

April 3, 2019

Chairman Mel Myler
House Education Committee
33 North State Street – Room 207
Concord, NH 03301

Dear Chairman Myler 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 Independent 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 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 strong support of SB 282.

The US Surgeon General has identified suicide as a serious public health issue that is largely preventable. Despite this, in New Hampshire suicide is the second leading cause of death between the ages of 15-34 and the third leading cause of death ages 10-14. 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 3rd 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 also has a devastating impact on peers, school and the community as a whole. It can also increase the risk for suicidal behavior among other youth and though a very rare occurrence, can lead to a contagion effect with other youth suicide deaths.

While suicide deaths are a relatively rare but tragic occurrence, they are the tip of the iceberg as the risk of suicidal thoughts and 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 (matches the diagnostic criteria for depression)
- 16.1% reported they had seriously considered attempting suicide
- 5.9 reported having made 1 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 wonder how many of you could do the same for suicide? In laying out steps for preventing suicide, the Surgeon General and

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the subsequent National Strategy for Suicide Prevention 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 (how to respond after a suicide death) for staff and 86% indicated they would be interested in providing this type of training in their school district.

Governor Sununu has prioritized the importance of having schools provide a social emotional curriculum for all students and has also supported the need for suicide prevention education in schools. It is clear that schools need to be more engaged in educating staff and students about suicide and suicide prevention and for that reason we support this bill. The NH Suicide Prevention Council asked Senator Bradley and Senator Sherman to sponsor this bill, SB 282, which they both had sponsored in 2014 and we continue to believe it is more comprehensive and a better fit for New Hampshire than HB 652 which you have already heard and passed. We believe this is also reflected by the strong bipartisan sponsorship this bill has received.

The 10-Year Mental Health Plan released in January also identifies suicide prevention as a priority (Recommendation 3) and budgets additional funding for suicide prevention efforts. We need to make a much stronger concerted effort as a state to prevent suicide deaths and this bill is a big step in the right direction. I ask you to vote SB 282 as ought to pass.

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