

**Territorial Plan for Suicide
Prevention and Early
Intervention
FY 2011-FY 2015**

Governor

RAY TENORIO
Lieutenant Governor

Office of the Governor

MEMORANDUM

TO: Wilfred Aflague
Director, Department of Mental Health & Substance Abuse

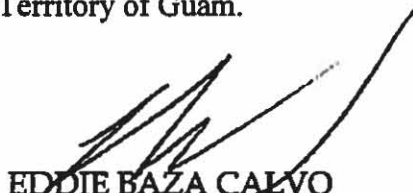
FROM: **The Governor**

SUBJECT: Endorsement of Guam's Focus on Life – Territorial Plan For
Suicide Prevention and Early Intervention

As stated in Executive Order No. 2011-03 issued by the Office of the Governor, the Governor's PEACE Council and Guam's State Epidemiological Outcomes Workgroup (SEOW) will be retained with the appointment of key organizational members who will serve to guide and advise the Office of the Governor and the Office of the Lt. Governor in strategic prevention framework processes that involve assessment, capacity building, planning implementation and evaluation steps to ensure that substance abuse prevention, mental health promotion and suicide prevention work is data-driven, culturally relevant, effective and sustainable.

The *Focus on Life* Suicide Prevention and Early Intervention Plan, as submitted by the Department of Mental Health & Substance Abuse, address the strategic prevention framework processes. This five-year Plan is comprehensive, strategic and clearly describes the necessary steps, we the leaders of this territory, the youth services organizations in the public and private sector, and the island's residents must be actively involved in to stop suicide on Guam.

On behalf of Lt. Governor Ray Tenorio and I, the Office of the Governor has reviewed and officially endorses the Focus on Life Suicide Prevention and Early Intervention Plan for the Territory of Guam.



EDDIE BAZA CALVO



Suicide Prevention and Early Intervention Plan for Guam FY 2011 thru FY 2015

Guam Behavioral Health and Wellness Center (GBHWC), formerly the Department of Mental Health and Substance Abuse was created by Public Law 17-21 and serves as the island's single state agency mandated to provide essential mental health and substances abuse prevention and treatment services to Guam's people relative to carrying out its stated vision and mission:

VISION: "Healthy Choices in Caring Communities"

We envision an island where individuals, families and neighborhoods are empowered to make healthy choices within supportive and caring communities.

MISSION: *Our mission is to empower individuals to live healthier lifestyles and to support and encourage communities to promote healthy choices.*

Problem Statement:

Guam continues to endure a disturbingly high rate of suicide among its youth and adult population. Suicide is the fifth leading cause of death on Guam with approximately one suicide death every two weeks. Youth and young adults are at a particularly high risk of dying from suicide. On average, from 2000 to 2010, there were 25 suicide deaths per year. The annual crude suicide death rate ranged from 9.6 to 18.7 per 100,000 populations over an eleven year period, with a mean annual rate of 13.8 per 100,000. Age adjustment to the standard U.S. 2000 population resulted in a significant increase in the suicide death rate. The latest age-adjusted suicide death rate for the U.S. is derived from 2006 mortality statistics, and is 10.9 per 100,000 people. The 2009 age-adjusted Guam death rate from suicide is 20.1 per 100,000, more than double the national rate.

The total numbers of suicide deaths and suicide rates per year from 2000 to 2010, disaggregated by sex, show that suicide deaths on Guam occur predominantly among males, who outnumber suicide deaths among females with a ratio of 9:1. That is, 90% of deaths by suicide on Guam happen among males.

Deaths by suicide on Guam occur predominantly among young people. Cumulatively from 2000 to 2010, 21% of suicide deaths occurred in those aged 10-19, and 38% of deaths happened among those aged 20-29 years. Altogether, close to 60% of all suicide deaths on Guam from 2000-2010 occurred in those younger than 30 years. Suicide death rates are highest for Chuukese, followed by Japanese and Other Micronesians.

One in six (17%) of those who died of suicide from 2008-2009 left direct evidence (suicide note) of intention to commit suicide; about one in four (23%) left indirect evidence of intent.

Alcohol is implicated in close to one-third of all suicide-related incidents. Other drugs of abuse are involved in 15% of suicides. A history of mental illness is implicated

in 10% of suicide-related incidents, and about 12% of suicide-related incidents are repeat attempts. These serve as red flags that indicate a heightened risk for suicide.

These data indicate that there exist windows of opportunity to successfully intervene to prevent suicide among Guam's young people. For example, the information on intention to commit suicide demonstrates that if community members were better trained to pick up on intention to commit suicide, it may be possible to intervene before a suicide death occurs. Other population-based suicide prevention strategies that would likely result in positive outcomes in Guam; include preventing alcohol and drug abuse and early detection and treatment of severe emotional distress and mental illness.

State and Community-Level Prevention:

The Governor's PEACE Council and the Guam's State Epidemiological Outcomes Workgroup (SEOW) has been retained to guide and advise the Office of the Governor and the Office of the Lt. Governor in strategic prevention framework processes that involve assessment, capacity building, planning, implementation and evaluation steps to ensure that substance abuse prevention, mental health promotion and suicide prevention work is data-driven, culturally relevant, effective and sustainable. Executive Order No. 2011-03 was signed January 31, 2011 by Governor Edward J.B. Calvo and Lt. Governor Raymond S. Tenorio. This Council will help to guide and advise GBHWC staff as they facilitate opportunities to strengthen Guam's capacity to create a healthier island community following a strategic prevention framework (SPF) process for establishing evidence-based programs, practices and policies that build upon the strengths and resources of the people of Guam.

The Guam Behavioral Health and Wellness Center shall remain the lead Government of Guam entity for substance abuse and suicide prevention with the administration of Substance Abuse and Mental Health Services Administration (SAMHSA) grants and in particular the Garrett Lee Smith Memorial Act - Youth Suicide Prevention Grant and the State Epidemiological Outcomes Workgroup Sub-grants and their implementation.

Current Services:

The Prevention and Training (P&T) Branch within GBHWC's Division of Clinical Services continues to set suicide prevention and intervention as a priority area for which services throughout Guam's community is provided. Over the past 21 years, educational and training programs have been implemented with youth serving agencies in the public and private sector, as well as with community-based organizations, parent and youth groups. Accomplishments to date include:

1. Establishment of a supportive network among survivors of suicide;
2. Establishment of a State-Level Council and a State Epidemiological Workgroup for Guam's Strategic Prevention Framework/State Incentive Grant (SPF/SIG) efforts;
3. Development of the Guam's Substance Abuse Epidemiological Profile (2007 and updates) and Profile on Suicide on Guam (2009 and Updates);

4. Establishment of prevention coalitions as part of Guam's Strategic Prevention Framework processes to build community-based prevention and early intervention capacity;
5. Development of Guam's pool of certified trainers in ASIST (Applied Suicide Intervention Skills Training), safeTALK (Suicide Alertness for Everyone-Tell, Ask, Listen and Keepsafe) ;
6. Establishment of a GBHWC's 24/7 Crisis Hotline (647-8833);
7. Development of suicide prevention resources for use in training trainers and educating the community-at-large on recognizing signs and symptoms, conducting effective intervention and making appropriate referrals for treatment;
8. Development and implementation of mass media campaign strategies and maintenance www.peaceguam.org.
9. Established network with Asia and Pacific Islander members affiliated with the World Health Organization (WHO); and
10. Establishment of a partnership with the University of Guam's Isa Psychological Services Center and I Pinangon - Campus Suicide Prevention Program and Guam Memorial Hospital Authority for the conduct of ASIST trainings, Screenings and Referral for Alcohol and Depression, and/or counseling services.

GBHWC's Prevention and Training Branch Supervisor serves as Principal Investigator for Guam's Strategic Prevention Framework/State Incentive Grant; members of the P&T Branch have taken the lead for the initial development of Guam's Suicide Prevention and Early Intervention Plan (FY '07 thru FY '11). As a collaborating partner with the World Health Organization - Western Pacific Regional Office (WHO-WPRO), GBHWC Prevention and Training Branch contribute to the Suicide Trends in At-Risk Territories (START) Study and collect relevant data from Guam's data gatekeepers. Wherever feasible and dependent upon the readiness of the existing personnel resources and infrastructure all aspects of START's four main program components will be implemented:

1. **Monitoring of Suicide Deaths and Attempts** (including deliberate self-harm) – Data based on fatal and non-fatal suicidal behavior will be gathered, as well as standardized monitoring forms will be developed and implemented.
2. **Randomized-Controlled Trial with Suicide Attempters** (the brief intervention project) – Persons who have attempted suicide will be monitored as well as information gathered on circumstances surrounding and preceding death of suicidal persons.
3. **Psychological Autopsy Cross-Cultural Study;** and
4. **Follow-up of Medically Serious Suicide Attempters**

The implementation of START on Guam aids in the increase in suicide awareness and the need for a more comprehensive development of suicide prevention and early intervention policies, programs and practices. Accurate and standardized monitoring procedures will enhance Guam's knowledge of risk and protective factors in suicidal behaviors.

Suicide Prevention and Early Intervention Framework:

For the period of October 2011 through September 2015 Guam's Plan for Suicide Prevention and Early Intervention will be led by the Prevention and Training Branch of the Guam Behavioral Health and Wellness Center in the pursuit of the following goals, will promote the strategic use and dissemination of data for informing and guiding Guam's substance abuse prevention and behavioral health promotion policy and program development, decision-making, resource allocation and capacity building:

Goal 1 – Strengthening Guam's data collection, analysis and surveillance system for monitoring and reporting the rates of suicide attempts and suicide, as well as preventable injuries and risk-taking behaviors on Guam.

Goal 2– Strengthening Guam's workforce capacity building process within the public, private and community-based entities for responding effectively to the community's identified needs for suicide prevention, early intervention and referral, treatment and follow-up services.

Goal 3– A sustainable Comprehensive Strategic Youth Suicide Prevention and Early Intervention Plan endorsed by Guam's Executive, Legislative and Judicial Branches of Government, established state and community level Councils, community-based youth service organizations and survivors of suicide.

Goal 4 – Successful collaboration and implementation of culturally appropriate evidence-based prevention policies, programs and practices among Guam's key stakeholders and advocates for suicide prevention.

Goal 5 – Process and Outcome Evaluation measurements that demonstrate effectiveness in the reduction of preventable injuries and suicide attempts on Guam.

The following notional chart depicts the anticipated timeline for meeting the identified Goals for Guam's *Focus on Life* - Youth Suicide Prevention and Early Intervention on Guam:

<i>Focus on Life</i> Schedule (Notional) Project Steps:	FY 2011 (10/1/10 – 9/30/2015)				
	Year One	Year Two	Year Three	Year Four	Year Five
Identify and apply for funding and other support that is available from local, state, national, international sources and develop relevant proposals and grant applications.	X	X	X	X	X
Goal 1 – Assessment					
Recruit and Retain Project Researcher	X	X	X	X	X
Recruit and Retain Project Evaluation Team	X	X	X	X	X
Convene State Epidemiological Workgroup	X	X	X	X	X
Strengthen Suicide Surveillance and Monitoring System for Assessing Current Data Collected, Identifying Gaps in Systems	X	X	X	X	X

Develop a standardized data collection instrument and reporting system for Guam.	X	X	X		
Maintain official partnerships with WHO-WPRO Collaborating Centre for Research and Training in Suicide Prevention	X	X	X	X	X
Establish formal partnerships with PIMHnet (Pacific Islands Mental Health Network)	X				
Conduct ongoing research on current suicide prevention legislation established on Guam and in other areas that may be appropriate for Guam.	X	X	X	X	X
Implement START – Component 1–Establishment of a Mortality Data Base and Register for Attempters and Self-Harmers		X			
Update annually and disseminate Guam's Substance Abuse Epidemiological Profile and Profile on Suicide on Guam	X	X	X	X	X
Evaluate and Report on Project Process and Outcomes of Goal 1	X	X	X	X	X
Goal 2– Capacity Building					
Re-assess current workforce knowledge and capacity within the public/private sector as well as among Guam's community of survivors.	X		X		X
Conduct monthly ASIST, and safeTALK trainings.	X	X	X	X	X
Identify critical training needed among health and mental health services providers in the areas of assessment, screening, case management and counseling and facilitate the provision of such.	X	X	X	X	X
Update current Manual for training educators in Guam's public and private school systems, as well as in youth serving agencies in both government and community-based organizations.		X	X	X	X
Initiate the planning process for the implementation of START – Component 2.		X			
Update and schedule the conduct of needed T/TA with the assistance of key International, National, Regional and Local Experts (i.e. SPAN USA, WHO-WPRO, Research American, SPRC, SAMHSA, and PIMHnet)	X	X	X	X	X
Support community of survivors; empower individuals and families in prevention and early intervention strategies and accessing treatment services.	X	X	X	X	X
Provide needed training and technical assistance among gatekeepers for the continued collection, analysis and reporting of suicide –related data.	X	X	X	X	X
Evaluate and Report on Project Process and Outcomes of Goal 2	X	X	X	X	X
Goal 3 - Planning					
Strengthen Focus On Life's Evaluation Component highlighting what will be measured and evaluated as a result of all planning and implementation processes and anticipated outcomes.	X	X	X	X	X
Assess project status, levels of accomplishment, and resources developed and sustained.	X	X	X	X	X
Modify Project Plan as necessary to reflect current resources and needs of suicide prevention and treatment services providers, survivors of suicide, and other advocates.	X	X	X	X	X
Conduct ongoing assessment of current workforce knowledge and capacity within the public/private sector as well as among Guam's community of survivors.	X		X		X
Continue to respond to critical training and resources needed in order to effectively build knowledge, skills and capacity for all aspects of suicide prevention and early intervention planning, implementation, monitoring and evaluation.		X	X	X	X
Continue to conduct relevant technical assistance/training of identified community key leaders and other key stakeholders, to include Crisis Hotline/Youth Helpline volunteers.	X	X	X	X	X

Develop and/or strengthen legislation, program Policies & Procedures that support the planning and implementation of suicide prevention resources (i.e. research, workforce development, prevention and treatment services).	X		X		X
Initiate the planning process for the implementation of START – Components 3 & 4.			X	X	X
Update and schedule the conduct of needed T/TA with the assistance of current International, National, Regional and Local Experts and partners, as well as new partnerships. (i.e. SPAN USA, WHO-WPRO, Research American, SPRC, NIMH, SAMHSA, Hawaii State Department of Health).			X	X	X
Re-establish and maintain a Survivors of Suicide Support Group that is empowered to advocate for themselves and for the development and implementation of policies, programs and practices that are culturally appropriate and effective in prevention and early intervention strategies and accessing treatment services.	X	X	X	X	X
Include in Prevention & Training Branch's Media Campaign strategies that are effective in eliminating the stigma surrounding mental illness and suicide and one that promotes understanding that suicide is a preventable public health problem.		X	X	X	X
Continue collection and analysis of suicide and deliberate self-harm data and the strengthening of Guam's surveillance and monitoring systems and capacity building.	X	X	□X	X	X
Evaluate and Report on Project Process and Outcomes of Goal 3	X	X	X	X	X
Goal 4—Implementation					
Conduct critical suicide prevention and early intervention training and education, as well as develop necessary resources to strengthen the current knowledge, skills and capacity among community key leaders, prevention and treatment service providers, survivors, and other key stakeholders.	X	X	X	X	X
Advocate for establishing legislation that supports priority planning, implementation and sustaining of suicide prevention resources (i.e. research, workforce development, prevention and treatment services).	X	X	X	X	X
Continue implementation of START – Components 4; Implement START – Component 5.				X	X
Provide comprehensive and strategic training and technical assistance throughout the Guam community, to include service to Survivors and all electronic and print media partners.			X	X	X
Maintain supportive network with and for Survivors of Suicide Support Group and other prevention advocates	X	X	X	X	X
Strengthen and maintain Crisis Hotline	X	X	X	X	X
Maintain Media Campaign strategies and www.peaceguam.org website and in collaboration with other health initiatives and campaigns promote positive mental health, illness management and recovery.	X	X	X	X	X
Continue collection, analysis and reporting of suicide and deliberate self-harm data and the strengthening of Guam's surveillance and monitoring systems and capacity building.	X	X	X	X	X
Evaluate and Report on Project Process and Outcomes of Goal 4	X	X	X	X	X
Goal 5- Evaluation					
Improve evaluation tools and processes for use by program administrators, staff and community partners to measure process and outcome activities in the implementation of all identified goals and objectives.	X	X	X	X	X
Develop a feedback mechanism and tools that are “user friendly” for service providers, community stakeholders and survivors.	X	X	X	X	X

Conduct Evaluation-focused training for all project stakeholders.	X	X	X	X	X
Consolidate all Evaluation Reports for each year's end of project activities.	X	X	X	X	X
Highlight Guam's project accomplishments, lessons learned and determine the way forward for sustaining <i>Focus on Life</i> efforts.	X	X	X	X	X

Current funding for comprehensive suicide research, strategic plan development and implementation is critically lacking on Guam. Opportunities for funding and leveraging of resources will continue to be pursued to support full development and implementation of Guam's *Focus On Life* Plan.