

Suicide Prevention Policy Statement

POSITION

ASTHO supports state and territorial health agency (S/THA) efforts to prevent suicide and recommends a comprehensive, collaborative approach that addresses risk factors associated with suicide. Partners include but are not limited to behavioral health and healthcare systems, schools, faith communities, employers, military, and human services. S/THAs can support policies that improve access to services, increase socioeconomic supports, and build crisis response infrastructure.

BACKGROUND

The COVID-19 pandemic exacerbated the national suicide and mental health crisis with deepening inequities resulting from social and economic conditions. In 2021, there were approximately 48,000 suicide deaths,¹ with suicide being the second leading cause of death for people ages 10-14 and 25-34.² In addition, 12.3 million adults thought about suicide and 1.7 million attempted it.¹ Firearms continue to account for a majority (55%) of suicides.¹

Specific populations are at higher risk of suicide, including Black, Indigenous, People of Color, people who identify as lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+), older adult males, military veterans, and some health professionals (e.g., healthcare, first responders).³ Almost half (45%) of LGBTQ+ youth considered attempting suicide—four times as many as non-LGBTQ+ youth.⁴ American Indian/Alaskan Native communities have an overall suicide rate 20% higher than non-Hispanic whites.⁵

Biological, psychosocial, environmental, and economic factors interact over time to increase suicide risk.^{6,7} Individual risk factors include psychological conditions, substance use, and history of violence. Relationship-level factors include social isolation, poor relationships, and economic stressors. Within the U.S., trends show that suicide rates increase significantly during periods of high unemployment, job loss, and economic instability. Supporting economic stability reduces anxiety, stress, and the likelihood of a crisis. Community-level risk factors include poor social cohesion and lack of economic opportunities, and societal factors include less educational attainment, economic stability, and healthcare opportunities.⁸ Suicide prevention research indicates several opportunities to reduce risk through mental healthcare access, including (1) crisis response, (2) healthy relationships with peers, family, and communities, and (3) increased economic and social supports.^{6,7,8} A comprehensive, cross-sector approach to suicide prevention will address root causes and inequities.

RECOMMENDATIONS

1. Improve access to and delivery of healthcare services by identifying and treating those at highest risk of suicide.⁶
 - a. Support laws that cover mental health and substance use conditions in health insurance policies, regardless of insurance type and where someone lives, and no matter the reason for accessing care.^{9,10}
 - b. Increase mental health provider availability in underserved and rural communities by supporting career pathways, scholarships, and loan forgiveness, and retaining workforce with organizational resiliency policies and continuing education.¹¹

Summary of Recommendations

- Strengthen data systems infrastructure to identify multiple factors influencing suicide.
- Strengthen socioeconomic supports across multiple systems.
- Improve access to and delivery of healthcare services.
- Support policies that create protective environments.
- Develop inclusive suicide prevention programs and policies that support the needs of socially marginalized communities

- c. Increase access to telehealth services for mental health and crisis support, especially for rural communities, through policies that expand coverage, payment mirroring reimbursements for physical health care, and waive geographic restrictions.^{12,13}
 - d. Support Zero Suicide programs to create system responses to suicide care, including screening and assessing patients at higher risk and continuous follow-up care.^{14,15}
 - e. Support local and state implementation of the 988 National Suicide Prevention Lifeline by establishing system-level planning, developing sustainable financing mechanisms, developing marketing strategies, and ensuring a connected response to social and crisis services.^{16,17}
2. Strengthen data systems infrastructure to identify geographic, age, gender, educational, social, employment, economic, and racial/ethnic factors influencing suicide.
 - a. Ensure that high-risk and underserved populations are represented in data by improving the collection of data in areas historically underrepresented (e.g. Territories and Freely Associated States), expanding collection of demographic data (e.g., gender identity and sexual orientation) and near real-time data (i.e., work with local and state boards of health to ensure that suicide deaths and medically treated suicide attempts are reported to health agencies).¹⁸
 - b. Strengthen and modernize data collection to improve data linkage across systems while also protecting privacy.^{19,20}
 3. Strengthen socioeconomic supports to prevent experiences of financial crisis through policies that stabilize multiple personal financial systems such as housing, education, and social services.⁶
 - a. Address and prevent adverse childhood experiences (ACEs) across the lifespan by working across sectors (e.g., public health, social services, education, payers, justice, and community-based organizations) to improve child and family social and emotional well-being with more paid family leave, early childhood home visitation, and high-quality childcare.^{21,22}
 - b. Increase funding for universal, school-based programs that promote healthy connections, create a sense of belonging, and teach coping strategies.^{23,24}
 - c. Invest in policies that strengthen economic supports²⁵ such as unemployment benefits,²⁶ job skills training,²⁷ Earned Income Tax Credits,²⁸ and minimum wage.^{29,30}
 - d. Partner with housing and labor sectors to support housing stabilization policies, including rental assistance³¹ and enhancing housing opportunities for those experiencing housing insecurity or homelessness, mental illness, and/or substance use disorder.^{32,33,34}
 4. Support policies that create protective environments.⁶
 - a. Support policies that reduce access to lethal means for people at risk of suicide, such as firearms³⁵, including promoting safe storage practices and policies.^{36,37}
 - b. Invest in programs and policies that reduce excessive alcohol and substance use which increase the risk of suicide.^{38,39}
 - c. Support federal efforts to increase mental health and suicide prevention funding for state, territorial, and freely associated state health agencies.
 5. Develop inclusive suicide prevention programs and policies that support the needs of socially marginalized communities, including but not limited to communities of color, LGBTQ+ communities, healthcare workers, veterans, and first responders.⁴⁰
 - a. Promote culturally competent practices in public health, social services, and healthcare settings, by ensuring community members are included in decision-making.⁴¹
 - b. Examine historical and structural context, root causes, and socioeconomic factors that contribute to health inequities to avoid unintentionally perpetuating stereotypes when reporting on health disparities.
 - c. Acknowledge historical trauma, and work to eliminate bias in public health, healthcare, and social services provision.⁴²

- d. Support affirming practices for LGBTQ+ youth and adults by developing safe spaces in schools and communities and through parent and/or caregiver engagement and collaboration. Each of the following have an evidence base for preventing suicidal ideation: Gender Sexuality Alliances (GSAs),^{43, 44} supporting gender-affirming care,^{45,46} and educating communities about the risks of conversion therapy,⁴⁷ a therapy modality prohibited by at least two professional mental health associations.^{48, 49}
- e. Collaborate with businesses, occupational health, and veteran-serving organizations to identify high-risk occupations and develop peer norm and organizational resiliency programs.^{50,51}

POLICY APPROVAL HISTORY

Community Health and Prevention Policy Committee Approval: August 17, 2023

Board of Directors Approval: October 23, 2023

Policy Expires: October 31, 2026

ASTHO membership supported the development of this policy, which was subsequently approved by the ASTHO Board of Directors. Be advised that the statements are approved as a general framework on the issue at a point in time. Any given state or territorial health official must interpret the issue within the current context of his/her jurisdiction and therefore may not adhere to all aspects of this Policy Statement.

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