

# A Public Health Framework for Suicide Prevention: A Comprehensive Report on Community Resilience, Intervention, and Care

## Executive Summary

Suicide is a complex and preventable public health issue, influenced by a confluence of individual, relational, community, and societal factors.<sup>1</sup> An effective response requires a comprehensive, multi-sectoral strategy that moves beyond singular clinical interventions to embrace a tiered public health prevention model. This report analyzes suicide prevention through the lens of the "Community Resilience" model, which delineates responsibilities across two key spheres: community- and organizational-led primary prevention and healthcare-focused secondary and tertiary care.

Primary prevention involves universal strategies that cultivate protective factors and build resilience across the entire population, thereby mitigating risk before it materializes into a crisis. Key actions include implementing social-emotional learning curricula in schools, fostering supportive and healthy workplace cultures, and enacting public policies that limit access to lethal means and promote responsible media reporting.

Secondary prevention focuses on early detection and rapid intervention for at-risk individuals. This is accomplished through systematic screening in clinical settings, empowering community members with gatekeeper training to recognize warning signs, and providing immediate support via crisis services like the 988 Suicide & Crisis Lifeline.

Tertiary prevention addresses long-term care and recovery for individuals who have already experienced suicidal thoughts or behaviors. This tier is characterized by the application of evidence-based psychological treatments such as Dialectical Behavior Therapy (DBT) and the Collaborative Assessment and Management of Suicidality (CAMS). The Zero Suicide framework serves as a vital system-level model for quality improvement, ensuring a coordinated and continuous pathway to care. Finally, postvention, a form of tertiary

prevention, provides compassionate support to those bereaved by suicide, a critical step that reduces the risk of further harm.

Ultimately, the most effective public health framework operates as an integrated, continuous feedback loop. Primary prevention strengthens the population's resilience, reducing the number of individuals who enter crisis. Secondary prevention provides a rapid and effective response when crises do emerge. Tertiary care facilitates long-term recovery and re-stabilization, and in doing so, reinforces the protective factors of the individual, which, in turn, strengthens the entire system.

# **1. Introduction: A Public Health Paradigm for Suicide Prevention**

## **1.1. The Foundational Framework: Suicide as a Public Health Imperative**

Historically, suicide has often been viewed as a private tragedy or an isolated consequence of individual affliction. However, a public health perspective reframes suicide as a complex and preventable societal problem, rooted in a "confluence of factors" that extend beyond the individual to include relationship, community, and societal elements.<sup>1</sup> This broader understanding acknowledges that factors such as job and financial instability, housing insecurity, bullying, chronic health conditions, and adverse childhood experiences can all contribute to suicide risk.<sup>2</sup>

Given this complexity, no single sector or organization can effectively prevent suicide alone. A comprehensive public health approach requires a collaborative, multi-sectoral strategy that engages diverse public and private partners across multiple settings, including health, education, labor, business, and justice.<sup>2</sup> This report is structured around the three tiers of public health prevention—primary, secondary, and tertiary—which together form a comprehensive continuum of care and intervention.<sup>4</sup>

## **1.2. The Community Resilience Model: An Integrating Framework**

The attached "Suicide Prevention through Community Resilience" graphic provides a powerful conceptual model for understanding the public health approach. The model's central visual is a triad of stressors: Individual, Work & Duty, and Relationship. Each stressor is associated with core psychological states of feeling "Hopeless," "Worthless," or "Helpless." These stressors represent the internal and external pressures that can lead an individual toward a state of crisis.

However, the graphic also introduces the "Protective Factor Shield," a critical buffer designed to keep stress from reaching crisis levels.<sup>5</sup> This shield is a dynamic, multi-layered defense that includes practical support, problem-solving skills, peer support, life coaching, and social connections.<sup>5</sup> The existence and strength of this shield reflect an individual's "capacity to manage multiple concurrent stressors".<sup>5</sup>

The graphic also defines two distinct, yet interconnected, spheres of responsibility. The first is "Community & Organizational Responsibility," which is tasked with "Public Health Primary Prevention" and the mission to "reduce, eliminate, [or] mitigate multiple stressors for [the] population".<sup>5</sup> The second sphere is "Healthcare Responsibility," which manages the "Crisis Emerging" state through "Medical/Mental Health Clinical Intervention".<sup>5</sup>

The design of this model highlights a critical public health concept. While the arrow from "Community & Organizational Responsibility" points to the "Protective Factor Shield," signifying a proactive effort to build resilience and reduce overall population-level risk, the arrow from "Healthcare Responsibility" points back to the "Early Intervention" and "Crisis Emerging" states. This distinction illustrates a fundamental principle of the public health approach. Primary prevention is a universal strategy focused on building a durable shield to reduce the number of people who ever reach the "Crisis Emerging" state. In contrast, the healthcare system is designed to provide rapid and effective responses after that shield has been breached. The ultimate goal of the entire system is to strengthen the shield so effectively that the need for the healthcare system's acute services is minimized.

Tier	Definition	Examples of Strategies and Programs
<b>Primary Prevention</b>	Prevents disease or injury before it occurs, targeting the entire population to reduce the overall risk of suicide. <sup>4</sup>	Social-emotional learning (SEL) programs in schools <sup>7</sup> , healthy workplace policies and culture <sup>8</sup> , lethal means safety education <sup>3</sup> , and responsible media

		reporting. <sup>9</sup>
<b>Secondary Prevention</b>	Aims to detect a condition in its early stages, often while the individual is still asymptomatic or before a crisis fully manifests. <sup>5</sup>	Universal screening in healthcare settings <sup>10</sup> , gatekeeper training for community members <sup>11</sup> , and crisis intervention services like the 988 Lifeline. <sup>12</sup>
<b>Tertiary Prevention</b>	Occurs when a condition or injury is ongoing, with the goal of reducing negative effects, preventing re-occurrence, and improving quality of life. <sup>4</sup>	Evidence-based psychological treatments such as Dialectical Behavior Therapy (DBT) <sup>10</sup> and the Collaborative Assessment and Management of Suicidality (CAMS) <sup>14</sup> , the Zero Suicide framework <sup>15</sup> , and postvention support for survivors of suicide loss. <sup>12</sup>

*Table 1: The Public Health Prevention Continuum for Suicide*

## 2. Primary Prevention: Cultivating Resilience and Mitigating Population-Level Risk

### 2.1. Strengthening the Community & Organizational Shield

Primary prevention constitutes the proactive tier of the public health approach. It is defined as a series of universal strategies that aim to prevent suicide risk before it occurs.<sup>4</sup> This tier is aimed at the entire population and is primarily the responsibility of communities, organizations, and governments.<sup>5</sup> The goal is to build protective environments and promote overall well-being by addressing a broad range of societal and environmental factors that may contribute to distress.<sup>2</sup> The CDC's Suicide Prevention Resource for Action outlines several such strategies, including strengthening economic supports to improve household financial

security and stabilize housing, creating protective environments by reducing access to lethal means, and promoting healthy connections through community engagement and peer support.<sup>2</sup>

## **2.2. Foundational Pillars of Primary Prevention**

### **2.2.1. Social-Emotional Learning (SEL)**

SEL programs serve as a powerful upstream prevention tool, particularly for young people.<sup>18</sup> The World Health Organization (WHO) identifies fostering socio-emotional life skills in adolescents as a key effective intervention for suicide prevention.<sup>3</sup> These programs teach core competencies such as self-awareness, self-management, social awareness, and responsible decision-making.<sup>7</sup> These skills directly correspond to the graphic's "Protective Factor Shield" by building an individual's capacity to manage distress and navigate life's challenges.<sup>5</sup> For example, learning self-awareness helps adolescents understand their emotions and values, which is foundational to developing a healthy self-esteem and an optimistic outlook.<sup>18</sup> Similarly, self-management involves developing healthy coping strategies and building resilience.<sup>19</sup> Programs like the "Riding the Waves" curriculum, used in Denver Public Schools, are designed to build these emotional skills in children to prevent suicide at the earliest stages.<sup>20</sup> By equipping young people with these foundational skills, communities can proactively reduce risk factors and strengthen the population's overall resilience.<sup>18</sup>

### **2.2.2. Healthy Organizational Cultures and Workplace Wellness**

The workplace is a crucial setting for suicide prevention efforts.<sup>8</sup> Work can be a source of protective factors like a sense of purpose and financial stability, but it can also increase risk due to factors such as low job security, excessive stress, or workplace bullying.<sup>8</sup> A public health approach involves creating a culture where employees feel safe and supported. This begins with leadership commitment to mental health and a willingness to speak openly about workplace stress.<sup>21</sup> Key strategies include implementing policies that promote work-life harmony, such as offering flexible schedules, and reducing job strain by balancing workloads.<sup>8</sup> Employers can also break down barriers to help-seeking by openly promoting mental health

resources like employee assistance programs (EAPs) and encouraging peer support and connection.<sup>22</sup> When leadership enacts proactive, system-level policies, it begins to shape the organizational culture.<sup>22</sup> This cultural shift, which reduces stigma and normalizes conversations about mental health, directly influences individual behavior, making it more socially acceptable for an employee to ask for help.<sup>22</sup>

Protective Factor	Operationalizing Public Health Strategy
<b>Social-Emotional Skills</b>	Fostering these skills through evidence-based, school-based curricula. <sup>7</sup>
<b>Social Connections &amp; Support</b>	Promoting healthy peer norms and engaging community members in shared activities. <sup>17</sup>
<b>Healthy Organizational Culture</b>	Creating healthy organizational policies, reducing workplace stressors and bullying, and promoting a culture of empathy and psychological safety. <sup>8</sup>
<b>Financial Security</b>	Implementing community and governmental strategies that improve household financial security and stabilize housing. <sup>2</sup>
<b>Lethal Means Safety</b>	Educating families and communities about the importance of reducing access to lethal means for at-risk individuals, and providing resources like cable gun locks. <sup>23</sup>

**Table 2: Protective Factors and Corresponding Interventions**

### 2.2.3. Universal Public Health Interventions

Two other vital population-level strategies are responsible media reporting and lethal means safety.<sup>3</sup> Inappropriate media reporting can sensationalize suicide and lead to "copycat" suicides, while responsible reporting can decrease rates.<sup>9</sup> Responsible reporting guidelines include avoiding detailed descriptions of suicidal acts, minimizing prominence, and providing

information about available resources.<sup>9</sup> Limiting access to lethal means of self-harm, such as firearms or certain medications, is another key component of prevention.<sup>3</sup> This is a tangible intervention that can save lives during an acute crisis by delaying or preventing a self-harm attempt.<sup>15</sup>

## **3. Secondary Prevention: Early Detection and Crisis Intervention**

### **3.1. Shifting Focus: From Prevention to Intervention**

While primary prevention builds a resilient population, secondary prevention serves as the critical bridge to clinical care by focusing on early detection and intervention when suicide risk has just emerged or is emerging.<sup>4</sup> This tier of the public health approach is essential for identifying individuals who may be at risk but have not yet entered a full-blown crisis, or for those whose "Protective Factor Shield" has begun to fail.<sup>5</sup>

### **3.2. Proactive Identification of At-Risk Individuals**

#### **3.2.1. Universal Screening**

Systematic screening is a core component of early identification, ensuring that individuals with suicide risk are identified even if they are not overtly displaying symptoms.<sup>10</sup> Health and behavioral healthcare systems can adopt a policy of universal screening for all individuals under their care, regardless of the reason for the visit.<sup>10</sup> For those who screen positive, a more in-depth assessment is conducted to determine the appropriate course of psychological treatment.<sup>15</sup> This proactive approach helps to engage people in care before their distress escalates to a crisis.<sup>22</sup>

### **3.2.2. Gatekeeper Training**

The responsibility of identifying at-risk individuals is not limited to clinical settings. Gatekeeper training empowers community members—including friends, family, teachers, law enforcement, and other service providers—to recognize the warning signs of suicide, offer hope, and connect individuals to professional help.<sup>11</sup> Training models such as Question, Persuade, Refer (QPR) and Applied Suicide Intervention Skills Training (ASIST) teach basic prevention skills, such as how to ask directly about suicide and where to refer a person for help.<sup>11</sup> By extending the reach of prevention beyond traditional healthcare settings, this strategy strengthens the community's capacity to identify and assist those who may be in distress but are not yet seeking professional help on their own.<sup>12</sup>

## **3.3. Crisis Response and Immediate Support**

### **3.3.1. The Role of Crisis Services**

For individuals in severe emotional distress, crisis services provide immediate, life-saving support. A full continuum of care includes hotlines and helplines like the 988 Suicide & Crisis Lifeline, which provides confidential, free, and 24/7 access to trained crisis counselors.<sup>12</sup> These services use evidence-based protocols such as the Safety Assessment model and active engagement to establish a connection with the individual and collaboratively develop a plan for safety.<sup>13</sup> The least invasive interventions are prioritized, with the engagement of emergency services used only as a last resort when voluntary intervention is not possible.<sup>13</sup> This approach empowers individuals and respects their autonomy while ensuring their immediate safety.

### **3.3.2. Crisis Intervention Models**

Crisis intervention is a short-term management technique designed to reduce the potential for permanent harm to an individual affected by an overwhelming event.<sup>25</sup> A successful

intervention involves obtaining background information, establishing a positive relationship, and providing emotional support and a clear plan for moving forward.<sup>25</sup> Models like SAFER-R (Stabilization, Acknowledgment, Facilitate understanding, Encouragement, Recovery, and Referral) and ACT (Assessment Crisis Intervention Trauma Treatment) provide a structured framework for stabilizing an individual's mental state and mitigating immediate risk.<sup>25</sup>

The effectiveness of secondary prevention is defined not by a single point of contact but by the continuity of care and seamless transitions.<sup>12</sup> A crisis call or an emergency department visit is not the endpoint of care; it is the starting point. The research indicates that the period immediately following discharge from an inpatient setting is a time of heightened risk for suicide.<sup>13</sup> To address this vulnerability, effective systems provide follow-up care, coordinated referrals, and proactive support to ensure the individual does not fall through the "cracks in a sometimes disconnected and distracted health care system".<sup>10</sup> This practice links secondary prevention directly to the long-term goals of tertiary prevention.

## **4. Tertiary Prevention: Evidence-Based Psychological Treatment and Recovery**

### **4.1. The Goal of Long-Term Management and Recovery**

Tertiary prevention represents the final tier of the public health continuum, focusing on the long-term management of an ongoing condition to reduce negative effects, lower the risk of re-occurrence, and improve an individual's quality of life.<sup>4</sup> This is the long-term component of "Healthcare Responsibility" from the graphic and involves providing targeted, evidence-based psychological care and support. The goal is to not only prevent future harm but to help the individual achieve what is often described as a "life worth living".<sup>26</sup>

### **4.2. Targeted Psychological Care**

### 4.2.1. Dialectical Behavior Therapy (DBT)

DBT is an evidence-based psychological treatment that has been shown to reduce suicidal behaviors and ideation.<sup>10</sup> The core philosophy of DBT is to find a balance between two seemingly opposing concepts: acceptance of oneself and one's emotions without judgment, and working to make positive changes to build a more fulfilling life.<sup>26</sup> DBT teaches skills across four key modules<sup>26</sup>:

- **Mindfulness:** Helps individuals focus on the present moment and observe thoughts and feelings without judgment, allowing them to develop a non-reactive stance toward suicidal ideation.<sup>26</sup>
- **Distress Tolerance:** Teaches coping strategies to tolerate intense emotions without engaging in self-destructive or self-harming behaviors.<sup>26</sup>
- **Emotion Regulation:** Focuses on understanding, labeling, and managing intense emotions that contribute to suicidal ideation.<sup>26</sup>
- **Interpersonal Effectiveness:** Helps individuals communicate their needs, set boundaries, and resolve conflicts in relationships, which can reduce feelings of isolation and increase social support.<sup>26</sup>

DBT treatment typically includes weekly individual therapy and group skills training sessions, where individuals practice applying these learned skills in their daily lives.<sup>26</sup>

Treatment/Framework	Core Philosophy	Key Components	Benefits
<b>Dialectical Behavior Therapy (DBT)</b>	Balancing two opposing concepts: <b>acceptance</b> of one's reality and emotions, and <b>change</b> to build a life worth living. <sup>26</sup>	A structured program teaching skills in four key modules: Mindfulness, Distress Tolerance, Emotion Regulation, and Interpersonal Effectiveness. <sup>26</sup>	Reduces suicidal thoughts and behaviors, provides long-term coping skills, and improves relationships and emotional well-being. <sup>27</sup>
<b>Collaborative Assessment and Management of</b>	A patient-centered, collaborative approach where	Uses the multi-purpose Suicide Status Form	Empirically-validated, reduces suicidal ideation, can

<b>Suicidality (CAMS)</b>	the individual and the provider work as <b>co-authors</b> to identify and address the root causes ("drivers") of suicidality. <sup>14</sup>	(SSF) to guide the assessment and treatment plan. <sup>14</sup> Focuses on creating a stabilization plan and treating the underlying drivers of distress. <sup>14</sup>	reduce emergency department visits, and provides thorough documentation for risk management. <sup>28</sup>
---------------------------	---	---	--

**Table 3: Evidence-Based Psychological Treatments**

**4.2.2. The Collaborative Assessment and Management of Suicidality (CAMS)**

CAMS is an empirically-validated, patient-centered framework for suicide-focused psychological care.<sup>28</sup> Its core principle is collaboration, which moves away from a traditional adversarial dynamic. The individual and the provider sit side-by-side as "co-authors" to identify and address the "drivers," or root causes, of the person's suicidal thoughts.<sup>14</sup> The process is guided by a clinical tool called the Suicide Status Form (SSF), which is used to assess and track the patient's psychological pain, hopelessness, and other markers of distress.<sup>14</sup> The treatment plan and stabilization plan are developed jointly and continuously re-evaluated.<sup>14</sup> This collaborative approach builds trust and mutual understanding, leading to positive clinical outcomes.<sup>28</sup>

**4.3. Systems-Level Quality Improvement and Postvention**

**4.3.1. The Zero Suicide Framework**

The Zero Suicide framework provides a systems-based approach to quality improvement within healthcare settings.<sup>10</sup> It is based on the foundational belief that suicide deaths for individuals receiving care within health systems are preventable.<sup>10</sup> The framework comprises seven core elements: Lead, Train, Identify, Engage, Treat, Transition, and Improve.<sup>15</sup> By adopting this framework, organizations can create a systematic approach to care that closes

the gaps where individuals often fall through. For instance, the "Transition" element ensures continuous contact and support after acute care, a critical component given the heightened risk in the days following discharge.<sup>13</sup> This is not merely a clinical approach; it's a strategic decision. The research notes that frameworks like CAMS, when integrated into a system like Zero Suicide, can reduce Emergency Department visits and minimize healthcare costs.<sup>28</sup> Furthermore, the use of evidence-based, well-documented frameworks can serve as a risk management strategy for providers and organizations by reducing liability.<sup>28</sup> This demonstrates a clear link between investments in quality care and tangible benefits for the healthcare system itself.

#### **4.3.2. Postvention as a Form of Prevention**

Tertiary prevention also includes postvention, the compassionate and long-term response to a suicide death.<sup>4</sup> Postvention has a dual purpose: it provides crucial support to those bereaved by suicide, such as survivors' support groups<sup>4</sup>, and it mitigates the risk of "contagion" or imitation suicides in a community or organization.<sup>12</sup> By providing clear protocols for responding to a suicide death in a compassionate way and offering resources for healing, postvention efforts reduce the risk of further harm and support the community's long-term recovery.<sup>12</sup>

## **5. Conclusion: Synthesizing the Community Resilience Model**

An effective public health approach to suicide prevention is not a series of isolated interventions but a continuous, integrated feedback loop. As envisioned by the "Community Resilience" model, the ultimate success of suicide prevention hinges on the seamless integration of all three tiers of prevention and the collaborative efforts of both the community and the healthcare system.

Primary prevention, with its focus on universal strategies like social-emotional learning, healthy workplaces, and lethal means safety, is the foundational tier. It works proactively to strengthen the "Protective Factor Shield" and, in doing so, reduces the number of people who ever reach a crisis state.<sup>5</sup> These system-level changes, from the implementation of new policies to the promotion of a more open culture, are essential for fostering a safe

environment where individuals feel empowered to seek help.<sup>22</sup>

When an individual's resilience is challenged and a crisis emerges, secondary prevention serves as the safety net, offering a rapid, effective, and collaborative response.<sup>13</sup> Through gatekeeper training, universal screening, and crisis services, the system can identify at-risk individuals and provide the immediate support needed to contain the crisis and prevent immediate harm.<sup>12</sup> The efficacy of this tier is critically dependent on its ability to provide continuity of care and a seamless transition to long-term support.<sup>12</sup>

Finally, tertiary prevention provides the long-term, evidence-based psychological care necessary for recovery. Targeted treatments like DBT and CAMS not only prevent re-attempts but also equip individuals with the skills to address the root causes of their distress and build a life worth living.<sup>14</sup> When these treatments are integrated into system-level frameworks like Zero Suicide, the entire healthcare system becomes more efficient, effective, and accountable, which leads to better patient outcomes and reduced costs.<sup>28</sup> Successful recovery, in turn, strengthens the individual's protective factors, reinforcing the "Community Resilience" model and reducing their future risk.

Ultimately, a comprehensive public health framework for suicide prevention is a dynamic, living system that continuously adapts through surveillance, data-driven improvement, and sustained multi-sectoral partnerships.<sup>16</sup> The most enduring solutions are rooted in justice, fairness, and the active engagement of those with lived experience, ensuring that strategies are culturally responsive and tailored to the unique needs of each community.<sup>2</sup> This holistic approach is the only way to effectively address the complexity of suicide and create a safer, more resilient society.

## Works cited

1. Module 2: A Public Health Approach | Prevention Institute, accessed September 2, 2025, <https://preventioninstitute.org/suicide-prevention/module-2-collaborative-approach>
2. Community-Based Suicide Prevention - National Strategy for ... - NCBI, accessed September 2, 2025, <https://www.ncbi.nlm.nih.gov/books/NBK604170/>
3. Suicide - World Health Organization (WHO), accessed September 2, 2025, <https://www.who.int/news-room/fact-sheets/detail/suicide>
4. The Suicide Prevention Continuum - PMC, accessed September 2, 2025, <https://pmc.ncbi.nlm.nih.gov/articles/PMC2936581/>
5. Tertiary Prevention: Why It's Important and How Care Management Can Help - ChartSpan, accessed September 2, 2025, <https://www.chartspan.com/blog/tertiary-prevention-why-its-important-and-how-care-management-can-help/>
6. Table: Three Levels of Prevention-Merck Manual Consumer Version, accessed September 2, 2025,

- <https://www.merckmanuals.com/home/multimedia/table/three-levels-of-prevention>
7. Fundamentals of SEL - CASEL, accessed September 2, 2025, <https://casel.org/fundamentals-of-sel/>
  8. Critical Steps Your Workplace Can Take Today to Prevent Suicide - CDC Blogs, accessed September 2, 2025, <https://blogs.cdc.gov/niosh-science-blog/2023/03/15/preventing-workplace-suicide/>
  9. Overview evidence on interventions for population suicide with an eye to identifying best-supported strategies for LMICs - PMC - PubMed Central, accessed September 2, 2025, <https://pmc.ncbi.nlm.nih.gov/articles/PMC5314741/>
  10. Framework | Zero Suicide, accessed September 2, 2025, <https://zerosuicide.edc.org/about/framework>
  11. Suicide Prevention Models, Trainings, Best and Promising Practices ..., accessed September 2, 2025, <https://www.ihs.gov/sasp/mtbpp/spmodelstrainings/>
  12. A Comprehensive Approach to Suicide Prevention, accessed September 2, 2025, <https://sprc.org/effective-prevention/comprehensive-approach>
  13. Best Practices - 988 Lifeline, accessed September 2, 2025, <https://988lifeline.org/professionals/best-practices/>
  14. The Collaborative Assessment and Management of Suicidality compared to enhanced treatment as usual for inpatients who are suicidal: A randomized controlled trial, accessed September 2, 2025, <https://pmc.ncbi.nlm.nih.gov/articles/PMC10017970/>
  15. Zero Suicide Framework - Substance Use and Mental Health - Utah.gov, accessed September 2, 2025, <https://sumh.utah.gov/services/treatment/zero-suicide-framework/>
  16. Public Health's Role in Mental Health Promotion and Suicide Prevention: Framework for Public Health: A Closer Look - ASTHO, accessed September 2, 2025, <https://www.astho.org/4a2698/globalassets/report/mental-health-promotions-suicide-prevention-framework-supplemental.pdf>
  17. Facts About Suicide | Suicide Prevention | CDC, accessed September 2, 2025, <https://www.cdc.gov/suicide/facts/index.html>
  18. Adolescent suicide risk factors and the integration of social-emotional skills in school-based prevention programs - PMC, accessed September 2, 2025, <https://pmc.ncbi.nlm.nih.gov/articles/PMC11036461/>
  19. SEL Curriculum - The Pathway 2 Success, accessed September 2, 2025, <https://www.thepathway2success.com/sel-curriculum/>
  20. SEL Support - Kaiser Elementary - Denver Public Schools, accessed September 2, 2025, <https://kaiser.dpsk12.org/academics-programs/sel-support/>
  21. Role of Employers in Preventing Suicides - OSHA, accessed September 2, 2025, <https://www.osha.gov/sites/default/files/publications/OSHA4369.pdf>
  22. Can Your Workplace Culture Help Prevent Suicide?, accessed September 2, 2025, <https://www.assp.org/news-and-articles/can-your-workplace-culture-help-prevent-suicide>

23. Education and training for suicide prevention, accessed September 2, 2025, <https://www.save.org/programs/education-and-training/>
24. Youth - 988 Lifeline, accessed September 2, 2025, <https://988lifeline.org/help-yourself/youth/>
25. Crisis Intervention - StatPearls - NCBI Bookshelf, accessed September 2, 2025, <https://www.ncbi.nlm.nih.gov/books/NBK559081/>
26. Dialectical Behavior Therapy (DBT) - Yale Medicine, accessed September 2, 2025, <https://www.yalemedicine.org/conditions/dialectical-behavior-therapy-dbt>
27. DBT for Suicidal Ideation | Charlie Health, accessed September 2, 2025, <https://www.charliehealth.com/treatment-modalities/dialectical-behavior-therapy/dbt-for-suicidal-ideation>
28. Evidence-Based Suicide Treatment - CAMS-Care, accessed September 2, 2025, <https://cams-care.com/the-cams-framework/>
29. "Zero Suicide" – A model for reducing suicide in United States behavioral healthcare - PMC, accessed September 2, 2025, <https://pmc.ncbi.nlm.nih.gov/articles/PMC6022755/>
30. Levels of Prevention | Center for Mental Health Care & Resources, accessed September 2, 2025, <https://mentalhealth.gatech.edu/end-suicide-initiative/levels-prevention>