Vermont Youth Suicide Prevention Coalition (VYSPC) – November 13, 2009
Osgood Bldg-Waterbury, VT

Minutes

In attendance: Patty Baroudi-Prevention Coordinator, ADAP, Chris Neff, Executive Director, Outright Vermont, Elliot Nelson,M.D. Primary Care and Injury Prevention-Fletcher Allen/VCHIP, New England Coalition to Prevent Gun Violence, Mercedes Avila- Evaluator, VCHIP and Cultural and Linguistics Coordinator for Youth in Transitions Grant, Linda Livendale-Chair, American Foundation for Suicide Prevention, Mary Ellen Mendl- Director, United Way/211, Courtney Bridges-VT Federation of Families- AHS, Sally Kirschner-Coordinator of Injury Control and Maternal Child Health, Tom Delaney, Evaluator, VCHIP, Bill McManns, Medical Director, VT Department of Mental Health, Vanessa Lang, Young Adult Coordinator, YIT, Bill Lippert, Legislator and Chair of Judiciary Committee,

Facilitators: Brian Remer and JoEllen Tarallo-Falk – Center for Health and Learning

Creating a Five Year Plan for Prevention of Suicide in Vermont

Contextual Issues in Suicide Prevention

The meeting began with a look at suicide prevention issues. Posters with facts, statistics, and theories were hung around the room. People read the posters then placed colored dots on them to indicate their "comments." (Red for disagreement; green for agreement; yellow for a question, blue for more information, black for a concern) Some of the posters and conversation included:

Suicidal Behavior and Attitudes During Adolescence
Thomas Joiner – The Importance of Belonging, Genetics and Suicide, Self-Preservation, Psychological States in Suicide, Conditions for Suicide if Teens Think They'll Die of Suicide
Suicide Data
(The issue of underreporting suicide was discussed, including factors of stigma and responsibility for establishing this label. A broad question of how much underreporting there is was raised.)

A Word about Alcohol
Statistics – Surprising Number of Teens Think They'll Die by Suicide

Chris mentioned that in 2009 YRBS data the report says that 4% of straight youth reported considering suicide and 26% of GLBTQ youth reported the same. The experience at Outright VT is that the statistic is closer to 50%. For this group- using family as a primary support system is generally a counter-productive strategy

Citations to Support Umatter- *what might the literature say about this as a strategy?*

Family and Adult Allies- in lieu of "Family" circle

Baseline of Infrastructure for Suicide Prevention in Vermont
Mercedes presented CDC research brief published in response to National Strategy for Suicide Prevention.

Questions to consider:
What sort of leadership group do we need?
How should we frame the issue of suicide?
Should we pursue legislative support?

To move from a plan to action the following are required
Maintaining continuity
Addressing the funding issue
Measuring success

Reducing rates in suicide is a long-term goal that can only be measured with a long-term frame on measuring success.

Mercedes presented three states with models for suicide prevention infrastructure:
1- Tennessee responded to each of the eleven goals in the national plan.
2- Ohio created an Ohio Suicide Prevention Foundation at the state level called Connecting for Life. They established six goals.
3- Wisconsin used a five-step public health approach

There are two levels of addressing the plan: Public Health model and Mental Health planning model.

Oklahoma looked at community infrastructure, prevention activities and postvention activities.

VDH is working on identifying YRBS risk data by Supervisory Union.

New Zealand has seen a significant decrease in suicide by addressing means restriction. Montreal addressed suicide by throwing oneself on the railway through a media campaign.

Five Year Plan Goals and Recommendations (These notes miss some of the discussion)

Ohio/Tom
Prevention messaging and outreach should be integrated as broadly as possible and connected to other educational efforts
Health and Wellness weeks could be encouraged statewide
Young adults should be involved in all aspects of suicide prevention planning

Tennessee
Has eleven goals and Vermont covers most of them. Two not covered included:
Goal 5 in Tennessee related to lethal means restriction. Should lethal means be included and what is the best way to approach this issue?
Goal 11 approve and expand surveillance system- what is happening with reporting and assessment of what is a suicide and how the reporting of data is keeping that from being acknowledged.
Reducing access to lethal means is the most effective way (Harvard-Means Matter).

Current movement to pass Child Access Protection law following suicide in Essex last year. It would be helpful for research/data to be gathered to assist with developing full accurate information.

Wisconsin
Portrayal of suicide in news media – this could be added to Vermont's Goal #1
Wisconsin has a strong goal around reducing access to lethal means. This is noted in the Vermont Platform but not as a specific goal. Will access to lethal means be measured? Will this be part of Vermont's public awareness campaign?

Mercedes mentioned that many of the comments that are posted to websites are instructive to the concerns expressed by people. Use the New Zealand example which worked closely with law enforcement.

Project Updates and Meeting Format
Participants were asked to identify what is working well in our meetings and what they would like to see done differently.

Plusses:
Four hour time frame every two months. Activities serve as great professional development opportunity and people learn something when they are here.

Wishes:
Involve young people/youth
Thinking early about post-grant sustainability about what we do now
How we connect with other initiatives in mental health and suicide
Youth Advisory component that interfaces with the larger advisory – dovetail with other youth advisory work
How do we define the Advisory Group and orient new members to the work we have been doing? What is the criteria for involvement – balance between welcoming new perspective and energy? Providing information about who we are, what we do.

How to connect family survivors of a suicide with each other? Put this information on critical home pages and syndicated content. [This is a to do item.]
Develop orientation for newcomers that includes who we are, how we got to be, what we do, etc.
Where to go for more information: Post past minutes online

GLBTQ – are a unique audience in that family and clergy may be the hostile forces in their lives. How is this addressed in Gatekeeper training? Gay youth being a high risk group – regardless of what your personal attitudes and values are around that issue. Need to address it directly in training.

Need to address that in the Suicidal Behavior poster the data is presented as either or as if it is "the way it is."

Primary care - Elliot looked into doing primary care training with primary care networks associated with Fletcher Allen – next spring for Primary Care connected to Grand Rounds. Primary care is very hard to schedule.

Announcements:
National Survivors of Suicide Day – AFSP sponsors a national panel of survivors and VT AFSP will be hosting the webinar at the Comfort Inn in South Burlington. JoEllen asked about AFSP's network. VT AFSP is not a membership organization therefore, Linda does not have a list of survivors.

Next meeting: To be scheduled asap via Meeting Wizard for the second week of January 2010.

Future topics:
- Statewide Injury Control Planning and how it relates to the VYSPC strategic planning.
- Lethal means restriction and Screening and Assessment as priority issues.

Submitted by:
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Note:
Sustainability- families of survivors as funders