



# **Pennsylvania Statewide Suicide Prevention Task Force Initial Report January 14, 2020**

## **Introduction**

Suicide is a serious public health issue impacting individuals, families, friends, co-workers, schools, organizations, and communities throughout the Commonwealth of Pennsylvania. Historically, both in Pennsylvania and nationwide, suicide prevention has been addressed primarily through the efforts of the mental health system, rather than a coordinated, cross-sector approach. Given the scope, suicide must be addressed at multiple levels of the system, by a variety of partners, and under leadership that encourages effective collaborative strategies to address the problem.

Because suicide is a complex behavior affected by a combination of factors, a comprehensive approach to prevention is warranted. Not only must this incorporate multiple strategies, but it must include multiple partners to work collaboratively and strategically toward designated outcomes. To advance statewide suicide prevention efforts, partnerships must include stronger relationships and alignment of goals across state agencies, as well as between state and local initiatives.<sup>1</sup> Statewide efforts must also embrace the experiences of individuals who have experienced suicidal thoughts or attempts, and families who have suffered the tragic loss of a loved one to suicide. In prioritizing suicide prevention as a statewide initiative in Pennsylvania, there is increased opportunity for stakeholders to share responsibility for the overarching goal of reducing suicide deaths. Additionally, broadening traditional suicide prevention efforts to incorporate upstream approaches becomes more feasible through cross-systems collaboration.

Throughout Fall 2019, the Pennsylvania Statewide Suicide Prevention Task Force heard from more than 800 community members who shared how suicide impacts their lives and their recommendations to improve suicide prevention efforts in Pennsylvania. This initial report outlines themes that emerged through public engagement, which will lay the groundwork for Pennsylvania's 2020-2024 statewide suicide prevention plan.

## **Background**

According to a 2018 report by the Centers for Disease Control and Prevention (CDC), suicide is the 10th leading cause of death in the United States.<sup>2</sup> In 2017, more than 47,000 individuals died by suicide nationwide. In Pennsylvania alone, 2,023 individuals died by suicide that year.<sup>3</sup>

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<sup>1</sup> National Governor's Association, *State Strategies for Averting Early Deaths*, National Governors Association, 2019: [https://www.nga.org/wp-content/uploads/2019/04/NGA\\_SuicidePrevention\\_Brief\\_online.pdf](https://www.nga.org/wp-content/uploads/2019/04/NGA_SuicidePrevention_Brief_online.pdf)

<sup>2</sup> CDC Preventing Suicide, 2019: <https://www.cdc.gov/violenceprevention/suicide/fastfact.html>

<sup>3</sup> CDC Stats of the State - Suicide Mortality, 2019: <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>

Nationwide, firearms are the leading lethal means for completed suicides (50.6%), followed by suffocation and hanging (27.7%), and poisoning (13.9%).<sup>4</sup> Of the more than 2,000 suicide deaths in Pennsylvania in 2017, nearly half were firearm related.<sup>5</sup> Additionally, approximately 85% of suicide attempts with firearms are fatal, which is much higher than every other method of suicide attempt.<sup>6</sup>

These statistics are staggering and show that suicide does not discriminate. This is a public health issue that impacts individuals and families of all ages, genders, races, geographical regions, and socioeconomic status.

Mental illness affects one in five Americans<sup>7</sup>, but it is not always visible; this invisibility can make people feel isolated and unable to share their experience or seek help. Silence can perpetuate stigma and prevent people from realizing a better life is possible.

Reducing stigma can help people living with mental health challenges or suicidal thoughts know that they are not alone, resources and help are available, and they are not limited or defined by a mental health condition or substance use disorder. Studies by the Johns Hopkins Bloomberg School of Public Health's Stigma Lab have found that study respondents express less sympathy and more negative attitudes towards public portrayals of people living with untreated mental illness and addiction. Conversely, sharing stories of people who succeed in treatment for a mental illness or a substance use disorder led to greater confidence in treatment systems and programs, less discrimination, and increased desire to include people living with mental illness or in recovery in all opportunities and parts of society.<sup>8</sup>

## About the Pennsylvania Statewide Suicide Prevention Task Force

In 2019, the Wolf Administration announced the formation of a statewide Suicide Prevention Task Force (Task Force). The purpose of the Task Force is to develop Pennsylvania's statewide suicide prevention plan, a four-year strategy to reduce suicide in Pennsylvania and fight the stigma associated with suicide, suicide attempts, and mental health issues.

The Task Force is made up of leadership and staff from multiple state agencies, members of the General Assembly, and Prevent Suicide PA. State agencies include the departments of Human Services (DHS), Health (DOH), Corrections (DOC), Aging (PDA), Education (PDE), Military and Veterans Affairs (DMVA), Transportation (PennDOT), Agriculture (PDA), Drug and Alcohol Programs (DDAP), the Pennsylvania Commission on Crime and Delinquency (PCCD), and the Pennsylvania State Police (PSP). Task Force members brought forth a wide array of knowledge of constituencies they represent or serve professionally, from their own lived experiences as loss survivors or attempt survivors of suicide, or as individuals who experience or support someone facing mental health challenges.

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<sup>4</sup> USA Suicide: 2017 Official Final Data, 2019: <https://suicidology.org/wp-content/uploads/2019/04/2017datapgsv1-FINAL.pdf>

<sup>5</sup> 2017 USA State Suicide: All Suicides vs. Firearm Suicides, 2018: [https://suicidology.org/wp-content/uploads/2019/04/2017States\\_Total\\_Firearms\\_TABLE.pdf](https://suicidology.org/wp-content/uploads/2019/04/2017States_Total_Firearms_TABLE.pdf)

<sup>6</sup> Firearm Suicide in the United States, 2019: [https://everytownresearch.org/firearm-suicide/#foot\\_note\\_13](https://everytownresearch.org/firearm-suicide/#foot_note_13)

<sup>7</sup> Centers for Disease Control and Prevention, Learn About Mental Health, 2018: <https://www.cdc.gov/mentalhealth/learn/index.htm>

<sup>8</sup> Communication Strategies to Counter Stigma and Improve Mental Illness and Substance Use Disorder Policy, 2018: <https://www.ncbi.nlm.nih.gov/pubmed/28967320>

The creation of the Task Force highlights the importance of cross-sector collaboration and a comprehensive approach to suicide prevention, and the role of all Pennsylvanians in addressing this far-reaching public health issue.

## Regional Suicide Prevention Task Force Listening Sessions

From late August through early December 2019, the Task Force held 10 listening sessions across Pennsylvania. In total, more than 800 community members, state and local officials, and representatives from county suicide prevention task forces convened to tell their stories of how suicide and mental health impacts their lives and communities, to provide educational information, and to share recommendations for the Task Force to consider in the development of the statewide suicide prevention plan.

The Pennsylvania National Alliance on Mental Illness (NAMI) chapter, the Mental Health Association in Pennsylvania (MHAPA), and the Pennsylvania Mental Health Consumers' Association (PMHCA) facilitated the sessions and county mental health crisis workers were on-site at each session to support those who needed to talk during or after the sessions.

At each listening session, the facilitators shared three guiding questions for the public to consider as part of their oral or written comments:

- 1) *What challenges are we facing in our communities related to suicide awareness, stigma, and prevention, and how can we best address these barriers to expand and improve our efforts?*
- 2) *How can we strengthen our safety net for individuals across the lifespan who are at risk of suicide, as well as for specific populations known to be at increased risk of suicide?*
- 3) *How can we better support survivors of suicide and those with lived experience in their healing and path to recovery?*

In addition to the public listening sessions, the Task Force invited the public to share their stories and recommendations through an [online web form](https://www.dhs.pa.gov/Services/Assistance/Pages/Suicide-Prevention.aspx), which can be found at <https://www.dhs.pa.gov/Services/Assistance/Pages/Suicide-Prevention.aspx>.

## Key Themes from the Task Force Listening Sessions

### **Reducing Stigma**

Speakers identified stigma associated with mental health, suicide, and suicide attempts as a widespread cultural challenge that affects the way society, family and friends, and individuals talk about mental health and wellness. Stigma also affects the likelihood of individuals to seek or continue mental health treatment, and how policymakers make decisions that affect mental health systems. Emerging themes to reduce stigma include:

- Elevate and empower the voices of individuals with lived experiences to engage in mental health policy and program decisions.
- Provide resources for families, schools, employers, and communities to encourage conversations about mental health and wellness early in life and throughout the lifespan, with an aim to prioritize mental health at the same level with physical health, and to emphasize that it is “okay” to share thoughts and feelings with others and seek out help when needed.

- Encourage a person-centered and humanized experience for prevention, treatment, and recovery practices.
- Provide evidence-informed and culturally competent suicide prevention trainings and resources to the public, cross-sector industries, “gate-keepers,” families, and support networks.
- Increase supports, like connections to resources or local support groups, for loss survivors, for attempt survivors, and for family, friends, or co-workers who support those struggling with their mental health.
- Collaborate with the media on responsible and culturally competent reporting related to mental health and suicide through safe and effective messaging guidelines.
- Support the implementation of the Federal Communications Commission’s (FCC) proposed 3-digit “988” national suicide prevention number, that would increase access to crisis resources for callers.

### **Mental Health System**

During the listening sessions, speakers identified challenges with the mental health system that pose barriers for suicide prevention activities and individuals seeking treatment. Emerging themes to improve the mental health system include:

- Elevate mental health as a public health issue that encourages prevention efforts through upstream approaches at the system and community levels.
- Map and identify gaps in the mental health system and develop resources to inform the public on how and where to seek help, based on the needed level of care.
- Incentivize the integration of physical and behavioral health services to connect individuals to mental health services as necessary, during primary care visits, improve the treatment process, reduce duplication of services, and enhance coordination among providers, payers, and support networks.
- Increase funding and leverage cross-sector funding strategies at the local, state, and federal levels for mental health and suicide prevention.
- Support emerging and existing county suicide prevention task forces to implement consistent statewide prevention priorities in a way that meets the needs of their community.

### **Health Care Coverage**

Individuals identified cost and confusion with health care coverage as a barrier to seeking or continuing treatment for mental health or suicidal thoughts. Emerging themes related to health care coverage and cost include:

- Continue to support Medicaid expansion, which has covered more than 1 in 10 Pennsylvanians since 2015 and currently provides coverage for nearly 700,000 Pennsylvanians.
- Enforce the Mental Health Parity and Addiction Equity Act (MHPAEA) to ensure group health plans and health insurance issuers that provide mental health or substance use disorder benefits do so at parity with physical health benefits.
- Explore payment strategies among private and public payers that incentivize quality over quantity of mental health prevention and treatment and promote coordination of physical and mental health.

- Inform the public, including the health care provider community and employers, about health care coverage, payment policies, and availability of low- or no-cost mental health services, so that individuals are able to better understand their eligibility and coverage options.

## **Data**

Speakers identified lack of access to detailed suicide and suicide attempt data as a barrier for local and state policymakers and program developers to identify the full impact and scope of suicide in Pennsylvania. Emerging themes to improve data include:

- Analyze available mental health, suicide attempt, and suicide data across local, state, and federal agencies to identify gaps and recommend actions to improve data reporting.

## **Mental Health Workforce**

During the listening sessions, the Task Force learned of capacity shortages related to the mental health workforce, resources, and training. Emerging themes to address mental health workforce and treatment access include:

- Bolster the use of Certified Peer Specialists or other paraprofessionals in appropriate crisis, treatment, and recovery support settings.
- Encourage the use of telehealth for mental health services to address geographical challenges.
- Examine professional health care providers' licensure requirements related to suicide prevention training and scope of practice requirements based on level of care needs.
- Research solutions that encourage entry into and the retention of a quality mental health workforce across Pennsylvania, including gleaning a better understanding of the scope of services provided by types of mental health practitioners, the competitiveness of salaries and benefits, and barriers of entry to the workforce.

## **Mental Health in Schools**

Similar to barriers and recommendations related to mental health in schools, as outlined in the [2018 Pennsylvania School Safety Task Force Report](#), individuals at the Task Force listening sessions highlighted the roles of educators and schools as important partners in preventing and addressing suicide and mental health. Emerging themes to address mental health in schools include:

- Emphasize early identification and intervention of mental health challenges for young children.
- Include tailored mental health and wellness education for school-aged youth as a core part of the health curriculum.
- Examine the availability and extent of mental health screening and services provided in school and the referral process for community-based mental health services.
- Provide training on mental health and wellness and suicide prevention to adults that interact with children in schools.
- Increase the allocation of school safety resources towards intervention, including school counselors, social workers and nurses.

## Legislative Themes

The Task Force’s statewide suicide prevention plan will include specific recommendations for legislative changes needed to implement components of the plan. However, the task force heard the following high-level legislative themes during the sessions:

- Pass legislation that would develop, implement, and require consistent suicide death data reporting by coroners in counties across Pennsylvania.
- Pass legislation that would codify the suicide death review committee (SDRC), which conducts multi-disciplinary reviews of suicide deaths to inform prevention strategies. Legislative action to codify the SDRC in statute will provide important legal protections to the Committee members who review deaths and make system improvement recommendations.
- Increase penalties for a person that encourages or aids a minor or individual with an intellectual disability to complete suicide.
- Pass an Emergency Risk Protection Order (Red Flag) law to provide a means to remove firearms from someone with a demonstrable risk of suicide.
- Pass safe storage requirement legislation to reduce the likelihood of a firearm getting into the hands of someone at risk for suicide.
- Consider implementing a waiting period for firearm purchases similar to other states to provide a ‘cooling off’ period for someone at-risk for suicide by firearms.

## Suicide Prevention for Various Demographics

While the Task Force heard clearly that suicide adversely affects individuals and families of all ages, genders, races, geographical regions, and socioeconomic status, there were also comments consistent with national and state data that certain populations are at a greater risk of suicide.<sup>9</sup>

These comments will help inform population-specific strategies. Populations that were specifically called out during the listening sessions include: school-aged youth and young adults; veterans; suicide loss and attempt survivors; first responders; law enforcement; farmers; older adults; people of color, with a growing suicide rate among black children; LGBTQ individuals; middle-aged individuals, particularly white men; and individuals with substance use disorders.

## Recommendations to Reduce Suicide by Firearms for the Governor’s Special Council on Gun Violence

In August 2019, Governor Wolf signed an Executive Order on Reducing Gun Violence (Executive Order 2019-06), which among other broad sweeping issues and strategies includes a focus on preventing suicide by firearms. Given the significant and growing number of firearm-related suicides in Pennsylvania, the executive order directs the DOH to establish a Suicide Death Review Team to conduct multidisciplinary reviews of suicides, provide data to a newly created violence data dashboard, and make recommendations to prevent future suicide deaths in Pennsylvania. Additionally, the executive order directs the Task Force to make recommendations on action to reduce suicide by firearms.

The Task Force, hearing from county suicide prevention task forces and listening session participants, developed a set of recommendations, based on a review of the research and national

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<sup>9</sup> National Institute of Mental Health Statistics: <https://www.nimh.nih.gov/health/statistics/suicide.shtml>

best practices, for consideration by the Special Council’s Reducing Suicide by Firearm workgroup. The recommendations are as follows:

### **Training and Awareness**

- Encourage clinicians and licensing entities to include lethal means reduction information in crisis and safety plans, with a focus on firearms.
- Promote lethal means reduction as an essential component to suicide safety planning.
- Offer training on reducing access to lethal means at local and state suicide prevention conferences.
- Develop handouts on suicide prevention to provide to individuals purchasing guns at gun shops and gun shows.
- Disseminate gun locks and other firearm safety devices to gun shop owners and at suicide prevention awareness events.

### **Partnerships**

- Use resources from Harvard’s Gun Shop Project, which works with mental health professionals, educators, gun shop owners, and firing range owners to share guidelines on how to avoid selling or renting firearms to customers who may be suicidal and encourages owners to display and distribute suicide prevention materials to their customers.<sup>10</sup>
- Partner with firearm instructors to include a module on suicide prevention in their training.
- Share information with county suicide prevention task forces to develop and implement a lethal means subcommittee within their structures.
- Partner with police and first responders to disseminate information about reducing access to lethal means related to firearms.
- Collaborate with schools and colleges to further educate students, faculty, and staff on reducing access to lethal means.
- Provide medical professionals with tools to support conversations with patients concerning access to firearms.

### **Next Steps**

This initial report identifies key themes that emerged from the 10 public listening sessions and online webform. **The themes outlined in this summary will inform Pennsylvania’s statewide suicide prevention plan**, a four-year strategy to reduce suicide in Pennsylvania and fight the stigma associated with suicide, suicide attempts, and mental health challenges. The Task Force anticipates releasing a draft statewide suicide prevention plan in early 2020 that will be available for a public comment period. Following updates based on public comment, the Task Force will publish the final 2020-2024 Pennsylvania statewide suicide prevention plan. The final statewide suicide prevention plan will include:

- The landscape and gap analysis of detailed suicide statistics nationwide and in Pennsylvania.
- Guiding principles for suicide prevention in Pennsylvania.

- Goals and objectives to reduce suicide and suicide attempts in Pennsylvania, including reducing stigma associated with suicide, suicide attempts, and mental health challenges.
- Recommendations for local and state policymakers, including public and elected officials, as well as cross-sector partners.
- A structure for the implementation and evaluation of Pennsylvania’s statewide suicide prevention plan.

Additionally, the Task Force is represented on the Governor’s Special Council to Reduce Gun Violence and the Reducing Suicide by Firearm workgroup and will continue to provide input on the recommendations included in the Council’s report.

Suicide in Pennsylvania is a public health issue that touches the lives of many citizens. The Task Force heard from a diverse group of people who share the experience of living with the effects of suicide. It is clear Pennsylvania can do more to help and support those at risk. The ideas described above will help to create a statewide suicide prevention plan to foster a more open, compassionate dialogue to educate people about mental health and suicide and help all Pennsylvanians receive the care and support they need and deserve.

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*If you're thinking about suicide, are worried about a friend or loved one, or would like emotional support, the Lifeline Network is available 24/7 across the United States at 1-800-273-8255.*

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