

05-01

STATEMENT OF POLICY

Suicide Prevention

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. NACCHO supports policies and practices that support and promote the Surgeon General's National Strategy for Suicide Prevention (the National Strategy).

In alignment with the National Strategy,¹ 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 services.
- Address risk factors (e.g., barriers to health care, high conflict or violent relationships, family history of suicide, mental illness, substance abuse, aggression) and protective factors (e.g., safe and supportive school and community environments, social connectedness, coping and problem solving skills) for suicidal behaviors.
- Ensure available, accessible, and timely treatment and support services.
- Improve suicide-related surveillance, data collection, research, and evaluation.
- Foster positive public dialogue, counter shame, prejudice, and silence, and build public support for suicide prevention.
- Enable collaboration between 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 vulnerable populations.
- Apply the most up-to-date research on suicide prevention.

Justification

Suicide is a major cause of serious injury and death. Tragically, in 2014, more than 42,000 people died by suicide and to date, is the 10th leading cause of death among Americans.² Based on estimates from 2010 data, suicide costs over \$44.6 billion a year in medical and work loss expenditures where the average cost per suicide is \$1,164,499 respectively.³ And in 2013, over 494,169 people with self-inflicted injuries were treated in U.S. emergency departments.²



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, and young adults ages 15–24 and adults ages 25–34.^{4,5} In addition, mental health disorders, a history of childhood trauma, and having access to lethal means are risk factors for suicide. 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.

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.⁴ 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 Prevention of Firearm-related Injury and Death policy statement).⁴ Therefore, a comprehensive approach to suicide prevention must restrict access to lethal means and address mental health and previous trauma.

The 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.⁶

The Surgeon General released a National Strategy for Suicide Prevention in September 2012. 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.¹

The public health approach to suicide prevention is a process that focuses on identifying broader patterns of suicide and suicidal behavior throughout group and populations.⁴ 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. 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 at risk, and the need for effective prevention.

References

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Record of Action

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