

Vermont Suicide Prevention Platform



SECOND EDITION 2015

Working to Prevent Suicide Across the Lifespan

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Vermont Suicide Prevention Center





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Letters of Support

PETER SHUMLIN
Governor



State of Vermont
OFFICE OF THE GOVERNOR

May 18, 2015

Dear Vermonters,

There is nothing more painful than losing someone to suicide, and sadly, there isn't a Vermonter who is not touched in some way by these tragedies. That is why I am so grateful for the Vermont Suicide Prevention Coalition and its work on the 2015 Vermont Suicide Prevention Platform.

It is disheartening that suicide is the eighth leading cause of death in Vermont and the tenth leading cause of death in the United States in 2010. These statistics are too high and speak to the importance of the Suicide Prevention Coalition. In collaboration with state agencies, non-profits, health care providers, survivors, veterans, educators and young people, they have committed themselves to building a sustainable and comprehensive infrastructure for suicide prevention efforts. The Vermont Suicide Prevention Platform provides evidence based data, offers concrete goals and serves as a guide for all Vermonters working to address this issue.

I applaud the hard work and dedication of the coalition. My administration is proud to be an active partner in this fight to end suicide.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter Shumlin", with a long horizontal line extending to the right.

Peter Shumlin
Governor

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Hal Cohen, Secretary

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January 13, 2015

Dear Vermonters:

The Vermont Agency of Human Services is writing this letter of support on behalf of the Department of Aging and Independent living, the Department of Corrections, the Department of Vermont Health Access, the Department of Health, the Department of Children and Families in addition to the Department of Mental Health. The Agency Of Human Services seeks to address the many social, behavioral, and public health concerns faced by our families and communities when working to prevent suicide. When someone takes his or her own life, we are left with many conflicting emotions and endless questions that are difficult to answer. However, in many cases, suicide can be prevented if people know the signs and resources for how to get help for themselves or a friend or family member.

Suicide is a significant issue across our country, and in our state it is the eighth leading cause of death for Vermonters. Nationally, about 12 people per 100,000 die by suicide annually and, in Vermont, we average 19 deaths per 100,000. This number is much too high for our small state and the effect on families and our communities can be devastating.

Suicide is a complex behavioral phenomenon that requires comprehensive systems that support both effective clinical interventions and evidence-based community programs for treatment and prevention. The 2015 Vermont Suicide Prevention Platform expands our existing youth suicide prevention programming to include new approaches to suicide prevention across the lifespan. The 2015 Vermont Suicide Prevention Platform incorporates the application of knowledge from the latest research into the framework of community and provider evidence-based approaches that support prevention programming for communities, families and, specifically individuals who may be at risk for suicide.

The 2015 Vermont Suicide Prevention Platform is a valuable resource for our state that will reinforce and expand existing efforts in preventing suicide. I urge all Vermonters - clinicians, policy makers, community leaders, families, and co-workers - to join in this effort and contribute to the successful implementation of the strategies outlined in the Platform. We all need to embrace its goals and action steps and put it to work statewide in order to reduce the number of Vermonters who feel they need to take their own lives.

Hal Cohen
Secretary
Agency of Human Services



Letters of Support



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Agency of Education

May 2015

To Whom It May Concern:

Suicide is the second leading cause of death for young people in Vermont between the ages of 10 and 24. When young people die by suicide, they leave behind those who love them. Society loses what those young people would have achieved and contributed, if they had lived full adult lives. We want our young people to know that they matter in each Vermont community. The statistics are sobering:

- The rate of death by suicide is 17.9 per 100,000 across all ages in Vermont while the national rate is 13.0 per 100,000 (2013 official final data American Association of Suicidology published June 19, 2014/revised January 22, 2015)
- Data from 2013 showed that over the course of a 12 month period, 21% of all students felt sad or hopeless almost every day for at least two weeks, 11% made a suicide plan, and 5% attempted suicide (2013 YRBS, VDH)
- Eleven percent of high school students made a plan about how they would attempt suicide (2013 YRBS, VDH)
- Five percent of high school students actually attempted suicide in the past twelve months (2013 YRBS, VDH)

The Vermont Suicide Prevention Platform 2015 describes in detail the state's effort to combat the tragic problem of suicide. This Platform is the result of much hard work by many citizens dedicated to the well-being of youth and the prevention of suicide, and by public and private organizations whose work directly affects youth. It is a guide for all Vermonters to use, no matter where they work or live. The impact of suicide on families, schools, and the larger community is especially profound in Vermont's many small rural communities. The Platform highlights public concerns about suicide, gives statistical evidence of the need for prevention and offers a background for addressing suicide as a public health problem in Vermont.

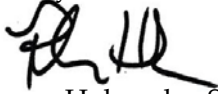


The Center for Health and Learning, with support from VDH and VDMH, received a grant to address several priorities- Infrastructure, Public Awareness and Gatekeeper Training. Some accomplishments of the grant are highlighted below:

- Created the VT Suicide Prevention Center (www.vtspc.org)
- Expanded website <http://umatterucangethelp.com/> (for youth ages 11-23) to also be available on mobile application
- Conducted successful public information campaign (newspaper, radio and internet advertisements) as evidenced by Umatter websites receiving over 6,500 hits every year
- Trained 514 school professionals from 115 schools within 48 Supervisory Unions in Gatekeeper, Protocol Development and Lifelines curriculum

The Vermont Agency of Education supports the ongoing work of the Platform and the impressive efforts toward suicide prevention that the Center for Health and Learning conducts throughout Vermont.

Sincerely,



Rebecca Holcombe, Secretary
Vermont Agency of Education



Vermont Suicide Prevention Coalition

The Vermont Suicide Prevention Coalition consists of representatives from public health, education, state agencies, suicide prevention advocacy groups, youth leadership, mental health services and survivors throughout the state.

Our **mission** is to create communities of hope throughout Vermont in which schools, agencies and people of all ages are given the knowledge, attitudes, skills and resources to respond effectively to suicidal behavior. Our message is *Umatter*.

Our strategies include:

- Promoting the message that suicide across the lifespan is preventable
- Equipping health care and community based providers with the knowledge and skills to respond effectively to anyone in distress
- Increasing public awareness of the importance of addressing mental health issues and the characteristics of mental health wellness
- Establishing a broad-based suicide prevention and intervention program throughout Vermont
- Sponsoring a public information campaign to reduce the stigma associated with being a consumer of mental health, substance abuse and suicide prevention services and to increase connectedness and the promotion of mental health wellness
- Promoting positive youth development and life-long mental health
- Developing a five-year strategic plan to ensure long-term and sustainable approaches to prevention and early intervention

The work of the Vermont Suicide Prevention Coalition is based upon a number of **underlying principles** derived from the *2012 National Strategy for Suicide Prevention* and the *2015 Vermont Suicide Prevention Platform*. Those principles include:

- Suicide is generally preventable — suicidality is a diagnosable mental health condition which requires a pathway to care
- Suicide is a public health issue
- Mental health and physical health are important and inextricably linked components of overall health
- Suicide shares risk factors with substance abuse, bullying and harassment, traumatic events (including sexual abuse, violence, post-traumatic stress), as well as other mental health conditions
- Community, individuals and organizations must collaborate to prevent suicide

The Coalition has been instrumental in implementing the *Umatter* public awareness campaign statewide, promoting the message that everyone has a place in the Big Picture, and a role in preventing suicide. *Umatter* promotes mental health wellness through self-assessment, communication, coping and help-seeking skills.

Participating Organizations and Key Partners

- American Foundation for Suicide Prevention, Vermont Chapter
- Brattleboro Retreat
- Brattleboro Union High School
- Center for Health and Learning
- Clara Martin Center
- Counseling Services of Addison County, Inc.
- Fletcher Allen Health Care
- Green Mountain Crossroads
- GunSenseVT
- Hardwick Area Community Justice Center
- Hartford High School
- Health Care & Rehabilitation Services
- Howard Center
- Howard Center - First Call for Children & Families
- Lamoille County Mental Health Services
- National Alliance on Mental Illness - VT
- Northeast Kingdom Human Services
- Northern New England Poison Center
- Northwestern Counseling & Support Services
- Outright Vermont
- Rutland Mental Health Services
- St. Johnsbury School
- Survivors
- United Counseling Services
- University of Vermont
- University of Vermont, Center for Health and Wellbeing
- University of Vermont College of Medicine
- US Department of Veterans Affairs, White River Junction
- Vermont Association for Mental Health & Addiction Recovery – Friends of Recovery VT
- Vermont 2-1-1
- Vermont Agency of Education
- Vermont Agency of Human Services
- Vermont Agency of Human Services, Department of Vermont Health Access
- Vermont Child Health Improvement Program
- Vermont Correctional Academy
- Vermont Council of Developmental & 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
- Vermont Department of Health, Division of Alcohol and Drug Abuse Programs
- Vermont Department of Health, 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
- Washington County Mental Health
- Youth in Transition

The Vermont Suicide Prevention Center

The Vermont Suicide Prevention Center (VT-SPC) is a statewide resource fostering a sustainable approach to suicide prevention in Vermont. Under the advisement and direction of the Vermont Suicide Prevention Coalition, the VT-SPC's mission is 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 of suicide. The purpose of VT-SPC is to support statewide suicide prevention efforts and help local communities implement the recommendations of the Vermont Suicide Prevention Platform using data-driven evidence-based practices.

VT-SPC Goals:

- Promote mental health and emotional resilience in Vermont through collaborations focused on public education and prevention policies.
- Cultivate strong state and local leadership for suicide prevention and intervention.
- Involve youth and adults in suicide prevention activities, including public education that encourages the development of coping skills and help-seeking behavior.
- Equip youth and adult gatekeepers with the knowledge and skills necessary for responding effectively to signs of distress, and intervening early with those who are showing warning signs of suicide.
- Enhance strategies for early identification of mental health conditions and pathways leading to care and recovery.
- Encourage access to primary care and mental health services that provide effective intervention, treatment and follow-up.
- Support the use of data and personal stories to inform suicide prevention in Vermont.
- Provide strategic tools for developing suicide prevention programs, implement interventions, and promote policies to prevent suicide.

VT-SPC Serves:

- Educators and School Health Professionals
- First Responders
- Social Services
- Health Care and Mental Health Services
- Faith Communities
- Community Coalitions
- Legislators
- Special Interest Groups



VT-SPC Services:

The VT-SPC cultivates support for, develops, implements and evaluates:

- Suicide Prevention and Postvention Protocols for School and Community Professionals
- School Policy, Protocol and Curriculum Development
- Suicide Prevention and Postvention Trainers and Training
- Training and Technical Assistance for Schools, Institutions of Higher Education and Public and Private Organizations
- Suicide Prevention and Postvention; Alcohol, Tobacco and Other Drug Education; Mental Health, Depression Awareness and Compassion Training
- Development of Culturally Appropriate Prevention Strategies
- Development and Dissemination of Upstream Mental Health Promotion Public Information Materials

VT-SPC is a program of the Center for Health and Learning supported by funding from the Department of Mental Health and other grants and contracts, and public and private donations.

Executive Summary

This *Vermont Suicide Prevention Platform* offers a well-defined, structured guide to the priorities of suicide prevention in Vermont, built on a foundation of collaboration and ongoing research. A prioritized framework such as this directs prevention efforts and keeps them aligned to both Vermont's changing needs, and to the most current findings in the field of suicide prevention.

This second update to the *Vermont Suicide Prevention Platform* builds on a decade of work by dedicated individuals and organizations working to shape the state's response to suicide. Vermont received its second consecutive suicide prevention grant from the Substance Abuse and Mental Health Services Administration in 2012, and this has continued to support the efforts outlined in the *2012 Youth Suicide Prevention Platform*. This updated and revised Platform presents a broader lifespan scope, championed by the Vermont Department of Mental Health and the Vermont Suicide Prevention Coalition.

This Platform also represents Vermont's attention to, and incorporation of the latest evidence-based policies and practices from across the nation. As the country has recognized suicide is a largely preventable public health crisis, research on and utilization of best practices has expanded. These advances, and Vermont's participation therein, are detailed in the following sections on the *National Strategy for Suicide Prevention* – itself updated in 2012 – and the national Zero Suicide movement.

Our goals have shifted since 2012, and they reflect trends in national suicide prevention efforts, including increased emphasis on promotion of mental and emotional health, de-stigmatization of help-seeking and utilization of mental health services, integration of suicide prevention efforts throughout systems of care, and expanded surveillance and data systems.

The Eleven Goals of the 2015 Vermont Platform:

1. Promote awareness that suicide is a public health problem.
2. Build sustainable and integrated infrastructure in Vermont for mental health promotion, suicide prevention, intervention and postvention.
3. Develop and implement strategies to promote positive public attitudes toward being socially and emotionally healthy.
4. Develop, implement and monitor programs that promote social and emotional wellness.
5. Promote efforts to reduce access to lethal means among people at risk of suicide.
6. Provide training to community members and professionals on how to recognize suicide related behaviors and how to intervene.
7. Promote suicide prevention, screening, intervention, and treatment as core components of health care services with effective clinical and professional practices.
8. Improve coordination and accessibility of mental health and substance abuse treatment services.
9. Promote responsible reporting and accurate portrayals of suicidal behavior, mental health conditions and substance abuse in the media.
10. Improve and expand surveillance systems in order to: 1) monitor trends and profiles of at-risk populations, 2) assess the impact of existing policies and programs, and 3) inform the development of future efforts.
11. Provide care and support to individuals affected by suicide deaths and attempts.

What has not changed? This Platform maintains the ongoing commitment to the fundamental principle that *everyone* has a role in suicide prevention. As in the past edition, each Vermont goal is structured to include strategies in which people, at all levels of society, can play a part. We invite you to read on, and find *your* role.



JoEllen Tarallo-Falk, Ed.D., MCHES, FASHA
Director, Vermont Suicide Prevention Center
Executive Director, Center for Health and Learning

What We Know About Suicide

- Suicide is a public health issue that affects individuals and families of all ages, socio-economic groups, and cultural and ethnic backgrounds. Stigma, myths and social attitudes about suicide can make it difficult for people and families in pain to get the help they need, and leave others unsure of how to offer or receive support after an attempt or death.
- Most people who die by suicide – up to 90% – have experienced a mental health condition, often untreated. People die daily from emotionally painful conditions that might have responded to treatment.
- Youth who are Lesbian, Gay, Bisexual, Transgender, or Questioning are at four times greater risk of attempting suicide than their heterosexual peers. They are four times more likely to be threatened by a weapon at school and, though they represent 10% of the population, they represent 25% of the homeless population.
- It is critical to restrict access to lethal means by people at high risk of suicide.
- National suicide research identifies that a population acknowledged to be at high-risk – white, non-Hispanic middle-aged men – is experiencing a significant increase in death by suicide. In studies examining the ten-year period of 1999 through 2010, the rate of suicide increased by 28% for both men and women in the 35 – 64 age range (though men still die at a much higher rate than women). During the same time period the rate of death by suicide rose 7% for ages 10 through 34, and dropped by 5.9% for ages 65 and over. Suicide is now the fourth leading cause of death for middle-aged Americans, versus the eighth leading cause of death in 1999.
- Military veterans also constitute a high-risk group due to exposure to violence, potential traumatic brain injury, post-traumatic stress disorder, and a traditional military culture that often discourages help-seeking.

In Vermont...

- The number of suicide deaths is higher than from motor vehicle accidents, and much higher than homicides.
- 21% of high school students reported feeling depressed for more than two weeks – the definition of clinical depression.
- Vermont is approximately 95% white, but a disproportionately large percentage (9%) of young people who were referred for mental health concerns identified as non-white.
- In 2009, the last year for which the complete data are available, there were 400 visits to emergency departments for Vermonters who attempted suicide.
- Suicide rates increase across the age ranges, and are highest among those 65 and older. The rates of suicide death for Vermonters over 65 steadily increased from 12.6 per 100,000 in 2008 to 25.5 per 100,000 in 2011. Vermont elders struggle with many challenges, from chronic pain to grief and depression, and may be at higher risk for physical isolation in rural settings. As we age, many people struggle with feeling disconnected from their life purpose, and are frequently concerned that they have become a burden to others. This perceived burdensome-ness, in combination with isolation and lack of connection, presents a significantly high-risk profile.
- Between 2010 and 2013, Vermont veterans had a suicide rate of 28 deaths per 100,000 people, compared to 19 deaths per 100,000 non-veterans.
- The majority of Vermont suicide deaths (57%) are the result of firearms, higher than the national average of 50%.
- A notable sex discrepancy exists when considering lethal means. The most recent Vermont research tells us that men are four times more likely to die by suicide than women overall, and 64% of male deaths were firearm related. Here we see reflected the effects of high lethality of means of choice. While 43% of female suicide deaths were also firearm related, a higher number were due to poisoning, at 48%.

What We Know About Suicide

Fast Facts – National Data

Frequency interval in minutes of deaths by suicide across the lifespan:	12.8
Frequency interval in minutes of deaths by suicide of elders:	73
Frequency interval in minutes of deaths by suicide of a youth:	108
Ratio of deaths by suicide to suicide attempts:	1 : 25
Number of suicide attempts:	1,028,725
Frequency interval in seconds of suicide attempts across the lifespan:	24
Causes of death from most to least common among youth aged 15 – 24:	Accidents Suicide Homicide
Ratio at which males kill themselves as opposed to females killing themselves:	3.5 : 1
Ratio at which females attempt suicide as opposed to males attempting suicide:	3 : 1
Percent of all deaths that are the result of suicide:	1.6
Percent of deaths among 15 – 24 year-olds that are the result of suicide:	17.1
Ranking of suicide and homicide as causes of death:	10th & 16th
Estimated minimum number of people intimately and profoundly affected by each suicide:	6

Deaths by Suicide

	Yearly	Daily
Nationally	41,149	112.7
Males	32,055	87.8
Females	9,094	24.9
Whites	37,154	101.8
Nonwhites	3,995	10.9
Elders (65+ yrs.)	7,215	19.8
Youth (15 – 24 yrs.)	4,878	13.4

2013 National - Vermont Data Comparisons

	National	Vermont
Number of deaths by suicide	41,149	112
Rate of deaths by suicide per 100,000	13	17.9
Percent of High School students who have made a suicide plan in the last 12 months	12.8	11
Percent of High School students who have attempted suicide in the last 12 months	7.8	5

Resources for Data: American Association of Suicidology 2013; Youth Risk Behavior Survey 2013 Vermont Department of Health

National Strategy for Suicide Prevention

The Vermont Suicide Prevention Platform is aligned with the **National Strategy for Suicide Prevention (NSSP)** – a document issued by the Office of the U.S. Surgeon General and the National Action Alliance for Suicide Prevention that provides a guide for organized prevention efforts for the United States.

One of the central tenets of the NSSP, that Vermont embraces, is that everyone – businesses, educators, health care institutions, government, communities, and every single American – has a role in preventing suicide and creating a healthier nation. Prevention must be woven into all areas of our lives.

Due to the dramatic growth of activity in the field of suicide prevention since the first National Strategy was issued in 2001, the Surgeon General and the Action Alliance revised and updated the document in 2012. In that intervening decade, much progress was made in increased training of clinicians and community members in detection of suicide risk and appropriate response, and enhanced communication and collaboration between public and private sectors on suicide prevention.

The 2012 strategy revision reflects the major developments in suicide **prevention, research, and practice**, including:

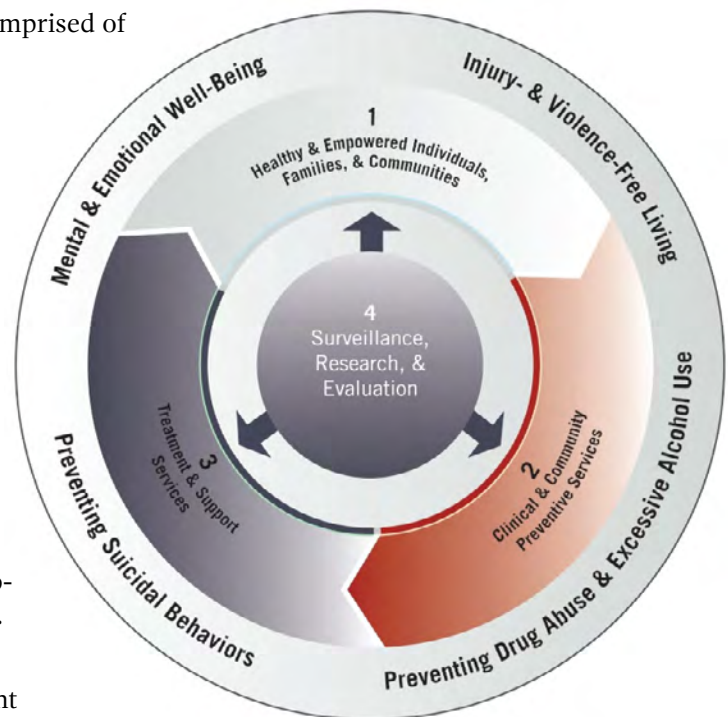
- An increased understanding of **the link between suicide and other health issues**. Ongoing research continues to confirm that health conditions such as mental illness and substance abuse, as well as traumatic or violent events, can influence a person's risk of suicide later in life. Research suggests that **connectedness** can help protect individuals from a wide range of health problems, including suicide risk.
- New knowledge on **groups at increased risk**. Research continues to suggest important differences among various demographics in regards to suicidal thoughts and behaviors.
- Evidence of the **effectiveness of suicide prevention interventions**. New evidence suggests that a number of interventions, such as behavior therapy, crisis lines and follow-up are particularly useful.
- Increased recognition of **the value of comprehensive and coordinated services**. Combining **new methods of treatment** for suicidal patients with **prompt patient follow-up** after discharge from the hospital is an effective suicide prevention method.

The 2012 NSSP outlines **four strategic directions** comprised of 13 goals and 60 objectives that are meant to work together:

1. Create supportive environments that promote healthy and empowered individuals, families, and communities;
2. Enhance clinical and community preventive services;
3. Promote the availability of timely treatment and support services; and
4. Improve suicide prevention surveillance collection, research, and evaluation.

The eleven goals of the Vermont Platform fall within these strategic directions, as the state commits to implementing policies and programs with the **strongest evidence**, built on the **most up-to-date knowledge base** and **solid, ongoing evaluation**.

The Vermont Platform strives to guide the state, via multiple interwoven strategies, to that most important destination: *Everyone has a role in preventing suicides.*



Zero Suicide

ZERO SUICIDE: A commitment to suicide prevention in health and behavioral health care systems.

Zero Suicide, a project of the Suicide Prevention Resource Center (SPRC), is a key concept of the 2012 National Strategy for Suicide Prevention and a priority of the National Action Alliance for Suicide Prevention.

The foundational belief of Zero Suicide is that **suicide deaths for individuals under care within health and behavioral health systems are preventable**. It presents both a bold goal and an aspirational challenge.

Vermont, in its efforts to remain at the forefront of evidence-based practice, is taking on this challenge. The Vermont Department of Mental Health has chosen Zero Suicide as the framework for current state efforts in health care systems.

As Vermont aligns its efforts with the National Strategy, the results and successes of this growing national initiative in communities around the country present an opportunity to have an immediate impact on the number of deaths by suicide.

7 Elements of Suicide Care for Health and Behavioral Health Care Systems to Adopt

After researching successful approaches to suicide reduction, the Action Alliance's Clinical Care and Intervention Task Force identified seven essential elements of suicide care for health and behavioral health care systems to adopt:

- **Lead** – Create a leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care.
- **Train** – Develop a competent, confident, and caring workforce.
- **Identify** – Systematically identify and assess suicide risk among people receiving care.
- **Engage** – Ensure every individual has a pathway to care that is both timely and adequate to meet his or her needs. Include collaborative safety planning and restriction of lethal means.
- **Treat** – Use effective, evidence-based treatments that directly target suicidal thoughts and behaviors.
- **Transition** – Provide continuous contact and support post-discharge.
- **Improve** – Apply a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.

Throughout these elements Zero Suicide emphasizes the necessity of involving survivors of suicide attempts and suicide loss in leadership and planning.

As part of the state's coordinated efforts, Zero Suicide will play a vital role for individuals under care.

Context for Suicide Prevention in Vermont

Suicide has been recognized in Vermont as a significant public health issue since 2000, when the Vermont Department of Health included goals related to suicide deaths, suicide attempts, substance abuse, and mental health as named priorities in Healthy Vermonters 2010 as part of the national Healthy People initiative. The Healthy People initiative provides science-based, 10-year national objectives for improving the health of all Americans, and each state chooses objectives based on areas of highest need.

To formalize efforts, following the initial release of the 2001 National Strategy for Suicide Prevention, the Department of Health in 2004 worked with a suicide prevention planning team in conjunction with an advocacy group, Vermonters for Suicide Prevention, to develop a state prevention platform. Members of this group represented various state agencies, legislators, and interested individuals. In 2005, the Vermont Suicide Prevention Platform was the result of this effort.

In 2008 and 2011, the Center for Health and Learning, with the support of the Department of Mental Health and the Department of Health, received two consecutive three-year Garrett Lee Smith Memorial Youth Suicide Prevention grants through the federal Substance Abuse and Mental Health Services Administration, ushering in new opportunities for Vermont. The target audience for services under the grant is 10 – 24 year-olds. An interagency Suicide Prevention Data Work Group was formed to begin to strategically collect and report data on this issue.

This federal support has allowed for the strengthening of Vermont infrastructure, and led to the statewide accomplishments on the following page. During this time, the Vermont Department of Health again prioritized suicide prevention in Healthy Vermonters 2020. Vermont also continues to have a strong grass-roots suicide prevention effort and presence in the form of the state chapter of the American Foundation for Suicide Prevention.

In 2012, foreseeing the need to build sustainable and collaborative public-private partnerships for suicide prevention, the Center for Health and Learning created the Vermont Suicide Prevention Center, under the advisement of key partners in the Vermont Suicide Prevention Coalition. A small state allocation was secured to support VT-SPC in 2013 and 2014, and the coalition is seeking an expanded allocation to continue the work established under federal funding.

Garrett Lee Smith (GLS) Memorial Youth Suicide Prevention Grants

The GLS grants have played an integral role in the history of Vermont's suicide prevention efforts, and have offered unprecedented opportunities to lay the foundation for future work. The combination of program planning guidance and strong evaluation components of the nationwide grant program have been carried out in collaboration with the Vermont Child Health Improvement Program at the University of Vermont. This assists Vermont in implementing the most up-to-date findings from the field, and in adjusting direction when new strategies – such as Zero Suicide – show growing impact and promise.

GLS Grant activities in Vermont have focused on these objectives over the past seven years:

- Train schools in suicide prevention, protocol development, and use of student curricula
- Train professionals in mental health, law enforcement, social and youth services, first response, primary care, and faith leadership about their role as suicide prevention Gatekeepers
- Provide technical assistance and training to eight high-risk communities in Vermont
- Create and disseminate the *Umatter* public information campaign about suicide prevention and mental health wellness
- Evaluate grant activities and measure the effectiveness of systems for early identification and referral of suicidal youth
- Work with Institutions of Higher Education on campus suicide prevention issues
- Foster the growth of the Vermont Youth Suicide Prevention Coalition

In that time, the following has been accomplished:

- Provided 24-hour phone service by trained responders for suicidal response across the state, through the United Ways of VT 2-1-1 system, which received 786 suicide-related calls.
- Trained 514 educators and school personnel in 115 schools in *Umatter* gatekeeper model including how to recognize signs of suicide, what to say and do, how to refer to help; school related protocols and how to implement the Lifelines curriculum.
- Trained eight high-needs communities with prevention training and technical support for a coordinated community response to suicide, reaching the professions described immediately below.
- Trained 308 professionals from Mental Health, Law Enforcement, First Response, Social Services, Primary Care, and Faith Leadership in the use of profession-specific protocols.
- Developed and published Vermont Suicide Prevention and Postvention Protocols for those six professions, and for Workplace Supervisors.
- Launched three websites:
 1. www.UmatterUCanHelp.com with information and resources for adults and professionals
 2. www.UmatterUCanGetHelp.com with information and resources for youth and young adults
 3. www.vtspc.org as the go-to source for suicide prevention resources in Vermont
- Launched and maintained the *Umatter* Public Information Campaign promoting awareness and help-seeking through newspapers, radio, Facebook, and Youtube.
- Coordinated the Campus Suicide Prevention Work Group and Symposium for Institutions of Higher Education, in which professionals from 13 colleges participate.
- Expanded the focus of the Vermont Youth Suicide Prevention Coalition to a lifespan focus, and supported and expanded the awareness of suicide as a public health issue across the lifespan.
- Identified and referred 345 youth who were depressed or suicidal (61% girls, 39% boys), via trained school personnel.
- Developed a Cadre of 30 gatekeeper trainers and 9 postvention trainers across the state.
- Launched *Umatter for Youth Community Action*, engaging 95 youth and 35 adult leaders in education about key concepts of mental health wellness, and in the development of local action projects promoting mental health wellness.



Umatter Suicide Prevention

You matter
because you may
need help.



You matter
because you may
be able to help.

Why “Umatter”?

Everyone has a place in the Big Picture. Everyone has a contribution to make, something important to do, and a purpose waiting to be fulfilled. We want to give people the message that feeling down or depressed is a common experience. Reaching out for help is a healthy response and, when trauma hits, help is especially important.

Asking for help does not mean that they are helpless or that they cannot do things on their own. It is an act of courage, not a sign of weakness. We want people to know that they can go to a trusted peer or adult for help and that person will be able to respond or connect them to professionals who can help. We want to offer hope by helping people connect to their family, their friends, their community, and helping professionals. We must learn to make these connections for each person individually by focusing more on their assets than on their liabilities, building on their strengths, and offering support.



About Umatter Suicide Prevention

Umatter was developed based upon a review of other suicide prevention programs to determine key concepts. Research from the American Association of Suicidology and the academic literature regarding suicide were applied. Once program goals and objectives were developed, experiential learning activities were designed to reach all learning preferences and styles of participants to ensure the maximum transfer of knowledge, skills, and attitudes.

Umatter Training Programs Include:

- *Umatter for Schools*
- *Umatter for Communities/Professionals*
- *Umatter for Youth and Young Adults*

Umatter Public Information

Umatter also includes a public information campaign. The central message of this campaign is that you matter because you may need help, and you matter because you may be in a position to help. The campaign promotes natural helping, and communication, coping and help-seeking skills.

For more information:

www.vtspc.org
www.umatterucangethelp.com
www.umatterucanhhelp.com



Underlying Principles of the Vermont Platform

The Vermont Suicide Prevention Platform is based upon a number of underlying principles derived from the National Strategy for Suicide Prevention 2012, the Vermont Suicide Prevention Platform from 2012, and the work of the Vermont Youth Suicide Prevention Coalition.

Those principles include:

- Suicide is generally preventable – suicidality is a diagnosable and treatable mental health condition.
- Suicide is a public health issue.
- Mental health and physical health are equal and inextricably linked as components of overall health.
- Suicide shares risk factors with substance abuse, bullying and harassment, traumatic events (including sexual abuse, violence, post-traumatic stress), as well as other mental health conditions.
- Consumers of mental health services, and survivors of suicide and suicide attempts, need to be actively involved in planning, implementing, and evaluating suicide prevention activities.



Eleven Goals of the Vermont Platform

The Vermont Suicide Prevention Platform 2015 is a planning document, aligned to the National Strategy for Suicide Prevention 2012. The Platform was developed with input from the Vermont Suicide Prevention Center, Vermont Suicide Prevention Coalition, and other key stakeholders including survivors of suicide and attempts.

The Platform contains guiding principles, goals and objectives, actions and resources based on the latest research and evidence of success in suicide prevention. Each goal has suggested strategies that can help people in all sectors of society think about what changes they could influence.

These goals have a place for everyone to participate in suicide prevention, because suicide is largely preventable, and everyone has a role to play.

The Eleven Goals of the 2015 Vermont Platform:

1. Promote awareness that suicide is a public health problem.
2. Build sustainable and integrated infrastructure in Vermont for mental health promotion, suicide prevention, intervention and postvention.
3. Develop and implement strategies to promote positive public attitudes toward being socially and emotionally healthy.
4. Develop, implement and monitor programs that promote social and emotional wellness.
5. Promote efforts to reduce access to lethal means among people at risk of suicide.
6. Provide training to community members and professionals on how to recognize suicide related behaviors and how to intervene.
7. Promote suicide prevention, screening, intervention, and treatment as core components of health care services with effective clinical and professional practices.
8. Improve coordination and accessibility of mental health and substance abuse treatment services.
9. Promote responsible reporting and accurate portrayals of suicidal behavior, mental health conditions and substance abuse in the media.
10. Improve and expand surveillance systems in order to: 1) monitor trends and profiles of at-risk populations, 2) assess the impact of existing policies and programs, and 3) inform the development of future efforts.
11. Provide care and support to individuals affected by suicide deaths and attempts.



Eleven Goals of the Vermont Platform

GOAL #1

Promote awareness that suicide is a public health problem.

Objective: Increase public knowledge about depression, mental health conditions, suicide risk and protective factors, and how to help.

WHAT VERMONT CAN DO

Individuals & Families:

- Talk about suicide openly in all your circles – the size of the problem, that it is largely preventable, and that everyone can help.
- Share the facts about suicide and suicide prevention through easy-to-access and visible ways – social media, print media, person-to-person. Take every opportunity to dispel the myths.
- Become involved in the community of suicide prevention work.

Organizations:

Non-profit, Community-Based, Faith-Based, and Businesses

- Maintain and support outreach to share information and training that will help people understand the public health danger suicide represents.
- Hold awareness events and trainings in mental health promotion and suicide prevention at your location and through Employee Assistance Programs – at staff meetings, faith services, and for the people you serve.
- Link to and support the *Umatter* websites for youth and adults, and the website of the Vermont Suicide Prevention Center, through your own website. Follow the Vermont Suicide Prevention Center's Facebook Page. These sites provide a research-based approach to suicide prevention.
- Share educational materials in highly visible locations – lobbies, vestries, waiting rooms.

Schools, Colleges, and Universities:

- Provide information about suicide and mental health in all health-related classes. Include suicide in public health studies.
- Hold suicide prevention training for staff, faculty and students.
- Disseminate age-appropriate prevention messages that work for the specific setting.
- Host events around national awareness days, such as Suicide Prevention Awareness Day, and Depression Awareness Month.

Healthcare:

- Approach suicide as a diagnosable mental health condition in all healthcare settings. Approach suicide prevention as you would tobacco prevention, heart disease prevention, and diabetes prevention.
- Promote the messages of suicide prevention as other public health issues are promoted in healthcare settings.

Policy and Systems:

- Maintain a central source of current and effective suicide prevention messaging and resources.
- Support a public education campaign about mental health conditions and the continuum of services across prevention, intervention, treatment and recovery.
- Collect and disseminate data about the incidence of suicide and suicide attempts to inform policies, programming and funding related to suicide prevention in Vermont.

GOAL #2

Build sustainable and integrated infrastructure in Vermont for mental health promotion, suicide prevention, intervention and postvention.

Objective: Increase collaboration across a broad spectrum of individuals, families, agencies, institutions, and groups to ensure that suicide prevention efforts are comprehensive.

Individuals & Families:

- Help increase the number of youth and young adults advising the prevention activities of the Vermont Suicide Prevention Coalition.
- Help ensure the input of people with lived experience of mental health conditions, and suicide and attempt survivors, in advising suicide prevention initiatives and activities.

Organizations:

Non-profit, Community-Based, Faith-Based, and Businesses

- Increase partnerships between the Vermont Suicide Prevention Center and Vermont Suicide Prevention Coalition and other statewide coalitions, including peer recovery, survivors of suicide and suicide loss.
- Join the Vermont Suicide Prevention Coalition and integrate your organizational work into the state's mental health promotion and suicide prevention infrastructure.
- Support the development of the Vermont Suicide Prevention Center as sustainable infrastructure for suicide prevention, intervention and postvention, through collaboration across a broad spectrum of agencies, institutions, and groups.
- Encourage professional, voluntary and other organizations to integrate effective, sustainable and collaborative suicide prevention programming.
- Strengthen relationships between mental health services, schools, Institutions of Higher Education, and family-serving and community organizations.

- Ensure Vermont 2-1-1 and other crisis lines are accessible and include effective suicide response.
- Increase the number of Vermont communities that use the *Umatter* for Schools and *Umatter* for Communities programs, ASIST, or other best-practice suicide prevention programs.

Schools, Colleges, and Universities:

- Use JED Foundation comprehensive model to assess current, and identify priority, prevention strategies that are well integrated into systems and services.

Healthcare:

- Treat mental health conditions as you would treat physical health conditions – as treatable conditions that everyone deals with and that may require specialty care.
- Link general practitioners and community mental health services for integrated referral networks.

Policy and Systems:

- Sustain and strengthen leadership of collaborations across state agencies to advance suicide prevention.
- Integrate suicide prevention into all relevant health care reform efforts.
- Support the Vermont Suicide Prevention Center in coordinating suicide prevention efforts and helping local communities implement the recommendations of the Vermont Suicide Prevention Platform.

Eleven Goals of the Vermont Platform

GOAL #3

Develop and implement strategies to promote positive public attitudes toward being socially and emotionally healthy.

Objective: Increase help-seeking behavior by fighting the stigma and promoting the benefits of receiving support for mental health conditions and substance abuse issues.

WHAT VERMONT CAN DO

Individuals & Families:

- Promote understanding and acknowledgment that:
 - ▶ Emotional health and physical health are intertwined.
 - ▶ Loss and grief can contribute to emotional health struggles, and may require ongoing support.
 - ▶ Depression is a common human condition that many people need help to overcome.
 - ▶ People may need short and long term support following traumatic events and experiences.
- Promote help-seeking across all stages of life – talk openly about it, be a role model, remind people who may be struggling that no one should be expected to “go it alone.”
- Talk openly about how people who have suicidal thoughts can get help and can get better.

Organizations:

Non-profit, Community-Based, Faith-Based, and Businesses

- Work with health promotion coalitions across the state that address mental health issues and that connect mental and emotional health with physical health, including the link between substance abuse and suicide risk.
- Encourage and educate about peer helping strategies and the benefits of support from people with similar life experiences.
- Promote Employee Assistance Programs and other sources of support at worksites.

Schools, Colleges, and Universities:

- Peer involvement in activities that promote mental health wellness on campus.
- Campus mental health action planning.
- Promote social networks.

Healthcare:

- Educate the public and providers that mental, emotional, social and physical health are all components of overall health.
- Educate the public that mental health services are available, and people can recover.
- Work directly with patients and clients to emphasize that mental and emotional health conditions should be viewed like physical health conditions – and that everyone struggles with them.
- Increase linkages and collaboration to integrate primary care, mental health and substance abuse services, enhancing their efforts to detect early warning signs.

Policy and Systems:

- Broaden access to mental health services and remove barriers that may exist.
- Strengthen the interface between systems that address mental health and substance abuse, including state agencies, schools, county agencies, primary health care and other community service organizations.

GOAL #4

Develop, implement and monitor programs that promote social and emotional wellness.

Objective A: Life Skills Training Increase decision-making, problem-solving, goal-setting, conflict resolution, advocacy, coping, and mindfulness skills for all ages to reduce suicide risk factors.

WHAT VERMONT CAN DO

Individuals & Families:

- Beginning in early childhood, focus on the development of social and emotional skills, build knowledge about the effects of substance abuse, develop culturally competent relationships that respect differences, and teach skills for how to respond to bullying as a by-stander or victim.
- Talk about and teach how to identify youth who are at-risk of suicide, and emphasize seeking out supportive adults for help.
- Recognize that everyone needs support in building resiliency skills, and promoting resiliency across the lifespan – including middle-aged adults and elders.

Organizations:

Non-profit, Community-Based, Faith-Based, and Businesses

- Emphasize life skills development in settings that engage youth, young adults and adults, such as worksites, senior centers, and places of worship.
- Support the development of programs and practices that promote resiliency-building skills for families across the lifespan.
- Emphasize life skills training in multiple settings and use of prevention, intervention, treatment, and recovery services.

Schools, Colleges, and Universities:

- Provide skill-building opportunities in school to reduce risk factors, enhance protective factors, and involve families.
- Increase the number of Institutions of Higher Education that actively use best practice suicide prevention programs.
- Continue skill-building workshops in problem solving and coping skills into college and beyond.

Healthcare:

- Increase the knowledge and skills for suicide prevention of all providers.
- Directly refer struggling families to community programs that focus on conflict-resolution and coping skills, and promote the existence of such programs to all patients.
- Include suicide prevention in the pre-training of health and behavioral health care providers, senior network providers and social services professionals.

Policy and Systems:

- Connect school-based training with existing state statutes for teaching about health, bullying, harassment, and suicide prevention including the development of individualized learning plans and alternative pathways for learning.

Eleven Goals of the Vermont Platform

GOAL #4

Develop, implement and monitor programs that promote social and emotional wellness.

Objective B: Screening for Mental Health Conditions Research and adopt best practices for screening to identify individuals in need of support or further evaluation and intervention, related to a variety of risk factors, including loss of job, financial problems, substance use, addictions and suicidal ideation.

WHAT VERMONT CAN DO

Individuals & Families:

- Be open to and supportive of family members participating in screenings for depression, other mental health conditions, and suicide risk.
- Learn the risk factors and warning signs of suicide risk, and if you see them, encourage family and friends to access services where they could get screened – such as making an appointment with their primary care doctor.

Organizations:

Non-profit, Community-Based, Faith-Based, and Businesses

- Support identification of suicide risk and appropriate referral in a variety of settings.
- Learn the best practice recommendations for screening and referral for your profession or organization – workplaces, faith communities, and agencies.
- Assess current efforts and gaps in screening for suicide risk in workplace and community settings, including senior centers.

Schools, Colleges, and Universities:

- Assess current efforts and gaps for screening that identifies students at risk for suicide across the lifespan.
- Train staff, faculty and students in how and when to refer for screening.

Healthcare:

- Train professional healthcare staff in multiple settings across prevention, intervention, treatment, and recovery services to recognize the importance of identifying suicidality as a diagnosis independent of underlying conditions, and the importance of addressing recent stressors and life events in the prevention of suicide.
- Identify primary care screening tools for screening for mental health conditions for all age groups.
- Ensure that clinicians are available to assess and treat referred individuals.

Policy and Systems:

- Develop population-based strategies for screening and identifying people at risk for suicide.

GOAL #4

Develop, implement and monitor programs that promote social and emotional wellness.

Objective C: Comprehensive School-Based and Community-wide Programs Increase knowledge about and strategies to promote positive social and emotional health and wellness, to address the social and emotional issues that lead to depression and substance abuse that are associated with higher suicide risk.

WHAT VERMONT CAN DO

Individuals & Families:

- Participate in *Umatter for Youth and Young Adults* and other programs which increase knowledge and skills related to positive social and emotional health and wellness.
- Advocate for schools to implement effective depression education programs using the Lifelines curriculum.
- Increase the number of parents who have received training in the prevention of substance abuse, bullying and harassment, and training in suicide and depression awareness, and Gatekeeper skills.

Organizations:

Non-profit, Community-Based, Faith-Based, and Businesses

- Increase the number of organizations that have suicide prevention and postvention protocols in place and have trained Gatekeepers among their staff to intervene to reduce suicidal thoughts and behaviors.
- Implement comprehensive community-wide prevention strategies that engage first responders, social services, youth-serving professionals, primary care professionals, and faith leaders.

Schools, Colleges, and Universities:

- Increase the number of schools that have suicide prevention and postvention protocols in place and have trained Gatekeepers among their staff to intervene to reduce suicidal thoughts and behaviors.
- Provide technical assistance to schools and communicate about best practices for suicide prevention in their communities.
- Encourage cross-agency collaboration with other organizations such as the Vermont School Nurses' and Vermont School Counselors' Associations to effectively promote social and emotional health.
- Support school-based instructional content and professional training.
- Undertake campus mental health action planning.

Healthcare:

- Increase the number of mental health and primary care providers that have formalized working relationships with schools.

Policy and Systems:

- Promote and support models that are comprehensive and link educational, healthcare and mental health services together.

Eleven Goals of the Vermont Platform

GOAL #5

Promote efforts to reduce access to lethal means among people at risk of suicide.

Objective: *Promote the safe storage of medications, poisons, and firearms.*

WHAT VERMONT CAN DO

Individuals & Families:

- Take action to decrease access to lethal means among individuals at risk for suicide – lethal means can include weapons and medication, but can also mean cars, bridges, cleaning solutions and herbicides.
- Store guns safely – locked and unloaded – and secure any other dangerous means, such as medications.
- Recognize that this does not involve keeping the person away from dangers forever – it involves decreasing access to lethal means that are dangers *when that person is in a suicidal state*, which is usually a time-limited experience. The majority of suicidal individuals, if prevented from accessing their planned means, will not substitute one means of death for another.

Organizations:

Non-profit, Community-Based, Faith-Based, and Businesses

- Provide tools, resources, and information to your constituency that help them ask a suicidal individual about lethal means, and then reduce access.
- Encourage law enforcement and other providers that work with suicidal individuals to routinely assess and ask about the presence of lethal means (including firearms, drugs and poisons) in the home and educate clients and their families about associated risks and approaches that minimize risk.
- Train professionals and other adults that offer services to individuals at risk for suicide about the risk of firearms and suicide, and how to talk to and educate families about reducing access.

- Partner with firearm dealers, gun owners, and firing ranges to include suicide awareness as a basic tenet of firearm safety and responsible firearm ownership.
- Provide education about the role substance abuse can play in increasing the use of guns and other lethal means.

Schools, Colleges, and Universities:

- Train faculty and staff in the importance of reducing lethal means in a suicidal crisis, and provide them the training and resources that will help them ask a suicidal individual about lethal means, and then reduce access.
- Provide education about the role substance abuse can play in increasing the use of guns and other lethal means.

Healthcare:

- Encourage primary healthcare, emergency room providers, mental health professionals and any other providers that work with suicidal individuals to routinely assess and ask about the presence of lethal means (including firearms, drugs and poisons) in the home.
- Train healthcare professionals in how to talk to patients, clients and their families about the risks of lethal means and possible approaches that minimize risk.
- Provide education about the role substance abuse can play in increasing the use of guns and other lethal means.

Policy and Systems:

- Explore and support policies that ensure suicidal individuals do not have access to lethal means.

GOAL #6

Provide training to community members and professionals on how to recognize suicide related behaviors and how to intervene.

Objective: *All professional training in the state will incorporate suicide prevention and intervention curricula using best-practice or evidence-based programs as they evolve.*

Individuals & Families:

- Access training and then participate as a community trainer in suicide prevention and postvention.
- Promote the concept in your circles that people should expect helping professionals to be knowledgeable about risk and protective factors and suicide prevention.

Organizations:

Non-profit, Community-Based, Faith-Based, and Businesses

- Develop a cadre of trainers in suicide prevention and postvention.
- Provide educational programs for family members of people at high risk.
- Provide training for clergy, correctional workers, attorneys, social service staff, employers, and others on how to identify and respond to persons at risk for suicide.

Schools, Colleges, and Universities:

- Provide training for teachers and other educational staff on how to identify and respond to persons at risk for suicide.

Healthcare:

- Improve suicide prevention training for nurses, physician assistants, physicians, emergency providers, social workers, psychologists and other counselors.
- Provide training to mental health and substance abuse treatment providers on the recognition, assessment, and management of at-risk behavior, and the delivery of effective clinical care for people with suicide risk.
- Develop and implement protocols and programs for clinicians and clinical supervisors, first responders, crisis staff, and others on how to implement effective strategies for communicating and collaboratively managing suicide risk.

Policy and Systems:

- Support coordination at the state level, between departments of the Agency of Human Services and the Agency of Education.
- Develop licensure requirements for relevant professions that specifically include suicide training.
- Ensure that all suicide prevention training addresses issues related to cultural diversity, including but not limited to LGBTQ, military veterans, and youth in foster care or corrections.

Eleven Goals of the Vermont Platform

GOAL #7

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

Objective: *Provide training and technical assistance to health care professionals on the National Strategy for Suicide Prevention, Zero Suicide, and best practices for suicide prevention, intervention, and postvention.*

WHAT VERMONT CAN DO

Individuals & Families:

- Encourage help seeking behavior for treatment services for mental health conditions, loss and grief, trauma, sexual assault, or physical abuse.
- Educate family members and significant others about their role in providing help and support to people with mental health conditions and who may be at risk for suicide.
- Continue contact and support, especially after a loved one has been in care.

Organizations:

Non-profit, Community-Based, Faith-Based, and Businesses

- Ensure every person has a pathway to care that is both timely and adequate to meet their needs.
- Systematically identify and assess suicide risk levels among people at risk.
- Ensure that individuals who typically provide services to suicide survivors have been trained to understand and respond appropriately to their unique needs.
- Promote positive mental health as being a result of community and environmental factors and not just related to the individual.
- Coordinate services among suicide prevention and intervention programs, health care systems, 211, and national suicide prevention hotline service.

Schools, Colleges, and Universities:

- Train student healthcare providers to provide ongoing depression screening, assessment, and treatment for student.

Healthcare:

- Promote the safe disclosure of suicidal thoughts and behaviors by all patients.
- Train primary care and mental health clinicians to

provide ongoing depression screening, assessment, and treatment for youth, adults, and elders.

- Use effective, evidence-based care, including collaborative safety planning, restriction of lethal means, and effective treatment of suicidality.
- Develop, disseminate, and implement guidelines/protocols for clinical practice and continuity of care for providers who assess and treat persons with suicide risk.
- Encourage health care delivery systems to incorporate suicide prevention and appropriate responses to suicide attempts as indicators of continuous quality improvement efforts.
- Support hospital emergency departments, substance abuse treatment centers, specialty mental health treatment centers, and various institutional treatment settings to collaborate in the screening, treatment and follow-up of suicide risk among youth and adults with the intent of providing continuity of care.
- Create a leadership-driven, safety-oriented culture that commits to dramatically reducing suicide among people under care and includes suicide attempt and loss survivors in leadership and planning roles.
- Integrate mental health and substance abuse professionals in primary care offices to provide integrated physical, mental health, and substance abuse screening, assessment, and treatment.

Policy and Systems:

- Enhance and support the Vermont Designated Agency Mental Health Crisis System to serve youth and adults throughout the state.
- Apply a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.

GOAL #8

Improve coordination and accessibility of mental health and substance abuse treatment services.

Objective: People in need will have timely and appropriate access to mental health and substance abuse treatment services.

WHAT VERMONT CAN DO

Individuals & Families:

- Encourage people to seek help for mental health and substance abuse conditions.

Organizations:

Non-profit, Community-Based, Faith-Based, and Businesses

- Provide training so peers and family members know the available resources and how to access them.
- Provide materials alerting your constituency to the availability of mental health and substance abuse services.
- Talk openly about the struggles people face with mental health conditions and substances in your faith communities – as part of lessons and services, or in recognition of awareness days such as Depression Awareness Day.
- Integrate mental health, substance abuse and suicide prevention into health and social services outreach programs for both the general and at-risk populations.

Schools, Colleges, and Universities:

- Train students to support peers in seeking help for mental health and substance abuse conditions.
- Offer affordable, easily-accessible mental health services on campuses.
- Provide opportunities and encouragement for the formation of student support groups around mental health conditions and substance abuse.

Healthcare:

- Integrate mental health and substance abuse services into primary medical care through co-location and other convenient access to services.
- Locate mental health and substance abuse services in youth and young adult friendly spaces such as after-school clubs, teen drop-in centers, and sports activities.
- Provide integrated mental health and substance abuse and primary care services and support at home for seniors.

Policy and Systems:

- Continue to build capacity for mental health and substance abuse treatment statewide.
- Ensure health insurance benefit packages cover access to mental health and substance abuse care on par with access to physical health care.
- Design Vermont payment reform models that encourage timely provision of services to prevent suicide.
- Promote timely access to assessment, intervention, and effective care for individuals with a heightened risk for suicide.

Eleven Goals of the Vermont Platform

GOAL #9

Promote responsible reporting and accurate portrayals of suicidal behavior, mental health conditions and substance abuse in the media.

Objective: Reduce suicide contagion through communications media by providing editors with guidelines for reporting suicide and suicide prevention resource information.

WHAT VERMONT CAN DO

Individuals & Families:

- Teach youth to use social media and emerging technology to build positive social and interpersonal relationships.
- Talk to children and youth about social media – discuss the effects of cyber-bullying and other aspects of social media such as public gossiping that may exacerbate a pre-existing mental health condition.
- Write letters to media outlets when you see inaccurate, misleading or insensitive portrayals of suicide.

Organizations:

Non-profit, Community-Based, Faith-Based, and Businesses

- Publish articles on suicide prevention measures, how to get help, and how to support someone who is at risk.
- Train journalists about guidelines for safe reporting and the long-term, unintended consequences of reporting about suicide.
- Encourage and recognize news organizations that develop and implement policies and practices addressing the safe and responsible reporting of suicide and other related behaviors.

Schools, Colleges, and Universities:

- Encourage journalism programs to include the recommended guidelines in their curricula guidance on the portrayal and reporting of mental health, suicide, and suicidal behaviors.

Healthcare:

- Inquire of young patients about their relationship with social media and if it affects their mood and health, encouraging them to talk to their parents.

Policy and Systems:

- Encourage news reports on suicide to observe recommended guidelines in the depiction of suicide and mental health conditions.
- Review media recommendations regularly to incorporate the most up-to-date information.

GOAL #10

Improve and expand surveillance systems in order to:

- 1) Monitor trends and profiles of at-risk populations.
- 2) Assess the impact of existing policies and programs.
- 3) Inform the development of future efforts.

Objective: Conduct a broad-based multi-faceted assessment including both process and outcome measures, with a strong focus on strengthening and expanding surveillance and data systems.

Individuals & Families:

- Support survivors of suicide in being open about their experiences of loss, to help other families realize that reporting a death as a suicide is courageous and helps prevention efforts.
- Improve data collection on suicide attempts – via National Violent Death Reporting System (NVDRS).

Organizations:

Non-profit, Community-Based, Faith-Based, and Businesses

- Promote participation in data collection and bring awareness of the importance of data collection to guide suicide prevention activities.
- Implement policies and protocols based on data found in Vermont.
- Participate in ongoing efforts to develop and refine programs and trainings.

Schools, Colleges, and Universities:

- Participate in data collection and surveillance.
- Implement policies and protocols based on data found in Vermont.

Healthcare:

- Participate in data collection and surveillance.
- Implement policies and protocols based on data found in Vermont.
- Improve data collection on suicide attempts – via National Violent Death Reporting System (NVDRS).

Policy and Systems:

- Use data to guide and inform decisions and policy development relating to suicide prevention.
- Encourage law enforcement to develop and implement standardized protocols for death scene investigations.
- Increase the systematic use of data collection from crisis workers, mental health emergency professionals, schools and other sources.
- Produce reports on suicide and suicide attempts, and integrate data from multiple Vermont data management systems.
- Explore mandating reports on suicide attempts to Vermont Department of Health.
- Distribute data via website to appropriate parties and professionals.
- Develop and support a repository of research resources to help increase the amount and quality of research on suicide prevention and care in the aftermath of suicidal behaviors.

Eleven Goals of the Vermont Platform

GOAL #11

Provide care and support to individuals affected by suicide deaths and attempts.

Objective: *Promote healing, decrease stigma, and integrate those with lived experience into community prevention strategies.*

WHAT VERMONT CAN DO

Individuals & Families:

- Educate people about the importance of communicating about suicide and the impact of suicide on family and community members.
- Provide appropriate clinical care to individuals affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for complicated grief.
- Adopt language to speak about suicide that decreases stigma around suicide.

Organizations:

Non-profit, Community-Based, Faith-Based, and Businesses

- Encourage the provision of peer and professional support for survivors of suicide attempts and loss.
- Work with affected employees, to ensure a supportive process for them to return to work.
- Assess, with affected employees, a supportive process for them in returning to work.
- Develop guidelines for effective comprehensive support programs for individuals bereaved by suicide, and promote their full implementation.
- Provide health care providers, first responders, and others with care and support when a patient under their care dies by suicide.
- Adopt, disseminate, implement, and evaluate guidelines for communities to respond effectively to suicide clusters and contagion within their cultural context, and support implementation with education, training, and consultation.
- Educate funeral homes about the role they play in preventing further suicides in their communities by disseminating information about risk and resources for support.

Schools, Colleges, and Universities:

- Encourage the provision of peer and professional support for mental health crisis.
- Ensure protocols exist for the reintegration into the educational community of individuals affected by suicide attempts.

Healthcare:

- Provide colleagues with care and support when a patient under their care dies by suicide.
- Assess patients affected by a suicide loss for suicidality and screen, and provide treatment and follow-up, when they are found to be at risk.
- Reach out to patients affected by a suicide loss and assess their grieving process.
- Provide continuing caring contact to all patients/clients who have attempted suicide.

Policy and Systems:

- Engage suicide attempt survivors in suicide prevention planning, including support services, treatment, community suicide prevention education, and the development of guidelines and protocols for suicide-attempt-survivor support groups.

Language

An important objective of suicide prevention is to remove the stigma associated with suicide and mental health issues so that people will be more likely to seek the help they need. One of the ways we can do this is to be conscious of our use of language.

Sensitive Use of Language

Moving Beyond “Committed, Completed & Successful”

The term “committed suicide” implies a level of criminality while “completed suicide” implies earlier attempts when there may have been none. Both terms (committed and completed) perpetuate the stigma associated with suicide and are strongly discouraged. Using the word “successful” or “failed” to describe suicide is also discouraged. Terms such as “died by suicide” or “died of suicide” as well as “suicide death” and “fatal suicide behavior” are recommended. Sensitive use of suicide related language is appreciated.

Those who have lost a loved one to suicide are “suicide survivors”. Those who have lived through a suicide attempt are “suicide attempt survivors.” Even the phrase “suicide attempt” can raise controversy because it implies that the person failed in his or her intention to die.

It is expected that the issues and solutions of language usage will continue to evolve as the field of suicide prevention continues to grow.

Please Try to Avoid:

- Committed suicide
- A successful suicide
- A completed suicide
- Failed suicide attempt



Terms to Use Instead:

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

For more Information:

Language Describing Suicidal Behavior:
www.maine.gov/suicide/about/language.htm

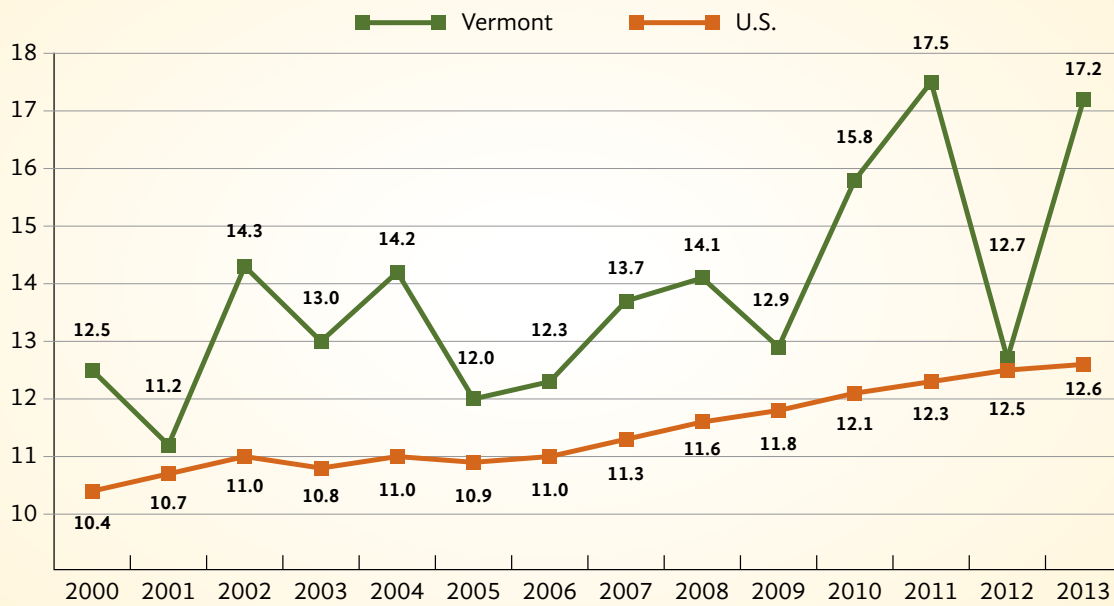
Appendix 1

Vermont Department of Health Data Across the Lifespan

Suicide death rates among Vermonters have been consistently higher than U.S. overall rates. 2010, 2011, and 2013 had the highest suicide death rates for Vermonters in recent history, and these were significantly higher than the U.S. rates. Since 2000, Vermont suicide death rates have ranged from a low of 11.2 per 100,000 in 2001 to 17.5 per 100,000 in 2011. The average number of suicide deaths per year in Vermont during this 14 year period is 91.

FIGURE 1.1

Suicide Death Rate per 100,000 Population Vermont and U.S., 2000 – 2013

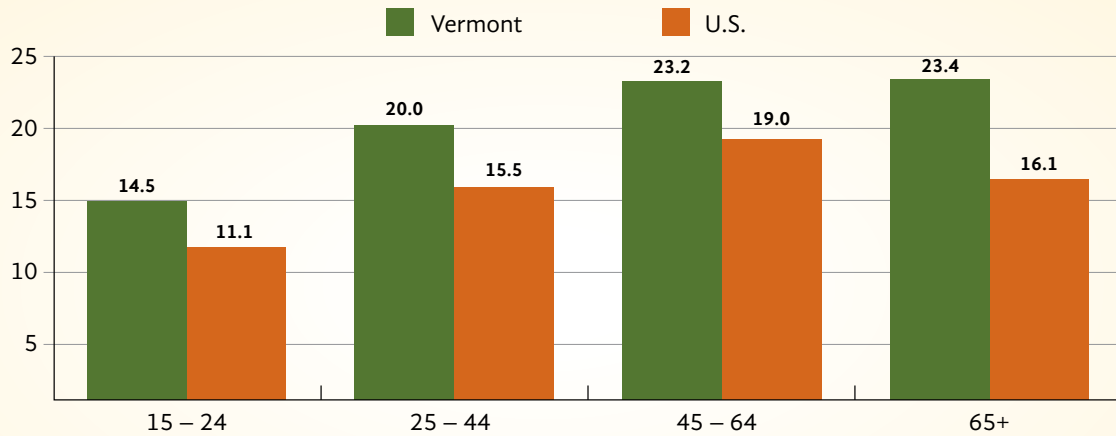


Data sources: U.S.: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. Vermont: Vermont Vital Statistics, 2000-2013.

When broken out by age, suicide rates in the U.S. and Vermont are typically lowest among ages 15-24. Generally, rates increase across age groups and are highest in ages 45-64 and ages 65+. In 2013, Vermont suicide death rates were higher than U. S. rates across all age groups.

FIGURE 1.2

Suicide Death Rates per 100,000, by Age Vermont and U.S., 2000 – 2013

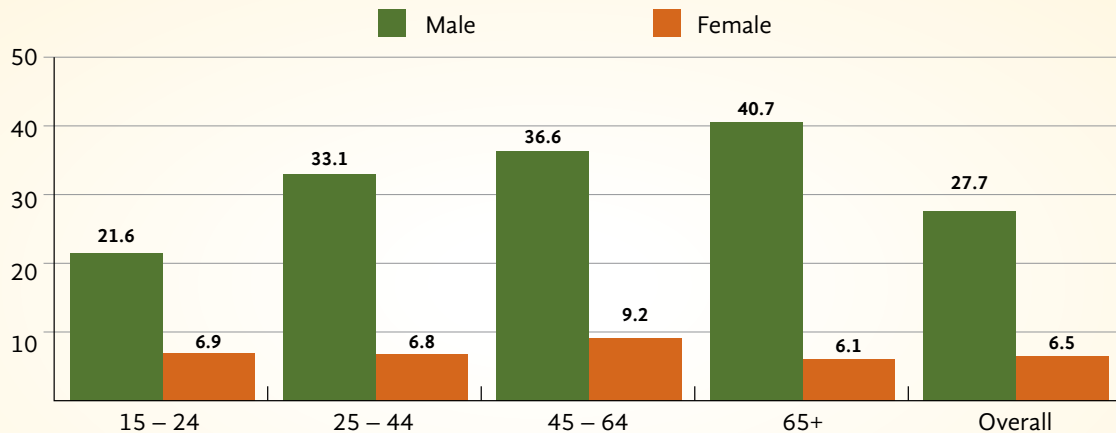


Data source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online].

In Vermont, males are overall more likely to die by suicide than are females: 27.7 per 100,000 versus 6.5 per 100,000. In recent years, male suicide deaths were most common among ages 65+ while female suicide deaths were most common in ages 45-64. Overall, male Vermonters are approximately four times more likely to die by suicide than are female Vermonters.

FIGURE 1.3

Suicide Death Rates per 100,000, by Gender and Age Vermont Residents, 2010 – 2013



Data source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online].

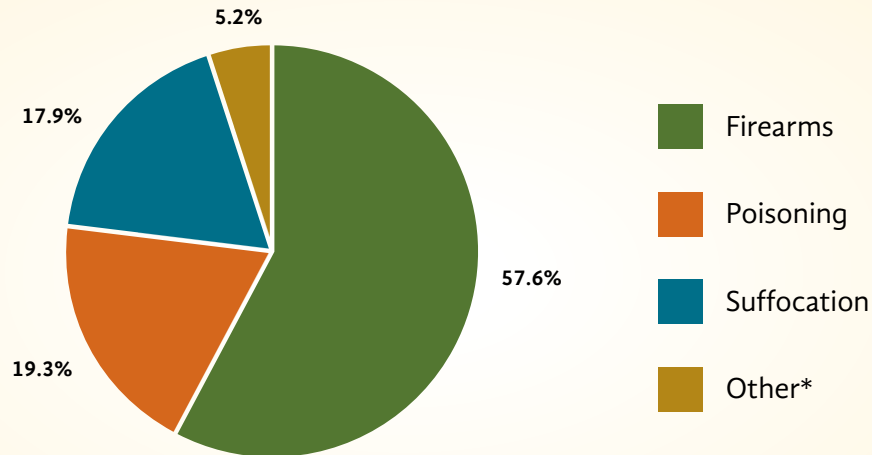
Appendix 2

Leading Means of Death in Vermont

In recent years, almost 6 out of 10 people who died by suicide used firearms. Other lethal means often used in Vermont suicide deaths are poisoning (including overdose) and suffocation.

FIGURE 2.1

Distribution of Leading Means of Suicide Vermont Residents, 2010 – 2013



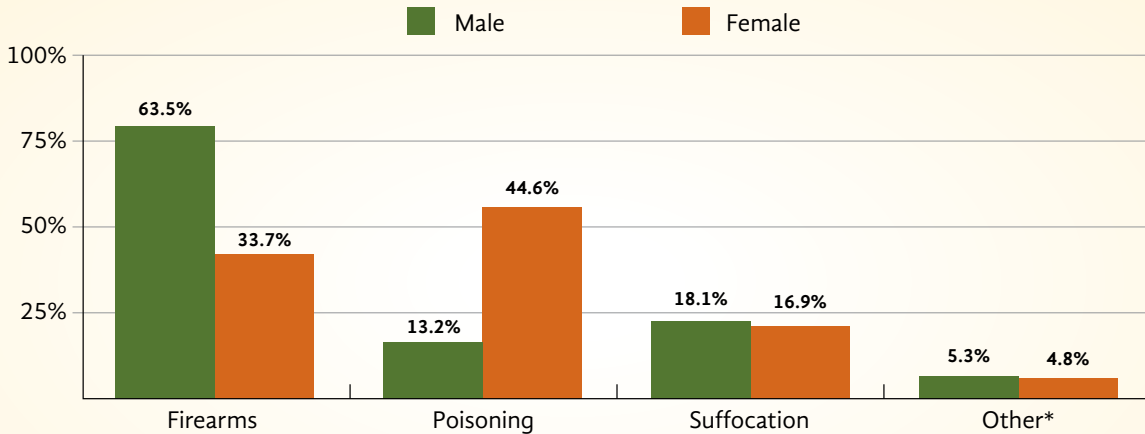
*Includes drowning, pierce, falls, motor vehicles, unspecified and other specified means of suicide.

Data source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online].

Male and female Vermonters often use different means to take their lives. In recent years, almost two-thirds of male deaths by suicide used firearms, while approximately one-third of female deaths involved firearms. Almost half of recent female suicide deaths were by poisoning.

FIGURE 2.2

Distribution of Leading Means of Suicide by Gender Vermont Residents, 2010 – 2013



*Includes drowning, pierce, falls, motor vehicles, unspecified and other specified means of suicide.

Data source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online].

Appendix 3

10 Leading Causes of Death in Vermont 2013, All Races, Both Sexes

AGE GROUPS

Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	All Ages
1	Congenital Anomalies	Heart Disease	Unintentional Injury	Malignant Neoplasms	Unintentional Injury 31	Unintentional Injury 28	Unintentional Injury 31	Malignant Neoplasms 100	Malignant Neoplasms 238	Malignant Neoplasms 360	Malignant Neoplasms 348	Heart Disease 530	Malignant Neoplasms 1,318
2	Short Gestation	Homicide	Heart Disease	Suicide	Suicide 13	Suicide	Malignant Neoplasms 27	Heart Disease 52	Heart Disease 113	Heart Disease 215	Heart Disease 292	Malignant Neoplasms 237	Heart Disease 1,220
3	Maternal Pregnancy Comp.	Unintentional Injury	Malignant Neoplasms	Homicide	Malignant Neoplasms	Heart Disease	Suicide 23	Unintentional Injury 43	Chronic Low. Respiratory Disease 44	Chronic Low. Respiratory Disease 61	Chronic Low. Respiratory Disease 120	Alzheimer's Disease 189	Chronic Low. Respiratory Disease 353
4	Unintentional Injury				Congenital Anomalies	Chronic Low. Respiratory Disease	Heart Disease 11	Suicide 23	Unintentional Injury 31	Cerebrovascular 39	Alzheimer's Disease 69	Cerebrovascular 139	Unintentional Injury 352
5	Circulatory System Disease				Diabetes Mellitus	Complicated Pregnancy	Liver Disease	Liver Disease 13	Liver Disease 21	Diabetes Mellitus 34	Cerebrovascular 58	Chronic Low. Respiratory Disease 113	Alzheimer's Disease 269
6	Hematological Disorders				Heart Disease	Congenital Anomalies	Congenital Anomalies	Chronic Low. Respiratory Disease 12	Suicide 21	Unintentional Injury 32	Unintentional Injury 48	Unintentional Injury 102	Cerebrovascular 260
7	Hydrops Fetalis					Homicide	Benign Neoplasms	Cerebrovascular	Diabetes Mellitus 17	Liver Disease 18	Diabetes Mellitus 47	Hypertension 45	Diabetes Mellitus 139
8	Influenza & Pneumonia					Malignant Neoplasms	Aortic Aneurysm	Viral Hepatitis	Cerebrovascular 13	Suicide 17	Parkinson's Disease 29	Influenza & Pneumonia 42	Suicide 112
9	Slow Fetal Growth					Six Tied	Chronic Low. Respiratory Disease	Diabetes Mellitus	Viral Hepatitis	Influenza & Pneumonia 15	Hypertension 16	Diabetes Mellitus 35	Influenza & Pneumonia 77
10					Six Tied	Homicide	Benign Neoplasms	Two Tied	Septicemia 11	Liver Disease 16	Parkinson's Disease 31	Liver Disease 75	

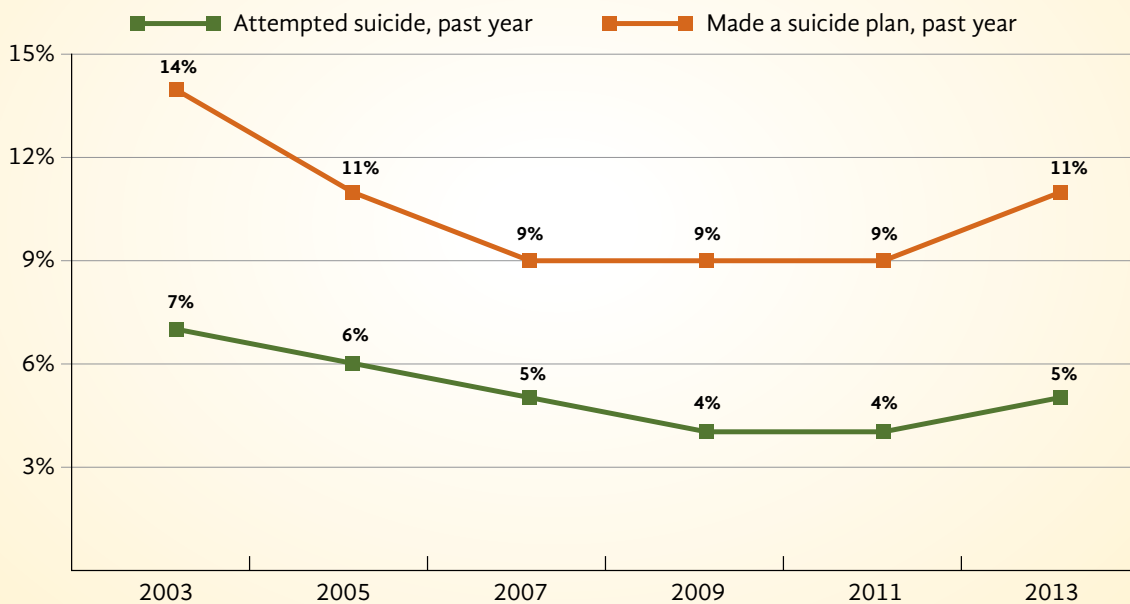
Appendix 4

Vermont Youth Risk Behavior Survey Data

The data collected here is from the 2001 – 2013 Youth Risk Behavior Survey, which is administered to Vermont high school students every two years. After showing a ten year trend of declining reports of having made a plan to kill him or herself by suicide and having made a suicide attempt, both of these measures appeared to show an increase in 2013 compared to 2011.

FIGURE 4.1

Percent of Vermont High School Students Reporting Suicide Measures, Youth Risk Behavior Survey, 2001 – 2013



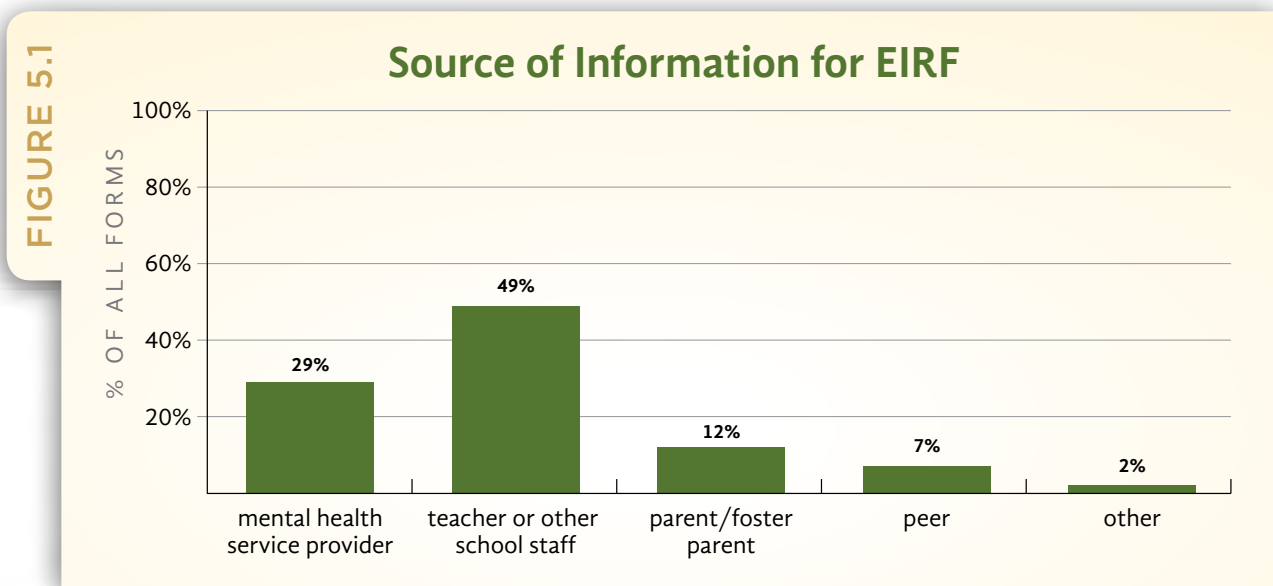
Appendix 5

Identifying Youth at Risk for Self-Harm and Referring for Care

As part of the evaluation of Vermont’s Garret Lee Smith Suicide Prevention SAMHSA grant, representatives from middle and high schools that participated in *Umatter for Schools* trainings are asked to submit anonymous data about young people at risk for self-injury. Schools submit data about how the young person was identified as being at-risk for harming themselves as well as about referrals that are made when a positive identification of risk occurs. These data are captured using a form called the Early Intervention, Referral and Follow-up (EIRF) form, which is submitted monthly during the school year.

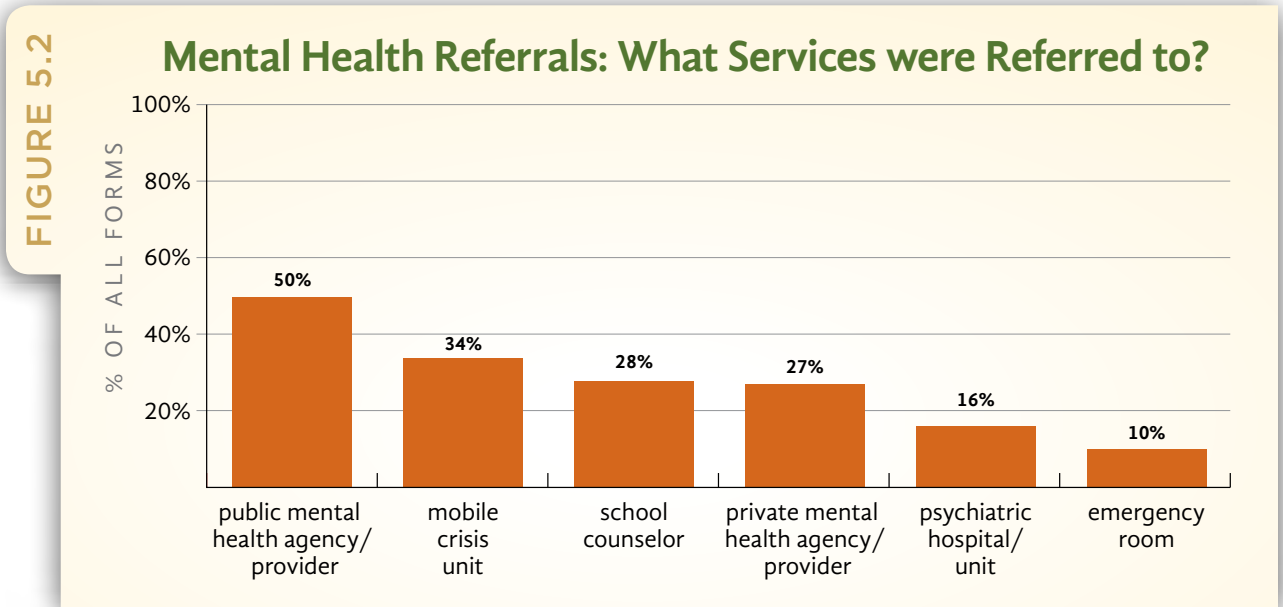
The following graphs describe EIRF data that were collected between 2012 and 2014, and are based on 149 EIRF forms. Almost all (86%) of these identifications occurred in a school setting. The average age of the youth represented in these graphs is 14.5 years, and 62% were female.

Figure 5.1 summarizes the primary source of information used in making the identification of the young person at risk. The most frequent sources were teachers or other school staff, mental health providers, parents/foster parents and peers.

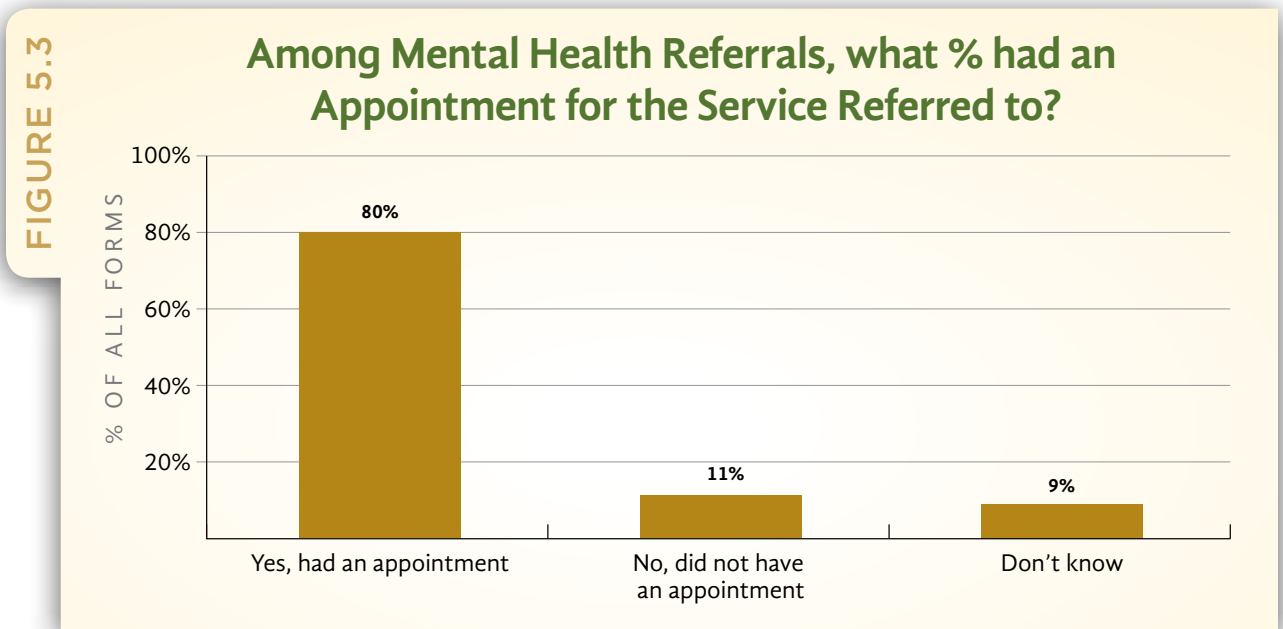


Appendix 5 (continued)

92% of young people identified by EIRF were referred for mental health services. Among the 8% who did not receive a mental health service referral, they were already receiving mental health services. Figure 5.2 shows that among young people referred for mental health services, the most common was to a public mental health agency followed by mobile crisis unit, school counselor, private mental health agency/provider, psychiatric unit and emergency room.



The follow-up data for mental health referrals presented in Figure 5.3 show that for 80% of EIRF forms there was evidence that a follow-up appointment occurred, while for the remaining 20% the follow-up either did not occur (11%) or the follow-up information was unavailable to the school (9%).

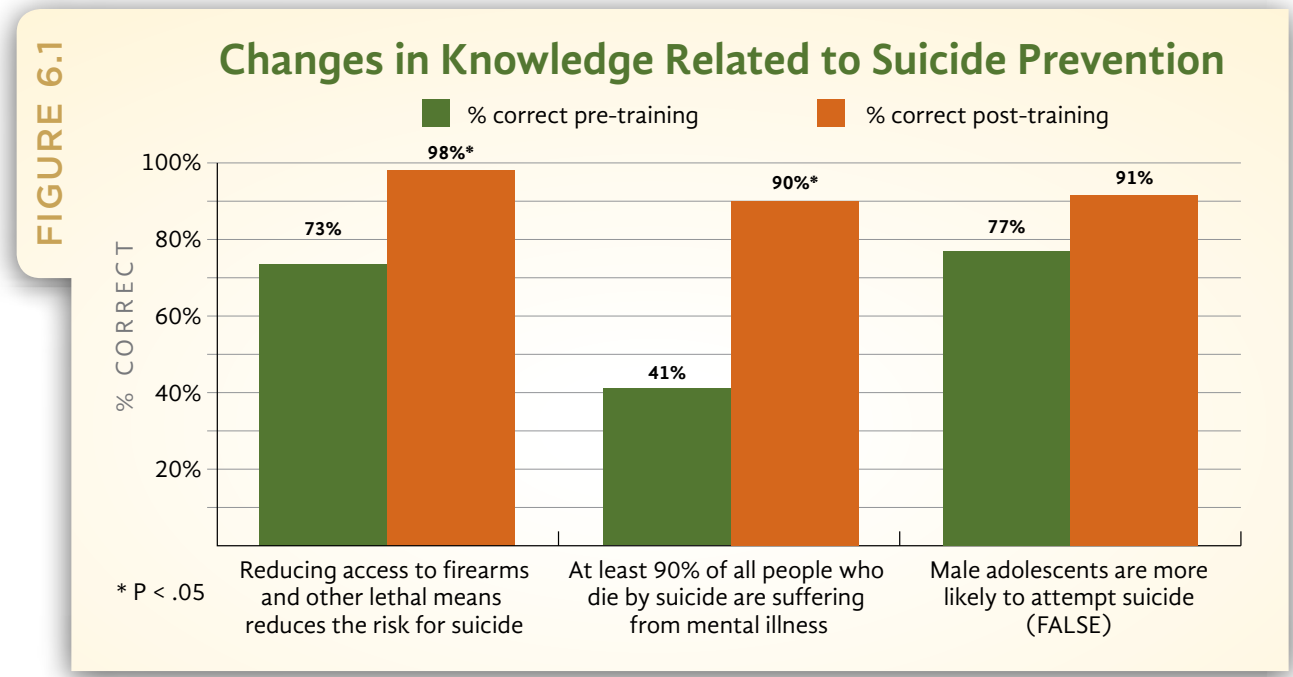


In conclusion, the EIRF data collected as part of Vermont's GLS Suicide Prevention Grant demonstrate that schools play a vital role in identifying young people who are at risk of harming themselves, and then connecting these young people to a variety of services and supports.

Appendix 6

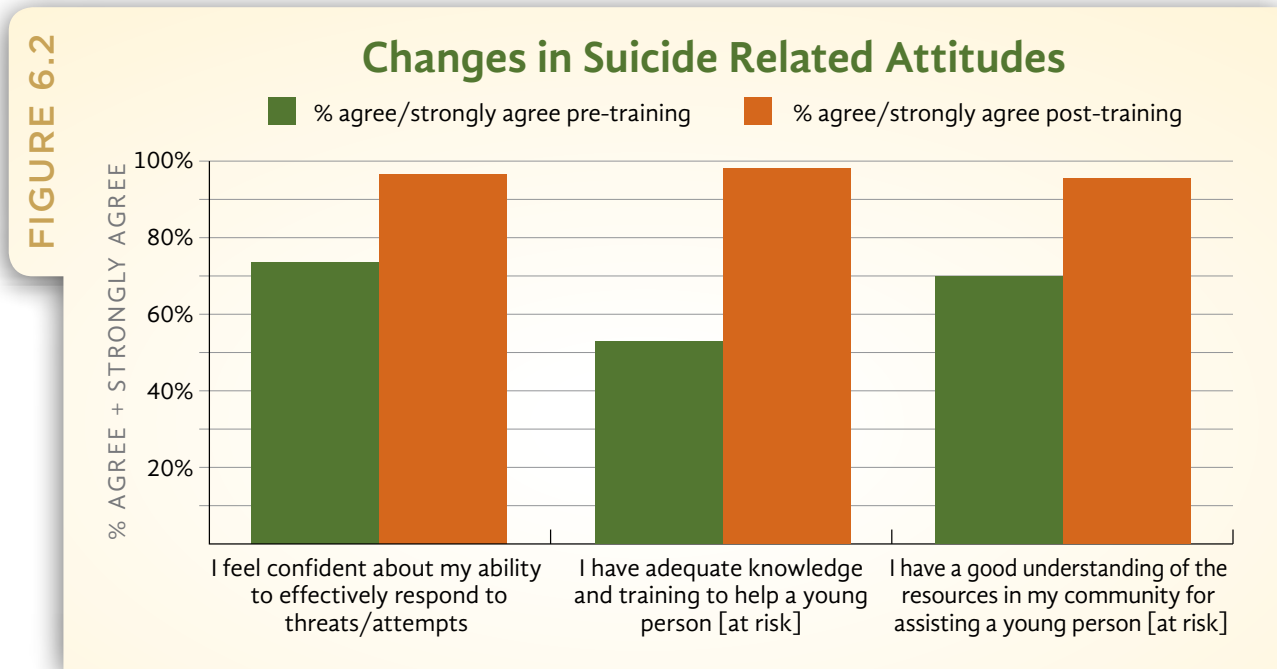
UMatter for Schools Training Data

This section presents data obtained at *Umatter for Schools* trainings that were conducted between March 2013 and October 2014. Figure 6.1 reflects that *Umatter* trainees showed statistically significant increases in their knowledge of the importance of lethal means safety for preventing suicide (73% vs. 98%) and in knowledge relating to very high proportion of people who died by suicide having experienced mental illness (41% vs. 90%). There was also a slight increase (77% vs. 91%) in trainees correctly answering “False” to the statement that male adolescents are more likely to attempt suicide.



Appendix 6 (continued)

Figure 6.2 shows considerable increases in *Umatter* trainees' agreement that they feel confident in their ability to respond to suicide threats and attempts, they have adequate knowledge and training to help a young person at risk and they have a good understanding of community resources for helping young people at risk.



Appendix 7

RESOURCES

ADULTS

Man Therapy

www.mantherapy.org

Therapy the way a MAN would do it. Dr. Rich Mahogany gives working-aged men a resource to help them with any problems that life sends their way, something to set them straight on the realities of suicide and mental health, and in the end, a tool to help put a stop to the suicide deaths of so many of our men.

Older Adults Suicide Prevention Resources

www.sprc.org/sites/sprc.org/files/OlderAdultSuicidePreventionResources.pdf

Information sheets and Overviews for professionals including training materials and guidelines provided by the Suicide Prevention Resource Center.

Working Minds

www.workingminds.org

COLLEGES AND UNIVERSITIES

Active Minds on Campus

www.activeminds.org

Working to utilize the student voice to change the conversation about mental health on college campuses, remove the stigma that surrounds mental health issues and create a comfortable environment for an open conversation about mental health issues on campuses throughout North America.

Jed Foundation

www.jedfoundation.org

Working nationally to reduce the rate of suicide and the prevalence of emotional distress among college and university students.

People Prevent Suicide

www.peoplepreventsuicide.org

Envisioning a world where all stakeholders of college campus life are prepared to prevent suicide and to support those affected by it.

Virginia Campus Handbook

www.campussuicidepreventionva.org

www.campussuicidepreventionva.org/facultyhandbook/

LESBIAN, GAY, BISEXUAL, TRANSGENDER & QUESTIONING (LGBTQ)

Pride Center of Vermont

www.ru12.org

Pride Center of Vermont celebrates, educates and advocates with and for lesbian, gay, bisexual, transgender and queer (LGBTQ) Vermonters.

GLSEN, Inc., the Gay, Lesbian & Straight Education Network

www.glsen.org

Leading national education organization focused on ensuring safe schools for all students.

Green Mountain Crossroads

www.greenmountaincrossroads.org

Green Mountain Crossroads offers education and events local to the southeast corner of Vermont.

Northeastern Vermont Area Agency on Aging

www.nekseniors.org/services-and-programs/lgbt-elder-resources/

LGBT Elder Resources.

Outright Vermont

www.outrightvt.org

Queer youth center and statewide advocacy organization for lesbian, gay, bisexual, transgender, queer and questioning (LGBTQQ) youth.

Vermont Diversity Health Project

www.vdhp.org

The mission of the Vermont Diversity Health Project (VDHP) is to improve the health and wellness of Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Vermonters by building bridges between health care providers and LGBTQ people throughout the state.

MENTAL HEALTH

Depression and Bipolar Support Alliance (DBSA)

www.dbsalliance.org

The nation's largest patient-directed, illness-specific organization.

Families for Depression Awareness

www.familyaware.org

Helping families recognize and cope with depressive disorders to get people well and prevent suicides.

RESOURCES *continued*

It's All Right

www.itsallright.org

Mental health issues for and about young adults.

Mental Health America

www.mentalhealthamerica.net

Promoting mental health, preventing mental disorders and achieving victory over mental illness through advocacy, education, research and services.

National Alliance for Mental Illness

www.nami.org

In Vermont: www.namivt.org

In New Hampshire: www.naminh.org

Grassroots, volunteer organization committed to supporting families coping with mental illness, educating the public, advocating for adequate care and increasing funding for research. Dedicated to the eradication of mental illness and to the improvement of the quality of life of all whose lives are affected by it.

PROFESSIONALS

Suicide Prevention Resource Center

www.sprc.org

Emergency Room: Is Your Patient Suicidal?:
www.sprc.org/sites/sprc.org/files/library/ER_SuicideRiskPosterVert2.pdf

Role of the Media in Preventing Suicide
www.sprc.org/sites/sprc.org/files/library/media_guide.pdf

Suicide Prevention Toolkit for Rural Primary Care
www.sprc.org/pctoolkit/index.asp

Workshops and Toolkits
www.sprc.org/training-institute/workshops-and-toolkits

PURPOSE, MEANING AND ASSET-BUILDING

Circle of Courage

www.circleofcouragenz.org

A model for researching and teaching youngsters at high risk for negative life outcomes.

Developmental Assets

www.search-institute.org

www.search-institute.org/assets/

Grounded in extensive research in youth development, resiliency, and prevention, the Developmental Assets represent the relationships, opportunities, and personal qualities that young people need to avoid risks and to thrive.

Healthy Lifestyles

www.maine.gov

www.maine.gov/suicide/youth/healthylifestyles/

Some ideas for surviving and thriving.

Live Your Life Well

www.liveyourlifewell.org

Designed to help you cope better with stress and create more of the life you want.

SCREENING TOOLS, HOTLINES AND SERVICES

CRISIS Text Line

www.crisistextline.org

Text "LISTEN" to 741-741. Support for teens, 24/7.

GLBT National Health Center

www.glnh.org

GLBT National Hotline and National Youth Talkline

Online Peer-Support Chat: www.glnh.org/chat/
1.888.843.4564 1.800.246.PRIDE (7743)

Telephone volunteers in their teens and early twenties speak with teens and young adults up to age 25 about coming-out issues, relationship concerns, parent issues, school problems, HIV/AIDS anxiety and more.

National Hopeline Network

www.hopeline.com

800.442.HOPE (4673)

Screening for Mental Health

www.mentalhealthscreening.org

In-person and online screening programs for depression, bipolar disorder, anxiety disorder, PTSD, eating disorder, substance abuse and suicide prevention.

Suicide Prevention Lifeline

www.suicidepreventionlifeline.org

1.800.273.TALK (8255)

Trans Lifeline

www.translifeline.org
1.877.565.8860

The Trevor Project

www.thetrevorproject.org

Trevor Lifeline TrevorText

1.202.304.1200 1.866.488.7386

TrevorChat: Text the word “Trevor”. Providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning youth.

Umatter U Can Get Help

www.UmatterUCanGetHelp.org

Award-winning program for youth who think they may need help or may be worried about someone else.

Veterans Crisis Line:

www.veteranscrisisline.net
1.800.273.TALK (8255) and PRESS 1

SUICIDE PREVENTION

American Association of Suicidology

www.suicidology.org

Serves as a national clearinghouse for information on suicide. Promotes research, public education and training for professionals and volunteers.

American Foundation for Suicide Prevention

www.afsp.org

Dedicated to advancing our knowledge of suicide and our ability to prevent it.

Means Matter

www.hsph.harvard.edu/means-matter/

Promoting activities that reduce a suicidal person’s access to lethal means of suicide.

National Suicide Prevention Resource Center

www.sprc.org

Provides a library, resources and prevention support specialists.

Stop a Suicide Today

www.stopasuicide.org

Screening for mental health.

Suicide Awareness Voices of Education (SAVE)

www.save.org

Believing that suicide should no longer be considered a hidden or taboo topic and that through raising awareness and educating the public, we can SAVE lives.

Umatter: You Can Help

www.UmatterUCanHelp.com

This website was created to increase your awareness and understanding of suicidal behavior in youth and enhance your ability to respond. This website is intended as a resource to help you learn the warning signs, to promote help seeking and effective response to suicidal behavior. You can learn effective tools that promote positive messages, and a three step process that encourage youth to seek help.

Zero Suicide

www.zerosuicide.sprc.org

Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems, and encompasses a specific set of strategies and tools.

SUICIDE SURVIVORS

American Association of Suicidology Survivor Division

www.opentohope.com

Helping those who have suffered a loss to cope with their pain and find hope for the future.

American Foundation for Suicide Prevention: Vermont Chapter

www.afspvermont.org

Offering comfort to survivors through monthly support group meetings. Connecting with other survivors and talking openly about suicide with people who really understand can be a powerful experience and a crucial part of the healing process.

Fierce Goodbye: Living in the Shadow of Suicide

www.fiercegoodbye.com

A faith-based perspective on suicide.

Heartbeat: Grief Support Following Suicide

www.heartbeaturvivorsaftersuicide.org

Peer support offering empathy, encouragement and direction following the suicide of a loved one.

RESOURCES *continued*

Out of the Darkness Walks

www.outofthedarkness.org

AFSP provides opportunities for survivors of suicide loss to get involved through a wide variety of educational, outreach, awareness, advocacy and fundraising programs. Walk to honor loved ones and find an event near you.

Survivors of Suicide

www.survivorsofsuicide.com

Helping those who have lost a loved one to suicide resolve their grief and pain in their own personal way.

YOUTH AND SCHOOLS

Center for Mental Health in Schools

www.smhp.psych.ucla.edu

Pursuing theory, research, practice and training related to addressing mental health and psychosocial concerns through school-based interventions.

GLSEN, Inc., the Gay, Lesbian & Straight Education Network

www.glsen.org

Leading national education organization focused on ensuring safe schools for all students.

Preventing Suicide: A Toolkit for High Schools

www.sprc.org/content/high-school-toolkit

An extensive resource including getting started, protocols, after a suicide tools, staff education, parent/guardian education and outreach, student programs, and screening.

Maine Youth Suicide Prevention Program

www.maine.gov/suicide

Comprehensive youth suicide prevention resource.

The Jason Foundation

www.jasonfoundation.com

Dedicated to the prevention of the “Silent Epidemic” of youth suicide through educational & awareness programs to equip young people, educators/youth workers and parents with the tools and resources to help identify and assist at-risk youth.

MENTAL HEALTH SERVICES IN VERMONT

Clara Martin Center

www.claramartin.org

Randolph 802.728.4466
Bradford 802.222.4477
24-Hour Hotline 800.639.6360

Counseling Services of Addison County, Inc.

www.csac-vt.org

Middlebury 802.388.6751
24 Hour on-call Emergency Services. 802.388.7641

Health Care & Rehabilitation Services www.hcrs.org

Springfield 802.886.4500
Brattleboro 802.254.6028
Bellows Falls 802.463.3947
Windsor 802.674.2539
Hartford 802.295.3031
Toll-free 888.888.5144
Crisis/Emergency 24-Hour Hotline . 800.622.4235

First Stop for Children’s Services:

Springfield 855.220.9429
Hartford 855.220.9430
Brattleboro 855.220.9428

Howard Center - Chittenden County

www.howardcenter.org

24-Hour Crisis Hotlines:
First Call for Children & Families . . . 802.488.7777
Adult Mental Health. 802.488.6400

Lamoille County Mental Health Services www.lamoille.org

Morrisville 802.888.5026
Nights & Weekends 802.888.8888
Weekdays: 8-4:30 802.888.5026

Northeast Kingdom Human Services www.nkhs.org

Derby 802.334.6744 or 800.696.4979
St. Johnsbury 802.748.3181 or 800.649.0118

Northwestern Counseling & Support Services

www.ncssinc.org

St. Albans 802.524.6554
Toll-free 800.834.7793

Rutland Mental Health Services www.rmhsccn.org

Rutland 802.775.2381
24 Hour on-call Emergency 802.775.1000

United Counseling Service www.ucsvt.org

Family Emergency Services (FES) . . 802.442.1700
Bennington 802.442.5491
Manchester 802.362.3950

Washington County Mental Health www.wcmhs.org

Montpelier 802.229.0591

Appendix 8

Warning Signs of Suicide

When you are concerned there is an immediate crisis:

Get help. Stay with the person until professional help is available. Keep the person away from firearms, medications, alcohol and other substances which they might use to kill themselves, or which might lower their resistance to causing themselves harm.

Call your local mental health agency or 1-800-273-TALK (8255).

If someone needs immediate medical attention, call 9-1-1.

Warning signs of suicidal ideation:

- Threatening suicide or expressing a strong wish to die
- Making a plan to die with details for how, when, where
- Seeking access to lethal means such as guns, medications, poisons
- Talking, writing, drawing, or texting about death, dying or suicide
- Giving away prized possessions or putting their life in order
- Showing abrupt improvement after a period of sadness or withdrawal
- Feelings of being “beyond help”

Indications of Serious Depression that could lead to Suicide

The following are indications that someone is in severe psychological pain. They may not signal an immediate emergency, but the person does need help.

Related to mood or feelings	Related to functioning
Severe mood swings	Withdrawal from family or friends
Persistent feelings of failure	Persistent physical complaints
Unexpected anger or wish for revenge	Neglect of personal appearance
Unrelenting low mood	Increased alcohol or other drug use
Pessimism or hopelessness	Abandonment of activities once considered enjoyable
No sense of purpose in life	Impulsiveness or unnecessary risk-taking
Desperation or feeling trapped	Preoccupation with death or pain
Anxiety, agitation or psychic pain	Difficulty concentrating
Rejection of help or support	Trouble sleeping

Appendix 9

Recommendations for Reporting on Suicide[®]

Developed in collaboration with: American Association of Suicidology, American Foundation for Suicide Prevention, Annenberg Public Policy Center, Associated Press Managing Editors, Canterbury Suicide Project - University of Otago, Christchurch, New Zealand, Columbia University Department of Psychiatry, ConnectSafely.org, Emotion Technology, International Association for Suicide Prevention Task Force on Media and Suicide, Medical University of Vienna, National Alliance on Mental Illness, National Institute of Mental Health, National Press Photographers Association, New York State Psychiatric Institute, Substance Abuse and Mental Health Services Administration, Suicide Awareness Voices of Education, Suicide Prevention Resource Center, The Centers for Disease Control and Prevention (CDC) and UCLA School of Public Health, Community Health Sciences.

Important points for covering suicide

- More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. The magnitude of the increase is related to the amount, duration and prominence of coverage.
- Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death.
- Covering suicide carefully, even briefly, can change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help.
- Suicide is a public health issue. Media and online coverage of suicide should be informed by using best practices. Some suicide deaths may be newsworthy. However, the way media cover suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking.
- Suicide Contagion or “Copycat Suicide” occurs when one or more suicides are reported in a way that contributes to another suicide.
- References and additional information can be found at: www.ReportingOnSuicide.org

Instead of This ❌	Do This ✅
Big or sensationalistic headlines, or prominent placement (e.g., “Kurt Cobain Used Shotgun to Commit Suicide”).	Inform the audience without sensationalizing the suicide and minimize prominence (e.g., “Kurt Cobain Dead at 27”).
Including photos/videos of the location or method of death, grieving family, friends, memorials or funerals.	Use school/work or family photo; include hotline logo or local crisis phone numbers.
Describing recent suicides as an “epidemic,” “skyrocketing,” or other strong terms.	Carefully investigate the most recent CDC data and use non-sensational words like “rise” or “higher.”
Describing a suicide as inexplicable or “without warning.”	Most, but not all, people who die by suicide exhibit warning signs. Include the “Warning Signs” and “What to Do” sidebar (p. 47) in your article if possible.
“John Doe left a suicide note saying...”	“A note from the deceased was found and is being reviewed by the medical examiner.”
Investigating and reporting on suicide similar to reporting on crimes.	Report on suicide as a public health issue.
Quoting/interviewing police or first responders about the causes of suicide.	Seek advice from suicide prevention experts.
Referring to suicide as “successful,” “unsuccessful” or a “failed attempt.”	Describe as “died by suicide” or “killed him/herself.”

Avoid Misinformation and Offer Hope

- Suicide is complex. There are almost always multiple causes, including psychiatric illnesses, that may not have been recognized or treated. However, these illnesses are treatable.
- Refer to research findings that mental disorders and/or substance abuse have been found in 90% of people who have died by suicide.
- Avoid reporting that death by suicide was preceded by a single event, such as a recent job loss, divorce or bad grades. Reporting like this leaves the public with an overly simplistic and misleading understanding of suicide.
- Consider quoting a suicide prevention expert on causes and treatments. Avoid putting expert opinions in a sensationalistic context.
- Use your story to inform readers about the causes of suicide, its warning signs, trends in rates and recent treatment advances.
- Add statement(s) about the many treatment options available, stories of those who overcame a suicidal crisis and resources for help.
- Include up-to-date local/national resources where readers/viewers can find treatment, information and advice that promotes help-seeking.

Suggestions for Online Media, Message Boards, Bloggers & Citizen Journalists

- Bloggers, citizen journalists and public commentators can help reduce risk of contagion with posts or links to treatment services, warning signs and suicide hotlines.
- Include stories of hope and recovery, information on how to overcome suicidal thinking and increase coping skills.
- The potential for online reports, photos/videos and stories to go viral makes it vital that online coverage of suicide follow site or industry safety recommendations.
- Social networking sites often become memorials to the deceased and should be monitored for hurtful comments and for statements that others are considering suicide. Message board guidelines, policies and procedures could support removal of inappropriate and/or insensitive posts.

HELPFUL SIDEBAR FOR ARTICLES

Warning Signs of Suicide

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated or recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

The more of these signs a person shows, the greater the risk. Warning signs are associated with suicide but may not be what causes a suicide.

What to Do

If someone you know exhibits warning signs of suicide:

- Do not leave the person alone
- Remove any firearms, alcohol, drugs or sharp objects that could be used in a suicide attempt
- Call the U.S. National Suicide Prevention Lifeline at 800-273-TALK (8255)
- Take the person to an emergency room or seek help from a medical or mental health professional

The National Suicide Prevention Lifeline

800-273-TALK (8255)

A free, 24/7 service that can provide suicidal persons or those around them with support, information and local resources.



Vermont Suicide Prevention Center is a program of
the Center for Health and Learning



With Funding from:



In Association with:

