



# Suicide Prevention Update 2019

# VT Suicide Prevention Coalition

- The Vermont Suicide Prevention Coalition consists of over 70 representatives from public health, education, state agencies, suicide prevention advocacy groups, youth leadership, mental health services and survivors throughout the state
- Dec 2018 Quarterly mtg -Panel discussion on effective approaches for Populations at High Risk for Suicide:
  - ▣ LGBTQ population
  - ▣ New Americans
  - ▣ Individuals with Mental Illness
  - ▣ Older Vermonters

# AHS Suicide Prevention Leadership Group

- Collaboration on Act 34 (2017) legislative report. Set targeted and timely goals
- Provide Interagency leadership on implementing the Zero Suicide platform
- Provide oversight and direction for data surveillance group
- Implement suicide prevention policies within the AHS workforce
- Provide recommendations for future direction of policy and practice

# Data Collection on Suicide

- Data on suicide deaths
  - ▣ Health Department will apply for another 5-year grant to continue the National Violent Death Reporting System
  - ▣ Vital Statistics
  - ▣ Office of the Chief Medical Examiner
- Data on suicide risk factors
  - ▣ Youth Risk Behavior Survey
  - ▣ Behavioral Risk Factor Surveillance System
  - ▣ Hospital Discharge Data

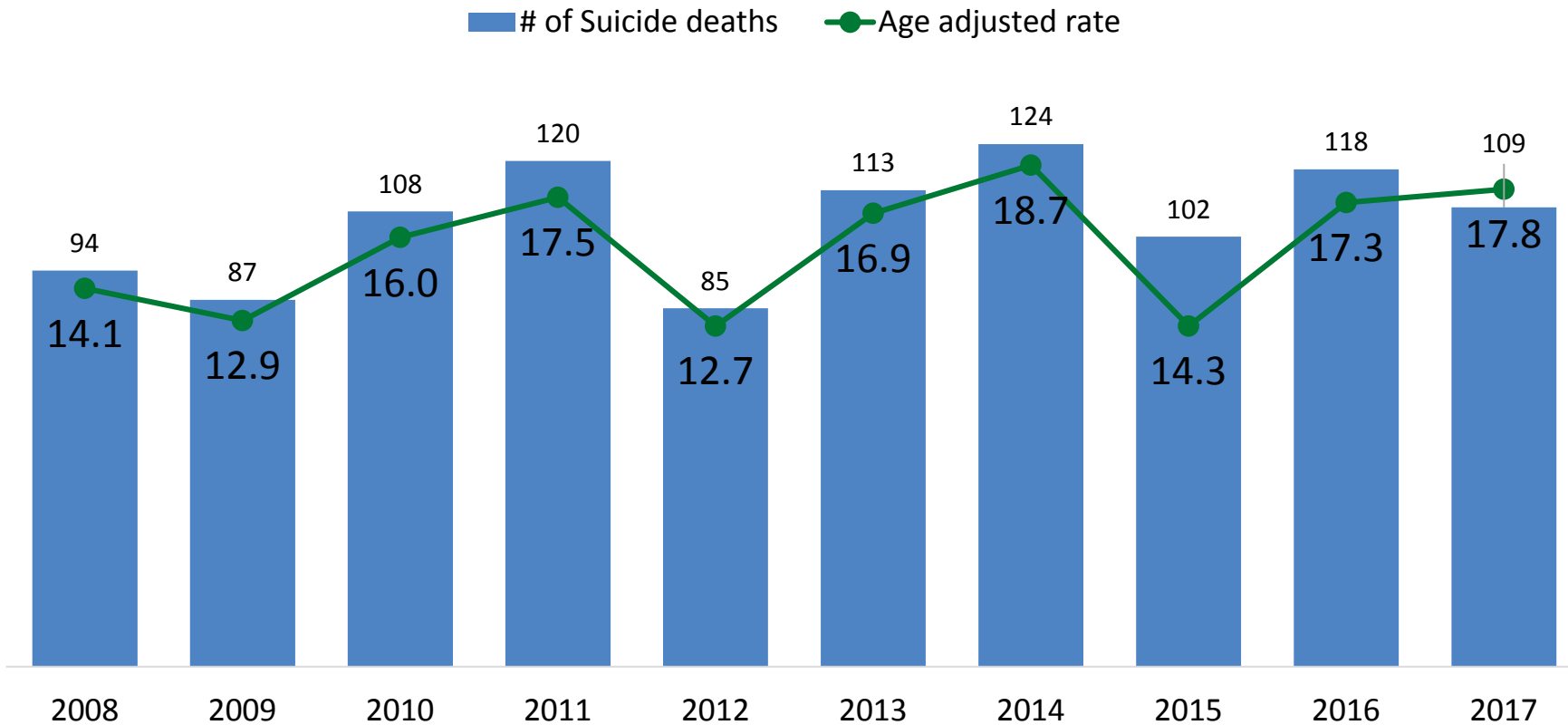
# National Violent Death Reporting System (NVDRS)

Vermont entered into a partnership with Maine on a CDC grant to examine factors associated with suicide using the NVDRS

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

# Suicide deaths trends over the past 10 years

Number of Suicide Deaths and Suicide Death Rate Per 100,000 Vermont Residents, 2008-2017\*



In 2016, the **U.S.** suicide rate was 13.5 per 100,000.

In **Vermont**, suicide is the **8<sup>th</sup>** leading cause of death.

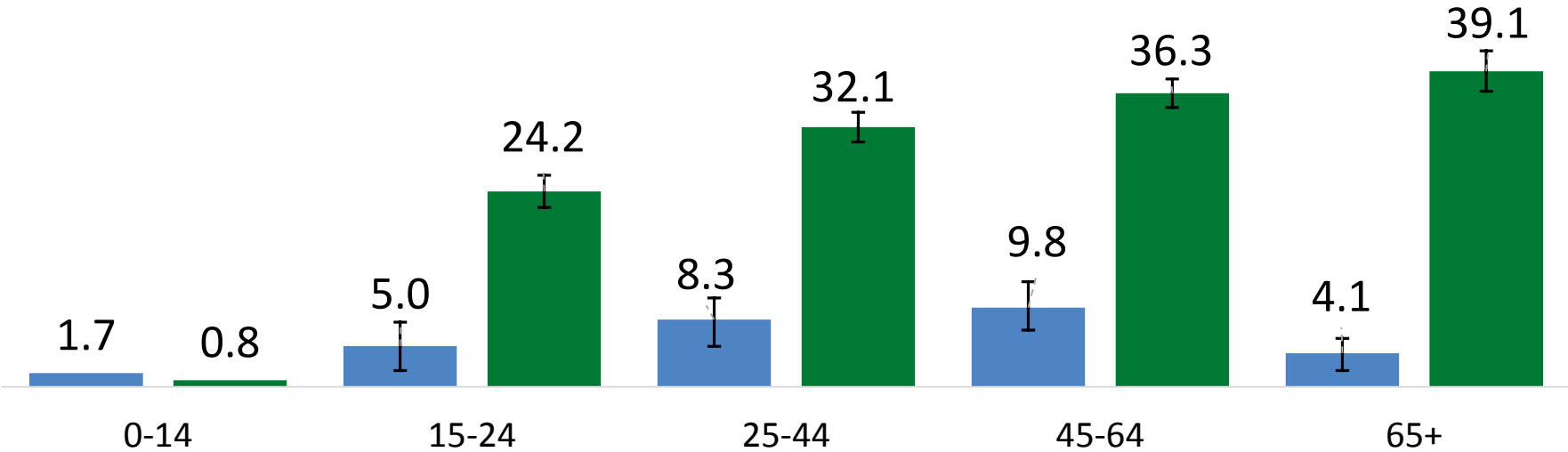
In the **U.S.**, suicide is the **10<sup>th</sup>** leading cause of death.

\*VT Vital Statistics 2008-2017

# Suicide deaths among males and females

Suicide Rate by Gender and Age in Vermont

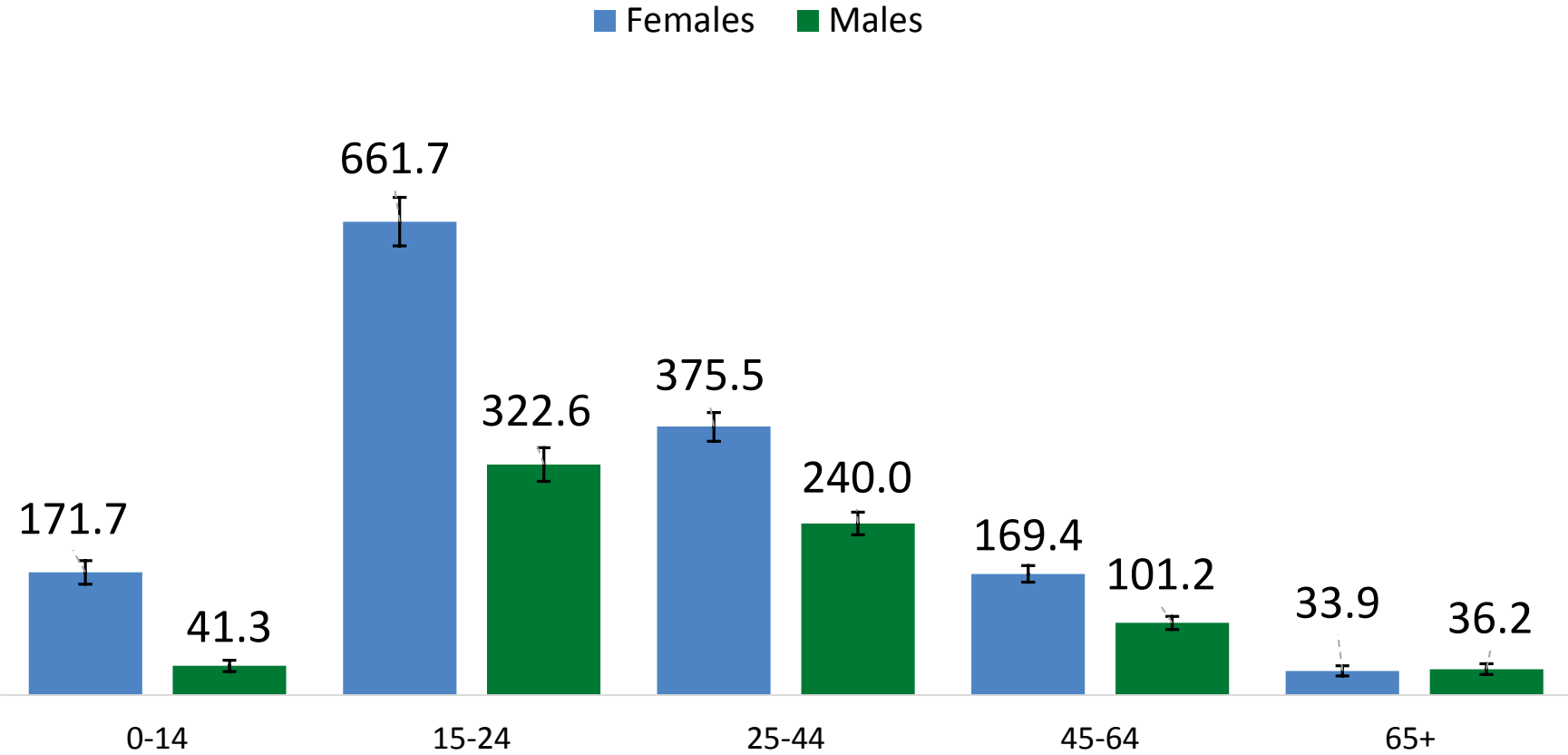
Females Males



Males consistently have **higher rates of suicide** in most **age groups**.

# Self-harm injuries among males and females in Vermont

Self-Harm Hospitalization and ED Visit Rate per 100,000 by Age and Gender



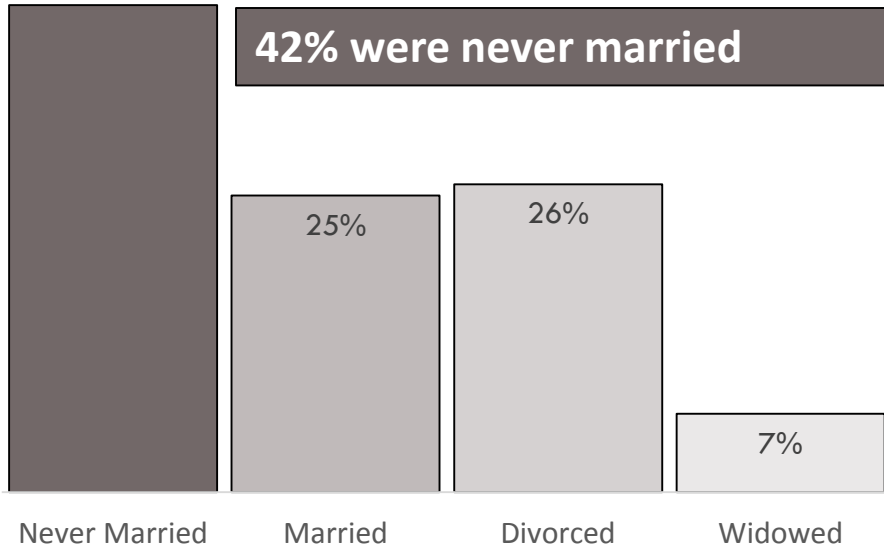
The rates for self-harm injuries are **higher** than suicide rates.

Self-harm is greater among **females**

Self-harm **decreases** with age, after young adulthood (age 24)



# Suicide Deaths in Vermont, 2015-2016



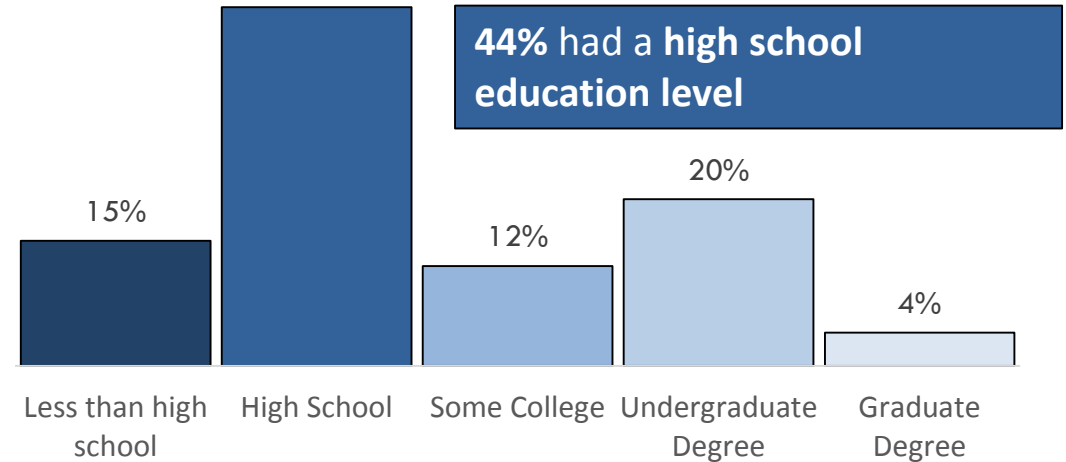
**98%** were White/Non-Hispanic

**49.5**  
Average age  
(median 52)

**48%** had a diagnosis of depression

**32%** had been receiving mental health treatment

**14%** had evidence of recent release from institution



# Risk Factors and Target Populations

## Risk Factors for Suicide

Depression Diagnosis

History of Suicide Attempt

Physical Health Problem

Ages 15-25 and 60+

Veteran Status

## VT Target Populations

Teens and Young Adults

Older Adults

LGBTQ

New Americans

Persons of Color

Veterans

# Depression

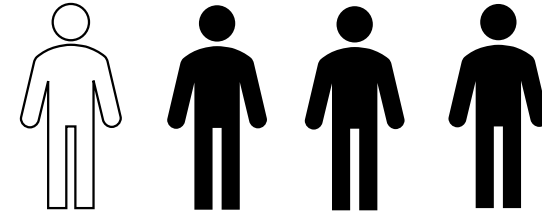
**Those who died by suicide and had a known diagnosis of depression are:**

## **MORE LIKELY to have:**

- History of suicidal thoughts (**2x**) or attempts (**3x**)
- Mental health treatment or other mental health diagnosis (**6x**)
- Recently lost close friend or family member (**11x**)

## **LESS LIKELY to have:**

- Used a firearm
- Indicated a depressed mood to someone
- Problems with an intimate partner



## **One in four:**

Adolescents report **feeling sad or hopeless**

- Girls (35%) and LGBT students (58%) are more likely to report this

## **One in four:**

Adults have been **Diagnosed with depression**

- Adults more likely to be diagnosed include: LGBT (46%), women (31%), persons younger than 65, and those with no college degree (28%) or a low-income level (39%)

# Age Groups

## Teens and Young Adults:

Teen/Young Adults who died by suicide are **2x more** likely to have been **receiving mental health treatment** for depression.

**25%** of adolescents **feel sad or hopeless**

**11%** made a suicide plan

**Females, students of color and LGBT students more likely to make a plan**

**25%** of adults are diagnosed with **depression**

Women, LGBT, those younger than 65, with no college education and low income levels are more likely to be diagnosed

**Older Adults:** Have a lower rate of depression diagnosis; a higher rate of disability

- However, **older men (65+)** have the highest rate of suicide

**Older adults who took their own lives are MORE LIKELY to have:**

- Have a physical health problem (3x)
- Use a firearm (3x)

**And LESS LIKELY to:**

- Have a criminal problem, substance abuse problem or had a recent argument

# History of suicide attempt

**Those who died by suicide and had a history of suicide attempt(s) are:**

**MORE LIKELY to have:**

- History of suicide thoughts (**3x**)
- Diagnosis of depression (**3x**)
- Receiving current mental health treatment (**4x**)
- More likely to have been female (**5x**)

**LESS LIKELY to have:**

- Used a firearm

**In VT there were 1,023 ED visits or hospitalizations for self harm in 2016.**

Those **MORE LIKELY** to self-harm:

- Women
- Ages 15-24; 25-44

**Among Adolescents:**

- 11% made a suicide plan (HV2020 goal 8%)
- 5% attempted suicide
- Females, LGBT students or students of color are more likely to plan or attempt suicide

# Physical health problem

## Those who died by suicide and had a physical health problem are:

### **MORE LIKELY** to be:

- A veteran (**3x**)
- Older than 45 years of age (**4x**)

### **LESS LIKELY** to have:

- Reported problems with an intimate partner

## Among Vermont Adults:

- 62% have at least one chronic disease
- 25% live with a disability

## Those **MORE LIKELY** to have a disability:

- 65 and older
- Lower education
- Lower income

# Veterans

## Those who died by suicide and were a veteran are:

### **MORE LIKELY to have:**

- Been older than 60 years of age (11x)
- Used a firearm (11x)
- A physical health problem (3x)

In VT veterans and non-veterans have a **similar rate** of suicide death

### **Among Veterans:**

- **Males** are more likely
- Ages 18-34 and 65+

Veteran's use of firearms to take their own lives:

- **Females** (100% vs 27% non-vets)
- **Males** (80% vs 59% non-vets)

# New Americans, Persons of Color and LGBTQ

*These 3 groups have the least quantitative data about suicide available. VDH is asking new questions on BRFSS to gain more insight. Data will be available in late 2019.*

**LGBTQ** adults are nearly **twice as likely** to be diagnosed with a depressive disorder.

LGBTQ adolescents are more likely to feel sad or hopeless (58%) or have made a suicide plan (33%) or attempt (18%) in the past year.

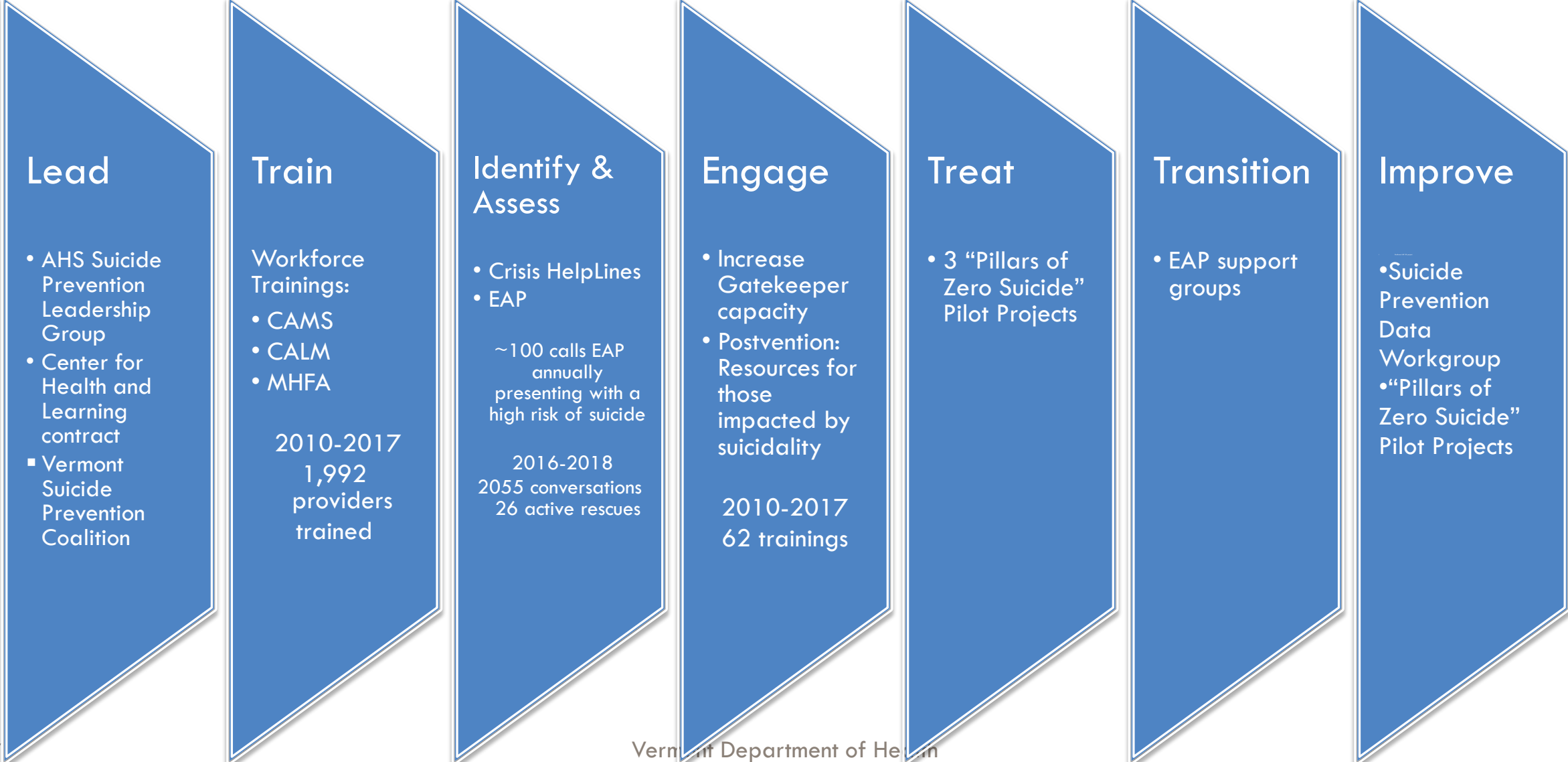
Adolescents of **Color** are more likely to feel sad or hopeless (28%) or have made a suicide plan (15%) or attempt (8%) in the past year.

However, among adults of color, there is no difference in diagnosis of depression.

**New Americans:** VDH has no specific information on New Americans or Refugees. However, foreign-born VTers have a similar suicide rate to US-born VTers.



# Zero Suicide Framework in Vermont



# Suicide Prevention Investments

- VT-ME NDVRS grant
- Center for Health & Learning
  - ▣ DMH contract: \$191,098
    - Deliverables organized by 11 goals of Suicide Prevention Platform
  - ▣ VDH Upstream Investment: \$20,000
    - Umatter in schools
- Northwestern Medical Center Quality Improvement project: \$15,000
  - Part of a shared DMH/VDH epidemiologist's time
- Blueprint – investments in Zero Suicide approach
  - ▣ SASH

# Programs Details



- ✓ Quechee Bridge Mitigation Project: Lethal Means Restriction
- ✓ Collaborative Assessment and Management of Suicidality (CAMS) Training
- ✓ Getting to 'Y': Youth Bring Meaning to their Youth Risk Behavior Survey
- ✓ Data Resources and Scorecards
- ✓ AHS Suicide Prevention Leadership Group
- ✓ ParentUp & Getting to Y
- ✓ [www.VTSPC.org](http://www.VTSPC.org)

# UMatter

UMatter is a series of trainings in schools and communities providing an asset-based approach to suicide prevention.

- Nationally recognized as a best practice.
- Emphasis on creating a “prevention-prepared” community.
- Builds connection between schools, families, and support services for upstream suicide prevention.

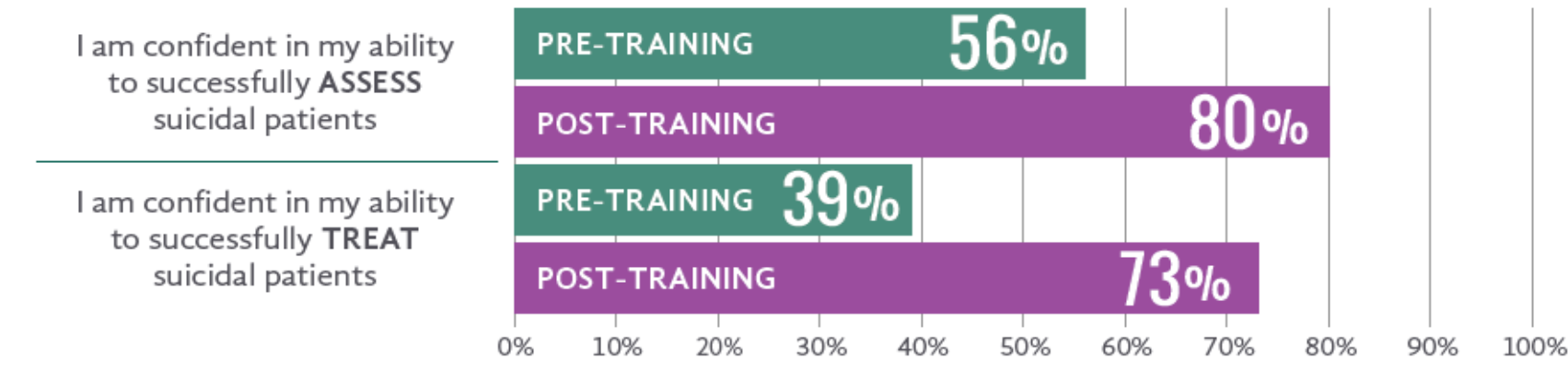
Jointly funded by DMH and VDH to support “upstream” efforts.



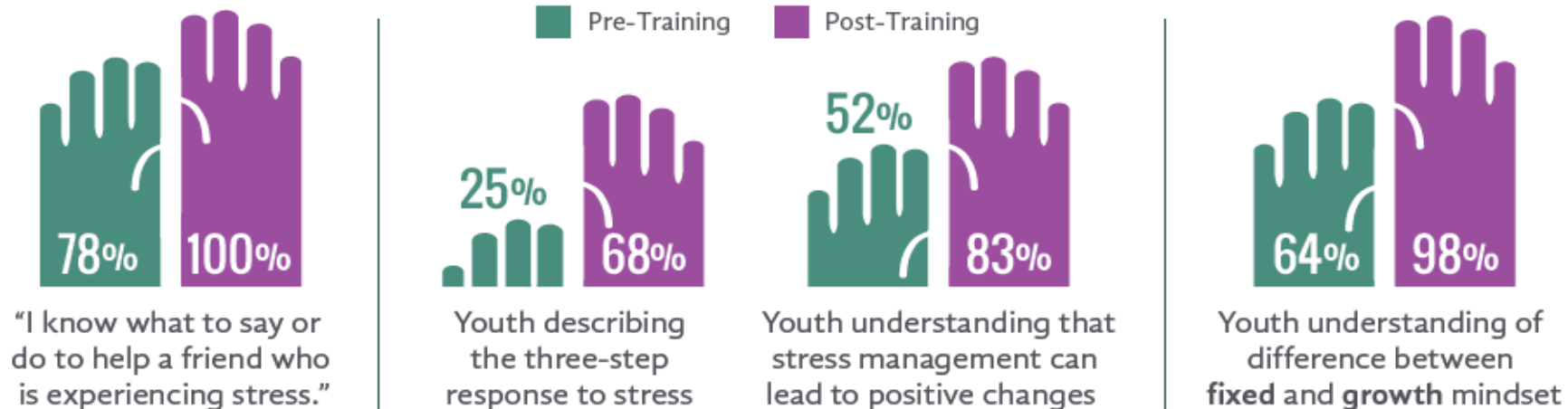
<https://healthandlearning.org/umatter-suicide-prevention/>

# Impact of U Matter on Youth Clinical Providers and Youth Participants

## U matter Training of Trainers



## U matter Youth & Young Adults (YYA) 115 Youth Participants in 2017



# 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.

<b>Gatekeeper Training</b>		
	# of trainings	# trained
2014	5	124
2015	14	269
2016	9	170
2017	9	243
	<b>37</b>	<b>806</b>

<b>Mental Health First Aid Training</b>		
	# of trainings	# trained
2016	4	83
2017	9	236
	<b>13</b>	<b>319</b>

<b>CAMS &amp; CALM trainings</b>	<b># of organizations</b>
Mental Health Agencies	4
Schools	2
Hospitals	1
Community Health Centers	1
Veterans Services	1
Senior Services	2
<b>Total number of participants 2015-2017</b>	<b>339</b>

**CAMS** = Collaborative Assessment and Management of Suicidality

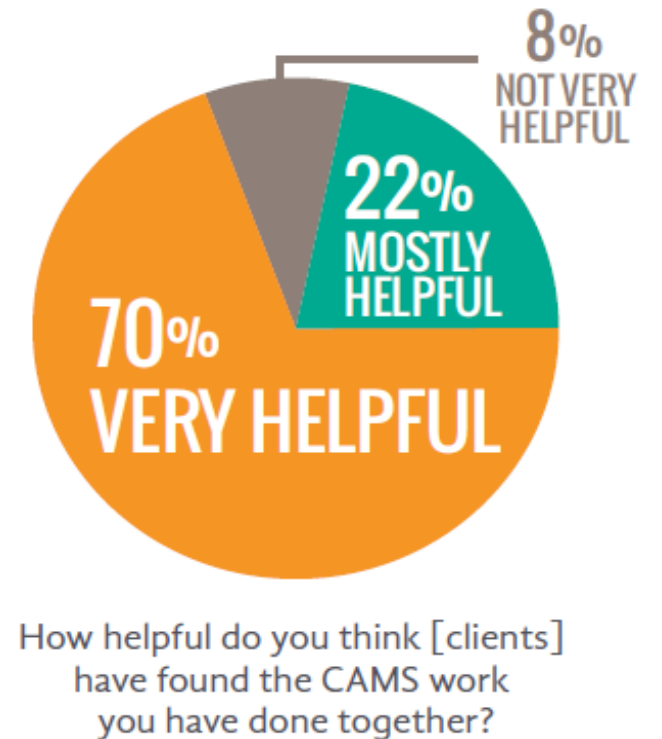
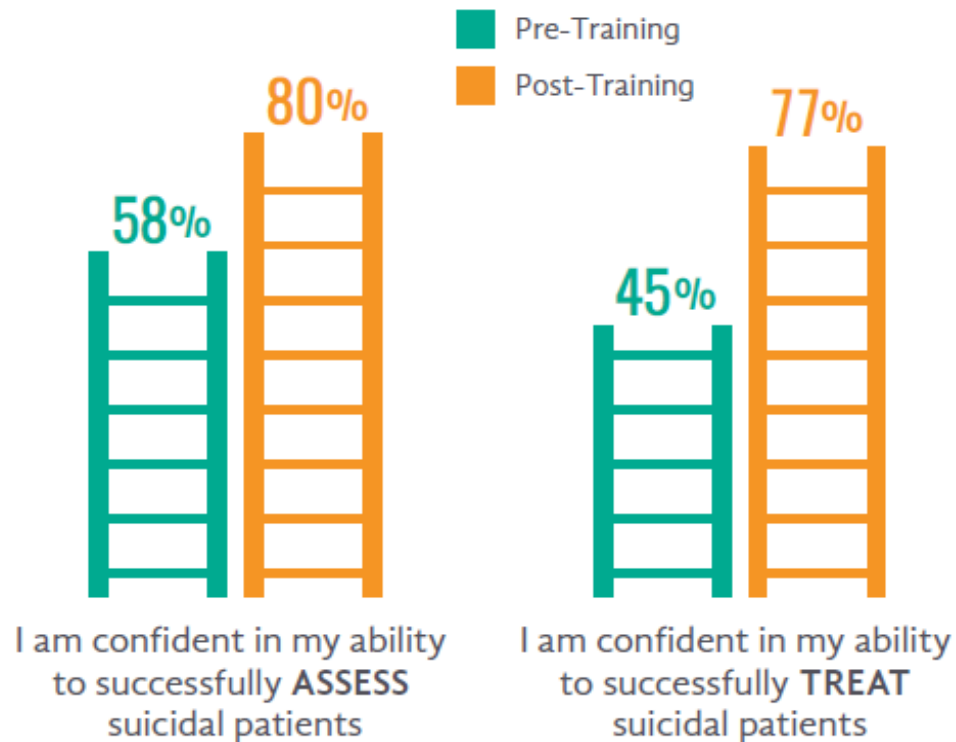
**CALM** = Counseling on Access to Lethal Means

# Zero Suicide Implementation Increasing Evidence-Based Care

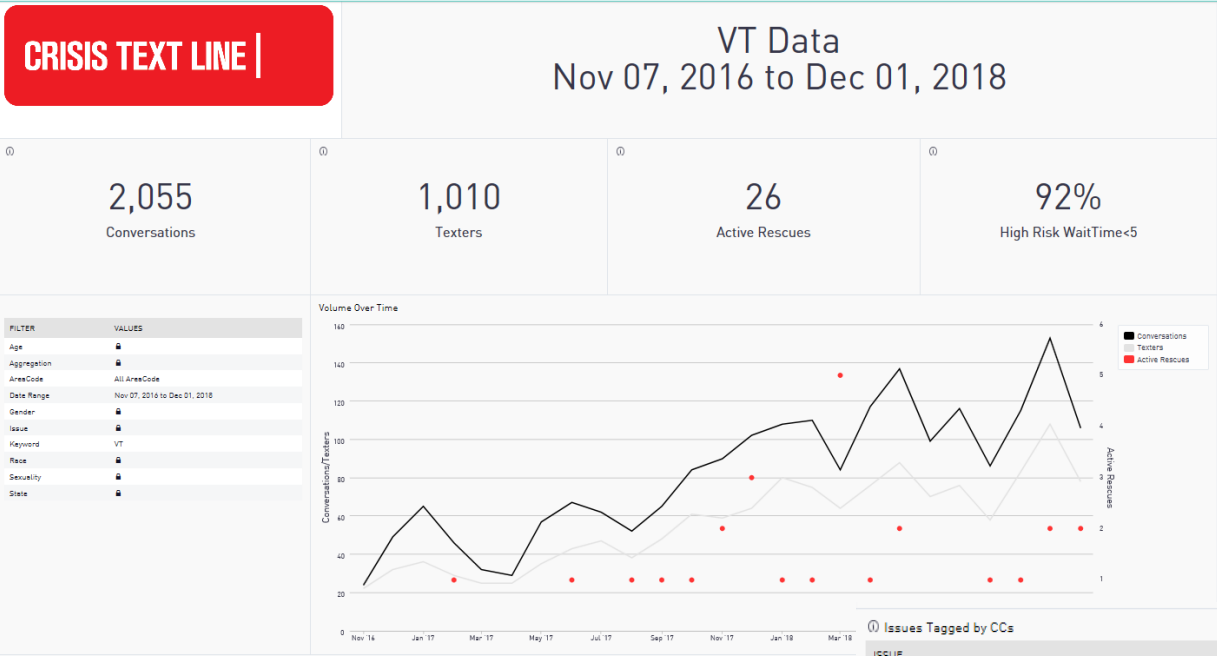
- CAMS is an evidence-based treatment for the management of suicidality
- CAMS is being utilized within the Zero Suicide pilot sites
- 60 additional clinicians are already signed up to be trained in CAMS by VTSPC in 2019

## Zero Suicide Implementation

**241** Clinicians within the Zero Suicide pilot sites have been trained in Collaborative Assessment and Management of Suicidality (CAMS) to date.



# CRISIS Text Line



28.4 % included the topic of suicide



# WHAT PEOPLE ARE SAYING ABOUT ZERO SUICIDE IMPLEMENTATION

*Since implementing Zero Suicide, one agency has become much more proactive in how they screen and educate clients about lethal means safety. Educating families and caregivers of clients, too. This is partly due to having done the CALM training and having a greater focus on using structured tools/documents around lethal means.*

*A clinician at one of the DAs expressed that “**CAMS is a huge part of what we do.**” The model has been incorporated throughout the agency. This is incredibly helpful because they are using a common language and understanding. Teams at this agency are collaborating better because they are sharing the documentation they use with clients across different providers and programs.*



**IMPACT REPORT** FY 2017