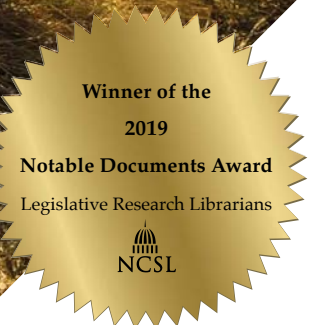
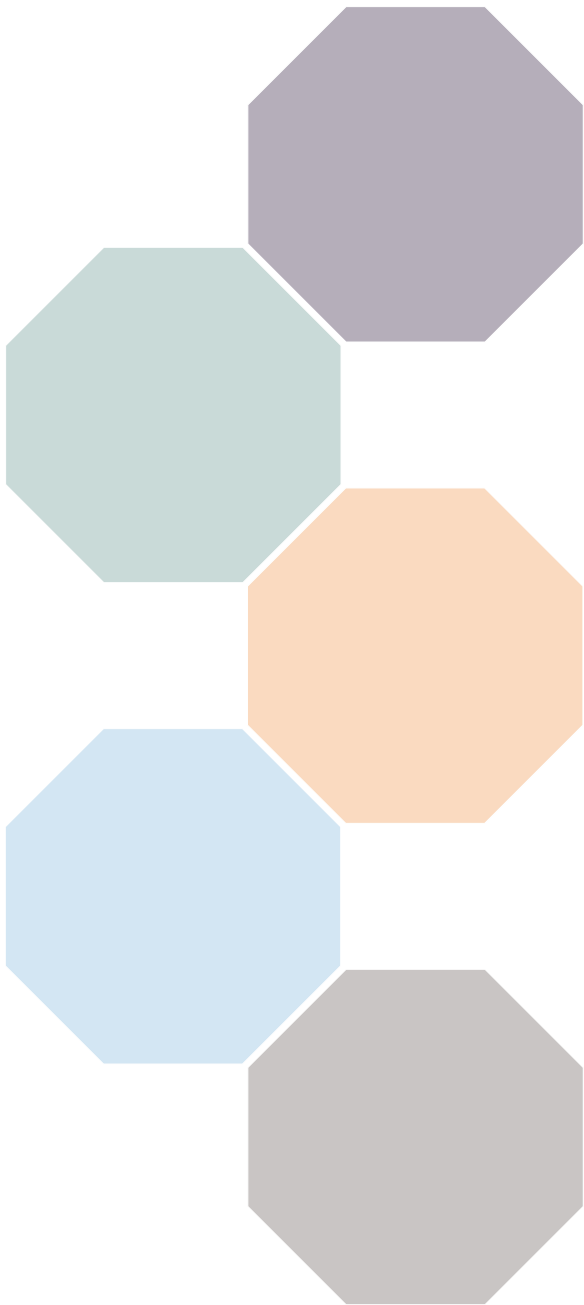


ANNUAL REPORT

Firearm Fatality and Suicide Prevention A Public Health Approach

FEBRUARY 2019





Contents

- 1 Executive Summary
- 3 2013–2017 Data
- 12 Progress on Executive Order 16-02
- 15 2018 Highlights: Strategic Directions
- 29 Conclusion

Executive Summary

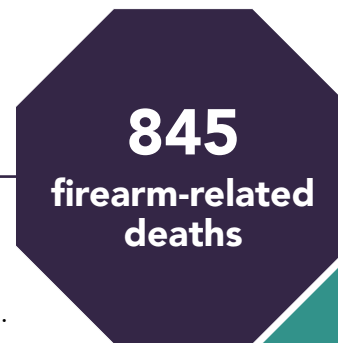
UPDATE ON EXECUTIVE ORDER 16-02

A Public Health Approach to Firearm Fatality and Suicide Prevention

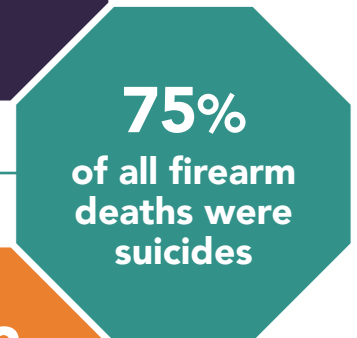
This report updates progress made by state agencies and key partners in 2018 under directives 1 and 3 outlined in Governor Jay Inslee's [Executive Order 16-02](#), Firearm Fatality Prevention – A Public Health Approach to reducing and preventing firearm-related injuries and fatalities, and implementing the [Washington State Suicide Prevention Plan](#).

Washington Suicide and Firearm-Related Injuries and Fatalities

In 2017, there were 845 firearm-related deaths. This includes suicide, homicide, accidental shootings, undetermined deaths involving a firearm, and legal intervention. There were 3,556 firearm-related deaths from 2013 to 2017.



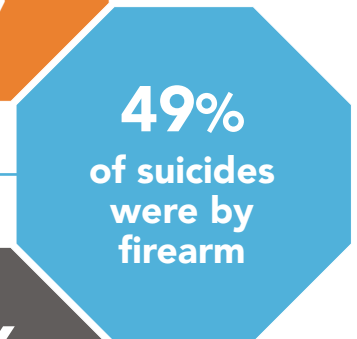
In 2017, 75% of all firearm deaths were suicides (637 deaths). From 2013 to 2017, 76% of all firearm deaths were suicides (2,704 deaths).



In 2017, 1,292 Washingtonians died by suicide compared with 1,123 in 2016. From 2013 to 2017, 5,669 Washingtonians died by suicide.



In 2017, firearms were used in almost half of all suicides. The same is true in each year from 2013 to 2017.



In 2017, there were 3,746 hospitalizations due to self-inflicted injuries, including suicide attempts; 79 were firearm-related. Due to the lethality of firearms, most people die when a firearm is involved in a suicide attempt.



2018 HIGHLIGHTS

LEGISLATION

- [2SB 6514](#) Implements a comprehensive approach to suicide prevention and behavioral health in higher education with enhanced services to student veterans.
- [2SHB 2671](#) Creates a Task Force and calls for implementation of a pilot project to begin March 1, 2019 to improve behavioral health and suicide prevention within the agricultural industry ([RCW 43.70.452](#)).
- [Initiative 1639](#) Passed by 59.35% of the vote calling for firearm safety measures, including secure gun storage for all firearms, to increase public safety.
- In September 2018, the state agencies on the Action Alliance for Suicide Prevention introduced a joint decision package to [Reduce Suicide Rates](#). Several proposals will be introduced in the 2019 legislative session.

EDUCATION

- [Project AWARE](#) in Battleground, Shelton, and Marysville School Districts increases access and reduces barriers for needed mental health services, with nearly 500 students engaged in school-based services during the 2017-2018 school year.
 - Among youth at highest risk of risk/threat to self (self-harm, suicidal ideation, suicide attempts), 75% reduced the severity of risk post-program services.
- OSPI, the PAR Initiative, and Jordan Binion Project launched the [Mental Health and High School Curriculum](#) in Washington State.
- The Washington State Department of Fish and Wildlife (DFW) Hunter Safety Education and Safer Homes finalized suicide prevention messaging for the Hunter Safety Education Booklet, now titled "[Firearms Safety, Suicide Awareness, The Law and You](#)." (p.2–3). Additional Safer Homes, Suicide Aware content is posted on the DFW Hunter Education webpage for enrolling in the Basic Hunter Education class.

SUICIDE HOTLINE

- Through state and grant funding, beginning January 31, 2018, all Washington callers to the National Suicide Prevention Lifeline were connected to Washington crisis centers. Prior to the funding, about 40% of Washington calls were answered in-state. By the end of 2018, the in-state answer rate was 78% and the number of Washington calls to the Lifeline increased 36% from 2017 to 2018.

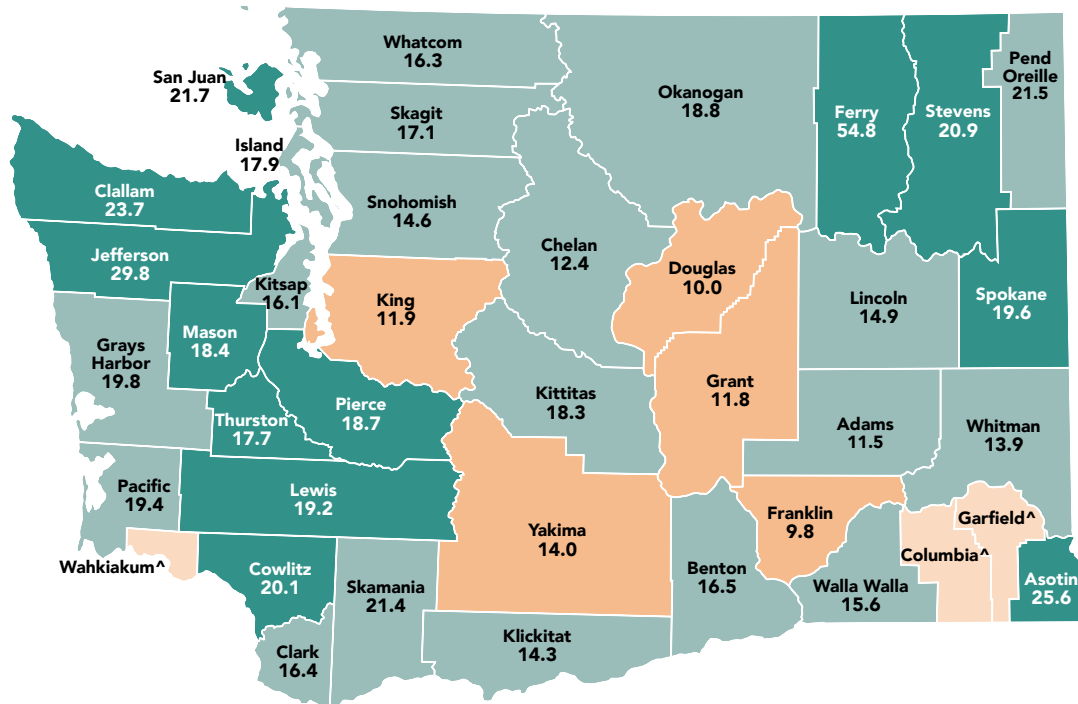
HEALTH CARE

- The legislatively created Bree Collaborative gathered state suicide prevention experts, researchers, and clinical providers to develop the [Suicide Care](#) report that was adopted September 2018. The report identifies implementation standards for suicide care, assessment, management, treatment, and supporting suicide loss survivors. The recommendations focus on a clinical setting, but the workgroup recognizes need for visibility and education in a variety of community settings, and that limited access to behavioral health is an issue.

2013–2017 Data

Washington State Suicide and Firearm-Related Injury and Fatality Data

Age-Adjusted Suicide Rate by County per 100,000 People (2013–2017)



Statistical significance, compared to the state rate of 15.4 per 100,000:

■ higher ■ not different ■ lower ■ n/a (^ = fewer than 10 deaths)

Data source: DOH death certificates

Data insights

- From 2013 to 2017, there were 5,669 Washingtonians who died by suicide (age-adjusted rate: 15.4 per 100,000).
- The counties with the highest number of suicides were King, Pierce, Snohomish, Spokane, and Clark.
- Washington counties can find 2013–2017 data on the [Washington Tracking Network](#).
- In 2015, the state set a [Results WA](#) measure to reduce the suicide rate from 15.6 per 100,000 to 14.0 per 100,000 in 2020.
- In 2017, 1,292 Washingtonians died by suicide—compared to 1,123 in 2016. The age-adjusted suicide rate increased by 15% between 2016 and 2017 (14.9 to 17.1 per 100,000).
- In June, the CDC released a new [Vital Signs](#) report on national and state suicide data.

Rural versus urban areas

- In Washington and nationally, suicide rates are higher outside urban areas. See the CDC’s [Suicide in Rural America](#).
- In Washington, the age-adjusted rate in small towns/isolated rural areas was 21.2 per 100,000 people. This was about 24% higher than the state rate.
- In March, the University of Washington Northwest Center for Public Health Practice hosted a webinar, [Trauma-Informed Practice: A Rural Perspective](#).

Geography	Age-adjusted rate per 100,000
Urban core	15.4
Suburban	15.6
Large rural town	17.5
Small town rural/Isolated rural	21.2

County Suicide Data (2013–2017)

County	Number of suicides	Age-adjusted rate (per 100,000)
Adams	10	11.5
Asotin	27	25.6
Benton	155	16.5
Chelan	51	12.4
Clallam	99	23.7
Clark	377	16.4
Columbia	6	^
Cowlitz	108	20.1
Douglas	21	10.0
Ferry	17	54.8
Franklin	38	9.8
Garfield	3	^
Grant	53	11.8
Grays Harbor	72	19.8
Island	73	17.9
Jefferson	49	29.8
King	1287	11.9
Kitsap	214	16.1
Kittitas	38	18.3
Klickitat	17	14.3
Lewis	79	19.2
Lincoln	11	14.9
Mason	67	18.4
Okanogan	41	18.8
Pacific	24	19.4
Pend Oreille	11	21.5
Pierce	793	18.7
San Juan	21	21.7
Skagit	108	17.1
Skamania	12	21.4
Snohomish	576	14.6
Spokane	486	19.6
Stevens	49	20.9
Thurston	248	17.7
Wahkiakum	4	^
Walla Walla	48	15.6
Whatcom	181	16.3
Whitman	28	13.9
Yakima	163	14.0
Statewide	5,669	15.4

State Age-Adjusted Rate = 15.4 per 100,000

^ = fewer than 10 deaths

State health officials promote national #Bethe1to campaign

In a September 2018 [news release](#) issued by the Washington State Department of Health (DOH), health officials urged people to participate in the [#Bethe1to](#) suicide prevention campaign.

“We want people to know there are steps they can take that can help prevent suicide,” said Secretary of Health John Wiesman. “Learning these may be vitally important to those you love and care about.”

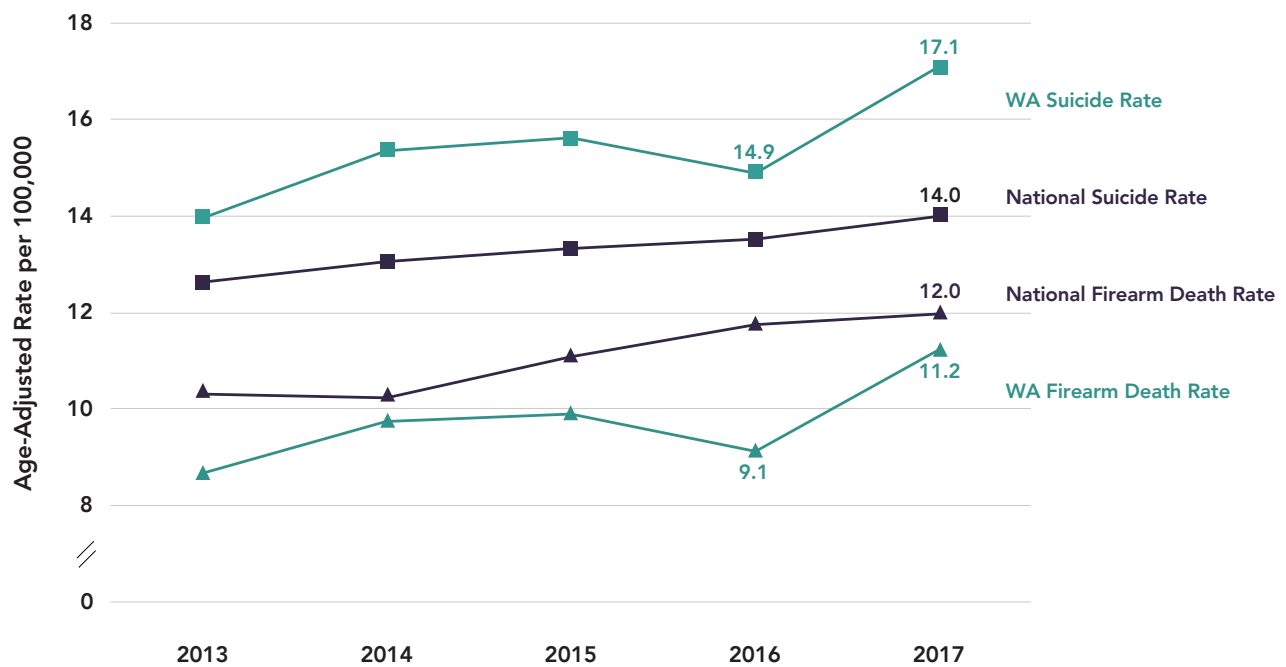
The national #Bethe1to campaign highlights five actions people can take to help prevent suicide.

- Be the one to ask.
- Be the one to keep them safe.
- Be the one to be there.
- Be the one to help them connect.
- Be the one to follow up.

These steps for communicating with someone who may be suicidal are supported by evidence in the field of suicide prevention. To learn more about how and why the five steps can help, visit [Bethe1to.com](#).

The DOH news release was published across the state, including [Spokane](#), [Mountlake Terrace](#), and [Enumclaw](#).

Washington State Rates vs. National Rates for Suicide and Firearm Deaths (2013–2017)



Data source: DOH death certificates (WA) and CDC WONDER (US)

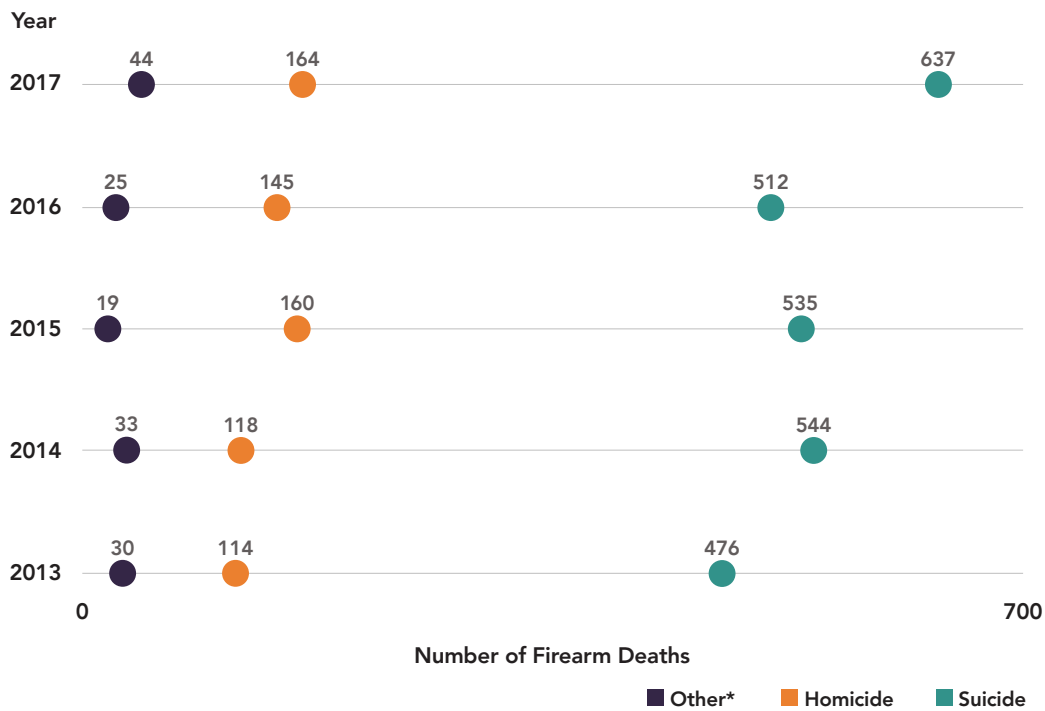
Data insights

- From 2013 to 2017, suicide and firearm death rates in Washington and the U.S. trended upward. Washington’s suicide rate was higher than the national rate in each year. In 2017, the state suicide rate was 17.1 per 100,000 people compared to the national rate of 14.0 per 100,000.
- In Washington, the suicide and firearm-related death rate trends correspond; suicides account for about 75% of all firearm-related deaths every year.
- In February 2018, DOH released its State Health Assessment, which included a section on [Suicide & Safe Storage of Firearms](#). The report mentions how Washington is addressing both topics.
- In November, Public Health – Seattle & King County held a webinar, [Surveillance in Action: Producing and Disseminating County-Level Data for Firearm Injury Prevention](#).

National rankings

- Washington had the 21st highest suicide crude rate in 2017 according to the [American Association of Suicidology](#). Note: DOH usually reports age-adjusted rates.
- In 2017, Washington ranked 38th for states with the highest firearm fatality rates. See the CDC [state firearm fatality data and ranks](#).
- Washington counties can find [local firearm fatality data](#) at County Health Rankings & Roadmaps.

Total Washington Firearm Deaths by Intent (2013–2017)



Data source: DOH death certificates

Washington firearm deaths by intent

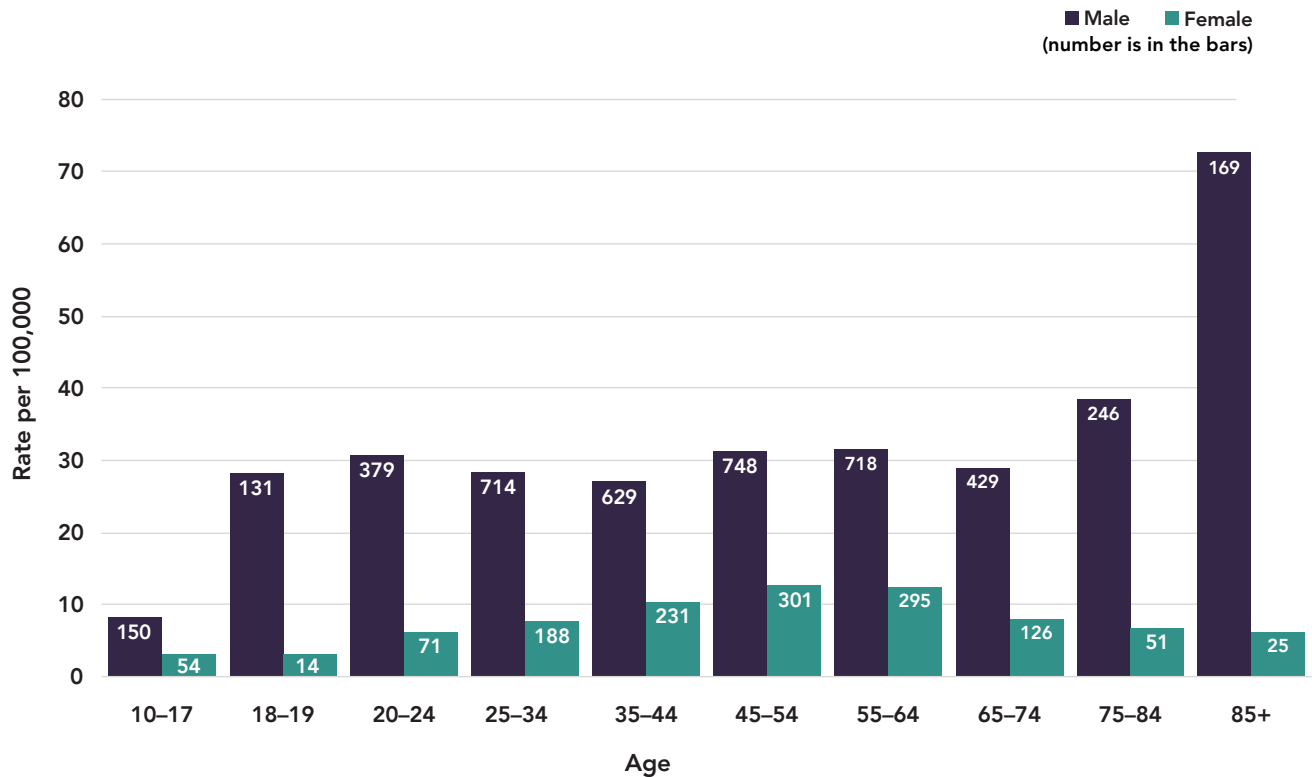
- On average, about 75% of all Washington firearm-related deaths are due to suicide; nearly 20% of firearm-related deaths are due to homicide.
- In 2017, there were 845 firearm-related deaths; 637 were suicides and 164 were homicides (a 24% and 13% increase respectively, compared to 2016).
- From 2013 to 2017, there were 3,556 firearm deaths. This includes suicide, homicide, accidental shootings, undetermined deaths involving a firearm, and legal intervention. Of those deaths, 76% were suicides.

Type	Number of deaths	Percent of all firearm deaths
Suicide	2,704	76.0%
Homicide	701	19.7%
Other	151	4.2%

National and local perspectives

- For more information, the CDC has a report on [Firearm Homicides and Suicides in Major Metropolitan Areas: United States, 2012–2013 and 2015–2016](#).
- A [recent study](#) by the University of Washington found children living with an adult firearm owner who misuses alcohol are at increased risk of self-harm and interpersonal violence.
- Extreme Risk Protection Orders (ERPO) prevent individuals at high risk of harming themselves or others from accessing firearms by allowing family, household members, and police to obtain a court order when there is demonstrated evidence that the person poses a significant danger. The Seattle Police Department [website](#) has more information.

Suicide Rates by Age and Sex (2013–2017)



Data source: DOH death certificates

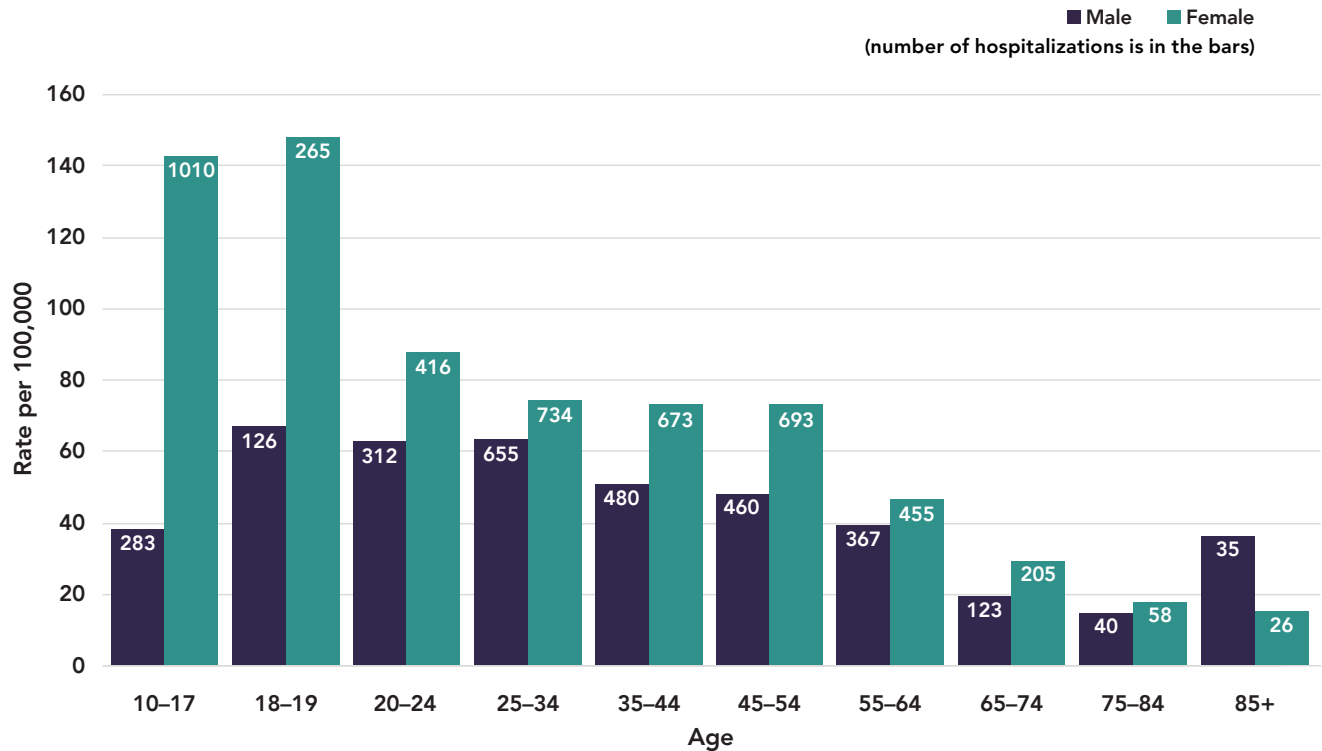
Suicide by age and sex

- Suicide rates are higher for males than for females in all age groups. About 3 males die by suicide for every 1 female.
- From 2016 to 2017, suicides increased 20% in females and 14% in males.
- Suicides increased in all age groups, with the greatest percent increases occurring in youth (10–24 years old) and adults 75+.
- Youth ages 10–24 had a 27% increase in suicide from 2016 to 2017.
- From 2013 to 2017, 5,669 Washington residents died by suicide. Among those, 76.1% were male (4,313 suicides). Males 35–64 years of age accounted for 37% of all Washington suicides (2,095 suicides).

Change in suicide by age and sex

Age range	2016	2017	Percent change
9 and under	0	0	0%
10–17	37	49	32%
18–19	28	35	25%
20–24	97	122	26%
25–34	188	189	1%
35–44	158	197	25%
45–54	192	222	16%
55–64	217	225	3%
65–74	124	126	2%
75–84	54	79	46%
85 and older	28	48	7%
Total females	244	293	20%
Total males	879	999	14%
Total overall	1,123	1,292	15%

Rates of Hospitalization for Intentional Self-Injury by Age and Sex (2016–2017)



Data source: Comprehensive Hospital Abstract Reporting System (CHARS)

Self-inflicted hospitalizations

- In 2016–2017, there were 7,425 hospitalizations in Washington due to self-inflicted injuries.
- Prior to a new coding system (ICD-10CM) that hospitals began using in October 2015, there was not a way to record suicide attempts. Using the new system, 8.4% (624) of the 2016–2017 hospitalizations due to self-inflicted injuries were classified as suicide attempts.
- Females accounted for 63% of hospitalizations. Females aged 15–24 accounted for 18% of hospitalizations (n=1,363).
- Hospitalizations for self-inflicted injuries have been decreasing in Washington since 2010. However, nationally and in our state, hospitalizations for females aged 10–14 have been increasing. In 2016–2017, there were 373 hospitalizations for females aged 10–14 (rate: 84.6 per 100,000). Part of the latest increase may be due to improved coding.

National insights

Based on national research, the [Suicide Prevention Resource Center](#) provides greater understanding of this issue. For every suicide death, there are approximately:

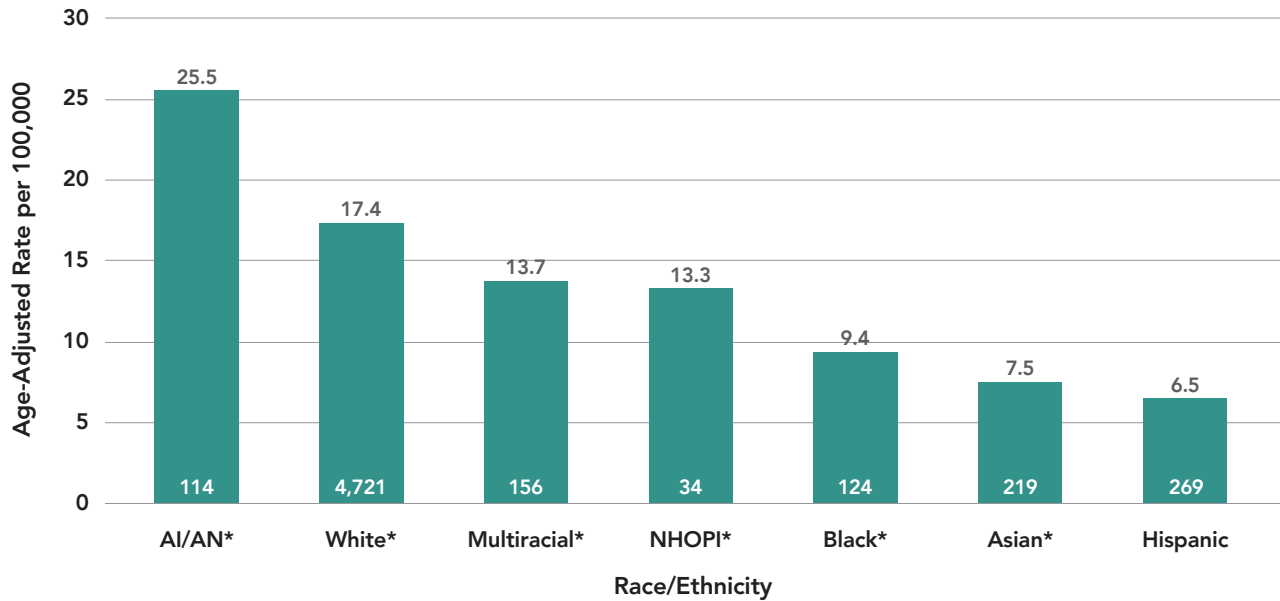
- 3 hospitalizations for a suicide attempt
- 9 emergency department (ED) visits for a suicide attempt
- 27 attempts that do not result in hospitalizations or ED visits

In 2018, several national suicide intervention resources were created for EDs:

- The Suicide Prevention Resource Center outlined [five brief interventions](#) for EDs.
- The [Patient Safety Screener](#) can be administered to all patients who come to the acute care setting—not just those presenting with psychiatric issues.
- The [Ask Suicide-Screening Questions \(ASQ\) Toolkit](#) is a free resource for medical settings that can help nurses or physicians successfully identify youth at risk for suicide.

Suicide Rates by Race/Ethnicity (2013–2017)

(rate is above the bar, number is in the bar)



Data source: DOH death certificates

Notes: * Non-Hispanic; AI/AN – American Indian/Alaska Native; NHOPI – Native Hawaiian/Other Pacific Islander

Suicide by race/ethnicity

- In Washington and nationally, non-Hispanic American Indian/Alaska Natives (AI/AN) have the highest suicide rate, followed by non-Hispanic Whites.
- In Washington, from 2013 to 2017, AI/AN had the highest rate of suicide (25.5 per 100,000, n = 114), while non-Hispanic Whites had the highest number of suicides (17.4 per 100,000, n = 4,721).
- Suicide rates for all races have increased in the last 10 years. The greatest increases are among AI/AN and non-Hispanic Whites.
- Rates of suicide for Whites went up 3.4% from 2016 to 2017.
- The American Psychological Association’s report, [Health Disparities in Racial/Ethnic and Sexual Minority Boys and Men](#), reviews health disadvantages and recommendations to improve the overall health and quality of life of these vulnerable boys and men.

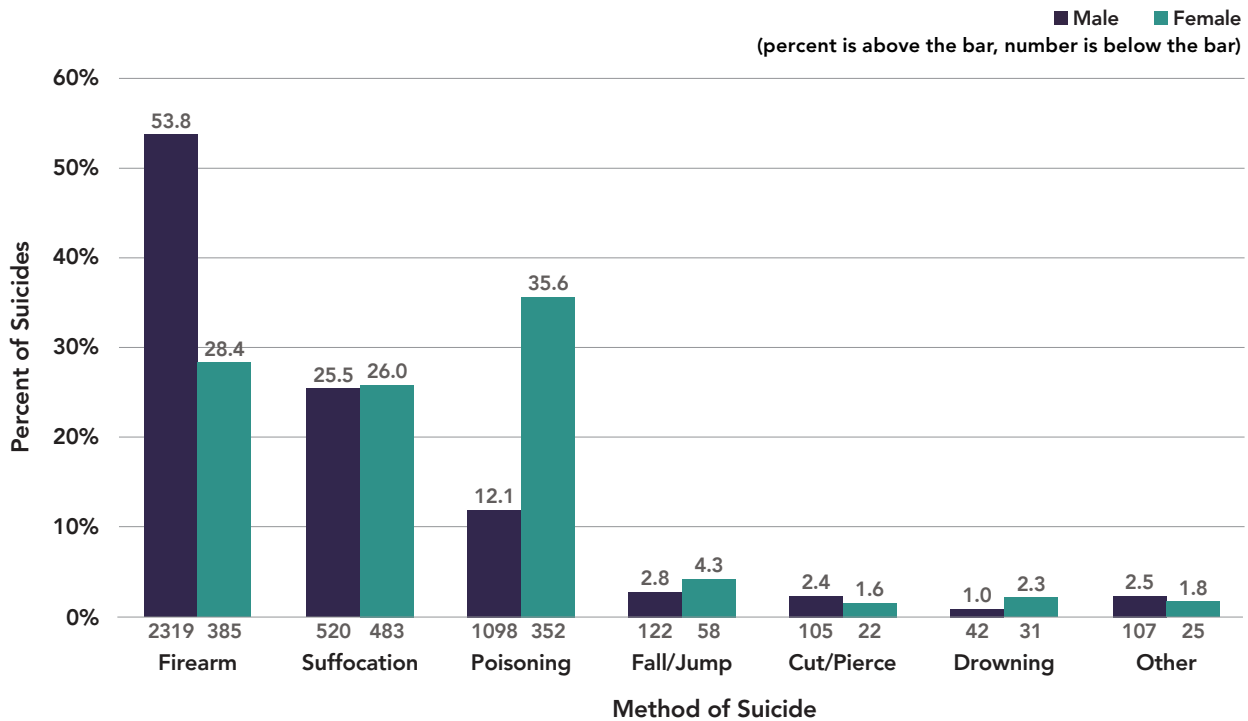
National and global insights

- In March 2018, the CDC released a national data report, [Suicides Among American Indian/Alaska Natives — National Violent Death Reporting System, 18 States, 2003–2014](#).

Significant findings include:

- AI/AN have the highest rates of suicide of any racial/ethnic group in the United States. The rates of suicide in this population have been increasing since 2003.
- AI/AN who died by suicide were younger and had higher odds of living in a non-metropolitan area than did non-Hispanic Whites who died by suicide.
- Compared to non-Hispanic Whites, some circumstances occurred more frequently with AI/AN suicides, including suicide and non-suicide deaths of friends and family, as well as alcohol use prior to their death.
- In November, the Black Dog Institute in Australia released an [Indigenous Lived Experience Project Report](#).

Methods of Suicide – By Sex (2013–2017)



Data source: DOH death certificates

Other includes: Fire/Burn, Other transportation, Other specified, NEC (Not elsewhere classified) and Not specified.

Suicide methods and counseling resources

- Lethality of the method is important when thinking about suicide prevention. Firearms and suffocation are more lethal than other methods of suicide. A firearm was used in almost half of all Washington suicides and poisoning was used in the majority of those hospitalized (76% in 2016–2017).
- In 2017, the leading methods of suicide were firearms (48%), suffocation (27%), and poisoning (17%).
- The leading methods of suicide in males were firearm (54%) and suffocation (26%), while in females they were poisoning (36%), firearms (28%), and suffocation (26%).
- The Suicide Prevention Resource Center updated their free online training on [Counseling on Access to Lethal Means \(CALM\)](#).
- The American Medical Association created a free online course, [The Physician’s Role in Promoting Firearm Safety](#).

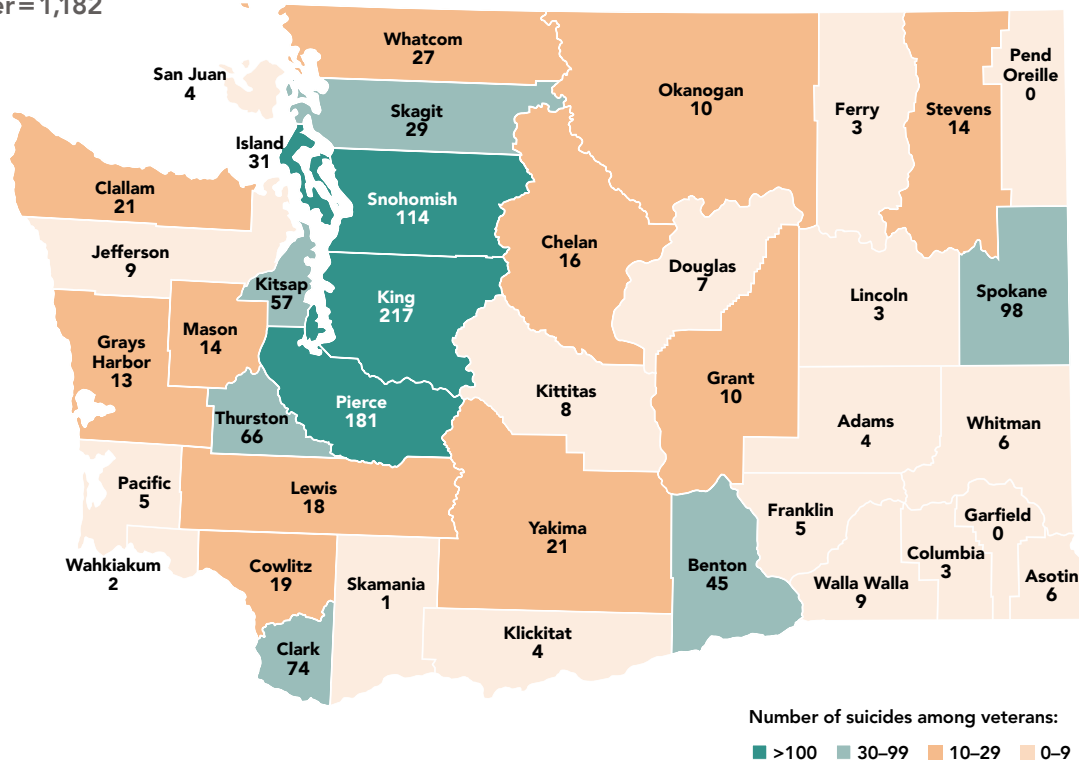
Methods and age groups

- Firearms are the most common method across all ages except for youth under 18 years old. Almost 3 out of 4 adults ages 75 years and older who died by suicide used a firearm.
- Suffocation is the most common method for youth under 18 years old.
- Suicide by poisoning was more common with middle-aged adults than other age groups.

Method of suicide	Age groups				
	10–17	18–35	35–54	55–74	75+
Firearm	37%	44%	42%	51%	73%
Suffocation	50%	35%	27%	16%	8%
Poisoning	7%	10%	21%	24%	14%
Other	5%	10%	10%	9%	5%

Number of Suicides Among Veterans (2013–2017)

Number = 1,182



Data source: DOH death certificates

Veterans refers to those currently in the armed forces and those who have ever served in the armed forces. A total of 1,182 veterans who died by suicide were WA residents. Among them, 8 were without county code.

Veteran suicides

- Washington State death certificates include information about whether the person who died ever served in the armed forces. This information does not differentiate between current service and past service.
- Counties with the highest number of veteran suicides are King, Pierce, Snohomish, Spokane, and Clark, which also have the highest number of total suicides.
- From 2013 to 2017, 1,182 veterans died by suicide.
 - This accounts for 17.6% of all Washington suicides.
 - 35.8% of veterans were ages 55 to 74.
 - 255 veterans died by suicide in 2017 (crude rate: 45.5 per 100,000 veterans).
- In 2017, the Department of Veterans Affairs estimates a total of 560,000 veterans in Washington state.

National insights

- Department of Defense reports 63,946 active duty military and reserve members.
- The Department of Defense [Quarterly Suicide Report](#) summarizes suicide counts and annual rates for the Active Component, Reserves, and National Guard. They also release [annual suicide reports](#).
- In June 2018, the Veterans Health Administration released a [national suicide data report on veterans](#). While the average number of veterans who died by suicide each day remained unchanged at 20, the suicide rate increased faster among veterans who had not recently used VA health care than compared to those who had.
- The U.S. Department of Veterans Affairs released the [National Strategy for Preventing Veteran Suicide](#), which provides a road map for how the VA intends to address the tragedy of suicide among veterans.

Progress on Executive Order 16-02

This report outlines the actions taken in 2018 to reduce firearm fatalities and injuries and prevent suicide in Washington. Directives 2 and 4 of [Executive Order 16-02](#) have been completed. This section summarizes activities by state suicide prevention workgroups to advance directives 1 and 3.

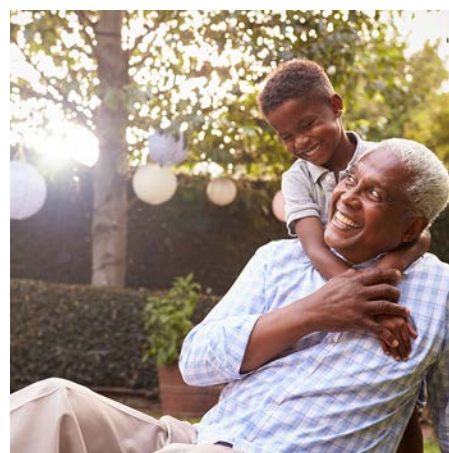
Executive Order Committees

To implement and track progress of EO 16–02, the Department of Health formed two committees: the Washington Action Alliance for Suicide Prevention (AASP) and the Suicide Prevention Plan Implementation Workgroup (now the Mental Health Promotion/Suicide Prevention Workgroup). In both groups, members share their multidisciplinary expertise, perspectives, and networks to improve suicide prevention implementation efforts across Washington State.

Action Alliance for Suicide Prevention

AASP is an [executive-level committee](#) that uses strategy, momentum, and input to guide policy, financial, legislative, and programmatic change. AASP held six meetings in 2018 (notes are [posted online](#)). The following topics were discussed and led by committee members and guests:

- **American Indian and Alaska Native communities** — reviewed tribal epidemiology data and the data misclassification. Learned about the work of the Northwest Portland Area Indian Health Board (NPAIHB), suicide prevention best practices and resources for agencies serving AI/AN communities. American Indian Health Commission (AIHC) provided an overview of their prevention priorities and event updates. (Soyeon Lippman, DOH; Colbie Caughlan, NPAIHB; Jan Olmstead, AIHC)
- **Washington suicide data analyses** — assessed suicide data from death certificates, hospitalizations, and the Washington Violent Death Reporting System (WA–VDRS). Considered existing programs and gaps in services as well as new areas of interest from the first round of WA–VDRS analysis. (Mamadou Ndiaye, DOH)
- **State crisis and suicide intervention services** — The Department of Social and Human Services (DSHS) worked with local crisis centers and Designated Crisis Responders (DCRs) to provide crisis intervention services. County-specific services include mobile crisis teams, crisis triage, crisis stabilization units, and crisis respite centers. (Robert Pellett, DSHS)
- **K–12 initiatives** — The Office of the Superintendent of Public Instruction (OSPI) provided guidance on best practices and school-based recommendations. School boards decide what to implement. OSPI worked on several projects including social-emotional learning, Project AWARE, mental health curricula, and with University of Washington on Forefront in the Schools. (Camille Goldy, OSPI)

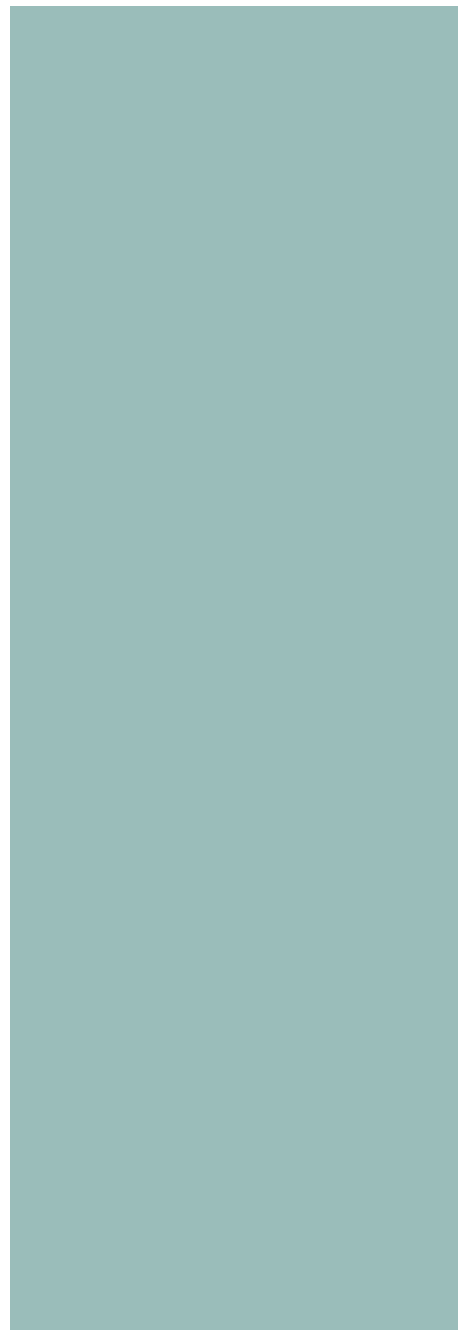


- **Safer Homes Coalition** — provided updates on this legislative mandated workgroup that promoted safe storage of medications and firearms to prevent suicide. (Jennifer Stuber and Brett Bass; Forefront Suicide Prevention)
- **Washington healthcare integration** — Health Care Authority (HCA) and local behavioral health agencies explained healthcare integration plans and changes to crisis response services. (Isabel Jones, HCA; Jessica Shook, Olympic Health and Recovery Services; Joe Avalos, Thurston-Mason Behavioral Health Organization)
- **National Suicide Prevention Lifeline** — With state and federal funding, Washington launched the nation’s first virtual Lifeline call center in January 2018. The presentation covered progress of this endeavor and plans for next year. (Levi Van Dyke, Volunteers of America; Allie Franklin, Crisis Connections; Neetha Mony, DOH)
- **Bree Collaborative suicide care report** — Throughout 2018, the Bree Collaborative kept the Alliance informed of the report progress, which was adopted by the Collaborative and submitted to HCA in September. (Ginny Weir, Bree Collaborative)

The AASP state agencies collaborated on a [suicide prevention joint decision package](#) for the 2019–2021 biennium.

- Contributing agencies and organizations included DOH, OSPI, DSHS, HCA, Department of Veterans Affairs, Division of Behavioral Health and Recovery, Labor & Industries, Department of Corrections, University of Washington, American Indian Health Commission, and Commission on Asian Pacific American Affairs.
- Five decision package meetings were held and updates were provided at the regular AASP meetings. DOH provided technical assistance about suicide prevention best practices.
- The joint decision package was submitted to the Governor’s Office and OFM in September 2018. OSPI and HCA submitted their fiscal requests in their agency budget requests.
- On December 13, 2018, Governor Inslee released his [2019–2021 proposed budget](#). Included were the decision package proposals for increased funding for Washington Lifeline crisis centers, regional Behavioral Health System Navigator at each Educational Service District, a new suicide prevention specialist at HCA, and funding for community suicide prevention grants. These recommendations will be reviewed during the 2019 legislative session.

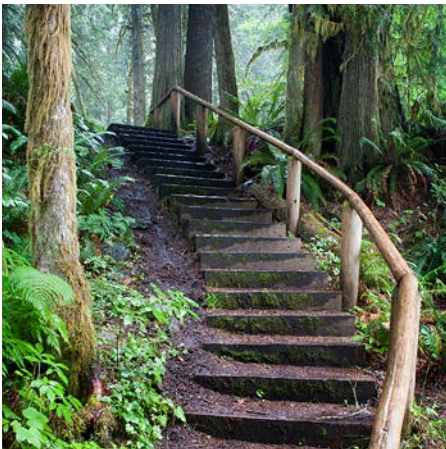
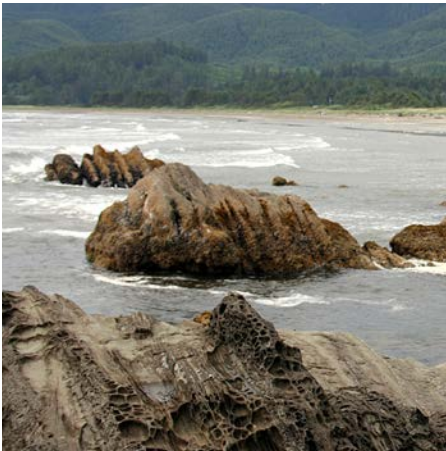
In March 2018, the Governor’s Office participated in a National Governor’s Association conference on suicide and shared information about AASP and last year’s [annual suicide prevention report](#). DOH presented about the AASP collaborative at the April 2018 American Association of Suicidology conference and for the CDC’s June Town Hall teleconference, [Rising Suicide Rates Across the US](#).



Mental Health Promotion/Suicide Prevention Workgroup

The [Mental Health Promotion/Suicide Prevention Workgroup](#) is co-led by DOH and the Division of Behavioral Health and Recovery (DBHR). The group allows for open, community-level discussion about on-the-ground expertise, legislation and statewide programs, and promotes events and best practices. The workgroup met monthly in 2018. Highlights of action include:

- [#Bethe1To](#) campaign for September National Suicide Prevention Month;
- creating and promoting the “Preparing for *13 Reasons Why* Season 2” one-pager in preparation for Netflix’s season release in April;
- In August, after WSU quarterback Tyler Hilinski’s death, the workgroup wrote and promoted best practices for reporting on suicide, based on [ReportingOnSuicide.org](#).
- presentations by community partners in Walla Walla, Snohomish, Clallam, and Pierce counties; and
- presentations on statewide resources and services by the American Foundation for Suicide Prevention, the VA, DOH, DBHR, and OSPI.



2018 Highlights: Strategic Directions

There are four Strategic Directions in the Washington State Suicide Prevention Plan. 2018 highlights for each strategic direction are captured on the following pages.



Strategic Direction 1:
Healthy and Empowered Individuals, Families, and Communities

In a healthy and empowered community, everyone understands their role in prevention, and suicide is prevented upstream, before a crisis.

Strategic Direction 2:
Clinical and Community Preventative Services

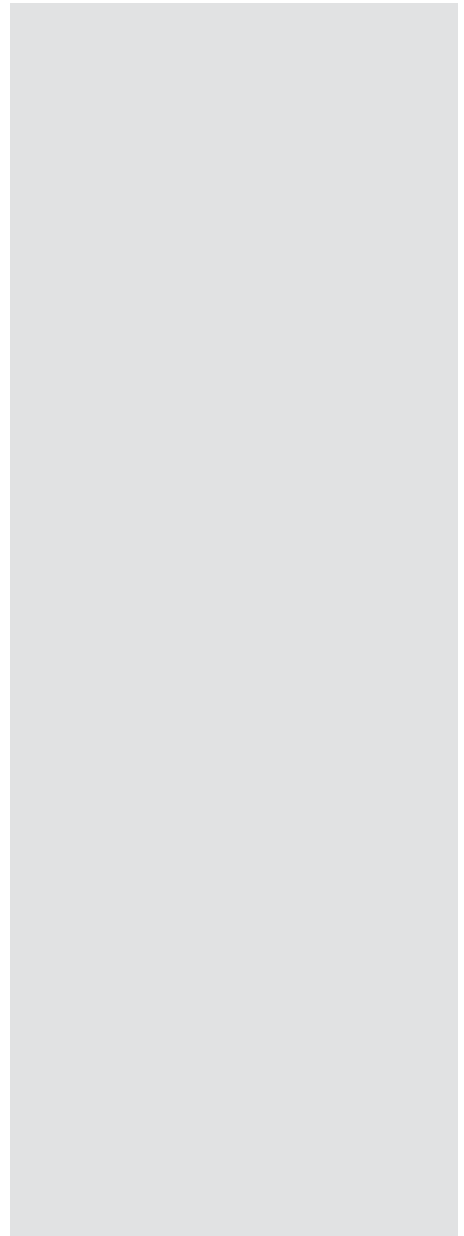
Suicide prevention programs are directed to those who need them most and can help identify people at risk and keep them safe.

Strategic Direction 3:
Treatment and Support Services

When a person in crisis seeks treatment, it should be accessible, appropriate, and respectful.

Strategic Direction 4:
Surveillance, Research, and Evaluation

Research, data, and evaluation should inform all suicide prevention programming.



Strategic Direction 1: Healthy and Empowered Individuals, Families, and Communities

Department of Health

Subscribers of DOH's suicide prevention listserv received weekly emails about new suicide prevention resources, research, events, and best practices. In 2018, 900 new subscribers [signed up](#) for the listserv.

Community Coalitions and Initiatives

Suicide Prevention Coalition of North Central Washington

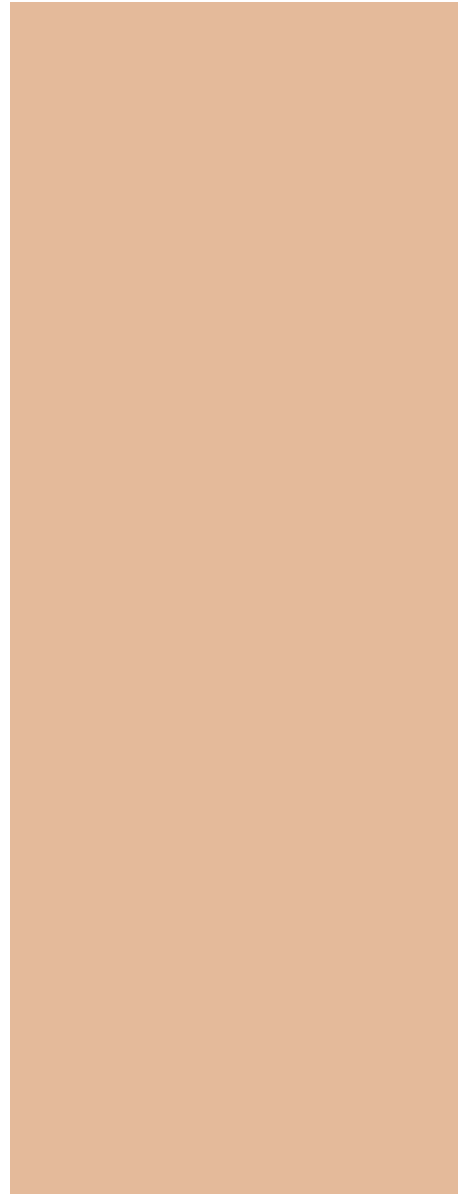
[Suicide Prevention Coalition of North Central Washington](#) (SPCNCW) serves Chelan and Douglas counties. In 2018, they:

- supported surrounding communities experiencing suicides outside of Chelan/Douglas which included Royal City, Colville, Moses Lake, and Quincy;
- provided guidance on the formation of a suicide prevention coalition in Moses Lake and Quincy;
- reached 2,500 people and focused on outreach to teens, veterans, and seniors;
- offered multiple trainings and trained 300 community members and 100 mental health and medical providers in Question, Persuade, Refer (QPR) Gatekeeper Training;
- created a senior workgroup to create a best practice model for implementation in senior facilities to prevent suicide;
- worked with a teen focus group to create marketing materials for youth by youth combining social media, gaming, and paper materials;
- created a best practice model of suicide prevention practices for adoption by schools; and
- surveyed the top 20 employers in their area regarding needs around suicidal employees.

Reach Out Walla Walla

[Reach Out Walla Walla](#) serves Walla Walla county. In 2018, they:

- held multiple trainings for 286 individuals representing schools, health care, non-profits, businesses, and juvenile justice;
- attracted 3,000 people to Reach Out Walla Walla's National Night Out, an annual community event. The Safer Homes Coalition taught about harm reduction and distributed medication lock boxes and firearm safes;
- trained 260 students in the national [Sources of Strength Suicide Prevention](#) program including four high schools and two middle schools in Walla Walla; and
- Blue Devil Strong, the Sources of Strength Peer Leader Group at Walla Walla High School, hosted the first suicide prevention campus walk.



Prevent–Avert–Respond (PAR) Mental Health Initiative

The [Prevent–Avert–Respond \(PAR\) Initiative](#) worked to reduce mental health crises with a focus in Pierce County. PAR uses a population approach that includes community education as a key goal. Recent accomplishments include:

- over 4,500 people trained in Mental Health First Aid (MHFA) and Youth MHFA at over 225 trainings, with special focus on faith communities, higher education, youth, older adults, and veterans/military members; and, special trainings for Spanish-speaking and African American communities;
- 32 new MHFA Instructors trained;
- collaboration with AFSP-WA to launch [Talk Saves Lives](#) in Washington, with 30 presenters trained in June 2018 and free presentations now available statewide.

Palouse Advocacy League

[Palouse Advocacy League](#) raises awareness around suicide prevention and reducing stigma associated with mental illness in Whitman County, Washington and Latah County, Idaho. They actively promoted resources on Facebook, hosted a MHFA training at Pullman Regional Hospital, and worked with the media.

- During the summer of 2018, they distributed over 10,000 drink coasters to over 45 bars and restaurants. The coasters featured the National Suicide Prevention Lifeline, the Crisis Text Line, and suicideispreventable.org.

Snohomish Health District

[Snohomish Health District](#) (SHD) trained nearly 400 community members in QPR, including faith-based volunteer groups, juvenile court, Snohomish County park rangers, law enforcement, all of the 4-H volunteers, parent groups, and hundreds of students and educators.

- SHD partnered with the Volunteers of America’s Crisis Response program to develop and provide Words Matter: Responsible Suicide Reporting, a free training on safe suicide reporting. Training was offered twice with attendees from all of the various media outlets in the region. Due to its success, the training will be offered quarterly in 2019; an expanded version will be developed to include suicide prevention information for continuing education credit to all educators in the community.
- SHD provided QPR trainings in the Everett School District, including North Middle School parents and teachers and at Jackson High School’s parent night, GSA club, and the entire school staff. The health department plans to work with more school districts in 2019.
- SHD leads the county’s Child Death Review, including youth who die by suicide. One recommendation from CDR includes working with WA-AFSP to develop a training around “[After a Suicide: A Toolkit for Schools](#)” for all middle and high school staff and administration — free of charge.

Sabrina Votava, Director, FailSafe for Life in Spokane

The issue of suicide seems to be becoming more and more of a priority for Spokane residents over the past 5 years. Our police are so very well trained in suicide and mental health crisis. We are fortunate for that. But it is concerning to me that we can’t make headway on a barrier for the bridges, not only to stop the loss of our precious community members but also to protect the mental health of the public. A barrier might also contribute positively to the flow of traffic, and the use of police resources.



Gig Harbor/Key Peninsula Suicide Prevention Coalition

Gig Harbor/Key Peninsula Suicide Prevention Coalition (GHKPC) works to reduce the stigma associated with suicide and create a suicide safer community for everyone in the region. In 2018, they:

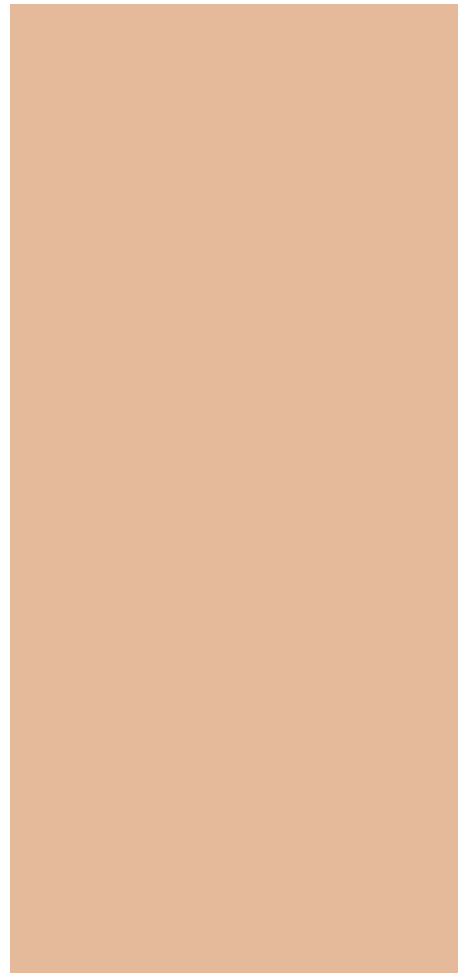
- conducted gatekeeper trainings, including Talk Saves Lives, for 405 secondary students in the Peninsula School District;
- partnered with Kevin Hines, a national speaker and suicide attempt survivor:
 - o September 10, National Suicide Awareness Day, the coalition and the Galaxy Theater hosted Hines' film *Suicide, The Ripple Effect* for 65 community members.
 - o November 5, Hines spoke to 300 community members and students at three high schools in Gig Harbor about suicide prevention. Local counselors were available for support and connection to further care.
- Pierce County Council approved prevention signs for the Tacoma Narrows Bridge and GHKPC is working on additional safety measures.

American Indian and Alaska Natives

American Indian Health Commission Summit

The 2018 Intertribal Youth Suicide Prevention Summit drew 100 youth and 100 adults from 34 tribes, including 22 Washingtonian Tribes. The summit's themes were Ask for Help, Create Your Own Story, Generational Clarity and Cultural Resilience, Seven Generation Strategies, and Cultural Protection.

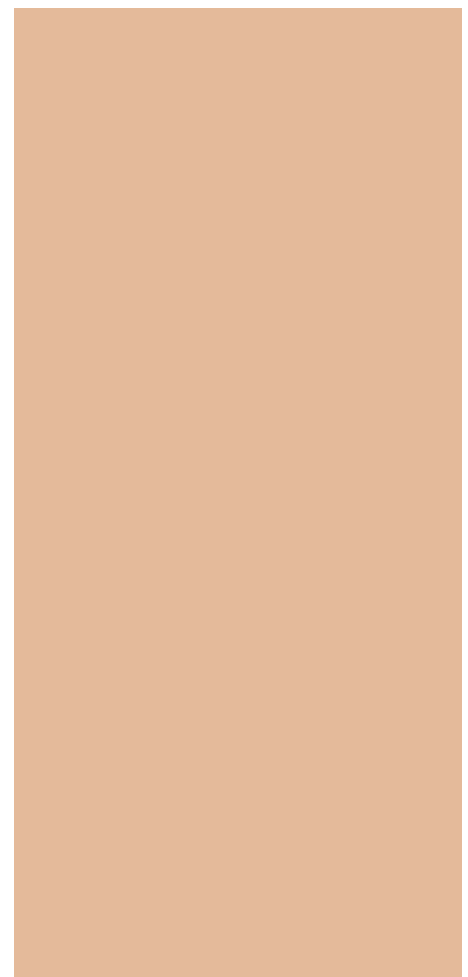
- All presenters were Native. The youth session focused on cultural activities, leadership skills, traditional storytelling, and creating your own life story. Cultural activities included a Native Design Workshop and Coastal Jam with drumming, dancing, and canoe paddling.
- Adult sessions included QPR training; reducing fear and stigma; suicide prevention strategies in Tribal communities; Native youth centered leadership; the White Mountain Apache suicide prevention model; and the connection between ACEs, tobacco and substance use, and suicide.
- Evaluations showed participants felt the Summit helped them learn new ways to support peers, and they achieved a sense of hope and cultural protection.



Source: American Indian Health Commission

Tribal Activities

- In July 2018, the Confederated Tribes of the Colville Reservation issued a State of Emergency after experiencing multiple critical incidences on the reservation, including suicides and suicide attempts. They reached out to DOH and HCA for assistance and resources.
 - o The Tribes identified the need for funding for a strategist to help develop a crisis plan and a refresher for behavioral health staff on crisis outreach protocols and resources.
 - o Multiple state agencies collaborated and provided state resources for technical assistance.
- In November 2018, the Skokomish Indian Tribe began hosting biweekly Suicide Talking Circles for youth ages 10–24, connecting Native youth with the tribe’s behavioral health staff. Youth receive resources and education about suicide, mental health, and substance abuse. Each session is opened and closed by a prayer or a song by a Skokomish tribal member.
 - o Through these talking circles, youth share stories of bullying, self-harm, and hopelessness — topics not often spoken about openly.
 - o The first session opened with “[Shattering the Silence: Youth Suicide Prevention](#),” a TedxYouth talk by Sadie Penn, a young person who attempted suicide and has since become an advocate for suicide prevention. This video gave youth the courage to share some of their stories.
 - o By request of the youth, the tribe hosted parent sessions to discuss signs of suicidal ideation, ways to talk to children about suicide, and the brain chemistry of young people.
 - o Following four talking circles, eight people scheduled an appointment with a counselor, and conversations about mental health and suicide are becoming less stigmatized and more visible in Skokomish.
 - o In 2019, the talking circles will emphasize education regarding substance abuse, an issue that continues to grow in the Skokomish community.



Source: NPAIHB/THRIVE

Department of Health

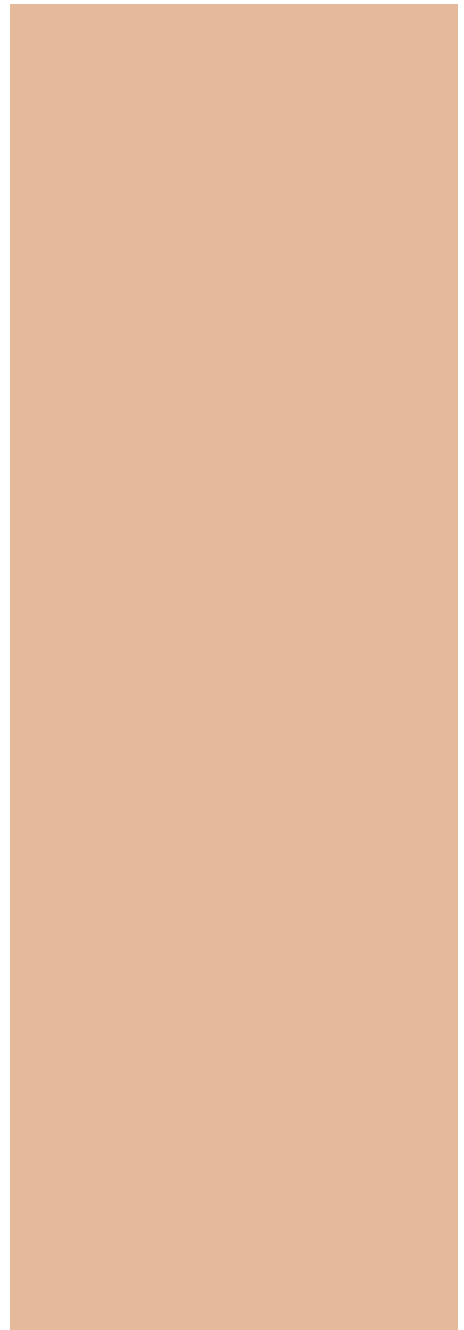
DOH visited the Lummi Nation and Skokomish Tribal Health Center to provide more information on state suicide prevention work and resources, and is part of a national tribal epidemiology group working to improve American Indian/Alaska Native suicide data.

Youth

Office of the Superintendent of Public Instruction

OSPI connects Educational Service Districts (ESDs), Local Education Agencies (LEAs), suicide prevention organizations, and behavioral health providers with schools to leverage resources in comprehensive suicide prevention planning and implementation. OSPI:

- researches and maintains a [Model School Plan](#) template on its [Suicide Prevention webpage](#), and in collaboration with the ESDs, promotes training to build the competencies of school staff to address student emotional and behavioral distress;
- created and distributed [Suicide Awareness and Resources for Educators](#);
- partnered with PAR Initiative and Jordan Binion Project to launch the [Mental Health and High School Curriculum](#) in Washington State. As of October 2018, 369 teachers in 105 school districts and 7 private schools around the state are trained to deliver the curriculum to their students;
- received a one-time increase in state funds in 2018 to develop and launch a one-hour educator training for recognizing and responding to signs of emotional and behavioral distress in students (the training will be available July 1, 2019);
- [E2SHB 1713](#) (2017) and [E2SHB 2779](#) (2018) created the Children’s Mental Health Regional Pilot Project for OSPI, ESDs 101 and 113 to implement and study the efficacy of a Behavioral Health System Navigator regional system to increase access to behavioral health services for children and families eligible for Medicaid.
 - o The Navigator reaches 59 districts in 6 counties in ESD 101, and 45 districts in 5 counties in ESD 113.
 - o The national postvention resource, [After a Suicide: A Toolkit for Schools](#), was updated.

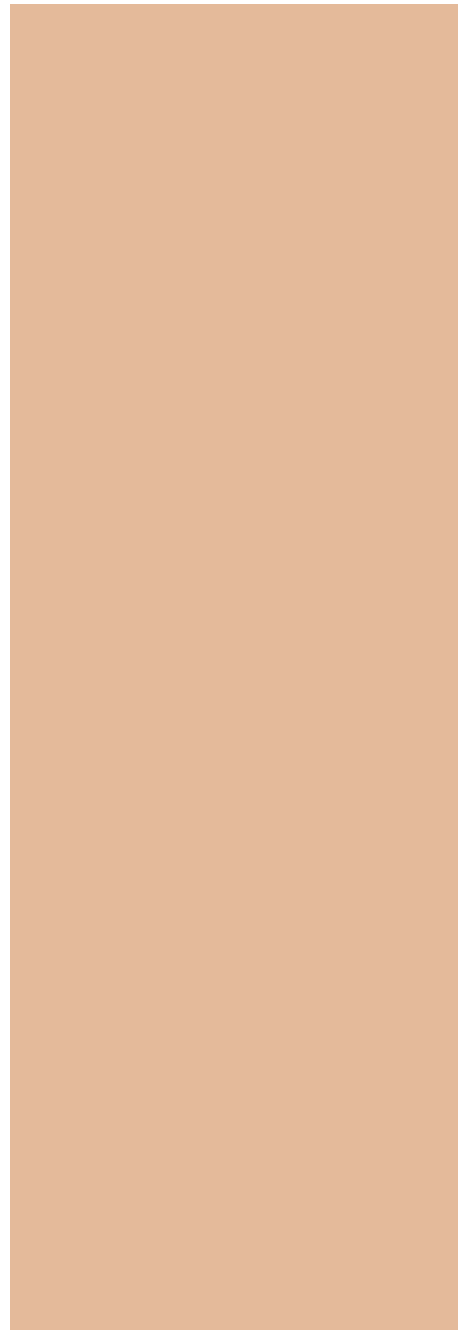


Higher Education

- [SB 6514](#) became law in 2018. Based on recommendations from the 2016 Report on Mental Health and Suicide Prevention in Higher Education, the bill requires a mental health and suicide prevention in higher education workgroup to create a publicly available statewide resource for postsecondary institutions, developing and centralizing data collection, and creating a grant program for resource-challenged institutions.
 - The workgroup held its first meeting in June and meets quarterly. Development of the first annual assessment tool is on target for distribution to institutions in January 2019.
 - Eight grants were awarded to resource-challenged institutions and updates will be provided at the 2019 Higher Education conference.
- Washington College Cohort with funding from the McCaw Foundation supports the [Jed Campus Program](#) on 13 campuses.
- Washington State Campus Cohort Suicide Prevention Conference, funded by DOH through a SAMHSA grant, drew 85 attendees from the 13 Jed cohort institutions. Topics included using data to drive suicide prevention planning, equity work in suicide, strategies to prevent suicide related to drugs and alcohol, connecting students to on- and off-campus resources and communities; postvention, and medical or hardship leaves at public secondary education institutions.
- University of Washington participates in [Step Up!](#), a peer focused program which includes student guides, strategies and a video campaign to address student suicides.
- DOH's SAMHSA grant funded Forefront Suicide Prevention's Day of Hope, a youth leadership conference to educate youth on understanding stress factors, supporting a friend in crisis, reducing stigma, family/school/cultural messaging on mental health, and enacting change on campus.

Foster Care and Adoption

- Coordinated Care, a Managed Care Organization, provides suicide prevention trainings for foster parents, and implements Zero Suicide universal screening approaches for foster youth. Contact communityeducation@coordinatedcarehealth.com for training information.
- Communities can also [request](#) an AFSP Talk Saves Lives presentation for foster parents.



Department of Health

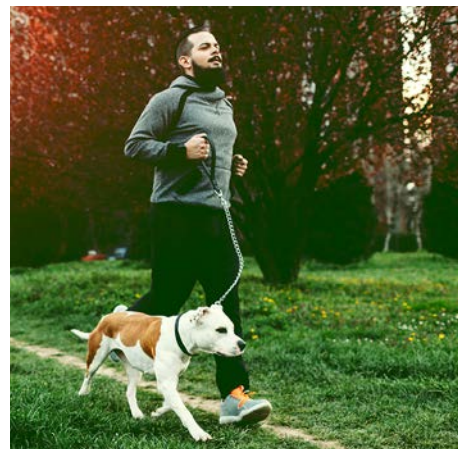
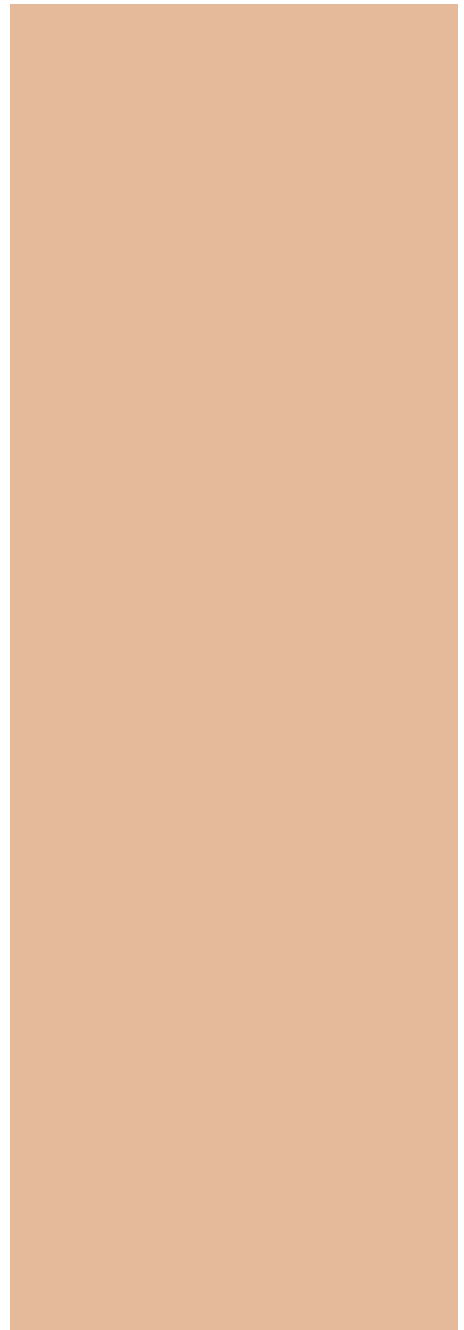
DOH and DBHR pooled funding and awarded \$200,000 for community-based youth suicide prevention and mental health promotion work. Suicide prevention grantees included Skagit County Public Health, Port Angeles, Monroe School District, United General District 304, Whatcom Family and Community Network, and Walla Walla County Department of Community Health.

- DOH's SAMHSA youth suicide prevention grant supports implementation of the [Hope Squad](#) curriculum in Hoquiam schools in Grays Harbor County and Crescent school district in Clallam County, and [Sources of Strength](#) in Pacific County schools.

Veterans

Department of Veteran Affairs

- Fifty Vet Corps members were provided with a suicide prevention training at the beginning of 2018.
- Each Veteran Peer Corps Training includes suicide prevention as part of the curriculum.
- Each Veteran Conservation Corps intern receives suicide prevention training prior to their field work.
- Veterans Training Support Center offers day-long suicide prevention training.
- War Trauma Program requires each WDVA Provider (50–70 contractors/subcontractors) to participate in a suicide prevention training.
- Traumatic Brain Injury Program is overseen by a mental health professional who offers consultation and support to veterans and their families. Suicide prevention is offered as part of the program's trainings.
- Crisis Text Line number and keyword "HEAL" were added to the [Max Impact TBI mobile app](#).
- The smart phone TBI application has been used by many veterans. The crisis line feature has received over 255 hits indicating individuals used the application to specifically contact the National Crisis Line.
- U.S. Department of Veterans Affairs produced the [2018 Veteran Suicide fact sheet](#).
- VA selected three winners in its [Gun Safety Matters Challenge](#), an open-innovation contest to develop cost-effective solutions for firearm storage, which Veterans and their families or friends could use to prevent suicide, injury or accidents.
 - o Kathleen Gilligan (Safer Homes Coalition member) and Leslie Bodi created a mobile app called Sentinel, which serves as a buddy system to connect peers when one is in crisis.



Workplaces

Industry

- 2SHB 2671 created a Task Force to submit recommendations to legislature for implementation of a pilot project to begin March 1, 2019 to improve behavioral health and suicide prevention within the agricultural industry ([RCW 43.70.452](#)). The report was submitted to the legislature.
- Partners in the construction industry have created a Washington-specific [Mental Health & Suicide Prevention Resource Directory](#) and [Toolkit](#) for workplaces.

Enterprise Suicide Prevention Workgroup

- The multi-state agency Enterprise Suicide Prevention Workgroup addresses suicide prevention best practices for the workplace. The group launched a [Suicide Prevention and Intervention](#) website under the Department of Enterprise Service's Employee Assistance Program. Sections include how to Get Help Now, Help a Loved One, Help a Coworker, Manager & HR Resources, If You Have Lost Someone to Suicide, and Understanding Suicide.
- Workgroup members made several presentations throughout the year, including for the construction industry at the Women Build Nations Conference and Construction Safety Day, the Governors Industrial Safety and Health Conference, universities, and for HR staff at multiple state government agencies. They also contributed articles to various publications on the topics of mental health promotion, suicide prevention and addiction recovery further positioning Washington as a leading state in suicide prevention.

Cindy Guertin-Anderson, Director, Washington State EAP

The Washington State Employee Assistance Program (EAP) continues to be concerned about rising suicide in the state workforce. The EAP provides crisis and referral support to employees and their family members. They have counselors available by phone 24/7 when urgent concerns such as suicide arise. The EAP also supports workgroups after they lose a coworker or customer to suicide or witness a suicide while at work. They are working to promote resilience and mental wellness in the state workforce through prevention and education efforts. In the past year, the EAP featured activities on SmartHealth focused on Suicide Awareness and Prevention, and hosted a Suicide Prevention Webinar viewed by over 600 employees.



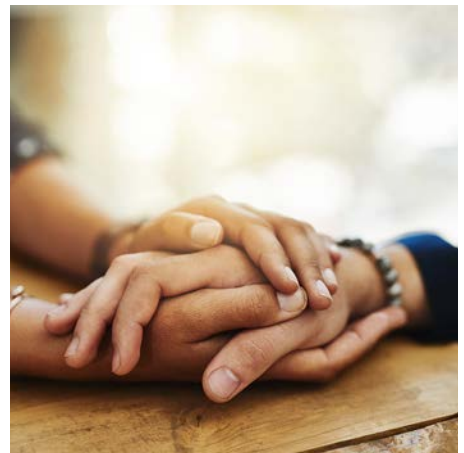
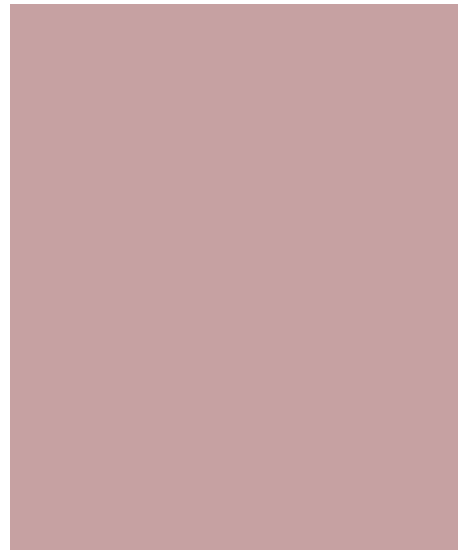
Strategic Direction 2: Clinical and Community Preventative Services

Strategic Direction 3: Treatment and Support Services

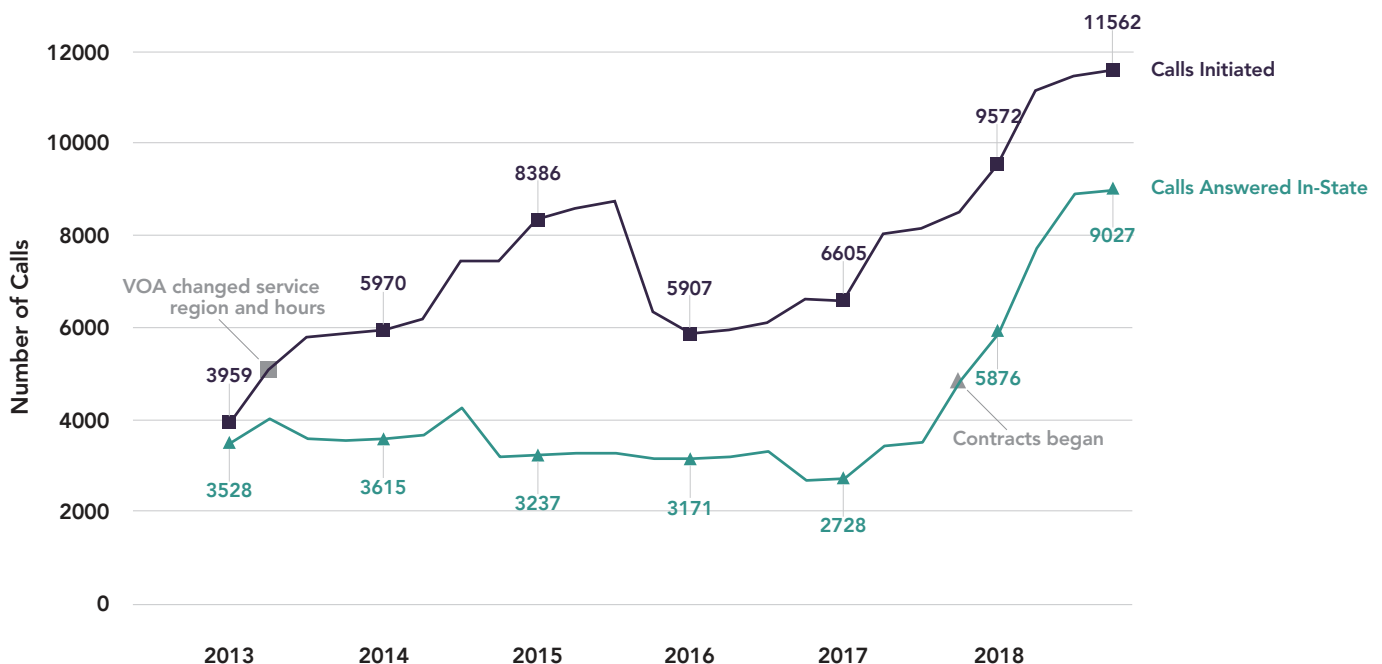
Strategic Directions 2 and 3 from the Washington State Suicide Prevention Plan are often closely intertwined in clinical practice. These approaches include identifying people at risk, ways to keep them safe, connecting them with clinical and community services they need, and treatment services that are accessible, appropriate, and respectful. The below activities align with the recommendations of both strategies.

National Suicide Prevention Lifeline

- DOH received \$700,000 in the 2017–2019 state budget specifically to increase the in-state answer rate of calls into the NSPL. DOH worked with Volunteers of America of Western Washington and Crisis Connections to create a virtual call center that would answer calls from Washington counties without a Lifeline-affiliated crisis center. The virtual call center began taking calls in January 2018.
- Washington calls to the Lifeline in the first three quarters of 2018 exceeded all of 2017; however, in-state answer rate improved from 43 percent to 78 percent despite the increase volume due to the work of virtual call center.



Washington's Quarterly Lifeline Calls (January 2013–December 2018)



Data source: National Suicide Prevention Lifeline

Firearms and Suicide Prevention

- The [Safer Homes, Suicide Aware](#) coalition was created in 2016 by [E2SHB 2793](#). Coordinated by Forefront Suicide Prevention, members include firearms retailers, second amendment rights groups, health care providers, and suicide prevention experts who came together around a single goal to save lives.
 - o In January 2018, the coalition launched [Firearms Safety, Suicide & You](#), a one-hour, voluntary online firearms retailer training.
 - o The coalition tabled at gun shows in Monroe, Spokane, Everett, Puyallup, and Vancouver. Volunteers walk attendees through the SAFER framework and give away safe storage devices for medications and firearms.
 - o In June, the Washington State Department of Fish and Wildlife (DFW) Hunter Safety Education and Safer Homes finalized suicide prevention messaging for the Hunter Safety Education Booklet, now titled "[Firearms Safety, Suicide Awareness, The Law and You](#)." (p.2–3). Additional Safer Homes, Suicide Aware content is posted on the DFW Hunter Education webpage for enrolling in the [Basic Hunter Education](#) class.
- Seattle Children’s hosted safe firearm storage giveaways at Silverdale, Federal Way, Vancouver, and Seattle. They developed an [event planning toolkit](#) for communities who want to host their own safe storage giveaways.
- The Washington State Firearm Tragedy Prevention Network hosted seven sessions on suicide prevention and firearm-related violence.
- [The Firearm-Related Injury and Death as a Public Health Problem: The Role of the Physicians and Nurses](#) statement from Public Health – Seattle & King County and Washington State Physician and Nursing Leadership was released in June.
- The Suicide Prevention Resource Center updated and redesigned the online course, [Counseling on Access to Lethal Means](#) (CALM). The new version, developed by Catherine Barber, director of the Means Matter Campaign at the Harvard Injury Control Research Center, and Elaine Frank, co-developer of the original CALM workshop, is primarily designed for mental health professionals and may benefit others who work with people at risk for suicide.

Office of the Superintendent of Public Instruction

- Project AWARE in Battleground, Shelton, and Marysville School Districts increases access and reduces barriers for needed mental health services, with nearly 500 students engaged in school-based services during the 2017–2018 school year.
 - o Students identified as highest risk served in Project AWARE school-based mental health services program demonstrated significant reductions in behavioral health areas of concern as a result of program participation. Specifically, among youth at highest risk of risk/threat to self (e.g., self-harm, suicidal ideation, or suicide attempts), 75% reduced the severity of risk post-program services.

Brett Bass, Program Coordinator, Safer Homes, Suicide Aware

Our success in this area stems from embracing cultural competence and approaching those who own and use firearms as partners in the work of reducing suicides. We strive to engage only where there is common ground, and invite firearms advocates, collectors, trainers, and professionals to help act as leaders in finding solutions.

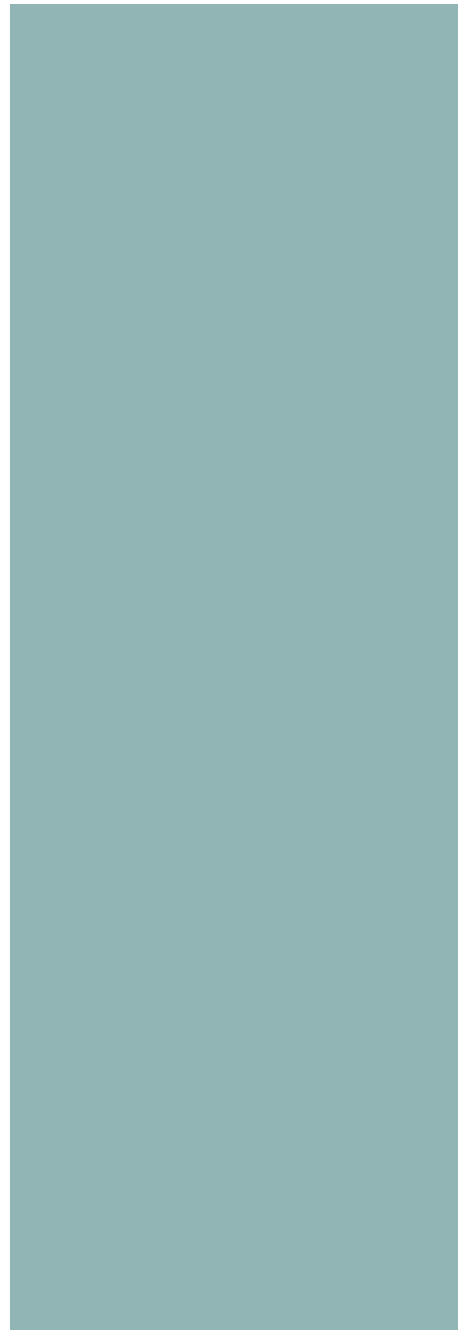


Suicide Prevention Training for Washington Health Care Professionals

- Many health professionals are required to take a suicide prevention training ([list of health professional training requirements](#)). DOH continued to evaluate and approve suicide prevention trainings for Washington licensed health professionals. By the end of 2018, there were 51 six-hour trainings, 27 three-hour trainings, and 16 three-hour trainings for pharmacists and dentists. See the [2017 Model List](#) for all trainings.
 - o DOH worked with the Puyallup Tribal Health Authority to approve a culturally-informed, six-hour suicide prevention training for their licensed health professionals.
- School counselors, psychologists, social workers, and nurses are required to take an approved suicide prevention training for certification/recertification ([RCW 28A.410.226](#)). OSPI consults with DOH and the Professional Educator Standards Board to maintain a list of approved trainings.
- DOH submitted the 2018 Suicide Education Report to the Legislature, as required under [ESHB 2315](#).

The Dr. Robert Bree Collaborative

- The Dr. Robert Bree Collaborative was established in 2011 by Washington State House Bill 1311 "...to provide a mechanism through which public and private health care stakeholders can work together to improve quality, health outcomes, and cost effectiveness of care in Washington State." Members are appointed by the Governor and include public health care purchasers for Washington State, private health care purchasers (employers and union trusts), health plans, physicians, and other health care providers, hospitals, and quality improvement organizations.
- In 2018, the Bree Collaborative convened the Suicide Care workgroup made up of clinicians, health care leaders, people with lived experience of suicidality, and those bereaved by suicide. Building on the [Washington State Suicide Prevention Plan](#) and the 2017 Bree [Behavioral Health Integration recommendations](#), the 2018 [Suicide Care report](#) was adopted in September and submitted to HCA. Recommendations are used by HCA to guide the type of health care provided to Medicaid enrollees, state employees, and other groups and by the health care community at large as a community standard.



Other Intervention and Postvention Efforts

Prevent–Avert–Respond (PAR) Mental Health Initiative

- 440 people received DOH-approved suicide prevention training. This includes ASIST (194) and safeTALK (221) in partnership with AFSP-WA; plus 25 faith community nurses completed a 1-day training at Pacific Lutheran University.
- Established the 2-1-1 Mental Health Resources Navigation Program in Pierce County.
- Trained 47 Wellness Recovery Action Plan (WRAP) Co-Facilitators, with Optum Behavioral Health Organization.
- CHI Franciscan’s WIC Program screens all clients for depression and anxiety using the PHQ4, with a process for providing info and referrals.

Palouse Advocacy League

- Palouse Advocacy League distributed the Mental Healthcare Provider guide to over 100 healthcare offices and hospitals around the Palouse. The guide is a comprehensive and up-to-date listing of all Palouse psychiatrists, psychologists, and therapists. The guide was paid for by donations.

After a Suicide

- [CC Cares](#) is a program for those newly bereaved by suicide from those who have been there. You can request care packages or speak with a companion mentor.
- Forefront in the Schools offers postvention resources and guidance for schools.

**Dr. Ursula Whiteside,
Founder, NowMattersNow**

In our research at Kaiser Washington with recent suicide attempters, Julie Richards and I interviewed a number of people who attempted suicide but had not woken up that day with any plans to kill themselves. The intense urges to kill themselves came over them following a significant disappointment and the time between decision to action was minutes and sometimes only moments.

Coordinating with experts including mental health professional, suicide experts, emotion regulation researchers, crisis response workers, those with lived experience, loss survivors, and peer support specialists we came up with the following [three steps](#). We don’t yet know how many people make unplanned attempts and die, but research estimates it could be up to 60% of people who die by suicide.



Strategic Direction 4: Surveillance, Research, and Evaluation

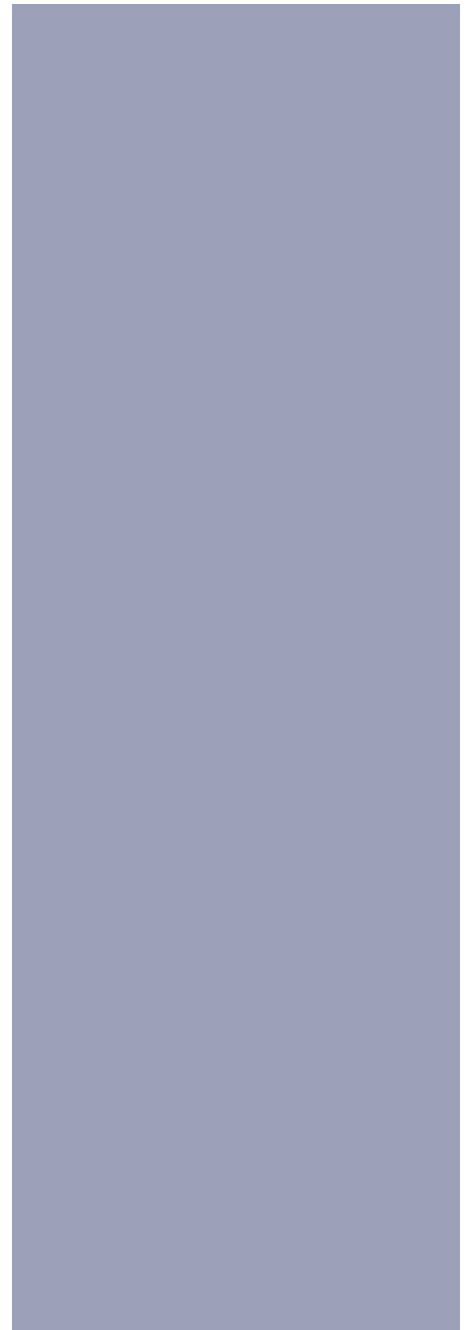
Office of the Superintendent of Public Instruction

- In 2018, OSPI received a one-time increase in state funds for establishing a premium subscription to the Crisis Text Line to increase data that can lead to future program development. OSPI and DOH are working with Crisis Text Line on this new partnership to promote the keyword “HEAL.”

Department of Health

DOH regularly tracks death by suicide and self-inflicted injury. Timely data is increasingly available and public dissemination tools are being improved. In 2018, DOH:

- updated data and trends on Washington suicides, firearm-related injury and deaths, and safe storage practices for the [2018 State Health Assessment](#);
- created a [Firearm Injury Prevention](#) one pager on the intersection of suicide and gun violence in Washington;
- posted [suicide data](#) PowerPoint slides for public use;
- presented the first round of Washington Violent Death Reporting System (WA-VDRS) data to the Action Alliance for Suicide Prevention, advisory boards and DOH’s Epi Lunch/Learn (see interactive webpage [Exploring Washington State Violent Death Reporting System and Suicide](#));
- released the Healthy Youth Survey (HYS) which was administered in schools the Fall of 2018;
- presented data across the state to state agencies, health care professionals, suicide prevention committees and prevention specialists, community suicide prevention stakeholders, and the Legislature. Highlights include:
 - DOH, DBHR, OSPI, and UW jointly presented on youth suicide prevention to the Senate Human Service & Correction committee.
 - DOH presented at Community Health Workers, Washington State Public Health Association, Governor’s Industrial Safety and Health, and ASIST trainer conferences.
- provided recommendations for King County Child Death Review, Snohomish Child Death Review, Maternal Mortality Review, and the Office of the Family and Children’s Ombuds’ Report on child fatalities of youth in the welfare system.



Conclusion

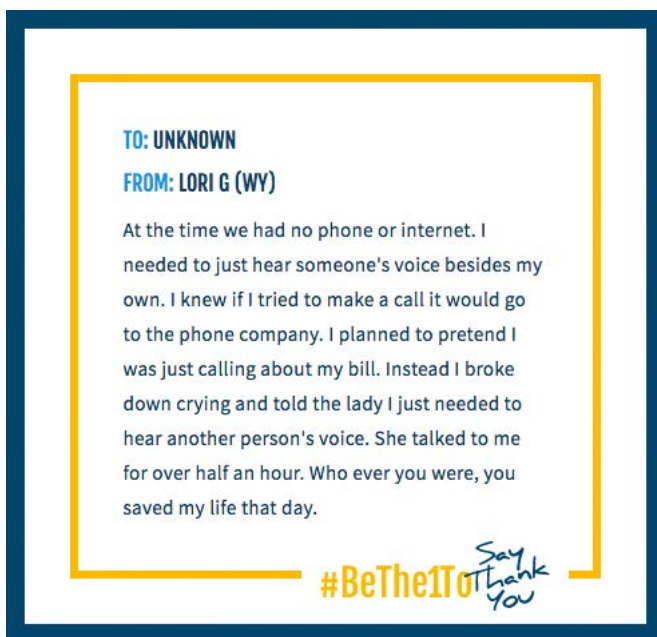
In 2018, Washington saw unparalleled increase in community and state efforts dedicated to suicide prevention. Engagement and education connects individuals and whole communities. A [2018 article](#) highlighted that for every person who dies by suicide, another 280 people who seriously think about suicide do not die by suicide. Many people are seeking hope.

When we find hope, we are less suicidal. Hope is a key protective factor against suicidal behavior, and it is a catalyst for the recovery process. Hope is nurtured by finding meaning and purpose in life. If we can see our lives as having meaning and purpose, then we can picture a hopeful future.

— [*The Way Forward: Pathways to hope, recovery, and wellness with insights from lived experience*](#)

Connectedness powerfully protects against hopelessness, a major risk factor associated with suicide. It reduces feelings of isolation, promotes help-seeking behaviors, and improves knowledge and access to appropriate care. Above all, connectedness and hope teach us that **Everyone Can Play a Role.**

Neighbors, friends, family, youth, school staff, health professionals, co-workers, faith communities, industries, and governments all have roles in suicide prevention. If you know someone losing hope and possibly considering suicide, ask them directly, “Are you thinking about suicide?” Show them that you care and that they don’t have to face this alone. To speak with a trained counselor, offer to call the National Suicide Prevention Lifeline together at 1-800-723-TALK (8255) or text “HEAL” to 741741. By providing connection and hope, you may save a life.





For more information, contact:

Suicide Prevention Plan Program Manager

SuicidePreventionPlan@doh.wa.gov



DOH 346-087 February 2019

For persons with disabilities, this document is available on request in other formats.
To submit a request, please call 1-800-525-0127 (TDD/TTY 711).