Vermont House Committee on Health Care
Testimony
February 14, 2019

Improving Suicide Care in Vermont

My name is Debra Lopez Gottesman. I've lived and worked in Chittenden County for the past 41 years.

I am a ***grieving mother.*** My son ***Alan Gottesman*** died by suicide just 3 years ago, at the age of 25. Alan died as an inpatient in a psychiatric hospital. He left behind many who loved him, including his younger sister, my husband, and myself. We are one of the hundreds of families who suffer the devastating impacts of suicide every year in Vermont.

I am also a ***psychiatrist*** with over 30 years of patient care experience. For many years I've served as a clinical teacher in a variety of settings, including the UVM Medical Center, where I help train psychiatry residents. I care deeply about my profession and the patients we are meant to serve.

Time doesn't allow for me to tell you much about our son Alan's life or death, except that he was a jazz musician and an especially sweet young man. At the time of his death, he was suffering with an episode of severe depression related to a chronic pain problem that made it difficult for him to find work, and that left him hopeless about his future.

But what is most pertinent for today's discussion is that when our son became suicidal, he ***sought help***. He sought help from us, his family, and he sought help from well-regarded health care professionals. He also disclosed his suicidal thinking to his treatment providers from the very beginning. Our son's death was the direct result of healthcare system failures—the system was not prepared to provide the treatment he needed.

This is the main point that I hope you'll remember from my testimony today.
What we learned after Alan died, when we reviewed every word of his medical records was that although his providers were well intentioned, they were all either ***completely untrained*** or ***severely out-of-date*** in their training related to the treatment of a suicidal patient.

I will repeat my main point:
At every level of care in which our son sought help for his suicidality:

- ***from his Primary Care doctor,***
- ***to his private psychotherapist,***
- ***to his UVM Medical Center outpatient psychiatrist,***
- ***to the inpatient unit at the Central Vermont Medical Center,***
- ***to the out-of-state tertiary care hospital where he died---***

the providers were either completely untrained or out-of-date in their training (and practices) on how to evaluate and treat a suicidal patient.

I realize that what I'm saying might be hard for some of you to believe. It has certainly been shocking and unbelievable to us. You might also imagine that our son was especially difficult to evaluate or complicated to treat—but these assumptions would be incorrect. Our son died by

suicide because the practices where he sought care lacked ***protocols and competency*** in treating suicide.

The published paper I've distributed to you describes the problems we faced as a family very well. Its authors (national experts) suggest a ***set of practice improvements*** called ***Zero Suicide.*** The Zero Suicide approach has been shown to reduce suicide deaths in several healthcare systems nationally. The problem in Vermont is that not one of our health systems has fully adopted the Zero Suicide approach*, and very few psychiatrists or therapists are trained in how to provide the evidence-based suicide-specific treatments.

Imagine if you developed a common form of cancer for which a two-drug protocol has been proven effective, but when you go to your doctor he/she isn't trained to diagnose the type of tumor you have. Or maybe they do diagnose the tumor, because you tell them about the lump you've noticed growing, but the doctor hasn't heard of the two-drug protocol that's available. Instead, you are treated with a one-drug protocol—that's expensive and painful, but ineffective—and you die from your cancer. This story is closely analogous to the ***crisis in competency*** we encountered when our son sought treatment for his suicidality.

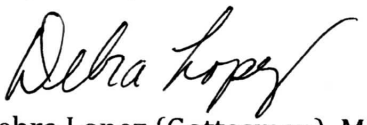
Obviously, much work is needed to improve our systems of care for suicidal people.

- Healthcare leaders should prioritize improved care for suicidal patients,
- Training protocols and Practice Guidelines should be developed and implemented in every healthcare setting, and
- Quality assurance professionals are needed to make sure providers are adherent to protocols.

I hope you will continue to educate yourselves about the deficits in our healthcare systems related to suicide care and about how our systems can be improved. Perhaps in the next year or so, we will have more specific suggestions as to how you, as legislative leaders, can help those of us working in the healthcare sector to improve suicide care in Vermont.

I hope you will now ask me any questions you have related to this serious problem.

Respectfully submitted,



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* Three Designated Agencies—Lamoille County Mental Health Services, Howard Center, and Northwest Counseling and Support Services—received grant funding a few years ago, with support from the VT Department of Mental Health and the Center for Health and Learning. These agencies trained many of their counselors in evidence-based, suicide-specific treatments and have adopted some of the Zero Suicide practice-improvement protocols.