A COMMUNITY RESPONSE
ADDRESSING SUICIDE AND DEPRESSION
AMONG MEN ON CAPE COD

May 2011

Prepared by
Christine Clements Stein, PhD
Barnstable County Department of Human Services
Core Response Team

Town of Falmouth
Police
Anthony J. Riello, Chief of Police
Jeff Smith

Fire Rescue
Joseph Dehnick, Emergency Medical Services Supervisor

Human Services
Karen Cadeira, Director
Mark Abbot
Sue Clondas
Kathy Mohler–Faria

Public Schools
Marc Dupuis, Superintendent
Anne Barnes

Other Falmouth
Falmouth Service Center
Brenda Swain, Director

Falmouth Enterprise
Bill Hough, Editor-Publisher
Brent Runyon

Barnstable County Department of Human Services
Beth Albert, Director

Massachusetts Department of Mental Health, Cape Cod & Islands
Steve Jochim, Center Director
Jean Calvert
Larry Paige
Ed Ropulewis
Catherine Thomas

Massachusetts Department of Public Health
Alan Holmlund, Director, Suicide Prevention Program

Cape and Islands Suicide Prevention Coalition
Tim Lineaweaver, Co-Chair
Beth Albert, Co-Chair

With support from:
Jenny Garneau, Department of Mental Health, Nantucket
Candace Perry, Barnstable County Department of Human Services
Christine Clements Stein, Barnstable County Department of Human Services
Maura Weir, Cape and Islands Youth Suicide Prevention Project
Maura Wilson, Executive Director, Samaritans on Cape Cod and the Islands
Falmouth Board of Selectmen
Barnstable County Commissioners
Located in southeastern Massachusetts, Cape Cod (Barnstable County) is home to 215,888 residents living in 15 towns across approximately 400 square miles. The region is renowned for being a special place of beauty. Its landscape of woodlands, marshlands, beaches, and harbors attracts retirees and thousands of visitors and seasonal residents during the warmer months. At its core, Cape Cod is ‘a destination’ and much of the region’s economic base is associated with tourism.

While the Cape Cod region is a rewarding place for many who live here, some face significant challenges with employment and cost of living that can considerably impact social wellbeing.

- The average annual wage is considerably lower than the statewide average; for the two lead employment sectors—leisure/hospitality and retail trade—the annual wages are particularly low at $23,000 to $29,000 per year.
- The cost of living is higher than the statewide average, estimated at $64,000 per year for a family of two adults and two children.
- The unemployment rate is almost double in winter: 12.9% in January compared with 6.6% in August of 2010. (Statewide it was 9.6% and 8.2% respectively).
- The region’s January unemployment rate increased from 7.2% in 2008 to 12.9% in 2010. The winter unemployment rate does not account for many who remain employed but with significantly reduced work hours.

The Town of Falmouth is located in the Upper Cape area several miles from the Bourne Bridge, one of two road bridges that connect Cape Cod to the rest of Massachusetts. The second largest town on Cape Cod, Falmouth has 33,000 residents. As a major gateway to the islands of Martha’s Vineyard and Nantucket, Falmouth’s seasonal economy is uniquely impacted compared with other Cape Cod towns where tourism is also a major component of the economic base.
Abstract

In 2010, the Town of Falmouth on Cape Cod experienced an unprecedented number of deaths by suicide, mostly men ages 35 to 64 years. Due to the time lag for the official recording of a cause of death, we cautiously state that the total was ten. This was in contrast to a prior annual average of two. These events accentuated a historically high suicide rate in the region.

There was a notable ripple effect in the Falmouth community as news of these deaths by suicide emerged. A natural question was why this spike had occurred, along with worry it would continue. Many expressed concerns for family members, friends or neighbors who they thought might be at risk. Simultaneously, local human service providers observed that their clients were presenting with an unusual level of despair, with significant financial stressors increasingly in the mix with other risk factors for diminished mental health.

A rapid community-based response to the increase in deaths by suicide resulted from a strategic alliance among representatives from town, county and state government; other local human service organizations; the region’s suicide prevention coalition; and the media. The response included post-vention activities to provide psychological first aid to all age-groups within the community, as well as prevention activities to reduce the likelihood of more deaths by suicide.

Reflecting a strengthened concern that historically, the highest proportion of deaths by suicide in the region is men ages 25 to 64 years, as well as building concern for this population’s mental health risk factors, the response team also launched Real Men. Real Depression. The purpose of this mental health awareness campaign is to draw attention to the issue of depression among men, reduce stigma and encourage engagement in treatment. Developed by the National Institute of Mental Health, it specifically addresses men’s experience of depression, a condition that affects nearly one in five men annually.
I. Introduction

This qualitative case study reflects the experiences and perspectives of team members who responded to the 2010 increase in deaths by suicide in the Town of Falmouth on Cape Cod and to the need for increased awareness about this topic, especially depression among men.

The author drew from team meetings, semi-structured interviews with team members, community outreach documents, and media reports and used standard rigorous methods for analyzing qualitative data to synthesize this information. To the side of the narrative, selected team quotes are included as they provide richness and nuance; these are drawn from the interviews unless otherwise noted.2

II. Regional Suicide Data

A) Cape Cod

From 2004 to 2008, there were 127 deaths by suicide among Cape Cod residents.3 For this period:

- The region’s age adjusted suicide rate was 10.5 per 100,000 persons compared with the state rate of 6.9
- The region’s rate was one of the highest in Massachusetts4
- 90 percent were individuals 24 years or older
- 80 percent were male
- The age-specific rate was highest for men age 40–59 years: 33 per 100,000

Preliminary regional data for 2009 indicate a number of deaths by suicide similar to the 2004 to 2008 annual average of 25. The 2010 count will likely be higher due to the increase of events in Falmouth.

B) Town of Falmouth

Historically, Falmouth averages two deaths by suicide per year. Due to the time lag for the official recording of a cause of death, we cautiously state that there were ten suicide deaths associated with Falmouth in 2010.

Not all of the deaths were current Falmouth residents; preliminary records indicate one person formerly lived in Falmouth and died in Bourne, and another died in Falmouth but lived elsewhere in the state. Most of the deaths were men age 35 - 64 years.

Six of the Falmouth deaths by suicide occurred from September to November. To our knowledge, no additional deaths by suicide have occurred in Falmouth to date.
III. Community Impact

A) Receiving the news

The communications that brought attention to the suicide deaths affecting Falmouth involved a network unique to a small town. Many who reported on and responded to the deaths not only worked in the town but lived there too, some since childhood. As such, they often knew the people who had died and their family.

Diligently aiming to balance best practices for reporting about suicide with the need to keep the community informed, the Falmouth Enterprise newspaper published a series of articles in 2010 about several high profile suicide attempts and the recent suicide deaths. The lead reporter was uniquely sensitive to this issue as a survivor of a suicide attempt when a teenager, having spoken and written openly about his experience.

When suicide occurrences increased to an unusual level, information was rapidly exchanged among town, county, and state organizations, laying the groundwork for the response team’s formation.

B) Why Falmouth? Why now?

News of the increased suicide rate, particularly the six deaths from September to November 2010, caused a notable cascading effect in the Falmouth community. The community was alarmed, and a natural question was why this spike had occurred, along with worry it would continue. Many expressed concerns for family members, friends and neighbors who they thought might be at risk.

An individual’s life circumstances preceding a suicide are known to be complex, often involving a combination of factors such as mental illness, substance abuse, intimate partner problems, and stressors such as employment, financial, and legal problems. Likewise, explanations for a sudden community spike are difficult to pin-point and generally involve young people below 25 years old.

Recognizing this complexity, the Falmouth response team did not attempt to explain the spike in suicide deaths specifically although they had thoughts about mental health risk factors in general. Local human service providers had observed that the wellbeing of many clients was worsening following several years of a fragile seasonal economy in the area.

The economic downturn has affected people across the state; however, in a region where the cost of living is high and many rely on maximizing their income during the summer months, reduction in income and depleted savings can make life particularly tenuous.
According to local human service providers, financial challenges (unemployment/partial employment, home foreclosure, inadequate money for food and other basic needs) have exacerbated circumstances such as relationship tensions, alcohol and substance abuse, and mental and physical health conditions. As said by one core team member, it is a perfect storm.

Of note, women who appealed to human service providers seeking services for themselves and children often had major concerns for the wellbeing of the men in their life as well.

IV. Response

A) Strategic alliance

Collaboration among organizations is a powerful strategy to achieve a vision not possible by independent entities working alone. Partners capitalize on their synergistic power to develop and implement strategies to accomplish a collective purpose. Collaboration is a journey rather than a destination that relies on positive personal relationships, trust among partners, and a commitment to resolve normal sources of conflict.\(^5\)

The team that responded to the increase in deaths by suicide affecting the Falmouth community rapidly formed a strategic alliance predicated on collaboration. Partners included representatives from the Town of Falmouth (police, fire-rescue, human services and schools), the Barnstable County Department of Human Services, the Massachusetts Department of Mental Health (DMH) Cape Cod and Islands, the Massachusetts Department of Public Health (DPH), other local human service organizations, the region’s suicide prevention coalition and the media.

With an imperative to act immediately on such a critical issue, the team maximized their organizations’ resources and range of competencies, shared risks and responsibilities, and worked through potential sources of conflict such as communication channels and territory. The team identified and activated around a common set of goals:

- Provide psychological first aid to the community (postvention).
- Identify and implement strategies to reduce the likelihood of more deaths by suicide (prevention).
- Launch a campaign to draw attention to depression among men, reduce stigma and encourage engagement in treatment (awareness and education).
Two existing groups that address suicide postvention and prevention—the Cape Cod Posttraumatic Stress Management team and the Cape and Islands Suicide Prevention Coalition—strengthened the formation and work of the Falmouth response team and were viewed as key catalysts for the Falmouth response.

- The Cape Cod Posttraumatic Stress Management (PTSM) team comprises multi-disciplinary representatives who coordinate a response when a suicide death or crisis occurs. The team offers support to the family, the first circle of survivors and the affected community, providing assistance if invited.6

- The Cape and Islands Suicide Prevention Coalition formed to address the region’s high suicide rate and comprises over 75 stakeholders from diverse organizations who help coordinate and host a variety of events to heighten community awareness of suicide, offer training, and distribute outreach materials across the region.7

Leaders from the Cape Cod PTSM team and the Cape and Islands Suicide Prevention Coalition led the Falmouth response.

**B) Response activities**

Mobilizing in early October 2010, the Falmouth response team’s core activities occurred from November 2010 to April 2011. Many individuals from a variety of organizations contributed to the planning and implementation of these activities. Please refer to the inside front cover for a list of organizations and staff. The following summarize the Falmouth response team’s main activities.

**Cape Cod PTSM team connects with the Town of Falmouth**

The Cape Cod PTSM team’s leadership met with Falmouth’s Chief of Police to initiate a response and this branched out to discussions with other town officials. PTSM team representatives met with the forming Falmouth response team to discuss prior experiences in the region and provide training in psychological first aid.

**Community Forum: Coping with Depression and suicide**

DMH Cape Cod and Islands, Barnstable County Department of Human Services and the Falmouth Police Department sponsored this October 2010 forum. The forum provided an opportunity for the Falmouth community to talk about the recent suicides and learn about resources. Held at the town library, the Chief of Police opened the discussion, followed by a panel comprised of response team members and others. The event drew about 50 attendees, but few were men. The Falmouth Enterprise assisted with publicity and published an article following the event.

**Letter to the community from town officials**

The Falmouth Board of Selectmen wrote a letter to the community regarding the increased suicide rate and available resources. The Falmouth Enterprise published
the letter and Falmouth Human Services sent it to dozens of local organizations (such as helping agencies, faith community, and the Rotary Club) with resource information.

**Real Men. Real Depression**

The National Institute of Mental Health’s *Real Men. Real Depression* awareness campaign is unique in its approach to addressing men’s experience with depression. The Barnstable County Department of Human Services localized the campaign’s 3-fold pamphlet with contact information for area services. The Department also produced an accompanying flyer, funded printing, and assisted with dissemination.

Distribution was extensive and assisted by members of the response team. For example, Falmouth Public Schools—with help from an organization serving at-risk youth and families—hung flyers at libraries, post offices, places of worship, the ice rink, and many other locations. The Falmouth Fire-Rescue Department’s emergency medical services supervisor hand delivered packets to Falmouth primary care providers and talked to staff.

**In-person outreach to local businesses**

Considered a remarkable and innovative effort, the Director of DMH Cape Cod and Islands initiated in-person outreach to Falmouth employers. He aimed to have unscripted conversations with men, provide them with *Real Men. Real Depression* materials, and overall help reduce men’s reluctance to seek mental health care.

The Director, two additional DMH clinicians, and one clinician from Falmouth Human Services (all men) visited over 80 area employers during the winter, an opportune and less busy time. The clinicians went solo and “had their beat”: businesses included lumber yards, boat yards, bars, auto body shops, and town public works. The reception they received was overwhelmingly positive. After some initial uneasiness, men opened up about those they worried about with depression and substance abuse issues.

**Reducing barriers to counseling services**

Falmouth Human Services—a town department—was a major contributor to opening access to counseling services. While the department had previously referred residents with commercial health insurance to private sector providers (many with waiting lists), the director implemented an open door policy offering counseling to all residents in need. The department ensured intake within 48 hours for 90-days, began a drop-in men’s group with DMH Cape Cod and Islands, began a women’s group, and increased publicity about services. Notably, there was a 90 percent increase in intakes during January and February 2011.
The Falmouth Service Center—a non-profit organization that provides a variety of services to residents experiencing financial hardship—collaborated with DMH Cape Cod and Islands to offer depression screening and referral services at the Center, including at classes to help people build budgeting skills.

As always, the DMH Cape Cod and Islands 24/7 crisis hotline was open to all and DMH provided mental health care—including community-based crisis care—to uninsured residents and those insured by MassHealth. DMH staff provided referral information to residents with commercial health insurance.

The Samaritans on Cape Cod and the Islands began a Safe Place support group in Falmouth for those who lost a loved one to suicide.

Training

Evidence-based trainings in suicide prevention including CONNECT, Question Persuade Refer (QPR), and Signs of Suicide (SOS) were offered across the Falmouth community. DPH helped organize training for town first responders through its Office of Emergency Medical Services, and provided training to school staff, students and other community members through the Cape and Islands Youth Suicide Prevention Project.

Other

The Barnstable County Department of Human Services entered a contract with a suicide prevention coordinator, which was initially funded by DPH and subsequently by Barnstable County.

The suicide prevention coordinator worked with members of the Falmouth response team to offer Real Men, Real Depression, Real Solutions Men’s Night at a Falmouth sports club. In keeping with the ongoing aim of reaching men, this April 2011 event offered free pool and dinner and a chance for men to talk with experts about stress, depression and available services. Although attendance was low, gains were made by helping several men connect with resources.

C) Response challenges and accomplishments

The biggest challenge for the Falmouth initiative was merging labor intensive response activities with team members’ existing responsibilities. For providers it was absorbing new clients from outreach into existing caseload. After the 90-day intense response, the team had to move to a sustainable level of activities.

Other challenges are ongoing, such as reducing stigma associated with mental health conditions, encouraging men to seek treatment when needed, and increasing access to mental health and substance abuse services in a time of budget cutbacks.

We...

...Need to engage a broader community of clinicians to address mental health care.

...Must continue to think outside of the box; e.g., training bartenders in QPR.

...Pulled together to intervene and learned from the experience and know we could do it again.
A major accomplishment was the rapidity with which the Falmouth response team formed and successfully worked together. The many activities ensured using a variety of community-oriented resources and meaningfully involving diverse community members. The team also helped open up community conversations about mental health and substance abuse, particularly affecting men, releasing considerable built up tension and offering hope.

V. Moving Forward

The 2010 Falmouth response to the increase in deaths by suicide solidified a strategic alliance of organizations and individuals committed to addressing suicide prevention across the age span on Cape Cod, as well as to emphasizing work that addresses men’s experience of depression. The Falmouth team continues to meet periodically to maintain vigilance on suicide prevention in the town and discuss aspects of the region’s activities specific to Falmouth. The following highlight other work in progress or planned.

The Cape and Islands Suicide Prevention Coalition…

- In collaboration with the Barnstable County Department of Human Services, launched the public health awareness campaign *Real Men. Real Depression* region-wide in May 2011.
- Is planning additional community forums and suicide prevention training across the region.
- Will soon engage in strategic planning to ensure the Coalition’s suicide prevention plan continues to align with the needs of the region.

Barnstable County Department of Human Services will…

- Continue to support a suicide prevention coordinator and expand on *Real Men. Real Depression* activities.
- Partner with the Cape and Islands Youth Suicide Prevention Project to fund suicide prevention training of trainers (CONNECT training).
- Offer suicide prevention training throughout the region, with an emphasis on mental health needs of adult men.
- Provide the Falmouth Service Center with a grant to help pay residents’ unreimbursed mental health service costs.
- Engage businesses in DPH’s Workplace Mental Health Initiative, which promotes positive mental health among workers ages 25 to 64 years.
- Continue to provide research and evaluation support, including evaluation of the County’s suicide prevention activities.
Other activities…

- The Cape Cod and Islands Youth Suicide Project will continue its array of activities specific to youth suicide prevention for ages 10 to 24 years.

- A regional mental health summit is planned, to be convened by the Community Health Center of Cape Cod and endorsed by others including the Health and Human Services Advisory Council of Barnstable County Human Services. The summit will engage diverse representatives in discussion about community mental health and access to mental health care in the region.

References

1 Sources for cost of living and employment data are the Crittenton Women’s Union and the Massachusetts Executive Office of Labor and Workforce Development.

2 For more information on study methods contact Christine Clements Stein, Barnstable County Human Services, cstein@barnstablecounty.org or 508-375-6629.

3 The source for 2004 to 2008 suicide data is the Massachusetts Department of Public Health Registry of Vital Records and Statistics. Resident is defined as a person whose primary residence is Cape Cod, and excludes seasonal residents and visitors.

4 The age adjusted suicide rate for Nantucket for 2004-2008 was higher than Cape Cod’s; however, there were seven Nantucket occurrences in the five-year period resulting in a wide confidence interval for the rate.


6 PTSM is a community-focused initiative developed and tested over the last 15 years by a team of psychological trauma and disaster experts including Robert D. Macy, PhD. PTSM includes psychological first aid, psychosocial stabilization and resiliency enhancement. The Cape Cod team is led by a Clinical Coordinator (Director, DMH Cape Cod and Islands) and the Incident Commander (Director, Barnstable County Department of Human Services).
   www.bchumanservices.net/community-partners/ptsm/

7 Link to additional information about the Cape and Islands Suicide Prevention Coalition: www.bchumanservices.net/community-partners/suicide-prevention-coalition/

8 Link to the National Institute of Mental Health Real Men, Real Depression campaign materials: www.nimh.nih.gov/health/topics/depression/men-and-depression/index.shtml

Acknowledgements

Thank you to Caroline Conena–Barnstable County Department of Human Services student intern–for her editing assistance.

Photos by Christine Clements Stein.
Suicide prevention is about creating a community that cares.
Promoting the health and social wellbeing of County residents through regional efforts

Beth Albert, Director
P.O. 427 Barnstable, MA 02360
Office 508.375.6628  TTY 508.362.5885
www.bchumanservices.net

If you are a person with a disability who requires this publication in an accessible format, please contact the Department of Human Services with your request.