



ABHW

ISSUE BRIEF

Suicide Prevention

Updated May 2025

Background

In 2023, suicide claimed over 49,000 lives in the U.S.,ⁱ which equates to one death by suicide every 11 minutes.ⁱⁱ While suicide affects the entire population, certain groups are disproportionately affected. Suicide rates for Indigenous and Alaska Native populations exceed the national average.ⁱⁱⁱ Statistics indicate that while women are more likely to attempt suicide, men die by suicide four times more often.^{iv}

According to the U.S. Centers for Disease Control and Prevention (CDC), one in five high school students seriously considered attempting suicide in 2023.^v Among adolescents, suicide is one of the leading causes of death.^{vi} In 2022, suicide was the second leading cause of death for people ages 10–14 and 20–34 and the third leading cause for people ages 15–19.^{vii} For Black youth, the trend is even more alarming, where the suicide rate among youth ages 10-17 increased by 144% between 2007 and 2020.^{viii} Lesbian, gay, bisexual, transgender, and questioning/or queer (LGBTQ+) individuals are at higher risk for suicidal thoughts and attempts.^{ix} More than one in 10 (12%) LGBTQ+ young people attempted suicide in the past year.^x

Federal Response

The COVID-19 pandemic exacerbated mental health (MH) and substance use disorders (SUD), given social distancing, illness, loss of family and friends, and the economic impact. In late June 2020, about 40% of U.S. adults ages 18 and over reported dealing with MH issues or SUDs, 13% of which said they began or increased substance use, and 11% seriously considered suicide.^{xi} Recent statistics show little change. In 2024, approximately 23.08% of adults in the U.S. experienced a mental illness,^{xii} and 17.82% of adults in the U.S. had a substance use disorder.^{xiii}

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^{xiv} was signed into law, establishing 988 as the universal telephone number to reach the U.S. suicide prevention and mental health crisis hotline. The 988 Suicide & Crisis Lifeline 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. Since 988's launch in July 2022, the hotline has received 13.4 million calls, texts, and chats.^{xv} In 2024, 988 counselors answered more than 5.7 million calls.

Additionally, a more significant push has been to improve community crisis response programs and services. The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) has released several guidelines for implementing a crisis care continuum.^{xvi} 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.

ABHW supports an evidence-based continuum of crisis care for individuals experiencing a behavioral health crisis. Ensuring crisis response and sustaining effective crisis care is vital nationwide. Establishing and consistently applying standards for these services will ensure that patients who need them receive the same evidence-based care regardless of the entity that provides them. As a result, variations in crisis services definitions and processes, such as credentialing, across states challenge service delivery.

Successfully implementing crisis services will entail collaborating with local supports and strong cross-sector partnerships, including the network of 988 Lifeline crisis contact centers, crisis services providers, state and local governments, Medicaid agencies, and other payers, emergency medical professionals, among others. Additionally, community-based mobile crisis teams can help ensure that individuals receive adequate support, guidance, and referrals for prompt treatment or other necessary services.

Recommendations

- **Expanding Access to Certified Community Behavioral Health Clinics (CCBHCs).** CCBHCs are specially designed clinics that provide

an integrated model for delivering MH and SUD care to patients, including crisis services, as a part of the 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 MH and SUD treatments for vulnerable individuals. ABHW supports increased funding to CCBHCs to allow additional grants for new and expiring grantees.

- **Fully Fund the 988 Suicide and Crisis Lifeline.** ABHW supports fully funding the 988 Lifeline. SAMHSA has received 13.4 million contacts since the 988 launch in July 2022. Alone in 2024, over 5.7 million calls were answered, an increase of about 1.3 million calls from 2023.^{xvii} ABHW urges Congress to adequately respond to the surge by providing resources to meet the growing demand.
- **Expand 988 and Other Behavioral Health Lines to Include Multi-modality Contact Options Across Voice, Text, and Chat Capabilities.** ABHW supports efforts to continue to educate and expand awareness about the 988 Suicide and Crisis Lifeline, particularly in locations frequented by aging adults, children, and youth populations.
- **Enact 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 reintroducing the *Barriers to Suicide Act* (118th H.R. 3759), which would provide grants to local communities to install barriers and nets on bridges. These improvements would significantly reduce suicide attempts.
- **Medicare coverage of peer support services.** ABHW urges Congress to reintroduce the *Promoting Effective and Empowering Recovery Services in Medicare (PEERS) Act of 2023* (118th - H.R. 6748 /S. 3498). This bill recognizes the unique role of peer support specialists in helping individuals better engage in services, manage physical and MH conditions, build support systems, and, ultimately, live self-directed lives in their communities. Peer support specialists can provide interventions, such as outreach and recovery support, which can prevent crises, especially during times of stress.

ⁱ <https://apnews.com/article/us-suicide-rate-cdc-c57bb0852adfb4d85b3670d465a8b890>

ⁱⁱⁱ <https://www.cdc.gov/suicide/facts/data.html>

^{iv} <https://www.cdc.gov/suicide/facts/data.html>

^v <https://medicine.yale.edu/news-article/youth-suicide-is-on-the-rise-yale-aims-to-save-lives/>

^{via} <https://medicine.yale.edu/news-article/youth-suicide-is-on-the-rise-yale-aims-to-save-lives/>

^{vii} <https://www.cdc.gov/nchs/products/databriefs/db509.htm>

^{viii} <https://medicine.yale.edu/news-article/youth-suicide-is-on-the-rise-yale-aims-to-save-lives/>

^{ix} <https://www.cdc.gov/suicide/facts/data.html>

^x [https://www.thetrevorproject.org/survey-](https://www.thetrevorproject.org/survey-2024/#:~:text=Key%20Findings,higher%20rates%20than%20White%20peers.&text=More%20than%201%20in%2010,suicide%20in%20the%20past%20year)

[2024/#:~:text=Key%20Findings,higher%20rates%20than%20White%20peers.&text=More%20than%201%20in%2010,suicide%20in%20the%20past%20year](https://www.thetrevorproject.org/survey-2024/#:~:text=Key%20Findings,higher%20rates%20than%20White%20peers.&text=More%20than%201%20in%2010,suicide%20in%20the%20past%20year)

^{xi} <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>

^{xii} [https://mhanational.org/issues/2024/mental-health-america-adult-](https://mhanational.org/issues/2024/mental-health-america-adult-data#:~:text=Adults%20with%20Substance%20Use%20Disorder%202024&text=17.82%25%20of%20adults%20in%20the,disorder%20in%20the%20past%20year)

[data#:~:text=Adults%20with%20Substance%20Use%20Disorder%202024&text=17.82%25%20of%20adults%20in%20the,disorder%20in%20the%20past%20year.](https://mhanational.org/issues/2024/mental-health-america-adult-data#:~:text=Adults%20with%20Substance%20Use%20Disorder%202024&text=17.82%25%20of%20adults%20in%20the,disorder%20in%20the%20past%20year)

^{xiii} [https://mhanational.org/issues/2024/mental-health-america-prevalence-](https://mhanational.org/issues/2024/mental-health-america-prevalence-data#:~:text=Adult%20Prevalence%20of%20Any%20Mental%20Illness%20(AMI)%202024&text=23.08%25%20of%20adults%20experienced%20a,Jersey%20to%2029.19%25%20in%20Utah)

[data#:~:text=Adult%20Prevalence%20of%20Any%20Mental%20Illness%20\(AMI\)%202024&text=23.08%25%20of%20adults%20experienced%20a,Jersey%20to%2029.19%25%20in%20Utah.](https://mhanational.org/issues/2024/mental-health-america-prevalence-data#:~:text=Adult%20Prevalence%20of%20Any%20Mental%20Illness%20(AMI)%202024&text=23.08%25%20of%20adults%20experienced%20a,Jersey%20to%2029.19%25%20in%20Utah)

^{xiv} Public Law 116-172

^{xv} <https://www.kff.org/mental-health/issue-brief/988-suicide-crisis-lifeline-two-years-after-launch/>

^{xvi} [https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-](https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf)

[02242020.pdf](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://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/pep-22-01-02-001.pdf

^{xvii} [https://www.kff.org/mental-health/issue-brief/988-suicide-crisis-lifeline-two-years-after-](https://www.kff.org/mental-health/issue-brief/988-suicide-crisis-lifeline-two-years-after-launch/#:~:text=Since%20launch%20in%20July%202022,to%2097%25%20in%20May%202024)