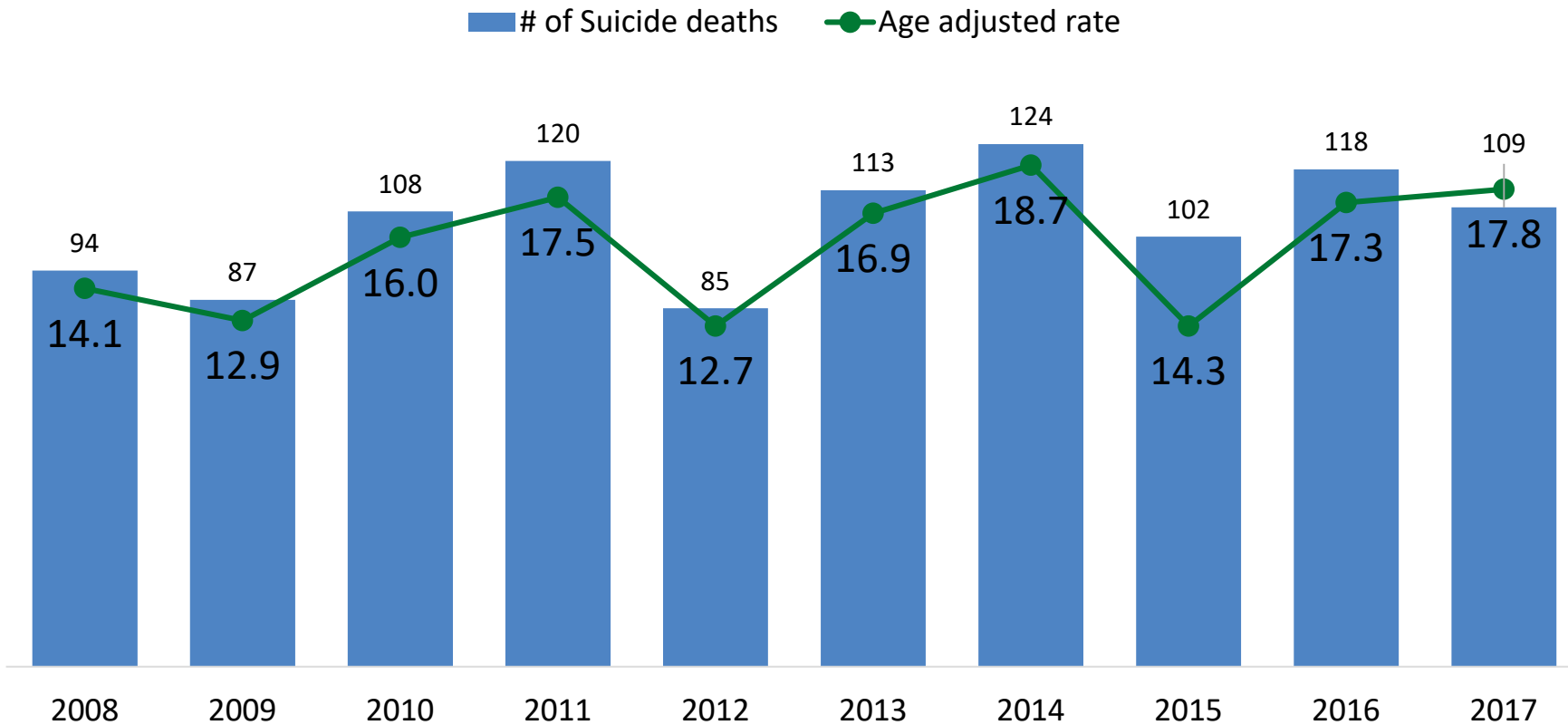




Suicide Prevention Update 2019

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 **8th** leading cause of death.

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

*VT Vital Statistics 2008-2017

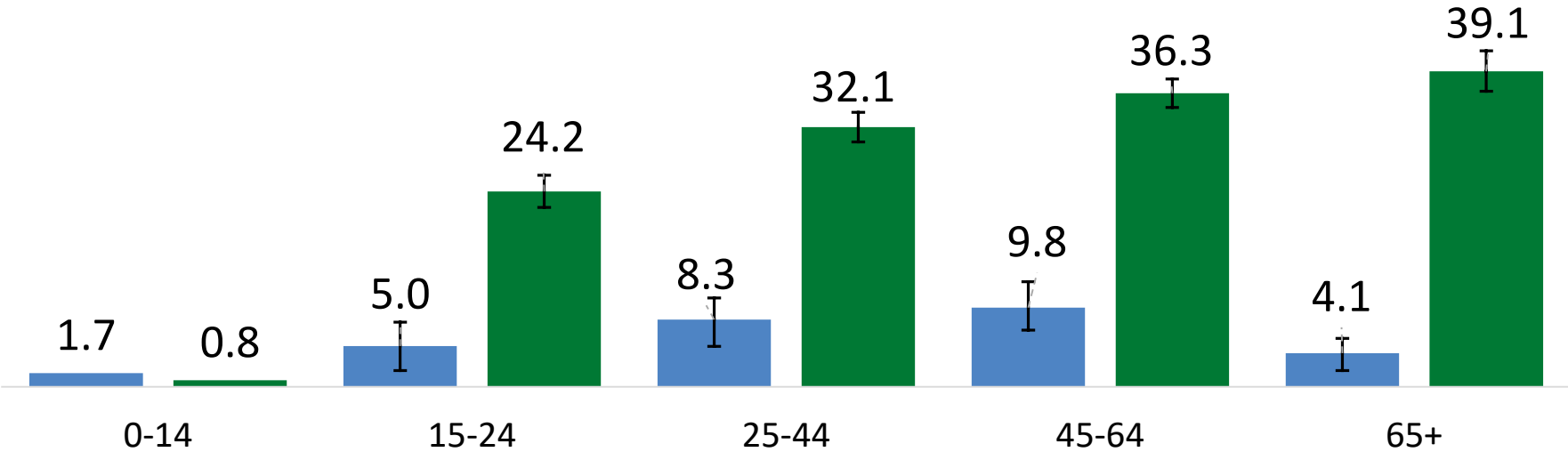
http://www.healthvermont.gov/sites/default/files/documents/2017/01/HSVR_injury_suicidemortality.pdf

<https://www.healthypeople.gov/2020/data-search/Search-the-Data#objid=4804;>

Suicide deaths among males and females

Suicide Rate by Gender and Age in Vermont

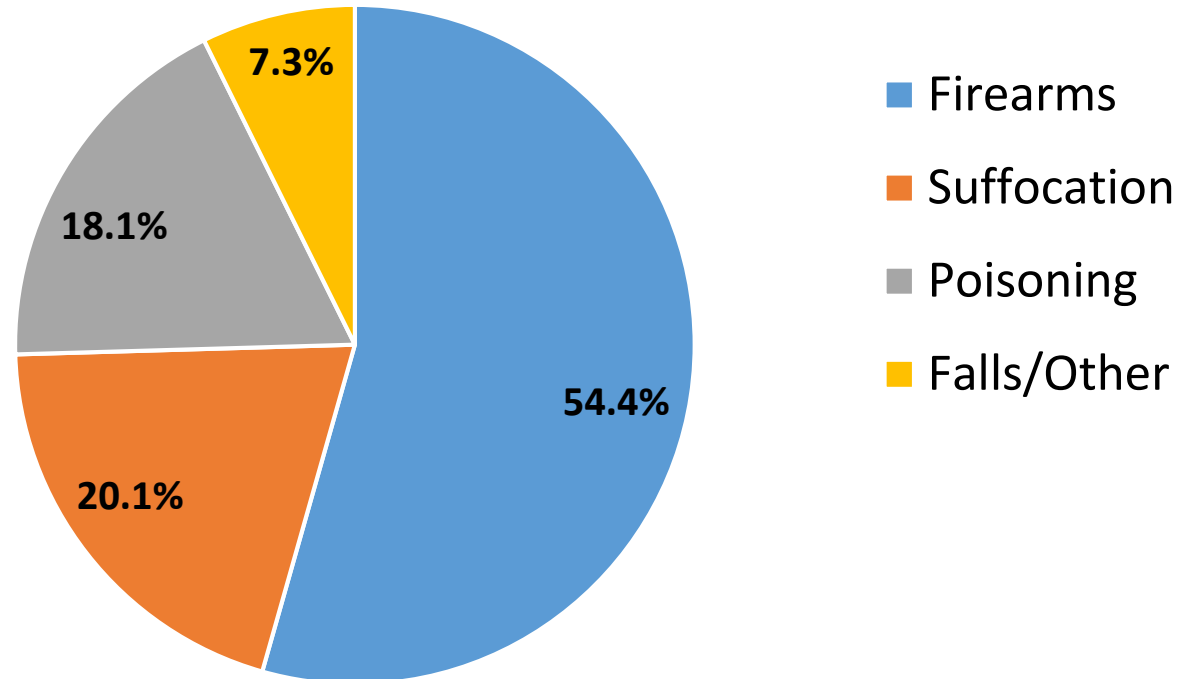
Females Males



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

Lethal Means in Vermont

All ages: Distribution of leading means of suicide
2011-2015



10 – 19 year olds: **59%** firearms deaths; 20 – 24 year olds: **50%** firearms deaths

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

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

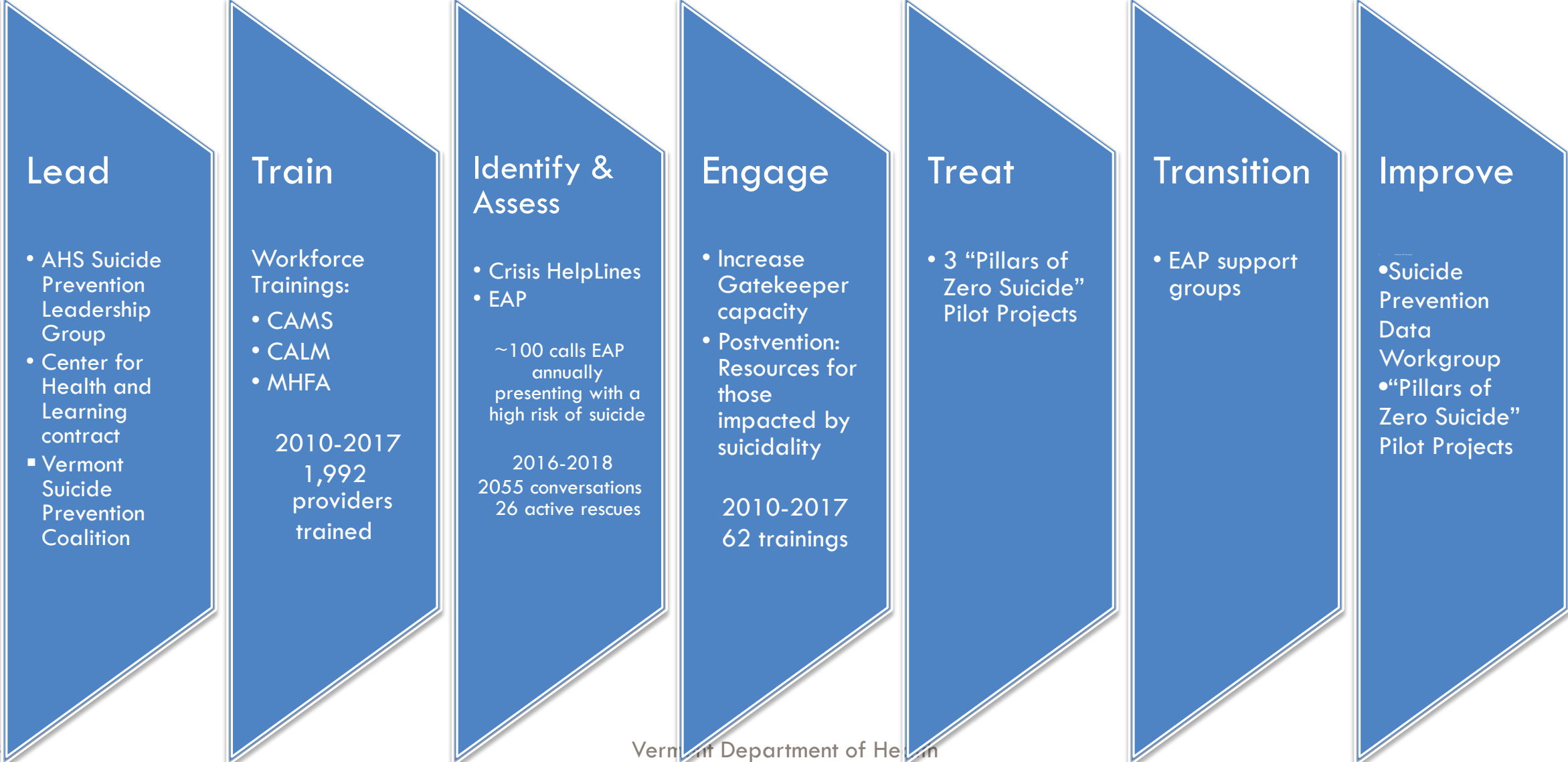
- Data on suicide deaths
 - ▣ Health Department will apply for another 5-year grant to continue the National Violent Death Reporting System
 - ▣ Vital Statistics
 - ▣ Office of the Chief Medical Examiner
- Data on suicide risk factors
 - ▣ Youth Risk Behavior Survey
 - ▣ Behavioral Risk Factor Surveillance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

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 trainings in schools
- Blueprint – Investments in Zero Suicide approach: \$1,500

What are we doing? Training partners

Training in 2018 By partners	Number of Trainings	Number of People Trained
Umatter	11	280
Zero Suicide Training	8	248
Mental Health First Aid (Adult)	10	279
MHFA (Youth)	21	622
CAMS	3	95
CALM	3	83
Other	5	364
Total	61	1971

These trainings build workforce capacity in evidence-based methods in:

- Schools
- Mental Health Agencies
- Hospitals
- Community Health Centers

CAMS = Collaborative Assessment and Management of Suicidality

CALM = Counseling on Access to Lethal Means

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.

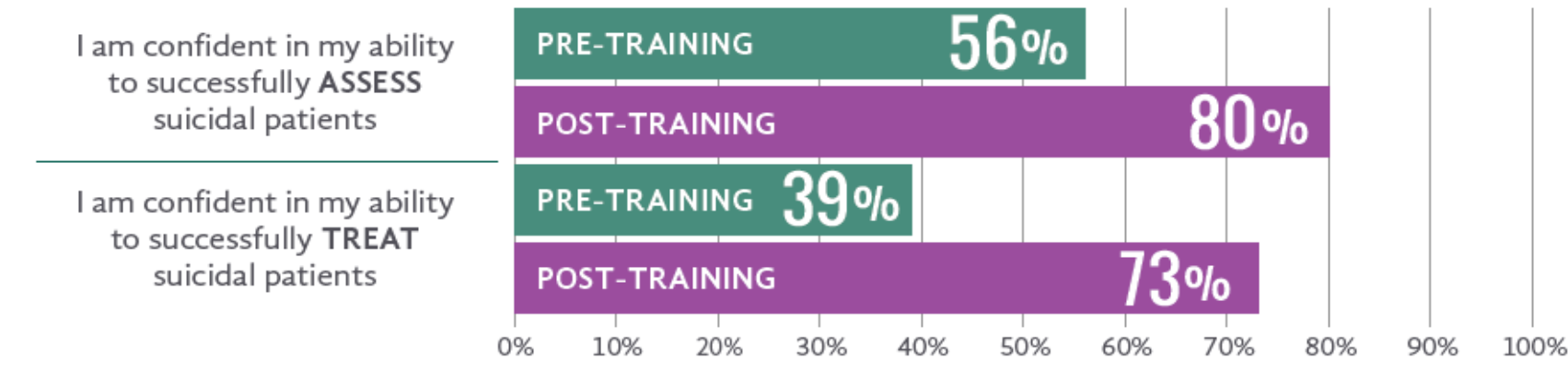
Jointly funded by DMH and VDH to support “upstream” efforts.



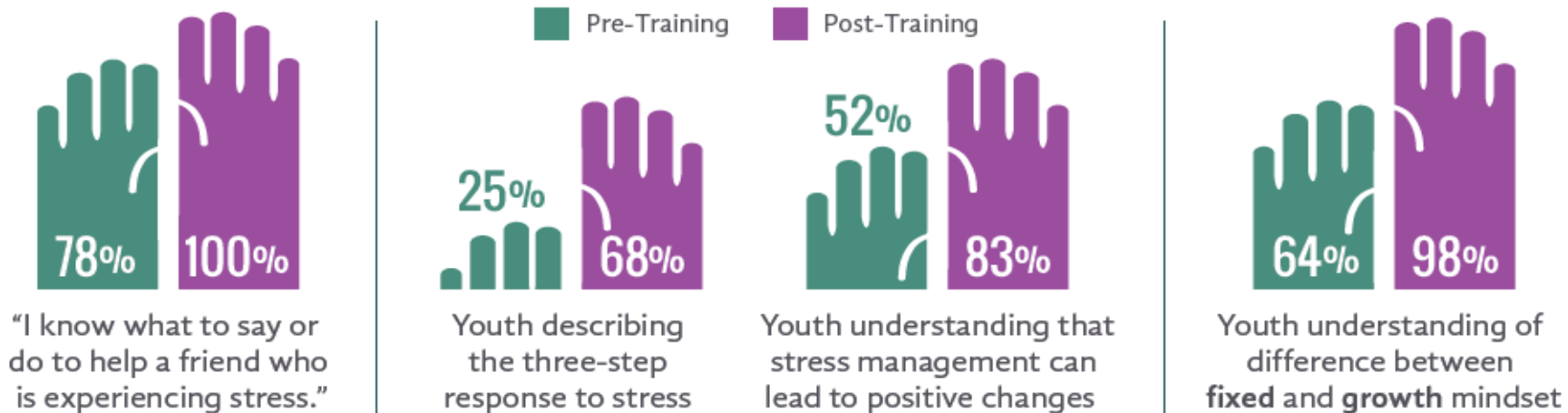
<https://healthandlearning.org/umatter-suicide-prevention/>

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

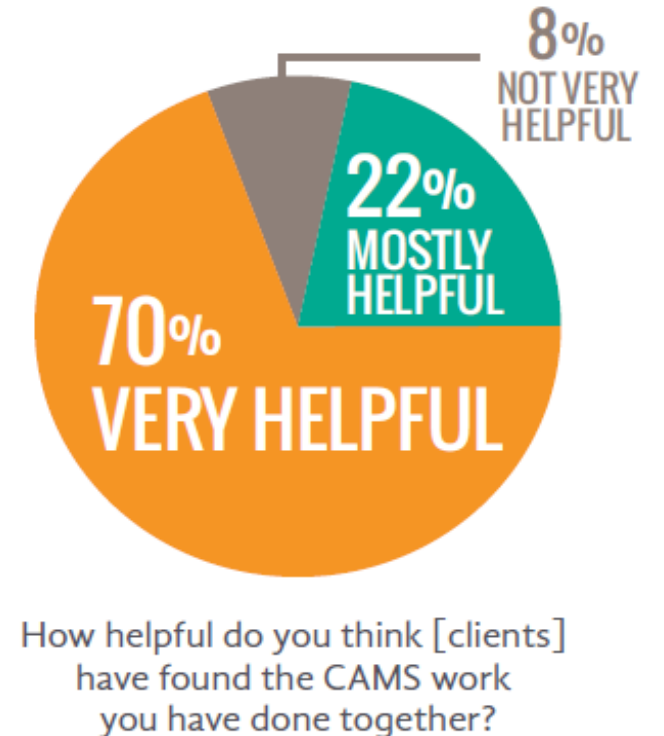
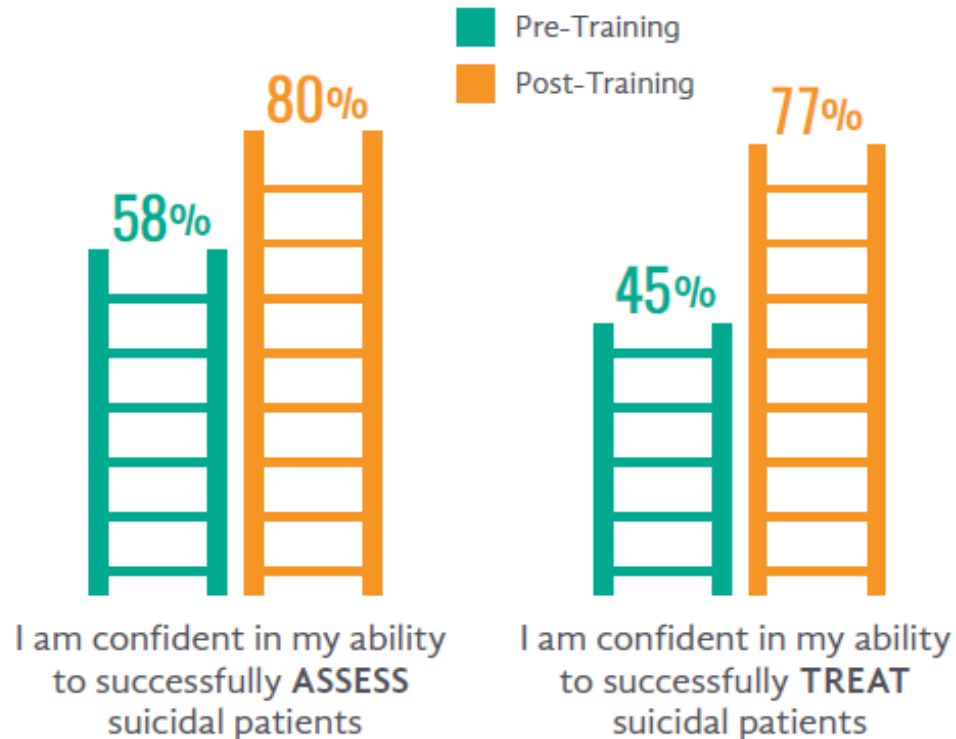


Zero Suicide Implementation Increasing Evidence-Based Care

- 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

In Crisis?
Text VT to 741741

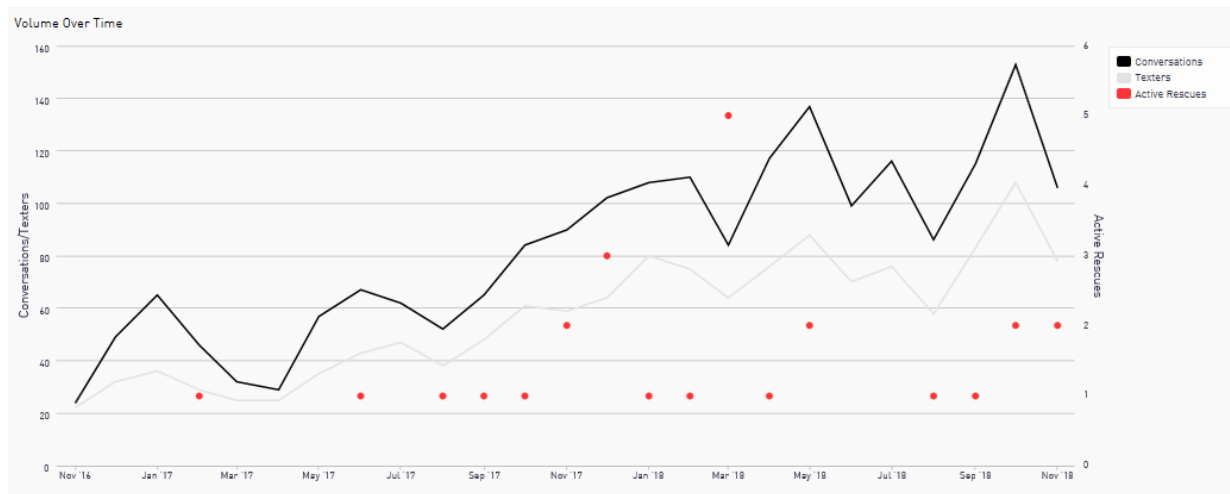
CRISIS TEXT LINE

Free, 24/7, Confidential

Vermont Data

November 2016- December 2018

- 2,055 conversations
- 1,010 texters
- 26 Active Rescues



Top 6 Conversation Topics

Relationships 34%

Depression/ Sadness 32%

Anxiety/ Stress 32%

Suicide 28%

Isolation/ Loneliness 15%

Self Harm 13%

Source: VT data from CRISIS Test Line for 11.2016 to 12.2018

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

Help Resources

Need help?

- ❖ Talk to a family member, friend, health care provider or faith leader
- ❖ Call your local mental health agency or crisis team
- ❖ Text the Vermont Crisis Text Line: VT to 741741
- ❖ Call the National Suicide Prevention Lifeline: 800-273-TALK (8255)

Resources for help can be found at:
www.vtspc.org

CRISIS TEXT LINE |

**Text VT to 741741
Free 24/7, Confidential**

**NATIONAL
SUICIDE
PREVENTION
LIFELINE™
1-800-273-TALK
www.suicidepreventionlifeline.org**

**THE
TREVOR
PROJECT
LGBTQ CRISIS HOTLINE
CALL 1-866-488-7386**

**Veterans
Crisis Line
1-800-273-8255 PRESS 1**