AMERICAN FOUNDATION FOR
Suicide Prevention

Statement

Of

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submitted to

House Energy and Commerce Subcommittee on
Communications and Technology

Regarding H.R. 2345

The National Suicide Prevention Hotline

Improvement Act of 2017

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Chairman Blackburn, Ranking Member Doyle, and members of the Committee, thank you for inviting the American Foundation for Suicide Prevention (AFSP) to testify today on H.R. 2345, "The National Suicide Prevention Hotline Improvement Act of 2017." I am John Madigan and I am AFSP's Chief Public Policy Officer. Many thanks to Representatives Chris Stewart (R-UT) and Eddie Bernice Johnson (D-TX) for their leadership on this important legislation.

I became the VP and Chief Public Policy Officer for the American Foundation for Suicide Prevention in the fall in December of 2009. In the last decade, I have met with and interacted with experts in suicide prevention research, leaders within federal, state and local governments, Veterans and their families, those who have lost a loved one to suicide, and those who have survived their own suicide attempt. In my 32-year-career prior to AFSP I have directed advocacy or fundraising activities for the American Cancer Society, The Alzheimer's Association, The Make-A-Wish Foundation and Students in Free Enterprise. I have also worked on the staff of former U.S. Senator Birch Bayh of Indiana, a White House Commission on Alcohol Fuels under President Jimmy Carter and with quasi-nonprofit that worked to help Veterans who desired to become entrepreneurs.

I am a public health advocate who has experienced the mental health crisis with family members, my own sister Nancy completed suicide in 1997. I have family, friends and colleagues who have lost sons and daughters, fathers and mothers, sisters and brothers and those who have struggled with mental health and substance/alcohol use disorders. I know my work on cancer control, with Alzheimer's patients and their families and with Veterans living with PTS and other life issues, has prepared me for my current work in mental health and suicide prevention.

I like my colleague, AFSP's outstanding Medical Director, Dr. Christine Moutier, who could not be here with us today because of weather issues, believe that many effective suicide prevention efforts not only save lives, but reach individuals where they are along the continuum of human experience. AFSP strongly believes that suicide prevention initiatives may have the added benefit of increasing coping skills, elevating mental health and fostering personal resilience for all Americans.

The American Foundation for Suicide Prevention (AFSP)

Established in 1987, AFSP is a voluntary health organization, with 82 Chapters in all 50 states. AFSP gives those affected by suicide a nationwide community empowered by research, education and advocacy, to take action against this leading cause of death.

AFSP is dedicated to saving lives and bringing hope to those affected by suicide. AFSP creates a culture that's smart about mental health by engaging in the following core strategies:

- Funding scientific research,
- Educating the public about mental health and suicide prevention,
- Advocating for public policies in mental health and suicide prevention,
- Supporting survivors of suicide loss and those affected by suicide in our mission.

Scope of the Problem of Suicide

My message today about suicide is hopeful and actionable. It is worth emphasizing the scope of suicide's impact on the US population: in recent years suicide has taken more lives than war,

murder, and natural disasters combined. The suicide rate in the U.S. continues to climb, with the most recent CDC data revealing 44, 965 in 2016, and occupational loss and direct healthcare costs estimated to be more than $69 billion annually. Suicide is one of the leading, yet largely preventable causes of death in our country.

Here are some facts:

- Suicide is now the 10th leading cause of death in adults age 18-64,
- For every 1 suicide, there are 25 suicide attempts,
- The annual age-adjusted suicide rate is 13.42 per 100,000 individuals,
- After adjusting for differences in age and sex, risk for suicide is 19% higher for male Veterans, than U.S. non-Veteran male adults,
- Risk for suicide is 2.5 times higher among female Veterans, when compared to U.S. non-Veteran women,
- Men die by suicide 3.53 x more than women,
- White males accounted for 7 of 10 deaths in 2016.

Our AFSP Public Policy Team has provided each member of the Subcommittee with a copy of "Suicide Facts" specific to your home state.

Causes of Suicide

Suicide is often the result of unrecognized and untreated mental illness. In more than 120 studies of series of completed suicides, at least 90% of the individuals involved were suffering from a mental illness at the time of their deaths. 1 in 4 Americans have a diagnosable mental illness, but only 1 in 5 of them are seeking professional help for that condition. As a country we have a lot of

work to do in improving mental health literacy. We can elevate the general lay understanding of how mental health problems are experienced or look like in a loved one or co-worker and destigmatize “help-seeking” when family, friends or co-workers detect a change in their own or their loved one’s mental health. Just like we would be proactive about any other aspect of our health like heart-disease, cancer, Alzheimer’s and diabetes.

Suicide risk tends to be highest when multiple risk factors or precipitating events occur in an individual with a mental illness. Despite public perceptions, most people with mental illness, thankfully, do not die by suicide. Mental illnesses such as depression, bipolar disorder and alcohol and drug dependence, Post-Traumatic Stress (PTS) and Traumatic Brain Injury (TBI) may create the underlying risk that when combined with life stressors such as transition from military life, job loss, relationship issues and financial or legal problems increase suicide risk. Additional stressors include social isolation, biological factors like aggression and impulsivity, childhood abuse, a history of past suicide attempts, serious medical problems, and a family history of suicide.

The most important interventions we can start with are recognizing and effectively treating mental illness and related disorders. On a population level, we can implement more upstream approaches such as shoring up community, mentorship and peer support, teaching students how to problem solve and process stress, make access to mental health care available without stigma, train frontline citizens like teachers, first responders, and clinicians to recognize mental illness, and limit access to lethal means.

The good news is that suicide is preventable. Thanks to a grassroots movement, catalyzed by both suicide loss survivors and the emerging voice of those with "Lived Experience" their own suicide attempts, the fight against suicide is nearing a tipping point. To answer this call to action, AFSP has evolved a three-point strategy that covers Research, Prevention, and Support, and if we push now, we hope to reduce the annual suicide rate 20% by 2025.

Key Policy Areas for Addressing Suicide

AFSP believes our country needs to focus on three key policy areas to prevent suicide that include:

- Increased suicide prevention research;
- Sustaining suicide prevention programs along with increased access to Mental Health Services; and,
- Expanding programs and strategies that provide more support to those touched by suicide.

I am here today to talk about why H.R. 2345 could be a game-changer for our national public policy safety net.

A vote for H.R. 2345, as proposed by Representatives Chris Stewart and Eddie Bernice Johnson, will (1) require the FCC and our federal suicide prevention authorities to fully understand how a three-digit code (such as 411 or 611) will enable rapid access to life-saving assistance for persons in emotional and suicidal crisis. This change can also divert many individuals in crisis from the unnecessary use of precious 911 emergency services, (2) This legislation will require a

study of the effectiveness of the current National Suicide Prevention Lifeline (1-800-273-TALK), and (3) access how well the current system addresses the needs of veterans. The system study would benefit from exploring how the current system is addressing the needs of Alaskan Natives and American Indians, along with our LGTBQ youth. Finally, (4) the study will provide cost estimates and resource needs for increasing federal support for phone hotline, chat and text.

Here are some important facts –

- A national, easy to remember, single point of access—free, anonymous and toll-free for all American residents--is necessary to provide a public health safety net for all persons in the United States experiencing emotional distress and/or suicidal crisis. With approximately 2/3 of persons with diagnosable mental health problems not currently accessing mental health providers, suicide rates and deaths related to substance misuse (including opioids) are on the rise, it is essential that we provide immediate access to help for people in crisis when, where and how they need it.
- The experience of the SAMHSA's National Suicide Prevention Lifeline (800-273-8255) indicates that a national hotline number has been essential for addressing this public health crisis. Lifeline call volume has increased significantly every year since its launch in 2005, serving more than 11 million callers. In 2017, the Lifeline's national network of 160 local crisis centers answered over 2 million calls. According to independent evaluators of the service, approximately 25% of these callers present with suicidal crises, with the remaining 75% reporting a non-suicidal, mental health or substance related problem (Gould et al, 2012). Because the VA also utilizes the Lifeline number as a single point of access to provide a special VA-funded service for U.S. veterans and members of

military since 2007, the Lifeline network and the Veterans Crisis Line together have assisted millions of veterans and service members in crisis. Approximately 1 of 3 callers to the Lifeline presses 1 for this special service for veterans and members of military service.

- This national point of access works in reducing emotional distress and suicidality. SAMHSA-funded evaluations of Lifeline crisis center work have consistently demonstrated that the service is reducing emotional distress and suicidality for persons engaging the service.
- In a study of 1085 suicidal caller evaluated at beginning and end of call—and then 3 weeks later—significant reductions in suicidality, psychic pain and hopelessness by end of call and 3 weeks later. Upon follow-up, 12% of suicidal callers spontaneously offered that the call prevented him/her from killing or harming self. (Gould et al, 2007)
- In another study of 1617 non-suicidal crisis callers evaluated at beginning and end of call—and three weeks later. Significant reductions in confusion, anger, anxiety, helplessness and hopelessness by end of the call, and more so 3 weeks later. (Kalafat et al, 2007)
- With more than 12 million persons in the U.S. having suicidal thoughts annually, providing a more ready AND EASY access to this effective, lifesaving service could be beneficial. Lifeline Services are currently serving about half-a-million suicidal callers (25% of 2m callers).
- As more people access the single number for mental health and suicidal crises, the need to enhance infrastructure capacity becomes essential. As the Lifeline call volume has grown 60% in the past year alone, capacity has become strained. While about 85% of

callers are being answered in about 30 seconds, more than 1 in 10 callers are averaging waits of over 2 minutes as they roll over to national back-up centers. This is because local centers are under-funded and under-resourced to manage the growing number of calls.

- It is anticipated that a separate 3-digit number for mental health/suicidal crises will significantly reduce burdens on the 911 system, reducing unnecessary use of emergency services nationally. Lifeline standards, trainings and practices of its national network of local call centers is designed to effectively de-escalate persons in suicidal crises, reduce risk for callers in crisis and ensure that they receive the most appropriate, least invasive care that supports their health, safety and well-being. SAMHSA-funded evaluations indicate that Lifeline member centers are effectively de-escalating persons in suicidal crisis whom might otherwise be diverted to emergency services.
- Of Lifeline's highest-risk callers (e.g., assessed to be at "imminent risk"), 40% are effectively de-escalated without utilizing emergency services. In 36% of cases, imminent risk callers agree to the use of emergency services (collaborating with counselor to promote their safety), and about 24% of imminent risk callers receive emergency services, because they are unwilling and unable to collaborate with the counselor to prevent their suicide (Gould et al 2016).
- Many 911 centers report a high volume of non-suicidal callers with mental health issues that would more effectively and efficiently be assisted on a mental health hotline.

Suicide touches so many lives. And now, as more and more people speak out, we have reached the tipping point for action. Ten years ago, we had only a handful of people banding together. Today we have a movement that rallies over 250,000 people who participate in over 400 AFSP

Community Out of the Darkness Walks and 150 AFSP College Campus Walks. This coming April 21st, AFSP along with many other national suicide prevention and mental health organizations are sponsoring a first-ever Rally on the West Front of the U.S. Capitol Building from 5:30 pm – 6:30 pm. We hope that many of you and your staff teams can join us for this important call to action.

It's time to answer that grassroots call for action. It's time to wage war on suicide, like the war on cancer and Alzheimer's, and put a stop to this tragic loss of life. The first line of defense can be a robust, 24-7, crisis support services for all Americans, in all fifty-states, the District of Columbia and all US territories, accessible by phone hotline, chat and text.

H.R. 2345, the National Suicide Prevention Hotline Improvement Act of 2017 is first step in the right direction.

Chairman Blackburn and Ranking Member Doyle, the American Foundation for Suicide Prevention thanks you again for the opportunity to provide testimony today and looks forward to working with you, other members of the Congress, the Administration, and all mental health and suicide prevention organizations inside and outside of government to prevent suicide.

I will be happy to answer any questions you have today, and or follow up with you and your staff with any additional information. Thank you.

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