Evidence-Based Strategies

Indicator 7.a: Reduce the suicide mortality rate of 15 – 24 year olds to 43.2 per 100,000 by 2020.

Indicator 7.b: Reduce the suicide mortality rate of adults 25 years and older to 23.5 per 100,000 by 2020.

<table>
<thead>
<tr>
<th>Strategy 1</th>
<th>Create supportive environments that promote resilient, healthy, and empowered individuals, families, schools, and communities (universal prevention).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence Base</td>
<td>The World Health Organization holds that “a supportive environment is of paramount importance for health. The two are interdependent and inseparable” (Sundsvall Statement on Supportive Environments for Health, 1991). Supportive environments can help protect people from risk factors for poor health, encourage participation in health care and health promotion, expand individuals’ health competencies and self-reliance, and support person-centered health care. Stigma and attitudes about help-seeking (specifically seeking treatment or services for mental health conditions) are key barriers to promoting mental and emotional health and preventing mental illness. Creating communities that destigmatize depression and mental illness and encourage people to seek mental health services when needed can increase the number of people accessing services.</td>
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<th>Strategy 2</th>
<th>Enhance clinical and community preventive services to ensure availability of timely treatment and support services (indicated prevention).</th>
</tr>
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<tbody>
<tr>
<td>Evidence Base</td>
<td>Nearly half of individuals who die by suicide had a diagnosable mental health disorder. Timely access to appropriate mental health and substance use disorder treatment services as close to home as possible is essential to preventing suicide. Not all behavioral health professions provide or require suicide-specific education for licensure. Yet, outpatient and community behavioral health providers often provide services to individuals at risk of suicide and so are in a position to help prevent suicide. Evidence-based training that strengthens clinical competencies to address suicide risk and ideation can reduce suicide among people receiving behavioral health services. Primary and specialty health care providers also have a role to play in suicide prevention. Appropriate assessment and referral for services is needed in a variety of health care services.</td>
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</tbody>
</table>

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settings. Integrating behavioral health care with primary care can help ensure timely access to appropriate services, especially for patients experiencing mental health disorders. For example, the Community Preventive Services Task Force, DHHS recommends collaborative care for the management of depressive disorders.

**Sources**
- Community Preventive Services Taskforce: [http://www.thecommunityguide.org/mentalhealth/CollabCare_Recommendation.pdf](http://www.thecommunityguide.org/mentalhealth/CollabCare_Recommendation.pdf)

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**Strategy 3**

Allocate resources to suicide prevention efforts proven effective through evidence based on surveillance, research, and evaluation.

**Evidence Base**

Prioritizing funding for evidence-based suicide prevention practices helps to ensure that limited public resources are used to the maximum benefit of communities.

**Sources**