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Public Health
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UPSTREAM SUICIDE PREVENTION:

Strategy Match Cheat Sheet for Local Health Departments

A quick reference for choosing upstream strategies, approaches, and next steps

Upstream Suicide Prevention

focuses on the focuses on the **conditions that contribute to risk long before someone reaches a crisis point.** Choosing strategies shouldn't be guesswork.The goal is to select approaches that are **relevant, feasible,** and **responsive** to the people most impacted in your community.

Use these four guiding questions to help you move from data -> insight -> action. You don't need perfect answers. The goal is to build a clear, informed starting point.

1. **What's driving risk and who is most affected?**
   Start by identifying the main upstream conditions contributing to suicide risk in your community and who is experiencing the greatest impact. These often inform each other.

   Look at both quantitative and qualitative information.

   Ask yourself: What patterns or trends are showing up in our data? What risk factors appear to be increasing or most prominent? Who is at highest risk for suicide? Where are you seeing increases or persistent challenges?

   Your focus prevention areas should be guided by the dominant driver(s) and those at highest risk. This helps ensure your strategy is targeted and relevant, not one-size-fits-all.

2. **What already exists?**
   Before choosing something new, understand what's already happening in your community. Upstream prevention often builds on existing efforts, even if partners don't label their work as "suicide prevention."

   Ask yourself: What programs, services, or supports are already addressing these issues? Who is already doing work that connects to these upstream drivers? Where are the gaps, barriers, or access issues?

   Don't forget context. Data tells you what is happening, but partners and community members can help explain why. Their insights can prevent misinterpretation and help you identify realistic opportunities.

   The goal isn't to start from scratch. Build on existing strengths and fill gaps.

3. **What's feasible right now?**
   A strong strategy is one you can actually implement and sustain. Take a quick, honest look at your internal capacity and partnership landscape before selecting an approach.

   Ask yourself: Do we have the staff time and capacity to take this on? Do we (or our partners) have the skills needed? What resources or funding are available? Are there partners who can lead or support this work?

   It's okay to start small! Many upstream efforts can be phased in or layered over time.

What a strong selection looks like

- Addresses a clear upstream factor linked to local suicide risk
- Aligns with the needs of those most at risk
- Builds on existing community strengths
- Is feasible for your health department and partners to implement
- Has evidence supporting effectiveness (or be promising and measurable)

Reminder: Upstream prevention isn't about doing everything at once. It's about choosing what makes the most sense for your community right now.

Strategy Match Guide

Use the following overviews of each strategy while considering your community context. More than one strategy can fit, and many communities should take layered approaches.

Click a strategy to navigate to it's page and read more about the approaches.

Strengthen Economic Supports

Promote Healthy Connections

Teach Coping and Problem-Solving Skills

Create Protective Environments

Strengthen Economic Supports | Promote Healthy Connections | Teach Coping & Problem-Solving | Create Protective Environments

1. Strengthen Economic Supports

Best match when the dominant issue is financial strain or instability.

You might consider this strategy if you're seeing...

- Rising unemployment, underemployment, or income insecurity
- Housing instability, eviction risk, or homelessness
- Increased requests for food, rental assistance, utilities, or other basic needs

What this strategy can look like

Improve Household Financial Security

- Job skills training and unemployment supports
- Connecting people to financial resources during hardship (e.g., assistance programs, emergency funds)
- Benefits enrollment support (e.g., SNAP)

Stabilize Housing

- Referrals for rental assistance and emergency supports
- Service integration/care coordination to support low-barrier housing and wraparound services

Potential first steps

- Keep resource guides updated and easy to use; identify who "owns" their maintenance
- Build or strengthen warm handoff referral pathways (not just lists of phone numbers)
- Cross-train community-facing staff so connections to economic supports can be offered through a "no wrong door" approach

Partners to consider

Social services/human services, housing authorities, workforce development, food assistance programs, WIC/SNAP administrators, community-based navigation services

2. Promote Healthy Connections

Best match when the dominant issue is isolation, loneliness, lack of belonging, or weak social supports.

You might consider this strategy if you're seeing...

- Increased reports of isolation, loneliness, or disconnection
- Fewer opportunities for people to connect or declining participation
- Social norms or peer influences contributing to suicide risk (e.g., community norms discouraging help-seeking)

What this strategy can look like

Promote Healthy Peer Norms

- Youth peer leadership models that spread positive coping and help-seeking norms (e.g., *Sources of Strength, Hope Squad*)

Engage Community Members in Shared Activities

- Peer-led groups that create belonging (e.g., *Men's Sheds*)
- Community projects that bring people together (e.g., greening vacant spaces, gardening/beautification, art/mural projects)

Potential first steps

- Start by mapping where connection already exists (e.g., schools, faith communities, libraries, parks, community centers) and where it doesn't
- Build connection into existing programming (add "one more layer" of belonging rather than launching something brand new)
- Prioritize low-barrier options (consider transportation, cost, timing, welcoming spaces) so the people most isolated can participate

Partners to consider

Schools, youth-serving orgs, parks and recreation, libraries, faith communities, senior services, resident groups, community-based organizations.

3. Teach Coping and Problem-Solving Skills

Best match when the dominant issue is emotional distress, limited coping skills, or low help-seeking, especially among youth and families.

You might consider this strategy if you're seeing...

- Suicide attempts or ideation associated with acute or situational crises
- Youth behavioral challenges, conflict, disciplinary incidents, or school concerns tied to coping/emotional regulation
- Family stress, caregiver challenges, or poor family relationships contributing to youth risk

What this strategy can look like

Support Social-Emotional Learning (SEL) Programs

- *CAST (Coping and Support Training)*
- *Good Behavior Game*
- *Signs of Suicide (SOS)*

Teach Parenting Skills to Improve Family Relationships

- *The Incredible Years*
- *Nurse-Family Partnership*
- *Family Check-Up*

Support Resilience Through Education Programs

- *Fresh Check Day*
- *JED Campus*

Potential first steps

- Start where you already have strong access—often schools or family-serving systems
- Plan for implementation realities: parent engagement barriers (time, childcare, transportation) and the need for flexible delivery
- Consider cultural relevance early; adapt in partnership with families/community to improve fit and sustainability

Partners to consider

Schools, youth-serving systems, maternal & child health programs, home visiting providers, behavioral health partners, community-based family support organizations.

4. Create Protective Environments

Best match when the dominant issue is unsafe environments, easy access to lethal means, or gaps in supportive organizational policies/culture.

You might consider this strategy if you're seeing...

- Access to lethal means among people at risk (firearms, medications, high-risk locations)
- Poisoning/overdose trends linked to medication access
- Recurring incidents at high-risk places in the built/natural environment
- Organizational culture issues of stress, burnout, or secondary trauma that reduce safety and support in the workplace
- Access to and increased levels of substance use contributing to risk

What this strategy can look like

Reduce Access to Lethal Means Among Persons at Risk of Suicide

- Environmental safety measures at high-risk locations (e.g., barriers, signage with crisis resources)
- *Counseling on Access to Lethal Means (CALM)*
- Secure storage efforts (medication lock boxes, gun locks/safes) paired with education and trusted messengers

Create Healthy Organizational Policies and Culture

- Workplace gatekeeper trainings (e.g., QPR, ASIST)

Reduce Substance Use Through Community-Based Policies and Practices

- Substance use prevention initiatives, such as prescription drug supply restrictions

Potential first steps

- Identify where risk concentrates (settings, locations, household access points)
- Outreach to key stakeholders or audiences to understand their priorities, concerns, and resource gaps (e.g., connect with local medical providers to learn how they approach assessing for risk and lethal means safety among patients)
- Seek out trusted messengers who can promote your strategies or provide education to target audiences

Partners to consider

Parks and recreation, public works, healthcare systems, behavioral health, schools, employers, firearm retailers/ranges, veteran-serving organizations, community coalitions.

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