

**FOR IMMEDIATE RELEASE:**

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## **New Research Reinforces the Need to Transform our Nation's Crisis Services**

*NIH study highlights the need to strengthen our crisis infrastructure to meet high demands, especially after a celebrity suicide*

A collective statement prepared by the [National Action Alliance for Suicide Prevention \(Action Alliance\)](#) and its public and private partners. For media inquiries, contact Kim Torguson ([ktorguson@edc.org](mailto:ktorguson@edc.org) or 202-572-3737).

Just-released paper, "[Increases in Demand for Crisis and Other Suicide Prevention Services After a Celebrity Suicide](#)" published in the journal *Psychiatry Services*, shows the U.S. lacks the resources needed to meet increases in demand for suicide prevention services that occur after celebrity suicides. The study looked at increases in suicide rates within 30 days of Robin Williams' suicide on August 11, 2014, to test the ability of crisis mental health services to meet the demand for help.

Using data from the Centers for Disease Control and Prevention [National Center for Health Statistics' Compressed Mortality File](#), researchers compared the number of suicide deaths and the method of suicide in the 30 days before and after August 11, 2014. Key findings include:

- In 2012, 2013, and 2014 (before August 11), daily suicide deaths averaged between 113 and 117; after Williams' death the average rate increased to 142.
- Approximately two-thirds of the people who died by suicide immediately after the actor's death used the same method of suicide as Williams.
- The day after Williams' death, calls to the National Suicide Prevention Lifeline increased by up to 300 percent - from between 4,000 to 6,000 calls per day to 12,972.

"When a highly-publicized death occurs, like the death of Robin Williams, many will look for help-seeking information from crisis hotlines (such as the National Suicide Prevention Lifeline) and national organization websites (such as the Suicide Prevention Resource Center)," said Dr. Jerry Reed, senior vice president for practice leadership at Education Development Center, executive committee member of the National Action Alliance for Suicide Prevention (Action Alliance), and co-author of the study. "It's critical that we are ready to respond to someone who might be in crisis no matter where they go to seek information and help."

To strengthen our national mental health crisis services, the [Action Alliance](#) – the nation's public-private partnership for suicide prevention – and its Crisis Services Task Force developed, [Crisis Now: Transforming Services is Within Our Reach](#), a report that recommends actions we can take to improve care for struggling individuals. The report outlines the solutions by using existing, successful,

established, and accessible models pioneered by states that are already working to enhance its crisis services. It recommends national and state level actions to ensure effective crisis care is comprehensive and include core elements and best practices, such as:

- Better coordination, using technology for real time care coordination while providing support and meeting National Suicide Prevention Lifeline standards
- Availability of centrally deployed mobile crisis services on a 24/7 basis
- Residential crisis stabilization programs
- Major health payers recognizing and reimbursing provided crisis services via support from Centers for Medicare and Medicaid Services, the Department of Labor, and state Insurance Commissioners

“We must not delay as crises are happening now,” said David Covington, chief executive officer and president of RI International, executive committee member of the Action Alliance, and former lead of the Action Alliance’s Crisis Services Task Force. “We must strengthen our front line crisis services including crisis hotlines, mobile response services, and crisis facility alternatives, which support hospital and law enforcement first responders, and increase resources and funding to help build a sustainable, robust infrastructure moving forward.”

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#### **FOR NEWS MEDIA PARTNERS:**

Research shows that the media may influence suicide rates by the way they report on and depict suicide. Evidence suggests that when the media tell stories of people effectively coping with thoughts of suicide, more suicidal behaviors and deaths by suicides can be prevented. We urge all members of the media working on these stories to refer to the [Recommendations for Reporting on Suicide](#) for best practices for safely and accurately reporting on suicide (such as including the [National Suicide Prevention Lifeline 800-273-TALK \[8255\]](#)). For stories of persons with lived experience of suicidality and finding hope, refer to [www.lifelineforattemptsurvivors.org](http://www.lifelineforattemptsurvivors.org).

#### **NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION:**

*The [National Action Alliance for Suicide Prevention](#) is the public-private partnership working to advance the [National Strategy for Suicide Prevention](#) and make suicide prevention a national priority. The [Substance Abuse and Mental Health Services Administration](#) provides funding to [EDC](#) to operate and manage the Secretariat for the Action Alliance, which launched in 2010. Learn more at [theActionAlliance.org](http://theActionAlliance.org), and join the conversation on suicide prevention by following the Action Alliance on [Facebook](#), [Twitter](#), [LinkedIn](#), and [YouTube](#).*