

# 2023-2024 Public Policy Priorities

The following four overarching pillars will guide AFSP's public policy and advocacy priorities for the next biennium:

1. Research, Surveillance, Data Collection, and Infrastructure
2. Access to Care and Services
3. Diverse, Underserved, and Disproportionately Impacted Communities and Populations
4. Systems Change and Firearms Suicide Prevention

Within each of these four pillars, AFSP targets upstream prevention, early intervention, treatment and recovery policies. AFSP also seeks to be inclusive of all individuals across the lifespan affected by suicide, with a focus on those in diverse, underserved, and disproportionately impacted communities and populations as well as those with lived experience. AFSP recognizes that the trauma, loss, bias, disparities, and other unique challenges that certain populations continue to face can contribute to risk for suicide. AFSP is committed to breaking down these barriers and inequities and to addressing the specific needs of these communities and populations in the development of policy solutions for preventing suicide and suicidal behavior (attempts and ideation), and for promoting healing and providing care and support for those who have lost loved ones to suicide.

The priorities were developed by the AFSP Public Policy Council and policy staff and have been approved by the AFSP National Board to be in alignment with AFSP's strategic plan. This document is intended to be used by advocates, partners, and public officials at all levels of government (federal, state, and local) as a resource for identifying policy opportunities to better promote suicide prevention and improve mental health.

## Pillar 1 – Research, Surveillance, Data Collection, and Infrastructure

### State Infrastructure

- Increase funding for and assist in the implementation and evaluation of state suicide prevention initiatives and plans to prevent suicide across the lifespan

### Architectural Barriers and Structures

- Encourage, incentivize, or require the building of physical barriers and structures to prevent suicides on bridges, tall buildings, and other areas that pose suicide risk due to their significant height

### Federal Funding

- Advocate for legislation and increased research funds for the **National Institute of Mental Health (NIMH)** and the promotion of suicide prevention research within key institutes and centers at the National Institutes of Health (NIH)
- Advance investments in suicide prevention programming at the Centers for Disease Control and Prevention (CDC), including the **Comprehensive Suicide Prevention Program** and **National Violent Death Reporting System (NVDRS)**
- Advance investments in **suicide prevention and mental health programming** at the Substance Abuse and Mental Health Services Administration (SAMHSA), and other relevant federal agencies (See SAMHSA grant programs [here](#))

## **Pillar 2 – Access to Care and Services**

### **988 and Crisis Services**

- Increase diverse and sustainable funding and support for the full continuum of crisis response, including but not limited to Lifeline call centers (someone to call), mobile crisis response services (someone to respond), and crisis respite and stabilization centers (somewhere to go)
- Enhance training for counselors answering 988 calls and strengthen coordination between 988, 911, and all services within the continuum
- Bridge the gap between 988 and post-crisis supports through evidence-based suicide prevention, intervention, and treatment services, including crisis stabilization, outpatient care, and follow-up services

### **Telehealth**

- Minimize barriers to accessing best-practice telebehavioral healthcare and ensure coverage for those services at parity, particularly within rural and other underserved communities
- Increase access to telehealth training for students entering behavioral health fields and for behavioral health professionals

### **Mental Health Parity**

- Uniformly implement and enforce MHPAEA and state parity laws and regulations across plan types
- Increase oversight and transparency by requiring insurers and state commissioners to submit regular reports on parity compliance
- Implement consumer and provider education efforts and require the promotion of accessible information on parity requirements and consumer rights under the law

### **Workforce Expansion**

- Address provider shortages in underserved areas, including in rural communities and incarcerated populations, through loan forgiveness and other financial incentives
- Expand the behavioral health workforce by promoting access to peer support specialists and properly trained and supervised para-professionals who can provide support for suicide-focused care
- Coordinate communication between stakeholders to leverage existing federal and state scholarships and related programs
- Increase access to clinical supervisors, training credentials, and peer support certification programs
- Expand primary care and behavioral health integration, including through the Collaborative Care Model and the development of learning collaborative partnerships

## **Pillar 3 – Diverse, Underserved, and Disproportionately Impacted Communities and Populations**

### **First Responders, Corrections Staff, and Frontline Healthcare Workers**

- Identify PTSD/PTSI suffered by a first responder and corrections staff as a compensable, work-related injury
- Extend eligibility for life insurance benefits to families of first responders who die by suicide
- Establish employee assistance programs (EAPs), peer-support programs, additional federal funding sources, and training programs for job-related stress management, burnout prevention, and suicide prevention
- Provide privacy protections for healthcare workers seeking care from within their own health systems

## **LGBTQ Individuals and Communities**

- Integrate LGBTQ populations into existing data collection tools on suicide mortality and risk behavior
- Support bans on conversion therapy/sexual orientation change efforts
- Oppose restrictions on access to gender-affirming medical care
- Oppose restrictions on discussion in schools on LGBTQ issues

## **Veterans, Servicemembers, and Their Families**

- Increase awareness of and access to behavioral healthcare, suicide prevention and crisis response services, and community supports for Servicemembers, Veterans, and their families
- Improve data collection on Servicemember and Veteran suicide deaths and attempts
- Increase suicide risk screening for Servicemembers upon discharge/transition to civilian life

## **Children, Teens, and Young Adults**

- Maintain and expand funding and grant programs for suicide prevention in K-12 schools and higher education
- Implement and support comprehensive K-12 school mental health and suicide prevention, intervention, and postvention initiatives and policies, including requirements for personnel training, student education, caregiver education, excused student mental health absences, and regular student, parent, and staff notification of resource availability
- Require higher education policies and procedures to include how to support students experiencing a behavioral health condition or suicidal crisis and require schools to make those policies and related resources widely known and available to all students, faculty, and staff

# **Pillar 4 – Systems Change and Firearms Suicide Prevention**

## **Firearms**

- Support and fund research on firearms and suicide prevention
- Promote the creation and distribution of educational materials regarding lethal means and suicide prevention, including safe storage
- Educate healthcare professionals about the importance of lethal means counseling in the treatment of individuals experiencing a suicidal crisis
- Implement voluntary removal initiatives including temporary transfer exceptions, community storage options, and Voluntary Do-Not-Sell Lists
- Implement Extreme Risk Protection Orders (ERPOs) as a tool to help prevent suicide when voluntary efforts to separate an at-risk individual from a firearm are unsuccessful or impossible and suicide risk is imminent

## **Healthcare Systems**

- Promote culturally competent training requirements for healthcare providers regarding best practices in suicide prevention, assessment, treatment, and management
- Create funding opportunities for suicide risk screening and assessment in healthcare
- Promote safety planning, lethal means counseling, caring contacts, and other best-practice short-term interventions for patients at risk for suicide

## **Emergency Departments**

- Promote training for ED personnel regarding best practices in suicide prevention for individuals at risk for suicide
- Create funding opportunities for suicide risk screening and assessment in EDs

## **Corrections Systems**

- Establish and expand diversionary programs and other initiatives to improve responses to individuals with mental health and/or substance use disorders who come into contact with the criminal legal system
- Promote policies that assist with the transition to community care for formerly incarcerated individuals, with the goal of reducing recidivism, supporting public safety, and preventing suicide
- Improve data collection and reporting on suicide in correctional facilities
- Promote standards that limit the use of solitary confinement and minimize its impact on the mental health of incarcerated individuals, with the goal of ending its use
- Expand access to suicide prevention programming in correctional facilities including suicide prevention training for corrections officers

**To view the full 2023-2024 Public Policy Priorities please visit [afsp.org/advocacy](https://afsp.org/advocacy)**