

National Strategy *for*
Suicide Prevention

Introducing the New National Strategy for Suicide Prevention and Federal Action Plan

Board of Scientific Counselors Meeting
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2024

Agenda

- Background
- Developing the National Strategy
- Overview of the *National Strategy*
- Overview of the *Federal Action Plan*
- Communication and Dissemination
- Next steps
- Acknowledgments
- Q & A

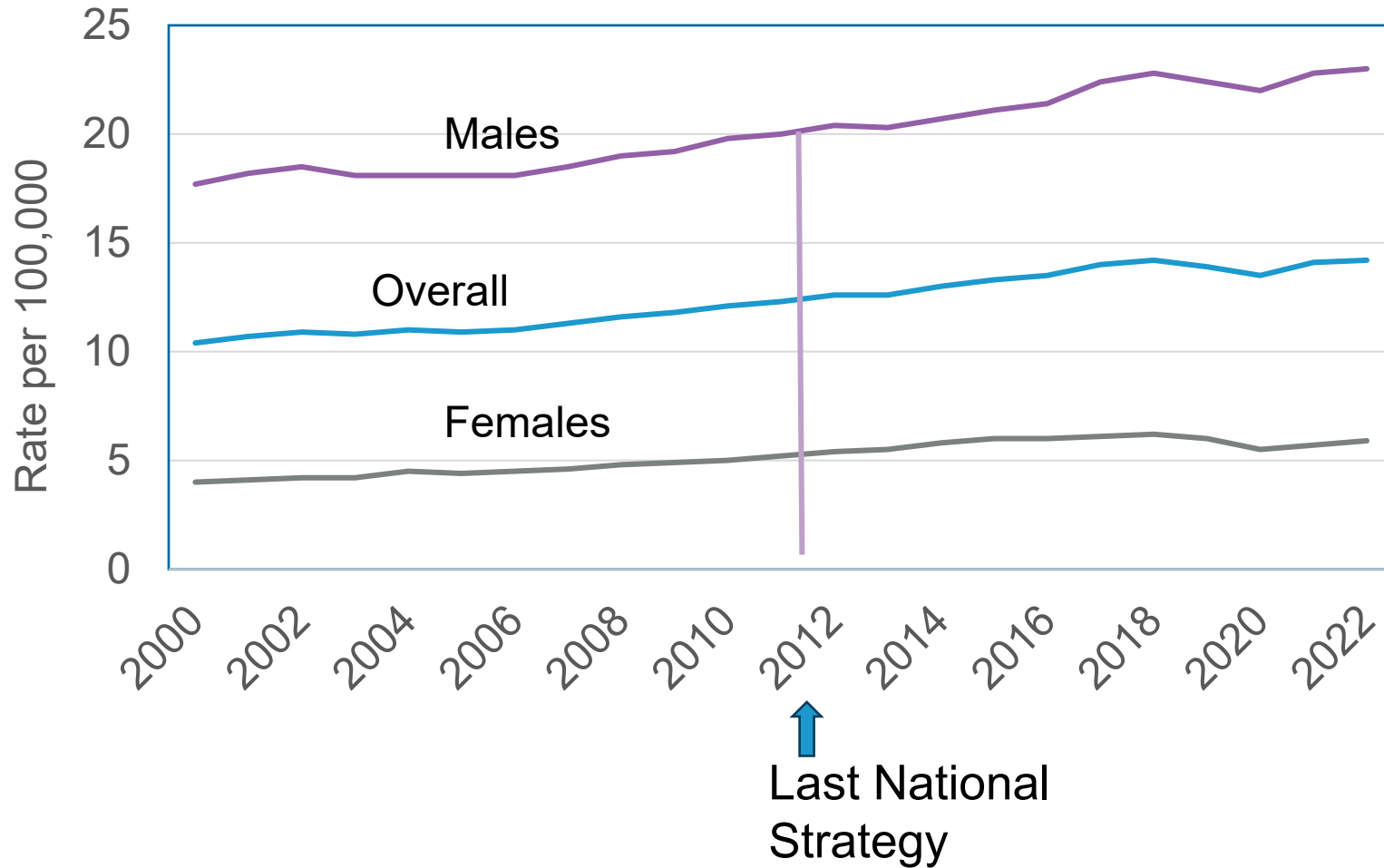


Background

Charge to
Develop 2024
*National
Strategy for
Suicide
Prevention and
Federal Action
Plan*

- Biden-Harris Administration requested a 2024 National Strategy for Suicide Prevention (*National Strategy*) and Federal Action Plan (*Action Plan*).
- HHS, acting through the *Behavioral Health Coordinating Council's (BHCC) Suicide Prevention and Crisis Care subcommittee (SPCC)*, was asked to lead the charge with interdepartmental engagement to build a cross-government strategy
- **Released April 23, 2024**

Suicide rates continue to increase overall in the United States



Between 2000-2022

- 30% Increase, males
- 36% Increase, overall
- 48% Increase, females

Between 2012-2022

- 12.7% Increase, overall

Age-adjusted suicide rates by race/ethnicity, all ages

Suicide rates increased 2018-2021:

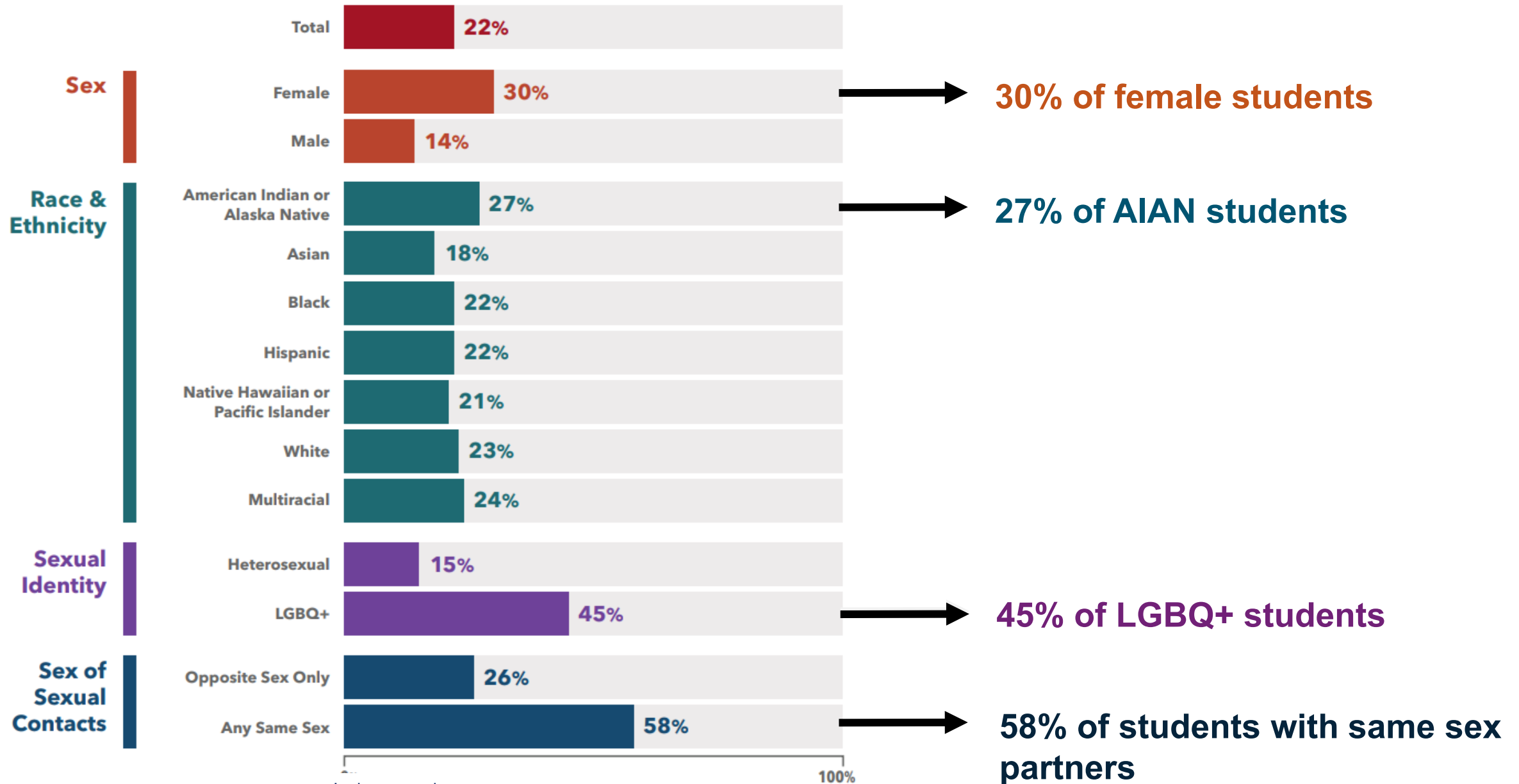
- + **26%** among AI/AN populations, especially in age group 25-44
- + **19%** among Black populations, especially in age groups 10-24 and 25-44
- + **7%** among Hispanic populations, especially ages 25-44

<https://www.cdc.gov/mmwr/volumes/72/wr/mm7206a4.htm>

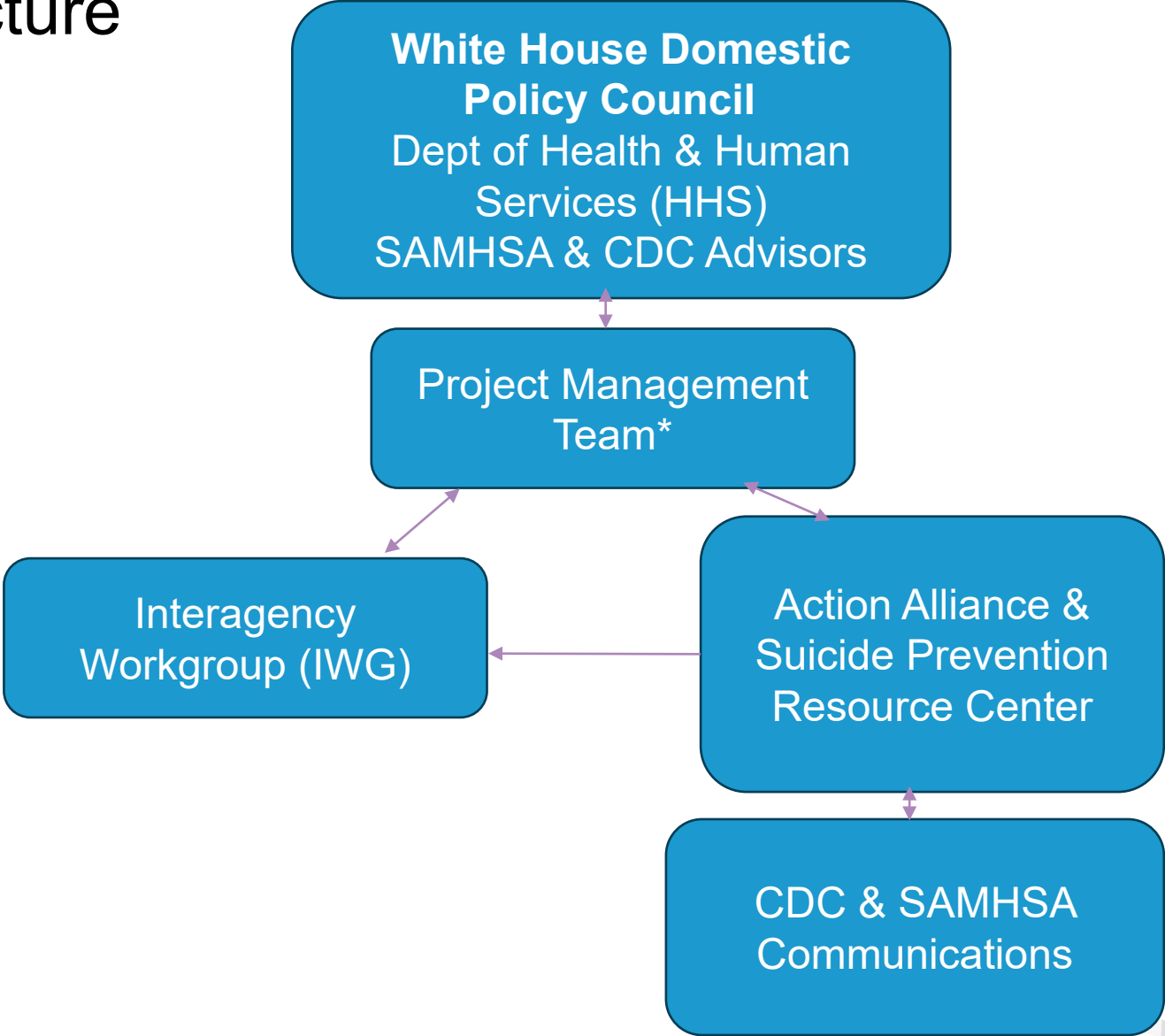
Numbers of Suicide and Suicide Rates, 2022		
Race/Ethnicity	Number of Suicides	Age-Adjusted Rate per 100,000
Non-Hispanic		
American Indian and Alaska Native	650	27.1
Asian	1,459	6.9
Black or African American	3,826	8.9
Native Hawaiian or Other Pacific Islander	95	14.3
White	37,481	17.6
More Than One Race	682	10.5
Hispanic	5,122	8.1

Seriously Considered Attempting Suicide during the Past Year, by Demographic Characteristics, United States, YRBS, 2021

Note: YRBS=Youth Risk Behavior Survey; Conducted among high school students



Project Structure



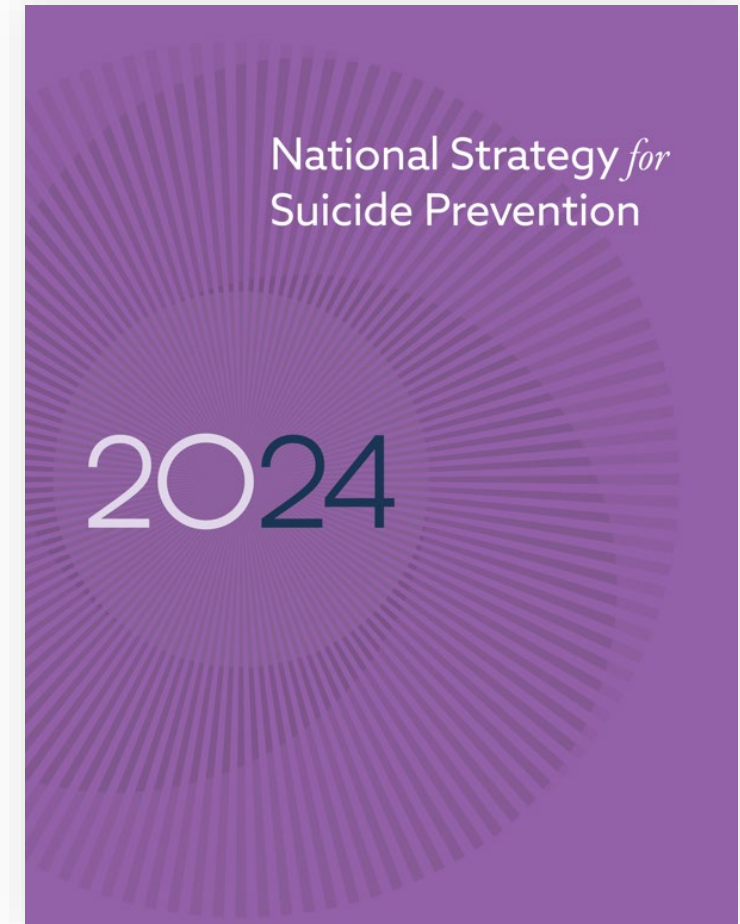
*Brandon Johnson (co-Lead; SAMHSA), Deb Stone (co-Lead, CDC) Judy Qualters (CDC), Richard McKeon (SAMHSA), Jane Pearson (NIMH), Joel Dubenitz (ASPE), Kyle Rosenblum (staff support, CDC)

2024 National Strategy *for* Suicide Prevention

The 2024 *National Strategy for Suicide Prevention* is a bold new 10-year, comprehensive, whole-of-society approach to suicide prevention that provides concrete recommendations for addressing gaps in the suicide prevention field.

The new 2024 *National Strategy*:

- Incorporates advancements in the field and addresses emerging issues
- Is designed to guide, motivate, and promote a more coordinated and comprehensive approach to suicide prevention
- Focuses on addressing the many risk and protective factors associated with suicide, with the recognition that there is no single solution to this complex challenge



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Developing the *National Strategy*

National Strategy Partners

The 2024 *National Strategy for Suicide Prevention* was developed by a federal Interagency Work Group (IWG) comprised of:

20+
Agencies

10
Federal Departments

WITH SUPPORT FROM:

—
Suicide
Prevention
Resource
Center (SPRC)

—
National Action
Alliance for
Suicide Prevention
(Action Alliance)

AND A PROJECT MANAGEMENT TEAM CO-LED BY:

—
Substance
Abuse and
Mental Health
Services
Administration
(SAMHSA)

—
Centers for
Disease
Control and
Prevention
(CDC)

—
National
Institute of
Mental Health
(NIMH)

—
U.S. Department of
Health and Human
Services Office of the
Assistant Secretary
for Planning and
Evaluation
(ASPE/HHS)

National Strategy Development

- Gathered input from invested groups across the country
- Reviewed data trends
- Reviewed 2012 National Strategy and 2017 Assessment Report
 - Assessed gaps, areas needing updating
- Reviewed 15 key reports and recommendations,* for example:
 - Surgeon General's Call to Action to Implement the National Strategy (2021)
 - Advisory on Social Media and Youth Mental Health (2023)
 - VA National Strategy for Suicide Prevention (2018)
 - Advancing Comprehensive School Mental Health Systems (2019)
 - National Guidelines for Behavioral Health Crisis Care (2020)
 - Preventing Suicide: A Technical Package of Policy, Programs, and Practices (2017)

National Strategy Contributors

Also reflected in this 10-year *National Strategy* is the input of:

2,000+

People from across the United States who participated in a national needs assessment and a series of listening sessions



Including people with suicide-centered lived experience, tribal members, youth, suicide prevention experts, and partners in the private sector.



Interagency Work Group & Other Federal Contributors

Department of Agriculture

- Economic Research Service
- Forest Service
- National Agricultural Statistics Service
- National Institute of Food and Agriculture
- Office of Partnerships and Public Engagement
- Rural Development

Department of Defense

Department of Education

Department of Health & Human Services

- Administration for Children & Families
- Administration for Community Living
- Agency for Healthcare Research and Quality
- Centers for Disease Control and Prevention
- Centers for Medicaid & Medicare Services
- Food and Drug Administration
- Health Resources and Services Administration
- Indian Health Service
- National Institutes of Health
- Office of the Assistant Secretary for Planning and Evaluation

- Office of the Assistance Secretary of Health
- Substance Abuse and Mental Health Services Administration

Department of Homeland Security

- Customs and Border Protection
- U.S. Coast Guard
- U.S. Immigration and Customs Enforcement
- Office of Health Security

Department of Housing and Urban Development

Department of Justice

Department of Labor

- Occupational Safety and Health Administration
- Veterans' Employment and Training Service

Department of Transportation

- Federal Railroad Administration
- National Highway Traffic Safety Administration

Department of Veterans Affairs

Examples of Changes from 2012 to 2024 *National Strategy*

- **Created new strategic direction on equity in suicide prevention:**
 - Greater focus on supporting people with lived experience, populations disproportionately affected by suicide and marginalized populations, social determinants of health
- **Strengthened focus on:** upstream prevention/comprehensive approach
- **Reflected advances in surveillance:** use of real-time data and data science
- **Added new goals:** lethal means safety; 988; workplace suicide prevention; suicide prevention infrastructure in states, tribes, local communities, and territories
- **Added new objectives related to:** social media/digital technology, substance use, adverse childhood experiences, youth
- **Strengthened objectives related to:** continuity of care, care transitions, provider training
- **Elevated evaluation:** throughout strategy, added objective to evaluate the *National Strategy*



Overview of the 2024 *National Strategy for Suicide Prevention*

NSSP Strategic Direction



Strategic Direction 1: Goals

Strategic Direction 1: Community-based suicide prevention

1. Establish effective, broad-based, collaborative, and sustainable suicide prevention partnerships
2. Support upstream comprehensive community-based suicide prevention
3. Reduce access to lethal means among people at risk of suicide
4. Conduct postvention and support people with suicide-centered lived experience
5. Integrate suicide prevention into the culture of the workplace and into other community settings
6. Build and sustain suicide prevention infrastructure at the state, tribal, local, and territorial levels
7. Implement research-informed suicide prevention communication activities in diverse populations using best practices from communication science

Strategic Directions 2 & 3: Goals

Strategic Direction 2: Treatment and crisis services

- 8. Implement effective suicide prevention services as a core component of health care
 - 9. Improve the quality and accessibility of crisis care services across all communities
-

Strategic Direction 3: Surveillance, quality improvement, and research

- 10. Improve the quality, timeliness, scope, usefulness, and accessibility of data needed for suicide-related surveillance, research, evaluation, and quality improvement
 - 11. Promote and support research on suicide prevention
-

Strategic Direction 4: Goals

Strategic Direction 4: Health equity in suicide prevention

12. Embed health equity into all comprehensive suicide prevention activities
 13. Implement comprehensive suicide prevention strategies for populations disproportionately affected by suicide, with a focus on marginalized communities, persons with suicide-centered lived experiences, and youth
 14. Create an equitable and diverse suicide prevention workforce that is equipped and supported to address the needs of communities they serve
 15. Improve and expand effective suicide prevention programs for populations disproportionately impacted by suicide across the lifespan through improved data and support of research and evaluation
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National Strategy *for*
Suicide Prevention

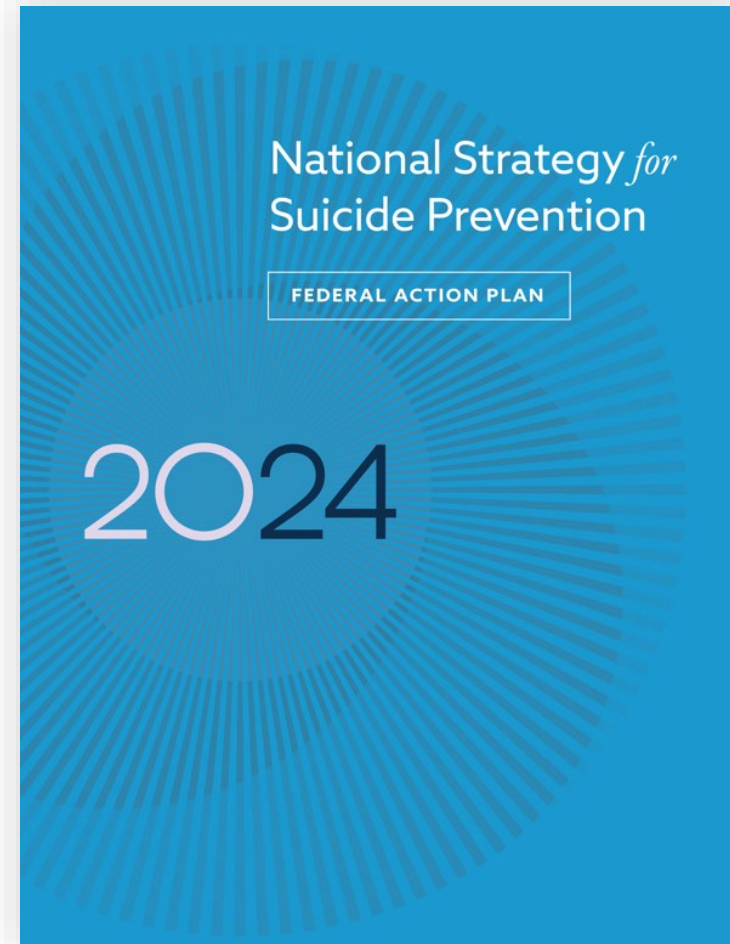
FEDERAL ACTION PLAN

OVERVIEW

2024

2024 National Strategy *for* Suicide Prevention *Federal Action Plan*

The *National Strategy* is accompanied by the first-ever *Federal Action Plan (Action Plan)*, which **identifies more than 200 actions** across the Federal government to be taken over the next three years in support of those goals.



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2024 National Strategy *for* Suicide Prevention *Federal Action Plan*

The *Federal Action Plan* seeks to facilitate and strengthen the role of the following

- Federal departments and agencies
- State, tribal, local, and territorial agencies, and others in the public sector
- Community-based organizations
- Health care systems and providers
- Businesses and other private sector partners
- Individuals with suicide-centered lived experience
- Schools, higher education, and other educational institutions
- Workplaces

Sample actions*

- **NIH:** Encourage research on the relationship between use of social media and digital technology among youth and suicide-related outcomes, and opportunities for intervention (Goal 11)
- **VA:** Design and implement toolkits for working with specific Veteran populations at disproportionate risk (e.g., AI/AN Veterans, LGBTQ+ Veterans, women Veterans, rural Veterans) (Goal 13)
- **CDC:** Support implementation of tools and other resources for indigenous evaluation of funded tribal suicide prevention activities (Goal 15)

*All actions resource-dependent

Sample actions*

- **IHS:** Implement evidence-based universal suicide risk screening across health care systems at all IHS Areas and facilities (Goal 1)
- **SAMHSA:** Identify and disseminate prevention strategies to local communities on risk factors and social determinants of health related to suicide prevention, based on community needs (Goal 2)
- **USDA:** Identify strategies to support mobile crisis teams through existing rural development programs and develop and disseminate resources on how programs can support crisis care (Goal 9)

*All actions resource-dependent



Communication and Dissemination

Comprehensive Communication Plan

- **The Communication Plan seeks to:**
 - Create awareness of the 2024 *National Strategy and Federal Action Plan*, including actionable dissemination steps for the suicide prevention community.
 - Emphasize empathy, the commitment to health equity, and the comprehensive approach set forth in the 2024 *National Strategy*.
 - Activate new and continued participation and commitments from partners across diverse agencies and organizations.
- **Materials developed**
 - Press release, social media toolkit, conference presentations, and other materials for public and private sector

Public Call to Action

- **CARE:** Caring about suicide prevention requires a thoughtful strategy and the intersection of prevention, intervention, and postvention supports.
- **CONNECT:** Connecting to community and culture are key protective factors for health and well-being, including protecting against suicide risk. Connecting with data and research helps inform efforts and improve the ability for effective suicide prevention strategies.
- **COLLABORATE:** Carrying out a comprehensive approach relies on collaboration with public and private sector partners, people with suicide-centered lived experience, and people in populations disproportionately affected by suicide and suicide attempts. Everyone has a role to play in achieving meaningful, equitable, and measurable advancement in suicide prevention.

White House Launch Event, April 23, 2024

Event hosted by the White House

- Planned in collaboration with HHS, CDC, SAMHSA, Office of the Surgeon General, White House

Invitees included:

- Ashley Judd and Aloe Blac
- People with suicide-centered lived experience, including suicide loss survivors
- Public and private sector partners in public health and mental health at state, tribal, community, and territorial levels

Event included:

- Remarks by federal leaders introducing the *National Strategy and Action Plan*
- Conversation with Surgeon General and celebrities



Next Steps

Next Steps: Monitoring and Evaluation

- Developing monitoring and evaluation plan for release at later date. Plan will:
 - Evaluate both agency actions and the National Strategy itself
 - Build out of agency timelines and metrics of accountability
 - Develop core metrics to monitor progress and success
- National Action Alliance for Suicide Prevention and Federal partners taking the lead



Acknowledgments

Acknowledgments

- Interagency work group members
- Everyone who completed the needs assessment and/or participated in listening sessions
- Suicide Prevention Resource Center
- National Action Alliance for Suicide Prevention
- Project Management Team
- Communications team
- SAMHSA and CDC advisors
- Department of Health and Human Services
- White House Domestic Policy Council

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Thank You

CONTACT

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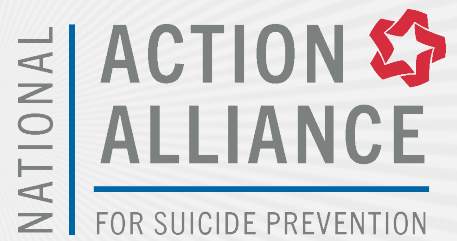
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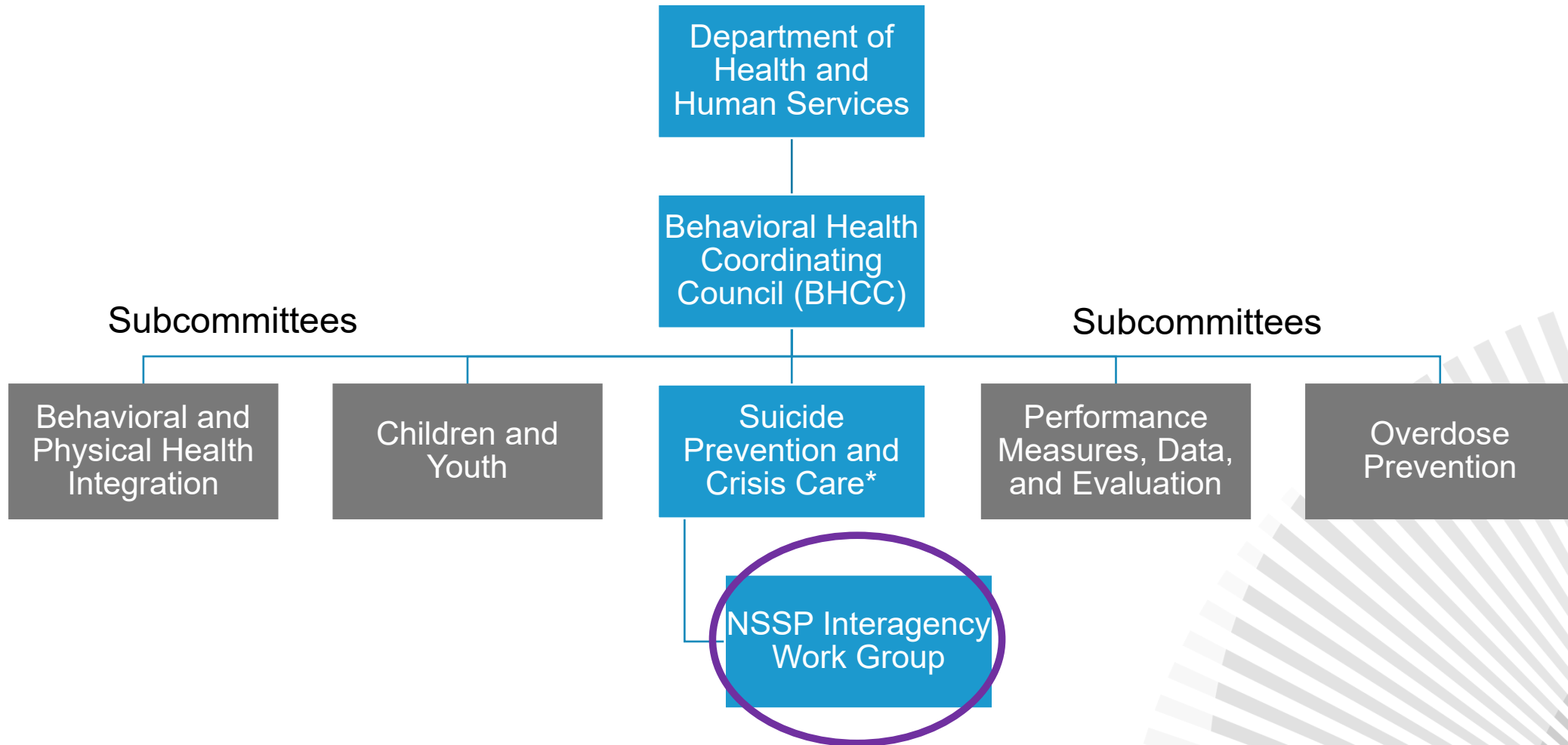
2024

Questions?

Questions?



The Behavioral Health Coordinating Council



***Co-Chairs:** Deb Houry (CDC), Miriam Delphin-Rittmon (SAMHSA)
Senior Staff Leads: Judy Qualters (CDC), Richard McKeon (SAMHSA)
Members: HHS agencies/offices