



FAQs for Suicide Research Portfolio Analyses Report Release

Q: Why is a report on suicide research funding helpful in preventing suicide?

A: The [Research Prioritization Task Force](#) of the [National Action Alliance for Suicide Prevention](#) believes knowledge gaps have left public health and health care system practices with insufficient knowledge and strategic resources to prevent suicide, resulting in intractably high rates of suicide attempts and deaths. This report considers where research investments in the past 6 years have been made by U.S. funders, and where gaps remain. For example, there are many community suicide prevention efforts believed to be helpful, but they have not been sufficiently tested. Another example is the need for more proven, safe, fast acting interventions to help the most acutely suicidal individuals get back to seeing life as worth living.

Q: The report concludes that the US investment in suicide research is “meager.” How is an average of \$72 million per year “meager”?

A: With over 41,000 deaths in 2013, suicide was the 10th leading cause of death in the US, and the 2nd leading cause for persons aged 15-34. Investments in research that improve understanding of the causes diseases and conditions, and effective approaches to prevention and treatment have reduced mortality rates in other leading causes of death. For example, in 2013, the [NIH investment](#) in influenza (30,700 annual deaths) was \$222 million; for hypertension research (56,000 annual deaths) the investment was \$304 million. HIV/AIDS, a research and public health success story where the death rates have [dropped in half](#) since 1987, had an NIH 2013 investment of \$3 billion.

Q: The report describes studies focused on similar research objectives. How do the funding agencies and organizations view this finding?

A: All studies were expected to fit into broad categories of science (key questions about suicide- e.g., *Why do people become suicidal?*, etc.). Within those categories, the analyses examined how studies fit with [prioritized research objectives](#) necessary to reduce the burden of suicide. Relatively few, if any, studies were found to be fielding similar efforts on the same scale. One purpose of the report was to identify where investments could point to knowledge gains (studies with similar questions and findings) that would strategically move science and practice ahead.

Q: How does this report identify funding gaps?

A: The report looked at suicide research in broad categories of science (key questions about suicide- e.g., *What types of services are most effective for preventing suicidal behavior?*, etc.), and within those

categories, how studies fit with [prioritized research objectives](#) necessary to reduce the burden of suicide. This report found few studies testing the effectiveness of community-level prevention programs (e.g., school or work based efforts; reducing access to lethal means). This is notable since a recent [World Health Organization publication on suicide prevention](#) indicated that a number of nations' suicide rates have dropped by reducing access to lethal means (e.g., p. 34 reducing access to firearms, poisonous gases, and pharmacological agents; as well as structural interventions to prevent jumping from buildings, bridges or in front of trains). Other practical questions relating to what is already being implemented, for example, "What existing prevention efforts, such as reducing substance use, also reduce suicide risk?" have yet to be answered. The lack of U.S. suicide research on community preventive efforts is critical, as many states and localities have to rely on the [best available practices](#). Most suicide prevention advocates would like to see these practices more research informed.

Q: Why has suicide research not received more funding?

A: While suicide has been recognized as a public health problem for decades, more rigorous, intervention-focused research has only occurred more recently. Many disorders and health conditions gain public awareness and research funding through vocal research advocates with the condition. In suicide prevention, individuals who have attempted suicide and survived are emerging with a collective voice and cohesive framework for shaping the future of suicide prevention (e.g., see [The Way Forward by the Suicide Attempt Survivors Task Force](#)). This advocacy is a critical step in helping the public understand why individuals become suicidal, and how interventions can prevent ideation and attempts, and also help those who have attempted seek to regain a life worth living.

Q: What happens next? How does this report help suicide research funders going forward?

A: The funding agencies and organizations who participated in this report will to continue to share information on their investments, and coordinate research funding to more efficiently and strategically build the science needed to reduce the burden of suicide in the United States. Several funders have already participated in efforts to strengthen approaches to suicide research (supporting the use of consistent ways of measuring suicidal behavior; encouraging banking of study data for future analyses). A number of funders recently awarded funding for studies focused on approaches to better detection of suicide risk, which has been a knowledge gap in the field. (weblinks:

[http://www.darpa.mil/Our Work/I2O/Programs/Detection and Computational Analysis of Psychological Signals %28DCAPS%29.aspx](http://www.darpa.mil/Our_Work/I2O/Programs/Detection_and_Computational_Analysis_of_Psychological_Signals_%28DCAPS%29.aspx)

<http://www.nimh.nih.gov/news/science-news/2014/personalized-screen-to-id-suicidal-teens-in-14-ers.shtml>

<http://www.afsp.org/research/research-grant-information/focus-grant-2014>

Q: If I want to help expand suicide research, what are some possible ways I can get involved?

A: If you are interested in participating in research, you can search for registered trials at <https://clinicaltrials.gov/>

Q: I am interested in donating funds to support suicide research, where can go to find out more information?

A: Many of the federal agencies and private foundations described in the suicide portfolio report can receive donations:

- Agency for Healthcare Research and Quality: <http://www.ahrq.gov/>
- Centers for Disease Control and Prevention: <http://www.cdcfoundation.org>
- Department of Defense: <http://www.defense.gov/>
- Department of Veterans Affairs: <http://www.volunteer.va.gov/apps/VolunteerNow/>
- Department of Transportation/Federal Railroad Administration: <http://www.fra.dot.gov/>
- National Institutes of Health:
 - National Institute of Mental Health: <http://www.nimh.nih.gov/about/connect-with-nimh/contribute-to-the-gift-fund.shtml>
- National Institute of Justice: : <http://www.ij.org/donate/contribute>
- Substance Abuse and Mental Health Services Administration: <http://www.samhsa.gov/>

U.S. Private Foundations

- American Foundation for Suicide Prevention (AFSP): <http://www.afsp.org/ways-to-give/make-a-donation>
- Brain & Behavior Research Foundation (BBRF):
<https://bbrfoundation.org/civicrm/contribute/transact?reset=1&id=1&main-menu-link=>
- National Action Alliance for Suicide Prevention:
<http://actionallianceforsuicideprevention.org/donors>