VERMONT

State of Vermont
Department of Mental Health
280 State Drive, NOB 2 North
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http://mentalhealth.vermont.gov/

Agency of Human Services

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To: House Committee on Judiciary

From: Alison Krompf, Director of Quality and Accountability

Date: June 4, 2020

Subject: Covid-19 and Suicide Prevention Testimony Talking Points

Prior to COVID-19 the suicide rate in the state of Vermont was 35% higher than the national 5-year average and increasing at a higher rate. Factors that make Vermont susceptible to higher rates of suicide are our rural nature, accompanied with rural poverty, our high rate of gun ownership, a high percentage of veterans and a very high percentage of white people in the state. All of these factors are correlated with increased risk of suicidality. In terms of individual risk factors, the COVID-19 pandemic is poised to exacerbate existing suicide risk factors, including relationship issues, substance use, physical health problems, and job, money, legal, or housing stress.

Statewide suicide prevention efforts were proposed to the Vermont legislature this year in S. 284, to expand evidence-based practices for treating suicide, increase supports for older Vermonters, and fund the National Suicide Prevention Lifeline crisis centers in Vermont. In the interim, Department of Mental Health has sought an $800,000 COVID-19 suicide prevention emergency SAMHSA grant to support prevention efforts during this time. The Department has also enacted all flexibilities afforded by CMS to allow service provision through telehealth and telephone for existing mental health services and secured an additional federal emergency grant to support the purchase of telehealth equipment at the Designated Agencies.

The Department of Mental Health in partnership with the Department of Health increased monitoring of suicide data to a weekly report reviewed across the Agency of Human Services and with multiple stakeholders. As part of DMH monitoring efforts, we are working closely with community mental health Emergency Services Directors and other director groups to increase awareness and lower risk. We have also activated the Vermont Suicide Prevention Coalition to reach high risk groups across Vermont and are in process of planning our Annual Suicide Prevention Symposium in August using a virtual model.

The Latest Data

Overall suicide death data indicates there have been less suicide deaths this year compared to our 5-yr average (42 suicide deaths to date vs. 48 average.) However, Vermont experienced above-average suicide deaths during the first week of May [5 deaths in one week], and 14 deaths

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in the month of May based on current data [which is subject to change, as there remain death certificates pending in Vermont for month of May]. Link to weekly VDH Suicide Data Report.

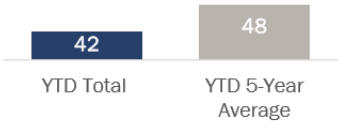
VERMONT DEPARTMENT OF HEALTH

Weekly Suicide Report

May 2020, Week 22

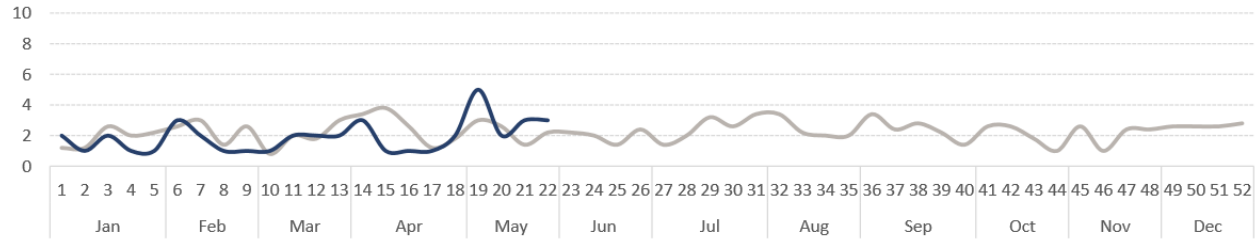
Deaths

As of May 29th, there have been 14 deaths by suicide in May and a total of 42 deaths by suicide in Vermont. The number of suicide deaths in May to date is higher than previous years.[1] We cannot yet determine whether there has been a statistical increase or a decrease in suicide deaths this year or in the past few weeks. This data is preliminary and subject to change.



Number of Deaths by Suicide in Vermont by Week

Suicide deaths in 2020 and 5-year averages by week*



Source: Vermont Vital Statistics, 2015-2020.
*5-year averages are calculated using the years 2015 to 2019.
Manner of death is used to determine deaths by suicide.
All suicide deaths in Vermont are included. On average, 5% of suicides among Vermont residents occur out of state; 9% of suicides in Vermont are not Vermont residents.
Please note Vermont Department of Health typically uses ICD-10 codes to capture suicide deaths, and focuses on Vermont resident deaths, therefore the number of suicide deaths may differ from results published elsewhere.
As of May 29th, 20 death certificates are pending. All data should be interpreted as preliminary.
[1] The 5-year average number of suicide deaths in May to date is 9. The number in 2020 is not statistically higher than previous years.

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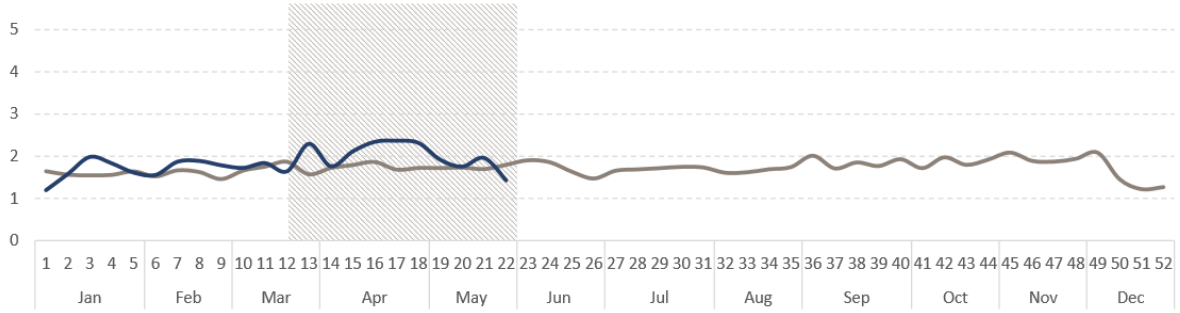
Syndromic Surveillance

As of May 29th, emergent care visits for suicidal ideation and/or self-directed violence account for less than 2% of all emergent care visits in May. Please note that this data may be influenced by fewer people visiting the ED and urgent care.[1] This data is preliminary and subject to change.

Percent of Emergent Care Visits for Suicidal Ideation and/or Self-Directed Violence by Week
2020 and 3-year averages of visits from 13 of 14 Vermont Hospitals and 2 Urgent Care Centers*



Source: Electronic Notification for the Early Notification of Community-based Epidemics, 2017- 2019.
*3-year averages are calculated using the years 2017 to 2019.
Suicidal ideation or self-directed violence is determined using the patient's chief complaint and/or discharge diagnosis.
[1] Due COVID-19, there have been recommendations to stay home and only seek emergency room care for life threatening situations.
Since March 15th, there has been a 50% reduction in ED and urgent care visits and a 43% reduction in visits for suicidal ideation and self-directed violence. Please note that 2020 data at this time should not be compared to the 5-year average.

For more information about the data, contact: Caitlin Jelinek, MPH, Caitlin.jelinek@vermont.gov

For more data on suicide morbidity and mortality in Vermont, see the annual: Intentional Self-Harm and Death by Suicide data brief

For more information on suicide prevention in Vermont, visit: https://www.healthvermont.gov/emergency/injury/suicide-prevention

Indicators of increased need and utilization of supports

Utilization of the Crisis Text Line by Vermonters is one of our primary indicators of the level of support our youth and young adult Vermonters need. The Crisis Text Line is a global not-for-profit organization providing free mental health texting service through confidential crisis intervention via SMS message. The Department of Mental Health pays for access to the de-identified data and for the promotion of the Crisis Text Line in Vermont. The organization's services are available 24 hours a day, every day, throughout the US and can be reached by Vermonters by texting "VT" to 741741.

Crisis Text Line use (below) increased by 45%, from 87 conversations in March to 126 in April.

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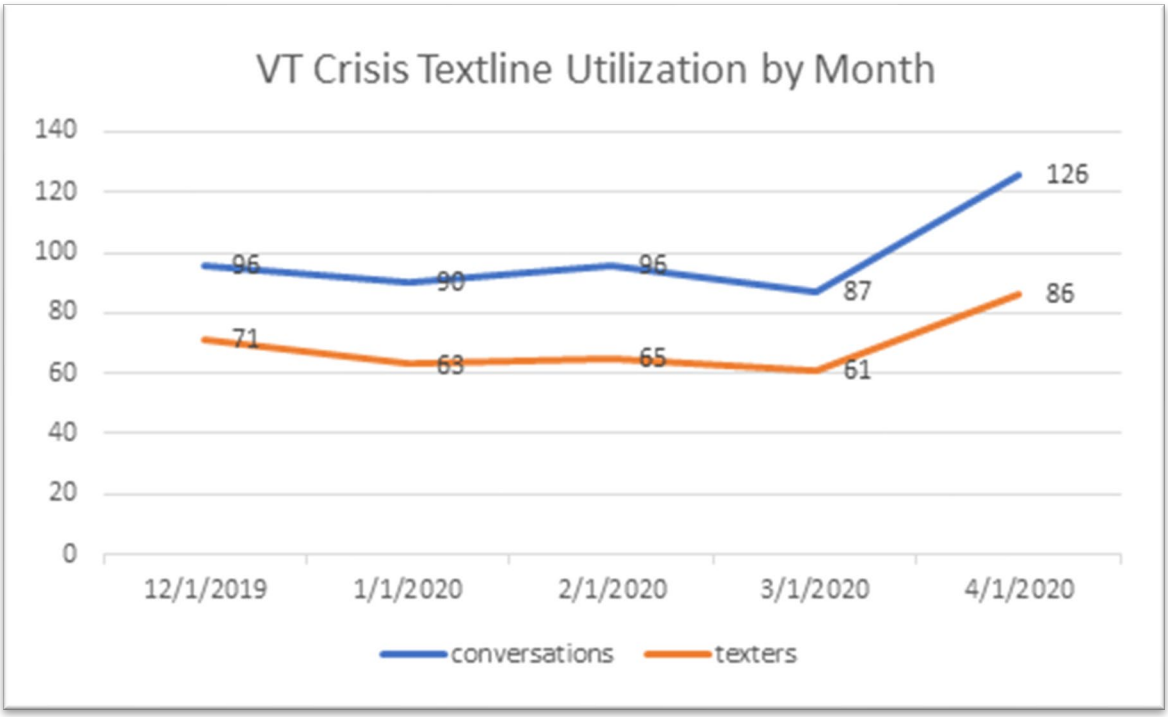

Demographics: Sexual Orientation, Age and Race

ⓘ Sexual orientation. Do you consider yourself to be:

SEXUAL ORIENTATION	GROUP	VS.AVERAGE
Straight	37.2%	▼
LGBTQ+	65.1%	▲

e,

We know that the largest group turning to the VT Crisis Text Line is youth age 14-17 (28.9% of users) and the majority of all users are under age 25. Data we collect from those served by the Crisis Line also shows that 65.1% of them identify as LGBTQ+, and a minority (37.2%) as straight.

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VT Crisis Text Line users are more racially diverse than the overall Vermont population with 4.7% of users each: American Indian/Alaska Native; Black; or Hispanic, Latinx or Spanish Origin. 2.3% of users identify as each; Asian; Middle Eastern, North African or Arab.

RACE / ORIGIN	GROUP	VS.AVERAGE
American Indian / Alaska Native	4.7%	
Asian	2.3%	
Black	4.7%	
Hispanic, Latinx or Spanish Origin	4.7%	▼
Middle Eastern, North African, or Arab	2.3%	
Native Hawaiian or Other Pacific Islander	0.0%	
White	90.7%	▲

Pre and post-COVID Mental Health

Suicidal Ideation *has slightly decreased as a percentage of our conversations.*

> **Pre-COVID** (Jan 2020 until mid-March 2020): Suicide = 23.6% of conversations
> **Post-COVID** (mid-March until June 1): Suicide = 23.0%

Depression, Anxiety and Relationships *are the top three issues now, in that order.*

> **Pre-COVID –** Depression 36.6%; Anxiety = 34.2%; School = 32.5%; Relationship 29.8%; Isolation/Loneliness = 19.3%
>
> **Post- COVID** – Depression = 34.8% ; Anxiety =33.3% ; School = 19.5% ; Relationship = 30.4% ; Isolation/Loneliness = 25%

National Suicide Prevention Lifeline Utilization by Vermonters

The National Suicide Prevention Lifeline operates in Vermont under a grant that ends in December of 2021. We currently have a bill in the Vermont legislature (S. 284) that builds

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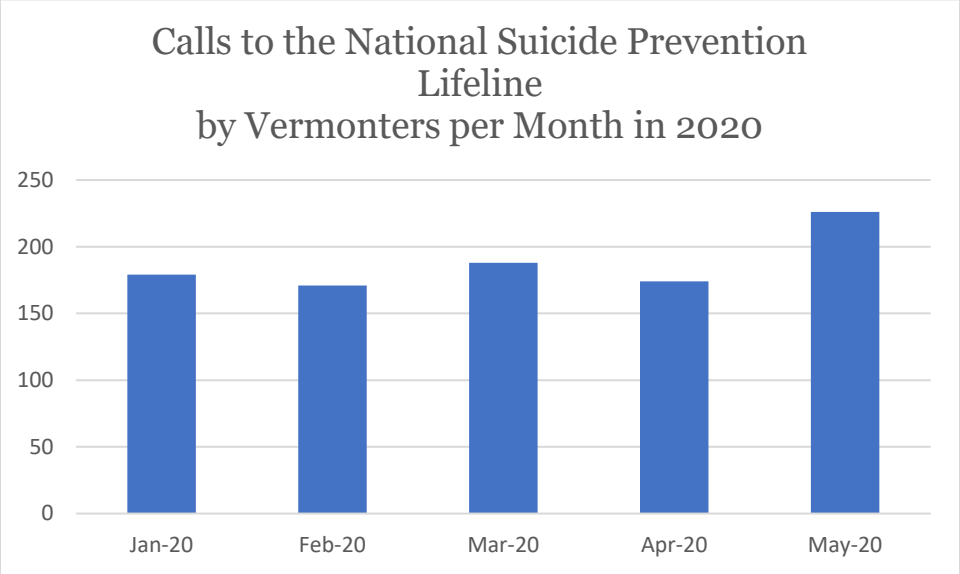
upon this work and would sustain funding for the Lifeline beyond the end of the grant, and supports the treatment of suicidality in Vermont

The Lifeline experienced a 27% increase in call volume from Vermonters in May, 2020.



Lifeline Caller Demographics

We do not currently receive the full demographics of Vermonters calling the Lifeline, but a preliminary analysis of a 3-month sample of callers indicates that the age range represents broader age groups than the text line.

Age Range	Percent of Callers
13-17	13.64%
18-24	19.70%
25-34	22.73%
35-44	12.12%
45-54	7.58%
55-64	19.70%
65-74	4.55%
75+	0.00%

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Summary

The Department of Mental Health expects the mental health impact of the COVID-19 pandemic to last longer and peak later than the health pandemic itself. There is currently no statistically significant trend to suggest an increase in suicide deaths in the state, but a recent uptick in early May has garnered increased attention and concern. The Department believes the economic and social impact of the pandemic will increase risk of suicides in the state.

The Department of Mental Health is concerned about the increased risk for domestic violence and substance use, which contribute to the risk of suicidality. The absence of physically attending school and summer camps increases the risk of social isolation for youth, however we are encouraged by the evidence that at-risk youth are utilization online texting supports.

The economic impact for many Vermonters increases the risk of suicidal ideation for adults, men in particular, because they are already disproportionately impacted by suicide in Vermont. Despite the warranted increase in concern and need for action, the Department concludes that prevention efforts have and will continue to be effective in mitigating this risk. It will be important to continue to ensure outreach and access to services during this time, educate providers and the community on reducing access to lethal means during times of crisis, utilize effective online and phone resources for emergency support, and provide effective guidance for the provision of quality tele-mental health services.

The Department of Mental Health will continue to engage in timely surveillance of the suicide data in Vermont and utilize that information for targeted prevention activities. A suicide prevention communications team exists as a collaborative effort between multiple AHS departments and is focused on the promotion of the Lifeline and Crisis Text Line, as well as encouraging neighbors and families to check in on one another and understand how to identify if someone is at risk. The Department of Mental Health also plans to continue the additional telehealth and telephone flexibilities for service provision for as long as face to face visits are not recommended, as well as examine which of these flexibilities will be of benefit to the community if they are to continue ongoing, within the confines of CMS authority.