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Dear Public Health Committee Co-Chairs and Members:

I am writing to you in support of HB 6276, An Act Concerning Training for Health Care Professionals in Youth Suicide Prevention. I am board member of the Southern Connecticut Chapter of the American Foundation for Suicide Prevention (AFSP-Southern CT) and an active field advocate volunteer with AFSP. I also have a personal connection to the issue of suicide.

On June 17, 2009 my precious 17-year-old daughter, Emma Jane, took her life. Emma was beautiful, bright, and articulate, with an effervescent personality. She was a talented musician who shared her musical gifts generously and participated in every musical ensemble she could fit into her schedule. She was a caring daughter, sister, and friend and a bright light in the lives of many. Her loss devastated many, many people and it almost certainly could have been prevented.

I learned a lot about suicide after Emma's death. I learned that suicide now claims over 41,000 lives in the United States, which is more than breast cancer and more than twice the number of lives lost to HIV/AIDS. I learned that according to the CDC, suicide was the second leading cause of death for children ages 10-19 in the U.S. in 2013, and that more Americans die by suicide than in car accidents! I also learned that research indicates that less than half of pre-doctoral behavioral health providers have received formal training in suicide prevention and intervention. All of those statistics shocked me, but the last statistic was particularly heartbreaking to me.

At the time of her death, Emma had been in the care of a pediatrician for two years for a hormonal disorder that had caused her to stop having periods and is known to cause depression. She was also in treatment with a therapist that she had been seeing for three years for emotional issues. Neither of these healthcare professionals had spoken to us about suicide risk and prevention, nor had they done a formal assessment of risk. It was only after Emma died that I learned that it was entirely possible that neither of these professionals, upon whom we were leaning for expert guidance to help our daughter, had any specific training in assessing suicide risk and providing appropriate treatment and interventions. That was shocking to me. These were professionals who were informing key decisions we were making to help our daughter get healthy and on track, and yet, they likely had no expertise in the area that put her at highest risk of fatality. As a parent that is heartbreaking knowledge. As a consumer, I feel betrayed.

My daughter's pediatrician saw Emma just 3 weeks before her death. Had she understood the risk of suicide in teens like Emma, would she have treated that disorder more aggressively or, perhaps, referred her to a psychiatrist for an assessment? If her therapist, who she saw the night before she ended her life, had received specific training in assessment of suicide risk, would she have picked up a sign that would have allowed us to intervene before it was too late?

I became involved with AFSP as a field advocate and volunteer because I believe we can do a better job of preventing suicide. This bill will help us get all that we know about suicide prevention into the hands of primary care physicians and behavioral health providers who are best positioned to identify and intervene with those at risk. Please support HB 6276 and expand its scope to cover training in the prevention of suicide across the lifespan.

Thank you for your thoughtful consideration.

Connecticut: Facts and Figures on Suicide

	Number of Deaths by Suicide	Rate per 100,000 population	State Rank
Connecticut	330	9.18	47
Nationally	41,149	13.02	

2015 Facts and Figures (Based on most recent 2013 data from the CDC):

- ▶ Suicide is the 14th leading cause of death overall in Connecticut. On average, one person dies by suicide every 27 hours in the state.
- ▶ In Connecticut, suicide is the:
 - 2nd leading cause of death for ages 25-34;
 - 3rd leading cause of death for ages 10-24;
 - 4th leading cause of death for ages 35-54;
 - 8th leading cause of death for ages 55-64;
 - 19th leading cause of death for ages 65 and older.
- ▶ Suicide cost Connecticut a total of \$410,800,000 of combined lifetime medical and work loss cost in 2010, or an average of \$1,163,740 per suicide death.
- ▶ About three times as many people die by suicide in Connecticut annually than by homicide; the total deaths to suicide reflect a total of 6,161 years of potential life lost (YPLL) before age 65.

AFSP in Connecticut

Mission: The American Foundation for Suicide Prevention (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.

Local Chapters: AFSP-Southern Connecticut is located in Fairfield County and serves communities across the southern part of the state; AFSP-Northern Connecticut serves communities across the rest of the state. For more information or to volunteer, please contact Dale Camhi, AFSP Metro New York Regional Director, at dcamhi@afsp.org (Southern Connecticut) or Melanie Varady, AFSP Eastern Division Director, at mvarady@afsp.org (rest of state).

Advocate: AFSP's Connecticut advocacy volunteers build relationships with public officials and advocate on behalf of sound suicide prevention policy. For more information or to volunteer as an advocate, please contact Nicole Gibson, AFSP Senior Manager of State Advocacy, at ngibson@afsp.org.

Suicide Prevention Programs and Initiatives:

- ▶ Connecticut's suicide prevention initiatives are implemented through the Connecticut Suicide Advisory Board (CTSAB), which was created when the Interagency Suicide Prevention Network (ISPN, formally within the Department of Public Health) and the Youth Suicide Advisory Board (YSAB, formally within the Department of Children and Families) merged in 2013, and is through a Community Mental Health Services Block Grant. AFSP is a member of the CTSAB.
- ▶ The CTSAB continues to improve and enhance the www.preventsuicidect.org website; manages social marketing and public awareness campaigns, and continues to develop and promote training capacity for evidence based suicide prevention and intervention curriculums across the state.
- ▶ The *Connecticut Comprehensive Suicide Prevention Plan* is currently being updated by CTSAB, researchers, and other stakeholders.
- ▶ Connecticut law (Statute Chapter 170) requires certified teachers, administrators, and pupil personnel to complete an in-service training program that includes information on the prevention and response to youth suicide (§10-220a); encourages candidates for professional teacher certification to complete a teacher preparation program that includes information on mental health and youth suicide (§10-145a); and requires public school instruction programs to include mental and emotional health, including youth suicide prevention (§10-16b).

10 Leading Causes of Death, Connecticut 2013, All Races, Both Sexes

Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Short Gestation 30	Unintentional Injury ---	Malignant Neoplasms ---	Unintentional Injury ---	Unintentional Injury 138	Unintentional Injury 203	Unintentional Injury 167	Malignant Neoplasms 509	Malignant Neoplasms 1,144	Heart Disease 6,008	Heart Disease 7,090
2	Congenital Anomalies 24	Homicide ---	Unintentional Injury ---	Malignant Neoplasms ---	Homicide 34	Suicide 42	Malignant Neoplasms 107	Heart Disease 327	Heart Disease 606	Malignant Neoplasms 4,799	Malignant Neoplasms 6,619
3	SIDS 18	Malignant Neoplasms ---	Congenital Anomalies ---	Suicide ---	Suicide 26	Malignant Neoplasms 36	Heart Disease 97	Unintentional Injury 235	Unintentional Injury 181	Cerebro-vascular 1,214	Unintentional Injury 1,582
4	Maternal Pregnancy Comp. 14	Benign Neoplasms ---	Septicemia ---	Heart Disease ---	Heart Disease 15	Heart Disease 32	Suicide 63	Liver Disease 76	Chronic Low. Respiratory Disease 118	Chronic Low. Respiratory Disease 1,190	Cerebro-vascular 1,348
5	Respiratory Distress ---	---	---	Septicemia ---	Malignant Neoplasms 12	Homicide 28	Liver Disease 20	Suicide 75	Liver Disease 97	Alzheimer's Disease 814	Chronic Low. Respiratory Disease 1,348
6	Bacterial Sepsis ---	---	---	Cerebro-vascular ---	Congenital Anomalies ---	Liver Disease ---	Diabetes Mellitus 15	Diabetes Mellitus 41	Diabetes Mellitus 95	Unintentional Injury 638	Alzheimer's Disease 824
7	Placenta Cord Membranes ---	---	---	Benign Neoplasms ---	Influenza & Pneumonia ---	Diabetes Mellitus ---	Cerebro-vascular 11	Septicemia 38	Cerebro-vascular 87	Influenza & Pneumonia 555	Diabetes Mellitus 664
8	Diarrhea ---	---	---	Chronic Low. Respiratory Disease ---	Cerebro-vascular ---	Cerebro-vascular ---	Homicide ---	Chronic Low. Respiratory Disease 30	Suicide 75	Diabetes Mellitus 505	Influenza & Pneumonia 604
9	Three Tied ---	---	---	Congenital Anomalies ---	Diabetes Mellitus ---	Chronic Low. Respiratory Disease ---	HIV ---	HIV 28	Septicemia 58	Nephritis 498	Septicemia 575
10	Three Tied ---	---	---	Homicide ---	Pneumonitis ---	Four Tied ---	Septicemia ---	Cerebro-vascular 27	Hypertension 47	Septicemia 465	Nephritis 565

WISQARS™ Note: For leading cause categories in this State-level chart, counts of less than 10 deaths have been suppressed (---).

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Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System