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

BACKGROUND

- Vermont has the highest rate of deaths by suicide in New England and the 11th highest suicide rate in the nation in 20162.
- Suicide is the second leading cause of death for Vermonters aged 15-34, and the fourth leading cause of death for Vermonters aged 35-543.
- There were 118 suicide deaths, or 18.9 suicide deaths per 100,000 Vermont residents in 20164.
- On average, two Vermonters die each week to suicide. This is higher than the combined number of deaths from motor vehicle accidents, fires, drownings, and homicides in Vermont56.
- It is estimated that there are about 25 suicide attempts for every suicide death. In Vermont, this would translate to over 3,000 suicide attempts being made in one year (2013)7.
- In 2015 suicide deaths among Vermont residents were attributable to firearms (52%), suffocation (21%) and poisoning (17%)8.
- Over half (53%) of those who died by suicide in Vermont in 2015 had a mental health problem, a third had a history of mental health treatment and 27% had a reported intimate partner problem. Thirteen percent (13%) had a job problem or crisis in the past two weeks, including being laid off, trouble finding a job or being recently fired9.
- 45% of individuals who died by suicide had seen their Primary Care doctor within the month prior to their death.10

SUICIDE IS A PUBLIC HEALTH CRISIS. THE GOALS OF SUICIDE PREVENTION ARE

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

ZERO SUICIDE

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

The foundational belief of Zero Suicide is that suicide deaths for individuals under care are preventable. Zero Suicide requires a system-wide approach to improve outcomes and close gaps11.

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

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

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

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

WHAT PROFESSIONALS CAN DO TO SUPPORT ZERO SUICIDE

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

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

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

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

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

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

SYSTEMATIC SUICIDE CARE
Bridging the Gaps
(Adapted from the National Action Alliance for Suicide Prevention, 2010)

IMPLEMENTATION OF ZERO SUICIDE

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

SUICIDE ASSESSMENT
-SCREEN
(Columbia Suicidal Severity Rating Scale - CSSRS)
Follow Up and Continuing Supportive Contacts

TREAT SUICIDALITY: Suicide-specific Treatment

EMERGENCY DEPARTMENT SCREENING
(Adapted Patient Health Questionnaire – 9)
Follow Up and Continuing Supportive Contacts

PRIMARY CARE SCREENING
(Adapted Patient Health Questionnaire – 9)
Follow Up and Continuing Supportive Contacts

PEER & SURVIVOR SUPPORT, INVOLVEMENT OF PEOPLE WITH LIVED EXPERIENCE

UMATTER SUICIDE PREVENTION & UNIVERSAL HEALTH PROMOTION STRATEGIES

SUICIDE SPECIFIC TREATMENT

INPATIENT CARE CAMS, DBT
Follow Up and Continuing Supportive Contacts

CALM, CAMS, DBT
Counseling on Access to Lethal Means, Collaborative Assessment & Management of Suicidality, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy
Follow Up and Continuing Supportive Contacts

COMMUNITY & WORKFORCE TRAINING:
(Adapted ASIST, MHFA (Umatter Suicide Prevention, Applied Suicide Intervention Skills Training, Mental Health First Aid))
VERMONT SUICIDE PREVENTION PROGRAMS

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

Public Health Stat
(page 12 for full description)

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

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

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

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

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<th>COUNTY</th>
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<td>Lamoille</td>
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VERMONT SUICIDE COALITION AND PARTNERSHIPS

Vermont 2-1-1
www.vermont211.org

VT Suicide Prevention Center
www.vtspc.org

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

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

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

SENSITIVE USE OF LANGUAGE

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

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

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

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

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

RESOURCES FOR SURVIVORS OF SUICIDE LOSS

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

Umatter Suicide Prevention
vtspc.org/about-vtspc/umatter/

The message behind Umatter is: You matter because you may need help. You matter because you may be in the position to help.

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Revised 9/2018