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Suicide Prevention

Washington State Suicide Prevention Coalitions

Please [see our website](#) for a complete list of Washington State Suicide Prevention Coalitions.

Trainings

- ❖ [Networks for Life](#) is a three-hour training for people who work with youth in school settings. Thursday, October 2, 2014, 8:30-11:30 a.m., \$65. ESD 105, Grant Room, 33 S. Second Ave., Yakima. Register [here](#).
- ❖ [Suicide and Crisis Intervention](#), Six CEUs, Thursday, October 2, 2014, 9 a.m. to 4:30 p.m., \$150, Crisis Clinic, 9725 Third Ave. N.E. No. 300, Seattle.
- ❖ [Youth Mental Health First Aid](#) educates adults to provide help to young people experiencing mental health challenges, mental disorders, or mental health crises. Tuesday, October 7, 2014, 8 a.m.-4:30 p.m., \$75, eight clock hours. Meets the requirements of Engrossed Substitute HB 1336. Kittitas County Event Center, Naneum Room, 51 Poplar St., Ellensburg. Register [here](#).
- ❖ [Youth Mental Health First Aid](#). Friday, Oct. 17, 8 a.m.-5 p.m., \$95. Central Washington University, Student Union and Recreation Center (SURC) Room 140, 400 E. University Way, Ellensburg. Register [here](#).



- ❖ **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, October 10, 2014, Sacred Heart Medical Center, Spokane.
 - Friday, October 24, 2014, North Seattle Community College, Seattle.

Register [here](#).

- ❖ **Youth Mental Health First Aid**. Wednesday, October 29, 2014, 8 a.m.-4:30 p.m., \$75, eight clock hours. Meets the requirements of Engrossed Substitute HB 1336. ESD 105, Ahtanum Room, 111 S. Second Ave, Yakima. Register [here](#).
- ❖ **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.

Practicum/Internship Site Needed – Can you help?

A graduate student who will complete his master's degree in psychology in December 2014 is looking for an opportunity to do his practicum. The practicum needs to be done under a licensed psychologist so that he can be licensed to practice. His major focus of interest is suicide prevention, intervention, and postvention.

He has a background in management, teaching K-12, and school administration. He has been an active volunteer and a field advocate with the American Foundation for Suicide Prevention, and has been certified as a trainer of the Conversations for Life and the Working Minds suicide prevention programs. Once licensed as a psychologist, he hopes to further his education and complete a doctorate.

If you can offer this student a practicum or if you know of a practicum opportunity for him, [please email me](#).

Suicide and Suicide Prevention Essay Competition

Here is an opportunity, perhaps particularly for college and university students. Careif, an international mental health charity, is holding [an essay competition](#). You are invited to submit an essay on suicide and suicide prevention, to explore its socio-religious context, cultural meaning and its association with stigma.



The essay should include a literature review, focusing on improving knowledge about the ethno-etiology of suicide together with the policy and practice implications for suicide prevention. It should take account of the evidence for the assessment, recognition, and treatment of suicide and suicide prevention in diverse cultural contexts, communities, health, and social care settings. Essays should seek to provide clues to the understanding of suicide associated with specific groups– for example, young people, older people, professional sportsmen and women, people with physical illness and disabilities, professional groups, and the armed forces. An exploration of contrasts between low income and high income countries is of particular interest and very welcome.

The first, second, and third prizes are £ (British pound) 500, £300, and £100, respectively. That is not much money for an essay with a lot of

requirements, but the winning essays are published on Careif's website, and in the lay and academic press.

News from the Department of Health

- ❖ In the Washington State Department of Health, suicide prevention – along with prevention of drowning, of motor vehicle-related injuries, of poisoning and drug overdose, and violence against women and Safe Kids – belongs to the Injury and Violence Prevention (IVP) section.
- ❖ In July 2014 our section invited a national [Safe States](#) assessment team to evaluate our IVP program. This assessment team focused on infrastructure, data and surveillance, and policy and program strategies. After the assessment, the team shared its findings in a report.
- ❖ Our IVP program received high marks. According to the assessment, our strengths are a strong staff, good epidemiological support, data reports and resources, a suitable funding mix, strong and diverse partnerships, the ability to inform policy-makers, and use of best practices in implementing interventions.
- ❖ Our challenges include a large geographic area to cover, limited evaluation capacity, lack of some specific strategic plan elements, no centralized medical examiner system in Washington, and lack of an established statewide, comprehensive emergency department surveillance system.
- ❖ As a result of this assessment, our section has begun meeting to work on addressing and implementing the report findings and recommendations.
- ❖ To honor the National Suicide Prevention Week and the World National Suicide Prevention Day we issued the following [news release: Suicide rates in Washington rise slightly](#). In response to the news release, there were several news articles, for example:
- ❖ [Awareness paramount as state's suicide rate continues to climb, health department says](#)
- ❖ [3 People commit suicide each day in Washington](#)
- ❖ The news release was also picked up by radio stations and we had one request for an interview.
- ❖ [The National Violent Death Reporting System](#)

The National Violent Death Reporting System (NVDRS):
A powerful tool for prevention

- ❖ To stop violent deaths, we must understand all the facts. Violence can be prevented and accurate information about violence is the key to designing, implementing, and evaluating prevention efforts.
- ❖ The Centers for Disease Control (CDC) created the National Violent Death Reporting System (NVDRS). This surveillance system collects data for all violent deaths (homicide, suicide, child abuse, etc) from a variety of sources – medical examiners, coroners, law enforcement, crime labs, and vital statistics records.
- ❖ The NVDRS puts the data in an anonymous database. Details on demographic characteristics of the deceased person, the mechanisms or weapons involved in the death, location and time of death, the decedent's health, life-stress-related circumstances, etc. are added to the database. As the NVDRS data are more timely and detailed than what was previously available, they can assist in selecting and targeting suicide prevention activities.
- ❖ The Washington State Department of Health was recently awarded a grant to develop and implement a NVDRS database. We are in the first phase of building up this database and will be able to start collecting data as of January 2015.
- ❖ I already mentioned in the past two newsletters that the Washington State Department of Health is working on developing a lifespan suicide prevention plan. We now have a [web page about this lifespan plan](#).

We're interested in hearing what you have to say about this important public health topic. [Send us an email to share your thoughts](#).

News Release from the National Action Alliance for Suicide Prevention



[Netsmart and the National Action Alliance for Suicide Prevention Announce Partnership to Improve Suicide Risk Assessment Tools](#): Netsmart and the Action Alliance will collaborate to provide suicide risk-related clinical decision support tools that can be incorporated into electronic health records.

In the News

- ❖ [Seattle Seahawks Recognize Suicide Prevention](#): The American Foundation for Suicide Prevention was acknowledged as the Charity of the Month for March 2014 during a preseason game by the Seahawks.

- ❖ [Nine Things only People with Depression Can Truly Understand](#): Nine things people with depression know to be true and what others can do to help alleviate them.
- ❖ [Robin Williams' death puts spotlight back on depression](#): Depression is not a character flaw or a weakness; it is a medical condition that needs medical treatment.
- ❖ [To Know Suicide](#): Depression can be treated but it takes competence.
- ❖ [Treating Depression to Prevent Suicide](#): There is effective treatment for severe, suicidal depression, and it takes a competent health provider to administer the treatment.
- ❖ [A death by suicide every 40 seconds, says WHO](#): According to the World Health Organization, globally there is a death by suicide every 40 seconds.
- ❖ [Recession 'led to 10,000 suicides'](#): The economic crisis in Europe and North America led to more than 10,000 extra suicides, according to figures from UK researchers.
- ❖ [Mass Job Loss Tied to More Teen Suicide attempts](#): According to a Duke University study, for every percent that a state's unemployment increases, suicidal behaviors of girls and black teens increases by two to three percentage points the next year.
- ❖ [Playing Violent Video Games Related to Depression in Preadolescent Youth](#): Researchers from the University of Texas Health Science Center at Houston found that preadolescent youth who play violent video games for a significant amount of time each day are at greater risk of depression.
- ❖ [Many Problems Lead to Thoughts of Suicide, Study Finds](#): Older adults contemplating suicide do not cite depression as the primary reason. Instead, they say they feel suicidal because of struggles with illness and disability, financial concerns, family difficulties, and bereavement.

New Report from the World Health Organization

On 9/10/2014, the World Suicide Prevention Day, the World Health Organization released its first global report on suicide, [Preventing Suicide: A Global Imperative](#). This report provides information on what is known about suicide across the world, groups at higher risk of suicide, and what can be done at the societal and individual level to reduce the number of suicide deaths.

- ❖ [Suicide Is A Big Problem Where You'd Least Expect It](#)

From a Professional Journal

[Purple and Turquoise Ribbons](#): An introspective and interesting view of the effect of suicide, written by a psychiatrist.



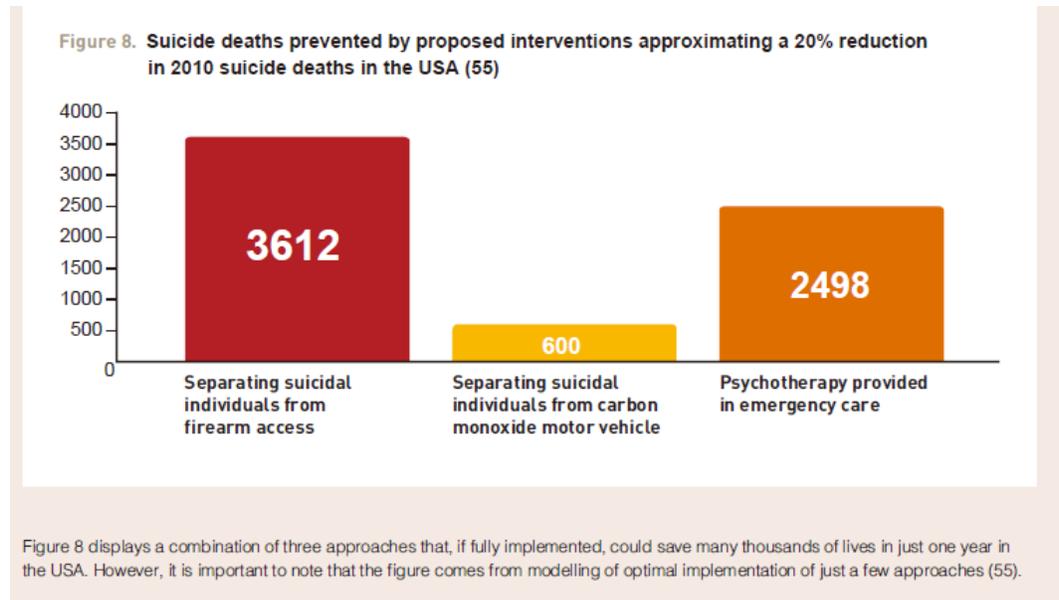
Indian Country

- ❖ Washington tribes can request suicide prevention training from the Northwest Portland Area Indian Health Board. Staff members can provide QPR, safeTALK, or ASIST trainings. See the [THRIVE trainings](#) webpage for more information.
- ❖ [Yakama Nation calls attention to confronting suicide issue](#): Two hundred people participated in the tribe's inaugural suicide awareness walk.
- ❖ [Tribal members walk to shed light on suicide](#): Another newspaper story about the inaugural suicide awareness walk of the Yakama Nation.
- ❖ Photo from the recent Tribal Juvenile Justice and Suicide Prevention Conference at Grand Mound:



Means Restriction

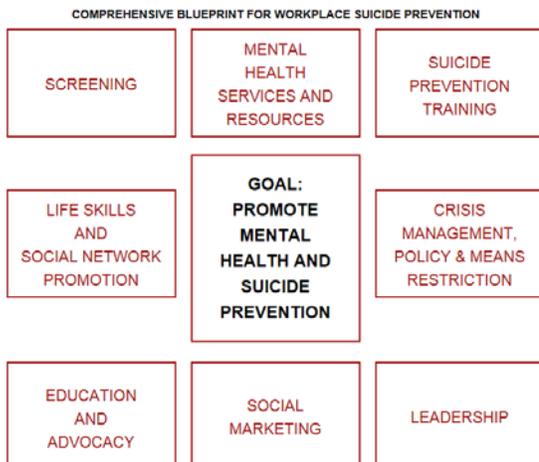
[Kevin Hines Story](#) (video): Kevin Hines jumped from the Golden Gate Bridge in 2000, survived, and became a means restriction activist.



From: World Health Organization, *Preventing Suicide*, 2014

Suicide Prevention in the Workplace

- ❖ [Working Minds](#) - Suicide Prevention in the Workplace: Working Minds provides tools and networks to workplaces to assist with suicide prevention, intervention, and postvention. Because the majority of people who die of suicide are of working age, workplaces, like schools, are an appropriate and effective venue for addressing suicide prevention.
- ❖ [Comprehensive Blueprint for Workplace Suicide Prevention](#)



- ❖ [A Manager's Guide to Suicide Postvention in the Workplace](#): 10 Action Steps for Dealing with the Aftermath of a Suicide
- ❖ [Workplace Response](#) empowers employers to deliver mental health programs in the workplace.
- ❖ [Developing a Competent Workforce](#): This website provides information on how the clinical and non-clinical staff members of a behavioral health organization can be prepared to appropriately and effectively deal with suicidal ideation and behavior.
- ❖ A workplace suicide prevention program that decreased suicide: A multifaceted comprehensive police suicide prevention program in Montreal, Canada, led to a significant decrease of 79 percent in suicide rates among police in Montreal. The program consisted of half-day training on suicide for all officers in the police force, focusing on risk identification and how to help. Supervisors and union representatives received a full day of training on risk assessment and providing help. A volunteer police telephone helpline staffed by specially trained officers was established and there was a publicity campaign on resources for help and on the importance of working together in suicide prevention. (Mishara BL, Martin N. Effects of a comprehensive police suicide prevention program. *Crisis*. 2011;33(3):162–8.)

Veterans

- ❖ [Veterans Crisis Line](#) provides a telephone crisis line, a veterans chat, and texting services.
- ❖ [Combat Stress Recovery Program](#): This addresses the mental health and cognitive needs of soldiers returning from war. It provides services at key stages during the soldier's readjustment process.
- ❖ **U.S. Department of Veterans Affairs – [PTSD: National Center for PTSD](#)**: The National Center for Post-Traumatic Stress Disorder (PTSD) is dedicated to research and education on trauma and PTSD. It works to ensure that the latest research findings help those service members exposed to trauma.
- ❖ [Suicide Prevention Resources for Military Families](#): For those concerned that a service member or veteran in the family is considering hurting or killing him or herself, free resources are available to help the family in this time of crisis. This website provides education on how to recognize if a loved one is at risk of suicide, and



what to do to help him or her find the strength to reach out for care or support.

- ❖ [The Veterans Crisis Line: Gun Safety](#) (video): The Veterans Crisis Line gun safety video illustrates the importance of taking precautions at home when a firearm is present. It encourages veterans, service members, and their families to make sure guns are safely secured, especially in times of crisis.
- ❖ [Suicide Watch](#): The US Army released a report, outlining a strategy to reduce suicide rates by 20 percent over the next five years.

Suicide Among Law Enforcement Officers

Reading:

- ❖ [Breaking the Silence: A National Symposium of Law Enforcement Officer Suicide and Mental Health](#): Developing a national strategy to address officer mental wellness and suicide prevention. Built on the cornerstones of culture change, early warning and prevention protocols, training, and event response protocols.

Video:

- ❖ [Code 9 Officer Needs Assistance – The Documentary](#): This documentary tells stories of police officers suffering from post-traumatic stress disorder as a consequence of the careers they chose – a path that has led some of them to suicide.

Websites:

- ❖ [Developing a Law Enforcement Suicide Prevention Campaign Using Public Health Principles](#): Problem identification – resource assessment – identifying risk and protective factors – developing and piloting intervention – implementation and program evaluation.
- ❖ [Preventing Law Enforcement Officer Suicide](#): Each year, more law enforcement officers die because of suicide than are killed in the line of duty.
- ❖ [The Badge of Life: Psychological Survival for Police Officers](#): A mental health program for police officers.
- ❖ [Serve and Protect](#): When 911 needs 911 – emergency services crisis line, chaplain, trauma therapist 24/7.
- ❖ [COPLINE](#): A national hotline that provides a safe, confidential place for police officers – there is always a cop on the other end of the line because when there seems to be no one who understands the mindset of a cop like another cop.

- ❖ [In Harm's Way](#): A law enforcement suicide prevention coalition started by the widow of an FBI special agent, providing information and education
- ❖ [National Police Suicide Foundation](#): provides free brochures, training, and support.



Juvenile Justice Involved Youth

The [Juvenile Justice System Task Force](#) released nine resources that focus on the suicide prevention needs of youth in the juvenile justice system.

- ❖ Executive Summary: [Preventing Suicide: Working With Youth Who Are Justice Involved](#)
- ❖ Public Awareness and Education: Fact Sheets on Juvenile Suicide
 - Need to Know: A Fact Sheet Series on Juvenile Suicide – [Juvenile Court Judges and Staff](#)
 - Need to Know: A Fact Sheet Series on Juvenile Suicide – [Juvenile Detention and Secure Care Staff](#)
 - Need to Know: A Fact Sheet Series on Juvenile Suicide – [Juvenile Probation Staff](#)
- ❖ Suicide Research:
 - [Suicidal Ideation and Behavior among Youth in the Juvenile Justice System: A Review of the Literature](#)
 - [Screening and Assessment for Suicide Prevention: Tools and Procedures for Risk Identification among Juvenile Justice Youth](#)
- ❖ Suicide Prevention Programming and Training:
 - [Guide to Developing and Revising Suicide Prevention Protocols for Youth in Contact with the Juvenile Justice System](#)
- ❖ Mental Health and Juvenile Justice Systems Collaboration
 - [Preventing Juvenile Suicide through Improved Collaboration: Strategies for Mental Health and Juvenile Justice Agencies](#)

Websites:

- ❖ [Suicide Prevention in Custody](#): Suicide continues to be a leading cause of death within jails, prisons and juvenile facilities. Studies have found

that the suicide rate in county jails is several times greater than that of the general population, while the suicide rate in prisons remains slightly higher than in the community.

- ❖ [Shield of Care Curriculum](#): Suicide prevention curriculum specifically designed for juvenile justice facilities.

Suicide Among Inmates

- ❖ Correia, K. M. (2000). Suicide assessment in a prison environment: A proposed protocol. *Criminal Justice and Behavior*, 27(5), 581–599.
- ❖ Cox, G. (2003). Screening inmates for suicide using static risk factors. *The Behavior Therapist*, 26, 212–214.
- ❖ Hall, B., and Gabor, P. (2004). Peer suicide prevention in a prison. *Crisis*, 19–26.
- ❖ Hayes, L. M. (1995). *Prison suicide: An overview and guide to prevention*. Alexandria, VA: National Center on Institutions and Alternatives.
- ❖ Hayes, L. M. (1997). From chaos to calm: One jail system's struggle with suicide prevention. *Behavioral Sciences and the Law*, 15, 399–413.
- ❖ Lester, D. (1987). *The death penalty*. Springfield, IL: Charles C. Thomas.
- ❖ Mumola, C. (2005). *Suicide and homicide in state prisons and local jails*. Washington D.C., U.S. Department of Justice, (NSJ No. 210036).
- ❖ Tartaro, C., and Lester, D. (2005). An application of Durkheim's theory of suicide to prison suicide rates in the United States. *Death Studies*, 29, 413–422.
- ❖ Tripodi, S. J., and Bender, K. (2007). Inmate suicide: prevalence, assessment, and protocols. *Brief Treatment and Crisis Intervention*, 7(1), 40.
- ❖ Way, B. B., Miraglia, R., Sawyer, D. A., Beer, R., and Eddy, J. (2005). Factors related to suicide in New York State prisons. *International Journal of Law and Psychiatry*, 28, 207–221.
- ❖ White, T.W., and Schimmel, D.J. (1995). Suicide prevention in federal prisons: A successful fivestep program. In L. M. Hayer (Ed.), *Prison suicide: An overview and guide to prevention* (pp. 46–57).

Bullying

Bullying is a serious public health issue. Every day, 160,000 kids across the nation stay home from school because of bullies. Children as young as 11 years old have died of suicide because they were relentlessly bullied.

October is Bullying Prevention-Awareness Month. The [Washington State branch](#) of the [Bully Project](#) is holding a rally in Yakima. The event is free to the community. There will be hot dogs, games, activities, jumpers, a photo booth, a noise maker-poster making station, and a peace parade.

What: Bully Prevention Rally

When: Saturday, October 11, 2014, 11 a.m.-2 p.m.

Where: Hoover Elementary School, 400 W. Viola Ave., Yakima



