



VT Suicide Prevention Coalition Meeting

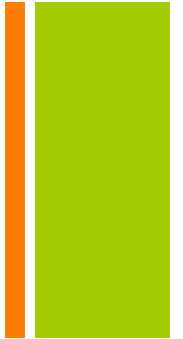
June 18, 2019

Veteran's Association in White River Junction





Welcome! Today we will cover:



■ ADVOCACY

- Recap Advocacy Day and it's Ripple Affects
- Future Action – AFSP taking the lead

■ RESOURCES from 2019 AAS Conference

■ PRESENTATIONS

- Quechee Gorge Bridge Barrier – Regina-Anne Cooper
- Suicide Attempt Data – Gayle Finkelstein

■ INPUT

- Messaging for Suicide Prevention Month
- Survivor Support



Press Conference

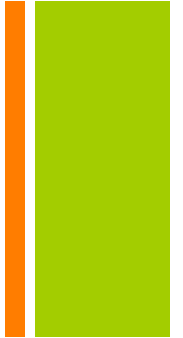
Suicide Safe Pathways in Health Care

- Representative Anne Donahue
- Secretary Al Gobeille, AHS
- Commissioner Sarah Squirrel, DMH
- Dr. Norman Ward, Chief Medical Officer, OneCare VT
- Beth Tanzman, VT Blueprint for Health, Department of VT Health Access
- JoEllen Tarallo, CHL and VTSPC
- Sean Dillon, AFSP-VT Chapter
- Catherine Fulton, VT Program for Quality in Health Care Inc.





Testimony in the House Committee on Health Care



- JoEllen Tarallo, PhD, Director Vermont Suicide Prevention Center and Center for Health and Learning
- Tom Delaney, New England Research and Data Services, LLC
- Debra Lopez, MD, Psychiatrist and Survivor of Family Loss
- Molly Dugan, Support Services at Home (SASH) Director
- Eike Blohm, MD, UVM Medical Center



Vermont Capitol Day

Issue briefing -Suicide Safe Pathways in Health Care

Talking about Legislative Issue “Asks”

The main issues you will be asking your legislators to support today are the importance of recognizing suicide prevention efforts across the state, and supporting the principals of Zero Suicide to create Suicide Safe pathways in health care.

Key Points

Suicidal ideation is treatable and suicide can be prevented

Vermont's rate of suicide is 30% higher than the national average; now is the time to stem this tide, with a strong commitment to integrated efforts toward suicide prevention

Addressing the stigma around help seeking especially with those groups who are dying by suicide in disproportionate numbers across the nation and in Vermont

Goal is to ask for a commitment to reduce deaths from suicide by supporting suicide safe pathways in health care using the principals of Zero Suicide.

Issues Brief

AFSP has set a bold goal to reduce the annual suicide rate in the United States 20 percent by the year 2025. Using analytics and modeling tools, and with guidance from leaders in the field of suicide prevention, AFSP has identified four critical areas which represent the highest potential to reach the most people at risk for suicide in the shortest amount of time. Two of these critical areas focus on the health care system, and the principals of Zero Suicide.

Zero Suicide is a set of evidence-based principles and practices for preventing suicide. The foundational belief of Zero Suicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable. Zero Suicide requires a system-wide approach to improve outcomes and close gaps

Healthcare Systems

An estimated 45 percent of individuals who die by suicide visit their primary care physician in the month prior to their death. By accelerating the acceptance and adoption of evidence-based suicide prevention practices within primary and behavioral healthcare systems, we can identify those at risk, and a visit to the doctor's office can become a critical opportunity to connect them to care.

Emergency Departments

An estimated 39 percent of individuals who die by suicide visit an emergency department in the year prior to their death. By encouraging the acceptance and adoption of suicide screening and delivery of follow-up services as a standard of emergency care, we have a greater chance of preventing suicide in these at-risk individuals.



Stakeholder Education Training: Talking with Legislators



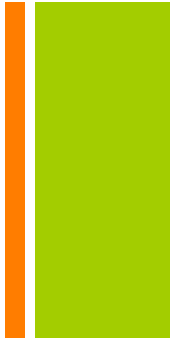


Survivors hand flowers to Legislators in remembrance of Vermonters lost to Suicide



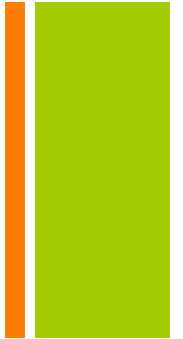


Reading of a Resolution on Suicide Safe Pathways to Care & Introduction by Rep. Anne Donahue in Chamber of House





Advocacy Ripple Affects and Next Steps














- SASH Funding
- Health Care Engagement
- AFSP Lead Committee



2019 AAS Conference Resources

Improving State Suicide Prevention Infrastructure - JoEllen

- Overview of session, participants, speakers
- Learning from other states
- Infrastructure assessment –

Authorize	Lead	Partner	Examine	Build	Guide
	  			 	  

- Vermont Commitment



2019 AAS Conference Resources

Improving State Suicide Prevention Infrastructure

SPRC | Suicide Prevention Resource Center

Definition

State Suicide Prevention Infrastructure:

A state's **concrete, practical foundation or framework** that supports suicide prevention-related systems, organizations, and efforts including the fundamental parts and organization of parts that are **necessary for planning, implementation, evaluation, and sustainability.**



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Improving State Suicide Prevention Infrastructure

SPRC | Suicide Prevention Resource Center

Essential Element #1: Authorize



1. Designate a lead division or organization
2. Identify and secure resources required to carry out all six essential functions
3. Maintain a state suicide prevention plan that is updated every 3-5 years
4. Authorize the designated suicide prevention agency to develop, carry out, and evaluate the suicide prevention plan
5. Require an annual report to the legislature or governor on the state of suicide and prevention efforts, the extent and effectiveness of any statute or rule related to suicide, and emerging needs



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Improving State Suicide Prevention Infrastructure

SPRC | Suicide Prevention Resource Center

Essential Element #5: Build



1. Build a multi-faceted, lifespan approach to suicide prevention across the state, in concert with the state plan:

- Understand, develop, and enforce expert-informed policies and regulations that support suicide prevention
- Strengthen the crisis system and policies, including mobile response and hotlines
- Establish policies & model practices in preparation for post-suicide response, including in the event of a suicide cluster
- Promote “upstream” strategies that proactively prevent suicide risk and enhance protective factors

2. Designate sufficient funding to carry out or support a multi-faceted approach

3. Cultivate the ability to evaluate and share results

4. Embed expectations for suicide prevention within relevant state-funded contracts



2019 AAS Conference Resources

Improving State Suicide Prevention Infrastructure

SPRC | Suicide Prevention Resource Center

Visit SPRC.org



Sign up for SPRC's *Weekly Spark* newsletter for the latest news, research, and announcements.



Learn at your own pace with online courses, learning labs, and brief videos.



Discover how to apply suicide prevention best practices with SPRC's Effective Suicide Prevention Model.



Access a wealth of resources, including toolkits, fact sheets, success stories, and more!



Explore a library of suicide prevention programs with evidence of effectiveness.



Find information on suicide prevention efforts in your state.



@SPRCTweets

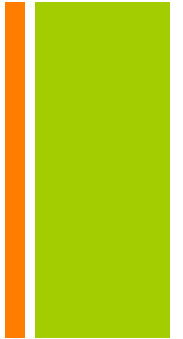
EDC

Education
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2019 AAS Conference Resources



Infusing Cultural Considerations into Training

- Addressing industry standards and guidelines for suicide prevention AND cultural standards

Table 1

Description of four major categories of culturally specific risk.

Culturally specific risk category	Description
Cultural sanctions	Acceptability of suicide as an option Unacceptability and shame associated with life events
Idioms of distress	One's likelihood to express suicidality The way suicide symptoms are expressed Chosen methods or means of attempting suicide
Minority stress	Stresses cultural minorities experience because of social identity or position including: <ul style="list-style-type: none">• Acculturation as moderated by ethnic identity and density• Discrimination-related strain• Social disadvantages
Social discord	Conflict, lack of integration, or alienation from family, community, or friends



2019 AAS Conference Resources



SUICIDE
IS
DIFFERENT.

Chances are you reached this site because you're supporting someone who struggles with thoughts of suicide. This site is meant to help you navigate through your experience as a suicide caregiver.

Suicide Caregiver

noun | sui-cide care-gi-ver | \ 'sü-e-sīd 'ker-gi-ver \

A person who supports someone experiencing thoughts of suicide

- While providing care, the suicide caregiver must also be aware of their own well being despite the task being big or small
- The role can be formal (i.e. therapist or crisis worker) or informal (i.e. family, friend, loved one)

www.suicideisdifferent.org/

You will find five modules meant to be viewed in the order below. The different sections are filled with activities and videos that will provide you with the space and tools to:



Learn About Suicide



Process Your Feelings



Adapt to Change



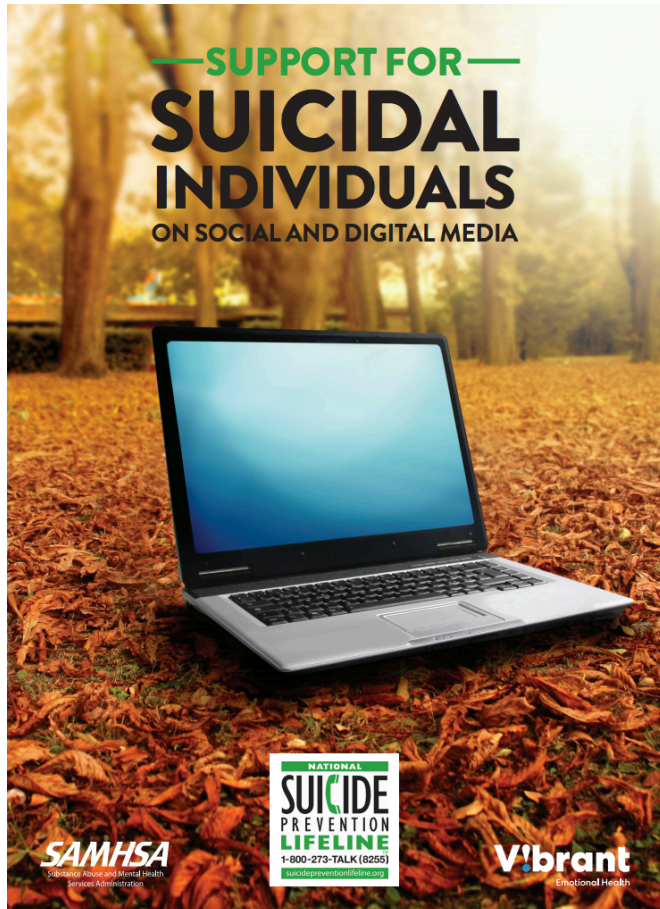
Set Safe Boundaries



Talk About Suicide



2019 AAS Conference Resources



HOW TO ENGAGE AN INDIVIDUAL IN CRISIS ONLINE

If you have identified an individual that is at risk of suicide or in suicidal crisis but doesn't seem to be at imminent risk, research suggests that the community moderator reach out to that individual directly, through a set of clear processes established by and best suited to the needs of your platform or community.

There are four factors to consider when developing your community's guidelines regarding engagement with at-risk individuals online:

- 1 Always consider a post about suicide to be serious and genuine.**
While we can imagine instances where a statement could be disingenuous or a joke, it is absolutely important to err on the side of caution and to recognize any concerning posts as an honest and true expression of suicidal crisis.
- 2 Develop a system of monitoring and responding to community members in a timely, uniform, and unbiased manner.**
Only offering a response to certain posters or with irregular frequency may come across as disengaged or insincere to your community members, while also raising the possibility that individuals in need of support may go unanswered.
- 3 Craft responses that are sensitive to the situation,** yet realistic about your ability to support an at-risk individual. It is not your responsibility to provide total support for community members who are experiencing thoughts of suicide. Instead, aim to connect people to appropriate support services during a time of crisis.
- 4 Keep in mind the exception to all rules: imminent risk.**
If, in the course of communicating with an individual, you discover that this person is at imminent risk of suicide, reach out to emergency services immediately. Similarly, if another user reports to you that they have found a post that shows another user may be at imminent risk, have a procedure in place to manage the situation.

https://suicidepreventionlifeline.org/wp-content/uploads/2018/09/lifeline_socialmedia_toolkit.pdf



2019 AAS Conference Resources

https://vtspc.org/reflections-on-aas-national-conference-2019/

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Reflections on AAS National Conference – 2019

Suicide Prevention



This years AAS National Conference, (#aas2019) with a combination of plenary and break-out sessions, was a huge success thanks to the many presenters and participants who converged in Denver. Thank you to the [American Association of Suicidology](#) for organizing this event, and the many sponsors who made this possible. The conference included presentations from a variety of academic and professional disciplines, including anthropology, biology, behavioral economics, philosophy, psychiatry, psychology, public health, social work, sociology, theology/religion, media and entertainment, and evolutionary theory. Two participants, Dr. Debra A. Lopez, a Board Certified Psychiatrist, a survivor of family loss, and is a VTSPC Coalition member, and Julia Hampton, Health Program Specialist at [Vermont Suicide Prevention Coalition](#), and Program Specialist and Ummatter Trainer at [CHL](#), gave their reflections on the conference.

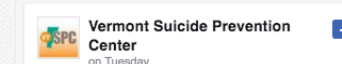
From Dr. Debra Lopez:

This is my third year as an AAS member and attendee of the AAS Conference. 2019 was the 52nd AAS annual meeting. Clearly great effort and thought, by many people, goes into planning & organizing this complex meeting. The structure includes large-group presentations, the Plenaries, as well as smaller format, concurrent sessions held throughout the conference that are themed along the lines of interest groups. For example, these "tracks" include Clinical



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An expressed concern of those in the suicide prevention field, suicide contagion may have been a cause in the 13% increase in teen suicide deaths in the three months following the release of the 13 Reasons Why Netflix series.





Messaging for Suicide Prevention Month



About National Suicide Prevention Month

September is National Suicide Prevention Month. All month, mental health advocates, prevention organizations, survivors, allies, and community members unite to promote suicide prevention awareness.

National Suicide Prevention Week is the Monday through Sunday surrounding World Suicide Prevention Day. It's a time to share resources and stories, as well as promote suicide prevention awareness.

World Suicide Prevention Day is September 10. It's a time to remember those affected by suicide, to raise awareness, and to focus efforts on directing treatment to those who need it most.



Recommendations for Reporting on Suicide

INSTEAD OF THIS:



- Big or sensationalistic headlines, or prominent placement (e.g., "Kurt Cobain Used Shotgun to Commit Suicide").
- Including photos/videos of the location or method of death, grieving family, friends, memorials or funerals.
- Describing recent suicides as an "epidemic," "skyrocketing," or other strong terms.
- Describing a suicide as inexplicable or "without warning."
- "John Doe left a suicide note saying..."
- Investigating and reporting on suicide similar to reporting on crimes.
- Quoting/interviewing police or first responders about the causes of suicide.
- Referring to suicide as "successful," "unsuccessful" or a "failed attempt."

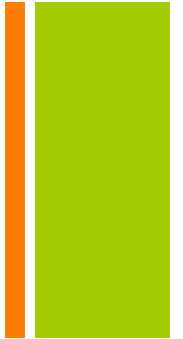
DO THIS:



- Inform the audience without sensationalizing the suicide and minimize prominence (e.g., "Kurt Cobain Dead at 27").
- Use school/work or family photo; include hotline logo or local crisis phone numbers.
- Carefully investigate the most recent CDC data and use non-sensational words like "rise" or "higher."
- Most, but not all, people who die by suicide exhibit warning signs. Include the "Warning Signs" and "What to Do" sidebar (from p. 2) in your article if possible.
- "A note from the deceased was found and is being reviewed by the medical examiner."
- Report on suicide as a public health issue.
- Seek advice from suicide prevention experts.
- Describe as "died by suicide" or "completed" or "killed him/herself."



National Recommendations for Depicting Suicide



Convey that suicide is complex and often caused by a range of factors, rather than by a single event.

Show that help is available.

Portray characters with suicidal thoughts who do not go on to die by suicide.

Portray everyday characters who can be a lifeline.

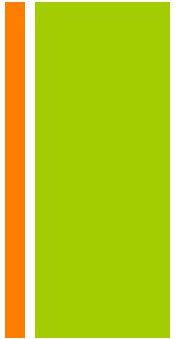
Depiction Recommendations

Avoid showing or describing the details about suicide methods.

Consult with suicide prevention messaging experts and people with personal experience.

Depict the grieving and healing process of people who lose someone to suicide.

Use nonjudgmental language.



Resources for Survivors

- [vtspc.org website](http://vtspc.org) – Survivor of Suicide Resource Packet
- Postcard to Funeral Directors
- Feedback on Survivor Support
 - There is a need for the groups.
 - Survivors want Peer Led Groups- facilitation varies, no training for facilitators
 - Groups come and go
 - Lack of centralized coordination - VTSPC asks AFSP VT for an update annually
 - Input from Coalition welcome