



## AMERICAN FOUNDATION FOR Suicide Prevention

January 14, 2013

The Honorable Joseph R. Biden, Jr.  
Vice President of the United States  
Eisenhower Executive Office Building  
1650 Pennsylvania Avenue, NW  
Washington, DC 20501

Dear Mr. Vice President:

The American Foundation for Suicide Prevention (AFSP) joins with you, President Obama and the nation in mourning the senseless and tragic loss of young and innocent lives in Newtown, Connecticut. We also join the nation in calling for action to address the mental health crisis that exists in this country.

AFSP is the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education and advocacy, and to reaching out to people with mental disorders and those impacted by suicide. AFSP represents scientific experts, mental health clinicians, individuals who struggle with mental disorders and those who have experienced one of the worst outcomes of mental illness – the loss of a loved one to suicide.

Today, 105 Americans will complete suicide. More than 38,000 Americans from all walks of life will end their lives this year and in 90% of these suicides there will be an underlying, diagnosable mental illness. It should not have taken another national tragedy to recognize this crisis when one considers how many personal tragedies occur daily for Americans suffering with mental illness.

AFSP offers its support and expertise to your Commission, the White House and Congress as they move forward with new initiatives in the weeks and months ahead to improve the identification and treatment of mental disorders and to prevent individuals from becoming so depressed and hopeless that they pose a danger to themselves, and as in the case of Newtown, to others as well.

In order to begin to address the mental health crisis in our nation, we recommend action in four specific areas: Education, Outreach and Training; Access to Affordable Mental Health Care; Safe Schools; and Means Restriction.

### (1) Education, Outreach and Training

- We must increase our investment in educating the public about mental disorders, symptoms and the importance of seeking professional help for oneself, a family member or friend. There is a need for a societal shift to end the stigma and shame that prevents people with mental disorders from seeking the help they need. Also of critical importance is the need to learn what to do if someone suspects a family member or friend may be thinking of taking his or her life.
- We suggest that the President expand opportunities for educating the public about mental illness by providing funding for an awareness campaign around mental and substance use disorders in his 2014 budget proposal.

- Because families often do not recognize the problem or know what to do, we also need to invest in the education of community gatekeepers such as teachers, clergy, first responders and others in a position to identify and refer people in need of help.
- AFSP recommends the President support and invest in programs that screen for depression and other mental illnesses. The U.S. Preventive Services Task Force (USPSTF) supports annual depression screening for all 12-18 year olds. This is based on USPSTF findings that adolescent depression is associated with serious long-term morbidities and risk of suicide; screening questionnaires can effectively identify depression in adolescents. There is similar evidence that outreach can be effective in identifying college students with serious problems. As an example, AFSP's innovative, anonymous Interactive Screening Program (ISP) uses a web-based method of outreach that starts with a brief online Stress & Depression Questionnaire and offers online dialogue between the student and counselor. ISP has been effective in getting at-risk college students into treatment.
- We need to better prepare mental health clinicians, primary care physicians, pediatricians and other healthcare professionals to recognize and treat depression and other mental disorders. In addition, we need to train them to identify someone at risk for suicide. Every effort must be made to ensure that once a person seeks help for a mental disorder, he or she receives the best possible treatment.
- One way to support improving treatment is fully funding the ENHANCED Act, which was passed as part of the Affordable Care Act (ACA). This will support 21 national depression centers of excellence that will take academic research and translate it into best practices, develop standardized diagnoses that identify patients earlier, and improve treatment.

## (2) Access to Affordable Mental Health Care

- Individuals in need of treatment for a mental disorder must be able to afford it. We urge continued support of laws and provisions that increase access to mental health care. We are grateful to the Administration for making access to treatment for mental disorders a priority within the ACA and urge that this priority be maintained as the ACA is fully implemented.
- Specifically, AFSP recommends that the President implement the final regulations to the Wellstone and Domenici Mental Health and Addiction Parity Act. This is a critical step in improving mental health care in America. Currently the lack of clarity on the requirements for a number of the most complex provisions included in the mental health parity law threatens to undermine its intent.
- AFSP recommends protecting federal funding of Medicaid. Individuals with mental illnesses are among the largest, most important class of Medicaid beneficiaries and 48% of all public mental health services in America are funded through Medicaid. A reduction in federal funding of Medicaid would have a devastating impact on people with these illnesses.
- AFSP recommends the President offer his support for the Excellence in Mental Health Act (S. 2257/H.R. 5989) upon its reintroduction in the 113th Congress. The Act would provide a secure, steady funding stream for community-based mental health and addiction services provided by qualified organizations, to be designated by the Substance Abuse and Mental Health Services Administration (SAMHSA) as Federally Qualified Behavioral Health Centers (FQBHCs). The FQBHC definition includes requirements for providing a comprehensive range of outpatient mental health services, along with basic primary care screenings and partnerships with community primary care partners to assure the delivery of coordinated care. With a stronger community mental health infrastructure, people in need of mental health services will have access to care and lives will be saved.

### (3) Safe Schools

- The first onset of severe mental illness typically occurs in the late teens or early twenties. Annually, more than one million teens in the U.S. suffer from depression, yet less than one-third of those teens receive help. With effective school-based mental health services, supports, and coordination with the community mental health system, our youth will not only lead more productive lives, but lives will be saved through early intervention and prevention programs.
- AFSP recommends that the President include a \$21 million line item in this year's budget proposal for SAMHSA in 2014 and future years that would fund at least one Youth Mental Health First Aid instructor in every school district and every college campus in the country.
- AFSP recommends that the President support upon reintroduction the Mental Health First Aid Higher Education Act (S.3325/H.R. 5996). Introduced with bipartisan support in the 112<sup>th</sup> Congress, this bill would authorize a 5-year demonstration program to fund Mental Health First Aid training programs at institutions of higher education to give campus faculty, staff, and student leaders the skills they need to help someone struggling with a mental illness.
- AFSP recommends the President support enhanced access to student mental health services and programs that reduce bullying and violence in our schools. These programs include the Elementary and Secondary School Counseling program, positive behavioral interventions and supports, social-emotional learning programs, and restorative justice programs.
- AFSP recommends the President provide increased funding in his 2014 budget proposal for the Garrett Lee Smith Memorial Act, which authorizes competitive grants for mental health services and suicide prevention initiatives at the state and tribal level and at colleges and universities.

### (4) Means Restriction

- We know that reducing a suicidal person's easy access to lethal means can be an effective strategy for preventing suicide. This is critical because it gives individuals and those who care for them something they desperately need – time: time to change their minds and time for someone to intervene.
- As the majority of firearm related deaths each year are suicides, and because in 2010, 19,392 Americans died by suicide using a firearm, we recommend educational initiatives that encourage the voluntary safe storage of firearms, reducing ease of access by someone with a mental disorder and at risk for suicide. AFSP believes education with respect to safe storage of firearms in such instances could help save lives.
- AFSP supports partnering with firearm dealers and gun owner groups to incorporate suicide prevention as a basic part of firearm safety and responsible firearm ownership. We agree with the approach called for in the 2012 National Strategy for Suicide Prevention (NSSP), a report of the U.S. Surgeon General, that there should be more outreach to gun owners, firearm dealers, shooting clubs, hunting organizations, and others to increase their involvement in suicide prevention.
- Brochures and websites promoting firearm safety could include a statement regarding the importance of being alert to warning signs of suicide in a loved one and keeping firearms out of a vulnerable person's reach until he or she has recovered.

- Another example is a pilot program developed by the Harvard School of Public Health that works with gun owners to reduce firearm suicides. This promising “Means Matter Campaign” is led by researcher Cathy Barber, a member of AFSP’s Public Policy Council, and emphasizes respecting members of the gun-owning community as partners in prevention. The program could be easily replicated elsewhere.
- AFSP also agrees with the 2012 NSSP which established as one of its goals encouraging healthcare providers who interact with individuals at risk for suicide to routinely inquire about access to all lethal means, including firearms, potentially lethal medications and other means by which someone could take his or her life.

One final recommendation is that the President include funding in this year’s budget proposal for 2014 and future years for the nationwide implementation of the National Violent Death Reporting System (NVDRS). This comprehensive reporting system collects and centralizes information on suicides and other violent deaths from a variety of sources. Information from NVDRS provides a better understanding of the circumstances surrounding violent deaths, including suicide, and helps public officials and organizations put into place effective prevention policies and programs.

The common theme in all of our recommendations is that suicide and murder-suicide are complex issues and no one strategy or approach will “solve the problem.” It is equally clear that as a nation we must do a better job identifying and treating the underlying mental disorders and the compounding life stressors that can lead to such tragic loss of life.

Mr. Vice President, AFSP appreciates the Administration’s leadership and stands ready to work with you and President Obama on the goals of improving mental health care in America and preventing the loss of life to suicide. Please feel free to call upon me at 212-363-3500 ext. 2012, [rgebbia@afsp.org](mailto:rgebbia@afsp.org), or John Madigan, Senior Director of Public Policy, who may be reached at 202-449-3600 ext. 103, [jmadigan@afsp.org](mailto:jmadigan@afsp.org).

Sincerely,



Robert Gebbia  
Executive Director