

National Strategy *for* Suicide Prevention

Care. Connect. Collaborate.

2024

The 2024 *National Strategy for Suicide Prevention* is a bold new 10-year, comprehensive, whole-of-society approach to suicide prevention that provides concrete recommendations for addressing gaps in the suicide prevention field.

This strategy addresses suicide at the national, state, tribal, local, and territorial levels and relies upon critical partnerships across the public and private sectors. To ensure effective actions are advanced in accordance with the *Federal Action Plan*, people with lived experience have been and remain critical to the implementation of this strategy.

Updated for the first time in over a decade, the *National Strategy* focuses on the many factors associated with suicide, with the recognition that there is no single solution. The *National Strategy* is accompanied by the first-ever *Federal Action Plan*, which identifies more than 200 actions across the Federal government to be taken over the next three years in support of those goals.

Why Now?

Suicide is an urgent and growing public health crisis. More than 49,000 people in the United States died by suicide in 2022. That's one death every 11 minutes. The urgency to address suicide has grown after the COVID-19 pandemic and has been exacerbated by the ongoing mental health and overdose crises. In addition to the social isolation and the many losses that Americans have experienced, the pandemic revealed a range of inequities, including those related to access to social supports and health care resources. To ensure we fill gaps and fully meet the needs of those at risk of suicide, new actions are needed. We need to move beyond awareness to action in order to address rising suicide rates. The first-ever *Federal Action Plan* to accompany the *National Strategy for Suicide Prevention* will drive the results we need.

KEY AREAS OF FOCUS IN THE NATIONAL STRATEGY:



988
Suicide &
Crisis Lifeline



Health
equity



Intersection
of suicide and
substance
use



Youth
and social
media



Lethal
means
safety

Learn more
about the
National Strategy



Strategic Directions

The *National Strategy* is organized around four strategic directions:

STRATEGIC DIRECTION 1: Community-Based Suicide Prevention.

A comprehensive approach to suicide calls for communities to select, implement, and evaluate a range of strategies to address the many factors associated with suicide at the individual, relationship, community, and societal levels. As such, Strategic Direction 1 requires coordination for upstream prevention, lethal means safety for those at risk, postvention supports, workplace strategies, and evidence-informed communication and messaging efforts.

STRATEGIC DIRECTION 2: Treatment and Crisis Services.

Preventing suicide requires making sure those at risk of suicide get connected to the proper treatment and services they need. Therefore, this strategic direction focuses on the critical importance of implementing a systematic approach to suicide care within health systems, including emphasizing the structural role of the health system in preventing suicide rather than the responsibility resting solely in the hands of individual clinical providers. Additionally, Strategic Direction 2 sets the vision for a complete and coordinated crisis response infrastructure that includes not only a 24/7 nationally available crisis line, but a mobile crisis response, crisis stabilization facilities, and community-based alternatives to 911 emergency response.

STRATEGIC DIRECTION 3: Surveillance, Quality Improvement, and Research.

Good quality data enable the evaluation of suicide prevention efforts and are important for applying research advances to improve prevention practices and, ultimately, to reduce the impact of suicide. Strategic Direction 3 focuses on enhancing accessible and timely data on suicide thoughts, attempts, deaths, and risk and protective factors, and promoting rigorous research.

STRATEGIC DIRECTION 4: Health Equity in Suicide Prevention.

Ensuring equity in a public health approach to suicide prevention requires active collaboration to assess and meet the needs of all individuals and communities. Strategic Direction 4 includes ways that various sectors and communities can engage in work to address populations disproportionately impacted by suicide.

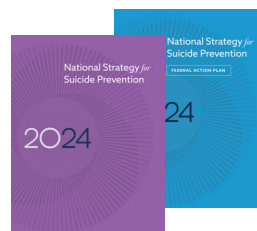
The Call to Action: Care. Connect. Collaborate.

This call to action cuts across the entire strategy and is relevant to everyone's participation in the strategy at all levels (national, state, tribal, local, and territorial). Our call to action is more than just words, it's a commitment to:

Care: Caring about suicide prevention requires a thoughtful strategy and the intersection of prevention, intervention, and postvention supports.

Connect: Connecting to community and culture are key protective factors for health and well-being, including protecting against suicide risk. Connecting with data and research helps inform efforts and improve the ability for effective suicide prevention strategies.

Collaborate: Carrying out a comprehensive approach relies on collaboration with public and private sector partners, people with suicide-centered lived experience, and people in populations disproportionately affected by suicide and suicide attempts. Everyone has a role to play in achieving meaningful, equitable, and measurable advancement in suicide prevention.



Visit www.hhs.gov/nssp to view the 2024 *National Strategy for Suicide Prevention* and learn more about how you can help to address this national challenge.



Findsupport.gov
Text 988 | Call 988 | Chat 988lifeline.org

The new *National Strategy for Suicide Prevention* was developed by a federal Interagency Work Group (IWG) comprised of over 20 agencies in 10 federal departments across the government, with support from the Suicide Prevention Resource Center (SPRC), the National Action Alliance for Suicide Prevention (Action Alliance), and a project management team co-led by officials at the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention (CDC), alongside the National Institute of Mental Health (NIMH) and the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation (ASPE/HHS). Also reflected in this 10-year strategy is the input of more than 2,000 people from across the United States who participated in a national needs assessment and a series of listening sessions, including people with suicide-centered lived experience, tribal members, youth, suicide prevention experts, and partners in the private sector.