

An academic and community partnership in suicide prevention: Disseminating research findings with community members

Lindsay A. Bornheimer^{1,2}

Nicholas M. Brdar¹

Maura Campbell^{1,3}

Marni Jacobson¹

Sara Pasiak¹

Nidhi Tigadi¹

Katie Hoener³

Carole Hittinger³

Timothy Florence³

¹ University of Michigan, School of Social Work, Ann Arbor, Michigan

² University of Michigan, Department of Psychiatry, Ann Arbor, Michigan

³ Washtenaw County Community Mental Health, Ann Arbor, Michigan

Corresponding Author:

Lindsay A. Bornheimer, PhD
University of Michigan
bornheim@umich.edu

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ABSTRACT

Background: Suicide is a leading cause of death for individuals with serious mental illness (SMI), including schizophrenia spectrum disorders (SSDs). Yet, despite substantial research and awareness initiatives globally, suicide death rates continue to rise. A multifaceted approach to suicide prevention is needed with community involvement in planning, implementation, and dissemination efforts.

Objectives: The primary objective of this paper is to describe the partnership between an academic university and local community mental health department to engage the community in suicide prevention efforts.

Methods: As part of a partnership between Washtenaw County Community Mental Health and a suicide prevention research team at the University of Michigan, events were designed to engage community members in the dissemination of the team's suicide prevention research. Dissemination efforts included 6 community events with a variety of giveaway materials to raise awareness, promote hope, and foster engagement in suicide prevention.

Results/Lessons Learned: Community-driven initiatives facilitated resource sharing, conversation, and engagement in art among over 450 attendees, ultimately contributing to hopefulness and suicide prevention awareness. Lessons learned include the essential role of engagement in suicide prevention efforts, collaborative resource sharing, and mutual benefit within a bi-directional and equitable academic-community partnership.

Conclusion: This academic-community partnership highlights the diverse set of skills, perspectives, and resources that can be collaboratively joined to engage community members in the dissemination of research and suicide prevention initiatives. These experiences may also inform dissemination efforts in other health education areas more broadly.

KEYWORDS: Community health partnerships, Community health research, Community-Based Participatory Research, Mental Health Services, Community Health Services, Social Work, Vulnerable Populations, Suicide prevention

Introduction

Suicide is a leading cause of preventable death both nationally and globally.¹ Compared to the general population, those with serious mental illnesses (SMIs), such as schizophrenia spectrum disorders (SSDs), are at a heightened risk for suicide.² The literature suggests the risk for suicide death in SMI populations is 10-20 times higher than the general population.³ Despite this heightened risk and a growing amount of literature examining the relationship between SSDs and suicide,⁴⁻⁷ few evidence-based interventions and community-based initiatives for suicide prevention for SMI populations exist.^{8,9}

Community mental health (CMH) settings are well-positioned to engage in suicide prevention efforts as they are among the largest mental health service providers in the United States, and particularly for SMI populations.¹⁰ Literature suggests that academic-community partnerships aid communities in addressing unmet public health needs, decreasing gaps in resources, enhancing quality of services that communities provide, and helping communities better meet their overall needs.¹¹⁻¹³ These partnerships present a unique opportunity to build capacity, spread awareness, and increase resources specifically related to suicide prevention. The purpose of this article is to 1) describe the partnership between an academic university and local community mental health department, 2) describe the dissemination materials and events that developed because of the partnership, and 3) discuss dissemination outcomes and lessons learned.

A Suicide Prevention Academic-Community Partnership

This academic-community partnership is comprised of a research team at the U-M SSW and a CMH setting in Washtenaw County, Michigan. Dr. Bornheimer leads the Suicide prevention, Treatment, and Research (STaR) Lab within the U-M SSW. The STaR Lab aims to prevent suicide death among individuals with SMI, and particularly SSDs, by: 1) advancing understandings of suicide risk and protection; 2) developing, modifying, and testing behavioral interventions; and 3) strengthening and evaluating the implementation of interventions to increase their access, utility, and scalability in practice. The research lab includes two study coordinators, undergraduate research students, Master of Social Work field internship students, and doctoral students. Dr. Bornheimer has collaborated with Washtenaw County Community Mental Health (WCCMH) for five years on projects related to suicide prevention to improve both provider clinical skills and services for clients.

WCCMH is the primary community mental health (CMH) provider in the county and provides mental health services to adults with SMI and developmental disabilities. They are a representative public mental health system encompassing the diversity of Michigan (e.g., race, ethnicity, socioeconomic status, organizational services, and insurance/payment types). WCCMH offers a breadth of programs, including crisis residential services, case management, outpatient mental health, medication management, assertive community treatment, and more. Currently, WCCMH serves over 700 clients with SSDs, and more than 50% of WCCMH clients experience suicide thoughts and/or behavior.¹⁴ The Medical Director (Dr. Florence) and Program Administrator (Ms. Hoener) at WCCMH are our team's lead collaborators in the relationship between the University of Michigan School of Social Work (U-M SSW) and WCCMH. In addition to Dr. Florence and Ms. Hoener, we have strong relationships with many WCCMH leaders and administrators, mental health providers, and peer advocates who are regularly

involved in our community engaged research (CEnR) efforts. Across the years, we have published several manuscripts in scholarly journals and presentations at academic conferences, with community stakeholder co-authors.

Methods

Partnership initiatives

Given few studies have investigated the effectiveness of psychosocial interventions to reduce suicide risk for individuals in the SSD population,⁴ this academic-community partnership sought to modify a cognitive behavioral suicide prevention treatment for adults with psychosis for delivery in CMH in a NIMH-funded pilot effectiveness clinical trial (R34MH123609; PI: Bornheimer). Cognitive-Behavioral Suicide Prevention for psychosis (CBSPP) was more recently developed in the United Kingdom and is one of few psychosocial interventions with an aim to prevent suicide with tailoring for psychosis symptoms.^{8,15} We sought to modify the treatment for CMH settings given most individuals with psychosis in the United States are treated within the CMH context.¹⁶ This study was approved by the University of Michigan Institutional Review Board.

As part of efforts to modify CBSPP, we collected data and collaborated with provider, supervisor, peer advocate, and client stakeholders of WCCMH as our community partners, key informants, and consultants.¹⁷⁻²⁰ After modifications to CBSPP were carried out, an open pilot study of the modified treatment was conducted as a last step in the modification phase of the study. The results of our study have been published in the scientific and scholarly literature,^{21,22} and our collaborative team also shares a valued goal to disseminate our treatment modification

accomplishments, research findings, and implications of our dissemination efforts with CMH and the surrounding community who may engage in CMH services.

Dissemination Initiatives

The University of Michigan Institute for Clinical and Health Research (MICHR) awarded a Promoting Academics and Community Engagement (PACE) Dissemination Grant to our this academic-community partnership team for dissemination efforts. This grant was established to support community and academic partnerships in sharing their CEnR findings back to the communities in which their research was conducted. In the grant application, we proposed to raise awareness, foster dialogue, and promote community engagement in suicide prevention efforts through informative materials and interactive events.

We proposed to host in-person, interactive events with an aim to create a designated space where community members could engage with our research findings and learn about suicide prevention resources at WCCMH and in the local community. Our dissemination plan focused on engaging the community during National Suicide Prevention Month in September of 2023, utilizing a public library, the WCCMH lobby, a community suicide prevention walk, and the U-M SSW building as key locations for CEnR dissemination efforts. High volumes of community member traffic occur in the lobby of WCCMH and many clients, stakeholders, and community members attend the local public library for events and resources. We were also hopeful to have community members attend the Ann Arbor Out of the Darkness Community Walk hosted by the American Foundation for Suicide Prevention (AFSP), where we proposed to have a table as one of our events. Lastly, to engage the academic-community, we held an event

in the lobby of the U-M SSW building with a goal of marketing to the entire University of Michigan campus about the event to maximize turnout.

In addition to determining event locations, it was important for the academic-community partnership team to collaboratively develop activities and materials for each event. We designed a community art project as a central component of each event and generated a list of dissemination giveaway items to use as engagement tools for sharing resources with attendees. The community art project's goal was for attendees to write and draw hopeful messages, such as reasons for living, affirmations, and words of encouragement by decorating rocks with paint markers. Our goal was to compile a final piece of artwork from community art projects at all events to represent our efforts.

To communicate our CEnR efforts and study findings to various community audiences, we proposed creating a range of dissemination materials that would be both accessible and informative. These materials include informational flyers and giveaway items (e.g., pens, stickers, water bottles). Flyers would serve as a quick reference and include facts related to suicide prevention, our study findings, and suicide prevention resources. Items include pens, stickers, and water bottles with suicide prevention resources on them (e.g., local and national crisis hotlines) and a message of hope (e.g., hopeful statement and/or image).

Stakeholders in particular desired for the academic-community partnership team to make observations, write notes about observations and experiences (mostly reflective notetaking and journaling at the end of events for team processing), and take photos at events to document engagement (no identifiable faces of individuals who attended events and are not in our collaborative team). No data were collected from attendees at events. Upon completion of events, we planned to frame the art projects for display in WCCMH lobbies and process the

effectiveness of our suicide prevention dissemination CEnR efforts by gathering feedback from stakeholders and community members in informal conversations at CMH. The primary intent for gaining feedback was to identify ways to strengthen our efforts with an overarching goal of continuing dissemination events in the future.

Outcomes

Implementation of Suicide Prevention Materials and Events

In preparation for developing dissemination materials, the academic-community partnership team had tables in the WCCMH lobbies prior to our September 2023 suicide prevention month events to share dissemination event planning with stakeholders.

Simultaneously, peer advocates, leadership, providers, and clients were able to contribute to the design of an image to represent our CEnR efforts in marketing, on dissemination materials, and at events. We collected handwriting ranging from the word “hope” to affirmations and reasons for living, such as “you are not alone” and “you are proof that beauty can grow in the most difficult of places.” As shown in Figure 1, words and phrases were ultimately turned into a hopeful image of a handwriting tree.

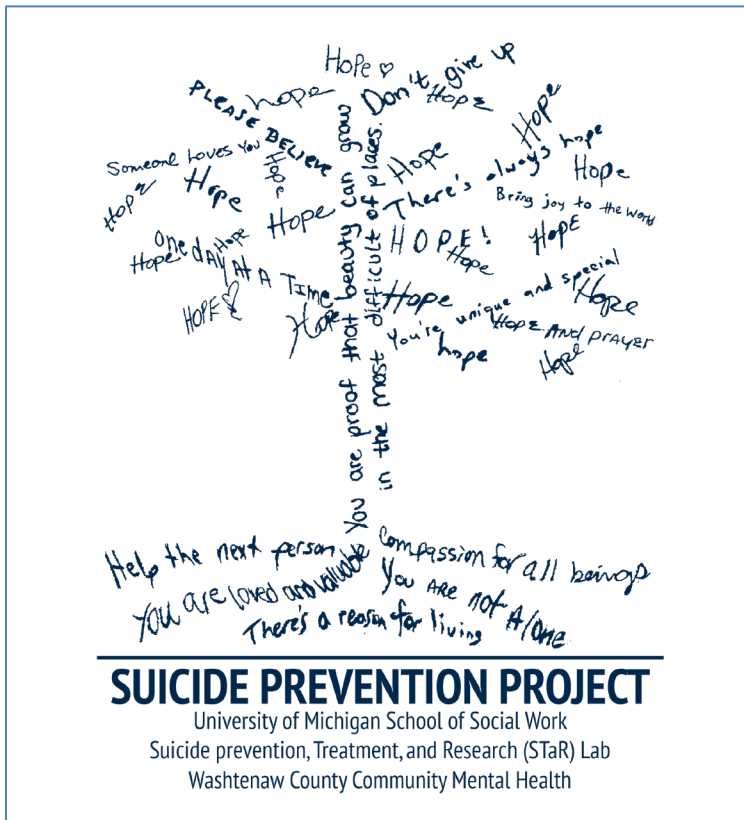


Figure 1. Handwriting tree to represent dissemination initiative

A total of six events were held as part of our suicide prevention dissemination efforts in September 2023. As proposed, three events were held in WCCMH lobbies, one in a community library, one in the U-M SSW lobby, and one at the AFSP community walk. At each event, our team verbally disseminated findings of our ongoing suicide prevention research, gave attendees giveaway items including suicide prevention resources (e.g., pamphlets, stickers, pens, and water bottles), and facilitated dialogue and engagement in the hopeful rock painting art project. Our dissemination poster and resource items are shown in Figure 2. Across the six events, we spent time with over 450 attendees who expressed interest in our CEnR efforts and were observed to engage in our study dissemination, resource sharing, and community art project.

A Suicide Prevention Treatment for Adults with Schizophrenia Spectrum Disorders
 Results of a Community-Engaged Research Project of the University of Michigan and Washtenaw County Community Mental Health

Project Purpose: Suicide is a leading cause of death for adults with schizophrenia spectrum disorders (SSDs) and few suicide prevention treatments exist for individuals with SSDs. This project aimed to **modify and test** a cognitive-behavioral suicide prevention treatment for individuals with psychosis in community mental health (CMH).

MODIFICATION AREAS:

Treatment Manual (content)

- Shorten treatment from 24 to 10 weeks
- Add safety planning
- Add focus on self-esteem
- Add focus on social support
- Enhance client engagement

Treatment Delivery (process)

- Improve provider training
- Improve provider support and supervision
- Add flexibility for individual tailoring

Step One: CMH providers, supervisors, peer advocates, clients, and administrators contributed as community partners with researchers to identify treatment modifications.

Step Two: The treatment was tested with 10 CMH clients and providers for feedback and final changes before large-scale testing.

Project Implications:

- Community collaborations are valuable in modifying a treatment.
- Treatment barriers (e.g., time and workload) and facilitators (e.g., buy-in and interest) in modification efforts must be considered.
- A larger-scale randomized clinical trial is currently underway in CMH.
- Our future work will continue to inform suicide prevention approaches and empower community members to engage in these important efforts.

CLIENTS WHO RECEIVED THE TREATMENT EXPERIENCED IMPROVEMENTS, SUCH AS:

Improvement	Before Treatment	After Treatment
Depression	~18	~28
Medication	~12	~22
Social Isolation	~10	~20
Stigma	~8	~18

Giveaway items: Water bottles, pens, and stickers with messages like "Thank you for existing", "YOUR STORY ISN'T OVER", and "YOU Matter".

Tri-fold pocket suicide prevention resource guide:

Thinking about suicide?

- You're not alone
- Reach out and talk with someone
- Know that help is available
- Keep yourself safe

Worried about someone?

- Know the warning signs of suicide
- Listen without judgment
- Express empathy and care
- Be direct and ask about suicide
- Encourage engagement with professional help

Risk factor examples:

- Mental health experiences (e.g., depression)
- Trauma and abuse

Protective factor examples:

- Social support
- Reasons for living

Warning signs can include:

- Verbal expression (e.g., talking about suicide, feeling trapped, hopeless, or a burden to others)
- Behaviors (e.g., searching for means, isolation)
- Mood (e.g., irritability, anxiety, loss of interest)

Local and National Resources

- Washtenaw County Crisis Services: 734-544-3050
- University of Michigan Psychiatric Emergency Services: 734-936-5900
- Suicide and Crisis Lifeline: 988 (call or text)

Figure 2. Dissemination poster and giveaway items

Attendees spoke to members of our academic-community partnership team, to one another, and spent time reading about our suicide prevention research. The majority of time was observed being spent contributing to art projects and reading suicide prevention resource information on giveaway items we displayed with signage to “take for yourself or to share with others” (e.g., pamphlets, stickers, pens, and water bottles). It is essential to be mindful of stigma and shame that exists in suicide prevention, therefore, it was our goal to have inclusive language when inviting people to take items and to reinforce that items and resources could be for oneself and/or for others. Many individuals verbally shared with members of our academic-community partnership that they would use dissemination items in personal and professional settings, and that the business-card-size suicide prevention guide was especially helpful. Some attendees also

shared personal details and stories about their own experiences with suicidal thoughts and behaviors. Overall, gratitude was expressed by many attendees to members of our academic-community partnership regarding the resources we shared and art projects aiming to raise awareness and hope. As shown in Figure 3, a portion (10%) of all decorated rocks from community art projects have been framed for display in multiple WCCMH lobbies and the U-M SSW.



Figure 3. A portion of decorated rocks from the community art project

Lessons Learned

There were several important lessons learned through our partnership and CEnR dissemination events: 1) the role of engagement as a central focus in suicide prevention efforts, 2) the importance of collaborative suicide prevention resource sharing for community members,

and 3) the importance of fostering an equitable and bi-directional relationship within an academic-community partnership for mutual benefit.

Engagement as a Central Focus of Suicide Prevention Efforts

Throughout our planning and implementation CEnR efforts, we intentionally focused on the role of engagement in our suicide prevention materials and events. Given the topic of suicide and the well-documented stigma²³⁻²⁵ that surrounds many mental health topics, we wanted to foster an environment at our events where people could have dialogue and make connections. Connectedness is an important component in suicide prevention,²⁶ and it was important for that to be reflected in our efforts. We anticipated that attendees would come to our events with their own lived experience, friends and loved ones with lived experience, and an overall value of caring for people in their community. Therefore, we wanted the environment to be welcoming and attenuate to experiences of social isolation. We also aimed to increase resource sharing for individuals who desired professional help and for engagement beyond reading resources.

Our shared value of engagement led to designing points of conversation for team members to have with attendees around the dissemination giveaway items and the collective art project. The art project intended to boost engagement of attendees at our events and for many who shared feedback with us, was the primary reason they came. Through art, we engaged people to feel welcome in the space we created for our events and interwove conversations about suicide prevention within the creative experience. For many, storytelling and resource sharing emerged or occurred alongside their engagement in the rock painting, as well as a sense of accomplishment in the rocks that were created. Given this, engagement must be a central focus for future suicide prevention events and initiatives within our academic-community partnership

and beyond. Strategically and innovatively lowering barriers to entry and engagement (e.g., through engaging and inclusive marketing, art projects, giveaway items, refreshments, and welcoming conversation) is essential to increase the reach and maximize the impact of suicide prevention awareness and dissemination initiatives.

Collaborative Suicide Prevention Resource Sharing

This academic-community partnership combined resources for suicide prevention events that would not have been possible to design or implement as individual entities outside of the partnership. Funding was secured through the academic portion of the partnership, while the event settings, essential input from stakeholders, and majority of attendees came from the community portion of the partnership. We also shared important skills that were needed in designing the dissemination materials and events, including knowledge of suicide risk and prevention with understandings of what resources are needed in the CMH community. The importance of collaborative resource sharing was furthermore evident in planning meetings and decisions that were made about what would occur at events and the information to be featured on dissemination items. The blend of scholarly, institutional, and county mental health resources and knowledge undoubtedly contributed to the effectiveness of our resource sharing. Future initiatives should continue to consider the resources and strengths that each entity of a partnership can contribute to produce successful outcomes representing collective efforts.

It is also important to consider the potential policy implications of our collaborative work and dissemination events. To facilitate the continued efforts of suicide prevention resource dissemination, protocols and programming need to be in place to allow for the equitable and intentional distributions of resources both during the events and thereafter. While these events

were effective in sharing the findings of a suicide prevention research study, future policies should be developed to ensure the continued focus on suicide prevention resource sharing at CMH. The Universal, Selective, and Indicated (USI) model^{27,28} provides an important framework for considering suicide prevention efforts, especially those that involve policy and programming. Specifically, this speaks to both the determination and the implementation of how, when, and for whom the CBSPP intervention is given to clients, and in addition to other CMH suicide prevention resources. In addition to delivering CBSPP to someone who is actively experiencing suicide thoughts and behavior (i.e., indicated suicide prevention), other prevention-focused resources must be identified for CMH clients who are at risk for suicide (i.e., selective suicide prevention) and clients who are not currently at heightened risk for suicide (i.e., universal suicide prevention). These resources may include mobile crisis services, safety planning within case management, and other therapeutic services. Future discussions about policy implementation are needed to ensure long-term impact for suicide prevention efforts at both the academic and community partners, and these policies should consider all three components of the USI model to best prevent suicide.

Fostering Equitable, Bi-directional, Mutually Beneficial Academic-Community Partnerships

A stronger suicide prevention initiative was created and implemented in CMH because of our academic-community partnership. While dissemination is a natural step in the research process of an academic environment, our approach aligns with the WHO's preventing suicide community engagement toolkit, which emphasizes the importance of bottom-up participation in identifying, prioritizing, and implementing activities that are important and appropriate for a local community context.²⁹ We also learned that it was important and necessary for the

partnership to have equitable and bi-directional impact with mutual benefit for shared effort to be applied. This pertained to both the design and implementation of our suicide prevention events, where it was important that both entities had buy-in and investment of their time in planning and implementation phases of events.

As this academic-community partnership has evolved over the years, our shared value of equity has been strengthened and is a core component of our collaborative relationship. In planning meetings, we discussed aspects that each entity wanted to be of focus at events and all perspectives, values, and input were equitably integrated into our dissemination plans. Aspects of focus were determined to include the following: suicide prevention information, study dissemination, sharing national, local, and CMH resources, national resource sharing, building community, fostering conversations, and raising hope. As a result, the dissemination giveaway items were intentionally and thoughtfully designed with representation of content and messaging from both the academic and community entity. It is our intent to continue strengthening our partnership with mindfulness of mutual benefit and bidirectionality in efforts and outcomes.

Conclusions

High suicide rates in the SMI population and the knowledge that CMH settings serve as the largest mental health provider indicate a strong need for evidence-based interventions and community-focused initiatives. The academic-community partnership in this paper illustrates that a diverse set of skills, perspectives, and resources can be brought together to better engage community members in the dissemination of suicide prevention efforts. Dissemination events raised awareness for suicide prevention and brought community members together to engage in art and dialogue as an important step in efforts to reduce the high rates of SMI population suicide

death. Implications of our collaborative efforts in dissemination events highlight the importance of engagement, resource sharing, and mutual benefit within a bi-directional and equitable academic-community partnership. Our future work will continue to involve CEnR initiatives, as other communities and institutions can benefit from partnerships to foster contextually relevant and impact-driven suicide prevention efforts.

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