

# Suicide Prevention for Vermont

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VERMONT DEPARTMENT OF MENTAL HEALTH

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# PROPOSED AGENDA

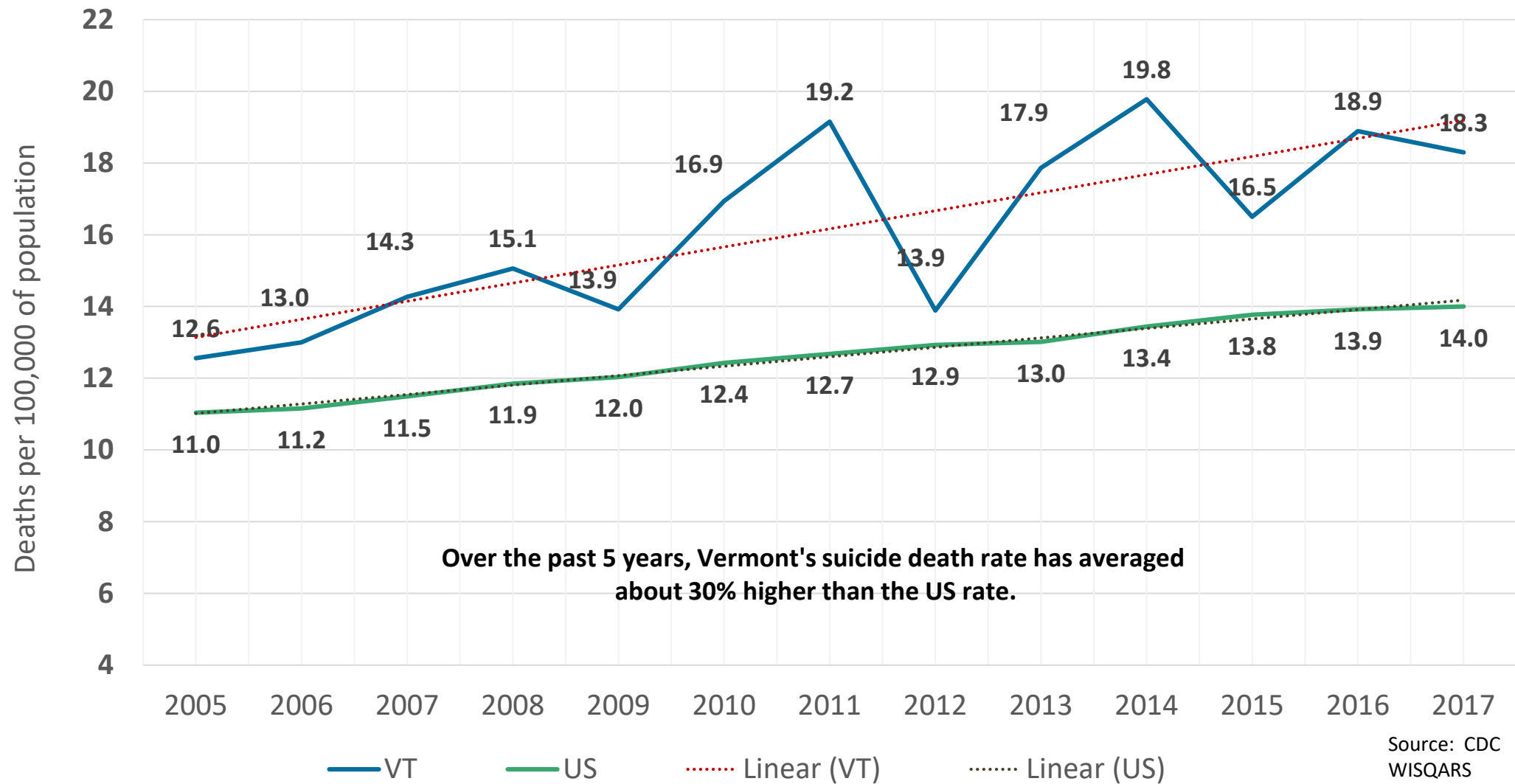
1. Suicide Prevention Data
2. Current Status of Prevention and Treatment Efforts
3. Goals and Recommendations
  - Scale up Zero Suicide
  - Enhance our Lifeline
  - Strengthen Eldercare Clinician Program
4. Highlights from Suicide Prevention Report

# SUICIDE PREVENTION: WHY IT MATTERS

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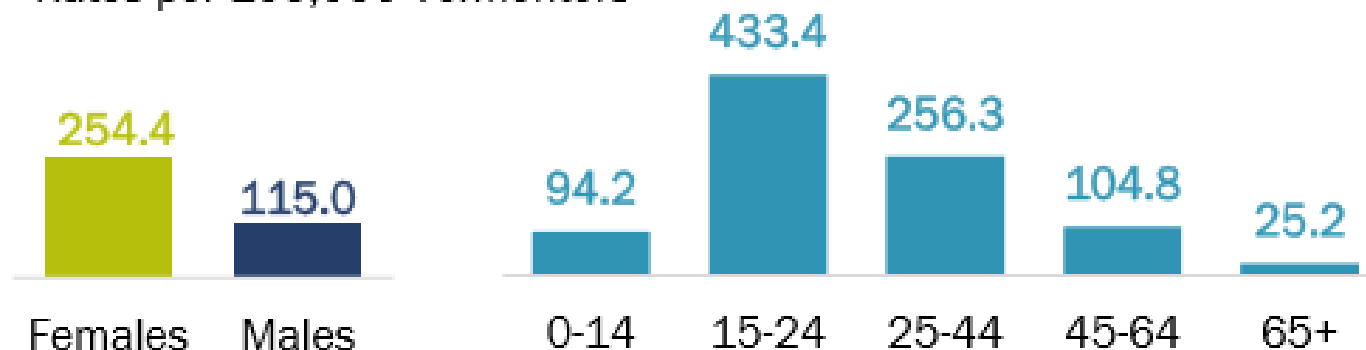
- Vermont continues to grapple with the impact of suicide in our state. Vermont's suicide death rates are higher than US rates and increasing by faster than US rates in recent years.
- Suicide is the 2<sup>nd</sup> leading cause of death in Vermont for ages 15-34.
- The VT Youth Risk Behavior Survey indicates a growing sense of hopelessness and despair for young people - 1 in 4 feeling sad or hopeless.
- LGBTQ youth (58% feeling sad or hopeless)
- Loss of life has incredible ripple effects throughout families and communities increasing the risk for all of those touched by the loss.
- Vermont needs a strategic and comprehensive approach to suicide prevention in Vermont.

# Vermont and US Suicide Death Rates, 2005-2017 (per 100,000 people)



## Intentional self-harm by gender and age

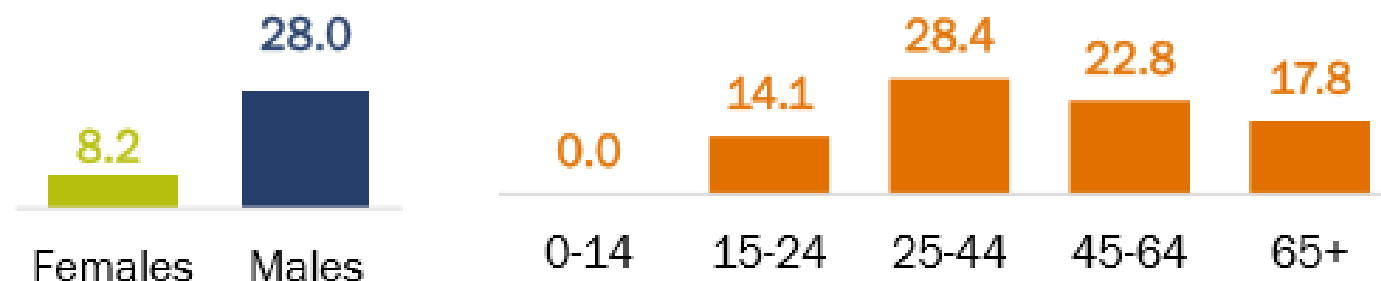
Rates per 100,000 Vermonters



Source: Vermont Uniform Hospital Discharge Data System, 2016–2017.

## Death by suicide by gender and age

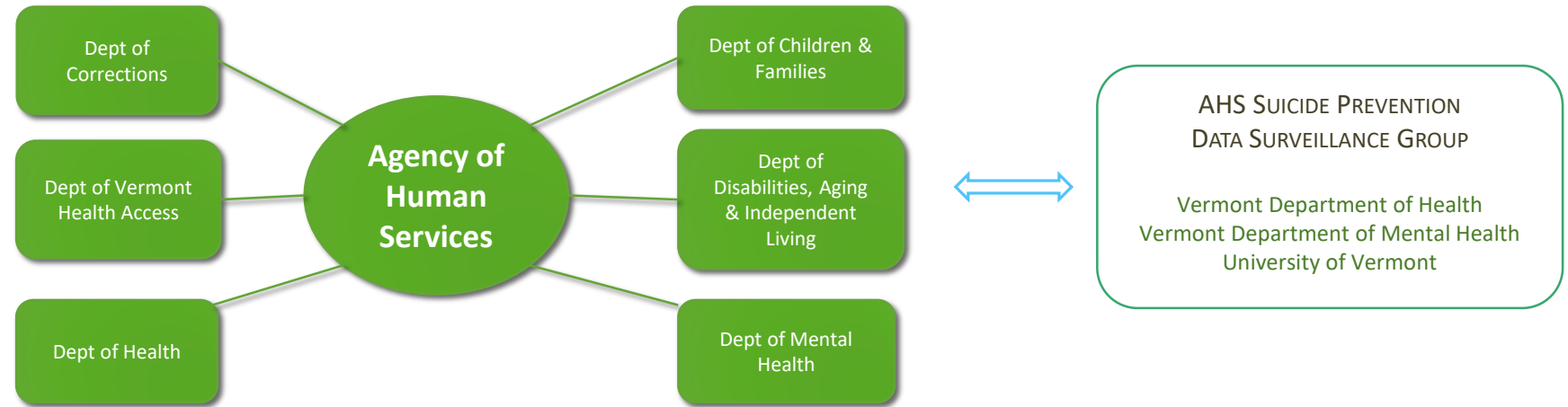
Rates per 100,000 Vermonters



Source: Vermont Vital Statistics, 2016-2017.

# ATTEMPTS AT SELF HARM AND SUICIDE DEATHS

# VERMONT'S SUICIDE PREVENTION NETWORK



AHS SUICIDE PREVENTION LEADERSHIP GROUP



## VERMONT SUICIDE PREVENTION COALITION

- Center for Health & Learning
- University of Vermont
- Vermont Department of Health
- Department of Mental Health
- Department of Disabilities aging and Independent Living
- Veterans Administration/National Guard
- Suicide survivors (Family + attempt)
- Higher education institutions
- Schools
- Agency of Education
- Office of Rural Health
- Department of Corrections
- Legislators
- American Foundation for Suicide Prevention
- Designated Agencies
- Dept of Children and Families
- OneCare

# VERMONT SUICIDE PREVENTION COALITION

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70+ representatives from public health, education, state agencies, suicide prevention advocacy groups, youth leadership, mental health services and survivors throughout the state



Sept 2019 Quarterly meeting VDH and DMH solicited coalition input into recommendations through multiple activities identifying and prioritizing strategies and approaches.

# CURRENT SUICIDE PREVENTION EFFORTS

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## Center for Health & Learning/VTSPSC

### **Zero Suicide Implementation**

- 3 Pilots Completed: Howard Center, Lamoille County Mental Health, Northwestern Counseling and Support Services
- Umatter training in schools
- Engagement with healthcare leaders

### **VDH Upstream Investment**

- Umatter trainings in schools

### **Bi-annual Prevention Symposium**

## Blueprint

- **Investments in Zero Suicide \$1,500**



# Crisis Text Line

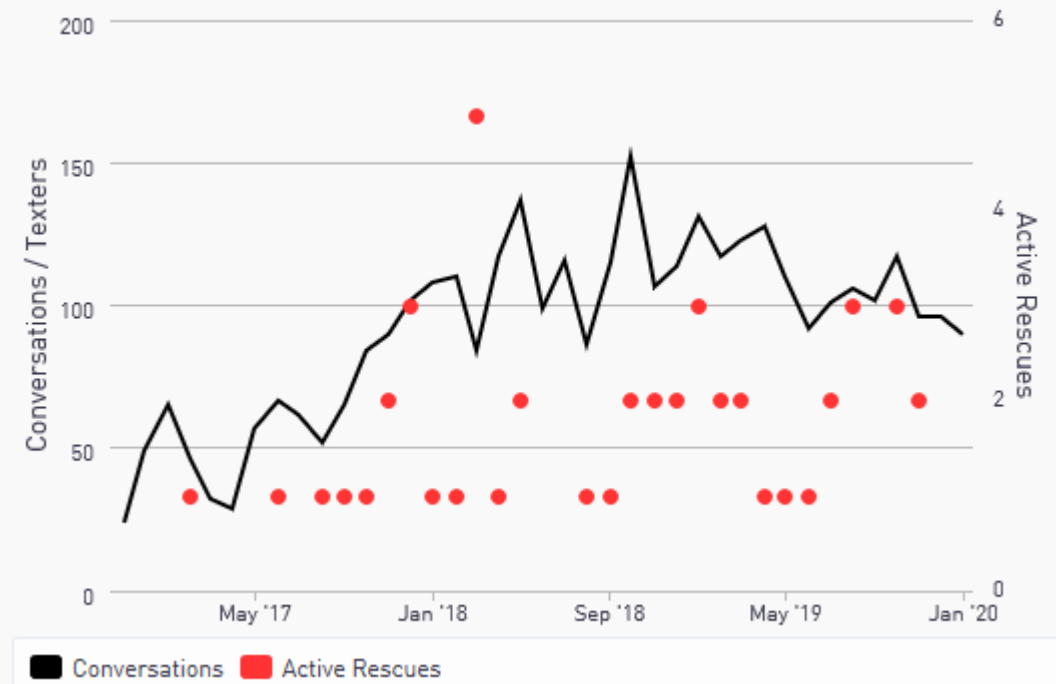
Percent of texters who shared something with a Crisis Counselor that *they've never shared with anyone else*

**44%**

Percent accessing the Crisis Line who identify as LGBTQ

**53%**

Volume: By Month



3,615

Conversations

1,591

Texters

48

Active Rescues

85%

Satisfaction Rate (Texter Reported)

# FY21 BUDGET INITIATIVE RECOMMENDATIONS | \$575,000

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1. EXPAND ZERO SUICIDE  
STATEWIDE  
\$400,000



2. EXPAND VT'S NATIONAL  
SUICIDE PREVENTION LIFELINE  
\$125,000



3. STRENGTHEN ELDER CARE  
PROGRAMS AND SUPPORT  
\$50,000



# SUICIDE IS PREVENTABLE:

# ZERO

# SUICIDE

# IN VERMONT

**ZERO SUICIDE** *is a commitment to suicide prevention in health and mental health care systems and is also a specific set of strategies and tools.<sup>1</sup>*

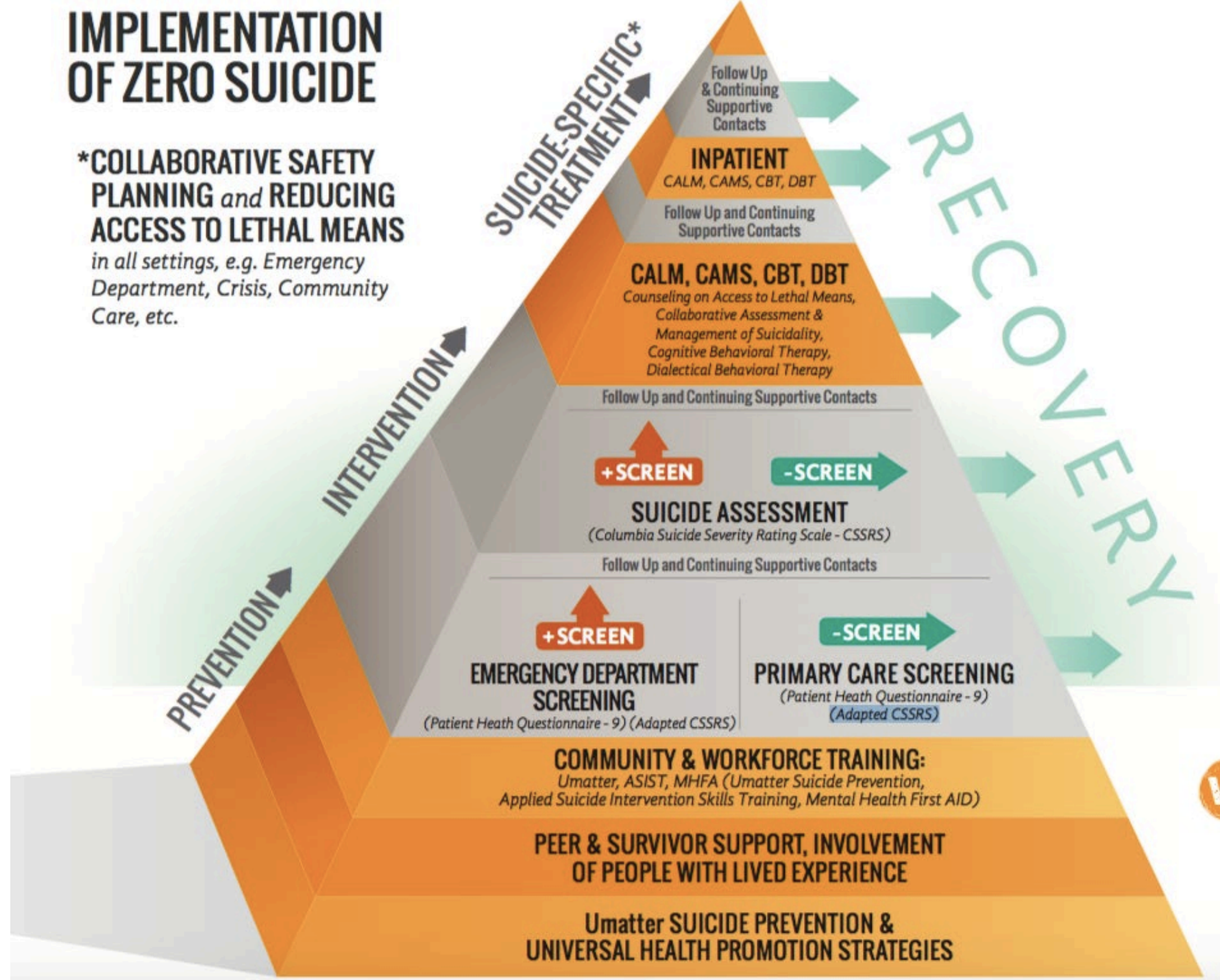
- 1** **Lead** system-wide culture change committed to reducing suicides
- 2** **Train** a competent, confident, and caring workforce
- 3** **Identify** individuals with suicide risk via comprehensive screening and assessment
- 4** **Engage** all individuals at-risk of suicide using a suicide care management plan
- 5** **Treat** suicidal thoughts and behaviors using evidence-based treatments
- 6** **Transition** individuals through care with warm hand-offs and supportive contacts
- 7** **Improve** policies and procedures through continuous quality improvement

# ELEMENTS OF ZERO SUICIDE

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# IMPLEMENTATION OF ZERO SUICIDE

**\*COLLABORATIVE SAFETY PLANNING and REDUCING ACCESS TO LETHAL MEANS** in all settings, e.g. Emergency Department, Crisis, Community Care, etc.



A Public-Private Partnership

# ZERO SUICIDE NATIONAL OUTCOMES



**Suicide rates decreased between  
35-65% post statewide  
implementation**



**32% reduction in Emergency  
Department admissions for suicide  
care**



**45% decrease in re-hospitalization**

# VERMONT ZERO SUICIDE PILOT: EVALUATION DATA

**Vermont clinicians from the Zero Suicide pilot regions trained in CAMS have significantly stronger clinical skills for treating suicidality**

**Vermont clinicians from the Zero Suicide pilot regions trained in CAMS are better able to identify suicidality with their clients**

**Vermont clinicians from the Zero Suicide pilot regions trained in CAMS are better able to assess their client's suicide risk**

# LIFELINE: DATA AND OUTCOMES

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**In 2019 there were 2,345 calls from Vermonters to the National Lifeline. Of those around 5% were answered in state.**

An independent research evaluation of nearly 1,100 National Lifeline conversations found that callers' intent to die had significantly decreased by the end of the call, as had their feelings of hopelessness and psychological pain. (Gould, Kalafat, HarrisMunfakh, & Kleinman, [2007](#)).





**Research shows that chronic social isolation has the equivalent health impact of smoking 15 cigarettes a day, increasing risk of death by 50 percent.**

ELDER CARE:  
STRENGTHEN  
PROGRAMS AND  
SUPPORTS

As an upstream suicide prevention strategy Vermont will explore the expansion of the **Elder Care Clinician Program (administered by DAIL)**

*Budget:\$50,000*

- Connecting elders to outpatient resources—especially those who are homebound
- Clinicians have expertise on issues that resonate for older Vermonters
  - DA's, Area's Agency on Aging currently have 12 of these positions

# SUICIDE PREVENTION RECOMMENDATIONS

## 2020 REPORT TO THE LEGISLATURE

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- **Expand the Zero Suicide prevention strategy statewide**
- **Increase the in-state Suicide Prevention Lifeline call response from 0% to 70%**
- **Implement a Mobile Response and Stabilization Services system**
- **Increase the investment in the Elder Care Clinician Program (ECC) and Vet-to-Vet visitor program**
- Request a Medicare waiver to improve access to mental health and substance misuse treatment for older Vermonters
- Invest in Area Agencies on Aging to address social isolation for older Vermonters and veterans
- Train health care and social service providers in lethal means counseling and institute lethal means counseling policies
- Invest in programs for youth that promote connectedness and community engagement

# SUICIDE PREVENTION IMPLEMENTATION

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Expand Zero Suicide Statewide



Expand Nation Suicide Prevention Lifeline



Expand Elder Care Clinician Program



Alignment and integration with One Care efforts (Zero Suicide)



Evaluate Outcomes



Opportunities to implement other recommendation of the Suicide Prevention Coalition

# Data Sources

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