

April 23, 2019

Chairman Jay Kahn  
Senate Education and Workforce Development  
Legislative Office Building – Room 103  
33 North State Street  
Concord, NH 03301

Dear Chairman Kahn and Committee Members,

My name is Kenneth Norton and I am the Executive Director of NAMI NH, the National Alliance on Mental Illness. I have several family members with mental illness and co-occurring addiction. I have worked extensively in the field of suicide prevention as a Licensed Clinical Social Worker in NH, as well as in suicide prevention public health efforts in NH and nationally. I have served as a subject matter expert for the Department of Defense, Defense Center on Excellence and the Substance Abuse and Mental Health Services Administration. I have served as a member of the Steering Committee of the National Suicide Prevention Lifeline for over a decade. And I also serve on NH's legislatively established Suicide Prevention Council of which there are several other members here to testify today. On behalf of NAMI NH, and the NH Suicide Prevention Council, I am here today to testify in partial support of HB 652.

The US Surgeon General has identified suicide as a serious public health issue that is largely preventable. Despite this, in NH suicide is the second leading cause of death after accidental injury between the ages of 10-34. A national report released in June of 2018 by the US Center for Disease Control noted that suicide in the US has increased across all states and age groups and additionally noted that New Hampshire had the 3<sup>rd</sup> highest increase of any state between 1999 and 2016. One death by suicide profoundly impacts the families and loved ones of the deceased. However, when a young person dies by suicide, the death can have a devastating impact on peers, school, and the community as a whole. It can also increase the risk for other youth and though a very rare occurrence, can lead to a contagion effect with other youth.

While suicide deaths are a relatively rare but tragic occurrence, the risk of suicidal behavior among teens is quite high. The 2017 Youth Risk Behavior Survey of New Hampshire high school students indicates:

- 28% reported feeling so sad or hopeless every day for 2 or more weeks that they had stopped doing usual activities
- 16.1% reported they had seriously considered attempting suicide
- 5.9 reported having made 1 or more suicide attempts during the past year
- 2.0% indicated they had received medical attention from a doctor or nurse for their suicide attempt.

I'm sure if I took a poll of committee members right now that 90% of you could tell me what the warning signs are for a heart attack and what steps to take to assist someone who is experiencing them. Yet I

*Find Help, Find Hope.*

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wonder how many of you could do the same for suicide? In laying out steps for preventing suicide, the Surgeon General and the subsequent National Strategies which followed, identified the need for training and education on warning signs and how to intervene with someone at risk. Goal 7.1 of the revised National Strategy for Suicide Prevention issued in 2012 specifically mentions the need for providing suicide prevention training to school counselors and teachers as important community members who play a key role in the prevention of suicide and suicide related behaviors.

Surprisingly, few schools provide training for their staff on this important topic and even fewer provide suicide prevention education to their students. A recently released study indicated that parents knew little about suicide and warning signs and rarely spoke with their children about suicide even though surveys like the Youth Risk Behavior Survey indicate many students may be thinking about it.

During the spring of 2014, the NH Suicide Prevention Council in conjunction with the NH School Administrators Association conducted a survey of school districts through the Superintendent's office to find out what suicide prevention training they provided staff. Of seventy-one school districts that responded, 80% indicated they did not have a policy regarding suicide prevention training for staff. Only 7% of survey respondents indicated they train staff once per year. Over 75% of all respondents indicated they are interested in providing suicide prevention training to their schools. Regarding responding to a suicide death, only 11% of school districts indicated they had a policy about postvention training for staff and 86% indicated they would be interested in providing this type of training in their school district.

It is clear that schools need to be more engaged in educating students, teachers and staff about suicide prevention; and the fact that multiple bills on this topic have been proposed during this legislative session demonstrates the recognition that improving suicide prevention efforts in our schools is a critical and timely matter. However, many groups including the legislatively established NH Suicide Prevention Council worked together to bring a different bill, SB 282 forward. That bill has strong bipartisan sponsorship and support and passed overwhelmingly in the Senate and has already had a hearing before the House Education Committee and we are hopeful that it will pass. It is more comprehensive than the Jason Flatt Act and the training requirements of every three years are more realistic and workable for schools. The Governor has indicated a willingness to sign either bill. Therefore, while we support this bill in concept, our preference and that of the NH Suicide Prevention Council is that SB 282 is the bill that best meets the need of NH students and schools.

Thank you for your time and consideration of what needs to be an important educational component of our schools. I am happy to answer any questions which you may have.

Respectfully,



Kenneth Norton, LICSW  
Executive Director