



www.healthandlearning.org

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The Vermont Suicide Prevention Center

<http://www.vtspc.org>

Mission:

To create health promoting communities in which schools, Institutions of Higher Education, public and private agencies and people of all ages have the knowledge, attitudes, skills and resources to reduce the risk for suicide.

Purpose:

To support state-wide suicide prevention efforts and help local communities implement the recommendations of the Vermont Suicide Prevention Platform using data-driven evidence-based practices.



<http://www.vtspc.org>



The University of Vermont
LARNER COLLEGE OF MEDICINE

Vermont Suicide Prevention Coalition Members & Organizations

American Foundation for Suicide Prevention, Vermont Chapter
Brattleboro Retreat
Brattleboro Union High School
Burlington College
Burlington Housing Authority
Cathedral Square- Support And Services at Home (SASH)
Center for Health and Learning
Clara Martin Center
Joanna Cole, Advocate and former Vermont Representative
Copeland Center for Wellness and Recovery
Counseling Service of Addison County, Inc.
Department of Vermont Health Access
Good Neighbor Health Clinic
Gun SenseVT
Hardwick Area Community Justice Center
Hartford High School
Health Care & Rehabilitation Services
Howard Center
Hundred Acre Homestead
Johnson State College
Lamoille County Mental Health Services
LISTEN Community Services
National Alliance on Mental Illness- VT
National Center for Campus Public Safety
New England Culinary Institute
Northeast Kingdom Human Services
Northern New England Poison Center
Northwestern Counseling & Support Services
Norwich University
Outright VT
Pathways Vermont
Pathways Vermont Support Line
Rutland Mental Health Services
Spring Lake Ranch
Vermont Military, Family, and Community Network

Vermont Suicide Prevention Center
Vermont Veteran's Outreach
Washington County Mental Health
Youth in Transition
Survivors of Suicide Loss
The Vermont Center for the Prevention and Treatment of Sexual Abuse
Twinfield Union School
Union Institute & University
United Counseling Services
University of Vermont
University of Vermont, Center for Health and Well Being
University of Vermont, College of Medicine
University of Vermont, Department of Pediatrics
University of Vermont Medical Center
US Department of Veterans Affairs, WRJ
Vermont 2-1-1, United Way
Vermont Agency of Education
Vermont Agency of Human Services
Vermont Army National Guard
Vermont Association for Mental Health and Addiction Recovery
VAMH-Friends of Recovery VT
Vermont Association of Business Industry and Rehabilitation
Vermont Blueprint for Health
Vermont Care Partners
Vermont Child Health Improvement Program
Vermont Council of Developmental and Mental Health Services
Vermont Department of Children and Families
Vermont Department of Corrections
Vermont Department of Disabilities, Aging and Independent Living
Vermont Department of Health
VDH Division of Alcohol and Drug Abuse Programs
VDH Division of Maternal and Child Health
Vermont Department of Mental Health
Vermont Federation of Families for Children's Mental Health
Vermont National Guard Military Family Services
Vermont Psychiatric Association

Faces of Vermont Lost to Suicide



SENSITIVE USE OF LANGUAGE

Terms that perpetuate stigma or misinformation about suicide are strongly discouraged.

Those who have lost a loved one to suicide are ***suicide survivors***.

Those who have lived through a suicide attempt are ***suicide attempt survivors***.

PLEASE USE:

- Death by suicide
- Took his or her own life
- Died of suicide
- Killed him- or herself
- Suicide death

PLEASE AVOID:

- Committed suicide (because it implies that suicide is a sin or a crime)
- A completed suicide
- A successful suicide
- Failed suicide attempt

Suicide Deaths in Vermont and the United States¹

US 2017

- 47,173 deaths
(14/100,000)
- 10th leading cause
- Males ~3 times more likely to die by suicide than females
- Firearms involved with approx. 50% of deaths

VT 2017

- 112 deaths
(18.5/100,000)
- 8th leading cause
- Males ~4 times more likely to die by suicide than females
- Firearms involved with approx. 55% of deaths

1. Source: CDC WISQARS, all rates age adjusted.

Mortality in the United States, 2018

Jiaquan Xu, M.D., Sherry L. Murphy, B.S., Kenneth D. Kochanek, M.A., and Elizabeth Arias, Ph.D.

Key findings

Data from the National Vital Statistics System

- Life expectancy for the U.S. population in 2018 was 78.7 years, an increase of 0.1 year from 2017.
- The age-adjusted death rate decreased by 1.1% from

This report presents final 2018 U.S. mortality data on deaths and death rates by demographic and medical characteristics. These data provide information on mortality patterns among U.S. residents by variables such as sex, age, race and Hispanic origin, and cause of death. Life expectancy estimates, 10 leading causes of death, age-specific death rates, and 10 leading causes of infant death were analyzed by comparing 2018 and 2017 final data (1).

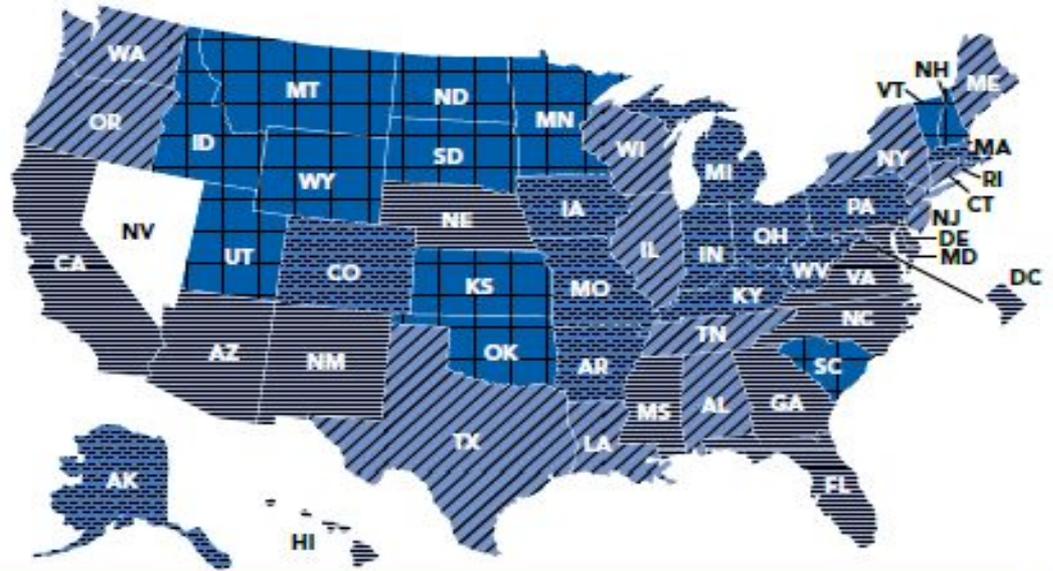
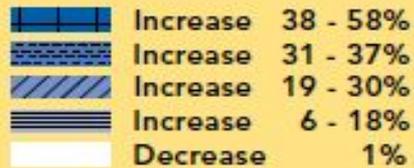
How long can we expect to live?

In 2018, life expectancy at birth was 78.7 years for the total U.S. population—an increase of 0.1 year from 78.6 years in 2017 (Figure 1). For males, life



Suicide rates increased in almost every state.

Suicide rates rose across the US from 1999 to 2016.



SOURCE: CDC's National Vital Statistics System; CDC Vital Signs, June 2018.

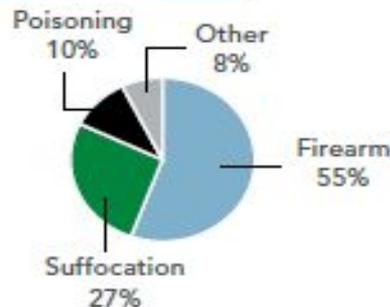
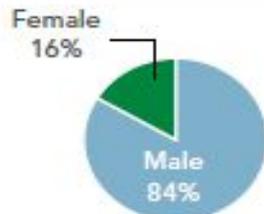
Differences exist among those with and without mental health conditions. People without known mental health conditions were more likely to be male and to die by firearm.



No known mental health conditions

Sex

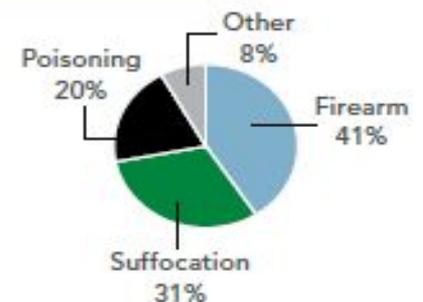
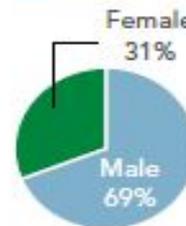
Method



Known mental health conditions

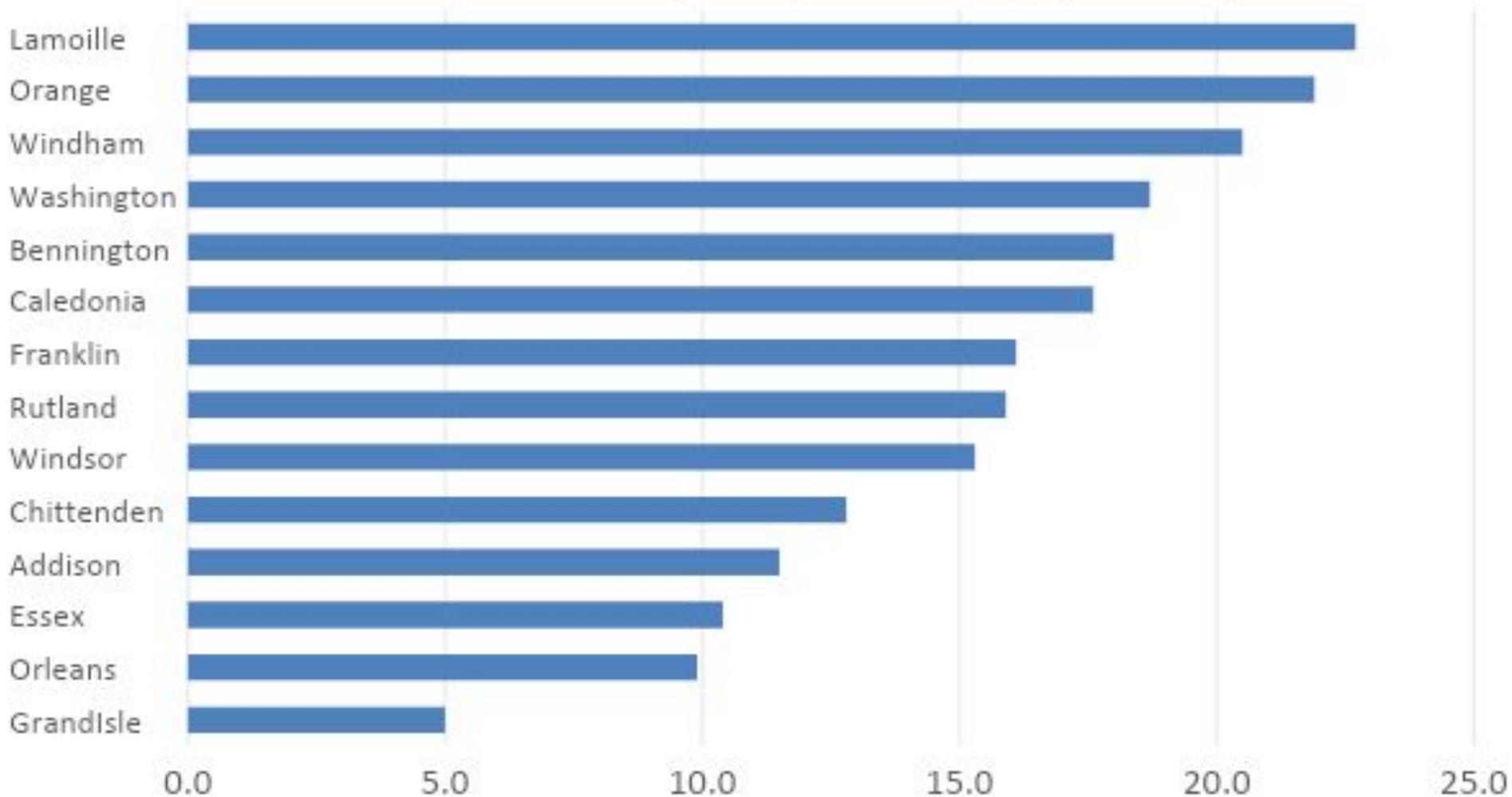
Sex

Method

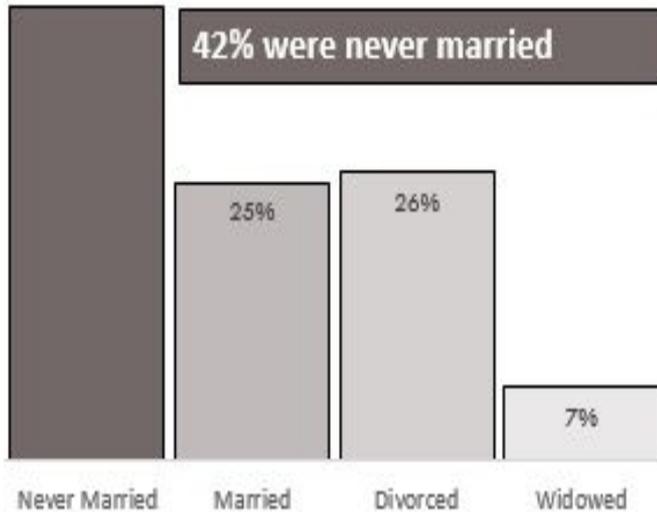


Vermont Suicide Deaths Vary with Geography and Demographics

2012 - 2014 Death Rates per 100,000 residents, by VT County



Suicide Deaths in Vermont (2015-2016)



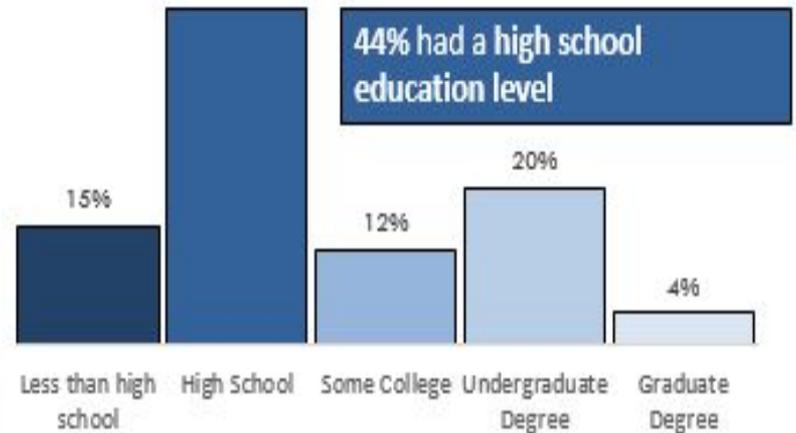
98% were White/Non-Hispanic

49.5
Average age
(median 52)

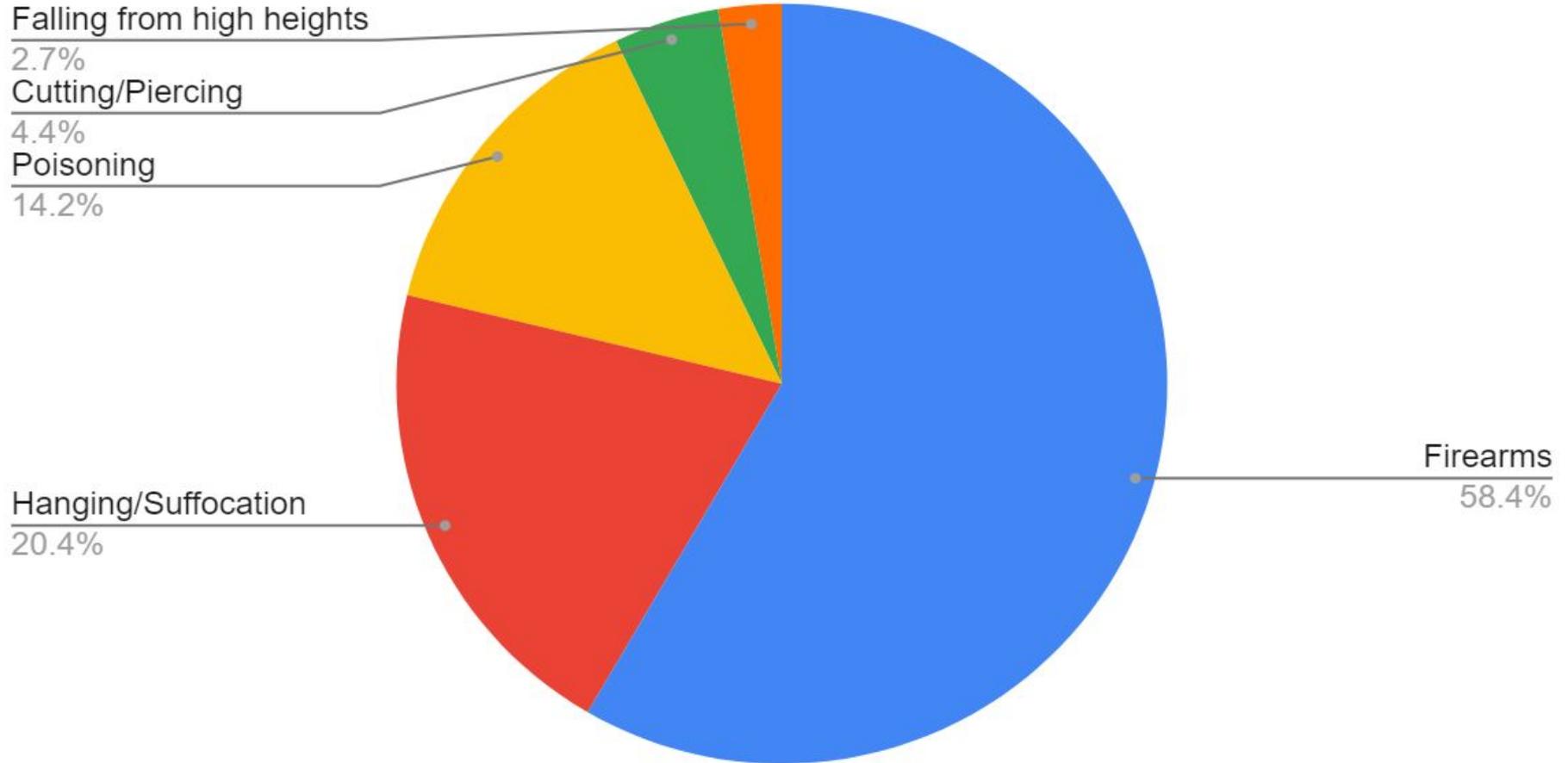
48% had a diagnosis of depression

32% had been receiving mental health treatment

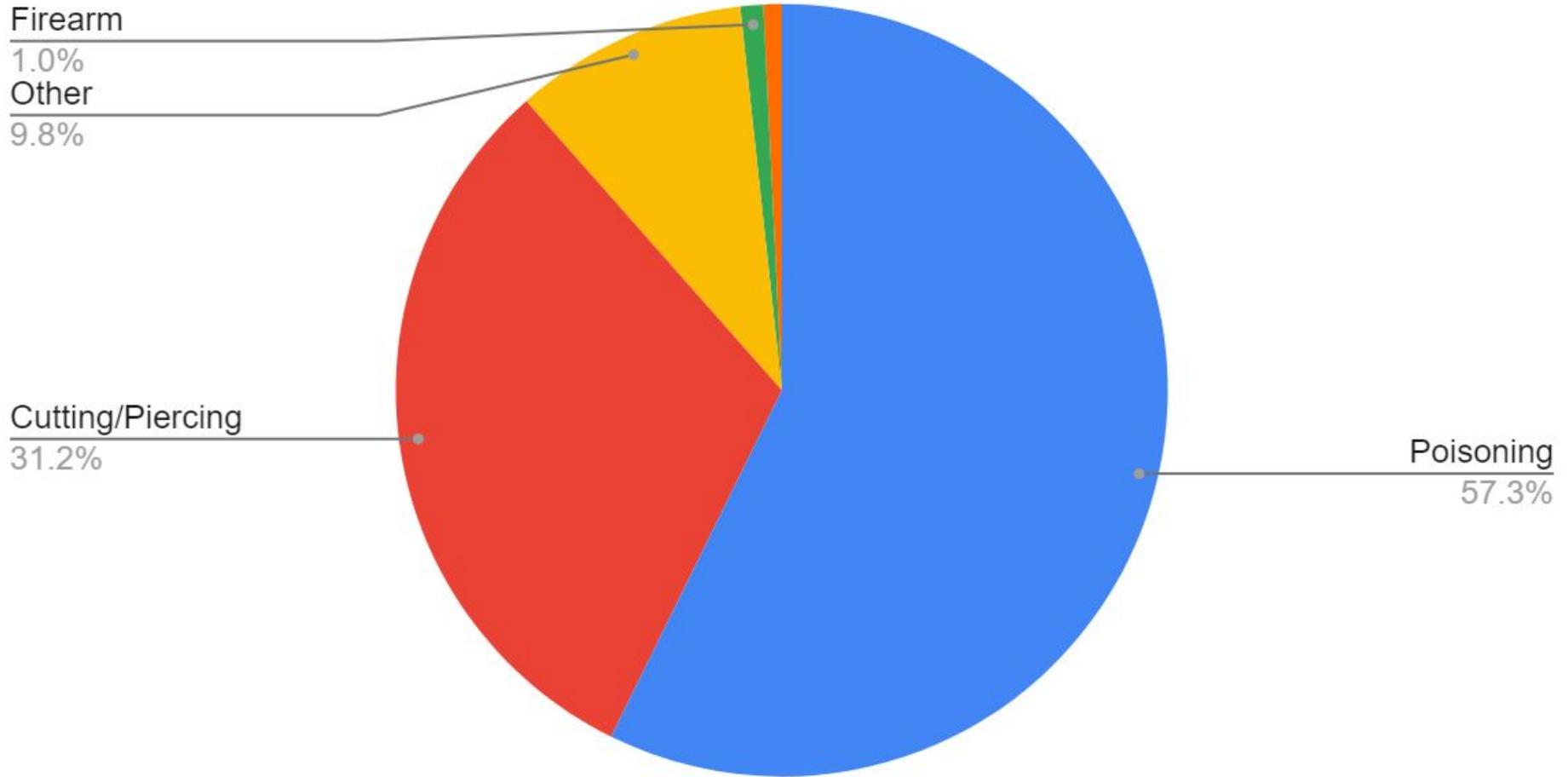
14% had evidence of recent release from institution



Leading causes of suicide with average number of deaths per year 2016/2017



Leading Cause of Intentional Self-Harm with Average Number of Visits 2016/2017

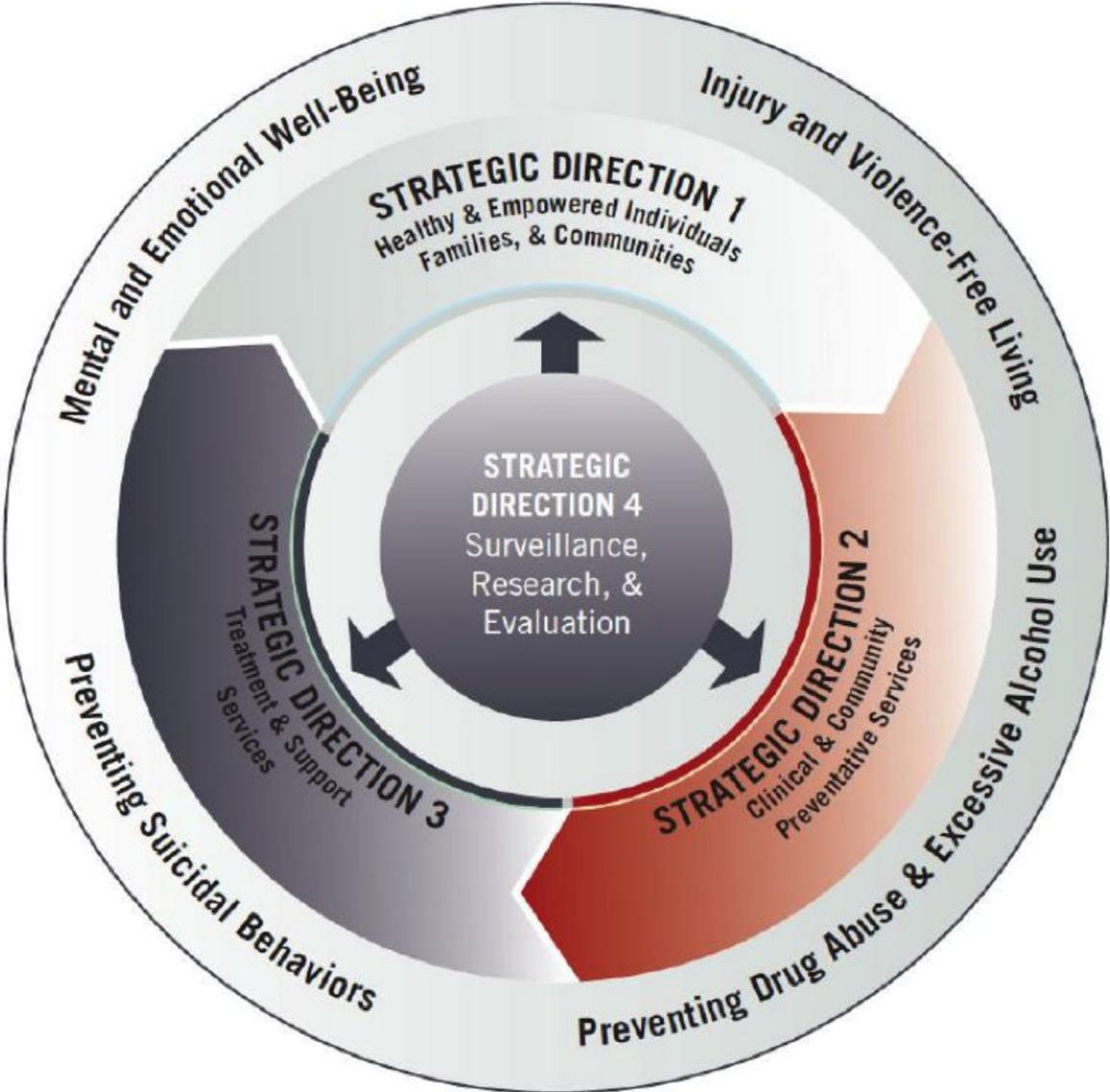


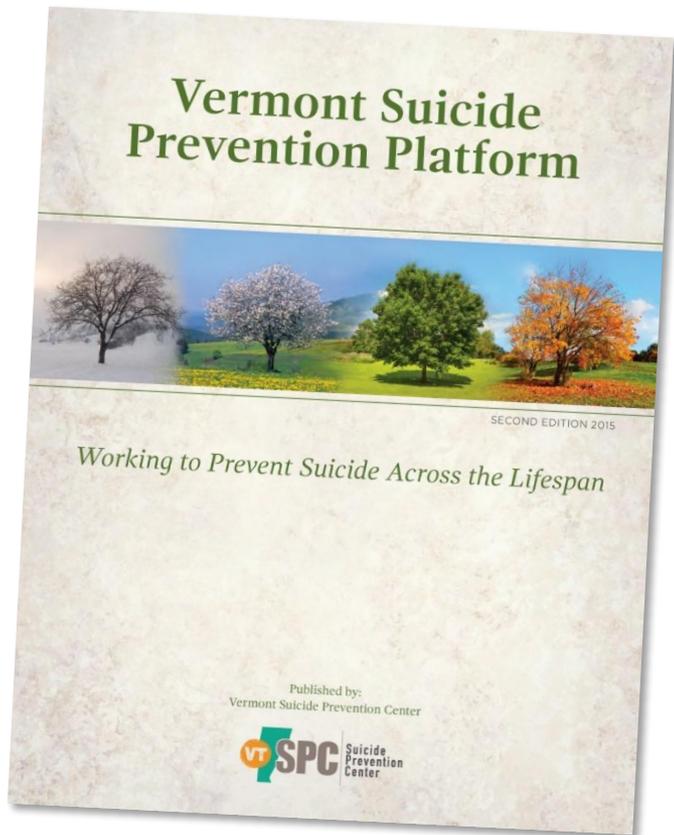
Populations at Higher Risk



- ☐ Run-away, Homeless, Disenfranchised
- ☐ High risk substance use
- ☐ Co-occurring mental health disorders
- ☐ Prior suicide exposure in family
- ☐ LGBTQ
- ☐ Disabilities
- ☐ Veterans
- ☐ Native, indigenous, and refugee populations
- ☐ Domestic Violence

National Strategy for Suicide Prevention





Eleven Goals

Goal #7

Promote suicide prevention, screening, intervention, and treatment as core components of health care services with effective clinical and professional practices.

www.vtspc.org > **VermontSuicidePrevention**

No. 34. An act relating to evaluation of suicide profiles. (H.184) 2018

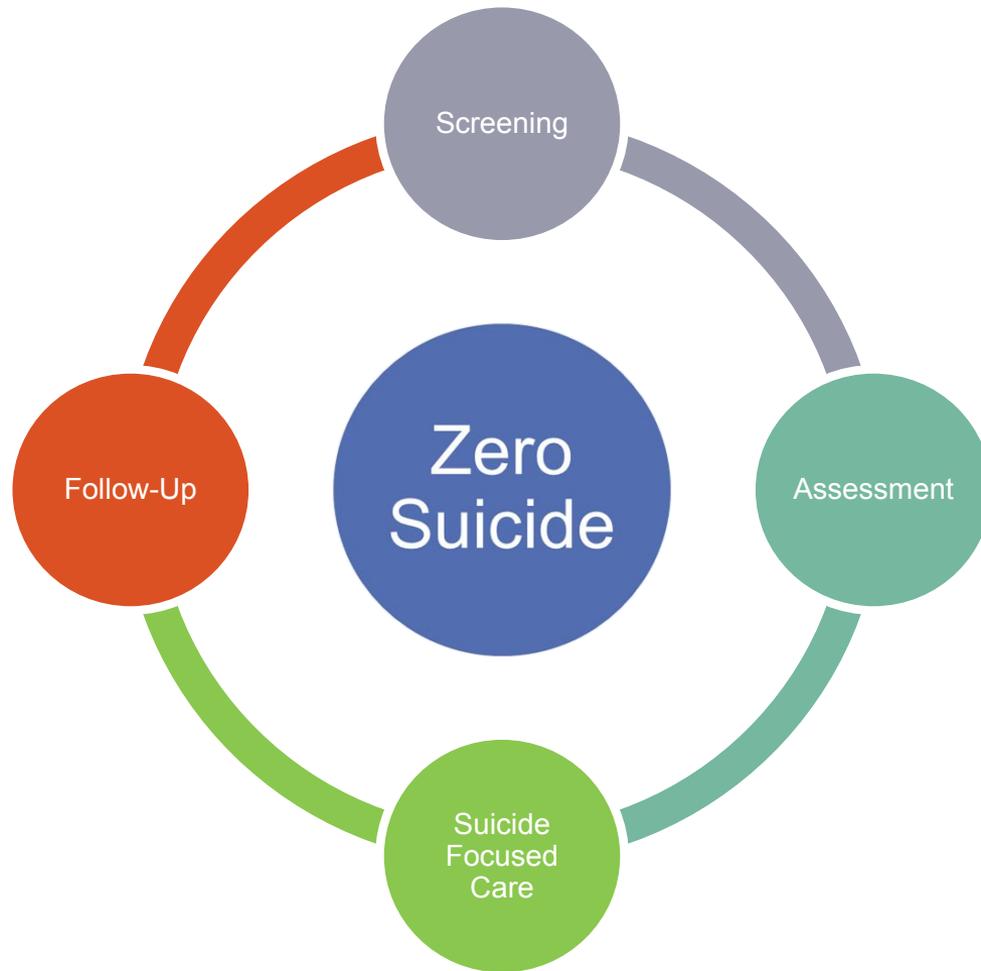
- ☐ It is hereby enacted by the General Assembly of the State of Vermont:
Evaluation of Suicide Profiles
- ☐ On or before January 15, 2020 report to the legislature...the Agency's recommendations and action plans

ZERO SUICIDE IN VERMONT

ZERO SUICIDE *is a commitment to suicide prevention in health and mental health care systems and is also a specific set of strategies and tools.*

THREE CENTRAL FACETS OF ZERO SUICIDE





WHAT PROFESSIONALS CAN DO TO SUPPORT ZERO SUICIDE

- **LEAD:** *Make an explicit commitment to reduce deaths.*
- **TRAIN:** *Develop a competent, confident, and caring workforce.*
- **IDENTIFY AND ASSESS** *patients for suicide risk.*
- **ENGAGE** *patients at risk for suicide in a care plan.*
- **TREAT** *suicidal thoughts and behaviors directly.*
- **FOLLOW** *patients through every transition in care.*

SYSTEMATIC SUICIDE CARE

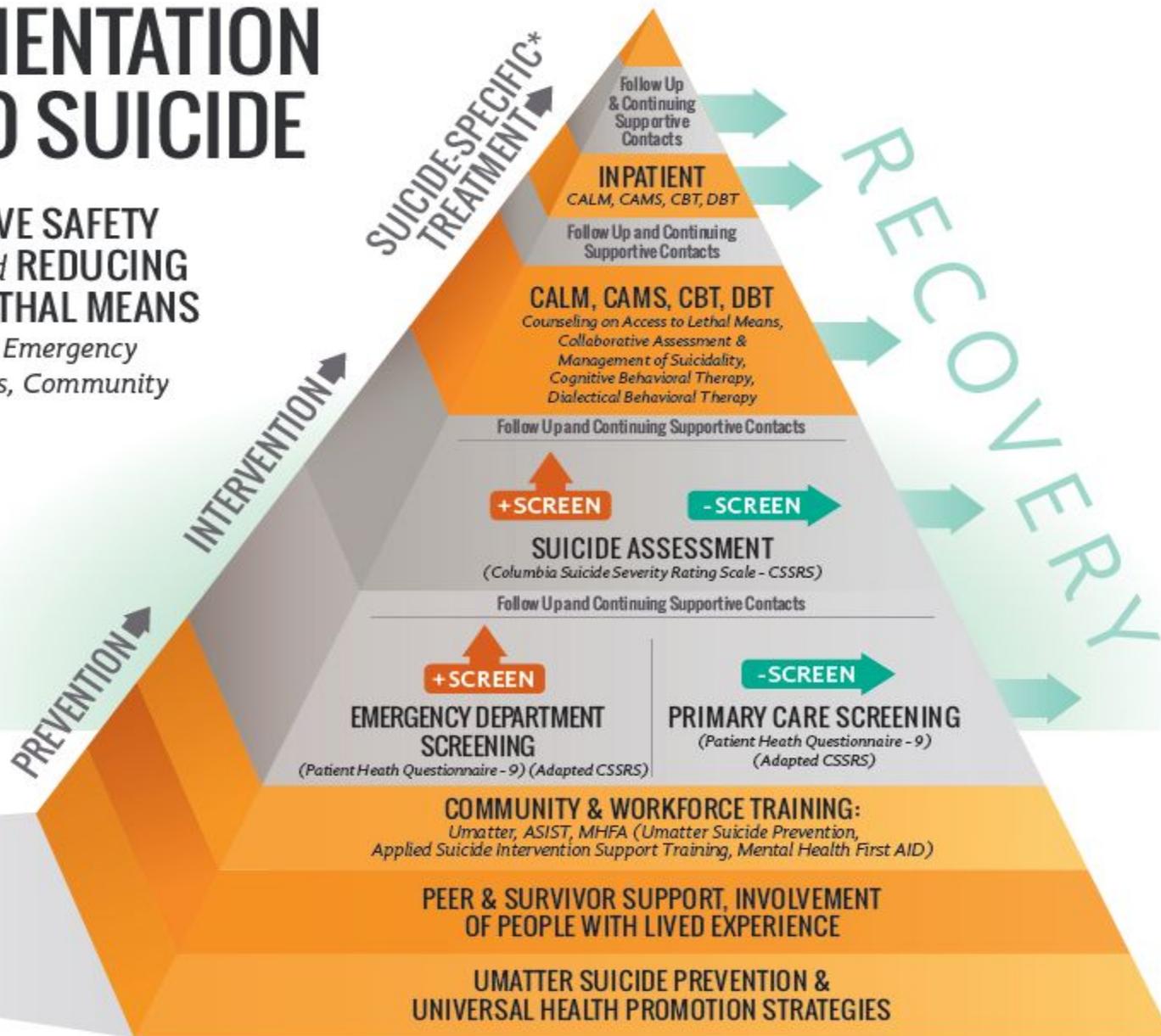
Bridging the Gaps

(Adapted from the *National Action Alliance for Suicide Prevention*, 2010)



IMPLEMENTATION OF ZERO SUICIDE

***COLLABORATIVE SAFETY PLANNING and REDUCING ACCESS TO LETHAL MEANS** in all settings, e.g. Emergency Department, Crisis, Community Care, etc.



Need help?

- ❖ Talk to a family member, friend, health care provider or faith leader
- ❖ Call your local mental health agency or crisis team
- ❖ Text the Vermont Crisis Text Line:
VT to 741741
- ❖ Call the National Suicide Prevention Lifeline: 800-273-TALK (8255)

Resources for help can be found at:

www.vtspc.org

In a Crisis?

Text VT to 741741

Crisis Text Line |

Free - 24/7 - Confidential

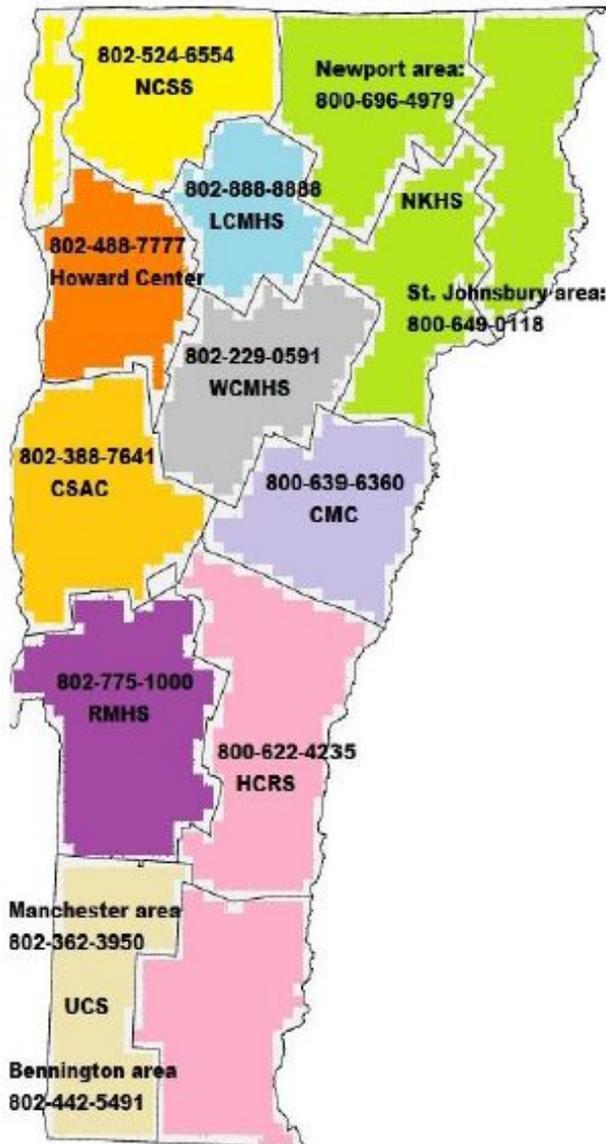
THE **TREVOR** PROJECT
LGBTQ CRISIS HOTLINE
CALL 1-866-488-7386

NATIONAL
SUICIDE
PREVENTION
LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

 **Veterans
Crisis Line**
1-800-273-8255 **PRESS 1**



**IF YOU OR A LOVED ONE IS EXPERIENCING A
MENTAL HEALTH CRISIS AND NEED
HELP, CALL YOUR LOCAL 24/7 CRISIS LINE:**



Vermont's Community Mental Health Centers

Clara Martin Center [CMC] claramartin.org

Counseling Service of Addison County
[CSAC] csac-vt.org

Healthcare and Rehabilitation Services
[HCRS] hcrs.org

Howard Center howardcenter.org

Lamoille County Mental Health Services
[LMCHS] Lamoille.org

Northeast Kingdom Human Services
[NKHS] nkhs.org

Rutland Mental Health Services [RMHS]
Rmhscn.org

Northwestern Counseling & Support
Services [NCSS] ncssinc.org

United Counseling Service of Bennington
County [UCS] ucsvt.org

Washington County Mental Health
[WCMHS] wcmhs.org

**Note: Websites here are for information
purposes and not intended as a resource or
means of contact during an acute crisis.**

ZEROsuicide

IN HEALTH AND BEHAVIORAL HEALTH CARE

www.zerosuicide.com

ZERO SUICIDE ORGANIZATIONAL SELF-STUDY



Name of Organization

City, State

Date Study Completed

Team members completing study:

Name

Role

Name

Role

Name

Role

Name

Role

Zero Suicide Workforce Development Survey

Section 4. Training and Skills

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
22. I have received the training I need to engage and assist those with suicidal desire and/or intent.	<input type="radio"/>					
23. I have the skills to screen and assess a patient/client's suicide risk.	<input type="radio"/>					
24. I have the skills I need to treat people with suicidal desire and/or intent.	<input type="radio"/>					
25. I have support/supervision I need to engage and assist people with suicidal desire and/or intent.	<input type="radio"/>					
26. I am confident in my ability to assess a patient/client's suicide risk.	<input type="radio"/>					
27. I am confident in my ability to manage a patient/client's suicidal thoughts and behavior.	<input type="radio"/>					
28. I am confident in my ability to treat a patient/client's suicidal thoughts and behavior using an evidence-based approach such as DBT or CBT.	<input type="radio"/>					



Data Elements Worksheet

ZEROSuicide

IN HEALTH AND BEHAVIORAL HEALTH CARE

www.zerosuicide.com

ZERO SUICIDE DATA ELEMENTS WORKSHEET

Description and Instructions

This worksheet is intended to assist health and behavioral health care organizations in developing a data-driven, quality improvement approach to suicide care. The worksheet:

- Reflects the top areas of measurement that behavioral health care organizations should strive for to maintain fidelity to a comprehensive suicide care model.
- Includes a list of supplemental measures that organizations may want to consider. These measures are clinically significant but may be much harder to measure.

The **Data Elements Worksheet** should be completed every three months, and an evaluation team should use the findings to determine areas for improvement. The data elements included on the worksheet can be captured in an electronic health record to allow data to be tracked and compared over time.

Please note: The Zero Suicide Initiative is an evolving model. While each individual component of the model reflects best practices in care and treatment, we understand that variations will occur in delivery and setting. However, it is vital to measure organizational practices and patient outcomes and to begin to create a shared understanding of what it takes to reduce suicides for those enrolled in care.

Use the **Zero Suicide Data Elements Worksheet** in conjunction with the **Zero Suicide Organizational Self-Study** and your **Zero Suicide Work Plan** to determine where improvements can be made in care, training, and policies. We recommend that you collect data on items 1–8 below and also offer several supplemental measures for your consideration.

Terminology

Case closed: Cases are considered closed when a person has not had a kept appointment in six months and does not have an appointment scheduled in the future. To count suicide deaths for those enrolled in care, we suggest a rule that uses (1) the case closing date and (2) the time since the last kept appointment. Under such a rule, a suicide would not count if it occurred more than 30 days after a case was closed. But even if a case had been closed fewer than 30 days, or it was still open, the suicide would not be counted if it had been more than 180 days since the last face-to-face contact and there were no pending appointments at the time of the event.

Enrolled in care: A patient enrolled in care is anyone with an open case file, who was admitted as a client, or who has been seen at least once face to face.

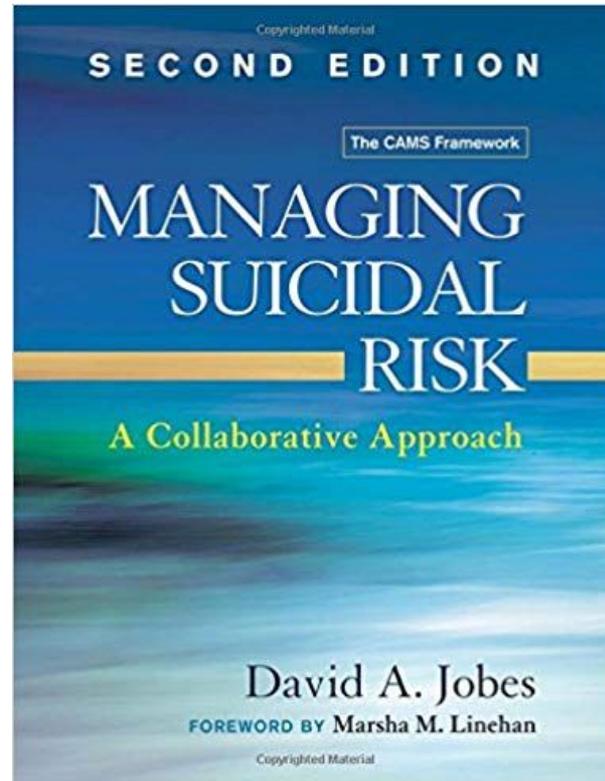
Data Elements Worksheet

Recommended Measures:

	Measure	Numerator		Denominator		%
1	Screening	Number of clients who received a suicide screening during the reporting period		Number of clients enrolled during the reporting period		
2	Assessment	Number of clients who screened positive for suicide risk and had a comprehensive risk assessment (same day as screening) during the reporting period		Number of clients who screened positive for suicide risk during the reporting period		
3	Safety Plan Development	Number of clients with a safety plan developed (same day as screening) during the reporting period		Number of clients who screened and assessed positive for suicide risk during the reporting period		
4	Lethal Means Counseling	Number of clients who screened and assessed positive for suicide risk and were counseled about lethal means (same day as screening) during the reporting period		Number of clients who screened and assessed positive for suicide risk during the reporting period		

Collaborative Safety Planning

Collaborative Assessment for the Management of Suicidality (CAMS)



Dr. David Jobes, Ph.D., ABPP

<https://youtu.be/RaBhgJagYtw>

Population Health Goal#2 and Related Quality Measures for the All Payer Model

Population Health Goal #2: Reducing Deaths from Suicide and Drug Overdose	Initiation of alcohol and other drug dependence treatment
	Deaths related to suicide
	Deaths related to drug overdose
	Engagement of alcohol and other drug dependence treatment
	30-day follow-up after discharge from ED for mental health
	30-day follow-up after discharge from ED for alcohol or other drug dependence
	Rate of Growth in number of mental health and substance use-related ED visits
	# per 10,000 population ages 18-64 receiving Medication Assisted Treatment for opioid dependence
	Screening for clinical depression & follow-up plan
	# of queries to Vermont Prescription Monitoring System by Vermont providers (or their delegates) divided by the # of patients for whom a prescriber writes prescription for opioids

A Gatekeeper is a lay person or professional who recognizes the warning signs of a suicide crisis, knows how to respond, and how to get help.

Umatter

QPR

MHFA – YOUTH and ADULT



Umatter[®]

A comprehensive school and community approach to suicide prevention

- Umatter[®] for Schools
- Umatter[®] for Communities
- Umatter[®] for Youth and Young Adults
- Umatter[®] Public Information



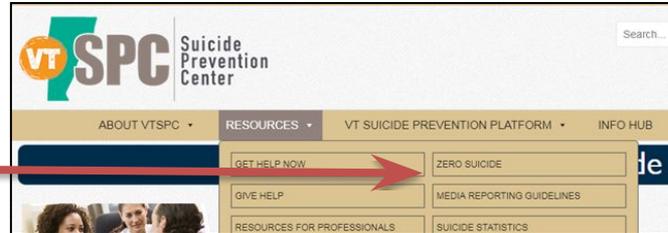
You matter because you may need help.
You matter because you may be in a position to help.



Vermont Suicide Prevention Center



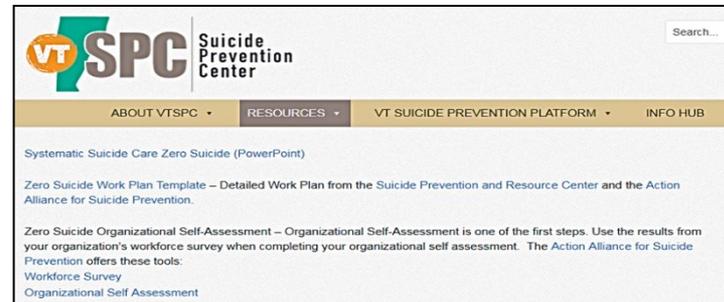
☐ www.vtspc.org>Zero Suicide



Scroll down to:

☐ Tools and Resources to Support Zero Suicide including:

- Zero Suicide Organizational Self-Assessment
- Zero Suicide Workforce Development Survey



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