

## Hope for Suicide Prevention

“The bridge is sealed up.” Last month, with those words, the general manager of the Golden Gate Bridge announced the completion of a suicide barrier — stainless steel netting that extends about 20 feet out from the walkway for the length of the bridge, making a jump into the water below extraordinarily difficult.

For decades, friends and family members of people who had jumped pleaded for a barrier. And for decades, John Branch recently reported, officials found reasons — the cost, the aesthetics — not to build one.

But something is changing in the United States, where the suicide rate has risen by about 35 percent over two decades, with deaths approaching 50,000 annually. The U.S. is a glaring exception among wealthy countries; globally, the suicide rate has been dropping steeply and steadily.

Barriers are in the works on the William Howard Taft Bridge in Washington, D.C., the Penobscot Narrows Bridge in Maine and several Rhode Island bridges. Universities in Texas and Florida have budgeted millions of dollars for barriers on high structures. Scores of communities are debating similar steps.

Research has demonstrated that suicide is most often an impulsive act, with a period of acute risk that passes in hours, or even minutes. Contrary to what many assume, people who survive suicide attempts often go on to do well: Nine out of 10 of them do not die by suicide.

Policymakers, it seems, are paying attention. I have been reporting on mental health for The New York Times for two years, and in today’s newsletter I will look at promising, evidence-based efforts to prevent suicide.

### A single element

For generations, psychiatrists believed that, in the words of the British researcher Norman Kreitman, “anyone bent on self-destruction must eventually succeed.”

Then something strange and wonderful happened: Midway through the 1960s, the annual number of suicides in Britain began dropping — by 35 percent in the following years — even as tolls crept up in other parts of Europe.

No one could say why. Had medicine improved, so that more people survived poisoning? Were antidepressant medications bringing down levels of despair? Had life in Britain just gotten better?

The real explanation, Kreitman discovered, was none of these. The drop in suicides had come about almost by accident: As the United Kingdom phased out coal gas from its supply to household stoves, levels of carbon monoxide decreased. Suicide by gas accounted for almost half of the suicides in 1960.

It turns out that blocking access to a single lethal means — if it is the right one — can make a huge difference.

The strategy that arose from this realization is known as “means restriction” or “means safety,” and vast natural experiments have borne it out. When Sri Lanka restricted the import of toxic pesticides, which people had ingested in moments of crisis, its suicide rate dropped by half over the next decade.

### Arresting an urge

More than half of U.S. suicides are carried out with firearms. Guns are a reliably deadly means, resulting in death in about 90 percent of attempted suicides; intentional overdoses, by contrast, result in death about 3 percent of the time.

When an attempt fails, “these folks generally survive and go on to get past these thoughts, go on to live happy, full lives,” said Dr. Paul Nestadt, a suicide researcher at Johns Hopkins. “If you are a gun owner, that brief moment where the suicidal thoughts exceed the desire to be alive for tomorrow, that’s all it takes.”

Other countries, like Israel, have brought down suicide rates dramatically by restricting access to guns. But in the U.S., about 400 million guns are circulating in private hands, said Michael Anestis, who leads the New Jersey Gun Violence Research Center. “We don’t know where they are, and even if we did, we would have no way of getting them,” he said.

Twenty-one states have passed red flag laws, which allow the authorities to remove firearms temporarily from individuals identified as dangerous to themselves or others. A follow-up study found that firearm suicides dropped 7.5 percent in Indiana in the decade after the law’s passage; Connecticut saw a 13.7 percent drop over eight years as the state began to enforce the law in earnest.

Another promising approach is to change gun storage habits, which Anestis likened to public health campaigns around smoking or drunken driving. He threw out some ideas, including financial incentives, such as providing gun owners with a hefty coupon for a gun safe, and encouraging gun shops to install lockers so people could temporarily store their guns outside of the home.

Even brief counseling sessions can change a gun owner’s habits, trials show. Anestis recalled one subject who was particularly dismissive of the counselor’s advice but returned six months later with a different outlook. “Since I was last here, I broke up with my fiancé and I let my brother hold my guns. If I hadn’t done that, I’m pretty sure I’d be dead,” the subject told researchers.

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# NAMA now issues Digital Certificates for all new applicants

Digital certificates for mental health professionals are electronic documents used to certify the identity, qualifications, and credentials of individuals in the field of mental health. NAMA will begin issuing digital certificates to new Specialists in 2024. Here's a summary of their advantages:

1. **Identity Verification:** Digital certificates help in verifying the identity of the mental health professional. They contain personal information like name, professional title, and the organization they are affiliated with.
2. **Credential Authentication:** They confirm the professional's qualifications, such as degrees, licenses, and certifications. This assures clients and colleagues that the individual is qualified to practice in their field.
3. **Security and Privacy:** Digital certificates often include cryptographic keys for secure communication. This is particularly important for protecting sensitive client information and ensuring confidentiality in digital interactions.
4. **Electronic Signatures:** These certificates can be used to digitally sign documents, such as treatment plans or consent forms, validating their authenticity and integrity.
5. **Compliance with Regulations:** They help mental health professionals comply with legal and ethical standards, such as HIPAA in the United States, which mandates the protection of patient health information.
6. **Online Verification:** Clients, insurance companies, and other professionals can verify the credentials of a mental health professional online, enhancing trust and transparency in the profession.
7. **Ease of Use:** Digital certificates simplify the process of credential verification, making it more efficient compared to traditional paper-based methods.
8. **Elevate professional identity** with prestigious, easily shareable digital certificates that announce your achievements and expertise.
9. **Experience the confidence** of validated expertise with digital certificates that recognize professional growth and commitment to mastering a specific specialty.
10. **Enhance your online presence** with digital credentials that seamlessly integrate with professional profiles, websites, and email signatures.

Digital certificates for anger management and mental health professionals are essential tools for establishing trust, ensuring privacy, and maintaining compliance in the increasingly digital landscape of healthcare. For more information go to <https://sertifier.com/>