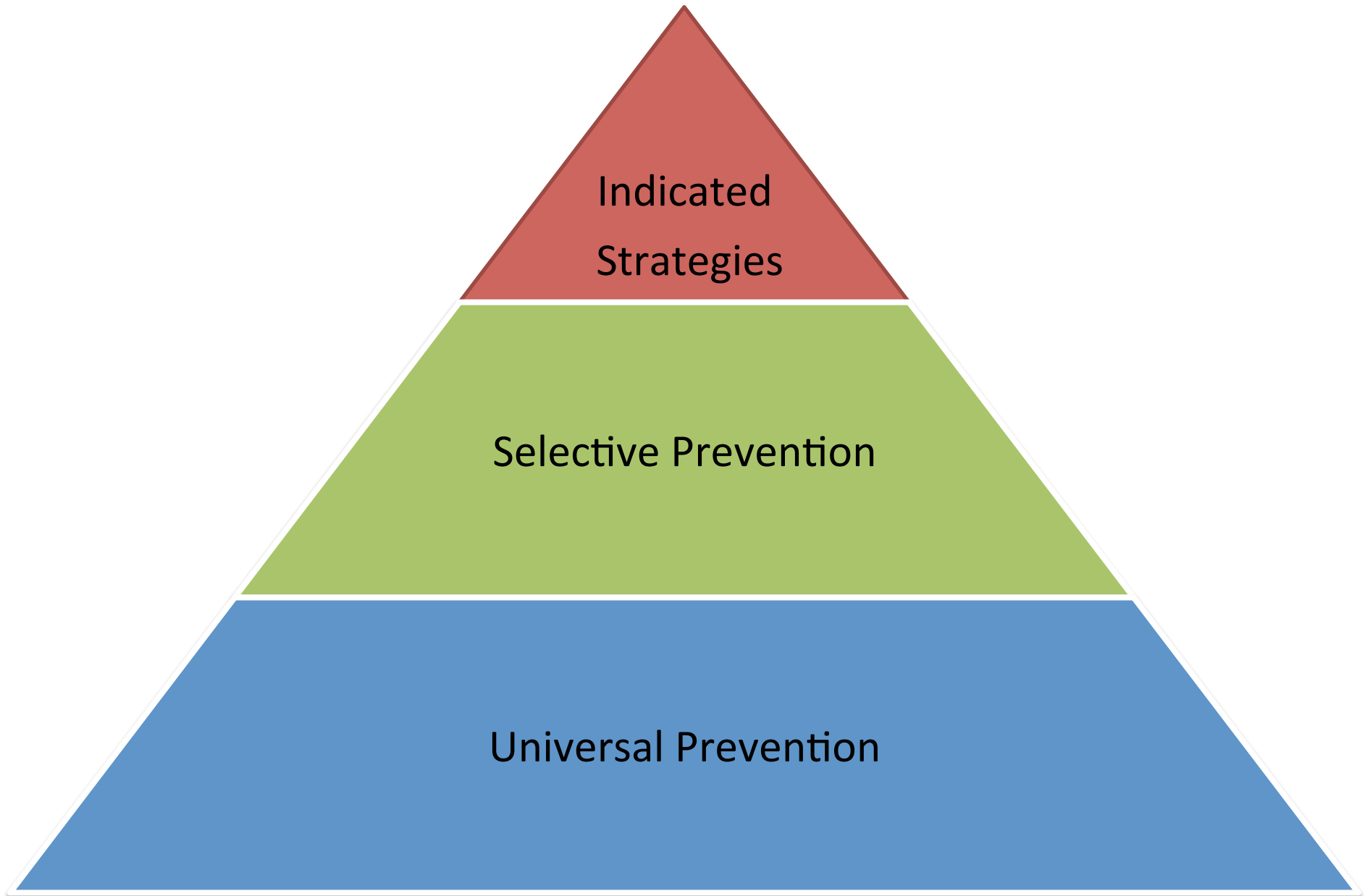


VERMONT  
SUICIDE  
PREVENTION  
PLAN  
OVERVIEW

Sep 2014

Draft

# WHO Methodology for Suicide Prevention Planning



# WHO Recommended Suicide Prevention Interventions

**1°**

Universal Prevention

**2°**

Selective Prevention

**3°**

Indicated Strategies

# Universal Prevention

(Primary Prevention)

## WHO Recommendations

- Increase access to health care
- Promote mental health
- Reduce harmful use of alcohol
- Limit access to lethal means
- Promote strong personal relationships

## Vermont Initiatives

- ACA/Medicaid Expansion
- DMH inviting VDH to discuss public health promotion; collaboration with Center for Health & Learning (health education)
- Collaborate with ADAP on addiction/substance abuse prevention efforts
- CALM (Counselling about Access to Lethal Means) Training of the workforce; *NH's Gun shop project*
- Center for Health and Learning's U\_Matter campaign + other local initiatives.

# Selective Prevention

(Targets vulnerable groups)

## WHO Recommendations

- Targeted services for people:
  - who have experienced trauma/abuse
  - Victims of conflict, disaster
  - Refugees or migrants
  - Those bereaved by suicide
- Train gatekeepers for high risk groups
- Helplines
- Promote coping skills

## Vermont Initiatives

- ACE screening + CHL working with refugee resettlement population in the northwest + Post-vention by Designated Agencies. AFSP support groups.
- Gatekeeper training by CHL (UMatter)
- Helplines:
  - DA crisis services
  - 211
  - National Suicide Prevention hotline
  - Peer run warm line
  - Domestic violence hotline
  - Sexual violence hotline
- Mental Health First Aid training

# Indicated Strategies

(Targets specific vulnerable individuals)

## WHO Recommendations

- Targets specific vulnerable individuals
- Community Supports
- Follow-up
- Education and Training of the workforce
- Improved identification
- Improved management of mental health and addictions disorders

## Vermont Initiatives

- PHQ screening in PCMH. Trauma screening (pilot)
- Community health teams; school + higher education social work/clinical staff supports; U Matter for Communities. Support groups.
- Follow-up services for people who have recently reported suicidal thoughts (Letters, Phone calls, Post Cards etc.)
- CAMS (Collaborative Approach to Management of Suicide) + CALM (Counseling About Access to Lethal Means)
- Using standardized suicide screening tools vs. routine interview (e.g. Columbia suicide scale)
- Integrated/Coordinated array of services
  - Outpatient treatment (private + public systems)
  - Crisis lines/Mobile Crisis
  - Residential Crisis Services
  - Intensive Outpatient services
  - Hospitalization