



Mental Health Association in New York State, Inc.

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**Testimony to the
Senate Mental Hygiene Committee
on
Suicide Prevention**

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HEALTHY MINDS FOR A HEALTHY NEW YORK

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Good Morning. My name is Glenn Liebman. I am the CEO of Mental Health Association in New York State, Inc. (MHANYS). Our organization is comprised of twenty-six affiliates in fifty-two counties throughout New York State. Many of our members provide community-based mental health services but we are also very engaged in advocacy, training, and public education. Much of our work in Albany is around advocacy in support of ending the stigma of mental illness and supporting mental health services and support for those in need. Suicide prevention is a major part of our organization's advocacy efforts.

Thank you to Senator Carlucci and the members of the committee for holding a hearing on one of the most complex and tragic of all public health issues.

Suicide Completion among Young People

Public education is core to our mission as an organization and our belief system about changing lives through greater awareness. Nowhere is this more necessary than with young people to address the rising spike in suicide attempts and completions. Suicide among children and teens has doubled between 2007 and 2015. We have also seen increases in other populations including young Latina women, young African-American men, middle-aged white men, and individuals in the LGBTQ community.

Through the work our organization has been doing with school-aged children around mental health in schools, we have witnessed serious mental health and emotional issues that end up as a crisis response.

Suicide completions are the second leading cause of death among individuals between the ages of 16-24.

Sadly, one in twelve high school students has attempted suicide - think about that. Almost nine percent of high school students have attempted suicide and one in six seriously considers attempting as well.

What does that say and how can we best respond to that overwhelming need?

A question we get all the time is why there is a spike in suicide attempts and completions among young people. While there are no easy answers, we know that social media, easy access to mobile technology, and the pressure to excel in schools certainly have a lot to do with it.

How do we address these situations? One way that we have responded to the school crisis is through New York's State Mental Health Education Law.

This is legislation we advocated for over several years and we are very appreciative of the support of Senator Carlucci, Senator Ortt, and the other committee members. This sweeping new law made New York State the first in the nation to mandate the teaching of mental health in schools at all grade levels.

The rationale for the law was to increase mental health literacy in young people, which research has shown results in an increase in help-seeking behavior and a decrease in attitudes like stigma that are barriers to treatment. Currently, only about forty percent of people with mental illnesses get professional help and those who do get help wait an average of ten years from the first onset of symptoms. Half of all serious anxiety and depression issues happen before age 14. Melding those numbers together, it is very clear that the ten-year gap frequently occurs in early adolescence.

Think about that time of life and all the challenges that young people face; adding a serious mental health issue only exacerbates these typical challenges of youth.

During that ten-year gap, sixty percent of youth with untreated mental health disorders drop out of school and are three times more likely to be in the correctional system and four times more likely to be unemployed. Significant for today's hearing, this is also sadly a time when young people attempt and complete suicide.

Mental health education in schools serves to bridge that gap. By providing a basic knowledge of mental health, students are much more likely to have a greater understanding of their own signs and symptoms and those of their peers and to engage in help-seeking behaviors before a mental health crisis occurs.

The intent of the law is to help create a school climate that is more conducive to good mental health. It is meant to be driven by strategies of overall wellness and support.

We truly believe that the best remedy for ending the tragedy of suicide completion among young people is through education, and mental health education in schools is a huge step forward in that evolution.

With support from the Legislature and from Governor Cuomo, there was funding in the budget that created a School Mental Health Resource and Training Center this past July.

This Center is run through MHANYS and is dedicated to insuring the successful implementation of the mental health education in schools law. The Center helps to insure compliance with the new law, makes lesson plans available to schools to develop curricula, provides professional development opportunities, establishes community partnerships, and engages and supports students and their families.

In less than one year, we have already reached over 60 percent of the schools in New York State - over four hundred school districts either directly through meetings in schools, through our regional summits, or through our affiliates across New York State.

Since our website was launched, <https://www.mentalhealthdnys.org/>, we have had over 17,500 individual users.

The reason that mental health education in schools and the Resource Center have been successful is because these initiatives respond to an unmet need around education and mental health.

All the major educational associations rate mental health issues as either their top priority or one of their top priorities. A recent Pew study also indicated from a student's perspective that mental health was their number one issue—more than even substance use or bullying.

Students get it and educators get it because they are constantly in a vacuum responding as best as they can to a mental health crisis, instead of providing early interventions. School cultures have to change and that is why we are so hopeful of the mental health education law and the School Mental Health Resource and Training Center.

There are several other important initiatives around suicide prevention taking place in New York State. They are all important but education is in many ways the most pivotal because by fostering an environment in schools that is conducive to mental health and wellness, we are impacting future generations of youth that will hopefully have greater knowledge and understanding and will be much less likely to end up in a mental health crisis.

Work of MHA Affiliates and New York State in regard to Suicide Prevention

We are lucky to live in a State that is very proactive when it comes to suicide prevention issues. New York has been a real leader in this area. Offering safeTALK and ASIST Training at no cost across the State has resulted in thousands of New Yorkers becoming more aware and engaged around suicide prevention. New York has also done groundbreaking work in helping support some of the best practices in the field - including work around the Zero Suicide Initiative, a systemic approach to quality improvement in an agency to assure that all staff are trained and have the expertise and knowledge to respond to a crisis. In addition, the State has developed relationships with communities across every county to develop teams dedicated to suicide prevention.

The Mental Health Association (MHA) affiliates across New York provide many programs around suicide prevention. The National Suicide Prevention Lifeline, which is manned by skilled, trained, crisis workers, was originally developed by the Mental Health Association in New York City (now Vibrant Emotional Health).

Veterans and Suicide Prevention

We also want to thank Senator Carlucci for his leadership around suicide prevention as well. In this year's budget, there is over three million dollars dedicated to the Joseph Dwyer Veterans Peer to Peer Program.

As we know from the Veterans Administration, we lose over twenty veterans a day to suicide completion. Issues of PTSD, depression, and anxiety are often left unaddressed when someone is no longer deployed. The Joseph P. Dwyer Veterans Peer Support Project gets to the heart of these issues through peer to peer support. The stigma of admitting a mental health issue is difficult in general and it is magnified by members of the military who are not used to acknowledging any weakness either physical or mental.

The beauty of the Dwyer program is the understanding that the one person who can get through to a veteran about a mental health issue or other challenge is someone who has had shared experience - another veteran who faced challenges and has been able to overcome them to live lives of success in the community. The use of pairing veterans with each other has helped raise awareness and has given countless support and meaning to the lives of many of New York's returning vets. We know that because the Dwyer program is embedded in several of our members' organizations across New York State.

The Role of Mental Health First Aid and Literacy in Suicide Prevention

In this year's budget, MHANYS received funding from Senator Carlucci to support Mental Health First Aid (MHFA). This training has served as an effective tool in a public health approach to suicide prevention.

MHFA is an eight-hour training dedicated, in part, to working with the general public to respond to a mental health crises and challenges. Much like CPR is utilized in physical crises, MHFA teaches participants an Action Plan on how to respond to mental health challenges and crises.

In addition, MHFA has been proven to be effective in helping to end the stigma of mental illness. There are many myths when it comes to mental health and MHFA provides accurate information in order to correct this mythology.

By providing funding for MHFA, our members are able to reach thousands of New Yorkers who have now taken the training and become Mental Health First Aiders. This population includes teachers, law enforcement, veterans, parents, librarians, clinicians, concerned citizens, older New Yorkers, and, more recently, younger people.

Most importantly, by addressing how to respond to a crisis, you are on the front lines of helping to provide support for an individual who without MHFA, would be at high risk of attempting suicide.

Mental Health and Wellness 101 as an Educational Response to Suicide Prevention

We have also created our own program in regard to training and education - Mental Health and Wellness 101. Many people who have come to us and are interested in learning about MHFA

just don't have the eight hours available to take the training. Mental Health and Wellness 101 is a sixty-ninety minute training that provides a greater understanding of mental health for an individual and their role in the community. Part of this program is dedicated to signs and symptoms of mental health-related issues including suicide prevention. 90% of all individuals that complete suicide have depression. Our hope with this training is to increase knowledge about mental health and the importance of mental health literacy.

Criminal Justice Reform

New York State continues the practice of Solitary Confinement for individuals with mental health related issues in correctional facilities. The practice of putting individuals with serious mental health and trauma issues into isolated cells the size of a parking space for 23 hours of the day is inhumane. It only serves to exacerbate existing symptoms around trauma, depression, anxiety, and self-harm. The rate of suicide completions is higher among individuals in solitary confinement.

What is even harder to quantify is the percentage of individuals with mental health issues in solitary confinement that complete suicide after they are released from a correctional facility. The trauma of solitary confinement, even after release, is still impactful for mental health-related issues including self-harm and suicide completion.

Passing the HALT bill will help respond to crisis in our correctional facilities around suicide prevention.

Recommendations:

We have several recommendations that we are putting forward to the Committee.

1. Provide additional funding in the 2020—2021 budget to the School Mental Health Resource and Training Center. Last year, the legislature provided one million dollars for the Resource Center. This year the Executive put \$500,000 in the budget but there was no additional funding from the Legislature.

This resulted in a half million dollar cut to the Training Center. With the compelling numbers around youth suicide completions, there is no greater need than providing additional funding to continue the work to provide resources to schools and to help change the school climate to one that is conducive to good mental health practices and support.

We will be advocating in the 2020-2021 budget to add funding for the School Mental Health Resource and Training Center.

2. Continue to support the good work that is being done by the State through the Suicide Prevention Center, the Suicide Prevention Advisory Committee, and the Governor's Task Force on Suicide Prevention. The work around the Zero Suicide Initiative is groundbreaking and should be implemented in provider organizations across New York State. Unfortunately, these initiatives do not have funding behind them at this point. I would urge the Legislature to work with the Executive to insure that there is funding in next year's budget to support these initiatives.
3. Continue to provide public education around suicide prevention through ASIST and safeTALK. Both have been successful national models that have equipped community members with the tools to respond to a crisis around suicide attempts and completions.
4. MHFA should be expanded across New York State. The leadership of Senator Carlucci has been instrumental in the success of the program. More opportunities and funding support are needed to insure that everyone who wants MHFA training should be able to receive it.
5. Continue support for the Joseph P. Dwyer Veterans Peer Support Project. We are appreciative of the leadership of Senator Carlucci, Senator Brooks, and the entire Senate for their support in responding to the need of suicide completion of veterans. Nothing is more responsive to the needs of veterans than working with a peer in an environment that is non-stigmatizing. We need to ensure continued support for this funding.
6. Pass the HALT Bill. We are losing too many people with mental health issues in prisons to solitary confinement. The percent of suicide completion among those in solitary confinement is higher than the general population. The serious effects of solitary confinement on someone with a mental health issue just exacerbates their illness and greatly increases thoughts of suicide and other self-harm.
7. We support legislation that will add additional social workers, counselors, and psychologists to schools. They are vastly understaffed and, in many cases, there may be only one or two clinicians for an entire school. Clinicians are overwhelmed and fearful that they are only reaching a very small subset of youth who might be vulnerable to suicide.

Summary

In summary, over the last several years, we have spent a great deal of our time and effort working with schools and young people to help provide the expansion of mental health education in schools. The best way to diminish suicide completions over the next generation is twofold: first, it is vital to create educational opportunities at a young age to help normalize mental health in order to greatly reduce stigma, and, second, to understand the warning signs

of mental health issues and to get the support and services necessary for a young person in crisis.

If we can insure that the younger generation is fully educated about mental health, then future generations will be much more cognizant of good mental health and wellness and will be much less likely to end up in a mental health crisis.

We thank the Committee for their leadership on this issue.