



Suicide Prevention
Centers for Disease Control and Prevention (CDC)
National Center for Injury Prevention and Control
FY 2024 Labor HHS Appropriations Bill

	FY 2022	FY 2023	FY 2024 President's Request	FY 2024 TFAH
Suicide Prevention	\$20,000,000	\$30,000,000	\$80,000,000	\$80,000,000

Background: Suicide is a public health crisis. According to data from the Centers for Disease Control and Prevention (CDC), the number of suicides—over 48,000 deaths—increased in 2021 to nearly historic peak levels after slight declines in 2019 and 2020, and suicide rates increased significantly, overall, for non-Hispanic Black, American Indian/Alaska Native (AI/AN), and Hispanic persons in 2021.¹ Suicide is the second leading cause of death among Americans between the ages of 10-14 and 25-34, and suicide rates increased by 36 percent between 2000 and 2021.² CDC has reported that suicide rates among rural populations were consistently higher than urban suicide rates during this period.³

Recent events, including the COVID-19 pandemic, appear to have heightened the risk for suicide among certain groups who already struggled with inequities prior to the pandemic. A June 2021 CDC report found that in February through March 2021, emergency department visits related to suspected suicide attempts by girls aged 12-17 years were almost 51 percent higher than during the same period in 2019.⁴ Similarly, findings CDC released in February 2023 show worsening trends in suicidal thoughts and behaviors among teen girls through 2021.⁵ In addition, the AI/AN

¹ Stone D, Mack K, Qualters J, “Notes from the Field: Recent Changes in Suicide Rates, by Race and Ethnicity and Age Group — United States, 2021.” *Morbidity and Mortality Weekly Report*, 72(6):160-162, February 10, 2023. <https://www.cdc.gov/mmwr/volumes/72/wr/mm7206a4.htm> (accessed February 13, 2023).

² Facts About Suicide. In *Centers for Disease Control and Prevention, Violence Prevention*, updated October 24, 2022. <https://www.cdc.gov/suicide/facts/index.html> (accessed February 2, 2023); Underlying Cause of Death Data. In *Centers for Disease Control and Prevention, CDC WONDER Online Database, Multiple Cause of Death Files, 1999-2020*, updated 2021. <http://wonder.cdc.gov/ucd-icd10.html> (accessed February 22, 2023).

³ Suicide in Rural America. In *Centers for Disease Control and Prevention, Rural Health*, updated November 17, 2022. <https://www.cdc.gov/ruralhealth/Suicide.html> (accessed March 9, 2023).

⁴ 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).

⁵ *Youth Risk Behavior Survey Data Summary & Trends Report: 2011–2021*. Atlanta: CDC Division of Adolescent and School Health, February 13, 2023. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf (accessed February 13, 2023).

population experienced the highest relative percentage change in suicide rates—a 26 percent increase—during 2018-2021.⁶

The complex nature of suicide requires a comprehensive approach to prevention that focuses on disproportionately affected populations, uses data to understand risk factors associated with suicide in these groups, and applies the best available evidence to decrease risk and increase protective factors. CDC was first funded to implement and evaluate a comprehensive approach to prevention in states and communities in FY 2020. This work helps implement and evaluate a range of effective strategies for preventing suicide, from strengthening economic supports to improving access and delivery of suicide care to promoting connectedness. This type of prevention approach involving public health departments and partners can leverage their focus on social determinants of health, shared risk and protective factors, and community services.

Impact: CDC suicide prevention programs fund states, communities, and tribes to implement suicide prevention plans. The Comprehensive Suicide Prevention program currently funds 17 state-level recipients to implement and evaluate a comprehensive public health approach to suicide prevention, with attention to disproportionately affected populations and health equity. Other programs provide support to organizations preventing suicide among veterans and tribal populations specifically. The programs consist of multisector partnerships, identifying populations of focus and risk and protective factors, rigorous evaluation efforts, and filling gaps through complementary strategies and effective communications.

A key outcome of the Comprehensive Suicide Prevention program is a 10 percent reduction in suicide and suicide attempts among populations that are disproportionately affected by suicide, including veterans and rural communities. For example, eight recipients focus on veterans and seven recipients focus on rural populations, including through efforts to reduce provider shortages and increase awareness of services. CDC aims to build a national program to reach the nation’s goal of reducing suicide by 20 percent by 2025.



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

⁶ Stone D, Mack K, Qualters J, “Notes from the Field: Recent Changes in Suicide Rates, by Race and Ethnicity and Age Group — United States, 2021.” *Morbidity and Mortality Weekly Report*, 72(6):160-162, February 10, 2023. <https://www.cdc.gov/mmwr/volumes/72/wr/mm7206a4.htm> (accessed February 13, 2023).

Increased funding for CDC's innovative work would:

- **Establish a national suicide prevention program.** CDC could build on the 17 state-level recipients that are currently funded and expand its prevention efforts to all 50 states, including tribal communities, through a new cooperative agreement with additional appropriations.
- **Increase data collection to inform prevention.** Fourteen current recipients also use CDC funding to support data collection of nonfatal suicide related outcomes through emergency department syndromic surveillance. These data can identify upticks and spikes in nonfatal suicide-related outcomes (e.g., suicide attempts and self-harm) in near-real time to inform local responses. Data may be stratified 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 and other risk factors. Additional investments will enable CDC efforts on a nationwide basis to integrate real-time data collection on non-fatal suicide related outcomes and self-harm behavior into the Comprehensive Suicide Prevention program.
- **Expand research to fill gaps.** There is a great need to expand our understanding of how certain factors increase the risk of suicide 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.

Recommendation: TFAH urges the Committee to provide \$80 million in FY 2024 to create a national suicide prevention program to reverse suicide rates from near peak historical levels, address the crisis of suicidal thoughts and behaviors among youth, and reduce the increased risk of suicide resulting from the COVID-19 pandemic. Increasing funding by \$50 million would help CDC meet these challenges by expanding the innovative prevention activities led by the Injury Center to recipients in all 50 states, including tribal communities. Additional investment would also advance suicide prevention by improving understanding of risk and protective factors, more effectively identifying populations at higher risk of suicide, and supporting the development and implementation of new and innovative prevention strategies.