Suicide Prevention

Washington’s suicide prevention coalitions

Information regarding the suicide prevention coalitions in Washington State will from now on no longer be included in this newsletter as the information can now be found on our website.

Suicide Prevention Coalition of North Central Washington (SPC NCW)

The Suicide Prevention Coalition of North Central Washington in Wenatchee was formed in 2012 in response to a suicide cluster in Chelan and Douglas counties. The coalition is a grassroots initiative by concerned citizens of those counties.

The ultimate goals of the coalition are to have zero tolerance for completed suicides in its community, and to spread the word that help is available and that life really does get better. The coalition’s mission is “to help reduce the incidence of suicide through greater access to information, training and resources, reducing barriers and stigma, and to be a clearinghouse for information related to suicides within North Central Washington.”

In the first two years Dr. Julie Rickard, a licensed psychologist and behavioral medicine program manager at the Columbia Valley Community Health Center, led the coalition. Earlier this year, Dr. Rickard stepped down. Carolina Venn-Padilla, a licensed advanced
social worker, now leads the coalition. The coalition has more than 300 people on its email list. It meets on the fourth Thursday of each month at the Central Washington Hospital in Wenatchee.

Since its beginning in 2012, SPC NCW has increased the visibility and awareness of the suicide issue by targeting all community segments with outreaches through its website and Facebook page, through radio and newspaper stories, and city council meetings. The coalition has educated the general public in suicide prevention strategies, using the Question, Persuade, Refer (QPR) training, and has trained more than 2,955 people.

The combination of these and other efforts led to a significant reduction in suicides in Chelan and Douglas counties. In the future the coalition will work on continuing with QPR suicide prevention training, pursuing suicide survivor support, and promotion, outreach and fundraising.

You may reach the Suicide Prevention Coalition of North Central Washington through its website, its Facebook page, via phone at 509-881-8122, or email.

News from the Washington State Department of Health

- 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.

- The first meeting of the steering committee was on August 5, 2014.

- During this meeting several people said they liked the suicide prevention plan of Delaware and that they would like to follow Delaware’s model.

- The group decided to form four workgroups, based on the four strategic directions of the 2012 National Strategy for Suicide Prevention. The workgroups are:
  1. Healthy and Empowered Individuals, Families, and Communities
  2. Clinical and Community Preventative Services
  3. Treatment and Support Services
  4. Surveillance, Research, and Evaluation

The groups are to use the above strategic directions and the socio-ecological model (page 33) as guideposts.
News from the Division of Behavioral Health and Recovery (DBHR)

At the end of June 2014, DBHR trained 32 community members in Youth Mental Health First Aid. This eight-hour course provides participants with an overview about behavioral health issues, signs and symptoms for suicide, and how to make effective referrals for additional assistance.

DBHR is now in the process of determining how to make this resource available across the state. For information about the course or its availability, please contact Scott Waller.

Data

You may create this and other maps through the Washington Tracking Network. Under Selection Criteria, select the section Health. Under Topics, select Injury. Under Sub Topic, select Self-Inflicted Nonfatal Hospitalizations or Suicide. Under Measure, select the one that you are interested in; I selected Firearm-County. Select the Filter that you are interested in; I selected 5 Year Intervals and 2008-2012. Click Submit and you will get a choice of 4 tabs: Notes, Table, Chart, and Map. You may create your own tables, charts, and maps, depending on what information you want. You will get only a Maps tab if you select a county measure under Measure.
Events

- September 8-14, 2014: 40th Annual National Suicide Prevention Week. Theme: Suicide Prevention: One World Connected. To commemorate the suicide prevention week, the following events are taking place throughout Washington:
  - **Olympia Walk.** Marathon Park in Olympia. September 27, 2014.
  - **Seattle Community Walk.** Green Lake Park in Seattle, October 12, 2014.
  - **Spokane Tribe Suicide Prevention Walk and Event.** September 12, 2014.
  - **Yakama Nation Suicide Prevention Walk and Event.** September 12, 2014

Please support one of these walks!

- September 8 and 9, 2014: **Tribal Juvenile Justice and Suicide Prevention Conference** at the Great Wolf Lodge in Grand Mound. For more information please contact Colleen F. Cawston

- There are two Healing Our Heroes Conferences in Eastern Washington, one in Spokane on September 9, 2014 and one in Yakima on September 24, 2014. These conferences are free educational events conference for those who serve rural veterans, including first responders, clergy, telehealth providers, school counselors, social workers, healthcare professionals, and community advocates. These conferences will provide a better understanding of suicide prevention and post-traumatic stress disorder as well as information on military culture and navigating the Veterans Affairs Healthcare System in order to better serve rural veterans.
- **Youth Suicide Prevention Program Sixth Annual Benefit and Live Auction** will happen on September 10, 2014 from 6 to 10 p.m. at the Center for Urban Horticulture in Seattle.

- **Forefront: Innovations in Suicide Prevention Second Annual Event:** September 30, 2014, 6:30 to 8:30 p.m., The Mountaineers Club, 7700 Sand Point Way N.E., Seattle

- **September 10, 2014 is World Suicide Prevention Day:** the theme is *Suicide Prevention: One World Connected*. The International Association of Suicide Prevention (IASP) is asking us to light a candle near a window at 8 p.m. on that day to show support for suicide prevention, to remember a lost love one, and to support the survivors of suicide.

  The World Health Organization (WHO) will commemorate the 2014 World Suicide Day by releasing its 2014 World Suicide Report *Preventing Suicide: A global imperative*. This report will be the most comprehensive, up-to-date record of the current status of suicide prevention internationally. Not only in the U.S., but also globally suicide is a major public health problem. Every year, almost 1 million people die from suicide around the world – one death every 40 seconds. It is estimated that for each adult who died of suicide there are 27 suicide attempts.

*World Suicide Prevention Day – Facts and Figures*

- The number of lives lost each year through suicide exceeds the number of deaths from homicide and war combined.
- Suicide was the second leading cause of death in the 15-29 years age group in 2012 globally.
- Suicide was the fifth leading cause of death among those aged 30-49 years in 2012 globally.
- In 2012, suicide accounted for 1.4 percent of all deaths worldwide, making it the 15th leading cause of death.
- Mental disorders (particularly depression and alcohol use disorders) are a major risk factor for suicide in Europe and North America; however, in Asian countries impulsiveness plays an important role.
- Suicide is complex with psychological, social, biological, cultural and environmental factors involved.
- Connectedness is crucial to people who may be vulnerable to suicide.
• Studies have shown that social isolation can increase the risk of suicide and, conversely, that having strong human bonds can be protective against it.
• Reaching out to those who have become disconnected from others and offering them support and friendship may be a life-saving act.
• Connectedness may also be understood in terms of clinical care. Access to such treatments remains unequal. Primary care providers are not always able to diagnose and treat mental illness; specialist mental health care providers are not always available.

For more information, please see the World Suicide Prevention Day brochure.

Local Trainings

✓ **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, 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](#).

✓ **Applied Suicide Intervention Skills Training (ASIST):** Two-day training in how to recognize an at-risk person and how to link this person with community resources. Thursday, September 18, 2014 at 8:30 a.m. – Friday, September 19, 2014 at 4:30 p.m., $295, 13 CEUs. Location: Crisis Clinic Business Office, Northgate Executive Center II, 9725 Third Ave. N.E., Suite 300, Seattle, WA 98115

✓ **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 to 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 (Question, Persuade, Refer) 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

QPR (Question, Persuade, Refer) Training FREE of charge.
Wednesday, September 9, 2014, 6:30 to 8 p.m. Location: First United Methodist Church, 941 Washington St., Wenatchee, WA 98801

safeTALK Training FREE of charge. The Washington State Chapter of the American Foundation of Suicide Prevention is offering free safeTALK trainings. These trainings last about three hours and prepare people over age 15 how to identify persons with suicidal thoughts and how to connect them with resources. The trainings are available Monday through Friday after 6 p.m. and anytime on Saturday or Sunday. There will need to be between 15 and 30 training participants.

Indian Country

American Indian and Alaska Natives Fact Sheet from the American Association of Suicidology
Suicide Prevention Program – Indian Health Service
American Indians/Alaska Natives from the Suicide Prevention Resource Center

Fact Sheets from the American Association of Suicidology

Understanding and Helping the Suicidal Individual
Some Facts about Suicide and Depression
African Americans and Suicide
Childhood Sexual Abuse and Suicide
Depression and Suicide
Hispanic Suicide
Inmate Suicides
Suicidal Behavior among LGBT Youth
Nocturnal Sleep Disturbances: Risk Factors for Suicide
Risk Factors for Suicide and Suicidal Behaviors
Suicide and Sexual Assault/Interpersonal Violence Fact Sheet
Suicide and the Elderly
Suicide by Cop
Suicide in the USA
Traumatic Brain Injury
Prevention of Youth Suicides and Suicidal Behavior

Useful Websites

- The National Prevention Strategy of the Surgeon General intends to guide the nation in the most effective and achievable ways to improve health and well-being.
- Suicide Prevention Messaging: Framework for successful messaging about suicide.
- Society for the Prevention of Teen Suicide
- National Organization for People of Color Against Suicide
- Family Guide – Building Blocks for a Healthy Future: This publication supports parents in teaching children to make positive, healthy choices and to build healthy, lifelong habits and attitudes.
- The Health of Washington State is a statewide assessment of health status, health risks, and health care services in Washington. Scroll down to the Injury and Violence section, and you will find information on suicide, homicide, youth violence, domestic violence, and child abuse and neglect.
- Communities that care: The University of Washington developed this proven, community-change process for reducing youth violence, alcohol and tobacco use, and delinquency
- UW:
  - Huskies for Suicide Prevention and Awareness
Reporting on and Communicating about Suicide

Here are links to websites that will provide you with information about how to communicate with the public about suicide, about public awareness campaigns, and recommendations for reporting on suicide.

The Framework for Successful Messaging promotes sending positive messages about suicide prevention to the public, including:

- There are actions that people can take to help prevent suicide
- Suicide prevention works
- Resilience and recovery are possible
- Effective programs and services exist
- Help is available

Fact Sheets

The Suicide Prevention Resource Center has customized suicide prevention information sheets available for:

- Co-workers
- Correctional Officers
- Faith Community Leaders
- EMS Providers
- Law Enforcement Officers
- Managers
- School Mental Health Providers
- Teachers
In the News

- Robin Williams died by suicide
- Suicide a risk even for beloved characters like Williams
- Suicide warning signs – contains an interview with Sue Eastgard
- Our blind spot about using guns
- The Science Behind Suicide Contagion

Means Restriction

One way to reduce people’s access to suicidal means is the proper storage and disposal of medications. There are several sites throughout the state that offer medicine disposal and medicine take-back programs. Not on their list of medicine disposal locations are the following two medication drop-off locations:

1. For the Wenatchee area: Chelan County Sheriff’s Office, 401 Washington St., Wenatchee, WA 98801 (in the basement of the Chelan County Regional Justice Center)
2. For the Chelan area: Chelan County Sheriff’s Office, 207 N. Emerson St., Chelan, WA 98816

Adverse Childhood Experiences (ACEs)

The Centers for Disease Control and Prevention (CDC) and Kaiser Permanente’s Health Appraisal Clinic in San Diego studied associations between childhood maltreatment and health and well-being later in life. The following experiences were considered to be Adverse Childhood Experiences (ACEs): emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, mother treated violently, household substance abuse, household mental illness, parental separation or divorce, and incarcerated household member.

How do these kinds of traumatic childhood experiences affect a person later in life? Trauma leads to toxic stress. Toxic stress, in turn, has negative consequences for the body, including negative effects to the brain development and a weakened immune system.
The findings of the [ACES study](#) suggest that adverse experiences in childhood are major risk factors for the leading causes of illness and death, and can also result in a poor quality of life. Some of our worst health and social problems – school dropout, crime and suicidal behaviors – can be consequences of adverse childhood experiences. Working on eliminating or decreasing the number of adverse childhood experiences or mitigating the outcomes of these experiences is therefore an important aspect of suicide prevention.

**ACEs resources:**
- [ACES Too High](#)
- [Complex Trauma](#) – Impacts of Chronic Stress on Children and Their Capacity to Succeed
- [The Raising of America](#): Early Childhood and the Future of Our Nation

**Veterans**

Upcoming training: **Healing Our Heroes** – Serving Rural Veterans Behavioral Health Needs. September 23, 2014, 8:15 a.m.-4 p.m. Location: Liberty Inn, 1400 Wilmington Drive, DuPont, WA 98327.

Conference Highlights:
- Increase knowledge of veteran specific suicide risk assessment and prevention.
- Learn about new and emerging care practices from leading experts in the fields of post-traumatic stress disorder and suicide prevention.
- Identify and discuss unique traumas faced by veterans living in rural western Washington.
- Learn to navigate through VA access points to assist veterans with behavioral health needs.
- Network with other providers working to help veterans throughout rural Western Washington.