

April 06, 2017

Testimony to Senate Committee on Health and Welfare

Good morning, honored members of the Senate Committee on Health and Welfare, fellow Vermont citizens, and honored guests:

My name is Debra Lopez Gottesman. I'm here today to testify in favor of the adoption of H 184. I speak from two perspectives.

First, I speak to you as an experienced psychiatrist who provided direct care to patients for 36 years in Burlington, until just recently when I retired from active practice. I have worked directly with people who struggled with suicidal thinking, and I take comfort in the knowledge that I helped prevent at least a few deaths. But as you know, we have a terrible shortage of psychiatrists, primary care doctors, nurses and mental health workers in Vermont—especially those who have the proper training to evaluate and treat people at risk to die by suicide. I continue to serve in the UVM Department of Psychiatry as a clinical teacher, and I'm an active member of the Vermont Psychiatric Association, and of the Vermont Suicide Prevention Coalition. Many of us are making concerted efforts to address the problems we face in delivering good mental health care in Vermont, and we need your support.

H 184, as written, requires the Agency of Human Services to internally allocate some of its human & financial resources annually to identify and collect information related to **each** death by suicide occurring in the state of Vermont. This is a substantial task to be assigned without funding, but it is important for Vermont that the Agency prioritize this effort, due to the enormity of the problem we have here. More people died by suicide in Vermont in 2015 than the combined number of deaths from motor vehicle accidents, fires, drownings, and homicides, yet we collect very little systematic information about the circumstances leading to those deaths. Vermont has the 7th or 8th highest per capita rate of suicide in the country. How are we to understand why we're doing so much worse than most other states without more information?

I support H 184 as written because we desperately need better information to help guide decisions as to where resources---aimed at preventing some of these deaths—are needed. We need to know---was the person seen in a health care setting within 3 months of their death? If so, were they

screened for suicidal thinking, or depression, or other risk factors that might have been addressed? Was the person insured or were there other factors that barred their access to treatment or other services? Was the person being treated for a mental or emotional illness, or substance use problem in any of our public or private sector settings? Gathering answers to questions like these, in a systematic manner, is considered a key priority by suicide prevention experts in the state. How can we improve our systems of care if we don't evaluate these fatalities in a more systematic manner?

On a more personal note, I speak to you today as a grieving mother. My husband Bill & I lost our son, Alan—and our daughter, Clara lost her older brother—to suicide in November of 2015. Alan was 25 when he died. He was a good man, loved and cherished by many. He was being treated for an episode of severe depression, as an inpatient at the Menninger Clinic in Houston, Texas, when he died as a direct result of errors by the clinical staff there. Ironically, his death will not even be counted among the 103 deaths by suicide known to have occurred in VT in 2015. When I think about the overwhelming pain we have suffered as a family in the wake his death, I go numb when I even begin to contemplate the extent of that pain, multiplied by 100, or by 124—the number of families who lost loved ones to suicide in Vermont last year. We're talking more than 2 people a week, 10 per month!

I don't like talking about this, and I'm not here to make you uncomfortable. My intention is simply to say, with complete confidence, that it would be difficult to over-state the impacts of suicide on the lives of so many Vermont families and communities. It is the enormity of the impacts, which seem almost impossible to represent, that makes it necessary for those of us who are able, to do what we can to further efforts at prevention. Voting in favor of H 184 is a very important action you can take to help our state move in the direction of better understanding and prevention of suicide deaths here.

Thank you for your consideration. Do you have any questions?

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