A statement prepared by the National Action Alliance for Suicide Prevention (Action Alliance) – the nation's public-private partnership for suicide prevention. For media inquiries, contact Kim Torguson (ktorguson@edc.org or 202-572-3737).

National Action Alliance for Suicide Prevention Responds to New Reports Describing Trends in Suicidal Behavior

Two new national reports highlight who may be at highest risk for suicide and/or suicidal thoughts and behaviors

Two newly released reports show that suicidal ideation and attempt rates remained stable for adults age 45-64 most years between 2009-2014, although suicide deaths increased for that age group during the same time frame, and that suicide rates continue to be higher in rural areas. This new data is critical to national prevention efforts and provides greater context about suicide, such as who is at highest risk of suicidal behavior, including suicidal ideation and attempts.

The National Action Alliance for Suicide Prevention (Action Alliance) – the nation's public-private partnership with 250+ partners – is committed to reducing the suicide rate 20 percent by 2025. To achieve this goal, quality and timely data is needed to better identify characteristics and patterns of suicidal behavior and develop and implement targeted prevention strategies. The Action Alliance is pleased to highlight data released by two of its federal partners, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention (CDC).

According to a SAMHSA report released last week, between a five year period (2009-2014) middle-aged adults (age 45 to 65 years old) had steady trends in suicidal thoughts and attempts, while during the same time period the same age group experienced an increase in suicide deaths. Comparatively, 18 to 25 year olds had the highest rate of suicidal thoughts and attempts than other age groups.

Data released today in CDC's *Morbidity and Mortality Weekly Report* demonstrate geographic disparities in suicide rates. While suicide rates increased across all levels of urbanization (large metro areas, medium metro areas, small metro areas, and non-metro areas) between 2001-2015, higher rates of suicide occurred in more rural areas and are consistently higher than suicide rates in metropolitan counties. The data also found that across all urbanization levels, suicide rates were consistently highest for men and non-Hispanic American Indian/Alaska Natives compared with rates for women and other racial/ethnic groups.

The data from these two federal reports underscore the importance of quality and timely public health surveillance of suicidal behavior to inform prevention efforts so to effectively intervene *before* suicidal behavior occurs.

Reducing risk and enhancing protective factors requires a coordinated and comprehensive public health approach to suicide prevention – as outlined in the Action Alliance's *National Strategy for Suicide Prevention*. For every one person who dies by suicide, 278 seriously consider suicide but do not die. These untold stories demonstrate that hope and help are not only possible, but are happening every day. Reaching and providing comprehensive support to individuals in crisis can save lives, even if an individual has attempted suicide in the past. Nine out of ten people who attempt suicide and survive go on to live out their lives.

An effective suicide prevention response requires appropriate community-based *and* preventive clinical supports that seek to promote wellness and increase resilience. As emphasized in the *National Strategy for Suicide Prevention*, suicide prevention must be a core responsibility of health care. Recognizing that the majority (64 percent) of people who attempt suicide visit a doctor in the month before their attempt, and 38 percent visit a doctor in the week before, it is essential for health care systems to identify and deliver services to those who may be at risk for suicide.

The Action Alliance's Zero Suicide Initiative is one strategy being implemented in health systems across the country to reach those at risk. The Zero Suicide model is a comprehensive approach for preventing suicide in health care settings by reaching individuals already seeking health care services who may be at risk. Zero Suicide represents an organizational commitment to patient safety – a fundamental responsibility of health care.

In addition to strengthening the health system response, it is imperative that efforts reach people outside of traditional health care settings, and in the communities in which they live and work – especially in rural areas. The Action Alliance is leading efforts nationally to integrate and coordinate suicide prevention activities across non-clinical and community settings, such as workplaces and faith communities.

This community-based work is further supported by a coordinated response to suicide as outlined in the Action Alliance's recently released, *Transforming Communities: Key Elements for Comprehensive Community-based Suicide Prevention*, and the CDC's *Preventing Suicide: A Technical Package of Policy, Programs, and Practices*, which helps states and communities prioritize efforts to prevent suicide. The strategies and elements outlined in these two resources support the goals and objectives of the *National Strategy for Suicide Prevention* and the Action Alliance's goal to reduce the annual rate of suicide 20 percent by 2025.

Everyone has a role to play in preventing suicide and suicide attempts – one does not have to be a mental health professional to take actions that can prevent suicide. Family members, friends,

colleagues, faith community members, and clinicians all play an important role in recognizing when someone is at risk or in crisis, and connecting that person to help.

If you or someone you know is struggling, there are steps you can take to help. Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for 24/7, free, and confidential support and or visit the Lifeline's #BeThe1To for steps for suggestions on how to help someone who may be in crisis. Veterans and Servicemembers can contact the Veteran and Military Crisis Line at 1-800-273-TALK (8255) and Press 1 and visit #BeThere to learn more about supporting a veteran or servicemember who is going through a difficult time.

The two federal reports referenced above reinforce the need to scale up interventions that are effectively working, like the Zero Suicide Initiative, and identify and implement upstream strategies that can help reach people earlier, save more lives, and improve the overall health of all groups regardless of age, race/ethnicity, gender, or geographical location.

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FOR MEDIA PARTNERS: Research shows that the media may influence suicide rates by the way they report on suicide. Evidence suggests that when the media tells stories of people positively coping in suicidal moments, more suicides can be prevented. We urge all members of the media working on these stories to refer to the Recommendations for Reporting on Suicide for best practices for safely and accurately reporting on suicide. For stories of persons with lived experience of suicidality and finding hope, refer to http://www.lifelineforattemptsurvivors.org/.

NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION: The National Action Alliance for Suicide Prevention (Action Alliance) is the public-private partnership working to advance the *National Strategy for Suicide Prevention* and reduce the suicide rate 20 percent by 2025. Support for Action Alliance initiatives comes from the public and private sector. The Substance Abuse and Mental Health Services Administration provides funding to EDC to operate and manage the Secretariat for the Action Alliance which was launched in 2010.