



**ABHW**

# ISSUE BRIEF

## Suicide Prevention

*Updated July 2023*

### **Background**

In 2021, suicide claimed over 48,000 lives and was the 11<sup>th</sup> leading cause of death in the U.S.<sup>i</sup> One death by suicide occurs every 11 minutes.<sup>ii</sup> Suicide affects all ages, genders, and ethnic groups, although certain populations are disproportionately affected. Suicide rates for American Indian and Alaska Native populations exceed the national average.<sup>iii</sup> Statistics indicate that while women are more likely to attempt suicide, men die by suicide three times more often.<sup>iv</sup>

Among adolescents, suicide is the second leading cause of death, which increased by 52.2 percent between 2000 and 2021.<sup>v</sup> Youth and young adults (10-24 years) have higher rates of emergency department visits for self-harm compared to middle-aged adults (35-64 years).<sup>vi</sup> For African American youth, the suicide rate doubled from 2007 to 2017, and African American children under 13 are currently twice as likely to die from suicide compared to their white peers. LGBTQ+ individuals are at higher risk for suicidal thoughts and suicidal attempts<sup>vii</sup>, and LGBTQ+ youth are almost five times as likely to attempt suicide as heterosexual youth.<sup>viii</sup>

### **Federal Response**

The COVID-19 pandemic has exacerbated mental health (MH) and substance use disorders (SUD), given social distancing, illness and loss of family and friends, and the economic impact. In late June 2020, about 40% of U.S. adults aged 18 and over reported dealing with MH issues or SUD, 13% of which said they began or increased substance use, and 11% seriously considered suicide.<sup>ix</sup> Recent statistics show little change. Approximately 22% of Americans in 2021 reported experiencing a mental illness, and 16.5% of the population reported a SUD.<sup>x</sup>

The National Suicide and Crisis Lifeline is a 24/7, free, confidential support line for people in suicidal crisis or emotional distress. In 2020, the National Suicide Hotline Designation Act of 2020<sup>xi</sup> was signed into law, establishing 9-8-8 as the universal telephone number to reach the U.S. suicide prevention and mental health crisis hotline. The 9-8-8 number became active in July 2022, allowing individuals seeking help to call, chat, or text. This three-digit number has increased access to mental health and suicide prevention crisis resources through a nationwide network of local crisis centers. Outreach to 988 increased after implementation;<sup>xii</sup> text volume increased more than 700 percent compared to the year prior.<sup>xiii</sup> From July 2022 to March 2023, the lifeline received more than 3.6 million contacts.<sup>xiv</sup>

Additionally, there has been a more significant push to improve crisis response programs and services. The Substance Abuse and Mental Health Services Administration (SAMHSA) has released several guidelines for implementing a crisis care continuum.<sup>xv</sup> These guidelines have focused on implementing core services, including a crisis call center, mobile crisis teams, and crisis receiving and stabilization services. SAMHSA has also established a 988 & Behavioral Health Crisis Coordinating Office to manage the Lifeline grant program and operations and facilitate a behavioral health crisis system. Other national advocacy groups have also released reports on implementing a crisis care continuum.<sup>xvi</sup> Successful implementation of crisis services will entail

collaborating with local stakeholders such as law enforcement and medical personnel to adequately respond to individuals in crisis. Community-based mobile crisis teams can help ensure that individuals receive adequate support, guidance, and referrals for prompt treatment or other necessary services.

### **Recommendations**

- ***Fully fund the 988 Suicide and Crisis Lifeline.*** ABHW supports fully funding the 988 Lifeline. SAMHSA estimates that 9 million contacts will be made in FY24, an increase of 50% over the anticipated 6 million contacts for FY23. ABHW urges Congress to adequately respond to the surge by providing the resources to meet the growing demand.
- ***Enact H.R. 3759, the Barriers to Suicide Act.*** Suicide can be deterred through effective intervention and prevention methods. For example, installing barriers on bridges and other publicly accessible areas of significant height can delay or dissuade an individual at risk. ABHW urges the passage of H.R. 3759, the *Barriers to Suicide Act*, which would provide grants to local communities to install barriers and nets on bridges. These improvements would significantly reduce suicide attempts.
- ***Expanding Access to Certified Community Behavioral Health Clinics (CCBHCs).*** CCBHCs are specially designed clinics that provide an integrated model for delivering mental health and SUD care to patients, including crisis services, as a part of the new 988 crisis system. CCBHCs serve anyone who walks through the door, regardless of their diagnosis and insurance status. Since its launch in 2017, CCBHCs have dramatically improved access to a comprehensive range of mental health and SUD treatments for vulnerable individuals. ABHW supports increased funding to CCBHCs to allow additional grants for new and expiring grantees.
- ***Develop a National Set of Standards for a Crisis Services Continuum.*** ABHW supports an evidence-based continuum of crisis care and

stabilization services for individuals experiencing a behavioral health crisis. Ensuring crisis response and sustaining effective crisis care is vital nationwide and critical to advancing equity. We recommend developing a national set of standards and definitions outlining the continuum of crisis services and detailing coding and billing practices. Establishing and consistently applying standards for these services will ensure that patients who need these services receive the same evidence-based care regardless of the entity that provides the service.

<sup>i</sup> <https://afsp.org/suicide-statistics/>

<sup>ii</sup> <https://www.cdc.gov/suicide/suicide-data-statistics.html>

<sup>iii</sup> <https://www.cdc.gov/suicide/suicide-data-statistics.html>

<sup>iv</sup> [https://www.datocms-assets.com/12810/1649682186-14296\\_afsp\\_2022\\_national\\_fact\\_sheet\\_update\\_m1\\_v4.pdf](https://www.datocms-assets.com/12810/1649682186-14296_afsp_2022_national_fact_sheet_update_m1_v4.pdf)

<sup>v</sup> <https://www.cdc.gov/suicide/facts/disparities-in-suicide.html>

<sup>vi</sup> *Id.*

<sup>vii</sup> <https://www.cdc.gov/suicide/facts/disparities-in-suicide.html>

<sup>viii</sup> *Id.*

<sup>ix</sup> <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>

<sup>x</sup> [https://www.nimh.nih.gov/health/statistics/mental-illness#:~:text=Prevalence%20of%20Any%20Mental%20Illness%20\(AMI\).-Figure%201%20shows&text=In%202021%2C%20there%20were%20an,%25\)%20than%20males%20\(18.1%25\);](https://www.nimh.nih.gov/health/statistics/mental-illness#:~:text=Prevalence%20of%20Any%20Mental%20Illness%20(AMI).-Figure%201%20shows&text=In%202021%2C%20there%20were%20an,%25)%20than%20males%20(18.1%25);) <https://www.hhs.gov/about/news/2023/01/04/samhsa-announces-national-survey-drug-use-health-results-detailing-mental-illness-substance-use-levels-2021.html#:~:text=46.3%20million%20people%20aged%2012,have%20a%20drug%20use%20disorder.>

<sup>xi</sup> [Public Law 116-172](#)

<sup>xii</sup> <https://www.kff.org/other/issue-brief/taking-a-look-at-988-suicide-crisis-lifeline-implementation/>

<sup>xiii</sup> *Id.*

<sup>xiv</sup> <https://www.apa.org/monitor/2023/07/988-lifeline-anniversary>

<sup>xv</sup> <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>; <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4848.pdf>; [https://988lifeline.org/wp-content/uploads/2019/02/CallCenterMetrics\\_final.pdf](https://988lifeline.org/wp-content/uploads/2019/02/CallCenterMetrics_final.pdf); [https://store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/pep-22-01-02-001.pdf](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/pep-22-01-02-001.pdf)

<sup>xvi</sup> <https://www.nasmhpd.org/sites/default/files/2020paper1.pdf>; <https://nashp.org/mobile-crisis-maximizing-new-medicaid-opportunities/>; <https://www.thekennedyforum.org/app/uploads/2022/12/BH-Emergency-Services-Brief.pdf>