SUICIDE IS PREVENTABLE:

ZERO SUICIDE IN VERMONT

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

**BACKGROUND**

- Vermont has the highest rate of suicide death in New England and the 18th highest rate of death in the nation in 2020.¹
- Suicide is the second leading cause of death for Vermonters under the age of 44, and 6th leading cause of death for Vermonters ages 45 to 64.²
- In 2021 Vermont saw a record number and rate of suicide deaths. 142 Vermonters died by suicide, which equates to a rate of 21.0 per 100,000 Vermont residents.²
- On average, 3 Vermonters die each week to suicide. This is higher than the combined number of deaths from motor vehicle accidents, drownings, and homicides in Vermont.
- In 2018, nearly 2,000 Vermont adults attempted suicide.²
- In 2021 suicide deaths among Vermont residents were attributable to firearms (52%), suffocation/hangings (24%), and poisonings (18%).³
- More than two thirds of those who died by suicide during 2017 and 2019 had a mental health diagnosis (68%), a third were enrolled in mental health treatment at the time of death (37%), and 21% had a substance use issue.³

**SUICIDE IS A PUBLIC HEALTH CRISIS.**

**THE GOALS OF SUICIDE PREVENTION ARE**

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

**ZERO SUICIDE**

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

The foundational belief of Zero Suicide is that suicide deaths for individuals under care are preventable. Zero Suicide requires a system-wide approach to improve outcomes and close gaps.⁴

**REFERENCES:** ¹ National Action Alliance for Suicide Prevention (www.zerosuicide.org); ² American Association of Suicidology, 2018; ³ AFSP, 2015; ⁴ Suicide Prevention Resource Center (SPRC)
THREE CENTRAL FACETS OF ZERO SUICIDE

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

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

   • Immediate Access to Care for All Persons in Suicidal Crisis

2) SYSTEMS MANAGEMENT
   • Policies and Procedures
   • Collaboration and Communication
   • Trained and Skilled Work Force

3) EVIDENCED-BASED PRACTICES
   • Screening and Suicide Risk Assessment

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

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

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

WHAT PROFESSIONALS CAN DO TO SUPPORT ZERO SUICIDE

LEAD: Make an explicit commitment to reduce deaths.
   • The culture in primary care, emergency department, and mental health settings reflects the belief that suicide of patients can be prevented.
   • Assess staff knowledge, practices, and confidence in providing suicide safe care.

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

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

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

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

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

IMPROVE policies and procedures through continuous quality improvement.
Follow Up and Care Coordination

Prevention

Intervention

Suicide Assessment

Suicide-Specific Treatment

Inpatient Care

Outpatient Therapy

Emergency Dept. Screening

Primary Care Screening

Community & Workforce Development

Peer & Survivor Support

Suicide Prevention: Awareness, Education and Outreach

Universal Health Promotion Across Sectors

Suicide Safe Systems Model

*Collaborative Safety Planning and Reducing Access to Lethal Means in all settings, e.g. Community Care, Emergency Department, Crisis, etc.

Recovery & Wellbeing

Systematic Suicide Care

Bridging the gaps within and between care settings (e.g. Community Care, Emergency Dept, Crisis, etc.)
VERMONT SUICIDE PREVENTION PROGRAMS

Vermont Suicide Safer Pathways Project
vtspc.org/zero-suicide

Vermont Care Partners Designated Agencies
vermontcarepartners.org/agencies

Facing Suicide
facingsuicidetvt.com

Quechee Gorge Bridge Projects
vtrans.vermont.gov/projects/quechee

VERMONT SUICIDE COALITION AND PARTNERSHIPS

VT Suicide Prevention Center | vtspc.org

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

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

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

Vermont Program for Quality in Health Care (VPQHC)
vpqhc.org

VPQHC project for independent providers
vpqhc.org/independent-providers-training-project

Vermont Emergency Departments Quality Improvement Initiative
vpqhc.org/edsp

RESOURCES FOR SURVIVORS OF SUICIDE LOSS

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

INFORMATION ON SOME SUICIDE AWARENESS AND SUPPORT TRAINING

Question Persuade Refer (QPR)
qprinstitute.com

Umatter Suicide Prevention
healthandlearning.org/ourwork/umatter-suicide-prevention

Talk Saves Lives
afsp.org/talk-saves-lives

If you are looking for training on this topic, please complete this survey: vtspc.org/training-questionnaire

SENSITIVE USE OF LANGUAGE

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

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

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

PLEASE USE:

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

PLEASE AVOID:

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

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