**Suicide Prevention in Vermont - Testimony to Senate Health and Welfare**

**Presented by:**
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Chairman Lyons, Vice Chairman Westman, and Distinguished Senate Health and Welfare Committee Members, my name is JoEllen Tarallo, I am the Director of the Vermont Suicide Prevention Center, a public-private partnership with the VT Agency of Human Services, Department of Mental Health. The Center developed the Vermont Suicide Prevention Coalition and has organized suicide prevention activities in Vermont since 2008, forging partnerships with state agencies, school systems, mental health agencies, health care, and numerous other organizations and individuals representing community services, and with ongoing input and involvement from people and families with lived experience. It has been a privilege to work on this tough issue and every effort has been made to keep a focus on suicide as a public health problem in Vermont. We are now asking the legislature to support recommendations put forth by the AHS, and appropriate funding which demonstrates a state level commitment to reducing rates of suicide in Vermont.

Thank you for the invitation to appear before you. With decades of leadership experience, as a nationally certified and state licensed health educator, and educational administrator and someone who has overseen more than one hundred projects that address health priorities, I have devoted a decade to mobilizing support for suicide prevention in Vermont and I feel that I am uniquely positioned to testify on this crucial matter. The AHS recommendations were formulated from review of Vermont data, national best practices, and input from the Coalition.

Suicide is a nexus for many intersecting issues related to mental health, physical health- such as chronic pain, and unique risk factors for youth and young adults, middle aged Vermonters, seniors and sub-populations such as LGBTQ Vermonters, new Americans/Refugees, native Vermonters, Veterans, domestic abuse survivors, and those who misuse substances. In Vermont suicide is in the top eight causes of death across all age groups, and is the second leading cause of death for Vermonters ages 14-35. The highest demographic to die by suicide in Vermont is middle aged men, followed by older Vermonters. When we address individual, family and systems issues related to suicide, we address many risk factors at large; when we improve the system of care for suicidality, we improve it overall, and when we put practices and protocols in place for prevention, early intervention, intervention, treatment and recovery, we offset the unnecessary use of health care and the incalculable costs of the painful ripple effects from the vicarious trauma of suicide.

We appreciate that the Governor has included in his budget an allocation for suicide prevention to enable statewide coordination of suicide prevention programs, and expansion of evidence-based practices in health care, and strategies to strengthen crisis systems and policies, including mobile response and crisis response through the Lifeline, training for professionals in suicide prevention and

strategies that cultivate youth leadership skills for mental health promotion, self-care, risk assessment, coping, and engage them in creating cultures of health in their communities.

This is a serious issue. From 2009-2017 Vermont had the second highest rate of increase of suicide in the nation and the suicide rate remains at 30% above the national average. We lose 2-3 Vermonters to suicide each week. As the numbers indicate, this problem is not going away, in fact it is getting worse. The AHS recommendations and request for funding in the Governor's budget help build an infrastructure in Vermont to address this public health problem.

The Coalition spent a year researching, writing and publishing the Vermont Suicide Prevention Platform in 2015 which is a guidance document for addressing suicide with comprehensive and ecological cross sector approaches. Goal #7 of the Platform addresses the need to develop suicide safer pathways to care in health care, now known as Zero Suicide. Input to these recommendations has included stakeholders and experts in fields ranging from public health and law enforcement to healthcare, community-based support services, academia, business, government and others.

We are asking you to support the AHS Recommendations with strategies in four areas:

1. SUPPORT for PUBLIC EDUCATION & INFORMATION
2. BUILD SUICIDE PREVENTION INFRASTRUCTURE and POLICY
3. ADVANCE EVIDENCE-BASED AND BEST PRACTICES FOR SUICIDE PREVENTION THROUGH WORKFORCE DEVELOPMENT
4. PROMOTE SOCIAL AND EMOTIONAL WELLNESS

National Recommendations related to State Suicide Prevention Infrastructure support designating a lead division or organization to lead the efforts, to maintain a state suicide prevention plan that is updated every 3-5 years, to develop, carry out, and evaluate the suicide prevention plan and provide an annual report to the legislature or governor on the state of suicide and prevention efforts and emerging needs.

We recommend funding a state level position to coordinate these efforts, to identify and engage important partners, support the development of a multi-faceted, lifespan approach to suicide prevention across the state, and promote "upstream" strategies that proactively prevent suicide risk and enhance protective factors.

The COVID-19 epidemic has created circumstances which make the work of suicide prevention more important than ever. Suicide prevention aims to destigmatize mental health, increase connections within family, community and health care systems, and provide people with public education, treatment and supports to regulate and manage the complex emotions and challenges they face in life.

The data indicates that unemployment is universally damaging to most individuals, no matter their age or circumstance. Of further concern is the report that March was the second-busiest month ever for gun sales in the U.S.; the intersection between increased firearm sales, economic downturn, isolation, and challenges accessing mental health services is a huge concern.

Mental health and health care professionals require professional development and technical support to ensure screening, assessment and safety planning at every access point in a health system. We now must make adjustments to telehealth and ensure warm handoffs, follow-up and care coordination that are critical for saving lives.

DMH is working hard to stabilize the DA's fiscal situations in order to maintain the mental health workforce for what we expect will be an increase in mental health needs in the coming weeks. Flexibilities have been provided to ensure mental health workers can continue to outreach remotely and serve their communities as best they can. Commissioner Squirrell has testified on the details of this effort already. Mental health workers and substance use clinicians are critical to suicide prevention.

In addition, I would like to emphasize that the proposed funding for the Lifeline call response and access to the Crisis Text line are critical resources in the pathway to care. We have seen an increase in Crisis Text line use over the past two weeks with individuals seeking support around anxiety. The national Disaster Distress Helpline, a sub-network of the Lifeline focused on providing emotional support to people affected by natural and human-caused disasters, has experienced significant volume increases. The Coalition strongly endorses health promotion and prevention messaging that encourages positive coping skills, promotes natural peer sources of support and resources that strengthen families.

It is reasonable to say the impact of people losing their jobs and economy downturn is serious reason for concern for an increase in suicides in the coming months. In summary, we ask you to support AHS recommendations and appropriate funding which demonstrates a state level commitment to reducing rates of suicide in Vermont.