

Suicide State Plan Steering Committee
Meeting Notes
February 23, 2015
9 a.m.-noon



Agenda Item/Discussion	Actions/ Decisions
<p>1) Open and Introductions</p> <p>2) Lead Report-Out</p> <p style="margin-left: 20px;">a) Healthy and Empowered Individuals, Families and Communities (Jenn Stuber): Workgroup will present its work during this meeting.</p> <p style="margin-left: 20px;">b) Clinical and Community Preventative Services (Scott Waller): The workgroup presented at the January meeting and has not met since.</p> <p style="margin-left: 20px;">c) Treatment and Support Services (Daniel Clark): Drafts of goals 10, 11 and 13 are done. Workgroup working on goal 12.</p> <p style="margin-left: 20px;">d) Surveillance, Research, and Evaluation (Ursula Whiteside): The workgroup is continuing to flesh out its three goals. Its presentation to the larger group will be in March.</p> <p>3) Workgroup 1 presentation: Healthy and Empowered Individuals, Families and Communities</p> <p>Introduction: This group’s focus was on upstream prevention –creating a strong foundation that prevents people from getting to suicide risk in the first place.</p> <p>See attached PowerPoint for more details.</p>	<p>Karyn Brownson is the new project manager for the state plan, starting today. Gratitude to Taylor for maintaining the project during transition!</p> <p>Scott needs to discuss draft with Karyn and begin the editorial process.</p> <p>Need information from someone who has worked in an emergency department or inpatient unit – contact Dan if this is you or you can recommend someone.</p>

Goal 1: Integrate robust social emotional health education and curriculum into prevention-oriented organizations and systems. (Ron Hertel)

Goal 1 comments and discussion:

- a. These objectives are still being developed and refined.
- b. Essentials for Childhood is a key resource on Adverse Childhood Experiences.
- c. Edmonds Community College has a natural leaders program engaging parents in leadership. Important to develop parents' skills as the first educators.

Goal 2: Disseminate suicide prevention systems-level prevention approaches, including crisis planning and basic recognition and referral training, across targeted sectors, communities and systems. (Jenn Stuber)

Goal 2 comments and discussion:

- a. Only one training currently available in Washington meets schools' needs for suicide prevention information (Youth Suicide Prevention Plan, YSPP)
- b. Discussion of death certificates: Occupation is listed but unemployment is not (and is a risk factor). This could be captured in the National Violent Death Reporting System (NVDRS) data but not from death certificates.

Goal 3: Enhance awareness on a community level of local resources including, but not limited to: local behavioral health services, the National Suicide Prevention Lifeline/ Veterans Support Lifeline, local crisis lines, the Trevor line, and suicide attempt and loss survivor groups and support. (Lauren Davis)

Goal 3 comments and discussion:

- a. There is a lack of suicide attempt survivor support groups but this is starting to be available. Many don't know that this resource

Need broader participation of tribal schools – don't assume that all tribes have the same systems.

Recommendation not to use the phrase "gatekeeper training;" replace with "recognition and referral" (R and R)

Investigate occupations with higher suicide rates in Washington

Need to improve content on suicide prevention with veterans and in correctional systems.

Get information from the National Suicide Prevention Lifeline about call volume from Washington if available.

exists and there has been hesitation because of liability fears.

- b. The Veteran's Affairs (VA) does community outreach promoting crisis lines.
- c. Yakima suicide prevention coalition disseminated suicide prevention information in movie theaters in the pre-film slideshow

Goal 4: Promote responsible reporting on behavioral health and suicide in traditional media including: more accurate portrayals, safe-messaging after a suicide, and positive narratives about recovery and treatment. (Jenn Stuber)

Goal 4 comments and discussion:

- a. Only 20 percent of veterans get services from the VA. Dissemination of information to military communities needs to include active duty, bases, other veterans groups, etc.
- b. Messages to military communities need to include destigmatizing asking for help and emphasis on confidentiality, as well as that disclosing will not end one's career or social connections.
- c. Add Washington Department of Veterans Affairs (WDVA) to the reference to military bases under long-term goals.
- d. Media can be the main vehicle for a culture shift around mental health and help seeking.
- e. Important to tailor communications to the needs of populations. One-size-fits-all messaging isn't useful.

Goal 5: Coordinate use of social media platforms to promote messages about behavioral health resources, suicide prevention and recovery and treatment for mental illnesses including after suicide. (Jenn Stuber)

Goal 5 comments and discussion:

- a. There are guidelines for suicide safety in social media campaigns.
- b. There is an overlap between this and online connectedness in goal 6.
- c. Social media can be a site of bullying and

Find information on best practices in cultural competency, diversity, and inclusion in social marketing campaigns.

<p>other behavior that increases suicide risk. Need to develop targeted messages and open discussion of bystander intervention on social media.</p> <p>d. How can social media be used to disseminate and promote this plan?</p> <p>Goal 6: Promote connectedness in communities as a protective factor to prevent suicide. (Karyn Brownson)</p> <p>Goal 6 comments and discussion:</p> <ul style="list-style-type: none"> • Making a list of high-risk groups leaves out others and may make communities feel the plan is not for their benefit. • Suggested language to use reflecting commitment to diversity and inclusiveness: urban, rural, inner-city, suburbs, reservations, active military and veterans communities, counties, cities, burroughs, districts, youth, adolescents, teenagers, young adults, middle-aged, senior citizens, working classes (broken out), institutions, individuals, teams, and non-profit organizations that reach into every sector of society across the state. • Importance of peer-based support systems in many communities (tribes, youth, loss survivors, etc.) • www.wernative.org is an online resource developed by the Northwest Indian Health Board for Native American youth. <p>4) Discussion of March 9 listening session in Spokane</p> <p>a) This will take place at Gonzaga University on March 9, the day before the Zero Suicide conference.</p> <p>b) Structure and agenda need to be determined to maximize communication and participation.</p> <p>c) There will be conference call capability in the meeting space and room for 50 people.</p>	<p>Improve the content on connectedness for all communities</p> <p>Add people with substance abuse disorders as a high-risk group (support offered by Lauren Davis)</p> <p>Workgroup leads will meet this week to discuss agenda for this meeting.</p> <p>All need to distribute information about this to increase participation. An outreach flyer with conference call and agenda details will be sent to the full steering committee this week.</p>
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Future Meetings

- Monday, March 9 (Gonzaga University, Spokane)
- Wednesday, March 18 (Seattle University)
- Monday, April 6 (Kent)
- Friday, April 24 (Seattle University)
- Monday, May 4 (Seattle University)

- Tuesday, June 16 (Tumwater)