

Suicide of Revered Former Mayor in Pleasantville Triggers Assessment of Suicide Prevention Policies

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Building Leadership, Utilizing Excellence

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Note: The names used in this case study are fictional. Names have been changed to protect the identity and confidentiality of real-life individuals. Any resemblance to real-life persons is purely coincidental.

The suicide death of a revered former mayor of Pleasantville, Middlestate, on November 21, 2004, prompted the community to assess the problem of suicide in its county and adequacy of measures being taken at the county and state level to combat this public health problem. Prior to the event, the town had been skeptical of the need to support the development of a local or county-level suicide prevention council and aid the implementation of the Suicide Prevention State Plan. However, upon assessing the problem in depth, the Mayberry County Health Department (MCHD) discovered that its suicide rates were on par with the state levels, which surpass national levels. This case study examines how Pleasantville and the MCHD were able to mobilize community partners, build a coalition, and gather attitudes and perceptions to provide direction for policy development following the suicide of John Mayor. In response to this high profile suicide death by firearm in a small Midwestern town of 30,000, the coalition must also wrestle with issues of firearm policy and insurance coverage for mental health services.

Suicide of Pleasantville Mayor Leaves Town in Shock
Pleasantville Times
Sunday, November 21, 2004

PLEASANTVILLE, MIDDLESTATE – John Mayor, age 70, was found dead in the garage of his home yesterday around 6pm by his wife, Marjorie. It is suspected that Mayor fatally shot himself in the head with a 38-caliber handgun yesterday afternoon.

Andy Taylor, Mayberry County Sheriff, reported that officers circled the Sunset neighborhood where Mayor lived after a woman reported that she heard a gunshot. However, Mayor’s body was not found until after a second “911” call from Mayor’s wife.

Neighbor Nosy Lady said she heard a shot around 3pm but could not determine the source. She immediately called “911.”

"I saw John in the morning and he seemed perfectly fine. Cordial as always. I just don't understand what happened," recalled Lady. "This city has lost a fine man and citizen who devoted his life to serving Pleasantville."

Mayberry County Coroner Shirley Johnson ruled the death a suicide after an initial investigation at the scene. She would be continuing the examination of the body at Mayberry County Hospital.

John Mayor retired from his 42-year career of public service in January of this year, following the end of his second term as mayor of Pleasantville. He married Marjorie shortly after his first wife, Angel, passed away from breast cancer two years ago.

Marjorie Mayor, who is John Mayor's second wife and only family survivor, found her husband after returning home from a day of early Christmas shopping. "This is a complete shock to me," she commented. "John had been open with the public about his prostate cancer diagnosis a few months ago, so I thought he was doing ok. I thought we had decided we would try and beat this thing together."

Funeral services will be held at Pleasantville Mortuary on Tuesday. Memorial contributions can be made to the Prostate Cancer Research Fund at the University of Middlestate Cancer Institute.

Epidemiology of Suicide in Middlestate and the State's History of Response

Based on a 1999-2001 report compiled by the Middlestate State Department of Health, it was known at the state level that the number of suicides in Middlestate was about 700 on average each year, or about 11.66 per 100,000, which is comparable to the national rate of 11.3 but well above the Healthy People 2010 target of 4.1 per 100,000 (3,6).

From 1999-2000, suicide with a firearm was the second leading cause of injury death in Middlestate, accounting for 20% of all injuries. During that same period, male residents of the state had suicide rates 4-6 times those of females, and the use of firearms accounted for 60% of all suicides. In elderly males, suicide ranked ahead of automobile related fatalities and homicides as the cause of death (6).

Caucasians are more likely to commit suicide than any other race. Suicide rates increase with age and are highest among Americans age 65 and older, especially those who are divorced or widowed. The Centers for Disease Control and Prevention (CDC) estimates that an older adult commits suicide every 90 minutes in the U.S. (4). This is attributed to the development of chronic disease and increasing isolation due to deaths of family members and friends. The elderly are often faced with a myriad of health problems and lack support systems.

Risk factors associated with suicide include depression, mental illness, chronic disease and major changes in social roles, such as retirement. It is believed that men are less likely to ask for help, especially for emotional concerns (4).

The Middlestate Partnership to Prevent Firearm Violence formed a Suicide Prevention Committee to counteract this public health problem, focusing initially on an epidemiological investigation.

In 1999, the U.S. Surgeon General released a national call to action for suicide prevention and encouraged states to develop plans of their own based on national recommendations which emphasized Awareness, Intervention and Methodology (AIM) (5).

Consequently, the Suicide Prevention Committee transformed into the Middlestate State Suicide Prevention Coalition (MSSPC) which focuses on studying trends, better identifying populations at risk, improving data collection, assessing the societal impact of suicide, and developing preventive strategies. The coalition's plan emphasizes increasing funding, research and use of evidence-based methods, and raising awareness of suicide prevention.

"If there is one, there's too many," said Sue Brown, chair of the MSSPC. "Any suicide is unacceptable, because it is a completely preventable issue."

"We can find out the risk factors and the positive factors," continued Brown. "If we look at those, and we intervene early, then it is possible to prevent a suicide."

The mission of the MSSPC is to coordinate, facilitate, advise and provide resources to Middlestate communities for activities that reduce deaths due to suicide, the occurrence of suicidal behaviors and the effects of suicide on Middlestate citizens. The coalition meets monthly and is currently comprised of 34 advisory members, which includes mental and public health professionals, law enforcement, behavioral researchers, educators, survivors of suicide, a coroner, and representatives of violence, faith, youth and geriatric organizations.

It also advises eight separate regional or county coalitions around the state that help implement the state plan on the local level and develop their own plan for action based on the state's outlined goals and objectives. The intention of this infrastructure was to better facilitate awareness activities and partnerships, avoid duplication of resources and identify effective strategies.

"It is so important for citizens to know that suicide affects a wide spectrum of people throughout our state," noted Brown of the coalition. "The best way to tackle this situation is to bring together a broad range of people with different backgrounds and turn this dismal trend around."

Brandie Smith, psychiatrist and Chief of the Pleasantville Mental Health Center, and Lena Hahn, local crisis line director, were approached in 2003 by Brown to ask for their participation in the coalition. A meeting was held at the local library in January 2004, but turn-out was low and a critical mass was not gathered from Pleasantville to join the coalition.

Mayor's Death Refuels Fizzled Coalition

Nearly a year passed without any action in Pleasantville involving the coalition and suicide prevention. Following Mayor's death, Smith re-contacted the chair of the state coalition in mid-December. They met to discuss why Mayberry County failed to achieve community buy-in with the coalition at the beginning of the year.

"Social stigmatization of mental health issues is a big reason there was little attendance at the coalition meeting in January," said Smith. "Are you mental?" she said rhetorically, exhibiting the frequent misuse of the term "mental." "Mental health is also marginalized at so many levels. And portrayals on TV don't help. I get people who ask me on their first visit 'Where's the couch?' People just don't understand the value of mental health care."

"The American culture in general, and in Pleasantville especially, there is a 'pull-yourself-up-by-your-bootstraps' attitude," she continued. "A personal mental health problem is seen as a weakness in character, a flaw in spirit, not an alteration in brain chemistry."

"And besides, Pleasantville has historically addressed suicide as a problem afflicting teenagers. All our students receive a guidebook on suicide prevention with warning signs for suicide and most people think that is enough for addressing this 'teenage problem.'"

They decided to hold a town hall meeting to further investigate local perceptions and attitudes prior to reconvening the coalition. In the meantime, Smith contacted the Mayberry County Health Department to inquire about any local suicide or self-inflicted injury data she could use to make her case at the meeting. Sue Brown had given Smith national data that reported 264,000 Americans are treated in the hospital emergency departments each year after attempting to take their own lives, and many more suicides and attempted suicides go unreported. Of these 264,000, 79% are admitted from ER outpatient centers, 57% are hospitalized at least one day, and 52% require one day of critical care – healthcare costs that would add up quite quickly (1). She wondered how Pleasantville would compare.

Response at the Local County Health Office

Stitch Thomas, MD, Health Officer, Mayberry County Health Department received the phone call from Smith inquiring about local data. Thomas called the county hospital and was able to determine that the self-inflicted injury data were quite on par with national and state statistics. Most interesting was that it was slightly elevated among older adults and males.

"Now, that's quite disturbing." Thomas decided to set up a meeting with his long-time pal, John Jones, MD, psychiatrist and Director of the Mayberry County Mental Health Association, at the Dew Drop for breakfast.

Over a hearty helping of biscuits and gravy, Jones and Thomas discussed the sad story of John Mayor's recent suicide. Jones told Thomas that he and colleagues are finding it more and more difficult to provide adequate counseling services for patients. The worst cases, he said, are those

when a managed care provider prescribes treatment for mental health based on a phone consultation.

“Yes, medicines can help, but drug treatment is ineffective without adequate counseling,” said Jones. “Psychiatrists are overwhelmed and under a lot of pressure to do things fast and cheap.”

And even finding psychiatric treatment in Pleasantville would be rather difficult. Jones reported that both his and Smith’s patients wait weeks and sometimes months for first visits.

After meeting with Jones, Thomas asked Minnie Kleanhans, Health Educator at the Mayberry County Health Department, to do some investigating into the available suicide resources in Middlestate, and especially Pleasantville, for older adults.

No resources were found on the Center County or Middlestate State Department of Health web site, which was quite frustrating. A search of national resources, MedlinePlus, National Institute of Mental Health (NIMH), and American Association of Suicidology Webs sites, all pointed to the toll free National Suicide Prevention Lifeline at 1-800-273-TALK for immediate assistance and access to a trained counselor. However, none of the resources listed any support groups or local Middlestate resources. American Association of Suicidology provided a “Friendship Line” for elderly with suicidal thoughts, but it was not a local or toll free number.

Kleanhans then looked in the Yellow Pages and saw an ad for the National Hopeline Network - a toll-free hotline number (1-800-suicide) offering trained telephone counselors, 24 hours a day, 7 days a week. She decided to give them a call. Asking for resources in Middlestate for the elderly who may have considered suicide, she was encouraged to call the Center County Health Department and the Center County Mental Health Association in Middlestate.

On a second phone call to the National Hopeline, Kleanhans was left on hold for approximately 90 seconds in order to transfer her to a trained counselor who answered the phone stating “Hi, Girls & Boys Town National Hotline.” The trained counselor mentioned that the National Hopeline Network is not specifically for suicide but is designed to provide counseling and resources for any crisis.

“Well, glad I’m not suicidal,” said Kleanhans under her breath. “I sure wouldn’t find any help in Mayberry County, especially if I were elderly.”

An Initial Meeting of the Minds

After Brown and Smith posted flyers around town, Marjorie Major, Lena Hahn and two additional concerned citizens attended the town hall meeting at 7pm on January 11, 2005.

Smith began the meeting with a brief introduction of the purpose of the meeting and need to collect the town’s thoughts on how such a tragedy, as the suicide of John Mayor, could have been prevented, before the loss of other innocent lives in Pleasantville. The following were some concerns attendees brought to the table:

*Mark Green, Program Director Pleasantville Nursing Home, brought up the economic toll of suicide as well as the need for stricter safety standards on guns. “I also hope, in my role at the nursing home, that there might be something I could do to help the residents who might be depressed or having suicidal thoughts like John...before it’s too late...”

*Lena Hahn, Director of the Pleasantville Crisis Line, spoke about the number of people who had the preconceived notion that the crisis line was a resource for alcoholics. “We need to create awareness about this resource already available to those with depression and suicidal thoughts.”

*Rex Mann, Pleasantville pharmacist, was very upset by the fact that Mayor had come into his store a week prior to his death complaining of sleeplessness, decreased energy, and difficulty concentrating. “I figured he just had a lot on his plate at the time, and he would pull himself out of it. I just wish I would have recognized the warning signs.”

*Marjorie Mayor brought up the need for support groups for people with suicidal thoughts as well as the survivors of suicide. “It just hurts my heart when I think that John could have gotten help, and he didn’t. And *I* need help just getting through each day. I just wish our church or someone in this community would step forward and provide support for us.”

* Smith brought up concern for inadequate insurance coverage of mental health services and the toll that mental disorders, like depression, can take on our workforce. “Even if people like John would have gotten help, that’s not enough if they can’t afford the services.” She mentioned that a legislative bill, although it was not passed in last year’s legislative session, would have rectified this situation. Smith passed out handouts that were used in lobbying for the bill, should it be up for consideration again in 2005 (See Appendix A and B).

* Brown informed the group that in October 2004 the President signed into law a bill authorizing \$82 million in grants to fund intervention programs aimed at preventing youth suicide. However, she told the group she would look into additional resources that might also cover programs targeting the elderly.

*Brown also encouraged all those in attendance to express their ideas to a wider audience in the editorial section of the *Pleasantville Times*.

Brown and Smith thanked the group for their time and mentioned that some of them may be contacted to join a Pleasantville Suicide Prevention Coalition that would take many of these ideas into action.

Town hall Meeting Triggers Flurry of Editorials in *Pleasantville Times*...

January 15, 2005

Stricter Firearm Taxes, Safety Standards Needed

Pleasantville’s loss of John Mayor is truly a tragedy, and his loss will be felt in more ways than one. Most obvious is his great contribution as a public servant of Pleasantville. But, in addition to the loss of human life that gun violence imposes on countless people, we also pay the price for

the gun violence and suicide epidemic out of our own pocket. Taxes on the purchase of firearms should better reflect the true costs that guns inflict on society, such as the medical care for suicide and gun-related injuries of those who are fortunate to survive. These survivors not only need to be nursed back to physical health but also mental and spiritual well-being. Further, requiring stricter federal safety standards for the design, manufacture, and distribution of firearms would reduce injuries and the financial burden caused by unsafe gun industry practices. Had there been a safety lock on his gun, perhaps John Mayor would have had time to reconsider his fate that November evening. *Mark Green*

January 18, 2005

Stricter Firearm Taxes, Safety Standards Infringe on Constitutional Rights

I am against the idea of imposing stricter taxes and so-called “safety standards” on guns. American citizens are guaranteed the right to purchase and bear firearms under the U.S. Constitution. As an avid hunter, I respect and hold dear this right given to us by our forefathers. Taxes and more laws are not the answer to gun violence and suicide. Enforce the laws on the books. We must encourage our citizens in need to seek out help, but otherwise, there is nothing we can do to isolate individuals from lethal means of inflicting harm on themselves and others. Americans must take responsibility for their lives and stand up for freedom. *Debbie West*

January 20, 2005

Why do we not have a Pleasantville Suicide Prevention telephone service?

For the life of me I do not understand why our community cannot afford to staff and maintain a suicide prevention telephone line. Having a real person on the other end of the line when a cry for help came would be a tremendous help in this community. *Theresa Doe, concerned citizen*

Planning for the Second Meeting of the Pleasantville Suicide Prevention Coalition

Brown and Smith put together a short list of who to invite to the second coalition meeting. They tried their best to include both local and county representation from mental and public health professionals, law enforcement, survivors of suicide, a coroner, and representatives of violence, faith, and geriatric organizations.

Marjorie Mayor – second wife of John Mayor, survivor of suicide

Andy Taylor – Mayberry County Sheriff

Shirley Johnson – Mayberry County Coroner

Lena Hahn- Director, Pleasantville Crisis Line

Stitch Thomas, MD – Health Officer, Mayberry County Health Department

John Jones, MD – psychiatrist and Director, Mayberry County Mental Health Association

Minnie Kleanhans – Health Educator, Mayberry County Health Department

Mark Green – Program Director, Pleasantville Nursing Home

Debbie West – retired Army Colonel, avid hunter and active NRA member

Ben Safer – Injury Prevention Program Coordinator, Middlestate State Department of Health

Brown and Smith felt confident they had a good start to a successful coalition, but knew a tough job lay ahead of them. They needed to get not only the right people at the table, but also a consensus on an appropriate action plan for action and policy development. For the next meeting,

they planned to have the participants formulate goals and identify measurable objectives for the coalition.

Conclusion

Suicide will remain a public health problem in United States and small towns such as Pleasantville, unless the necessary individuals and entities join forces, form strong coalitions at the local and state level, and take action. Suicide in the elderly population must no longer be ignored, as it is a preventable issue when the right programs, services and policies are in place. Unfortunately, it took an event such as the suicide of a revered politician to move a small Middlestate town to action. This public health issue will only worsen if other communities do not proactively follow suit and implement an upstream solution before suicide takes its toll.

Resources

1. Beck, Sandra and Charlene Graves. *Suicide in Indiana 1999-2001*. Indiana State Department of Health, July 1, 2003.
2. Graves, Charlene (Medical Director for Injury Prevention, Indiana State Department of Health). Personal Interview. November 29, 2004.
3. *Healthy People 2010: Understanding and Improving Health, 2nd edition*. U.S. Department of Health and Human Services, November 2000. Page 15-14.
4. *Injury Fact 2001-2002*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2001.
5. *National Strategy for Suicide Prevention: Goals and Objectives for Action*. Public Health Service, U.S. Dept. of Health and Human Services, 2001.
6. *Web-based Injury Statistics Query and Reporting System (WISQARS)* [Available from: URL: www.cdc.gov/ncipc/wisqars]. National Center for Injury Prevention, Centers for Disease Control and Prevention, 2002.

Appendix A

Vote for House Bill 1000! End Inadequate Insurance Coverage for Mental Health

According to a 2000 U.S. General Accounting Office investigation, insurance providers have circumvented a 1996 federal rule that prohibits discriminatory annual and lifetime dollar limit caps for mental health services compared with other medical treatments. Insurers have reduced the number of inpatient days and outpatient visits.

Middlestate's mental health parity law requires an employer, with 50 employees or more and who already offers some coverage for mental health care, to equalize annual and lifetime spending limits for mental and physical illnesses. However, the law offers an exemption if premiums rise more than 4 percent per year. (HB1108).

Mental Health Parity Act: Despite New Federal Standards, Mental Health Benefits Remain Limited. U.S. General Accounting Office, May 2000

In recent years, managed care has begun to introduce dramatic changes into the organization and financing of health and mental health services, which made up about 7% of total health expenditures in 1996. Trends indicate that in some segments of the private sector, per capita mental health expenditures have declined much faster than they have for other conditions.

Mental Health: A Report of the Surgeon General—Executive Summary. U.S. Department of Health and Human Services. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

Appendix B

Vote for House Bill 1000! Mental Disorders Take a Toll on Our Workforce

Mental disorders impose an enormous emotional and financial burden on ill individuals and their families. They are also costly for our Nation in reduced or lost productivity (indirect costs) and in medical resources used for care, treatment, and rehabilitation (direct costs). Direct costs for mental disorders alone totaled \$69 billion. In 1990, indirect costs for mental disorders alone totaled \$79 billion.

Mental Health: A Report of the Surgeon General—Executive Summary. U.S. Department of Health and Human Services. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

“American businesses lose an estimated \$43.7 billion every year to employee behavioral health problems,” the Lewin Group of Falls Church, Va., told Health and Human Services in an analysis of comprehensive mental health insurance benefits. “The estimates include losses from absenteeism, sick leave, substance abuse, health-insurance claims, accidents, overtime pay, disability payments, damage to the corporate image and diverted supervisor time. Many studies reveal a high prevalence of mental health needs among the workforce.”

The Lewin Group also cited a 1999 analysis of depression in the workplace, published in the journal “Health Affairs.” The study found that depressed workers miss between 1.5 and 3.2 more days for short-term disability than other employees. The study suggests that the increased absenteeism “produces monthly salary-equivalent disability costs of \$182 to \$395 or between 45 and 98 percent of the estimated monthly cost for effective depression pharmacotherapy (\$402).”

Robinson, G., Chimeto, L., Bush, S., & Papay, J. *Comprehensive Mental Health Insurance Benefits: Case Studies.* DHHS Pub. No. SMA 01-3481. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2001

Study Guide Questions:

1. Are the correct people at the table? What other entities should be included and how should they be approached for their participation?
2. Which of the core public health functions are highlighted in this case study?
3. How could the media be involved in a more productive way?
4. What steps can be taken to keep the coalition actively engaged in the process?
5. What will be some of the cultural/social barriers to the coalition? What steps can be taken to remediate some of these?
6. How will policy regarding mental health vs. physical health coverage impact this discussion?
7. What leadership qualities do the leaders of the coalition have or lack that will influence the effectiveness of the coalition?
8. What essential services can be identified in this case study?
9. What organizational practices can be identified?
10. What elements of public health infrastructure were missing? What improvements were made?