AFSP PUBLIC POLICY PRIORITIES 2025-2026

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American Foundation for Suicide Prevention

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

1. **Services and Care**
2. **Lethal Means Safety**
3. **Research and Infrastructure**
4. **Disproportionately Affected Communities and Populations**

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 affected 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 dedicated to breaking down these barriers and inequities and to addressing the specific needs of these communities and populations in the development of policy solutions. These solutions aim to reduce suicidal thoughts, prevent suicide attempts and deaths, promote healing, and provide 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 approved by the AFSP National Board to align with AFSP's strategic plan. Throughout this document, several policy recommendations are noted with an asterisk (*) to showcase where AFSP is taking or will be taking a leading role in furthering advocacy efforts. This document is intended to be used by advocates, partners, and public officials at all levels of government as a resource for identifying policy opportunities to better promote suicide prevention and improve mental health.

PILLAR ONE

Services and Care

Geographic and social isolation, inadequate access to health care providers or facilities, and social stigma can all contribute to suicide risk. AFSP seeks to address these issues and increase investment in upstream prevention as well as 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 prevention and 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 as quickly and safely as possible can help to reduce suicidal suffering and prevent suicide and can often reduce the need for more costly downstream interventions.

988 and Crisis Services

The transition to the 3-digit **988 Suicide and Crisis Lifeline** number in July 2022 created 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 safe to go when in crisis. A well-resourced continuum of crisis care will help stabilize individuals at risk so they are able to get through that intense moment of crisis and connect with community or wraparound care, as needed. The 988 Lifeline's national and local contact centers and the community crisis response services that support those centers have experienced increased service demand as the public becomes more informed on 988 and the resources it provides. The transition to 988 also added substance use crisis care to the Lifeline's scope, which necessitates additional training and investment, so all centers are equipped to provide this service moving forward. Continued funding and support are needed to ensure the full vision of 988 is realized.

*__Increase__ diverse and sustainable funding and support for building capacity within the full continuum of crisis response, including but not limited to Lifeline contact centers (someone to call), mobile crisis response services (someone to respond), and crisis respite and stabilization centers (somewhere safe to go).

__Enhance__ training for counselors answering 988 calls, texts, and chats to increase effectiveness and cultural responsiveness and decrease unnecessary use of emergency services and active rescue.

__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 and intervention services and suicide-specific treatments.

*__Promote__ awareness of the 988 Lifeline as an available resource for 24/7 support during a suicidal, mental health, or substance use crisis.

*__Improve__ accuracy and immediacy of access to the 988 Lifeline by ensuring that contacts to 988 are routed by approximate location of the caller/texter so contact centers are aware of local, relevant supports and resources for each contact.

Healthcare Systems

AFSP works to advance policies in healthcare systems that will accelerate the adoption of risk identification and proven suicide prevention and intervention strategies.

*__Promote__ culturally relevant training requirements for healthcare providers, including mental health and substance use disorder professionals and para-professionals, regarding best practices in suicide prevention, assessment, management, treatment, and postvention.

*__Create__ funding opportunities for suicide risk screening and assessment in healthcare.

*__Promote__ safety planning, lethal means counseling, post-discharge care, caring contacts, and other **best-practice** short-term interventions for patients at risk for suicide.

__Expand__ access to evidence-based telebehavioral healthcare and ensure coverage for those services at parity with in-person services, particularly within rural and other underserved communities.

__Remove__ financial barriers by healthcare systems to the implementation of comprehensive suicide prevention.

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. AFSP supports efforts to build and expand an equitable and diverse behavioral health workforce, equipped to provide culturally and linguistically appropriate care that builds trust and fosters positive community interactions with health providers and para-professionals.

__Promote__ loan forgiveness, scholarships, and other financial incentives to expand and diversify the pipeline of behavioral health professionals nationwide and to address provider shortages in underserved areas, including in rural communities and for incarcerated populations.

__Promote__ access to peer support specialists and trained and supervised para-professionals who can provide support for suicide-focused care.

__Coordinate__ communication between interested parties 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, adoption of electronic health record systems for behavioral health providers, and the development of learning collaborative partnerships.

Mental Health Parity

The ***Mental Health Parity and Addiction Equity Act*** (MHPAEA) requires insurers and health plans to cover behavioral health care at parity with coverage for other types of medical and surgical care. Even though this federal law was enacted over a decade ago, many insurers are still not in compliance with MHPAEA. 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 and extend parity assistance funds for states.

Increase oversight and transparency by ensuring state commissioners request parity compliance analyses.

Implement consumer and provider education efforts and require the promotion of accessible information on parity requirements and consumer rights under the law.

Extend MHPAEA to the Medicare program.

PILLAR TWO

Lethal Means Safety

Lethal means safety is among the most effective ways to reduce suicide attempts and deaths. It is characterized by putting time and distance between a person at risk for suicide and lethal means or methods of suicide. This allows time for the suicidal risk to diminish, for the intense suicidal impulse to pass, or for someone to intervene. Most individuals who are prevented from making a suicide attempt via one method typically do not go on to attempt with another method, making lethal means safety a critical and effective component of any suicide prevention strategy. Safer environments support people at risk for suicide.

Firearms

Firearms are highly lethal and are used in over half of all U.S. suicide deaths. Suicide risk increases when a firearm or other lethal means are present in the home or readily accessible. Individuals with firearm access are no more likely to have suicidal thoughts or a suicide plan than those without firearm access, but individuals at risk with access to firearms in the home are much more likely to use a firearm than those without. While substitution is rare overall, if another means for suicide is substituted when a firearm is inaccessible, that attempt will likely be less lethal.

Support and fund research on firearms and suicide prevention.

***Promote** the creation and distribution of educational materials regarding firearms and suicide prevention, including secure storage.

***Promote** financial incentives for secure storage devices and practices, such as sales tax holidays or exemptions.

Educate healthcare professionals about the importance of lethal means counseling in the treatment of individuals who may be at risk for suicide.

***Implement** voluntary removal initiatives including temporary transfer exceptions, firearm hold agreements, 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.

Architectural Barriers and Structures

Barriers that physically restrict access are the most reliable and effective means of preventing attempted and completed suicides at bridges, buildings, railroads, and other publicly accessible areas that pose risk for suicide. AFSP supports funding for and the installation of barriers and other physical structures to limit the potential for suicide attempts and deaths at these accessible areas.

***Encourage**, incentivize, or require the building of physical barriers and structures to prevent suicides at bridges, buildings, railroads, and other publicly accessible areas that pose suicide risk.

Medications, Toxic Chemicals, and Other Substances

Access to prescription and over-the-counter medications, household cleaners and pesticides, and other potentially lethal substances should be closely monitored and potentially restricted during a suicidal or behavioral health crisis. While many of these substances can be helpful when used properly, they can also cause harm if misused by a person in crisis. Access to these substances, just like access to any lethal means, can also increase suicide risk if accessible to people with risk factors for suicide.

Promote secure storage (e.g., lock boxes, safes, limited quantities) for medications, toxic chemicals, and other substances and the use of safe disposal programs.

Extend restrictions on the sale of toxic levels and amounts of substances with the goal of protecting at risk individuals and fostering consumer product safety.

Educate healthcare professionals, including pharmacists, about the importance of lethal means counseling in the treatment of individuals who may be at risk for suicide.

PILLAR THREE

Research 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.

Data collection and surveillance programs provide timely information about: (1) which populations and regions are at higher risk for suicide; (2) longitudinal trends in suicidal ideation and suicide attempts and deaths; and (3) data regarding methods used for suicide. AFSP also prioritizes working with federal agencies, states, and partner organizations to help build, evaluate, and sustain suicide prevention infrastructure that translates this research and data into suicide prevention practice 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** (NSSP) calls for the development of comprehensive state suicide prevention plans to coordinate upstream and downstream activities across state agencies, coalitions, and organizations consistent with the Suicide Prevention Resource Center's (SPRC) ***State Suicide Prevention Infrastructure Recommendations***. Effective plans bridge public and private partnerships, emphasize community-based collaborations, 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.

__Support__ the creation and maintenance of suicide fatality review committees at the state and local levels.

Federal Investment

Strong and sustained federal investment in suicide prevention programs, research, and surveillance is critical to supporting suicide prevention activities at several key federal agencies. Federal funding also supports suicide prevention activities at the state and local levels through grant programs.

*__Advocate__ for legislation and increased research funds for the **National Institute of Mental Health (NIMH)**, expansion of suicide prevention research centers, and the promotion of suicide prevention research within key institutes and centers at the **National Institutes of Health (NIH)**.

*__Support__ funding for suicide prevention programming at the Centers for Disease Controland 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 federal agencies indicated in the ***NSSP Federal Action Plan***. (See SAMHSA grant programs **here.**)

PILLAR FOUR

Disproportionately Affected Communities and Populations

AFSP advocates for access to culturally appropriate and evidence-based mental health care and suicide prevention services supporting populations at increased risk for suicidal behavior. AFSP fights for equitable, inclusive policies and seeks to learn from diverse populations in underserved communities how to best promote mental health and prevent suicide.

Certain populations uniquely at risk 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 include, but are not limited to, the following individuals and communities of color: African Americans and Black Americans; American Indians, Alaskan Natives, Hawaiian Natives, and other Indigenous peoples; Asian Americans and Pacific Islanders; and Chicano, Latinx, and Hispanic communities. Other vulnerable populations include immigrants, refugees, and those seeking asylum; LGBTQ individuals and communities; individuals living with disabilities and other chronic health conditions; and those experiencing maternal/perinatal mental health conditions. In addition, individuals employed in certain roles along with their families and caregivers, such as first responders, corrections staff, healthcare workers, construction workers, individuals in the farming and

agriculture sectors, active-duty service members, and Veterans are often underrepresented in suicide research and face inequities in accessing care and services needed to improve mental health and prevent suicide. Suicide and suicidal behavior also continue to be a major public health crisis among middle-aged white males and among youth and young adults.

First Responders, Corrections Staff, and 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 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, healthcare worker, 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 and gender identity contribute to elevated rates of suicidal thoughts, plans, and attempts and poorer mental health found in LGBTQ 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.

Service Members, Veterans, and Their Families

Suicide risk among service members and Veterans is greater than that of the general population. The Department of Veterans Affairs' (VA's) ***2023 National Suicide Prevention Annual Report*** states the unadjusted suicide rate among Veterans in 2021 was more than double that of non-Veteran adults (102% higher). A 2021 study found that, since 9/11, suicides among active-duty personnel and Veterans were four times higher than deaths during military operations. Military families also face unique risks regarding suicide and behavioral health, such as anxiety, isolation, and depression. To address this, AFSP works to improve access to services and recovery through both the VA and community care and to support service members, Veterans, and their families at all stages during and after their service to the United States.

*__Increase__ awareness of and access to timely behavioral healthcare, suicide prevention and crisis response services, and on-base and community supports for service members, Veterans, and their families, including assisting Veterans in accessing earned benefits and services.

__Lower costs__ for mental health, substance use, and crisis services for service members, Veterans, and their families.

*__Fund__ research and improve data collection on service member and Veteran suicide deaths and attempts.

*__Increase__ suicide risk screening for service members upon discharge/transition to civilian life.

Individuals Who Come in Contact with the Criminal Legal System

Comprehensive care that addresses all aspects of health, including behavioral health, must be delivered to incarcerated populations, recently incarcerated individuals, and individuals who come into contact with the criminal legal system with the goal of reducing recidivism, supporting public safety, and preventing suicide.

__Establish and expand__ pre- and post-booking diversion programs, including behavioral health, drug treatment and Veterans courts, 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__ re-entry policies that assist formerly incarcerated individuals with successful transition to community, in the areas of health and behavioral health care, housing and social supports.

__Improve__ data collection and reporting on suicide in correctional facilities.

Support policies that limit the use of solitary confinement and maximize the behavioral health of incarcerated individuals, with the goal of ending its use.

***Expand** access to behavioral health care and suicide prevention programming in correctional facilities including suicide prevention training for corrections officers and screening for and identifying individuals at risk for suicide at key points, such as at entry and exit.

Children, Teens, and Young Adults

Psychological distress, including symptoms of anxiety, depression, ADHD, and other mental health conditions, increases suicide risk among children, teens, and young adults. Mental health challenges are the leading cause of disability and poor life outcomes in young people. Adverse Childhood Experiences (ACEs), including exposure to child abuse and neglect, are also significant risk factors for suicide. AFSP recognizes these challenges and continues to prioritize policies that increase the ability of K-12 schools, colleges and universities, child welfare agencies, juvenile justice programs and facilities – and the adults that interact with youth regularly in those systems -- to recognize and support youth 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.

Improve suicide prevention and behavioral health programs, practices, and policies within the child welfare and juvenile justice systems, including support for youth who are unsheltered.

Support funding for upstream suicide prevention approaches to address ACEs, including programs for families that have interacted with the juvenile justice and criminal legal systems, have experienced suicide loss, or dealt with substance use.

Pregnant and Postpartum Individuals

Suicide is a leading cause of preventable maternal mortality. Nationally, it is estimated that up to 20% of maternal deaths are suicides, making maternal suicide deaths more common than deaths from postpartum hemorrhage or hypertensive disorders. Research shows that 62% of pregnancy-related suicides occur between 43-365 days postpartum, 24% occur during pregnancy, and 14% occur within 42 days postpartum; birthing parents who screened positive for depression during the early postpartum period were more likely

to have thoughts about suicide during the later postpartum period. The negative impact of maternal mental health and substance use disorders on child development is also well-documented, as is the impact of maternal suicide on child wellness. Parents who can obtain timely care for their behavioral health concerns are able to better care for themselves and their babies.

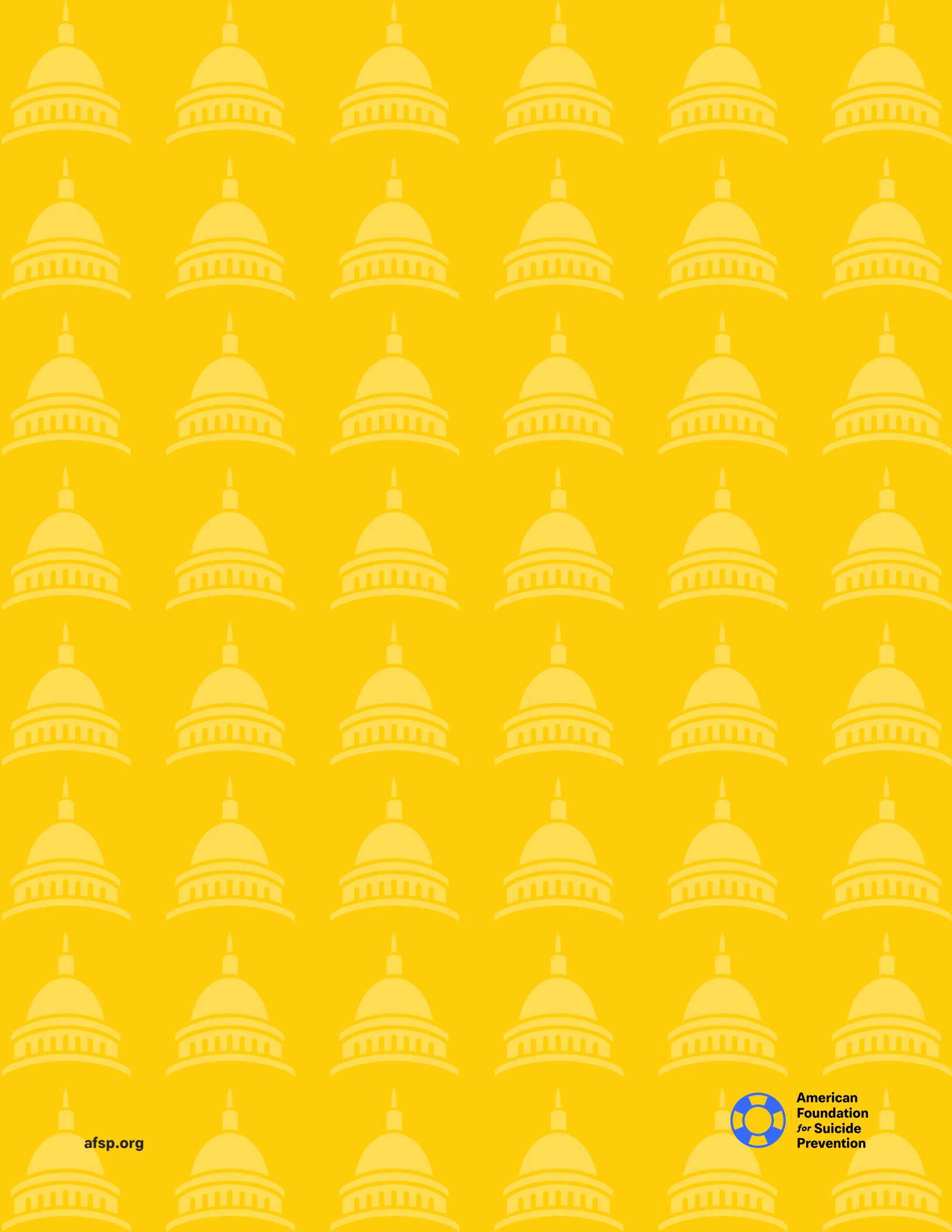
Expand Medicaid and CHIP coverage for qualifying pregnant and birthing people and their children up to 12 months postpartum.

Enhance access to suicide prevention and behavioral health resources for pregnant and birthing people and their families and insurance coverage for maternal/perinatal behavioral health care, to include (but not limited to) coverage for postpartum depression/maternal behavioral health screenings.

Extend suicide prevention, assessment, treatment, and management training requirements for health providers to include perinatal health providers and nonclinical support personnel (e.g., peer support specialists, community health workers, and doulas).

Incorporate best practices in crisis support for perinatal populations into training and certification requirements for 988 crisis contact centers and response services.

Support efforts to nationally standardize and improve data collection initiatives through Maternal Mortality Review Committees and Perinatal Quality Collaboratives.



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