

Vermont Youth Suicide Prevention Coalition (VYSPC)

May 29, 2009

Summit Center, Osgood Bldg
Waterbury, VT

Minutes

In attendance: Charlie Biss, VDMH; Patty Baroudi, VDH/ADAP; Linda Livendale, AFSP-VT; Courtney Bridges, YIT SAMHSA Grant; Tom Delaney, VCHIP; Debby Haskins ASAP of VT; Robin Pesci, Howard Center; Heather Danis, VDH Burlington District Office; Deb Quackenbush, DOE; Gayle Finkelstein NNEPC; Eliot Nelson MD, VCHIP; Larry Lewack, NAMI-VT; Donna McAllister, DOE

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

Welcome and Opening Activity

Participants participated in an activity to identify popular norms, attitudes, and myths in the public perception of suicide.

Community Level Suicide Prevention Gatekeeper Training

A presentation was made by Ken Norton of NH National Alliance for the Mentally Ill on the *Connect* model. JoEllen and Brian presented the conceptualization of design and delivery of community level training in Vermont. A discussion of *Connect* and how to implement it in Vermont ensued and input and questions were solicited. This is a best practice program in prevention and intervention and postvention. NAMI is a membership organization that provides support to individuals and families who experience issues related to mental health. *Connect* focuses on early recognition and intervention around mental illness and building community-based systems for intervention. Suicide is the second leading cause of death for young people 15-24 years old and the third cause of death in the 10-14 year age group. Single car accidents and drug overdoses may not be included in this data. In the 55-65 age group it ranks fourth as a significant issue.

There are 33,000 suicide deaths per year nationally. 90% who die by suicide have a mental health condition or substance abuse disorder. More teens and young adults die by suicide than from multiple causes combined.

Suicide is costly (e.g., average work loss is over a million dollars). Males die by suicide 5 x more than females, but females attempting at a rate 1.8x more than males. Attempts are identified when a medical intervention is involved. Firearms are a highly lethal method.

The group brainstormed why we don't talk about suicide:

Shame, stigma, responsibility, fear of promoting it, lack of understanding, mental illness is often seen as different than physical illness, sense of inevitability, fear-don't know enough, don't know what to say, feel like they don't know what to do if they open up the subject, male gender stereotype of weakness to admit problems; not seeing the expression of feelings as a strength in our character, fear of appearing weak, learned responses to shutting down feelings, haven't been taught to talk about the issues, inconsistencies between what the norms are at school vs. at home and in the community, religion, etc.

Ken has presented this all over the US and these responses are always the same. His point is that if we are going to be effective we need to overcome these issues.

Ken reviewed the historical context for addressing suicide nationally, on a timeline from 1999-2009. The National Prevention Suicide Strategy was published in 2003 and the Garrett Lee Smith funding was made available in 2005. Ken reviewed the types of suicide programs that have developed over the past ten years.

Connect model includes:

- Prevention – education about early recognition
- Intervention- skills for responding to attempts and threats
- Postvention- appropriate response after a suicide. Postvention is prevention!

Connect uses an ecological model focusing on the individual related to peer/family, community, and society. The theme is “Recognize and Connect” - with the person, to a qualified helper, to the community. *Connect* key stakeholders include a wide range of professionals. Protocols were established with input from the Stakeholders and then a training module was developed for each stakeholder.

There is a different training for each of those groups that has common elements around the Gatekeeper piece, but have specific protocol for their discipline (e.g., law enforcement, medical first responders, etc.) *Connect* tries to change the notion that hospitalization is the only acceptable treatment for someone who is suicidal.

Intervention casts the net as wide as possible.

Postvention is focused on the key service providers who will be responding. There is a connection between prevention and postvention. Postvention done well becomes prevention for the next possible suicide. The #1 risk factor for dying by suicide is knowing someone has died this way. Postvention encourages planning in advance with emergency numbers, roles identified, etc.

Implementing a Community-based Project

- Community Engagement 6-12 mos
- Project Implementation 12-24 mos.
- Maintenance
- Sustainability

Connect emphasizes lethal means restriction (guns, medicines, etc.). Most people won't substitute a different means of suicide. If they have a method in mind, they won't go looking for another.

Note: We need to do the above for each of the audiences we are working with now. The Community Engagement piece needs to be happening NOW with each of our audiences. Through letters, meetings, webinars, etc.

Discussion about Ken's presentation and *Connect*:

Charlie: About suicide we seem to be talking about “them” how do we protect “them” from hurting themselves. Actually it's really about “us” all of us who could have trouble at any time.

Ken: In the training, many pictures of different people are shown and participants are asked who they think is at risk of suicide and who would they feel comfortable approaching about suicide? This brings up the point that we are all at risk.

There's a label associated with suicide prevention. The actual number makes it seem like it's "them" so it's important to also include the protective factors. It is the second leading cause of death but it is rare. We want to avoid making suicide normal. There's positive and negative stigma and either can be damaging.

Is suicide the public health problem or is depression the public health problem. Most youth, we later find, did have a history of depression.

Larry: I worry about our mental model which assumes we'll increase the capacity of people in schools, etc. to identify kids at risk. No matter how successful we are, kids will fall through the cracks. So universal screening is an important approach. If you are only looking for overt symptoms, you'll miss the negative symptoms (e.g. kids who "drop out" of activities or the school culture are hard to identify).

Ken: The most effective method would be to use gatekeepers along with screening.

Screening could be a topic of a future Coalition meeting.

Eliot: We risk missing people even if we do screening because it's only looking at one point in time. Suicide can only be reduced, not eliminated. So we need to recognize our own anxiety in this area and be aware of all the many factors that may result in suicide. We have had a decline in suicides in the last five years. What efforts have been made to "sell" the idea of restricting access to firearms?

Ken: New Hampshire has made progress in public awareness campaign about restricting access to lethal means. If that can happen in "Live Free or Die" New Hampshire, it can happen elsewhere!

We looked at a diagram of the *Connect* model and how it might be implemented in Vermont. We are considering training at the regional level for Gatekeeper and protocol development training with various professional groups. These professionals would then be trained to go and train colleagues within their field. We also want to target two high-need communities and provide Gatekeeper and protocol development training in those specific locations so that key stakeholders can develop a comprehensive response for suicide prevention.

What are some adaptations to the *Connect* model that we might want to make for Vermont?

Charlie: For regional training, any person who comes should bring along a team. We could specifically recruit people from each profession. The trainings could be 2 or 3 across the state but each community that sends someone should bring a team from their community.

Ken: This would build trust among people from a community. There are also benefits with having the training include people who are all from the same profession.

Heather: It might make sense to not do either or, but rather to meet people where and however meets their needs.

Eliot: Yes, primary care physicians, for example, have meetings of their own that we could go to but would have trouble attending a special outside meeting.

Pittsford is the one single location where all law enforcement personnel in Vermont are trained so that's an example of how we could meet a large group all at once. We could ask each professional group to tell us the best way to meet their group.

The refugee population needs to be considered in this community approach.

Are veteran and VT National Guard needs being addressed? This group is just outside of the age range of the youth aspect of this grant; however, knowing someone who has died by suicide is a risk factor.

Social Marketing Campaign

The focus of the statewide public information campaign is on de-stigmatizing mental health concerns and promotion of help seeking behaviors in VT. Peter Kriff and his team from PDI Creative presented concepts for discussion and input. About a dozen logo and branding designs were explained and described. All had the theme of “You Matter” to suggest that an individual in distress is important in the lives of others and also that a friend, family member, or gatekeeper can make a difference for someone who is in distress.

With each target audience there is more than one response.

Objective: Create a buzz that helps join a lot of puzzle pieces together, e.g., You Matter, can be generalized into other places. What’s important is that people are talking about it.

No one wants to talk about depression, but starting with suicide makes people leap into depression.

We may need to be cautious about connecting the UMatter to the crisis end of the continuum. The 211 campaign talks to a lot of different elements. It is possible we could apply this to messages across the spectrum.

You Matter has meaning on four levels:

- If one is in crisis
- As a way to feel better about yourself
- As a Friend
- As a Gatekeeper

State-wide Youth Suicide Prevention Kick-Off Event Idea Sharing

Place a notice in CHL calendar, CSH Bulletin and other venues about materials available to support this work, e.g., American Foundation for Suicide Prevention, *More than Sad: Teen Depression*, Ryan’s Story, etc.

The Commissioner has requested we plan a kick-off event to bring attention to our activities.

September is Suicide Awareness month and October is Mental Health Awareness month. The Social Norms marketing campaign will be ready for roll-out by then. A request was made for ideas about how to tie together a public awareness raising effort.

There are several grants in the state related to mental health so it might be helpful to connect and coordinate with other programs, activities, or events. The Commissioner, Michael Hartman, is coordinating this.

Could we work with VT Public Radio to get all these people on the air together. Collaborate on press releases because there are news hooks that relate to all the programs. Are there ways to connect with the Governor and a statement from him. Street level organizations that work with youth might like to have a kit of info they could use for their own events. The treatment providers have a fall conference so this could be a venue to share info. Teachers have their state-wide conference in October 21, 22. Vermont Association of Mental Health has a conference is November 12. The NEA is the best way to get into the school educators’ network.

What inroads could be made with businesses or Chambers of Commerce? The Masons might be open because they already deal with suicide issues.

College orientation would also be a venue.

School newsletters might welcome articles and other messaging. This then goes home to families. The state and regional fairs are a venue to connect with the rural community. Advertising in movies before the show. Facebook groups are also a venue.

We need to make sure other languages are represented. A cultural and linguistic coordinator has been hired at the Division of Mental Health and Denise Lamereau is at the Department of Health.

Any connection to Rusty Duease and NASCAR is a great connect. We also need to meet with young people in the corrections system. Willa Ferril is a contact.

Evaluation Update

Tom Delaney of UVM VT Child Health Improvement Project presented on the VT plan for evaluation.

A detailed plan for schools using Lifelines is being drawn up so they know our expectations for the EIRF (Early Identification Referral and Follow-up Analysis)

An inventory of existing databases has been done. This was an expectation of Macro International which is running the national cross-site evaluation.

The IRB is still in process because a new lead evaluator has not yet been identified.

Long-Term Project Sustainability, Discussion

This discussion briefly framed the focus on strategic planning that the group will be undertaking in fall 2009. Participants were asked to begin to identify issues or topics that need to be addressed in this process and bring them to Brian and JoEllen's attention so they can do advance planning to address them through VYSPC meetings or other venues.

Additional L-T topics:

- Veterans and suicide
- Screening and assessment for depression and clinician training
- Lethal means restriction
- Setting a five-year plan
- We should collect stories, written and video, that reinforce our work and can become additional data for future grants
- How can we work more closely with the survivor network?
- College campus community
- Helping families connect to organizations like AFSP, NAMI, and other non-profits so some of the work can be carried on beyond the life of the grant

Next meeting: To be scheduled via Meeting Wizard for early fall 2009

Announcements:

Linda distributed information about the Out of Darkness walk which is scheduled for October 3, 2009.

Submitted by:

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