

Vermont Youth Suicide Prevention Coalition (VYSPC)

September 2, 2010

Osgood Bldg-Waterbury, VT

Minutes

In attendance: Charlie Biss, Vermont Department of Mental Health, Cory Gould, Clinician and past active volunteer/advocate AFSP, NAMI, Ella Kaplan, Outright Vermont, Mercedes Avila- Evaluator, Vermont Child Health Improvement Program, UVM and Cultural and Linguistics Coordinator for Youth in Transitions Grant, Linda Livendale-Chair, American Foundation for Suicide Prevention, Cece Teague, Suicide Survivor, MaryEllen Mendl, Director, VT 211 (United Way), National Suicide Prevention Lifeline, Robin Peschi, Director of First, VT State Police Academy, Emily St. Peter, Reverend Lynda Hadley, United Church of Christ

Facilitator: Brian Remer, VT Suicide Prevention Project Manager, Center for Health and Learning

Evaluation Update-Mercedes Avila, VCHIP

- Pre-post Training Data focused on change of knowledge and attitudes has been collected on 200 participants in Connect and Umatter trainings. They show significant results in recognition that suicide is preventable and that suicide is co-occurring with other mental health problems, among many other items. A report is being written on this data this fall.
- Early Identification and Referral data is being collected from 13 schools and 60 referrals were made last year.
- Results from a Focus Group conducted in the Deerfield Valley with representatives of five professions who participated in Umatter or Connect training about barriers, strategies and supports for implementation are being prepared.

Umatter Public Information Campaign Update- JoEllen Tarallo-Falk, CHL

The Umatter campaign will officially be launched this September with print media buy, radio PSAs directed to youth and adult gatekeepers, web banners, websites

Vermont Practices for Standards of Care for People at Risk for Suicide- Brian Remer, CHL *Responding to Attempts and Threats*

JoEllen and Brian explained that we have been developing Vermont professional protocols based on the Connect model. These protocols have been presented at profession-specific trainings and revised. Brian disseminated the protocols and asked representatives of those professions to review them and record questions, changes, etc. We hope to finalize the protocols for publication this fall.

Question posed: Why does VT have a higher than national average in Suicide deaths among youth aged 11-23?

Responses from group:

- Small rural communities without continuums of care and accesses to services
- Isolation leading to depression and suicide
- Higher than national average youth substance abuse rate
- Access to lethal means
- Possible underreporting of fatal car crashes and OTC and Prescription drug overdoses

Feedback on Protocols:

- Add a usable reference guide to the beginning of the protocols, e.g., “Regardless of your profession-do this...”
- Work on format to make it easier to navigate
- Introductory parts could be the same for each profession with a separate protocol outline for the profession. Apply universal principles of what to do in each protocol.
- Issue of gender difference between males and females should be addressed in the Background section (e.g., attempts, means, deaths, peer group norms, etc.)
- In general, all protocols need to be reviewed to change references to NH vs. Vermont
- Specify guidelines for different age groups
- Add information about the Law Enforcement Wellness Check
- Add at front: lists of formal and informal Resources (add 211, AFSP, Faith Community) and a worksheet for filling out local resources
- Page number the documents in the Appendix
- To introductory session add the issue of impulsivity in youth suicide, and need for addressing environmental prevention strategies, e.g., lethal means restriction and also the strategy of not leaving a child alone- connectedness is a protective factor- being there is important
- Identify what events in someone’s life might put them at risk, e.g., Community, Family Risks and Events in someone’s life
- Screening questions in all protocols should be more Socratic/open-ended than closed ended, E.g., Do you have someone you can talk to? Vs. Who could you talk to about this?
- HIPPA box- not accurate for VT and needs clarification. VT Law is more restrictive than HIPPA and the most restrictive must be implemented. David Kronoff at Howard Center is a good resource for the application of HIPPA in VT.
- Adult Crisis response kicks in at age 18. The Adult system of assessment is very different. The Youth In Transition project is focusing on addressing the difference in system of care for children up to age 18 and youth age 19-23. The Involuntary Laws are the same (except that for kids under 10 you have to call the Commissioner at home before transporting).

Profession-specific feedback- Each reviewer documented changes and questions on the protocol they reviewed and provided that to Brian. A few key points for each protocol were recorded below.

Primary Care

Issue of gender difference between males and females should be addressed in the Background section (e.g., attempts, means, deaths, peer group norms, etc.)

Focus more on the individual vs. community unit

Reference SPRC Rural Primary Care Suicide Prevention ToolKit

Faith Leader

Grouping Faith Leaders and Funeral Directors does not work for the two groups

Add Faith Leaders as a resource in the school protocols

Law Enforcement:

Vermont State Police Commissioners- get someone from their board to review the policy

Work on training through the Police Academy

Distinctions between under and over-age 18?

Schools

Add update to the VT School Crisis Guide (red-Steve Earley)

Get Suicide Prevention Policy through VSBA

Direct schools to VSBA and Umatter websites for Protocol policies

Mental Health

Incapacitation laws have changed recently

“Ask if they want to be evaluated” should be changed to “Evaluate. Here’s how....”

Confusion between what a general Mental Health Worker vs. Crisis Worker does- needs to be separated out

Some of the Involuntary admission information should not be under the telephone calls section; should be under face-to-face section

Social Services

Separate out organizations where there are staff who could do assessment with those who do not

Add how Youth Services need to be informing the people in the constellation around the youth

Add how the protocol is applied if you don’t have contact with people’s parents, guardians or if there is risk

Announcements

- *Survivors of Suicide* Group – listed on AFSP.org website, fourth Thursday of month in Montpelier, contact Corey Gould. Linda will send an updated list of groups. Survivors Groups are now functioning in So. Burlington, Wallingford,
For more information: contact Linda Livendale
- World Suicide Awareness Day – September 11th
- MaryEllen is now provisionally certified as a Trainer of Trainer for the national best practice ASSIST model and will be offering several trainings in VT in the coming year.
- Veterans
 - Vermont WRJ is the new Psychiatric Center for the nation – a 14 bed center.
 - Influx of veterans returning from service with PTSD and other psychiatric problems.
 - There has been a 45% increase in Veteran suicides among returning Vets nationally in the last two years and 10% of those are the children of veterans.
 - Significant increase in # of veterans going into Law Enforcement

Submitted by:

JoEllen Tarallo-Falk, Project Director, VT Youth Suicide Prevention Project

Brian Remer, Project Manager

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Follow-up:

- Identify denominations for outreach- info and training at annual meetings
Vermont Conference United Church of Christ, vtcucc.org (Randolph)
Meet with Regional Clergy groups and conduct brief trainings
Mailing brochures and posters with a cover letter. Remove Funeral Directors
- Check with Sally Kirschner to see how Statewide Injury Control Planning is progressing and how it relates to the VYSPC strategic planning.
- In the Suicide Prevention Plan Review
 1. Promote awareness that suicide is a public health problem [delete: that is preventable].
Under Rationale: Change ...suicidal behaviors can be prevented to “can be recognized.”
- Focus on reducing stigma of mental illness and suicide- we’re all on a spectrum “it’s all of us- our friends and neighbors”
- Reach out to people with cultural and linguistic differences
Translating to other languages- Gayle Finkelstein and Mercedes – top five refugee languages (Channel 17)
- Emily St. Peter, E.D. Visions- Veronica Marie Harper Foundation – supporting reintegration program; Alex Fund
- Public Information Campaign:
 - Have you seen or heard any media messages about mental health in the past 3 months?
 - Do you think suicide is preventable?
 - What are some resources to turn to if you or someone you know is contemplating suicide?
 - Tag resources on youmatteryoucangethelp.com to see how much they are used and scores of quizzes, etc.; possibly conduct a telephone survey for baseline in Morrisville community pre-community-wide intervention
- Connect with ME about list of comprehensive services

JoEllen writing:

Focus on skills for identifying feelings and developing problem solving skills. Identify and regulate your feelings so they get to actions. The earlier you do this the longer it lasts.

Whether you have mental illness or not you need those coping skills.

You need those coping skills to help you get through mental illness. Either way, the coping skills are critical.

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.

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