

Vermont Suicide Prevention Platform



THIRD EDITION 2023

Working to Prevent Suicide Across the Lifespan

Published by
Vermont Suicide Prevention Center



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Contents

Executive Summary	6
Context for Suicide Prevention in Vermont	7
What We Know About Suicide	8
Eleven Goals of the Vermont Platform . . .	9
National Strategy for Suicide Prevention & Surgeon General's Call to Action	10
Vermont's Statewide Initiatives:	
Vermont Suicide Prevention Coalition . . .	12
Vermont Suicide Prevention Center	14
988 Lifeline	16
Zero Suicide	17
Vermont Care Partners	18
Vermont Comprehensive Suicide Prevention	19
Mission Connect: Governor's Challenge . .	21
Umatter® Suicide Prevention	23
American Foundation for Suicide Prevention, VT Chapter	24
Vermont Afterschool	26
Vermont Program for Quality Health Care	27
United Way: Mental Health Initiative . . .	28
Moms Demand Action	29

Eleven Goals in Detail

Eleven Goals of the Vermont Platform . . .	30
Language	43

Appendices

Appendix 1: Vermont Department of Health Data Across the Lifespan	44
Appendix 2: Leading Means of Death in Vermont	47
Appendix 3: Leading Causes of Death in Vermont	48
Appendix 4: Vermont Youth Risk Behavior Survey Data	49
Appendix 5: Resources	51
Appendix 6: Trainings	58
Appendix 7: Warning Signs of Suicide . . .	60
Appendix 8: Recommendations for Reporting on Suicide	61
Citations	62

Executive Summary

The 2023 version of the Suicide Prevention Platform offers each of us an opportunity to discover and explore the various opportunities to be involved in suicide prevention. Since 2015, when the Suicide Prevention Platform was last updated, a lot has changed, including a global pandemic, increased social isolation, and uncertainty multiplied. Our communities have witnessed a rise in need, and there are new and updated resources and tools available we want all Vermonters to be aware of. We want you to use this guide and share it freely with friends, neighbors, colleagues, family members, and loved ones.

Having received suicide prevention grants in the past, Vermont has been able to build on these efforts with current grants from the Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA). In 2020, Vermont was awarded the CDC Comprehensive Suicide Prevention grant with a focus on prevention among large groups of people while improving and protecting the health and wellbeing of communities. Whereas the SAMHSA Garrett Lee Smith grant awarded in 2022 is focused on supporting suicide prevention broadly across schools, youth programs, mental health and health care, child welfare and juvenile justice. The Vermont Department of Health manages these grants with coordination from the Department of Mental Health.

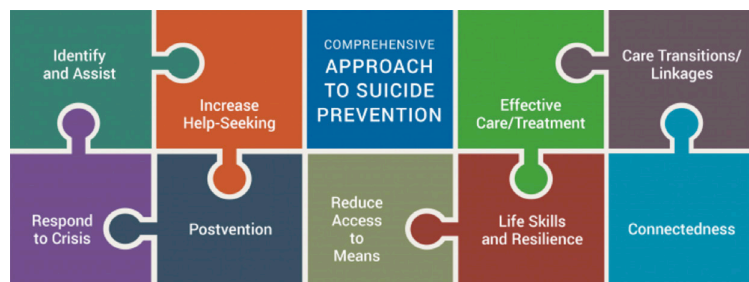
Since the inception of the 988 Suicide & Crisis Lifeline in July 2022, more Vermonters have been reaching out to trained crisis counselors in times of crisis for support, community resources, and education on assisting loved ones. 988 provides an anonymous way to share your experience in an age where anonymity is hard to find. It is also an integral part of building and developing a more responsive mental health care system, in conjunction with mobile crisis response, which will allow someone to access care and treatment in a person-centered way.

With the support of Governor Phil Scott and Adjutant General Gregory Knight, members of state government, the Vermont National Guard, the Veterans Administration (VA), healthcare organizations, community partners and military family members have come together to form the Vermont Governor's Challenge team: Mission Connect Vermont. While we focus on education, information and intervention as core components of Vermont's overall suicide prevention efforts, critical to our success is our focus on the specific challenges facing Service Members, Veterans, and their Families (SMVF). We recognize the unique needs of Service Members, Veterans and their Families – both during and after active deployment and as serving members of our Army and Air National Guard – and we want to build a system to prevent lives lost to death by suicide.

The graphic at right from the Suicide Prevention Resource Center (SPRC) delineates the components of a comprehensive and research-based model of effective suicide prevention programming.

The field of suicide prevention is continuously evolving and research continues to help better inform best practices, policies, and programs. Simultaneously, Vermont is at a point where increased connectedness, strong partnerships, and collaborative communication is needed to effectively address suicide prevention. These efforts are unifying piece by piece to create a Vermont full of vibrant, supportive, and healthy communities.

As you learn more about the Vermont Suicide Prevention Platform by reading on, take a look at the role you are able to play in the health of Vermonters.



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Context for Suicide Prevention in Vermont

Since 2000, suicide has been recognized in Vermont as a significant public health issue. In 2000, when the Vermont Department of Health included goals related to suicide deaths, suicide attempts, substance misuse, 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 (CHL), 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 allowed for the strengthening of Vermont infrastructure, and has developed into a number of statewide initiatives and accomplishments shared with more detail in the following pages. During this time, the Vermont Department of Health again prioritized suicide prevention in Healthy Vermonters 2020. 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 (VTSPC), under the advisement of key partners in the Vermont Suicide Prevention Coalition.

In 2015, Vermont began the Zero Suicide project with two Designated Mental Health Agencies (DA) – a cohort that has grown to 10 DAs and two Specialized Service Agencies (SSA) in 2022. Also in 2022, patient-centered medical homes (PCMH) engaged in a mini-grant opportunity with Blueprint for Health and Vermont Suicide Prevention Center with funding from Department of Mental Health to partner with DAs to build suicide-safe pathways to care. As shared in the Executive Summary, Vermont has expanded its public health approach to suicide through the CDC's Comprehensive Suicide Prevention grant, increased its capacity for crisis response through launching two 988 Suicide & Crisis Lifeline call centers, and collaborated on efforts to support Service Members, Veterans, and their Families (SMVF) through the Governor's Challenge.

Vermont continues to have a strong grassroots advocacy, education, and prevention work in the form of the state chapter of the American Foundation for Suicide Prevention. Legislative efforts by multiple partners have resulted in important improvements across the state, including the hiring of the state's first Director of Suicide Prevention in early 2023. Meanwhile, multiple trainings are offered across the state including Umatter® – built by Vermonters for Vermonters – to enhance connection, awareness, and skills around suicide prevention.

To dive deeper into the scope of suicide prevention work in Vermont, 20 years after its inception, please read ahead. Several statewide initiatives are highlighted, as well as state data, and more work is being done by community and regional partners. The Eleven Goals of the Vermont Platform section shares the various actions and considerations Vermonters can take, along with a list of state and national resources and training opportunities. We hope this guide is helpful for learning about suicide prevention work in Vermont, and resources that can be utilized and shared with colleagues, peers, family and community.

What We Know About Suicide

Suicide is a public health issue that affects individuals and families of all ages, socioeconomic 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.

In the United States.....

- Suicide is a leading cause of death.¹
- Suicide rates increased approximately 36% between 2000 and 2021 and there were 48,183 suicide deaths in 2021.¹
- For every suicide death, there were about three hospitalizations for self-harm; eight emergency department visits related to suicide; 38 self-reported suicide attempts in the past year; 265 people who seriously considered suicide in the past year.¹
- In 2019, suicide ranked as the 2nd leading cause of death for individuals aged 15-24 years.²

In Vermont...

- Suicide is the 8th leading cause of death, with the rate (classified as per 100,000 Vermonters) increasing 16% from 2020 to 2021, its highest rate in 10 years. The lowest rate during the period 2011 - 2021 was in 2012.
- LGBTQ+ students are more likely to feel sad or hopeless, make a suicide plan, or attempt suicide compared to heterosexual/cisgender students (sad 63% vs. 25%; plan 36% vs. 9%; attempt 19% vs. 4%). LGBTQ+ adults are significantly more likely than heterosexual/cisgender adults to have suicidal thoughts (12% vs. 4%).³
- Adults with a disability are 5 times as likely to report suicidal thoughts than adults without a disability (10% vs. 2%).³
- Black, Indigenous, and People of Color (BIPOC) students are more likely to feel sad or hopeless, make a suicide plan, or attempt suicide than white, non-Hispanic students (sad 34% vs. 30%; plan 17% vs. 13%; attempt 10% vs. 6%). BIPOC adults are more likely than white, non-Hispanic adults to have a depressive disorder (30% vs. 21%). BIPOC Vermonters represent 2% of suicide deaths.³
- Vermonters who served in the U.S. armed forces represent 20% of suicide deaths.³ Veterans are nearly 1.5 times more likely to have a firearm compared to non-Veterans.⁴
- Social isolation is a risk factor for suicide. 9% of adults rarely or never get social and emotional support, with rates highest for those 65 years and older (13%).³
- Suicide rates are higher for males.³ Between 2012 and 2020, males had consistently higher rates of suicide than females. In 2020, males died by suicide at a rate of 28.98 per 100,000, while females died by suicide at a rate of 6.85 per 100,000.⁵
- Forty one percent of men who die by suicide experience a crisis leading up to death (41%).⁴
- Professionals working in the following industries and occupations in 2019-2020 had statistically higher rates of suicide than the overall suicide rate in Vermont:⁶
 - Farming, Fishing, and Forestry (occupation) – 153.8 per 100,000
 - Construction and Extraction (occupation) – 95.6 per 100,000
 - Agriculture, Forestry, Fishing and Hunting (industry) – 100.0 per 100,000
 - Construction (industry) – 97.7 per 100,000
- In Vermont, firearm deaths are mostly due to suicide (98%, with an average of 67 deaths per year).⁴

Eleven Goals of the Vermont Platform

The Vermont Suicide Prevention Platform contains guiding principles, goals, 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. Please note that the goals are not numbered in order of importance.

The Eleven Goals of the 2023 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 (community response to suicide).
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 misuse treatment services.
9. Promote **responsible reporting and accurate portrayals** of suicidal behavior, mental health conditions, and substance misuse 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.

National Strategy for Suicide Prevention and Surgeon General's Call to Action

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 (Action Alliance) that provides a guide for organized prevention efforts for the United States. Since the last update of the NSSP in 2012, suicide prevention has expanded with new initiatives, research, and partners contributing to its enhancement.

In 2021, the [Surgeon General's Call to Action](#) was produced in collaboration with the National Action Alliance for Suicide Prevention and Surgeon General Jerome Adams as national suicide death rates began to trend upward following the COVID-19 pandemic and the opioid epidemic. The Call to Action pulls *4 Strategic Directions* from the NSSP and highlights *6 Priority Actions* within those that must be carried out in order to fully implement the 2012 National Strategy for Suicide Prevention across the United States.

Strategic Direction 1: Healthy and Empowered Individuals, Families, and Communities

Action 1: Activate a Broad-Based Public Health Response to Suicide

This action focuses on broadening perceptions of suicide, risk factors, and who is affected by suicide. It also works to highlight that every individual and organization can play a role in suicide prevention – something that the **Eleven Goals of the VT Suicide Prevention Platform** and their strategies offer for Vermonters. Engaging people with lived experience throughout suicide prevention efforts is central to a public health response to suicide. Finally, we must engage diverse sectors through effective and well-considered communication strategies.

Action 2: Address Upstream Factors that Impact Suicide

Addressing upstream factors requires us to consider disparities in healthcare, exposure to racism, economic stability, education, social, and community context, and neighborhood and built environments – social determinants of health. Two effective strategies are to increase social connectedness and to provide opportunities for individuals to make meaningful contributions. Collaborative efforts to promote upstream work require partnering across sectors and within communities, with a focus on involving members of impacted groups and peer support. Long-term research to study the impact of upstream prevention efforts should be supported in public and private sectors.

Strategic Direction 2: Clinical and Community Preventive Services

Action 3: Ensure Lethal Means Safety

A core component of this action is for the federal government, states, communities, and tribes to partner with the private sector to ensure up-to-date information, awareness, and communication campaigns on lethal means safety policies, programs, and practices so that they can be adopted and evaluated at local and state levels. Private-sector collaborations should also be utilized in situations where suicidal behaviors have occurred, to take action to reduce access to lethal means. Research and program evaluation should be conducted at the population level to assess community- and clinical-level lethal means safety interventions, and healthcare providers should have access to training on safety planning and lethal means counseling.

National Strategy for Suicide Prevention and Surgeon General's Call to Action *(continued)*

Strategic Direction 3: Treatment and Support Services

Action 4: Support Adoption of Evidence-Based Care for Suicide Risk

Action 4 calls to increase clinical training, improve suicide risk identification in healthcare settings, and conduct safety planning with lethal means safety counseling with all patients who screen positive for suicide risk. Also central to this action is increasing the use of suicide-safe care pathways in healthcare systems and the use of caring contacts across areas to mitigate gaps in support. It is recommended that federal, state and private partners work together to address barriers to clinical training, recommended standard care best practices and continuing education credits. In care settings, integrating mental health and substance misuse treatment into primary care is a priority, as is utilizing electronic health records (EHR) to integrate screening, suicide safe care pathways, and safety planning.

Action 5: Enhance Crisis Care and Care Transitions

This action works to ensure that crisis services are available to anyone, anywhere, and at any time. Action 5 calls to increase the development and use of statewide and regional crisis service hubs; to increase the use of mobile crisis teams and crisis receiving and stabilization facilities. Ensuring safe care transitions for patients – a time of increased suicide risk – is necessary, just as in other treatment and support services. Crisis care needs to involve partnering with First Responders, significantly utilizing peer support and services, and ensuring the safety of all involved in the crisis response. The National Suicide Prevention Lifeline 988 requires crisis infrastructure that can support its implementation and use. Intentional funding and partnering from the federal to the local level is required in order to build the infrastructure and support of comprehensive crisis care and care transitions.

Strategic Direction 4: Surveillance, Research, and Evaluation

Action 6: Improve the Quality, Timeliness, and Use of Suicide-Related Data

Action 6 calls for real-time and accurate data at state and national levels to improve data usage. The Action Alliance notes that suicide rates may be underestimated by as much as 30 percent, and that inconsistent systems across states can contribute to data quality issues. Access to near real-time suicide-related data needs to be improved, including an expansion of access and use of federal data systems. Improved coordination and sharing of suicide-related data across federal, state, and local levels, and linking a variety of data sources to identify groups at risk and inform action are also needed. Recommendations include support from the federal government for real-time data collection from states to inform national systems, and for public and private sectors to partner on real-time suicide dashboards to link data to action.

The ongoing partnerships and initiatives in Vermont fall under the above strategic directions as the state continues to implement policies and programs alongside national guidelines and Vermont context, built on the most up-to-date knowledge base and solid, ongoing evaluation.

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.

Guiding Principles:

Suicidality is a diagnosable mental health condition that shares risk factors with substance misuse and many other co-occurring mental health conditions. Mental and physical health problems must be effectively identified, assessed, treated, and supported with effective care coordination. Individuals and organizations must collaborate to prevent suicide. Suicide prevention requires the use of a public health planning approach.

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 strategies include:

- Promoting the message that suicide across the lifespan is preventable
- Equipping healthcare 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
- Supporting broad-based communication and dialogue to reduce the stigma associated with being a consumer of mental health, substance misuse and suicide prevention services and to increase connectedness and the promotion of mental health wellness
- Promoting positive youth development and lifelong mental health

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 that 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 misuse — bullying and harassment, traumatic events (including sexual abuse, violence, and post-traumatic stress) — as well as other mental health conditions
- Community, individuals and organizations must collaborate to prevent suicide

Vermont Suicide Prevention Coalition *(continued)*

Participating Organizations and Key Partners

- Vermont Afterschool
- 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
- Governor's Office
- Hardwick Area Community Justice Center
- Hartford High School
- Health Care & Rehabilitation Services
- Howard Center
- Howard Center - First Call for Children & Families
- Josh's House
- Lamoille County Mental Health Services
- Moms Demand Action - Vermont Chapter
- 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 Way of Northwest Vermont - Mental Health Initiative
- 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 Association of Hospitals and Health Systems
- Vermont Agency of Human Services
- Vermont Agency of Human Services, Department of Vermont Health Access
- Vermont BluePrint for Health
- 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 Substance Use 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
- Vermont Program for Quality in Health Care
- Veterans Administration of White River Junction
- Washington County Mental Health
- Youth in Transition

Vermont Suicide Prevention Center

The Vermont Suicide Prevention Center (VTSPC) is a program of the Center for Health and Learning created as a public-private partnership with the Agency of Human Services that serves as a statewide resource fostering a sustainable approach to suicide prevention in Vermont.

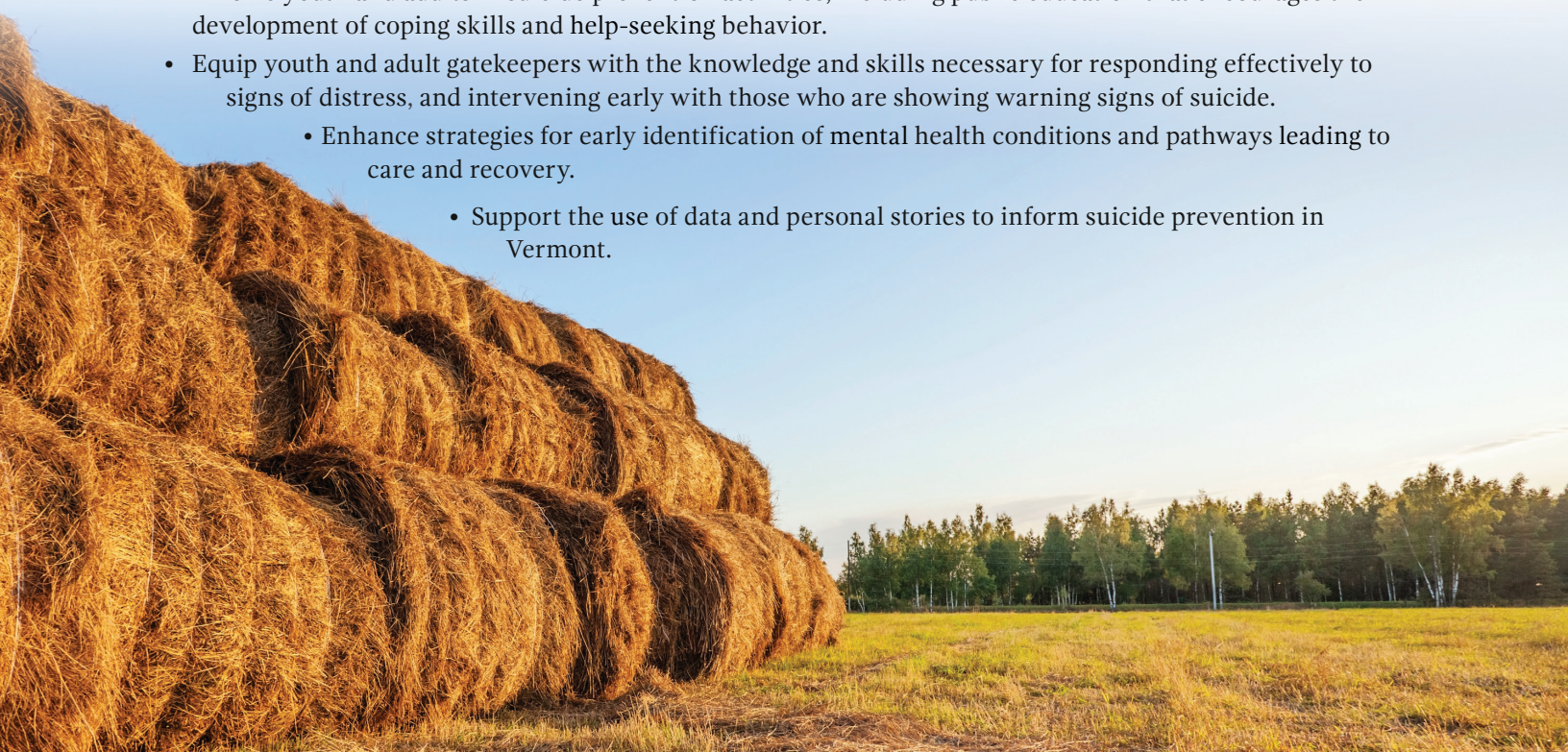


The VTSPC is publicly funded through grants from state agencies, and privately funded through foundation and donor support.

Under the advisement and direction of the Vermont Suicide Prevention Coalition, the VTSPC's mission is to create health-promoting communities in which schools, Institutions of Higher Education, public and private organizations and people of all ages have the knowledge, attitudes, skills and resources to reduce the risk of suicide. The purpose of VTSPC 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.

VTSPC 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.
- Project Management to implement the Zero Suicide Framework across Vermont's mental health and healthcare systems.
- Encourage access to primary care and mental health services that provide effective intervention, treatment and follow-up.
- Provide strategic tools for developing suicide prevention programs, implement interventions, and promote policies to prevent suicide.
- 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.
 - Support the use of data and personal stories to inform suicide prevention in Vermont.



Vermont Suicide Prevention Center *(continued)*

VTSPC Serves:

- Educators and School Health Professionals
- Higher Education
- First Responders
- Social Service Organizations
- Healthcare and Mental Health Organizations
- Faith Communities
- Legislators
- Special Interest Groups
- Business
- Individuals Interested in Suicide Prevention
- People with Lived Experience
- Private Mental Health Providers

VTSPC Services:

The VTSPC cultivates support for, develops, implements, and evaluates:

- Suicide Prevention and Postvention* Protocols for School, Mental Health, Healthcare and Community Professionals
- School Policy, Protocol and Curriculum Development
- Suicide Prevention and Postvention Trainings
- Training and Technical Assistance for Schools, Institutions of Higher Education and Public and Private Organizations
- Suicide Prevention and Postvention; Mental Health and Wellness Promotion, Substance Misuse Prevention
- Development of Culturally Responsive Strategies, Trainings and Approaches for Suicide Prevention
- Development and Dissemination of Upstream Mental Health Promotion Program and Public Information Materials

VTSPC 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.

**Postvention is the organized response after a suicide or other unexpected death has occurred that aims to facilitate healing from grief and distress, mitigate the negative effects of exposure to suicide, and prevent suicide among those who are at high risk. It is also referred to as “community response” or “community response to suicide”. Please see this [Postvention Quick Guide](#) for more information.*

988 Suicide & Crisis Lifeline

988 offers 24/7 access to trained crisis counselors who can help people experiencing mental health-related distress, thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress. People can call or text 988 or chat at 988lifeline.org for themselves or if they are worried about a loved one who may need crisis support. 988 serves as a universal entry point so that no matter where you live in the United States, you can reach a trained crisis counselor who can help.

The long-term vision for 988 is to build a robust crisis care response system across the country that links callers to community-based providers who can deliver a full range of crisis care services, if needed (like mobile crisis teams or stabilization centers), in addition to connecting callers to tools and resources that will help prevent future crisis situations. This more robust system will be essential to meeting crisis care needs across the nation. We envision a day when everyone across our country has someone to call, someone to respond, and a safe place to go for crisis care.



Vermont's Lifeline Centers

Vermont has two primary in-state Lifeline Centers in operation — one located at Northwestern Counseling & Support Services (NCSS) and one at Northeast Kingdom Human Services (NKHS). All calls dialed from an 802 area code are routed to these two centers — 24 hours a day, 7 days a week. If for any reason these centers are unable to respond, the call is routed to Headrest — a contracted backup center in New Hampshire. Beginning in October 2022, chat and text responses from Vermonters (as indicated by the zip code entered in a pre-chat/text survey) are routed to one of the two primary centers 72 hours per week with the goal of building capacity for 24/7 response by July 1, 2023. If the three centers are unable to respond to calls or the two centers to chat and texts, the contact is routed to a national backup center.

Highlights

Through the efforts of an active and diverse 988 Planning Coalition — including over 25 representatives from state government, local and state emergency services, dispatch centers, law enforcement agencies, peer and provider agencies, Vermont 911, advocacy organizations, and other partners in suicide prevention, as well as the work of our Lifeline Centers — Vermont was prepared to respond to calls 24/7 with an answer rate above the target of 80%. This means that, even with a 150% increase in volume following the July launch, 80 - 90% of all calls from Vermonters are answered in Vermont.

Within three months of the launch of 988, Vermont Lifeline Centers began responding to local chat and text contacts. Coverage is currently 72 hours per week, concentrated during weekday hours (Monday through Friday, from 8 am until 4 pm), and planning is underway to build capacity to expand to 24/7 coverage.

While not immune to workforce shortages, Lifeline Centers have been dedicated to ensuring sufficient staffing levels to respond to 988 contacts. In addition to trained crisis counselors, Vermont Lifeline Centers train emergency service and per diem staff to ensure ongoing coverage and offer flexibility in the event of a surge in use.

With the launch behind us, contact volumes are more predictable and any challenges around planning for capacity have diminished. The current challenges we are facing are not on the front end (eg call response, staffing, training, and planning for implementation) but on the back end (eg data, reporting, sustaining operations, and process improvement). Together with SAMHSA, Vibrant, the 988 Planning Coalition, and the Vermont Lifeline Centers, we continue to develop processes to report and assess data, ensure equity and increase cultural competence, and build sustaining processes for the future growth of 988 within the crisis care response system.

Zero Suicide

ZERO SUICIDE: A commitment to suicide prevention in health and behavioral healthcare 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, has taken on this challenge. The Vermont Department of Mental Health has chosen Zero Suicide as the framework for current state efforts for suicide prevention in our community and statewide 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 Healthcare 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:

1. **Lead** - Create a leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care.
2. **Train** - Develop a competent, confident, and caring workforce.
3. **Identify** - Systematically identify and assess suicide risk among people receiving care.
4. **Engage** - Ensure every individual has a pathway to care that is both timely and adequate to meet their needs. Include collaborative safety planning and restriction of lethal means.
5. **Treat** - Use effective, evidence-based treatments that directly target suicidal thoughts and behaviors.
6. **Transition** - Provide continuous contact and support post-discharge.
7. **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.

SUICIDE SAFER CARE MINI-GRANTS PROJECT

The Suicide Safer Care Mini-Grants Project began in 2022 in partnership with the Vermont Blueprint for Health, the Vermont Department of Health (VDH), University of Vermont Child Health Improvement Project (VCHIP), Department of Mental Health (DMH), and the Vermont Suicide Prevention Center (VTSPC). Part of implementing the Zero Suicide framework, the mini-grants project works to create and/or enhance suicide safer pathways to care within and between Designated Mental Health Agencies (DA) and Patient-Centered Medical Homes (PCMH). Vermont Blueprint for Health contributes to this work through the Blueprint Quality Improvement Practice Facilitators, offering Technical Assistance on this QI work to the teams and providing support on data collection. Technical Assistance and support is offered and provided through Center for Health and Learning staff to teams.

The following activities are core to the Mini-Grants Project:

- Engage in workforce development opportunities and suicide-specific trainings
- Development and/or adoption of suicide-specific workflows and procedures
- Client or patient-level data collection related to suicide risk identification, referral, and follow-up
- Share learning experiences through monthly working meetings

Vermont Care Partners

Vermont Care Partners (VCP) provides leadership for a statewide network of 16 non-profit community-based agencies providing mental health, substance use, and intellectual and developmental disability services and supports. VCP has been a member of the Vermont Suicide Prevention Coalition and a partner with the Vermont Suicide Prevention Center (VTSPC) on a multi-year quality improvement effort through the Center for Health and Learning to implement the Zero Suicide framework at all ten designated agencies (DAs), as well as Northeastern Family Institute, VT (NFI VT). VCP has promoted VTSPC's efforts to provide consistent and ongoing trainings and ongoing technical support for agency use of the Columbia Suicide Severity Rating Scale (C-SSRS), as well as many other elements of the Zero Suicide framework, including Collaborative Assessment and Management of Suicidality (CAMS), Counseling on Access to Lethal Means (CALM), and best practices for care coordination, follow-up care, and safety planning. In addition, VCP and DMH have supported the standardization of the C-SSRS by ensuring that this tool is embedded in standardized screening forms.



Vermont Comprehensive Suicide Prevention

In September 2020 Vermont received a five-year *Comprehensive Suicide Prevention (CSP)* grant from the Centers for Disease Control and Prevention (CDC) to support the implementation and evaluation of the state's comprehensive public health approach to suicide prevention in Vermont. The grant will be used to both enhance and expand Vermont's suicide prevention programming and introduce additional public health strategies to prevent suicide deaths and ideation.



Overview

The Vermont Department of Health (VDH), in coordination with Department of Mental Health (DMH), will use the federal grant to build on existing partnerships and programs to implement and evaluate a data-driven public health approach to suicide prevention in Vermont. The grant will bolster collective efforts on the integration between healthcare and mental health, and work to ensure all Vermonters have access to the supports they need. Strategies of the grant include:

- Support a coordinated statewide prevention effort with state partners and communities.
- Improve awareness of and access to existing suicide prevention resources across the state.
- Utilize data analysis to identify priority populations and to better characterize risk and protective factors impacting suicide.
- Expand the delivery and provision of suicide prevention and safer suicide care for at-risk and underserved populations with a focus on health equity and improved access.
- Expand *Zero Suicide* activities to rural Vermont counties and engage health care providers to support planning to improve screening, treatment, and transitions of care for patients experiencing suicidality.
- Facilitate suicide prevention awareness and screening training among social services agencies and community partners to increase the identification of persons at risk of suicide and refer them to treatment or support services.
- Expand peer and community support, including groups and resources, for First Responders, farmers, and other Vermont communities at risk for suicide.
- Improve community response and support (postvention) for individuals, families, and organizations that have experienced a suicide death.
- Support the adoption of evidence-based suicide prevention activities in the Emergency Department and other healthcare settings, including *Counseling on Access to Lethal Means*, which focuses on how to reduce access to the methods people use to kill themselves.

Vermont Comprehensive Suicide Prevention

Upcoming Activities 2023

The following suicide prevention activities and resources will be supported in 2023 by Vermont's Comprehensive Suicide Prevention Grant:

Public Health Awareness Campaign - Facing Suicide VT

VDH and DMH have launched a new statewide website and public health campaign entitled *Facing Suicide VT* to promote awareness of suicide prevention resources, reduce stigma, encourage help-seeking and help-giving behavior, and give a voice to Vermonters who have been affected by suicide. FacingSuicideVT.com

Suicide Awareness and Support Training:

VDH is partnering with the Center for Health and Learning to provide free training and technical assistance to community organizations and stakeholders on how to identify and support individuals who may be struggling with suicidality and promote safe storage and lethal means safety. vtspc.org/suicide-awareness-and-support-training

Promotion of Mental Health Resources for Men:

VDH is partnering with *Grit Digital* to pilot the web-based, interactive mental health resource *Man Therapy* in two Vermont counties. *Man Therapy* is designed to increase access to mental health supports for men who may be struggling with thoughts of suicide but are hesitant to seek mental health support.

Improving Emergency Department Response to Suicidality:

VDH is partnering with the Vermont Program for Quality in Health Care (VPQHC) and Vermont's 14 hospitals to improve suicide care in emergency departments for individuals experiencing suicidality. vpqhc.org

Expanding Access to Suicide Safe Care in Healthcare Settings

VDH, DMH and the Blueprint for Health are partnering with the Center for Health and Learning to implement improved screening, risk assessment, treatment, safety planning, lethal means safety, and transitions of care in Primary Care Practices (PCPs), also known as Patient Centered Medical Homes (PCMHs), for patients who may be experiencing suicidality. This work will expand previous work by the Blueprint, CHL, and DMH to implement Zero Suicide Activities in six PCPs.

Improving Community Response to Suicide Deaths (Postvention)

VDH is partnering with the Center for Health and Learning to develop a statewide assessment and plan to improve Vermont's capacity to provide support to individuals, families, and organizations (e.g. schools and employers) following a suicide death. CHL will be planning and promoting postvention training and resources in 2023.

Developing Mental Health Supports for People Working in At-Risk Occupations (First Responders, Farmers, Construction Workers)

VDH is partnering with *Invest EAP* to develop additional mental health resources for Vermonters working in occupations that experience higher rates of suicide deaths and ideation. *Invest EAP* is developing mental health peer support networks for both First Responders and farmers (via Farm First Vermont) and started a suicide and overdose prevention project for people working in the construction industry in the fall of 2022.

Improving Access to Suicide Safe Treatment via Telehealth

VDH is partnering with VPQHC to increase the number of mental health providers trained in evidence-based treatment for suicidality using telehealth. vpqhc.org

Improving Data Analysis and Reporting

VDH is developing a Data Dashboard to improve the availability of timely statewide and regional suicide data and completing a Suicide Data-Linkage Project which will help Vermont better understand interactions with healthcare, mental health, and other services and systems prior to a suicide death.

Mission Connect Vermont: Governor's Challenge

Vermont Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families



Suicide is a national public health concern that affects all Americans, including **Service Members, Veterans, and their Families (SMVF)**, and those who love them. “In 2020, Vermont Veterans died at a rate 36% higher than the U.S. rate (Vermont 43.0 vs. U.S. 31.7 per 100,000). In 2021, Vermont Veterans died at a rate 71% higher than non-Veterans (83.1 Veterans vs 23.7 non-Veterans per 100,000).”

Vermont's team of dedicated partners work with the U.S. Department of Veterans Affairs (VA) and with U.S. Department of Health & Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) to identify innovative ways to deliver support and care to Service Members, Veterans and their Families whenever and wherever they need it. We do this by using a public health approach – combining community-based prevention strategies and evidence-based clinical interventions.

Everyone has a role to play in preventing suicide. We can all make a difference. Join us in making our community healthier and safer for Service Members, Veterans and their Families.

Our Team

With the support of Governor Phil Scott and Adjutant General Gregory Knight, members of state government, the Vermont National Guard, the Veterans Administration, healthcare organizations, community partners and military family members have come together to form the Vermont Governor's Challenge team: ***Mission Connect Vermont***.

In partnership with the VA and SAMHSA, the Governor's Challenge brings together teams from states all over the country to support Service Members, Veterans and their Families.

Mission Connect Vermont is developing a strategic action plan to prevent SMVF suicide across the state. Through the partnership with VA and SAMHSA, we receive tools and technical assistance to get this done.

While we focus on education, information and intervention as core components of Vermont's overall suicide prevention efforts, critical to our success with Mission Connect Vermont is our focus on the challenges facing the SMVF population. We recognize the unique needs of SMVF – both during and after active deployment and as serving members of our Army and Air National Guard – and we want to build a system to prevent lives lost to death by suicide.

Our Plan

- Identify Service Members, Veterans, and their Families wherever they are, and screen for suicide risk.
- Promote connectedness and improve care transitions, making it easy to identify and access necessary resources to support our SMVF.
- Increase lethal means safety and safety planning through a targeted educational approach for health care professionals and access to the needed safety strategies.

Our Accomplishments

- Convened a team of over 25 policy-level decision-makers and stakeholders that are working together to implement suicide prevention best policies and practices for SMVF.

continued on page 22 ►

Mission Connect Vermont *(continued)*

◀ *continued from page 21*

- Developing a Vermont Ask the Question toolkit – to implement a common definition and practice – to identify SMVF served to determine eligibility for services, identify risk factors and get a complete medical history, and to provide information on resources.
- Developing a statewide resource map to promote connectedness by increasing awareness of existing resources for SMVF to facilitate access to care across systems at all levels of the continuum.
- Implementing in-hospital outreach and education to increase the use of safety plans in Emergency Departments and distributing over 800 gun locks.

Key Data Points

- Vermont loses an average of 18 Veterans to suicide each year.
- Older Vermont Veterans (65+) account for the highest numbers of death by suicide but the highest rate of Veteran death by suicide is for those between ages 18 and 34 years.
- 78% of Veterans who die by suicide use a firearm.
- Rural counties account for most Veteran suicide deaths (84%).

If you or someone you know is in crisis or having thoughts of suicide dial or text 988 or chat online at 988lifeline.org, for confidential support available 24 hours a day, seven days a week, 365 days a year. If you are a Service Member, Veteran, or Family Member Dial 988 then Press 1, chat online at VeteransCrisisLine.net/Chat, or text 838255 for the Military and Veterans Crisis Line.

For more information on suicide prevention resources in Vermont, please visit: facingsuicideVT.com

For more information on firearm safety storage and gunlocks, please visit: GunSafeVT.org

Umatter® Suicide Prevention

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 built by Vermonters for Vermonters on the foundation of connection and conversation. The program incorporates research from the American Association of Suicidology, academic literature review, and best practice key concepts. Experiential learning activities enhance program goals and objectives considering different learning styles and preferences to ensure maximum transfer of knowledge, skills and attitudes. Umatter® aims to enhance understanding of suicide risk and decrease the stigma of asking for help.

Umatter® Training Programs

- Umatter® Suicide Prevention Awareness and Skills Training
- Umatter® for Schools
- Umatter® Youth and Young Adult (YYA)
- Umatter® Training of Trainers (TOT)

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.

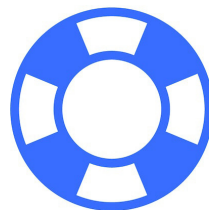
For more information, please visit [Umatter.org](https://umatter.org)



American Foundation of Suicide Prevention (AFSP), Vermont Chapter

Educating Communities

AFSP's evidence-informed prevention education and partnership programs help inform people on what leads someone to consider suicide, how to spot warning signs and talk safely and compassionately to those they care about, connect people to help and resources, and support at-risk individuals following an attempt.



**American
Foundation
for Suicide
Prevention**

Talk Saves Lives: An Introduction to Suicide Prevention

Talk Saves Lives, in our variety of modules, helps participants understand the health, historical, and environmental factors that put individuals at risk, behaviors to look for, and how to get help for someone in a suicidal crisis.

Modules Available

- Standard (also available in Spanish)
- Senior (also available in Spanish)
- Firearms
- LGBTQ
- Workplace

To learn more about these programs, visit: afsp.org/talk-saves-lives

It's Real

It's Real: College Students and Mental Health

It's Real: College Students and Mental Health is an approximately 60 - 90 minute program which teaches participants to recognize the signs of depression in themselves and others, challenges existing stigma surrounding depression, and demystifies the treatment process. This program focuses on college-bound seniors and college students.

It's Real: Teens and Mental Health

Intended for high school classes or community settings with groups of teens, ages 14 to 18 years, It's Real: Teens and Mental Health is a 45-minute program that provides young people with mental health education and resources. The program raises awareness about mental health issues, how to start a conversation about mental health, the importance of self-care, and how to reach out for help.

To learn more about these programs, visit: afsp.org/itsreal

Loss & Healing Resources After a Suicide

Workshops designed to support community members, persons with lived experience, professionals, organizations, tools and approaches to providing support following a suicide death.

- Suicide Bereavement Clinical Training
- Support Group Facilitator Training
- Healing Conversations
- After A Suicide: A Toolkit for Schools

American Foundation of Suicide Prevention (AFSP), Vermont Chapter *(continued)*

“Lived Experience” Programs

“Lived experience” of suicide is a term that refers to someone’s experience with suicidal thoughts, a suicidal crisis, and/or a suicide attempt. These programs share the goal of educating communities on how to offer support to those with lived experience.

- Introduction to Supporting Those at Risk
- Finding Hope

To learn more about these programs, visit: afsp.org/lived-experience-programs

Gizmo’s Pawsome Guide to Mental Health

Gizmo takes an upstream approach to support the mental health and wellness of youth through Gizmo’s friendly messaging on the concept of mental health; how one can care for their own mental health; identifying when one’s mental health needs attention and healthy coping strategies, identifying trusted adults and how to connect with them; and making a personal mental health plan that can be used daily. The Guide includes fun activities and resources trusted adults can use to help the youth in their lives.

To learn more about GIZMO, visit gizmo4mentalhealth.org. To bring the program to your community, contact your Executive/Area Director.

To learn more about other AFSP Programs, visit: afsp.org/community-programs

Vermont Afterschool

Vermont Afterschool is dedicated to ensuring that children and youth in every Vermont community are able to benefit from the power of afterschool, summer learning, and third space programs during out-of-school time hours.



We have a collective responsibility to ensure all young Vermonters are active, engaged, connected, and heard, and we rely on our collaborations with our community partners across the state to provide opportunities for children and teens to be young and grow into happy and healthy Vermonters. This work of raising youth voices and sharing power with them fosters their resiliency and promotes the development of their self-esteem and their sense of agency in life.

When we support youth to create change and influence the programming they participate in, we are supporting their leadership development and their sense of community, and we are connecting them to their internal skills and abilities to be positive contributors to their lives and their communities. These resiliency factors also act as buffers and supports for the youth as they navigate whatever struggles they might face with their schools, peers, mental health, family relationships, etc.

This upstream youth empowerment work fortifies their skills, resiliency, and sense of connection to their schools and communities, and reduces the likelihood of future struggles with mental health, delinquency, suicidality, and substance use.

We do this work through:

- Supporting the creation of organizational cultures that promote youth voice and youth contribution to the programming in which they're participating. We offer training and consultation for organization leaders and their staff on how to shift their culture to promote youth voice and embody an empowerment and collaborative approach to working with children and youth.
- Promoting and supporting youth leadership work and youth council development statewide. This work includes supporting organizations and state agencies in the development of their own youth advisory groups and supporting statewide youth leadership opportunities to advise adult systems such as the State Youth Council.
- Involving youth and youth councils in managing a grant budget for youth-led projects for community change to make their towns better places for children, youth, and families.
- Creating localized plans to address risk and protective factors of youth, supporting youth voice and engagement, and building cross-sector partnerships and collaboration. The Vermont Youth Project helps participating communities establish local coalitions centered around positive youth development. Participating communities commit to empowering youth and creating healthy accessible spaces for youth to be themselves, engage with peers, learn new skills, and connect with caring adults.
- Training and consulting third-space professionals on social emotional learning (SEL), trauma-informed, and healing-centric practices. Our trained staff have developed workshops to help adults improve their practice in supporting social, emotional, and cognitive development in their programs, and teach them strategies to increase protective factors of youth.

Vermont Program for Quality in Health Care

Vermont Suicide Prevention in Emergency Departments Quality Improvement Initiative



Vermont Program for Quality in Health Care, Inc.

With funding support from public and private partners, in March 2022, VPQHC began an initiative with all

14 Vermont acute care hospitals to work towards improving the quality of care for individuals presenting to emergency departments (EDs) with suicidal ideation. In order to participate in this statewide initiative, hospitals had to commit to meeting the participation requirements of the project, which are outlined in Table 1.

Over the project period, all hospitals received an organizational assessment tool to identify the current state of their suicide prevention practices in relation to leading and evidence-based best practices (100% of hospitals completed this assessment). Participants also received tailored comparative data reports, coaching and consultation from national subject matter experts and the VPQHC team, and access to quarterly networking meetings. Networking meetings were facilitated by VPQHC and national subject matter experts, and during each meeting, hospitals volunteered to present on the progress made on their quality improvement projects, as well as on any barriers encountered, and successes. Meetings provided the opportunity for hospitals to learn from one another, and validate or refine their projects, and provided space for continued learning about evidence-based suicide prevention practices in the ED setting. The meetings also provided the platform for the sharing of policies, procedures, and tools across sites.

Hospital participation requirements for the Initiative:

- Submit a letter of intent to participate
- Establish a Suicide Prevention in the ED Implementation Team
- Complete a Suicide Prevention in the ED Organizational Assessment
- Train core ED staff on Counseling on Access to Lethal Means (CALM)
- Identify a suicide prevention quality improvement project in the ED, metrics to impact, and report out on progress in a “Plan, Do, Study, Act” format
- Participate in quarterly networking meetings

For the workforce development component of initiative, hospitals committed to training their core ED staff on Counseling on Access to Lethal Means (CALM). Nearly 300 hospital staff across 14 hospitals have completed the CALM training. Feedback on the training was overwhelmingly positive. As a benefit of participating in the initiative, hospitals were eligible for an onsite suicide prevention focused mock survey, guided by The Joint Commission standards, and carried out by nurses at VPQHC. Over the project period, 86% (12 out of 14) of hospitals engaged in this opportunity. After each mock survey, VPQHC produced a written report which included its findings, a copy of the audit tool, as well as recommendations for improvement.

Funders of this project: Vermont Department of Health - State Office of Rural Health, Vermont Department of Health - CDC Suicide Prevention Grant, VT COVID-19 Response Fund of The Vermont Community Foundation, and The Four Pines Fund of The Vermont Community Foundation.

United Way of Northwest Vermont

Mental Health Initiative



**United Way of
Northwest Vermont**

Already one of the hardest areas to address, mental health needs have worsened throughout the COVID-19 pandemic. United Way of Northwest Vermont, in collaboration with community partners, has launched a new Mental Health Initiative to align existing mental health resources, identify gaps in the system of care, and create a shared agenda as we work together to improve timely access to appropriate mental health services in our communities. The Mental Health Initiative is bringing together direct providers of mental health services, Vermonters with lived experience, policymakers, schools and other sectors that overlap with mental health, and organizations and alliances focused on mental health and substance misuse.

The Mental Health Initiative is focusing on three initial priorities:

- Addressing Vermont's critical labor shortage of mental health providers.
- Strengthening and aligning resources for suicide prevention.
- Responding to the acute rise in youth mental health needs.

Our role is to work alongside service partners on the ground, those with lived experience navigating mental health services, and policymakers to break down barriers to the systemic change needed to promote better mental health and ensure community members who want it have timely access to effective mental health services.

Community partners who will help guide this work include:

- Howard Center
- Northwestern Counseling & Support Services (NCSS)
- Vermont Care Partners
- Spectrum Youth & Family Services
- Vermont Suicide Prevention Center
- NAMI Vermont

The Mental Health Initiative is funded by the UVM Health Network, IBM and generous individual donors.

Moms Demand Action for Gun Sense

The Vermont chapter of Moms Demand Action for Gun Sense in America stands in solidarity with those who have been impacted by gun violence and honor the lives of those who have died by suicide. In Vermont, 88% of gun deaths are suicides, as compared to 59% nationally. This is a preventable crisis.

Through its public education campaign, called [BeSMART](#), Moms Demand Action raises awareness that the secure storage of firearms saves lives. Research shows that access to a firearm significantly increases the risk of death by suicide, domestic dispute, homicide, and unintentional gunshot. The BeSMART model educates caregivers about secure storage, modeling responsible behavior around firearms, asking about the presence of firearms in homes children are visiting, recognizing the role of firearms in suicide deaths, and telling others to use secure storage practices.

In recognizing the role of guns in suicide, Moms Demand Action members acknowledge that the majority of Vermonters who die by gun suicide are adult males. For this reason, Moms Demand Action and BeSMART support ERPO (extreme risk protection order) laws that can limit access to lethal means to Vermonters in crisis. Research shows that most people who attempt suicide do not die – unless they use a gun. We work in solidarity with organizations implementing mechanisms and resources to reduce suicide in Vermont.



Eleven Goals of the Vermont Platform

GOAL #1

Promote awareness that suicide is a public health problem.

Objective: Increase public knowledge about mental health, 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. (See Appendix 5: Resources for opportunities to become involved.)

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. (See Appendix 6: Trainings)
- Include Suicide Awareness and Prevention as part of your onboarding and annual trainings for all staff (like Bloodborn Pathogens, or CPR).
- Hold awareness events and trainings in mental health promotion and suicide prevention at your location, online and through Employee Assistance Programs – at staff meetings, faith services, and for the people you serve.
- Link to and support Vermont and national resources for workforce development and public education opportunities.
- Share educational materials in highly visible locations – lobbies, bathrooms, vestries, and 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 Mental Health Month.

Healthcare:

- [Approach suicide](#) as a diagnosable and treatable 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.

Eleven Goals of the Vermont Platform

GOAL #2

Build sustainable and integrated infrastructure in Vermont for mental health promotion, suicide prevention, intervention and community response to suicide (postvention).

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

WHAT VERMONT CAN DO

Individuals & Families:

- Talk to peers, youth, young adults and older Vermonters in your life about joining the [Vermont Suicide Prevention Coalition](#) and [getting involved with suicide prevention efforts](#) in your areas.

Organizations:

Non-profit, community-based, faith-based, and businesses

- Help ensure the input of people with lived experience of mental health conditions, and suicide loss and attempt survivors, in advising suicide prevention initiatives and activities.
- Reach out to state contacts (DMH, VDH, AFSP, VTSPC) to help facilitate relationship-building with partners in your community, region, or statewide (NAMI, CHL, Up for Learning).
- Join the Vermont Suicide Prevention Coalition and integrate your organizational work into the state's mental health promotion and suicide prevention infrastructure.
- Encourage professional, voluntary and other organizations to integrate effective, sustainable and collaborative suicide prevention programming.
- Ensure 988 and other crisis lines are accessible and include effective suicide response. (See *Appendix 5: Resources*)

Schools, Colleges, and Universities:

- Use the [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 and a suicide safe pathway to care with a continuum of services from screening through referral and follow-up care.

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 statewide suicide prevention programs in coordinating suicide prevention efforts and helping local communities implement the recommendations of the Vermont Suicide Prevention Platform
- Increase the number of Vermont communities who use best-practice suicide prevention programs and community response (postvention) protocols.
- Strengthen partnerships between organizations and marginalized communities, and organizations providing upstream or Social Determinants of Health approaches to suicide prevention.

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 use issues.

WHAT VERMONT CAN DO

Individuals & Families:

- Learn about different types of support for emotional health – therapeutic, [peer-based](#), community supports, etc.
- Take a peer support training to enhance skills around supporting others and increase help-seeking behavior. (See Appendix 6: Trainings.)
- Talk openly about help-seeking across all stages of life; model help-seeking behavior yourself.
- Identify self-care tools for considering what you need to feel grounded and healthy, such as the [Wellness Wheel](#) from the Mental Health First Aid curriculum.

Organizations:

Non-profit, community-based, faith-based, and businesses

- Support staff to participate in peer support training or other supportive communications skills training such as Motivational Interviewing.
- Offer skills- or peer-based groups – around common interests or goals, such as father's groups, LGBTQ+ groups, cultural affinity groups – or connect community members to existing groups. (See Appendix 5: Resources)
- Promote [Employee Assistance Programs](#) and other sources of support at worksites.

Schools, Colleges, and Universities:

- Encourage students to get involved with mental health wellness promotion activities on campus, through ongoing student communication, and highlight how students can access resources, such as [Active Minds](#).

- Promote [social-connectedness](#) programs on campus that lead to positive, empowering and supportive relationships.
- Develop and sustain peer-delivered services and support groups.
- Support healthy relationships between students and positive adults in the school community, including considering how to foster mentorship.
- Improve access to mental health services, on [and off campus](#), with strong referral networks.

Healthcare:

- Communicate to providers and the public that mental, emotional, social and physical health are all components of overall health and that everyone struggles with them.
- Support all staff to participate in peer support training or other supportive communications skills training such as Motivational Interviewing.
- Communicate to the public that mental health services are available, and that people can recover.
- Increase linkages and collaboration to integrate primary care, mental health and substance use services to enhance their efforts to detect early warning signs.

Policy and Systems:

- Improve access to a broad array of social and mental health services and remove existing barriers.
- Strengthen the interface between systems that address mental health and substance use, including state agencies, schools, county agencies, primary health care and other community service organizations.

Eleven Goals of the Vermont Platform

GOAL #4

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

Objective: Support efforts that increase empowerment, decision-making, problem-solving, goal-setting, conflict resolution, advocacy, coping, and mindfulness skills for all ages to reduce suicide risk factors. Ensuring strong and healthy relationships is central to these efforts.

For 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 use that are associated with higher suicide risk.

WHAT VERMONT CAN DO

Individuals & Families:

- Beginning in early childhood, seek out resources that focus on the development of social/emotional skills and [strong developmental relationships](#), build knowledge about the effects of substance use, developing culturally humble relationships and respecting differences, and skills for how to respond to bullying as a bystander or victim.
- Connect the youth in your life to third space programs such as [Vermont Afterschool](#) or other extra-curriculars.
- [Engage in trainings](#) and [support youth to engage in trainings](#) to learn how to identify youth or peers who are struggling or at risk for suicide, and identify together supportive adults who can help.
- Recognize that everyone needs support in building resiliency skills, and [promote resiliency](#) across the lifespan.

Organizations:

Non-profit, community-based, faith-based, and businesses

- Support the development of programs and practices that promote resiliency-building skills for families across the lifespan.
- Offer access to resiliency-focused programs in settings that engage youth, young adults and adults – such as worksites, senior centers, and places of worship.

- Ensure your organization has strong protocols in suicide prevention and [community response \(postvention\)](#), and that staff are trained in suicide awareness.
- Collaborate with community partners to implement comprehensive prevention strategies engaging First Responders, social services, youth-serving professionals, primary care professionals, and faith leaders.

Schools, Colleges, and Universities:

- Offer training to the parent community in the prevention of substance misuse, bullying and harassment, and training in suicide and depression awareness.
- Ensure your school has strong suicide prevention and community response (postvention) protocols in place and have trained staff in suicide prevention and awareness to intervene among their peers and the student population.
- Encourage cross-agency collaboration with other organizations such as the VT School Nurses' and the VT School Counselors' Associations to effectively promote social and emotional health.
- Support school-based instructional content and professional training for faculty and staff.
- Consider undertaking [Campus Mental Health Action Planning](#)

continued on page 34

Eleven Goals of the Vermont Platform

GOAL #4

continued from page 33

WHAT VERMONT CAN DO, CONTINUED

Healthcare:

- Ensure strong protocols are in place to refer struggling families to community programs that can appropriately support their social-emotional wellbeing, and ensure all patients know about them.
- Ensure mental health and primary care providers have formalized working relationships with schools and other community providers.

Policy and Systems:

- Fund the development and sustainability of organizations addressing social determinants of health and resiliency-building across the state.
- Promote and support comprehensive models linking 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, and collaborative safety planning.*

WHAT VERMONT CAN DO

Individuals & Families:

- If someone in your life is struggling with suicidality, discuss reducing access to lethal means, such as weapons and medications, cars, bridges, cleaning solutions, herbicides, and others.
- Take the virtual 2-hour, free [Counseling on Access to Lethal Means \(CALM\) course](#) to learn best practices and review Harvard University's [Means Matter recommendations](#) for families.
- Store guns safely – locked and unloaded – and secure any other dangerous means, such as medications.
- Visit justice.gov/usao-vt/gunsafe-vt to find free gun lock locations in Vermont.
- Recognize that this does not involve keeping the person away from dangers forever – it involves decreasing access to lethal means that are dangers when the person is experiencing acute suicidality, which is usually a time-limited experience.
- For Service Members, Veterans, and their Families, [review this resource](#) from the Defense Suicide Prevention Office.

Organizations:

Non-profit, community-based, faith-based, and businesses

- Provide tools, resources, and information to your constituency that help them ask someone experiencing suicidality about lethal means, and help them to reduce access ([CALM training and relevant handouts](#)).
- Encourage law enforcement and other providers that work with people experiencing suicidality to routinely assess and ask about the presence of lethal means (including firearms, drugs and poisons) in the home and discuss with 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 with 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 use can play in increasing risk when guns and other lethal means are accessible.

Schools, Colleges, and Universities:

- Train faculty and staff in why and how to reduce lethal means in a suicidal crisis.
- Provide education about the role substance use can play in increasing risk when guns and other lethal means are accessible.
- Universities and Colleges review Harvard University's campus [Means Matter page](#) for recommendations on addressing means safety comprehensively across 4 strategies.

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, and to engage in collaborative safety planning. Examples include [CALM training](#) and the [Stanley-Brown Safety Plan](#).
- Provide education about the role substance use can play in increasing risk when guns and other lethal means are accessible.

Policy and Systems:

- Explore and support policies that ensure individuals experiencing suicidality have support removing access to lethal means.

Eleven Goals of the Vermont Platform

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, evidence-based or evidence-informed programs as they evolve. (For recommendations in this Goal, please see Appendix 6: Trainings.)

WHAT VERMONT CAN DO

Individuals & Families:

- Participate in training and then participate as a community trainer in suicide awareness, prevention, and community response (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 community response (postvention).
- Provide educational programs for community members, particularly family members and friends of people at high risk.
- Provide training for clergy, correctional staff, attorneys, social service staff, employers, and others on how to identify and respond to people at risk for suicide.

Schools, Colleges, and Universities:

- Provide training for teachers and other educational staff on how to identify and respond to people at risk for suicide.
- Provide age-appropriate educational programs for the student body.
- Use student-led approaches, and student voices to share these messages with support from adults and school administration.

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 use 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 prevention training.
- Ensure that all suicide prevention training addresses issues related to cultural diversity, including but not limited to LGBTQ+ communities, Service Members, Veterans and their Families, 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: *Ensure healthcare professionals have access to and support for training and technical assistance in best practices for suicide prevention, screening, intervention, and community response (postvention).*

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.
- 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. *(See Appendix 6: Trainings.)*
- Continue [ongoing contact and support](#), especially after a loved one has been in care.

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.

- Collaborate with healthcare partners and crisis response to ensure that everyone has a pathway to care that is both timeline and adequate to meet their needs.
- 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.

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.
- Train student healthcare staff to provide ongoing depression screening, assessment, and treatment for students.
- Ask students to identify their three trusted adults in the school. Help them build those relationships and connections, and let the adult know which child has identified them as their “special person”. Make opportunities for these partners to have time together (TAs, snack break, recess duties, bus duty, etc).

continued on page 38

Eleven Goals of the Vermont Platform

GOAL #7

continued from page 37

WHAT VERMONT CAN DO, CONTINUED

Healthcare:

- Train professional health care 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 and ongoing stressors and life events in the prevention of suicide.
- Identify [screening tools](#) for screening for mental health conditions for all age groups.
- Ensure that clinicians are available to assess and treat referred individuals.
- Promote the safe disclosure of suicidal thoughts and behaviors by all patients.
- Use effective, evidence-based care, including collaborative safety planning, restriction of lethal means, and effective treatment of suicidality using [CAMS](#), Cognitive Behavioral Therapy (CBT), or Dialectical Behavior Therapy (DBT).
- Develop, disseminate, and implement guidelines/protocols for clinical practice and continuity of care for providers who assess and treat persons with suicide risk.
- Incorporate suicide prevention and appropriate responses to suicide attempts as indicators of continuous quality improvement efforts.
- 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 use professionals in primary care offices to provide integrated physical, mental health, and substance misuse screening, assessment, and treatment.

Policy and Systems:

- Develop population-based strategies for screening and identifying people at risk for suicide.
- Enhance and support the Vermont Designated Agency Mental Health Crisis System to serve youth and adults throughout the state.
- Support hospital emergency departments, substance use 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.
- 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.

Eleven Goals of the Vermont Platform

GOAL #8

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

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

WHAT VERMONT CAN DO

Individuals & Families:

- Learn about your local mental health designated agency and encourage people to seek help for mental health and substance use challenges.

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. (See Appendix 6: Trainings.)
- Provide materials alerting your constituency to the availability of mental health and substance misuse 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 misuse and suicide prevention into health and social services outreach programs for both the general and at-risk populations.
- Locate mental health and substance misuse services in youth and young adult-friendly spaces such as after-school clubs, teen drop-in centers, and sports activities.

Schools, Colleges, and Universities:

- Train students to support peers in seeking help for mental health and substance misuse 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 misuse.

Healthcare:

- Integrate mental health and substance misuse services into primary medical care through co-location and other convenient access to services.
- Provide integrated mental health and substance misuse and primary care services and support at home for seniors.

Policy and Systems:

- Continue to build capacity for mental health and substance misuse treatment statewide.
- Ensure health insurance benefit packages cover access to mental health and substance misuse 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 misuse in the media.

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

(For general respectful language about suicide and suicide loss, please see the Language Section of the Platform and Canada's [Safe Communication for Suicide Prevention](#).)

WHAT VERMONT CAN DO

Individuals & Families:

- 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.
- If you serve Service Members, Veterans, and their Families (SMVF), [review the Social Media](#)

[Safety Toolkit](#) produced by the VA.

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.
- Model the use of sensitive language in your communications.

Healthcare:

- Ask 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.

Eleven Goals of the Vermont Platform

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.*

WHAT VERMONT CAN DO

Individuals & Families:

- Support survivors of suicide loss 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.

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 based on ongoing evaluation.

Schools, Colleges, and Universities:

- Participate in data collection and surveillance.
- Align policies and protocols with data found in Vermont.

Healthcare:

- Participate in data collection and surveillance.
- Align policies and protocols with 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.
- Promote and support 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:

- Talk with people about the importance of communicating about suicide and the impact of suicide on family and community members.
- Adopt language to speak about suicide that decreases stigma around suicide. (See “Language” section immediately following the Eleven Goals.)

Organizations:

Non-profit, community-based, faith-based, and businesses

- Encourage the provision of peer and professional support for survivors of suicide attempts and loss.
- Review the VT [Workplace Considerations After a Suicide or Other Unexpected Death](#) handbook and guides and the [Responding After Suicide National Guidelines](#) created by the Survivors of Loss Suicide Task Force.
- Work with affected employees, to ensure a supportive process for them to return 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.

- Partner with 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 [responding to suicide on college campuses](#).
- Review [After a Suicide: A Toolkit for Schools](#), updated in 2022 and adopt best practices in postvention protocols.

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

Survivors of suicide attempts and suicide loss have shared that the way people speak about suicide can be healing or harmful. 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.

Respectful 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 respects those who experience suicidality, who have died by suicide, and those who have lost loved ones to suicide.

Those who have lost a loved one to suicide are “suicide loss 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 their own 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 Use:

Death by suicide
Took their own life
Died of suicide
Killed themselves
Suicide death



Please Try to Avoid:

Committed suicide (*this implies that suicide is a sin or a crime*)
A successful suicide
A completed suicide
Failed suicide attempt

For more Information

The Canadian government has developed a booklet dedicated to Safe Communication for Suicide Prevention.

To learn more, visit:

canada.ca/en/public-health/services/publications/healthy-living/language-matters-safe-communication-suicide-prevention.html

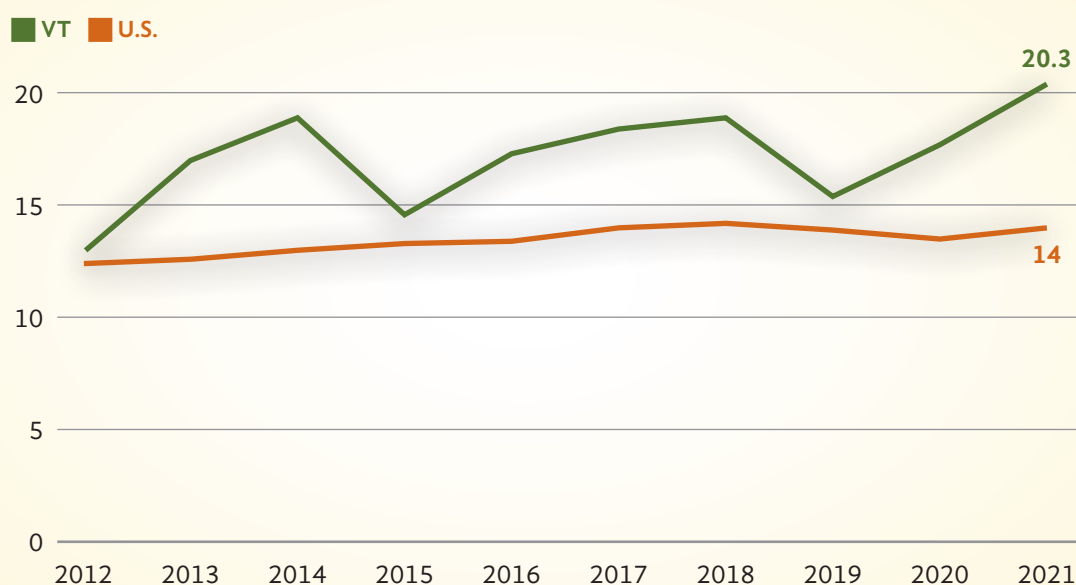
Appendix 1: VDH Data Across the Lifespan

Vermont Department of Health Data Across the Lifespan

Suicide death rates among Vermonters have been consistently higher than U.S. overall rates. 2014, 2017, 2018, 2020 and 2021 had the highest suicide death rates for Vermonters in recent history, and these were significantly higher than the U.S. rates. Since 2012, Vermont suicide death rates have ranged from a low of 12.9 per 100,000 in 2012 to 18.8 per 100,000 in 2018.^{1,2}

FIGURE 1.1

Suicide Death Rates per 100,000 Population in Vermont and the U.S., 2012–2021



1. Source: Vermont Department of Health HSI Injury *Monthly Suicide Report*, April 2023.

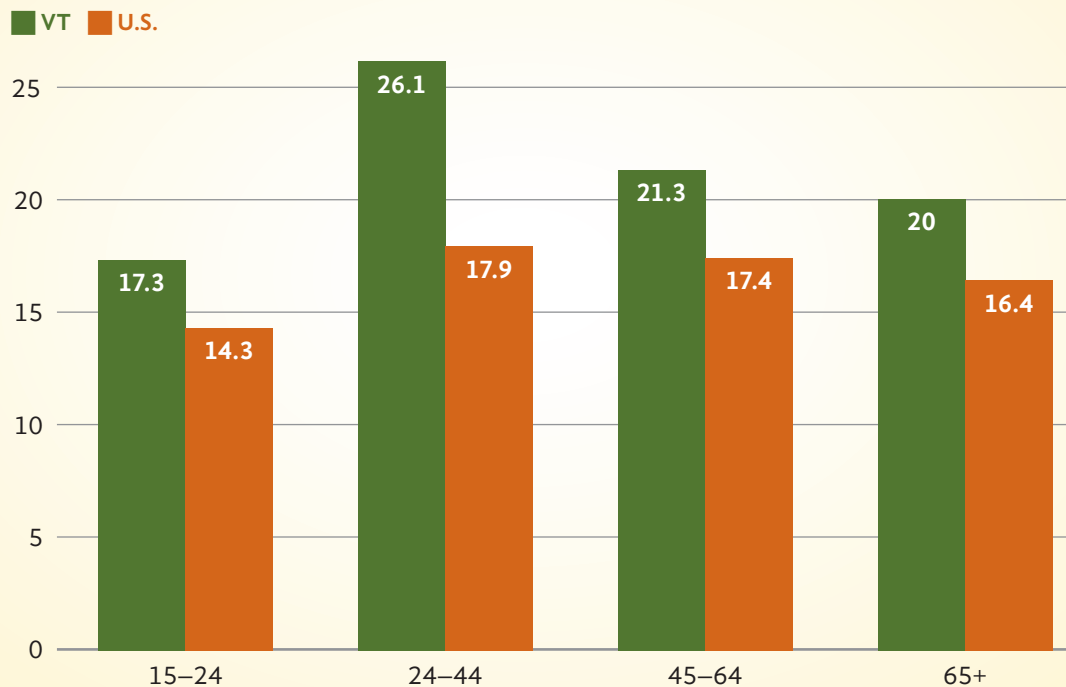
2. Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System <https://wisqars.cdc.gov/data>, 2020.

Appendix 1: VDH Data Across the Lifespan *(continued)*

When broken out by age, suicide rates in the U.S. and Vermont are typically lowest among ages 15-24. In 2020, rates were highest in ages 25-44 and 45-64. In 2020, Vermont suicide death rates were higher than U.S. rates across all age groups.^{1,2}

FIGURE 1.2

Suicide Death Rates per 100,000 Population, by Age, in Vermont and the U.S., 2020



1. Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System, <https://wisqars.cdc.gov/data>, 2020

2. Vermont Department of Health, [Intentional Self Harm and Death by Suicide Data Brief, January 2022](#)

Appendix 1: VDH Data Across the Lifespan *(continued)*

Please note: males are defined here by biological sex and not gender identity, per state and national data categories.

In Vermont, males are overall more likely to die by suicide than females, representing at least 80% of all suicide deaths on average. Male suicide deaths are most common among males 25-64 years of age, and White non-Hispanic (98%), have a high school education or less, OR have never married or are divorced (69%). Factors among men who think about suicide are most often housing instability, delaying a doctor's visit because of cost, or having a disability. Males who are Veterans or military service members are also at higher risk for suicide death (25%). For more information on males and suicide in VT, see *Suicide Morbidity and Mortality in Males*, produced by the Vermont Department of Health, September 2022.

FIGURE 1.3

Percentage of Males Who Die by Suicide in Vermont, By Age

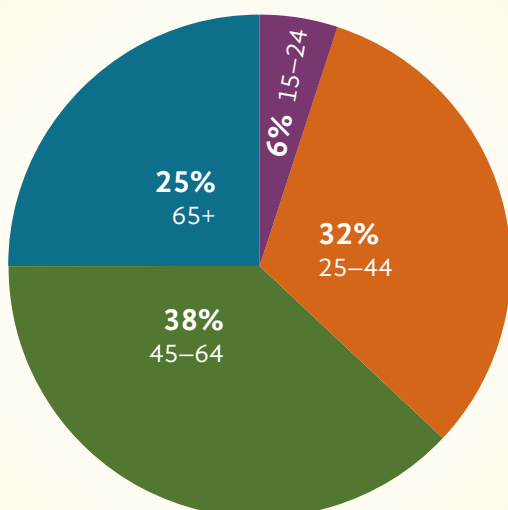
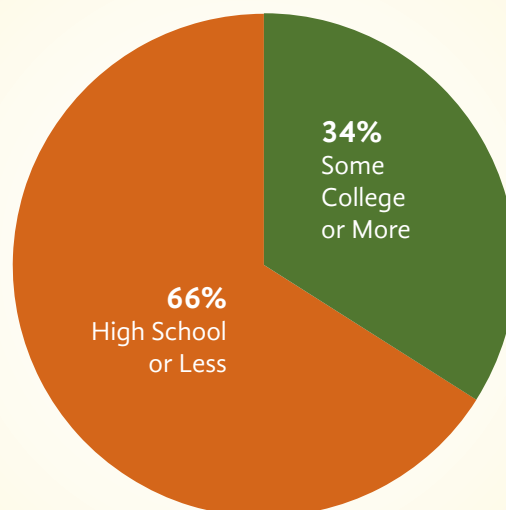


FIGURE 1.4

Education Level of Males Who Die by Suicide in Vermont



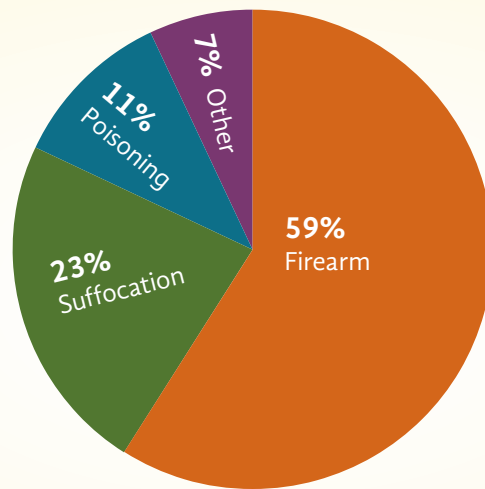
Appendix 2: Leading Means of Death in Vermont

Leading Means of Death in Vermont

In 2020, 59% of people who died by suicide used firearms. Other common means used in Vermont are poisoning (including intentional overdose by drugs, carbon monoxide poisoning, or poisoning by other substances), and suffocation.¹

FIGURE 2.1

Distribution of Means of Suicide, Vermont Residents, 2020

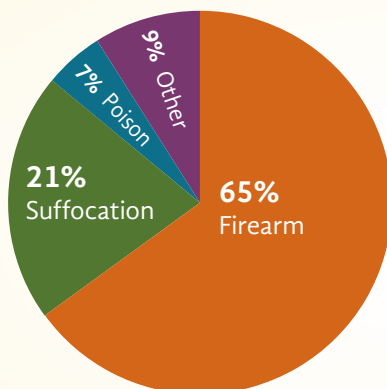


1. Vermont Department of Health, [Intentional Self Harm and Death by Suicide Data Brief, January 2022](#)

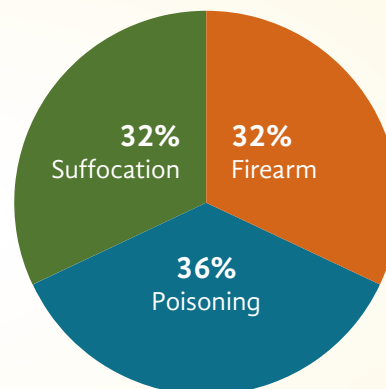
FIGURE 2.2

Distribution of Leading Means of Suicide by Biological Sex, Vermont Residents, 2020

Male Suicide Deaths by Means



Female Suicide Deaths by Means



Appendix 3: Leading Causes of Death in Vermont

In 2020, suicide (in **red**) was the leading cause of death for Vermonters 10-14 years of age, the second leading cause of death for those 15-34 years of age, and the fourth leading cause of death for those 34-54 years of age.¹

10 Leading Causes of Death in Vermont, 2020, All Races, Both Sexes

AGE GROUPS

Rank	<1	10-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	All Ages
1	Congenital Anomalies -	Suicide -	Unintentional Injury 20**	Unintentional Injury 57	Unintentional Injury 47	Malignant Neoplasms 72	Malignant Neoplasms 246	Malignant Neoplasms 410	Malignant Neoplasms 380	Heart Disease 610	Heart Disease 1,521
2	Short Gestation -	Malignant Neoplasms -	Suicide 15**	Suicide 23	Heart Disease 25	Unintentional Injury 68	Heart Disease 182	Heart Disease 279	Heart Disease 374	Malignant Neoplasms 258	Malignant Neoplasms 1,400
3	Maternal Pregnancy Comp. --	Diarrhea Placenta Cord Membranes Respiratory Distress Unintentional Injury Homicide --	Congenital Anomalies	Malignant Neoplasms --	Malignant Neoplasms 22	Heart Disease 48	Unintentional Injury 53	Chronic Low. Respiratory Disease 77	Chronic Low. Respiratory Disease 110	Alzheimer's Disease 170	Unintentional Injury 481
4			Malignant Neoplasms --	Diabetes Mellitus	Suicide 15**	Suicide 20**	Chronic Low. Respiratory Disease 43	Cerebro-vascular 52	Alzheimer's Disease 86	Cerebro-vascular 128	Chronic Low. Respiratory Disease 345
5				Heart Disease --	Liver Disease 11**	Liver Disease 15**	Liver Disease 29	Unintentional Injury 45	Unintentional Injury 61	Unintentional Injury 125	Alzheimer's Disease 280
6				Benign Neoplasms Covid-19 Congenital Anomalies Hiv Homicide	Diabetes Mellitus Homicide --	Chronic Low. Respiratory Disease Diabetes Mellitus --	Diabetes Mellitus 21	Diabetes Mellitus 31	Cerebro-vascular 57	Chronic Low. Respiratory Disease 104	Cerebro-vascular 263
7							Cerebrovascular 19**	Covid-19 25	Covid-19 49	Covid-19 58	Diabetes Mellitus 153
8					Chronic Low. Respiratory Disease	Cerebro-vascular --	Suicide 17**	Liver Disease 23	Parkinson's Disease 45	Hypertension 55	Covid-19 144
9					Congenital Anomalies --	Homicide --	Septicemia --	Alzheimer's Disease 19**	Diabetes Mellitus 39	Diabetes Mellitus 46	Suicide 117
10						Influenza & Pneumonia --	Covid-19 --	Covid-19 --	Influenza & Pneumonia Parkinson's Disease 15**	Hypertension 18**	Parkinson's Disease 38

** indicates Unstable values -- indicates Suppressed values

1. Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System <https://wisqars.cdc.gov/data>, 2020

Appendix 4: Vermont Youth Risk Behavior Survey Data

Vermont Youth Risk Behavior Survey Data

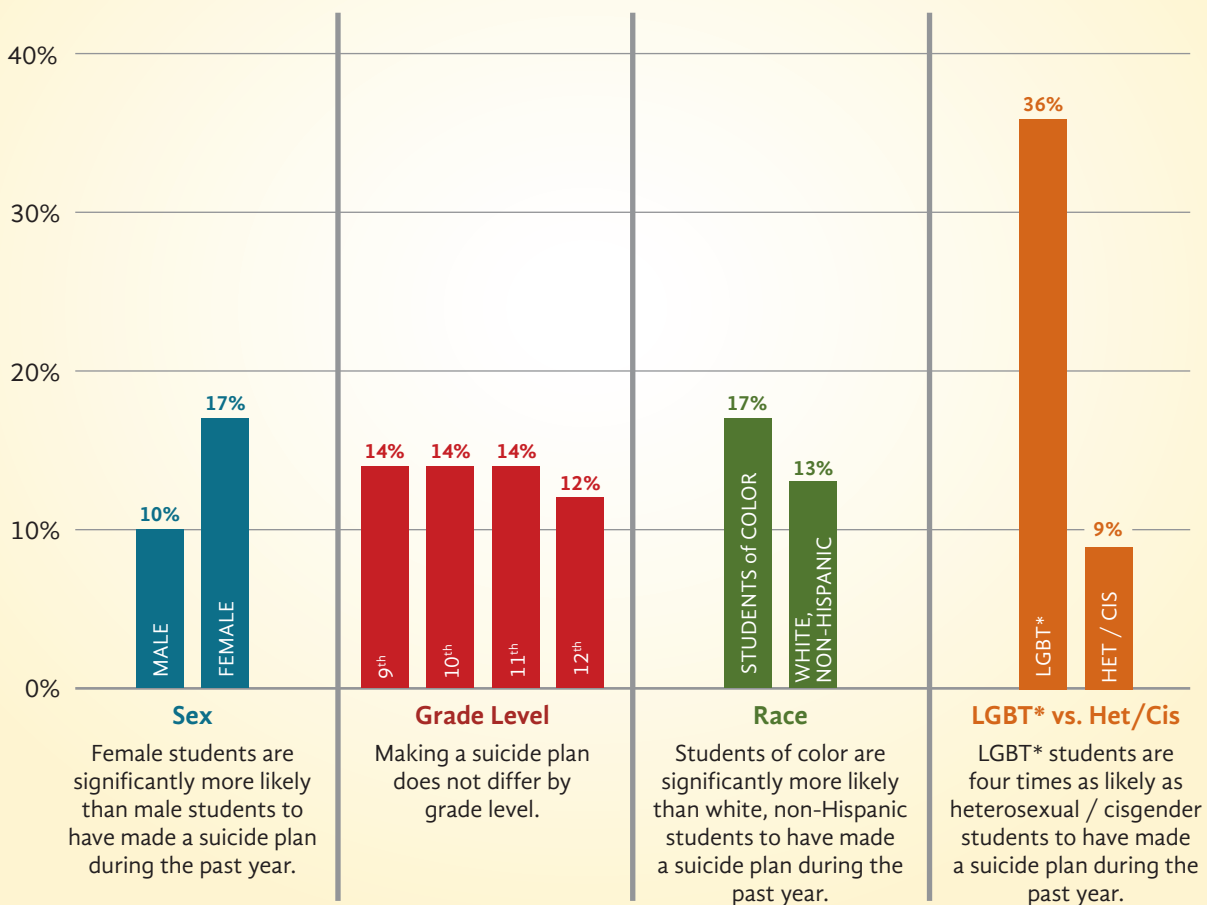
The data collected here is from the 2019 Youth Risk Behavior Survey High School Results, which is administered to Vermont high school students every two years.

Made a Suicide Plan

Just over one in 10 students made a plan about how they would attempt suicide during the past 12 months. Following a decrease in the percent of students who reported making a suicide plan from 1995 to 2005, students making a suicide plan increased significantly over the past decade and increased between 2017 and 2019. The percent of students who made a suicide plan in the past year remains above the HV2020 Goal of 8%.

FIGURE 4.1

Made a Suicide Plan, Past 12 Months



* "LGBT" terminology reflects that used in the YRBS survey.

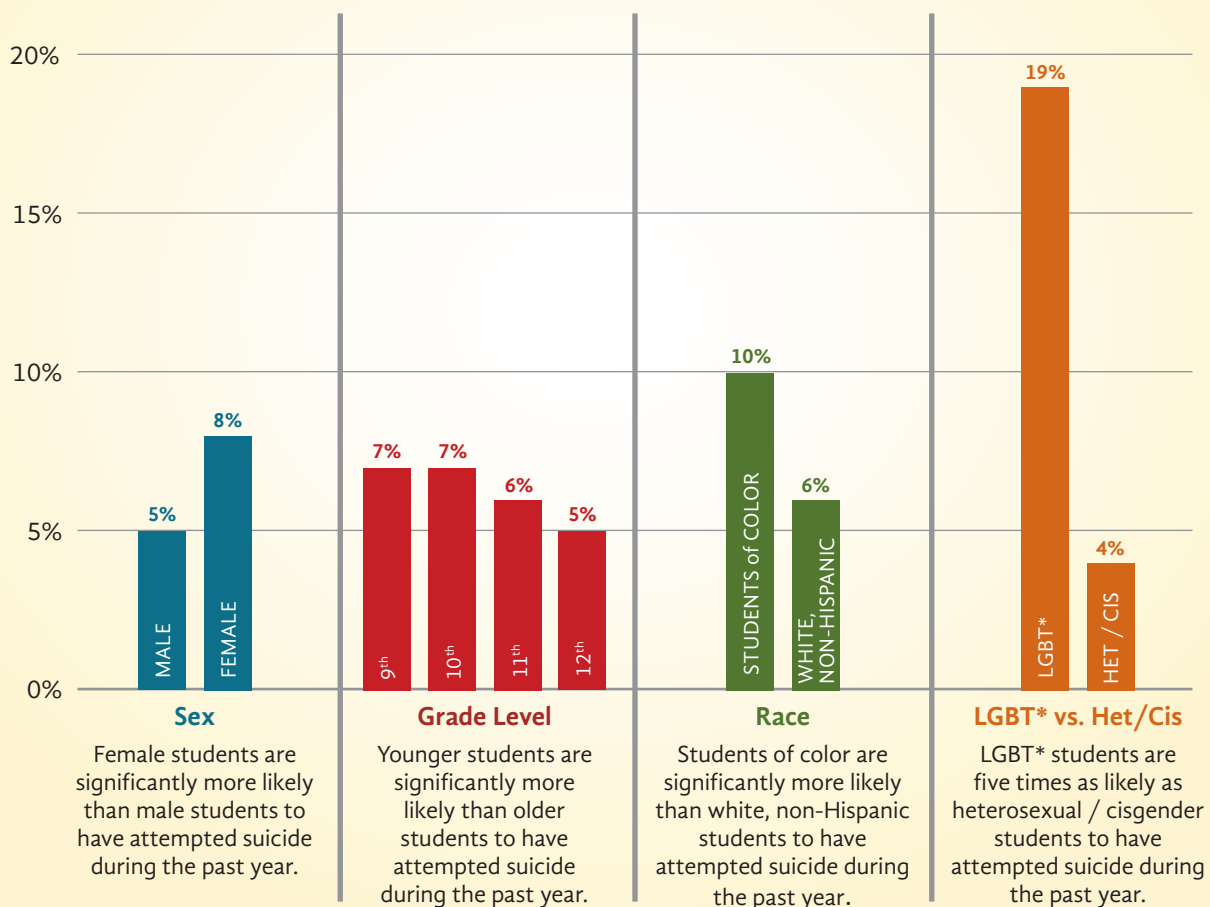
Appendix 4: Vermont Youth Risk Behavior Survey Data *(continued)*

Suicide Attempts

In the 12 months leading up to the 2019 YRBS survey administration, 7% of Vermont high school students attempted suicide. Suicide attempts have nearly doubled over the past ten years and significantly increased between 2017 and 2019.

FIGURE 4.2

Attempted Suicide, Past 12 Months



* "LGBT" terminology reflects that used in the YRBS survey.

Appendix 5: Resources

RESOURCES

We recognize this is not an exhaustive list, but one that can offer a variety of educational and help resources in VT and nationally.

If you are experiencing suicidal thoughts or crisis, call or text 988. For other crisis and support lines, please see the “Screening Tools, Hotlines and Services” section below.

Language is dynamic and often changing. We have written identity-related acronyms in the below descriptions as they are used by each particular resource listed.

ADULTS: GENERAL

Man Therapy

mantherapy.org

Man Therapy is designed to increase access to mental health supports for men who may be struggling with thoughts of suicide but are hesitant to seek mental health support.

Men in Middle Years

[Preventing Suicide among Men in the Middle Years: Recommendations for Suicide Prevention Programs](#)
[Suicide Risk and Middle-Aged Men: Research Summary](#)

Older Adults – SPRC Educational Resources

sprc.org/populations/older-adults

Fact sheets, toolkits, and training materials for professionals provided by the Suicide Prevention Resource Center.

The Northeast Kingdom Council on Aging

nekcouncil.org

The Council provides in-person services during weekdays for older Vermonters in the Northeast Kingdom, and online resources for living well.

VitalCog: Suicide Prevention in the Workplace

coloradodepressioncenter.org/vitalcog

VitalCog trains organizations to proactively address the early warning signs of suicide in the workplace.

BLACK, INDIGENOUS, AND PEOPLE OF COLOR AND LATINX RESOURCES

American Foundation for Suicide Prevention - Mental Health Resources for Underrepresented Communities

afsp.org/mental-health-resources-for-underrepresented-communities

AFSP offers general resources and also those specific to the Black community, Hispanic/Latinx community, Asian American, Native Hawaiian, and

Pacific Islander Communities, and Native and Indigenous Peoples communities.

Asian American Health Initiative

aahiinfo.org/aahi-resources

A site dedicated to responding to the health needs of Asian Americans, AAHI offers a list of mental health resources, including photonovels that can be ordered or downloaded for free. Information and resources are available in English, Chinese, Hindi, Korean and Vietnamese.

Center for Health & Wellbeing Equity-Informed and Racially-Aware Mental Health and Substance Use Resources

uvm.edu/health/BIPOC-MH

In addition to onsite resources for the UVM community, this page shares off-campus resources for Black, Brown, and QTBIPOC community members including spiritual and religious organizations, crisis resources, and a list of counselors who self-identify or who have been identified as Black, Indigenous, or a Person of Color.

Mental Health America

mhanational.org/bipoc

General information about mental health in Black, Indigenous, and People of Color communities – a wide list of resources, including information for each identified group, topics on community care and culturally-based practices, racism and mental health, and more.

Mental Health Coalition BIPOC Mental Health Resources

thementalhealthcoalition.org/wp-content/uploads/2021/02/BIPOC-MENTAL-HEALTH_45.pdf

For immediate text support, reach out to Crisis Text Line by texting COALITION to 714741 to connect to a crisis counselor for free 24/7. This page lists a variety of resources to use or share with a friend or loved one.

Appendix 5: Resources *(continued)*

RESOURCES *continued*

Tri-C Suicide Awareness and Prevention Resource List for Black, Indigenous, People of Color and Latinx Communities

tri-c.edu/policies-and-procedures/suicide-awareness-and-prevention/for-people-of-color.html

A wide list of resources from Cuyahoga Community College, including therapist directories, podcasts and books, apps and resources in English and Spanish, supports for Two Spirit and LGBTQ+ health and Native American and Alaska Native communities, for Black and African-American communities, and other offerings.

Vermont Directory of BIPOC Mental Health and Wellness Practitioners

docs.google.com/spreadsheets/d/1lypJmIX3lOM1XC0746_O16CQbUCzFIJWC3BYbHCPnV4/edit#gid=1599447814

This is a public directory of providers working (or licensed to work) in the state of Vermont and who self-identify as Black, Indigenous, or a Person of Color. Please note: not all providers listed are private practitioners or accept clients from outside their organization.

COLLEGES AND UNIVERSITIES

Active Minds on Campus

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.

AFSP It's Real: College Students and Mental Health

afsp.org/university-and-college-campus-suicide-prevention
afsp.org/itsreal

AFSP university and college suicide prevention information. It's Real is an 18-minute documentary designed to raise awareness about mental health issues commonly experienced by college students.

Jed Foundation

jedfoundation.org

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

People Prevent Suicide

peoplepreventsuicide.org

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

Suicide Prevention Resources Center Virtual Learning Lab

sprc.org/mental-health-resources

This module offers information for campuses to ensure they have capacity to support mental health service needs for students as they consider prevention efforts and initiatives.

The Campus Suicide Prevention Center of Virginia Resources Page

campussuicidepreventionva.org

LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING (LGBTQ+)

GLSEN, Inc.

glsen.org

Leading national education organization, founded by teachers, focused on ensuring safe schools for LGBTQ+ students, with a network of 43 chapters in 30 states.

NEK Lesbian, Gay, Bisexual, Transgender, Questioning/Queer and Allied Advocacy Committee

nekcouncil.org/lgbtq-advocacy

Links to resources to support LGBTQIA+-identified older adults living in Northeastern Vermont.

Out in the Open

weareoutintheopen.org

Out in the Open connects rural LGBTQ+ people to build community, visibility, knowledge, and power. Based in Vermont and Maine.

Outright Vermont

outrightvt.org

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

Pride Center of Vermont

pridecentervt.org

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

Appendix 5: Resources *(continued)*

RESOURCES *continued*

The Trevor Project

thetrevorproject.org

National organization offering call, text, and chat support services as well as education and resource offerings.

Vermont Diversity Health Project

pridecentervt.org/programs/health/vdhp

VDHP exists to improve the health and wellness of LGBTQ Vermonters by building bridges between health care providers and LGBTQ people throughout the state. The goal is to help patients identify safe, affirming, supportive, and effective health care providers, and to offer trainings and other support to enhance providers' skill in working with LGBTQ people.

MENTAL HEALTH

Depression and Bipolar Support Alliance (DBSA)

dbsalliance.org

DBSA offers peer-based, wellness-oriented support and empowering services and resources available when, where, and how they need them.

Families for Depression Awareness

familyaware.org

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

Mental Health America (MHA)

mentalhealthamerica.net

MHA has a commitment to promote mental health as a critical part of overall wellness, including prevention services for all; early identification and intervention for those at risk; integrated care, services, and supports for those who need them; with recovery as the goal.

National Alliance for Mental Illness (NAMI)

www.nami.org

In Vermont: namivt.org

In New Hampshire: 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.

Rural Minds

ruralminds.org

Nonprofit organization serving as the informed voice for mental health in rural America providing mental health information, education and resources.

PROFESSIONALS: COMMUNITY ORGANIZATIONS AND HEALTHCARE

Best Practices in Care for Individuals with Suicide Risk: Inpatient Care to Outpatient Care

theactionalliance.org/resource/best-practices-care-transitions-infographic

Suicide Prevention Resource Center

SPRC provides a library of online resources for the following professional areas:

- Behavioral Health Care - sprc.org/settings/behavioral-health-care
- Outpatient Mental Health - sprc.org/settings/outpatient-mental-health
- Inpatient Mental Health - sprc.org/settings/inpatient-mental-health
- Treatment for Substance Use Disorders - sprc.org/settings/substance-abuse-treatment
- Lived Experience Toolkits and Resources - zerosuicide.edc.org/toolkit-taxonomy/lived-experience
- Training – General - sprc.org/training

SPRC provides a list of online, self-paced courses, virtual learning labs, “micro-learning” – digestible resources, SPARK talks, and webinars.

Widening the Lens – Massachusetts Coalition for Suicide Prevention (MCSP)

masspreventssuicide.org/widening-the-lens-exploring-the-role-of-social-justice-and-racial-equity-in-suicide-prevention

In 2019, MCSP Alliance For Equity created a toolkit for incorporating social justice and racial equity into suicide prevention and mental health. In May 2021, the toolkit was updated to include additional information and resources. Download the toolkit from the web link above. It can be used as a guide to enable your organization to begin to have some of these difficult, transformative conversations.

Appendix 5: Resources *(continued)*

RESOURCES *continued*

SCHOOL SYSTEMS

Center for Mental Health in Schools

smhp.psych.ucla.edu

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

Model School District Policy on Suicide Prevention

thetrevorproject.org/wp-content/uploads/2021/08/Model_School_Policy_Booklet.pdf

Put together by a group of stakeholders, this document outlines model policies and best practices for school districts to follow to protect the health and safety of all students.

Preventing Suicide in Schools

sprc.org/settings/schools/

SPRC offers recommended resources, toolkits, and provider information for reducing suicide risk among students and responding to a suicide in the school community.

The Jason Foundation

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.

SCREENING TOOLS, HOTLINES AND SERVICES

988 Lifeline

Call, Text or Chat

988lifeline.org/talk-to-someone-now

If you’re thinking about suicide, are worried about a friend or loved one, or would like emotional support, the Lifeline network is available 24/7 across the United States. The Lifeline is available for everyone, is free, and confidential. The above link includes crisis information for Spanish speakers, Deaf + Hard of Hearing (Deaf/HOH) and American Sign Language Users, and for Veterans.

BlackLine

Call or Text: 1-800-604-5841

[Visit website for current hotline hours](#). Provides crisis counseling to BIPOC individuals and collects information on negative police and vigilante contact. Provides services through a Black, LGBTQ and Black Femme lens.

Crisis Text Line

Text “HOME” to 741741 to text with a trained crisis counselor.

Text “Steve” to 741741 to text with a BIPOC-identified trained crisis counselor.

LGBT National Hotlines

glnh.org

LGBT National Hotline includes the main line, youth talkline, senior hotline, and coming out support lines – all found on the website landing page. The site also includes LGBT online peer support chat and a local support finder – LGBTnearMe.org.

Lines for Life Racial Equity Support Line

503-575-3764

[Visit website for current hotline hours](#). Offers support to those who are feeling the emotional impacts of racist violence and microaggressions, as well as immigration struggles and other cross-cultural issues.

Trans Lifeline

translifeline.org

Trans Lifeline connects trans people to the community support and resources we need to survive and thrive.

The Trevor Project

thetrevorproject.org

24/7 Counselor support via phone, text or chat. The Trevor Project also engages with advocacy, research, supportive community and public education.

Veterans Crisis Line

veteranscrisisline.net

Appendix 5: Resources *(continued)*

RESOURCES *continued*

SUICIDE PREVENTION

American Association of Suicidology

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

afsp.org

afsp.org/chapter/vermont

AFSP focuses on eliminating the loss of life from suicide by delivering innovative prevention programs, educating the public, raising funds for suicide research and programs, and reaching out to those who have lost someone to suicide. Visit AFSP VT's website for events across the state.

Means Matter

hsph.harvard.edu/means-matter

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

Suicide Awareness Voices of Education (SAVE)

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.

Suicide Prevention Resource Center (SPRC)

sprc.org

The only federally supported resource center devoted to advancing the implementation of the National Strategy for Suicide Prevention, funded by SAMHSA. SPRC advanced suicide prevention infrastructure and capacity-building through consultation, training and resources, support for Zero Suicide, and support to the National Action Alliance for Suicide Prevention.

Stop a Suicide Today

stopasuicide.org

Screening to identify suicide risk in oneself or a friend or loved one.

Zero Suicide

zerosuicide.edc.org

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

SUPPORTS

American Association of Suicidology Attempt Survivor/Lived Experience Division

suicidology.org/resources/suicide-attempt-survivors

To elevate the voices and insights of people with lived experience of suicide attempt in the service of a more fully informed and just understanding of suicide, and better support for those impacted by it.

American Association of Suicidology Loss Survivor Division

suicidology.org/resources/suicide-loss-survivors/

To elevate the voices and insights of people who have lost someone to suicide, in the service of a more fully informed and just understanding of suicide, and better support for those impacted by it.

American Foundation for Suicide Prevention - After an Attempt

afsp.org/after-an-attempt

A variety of resources for individuals after a suicide attempt, including supportive information, actions one can take following an attempt including developing a safety plan, and connections to the AFSP community.

American Foundation for Suicide Prevention - Resources for Suicide Loss Survivors

Resources for children, youth, and adults; support groups, and events for those who have lost someone to suicide. 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.

- Children, Teens and Suicide Loss - aws-fetch.s3.amazonaws.com/flipbooks/childrenteenssuicideloss/index.html?page=1
- Find a Support Group - afsp.org/find-a-support-group
- Healing Conversations - afsp.org/healing-conversations
- International Survivors of Suicide Loss Day - afsp.org/international-survivors-of-suicide-loss-day
- I've Lost Someone - afsp.org/ive-lost-someone
- Loving Memories - lovingmemories.afsp.org/
- Out of the Darkness Walks - outofthedarkness.org
- Surviving a Suicide Loss - aws-fetch.s3.us-east-1.amazonaws.com/flipbooks/survivingASuicideLoss/index.html?page=1

Guide for Sharing Lived Experience

mamh.org/assets/files/PsychHub-Guide-for-Sharing-Lived-Experience.pdf

RESOURCES *continued*

Heartbeat: Survivors After Suicide

heartbeatsurvivorsaftersuicide.org

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

National Action Alliance: Task Force on Survivors of Suicide Loss and Task Force on Suicide Attempt Survivors

theactionalliance.org/our-strategy/lived-experience

These two Action Alliance groups have guided work to support engagement of those with lived experience. This page includes information on the task force groups and resources they have developed.

National Suicide Prevention Lifeline - for Attempt Survivors

suicidepreventionlifeline.org/help-yourself/attempt-survivors

lifelineforattemptsurvivors.org

The National Suicide Prevention Lifeline offers both a lifeline for survivors of suicide attempt and resources.

Special considerations for telling your own story: Best practices for presentations by suicide loss and suicide attempt survivors

zerosuicide.edc.org/resources/resource-database/special-considerations-telling-your-own-story-best-practices

Suicide Awareness Voices of Education (SAVE)

save.org/find-help/attempt-survivor-resources

SAVE also has an online directory where individuals who have attempted suicide or have experienced suicidal thinking can connect with other suicide attempt survivors in recovery to receive support and guidance.

United Suicide Survivors International (US)

unitesurvivors.org

An independent global organization serving as a home for people who have experienced suicide loss, suicide attempts and suicidal thoughts and feelings, and their friends and families — collectively known as people with lived experience with suicide — to leverage their expertise for large scale change.

YOUTH, FAMILIES, AND COMMUNITIES: PURPOSE, MEANING AND ASSET-BUILDING

Building Flourishing Communities

vermontafterschool.org/building-flourishing-communities

Building Flourishing Communities (BFC) educates and supports communities in promoting positive health and social outcomes using a collective impact approach based on N.E.A.R. research. Visit the link above for more information and for a list of current BFC trainers in Vermont.

Developmental Assets

searchinstitute.org

search-institute.org/our-research/development-assets/developmental-assets-framework

Search Institute has identified 40 positive supports and strengths that young people need to succeed. Half of the assets focus on the relationships and opportunities they need in their families, schools, and communities (external assets). The remaining assets focus on the social-emotional strengths, values, and commitments that are nurtured within young people (internal assets).

Developmental Relationships Framework

info.searchinstitute.org/developmental-relationships-help-young-people-thrive

Search Institute has identified five key elements of developmental relationships with 20 specific actions to increase the likelihood that young people will access their resiliency in the face of challenges and grow up thriving.

Vermont Afterschool

vermontafterschool.org

A statewide nonprofit dedicated to ensuring that the children and youth in every Vermont community are able to benefit from the power of afterschool, summer learning, and third space programs during the out-of-school time hours.

Appendix 5: Resources *(continued)*

MENTAL HEALTH SERVICES IN VERMONT

Clara Martin Center

claramartin.org

Randolph 802.728.4466
Bradford 802.222.4477
24-Hour Hotline 800.639.6360

Counseling Services of Addison County, Inc.

csac-vt.org

Middlebury 802.388.6751
24-Hour on-call Emergency Services 802.388.7641

Health Care & Rehabilitation Services hcrs.org

Springfield 802.886.4500
Brattleboro 802.254.6028
Bellows Falls 802.463.3947
Windsor 802.674.2539
Hartford 802.295.3031
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

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

lamoille.org

Morrisville 802.888.5026
Weekdays: 8-4:30 802.888.5026
Nights & Weekends 802.888.5026
Option "1" (Ask to page Crisis Team or Emergency Services)

Northeast Kingdom Human Services

nkhs.org

Derby 802.334.6744 or 800.696.4979
St. Johnsbury 802.748.3181 or 800.649.0118

Northwestern Counseling & Support Services

ncssinc.org

St. Albans 802.524.6554
Crisis Services Toll Free 800.834.7793

Northeastern Family Institute

nfivermont.org

South Burlington 802.658.0040

Pathways VT

pathwaysvermont.org

Support Line 833.888.2557
Winooski 888.492.8218 ext. 300

Rutland Mental Health Services

rmhscn.org

Rutland 802.775.2381
24 Hour on-call Emergency 802.775.1000

United Counseling Service

ucsvt.org

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

Washington County Mental Health

wcmhs.org

Montpelier 802.229.0591

Appendix 6: Trainings

TRAININGS

This resource lists suicide prevention trainings available in Vermont

Adult Mental Health First Aid

mentalhealthfirstaid.org

A full-day (6-8 hours) in-person or virtual training designed to support learners to gain knowledge and comfort in the steps of ALGEE: Assess for risk of suicide harm/ Listen nonjudgmentally/ Give reassurance and information/ Encourage appropriate professional help/ Encourage self-help and other support strategies). Learners will learn risk factors and warning signs, how to have a safe and respectful conversation, and an overview of various mental health conditions.

Teen Mental Health First Aid (tMHFA)

mentalhealthfirstaid.org/population-focused-modules/teens/

Teaches teens in grades 10-12, or ages 15-18, how to identify, understand and respond to signs of mental health and substance use challenges among their friends and peers.

Youth Mental Health First Aid (YMHA)

mentalhealthfirstaid.org/population-focused-modules/youth/

Designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. Youth Mental Health First Aid is primarily designed for adults who regularly interact with young people.

QPR - Question, Persuade, Refer

qprinstitute.com

One-hour awareness training, virtual, virtual live, or in-person options. QPR stands for Question, Persuade, and Refer — the 3 simple steps anyone can learn to help save a life from suicide. Just as people trained in CPR and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. Each year thousands of Americans, like you, are saying “Yes” to saving the life of a friend, colleague, sibling, or neighbor.

Umatter Suicide Prevention Awareness Training: Center for Health and Learning

healthandlearning.org/ourwork/umatter-suicide-prevention/umatter-awareness-and-skills-training/

60-90 minute virtual live training. Participants learn basic knowledge and skills of suicide prevention, including societal myths and attitudes, use of sensitive language, risk, and protective factors, considerations for populations at risk, warning signs, what to say and do, and local and national resources for help. Participants use behavioral practice techniques to apply the three-step process for talking with someone who is at suicidal risk. Includes a discussion of best practices for prevention in school and community settings.

LivingWorks Start

livingworks.net/trainings

60-minute online training. In as little as one hour online, LivingWorks Start can teach anyone to recognize the signs of suicide and take life-saving action by connecting someone to hope and support.

LivingWorks SafeTalk

4 hour in-person only

At a LivingWorks safeTALK workshop, you'll learn how to prevent suicide by recognizing signs, engaging someone, and connecting them to an intervention resource for further support.

Applied Suicide Intervention Skills (ASIST)

livingworks.net/asist

ASIST is a 2-day training program that teaches participants how to assist those at risk for suicide. Although many healthcare professionals use ASIST, anyone 16 years or older can use the approach, regardless of professional background. ASIST workshops cost money to attend, with cost varying by training site.

Talk Saves Lives: American Foundation for Suicide Prevention

afsp.org/community-programs

60-minute virtual live or in-person. An Introduction to Suicide Prevention is a community-based presentation that covers the general scope of suicide, the research on prevention, and what people can do to fight suicide.

Appendix 6: Trainings *(continued)*

TRAININGS *continued*

Introduction to Zero Suicide

visit vtspc.org to learn how to access this training

1-hour virtual live training facilitated by the VT Suicide Prevention Center. Covers the principles of Zero Suicide, essential elements that make up the framework, evidence-based practices, training and resources.

Recording available: vtspc.org/resource/intro-to-zero-suicide-webinar-recording.

Columbia Suicide Severity Rating Scale (C-SSRS)

visit vtspc.org to learn how to access this training

1.5-hour virtual live training offered through the VT Suicide Prevention Center by The Columbia Lighthouse Project. C-SSRS is an evidence-based screening tool for use in a multitude of community and health care settings. More information on the screening tool here:

cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare. Recording available: vimeo.com/801703075/3fce13fa95.

Conversations About Suicide

pathwaysvermont.org/event

In this interactive workshop offered by Pathways Vermont Training Institute, participants explore ways to practice empathy and prioritize autonomy when engaging in conversations about suicide, spend time unpacking suicide as a language of pain, and consider ways to support folks who are thinking about dying. Through sharing personal stories, opening up dialogue, and practicing difficult conversations, participants educate and support each other to remain curious, lean into discomfort, and center mutuality. This training can be for peer support workers and other mental health service providers, medical professionals and emergency responders, community members, family and friends who want to better support people considering suicide, and people with lived experience of suicidal thoughts and suicide attempts. This training can be offered as two 4-hour virtual sessions or one 8-hour in-person session.

Counseling on Access to Lethal Means (CALM)

zerosuicide.edc.org/resources/trainings-courses/CALM-course

CALM is a free, 2-hour self-paced online course for health care and social services providers. This course is about how to reduce access to the methods people use to kill themselves. It covers who needs lethal means counseling and how to work with people at risk for suicide—and their families—to reduce access.

CALM for Pediatric Providers: Counseling on Access to Lethal Means to Prevent Youth Suicide

shop.aap.org/calm-for-pediatric-providers-counseling-on-access-to-lethal-means-to-prevent-youth-suicide/

Free, online course that addresses one relatively simple, concrete way that pediatricians and other pediatric health care providers can reduce suicide: help families reduce youths' access to things at home that could most easily kill or seriously harm them.

VA S.A.V.E. Training

mentalhealth.va.gov/suicide_prevention/docs/VA_SAVE_Training.pdf

Offered on a monthly basis throughout Vermont, this free, 60-90-minute virtual or in-person training is offered widely and modified to reach the needs of specialty groups, such as those working in Peer Support, Caregivers, etc. VA S.A.V.E. Training will help you act with care and compassion if you encounter a Veteran who is in crisis or experiencing suicidal thoughts. The acronym S.A.V.E. helps you remember the important steps involved with suicide prevention: (Signs of suicidal thinking should be recognized/Ask the most important question of all - "Are you thinking of killing yourself?"/ Validate the Veteran's experience/ Encourage treatment and Expedite getting help)

Appendix 7: Warning Signs of Suicide

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 988 Suicide & Crisis Lifeline.

The Lifeline is a 24-hour toll-free phone line for people in suicidal crisis or emotional distress. An online chat option, 988lifeline.org/chat, is also available.

If someone needs immediate medical attention, call 911.

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
Extreme 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
Feeling of being in unbearable pain	Difficulty concentrating
Rejection of help or support	Sleeping too little or too much
Talking about being a burden to others	

Appendix 8: Recommendations for Reporting on Suicide

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.

Media Plays an Important Role in Preventing Suicide

- Over 100 studies worldwide have found that risk of contagion is real, and responsible reporting can reduce the risk of additional suicides.
- Research indicates that duration, frequency, and prominence are the most influential factors that increase risk of suicide contagion.
- Covering suicide carefully can change perceptions, dispel myths and inform the public on the complexities of the issue.
- Media reports can result in help-seeking when they include helpful resources and messages of hope and recovery.

References and additional information can be found at **ReportingOnSuicide.org**.

- Examples of responsible reporting: reportingonsuicide.org/examples
- Recommendations and Checklist for Responsible Reporting, among other resources: reportingonsuicide.org/recommendations
- Include 988 Suicide & Crisis Lifeline, which is the official national line as of 2022.
- Use this Best Practices and Recommendations one-pager, which includes [a helpful side-bar for stories](#), which includes Warning Signs of Suicide and What to Do (p2)
- Framework for successful messaging: suicidepreventionmessaging.org
- Social media and outreach toolkits: facing-suicide.dev.com/toolkits

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 Warning Signs and What to Do information 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 themselves”.

Citations

1. Vermont Behavioral Risk Factor Surveillance System 2018, Vermont Youth Risk Behavior Survey 2019, Vermont Vital Statistics, 2021; 2021 data are preliminary, in Intentional Self-Harm and Death by Suicide, Vermont Department of Health. May 2022.
2. Vermont Department of Health, Industry and Occupation of Vermonters Who Died by Suicide, 2019-2020. January 2022.
3. Centers for Disease Control and Prevention, Facts about Suicide <https://www.cdc.gov/suicide/facts/index.html>, April 2023.
4. Vermont Department of Health, Firearm Storage Safety Presentation. December 2022.
5. American Association of Suicidology, Facts and Statistics <https://suicidology.org/facts-and-statistics/>, 2019.
6. Vermont Department of Health, Intentional Self-Harm and Death by Suicide Data Brief, May 2022. <https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR-Injury-Suicide-Intentionalself-harm-Brief-2022.pdf>

Notes

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In association with:



**American
Foundation
for Suicide
Prevention**



**United Way of
Northwest Vermont**

