### Meeting Notes

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| Welcome and agenda review    | Sec. John Wiesman, DOH                                              | Preliminary comments  
• The Results WA measure is to “Reduce suicide death rate from the rate of 15.6 per 100,000 in 2015 to 14.0 per 100,000 in 2020”                                                                 | On June 19, Secretary Wiesman and Marny Lombard (Safer Homes Task Force) gave a presentation the Results WA suicide measure. The presentation is [available online](#). |
| Introductions                | Everyone                                                            |                                                                                                                                           |                                                                                                                                                                                                         |
| Men in the Middle Years      | Dr. Jeffrey Sung, WA State Psychiatric Association                 | Men in the Middle Years (MiMY) have the highest number of suicides.  
• SAMHSA allocates funds based on congressional intent.  
  o Most SAMSHA funding for suicide prevention focuses on youth (ages 0 to 24).  
• Firearms are the most common method of suicide of MiMY.  
• Male perpetrators of domestic violence (DV) have a higher suicide risk than female victims of DV.  
• Many evidence-based clinical practices have shown to help women more than men.  
  o Consider alternate screening and assessment tools.  
  o Dialectical Behavior Therapy (DBT) is a great treatment for women under 30 years old, but there isn’t research that it’s effective for men.  
  o Caring contacts (a best practice that involves sending an encouraging postcard or text message) is shown to be more effective for women than men.  | • Question: What about male DV victims or murder-suicides?  
  o Answer: Those weren’t included in this DV fatality review.  
• Comment: Many older adults in Mason County who die by suicide had a recent diagnosis or disabling disease.  
  o Response: The number of problems a person experiences is a better predictor than any 1 issue.  
• Comment: People often aren’t good at predicting their future behavior, like when putting a loved one in a nursing home.  
• Comment: When people answer “yes” to the PHQ-9 question 9, they are definitely at risk. Saying “no” to that question doesn’t mean they are safe.  
• Question: Are opioid deaths considered suicide or accidental?  
  o Answer: Depends on the intent determined by the Medical Examiner or coroner.  
• Question: Has suicide risk and PTSD or TBI been studied?  
  o Answer: It is currently being researched.  
• **Dr. Sung’s main advice** is to engage with trade organizations and build a safety culture, similar to the work Forefront is doing with the NRA and other firearm organizations. And “disease-free is not risk-free.” |
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| Legislative Update                        | Rep. Tina Orwell, House of Representatives | • Safer Homes bill passed  
  o Allows for temporary transfer of a firearm without a background check to prevent suicide or self-inflicted bodily harm (ESSB5552)  
  o Continues and expands suicide-safer homes task force legislated in 2016; creates project account for public-private partnership fund for public education campaign; adds dentists and dental hygienists to professions that must complete suicide prevention training (E2SHB1612)  
  • Higher Ed bill didn’t pass (SHB1379)  
  o A different bill for veterans in college did pass (SB5778)  
  • National Suicide Prevention Lifeline (NSPL) stopgap measure in House budget  
  o $700K over 2 years to increase the WA in-state call rate for NSPL                                                                 | • Comment: Another resource for veterans on college campuses is Vet Corps (similar to Americorps), but these are peers not professionals.  
    • Comment: For the next legislative session, AASP should put in a combined decision package to help legislators. |
| Why Mental Health & Suicide Prevention are the Next Frontier in Safety | Cal Beyer, Lakeside Industries  
  Mr. Beyer co-leads the Workplace Task Force under the National Action Alliance for Suicide Prevention and is in the Construction Industry Alliance for Suicide Prevention (CFMA). | Another way to reach men in the middle years is through workplace efforts, especially for occupations with high suicide rates.  
  • The 2016 CDC report showed that the construction industry has one of the highest rates of suicide.  
  o Reasons include risk of injury, stress, time away from families, multigenerational workers, gender stereotypes, and stigma.  
  • Shift suicide prevention from clinical to personal relationships.  
  • Lakeside Industries produced a kids book about safety called “Why ‘WYE’, Mom?” A 2nd book is in the works and will include information about mental health.  
  • There will be a Construction Industry Suicide Prevention summit on Oct. 24.  
  • Mr. Beyer is working with the National Suicide Prevention Lifeline on the “Be the One” campaign for Fall 2017. | • Question: For the hunter safety training, what is appropriate language to be put in for 10 year olds?  
  o Answer: Recommend speaking with Kathleen Gilligan or Dave Wipple who are both working with Forefront on this.  
  • Comment: With the governor’s interest, there might be a way to partner with workplace wellness and EAP statewide.  
  • Question: What changed in 2015 to help Mr. Beyer and CFMA with suicide prevention publications for the construction industry?  
  o Answer: The opioid crisis helped bring about the conversation.  
  • Question: Suicide is not a financial liability to workplaces but injuries are. How do you convince them this is a priority?  
  o Answer: Use business cases as examples but it does take a long time. Recommend speaking with L&I on this.  
  • Mr. Beyer’s suggested next steps for AASP (see separate document for full list) |
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| Discussion on Zero Suicide from April meeting | Dr. Ursula Whiteside, NowMattersNow Ms. Tory Gildred, Coordinated Care | Discuss if AASP wants to support Zero Suicide efforts in WA. If so, what are next steps?  
- Some suicide prevention best practices are already part of legislation and requested in the Medicaid Transformation Project for ACHs.  
- ZS is about a system change and commitment to suicide prevention throughout a healthcare system. | • Comment: Consider how suicide prevention ties in with the opioid addiction work through ACHs.  
• Comment: Nationally, the VA, National Action Alliance, and Kaiser are already doing/supporting ZS.  
• Question: How do colleges fit in with ZS?  
  o Answer: College health systems can follow ZS too.  
• Question: We have only heard of one approach. Should we consider other options before deciding? Will other initiatives be negatively affected by ZS?  
  o Answer: AASP will continue this conversation at the September meeting before making a decision.  
• Question: Is there research to show if ZS works outside of health systems, like in schools?  
  o Answer: Right now, ZS is only shown to be effective in healthcare systems. |
| Summary and Path Forward | Sec. Wiesman | The next meeting will be in-person on September 7. | • Review document on possible next steps for workplace efforts/construction industry.  
• **Plans for next meeting** (AASP’s 1 year anniversary!)  
  o Review first year of AASP work and strategize for 2017-2018.  
  o Discuss if AASP supports ZS and what that support will look like.  
  o Discuss AASP combined decision package for 2018 legislative session. |