

# 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 678,000 individuals report that they received medical attention for a suicide attempt; each year, more than 30,000 individuals die by suicide.\***

**RPFT 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.**

\*2010 data from CDC & NSDUH

[www.suicide-research-agenda.org](http://www.suicide-research-agenda.org)

### Past Year Suicide Attempts in Bounded Settings

Emergency Departments	390,359	Treated for Attempts <sup>1</sup>
Outpatient Mental Health Services	515,900 <sup>2</sup>	
Substance Use Treatment Facilities	106,000 <sup>3</sup>	
Probation/Parole	161,000 <sup>1</sup>	
Youth in High School	1,297,520*	
Full time College	108,000 <sup>1</sup>	

<sup>1</sup>Source: CDC's National Electronic Surveillance System, 2010  
<sup>2</sup>Source: SAMHSA's National Survey on Drug Use and Health, 2008-2009  
<sup>3</sup>Source: CDC's Youth Risk Behavior Surveillance System, 2011 (Attempts treated by Doctor or Nurse)

### 6 Key Qs and 12 AGs (continued)

#### Question 3: What Interventions Prevent Individuals From Engaging in 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.

### "A More Difficult Public Health Problem"

#### Annual U.S. Suicide Rates, 1950-2011

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

Sources: Rates: 1950-1980 US Census Bureau, Statistical Abstracts of the United States, US Census Bureau, Washington, D.C., (1981-2011) CDC, Web-based Injury Statistics Query and Reporting System (WISQARS) (Online). Rate population: 1950-1980 US Census Bureau, Statistical Abstracts of the United States, US Census Bureau, (1981-2011) from: <http://www.census.gov/pajournal/archives/1990s/spjbullet.html>

### Is It Feasible to Reduce Suicide Deaths by 20%?

Approximating 20% Reduction in Suicide Deaths

Psychotherapy Provided in Emergency Care	2,498
Separating Suicidal Individuals from Firearm Access	3,612
Separating Suicidal Individuals from Carbon Monoxide Motor Vehicle	600

\*CDC 2010 data

Total = 6,710 using 1 year, optimal reduction estimates

### 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 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.

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### Deconstructing Suicide Deaths in the U.S.

✓ = Already Modeled

Firearm Deaths (51% of all suicides)	19,392 <sup>1</sup>
Motor Vehicle CO Poisoning Deaths	~735 <sup>2</sup>
Accessed healthcare within 30 days of death	~17,100 <sup>3</sup>
Seen in Emergency Department for suicide attempt in past year	~7,800 <sup>4</sup>
Military Veterans	~8360 <sup>5</sup>
Active Duty Military	~300 <sup>6</sup>
Jail and Prison Inmates	~500 <sup>7</sup>

Data Sources:  
1. CDC WISQARS 2010  
2. CDC WONDER 2010  
3. Bureau of Justice Statistics 2008-2009  
4. DODDER CY 2011 Report  
5. Trohman et al 2012  
6. Department of Veterans Affairs 2012  
7. CDC WISQARS 2010 & Owens et al, 2002

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

#### Question 1: Why Do People Become Suicidal?

**Aspirational Goal 1:** Know what leads to, or protects against, suicidal behavior, and learn how to change those things to prevent suicide.

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

**Aspirational Goal 2:** Determine the degree of suicide risk (e.g., imminent, near-term, long-term) among individuals in diverse populations and in diverse settings through feasible and effective screening and assessment approaches.

**Aspirational Goal 3:** Assess who is at risk for attempting suicide in the immediate future.

### 6 Key Qs and 12 AGs (continued)

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

**Aspirational Goal 11:** Prevent the emergence of suicidal behavior by developing and delivering the most effective prevention programs to build resilience and reduce risk in broad-based populations.

**Aspirational Goal 12:** Reduce access to lethal means that people use to attempt suicide.

#### 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?

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