



**American
Foundation
for Suicide
Prevention**

Vermont

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Advocacy Action Day: Legislative Priorities

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1. Youth Suicide Prevention & Mental Health in Schools. In 2023, suicide was the **2nd leading cause** of death for Vermont youth and young adults ages 10-22; that year, we lost **12 young people** in this age range to suicide.ⁱ In one-third of individuals, onset of their first mental health condition occurs **before age 14**; this occurs before age 18 in almost half (48%) and before age 25 in over half (63%) of all individuals.ⁱⁱ

Schools have an important role to play in identifying and supporting students who may be in crisis or struggling with their mental health, connecting those students and their families to resources and treatment services, and creating an overall culture within the school that normalizes mental health as a part of overall health and supports students in seeking help for themselves or their peers.

As school personnel interact with youth daily, they are in a prime position to recognize the signs of deteriorating mental health or suicide risk and to take the appropriate steps to support students and families in seeking help - which is an important component of any school suicide prevention strategy. We therefore urge the legislature to:



Support H. 817: Mental health support and substance use disorder prevention in schools.

[Berbeco] This bill would:

- Direct each supervisory union or school district to select a curriculum to increase awareness of mental health and substance misuse challenges facing youth; selected curriculum would address the importance of mental health to physical health and overall wellbeing; resources and tools for maintaining mental wellness; the prevalence, signs and symptoms of, and treatments for common mental health and substance misuse challenges and conditions; and how to seek help at school and in the community.
- Direct the Department of Mental Health (DMH) to post guidance for identifying and to share with parents, guardians, and youth-serving organizations said curricula and best practices.
- Direct DMH to establish a 4-year pilot program for the distribution of grants to fund peer-to-peer mental health support programs in public and approved independent schools, with priority given to schools that would incorporate a suicide prevention component or are in an area with elevated suicide rates or a recent traumatic event.



Support H. 818: Mental health screening in schools. [Berbeco] Would direct the Agency of Education and DMH to develop and administer a program authorizing supervisory unions to provide evidence-based, age-appropriate mental health screening services within their schools. Would direct the State Board of Education to adopt rules for the administration of the program, to include related training requirements. Parents and guardians with a student in the supervisory union would be notified annually of the option to have their student screened, need to give written consent before the screening, and be notified of the results and given resources and service referrals upon a positive screen.

[Continued on next page.]



Equip school personnel across Vermont with the confidence and tools to recognize and respond safely to youth suicide risk.

Vermont is **one of only two states** in the nation that do not yet have any state laws addressing suicide prevention training for school personnel. AFSP-Vermont offers several [programs](#) at low- to no-cost for school districts to address this issue with their educators, parents and guardians. We would welcome the opportunity to discuss bringing these programs to schools in your district as well as legislative approaches to set a baseline for minimum training frequency and content standards statewide.

2. Lethal Means Safety & Firearm Suicide Prevention. Firearms are the most common and a highly lethal “means” (method) of suicide; more than 85% of suicide attempts with a firearm are fatal.ⁱⁱⁱ In Vermont in 2023, over half (54%) of suicides were by firearm, and the vast majority (83%) of firearm deaths were suicides.ⁱ

There is no one single cause of suicide. Conditions like depression, anxiety, and substance use problems, especially when unaddressed, increase risk of suicide.^{iv} That risk is greater when a firearm or other lethal means are present in the home or readily accessible.^{v,vi} Putting **time and distance** between a person at risk and lethal means can **save their life**. This allows time for the suicidal risk to diminish, for the intense suicidal impulse to pass (which is often very brief^{vii}), or for someone to intervene with mental health support and resources.^{viii}

Suicide prevention strategies that include secure firearm storage and firearm safety are effective and can reduce suicide without impinging on constitutional rights. We therefore urge the legislature to:



Support H.20 Voluntary Firearms Storage Program. [Vacovone] Would establish a voluntary, temporary firearms storage program for the state. Federally licensed firearms dealers (FFLs) would be able to choose to participate in the program to offer secure firearm storage for individuals in crisis, and the program would allow individuals in crisis to temporarily relinquish their firearms to participating FFLs for safekeeping. The program would provide training and liability protections to participating FFLs as well as liability and confidentiality protections for individuals choosing to use the program.

Concerns about liability create obstacles to the willingness of FFLs to provide secure storage options or aid in temporary transfers of firearms to prevent suicide. Several other states, including Montana, have approved modest, technical and noncontroversial clarifications in their laws regarding secure firearm storage and liability to allow FFLs to participate in secure storage efforts – with the support of firearm rights organizations.

ⁱ Centers for Disease Control and Prevention (CDC). (2026). WISQARS - Web-based Injury Statistics Query and Reporting System, Fatal Injury Reports. Retrieved from <https://wisqars.cdc.gov/create-tables/>.

ⁱⁱ Solmi, M., Radua, J., Olivola, M., Croce, E., Soardo, L., Salazar de Pablo, G. et al. (2022). Age at onset of mental disorders worldwide: Large-scale meta-analysis of 192 epidemiological studies. *Molecular Psychiatry*, 27, 281-295.

ⁱⁱⁱ Conner, A., Azrael, D., & Miller, M. (2019). Suicide case-fatality rates in the United States, 2007 to 2014. *Annals of Internal Medicine*, 171(12), 885-895. <https://doi.org/10.7326/M19-1324>.

^{iv} American Foundation for Suicide Prevention. (2023). Understanding firearms and suicide prevention. Retrieved from <https://afsp.org/an-introduction-to-firearms-and-suicide-prevention>.

^v Miller, M., & Hemenway, D. (1999). The relationship between firearms and suicide: A review of the literature. *Aggression and Violent Behavior*, 4(1), 59-75. [https://doi.org/10.1016/S1359-1789\(97\)00057-8](https://doi.org/10.1016/S1359-1789(97)00057-8).

^{vi} Studdert, D. M., Zhang, Y., Swanson, S. A., Prince, L., Rodden, J. A., Holsinger, E. E., Spittal, M. J., Wintemute, G. J., & Miller, M. (2020). Handgun ownership and suicide in California. *New England Journal of Medicine*, 382(23), 2220-2229. <https://doi.org/10.1056/NEJMsa1916744>.

^{vii} Harvard T.H. Chan School of Public Health. (2026). Means matter: Duration of suicidal crises. Retrieved from <https://hsph.harvard.edu/research/means-matter/means-matter-basics/duration-of-suicidal-crises/>.

^{viii} Henn, M., Barber, C., & Hemenway, D. (2019). Involving firearm stakeholders in community-based suicide prevention efforts. *Current Epidemiology Reports*, 6(2), 231-237. <https://doi.org/10.1007/s40471-019-00198-1>.