AFSP PUBLIC POLICY PRIORITIES 2023-2024

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American Foundation for Suicide Prevention

Dear Friends and Colleagues,

The American Foundation for Suicide Prevention (AFSP) has become one of the preeminent forces leading the contemporary field of suicide prevention. AFSP is the largest private funder of suicide prevention research in the U.S. and globally, and its extensive array of community programming initiatives helps support individuals who struggle with serious thoughts of suicide and those who care for them, as well as individuals and families who have experienced the loss of someone close to them to suicide. Over the past decade, AFSP has also become a major leader in legislative advocacy at the national, state, and local level. Led by our policy office in Washington D.C. and within local chapters in all 50 states, D.C., and Puerto Rico, AFSP policy and legislative initiatives are changing the landscape of suicide prevention today. As a notable example, AFSP leadership and advocacy helped to make the three-digit national 988 Suicide and Crisis Lifeline number (previously called the National Suicide Prevention Lifeline) a reality; 988 is now a catalyst in transforming the suicide, mental health, and substance use crisis response system across the nation.

The following **AFSP 2023-2024 Public Policy Priorities** have been carefully crafted to reflect on the mission of AFSP, the considered will of the Board of Directors, and the collective expertise and acumen of the AFSP Public Policy Council and policy staff. This document is designed to chart our future policy and legislative initiatives for the next two years at the national, state, and local level. The four pillars of the priorities highlight policies that are embodied within the AFSP Strategic Plan and our Project 2025 initiative. As leaders of the AFSP Public Policy Council, we believe these priorities have the power to meaningfully move the needle on this leading cause of death within our nation. Bottom line, we believe that the suicide prevention and mental health initiatives outlined in the **AFSP 2023–2024 Public Policy Priorities** will help save lives. Join us in our fight to stop suicide.

Respectfully,

David A. Jobes, Ph.D., Chair of the AFSP Public Policy Council
Nancy Farrell, Vice-Chair of the AFSP Public Policy Council

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 ONE

Research, Surveillance, Data Collection, and Infrastructure

Designing and implementing effective national and state suicide prevention strategies requires a comprehensive understanding of who is dying by suicide and when. It also requires knowledge of suicide risk and protective factors and the most effective prevention, intervention, and treatment practices within specific populations and settings – all of which are gained through conducting suicide-specific research. AFSP has long advocated for and continues to prioritize increased funding for suicide-specific research and data collection methods that advance our current understanding of suicide and suicidal behavior. AFSP also prioritizes working with federal agencies, states, and partner organizations to help build and sustain suicide prevention infrastructure that translates this research into practice and at scale.

State Infrastructure

State suicide prevention infrastructure includes the systems, organizations, and funding necessary for the planning, implementation, evaluation, and sustainability of statewide suicide prevention efforts. **The National Strategy for Suicide Prevention** calls for the development of comprehensive state suicide prevention plans to coordinate prevention activities across state agencies and organizations. Effective plans bridge public and private partnerships, engage diverse communities, are funded and sustainable, emphasize data collection, evaluate progress, and are regularly revised and updated to reflect new data and opportunities.

- 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

Removing or limiting access to lethal means and allowing time for an individual's suicidal impulse to pass or for them to receive intervention is a proven method to prevent suicide. For bridges, high buildings, and other publicly accessible areas of height, this can be achieved by creating or installing barriers and physical structures to limit the potential for suicide.

- 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

During the annual federal budget process, AFSP encourages Congress to make critical investments in suicide prevention programs, research, and surveillance at various federal agencies. Data collection through research and surveillance can provide critical insights into the prevention, intervention, and postvention plans and strategies most effective for specific populations and communities. The data produced by research and surveillance can also clarify which populations and communities are most at risk of dying by suicide, giving direction to future planning efforts.

- 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 TWO

Access to Care and Services

Geographic distancing, social isolation, inadequate access to mental health care providers, limited medical facilities, and social stigma can all contribute to suicide risk. AFSP seeks to address these issues and increase access to mental health and substance use (behavioral health) care and services through policy initiatives such as expanding the workforce, enhancing crisis response, and implementing innovative forms of treatment. AFSP also works to eliminate barriers to care and services such as limited or lack of insurance coverage, available providers, and treatment types or settings. AFSP recognizes that connecting individuals with behavioral health services and resources can help to prevent suicide and works to ensure that those services and resources are accessible to all.

988 and Crisis Services

The recent transition to the 3-digit 988 Suicide and Crisis Lifeline number represents a monumental opportunity to transform the way we as a country respond to suicide, mental health, and substance use crises, ensuring that everyone in the U.S. has someone to call, someone to respond, and somewhere to go when in crisis.

The Lifeline's national and local call centers and the community crisis response services that support those centers are already facing increased service demand as the public becomes more informed on 988 and the services and linkages it provides. Sustainable funding and support will be needed to ensure the full vision of 988 is realized.

- 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

Expanding telebehavioral health services can increase the reach of existing healthcare providers, reduce service gaps, and lower treatment costs. Research demonstrates comparable effectiveness of telebehavioral health and in-person services and reveals consistent evidence of its feasibility, acceptance by intended users, cost savings, and improvement in symptomology and quality of life among patients across a broad range of demographic and diagnostic groups. Easing restrictions on and providing coverage for an alternate form of behavioral health treatment will increase access to lifesaving services.

- 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

The Mental Health Parity and Addiction Equity Act (MHPAEA) requires insurers and health plans to cover behavioral health care no more restrictively than they cover other types of medical and surgical care. Despite the fact that this federal law was enacted over a decade ago, many insurers are still not in compliance with the MHPAEA and many consumers remain unaware of the law's requirements or how to report insurer violations.

- 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

There is a critical shortage of behavioral health providers in the U.S. When accounting for the entire country, 88% of counties are considered a mental health professional shortage area and a mere .05% of counties are considered to have no provider shortage county-wide. Put another way, over a third of the U.S. population lives in an area with a shortage of behavioral health professionals, and nearly two-thirds of shortage areas are rural.

- 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 THREE

Diverse, Underserved, and Disproportionately Impacted Communities and Populations

AFSP fights against discriminatory policies and seeks to learn from and with diverse individuals and communities how to best promote mental health and prevent suicide in underserved areas. This includes advocating for improved data collection and access to culturally-informed and evidence-informed mental healthcare and suicide prevention services and supports for specific populations at increased risk for suicidal behavior.

Certain communities and populations continue to be underrepresented in suicide research and face disproportionate inequities in accessing the care, support, and services needed to improve mental health and prevent suicide. These can include individuals and communities of color (including, but not limited to, African American and Black communities; American Indian, Alaskan Native, Hawaiian Native, and other indigenous peoples and communities; Asian American and Pacific Islander communities; and Chicano, Latinx, and Hispanic communities); LGBTQ individuals and communities; individuals living with disabilities and other chronic health conditions; and those experiencing perinatal mental health disorders. This can also include individuals who are employed in certain roles such as first responders, corrections staff, frontline healthcare

workers, and Servicemembers and Veterans. Suicide and suicidal behavior also continue to be a major public health crisis among youth and young adults; there have been recent concerning increases in suicide rates among youth from particular racial, ethnic, and minoritized populations, and research shows that experience with discrimination impacts youths' risk for suicidal thoughts.

First Responders, Corrections Staff, and Frontline Healthcare Workers

Research has highlighted the link between suicide among first responders and Post Traumatic Stress Disorder or Post Traumatic Stress Injury (PTSD/PTSI). First responders, corrections staff, and frontline healthcare workers often experience occupational hazards and stressors on the job, such as traumatic events and shift work, which can in turn increase risk for suicidal behavior or exacerbate existing risk for suicide related to other factors. Individuals employed in these fields may also experience a culture that discourages showing perceived signs of weakness or vulnerability, which can contribute to a reluctance to seek help or self-disclose behavioral health concerns or suicidal thoughts. AFSP supports policies that seek to create a workplace culture where it is a sign of strength to seek help and that supports first responders, corrections staff, and healthcare workers in all aspects of their health, including behavioral health.

- 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

Lesbian, gay, bisexual, transgender, and queer persons and those who are questioning their sexual orientation or gender identity (LGBTQ) experience significant health and behavioral health disparities, including elevated rates of suicide attempts. Data on sexual orientation, gender identity, and gender expression are not routinely collected at the time of death, which means researchers do not have reliable data about LGBTQ suicide deaths. However, research has shown that the social stigma, prejudice, and discrimination associated with minority sexual orientation contributes to the elevated rates of suicidal thoughts, plans, and attempts and poorer mental health found in LGB people. This includes institutional discrimination resulting from laws and public policies that create inequities or fail to provide protections against sexual orientation-based discrimination. Experiences of stigma and discrimination increase risk of depression and other risk factors for suicidality, while protective actions like increasing acceptance and affirmation of LGBTQ identities and increasing access to LGBTQ-affirming physical and mental healthcare reduce the likelihood of LGBTQ suicide attempts and deaths and promote wellbeing.

- 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

Suicide risk among Veterans and Servicemembers is greater than that of the general population. The VA's 2022 National Suicide Prevention Annual Report states the suicide rate among Veterans in 2020 was 57.3% higher than that of non-Veteran adults. A 2021 report stated that, since 9/11, suicides among active-duty personnel and Veterans were four times higher than deaths during military operations. The U.S. Departments of Defense and Veterans Affairs have done much in recent years to address this issue, and AFSP advocates for continued funding and other supports to continue and scale these efforts.

- 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

Children, teens, and young adults are continuing to experience significant stressors and disruptions related to the pandemic. Rates of psychological distress among youth have increased, including symptoms of anxiety, depression, and other mental health conditions, as have the number of young people visiting the emergency department for mental health emergencies and suspected suicide attempts. Even pre-pandemic, mental health challenges were the leading cause of disability and poor life outcomes in young people. AFSP recognizes these challenges and continues to prioritize policies that increase the ability of K-12 schools, colleges, and universities — and the adults that interact with youth regularly in those spaces — to recognize and support students at risk for suicide.

- 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 FOUR

Systems Change and Firearms Suicide Prevention

With guidance from the top minds in the field and dynamic data modeling, AFSP has identified and prioritized critical areas where suicide risk can be potentially reduced for the greatest number of people in the shortest amount of time. These four critical areas are firearms, healthcare systems, emergency departments, and corrections systems. Public policies in these areas will support the project's bold goal of reducing the nation's annual suicide rate 20% by the year 2025.

Firearms

Separating suicidal individuals from lethal means (methods) helps to prevent suicide; firearms are highly lethal and are used in over half of all suicide deaths nationally. AFSP estimates that if half of all firearm purchasers are exposed to suicide prevention education, 9,500 lives can be saved through 2025.

- 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

AFSP works to advance policies in healthcare systems that will accelerate the acceptance and adoption of risk identification and proven suicide prevention strategies. By identifying one out of every five people at risk for suicide in large healthcare systems – such as during primary care and behavioral health visits – and providing them with short-term intervention and better follow-up care, an estimated 9,200 lives can be saved through 2025.

- 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

Basic screening and interventions can provide a safety net for patients at risk for suicide seen in Emergency Departments (EDs). AFSP is educating emergency medicine providers and collaborating with key accrediting and professional organizations to improve the acceptance and adoption of suicide screening and preventative intervention as the standard in emergency care. By screening one out of five people seen in EDs and providing short-term interventions such as safety planning and follow-up care, an estimated 1,100 lives can be saved through 2025.

- 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

AFSP supports screening for and identifying individuals at risk for suicide at key points within corrections systems, such as at entry and exit. Comprehensive care that addresses all aspects of health, including behavioral health, must be delivered to incarcerated populations and individuals within the criminal legal system. Through such policies, an estimated 1,100 lives can be saved through 2025.

- 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

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Join AFSP and become an advocate for suicide prevention by visiting **afsp.org/advocate** and registering as a volunteer Field Advocate today!

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