VERMONT
DEPARTMENT OF MENTAL HEALTH

VT SPC Suicide Prevention Center
A Public-Private Partnership

SUICIDE IS PREVENTABLE: ZERO SUICIDE IN VERMONT

ZERO SUICIDE *is a commitment to suicide prevention in health and mental health care systems and is also a specific set of strategies and tools.*[1]

BACKGROUND

- Vermont has the highest rate of deaths by suicide in New England and the 18th highest suicide rate in the nation in 2018[2].
- Suicide is the second leading cause of death for Vermonters aged 15-34, and the fourth leading cause of death for Vermonters aged 35-54. Suicide death rates are disproportionately high for older Vermonters and males ages 70 to 74 have the highest suicide death rates in the state[3].
- There were 118 suicide deaths, or 17.3 suicide deaths per 100,000 Vermont residents in 2018[4].
- On average, two Vermonters die each week to suicide. This is higher than the combined number of deaths from motor vehicle accidents, fires, drownings, and homicides in Vermont[5,6].
- It is estimated that there are about 25 suicide attempts for every suicide death. In Vermont, this would translate to over 3,000 suicide attempts being made in one year (2013)[7].
- In 2015 suicide deaths among Vermont residents were attributable to firearms (52%), suffocation (21%) and poisoning (17%)[8].
- Over half (53%) of those who died by suicide in Vermont in 2015 had a mental health problem, a third had a history of mental health treatment and 27% had a reported intimate partner problem. Thirteen percent (13%) had a job problem or crisis in the past two weeks, including being laid off, trouble finding a job or being recently fired[9].
- 45% of individuals who died by suicide had seen their Primary Care doctor within the month prior to their death.[10]

SUICIDE IS A PUBLIC HEALTH CRISIS.

THE GOALS OF SUICIDE PREVENTION ARE

1. Decreasing risk factors
2. Early recognition of the early signs of distress and mental health problems that lead to suicide
3. Knowledge of the effective steps to prevent self-harming behavior

ZERO SUICIDE

Zero Suicide is a set of evidence-based principles and practices for preventing suicide within health and mental health systems.

The foundational belief of Zero Suicide is that suicide deaths for individuals under care are preventable. Zero Suicide requires a system-wide approach to improve outcomes and close gaps[11].

REFERENCES: [1] *National Action Alliance for Suicide Prevention (www.zerosuicide.org);* [2] *American Association of Suicidology, 2018;* [3] *AFSP, 2015;* [4] *American Association of Suicidology, 2018;* [5] *AFSP, 2015;* [6] *Centers for Disease Control, Web-Based Injury Statistics Query and Reporting System (WISQARS), 2016;* [7] *Dr. Alex Crosby, CDC, 2015 American Association of Suicidology presentation;* [8] *Vermont Department of Health, 2017;* [9] *National Violent Death Reporting System (NVDRS), 2015;* [10] *Luoma, et.al, 2002;* [11] *Suicide Prevention Resource Center (SPRC)*

THREE CENTRAL FACETS OF ZERO SUICIDE

1) CORE VALUES

- Continuity of Care and Shared Service Responsibility
- Promoting a culture of shared responsibility between Primary Care, Mental Health Services, Emergency Department/Crisis Response, In-patient units, and Recovery Supports is critical to prevent suicides.

Just as the path to recovery and wellness for a heart attack victim requires multiple levels of care, treatment and patient lifestyle changes, so does the path to recovery and wellness for persons who face possible death by suicide. Care for suicide risk must be comprehensive and continuous until the risk is eliminated.

- Immediate Access to Care for All Persons in Suicidal Crisis

2) SYSTEMS MANAGEMENT

- Policies and Procedures
- Collaboration and Communication
- Trained and Skilled Work Force

3) EVIDENCED-BASED PRACTICES

- Screening and Suicide Risk Assessment

Adults and peers in non-clinical settings, e.g. schools, home care, social or faith organizations can also be taught to identify warning signs, what to say and do, and how to get help.

- Suicide-focused Care
- Intervention and Collaborative Safety Planning
- Treating Suicide Risk
- Care Coordination, Caring Contact and Follow-up

Coping oriented psychotherapies have the most research support for effectively treating suicidal risk, including Dialectical Behavior Therapy, Cognitive Therapy, Safety Planning Intervention and Collaborative Assessment and Management of Suicidality.

WHAT PROFESSIONALS CAN DO TO SUPPORT ZERO SUICIDE

LEAD: *Make an explicit commitment to reduce deaths.*

- The culture in primary care, emergency department, and mental health settings reflects the belief that suicide of patients can be prevented.
- Assess staff knowledge, practices, and confidence in providing suicide safe care.

TRAIN: *Develop a competent, confident, and caring workforce.*

- The Zero Suicide approach begins the moment the patient walks through the door and all staff feel confident in their ability to provide caring and effective assistance to patients with suicide risk.
- All primary care, emergency department, mental health and mental health providers are trained in effective suicide risk assessment and review suicide risk of patient at each visit.
- All providers who counsel people at risk for suicide are trained in Counseling on Access to Lethal Means (CALM).

IDENTIFY AND ASSESS *patients for suicide risk.*

- All patients are screened for suicide risk on their first contact with a provider and at every subsequent contact.
- Staff use the same tool and procedures in their organization for screening to ensure that clients at suicide risk are identified.
- Providers conduct a suicide risk assessment whenever a patient screens positive for suicide risk.

ENGAGE *patients at risk for suicide in a care plan.*

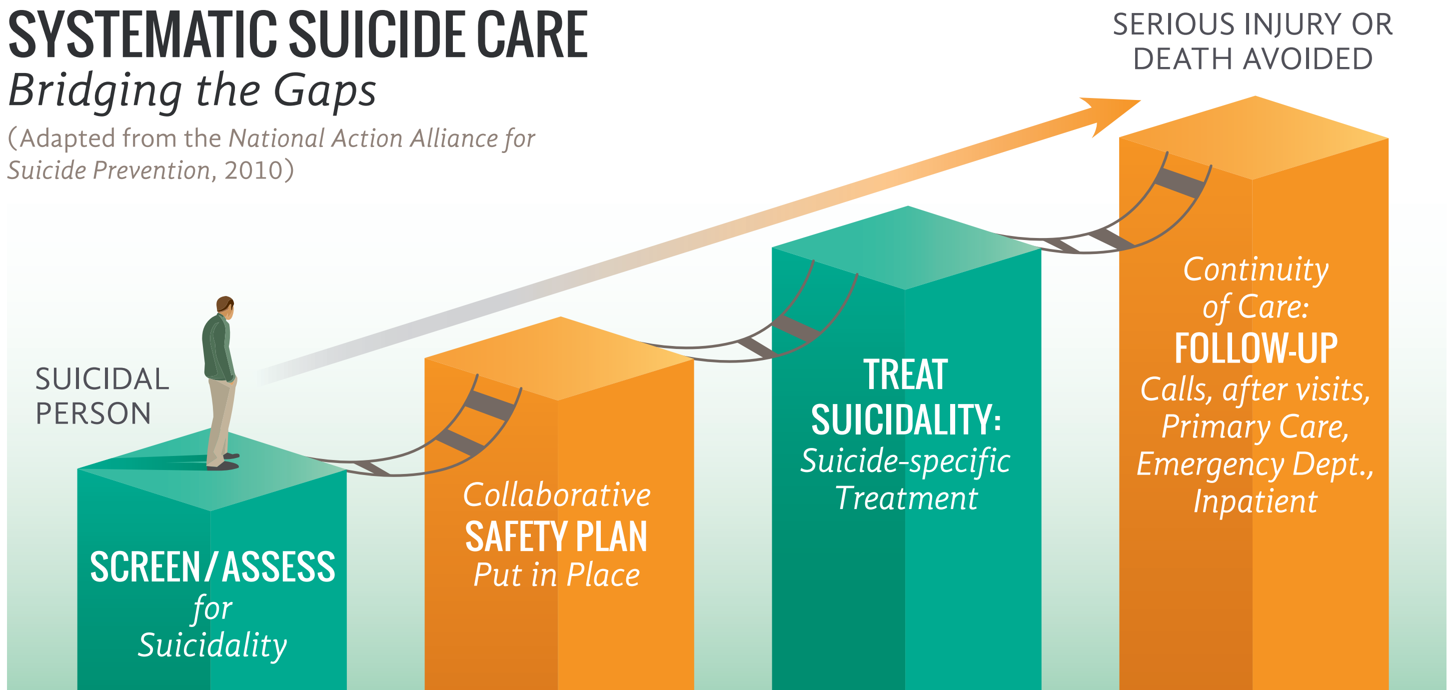
- Primary care, hospitals and emergency departments, mental health and crisis services ensure that all patients identified as at risk of suicide develop a suicide safety plan.

TREAT *suicidal thoughts and behaviors directly.*

- Clients receive evidence-based treatment to address suicidal thoughts and behaviors directly, in addition to treatment for other mental health issues.
- Care is provided in the least restrictive setting by working with community agencies and other partners to provide treatment options and settings.

FOLLOW *patients through every transition in care.*

- Caregivers and clinicians bridge patient transitions from inpatient, ED, or primary care to outpatient mental health care.
- Providers address suicide risk at every visit within an organization, from one mental health clinician to another or between primary care and mental health staff in integrated care settings.



IMPLEMENTATION OF ZERO SUICIDE

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

SUICIDE-SPECIFIC TREATMENT*

INTERVENTION

PREVENTION

RECOVERY

Follow Up & Continuing Supportive Contacts

INPATIENT
CALM, CAMS, CBT, DBT

Follow Up and Continuing Supportive Contacts

CALM, CAMS, CBT, DBT
Counseling on Access to Lethal Means, Collaborative Assessment & Management of Suicidality, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy

Follow Up and Continuing Supportive Contacts

+SCREEN -SCREEN

SUICIDE ASSESSMENT
(Columbia Suicide Severity Rating Scale - CSSRS)

Follow Up and Continuing Supportive Contacts

+SCREEN

EMERGENCY DEPARTMENT SCREENING
(Patient Heath Questionnaire - 9) (Adapted CSSRS)

-SCREEN

PRIMARY CARE SCREENING
(Patient Heath Questionnaire - 9) (Adapted CSSRS)

COMMUNITY & WORKFORCE TRAINING:
Umatter, ASIST, MHFA (Umatter Suicide Prevention, Applied Suicide Intervention Skills Training, Mental Health First AID)

PEER & SURVIVOR SUPPORT, INVOLVEMENT OF PEOPLE WITH LIVED EXPERIENCE

Umatter SUICIDE PREVENTION & UNIVERSAL HEALTH PROMOTION STRATEGIES

VERMONT SUICIDE PREVENTION PROGRAMS

Suicide Prevention Data and Surveillance Work Group
vtspc.org/vermont-statistics-on-suicide/

Vermont Gun Shop Project (VT GSP)
vtspc.org/gun-shop-project/

H.184 (Act 34) Evaluation of Suicide Profiles
legislature.vermont.gov/bill/status/2018/H.184

Quechee Bridge Mitigation
vtrans.vermont.gov/planning/projects-programs

Zero Suicide Pilot Projects
vtspc.org/zero-suicide-transitions-in-care/

COUNTY	AGENCY
Franklin & Grand Isle	Northwestern Counseling and Support Services
Chittenden	Howard Center
Lamoille	Lamoille County Mental Health

VERMONT SUICIDE COALITION AND PARTNERSHIPS

Vermont 2-1-1
www.vermont211.org

VT Suicide Prevention Center
www.vtspc.org

Vermont Suicide Prevention Coalition
For a full list of VT Suicide Prevention Coalition Members, see:
vtspc.org/about-vtspc/coalition/

Vermont Child Health Improvement Program (VCHIP)
www.med.uvm.edu/vchip

American Foundation of Suicide Prevention-VT Chapter
afsp.org/chapter/afsp-vermont/

Vermont Agency of Human Services
humanservices.vermont.gov

SENSITIVE USE OF LANGUAGE

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

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

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

PLEASE USE:

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

PLEASE AVOID:

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

RESOURCES FOR SURVIVORS OF SUICIDE LOSS

A packet for survivors of suicide loss was produced for Vermonters. The resource packet can be found here:
vtspc.org/survivors-of-suicide-vermont-resource-packet/

Umatter Suicide Prevention
vtspc.org/about-vtspc/umatter/
The message behind Umatter is: You matter because you may need help. You matter because you may be in the position to help.

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