LCMHS
Lamoille County Mental Health Services

The Zero Suicide Committee Vision

A community with zero suicide.

The Zero Suicide Committee Mission

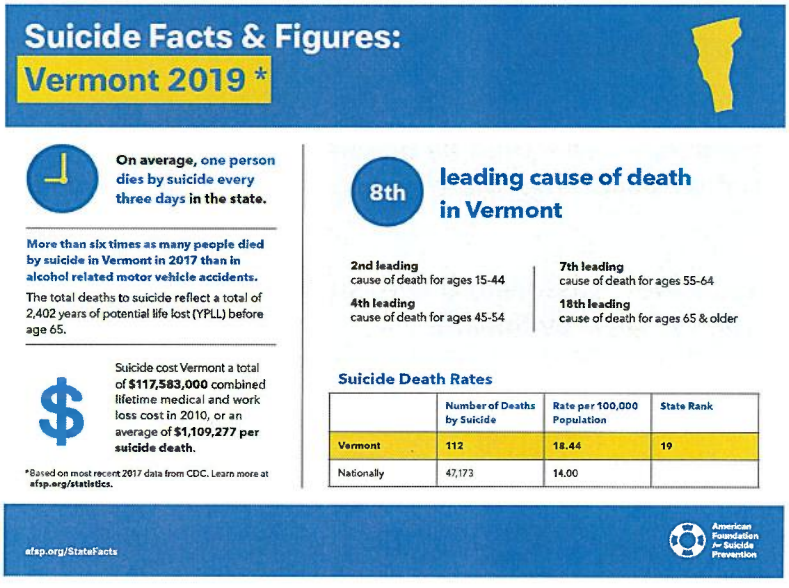
Create resources to ensure zero suicide care is available to the Lamoille Valley community through increasing awareness, training, education and collaboration.

Sensitivity to Language – Using Language that does not stigmatize those who die by or attempt suicide, or their loved ones

- **"Committed Suicide" VS "Died by Suicide"** – noun that often signifies a crime or act of wrong doing. Died by suicide is a neutral factual term
- **"Completed Suicide"** – associated with success - not a project to complete – it's fitting to say **"Died by Suicide".**
- **"Successful Attempt"** and **"Failed Attempt"** – avoid using terms of success or failure – instead – nonfatal suicide attempt , died by suicide or survived an attempt.

Scope of the challenge to address Zero Suicide

Specific Reporting of Data



Suicide Facts & Figures: Vermont 2019 *

On average, one person dies by suicide every three days in the state.

More than six times as many people died by suicide in Vermont in 2017 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflect a total of 2,402 years of potential life lost (YPLL) before age 65.

Suicide cost Vermont a total of **$117,583,000** combined lifetime medical and work loss cost in 2010, or an average of **$1,109,277 per suicide death.**

*Based on most recent 2017 data from CDC. Learn more at afsp.org/statistics.

8th leading cause of death in Vermont

2nd leading cause of death for ages 15-44

4th leading cause of death for ages 45-54

7th leading cause of death for ages 55-64

18th leading cause of death for ages 65 & older

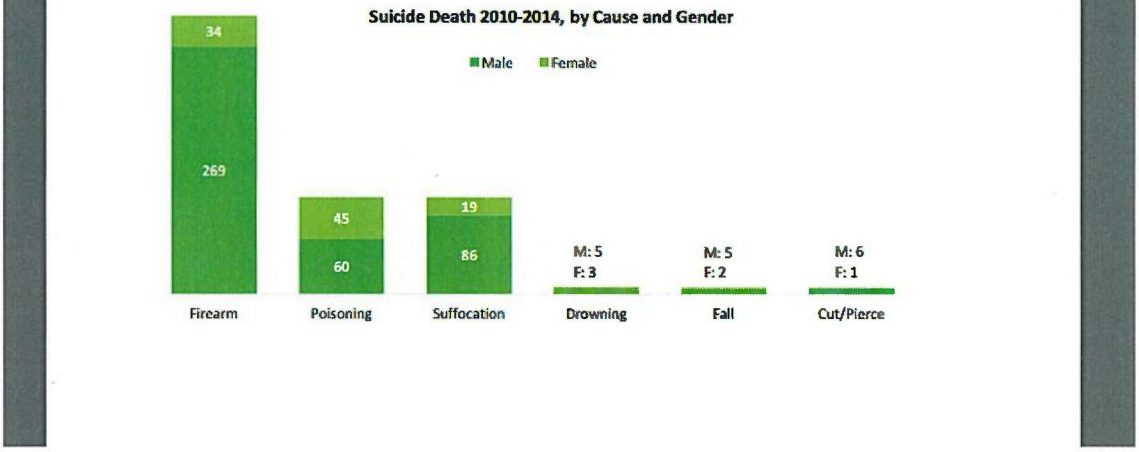
Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Vermont	112	18.44	19
Nationally	47,173	14.00	

afsp.org/StateFacts

American Foundation for Suicide Prevention

Cause and Gender of VT Suicide Deaths



Intentional Self-Harm and Suicide Deaths

County of Residence	Intentional Self-Harm rate per 100,000	Death by Suicide rate per 100,000
Addison	143.0	6.5
Bennington	345.1	21.5
Caledonia	187.7	34.6
Chittenden	147.8	12.2
Essex	143.5	21.4
Franklin	328.0	15.0
Grand Isle	170.5	19.4
Lamoille	121.8	20.1
Orange	109.1	11.6
Orleans	169.1	15.2
Rutland	218.3	18.7
Washington	159.7	15.7
Windham	261.2	29.1
Windsor	123.6	18.1
Vermont	191.4	18.3

Source: Vermont Vital Statistics, 2015-2017. Vermont Uniform Hospital Discharge Data System, 2016-2017.

Intentional self-harm rates are significantly higher than Vermont in Franklin, Bennington, and Windham County. Intentional self-harm rates are significantly lower than Vermont in Chittenden, Lamoille, and Orange County.

Death by suicide rates are significantly higher than Vermont in Caledonia County. Suicide in Addison County is significantly lower than Vermont. This is the first time since 2002 that counties have rates statistically different from Vermont.

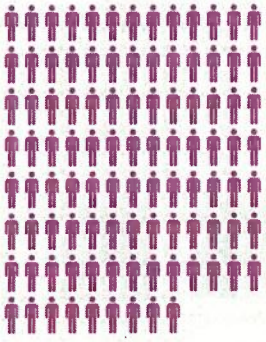
Significantly lower than VT

Significantly higher than VT

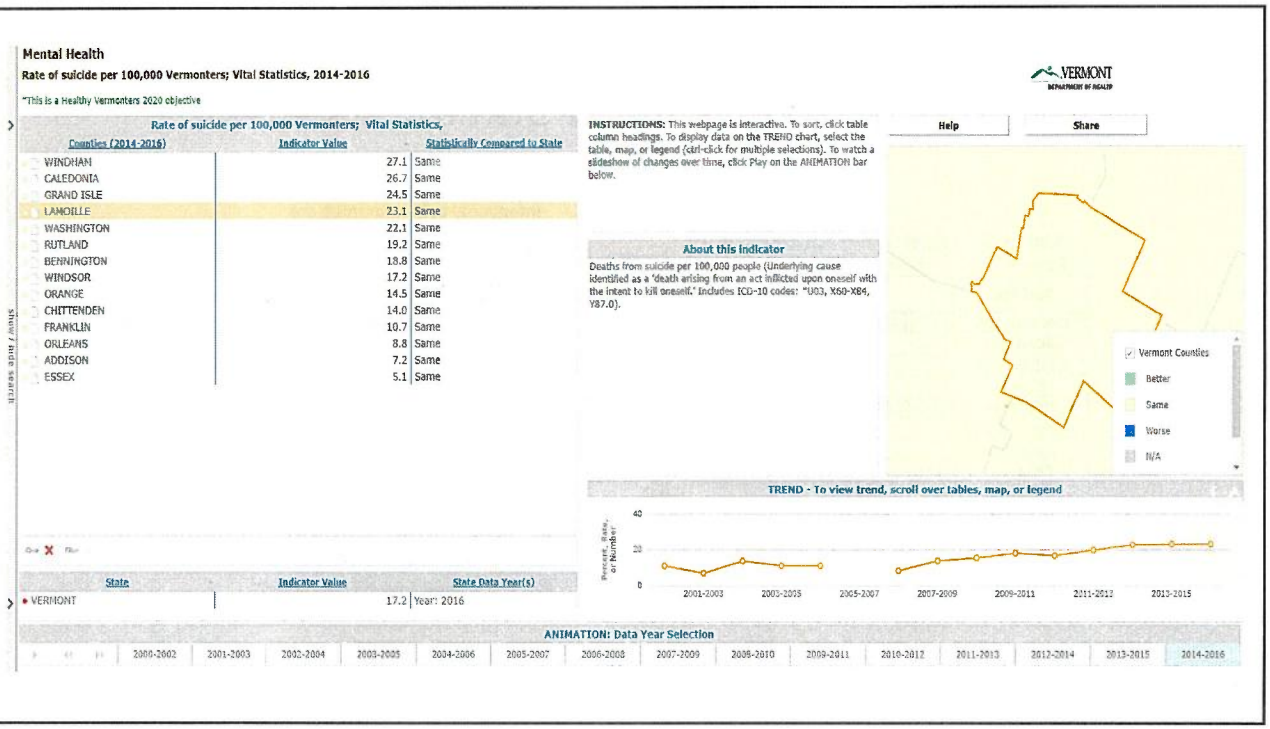
What is the scope of the problem

For every suicide...

25 others attempt.



Each suicide leaves behind **100+ people**



Firearms and Suicide in LCMHS Area - Includes nearby communities

- From 2011-2016 there were 30 deaths by suicide using firearms.
- Some demographic info
  - 11 of the deaths were of married/civil union persons, 14 not married/civil union (other divorced or widowed)
  - 5 of the deaths were of veterans; WWII – Persian Gulf War
  - 3 of the deaths were of women
  - 4 of the deaths were of persons employed in agriculture
  - 15 of the deaths were of persons using handguns
  - Age range was 17 – 90 years of age

Some current Data for Lamoille Co.

A few Summary Points on Suicidal Ideation or Attempt Emergency Room Visits at Copley

- Copley had 95 ER visits with a suicidal ideation or attempt diagnosis code in 2016 (1% of all visits) and 108 in 2017 (1% of all visits).
- Of these suicidal visits at Copley, visits are more likely to include women (63%) and skew younger (50% are 24 and younger, with 32% between ages 18-24). Over ½, 54%, have Medicaid as payer for the visit.
- Almost 2/3rds (72%) of the suicide visits had suicidal ideation or attempt as the primary admission diagnosis.

Local Data LCMHS

LCMHS Mobile Crisis Team Assessment/Screening of adults and children face to face for one quarter—April - June 2018

Of 268 screenings in ED, Schools, LCMHS offices, and other community locations.

- 153 screenings for suicidal ideation occurred (some were seen more than one time in the quarter.)
- 97 of these events resulted in a full suicide assessment
- 60 of these assessments resulted in creating a brief plan of care
- 9 screening events were of persons who had already sustained some injury—overdoes, wounds, etc.

LCMHS moving to higher levels of concern to adopt the principals of Zero Suicide

- **Clinical Experience of helping to supports persons at risk**
- **Personal Experience of family of friends**
- **Listening to families who have survived suicide**
- **Knowledge of a resolution to a dilemma - Zero Suicide as a modedl**
- **Clarity of mission by developing a workplan annually**
- **Integration and building Mastery via CALM, CAMS, and C-SSRS**
- **Practice adjustments across all agency programs via the Pathway**
- **Practice improvement training all staff on the use of the Pathway**

Identification and responding to suicide

Have you wished you were dead or wished you could go to sleep and not wake up?

Have you actually had any thoughts about killing yourself?

Screening tools-PHQ, Columbia, and CAMS as a care model

- PHQ 2/9 (Patient Health Questionnaire) established first. **This tool is only for depression screening**, but can indicate need for Columbia C-SSRS (Suicide Severity Rating Scale)
- Initiated the use of the Columbia C-SSRS for all staff to understand that scale and to use it if they see a need, and understand the referral process should you engage with a consumer who needs intervention.
- The agency has also adopted the CAMS Care model which utilizes a five question check in for each CAMS session.

PHQ 2/9

(PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use a check mark to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or hurting yourself in some way	0	1	2	3
FOR OFFICE CODING	____ +	____ +	____ +	____

= Total Score: ____

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

cssrs.columbia.edu

- Screening versions and extended versions
- Pediatric & adult
- Lifetime and recent
- Versions for ED, law enforcement, family/friends, corrections, outpatient

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and underlined.	YES	NO
Ask Questions 1 and 2		
1) ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) ***Have you actually had any thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) ***Have you been thinking about how you might do this?*** E.g. *"I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."*		
4) ***Have you had these thoughts and had some intention of acting on them?*** As opposed to *"I have the thoughts but I definitely will not do anything about them."*		
5) ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		

	YES	NO
6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask: *Was this within the past three months?***		

Low Risk
Moderate Risk
High Risk

For inquiries and training information contact: Kelly Posner, Ph.D. New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@nyspi.columbia.edu

Working Toward Universal Screening

- Intermediate step – We started the process with a hope of having a good therapeutic response to consumers with a risk for suicide. We identified those persons and started to train them, but…
- It became apparent that if we were really going to reach a point of zero suicide as an outcome we had to involve everyone. Today you all join the group of persons in our county who accept the challenge of making zero the number of persons who die by suicide in Lamoille Co.
- You do this by learning the two most important questions, Questions 1 and 2 in the C-SSRS. We can ask if in **the last 2 weeks**:

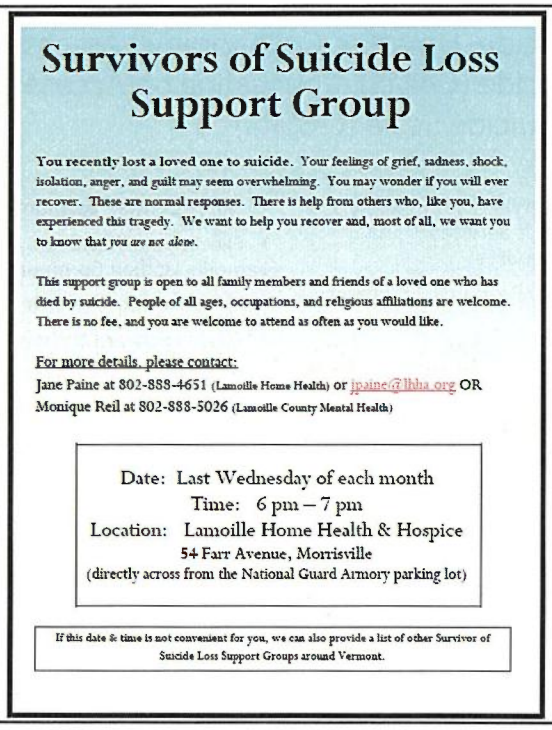
1. ***Have you wished you were dead or wished you could go to sleep and not wake up?***
2. ***Have you actually had any thoughts about killing yourself?***

Training on Zero Suicide, Umatter, Collaborative Assessment and Management of Suicide (CAMS), Counseling on Access to Lethal Means (CALM), Columbia Suicide Scale (C-SSRS)

- LCMHS – Developmental Services, Community Cadre, Adult Services, Children's Services, Administration, Emergency Services
- Copley Hospital, Community Resource, Emergency Department, Med/Surgery
- Morrisville VT Department of Health
- Lamoille Family Center
- Lamoille Restorative Justice Center
- Community Health Services of Lamoille Valley (including Blueprint and MAT)
- The Women's Center
- Lamoille Community Shelter
- Northern VT University
- North Central Vermont Recovery Center
- Executive Officers and representatives from the Lamoille Unified Community Collaborative
- Lamoille Home Health and Hospice
- Clarina Howard Nichols Center
- VT Chronic Care Initiative
- Laraway School
- SASH staff
- Area Agency on Aging – Morrisville
- Capstone Community Action Services
- School Districts OSSU, LNSU, LSSU,

Zero Suicide Projects at LCMHS Fall 2019/Winter 2020

- Community of Zero Suicide committee meetings monthly
- General information and trainings for community partners and Zero Suicide and the use of C-SSRS first 2 questions
- Trainings for community in Mental Health First Aid and Umatter
- Support group for survivors of suicide loss
- Participation in Craftsbury mental health resources group
- Radio Spots/Ribbon Project for September – Suicide Awareness and Prevention month
- CAMS training for LCMHS , CHSLV, and private therapists in Jan. 2020



Survivors of Suicide Loss Support Group

You recently lost a loved one to suicide. Your feelings of grief, sadness, shock, isolation, anger, and guilt may seem overwhelming. You may wonder if you will ever recover. These are normal responses. There is help from others who, like you, have experienced this tragedy. We want to help you recover and, most of all, we want you to know that *you are not alone*.

This support group is open to all family members and friends of a loved one who has died by suicide. People of all ages, occupations, and religious affiliations are welcome. There is no fee, and you are welcome to attend as often as you would like.

For more details, please contact:
Jane Paine at 802-888-4651 (Lamoille Home Health) or jpaine@lhha.org OR
Monique Reil at 802-888-5026 (Lamoille County Mental Health)

Date: Last Wednesday of each month
Time: 6 pm – 7 pm
Location: Lamoille Home Health & Hospice
54 Farr Avenue, Morrisville
(directly across from the National Guard Armory parking lot)

If this date & time is not convenient for you, we can also provide a list of other Survivor of Suicide Loss Support Groups around Vermont.

Michael Hartman
Lamoille Co. Mental Health,
Michael.Hartman@lamoille.org