

The State of State, Territorial and Tribal Suicide Prevention

Observations and Implications for Action from an Environmental Scan

About the Problem

- In 2017, suicide took more than **47,000** lives.¹
- Suicide is among the top **4** leading causes of death for ages 10-54.²
- Between 1999 and 2016, suicide rates increased by more than **30%** in half of all states.³
- Between 2013 and 2017 the average increase in suicide rates across states was **11%** (range -13% to 29%).⁴

Purpose of the Environmental Scan

CDC's Division of Violence Prevention conducted an environmental scan to answer the question, "What is the current state of state, territory, and tribal suicide prevention?" Information was collected about suicide prevention capacity and infrastructure; prevention programs, practices, and policies; partnerships; climate around suicide prevention; and barriers and facilitators to action.

Key Findings

1



States, territories, and tribes are making the most of limited resources, but their suicide prevention infrastructure needs vast improvement.

2



No single sector (e.g., healthcare, education) can prevent suicide or explain changes or variations in suicide rates.

3



Progress towards a comprehensive and coordinated multi-sectoral approach to prevention is needed.

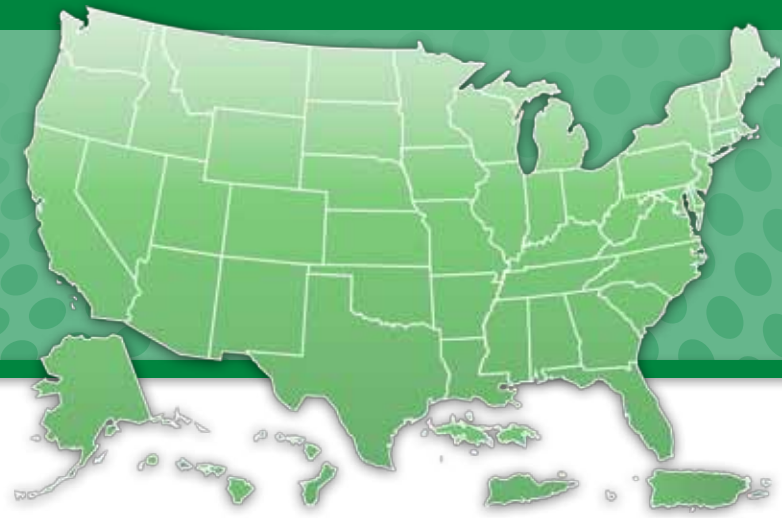
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At current resource levels, states, territories, and tribes do not believe they can reach the national goal of reducing suicide rates 20% by 2025.

Key Finding 1

States, territories, and tribes are making the most of limited resources, but their suicide prevention infrastructure needs vast improvement.



Staff and Offices

24% of states have a single suicide prevention staff person funded.

1/3 of states do not have a dedicated Office of Suicide Prevention.



Budget

24% of states indicated no suicide prevention budget.

53% of states indicated their budgets were **\$250,000 or less** per year.

76% of states indicated that their state budgets were under **\$550,000 per year**.



Short-Term Funding

To offset limited state budgets, most states, territories, and tribes rely on short-term grant funding that is not sustainable and prevents long-term planning.

Better infrastructure, as defined by staffing and funding sources, is related to

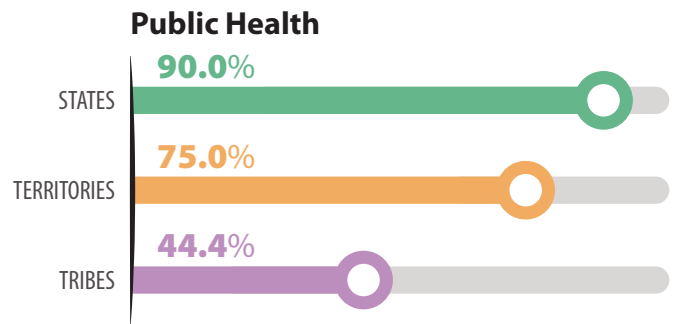
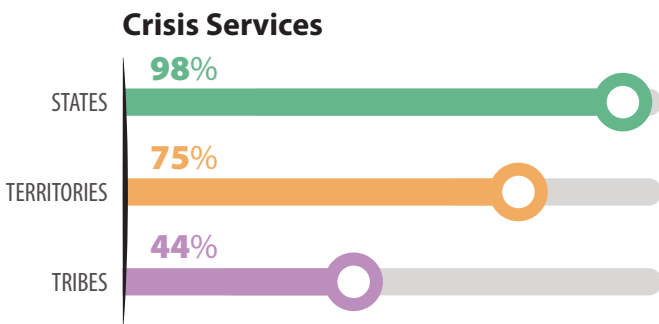
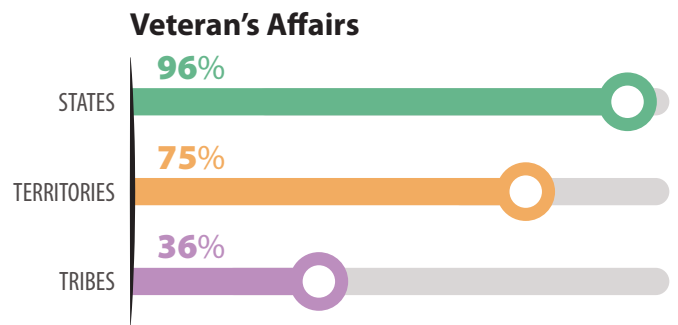
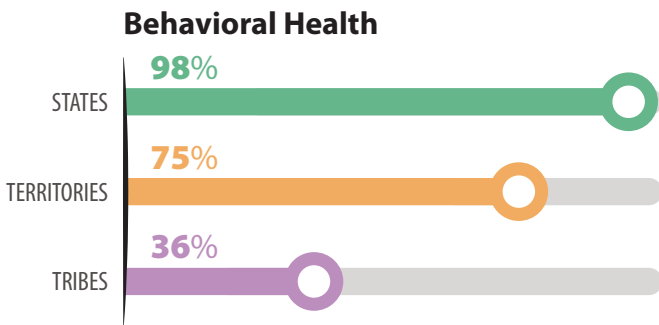
- Having more funding sources.
- Addressing more risk and protective factors.
- Using more data sources for tracking and monitoring suicide, suicide attempts, and risk and protective factors.
- Serving more high-risk populations.
- Having better self-rated capacity to implement a public health approach.
- Passing more and varied types of legislation and policies in past five years.
- Demonstrating more progress toward achieving 2012 National Strategy Goals.



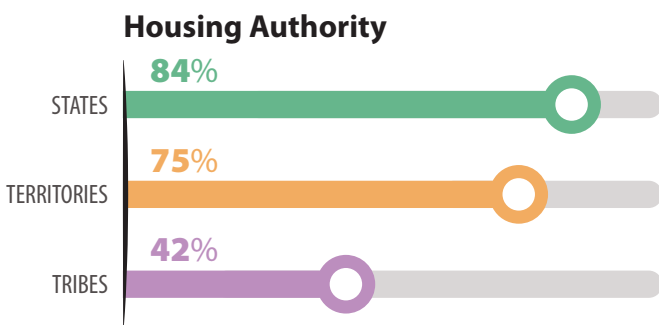
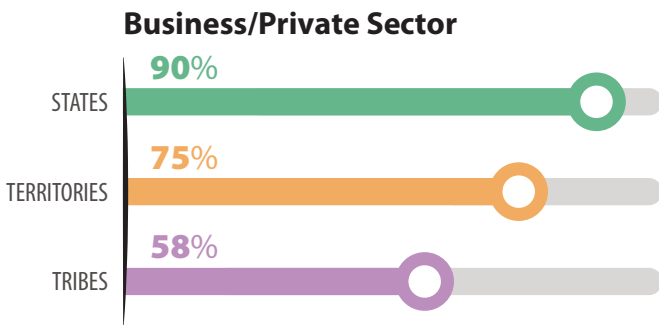
Key Finding 2

No single sector (e.g., healthcare, education) can prevent suicide or explain changes or variations in suicide rates. A coordinated, multi-sectoral engagement strategy is needed.

Sectors reported as “moderately” or “very active” in suicide prevention



Sectors reported as “not very active” or “not active at all” in suicide prevention



Increased perceptions of community engagement by sectors in suicide prevention efforts are associated with

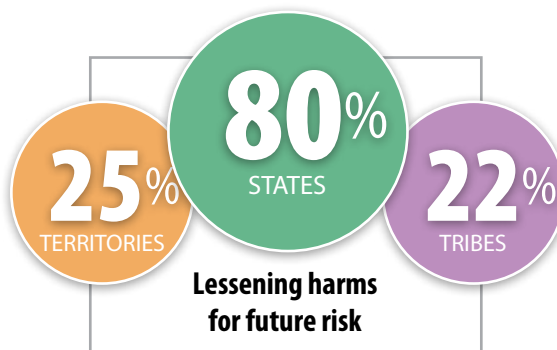
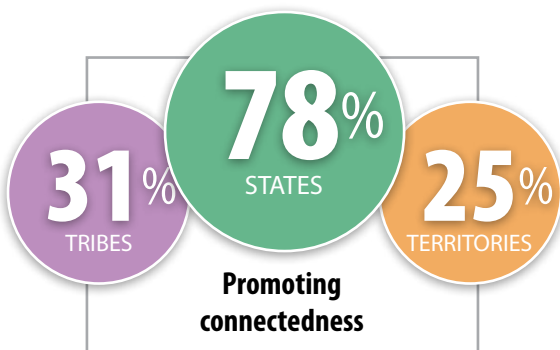
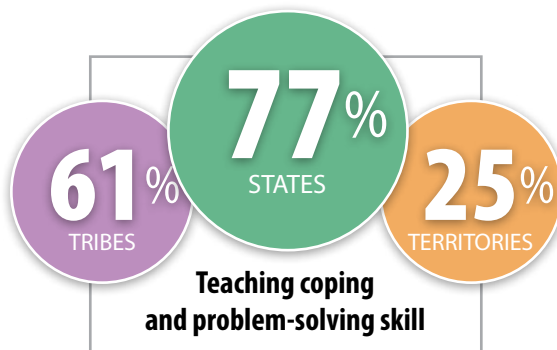
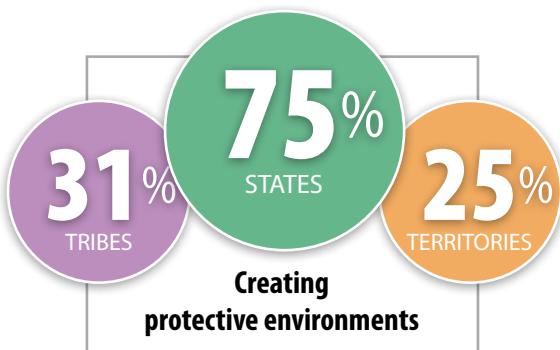
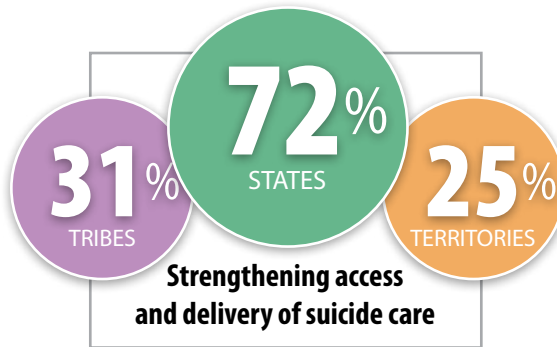
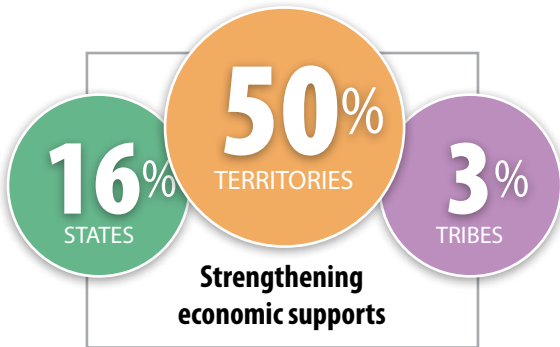
- More high-risk populations served
- Increased communication about suicide prevention to legislators
- Higher number of policies and/or legislations passed
- More sources of information/guidance used in strategic planning

Higher state suicide rates are associated with increased level of activity and influence of community champions.

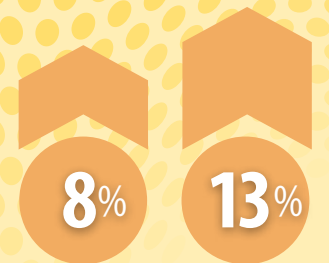
Key Finding 3

No single prevention activity can prevent suicide or explain changes or variations in suicide rates. Progress towards a comprehensive public health approach to suicide prevention is needed.

Preventing Suicide: A Technical Package of Policy, Programs, and Practices provides strategies and approaches for comprehensive action. States, territories, and tribes report implementation of the following prevention strategies



Did you know?



States that use the Preventing Suicide Technical Package approach, reduce provider shortages in underserved areas and showed lower increases in suicide rates (an average of **8% increase**) than those who did not use this approach (an average of **13% increase**).

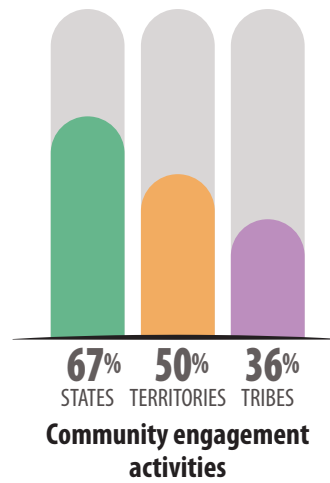
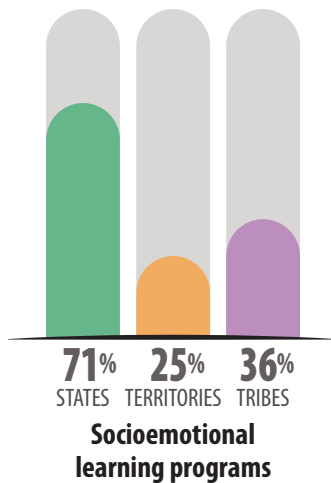
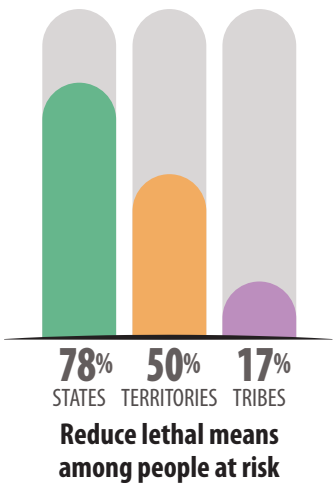
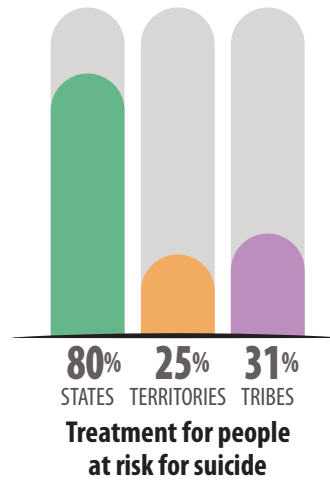
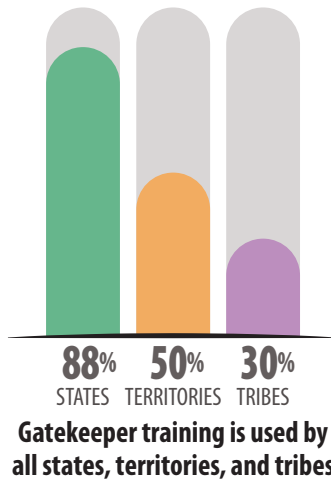
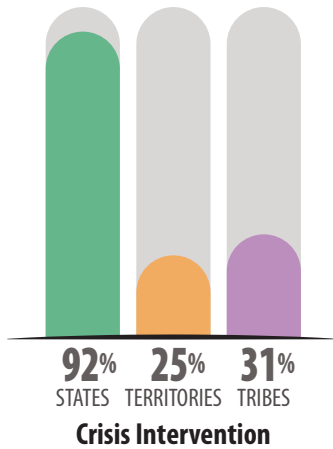


Suicide rates increases between 2013 and 2017 were **lower** for states that had passed lethal means legislation than those which had not. States with this legislation showed an average increase in suicide rates that was **less than 50%** of the rate of increase in states that had not passed such legislation.

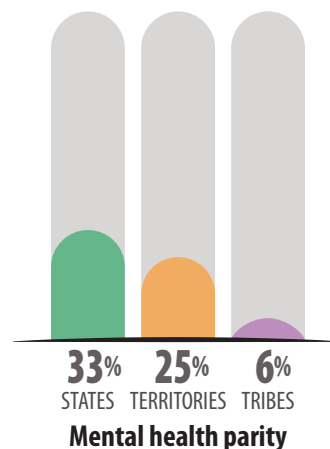
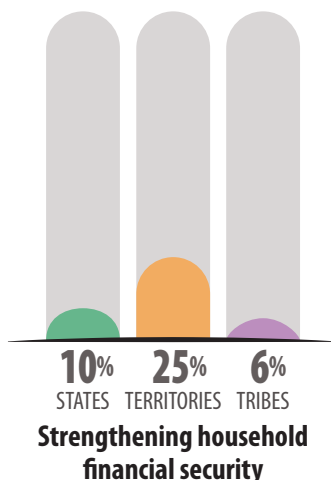
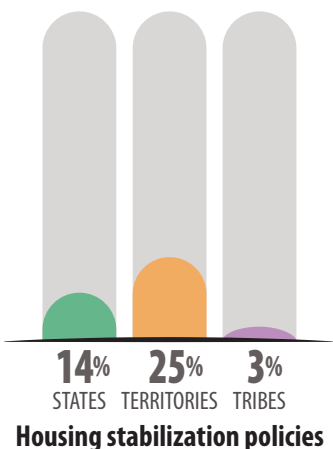
Key Finding 3 *continued*

Most and least used Technical Package Approaches (programs, practices, or polices to support technical package strategies listed above)

Most used approaches



Least used approaches



Key Finding 4

At current resource levels states, territories and tribes will not reach the National Goal of reducing suicide rates 20% by 2025.



Summary: Progress on National Strategy Goals

National Strategy Goal #4



States with the highest suicide rates are taking evidence-based action by promoting responsible media reporting of suicide, accurate portrayals of suicide and mental illnesses in the entertainment industry and the safety of online content related to suicide.



With respect to the National goal of reducing suicide rates 20% by 2025

- Only **12%** of states responding said this goal was “somewhat likely.”
- None said it was “very likely.”



Research suggests that a public health approach to suicide prevention is needed, yet...

- Only **24%** of states report the highest levels of readiness for public health action.
- Fewer than half of states report good or strong capacity to implement a public health approach to suicide prevention.



Many states reported moderate to a lot of progress towards National Strategy Goals, especially

- Increasing knowledge of protective factors (**82%**)
- Promoting training to community and clinical service providers (**92%**)

National Strategy Goal #9



States with the lowest suicide rates are promoting and implementing effective clinical and professional practices to assess and treat those identified as being at risk for suicidal behavior.



Fewer states reported moderate to a lot of progress towards other goals, especially

- Increasing timeliness and usefulness of national surveillance systems (**64%**)
- Suicide prevention research (**44%**)
- Evaluating impact of interventions (**45%**)



Actions needed to reduce suicide in states, territories, and tribes

- Strengthen suicide prevention infrastructure
- Multi-sectoral collaboration
- Implementation of a comprehensive and coordinated public health approach to suicide prevention
- Acknowledgment of suicide as a public health crisis needing widespread attention and action from all levels of government and society



References

¹ Centers for Disease Control and Prevention (CDC), Web-based Injury Statistics Query and Reporting System WISQARS™ (2017)

² Centers for Disease Control and Prevention (CDC), Web-based Injury Statistics Query and Reporting System WISQARS™ (2017)

³ Stone DM, Simon TR, Fowler KA, et al. *Vital Signs: Trends in State Suicide Rates — United States, 1999–2016 and Circumstances Contributing to Suicide — 27 States, 2015*. *MMWR Morb Mortal Wkly Rep* 2018;67:617–624. DOI: <http://dx.doi.org/10.15585/mmwr.mm6722a1>

⁴ CDC’s Wide-Ranging Online Data for Epidemiologic Research (WONDER)

⁵ 138 respondents from states, territories and tribes participated in the environmental scan. These included suicide prevention coordinators, grant program directors, and suicide prevention leaders representing all 50 states, the 5 inhabited territories, 36 tribes, and the District of Columbia.