

Suicide Prevention: A Public Health Issue

By Ken Norton LICSW

As social workers, one of the most challenging professional issues we face is working with an individual who is contemplating suicide and assessing their level of risk. Given the prevalence of suicidal behavior, it is inevitable that at some point over the course of our careers every social worker will be faced with this scenario. Those who work in clinical settings will be faced with these situations on a frequent and even daily basis.

Yet despite the complexity of the issue of suicide and suicide risk assessment, few of us received formal academic training in this area as part of our social work studies. To bridge that gap, most of us have received “on the job” training or have sought out specific education to develop and enhance skills in this area.

Another aspect which we are ill prepared for is when a client we are in active treatment with makes a highly lethal or even fatal suicide attempt. The impact of this can be devastating on the treatment provider. Aside from the potential for civil liability/malpractice charges, the suicide of a client can leave treatment providers in a state of emotional turmoil that has the potential to be seriously debilitating or even career ending.

While social workers have faced these challenges for decades, much has changed in the field of suicide prevention. This is the first of a series of articles addressing the issue of suicide and suicide prevention.

There are over 30,000 confirmed suicide deaths in the US each year. We know the actual number is higher than that as many drug overdoses, and single car accidents are ultimately ruled as accidental. To put that figure in perspective I often say that number represents over 2,500 suicides per month which equals the number of people that died on September 11. While some people question how I can compare suicide deaths with a terrorist attack I respond by pointing out that for their families and friends that the end result is the same. Their loved one did not come home at the end of the day, for many families it came without warning, and the loss had a profound impact on their family.

Few people realize that the number of suicides exceeds the number of homicides each year and is almost two times higher than the number of people who die by AIDS/HIV in the US. In NH it is the second leading cause of death (after accidents) from ages 10-34 and combined for all ages it is in the top ten leading causes of death. Older adults are particularly vulnerable and have the highest rates of suicide nationally. It is also important to note that suicide deaths are only the tip of the iceberg and there are many people who attempt suicide each year and many individuals who report having thoughts of suicide.

Despite these statistics, stigma, shame and guilt contribute to suicide being a largely taboo topic that is not openly discussed in our society. Although some stigma may be helpful if it prevents people from attempting suicide, too often the stigma further isolates people at risk by reducing their willingness to disclose that they are contemplating suicide and/or for asking for help.

Historically, suicide prevention has been seen as a case specific issue that focused on efforts to help the individual. In recent years a number of events have occurred that have built momentum around taking a more systemic approach to suicide prevention. In 1999 US Surgeon General David Satcher issued a landmark report identifying suicide as a major public health issue and saying that it was largely preventable if a more comprehensive approach was taken to the issue. An Executive Summary and full copy of the report can be found at: link: <http://www.surgeongeneral.gov/library/calltoaction/default.htm>.

As a result of his report suicide prevention experts from around the country were brought together to develop a plan for improving suicide prevention efforts in the United States. As a result of these efforts, the National Strategy For Suicide Prevention (NSSP) was issued in 2001. The NSSP became the blueprint for promoting

suicide prevention efforts in the US. The NSSP looks broadly at suicide prevention and addresses a number of key areas including:

- Promoting public awareness for suicide prevention
- Improving recognition of warning signs and risk and protective factors
- Encouraging use of media guidelines to encourage responsible reporting on suicide
- Promoting effective clinical and professional practices,
- Reducing stigma
- Improving access to health care,
- Reducing access to lethal means
- Recognition of the importance of individual and community culture in suicide prevention efforts

Shortly after the National Strategy was released, President Bush brought together a blue ribbon panel to address mental health issues in our country. In 2003 they released the New Freedom Commission Report on Mental Health. The report identified mental health services in our country as “fragmented.” Interestingly, the first recommendation of the New Freedom Commission report was to implement the NSSP.

NH has had an active suicide prevention coalition for many years. YSPA (Youth Suicide Prevention Assembly) was formed in 1994 based on the recommendation of a Legislative Study Committee addressing youth suicide. Though unfunded, YSPA brought together folks from throughout the state interested in addressing suicide prevention efforts. In 2004, leaders from YSPA assembled a committee of suicide survivors, state policy leaders and prevention experts and developed NH’s State Suicide Prevention plan which was formally adopted in November 2004.

November of 2004 also represented a milestone at the national level when Senator Gordon Smith (R-OR) stood on the floor of the senate and in testimony on behalf of a bill to provide the first ever federal suicide prevention funding, talked about his son who had bipolar disorder and had died by suicide the previous year. The bill passed and was signed by the president and was named The Garrett Lee Smith Memorial Act in honor of Senator Smith. In the first round of funding NH became a double recipient when NAMI NH (The National Alliance on Mental Illness) and Keene State College both received 3 year grants to promote suicide prevention efforts in NH. Reauthorization of the Garrett Lee Smith Act will be voted on by congress early this fall. Please call or email your representatives and senators now and ask them to support reauthorization of this important bill.

The Suicide Prevention Resource Center www.sprc.org is an excellent resource regarding suicide prevention and includes an extensive on line library.

This is the first in a series of articles for the NH NASW newsletter on suicide prevention. Series articles include: Suicide Prevention Efforts in NH, 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.