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U.S. Political Parties and Support for Suicide Prevention

DeQuincy A. Lezine, PhD

As a public health problem, suicidal behavior demands a community-level response, including government action. We aimed to test whether support for suicide prevention in the United States has been independent from political party affiliation (Democrat and Republican). Actions from both political parties have supported suicide prevention efforts. The only differences in support based on party affiliation showed greater support from the Democrat Party in one instance, and the Republican Party in the other. The results were consistent with the hypothesis that degree of support for suicide prevention cannot be predicted solely by political party.

Suicide is a public health problem (U.S. Department of Health and Human Services [HHS], Office of the Surgeon General & National Action Alliance for Suicide Prevention [Action Alliance], 2012). Over 40,000 people a year die by suicide in the United States (Centers for Disease Control and Prevention & National Center for Injury Prevention and Control), and more than a million people attempt suicide each year (Substance Abuse and Mental Health Services Administration, 2012). As a problem that affects populations and communities, it demands solutions in the public sphere (i.e., government action).

Many of the achievements in suicide prevention have occurred in the government or political sphere (Suicide Prevention Resource Center [SPRC] & Suicide Prevention Action Network [SPAN] USA, 2010). Such progress is remarkable given the silence that enshrouds suicide and the difficulties inherent in the complex political process (Oliver, 2006). Yet, more action is needed.

As some have argued (Lezine & Reed, 2007), the presence of a scientific knowledge base and a national strategy will not generate action unless they are accompanied by political will. To coalesce public support, the National Strategy for Suicide Prevention (NSSP) recommends developing "broad-based public/private partnerships" or coalitions (HHS, Office of the Surgeon General & Action Alliance, 2012). Whether expressed or privately held, personal thoughts and perceptions are powerful determinants of behavior (Joiner, 2005), and political beliefs may at times inhibit efforts to build such coalitions. Yet the belief that support for prevention can be predicted solely by political party can be tested. Through systematic inquiry, the field of suicide prevention can identify and address barriers to coalition building; opening the door for increased political will.

In this study, historical actions from the two major political parties in the United States (Democrat and Republican) were used to test the idea that general support

DeQuincy A. Lezine, Prevention Communities, Fresno, CA, USA.

Address correspondence to DeQuincy A. Lezine, Prevention Communities, 9263 N. Saybrook Dr., #137, Fresno, CA 93720; E-mail: drlezine@gmail.com.

for suicide prevention has been independent of political party affiliation and that the probability of support from officials in the Democrat Party has been the same as the probability of support from officials in the Republican Party.

STUDY 1: NATIONAL SUICIDE PREVENTION POLICY

Method

Two primary sources were used to identify major accomplishments that would demonstrate national-level support for suicide prevention: *Charting the Future of Suicide Prevention: A 2010 Progress Review of the National Strategy and Recommendations for the Decade Ahead* (SPRC & SPAN USA, 2010) and the *National Strategy for Suicide Prevention* (HHS, Office of the Surgeon General & Action Alliance, 2012; HHS, Public Health Service, 2001). Study 1 examined the political party of the U.S. president when federal (executive branch) action was taken, and vote roll calls for selected legislation in the U.S. Congress. In each instance, it is reasoned that if political party affiliation is a primary factor in providing support, then actions by the executive branch or congressional votes that facilitate or block suicide prevention efforts would be associated with political party.

Results

Several actions by the federal executive branch relevant to suicide prevention were identified, with support appearing during the administrations of both Democrat and Republican presidents. Under President William J. Clinton (Democrat, 1993–2000), suicide prevention was supported by his Assistant Secretary for Health and later U.S. Surgeon General Dr. David Satcher. The support included the Surgeon General's *Call to Action to Prevent Suicide* that followed a national conference in Reno, NV (HHS, Public Health Service, 1999), the Surgeon General's *Mental Health Report* (HHS, 1999), and the first *National Strategy for Suicide Prevention* (HHS, Public Health Service, 2001).

Support for suicide prevention continued under President George W. Bush (Republican, 2001–2008) and included the *President's New Freedom Commission Report on Mental Health* (HHS, 2003), the Garrett Lee Smith Memorial Act (2004), and the Joshua Omvig Veteran's Suicide Prevention Act (SPRC & SPAN USA, 2010). In support of prevention activities from the prior administration, Objective 1.1 of the New Freedom Commission Report recommended implementing the *National Strategy for Suicide Prevention* (HHS, 2003).

Under President Barack H. Obama (Democrat, 2008–2016), the National Action Alliance for Suicide Prevention (Action Alliance) was launched (National Action Alliance for Suicide Prevention, 2015), the second *National Strategy for Suicide Prevention* was released (HHS, Office of the Surgeon General & Action Alliance, 2012), and a White House event spotlighted suicide prevention for the first time (SPRC, 2016). Notably, the nascent Action Alliance was supported by agencies under President Obama while being co-chaired by former Senator Gordon H. Smith (Republican) and former Army Secretary John M. McHugh (Republican). Of the six major legislative actions regarding suicide prevention between 1991 and 2016, only one (the vote on the Garrett Lee Smith Memorial Act in the U.S. House of Representatives) failed to receive unanimous support (see Table 1).

STUDY 2: STATE SUICIDE PREVENTION POLICY

Methods

The outcome indicating state-level policy support for suicide prevention was the publication of a state suicide prevention plan. As with the national-level support, if support could be predicted by party

TABLE 1
Support for Suicide Prevention in the U.S. Congress (Votes in Favor: Votes Opposed)

	U.S. Senate		U.S. House of Representatives	
Legislation	Democrat	Republican	Democrat	Republican
U.S. Senate Resolution 84	45:0	55:0		
U.S. House Resolution 212			198:0	234:0
Garrett Lee Smith Memorial Act	48:0	51:0	198:0	153:64
Joshua Omvig Veterans Bill	49:0	50:0	229:0	194:0

TABLE 2
State Suicide Prevention Plans, by Political Party Affiliation of Governor and Majority in the Legislature

Political party	State plans developed	Governor-years	Legislature-years*
Democrat	15	164	391
Republican	31	242	424

*$p = .03$.

affiliation, then planning would be associated with one of the political parties (either based on governor or majority control of state legislative bodies).

According to information from the SPRC, the first contemporary state suicide prevention plan(s) were developed in 1994 (SPRC & SPAN USA, 2010). Therefore, that was selected as the earliest possible date for a state plan, the "zero" date. For each state, as a measure of the number of opportunities each political party had to sponsor a plan from 1994 until one was developed, the study recorded (1) the party of governors in office; and (2) political party control of state legislatures. Years with a split legislature were assigned to both parties because either one could have initiated a bill. The number of annual opportunities for each political party, summed across the United States, created what are described as governor-years and legislature-years. Thus, for each party, the number of plans they can be credited for was compared to the number of opportunities they had to make a plan in that state (starting from 1994 until the plan was made).

Results

In raw numbers (see Table 2), more state plans were developed under Republican administrations ($n = 31$) than were developed under Democratic administrations ($n = 15$). However, when compared to the number of opportunities that governors from each party had for developing plans (i.e., governor-years), there were no statistically significant differences between political parties (Fisher's exact test, $p = .27$).

When compared to the number of opportunities each party had for developing plans by control of a legislative body (i.e., legislative-years; see Table 2), suicide prevention plans were significantly more likely to be published during Republican legislatures (Fisher's exact test, $p = .03$).

DISCUSSION

Only two of the quantitative tests for differences in support for suicide prevention predicted by political party were significant. In one instance, in the US House of

Representatives, only Republicans voted against the Garrett Lee Smith Memorial Act. In the other, Democratic state legislatures were less likely to create a suicide prevention plan. Considered together, the pattern of results indicates that support cannot be predicted by political party affiliation alone; that is, individuals in both political parties might offer support for suicide prevention. However, these analyses are simple representations of complex political realities.

For example, as indicated in the congressional record (Garrett Lee Smith Memorial Act, 2004) while only Republican members of the US House of Representatives voted against passage of the Garrett Lee Smith Memorial Act, it received overwhelming support from the president's administration (Republican) and champions from both political parties in congress. One of the arguments made during the proceedings decried the expedited nature of the bill's passage. In retrospect, it is possible that a more extended process may have allowed suicide prevention experts to give testimony that countered some stated objections. In particular, research cited as showing potential iatrogenic effects of youth suicide prevention programs (Shaffer et al., 1990) could have been countered with results from a randomized trial concluded that same year (Gould et al., 2005).

At the state level, while there were statistically significant differences in the development of suicide prevention plans based on majority political party, many state strategies were an outgrowth of community-based grassroots advocacy. It was also common for a governor affiliated with one political party to work with legislatures controlled by a different political party to initiate or finalize state plans. Such complex relationships are difficult to model in quantitative analysis and may lend themselves more to qualitative study.

In summary, for suicide prevention, bipartisan support may be the norm, with few differences associated purely with political party. This research suggests that successful suicide prevention partnerships can be formed with champions and allies found "on both sides of the aisle." Future studies could use quantitative and qualitative approaches to examine other variables associated with political will such as the extent of advocacy efforts, impact of political leaders' personal experience related to suicide, political climate, or fiscal environment.

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