



# PUBLIC PERFORMANCE REVIEW

Suicide Prevention Initiative  
*January 25, 2023*

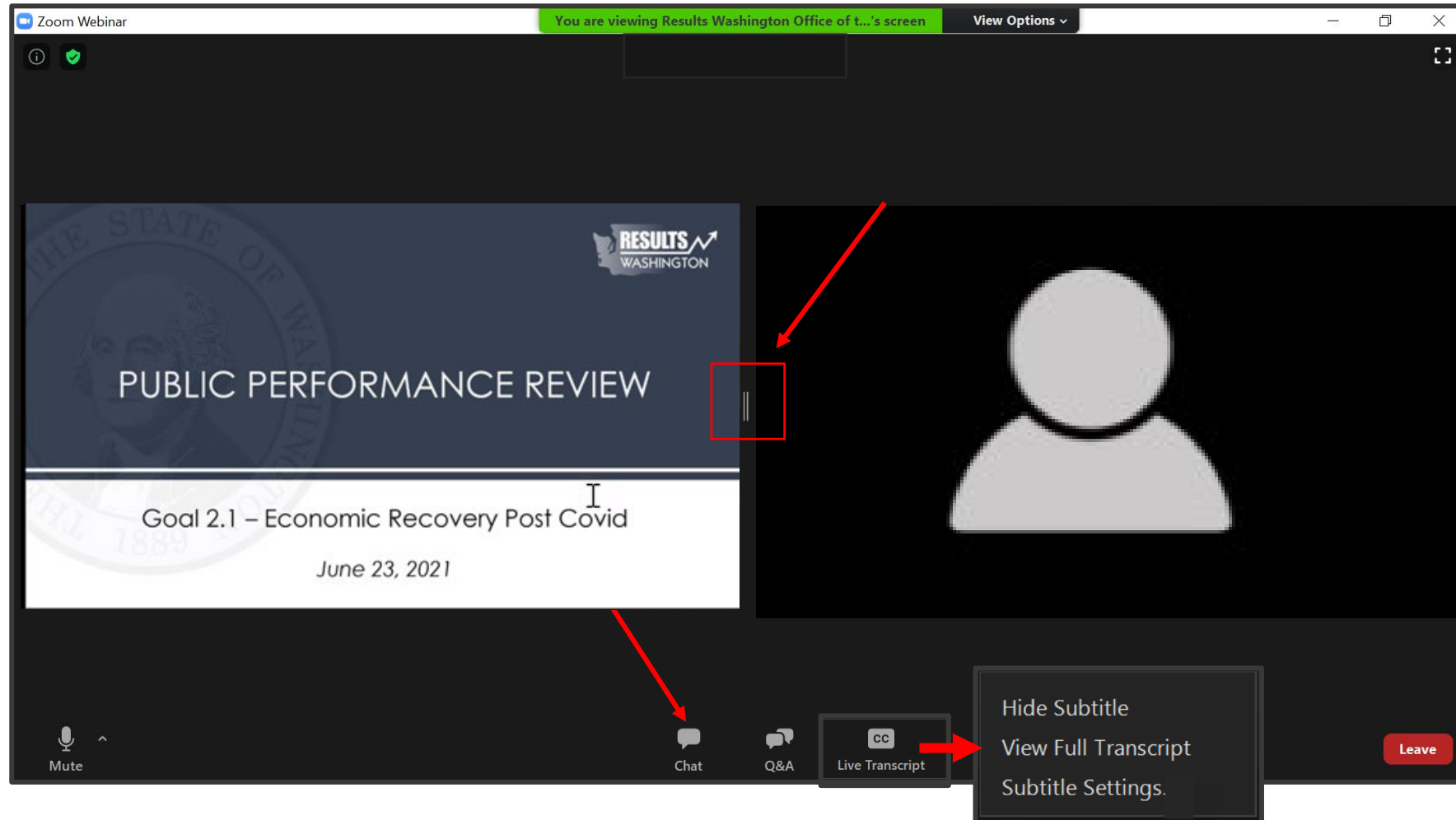


# WELCOME

PRESENTED BY:

- MANDEEP KAUNDAL, DIRECTOR, RESULTS WASHINGTON

# Zoom Overview



The screenshot shows a Zoom Webinar window. The title bar reads "Zoom Webinar" and "You are viewing Results Washington Office of t... 's screen". The main content area is split into two panes. The left pane displays a slide with the "RESULTS WASHINGTON" logo, the text "PUBLIC PERFORMANCE REVIEW", and "Goal 2.1 – Economic Recovery Post Covid" dated "June 23, 2021". The right pane shows a grey silhouette of a person. The bottom toolbar includes "Mute", "Chat", "Q&A", "Live Transcript", and "Leave". A red box highlights a vertical ellipsis menu icon on the slide, with a red arrow pointing to it from the right. Another red arrow points from the "Live Transcript" icon to a dropdown menu that lists "Hide Subtitle", "View Full Transcript", and "Subtitle Settings".

Some of the information we will cover today may feel overwhelming or remind you of a loss you've experienced. Please take care of yourself first and feel free to step away as needed.



Text 741-741

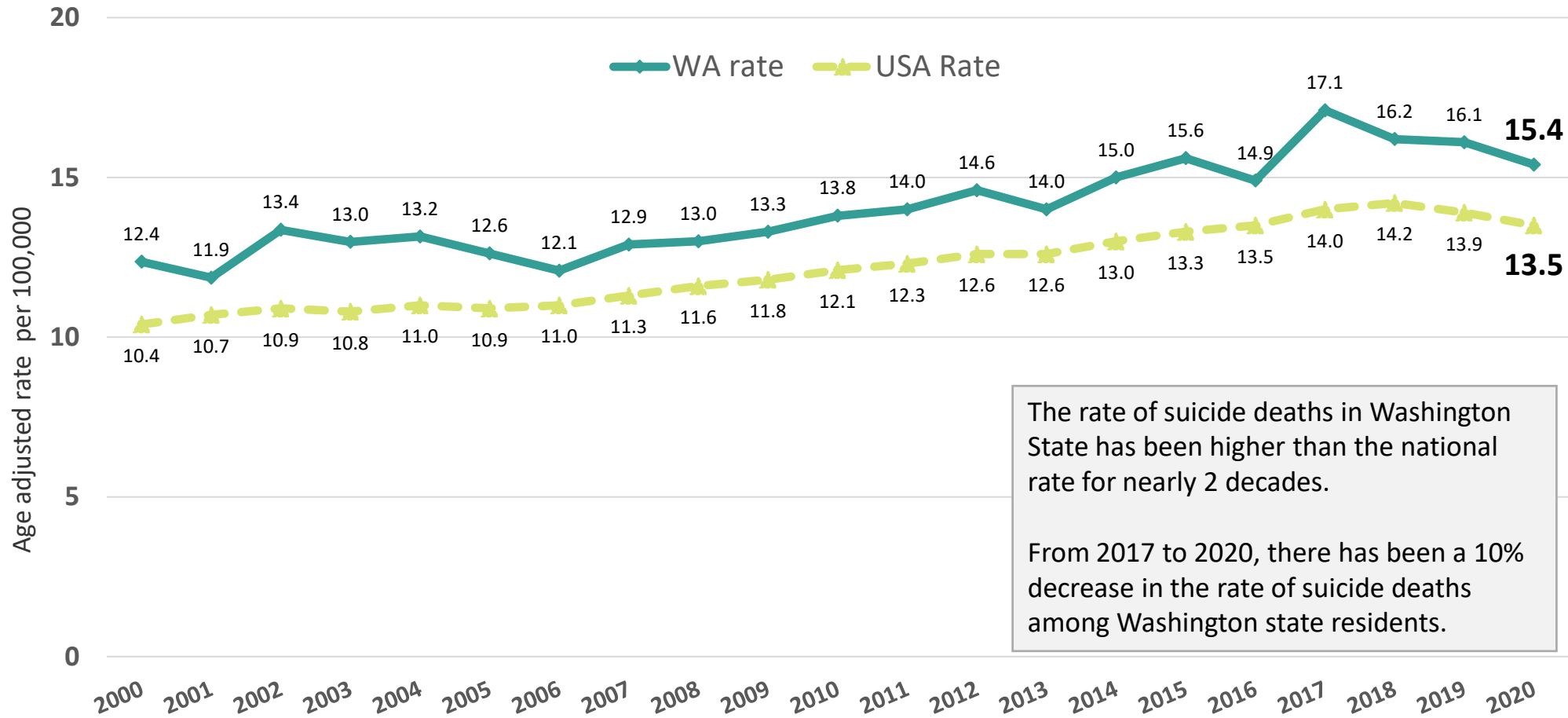
1-866-491-1683

## 4.1 Healthy Youth and Adults

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- In partnership, the Department of Veteran's Affairs, Department of Health, Health Care Authority engage in a variety of means *to reduce the suicide death rate.*
- Suicide is a public health problem and leading cause of death – and preventable.

# WA Suicide Rates and National Suicide Rates (2000-2020)



WA Suicide Deaths	
Year	Number of Deaths
2000	727
2001	710
2002	811
2003	801
2004	823
2005	814
2006	796
2007	857
2008	884
2009	915
2010	947
2011	992
2012	1035
2013	1008
2014	1110
2015	1136
2016	1123
2017	1292
2018	1254
2019	1263
2020	1211
2021	1228
2022*	1021

The rate of suicide deaths in Washington State has been higher than the national rate for nearly 2 decades.

From 2017 to 2020, there has been a 10% decrease in the rate of suicide deaths among Washington state residents.

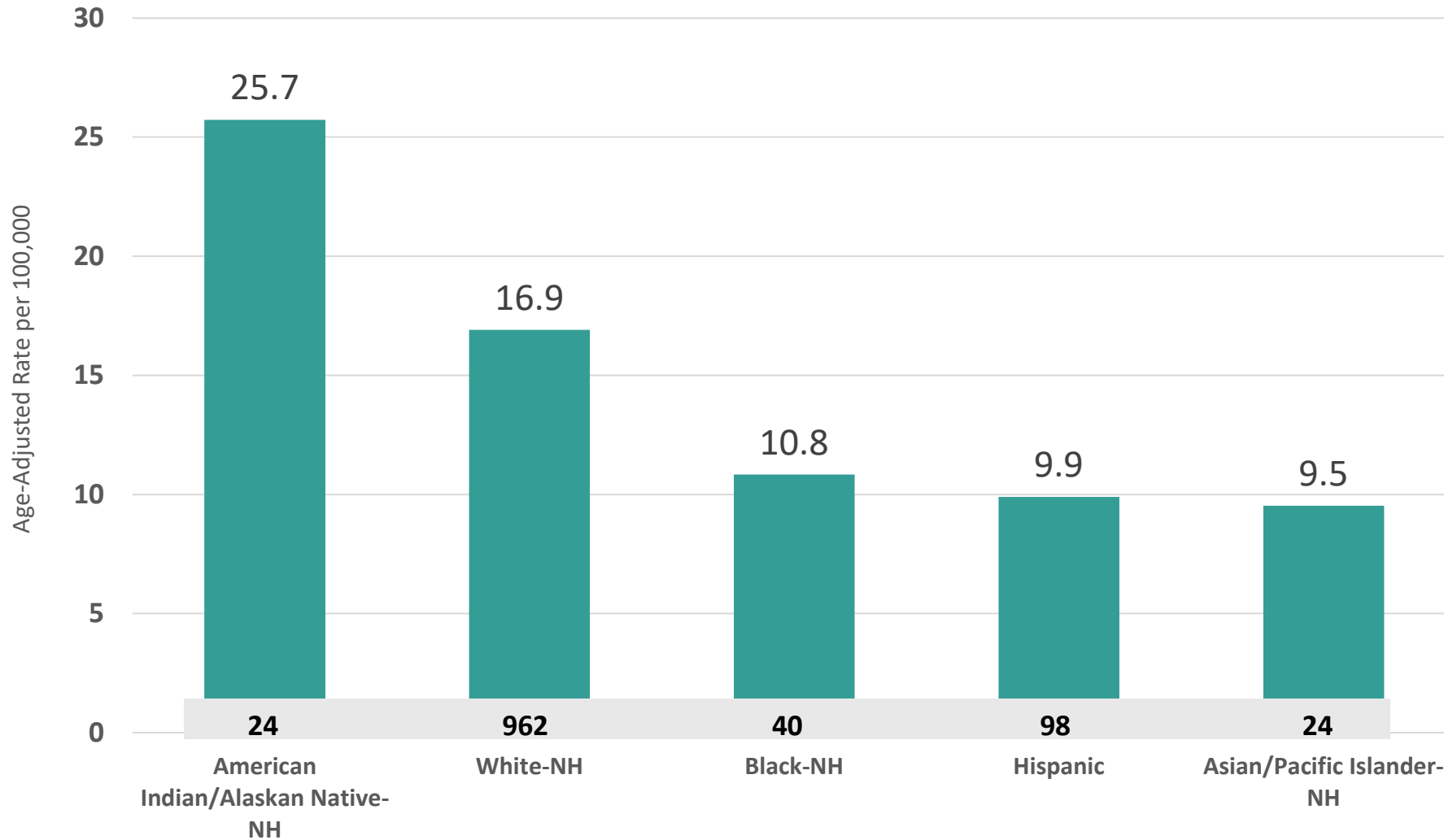
\*2022 data are preliminary and expected to change.

WA Data Source: Washington State Department of Health , Center for Health Statistics, Death Certificate Data.

US Data Source: CDC Wonder

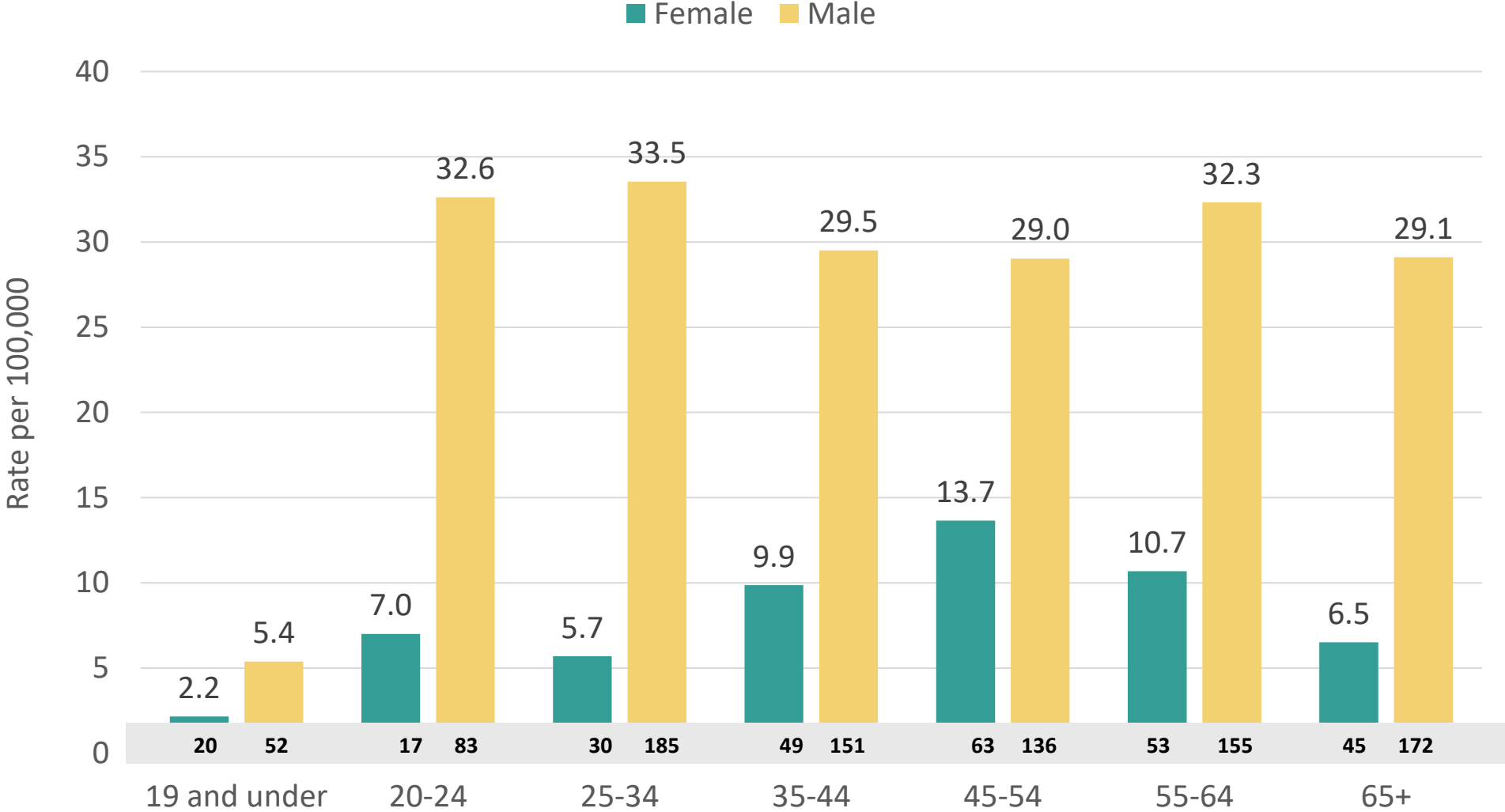
Data Last Updated: December 19, 2022

# WA Suicide Rate (count) by Race/Ethnicity (2020)



- In 2020, American Indian and Alaska Natives had the highest rate of suicide (25.7).
- White, non-Hispanics had the highest number of suicides (79% of all suicides)

# WA Suicide Rate (count) by Age and Sex (2020)



- In 2020, males of all ages had higher suicide rates than females their age.
- 77% of Washington suicides were by males.
- Men in the middle years (35-64) accounted for 442 (36%) of the 1,211 suicides in 2020.

Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data.

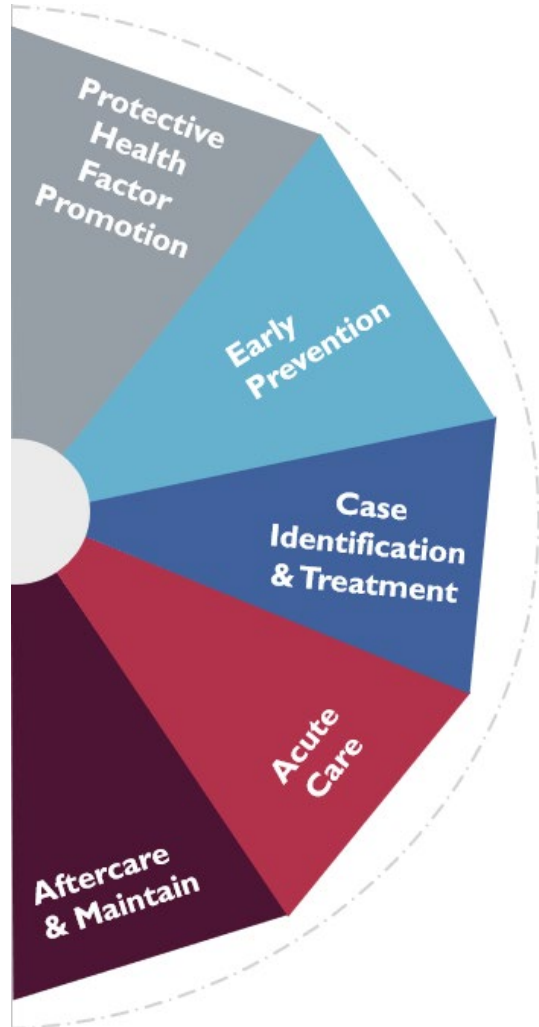


# Data on Suicide is Complex


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- The data tell a different story depending upon the perspective from which it is viewed.
- There are differences in suicide rates based on areas of focus, such as:
  - Race/ethnicity
  - Age
  - Where you live
  - Educational attainment
  - Industry and occupation
  - Military service connection
  - Sexual orientation and gender identity
- **IMPORTANT NOTE – causation is not implied by being a member of any of these, or other, demographic groups**

# Promotion and Prevention Efforts

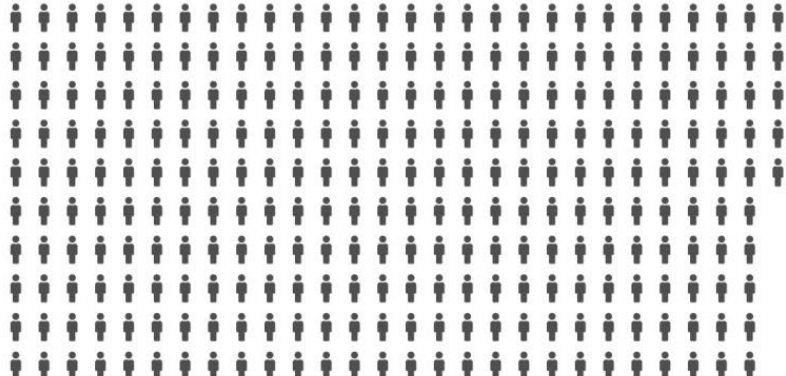


For every suicide death there are:

 **4** Hospitalizations for suicide attempts\*\*

 **8** Emergency department visits related to suicide\*\*

 **27** Self-reported suicide attempts\*\*\*

 **275** People who seriously considered suicide\*\*\*

\* Based on the latest year of available data for adults ages 18 and older.

\*\* Source: [CDC WISQARS](#)

\*\*\* Source: [2020 SAMHSA's National Survey on Drug Use and Health](#)



# Opening Remarks



# SUICIDE PREVENTION INTRODUCTION

PRESENTED BY:

- DAVID PUENTE, JR., DEPUTY DIRECTOR, WASHINGTON STATE DEPARTMENT OF VETERANS AFFAIRS

**WASHINGTON**

MONTH  
TAB

YEAR  
TAB



**SAMPLE**

**988 LIFELINE | THERE IS HOPE!**

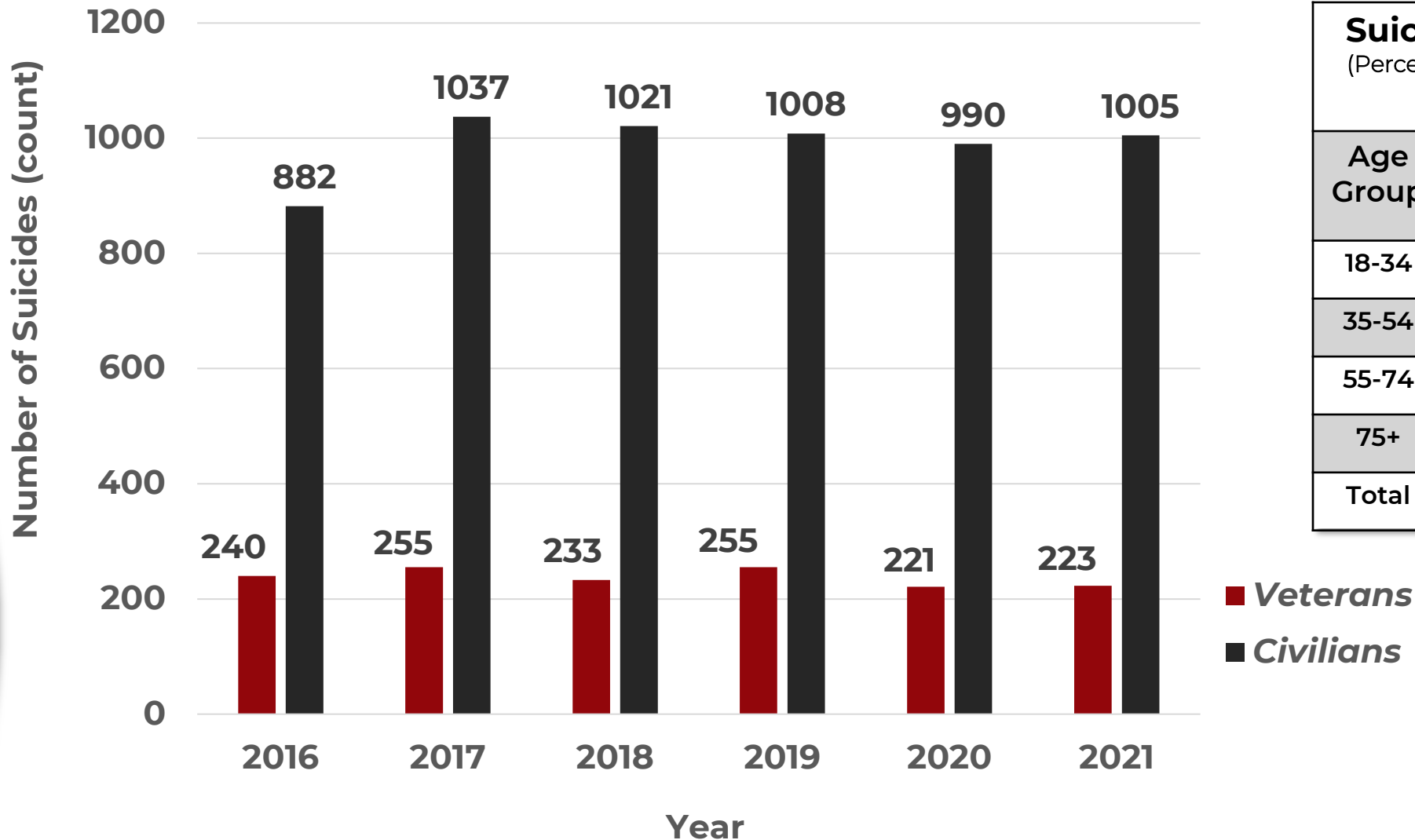


# SUICIDE PREVENTION INITIATIVES: WA DEPARTMENT OF VETERANS AFFAIRS

PRESENTED BY:

- CODIE GARZA, SUICIDE PREVENTION MANAGER,  
WASHINGTON STATE DEPARTMENT OF VETERANS  
AFFAIRS
- JENNIFER PREWITT, SUICIDE PREVENTION PEER  
SPECIALIST, WASHINGTON STATE DEPARTMENT OF  
VETERANS AFFAIRS

# VETERAN SUICIDES FROM 2016-2021



Suicide by Firearm (Percentage of Total Suicides 2016 - 2021)		
Age Group	Veteran	Civilian
18-34	65%	32%
35-54	61%	43%
55-74	65%	40%
75+	83%	49%
Total	69%	62%

**Veterans  
make up  
18% of all  
WA  
suicides**

Data Source: Washington State Violent Death Reporting System (WA-VDRS)

# SERVICE MEMBERS, VETERANS, AND THEIR FAMILIES

## SUICIDE RISK & PROTECTIVE FACTORS

*Risk factors are characteristics present in an individual's life that might make them more vulnerable to suicide, or otherwise negatively impact emotional wellbeing in a significant manner.*

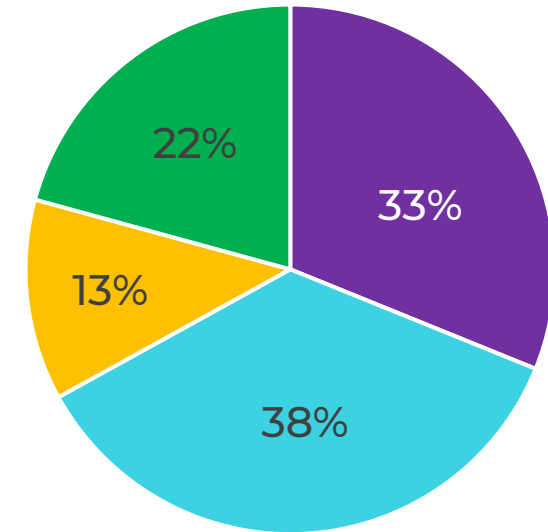
- Mood/anxiety disorders, alcohol and drug abuse/misuse
- History of suicide attempt(s), suicide bereavement
- Physical health problems
- Trauma exposure
- Exposure to current or past stressful situations
- Military culture and transitions

*Protective factors are characteristics present in an individual's life which aid in defending against suicidal thoughts and/or a negative impact on emotional wellbeing.*

- Access to effective healthcare
- Life skills training and positive personal traits
- Social connectedness and belongingness

### Known Preceding Crisis/Event for Veteran Suicide Deaths

*(WA State: Years 2016 – 2021 combined)*



- Physical health problem
- Mental Health Problem
- Job or financial problem
- Intimate Partner Problem (current or former intimate partner)



## Public health approach to infectious disease in the community

### **Monitoring Transmission**

- R0 – number of cases, on average, an infected person will cause during their infectious period

### **Prevention of disease, not just death**

- Health-conscious behaviors
- Immunizations

### **Promoting healthy decisions to include community**

- Mask wearing
- Healthy diet and exercise
- Social distancing

## Public health approach to suicide in the community

### **Monitoring Impact**

- Suicide loss survivors – Unique grief and trauma suicide death leaves behind has an immense impact on the lives of these individuals
- Research has determined 135 individuals are impacted by 1 suicide death

### **Preventing risk factors for suicidal ideation**

- Ensuring safe storage
- Removing barriers for effective healthcare (incl. mental healthcare)
- Investing in social determinants of health

### **Promoting healthy decisions to include community**

- Social connection
- Healthy boundaries
- Healthy coping strategies

# SAMHSA/VA GOVERNOR'S CHALLENGE



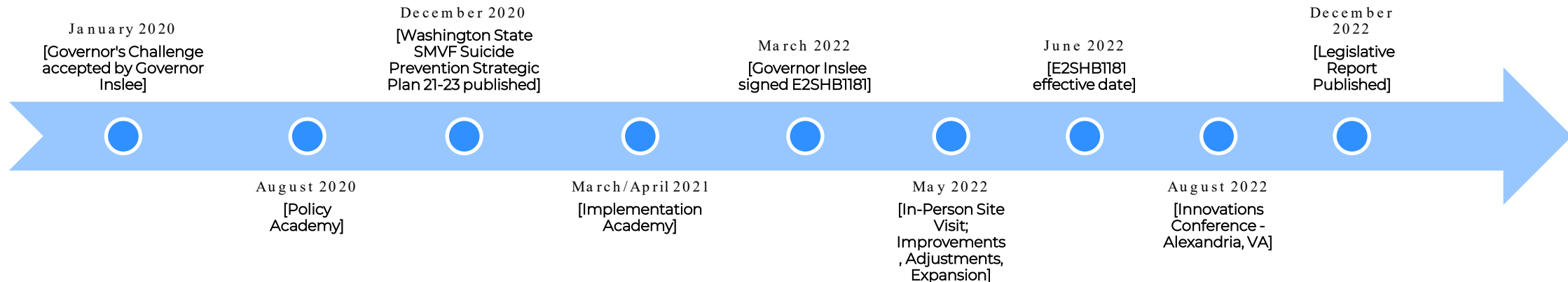
- ✓ Sponsored by SAMHSA Service Members, Veterans, and their Families Technical Assistance Center
- ✓ Accepted by Governor Jay Inslee in January 2020
- ✓ Objectives:
  - Form an interagency military and civilian team of state leaders and policy makers to develop and implement a strategic action plan to prevent and reduce suicide
  - Define and measure success, including defining assignments, deadlines, and measurable outcomes to be reported

## SMVF Statewide Suicide Prevention Plan

Identify  
SMVF  
and  
Screen  
for  
Suicide  
Risk

Promote  
Connectedness  
and Improve  
Care Transition

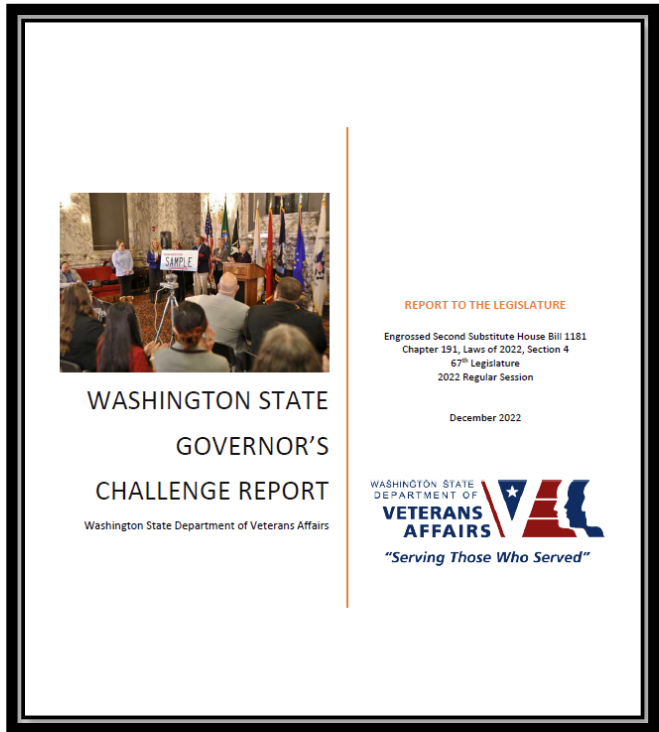
Increase  
Lethal  
Means  
Safety  
and  
Safety  
Planning



# Progress Overview of Washington State SMVF Suicide Prevention Strategic Plan 2021 – 2023



Priority Area	Goal
<p><b>Identify SMVF &amp; Screen for Suicide Risk</b></p>	<ul style="list-style-type: none"> <li>• Cultural Competency Training Curriculum</li> <li>• Suicide Risk Management Consultation Program Promotion</li> <li>• “Ask the Question”</li> <li>• National Guard Media Campaign</li> </ul>
<p><b>Promote Connectedness &amp; Improve Care Transition</b></p>	<ul style="list-style-type: none"> <li>• Cultural Competency Training Contracts (Providence)</li> <li>• ETS Sponsorship Program</li> <li>• Expansion of Peer Suicide Prevention Support</li> <li>• Creation of the Veteran and Military Member Suicide Prevention Account</li> <li>• Creation of the Suicide Prevention Community Grant Program</li> </ul>
<p><b>Increase Lethal Means Safety &amp; Safety Planning</b></p>	<ul style="list-style-type: none"> <li>• Air National Guard Lethal Means Training</li> <li>• Federal Firearms Licensees Toolkit</li> <li>• SAFER Structured Conversations</li> <li>• LEARN Saves Lives</li> <li>• Provider Cultural Competency Lethal Means Training</li> </ul>



# MOVING FORWARD



## Data Improvements

- Collaboration with Department of Health under “Ask the Question” initiative outlined in E2SHB1181 to streamline resource education for providers
- Collaboration with Emergency Medical Services Injury Prevention Branch (EMS-IPB) to improve field data collection and care transition for Veterans

## Education/Workshops

- Continue to collaborate with other agencies to advertise resources including trainings for community members and providers who serve the SMVF community
- Expand education and workshops to our active military community as they transition (including spouses and dependents)

## Investing in Community

- Provide grants to community organizations through the Community Based Grant Program established as a result of E2SHB1181
- Complete the creation of resource database/web-based application

## Lethal Means Safety

- Invest in materials/education that emphasizes suicide prevention in the context of firearm safety
- Utilize lethal means safety prevention strategies that involve feedback and reception from the community to which it is being applied



Jennifer Prewitt  
Suicide Prevention Peer Specialist  
Washington State Department of Veterans Affairs



# Governor Q&A



# SUICIDE PREVENTION INITIATIVES: WA DEPARTMENT OF HEALTH

PRESENTED BY:

- MICHELE ROBERTS, PREVENTION AND COMMUNITY HEALTH ASSISTANT SECRETARY, WASHINGTON STATE DEPARTMENT OF HEALTH
- CAITLIN CRAY, TEACHER, COLUMBIA HIGH SCHOOL
- SOPHIA ACOSTA, PEER LEADER, COLUMBIA HIGH SCHOOL
- CYNTHIA CELAYA, PEER LEADER, COLUMBIA HIGH SCHOOL



# RESULTS WASHINGTON

Suicide Prevention



# Suicide Prevention in Public Health

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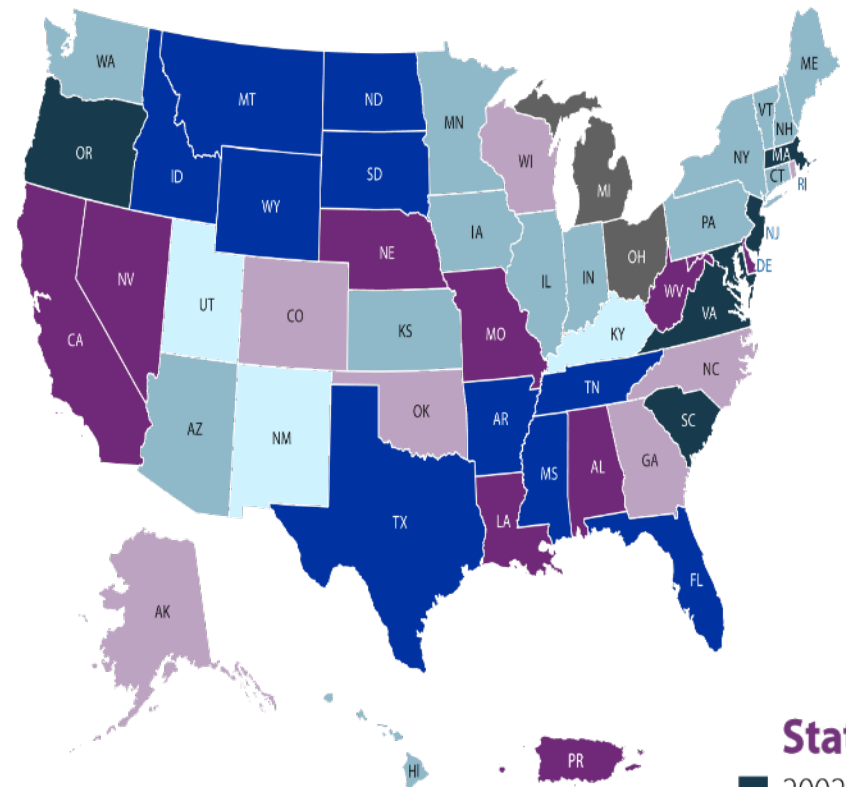
- HB 2315 (2014): Development of a State plan for suicide prevention
  - 4 Strategic Directions:
    1. Healthy Empowered Individuals, Families and Communities
    2. Clinical and Community Preventative Services
    3. Treatment and Support Services
    4. Suicide Surveillance, Research, and Evaluation
- Executive Order 16-02 (2016): Action Alliance for Suicide Prevention
- ❖ Suicide is a public health problem, and everyone has an important role to play in preventing risk.

# Data Driven Decision Making

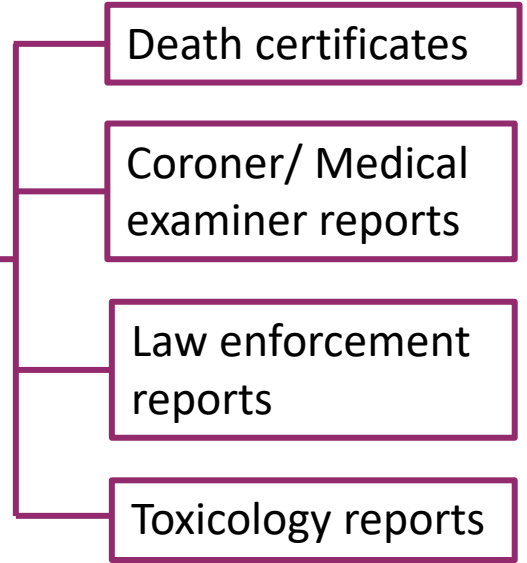
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- Healthy Youth Survey
  - Referred to as HYS
- WA Emergency Medical Services Information System
  - Referred to as EMS
- Rapid Health Information Network
  - Referred to as RHINO
- Crisis Services
- Death Certificates
- WA State Violent Death Reporting System
  - Referred to as WA-VDRS or VDRS

# National Violent Death Report System (NVDRS), WA-VDRS



- NVDRS**
- Unintentional firearm death
  - Suicide
  - Homicide
  - Legal intervention
  - Undetermined death

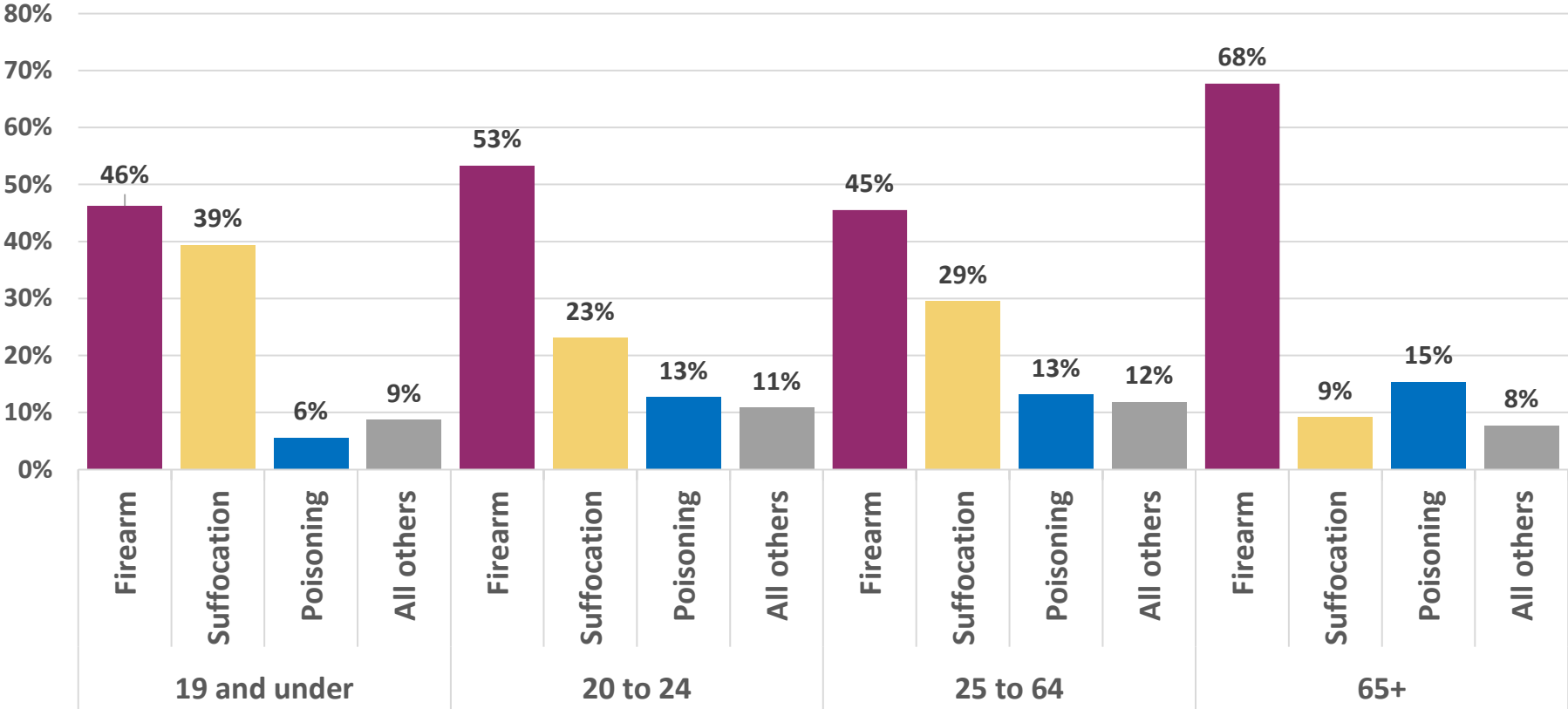


**States added by year:**

- 2002: MA, MD, NJ, OR, SC, VA
- 2003: AK, CO, GA, NC, OK, RI, WI
- 2004: KY, NM, UT
- 2009: MI, OH
- 2014: AZ, CT, HI, IA, IL, IN, KS, ME, MN, NH, NY, PA, VT
- 2016: AL, CA, DE, DC, LA, MO, NE, NV, Puerto Rico, WV
- 2018: AR, FL, ID, MS, MT, ND, SD, TN, TX, WY

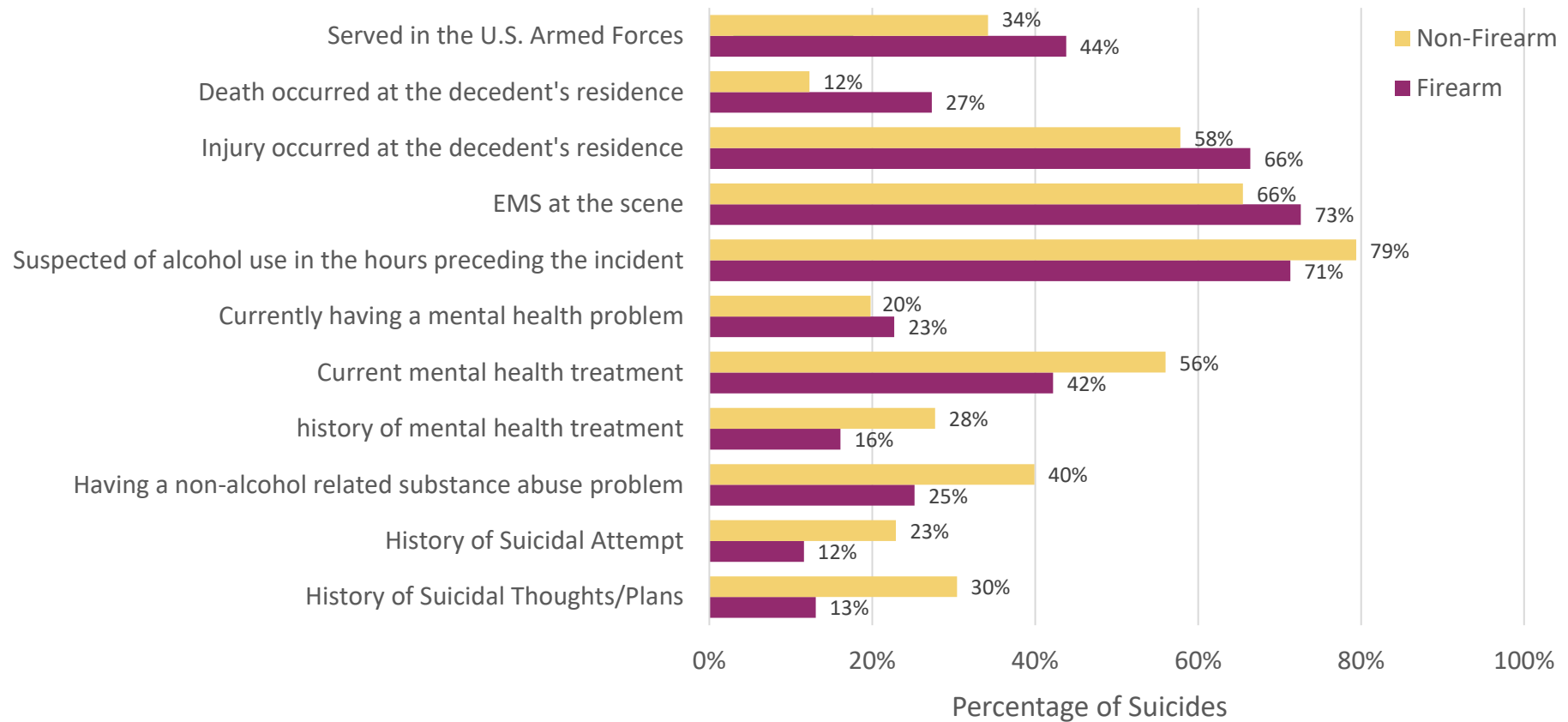


# Suicide Mechanisms by Age, 2020-2021



\*Suffocation includes hanging.  
 Data Source: : Washington State Department of Health , Center for Health Statistics, Death Certificate Data & WA-VDRS.  
 All others include Cut/Pierce, Drowning, Fall/Jump, Fire/Flame, Other land transport, Other specified, Unspecified.

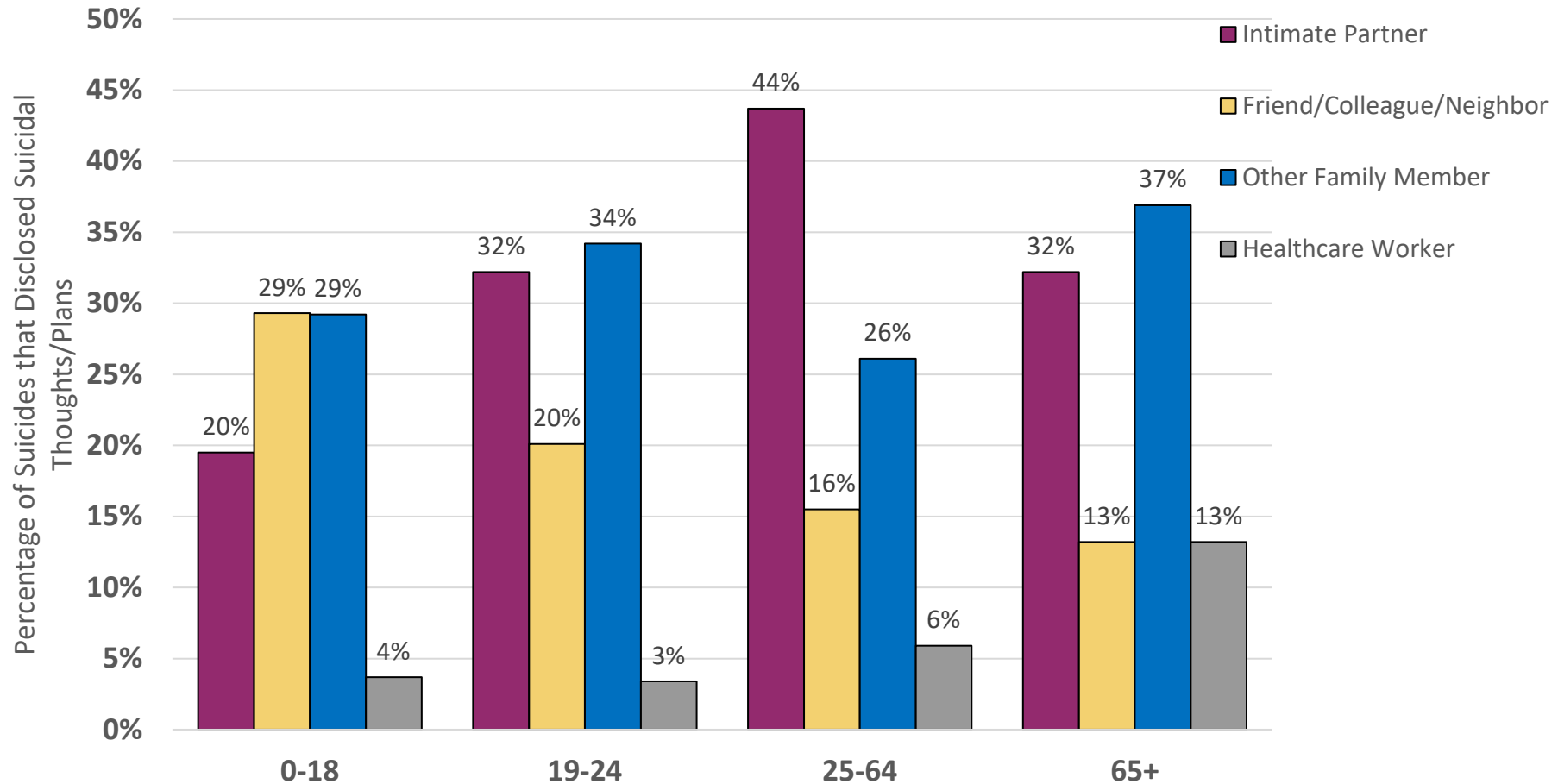
# Who, Where, and Why? WA-VDRS Circumstances, 2015-2020



Circumstances around firearm-related suicide, WA-VDRS 2015-2020	Firearm Suicide	Non-firearm suicide
Served in the U.S. Armed Forces (65+)	51.2%	32.1%
Problems at or related to school appear to have contributed to the death (under 18)	23.3%	19.5%
An argument or conflict led to the victim's death (18-24)	20.9%	15.7%
Financial problems appear to have contributed to the death (25-64)	13.2%	10.4%

Data source: WA-VDRS, only includes those who injured in WA regardless of residency and location of death.

# Disclosure of Suicide Intent by Age: 2015-2020



Data source: WA-VDRS, only includes those who injured in WA regardless of residency and location of death. Percentages are among decedents with known information

# Data Dissemination

## Examples of data fact sheets

WASHINGTON STATE VIOLENT DEATH REPORTING SYSTEM  
**Sharing Suicide Data to Save Lives**

**National Violent Death Reporting System (NVDRS)**  
NVDRS is the only state-based surveillance system that pools more than 600 unique data elements from:

- Death certificates
- Coroner/medical examiner reports
- Law enforcement reports
- Toxicology reports

NVDRS data covers all types of violent deaths, including firearm-related unintentional injury deaths, suicides, homicides, and undetermined deaths.

In 2018, 1619 violent deaths were reported into the Washington Violent Death Reporting System (WA-VDRS). 2018 is the first year that all 39 counties joined WA-VDRS. Of the total deaths reported, 1255 (77.5%) were suicides.

**1619 violent deaths 2018**

**1255 suicides – 77.5%**

**Who, When, Where, How and Why**  
VDRS collects data on the **who, when, where, and how** of violent deaths to help us better understand **why** they occurred. In Washington state, suicide by firearm was more prevalent among men than women in 2018. Most firearms used were handguns, and a quarter of the firearms were owned by those who died by suicide. Studies show that reducing access to lethal means during a crisis saves lives.

More than 50 percent of all people who died by suicide were affected by depressed moods and mental health problems. Twenty five percent of people disclosed suicide intent—most often to intimate partners, family members, and friends/colleagues.

In Washington, means and circumstances related to suicide—such as relationship and life stressors—change over the lifespan. In all age groups the majority of suicides happen at home where help and attention may be available to those in distress.

**Among the 1255 suicides:**

- 75% were males
- 65% happened at home
- 48% involved a firearm
- 41% history of suicide thoughts
- 35% left a suicide note
- 19% served in the military

**12% Suicide Means and Circumstances Change Across Lifespan**

Age Group	Means	Circumstances
Age: 18 to 24	53% by firearm	32% by hanging, strangulation, suffocation
Age: 25 to 64	43% by firearm	30% by hanging, strangulation, suffocation
Age: 65 and older	53% by firearm	32% by hanging, strangulation, suffocation

**Age: 18 to 24**  
Means: 53% by firearm  
Circumstances: 32% by hanging, strangulation, suffocation  
32% had an intimate partner problem  
20% had suicide attempt history  
22% had non-alcohol substance abuse problem

**Age: 25 to 64**  
Means: 43% by firearm  
Circumstances: 30% by hanging, strangulation, suffocation  
31% had an intimate partner problem  
22% suspected of alcohol use in hours preceding the incident  
21% had a job/financial problem

**Age: 65 and older**  
Means: 53% by firearm  
Circumstances: 32% by hanging, strangulation, suffocation  
42% had a family relationship problem  
22% had a school problem  
21% had a recent argument/conflict

WASHINGTON STATE VIOLENT DEATH REPORTING SYSTEM  
**Sharing Data to Prevent Young Adult Suicide | 2015–2018**

**Young Adult Suicide**  
The Washington state suicide rate among young adults (18–24 years old) has increased 40% (from 15 per 100,000 in 2010 to 21 per 100,000 in 2018) and has remained higher than the national rate in the same time frame. Suicide has been the second leading cause of death among young adults for both males and females. More than 75% of young adults who died by suicide were males and nearly 65% were Non-Hispanic whites.

**What Happened and Why**  
The Washington Violent Death Reporting System (WA-VDRS) is part of the National Violent Death Reporting System (NVDRS) that collects more than 600 unique data elements from death certificates, coroner/medical examiner reports, law enforcement reports, and toxicology reports on **who, when, where, and how** of suicides to help us better understand **why** they occurred.

Between 2015 and 2018, 4,090 suicides were reported into the WA-VDRS. Of those, 12% were adults between ages 18 and 24. Approximately 55% of young adult suicides occurred at home, 44% had mental health problems, with 61% diagnosed as depression; 27% disclosed their suicide thoughts or plans to another person—intimate partners, family, friends, or healthcare workers; 24% had a non-alcohol substance abuse problem; and, 20% suspected of alcohol use in the hours preceding the suicide. If a firearm was used, 22% were owned by the decedents and 16% were owned by a family member or friend.

**WA-VDRS Young Adult Suicides**

Gender	History of suicide thoughts and/or plans	History of suicide attempt	Problems with intimate partner	Alcohol dependence problem
MALES	50% died by firearm	32% had history of suicide thoughts and/or plans	22% had history of suicide attempt	27% had problems with intimate partner
FEMALES	45% died by suffocation/hanging/strangulation	49% had history of suicide thoughts and/or plans	41% had history of suicide attempt	36% had problems with intimate partner

**Examples of intimate partner problems:** broke up with boyfriend; had argument with girlfriend; separated from husband; had problems with ex-girlfriend (mother of his child).

**#BeTheTo**  
The National Action Alliance for Suicide Prevention and the National Suicide Prevention Lifeline promote #BeTheTo's five action steps for communicating with and supporting someone who may be suicidal. Visit #BeTheTo for information about **how and why** to take action.

**ASK** • Ask the tough questions directly, "Are you thinking about killing yourself?"

**BE THERE** • Listen to their reasons for feeling hopeless and in pain.  
• Listen with compassion and empathy—no dismissing or judgment.

**KEEP THEM SAFE** • Ask if they've thought about how they would do it.  
• Separate them from anything they could use to hurt themselves.

**HELP THEM CONNECT** • Connect them with a support system such as their family, friends, clergy, coaches, co-workers, or therapists.  
• Encourage them to call 800-273-TALK (8255).

**FOLLOW UP** • Check in on a regular basis.  
• Making contact in the days after a crisis can make the difference in keeping them alive.

WASHINGTON STATE VIOLENT DEATH REPORTING SYSTEM  
**Sharing Data to Prevent Adult Male Suicide | 2015–2018**

**Men in the Middle Years (MIMY)**  
In Washington state, MIMY (men 35–64 years of age) represent 20% of the population, however, they account for nearly 40% of all suicides. Their suicide rate has remained high (31 per 100,000, with 441 suicides in 2018), making it the fourth leading cause of death for this demographic. Among MIMY, 50% of suicides were firearm related and more than 80% who died were Non-Hispanic whites.

Suicide not only takes a tremendous emotional toll on families and friends, but also has medical costs for individuals and families, and lost productivity for employers. In 2018, the total medical cost was \$1.9 million and the cost in lost productivity was \$556 million for MIMY.

**What Happened and Why**  
The Washington Violent Death Reporting System (WA-VDRS) is part of the National Violent Death Reporting System (NVDRS) that collects more than 600 unique data elements from death certificates, coroner/medical examiner reports, law enforcement reports, and toxicology reports on **who, when, where, and how** of suicides to help us better understand **why** they occurred.

Between 2015 and 2018, 4,090 suicides were reported into WA-VDRS. Of those, 36% were MIMY; approximately 34% had a history of suicide thoughts or plans; 33% had intimate partner problems (of those, 57% occurred within two weeks of the suicide); 29% had job or financial problems (of those, 37% happened within two weeks of the suicide). More than 24% disclosed their suicide thoughts or plans to another person.

**#BeTheTo**  
The National Action Alliance for Suicide Prevention and the National Suicide Prevention Lifeline promote #BeTheTo's five action steps for communicating with and supporting someone who may be suicidal. Visit #BeTheTo for information about **how and why** to take action.

**WA-VDRS MIMY Suicides**

BY FIREARM	BY OTHER MEANS
72% occurred at home	59% occurred at home
27% alcohol use in hours preceding incident	20% alcohol use in hours preceding incident
44% had mental health problem (74% depression)	52% had mental health problem (83% depression)
27% had treatment for mental health/substance abuse	35% had treatment for mental health/substance abuse
13% had history of suicide attempt	25% had history of suicide attempt

**Examples of problems—partner, job/financial, substance use/mental health:** depressed about divorce, child custody issues, severe alcoholic, drank alcohol before the incident; drug abuse; had work-related stress; had difficulty finding a job; had child support issues; business was failing; bipolar disorder; anxiety disorder, PTSD.

**ASK** • Ask the tough questions directly, "Are you thinking about killing yourself?"

**BE THERE** • Listen to their reasons for feeling hopeless and in pain.  
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**FOLLOW UP** • Check in on a regular basis.  
• Making contact in the days after a crisis can make the difference in keeping them alive.

Fact sheets are available at:  
[Suicide Prevention | Washington State Department of Health](https://www.wa.gov/health/suicide-prevention)

# Transformational Plan



WASHINGTON STATE DEPARTMENT OF HEALTH

## TRANSFORMATIONAL PLAN

A VISION FOR HEALTH IN WASHINGTON STATE

### OUR PRIORITIES AND VISION FOR TRANSFORMATIONAL HEALTH

- I. HEALTH AND WELLNESS**  
 All Washingtonians have the opportunity to attain their full potential of physical, mental, and social health and well-being.
- II. HEALTH SYSTEMS AND WORKFORCE TRANSFORMATION**  
 All Washingtonians are well served by a health ecosystem that is robust and responsive, while promoting transparency, equity, and trust.
- III. ENVIRONMENTAL HEALTH**  
 All Washingtonians will thrive in a broad range of healthy environments — natural, built, and social.
- IV. EMERGENCY RESPONSE AND RESILIENCE**  
 All Washington communities have the information and resources they need to build resilience in the face of myriad public health threats and are well-positioned to prepare for, respond to, and recover from emergencies and natural disasters.
- V. GLOBAL AND ONE HEALTH**  
 All Washingtonians live in ever-connected environments that recognize and leverage the intersection of both global and domestic health as well as the connections of humans, animals, and the environment.

### TRANSFORMATIONS IN ACTION

INNOVATION AND TECHNOLOGY

COMMUNITY CENTERED

VISIBILITY AND VALUE

EQUITY DRIVEN

COLLABORATIVE ENGAGEMENT

**CORNERSTONE VALUES:** EQUITY • INNOVATION • ENGAGEMENT

**VISION:** EQUITY AND OPTIMAL HEALTH FOR ALL



# The Importance of Prevention

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## Voices from Columbia High School in White Salmon, WA

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about the **Sources of Strength**  
youth suicide prevention program




# Governor Q&A



# SUICIDE PREVENTION INITIATIVES: WA HEALTH CARE AUTHORITY

PRESENTED BY:

- SARAH MARIANI, SUBSTANCE ABUSE DISORDER AND MENTAL HEALTH PROMOTION SECTION MANAGER, WASHINGTON STATE HEALTH CARE AUTHORITY
- LIZBET MACEDA, REGIONAL PREVENTION SPECIALIST, EDUCATIONAL SERVICE DISTRICT 105



# Results WA: Suicide Prevention

*Presented by:*  
Sarah Mariani, Section Manager, Substance Use Disorder  
Prevention & Mental Health Promotion Section,  
HCA Division of Behavioral Health and Recovery

*Video:*  
Lizbet Maceda  
Regional Prevention Specialist  
Educational Service District 105

# Behavioral health services program categories

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 Substance use disorder prevention and mental health promotion services

 Prenatal through age 25 behavioral health treatment services

 Mental health and substance use disorder treatment services

 Problem gambling services

 Recovery support services

# Mental health and suicide: Key findings from Healthy Youth Survey

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- ▶ **A large proportion of youth report feeling sad or hopeless in the past 12 months**
  - ▶ More than 1 in 3 10<sup>th</sup> grade students (38.1%) reported persistent feelings of sadness or hopelessness in 2021.
  - ▶ There is a significant increasing trend in depression from 2008 through 2018 for students in 10<sup>th</sup> grade.
- ▶ **Suicide rising in Washington Adolescents**
  - ▶ In 2021, about 1 in 5 students in 10<sup>th</sup> grade seriously considered suicide (19.6%).
  - ▶ There has been a significant increasing trend in seriously considering suicide from 2010 through 2018 among students in grades 10 and 12. No change in 8<sup>th</sup> grade over time.
- ▶ **Anxiety continues to remain high**
  - ▶ 70.4% of 10<sup>th</sup> grade students felt nervous, anxious, on edge, or not being able to stop or control worrying.
  - ▶ From 2014 to 2018 there has been a significant increasing trend among students in grade 8. No change in 10<sup>th</sup> or 12<sup>th</sup> grade students during this time frame.
- ▶ **The data show some student populations are more heavily affected than others, including students who identify as female, students who identify as LGBTQ+, students with disabilities, and students experiencing housing insecurity.**

**Note:** There is no connecting line between 2018 and 2021 to indicate caution should be used when comparing estimates between 2018 and prior years because of methodologic changes for 2021. Due to these changes, significance testing between 2021 and prior years was not performed.

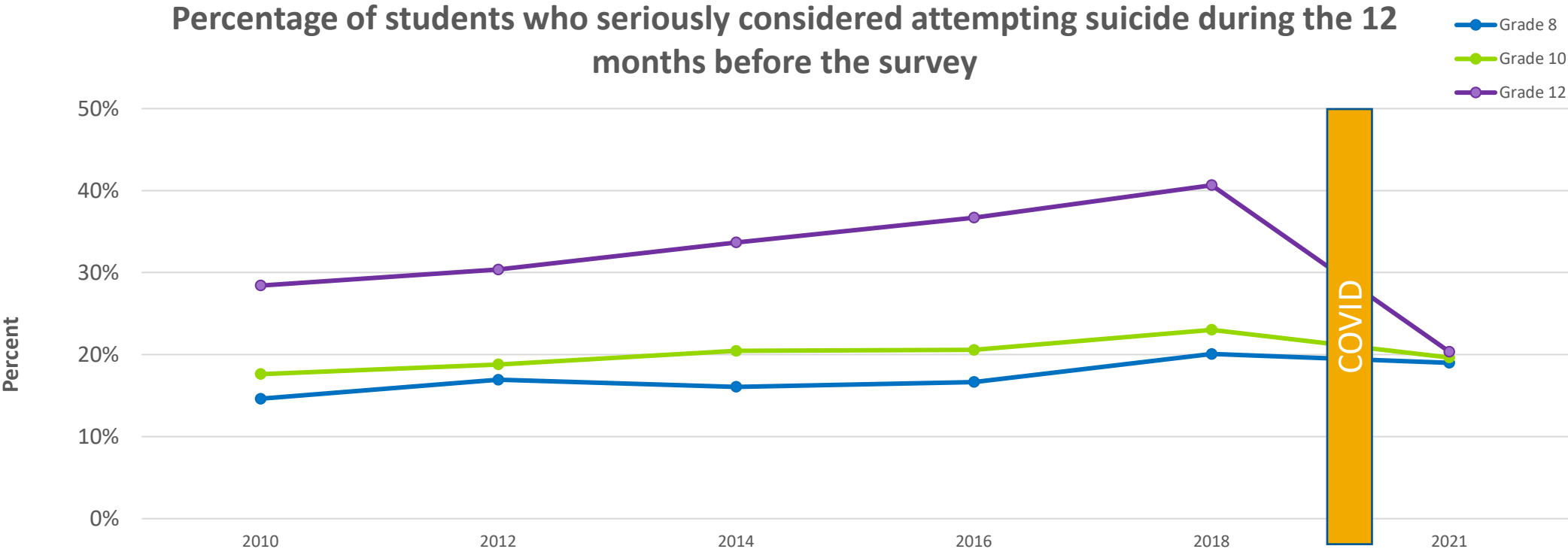
# Health disparity data

	Gender at Birth		Sexual Orientation		Disability Status <sup>2</sup>		Housing <sup>3</sup>	
	Female	Male	LGB	Heterosexual	Yes	No	Insecure	Secure
Sad/Hopeless in Past 12 Months	50.2%	25.4%	65.9%	29.0%	61.2%	28.5%	52.8%	36.5%
Suicide Ideation	26.2%	12.6%	46.3%	11.5%	38.2%	13.0%	36.5%	18.5%
Anxiety <sup>1</sup>	55.0%	23.1%	67.5%	29.7%	61.8%	36.0%	47.2%	38.9%

**Note:** Red highlighted data indicates a statistically significant difference at the  $p < 0.05$  level.

1. Anxiety is the sum of scores from two HYS questions for a Generalized Anxiety Disorder scale: 1) How often over the last 2 weeks, were you bothered by: feeling nervous, anxious or on edge, and 2) How often over the last 2 weeks, were you bothered by: Not being able to stop or controlling worrying.
2. Disability Status includes responses to: 1) any physical disabilities or long-term health problems lasting or expected to last 6 months or more 2) any long-term emotional problems or learning disabilities lasting or expected to last 6 months or more 3) other people consider you to have a disability or long-term health problem including physical health, emotional, or learning problems 4) limited in any activities because of a disability or long-term health problem including physical health, emotional, or learning problems expected to last 6 months or more
3. Secure housing includes responses to: 1) current living arrangements the results of losing your home because your family cannot afford housing.

# Youth seriously considered attempting suicide



Significant change over time from 2010 to 2018 seen in grades 10 and 12. No change in 8<sup>th</sup> grade over time ( $p < 0.5$ ).  
In 2018, more female 10<sup>th</sup> grade students seriously considered suicide compared to 10<sup>th</sup> grade male students, 27.9% and 17.6%, respectively ( $p < .05$ ).

Source: Washington State Healthy Youth Survey, 2010-2021.



# Goal: Promote mental health and wellness, reduce suffering, and prevent suicide

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## ▶ Local Services mental health promotion and suicide prevention grants



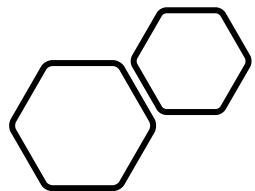
- ▶ Funding prioritized for high risk/ high need
- ▶ Evidence/Research-based direct service programs
- ▶ At least one community awareness event per year
- ▶ At least one Youth Mental Health First Aid (YMHFA) training per year
- ▶ Grants range from \$20k to \$65k per grantee
- ▶ \$546k per year total funding



## ▶ State projects

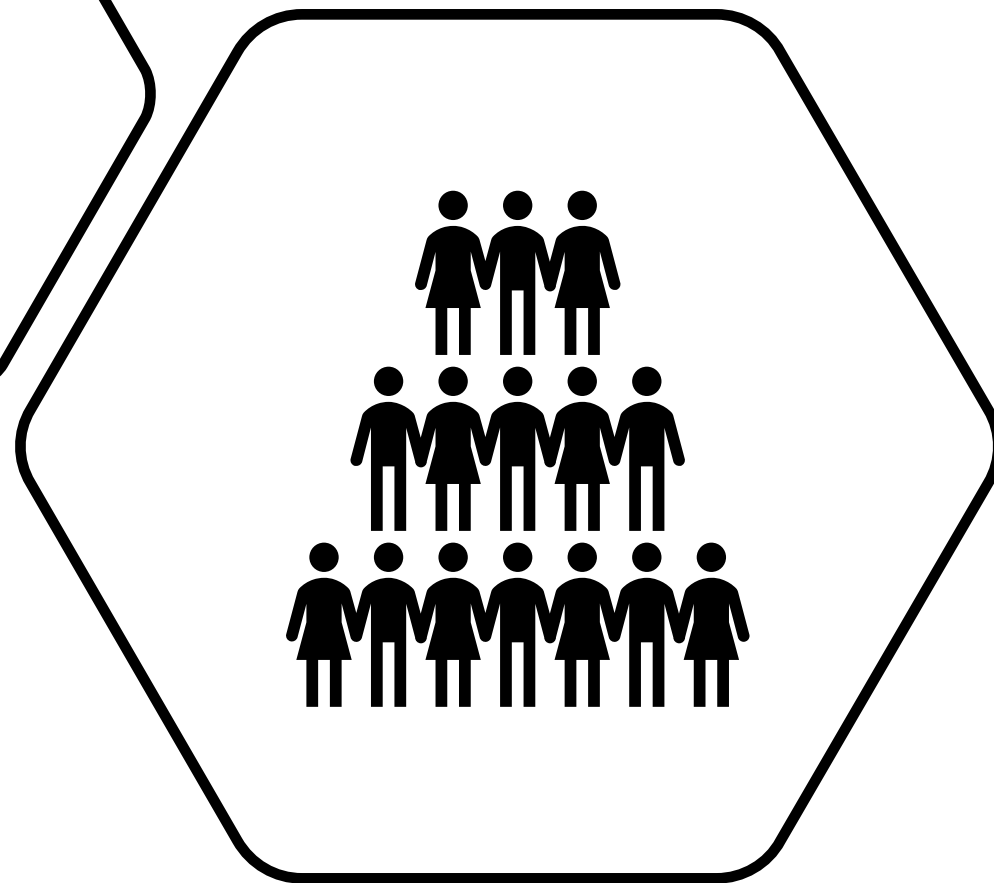
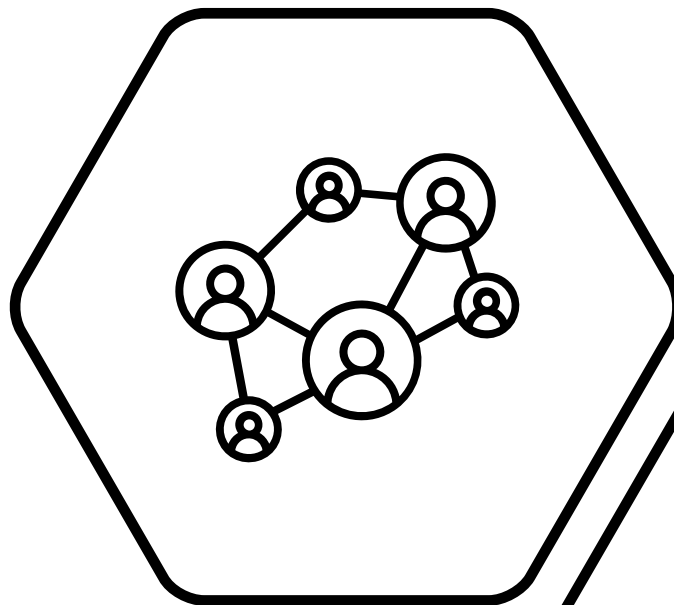


- ▶ Conferences for prevention professionals and youth leaders (Spring Youth Forum, Prevention Summit)
- ▶ Wellness Campaign





## Prevention: Community- level impact

- ▶ In State Fiscal Year 2022, HCA's Mental Health Promotion and Suicide Prevention grants served:
  - ▶ 3,508 individuals with direct services
  - ▶ 487,580 individuals through awareness campaign and activities

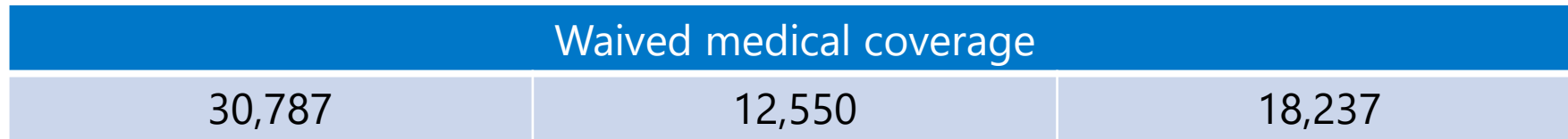
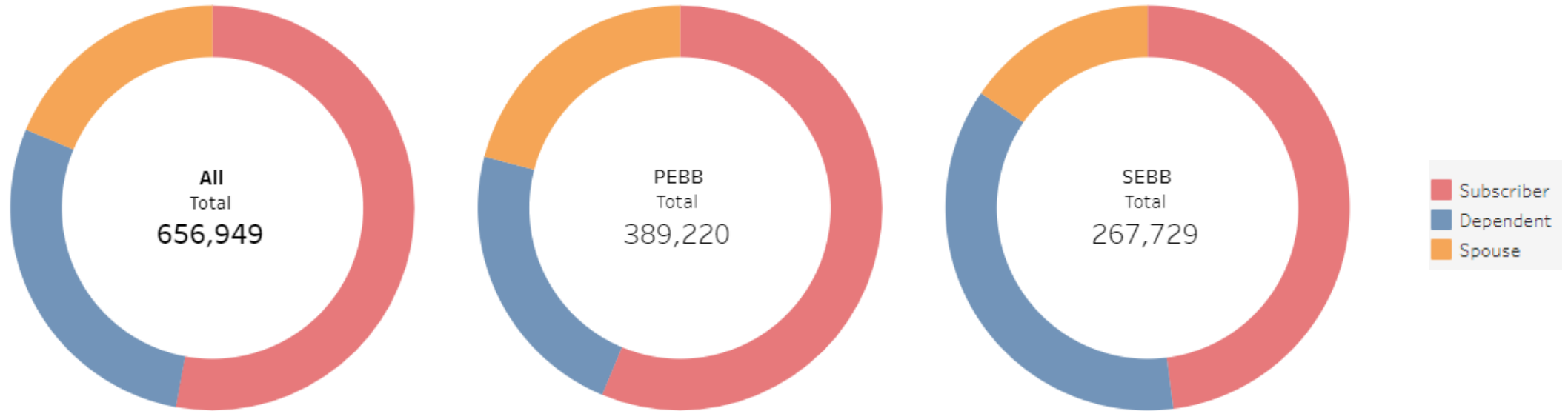


# SEBB and PEBB self-insured and fully insured medical plans

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- ▶ All plans include a wide variety of mental health applications and programs are available to improve suicide prevention, such as:
  - ▶ Behavioral Health services (e.g., inpatient, outpatient, clinic visits) [PEBB ~ 2.9K visits/1K members; SEBB ~ 2.1K visits/1K members]
  - ▶ Telehealth, screening tools made available at online, annual visits, urgent care visits as well as prior to mental health appointments.
  - ▶ Suicide Risk Analytics
  - ▶ 24-hour nurse lines and virtual provider access (e.g., Doc on Demand and Advice24)
  - ▶ Wellness program  SmartHeart Health
  - ▶ App based interventions  myStrength<sup>®</sup>  
by Teladoc Health
- ▶ All state employees also have access to the Employee Assistance Program (EAP).

# PEBB & SEBB covered lives (October 2022)



**There are an additional ~50,000 members enrolled only in dental and/or vision.**

# Community voice

- ▶ *Lizbet Maceda – Educational Service District 105*

<https://vimeo.com/789177575>



# Washington State resources

- ▶ 988 Suicide & Crisis Lifeline - <https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/988-crisis-line-implementation-hb-1477>
- ▶ Employee Assistance Program (EAP) - <https://www.hca.wa.gov/about-hca/programs-and-initiatives/washington-wellness/employee-assistance-program-eap>
- ▶ Health Care Authority – [www.hca.wa.gov](http://www.hca.wa.gov)
- ▶ WA State Suicide Plan – <https://doh.wa.gov/you-and-your-family/injury-and-violence-prevention/suicide-prevention>
- ▶ State Prevention Enhancement (SPE) - <https://theathenaforum.org/spe>
- ▶ Athena Forum – <https://theathenaforum.org/mentalhealth>
- ▶ Healthy Youth Survey – [www.AskHYS.net](http://www.AskHYS.net)
- ▶ Forefront- <https://intheforefront.org/>
- ▶ Youth Mental Health First Aid – [www.mentalhealthfirstaid.org](http://www.mentalhealthfirstaid.org)



# Governor Q&A

The seal of the State of Washington is visible in the background on the left side of the slide. It features a portrait of George Washington in the center, surrounded by the text "THE STATE OF WASHINGTON" and the year "1889".

# NEXT STEPS AND FUTURE COMMITMENTS

PRESENTED BY:

- DR. UMAIR A. SHAH, MD, MPH, SECRETARY OF HEALTH, WASHINGTON STATE DEPARTMENT OF HEALTH
- SUE BIRCH, DIRECTOR, WASHINGTON STATE HEALTH CARE AUTHORITY



# Commitment to suicide prevention

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- Expansion and enhanced focus on upstream prevention strategies to prevent suicide
- Collaboration and partnership among agencies
- Strategic planning and implementation
- Use data to inform priorities
- Continued emphasis on equity



# Governor Q&A



# Closing Remarks



THANK YOU FOR ATTENDING TODAY!

PLEASE TAKE A MOMENT TO  
COMPLETE OUR BRIEF SURVEY

YOU CAN VIEW THE RECORDING OF  
TODAY'S MEETING AT:

[WWW.RESULTS.WA.GOV/MEASURING-  
PROGRESS/PUBLIC-PERFORMANCE-REVIEWS](http://WWW.RESULTS.WA.GOV/MEASURING-PROGRESS/PUBLIC-PERFORMANCE-REVIEWS)