



# Long-term youth suicide prevention programs can have sustained effects

By Jessica K. Edwards

The Garrett Lee Smith (GLS) Memorial Suicide Prevention Act was passed in 2004 to address the public health issue of suicide in the USA. Since then, numerous programs have been funded via the GLS program to provide comprehensive, community-based suicide prevention programs to adolescents and emerging adults aged 10-24 years. While GLS programs seem to reduce population suicide attempt (SA) rates in the short term,<sup>1</sup> the long-term effects are unclear. To address this question, Lucas Godoy Garraza and colleagues examined data from the national outcomes evaluation of the GLS youth suicide prevention program from sites funded between 2006 and 2015 to look for evidence for long-lasting effects of GLS programs.

The researchers found that exposure to GLS activities spanning just 1 year conferred a significant decrease in youth suicide mortality rates up to 2 years after the GLS activities ended. When comparing communities exposed during a single year with those exposed over four consecutive years, the total difference in youth suicide rate compared to the expected difference in the absence of the program was 3.32 fewer deaths per 100,000 youth in 4 years (95% CI, 1.62–5.03) and 13.3 fewer deaths per 100,000 youth in 7 years (95% CI, 6.49–20.11). The researchers thus conclude that GLS youth suicide prevention programs can have sustained, life-saving impact in communities when comprehensively and persistently implemented.

Garraza, L. G. et al. (2019), *Long-term impact of the Garrett Lee Smith Youth Suicide Prevention Program on youth suicide mortality, 2006-2015*. *J. Child Psychol. Psychiatr.* doi:10.1111/jcpp.13058

## References

<sup>1</sup>Walrath, C., Godoy Garraza, L., Reid, H., Goldston, D.B. and McKeon, R. (2015). The impact of the Garrett Lee Smith (GLS) Suicide Prevention Program on suicide mortality. *Am. J. Public Health*, 105, 986–993. doi: 10.2105/AJPH.2014.302496.

## Glossary

**Garrett Lee Smith (GLS) programs:** according to the Substance Abuse and Mental Health Services Administration (SAMHSA), funding for GLS (state and tribal) programs is available to those who aim to implement “youth suicide prevention and early intervention strategies in schools, educational institutions, juvenile justice systems, substance use programs, mental health programs, foster care systems, and other child and youth-serving organizations”. The aim is to “increase the number of youth-serving organizations who are able to identify and work with youth at risk of suicide; increase the capacity of clinical service providers to assess, manage, and treat youth at risk of suicide; and improve the continuity of care and follow-up of youth identified to be at risk for suicide, including those who have been discharged from emergency department and inpatient psychiatric units”. GLS grantees work with program partners for technical support and assistance on local and national evaluation-related issues, including the Center for Mental Health Services (CMHS), SAMHSA and the U.S. Department of Health and Human Services (HHS).