

May 29, 2025

Senator Jack Reed
728 Hart Senate Office Building
120 Constitution Avenue, NE
Washington, DC 20510

Senator Jerry Moran
521 Dirksen Senate Office Building
100 Constitution Avenue, NE
Washington, DC 20510

Dear Senator Reed and Senator Moran:

We write on behalf of the Mental Health Liaison Group (MHLG), a coalition of national organizations representing individuals and families experiencing mental health and substance use challenges, mental health and substance use treatment providers, advocates, and other stakeholders committed to strengthening access to high-quality mental and substance use disorder (SUD) care, to share our strong support for the bipartisan Suicide Prevention Act (S.1062).

This vital legislation would establish a pilot program to expand surveillance of self-harm and suicide attempts in partnership with State, local, Tribal, and territorial public health departments. The bill would also create a grant program to award funds to hospital emergency departments to implement a protocol for preventing suicide among hospital patients after discharge.

State and local public health agencies are currently limited in their abilities to track data on suicidal ideation and self-harm. Data is a key tool in helping to prevent suicide but oftentimes, data on suicide is reported years after the incident took place. This hinders the ability to track and respond to suicide clusters and develop prevention programming for at-risk populations. The pilot program created under this legislation would award grants to state and local public health agencies to gather data on suicidal ideation and self-harm with or without evidence of suicidal intent. This data will then be reported to the Centers for Disease Control and Prevention (CDC) in real time and to data systems that track public health emergencies and suicidal behavior among special populations such as military veterans. This allows the CDC to recognize trends and identify means of intervention. Additionally, it can assist local and state agencies in initiating public health responses. Certain entities will be given priority for these grants including those located in states with a rate of suicidal ideation or behavior that is higher than the national average, communities with a shortage of treatment and prevention services, and communities with low income and high unemployment rates.

This legislation will also create a grant program under the Substance Abuse and Mental Health Services Administration (SAMHSA) to equip hospital emergency departments to prevent suicide among individuals who have visited the department recently. Emergency health care providers are often the first line of defense when it comes to suicide. About 37% of people without prior mental health or substance use disorders who died by suicide had visited an emergency department in the year before their death¹. Funds that are awarded to hospital emergency departments under this

program can be used to screen patients for suicidal ideation, provide patients with short-term suicide prevention services, and refer patients, if necessary, to a long-term care facility. Funds can also be used to train staff to identify signs of suicidal behavior and carry out screening of patients. Additionally, departments can hire new clinical social workers, mental and behavioral health care professionals, and support staff. Lastly, this bill would require SAMHSA to develop best practices for this program to better assist emergency departments with implementation. This program can empower healthcare professionals to catch suicidal ideation early on and prevent future suicide attempts among vulnerable individuals.

We thank you for your leadership, and we look forward to working with you and your staff to pass this important legislation.

Sincerely,

American Association for Marriage and Family Therapy
American Association for Psychoanalysis in Clinical Social Work
American Association of Psychiatric Pharmacists (AAPP)
American Foundation for Suicide Prevention
American Mental Health Counselors Association
American Psychiatric Association
American Psychiatric Nurses Association
American Psychological Association Services
Anxiety and Depression Association of America
Association for Behavioral Health and Wellness
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Clinical Social Work Association
Crisis Text Line
Employees Assistance Professionals Association (EAPA)
Fountain House
Global Alliance for Behavioral Health and Social Justice
Huntington's Disease Society of America
Inseparable
International Society of Psychiatric-Mental Health Nurses
Mental Health America
National Alliance on Mental Illness
National Association for Rural Mental Health (NARMH)
National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD)
National Association of Pediatric Nurse Practitioners
National Board for Certified Counselors
National Council for Mental Wellbeing
National Federation of Families
National League for Nursing
Policy Center for Maternal Mental Health

Psychotherapy Action Network

Sandy Hook Promise

The Jed Foundation

The Kennedy Forum

The Trevor Project

Trust for America's Health

Youth Villages

ⁱ Olfson M, Gao YN, Xie M, Wiesel Cullen S, Marcus SC. Suicide Risk Among Adults With Mental Health Emergency Department Visits With and Without Suicidal Symptoms. J Clin Psychiatry. 2021 Oct 26;82(6):20m13833. doi: 10.4088/JCP.20m13833. PMID: 34705348; PMCID: PMC8672323