
MEMORANDUM

TO: Representative Maxine Grad., Chair, House Committee on Judiciary

FROM: Sarah Squirrell, Commissioner, Department of Mental Health

DATE: April 4, 2019

SUBJECT: April 2nd Act S.169 Suicide Prevention Overview

Please find attached, information from the Department of Mental Health, submitted in response to questions about the Department's suicide prevention presentation provided on April 2nd, 2019.

DEPARTMENT OF MENTAL HEALTH

HOUSE COMMITTEE ON JUDICIARY, APRIL 2, 2019

QUESTIONS AND ANSWERS

1. QUESTION: I UNDERSTAND THAT VETERANS MAY EXPERIENCE MORE ISSUES WITH SUICIDE THAN OTHER POPULATIONS. WHAT DO WE KNOW ABOUT OUR VETERAN POPULATION?

Response:

Veterans made up approximately 17% of suicides in Vermont during the years of 2015-16.

Nationally, the suicide rate is 1.5 times greater for veterans than for non-veterans. In VT currently, veterans and non-veterans have a similar rate of suicide.

Compared to non-veterans in Vermont, veterans who completed suicide were:

- More likely to be older than 60 years of age
- 11 times more likely to have used a firearm
- 3 times more likely to have a physical health problem¹

2. QUESTION: THERE SEEM TO BE A LOT OF PROGRAMS FOR YOUTH AND YOUNG ADULTS, BUT THIS DATA SHOWS THAT OLDER PEOPLE, ESPECIALLY MALES ARE DYING AT HIGHER RATES. IS THERE ENOUGH PROGRAMMING FOR THIS POPULATION?

Response:

Rates of suicide *deaths* are higher for older males. However, data supports that suicidal thoughts and attempts are more prevalent for young people and females.

According to the CDC, males take their own lives at nearly four times the rate of females and represent 77.9% of all suicides. But females are more likely than males to have suicidal thoughts and are 3 times more likely to attempt suicide².

¹ National Violent Death Reporting System (NVDRS) 2015-2016)

² <https://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.pdf>

Youth and young adults are also more likely to attempt suicide than older adults.

For youth and young adults, the CDC estimates:

25 : 1 attempts to deaths in young people

4 : 1 attempts to deaths in elderly

One explanation for higher death rates in males and older populations, despite more prevalent suicidality in younger and female populations is the method used in attempts.

- Firearms are the most commonly used method of suicide among males (56.9%).
- Poisoning is the most common method of suicide for females (34.8%).
- Older adults in Vermont who have completed suicide are 3 times more likely to have used a firearm.

Additionally, in Vermont we appear to be experiencing an increase in suicidality among young people.

Dr. Laurin Kasehagen of Vermont DMH/VDH looked at VT Emergency Department ICD- 9 coding from 2010 to 2014, for ages 10 – 24 years:

- Suicidal and self directed violence increased from **22.8** per 10,000 to per **32.3** per 10,000 **42% increase**
- Suicidal ideation increased from **23.7** per 10,000 to **29.0** per 10,000 **22% increase**
- Young people appear to be over-represented among suicide attempts seen in the ED in Vermont, compared to older patients.
- Estimate of medically serious youth attempts in VT: **375 annually**

This data illustrates the need for high levels of support programs for the youth and young adult population.

It is also imperative we support our older population in Vermont. The Agency of Human Services contracts with the Designated Mental Health Agencies (DA's) to provide Eldercare services through the following language written into their Master Agreements:

“Eldercare: With respect to Adult Mental Health Services provided through the eldercare clinician program, and as required by the Vermont state plan on aging within limits of available funding:

- i. Elder care clinicians shall provide outreach to homebound elders with mental health issues. It is expected that services will be provided in the residences of the elders participating in this program, unless the individual requests otherwise
- ii. Elder care clinicians shall employ evidence-based practices when such practices are available for the diagnoses treated. Elder care clinicians will screen clients for depression, cognitive impairment and substance abuse.

- iii. DAs will submit quarterly data reports to DAIL; this data may be submitted electronically to DAIL at such a time EHR and HIT networks are operable. The DAs and the State shall continue to work to develop standards to track outcomes and evaluate quality of elder mental health, dementia and substance abuse services provided by elder care clinicians, including the use of appropriate screening tools.
- iv. Elder care clinicians will participate in quarterly meetings and trainings; and
- v. DAs will collaborate with DMH and DAIL to develop standards to track outcomes and evaluate quality of elder mental health, dementia and substance abuse services provided by elder care clinicians.
- vi. DAs will collaborate with community elder care providers, e.g. area agencies on aging, SASH programs, home health agencies, etc., in improving mental health and substance abuse services for the elderly.”

3. QUESTION: WHAT DOES SASH STAND FOR? HOW DO THEY SUPPORT OLDER ADULTS?

Response: Support and Services at Home.

WHAT IS SASH?

SASH coordinates the resources of social-service agencies, community health providers and nonprofit housing organizations to support Vermonters who choose to live independently at home. Individualized, on-site support is provided by a Wellness Nurse and a SASH Care Coordinator.

WHOM DOES SASH SERVE?

SASH serves older adults as well as people with special needs who receive Medicare support. SASH touches the lives of approximately 5,000 people throughout Vermont.

SASH has two pilot projects developing referral relationships between primary care, the DA’s and the SASH community. These projects are an example of collaboration amongst local organizations specific to targeting older adults at higher risk for suicide and implementing appropriate steps to reduce risk for suicidality in their work with this target population.