

Suicide Prevention Across the Lifespan

A RESOURCE AND INFORMATION GUIDE

First Call
FOR CHITTENDEN COUNTY

802-488-7777



**HOWARD
CENTER**
Help is here.

SECOND EDITION



**HOWARD
CENTER**
Help is here.

SINCE 1865

Introduction

This guide is designed to provide *general, basic information* on suicide prevention to individuals; families, including parents and caregivers; community members; and professionals, including educators and medical providers who live and/or work in Chittenden County, Vermont. This guide is not intended as an alternative to medical care. Please consult your physician for appropriate medical care.

If you are interested in learning more about Suicide Prevention or Gatekeeper Training, please call Howard Center at 802-488-6000. You may also call us to request additional copies of this guide.

If you are in crisis and in Chittenden County, call First Call for Chittenden County at 802-488-7777. Regardless of where you live, you can also call the National Suicide Prevention Lifeline at 800-273-TALK (8255), call 9-1-1, or go to your local Emergency Department.



HELP IS HERE

And her name is Hilary.


Hilary Scharf,
Recruitment and Employment Specialist, Human Resources

Hilary and 1,500 of her Howard Center colleagues helped more than 16,000 people last year, with everything from mental health and substance use to education and developmental services.

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United Way
United Way of
Northwest Vermont

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Meet Kamal.

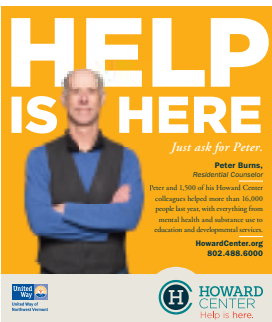
Kamal Pradhan,
Intensive Community Support Worker

Kamal and 1,500 of his Howard Center colleagues helped more than 16,000 people last year, with everything from mental health and substance use to education and developmental services.

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Just ask for Peter.

Peter Burns,
Residential Counselor

Peter and 1,500 of his Howard Center colleagues helped more than 16,000 people last year, with everything from mental health and substance use to education and developmental services.

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Meet Shelby.

Shelby Canterbury,
Program Manager,
Developmental Services

Shelby and 1,500 of her Howard Center colleagues helped more than 16,000 people last year, with everything from mental health and substance use to education and developmental services.

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Suicide Risk Factors

Risk factors are stressful events, situations, and/or conditions that may increase a person's suicide risk. Most people have risk factors at some point in their life. Risk factors do not predict imminent danger or cause suicide but identify people who may need additional support or assessment.

Individual Risk Factors

- Mental illness, psychiatric condition
- Recent discharge from inpatient treatment (risk of suicide is highest within the first week of discharge)
- Poor impulse control
- Rigidity with self-expectations and expectations of others
- Questioning sexual or gender identity
- Withdrawing and isolating
- Loss of significant relationships (through death, divorce, breakup, etc.)
- Loss (or perceived loss) of identity or status
- Feelings of powerlessness, hopelessness
- Humiliation, extreme shame
- Inability to accept personal failure
- Self-harming behaviors
- Disengagement or non-compliance with treatment
- Chronic pain
- Change in health status
- Religious affiliation conflict
- History of trauma or abuse
- Lack of deterrents to suicide
- Feelings of no reasons for living

Environmental Risk Factors

- Access to lethal means, especially firearms and medications
- 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 (from others)
- Exposure to violence in media
- Suicide cluster in the community

Behavioral Risk Factors

- History of suicide attempts
- Alcohol, drug use and abuse
- Aggression, hostility
- Fascination with death or violence
- Emotion regulation challenges
- Impulsive tendencies
- Boredom, restlessness, irritability
- Antisocial behaviors

Family Risk Factors

- Family history of suicide (especially a parent or sibling)
- Lack of strong attachment in the family
- Unrealistic parental expectations (with limited skill to achieve goals)
- Family violence
- Inconsistent, unpredictable parental behavior
- History of mental illness in the family
- Physical, emotional, or sexual abuse
- Socioeconomic status, financial stress



Warning Signs as Potential Predictors

Warning signs are different than risk factors. They enable people to intervene and can be a sign of an acute suicide crisis. They tend to be changes in a person's behaviors, feelings, and beliefs that are out of character for that person. It can be easy to miss warning signs, deny them, or decide that "things couldn't possibly be that bad."

Research has still not determined what warning signs predict someone attempting or dying by suicide, and so it is critical that when warning signs are observed you call a professional for help and guidance. Unless someone recognizes the signs, responds appropriately, persuades the individual to get help and helps with the referral process, a person may not get the help that they need. Learning to recognize the warning signs and clues may help avoid a tragedy.

There are virtually thousands of warning signs that have been considered for suicide. In 2003 the American Association of Suicidology convened a group of experts in the field who narrowed down the list of warning signs to approximately ten. Warning signs do not vary considerably across the lifespan.

The following are warning signs where immediate help and assessment by a professional may be most needed to prevent a tragedy:

- Someone threatening to hurt or kill themselves (This may include expressing a plan about suicide or statements that are not directly related to suicide, such as "You will be better off without me," or "I wish I were dead.")
- Someone looking for ways to kill themselves (This may include collecting pills, buying a firearm or someone practicing or rehearsing suicide.)
- Someone talking or writing about death, dying, or suicide (This may also include making a will, giving away belongings, or putting affairs in order.)

There is also expert consensus about the following warning signs:

- Increased alcohol or drug use
- Feeling that one has no reason for living, no sense of purpose in life
- Anxiety, agitation, unable to sleep or sleeping all of the time
- Feeling trapped – like there's no way out
- Hopelessness
- Withdrawal from friends, family, and society
- Rage, uncontrolled anger, seeking revenge
- Acting recklessly or engaging in risky activities, seemingly without thinking
- Dramatic mood changes



The “Why” Behind Suicide

There are different theories about why people attempt suicide and why they die by suicide. Professionals agree that why people attempt suicide or die by suicide is complex and that no single factor explains suicide. The best explanations are those that consider many different factors together.

Some of the most supported theories of why people attempt or die by suicide:

- People lack a sense of belonging, feel like they are a burden to others and do not fear dying or physical harm.
- People are unable to cope with unbearable pain due to stressors; are agitated and cannot see any other way; feel desperate or have hopeless beliefs about themselves, their future, or other people.
- People need to escape unbearable feelings of shame, embarrassment, or self-hatred.

Why one person attempts suicide and why they die by suicide may also differ greatly from another person, and this may also differ across stages of life. The best way to support and intervene is to listen to the person and get to know what their individual reasons are for contemplating suicide.

Some specific reasons why people attempt suicide can include:

- To escape what feels like an impossible situation
- To get relief from a terrible state of mind
- To try to influence a particular person
- To make things easier for others
- To make people sorry, to get revenge
- To make people understand how desperate they feel
- To find out whether they are really loved
- To control an out-of-control situation
- To communicate how much they need help
- Having the desire to die
- To stop psychological pain

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 or days, weeks or months. While some people behave very impulsively and move quickly toward suicide, there is usually time to intervene. It is important to take action as soon as possible. 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.
- Stay with the suicidal individual and persuade them to get help.

See next page for interventions, call First Call for Chittenden County at **802-488-7777** or dial **9-1-1**. You can also go with the person to the local Emergency Department.

Sample Intervention

1. Show you care.

Listen carefully and be genuine.

- I'm concerned about you and how you're feeling.
- I can see you're really upset.
- I can understand why you might be feeling bad.
- You're important to me and I want to help.
- No matter what you're thinking or feeling, you mean a lot to me.
- I don't want you to kill yourself or hurt yourself.

2. Ask the question.

Be direct but caring and non-confrontational.

- Do you have thoughts about suicide?
- Do you have thoughts about hurting yourself?
- Are you thinking about killing yourself?
- Are you thinking you don't matter?
- Are you thinking everyone would be better off without you?
- How long have you been thinking about killing yourself?
- Who else have you told about these ideas of suicide? How did they react?

3. Get help.

Do not leave the person alone.

- You're not alone. Let me help you.
- Who do you know that might be able to help you?
- Who are some other people you trust?
- Let's call _____ and get some help. We can do it together.
- It's not unusual to feel down or depressed, and it's also okay to get help.
- Can I go with you to meet with _____?

Any time this concern arises, you can call First Call for Chittenden County at **802-488-7777**. Explain the situation and your concerns. You can also go with the person to the local Emergency Department or call **9-1-1**.

Asking 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 suicidal person may resist your questions, but usually they will feel relief that someone has finally recognized their pain. It is very important to keep the conversation going in a calm and reassuring manner. **It is also important to be in the moment with the suicidal person and show that you care and are willing to help. This builds a helping alliance to engage in ongoing dialogue with the suicidal person who may not be interested in engaging.**

It is important to talk to a suicidal person alone and in private to allow them to talk freely and to 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.

Examples of suicide related questions:

- Do you think things would be better if you weren't alive?
- Are you thinking about suicide?
- Do you want to die?
- Are you planning to kill yourself?
- Are you thinking of ways to die?
- Are you in pain? (Have a conversation to differentiate physical from emotional pain.)
- You seem very unhappy, are you thinking about ending your life?
- Have you attempted suicide before?
- Have you ever talked to a doctor or other professional about this before?
- Do you want to end it all?
- Do you ever wish you weren't alive?

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, and calmly.
- Acknowledge their pain.
- Formulate a plan for getting help, building hope.
- Safely and immediately remove lethal means, including weapons, firearms, medications, and substances.
- Do not hold this information alone or be the only source of support. Get help and access other resources.
- Connect to a professional who can help assess the level of risk.

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 person alone if you think there is an immediate danger of suicide

Supporting Someone to Get Help

Feelings of hopelessness and helplessness are common in suicidal people. Your support in building hope and finding help can make the difference between life and death. A person who is considering suicide may not openly request help, but this does not mean that they do not want it or will not accept it. Often when a person is feeling like suicide is the only option, it is not because they want to die, but rather that they want to feel relief from their pain.

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

While help is often a relief, there are times when it is refused. If a person cannot agree to stay safe and access help, make sure the person is not alone and call, or have someone call, a medical or mental health professional, First Call for Chittenden County at **802-488-7777**, or call 9-1-1. If you are unsure whether or not someone can stay safe, err on the side of caution. While it is uncomfortable to make a call like this, you may save a life. For children and youth in a suicide crisis, it is essential that parents/guardians be informed of all safety concerns as they are responsible for their child's well-being.



What Does Help Look Like?

Assessment and Treatment Options

Accessing help can be anxiety provoking. It's okay to ask for help! Once someone calls or connects to help, often a crisis assessment is recommended. First Call Crisis Clinicians perform assessments in locations that are safe for everyone involved, including homes, schools, police departments, the local Emergency Department, providers' offices, and Howard Center locations. A therapist or medical provider will likely perform an assessment in their office setting.

During an assessment, paperwork related to informed consent and protecting your health information is often reviewed. Assessments may be billed to your insurance – ask about potential fees. Lack of payment is never a barrier to a crisis assessment. Many questions will be asked to gather demographic information; understand the problem or concern, including questions related to safety; and understand the history of any concerns. It is helpful to have information from a family member, loved one, friend, or medical or mental health provider if they can be included in the process. After information is gathered, a plan is formed with recommendations for treatment and referrals, safety planning, and follow-up care.

The length of time for an assessment varies, but it is typically between 1-2 hours. There is often a wait to then connect to outpatient or inpatient care which is why safety planning is essential.

In Vermont, individuals have many rights related to their mental health treatment. Individual rights are reviewed as part of the informed consent process, and it is always okay to ask questions.

In addition to a crisis assessment, treatment can be accessed directly by doing an internet search for local therapists, talking to your current medical or mental health provider, or calling your Employee Assistance Program.

Treatment Options

1. **Outpatient (OP) services** are optimal and are the preferred method of treatment. OP options include (but are not necessarily limited to) individual therapy or counseling, group therapy, intensive outpatient (IOP), and partial hospitalization programs (PHP).
2. **Crisis Stabilization/Diversion Beds** are a great alternative to inpatient treatment. Typically very short-term, this option can provide further assessment and stabilization while helping to maintain safety. There are crisis stabilization programs for youth and adults.
3. For individuals in a more acute crisis, **inpatient treatment** is available for both voluntary and involuntary patients where extreme safety concerns exist. Inpatient treatment allows for mood stabilization and medication evaluation. This can be short- or long-term, depending on the level of need. There are a number of hospitals in Vermont with inpatient psychiatric units for adults. Brattleboro Retreat is the only hospital for children and youth.



Who May Be at Increased Risk

Trauma Survivors

Studies have found that different types of traumatic experiences that cause post traumatic stress disorder or PTSD are related to thinking about suicide or attempting suicide. These traumas can include sexual and physical abuse but also can include combat trauma or trauma related to terrorism. People with multiple traumatic experiences may be at higher suicide risk.

Veterans

As a population, veterans face a greater risk for suicidal ideation and attempts. Efforts are now being made to study the connection between PTSD and suicidality, along with determining risk between those who have seen combat and those who have not. What is known is that re-entering civilian life can present challenges due to exposure to violence, post-traumatic stress, and the traditional military culture of honor where seeking help is discouraged. The 24/7 Veterans' Crisis Line can be accessed by calling **800-273-8255** (press 1) or texting **838255**.

People with Intellectual or Developmental Disabilities

It is often assumed that individuals with intellectual disabilities experience less risk of suicidal ideation or attempts, but studies are beginning to show that this is not the case. Risk factors are similar to the general population for mental illness, chronic pain, social isolation, and victimization. Suicide concerns in this population need to be taken seriously. An assessment by a professional will consider the possible need for alternative communication methods.

LGBTQIA+ Youth and Adults

Lesbian, gay, bisexual, transgender and questioning youth and adults are at greater risk for suicide than the general population based on negative attitudes in parts of our society towards this group and the increased risk for violence, including bullying and harassment. Risk factors include mental illness, substance use/abuse, and isolation, while protective factors include a sense of safety and acceptance by family and/or friends. The Trevor Project has a 24/7 crisis hotline for LGBTQIA+ youth: **866-488-7386**.

Refugees/New Americans

Vermont is making strides to support refugees. There are several significant challenges that individuals face when they relocate to the U.S., including language barriers and cultural differences. It is not uncommon for a refugee to feel isolated and withdraw from family and friends. Additional risk factors may include a history of trauma, loss of status, and financial stress. The Connecting Cultures program at the University of Vermont offers counseling and social services to refugees in their native language. Anyone can call to set up an appointment, **802-656-2661**.

Youth

According to the American Foundation for Suicide Prevention, suicide is the second leading cause of death in Vermont for 15-44 year olds. Suicide can occur even in very young children. Children develop an understanding of death and suicide much earlier than most expect. Schools cover suicide prevention as part of the curriculum, typically in health class, but it is important for young people to hear suicide prevention messages in many different ways, especially to validate that it is okay to ask for help. It is also important for young people to know that a suicide concern should not be a secret but should be shared with a parent/guardian, school counselor, or other trusted adult. Research shows that there is no evidence that screening for suicide risk with younger children is harmful in any way.

Reducing Risk

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

About 59% of suicides in Vermont are by a firearm. Because of the lethality of firearms, the risk of suicide doubles when a firearm is in the home of an individual demonstrating warning signs. Parents, guardians, family members, significant others, and housemates can reduce the risk of suicide by locking or removing firearms from their homes. Local or state police departments 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 asked to by the officer on duty.

If you think an individual may be in crisis, it's important to limit or increase oversight to internet access and lock up medications (prescription and over the counter) in the household. The prescribing physician should be informed about the concern of suicidal behavior and can help make a plan to dispense non-lethal amounts of medications to reduce the risk. In addition, cleaning agents and chemicals should be removed or locked up. Limiting the amount of alcohol in the home is also an important prevention strategy.

It is expected that children, adolescents, and young adults are impulsive at times as their brain development continues. Sometimes young people are in crisis seemingly out of the blue. It is recommended that in households with young people, all medications, firearms, and alcohol always be restricted, regardless of any known suicide concern, and that medications are always administered by an adult.

Protective Factors

More is known about how risk factors may contribute to suicide than about what protective factors are and how they may prevent suicide. Protective factors may also be different at different stages of life. Protective factors are the positive conditions and personal and social resources that promote resiliency and reduce the potential of suicide or other high risk behaviors.

There are protective factors that may be common to any age. These include:

- Social support from friends and a sense of belonging
- Positive family support and family stability
- Reasons for living (can include responsibilities and having a purpose)
- Optimism about the future, positive emotions, and hopefulness
- Good self-esteem and self-care

For adolescents: Good self-esteem, self-care, interpersonal problem solving, and emotion regulation skills may be particularly important as protective factors.

For younger adults and middle aged adults: Academic or career aspirations, as well as vocational and financial well-being and stability may be protective.

For elders: Religious and spiritual well-being, community inclusion, and proactive and responsive medical providers may be distinct protective factors.

A Special Note about Depression

Depression is a risk factor that is very frequently associated with suicide. Although many people who struggle with suicide do commonly struggle with depression, most people who have depression do not struggle with suicide-related concerns. Suicide is a multi-determined issue, meaning that there are different factors involved. These can include factors such as anxiety, different types of stressors, psychological struggles, and social influences. Depression can appear differently at different stages of life. Most often it is characterized by prolonged and intense feelings of sadness and/or decreased interest, motivation and pleasure, and/or irritability. Other symptoms of depression can include lowered self-esteem, guilty feelings, social isolation, as well as sleep and appetite disturbances. If there is concern about a child, adolescent, adult or elder and depression, the best course of action is to seek further evaluation from a medical provider or mental health professional.



Common Suicide Facts

Misunderstanding about suicide may stand in the way of helping those in danger. By learning the facts, you will more easily recognize individuals at risk.

FACT Suicidal people often have mixed feelings about dying. Many will seek help before or immediately after attempting to harm themselves.

FACT With appropriate support and treatment, most people can gain problem solving and self-regulation skills to lead healthy lives.

FACT There are almost always warning signs. Most people show some warning signs in the weeks preceding their attempt.

FACT Talk about it! Directly asking a person 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.

FACT Although depression is often closely associated with suicidal feelings, not all people who die by suicide are depressed.

FACT Regardless of what you believe the reason for a suicide threat may be, professional help is needed. Suicide threats should always be taken seriously, whether made in person or via social media.

FACT Suicide does not discriminate; it spans all socio-economic levels. People of all ages, races, faiths, cultures, and income levels die by suicide.

FACT Stigma is real. Avoid saying “committed” suicide or “successful” attempt. Instead say died by suicide or took their own life.

FACT Promises and confidences cannot be maintained when there have been discussions about suicidal thoughts. The biggest support is to seek help.

FACT Sudden improvement in mood may be an important warning sign that a decision to die by suicide has been made. This is a critical time for direct intervention.

Understanding Your Own Feelings about Suicide

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

Hearing a person talk about suicide may cause you to overreact or not react at all. You may want to deny 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, it's very important to connect the suicidal person to someone who can.

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



Taking Care of Yourself

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

You may seek informal support from a family member, friend, or colleague. You may consider also reaching out to a therapist, your **Employee Assistance Program** or **Howard Center** at **802-488-6000**.

Ideas for practicing healthy self-care include:

- Maintaining a daily routine
- Eating a well-balanced diet
- Physical activity, including spending time outdoors
- Spending time with family or loved ones
- Practicing mindfulness or meditation



Supporting the Family of a Suicidal Person

Getting help is crucial for the family of a suicidal person. The family may be in a state of confusion or distress, without support and without information about where to turn for help. No one should be expected to face the struggle alone. By having the courage to seek appropriate help when it is needed, parents, siblings, spouses, partners, and other family members can be a valuable resource to their loved ones.

Family members 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”

Family members 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, contact **Howard Center at 802-488-6000 or Vermont 2-1-1.**

Vermont's Suicide Problem

Suicide is a national problem. Each year approximately 47,000 Americans die by suicide. Suicide is the 10th leading cause of death in the United States.

For every person who dies by suicide, there are an estimated 29 suicide attempts in the United States according to the American Foundation for Suicide Prevention. While more females attempt suicide, more males die by suicide. In part, this is due to the use of more lethal means by males. National statistics show that in 2017, firearms were the most common method of death by suicide, accounting for half (50.6%) of all suicide deaths. The next most common methods were suffocation (including hangings) at 27.7% and poisoning at 13.9%, including overdoses.¹

Suicide Facts & Figures: Vermont 2019 *



8th leading cause of death in Vermont

2nd leading
cause of death for ages 15-44

4th leading
cause of death for ages 45-54

7th leading
cause of death for ages 55-64

18th leading
cause of death for ages 65 & older

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Vermont	112	18.44	19
Nationally	47,173	14.00	

More than six times as many people died by suicide in Vermont in 2017 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflect a total of 2,402 years of potential life lost (YPLL) before age 65.



On average, one person dies by suicide every three days in the state.



Suicide cost Vermont a total of **\$117,583,000** combined lifetime medical and work loss cost in 2010, or an average of **\$1,109,277 per suicide death**.

Source: American Foundation for Suicide Prevention

<https://afsp.org/about-suicide/suicide-statistics/>

*Based on most recent 2017 data from CDC. Learn more at afsp.org/statistics.

Chittenden County 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 about how to prevent suicide
- Increase access to prevention and treatment services
- Decrease stigma and other barriers to help-seeking behaviors
- Educate adults and youth about suicide prevention and intervention
- Provide skill building and supportive services to high-risk individuals and their families
- Encourage efforts to promote healthy development across the life span
- Encourage efforts to promote resilience and recovery in individuals

Highlights of local suicide prevention initiatives:

- First Call for Chittenden County: 24/7/365 crisis hotline and mobile crisis service
- Howard Center participation in the Vermont Zero Suicide pilot project through the Department of Mental Health and the Center for Health and Learning
- Suicide awareness and gatekeeper education offered to all Chittenden County schools and other community groups
- Participation in the statewide Suicide Prevention Coalition and other local grassroots coalition efforts
- Guidelines and assistance for schools and communities following a suicide death or other tragedy
- Access to educational and outpatient resources
- Promotion of Umatter suicide prevention trainings and materials, the Vermont Crisis Text Line, and the National Suicide Prevention Lifeline

Local Suicide Prevention Resources

1. For immediate local crisis supports:

- Call **9-1-1**
- Call Poison Control at **800-222-1222**

2. For emergent local crisis supports:

- Call First Call for Chittenden County at **802-488-7777**

3. For non-emergency local mental health resources:

- Calling Howard Center at **802-488-6000** can lead to an intake appointment at Howard Center or connection to services in the community. You can learn about other Howard Center resources at www.howardcenter.org.
- 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.
- The Vermont Suicide Prevention Center through the Center for Health and Learning provides an overview of Vermont-specific suicide prevention resources, in addition to information about suicide prevention: www.vtspc.org.
- You can also connect with your primary care physician or pediatrician; police or law enforcement; school supports, including nurses, school counselors, social workers, or administrators; and/or religious leaders for support in connecting with appropriate local resources.

National 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

American Foundation for Suicide Prevention

AFSP raises awareness, provides resources related to suicide prevention and supports people impacted by suicide.

www.afsp.org

Crisis Text Line

A 24/7 service that provides support through text for any type of crisis.

Text **741741**

www.crisistextline.org

National Suicide Prevention Lifeline

For crisis calls at anytime from anywhere in the U.S.

800-273-TALK or

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.

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. **866-488-7386** or text “START” to **678678**

www.thetrevorproject.org

Veterans' Crisis Line

The Veterans' Crisis Line connects veterans and their families with qualified, caring responders through a 24/7 hotline. Call **800-273-8255** and Press 1, or text **838255**.

About First Call for Chittenden County

First Call for Chittenden County is the 24/7/365 mobile crisis service for anyone in Chittenden County regardless of age. **802-488-7777.**



Anyone can contact First Call for help in a crisis or for support. At First Call, the caller defines the crisis. Our clinicians offer phone support, intervention, in-person assessment, and referrals. First Call works with children, adults, and families, and partners with schools, police, medical and mental health providers, and others. First Call also responds when there is a tragedy in the community and provides suicide prevention training.

First Call helps by providing:

- Phone and in-person support
- Individual crisis assessment
- Short-term crisis management
- Referrals to appropriate services
- Information about community resources
- Suicide prevention trainings for providers, schools, and community groups
- Post-tragedy and disaster response

About Howard Center

Our Mission

We help people and communities thrive by providing supports and services to address mental health, substance use, and developmental needs.

How We Help

Howard Center has a long and rich history as a trusted provider in our community. With a legacy spanning more than 150 years, Howard Center has been providing progressive, compassionate, high quality care, support, and treatment for those members of our community in need. Founded in 1865 as an agency serving destitute children, it now offers mental health, substance use, and developmental disability services across the lifespan.

Our staff of 1,600 provides help and support in over 60 locations throughout Vermont. More than 16,000 clients and community members turned to us last year for help to lead healthier and more fulfilling lives.

“This remarkable organization reaches deeply and widely into the community to help people with challenges and may touch each of us through a relative, through a friend, or through our own experience.”

— Howard Center
Event Speaker

HELP IS HERE.



WITH SUPPORT FROM



HOWARD CENTER
Help is here.
SINCE 1865



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