

DISCLAIMER

Electronic versions of the exhibits in these minutes may not be complete.

This information is supplied as an informational service only and should not be relied upon as an official record.

Original exhibits are on file at the Legislative Counsel Bureau Research Library in Carson City.

Contact the Library at (775) 684-6827 or library@lcb.state.nv.us.

Good afternoon, Senator Rawson and members of the committee:

My name is Linda Flatt. I am a Community Organizer for Suicide Prevention Action Network (SPANUSA), Chairman of the Board of the Nevada Affiliate Chapter of the American Foundation for Suicide Prevention (AFSP-NV), and survivor of my 25 year-old son Paul's suicide. On June 29, 1993, Paul intentionally ended his life by inhaling cyanide gas fumes. That incomprehensible choice set me on a long, complicated path of healing that eventually led to an outreach to other survivors. Since survivors are at a greater risk for suicide than the general public, my work with survivors resulted in a quest for information about suicide prevention, intervention, and postvention (bereavement aftercare for survivors). When I turned to my community for information and support, I found limited resources in all of these areas. Ultimately, I became an advocate for improved suicide prevention efforts in the US and in my home state of Nevada – the state that has led the nation in suicide rates for many years. To that end, I am here this afternoon to urge the adoption of SB 49 – for the following reasons:

1. **Suicide is a serious public health problem in the United States and in Nevada.**
2. **Suicide is a preventable mode of death, and**
3. **There is a movement underway to reduce suicide in the US and NV, and WE MUST PARTICIPATE!**

1. Suicide is a problem

Source: American Association of Suicidology, Centers for Disease Control and Prevention, Nevada Bureau of Health Planning and Statistics, and the Clark County Coroner

United States

- Suicide takes the lives of nearly 30,000 Americans every year (29,350 in 2000).
- Every 18 minutes another life is lost to suicide. Every day 82 Americans take their own life and over 1500 attempt suicide.
- Suicide is now the eleventh leading cause of death in Americans.
- For every two victims of homicide in the U.S. there are three persons who take their own lives.
- There are now twice as many deaths due to suicide than due to HIV/AIDS.
- Between 1952 and 1995, the incidence of suicide among adolescents and young adults nearly tripled.
- In the month prior to their suicide, 75% of elderly persons had visited a physician.
- Over half of all suicides occur in adult men, aged 25-65.
- Males are four times more likely to die from suicide than are females.

- More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease, COMBINED.

Suicide is also a serious public health problem in Nevada.

- Nevada leads the nation in suicide rates (1990 – 2000)
- In 2000, our suicide rate (21.3) was double the national average rate (10.7)
- Suicide is the 5th leading cause of death in Nevada (1995 – 2000)
- Suicide is the 2nd leading cause of death for Nevadans aged 10 – 34 (1981 – 1998)
- More Nevadans die by suicide than by homicide, motor vehicle accidents, or AIDS
- Suicide programs in Nevada are limited and fragmented
- Nevada has one Crisis Center certified by the American Association of Suicidology – the Crisis Call Center in Reno
- Over 60% of all Nevada suicides occur in Clark County

2. Suicide is preventable

- Many suicides can be prevented, if those around the individual at risk know what to look for, what to say, and what to do.
- Best selling author, Dr. Kay Redfield Jamison, says in her book *Night Falls Fast: Understanding Suicide*, “Most suicides, although by no means all, can be prevented. The breach between what we know and what we do is lethal”. (Page 25)
- The U. S. Air Force has reduced suicide over 50% over the past three years through a *community-based non-medical model* that can be adapted to any community.
- The first Goal of the *National Strategy for Suicide Prevention: Goals and Objectives for Action* is to: Promote Awareness that Suicide is a Public Health Problem that is Preventable. “If the general public understands that suicide and suicidal behaviors can be prevented, and people are made aware of the roles individuals and groups can play in prevention, the suicide rate can be reduced.”
- In 1999, suicides in the US declined by over 1,300 and the rate of suicide per 100,000 people declined for the 10th straight year. While we cannot identify any one cause of this result, we know that collectively all of the suicide prevention efforts in the US have worked together to bring this about.

3. Suicide Prevention Movement

Led by SPANUSA and Senator Harry Reid, grassroots efforts on Capital Hill to increase federal funding for suicide prevention programs have resulted in:

- A National Suicide Prevention Conference (held in Reno, NV in 1998)
- National Suicide Prevention Research Center (in Las Vegas, NV 1998)

- National Suicide Prevention Strategy: Goals and Objectives for Action (announced by then US Surgeon General, David Satcher in 2001)
- Nationwide toll-free suicide hotline (1-800-SUICIDE) – funded by SAMHSA in 2000
- National Suicide Prevention Resource Center – Established in October of 2002, this technical resource center will act as a clearinghouse for best practices and information for states working on state suicide prevention strategies.
- 18 states have implemented statewide suicide prevention plans and all other states in the US (including NV) are in the process of creating a state strategy. **Federal funding will ultimately go to states with suicide prevention strategies or programs in place.**

An effort to bring the SPANUSA momentum to Nevada has resulted in:

- SCR #3 (1999)– acknowledged the serious public health problem of suicide in NV
- State funding for statewide toll free suicide hotline (Crisis Call Center, Reno)
- SCR#11 (2001) – established an Interim Study of Suicide in Nevada
- Legislative Subcommittee Appointed to Study Suicide Prevention in Nevada (9/2001)
- Columbia Teen Screen Program implemented in Clark County (2/2003)
- SB 49 (2003) – will establish a Statewide Program of Suicide Prevention within the Department of Human Resources

A Call to Action

Statistics do not paint the whole picture – suicide is devastating to family, friends, and entire communities. During the preparation of this testimony, I had to write a letter to a mom and dad acknowledging a contribution to AFSP-NV in memory of their 18 yr-old son who died by suicide the end of January. A note with the check read “Well, I could go on and on detailing the trail of despair and pain that has been left behind.”

Several days later, on a Saturday morning, I got a call from a mom whose 14 yr-old son spent the night with a friend the previous Thursday. Sometime during the night, the friend (also 14) hanged himself in another room of the house. An e-mail that I got that afternoon read “I’m so glad you took the time to talk to me this morning...I will be reviewing all of the material you sent. I am so glad to hear my son say today that he will never consider suicide and he did say this on his very own accord so I sure hope this is a good sign.”

On June 29th, after this Session is over and we’ve all have gone home, I will mark the 10th anniversary of Paul’s suicide. Over 3400 suicides have been recorded in Nevada since Paul died. Ten years of record high suicide rates - and disappointingly limited resources for suicide education, prevention, intervention, and postvention clearly indicate that this is a problem that is **NOT** going to go away by itself. We must not continue to ignore this issue. The adoption of SB 49 and other suicide prevention legislation in this Session will provide an opportunity for the State of Nevada to begin a course of action to reduce suicide and ease suffering. Together, we can make a difference and **SAVE LIVES!**

Thank you.

Linda L. Flatt
3/7/03