

Suicide and Suicide Prevention In New Hampshire

**Report and Recommendations to the
NH Mental Health Commission**

National Alliance on Mental Illness NH
Frameworks Suicide Prevention Project

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Suicide and Depression: A Public Health Issue.

Suicide is the second leading cause of death (motor vehicle crashes are number one) for youth aged 10 to 34 years in New Hampshire¹. Across all ages in NH it is the ninth leading cause of death. However, deaths by suicide are just the tip of this public health issue. In New Hampshire during 2004, there were 1,658 emergency department visits for self-inflicted injuries for all age groups combined. Emergency Department visits for suicide attempts often result in inpatient admissions; the latest data (2002) show 732 inpatient hospital admissions as a result of a suicide attempt². Adolescents aged 15-24 experienced the highest rate of in-patient hospitalizations for self-inflicted injury during this period³. Data from New Hampshire high school students in the 2005 Youth Risk Behavior Survey indicated that 7% had made a suicide attempt during the past year and 12% had made a plan for how they would kill themselves⁴.

Suicidal events among youth are often linked to depression, substance abuse, and feelings of hopelessness⁵. Depression is the most common psychological disturbance among adolescents⁶. In NH, nearly 25% of high school students reported feeling so sad or hopeless every day for almost two weeks in a row that they stopped doing some of their usual activities⁴. These same factors contribute to suicide across the lifespan. The Center For Disease Control estimates that 90% of all individuals who die by suicide have a mental illness or substance abuse disorder⁷. Many of these go undiagnosed and untreated. Clearly, it is important that we are able to identify who is at risk for suicide, to connect them to services they need to address depression and related problems, reduce access to lethal means, and to ensure that barriers to accessing those services are minimized.

According to the Suicide Prevention Resource Center (SPRC) between the years of 1999-2003 there was an average of 143 suicide deaths per year in NH making suicide the 9th leading cause of death in the state (across all age groups) and giving NH a rate of 12.3% per 100,000 which is significantly higher than the national average. Consistent with other states, 80% of these deaths were males. Firearms are the primary method used resulting in almost half (49%) of the suicides in NH. Suicide is not just a problem for youth in NH. At 41.5 per 100,000, the rate of suicide among males over age 75 is the highest among all age groups – though the frequency is less⁸.

Suicidal behavior also has a serious economic impact and puts a strain on emergency departments and other health care resources that are already stretched to the limit. The average medical costs per death were \$2,869 while estimate lost wages were \$1,406,810. For suicide attempts, the average cost per admission is \$7,618 while the average for lost wages is \$11,303⁹.

Overview of Suicide Prevention Efforts In New Hampshire to Date

In the early 1990's, several NH communities experienced devastating and tragic episodes of suicide contagion involving multiple high school students. These incidents resulted in the formation of a legislative committee to study the issue of youth suicide. The legislative committee recommended the formation of a coalition of organizations, agencies and individuals interested in working to reduce youth suicide. The resulting

Youth Suicide Prevention Assembly (YSPA) began meeting in 1994. In the late 1990's, YSPA received small grants from the NH Charitable Foundation and the NH Division of Health and Human Services Maternal and Child Health Department. The goal of these grants was to identify the needs of service providers and communities in preventing and responding to youth suicide. As a result of this, YSPA conducted surveys and listening sessions to determine what was needed in New Hampshire to reduce youth suicide events (thoughts, threats, attempts and completions).

Several themes emerged from the survey including that no one system could effectively prevent or intervene in youth suicide events. What was lacking was a collaborative approach between multiple systems that included a *framework* of specific steps for each discipline to take in responding to a youth suicide event.

From this concept, the Frameworks Youth Suicide Prevention Project was started. Funding for a three-year project was secured through the Suicide Prevention Partnership in collaboration with the Irving and Barbara C. Gutin Charitable Foundation. Initially the project was housed at the Injury Prevention Center at Dartmouth; beginning in 2003, the Suicide Prevention Partnership contracted with The National Alliance on Mental Illness – NAMI NH - to continue the Frameworks Project.

At the same time, the issue of suicide was gaining momentum at the national level. The Surgeon General's report of 1999 (see Resource section for link) identified suicide as a major public health issue¹⁰ and the subsequent National Strategy For Suicide Prevention (NSSP) of 2001 (see resource section for link) outlined a national plan for improving prevention strategies. This focus on the issue at a federal level added to the forward progress New Hampshire was making on the issue of suicide prevention. In 2003 a second legislative committee studied the issue of youth suicide and the resulting HB 1397 (Chapter 34) called for the development of a state plan. In 2004, advocates developed a state suicide prevention plan based on the NSSP and addressing all ages. The plan was adopted by the Commissioner of Health and Human Services. In 2005, NAMI NH was designated as the state applicant for the federal suicide prevention funding through the Garrett Lee Memorial Act and was selected for a three year grant in that first round. NAMI NH complemented the federal funding with private funding received through state and national foundations. Keene State was also selected to receive Garrett Lee Smith funding in the College and University Grant program. In 2006 the NH Suicide Prevention Council was formed to coordinate and ensure ongoing efforts around implementation of the NH State Suicide Prevention Plan.

Youth Suicide Prevention Assembly (YSPA):

Since its inception in 1994, YSPA has operated on an ad hoc basis meeting monthly to address issues of youth suicide in NH. YSPA members include educators, health care providers, survivors, legislators, public health and mental health professionals, and citizens interested in suicide prevention. The mission of YSPA is

The Youth Suicide Prevention Assembly (YSPA) is dedicated to reducing the occurrence of suicide and suicidal behaviors among New Hampshire's youth between 10 and 24 years old. We will accomplish this through a coordinated

approach to providing communities with current information regarding best practices in prevention and postvention strategies and by promoting youth safety in our communities and organizations.

Each month the Office of the Chief Medical Examiner (OCME) provides a report on suicide deaths up to age 24, for the previous month. In recent years, information on attempts has also been provided by representatives from the Northern New England Poison Center and the Bureau of EMS. YSPA members identify and discuss trends, and attempt to provide support and information to communities, organizations and individuals impacted by these deaths. YSPA has also been the driving force behind most suicide prevention efforts in the state including the development of the state plan. Other activities YSPA has accomplished or work on include:

- YSPA organizes an annual suicide prevention conference held each November
- Publishes an annual report tracking suicide deaths, attempts and other related data.
- Formalized the linkage between Bureau of Behavioral Health and Office of Chief Medical Examiner so that community mental health centers are quickly notified of suicide deaths in their region.
- Collaborates with the OCME's office to send information packets to the next of kin (survivors of suicide) following a suicide death. The packets contain information on grief, self care, survivor support groups, bibliography and other supports.

YSPA works closely with the Suicide Prevention Council (including sharing a co-chair) and several active YSPA members also sit on the SPC and or SPC committees. YSPA does have an active committee structure which currently includes:

For more information about YSPA or to view a copy of the YSPA Annual Report for 2006 go to: http://www.naminh.org/frameworks_yspa.php

The New Hampshire Suicide Prevention State Plan

Following the creation of the National Strategy for Suicide Prevention (NSSP), many states began the process of developing their own state plans. Following the legislature calling for the development of a state suicide prevention plan (HB 1397 Chapter 34) a committee led by YSPA came together to develop a comprehensive state plan that addressed suicide prevention across the lifespan. The completed plan was submitted to DHHS Commissioner John Stephen who adopted it in November of 2004. The plan contains an executive summary and lists nine goals. Each of the goals contains action steps. Goals in the state plan are:

- *Goal 1: Promote Awareness That Suicide in NH Is a Public Health Problem That Is Generally Preventable*
- *Goal 2: Foster the Development and Evaluation of Suicide Prevention Efforts*
- *Goal 3: Educate Professionals and the Public to Improve Recognition of At Risk Behaviors and the Use of Effective Interventions.*
- *Goal 4: Develop and Promote Effective Clinical and Professional Practices*
- *Goal 5: Improve Access to and Collaboration Among Mental Health, Health Care and Other Service Providers*
- *Goal 6: Improve and Expand Suicide Surveillance Systems*

- *Goal 7: Implement Strategies to Reduce the Stigma Associated With Obtaining Mental Health and Suicide Prevention Services*
- *Goal 8: Improve Media Reporting and Portrayal of Suicidal Behavior and Mental Illness*
- *Goal 9: Promote efforts to reduce access to lethal means and methods of self-harm*

A copy of the entire state plan may be found at the following link:

<http://www.dhhs.nh.gov/DHHS/DPHS//Program+Report-PLIBRARYlan/suicide-prevention.htm>

Frameworks Suicide Prevention Project – A National “Best Practice Program”

YSPA identified the need for comprehensive community based suicide prevention activities and from this need the Frameworks Project was born. With funding through the New Hampshire Charitable Foundation’s Suicide Prevention Partnership, the program began at the Dartmouth Injury Prevention Center before being moved to NAMI NH in 2003. In 2005, NAMI NH was designated by Governor Lynch to be the NH applicant for the first ever federal suicide prevention funding (Garrett Lee Smith Memorial Act) and was selected by SAMHSA (Substance Abuse and Mental Health Services Administration) to receive a three year grant. The goals of the grant include:

Goal #1: Facilitate accomplishment of the goals of the NH State Suicide Prevention Plan by establishing a statewide environment that supports and enhances efforts to address the needs of youth at risk for suicide.

Goal #2: Strengthen the ability of community coalitions to recognize youth who are at risk for suicide and provide an integrated culturally-competent response in connecting them to appropriate resources.

Goal #3: Enhance the capacity of existing data surveillance systems related to New Hampshire specific suicide prevention, intervention, and postvention activities and coordinate with YSPA the dissemination of evidence- supported practices in suicide prevention, intervention, and postvention

The Frameworks Project uses an ecological approach in the belief that effectively addressing an issue like suicide prevention goes beyond work with an individual and must promote change across all systems simultaneously including family, friends, community, state and nationally.

The project has developed protocols for key service providers and gatekeepers (family, friends, colleagues and neighbors) that promote early recognition of who is at risk for suicide and detail steps for an integrated community response to suicide events. A separate set of protocols has been developed for responding to a suicide death (postvention). Postvention is essential for reducing risk of suicide contagion – a phenomenon that can result in multiple suicides following a single suicide, particularly a high profile death, such as that of a youth or celebrity.

For the community coalition component (Goal 2) The Frameworks Project staff collaborates with existing community coalitions to bring together individuals (gatekeepers) and key service providers to be trained to implement the Project. The

coalition works to identify and reduce community risk factors, enhance protective factors, and identify community assets. Working together, the coalition strives to close gaps and reduce fragmentation in the service delivery system with a goal of improving help seeking behavior, promoting early detection and treatment of mental illness and substance use disorders, and improving access to mental health care. Using a train-the-trainer model, Frameworks increases the competence and confidence of individuals and communities to respond to suicide events. Frameworks focuses on teaching community members how to:

Recognize – the person at risk of suicide;

Connect - with the individual;

Connect - the person to a qualified health care provider who can assess risk; and

Connect - the community to work together on community risk and protective factors and to reduce suicide events including thoughts, attempts and suicide deaths.

The project incorporates key goals of both the NH State Plan and the National Suicide Prevention Strategy including: best practice guidelines, stigma reduction, work with media, lethal means restriction, providing supports to survivors, incorporating key aspects individual and community culture, improving access to health care and promoting recognition of risk and protective factors related to suicide. For goals one and three, Frameworks staff provide ongoing support and technical assistance to promote and strengthen the Suicide Prevention Council, Youth Suicide Prevention Assembly and their various committees as well as the NH Survivors of Suicide Network.

In 2007, the Frameworks Project received designation as a national “Best Practice” suicide prevention program by the Suicide Prevention Resource Center (SPRC) and American Foundation For Suicide Prevention (AFSP)

NH Suicide Prevention Council (SPC):

In the spring of 2006, Commissioner Stephen of DHHS at the urging of advocates from the private sector called for the formation of the State Suicide Prevention Council (SPC) to oversee implementation of the State Plan. Members of the SPC include individuals representing both state and private agencies interested and involved in suicide prevention efforts in NH. This public/ private partnership is represented in the structure of the council which includes co-chairs representing a state and a private agency. This representation is also reflected in each of the SPC committees. The SPC committee structure currently includes:

- Communications and Media Committee
- Data Committee
- Education Committee
- Leadership Committee
- Garrett Lee Smith (SAMHSA Grant) Advisory Committee
- Public Policy Committee
- Professional Practice Committee

In May of 2005, the SPC adopted the following mission statement.

The mission of the Suicide Prevention Council is to reduce the incidence of suicide in New Hampshire by accomplishing the goals of the State Suicide Prevention Plan:

- 1) Raise public and professional awareness of suicide prevention;*
- 2) Address the mental health needs of citizens; and*
- 3) Promote policy change.*

The SPC has been involved in a number of activities related to implementation of the state plan these include:

- Coordinating state plan goals related to working with media including development of a Public Service Announcement (PSA), proactive promotion of responsible reporting as well as follow up following inappropriate reporting, providing media with NH resources and contacts for quotes/information related to suicide prevention in NH, organized a press conference to share information related to State Plan and NH suicide prevention efforts
- Collaborating with NAMI NH to provide a suicide prevention awareness training for DHHS leadership and train the trainer training for DHHS staff in the Frameworks model
- Working across agencies and departments to develop a Data Matrix highlighting existing and needed data sets for planning and evaluation of suicide prevention activities
- Exploring public policy approaches to addressing suicide prevention in a sustainable manner.
- Working with the NH legislature to promote awareness of suicide prevention and educate legislators about the state plan
- Inclusion Veterans Administration in Suicide Prevention Council and strategizing the VA about how to meet the needs of veterans and military personnel to reduce the risk for suicide.

In May of 2006, with support from NAMI NH's Garrett Lee Smith/Frameworks Project, the SPC finalized a Memorandum of Understanding (MOU). The agreement promotes inter and intra departmental and agency collaboration on implementation of the State Suicide Prevention Plan. As of Sept. of 2007, the MOU has been signed by Commissioners from the following departments (a brief description of the role that each department plays in suicide prevention also follows):

- **Department of Health and Human Services** Dept. of Public Health plays a key role in prevention including substance abuse prevention and treatment, Bureau of Behavioral Health contracts with Community Mental Health Centers, New Hampshire Hospital serves our residents with acute mental illness, other departments including Division for Children Youth and Families, Division of Juvenile Justice, Division of Elderly and Adult Services serve high risk individuals and families.
- **Department of Justice** (Attorney General) The Office of Chief Medical Examiner (OCME) investigates every suicide in NH and provides data which plays a key role in prevention, intervention and postvention efforts
- **Department of Education:** Our schools are a front line in suicide prevention. The department includes the Bureau of Special Education and also is responsible

for establishing and overseeing minimum standards for school approval, credentialing of educators and other essential functions.

- **Department of Safety:** Oversees a number of front line resources in NH including 911, State Police, Police Standards and Training Academy, Emergency Medical Services, and the Disaster Behavioral Health Response team
- **Department of Corrections:** There is a very high correlation between inmates recently released from prison and suicide/suicide attempts. DOC currently provides monitoring and supervision to over 7000 people in NH living outside of prison.

These departments all deal with high risk populations and play a key role in suicide prevention efforts in NH. In addition to these state agencies, ten private agencies in the state have signed onto the MOA. A copy of the MOA and a list of people and organizations who have signed may be found at the following link:

http://www.naminh.org/frameworks_yspa.php

NH Survivor of Suicide Network and Postvention Services:

Suicide has a profound impact on those people close to the victim. Individuals who have lost a family member, friend, or colleague to suicide are known as “survivors.” Despite the high prevalence of suicide in our society, survivors often experience a tremendous amount of stigma as a result of the death. With over 65% of NH suicides occurring in a primary residence, many survivors are traumatized by having been present at the time of death, or discovering the body of their loved one. This adds to the complicated and prolonged grief that many survivors of suicide experience. Research demonstrates that having personally known someone who dies by suicide statistically increases our likelihood of dying by suicide and is in itself one of the highest risk factors for suicide. Therefore, working with family, friends, coworkers and communities to promote healing and understanding following a death by suicide is an essential part of a comprehensive prevention effort. This work following a suicide death is known as postvention. In collaboration with YSPA and NAMI NH’s Frameworks Project, a number of activities have been taking place to strengthen supports to survivors in NH. This includes:

- Creation of a NH Lifekeeper Quilt showing the faces of suicide
- Production of a NH Newsletter for suicide survivors
- Increasing the number of Survivor of Suicide (SOS) support groups.
- Dissemination of information/support materials to next of kin of suicide victims through the Office of Chief Medical Examiner.
- Expanding host sites for the National Survivor of Suicide Day teleconference
- Disbursing small grants to promote community health and healing following a suicide death.

In addition to these activities to strengthen supports to survivors, a great deal of effort is being put into building capacity for postvention efforts. Utilizing the postvention protocols developed by the Frameworks projects, a number of interventions and trainings have occurred to date these include:

- Training all State Police in how to respond to a suicide death
- Training 150 NH Disaster Behavioral Health Response team members in postvention

- Providing technical assistance and support to a community of 5,000 people that had six suicide deaths in 2006.
- Providing training to funeral directors in responding to a suicide death
- Training for clergy in postvention response specific for faith leaders is scheduled for spring of 2007.
- Providing immediate technical assistance and support to communities following high profile suicides
- Working with media to promote appropriate coverage of suicide deaths.

Other key NH Suicide Prevention Resources:

There are many organizations and that contribute to suicide prevention efforts in our state.

- Our 10 independently run non profit community mental health centers each provide 24 hour crisis response for mental health emergencies.
- Our 26 hospital emergency departments are a critical safety net for individuals needing emergency mental health assessment and treatment.
- Headrest in Lebanon NH is a certified crisis call center which answers all of the calls from NH to the National Suicide Prevention lifeline 1-(800) 273 (TALK) number. NH is also fortunate
- The Samaritans in Keene are part of an international organization providing phone support to individuals contemplating suicide or impacted by a suicide death.
- The Injury Prevention Center at CHaD provides a Counseling on Access to Lethal Means (CALM) program that is one of the leading such programs in the country.
- Other groups that play key roles include our first responders including law enforcement and Emergency Medical services, primary care providers, clergy and faith leaders, teachers and school personnel.

Many other diverse individuals and organizations play key roles in suicide prevention with individuals of all ages in our state. The largest group, however, are the individuals struggling with suicidal thoughts and their families, friends and co-workers. What they all share is the need for ongoing training and support to assist them in their roles and an understanding that they are not alone in their efforts.

Recommendations:

Suicide prevention efforts play a key role in promoting the early recognition and treatment of mental illness and substance abuse. Postvention efforts are essential in helping individuals, families and communities to heal and reduce risk following a suicide death. In the past several years NH has made great strides in the area of suicide prevention but much further work is needed to assure work continues and the goals of suicide prevention and increasing access to mental health care for all those who need it are met. To that end, we recommend that the state suicide prevention plan is fully implemented. In order to accomplish this the following objectives are proposed.

1. During the next legislative session, the Suicide Prevention Council will be recognized by legislative action or executive order to strengthen the capacity of the Council to carry out its mission (implementation of the goals of the state plan).

2. To insure that education, training and technical assistance in implementing the Frameworks community based suicide prevention model is available to all NH communities.

These actions will insure a coordinated and sustainable effort to implement the state plan and promote mental health and wellness in our state.

¹ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005). Available from URL: www.cdc.gov/ncipc/wisqars

² Youth Suicide Prevention Assembly. (2006). *YSPA Annual Report 2005*. Available from URL: <http://www.naminh.org/documents/YSPAAnnualReport2005.pdf>

³ Burns, E., & Twitchell, N. (2003). *New Hampshire Injuries, 1999-2001*. Concord, NH: New Hampshire Department of Health and Human Services, Office of Community and Public Health, Bureau of Health Statistics and Data Management.

⁴ New Hampshire Department of Education, [NH DOE]. (2005). *Youth Risk Behavior Survey*. Available from: <http://www.ed.state.nh.us/education/doe/organization/instruction/HealthHIV/AIDS/youthrisk.htm>

⁵ McWhirter, J. McWirter, B., McWhirter, E., & McWhirter, R. (2004). *At risk youth: A comprehensive response*. Belmont, CA. Brooks/Cole.

⁶ Steinberg, L. (2007). *Adolescence* (8th edition). New York: McGraw-Hill.

⁷ Centers for Disease Control and Prevention, Office of Minority Health. (2007). Available from URL: <http://www.cdc.gov/omh/AMH/factsheets/mental.htm>

⁸ Suicide Prevention Resource Center. (2005). *New Hampshire Suicide prevention Fact Sheet*. Available from URL: http://www.sprc.org/stateinformation/PDF/statedatasheets/nh_datasheet.pdf

⁹ Wyatt, R.J., Henter, I.D., & Jamison, J.C. (2001). Lithium revisited: Savings brought about by the use of lithium, 1970-1991. *Psychiatric Quarterly*, 72, 149-166.

¹⁰ U.S. Public Health Service. (1999). *The Surgeon General's Call to Action to Prevent Suicide*. Washington, DC. Available from URL: <http://www.surgeongeneral.gov/library/calltoaction/default.htm>