



PREVENTING SUICIDE

PROGRAM ACTIVITIES GUIDE

National Center for Injury Prevention and Control
Division of Violence Prevention



Preventing Suicide

The Facts

Someone dies by suicide every 15 minutes. In 2007, more than 34,000 Americans took their own lives. Suicide is the third leading cause of death among 15- to 24-year-olds, the fourth leading cause among 25- to 44-year-olds, and the eighth leading cause among 45- to 64-year-olds. Though suicide is a serious problem among youth, death rates are highest for people between the ages of 45 and 54 (about 17 per 100,000). When rates are examined by sex, women in the 45 to 54 age group are at greater risk for suicide, while men over the age of 75 are at greatest risk.

The number of deaths from suicide reflects only a small portion of the impact of suicidal behavior. In 2007, 165,997 people were hospitalized following suicide attempts. More than 395,320 were treated in hospital emergency departments for self-inflicted injuries.

One of the greatest challenges in the field of suicide prevention is identifying promising strategies and programs. CDC must continue to research effective prevention strategies and to develop and evaluate new ones. CDC will communicate information about what works to practitioners in the field as data become available.

CDC's Role

CDC's violence prevention activities are guided by four key principles:

- *An emphasis on primary prevention.* CDC seeks to stop suicidal behavior before it occurs. This involves reducing the factors that put people at risk for experiencing violence. It also includes increasing the factors that protect people or buffer them from risk.
- *A commitment to developing a rigorous science base.* CDC's approach includes defining the problem through surveillance, using research to identify risk and protective factors, developing and evaluating new prevention strategies, and ensuring widespread adoption of effective programs.

- *A cross-cutting perspective.* Public health encompasses many disciplines and perspectives, making its approach well suited for examining and addressing complex problems like suicidal behavior.
- *A population approach.* Part of public health's broad view is an emphasis on population health— not just the health of individuals.

CDC's strategic direction for suicide prevention is to promote and enhance connectedness within and among individual persons, families, and communities. CDC is particularly focused on interrupting the development of suicidal behavior, integrating approaches to preventing suicidal behavior for those faced with interpersonal violence, and addressing vulnerable populations. CDC's strategy is organized around these four general priorities:

- Measuring impact
- Creating and evaluating new approaches to prevention
- Applying and adapting effective practices
- Building community capacity for implementing prevention strategies.

Additional information about CDC's suicide prevention programs and activities is available at www.cdc.gov/violenceprevention.

Key Partners

Preventing suicide and suicidal behavior requires the support and contributions of many partners: federal agencies, state and local health departments, nonprofit organizations, academic institutions, international agencies, and private industry. Partners help in a variety of ways, including collecting data about suicide, learning about risk factors, developing strategies for prevention, and ensuring that effective prevention approaches reach those in need.

Monitoring, Tracking, and Researching the Problem

National Violent Death Reporting System

State and local agencies have detailed information from medical examiners, coroners, law enforcement, crime labs, and death certificates that could answer important, fundamental questions about trends and patterns in violence. However, the information is fragmented and difficult to access. Eighteen states are currently part of the National Violent Death Reporting System (NVDRS)—Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, Michigan, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin. These states gather, share, and link state-level data about violence. NVDRS enables CDC and states to access vital, state-level information to gain a more accurate understanding of the problem of violence. This will enable policy makers and community leaders to make informed decisions about violence prevention strategies and programs, including those that address suicide.

National Survey on Drug Use and Health Data Analysis

CDC is working with the Substance Abuse and Mental Health Services Administration to analyze data from the suicide-related items on the National Survey on Drug Use and Health (NSDUH). The survey is the leading source of information on the prevalence and incidence of the use of alcohol, tobacco, and illicit drugs in the United States. Suicide-related items were changed in calendar year 2008 to allow national and state estimates of suicidal thought and behavior among U.S. adults. Scientists are analyzing the data to identify patterns of suicidal thought and behavior as they relate to demographic and social characteristics and associations with substance abuse. This information will allow state and federal decision-makers and prevention program practitioners to make informed judgments about where to focus prevention resources.

Linking NVDRS data to Department of Defense and Veteran Affairs (VA) Data

CDC is working to enhance the National Violent Death Reporting System (NVDRS) to better characterize the nature of suicides among current and former military personnel. Specifically, CDC is attempting to link data provided by the Department of Defense Suicide Event Report (DoDSER) and the Department of Veterans Affairs (VA) to NVDRS. CDC is also assessing the feasibility of linking VA data to NVDRS through state NVDRS programs. Having a better understanding of the most common contributing factors could help focus military suicide prevention initiatives.

National Electronic Injury Surveillance System - All Injury Program

The National Electronic Injury Surveillance System – All Injury Program (NEISS-AIP) is operated by the U.S. Consumer Product Safety Commission in collaboration with the National Center for Injury Prevention and Control. It provides nationally representative data about all types and causes of nonfatal injuries treated in U.S. hospital emergency departments. CDC uses NEISS-AIP data to generate national estimates of nonfatal injuries, including those related to suicide.

Youth Risk Behavior Survey

CDC's national Youth Risk Behavior Surveillance System Survey (YRBSS) monitors six categories of priority health-risk behaviors among youth and young adults that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. A national survey is conducted every two years and provides data representative of 9th through 12th grade students in public and private schools in the United States. The YRBSS examines several types of violence-related behaviors including physical fighting, weapon carrying, dating and sexual violence, and suicidal behavior.

Defining and Measuring Connectedness

Connectedness is the degree to which a person or group is socially close, interrelated, or shares resources with other persons or groups. A wide range of connectedness concepts have been linked to suicide and self-directed violence, including social support, social participation, social isolation, social integration, social cohesion, and social capital. CDC is conducting a literature review to identify definitions of connectedness and has convened a panel of experts to develop a practical definition of connectedness that could be used to refine the measurement of connectedness as it relates to self-directed violence. The goal is to improve the utility, measurement, and monitoring of connectedness and resilience factors.

Prospective Risk and Protective Factors for Suicide and Co-occurring Risk Behaviors

CDC is funding researchers from Kent State University to explore differences in risk and protective factors across diverse samples of adolescents and young adults. Previous studies have identified risk and protective factors for suicide. However, relatively few studies have attempted to compare the influence of specific risk and protective factors across samples of youth in different contexts and with different risk exposures. By considering the relationship between risk characteristics and socioenvironmental context, the results of the study could have direct implications for the development of targeted prevention and intervention efforts designed to reduce adolescent and young adult suicide.

Developmental Pathways to Dating Violence and Suicidal Behavior: The Healthy Teens Project

CDC is funding researchers from the University of Georgia to examine the risk and protective factors that influence the developmental pathways that adolescents follow from 6th through 12th grade in

relation to dating violence and suicidal thoughts and behaviors. The Healthy Teens Project is a longitudinal study of about 700 students and uses multiple methods of data collection such as student surveys, teacher ratings, archival data on academic achievement and discipline, focus groups, and interviews. The project includes random and high-risk samples of students and evaluates a large number of violence-related constructs and behaviors. The project is designed to enhance the understanding of the development of dating violence and its interrelation with suicidal thoughts and behaviors and to inform the development of prevention strategies.

Injury Control Research Centers

CDC funds several Injury Control Research Centers (ICRCs) to address training and research in an integrated manner that will impact the field of injury and violence prevention. Activities include a range of research, education, and prevention projects that address unique problems of injury and violence prevention at the state, local and national levels. Two of the ICRCs, Colorado State University and West Virginia University, have a special focus on suicide-related projects. For example Colorado State focuses on community partnerships among underserved populations, such as Native Americans, Hispanics and rural residents. West Virginia has a research project examining risk and protective factor differences for suicide among Whites and Blacks.

School-Associated Violent Death Study

In partnership with the Department of Education, CDC monitors school-associated violent deaths at the national level. Information is collected from media databases, police, and school officials. Only violent deaths associated with U.S. elementary and secondary schools are included. This ongoing study plays an important role in monitoring trends in school-associated violent deaths, identifying risk factors, and assessing the effects of prevention strategies.

Developing and Evaluating Prevention Strategies

Links to Enhancing Teens' Connectedness (LET's CONNECT)

CDC is working with researchers at the University of Michigan to evaluate the Links to Enhancing Teens' Connectedness (LET's CONNECT) program. LET's CONNECT pairs adolescents who are at risk of suicidal behavior (e.g., due to low interpersonal connectedness or a recent history of bullying or being bullied) with peer and community mentors. Together, these mentors will support and engage the adolescents in community organizations and activities. The intervention aims to increase individual and community connectedness, decrease the likelihood of engaging in suicidal behaviors, and enhance overall well-being of youth in the program.

The Senior Connection (TSC)

CDC is working with researchers at the University of Rochester to evaluate The Senior Connection (TSC), a preventive intervention focused on increasing connectedness among older adults. The long-term goal of TSC is to reduce the risk of suicide-related morbidity and mortality among older adult primary care patients

by linking socially disconnected seniors with peer supports through the pre-existing Retired and Senior Volunteers Program. Participants in the evaluation will be followed over the course of 24 months to determine whether TSC is effective in reducing risk for suicidal behaviors.

Enhanced Evaluation of Youth Suicide Prevention

CDC is working with the Substance Abuse and Mental Health Services Administration to evaluate the implementation and outcomes of three state-based youth suicide prevention programs funded under the Garrett L. Smith Memorial Act. Findings from the enhanced evaluation will allow researchers to assess the implementation and outcomes of suicide prevention activities and better understand the process of implementing widespread strategies and their impact on prevention. CDC researchers will also work with the enhanced evaluation sites to translate and make actionable the sites' evaluation results, lessons learned, and recommendations for use by suicide prevention researchers and practitioners to improve future evaluation efforts.

Supporting and Enhancing Prevention Programs

U.S. Department of Defense and Army Suicide Prevention Program

CDC is working with representatives from the Department of Veterans Affairs and the National Institute of Mental Health to provide consultation to the Department of Defense and the US Army in the development of a coordinated, service-wide suicide prevention program. CDC researchers are providing suggestions on data collection, prevention program components, and program evaluation. This effort will lead to relevant and evidence-based suicide prevention policies and practices that reduce suicidal behaviors among U.S. military service personnel.

Department of Veterans Affairs Suicide Prevention Program

CDC is working with the Department of Veterans Affairs to develop an agency-wide suicide prevention program for veterans. CDC researchers are serving on the advisory committee and Blue Ribbon panel and are providing input on definitions application, data collection, and program evaluation. This effort will lead to better understanding of the magnitude of the problem of suicide among veterans, the interaction of risk and protective factors, and successful suicide prevention efforts.

Federal Steering Group for the National Strategy for Suicide Prevention

CDC plays a key role in the Federal Steering Group for the National Strategy for Suicide Prevention. This Group provides recommendations and guidance for implementing the National Strategy; coordinates federal initiatives to prevent suicide; and collaborates with

federal and non-federal partners to advance Strategy goals and objectives, which were published early 2001. They included promoting awareness about suicide as a preventable public health problem; developing and evaluating prevention programs; improving the portrayal of suicide, mental health, and drug use in the entertainment and news media; promoting research about suicide and its prevention; and enhancing tracking systems for suicide.

Key Publications

Uniform Definitions for Self-Directed Violence

CDC has developed *Self Directed Violence Surveillance: Uniform Definitions and Recommended Data Elements* to improve and standardize data collected on self-directed violence. Consistent data allow researchers to better gauge the scope of the problem, identify high-risk groups, and monitor the effects of prevention programs. The definitions and data elements were developed in collaboration with the Department of Veterans Affairs and the Department of Defense.

State Suicide Prevention Planning

State Suicide Prevention Planning: A CDC Research Brief summarizes the results of a CDC research study conducted to describe the key ingredients of successful state-based suicide prevention planning. The study's major objectives were to document the processes involved in developing state suicide prevention plans and to compile these findings into a template for decision making. The results of this study do not provide a universal blueprint for suicide prevention, but the insights garnered provide states with valuable information for effective planning, implementation, and evaluation.

Strategic Direction for the Prevention of Suicidal Behavior

The strategic direction for preventing suicidal behavior describes a five-year vision for CDC's prevention work. The overall strategy for preventing suicide is to promote individual, family, and community connectedness.

National Strategy for Suicide Prevention

The *National Strategy for Suicide Prevention* (NSSP) is the first attempt in the United States to prevent suicide through a systematic approach. It lays out a framework for developing an array of suicide prevention services and programs. The NSSP emphasizes coordination of resources and the application of culturally appropriate services at all levels of government and in the private sector.

School Health Guidelines to Prevent Unintentional Injuries and Violence

CDC's *School Health Guidelines to Prevent Unintentional Injuries and Violence* include information about preventing adolescent violence, suicide, and unintentional injury; why it is important to focus on schools; and what schools can do to prevent injuries and violence. www.cdc.gov/HealthyYouth/injury/guidelines

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