



**Suicide Prevention
Centers for Disease Control and Prevention (CDC)
National Center for Injury Prevention and Control
FY 2023 Labor HHS Appropriations Bill**

	FY 2021	FY 2022	FY 2023 President's Request	FY 2023 TFAH
Suicide Prevention	\$12,000,000	\$20,000,000	\$22,000,000	\$40,000,000

Background: Suicide is a public health crisis. It is the tenth leading cause of death for all ages and the second leading cause of death among individuals between the ages of 10 and 34 in the United States. In 2019, suicide took 47,500 lives, and rates of suicide increased by 33 percent between 1999 and 2019.¹ The COVID-19 pandemic appears to have heightened the risk for suicide among certain groups. An August 2020 report by the Centers for Disease Control and Prevention (CDC) found that 40 percent of U.S. adults reported struggling with mental health or substance use during the height of the pandemic, with 11 percent seriously considering suicide in the 30 days before completing the survey.² A June 2021 CDC report also found that in February through March 2021, emergency department visits related to suspected suicide attempts by girls aged 12-17 years were almost 51% higher than during the same period in 2019.³ In addition, after years of rising suicide rates among Black children under age 13, Black youth are now nearly twice as likely to die from suicide compared to white youth.⁴

The complex nature of suicide requires a comprehensive program that focuses on disproportionately affected populations, data collection to inform efforts, and research on risk factors. CDC was first funded to engage in suicide research and prevention in FY 2020. This work helps identify and disseminate effective strategies for preventing suicide, from strengthening access and delivery of suicide care to promoting policies and programs that reduce risk. As CDC explains in its Suicide Prevention Strategic Plan for FY 2020-2022, a prevention

¹ Facts About Suicide. In *Centers for Disease Control and Prevention, Suicide Prevention*, updated August 30, 2021. <https://www.cdc.gov/suicide/facts/index.html> (accessed February 3, 2022).

² Czeisler ME, Lane RI, Petrosky E, et al. “Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic—United States, June 24–30, 2020.” *Morbidity and Mortality Weekly Report*, 69(3):1049–1057, August 14, 2020. https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm?s_cid=mm6932a1_w (accessed February 3, 2022).

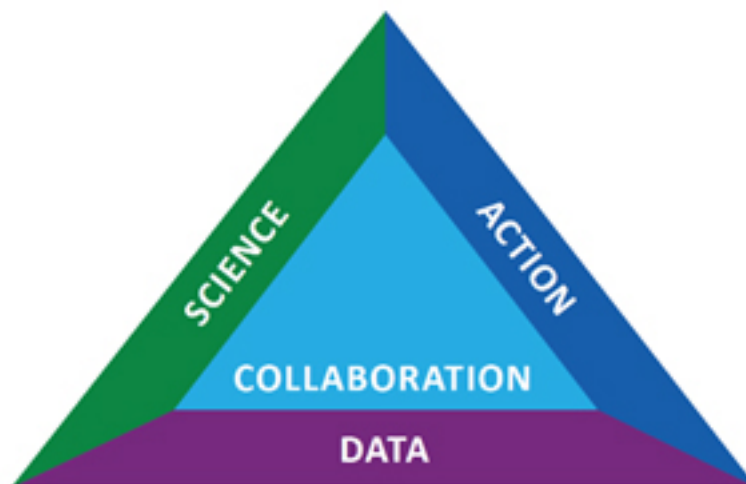
³ Yard E, Radhakrishnan L, Ballesteros, M, et al. “Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021.” *Morbidity and Mortality Weekly Report*, 70(24):888–894, June 18, 2021. <https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm> (accessed February 2, 2022).

⁴ *Protecting Youth Mental Health: The U.S. Surgeon General’s Advisory*. Washington, DC: Office of the U.S. Surgeon General, December 7, 2021. <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf> (accessed February 15, 2022).

approach focused on public health departments can leverage their focus on social determinants of health, shared risk and protective factors, and community services.

Impact: The CDC Comprehensive Suicide Prevention program funds states, communities, and tribes to implement comprehensive suicide prevention plans. It currently funds 11 recipients to implement and evaluate a comprehensive public health approach to suicide prevention, with attention to disproportionately affected populations and health equity. The programs consist of multisector partnerships, using data to identify populations of focus and risk and protective factors, rigorous evaluation efforts, and filling gaps through complementary strategies and effective communications. The programs seek to reduce suicide and suicide attempts by 10 percent and build toward a national goal of reducing suicide by 20 percent by 2025. Increased funding for CDC's innovative work would:

- **Address the large demand for suicide prevention funding.** Outside of the 11 sites that are currently funded, CDC could expand its prevention efforts through a new cooperative agreement with additional appropriations.
- **Increase data collection to inform prevention.** CDC currently supports data collection of nonfatal suicide related outcomes through syndromic surveillance in 10 states. This data rapidly identifies spikes in suicide, suicide attempts, and self-harm to inform local responses. CDC has also stratified collected data by sex, age group, and U.S. region to identify trends in these behaviors, and these results can provide a foundation for research into the impact of public health policies and socioeconomic risk factors.
- **Expand research to fill gaps.** There is a great need to expand our understanding of how certain factors increase the risk or protect against suicidal behaviors in different populations. Furthering CDC's research investments in these areas, with a focus on populations experiencing disproportionate impact, will enable more effective targeted interventions.



The four priorities for the Injury Center's Suicide Prevention Strategic Plan

Recommendation: TFAH urges the Committee to provide \$40 million in FY 2023 to address the increased risk of suicide resulting from the COVID-19 pandemic. This funding would expand the innovative prevention activities led by the Injury Center to at least 25 sites. Funding would

support state health departments as they expand comprehensive suicide prevention and syndromic surveillance. Increased funding would also address the large demand for this work, increase data collection to inform local responses, and expand research.