs to family members and others in close relationship with those at risk of suicide.
- Include a module/component on suicide prevention within academic curriculum (e.g., nursing programs, social work).
- Include a module/component on suicide prevention within new employee orientation.

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- Assist health care facilities in preventing suicides, which is a sentinel event identified by the Joint Commission.

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- Objective 1.7 By 2021, increase the number of relevant professionals who receive training on identifying and responding to persons at risk of suicide.
- *Potential audiences* – clergy, education faculty and staff, correctional workers, divorce and family law attorneys, and criminal defense attorneys

Technical assistance

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- Objective 1.8 By 2020, collaborate with schools to work toward compliance with the Illinois State of Education’s suicide prevention requirement in the School Code that certain school personnel be trained to identify the warning signs of suicidal behavior in adolescents and teens and be taught appropriate intervention and referral techniques.

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- Objective 1.9 By 2021, offer information with regards to free suicide prevention screening, prevention, intervention, and crisis response.
- *Potential audience* – health care workers

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- Objective 1.10 By 2021, establish informal and formal approaches to provide technical assistance, networking, and communications to assist communities in their suicide prevention efforts.
- Potential strategies:
- Offer a series of training and technical assistance conferences, in order to help communities identify existing, or build new, public health-oriented partnerships to advance suicide prevention.
 - Provide training on core public health competencies, including strategic planning, to community members.
 - Gather and share success stories from across the state.

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- Objective 1.11 By 2021, increase the number of conferences and meetings devoted to suicide prevention.
- Potential strategy:
- Host conferences and symposia at state, regional, and local levels to draw on knowledge and expertise within the suicide prevention community and provide a venue to share best practices and research findings.

Goal 2: Ensure Safety to Live and Love

Promote utilization of suicide prevention services for victims of harassment and violence.

Age groups at-risk

Objective 2.1 By 2021, educate professionals, who work with at-risk individuals, about the age groups that are at higher risk of suicidal behavior.

Potential strategies:

- Middle age – educate professionals that middle-aged men die by suicide at twice the baseline rate of other Americans and most of these men are employed.
 - *Potential audience* – staff of employee assistance programs, especially since the workplace is a prime spot for early intervention
- Older adults – educate professionals that older adults have become a focus in suicide prevention due to the extremely high rates among one segment of that population: older white men. Educate professionals that suicide rates increase with age. Elderly people who die by suicide are often divorced or widowed and suffering from a physical illness.
 - *Potential audiences* – employees of area agencies on aging, long-term care, and older adult day services
- Youth – educate professionals that suicide is the third leading cause of death among Americans between the ages of 15-24 and the second leading cause of death among those between the ages of 25-34.
 - *Potential audiences include:*
 - College campuses – educate professionals on using the multi-disciplinary approach to advancing suicide prevention and mental health.
 - Juvenile justice – educate professionals about the suicide risk of clients of the juvenile justice system, and review the recommendations offered by researchers to prevent suicides in juvenile facilities.
 - Gay, lesbian, bisexual, and transgender youth - increase awareness that family connectedness and support from other adults are protective factors against suicidal behaviors.

Service members, veterans and their families

Objective 2.2 By 2021, educate professionals, who work with at-risk individuals, on the risk of suicidal behavioral among service members, veterans, and their families.

Potential strategies:

- Increase awareness of the rising numbers of suicides among service members and veterans.
- Promote collaboration between public and private partners to engage service member families and veteran’s families in suicide prevention efforts.
- Increase awareness of post-traumatic stress disorder and traumatic brain injury.
- Inform professionals of the importance of providing support and services to members of the National Guard and reservists after they return to their civilian jobs post-deployment.
- Educate professionals about the similar characteristics of veterans who died by suicide, such as they were mid-life or older, not working (not necessarily unemployed but perhaps disabled or retired), and were a gun owner.

Minority and culturally diverse populations

Objective 2.3 By 2021, educate professionals, who work with at-risk individuals, on the various minority and culturally diverse populations at risk of suicidal behavior.

Potential strategies:

- Increase awareness of the way in which different cultures handle mental health, substance abuse, and suicide prevention and intervention issues. Educate professionals on the barriers that slow the progress of suicide prevention among these groups (e.g. cultural norms, religion, and shortage of service providers who understand a particular culture or speak the same language).
- Encourage professionals to embrace culturally-based prevention and treatment practices.
- Native American – educate professionals that American Indian/Alaska Native youth, when compared with other racial and ethnic groups, have more serious problems with mental health disorders related to suicide, such as anxiety, substance abuse, and depression.

Persons with health issues (physical and mental)

Objective 2.4 By 2021, educate professionals, who work with at-risk individuals, with regards to the association between health issues (physical and mental) and risk of suicide.

Potential strategies:

Physical

- Increase awareness of the suicide risk among persons with a chronic disease (e.g. chronic pain, side effects of medicine, and co-occurrence

of depression with medical, psychiatric, and substance abuse disorders).

- Increase awareness of the suicide risk among those with a physical disability.

Mental

- Increase education of professionals that 90 percent of suicides that take place in the U. S. are associated with mental illness, including disorders involving the abuse of alcohol and other drugs.
- Increase education of professionals that 50 percent of those who die by suicide were afflicted with major depression, and the suicide rate of people with major depression is eight times that of the general population.

Survivors (e.g. attempters of suicide, those who lost a loved one to suicide, children of someone who died of suicide)

Objective 2.5 By 2021, educate professionals that survivors of suicide are at risk of suicide.

Potential strategies:

- Recognize a previous suicide attempt is one of the strongest known predictors of suicide. It is one of many aspects to consider during reintegration into homes, schools, workplace, and communities.
- Educate mental health providers and other caregivers in understanding the unique grief and needs of those who lost a loved one to suicide.
 - *Potential audience* – health care providers, hospital staff, and families and friends of those who have completed suicide.

Victims of trauma (e.g. interpersonal violence, polytrauma)

Objective 2.6 By 2020, educate professionals on the relationship between trauma and suicide risk.

Potential strategies:

- Increase awareness about childhood exposure to extreme stress and how it is a leading cause of suicidal behavior in adolescence and adulthood.
- Explain the range of risk and protective factors experienced before, during, and after trauma exposure.
- Increase awareness about victims of interpersonal violence (e.g. child maltreatment, youth violence, community violence, sexual assault, and intimate partner violence) having a higher risk of suicide than non-victims.
- Increase awareness of the association between bullying, including cyber bullying (both as a perpetrator and victim), and suicidal behaviors.

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- *Potential audiences* - health department and school and higher education personnel

Goal 3: Treatment Works

Advocate for a comprehensive continuum of care for those at highest risk for suicide.

Access to care

Objective 3.1 By 2020, increase awareness of the National Suicide Prevention Lifeline.

Potential strategies:

- Encourage communities to promote the national lifeline materials.
- Encourage crisis centers to join the national lifeline network.

Evidence-base

Objective 3.2 By 2020, increase the number of entities with evidence-based suicide prevention programs.

- *Potential audiences*– staff of school, colleges, and universities; correctional institutions; jails and detention centers; aging networks; and families, youth, and community service providers

Healthcare providers

Objective 3.3 By 2020, increase the capacity of health care providers to assist patients in maintaining a continuum of care.

Potential strategies:

- Promote national guidelines for assessment of suicidal risk among persons receiving care in the healthcare system.
 - *Potential audiences* – employees in primary health care settings, emergency departments, and specialty mental health and substance abuse treatment centers
- Promote the use of guidelines in developing aftercare treatment programs for individuals exhibiting suicidal behavior.
 - *Potential audiences* – those discharged from inpatient facilities
- Increase the number of professionals who are trained to routinely assess the presence of lethal means (including firearms, drugs, and poisons) in the home and educate about actions to reduce associated risks.
 - *Potential audiences* – primary care clinicians, other health care providers, and health and safety officials

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- Increase the proportion of hospital emergency departments that routinely provide immediate post-trauma psychological support and mental health education for trauma victims.
 - Incorporate screening for depression, substance abuse, and suicide risk as minimum standard of care for assessment in suicide risk.
 - *Potential audiences* – employees in primary care settings, hospice, and skilled nursing facilities for all health care treatment programs

Integration into other programs

Objective 3.4 By 2020, increase the number of counties with health and/or social services outreach programs for at-risk populations that incorporate mental health services and suicide prevention.

- *Potential audiences* – emergency medical technicians, firefighters, law enforcement officers, funeral directors, and clergy

Objective 3.5 By 2020, develop training or collaborate with an existing training and technical resource center to build capacity for communities to implement and to evaluate suicide prevention programs.

Objective 3.6 By 2021, encourage integration of suicide prevention practices into substance abuse prevention and treatment services.

Objective 3.7 By 2021, identify state programs which could include suicide-related performance measures in their grant programs.

- *Potential audiences* – personnel of aging services, mental health, substance abuse, health care, and labor and education

Patients

Objective 3.8 By 2020, promote models of treatment shown to increase the probability of adherence to treatment.

Potential strategies:

- Encourage best evidence models such, as *Is Your Patient Suicidal: Tools to Help ED Providers When the Answer is Yes*, by the Substance Abuse and Mental Health Services Administration and Suicide Prevention Resource Center.
- Educate hospital emergency department staff on how they can help patients treated for self-destructive behavior pursue the proposed mental health follow-up plan.

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- Increase the proportion of patients with mood disorders who complete a course of treatment or continue maintenance treatment as recommended.

Schools

Objective 3.9 By 2020, increase the capacity of schools to screen for mental health problems and to link students to services.

Potential strategy:

- Promote national guidelines for mental health, including substance abuse, on appropriate linkages to screening and referral of students in schools and colleges.

Screenings

Objective 3.10 By 2021, offer year-round suicide-risk, depression, and anxiety health screenings.

Potential strategies:

- Provide a link to online and other screening tools through websites, such as the *It Only Takes One* website.
- Identify agencies doing screenings.
- Include information with regards to online screening services on the *It Only Takes One* website.

Survivors of suicide

Objective 3.11 By 2020, increase survivors of suicide's capacity to support those who have lost a loved one to suicide and the professionals who serve them.

Potential strategies:

- Promote national guidelines for providing education to family members and significant others of persons receiving care for treatment of mental health and substance abuse disorders with risk of suicide.
- Train those who provide key services to suicide survivors to address their own exposure to suicide and the unique needs of suicide survivors.
 - *Potential audiences* – employees of general and mental hospitals, mental health clinics, and substance abuse treatment centers

Goal 4: Suicide is Everyone’s Business; It Only Takes One

Increase the awareness of the burden of suicide and how individuals and communities can be part of prevention efforts.

Mental health care as a critical part of health care

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| Objective 4.1 | By 2020, increase awareness about mental health services as a critical part of health care, and promote efforts to reduce the stigma associated with mental health services. |
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| Objective 4.2 | By 2020, implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services. |
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| Objective 4.3 | By 2021, increase the percentage of the public that views consumers of mental health, substance abuse, and suicide prevention services as pursuing fundamental care and treatment for overall health. |
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Partnering with media

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| Objective 4.4 | By 2020, increase the proportion of news reports on suicide that observe consensus reporting recommendations. |
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| Objective 4.5 | By 2021, encourage journalism schools to increase awareness to include guidance on the portrayal and reporting of mental illness, suicide, and suicidal behaviors in their curricula. |
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| Objective 4.6 | By 2021, inform suicide prevention advocates – both individuals and organizations – about the tools to generate media coverage and the skills to act as effective spokespeople.
Potential strategies: <ul style="list-style-type: none">• Promote the <i>Recommendations for Reporting on Suicide</i> developed by the American Foundation for Suicide Prevention.• Encourage communities to work with the media to generate momentum for suicide prevention policies.• Develop effective media outreach programs at the state and local level.• Encourage organizations to position themselves as a leader in suicide prevention. |
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Public awareness campaign and activities

Objective 4.8 By 2020, increase the capacity of health care providers to assist their patients in maintaining a continuum of care for individuals at risk for suicide.

Objective 4.9 By 2020, provide a resource base of suicide prevention information.

Objective 4.10 By 2020, suicide prevention stakeholders will host suicide prevention activities in communities.

Potential activities – conduct public information campaigns, convene forums; disseminate information through the Internet; recruit new groups and institutions to suicide prevention; establish community-level groups to implement the state plan; and conduct suicide prevention week activities, town hall meetings, and/or suicide prevention presentations.

Objective 4.11 By 2020, identify avenues to use public awareness and education campaigns to increase awareness of other suicide prevention activities and interventions.

Objective 4.12 By 2020, develop avenues to communicate and coordinate among entities responsible for suicide prevention.

Objective 4.13 By 2021, sustain public service awareness and collaboration activities in communities to decrease isolation, to increase neighbor-to-neighbor outreach, and to identify at-risk persons.

Objective 4.14 By 2020, develop public awareness messages for specific audience segments and describe the actions they can take to prevent suicidal behaviors.

Potential strategies:

- Develop issue papers for specific audiences.
 - Identify avenues to distribute information to special audience segments.
 - *Potential audiences* – mental health and social services personnel, clergy, law enforcement, school personnel, firefighters, service members, and veterans and their families
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Objective 4.15 By 2020, ensure communities are aware of national and state activities so efforts are not duplicated.

Objective 4.16 By 2020, encourage entities to include suicide prevention information on their websites.

Reducing isolation

Objective 4.17 By 2020, increase awareness of policies and programs to foster social connectedness, especially those focused on reaching groups that may be the most isolated or marginalized.

Objective 4.18 By 2020, encourage connectedness at the individual, family, and community level to become as a means to decrease isolation

Potential strategies:

- Promote connectedness between individuals.
 - Recognize the importance of received or perceived social support, close and supportive interpersonal relationships, and the benefit of social integration.
- Promote connectedness of individuals and their families to community organizations.
 - Recognize relevant community organizations such as schools, universities, places of employment, community centers, churches or other religious, or spiritual organizations.
 - Address obstacles for persons and families to receive better access to formal healing resources (e.g. availability, accessibility, and quality of prevention and treatment resources).
- Promote connectedness among community organizations and social institutions.
 - Recognize that formal and informal screening strategies of suicide risk should have strong connections with agencies that can provide prevention and treatment service.

Objective 4.19 By 2020, increase the number of relatives, friends, neighbors, and members of the faith community who are trained in suicide prevention (e.g. gatekeeper training).

Objective 4.20 By 2020, host community-based advisory collaboration committees to address isolation and target rural areas.

Restricting access to means

Objective 4.21 By 2020, develop and initiate an advocacy campaign about the risks of suicide and preventing access to means of suicide.

Objective 4.22 By 2021, increase education of avenues to reduce access to lethal means among individuals with identified suicide risks.

Goal 5: Data Counts

Improve suicide-related data collection.

Data activities

Objective 5.1 By 2020, maintain and expand the Illinois Violent Death Reporting System statewide.

Objective 5.2 By 2020, encourage key stakeholders to expand Illinois' participation in the National Violent Death Reporting System.

Objective 5.3 By 2020, develop methodologies for conducting preliminary estimates of suicide rates and rapidly detecting meaningful changes in rates for specific demographic groups.

Objective 5.4 By 2021, develop a system to collect reliable data on suicide deaths occurring in health care settings.

Objective 5.5 By 2021, increase the proportion of hospitals, including emergency departments, that collect uniform and reliable data on suicidal behavior by coding external cause of injuries, utilizing the categories included in the International Classification of Diseases.

Objective 5.6 By 2021, increase the number of surveys that include questions on suicidal behavior.

Goal 6: Bank on Saving Lives

Develop sustainable funding sources for implementing suicide prevention intervention and crisis response/aftercare programs in Illinois and for evaluation of the results in order to save more lives.

Sustainability activities

Objective 6.1 By 2021, identify potential sources of funding for suicide prevention strategies on an ongoing basis and over the long term.

Objective 6.2 By 2021, actively expand stakeholder's participation in suicide prevention advocacy efforts.

Objective 6.3 By 2021, annually assess current suicide prevention mandates and develop recommendations for enhancements as needed.

Sources

Objectives included in the strategic plan were the result of recommendations by alliance members, stakeholders and from the following sources:

- Illinois Department of Public Health (2007). *Illinois Suicide Prevention Strategic Plan*. Available at http://www.idph.state.il.us/about/chronic/Suicide_Prevention_Plan_Jan-08.pdf
- Suicide Prevention Action Network USA and Suicide Prevention Resource Center. *Guide to Engaging the Media in Suicide Prevention*. Available at http://www.sprc.org/library/media_guide.pdf
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- Suicide Prevention Resource Center and SPAN USA. David Litts, editor. *Charting the Future of Suicide Prevention: A 2012 Progress Review of the National Strategy and Recommendations for the Decade Ahead*. 2012. Newton, MA: Education Development Center, Inc. Available at: www.sprc.org
- Suicide Prevention Resource Center and SPAN USA. *Suicide Among American Indians/Alaska Natives*. Available at <http://www.sprc.org/library/ai.an.facts.pdf>.
- U.S. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. *Promoting Individual, Family, and Community Connectedness to Prevent Suicidal Behavior*. Atlanta, GA. Available at http://www.cdc.gov/violenceprevention/pdf/suicide_strategic_direction_full_version-a.pdf
- U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action*. Washington, DC: HHS, September 2012.

Sponsored by

Illinois Department of Public Health

In collaboration with

Illinois Suicide Prevention Alliance and numerous suicide prevention stakeholders

Copies of this plan are available at

<http://dph.illinois.gov/topics-services/prevention-wellness/suicide-prevention>