Suicide & Safe Storage of Firearms

Suicide is a serious public health problem in Washington State. On average, three people die by suicide every day. In 2016, 1,123 Washington State residents died by suicide (the age-adjusted rate was 15 per 100,000 people). In almost half of suicides, a firearm was used.

The highest rates of suicide occur among men, people 45 years old or older, American Indian and Alaska Natives (AIAN), and among people living in census tracts with a higher percentage living in poverty and a lower percentage who have a college degree.

In 2016, 38% (±2%) of adults with firearms in their homes reported storing them safely. During 2015 and 2016, females, people 18-24 and 35-44 years old, Asians, people with at least a college degree and people with an income less than $25,000 were more likely to report having their firearms stored safely at home.

DOH, along with partner agencies, is working to implement the State Suicide Prevention Plan.

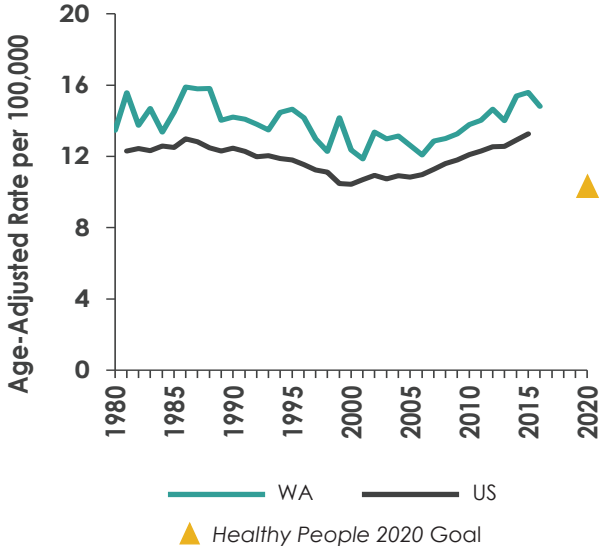
About half of all suicides are by firearm

On average, three Washingtonians died by suicide each day in 2016

Time Trends

- In 2016, the suicide rate among Washington State residents was 15 per 100,000 population.
- Washington has a higher rate of suicide deaths compared to the U.S. (13 per 100,000).
- Suicide rates in Washington increased from 2000 to 2015.

Suicide Deaths
Washington State & US
Death Certificates

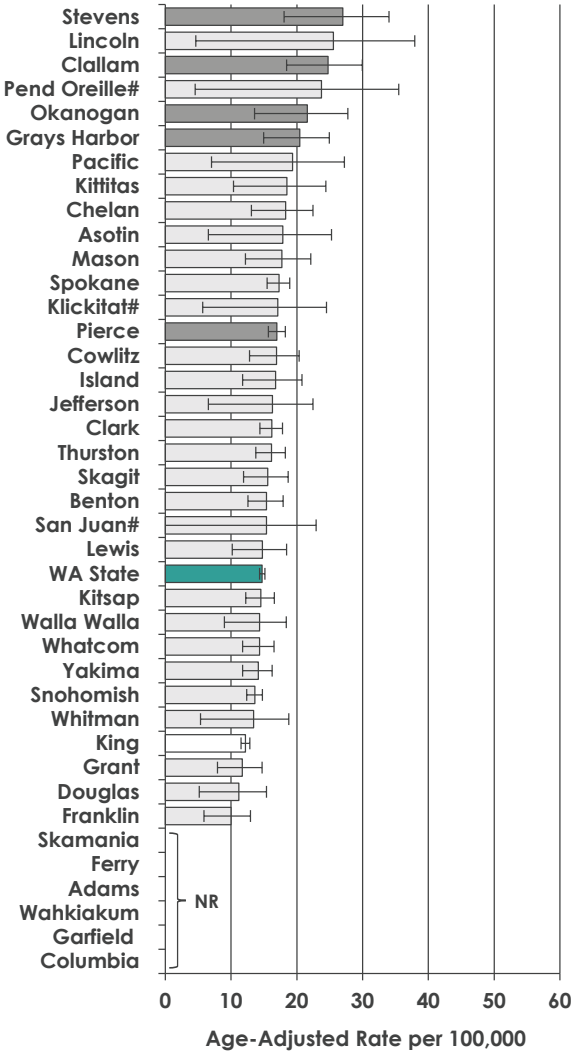


Geographic Variation

For 2011-2015:

- King County had a suicide rate lower than the overall state rate.
- Clallam, Grays Harbor, Okanogan, Pierce, and Stevens counties had rates higher than the overall state suicide rate.

Suicide Rates
Washington Counties
Death Certificates, 2011-2015



WA State
Same as WA State
Lower than WA State
Higher than WA State

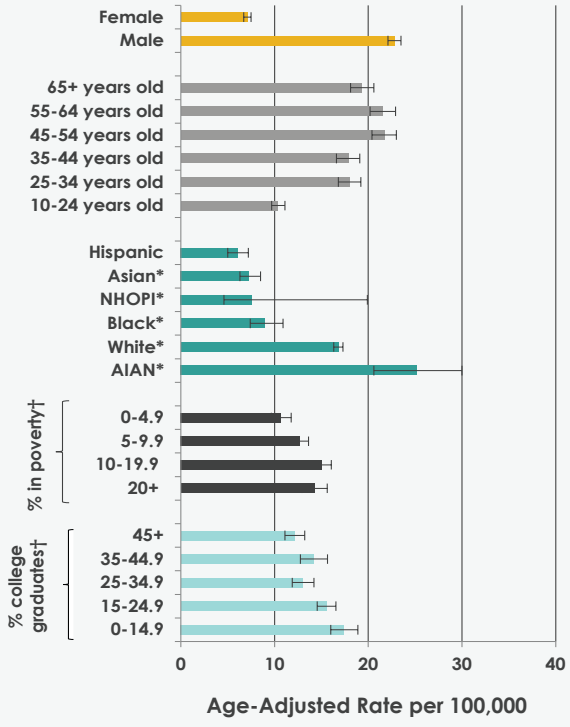
NR: Not reported if RSE ≥ 30% or to protect privacy

#Relative standard error (RSE) is between 25% and 29%

Disparities

- For 2011-2015, males have higher suicide rates compared to females across all age groups (data not shown).
- The highest suicide rates among men are those age 75 and older, while for women the highest rates are among those 45 to 64.
- AIAN have the highest suicide rates followed by whites.
- The highest number of suicides occur among men and women between ages 45-54.
- While we don't have individual socio-economic information, suicide rates are higher in census tracts where 10% or more of the residents lived in poverty, and in census tracts where fewer than 25% of the adult residents graduated from college.

Suicide
Washington State
Death Certificates, 2011-2015



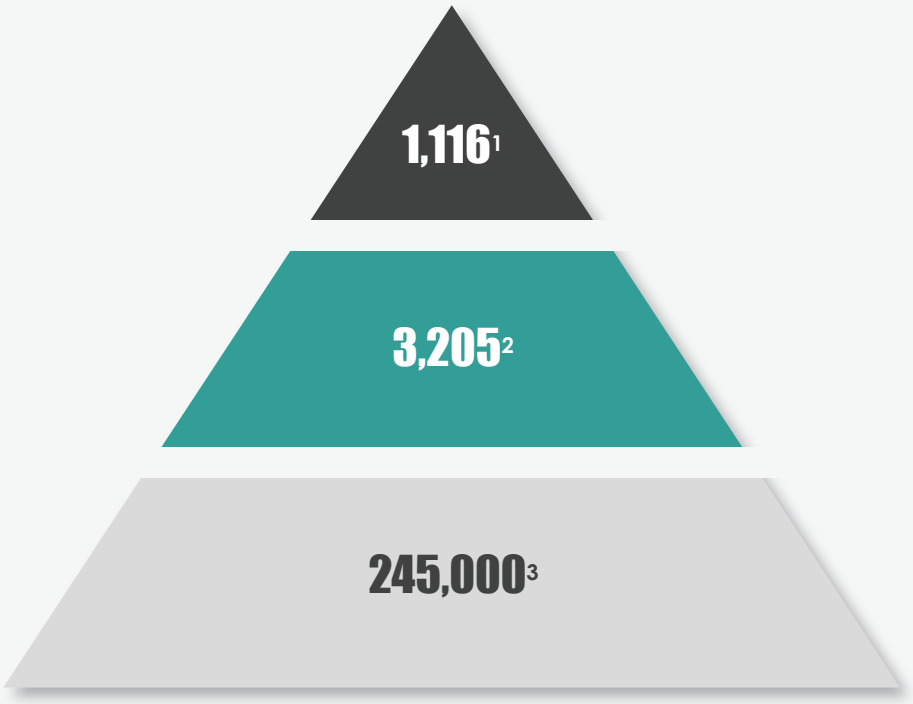
†Among census tract residents, 2012-2014 data

**Non-Hispanic* (all races) | *AIAN:* American Indian/Alaska Native | *NHOPI:* Native Hawaiian/Other Pacific Islander

Impact

- There are about three hospitalizations for self-inflicted injuries for every death due to suicide.
- For 2011-2015, almost half of those who died by suicide used a firearm, 24% died by suffocation, and 19% died by poisoning.

Suicide Burden
Washington State



1. **Deaths**
   Suicide listed as underlying cause of death. Washington State Death Certificate Data, 2015.

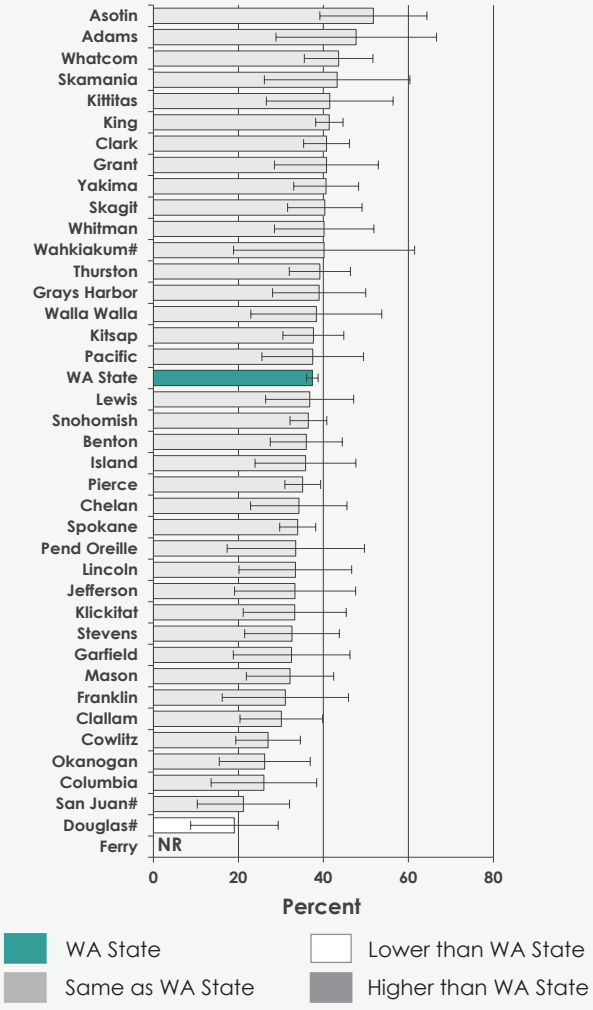
2. **Self Inflicted Harm Hospital Discharges**
   Washington Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) and Oregon State Hospital Discharge Data, 2015.

3. **Adults with Serious Thoughts of Suicide**
   Estimated from National Survey on Drug Use and Health, 2014-15.

Safe Storage of Firearms

- One way to prevent suicide is to safely store and restrict access to common means of suicide, especially medications and firearms. Lockboxes can be used to safely store both.
- Reported here are available data from the Behavioral Risk Factor Surveillance System (BRFSS) about the safe storage of firearms, defined as keeping firearms unloaded and locked up at home. Data about safe storage of other means of suicide are unavailable.
- In 2016, 38% (±2%) of adults with firearms reported keeping them stored safely at home.

Safe Storage of Firearms
Washington Counties
BRFSS, 2015 & 2016



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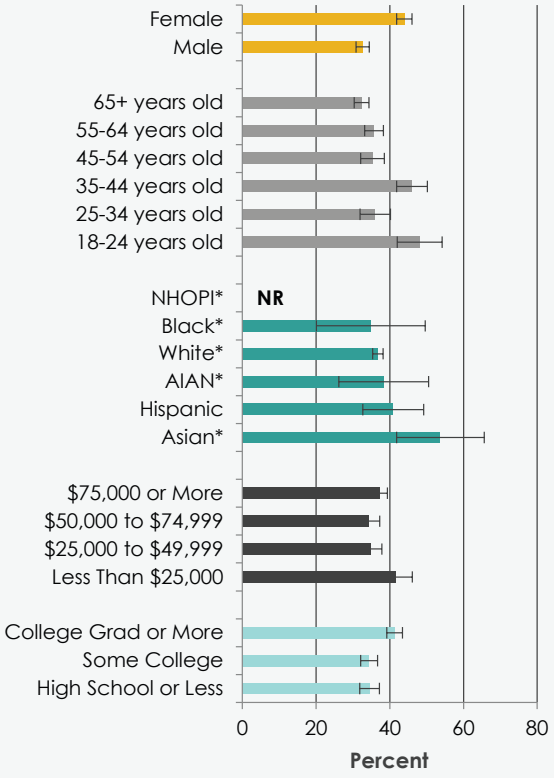
- In the 2015-2016 BRFSS, females were more likely to report that firearms in their homes were safely stored compared to males.
- Survey respondents 18-24 and 35-44 years old were more likely to safely store their firearms at home compared to respondents of other ages.
- Asians were most likely to safely store their firearms.
- Those with the lowest level of income and the highest level of education were most likely to safely store their firearms.
- Promoting safe storage practices to reduce suicide risk is included in the Washington State Suicide Prevention Plan and the 2012 National Strategy for Suicide Prevention.
- For 2015 and 2016, only residents in Douglas County reported less safe storage of firearms compared to the state.

Safe Storage of Firearms
Washington State
BRFSS, 2015 & 2016



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How is Washington addressing suicide & safe storage of firearms?

DOH, partner agencies, local health, tribes and coalitions are working together to implement the Washington State Suicide Prevention Plan, which is based on the National Strategy for Suicide Prevention.

Washington's Results WA Goal 4.1.2.A.g is to reduce the 2015 suicide death rate of 15.6 per 100,000 to 14.0 per 100,000 by 2020.

To reach this goal, DOH and partner agencies are strengthening the data on suicides and firearm deaths, including through use of the National Violent Death Reporting System to provide a more complete picture of circumstances and risk factors surrounding the death. This comprehensive data will improve evidence-based interventions to reduce mortality.

DOH founded the Action Alliance for Suicide Prevention to implement the Governor's Executive Order 16-02: Firearm Fatality Prevention – A Public Health Approach.

Washington legislation (E2SHB 1612) requires certain health professionals licensed in Washington to take a suicide prevention course. DOH is tasked with approving trainings that meet time and content requirements outlined in legislation. Some healthcare professionals are required to take training that includes content on veterans and risk of imminent harm by lethal means. For a complete list of professions and approved trainings, see the 2017 Model List.

DOH is working with the National Suicide Prevention Lifeline and Washington crisis centers to improve services and connect Washington callers with local resources.

Through state funding and a SAMHSA youth suicide prevention grant, DOH and DBHR support rural and tribal communities, and various coalitions, with their youth suicide prevention efforts. DOH contracts with the University of Washington's Safer Homes Coalition to develop suicide prevention and safe storage messages and trainings for firearm retailers and pharmacists (for medications). The DOH SAMHSA grant also contracts with UW for suicide prevention in higher education.

DOH is collaborating with the Department of Veterans Affairs to improve data collection to better understand the burden of suicide among military families and develop policies to help military families in times of crisis.

Harborview Injury Prevention and Research Center runs a campaign called #EndSuicideWA that includes suicide data and information on safe storage. Seattle Children's Hospital supports a Gun Safety Program to promote safe storage of firearms.

The Office of Superintendent of Public Instruction (OSPI) Suicide Prevention Program compiles online resources for Local Education Agencies (LEAs) and regional Educational Service Districts (ESDs) to complete the required plan for responding to emotional or behavioral distress in students. This includes maintaining a model plan template and approved training programs with the Professional Educator Standards Board for school counselors, psychologists, social workers, and nurses. Project AWARE provides no cost Youth Mental Health First Aid training and the Mental Health in High School curriculum resource for schools as they develop content that meets Health Education Standards for social emotional health.

Department of Social and Health Services/ Division of Behavioral Health and Recovery (DSHS/DBHR) and its partners are implementing the goals of the State 5-Year Strategic Plan for Substance Abuse Prevention and Mental Health Promotion. The strategic plan strategies are collaborative policy development, public education, and professional workforce development and training for each of the focus areas. Mental health promotion is one of the focus areas in the plan.

DSHS/DBHR supports the following:

- Mental health promotion/suicide prevention is a prioritized outcome for many of the 64 Community Prevention and Wellness Initiative communities funded by DSHS/DBHR. Communities identify risk and protective factors in their community that relate to youth alcohol and drug use and related issues such as mental health, and address them locally with appropriate evidence-based strategies.
- Provides funding to 29 federally recognized tribes to provide mental health promotion/suicide prevention services. Tribes develop and implement action plans to address their most important needs.
- Behavioral health organizations are funded to ensure mental health services are available across the state.
- Workforce development for prevention and treatment professionals.

Washington State is also working to transform healthcare services. The Health Care Authority, DOH, DSHS/DBHR and partners including managed care organizations, Accountable Communities of Health, local health, healthcare providers and others are working together to integrate physical health services, mental health services and substance use services. These efforts are funded by grants and the Medicaid 1115 waiver and include integrating clinical practices, supporting providers in identifying, serving and monitoring high need populations, developing systems to support information sharing across providers, and integrating payment systems.

See also Mental Health, Access to Behavioral Health Providers, Drug Overdose & Nonmedical Use fo Pain Relievers, and Binge Drinking & Excess Alcohol Use

Evidence-based interventions to prevent suicide are in the Best Practices Registry: Suicide Prevention Resource Center.

Technical Notes

Confidence Intervals: Definition and examples are described in Appendix C

Percent Living in Poverty and Percent College Graduates: Definition and use is described in Appendix C

Race and Ethnicity: Classification described in Appendix C

Relative Standard Error: Definition and how it was used is described in Appendix C

Safe Storage of Firearms: Safe storage of firearms is defined as keeping firearms unloaded and locked up at home.