A PRIORITIZED RESEARCH AGENDA FOR SUICIDE PREVENTION:
AN ACTION PLAN TO SAVE LIVES

Developed by the Research Prioritization Task Force of the National Action Alliance for Suicide Prevention

Research Prioritization Task Force Overarching Goal

Overall U.S. rates of suicide deaths have not decreased appreciably in 50 years. Each year, over 47,000 individuals report that they received medical attention for a suicide attempt; each year, more than 30,000 individuals die by suicide.*

RPT Goal: To develop an agenda for research that has the potential to reduce morbidity (attempts) and mortality (deaths) each, by at least 20% in 5 years, and 40% or greater in 10 years, if implemented successfully.

*A 2010 data from CDC & NIMH

“A More Difficult Public Health Problem”

Annual U.S. Suicide Rates, 1935–2011

Unprecedented Advancement in the Diagnosis & Treatment of Mental Illness; Relatively Intractable Suicide Rates

Past Year Suicide Attempts in Boundaried Settings

Is It Feasible to Reduce Suicide Deaths by 20%?

Approximately 20% Reduction in Suicide Deaths

Past Year Suicide Attempts in Boundaried Settings

Question 3: What Interventions Prevent Individuals From Engaging in Suicidal Behavior?

A Prioritized Research Agenda for Suicide Prevention: 6 Key Questions & 12 Aspirational Goals

Question 1: Why Do People Become Suicidal?

*Prioritized Research Agenda for Suicide Prevention 6 Key Questions & 12 Aspirational Goals

Question 2: How Can We More Optimally Detect/Predict Risk?

6 Key Qs and 12 AGs (continued)

Question 4: What Services Are Most Effective for Treating the Suicidal Person and Preventing Suicidal Behavior?

Aspirational Goal 4: Ensure that people who are thinking about suicide but have not yet attempted, receive interventions to prevent suicidal behavior.

Aspirational Goal 5: Find new biology treatments and better ways to use existing treatments to prevent suicidal behavior.

Aspirational Goal 6: Ensure that people who have attempted suicide can get effective interventions to prevent further attempts.

6 Key Qs and 12 AGs (continued)

Question 5: What Other Types of Preventive Interventions (Outside Health Care Settings) Reduce Suicide Risk?

Aspirational Goal 7: Ensure that health care providers and others in the community are well trained in how to find and treat those at risk.

Aspirational Goal 8: Ensure that people at risk for suicidal behavior can access affordable care that works, no matter where they are.

Aspirational Goal 9: Ensure that people getting care for suicidal thoughts and behaviors are followed throughout their treatment so they don’t fall through the cracks.

Aspirational Goal 10: Increase help-seeking and referrals for at-risk individuals by decreasing stigma.

6 Key Qs and 12 AGs (continued)

Question 6: What Existing Infrastructure Can Be Better Utilized, and What New Infrastructure Needs Must Be Met in Order to Further Reduce Suicidal Behavior in the United States?

A More Difficult Public Health Problem*

“A More Difficult Public Health Problem”

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Aspirational Goal 1: Find new biology treatments and better ways to use existing treatments to prevent suicidal behavior.

Aspirational Goal 2: Ensure that health care providers and others in the community are well trained in how to find and treat those at risk.

Aspirational Goal 3: Ensure that people at risk for suicidal behavior can access affordable care that works, no matter where they are.

Aspirational Goal 4: Ensure that people who are thinking about suicide but have not yet attempted, receive interventions to prevent suicidal behavior.

Aspirational Goal 5: Find new biology treatments and better ways to use existing treatments to prevent suicidal behavior.

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6 Key Qs and 12 AGs (continued)

http://www.census.gov/popest/archives/1990s/popclockest.txt


1950—Already Modeled

www.suicide-research-agenda.org