

Suicide Prevention Efforts in NH

By Ken Norton LICSW

New Hampshire is earning a reputation as a national leader in suicide prevention efforts. A number of factors contribute to this including innovative programs, systemic state level efforts and grass roots involvement. Historically, suicide prevention efforts focused exclusively on individual risk assessment and management. Research has moved the field forward dramatically in the past few years toward a public health effort that includes everything from reducing stigma and increasing help seeking behavior to improving access to health care. This article will look at how NH developed our suicide prevention strategies and identify some of the specific programs contributing to this effort.

In the early 1990's multiple youth suicides in several NH communities drew national attention and a resulting legislative study committee recommended the formation of a coalition to address the issue on an ongoing basis. Though no funding was appropriated, the Youth Suicide Prevention Assembly was formed and has met on a monthly basis since then.

YSPA meetings include a report from the Office of Chief Medical Examiner (OCME) on suicide deaths (up to age 24) during the past month. Discussion follows regarding systemic changes that might aid prevention efforts, need for postvention and any trends observed. YSPA meetings also feature invited speakers to address specific suicide prevention topics. In an innovative collaboration with the OCME, YSPA distributes packets containing information on support groups and other resources to the next of kin for all NH suicide deaths. YSPA produces an annual report on suicide in NH which is an excellent resource on suicide attempt and death data for all ages. For the past several years YSPA has sponsored an annual suicide prevention conference in November, featuring local and national speakers. YSPA meets at the Center for Health Promotion in Concord on the 2nd Thursday of each month from 10-12, all are welcome to participate directly and/or join the mailing list. For more information, contact Elaine deMello at edemello@naminh.org.

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 suicide prevention plan. In 2004, advocates from the public and private sector developed a state suicide prevention plan based on the National Strategy for Suicide Prevention and addressing all ages. The plan contains an executive summary and lists nine goals. Each of the goals contains action steps.

A Suicide Prevention Council (SPC) was formed in 2006 to promote implementation of the state plan. Meeting quarterly, members of the SPC include individuals representing key state and private agencies interested and involved in suicide prevention efforts in NH. The SPC developed a Memo of Understanding to promote inter and intra agency collaboration and implementation of the state plan. The plan has been signed by the commissioners of five departments including: Health and Human Services, Safety, Corrections, Justice and Education as well as representatives of over 15 private agencies. The SPC has five active committees addressing specific goals of the state plan including: Data Collection, Education and Training, Public Policy, Communications and Media, Professional Practice and an advisory committee for the Garrett Lee Smith grant. For the coming legislative session, Senator Kathy Sgambati submitted legislation on behalf of the council to formally create the council under state law.

In 2005, Governor Lynch designated NAMI NH Frameworks Suicide Prevention Project as the state applicant for the first ever federal funding for suicide prevention. Selected in the first round, and boosted by private funding, the project goal is to assist the state in the implementation of the state plan. Frameworks staff provide technical assistance and support to both the SPC and YSPA as well as other organizations and communities in the state.

The project incorporates key goals of both the NH State Plan and the National Suicide Prevention Strategy including: best practice guidelines for professionals, 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. Frameworks unique community based approach to suicide prevention, intervention and postvention has attracted both national and international interest. Rigorous evaluation by the UNH Center on Adolescence, has demonstrated very positive project outcomes and Frameworks (now Connect) earned designation as a national Best Practice Program for its innovative community based model of suicide prevention.

Also generating a great deal of interest nationally is the Counseling on Access to Lethal Means (CALM) developed by Elaine Frank of the Injury Prevention Center at CHaD and co-facilitated by Mark Ciocca from Capital Valley Counseling Associates. Restricting access to lethal means is an evidenced based practice that is recommended by the National Strategy for Suicide Prevention and the NH State Plan. Despite this, prior to the CALM program there were no active training programs in the US teaching lethal means restriction. Last year the CALM program provided training to community mental health center staff and this year will focus on hospital emergency departments.

Headrest in Lebanon, NH plays an important role in suicide prevention efforts in the state. Certified by the American Association of Suicidology as a crisis center, Headrest answers all calls originating in New Hampshire (as well as Maine and Vermont) to the National Suicide Lifeline 1-800-273 TALK.

NH is also very fortunate to have a local chapter of the Samaritans in Keene. Samaritans is an international organization that offers a befriending line (603) 357-5505 as well as a variety of supports and programs to prevent suicide and support those who have been impacted by a suicide death.

The NH National Guard has several initiatives underway to support returning military and their families including working with the all-volunteer Disaster Behavioral Response Teams (which includes many social workers) who provide support to families while the soldiers are participating in reintegration workshops. Easter Seals and the Department of Health and Human Services among others are collaborating with the National Guard to develop an innovative pilot program to provide comprehensive supports to NH soldiers and their families. The Veterans Administration recently hired social worker Sebrina Posey to coordinate suicide prevention services at the VA hospital in Manchester. Our ten community mental health centers, often working in collaboration with our local hospital emergency departments, provide 24/7 regional coverage for psychiatric emergencies throughout the state. New Hampshire Hospital in collaboration with Dartmouth Medical School, provide acute psychiatric services to our residents. A linkage established through YSPA allows information about suicides to be conveyed directly from the OCME directly to the community mental health centers when a suicide occurs in their region so that preparation for a response can be activated as needed.

Numerous other organizations, private providers and individuals are on the front line of suicide prevention work in NH and social workers play key roles in many of these efforts. Future articles in this series will deal with topics including: Clinicians as Survivors, Postvention, Lethal Means Restriction and Working With High Risk Populations.

To learn more about the NH Suicide Prevention Council (SPC) or the Youth Suicide Prevention Assembly (YSPA), visit the Connect website at www.theconnectproject.org.

This is the second in a series of articles for the NH NASW newsletter on suicide prevention. Series articles include: Suicide Prevention: A Public Health Issue, Survivors of Suicide, Restricting Access to Lethal Means, Suicide Prevention and Veterans, No Harm Contracts, Suicide and Older Adults, Suicide Risk in Lesbian, Gay and Transgender Youth, Clinicians as Survivors, Suicide and the Economy, and Media, New Media, Safe Messaging and Suicide Prevention. These articles can be viewed in the Newsroom/Articles section of the Connect website at www.theconnectproject.org. Ken Norton is the Director of NAMI NH's Connect Suicide Prevention Project and can be reached at (603) 225-5359 or knorton@naminh.org.