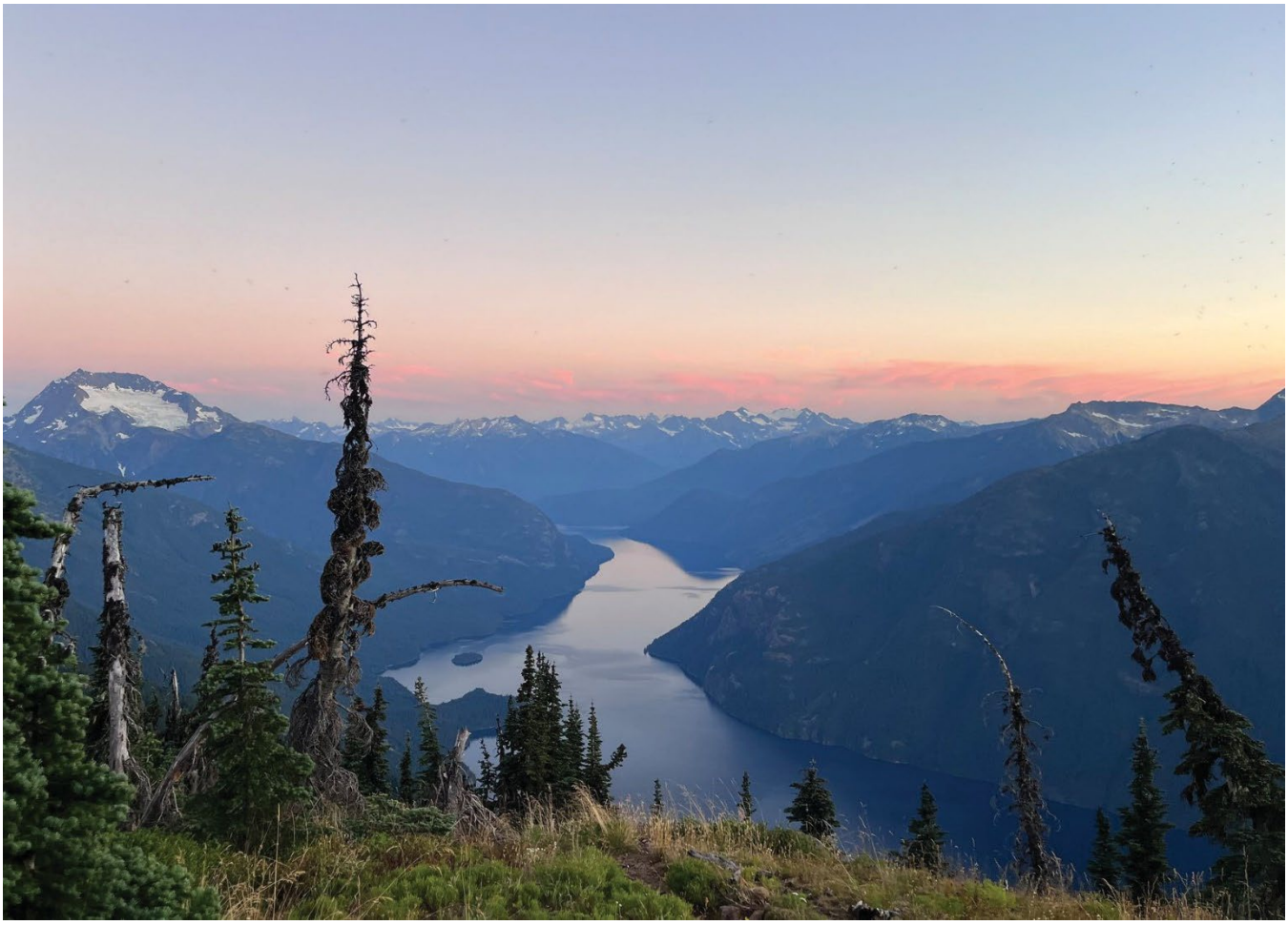
WASHINGTON STATE DEPARTMENT OF HEALTH

State Suicide Prevention Plan



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Washington State Department of HEALTH

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WARNINGS

This document contains information about suicide that may be upsetting or triggering for some readers. If you or someone you know is having thoughts of suicide, please reach out for help. Support is available 24/7:

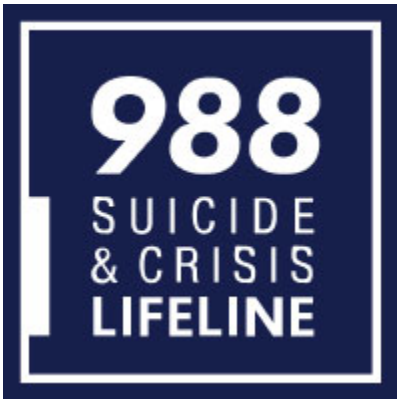
Call or text 988 to reach the Suicide and Crisis Lifeline.

Press:

- 1 for the Veterans Crisis Line
- 2 to get support in Spanish
- 3 for the LGBTQI+ Youth Line
- 4 for the Native and Strong Lifeline

For all other callers, stay on the line to be connected to a crisis counselor

Your life matters. Help is available, and recovery is possible.



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LETTER FROM GOVERNOR, DR SHAH, REP ORWALL/MICHELE ROBERTS, OR OTHER DOH REP

EXECUTIVE SUMMARY

The 2024 Washington Suicide Prevention Plan presents a comprehensive, equity-focused approach to addressing suicide in our state. This plan builds on the foundation laid in 2016 and incorporates new strategies and priorities to create a safer, more resilient Washington.

Vision:
In ten years, community connections thrive, overall resilience and well-being are strengthened, and preventable suffering related to mental health and suicide is significantly reduced. People have access to timely, affordable, culturally resonant, and trauma-informed health resources and services.

This vision is supported by the following key principles that guide our approach:
- Centering lived experience
- Fostering partnerships and collaborations
- Implementing evidence-based prevention strategies
- Promoting safe and effective messaging
- Adopting culturally informed approaches

The plan outlines four strategic directions, each of which include specific goals and objectives that provide a roadmap for action. Health equity is meaningfully embedded in each strategic direction.

Strategic Direction 1: Healthy and Connected Individuals, Families, and Communities
- Enhance well-being and connectedness as protective factors
- Address upstream risk factors and social determinants of health

Strategic Direction 2: Multi-Sector Suicide Prevention
- Develop suicide prevention strategies for groups most affected by suicide
- Enhance safety measures and responsible practices during high-risk periods
- Make suicide prevention part of workplace culture and community settings
- Build and sustain suicide prevention infrastructure at state, tribal, and local levels

Strategic Direction 3: Treatment and Crisis Services
- Improve the quality and accessibility of crisis care services
- Include effective suicide prevention services as a core component of health care
- Create an equitable and diverse suicide prevention workforce

Strategic Direction 4: Data Collection, Quality Improvement, and Research
- Improve suicide-related data collection and research
- Promote and support research on suicide prevention
- Use improved data and research to expand effective prevention programs

This plan calls for action across multiple sectors and levels of society, recognizing that suicide prevention is a shared responsibility. By working together and implementing these strategic directions, we can create a future where every Washingtonian has the support, resources, and hope they need to thrive.

INTRODUCTION

Suicide is a leading cause of death, particularly among young people, Veterans, middle-aged men, and American Indian and Alaska Natives (AI/AN). Between 2018 and 2022, more than 1,200 people died by suicide each year, making it the eighth leading cause of death in the state. The impact of suicide creates ripples that extend far beyond these deaths. Many others face thoughts of suicide, attempts, and other mental health concerns. And communities often struggle to make sense of the devastating aftermath of losing a loved one to suicide. The economic and societal costs of suicide are also significant, estimated at over $12.8 billion annually in Washington alone.

Recognizing the urgent need to address this challenge, Washington released its first statewide, all-ages suicide prevention plan in 2016. Since then, the field of suicide prevention has made meaningful progress that includes:

- Expanded access to mental health services
- Increased funding for prevention programs
- Improved data collection
- Research and development of more intersectional data
- Fostered collaboration among partners

Major achievements in Washington include:

- Universal screening for mental health and suicide risk in health care settings
- Establishment of the 988 Suicide & Crisis Lifeline for communities throughout the state
- Implementation of evidence-based prevention programs in schools and communities

Despite these advances, much work remains to be done. Suicide prevention is constantly evolving. New research, best practices, and challenges emerge all the time. The COVID-19 pandemic heightened the urgency of this issue by intensifying mental health concerns and increasing social isolation, both of which are risk factors for suicide. Additionally, there is also growing recognition of the need to address the social determinants of health (the conditions in the places where people are born, work, live, grow, and age) that contribute to disparities in suicide risk.

[ADD SOCIAL DETERMINANTS OF HEALTH GRAPHIC]

To meet these and other challenges, Washington needs an updated, comprehensive plan for suicide prevention. This new plan builds on the foundation laid in 2016 and incorporates new strategies and priorities.

Social determinants of health: The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These can include factors such as economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context.

First and foremost, health equity must be the core of our work. We recognize that certain people, including members of the LGBTQIA2S+ community, American Indian/Alaskas (AI/AN), and people who live in rural communities, face disproportionate barriers to accessing mental health care and support. These disparities are rooted in systemic inequities, like discrimination, poverty, and historical trauma, that must be addressed to prevent suicide effectively. Thus, this plan prioritizes:

- Culturally responsive programming
- Targeted investments in communities that have been historically, systemically, and intentionally excluded
- Policies that promote social and economic justice

Health equity: The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

Second, we know that suicide prevention is a complex issue that requires a multi-layer, multi-partner response from many parties across the state. In addition to improving access to personal support like therapy or medication as an important part of suicide prevention, the updated plan also addresses the social determinants of health that shape mental health outcomes at the macro level. By taking a broad view of suicide prevention, we can address root causes that includes:

- Increasing efforts to promote social connectedness
- Reducing access to lethal means
- Creating supportive environments in schools, workplaces, and communities

Third, we must improve collaboration and collective action to help prevent suicide. No single agency, organization, or sector can solve the problem alone. Instead, we must work together to coordinate our efforts, share resources, and leverage strengths. We are calling for the creation of a statewide suicide prevention network, made of diverse partners from health care, education, first responders, social services, and more. By breaking down silos and fostering genuine collaboration, we can create a more seamless, effective system of care and support for those in need.

Finally, this approach emphasizes the importance of data-driven decision-making and continuous quality improvement. We must invest in robust systems to track suicide deaths, attempts, and risk factors in real time. We must also prioritize research and evaluation to identify best practices, measure progress, and refine our strategies over time. By grounding our efforts in evidence and data, we can ensure that our limited resources are being used in the most effective and efficient way possible.

Done right, a comprehensive approach represents a bold, forward-thinking vision for suicide prevention in Washington. It recognizes the complex, multifaceted nature of this crisis and calls for a coordinated, equity-focused response that engages all sectors of society. By working together in new and innovative ways, we can create a future where every Washingtonian has the support, resources, and hope they need to live a full and healthy life.

This plan has been informed by extensive input from partners across the state, including people with lived experience, families, service providers, researchers, and policymakers. It reflects a shared vision of a Washington where everyone has the support and resources they need to live healthy, fulfilling lives with the knowledge they can get help for thoughts of suicide and other emotional distress when needed.

As we begin the next phase of our state's suicide prevention efforts, we invite all Washingtonians to join us in this critical work. Together, we can build a stronger, more resilient Washington, where hope, healing, and recovery are within reach for all.

Emerging Challenges

Social media use is nearly universal among Washington's youth, with up to 95% of teens ages 13-17 reporting using social media platforms. This widespread and extensive use has prompted national concern, culminating in a 2023 Surgeon General's Advisory on Social Media and Youth Mental Health. The advisory highlights that while social media can offer benefits like social connection and access to information, there are significant risks that warrant urgent attention.

Research has linked excessive and problematic social media use to various mental health concerns in youth, including increased risk of depression, anxiety, sleep problems, and feelings of social exclusion. The Surgeon General's advisory cites a longitudinal study of U.S. adolescents which found that those who spent more than 3 hours per day on social media faced double the risk of experiencing poor mental health outcomes. Social media can also expose youth to harmful content, cyberbullying, and social comparison that may negatively impact self-esteem and body image. Given these potential risks and the Surgeon General's call to action, it is crucial that our suicide prevention strategies in Washington include efforts to promote healthy social media habits, improve digital literacy, and create safer online environments for our youth.

UNDERSTANDING SUICIDE IN WASHINGTON

Suicide is a serious and preventable public health crisis in Washington. It's frequently misperceived as an inevitable outcome for people experiencing mental illness or difficult life circumstances. However, like other injuries or acts of violence, suicide can be prevented. Most people who have experienced suicidal thoughts or survived a past attempt go on to live long lives when protective measures are implemented and they receive appropriate care.

Overall Trends

Between 2018 and 2022, 6,190 Washington residents lost their lives to suicide, underscoring the scale of this tragedy affecting families and communities across the state. For nearly two decades, Washington's suicide rate has consistently exceeded the national average, highlighting the critical need for targeted prevention efforts within the state.

[INSERT GRAPH]

Although from 2017 to 2020, Washington saw a 10% decrease in its suicide rate, the state's rate remains above the national average. This recent decline suggests that prevention efforts may be beginning to have an impact, but also indicates the need for continued and intensified efforts.

Demographic Insights

Understanding the demographic patterns of suicide in Washington helps us tailor our prevention strategies to the needs of specific populations.

- Sex: Men in Washington die by suicide at a substantially higher rate than women. The age-adjusted suicide rate for men (25.0 per 100,000) is more than three times higher than that for women (7.1 per 100,000) for the period 2018-2023.
- Age: The highest suicide rates are observed among adults aged 45-54 and 55-64, followed closely by older adults aged 75-84 and 85+.
- Race/Ethnicity: American Indian/Alaska Native communities have the highest suicide rate among all racial and ethnic groups in Washington, underscoring the urgent need for culturally appropriate interventions.
- Geographic Distribution: While counties with larger populations have the highest number of suicide deaths, rural areas often face unique challenges and higher rates when population size is considered.
- Methods: Firearms are the most common means of suicide in Washington, accounting for nearly half of all deaths by suicide. This is followed by suffocation/hanging and poisoning, including drug overdoses.

By understanding these trends and risk factors, we can develop more targeted and effective prevention strategies. The data presented here serves as a foundation for the comprehensive, equity-focused approach outlined in this plan.

When communities prioritize comprehensive prevention strategies, we can stop tragedies before they occur. This includes investing in crisis services, providing affordable mental health care access, promoting life skills education from an early age, and implementing workplace and community-based prevention programs. No single approach alone will prevent every suicide, but implementing a blanket of protective factors through cross-sector collaboration creates an environment less conducive to

suicide behavior. With smart prevention practices, compassionate intervention, and a refusal to perpetuate stigma, we can make meaningful progress against this leading cause of death.

RISK FACTORS

While suicide can affect people across all demographics, certain groups experience higher rates of thoughts of suicide and behavior due to systemic inequities, discrimination, and historical trauma. It's important to recognize that these disparities are not inherent to any identity but reflect the impact of societal factors and lack of adequate support.

General Risk Factors

- Mental health conditions (e.g., depression, anxiety, PTSD)
- Substance use disorders
- Social isolation and loneliness
- Access to lethal means
- Previous suicide attempts
- Chronic pain or illness
- Financial stress or job loss
- Trauma or abuse history
- Lack of access to mental health care
- Excessive and problematic social media use, particularly among young people

Demographic Groups at Higher Risk

1. American Indian/Alaska Native (AI/AN) Communities
    - Disproportionately high rates of suicide
    - Factors: Historical trauma, ongoing discrimination, lack of culturally responsive services
2. LGBTQIA+ Individuals
    - Higher risk of thoughts of suicide and attempts
    - Factors: Discrimination, rejection, stigma, lack of access to affirming care
    - Transgender individuals, particularly transgender women of color, face especially high rates
3. Men
    - Die by suicide at much higher rates than women
    - Factors: Traditional masculine norms discouraging help-seeking, higher rates of substance use, greater access to lethal means
4. Youth and Young Adults
    - Suicide is a leading cause of death in this age group
    - Factors: Identity formation challenges, social pressures, impulsivity
5. Middle-Aged and Older Adults
    - High rates, particularly among men
    - Factors: Social isolation, ageism, chronic health conditions
6. Veterans and Military Personnel
    - Elevated risk compared to civilian population
    - Factors: Combat exposure, trauma, difficulties with reintegration
7. Rural Residents
    - Higher rates than urban areas
    - Factors: Limited access to mental health services, social isolation, economic challenges

Occupational Risk Factors

Certain professions, such as first responders, healthcare workers, and farmers, face elevated suicide risk due to job-related stressors, trauma exposure, and access to lethal means.

Intersectionality of Risk Factors

While examining personal risk factors is essential for understanding suicide risk, it is crucial to recognize that these factors do not exist in isolation. The concept of intersectionality highlights how multiple at-risk identities and experiences can intersect and compound, creating unique challenges and barriers.

For example, an LGBTQIA2S+ person who also belongs to a historically marginalized racial or ethnic group may face discrimination and stigma based on both their sexual orientation and their race. This compounded oppression can lead to increased feelings of isolation, helplessness, and despair, elevating the risk of thoughts of suicide and behavior. Similarly, a Veteran living in a rural area with limited access to mental health services may experience the combined effects of occupational trauma, geographic isolation, and systemic barriers to care.

Intersectionality also sheds light on how systemic inequities and societal structures can create and perpetuate disparities in suicide risk. For instance, poverty and economic instability can intersect with other risk factors, like mental health conditions or substance use, making it more challenging for people to access the resources and support they need to cope with suicidal thoughts and behaviors. Addressing these systemic barriers requires a holistic, equity-focused approach that recognizes the complex interplay of social determinants of health.

The experience of multiple, overlapping forms of trauma and adversity can have a cumulative impact on mental health and suicide risk. A person who has experienced childhood abuse, intimate partner violence, and racial discrimination may face a significantly heightened risk of suicidal behavior due to the compounding effects of these traumas. Providing comprehensive, trauma-informed care that addresses the unique needs and experiences of people with intersecting identities and challenges is essential for effective suicide prevention.

Embracing an intersectional lens in suicide prevention efforts involves acknowledging and addressing the complex ways in which various risk factors interact and influence one another. This requires a commitment to cultural humility, ongoing self-reflection, and a willingness to engage in difficult conversations about power, privilege, and oppression. By centering the voices and experiences of those most impacted by intersecting forms of marginalization, we can develop more nuanced, responsive, and effective strategies for promoting resilience and reducing suicide risk.

Ultimately, an intersectional approach to understanding suicide risk factors underscores the importance of comprehensive, collaborative, and community-driven prevention efforts. By recognizing the unique challenges and strengths of diverse communities, fostering genuine partnerships, and working to dismantle systemic barriers, we can create a more just and equitable society that supports the mental health and well-being of all people, regardless of their intersecting identities and experiences.

PROTECTIVE FACTORS AND RESILIENCE

Protective factors can help reduce suicide risk and promote resilience during times of challenge and distress. By understanding and enhancing these factors, we can foster supportive environments and empower individuals to cope with life's challenges. Protective factors include:

Individual Factors

- Coping and Problem-Solving Skills
    - Examples: Stress management techniques, emotional regulation skills
    - Promotion: Community workshops, support groups, school programs
- Sense of Purpose and Meaning
    - Examples: Setting personal goals, engaging in meaningful activities
    - Promotion: Mentorship programs, community engagement initiatives
- Healthy Lifestyle Habits
    - Examples: Regular exercise, balanced nutrition, adequate sleep
    - Promotion: Workplace wellness programs, community health initiatives
- Access to Mental Health Care
    - Examples: Timely access to quality mental health services
    - Promotion: Policies increasing funding for mental health services, reducing barriers to care

Social and Community Factors

- Strong Social Connections
    - Examples: Supportive relationships with family, friends, and partners
    - Promotion: Programs fostering intergenerational connections, community events
- Sense of Belonging
    - Examples: Feeling valued and included in one's community
    - Promotion: Inclusive spaces and events celebrating diversity
- Supportive Environments
    - Examples: Positive school or work climates
    - Promotion: Policies prioritizing mental health, creating a culture of support
- Reduced Access to Lethal Means
    - Examples: Safe storage practices for firearms and medications
    - Promotion: Public awareness campaigns, legislation supporting safe storage

Cultural Factors

- Cultural Identity and Pride
    - Examples: Connection to cultural heritage and traditions
    - Promotion: Cultural events and activities, spaces for cultural expression
- Traditional Healing Practices
    - Examples: Incorporating cultural approaches to mental health
    - Promotion: Collaboration with community leaders and traditional healers
- Community Leadership and Collective Resilience
    - Examples: Community-driven prevention efforts
    - Promotion: Supporting grassroots initiatives, fostering cross-sector collaborations

By recognizing and strengthening these protective factors at the individual, social, and community levels, we can create a more comprehensive and effective approach to suicide prevention. This requires

a shared commitment to promoting mental well-being, reducing stigma, and fostering a culture of care and support. Ultimately, these efforts can help build resilience and save lives.

GUIDING PRINCIPLES AND FRAMEWORKS

This section outlines the guiding principles and frameworks that shape our state's suicide prevention efforts.

Problem Statement

In Washington, suicide remains a significant and preventable public health problem that affects many people, families, and communities. People who experience thoughts of suicide, suicide attempts, and death by suicide struggle to access culturally resonant and timely care, resulting in unacceptable suffering. Stressors and risk factors linked to suicide disproportionately impact many historically marginalized communities, and solutions must come from meaningful relationships with these communities.

Vision Statement

In ten years, community connections thrive, overall resilience and well-being are strengthened, and preventable suffering related to mental health and suicide is eliminated. People have access to timely, affordable, culturally resonant, and trauma-informed health resources and services, which respect autonomy and reflect their strengths, needs, and goals.

Guiding Principles

To achieve this vision, our suicide prevention efforts will be guided by five core principles:

1. Centering Lived Experience
    - Elevating the voices and experiences of people with lived experience of suicide, including attempt survivors, loss survivors, and those with lived experience of thoughts of suicide.
    - Engaging people with lived experience in the planning, implementation, and evaluation of suicide prevention efforts to ensure that strategies are grounded in the realities of those most affected.
    - Creating safe and supportive spaces for people to share their stories, insights, and recommendations for change.
    - Support frameworks that leverage the lived experiences of people with multiple marginalized identities.

2. Partnerships and Collaborations
    - Fostering genuine partnerships and collaborations across sectors, including health care, education, social services, justice, and community-based organizations.
    - Leveraging the strengths, resources, and expertise of diverse partners to create a comprehensive and coordinated approach to suicide prevention.
    - Promoting cross-sector communication, data sharing, and resource coordination to make sure everyone receives seamless and integrated care.
    - Seek out and assist in the participation of partnerships across organizations that focus on specific identities to encourage intersectional discussions (for example, encouraging discussions between BIPOC and Disability Rights organizations).

3. Evidence-Based Prevention
    - Implementing suicide prevention strategies that are grounded in the best available research and evidence.

- Continuously evaluating the effectiveness of prevention efforts and using data to inform decision-making and quality improvement.
- Adapting evidence-based practices to meet the unique needs and contexts of diverse communities.
- Embracing emerging intersectional scholarship and implementation opportunities to expand the evidence base.

4. Safe and Effective Messaging and Reporting
    - Promoting safe and responsible messaging about suicide in the media, online platforms, and public communications.
    - Adhering to best practices for reporting on suicide, including avoiding sensationalism, providing hope and resources, and emphasizing prevention.
    - Educating journalists, content creators, and community leaders on the importance of safe messaging and the potential impact of their words and images.
    - Whenever possible, prioritizing depictions of people with intersectional experiences.

5. Culturally Informed Approaches
    - Developing and implementing suicide prevention strategies that are culturally responsive, linguistically appropriate, and tailored to the unique needs and strengths of diverse communities.
    - Engaging community leaders, elders, and cultural brokers in the design and delivery of prevention efforts to ensure cultural relevance and acceptability.
    - Addressing the social, economic, and historical factors, including intersectional dimensions, that contribute to suicide risk in marginalized communities, including racism, discrimination, and intergenerational trauma.

Social-Ecological Model

The social-ecological model provides a comprehensive framework for understanding and addressing the complex, interrelated factors that influence suicide risk and prevention. This model emphasizes that an individual's behavior is shaped by multiple levels of influence, from personal factors to broader societal conditions. By applying this model to suicide prevention, we can develop more effective, holistic strategies that address risk and protective factors at each level.

The social-ecological model typically consists of four interconnected levels:

- Individual Level: This includes personal factors such as biological and psychological characteristics, personal history, and individual behaviors.
- Relationship Level: This level examines close relationships that may increase the risk of experiencing or perpetrating violence, including relationships with family, friends, intimate partners, and peers.
- Community Level: The third level explores the settings in which social relationships occur, such as schools, workplaces, and neighborhoods, and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence.
- Societal Level: This level looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited, including social and cultural norms, health, economic, educational and social policies, and societal inequities.

[INSERT SOCIAL-ECOLOGICAL MODEL GRAPHIC]

Application to Suicide Prevention

Individual Level:

- Promote personal resilience and coping skills
- Address mental health conditions and substance use disorders
- Encourage help-seeking behaviors
- Provide education on recognizing warning signs

Relationship Level:

- Strengthen family and peer support systems
- Promote healthy relationship skills
- Encourage open communication about mental health
- Train gatekeepers (e.g., teachers, coaches) to recognize and respond to suicide risk

Community Level:

- Implement evidence-based suicide prevention programs in schools and workplaces
- Create supportive environments that reduce stigma around mental health
- Improve access to mental health services and crisis support
- Promote community connectedness and social support networks

Societal Level:

- Advocate for policies that support mental health and reduce suicide risk
- Address societal factors that contribute to suicide risk, such as economic instability or discrimination
- Promote safe media reporting on suicide
- Implement means restriction policies (e.g., safe storage of firearms)

By addressing suicide prevention at each level of the social-ecological model, we can create a comprehensive approach that recognizes the complex interplay of factors influencing suicide risk. This model helps us move beyond individual-focused interventions to consider the broader social and environmental contexts that shape mental health and suicidal behavior.

Importantly, the social-ecological model also highlights the potential for interventions at one level to have ripple effects across other levels. For example, a policy change at the societal level can influence community norms, which in turn affect relationships and individual behaviors.

In the context of this plan, the social-ecological model serves as a guiding framework for developing and implementing strategies that address the full spectrum of factors contributing to suicide risk. By considering all levels of influence, we can create a more robust and effective approach to suicide prevention that acknowledges the complex nature of the issue and the diverse needs of our communities.

Public Health Model

The public health model provides a comprehensive framework for addressing suicide prevention through a tiered approach. This model emphasizes prevention at three distinct levels, each targeting

different populations and stages of risk. By implementing strategies across all three levels, we can create a more effective and far-reaching suicide prevention plan for Washington.

The three levels of prevention in the public health model are:

1. **Primary prevention** aims to stop suicidal behavior before it occurs by targeting the general population or whole communities. These strategies focus on promoting mental health, building resilience, and addressing root causes of suicide risk.

Examples of primary prevention strategies include:
- Implementing social-emotional learning programs in schools
- Conducting public awareness campaigns to reduce stigma around mental health
- Enacting policies to improve economic stability and reduce financial stress
- Promoting community connectedness and social support networks
- Implementing means restriction policies (e.g., safe storage of firearms)

2. **Secondary prevention** focuses on early intervention for individuals or groups at heightened risk of suicide. These strategies aim to identify at-risk individuals quickly and provide targeted support and resources.

Examples of secondary prevention strategies include:
- Screening for suicide risk in healthcare and educational settings
- Providing gatekeeper training to community members (e.g., teachers, clergy, coaches)
- Implementing targeted interventions for high-risk groups (e.g., LGBTQ+ youth, veterans)
- Offering support groups for individuals experiencing life transitions or stressors
- Enhancing access to mental health services in underserved communities

3. **Tertiary prevention** involves providing treatment and support for individuals who have already experienced suicidal thoughts or attempts. These strategies aim to prevent recurrence and promote recovery.

Examples of tertiary prevention strategies include:
- Providing crisis intervention services (e.g., crisis hotlines, mobile crisis teams)
- Implementing comprehensive follow-up care after a suicide attempt
- Offering specialized treatment programs for individuals with chronic thoughts of suicide
- Providing postvention support for individuals bereaved by suicide
- Enhancing continuity of care between emergency departments and outpatient mental health services

[INSERT PUBLIC HEALTH MODEL PYRAMID GRAPHIC]

<u>Application to Suicide Prevention</u>

By incorporating all three levels of prevention, Washington can develop a comprehensive approach to suicide prevention that:
- Promotes mental health and well-being across the entire population
- Identifies and supports individuals at increased risk before they reach a crisis point

- Provides effective intervention and ongoing support for those who have experienced suicidal thoughts or behaviors

This multi-tiered approach allows us to address suicide prevention from multiple angles, recognizing that different strategies are needed for different populations and levels of risk. It also emphasizes the importance of investing in upstream prevention efforts while still providing robust support for those in crisis.

Throughout this plan, we outline strategies at each level of prevention, tailored to the unique needs and resources of our state. By balancing efforts across primary, secondary, and tertiary prevention, we can create a comprehensive safety net that supports all Washingtonians and works towards our goal of reducing suicide rates across the state.

Equity and Cultural Responsiveness

Achieving health equity and eliminating disparities in suicide risk and outcomes is a central goal. We will prioritize strategies that engage diverse communities, develop culturally and linguistically appropriate resources, train providers in cultural competence, address social determinants of health, and promote policies that advance health equity.

By centering equity, intersectionality, and cultural responsiveness in our approach to suicide prevention, we can ensure that all people and communities have access to the resources, support, and care they need to thrive.

Collaboration and Collective Impact

Preventing suicide requires a collective effort that engages partners across sectors and disciplines. No single organization or agency can address this complex issue alone. Collaboration and collective impact are essential for creating a coordinated and comprehensive approach to suicide prevention.

By working together towards a common vision and goals, we can maximize our impact and create lasting change in the fight against suicide.

The guiding principles and framework outlined in this section provide a roadmap for our state's suicide prevention efforts. By centering lived experience, fostering partnerships, implementing evidence-based strategies, promoting safe messaging, prioritizing culturally informed approaches, and working collaboratively towards a common vision, we can create a comprehensive and effective approach to preventing suicide in Washington. Together, we can build a future where all people and communities have the resources, support, and hope they need to thrive.

STRATEGIC DIRECTIONS, GOALS, AND OBJECTIVES

The Washington Suicide Prevention Plan is organized into four strategic directions. Each of these plays an important part in our comprehensive approach to suicide prevention. These strategic directions align closely with the 2024 National Strategy for Suicide Prevention, though many have been revised for clarity. They also reflect the unique needs and priorities of our state as identified through extensive community and partner engagement (see Appendix B).

The four strategic directions are:

1. Healthy and Connected Individuals, Families, and Communities
2. Multi-Sector Suicide Prevention
3. Treatment and Crisis Services
4. Data Collection, Quality Improvement, and Research

Each strategic direction includes specific goals and objectives that provide a roadmap for action. These goals and objectives were developed through a collaborative process involving diverse partners, including people with lived experience, service providers, researchers, policymakers, and representatives from populations most affected by suicide.

While the national strategy includes a separate strategic direction focused on health equity, we have chosen to meaningfully embed equity considerations throughout all four of our strategic directions. This approach reflects our commitment to making sure equity is not a siloed effort, but rather an integral part of all suicide prevention activities in Washington.

The strategic directions are designed to be interconnected and mutually reinforcing. Together, they address the full spectrum of suicide prevention, including:

- Upstream efforts that promote mental health and well-being
- Intervention and crisis response
- Postvention support for those affected by suicide

We also recognize the need for strong data systems, ongoing research, and continuous quality improvement to guide and refine our efforts.

By aligning with the national strategy while tailoring our approach to the specific needs of Washington, we aim to create a coordinated, evidence-based, and culturally responsive suicide prevention plan. This plan calls for action across multiple sectors and levels of society. It recognizes that suicide prevention is a shared responsibility—one that requires the engagement of people and their families, communities, organizations, and systems.

As you review each strategic direction, you will find:

- An overview of the direction's focus and importance
- Specific goals that outline what we aim to achieve
- Objectives that provide more detailed guidance on how to reach these goals
- Examples of current initiatives or best practices related to each strategic direction

We encourage all partners to consider how they can contribute to implementing these strategic directions and to work collaboratively towards our shared vision of a Washington with no suicide deaths.

STRATEGIC DIRECTION 1: HEALTHY AND CONNECTED INDIVIDUALS, FAMILIES, AND COMMUNITIES

Creating environments that promote mental health, well-being, and social connectedness is a fundamental step to preventing suicide. This strategic direction focuses on upstream prevention efforts that aim to reduce the chances of someone considering suicide. By strengthening protective factors and addressing risk factors at the individual, family, and community levels, we can build resilience and create a strong foundation for suicide prevention.

We recognize the importance of social determinants of health in suicide prevention. Factors like economic stability, education, social and community context, and access to quality health care all play crucial roles in shaping mental health outcomes. This strategic direction emphasizes addressing these broader societal factors alongside personal and relationship-level interventions.

This strategic direction builds on these advances by promoting a comprehensive approach to fostering healthy people, families, and communities. It recognizes that suicide prevention starts long before a crisis occurs and requires investment in the social and emotional well-being of entire communities.

The goals and objectives in this section aim to:

- strengthen economic supports
- promote healthy connections
- enhance life skills and resilience
- create protective environments
- address social and economic inequities that contribute to suicide risk

By focusing on these upstream factors, we can create communities where everyone has both the opportunity to thrive and ready access to support when they need it.

This approach aligns with recent public health insights, including the U.S. Surgeon General's 2023 advisory on the importance of social connection for health and well-being and the CDC's 2022 Technical Package. It emphasizes that suicide prevention goes beyond intervening in moments of crisis. Suicide prevention also relies on building stronger, more supportive communities that promote mental health and reduce the factors that contribute to thoughts of suicide and suicide attempts.

Goal 1: Make health equity part of all upstream suicide prevention activities.

Objective 1.1: Improve upstream prevention by including perspectives and recommendations from groups most affected by suicide and people with lived experience of suicide.

Objective 1.2: Address social determinants of health and systemic issues that can increase suicide risk for people of all ages.

Objective 1.3: Promote upstream protective factors in communities most affected by suicide across state, tribal, and local prevention efforts.

Objective 1.4: Fund and expand effective upstream prevention activities led by communities and peers.

Objective 1.5: Involve public and private organizations in upstream suicide prevention activities.

Goal 2: Put into practice upstream prevention strategies for communities most affected by suicide, focusing on historically marginalized communities and people with lived experience of suicide.

Objective 2.1: Put into practice upstream suicide prevention activities that address the increasing rate of suicide thoughts, attempts, and deaths within racial, ethnic, and historically marginalized groups of all ages.

Objective 2.2: Improve and expand upstream programs, practices, policies, and systems serving groups of people most affected by suicide.

Objective 2.3: Improve and expand ongoing staff training and development for those serving groups of people most affected by suicide.

Goal 3: Enhance well-being and connectedness as a key protective factor against suicide for people of all ages.

Objective 3.1: Put into practice interventions that reduce suicide risk and promote connection between people, families, and caregivers where they live, work, learn, play, and worship. Evaluate these interventions to make sure they're effective.

Objective 3.2: Encourage social engagement, build community connectedness, and reduce isolation through upstream interventions, like intergenerational mentoring programs, community centers, and technology-based social support interventions.

Objective 3.3: Promote positive social norms around help-seeking, mental health care, and suicide prevention, especially among men and boys.

Objective 3.4: Partner with community organizations to expand evidence-based programs that promote social skills, empathy, conflict resolution, and healthy relationships among youth.

Objective 3.5: Educate the public, policymakers, and community partners about the importance of social connection for mental health and suicide prevention.

Objective 3.6: Include programs and practices that strengthen social connection in state, tribal, and local suicide prevention efforts.

Objective 3.7: Invest in community spaces that allow for social gathering and connection.

Goal 4: Address upstream risk factors and social determinants of health to prevent suicide and promote resilience.

Objective 4.1: Learn about the community strengths and gaps that can inform planning at the individual, relationship, community, and societal levels.

Objective 4.2: Strengthen job and economic supports, especially among groups of people most affected by suicide and overdose.

Objective 4.3: Promote safe, stable, and nurturing relationships and environments to help prevent adverse childhood experiences and create positive childhood experiences.

Objective 4.4: Develop and put into practice effective substance use prevention and harm reduction programs, practices, and policies that can help reduce suicide risk.

Objective 4.5: Offer interventions that address the intersection of suicide, substance use, and adverse childhood experiences.

Objective 4.6: Put into practice initiatives that address the mental health consequences of racism, discrimination, and historical trauma. These initiatives should focus on building resilience and promoting healing among communities of color, LGBTQIA2S+ people, and AI/AN people.

Objective 4.7: Include strategies to prevent intimate partner violence and sexual abuse and support survivors with comprehensive suicide prevention efforts.

Objective 4.8: Create and use upstream interventions to create safe, supportive school environments and promote healthy peer relationships.

Objective 4.9: Support initiatives to improve school quality, increase high school graduation rates, and expand access to higher education and vocational training, particularly in underserved communities.

Objective 4.10: Put into practice upstream strategies that reduce incarceration, support successful re-entry, and address the mental health needs of justice-involved groups.

Objective 4.11: Develop and put into practice upstream interventions to prevent homelessness, improve access to affordable housing, and provide supportive services for those experiencing housing instability.

Objective 4.12: Create and use programs that promote healthy social media use and digital well-being among youth, families, schools, and other youth-serving organizations.

STRATEGIC DIRECTION 2: MULTI-SECTOR SUICIDE PREVENTION

Suicide prevention requires a comprehensive, coordinated approach that engages all sectors of society. No single organization or agency can address this complex issue alone. This strategic direction focuses on fostering collaboration across many sectors and using evidence-based strategies to create a safety net of prevention, intervention, and postvention supports.

Over the past several years, more and more people have recognized that suicide prevention efforts must extend beyond health, mental health, and behavioral health care settings to reach people where they live, work, learn, and spend their time. Schools, workplaces, faith communities, social services, law enforcement, and other community organizations all have important roles to play in identifying and supporting people at risk of suicide.

This strategic direction builds on these advances by emphasizing the need for sustainable infrastructure, diverse partnerships, and the use of comprehensive strategies across sectors. It recognizes that effective suicide prevention requires "upstream" approaches that promote mental health and resilience, as well as "downstream" intervention and crisis response capabilities.

The goals and objectives in this section aim to:

- Help different sectors work together more effectively
- Expand evidence-based programming in community settings
- Enhance workforce capacity
- Create supportive environments that reduce suicide risk

By working together across sectors, we can weave a stronger safety net to catch people before they reach a point of crisis and provide compassionate, effective support to everyone who needs help.

Goal 1: Make health equity part of all multi-sector suicide prevention activities.

Objective 1.1: Improve multi-sector suicide prevention by including perspectives and recommendations from groups most affected by suicide and people with lived experience of suicide.

Objective 1.2: Make sure all suicide prevention activities and efforts consider age, race, ethnicity, language, faith, sexual orientation, gender identity, disability, chronic conditions, insurance status, access to resources, and geographical location.

Objective 1.3: Fund and expand effective multisector suicide prevention activities led by communities and peers.

Objective 1.4: Involve public and private organizations in suicide prevention activities.

Goal 2: Develop and put into practice suicide prevention strategies for groups most affected by suicide, with a focus on historically marginalized communities and people with lived experience.

Objective 2.1: Improve suicide prevention activities that address the increasing rate of suicide thoughts, attempts, and deaths within racial, ethnic, and historically marginalized groups of all ages.

Objective 2.2: Increase awareness and understanding of the unique barriers and challenges of people most affected by suicide in all suicide prevention work.

Objective 2.3: Improve and expand prevention programs, practices, policies, and systems that both include and support people most affected by suicide.

Objective 2.4: Improve and expand ongoing staff training and development for people who work in communities most affected by suicide.

Goal 3: Improve safety measures and responsible practices to protect people when they're at higher risk of suicide.

Objective 3.1: Educate community members how to safely store and handle firearms, medications, poisons, and other potentially dangerous items at home, work, and in the community. Focus on helping people create safer environments during crisis periods.

Objective 3.2: Create policies, programs, and practices that give people time and space for support when they're at high risk of suicide. Ensure these measures are culturally sensitive and effective for all communities, including historically marginalized groups.

Objective 3.3: Work with firearm organizations and enthusiast groups to include suicide awareness and prevention in firearm safety and responsible ownership teachings. Highlight the important role gun owners play in preventing tragedies.

Objective 3.4: Develop effective substance use prevention and harm reduction programs, practices, and policies to help reduce suicide risk for individuals and communities.

Goal 4: Provide support after suicide events and help people who have personal experience with suicide.

Objective 4.1: Offer community-based care and support options to people who have lost someone to suicide.

Objective 4.2: Offer community-based care and support options to people who have survived a suicide attempt or have with thoughts of suicide.

Objective 4.3: Include suicide attempt survivors in creating, using, and evaluating guidelines and protocols for suicide survivor support groups, programs, and policies.

Objective 4.4: Prevent clusters of suicide attempts and deaths by offering community-tailored support and guidance after a suicide death.

Objective 4.5: Support suicide prevention and overall health among people who deal with suicide-related trauma. This includes first responders, health care providers, and crisis workers.

Goal 5: Make suicide prevention part of workplace culture and other community settings.

Objective 5.1: Make suicide prevention part of workplace values, policies, culture, and leadership at all levels.

Objective 5.2: Create, use, and evaluate organizational programs, practices, and policies that support worker well-being and suicide prevention.

Objective 5.3: Create, use, and evaluate effective programs, practices, and policies in suicide prevention and crisis response in settings where people live, work, learn, play, and worship. Make sure that all staff have ongoing training and development in these programs and practices.

Objective 5.4: Train community members, organizations, and civic groups to recognize and help people who may be having thoughts of suicide or experiencing a mental health crisis.

Objective 5.5: Work with the public and private organizations to create, use, and evaluate best practices and policies to support safer digital technology use and social media use, especially among youth and young adults.

Objective 5.6: Encourage workplaces to give employees time for volunteer and community service activities that build social connections.

Goal 6: Build and sustain suicide prevention infrastructure at the state, tribal, and local levels.

Objective 6.1: Create and maintain core staff positions across state, tribal, and local levels to build and sustain comprehensive suicide prevention programming. This includes hiring people with lived experience of suicide and people who represent the diversity of communities they serve.

Objective 6.2: Train staff across state, tribal, and local levels about comprehensive suicide prevention, including:

- Building partnerships
- Using data to make decisions
- Choosing and evaluating prevention strategies
- Developing communication activities

Objective 6.3: Set up and maintain public and private funding sources for putting suicide prevention programs into practice and evaluating them.

Objective 6.4: Create, use, evaluate, and update data-informed suicide prevention plans that reflect a comprehensive approach to suicide prevention.

Goal 7: Create an equitable and diverse suicide prevention workforce that is prepared and supported to meet the needs of all communities served.

Objective 7.1: Provide more training and support for professionals and graduate students to improve cultural humility and responsiveness toward historically marginalized groups and people with lived experience of suicide.

Objective 7.2: Offer equity awareness education in health care settings and train health care professionals in ways to address existing barriers and reduce stigma.

Objective 7.3: Hire more suicide prevention professionals who have lived experience of suicide or come from historically marginalized communities and groups most affected by suicide.

Objective 7.4: Create professional standards around suicide prevention, intervention, and postvention and make sure these standards meet the unique needs of groups most affected by suicide.

Goal 8: Create effective, wide-ranging, collaborative, and sustainable suicide prevention partnerships.

Objective 8.1: Create and maintain public-private partnerships and coalitions at the state, tribal, and local levels.

Objective 8.2: Create and maintain connections between state agencies, tribal nations, and local communities to expand comprehensive suicide prevention activities and strengthen results.

Objective 8.3: Strengthen and maintain collaborations across state agencies to advance suicide prevention by using each agency's unique expertise, data, programs, and other resources.

Objective 8.4: Set up a statewide suicide prevention network of practitioners, policymakers, researchers, and other partners that meets regularly to:

- Share best practices
- Discuss new trends
- Examine data
- Build partnerships
- Promote proven suicide prevention strategies

Goal 9: Use communication best practices to create research-informed suicide prevention messaging that works for all communities.

Objective 9.1: Communicate the latest suicide-related data and trends with different audiences in a safe, easy-to-understand way. Use this data to guide public health action.

Objective 9.2: Help more people recognize suicide warning signs. Spread the message that suicide can be prevented and talk about the many factors that can increase or decrease suicide risk at the individual, relationship, community, and societal levels.

Objective 9.3: Work with people who have lived experience of suicide to create, use, and evaluate effective, tailored messages that encourage help-seeking and supporting people with thoughts of suicide or in a mental health crisis.

Objective 9.4: Share stories of help, hope, and healing by using safe messaging strategies (see below).

Objective 9.5: Work with youth and young adults to create, use, and evaluate communication that engages them on social media and other digital platforms.

Objective 9.6: Work with technology companies, mental health professionals, and youth partners to develop and use strategies that promote digital literacy, encourage safe online behavior, and improve access to online mental health resources for youth and young adults.

Objective 9.7: Work with news media, the entertainment industry, and journalism schools to encourage positive mental health coping skills and safe, accurate, and responsible reporting about suicide.

Objective 9.8: Increase awareness of 988 and other crisis services with communications that promote health equity and cultural sensitivity.

Safe Messaging Strategies for Suicide Prevention

Communicating about suicide requires care and sensitivity. Follow these guidelines to ensure your messages are safe and effective.

- Emphasize Help and Hope: Always include crisis resources and highlight that suicide is preventable.
- Avoid Sensationalism: Don't glorify or romanticize suicide. Avoid detailed descriptions of suicide methods.
- Use Appropriate Language: Say "died by suicide" instead of "committed suicide". Avoid terms like "successful" or "failed" attempt.
- Provide Context: Discuss suicide as a public health issue. Include risk factors and warning signs.
- Consider the Audience: Be especially careful when communicating with youth or those who may be at higher risk.
- Share Stories of Recovery: Include narratives of people who have overcome suicidal thoughts.

Be Mindful of Images: Avoid graphic images. Use photos that convey hope and healing.

For more information, contact a suicide prevention expert or visit:
National Action Alliance for Suicide Prevention's Framework for Successful Messaging
Recommendations for Reporting on Suicide
SPRC's Safe and Effective Messaging for Suicide Prevention

Remember: Safe messaging can save lives.

STRATEGIC DIRECTION 3: TREATMENT AND CRISIS SERVICES

The 2016 Washington Suicide Prevention Plan called for a systematic approach to suicide care in health systems. In the years since, research has demonstrated that health care services can help decrease rates of suicide thoughts, attempts, and deaths. This research has also helped identify groups at increased risk for suicide in health care settings and when they have the highest risk.

Over the last several years, suicide care in Washington's health systems has significantly improved in identifying and treating suicide risk before and after a mental health crisis. Washington has also made major progress in building a crisis continuum that helps people get suicide care through mobile crisis teams, crisis stabilization centers, emergency departments, and the 988 Suicide & Crisis Lifeline. These efforts ensure timely access to mental health services and transition support during a mental health crisis.

The COVID-19 pandemic spurred increased use of telehealth services, which helped more people most affected by suicide get better access to mental health care and crisis services. Focused efforts have also been made to ensure 988 Suicide & Crisis Lifeline services are accessible for diverse populations, including individuals who are deaf or hard of hearing. The 988 Suicide & Crisis Lifeline has also expanded its services to reach more people in need by offering helplines for Veterans, people who speak Spanish, and LGBTQIA2S+ youth. In Washington, the 988 Lifeline also includes the Native & Strong Lifeline, which supports AI/AN people who call from a Washington area code. Deaf and hard of hearing people can visit the 988 Lifeline website to get crisis support in American Sign Language over videophone.

Crisis intervention systems in Washington provide a continuum of timely and effective support in the community. These systems benefit from strong partnerships with mental and behavioral health and emergency services. Our state's approach to crisis care emphasizes trauma-informed practices and culturally responsive approaches, like mobile crisis outreach, to limit forced or invasive interventions.

The goals and objectives in this section aim to:

- Improve the quality and accessibility of crisis care services
- Integrate suicide prevention as a core component of health care
- Enhance the capacity and diversity of the suicide prevention workforce
- Ensure equitable access to culturally responsive care
- Strengthen coordination between crisis services and other health care providers

In Washington, we strive for treatment and crisis services to operate as cohesive, responsive, and effective systems of care. This integrated approach helps make sure that people who have a high suicide risk get timely and responsive care that respects their dignity and individual autonomy. Goals 3, 4, and 5 in this strategic direction address to coordinate with community and emergency services and make suicide prevention clinical services part of the health care system. Together, these goals create a framework for people in Washington to seek and receive effective and comprehensive support when and where they need it. Strategic Direction 3 aims to accelerate early intervention with timely access to effective care to address suicide risk before it turns into a suicide attempt or death.

Goal 1: Embed health equity into all treatment and crisis services.

Objective 1.1: Improve crisis suicide prevention and treatment by including perspectives and recommendations from groups most affected by suicide and people with lived experience.

Objective 1.2: Make all treatment and crisis services equitable by considering and including demographic information, like a person's age, race, ethnicity, sexual orientation, gender identity, disability, chronic conditions, and geographical location.

Objective 1.3: Fund and increase effective community, peer, and youth-led treatment and crisis services and initiatives.

Objective 1.4: Engage public and private sector partners in treatment and crisis services.

Goal 2: Improve treatment and support services for groups most affected by suicide, focusing on historically marginalized communities, people with lived experience, and youth.

Objective 2.1: Improve treatment and support services for people of all ages. These services should address the increasing rate of suicide thoughts, attempts, and deaths in all racial, ethnic, and historically marginalized groups.

Objective 2.2: Build understanding of the unique barriers and challenges of people most affected by suicide in all treatment and support services.

Objective 2.3: Work with people most affected by suicide to increase, improve, and expand treatment and support programs, practices, policies, and systems that support their needs.

Objective 2.4: Improve and expand ongoing staff training and development for people who work in communities most affected by suicide.

Goal 3: Improve the quality and accessibility of crisis care services across all communities.

Objective 3.1: Create and maintain a robust crisis care system through ongoing quality improvement to help people at risk of suicide.

Objective 3.2: Increase local collaboration and coordination between 988 Lifeline crisis centers and 911 Public Safety Answering Points; police, fire, and emergency medical services; and mental and behavioral health crisis services.

Objective 3.3: Expand effective mobile crisis teams, peer-led crisis services, and diversion programs to prevent unnecessary police interventions with people who call 988 or 911 for thoughts of suicide.

Objective 3.4: Increase timely access to assessment, intervention, lethal means safety counseling, and follow-up for people at risk of suicide.

Objective 3.5: Make sure that crisis services are a part of health care.

Objective 3.6: Make sure that 988 Lifeline crisis counselors and other crisis care workers provide effective suicide prevention services to everyone, including people with substance use disorders.

Objective 3.7: Make sure crisis services can link people to ongoing sources of social support in their community after the crisis is resolved.

Goal 4: Include effective suicide prevention services as a core component of health care.

Objective 4.1: Create and offer effective services to identify, engage, treat, and follow up with people at risk of suicide as standard care in public and private health care delivery.

Objective 4.2: Create and use effective standard health care protocols to identify, engage, treat, and follow up with people who have a high suicide risk.

Objective 4.3: Address barriers to providing effective emergency department screening, safety planning, and follow-up after discharge in all emergency departments.

Objective 4.4: Increase care for people with suicide risk when they transition between different health care settings and providers, especially crisis, emergency, and hospital settings, and between health care and the community.

Objective 4.5: Provide ongoing education and training in suicide prevention for all health care professionals so they can provide quality, effective suicide prevention services.

Objective 4.6: Incentivize and enable health care organizations to track suicide thoughts, attempts, and deaths in their patient and beneficiary populations to inform continuous quality improvement efforts.

Objective 4.7: Increase and leverage the use of electronic health records to track and support implementation of best practices for suicide prevention.

Objective 4.8: Develop and use effective health care practice strategies that encourage safe and secure storage of lethal means, especially for people with a higher risk of suicide.

Objective 4.9: Make sure that suicide prevention services address co-occurring substance use issues.

Goal 5: Create an equitable and diverse treatment and crisis workforce that is equipped and supported to address the needs of the communities they serve.

Objective 5.1: Increase access to training and technical support for first responders and health care providers to improve cultural humility and responsiveness toward historically marginalized groups and people with lived experience.

Objective 5.2: Focus equity education on first responders and health care professionals and settings to address existing barriers and reduce stigma.

Objective 5.3: Hire more first responders and suicide prevention health care professionals who come from historically marginalized communities and communities most affected by suicide or who have lived experience of suicide.

Objective 5.4: Create professional standards around suicide prevention, intervention, and postvention that emphasize the needs of people most affected by suicide.

Objective 5.5: Make sure that crisis support and response strategies for historically marginalized groups are grounded in cultural humility and inclusivity.

STRATEGIC DIRECTION 4: DATA COLLECTION, QUALITY IMPROVEMENT, AND RESEARCH

Effective suicide prevention relies on a strong foundation of data, continuous quality improvement, and ongoing research. This strategic direction focuses on two main areas: enhancing our ability to understand, track, and respond to suicide trends and developing and refining evidence-based interventions. By improving the quality, timeliness, and accessibility of suicide-related data, we can better inform prevention efforts and measure their impact.

Significant advancements in data collection, research methodologies, and data analysis techniques have moved the field forward in the last several years. However, it's still difficult to capture comprehensive and timely data, particularly for groups most affected by suicide. This strategic direction builds on recent advances by promoting new approaches to data collection, analysis, and application. It emphasizes the need for timely, actionable data to drive decision-making and ongoing quality improvement in suicide prevention efforts.

The goals and objectives in this section aim to:

- Improve the quality and accessibility of suicide-related data
- Promote rigorous evaluation of prevention strategies
- Advance the science of suicide prevention
- Make sure research findings are effectively translated into practice

We also want to give special attention to addressing disparities in data collection and research to make sure our understanding of suicide risk and prevention includes people from all communities.

This approach recognizes that effective suicide prevention requires ongoing learning and adaptation. By fostering a culture of data-driven decision-making and continuous improvement, we can enhance the effectiveness of our prevention efforts and ultimately save more lives. Our approach also emphasizes the importance of collaboration between researchers, practitioners, policymakers, and people with lived experience to make sure our research and data collection efforts are relevant, ethical, and effective.

Goal 1: Make health equity part of all data collection, quality improvement, and research activities.

Objective 1.1: Improve data collection, quality improvement, and research by including perspectives and recommendations from people with lived experience of suicide and groups most affected by suicide.

Objective 1.2: Make sure that all data collection, quality improvement, and research considers demographic information like age, race, ethnicity, sexual orientation, gender identity, disability, chronic conditions, and geographical location.

Objective 1.3: Fund and increase effective data collection, quality improvement, and research by communities and peers.

Objective 1.4: Engage public and private organizations in data collection, quality improvement, and research.

Goal 2: Improve the data needed for suicide-related data collection, research, evaluation, and quality improvement.

Objective 2.1: Improve the quality, timeliness, scope, usefulness, and accessibility of suicide death data, suicide-related thoughts and behaviors, and associated risk and protective factors.

Objective 2.2: Identify and validate new data and methods for suicide-related data collection, research, evaluation, and quality improvement.

Objective 2.3: Integrate data on adverse outcomes like unintentional overdoses and other unintentional injuries with data on suicide thoughts, attempts, and deaths.

Objective 2.4: Modernize data systems and infrastructure and build staff capacity in data collection and analysis and program and policy evaluation across state, tribal, and local levels.

Objective 2.5: Evaluate the impact of this plan on core indicators and its effects on suicide thoughts, attempts, and deaths.

Objective 2.6: Strengthen the measurement of social connection and loneliness indicators in suicide data systems and population health surveys.

Goal 3: Support more research on suicide and suicide prevention.

Objective 3.1: Identify and pursue research opportunities, relevant findings, new data and methods, and changes in the epidemiology of suicide in the United States.

Objective 3.2: Learn more about groups most affected by suicide, their prevention and treatment opportunities, and health care and other public health policies, to reduce risk.

Objective 3.3: Learn more about the effects of social media use and digital technology on mental health, especially among youth, and identify opportunities to expand benefits and reduce harms.

Objective 3.4: Learn more about the connection between substance use and suicide risk to improve prevention and treatment of these co-occurring conditions.

Objective 3.5: Learn more about suicide prevention peer support services that enhance make people feel more capable and engaged in their recovery.

Objective 3.6: Where research has identified better practices, make them widely available to everyone.

Objective 3.7: Fund research on community-level and culturally informed interventions that increase social connections and reduce isolation and loneliness.

Objective 3.8: Develop research priorities and prevention strategies tailored communities most affected by suicide.

Objective 3.9: Support Indigenous-led research frameworks, evaluation approaches, and traditional practices.

Goal 4: Use what we learn to create better suicide prevention programs for all ages and for groups most affected by suicide.

Objective 4.1: Increase funding for research and evaluation of effective suicide prevention activities for communities most affected by suicide.

Objective 4.2: Evaluate and share specific and culturally informed approaches, models, and screening tools in different communities and contexts.

Objective 4.3: Make sure suicide-related data considers disparities and the unique challenges faced by groups most affected by suicide.

Objective 4.4: Support new ideas and community-based solutions for preventing suicide in historically marginalized groups through funding, resource provision, and prioritization practices.

Objective 4.5: Improve how we use and share data across communities and organizations to improve suicide prevention in historically marginalized groups and groups most affected by suicide.

Objective 4.6: Consider the social determinants of health and systemic barriers that contribute to isolation and loneliness in groups most affected by suicide.

CONCLUSION

Suicide is a serious public health issue that has far-reaching consequences for people, families, and communities across Washington. The development of this comprehensive suicide prevention plan represents a crucial step forward in our efforts to reduce suicide rates, promote mental health and well-being, and create a safer and more compassionate Washington for all.

This plan is grounded in a deep understanding of the complex factors that contribute to suicide risk, including individual, interpersonal, community, and societal influences. By addressing these factors through a multi-level, equity-focused approach, we can create a more effective and sustainable prevention strategy that reaches all Washingtonians, particularly those who have been historically marginalized or underserved.

A Call to Action

Preventing suicide is a shared responsibility that requires the active engagement and commitment of all Washingtonians. This plan serves as a call to action for people, families, communities, organizations, and policymakers across the state to join in the fight against suicide.

We all play a role in preventing suicide. We call upon:

- People to prioritize their mental health as they can, seek help when needed, and support others experiencing challenges or crises.
- Families to encourage open communication, promote resilience, and create safe and supportive home environments.
- Communities to break down stigma, promote social connectedness, and make sure everyone can get access to culturally responsive mental health resources.
- Health care providers integrate suicide prevention into their practices, provide trauma-informed care, and collaborate with other service providers.
- Educators to promote mental health literacy, use evidence-based prevention programs, and create supportive school climates.
- Employers to prioritize employee well-being, provide mental health resources, and create a culture of support and inclusion.
- Policymakers to prioritize funding for suicide prevention, enact policies that promote health equity, and support research and evaluation efforts.

By working together across sectors and communities, we can create a comprehensive safety net that catches people long before they begin to have thoughts of suicide or reach a point of crisis.

Achieving Our Vision

The goal of this plan is to create a resilient Washington, where every person can thrive and live a fulfilling life. We believe we can achieve this goal with ongoing, collaborative efforts that prioritize prevention and early intervention, along with accessible, culturally responsive care.

In a suicide-free Washington:

- Mental health is recognized as a fundamental component of overall health and well-being.
- People feel empowered to seek help without fear of stigma or discrimination.
- Communities have the knowledge, skills, and resources to support mental health and prevent suicide.

- Health care systems provide integrated, evidence-based care that addresses both physical and mental health needs.
- Public policies and funding priorities reflect a commitment to suicide prevention and health equity.

By working towards this vision, we can create a future where no person, family, or community must bear the devastating loss of a loved one to suicide.

The release of this updated plan marks an important milestone in our state's efforts to prevent suicide, but it is only one guidepost along our journey. Achieving our vision of a suicide-free Washington will require ongoing commitment, collaboration, and innovation from all partners.

As we move forward with implementing the strategies and recommendations outlined in this plan, we must remain adaptable, responsive, and accountable. This includes:

- Regularly reviewing and updating the plan based on new research, best practices, and community feedback.
- Establishing clear metrics and benchmarks to track progress and evaluate the effectiveness of our prevention efforts.
- Building ongoing partnerships and collaborations to maximize resources, share knowledge, and coordinate our responses.
- Prioritizing sustainable funding and resources to support the long-term success of our prevention efforts.

By embracing this plan as a living document and a shared roadmap for change, we can continue to make progress towards our goal of preventing suicide and promoting mental health for all Washingtonians.

The following case studies will be interspersed throughout the document as a series of sidebars that spotlight Prevention in Action. Some of these are further along in the review process than others.

CASE STUDY 1: Kellen CARES Foundation

In the face of tragedy, some find the strength to create hope. This is the story of the Kellen CARES Foundation, born from the heartbreaking loss of 19-year-old Kellen Erickson to suicide. Confronted with the stark reality of high suicide rates among males, Kellen's parents transformed their grief into action, establishing a foundation dedicated to helping boys and young men navigate mental health challenges.

Since its incorporation as a nonprofit in November 2020, the Kellen CARES Foundation has become a beacon of support and education in the Spokane area. Their approach is multifaceted, recognizing that addressing male suicide requires a comprehensive strategy that tackles isolation, promotes connection, and provides targeted resources.

At the heart of their work is the annual Helping Boys Thrive Summit, featuring experts like Dr. Michael Gurian, a renowned author and gender brain specialist. These summits explore the unique aspects of male psychology and neurobiology, offering insights that can help parents, educators, and communities better support boys and young men.

The foundation's reach extends far beyond annual events. They've sponsored Youth Mental Health First Aid classes, supported the Cougs Care mental health club at Washington State University, and played a crucial role in bringing Hope Squad — a peer-to-peer suicide prevention program — to 11 Spokane area schools. Understanding the power of personal stories, the Kellen CARES Foundation has also brought in speakers like former NFL quarterback Ryan Leaf to share messages of resilience and hope. These events, along with various community sponsorships and media engagements, help to destigmatize mental health discussions and promote awareness.

Kimber Erickson, Kellen's mother and the executive director of the foundation, emphasizes the importance of their work: "Every person we reach is a potential life saved. We're not just providing resources; we're building a community that understands the unique challenges boys and men face. By fostering connections and giving them the tools to navigate their emotions, we're working to ensure that no other family has to experience the loss we did."

Looking ahead, the Kellen CARES Foundation aims to expand its impact through more educational events, the development of community centers focused on mentorship and purpose-building for boys and young men, and increased awareness about the effects of technology and substance use on youth mental health.

Through their tireless efforts, the Kellen CARES Foundation is not just preventing suicides — they're reshaping how we approach male mental health, one connection at a time.

[Final text and photos forthcoming.]

CASE STUDY 2: Pulling Together for Wellness

The Pulling Together for Wellness Framework is grounded in Native American cultures. It honors our responsibility to Seven Generations, recognizes the seasonal way of life, and applies Native Ways of Knowing to communicate knowledge, systems, and practices. The framework is the foundation of the work done by the Tribal Centric Behavioral Health Advisory Board. Developed as a statewide board to oversee the implementation and operation of Tribally operated inpatient behavioral health facilities across Washington State, the Tribal Centric Behavioral Health Advisory Board has also expanded to provide oversight in strategic areas such as integration and crisis response systems.

https://aihc-wa.com/pulling-together-for-wellness/

[Final text and photos forthcoming.]

CASE STUDY 3: Sources of Strength

[Text and photos forthcoming.]

CASE STUDY 4: 988

[Text and photos forthcoming.]

CASE STUDY 5: Lambert House

[Text and photos forthcoming.]

CASE STUDY 6: Washington State University's Skagit County Agricultural Economic Advisory and Counseling Services

Farming is a stressful business, for many reasons: financial uncertainty, low pay, long work hours, hazardous working conditions, weather risks, social isolation, and a stigma against asking for mental health services. From 2020-2022, the suicide rate for agricultural workers in Washington State was 21.1 in every 100,00 people, compared with 15.1 per 100,000 for the state's general population.

Since 2022, Washington State University (WSU) Skagit County has fielded both an economic advisor and a free mental counselor. Jon Paul Driver, the economic advisor, begins by making presentations to farmers on economic issues, then offers follow up in-person visits. He then helps farmers build their financial plans, instilling hope and sense of control in an uncertain industry.

Most importantly, once he is on-site, Jon Paul uses his experience in farming to look for warning signs of mental health issues. "One of the things that makes me successful is that the only thing that I do is agriculture. From the time that I was four, I was carrying milk pails. I was trained by my grandfather on how to know that hay is dry enough to bale. I have an instinctive nature about farmers. When a farmer doesn't do a final last step, such as put a tarp over crops to keep them dry, that is a sign of trouble – a behavioral health issue."

From 2022-2023, Jon Paul presented to 1,800 people, and from those has had 150 consulting sessions with 80 farmers. He's referred five of those farmers on to WSU's counseling services, and all five have been helped by that counseling.

[Final text and photos forthcoming.]

CASE STUDY 7: Seattle Children's Suicide Prevention Program

Suicide is the second leading cause of death for youth ages 10 to 24. In this age group, death by suicide is more common than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza and lung disease combined. Research shows that 77% of youth who die by suicide had healthcare contact in the last year, with 38% having had healthcare contact within a month prior.

Seattle Children's Hospital's Suicide Prevention Program is an organization-wide effort to save lives by identifying and treating youth who are thinking about suicide. The organization is committed to addressing this public health crisis and achieving the aspirational goal of zero suicides by implementing the Zero Suicide framework. Seattle Children's launched the Zero Suicide Initiative Pathway in 2019 to bring suicide risk screening to medical clinics. In 2022, Seattle Children's and 16 other children's hospitals and health systems committed to implementing the full Zero Suicide framework as part of a national collaborative funded by Cardinal Health Foundation. The aim is to develop and implement a pediatric-specific, data-driven approach to improve the identification and care of children at risk for suicide in children's hospitals and health systems.

[Final text and photos forthcoming.]

CASE STUDY 8: Safer Homes, Suicide Aware by UW's Forefront

Three out of every four firearm fatalities are suicides.[1] This startling statistic drives the mission of Safer Homes, Suicide Aware, an innovative program led by the University of Washington's Forefront Suicide Prevention center.

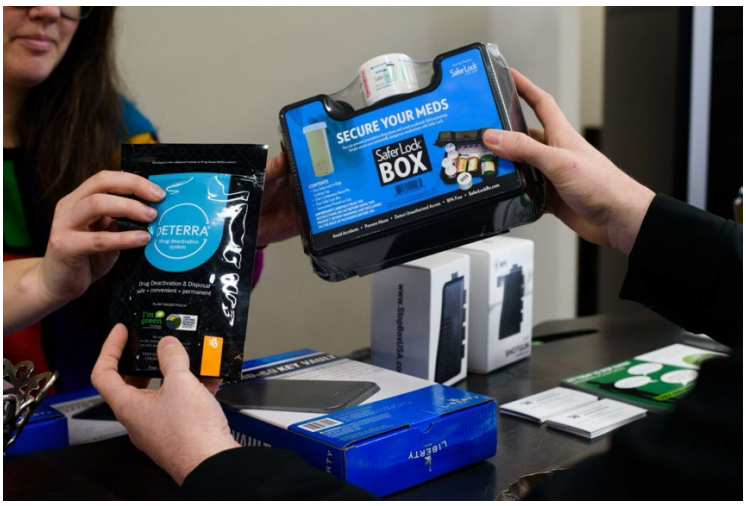
Safer Homes, Suicide Aware takes a unique approach to suicide prevention by focusing on a critical factor: access to lethal means, particularly firearms and medications. The program targets two high-risk groups: men ages 35-64 and Veterans, who are statistically more likely to use firearms in suicide attempts.

What sets this program apart is its collaborative approach. A diverse task force guides the work, bringing together experts from various fields to develop impactful strategies. Safer Homes, Suicide Aware partners with firearms retailers, medical providers, pharmacy professionals, and Veteran-serving organizations, ensuring that each group understands their crucial role in preventing suicides.

The program's reach extends beyond professional circles. At public events ranging from gun shows to National Night Out gatherings, Safer Homes, Suicide Aware engages directly with community members. They offer free locks in exchange for participation in a survey about secure storage practices and suicide risk awareness. This innovative approach not only provides tangible tools for firearm safety but also gathers valuable data and raises public awareness.

The effectiveness of Safer Homes, Suicide Aware isn't just anecdotal. A peer-reviewed study in 2019 found statistically significant improvements in both secure storage behavior and suicide risk knowledge among program participants.

Brett Bass, a program manager at Forefront, emphasizes the impact of their work: "Every conversation we have, every lock we distribute, has the potential to save a life. We're not just changing practices; we're changing mindsets. By making secure storage a norm and openly discussing suicide prevention, we're building safer, more resilient communities."



[1] *Centers for Disease Control. Web-Based injury statistics query and reporting system (WISQARS). centers for disease control and prevention website, 2020. Available: https://www.cdc.gov/injury/wisqars/index.html*

CASE STUDY 9: Governor's Challenge

[Text and photos forthcoming.]

CASE STUDY 10: Latina Walla Walla Women in Action Support Group

[Text and photos forthcoming.]

APPENDIX A. GLOSSARY

- Cultural humility: A lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of their own beliefs and cultural identities.
- Downstream interventions: Interventions that focus on addressing health problems after they have occurred, often dealing with the immediate effects or symptoms rather than the root causes. In the context of suicide prevention, this might include crisis intervention services or treatment for mental health conditions.
- Health disparities: Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.
- Health equity: The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.
- Intersectionality: The interconnected nature of social categorizations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.
- Lethal means: Objects, substances, or actions that can be used to cause fatal harm, such as firearms or medications.
- Lived experience: Personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people.
- Postvention: An organized response in the aftermath of a suicide to accomplish any one or more of the following: to facilitate the healing of individuals from the grief and distress of suicide loss, to mitigate other negative effects of exposure to suicide, or to prevent suicide among people who are at high risk after exposure to suicide.
- Protective factors: Characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact.
- Risk factors: Characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.
- Social determinants of health: The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These can include factors such as economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context.
- Stigma: Negative attitudes and beliefs towards a group of people, often leading to discrimination and barriers to seeking help.
- Suicidal ideation: Thoughts about suicide, which can range from fleeting considerations to detailed planning.
- Suicide attempt: A non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior.
- Suicide: The act of intentionally causing one's own death.
- Trauma-informed care: An approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

- Upstream prevention: Strategies that address the root causes of health problems or social issues before they occur.

APPENDIX B. COMMUNITY ENGAGEMENT

The process of updating the Washington Suicide Prevention Plan was a comprehensive and deeply collaborative effort, designed to ensure that the final document truly represents the diverse voices, experiences, and needs of our state's communities. From the outset, our team was committed to a process of true, deep, and authentic engagement that would place the voices of those most affected by suicide at the center of our work.

Throughout this journey, we were guided by several key principles:

- Inclusivity: We sought to engage a wide range of partners, including individuals with lived experience, service providers, policymakers, and representatives from communities disproportionately impacted by suicide.

- Flexibility: Our process was designed to be adaptable, allowing us to respond to new insights and changing needs as they emerged.

- Continuous Learning: We embraced a mindset of continuous improvement, using lessons learned from each phase to refine our approach.

- Authenticity: We strived for genuine, meaningful engagement, not just tokenistic consultation.

- Respect: We honored the time, expertise, and personal experiences shared by all participants.

<u>The Engagement Process</u>

Our engagement process unfolded in two main phases, each building upon the insights and relationships developed in the previous stage.

Phase One: Laying the Groundwork

In this initial phase, we conducted structured one-on-one interviews with key partners and focused group conversations with diverse representatives from the suicide prevention field.

These conversations yielded valuable insights into:

- Process improvements needed in suicide prevention efforts
- Guidance requirements for implementing effective strategies
- Resource allocation considerations
- Data needs for informed decision-making
- Operational challenges and opportunities
- Evaluation strategies to measure impact
- Implementation approaches for sustainable change

These findings were instrumental in shaping the structure and focus of the updated plan, ensuring that it addressed the most pressing needs identified by our partners.

Phase Two: Deep Dive and Refinement

Building on the foundation laid in Phase One, we expanded our engagement efforts to include:

- Technical Working Groups: Eight groups comprised of subject matter experts, community-based organizations, and individuals with lived experience convened to examine and refine the plan's goals and objectives.

- Community Workshops: All-day workshops in Tukwila and Walla Walla brought together diverse voices from different regions of our state.

- Focus Groups: We conducted targeted sessions with priority populations to ensure their unique perspectives were fully incorporated into the plan.

- In-Depth Interviews: Additional one-on-one conversations allowed us to explore specific areas of the plan in greater detail.

- Action Alliance Consultation: Regular presentations to and consultations with Washington's Action Alliance for Suicide Prevention ensured alignment with ongoing efforts in the state.

- Diverse Outreach: We presented to and gathered input from coalitions, tribal organizations, and other groups across Washington.

- Public Survey: An online survey, released alongside the public draft of the plan, provided an avenue for broader public input.

Over the course of this project, we had the privilege of speaking with hundreds of individuals, many on multiple occasions. The contributions of each person – whether shared in a workshop, an interview, or through surveys – have left an indelible mark on this plan. No matter your background or role, we hope you see your perspective reflected in the final document.

<u>A Living Document</u>

The engagement process that shaped this plan is not just a means to an end, but a model for how we envision suicide prevention work moving forward in Washington. By fostering relationships, building shared understanding, and creating spaces for diverse voices to be heard, we have laid the groundwork for more effective and collaborative implementation of the plan's strategies.

As we move forward, we remain committed to the principles of inclusive engagement that guided this process. The Washington Suicide Prevention Plan is not a static document, but through its periodic action plan and report cards, should be a living roadmap that will continue to evolve as we learn, grow, and work together to prevent suicide in our communities.

To everyone who contributed their time, expertise, and personal experiences to this process: thank you. Your insights, passion, and commitment are the heart of this plan, and the foundation of our shared efforts to create a Washington free from suicide.

APPENDIX C. ACTION PLAN

A. Roles and responsibilities of key partners
B. Timeline and milestones
C. Resource allocation and sustainability
D. Ongoing monitoring and quality improvement

APPENDIX D. ADDITIONAL RESOURCES AND SUPPORT SERVICES

Toolkits, etc.

APPENDIX E. REFERENCES