NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

05-01

STATEMENT OF POLICY

Suicide Prevention

Note: The number for the National Suicide Prevention Hotline is 1-800-273-8255.

Policy

The National Association of County and City Health Officials (NACCHO) recognizes the considerable burden and impact of suicide as a national public health problem, especially considering that suicide and suicide attempts are preventable.[1] NACCHO supports policies and practices that support and promote the Surgeon General's National Strategy for Suicide Prevention (the National Strategy) released in September 2012.

In alignment with the National Strategy,[2] NACCHO encourages local health departments to adopt suicide prevention policies and practices that do the following:

- Encourage changes in systems, policies, and environments that promote healthy and empowered individuals, families, and communities and support prevention of suicide.
- Provide enhanced clinical and community preventive services, including school-based mental health and substance use services.
- Address risk factors (e.g., barriers to health care, high conflict or violent relationships, family history of suicide, mental illness, substance abuse, aggression), protective factors (e.g., safe and supportive school and community environments, social connectedness, coping and problem solving skills), and geographic differences in suicidal behaviors.
- Provide better data linkage between systems to prevent suicide and suicide attempts.
- Ensure available, accessible, and timely treatment and support services.
- Improve suicide-related surveillance, data collection, research, and evaluation, including timely reporting to identify potential trends.
- Foster positive public dialogue, counter stigma, shame, prejudice, and silence, and build public support for suicide prevention.
- Help the media address suicide using appropriate language, encourage help-seeking, and prevent perpetuating myths and glamorizing suicide.
- Address the misconceptions and stigma associated with suicide through partnerships with "influencers" from within communities (e.g., faith leaders, community activists, police, fire, and EMS) to develop education and awareness activities.
- Enable collaboration and funding opportunities among diverse local, federal, state, and tribal agencies and community partners.
- Promote suicide prevention efforts by reducing access by at-risk individuals to lethal means, including opiates and firearms.

- Address the needs of high-risk populations, such as individuals who have experienced trauma.
- Apply the most up-to-date research on suicide prevention.
- To promote healing and prevent further suicidal behaviors or deaths, provide care and support to individuals affected by suicide deaths and attempts.

Justification

Suicide is a major cause of serious injury and death. Tragically, in 2016, nearly 45,000 people died by suicide and, to date, suicide is the tenth leading cause of death among Americans.[3] In the 2017 Youth Risk Behavior Survey (YRBS), 17% of high-school students had seriously contemplated suicide in the previous 12 months, 14% had made a plan, and 7% had reported attempting suicide in the previous 12 months.[4] Based on estimates from 2010 data, suicide costs over $44.6 billion a year in medical and work loss expenditures; the average cost per suicide is $1,164,499 respectively.[5] In 2016, more than 500,000 people with self-inflicted injuries were treated in U.S. emergency departments.[3]

While causes of suicide are complex and determined by multiple factors, specific populations are disproportionately affected by suicide, including American Indian/Alaskan Natives and non-Hispanic whites, males, young adults ages 15–24, and adults ages 25–34.[6,7] Risk-seeking behaviors among some races and ethnicities may not fall into the traditional suicide paradigm. For example, some people may engage in certain behaviors with the knowledge that it could likely lead to death, but this intent may not be captured in death records.[8] Health departments can promote work to strengthen surveillance systems to monitor health inequities and better capture information about risk-seeking behaviors and suicide among minority populations.

The National Action Alliance for Suicide Prevention, the public-private partnership advancing the National Strategy, identified American Indians/Alaska Natives, lesbian, gay, bisexual, transgender individuals, and military personnel and veterans as high-risk populations. In addition, mental health disorders, a history of childhood trauma, and having access to lethal means are risk factors for suicide.

Suicide is a complex behavior and requires a public health approach to prevention that identifies broad patterns of suicide and suicidal behavior throughout a population.[6] The top means of death by suicide are through firearm use, suffocation, poisoning, fall, and cutting/piercing.[2] Researchers have found a positive association between firearm availability at the state level and significantly higher odds of individual suicide (see NACCHO's Firearm-Related Injury and Death Prevention policy statement).[6] Therefore, a comprehensive approach to suicide prevention must restrict access to lethal means and address mental health and previous trauma.

The U.S. Department of Health and Human Services (HHS) recognizes the importance of suicide prevention. The HHS strategy guide for achieving a healthier national population, Healthy People 2020, includes objectives for suicide prevention such as reducing suicide attempts by adolescents and reducing the suicide rate.[9]

The National Strategy represents a collaborative effort of national organizations, advocates, clinicians, researchers, and survivors. It lays out a framework for action to prevent suicide and

guides development of an array of services and programs that are imperative. It is designed to be a catalyst for social change with the power to transform attitudes, policies, and services.[2]

Suicide and suicide attempts are preventable, and can potentially be detected by asking just a few questions or using screening tools to identify individuals at higher risk. Prevention efforts should include strategies that reduce risk factors, such as the availability of lethal means, and increase factors that promote resiliency at each level of the social-ecological model. Hospitals, health systems, mental health providers, and substance use treatment facilities can engage in prevention through activities such as universal screening and can better facilitate linking people to treatment services.[10] Engaging the media is also necessary, since studies have found that certain types of media coverage of suicide can increase the likelihood of suicide in vulnerable individuals. If provided with resources and education to improve their coverage of suicide events, reporters can learn how to limit or avoid misinformation and to instead offer hope and help.[11]

The public health approach to suicide prevention is a multidisciplinary process that focuses on identifying broader patterns of suicide and suicidal behavior throughout group and populations.[6] Collecting data that illustrates the prevalence of suicide thoughts, plans, and attempts can help public health officials, researchers, practitioners, and the public better understand the burden of suicide, populations who may be at risk, and the need for effective prevention. Linking existing data systems to suicide prevention efforts could allow for better assessment of long-term outcomes and enhance understanding of the broader impacts of suicide prevention interventions.[12]

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Record of Action

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