



# PREVENTING SUICIDE

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PROGRAM ACTIVITIES GUIDE

## Preventing Suicide

### The Facts

Someone commits suicide every 17 minutes. In 2002, 31,655 Americans took their own lives. Suicide was the third leading cause of death among 15- to 24-year-olds, the fourth leading cause among 25- to 44-year-olds, and the eighth leading cause among 45- to 64-year-olds. Though suicide is a serious problem among youth and adults, death rates continue to be highest among older adults ages 65 and over.

The number of deaths from suicide reflects only a small portion of the impact of suicidal behavior. In 2002, more than 90,000 people were hospitalized following suicide attempts. More than 324,000 were treated in hospital emergency departments for deliberate self harm.

Deaths and injuries from suicidal behavior represent a substantial drain on the economic, social, and health resources of the nation. Suicide accounts for \$25 billion each year in direct costs, including health care services, funeral services, autopsies and investigations, and indirect costs like lost productivity. The Centers for Disease Control and Prevention (CDC) seeks to lessen these burdens by developing and promoting policies and practices that effectively prevent suicide and suicidal behaviors.

One of the greatest challenges in the field of suicide prevention is identifying promising strategies and programs. CDC must continue to research effective prevention strategies and to develop and evaluate new ones. CDC must communicate information about what works to practitioners in the field as data becomes available.

### Key Partners

Preventing suicide and suicidal behavior requires the support and contributions of many partners: federal agencies, state and local health departments, nonprofit organizations, academic institutions, international agencies, and private industry.

Partners help in a variety of ways, including collecting data about suicide, learning about risk factors, developing strategies for prevention, and ensuring that effective prevention approaches reach those in need. CDC collaborates regularly with these groups as evidenced by the Surgeon General's *National Strategy to Prevent Suicide*.

### New Directions

CDC is moving the injury and violence prevention field toward primary prevention and early intervention by exploring ways to prevent suicide before it occurs. CDC's key activity areas for violence prevention include:

- Surveillance
- Research
- Capacity building
- Communication
- Partnership
- Leadership

CDC's violence prevention activities are guided by four key principles:

- An emphasis on primary prevention;
- A commitment to advancing the science of prevention;
- A focus on translating scientific advances into practical application through effective programs and policies; and
- A commitment to building on the efforts of others by addressing gaps or needs.

Additional information about CDC's suicide prevention programs is available at [www.cdc.gov/injury](http://www.cdc.gov/injury).

## Monitoring, Tracking, and Researching the Problem

### National Violent Death Reporting System

State and local agencies have detailed information from medical examiners, coroners, police, crime labs, and death certificates that could answer important, fundamental questions about trends and patterns of violence. However, the information is fragmented and difficult to access. Seventeen states are currently part of the National Violent Death Reporting System (NVDRS)—Alaska, California, Colorado, Georgia, Kentucky, Maryland, Massachusetts, New Mexico, North Carolina, New Jersey, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin. These states gather, share, and link state-level data about violence. NVDRS enables CDC and states to access vital, state-level information to gain a more accurate understanding of the problem of violence. This will enable policy makers and community leaders to make informed decisions about violence prevention strategies and programs, including those that address suicide.

Contact: Etiology and Surveillance Branch  
770-488-4410 ohcinfo@cdc.gov

### Uniform Definitions for Suicide

Standard definitions for suicide do not exist, and those in federal and state legislation vary dramatically. These inconsistencies contribute to confusion and a lack of consensus about the magnitude of the problem. CDC is convening an expert panel to review the existing state of suicide surveillance and to recommend definitions to use during data collection. Acquiring better data about suicide will shape prevention efforts and provide valuable insight to help decision makers and communities make informed public health decisions for allocating prevention resources.

Contact: Etiology and Surveillance Branch  
770-488-4410 ohcinfo@cdc.gov

### National Electronic Injury Surveillance System - All Injury Program

The National Electronic Injury Surveillance System – All Injury Program (NEISS-AIP) is operated by the U.S. Consumer Product Safety Commission in collaboration with the National Center for Injury Prevention and Control. It provides nationally representative data about all types and causes of nonfatal injuries treated in U.S. hospital emergency departments. CDC uses NEISS-AIP data to generate national estimates of nonfatal injuries, including those related to suicide.

Contact: Etiology and Surveillance Branch  
770-488-4410 ohcinfo@cdc.gov

### Core Injury Surveillance and Program Development

CDC's Core Injury Surveillance and Program Development project supports state health departments to integrate basic violent injury surveillance into existing injury surveillance systems. The project also supports the collection of standardized indicators for various types of violence.

Contact: Etiology and Surveillance Branch  
770-488-4410 ohcinfo@cdc.gov

### Assessing Links Between Various Forms of Violence

CDC is conducting a study to identify the links between different forms of violent behaviors among adolescents, including suicide. The study will help scientists gain an understanding of the prevalence and consequences of different types of aggressive behaviors and the association between dating violence and other forms of peer violence and how they vary by sex, developmental stage, and other factors.

Contact: Etiology and Surveillance Branch  
770-488-4410 ohcinfo@cdc.gov

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## School-Associated Violent Deaths Study

In partnership with the Departments of Education and Justice, CDC has conducted a national study of school-associated violent deaths since 1992. This ongoing study plays an important role in monitoring trends in school-associated violent deaths; identifying risk factors; and in assessing the effects of prevention efforts.

Contact: Etiology and Surveillance Branch  
770-488-4410 ohcinfo@cdc.gov

## Youth Risk Behavior Surveillance System

CDC's Youth Risk Behavior Surveillance System (YRBSS) is designed to monitor priority health risk

behaviors that contribute to the leading causes of death, disability, social problems, and unintentional injuries and violence among youth and adults in the United States. The YRBSS consists of national, state, and local school-based surveys of representative samples of 9th through 12th grade students. The surveys are conducted biennially and provide information about a variety of suicide and interpersonal violence-related behaviors both on school property and in the community.

Contact: Division of Adolescent and School Health  
1-888-231-6405 healthyouth@cdc.gov

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## Supporting and Enhancing Prevention Programs

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### Preventing Violence through Education, Networking and Technical Assistance

CDC is funding the University of North Carolina Injury Prevention Research Center to develop a national training program for violence prevention practitioners. Preventing Violence through Education, Networking and Technical Assistance (PREVENT) works with individuals and organizations to build skills for identifying community needs and assets, creating and mobilizing partnerships, developing and implementing prevention programs, measuring success, and for funding and sustaining programs.

Contact: [www.prevent.unc.edu](http://www.prevent.unc.edu)  
919-966-2251 prevent@unc.edu

### Enhancing State Capacity to Address Child and Adolescent Health Through Violence Prevention (ESCAPE)

CDC's ESCAPE program is designed to develop capacity and leadership in preventing violence toward and among children and adolescents, including youth suicide, child maltreatment, teen dating violence, bullying, and sexual, school, and commu-

nity violence. The planning and implementation phases of this project will address the intersection of shared risk and protective factors for these forms of violence. Colorado, Iowa, Massachusetts, Michigan, Minnesota, New Mexico, Rhode Island, and Virginia have been funded to conduct the program.

Contact: Program Implementation and  
Dissemination Branch  
770-488-1424 ohcinfo@cdc.gov

### Federal Steering Group for the National Strategy for Suicide Prevention

CDC plays a key role in the Federal Steering Group for the National Strategy for Suicide Prevention. This Group provides recommendations and guidance for implementing the National Strategy; coordinates federal initiatives to prevent suicide; and collaborates with federal and non-federal partners to advance Strategy goals and objectives, which were published early 2001. They included promoting awareness about suicide as a preventable public health problem; developing and evaluating prevention programs; improving the portrayal of suicide, mental health, and drug use in the entertainment and news media; promoting research about suicide and

its prevention; and enhancing tracking systems for suicide.

Contact: Etiology and Surveillance Branch  
770-488-4410 ohcinfo@cdc.gov

### **State Injury Prevention Program Implementation and Evaluation**

CDC is funding the state injury prevention programs in Maine and Virginia to implement and evaluate strategic plans for suicide prevention. These plans were developed through state coalitions.

Contact: Program Implementation and  
Dissemination Branch  
770-488-1424 ohcinfo@cdc.gov

### **Multi-state Assessment of State Suicide Prevention Planning**

CDC is conducting an in-depth, multi-state examination of the development and implementation of state suicide prevention plans. The findings will help other states gain stakeholder support to develop plans that can be put into practice. Insights gleaned from this study will help inform state-based prevention efforts in other public health problem areas such as violence against women and child maltreatment.

Contact: Program Implementation and  
Dissemination Branch  
770-488-1424 ohcinfo@cdc.gov

## **Providing Prevention Resources**

### **National Youth Violence Prevention Resource Center**

In January 2001, CDC launched a Web-based resource for those interested in preventing youth violence and suicide. The National Youth Violence Prevention Resource Center serves as a central source for information and materials gathered from institutions, community-based organizations, and federal agencies working to prevent violence among our nation's youth. The Center's Website, toll-free hotline, and fax-on-demand service offer access to prevention information, publications, research and statistics, and fact sheets. The Website links parents, teens, and researchers to materials designed specifically for them. Each month, the Center hosts more than 37,000 Website visitors; fulfills more than 500 requests for publications and youth violence prevention materials; and responds to more than 100 public inquiries and requests for technical assistance.

Contact: [www.safeyouth.org](http://www.safeyouth.org)  
1-866-SAFEYOUTH

### **School Health Guidelines to Prevent Unintentional Injuries and Violence**

The *School Health Guidelines to Prevent Unintentional Injuries and Violence* help state and local educational agencies and schools promote safety and teach students the skills they need to prevent injuries and violence. They provide guidance for every component of a coordinated school health program for all grade levels. The Guidelines were developed by CDC in collaboration with specialists from universities and from national, federal, state, and local agencies and organizations. This guidance is based on an in-depth review of research, theory, and current practice in unintentional injury, violence, and suicide prevention; health education; and public health. The Guidelines are available at [www.cdc.gov/HealthyYouth/injury/guidelines/index.htm](http://www.cdc.gov/HealthyYouth/injury/guidelines/index.htm).

Contact: Division of Adolescent and School Health  
1-888-231-6405 [healthyyouth@cdc.gov](mailto:healthyyouth@cdc.gov)

## Encouraging Research and Development

*CDC's extramural research program funds and monitors varied research on violence and injury prevention.*

### **Suicide Risk During Transition to Early Adulthood**

Researchers at the University of Washington's School of Nursing are conducting a study to assess suicide risk during the transitional period from late adolescence to early adulthood. They will also examine the long-term effectiveness of a suicide prevention program.

Jerry R. Herting, PhD 206-616-6478

### **Intentional Injury Among Urban Youth**

Harvard University's Center for Injury Research and Control is conducting a study to increase understanding of the risk factors and prevalence of intentional injury among urban youth. The project involves 6,000 youth residing in 80 Chicago neighborhoods.

David Hemenway, PhD 617-432-4493

### **Child Violence, Adult Victimization, Injury, and Health**

The Medical University of South Carolina is examining the effects of violent assault histories and adverse family environments on leading health indicators such as violence-related injury, suicidal behavior, tobacco use, substance abuse, mental health problems, and risky sexual behavior.

Dean Kilpatrick, PhD 843-792-2945

### **Family Intervention for Suicidal Youth: Emergency Care**

Researchers from the University of California are evaluating a family-focused suicide prevention intervention for adolescents who attempt suicide and are treated in the hospital emergency department.

Joan Asarnow, PhD 310-825-0408

### **Help Seeking by At-Risk Youth After Suicide Screenings**

Researchers from the Research Foundation for Mental Hygiene are conducting a study of youth identified by screening programs as at-risk for suicidal behavior. The study will assess participants two years after initial screening for service use, barriers to treatment, and changes to risk status.

Madelyn S. Gould, PhD, MPH 212-543-5329

### **Suicide Prevention in a Primary Care Setting**

Researchers from the Children's Hospital of Philadelphia are testing the efficacy of brief family therapy for adolescents presenting with serious risk for suicide in a primary care setting.

Guy Diamond, PhD 215-590-1000

### **Community-Based Cognitive Therapy for Suicide Attempters**

CDC is funding the University of Pennsylvania to determine the efficacy and effectiveness of a cognitive therapy intervention for suicide attempters. The intervention is designed to prevent subsequent suicide attempts and to increase compliance with psychiatric, substance abuse, and medical treatment.

Aaron T. Beck, MD 215-898-4102

### **Improving Firearm Storage Practices in Alaska Native Villages**

Researchers from the Harborview Injury Prevention and Research Center are testing an intervention to improve firearm storage among residents of Alaska Native villages. Safe storage practices may be a promising strategy to reduce the risk of suicide in this population.

Frederick Rivara, MD, MPH 205-521-1530

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