

Emerging issues regarding suicide and suicide prevention for the Suicide Prevention Coalition to consider are provided below.

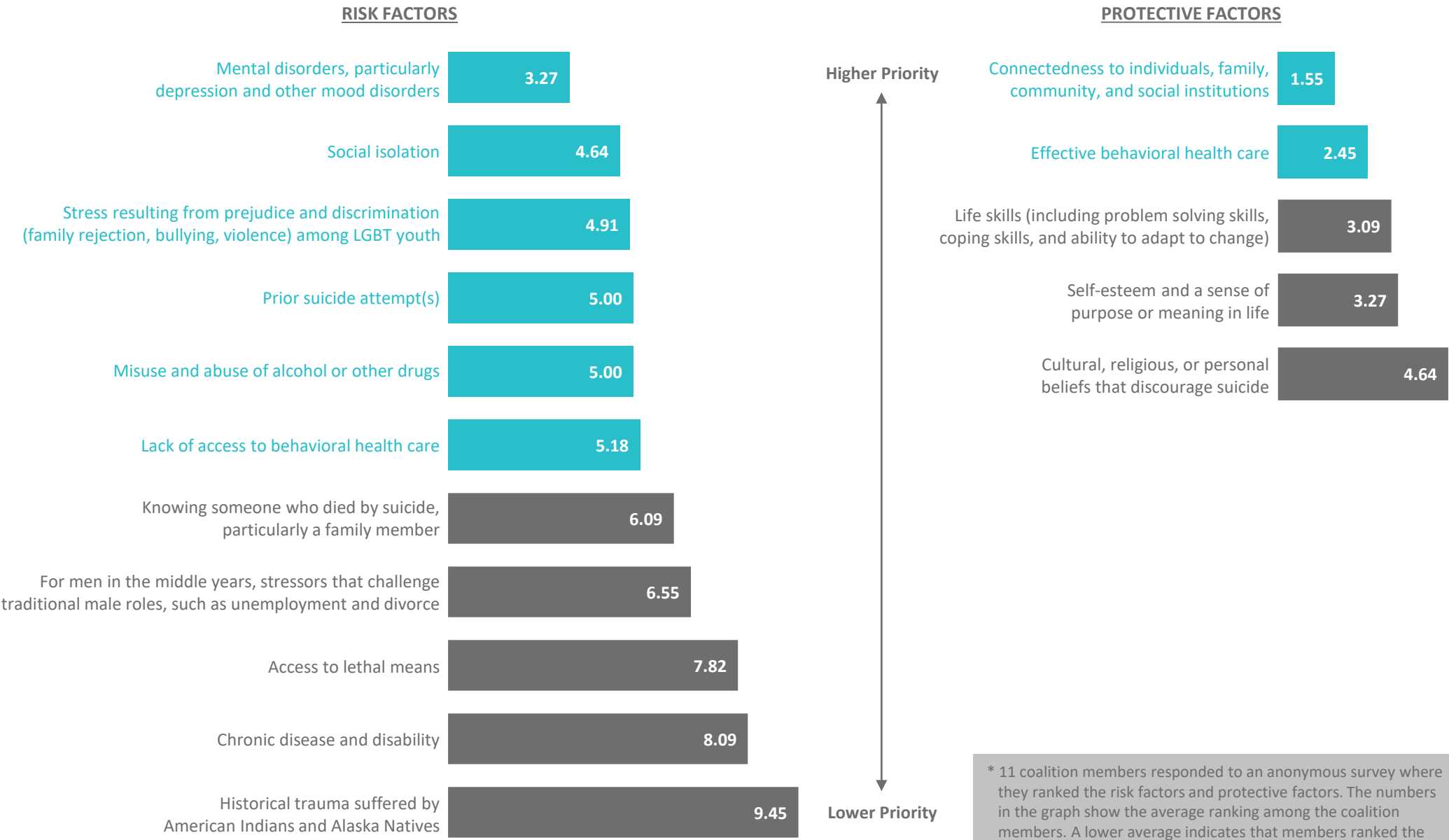
These issues were identified by Coalition members as part of an anonymous survey (see Appendix A for the results of that survey) and during a strategic planning session¹ (see Appendix B for the results of the strategic planning session).

- Better distribution of resources – CMH, hospital, counselors – via web and social media [8 important and 10 feasible votes]
- Identify gaps and work to address them – funeral director, VA [6 important and 3 feasible votes]
- Community collaboration: first responders, ME investigator, psych hospitals, ED activities/response, school, health care [4 feasible votes]
- Work with college campuses – Hope, GVSU, GRCC [3 feasible votes]
- How to work with primary care doctors to help make sure they have tools/resources [3 important votes]
- Advocate mental health care resources/accessibility for marginalized groups [2 important and 2 feasible votes]
- Stay educated ourselves by visiting different offices during meetings [2 feasible votes]
- Training specifically for fast food and other places where teens/young adults work [2 important and 1 feasible vote]
- Programming/education for K-5/middle school to start mental health awareness early in school [2 important and 1 feasible vote]
- Have youth representative(s) on coalition [2 important and 1 feasible vote]
- Support treatment programs (professional and self-help) [2 important votes]
- Promote best practice programs that are available [1 important and 1 feasible vote]
- Address work-related stresses – causes feelings of hopelessness and leads to thoughts of suicide [1 important vote]
- Postvention – helping to prevent suicides among suicide survivors [1 important vote]
- Social media campaign targeting youth [1 important vote]
- Website – collection of area resources/links – updated regularly [1 important vote]
- Programs/practices that promote social connectedness and support

1. Only the emerging issues that received at least one important or feasible vote are included on this page.

Appendix A

Ottawa County Suicide Prevention Coalition members* were given the opportunity to anonymously prioritize the key risk and protective factors for suicide:



* 11 coalition members responded to an anonymous survey where they ranked the risk factors and protective factors. The numbers in the graph show the average ranking among the coalition members. A lower average indicates that members ranked the factor as a higher priority.

Appendix B

Members of the Ottawa County Suicide Prevention Coalition participated in a strategic planning session on June 11, 2019 that was facilitated by the Ottawa County Planning and Performance Improvement Department.

The members were asked to consider the question:

“What can/should the Suicide Prevention Coalition do to make a positive impact in the community?”

The members brainstormed their ideas individually, then took turns presenting their ideas to the group. Members then worked together to group their responses into main categories.






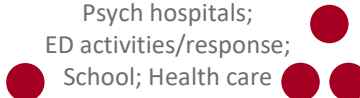




Finally, members voted on the ideas — both the main categories as well as the individual ideas. The voting protocol is explained at right.

The data collected during the strategic planning session is provided on the following pages.



Main categories	Individual ideas
 = most important idea to implement in the community (2 votes per member)	 = most important to implement in the community (3 votes per member)
 = most feasible for the Coalition to implement (2 votes per member)	 = most feasible for the Coalition to implement (3 votes per member)

EMERGING ISSUES




























 AT-RISK POPULATIONS		 COMMUNICATION		COLLABORATION
 Advocate mental health care resources/accessibility for marginalized groups (under-insured, etc.) 	Reach out to gun shops	Info/flyers in water bills	 Better distribution of resources: CMH, hospitals, counselors - web, social media	Community collaboration: first responders; M.E. investigator; Psych hospitals; ED activities/response; School; Health care 
Reach out to elderly facilities	People with disabilities	Develop a strategic plan that fits our communities (reflects our community)	Publication of crisis telephone number, website if feeling suicidal	Work with college campuses - Hope, GVSU, GRCC 
Information available in schools, hospitals, homeless shelters	Reach out to hair dressers	Advertise crisis numbers	Synthesize/identify existing resources and procedures with clear/consistent advertisement	 How to work with primary care doctors. Help make sure they have tools/resources
Funeral directors/pastors	Trans community	Snapchat filters	Stronger web presence (especially updated therapist list)	Figure out sectors that need to be reached with suicide prevention message
Reach out to tattoo artists	Work with Veterans Admin for veterans with suicidal issues	Billboards of crisis text line, resources	 Support treatment programs (professional and self-help)	
Reach out to bartenders	Suicide prevention with first responders	 Social media campaign targeting youth	Continue to communicate with prevention and postvention organizations	

EMERGING ISSUES

● ● ● ● ● ● ● ● ● **EDUCATION** ● ● ● ● ● ● ● ●

Stay evidence-based	Evidence-based prevention programming in the schools. Focus on social media - bullying	Work related stress - first responders, aids, food service, social work, physicians	Partner with professional licensing and professional associations for trainings (e.g. PTs, OTs, SLPs)
Educate faith leaders on how to speak to congregation and at funerals regarding suicide. It is delicate	Free community classes	Educate parents (for school-aged youth)	● ● Stay educated ourselves, visit different offices on meetings
● Church staff trainings and resources for having mental health conversations with parishioners	● ● Programming/education for K-5 to start mental health awareness early in school	Primary health education	● ● Promote - best practice programs that are available
Continuing to educate schools and support staff regarding mental health	● ● ● Training specifically for fast food and other places where teens/young adults work	Expand blue envelope in schools and workplaces	Offer suggestions of best practices to community organizations/businesses
Address stigma related to mental illness - possibly partner with CHIP mental health group (ACES) if they are also focusing on	More town hall type events throughout county for QPR, etc.	Expand blue envelope pilot	Offer suggestions of best practices to schools (be nice.)
● Continue to educate, educate, educate	● Address work-related stresses - causes feelings of hopelessness and leads to thoughts of suicide	Get blue envelope in more schools down the road	● Start education about this earlier - middle schools, late elementary
Suicide Awareness: education, films, discussions	School blue envelope: train, monitor, refresher training, Q1	● Continue to educate/communicate with health care providers about mental illness and suicide	Increased focus in higher education - students, faculty, and staff

EMERGING ISSUES

 COMMUNITY RESOURCE		 DATA	 REPRESENTATION ON COALITION
 <p>Postvention - helping to prevent suicide among suicide survivors</p>	<p>Continue with networking</p>	<p>Collect feedback regarding perceived community needs in each township</p>	  <p>Have youth representative(s) on coalition</p> 
<p>After a suicide... guidance, response, outreach</p>	<p>Be a resource for all existing programs/resources in the county</p>	  <p>Use suicide death review to inform</p>        	<p>Get youth and schools on this group</p>
<p>Facilitate events for sharing of information and making contracts</p>	      <p>Identify gaps and work to address them (funeral director, VA)</p>   	<p>Suicide fatality review team</p>	
 <p>Website - collection of area resources/links - updated regularly</p>	<p>Promote Pine Rest ER</p>	<p>Data...who, why</p>	
<p>Discuss how the suicide prevention coalition can link arms/partner with SUD groups - opioid...</p>	<p>Survivors support network</p>		
<p>Continue to work with schools, churches, CMH to address those feeling suicidal</p>			