

**MINUTES OF THE MEETING
OF THE
LEGISLATIVE COMMISSION'S
SUBCOMMITTEE TO STUDY SUICIDE PREVENTION
February 1, 2002
Carson City, Nevada**

The second meeting of Nevada's Legislative Commission's Subcommittee to Study Suicide Prevention for the 2001-2002 interim was held on Friday, February 1, 2002, at 10 a.m., in Room 3138 of the Legislative Building in Carson City, Nevada. This meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Pages 2 through 4 contain the "Meeting Notice and Agenda."

COMMITTEE MEMBERS PRESENT IN CARSON CITY:

Senator Mark Amodei
Assemblywoman Sheila Leslie
Assemblywoman Debbie Smith

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Senator Ann O'Connell, Chair
Senator Randolph J. Townsend
Senator Valerie Wiener
Assemblyman David R. Parks

COMMITTEE MEMBER ABSENT:

Assemblyman David E. Humke

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Donald O. Williams, Chief Principal Research Analyst, Research Division
Jan K. Needham, Principal Deputy Legislative Counsel, Legal Division
Kennedy, Senior Research Secretary, Research Division

MEETING NOTICE AND AGENDA

Name of Organization: Legislative Commission's Subcommittee to Study Suicide Prevention

Date and Time of Meeting: Friday, February 1, 2002
10 a.m.

Place of Meeting: Legislative Building
Room 3138
401 South Carson Street
Carson City, Nevada

Note: Some members of the committee may be attending the meeting and other persons may observe the meeting and provide testimony, through a simultaneous video conference conducted at the following location:
Grant Sawyer State Office Building
Room 4401

If you cannot attend the meeting, you can listen to it live over the Internet. The address for the legislative website is <http://www.leg.state.nv.us>. For audio broadcasts, click on the link "Listen to Meetings Live on the Internet."

A G E N D A

I. Opening Remarks

Senator Ann O'Connell, Chairman

*II. Approval of the Minutes of the November 9, 2001, Meeting of the Subcommittee to Study Suicide Prevention

*III. Presentation of Information Relating to Suicide Prevention Issues and Concerns at State and National Levels

Linda L. Flatt, Community Organizer, Suicide Prevention Advocacy Network
Glen Martin, Volunteer, Retired Senior Volunteer Program, and
Member/Representative, American Association of Retired Persons, Carson City

*IV. Overview of Suicide Prevention Programs in Douglas County, Nevada

Cindy Marchant, Suicide Prevention Network of Douglas County
Lance Crowley, Douglas County Juvenile Probation Office
Pastor Pete Nelson, Carson Valley United Methodist Church
Sheriff Ron Pierini, Douglas County

*V. Presentation of Education and Training Programs of Clergy in Suicide Prevention and Intervention

Brother Matthew Cunningham, FSR, Chancellor, Roman Catholic Diocese of Reno
Dr. Joe K. Taylor, Pastor, South Reno Baptist Church
Pastor Maurice Washington, Center of Hope Christian Fellowship, Sparks

*VI. Presentation of Education and Training Programs of Law Enforcement, Emergency Medical Services (EMS), and Fire Service Personnel in Suicide Prevention and Intervention

Richard P. Clark, Executive Director, Nevada's Peace Officers' Standards and Training Commission
Captain James F. Nadeau, Washoe County Sheriff's Department, Nevada Sheriffs and Chiefs Association
James P. Hawke, Superintendent, Nevada Hazardous Materials and Fire Service Center, Division of the State Fire Marshal, Department of Public Safety
Bobby Wartgow, EMS Deputy Chief, East Fork Fire & Paramedic District, Minden
Fergus Laughridge, Supervisor, Emergency Medical Services, Health Division, Nevada's Department of Human Resources (DHR)

*VII. Overview of Education and Training Requirements of Certain Professions in Suicide Prevention, Intervention, and Treatment

Steven Graybar, Ph.D., President, Nevada's Board of Psychological Examiners
C. Coe Swobe, Coordinator, Lawyers Concerned for Lawyers, State Bar of Nevada

Cheryl A. Hug-English, M.D., President, Nevada's Board of Medical Examiners
Lawrence Matheis, Executive Director, Nevada State Medical Association
Paul H. Mozen, D.O., Member, and Larry J. Tarno, D.O., Executive Director, State Board of Osteopathic Medicine
Keith W. Macdonald, Executive Secretary, State Board of Pharmacy
Debra Scott, R.N., M.S., A.P.N., Acting Executive Director, State Board of Nursing
Dean Pierce, Ph.D., President, and Rosalind Tuana, Executive Director, Nevada's Board of Examiners for Social Workers
Richard Vande Voort, M.S., M.F.T., President, Nevada's Board of Examiners for Marriage and Family Therapists
Dorothy North, President, Nevada's Board of Examiners for Alcohol and Drug Abuse Counselors
Carlos Brandenburg, Ph.D., Administrator, Division of Mental Health and Developmental Services, DHR

Public Testimony

VIII.

Adjournment

IX.

*Denotes items on which the committee may take action.

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Research Division of the Legislative Counsel Bureau, in writing, at the Legislative Building, 401 South Carson Street, Carson City, Nevada 89701-4747, or call Kennedy at (775) 684-6825 as soon as possible.

Notice of this meeting was posted in the following Carson City, Nevada, locations: Blasdel Building, 209 East Musser Street; Capitol Press Corps, Basement, Capitol Building; City Hall, 201 North Carson Street; Legislative Building, 401 South Carson Street; and Nevada State Library, 100 Stewart Street. Notice of this meeting was faxed for posting to the following Las Vegas, Nevada, locations: Clark County Office, 500 South Grand Central Parkway; and Grant Sawyer State Office Building, 555 East Washington Avenue. Notice of this meeting was posted on the Internet through the Nevada Legislature's website at www.leg.state.nv.us.

OPENING REMARKS

Senator Ann O'Connell, Chairwoman of the Legislative Commission's Subcommittee to Study Suicide Prevention, welcomed members of the subcommittee and public to the second of five meetings scheduled to examine suicide issues in Nevada. She reviewed the meeting dates for the remainder of the study and said the Legislative Commission gave the subcommittee a broad mandate — to study suicide prevention and make recommendations to submit to the 2003 Legislative Session.

Continuing, Chairwoman O'Connell referred to a federal report on suicide prevention, *National Strategy for Suicide Prevention: Goals and Objectives for Action*, written by Dr. David Satcher, M.D., Ph.D., Surgeon General of the United States. She said the subcommittee would focus on two of the 11 goals listed in Dr. Satcher's report, which are:

- Implement training for recognition of at-risk behavior and delivery of effective treatment; and
- Develop and promote effective clinical and professional practices.

Concluding, Chairwoman O'Connell said the subcommittee requested testimony from representatives of various public safety agencies, professional licensing boards, and the clergy regarding existing education and training requirements, including continuing education, for the first-line personnel who may come into contact with suicidal persons or their family members.

APPROVAL OF THE MINUTES OF THE NOVEMBER 9, 2001, MEETING OF THE SUBCOMMITTEE TO STUDY SUICIDE PREVENTION

SENATOR WEINER MOVED FOR APPROVAL OF THE MINUTES OF THE NOVEMBER 9, 2001, MEETING IN LAS VEGAS OF THE SUBCOMMITTEE TO STUDY SUICIDE PREVENTION. THE MOTION WAS SECONDED BY ASSEMBLYMAN PARKS AND CARRIED UNANIMOUSLY.

PRESENTATION OF INFORMATION RELATING TO SUICIDE PREVENTION ISSUES AND CONCERNS AT STATE AND NATIONAL LEVELS

Linda L. Flatt

Linda L. Flatt, Community Organizer, Suicide Prevention Advocacy Network (SPAN), Las Vegas, Nevada, provided members with handouts including a copy of her testimony (**Exhibit A**). She said she became a community organizer for SPAN eight years ago when a personal experience revealed a lack of resources in Clark County for survivors of suicide. She learned that survivors are at a much higher risk for suicide than the general public; and in her attempts to find more information, she unwittingly became a resource for others. Ms. Flatt said that her efforts resulted in her becoming an advocate for improved suicide prevention in the United States as well as Nevada.

Continuing, Ms. Flatt said the issue of suicide has received Congressional acknowledgment, the “tireless support” of U.S. Senator Harry Reid, and the creation of a national strategy for suicide prevention. She noted that this recent attention to the issue resulted in the availability of federal funding for suicide prevention programs. She recommended that Nevada, the state with the highest rate of suicide, aggressively pursue federal assistance by having suicide prevention programs organized as soon as possible.

Concluding, Ms. Flatt expressed her appreciation for the work of the subcommittee to raise public awareness and encourage collaboration among agencies organizing suicide prevention efforts in Nevada.

Glen Martin

Glen Martin, Volunteer, Retired Senior Volunteer Program, and Member/Representative, American Association of Retired Persons, Carson City, Nevada, presented members with the results of a study linking exercise training to a reduction in depression among patients with major depressive disorder (**Exhibit B**). He explained the methodology of the 16-week study and said that other countries have had similar results by exposing senior citizens suffering from diabetics to comparable exercise programs.

Mr. Martin said he demonstrates the exercise program to residents of assisted living facilities. These types of facilities are mandated by Nevada law to provide mental and physical stimulation to its residents. He said it is difficult to motivate senior citizens to exercise although it has been proven to prevent certain types of diseases. He suggested that the subcommittee consider motivational techniques for senior exercise programs, to keep mentally and physically healthy a population that has a high suicide rate.

Responding to comments by Senator Weiner, Mr. Martin said he visits several assisted living facilities and could not comment on individual assessments, but focuses on keeping the owner/manager of the facility motivated. He said he exercises regularly because he does not want to go into a nursing home.

Responding to a comment by Senator Townsend, Mr. Martin said there is no state in the country with a formalized senior exercise program and suggested that Nevada be first to develop an innovative program for senior citizens.

OVERVIEW OF SUICIDE PREVENTION PROGRAMS IN DOUGLAS COUNTY, NEVADA

Cindy Marchant

Cindy Marchant, Suicide Prevention Network of Douglas County, Gardnerville, Nevada, furnished members with merchandise from the Yellow Ribbon Program (**Exhibit C**) and said it is the main suicide prevention program in Douglas County. She recounted a personal tragedy that occurred in 1998 and said children in Douglas County during that time did not receive any suicide awareness and prevention education until the ninth grade. She explained how the Yellow Ribbon Program began and highlighted historical milestones.

Concluding, Ms. Marchant mentioned that the program goal for 2002 is to achieve non-profit status in order to receive grants and donations from the public and private sector. Additionally, the program will change its name to the Suicide Prevention Network (SPN). She suggested that Nevada develop a comprehensive statewide prevention program.

Responding to a question by Assemblywoman Leslie, Ms. Marchant said the Yellow Ribbon Program was “received very well in Douglas County.” She said the State Suicide Hotline telephone number is listed on the program’s “yellow ribbon card,” which is a card used by potentially suicidal individuals who recognize their need for intervention.

Lance Crowley

Lance Crowley, Senior Juvenile Probation Officer, Douglas County, Nevada, submitted a copy of his testimony and recommendations to the subcommittee (**Exhibit D**). He shared his personal experience with suicide and said the healing process for survivors is facilitated through helping others. He chronicled the history of the Yellow Ribbon Program and SPN in Douglas County, and identified benefits of community-based coalitions and networks that work together in addressing suicidality. He explained that a community’s point of contact is anyone who is aware of another individual facing the issue of suicide.

Continuing, Mr. Crowley said that Douglas County is the recipient of education and awareness for its community at large, schools, senior citizens, and survivors of suicide. Additionally, he said the response plan for a network of agencies, organizations, and individuals includes support and services for attempted, threatened, and completed suicides. He said Douglas County plans to develop a more formalized response plan and a survivor support group.

Concluding, Mr. Crowley recommended the following: (1) each county must form a coalition of agencies and service providers to address suicide prevention, education, response, and treatment; and (2) funding must be increased to rural mental health agencies to provide emergency response and ongoing services to suicide survivors, those who have attempted or threatened suicide, and to those determined to be at high risk for suicide.

Responding to questions from Assemblywoman Leslie, Mr. Crowley said mental health issues among detained youth are addressed by Douglas County protocol, which utilizes West Hills Hospital in Reno, Nevada. He said approximately 60 percent of detained juveniles have substance abuse or mental health issues.

Responding to questions by Assemblywoman Smith, Mr. Crowley said suicide awareness and prevention programs are conducted at school assemblies for middle and high schools; however, outreach at the elementary school level has not been addressed yet. He opined that youth are at greater risk for suicide once puberty is reached. He elaborated on two community-based evening presentations designed to provide outreach to professionals and parents.

Pastor Pete Nelson

Pastor Pete Nelson, Carson Valley United Methodist Church, Gardnerville, gave a copy of his prepared remarks to subcommittee members and pointed out his unique perspective of suicide as a minister and a volunteer chaplain with the Douglas County Sheriff’s Department (**Exhibit E**). He said that sensitive, loving families lose loved ones every day and suicide must be addressed through community effort. He explained the role of the card offered by the Yellow Ribbon Program saying it is used as a “cry for help.”

Concluding, Reverend Nelson recommended that suicide be addressed in Nevada through the implementation of programs within each community specifically designed to prevent suicide, including: (1) a commitment to broaden public awareness of suicide; (2) intervention through professional interdisciplinary teams; and (3) a support system to families of suicide.

Responding to a question from Assemblyman Parks, Reverend Nelson recounted that his theological training was outdated and suicide was addressed in other counseling areas, not through the seminary. He cautioned that not all clergy have training or sensitivity on the issue of suicide, although public perception speaks otherwise.

Responding to a question from Assemblywoman Leslie, Reverend Nelson said mental health services in rural Nevada are “doing an amazing job with the stretched resources available to them.” He said rural mental health services need funding for more staff.

Sheriff Ron Pierini

Sheriff Ron Pierini, Douglas County Sheriff’s Department, Minden, Nevada, submitted a copy of his remarks along with details of how the Douglas County Sheriff’s Department addresses suicide (**Exhibit F**). He said Douglas County has a population of 45,000 and has documented 47 suicides in the past four years. The majority of suicides in Douglas County occurred in the age groups of 18 years or less and 50 years or greater.

Sheriff Pierini pointed out that Douglas County Sheriff’s Department is the only agency in Nevada that has a National Commission on Correctional Health Care accreditation. This accreditation assures that inmates receive adequate health care. Despite stringent re-certification requirements, the Sheriff’s Department experienced three suicides in its facilities within an 18-month period. He said a previous federal administration mandated that every jail in the nation submit a periodic report of how many suicides occurred in each facility. Data is beginning to become available, but it previously has never been collected on a national scale.

Continuing, Sheriff Pierini explained the categories of police officers and the duties associated with each. He said that more suicide training is needed for police officers. Further, prisoners are thoroughly screened in accordance with the accreditation standards and assigned to the general jail population for further evaluation. The contracted agency performing prison population evaluations is paid \$3,500 per month. He said screening is one procedure, but the detention facility itself is a major factor, requiring funds, staff, and training. He opined that there will always be suicides in jail, but he is committed to minimizing it.

Sheriff Pierini pointed out that the Douglas County Sheriff’s Department also serves as the county’s coroner’s office. He said the Survivors of Suicide Loss Support Program in Reno can give immediate assistance to survivors of suicide and will be used as a resource by the coroner’s office.

Concluding, Sheriff Pierini said he is proud of the chaplain’s program and reported that five chaplains currently work with his department. He said that the chaplains are a great resource and are paged immediately to respond to suicide calls. Further, the senior program in Douglas County is very successful but lack of funding precludes having a deputy sheriff dedicated to senior issues. He encouraged the subcommittee to assist in funding a pilot program targeting senior citizen suicide prevention and education through the use of a sheriff’s deputy.

Responding to a question by Assemblywoman Leslie, Sheriff Pierini stated that mobile crisis response teams are an old concept and the teams are not always available in rural Nevada. He said a specialized unit for suicide issues would be helpful and suggested that volunteers staff it.

Responding to a question by Assemblyman Parks, Sheriff Pierini said Douglas County experiences an average of one or two homicides per year. He said some years there are none and the highest number of homicides within one year was three.

Senator Amodei remarked that suicide prevention requires more funding, resources, and procedures. He reminded all presenters of the state budget planning process in the Executive Branch and suggested that proposals be submitted in a timely manner. He said that effective steps now would eliminate the need to find resources after the budget was created.

PRESENTATION OF EDUCATION AND TRAINING PROGRAMS OF CLERGY IN SUICIDE PREVENTION AND INTERVENTION

Reverend Bill Nadeau

Reverend Bill Nadeau, Pastor of St. Galls Parish, Gardnerville, announced that he was filling in for Brother Matthew Cunningham, FSR. He said he represented the Catholic Diocese and conducted four funerals in 2001 related to death by suicide, which compelled him to speak out. He related stories of suicides and discussed trends, methodology, age and gender of victims, and complex suicides. He noted a pattern of suicides emerging among minorities.

Continuing, Reverend Nadeau explained that because of the Church's view on suicide, Catholic burials were not previously allowed. He reported that the Church is changing its view in an effort "to console and serve the living instead of punishing the dead." He said that Christian funeral services are now common, regardless of denomination, and the Church supports the survivors' effort to find closure.

Concluding, Reverend Nadeau said past educational courses and training for suicide among the Catholic clergy revealed inattention to the issue; however, seminary training recently expanded to include university classes that specifically address suicide. Additionally, newer priests are required to take several courses in clinical pastoral training, moral and pastoral understanding of suicide, and on-the-job training. Priests with longer careers can enroll in training programs that address the concepts of suicide and prevention. He closed by repeating the story of the prodigal son and the forgiving father (Chapter 15, *Book of Luke, The Bible*).

Dr. Joe K. Taylor

Dr. Joe K. Taylor, Pastor, South Reno Baptist Church, was absent due to illness.

Pastor Maurice Washington

Pastor Maurice Washington, Center of Hope Christian Fellowship, Sparks, Nevada, said he represents the Pentecostal view and commended the subcommittee for studying the subject of suicide. He said that clergy are oftentimes the first line in suicide prevention. Unfortunately, they are often the first responders in the aftermath of a suicide. He said that training and education at the state, federal, and theological levels represent only one aspect of suicide intervention. Education that teaches suicide indicators is not a complete solution, because those indicators are not always obvious when the victim guards them closely or hides them behind closed veils.

Continuing, Pastor Washington said his experiences demonstrates underlying shame, guilt, and isolation for wrongdoing, misunderstanding, or unforgiveness is directly associated with suicide. He said a suicidal person does not always reveal these underlying factors in counseling sessions and suggested a better remedy is to listen to a person instead of trying to look for indicators. He recounted a story of a suicidal man in his parish.

Additionally, Pastor Washington reported that many pastors do not have theological training because they were called to serve by their parishioners, congregations, and communities. He said he addresses suicide on a "compassionate level." He listed factors that contribute to hopelessness, depression, and isolation. He said that suicide is not an isolated incident between age, gender, or ethnicity; suicide cuts across the board.

Pastor Washington commended Sheriff Pierini for encouraging clergy and law enforcement to work together in the Chaplain Program. He said he participated in the Washoe County Chaplain Program and listed several accomplishments of the organization.

Concluding, Pastor Washington announced the formation of a new School Chaplain Program and explained that it will focus on assisting school-aged children. The program offers support, encouragement and counseling to students experiencing peer pressure, family issues, low grades, and other difficulties. He said the network between faith-based organizations and social organizations has common ground on the issue of suicide, and the "thin veil between church and state" can disappear as healing occurs and solutions to social problems such as suicide are found.

**PRESENTATION OF EDUCATION AND TRAINING PROGRAMS
OF LAW ENFORCEMENT, EMERGENCY MEDICAL SERVICES (EMS),
AND FIRE SERVICE PERSONNEL
IN SUICIDE PREVENTION AND INTERVENTION**

Richard P. Clark

Richard P. Clark, Executive Director, Nevada's Peace Officers' Standards and Training Commission (P.O.S.T.), Carson City, furnished members with a copy of his testimony and listed existing P.O.S.T. education and training requirements on the topic of suicide (**Exhibit G**).

Mr. Clark said Nevada peace officers are required to complete several core courses that deal with suicidal persons. He identified three categories of peace officers in Nevada and listed each category's basic training requirements. He reported no specific course in suicide prevention for Category I and II officers; however, there are ten courses that directly address issues of suicide, including care and custody of prisoners, crisis intervention, domestic violence, and more. Category III officers, which work in a confinement, correctional, or jail facility, are required to complete courses in personality disorders and prevention of suicide.

Concluding, Mr. Clark explained the phenomenon of "suicide by cop" as the situation where a suicidal person uses a police officer as the instrument to end their life. He said that the P.O.S.T. Academy will begin a course specifically addressing suicide and suicide prevention during its February 4, 2002, class. He said there are 18 law enforcement basic training academies in Nevada and each will receive a packet containing suicide information, statistics, and resources. Further, continuing education, or in-service courses, that relate to suicide include: (1) suicide by cop; (2) crisis negotiations; (3) police peer support training; and (4) others.

John Stevens, Department of Prisons, Las Vegas, said he is a psychologist and oversees the mental health unit at the Regional Medical Facility. He shared a personal experience with suicide, and said he developed a suicide prevention program for the Department of Prisons in 1990.

Dr. Stevens said that teaching the suicide prevention program statewide fulfills the guidelines of a lawsuit requiring that correctional officers and medical staff receive training on the issue. This program is offered at the P.O.S.T. Academy to new officers and as a refresher course for officers with longer careers. He said the program teaches the fundamentals of suicide prevention. Further, he reported that Nevada's prisons have a low suicide rate; however, prisoners threaten suicide as a "manipulation."

Responding to questions from Chairwoman O'Connell, Dr. Stevens said the program is offered in other state agencies throughout Nevada. He opined that some children develop coping skills and others do not, and recommended that schools offer classes to develop these kinds of skills.

Captain James F. Nadeau

Captain James F. Nadeau, Washoe County Sheriff's Department, Nevada Sheriffs and Chiefs Association, Reno, said law enforcement is commonly referred to as "the first responders," but in cases of suicide, the opposite holds true. He said he is encouraged by the development of a broad based suicide prevention plan.

Captain Nadeau said deputies of the Washoe County Sheriff's Office are trained by the High Sierra Academy. The Academy offers training that address suicide identification and prevention, handling the mentally ill, and mentally ill who threaten harm to themselves and others. Other programs utilized by Washoe County include:

- The Chaplain Program;
- A victim advocate program;
- The Crisis Incident Stress Management group;
- The Employee Assistance Program; and
- A field training program for deputies entering the patrol division, which addresses the prevention, intervention, and referring of suicidal persons.

Additionally, Captain Nadeau reported the hostage negotiation team's extensive training in critical incidents where

suicide is a possibility. He said law enforcement officers can initiate a procedure which involuntarily commits an individual who may harm himself or others.

Concluding, Captain Nadeau said that members of law enforcement are more susceptible to post traumatic stress disorder because the job exposes them to emotionally critical situations. He said that the association is diligent in identifying and caring for officers who become depressed.

Responding to comments from Assemblywoman Leslie regarding recent news of two mentally ill people shot to death by police, Captain Nadeau said law enforcement officers have the ability to recognize that a crisis point has been reached and respond appropriately. He cautioned against requiring specialized training beyond what is provided for handling mentally ill individuals because law enforcement's first responsibility is saving lives. Further, he added that mentally ill people who are intent on harming themselves or others, force officers into a situation that requires a difficult decision; "you have to take a life to save a life." He said that law enforcement actions are limited to the rule of "clear intent" to protect the public.

James P. Hawke

James P. Hawke, Superintendent, Nevada Hazardous Materials and Fire Service Center, Division of the State Fire Marshal, Department of Public Safety, Carson City, provided a copy of his testimony (**Exhibit H**) and shared the results of a statewide survey he recently conducted.

Mr. Hawke said his survey made other distinctions in how Nevadan firefighters handle critical incidences including suicides and other critical events such as fatalities involving children. He also recounted incidences of firefighter suicides. There are programs available to firefighters such as: (1) the Employee Assistance Program; (2) crisis intervention teams; and (3) the Critical Incident Stress Management Program. However, he reported that there is a desire to train all captains and battalion chiefs as critical incident stress counselors.

Further, Mr. Hawke explained that firefighters shoulder "a heavy burden" emotionally when responding to fatal incidences and said that three Nevadan fire fighters have committed suicide within the past six months. He opined that a societal perception exists to somehow "hide" reports of suicide as evidenced by the rarity of obituaries listing the cause of death as suicide. He said that pictures of fire fighters and police officers from the World Trade Center and Oklahoma City bombings are captioned with heroic praise, but the reality is that every responder at those events is a candidate for psychological assistance.

Concluding, Mr. Hawke discussed the results of a study of correctional officers who became hostages by rioting prisoners. These officers revealed the emergence of psychological disorders in the absence of any physical injury. He said the returning veterans from the Vietnam War first brought attention to this symptomology that was later termed posttraumatic stress disorder (P.T.S.D.) in the *Diagnostic and Statistical Manual-III* (Version III, 1980). He noted that mass causality incidences correlate with a rise in suicides. He recommended that first responders receive more education, training, and emotional support.

Bobby Wartgow

Bobby Wartgow, Emergency Medical Service (EMS) Deputy Chief, East Fork Fire & Paramedic District, Minden, presented an overview of education requirements for fire department personnel (**Exhibit I**) and related experiences as an EMS responder to suicides and suicide for the past 20 years. He said that the majority of suicides that he responded to were local residents and the effect was always devastating. He agreed with previous recommendations to increase suicide education and further suggested that the mental health community produce a training video for law enforcement, fire fighters, and EMS workers. He said more preparation is needed to fully understand the psychological complexities of consoling survivors at the scene of a suicide, and those survivors are more accurately described as "patients."

Responding to a question from Assemblywoman Leslie, Mr. Wartgow said training for EMS workers to provide better assistance to survivors should occur locally, in special classes. He said these workers are certified through a national curriculum and it may be too cumbersome to address the issue at that level.

Fergus Laughridge

Fergus Laughridge, EMS Supervisor, Health Division, Nevada's Department of Human Resources (DHR), provided a copy of his remarks (**Exhibit J**) and discussed existing education and training requirements for emergency medical personnel who may come into contact with persons exhibiting suicidal ideations, and their families.

Mr. Laughridge said the EMS program is the lead agency for certification and licensure of emergency medical technicians (EMTs) and there are currently more than 8,000 certified EMTs in Nevada. He reported that the EMS program does not directly address identification of potential suicides or the prevention of suicide; however, the advanced curriculum (available to the highest level of EMT certification) provides multiple hours for special considerations. Special considerations include recognition and management of potentially suicidal patients.

Concluding, Mr. Laughridge said the EMS program includes biennial continuing education courses for up to ten hours for special training. Special training is determined by the ambulance service or fire fighting agency's needs. He said there is no formalized program in Nevada to promote competencies in depression assessment and management of suicidal persons that is relevant to the profession of EMTs. He said EMTs can contact critical incident stress management teams for assistance with the emotional devastation of responding to suicide incidences.

Assemblywoman Leslie suggested that Nevada be the first state to take the initiative for developing specialized training for EMS certification. She said the mental health division could contribute to the development of this training.

Mr. Laughridge said that the EMS unit within the Health Division oversees all training curriculums and certifications for EMTs, including those who work for fire and police departments and ambulance services. He said all EMS curriculums must meet national standards that are mandated through statute and regulation. He suggested that education on a state level would offer less resistance than attempting to change EMS curriculums on a national level. For follow-up, Mr. Laughridge said he would contact the Committee on Emergency Medical Services, a cross section of Nevada's emergency providers, and the Nevada Emergency Medical Association.

Senator Weiner suggested the quick development of a curriculum addressing suicide be taught to Nevada's 8,000 certified EMTs.

OVERVIEW OF EDUCATION AND TRAINING REQUIREMENTS OF CERTAIN PROFESSIONS IN SUICIDE PREVENTION, INTERVENTION, AND TREATMENT

Steven Graybar, Ph.D.

Steven Graybar, Ph.D., President, Nevada's Board of Psychological Examiners, Reno, said he is pleased that the Surgeon General has "taken a stand" against suicide and he noted the efforts of the subcommittee to discuss the issue in terms of Nevada's residents. He shared details of his practice as a clinician, and said he works with parents whose children have suicided. He said research indicates that parents require approximately nine years to recover and it is "a haunting and agonizing existence" for any survivor of suicide.

Continuing, Dr. Graybar discussed extensive education and training requirements for Nevada psychologists and said, "Suicide is an incredibly complex process that is multilayered and multidimensional." He said there are many sociological variables that serve as risk factors and predictors for suicide, and should not be used by untrained individuals in determining who is at risk. He said, "I caution you, that none of these risk factors can be considered causal in terms of suicide. There are tens of thousands, even millions of people, who will meet this criteria for being at risk for suicide who are not thinking about suicide, not contemplating suicide, do not attempt suicide, and do not commit suicide." He gave further examples, saying truancy is associated with suicide, but most truants are not suicidal. Additionally, substance abuse is associated with suicide, but most substance abusers do not commit suicide. On the other side, he said it is common for many people to think about suicide and many of those will never engage in activities such as attempting or engaging in self-destructive behaviors.

Dr. Graybar stressed that care is needed when encouraging the untrained public to overlay suicide statistics on coworkers, relatives, and friends, to determine if someone is at risk for suicide. He said research in the area of

suicide is very complex and behaviors associated with suicide, intervention, and prevention by the general public cannot be legislated. He acknowledged the subcommittee's mandate to find answers to Nevada's high suicide rate but cautioned that the Legislature "should resist the temptation to apply simple solutions to complex problems." He said that psychologists licensed in Nevada are trained to professionally interact with suicidal clients while adhering to the rules of confidentiality, obeying the rules of ethics, and operating in a legally appropriate domain. He listed the board's continuing education requirements, which are 30 units each biennium.

Concluding, Dr. Graybar said the Board of Psychological Examiners is interested in working with the subcommittee and is considering revising its continuing education requirements to address the Surgeon General's concerns.

Chairwoman O'Connell said the subcommittee is concerned with networking resources and referrals and not legislating behavior. She pointed out that Nevada's suicide rate and said the subcommittee acknowledges the lack of public awareness of where to receive help.

C. Coe Swobe

C. Coe Swobe, Coordinator, Lawyers Concerned for Lawyers, State Bar of Nevada, Reno, furnished subcommittee members with a document that listed the warning signs of persons at risk for suicidal behavior (**Exhibit K**). He said that the State Bar of Nevada has recently concerned itself with suicide and the Lawyers Concerned for Lawyers association addresses stress, depression, suicide, gambling, and drug and alcohol abuse among Nevada's lawyers. He said that lawyers represent the second highest profession at risk for suicide.

Mr. Swobe said the State Bar is precluded from asking applicants about health issues because of the Americans with Disabilities Act, however; applicants' arrest records or driving violations involving alcohol can be examined to identify individuals who may be at risk for suicide. Additionally, the State Bar includes articles on suicide in its magazine for lawyers, *Nevada Magazine*, and periodicals.

Continuing, Mr. Swobe stated that his organization attempts to educate the members of the State Bar on the truths and myths of suicide, and he reviewed common myths contained in Exhibit K. He said that drug and alcohol abusers are at higher risk for suicide in three ways: (1) alcoholics are six times more likely to kill themselves than non-alcoholics; (2) the disinhibiting and depressive effects of substances abuse increases the risk of suicide among users at any age; and (3) a family history of addiction increases the risk for some individuals at any age. Further, he said it is not true that only a trained mental health expert can effectively prevent suicide because everyone can prevent suicide if there is a willingness to pay attention and to act on observations.

Concluding, Mr. Swobe expressed his appreciation for the subcommittee and said he will continue to attend the remaining subcommittee meetings with efforts to gather information for his associates.

Responding to a question by Chairwoman O'Connell, Mr. Swobe said the organizations he represents do not have formal suicide data available, only information on drug and alcohol addiction in the legal profession. He said he would provide statistics from the American and Canadian Bar Associations when available.

Responding to questions by Senator Wiener, Mr. Swobe explained that statistics on suicide ranked by profession are a result of a study conducted by the Canadian Bar Association, which lists dentistry as the number one profession for suicide. Additionally, he said that referrals for clients with alcohol and drug addictions are provided through Lawyers Concerned for Lawyers and are typically covered by the client's insurance. If no insurance is available, the organization's assistance program will contribute if the client has lost his practice and any subsequent insurance source.

Chairwoman O'Connell said that the subcommittee will gather all information available and make it available to other professionals, many of who are testifying at the meeting. She said a useful network of information could be established through this interaction. She pointed out that Japan has experienced a high incidence of suicide and may have statistical information available.

Cheryl A. Hug-English, M.D.

Cheryl A. Hug-English, M.D., President, Nevada's Board of Medical Examiners, Reno, provided a copy of her

remarks to the subcommittee (**Exhibit L**). She addressed current certification and licensing requirements for physicians and said there is no requirement for suicide education for licensure in Nevada. However, Nevada physicians are required to participate in three years of progressive postgraduate training.

Additionally, Dr. Hug-English stated that she is the Assistant Dean of Admissions at the University of Nevada School of Medicine (UNSOM) and said that education on suicide begins in the first year of medical school and continues through residency (for primary care specialties). She briefly discussed several studies currently underway at the UNSOM and said, “Clearly, there are some proactive activities with respect to suicide going on in the state.”

Referring to previous testimony, Dr. Hug-English said continuing medical education (CME) for suicide training should be not required for physicians because it is impossible to require CME credits for every topic. She pointed out that physicians are aware of the need to stay current on the topics appropriate to their practices. She suggested that information on suicide be disseminated through educational articles published in the Nevada State Board newsletter. She listed other alternatives to incorporating CME credits on a voluntary basis by physicians and to develop programs at the local medical association level.

Concluding, Dr. Hug-English said it is clear that the issue of suicide cannot be ignored. She said that increasing awareness through voluntary educational programs appears to be warranted; however, since the issue of suicide is already incorporated in physician licensing requirements, it is unnecessary to mandate additional CME credits.

Senator Wiener agreed that mandating CME credits is unnecessary. She asked for a review of voluntary programs currently used to address Nevada’s high suicide rate.

Lawrence Matheis

Robert Schrek, M.D., President Elect, Nevada State Medical Association (NSMA), Las Vegas, was introduced by NSMA Executive Director, Lawrence Matheis. Dr. Schrek said he is a family physician and has practiced in Las Vegas for the past 25 years. He said that education of primary care physicians includes four years of medical school and three years of a residency-training program. Within these seven years of education, is curriculum for basic psychological diseases such as depression, suicide, and schizophrenia among other things. He said the training includes protocol for depressed patient care and care for suicidal persons. Continuing education includes the topic of suicide prevention.

Dr. Schrek said that primary care physicians tend to care for many depressive disorders, which are associated with high rates of suicide. He said that physicians are often the “front line or gatekeeper” professionals who address the psychological aspect of patients. He said the training is quite adequate for depression and suicide; however, the problem is the high index of suspicion. He listed several warning signs such as crying spells, eating disorders, isolationism, and stress and said all signs lead to a patient’s sense of hopelessness and suicidal ideation.

Continuing, Dr. Schrek referenced a prescription drug called accutane and said its side effects include depression and possible suicidal ideation. He said that medications of this nature have a high index of suspicion and patients on this medication are followed closely.

Concluding, Dr. Shrek recommended increasing suicide awareness and statistics to the general public and the physician community. Additionally, crisis team programs should be evaluated on protocols to ensure that a suicidal person is kept in a safe environment, such as a clinical office or an emergency room. Finally, a medical system that fosters the patient-physician relationship is appropriate because patients are comfortable talking about personal matters with someone they know and trust. He said that urgent care facilities are not appropriate to treat clients with suicidal ideation because those physicians are mandated to resolve immediate life-threatening physical conditions.

Responding to a question by Chairwoman O’Connell, Dr. Shrek said the frequency of patients who see a physician and then complete suicide shortly thereafter is a “systems problem.” He said all physicians have the education to address the preliminary aspects of a client who is contemplating suicide, but the current system of urgent care does not foster relationships that are effective in addressing the complexities of a suicidal client.

Paul H. Mozen, D.O. and Larry J. Tarno, D.O.

Paul H. Mozen, D.O., Member, State Board of Osteopathic Medicine, Reno, offered support for Dr. Hug-English's testimony. He said that requiring certain categories of CME requirements is problematic because of the multitude of specialties. For example, an ophthalmologist should not be required to take CME on suicide prevention. He said primary care physicians are acutely aware of the problem of suicide.

Larry J. Tarno, D.O., Executive Director, State Board of Osteopathic Medicine, Las Vegas, was absent.

Keith Macdonald

Keith Macdonald, Executive Secretary, State Board of Pharmacy, Reno, submitted a copy of his presentation (**Exhibit M**) and listed the requirements for licensure of pharmacists in Nevada. He said that the training, through college curriculums and experiential practices such as internships and pharmacy practice rotations, do not generally contain specificity regarding suicide or behavioral symptoms of patients. However, both college courses and experiential training addresses the pharmacology of drugs and their potential effect on individuals, such as suicidal ideation.

Mr. Macdonald stated that the Clark County Medical Examiner's report listed 139 deaths attributed to pharmaceutical drugs. The exact cause, in terms of motivation, remains unknown: suicide or unintentional overdose? He listed problems associated with the pharmacological profession, including: (1) pharmacists seldom receive specialized mental health training; (2) limited patient contact time provided for retail pharmacy drug counseling limits quality interaction; (3) nearly one-third of persons obtaining prescriptions in retail pharmacies are agents of ill persons (family members); (4) mandates of insurance programs and payors urge patients to use mail-order pharmacies, which precludes any patient contact; and (5) pharmacists in retail stores do not have specialized mental health training, with the exception of pharmacists who dispense specific types of drugs.

Additionally, Mr. Macdonald said that when patient face-to-face counseling occurs, pharmacists include specific information about the drug, precautions about its use, common side effects, food and other drug interactions, and recommendations of how to avoid those side effects and interactions. However, a pharmacists must use quality communication skills to avoid remarks that frighten patients or create suggestions that a medication may have results that the practitioner prefer the patient not be concerned about.

Concluding, Mr. Macdonald listed continuing education requirements to include 30 hours in a biennium as a prerequisite for relicensure. One hour of Nevada pharmacy law is the only mandated educational requirement. He said the Board of Pharmacy is reluctant to designate required courses for individual diseases or societal circumstances. He said the emphasis for continuing education credits changes as often as the disease "du jour."

Responding to a question by Assemblywoman Smith, Mr. Macdonald said the packaging for the prescription drug accutane has labels that indicate a concern for depression and suicidal ideation as a possible side effect. He said that pharmacy labels often warn about depression. He said that he would conduct research to determine if any suicides in the State of Nevada could be linked to accutane.

Responding to a question by Chairwoman O'Connell, Mr. Macdonald said the federal government is considering requiring patient information inserts in many medications. He said that most pharmacies have a computerized information sheet that accompanies the patient's receipt.

Responding to a comment by Senator Wiener, Mr. Macdonald said that pharmacists dispense medications with the assistance of a computerized system to eliminate the lethality of a combination of drugs. He said that most pharmacy computer systems have three levels of "stops" that require an override from a pharmacist. Ideally, a patient's pharmaceutical history would be located at one store, but the competitive practice of stores offering coupons as incentives to switch stores, further hampers the computer tracking ability of the pharmacy industry.

Debra Scott, R.N., M.S., A.P.N.

Debra Scott, R.N., M.S., A.P.N., Acting Executive Director, State Board of Nursing, Reno, gave a copy of her testimony to members (**Exhibit N**) and listed suicide prevention education and training available for nurses in Nevada, including:

- Suicide prevention with specific instruction in concepts and skills to assess, intervene, and evaluate the person at risk, to recognize and effectively respond to the suicidal client and those included in the client's social environment; and
- Thirty credits of continuing education courses completed within the 24-month period prior to renewal of license.

Continuing, Ms. Scott said the goal of the board is to protect the public through the regulation of 25,000 individuals comprised of certified nursing assistants (CNAs), licensed practical nurses (LPNs), registered professional nurses (RNs), and advanced practitioner nurses (APNs). She said Nevada's Board of Nursing regulates nursing education curriculum, and suicide prevention is addressed in each of the seven programs offered to LPNs, RNs, and APNs. The curriculum for CNAs does not address suicide prevention at this time.

Ms. Scott said that the Nevada State Board of Nursing recognizes that preventing suicide is a critical health issue in Nevada and that many nurses are in a position to recognize persons at risk, and deliver effective services in the referral and care of those individuals. She said the State Board of Nursing would encourage nurses to further their knowledge and competency in the area of recognizing and responding to the suicidal client, both through formal and continuing education courses.

Dean Pierce, Ph.D., and Rosalind Tuana

Dean Pierce, Ph.D., President, Nevada's Board of Examiners for Social Workers, was absent.

Rosalind Tuana, Executive Director, Nevada's Board of Examiners for Social Workers, Reno, presented members with a copy of her testimony (**Exhibit O**) and reviewed current licensure requirements relating to recognizing persons at risk of suicide, and the continuing education requirements or other training that exist after the initial licensure is granted.

Ms. Tuana listed the Nevada's Board of Examiners for Social Workers licensure requirements for three levels of licensing: (1) licensed social worker (LSW); (2) licensed independent social worker (LISW); and (3) licensed clinical social worker (LCSW). She provided details on educational degrees, post-graduate hours, and direct face-to-face practice hours required for each level. She said there is no specific course in suicide but the topic is covered in a number of courses.

Continuing, Ms. Tuana discussed the examination process and gave examples of test questions. She said that any social worker by law can admit a person involuntarily if they are mentally ill or may be a danger to self or others; however, the social worker must be able to clearly demonstrate that they have sufficient training for such a procedure.

Concluding, Ms. Tuana spoke on continuing education requirements and said that there are limited courses that are specific to suicide. She said the board has initiated dialogue with the National Association of Social Workers to rectify this.

Responding to comments by Assemblywoman Leslie, Ms. Tuana introduced Mark Nichols, Executive Director of the National Association of Social Workers, Las Vegas. Mr. Nichols reported that Clark County has a limited number of school social workers. He said he would provide feedback to the subcommittee at a future date.

Richard Vande Voort, M.S., M.F.T.

Richard Vande Voort, M.S., M.F.T., President, Nevada's Board of Examiners for Marriage and Family Therapists, Las Vegas, said that marriage and family therapists in Nevada are required to complete 40 continuing education units every two years. The training and prevention of suicide is included within those units. Additionally, he said the Board of Examiners offers ethical training with thorough coverage of suicide issues.

Concluding, Dr. Vande Voort said he is also the Southern Nevada Training Coordinator and Facilitator for the National Park Service's Critical Incident Stress Management Program. He said he assists emergency service

personnel in cases when coworkers or children have died.

Responding to a comment by Senator Wiener, Dr. Vande Voort said the Board of Examiners will work with the EMS Program in Douglas County.

Colleen Peterson, Ph.D., Director, Center for Individual, Couple, and Family Counseling, University of Nevada, Las Vegas (UNLV), provided members with a copy of her statement (**Exhibit P**). She said UNLV students in her program are taught to diagnose and assess suicidal thoughts, intent, and lethality, and to take the appropriate steps to protect the client. Specifically, assessing for suicide risk includes the ability to evaluate a client's historical and situational factors, as well as clinically relevant factors and any suicide plans. When a client is determined to be at risk, the following precautions may be used by marriage and family therapists: (1) a "no suicide" contract is drafted between the client and the therapist; (2) the client is involuntary committed; and (3) a welfare check is performed by members of the local police department.

Dorothy North

This speaker was absent, but represented by Sharon Atkinson, Executive Director, Nevada's Board of Examiners for Alcohol and Drug Abuse Counselors. Ms. Atkinson submitted a copy of her written testimony (**Exhibit Q**) that highlighted the following points regarding the board's activities in the area of suicide prevention and intervention:

- There are no empirical studies to support the correlation between the rate of suicides resulting from drug and alcohol use;
- Approximately four courses have been approved pertaining to the assessment and prevention of suicide; and
- There is no mandatory requirement for the assessment and recognition of persons at risk for suicide at this time.

Carlos Brandenburg, Ph.D.

Carlos Brandenburg, Ph.D., Administrator, Division of Mental Health and Developmental Services, DHR, Carson City, was absent. His presentation was rescheduled for the subcommittee's next meeting.

PUBLIC TESTIMONY

Misty Allen

Misty Allen, Crisis Line Coordinator, Crisis Call Center, Reno, recommended that the various agencies represented at the meeting expand suicide training and education to include the following: (1) recognizing when to intervene; (2) knowing where to refer a patient or survivor for resources; and (3) noticing signs and symptoms of a person at high risk for suicide.

John Amentson

John Amentson, concerned citizen from Douglas County, said he participates in the Yellow Ribbon Program because he is in a high-risk age group for suicide. He suggested that the subcommittee invite other states to share their suicide plans with Nevada. He said solutions might be found in the sharing of information and coalition building abilities of this state.

Mark Nichols

Mark Nichols, Executive Director of the National Association of Social Workers, Las Vegas, said the association could contribute more to Nevada's problem and listed the following commitments: (1) a course on suicide prevention will be offered through continuing education or at the annual national conference of social workers; (2) the national association will work jointly with the Marriage and Family Therapists Association to make suicide prevention a topic

and expand it to other associations in the Las Vegas area; (3) communication will improve via the association's newsletter; and (4) the advocacy for suicide prevention will progress at both grassroots and policy decision making levels. He said suicide prevention will be made a higher priority in the future.

Jacquie Manoukian Matt

Jacquie Manoukian Matt, concerned citizen, Minden, shared a story of suicide in her immediate family. She thanked subcommittee members for their efforts to recognize that suicide is a problem in Nevada and asked that more training for the high-risk groups, including those in correctional facilities, and organizations that interact with juvenile and elderly populations.

ADJOURNMENT

There being no further business to come before the committee, Chairwoman O'Connell adjourned the meeting at 2:58 p.m. Exhibit R is the "Attendance Record" for this meeting.

Respectfully submitted,

Kennedy
Senior Research Secretary

Donald O. Williams
Chief Principal Research Analyst

APPROVED BY:

Senator Ann O'Connell, Chairwoman

Date: _____

LIST OF EXHIBITS

Exhibit A is 27-page copy of testimony dated February 1, 2002, and miscellaneous articles provided by Linda L. Flatt, Community Organizer, Suicide Prevention Advocacy Network, Las Vegas, Nevada.

Exhibit B is two-page copy titled "Effects of Exercise Training on Older Patients With Major Depression," reprinted from the *Archives of Internal Medicine*, October 25, 1999, Volume 159, Copyright 1999, American Medical Association, presented by Glen Martin, Volunteer, Retired Senior Volunteer Program, and Member/Representative, American Association of Retired Persons, Carson City, Nevada.

Exhibit C is a packet of information including a one-page copy of an article titled "Light for Life," published by *Family Circle*, August 4, 1998, and furnished by Cindy Marchant, Suicide Prevention Network of Douglas County, Nevada.

Exhibit D is a one-page copy of testimony on letterhead from the Juvenile Division of the Ninth Judicial District Court, submitted by Lance Crowley, Senior Juvenile Probation Officer, Douglas County, Nevada.

Exhibit E is a one-page copy of testimony on letterhead from the Carson Valley United Methodist Church, given by Pastor Pete Nelson, Carson Valley United Methodist Church, Gardnerville, Nevada.

Exhibit F is a 20-page document on letterhead from the Douglas County Sheriff, submitted by Sheriff Ron Pierini,

Douglas County, Nevada.

Exhibit G is a one-page copy of testimony dated January 23, 2002, on letterhead from the State of Nevada Commission on Peace Officers' Standards and Training, furnished by Richard P. Clark, Executive Director, Nevada's Peace Officers' Standards and Training Commission, Carson City, Nevada.

Exhibit H is a three-page document dated February 1, 2002, and titled, "Testimony of James P. Hawke, Ph.D., Superintendent, Fire and Hazmat Training Center, Division of the State Fire Marshal, Department of Public Safety," provided by James P. Hawke, Superintendent, Nevada Hazardous Materials and Fire Service Center, Division of the State Fire Marshal, Department of Public Safety, Carson City, Nevada.

Exhibit I is a one-page copy of testimony dated February 1, 2002, on letterhead from the East Fork Fire and Paramedics Districts, and titled "Prepared for the Legislative Commission's Subcommittee to Study Suicide Prevention," presented by Bobby Wartgow, EMS Deputy Chief, East Fork Fire & Paramedic District, Minden, Nevada.

Exhibit J is a one-page copy of testimony, untitled, given by Fergus Laughridge, Supervisor, Emergency Medical Services, Health Division, Nevada's Department of Human Resources (DHR), Carson City, Nevada.

Exhibit K is a two-page document titled, "Warning Signs: What to Look For," furnished by C. Coe Swobe, Coordinator, Lawyers Concerned for Lawyers, State Bar of Nevada, Reno, Nevada.

Exhibit L is two-page copy of testimony provided by Cheryl A. Hug-English, M.D., President, Nevada's Board of Medical Examiners, Reno, Nevada.

Exhibit M is a two-page copy of testimony titled "Presentation To The Legislative Commission's Subcommittee to Study Suicide Prevention," submitted by Keith Macdonald, Executive Secretary, State Board of Pharmacy, Reno, Nevada.

Exhibit N is a one-page copy of testimony titled "Testimony for the Legislative Subcommittee to Study Suicide Prevention Meeting, February 21, 2002," given by Debra Scott, R.N., M.S., A.P.N., Acting Executive Director, State Board of Nursing, Reno, Nevada.

Exhibit O is seven-page copy of written testimony titled, "Legislative Commission's Subcommittee to Study Suicide Prevention – Board of Examiners for Social Workers Testimony February 1, 2002," presented by Rosalind Tuana, Executive Director, Nevada's Board of Examiners for Social Workers, Reno, Nevada.

Exhibit P is one-page copy titled "Statement To Suicide Prevention Subcommittee," provided by Colleen Peterson, Ph.D., Director, Center for Individual, Couple, and Family Counseling, UNLV, Las Vegas, Nevada.

Exhibit Q is a one-page copy of testimony that is submitted for the record by Sharon Atkinson, Executive Director, Nevada's Board of Examiners for Alcohol and Drug Abuse Counselors.

Exhibit R is the "Attendance Record" for the meeting.

Copies of the materials distributed in the meeting are on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. You may contact the library at 775-684-6827.