VERMONT

Youth Suicide Prevention Platform

A public health approach to suicide prevention

Published by Center for Health and Learning
on behalf of
the Vermont Youth Suicide Prevention Coalition

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"The Platform invites everyone in human services to consider how they can incorporate suicide prevention into their daily work."

–Doug Racine, Seceretary Agency of Human Services

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Douglas A. Racine, Secretary

January 13, 2012

Dear Vermonters:

The Vermont Agency of Human Services seeks to address many social concerns and problems facing our communities and one of the most challenging is suicide. When someone takes his or her own life, we are left with many conflicting emotions and endless questions that cannot be answered. Yet, in many cases, suicide can be prevented if people know what to look for and how to get the help they need.

Suicide is a problem across our country, but in Vermont the incidence of suicide is above the national average. Nationally, about 11 people per 100,000 die by suicide, in Vermont, we average 15 per 100,000. This amounts to about 96 people each year, which is more than die in motor vehicle crashes. This number is too high for our small state and the effect on our communities can be devastating.

The Agency of Human Services is committed to the vision that Vermonters stay healthy and safe, and that they achieve their greatest potential for well-being. That is why the Vermont Suicide Youth Prevention Platform is so important. Suicide is the second leading cause of death for young people of Vermont between the ages of 10 and 24. The attached Platform describes our state's effort to combat this tragic problem.

The Vermont Youth Suicide Prevention Platform 2011 is the result of hard work by citizens dedicated to the well-being of youth and the prevention of suicide. It is a guide for all Vermonters to use no matter where they work or live. Suicide is both a community and personal tragedy that deserves our attention.

When young people die by suicide, they leave behind those who love them. Society loses what those people would have achieved if they had lived full adult lives. We want our young people to know that they matter but we know many youth are hurting:

- On average, nine Vermont youths take their lives each year.
- 25% of Vermont youths experienced serious depression in the last year according to the Youth Risk Behavior Survey.

This Platform was written for everyone who wants to help young Vermonters feel valued, find hope for the future, and succeed in life. You matter as a caring adult and professional working to increase suicide prevention resources for youth. I look forward to working with you on this statewide effort. The platform describes the problem of suicide and offers concrete goals to address the many issues that impact prevention efforts. It is meant to be a guide for setting priorities, allocating funds, and highlighting the things ordinary Vermonters can do to address the issue.

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The Platform is consistent with some of the key practices of the Agency of Human Services. It takes a comprehensive approach to the problem of suicide by making suggestions about what can be done on the individual, community, and policy levels. It invites everyone in human services to consider how they can incorporate suicide prevention efforts into their daily work.

The Platform is also in line with the key practice of strength-based relationships. We know that more can be gained by building upon the strengths and assets people already have than can be accomplished by focusing on their problems. The Platform emphasizes the role of early identification of individuals at risk in order to build their coping strategies and their resilience. It sends the message that everyone matters and that it is natural for any of us to ask for help at some point in our lives.

It is my hope that you will find ways to act on the important goals of this Platform so that our state can benefit from the contributions of all Vermonters.

Sincerely,

Douglas A. Racine
Secretary
Agency of Human Services

Sincerely,

Patrick Flood
Commissioner
Department of Mental Health

VERMONT

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Agency of Human Services

November 28, 2011

Dear Vermonters:

Suicide is a leading cause of death for our youth and young adults – second only to motor vehicle crashes. Every year in Vermont, an average of nine young people take their own lives.

The *2011 Vermont Youth Risk Behavior Survey* documents some of the tragic facts behind these preventable deaths: 19 percent of high school students reported feeling sad or hopeless; 8 percent made a plan about how they would attempt suicide; and 4 percent actually made the attempt.

Youth suicide is a complex phenomenon that requires a comprehensive clinical and community systems approach to prevention. In 2004, a multidisciplinary group of concerned professionals and community members came together to create the state's first suicide prevention platform. An expanded group, now known as the Vermont Youth Suicide Prevention Coalition, has just updated this document to reflect recent research and better understanding of evidenced-based approaches to preventing suicide. The new platform offers an opportunity for all of us to reinvigorate our efforts to support our youth with key suicide prevention strategies and activities.

Public health is what we all do collectively to assure the conditions in which people can be as healthy as they can be. Suicide is an urgent public health issue, but solutions are well within our reach. I urge all Vermonters – clinicians, policymakers, community leaders, families and individuals alike – to join in this effort. Read the *Vermont Suicide Prevention Platform*, examine its goals and action steps, and put it to work systematically in communities throughout our state.

Sincerely,

Harry Chen, MD
Commissioner

State of Vermont
Vermont Department of Education
120 State Street
Montpelier, VT 05620-2501

January 5, 2012

To Whom It May Concern:

Suicide is the second leading cause of death for young people in Vermont between the ages of 10 and 24.

Attached is the Vermont Youth Suicide Prevention Platform 2011 which describes in detail the state's effort to combat the tragic problem of suicide. This Platform is the result of much hard work by many citizens dedicated to the well-being of youth and the prevention of suicide, and by public and private organizations whose work directly affects youth. It is a guide for all Vermonters to use, no matter where they work or live. The impact of suicide on families, schools, and the larger community is especially profound in Vermont's many small rural communities. The Platform highlights public concerns about suicide, gives statistical evidence of the need for prevention and offers a background for addressing suicide as a public health problem in Vermont.

When young people die by suicide, they leave behind those who love them. Society loses what those young people would have achieved and contributed, if they had lived full adult lives. We want our young people to know that they matter in each Vermont community. The statistics are sobering:

- Nine Vermont youth take their lives each year
- The rate of death by suicide is 13 per 100,000 across all ages in Vermont while the national rate is 11 per 100,000
- 25% of Vermont youth experienced serious depression in the last year according to the Youth Risk Behavior Survey
- Of the youth identified by schools trained in suicide prevention, 83% were between the ages of 13 and 17

In 2008, the Center for Health and Learning, with support from VDH and VDMH, received a grant to address two priorities - Public Awareness and Gatekeeper Training. Some accomplishments of the grant are highlighted below:

- Developed 2 websites: http://www.umatterucanhelp.com/ (for gatekeepers) and http://www.umatterucangethelp.com/ (for youth ages 11 through 23).
- Conducted successful public information campaign (Facebook, radio and internet advertisements) as evidenced by Umatter advertisements on Facebook with over 4,000 hits since December 2010
- Developed relationship with Vermont 2-1-1
- Trained 170 school professionals from 32 Supervisory Unions in Gatekeeper, Protocol Development and Lifelines curriculum
- Trained 80 professionals (mental health, law enforcement and first responders, social services & youth serving professionals) using the Connect model

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

Sincerely,

Armando Vilaseca, Commissioner
Vermont Department of Education

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"Suicide is an urgent health issue, but solutions are well within our reach."

–Harry Chen, MD, Commissioner, Vermont Department of Health

Acknowledgements

The Vermont Youth Suicide Prevention Platform is a product of the work of the Vermont Youth Suicide Prevention Coalition, which wrote the Platform over the course of 18 months between January 2010 and October 2011. The Coalition is a group of committed individuals representing survivors of suicide loss and public and private organizations whose work directly affects youth.

A subgroup of the Coalition met monthly to write the Platform:

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Associated General Contractors of Vermont

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2011 Vermont Youth Risk Behavior Survey reports that:

• 17% middle schools students have seriously considered killing themselves at some point in their lifetime.

• 13% of females in grades 6-8 have made a plan about how to die by suicide.

• 14% of males in high school carried a weapon on school grounds within a one month period.

• one quarter of female high school students have experienced periods of continuous sadness or hopelessness.

•17% of high school students have been bullied in the past 30 days.

Executive Summary

This Platform is meant to be a guide for individuals, agencies, and organizations interested in preventing youth suicide. It offers priorities around which to structure activities and a framework for determining future directions. The Platform establishes the background for addressing suicide as a public health problem in Vermont, and provides statistical evidence of the need for prevention.

In 2008, Vermont received a three-year grant from the Substance Abuse Mental Health Services Administration (SAMHSA) to promote suicide prevention among youth. During that time, teachers were trained, a curriculum for student education was promoted, a statewide coalition was established, intensive intervention was made in two high-risk communities, the Umatter Youth Suicide Prevention campaign was launched, and evaluation of the project was completed. This Platform is an additional accomplishment of that grant. This was all done under the guidance of the Vermont Youth Suicide Prevention Coalition.

Based upon previous work by the U.S. Surgeon General in 1999, Vermont's Platform has 10 major goals that reflect the national strategy. The goals are:

a. **Promote awareness that suicide is a public health problem.**
b. **Develop broad-based support for suicide prevention.**
c. **Develop and implement strategies to promote positive public attitudes toward being a consumer of mental health, substance abuse and suicide prevention services.**
d. **Develop and implement effective suicide prevention programs.**
e. **Promote efforts to reduce access to lethal means and methods of self-harm.**
f. **Support training for recognizing at-risk behavior and delivering effective treatment.**
g. **Promote effective clinical and professional practices.**
h. **Improve access to mental health and substance abuse services and better coordinate services of the variety of community institutions.**
i. **Improve reporting and portrayals of suicidal behavior, mental health conditions and substance abuse in the media.**
j. **Improve and expand surveillance systems to help us learn more and monitor the effectiveness of our efforts.**

The Platform was written to reinforce prevention efforts in substance abuse, an area of youth behavior that shares risk factors and warning signs with depression and suicide. Because of that linkage, the Platform reflects the ecological nature of the Vermont Prevention Model. Each objective of the Platform has suggestions about how issues can be addressed on the level of individuals, relationships, organizations, communities, and policies and systems.

"One of the consequences of surviving a suicide is grief so profound that it unifies all efforts to prevent such loss in the future."

–JoEllen Tarallo-Falk, Ed.D, Director, Vermont Youth Suicide Prevention Project, Center for Health and Learning

Context of Suicide Prevention in Vermont

History

In 2001 the U.S. Department of Health and Human Services released the National Strategy for Suicide Prevention, a comprehensive and integrated approach to reducing suicide and suicidal behaviors across the life span. The national strategy was a culmination of efforts including the *1999 Surgeon General's Call to Action to Prevent Suicide* and the landmark *Mental Health: A Report of the Surgeon General (1999).*

In Vermont, the Department of Health recognized suicide as a significant public health problem and included goals related to suicide deaths, suicide attempts, substance abuse, and mental health as health priorities in *Healthy Vermonters 2010*, the Department's blueprint for improving the health of Vermonters.

In 2004, the Department of Health which then included Mental Health, worked with a suicide prevention planning team in conjunction with an advocacy group, Vermonters for Suicide Prevention, to develop a prevention platform for Vermont. 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, the Center for Health and Learning, with the support of the Department of Mental Health and the Department of Health, received a three-year Garrett Lee Smith Memorial Youth Suicide Prevention grant through SAMHSA, in the U.S. Department of Health and Human Services, to address two priorities identified in the Vermont Suicide Prevention Platform: Public Awareness and Gatekeeper Training.

The grant had several major objectives:

a. **to train schools in suicide prevention, protocol development, and use of student curricula**

b. **to train professionals in mental health, law enforcement, social and youth services, first response, primary care, and faith leadership about their role as suicide prevention Gatekeepers**

c. **to provide technical assistance and training to two high-risk communities in Vermont**

d. **to create and disseminate a public information campaign about youth suicide prevention**

e. **to evaluate grant activities and measure the effectiveness of systems for early identification and referral of suicidal youth**

f. **to work with institutions of higher education on campus suicide prevention issues**

g. **to foster the growth of the Vermont Youth Suicide Prevention Coalition, which produced this revision of the Vermont Platform as one of its functions**

How many people die by suicide?

The national suicide rate per 100,000 people is 11.8 deaths. In Vermont, the suicide rate is 15.1 deaths per 100,000 people.

In 2008, Vermont received a 1.5 million dollar grant from SAMHSA for youth suicide prevention.

Garret Lee Smith Memorial Fund, Youth Suicide Prevention Grant

Accomplishments:

- **United Ways of VT 2-1-1 provided** 24-hour phone service **by trained responders for suicidal response across the state, which received 428 suicide-related calls.**
- **Umatter prevention protocol and Lifelines curriculum** trained 252 educators in 63 schools.
- **Connect gatekeeper model trained** 205 professionals **in Mental Health, Law Enforcement, First Response, Social Services, Youth Services, Primary Care, and Faith Leadership**.
- **Launched two websites:** UmatterUCanHelp.com **for adult and professional gatekeepers and the youth oriented** UmatterUCanGetHelp.com.
- **Umatter Public Information Campaign** promoted awareness and help-seeking **through newspapers, radio, Facebook, and Youtube.**
- **Campus Suicide Prevention Symposium for institutions of higher education was** attended by professionals from 13 colleges.
- **Vermont Youth Suicide Prevention Coalition supported and expanded** awareness of needs **and revised prevention platform to guide statewide planning.**
- **Trained school personnel** identified and referred 125 youth who were depressed or suicidal **(65% girls, 35% boys).**
- **Intervened in two high-need communities reaching 124 professionals with prevention training and technical support for** a coordinated community response to suicide.
- **Adaptated suicide prevention and postvention** protocols **for Vermont.**
- **Developed a Cadre of** 30 gatekeeper trainers **and 9 postvention trainers across the state.**

Why Write a Suicide Prevention Platform?

The Platform highlights the public concerns about suicide and provides a focus for the collaborative efforts of agencies and organizations in addressing those concerns.

From the perspective of youth, most are probably unaware that suicide is the second most frequent cause of death among their peers. However, most youth *are* receptive to addressing the issue of suicide because they know that many young people experience signs of serious depression (21% of youth in Vermont according to the 2011 Youth Risk Behavior Survey), they hear about suicide through the media, and they often know friends or acquaintances who have either attempted or taken their own lives. Young people are looking for ways to increase their coping skills and their ability to respond to suicidal friends. They need the information and guidance that the platform provides.

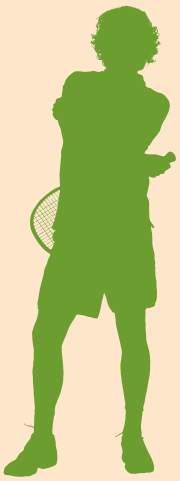
The impact of suicide on families, schools, and the larger community is especially profound in Vermont's small, rural communities. It is important that people see suicide as a public health issue, and learn about the role they can play in identifying youth who may be at risk and getting them the help and support they need. The risk factors for suicide coincide with the risk factors for other mental health conditions, substance abuse, and violent behavior. For those people with biological markers and other previous circumstances that may predispose them to suicidal thoughts, it is important that the social and emotional development of the entire community be considered. The suicide prevention platform helps the larger community determine priorities, allocate funding, and evaluate its effectiveness.

To address the broad issues related to suicide, public information and professional training need to emphasize:

1. **developing** individual assets
2. **strengthening** positive relationships **within families and social networks**
3. **strengthening** knowledge, skills, and communication **within and across organizations**
4. **building** community capacity **to provide prevention, intervention, treatment, enforcement, and recovery support across the lifespan**
5. **enacting** policies and systems **that will sustain a healthier Vermont**

The purpose of the platform is to **elevate the discussion** to help the larger community determine priorities, allocate funding and evaluate effectiveness.

The Platform is a guide for individuals, agencies and organizations that **want to reduce incidence of youth suicide.**



What is the Purpose of the Platform?

This Platform is an effort to address the issue of suicide in the context of a public health model for mental health. Our society has learned to approach issues of physical health in a systemic and comprehensive way. This Platform is an opportunity to deal with mental health issues with the same integrity. Traditionally, the treatment of mental health conditions has focused on the illness of the individual. This Platform emphasizes a holistic approach toward the problem of suicide that encourages building assets, seeking help, and creating capacity for effective response and support.

The overall objectives of this Platform are to provide a basis for current and future suicide prevention planning in Vermont. It is hoped this Platform will:

- **Educate the public**
- **Propel further public action**
- **Promote unified strategies**
- **Provide input to state agency planning**
- **Focus the allocation of public and private resources**

This Platform is intended to impact the lives of the general public:

- **Children, youth, young adults**
- **Parents and family members**
- **Suicide survivors (anyone affected by the loss of someone to suicide)**
- **Suicide attempt survivors (individuals who have attempted suicide and survived)**
- **School communities (school boards, administrators, faculty, staff, contract employees, volunteers, and parents)**
- **Community organizations and professionals (mental health, first responders, faith leaders, primary care, social services, and youth-serving professionals)**
- **Local and state stakeholders (Including legislators and policy makers) and state angecy personnel.**

This document includes national and Vermont-based resources for prevention efforts, with the designated mental health agencies for each county listed inside the back cover.

UNDERLYING PRINCIPLES

The Vermont Youth Suicide Prevention Platform is based upon a number of underlying principles derived from the Surgeon General's Report of 1999, the Vermont Suicide Prevention Platform developed in 2004, and the work of the Vermont Youth Suicide Prevention Coalition. Many topics in this Vermont Platform apply to all ages, but the recommendations are specific to youth suicide prevention.

Those principles include:

- **Suicide is generally** preventable
- **Suicide is a** public health issue
- **Mental health and physical health are equal and inextricably linked as** components of overall health
- **Suicide shares** risk factors **with substance abuse, bullying and harassment, traumatic events (including sexual abuse, violence, post-traumatic stress), as well as other mental health conditions**
- **Youth and young adults are key participants and actively involved in every stage of planning, implementing, and evaluating youth** suicide prevention activities
- **Community,** individuals and organizations collaborate **to prevent suicide**
- **A focus on youth suicide prevention has** benefits for the whole society **and for people who contemplate suicide no matter what their age**

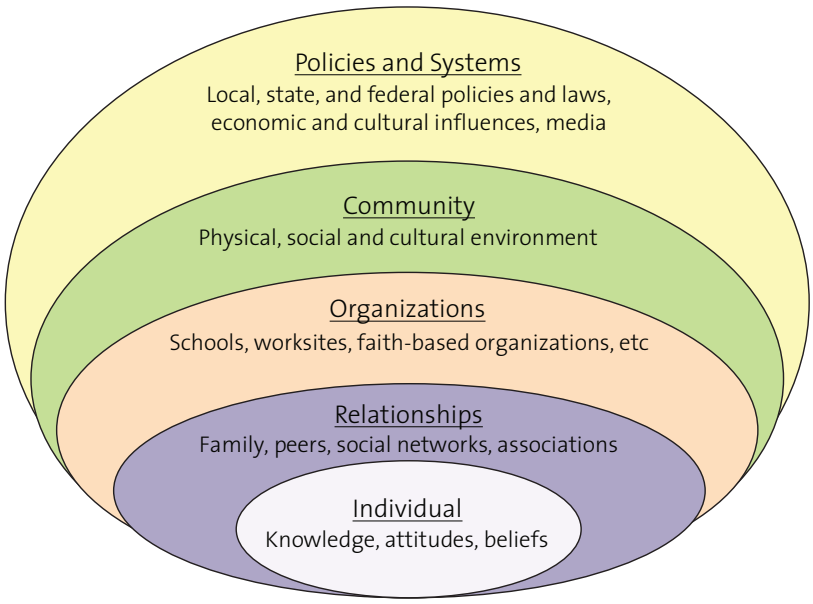
There are usually **multiple factors** influencing suicidal thinking and behavior.

Youth suicide prevention in Vermont uses **an environmental public health approach.**

Vermont Prevention Model and Youth Suicide Prevention

The Vermont Prevention Model is a helpful way to describe the scope of prevention efforts that are most successful. It has relevance for the prevention of any type of unhealthy practice or unsafe situation. The model illustrates that there are many factors that influence individual and population health.

Vermont Prevention Model



Vermont Prevention Model adapted from: McELroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. Health Education Quarterly 15:351-377, 1988.

Health promotion efforts are most likely to be effective if they are:

- **consistent with the needs and resources of the community**
- **developed with an understanding of the factors contributing to the problem**
- **designed to specifically address those factors**
- **inclusive of strategies addressing multiple levels of the model simultaneously**
- **sustainable over time**
- **appropriate with age, gender, and culture**
- **based on evidence, best or promising practice, research.**

This Model recognizes the importance of action on five levels:

- Individual **– The knowledge, attitudes, and beliefs that influence behavior. Effective strategies are designed to affect an individual's behavior.**
- Relationships **– The influence of personal relationships upon behavior. Effective strategies promote social support through interactions with family members, peers, and friends.**
- Organizations **– The norms and standards that are established in the places people interact with each other. Effective strategies are designed to affect multiple people through an organizational setting.**
- Community **– The physical, social, and cultural environments where people live, work, and play. Effective strategies are aimed at the physical environment, social service networks and activities of coalitions, and partnerships.**
- Policies and Systems **– The local, state, and federal policies and laws, economic and cultural influences, and media messages. Effective strategies are wide-reaching and affect entire populations.**

The Umatter Campaign

The Vermont Prevention Model provides a foundation for the messaging of the Umatter Youth Suicide Prevention campaign. This public information campaign seeks to highlight the role that Gatekeepers play in supporting troubled youth individually and in the wider community. (A Gatekeeper, typically, is an adult who is aware of the warning signs of suicide, knows how to get help, and is willing to refer a youth with suicidal thoughts to someone else for more assistance.) As an adult with knowledge and skills in suicide prevention, "you matter" in the lives of young people who are at risk. Umatter also reinforces the idea that all young people, whether or not they believe it in the moment, lead lives of purpose and meaning that are significant to those who surround them. As a youth in today's society, "you matter," and you can make a difference in the lives of others.

Each individual has an important role to play in their family, with their friends, in their community, and in the wider world. When we focus education, supports, services, and prevention efforts on this interdependence, we build resilience so that people can manage the challenges they face.

Objectives for each goal of the Vermont Youth Suicide Prevention Platform are **structured in parallel** with the Vermont Prevention Model.

At highest risk for suicide:

- LGBTQ: lesbian, gay bisexual, transgender, queer and people questioning their sexual identity.
- military veterans
- racial and ethnic minorities, including American Indians and Asian-Americans
- white adults, aged 40-59.
- people, 65 and older

What We Know about Suicide Nationally and in Vermont

- **Suicide is a public health issue that affects individuals and families of all ages, socio-economic groups, and of all cultural and ethnic backgrounds.** Social attitudes about suicide influence the ability of people to get the help they need **and often make it difficult to offer support after an attempt or death.**

- Nationally, more than 33,000 take their own lives each year **which amounts to 11 per 100,000. In Vermont, there are 80 suicides annually for a rate of 14 deaths per 100,000 people. This is higher than the number of motor vehicle deaths or homicides in Vermont.**

- Most people who die by suicide have experienced mental health condition **(90%) that might have responded to treatment. 19% of Vermont high school students reported feeling depressed for more than two weeks – the definition of clinical depression. The need to identify youth who are at risk could not be more striking. Of the youth identified by schools trained in suicide prevention, 83% were between the ages of 13 – 17.**

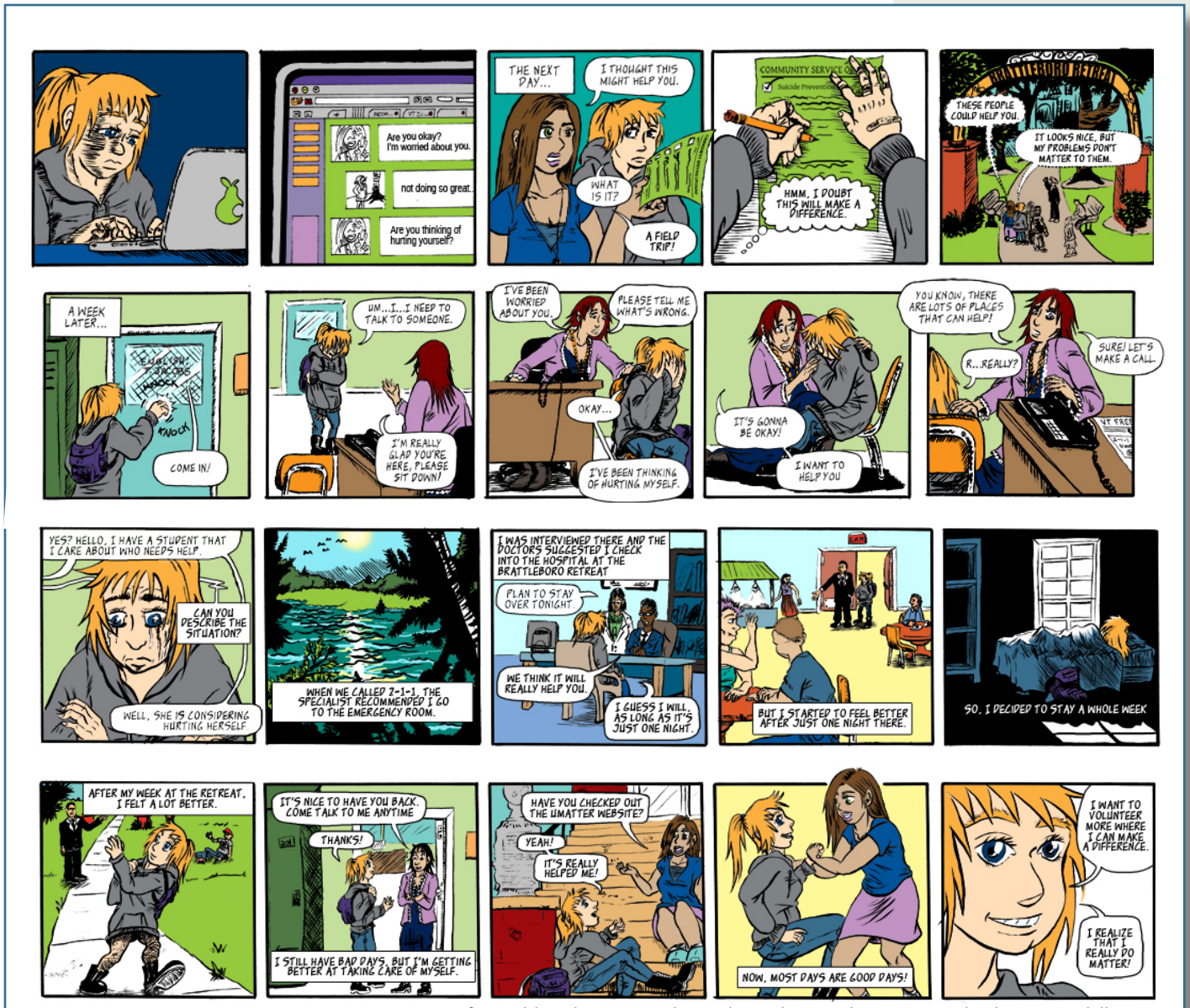
- **Youth who are Lesbian, Gay, Bisexual, Transgender, or Questioning are at a** four times greater risk of attempting suicide. **They are four times more likely to be threatened by a weapon at school and, though they represent 10% of the population, they represent 25% of the homeless population.**

- **Vermont is approximately 95% white, but** a disproportionately large percentage (9%) of young people who were referred for mental health concerns identified as non-white**. Asian American females aged 15 – 24 have the 3rd highest suicide rate of all females in the same age group.** American Indian adolescents have the highest suicide rate of all racial/ethnic groups and age groups **at 25 per 100,000 people - more than twice the overall U.S. suicide rate.**

- Military veterans also constitute a high risk group **due to exposure to violence, post-traumatic stress disorder, and the traditional military culture of honor that discourages help seeking.**
- Elderly Vermonters tend to be at risk because they may be isolated**, may feel disconnected from their life purpose, and may think they have become a burden to others.**

Women are more likely to attempt suicide. Men are more likely to die by suicide.

Public information to promote awareness takes forms and paths that can cut through the volume of media and social messages. The following comic strip was developed to appeal to a broad audience to depict effective gatekeeper functions and promote help-seeking in youth.



©2011, Center for Health and Learning.Ltd. Story by students at the Compass School, artist Randall Drew

TEN GOALS OF THE VERMONT PLATFORM

In 2001, the U.S. Department of Health and Human Services released the *National Strategy for Suicide Prevention,* a comprehensive and integrated approach to reducing suicide and suicidal behaviors across the life span. The national strategy was a culmination of efforts including the Surgeon General's *Call to Action to Prevent Suicide* (1999) and the landmark *Mental Health: A Report of the Surgeon General* (1999). These reports have formed the basis of the 10 goals of the Vermont Platform.

1. **Promote awareness that suicide is a** public health problem.

2. **Develop** broad-based support **for suicide prevention.**

3. **Develop and implement strategies to** promote positive public attitudes **toward being a consumer of mental health, substance abuse and suicide prevention services.**

4. **Develop and implement effective suicide** prevention programs**.**

5. **Promote efforts to** reduce access to lethal means **and methods of self-harm.**

The **goals of the Platform** are based on a report by the U.S. Surgeon General.

6. **Support training for recognition of at-risk behavior and delivery of** effective treatment.

7. **Promote effective clinical and** professional practices.

8. **Improve access to mental health and** substance abuse services **and** better coordinate services **of the variety of community institutions.**

9. **Improve** reporting and portrayals of suicidal behavior**, mental health conditions and substance abuse in the media.**

10. **Improve and expand surveillance systems to** help us learn more **and** monitor the effectiveness **of our efforts.**

1 Promote awareness that suicide is a public health problem.

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

Levels of Action	What Vermont Can Do (Suggested Strategies 2011 - 2016)
Individual	• Encourage dissemination of reputable suicide prevention messages thorough social media such as Facebook
	• Provide suicide prevention messaging materials such as wallet cards and posters
	• Use website analytics to determine effectiveness of websites
Relationships	• Promote formal and informal resources for suicide prevention such as teachers, neighbors, family members, faith leaders, coaches, etc.
	• Ensure crisis line phone numbers are accessible
Organizations	• Maintain and support effective multimedia outreach for dissemination of information on suicide prevention to community Gatekeepers
	• Maintain and support a website for youth that takes a developmental approach to providing suicide prevention information by using current theory of adolescent brain development
	• Disseminate educational materials through schools, institutions of higher education, public and private agencies, and faith-based organizations
	• Ensure Vermont 2-1-1 includes suicide response information
Community	• Elevate the discussion about mental health in the community though messaging
	• Develop a standard for promoting messaging to multiple community settings such as school nurse offices, doctor's offices, hospitals, town clerk offices
Policy and Systems	• Support a public information campaign with positive messages about the continuum of mental health conditions and services that increases public knowledge of suicide prevention
	• Add prevention resources to statewide web site and link to web sites of other organizations
	• Collect and disseminate data about the incidence of suicide and suicide attempts and risk factors to inform policies and programs of the Vermont Department of Health and the Vermont Department of Mental Health

2 Develop broad-based support for suicide prevention.

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

Levels of Action	What Vermont Can Do (Suggested Strategies 2011 - 2016)
Individual	• Increase the number of young adults advising the prevention activities of the Vermont Youth Suicide Prevention Coalition
Relationships	• Increase the number of partnerships between the Vermont Youth Suicide Prevention Coalition and other statewide coalitions including survivors of suicide and survivors of suicide loss
Organizations	• Encourage professional, voluntary and other groups to integrate suicide prevention activities into their ongoing programs and activities • Strengthen relationships between enhanced mental health services, schools, and family-serving organizations
Community	• Increase the number of Vermont communities that participate in the *Connect*™ community intervention model or other best-practice suicide prevention programs • Support survivors of suicide to become educators and spokespeople for prevention
Policy and Systems	• Establish a committee to coordinate suicide prevention efforts and support local communities in implementing the recommendations of the Vermont Suicide Prevention Platform. • Ensure suicide prevention efforts address issues specific to cultural diversity and high-risk groups such as lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ), military veterans, and youth in foster care or corrections

"Public health is what we all do collectively to assure...people [are] as healthy as they can be."

–Harry Chen, MD, Commissioner, Department of Health

3 Develop and implement strategies to promote positive public attitudes toward being a consumer of mental health, substance abuse and suicide prevention services.

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

Levels of Action	What Vermont Can Do (Suggested Strategies 2011 - 2016)
Individual	• Promote the concept that people may need special support following traumatic events. At some point in life, most people experience a traumatic event, or a crisis which leads them to think of suicide. This occurs especially when they are sad • Promote help-seeking and that when people do have suicidal thoughts, they can get help and they do get better • Educate about the benefits of prevention strategies
Relationships	• Encourage and educate about peer helping strategies
Organizations	• Work with Prevention Coalitions across the state that address mental health issues, including the link between substance abuse and suicide
Community	• Educate the public and providers that mental health and physical health are equal and inseparable components of overall health, that mental health conditions are real illnesses that respond to specific treatments, and that services are available
Policy and Systems	• Broaden access to mental health services and remove the barriers to helping that exist • Strengthen the interface between systems that address mental health and substance abuse, including state agencies, schools, county agencies, and other family-serving organizations • Increase the linkages between mental health and substance abuse professionals and primary care providers to detect early warning signs of depression

4 Develop and implement effective suicide prevention programs.

Objective A - Life Skills Training: Increase decision-making, problem-solving, goal-setting, conflict resolution, advocacy, coping, and mindfulness skills for all ages, ensure skill training continues throughout the lifetime, and reduce suicide risk factors

Levels of Action	What Vermont Can Do (Suggested Strategies 2011 - 2016)
Individual	• Beginning in early childhood, build assets in social and emotional skills, increase knowledge in effects of substance abuse, develop abilities in relationships with people from diverse backgrounds, and teach skills for what to do when experiencing or witnessing bullying • Increase the number of youth in school, after-school, and youth-serving social service settings who are trained in suicide prevention
Relationships	• Provide suicide prevention training for young adults in college, university, and non-traditional settings
Organizations	• Emphasize continued skill development in settings that negage young adults and adults, such as the workplace • Increase the number of institutions of higher education which actively use best practice suicide prevention programs. • Increase the knowledge and skills of all providers trained in suicide prevention
Community	• Provide skill building in school and community settings to reduce the impact of multiple risk factors, enhance protective factors, and involve families • Emphasize life skills training in multiple settings and uses of prevention, intervention, treatment, and recovery services
Policy and Systems	• Connect school-based training with existing state statutes for teaching about health, bullying, harassment, and suicide prevention and link to the Vermont Framework of Standards and Learning Opportunities

Objective B- Screening for Mental Health Conditions:

Increase case finding through direct screening and increase referrals of identified individuals for further evaluation and intervention

Levels of Action	What Vermont Can Do (Suggested Strategies 2011 - 2016)
Individual	• Identify screening instruments for all age groups
Relationships	• Train professional staff in multiple settings across education, prevention, intervention, treatment, and recovery services to administer screening processes
Organizations	• Support screening for suicide risk and appropriate referral in a variety of settings
Community	• Assess current efforts and gaps in screening for suicide risk in school and community settings
Policy and Systems	• Ensure that clinicians are available to assess and treat referred individuals

"The promotion of health and wellness, including mental health, is critical."

–Barbara Cimaglio, Deputy Commissioner, Department of Health

Objective C- Comprehensive School-Based and Community-wide Programs including Gatekeeper Training: Increase knowledge of the development of positive social and emotional health and wellness, and the social and emotional issues that lead to depression and substance abuse that are associated with higher suicide risk.

"Suicide is both a community and personal tragedy that deserves our attention."

–Charlie Biss, Director Child, Adolescent, and Family Unit, Department of Mental Health

Levels of Action	What Vermont Can Do (Suggested Strategies 2011 - 2016)
Individual	• Increase the number of Vermont students in schools with effective depression education programs who have participated in the *Lifelines* curriculum
Relationships	• Increase the number of parents who have attended training, including substance abuse prevention, suicide awareness, depression, bullying and harassment, and Gatekeeper training
Organizations	• Increase the number of schools that have suicide prevention and postvention protocols in place and have trained Gatekeepers among their staff • Implement comprehensive community-wide prevention strategies that engage educators, first responders, social services, youth-serving professionals, primary care professionals, and faith leaders • Provide technical assistance to schools and communicate about best practices for suicide prevention in their communities • Encourage cross-agency collaboration with other organizations such as the Vermont School Nurses' and Vermont School Counselors' Associations
Community	• Increase the number of schools, mental health providers, and primary care providers that have formalized working relationships
Policy and Systems	• Support school-based instructional content and professional training

5 Promote efforts to reduce access to lethal means and methods of self-harm.

Objective: Promote the safe storage of medications, poisons, and most of all firearms, which are the number one lethal means for this age group.

Levels of Action	What Vermont Can Do (Suggested Strategies 2011 - 2016)
Individual	• Take steps to decrease the access individuals have to all types of lethal means
Relationships	• Support families and friends by offering tools, resources, and information to ask others to restrict access to all types of lethal means
Organizations	• Encourage primary health care, emergency room providers, law enforcement, and mental health professionals to routinely assess the presence of lethal means (including firearms, drugs and poisons) in the home and educate clients and their families about associated risks and approaches that minimize risk
Community	• Train professionals and other adults that provide professional services to individuals at risk for suicide about firearm access issues and how to educate families about associated risk • Promote a public educational campaign of "Means-Restriction" • Provide education about gun safety, other lethal means, and their connection to substance abuse issues • Adapt education strategies to the sensibilities and needs of specific communities to insure local investment
Policy and Systems	• Explore and support policy actions or legislative issues to reduce access to lethal means

6 Support training for recognition of at-risk behavior and delivery of effective treatment.

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

"We want our young people to know that they matter in each Vermont community."

–Armando Vilaseca, Commissioner, Department of Education

Levels of Action	What Vermont Can Do (Suggested Strategies 2011 - 2016)
Individual	• Develop a cadre of trainers in suicide prevention and postvention • Promote the concept among individuals that they should expect helping professionals to be knowledgeable about risk and protective factors and suicide prevention
Relationships	• Provide educational programs for family members of people at high risk.
Organizations	• Provide training for clergy, teachers and other educational staff, correctional workers, attorneys, social service staff, employers, and others on how to identify and respond to persons at risk for suicide • Improve suicide prevention training for nurses, physician assistants, physicians, emergency providers, social workers, psychologists and other counselors
Community	• Support coordination at the state level with, for example, the Vermont Deparments of Health and Education
Policy and Systems	• Develop licensure requirements for relevant professions that specifically include suicide training • Ensure that all suicide prevention training addresses issues related to cultural diversity, including but not limited to LGBTQ, military veterans, and youth in foster care or corrections

7 Develop and promote effective clinical and professional practices.

Objective: Increase mental health follow up for patients who present with self-destructive behavior so they receive and maintain treatment

Levels of Action	What Vermont Can Do (Suggested Strategies 2011 - 2016)
Individual	• Encourage people to be receptive to the help Mental Health services provide for trauma, sexual assault, or physical abuse
Relationships	• Educate family members and significant others of people at risk for suicide about their role in providing help and support
Organizations	• Train primary care and mental health clinicians to provide ongoing depression inventories
	• Ensure that individuals who typically provide services to suicide survivors have been trained to understand and respond appropriately to their unique needs (e.g. emergency medical technicians, police, and funeral directors)
Community	• Prepare hospital emergency departments, substance abuse treatment centers, specialty mental health treatment centers, and various institutional treatment settings to assess suicide risk and intervene to reduce suicidal behaviors among patients
	• Promote positive mental health as being a result of community and environmental factors and not just related to the individual
	• Incorporate screening for depression, substance abuse and suicide risk in primary care settings, hospice, skilled nursing facilities, home health agencies, private practice and Area Agencies on Aging
Policy and Systems	• Co-locate mental health and substance abuse professionals prepared in suicide prevention and postvention in primary care offices
	• Increase the proportion of specialty mental health and substance abuse treatment centers that have policies, procedures, and evaluation programs designed to assess suicide risk and intervene to reduce suicidal behaviors among their patients

8 Improve access to mental health and substance abuse services and better coordinate services of the variety of community institutions.

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

Levels of Action	What Vermont Can Do (Suggested Strategies 2011 - 2016)
Individual	• Encourage people to seek help for mental health and substance abuse conditions
Relationships	• Family and friends encourage and support others to seek help for mental health conditions they experience
	• Provide peer training so youth know the available resources and how to access them
Organizations	• Co-locate mental health and substance abuse professionals in primary care offices
	• Locate mental health and substance abuse services in youth and young adult friendly spaces such as after-school clubs, teen drop-in centers, and sports activities.
Community	• Continue to build capacity for mental health and substance abuse treatment
	• Integrate mental health, substance abuse and suicide prevention into health and social services outreach programs for both the general and at-risk populations
Policy and Systems	• Ensure health insurance benefit packages cover access to mental health and substance abuse care on par with access to physical health care

Reporting recommendation: **Inform the audience without sensationalizing the suicide.**

9 Improve reporting and portrayals of suicidal behavior, mental health conditions and substance abuse in the media.

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

Levels of Action	What Vermont Can Do (Suggested Strategies 2011 - 2016)
Individual	• Promote training for youth about the effects of cyber bullying and the implications of social media that may exacerbate a pre-existing mental health condition
Relationships	• Teach youth to use social media and emerging technology to build positive social and interpersonal relationships
Organizations	• Encourage journalism programs in schools and colleges to include in their curricula guidance on the portrayal and reporting of mental health, suicide, and suicidal behaviors • Train journalists about guidelines for safe reporting and the long-term, unintended consequences of reporting about suicide
Community	• Publish articles on suicide prevention measures, how to get help, and how to support someone who is at risk
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

10 Evaluate the effectiveness of the implementation of this Platform.

Objectives: 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

Levels of Action	What Vermont Can Do (Suggested Strategies 2011 - 2016)
Organizations	• Integrate suicide prevention efforts into the day-to-day actions and policies of the Vermont Department of Health and the Vermont Department of Mental Health
Community	• Improve data collection on suicide attempts – via National Violent Death Reporting System (NVDRS)
Policy and Systems	• Develop and implement standardized protocols for death scene investigations • Increase the systematic use of data collection from crisis workers, mental health emergency professionals, schools, etc. • Produce reports on suicide and suicide attempts, integrate data from multiple Vermont data management systems • Explore mandating reports on suicide attempts to Vermont Department of Health • Distribute data via web site to appropriate parties and professionals

Appendices

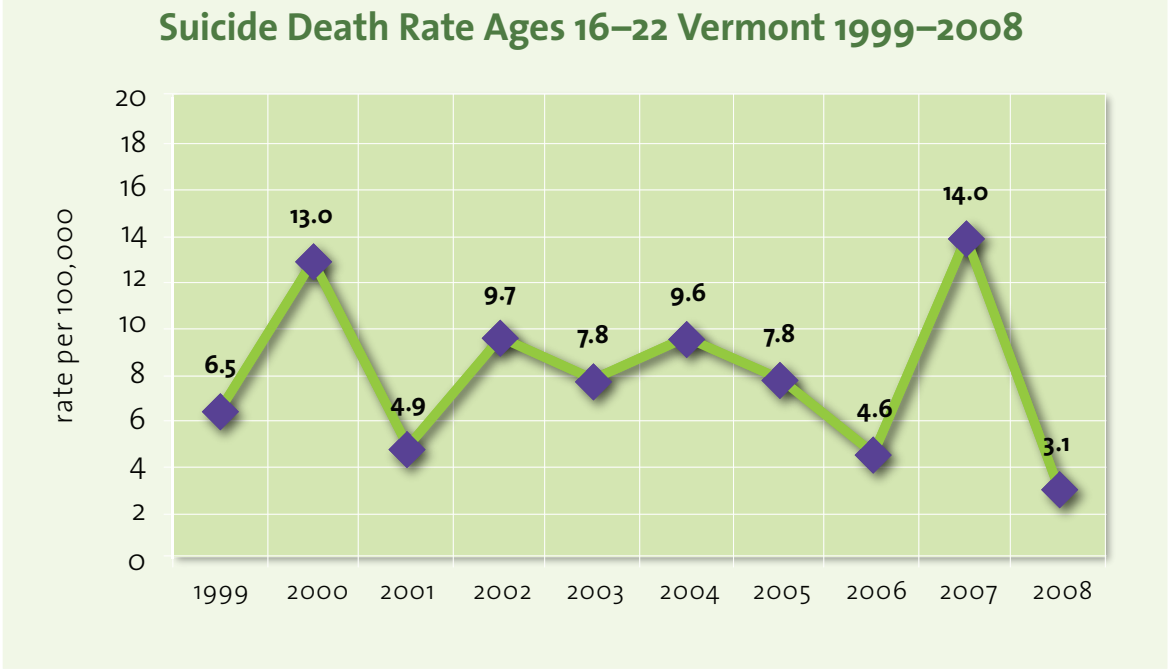
The following appendices, one through five, provide data that have been gathered by the Vermont Child Health Improvement Program (VCHIP) at the University of Vermont from multiple sources including the Centers for Disease Control (CDC) and Prevention, the Vermont Department of Health, the Vermont Youth Risk Behavior Survey, and the Vermont Youth Suicide Prevention Project. They are presented here to provide background and support for the *Vermont Youth Suicide Prevention Platform*. To understand the data in its full context and for more information, reference the original source of the data or visit www.UmatterUCanHelp.com.

Appendix 1

Data on: Young adults' suicide related deaths, medical hospitalizations and emergency department discharges.

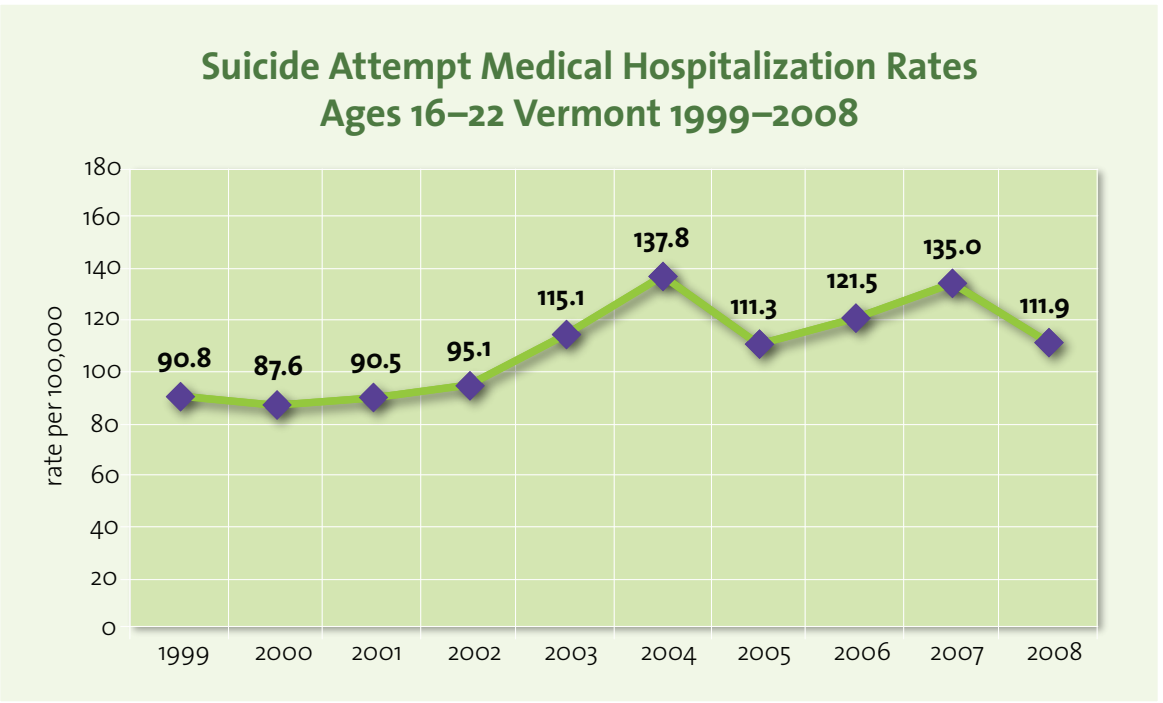
Graph 1:

Review of Graph 1 suggests that young adult suicide rates in Vermont since 1999 have averaged around 8-10 deaths per 100,000 people, per year.



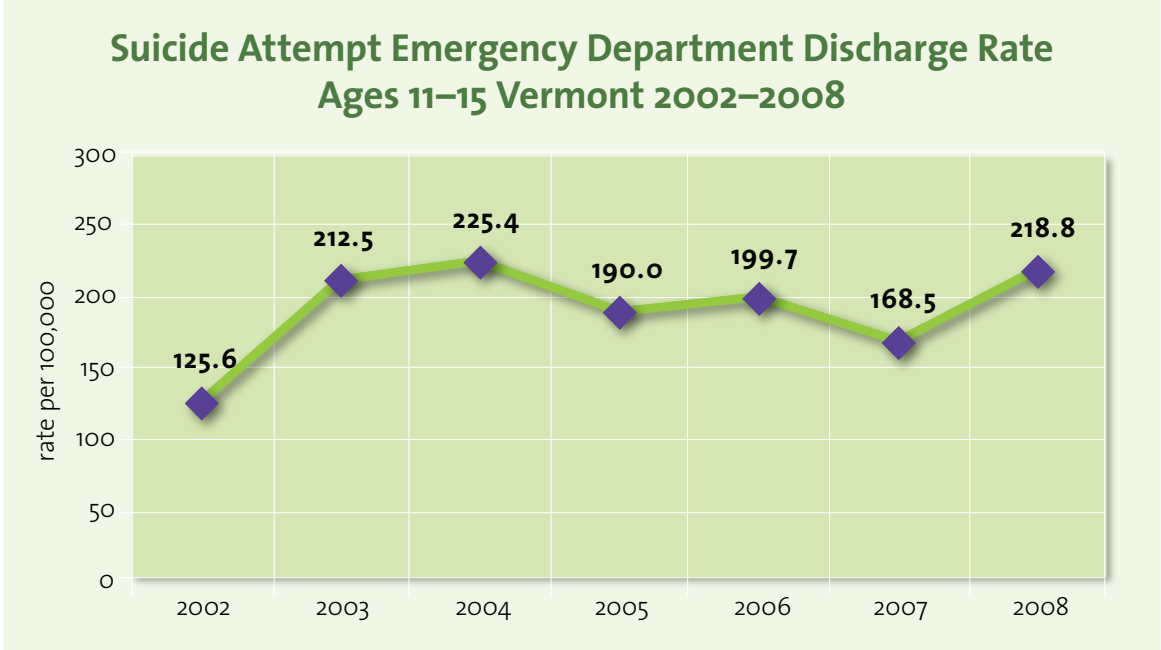
Graph 2:

Though Graph 1 shows relatively small numbers of suicides per year, Graph 2 below shows that medical hospitalizations related to suicide attempts are much more frequent. Since 1999, the rate of suicide-related hospitalizations for young adults has been roughly 120 per 100,000 people.

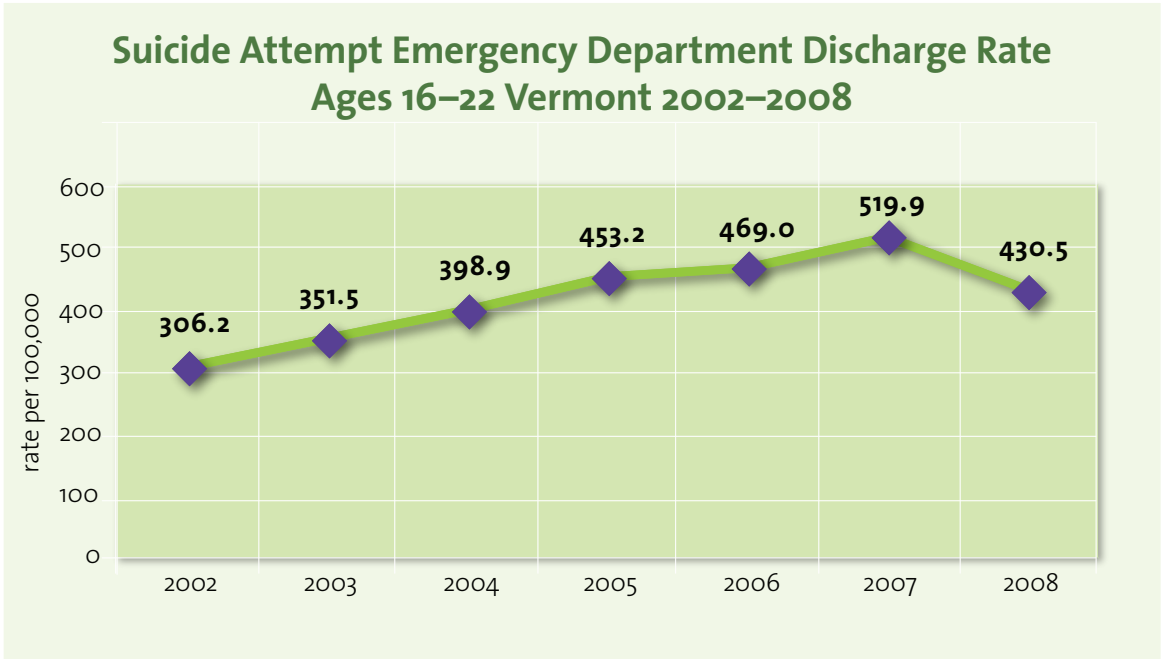


Graph 3:

In contrast with both the suicide deaths and suicide hospitalizations rates, even greater numbers of young people receive services in emergency departments in Vermont (see graphs 3 and 4). Since 2003, slightly over 200 Vermonters aged 11-15 per 100,000 people were admitted to an emergency department each year for suicide attempts. Among young people aged 16-22, this rate jumps nearly two-fold to approximately 400-500 suicide-related emergency room visits per year.



Graph 4:



(Source of Graphs 1 – 4: Vermont Department of Health)

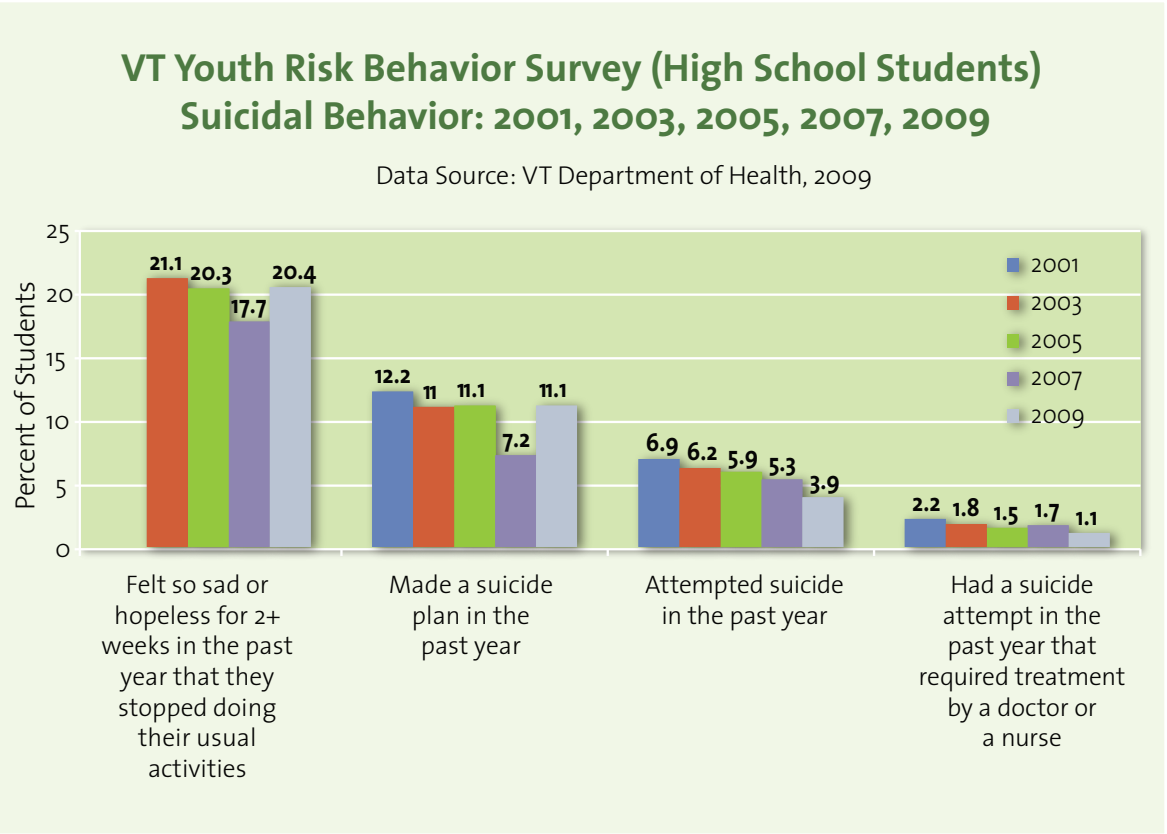
Youth Risk Behavior Survey (YRBS) Data

Every two years since 1993, the Department of Health and the Department of Education have sponsored the Vermont Youth Risk Behavior Survey (YRBS).

The YRBS measures the prevalence of behaviors that contribute to the leading causes of death, disease, and injury among youth. The YRBS is part of a larger effort to help communities increase the resiliency of young people by reducing high risk behaviors and promoting healthy behaviors. For more information see: http://healthvermont.gov/pubs/yrbs2009/2009YouthRiskBehaviorSurvey.aspx.

The chart below presents results from the suicide-related questions of the YRBS from a representative sample of Vermont high school students for the years 2001 through 2009. Overall, these data reflect trends of decreasing suicide attempts since 2001, including fewer attempts that required medical attention. However, there has been relatively little or no change in young peoples' reporting feeling sad or hopeless for two or more weeks during the past year or in their making plans for suicide.

Graph 1:



Early Identification Referral and Follow-up (EIRF)

Under funding from the Garret Lee Smith Youth Suicide Prevention Grant, the Center for Health and Learning and VCHIP collected data about the early identification, referral and follow-up (EIRF) of youth at risk for suicide. The purpose is to assess the impact of identifying and referring students to services that they may need.

63 schools in Vermont attended Gatekeeper trainings and 38 of those schools submitted these data VCHIP evaluation team. Data collection began in December of 2009, with schools submitting data monthly except in the summer. Data in the following graphs reflect 22 months of data collection. A total of 196 events were reported on.

Figure 1.

Review of Figure 1 likely reflects that the number of schools actively participating in data collection and submission to the VCHIP evaluators was greater during the 2010-11 school year than it was for the 2009-10 school year. In general, the number of identifications of suicide-related events and behaviors seems to peak between December and April of the school year.

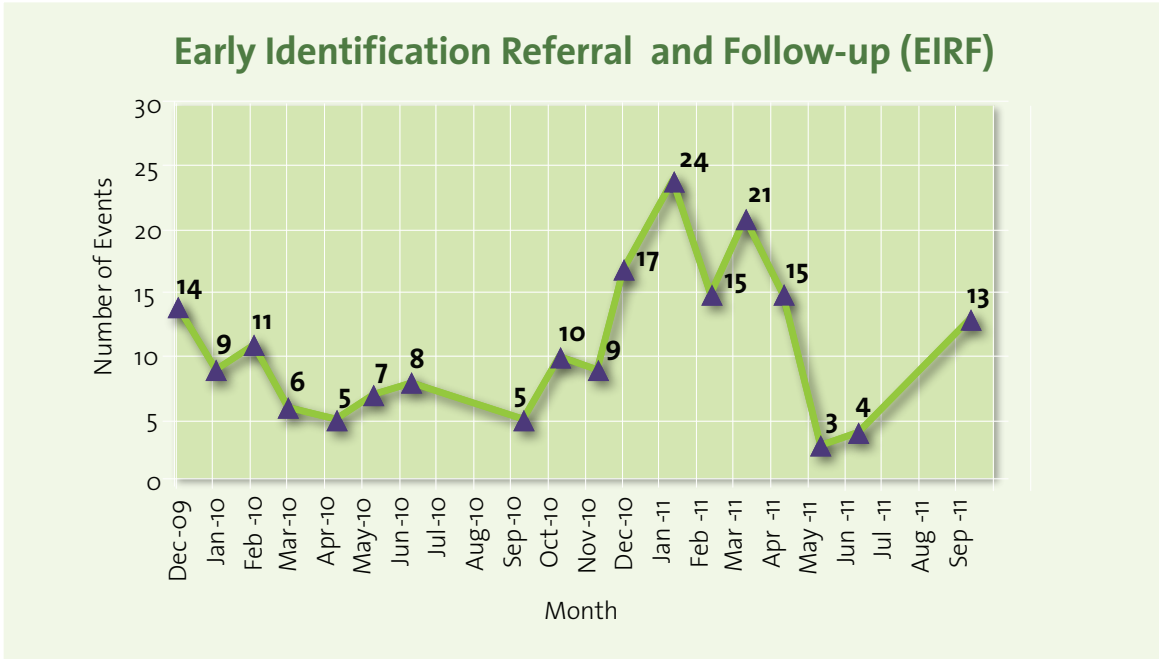


Figure 2.

Figure 2 shows that in the vast majority of cases, EIRF data are being obtained from mental health and related providers (39%), suicide prevention gatekeepers (31%) and case/other data reviews at schools (26%).

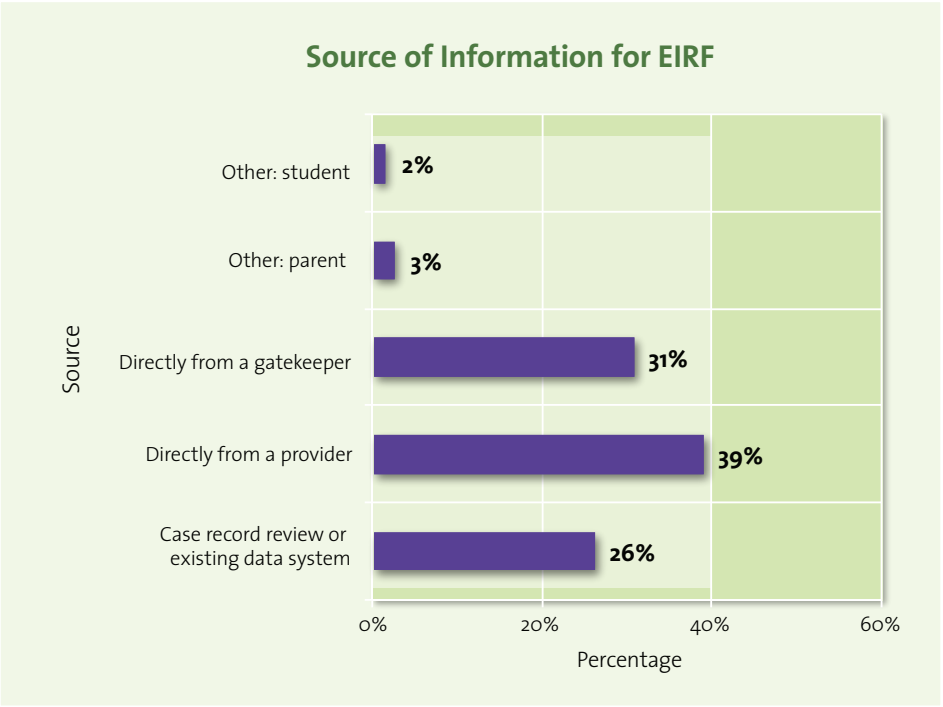


Figure 3.

Figure 3 shows the location where most EIRF identifications of students is occurring is at school (89%), with only a small minority originating at home, emergency rooms or mental health agencies.

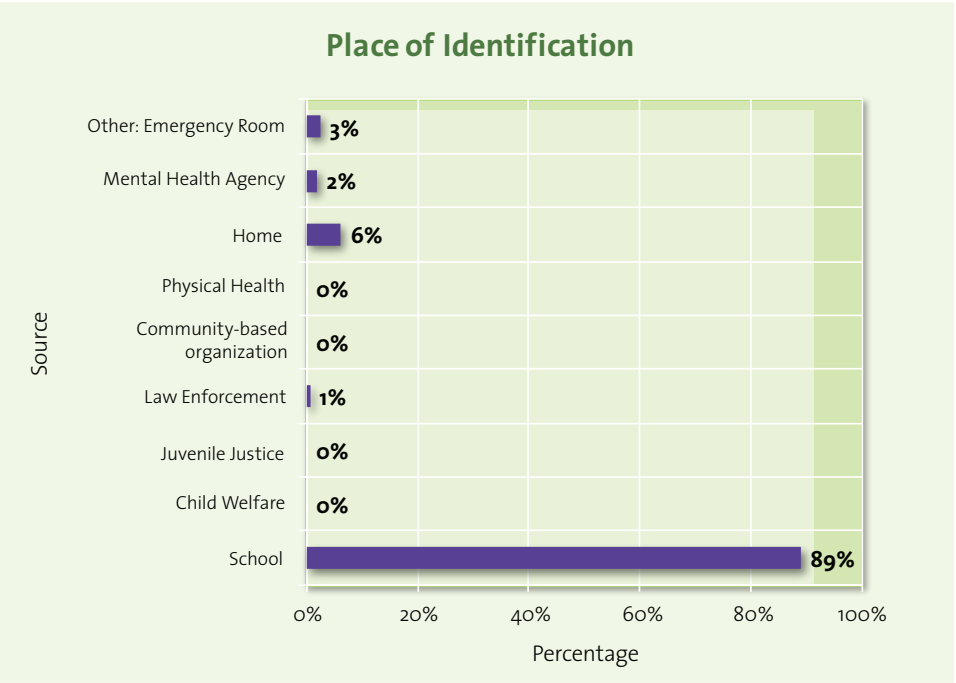


Figure 4.

Review of Figure 4 shows that most EIRF data collection occurs for young people aged 13-17 years old.

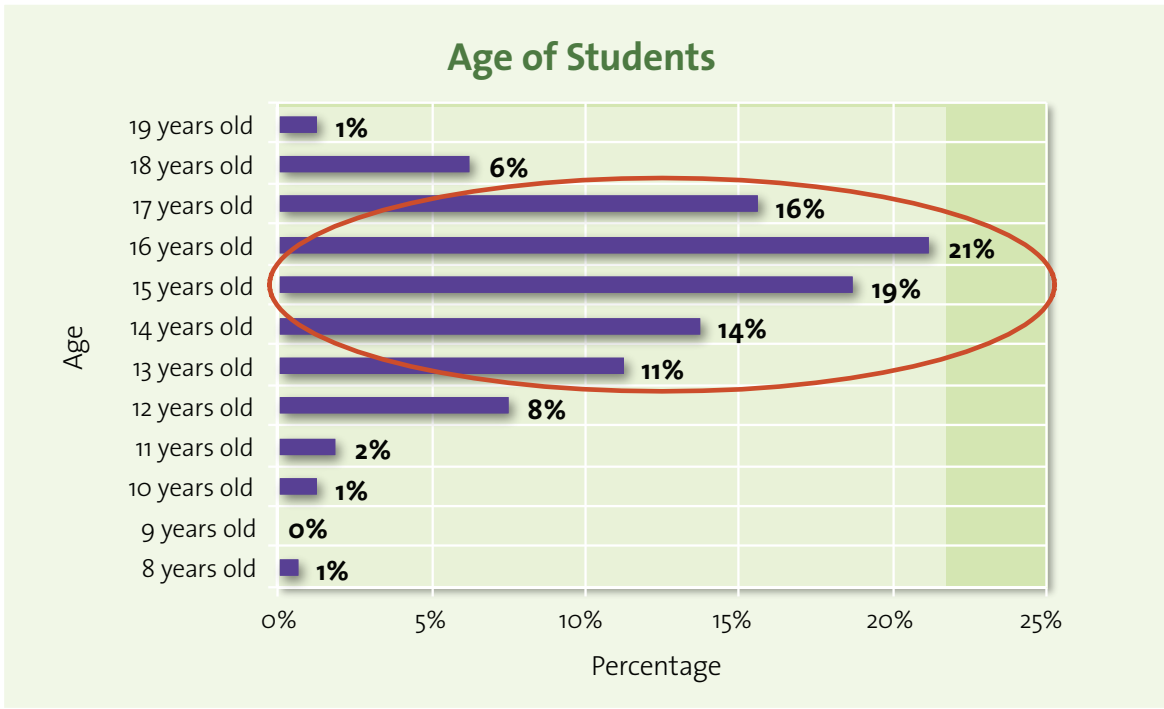


Figure 5.

Figure 5 shows that 62% of all EIRF reporting is about girls, with 38% reflecting males and approximately 1% reflecting transgendered students.

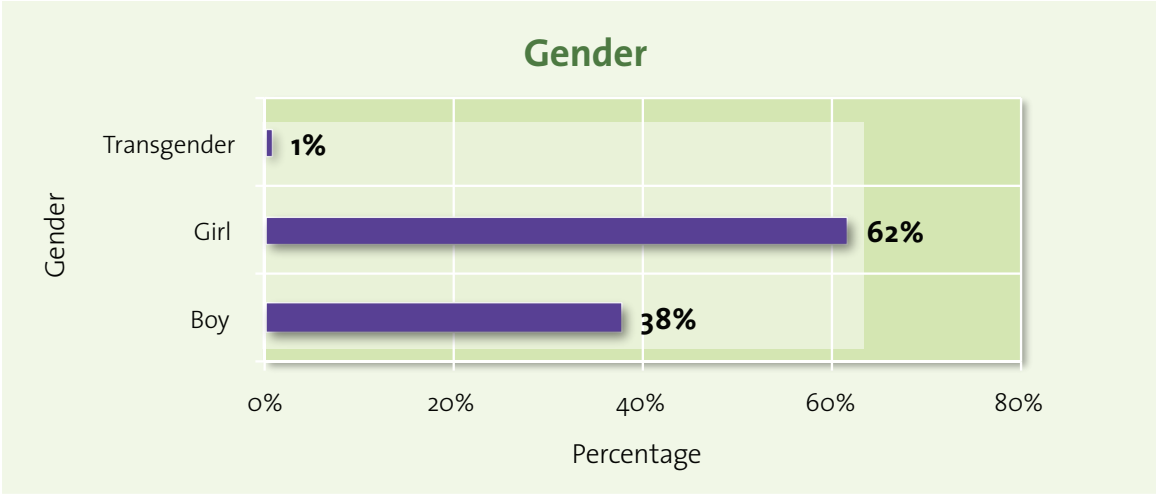


Figure 6.

In Figure 6 it can be seen that 91% of EIRF data submissions are based on students identified as white, with the remainder identified as Hispanic/Latino (4%), Black/African American (3%) and 1% each identified as Pacific Islander and Asian, respectively.

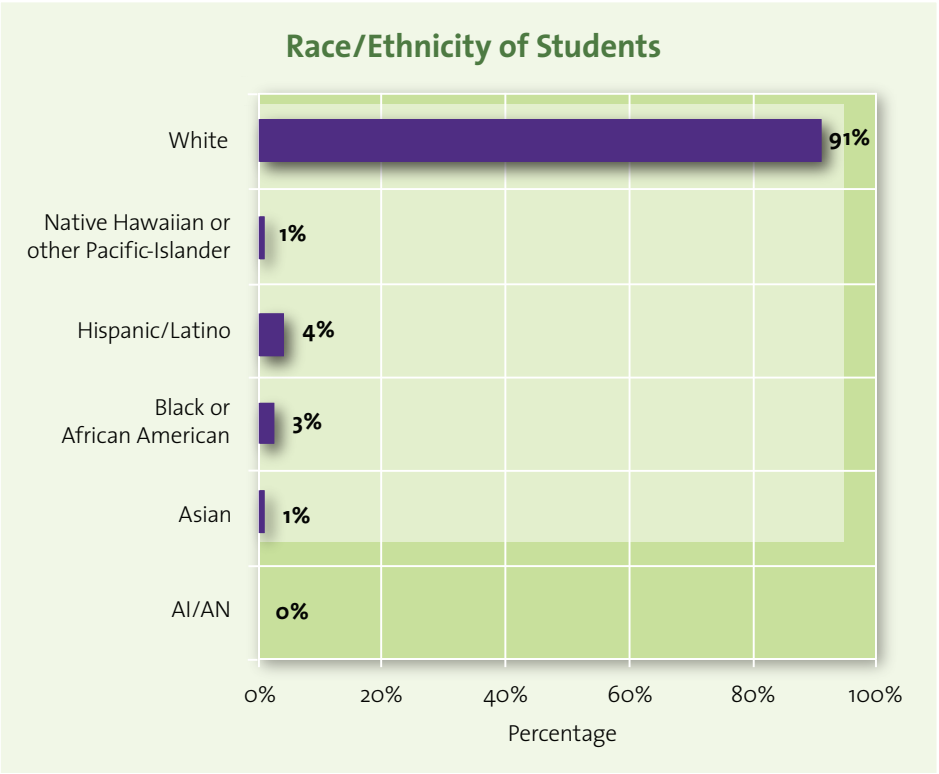
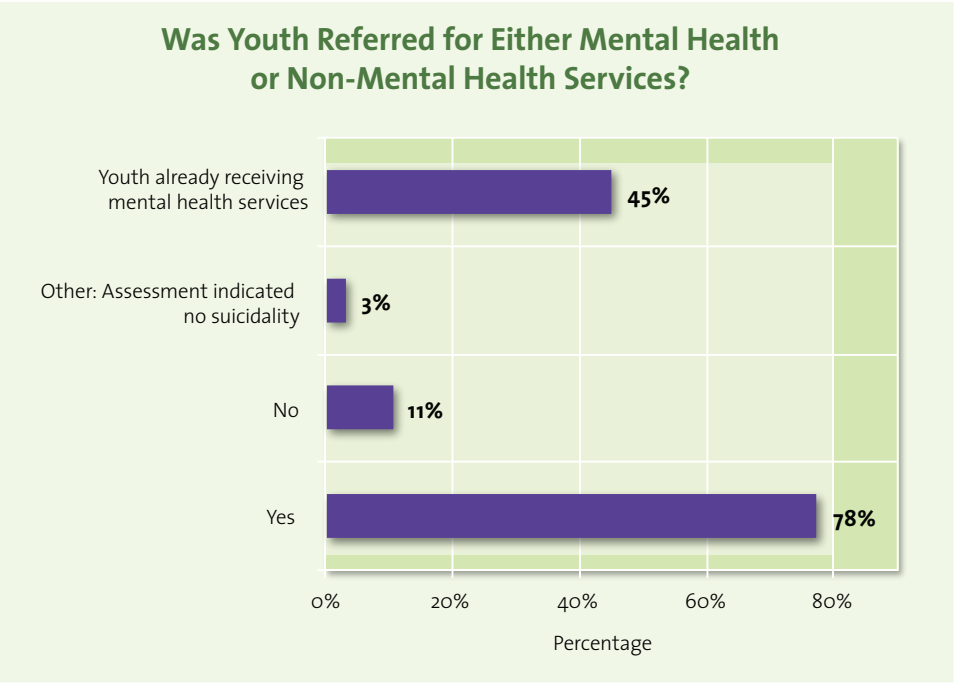


Figure 7

Figure 7 suggests that of youth being reported about in EIRF data, 78% was referred for mental health or non-mental health services. Further, 45% of all youth in the EIRF data was already receiving mental health services.



Vermont Leading Causes of Death 2002-2007

WISQARS™ (Web-based Injury Statistics Query and Reporting System) is an interactive CDC database system that provides customized reports of injury-related data. These data are useful for research and for making informed public health decisions.

Figure 1.

The following chart indicates the leading causes of death in Vermont by age groups, ranked in the left hand column and grouped by ages along the top of the chart.*

- The blue squares display unintentional deaths, which include motor vehicle accidents, accidental falls, and drowning.
- the brown squares represent homicide,
- the green squares present deaths by suicide.

In Vermont, suicide is the 2nd leading cause of death for ages 15-34. It is the 3rd leading cause of death in ages 10-14 and in ages 35-54. For all races, ages, and both sexes, suicide is the 9th leading cause of death overall.

Rank	10-14	15-19	20-24	25-34	35-44
1	Unintentional Injury 22	Unintentional Injury 86	Unintentional Injury 109	Unintentional Injury 149	Malignant Neoplasm 169
2	Malignant Neoplasm 7	Suicide 18	Suicide 30	Suicide 74	Unintentional Injury 167
3	Suicide 7	Heart Disease 7	Heart Disease 6	Malignant Neoplasm 33	Suicide 104
4	Disbetes Mellitus 1	Homicide 6	Homicide 6	Heart Disease 21	Heart Disease 94
5	Heart Disease 1	Malignant Neoplasm 5	Malignant Neoplasm 6	Homicide 15	Liver Disease 30

* Source: CDC WISQARS 2002-2007 Retrieved from: http://www.cdc.gov/injury/wisqars/dataandstats.html

Training Data

Information was collected about participants and the effectiveness of training conducted by the Center for Health and Learning through the Vermont Youth Suicide Prevention Project. The following information was collected and analyzed by the VCHIP evaluation team for the project by using the Training Exit Survey (TES).

Table 1: Type of Training

Review of Table 1 shows that with a single exception, all of the trainings at which TES data were collected were Gatekeeper trainings.

Training Type	Number and % of Trainings	Number of People Trained and % of all People Trained
Gatekeeper	34 (97.1%)	552 (98.9%)
Other	1 (2.9%)	6 (1.1%)
Totals	35	558

Table 2: Trainee Profile

The Trainee Profile (Table 2) shows the percentage of individuals trained according to the primary setting in which they interact with youth. The setting with the largest percent of trainees was Education (61.2%) followed by mental health (14.6%), other community settings (7.8%) and emergency response (5.5%).

Primary Setting of Trainees	Number of Trainees	Percent of Trainees
All Trainees	526	
Education	322	61.2%
Substance Abuse	14	2.7%
Juvenile Justice/ Probation	4	0.8%
Emergency Response	29	5.5%
Higher Education	9	1.7%
Tribal Services/Tribal Government	0	0.0%
Child Welfare	10	1.9%
Mental Health	77	14.6%
Primary Health Care	20	3.8%
Other Community Settings	41	7.8%

Table 3: Intended Use of Training by Setting and Role

Table 3 suggests that following the trainings, 77% of trainees planned to use their knowledge to identify youth at risk of suicide, 65% intended to make referrals to mental health services for youth at risk, 56% planned to train their colleagues, 51% planned on providing direct services to youth and/or their families and 49% were going to implement screenings for suicide risk factors.

	Screen youth for suicide behaviors	Formally publicize information about suicide prevention or mental health resources	Have informal talks about suicide and suicide prevention with youth and others	Identify youth at risk for suicide	Provide direct services to youth at risk and/or their families	Train other staff members	Make referrals to mental health services for at risk youth	Work with adult at-risk populations	Total number of trainees
ALL TRAINEES	**48.8%**	**22.8%**	**39.4%**	**77.0%**	**50.6%**	**56.0%**	**65.0%**	**11.2%**	**500**
Education (k-12):	52.1%	25.2%	39.0%	82.1%	49.0%	62.4%	72.8%	3.4%	290
Teacher	28.8%	25.4%	35.6%	83.1%	16.9%	44.1%	45.8%	0.0%	59
School Administrator	40.9%	31.8%	40.9%	77.3%	40.9%	90.9%	77.3%	4.5%	22
Mental Health Clinician/Counselor/ Psychologist	68.2%	30.8%	43.9%	83.2%	70.1%	71.0%	85.0%	7.5%	107
Social Worker/ Caseworker/Care Coordinator	57.7%	11.5%	26.9%	84.6%	69.2%	65.4%	80.8%	0.0%	26
Other Education Staff	53.8%	21.5%	38.5%	81.5%	41.5%	53.8%	75.4%	1.5%	65
Substance Abuse	45.5%	27.3%	36.4%	72.7%	45.5%	54.5%	45.5%	9.1%	11
Child Welfare	30.0%	50.0%	80.0%	70.0%	50.0%	50.0%	60.0%	40.0%	10
Mental Health	57.3%	20.0%	44.0%	76.0%	80.0%	53.3%	58.7%	29.3%	75
Mental Health Clinician/Counselor/ Psychologist	60.0%	20.0%	50.0%	80.0%	85.0%	60.0%	60.0%	42.5%	40
Social Worker/ Caseworker/Care Coordinator	66.7%	33.3%	58.3%	75.0%	75.0%	50.0%	58.3%	8.3%	12
Emergency/Crisis Care Worker	66.7%	25.0%	33.3%	75.0%	91.7%	25.0%	50.0%	33.3%	12
Primary Health Care	57.9%	21.1%	42.1%	78.9%	26.3%	52.6%	57.9%	10.5%	19
Nurse 66.7%	25.0%	50.0%	91.7%	33.3%	58.3%	58.3%	0.0%	12	
Emergency Response	26.1%	13.0%	13.0%	69.6%	34.8%	39.1%	47.8%	4.3%	23
Police Officer or Other Law Enforcement Staff	35.3%	17.6%	17.6%	76.5%	47.1%	29.4%	58.8%	5.9%	17
Other Community Settings	20.6%	14.7%	47.1%	50.0%	26.5%	47.1%	44.1%	20.6%	34
Other	8.3%	25.0%	41.7%	33.3%	25.0%	41.7%	58.3%	33.3%	12

Table 4: Changes in Gatekeeper Training Knowledge

Tables 4 and 5 reflect data that were collected using a version of the Training Exit Survey that was started in October 2010, and that reflect a total number of 176 trainees. As seen in Table 4, immediately after being in a training, a large majority of trainees rated their knowledge on suicide related topics as "High" or "Very High", ranging from 92.6% for asking someone about whether they were thinking of suicide to 79% for facts about suicide prevention. Responses of "high" and "very high" were combined.

Gatekeeper Training Knowledge Items	N	Percent of Trainees with High Knowledge*
Facts concerning suicide prevention	176	79.0%
Warning signs of suicide	176	91.5%
How to ask someone about suicide	176	89.8%
Persuading someone to get help	173	86.7%
How to get help for someone	174	86.8%
Information about resources for help with suicide	175	82.3%
Appropriateness of asking someone who may be at risk about suicide	174	92.5%
Likelihood of asking someone who appears to be at risk of they are thinking of suicide	175	92.6%
Level of understanding about suicide and suicide prevention	175	88.6%

Table 5: Gatekeeper Training Intention and Self-Efficacy

Table 5, which combines rating of "agree" and "strongly agree" shows that following the trainings, 98.9% of trainees indicated they would intervene if told by someone they were thinking of suicide, and only 5.7% felt they were not competent to help a person at risk of suicide. Responses of "agree" and "strongly agree" were combined.

Gatekeeper Training Intentions & Self-Efficacy Items	N	Percent of Post-Training Trainees Who Agree*
If someone I knew was showing signs of suicide, I would directly raise the question of suicide with them.	176	98.3%
If a person's words and/or behavior suggest the possibility of suicide, I would ask the person directly if he/she is thinking about suicide.	176	98.3%
If someone told me they were thinking of suicide, I would intervene.	176	98.9%
I feel confident in my ability to help a suicidal person.	176	91.5%
I don't think I can prevent someone from suicide.	176	9.7%
I don't feel competent to help a person at risk of suicide.	176	5.7%

RECOMMENDATIONS FOR REPORTING ON SUICIDE

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

IMPORTANT POINTS FOR COVERING SUICIDE

Appendix 6

- More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. The magnitude of the increase is related to the amount, duration and prominence of coverage.
- Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death.
- Covering suicide carefully, even briefly, can change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help.

Suicide is a public health issue. Media and online coverage of suicide should be informed by using best practices. Some suicide deaths may be newsworthy. However, the way media cover suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking.

Suicide Contagion or "Copycat Suicide" occurs when one or more suicides are reported in a way that contributes to another suicide.

References and additional information can be found at: www.ReportingOnSuicide.org.

INSTEAD OF THIS:	DO THIS:
Big or sensationalistic headlines, or prominent placement (e.g., "Kurt Cobain Used Shotgun to Commit Suicide").	Inform the audience without sensationalizing the suicide and minimize prominence (e.g., "Kurt Cobain Dead at 27").
Including photos/videos of the location or method of death, grieving family, friends, memorials or funerals.	Use school/work or family photo; include hotline logo or local crisis phone numbers.
Describing recent suicides as an "epidemic, " "skyrocketing," or other strong terms.	Carefully investigate the most recent CDC data and use non-sensational words like "rise" or "higher."
Describing a suicide as inexplicable or "without warning."	Most, but not all, people who die by suicide exhibit warning signs. Include the "Warning Signs" and "What to Do" sidebar (from p. 2) 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 "completed" or "killed him/herself."

AVOID MISINFORMATION AND OFFER HOPE

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

SUGGESTIONS FOR ONLINE MEDIA, MESSAGE BOARDS, BLOGGERS & CITIZEN JOURNALISTS

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

MORE INFORMATION AND RESOURCES AT:

www.ReportingOnSuicide.org

Recommendation for Reporting on Suicide created by and courtesy of the Suicide Prevention Resource Center, www.sprc.org. Reprinted by permission

HELPFUL SIDE-BAR FOR STORIES

WARNING SIGNS OF SUICIDE

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

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

WHAT TO DO

If someone you know exhibits warning signs of suicide:

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

THE NATIONAL SUICIDE PREVENTION LIFELINE

800-273-TALK (8255)

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

NATIONAL SUICIDE PREVENTION LIFELINE™ 1-800-273-TALK (8255) suicidepreventionlifeline.org

For **support** with a mental health crisis **dial 2-1-1**

Appendix 8

Resources: in Vermont

Mental Health

United Ways of Vermont 2-1-1 **dial 2-1-1**
Information and referral for suicide prevention.

National Alliance for Mental Illness In Vermont **www.namivt.org**
Grassroots volunteer organization committed to supporting families coping with mental illness, educating the public, advocating for adequate care and increasing funding for research.

Designated Mental Agencies by county **see this book, page 50**
These organizations have been designated by the State to provide emergency and scheduled mental health services to individuals and families.

Suicide Prevention

UmatterUCanGetHelp.com **www.umatterucangethelp.com**
Website for youth who want to know more about suicide and how to help a friend.

UmatterUCanHelp.com **www.umatterucanhelp.com**
Website for adult gatekeepers who need information and resources about risk factors, warning signs, and resilience.

Vermont Youth Suicide Prevention Coalition **www.healthandlearning.org**
Organizations, agencies, individuals and survivors of suicide loss who meet regularly to research, advocate, and raise awareness about the need for suicide prevention.

Emergency information in Vermont

Dial 2-1-1,

for immediate assistance and referral

to local mental health services.

You can also call the national Suicide Prevention Lifeline:

(800) 273-TALK (8255)

Resources: in the United States

Mental Health

National Alliance for Mental Illness **www.nami.org**
Dedicated to the eradication of mental illness and to the improvement of the quality of life of all whose lives are affected by it.

It's All Right **www.itsallright.org**
Addressing mental health issues concerning young adults.

Mental Health America **www.nmha.org**
Promoting mental health, preventing mental disorders and achieving victory over mental illness through advocacy, education, research and services.

Depression and Bipolar Supportive Alliance **www.dbsalliance.org**
The nation's largest patient-directed, illness-specific organization.

Families for Depression Awareness **www.familyaware.org**
Helping families recognize and cope with depressive disorders to get people well and prevent suicides.

Suicide Prevention

American Foundation for Suicide Prevention **www.afsp.org**
Dedicated to advancing our knowledge of suicide and our ability to prevent it.

Suicide Prevention Action Network (SPAN) **www.spanusa.org**
Leverages grassroots support among suicide survivors to call for action to create, advance and evaluate a national strategy to address suicide.

National Suicide Prevention Resource Center **www.sprc.org**
Provides a library, resources and prevention support specialists.

American Association of Suicidology **www.suicidology.org**
Serves as a national clearinghouse for information on suicide. Promotes research, public education and training for professionals and volunteers.

Suicide Awareness Voices of Education (SAVE) **www.save.org/**
Working to raise awareness and educating the public, in order to SAVE lives and continue the conversation that suicide should no longer be considered a hidden or taboo topic.

Stop a Suicide Today **www.stopasuicide.org**
Provides screening for mental health.

The **national hotline for suicide is:**

1-800-273-TALK (8255)

Hotlines and Screening Services

Suicide Prevention Lifeline: **www.suicidepreventionlifeline.org**
1.800.273.TALK

National Hopeline Network: **www.hopeline.com**
1.800.SUICIDE

National VA Suicide Hotline:
www.suicidepreventionlifeline.org/Veterans/Default.aspx
1.800.273.TALK veterans press 1

Screening for Mental Health **www.mentalhealthscreening.org**
In-person and online screening programs for depression, bipolar disorder, anxiety disorder, PTSD, eating disorder, substance abuse and suicide prevention.

Mental Health America **www.depression-screening.org/depression_screen**
Online depression screener with tips.

Suicide Survivors

American Foundation for Suicide Prevention (AFSP) **www.afsp.org**
Resources for survivors and professionals.

Survivors of Suicide **www.survivorsofsuicide.com**
Helping those who have lost a loved one to suicide resolve their grief and pain in their own personal way.

American Association of Suicidology Survivor Division
www.opentohope.com
Helping those who have suffered a loss to cope with their pain and find hope for the future.

Fierce Goodbye: Living in the Shadow of Suicide **www.fiercegoodbye.com**

Heartbeat **www.heartbeatsurvivorsaftersuicide.org**
Grief support following suicide.

Out of the Darkness Walks **www.outofthedarkness.org**

Wellness and Resiliency

Live Your Life Well **www.liveyourlifewell.org**
Designed to help you cope better with stress and create more of the life you want.

Healthy Lifestyles
www.maine.gov/suicide/youth/healthylifestyles/index.htm
Ideas for surviving and thriving.

Developmental Assets **www.search-institute.org/assets/**
Grounded in extensive research in youth development, resiliency, and prevention, the Developmental Assets represent the relationships, opportunities, and personal qualities that young people need to avoid risks and to thrive.

Support For Young People

It Gets Better Campaign **www.itgetsbetter.org**
Stories and support for LGBTQ youth.

The Trevor Project **www.thetrevorproject.org**
Crisis intervention for LGBTQ youth.

GLBT National Help Center **www.glnh.org/talkline/inde x.html**
1.800.246.PRIDE
Telephone volunteers in their teens and early twenties speak with teens and young adults up to age 25 about coming-out issues, relationship concerns, parent issues, school problems, HIV/AIDS anxiety and more.

Reach Out **www.us.reachout.com**
Stories and support for youth in distress.

Lifeline Gallery **www.lifelinegallery.org**
A place to share and listen to stories of hope and recovery.

The Jason Foundation **www.jasonfoundation.com**
Dedicated to the prevention of the "Silent Epidemic" of youth suicide through educational and awareness programs to equip young people, educators, youth workers and parents with the tools and resources to help identify and assist at-risk youth.

Center for Mental Health in Schools **www.smhp.psych.ucla.edu/temphome.htm**
Pursuing theory, research, practice and training related to addressing mental health and psychosocial concerns through school-based interventions.

What a Difference **www.whatadifference.org**
Gatekeeper support for young adults with information to help their friends in distress.

Vermont Mental Health Agencies

Agency	Location	Office	Emergency
Clara Martin Center	Randolph Bradford	802.728.4466 802.222.4477	800.639.6360
Counseling Service of Addison County	Middlebury	802.388.7641	802.388.7641
Health Care and Rehabilitation Services of Southeastern Vermont	Bellows Falls Brattleboro Springfield	802.463.3947 802.254.6028 802.886.4500	800.622.4235
Howard Center	Burlington	802.488.6600	802.488.7777
First Call for Children & Families	Burlington	802.488.6600	802.488.7777
Crisis Services of Chittenden County	Burlington		802.488.6400
Lamoille Community Connections	Morrisville	802.888.4914	802.888.4231
Northeastern Family Institute	S Burlington	802.658.0040	
Northeast Kingdom Human Services	Newport St. Johnsbury	802.334.6744 802.748.3181	802.334.6744 802.748.3181
Northwestern Counseling and Support Services	St. Albans	802.524.6554	800.834.7793
Rutland Mental Health Services	Rutland	802.775.2381	802.775.1000
United Counseling Service	Bennington	802.442.5491	802.442.5491
Washington County Mental Health Services	Montpelier	802.229.0591	802.229.0591

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Appendix 9

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 2-1-1, a mental health crisis team, or 1-800-273-TALK (8255). If someone needs immediate medical attention, call 9-1-1.

Warning signs of suicide 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"**

Table 1: Indications of serious depression that could lead to suicide

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

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

Emergency help with suicidal behavior

Dial 2-1-1, for immediate assistance and referral to local mental health services.

Or call the national Suicide Prevention Lifeline:

(800) 273-TALK (8255)

COURTESY OF THESE

ORGANIZATIONS AND OTHER

COMMUNITY PARTNERS