

## MEDIA STATEMENT

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*A media statement informed by members of the National Action Alliance for Suicide Prevention's (Action Alliance) [Messaging Work Group](#) in response to today's CDC mortality data brief.*

### ***Action Alliance Statement on Final CDC Mortality Data Showing Suicide No Longer Top 10 Leading Cause of Death in 2020***

*While suicide rates likely decreased slightly in 2020, it is still a critical public health issue that needs to be made a national priority*

**WASHINGTON, DC (December 22, 2021)** – “The [final 2020 mortality data released today](#) by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics show that suicide is no longer a leading cause of death—in large part due to the death toll from COVID-19. But this in no way means that suicide is not still a critical public health issue, as we can't assume a downward trend based solely on one or two years of data. In fact, [provisional CDC suicide counts for 2020](#) still show that there were an estimated 45,855 lives lost to suicide in the U.S.—which does not take into consideration the millions of other Americans who experienced suicidal thoughts during this same period. We also recognize that while it appears age-adjusted suicide rates likely declined in 2020 when compared to 2019, there was also an estimated increase in suicide rates among certain populations, such as Black and American Indian/Alaska Native males. In response, it's imperative that our country take swift action to make suicide prevention a national priority. Greater, more urgent efforts are needed to 1) strengthen our data collection systems and research investments, 2) ensure equitable delivery of care, and 3) achieve systemic changes, particularly around our crisis response infrastructure.

To better understand the full picture of suicide in our country—and to help us to better identify, intervene, and mitigate suicide and suicide-related distress—closer to real-time data is critical. Much like we have real-time data collection systems for other leading public health issues, including COVID-19, the same is needed when it comes to suicide and suicide-related behaviors. In addition, we need more robust investments in research—from both the public and private sectors—so we can assess the effectiveness of suicide prevention approaches, identify how best to implement them, and evaluate how different strategies work together. Research has played a critical role in identifying populations who are at higher risk for suicide and identifying evidence-based strategies that work, but more research is needed.

To see a sustained, long-lasting decrease in the suicide rate—especially among higher risk populations—we also must ensure there is an equitable delivery of comprehensive and effective suicide prevention and mental health services. This means ensuring that there is more suicide prevention research, education, and services that are informed by and culturally appropriate for these disproportionately impacted communities, such as Black, Latinx, American Indian/Alaska Native, Asian American/Pacific Islander, and LGBTQ.

Finally, to save lives in the U.S. and make sustainable and long-term change, we also need to implement systemic changes, such as strengthening our crisis services infrastructure. This is especially needed as we prepare for the impending 2022 rollout of 988, the national three-digit number for suicide prevention and mental health crises. It's imperative that we ensure an integrated, sustainable, equitable, well-resourced crisis infrastructure that provides a full continuum of care for those who may be struggling or in crisis. While a three-digit number is an important first step towards improving access to our nation's crisis services, a number alone is not enough.

With tens of thousands of lives at stake and millions of Americans struggling with suicidal thoughts each year—and the long-term mental health and suicide-related impacts of the pandemic still to be determined—the time for action is now.”

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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 tell 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 (such as including the [National Suicide Prevention Lifeline 800-273-TALK \[8255\]](#)). For stories of persons with lived experience of suicidality and finding hope, refer to [www.lifelineforattempt survivors.org](http://www.lifelineforattempt survivors.org).

**NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION:**

*The [National Action Alliance for Suicide Prevention](#) (Action Alliance) 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](#), through the [Suicide Prevention Resource Center](#) grant, provides funding to [EDC](#) to operate and manage the Secretariat for the Action Alliance, which was launched in 2010. Learn more at [theactionalliance.org](http://theactionalliance.org) and join the conversation on suicide prevention by following the Action Alliance on [Facebook](#), [Twitter](#), [LinkedIn](#), and [YouTube](#).*

**MENTAL HEALTH & SUICIDE PREVENTION NATIONAL RESPONSE TO COVID-19:**

*The [Mental Health & Suicide Prevention National Response to COVID-19](#) (National Response) is a dynamic, diverse, nonpartisan group of leading public and private sector organizations that are committed to driving meaningful, lasting change through collaboration, leadership, and action. As an initiative of the Action Alliance, the National Response is the unifying national voice and galvanizing force for accelerating actionable solutions to strengthen mental health, suicide prevention, and resilience for all Americans.*