2015

New Jersey Strategy for Youth Suicide Prevention

Allison Blake, Ph.D., L.S.W.
DCF Commissioner

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The New Jersey Strategy for Youth Suicide Prevention, effective January 2015 is the result of a collaborative effort by community partners and the New Jersey Youth Suicide Prevention Advisory Council (Council), which is comprised of appointed New Jersey citizens and representatives from a number of state departments.

The Council was formed under legislation signed into law in January 2004. The members of the Council meet regularly to examine existing needs and services to make recommendations for youth suicide reporting, prevention, and intervention.

Suicide is a serious public health problem that causes pain, suffering, and loss to individuals, families, and communities nationwide. Suicide is one of the top 10 causes of death in the United States, and the third leading cause of death for youth age 10 to 24. Suicide places a heavy burden on the nation in terms of the emotional suffering families and communities experience, as well as, the economic costs associated with medical care and lost productivity. According to the Center for Disease Control and Prevention (CDC), "each year, approximately 157,000 youth between the ages of 10 and 24 receive medical care for self-inflicted injuries at Emergency Departments across the U.S." Yet suicidal behaviors frequently are met with silence and shame within the community. These reactions are barriers to care, support for individuals in crisis and those who have lost and/or almost lost a loved one to suicide.

In comparison to the national average, New Jersey continues to have a lower rate of suicide. Regardless, as one death is too many, it remains a priority area to combat within the state. During a three year period (2010-2012), there were 233 youth suicides in New Jersey. The data for those three years revealed the rate of suicide for youth ages 10 to 18 is substantially lower than that of the youth ages 19 to 24. Of the 233 youth that died by suicide, 168 or 72% of these suicides occurred with youth ages 19-24. Given the low rate, a trend that has become increasingly alarming is New Jersey's relatively high number of suicides by train. From 2011 to 2013, New Jersey experienced 16 suicide deaths by "other land transport" (train).

In regards to suicide attempts, 2,248 youth in New Jersey were hospitalized for attempted suicide and/or self-inflicted injuries between 2010 and2012. The data revealed that females attempt suicide at a rate of 57.0 per 100,000 youth; nearly double the rate of males. Males attempt suicide at a rate of 30.6 per 100,000 youth. However, male youth complete suicide at a higher rate (7.1 per 100,000 youth) than female youth (1.8 per 100,000 youth) in New Jersey.

As noted, New Jersey recognizes that *one suicide or suicide attempt is one too many*. As a result, the New Jersey Strategy for Youth Suicide Prevention was developed to guide New Jersey in an effort to provide effective suicide prevention strategies to educate, empower and strengthen youth, families and communities.

New Jersey is among few states that provides ongoing youth suicide prevention and public awareness as a continued commitment to the reduction and ultimate elimination of suicide among youth. The state continues to maintain strict laws restricting youth access to firearms, which has minimized suicide completions as this is a more deadly means of attempt. The NJ Department of Education (DOE) continues to mandate staff training in schools for suicide prevention and the detection of early warning signs. The NJ Juvenile Justice Commission (JJC) has implemented the evidence-based Columbia Suicide Severity Rating Scale (C-SSRS) for youth served in detention centers to assess their risk for suicide at multiple intervals. In addition, the NJ Department of Children and Families (DCF) has policies in place to ensure youth in care are screened and treated when they present signs of suicidal ideation.

The DCF, Division of Family and Community Partnerships (FCP) is the lead agency for youth suicide prevention in the state. DCF recognizes the value of building partnerships within and among State and local systems, community service providers, the private sector, foundations, universities, and the media in combating youth suicide. As a result, this strategy is a result of a collective effort. Below are some of the core suicide prevention programs that currently provide services to youth and families in New Jersey.

Traumatic Loss Coalition

The Traumatic Loss Coalition for Youth Program (TLC) at University Behavioral Healthcare at Rutgers is funded by the DCF. TLC is an interactive, statewide network that offers collaboration opportunities and support to professionals working with school-age youth. The dual mission of TLC is excellence in suicide prevention and trauma response assistance to schools following suicide, homicide and deaths that result from accidents and/or illnesses.

2ND Floor Youth Helpline

2ND Floor Youth Helpline (1-888-222-2228, www.2ndfloor.org) at 180 Turning Lives Around is funded by the DCF. 2ND Floor serves youth and young adults (ages 10-24) in New Jersey. Youth who call are assisted with their daily life challenges by professional staff and trained volunteers. Anonymity and confidentiality are assured except in life-threatening situations. 2ND Floor is accredited by the American Association of Suicidology.

Jersey Voice

Jersey Voice (jerseyvoice.net) exists for teens and young adults in New Jersey who have ever had a horrible day, struggled with mental health problems, or lost a loved one. This peer-to-peer website is funded by the Substance Abuse and Mental Health Administration (SAMSHA) – Garrett Lee Smith grant. It encourages teens and young adults to use their own unique Jersey voices to help each other, recognize their strengths, promote resiliency, and inspire hope.

Mobile Response and Crisis Screening

Mobile Response and Stabilization Services are available 24 hours a day, seven days a week to help children and youth experiencing emotional or behavioral crises. Services are designed to defuse an immediate crisis, keep children and their families safe, and help stabilize children in their own homes or current living situation (such as a resource foster home, treatment home or group home).

Adult and Youth Mental Health Services

New Jersey Suicide Prevention Hopeline

NJ Hopeline (1-855-654-6735, www.njhopeline.com) launched May 2013 at Rutgers University Behavioral Healthcare's Contact Center is funded by New Jersey Department of Human Services - Division of Mental Health and Addiction Services. The center is accredited by the American Association of Suicidology and is a member of the National Suicide Prevention Lifeline network. The Hopeline is New Jersey's dedicated in-state peer support and suicide prevention hotline staffed by mental health professionals and peer support specialists 24 hours a day, seven days a week. The service is available to callers of all ages for confidential telephone support (except when a suicide attempt is in progress), assessment, and referral. Crisis chat is also accessible through the website and the service can be reached by texting njhopeline@ubhc.rutgers.edu.

Screening and Screening Outreach Programs

Screening and screening outreach programs are located within each of New Jersey's 21 counties. These programs are available to individuals in emotional crisis who require immediate attention and cannot wait for a regular appointment. Screening and screening services are typically located in a general hospital and available 24-hours a day, seven-days a week. An individual may walk in without an appointment, or be brought to the screening center by a parent, friend, spouse, law enforcement official, mental health worker, or any other concerned individual. If the person in crisis is unable or unwilling to come to the Center, a screening outreach team may be sent to the person.

For information about adult mental health services, visit the DHS Division of Mental Health and Addiction Services' website at http://www.state.nj.us/humanservices/divisions/dmhas/.

National Suicide Prevention Lifeline

The National Suicide Prevention Lifeline (1-800-273-TALK (8255)) provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, seven days a week.

New Jersey Strategy for Youth Suicide Prevention

In the development of the New Jersey Youth Suicide Prevention Strategy, the National Strategy for Suicide Prevention was a key resource. New Jersey believes everyone has a role in preventing suicides. The goals and objectives in this New Jersey Strategy for Youth Suicide Prevention focuses on wellness, increased protection, risk reduction, and the promotion of effective treatment and recovery using evidenced based and/or evidence-informed practices. This strategy:

- Addresses the needs of vulnerable populations, while being culturally sensitive
- Promotes the coordination of public health and mental health systems
- Uses the most up-to-date knowledge in prevention and postvention
- Combats misconceptions about suicide to reduce shame, silence, and build resiliency in individuals and communities
- Promotes safe messaging when reporting and discussing suicide.

DCF is the lead state agency responsible for facilitating the work to prevent youth suicide in New Jersey. In this role, as stated earlier, DCF recognizes the work of youth suicide prevention cannot be accomplished by any one entity. As a result, DCF and the other listed state entities have identified objectives within each goal that they will advance. Additionally, DCF welcomes the support of the public, the Council, community based organization, institutions of higher education, and county and local governments to support us in advancing further goals and objective.

Goal 1: Continue to integrate and coordinate suicide prevention activities across multiple federal, local, and state systems. (*NJ Department of Children and Families)*

Objective 1.1: Increase integration, coordination, and alignment across child, youth, and family serving systems and supports.

Objective 1.2: Identify and develop opportunities for collaboration between prevention partners.

Objective 1.3: Engage new and existing partners to participate in implementation of New Jersey's Strategy for Suicide Prevention.

Objective 1.4: Encourage state and community based agencies to collaborate in seeking funding that supports youth suicide prevention efforts.

Objective 1.5: Advocate for resources to integrate suicide prevention into all relevant health care reform efforts.

Goal 2: Promote the use of research-informed communication efforts to encourage change in attitudes, and behaviors to increase knowledge to prevent suicide.
(*NJ Department of Children and Families)*

Objective 2.1: Support and disseminate communication strategies that promote safe traditional and social media messaging for diverse populations.
Objective 2.2: Increase knowledge of the warning signs for suicide and how to connect individuals in crisis with assistance and care.

Goal 3: Increase knowledge of the factors that offer protection from suicidal behaviors and promote wellness and recovery.
(*NJ Department of Education and Juvenile Justice Commission)*

Objective 3.1: Promote effective programs and practices that increase protection from suicide risk.
Objective 3.2: Reduce the discrimination and stigma associated with suicidal behaviors and mental and substance use disorders.
Objective 3.3: Promote the understanding that recovery from mental and substance use disorders are possible for all.
Objective 3.4 Promote SAMSHA's National Registry of Evidenced Based Programs and Practices as a tool for identifying effective suicide prevention programs.

Goal 4: Promote responsible media reporting of suicide, accurate portrayals of suicide and mental illnesses in the reporting (i.e. newspapers and television), and entertainment industry, and the safety of online content related to suicide.
(*NJ Department of Children and Families)*

Objective 4.1: Encourage and recognize news organizations that develop and implement policies and practices addressing the safe and responsible reporting of suicide and other related behaviors.
Objective 4.2: Encourage and recognize members of the entertainment industry who follow recommendations regarding the accurate and responsible portrayals of suicide and other related behaviors.
Objective 4.3: Identify, disseminate, and promote guidelines on the safety of online content for new and emerging communication technologies and applications.
Objective 4.4: Identify, disseminate, and promote guidance for journalism and mass communication to schools regarding how to address consistent and safe messaging on suicide and related behaviors in their curricula.

Goal 5: Promote the implementation of effective wellness programs that prevent suicide and related behaviors.
(*NJ Department of Children and Families and NJ Department of Human Services)*

Objective 5.1: Strengthen the coordination, implementation, and evaluation of comprehensive state/territorial, tribal, and local suicide prevention programming.
Objective 5.2: Encourage community-based settings to implement effective programs and provide education that promote wellness and prevent suicide and related behaviors.
Objective 5.3: Strategize intervention efforts to target New Jersey's high risk populations to reduce suicidal thoughts and behaviors.
Objective 5.4: Strengthen efforts to increase access to and delivery of effective programs and services for mental and substance use disorders.
Objective 5.5: Encourage upstream prevention approaches across all service sectors (i.e. education, health care, community based organizations, etc.)

Goal 6: Promote efforts to reduce access to lethal means of suicide through the implementation and training of safety plans for individuals with identified suicide risk. (*Juvenile Justice Commission)*

Objective 6.1: Promote and educate partners in the use of safety plans for individuals.
Objective 6.2: Continue to partner with New Jersey Department of Transportation to explore additional methods to prevent suicide by train in New Jersey.
Objective 6.3: Identify, disseminate, and promote the implementation of new safety technologies such as mapping to reduce access to lethal means.

Goal 7: Provide evidence-supported training to community and clinical service providers on the prevention of suicide and related behaviors specific to the needs and roles of the provider.
(*NJ Department of Children and Families and NJ Department of Human Services)*

Objective 7.1: Provide training on suicide prevention to community groups that have a role in the prevention of suicide and related behaviors.
Objective 7.2: Promote training to mental health and substance abuse providers on the recognition, assessment, and management of at-risk behavior, and the delivery of effective clinical care for people with suicide risk.
Objective 7.3: Promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by all health professions, including graduate and continuing education.
Objective 7.4: Promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by credentialing and accreditation bodies.
Objective 7.5: Identify, disseminate, and promote protocols and programs for clinicians, clinical supervisors, first responders, crisis staff, and others on how to implement effective strategies for communicating and collaboratively managing suicide risk.

Goal 8: Promote suicide prevention as a core component of health care services.
(*NJ Department of Human Services)*

Objective 8.1: Promote the adoption of "zero suicides" as an aspirational goal by health care and community support systems that provide services and support to defined patient populations.
Objective 8.2: Promote protocols for delivering services for individuals with suicide risk in the most collaborative, responsive, and least restrictive settings.
Objective 8.3: Promote timely access to assessment, intervention, and effective care for individuals with a heightened risk for suicide.
Objective 8.4: Promote continuity of care, safety and well-being of all patients treated for suicide risk in emergency departments or hospital inpatient units.
Objective 8.5: Encourage health care delivery systems to incorporate suicide prevention and appropriate responses to suicide attempts as indicators of continuous quality improvement efforts.
Objective 8.6: Establish linkages between providers of mental health and substance abuse services and community-based programs, including peer support programs.
Objective 8.7: Coordinate and promote services among suicide prevention and intervention programs, health care systems, and accredited local crisis centers.
Objective 8.8: Develop and promote collaborations between emergency departments and other health care providers to provide alternatives to emergency department care and hospitalization when appropriate, and to promote rapid follow-up after discharge.

Goal 9: Promote effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.
(*NJ Department of Human Services and Juvenile Justice Commission)*

Objective 9.1: Disseminate and promote guidelines for the assessment of suicide risk among individuals receiving care in all settings.
Objective 9.2: Identify, disseminate, and promote the implementation of guidelines for clinical practice and continuity of care for providers who treat people with suicide risk.
Objective 9.3: Promote the safe disclosure of suicidal thoughts and behaviors by all patients.
Objective 9.4: Identify, disseminate, and promote guidelines to effectively engage families and concerned others (*when appropriate*), throughout entire episodes of care for persons with suicide risk.
Objective 9.5: Identify, disseminate, and promote policies and procedures to assess suicide risk and intervene to promote safety and reduce suicidal behaviors among patients receiving care for mental health and/or substance use disorders.
Objective 9.6: Identify, disseminate, and promote standardized protocols for use within emergency departments to allow for more differentiated responses based on risk profiles and assessed clinical needs.

Objective 9.7: Identify, disseminate, and promote guidelines on how to document the assessment and treatment of suicide risk. In addition, establish a training and technical assistance to assist providers with implementation.

Goal 10: Continue to provide care and support to individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides. (*NJ Department of Children and Families)*

Objective 10:1: Promote the existing New Jersey comprehensive support programs for individuals affected by suicide.
Objective 10.2: Assess the identified strengths and needs within NJ in order to enhance effective comprehensive support programs.
Objective 10.3: Explore best practices in providing care and support to individuals/families affected by suicide deaths and attempts. *Such as using a document created by a group of experienced organizations (AAS, AFSP, Lifeline, NAMI-NH, Suicide Awareness Voices of Education, and several advocates) titled "Special Consideration for Telling Your Own Story: Best Practices for Presentations by Suicide Loss and Suicide Attempt Survivors, etc.*
Objective 10.4: Identify, disseminate, and promote guidelines to promote, support, and operationalize self-care for healthcare providers, first responders, and others with care and support when a patient under their care dies by suicide.

Goal 11: Enhance New Jersey's surveillance systems relevant to suicide prevention and the ability to collect, analyze, and use information in a timelier manner. *(NJ Department of Health)*

Objective 11.1: Improve the timeliness of reporting vital records data.
Objective 11.2: Improve the usefulness and quality of suicide-related data.
Objective 11.4: Improve the number of nationally representative surveys and data collection instruments that include questions on suicidal behaviors, related risk factors, and exposure to suicide.

Goal 12: Review the impact of interventions used for suicide prevention and enhance the collaboration between federal, state and local systems in the collection and dissemination findings. (*NJ Department of Children and Families)*

Objective 12.1: Promote and support the availability of quality research resources in the prevention of suicide and the care and aftermath of suicide behaviors through the implementation of best practices.
Objective 12.2: Promote evaluations to determine the effectiveness of suicide prevention interventions.
Objective 12.3: Assess and disseminate the evidence in support of suicide prevention intervention to promote systematic integration.
Objective 12.4: Promote the impact and effectiveness of the National Strategy for Suicide Prevention.

ADDITIONAL SUICIDE PREVENTION RESOURCES

AIR Attitudes in Reverse - attitudesinreverse.org

The mission of AIR Attitudes In Reverse® is to educate society about mental health. People need to know that the best suicide prevention plan is a good mental health awareness program. In addition, AIR tries to educate that ALL people should be treated with dignity, respect, and understanding, no matter what illness they might have. If people "act different" there is a very good chance that there is a diagnosed or non-diagnosed mental health disorder, and should NOT to be judged or criticized.

Society for the Prevention of Teen Suicide -sptsusa.org

The Society for the Prevention of Teen Suicide (SPTS) was started in 2006 by two fathers who had lost teenaged children to suicide. This website includes information for teens, parents and educators, including a video, Not My Kid: What Every Parent Should Know. This short video asks and answers questions about whether or not your child may be at risk for suicide. More importantly, it demonstrates how to ask those questions - and keep asking - until you get answers that help you understand whether or not your child is at risk and what to do about it.

New Jersey Youth Suicide Prevention Advisory Council Members and contributors to New Jersey's Strategy for Suicide Prevention

*Subcommittee members of the N.J. Strategy for Suicide Prevention

Kelly Allen *
Coordinator, Safe and Supportive School Unit
NJ Department of Education
Office of Student Support Services
Commissioner Designee

Samuel Bernstein, MSW
Elizabeth Board of Education

Maureen Brogran, LPC *
Coordinator
Rutgers, University Behavioral Health Care
Traumatic Loss Coalition
Co-Chairperson: New Jersey Strategy for Suicide Prevention Plan

Teresa Buxton, MSW*
Mental Health Liaison
NJ Juvenile Justice Commission
Office of Rehabilitative and Treatment Unit
Commissioner Designee

Christina Rasiewicz, MBA, LCSW, LCADC
NJ Juvenile Justice Commission
Commissioner Designee alternate

Charmaine Thomas, MSW
Assistant Commissioner, FCP & DOW
NJ Department of Children and Families
Division of Family and Community Partnerships and Division on Women

Shondelle Wills-Bryce, MSW *
Administrator
NJ Department of Children and Families
Division of Family and Community Partnerships
Office of School Linked Services

Elizabeth Dahms, MS, RN-BC
Commissioner Designee
NJ Department of Health

Wendy DePedro, MSEd *
Executive Director
Mental Health Association of Monmouth County

Andrew Evangelista, LCSW, LCADC
Montclair High School

Alexander Glebocki, MA, DRCC *
Commissioner Designee
New Jersey Department of Human Services

Theodore Petti, MD, MPH *
Rutger's University Behavioral Health Care

April G. Scott, MSW *
NJ Department of Children and Families
Division of Family and Community Partnerships
Office of School Linked Services
Chairperson: New Jersey Strategy for Suicide Prevention Plan -

Michelle Scott, Phd *
Monmouth University
New Jersey Youth Suicide Prevention Advisory Council - Chairperson

Judith Springer, Psyd
Ceceilyn Miller Institute

Mario Tommasi, Phd, ABPP
Community Treatment Solutions
New Jersey Youth Suicide Prevention Advisory Council Co-Chairperson