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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.
- **Gig Harbor/Key Peninsula Youth Suicide Prevention Coalition.** Facilitator: [Sue Eastgard](#). Meetings: Thursdays, 9 to 10 a.m., Hope Center, 8502 Skansie Ave., Gig Harbor. [For the monthly meeting date](#) please contact Sue.
- **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.

## 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
- [ASIST \(Applied Suicide Intervention Skills Training\)](#), Friday, July 11, 8:30 a.m. to Saturday, July 12, 4:30 p.m., \$295, Crisis Clinic, 9725 Third Ave. N.E., Suite 300, Seattle.

## Webinars

- [Suicide and Older Adults](#): This webinar by the Injury Control Research Center for Suicide Prevention will be held on Wednesday, June 11, from 2 PM to 3 PM Eastern Time with a Online Discussion Forum from 3 PM to 3:30 PM.

Listen to archived Substance Abuse and Mental Health Services (SAMHSA) webinars

- [A Strategic Approach to Suicide Prevention in High Schools](#)
- [Saving Our Youth: How One Native Community Reduced Teen Suicide](#)
- [Ending Suicide in Healthcare Settings](#)
- [Challenges for Suicide Prevention: Evaluating US Public Health Approaches](#)

## Bullying

- New research from the CDC: [Bullying Surveillance Among Youths](#)

- [Study finds link between bullying and teen suicide](#): Bullying victims are more than twice as likely to consider suicide and to try to kill themselves.

## Useful Websites

- [School Connectness](#): Feeling connected to school is a protective factor for many risk behaviors, including suicidal ideation and behavior.
- [School Model Policy](#): The Trevor Project created a model school district policy for suicide prevention.
- [Behavioral Health Barometer Washington 2013](#): The Substance Abuse and Mental Health Services Administration (SAMHSA) developed a report for each state, looking at youth substance abuse and mental health treatment, adult mental health, suicide ideation, and substance abuse.

## Three Infographics about Firearms

- [Firearm-related fatalities in US Children & Youth: Homicide, Suicide, & Unintentional](#)
- [The Magnitude of Firearm-Related Fatalities in Children and Youth](#)
- [Child Access to Firearms in the US](#)

## Research

- **Predictors of suicide threats in patients with borderline personality disorder over 16 years of prospective follow-up** (Michelle M. Wedig, Frances R. Frankenburg, Donald Bradford Reich, Garrett Fitzmaurice, Mary C. Zanarini): Four predictors of suicide threats were found to be significant in patients with borderline personality disorder: two inner states (feeling abandoned and hopeless) and two interpersonal behaviors (being manipulative and demandingness).
- **Someone to listen: Increasing youth help-seeking behavior through a text-based crisis line for youth** (William P. Evans, Laura Davidson, and Lorie Sicafuse): Text messaging has become the dominant form of communication among 12– to 17-year-olds. To increase youth help-seeking behaviors by creating a service that uses a communication medium that youth prefer, TextToday, a crisis line with the capacity to accept text messages, was developed. Evaluation findings from a pilot study revealed that this text-based crisis line has increased help-seeking behaviors of adolescents and young adults.
- **Childhood physical abuse, non-suicidal self-harm and attempted suicide amongst regular injection drug users** (Shane Darke and Michelle Torok): Childhood physical abuse was reported by

74.3 percent, and severe physical abuse by 40.3 percent of the subjects. Among study participants, 23.7 reported a history of non-suicidal self-harm and 25.7 percent had attempted suicide. Non-suicidal self-harm preceded the suicide attempt in 83.3 percent of cases where both had occurred. The history of non-suicidal self-harm should therefore be elicited when assessing the suicide risk of injection drug users.

- **Prenatal and childhood antecedents of suicide: 50-year follow-up of the 1958 British Birth Cohort Study** (M.-C. Geoffroy, D. Gunnell, and C. Power): This study investigated early life influences on suicide mortality. The strongest prenatal risk factors for suicide were: higher birth order, young maternal age, and low birth weight. The strongest risk factors at 7 years were externalizing problems in males and number of emotional adversities (i.e. parental death, neglected appearance, domestic tension, institutional care, contact with social services, parental divorce or separation and bullying) for which there was a graded association with risk of suicide; the highest was for people with three or more adversities. Risk factors recorded at birth and at 7 years may influence a person's long-term risk of suicide, suggesting that trajectories leading to suicide have roots in early life.
- **Prospective study of risk factors for suicidal behavior in individuals with anxiety disorders** (L. A. Uebelacker, R. Weisberg, M. Millman, S. Yen, & M. Keller): Mood disorders and history of suicide attempts are the most powerful predictors of a future suicide attempt in people with anxiety disorders.

## Suicide Prevention Research Agenda

- [A Prioritized Research Agenda for Suicide Prevention](#): The National Alliance for Suicide Prevention released a prioritized research agenda that outlines the research areas that show the most promise in helping to reduce the rates of suicide attempts and suicide deaths.

## Military/Veterans

- [Military children are more likely to consider suicide](#)
- [Veterans group calls for better suicide prevention services](#)

## Events

- [2014 Overnight Out of the Darkness Walk in Seattle](#): The American Foundation for Suicide Prevention is organizing an overnight out of the darkness walk on June 14-15. This 16- to 18-mile fundraising walk goes from dusk to dawn, starting and ending at the Seattle Center. The cost is \$35-\$50.

- [Fourth Annual Thrive Conference](#): The Northwest Portland Area Indian Health Board is hosting the Fourth Annual Thrive Conference for American Indian and Alaska Native Youth ages 13-19. The conference takes place on June 23-27 at the Lloyd Center Doubletree Hotel in Portland. Registration is free.

## In the News

- [Grieving Widow Helps Spearhead First-of-its-kind State Law on Suicide Prevention](#): Jennifer Stuber helped spearhead a new law that requires health professionals in Washington State to have training in suicide assessment, treatment, and management.
- [Safety and Suicide at Western State Hospital](#)
- [Blood Test For Suicide? New Research Suggests 'Biomarkers' May Predict Risk](#): Researchers found significantly elevated levels of a protein made by the gene *SAT1*, which is involved in cellular damage and stress in men who were experiencing suicidal ideation.
- [Why bullying victims develop health problems as they age and bullies flourish](#)

## Video Recordings

- [Listen to One Man's Experience of Feeling Suicidal](#)
- [Eric Caine: Suicide Prevention: Confronting Public Health Challenges](#)

## Audio Recording

- [Author Allie Brosh](#) talks about feeling depressed and suicidal.

## Department of Health News

- Sigrid Reinert, Suicide Prevention Specialist, and staff from the Youth Suicide Prevention Program were selected to participate in the **Injury & Violence Prevention Program & Policy Evaluation Institute**, sponsored by the Safe State Alliance, the American Public Health Association, and the Center for Disease Control (CDC). The evaluation institute is an intensive, five-month effort to increase the capacity of state injury & violence prevention programs to conduct program and policy evaluations. Following an evaluation workshop in Atlanta, Sigrid and YSPP staff will evaluate the work and the effectiveness of the YSPP's youth suicide coalitions. The evaluation will be completed by September 15, 2014.
- On the next page is the letter that our agency sent out about the implementation of Engrossed Substitute House Bill 2315:



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

June 5, 2014

Dear Colleagues:

On March 27th, Governor Jay Inslee signed Engrossed Substitute House Bill (ESHB) 2315 into law. The new law builds on the foundation laid by the Matt Adler Suicide, Assessment, Treatment and Management Act of 2012. The 2014 law establishes three new strategies to reduce the number of suicides in Washington State: suicide prevention training for health care providers, a statewide suicide prevention plan, and a consultation program to support primary care providers. The law is effective June 12, 2014 and funding to implement the law will be available July 1, 2014. Implementation of the provider training and the suicide prevention plan strategies will be led by the Department of Health (the department). The Department of Social and Health Services (DSHS) and the Health Care Authority (HCA) will lead work on the consultation program.

The new law requires certain health professionals to complete one-time training in suicide assessment, treatment and management: physicians and physician assistants; chiropractors; naturopaths; licensed practical nurses, registered nurses, and advanced registered nurse practitioners; osteopathic physicians, and osteopathic physician assistants; and physical therapists and physical therapist assistants. The law also requires the department to maintain a model list of suicide prevention training programs. The department and the professions' boards and commissions will lead this work.

Currently, our state's plan for suicide prevention is focused on youth. The new law requires the department to convene a steering committee to develop a statewide plan for suicide prevention across the lifespan. The department will be identifying members for the steering committee in the coming weeks. Taylor Schraudner, Suicide Prevention Program Manager, Office of Community Health Systems, will lead this work.

The new law also requires the department to update the 2013 Washington State Department of Health Suicide Education Study in 2018 and 2022. The department will establish an evaluation plan to measure the effectiveness of ESHB 2315 and the new health care provider suicide prevention training requirements.

Finally, the new law requires DSHS and HCA to develop a plan to pilot two consultation programs—one urban and one rural—to support primary care providers in diagnosing and treating patients with mental and behavioral health conditions. Please contact Scott Waller, Prevention Systems Integration Manager, DSHS, for more information on this program at [scott.waller@dshs.wa.gov](mailto:scott.waller@dshs.wa.gov).



Suicide is a tragic – and preventable – public health problem in Washington State. ESHB 2315 is an important step forward, and implementing this new legislation will require hard work from many people and organizations. The department looks forward to partnering with people like you to educate others about suicide and to develop prevention strategies that will be effective in your individual communities. If you have questions about ESHB 2315 or are interested in partnering on this important public health issue, please contact Taylor Schraudner at 360-236-2875 or [taylor.schraudner@doh.wa.gov](mailto:taylor.schraudner@doh.wa.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Martin Mueller". The signature is fluid and cursive, with a long horizontal stroke at the end.

Martin Mueller, Assistant Secretary  
Health Systems Quality Improvement  
Washington State Department of Health