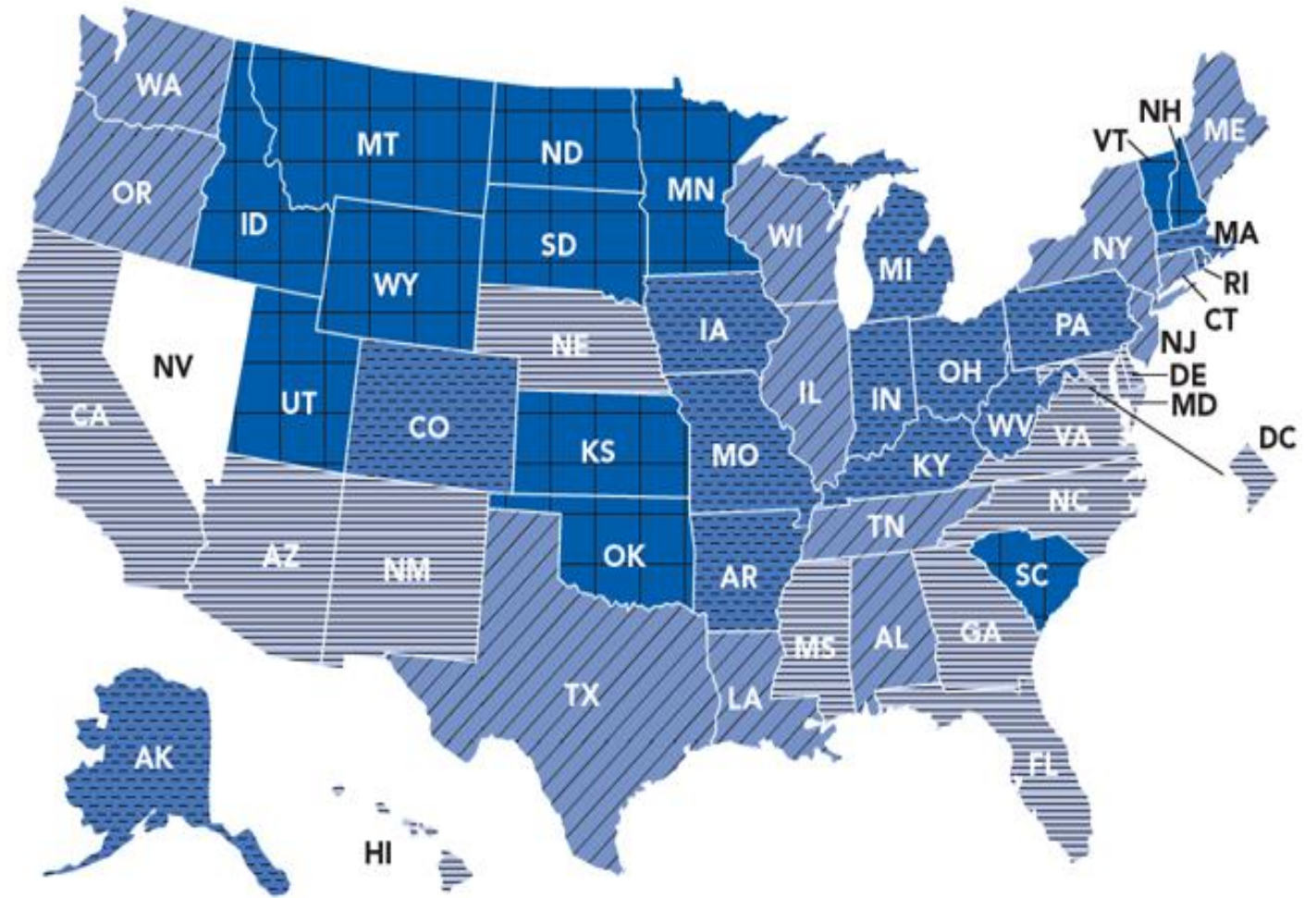


How to find Solutions to Suicide!

Why prevention and awareness isn't working!

Suicide rates rose across the US from 1999 to 2016.



SOURCE: CDC's National Vital Statistics System;
CDC Vital Signs, June 2018.

<https://www.cdc.gov/vitalsigns/suicide/infographic.html#graphic1>

Suicide rates rose across the US from 1999 to 2016.

State	Increase/Decrease	Overall Percent Change
US (national)	Increase	25.4
AL	Increase	21.9
AK	Increase	37.4
AZ	Increase	17.3
AR	Increase	36.8
CA	Increase	14.8
CO	Increase	34.1
CT	Increase	19.2
DE	Increase	5.9
DC	Increase	16.1
FL	Increase	10.6
GA	Increase	16.2
HI	Increase	18.3
ID	Increase	43.2
IL	Increase	22.8
IN	Increase	31.9
IA	Increase	36.2

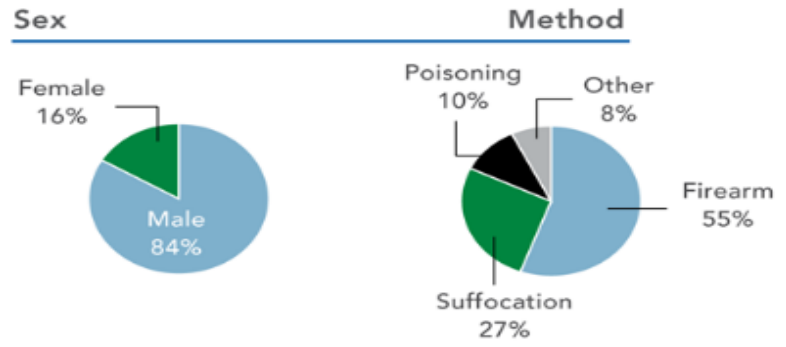
KS	Increase	45.0
KY	Increase	36.6
LA	Increase	29.3
ME	Increase	27.4
MD	Increase	8.5
MA	Increase	35.3
MI	Increase	32.9
MN	Increase	40.6
MS	Increase	17.8
MO	Increase	36.4
MT	Increase	38.0
NE	Increase	16.2
NV	Decrease	1.0
NH	Increase	48.3
NJ	Increase	19.2
NM	Increase	18.3
NY	Increase	28.8

NC	Increase	12.7
ND	Increase	57.6
OH	Increase	36.0
OK	Increase	37.6
OR	Increase	28.2
PA	Increase	34.3
RI	Increase	34.1
SC	Increase	38.3
SD	Increase	44.5
TN	Increase	24.2
TX	Increase	18.9
UT	Increase	46.5
VT	Increase	48.6
VA	Increase	17.4
WA	Increase	18.8
WV	Increase	37.1
WI	Increase	25.8
WY	Increase	39.0

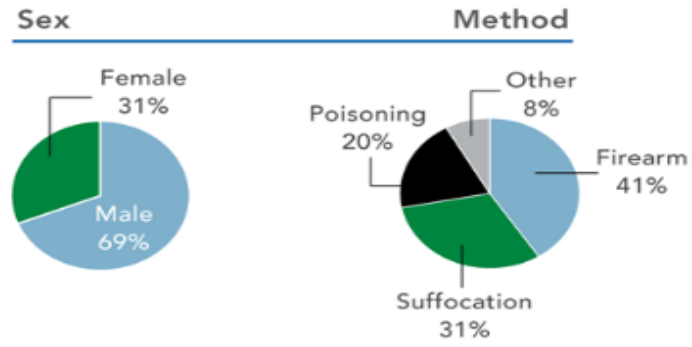
SOURCE: CDC's National Vital Statistics System

Differences exist among those with and without mental health conditions. People without known mental health conditions were more likely to be male and to die by firearm.

No known mental health conditions



Known mental health conditions



Differences exist among those with and without mental health conditions. People without known mental health conditions were more likely to be male and to die by firearm.

No known mental health conditions.

Sex

Female 16%

Male 84%

Method

Other 8%

Poisoning 10%

Suffocation 27%

Firearm 55%

Known mental health conditions

Sex

Female 31%

Male 69%

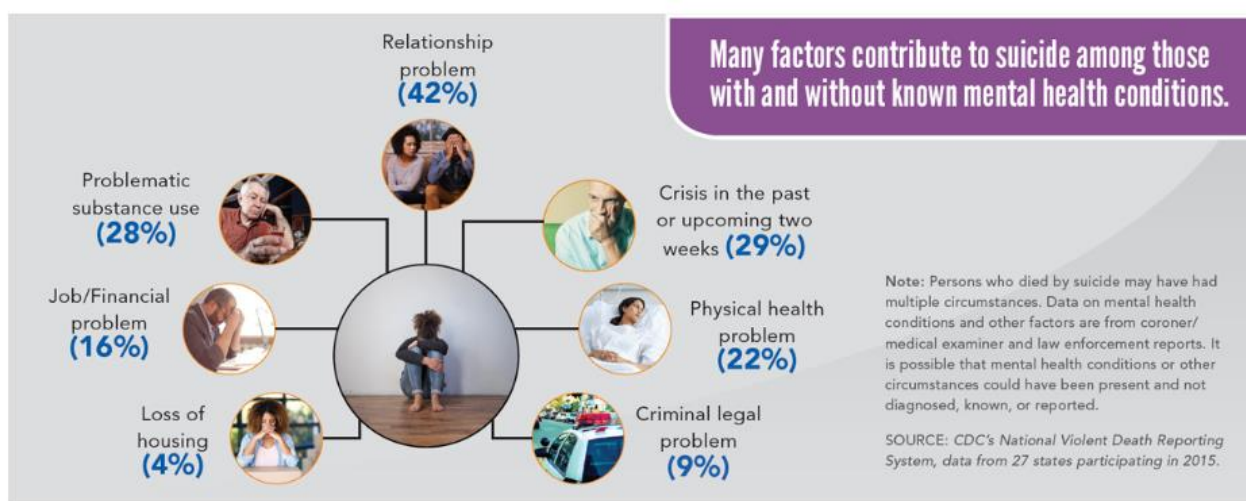
Method

Other 8%

Poisoning 20%

Suffocation 31%

Firearm 41%



Many factors contribute to suicide among those with and without mental health conditions

Relationship problem (42%)

Problematic substance use (28%)

Crisis in the past or upcoming two weeks (29%)

Criminal legal problem (9%)

Physical health problem (22%)

Loss of housing (4%)

Job/Financial problem (16%)


Note: Persons who died by suicide may have had multiple circumstances. Data on mental health conditions and other factors are from coroner/medical examiner and law enforcement reports. It is possible that mental health conditions or other circumstances could have been present and not diagnosed, known, or reported.

SOURCE: CDC's National Violent Death Reporting System, data from 27 states participating in 2015.

Know the 12 Suicide WARNING SIGNS

- Feeling like a burden
- Being isolated
- Increased anxiety
- Feeling trapped or in unbearable pain
- Increased substance use
- Looking for a way to access lethal means
- Increased anger or rage
- Extreme mood swings
- Expressing hopelessness
- Sleeping too little or too much
- Talking or posting about wanting to die
- Making plans for suicide

WHAT CAN WE DO TO PREVENT SUICIDE?

Preventing Suicide: A Technical Package of Policy, Programs, and Practices,
<https://go.usa.gov/xQBGc> 

Preventing suicide involves everyone in the community.

Provide financial support to individuals in need.

- **States** can help ease unemployment and housing stress by providing temporary support.

Strengthen access to and delivery of care.

- **Healthcare systems** can offer treatment options by phone or online where services are not widely available.

Create protective environments.

- **Employers** can apply policies that create a healthy environment and reduce stigma about seeking help.

Connect people within their communities.

- **Communities** can offer programs and events to increase a sense of belonging among residents.

Teach coping and problem-solving skills.

- **Schools** can teach students skills to manage challenges like relationship and school problems.

Prevent future risk.

- **Media** can describe helping resources and avoid headlines or details that increase risk.

Identify and support people at risk.

- **Everyone** can learn the signs of suicide, how to respond, and where to access help.

5 Steps to help someone at risk

1. Ask.
2. Keep them safe.
3. Be there.
4. Help them connect.
5. Follow up.


Find out how this can save a life by visiting:

www.BeThe1To.com



What Can Be Done

The Federal government is

- Tracking the problem to describe trends, circumstances, and populations at greatest risk (for example, see www.cdc.gov/violenceprevention/nvdrs).
- Developing, implementing, and evaluating suicide prevention strategies.
- Working with local, state, tribal, national, and other partners to provide guidance and distribute suicide prevention tools (for example, see <https://go.usa.gov/xQBGc> ).

States and communities can

- Identify and support people at risk of suicide.
- Teach coping and problem-solving skills to help people manage challenges with relationships, jobs, health, or other concerns.
- Promote safe and supportive environments. This includes safely storing medications and firearms to reduce access among people at risk.
- Offer activities that bring people together so they feel connected and not alone.
- Connect people at risk to effective and coordinated mental and physical healthcare.
- Expand options for temporary assistance for those struggling to make ends meet.
- Prevent future risk of suicide among those who have lost a loved one to suicide.


Health care systems can

- Provide high quality, ongoing care focused on patient safety and suicide prevention.
- Make sure affordable and effective mental and physical healthcare is available where people live.
- Train providers in adopting proven treatments for patients at risk of suicide.

Employers can

- Promote employee health and well-being, support employees at risk, and have plans in place to respond to people showing warning signs.
- Encourage employees to seek help, and provide referrals to mental health, substance use disorder, legal, or financial counseling services as needed.

Everyone can



- Ask someone you are worried about if they're thinking about suicide.
- Keep them safe. Reduce access to lethal means for those at risk.
- Be there with them. Listen to what they need.
- Help them connect with ongoing support like the Lifeline (1-800-273-8255).
- Follow up to see how they're doing.
- Find out how this can save a life by visiting: www.bethe1to.com  .

Related Pages










- [Vital Signs Issue Details: Vital signs Issue details: Trends in State Suicide Rates — United States, 1999–2016 and Circumstances Contributing to Suicide — 27 States, 2015 Morbidity and Mortality Weekly Report \(MMWR\)](#)
- [Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#)

- [National Vital Statistics System](#)
- [National Violent Death Reporting System](#)
- [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#)
- [CDC's Division of Violence Prevention](#)
- [Suicide in Rural America](#)

CDC Suicide prevention:

- [Public Health Grand Rounds: Preventing Suicide: A Comprehensive Public Health Approach](#)
- [Suicide Prevention web site](#)
- [Uniform Definitions for Self-Directed Violence](#) 
- [Preventing Suicide Fact Sheet](#) 
- [Data sources](#)
- [Connecting the dots: Exploring the overlaps between multiple forms of violence](#)


Other Sites

- [Suicide Prevention Resource Center](#) 
- [National Action Alliance for Suicide Prevention](#) 
- [National Strategy for Suicide Prevention](#) 
- [Recommendations for Reporting on Suicide](#) 
- [National Suicide Prevention Lifeline](#) 
- [#BeThe1to campaign](#) 
- [Project 2025](#) 
- [Medline Plus-Suicide](#) 
- [Crisis Text Line \(Text Home to 741741\)](#) 

Science Behind the Issue

- [Morbidity and Mortality Weekly Report \(MMWR\)](#)
- [Science Clips](#)

The media can avoid increasing suicide risk (e.g., by not using dramatic headlines or providing explicit details) and encourage people to seek help.

View recommendations at: www.ReportingOnSuicide.org 

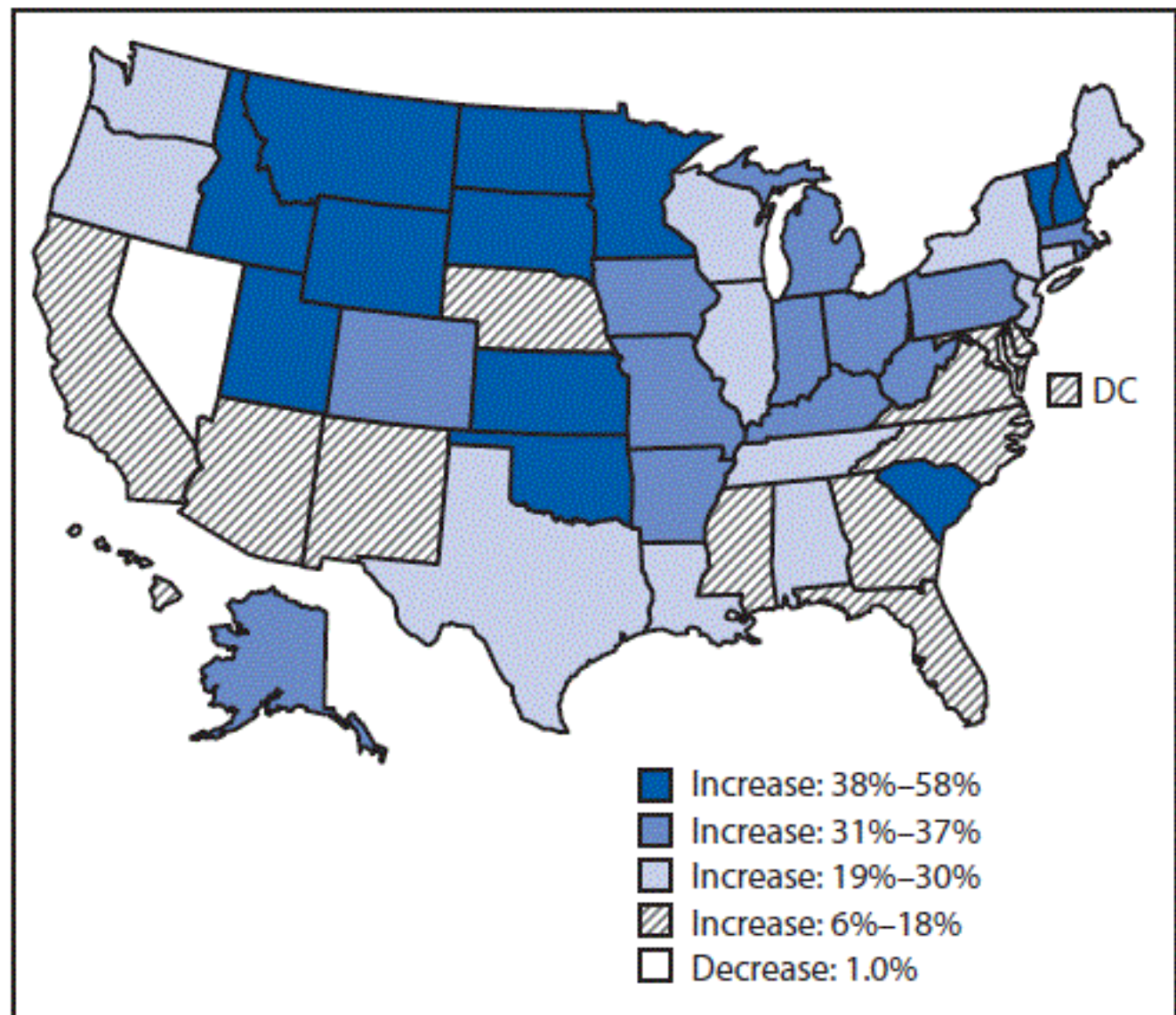
If you need help for yourself or someone else, please contact the

National Suicide Prevention Lifeline

Talk: 1-800-273-TALK (8255)

Chat: www.suicidepreventionlifeline.org 

FIGURE. Percent change in annual suicide rate,* by state — United States, from 1999–2001 to 2014–2016



* Per 100,000 population, age-adjusted to the 2000 U.S. standard population.

<https://www.cdc.gov/violenceprevention/pdf/suicide-factsheet.pdf>

HOW AND WHY THE 5 STEPS CAN HELP

[En Español](#)

The [five action steps](#) for communicating with someone who may be suicidal are supported by evidence in the field of suicide prevention.

ASK

How – Asking the question “Are you thinking about suicide?” communicates that you’re open to speaking about suicide in a non-judgmental and supportive way. Asking in this direct, unbiased manner, can open the door for effective dialogue



about their emotional pain and can allow everyone involved to see what next steps need to be taken. Other questions you can ask include, “How do you hurt?” and “How can I help?” **Do not ever promise to keep their thoughts of suicide a secret.**

The flip side of the “Ask” step is to “Listen.” Make sure you take their answers seriously and not to ignore them, especially if they indicate they are experiencing thoughts of suicide. Listening to their reasons for being in such emotional pain, as well as listening for any potential reasons they want to continue to stay alive, are both incredibly important when they are telling you what’s going on. Help them focus on **their** reasons for living and avoid trying to impose **your** reasons for them to stay alive.

Why – Studies show that [asking at-risk individuals](#) [↗](#) if they are suicidal does not increase suicides or suicidal thoughts. In fact, studies suggest the opposite: findings suggest [acknowledging and talking about suicide](#) [↗](#) may in fact [reduce rather than increase](#) [↗](#) suicidal ideation.

BE THERE

How – This could mean being physically present for someone, speaking with them on the phone when you can, or any other way that shows support for the person at risk. An important aspect of this step is to make sure you follow through



with the ways in which you say you'll be able to support the person – do not commit to anything you are not willing or able to accomplish. If you are unable to be physically present with someone with thoughts of suicide, talk with them to develop some ideas for others who might be able to help as well (again, only others who are willing, able, and appropriate to be there). Listening is again very important during this step – find out what and who they believe will be the most effective sources of help.

Why – Being there for someone with thoughts of suicide is life-saving. Increasing someone's [connectedness](#) to others and limiting their isolation (both in the short and long-term) has shown to be a protective factor against suicide. Thomas Joiner's [Interpersonal-Psychological Theory of Suicide](#) highlights

connectedness as one of its main components – specifically, a low sense of belonging. When someone experiences this state, paired with perceived burdensomeness (arguably tied to “connectedness” through isolating behaviors and lack of a sense of purpose) and acquired capability (a lowered fear of death and habituated experiences of violence), their risk can become severely elevated.

In the [Three-Step Theory](#) (or more commonly known as the Ideation-to-Action Framework), David Klonsky and Alexis May also theorize that “connectedness” is a key protective factor, not only against suicide as a whole, but in terms of the escalation of thoughts of suicide to action. Their research has also shown connectedness acts as a buffer against hopelessness and psychological pain.

By “being there,” we have a chance to alleviate or eliminate some of these significant factors.

KEEP THEM SAFE

How – First of all, it’s good for everyone to be on the same page. After the “Ask” step, and you’ve determined suicide is indeed being talked about, it’s important to find out a few things to establish immediate safety. Have they already done anything to try to kill themselves before talking with you? Does the person experiencing thoughts of suicide know how they would kill themselves? Do they have a specific, detailed plan? What’s the timing for their plan? What sort of access to do they have to their planned method?

Why – Knowing the answers to each of these questions can tell us a lot about the imminence and severity of danger the person is in. For instance, the more steps and pieces of a plan that are in place, the higher their severity of risk and their capability to enact their plan might be. Or if they have immediate access to a firearm and are very serious about attempting suicide, then extra steps (like calling the authorities or driving them to an emergency department) might be necessary. The Lifeline can always act as a resource during these moments as well if you aren’t entirely sure what to do next.


The [Harvard T.H. Chan School of Public Health](#) notes that reducing a suicidal person’s access to highly lethal means (or chosen method for a suicide attempt) is an important part of suicide prevention. A number of studies have indicated that when lethal means are made less available or less deadly, suicide rates by that method decline, and frequently suicide rates overall decline. Research also shows that “method substitution” or choosing an alternate method when the original method is restricted, frequently does not happen. The myth “If someone really wants to kill themselves, they’ll find a way to do it” often does not hold true if appropriate safety measures are put into place. The Keep Them Safe step is really about showing support for someone during the times when they have thoughts of suicide by putting **time** and **distance** between the person and their chosen method, especially methods that have shown higher lethality (like firearms and medications).



HELP THEM CONNECT

How – Helping someone with thoughts of suicide connect with ongoing supports (like the Lifeline, 800-273-8255) can help them establish a safety net for those moments they find themselves in a crisis. Additional components of a safety net might be connecting them with supports and resources in their communities. Explore some of these possible supports with them – are they currently seeing a mental health professional? Have they in the past? Is this an option for them currently? Are there other mental health resources in the community that can effectively help?

One way to start helping them find ways to connect is to work with them to develop a safety plan. This can include ways for them identify if they start to experience significant, severe thoughts of suicide along with what to do in those crisis moments. A safety plan can also include a list of individuals to contact when a crisis occurs.

Why – [**Impact of Applied Suicide Intervention Skills Training on the National Suicide Prevention Lifeline**](#)  found that individuals that called the National

Suicide Prevention Lifeline were significantly more likely to feel less depressed, less suicidal, less overwhelmed, and more hopeful by the end of calls handled by Applied Suicide Intervention Skills Training-trained counselors. These improvements were linked to ASIST-related counselor interventions, including listening without judgment, exploring reasons for living and creating a network of support.



#BeThe1To
HELP THEM CONNECT.



 Find out why this can save a life at [**www.BeThe1To.com**](http://www.BeThe1To.com)
If you're struggling, call the Lifeline at **1-800-273-TALK (8255)**

FOLLOW UP

How – After your initial contact with a person experiencing thoughts of suicide, and after you’ve connected them with the immediate support systems they need, make sure to follow-up with them to see how they’re doing. Leave a message, send a text, or give them a call. The follow-up step is a great time to check in with them to see if there is more you are capable of helping with or if there are things you’ve said you would do and haven’t yet had the chance to get done for the person.



The follow-up step is a great time to check in with them to see if there is more you are capable of helping with or if there are things you’ve said you would do and haven’t yet had the chance to get done for the person.

Why – This type of contact can continue to increase their feelings of connectedness and share your ongoing support. There is evidence that even a simple form of reaching out, [like sending a caring postcard](#), can potentially reduce their risk for suicide.

Studies have shown a reduction in the number of deaths by suicide when [following up was involved](#) with high risk populations after they were discharge from acute care services. Studies have also shown that brief, low cost intervention and [supportive, ongoing contact](#) may be an important part of suicide prevention. Please visit our [Follow-Up Matters](#) page for more.

Share the #BeThe1To steps in your community. [Find out how.](#)

For more information, press/media inquiries, or partnership opportunities, please contact Hannah Collins at hcollins@vibrant.org.

COLLABORATING FOR CHANGE

Vibrant Emotional Health and the National Suicide Prevention Lifeline network are proud to partner with innovative organizations across the U.S. and around the world to change the conversation about suicide prevention.



What Happens When You Call The Lifeline?

First, you'll hear an automated message featuring additional options while your call is routed to your local Lifeline network crisis center.

We'll play you a little music while we connect you to a skilled, trained crisis worker.

A trained crisis worker at your local center will answer the phone.

This person will listen to you, understand how your problem is affecting you, provide support, and get you the help you need.

Lifeline Center calls are free and confidential, and we're available 24/7.





The National Suicide Prevention Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. We're committed to improving crisis services and advancing suicide prevention by empowering individuals, advancing professional best practices, and building awareness.

[ABOUT THE LIFELINE](#)

Anyone could be struggling with suicide. Find more specific resources below.

A CURRENT EVENT:

[Coping During Community Unrest](#)

A CURRENT EVENT:

[Emotional Wellbeing During the COVID-19 Outbreak](#)



[Youth](#)



[Disaster Survivors](#)



[Native Americans](#)



[Veterans](#)



[Loss Survivors](#)



[LGBTQ+](#)



[Attempt Survivors](#)



[Deaf, Hard of Hearing, Hearing Loss](#)



[Ayuda En Español](#)

HOW TO CONNECT WITH A RESPONDER

Call

1-800-273-8255

and Press 1

Chat

Connect online

Text

838255

**Support for deaf and
hard of hearing**

Learn More

This free support is



Confidential



Available every day, 24/7

And serves



All Veterans



All Service members



National Guard and
Reserve



Their family members and
friends

Know the Risk Factors

Risk factors are characteristics that make it more likely that someone will consider, attempt, or die by suicide. They can't cause or predict a suicide attempt, but they're important to be aware of.

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders, and certain personality disorders
- Alcohol and other substance use disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Major physical illnesses
- Previous suicide attempt(s)
- Family history of suicide
- Job or financial loss
- Loss of relationship(s)
- Easy access to lethal means
- Local clusters of suicide
- Lack of social support and sense of isolation
- Stigma associated with asking for help
- Lack of healthcare, especially mental health and substance abuse treatment
- Cultural and religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma
- Exposure to others who have died by suicide (in real life or via the media and Internet)

Know the Warning Signs

Some warning signs may help you determine if a loved one is at risk for suicide, especially if the behavior is new, has increased, or seems related to a painful event, loss, or change. If you or someone you know exhibits any of these, seek help by calling the Lifeline.

- Talking about wanting to die or to kill themselves
- Looking for a way to kill themselves, like searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or isolating themselves
- Showing rage or talking about seeking revenge
- Extreme mood swings



Home

[24/7 Peer Support](#)

[GRIEF IN GENERAL](#)

[SUICIDE GRIEF PRIMER](#)

[SUICIDE GRIEF WEBSITES](#)

[SUICIDE GRIEF MATERIALS](#)

[ONLINE ASSISTANCE](#)

[SUPPORT GROUPS](#)

[SPECIAL POPULATIONS](#)

[BEREAVED CHILDREN](#)

[MILITARY/VETS/FAMILIES](#)

[SCHOOLS / WORKPLACES](#)

[COMMUNITIES](#)

[HELPING OTHERS](#)

[CHILDREN'S CAREGIVERS](#)

[FIRST RESPONDERS](#)

[BOOKSTORE](#)

[DETAILED LISTINGS](#)

[National Guidelines:
Responding After a Suicide](#)

Home

"After a Suicide" is a portal linking people who are grieving after a death by suicide to an online directory of resources and information to help them cope with their loss. The directory also lists items for people who want to offer support and assistance to the suicide bereaved. The site's Bitlink* is bit.ly/afterasuicide. This site is not for crisis outreach: For immediate assistance, call 1-800-273-TALK (8255).

- [Grief in General](#) -- Introductory material on bereavement
- [Suicide Grief Primer](#) -- An overview of grief after suicide

CATEGORIES

- [Suicide Grief Websites](#) -- Comprehensive sites focused on suicide bereavement
- [Suicide Grief Materials](#) -- Booklets, handouts ... about grief after suicide
- [Online Assistance](#) -- Interactive help available online
- [Support Groups](#) -- Information about group support for people bereaved by suicide
- [Special Populations](#) -- For bereaved parents, people of color, peer helpers, clinicians ...
- [Bereaved Children](#) -- Items for suicide bereaved children, plus children's grief in general
- [Military/Vets/Families](#) -- Resources for bereaved military, veterans, and their families
- [Schools/Workplaces](#) -- Best practices for community, work, school responses to suicide
- [Communities](#) -- Postvention training and principles for communities
- [Helping Others](#) -- Principles, theories, guidance on assisting the suicide bereaved
- [Children's Caregivers](#) -- Guidance on helping children bereaved by suicide
- [First Responders](#) -- Guidance for law enforcement, LOSS Teams ...

*Bitlinks (bit.ly/sitename) are used the same way as a site's original Internet address.



[RECOMMENDED BOOKS](#)

[ABOUT](#)

[CONTACT](#)

[NATIONAL GUIDELINES: RESPONDING AFTER A SUICIDE](#)

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www.UnifiedCommunities.com

Please contact [Franklin](#) for more information.

BLOG: *Grief After Suicide*

"After a Suicide" is sponsored by:



Personal Grief Coaching



Unified Community Solutions

Disaster Survivors

SHARE



The road to emotional recovery after a natural or human-caused disaster can be long, but you're not alone.

How To Take Care Of Yourself

People can experience a wide range of emotions before and after a disaster or traumatic event, but it's important to find healthy ways to cope.

Limit your news consumption. The constant replay of news stories about a disaster or traumatic event can increase stress and anxiety. Try to reduce the amount of news you watch, read or listen to, and engage in relaxing activities instead.

Practice selfcare. After a disaster, it can be hard to remember to take care of yourself. Try to regularly engage in relaxing activities. These can be as simple as taking a walk, stretching, and deep breathing.

Try to get enough sleep. Some people might experience difficulty sleeping after a disaster. If you have trouble falling asleep, try limiting your use of electronics in bed and avoid drinking caffeine or alcohol an hour before.

Establish new routines. After a disaster, there will be lots of changes. By working to establish new routines, you'll help keep your mind off of the disaster and can focus on selfcare.

PROVIDERS & PROFESSIONALS

BEST
PRACTICES



Professional Initiatives

[Best Practices](#)

Our Network

Media Resources

Zero Suicide

The foundational belief of Zero Suicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable. Zero Suicide requires a system-wide approach to improve outcomes and close gaps.

 [Visit Zero Suicide](#)

Lifeline for Attempt Survivors

The Lifeline for Attempt Survivors is for those who have attempted suicide and their loved ones. The site houses stories from attempt survivors who have made it through their darkest hour. Some of these stories and resources are for families, friends, and clinicians who want to support people who are feeling suicidal and/or suicide attempt survivors.

[Visit Lifeline for Attempt Survivors](#)

Strength After

Created by the Lifeline's subnetwork, the Disaster Distress Helpline, Strength After's mission is to provide a hub to share stories of hope and recovery encompassing all types of natural and human-caused disaster, and serve as a resource for other survivors and responders that may be trying to cope and move forward themselves.

 [Visit Strength After](#)

Professional Initiatives

SHARE



The Lifeline network is proud to be a partner in and a leader of multiple initiatives to raise public awareness and further the field of suicide prevention.

#BeThe1To

#BeThe1To is the National Suicide Prevention Lifeline's message for National Suicide Prevention Month and beyond, which helps spread the word about actions we can all take to prevent suicide.

 Visit [#BeThe1To](#)

Follow Up Matters

Follow Up Matters is a digital resource dedicated to building partnerships related to follow-up and care transitions. Discussing follow-up care at the right time can save lives and hospital resources, and support individuals as they continue their journey towards recovery.

[Visit Follow Up Matters](#)

You Matter

You Matter is a safe space for youth to discuss and share stories about mental health and wellness, created and administered by the National Suicide Prevention Lifeline. You Matter blog posts are written by a rotating Blogger Council of individuals between the ages of 13-24 that are passionate about suicide prevention and mental health.



[Visit You Matter](#)

Preventing Suicide

What is suicide?

Suicide is death caused by injuring oneself with the intent to die. A suicide attempt is when someone harms themselves with the intent to end their life, but they do not die as a result of their actions.¹

Suicide is associated with several risk and protective factors, is connected to other forms of injury and violence, and causes serious health and economic consequences. For example, suicide risk is higher among people who have experienced violence, including child abuse, bullying, or sexual violence. Other characteristics associated with suicide include a history of suicide attempts and lack of problem-solving skills. Protective factors like connectedness and easy access to health care buffer individuals from suicidal thoughts and behavior.²

By using a public health approach that addresses risk and protective factors for multiple types of violence, suicide and other forms of violence can be prevented.²

How big is the problem?

Suicide is a large and growing public health problem. Suicide is the 10th leading cause of death in the United States.³ It was responsible for nearly 45,000 deaths in 2016, with approximately one death every 12 minutes.³ Many more people think about or attempt suicide and survive. In 2016, 9.8 million American adults seriously thought about suicide, 2.8 million made a plan, and 1.3 million attempted suicide.⁴

Suicide affects all ages. Suicide is a problem throughout the life span. It is the second leading cause of death for people 10 to 34 years of age, the fourth leading cause among people 35 to 54 years of age, and the eighth leading cause among people 55 to 64 years of age.³

Some groups have higher rates of suicide than others. Suicide rates vary by race/ethnicity, age, and other population characteristics, with the highest rates across the life span occurring among non-Hispanic American Indian/Alaska Native and non-Hispanic White populations.³ Other Americans disproportionately impacted by suicide include Veterans and other military personnel and workers in certain occupational groups. Sexual minority youth bear a large burden as well, and experience increased suicidal ideation and behavior compared to their non-sexual minority peers.⁵



What are the consequences?

Suicide, by definition, is fatal. Suicide also affects the health of others and the community. When people die by suicide, their family and friends often experience shock, anger, guilt, and depression. The economic toll of suicide on society is immense as well. Suicides and suicide attempts cost the nation approximately \$70 billion per year in lifetime medical and work-loss costs alone.³

People who attempt suicide and survive may experience serious injuries, such as broken bones or organ failure. These injuries can have long-term effects on their health. People who survive suicide attempts can also have depression and other mental health problems.⁶

In addition to the number of people who are injured or die, many other people are impacted by knowing someone who dies or by personally experiencing suicidal thoughts.⁶ Additionally, being a survivor or someone with lived experience increases one's risk of suicide.

How can we prevent suicide?

CDC developed a technical package that provides information on the best available evidence for suicide prevention. The technical package can be used to inform a comprehensive, multi-level and multi-sectoral approach within communities and states. It includes strategies to prevent suicide in the first place, by decreasing suicide risk factors and increasing protective factors. Strategies range from a focus on the whole population regardless of risk to strategies designed to support people at highest risk. Importantly, this technical package extends typical prevention strategies to approaches that go beyond individual behavior change to better address factors impacting communities and populations more broadly.

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
- Safer suicide care through system 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 programs
- Community engagement activities

Teach coping and problem-solving skills

- Social-emotional learning programs
- Parenting skill and family relationship programs

Identify and support people at risk

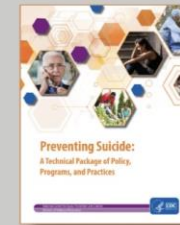
- Gatekeeper training
- Crisis intervention
- Treatment for people at risk of suicide
- Treatment to prevent re-attempts

Lessen harms and prevent future risk

- Postvention
- Safe reporting and messaging about suicide

Preventing Suicide: A Technical Package of Policy, Programs, and Practices

A **technical package** is a collection of strategies based on the best available evidence to prevent or reduce public health problems. The **strategy** lays out the direction and actions to prevent suicide. The **approaches** include the specific ways to advance the strategy through programs, policies and practices. The **evidence** to support each of the approaches to preventing suicide and associated risk factors is also included.



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