Editor’s Corner

Ever since I recently moved to Washington from California, many people have tried to prepare me for the rain and cold weather in the coming months. The conversation usually begins with a preamble on how wonderful the sunshine and warmth has been, and stories of this year’s summer vacations and weekend beach getaways. Then the speaker suddenly becomes very serious, stares me straight in the eyes, and ominously pronounces, “But winter is coming…” OK, OK, maybe it’s not that dramatic, but the dread is real.

I first experienced seasonal affective disorder (SAD) when I was at college in Michigan. I struggled through winter thinking that the cold was responsible for my depression and fatigue. It wasn’t until we finally got a little sunshine in March that I began to feel like myself again.

For those of us who do experience SAD, I have gathered some suggestions in preparation for the gloomy days ahead. SAD can affect people differently, so please see your doctor if you experience extreme symptoms.

My favorite recommendations
- Take Vitamin D daily (talk to your doctor)
- Use a sun lamp (talk to your doctor)
- Walk outside every day to get some sun
- Exercise (at least it can be indoors)
- Keep a regular sleep schedule
- Plan a sunny vacation

And of course, being with friends and family can be bright, warm moments in a dreary day.

Thanks!

Neetha
Action Alliance

Meet the Action Alliance! Chaired by Secretary of Health John Wiesman, the goal of the Action Alliance is to use strategy, momentum, and input to guide policy, financial, legislative, and programmatic change in accordance with Governor Jay Inslee’s January 2016 Executive Order (EO 16-02) and the Washington State Suicide Prevention Plan. Members share their multidisciplinary expertise, perspectives, and networks to improve suicide prevention implementation efforts across Washington State. The Action Alliance held its first meeting on September 13. Find more information about state actions on the Department of Health suicide prevention webpage.

Evaluating Suicide Prevention Trainings

In accordance with WAC 246-12-601, the Department of Health has begun evaluating suicide prevention training programs for health professionals. Beginning July 1, 2017, certain health professionals must choose from approved suicide prevention programs on the 2017 Model List to meet their professional board’s mandatory training requirements. Training programs and trainers who want to be on the 2017 Model List may submit an application for program evaluation. More information on legislation and requirements is on the Suicide Prevention Training for Health Professionals website.
White House Update

In honor of National Suicide Prevention Month, on September 29, the White House hosted the Making Health Care Better series on Suicide Prevention. Representatives from multiple agencies, experts in suicide prevention, and advocates with lived experience (suicide attempt survivors and those who lost a loved one to suicide) gathered to discuss this national concern. Along with updates on what is already being done, speakers discussed plans and recommendations for future suicide prevention work. Along with the broadcast, the White House released and updated Making Health Care Better: Addressing Mental Health report that includes specific data and information on suicide.

October National Observances

October is National Bullying Prevention Awareness Month and Domestic Violence Awareness Month. The Centers for Disease Control and Prevention's (CDC) 2015 report on Youth Risk Behavior Surveillance shows that importance of youth suicide prevention. “During the 12 months before the survey, 15.5% had been electronically bullied, 20.2% had been bullied on school property, and 8.6% had attempted suicide.” Bullying, both face-to-face and cyberbullying, is linked to suicide and suicide attempts in adolescents. It can predict future mental health problems and increases risk for suicidal ideations, both in bullies and their victims.

Domestic violence has a similar link with suicide. “Female victims of domestic violence have eight times the risk for suicide compared with the general population,” and half of those who attempt suicide make multiple attempts. The most alarming statistics, however, are from a 2012 study that reports “72% of all murder-suicides involved an intimate partner. Of these, 94% were females killed by their intimate partners.” The National Coalition Against Domestic Violence offers national and state statistics.
Suicide Prevention in the ER

The Suicide Prevention Resource Center (SPRC) has created a course titled Preventing Suicide in Emergency Department Patients. Emergency department staff members are often in a unique position to interact with people who are at-risk for, are contemplating, or have attempted suicide. Sometimes it is unclear if patients have intentional injuries, and health professionals have opportunities for suicide screening and intervention. SPRC states that the risk of suicide is at its highest within 30 days of discharge from an ER or in-patient psychiatric unit. Recent research has also found that a prior suicide attempt is a much more significant risk factor than previously thought. The course also covers content on safety planning and lethal means counseling, so patients with suicidal thoughts can receive immediate support and resources. Find more tools for emergency departments on this SPRC webpage.

Men in the Middle Years

Data consistently show that more men die by suicide than women, but many times resources and interventions are not specifically targeted to men. Dr. Jeffery Sung, the president of the Washington State Psychiatric Association, partnered with the Suicide Prevention Resource Center to discuss suicide prevention for men in the middle years (between the ages of 35 and 64). Watch Dr. Sung's SPARK Talk and find resources for men in the middle years.

Another group focused on outreach to men is the Healthy Men Michigan Campaign by the University of Maryland School of Social Work. The goal of the campaign’s goals are to help men identify if they are struggling with mental health problems, and to encourage them to seek services. While the study focuses on men in Michigan, anyone can access a free and anonymous mental health screening.
Local Military and Veteran Resources

On September 30, Camp Murray hosted a suicide awareness event for its service men and women. Here are some of the organizations that attended and information about the services they provide.

- **Operation Enduring Warrior** - honor, empower, and motivate our nation’s wounded veterans through a physical, mental and emotional rehabilitation. Contact the Pacific Northwest regional coordinator.

- **Operation Ward 57** - Support wounded, injured, and ill service members, veterans, their caregivers and those that aid in their recovery by providing assistance and outreach. Crisis line: 267-210-6956.

- **Team RWB** - Enrich the lives of America’s veterans by connecting them to their community through physical and social activity. For information on local events, contact the JBLM chapter captain.

- **Washington State Department of Veterans Affairs** - Find services and resources for veterans, and military service men and women.

The Overdose Epidemic

In 2015 in Washington State, 19 percent of people who died by suicide used poison as their means. This number represents only deaths that a medical examiner or coroner has determined to be intentional. However, in cases of drug abuse, it can be difficult to determine if an overdose is an intentional suicide or attempt, or non-intentional self-harm.

See the new StopOverdose.org site to learn more about how Washington State is working to prevent opioid overdose. One resource to check out is the Opiate Overdose Risk Check. This is a personal, anonymous tool to help identify your unique risks for overdose, and feedback on how you can lower your chance of overdose.

The following is from the 2016 Washington State Interagency Opioid Working Plan.
“Washington State is currently experiencing an opioid abuse and overdose crisis involving prescription opioids and heroin. Approximately 600 individuals die each year from opioid overdose with an increasing proportion of those deaths involving heroin. The largest increase in heroin overdose deaths from 2004 to 2014 occurred among younger people ages 15 to 34 years.

The WA State Interagency Opioid Working Plan outlines the goals, strategies and actions that are being implemented by a number of stakeholders across diverse professional disciplines and communities. This working plan outlines both current efforts as well as new proposed actions to scale up response and will be regularly updated as the epidemic and response evolve over time.”

Upcoming Conferences and Events

October 7-8
Seattle
American Foundation for Suicide Prevention’s
Traumatic Grief After Suicide

October 8
Tacoma
Tacoma Out of the Darkness Walk

October 9
Aberdeen
Aberdeen Out of the Darkness Walk
**October 14-16**
Kirkland
*NAMI Basics Training*
(application due Oct. 3)

**October 15**
Everett
*Everett Out of the Darkness Walk*

**October 20**
Wenatchee
*Assessing and Managing Suicide Risk (AMSR) Training*

**October 20**
Thurston County
"Under the Gun" screening by Thurston Gun Sense

**October 22**
Wenatchee
QPR Gatekeeper Suicide Prevention Training
Register with SAGE at 509-663-7446.

**October 22-23**
Kirkland
*NAMI Homefront Training*
(application due Oct. 10)

**October 23**
Seattle
*Seattle Out of the Darkness Walk*

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**QPR Suicide Prevention Training**
QPR stands for “Question, Persuade, Refer” – three simple steps to help respond to a person in need. This one hour training is designed to teach you how to recognize the warning signs, clues and suicidal communications of people in trouble, and how to respond.

**FREE of Charge!**
Saturday October 22nd
1:00 pm – 2:00 pm

SAGE
710 N. Chelan Ave, Wenatchee
To register call 509-663-7446
October 24
Webinar
Promising Evidence-Based Interventions for Suicide Prevention among Veterans with TBI

October 24-28
Pierce County
Adult Mental Health First Aid (MHFA) Instructor Training.
Contact Monet Craton or call 253-539-6786 for more information.

October 29
East Wenatchee
Seattle Children's Safe Gun Storage Event
Lock Box and Trigger Lock Giveaway

October 29
Spokane
Training in Suicide Care for Physicians

October 31
Call for papers deadline
American Association of Suicidology’s Suicidology at 50: Honoring the Past, Innovating the Future

November 2-3
Eugene, OR
Mind Your Mind: Advancing Mental Health Wellness

November 11-13
Kirkland
NAMI Family to Family Training
(application due Oct. 31)
November 12
Seattle
Training in Suicide Care for Physicians

November 14
Yakima
WA State Firearm Tragedy Prevention Network: Fall Meeting

November 19
Portland, OR
2016 International Survivors of Loss Day

November 19-20
Kirkland
NAMI In Our Own Voice Training
(application due Nov. 7)

November 30
Seattle
Forefront: Innovations in Suicide Prevention's 4th Annual Celebration

December 7
Seattle
20th Annual King County Behavioral Health Legislative Forum

December 7
Deadline for Garrett Lee Smith (GLS) Campus Suicide Prevention Grant

December 7-9
San Diego, CA
Positive Culture Framework (PCF) Public Training
December 13
Seattle
Forefront’s Assessing and Managing Suicide Risk (AMSR) Training

January 13, 2017
Application deadline for travel award
Military Suicide Research Consortium (MSRC) Pre-conference Research Training Day (held on April 26 before the AAS conference)

April 26, 2017
Phoenix, AZ
Military Suicide Research Consortium (MSRC) Pre-conference Research Training Day (part of AAS conference)
Travel award (deadline January 13, 2017)

April 26-29, 2017
Phoenix, AZ
American Association of Suicidology’s
Suicidology at 50: Honoring the Past, Innovating the Future
Call for papers (deadline October 31, 2016)
# October 2016

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<td>Notes: See the DOH Suicide Prevention Events page for more events. If you would like to share an event, send information to <a href="mailto:suicidepreventionplan@doh.wa.gov">suicidepreventionplan@doh.wa.gov</a>.</td>
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