

**Be The Voice for Suicide Awareness**  
**On**  
**World Suicide Prevention Day**  
**September 10, 2016**

# World Suicide Prevention Day Information and Activity Support Packet

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## Introduction

This packet is intended for use in educating individuals and groups about two key concepts about suicide.

The information in the packet is intended to support suicide prevention efforts in support of World Suicide Prevention Day, September 10, 2016, as well as work over the next two months.

All of the graphics in this packet are also available on Facebook at [Be The Voice for Suicide Prevention – WA](#). We ask that you “Like” our Facebook page and re-post the graphics to your own Facebook page to send them to your friends. Ask them to pass the messages on. And, we ask that you send a message on [Be The Voice for Suicide Prevention – WA](#) about what you are doing regarding suicide prevention.

There are some key truths about suicide.

- First, suicide is almost always preventable.

In almost all cases if a person’s suicidal intentions are identified – and the person receives effective help and support – a suicide attempt can be avoided. Suicide is the 10<sup>th</sup> leading cause of death in the United States each year. According to the American Foundation for Suicide Prevention, there were more than 42,000 suicide deaths in the United States in 2015.

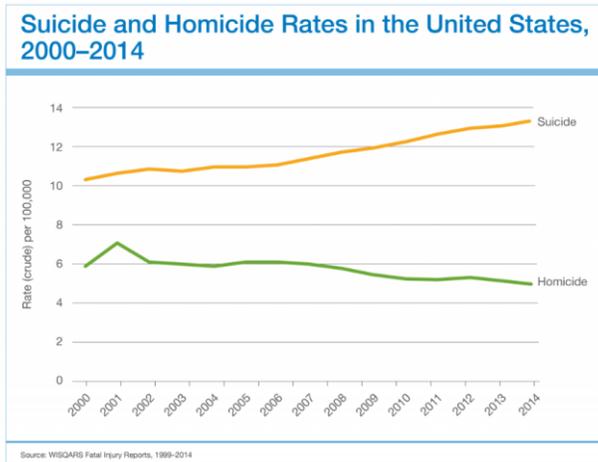
- Second, asking someone about suicide will not cause a suicide to occur.

Talking about suicide may in fact reduce, rather than increase suicidal ideation, and may lead to improvements in mental health in treatment-seeking populations (Dazzi 2014). There is a commonly held misperception that asking about suicidality can increase suicidal tendencies. Once it is determined that a person is at risk of suicide it is important to get them to effective help resources.

- Suicide is a public health problem that is increasing in intensity each year.

In 2010, the suicide rate in the United States was 12.08 people per 100,000 population (about 37,000 suicide deaths). In 2014, that rate had climbed to 12.93 per 100,000 population (about 42,000 suicide deaths).

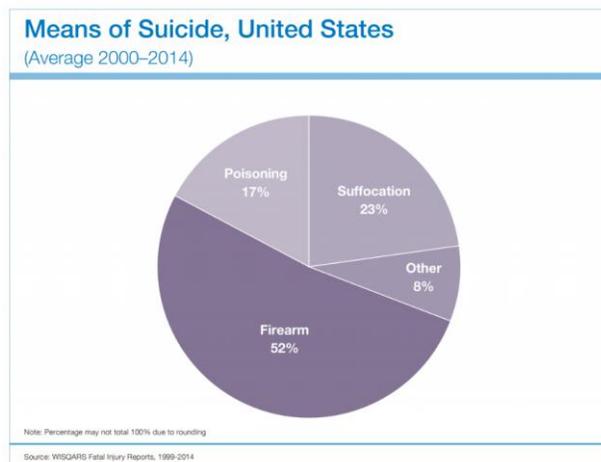
- Suicide rates continue to increase while homicide rates decrease.



Source: Suicide Prevention Resource Center, <http://www.sprc.org/scope/united-states>

- Firearms are consistently the leading cause of death by suicide.

More than half of all suicides in the United States could be prevented if firearms were secured and stored properly. This means guns in gun cabinets or gun safes, using trigger locks and other safety measures.



Source: Suicide Prevention Resource Center, <http://www.sprc.org/means-suicide>

- Suicide is the second leading cause of death for individuals younger than 35.

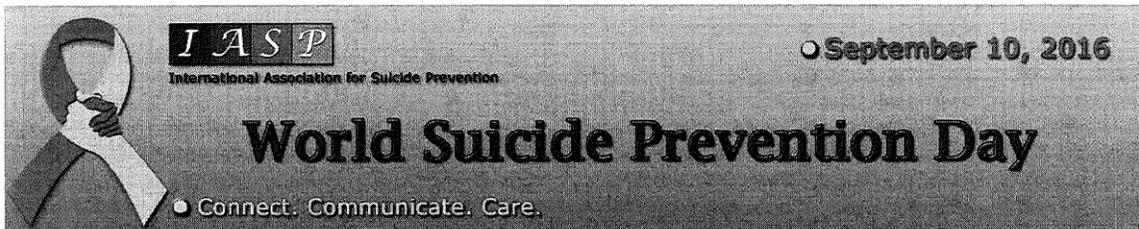
### Ten Leading Causes of Death, United States 2014, All Races, Both Sexes

		Age group						
		10-14	15-24	25-34	35-44	45-54	55-64	65+
Ranking	1	Unintentional Injury 750	Unintentional Injury 11,836	Unintentional Injury 17,357	Unintentional Injury 16,048	Malignant Neoplasms 44,834	Malignant Neoplasms 115,282	Heart Disease 489,722
	2	<b>Suicide 425</b>	<b>Suicide 5,079</b>	<b>Suicide 6,569</b>	Malignant Neoplasms 11,267	Heart Disease 34,791	Heart Disease 74,473	Malignant Neoplasms 413,885
	3	Malignant Neoplasms 416	Homicide 4,144	Homicide 4,159	Heart Disease 10,368	Unintentional Injury 20,610	Unintentional Injury 18,030	Chronic Low Respiratory Disease 124,693
	4	Congenital Anomalies 156	Malignant Neoplasms 1,569	Malignant Neoplasms 3,624	<b>Suicide 6,706</b>	<b>Suicide 8,767</b>	Chronic Low Respiratory Disease 16,492	Cerebrovascular 113,308
	5	Homicide 156	Heart Disease 953	Heart Disease 3,341	Homicide 2,588	Liver Disease 8,627	Diabetes Mellitus 13,342	Alzheimer's Disease 92,604
	6	Heart Disease 122	Congenital Anomalies 377	Liver Disease 725	Liver Disease 2,582	Diabetes Mellitus 6,062	Liver Disease 12,792	Diabetes Mellitus 54,161
	7	Chronic Low Respiratory Disease 71	Influenza & Pneumonia 199	Diabetes Mellitus 709	Diabetes Mellitus 1,999	Cerebrovascular 5,349	Cerebrovascular 11,727	Unintentional Injury 48,295
	8	Cerebrovascular 43	Diabetes Mellitus 181	HIV 583	Cerebrovascular 1,745	Chronic Low Respiratory Disease 4,402	<b>Suicide 7,527</b>	Influenza & Pneumonia 44,836
	9	Influenza & Pneumonia 41	Chronic Low Respiratory Disease 178	Cerebrovascular 579	HIV 1,174	Influenza & Pneumonia 2,731	Septicemia 5,709	Nephritis 39,957
	10	Benign Neoplasms 38	Cerebrovascular 177	Influenza & Pneumonia 549	Influenza & Pneumonia 1,125	Septicemia 2,514	Influenza & Pneumonia 5,390	Septicemia 29,124

Source: WISQARS Leading Causes of Death Reports, 1999-2014

Source: Suicide Prevention Resource Center, <http://www.sprc.org/scope/age>

# What is World Suicide Prevention Day?



## **Connect. Communicate. Care.**

The World Health Organization estimates that over 800,000 people die by suicide each year – that's one person every 40 seconds. Up to 25 times as many again make a suicide attempt. The tragic ripple effect means that there are many, many more people who have been bereaved by suicide or have been close to someone who has tried to take his or her own life. And this is happening in spite of the fact that suicide is preventable.

'Connect, communicate, care' is the theme of the 2016 World Suicide Prevention Day. These three words are at the heart of suicide prevention.

### **Connect**

Fostering connections with those who have lost a loved one to suicide or have been suicidal themselves is crucial to furthering suicide prevention efforts. Although every individual suicide is different, there are some common lessons to be learned. Those who have been on the brink of suicide themselves can help us understand the complex interplay of events and circumstances that led them to that point, and what saved them or helped them to choose a more life-affirming course of action. Those who have lost someone to suicide, or supported someone who was suicidal, can provide insights into how they moved forwards on their journey. The sheer numbers of people who have been affected by suicide would make this a formidable network.

Of course, these connections should be two-way. There will often be times when those who have been bereaved by suicide, and those who might be feeling suicidal themselves, need support. Keeping an eye out for them and checking that they are okay could make all the difference. Social connectedness reduces the risk of suicide, so being there for someone who has become disconnected can be a life-saving act. Connecting them with formal and informal supports may also help to prevent suicide. Individuals, organisations and communities all have a responsibility here.

### **Communicate**

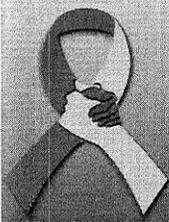
Open communication is vital if we are to combat suicide. In many communities, suicide is shrouded in silence or spoken of only in hushed tones. We need to discuss suicide as we would any other public health issue if we are to dispel myths about it and reduce the stigma surrounding it. This is not to say that we shouldn't exercise necessary caution; we don't want to normalise suicide either. Careful, considered messages about suicide and its prevention are warranted, as is an awareness of how different groups of individuals may receive and interpret this information.

Equipping people to communicate effectively with those who might be vulnerable to suicide is an important part of any suicide prevention strategy. Broaching the subject of suicide is difficult, and these sorts of conversations are often avoided. There are some simple tips that can help, however. Most of these relate to showing compassion and empathy, and listening in a non-judgemental way. People who have come through an episode of extreme suicidal thinking often say that sensitively-managed conversations with others helped them on their course to recovery.

The media also have an important role to play in suicide prevention. Some types of reporting on suicide (e.g., prominent and/or explicit stories) have been shown to be associated with 'spikes' in suicide rates, but others (e.g., those that describe mastery of suicidal crises) have been shown to have a protective effect. Media recommendations have been developed by the International Association for Suicide Prevention and the World Health Organization to assist journalists in getting stories right. Please see: <http://goo.gl/4qVhUp>

### **Care**

All the connecting and communicating in the world will have no effect without the final ingredient – care. We need to make sure that policy-makers and planners care enough about suicide prevention to make it a priority, and to fund it at a level that is commensurate with its significance as a public health problem.



**IASP**  
International Association for Suicide Prevention

September 10, 2016

# World Suicide Prevention Day

● Connect. Communicate. Care.

We need to make sure that clinicians and other service providers care enough about it to make suicide prevention their core business. And we need to make sure that communities care enough about it to be able to identify and support those who may be at heightened risk.

Most of all, we need to ensure that we are caring ourselves. We need to look out for others who may be struggling, and let them tell their story in their own way and at their own pace. Those who have been affected by suicide have much to teach us in this regard.

## Connect, communicate and care on World Suicide Prevention Day

On September 10th, join with others around the world who are working towards the common goal of preventing suicide. Check in on someone you may be concerned about, and start a caring conversation with them, asking them how they're going. Investigate ways of connecting with others who are trying to prevent suicide in your community, your country, or internationally. Show your support by taking part in the International Association for Suicide Prevention's Cycle Around the Globe

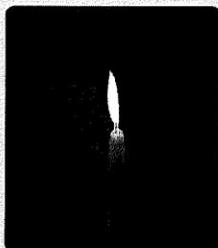
The first World Suicide Prevention Day was held in 2003 and was an initiative of the International Association for Suicide Prevention and the World Health Organization (WHO). Since then, World Suicide Prevention Day has taken place on 10th September each year.

Please view the WHO Fact Sheet on suicide at: <http://www.who.int/mediacentre/factsheets/fs398/en/>

**Light a Candle** near a Window at 8 PM on World Suicide Prevention Day: <https://goo.gl/9Ic1en>

**Ride with us!** World Suicide Prevention Day **Cycle Around the Globe**: <https://goo.gl/csdyvG>

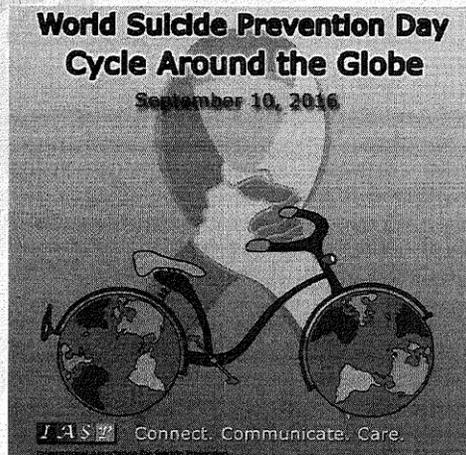
The International Association for Suicide Prevention invites you to light a candle at 8 PM



World Suicide Prevention Day

On September 10th  
World Suicide Prevention Day  
Light a candle near a window at 8 PM  
to show your support for suicide prevention  
to remember a lost loved one  
and for the survivors of suicide.

[www.iasp.info/wspd](http://www.iasp.info/wspd)



Download the World Suicide Prevention Day 2016 **Suggested Activities**: <https://goo.gl/DKUno0>

Find World Suicide Prevention Day 2016 **resources and guides** relating to the theme of connecting, communicating and caring in suicide prevention: <https://goo.gl/qY4YhE>

Download the **World Suicide Prevention Day Toolkit**: <https://goo.gl/NNdQ4w>

- **DRAFT Governor's Proclamation** (NOTE: This proclamation has been submitted to Governor Jay Inslee for signature but had not yet been signed as of September 1, 2016)

## **Governor's Proclamation for Suicide Prevention Week of September 5-11, 2016**

WHEREAS, in the United States, one person dies by suicide every 12.3 minutes, with 42,773 deaths by suicide in our country during 2014;

WHEREAS, each person's death by suicide intimately affects at least six other people, with over 200,000 newly bereaved each year;

WHEREAS, in 2015, 1,170 Washingtonians died by suicide, and several thousand friends and family members were changed forever;

WHEREAS, in Washington, suicide is the second leading cause of death for 10 to 24 year olds;

WHEREAS, the 2014 Washington Healthy Youth Survey shows that as many as one out of ten high school sophomores attempted suicide and that one out of five contemplated suicide;

WHEREAS most of the suicides could have been prevented if the individuals had been able to access effective behavioral health services;

WHEREAS, the Governor's Action Alliance is comprised of representatives of state agencies, behavioral health organizations, military/veterans organizations, educational institutions, and the community at large who are dedicated to reducing the frequency of suicide attempts and deaths, and the emotional pain for those affected by suicide deaths, through the implementation of the Washington State Suicide Prevention Plan, research projects, educational programs, prevention and intervention services and bereavement services;

WHEREAS, this Action Alliance urges all Washingtonians to:

1. Recognize suicide as a significant public health problem in Washington, and that everyone can help reduce suicide;
2. Support accessible prevention, intervention and behavioral health services for all 39 counties of the state to implement national best practices in reducing suicide risk for people of all ages and backgrounds;
3. Acknowledge that no single suicide prevention effort will be sufficient or appropriate for all populations or communities; and
4. Encourage initiatives based on the goals and activities contained in the Washington State Suicide Prevention Plan.

THEREFORE BE IT RESOLVED that, I, Jay Inslee, Governor of Washington, do hereby designate September 5<sup>th</sup> through the 11<sup>th</sup>, 2016 as 'Suicide Prevention Week' in the state of Washington and urge Washingtonians to learn how they can help because recognizing the warning signs and talking with people experiencing them saves lives.

# Media Materials

## Media Release

For Immediate Release  
September 10, 2016

Contact: Joanna Paul  
Email: [joanna@wagunresponsibility.org](mailto:joanna@wagunresponsibility.org)  
Phone: (425) 524-6032

### **State agencies and organizations join forces to highlight suicide prevention for 2016 World Suicide Prevention Day.**

*Suicide is an often-preventable public health problem that resulted in 1,111 deaths in Washington State in 2014 that affected nearly 150,000 people.*

Seattle, WA – A coalition of 22 Washington-based public health, safety, and suicide-prevention organizations will highlight suicide prevention in Washington State on World Suicide Prevention Day September 10. The worldwide event is sponsored by the International Association for Suicide Prevention (IASP) to draw attention to the more than 800,000 suicides annually worldwide. This year's event theme is "[Be the Voice for Suicide Prevention.](#)"

World Suicide Prevention Day is an opportunity for all sectors of the community - the public, charitable organizations, communities, researchers, clinicians, practitioners, politicians and policy makers, volunteers, those bereaved by suicide, other interested groups and individuals - to join with the IASP to focus public attention on the burden and costs of suicidal behaviors with diverse activities to promote understanding about suicide and highlight effective prevention activities.

"We can stop these tragic deaths, but it'll take coordination and cooperation," said Washington's Secretary of Health John Wiesman. "We know there are ways we can make a difference and the Washington State Suicide Prevention Plan maps out strategies to save lives in our state."

"Suicide is a preventable public health problem, not a personal weakness or family failure," asserts the first core principle of the Washington State Suicide Prevention Plan created in response to 2014 legislation. "Everyone in Washington has a role in suicide prevention. Suicide prevention is not the responsibility of the health system alone," according to the plan.

Washington has already made headway in battling suicide with a network of coalitions, student-led clubs, support groups, behavioral health treatment, culturally tailored initiatives, trainers, and community leaders. The state has groundbreaking suicide prevention training requirements for health professionals.

In association with World Suicide Prevention Day, nine communities are planning walks in the following days to draw attention to suicide and suicide prevention. Additionally, there will be multiple training events in the days before or after September 10 to increase community capacity to recognize signs and symptoms of suicide or to train individuals to implement school-based mental wellness curricula.

Part of the solution for suicide prevention is increasing community awareness about this public health problem. *Be The Voice for Suicide Prevention – WA* is a Facebook page designed to disseminate information about suicide prevention. *#Did You Know* and *#Be The Voice* are Twitter pages where similar information will be posted.

In 2014, 1,111 Washington state residents died by suicide, an average of more than three people each day. Each suicide strongly impacts an estimated 135 people so nearly 150,000 people were impacted by those 2014 suicides.

The number of suicides in the state has increased in four of the last five years on record. The 2014 total is an increase of 103 over the 2013 suicide total. Suicide is the second leading cause of death for [10-24 year](#) olds in Washington and the 10<sup>th</sup> leading cause of death in the state overall.

Safe storage and handling of firearms and prescription and other medications can go a long way toward reducing suicide in the state. Locking up firearms and storing ammunition in a different location than firearms are two strategies that have been shown to work. Keeping medications in a locked box is also important.

“Suicide accounts for nearly 80% of gun deaths in Washington State, well above the national average. Someone who attempts to take their own life with a gun is very unlikely to survive. That’s why it’s so important to make sure that people in crisis don’t have easy access to firearms. Everyone deserves a second chance. That’s why it’s so important that we tackle the challenges of suicide prevention head on,” said Renée Hopkins, Executive Director of The Alliance for Gun Responsibility.

Another key to effective suicide prevention is having people trained to identify suicide signs and symptoms and to make referrals to appropriate helping resources when they are concerned. Many of the organizations involved in the World Suicide Prevention Day promotion effort offer training for community residents.

### **About World Suicide Prevention Day**

World Suicide Prevention Day is an opportunity for all sectors of the community - the public, charitable organizations, communities, researchers, clinicians, practitioners, politicians and policy makers, volunteers, those bereaved by suicide, other interested groups and individuals - to join with the International Association for Suicide Prevention (IASP) to focus public attention on the unacceptable burden and costs of suicidal behaviors with diverse activities to promote understanding about suicide and highlight effective prevention activities.

Learn more at <https://www.iasp.info/wspd/index.php>

## **Partner Info**

**\* Provides information about making homes safer through proper storage of firearms and medicines**

**\*\* Provides community-based training about recognizing signs and symptoms of suicide**

## **Participants in the statewide Mental Health Promotion Workgroup**

**Department of Early Learning**

**DSHS/Division of Behavioral Health and Recovery \*\***

**Health Care Authority**

**Office of Superintendent of Public Instruction**

**Washington State Department of Health \*\***

**Washington State Patrol**

**King County \*, \*\***

**Whatcom County \*, \*\***

**Chelan Douglas TOGETHER! \*, \*\***

**Pomeroy Advocates for Community Empowerment \*, \*\***

**CHI Franciscan Health \*\***

**Group Health**

**Alliance for Gun Responsibility \***

**American Foundation for Suicide Prevention \*\***

**Forefront: Innovations in Suicide Prevention \*, \*\***

**Great Minds at Work**

**International Association of Suicide Prevention**

**Living Works \*\***

**Many Minds Collaborative**

**National Association of Mentally Ill – Eastside**

**Youth Suicide Prevention Program \*, \*\***

**###**

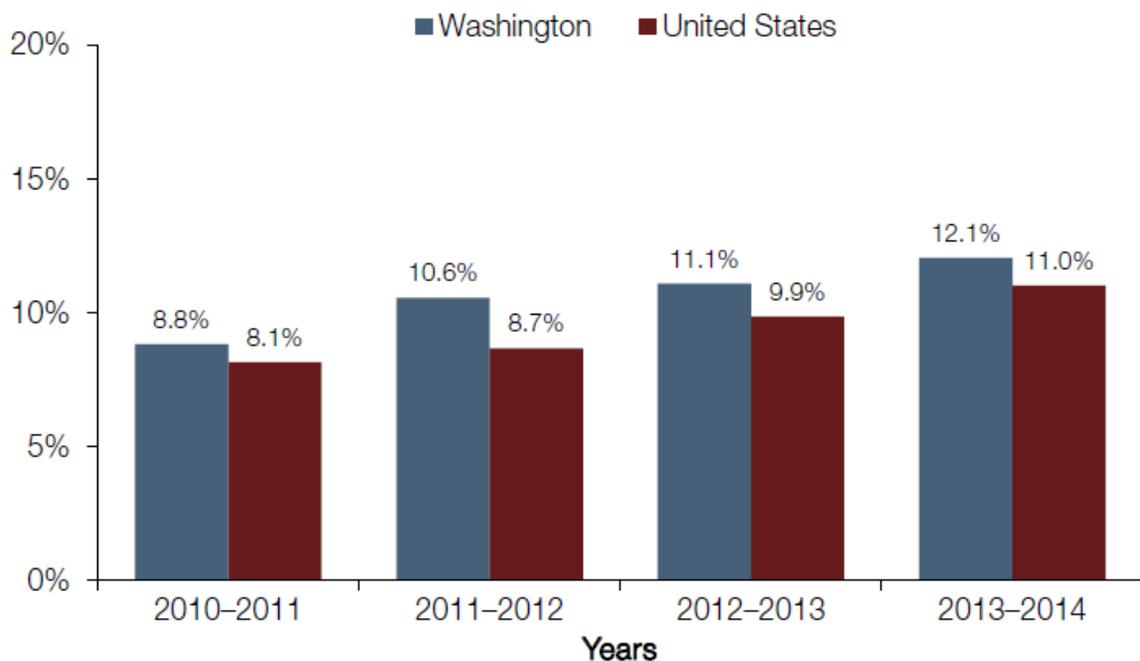
## Suggested Social Media posts (3 Blogs, several Facebook and Twitter post, links to ribbons)

### Blog 1 – Created by Central Washington Comprehensive Mental Health

#### The Numbers: Teen Depression and Drug Use

Past Year Major Depressive Episode (MDE) Among Adolescents Aged 12–17 in Washington and the United States (2010–2011 to 2013–2014)<sup>1,4</sup>

Washington's percentage of major depressive episode (MDE) among adolescents aged 12–17 was similar to the national percentage in 2013–2014.



Each year, the Substance Abuse and Mental Health Services Administration (SAMHSA) compiles a report on a variety of behavioral health indicators based off responses gathered from the annual National Survey on Drug Use and Health. This report, called the *Behavioral Health Barometer*, offers a look at both the national data and the data for each state. It's a useful tool for looking at overall trends and assessing on what issues we need to focus our efforts.

In the 2015 *Barometer*, over 64,000 Washington teenagers aged 12-17 reported having experienced a major depressive episode in the previous year—more than 12% of teens in this age group. Of those teens, less than half (43.6%) received treatment for their depression. Why does this matter? Because depression, especially untreated, is a major risk factor for suicide among all age groups. And with rates of suicide increasing steadily since the mid-2000s, addressing and treating depression is more important than ever.

Another known risk factor for suicide is the use or abuse of alcohol or other drugs, both legal and illegal. The 2015 Barometer found that 11.4% of WA teens aged 12-17 reported using illicit drugs in the month prior to being surveyed. This works out to approximately 60,000 teens who admit to being regular users of illegal drugs. Significantly, this number is over 2 percentage points higher than the national average of 9.1%. Binge alcohol use, or consuming 5 or more drinks on the same occasion, is also a common experience among teens. Over 14% of WA teens reported binge alcohol use within the month prior to being surveyed, which is equal to approximately 125,000 individuals. This number is very similar to the national average for teen binge alcohol use.

While these may seem like high numbers to some people, it's important to keep perspective. Nearly 86% of Washington teens do not consume alcohol in binges, over 88% of teens are not current users of illicit drugs, and 88% have not experienced a major depressive episode. The vast majority of teens make it through adolescence safely and healthfully, without anything more serious than the growing pains of being a teenager in the 21<sup>st</sup> century. But for the portion of teenagers who do experience significant challenges, it's important that the adults in their lives recognize and respond to these challenges in a helpful, supportive way. The coming blogs and social media posts for the next two weeks will focus on what people can do to be encouraging and supportive when the teens in their lives may be struggling.

**Blog 2 – To localize, use your own contact information at the end of the blog. Created by Central Washington Comprehensive Mental Health**

## **Why We Teach Youth Mental Health First Aid**



Youth Mental Health First Aid is an 8-hour training designed to teach adults about how to recognize and respond appropriately to a young person who may be developing or experiencing a mental health challenge. First developed in Australia in 2000, Mental Health First Aid has been delivered to U.S. audiences since 2007 and is used in 23 countries around the world. In the U.S. alone, over 500,000 people have been trained in this program.

The Mental Health First Aid program has been evaluated by scientific research in a variety of countries, including in the United States. Studies consistently find that the training is “associated with improved knowledge of mental illnesses and their treatments, knowledge of appropriate first aid strategies, and confidence in providing first aid to individuals with mental illness.” Individuals who participate in a MHFA course not only learn more about different mental illnesses, but also feel more competent to provide support to someone experiencing a challenge.

Similarly, some studies have also demonstrated a decrease in “stigmatizing attitudes” among participants. We know that stigma is one of the biggest barriers people face

when considering seeking treatment. It's what prevents people from recognizing there's a problem and asking for help. Stigma perpetuates misinformation and tells people to be ashamed of their experiences. For us, one of the biggest benefits to Mental Health First Aid training is the reduction of this harmful stigma around mental illness.

We strongly encourage parents, teachers, coaches, youth leaders, and anyone who regularly works with or serves young people to get trained in Youth Mental Health First Aid. One of the key things this training teaches adults is to recognize and take seriously any signs that a young person may be struggling. This means both noticing when something seems amiss, even if the teen hasn't mentioned that something is wrong, and responding in a supportive and nonjudgmental way. The education provided by Youth Mental Health First Aid is an important piece in both stigma reduction and encouraging appropriate treatment. We know that when people are better informed about mental illness, they're more likely to respond with empathy and compassion when someone they know is struggling.

If you'd like to attend a Youth Mental Health First Aid training, check our events calendar at \_\_\_\_\_ or contact \_\_\_\_ at (Phone Number) or (Email address) to arrange a training for your group.

## Blog 3 – To localize, use your own contact information at the end of the blog. Created by Central Washington Comprehensive Mental Health

### Ask Questions



As I was reading before bed this weekend, in my attempt to get less screen time, I was struck by a quote in one of my favorite books, *The Little Prince*: "Grownups like numbers. When you tell them about a new friend they never ask about what really matters. They never ask, what does his voice sound like? What games does he like to play? [...] They ask how old is he? How many brothers does he have?" Later on in the chapter the author, Antoine De Saint-Exupery, states that "children should be very understanding of grow ups."

I thought about times when the questions I ask the children and teens in my life may miss the point of showing that I care. If I ask a question am I willing to listen? Am I willing to ask more questions, not about numbers, grades or subjects, but about feelings, thoughts, and actions?

Just a bit about numbers...

In 2014 the State of Washington completed their Healthy Youth Survey. This survey is completed every two years by 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders and asks a variety of questions ranging from physical health, substance use, school safety, and depression and suicidal ideation.

Surprisingly, the survey does not ask 6<sup>th</sup> graders about depression and suicidal ideation, despite the fact that 27% of 8<sup>th</sup> graders report depressive symptoms. That is nearly 3 out of every 10 kids who are in 8<sup>th</sup> grade! Given this high percentage, we need to ask

ourselves what is going on in the years prior to 8<sup>th</sup> grade, and why aren't we monitoring depression in younger teens?

According to the research on Adverse Childhood Experiences, having at least one caring adult who is willing to be a safe container is one of the most essential resilience factors for young people. In the Healthy Youth Survey, 49% of the 8<sup>th</sup> graders reported that they had an adult that they could turn to and talk to for help. For 12<sup>th</sup> graders, that number went up to nearly 57%. One possible explanation for this difference is that young people feel more comfortable sharing feelings with adults as they grow older. This also leads to the question of what that percentage would be for those 6<sup>th</sup> graders, or even younger.

Here is my quest to you, reader, whether you are a parent, teacher, aunt, uncle, grandparent, or mentor: Take 15 seconds and think about one youth you interact with. Right now... Now write on your phone, your notepad by your desk, or even on your hand—write one question you will ask the next time you see your youth.

If you struggle to come up with a creative question, I have a few you can borrow.

- Who is your best friend?
- What was something fun that happened today?
- What is your worst fear?
- Who is your favorite teacher?
- Do your friends make you feel good about yourself?
- What is your favorite color?

Listen to their answers. Ask another question. Be curious and build on your connection. Our youth are more than just numbers and statistics. This challenge asks you to be vulnerable with a young person—to be creative and honest. Taking this step can build social resilience and ensure that every child and teen has an adult with whom they can feel safe, supported, and understood.

If you want to see the results for the suicide and depression portion of the 2014 WA Healthy Youth Survey, [click here](#).

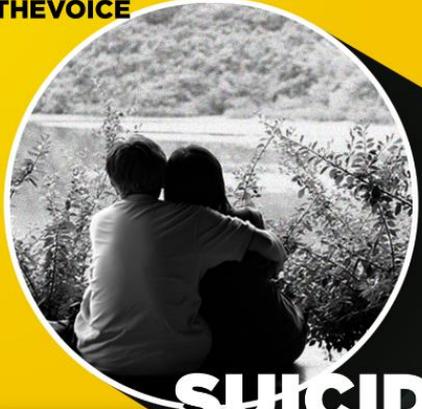
## Facebook and Twitter posts

#BETHEVOICE



**Asking**  
ABOUT SUICIDE DOES NOT  
CAUSE SUICIDE.  
**CONNECT, COMMUNICATE & CARE**

#BETHEVOICE

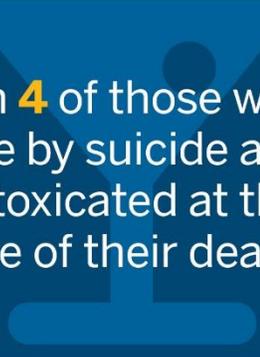


**SUICIDE IS**  
**PREVENTABLE**



**4** out of **10**  
suicides may be  
prevented by limiting  
access to means

 AMERICAN FOUNDATION FOR  
Suicide Prevention | [afsp.org/DidYouKnow](https://afsp.org/DidYouKnow)



**1** in **4** of those who  
die by suicide are  
intoxicated at the  
time of their deaths

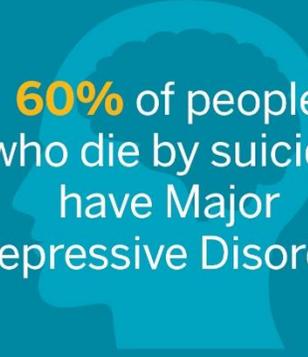
 AMERICAN FOUNDATION FOR  
Suicide Prevention | [afsp.org/DidYouKnow](https://afsp.org/DidYouKnow)

#DIDYOUKNOW



**OVER 1/2**  
OF ALL GUN DEATHS  
IN THE UNITED STATES  
ARE **SUICIDES**

**60%** of people  
who die by suicide  
have Major  
Depressive Disorder



AMERICAN FOUNDATION FOR  
Suicide Prevention | [afsp.org/DidYouKnow](https://afsp.org/DidYouKnow)



For every suicide  
there are **25** suicide  
attempts

AMERICAN FOUNDATION FOR  
Suicide Prevention | [afsp.org/DidYouKnow](https://afsp.org/DidYouKnow)



For every **woman**  
who dies by suicide,  
four **men** die

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Every **40 seconds**  
someone in the world  
dies by suicide

AMERICAN FOUNDATION FOR  
Suicide Prevention | [afsp.org/DidYouKnow](https://afsp.org/DidYouKnow)

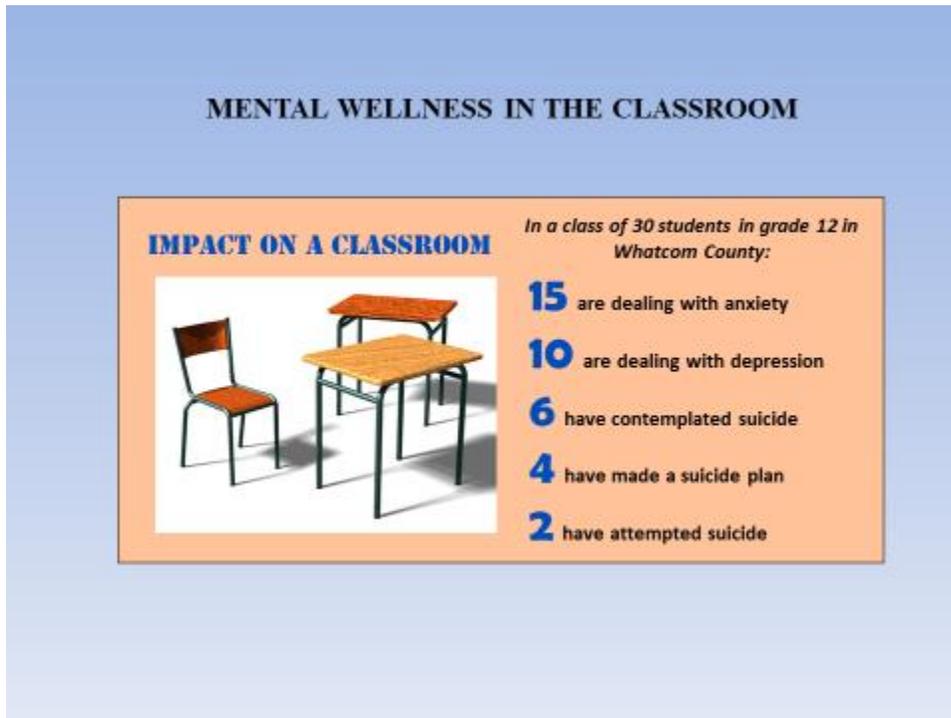
**45%** of those who  
die by suicide see  
their primary care  
doctor within  
a month of  
their deaths

AMERICAN FOUNDATION FOR  
Suicide Prevention | [afsp.org/DidYouKnow](https://afsp.org/DidYouKnow)



American Foundation for Suicide Prevention, <https://afsp.org>

# Creating a Mental Wellness Infographic for your county (Template created by Whatcom County)



1.

## MENTAL WELLNESS IN THE CLASSROOM

### Building this graphic for your county

- Go to [www.askhys.net](http://www.askhys.net) (Washington Healthy Youth Survey webpage)
- Click on Survey Results in the top menu, then Fact Sheets at the top of the next menu

**HYS Fact Sheets**

Select Survey Year: 2014

Select Location:
 

- State
- County: Asotin County
- City/Town

Select Gender:
 

- Male
- Female

Select Fact Sheet: Asotin County

Safety and Violence Behaviors	5th	8th	10th	12th
Unintentional Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violent Behaviors & School Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying and Harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Risk and Protective Factors</b>				
Community Risk Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Protective Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Risk Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Protective Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-Individual Risk Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-Individual Protective Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Protective Factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health and Health-Related Behaviors</b>				
Weight and Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietary Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.

### MENTAL WELLNESS IN THE CLASSROOM

#### Building this graphic for your county

3. Select Fact Sheet from the list.

[Submit](#)

NOTICE: Corrections were made to the 2014 HYS results on April 14th, 2015. Please see [page](#) for details.

D. Select "Depressive Feelings & Suicide" from "All State Topical Reports" menu

E. Click on "Submit"

[Having trouble viewing reports?](#)

Unit Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression & Suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol, Tobacco and Other Drug Use</b>					
Current Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Use (2 pages)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco & Vapor Product Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Cigarette & Vapor Use	coming in march 2017				<input type="checkbox"/>
Marijuana Use (2 pages)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All Grade Topical Reports</b>					
Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressive Feelings & Suicide	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Medication Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>State-level Only Reports</b>					
Polysubstance Use	6th	8th	10th	12th	coming in march 2017

3.

### MENTAL WELLNESS IN THE CLASSROOM

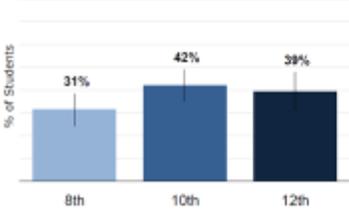
#### Building this graphic for our county

4. This will produce a fact sheet that you can either use online or print off as a handout



#### Depressive Feelings, Anxiety and Suicide for Asotin County in 2014

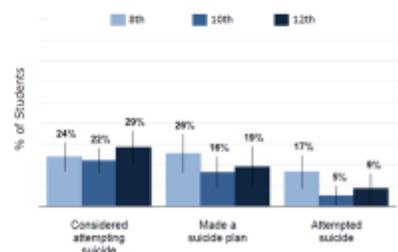
**Depressive Feelings...**  
Students who report feeling sad or hopeless for at least two weeks in the past year



Grade	% of Students
8th	31%
10th	42%
12th	39%

**Support...**

**Suicidal Feelings and Actions...**  
Students who report considering suicide, making a suicide plan, and attempting suicide in the past year



Grade	Considered attempting suicide	Made a suicide plan	Attempted suicide
8th	24%	28%	17%
10th	22%	18%	8%
12th	29%	19%	8%

22

4.

### MENTAL WELLNESS IN THE CLASSROOM Building this graphic for our county

5. Based on the figures in the fact sheet, calculate how many students will have each of these characteristics in a typical class of 30 students.

How many are dealing with anxiety? (30 students X .59 for 12<sup>th</sup> Grade = 18)

How many are dealing with depression? (30 students X .39 for 12<sup>th</sup> Grade = 12)

How many have considered suicide? (30 students X .29 for 12<sup>th</sup> Grade = 9)

How many have made a suicide plan? (30 students X .19 for 12<sup>th</sup> Grade = 6)

How many have attempted suicide? (30 students X .09 for 12<sup>th</sup> Grade = 3)

NOTE: If your average class size is smaller than 30, use your lower number. For example, number of students dealing with anxiety (25 students X .59 for 12<sup>th</sup> Grade = 15)

5.

### MENTAL WELLNESS IN THE CLASSROOM

6. Transfer your calculations to this slide and change the county name. You now have a county-specific infographic about mental health issues in your county.

#### IMPACT ON A CLASSROOM

*In a class of 30 students in grade 12 in  
Asotin County:*



**18** are dealing with anxiety

**12** are dealing with depression

**9** have contemplated suicide

**6** have made a suicide plan

**3** have attempted suicide

## Web Ribbons



**International Association of Suicide Prevention (IASP),**  
<https://www.iasp.info>

**World Suicide Prevention Day Toolkit (PDF)**

[https://iasp.info/wspd/pdf/2016/2016\\_wspd\\_toolkit.pdf](https://iasp.info/wspd/pdf/2016/2016_wspd_toolkit.pdf)

**Brochure about talking about suicide** – Localize by inserting your agency logo and contact information on Page 2 of the brochure. Created by Whatcom County Family and Community Network

you may hear... they'd be better off without me  
no one cares anyway  
there's no point in going on anymore I'm done being in so much pain

 **01** All people need to feel connected and valued. Suicidal thinkers often feel they are a burden and that no one cares about them.

 **02** Be a Life Saver right where you are.

 **03** The time to talk is NOW. Don't wait.

 **04** Suicide is the 2nd leading cause of death for youth in Washington.

 **05** *Communication is vital.* It's much better to ask and be wrong than to not ask and possibly lose someone.



“  
*Are you thinking about suicide?*  
*Are you thinking about hurting yourself or ending your life?*  
*Have you made a plan for ending your life?*  
”

**Trust yourself** and what you think the situation needs. When you get an answer trust your gut when you interpret it. If someone tells you they are not suicidal but you don't believe them, you should still get help for them.

Stay fully present in the moment, use language that is sincere, encouraging and offers hope. Most of all, listen whole heartedly. Really try to have a conversation in a mentally and emotionally safe environment and try to meet them as an equal with compassion and understanding.

Acknowledge their pain. Honor their thoughts, feelings, experiences and interpretations. Express concern, acceptance, compassion empathy.

**Be genuine and present.**  
All that matters in that moment is the suicidal thinker.

  
**CONNECTION**  
saves lives

you can say... you are important to me  
I hear your pain  
it's hard to see you going through this  
how can I help?



Connection saves LIVES.



In Whatcom County 1 in 5 high school seniors have thought about suicide.



The time to talk is NOW.



Suicide is the 2nd leading cause of death for youth in Washington.



Know when it's time to call for help. Trust your gut.

National Suicide 24/7 Hotline:  
1-800-SUICIDE or 1(800) 273-8255  
(English, Spanish)

TEXT: 741-741 Crisis Text Line

Sponsored by:



# CONNECTION matters

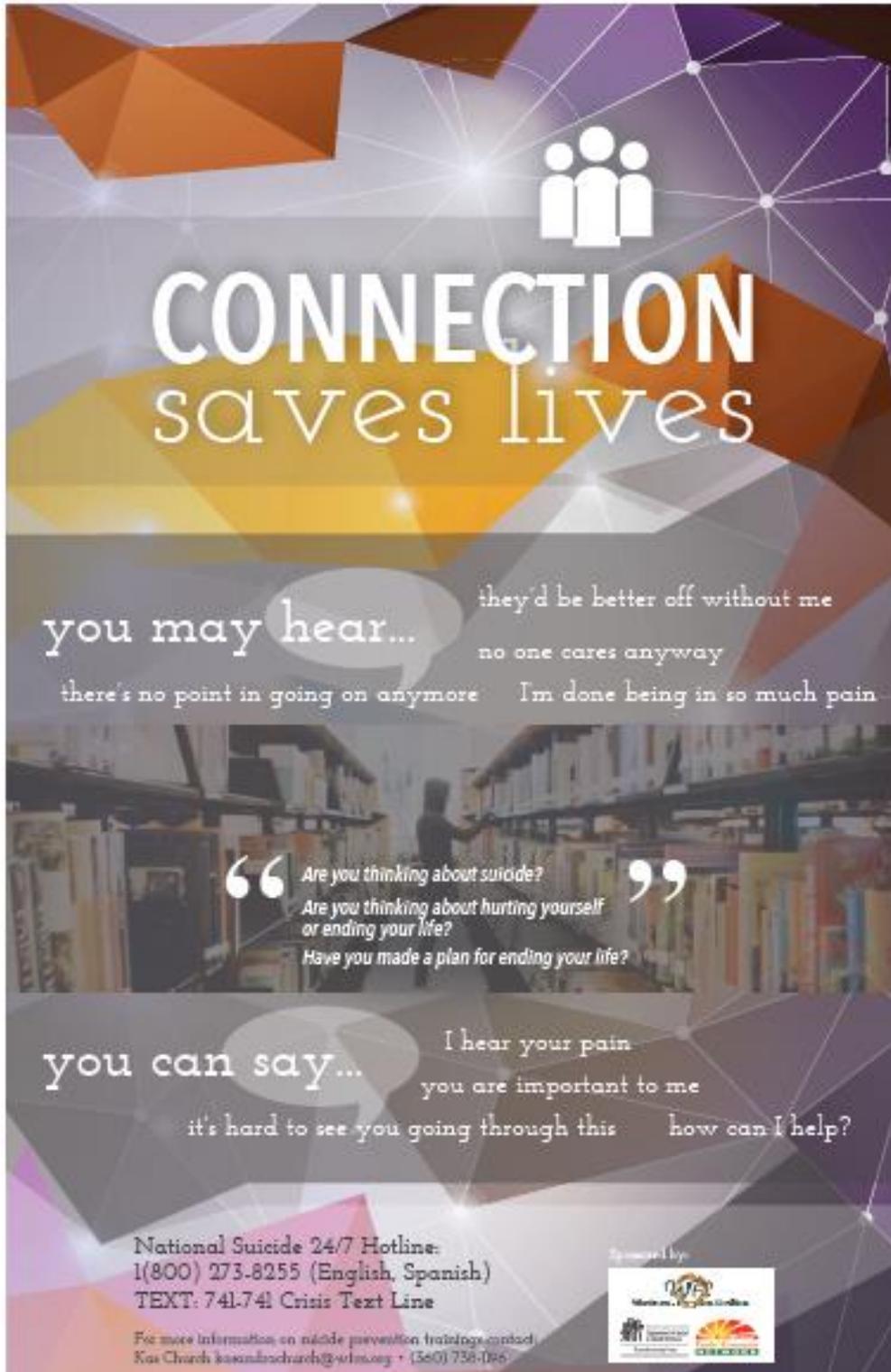
a guide to conversation about suicide

For more information on suicide prevention trainings contact: Kas Church  
kasandrachurch@wfcn.org • (360) 738-1196

**Poster 1** - Localize by inserting your agency logo and contact information.  
 Created by Whatcom County Family and Community Network



**Poster 2** - Localize by inserting your agency logo and contact information.  
 Created by Whatcom County Family and Community Network.



**Public Service Announcement** – Created by Whatcom County Family and Community Network. (Note: this is a good PSA, but it cannot be edited to localize it to your location. You could put a tag on the end of the message with local contact information.)

<https://vimeo.com/user47365886>

## Signs and Symptoms of Suicide –

How do you remember the warning signs of suicide?

Here's an easy-to-remember mnemonic device: ***IS PATH WARM?***

### ***IS PATH WARM?***

I	Ideation
S	Substance Abuse
P	Purposelessness
A	Anxiety
T	Trapped
H	Hopelessness
W	Withdrawal
A	Anger
R	Recklessness
M	Mood Change

A person in acute risk for suicidal behavior most often will show:

Warning Signs of Acute Risk:

- Threatening to hurt or kill him or herself, or talking of wanting to hurt or kill him/herself; and/or,
- Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means; and/or,
- Talking or writing about death, dying or suicide, when these actions are out of the ordinary.
- These might be remembered as expressed or communicated **IDEATION**.

Additional Warning Signs:

- Increased **SUBSTANCE** (alcohol or drug) use
- No reason for living;
- no sense of **PURPOSE** in life
- **ANXIETY**,
- agitation,
- unable to sleep or sleeping all the time
- Feeling **TRAPPED** - like there's no way out
- **HOPELESSNESS**
- **WITHDRAWING** from friends, family and society
- Rage, uncontrolled **ANGER**,
- seeking revenge
- Acting **RECKLESS** or engaging in risky activities, seemingly without thinking
- Dramatic **MOOD** changes

If observed, seek help as soon as possible by contacting a mental health professional or calling 1-800-273-TALK (8255) for a referral.

# Suggested Actions for Individuals

## CONCERNED ABOUT SOMEONE?

### TAKE IT SERIOUSLY

- Call the National Suicide Prevention Lifeline (1.800.273.8255) with the person you are concerned about
- Go to a local hospital emergency department with the person you are concerned about
- Call 911; identify yourself and explain your concern

### RISK FACTORS FOR SUICIDE

- Mental disorders, particularly mood disorders, schizophrenia, anxiety & certain personality disorders
- Alcohol & substance use disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma
- Major physical illness
- Family history of attempted or completed suicide
- Job or financial loss
- Loss of relationship
- Access to lethal methods of suicide during a time of increased risk



### WARNING SIGNS FOR SUICIDE

- Talking about suicide or a wish to die
- Talking about feeling trapped, desperate, or needing to escape from an intolerable situation
- Feelings of being a burden to others
- Losing interest in things, or losing the ability to experience pleasure
- Becoming socially isolated and withdrawn
- Acting irritable or agitated
- Showing rage, or talking about seeking revenge for being victimized or rejected, whether or not the situations the person describes seem real

### ENCOURAGE PROFESSIONAL COUNSELING

- Call your local crisis line, 2-1-1, or the National Suicide Prevention Lifeline (1.800.273.8255) for resources in your community
- If the person of concern has medical insurance, check to see what providers are covered by their plan
- Go with the person of concern to their first counseling appointment
- Don't tell person of concern to "just get over it" or "stop being dramatic"

**Forefront: Innovations in Suicide Prevention,**  
<http://inthe forefront.org>

## LEARN to Help

- L** Look for warning signs
- E** Empathize and listen
- A** Ask about suicide
- R** Remove the danger
- N** Next level of care

© 2014 National Suicide Prevention Lifeline

Download these tips for talking with someone in crisis.

## Forefront Cares

Forefront: Innovations in suicide prevention has a program called *Forefront Cares*. This program sends a package to bereaved individuals or families to let them know that there is a community that supports them. Each package contains educational materials on grief after suicide, as well as comfort items such as a candle and tea.

Forefront also offers short-term telephone support for those newly bereaved by suicide. New loss survivors will be matched with trained volunteers, based on the type of loss experienced.

In order for an individual or family to receive such a package or to request the telephone-based peer support, please email [ffcares@uw.edu](mailto:ffcares@uw.edu) or call (206) 291-7279. The package is free for those who live within Washington State and who have lost someone to suicide in the past year.

## Know the Warning Signs

Most suicidal young people don't really want to die; they just want their pain to end. About 80% of the time, people who kill themselves have given definite signals or talked about suicide. The key to prevention is to know these signs and what to do to help.

Watch for these signs. They may indicate someone is thinking about suicide. The more signs you see, the greater the risk.

- A previous suicide attempt
- Current talk of suicide or making a plan
- Strong wish to die or a preoccupation with death
- Giving away prized possessions
- Signs of depression, such as moodiness, hopelessness, withdrawal
- Increased alcohol and/or other drug use
- Hinting at not being around in the future or saying good-bye



These warning signs are especially noteworthy in light of:

- a recent death or suicide of a friend or family member
- a recent break-up with a boyfriend or girlfriend, or conflict with parents
- news reports of other suicides by young people in the same school or community

Other key risk factors include:

- Readily accessible firearms
- Impulsiveness and taking unnecessary risks
- Lack of connection to family and friends (no one to talk to)

### What to do if you see the warning signs?

If a friend mentions suicide, take it seriously. If he or she has expressed an immediate plan, or has access to a gun or other potentially deadly means, **do not leave him or her alone. Get help immediately.**

These steps can be effective:

- [Show Your care](#)
- [Ask the Question](#)
- [Get Help](#)

**Youth Suicide Prevention Program, [www.yspp.org](http://www.yspp.org)**

# Suggested Actions and Resources for Schools

## Prevention at School: Starting a School Program

With the help of a teacher or school staff, you can organize a prevention education campaign that designates a week or a month to raising awareness about youth suicide. We don't recommend assemblies as a way of talking about this serious subject. It is better to host informational tables at lunchtime or conduct classroom presentations.

YSPP can help you and your school if you live in Washington State. There are many creative, fun ways to spread the word – you can choose a campaign slogan (i.e., "Be a Lifesaver"), the campaign elements (i.e., key chains, pencils, t-shirts) you want to use to promote awareness, and how you want to distribute them.



For example, a student group may design and wear t-shirts for prevention week. Another group may hang posters in every classroom; another may set up an information booth at every lunch hour. It's up to you!

## Making a Suicide Prevention Video

If you decide to make a video as a way of educating your peers, emphasize the warning signs and intervention steps for recognizing and helping a friend who might be a risk of suicide. Do not glamorize or glorify suicidal behaviors. Studies show that doing so can increase the risk that a vulnerable individual will take their own life. YSPP staff can help you plan a video that educates, and encourages those who need help to get help.

## Writing a Paper on Suicide Prevention

If you want to write an article for the school newspaper – or maybe you have a classroom assignment to write about suicide – you can find lots of information at [frequently asked questions](#) and [statistics](#).



Youth Suicide Prevention Program, [www.yspp.org](http://www.yspp.org)

## Prevention Education is available through your local school district and regional Educational Service Districts,

### OSPI's School Safety Center: Youth Suicide Prevention and Intervention Resources

[Model Emotional, Behavioral and Suicide Crisis Plan, 2014](#) - House Bill 1336, passed by the state legislature in April 2013, requires that each Washington school district have a plan for how it will handle emotional and behavioral distress, including suicidal thinking, behavior, and threats of violence. The attached draft, model Plan will help districts and schools develop their own plans to respond quickly and effectively in a crisis.

[Preventing Suicide: A Toolkit for High Schools](#), SAMHSA. The *Preventing Suicide: A Toolkit for High Schools* was funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) to help high schools, school districts, and their partners design and implement strategies to prevent suicide and promote behavioral health among their students.

[A Journey Toward Health and Hope: Your Handbook for Recovery After a Suicide Attempt](#). The downloadable Handbook guides people through the first steps toward recovery and a hopeful future after a suicide attempt.

[Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources](#): The Trevor Project, in collaboration with the American Foundation for Suicide Prevention, the American School Counselor Association, and the National Association of School Psychologists, created this model policy development document.

[To Live To See the Great Day that Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults](#). SPRC describes this as a guide “to support American Indian and Alaska Native (AI/AN) communities and those who serve them in developing effective, culturally appropriate suicide prevention plans. This guide lays the groundwork for comprehensive prevention planning, with prevention broadly defined to include programs that a community can use to promote the mental health of its youth.”

- Access more information at OSPI's School Safety website:  
<http://www.k12.wa.us/safetycenter/YouthSuicide/SuicidePrevention.aspx>

## Mental Health & High School Curriculum Guide

The **Mental Health & High School Curriculum Guide** was developed to address the need for mental health education for teens. It is designed to provide teacher and student-friendly classroom-based resources. Highlights include:

- Aligns well with 2016 **Washington State K12 Health and Physical Education Learning Standards** (Including components of Eating Disorders, Stress Management, Emotional and Mental/Behavioral Health, and Wellness)
- Designed to support teachers and improve students' knowledge of mental health
- Intersects with suicide prevention through raising awareness of support strategies
- Works like a two-week unit on mental health literacy

The Curriculum Resource was developed in collaboration between Dr. Stan Kutcher, Sun Life Financial Chair in Adolescent Mental Health and the Canadian Mental Health Association national office. Detailed information on the resource and developers can be found at [www.teenmentalhealth.org](http://www.teenmentalhealth.org)

- Access more information at OSPI's Project AWARE website: <http://www.k12.wa.us/SecondaryEducation/AWARE.aspx>

## The Youth Suicide Prevention School-Based Guide

The **Youth Suicide Prevention School-Based Guide** is designed to provide accurate, user-friendly information. The Guide is not a program but a tool that provides a framework for schools to assess their existing or proposed suicide prevention efforts. The Guide provides information to schools to assist them in the development of a framework to work in partnership with community resources and families.

- Access the Resource here: <http://theguide.fmhi.usf.edu/>

## Networks for Life: An Educator's Role in Youth Suicide Prevention

3-hour training on suicide prevention, intervention, and post-vention in the school setting. Designed for use in Washington State, it covers (1) the scope of youth suicide locally; (2) risk and protective factors; (3) school policies, procedures, and crisis response plans; (4) strategies for creating a preventive culture; (5) signs of depression and suicidal thinking in adolescents; (6) a basic 3-step intervention process; (7) local resources; and (8) best practices in post-vention and the prevention of suicide contagion. The training emphasizes schools' important and unique role in youth suicide prevention and gives participants specific, easy-to-use tools. Discussions, brainstorms, practice scenarios, and opportunities to review policies and resources are included.

*Networks for Life* evolved from many years of work in the field by Washington's Youth Suicide Prevention Program staff, including teachers, social workers, and other experts in

adolescent development. The educator's version of this training was created in response to requests for more integration of one-on-one intervention skills with local resource networks and school policies. During the 2012-13 school year, this training was implemented and tested through a series of workshops across the state of Washington and edited based on input from educators representing 83 school districts. Information was drawn from credible sources including the Washington State Department of Health, SAMHSA, and the Best Practices Registry for Suicide Prevention.

- Access the Resource here: Shannon Rauh, M.Ed, Director of Training, Youth Suicide Prevention Program, (206) 297-5922 Ext. 1, [shannon@yspp.org](mailto:shannon@yspp.org)

## safeTALK (Suicide Alertness for Everyone)

**We're celebrating 10 years of safeTALK training! Learn more and get involved at our [anniversary event page!](#)**

safeTALK is a half-day alertness training that prepares anyone over the age of 15, regardless of prior experience or training, to become a suicide-alert helper. Most people with thoughts of suicide don't truly want to die, but are struggling with the pain in their lives. Through their words and actions, they invite help to stay alive. safeTALK-trained helpers can recognize these invitations and take action by connecting them with life-saving intervention resources, such as caregivers trained in ASIST.

Since its development in 2006, safeTALK has been used in over 20 countries around the world, and more than 200 selectable video vignettes have been produced to tailor the program's audio-visual component for diverse audiences. safeTALK-trained helpers are an important part of suicide-safer communities, working alongside intervention resources to identify and avert suicide risks.

Training features:

- Presentations and guidance from a LivingWorks registered trainer
- Access to support from a local community resource person
- Powerful audiovisual learning aids
- The simple yet effective TALK steps: Tell, Ask, Listen, and KeepSafe
- Hands-on skills practice and development

safeTALK helps expand the reach of suicide intervention skills in communities around the world. Watch this video from the Ontario Hockey Association, one of the many organizations that has implemented safeTALK, or click the links below to participate in or support this life-saving program.

- Access the Resource here: [safetalk@livingworks.net](mailto:safetalk@livingworks.net)

# Suggested Actions for Law Enforcement

## The Role of Law Enforcement Officers in Preventing Suicide



Joe and Al, two law enforcement officers, were dispatched on a general disturbance call. A neighbor had called 911 saying she heard a loud argument in the house next door, and it sounded like someone might get hurt.

Arriving at the scene, the officers found a husband and wife arguing, but no

one was physically hurt. Stephen, the husband, was intoxicated. His wife, Linda, said that he had been out of work for six months, and they were having financial problems. Recently he'd also been depressed and lethargic, and kept saying things like "I'm tired of all this and just want to end it all." Joe asked Stephen if he was thinking of killing himself. Stephen admitted that he had considered taking his life. Joe said that Stephen needed to go to the hospital so that he could be evaluated and get help to deal with his problems. After some hesitation and reluctance, Stephen finally agreed to go.

At the hospital, Joe told the emergency department physician that Stephen had become depressed after being unemployed for six months and he had been drinking and had admitted that he considered taking his life. The physician thanked Joe for the information and said it was helpful.

(Based on the experiences of a law enforcement officer)

### Key Steps to Reduce Suicide Risk among the People You Serve:

- Understand why suicide prevention fits with your role as a law enforcement officer
- Identify people who may be at risk for suicide
- Respond to people who may be at risk for suicide or have attempted suicide
- Help suicide loss survivors at the scene
- Consider becoming involved in suicide prevention in your agency and community

The purpose of this sheet is to help law enforcement officers learn how to identify and respond to people they serve who are suicidal or have attempted suicide. Although the focus is not on suicide among officers, the [Resources section](#) of this sheet contains a number of items addressing that important issue.



- Learn how you should deal with a suicidal person who refuses to be transported for an evaluation.
- Meet with your local emergency medical services (EMS) providers to discuss how you can work together to help people who are suicidal, including those who refuse to be transported.
- If your community has a crisis intervention team (CIT) or if you work closely with mental health providers, meet with them to discuss how to work together most effectively.

## Identify People Who May Be At Risk for Suicide

### Look for signs of immediate risk for suicide

There are some behaviors that may mean a person is at immediate risk for suicide. These three should prompt you to take action right away:

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live

Other behaviors may also indicate a serious risk, especially if the behavior is new; has increased; and/or seems related to a painful event, loss, or change. Ask if the person has been behaving in any of the following ways:

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

(Adapted from National Suicide Prevention Lifeline, [n.d.])

### Be alert to problems that increase suicide risk

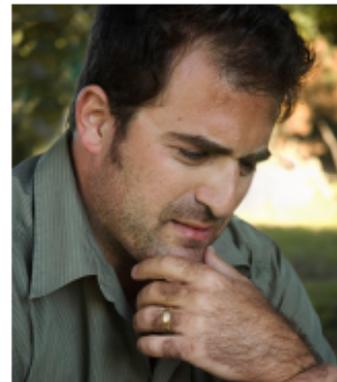
Certain problems may increase a person's risk for suicide. Asking if the person has any of these risk factors can help you assess the current situation more accurately and enable you to provide more complete information to medical staff.

Some of the most significant risk factors to ask about are:

- Prior suicide attempt(s)
- Alcohol and drug abuse
- Mood and anxiety disorders, e.g., depression, posttraumatic stress disorder (PTSD)
- Access to a means to kill oneself, i.e., lethal means

### What is a Crisis Intervention Team Program?

The Crisis Intervention Team (CIT) Program is an innovative partnership between local law enforcement officers, community mental health providers, advocates, and consumers of behavioral health services. As part of the program, officers receive intensive training in responding effectively to people in a mental health crisis, including those who are suicidal. For more information, see the NAMI CIT Resource Center at [http://www.nami.org/Content/NavigationMenu/Inform\\_Yourself/About\\_Public\\_Policy/CIT2/CIT.htm](http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Public_Policy/CIT2/CIT.htm).



# Suggested Actions for Health Care Providers

## Primary Care: A Crucial Setting for Suicide Prevention

**Jerry Reed, PhD, MSW, Director, Suicide Prevention Resource Center**

Up to [45% of individuals who die by suicide have visited their primary care physician](#) within a month of their death; additional research suggests that up to [67% of those who attempt suicide receive medical attention as a result](#) of their attempt. Given these statistics, primary care has enormous potential to prevent suicides and connect people to needed specialty care — especially when they collaborate or formally partner with behavioral healthcare providers.

By integrating primary and behavioral care, healthcare professionals can poise their practices for focused and effective suicide prevention efforts. Integrated healthcare providers tend to have strong relationships with their communities, helping them to combat social views around suicide that dissuade people from seeking the treatments and supports that could prevent tragic results. They communicate and collaborate on individuals' care regularly and share health information electronically, enabling them to identify individuals at risk of suicide who are not actively seeking mental health treatment and to provide the care so desperately needed. Ultimately, through true collaboration, these integrated healthcare providers can reduce overall suicide rates.

Primary care physicians are increasingly asked to screen for a variety of health conditions, but often lack the capacity to take these screenings on or know where to make appropriate referrals for those who screen positive. However, there are brief screening tools for suicide and other mental health issues that people can complete while in waiting areas that providers then review to identifying in advance those who may be at-risk and need additional time. These are easily implemented and operationalized. The burden needn't fall directly on the shoulders of physicians either, as nurse educators, nurse practitioners, or other health professionals can take on the task of screening individuals for depression, suicide, and mental and substance use disorders.

Furthermore, there are tools available for practitioners looking to enhance their suicide screening efforts that can help them establish protocols to identify those at risk and needing referrals to appropriate care. For example, the [Suicide Prevention Toolkit for Rural Primary Care](#) is a free resource containing tools and protocols for the whole practice. Implementing such protocols reduces the burden on primary care practices and increases the numbers of people identified and helped. Collaboration with behavioral health providers helps establish a climate of prevention, and reduces the anxiety and burden of dealing with individuals requiring intervention.

Recognizing the need to reach beyond the traditional boundaries of behavioral healthcare to address suicide, the U.S. Surgeon General and the National Action Alliance for Suicide Prevention called for new efforts to establish suicide prevention standards and practices in and across key health care system settings such as primary care, in the revised [National Strategy for Suicide Prevention](#), released in 2012.

*Jerry Reed, PhD, MSW, is the Director of the Suicide Prevention Resource Center, the nation's only federally supported resource center devoted to advancing the [National Strategy for Suicide Prevention](#). We provide technical assistance, training, and materials to increase the knowledge and expertise of suicide prevention practitioners and other professionals serving people at risk for suicide. We also promote collaboration among a variety of organizations that play a role in developing the field of suicide prevention.*

## **Quick Tips**

### **Suicide Warning Signs**

The number one thing that any healthcare professional can do to prevent suicide is to know the warning signs. All integrated care staff may find the following list of warning signs useful in identifying a person who may be at acute (immediate, severe) risk of taking their own life.

A person at acute risk of suicidal behavior will often show warning signs such as:

- Threatening to hurt or kill oneself, or talking of wanting to hurt or kill him/herself
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying or suicide, when these actions are out of the ordinary

A person may also show additional signs such as:

- Increased alcohol or drug use
- No reason for living; no sense of purpose in life
- Anxiety, agitation, unable to sleep, or sleeping all the time
- Feeling trapped- like there's no way out
- Hopelessness
- Withdrawal from friends, family, and society
- Rage, uncontrolled anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Dramatic mood changes, including sudden elevation in mood

**Substance Abuse and Mental Health Services Administration (SAMHSA), <http://www.integration.samhsa.gov/about-us/esolutions-newsletter/suicide-prevention-in-primary-care>**

Dear health care providers,

We invite you to save a life. September is suicide prevention month and healthcare providers have a unique opportunity to make an important impact. Last year, 1,170 people in Washington State died from suicide and more than one in five 10<sup>th</sup> graders thought seriously about killing themselves. We know that asking someone if they are considering suicide does not increase the likelihood of suicidal behavior and increases the chance that the person gets help. September is “Suicide Prevention Month” and we’re asking people in our state to talk to those who may be at risk. You can help by:

- 1) Screening everyone that you meet for depression symptoms and suicidal thoughts and behavior. This can be part of the series of question asked of every patient along with other questions about health risk factors.

- 2) [Download](http://store.samhsa.gov/product/SAMHSA-Suicide-Safe-Mobile-App/PEP15-SAFEAPP1) the Suicide Safe smart phone/tablet app from SAMHSA (Substance Abuse and Mental Health Services Administration) at <http://store.samhsa.gov/product/SAMHSA-Suicide-Safe-Mobile-App/PEP15-SAFEAPP1> . This app is free and available for Android or Apple.

The screenshot shows the SAMHSA website's product page for the 'SAMHSA Suicide Safe Mobile App'. The page features the SAMHSA logo at the top left, a navigation menu with categories like 'Issues, Conditions & Disorders' and 'Substances', and a search bar. The main content area displays a tablet showing the app's interface, which includes sections for 'SUICIDE SAFE', 'CASE STUDIES', 'CONVERSATION STARTERS', 'BEHAVIORAL HEALTH TREATMENT SERVICES LOCATOR', and 'TRAINING AND RESOURCES'. To the right of the tablet, there is a section for 'SAMHSA Suicide Safe Mobile App' with an average rating of 5 out of 3 ratings, a 'Rate!' button, and a 'Comments' section. Below this, there is a 'Price: FREE' label and a description of the app's purpose. The page also includes a 'Sign In' button, a 'My Cart' icon, and a 'Download Digital Version' section with links to Google Play (HTML), iTunes (HTML), and a link to learn more about the app (HTML). At the bottom, there are 'Pub id: PEP15-SAFEAPP1', 'Publication Date: 2/2015', 'Popularity: Not ranked', 'Format: Mobile Application', and 'Audience: Prevention Professionals, Professional Care Providers'. There are also social media sharing options for 'Like' and 'Tweet'.

Our state has a [Suicide Prevention Plan](#) that is staffed by people from state agencies, non-profit groups, and other people. If you have questions, please contact me.

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## List of Statewide Events to promote World Suicide Prevention Day

### Suicide Risk Recognition Workshop – Seattle

Learn how to recognize when a friend, family member, or co-worker is at risk for suicide, and what you can say and do to help. Forefront: Innovations in Suicide Prevention ([www.intheforefront.org](http://www.intheforefront.org)) believes that everyone has a role to play in suicide prevention. In this spirit, this 2-hour workshop is free and open to all.

The training will provide you with skills in recognizing and responding to suicide risk, though it will not qualify you as a mental health professional. There will be opportunities to ask questions, practice some skills, and gain confidence in helping others. Come be part of a worldwide effort to build awareness, break stigma, and learn tools that can help prevent suicide.

#### WHERE:

University of Washington, School of Social Work Building Room 305 A/B  
<http://socialwork.uw.edu/about/visit-us>  
4101 15TH AVE NE  
Seattle, WA 98105

#### WHEN:

World Suicide Prevention Day, Saturday, September 10th, 2016, 10 AM - 12 PM

There is no cost to attend, however space is limited and registration will be on a first-come, first-served basis: [REGISTER TODAY!](#)

Light snacks and refreshments will be offered.

### [Light a Candle Near a Window on September 10, 2016 at 8 PM.](#)

Show your support for suicide prevention and survivors of suicide or to remember a lost loved one. On this page, you can download e-cards or postcards in over 50 languages.

### [Official World Suicide Prevention Day Facebook Event Page](#)

Join people from all over the world who are supporting World Suicide Prevention Day. Unite with survivors of suicide, volunteers, and practitioners worldwide who work to alleviate suffering through evidence-based research and practices.

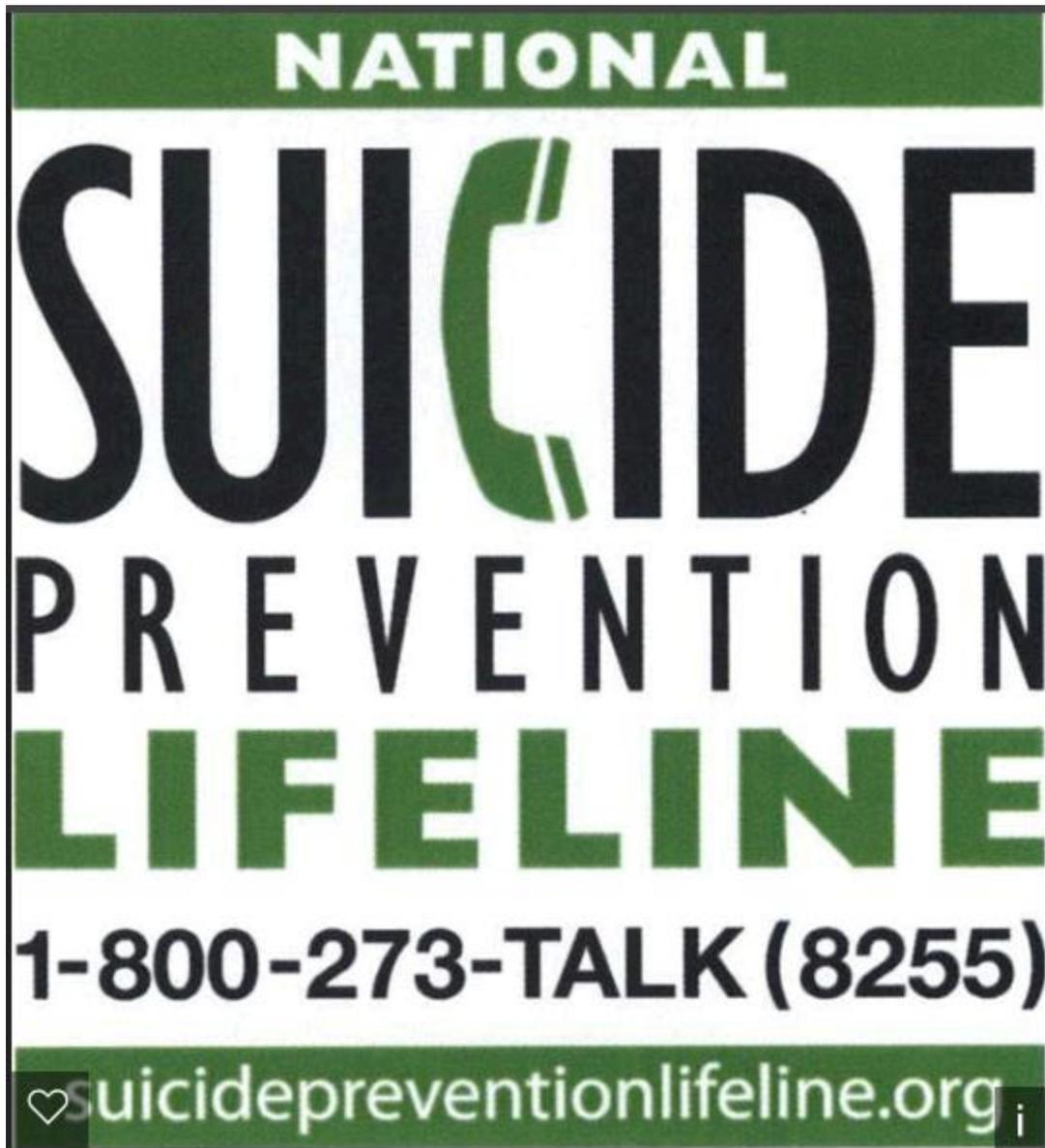
### [Participate in Cycle Around the Globe.](#)

This is a worldwide initiative to save lives by raising awareness about mental health issues and suicidal behavior and thinking.

## Out of The Darkness Community Walks

Date	City	Location	Contact Information
September 17, 2016	Poulsbo, WA	<a href="#">Frank Raab Park - 18349 Caldart Ave NE - Poulsbo, WA</a>	Jackie Briere (360) 990-6256 jmbriere@gmail.com
September 17, 2016	Spokane, WA	<a href="#">Riverfront Park @ North Bank Shelter - Spokane, WA</a>	Dorie Morris (509) 280-9351 dorieasfp@yahoo.com
September 24, 2016	Olympia WA	<a href="#">Marathon Park - Olympia, WA</a>	Eileen Bochsler (360) 870-9466 eileen.bochsler@gmail.com
September 24, 2016	Kennewick, WA	Outback Steak House restaurant parking lot, Canal Drive, Kennewick	Mark Lee (509) 987-5664 <a href="mailto:Mark@yspp.org">Mark@yspp.org</a>
October 2, 2016	Wenatchee, WA	<a href="#">Walla Walla Point Park Pavillion - Wenatchee, WA</a>	Grace Finch (206) 459-7617 Washington@afsp.org
October 8, 2016	Tacoma, WA	<a href="#">Wright Park - 501 South I Street - Tacoma, WA</a>	Jesse Pasquan (253) 212-8122 the.jpasquan@gmail.com
October 9, 2016	Aberdeen, WA	<a href="#">Morrison Riverfront Park - Aberdeen, WA</a>	Krista Harper (360) 581-8909 kharper620@gmail.com
October 15, 2016	Everett, WA	<a href="#">Legion Park - 145 Alverson Blvd - Everett, WA</a>	Rena Fitzgerald & Denise Bathurst (425) 212-5312 rfitzgerald@voaww.org
October 23, 2016	Seattle, WA	<a href="#">Fisher Pavilion - 305 Harrison St - Seattle, WA</a>	Heather Jameson (425) 232-3961 jameson1136@gmail.com

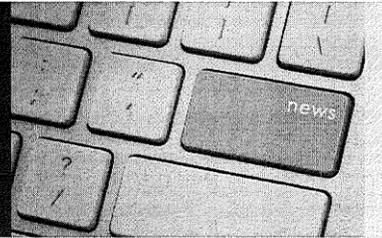
Suicide Hotline graphic



# Guidelines for journalists

## RECOMMENDATIONS FOR REPORTING ON SUICIDE

Developed in collaboration with: American Association of Suicidology, American Foundation for Suicide Prevention, Annenberg Public Policy Center, Associated Press Managing Editors, Canterbury Suicide Project - University of Otago, Christchurch, New Zealand, Columbia University Department of Psychiatry, ConnectSafety.org, Emotion Technology, International Association for Suicide Prevention Task Force on Media and Suicide, Medical University of Vienna, National Alliance on Mental Illness, National Institute of Mental Health, National Press Photographers Association, New York State Psychiatric Institute, Substance Abuse and Mental Health Services Administration, Suicide Awareness Voices of Education, Suicide Prevention Resource Center, The Centers for Disease Control and Prevention (CDC) and UCLA School of Public Health, Community Health Sciences.



### IMPORTANT POINTS FOR COVERING SUICIDE

- More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. The magnitude of the increase is related to the amount, duration and prominence of coverage.
- Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death.
- Covering suicide carefully, even briefly, can change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help.

Suicide is a public health issue. Media and online coverage of suicide should be informed by using best practices. Some suicide deaths may be newsworthy. However, the way media cover suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking.

• **Suicide Contagion or "Copycat Suicide"** occurs when one or more suicides are reported in a way that contributes to another suicide.

References and additional information can be found at: [www.ReportingOnSuicide.org](http://www.ReportingOnSuicide.org).

#### INSTEAD OF THIS: ❌

- Big or sensationalistic headlines, or prominent placement (e.g., "Kurt Cobain Used Shotgun to Commit Suicide").
- Including photos/videos of the location or method of death, grieving family, friends, memorials or funerals.
- Describing recent suicides as an "epidemic," "skyrocketing," or other strong terms.
- Describing a suicide as inexplicable or "without warning."
- "John Doe left a suicide note saying..."
- Investigating and reporting on suicide similar to reporting on crimes.
- Quoting/interviewing police or first responders about the causes of suicide.
- Referring to suicide as "successful," "unsuccessful" or a "failed attempt."

#### DO THIS: ✅

- Inform the audience without sensationalizing the suicide and minimize prominence (e.g., "Kurt Cobain Dead at 27").
- Use school/work or family photo; include hotline logo or local crisis phone numbers.
- Carefully investigate the most recent CDC data and use non-sensational words like "rise" or "higher."
- Most, but not all, people who die by suicide exhibit warning signs. Include the "Warning Signs" and "What to Do" sidebar (from p. 2) in your article if possible.
- "A note from the deceased was found and is being reviewed by the medical examiner."
- Report on suicide as a public health issue.
- Seek advice from suicide prevention experts.
- Describe as "died by suicide" or "completed" or "killed him/herself."



### AVOID MISINFORMATION AND OFFER HOPE

- Suicide is complex. There are almost always multiple causes, including psychiatric illnesses, that may not have been recognized or treated. However, these illnesses are treatable.
- Refer to research findings that mental disorders and/or substance abuse have been found in 90% of people who have died by suicide.
- Avoid reporting that death by suicide was preceded by a single event, such as a recent job loss, divorce or bad grades. Reporting like this leaves the public with an overly simplistic and misleading understanding of suicide.
- Consider quoting a suicide prevention expert on causes and treatments. Avoid putting expert opinions in a sensationalistic context.
- Use your story to inform readers about the causes of suicide, its warning signs, trends in rates and recent treatment advances.
- Add statement(s) about the many treatment options available, stories of those who overcame a suicidal crisis and resources for help.
- Include up-to-date local/national resources where readers/viewers can find treatment, information and advice that promotes help-seeking.



### SUGGESTIONS FOR ONLINE MEDIA, MESSAGE BOARDS, BLOGGERS & CITIZEN JOURNALISTS

- Bloggers, citizen journalists and public commentators can help reduce risk of contagion with posts or links to treatment services, warning signs and suicide hotlines.
- Include stories of hope and recovery, information on how to overcome suicidal thinking and increase coping skills.
- The potential for online reports, photos/videos and stories to go viral makes it vital that online coverage of suicide follow site or industry safety recommendations.
- Social networking sites often become memorials to the deceased and should be monitored for hurtful comments and for statements that others are considering suicide. Message board guidelines, policies and procedures could support removal of inappropriate and/or insensitive posts.

#### MORE INFORMATION AND RESOURCES AT:

[www.ReportingOnSuicide.org](http://www.ReportingOnSuicide.org)

#### HELPFUL SIDE-BAR FOR STORIES



#### WARNING SIGNS OF SUICIDE

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated or recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

The more of these signs a person shows, the greater the risk. Warning signs are associated with suicide but may not be what causes a suicide.



#### WHAT TO DO

If someone you know exhibits warning signs of suicide:

- Do not leave the person alone
- Remove any firearms, alcohol, drugs or sharp objects that could be used in a suicide attempt
- Call the U.S. National Suicide Prevention Lifeline at 800-273-TALK (8255)
- Take the person to an emergency room or seek help from a medical or mental health professional

#### THE NATIONAL SUICIDE PREVENTION LIFELINE 800-273-TALK (8255)

A free, 24/7 service that can provide suicidal persons or those around them with support, information and local resources.



**ReportingOnSuicide.org, <http://reportingonsuicide.org>**