

The State of State, Territorial, and Tribal Suicide Prevention

Observations and Implications for Action from an Environmental Scan

About the Problem

47,000

In 2017, suicide took more than 47,000 lives.¹

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Suicide is among the top 4 leading causes of death for ages 10-54.²

↑ 30%

Between 1999 and 2016, suicide rates increased by more than 30% in half of all states.³

↑ 11%

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 organization, staffing, and budgets; prevention programs, practices, and policies; partnerships; climate around suicide prevention; and barriers and facilitators to action.⁵

Key Takeaways



While states, territories, and tribes are making the most of limited resources, the groundwork for suicide prevention needs vast improvement.



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



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



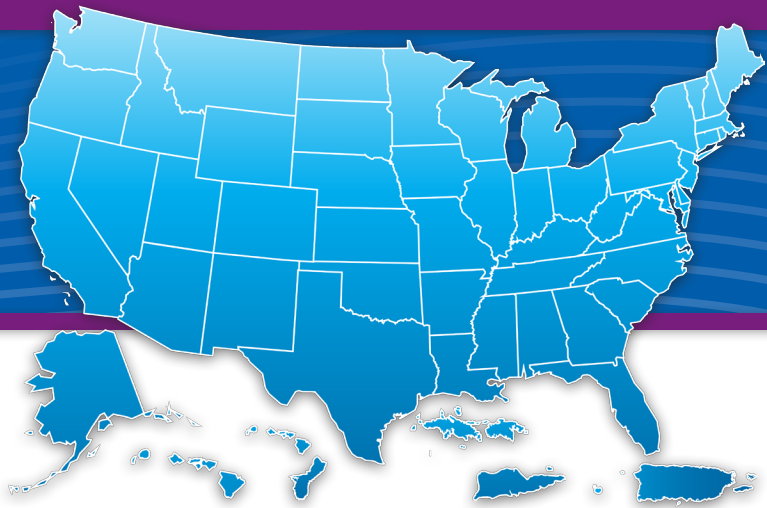
At current resource levels, states, territories, and tribes do not believe they can reach the national goal of reducing suicide rates 20% by 2025.



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Key Takeaway 1

While states, tribes, and territories are making the most of limited resources, the groundwork for suicide prevention needs vast improvement.



Staff and Offices

24% of states reported one funded staff person for suicide prevention.

1/3 reported no dedicated office for suicide prevention.



Budget

24% of states indicated no suicide prevention budget.

53% of states indicated an annual suicide prevention budget of **\$250,000 or less**.

76% of states indicated annual budgets of **less than \$550,000 per year**.

When states have a strong foundation for suicide prevention they can

- Report more sources of funding.
- Address more suicide risk and protective factors.
- Use more data sources for tracking and monitoring the problem.
- Serve more high-risk populations.
- Rate higher their ability to implement a public health approach to suicide prevention.
- Pass more and varied types of legislation and policies in the past five years.
- Report more progress toward achieving 2012 [*National Strategy for Suicide Prevention*](#) goals.



Sustainability

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.



Key Takeaway 2

No single sector (e.g., healthcare, education) was associated with changes or variation in suicide rates. A coordinated, multi-sectoral engagement strategy is needed.



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

- Behavioral Health
- Veteran’s Affairs
- Crisis Services
- Public Health



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

- Business/Private Sector
- Housing Authority

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.

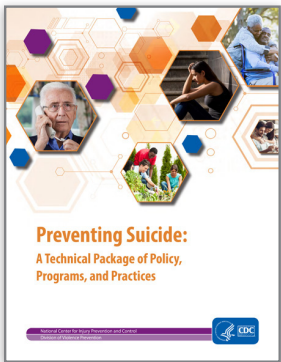
Higher state suicide rates are associated with increased level of activity and influence of community champions.

Key Takeaway 3

No single prevention activity explained changes or variations in suicide rates. A comprehensive public health approach to suicide prevention with multiple and coordinated strategies is needed.

[Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#) provides strategies and approaches for comprehensive action.

States, territories, and tribes reported implementation of the following prevention strategies



- Strengthening economic supports.
- Strengthening access and delivery of suicide care.
- Creating protective environments.
- Teaching coping and problem-solving skill.
- Promoting connectedness.
- Lessening harms for future risk.
- Identifying and supporting people at risk.

Most and Least Used Activities (Programs, Practices, or Polices)

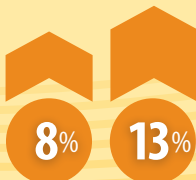
Most used

- Crisis Intervention.
- Gatekeeper training.
- Treatment for people at risk for suicide.
- Reduced access to lethal means among people at risk.
- Socioemotional learning programs.
- Community engagement activities.

Least used

- Housing stabilization policies.
- Strengthening household financial security.
- Mental health parity.

Did you know?



States that use Preventing Suicide Technical Package strategies and approaches, **reduced provider shortages** in underserved areas and showed **lower increases** in suicide rates (an average of 8% increase) than those that 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 that 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 Takeaway 4

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



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.”



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%**).



Many states reported “moderate” to “a lot” of progress towards the *National Strategy for Suicide Prevention* goals, especially

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



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.

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.

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.



Actions needed to reduce suicide rates 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.