Suicide Prevention Advocacy Handbook (2020)

HOW TO BECOME AN ADVOCATE FOR CHANGE IN PREVENTING SUICIDE DEATHS

MISSOURI SUICIDE PREVENTION ADVOCACY NETWORK (MISSOURI SPAN)
Suicide Prevention Advocacy Handbook

The number of Missourians that die by suicide every year continues to rise. There is no single solution to preventing suicide. Suicide is a complex public health issue that requires a combination of efforts, working together to address different aspects of suicide. This means government, businesses, communities and individuals across the entire state using multiple strategies such as: identifying and assisting people at risk, increasing help-seeking behavior, effective care/treatment, care transitions and reducing access to lethal means, to name a few. Each of these strategies have the potential for advancement through activities like establishing new or making changes in policies, programs, practices and services.

How can we as Missourians prevent suicide? How can we change the stigma associated with suicide? How can we become more involved in promoting prevention within our communities? We can do this by using our voice to advocate for suicide prevention.

The purpose of this guide is to assist Missourians in developing the skills needed to advocate for reducing suicide. By reading this, you will learn how to engage people in your community, legislators, and policy makers along with learning how to support existing suicide awareness and prevention efforts.

Help us to create a collective voice, working to reduce suicide in Missouri. Together we can all help prevent suicide.

Thank you,

Missouri Suicide Prevention Network
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Disclaimer: This guide is a collection of information and resources to help people with suicide prevention advocacy. MSPN and its partners neither endorse nor take responsibility for the website content or services of other organizations.
What is Suicide Prevention Advocacy?

An Advocate is someone who supports or promotes the interests or cause of a group. Suicide Prevention Advocacy is the act or process of supporting efforts that work to reduce suicides. This means changing policy, practice and/or attitudes toward suicide. Here are a few examples of ways people advocate:

- **Engaging and educating family, friends and their community.** Helping people recognize the clues/warning signs of suicide, assist someone in crisis and how to reduce risk factors that can lead to suicide.

- **Educating legislators and policy makers.** Using your voice to help them understand the impact suicide is having in their communities and ways they can help prevent it.

- **Supporting organizations that work on suicide prevention advocacy.** There are existing organizations that need help. There are several ways to support these organizations through activities like funding, hosting events, acting on legislative alerts and volunteerism.

- **Coalition and network building.** Connecting with existing groups or creating relationships with people that can influence suicide prevention efforts is an important step in advocacy. Advocates work to establish a collective voice to implement and support changes in suicide prevention.

- **Media outreach.** Certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. Educating those that report the news to include stories of hope, healing and recovery can make a difference. Advocating also includes using media platforms to inform/educate the community.

These are just a few ways in which advocacy can be used to help create change in behaviors and how we approach suicide.
How can I help reduce suicides in my community through advocacy?

*Every Missourian can make a difference; there are simple actions that anyone can take to help prevent suicide.*
1. UNDERSTAND SUICIDE AND SUICIDE PREVENTION.

As an advocate, it is important to know more than risk factors and how to help someone in crisis. It is understanding systems of care, the latest in prevention, treatment and postvention work, existing policies and more. Being able to explain how suicide is effecting your community and what your legislator can do to make a difference, is where your voice can create change.

- **Learn about the issue.** Attend suicide prevention trainings like Question, Persuade, Refer (QPR), safeTALK, SAVE and Mental Health First Aid. Courses like these help you understand why people die by suicide, how to identify someone in the early stages of crisis, and how to help. This base line of knowledge is necessary for a few reasons:
  - It increases your knowledge of suicide and suicide prevention.
  - You can explain the benefits of these courses to others as you promote suicide prevention training.
  - During your advocacy work, you will meet people at risk of suicide and be better equipped to offer aid.

There are also online courses available if you cannot find an in-person training near you. For a list of in-person and online courses, visit the Missouri Suicide Prevention Network’s **Training & Toolkits** webpage at [www.mospn.org/training](http://www.mospn.org/training).

- **Be informed.** The work in suicide prevention is always evolving. States and communities across the nation are developing new tools, policies and procedures to help prevent suicide. Here are a few ways to stay informed:
  - **Research.** When you advocate it is important to know the facts about suicide. Review published research papers, understand the fact-based research. Using any internet search engine, look for “scholarly articles” or articles from nationally recognized higher education institutions or professional organizations (e.g. American Foundation for Suicide Prevention (AFSP)).

  - **Laws and policies.** Know the existing Missouri statutes that impact suicide and suicide prevention. You can search Missouri statutes by visiting [www.revisor.mo.gov/main/Home.aspx](http://www.revisor.mo.gov/main/Home.aspx). During the legislative session you can also search and track bills using the House and Senate Joint Bill Tracking link [www.house.mo.gov/billcentral.aspx](http://www.house.mo.gov/billcentral.aspx).

  - **Join.** There are several suicide prevention news and information platforms that will help you stay connected. Here are a few to consider.
<table>
<thead>
<tr>
<th>Organization</th>
<th>How to connect</th>
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<tbody>
<tr>
<td>Missouri Suicide Prevention Network (MSPN)</td>
<td>Facebook, Twitter</td>
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<tr>
<td>MSPN is an independent, non-partisan, voluntary group of individuals,</td>
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<td>organizations, and agencies (public and private) who lead statewide</td>
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<td>suicide prevention efforts.</td>
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<td><a href="www.MSPN.org">www.MSPN.org</a></td>
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<tr>
<td>American Foundation for Suicide Prevention (AFSP)</td>
<td>Facebook, Instagram, LinkedIn, Pinterest,</td>
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<tr>
<td>AFSP is a voluntary health organization that gives those affected by</td>
<td>Twitter, YouTube</td>
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<td>suicide a nationwide community empowered by research, education and</td>
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<tr>
<td>advocacy to take action against this leading cause of death.</td>
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<tr>
<td><a href="www.afsp.org">www.afsp.org</a></td>
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<tr>
<td>Missouri Foundation for Health (MFFH)</td>
<td>Mailing list, Facebook, LinkedIn, Twitter</td>
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<td>Missouri Foundation for Health is a resource for the region, working with</td>
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<td>communities and nonprofits to generate and accelerate positive changes in</td>
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<td>health.</td>
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<td><a href="www.mffh.org">www.mffh.org</a></td>
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<tr>
<td>National Action Alliance for Suicide Prevention (Action Alliance)</td>
<td>Facebook, LinkedIn, Twitter, YouTube</td>
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<td>Action Alliance is the nation’s public-private partnership for suicide</td>
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<td>prevention that works with more than 250 national partners to advance the</td>
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<td>National Strategy for Suicide Prevention.</td>
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<td><a href="www.theactionalliance.org">www.theactionalliance.org</a></td>
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<tr>
<td>Suicide Awareness Voices of Education (SAVE)</td>
<td>Facebook, Instagram, Twitter, YouTube</td>
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<td>SAVE is a national nonprofit organization that works at the international,</td>
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<td>national, state and local levels to prevent suicide using a public health</td>
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<td>model in suicide prevention; concentrating its efforts on education and</td>
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<tr>
<td>awareness.</td>
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<td><a href="www.save.org">www.save.org</a></td>
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<tr>
<td>Suicide Prevention Resource Center (SPRC)</td>
<td>Weekly Spark (online newsletter), Facebook,</td>
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<tr>
<td>SPRC is the only federally supported resource center devoted to advancing</td>
<td>Twitter, YouTube</td>
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<td>the implementation of the National Strategy for Suicide Prevention.</td>
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<tr>
<td><a href="www.sprc.org">www.sprc.org</a></td>
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<tr>
<td>The Trevor Project</td>
<td>Facebook, Instagram, Tumblr, Twitter,</td>
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<tr>
<td>National organization providing crisis intervention and suicide prevention</td>
<td>YouTube</td>
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<tr>
<td>services to lesbian, gay, bisexual, transgender, queer &amp; questioning (LGBTQ)</td>
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<tr>
<td>young people under 25.</td>
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<tr>
<td><a href="www.thetrevorproject.org">www.thetrevorproject.org</a></td>
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2. PARTICIPATE IN LOCAL SUICIDE PREVENTION ACTIVITIES.

This is about finding people to work with who understand the issue. Local coalitions and organizations host events to help raise awareness, education and some use these events to raise funds for programs or advocacy. Attending local suicide prevention activities also gives you an opportunity to surround yourself with people of the same interest while supporting them. If you attend an event, bring along family and friends. Expand the network of people that are involved in suicide prevention. Here are a few ways to connect with suicide prevention activities:

- Participate in public forums or policy discussions in your community.

- One of the more recognized suicide awareness activities is AFSP’s *Out of the Darkness* walks. Join the nearest AFSP Chapter, Missouri has two:
  - AFSP Eastern Missouri (based in St Louis) [www.afsp.org/chapter/afsp-eastern-missouri/](http://www.afsp.org/chapter/afsp-eastern-missouri/)
  - AFSP Greater Mid-Missouri (based in Fulton) [www.afsp.org/chapter/afsp-greater-mid-missouri/](http://www.afsp.org/chapter/afsp-greater-mid-missouri/)

- Connect with online support groups, discussion forums and blogs. There are several to choose from but start with nationally recognized organizations already listed (e.g. AFSP and SPRC). Making these connections allows you the chance to learn from other advocates that have been doing this for a while.
  
  *Note: When you participate in groups and forums, know that they can be a little overwhelming at times. A few participants may still have strong emotional reactions from their connection with suicide. Some forums may be more harmful than helpful, please choose wisely.*

3. BECOME A PARTNER WITH MENTAL HEALTH PROFESSIONALS, AGENCIES AND SCHOOLS.

Build relationships with local professionals and agencies to be a “community voice”. Think about what you want to accomplish before joining a group. A great way to partner is to use that platform to advocate for training and policies that support suicide prevention. Here are a few ways to partner:

- **Local health care agencies.** Some health care agencies host support groups that you can be involved with.

- **School townhall meetings and advisory panels.** Participate in school community events. There may be opportunities to enhance suicide prevention in your school district.

- **Community prevention coalition.** Does your community have a prevention coalition? If so, see how you can contribute to their suicide prevention work.
• **Associations and coalitions.** There are numerous professional associations and community level coalitions. If they are working on suicide prevention, how can you contribute?

4. **MOBILIZE EFFORTS TO IMPACT STATE AND NATIONAL LEVEL EFFORTS.**

You can help change state and federal policies through advocacy. Know who your state and federal legislators are and stay up to date with the latest suicide prevention policies or legislation. The MO Suicide Prevention Network and American Foundation for Suicide Prevention track state and federal suicide prevention legislation. You can sign up for advocacy alerts at:

- MSPN [www.mospn.org/missourispan](http://www.mospn.org/missourispan)

Appendix C of this guide goes into detail about ways you can engage legislators.

MSPN and AFSP are not the only organizations that advocate on health issues. If you are interested in learning more about how to create change in health policies, visit these organizations:

- National Alliance on Mental Health (NAMI) Missouri [www.namimissouri.org/advocacy](http://www.namimissouri.org/advocacy)
- Missouri Foundation for Health (MFFH) [www.mffh.org/our-focus/policy/health-advocacy](http://www.mffh.org/our-focus/policy/health-advocacy)
- Missouri Recovery Network (MRN) [www.morecovery.org/what-we-do/advocacy/](http://www.morecovery.org/what-we-do/advocacy/)

The actions listed here can be done by anyone who wants to support the lives of people in their community.
It is important to understand how state policies are made so you can help influence them. This section explains the Missouri legislative process and shows where advocates can help make an impact.
Critical Dates

- **Regular Session** is from January to May every year. It begins on the 1st Wednesday after the 1st Monday of January and ends on May 30th.

- **Veto Session** is held every year on the first Wednesday after the second Monday in September.

- **Special Session** can be called by the Governor. They can last up to 60 days at a time.

- **Extra Session** can be called by the Governor. They can last up to 60 days at a time.

- **Special Sessions** can be called by the legislature under Section 20 (b) of article III of the Constitution. These sessions can only last 30 days at a time.

What the process looks like (in sequence)

[Diagram of the legislative process]

Overview

**Drafting and Filing Legislation.** Laws begin as a written proposal known as a bill and members of either the House or the Senate may introduce a bill. A bill generally either creates a new law, amends an existing law or repeals exiting law. It is estimated that thousands of bills are introduced every session but only 10-15% do pass but may not become law. Bills that do not become law are not carried over to next session.

Where you can advocate!

- Raise awareness about suicide prevention with your legislators in between sessions
- Find a legislator to sponsor your legislation
- Participate in town halls or committees your legislators host
- Connect with other advocates, build a collective voice
**First Reading.** When a bill is introduced, it goes through a “First Reading” where it is assigned a number and title for the remainder of the legislative session. Bills from the House of Representatives start with “HB”, bills from the Senate start with “SB”. You can track the progress of bills using the following links:

- MO House of Representatives [https://house.mo.gov/LegislationSP.aspx](https://house.mo.gov/LegislationSP.aspx)
- MO Senate [https://www.senate.mo.gov/legislation/](https://www.senate.mo.gov/legislation/)

When you search for a bill, here is what you will see:

- The name of the sponsor and any co-sponsors
- The bill summary and text
- Actions the bill has taken during the legislative session (where it is in the legislative process)
- Committee minutes
- Any fiscal notes

**Second Reading.** The bill goes on to the calendar for a “Second Reading”. After the second reading the bill is assigned to committee. Notification of readings are found in the House and Senate Journals.

**Assigned to a Committee.** Committees deal with specific topics and areas of interest (e.g. the Senate’s Health, Mental Health, Seniors and Families Committee). The House Speaker or Senate Pro Team can assign a bill to a committee and selects the chair/members of the committee. The committee examines the bill and hears testimony in support and opposition of the bill. A vote is taken to:

1. Recommend that it “do pass”
2. Recommend that it “do pass with amendments”
3. Recommend that it “do pass a substitute”
4. Recommend that it “do not pass”

It is worth mentioning that if a bill sits in committee or is voted “do not pass”, it will end there.

**Perfection of the Bill**

If the bill moves favorably out of committee, it is sent to the floor for debate. At this time amendments can be recommended, debated and voted on. When all amendments have been voted on, another vote is given to have the bill “perfected and printed.” The bill goes on the calendar for a third reading, only technical corrective amendments are introduced. A vote is taken for final passage. If passed, it then moves to the other chamber (Senate or House) for first reading and the process starts again. If both chambers vote favorably, it is known as “Truly Agreed To and Finally Passed” and sent to the governor’s office.

**Where you can advocate!**

- Schedule meetings and speak with committee members before the hearing-always let them know if you are a constituent in their district
- Testify and/or coordinate with others to testify
- Respectfully but firmly request your desired action (“Please vote in favor of the legislation” or “Please vote no on the legislation”)
- Support the bill’s sponsor by thanking them in public testimony, letters to the editor, and social media
- Identify appropriate staff in the Governor’s office and educate them on the legislation-do not wait until the bill passed for initial contact
Governor Signs or Vetoes
The Governor has 15 days to act on the bill, 45 days if the legislature has adjourned or recessed for a 30-day period. The Governor has four options:

- Sign the bill, making it become part of Missouri law
- Veto the bill. It is then returned to the General Assembly where a two-thirds vote in both chambers is needed to override the veto
- Not sign the bill. Should the Governor take no action, it then becomes law
- Veto line-items in an appropriations bill. On appropriations bills only, the Governor may choose to veto select items within the bill. The General Assembly may override the veto with two-thirds majority of both chambers.

Where you can advocate!
- Continue to engage appropriate staff in the Governor’s office
- Engage in implementing the new law, participate in the education outreach
- Thank the bill’s sponsor(s) through press or social media, highlight the new law
Missouri Suicide Prevention Network (MSPN)

Leading Missouri’s suicide prevention efforts
MSPN was established to lead the state’s suicide prevention efforts. It is a collection of state and community organizations with the goal of coordinating and develop the implementation of the Missouri Suicide Prevention Plan based on the National Strategy for Suicide Prevention.

MSPN has identified several strategies to address:

- Awareness that suicide is a public health problem that is preventable.
- Broad-based support for suicide prevention.
- Strategies to reduce the social stigma associated with mental health, substance use, and suicide.
- Suicide prevention programs.
- Existing statewide suicide prevention efforts.
- Evidence-based means safety in accordance with clinical care standards.
- Evidence-based suicide prevention training.
- Effective clinical and professional practices.
- Linkage with community mental health and substance use disorder services.
- Use of media reporting guidelines and positive portrayals of persons living with mental illness, substance use, and suicide.
- Research on suicide and suicide prevention.

MSPN’s website [www.mospn.org](http://www.mospn.org) offers information about suicide, resources, training, toolkits and more. It is NOT a website for those in immediate crisis.

**Join the Missouri Suicide Prevention Advocate Network (Missouri SPAN).**

One of the ways MSPN supports suicide prevention is by mobilizing its network of grassroots advocates. By joining the advocacy team, you will part of a large movement of Missourians who are speaking out for suicide prevention in your communities and at all levels of government.

As a member of Missouri SPAN, you will receive the advocacy alerts about policies that can influence suicide prevention in the state. The alerts will let you know:

- What the legislation is trying to do
- Key dates (i.e. when and where the hearing is)
- The action needed by advocates:
  - how to contact the committee chair and members for the bill
  - what to ask for
  - talking points to include in your request

**Join the team! Become a member of the Missouri Suicide Prevention Advocate Network today! Sign up at [www.mospn.org/missourispan](http://www.mospn.org/missourispan)**
Being an advocate for suicide prevention can be a very rewarding experience, especially when you see the difference you are making in people's lives. However, if you are constantly giving and not taking time for yourself, you put yourself at risk. Before deciding to be an advocate, it is important to ask yourself “Am I physically and emotionally healthy enough to assist others?” and “Do I have the tools needed to sustain my health?”
The Effects of Stress

Stress symptoms can effect your body, thoughts, feelings, and behavior. Being able to recognize common stress symptoms can help you manage them. Here are a few common effects of stress:

<table>
<thead>
<tr>
<th>Physical</th>
<th>Emotional</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Low energy, fatigue</td>
<td>• Anxiety</td>
<td>• Overeating or not eating</td>
</tr>
<tr>
<td>• Headaches</td>
<td>• Restlessness</td>
<td>• Angry outbursts</td>
</tr>
<tr>
<td>• Insomnia</td>
<td>• Unmotivated, lack of focus</td>
<td>• Drug or alcohol misuse</td>
</tr>
<tr>
<td>• Muscle tension, tight jaw</td>
<td>• Sad, depressed</td>
<td>• Change in sex drive</td>
</tr>
<tr>
<td>• Upset stomach, including diarrhea, constipation and nausea</td>
<td>• Anger, irritability</td>
<td>• Withdrawing/avoiding family/friends</td>
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</table>

Being able to recognize the signs of stress in yourself is important. Knowing when you are stressed will help to identify what events or situations cause you to feel that way. Once you know which situations cause stress, you can prepare to cope with it when it happens.

Managing Stress

Here are a few recommendations to protecting your health.

1. Physical wellbeing

This is one of the most comprehensive ways to support your mental health. When your body feels poorly, it can wear down anyone's mental health and stability. By taking care of your body and getting regular exercise, endorphins are released into the body that can better your mood and provide energy.

   • **Daily exercise.** This can range from walking, jogging, bicycling and even joining classes at your local fitness center. Daily exercise naturally produces stress-relieving hormones in your body and improves your overall health.

   • **Watch what you eat.** Avoid foods that make you feel drained like caffeine, sugar, simple carbohydrates and alcohol. Look for healthy foods like whole grains, vegetables and fruits to help regulate energy levels and mood.

   • **Sleep.** Adults generally need 7-9 hours of sleep. To help you sleep avoid using computers, TV and smartphones before going to bed. Try not to eat or exercise too close to bedtime, this can interfere with falling asleep

2. Time for yourself

Working in advocacy can be emotionally draining. When trying to manage stress, taking time for yourself is a great way to reduce stress and help you to refocus.

   • **Do things that make you feel good.** As you schedule time for advocacy, it is also important to schedule for personal activities. Schedule activities you enjoy whether it be reading a book, going to the movies, music or taking your dog for a walk. Setting time to relax is needed for good health.
• **Spend time with others.** Be around family or friends and talk about life outside of your advocacy work. Surround yourself with people that are positive and supportive.

• **Practice self-care.** There are many self-care tools available to help manage stress. Deep breathing, meditation and progressive muscle relaxation are some good examples of ways to keep yourself calm. Learn more about self-care by visiting [www.dmh.mo.gov/disaster-services/self-care](http://www.dmh.mo.gov/disaster-services/self-care).

3. **Set Goals**

• **Have achievable goals.** Don’t overwhelm yourself by taking on too much at a time. Break large tasks into smaller, achievable tasks that you can do one at a time.

• **Limit your commitments.** Avoid saying “yes” all the time. Limit yourself to only participating in tasks you think you can see through.

• **Focus on things you can manage.** There may be times when you feel guilty about what you cannot change but understand no one is perfect. Believe in what you are doing and the changes you can influence.

> **Remember you and your health come first.**
> **If you are not healthy, you cannot help others.**
Appendix A: Terms and Definitions

Advocacy
the act or process of supporting a cause or proposal.

Assessment
A comprehensive evaluation, usually performed by a clinician, to confirm suspected suicide risk in a patient, estimate the immediate danger, and decide on a course of treatment.

At-risk
Characterized by a high level of risk for suicide and/or a low level of protection against suicide risk factors. An individual displaying warning signs of suicide would also be considered at risk. Note that most members of any at-risk group will not display warning signs, attempt suicide, or die by suicide.

Cluster
A group of suicides or suicide attempts, or both, that occurs closer together in time and space than would normally be expected in a given community. Some researchers divide clusters into (1) “mass clusters,” in which “suicides occur closer in time than would be expected by chance following media coverage,” and (2) “point clusters,” which “involve suicides or episodes of suicidal behavior localized in both time and geographic space, often occurring within a small community or institutional setting.”

Evidence-based practices
Suicide prevention activities that have been found effective by rigorous scientific evaluation.

Help-seeking
Seeking care or assistance for emotional distress, a mental health condition, or suicidal thoughts.

Intervention
An activity or set of activities designed to decrease risk factors or increase protective factors.

Lethal means
Methods of suicide with especially high fatality rates (e.g., firearms, jumping from bridges or tall buildings).

Lived experience
Knowledge gained from having lived through a suicide attempt or suicidal crisis.

Means
Objects, instruments, and methods used by people in suicide attempts (e.g., firearms, poisons, suffocation, jumping from buildings or bridges).

Means restriction
Techniques, policies, and procedures designed to reduce access or availability to means and methods of deliberate self-harm.
Nonsuicidal self-injury (NSSI)
Injury inflicted by a person on himself or herself deliberately, but without intent to die.

Perfection of a Bill
The process of considering a bill in which the bill is subject to amendments. At the conclusion of the process, upon a favorable vote, a bill is order perfected and printed, which means that any amendments adopted are incorporated into the printed bill.

Postvention
Activities following a suicide to help alleviate the suffering and emotional distress of the survivors, and prevent additional trauma and contagion.

Prevention
Activities implemented prior to the onset of an adverse health outcome (e.g., dying by suicide) and designed to reduce the potential that the adverse health outcome will take place.

Protective factor
An attribute, characteristic, or environmental exposure that decreases the likelihood of a person’s developing a disease or injury (e.g., attempting or dying by suicide) given a specific level of risk. For example, depression elevates a person’s risk of suicide, but a depressed person with good social connections and coping skills is less likely to attempt or die by suicide than a person with the same level of depression who lacks social connections and coping skills. Social connections and coping skills are protective factors, buffering the suicide risk associated with depression and thus helping to protect against suicide.

Reading
A term used to indicate a step in the legislative process. First reading occurs when a bill is introduced, second reading when it is referred to committee and third reading when it is approved by a constitutional majority of a chamber.

Risk factor
Any attribute, characteristic, or exposure of an individual that increases the likelihood of developing a disease or injury (e.g., attempting or dying by suicide). Risk factors do not necessarily cause a disease or injury, but can contribute to negative health outcomes like suicide or suicide attempts in combination with other risk factors. For example, depression, access to firearms, and substance abuse disorders (individually and in combination) increase the likelihood of attempting or dying by suicide, although most people with these risk factors do not attempt suicide. Risk factors should not be confused with warning signs.

Safe messaging
Media or personal communications about suicide or related issues that do not increase the risk of suicidal behavior in vulnerable people, and that may increase help-seeking behavior and support for suicide prevention efforts.

Screening
A procedure in which a standardized tool, instrument, or protocol is used to identify individuals who may be at risk for suicide.
Selective intervention
Activities targeting a group whose members are generally at higher than average risk for an adverse health condition (e.g., suicidal behaviors) regardless of whether individual members of the group display symptoms or have been screened for the condition. For example, suicide prevention interventions targeted at victims of intimate partner violence is a selective intervention because intimate partner violence is associated with increased risk of suicidal behaviors.

Suicidal behaviors
Suicide, suicide attempts, suicidal ideation, and planning/preparation done with the intent of attempting or dying by suicide.

Suicidal crisis
A suicide attempt or an incident in which an emotionally distraught person seriously considers or plans to imminently attempt to take his or her own life.

Suicidal ideation
Thoughts of engaging in suicide-related behavior.

Suicide
Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Suicide attempt
A nonfatal, self-directed, potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

Suicide attempt survivor
A person who has attempted suicide but did not die. Also see Suicide loss survivor.

Suicide loss survivor
A person who has lost a family member, friend, classmate, or colleague to suicide. Sometimes called “suicide survivor,” although the term “suicide loss survivor” is often favored to avoid confusion with "suicide attempt survivor."

Suicide plan
An individual’s thinking about a suicide attempt that includes elements such as a timeframe, method, and place.

Truly Agreed to and Finally Passed (TAFP)
The chamber must pass identical forms of the bill for it to be TAFP. This is the final action on the bill, sending it to the Governor or Missouri voters.

Warning signs
Behaviors and symptoms that may indicate that a person is at immediate or serious risk for suicide or a suicide attempt.
Appendix B: National and State Facts about Suicide

Statistics have a key role in advocating for suicide prevention. They not only help you paint an accurate picture of the suicide issue but can assist in focusing limited resources to reverse the upward trend of suicide deaths.

**National Suicide Facts**

- Suicide is the **tenth leading cause of death** in the U.S.
- In 2018, **48,344** Americans died by suicide.
- In 2018, there were an estimated **1.4M suicide attempts**.
- The age-adjusted suicide rate in 2018 was **14.2 per 100,000 individuals**.
- The rate of suicide is highest in **middle-aged white men**.
- In 2018, **men died by suicide 3.56x more often than women**.
- On average, there are **132 suicides per day**.
- White males accounted for **69.67% of suicide deaths in 2018**.
- In 2018, firearms accounted for **50.57% of all suicide deaths**.

### U.S. and Missouri Suicide Rates (Age-Adjusted)

![Graph showing suicide rates for the United States and Missouri from 2009 to 2019.](image-url)
Missouri Suicide Facts

- In 2019, 1,130 Missourians died by suicide. While rates continued to climb from 2009 to 2018, suicide rates dropped by 5.7% in 2019.

- In 2018, suicide was the 10th leading cause of death in Missouri.

- Suicide is the **leading** cause of death among 10-17 year olds and the 2nd leading cause of death for 18-34 year olds.

- 81% of those who died by suicide in 2019 were male and 92% were white. 75% were white males.

- Suicide rates are highest among 25-64 year olds.

- 60% of all suicides in 2019 involved firearms, followed by suffocation (24%) and poisoning/overdose (11%).

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**Missouri Suicide Rates by Age: 2014-2019**

- Highest suicide rates among adults 25-64.

- Youth rates in 2014 lower than other age groups; in 2019 rates are similar to other age groups.
### 10 Leading Causes of Death in Missouri by Age (2018)

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<th>10-17</th>
<th>18-24</th>
<th>25-34</th>
<th>35-44</th>
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<td>Diabetes</td>
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<td>Suicide</td>
<td>Accidents</td>
<td>Alzheimer's Disease</td>
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<td>7</td>
<td>Benign Neoplasms (non-cancerous tumors)</td>
<td>Chronic Lower Respiratory Disease</td>
<td>Liver Disease</td>
<td>Liver Disease</td>
<td>Stroke</td>
<td>Kidney Disease</td>
<td>Diabetes</td>
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<td>8</td>
<td>Chronic Lower Respiratory Disease</td>
<td>Influenza &amp; Pneumonia</td>
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<td>St. Louis Metro</td>
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<td>TOTAL</td>
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Appendix C: How to Engage Legislators

Engaging legislators is an important aspect of advocacy. Elected officials look to constituents to raise awareness of issues that affect them and provide information on issues. This section will prepare you to build relationships with legislators and policy makers, to advance suicide prevention work.

Step 1. Find your Legislators.
Use the Legislator Lookup to help you connect with local legislators, state and U.S. officials
www.senate.mo.gov/LegisLookup/default.aspx/leg_lookup.aspx

A few things you can learn about your legislator from their homepage:
- **Organizations.** Most legislators post information about the organizations they are members of. It can help you see their interests. Do you have any connection with these organizations?
- **Committee Membership.** Lists the legislative committees they are a member of. This can help you understand where they have influence. When you select the committee, you can see what other legislators are on it.
- **Contact information.** Office address, phone number and email are listed.
- **Legislative information.** Links to what bills they have sponsored, co-sponsored and past legislation. Looking through this will help you understand their priorities and may help in finding a champion for suicide prevention.

What is the difference between state and federal officials?

**State legislators:**
- Represent their districts and have no influence on federal policies.
- Missouri legislators have term limits which allows House and Senate legislators to serve a maximum of eight years.

**Federal legislators:**
- Federal legislators represent the interests of their state.
- Senators serve six-year terms with no term limits.
- House members serve a two-year term with no limits.

Step 2. Create your advocacy message.
This is where you identify the problem, present the facts and end with your request. Use the following steps to help guide you:

1. **Open with a statement that engages your audience.** Make a statement that gets your audience’s attention right away, perhaps using a dramatic fact. This is your lead-in and should be only a sentence or two. It may look this:
   
   “Hello Representative Brown. My name is Abby Smith from Jefferson City. I want to thank you for meeting with me, I know you are very busy. I am here to talk about how HB000 can help prevent Missourians from dying by suicide.”
2. **Present the problem.** Describe the problem, who it affects and the impact it has.

3. **Provide facts about the problem.** Data is important to demonstrate that a problem exists and to support your position. Look for facts that are relevant to your audience. For instance, district data would be important to your local legislator instead of national data.

4. **Share a story or give an example of the problem.** An example or story puts a human face on the issue and makes it real, more compelling. Make sure the example is relevant to your audience, such as your connection or experience with suicide. For details on how to create your own story, see Appendix D.

5. **Connect the issue to the audience’s values, concerns or self-interest.** Show your audience how this interest fits with what they care about, want or need. Learn what you can about the person you are connecting with. For example, is the legislator an opponent of “big government?” or a champion of making schools in their district a safe space? Learning about their interests can help shape the message.

6. **Make your request (the “ask”).** Clearly state what you want the person to do. Be specific and be practical. Relate the discussion to situations in the legislator’s own district.

   *Advocacy Tips: Before any meeting, make sure to practice, practice and practice! Anticipate any arguments against your position and prepare some responses to those arguments, use facts! Communicate using your own words, be a plain-spoken expert.*

**Step 3. Engage your legislator.**

Now that you have prepared your message, it is time to reach out and share it. You can contact your elected official by phone, mail or in person. Here are a few Do’s and Don’ts when engaging:

**Do**

- **Know the issue and status of the legislation.** Refer to the legislation by name and number.
- **Be courteous and polite.** Demanding, yelling and profanity will not help build a relationship. Make sure to say “please” and “thank you”.
- **Think before you speak.** It can be scary speaking to someone about this issue, especially the first time you disagree with someone in authority.
- **Stick with the time you are allowed.** Legislators have busy schedules.
- **Follow up.** Immediately follow up your meeting with answers or information you promised and thank them for their time.
Don’t

- **Make up an answer or guess just to reply.** It is okay to say, “I don’t know.” If you do not know, explain that you will find the answer and reply soon. Making up answers ruins your credibility.
- **Argue or debate, disagreements cannot become personal.** Conflict is often a necessary part of any kind of advocacy, and you may meet resistance to your ideas. Try to stay focused on the issue, even if you feel you are being personally attacked.
- **Confront, threaten or beg.** You will end any chance for assistance and close the door on a possible relationship if you do this.
- **Overwhelm them.** Avoid providing them with too much information or using jargon. Only provide what is needed during the meeting. Following up with more information and data will also help keep you engaged.

By Phone

Reaching out to a legislator by phone is a quick and effective way to use your voice on an issue. You may not be able to talk with the official directly so be ready to leave a voice message or talk with staff. A few things to remember:

- **Provide your information.** Make sure to give your name, address, town/city and organization (if you are representing an organization). If you are calling within the legislator’s district, it can carry more weight.
- **Be courteous with staff/aides.** They help to advise the official on policies and legislation. They can be valuable allies.
- **Briefly state why you are calling.** “I would like to let Rep Smith know that I support/oppose HB000 because...” Continue to briefly outline your reasoning for support/opposition.
- **Ask for the official’s stand on the bill.** It is important to know their position. It may help you decide if more advocating is needed.
- **“Thank you”.** End the call with thanking the official or staff for their time.

By Mail

Mail is still a popular way to communicate with elected officials. Whether you write a letter or send an email, please consider the following:

- **Personalize it.** If you are mailing multiple legislators, try to personalize the salutation. Instead of “To Whom it May Concern” use “Representative Smith”. If you are writing to Chair of a Committee, use “Dear Mr. Chairman” or “Madam Chairwoman”.
- **Be brief.** Stay focused on the message you are trying to convey and get there quickly, do send a 30-page letter. If this is a handwritten letter, make sure it is legible.
- **“Thank you”.** End with thanking the official for their time and consideration.

Meeting in-Person

Having a personal meeting with an official can be a very effective way to share your views concerning suicide prevention. This can also help you understand their views and address any concerns they may have. Since legislators have very busy schedules, try scheduling meetings outside of the legislative session (June thru December). Here are a few tips for an effective in-person meeting.
Before the meeting

- **Scheduling.** The best way to start is with a formal email or letter request and follow up with a call to their office. When writing the request, it is okay to recommend a few dates and times for the proposed meeting. Ideally, talk directly to the legislator. If that is not possible, make sure you talk with the staff person assigned to your issue.

- **Prepare a handout.** Your time will be short, bring a single page handout. This can be something that explains who you are and what you do or maybe bring a fact sheet. Save the bulky information for those who want to know more or for follow up meetings.

- **Take a diverse team.** A diverse group—particularly people directly affected by a particular policy—always conveys more power than one person. But be sure to organize your presentation, know who will discuss a particular point. Do not overwhelm and possibly alienate a policymaker by bringing too many people.

During the meeting

- **The opening.** Begin with introducing yourself and thanking the official for their time.

- **Be brief.** Stay focused on the message you are trying to convey and get there.

- **Get them talking.** Once you have discussed your message, pivot the focus of the meeting to hear from the legislator. It means asking an open question, beyond “Do you have any questions?” Try asking “What are your priorities for this session?” or “What do you think will be the highlights of the session and what will you focus on?” The more they talk, the more clues you will get about your shared interests and differences.

- **Identify next steps.** Wrap up a meeting with a commitment to a specific next step. This may be providing information, setting a meeting, inviting them to visit you or planning to return when your issue is more fully developed so you can share specifics about it.

- **“Thank you”.** End with thanking the official for their time and consideration.

After the meeting

- **Follow up.** Send a thank you note and make sure to include any follow up information or material you promised during the meeting.

- **Stay engaged.**
  - Find ways to connect casually in the district (e.g. town hall meetings) as often as possible. View this is another step in building a relationship with an elected official.
  - Create opportunities for legislators/staff to be seen at community events. When planning events, consider inviting legislators. Providing platforms for good media and photo ops can enhance their reelection efforts. Be mindful of this and invite them to well-attended events.

*Remember that you are building relationships. Make sure your interactions have a goal, be concise and respectful. You have one priority which is advancing suicide prevention efforts, to save lives. The legislators in your district have several priorities and they may not align with yours. Continue working on the relationship, continue to inform/educate and strengthen Missouri’s voice to prevent suicide.*
Appendix D: Creating and Sharing Your Own Story

Sharing your personal story about suicide can help connect the issue with the audience. Your story can also help others who are struggling with their connection with suicide, it can provide hope. Before you begin to share your story, decide if you are well enough to share. Is talking about it overwhelming? Do you have the coping tools needed to keep yourself healthy? If so, consider using the following as an outline for constructing your story.

- **Introduction.** The introduction should help connect you with the audience. Start with your name and where you are from. Let them know why you are speaking about suicide.
- **What happened.** Main highlights of what happened that made you talk about suicide. Describe what the early signs were and your lowest point during the crisis.
- **What helped.** Talk about how you went from the lowest point in your life to where you are today. Talk about the strengths you have and the supports you use today.
- **Talk about the hope you have for suicide prevention.** This is where you transition from your personal story to the actual message you want to convey.
- **Make your ask.** Let the audience know how they can help. “By voting ‘yes’ on HB000, you will allow funding for...” Make sure end with thanking the committee for allowing you to speak for/against this issue and for their consideration.

Some additional tips:

- Use first person point of view (“I” statements). “I learned to cope by using...”
- Keep your story concise. If your story is too long, the point can get lost.
- Be careful when scheduling events in which you share your story. Telling your story can stir up some feelings and be emotionally draining. You may also encounter others that want to share their story with you which can also be taxing. Allow some time to recover both mentally and emotionally. Use the tools and activities recommended in the *Staying Healthy While Advocating* section.
Appendix E: Testifying During a Committee Hearing

When bills are sent to committee, there may be opportunities for advocates to listen or provide testimony in support or opposition. Here are a few tips to help with your testimony.

How can I find out when and where the committee is meeting?
Hearing schedules can be find in the details of the Missouri House and Senate Joint Bill Tracker www.house.mo.gov/billcentral.aspx

Where do I go?
- House hearing rooms are in the basement of the capitol
- Senate hearing rooms are located on the second and third floors of the capitol

Preparation
- To draft your testimony, use step 2 in appendix C: Create your advocacy message.
- Rehearse, rehearse, rehearse.
- Witnesses are encouraged to provide a written statement to share with committee, typically one page. This is not a script for you to read aloud, this is to guide your testimony. Committee members can read through the handout on their own.
- Try to meet with members prior to hearing. See where they stand on the bill and identify any barriers you may face.

During the testimony
- Arrive early! Seating can be limited and arriving late is unprofessional.
- Bring several copies of your testimony.
- All witnesses will be required to fill out a witness form prior to providing testimony.
- During the committee meeting, the Chair will ask for supporters and opponents to provide testimony.
- Talk to the Chair and sponsor(s). The chair typically sits at the top, in the middle. They will identify themselves at the start of the hearing.
- Ask the office of the committee chair how much time is allocated for public testimony. Practice, time your testimony and stay within the time limits.
- As a witness:
  - Thank the committee chair and committee members for the opportunity to testify.
  - Speak clearly and make your point, your time is short.
  - Do not read the entire handout you provided the committee, use it only as a guide. Sharing a sincere, but brief, personal story will have the most impact.
  - Wear professional attire.
  - Avoid using profanity.
  - Be respectful.
Remember, this is another opportunity for you to build a relationship with legislators. The best way to build an effective relationship is to:

- Be knowledgeable about suicide. Do the research and know the facts.
- It is okay to say you do not have the answer, but you are willing to find out and provide the answer soon. Making up answers will ruin your credibility.
- Always come prepared.