

## What is the Action Alliance and what prompted it to launch the National Response?

The National Action Alliance for Suicide Prevention ([Action Alliance](#)) is the nation's public-private partnership for suicide prevention. It comprises more than 250 national partners that lead a coordinated, comprehensive response to suicide in the United States by advancing the 2012 [National Strategy for Suicide Prevention](#). The core strength of the Action Alliance is its ability to connect partners to lead change in a collaborative way, driven by a common vision.

The Action Alliance's Mental Health & Suicide Prevention National Response to COVID-19 ([National Response](#)) mobilizes key national partners in federal agencies, corporations, nonprofits, and non-governmental and other organizations to accelerate actionable solutions in response to the mental health challenges and suicide risks posed by COVID-19 and to avert a longer-term mental health crisis.

## Why act now?

The public health pandemic has exposed economic uncertainty, social inequities, and fundamental gaps in the systems supporting people with mental health and suicide-related issues. Mental health and suicide prevention have never been more critical to the nation's overall health and well-being than now. We're in a watershed moment that provides a unique opportunity for the nation to emerge from this crisis with lasting systems and policy changes that ensure equitable access to the mental care, support, and services people need and deserve—when and where they need them.

## What makes this collaborative effort unique?

The Action Alliance's National Response is guided by a [Steering Committee](#) representing diverse sectors from academia, business, government, nonprofits, nongovernmental organizations, health care, public safety, and media and entertainment. Co-chairs are Joshua Gordon, MD, PhD, director of the National Institute of Mental Health (NIMH), and former U.S. Congressman Patrick J. Kennedy, founder of The Kennedy Forum—both of whom are Action Alliance [Executive Committee members](#).

The National Response is the first and only public-private partnership formed specifically to unify and galvanize national-level action around mental health and suicide prevention in response to COVID-19. The unique collaboration draws on multiple sectors to address this complex public health issue.

## What is the National Response hoping to achieve?

The National Response is a nonpartisan, independent convener of public and private partners who share a commitment to cultural, systems, and policy change around mental health and suicide prevention in our nation. Its singular mission, diverse partners, and collaborative non-bureaucratic leadership model enables the National Response to remain nimble and focused on actionable solutions by working with organizations and influencers to drive systems-level change. The National Response understands the urgency of addressing the needs of all Americans today while also identifying the opportunities to build long-term resiliency and to support people in the months and years to come.

### What are the National Response's priorities and future goals?

The National Response aims to create lasting cultural, systems, and policy change based on the foundational premise that physical and mental health are inextricably linked. To bring about meaningful change, the National Response has identified [six strategic priorities](#) to help transform mental health and suicide prevention in the wake of the pandemic:

- **Priority 1:** Change the national conversation about mental health and suicide.
- **Priority 2:** Increase access to evidence-based treatments for substance use and mental health disorders in specialty and primary care.
- **Priority 3:** Increase the use of non-punitive and supportive crisis intervention services.
- **Priority 4:** Establish near real-time data collection systems to promptly identify changes in rates of suicide, overdose, and other key events, and of clusters or spikes in these outcomes.
- **Priority 5:** Ensure the equitable delivery of comprehensive and effective suicide prevention and mental health services for Black Americans; Latinx Americans; American Indians/Alaskan Natives (AI/AN); lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) individuals; and others disproportionately impacted by the pandemic.
- **Priority 6:** Invest in prevention and early intervention approaches that treat the root causes of suicide and mental health problems.

### What is the timetable for the National Response to achieve impact?

The pandemic has revealed fundamental gaps in the systems supporting people with mental health and suicide-related issues. It will not be fixed overnight. Yet the urgency to accelerate actionable solutions has never been more urgent as there are steps we can take now as a nation to promote mental health and prevent suicide during the pandemic.

We have formed priority work groups to address each of the [six strategic priorities](#). The public-private partnership spent the first two months building the case for the priority, articulating what steps need to happen, what audiences need to be engaged, and strategies for implementation. Detailed work plans with measurable indicators of success will be shared and will begin to be implemented in the fall of 2020.

These plans will not sit on a shelf. They will actively guide decision-making by government and health systems, nonprofit organizations, payers, and employers.

### What are the mental health impacts from COVID-19?

People all across the country are reporting increased stress, anxiety, depression, trauma, and a range of other psychological symptoms due to the pandemic. They are experiencing situations that are linked to poor mental health outcomes, such as isolation, job loss, fear, grief, displacement, and homelessness. Many health care systems are overburdened and frontline workers are particularly vulnerable to emotional distress. In addition to lingering physical challenges, many people recovering from COVID-19 report cognitive and mental health issues.

According to a [July 2020 Kaiser Family Foundation health tracking poll](#), 53% of U.S. adults reported that “worry and stress related to coronavirus has had a negative impact their mental health, up from 39% in May.”

Additionally, [CDC’s Morbidity and Mortality Weekly Report, June 24-30](#) found that:

- 40.9% of survey respondents reported struggling with pandemic-related behavioral health issues.
- 30.9% of respondents reported anxiety or depression.
- 10.7% of respondents reported seriously considering suicide in the previous 30 days.
- Among specific groups of respondents, the percentages of those who seriously considered suicide were significantly higher:
  - 30.7%: Unpaid caregivers for adults
  - 25.5%: Respondents aged 18–24
  - 21.7%: Essential workers
  - 18.6%: Hispanics
  - 15.1%: Blacks

### Do you anticipate an increase in suicides as a result of the pandemic?

We do not yet know the true impact of the pandemic on suicide rates, and we recognize the ongoing need to improve the quality and effectiveness of suicide prevention and care for everyone. [Research](#) indicates that during times of economic decline, suicide rates have risen. Other research found no increases in suicides immediately following natural disasters in the United States, although, [some studies](#) found heightened suicide risk several months after disasters.

### Why is changing the national conversation an important priority of the National Response effort (Priority 1)?

For too long, mental health and suicide have existed in the shadows. The National Response knows, and research has documented, that the way we talk about mental health and suicide impacts behavior and prevention efforts. Talking openly and honestly about mental health is the first step to overcome the stigma that shames people into silence.

Changing how people view and talk about mental health and suicide will help change the course of care. Our messages must be solutions-centric rather problem-focused. They must emphasize hope, help, and resiliency. To assist, we encourage the use of the Action Alliance’s [messaging guidance and resources](#), which was developed for public messengers and other specific audiences. As the pandemic evolves so will our messaging guidance. Continue to check out the messaging page for up-to-date information.

### **Why is the National Response prioritizing telemental health services (Priority 2)?**

To increase access to evidence-based treatments for substance use and mental health disorders in specialty and primary care—especially during this pandemic and especially for rural and underserved communities—telemental health will be an essential element of a comprehensive national response. COVID-19 has indeed accelerated the timetable for telemedicine and telehealth for both health care providers and patients alike, dispelling the notion that a health visit is feasible only in person. The National Response will advocate for adequate reimbursements equivalent to in-person care and nationwide broadband coverage. Then to further expand access to care, we will work to bring down the barriers in states that prevent the use of qualified out-of-state providers.

### **What does the National Response envision in terms of non-punitive and supportive responses to people in crisis (Priority 3)?**

We must establish and invest in a comprehensive crisis response system with trained professionals (e.g., mobile crisis units, peer supports, respite centers) to appropriately respond to people in crisis in the most supportive way possible.

### **How does having near real-time data collection systems benefit those in need of mental health and suicide-related care (Priority 4)?**

Near real-time data collection systems will help promptly identify changes in rates of suicide, overdose, and other key events, and of clusters or spikes in these outcomes. Just as real-time data is made available regarding COVID-19 infections and deaths, we need the same type of data on a variety of indicators related to mental health and suicide. Such data will guide informed decision-making and policy to address the mental health and suicide-related impacts of the pandemic.

### **Black Americans and other communities (Latinx Americans; American Indians/Alaskan Natives (AI/AN); lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) individuals are experiencing a disproportionate impact from the virus. What is the National Response doing to address systemic inequities regarding access to and delivery of needed care (Priority 5)?**

Health care inequities, race, ethnicity, geography, sexual orientation, gender identity, and age are among the many reasons that some communities experience barriers to care. Decision-makers need to invest in communities disproportionately affected by COVID-19. To that end, the National Response has identified a key priority to create equitable delivery of comprehensive and effective suicide prevention and mental health services for Black Americans; Latinx Americans; American Indians/Alaskan Natives (AI/AN); lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) individuals; and others disproportionately impacted by the pandemic. As a nation, we must build and prepare systems, professions, health and service providers, and communities to ensure that we better serve all Americans.

### What can be done to address the root causes of suicide and mental health problems that are exacerbated by COVID-19 (Priority 6)?

We must invest in prevention and early intervention approaches. We must consider multiple factors that are compounding the impact of COVID-19, such as the upended economy, shaky or lost employment, hunger, homelessness, and isolation. Mental health care can only be effective by tending to the environmental and emotional supports to sustain and maintain health. Evidenced-based approaches also must be deployed to mitigate or respond to distress in those on the frontlines—essential workers and first responders.

### Who is funding this public-private partnership, and how will you make it sustainable?

The National Response is generously supported in part by the U.S. Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration. Steering Committee members and organizations contribute their expertise to inform multi-sector perspectives and solutions. Several members are contributing in-kind resources as well. All are proactive ambassadors of our shared messages and calls to action through their communications and constituency networks. As the strategic priorities take root, we envision additional partners from various disciplines and organizations joining our collaboration to make systems change.

As an Action Alliance initiative, the National Response requires ongoing support and collaboration from both the public and private sectors to sustain its efforts. [Learn](#) how you can support the National Response.

### Where can people go to get trusted, vetted COVID-19-related resources that support the National Response's six priorities on mental health and suicide prevention?

The Action Alliance's [resource library](#) is a robust starting point for information supporting the National Response's six strategic priorities.

In addition, the [Suicide Prevention Resource Center website](#) has updated resources on mental health and suicide prevention related to the COVID-19 pandemic.

### What role can all Americans play in supporting mental health and suicide prevention?

While the National Response works with organizations and influencers to drive systems-level change, all Americans can take action to promote mental wellness and suicide prevention and to encourage resilience during these pandemic times. Everyone copes with crisis in different ways, such as donating time or money, contributing to community causes to feed the hungry, donating plasma to help current COVID-19 patients, and/or minding their physical health. In addition, those who have lived experience – people who have direct experience with suicide and/or a mental health condition – can play an important role in providing support and promoting hope to others. These often untold stories of hope and resiliency have the potential to foster meaning and offer support and encouragement.

The Centers for Disease Control and Prevention offers a number of [healthy ways to cope with stress related to COVID-19](#), from knowing where and how to get treatment to taking care of your body and emotional health to connecting with others.

### Where can you or someone in an emotional crisis go to seek help?

If you or someone you know is experiencing an emotional crisis or thoughts of suicide, free 24/7, confidential services are available:

- **[National Suicide Prevention Lifeline:](#)**
  - For those experiencing a suicidal crisis: 1-800-273-TALK (8255)
  - Military and Veterans: 1-800-273-8255 and Press 1 or text 838255
  - Spanish Language: 1-800-273-8255 and Press 2
- **[Crisis Text Line:](#)** Text HOME To 741741
  - For frontline workers dealing with anxiety, stress, fear, isolation, or other difficult emotions: Text FRONTLINE to 741741
- **[The Trevor Project](#)** – For those who identify as part of the LGBTQ community:
  - TrevorLifeline: 1-866-488-7386
  - TrevorText: Text START to 678678
  - **[TrevorChat](#)**
- **[Disaster Distress Helpline:](#)**
  - 1-800-985-5990 or text TalkWithUs to 66746: For emotional support specifically related to COVID-19
- For stories of persons with lived experience of suicidality and finding hope, refer to

If you have a question not addressed here, please contact us at [info@theactionalliance.org](mailto:info@theactionalliance.org).