Accessing Mental Health Resources

- Call **First Call**—Chittenden County's child and family crisis service at (**802) 488-7777.**
- For **Adult Crisis,** call **(802) 488-6400**.
- Call Chittenden County's local community mental health center, **Howard Center** Child, Youth and Family Services at (**802) 488-7777** to schedule an appointment with a mental health provider
- Use a computer and go to **www.ptophelp.org** where you can search for mental health professionals in Chittenden County
- **Dial 2-1-1** on your phone to speak with an information and referral specialist who can help you find mental health and related supports in Chittenden County
- Call **Vermont Federation of Families for Children's Mental Health at (800) 639-6071** or **Vermont Family Network at (800) 800-4005** to be linked with family support organizations serving Chittenden County

HOWARD CENTER
Help is here.

Youth Suicide Prevention

Chittenden County

Information Booklet

Child, Youth & Family Services
FIRST
488-7777
CALL
HowardCenter

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CHAMPLAIN VALLEY, INC.
Women building better communities

Many thanks to the Junior League of Champlain Valley
for their continual support in sponsoring the
reprinting of this booklet.

Local Suicide Prevention Resources

In the Community:

- First Call for Children and Families
- Mental health professionals
- Primary care physicians and pediatricians
- Religious leaders
- Support groups
- Police officers
- Any trusted adult

At School:

- School administrators
- Teachers
- School nurses
- Social workers, school therapists or guidance counselors
- School psychologists
- Other trusted school personnel

Chittenden County Crisis Numbers:

- First Call for Children and Families—(802) 488-7777
- Poison Control— 1 (800) 222-1222
- Police —9-1-1
- DCF Centralized Intake 1 (800) 649-5285
- UVM Medical Center Emergency Room — (802) 847-2434

If you have concerns for an adult presenting at suicide risk, call Chittenden County Adult Crisis Services at: (802) 488-6400

Suicide Prevention Resources

American Association of Suicidology
AAS is a national non-profit that promotes information about suicide as a health problem and education about suicide prevention.
www.suicidology.org

National Suicide Prevention Lifeline
For crisis calls at anytime from anywhere in the US
1 (800) 273-TALK (1 (800) 273-8255)
www.suicidepreventionlifeline.org

Suicide Prevention Resource Center (SPRC)
SPRC supports suicide prevention with the best of science, skills and practice to advance the National Strategy for Suicide Prevention by developing programs, implementing interventions, and promoting policies to prevent suicide.
1 (877)438-7772
www.sprc.org

Trevor Project
The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services for lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24.
1 (866) 488-7386
www.thetrevorproject.org

The Vermont Suicide Prevention Center
VTSPC provides an overview of Vermont-specific suicide prevention resources in addition to information about suicide prevention. VTSPC is out of the Center for Health and Learning.
1 (802) 254-6590
www.vtspc.org

Introduction

This booklet is designed to provide *general, basic information* on youth suicide prevention to individuals who live and/or work in Chittenden County, Vermont.

This booklet is not a comprehensive guide to information about youth suicide. Comprehensive training is available for individuals who are in frequent, direct contact with youth to help them develop knowledge, skills, and confidence to better identify and assist suicidal youth.

If you are interested in learning more about or arranging for youth Suicide Awareness or Gatekeeper Training for your organization, contact First Call at **(802) 488-7777.** Please also call First Call for additional copies of this booklet.

If you are with a child/youth in mental health crisis, call (802)488-7777.

This booklet was adapted with permission from Maine Youth Suicide Prevention Project's Suicide Information Booklet. Chittenden County and The Students FIRST Project express tremendous gratitude to The Maine Youth Suicide Prevention Project for their generous support of our county's suicide prevention initiatives.

Supporting Parents Of Suicidal Youth

Getting help is crucial for the family of a suicidal youth. The family may be in a state of confusion or distress, without support and without information about where to turn for help. Parents should not be expected to face the struggle alone. By having the courage to seek appropriate help when it is needed, parents can be a valuable resource to their suicidal youth.

Parents may be:

- Feeling that their world has been turned upside down
- Paralyzed by fear, shame, anger, denial
- Wishing for life to get "back to normal"

Parents may need support to:

- Recognize the importance of getting professional help
- Identify personal coping mechanisms and support systems
- Understand the importance of removing lethal means, especially firearms, from the environment
- Establish some hope for the future

If a suicide of a family member happens, it evokes a special form of grief including shock, denial, disbelief, guilt and shame. It is important to acknowledge this loss with the bereaved family in some way. Expressions of caring, such as listening, are very important. To find grief support resources in Chittenden County, call Vermont 2-1-1 or First Call at (802)488-7777.

Taking Care Of Yourself

Supporting a youth with suicidal behavior is emotionally challenging. Don't sit with this stress alone. It is important that you seek supports for yourself after intervening in these difficult situations to ensure you have an opportunity to talk about and process your own feelings.

An Important Way To Reduce Risk In Suicidal Youth

Lethal means available to a youth in despair can end a life in an instant! Evidence suggests that one of the most effective ways to prevent youth suicide is to keep lethal means away from a suicidal youth. Think of this in the same way as keeping the car keys from someone who has been drinking.

About 55% of youth suicides in Vermont are completed with a firearm, usually a rifle or a handgun. Because of the lethality of firearms, the risk of suicide doubles when a firearm is in the home of a vulnerable youth. Parents and guardians can reduce the risk of suicide by removing firearms from their homes. Local or state police officers and sheriff's offices will assist in the temporary or permanent disposal of firearms and can also provide gun locks. Call them for assistance. Never bring a gun to the police station unless told to by the officer on duty.

While self-poisoning is not as lethal as a firearm, detailed "recipes" for suicide can be found on the internet and in books. If a youth is suspected to be suicidal, restricting internet access and locking up medications (prescription and over the counter) in the household is important. Parents/guardians can speak with prescribing physicians about their concern of suicidal behavior and request the dispensing of non-lethal amounts of medications to reduce the risk.

Limiting the amount of alcohol in the home accessible to a suicidal youth is also an important self-harm prevention strategy.

Table of Contents

Vermont's Youth Suicide Problem

Youth suicide is a national problem. Each year in the United States there are about 4,800 suicides among youth under the age of 25. Suicide is the 2nd leading cause of death for 10-24 year olds in Vermont. From 2003-2013 there were a total of 107 documented suicides among youth ages 15-24, averaging10 per year in Vermont for that age group.

For every young person who dies by suicide, there are an estimated 100-200 suicide attempts by other young people according to the Centers for Disease Control and Prevention. While more young women attempt suicide, more young men actually die by suicide. In part, this is due to the use of more lethal means by males. During 2005-2009, 49.7% of males ages 10 -24 who completed suicide died by use of firearm and 48.5% of females ages 10-24 who completed suicide died by hanging.

In the 2013 Vermont Youth Risk Behavior Survey of high school students, 11% of Vermont youths who responded indicated that they made a plan about how to attempt suicide and 5% reported making one or more attempts during the past year.

There is no *typical* person who experiences a suicide crisis. Suicidal behavior comes from a complex and diverse set of factors. Reducing youth suicides requires a combination of approaches involving many individuals.

In Vermont, the suicide rate across all ages is higher than the national average.

Preventing youth suicide is up to all of us!

What If Help Is Refused?

When a youth is suspected to be suicidal, the first course of action for a professional service provider is to follow the protocol of the local institution, agency, facility or school.

Parents/guardians should be involved as soon as possible. They must be informed as to why the child is suspected to be suicidal. In the event that a mandated reporter determines that a youth under age 18 appears to be at risk of attempting suicide and the parent/guardian refuses to obtain appropriate services for him/ her, a report should be made to DCF at (800) 649-5285 for neglect—failure to seek necessary mental health treatment which may place the child at risk of serious harm. DCF will intervene to determine if abuse or neglect does exist and try to engage the family voluntarily in meeting the treatment needs of the child. If the parents still will not seek treatment and DCF believes that this places the child at risk of serious harm or at immediate risk of serious harm, a Court Order will be sought ordering the required treatment services.

By calling Chittenden County's crisis hotline—First Call for Children and Families at (802)488-7777—you will access appropriate crisis services. First Call offers professionals who have the skills, authority, and responsibility to formally assess the risk factors and level of care necessary. Treatable mental or emotional illness often underlies suicidal behavior. Treatment can be effective even with high level resistance. Professionals are trained to work with this resistance. Sometimes involuntary treatment is necessary. It is important that each suicidal person, at the very least, has the opportunity to get help.

Supporting Someone To Get Help

Feelings of hopelessness and helplessness are common to suicidal people. Your support in building hope and finding help can make the difference between life and death.

Trust your instincts and take action when you think someone might be suicidal. Talk to him or her, making it clear that it is OK to talk about suicidal thoughts and feelings, and make them aware that helping resources are available. Seek professional help as soon as possible.

Be direct

- Ask, "who would you like to contact for help?"
- State "I'll go with you to get help."

How to refer someone for help:

The best way is to take the person directly to someone who will help. Connect them to an adult who can help assess their level of risk.

If that is not possible, make a plan with a responsible parent/ guardian to get the person help or further assessment.

If you believe a person to be in danger of suicide, it is up to you to use your judgment to see that they get the help they need. Call for Emergency Assistance—First Call, police, emergency services, the hospital Emergency Room or other helping resources familiar to you.

Chittenden County Youth Suicide Prevention Efforts

Just as suicide results from a complex set of factors, suicide prevention requires a multi-level approach involving social service professionals, families, friends, government, educators, schools, employers, religious leaders, law enforcement, medical professionals and the media.

Chittenden County suicide prevention efforts work to:

- Increase awareness of how to prevent youth suicide
- Increase access to prevention and treatment services
- Educate adults and youth about suicide prevention and intervention
- Provide skill building and supportive services to high risk youth and their families
- Encourage efforts to promote healthy youth development

Highlights of local suicide prevention initiatives:

- County-wide child, youth and family 24/7/365 mobile crisis services (First Call)
- Howard Center participation in the Vermont Zero Suicide pilot project through the Department of Mental Health and the Center for Health and Learning (www.zerosuicide.sprc.org)
- Suicide awareness and gatekeeper training offered to all Chittenden County public schools and other community groups
- Guidelines and assistance for schools and communities following a suicide death or tragedy
- Access to educational and outpatient resources

Suicide Myths

Myths about suicide may stand in the way of helping those in danger. By learning the facts, you will more easily recognize individuals at risk. Some common myths about suicide include:

Myth:	People who talk about killing themselves rarely die by suicide.
Fact:	Most people who die by suicide have talked about their intention.

Myth:	Suicide happens without warning. People serious about suicide keep it to themselves.
Fact:	There are almost always warning signs. Most people show some warning signs in the weeks preceding their attempt.

Myth:	Once a person is intent on suicide, there is no stopping him or her.
Fact:	Suicidal people are often ambivalent about dying. Many will seek help before or immediately after attempting to harm themselves.

Myth:	If you ask someone about their suicidal intentions, you will only encourage them to kill themselves.
Fact:	The opposite is true. Asking directly about their suicidal intentions often lowers their anxiety level and shows them you care and are willing to help. Talking about suicide can be the first step to prevent suicide.

Responding To The Answer

When someone responds that they are thinking about suicide, it must be taken seriously.

Helpful basic guidelines:

- Listen with your full attention. Take your time, be patient
- Speak slowly, softly, calmly, be reassuring and positive
- Acknowledge their pain
- Identify individuals s/he can trust for support and help
- Formulate a plan for getting help, building hope
- Safely and immediately remove lethal means including; weapons, firearms, medications and substances
- Offer help/hope in any way you can. Know your own limits
- Do not allow yourself to be the only person who can help
- Connect them to an adult who can help assess their level of risk (guidance counselor, physician, First Call, mental health provider)

Avoid:

- Acting shocked
- Reacting with anger
- Interrupting or offering advice
- Minimizing or discounting the problem
- Arguing about suicide being "right" or "wrong"
- Judging, condemning
- Causing guilty feelings
- Getting over involved or owning the problem
- Offering unrealistic solutions

Never:

- Ignore the behavior or concern
- Promise total confidentiality or agree to keep a secret
- Try to forcefully remove a weapon
- Leave a youth alone if you think there is an imminent danger of suicide

Ask a Question About Suicide

Asking a question about suicide does not increase the risk of suicide. It is very important to use words that are comfortable for you. A young person may resist your questions, but usually s/he will feel relief that someone has finally recognized his or her pain. It is very important to keep the conversation going in a calm and reassuring manner.

It is important to talk to a suicidal person alone and in private to allow him or her to talk freely and be able to express emotions. Your role and relationship to the suicidal person determines how you set the stage for asking a suicide related question. The fact that you ASK the question is much more important than how you ask it.

Examples of suicide related questions:

- **Are you thinking about suicide?**
- **Do you feel like you want to die?**
- **Are you planning to kill yourself?**
- **Are you thinking of ways to die?**
- **When people are in as much pain as you seem to be, they sometimes want to end their life. Are you feeling that way?**
- **You seem very unhappy, are you thinking about ending your life?**

Suicide Myths

Myth:	All suicidal people are deeply depressed.
Fact:	Although depression is often closely associated with suicidal feelings, not all people who die by suicide are depressed.

Myth:	People who threaten suicide are merely seeking attention and/or trying to manipulate others.
Fact:	Regardless of the reason for a suicide threat, professional help is needed. Suicide threats should always be taken seriously, whether made in person, or via social media.

Myth:	Suicide is more common among lower socio-economic groups.
Fact:	Suicide spans all socio-economic levels. People of all ages, races, faiths, cultures, and income levels die by suicide.

Myth:	It's okay to keep a promise in supporting someone who may be suicidal.
Fact:	Promises and confidences cannot be maintained when the potential for harm exists. The biggest support is to seek help.

Suicide Myths

Myth:	Only professional therapists can help suicidal people.
Fact:	Formal therapeutic interventions are very important, but many suicidal individuals never see a therapist. It is important for everyone to learn the warning signs of suicide and how to connect the person to further help.

Myth:	Suicidal youth will always be suicidal.
Fact:	With appropriate support and treatment, most young people can gain problem solving and self-regulation skills to lead healthy lives.

Myth:	Most suicidal youth never seek help.
Fact:	Most suicidal youth reach out in some way, to a professional like a school counselor or school nurse, or to a friend or family member. We all need to pay attention to warning signs.

Myth:	Marked and sudden improvement in the mood of someone who has been depressed is a signal that the crisis is over.
Fact:	Sudden improvement in mood may be an important warning sign that a decision to die by suicide has been made. It is a critical time for direct intervention.

Responding to Suicidal Behavior

Suicide can be an impulsive act, but it does not usually occur spontaneously. Most people do not just decide, all of a sudden, to end their lives; they first find themselves in increasingly difficult circumstances. Their coping skills are inadequate and support systems may be compromised. If someone does not intervene, eventually they may be unable to cope. They may see suicide as the only solution to solving their problems.

Once the idea has been considered, time is needed to plan where, when and how to complete the act. This process might take only a few hours, but typically it takes days, weeks, or months. While some young people behave very impulsively and move quickly toward suicide, the average crisis period lasts about 2 weeks. There is usually time to intervene. The earlier the intervention, the better.

The goals of suicide intervention are to help the person:

- Get through the crisis safely, without harm
- Know that hope exists
- Consider alternatives to suicide
- Identify and obtain available helping resources

Three steps to helping a suicidal person

- **Show you care, listen**
- **Ask about suicidal intent**
- **Persuade the suicidal individual to get help and help them get help**

Motives for Suicide

A suicidal person may feel so helpless and hopeless that suicide is seen as the only solution to stop the pain.

Some common motives for youth suicide include:

- To escape an impossible situation
- To get relief from a terrible state of mind
- To try to influence a particular person
- To show how much they loved someone
- To make things easier for others
- To make people sorry, to get revenge
- To frighten someone or to get their own way
- To make people understand how desperate they feel
- To find out whether they are really loved
- To control an out of control situation
- A cry for help
- Desire to die
- To stop psychological pain

Understanding Your Own Feelings About Suicide

The issue of suicide often produces strong emotions of fear, anger, sadness and disbelief.

Hearing a person talk about suicide may cause you to overreact or not react at all. You may want to deny to yourself that suicide is a real possibility. You may also feel that the person is just talking about suicide to get your attention or to manipulate you.

Responding in anger, instead of understanding, can make the situation even worse. Ignoring the suicide concern does not make it go away.

It is important to be clear about your own feelings and limits before you try to help a suicidal person. You may not be the best person to directly help because of your personal relationship, your own experiences or other reasons. It is okay if you are not the best person to intervene but remember to connect the youth to someone who can.

Recognizing and acknowledging your own feelings, reactions, and capabilities is important before you attempt to intervene with a suicidal youth.

Suicide Risk Factors

Suicide risk factors are stressful events, situations, and/or conditions that may increase the likelihood of suicide. Though risk factors do not predict imminent danger or cause of suicide, they can help to identify children and youth who may be at greater risk for suicide or other mental health problems. Suicide risk factors most common to youth are:

Family Risk Factors

- Family history of suicide (especially a parent or sibling)
- Loss through death or divorce
- Substance abuse, alcoholism in the family
- Lack of strong attachment in the family
- Unrealistic parental expectations
- Family violence
- Inconsistent, unpredictable parental behavior
- Chronic mental illness in the family
- Physical, emotional, or sexual abuse

Behavioral Risk Factors

- One or more prior suicide attempts
- Alcohol/drug use and abuse
- Aggression, rage
- Running away
- School failure, truancy
- Fascination with death or violence

Warning Signs and Clues

Late warning signs:

- Talks of suicide or of death
- Detailed plan for suicide—how, when, where
- Increased use of substances
- Isolates self from friends and family
- Feels like life is meaningless
- Increased hopelessness or helpless feelings
- Refuses help, feels "beyond help"
- Puts life in order—makes a will
- Gives away favorite possessions
- Displays sudden improvement after a period of sadness and withdrawal
- Reckless, risky or self-harming behaviors

Examples of direct verbal clues include:

- I wish I were dead
- I am going to end it all ; I've decided to kill myself
- I believe in suicide
- If such and such doesn't happen, I will kill myself

Examples of less direct verbal clues:

- You will be better off without me
- I am so tired of it all
- What's the point of living?
- I won't need this anymore
- We all have to say good-bye
- Who cares if I am dead, anyway?
- I don't want to kill myself but I wouldn't mind if I died

Warning Signs and Clues

Warning signs are the earliest observable signs that indicate the risk of suicide for an individual is imminent. Warning signs are changes in a person's behaviors, feelings, and beliefs that are out of character for the person. It is easy to miss these warning signs, deny them, or decide that "things couldn't possibly be that bad."

Research shows that almost all individuals who attempted suicide gave clues that they intended to kill themselves. It is the combination of risk factors, warning signs, and other clues that can increase the risk of suicide.

Unless someone recognizes the signs, responds appropriately, persuades the individual to get help and helps with the referral process, a young person may not get the help s/he needs. Learning to recognize the warning signs and clues may help avoid a tragedy. Warning signs for suicide usually last for two weeks or longer.

Early warning signs of suicide:

- Eating and/or sleeping disturbances
- Being overly pessimistic
- "Roller coaster" moodiness—more often and for longer periods than usual
- Excessive self-criticism, feeling like a failure
- Persistent physical complaints
- Difficulty concentrating, difficulty in school
- Preoccupation with death (often through music, poetry, drawings)
- Neglects appearance, poor hygiene
- Drops out of activities
- Isolates self from friends and family

Suicide Risk Factors

Personal Risk Factors

- Mental illness, psychiatric condition, and/or recent discharge from inpatient treatment
- Poor impulse control
- Compulsive, extreme perfectionism, unrealistic expectations of self
- Confusion or questioning about sexual or gender identity
- Inability to share suicidal feelings
- Loss of significant relationships
- Lack of skills such as decision making, anger management, problem solving, etc.
- Loss (or perceived loss) of identity or status
- Feelings of powerlessness, hopelessness
- Fear of humiliation, extreme shame
- Pregnancy, fear of pregnancy
- Inability to accept personal failure
- HIV/AIDS diagnosis
- Self-harming behaviors
- Disengagement or non-compliance with treatment
- Differing religious beliefs from family or social network

- **Environmental Risk Factors**
- Access to lethal means, especially a firearm
- Moving often
- Social isolation, alienation, victimization (i.e. bullying)
- Exposure to the suicide of a peer
- Anniversary of someone else's suicide/death
- Incarceration or other loss of freedom
- High levels of stress, turmoil
- High levels of pressure to succeed
- Violence in mass media
- Suicide cluster in the community

A Special Note About Depression

An important risk factor most commonly associated with suicide is depression. Most suicidal people suffer from some degree of depression. In young people, depression often goes undiagnosed until a crisis occurs.

Depression may leave a person feeling drained, "too tired" to carry out a suicide plan. When depression begins to lift and there is a sudden improvement, be aware that this could be a very dangerous time. *The three months following a period of depression is thought to be a critical time of suicide risk*. The person has the energy to act, and may even appear cheerful and at peace with the world.

Adolescent depression may also include aggressive or "masked" behaviors such as:

- Hostility, reluctance to communicate, rebelliousness
- Running away from home
- Truancy; delinquency, or antisocial behaviors
- Recklessness, impulsivity
- Compulsive and obsessive behaviors
- Difficulty regulating behavior ("temper tantrums")
- Boredom, restlessness, irritability
- Complaints of physical illness
- Substance use

Risk Factors most strongly associated with youth suicidal behavior are:

- One or more prior suicide attempts (the strongest predictor of suicide)
- Suicidal ideation and threats of suicide; homicidal ideation
- Exposure to suicide attempts or suicide of a family member or friend
- Access to lethal means
- History of trauma or abuse
- Sexual promiscuity

Protective Factors

Protective factors are the positive conditions, personal and social resources that promote resiliency and reduce the potential of suicide and other high risk behaviors.

Personal Protective Factors:

- Strong bonds with family members and other caring adults
- A reasonably safe and stable environment
- Restricted access to lethal means, especially a firearm
- Good health and easy access to health care
- Close friends, caring relationships with significant others
- Responsibilities, including caring for pets
- Religious/spiritual belief in the meaning and value of life
- A healthy fear of risky behavior and pain
- Hope for the future
- Sobriety
- Good self-care, following medical advice, taking prescribed medications
- Sense of self-worth and high self-esteem
- Good decision making, anger management, conflict management, problem solving, and other social and emotional skills
- A sense of personal control
- Academic or career aspirations