National Action Alliance for Suicide Prevention
Research Prioritization Task Force

ASPIRATIONAL RESEARCH GOALS with Example Survey Responses

1. Ensure that communities use effective programs to reduce the factors that contribute to suicidal behavior (e.g., substance abuse, criminal behavior, trauma, mental disorders).

   Prevent the emergence of suicidal behavior by developing and delivering the most effective prevention programs to build resilience and reduce risk in broad-based populations (e.g., schools; routine primary care; workplace; foster care).

   Examples of survey responses in this category:

   a. **Teach and motivate people to learn basic life and survival skills for building (and rebuilding) lives experienced as worth living.**

   b. **For adolescents, determine how to alter cultural norms to discourage heavy alcohol/drug use, discourage violent/aggressive behavior (and victimization).**

   c. **Create workplace messages that educate workers on the value of mental wellbeing as a person, within the family, and within the workplace.**

2. Reduce access to lethal means that people use to attempt suicide.

   Substantially reduce access to lethal means used to carry out suicide attempts.

   Examples of survey responses in this category:

   a. **To limit the access that suicidal populations have to lethal means of self harm on a community-wide level (e.g., bridge barriers; outdated prescription collection points, etc.)**

   b. **To reduce access to handguns and other weapons used to commit suicide.**

   c. **To control the use of prescription drugs which are rapidly becoming the method of choice.**

3. Ensure that health care providers and others in the community are well trained in how to find and treat those at risk.

   Improve the quality of treatment across settings by training healthcare providers and other community-based gatekeepers to identify, intervene, and follow-up appropriately with high-risk individuals.

Examples of survey responses in this category:

a. Educate the educators, we have so many seeking jobs in the helping field but are not versed on suicide prevention interventions.

b. To ensure that high-quality training and education on how to identify and intervene with suicidal persons is provided at the appropriate level to all medical and mental health providers, as well as other gatekeepers (e.g., teachers, clergy, community agency staff, social services staff, family members).

c. All new medical and mental health professionals who are in their initial training at colleges, university and other schools ….receive adequate training to assess and treat suicidal persons.

4. Ensure that people at risk for suicidal behavior can access affordable care that works, no matter where they are.

Ensure that all individuals at risk for suicidal behavior have access to affordable, effective care.

Examples of survey responses in this category:

a. To create a healthcare system with "no wrong door" for persons seeking help for crisis or suicidal thinking.

b. To build an easily accessible and affordable system for intermediate and long-term care for suicidal persons that bridges to a fully functional life in the community at large (i.e. care beyond the ER).

c. Provide well-advertised, prompt, competent, accessible, affordable, research-based treatment for those with mental/behavioral health issues involving suicidal thoughts and behaviors.

5. Determine the degree of lifetime risk a person has for attempting suicide and how to measure this risk in various groups of people and in various settings.

Determine the degree of suicide risk (e.g., imminent, near-term, long-term) among individuals in diverse populations and in diverse settings through feasible and effective screening and assessment approaches.

Examples of survey responses in this category:

a. To learn how to identify individuals who are entertaining thoughts of suicide/self-harm.

b. Recognition by families and caregivers of statements or behaviors that lead to suicide.

c. To identify persons most at risk for suicide, including those who are NOT in treatment for mental health concerns.

6. Predict who is at risk for attempting suicide in the immediate future.

Distinguish suicidal ideation from imminent risk for suicidal behavior by developing and implementing reliable clinical tools (e.g., biological assays, questionnaires, observational tools).

Examples of survey responses in this category:

    a. **To be able to predict which high-risk suicidal patients will attempt suicide in the near future.**

    b. **To identify the fundamental differences between populations who report suicidal ideation only and no attempts versus those who report suicidal ideation and suicide attempts**

    c. **To identify biomarkers that may help clinicians to predict which high-risk suicidal patients will attempt suicide in the near future.**

7. Ensure that people who are thinking about suicide and have not yet attempted can get effective counseling to prevent suicidal behavior.

Prevent suicide among high-risk individuals and groups by developing and delivering targeted psychosocial interventions at the individual, family, and community levels that are more effective, efficient, and widely available.

Examples of survey responses in this category:

    a. **To develop brief psychosocial interventions appropriate for use in non-mental health settings that effectively treat suicidal ideation.**

    b. **To discover ways to protect people of the LGBT community from acting on suicidal thoughts, by reducing societal stigma related to gender identity.**

    c. **Examine the impact of community based programs like Mental Health First Aid on the incidence of suicide in urban vs rural areas**

8. Find better ways to use existing and new biological treatments (e.g., medications) to prevent suicidal behavior.

Develop better approaches with existing and new biological (pharmacological, somatic) treatments to prevent suicide.

Examples of survey responses in this category:

    a. **To develop anti-suicide medications that are safer, more effective, faster-acting and with fewer side effects.**

    b. **To develop medications or medical technology(pace maker for the brain) that can quickly reduce suicidal thoughts in distressed people for all age categories.**

    c. **Focus on our treatment approach, I firmly believe that we get better remission rates with dual therapy vs. monotherapy in moderate to severe cases. I would like to see more research done with an outcomes focus on 2 vs. 1 medication....I bet we will find much higher remission (better outcome long-term) with dual therapy**

9. Ensure that people who have attempted suicide can get treatments to prevent further attempts.

Prevent repeat suicide attempts by improving care after a suicide attempt (e.g., by involving families in care, developing alternatives to hospitalization and other current care strategies).

Examples of survey responses in this category:

   a. **To determine what is a more effective way of treating suicidal individuals than "locking them up" for 3 days.**

   b. **Strengthen community based, low cost options for CBT or DBT treatment--exploring internet options and peer delivery**

   c. **Develop effective ways to keep those who have attempted suicide from attempting again.**

10. Ensure that people getting care for suicidal thoughts and behaviors are followed throughout their treatment so they don't fall through the cracks.

Reduce treatment dropout for individuals at all stages of care process by providing better continuity.

Examples of survey responses in this category:

   a. **To structure the healthcare system for suicidal individuals in ways that increase the likelihood of engaging and retaining these individuals in care.**

   b. **Emphasize the role of primary care health care providers in systematic follow-up and collaborative treatment planning with patients who screen positive for major depression and suicide risk factors.**

   c. **Develop better methods to insure adequate care and follow-up upon discharge from the hospital following an admission for suicidal risk/attempt**

11. Know what leads to, or protects against suicidal behavior, and learn how to change those things to prevent suicide.

Find clear targets for intervention through better understanding of the interplay among biological, psychological, and social risk and protective factors associated with suicide.

Examples of survey responses in this category:

   a. **To understand how suicide is affected by networks of social, psychological, and neurological factors, and how to model these effects scientifically.**

   b. **To conduct research into familial suicides in order to identify whether family dynamics or biological influences can be altered to prevent these suicides and or attempts in future generations.**

   c. **To understand the degree to which appropriate, effective treatment for psychiatric conditions associated with suicide (depression, bipolar disorder, schizophrenia) reduce the rate of attempts and deaths among these patients.**

12. Increase help seeking activities for suicidal thoughts and behaviors by reducing the stigma of doing so.

Increase help seeking and referrals for at-risk individuals by decreasing the stigma associated with suicide (e.g., through public messaging; community interventions; trained network of peers, providers, other gatekeepers).

Examples of survey responses in this category:

    a. **To uncover effective messaging to help reduce the stigma surrounding suicide and mental illness.**

    b. **To discover what messages males require to seek help prior to making that first and often fatal attempt.**

    c. **How to develop social media campaigns that effectively reduce stigma and encourages help seeking.**