Defending Our Progress Against Preventable Deaths – 2026 Pain in the Nation Report

Congressional Briefing

and National Webinar

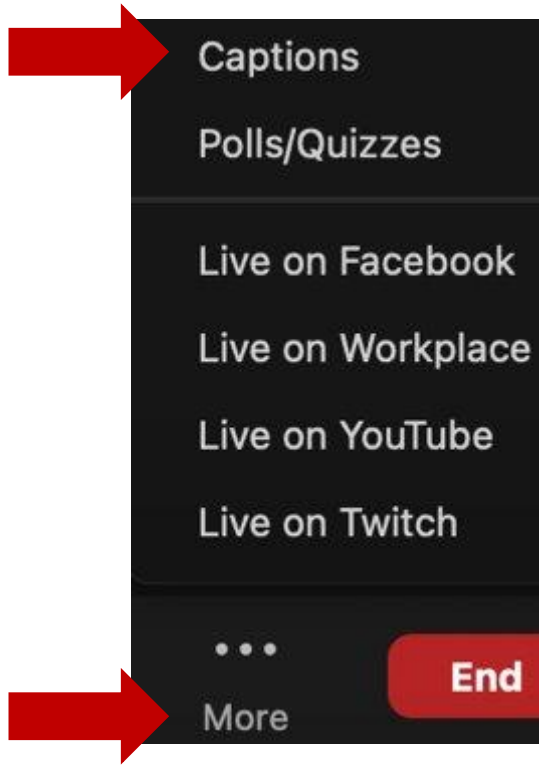
July 28, 2026 | 3:00 – 4:00 PM EDT

Closed Captioning

To see real time captioning:

1. At the bottom of your screen, click to open **More**

2. Click **Closed Caption**

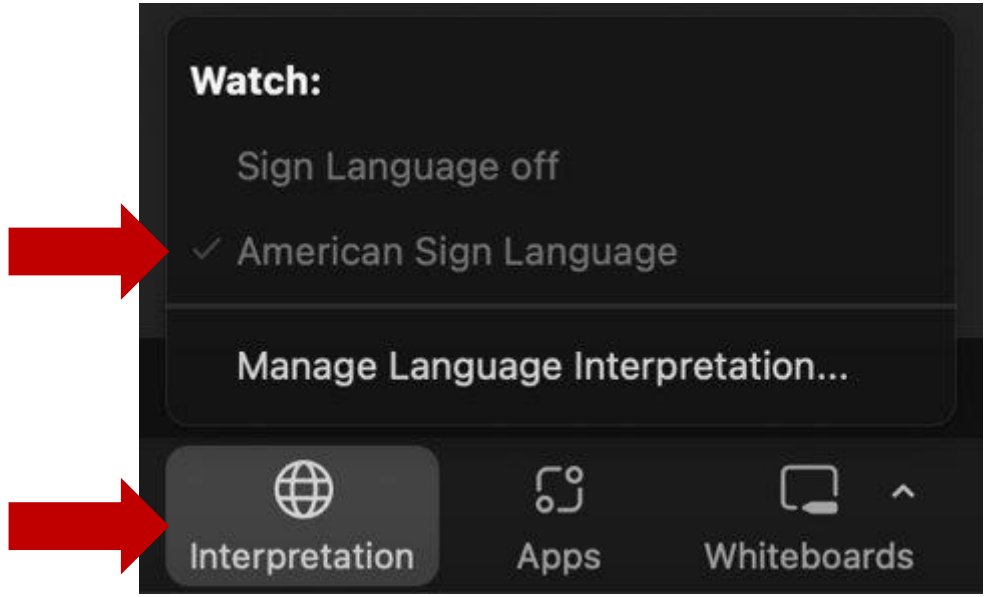


ASL Interpreting

To see ASL Interpretation:

1. At the bottom of your screen, click to open **Interpretation**

2. Select **American Sign Language**



Q&A Feature

1. At the bottom of your screen, click to open the Q&A panel

2. Type your question in the **Q&A box**

3. Hit **Enter**

Moderator

Tekisha Dwan Everette, Ph.D., MPA, MPH, CPH

Executive Vice President

Trust for America's Health

Trust for America's Health

Agenda

- Welcome and Overview of ***Pain in the Nation 2026: The Epidemics of Alcohol, Drug, and Suicide Deaths***
- Presentations from Panelists
- Questions and Answers
- Closing

2024 Mortality Toplines

Combined Deaths from Alcohol, Drugs and Suicide Declined by 16% in 2024

First time all three causes of death declined significantly in the dataset (1999-2024)

▼ **-26%**

Drug Overdose Mortality Rate

▼ **-4%**

Alcohol-Induced Mortality Rate

▼ **-3%**

Suicide Mortality Rate

Provisional 2025 data signals stable trends.

Special Feature: Suicide and Well-Being in the United States

48,824 Americans died by suicide in 2024

The nation's 10th leading cause of death and second leading cause of death for people ages 10-14, 15-24, and 25-35.

~25% increase over two decades • 2018 & 2022: highest rates since 1941

BY SEX

Males

Males had 22.3 suicide deaths per 100,000 and females had 5.6 deaths per 100,000 in 2024.

BY AGE GROUP

Older Adults

Older adults have the highest suicide rates, followed closely by young and middle-age adults. Adults over age 75 had 19.7 deaths per 100,000 in 2024.

BY RACE & ETHNICITY

American Indian and Alaska Native

American Indian and Alaska Native populations consistently experience the highest suicide rates of any racial or ethnic group, 22.5 deaths per 100,000 people in 2024.

BY REGION

Midwest

This region had the highest death rates in the country, 14.7 per 100,00 people in 2024, whereas the Northeast had the lowest with 9.8 deaths per 100,000 people in 2024.

Special Feature: Suicide and Well-Being in the United States

Other Populations at Higher Risk

Several other communities face disproportionately high suicide rates and rising mental health challenges

BLACK YOUTH

144%

Increase in suicide mortality between 2007 and 2020, with Black boys and older Black youth seeing the largest increases.

RURAL AREAS

41%

Higher suicide rate in rural areas compared with urban areas (2022 data), with rates increasing faster over the last two decades.

MILITARY VETERANS

2×

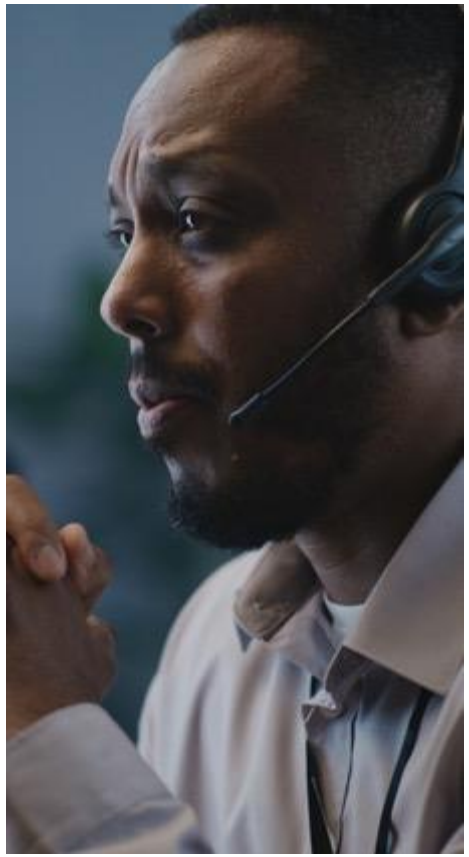
Veteran suicide rate vs. civilian population—35.2 per 100,000 veterans vs. 14.1 per 100,000 overall in 2023.

LGBTQ+ YOUTH

~2–4×

Higher rates of sadness, hopelessness, and suicide attempts among LGBTQ+ high school students vs. heterosexual and cisgender peers.

Special Feature: Suicide and Well-Being in the United States



Promising Policies

988 Lifeline

- More than 23 million calls, texts, and chats answered since launch in 2022
- States with highest Lifeline uptake saw lower suicide mortality rate among 15–34-year-olds

Red Flag Laws

- 20 states and the District of Columbia have adopted laws allowing temporary firearm removal for individuals in crisis

Mobile Crisis Response Teams

- Behavioral health teams provide crisis response, de-escalation, and support outside traditional law enforcement settings
- Studies show reduced arrests, ED visits, and inpatient admissions, with Medicaid support helping programs grow

Special Feature: Suicide and Well-Being in the United States

Promising Programs

Comprehensive Suicide Prevention Program

- Created by the CDC in 2020
- Funds suicide prevention efforts in states, territories, universities, and nonprofits
- Uses data-driven, evidence-based strategies to support populations at higher risk of suicide

National Violent Death Reporting System

- Nationwide system created by the CDC in 2002 to track violent deaths
- Combines law enforcement and public health data to identify trends and prevention opportunities
- Includes data on suicides, homicides, firearm deaths, and deaths of undetermined intent

Garrett Lee Smith Programs

- Established in 2004 through federal legislation signed by President George W. Bush and managed by SAMHSA
- Funds community-based youth suicide prevention and early intervention programs nationwide

Policy Recommendations

Invest in Prevention and Conditions that Promote Health

- Spend behavioral health funds and carry out investments as directed by Congress.
- Provide robust funding for CDC's Injury Center and maintain the workforce necessary to fulfill the Center's activities.
- Support policies and programs that reduce adverse childhood experiences and the impact of trauma and promote positive childhood experiences.

Reduce Overdose Risk and Access to Lethal Means of Suicide

- Support policies to reduce overdose and bloodborne infection.
- Support efforts to limit access to lethal means of suicide, such as safe storage of medications and firearms.

Transform the Mental Health and Substance Use Prevention System

- Maintain SAMHSA's funding and critical workforce and bolster the continuum of crisis intervention programs and supports, such as the 988 Suicide and Crisis Lifeline.
- Restore Medicaid funding and eligibility to prevent losses in mental health and substance use healthcare.
- Promote equity in mental health, with a specialized workforce and targeted services to reduce disparities in access and outcome.

Speakers

Sameer Vohra, M.D., JD, MA, FAAP
Director
Illinois Department of Public Health

Laurel Stine, JD, MA
Executive Vice President and Chief Policy and Advocacy Officer
American Foundation for Suicide Prevention

Sameer Vohra, M.D., JD, MA, FAAP

Director

Illinois Department of Public Health

dph.illinois.gov

Trust for America's Health

IDPH
Illinois Department of Public Health

Illinois Efforts Against Preventable Deaths: A Focus on Suicide Prevention

Sameer Vohra, MD, JD, MA
Director, Illinois Department of Public Health

July 28, 2026

About IDPH

Our mission: The Illinois Department of Public Health is an advocate for and partner with the people of Illinois to re-envision health policy and promote health equity, prevent and protect against disease and injury, and prepare for health emergencies.

By the numbers

1877

IDPH is one of the state's oldest agencies, organized in 1877 with only 3 employees.

6

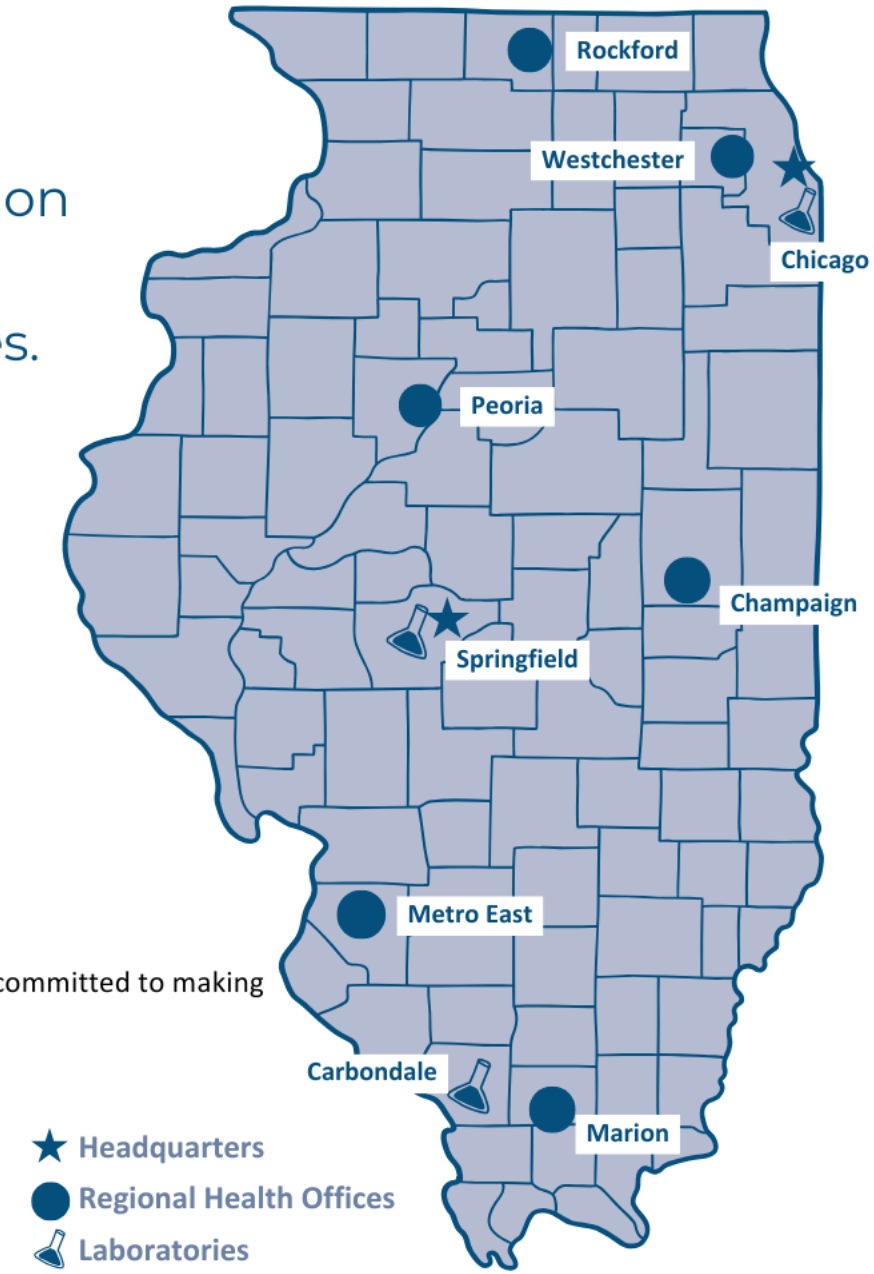
Regional Health Offices

3

Laboratories

1,500

IDPH employs 1,500 Illinoisans who are committed to making the state a healthier place.



IDPH
Illinois Department of Public Health

Illinois's State Health Improvement Plan

Mental Health and Substance Use Disorder are a key priority in Healthy Illinois 2028

IDPH
Illinois Department of Public Health

Suicide Prevention: A Public Health Priority

Suicide prevention is a key focus of Illinois' public health work

The CDC is a long-standing partner, providing funding, best practices, and subject matter expertise

Federal support has strengthened Illinois' statewide coordination and coalition efforts

IDPH
Illinois Department of Public Health

Snapshot: 2025 Suicide Data

Over 180,000 suicide-related emergency department visits identified across Illinois

Illinois recorded at least 1,400 deaths due to suicide

From 2021-2025 an estimated 120,767 years of potential life were lost in Illinois

IDPH
Illinois Department of Public Health

Illinois Suicide Prevention Alliance

Developing and updating a statewide partnership plan

Expanding stakeholder engagement across sectors

Ensuring partners are involved in decision-making, data review, and strategy selection

IDPH
Illinois Department of Public Health

CDC Comprehensive Suicide Prevention Grant

5 year grant

$950,000 per year

Funded through September 2028

Objective 1	Objective 2	Objective 3
• Establishes a data-driven suicide prevention framework	• Identifies and formally designates 2 Disproportionately Affected Populations (DAPs) as “high burden” groups • *Ex: males age 50+ in small urban counties & females age 10-19*	• Expands multisector partnerships within Illinois Suicide Prevention Alliance (ISPA) from 15 to more than 160

IDPH
Illinois Department of Public Health

Statewide Engagement

160

- Statewide partners actively engaged through IL Suicide Prevention Alliance & CSP-aligned collaboration

96

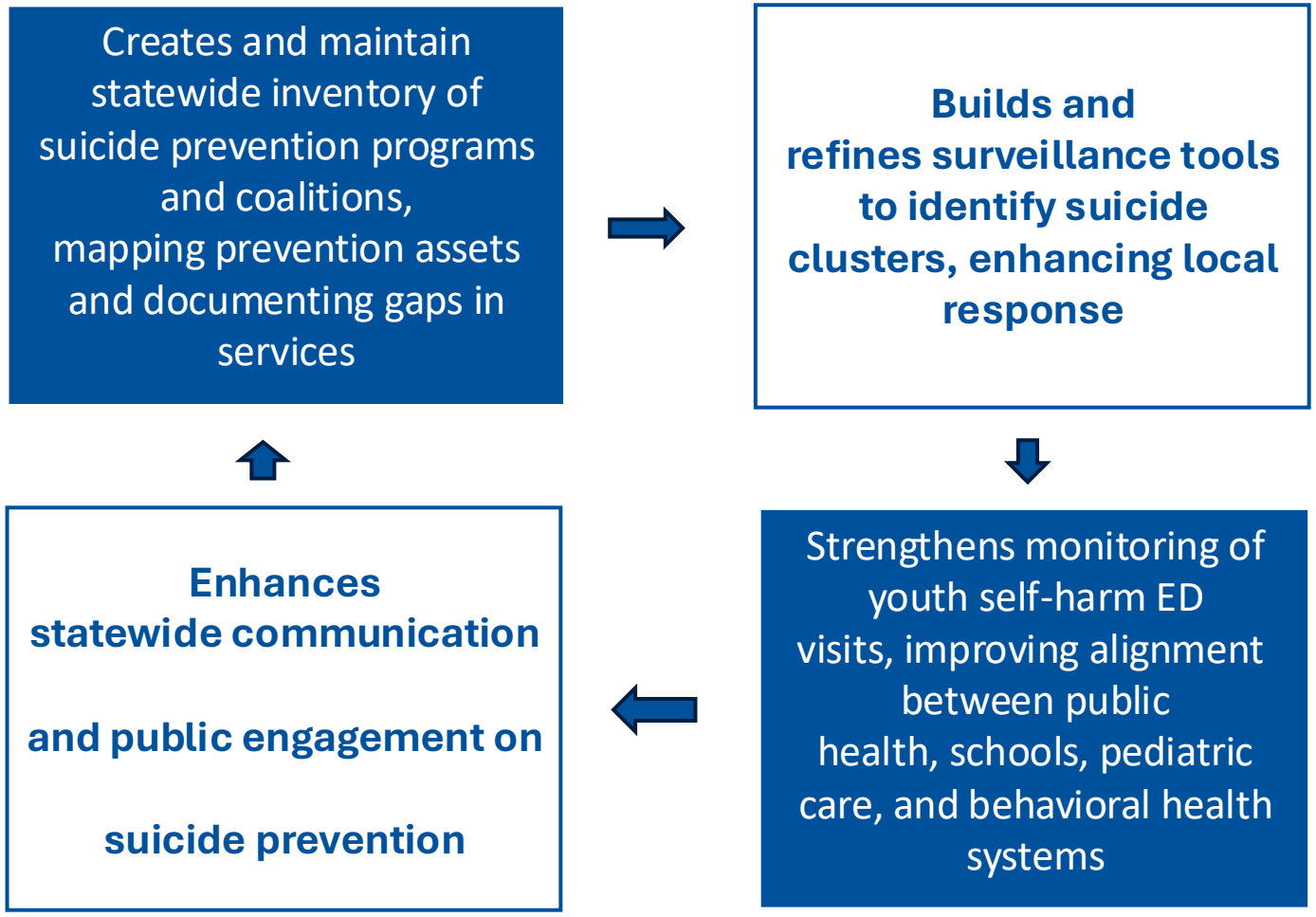
- Organizations identified as implementing suicide prevention or related behavioral health programming

47

- Local coalitions statewide addressing suicide prevention this year (up 42% from last year)

IDPH
Illinois Department of Public Health

Internal Partnership & Infrastructure



IDPH
Illinois Department of Public Health

Grantee Spotlight:
DeKalb Behavioral Health Foundation

IDPH cannot carry out its vital public health mission alone, which is why partnerships with local health departments, hospitals, private and public clinics, and community-based nonprofit organizations are so essential.

With support from IDPH Comprehensive Suicide Prevention funding, the **Dekalb Behavioral Health Foundation** implemented a **Zero Suicide Framework systemwide** to directly address suicide risk among high-risk youth and adults.

They established oversight councils, updated clinical protocols, implemented safety planning models, and distributed more than 150 suicide prevention "coping kits" that included mental health support materials, wellness items, and a first aid kit.

IDPH
Illinois Department of Public Health

IDPH
Illinois Department of Public Health

Thank You

Laurel Stine, JD, MA

Executive Vice President and
Chief Advocacy Officer

American Foundation for
Suicide Prevention

afsp.org

Pain in the Nation 2026 Virtual Congressional Briefing & National Webinar

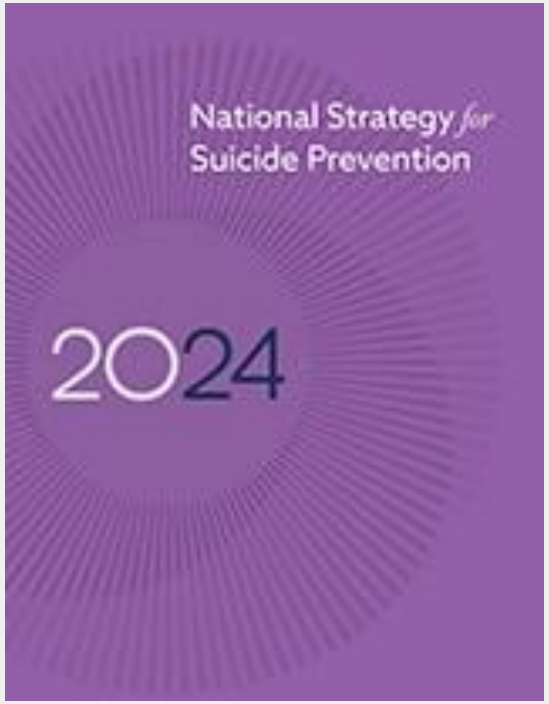
Laurel Stine
Executive Vice President and Chief Policy & Advocacy Officer

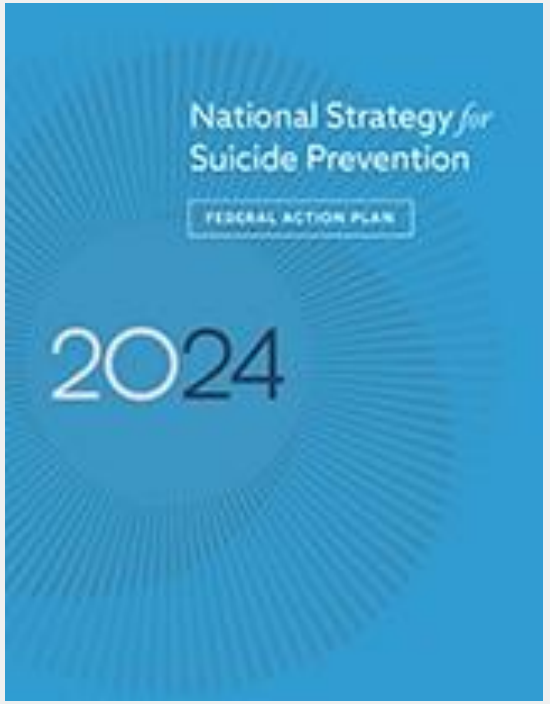
July 28, 2026

afsp.org

American Foundation for Suicide Prevention

National Strategy for Suicide Prevention





SAMHSA & CDC

Selected Suicide Prevention Programs

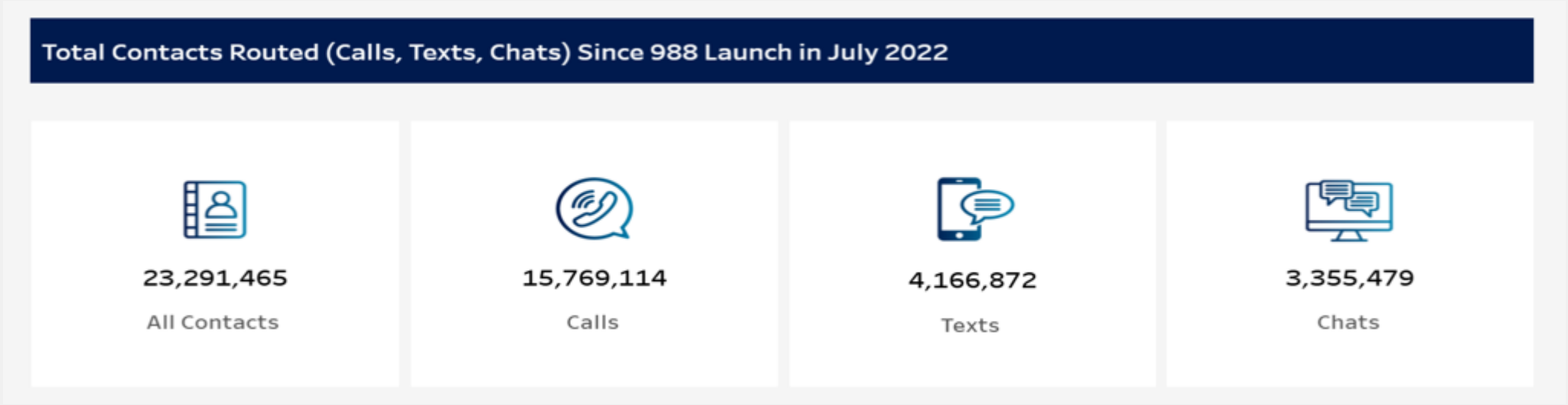
afsp.org

American Foundation for Suicide Prevention

988 Suicide & Crisis Lifeline

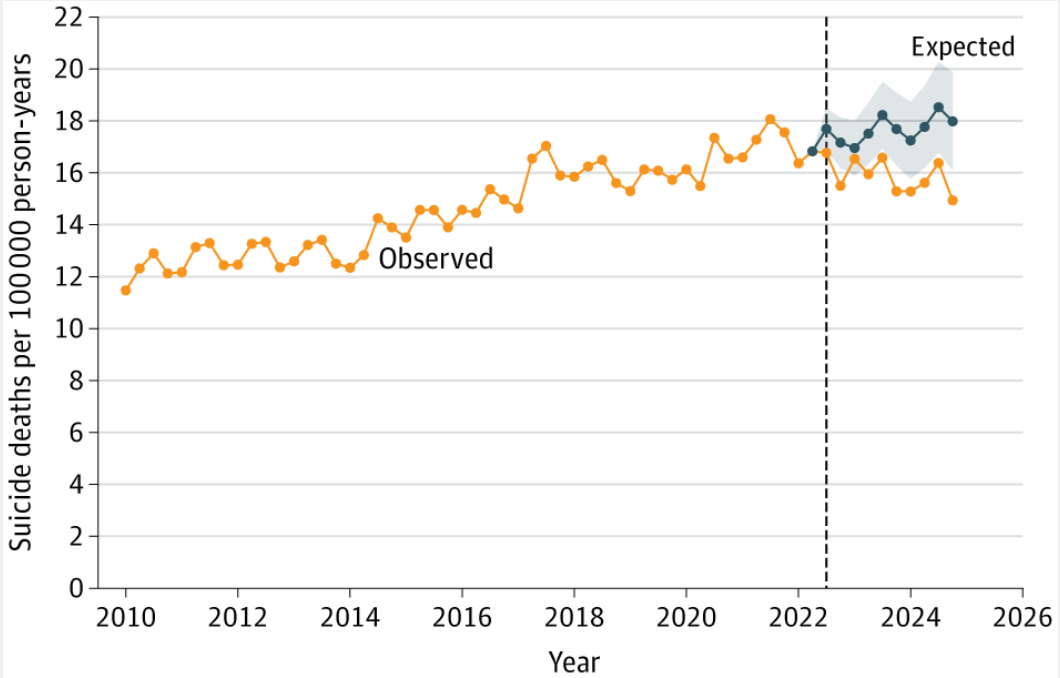
- **Expanded access** to immediate crisis care nationwide. **Sustained and reliable funding** for the full 988 crisis response system ensures that every individual who reaches out receives safe, effective, and lifesaving help.

Chart Source: SAMHSA Performance Metrics https://www.samhsa.gov/mental-health/988/performance-metrics



988 Linked to Decline in Youth Suicide Deaths

- A recent study published in *JAMA* found that suicide deaths among adolescents and young adults ages15 to 34 years **dropped 11%** compared to projected rates after 988 launched in 2022



Graph of Suicide Deaths After Launch of the 988 Lifeline Among Adolescents and Young Adults

Patel VR, Liu M, Jena AB. Suicide Mortality Among Adolescents and Young Adults After Launch of a Suicide and Crisis Lifeline. *JAMA*. 2026;335(19):1721–1723. doi:10.1001/jama.2026.5157

Garrett Lee Smith Suicide Prevention

- Supports states, Tribal communities, schools and campuses in implementing evidence-based **youth suicide prevention strategies**.

- In FY 2024, more than **113,000** youth were screened for suicide risk**; over 30,000** were referred to services**; and 78%** received care following referral

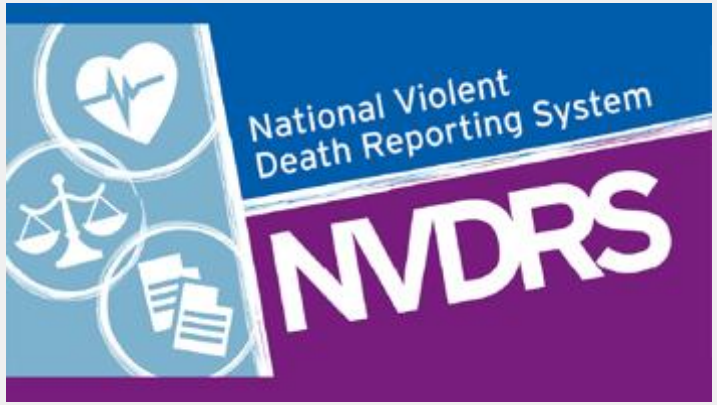
Comprehensive Suicide Prevention Program

- Funds **23 programs** to implement and evaluate a **comprehensive public health approach** to suicide prevention
- Special focus is on populations that are **disproportionately affected by suicide**
    - Populations include veterans, youth, middle-aged and older adults, rural populations, and certain occupational groups, among others.
- Funding also supports near **real-time collection of emergency department data** for suicide attempts and suicidal ideation

Success Data

- Comprehensive Suicide Prevention Program recipients reported a **1.45% reduction** in suicide rates overall compared to a 1.73% increase nationally between 2019-2023
  - In CT, among adults ages 65+, there was a **21.5% reduction** in suicide rates. Among youth ages 10-24, there was a **34.4% reduction** in suicide rates
  - In OR, among rural veterans, there was a **28.3% reduction** in suicide rates from 2021 to 2023

NVDRS



- Collects **mortality data** from death investigators, including law enforcement, coroners, and medical examiners, and provides **valuable information about violent deaths, including suicide**.
- Implemented in all 50 states, the District of Columbia, and select territories
- NVDRS is a crucial source of data related to **trends in suicide**

A Comprehensive Approach

Suicide prevention requires sustained investments across prevention, data and surveillance, crisis response, treatment & recovery, and community-based supports

Progress is Real but Fragile

- Funding instability disrupts suicide prevention programs
- Workforce reductions weaken suicide prevention capacity
- ➢ Sustained investment and stable infrastructure are essential to protect recent gains

Protect, Scale & Invest in What Works

Protect evidence-based suicide prevention programs and the infrastructure

Scale proven strategies to reach more communities

Invest in suicide prevention programs, research surveillance, and infrastructure

Resources and Advocacy Partners

- Become an AFSP Advocate - afsp.org/advocate
- AFSP Policy Priorities & Federal Funding- afsp.org/priorities & afsp.org/suicide-prevention-research-federal-priority/
- CDC Suicide Prevention Resource for Action -cdc.gov
- SAMHSA 2025 National Guidelines for a Behavioral Health Coordinated Systems of Crisis Care - samhsa.gov
- Trust for America's Health - tfah.org
- Mental Health Liaison Group – mhlg.org
- Keep America Safe Coalition – keepamericasafe.info

Submit Questions for Our Moderator and Panelists

Tekisha Dwan Everette, Ph.D., MPA, MPH, CPH
Executive Vice President
Trust for America's Health

Sameer Vohra, M.D., JD, MA, FAAP
Director
Illinois Department of Public Health

Laurel Stine, JD, MA
Executive Vice President and Chief Policy and Advocacy Officer
American Foundation for Suicide Prevention

Thank You to Our Moderator and Panelists

Tekisha Dwan Everette, Ph.D., MPA, MPH, CPH
Executive Vice President
Trust for America's Health

Sameer Vohra, M.D., JD, MA, FAAP
Director
Illinois Department of Public Health

Laurel Stine, JD, MA
Executive Vice President and Chief Policy and Advocacy Officer
American Foundation for Suicide Prevention

A recording of today's webinar will be available on tfah.org in the coming days.

We appreciate your feedback! Please take the brief survey that will pop up on your screen.

Subscribe to TFAH's Newsletter(s)

- Wellness and Prevention Digest
- Health Security and Preparedness Newsletter
- Well Being Working Group Write Up
- Age-Friendly Public Health Systems Newsletter

CONNECT WITH US

Trust for America's Health

@TrustForAmericasHealth

@TrustForAmericasHealth

@TrustForAmericasHealth

@HealthyAmerica1

info@tfah.org