SUICIDE PREVENTION
STRATEGIC PLAN

FY2020 - 2022

INTRODUCTION

Suicide is a critical public health problem in the United States. Despite a national strategy for suicide prevention and multiple federal, national, and state/local initiatives, as well as a large community of suicide prevention champions, suicide rates continue to climb. In 2018, suicide took more than 48,000 lives and was the 10th leading cause of death in the United States. A CDC Vital Signs report found that, between 1999 and 2016, rates of suicide increased by more than 30% in half of states (Stone et al., 2018). Further, suicide deaths represent just the tip of the iceberg with respect to individual, family, and community impacts. In 2018, 10.7 million adults reported having serious thoughts of suicide in the past year, 3.3 million made a suicide plan, and 1.4 million attempted suicide (SAMHSA, 2019). A forward-looking effort built upon new evidence and past accomplishments is needed to reduce suicide, suicide attempts, and related health and social impacts.

Mental health conditions are often seen as the cause of suicide, but suicide is rarely caused by any single factor. Suicide risk goes beyond a focus on mental health concerns alone. Factors increasing and decreasing suicide risk occur at the individual, relationship, community, and societal levels. Risk factors include adverse childhood experiences (ACEs [e.g., exposure to violence]);

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relationship, school/job/financial, criminal/legal, and health problems; loss of a friend or loved one to suicide; prior suicide attempts; easy access to lethal means among people at risk; substance use; and mental health concerns, among others. Given the multiple factors associated with suicide, multiple opportunities for prevention and intervention exist.

To prevent suicide and to address the broad range of risk and protective factors (e.g., social connectedness, effective clinical care, problem-solving skills), a comprehensive and coordinated approach is needed. Such an approach involves data driven decision-making, relies on the best available evidence, and requires strong leadership and collaboration of multi-sectoral partners. Public health departments are poised to take the lead on advancing a comprehensive approach to suicide prevention due to their focus on social determinants of health (e.g., safe housing, job opportunities, social support, access to health care services, education); shared risk and protective factors (Wilkins, et. al., 2014); their long-standing role of community conveners to address complex health challenges; and the essential services they provide to their communities (e.g., monitoring health, mobilizing community partnerships, and evaluating effectiveness of interventions) (CDC, 2018).

In 2017, the National Action Alliance for Suicide Prevention (Action Alliance), the public-private partnership working to advance the National Strategy for Suicide Prevention, and the American Foundation for Suicide Prevention (AFSP) put forth a national goal to reduce suicide rates by 20% by 2025 (Action Alliance, 2017). To facilitate achievement of this goal, CDC developed its comprehensive public health approach to suicide prevention that relies on data, science, and action, grounded in a strong foundation of collaboration for maximum impact. **Data** are used to track trends and understand the nature of the problem, who is impacted, and what factors contribute to or reduce suicide. **Science** affords us the opportunity to rigorously test and evaluate what works to prevent suicide and to guide the implementation of evidence-based approaches. Together, data and science contribute to public health **action**, the results of which feed back into the system for continuous program improvement. These efforts are best achieved through **collaboration** and engagement with federal, national, and state/local partners, such as the Action Alliance, Federal Working Group on Suicide Prevention (e.g., SAMHSA, NIMH, VA, IHS), Safe States Alliance, suicide prevention champions, including survivors of suicide loss and the lived experience communities, and national organizations such as AFSP, Suicide Awareness Voices of Education (SAVE), American Association of Suicidology, and the Suicide Prevention Resource Center (SPRC), among others. Together, the effective utilization of data, science, action, and collaboration will help save lives.

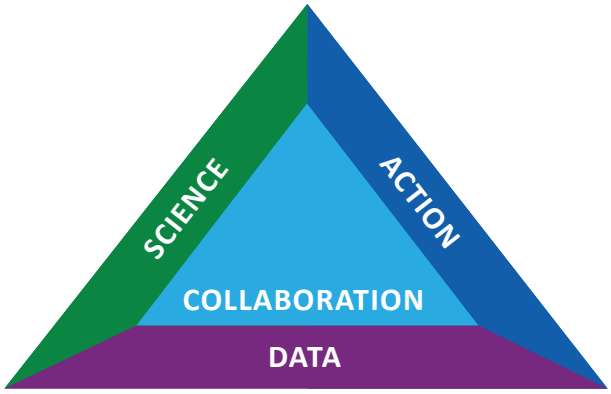
The following three-year strategic plan leverages CDC's strengths and collaborations and focuses resources on the areas where greatest impact on suicide prevention can be achieved. This plan includes four priorities:

DATA: Use new and existing data to better understand, monitor, and prevent suicide and suicidal behavior

SCIENCE: Identify risk and protective factors and effective policies, programs, and practices for suicide prevention in vulnerable populations

ACTION: Build the foundation for CDC's National Suicide Prevention Program

COLLABORATION: Develop and implement wide-reaching partnership and communication strategies to raise awareness of suicide prevention activities



VISION

No lives lost to suicide

MISSION

Use data, science, and partnerships to identify and implement effective suicide prevention strategies to foster healthy and resilient communities across the United States

STRATEGIC PRIORITIES

DATA

Use new and existing data to better understand, monitor, and prevent suicide and suicidal behavior

Data serve as the backbone of a public health approach to suicide prevention. Surveillance data are used by public health practitioners to define the problem of suicide, including its scope, magnitude, and trends over time. Data also direct us to the factors increasing or decreasing suicide risk; show where additional prevention resources are needed most; and help us understand the effectiveness of prevention policies, programs, and practices. However, gaps in data exist, and new data sources and innovative methods remain untapped. For example, data from traditional surveillance systems often lack timeliness, but the growth of syndromic surveillance and near real-time data offer the potential to track trends and identify spikes in suicide and suicide attempts. Additionally, geographic information systems software also provides the ability to geolocate suicide hotspots.

New data sources and innovative data methods can also provide opportunities for rapid preventive action in states and communities. Emerging data science tools, methods, and techniques also hold great promise for advancing our understanding of suicide and suicidal behavior and informing prevention efforts. For example, machine learning models using multiple near real-time data sources have shown potential for estimating weekly suicide trends with high accuracy and timeliness. Improvements in the data and tools to use them, coupled with dissemination to states and communities to drive action, can improve our efforts to stem increases in suicide and reverse current trends.

GOAL 1: Improve the quality and enhance the use of existing data sources and systems

OBJECTIVE 1.1: Link CDC data sources and other federal data systems to provide more comprehensive, holistic details on suicide mortality than each system can provide on its own, with a focus on vulnerable populations

OBJECTIVE 1.2: Improve the quality, utility, and accessibility of existing data for analyzing nonfatal suicide-related outcomes (e.g., self-harm, suicide attempts, nonsuicidal self-injury)

OBJECTIVE 1.3: Build state and community capacity to use existing data for comprehensive prevention

GOAL 2: Identify and leverage new data sources and methods

OBJECTIVE 2.1: Implement and expand coverage of syndromic surveillance of nonfatal suicide-related outcomes for improved timeliness, ability to identify spikes in outcomes, and prevention response

OBJECTIVE 2.2: Identify and make use of innovative data sources (e.g., social media) and data science tools, methods, and techniques to track and monitor suicide-related outcomes to inform prevention and for use in program evaluation and continuous quality improvement

OBJECTIVE 2.3: Build state and community capacity to use new data for comprehensive prevention

SCIENCE

Identify risk and protective factors and effective policies, programs, and practices for suicide prevention in vulnerable populations

While people of any age, race/ethnicity, and gender/sex are at risk for suicide, data have shown that certain populations, including but not limited to, veterans, rural populations, sexual and gender minorities (i.e., LGBTQ), middle-aged adults, and tribal populations, currently experience substantially higher rates of suicide than the general population. Gaps exist in our current understanding of how best to reach and prevent suicide in these vulnerable populations. To bridge this gap, existing prevention policies, programs, and practices must be rigorously evaluated for impact, and additional research is needed to identify population-specific factors that decrease suicide risk in these subgroups. Improved understanding of these factors can be used to evaluate the effectiveness of new culturally relevant strategies and approaches to expand the evidence base and prevent suicide in more tailored and targeted ways. Additionally, this new information can be used to adapt existing policies, programs, and practices with the best available evidence, as found in CDC's *Preventing Suicide: A Technical Package of Policy, Programs, and Practices* (CDC, 2017). This technical package provides information on prevention strategies and approaches to achieve and sustain suicide rate reductions and, in tandem with the Action Alliance's *Transforming communities: Key elements for the implementation of comprehensive community-based suicide prevention*, can serve as a road map for prevention decision-making (NAASP, 2016).

GOAL 3: Improve understanding of the factors that increase or decrease suicide risk in vulnerable populations

OBJECTIVE 3.1: Conduct studies to identify population-specific risk and protective factors that can be used to guide allocation of science and policy resources to prevent suicide

OBJECTIVE 3.2: Work with partners to improve insights into risk and protective factors, inform prevention activities, and support sustainability of suicide prevention in vulnerable populations

GOAL 4: Evaluate suicide prevention strategies in vulnerable populations

Objective 4.1: Rigorously evaluate existing policies, programs, and practices with the best available evidence in vulnerable populations

Objective 4.2: Identify and rigorously evaluate innovative suicide prevention strategies that have not yet been evaluated or not evaluated in specific vulnerable populations

Objective 4.3: Conduct systematic reviews of policies, programs, and practices with effectiveness on suicide risk in specified vulnerable populations

Objective 4.4: Update the technical package

ACTION

Build the foundation for CDC's national suicide prevention program

Limited resources for suicide prevention have often necessitated piecemeal approaches to prevention in states and communities. A more strategic, coordinated, and comprehensive public health approach to prevention offers greater likelihood for success. Specifically, working with multi-sectoral partners, states and communities can use data to identify vulnerable populations at increased risk of suicide; leverage and evaluate current prevention policies, programs, and practices in the community; and fill prevention gaps by selecting, implementing, and evaluating multiple and complementary policies, programs, and practices with the best available evidence from the CDC technical package. Such an approach has not been rigorously evaluated and many states and communities may require capacity building or additional resources to carry out such an approach. CDC will support the implementation and evaluation of this comprehensive public health approach in states and communities and will help further build state and community capacity through technical assistance and translation of its technical package for improved practical application and sustainability.

GOAL 5: Implement and evaluate comprehensive suicide prevention in vulnerable populations

OBJECTIVE 5.1: Fund jurisdictions (e.g., states, communities, tribes) to implement and evaluate a coordinated and comprehensive public health approach to suicide prevention based on data and using multiple strategies and approaches with the best available evidence

OBJECTIVE 5.2: Build capacity within funded jurisdictions (e.g., states, communities, tribes) by providing technical assistance, in collaboration with other partners, on the public health approach, including the use of data and implementation and evaluation of the strategies and approaches in the technical package

OBJECTIVE 5.3: Build a community of practice for comprehensive suicide prevention

GOAL 6: Translate the technical package

OBJECTIVE 6.1: Translate the technical package for improved practical application based on lessons learned through updated guidance, decision-making, implementation, and evaluation materials for states and communities

COLLABORATION

Develop and implement wide-reaching partnership and communication strategies to raise awareness and advance suicide prevention activities

While each of the data, science, and action strategic priorities relies on partnerships and communication to advance and promote the work, a specific priority focused solely on the broader use of these domains is necessary. This priority will advance CDC's and public health's visibility and leadership in suicide prevention; communicate program outcomes; and through collaboration and coordination with governmental and non-governmental partners, raise awareness with the public, decision-makers, and other stakeholders about the importance of a coordinated and comprehensive public health approach to suicide prevention. These efforts will build upon the long-standing partnerships and strong leadership on suicide prevention among federal and non-federal stakeholders (such as the Action Alliance, SPRC, and AFSP). This in turn, may enhance the response to suicide and help states, localities, and tribes achieve their suicide prevention goals.

GOAL 7: Work with partners to advance a coordinated and comprehensive public health approach to suicide prevention

OBJECTIVE 7.1: Develop and implement a partnership strategy to advance CDC strategic priorities and the public health approach and to support state and local health departments in suicide prevention

OBJECTIVE 7.2: Foster and grow strategic partnerships in both the public and private sectors

OBJECTIVE 7.3: Support program participants in developing partnership strategies

GOAL 8: Raise awareness of CDC's coordinated and comprehensive public health approach to suicide prevention

OBJECTIVE 8.1: Develop and implement a communication strategy to advance CDC's suicide prevention mission and the role of public health in suicide prevention

OBJECTIVE 8.2: Communicate CDC's suicide prevention priorities, data and research, promising and best practices, and program successes with stakeholders

OBJECTIVE 8.3: Support funded jurisdictions in developing and implementing communication plans based on theory, research, and best practices

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