Suicide Prevention Update 2018

VERMONT
DEPARTMENT OF HEALTH

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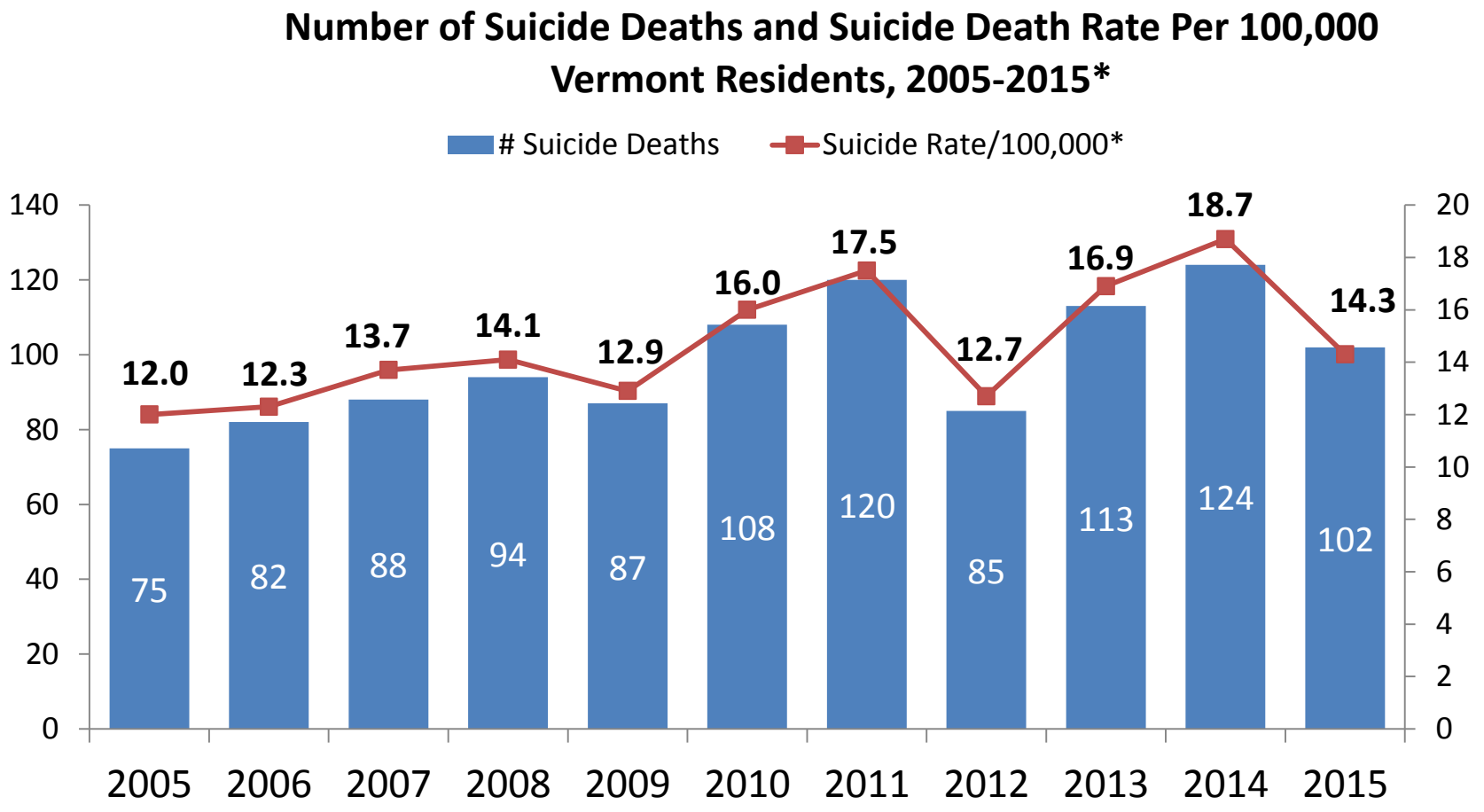
Suicide Prevention Investments

- VT entered into a partnership with Maine on a CDC grant to examine factors associated with suicide using the National Violent Death Reporting System (year 3 of 5 year grant, 1 year of data available)
  - Center for Health & Learning contract is: $191,098
    - Deliverables organized by 11 goals of Suicide Prevention Platform
  - Northwestern Medical Center Quality Improvement project: $15,000
    - Part of a shared DMH/VDH epidemiologist's time
  - Blueprint – investments in Zero Suicide approach
    - SASH

			Time Period	Actual Value	Target Value	Current Trend
O	Mental Health	Ensure the mental health of Vermonters				
I	VDMH Act186	Rate of suicide deaths per 100,000 Vermonters	2015	14.3	11.7	↘ 1
I	Injury	Emergency Department visits for self-harm rate per 100,000 Vermonters	2011	176.5	139.1	↗ 1
I	Mental Health	% of adolescents in grades 9-12 who made a suicide plan	2015	12%	8%	↗ 2
I	VDMH Act186	% of Vermont adults with any mental health conditions receiving treatment	2016	56%	–	↘ 1
I	Mental Health	% of Medicaid beneficiaries age 10-17 screened for depression	–	–	–	–
I	VDMH HV2020	% of Medicaid beneficiaries age 18 and older screened for depression	–	–	–	–
P	Mental Health	Department of Mental Health				
PM	VDMH How_Well	% of people receiving non-emergency services within 7 days of emergency services	FYQ1 2017	63%	–	→ 1
PM	VDMH How_Well	% of CRT clients receiving follow up services within 7 days of psychiatric hospitalization discharge	SFY 2016	88%	95%	↘ 2
PM	VDMH How_Much	% occupancy of Designated Agency adult crisis bed programs	FYQ1 2018	79%	80%	↗ 1
P	Mental Health	Department of Vermont Health Access - Medicaid Global Commitment (Mental Health)				
PM	DVHA DVHA	Antidepressant Medication Management - Acute Phase	2015	69.36%	–	↗ 1
PM	DVHA DVHA	Antidepressant Medication Management - Continuation Phase	2015	52.22%	–	↗ 1
PM	DVHA DVHA	Follow Up After Hospitalization for Mental Illness - within 7 days	2015	61.40%	–	↘ 1

Data Context: Mortality – how many are dying by suicide?



2015 U.S. suicide rate is 13.3 per 100,000

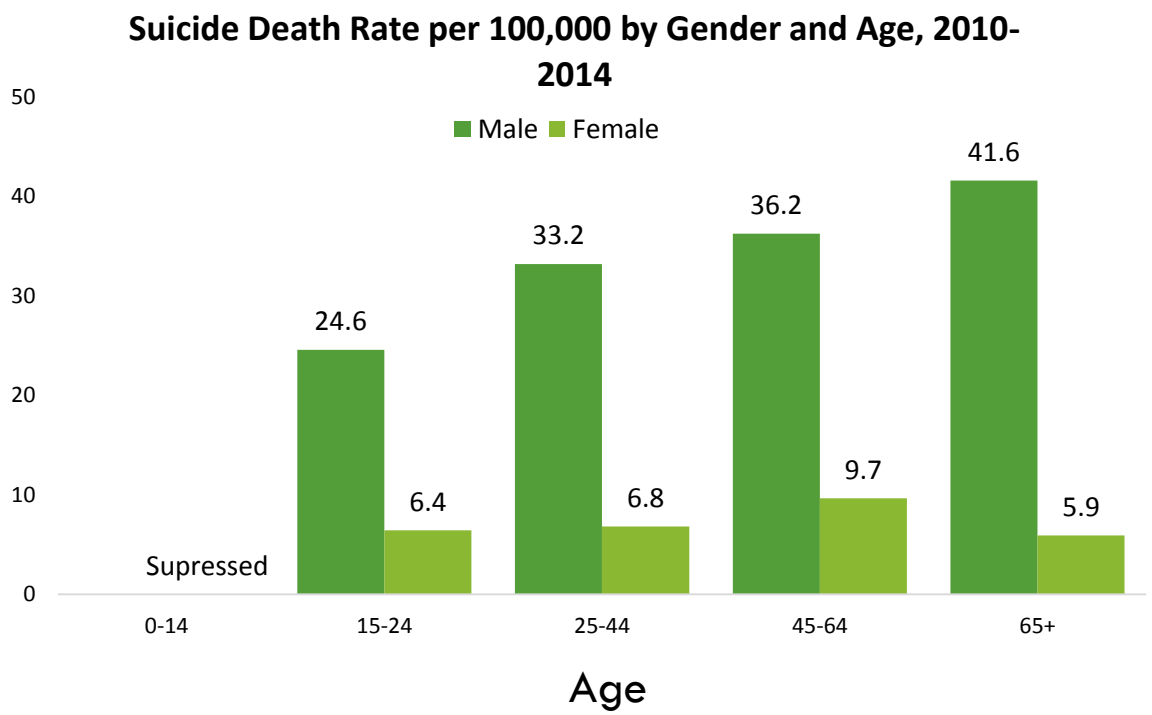
In Vermont, suicide is the 8th leading cause of death.

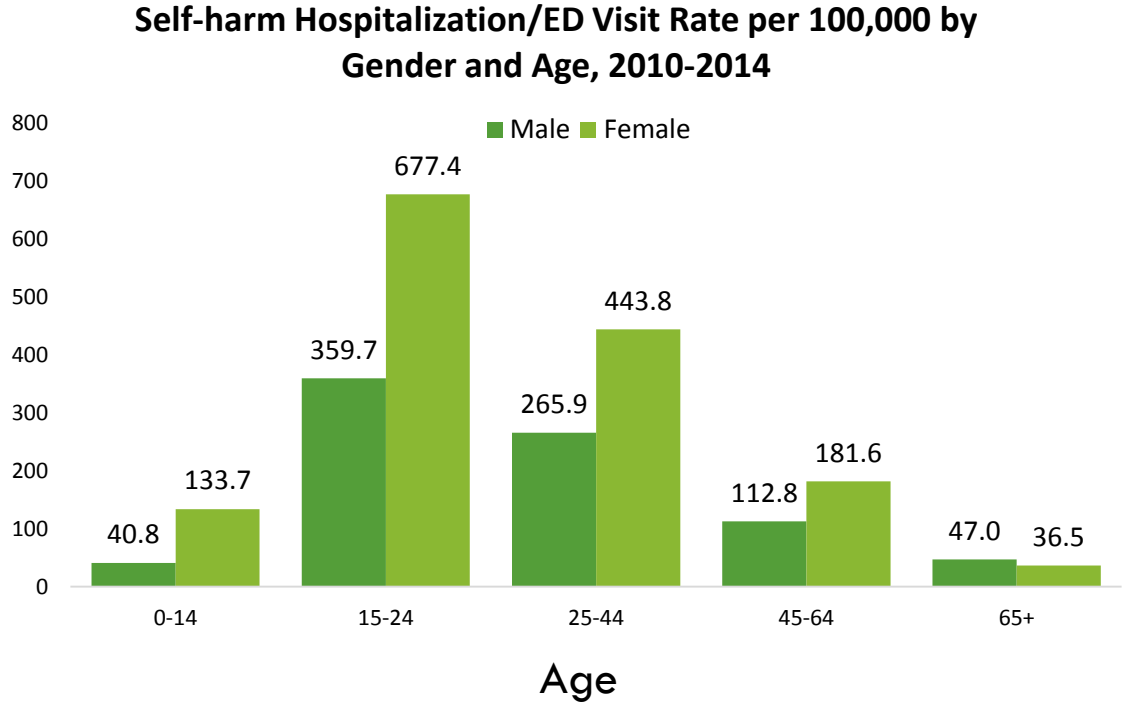
In the U.S., suicide is the 10th leading cause.

http://www.healthvermont.gov/sites/default/files/documents/2017/01/HSVR_injury_suicidemortality.pdf
https://www.healthypeople.gov/2020/data-search/Search-the-Data#objid=4804;

*Vital Statistics 2010-2014, 2015 preliminary

Data Context: Male and Female suicide death differs





Data Context: Among injury deaths, suicide is prominent

5 Leading Causes of Injury-Related Death by Age Group, Overall – Count for 5 years

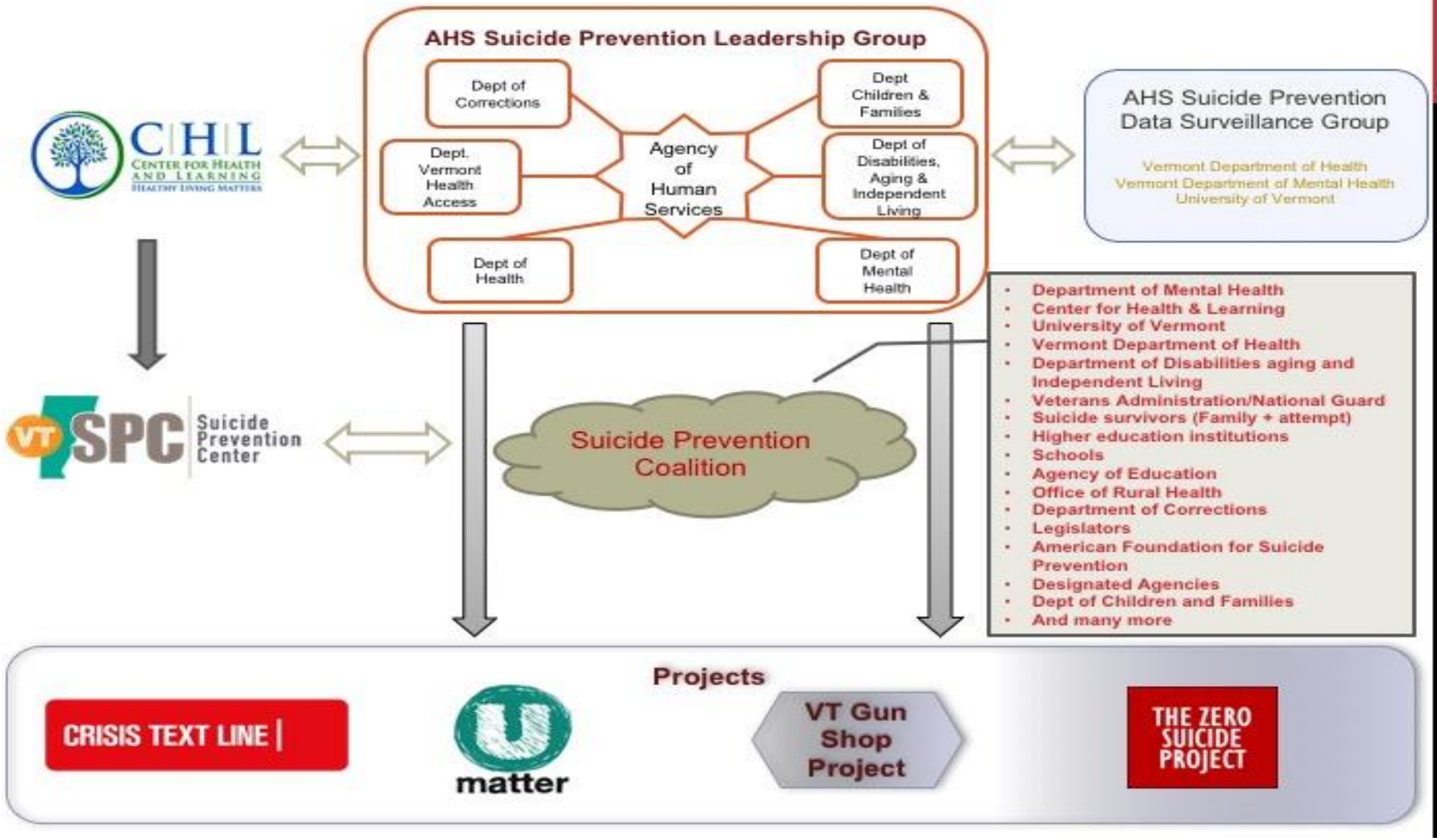
Rank	Age 0-14	Age 15-24	Age 25-44	Age 45-64	Age 65+	All Ages
1	Suffocation 15	Motor Vehicle Traffic 73	Poisoning 134	Firearm 115	Falls 615	Falls 687
2	Motor Vehicle Traffic 8	Firearm 34	Motor Vehicle Traffic 76	Poisoning 111	Firearm 77	Motor Vehicle Traffic 317
3	Drowning 6	Suffocation 24	Firearm 72	Motor Vehicle Traffic 86	Motor Vehicle Traffic 74	Firearm 303
4	Six Tied -	Poisoning 23	Suffocation 35	Falls 63	Suffocation 39	Poisoning 285
5	Five Tied -	Drowning 7	Poisoning 29	Poisoning 57	Poisoning 17	Suffocation 102

Suicide is a top 5 cause of injury death in all age groups except ages 0 to 14.

For adults ages 25 to 44, suicide accounts for 3 of 5 leading causes.

Data source: Vermont Vital Statistics
Counts less than 6 are suppressed
White cells indicate deaths due to unintentional injuries; Green coloring indicates deaths by suicide

VERMONT SUICIDE PREVENTION PARTNERSHIP



What are we doing?

1. Communication and awareness campaigns
   - Umatter – suicide specific
   - ParentUp & Getting to Y
2. Quechee Bridge Mitigation Project
3. Mental Health First Aid
4. Gatekeeper awareness & training
   - Vermont Gun Shop Project
5. Helplines – phone and text 24/7
6. Zero Suicide
   - Screening, assessment, treatment, follow-up

What are we doing? Training partners

Ideally, each organization that is connected with AHS should be addressing all of the elements but should start by prioritizing which ones they want to want to address first.

Gatekeeper Training		
	# of trainings	# trained
2014	5	124
2015	14	269
2016	9	170
2017	9	243
	37	**806**

Mental Health First Aid Training		
	# of trainings	# trained
2016	4	83
2017	9	236
	13	**319**

CAMS & CALM trainings	# of organizations
Mental Health Agencies	4
Schools	2
Hospitals	1
Community Health Centers	1
Veterans Services	1
Senior Services	2
Total number of participants 2015-2017	**339**

CAMS = Collaborative Assessment and Management of Suicidality

CALM = Counseling on Access to Lethal Means

How well are we doing it? Zero Suicide Evaluation

Successes and facilitators

1) Clinicians are more comfortable and competent in addressing suicidality and more fluidly engage crisis teams when suicidality is expressed
2) More focus on the drivers of suicidal thinking
3) Leadership attention
4) Focus on safe and timely client handoffs across different clinicians and programs

Challenges and barriers

1) Not always being able to make handoffs to clinicians and programs who were similarly trained (e.g., on CAMS)
2) Inconsistent buy-in for screening practices and policies among community partners
3) Limited systems changes (EHR, forms, policies)
4) Challenges of adapting Zero Suicide to certain care settings (e.g. co-located behavioral health and primary care)

The National Violent Death Reporting System (NVDRS)

- The NVDRS system collects data on violent deaths, **including suicides**
- The three major NVDRS data sources are:
  - Death certificates
  - Coroner/medical examiner reports and
  - Law enforcement reports.
- The information collected includes circumstances related to suicide such as: depression and major life stresses like relationship or financial problems.

Data Context: NVDRS

- Of those who died by suicide in Vermont in 2015:
  - 53% had a mental health problem
  - 42% had a history of suicidal thoughts
    - 40% disclosed their intent to kill themselves to someone
  - 34% had a history of mental health treatment
  - 27% had a reported intimate partner problem
  - 13% had a job problem or crisis in the past two weeks
    - including being laid off, trouble finding a job or being recently fired

Data Context: NVDRS

- Among veterans who died by suicide in Vermont in 2015:
  - 73% had a mental health problem
  - 78% used a firearm to kill themselves
    - compared to 54% of all Vermonters
  - 24% had a documented history of suicidal thoughts
  - 15% had attempted suicide in the past
  - 46% had a physical health problem
  - 18% had a history of mental health or substance abuse treatment

Recommendations & Selected Public Health Stat Action Items

Recommendation		Action Item
1	Promote and strategically expand Zero Suicide interventions	✓ Align AHS and OneCare efforts to decrease suicide in Vermont under the All Payer Model success measures ✓ Update the Accountable Communities for Health Change Packets to align with the All-Payer Model inclusion of suicide
2	Improve data efforts to understand suicidality among clients of Designated Agencies	✓ Promote use of one EHR for Designated Agencies
3	Develop communication strategy for target populations	✓ Promote crisis text line ✓ Determine segmented communication strategies based on age and gender (similar to public health messaging approach)
4	Infrastructure and Leadership: DMH and VDH establish a leadership and accountability structure for suicide prevention	✓ Brief Secretary on current work with an aim toward a broader Agency understanding - completed ✓ Launched AHS Suicide Policy Group – direct the work of the data group and determine priorities for the Agency and support cross agency work – Group established, meeting in February

Resources Online

- Data on suicides and injury in Vermont
  - http://www.healthvermont.gov/health-statistics-vital-records/surveillance-reporting-topic/injuries
- National Violent Death Reporting System
  - https://www.cdc.gov/violenceprevention/nvdrs/stateprofiles.html
- Health Department Dashboard
  - http://www.healthvermont.gov/scorecard-injury-violence

What are we doing? 7 essential components of Zero Suicide

1. **Lead** – Create a leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care. Include survivors of suicide attempts and suicide loss in leadership and planning roles.
2. **Train** – Develop a competent, confident, and caring workforce.
3. **Identify** – Systematically identify and assess suicide risk in people receiving care.
4. **Engage** – Ensure every individual has a pathway to care that is both timely and adequate to meet his or her needs. Include collaborative safety planning and restriction of lethal means.
5. **Treat** – Use effective, evidence-based treatments that directly target suicidal thoughts and behaviors.
6. **Transition** – Provide continuous contact and support, especially after acute care.
7. **Improve** – Apply a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes.