

Issue At A Glance:

Suicide Prevention and Awareness

September is Suicide Prevention Awareness Month, a month dedicated to raising awareness, acknowledging those affected by suicide, and connecting individuals with suicidal ideation to treatment services. This brief explores the impact of social media on youth mental health, federal efforts to prevent suicide, and methods to help those at risk.

Introduction

Much like all mental health conditions, suicidal thoughts can affect anyone regardless of age, gender, or other demographic factors. Available data show that from 2011-2022, over half a million lives were lost to suicide in the United States, with 2022 showing the highest number of recorded deaths by suicide.¹

In 2008, September was declared as National Suicide Prevention Awareness Month as a time to acknowledge those affected by suicide, to raise awareness, and to connect individuals with suicidal ideation to treatment services.² According to the National Institute of Mental Health, suicide is the 12th leading cause of death in the United States among adults and the second leading cause of death among youth.^{3,4} Furthermore, research has shown that children and adolescents who spend more than three hours a day on social media face double the risk of mental health issues, including experiencing symptoms of depression and anxiety which can lead to suicidal ideation.^{5,6}

This brief explores the impact of social media on youth mental health, prevention strategies, federal efforts to prevent suicide, and ways to help those at risk.

Notable Statistics for the United States

- 49,369** Deaths by suicide occurred in 2022⁷
- 12.3 million** Adults seriously thought about suicide in 2021⁸
- 1.7 million** Adults attempted suicide in 2021⁸
- 132** Deaths per day by suicide on average in 2021⁹
- 80%** Of suicide deaths were males in 2021¹⁰
- 65%** Of hospital-treated self-harm or suicide attempts were among women in 2021¹⁰

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Social Media and Youth Mental Health

Social media use by youth is nearly universal, with up to 95% of youth between 13-17 years of age reporting using a social media platform and more than two-third noting they use social media every day.^{5,11} Social media offers numerous potential benefits to users, including exposure to current events, interpersonal connection, and enhancement of social support networks.¹² However, the types of use and content youth are exposed to pose mental health concerns.⁵

The influence of social media on youth mental health is shaped by many complex factors, including the amount of time spent on various platforms, the type of content they consumed or are otherwise exposed to, the activities and interactions available on social media, and the degree to which it disrupts activities that are essential for health, such as sleep and physical activity.¹¹ Furthermore, in early adolescence, when identities and sense of self-worth are forming, brain development is especially susceptible to social pressures, peer opinions, and peer comparison.^{11,13,14} As such, studies have shown that youth who spend more than three hours a day on social media face double the risk of experiencing poor mental health outcomes, including symptoms of depression and anxiety.^{11,15} A survey conducted in 2018 determined that one in six teenagers have experienced at least one form of abusive behavior online, including: name-calling (42%), spreading false rumors (32%), receiving unsolicited explicit images (25%), online stalking (21%), and having someone make physical threats (16%).¹⁶

While social media can have positive impacts through fostering community and connection, there is strong evidence in research that the utilization of social media by youth places them at high risk of developmentally inappropriate and harmful content. There remain gaps in the literature on the full impact of social media on youth development and mental health, though the latest recommendations by the Surgeon General include the engagement of multifaceted efforts to maximize the benefits and reduce the risk of harm posed by social media.¹¹

National Maternal Mental Health Hotline

In May 2022, the Health Resources and Services Administration launched the National Maternal Mental Health Hotline, a free, confidential resource for pregnant and postpartum individuals facing mental health challenges in both English and Spanish that is available 24/7.^{4,17} The hotline offers callers phone and text access to professional counselors; real-time support and information; referrals to local and telehealth providers and support groups; and interpreter services in over 60 languages. Call or text 1-833-852-6262 for help. TTY users can use a preferred relay service or dial 711 and then 1-833-852-6262.¹⁷



Actions by the Biden-Harris Administration to Prevent Suicide

Launching 988 as the National Suicide and Crisis Lifeline

Since the launch of the National Suicide and Crisis Lifeline in July 2022, the 988-hotline has received almost 5 million contacts. Of the 5 million, nearly 1 million were from the Veterans Crisis Line, with the rest consisting of 2.6 million calls, over 740,000 chats, and more than 600,000 texts. Furthermore, in December 2022, the Consolidated Appropriations Act was passed which included several provisions to improve coordination, standardization, and evaluation of 988 and the behavioral health crisis continuum.¹⁸

Improving Suicide Screening and Risk Detection

Early detection of individuals at risk and connecting them to care are essential for preventing suicide. In January 2022, the Health Resources and Services Administration (HRSA) Bright Futures Program updated its national guidelines to include universal screening for suicide risk among youth between ages 12-21. With this update, most private health insurance plans are now required to cover suicide risk screenings at no cost to the patient. Additionally, the Department of Homeland Security (DHS) implemented the DHS-Columbia Protocol Mobile App to aid in the identification of those at elevated risk for suicide.⁴ This mobile app is an evidence-based instrument designed to assess suicide risk and severity through a six-question survey. Based on the responses, the Columbia Protocol calculates a low, moderate, or high risk and connects users with recommended resources based on severity.¹⁹

Supporting Populations at High Risk

Several populations are considered to be at high risk for suicide, including American Indians, Alaska Native youth, LGBTQ+ youth, rural men, military veterans, law enforcement officials, and healthcare professionals.⁴ In January 2022, HRSA awarded approximately \$103 million in Resiliency Awards to promote mental wellbeing and to reduce suicide occurrences among healthcare professionals.^{4,20} In April 2022, \$10 million was awarded to the Indian Health Service Zero Suicide Initiative program to improve the system of care for those at risk for suicide by implementing a comprehensive, culturally informed, multi-setting approach to suicide prevention in Indian health systems.^{4,21}

Enhancing Community-Based Prevention Efforts

Implementing community-based efforts aimed at reducing suicide requires attention in all areas of life, including job strain or loss; serious illness, including mental illness; and financial, criminal, legal, and relationship problems.⁴ In September 2022, the Centers for Disease Control and Prevention expanded their Comprehensive Suicide Prevention program to 15 states and 2 universities, with approximately \$15 million in annual funding.^{4,22} Furthermore, in 2022, the Substance Abuse and Mental Health Services Administration awarded \$1.6 million to the Suicide Prevention Resource Center to improve training for the suicide prevention workforce, advance the development of community infrastructure for suicide prevention, and provide technical assistance in suicide prevention.⁴

Warning Signs of Suicide and How to Help

Warning signs that someone may be at immediate risk for attempting suicide include:³

- Talking about wanting to die
- Talking about feeling empty or hopeless or having no reason to live
- Talking about feeling trapped or feeling that there are no solutions
- Talking about being a burden to others
- Withdrawing from friends and family
- Giving away important possessions
- Displaying extreme mood swings
- Using alcohol or drugs more often

Suicide is not a normal response to stress. Suicidal thoughts or actions are signs of extreme distress and should not be ignored. If these warning signs apply to you or someone you know, get help as soon as possible.

Five steps you can take to help someone in emotional pain as recommended by the National Institute of Mental Health:³

1. **Ask:** “Are you thinking about killing yourself?”
2. **Keep them safe:** Reduce access to lethal items or places
3. **Be there:** Listen carefully and acknowledge their feelings
4. **Help them connect:** Call or text the 988 Suicide & Crisis Lifeline number
5. **Stay connected:** Follow up and stay in touch after a crisis

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Did you know?

For every suicide death, there are approximately three hospitalizations for self-harm and eight emergency department visits related to suicide.²³



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