

New Hampshire

Suicide Prevention Plan

January 2013



Suicide Prevention Council

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

- * Raise public and professional awareness of suicide prevention;*
- * Address the mental health and substance abuse needs of all residents;*
- * Address the needs of those affected by suicide; and*
- * Promote policy change*

For more information on the State Suicide Prevention Plan, contact Jo Moncher at jamoncher@dhhs.state.nh.us



STATE OF NEW HAMPSHIRE
OFFICE OF THE GOVERNOR

MARGARET WOOD HASSAN
Governor

July 2, 2013

I want to thank the New Hampshire Suicide Prevention Council for its work on the 2013 State Suicide Prevention Plan. Since the Plan's last revision in 2010, New Hampshire has accomplished a great deal, and the Suicide Prevention Council has been instrumental in helping to guide these efforts.

Legislatively established in 2008, this Council is responsible for the oversight of the implementation of the State Suicide Prevention Plan, and has developed a strong public and private partnership throughout the State to accomplish this goal. As citizens of New Hampshire, we can all be proud that our Connect Program is a National Best Practice Program that has trained hundreds of professionals and community members to prevent and respond effectively to suicide across the lifespan. Additionally, New Hampshire is a national model for our work recognizing the training and prevention efforts needed to support our veterans and military families. Due to the efforts of the Council, New Hampshire is now recognized as a Leadership State and was awarded one of the first Garrett Lee Smith grants through the Substance Abuse and Mental Health Services Administration.

Suicide, however, remains the second-leading cause of death for New Hampshire young people, and is a major concern for all ages. We must continue our efforts to reduce the number of suicides and suicide attempts statewide. Prevention must be a collaborative effort. The entire community must share the responsibility of identifying at-risk individuals and ensuring that these individuals receive essential, life-saving services. Broad awareness of the warning signs of suicide can only increase appropriate referrals and interventions.

This 2013 State Suicide Prevention Plan has been a true collaboration among many stakeholders, and I look forward to working together to address this issue that affects all of our citizens.

With every good wish,

A handwritten signature in blue ink that reads "Margie H" with a long horizontal line extending to the right.

Margaret Wood Hassan
Governor



From the State Suicide Prevention Council

Child and Family Services
of NH

Disabilities Rights Center

Elliot Hospital

Faith Based Community

Genesis Behavioral Health

Injury Prevention Center

Lakes Region Partnership
for Public Health

NAMI NH

New Futures

NH Association of Counties

NH Community Behavioral
Health Association

NH Dept. of Corrections

NH Dept. of Education

NH Dept. of Health and
Human Services

NH Dept. of Safety

NH General Court

NH Hospital Association

NH Medical Society

NH Mental Health Council

NH National Guard

NH State Senate

Office of the Chief Medical
Examiner

Survivors of Suicide Loss

VA Medical Center

Youth Suicide Prevention
Assembly

As the member organizations of the State Suicide Prevention Council (SPC), we are pleased to present the 2013 State Suicide Prevention Plan. Our hope is that this Plan will help to guide and focus our efforts in addressing the tragedy and burden of suicide across New Hampshire.

The Plan was developed through the wisdom, expertise and collaboration of the SPC, as well as many groups, committees and organizations who have dedicated time and resources to study the issue of suicide and to look at prevention and postvention across the lifespan.

Community collaboration is at the heart of SPC and is included throughout the Plan. The partnerships that have developed at all levels - public and private, local, state and federal, and military and civilian – continue to guide our efforts.

The planning process also included input from the 2012 National Strategy for Suicide Prevention, recognizing our nation's new approach in enlisting all individuals in the fight to prevent suicide.

The State Suicide Prevention Plan was last revised in 2010 and since that time, the SPC has accomplished much to address suicide prevention across the State. The Leadership Team spearheaded several strategic planning sessions, including a 50-person retreat at New Hampshire Hospital and a 100-person summit at the Concord Holiday Inn. Both events addressed state plan development, community collaboration and sustainability.

In 2012, the SPC partnered with the National Alliance on Mental Illness NH and the Youth Suicide Prevention Assembly on the Annual Suicide Prevention Conference. With close to 300 individuals attending, this conference continues to grow every year, reaching the largest and most diverse gathering of individuals in the nine-year history of this Conference.

The SPC will continue to build on the momentum and collective knowledge that has been gained in suicide prevention to strengthen capacity and sustainability to reduce the risk of suicide for all New Hampshire citizens and promote healing for all those affected by suicide. Despite significant challenges with a struggling economic environment including budget cuts and reduced access to mental health and substance abuse treatment, our State will continue to make progress in suicide prevention work in many diverse and systemic ways.

Knowing that it takes all of us working together with common passion and goals, we would like to thank everyone who has been involved in suicide prevention efforts in our State.



2013 Revised

New Hampshire Suicide Prevention Plan

*Presented by the
New Hampshire Suicide Prevention Council
(SPC)*

INTRODUCTION

Suicide – a Major Issue in New Hampshire

Suicide is a significant public health problem in NH:

- Between 2004 and 2008 suicides outnumbered homicides by more than 8 to 1.
- Suicide is the second leading cause of death for those from age 15 to 34.
- Between 2002 and 2011, firearms were the leading method used, representing 42% of all suicide deaths.
- Three times more males than females ages 10-24 died by suicide between 2005 and 2009.
- 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 2004 and 2008, 156 people died; nearly 185 were hospitalized and close to 945 were treated in emergency departments for self-inflicted injuries.
- These attempts and suicides represented an estimated \$16.8 million in acute health care costs alone in 2008.
- 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 from *New Hampshire's 2011 Suicide Prevention Annual Report: Suicide Across the Lifespan*. Annual NH Suicide Data reports can be found here: <http://www.theconnectprogram.org/annual-reports-suicide-prevention-data-nh>

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. Most people who die by suicide give some indication they are contemplating suicide before they die. Broad awareness of warning signs of suicide will increase appropriate referrals and interventions.
- **Risk factors** occur at the community as well as the individual level. Identifying and addressing community risk factors as well as individual risk factors is an important suicide prevention strategy. Likewise, communities that build and support protective factors will benefit not just in preventing suicide but also 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, health care systems, corrections at all levels. **The NH Suicide Prevention State Plan will be most effective when it is implemented from an ecological perspective that encourages working across individuals, families, communities, workplaces, the military, organizations and systems.**

State Suicide Prevention Plan Process

This Plan has been developed to focus and coordinate suicide prevention efforts in New Hampshire. The SPC and its 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 is updated every three years 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 RSA 126-R: 2, which establishes the SPC.

COMMUNICATIONS & PUBLIC EDUCATION SUBCOMMITTEE

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

Objective 1.1: Promote recognition of suicide as a generally preventable public health problem and promote active involvement in prevention activities.

1. Partner with key stakeholders, including public health regions, throughout the State on planning and convening an annual conference in order to build awareness of suicide prevention, increase knowledge of best practices for prevention, intervention and response to suicide, and increase collaboration, networking and support.

Objective 1.2: Promote education that includes hopeful messaging to NH residents on risk factors, suicide-warning signs, help seeking behaviors, and resources.

1. Create audience specific messaging that encourages individuals to take steps towards preventing suicide, and coordinate with other national, state and local media efforts.
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 resources.
3. Periodically repeat surveys to measure attitudes towards suicide prevention and media reporting.
4. Design and sponsor wide dissemination of public health messages and education on suicide prevention, using traditional and new/social media.
5. Encourage communities to effectively implement protocols listed in the Suicide Prevention Resource Center's Best Practice Registry.
6. Continue to educate the general public as well as health care providers and other key stakeholders (e.g. law enforcement/first responders) on risk factors and the efficacy of reducing access to lethal means for those at risk of suicide, particularly regarding firearms and medications.
7. Disseminate and promote information regarding the National Suicide Prevention Lifeline (1-800-273-8255).

Objective 1.3: Encourage new and diverse stakeholders, including policy makers, who work on preventing suicide in all communication subcommittee activities.

1. Review progress and update the State Suicide Prevention Plan.
2. Increase venues where the work of the SPC can be highlighted, e.g. newsletters, etc.

Goal 2: Reduce the Stigma Associated With Obtaining Mental Health, Substance Misuse 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, 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 illness and substance use disorders.
2. Educate the public and key gatekeepers that their acceptance of persons with mental illness and substance use disorders 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, survivors of suicide loss, and survivors of suicide attempts, making use of existing speakers bureaus in NH such as *In Our Own Voice*, *Life Interrupted* and *Survivor Voices*.
4. Support initiatives which increase insurance coverage and reimbursement and access to treatment for mental illness and substance use disorders.

Goal 3: Promote Safe Messaging, Media Reporting and Portrayal of Suicidal Behavior

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

1. Continue and 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 contact from suicide prevention representatives around media recommendations and training/consultation in appropriate responses to inquiries from media professionals concerning suicide and suicidal events.

1. Incorporate orientation to the *Reporting on Suicide: Recommendations for the Media* and safe messaging in general into all suicide prevention training.

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

1. Continue to respond to positive and negative media stories on an ongoing basis.
2. Cultivate relationships with media personnel for proactive dialogue around media reporting on suicides and encourage media contact with identified SPC spokespersons when suicide incidents occur.
3. Encourage all media reports to encourage hope and help seeking and include information on local supports and treatment resources as well as the National Suicide Prevention Lifeline (1-800-273-8255).

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

Objective 4.1: Support survivors of suicide loss (SOSL) 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's (AFSP) annual teleconference for SOSL.
3. Support the continued development of a NH SOSL Network.
4. Encourage use of funds raised by SOSL in NH to promote SOSL resources, information and events.
5. Explore the establishment of a statewide SOSL Committee as part of the SPC to provide oversight and coordination of resources and a voice to planning at the state level.
6. Explore opportunities and strategies for engaging and offering supports and education to suicide attempt survivors and their families/loved ones.

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, attempts, hospitalizations and Emergency Department (ED) visits and ideation utilizing available data sources.
 - a. On a yearly basis, review available data sources to identify other relevant information to include in the annual report.
 - b. Expand and improve methods and templates for reporting on suicide data.
 - c. Coordinate with the Suicide Fatality Review Committee to include recommendations resulting from their case reviews in the annual report.
 - d. Include in annual document progress reports from statewide and local efforts such as suicide prevention grantees (campus and state), coalitions, and other coordinated suicide prevention efforts.
2. Provide interim reports on data related to attempts, deaths, and other related factors to the SPC as requested.
3. On an annual basis, review the guidelines for appropriate release of data (including suppression of smaller numbers) to ensure that current best practices are being followed.
4. On an annual basis, review the summary of pertinent epidemiology terms included within the annual report and update as needed.

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

1. Improve data collection on suicidal behavior.
 - a. On a yearly basis, review the data extraction tools used with compiling data from the Medical Examiner's Office. Refine the extraction tool as needed.
 - b. Track current trends in NH and national data related to suicide deaths and make recommendations to the Medical Examiner's Office on additional and/or alternative data to collect following a suicide death.
2. Investigate data sources related to help-seeking behavior.
 - a. Inventory current data sources and questions used.
 - b. Recommend integration of questions on help-seeking behavior in other surveys when appropriate.
3. Increase and maintain representation by organizations and institutions that would benefit from collecting, analyzing, reporting and utilizing data related to suicide attempts and deaths.
4. Continue assessing needs around the collection and analysis of data.
5. Revisit and update the 2010 review of professional literature on best practices around suicide data collection and analysis every two years.
6. Support New Hampshire's proposal submission for the National Violent Death Reporting System.

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

1. Collaborate with other sub-committees of the NH Suicide Prevention Council to increase the number of suicide prevention initiatives in the state that utilize relevant data in an appropriate manner.
2. Include evaluations of current initiatives.

3. Encourage the dissemination of evaluation results.

Objective 1.4: Conduct ongoing epidemiological analyses of current and historical suicide-related and substance misuse data.

1. 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 how integrating different data sets may identify high-risk populations, regions or other trends, which would inform suicide prevention efforts.

MILITARY AND VETERANS SUBCOMMITTEE

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

Objective 1.1: Promote effective educational programs to the general public to increase awareness, comfort, and knowledge of resources on potentially suicidal veterans, service members and/or their families.

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 2.1: Promote effective educational programs for community providers who serve veterans, service members, and/or their families to promote collaboration with the Veterans Administration and the involved military unit (NH National Guard, Reserves).

Goal 3: Coordinate delivery of informational material to the community and treatment sites on resources on potentially suicidal veterans, service members and/or their families.

Objective 3.1: Regular delivery of informational outreach materials to local hospitals, Veteran Service Organizations (VSO), military units, law enforcement, family programs, and community resource locations.

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

Objective 4.1: Request and share minutes/agenda of all State Suicide Prevention Council subcommittee meetings.

Objective 4.2: Subcommittee members of the SPC band together as needed to form a Task Force to work on Suicide Prevention Council projects (i.e.; revise the State Plan or create the Strategic Plan for the SPC), which will build and improve our collaboration and cohesiveness as a council.

CROSS TRAINING & PROFESSIONAL EDUCATION SUBCOMMITTEE

Goal 1: Promote Effective Clinical and Professional Practices

Objective 1.1: Promote guidelines for clinical practice and continuity of care for all health care providers who treat persons with suicide risk.

1. Promote routine screening for suicide risk and the documentation of results in the provision of health care.
2. Promote the use of concrete, specific and individualized mental health follow-up plans for patients treated for suicidal ideation or behavior.
3. Encourage post-assessment contact to reinforce plans where appropriate (e.g. Project RED).
4. Promote use of effective protocols for ensuring collaboration and effective communication among professionals.
5. Promote education on laws/RSAs, ethical obligations, and best practices regarding the sharing of information related to the treatment of individuals at risk for suicide.
6. Promote and cultivate relationships with other agencies and individuals so that collaboration and response can occur seamlessly and in a timely manner.
7. Foster sustainability and infrastructure by encouraging exchange of information/learning among providers and systems who are implementing best practices in suicide prevention.
8. Stay abreast of current trends, research and resources in suicide prevention and disseminate as appropriate.
9. Promote the use and availability of research based, age and culturally appropriate screening and assessment tools.

Goal 2: Support sustainability and infrastructure of best practices in NH by promoting training and protocols to community members, schools, organizations and providers on the prevention of suicide and related behaviors.

Objective 2.1: Encourage recertification and continued delivery of training programs through existing NH trainers in Connect, Counseling on Access to Lethal Means (CALM) Applied Suicide Intervention Skills Training (ASIST), Assessing and Managing Suicide Risk (AMSR) and other best practices that are available in NH.

Objective 2.2: Promote culturally informed training to mental health and substance use disorder treatment and prevention providers on the recognition, assessment and management of at-risk behavior.

Objective 2.3: Promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors for all health professions including graduate and continuing education.

Objective 2.4: Promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by credentialing and accreditation bodies.

Objective 2.5: Promote the implementation of protocols and programs for clinicians and clinical supervisors, first responders, crisis staff and others on how to implement effective strategies for communicating and collaboratively managing suicide risk.

Goal 3: Promote the integration and coordination of suicide prevention activities across multiple sectors and settings.

Objective 3.1: Promote awareness of local and regional resources for suicide assessment and intervention to Accountable Care Organizations (ACOs).

Objective 3.2: Promote training for primary care Providers, care managers and ambulatory care staff around risk assessment and referral and their relationship to untreated medical conditions (e.g. asthma).

Objective 3.3: Promote integration of suicide prevention and interventions into all relevant health care reform efforts.

Objective 3.4: Strengthen linkages between systems and build on existing infrastructure of suicide prevention efforts such as communities, organizations, systems and trainers that have implemented best practices around suicide prevention.

Objective 3.5: Consider options and resources for a central clearing house (i.e. statewide website) that can provide readily available information to NH citizens about suicide prevention and postvention resources and supports as well as upcoming events, trainings, etc.

Goal 4. Support efforts to reduce risk and promote healing after a suicide by identifying and linking existing programs and resources with needs.

Objective 4.1: Inform key stakeholders who may be in need of or involved in postvention response (i.e. faith leaders, school superintendents) about existing resources, such as Disaster Behavioral Health Response Teams (DBHRTs), National Alliance on Mental Illness NH Chapter (NAMI NH), Community Mental Health Centers (CMHCs), Survivor Network & Resources, Postvention Trainers and Coalitions.

Objective 4.2: Support coalitions in having readily available information about postvention practices and resources in their region such as Victims Inc, Samaritans, survivor of suicide loss support groups, medical examiner and related information packets.

Objective 4.3: Encourage utilization of postvention training and protocols (i.e. After a Suicide Toolkit, Media Recommendations) for first responders, law enforcement, emergency departments, schools and others who may be involved or affected by a suicide to reduce risk of contagion and promote healing.

PUBLIC POLICY SUBCOMMITTEE

Goal 1: Develop and implement public policy initiatives to ensure the sustainability of suicide prevention efforts.

Objective 1.1: Require training in suicide prevention for education, healthcare, mental health and substance misuse professional licensure and certification in New Hampshire.

1. Research licensure and certification requirements for above-mentioned professions.
2. Outreach to Professional Practice Subcommittee for input and partnership on achieving goal.
3. Develop strategic approach for working with above-mentioned licensure and certification boards to encourage training in suicide prevention as part of credentialing requirements.

Objective 1.2: Require schools to include mental wellness/suicide prevention education as part of the health curriculum.

1. Outreach to the State Board of Education and the NH Department of Education for support in achieving goal.
2. Create workgroup to develop strategic approach for achieving goal.

Objective 1.3: Recruit additional subcommittee members and formalize expectations of membership.

1. Review subcommittee charter annually with members of subcommittee.
2. Develop and implement member recruitment plan.

Objective 1.4: Support other subcommittees with policy needs.

1. Outreach to other subcommittees to offer support with policy issues.

Objective 1.5: Track legislation related to suicide prevention and advocate where appropriate.

1. Utilize legislative tracking document to track legislation of interest to the Suicide Prevention Council.
2. Report on legislation of interest at Suicide Prevention Council meetings.
3. With support of SPC leadership, testify on legislation of importance to Suicide Prevention Council.