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# Suicide Prevention

## Washington's suicide prevention coalitions

If you'd like to actively work on preventing youth suicide, here's your chance. You're more than welcome to join these coalitions. For more information, please contact the respective coalition leader.

- **Benton-Franklin Youth Suicide Prevention.** Facilitator: [Kristi Haynes](#). Meetings: First Wednesday of each month, 9 to 10 a.m., United Way Building, 401 N. Young St., Kennewick.
- **Battle Ground Suicide Prevention Coalition.** Contact: Joy Russell, 503-901-1118. The coalition is not meeting regularly. The education committee is moving forward with its goal to train 10 percent of the town population in suicide prevention within the next two years. If you are interested in joining this committee, please [send an email](#).
- **Cowlitz Coalition for Youth Suicide Prevention.** Facilitator: [Mary Jadwisiak](#). Meetings: Mondays, 1:30 to 3 p.m., Youth and Family Link Program building, 907 Douglas St., Longview. For the monthly meeting date please contact Mary.
- **King County Suicide Prevention Coalition.** Facilitator: [Sue Eastgard](#). Meetings: Thursdays, 1:30 to 3 p.m., administrative office of the Crisis Clinic, 9725 Third Ave. N.E. No. 300, Seattle. For the monthly meeting date please contact Sue
- **Spokane Suicide Prevention Coalition.** Facilitator: [Sabrina Votava](#). For meeting dates and location please contact Sabrina.

- **Whatcom Youth Suicide Prevention Taskforce.** Contact: [Jeff McKenna](#), Bellingham School District. For meetings dates and location, please contact Jeff McKenna.
- **Yakima Youth Suicide Prevention Coalition.** Facilitator: [Celisa Hopkins](#). Meetings: First Thursday of each month, 3 to 4 p.m., Yakima Health District, 1210 Ahtanum Ridge Drive, Union Gap.

**Please note:** The Gig Harbor/Key Peninsula Youth Suicide Prevention Coalition is no longer meeting.

## News from the Washington State Department of Health

- [SAMSHA grant PPHF-2014 Cooperative Agreements for State-Sponsored Youth Suicide Prevention and Early Intervention](#): On May 16, 2014, the [Washington State Department of Health](#), working together with the [Youth Suicide Prevention Program](#), submitted an application for the competitive SAMSHA grant, PPHF-2014 Cooperative Agreements for State-Sponsored Youth Suicide and Early Intervention. This grant called for an increase of the number of people in youth-serving organizations trained to identify and refer youth at risk for suicide; to increase the number of clinical service providers trained to assess, manage, and treat youth at risk for suicide; to improve the continuity of care of follow-up of youth identified at risk for suicide discharged from emergency departments and inpatient psychiatric units; to increase the identification of risk, referral, and use of behavioral health care services; to increase the promotion and use of the [National Suicide Prevention Lifeline](#); and to comprehensively implement the [2012 National Strategy for Suicide Prevention](#). We should know in a couple of weeks if we were selected to receive this grant.
- [Engrossed Substitute House Bill \(ESHB\) 2315](#) tasked the Washington State Department of Health with writing a suicide prevention plan covering the life span. The bill further specified that the department develop this plan in cooperation with a steering committee. My co-worker [Taylor Schraudner](#), is leading this effort; she is working on putting the steering committee together. The committee meetings will be open to the public.

The first meeting will be on:

Tuesday, August 5

9 a.m. – noon

Point Plaza East, Room 152/153

310 Israel Road S.E. Tumwater WA 98501

Video conferencing is available.

# News from the Division of Behavioral Health and Recovery

The [Division of Behavioral Health and Recovery](#) (DBHR) in conjunction with [Forefront](#) applied for the competitive [SAMHSA grant PPHF-2014 Cooperative Agreements to Implement the National Strategy for Suicide Prevention](#). This grant is geared toward working-age adults (age 25-64) and must advance the following components of the 2012 National Strategy for Suicide Prevention: to promote suicide prevention as a core component of health care services and to promote and implement effective clinical and professional practices for assessing and treating those identified at risk for suicidal behaviors. We will know in a couple of weeks if DBHR was awarded the grant.

## Events

- September 8-14, 2014: [40th Annual National Suicide Prevention Week](#). Theme: [Suicide Prevention: One World Connected](#)
- September 8 and 9, 2014: Tribal Juvenile Justice and Suicide Prevention Conference at the Great Wolf Lodge in Grand Mound, WA. For more information [please contact Colleen F. Cawston](#)
- September 10, 2014: [World Suicide Prevention Day](#)

## NEW: MY3 Suicide Prevention Mobile App

[This easy-to-use mobile app](#) provides safety planning for people who have suicidal thoughts. It's pre-loaded with buttons to call the National Suicide Prevention Lifeline and 911.

## Recommendation of the U.S. Preventive Services Task Force

The U.S. Preventative Services Task Force has issued a final recommendation on [Screening for Suicide Risk in Adolescents, Adults, and Older Adults in Primary Care](#). This final recommendation applies to teens, adults, and older adults who don't have a diagnosed mental illness and who are not showing signs and symptoms of mental health concerns. Having considered the best available science and research on the topic of suicide screening, the task force came to the following conclusion: "The Task Force did not find enough evidence on screening for suicide risk in the general population to determine potential benefits and harms. As a result, the Task Force could not make a commendation for or against screening."

# Trainings

- **QPR Gatekeeper Instructor Certification Course** trains instructors to teach QPR for Suicide Prevention to their community. August 4, 2014, 8:30 a.m. – 5 p.m. NAMI Washington County, 18860 S.W. Shaw St, Aloha, OR 97007. \$495 per person. For more information [please contact Jason Yarmer](#).
- **[Central Washington Comprehensive Mental Health](#) offers three free trainings in suicide awareness and prevention:**
  - Suicide Awareness Training is designed for community groups, service clubs, schools, and other organizations. This 15- to 30-minute training reviews suicide risks and covers basic crisis services.
  - Natural Community Helper Training is a 60- to 90-minute training designed to raise suicide awareness and teach the basic skills for conducting a brief suicide intervention and referral process.
  - Suicide Prevention Training is a three- to four-hour training for social and human service professionals. This training provides detailed information about risk and protective factors and can be tailored to meet the needs of the group receiving the training.
- **[The QPR Institute](#) offers many online trainings:** Level 3 Question, Persuade and Refer Trainer (QPRT) Suicide Risk Assessment and Management Training Program (meets the House Bill 2366 requirements), Question, Persuade and Refer Trainer/Question, Persuade and Refer QPRT/QPR Suicide Triage Course Review and Examination, Level 2 QPR Suicide Triage Training, Counseling Suicidal People: a Therapy of Hope, Ethics and Suicide, How to Help Someone Considering Suicide and Unmake the Forever Decision, Online Counseling and Suicide Intervention Specialist, QPR for Corrections, QPR for Crisis Volunteers and Students, QPR for EMS/Firefighter, QPR for Law Enforcement, QPR for Nurses, QPR for Physicians, Physician Assistants, Nurse Practitioners, and others, QPR for School Health Professionals, Suicide Risk Assessment Competency Certification Form
- **[Assessing and Managing Suicide Risk \(AMSR\)](#):** The AMSR training is on the [Model List of Training Programs in Suicide Assessment, Training, and Management of the Washington State Department of Health](#). AMSR, along with the other trainings on the Model List meets the requirements of [Engrossed Substitute House Bill \(ESHB\) 2366](#); this bill requires certain health professionals to receive training in suicide assessment, treatment, and management.
  - Friday, August 1, 2014, North Seattle Community College, Seattle

- Friday, September 19, 2014, St. Martin's University, Lacey
- Friday, October 10, 2014, Sacred Heart Medical Center, Spokane
- Friday, October 24, 2014, North Seattle Community College, Seattle
- [Register here](#)
- [Suicide & Crisis Intervention](#), 6 CEUs, Thursday, August 21, 2014, 9:00 a.m. to 4:30 p.m., \$150, Crisis Clinic, Renton

## Archived Webinars

- [Success Stories from the Best Practices Registry for Suicide Prevention: Identifying Promising and Effective Suicide Prevention Programs](#)
- [Communicating Effectively and Safely about Suicide Prevention](#)

## Useful Websites

- [ReachOut](#): ReachOut is run by the Inspire USA Foundation, a non-profit organization. Its mission is to help young people lead happier lives.
- [Washington School-Based Health Alliance](#): School-based health centers are emerging in Washington State and across the country as an effective way to deliver consistent, high-quality primary health care and mental health services to children and adolescents.
- [Frontiers of Innovation](#) is an initiative "committed to driving transformative change for young children whose needs are currently not being met. Adverse experiences can derail children's healthy development, creative learning, behavior, and health challenges ..."
- [American Foundation for Suicide Prevention Survivor Outreach Program](#)

## In the News

- [Recession 'led to 10, 000 suicides'](#)
- [Washington sees 43 percent increase in participation in Death with Dignity Act](#)
- [Alcohol Misuse Often Involved in Suicides](#)

## Research Participants Accepted

- Seattle Children's Hospital and the University of Washington are providing specialty treatment for youths engaging in self-harming and

suicidal behaviors, and studying how to help reduce these behaviors. The [CARES \(Collaborative Adolescent Research on Emotion and Suicide\)](#) is comparing two therapy approaches that both offer individual and group sessions. Youths ages 12 to 18 who are seeking treatment for self-harming behaviors are accepted into the study. Participants receive six months of free treatment.

## Research

- [Self-Inflicted Injuries among Children in United States – Estimates from a Nationwide Emergency Department Sample:](#)  
In 2007 77,420 visits to hospital- based emergency departments were attributed to self-inflicted injuries among children (26,045 males and 51,370 females). The average age of the ED patients was 15.7 years. One hundred thirty-four patients died in ED's and 93 died in hospitals following in-patient admission. ED visits necessitated 17,965 admissions into the same hospitals. The mean charge for each ED visit was \$1,874. Self-inflicted injuries by poisoning were the most frequently reported sources accounting for close to 70 percent of all ED visits.

## Means Restriction – The Example of the Vista Bridge in Portland, Oregon

In suicide prevention we often focus on why people take their lives, but it's also important to consider how people attempt suicide – the means they use to do so.

Means restriction – restricting a suicidal person's access to a highly lethal means – is an important part of a comprehensive approach to suicide prevention. According to the Harvard School of Public Health, it's based on the following understandings:

- Many suicides and suicide attempts occur with little planning during a short-term crisis.
- Intent isn't the only thing that determines whether an attempter lives or dies; the suicide means also matter.

Jumping from great height, such as a bridge, is highly lethal. Once a person jumps, the event can't be stopped. Some communities have erected barriers at popular suicide jump bridges. Bridge barriers have been effective in stopping or dramatically reducing suicide deaths from that bridge. Most studies have found that erecting a barrier at one bridge doesn't result in more jumps from other nearby bridges.



The Vista Bridge – officially Vista Avenue Viaduct - was opened in 1926 for vehicles and pedestrians. The first jump from the bridge that was possibly done with suicidal intent in 1931 earned the bridge the nickname “Suicide Bridge.” From 2004 through 2011, 13 people jumped from the bridge and died. In 2013, after three fatal jumps in six months, a Portland city commissioner approved a request to erect temporary suicide barriers. As the Vista Bridge is on the National Register of Historic Places, the bridge’s appearance can’t be permanently altered without approval by the State Historic Preservation Office and other agencies.

After the erection of the temporary suicide barrier in the fall of 2013, a would-be jumper got around the barrier but was talked down by police. In January 2014 [a 14-year-old boy sat on a bench](#) at the southeast corner of the bridge and shot himself in the head; his body then tumbled over the side of the bridge.

There is no reliable estimate for how many people have died of suicide since the bridge opened in 1926, but at least 17 people have killed themselves by jumping from the Vista Bridge in the past decade.

As people have been able to get around the temporary barrier, signs have been placed on the bridge, promoting the suicide prevention hotline. At least three people, intent on jumping, have called the hotline and were saved.

Despite the Vista Bridge still attracting jumpers, a city commissioner indicated that the temporary barriers are effective.

“Before the barriers were up, we did not hear of instances of people being talked down from jumping, because people just went and jumped,” the commissioner said.

Officials are seeking a permanent bridge barrier solution. Permanent barriers would cost \$2.5 to \$3 million, money the city might not have until 2018 or 2020.

## Bullying

- [Research Brief](#): What works for bullying programs

## Resource Guide

The Children’s Safety Network has produced [a comprehensive guide of resources for child maltreatment prevention](#). I am including this as adverse childhood events are one of the risk factors for suicidal behaviors.