



Suicide Prevention Across the Lifespan

A RESOURCE AND INFORMATION GUIDE



**Building a stronger community
since 1958**

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 Bennington 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 and community resources, please call United Counseling Service at 802-442-5491. You may also call us to request additional copies of this guide.

If you are in crisis and in Bennington County, call United Counseling Service at 802-442-5491

Regardless of where you live, you can also dial the National Suicide Prevention Lifeline at **9-8-8**, call **9-1-1**, or go to your local Emergency Department.



Table of Contents

SECTION	PAGE
Introduction.....	2
Suicide Risk Factors.....	4
Warning Signs as Potential Predictors.....	6
The “Why” Behind Suicide	8
Responding to Suicidal Behavior.....	9
Asking About Suicide	10
Sample Intervention	11
Responding to the Answer	12
Supporting Someone to Get Help.....	13
What Does Help Look Like?.....	14
Treatment Options.....	15
Who May Be at Increased Risk	16
Reducing Risk.....	18
Protective Factors.....	20
A Special Note About Depression.....	20
Common Suicide Facts	21
Understanding Your Own Feelings About Suicide....	22
Taking Care of Yourself	22
Supporting the Family of a Suicidal Person.....	23
Vermont’s Suicide Problem.....	24
Bennington County Suicide Prevention Efforts.....	26
Local Suicide Prevention Resources.....	27
National Suicide Prevention Resources.....	28
About United Counseling Service	30

*The printing of this resource guide is made possible
by the Gregory S. Hillman Fund.*

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 Health Challenges
- Previous suicide attempt
- Poor impulse control
- Rigidity with self-expectations and expectations of others
- 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
- Giving-away of valued items
- 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 because they can be a sign of danger in the near future. A warning sign indicates that a crisis could occur within a few days or even as soon as 15 minutes. Intervention must happen immediately when a warning sign is present. They tend to be changes in a person's behaviors, feelings, or beliefs that are out of character for that person. Warning signs do not vary considerably across the lifespan. It can be easy to miss warning signs, deny them, or decide that "things couldn't possibly be that bad." If you think you see a warning sign, don't dismiss it. It's better to check in with the person than to do nothing.

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 may help prevent suicide.



These are three of the most urgent warning signs. They require immediate professional help and assessment:

- 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 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 United Counseling Service at **802-442-5491**, or call the national Suicide & Crisis Lifeline at **9-8-8**, or dial **9-1-1**. You can also go with the person to the local Emergency Department.

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?

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?
- 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 United Counseling Service at **802-442-5491** or call the National Suicide Crisis Hotline at **9-8-8**. Explain the situation and your concerns. You can also go with the person to the local Emergency Department or call **9-1-1**.

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

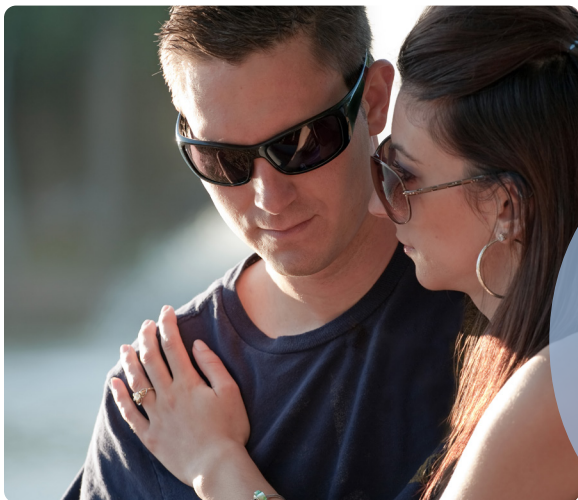
Supporting Someone to Get Help

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 helpful resources are available. Seek professional help as soon as possible.

What to do when someone refuses help: 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, United Counseling Service at **802-442-5491**, 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.

Children and youth in a suicide crisis: 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 wellbeing.



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. United Counseling Service's Crisis Clinicians perform assessments in locations that are safe for everyone involved, including homes, schools, police departments, the local Emergency Department, providers' offices, and UCS locations. A therapist or medical provider will likely perform an assessment in their office setting.

What to expect during an assessment

- Providers will typically go over informed consent and protecting your health info.
- Assessments might be billed to insurance, so it's important to ask about potential fees. At United Counseling Service, lack of payment is never a barrier to a crisis assessment. We will work with you if you are uninsured or under-insured.
- The provider will ask a lot of questions relating to demographic information, the current problem or concern, the history of any concerns, and safety.
- It's helpful to bring a family member, loved one, friend, or medical or mental health provider if possible, so that they can help provide relevant information.
- The provider will form a plan with recommendations for treatment and referrals, safety planning, and follow-up care.

Assessments vary in length, but typically take between one to two hours. There is often a wait to 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, you can access treatment 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.



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**. Additional support organizations for refugees and immigrants include the **Association for Africans Living in Vermont (802-985-3106)** and the **U.S. Committee for Refugees and Immigrants (802-655-1963)**

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.

Additional Risk

Emerging research is shedding light on other populations that have increased risk for suicide. Black youth are at higher risk compared to their peers. People who work in construction or in the farming industry have higher suicide risk, as are people who are under significant financial strain, unemployed or homeless.

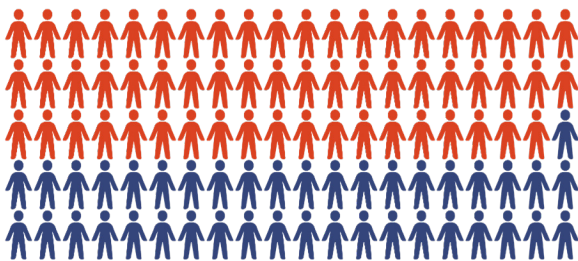
Reducing Risk

Lethal Means

Evidence suggests that one of the most effective ways to prevent suicide is to keep lethal means away from an individual considering suicide. Lethal means are any object that could cause death (e.g., medications, firearms, sharp items). Think of this in the same way as keeping the car keys away from someone who has been drinking.

National statistics show that in 2022, firearms were the most common method of death by suicide, accounting for more than half (53%) of all suicide deaths. The next most common methods were suffocation (including hangings) at 27.7% and poisoning at 13.9%, including overdoses.

In Vermont, 59% of suicide deaths are by firearm.



SOURCES:

Vermont Department of Health, *Intentional Self-Harm and Death by Suicide*. (January 2022).

Vermont Vital Statistics 2020, *Vermont Uniform Hospital Data Set 2020*.



= suicide death by firearm

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 someone demonstrating warning signs. There are several ways to reduce suicide risk through safe storage of firearms including storing them with a friend or family member or ensuring firearms are safely locked with ammunition locked separately. Another option is seeking assistance from local or state police departments or sheriff's offices who can provide gun locks or assist with temporary

storage. Call them for assistance. **Never** bring a gun to the police station unless asked to by the officer on duty.

If you think someone may be in crisis, it's important to reduce suicide risk by taking the following actions:

- Limit their internet access or monitor it more closely
- Lock up medications (both prescription and over the counter) and inform the prescribing physician about your concern. Ask the physician to dispense non-lethal amounts of medications. There are protective factors that may be common to any age. These include:

Reducing risk for young people

Children, adolescents, and young adults are sometimes impulsive as their brain development continues. Sometimes young people are in crisis seemingly out of the blue.

Best practices for households with young people

- Restrict all medications and firearms, regardless of any known suicide concern
- Medications should only be administered by an adult
- Lock up any cleaning agents or chemicals
- Limit the amount of alcohol in the home and store it in a secure place.

SOURCES:

US Department of Veterans Affairs, *Lethal Means Safety & Suicide Prevention*. (December 2021).

Vermont Department of Health, *Firearm Safety*. (May 2023). healthvermont.gov.

Protective Factors

Protective factors are positive conditions and resources that promote resiliency and reduce the potential of suicide or other high risk behaviors. Protective factors can vary depending on what stage of life a person is in.

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
- Positive self-esteem and self-care
- Access to medical and mental health care

For adolescents: Interpersonal problem solving, and emotional regulation skills may be particularly important.

For younger adults and middle aged adults: Academic or career goals, as well as vocational and financial 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 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 complex issue, and there are often many factors

involved. These can include 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

Learning these suicide facts will help you recognize when people are at risk and when to get help.

- **Suicidal people often have mixed feelings about dying.** Many will seek help before or immediately after attempting to harm themselves.
- With appropriate support and treatment, **most people can and do recover.**
- **There are almost always warning signs.** Most people show some warning signs in the weeks preceding their attempt.
- **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.
- Although depression is often closely associated with suicidal feelings, not all people who die by suicide are depressed.
- **Statements or other communication that someone is thinking of suicide should always be taken seriously.**
- **Suicide does not discriminate;** it spans all socioeconomic levels. People of all ages, races, faiths, cultures, and income levels die by suicide.
- To prevent stigma, **avoid saying “committed” suicide or “successful” attempt.** Instead say “died by suicide” or “took their own life.”
- Promises cannot be kept when there have been discussions about suicidal thoughts. **The biggest support is to seek help.**
- Sudden improvement in mood may be a warning sign for suicide and a critical time for intervention.

Understanding Your Own Feelings About Suicide

People often feel strong emotions, like fear, anger, sadness, disbelief, or disappointment, when suicide comes up.

Hearing a person talk about suicide may cause you to over-react 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 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 person considering suicide. 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 person to someone who can.

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

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 United Counseling Service at **802-442-5491**.

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



Getting help is crucial for the family of someone who is thinking of taking their own life. 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 family member dies by suicide, 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 Bennington County, contact **United Counseling Service at 802-442-5491 or Vermont 2-1-1.**

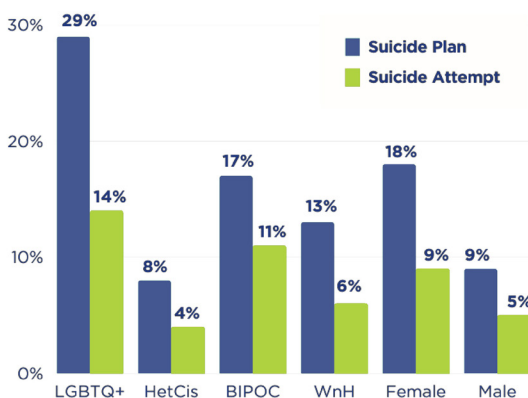
Vermont's Suicide Problem

Suicide is a national problem. Each year approximately 45,979 Americans die by suicide. Suicide is the 12th leading cause of death in the United States and the 9th leading cause of death in Vermont.

Vermont population data for suicide risk:

- LGBTQ+ high school students are significantly more likely to make a suicide plan or attempt than heterosexual, cisgender students (plan 29% vs. 8%; attempt 14% vs. 4%).
- Black, Indigenous, and People of Color (BIPOC) students are more likely to make a suicide plan or attempt than white, non-Hispanic students (plan 17% vs. 13%; attempt 11% vs. 6%).
- Female high school students are significantly more likely than male students to make a suicide plan or attempt (plan 18% vs. 9%; attempt 9% vs. 5%).

Population Data for Suicide Risk: Vermont High School Students



Key Terms

LGBTQ+: Transgender, lesbian, gay, bisexual, other sexual orientation, and questioning or unsure if they are transgender

HetCis: Heterosexual and cisgender

BIPOC: American Indian/Alaska Native, Asian, Black or African American, Native Hawaiian/Other Pacific Islander, or Hispanic/Latino

WnH: White and non-Hispanic

SOURCE:

Vermont Department of Health, *Vermont Youth Risk Behavior Survey*. (2021).

3x

LGBTQ+ adults are nearly three times more likely to have seriously considered suicide in the past year than non-LGBTQ+ adults (14% vs. 5%).



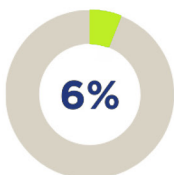
Vermonters who served in the armed forces represent 20% of suicide deaths in the state.

3x

Adults with a disability are three times more likely than those without to have seriously considered suicide in the past year (11% vs 4%).

#9

Suicide is the 9th leading cause of death in Vermont.



6% of Vermont adults have seriously considered suicide in the past year

SOURCE:

Vermont Department of Health, *Suicide Morbidity and Mortality in Vermont* (2022).

Bennington 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.

Bennington 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:

- United Counseling Service of Bennington County 24/7/365 crisis hotline and mobile crisis service
- Suicide awareness and gatekeeper education available to schools and 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 Mental Health First Aid and Youth Mental Health First Aid 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 UCS at 802-442-5491

3. For non-emergency local mental health resources:

- Calling **United Counseling Service at 802-442-5491** can lead to an intake appointment at UCS or connection to services in the community. You can learn about other UCS resources at ucsvt.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.
- The Vermont Suicide Prevention Center through the Center for Health and Learning provides an overview of Vermont-specific resources, in addition to information about suicide prevention: 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.

Enhanced **MOBILE CRISIS** Services



**You Are Never Alone
We'll come to you:**

- 2-person response in Bennington County
- Receive support
- Lower your stress level
- Feel better
- Available to all Vermonters regardless of ability to pay.



Available 24/7. Call UCS now: 802-442-5491

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.

suicidology.org

American Foundation for Suicide Prevention

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

afsp.org

Crisis Text Line

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

Text 741741

crisistextline.org

988 Suicide & Crisis Lifeline

For crisis calls at anytime from anywhere in the United States.

Call or Text 9-8-8

988lifeline.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.

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
thetrevorproject.org

Veterans’ Crisis Line

The Veterans’ Crisis Line connects veterans and their families with qualified, caring responders through a 24/7 hotline.

800-273-8255 (press 1)
text 838255

About United Counseling Service

United Counseling Service offers crisis emergency service 24/7/365 for anyone in Bennington County.

802.442.5491

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

UCS 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

Our Mission

Building a stronger community by empowering individuals to live healthy and meaningful lives.

Who Are We?

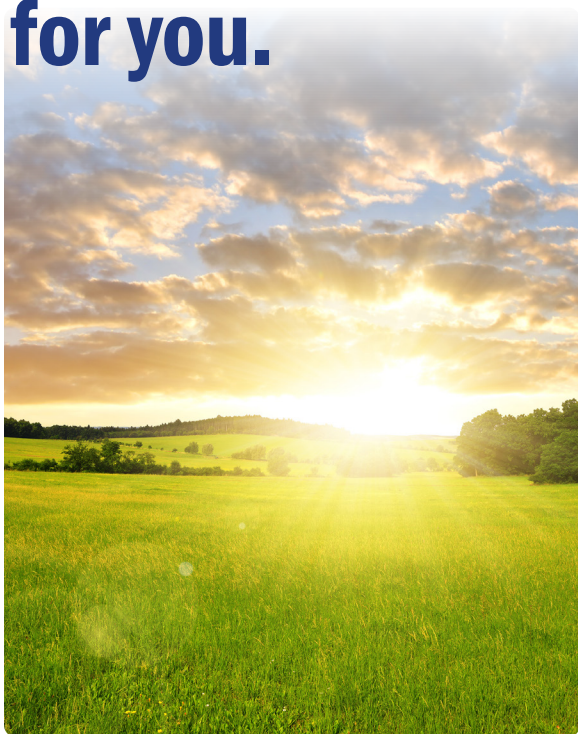
United Counseling Service (UCS) is a private, non-profit community mental health center that has played an essential part of Bennington County's integrated healthcare system since 1958. The organization has been designated as a Center of Excellence by Vermont Care Partners. UCS promotes healthy lifestyles through all its programs and offers care at 15 different facilities, including two primary outpatient facilities in Bennington and Manchester. UCS provides outpatient counseling and addictions services, emergency mental health services, extensive rehabilitation services, home and school-based services, employment services for people recovering from mental illness or with developmental disabilities and Early Childhood Services.

For more information about UCS visit **[ucsvt.org](https://www.ucsvt.org)**



**Building a stronger community
since 1958**

We are here for you.



**HOWARD
CENTER**
Help is here.

Adapted with permission [Suicide Prevention Resource Guide Across the Lifespan, Third Edition] from the Howard Center, 208 Flynn Avenue Suite 3J, Burlington, VT 05401; howardcenter.org.

**We are here
for you
24/7/365.**



United Counseling Service of Bennington County
100 Ledge Hill Drive, Bennington, VT 05201

(802) 442-5491
ucsvt.org

Rev. 2024-Aug.