Frequently Asked Questions (FAQs)

A Prioritized Research Agenda for Suicide Prevention: An Action Plan to Save Lives

Q. What is the purpose of the *Prioritized Research Agenda (Agenda)*?

A. The purpose of this first of its kind *Agenda* is to guide research toward efforts most likely to reduce suicide. Despite improvements in mental health and substance abuse treatments and ongoing research investments in suicide prevention, the overall suicide rate has remained steady for decades. With approximately 38,000 lives lost annually, it is the 10th leading cause of death in the United States. It is the third leading cause of death among youth.

A strategy is needed that could identify where limited resources should be placed for this significant public health problem. Recognizing this critical need, Goal 12.1 of the *U.S. National Strategy for Suicide Prevention* (2012; http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full_report-rev.pdf) calls for the development of a national research agenda with comprehensive input from multiple stakeholders. The *Agenda* prioritizes a broad scope of research. For example, it highlights studies to determine how to implement what is already known to be effective; approaches that could determine if commonly used programs are indeed effective; and to identify new research needed to move important but less studied areas forward.

Q. Who developed the *Agenda*?

A. In early 2010, a working group of representatives of the National Council for Suicide Prevention and the National Institute of Mental Health considered how to develop a comprehensive and deliberate research agenda that would focus resources for suicide prevention to optimally decrease suicide rates. In the fall of 2010, the working group became affiliated with the National Action Alliance for Suicide Prevention (www.actionallianceforsuicideprevention.org). Adding volunteers from the Action Alliance, the working group became the Research Prioritization Task Force (Task Force), one of the first Action Alliance task forces. The Task Force is comprised of volunteer representatives from 11 organizations.

As part of its development process, the Task Force solicited input in 2011 from over 700 individuals from 48 states and territories, and 18 countries, via an online stakeholder survey. The survey asked stakeholders for aspirational research goals that could decrease the rates of suicide attempts and deaths. Survey respondents were individuals whose association with specific organizations and/or institutions suggested that their professional and/or personal lives had been affected by the quantity and quality of available suicide prevention research.

In addition, the Task Force engaged more than 60 national and international research experts who volunteered their expertise to help in the development of the *Agenda*.

Q. How was the *Agenda*'s creation funded?

A. As a Task Force of the National Action Alliance for Suicide Prevention, this effort is a public-private partnership, with Task Force members volunteering their time. Both private and federal agencies provided support for administrative work and limited Task Force meeting needs. The research experts who helped identify, prioritize and review the research pathways were all volunteers. (Please see page 139 in the *Agenda* for a list of contributors).

Q. What can be found in the *Agenda*?

A. The Task Force identified six Key Questions that reflect the breadth of the science optimally needed to reduce suicide burden. These questions mirror the range of public health and medical approaches to public health problems:

- Key Question 1: Why do people become suicidal?
- Key Question 2: How can we better or more optimally detect/predict risk?
- Key Question 3: What interventions prevent individuals from engaging in suicidal behavior?
- Key Question 4: What services are most effective for treating the suicidal person and preventing suicidal behavior?
- Key Question 5: What other types of interventions (outside health care settings) reduce suicide risk?
- Key Question 6: What new and existing research infrastructure is needed to reduce suicidal behavior?

The *Agenda* includes three short-term and three long-term research objectives for each of the six Key Questions. These Key Questions are not prioritized in any particular order; however, the research objectives identified under each Key Question are prioritized based on what is believed to have the biggest impact in both the short-term and long-term. The text of the *Agenda* also includes the processes used by the Task Force to develop the research pathways and objectives.

Research pathways associated with short-term and long-term research objectives have been summarized in the document, *Suicide Research Prioritization Plan of Action* (see www.suicide-research-agenda.org).

Q. What are the short-term and long-term calls to action as a result of the *Agenda*?

A. The short-term objectives are considered, if fully implemented, to help reduce the burden of suicide more rapidly. Short-term objectives are viewed as the most urgent to complete and many have broad practice implications (e.g., test treatment engagement approaches). The long-term objectives were considered to require more sustained efforts for reducing suicide attempts and deaths. Some of the long-term efforts are at an early stage of science, and others require complex and/or longer term efforts to be adequately tested. (Visit www.suicide-research-agenda.org to view the *Agenda*'s accompanying document, *Suicide Research Prioritization Action Plan*).

Q. Can this *Agenda* help lead to a reduction in suicide deaths and attempts by 20% in 5 years and 40% in 10 years?

A. A research document alone cannot reduce suicide deaths and attempts. Multiple approaches are needed to reduce suicide in the U.S., and are reflected by the Key Questions (see above) in the *Agenda*. The *Agenda* also considers what research infrastructure is needed to move research progress faster (e.g., use of common measures—of suicidal behavior and common risk factors, among others; data banking and sharing with appropriate consent and privacy protections). It was intended to serve as a set of strategic pathways to rapidly identify more effective solutions to prevent suicides in the U.S.

The Task Force was fully aware that research itself cannot reduce suicide mortality, but that research is needed to guide practice and inform decisions. Accordingly, the Task Force sought ways to align research with action. The *Agenda* identifies the most critical research needed within various suicide prevention approaches (e.g., early prevention; clinical care; encouraging help-seeking). It considers, for example, what research is needed to provide evidence for health care practices and other prevention activities (e.g., education of providers; safer care of prisoners).

The RPTF used modeling exercises to gauge the scope of what might be possible for reducing suicides in one, as well as five years and longer. These models (see Appendix G in the *Agenda),* along with additional interventions discussed in the agenda that could also make an impact, led the RPTF to conclude that the Action Alliance goal of preventing 20,000 suicide deaths over five years, and the RPTF goal to reduce 20% of all suicide deaths at the end of five years could be attained if existing preventive interventions were research informed, and fully and successfully implemented. Significant advances in other prioritized areas of research could produce much larger reductions in a ten-year timeframe.

Q. How do you go from conducting the research to putting the research findings into practice?

A. The *Agenda* identifies multiple opportunities where researchers can test ideas from the field (e.g., education, health care, social media) to build scientific theory, and most importantly, reduce suicide. Intervention and services research can provide critical knowledge for practice and decision making in systems where at-risk individuals can be found. A number of the priorities address the significant implementation research needed to move what is supported by science, to actual practice in communities.

Q. Does the *Agenda* change how organizations will fund suicide prevention research going forward?

A. Funding organizations will remain 'mission relevant' in their priorities. However, the *Agenda* prioritizes suicide prevention research that better aligns with opportunities to more rapidly reduce mortality. Having common priorities in suicide prevention research across funding organizations can allow for more coordinated efforts that can promote collaborative investments.

Q. How does the *Agenda* change how researchers look at their own work in suicide prevention?

A. The *Agenda* addresses a wide range of research pathways, and within each Key Questions area, prioritizes short- and long-term research that is our best hope of reducing suicide deaths and attempts. Researchers can see how their efforts align with the pathways described, and offer ways to identify how their science will contribute to the overall objectives of the plan and make a difference. (Visit www.suicide-research-agenda.org to view the *Agenda*'s accompanying document, *Suicide Research Prioritization Action Plan*).

Q. Are there any mandates within the *Agenda*? For example, does the *Agenda* present guidelines to which researchers must adhere?

A. No—the *Agenda* is meant to be a guide for researchers and funders. Key Question 6 in the *Agenda* does identify changes in research approaches (e.g., make plans for data sharing as appropriate with consent and privacy protections) to improve the value of study efforts as well as speed the process for finding answers that help reduce suicide.

Q. Is there any money specifically earmarked as a result of the *Agenda*'s release or tied to any specific projects? If so, who are the funders and what are the projects?

A. Within the past year, National Institute of Mental Health (NIMH), American Foundation for Suicide Prevention (AFSP), and Defense Advanced Research Projects Agency (DARPA) initiated research proposal requests with dedicated funding on identifying effective ways to assess near-term risk for suicide (see Key Question 2 in the *Agenda*).

Q. Will the collaborators who developed the *Agenda* continue to be involved in the next steps? If so, what is their role going forward?

A. Several Task Force members are leaders of funding agencies. A number of them are interested in helping with dissemination and implementation of the *Agenda.* Firm plans for updating the *Agenda* have not been made at this time.

Q. Why should non-researchers (e.g., family members, health care providers, business leaders) be interested in the *Agenda*?

A. The tragedy of suicide affects all corners of society. The *Agenda* illustrates the value of research in improving health care and other community and organizational practices. Several examples for various stakeholders include: Health care providers can consider how this *Agenda* will help shape practice so that suicide is no longer seen as an unavoidable outcome for individuals who have health conditions that put them at risk. Individuals at risk can consider how their care could improve (e.g., outreach, detection, treatment, follow-up). Family members should demand that care is accessible, and is effective for their loved ones so that suicide is a 'never event' in health care systems. Employers should want to seek evidence-based practices for supporting help-seeking and referral to effective treatments to reduce suicide risk.

Q. How does the *Agenda* fit into the overall National Action Alliance for Suicide (Action Alliance)?

A. The Action Alliance is the public-private partnership advancing the *National Strategy for Suicide Prevention* (NSSP; http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full_report-rev.pdf) by championing suicide prevention as a national priority, catalyzing efforts to implement high-priority objectives of the NSSP, and cultivating the resources needed to sustain progress. The Research Prioritization Task Force was among the first three task forces launched to address the key infrastructure components to reduce the burden of suicide in the U.S. The *Agenda* is intended to help the Action Alliance guide suicide prevention by informing efforts of Action Alliance Task Forces through research. With full implementation of the *Agenda*, the Action's Alliance goal of saving 20,000 American lives in five years becomes more of a reality.

Q. How does the *Agenda* fit with other research efforts, such as the National Research Action Plan (NRAP—http://www.whitehouse.gov/sites/default/files/uploads/nrap_for_eo_on_mental_health_august_2013.pdf), and the National Prevention Strategy (NPS—http://www.surgeongeneral.gov/initiatives/prevention/strategy/)?

A. *NRAP:* The NRAP is intended to help active military and veteran populations recover from PTSD, TBI and other related mental health conditions, to avoid suicide among other negative outcomes, through multiple activities. Specifically, the National Institutes of Health (NIH) within the Department of Health and Human Services, the Department of Defense (DoD), and the Veterans Administration (VA) were asked to develop a coordinated research effort to reduce the incidence of these problems. The *Agenda* complements the NRAP, sharing the urgency to address the problem of suicide, as well as recommending specific activities that include: an inventory of suicide prevention research; identifying common research measures; data sharing as appropriate to improve the efficiency of research investments; and supporting studies that can rapidly decrease suicide risk among the Nation's active military and veterans. The NRAP identifies discrete research activities to be accomplished among the collaborators (VA, NIH, DoD), but it did not specify a particular target for reduced suicide attempts and deaths.

NPS: The NPS prioritizes prevention efforts for the Nation by integrating recommendations and actions across multiple settings to improve health and save lives. The *Agenda* is consistent with the NPS by recommending research needed to promote resiliency in communities as well as within organizations. Three of the NPS's seven priority areas—mental and emotional well-being, preventing drug abuse and excessive alcohol use, and injury- and violence-free living—are directly relevant to suicide prevention. Key Question 5 in the *Agenda,* like the NPS, considers the multiple contexts for suicide prevention research that extend beyond health care: worksites, education and community settings.

Q. Does the *Agenda* advocate for restricting ownership of firearms?

A. No. The *Agenda* describes the scope of U.S. suicide deaths by firearms (19,392 in 2010) as well as other means of suicide death. The *Agenda* assesses the potential benefits of a 25% reduction in firearm suicide deaths to illustrate why consideration of suicide means is critical in prevention. The *Agenda* also describes the research needed to develop effective approaches to reducing access to multiple types of lethal means (e.g., medication access, barriers on bridges, access to CO poison).

Q. What will be the focus of research dollars going forward? How will that allocation of resources be different?

A. Through a portfolio analysis that compares funded studies with the *Agenda* priorities, funders can identify research gaps where they can focus future needs, and also identify areas that could make a bigger difference with targeted investments and coordination. Expansion of data sharing opportunities (with appropriate consent and privacy protections) will make research investments of greater value to the field.

Q. What areas offer the most optimism for improvement?

A. The *Agenda* offers multiple short- and long-term promising approaches. **Short-term Examples:** Psychosocial interventions tested in emergency care contexts have been proven to prevent reattempts among adults by one-third. Research can guide optimization to make interventions more effective. In addition, adapting the interventions to other age groups and new settings are logical next steps. **Long-term Examples**: Determine

whether preventive interventions found effective for reducing youth drug use and aggression also reduce suicide risk in later life. Determine if there are biomarkers that confer risk or resilience, so that preventive actions can be developed and used to pre-empt a suicidal crisis.

Q. How much is spent in the U.S. on suicide research on an annual basis?

A. On the public side, the National Institutes of Health is one of the larger funders of suicide research in the U.S. (other large funders include Veterans Administration and Department of Defense). In fiscal year 2012, the NIH invested $44 million in suicide research (http://report.nih.gov/categorical_spending.aspx). To put this in context, in the same year NIH spent $25 billion overall on research "outside" of NIH—through grants or contracts awarded to institutions throughout the U.S. and abroad (this excludes NIH facilities and research conducted on the NIH campus; see http://report.nih.gov/NIHDatabook/Charts/Default.aspx?showm=Y&chartId=283&catId=1). In terms of private funding, the American Foundation for Suicide Prevention has invested approximately $20 million since 2002 in suicide research.

Coordinated investments among funders are being discussed to better address the prioritized research objectives.

Q. Where can I find more detailed information about the research expert and other stakeholder input provided for the *Agenda*?

A. The *American Journal of Preventive Medicine* will be publishing an upcoming journal supplement that includes scientific papers that describe steps in the *Agenda* development process. It will also include invited manuscripts from the Topic Experts who provided their ideas for the proposed research pathways that were considered for the *Agenda*. Once the supplement is published, we will provide a link on this website: www.suicide-research-agenda.org.

To view the full *Prioritized Research Agenda,*
its accompanying *Suicide Research Prioritization Plan of Action,*
and to find other products of the Task Force,
visit www.suicide-research-agenda.org.