Environmental Factors and Plan

20. Suicide Prevention - Required MHBG

Narrative Question
Suicide is a major public health concern, it is the 10th leading cause of death overall, with over 40,000 people dying by suicide each year in the United States. The causes of suicide are complex and determined by multiple combinations of factors, such as mental illness, substance abuse, painful losses, exposure to violence, and social isolation. Mental illness and substance abuse are possible factors in 90 percent of the deaths from suicide, and alcohol use is a factor in approximately one-third of all suicides. Therefore, SAMHSA urges behavioral health agencies to lead in ways that are suitable to this growing area of concern. SAMHSA is committed to supporting states and territories in providing services to individuals with SMI/SED who are at risk for suicide through the use of MHBG funds to address these risk factors and prevent suicide. SAMHSA encourages the behavioral health agencies play a leadership role on suicide prevention efforts, including shaping, implementing, monitoring, care, and recovery support services among individuals with SMI/SED.

Please respond to the following items:

1. Have you updated your state's suicide prevention plan in the last 2 years?  
   Yes  No

2. Describe activities intended to reduce incidents of suicide in your state.

   Because of the impact suicide has on the residents of New Hampshire, NH RSA 126-R establishes a Council on Suicide Prevention (referred to more commonly as the Suicide Prevention Council or SPC). By statute, the SPC shall

   "oversee the implementation of the New Hampshire suicide prevention plan. The council shall ensure the continued effectiveness of the plan by evaluating its implementation, producing progress reports, and recommending program changes, initiatives, funding opportunities, and new priorities to update the plan. The council shall also be a proponent for suicide prevention in New Hampshire."

   All 10 of the CMHCS are contractually required to provide 24-hour emergency services that are able to address the needs of children and youth who might pose a threat to themselves.

   NHH has a role as part of Project Red (Re-Engineered Discharge), a patient-centered, standardized approach to discharge planning that has been recognized nationally. Project RED improves patient preparedness for self-care and reduces preventable readmissions.

   NAMI-NH contracts with the SMHA to provide suicide prevention and postvention information and training to families, communities, providers and any other interested stakeholders, through Project Connect!

   Counseling on Access to Lethal Means (CALM) is a protocol delivered in workshop format, developed by NH's Elaine Frank and Mark Ciocca, and accepted into the AFSP/SPRC Best Practice Registry Section III: Adherence to Standards. Per the informational notice,

   "Suicide is the second leading cause of death for young people ages 15 to 34 in New Hampshire and a significant cause of death for those of all ages. We know that many attempters are as ambivalent about suicide as they are about life. Preventing these suicides is a very complex puzzle that requires all of us to work collaboratively to complete the picture.

   In NH, firearms are the leading method used in suicide deaths accounting for more suicide deaths than all other methods combined."

   One piece of that puzzle that has been demonstrated to be effective is to reduce access to lethal means - particularly firearms as well as medications. CALM consists of a two hour workshop designed for mental health and primary care providers that addresses why and how to counsel clients and their families on reducing access to these suicide means.

   The workshop is not designed to teach suicide risk assessment but rather, once a risk has been identified, it focuses on four specific CALM steps. The workshop has been provided to participants such as the Community Mental Health Centers, consumers of behavioral health services, and peer supporters in NH's Peer Support Agencies, schools and most of the Attorney General's Fatality Review Committees.

   Signs of Suicide (SOS) is an Evidenced-Based Practice that has also been rolled out in many schools and communities; with some CMHC staff trained as leaders.

   Connor's Climb, a non-profit organization whose mission is to provide suicide prevention education to New Hampshire youth and the community, sponsors the SMH (Screening for Mental Health) SOS program for all NH schools who commit to its implementation.

   The NH Suicide Prevention Plan was revised in 2016. A product of the State Suicide Prevention Council, the Plan is on a 5-year revision schedule. Recommendations from the National Strategy for Suicide Prevention (2012) are crosswalked within the plan. The plan is coordinated through the services of NAMI-NH.

3. Have you incorporated any strategies supportive of Zero Suicide?  
   Yes  No

4. Do you have any initiatives focused on improving care transitions for suicidal patients being discharged  
   Yes  No
5. Have you begun any targeted or statewide initiatives since the FFY 2016-FFY 2017 plan was submitted?

Yes
No

If so, please describe the population targeted.

Required Training for Suicide Prevention

In 2016, demonstrating a commitment to suicide prevention, the NH Legislature amended state law RSA 330-A:10, XIV. This amendment establishes that licensed mental health professionals at least 3 hours of the required continuing education units for biennial renewal shall be from

“a nationally recognized, evidence-based or best practices training organization in the area of suicide prevention, intervention, or postvention and how mental illness, substance use disorders, trauma, or interpersonal violence directly impacts risk for suicide.”

Does the state have any activities related to this section that you would like to highlight?

Partnership with the Office of Chief Medical Examiner

The State Mental Health Authority (SMHA) collaborates with the Office of Chief Medical Examiner (OCME) and is able to access data related to suicides directly. Information about all suicides that occur in the state of New Hampshire is shared with the Community Mental Health Center(s) that are impacted so that immediate response (“postvention”) can occur as well as preparation for any possible contagion. This expedient process informs future projects and targeted community training and support. The Chief Medical Examiner is Public Health-minded and supported the development of a liaison between the OCME and the NH Department of Social Services; this later led to the creation of a similar role between the OCME and the NH National Guard. Reports used to be shared quarterly with all of the CMHCs that showed all of the deaths reported to the BMHS; in 2016 a decision was made by NH DHHS to cease this practice.

Please indicate areas of technical assistance needed related to this section.

Sentinel Event Policy and Unmet Needs

NH’s CMHCs are required, under the Sentinel Event policy to report suicide deaths and “Unanticipated deaths” to DHHS. Deaths that initially appear to be related to an ongoing medical condition are not required to be reported. (“A death that is related to the natural course of one’s illness or underlying condition is not a sentinel event”).

If the death is ultimately finalized as a “Suicide” death, then the CMHC is informed of that via the reporting process described in the above section. The removal of the quarterly report based on final information from the Medical Examiner’s Office has created months-long delays in this information being provided to the Community Mental Health Center who had treated the consumer and their family. The client records will not reflect an accurate case outcomes; the information cannot be used by the Center to inform efforts that could lead to improved suicide prevention. Strategic Direction Number Four of the National Strategy for Suicide Prevention stresses the need for accurate, timely, data to be shared for suicide prevention efforts.

This unique feedback loop between the SMHA and the CMHCs in NH has been recognized by the Suicide Prevention Resource Center (SPRC) as a “Surveillance Success story”. The State of New Hampshire should be working to refine its ability to create an information-sharing process that will allow the CMHCs and the DHHS to effectively promote the reporting of accurate suicides and unanticipated deaths; reduce NH suicides, and demonstrate its commitment to Zero Suicide goals.

Footnotes: