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SUICIDE PREVENTION in VERMONT – WE NEED YOUR SUPPORT for:

H.184: § 7260 EVALUATION OF SUICIDE PROFILES House Passed 3/17/2017

Why it is important to review suicide deaths:

- ✓ To determine trends, risk factors, and prevention strategies;
- ✓ Help achieve the goals of the All Payer Model and the ACO (Onecare or Vt Care Organization) and support healthcare reform effort;
- ✓ Determine and report on trends and patterns of suicide deaths in VT;
- ✓ Identify and evaluate the prevalence of specific risk factors for preventable deaths in VT;
- ✓ Evaluate and report on high risk factors, current practices, gaps in systematic responses, and barriers to safety and well-being for individuals at risk for suicide in VT;
- ✓ Recommend improvements in the sources of data relative to investigation reported suicide deaths and preventing suicide;
- ✓ Develop a protocol in collaboration with the Chief Medical Examiner for deciding which suicide deaths should be prioritized for review;
- ✓ Provide the opportunity to review cases ruled as accidental that may inform suicide prevention efforts.

Adapted from New Hampshire 2015 Suicide Fatality Review Committee Report

Notes:

- The tracking, surveillance and review procedures should be conducted by an inter-disciplinary team of professionals with vested knowledge, interests in suicide prevention.
- The bill would ensure confidentiality of identification of cases.
- The review would avoid cases where pending litigation is involved.

Here are the facts. The data is staggering...

1. 103 Vermonters died by suicide in 2015. This is higher than the combined number of deaths from motor vehicle accidents, fires, drownings, and homicides in Vermont (CDC WISQARS and VDH).
2. Suicide is the second leading cause of death for Vermonters aged 15 through 34, and the third leading cause of death for Vermonters aged 35-44 (CDC WISQARS and VDH).
3. The problem of suicide has grown 40% over the past eight years. Vermont's suicide death rate per 100,000 people increased from 12 to 16.5 people (2005-2015). (CDC WISQARS).

4. Over the past ten years, Vermont's suicide death rates have averaged 30% higher than the US rates (Delaney analysis of data from CDC WISQARS since 2014).
5. It is estimated that there are 32 suicide attempts for every suicide death. In Vermont, this would translate to over 3,000 suicide attempts being made in one year (2013). (Source: Dr. Alex Crosby, CDC, presentation at 2015 AAS).

Suicide Prevention Works!

It turns out that the idea that "If someone wants to kill themselves, they'll find a way" is a myth. Studies that follow people who made serious suicide attempts find that more than 90% of them do not go on to die by suicide (Owens, 2002). If they are identified as suicidal and get effective treatment and follow up services, they can recover.

Research demonstrates that effective suicide focused care dramatically reduces deaths by suicide. By comparing treatment as usual vs. the use of evidence-based therapies in a pathway of care that includes screening, assessment, suicide-focused care and follow-up, we learn that most deaths by suicide can be prevented.

Suicide is diagnosable, it is treatable and can largely be prevented. The VT SPC promotes effective evidence- and results-based approaches to suicide prevention to ensure that we can avert crisis.

For more information:

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