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Ringing the Alarm on Suicide Prevention: A Call to Action

Rebecca G. Fortgang and Matthew K. Nock

Suicide is among the leading causes of death in the US and worldwide. Devastatingly, it disproportionately affects youth, making it a leading contributor to years of life lost as well. Whereas the US federal government has prioritized the study and prevention of other causes of death, causing mortality rates from them to drop precipitously (e.g., cancer, heart disease, HIV/AIDS), this is not true of suicide. Funding for suicide prevention research is less than one-third of that allocated to other leading causes of death, and as a result the US suicide rate now is virtually identical to what it was 100 years ago. This situation is alarming and requires immediate action.

Suicide is among the most perplexing and devastating of all human behaviors. It takes our children, parents, friends, and other loved ones. It is sudden and lethal, often totally unexpected, often leaving survivors to wonder what could have been done to prevent the loss. Despite this, scientific research that could aid prevention has consistently been under–valued as a public priority. It receives far less support than research on other threats in our environment associated with comparable loss of life.

Suicide is among the leading causes of death worldwide and is an especially alarming problem in youth. In the US, suicide is the 2nd leading cause of death among those 10–34 years old and overall is the 4th leading contributor to years of potential life lost (YPLL). As a society, when we learn that a condition is disproportionately causing early death, we have responded by using research funding to better understand, predict, and prevent or treat that condition. This approach has a strong track record. The mortality rates due to conditions such as tuberculosis, cancer, and accidents have dropped precipitously over the past 100 years– largely due to increased federally-supported research (Carter et al., 2006; Centers for Disease Control and Prevention, 2019). Mortality due to new conditions also has been targeted using this approach: HIV/AIDS, SARS, and Ebola. In each instance, the threat was identified, and significant federal support led to rapid understanding and treatment development, followed by

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reduced mortality. We have seen this approach in action over the past year of the COVID-19 pandemic.

This impressive and effective approach has not been applied to the problem of suicide. Federal funding for suicide research lags far behind all other leading causes of death and *would need to be more than tripled to match any other leading cause of death in the US* (Figure 1). This under–valuation of preventing deaths by suicide is even more stark when considering YPLL. Suicide is disproportionately responsible for YPLL, as it often kills young or physically healthy people. Whereas suicide is ranked 10th in causing deaths it is 4th in YPLL. Have we mounted a proportional response to this problem? To answer this, we examined the amount of federal funding allocated to studying and preventing the 14 leading causes of death according to published data from the Centers for Disease Control and Prevention (CDC) as well as 13 other leading causes that can be matched with NIH's reported funding categories. Despite the fact that suicide is the 10th leading cause of death and 4th leading contributor to YLL, it has the lowest dollar per death funding of all 27 causes (Figure 2). For example, tuberculosis is funded at a rate of 782,524 USD per death, HIV/AIDS is funded at a rate of 525,623 USD per death, whereas suicide research is funded at a rate of 2,035 USD per death. This can be seen as a striking reflection of just how little value is placed on those lives that are lost to suicide. This imbalance does not only apply to the US and can be seen in global mortality and prevention/funding resources allocated as well (World Health Organization, 2014, 2018).

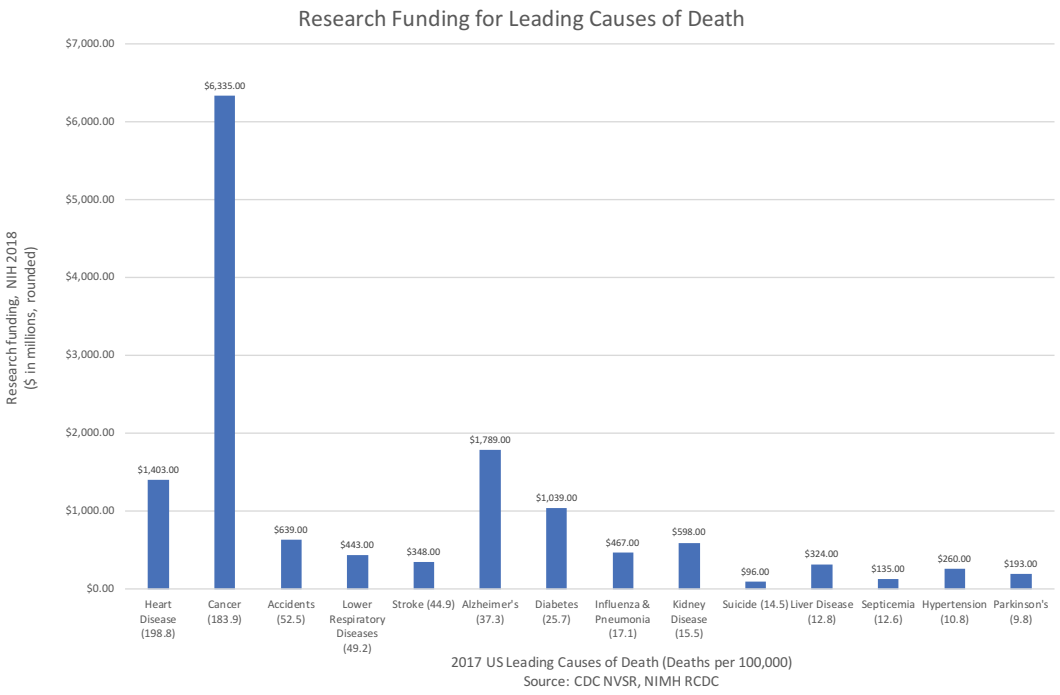

FIGURE 1. NIH Research funding allocated in 2018 to each leading cause of death in 2017. Funding is in millions of dollars, rounded.

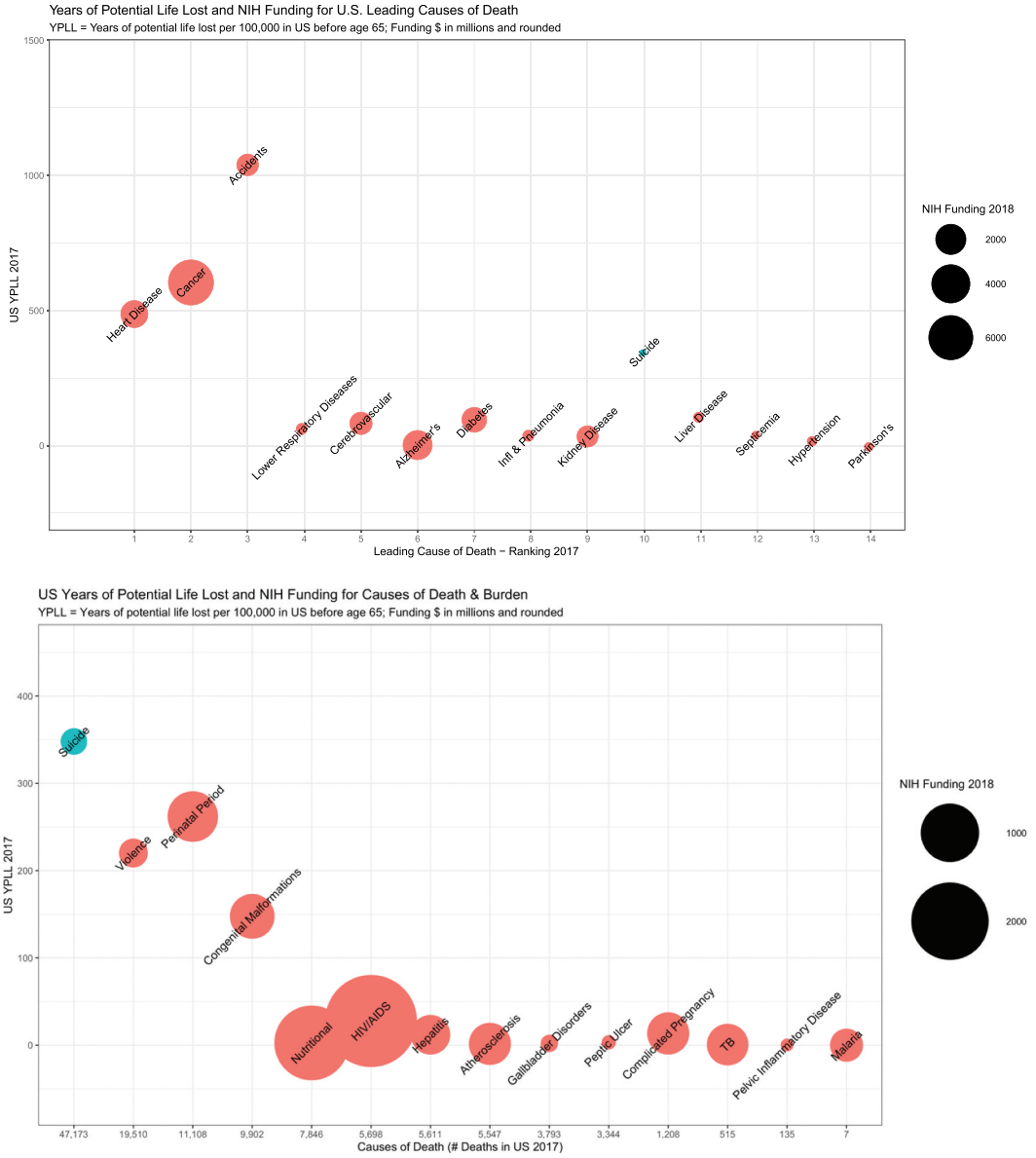

FIGURE 2. Funding and Years of Potential Life Lost (YPLL) for causes of death. United States YPPL in 2017 and National Institutes of Health (NIH) funding allocated in 2018 (circle size) for the top 14 causes of death in the United States in 2017 (top panel) and the remaining causes of death with available funding and YPLL data (as well as suicide - bottom panel). Funding is quantified in millions, rounded to the nearest million. YPLL = Years of Potential Life Lost per 100,000 in the United States before age 65; NIH = National Institutes of Health.
Sources: Center for Disease Control National Vital Statistics Records; Centers for Disease Control WISQARS (Web-based Injury Statistics Query and Reporting System); National Institutes of Health RCDC (Research, Condition, and Disease Categorization)

Meanwhile, the suicide rate in the US has risen by over 30% since the year 2000, contributing to a trend of decreases in life expectancy from 2014-2019, following increases for the past 60 years (Woolf & Schoomaker, 2019). In 2010, the Office of Disease Prevention launched their Healthy People 2020 project and set as their primary mental health initiative a target to reduce suicide rates below their 2000 level by offering improved measurable objectives, data regarding progress, tools to measure progress within small and large communities, and guides to evidence-based policies, practices, and programs, among other approaches. As we enter this new decade, however, there has been no detectable effect of these initiatives on deaths by suicide. We have fallen far behind the mark on this important target, and there is one clear source of delay in our progress that must not be ignored: underfunding of suicide research.

Now is the time for change. Suicide is preventable. It is everyone's concern, and there is an important role for everyone in the solution. For legislators, that role is to fight for more funding for suicide research and prevention. At a minimum, suicide should be funded in line with other leading causes of death (i.e., tripled). We desperately need more research to identify people when they are at risk and offer timely life-saving interventions. The problem of suicide is a big one; however, with collective commitment, we can advance understanding and prevention of this devastating outcome.

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