



FOR IMMEDIATE RELEASE

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National Action Alliance for Suicide Prevention Responds to New Data Showing Trends in Suicide Rates in Urban and Rural Areas

A statement prepared by The National Action Alliance for Suicide Prevention (Action Alliance)

Washington, D.C. – Today the Centers for Disease Control and Prevention (CDC) Injury Center released new data in its *Morbidity and Mortality Weekly Report* (MMWR) showing an increasing trend in suicide which has been steadily rising since 1999—especially among rural communities. In a new report, [Trends in Suicide by Level of Urbanization—United States, 1999-2015](#), using data from National Vital Statistics System (NVSS) and annual county-level population data from the U.S. Census Bureau, key findings show:

- higher rates of suicide in areas with lower levels of urbanization (i.e. more rural areas).
- a growing disparity in suicide rates between less urban and more urban areas of the U.S.
- annual suicide rates increased across all levels of urbanization (large metro areas, medium metro areas, small metro areas, and non-metro areas).
- at the beginning of the study, suicide rates were lowest for more urban counties and highest for less urban (more rural) counties, a gap that continued to widen over time and began to accelerate beginning in 2007-2008.

The report underscores the importance of looking at geographic areas to identify highest risk – and ultimately need for coordinated and comprehensive prevention efforts. While the rates increased across urban environments, the data show that rural areas are disproportionately impacted by suicide. The report suggested this could be caused by limited access to mental health care due to shortages in behavioral health care providers in these areas, as well as greater isolation. The acceleration of suicide rate increases in less urban areas beginning in 2007-2008 may also be related to the influence of the Great Recession and the opioid overdose epidemic (as opioid misuse is related to increase risk for suicide), both of which disproportionately impacted rural areas.

The data remind us about the important role communities play in preventing suicide and the need for increased attention to suicide prevention in *all* settings and systems to help reach people where they live, work and receive treatment—whether in an urban environment or rural. Using a comprehensive approach to suicide prevention and strategies that target risk as well as promote protective factors across all levels has potential to reach more people, especially those who are at higher risk for suicide or live in areas with high numbers of suicide. This type of approach requires commitment and buy-in from partners and stakeholders across various settings and sectors in order to effectively coordinate and

implement suicide prevention efforts across communities, states, and nationwide.

The National Action Alliance for Suicide Prevention (Action Alliance) is the public-private partnership focused on advancing national suicide prevention efforts. Working with more than 250 partner organizations, the Action Alliance (in partnership with the American Foundation for Suicide Prevention) has set a bold goal to reduce the annual suicide rate in the U.S. 20 percent by 2025. To achieve this goal will require comprehensive efforts that combine multiple strategies that work together to prevent suicide at the local and national level.

“If we truly want to become a nation free of suicide, it’s critical we work together at many levels (local, state and national) and with many groups in a coordinated way,” said Robert Turner, Private Sector Chair of the Action Alliance and Retired Senior Vice President of Union Pacific Corporation. “It’s not just about working with partners within health care settings, we must also work with partners in the community – like schools, faith communities, and workplaces – particularly to reach people who are at risk for suicide.”

The majority (64 percent) of people who attempt suicide visit a doctor in the month before their attempt, and 38 percent in the week before. An essential part of preventing suicide is working with health care systems to ensure that people who may be at risk receive the access to services and treatment that they need. Access to needed services can be a significant barrier in rural settings where there are few behavioral health providers and few health care providers trained in suicide prevention. The Action Alliance’s Zero Suicide model is a key strategy for improving lives and achieving the national goal of helping the nation reduce suicide. The Zero Suicide model is a comprehensive approach for preventing suicide in health care settings to reach individuals already seeking health care services who may be at risk. Two important element of Zero Suicide are 1) training clinical providers in assessing and treating suicidal risk and, 2) reducing access to lethal means for individuals at risk—both strategies could help reduce suicide in rural communities. The CDC data reinforce the need to scale up and invest in interventions that are effectively working, like Zero Suicide, as well as the need to identify additional strategies that can help connect individuals in rural settings to care (e.g., crisis hotlines, such as the National Suicide Prevention Lifeline 1-800-273-8255, or tele-mental health).

It’s also essential to recognize that family members, friends, coworkers and others, can play an important role in recognizing when someone is at risk or in crisis and connect that person with the most appropriate sources of care. The Action Alliance is leading efforts nationally to integrate and coordinate suicide prevention activities across non-clinical and community settings, such as [workplaces](#) and [faith communities](#). This is another key part of a comprehensive approach to suicide prevention.

To help all communities nationwide across all settings, better address and reduce suicide, the Action Alliance will soon be releasing a paper, *Transforming Communities: Key Elements for Comprehensive Community-based Suicide Prevention*, that outlines strategic components that should guide program planning and implementation at the community level. This paper will build on CDC’s recently released [Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#) that helps states and communities prioritize efforts to prevent suicide.

The CDC report reinforces there is no “one size fits all” approach when it comes to addressing this preventable public health issue. Reducing the annual suicide rate 20 percent by 2025 will require collaboration, coordination and investment across all sectors to prevent suicide and improve the overall health of individuals and communities nationwide.

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FOR MEDIA PARTNERS:

Research shows that the media may influence suicide rates by the way they report on suicide. Evidence suggests that when the media tells stories of people positively coping in suicidal moments, more suicides can be prevented. We urge all members of the media working on these stories to refer to the [Recommendations for Reporting on Suicide](#) for best practices for safely and accurately reporting on suicide. For stories of persons with lived experience of suicidality and finding hope, refer to www.lifelineforattemptsurvivors.org.

NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION:

The [National Action Alliance for Suicide Prevention](#) is the public-private partnership working to advance the [National Strategy for Suicide Prevention](#) and make suicide prevention a national priority. The [Substance Abuse and Mental Health Services Administration](#) provides funding to [EDC](#) to operate and manage the Secretariat for the Action Alliance which was launched in 2010. Learn more at actionallianceforsuicideprevention.org and join the conversation on suicide prevention by following the Action Alliance on [Facebook](#), [Twitter](#), and [YouTube](#).