



SUICIDE PREVENTION ACTION NETWORK USA  
Opening Minds. Changing Policy. Saving Lives.

**FOR IMMEDIATE RELEASE**

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**Suicide Prevention Research and Mental Health Parity Legislation  
Among SPAN USA's 2007 Policy Priorities**

*Suicide Prevention Action Network USA Continues Push to Reduce Stigma of Suicide*

**Washington, D.C. (February 1, 2007)** – The Suicide Prevention Action Network USA (SPAN USA), the nation's leading grassroots advocacy organization working to advance public policies that prevent suicide, today announced its 2007-2008 public policy priorities, which include insurance coverage parity for mental health care and addiction services, and increased funding for prevention programs and research.

"With more than 30,000 Americans dying at their own hand every year, suicide is a serious public health problem," explained Jerry Reed, SPAN USA's executive director. "But many suicides are preventable through research, treatment and education programs which is where SPAN USA has set its priorities for this year. We are excited about the possibilities for advancing suicide prevention in the new Congress."

SPAN USA's policy priorities for 2007-2008 are:

**The passage of national mental health parity legislation**, which would counter insurance discrimination against people suffering from mental illness. Mental health parity legislation would enable more people in need of mental health and addiction recovery services to obtain equitable insurance coverage for their conditions. Majorities of both houses of Congress, the President, and more than 250 organizations support parity legislation, but success has come slowly. While almost all (89%) Americans agree mental health is as important as physical health, only one-fourth (24%) believe physical and mental health are treated with equal importance in the U.S. health care system, according to a national poll by Research!America and SPAN USA. A national standard must be implemented to ensure equal coverage across the country.

**Renewal of the *Garrett Lee Smith Memorial Act***, the first federal legislation to provide specific funding for youth suicide prevention programs. The Substance Abuse and Mental Health Services Administration (SAMHSA) has issued grants under the Garrett Lee Smith Memorial Act since 2005. The law will expire in 2007 if Congress does not reauthorize it, leaving nearly 100 state, tribal and college grantees without funding to continue youth suicide prevention programs. Suicide is the third leading cause of death for Americans ages 15–24.

**\$10 million for the National Institute of Mental Health to research suicide prevention**, which includes three “centers for interventions to prevent suicide.” While a 2002 Institute of Medicine Report claimed the federal government spends \$40 million on suicide prevention, the bulk does not go toward suicide prevention research initiatives. SPAN USA encourages the federal government to make a specific commitment to research for suicide prevention and have those efforts be consistent with research paths for other illnesses or conditions. A vast majority of Americans (86%) think it is important for the U.S. to invest in suicide prevention and more than three-quarters (78%) believe that suicides could be prevented with research, interventions and services, according to the Research!America/SPAN USA poll.

**\$1.5 million for CDC to expand the National Violent Death Reporting System (NVDRS)**, which collects data from medical examiners, coroners, police, crime labs, and death certificates to understand the circumstances surrounding violent deaths, including suicide. Such information is crucial to developing and evaluating violence prevention programs. NVDRS now operates in only 17 states, but the CDC has the capability to expand the system to all 50 states, given the proper funding. To date, six states have already used NVDRS data to develop their state suicide prevention plan. One target population that the field of suicide prevention has gained tangible knowledge about as a result of NVDRS is veterans. From the NVDRS data we have learned that 1 in 5 suicides nationally is a veteran.

**Development of legislation on senior suicide early intervention and prevention** to address the preventable public health problem of elderly suicide. Research suggests that 75 percent of seniors who die by suicide have seen their primary care physician within the last month of their life, demonstrating the need for prevention education among physicians and caretakers.

“Every 16 minutes, another American dies by suicide and countless others make an attempt. We don’t have the luxury of wasting time,” Reed said. “Our legislators and policymakers must make suicide prevention a priority – today - lives depend on it.”

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*SPAN USA is the nation’s only suicide prevention organization dedicated to leveraging grassroots support among suicide survivors and others to advance public policies that prevent suicide. Since its founding in 1996, SPAN USA has led the drive to make suicide a public health priority by building political will and calling for the development and implementation of a national strategy for suicide prevention. Using its extensive grassroots network of survivors and advocates, SPAN USA has actively promoted the cause on Capitol Hill and in state legislatures. For more information, please visit [www.spanusa.org](http://www.spanusa.org).*