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Enhanced Evaluation and Actionable Knowledge for Suicide Prevention Series

Suicide Prevention: A Public Health Issue

The Enhanced Evaluation and Actionable Knowledge project is part of an intra-agency agreement between CDC and the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of this project was to engage three Garrett Lee Smith Memorial Act grantees in a process to create products that apply evaluation findings to strengthen suicide prevention practice.*

The economic and human cost of suicidal behavior to individuals, families, communities and society makes suicide a serious public health problem around the world. In the US, suicide is one of the leading causes of death among young people. It is the third leading cause of death among 15-24 year olds and the second leading cause of death among 25-34 year olds. What's more, in 2009, almost 1 in 7 high school students (grades 9-12) reported that they had seriously considered suicide in the past year (CDC, 2010). That is equal to three students in a typical classroom of 20 (U.S. Dept. of Education, 2009).

Suicidal Behavior

Suicidal behavior includes:

- Suicidal ideation (thinking about ending one's life)
- Suicide attempt (non-fatal suicidal behavior)
- Suicide (ending one's life)

In the past, suicide was addressed by providing mental health services to people who were already experiencing or showing signs of suicidal thoughts or behavior. While services such as therapy and hospitalization are critical for those who may be thinking about or who have made a suicide attempt, they do not prevent suicidal thoughts or behaviors from happening in the first place. There are also other factors besides mental health, which place people at risk for suicide. A public health approach to suicide prevention can address these factors in many ways.

First, public health uses a population approach to improve health on a large scale. A population approach means focusing on prevention approaches that impact groups or populations of people, versus treatment of individuals. Second, public health focuses on preventing suicidal behavior before it ever occurs (primary prevention), and addresses a broad range of risk and protective factors. Third, public health holds a strong commitment to increasing our understanding of suicide prevention through science, so that we can develop new and better solutions. Finally, public health values multi-disciplinary collaboration, which brings together many different perspectives and experience to enrich and strengthen the solutions for the many diverse communities.

* The three Enhanced Evaluation Actionable Knowledge grantees were 1) Tennessee Lives Count 2) Maine Youth Suicide Prevention Program and 3) the Native American Rehabilitation Association of the Northwest (NARA-NW).

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Population Approach

Part of public health's broad view is an emphasis on population health—not just the health of individuals. While suicide is often thought of as an individual problem, it actually impacts families, communities, and society in general. The long-term goal of public health is to reduce people's risk for suicidal behavior by addressing factors at the individual (e.g., substance abuse), family (e.g., poor quality parent-child relationships), community (e.g., lack of connectedness to people or institutions), and societal levels (e.g., social norms that support suicide as an acceptable solution to problems; inequalities in access to opportunities and services) of the social ecology.

What does this look like?

The Native American Rehabilitative Association of the Northwest (NARA) has developed the Life is Sacred Starter Kit, with resources for youth service providers. These resources focus on the core message of “culture as prevention” and provide concrete actions parents and family members can take to promote resilience in American Indian/Alaska Native youth.

Primary Prevention

Public health emphasizes efforts to prevent violence (in this case, toward oneself) before it happens. This approach requires addressing factors that put people at risk for, or protect them from, engaging in suicidal behavior.

What does this look like?

The Tennessee Lives Count initiative conducted Gatekeeper Training - training of service providers who typically interact with youth (e.g., teachers, social workers, juvenile justice staff) on identifying and referring youth at risk for suicide before suicide occurs. As opposed to traditional mental health approaches where youth are typically identified and treated after suicidal behavior has happened, this model empowers adults who come into contact with youth on a daily basis to identify the very early warning signs of suicide and get help for youth before suicidal behavior has occurred.

Commitment to Science

Public health is responsible for tracking suicide trends and identifying risk and protective factors for suicidal

behavior. From this information, suicide prevention strategies are developed and evaluated to identify the most effective interventions. Finally, public health is responsible for learning how to put in place these effective interventions on a wide scale. All of these scientific activities increase our understanding of suicidal behavior and the most effective ways to prevent it.

What does this look like?

Three Garrett Lee Smith Memorial Act grantees conducted enhanced evaluations of youth suicide prevention programs and strategies. Survey data collected through these evaluations revealed: 1) trends in suicidal behavior and culturally-specific risk and protective factors among a sample of 233 American Indian/Alaska Native youth, 2) information on how to put in place early identification and referral data systems for school-based gatekeeper training programs, and 3) key factors important for successful implementation of gatekeeper training across different settings/populations.

Multi-disciplinary Perspective

Public health includes many disciplines (e.g. psychology, epidemiology, sociology) across multiple sectors (e.g. health, media, business, criminal justice, education). Public health often serves as a convener of these diverse perspectives in order to best address complex problems like suicide. Suicide is related to other forms of violence (for example: exposure to violence as a child is associated with suicidal behavior as an adult; Dube et al., 2001), as well as other health problems, which makes this multi-disciplinary approach critical.

What does this look like?

The Maine Youth Suicide Prevention Program uses a multi-disciplinary referral network as an essential component of a comprehensive school-based suicide prevention program. The network includes the school, the local crisis response agency, community mental health providers, substance abuse treatment providers, and hospitals. The collaboration of organizations across these different sectors has been important for addressing challenges by coordinating services, resources, and solutions necessary for the success of the suicide prevention program.

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What can you do to promote a public health approach to suicide prevention in your community or organization? The table below may be a helpful as a conversation starter with others who share an interest in addressing this issue. Think about what your community or organization is already doing that is in line with a population approach and focus on primary prevention. Then brainstorm ideas for what can be added to existing programs or activities in schools, faith organizations, youth serving organizations, or other organizations in your community.

Population Approach. Part of public health's broad view is an emphasis on population health—not just the health of individuals. Suicide has been typically treated as an individual experience (e.g. hospitalization, individual therapy); however, its consequences and potential solutions also affect society in general (e.g. economic impact of loss to labor force).

What does a population approach look like?

It goes beyond a focus on the individual to include peers, family, community, and society as a whole. (Example: District-wide training on suicide awareness/prevention for all teachers, administrators and other school personnel.)

What can my community or organization do?

Primary Prevention. Public health emphasizes efforts to prevent suicide before it occurs. This approach requires not only reducing the factors that put people at risk, but also increasing the factors that protect people from engaging in suicidal behavior.

What does primary prevention look like?

It occurs before harm is done. (Example: Prevention program for parents and youth that focuses on building positive relationships and the protective benefits of family and community support (connectedness).)

What can my community or organization do?

Commitment to Science. Public health monitors and tracks suicide trends, researches risk and protective factors, evaluates interventions, and determines how best to implement effective interventions, moving science to action and vice versa.

What does commitment to science look like?

Knowing where to look for community data and research information about risk and protective factors for suicidal behavior. Examples:

- State and National Data:
www.cdc.gov/injury/wisqars/index.html
- Risk and Protective Factors:
www.cdc.gov/ViolencePrevention/suicide/riskprotectivefactors.html
- Registry of Evaluated Programs:
www.nrepp.samhsa.gov/

Where are your sources for local data? (youth risk behavior surveys, hospital/emergency room records, etc.)

Multi-disciplinary Perspective. Public health includes many disciplines and perspectives, which helps when addressing complex problems like suicide. Public health often serves a convening role in bringing together representatives from sectors such as health, media, business, criminal justice, behavioral science, epidemiology, social science, advocacy, and education, which all have important roles to play in suicide prevention.

What does a multi-disciplinary perspective look like?

Strategies addressing suicide prevention include many types of organizations. (Example: A small school district convenes a suicide prevention advisory council that includes the local public health department, hospitals, law enforcement, 211 crisis line, mental health providers, the local chamber of commerce, faith-based community, youth serving organizations and substance abuse treatment providers.)

Which organizations are or should be included in suicide prevention planning activities in my community?

References

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