

CDC's Comprehensive Public Health Approach to Suicide Prevention

Safe States



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Suicide Prevention Team

Division of Injury Prevention

Agenda

Overview of:

- Suicide Prevention Organization
- Suicide Prevention Strategic Plan
- New Comprehensive Suicide Prevention Program
- Additional Programmatic Highlights/ COVID-19 Funding





National Center for Injury Prevention and Control

Everyone, everywhere, every day—safe and free from injuries and violence.



Introducing the Division of Injury Prevention



Suicide Prevention Team



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Suicide by the Numbers

More than 48,000 people died from suicide in 2018



12.0 million* seriously thought about suicide3.5 million* made a plan for suicide1.4 million* attempted suicide

Over

130 deaths

per day



Source: CDC NVSS and SAMHSA NSDUH

*Among adults in 2019

Youth Suicide

- Youth suicide rates increased 47.1% between 2007-2009 and 2016-2018.¹
- In 2019, 18.8% of high school students reported seriously considering suicide.²
- Attempts reported disproportionately among LGB students.²

Lesbian, gay, and bisexual U.S. high school students were more likely to report a suicide attempt during the last year



¹ Curtin SC. State suicide rates among adolescents and young adults aged 10–24: United States, 2000–2018. National Vital Statistics Reports; vol 69 no 11. Hyattsville, MD: National Center for Health Statistics. 2020. <u>https://www.cdc.gov/nchs/data/nvsr/nvsr69/NVSR-69-11-508.pdf</u>

² Ivey-Stephenson AZ, Demissie Z, Crosby AE, et al. Suicidal Ideation and Behaviors Among High School Students — Youth Risk Behavior Survey, United States, 2019. MMWR Suppl 2020;69(Suppl-1):47–55. DOI: <u>http://dx.doi.org/10.15585/mmwr.su6901a6</u>

CDC's Strategy for Suicide Prevention

Our Vision & Mission

No lives lost to suicide





Use data, science, and partnerships to identify and implement effective suicide prevention strategies to foster healthy and resilient communities across the United States

https://www.cdc.gov/violenceprevention/suicide/strategic-plan/index.html

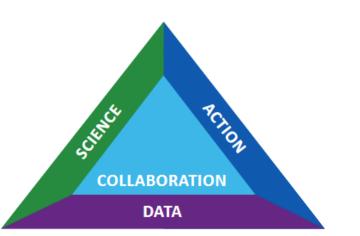
Our Priorities

Data: Use new and existing data to better understand, monitor, and prevent suicide and suicidal behavior

Science: Identify risk and protective factors and effective policies, programs, and practices for suicide prevention in vulnerable populations

Action: Build the foundation for CDC's National Suicide Prevention Program

Collaboration: Develop and implement wide-reaching partnership and communications strategies to raise awareness and advance suicide prevention activities





Data and Science Priorities

DATA

Use new and existing data to better understand, monitor, and prevent suicide and suicidal behavior

- **Goal 1:** Improve the quality and enhance the use of existing data sources and systems
- **Goal 2:** Identify and leverage new data sources and methods

SCIENCE

Identify risk and protective factors and effective policies, programs, and practices for suicide prevention in vulnerable populations



- **Goal 3:** Improve understanding of the factors that increase or decrease suicide risk in vulnerable populations
- **Goal 4:** Evaluate suicide prevention strategies in vulnerable populations

Action and Collaboration Priorities

ACTION

Build the foundation for CDC's National Suicide Prevention Program



COLLABORATION

Develop and implement wide-reaching partnership and communication strategies to raise awareness and advance suicide prevention activities



- **Goal 5:** Implement and evaluate comprehensive suicide prevention in vulnerable populations
- Goal 6: Translate the technical package

- Goal 7: Work with partners to advance a coordinated and comprehensive public health approach to suicide prevention
- Goal 8: Raise awareness of CDC's coordinated and comprehensive public health approach to suicide prevention

Comprehensive Suicide Prevention Program

Comprehensive Suicide Prevention (CSP) Program

Purpose

- To implement and evaluate a comprehensive public health approach to suicide prevention to reduce suicide morbidity and mortality, with specific attention to one or more *vulnerable populations*
 - Vulnerable populations:
 - Represent a significant proportion of the suicide burden (i.e. comprise a large number of suicides) and
 - Have suicide rates greater than the general population, in a jurisdiction (state, city/county, tribe...)
 - » e.g., veterans, tribal, rural, LGBTQ, homeless, other
- Key outcomes include a 10% reduction in suicide morbidity and mortality in the jurisdiction(s).

Two Primary Activities

 Create a strategic action plan for a comprehensive public health approach to suicide prevention with five components

2. Ongoing implementation and evaluation of the strategic action plan

Activity 1: Develop Strategic Action Plan

- 1. Multi-sectoral partnership plan
- 2. Surveillance data to select vulnerable population(s) and to understand circumstances of suicide in the population(s)
- 3. Inventory of ongoing suicide prevention programs in the jurisdiction(s) and identify prevention gaps and opportunities
- 4. Strategies and approaches from CDC's Suicide Prevention Technical Package
- 5. Communication and dissemination plan

Component 1: Multi-sectoral Partnership Plan

- Recipients serve as leaders and conveners of a multi-sectoral partnership
- The partnership plan should build on existing partnerships and include a structure for working with partners
 - Public health, behavioral/mental health, employment/labor, education, healthcare, legal, survivors of suicide loss, people with lived experience
- Partners' roles, frequency, and nature of engagement, and evaluation metrics should be included in the partnership plan

Component 2: Surveillance Data

- Use of multiple data sources used for selection of vulnerable population
 - Mortality data
 - National Vital Statistics System (NVSS): Estimate burden
 - National Violent Death Reporting System (NVDRS): Characterize circumstances
 - Morbidity data
 - Hospital inpatient
 - Emergency department records (e.g., syndromic surveillance)
 - Surveys

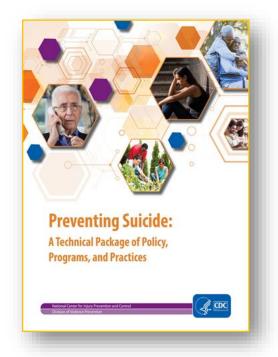
Component 3: Inventory of Existing Suicide Prevention Programs

- Knowledge of the existing prevention strategies can help avoid duplication of efforts and leverage existing resources for a comprehensive approach
- Inventory will allow for examination of gaps and opportunities for expansion of existing programs and selection of new complementary strategies from the technical package

Component 4: Selection of Strategies from *Preventing Suicide: A Technical Package of Policy, Programs, and Practices*

What is a technical package?

Select group of strategies based on the **best available evidence** to help communities and states sharpen their focus on priorities with the **greatest potential** to prevent suicide.



https://www.cdc.gov/violenceprevention/pdf/SuicideTechnicalPackage.pdf

More about the Technical Package

- Strategies—Broad direction to achieve goal of suicide prevention
- Approaches-Ways to advance the strategies
 - Best available evidence
 - Programs
 - Practices
 - Policies

Strengthen economic supports	 Strengthen household financial security Housing stabilization policies 	
Strengthen access and delivery of suicide care	 Coverage of mental health conditions in health insurance policies Reduce provider shortages in underserved areas Safe suicide care through systems change 	
Create protective environments	 Reduce access to lethal means among persons at risk of suicide Organizational policies and culture Community-based policies to reduce excessive alcohol use 	
Promote connectedness	Peer norm programsCommunity engagement activities	
Teach coping and problem-solving skills	 Social-emotional learning programs Parenting skill and family relationship programs 	
Identify and support people at risk	 Gatekeeper training Crisis intervention Treatment for people at risk of suicide Treatment to prevent re-attempts 	
Lessen harms and prevent future risk	 Postvention Safe reporting and messaging about suicide 	

https://www.cdc.gov/violenceprevention/pdf/SuicideTechnicalPackage.pdf

Tier 1: Community-based Strategies

Create protective environments

Identify and support people at risk

Teach coping and problem-solving skills

Promote connectedness

Lessen harms and prevent future risk

Tier 2: Healthcarebased Strategies

Identify and support people at risk

Create protective environments

Strengthen access and delivery of suicide care

Applicant instructions:

Select at least one strategy and a corresponding approach (not shown) from each tier.

Tier 3: Upstream Strategies

Teach coping and problem-solving skills

Strengthen economic supports

Create protective environments

Strengthen access and delivery of suicide care

Component 5: Communication and Dissemination Plan

 Plan describes how stakeholders will stay informed of progress, challenges, and successes

Plan Components				
1. Stakeholders	6. Baseline metrics, if available			
2. Communication strategy and objectives	7. Evaluation metrics			
3. Tactics, channels, types of communication materials	8. Suicide-safe messaging			
4. Frequency of communications	9. Strategies for documenting successes and lessons learned			
5. Desired outcomes				

Activity 2: Ongoing Implementation & Evaluation of Action Plan

- Implementation and evaluation plans for each strategy selected <u>and</u> overarching comprehensive approach
 - Evaluation of comprehensive approach will focus on:
 - Impact of strategies overall on intermediate and long-term outcomes
 - Interaction of strategies, contextual factors, policies, partnerships
 - Evaluation of individual strategies (new and existing) will:
 - Assess process evaluation and intermediate outcomes in logic model
 - Identify promising practices and ineffective strategies
- Plans will include indicators and metrics for tracking

Activity 1-Create Strategic Action Plan-5 Parts

1 - Partnership plan

2- Surveillance data

3-Inventory

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- 4 Selection of strategies
- 5- Communication & dissemination

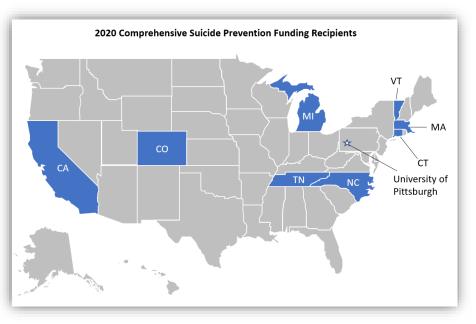
Activity 2: Implement and Evaluate Action Plan, Ongoing

Short-term Outcomes, Year 1

- Increased leadership capacity of funded entity
- Increased engagement/coordination partners
- Increased use of surveillance data in decisions
- Increased awareness of vulnerable population(s)
 - Increased awareness of factors contributing to suicide
- Increased awareness of existing prevention activities and gaps
 - Increased number of strategies used for comprehensive approach
- Increased involvement of communities to support implementation
- Increased awareness of vulnerable populations at increased risk
- Increased use of indicators/metrics for tracking impact of strategies
- Improved utilization of evaluation findings for program improvements

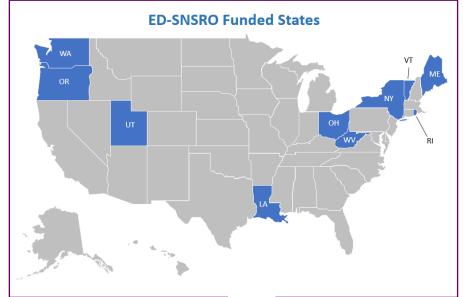
I N P U T S		Activity 1-Create Strategic Action Plan-5 Parts	Short-term outcomes, Year 1	Mid-term outcomes, Years 2-4	Long-term outcomes, Year 5
		1 - Partnership plan	See previous slide		
		2- Surveillance data	See previous silue	Improved capacity to sustain suicide prevention in jurisdiction	10% reduction in suicide morbidity and mortality in the vulnerable population in the jurisdiction
]	3- Inventory			
		4 - Selection of strategies		Decreased risk factors	
		5- Communication & dissemination		Increased protective factors	
		Activity 2: Implement and Evaluate Action Plan , Ongoing			

Inaugural Recipients



- California Department of Public Health
- Colorado Department of Public Health and Environment
- Connecticut Department of Public Health
- Massachusetts Department of Public Health
- Michigan Department of Health and Human Services
- North Carolina Department of Health and Human Services
- Tennessee Department of Health
- University of Pittsburgh
- Vermont Department of Health

Additional Suicide Prevention Highlights



COVID-19 and Suicide, ACEs, and IPV prevention







Overview: CDC COVID-19 Injury & Violence Prevention (IVP) Funding

 Build capacity for, and enhance implementation of, suicide, ACES, intimate partner violence prevention during COVID-19/infrastructure disruption: COVID-19 and Suicide, Aces, and IPV prevention

- Assess IVP prevention capacity in state/territories/local health depts
- Build capacity for IVP prevention among 12 Indian Health Boards
- Update CDC suicide prevention technical package
 - including adaptation for a virtual environment
- Train and provide technical assistance to the IVP workforce
- Implement suicide and violence prevention interventions in states
- Develop and disseminate public health messaging for IVP in COVID-19 context

Safe States COVID-19 Funding

- Safe States will be working collaboratively with the National Action Alliance for Suicide Prevention and the American Foundation for Suicide Prevention
 - Delivery of injury and violence SAFE STATES prevention activities that support the prevention of suicide and adverse childhood experiences







For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.cdc.gov

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The findings and conclusions in this report are those of the authors and do not necessarily official position of the Centers for Disease Control and Prevention.



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Thank you!