Priority Area 1: Strengthen representation of diverse and underserved populations in suicide prevention efforts

In 2023, the Suicide Prevention Resource Center (SPRC) conducted the third annual State and Territorial Suicide Prevention Needs Assessment (SNA). The SNA assesses the suicide prevention needs, challenges, strengths, infrastructure, and capacity of the 54 U.S. states, territories, and the District of Columbia. Examining the 49 responses, SPRC identified the following three priority areas for strengthening U.S. suicide prevention efforts. This document provides a summary of Priority Area 1.

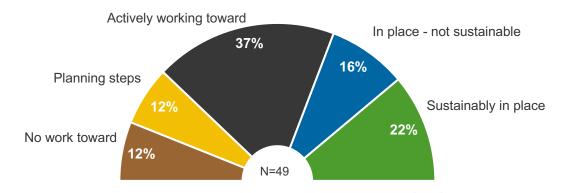
Priority Areas:

- 1. Strengthen representation of diverse and underserved populations in suicide prevention efforts
- 2. Build state and territorial capacity to address underlying conditions associated with suicide risk factors
- 3. Increase state and territorial capacity to evaluate suicide prevention efforts

Background Data

Prevention efforts have greater reach and impact when they involve multiple, diverse partners, including populations that are underserved by current suicide prevention efforts. The vast majority (98%) of states¹ have taken active steps to ensure cultural responsiveness in their suicide prevention efforts, but only 22% (11 of 49) have sustainably ensured that high-risk and underserved populations are adequately represented in their suicide-related data. (Figure 1)

Figure 1: Progress Toward Representing High-Risk and Underserved Populations in Suicide-Related Data



Most states (78%, 38 of 49) have an established statewide suicide prevention coalition, with over half (59%, 29 of 49) reporting that it is sustainably in place. However, less than half (45%, 17 of 38) of states with a statewide coalition report sustainable broad representation of public and private partners. (Figure 2)

The most commonly reported barriers to developing broad and representative suicide prevention partnerships were *building and*

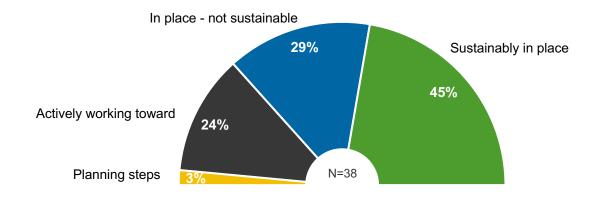
"The greatest barrier to strengthening our partner essential element...has been ensuring our statewide suicide prevention workgroup includes representation from all communities across our state." – SNA Respondent

SPRC 2023

¹ The term "state" is used here as a short-hand reference to states, the District of Columbia, and U.S. territories.

maintaining a diverse coalition, strained system-level capacity to manage partnership efforts, and a lack of culturally responsive materials and services. Lack of sufficient and reliable data on high-risk and underserved populations was among the most commonly reported barriers to using data to inform and evaluate suicide prevention efforts.

Figure 2: Progress Toward Broad Public and Private Representation in State Suicide Prevention Coalition



Call to Action 1

State and territorial agencies should invest funding to support the inclusion of diverse and underserved populations in partnerships, strategic planning, and development of culturally responsive materials and services.

Call to Action 2

State and territorial agencies managing suicide prevention data should strengthen data collection and evaluation processes to adequately represent diverse and underserved populations.

Strengthening Community Representation in Indiana

In 2021, the Indiana Family and Social Services Administration's Division of Mental Health and Addiction (DMHA) met with the Governor's Office of Equity, Inclusion, and Opportunity about the issue of Black youth suicide. DMHA presented and discussed data showing that Indiana's rate of Black youth suicide was higher than the national average. This discussion enabled DMHA to gain the Governor's Office's support for suicide prevention efforts focused on Black youth. DMHA used this momentum to develop a Black Suicide Prevention Task Force to inform their suicide prevention efforts. This task force is made up of state government agencies, grassroots organizations, researchers, and others with relevant expertise in promoting Black youth well-being. To ensure strong community engagement, the task force meetings are led by the community. These task force meetings have contributed to the creation of a job description for a DMHA staff position focused on Black youth suicide, assisted in developing the scope of work to conduct a landscape analysis of the issue, and identified strategies and resources specific to Black youth suicide prevention. Through all these steps, Indiana DMHA has sustained strong community representation and actively engaged key partners in its efforts to address Black youth suicide.

To promote suicide prevention in your state, visit SPRC's Recommendations for State Suicide Prevention Infrastructure (sprc.org/state-infrastructure) and state pages (sprc.org/states).