

State Suicide Prevention Plan
2009 Revision

November 6, 2009

INTRODUCTION

Suicide – a Major Issue in New Hampshire

Suicide is a significant public health problem in NH:

- In 2006 suicides outnumbered homicides by more than 7 to 1.
- Suicide is the second leading cause of death for those from age 15 to 34; only motor vehicle crashes kill more young adults.
- Firearms are the leading method used representing 49% of all suicide deaths.
- Male suicide deaths outnumber female deaths by about 4 to 1, while females attempt suicide at almost twice the rate of males.
- Suicidal behaviors, which include attempts as well as completed deaths, are a significant cause of inpatient hospitalization, emergency and outpatient treatment.
- In an average year, between 2001 and 2005, 158 people died; nearly 700 were hospitalized and close to 1200 were treated in emergency departments for self-inflicted injuries.
- These attempts and suicides represented an estimated \$6.2 million in acute health care costs alone in 2001.
- For each suicide death, family and close friends are at higher risk for suicide themselves.
- Many others are affected in a variety of ways, including those providing emergency care to the victims and those who may feel they failed to prevent the death.

The data above is based on the Youth Suicide Prevention Assembly (YSPA) 2007 Annual Report: Suicide Across the Lifespan.

Underlying Principles for the State Suicide Prevention Plan

- **Suicide is generally preventable.** The vast majority of people who die by suicide have mental illness and/or substance use disorders which research demonstrates can be successfully treated. Early identification and access to care are essential.
- **Prevention must be a collaborative effort.** The entire community must share the responsibility of identifying and getting those at risk into needed services. Broad awareness of **warning signs of suicide** will increase appropriate referrals and interventions.
- **Risk factors** can be used to design services for our communities as well as for individuals at risk. Likewise, communities that build and support **protective factors** will benefit not just in preventing suicide, but in improving public health and public safety.

- **Promoting healing and reducing risk following a suicide** (postvention) for both individuals and communities is an important component of suicide prevention efforts.
- **Significant investments** of time and other resources are required to prevent suicide. Focusing on recognized **Best Practices** will ensure that these efforts lead to positive outcomes across the lifespan, across the state and across cultures.
- **Suicide Prevention must become a part of all of our ongoing work** and become embedded throughout our communities including our schools, corrections at all levels, in the military and in our workplaces.

Impacts of the initial State Suicide Prevention Plan

- Received SAMHSA funding for Suicide Prevention in the first round of Garrett Lee Smith grants (2005)
- Formed the State Suicide Prevention Council (SPC) - a public/private partnership (2006)
- Formalized relationships and commitment to the initial State Suicide Prevention Plan through a Memorandum of Understanding Process (2007)
- Revised the State Suicide Prevention Plan to reflect the SPC subcommittee structure (2007)
- Disseminated Suicide Survivor Resource Packets from the Medical Examiners Office following each suicide death in NH (2007)
- Legislatively established and restructured the SPC (2008)
- Engaged the National Guard, both VA Medical Centers and other military partners in the work of the SPC (2008)
- Trained 5,000 people in preventing suicide.
- Distributed written and video materials to more than 25,000 individuals highlighting the National Suicide Prevention Lifeline number:
1-800-273-TALK (8255)

State Suicide Prevention Plan Process

This Plan has been developed to focus and coordinate suicide prevention efforts in New Hampshire. The SPC and partners will guide and implement these activities by engaging public and private stakeholders. The Plan is based on an understanding of evolving Best Practices, as well as the strengths and constraints of the current political and economic climate.

The Plan will be revisited in 2012 and then biannually thereafter to ensure that it continues to move state suicide prevention efforts forward and to address the evolving needs of NH's residents and communities. The SPC will provide an annual report to the Governor pursuant to statute.

COMMUNICATIONS & PUBLIC EDUCATION SUBCOMMITTEE

Goal 1: Promote Awareness That Suicide in NH is a Public Health Problem that is generally Preventable

Objective 1.1: Increase the number of communities, organizations and consumer and client groups that recognize suicide as a generally preventable public health problem and are actively involved in prevention activities.

1. Hold an annual conference, facilitated by YSPA in partnership with SPC, in order to build awareness of suicide prevention, increase knowledge of best practices, and increase collaboration.

Objective 1.2: Increase the proportion of NH residents who can recognize suicide warning signs in themselves and others and know how to find help.

1. Create messages that encourage individuals to take steps towards preventing suicide.
2. Maintain a central repository website updated regularly for press releases, presentations, and fact sheets that include data, risk and protective factors, warning signs, and helping resources.
3. Periodically repeat surveys to measure attitudes towards suicide prevention and media reporting.
4. Design and sponsor wide dissemination of media messages, including new media, on suicide prevention.
5. Provide training and support to communities to effectively implement the Connect! protocols and obtain funds to sustain the project to continue its dissemination.
6. Continue to educate the public on the efficacy of reducing access to lethal means for those at risk of suicide, particularly regarding firearms and medications.

Objective 1.3: Increase the number of people who work on preventing suicide

1. Hold a biannual stakeholders' meeting to review progress and update the State Suicide Prevention Plan.
2. Increase venues where the work of the SPC can be highlighted, i.e.; newsletters, etc.

Goal 2: Reduce the Stigma Associated With Obtaining Mental Health and Suicide Prevention Services

Objective 2.1: Increase the proportion of the public that views mental disorders as real illnesses, equal and inseparable components of overall health, and that respond to specific treatments and consumers of these services as persons taking responsibility for their overall health.

1. Disseminate information to legislators, policy makers, providers and the public demonstrating that there are effective treatments for mental disorders.
2. Educate the public and key gatekeepers that their acceptance of persons with mental illness and their addressing suicide openly can reduce suicide risk and prevent suicidal behaviors.
3. Provide opportunities for the public to hear from those in recovery from mental illness.

Goal 3: Improve Media Reporting and Portrayal of Suicidal Behavior and Mental Illness

Objective 3.1: Increase the proportion of media professionals who have received training in appropriate reporting of suicidal events and identify allies who will educate the media and journalism teachers on Reporting on Suicide: Recommendations for the Media

1. Continue to expand efforts to participate in the education of journalism students in New Hampshire on the importance of sensitive reporting of suicide and suicide behavior.

Objective 3.2: Increase the number of sources (public health officials, school personnel, medical examiners, etc.) who have received training in appropriate responses to inquiries from medical professionals concerning suicide and suicidal events.

1. Incorporate orientation to the *Recommendations for the Media* into suicide prevention training.

Objective 3.3: Increase the proportion of news reports and portrayals in NH that observe appropriate reporting of suicidal events, present prevention messages and offer non-stigmatizing views of mental illness.

1. Continue to respond to positive and negative media stories.

Goal 4: Support survivors through the implementation of support and education programs for family, friends, and associates of people who completed or attempted suicide.

Objective 4.1: Support survivor services.

1. Continue distribution of Medical Examiner's Suicide Survivors Bereavement packet and maintain the list of resources for support.
2. Promote American Foundation for Suicide Prevention (AFSP) annual teleconference for Survivors of Suicide.
3. Support the continued development of a NH Survivor of Suicide Network.
4. Promote crisis intervention that decreases the likelihood of further suicidal behavior in survivors of suicide or suicide attempts.

DATA COLLECTION AND ANALYSIS SUBCOMMITTEE

Goal 1: Improve and Expand Suicide Surveillance Systems

Objective 1.1: Produce and disseminate periodic reports on suicide and suicide attempts to policy makers and stakeholders.

1. Produce annual report on suicide to include suicide deaths, attempt hospitalizations and Emergency Department (ED) visits and ideation utilizing: NH Department of Health and Human Services (DHHS) databases (vital records, hospital and ED), Youth Risk Behavior Survey (YRBS) data, Behavior Risk Factor Surveillance System (BRFSS), Commercial Health Information System data (CHIS), State Prisons, NH Army National Guard (NHARNG), Northern New England Poison Center data (NNEPC) and other relevant and available information.
2. Create, expand, and improve methods and templates for reporting on suicide to include all ages and increase data sources.
 - a. Establish indicators to track data trends.
3. Create and disseminate a summary of guidelines for appropriate release of data (including suppression of smaller numbers) within one year.
4. Create and disseminate a summary of pertinent epidemiology terms within one year.

Objective 1.2: Increase the proportion of organizations and institutions that routinely collect and analyze reports on suicide attempts and deaths.

1. Refine standardized reporting for death investigations within two years.
 - a. Evaluate the method of data collection at the Medical Examiner's Office and develop recommendations based on the evaluations which may include refining processes and training.
 - i. Conduct on-site visit with Medical Examiner's Office to assess needs.
 - ii. Develop a summary of on-site visit findings.
 - b. Develop systematic standardized data extraction tools and methods.
 - c. Develop report writing guidelines
2. Increase the proportion of hospitals (emergency departments and inpatient) reporting near real-time, uniform and reliable data on suicidal behavior within five years.
 - a. Work with clinical practice to provide training and evaluation to improve the consistency and accuracy of coding and the use of secondary coding fields.

- i. Collate previously developed training materials from 2001 training by National Center for Health Statistics Injury Program Manager around injury coding standards.
- 3. Explore the feasibility of a Suicide Fatality Review Team comparable to the Child Fatality Review Team to seek systemic means of preventing and addressing suicides among all age groups within three years.
 - a. Assess the feasibility of expanding current YSPA monthly data review to include this activity.
 - i. Contact Child Fatality Review Team to assess the feasibility of sharing key findings related to suicide case reviews with YSPA.
 - ii. Contact YSPA to assess feasibility of sharing key findings (possible trends) related to suicide monthly data briefings with Child Fatality Review Team.
 - b. Conduct sentinel event reviews (also known as root cause analysis) at various institutions (such as State Prison)
 - i. Contact Sentinel event review to assess the feasibility of sharing key findings related to suicide case reviews to YSPA.
 - c. Review best practices related to suicide attempt reviews which may lead to recommended policy actions regarding data collection and reporting.
 - i. Collect best practice policies related to suicide attempt case reviews.
 - ii. Summarize and disseminate findings.
- 4. Continue assessing needs around the collection and analysis of data.
- 5. Review professional literature for best practices around suicide data collection and analysis within one year.
- 6. Improve data collection on suicidal behavior.
- 7. Increase and maintain representation by organizations and institutions that would benefit from collecting, analyzing, reporting and utilizing data related to suicide attempts and deaths.

Objective 1.3: Increase the proportion of organizations and institutions that utilize data to develop and/or evaluate interventions.

- 1. Collaborate to assess current methods to evaluate suicide interventions within one year.
 - a. Inventory current suicide interventions and evaluations in NH.
- 2. Review professional literature for data use in evidence-based interventions within two years.
- 3. Provide technical assistance in using evidence to implement best practice within five years.

Objective 1.4: Conduct epidemiological analysis on suicide-related data within three years.

1. Integrate questions about help-seeking behavior on YRBS and other surveys within two years.
 - a. Inventory current questions used in NH and elsewhere.
 - b. Contact and recommend integration of select questions.
2. Increase analysis capacity for all suicide-related data.
 - a. Identify key data sources, tools and personnel.
 - i. Explore nontraditional data sources.
 - ii. Explore emerging technologies and analysis (e.g., small area analysis, GIS)
 - b. Collaborate with key personnel on coordinated analysis.
 - c. Explore adding questions to the BRFSS with funding from sources such as Endowment for Health.

MILITARY AND VETERANS SUBCOMMITTEE

Goal 1: Educate the Public to Improve Recognition of At Risk Behaviors and the Use of Effective Interventions.

Objective 1: Promote effective educational programs to the general public to increase awareness, comfort, and knowledge of resources when dealing with a potentially suicidal veteran, service member and/or their family.

Goal 2: Promote training to personnel that are directly involved with veterans, service members and/or their families who exhibit high risk, concerning behaviors.

Objective 1: Promote effective educational programs for community providers who serve veterans, service members, and/or their families to promote collaboration with the VA, and the involved military unit (NHNG, Reserves).

Goal 3: Coordinate regular informational material to the community and treatment sites on resources, when dealing with a potentially suicidal veteran, service member and/or their family.

Objective 1: Regular delivery of informational outreach materials to local hospitals, Veteran Service Organizations (VSO), military units, family programs, and community resource locations.

Goal 4: Ensure that the Military and Veterans Subcommittee collaborates with all other SPC Subcommittees.

PROFESSIONAL PRACTICES SUBCOMMITTEE

Goal 1: Promote Effective Clinical and Professional Practices.

Objective 1.1: Increase the number of mental health, substance abuse treatment practices, hospitals, emergency departments, and primary care practices that implement effective policies and procedures for screening for suicide risk.

- a. Promote routine screening for suicide risk and the documentation of results.
- b. Promote the use of concrete, specific and individualized mental health follow-up plans for patients treated for suicidal ideation or behavior.
- c. Encourage post-assessment contact to reinforce plans where appropriate.
- d. Promote use of effective protocols for ensuring collaboration between professionals.
- e. Promote education on laws, ethical obligations, and best practices regarding the sharing of information related to the treatment of individuals at risk for suicide.
- f. Promote and cultivate relationships with other agencies and individuals so that collaboration and response can occur seamlessly and in a timely manner.

Goal 2: Educate Professionals and Organizations to Improve Recognition of At Risk Behaviors and the Use of Effective Interventions.

Objective 2.1: Promote effective education programs to increase skills of providers of health care, mental health, and substance abuse treatment in screening for and managing suicidal risk, promoting protective factors, and developing intervention plans for at risk populations and individuals.

- a. Work with organizations, school districts, and employers to offer in-service training and continuing education that includes suicide risk assessment and interventions

Objective 2.2: Promote community and professional training, especially for those who work with high-risk populations, for recognizing and responding to suicidal behavior.

- a. Promote training and support to communities to effectively implement the Connect Protocols (formerly known as Frameworks) and other practices listed on the best practices registry.
- b. Promote training to emergency workers who are impacted by suicide events.

- c. Encourage the development and inclusion of protocols that address suicidal events as part of each organization's existing emergency response plan.

Goal 3: Promote efforts to reduce access to lethal means and methods of self-harm.

Objective 3.1 Promote training for medical, mental health and public safety professionals on assessing and addressing the presence of firearms, medications, drugs, alcohol, and poisons in the homes of those at risk of suicide.

- a. Improve awareness of available programs.

PUBLIC POLICY SUBCOMMITTEE

Goal 1 Develop and implement Public Policy Initiatives to ensure the sustainability of suicide prevention efforts.

Objective 1.1 Educate the Legislature regarding the need for substantial suicide prevention efforts in conjunction with public health, substance abuse and mental health services

1. Identify opportunities to provide information and discussion on these topics during events such as a Legislative Breakfast
2. Ensure that Suicide Prevention and related issues are regularly addressed at all pertinent legislative commissions and study committees. Such commissions and committees will include but are not limited to mental health and state and county correctional venues
3. Collaborate with the Mental Health Council and others on matters of mutual interest

Objective 1.2 Increase the proportion of NH workers who have had training in Suicide Prevention

1. Whenever possible, requirements for training, including the scope and length of curriculum, will be based on available professional or other recognized standards in the relevant field. A two-hour training is considered a minimum.
2. Establish requirements providing for no less than two hours of annual suicide prevention training for personnel in state and local government agencies and other settings who regularly work with the following groups: students and other young people, elderly persons, and those involved in the court systems.
3. Establish further requirements for suicide prevention training for the staff and others who regularly work in the following settings: adult detention and corrections facilities at the local, county and state level; juvenile detention and corrections, including short-term, police and court-based detention facilities; residential health care, nursing, and custodial facilities and any other residential setting where persons are placed by parents, guardians, or by court order.
4. For those working regularly with those at higher risk, training will be based on professional standards and best practices. Efforts will be made to add suicide prevention training to relevant licensure requirements wherever applicable.
5. Add Traumatic Events to the types of emergencies that schools, institutions and communities should be prepared to respond to.

Objective 1.3 Establish statewide policies that provide for screening designed to minimize the risk of suicide upon admission to correctional and other residential facilities (e.g. nursing homes, rehab facilities, group homes) All clients will be screened upon admission and at times of transfer; those with positive screens shall receive a mental health evaluation.

Objective 1.4 Increase funding and other resources to best support evidence based practices for the prevention of suicide (i.e. Positive Behavioral Interventions and Supports in Schools).

Objective 1.5 Participate in/convene a state level task force to focus on the impact of information sharing on the quality of care and privacy issues.

1. Relative to information sharing, the focus will include existing Federal and State confidentiality laws and its impact on sharing information regarding individuals at risk for suicidality.
2. Relative to quality of the care, focus will include developing or examining the criteria used to assess the effectiveness of policies and practices, data collection and dissemination, and State statutes that pertain to quality improvement.
3. The task force may focus on services that include targeting adolescents, the elderly and individuals sentenced to state, juvenile and correctional venues.

Objective 1.6 Establish a Suicide Fatality Review Process to examine suicide deaths across the lifespan including those occurring in law enforcement or corrections custody, or inpatient and residential facilities.

Objective 1.7: Improve the reporting and dissemination of information regarding suicide and suicide attempts in collaboration with the Data Subcommittee.

1. Improve the accessibility of Medical Examiner data through computerization.
2. Improve the coding of hospital and ambulatory data related to self-inflicted injuries
3. Include NH in the National Violent Data Reporting System.

Objective 1.8: Increase access to health and mental health services for uninsured and under-insured NH residents.