SUICIDE: Surgeon General's "Call to Action" July 1999

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

The Surgeon General's Call To Action To Prevent Suicide 1999

Department of Health and Human Services
U.S. Public Health Service

THE WHITE HOUSE

Office of the Vice President

For Immediate Release
July 28, 1999

Contact:
202/456-6640

TIPPER GORE AND SURGEON GENERAL SATCHER ISSUE A "CALL TO ACTION" TO ADDRESS THE PROBLEM OF SUICIDE

Washington DC -- Today, Mrs. Gore joined United States Surgeon General David Satcher, Senator Harry Reid, Representative John Lewis and community leaders to unveil the Surgeon General's "Call to Action to Prevent Suicide" a blueprint to highlight and address the significant problem of suicide in the United States. The "Call to Action" includes new recommendations to reduce the 31,000 suicides that occur nationwide each year including raising awareness among health providers, schools and community organizations and eliminating barriers to getting help. Mrs. Gore and Surgeon General Satcher also announced steps that the Administration is taking today to reduce suicides, including a new outreach campaign led by Surgeon General Satcher to enhance prevention and awareness efforts.

"Suicide is a serious threat to our public health -- and it's high time we treated it that way," said Tipper Gore. "We must all get involved -- in our communities, our health centers, and our schools -- to help people at risk for suicide get the help they need."

"For every two people who die by homicide in this country each year, three people commit suicide," Surgeon General Satcher said. "We must continue to develop a national suicide prevention strategy, but we also must do a better job right now of taking the steps that we know can work."

RELEASED COMPREHENSIVE DATA DOCUMENTING SUICIDE AS A NATIONAL PUBLIC HEALTH PROBLEM.

- Suicide is the eighth leading cause of death and kills nearly 31,000 people each year.
- About 500,000 Americans require emergency room treatment as a result of an attempted suicide each year.
- Suicide is the third leading cause of death among young people ages 15 to 24 and the rate of suicides among children ages 10 to 14 has increased by 100 percent since 1980.
- Older Americans are at the greatest risk for suicide accounting for 20 percent of all suicide deaths in the United States.
- Among young African-American males, suicide rates have more than doubled since 1980, and the suicide rate for Native Americans is almost 1.5 times the national rate.

UNVEILED NEW SURGEON GENERAL'S "CALL TO ACTION" TO PREVENT SUICIDE. The "Call to Action" sets forth fifteen recommendations that emphasize the need for more effective early recognition, referral, and treatment of people with mental illness – especially depression. At the community level, these steps not only involve health services professionals, but also human services professionals (clergy, teachers, correctional workers, and social workers), as well as natural community helpers (including coaches and faith leaders). These recommendations were developed in 1998, in Reno Nevada, where Surgeon General Satcher and health professionals, clinicians, corporate partners, suicide survivors and suicide advocacy groups were brought together for the first time to develop new ways to prevent suicide.

LAUNCHED NEW INITIATIVES TO REDUCE THE NUMBER OF SUICIDES.
Mrs. Gore and Surgeon General Satcher announced new steps to combat suicide including:

- **Launching new outreach campaign to educate communities to promote awareness and enhance interventions.** Today, the Surgeon General announced that he will launch a new outreach effort to reduce the number of suicides. Dr. Satcher will work with a wide range of partners, including health professionals, educators, health care executives and managed care clinical directors to raise awareness about this national problem and develop strategies to better identify those at risk and improve the quality of treatment and care.

- **Unveiling new effort to educate school counselors around the nation.** The Ronald McDonald House Charities announced today that they are providing funding to the American School Counselors Association for the production and distribution to every high school counselor in the country for a special episode of "In the Mix", the national weekly PBS teen series. Funded by the Corporation for Public Broadcasting, the special "Depression: On the Edge" examines ways to destigmatize and detect adolescent depression and prevent suicide. This partnership was facilitated by the Office of Public Health and Sciences (OPHS). Mrs. Gore and the Surgeon General also urged other private organizations to get involved and reach out to kids.

- **Calling for a comprehensive National Strategy to Prevent Suicide.** Building on the "Call to Action," the Surgeon General and the Department of Health and Human Services will work with communities across the country to develop a National Strategy to Prevent Suicide by the end of 2000. The goal is to establish a comprehensive plan that involves communities, schools, all aspects of government, and local organizations in combating suicide. This fall the Substance Abuse and Mental Health Services Administration (SAMHSA) will bring together suicide prevention experts to develop this strategy and determine what resources will be necessary. The Centers for Disease Control will also hold a series of meetings next year to determine how best to engage communities and promote best practices.

- **Urging Congress to Enhance Programs That Address Suicide.** The Administration also urged Congress to pass the more than $45 million in the Administration's FY2000 budget that specifically addresses suicide prevention and research.

ADMINISTRATION IS WORKING ON A VARIETY OF EFFORTS TO ADDRESS SUICIDE. The Administration has also taken a number of other steps to address this problem including:

- Launching a major anti-stigma campaign to encourage people with mental illness to get the help they need. Mrs. Gore and the Surgeon General are working with the Ad Council, MTV, and a range of health organizations and private-sector companies to develop a campaign to reduce the stigma of mental illness that will begin late this year;
- Implementing full mental health and substance abuse parity for Federal employees;
- Developing education programs for primary care providers for depression and anxiety interventions;
- New studies at the Centers for Disease Control and Prevention to examine new possible risk factors for suicide and evaluating the effectiveness of current suicide programs;
- $7.3 million for research efforts at the National Institutes of Mental Health to examine the prevalence of mental health to better target interventions and treatment and $17 million per year for suicide research projects; and
- More than $100 million for a Safe Schools initiative at the Departments of Health and Human Services, Education, and Justice to promote healthy development and prevent violence.

FINAL PRESS RELEASE

THE WHITE HOUSE

Office of the Vice President

For Immediate Release
July 28, 1999

Contact:
202/456-6640

TIPPER GORE AND SURGEON GENERAL SATCHER ISSUE A "CALL TO ACTION" TO ADDRESS THE PROBLEM OF SUICIDE

Washington DC -- Today, Mrs. Gore joined United States Surgeon General David Satcher, Senator Harry Reid, Representative John Lewis and community leaders to unveil the Surgeon General's "Call to Action to Prevent Suicide" a blueprint to highlight and address the significant problem of suicide in the United States. The "Call to Action" includes new recommendations to reduce the 31,000 suicides that occur nationwide each year including raising awareness among health providers, schools and community organizations and eliminating barriers to getting help. Mrs. Gore and Surgeon General Satcher also announced steps that the Administration is taking today to reduce suicides, including a new outreach campaign led by Surgeon General Satcher to enhance prevention and awareness efforts.

"Suicide is a serious threat to our public health -- and it's high time we treated it that way," said Tipper Gore. "We must all get involved -- in our communities, our health centers, and our schools -- to help people at risk for suicide get the help they need."

"For every two people who die by homicide in this country each year, three people commit suicide," Surgeon General Satcher said. "We must continue to develop a national suicide prevention strategy, but we also must do a better job right now of taking the steps that we know can work."

RELEASED COMPREHENSIVE DATA DOCUMENTING SUICIDE AS A NATIONAL PUBLIC HEALTH PROBLEM.

- Suicide is the eighth leading cause of death and kills nearly 31,000 people each year.
- About 500,000 Americans require emergency room treatment as a result of an attempted suicide each year.
- Suicide is the third leading cause of death among young people ages 15 to 24 and the rate of suicides among children ages 10 to 14 has increased by 100 percent since 1980.
- Older Americans are at the greatest risk for suicide accounting for 20 percent of all suicide deaths in the United States.
- Among young African-American males, suicide rates have more than doubled since 1980, and the suicide rate for Native Americans is almost 1.5 times the national rate.

UNVEILED NEW SURGEON GENERAL'S "CALL TO ACTION" TO PREVENT SUICIDE. The "Call to Action" sets forth fifteen recommendations that emphasize the need for more effective early recognition, referral, and treatment of people with mental illness – especially depression. At the community level, these steps not only involve health services professionals, but also human services professionals (clergy, teachers, correctional workers, and social workers), as well as natural community helpers (including coaches and faith leaders). These recommendations were developed in 1998, in Reno Nevada, where Surgeon General Satcher and health professionals, clinicians, corporate partners, suicide survivors and suicide advocacy groups were brought together for the first time to develop new ways to prevent suicide.

LAUNCHED NEW INITIATIVES TO REDUCE THE NUMBER OF SUICIDES. Mrs. Gore and Surgeon General Satcher announced new steps to combat suicide including:

- **Launching new outreach campaign to educate communities to promote awareness and enhance interventions.** Today, the Surgeon General announced that he will launch a new outreach effort to reduce the number of suicides. Dr. Satcher will work with a wide range of partners, including health professionals, educators, health care executives and managed care clinical directors to raise awareness about this national problem and develop strategies to better identify those at risk and improve the quality of treatment and care.

- **Unveiling new effort to educate school counselors around the nation.** The Ronald McDonald House Charities announced today that they are providing funding to the American School Counselors Association for the production and distribution to every high school counselor in the country for a special episode of "In the Mix", the national weekly PBS teen series. Funded by the Corporation for Public Broadcasting, the special "Depression: On the Edge" examines ways to destigmatize and detect adolescent depression and prevent suicide. This partnership was facilitated by the Office of Public Health and Sciences (OPHS). Mrs. Gore and the Surgeon General also urged other private organizations to get involved and reach out to kids.

- **Calling for a comprehensive National Strategy to Prevent Suicide.** Building on the "Call to Action," the Surgeon General and the Department of Health and Human Services will work with communities across the country to develop a National Strategy to Prevent Suicide by the end of 2000. The goal is to establish a comprehensive plan that involves communities, schools, all aspects of government, and local organizations in combating suicide. This fall the Substance Abuse and Mental Health Services Administration (SAMHSA) will bring together suicide prevention experts to develop this strategy and determine what resources will be necessary. The Centers for Disease Control will also hold a series of meetings next year to determine how best to engage communities and promote best practices.

- **Urging Congress to Enhance Programs That Address Suicide.** The Administration also urged Congress to pass the more than $45 million in the Administration's FY2000 budget that specifically addresses suicide prevention and research.

ADMINISTRATION IS WORKING ON A VARIETY OF EFFORTS TO ADDRESS SUICIDE. The Administration has also taken a number of other steps to address this problem including:

- Launching a major anti-stigma campaign to encourage people with mental illness to get the help they need. Mrs. Gore and the Surgeon General are working with the Ad Council, MTV, and a range of health organizations and private-sector companies to develop a campaign to reduce the stigma of mental illness that will begin late this year;
- Implementing full mental health and substance abuse parity for Federal employees;
- Developing education programs for primary care providers for depression and anxiety interventions;
- New studies at the Centers for Disease Control and Prevention to examine new possible risk factors for suicide and evaluating the effectiveness of current suicide programs;
- $7.3 million for research efforts at the National Institutes of Mental Health to examine the prevalence of mental health to better target interventions and treatment and $17 million per year for suicide research projects; and
- More than $100 million for a Safe Schools initiative at the Departments of Health and Human Services, Education, and Justice to promote healthy development and prevent violence.

THE WHITE HOUSE

Office of the Vice President

For Immediate Release
July 28, 1999

Contact:
202/456-6640

TIPPER GORE AND SURGEON GENERAL SATCHER ISSUE A "CALL TO ACTION" TO ADDRESS THE PROBLEM OF SUICIDE

Washington DC -- Today, Mrs. Gore joined United States Surgeon General David Satcher, Senator Harry Reid, Representative John Lewis and community leaders to unveil the Surgeon General's "Call to Action to Prevent Suicide" a blueprint to highlight and address the significant problem of suicide in the United States. The "Call to Action" includes new recommendations to reduce the 31,000 suicides that occur nationwide each year including raising awareness among health providers, schools and community organizations and eliminating barriers to getting help. Mrs. Gore and Surgeon General Satcher also announced steps that the Administration is taking today to reduce suicides, including a new outreach campaign led by Surgeon General Satcher to enhance prevention and awareness efforts.

"Suicide is a serious threat to our public health -- and it's high time we treated it that way," said Tipper Gore. "We must all get involved -- in our communities, our health centers, and our schools -- to help people at risk for suicide get the help they need."

"For every two people who die by homicide in this country each year, three people commit suicide," Surgeon General Satcher said. "We must continue to develop a national suicide prevention strategy, but we also must do a better job right now of taking the steps that we know can work."

RELEASED COMPREHENSIVE DATA DOCUMENTING SUICIDE AS A NATIONAL PUBLIC HEALTH PROBLEM.

- Suicide is the eighth leading cause of death and kills nearly 31,000 people each year.
- About 500,000 Americans require emergency room treatment as a result of an attempted suicide each year.
- Suicide is the third leading cause of death among young people ages 15 to 24 and the rate of suicides among children ages 10 to 14 has increased by 100 percent since 1980.
- Older Americans are at the greatest risk for suicide accounting for 20 percent of all suicide deaths in the United States.
- Among young African-American males, suicide rates have more than doubled since 1980, and the suicide rate for Native Americans is almost 1.5 times the national rate.

UNVEILED NEW SURGEON GENERAL'S "CALL TO ACTION" TO PREVENT SUICIDE. The "Call to Action" sets forth fifteen recommendations that emphasize the need for more effective early recognition, referral, and treatment of people with mental illness – especially depression. At the community level, these steps not only involve health services professionals, but also human services professionals (clergy, teachers, correctional workers, and social workers), as well as natural community helpers (including coaches and faith leaders). These recommendations were developed in 1998, in Reno Nevada, where Surgeon General Satcher and health professionals, clinicians, corporate partners, suicide survivors and suicide advocacy groups were brought together for the first time to develop new ways to prevent suicide.

LAUNCHED NEW INITIATIVES TO REDUCE THE NUMBER OF SUICIDES.
Mrs. Gore and Surgeon General Satcher announced new steps to combat suicide including:

- **Launching new outreach campaign to educate communities to promote awareness and enhance interventions.** Today, the Surgeon General announced that he will launch a new outreach effort to reduce the number of suicides. Dr. Satcher will work with a wide range of partners, including health professionals, educators, health care executives and managed care clinical directors to raise awareness about this national problem and develop strategies to better identify those at risk and improve the quality of treatment and care.

- **Unveiling new effort to educate school counselors around the nation.** The Ronald McDonald House Charities announced today that they are providing funding to the American School Counselors Association for the production and distribution to every high school counselor in the country for a special episode of "In the Mix", the national weekly PBS teen series. Funded by the Corporation for Public Broadcasting, the special "Depression: On the Edge" examines ways to destigmatize and detect adolescent depression and prevent suicide. This partnership was facilitated by the Office of Public Health and Sciences (OPHS). Mrs. Gore and the Surgeon General also urged other private organizations to get involved and reach out to kids.

- **Calling for a comprehensive National Strategy to Prevent Suicide.** Building on the "Call to Action," the Surgeon General and the Department of Health and Human Services will work with communities across the country to develop a National Strategy to Prevent Suicide by the end of 2000. The goal is to establish a comprehensive plan that involves communities, schools, all aspects of government, and local organizations in combating suicide. This fall the Substance Abuse and Mental Health Services Administration (SAMHSA) will bring together suicide prevention experts to develop this strategy and determine what resources will be necessary. The Centers for Disease Control will also hold a series of meetings next year to determine how best to engage communities and promote best practices.

- **Urging Congress to Enhance Programs That Address Suicide.** The Administration also urged Congress to pass the more than $45 million in the Administration's FY2000 budget that specifically addresses suicide prevention and research.

ADMINISTRATION IS WORKING ON A VARIETY OF EFFORTS TO ADDRESS SUICIDE. The Administration has also taken a number of other steps to address this problem including:

- Launching a major anti-stigma campaign to encourage people with mental illness to get the help they need. Mrs. Gore and the Surgeon General are working with the Ad Council, MTV, and a range of health organizations and private-sector companies to develop a campaign to reduce the stigma of mental illness that will begin late this year;
- Implementing full mental health and substance abuse parity for Federal employees;
- Developing education programs for primary care providers for depression and anxiety interventions;
- New studies at the Centers for Disease Control and Prevention to examine new possible risk factors for suicide and evaluating the effectiveness of current suicide programs;
- $7.3 million for research efforts at the National Institutes of Mental Health to examine the prevalence of mental health to better target interventions and treatment and $17 million per year for suicide research projects; and
- More than $100 million for a Safe Schools initiative at the Departments of Health and Human Services, Education, and Justice to promote healthy development and prevent violence.

THE WHITE HOUSE

Office of the Vice President

For Immediate Release
July 28, 1999

Contact:
202/456-6640

TIPPER GORE AND SURGEON GENERAL SATCHER ISSUE A "CALL TO ACTION" TO ADDRESS THE PROBLEM OF SUICIDE

Washington DC -- Today, Mrs. Gore joined United States Surgeon General David Satcher, Senator Harry Reid, Representative John Lewis and community leaders to unveil the Surgeon General's "Call to Action to Prevent Suicide" a blueprint to highlight and address the significant problem of suicide in the United States. The "Call to Action" includes new recommendations to reduce the 31,000 suicides that occur nationwide each year including raising awareness among health providers, schools and community organizations and eliminating barriers to getting help. Mrs. Gore and Surgeon General Satcher also announced steps that the Administration is taking today to reduce suicides, including a new outreach campaign led by Surgeon General Satcher to enhance prevention and awareness efforts.

"Suicide is a serious threat to our public health -- and it's high time we treated it that way," said Tipper Gore. "We must all get involved -- in our communities, our health centers, and our schools -- to help people at risk for suicide get the help they need."

"For every two people who die by homicide in this country each year, three people commit suicide," Surgeon General Satcher said. "We must continue to develop a national suicide prevention strategy, but we also must do a better job right now of taking the steps that we know can work."

RELEASED COMPREHENSIVE DATA DOCUMENTING SUICIDE AS A NATIONAL PUBLIC HEALTH PROBLEM.

- Suicide is the eighth leading cause of death and kills nearly 31,000 people each year.
- About 500,000 Americans require emergency room treatment as a result of an attempted suicide each year.
- Suicide is the third leading cause of death among young people ages 15 to 24 and the rate of suicides among children ages 10 to 14 has increased by 100 percent since 1980.
- Older Americans are at the greatest risk for suicide accounting for 20 percent of all suicide deaths in the United States.
- Among young African-American males, suicide rates have more than doubled since 1980, and the suicide rate for Native Americans is almost 1.5 times the national rate.

UNVEILED NEW SURGEON GENERAL'S "CALL TO ACTION" TO PREVENT SUICIDE. The "Call to Action" sets forth fifteen recommendations that emphasize the need for more effective early recognition, referral, and treatment of people with mental illness – especially depression. At the community level, these steps not only involve health services professionals, but also human services professionals (clergy, teachers, correctional workers, and social workers), as well as natural community helpers (including coaches and faith leaders). These recommendations were developed in 1998, in Reno Nevada, where Surgeon General Satcher and health professionals, clinicians, corporate partners, suicide survivors and suicide advocacy groups were brought together for the first time to develop new ways to prevent suicide.

LAUNCHED NEW INITIATIVES TO REDUCE THE NUMBER OF SUICIDES. Mrs. Gore and Surgeon General Satcher announced new steps to combat suicide including:

- **Launching new outreach campaign to educate communities to promote awareness and enhance interventions.** Today, the Surgeon General announced that he will launch a new outreach effort to reduce the number of suicides. Dr. Satcher will work with a wide range of partners, including health professionals, educators, health care executives and managed care clinical directors to raise awareness about this national problem and develop strategies to better identify those at risk and improve the quality of treatment and care.

- **Unveiling new effort to educate school counselors around the nation.** The Ronald McDonald House Charities announced today that they are providing funding to the American School Counselors Association for the production and distribution to every high school counselor in the country for a special episode of "In the Mix", the national weekly PBS teen series. Funded by the Corporation for Public Broadcasting, the special "Depression: On the Edge" examines ways to destigmatize and detect adolescent depression and prevent suicide. This partnership was facilitated by the Office of Public Health and Sciences (OPHS). Mrs. Gore and the Surgeon General also urged other private organizations to get involved and reach out to kids.

- **Calling for a comprehensive National Strategy to Prevent Suicide.** Building on the "Call to Action," the Surgeon General and the Department of Health and Human Services will work with communities across the country to develop a National Strategy to Prevent Suicide by the end of 2000. The goal is to establish a comprehensive plan that involves communities, schools, all aspects of government, and local organizations in combating suicide. This fall the Substance Abuse and Mental Health Services Administration (SAMHSA) will bring together suicide prevention experts to develop this strategy and determine what resources will be necessary. The Centers for Disease Control will also hold a series of meetings next year to determine how best to engage communities and promote best practices.

- **Urging Congress to Enhance Programs That Address Suicide.** The Administration also urged Congress to pass the more than $45 million in the Administration's FY2000 budget that specifically addresses suicide prevention and research.

ADMINISTRATION IS WORKING ON A VARIETY OF EFFORTS TO ADDRESS SUICIDE. The Administration has also taken a number of other steps to address this problem including:

- Launching a major anti-stigma campaign to encourage people with mental illness to get the help they need. Mrs. Gore and the Surgeon General are working with the Ad Council, MTV, and a range of health organizations and private-sector companies to develop a campaign to reduce the stigma of mental illness that will begin late this year;
- Implementing full mental health and substance abuse parity for Federal employees;
- Developing education programs for primary care providers for depression and anxiety interventions;
- New studies at the Centers for Disease Control and Prevention to examine new possible risk factors for suicide and evaluating the effectiveness of current suicide programs;
- $7.3 million for research efforts at the National Institutes of Mental Health to examine the prevalence of mental health to better target interventions and treatment and $17 million per year for suicide research projects; and
- More than $100 million for a Safe Schools initiative at the Departments of Health and Human Services, Education, and Justice to promote healthy development and prevent violence.

THE WHITE HOUSE

Office of the Vice President

For Immediate Release
July 28, 1999

Contact:
202/456-6640

TIPPER GORE AND SURGEON GENERAL SATCHER ISSUE A "CALL TO ACTION" TO ADDRESS THE PROBLEM OF SUICIDE

Washington DC -- Today, Mrs. Gore joined United States Surgeon General David Satcher, Senator Harry Reid, Representative John Lewis and community leaders to unveil the Surgeon General's "Call to Action to Prevent Suicide" a blueprint to highlight and address the significant problem of suicide in the United States. The "Call to Action" includes new recommendations to reduce the 31,000 suicides that occur nationwide each year including raising awareness among health providers, schools and community organizations and eliminating barriers to getting help. Mrs. Gore and Surgeon General Satcher also announced steps that the Administration is taking today to reduce suicides, including a new outreach campaign led by Surgeon General Satcher to enhance prevention and awareness efforts.

"Suicide is a serious threat to our public health -- and it's high time we treated it that way," said Tipper Gore. "We must all get involved -- in our communities, our health centers, and our schools -- to help people at risk for suicide get the help they need."

"For every two people who die by homicide in this country each year, three people commit suicide," Surgeon General Satcher said. "We must continue to develop a national suicide prevention strategy, but we also must do a better job right now of taking the steps that we know can work."

RELEASED COMPREHENSIVE DATA DOCUMENTING SUICIDE AS A NATIONAL PUBLIC HEALTH PROBLEM.

- Suicide is the eighth leading cause of death and kills nearly 31,000 people each year.
- About 500,000 Americans require emergency room treatment as a result of an attempted suicide each year.
- Suicide is the third leading cause of death among young people ages 15 to 24 and the rate of suicides among children ages 10 to 14 has increased by 100 percent since 1980.
- Older Americans are at the greatest risk for suicide accounting for 20 percent of all suicide deaths in the United States.
- Among young African-American males, suicide rates have more than doubled since 1980, and the suicide rate for Native Americans is almost 1.5 times the national rate.

UNVEILED NEW SURGEON GENERAL'S "CALL TO ACTION" TO PREVENT SUICIDE. The "Call to Action" sets forth fifteen recommendations that emphasize the need for more effective early recognition, referral, and treatment of people with mental illness – especially depression. At the community level, these steps not only involve health services professionals, but also human services professionals (clergy, teachers, correctional workers, and social workers), as well as natural community helpers (including coaches and faith leaders). These recommendations were developed in 1998, in Reno Nevada, where Surgeon General Satcher and health professionals, clinicians, corporate partners, suicide survivors and suicide advocacy groups were brought together for the first time to develop new ways to prevent suicide.

LAUNCHED NEW INITIATIVES TO REDUCE THE NUMBER OF SUICIDES.
Mrs. Gore and Surgeon General Satcher announced new steps to combat suicide including:

- **Launching new outreach campaign to educate communities to promote awareness and enhance interventions.** Today, the Surgeon General announced that he will launch a new outreach effort to reduce the number of suicides. Dr. Satcher will work with a wide range of partners, including health professionals, educators, health care executives and managed care clinical directors to raise awareness about this national problem and develop strategies to better identify those at risk and improve the quality of treatment and care.

- **Unveiling new effort to educate school counselors around the nation.** The Ronald McDonald House Charities announced today that they are providing funding to the American School Counselors Association for the production and distribution to every high school counselor in the country for a special episode of "In the Mix", the national weekly PBS teen series. Funded by the Corporation for Public Broadcasting, the special "Depression: On the Edge" examines ways to destigmatize and detect adolescent depression and prevent suicide. This partnership was facilitated by the Office of Public Health and Sciences (OPHS). Mrs. Gore and the Surgeon General also urged other private organizations to get involved and reach out to kids.

- **Calling for a comprehensive National Strategy to Prevent Suicide.** Building on the "Call to Action," the Surgeon General and the Department of Health and Human Services will work with communities across the country to develop a National Strategy to Prevent Suicide by the end of 2000. The goal is to establish a comprehensive plan that involves communities, schools, all aspects of government, and local organizations in combating suicide. This fall the Substance Abuse and Mental Health Services Administration (SAMHSA) will bring together suicide prevention experts to develop this strategy and determine what resources will be necessary. The Centers for Disease Control will also hold a series of meetings next year to determine how best to engage communities and promote best practices.

- **Urging Congress to Enhance Programs That Address Suicide.** The Administration also urged Congress to pass the more than $45 million in the Administration's FY2000 budget that specifically addresses suicide prevention and research.

ADMINISTRATION IS WORKING ON A VARIETY OF EFFORTS TO ADDRESS SUICIDE. The Administration has also taken a number of other steps to address this problem including:

- Launching a major anti-stigma campaign to encourage people with mental illness to get the help they need. Mrs. Gore and the Surgeon General are working with the Ad Council, MTV, and a range of health organizations and private-sector companies to develop a campaign to reduce the stigma of mental illness that will begin late this year;
- Implementing full mental health and substance abuse parity for Federal employees;
- Developing education programs for primary care providers for depression and anxiety interventions;
- New studies at the Centers for Disease Control and Prevention to examine new possible risk factors for suicide and evaluating the effectiveness of current suicide programs;
- $7.3 million for research efforts at the National Institutes of Mental Health to examine the prevalence of mental health to better target interventions and treatment and $17 million per year for suicide research projects; and
- More than $100 million for a Safe Schools initiative at the Departments of Health and Human Services, Education, and Justice to promote healthy development and prevent violence.

SURGEON GENERAL'S CALL TO ACTION TO PREVENT SUICIDE

At a Glance: HHS Initiatives Addressing Suicide/Risk Factors

COMMITMENT TO A NATIONAL SUICIDE PREVENTION STRATEGY (NSPS)

- The Substance Abuse and Mental Health Services Administration (SAMHSA) in conjunction with the Surgeon General and other DHHS agencies will bring together a group of suicide prevention experts, advocates, and practitioners later this year (1999) to outline the scope of work for the continued development of a National Strategy for the Prevention of Suicide and to create a time line for its progress and completion. The group will identify component substeps across many areas--conceptual framework, measurable objectives, necessary resources and ways to monitor progress, and policy gaps and models. Providing a detailed listing of activities and outlining a sequence for completion of each will advance the already remarkable progress seen in national suicide prevention activities in the past several years.

- The Centers for Disease Control and Prevention (CDC), working with OHS and other public and private partners mentioned above utilizing the SAMHSA-led blueprint, will complete a draft document for consensus building around the national strategy in early 2000. CDC is currently planning to work with SPAN on a series of large regional meetings to consider and refine this draft. This regional work will culminate in a large national meeting to finalize the National Strategy to Prevent Suicide. The NAPS will include implementation plans for the "best practices" use of the Strategy in communities around the Nation. The CDC currently has requested $2.7 million in FY2000 for these activities.

- In addition to continuing to bringing high visibility to the issue of suicide as a major public health problem that can be prevented through a variety of national and international presentations, the Surgeon General will utilize his good offices to bring together health professional organizations, educators, health care executives, and managed care clinical directors to discuss gaps in scientific knowledge of effective mental illness interventions and everyday practices in order to improve the health of recipients of care and to decrease the incidence of suicide.

- The Health Resources and Services Administration (HRSA) and DHHS's Regional Health Administrators (RHAs) are developing structured programs for the education and continuing education of primary care providers in depression and anxiety assessment and intervention.

- HRSA's internal Mental Health/Substance Abuse Workgroup is currently engaged in identifying training materials and resources relating to depression as an intersecting diagnosis for violence, substance abuse, suicide and other mental health problems. Information on the materials and resources will be made available to entities providing training for HRSA grantees such as State Primary Care Associations, Geriatric Education Centers, Area Health Education Centers, and Education Training Centers for HIV/AIDS.

- HRSA will also emphasize working with non-federal safety net providers such as "Meals on

Wheels" and workers in Home and Community-Based Medicaid Waiver programs and other nontraditional community workers which often have ties to safety-net programs and providers.

PARTNERSHIPS WITH OTHERS

- The Office of Public Health and Science (OPHS) has facilitated a partnership whereby the Ronald McDonald House Charities is providing funding to the American School Counselors Association for the reproduction and distribution to every high school counselor in the country of a special episode of "In the Mix," the national weekly PBS teen series. Funded by the Corporation for Public Broadcasting, the special "Depression: On the Edge" examines ways to destigmatize and detect adolescent depression and prevent suicide.

- The Ronald McDonald House Charities continues to prioritize youth suicide prevention and has funded 25 educators/school counselors to be a part of the development of the NSPS believing that their practical and first hand experience as youth change agents on the front-line of working with kids provided valuable insights into honest and realistic prevention possibilities.

- Mrs. Gore and the Surgeon General are working with the Ad Council, MTV, the American Psychological Association and other private-sector companies and organizations to develop a national media campaign aimed at eliminating the stigma that often is associated with mental illness which, when it hinders people from seeking the help they need, can lead to suicide. It is anticipated that the campaign will be launched in late 1999/early 2000 in conjunction with the release of the Surgeon General's Report on Mental Health.

- Solvay Pharmaceuticals, the largest financial cosponsor of the SPAN-led Reno conference, provided sponsored scholarships for registration and travel of survivors and attempters of suicide. Additionally, they provided public relations assistance for the conference in Reno as well as the national press conference in Atlanta following Reno. Solvay supports SPAN's ongoing advocacy and political will work in an effort to see that a U.S. National Strategy to Prevent Suicide is completed.

- The states of California, Georgia, Minnesota, Nevada, and Tennessee have all committed resources and emphasis to develop a State Strategy to Prevent Suicide using demographics that fit their state suicide profile and following the Reno model for strategy development. California, Georgia, Nevada, North Carolina, and Tennessee have begun state SPAN organizations to advance, through advocacy and political will, the suicide prevention process in their states.

ONGOING FEDERAL INITIATIVES

Center for Injury Prevention and Control, CDC

- A case-control study that is examining possible risk factors for suicide, including alcohol use, exposure to previous suicides, and residential mobility that might lessen opportunities for developing social networks.

- Convening national conferences to exchange information about research and prevention strategies (including the Suicide Prevention Advocacy Network conference held in Reno in October 1998 and the American Indian/Alaska Native Community Suicide Prevention and Network conference held in San Diego in November 1998).

- Supporting four investigator-initiated suicide prevention research projects as well as a number of projects being conducted by CDC scientists in the area of surveillance and risk factor identification.

- Development of a national suicide prevention center, the Suicide Prevention Research Center, at the Trauma Institute, University of Nevada School of Medicine.

- Continued support for a Native American suicide prevention center.

- Evaluation of the effectiveness of current suicide prevention programs, including two interventions --one with youth in New York and one with older persons in South Carolina.

National Institutes of Health/National Institutes of Mental Health

- Overall, NIH has requested $26.5 million for suicide-related research in FY00, focusing on improving the treatment, diagnosis, and prevention of mental disorders through its intramural and extramural research programs. Suicide prevention is a priority for the NIMH, as the majority of suicide victims have at least one mental disorder, and suicidal behaviors, including thoughts and attempts, frequently occur among persons with mental disorders such as depression, personality disorder and schizophrenia..

- Funding a $7.3 million research project to examine the prevalence of mental health problems in a representative sample of 10,000 Americans age 15 and older. The survey will address issues of vital importance to public health, providing information on the duration of various mental disorders, the kinds of disability they produce, the links between socioeconomic status and mental health, and the relationship between types of mental illness and use of services. The study is funded through a grant to Harvard University, led by epidemiologist Dr. Ronald Kessler. In part, the survey will make it possible to identify trends, a vital tool for planning and assessing public and private mental health services, as well as insurance coverage. The research project will contribute to the World Mental Health 2000 initiative of the World Health Organization (WHO). WHO, in turn, will use this information to increase health policy makers' recognition of mental disorders as a priority in public health prevention and intervention efforts worldwide.

- In fiscal year 1998, NIMH support for suicide research projects was approximately $17 million. Study topics ranged from neurobiological correlates of suicidal behavior, to treatment studies of patients who are suicidal, as well as postmortem studies that investigate possible precursors and risk factors. The age groups studied extend from childhood to later life, and include high risk groups such as American Indians and Alaskan Natives, homeless and runaway youth, and older white males.

- Monitors progress in suicide research through the Suicide Research Consortium. The Consortium coordinates program development in suicide research in the Institute, identifies gaps in the scientific knowledge base on suicide across the life span, and stimulates and monitors NIH extramural research on suicide through scientific workshops.

Substance Abuse and Mental Health Services Administration

- The Safe Schools/Health Students Initiative, a collaborative effort among the Departments of Health and Human Services, Education and Justice, through which grants totaling more than $180 million a year will be awarded to approximately 50 local educational authorities and their mental health and law enforcement partners to promote healthy childhood development and prevent violent behaviors.

- The School Action Grant Program, a school violence prevention effort launched by the Centers for Mental Health Services in collaboration with the Center for Substance Abuse Treatment, that will award $5.7 million a year to encourage communities to promote healthy childhood development and prevent youth violence and substance abuse through the use of programs and practices shown to be effective.

Agency for Health Care Policy and Review

- In June 1999, awarded four-year, $2.3 million grant to the Kaiser Permanente Center for Health Research in Portland, Oregon, to find a more effective way of treating depression in teenagers seen in managed care practices—the source of health care for most Americans.

- Youth Partners in Care, an AHCPR-funded project is examining the impact of a program designed to improve the outcomes of mental health care for children in managed care practices, and reduce their families' stress, by educating them and their primary care physicians about depression treatment.

Health Resources and Services Administration

- Girl Neighborhood Power: Building Bright Futures for Success is a 5-year effort to demonstrate how state and local agencies, organizations, businesses and communities can work together to improve the health, education and well-being of adolescent girls. The Girl Neighborhood Power effort is intended to help girls with physical activity, nutrition, health education, abstinence, mental health, social development, community service and future careers.

- HRSA's Maternal and Child Health Bureau has sponsored Bi-Regional Adolescent Suicide Prevention Conferences to strengthen and expand state and local efforts to develop partnerships and systems of care for preventing youth suicide. The proceedings include conference presentations and state by state data on youth suicide deaths.

For more information, please contact the following offices:

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control -- **www.cdc.gov/ncipc** 404-639-3286

Health Resources and Services Administration, **www.hrsa.dhhs.gov/** 301-443-1989

National Institute of Mental Health (NIMH) Suicide Research Consortium, **www.nimh.nih.gov/research/suicide.htm** 301-443-4536

Substance Abuse and Mental Health Services Administration, **www.samhsa.gov/** 301-443-8956

Office of the Assistant Secretary for Health/Surgeon General **www.surgeongeneral.gov/** 202-690-7694

SURGEON GENERAL'S CALL TO ACTION TO PREVENT SUICIDE

At a Glance: Recommendations

Awareness: Broaden the public's awareness of suicide and its risk factors

- Promote public awareness that suicide is a public health problem and, as such, many suicides are preventable. Use information technology to make facts about suicide and suicide prevention widely and appropriately available to the general public and health care providers.

- Expand awareness of and enhance access to resources for suicide prevention programs in communities.

- Develop and implement strategies to reduce the stigma associated with mental illness, substance abuse, and suicide and with seeking help for such problems.

Intervention: Enhance services and programs, both population-based and clinical care

- Extend collaboration with and between public and private sectors to complete a **National Strategy for Suicide Prevention.**

- Improve ability of primary care providers to recognize and treat depression, substance abuse, and other major mental illnesses associated with suicide risk. Increase the referral to specialty care when appropriate.

- Eliminate barriers in public and private insurance programs for provision of quality mental health treatments and create incentives to treat patients with coexisting mental and substance abuse disorders.

- Institute training for all health, mental health, and human service professionals (such as clergy, teachers, correctional workers, and social workers) concerning suicide risk assessment and recognition, treatment, management and aftercare interventions.

- Develop and implement effective training programs for family members of those at risk and for natural community helpers on how to recognize, respond to, and refer people showing signs of suicide risk. Natural community helpers are people such as educators, coaches, hairdressers, and faith leaders, among others.

- Develop and implement safe and effective programs in educational settings for youth that address adolescent distress, crisis intervention and incorporate peer support for seeking

help.

- Enhance community care resources by increasing the use of schools and workplaces as access points for mental and physical health services and providing comprehensive support programs for persons who survive the suicide of someone close to them.

- Promote a public/private collaboration with the media to assure that entertainment and news coverage represent balanced and informed portrayals of suicide and its prevention, mental illness, and mental health care.

Methodology: **Advance the science of suicide prevention.**

- Enhance research to understand risk and protective factors, their interaction, and their effects on suicide and suicidal behaviors. Additionally, increase research on effective suicide prevention programs, clinical treatments for suicidal individuals, and culture-specific interventions.

- Develop additional scientific strategies for evaluating suicide prevention interventions and ensure that evaluation components are included in all suicide prevention programs.

- Establish mechanisms for Federal, regional, and state interagency public health collaboration toward improving monitoring systems for suicide and suicidal behaviors and develop and promote standard terminology in these systems.

- Encourage the development and evaluation of new prevention technologies to reduce easy access to lethal means of suicide.

For more information, please contact the following offices:

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control -- **www.cdc.gov/ncipc** 404-639-3286

Health Resources and Services Administration, **www.hrsa.dhhs.gov/** 301-443-1989

National Institute of Mental Health (NIMH) Suicide Research Consortium, **www.nimh.nih.gov/research/suicide.htm** 301-443-4536

Substance Abuse and Mental Health Services Administration, **www.samhsa.gov/** 301-443-8956

SURGEON GENERAL'S CALL TO ACTION TO PREVENT SUICIDE

At a Glance: Suicide Among Special Populations

- During the period from 1979-1992, suicide rates for Native Americans (a category that includes American Indians and Alaska Natives) were about 1.5 times the national rates. There were a disproportionate number of suicides among young male Native Americans during this period, as males 15-24 accounted for 64% of all suicides by Native Americans.

- Suicide rates are higher than the national average for some groups of Asian Americans. For example, the suicide rate among Asian Americans and Pacific Islanders in the state of California is similar to that of the total population. However, in Hawaii the rate for AAPI's jumps to 11.2 per 100,000 people, compared to 10.8 per 100,000 rate for all people residing there. Asian-American women have the highest suicide rate among women 65 or older.

- While the suicide rate among young people is greatest among young white males, from 1980 through 1996 the rate increased most rapidly among black males aged 15 to 19 -- more than doubling from 3.6 per 100,000 to 8.1 per 100,000.

- It has been widely reported that gay and lesbian youth are two to three times more likely to commit suicide than other youth and that 30 percent of all attempted or completed youth suicides are related to issues of sexual identity. There are no empirical data on completed suicides to support such assertions, but there is growing concern about an association between suicide risk and bisexuality or homosexuality for youth, particularly males. Increased attention has been focused on the need for empirically based and culturally competent research on the topic of gay, lesbian and bisexual suicide.

- In a survey of students in 151 high schools around the country, the 1997 Youth Risk Behavior Surveillance System found that Hispanic students (10.7 percent) were significantly more likely than white students (6.3 percent) to have reported a suicide attempt. Among Hispanic students, females (14.9 percent) were more than twice as likely as males (7.2 percent) to have reported a suicide attempt. But Hispanic male students (7.2%) were significantly more likely than white male students (3.2%) to report this behavior.

For more information, please contact the following offices:

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control -- **www.cdc.gov/ncipc** 404-639-3286

Health Resources and Services Administration, **www.hrsa.dhhs.gov/** 301-443-1989

National Institute of Mental Health (NIMH) Suicide Research Consortium, **www.nimh.nih.gov/research/suicide.htm** 301-443-4536

Substance Abuse and Mental Health Services Administration, **www.samhsa.gov/** 301-443-8956

Office of the Assistant Secretary for Health/Surgeon General **www.surgeongeneral.gov/** 202-690-7694

SURGEON GENERAL'S CALL TO ACTION TO PREVENT SUICIDE

At a Glance: Suicide Among the Young

- For young people 15-24 years old, suicide is the third leading cause of death, behind unintentional injury and homicide. In 1996, more teenagers and young adults died of suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease ***combined***.

- Americans under the age of 25 accounted for 35% of the population, and 15% of all suicide deaths in 1996. The rate among children aged 10-14 was 1.6/100,000, the rate for children aged 15-19 was 9.7 per 100,000, and the rate for young people aged 20-24 was 14.5/100,000.

- Important risk factors for attempted suicide in youth are depression, alcohol or other drug use disorder, and aggressive or disruptive behaviors.

- Over the last several decades, the suicide rate in young people has increased dramatically. From 1952-1996, the incidence of suicide among adolescents and young adults nearly tripled, although there has been a general decline in youth suicides since 1994. From 1980-1996, the rate of suicide among persons aged 15-19 years increased by 14% and among persons aged 10-14 years by 100%. For African-American males aged 15-19, the rate increased 105%.

- Among persons aged 15-19 years, firearm-related suicides accounted for 63% of the increase in the overall rate of suicide from 1980-1996.

- The risk for suicide among young people is greatest among young white males; however, from 1980 through 1996, suicide rates increased most rapidly among young black males.

- Males under the age of 25 are much more likely to commit suicide than their female counterparts. The 1996 gender ratio for people aged 15-19 was 5:1 (males to females), while among those aged 20-24 it was 7:1.

- Although suicide among young children is a rare event, the dramatic increase in the rate among 10-to-14-year-olds underscores the urgent need for intensifying efforts to prevent suicide among persons in this age group.

- It has been widely reported that gay and lesbian youth are two to three times more likely to commit suicide than other youth and that 30 percent of all attempted or completed youth suicides are related to issues of sexual identity. There are no empirical data on completed suicides to support such assertions, but there is growing concern about an association between suicide risk and bisexuality or homosexuality for youth, particularly

males. Increased attention has been focused on the need for empirically based and culturally competent research on the topic of gay, lesbian and bisexual suicide.

- In a survey of students in 151 high schools around the country, the 1997 Youth Risk Behavior Surveillance System found that Hispanic students (10.7 percent) were significantly more likely than white students (6.3 percent) to have reported a suicide attempt. Among Hispanic students, females (14.9 percent) were more than twice as likely as males (7.2 percent) to have reported a suicide attempt. But Hispanic male students (7.2%) were significantly more likely than white male students (3.2%) to report this behavior.

For more information, please contact the following offices:

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control -- **www.cdc.gov/ncipc** 404-639-3286

Health Resources and Services Administration, **www.hrsa.dhhs.gov/** 301-443-1989

National Institute of Mental Health (NIMH) Suicide Research Consortium, **www.nimh.nih.gov/research/suicide.htm** 301-443-4536

Substance Abuse and Mental Health Services Administration, **www.samhsa.gov/** 301-443-8956

Office of the Assistant Secretary for Health/Surgeon General **www.surgeongeneral.gov/** 202-690-7694

SURGEON GENERAL'S CALL TO ACTION TO PREVENT SUICIDE

At a Glance: Suicide Among the Elderly

- Suicide rates increase with age and are highest among Americans aged 65 years and older. While this age group accounts for only 13 percent of the U.S. population, Americans 65 or older account for 20 percent of all suicide deaths.

- The ten-year period 1980-1990 was the first decade since the 1940s that the suicide rate for older Americans rose instead of declined, although that rate again declined during the 1990's.

- Risk factors for suicide among older persons differ from those among the young. In addition to a higher prevalence of depression, older persons are more socially isolated and more frequently use highly lethal methods. They also make fewer attempts per completed suicide, have a higher-male-to-female ratio than other groups, have often visited a health-care provider before their suicide, and have more physical illnesses.

- In 1996, men accounted for 84% of suicides among persons aged 65 years and older.

- The highest suicide rates in the country that year were among white men over 85, who had a rate of 65.3/100,000.

- From 1980-1996, the largest relative increases in suicide rates occurred among people 80-84 years of age. The rate for men in this age group increased 16% (from 43.5 per 100,000 to 50.6).

- Firearms were the most common method of suicide by both males and females, 65 years and older, 1996, accounting for 78% of male and 36% of female suicides in that age group.

- Suicide rates among the elderly are highest for those who are divorced or widowed. In 1992, the rate for divorced or widowed men in this age group was 2.7 times that for married men, 1.4 times that for never-married men, and more than 17 times that for married women. The rate for divorced or widowed women was 1.8 times that for married women and 1.4 times that for never-married women.

- Nearly 5 million of the 32 million Americans aged 65 and older suffer from some form of depression. Depression, however, is ***not*** a "normal" part of aging.

- Most elderly suicide victims -- 70 percent -- have visited their primary care physician in the month prior to their committing suicide. With that in mind, the National Institute of Mental Health has developed this cue card for recognizing the signs of depression in older adult:

(See Other Side)

Before you say "I'm fine," ask yourself if you feel:

- ☐ **nervous, or "empty"**
- ☐ **guilty or worthless**
- ☐ **very tired and slowed down**
- ☐ **you don't enjoy things the way you used to**
- ☐ **restless or irritable**
- ☐ **like no one loves you**
- ☐ **like life is not worth living**

Or if you are:

- ☐ **sleeping more or less than usual**
- ☐ **eating more or less than usual**
- ☐ **having persistent headaches, stomachaches, or chronic pain**

These may be symptoms of depression, a treatable medical illness.
But your doctor can only treat you if you say how you are really feeling.

For more information, please contact the following offices:

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control -- **www.cdc.gov/ncipc** 404-639-3286

Health Resources and Services Administration, **www.hrsa.dhhs.gov/** 301-443-1989

National Institute of Mental Health (NIMH) Suicide Research Consortium, **www.nimh.nih.gov/research/suicide.htm** 301-443-4536

Substance Abuse and Mental Health Services Administration, **www.samhsa.gov/** 301-443-8956

Office of the Assistant Secretary for Health/Surgeon General **www.surgeongeneral.gov/** 202-690-7694