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Needs Assessment of Suicide Prevention in Vermont Middle and High Schools

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Introduction

- Adolescent suicide is a serious public health concern in Vermont. According to the Vermont Youth Risk Behavior Survey (YRBS) of 2015, 12% of students reported making a suicide plan in the past 12 months. Attempted suicides were reported by 6% of students.
- Suicide attempts have increased significantly from 2013 to 2015, as noted in both the High School YRBS and Middle School YRBS, effectively spanning grades 6-12.
- Key steps in preventing future suicide attempts include early recognition and intervention.¹
- The school setting was identified as one of many possible environments where adolescents may present with suicidality.
- A needs assessment survey was developed and sent to schools across the state. The objective was to identify areas of need that may be addressed to help schools recognize and respond to adolescent suicidality in their student population.

Methods

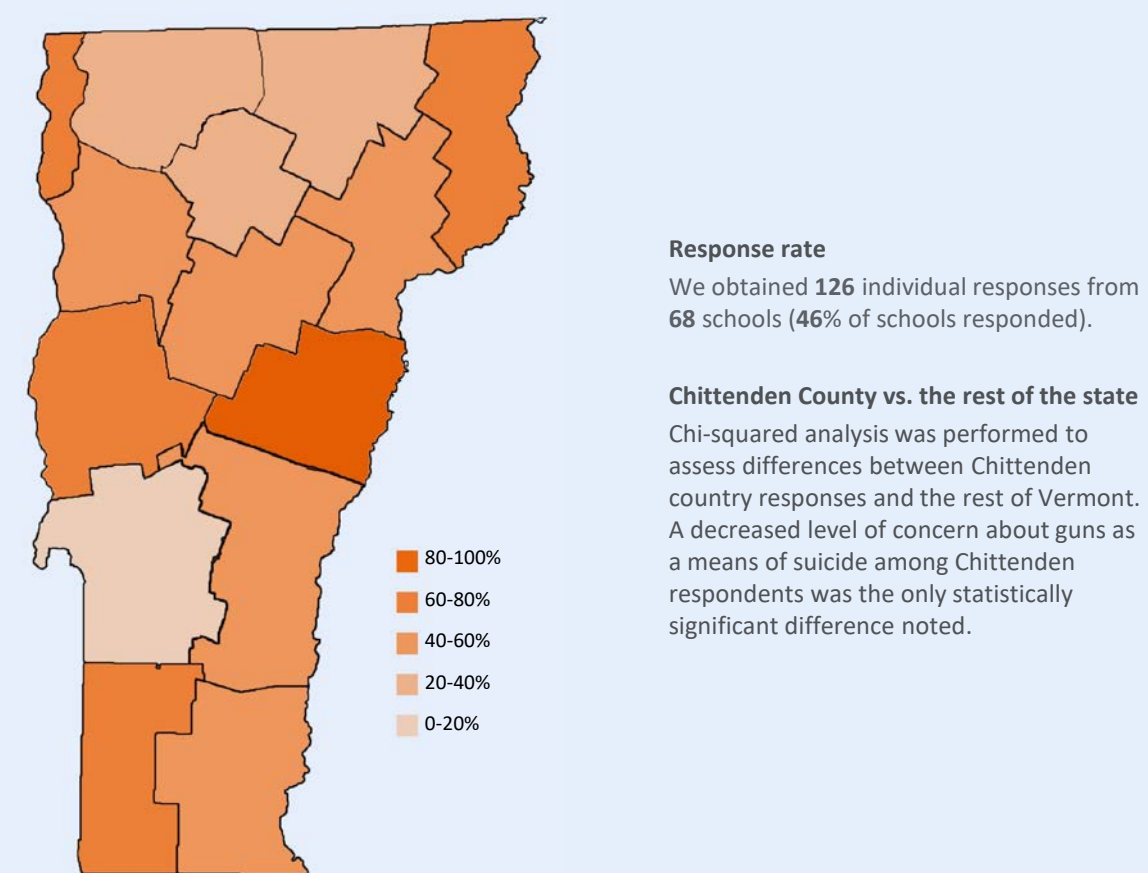
- A survey was created focusing on three topics: demographics, training and perception of suicide, and emailed to principals of all schools serving grades 7-12 in the state of Vermont.
- The survey consisted of multiple choice, scaled response, and free response questions.
- Principals were asked to distribute the survey to 2-4 staff members most involved in suicide prevention at their school.
- Results were analyzed using the SPSS Statistics and Microsoft Excel.

References

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- Vermont Department of Health and Agency of Education. (2015) Youth Risk Behavior Survey Questionnaire. Retrieved from http://www.healthvermont.gov/sites/default/files/CHS_YRBS_statewide_report.pdf
- Harvard Injury Control Research Center, Harvard School of Public Health. (2014, April 23). How do People Most Commonly Complete Suicide? Retrieved from <https://www.hsph.harvard.edu/means-matter/basic-suicide-facts/how/>

Results

Fig 1. Response Rate of Vermont Middle and High Schools by County



"There are no interventions that are not crucial. Relationship, trust, communication—top the list."—survey respondent

The importance of trust and relationships was raised in 18% of open-ended responses.

Fig 2. Respondents' school-based role

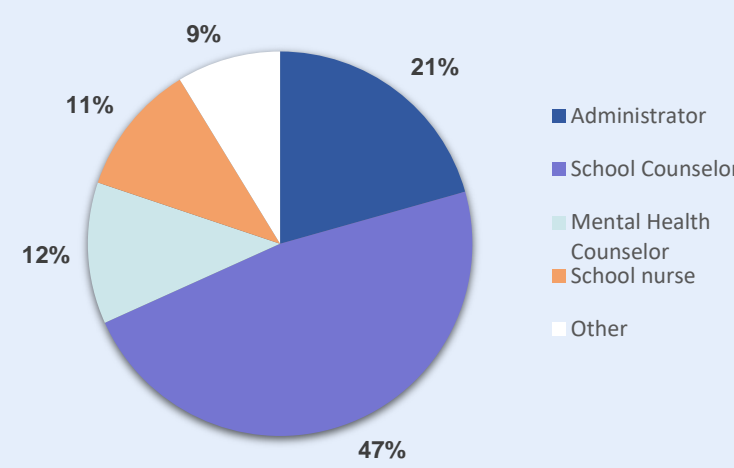
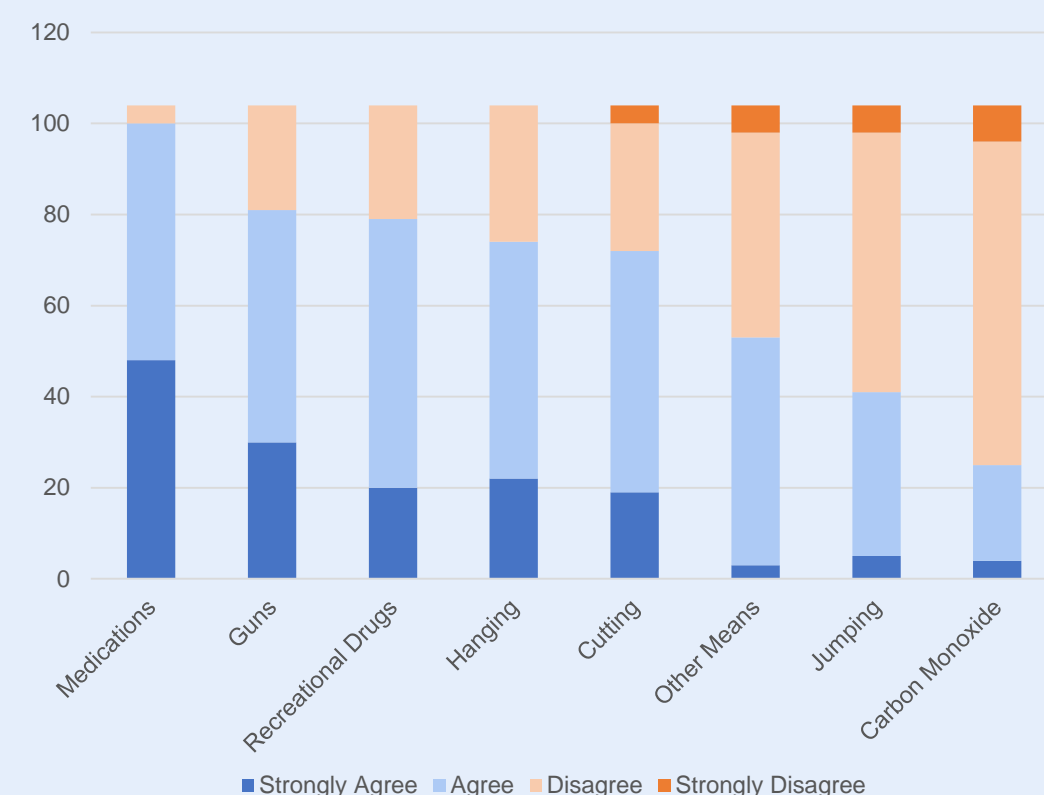


Fig 3. I am concerned about the students I work with attempting suicide with the following means...



"Prevention is most important- educating staff and students on how to identify and interact with students who may be having suicidal ideation. This way it prevents an event from happening and allows interventions to occur early."—survey respondent

Free responses highlighted the importance of prevention.

Fig 4. I feel confident in my ability to recognize suicidality in a student

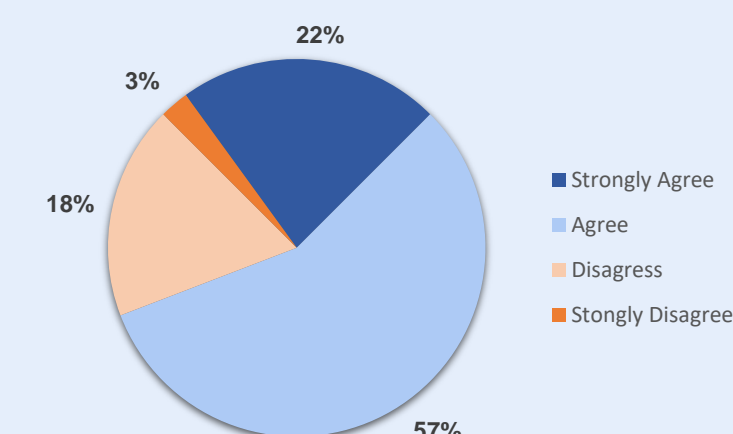


Fig 6. Staff Perspectives on Training

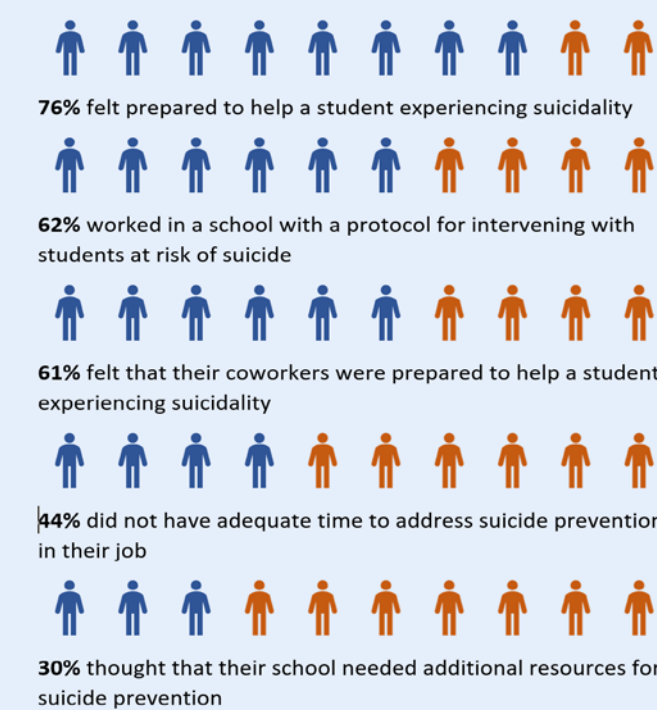
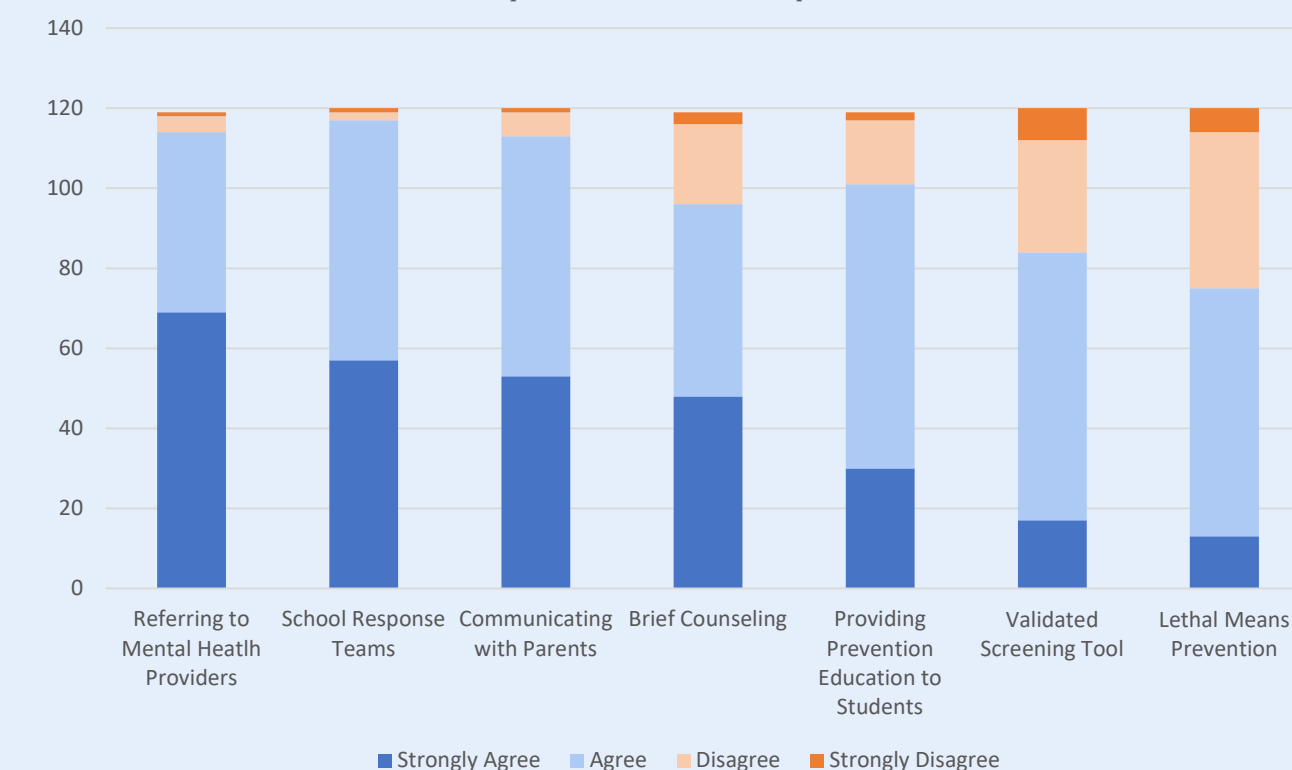


Fig 5. Suicidality of Vermont Teens

	Number of Students Reported	Percentage of Students (N = 28,190)
Students Identified with Suicidality	619	2.2%
Students Who Attempted Suicide	107	0.38%
Students Who Died from Suicide	3	0.01%

Fig 7. I am comfortable implementing the following suicide prevention techniques...



Discussion

- Respondents were most concerned about medication as a means of suicide. This aligns well with current studies identifying medication as the most used means of suicide attempts but with a low lethality rate of only 2%.²
- Respondents from Chittenden County indicated significantly lower concern about gun access, but otherwise did not differ significantly from the rest of the state.
- Many schools lack a specific protocol for suicide intervention. Interventions are carried out by staff with a variety of roles and training.
- Nearly ¼ of those surveyed did not feel confident in their ability to identify students who were suicidal. This demonstrates an opportunity for further training.
- A majority of respondents called for additional lethal means prevention training for school response teams.
- Lack of resources and time were identified as major barriers to practicing suicide prevention. School staff would benefit from having more time to cultivate relationships and trust with students.
- Respondents identified school rates of suicidality that are markedly lower than those found by the YRBS. Differences in survey technique may explain some of the discrepancy, but it is also likely that schools are failing to identify students at risk.

Recommendations

- Use of a standardized validated screening tool should be of utmost priority in future work addressing the adolescent suicide epidemic in Vermont. This could be modeled off current screening tools which have demonstrable efficacy.
- A state-wide protocol should be developed for in-school intervention for students at risk of suicide. This protocol should center around developing trust and a common ground with an at-risk teen, as many respondents have indicated this may be one of the most important and achievable steps.
- Faculty and staff should be offered continuous support by school and state officials in developing and refining the skillset required for addressing suicidality and lethal means prevention in a student population.