



March 24, 2026

Honorable Chair Ruth Ward
Senate Education
State Library, Room Map Room
Concord, NH 03301

RE: NAMI NH Opposition of HB 1635

Dear Chair Ward and Committee Members:

Thank you for the opportunity to testify today. My name is Holly Stevens, and I am the Director of Public Policy at NAMI New Hampshire, the National Alliance on Mental Illness. NAMI NH is a non-profit, grassroots organization whose mission is to improve the lives of all people impacted by mental illness and suicide through support, education and advocacy. On behalf of NAMI NH, I am speaking today in opposition of HB 1635, modifying the requirements of suicide prevention education policies in schools.

In 2019, there was a bipartisan effort to institute a practice of having suicide prevention training in every school in New Hampshire. This was done through SB 282. That year there were a few bills that the legislature considered on this topic, at least one considering a lesser amount of training. These bills were rejected in favor of SB 282 which instituted a provision for all schools to require two hours of suicide prevention training annually. At that time, this policy was supported by the Suicide Prevention Council.

While some schools have suicide prevention and postvention incorporated into their overarching training scheme, there are other NH schools who only provide the required yearly, two-hour training and do not discuss suicide prevention otherwise. The existing law assures that every school in NH look at, consider and train on suicide prevention every year so that school personnel not only know how to recognize the signs of suicide, but so they feel comfortable taking the necessary steps of talking to a student displaying these signs. It's not enough just to know and recognize the signs, school personnel must feel confident in their ability to have difficult, but important, conversations with youth displaying signs and symptoms of suicidal ideation to get them the help they need. Existing law goes far in achieving this goal, and HB 1635 only serves to dismantle it.

In 2024, the United States Surgeon General identified suicide as a major public health issue in the US, and one that is largely preventable. The impact of a single death is profound and ripples out to the family, friends, schools, workplaces, first responders and beyond. In addition to the human impact, it also has a significant economic impact with the estimates of the cost of each suicide death being \$1.3 million dollars – predominantly in lost wages. According to the US Center for Disease Control, data as of 2019 showed that the economic impact of suicides and suicide attempts on the nation was almost \$70 billion per year in lifetime medical and work-loss costs alone.

Find Help, Find Hope.

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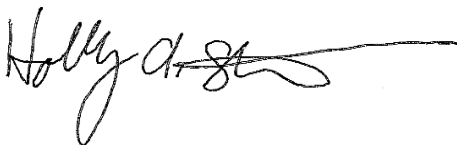
In New Hampshire suicide is the **first** leading cause of death for individuals ages 10-14 and the **second** leading cause of death for individuals ages 15-24. In 2019, when SB 282 was passed, suicide was the second leading cause of death for individuals ages 10-14, which means that suicide for New Hampshire's youngest continues to be a growing, pressing concern. Goal 5 of the National Strategy for Suicide Prevention issued in 2024 specifically mentions the need for providing suicide prevention in schools, stating, "[f]or example, children, teens, and young adults spend significant time in schools, after-school programs, youth organizations, colleges, and workplaces. These are important locations for upstream prevention."¹ Additionally, New Hampshire's 2019 10-year mental health plan recommends renewed and intensified efforts to address suicide prevention, and specially identifies schools as one of the places that should receive increased funding for suicide prevention activities.

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 2023 Youth Risk Behavior Survey of New Hampshire high school students indicates:

- 39.6% 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)
- 21.3% reported they had seriously considered attempting suicide
- 16.9% reported making a plan about how they would attempt suicide
- 8.5% reported having made 1 more suicide attempts during the past year
- 2.6% indicated they had received medical attention from a doctor or nurse for their suicide attempt.

All of these percentages have increased since the 2019 bill passed requiring suicide training for school personnel. These numbers peaked in 2021 and have since come down slightly. Now is not the time to reduce the amount of suicide prevention training school personnel receives. Therefore, NAMI NH urges the committee to vote inexpedient to legislate on HB 1635.

Sincerely,



Holly A. Stevens, Esq.

¹ U.S. Department of Health and Human Services (HHS), National Strategy for Suicide Prevention. Washington, DC: HHS, April 2024.

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