



## **The 2012 National Strategy for Suicide Prevention Groups with Increased Suicide Risk**

The 2012 National Strategy for Suicide Prevention (NSSP), the culmination of a joint effort by the Office of the U.S. Surgeon General and the National Action Alliance for Suicide Prevention, is a comprehensive and collaborative long-term approach to suicide prevention that emphasizes that every American has a role in preventing suicide.

In a change from the previous NSSP, today's revised version names some of the populations at an increased risk of death by suicide. Read about approaches that are recommended for these at-risk populations below.

### *American Indians/Alaska Native (AI/AN) populations*

- Promote culturally-specific prevention and intervention approaches that reduce risk behaviors (e.g., substance use, bullying, and violence) and promote protective factors (e.g., cultural practices, community connectedness and healing, improved access to appropriate services, skills enhancement).
- Adapt suicide prevention programs, including trainings, crisis lines, mentoring, and school-based programs, for use in local AI/AN communities.

### *Individuals bereaved by suicide*

- Train first responders to provide compassionate care in the immediate aftermath of a death by suicide and information about where to obtain additional help.
- Implement support services within local communities, such as survivor outreach teams, face-to-face and online support groups, and referral assistance in finding clinicians who understand grief, trauma, and the special needs of those who have been bereaved by suicide.
- Educate first responders, mental health professionals, and substance use professional about the impact of suicide and the needs of those bereaved by suicide.
- Study the impact of suicide on those left behind and of interventions that will be effective in helping people who are exposed to suicide.

### *Individuals who have attempted suicide*

- Provide follow-up support to those who have attempted suicide and others living in the community after an attempt.
- Increase the number of programs that provide suicide attempt survivors with self-help tools and social support to reduce isolation and empower them to manage their own suicide risk and mental health.

### *Lesbian, gay, bisexual, and transgender (LGBT) populations*

- Support factors that foster and promote resilience in LGBT people, including family acceptance, connection to caring others and a sense of safety, positive sexual/gender identity, and the availability of quality, culturally appropriate mental health treatment.
- Reduce sexual orientation and gender-related discrimination and associated stressors.
- Improve identification of depression, anxiety, substance abuse, and other mental illnesses.
- Increase availability and access to LGBT-affirming treatments and mental health services.
- Reduce bullying and other forms of victimization that contribute to vulnerability within families, schools, and workplaces.
- Enhance factors that promote resilience, including family acceptance and school safety.
- Change discriminatory practices, laws, and policies.

### *Members of the armed forces and veterans*

- Foster a climate that encourages service members to seek help for their behavioral health issues.
- Use public education and awareness activities to promote engagement for those who need assistance and the availability of specific services addressing the needs of those at high risk.

### *Men in midlife*

- Mitigate or prevent persisting alcohol and drug misuse.
- Develop a diverse array of community-based programs that engage men who otherwise would not seek care in traditional health settings or in settings that provide care for mental or substance use disorders.

### *Older men*

- Employ collaborative care models that combine pharmacological and psychosocial treatments for depressive symptoms.
- Integrate evidence-based depression treatment into the work of primary care offices, social service agencies, and aging services organizations that focus on addressing the needs of older adults.
- Decrease social isolation and lack of connection to others in late life.

For more information and a list of comprehensive resources to address suicide in high risk groups, please refer to Appendix D of the *National Strategy for Suicide Prevention*.