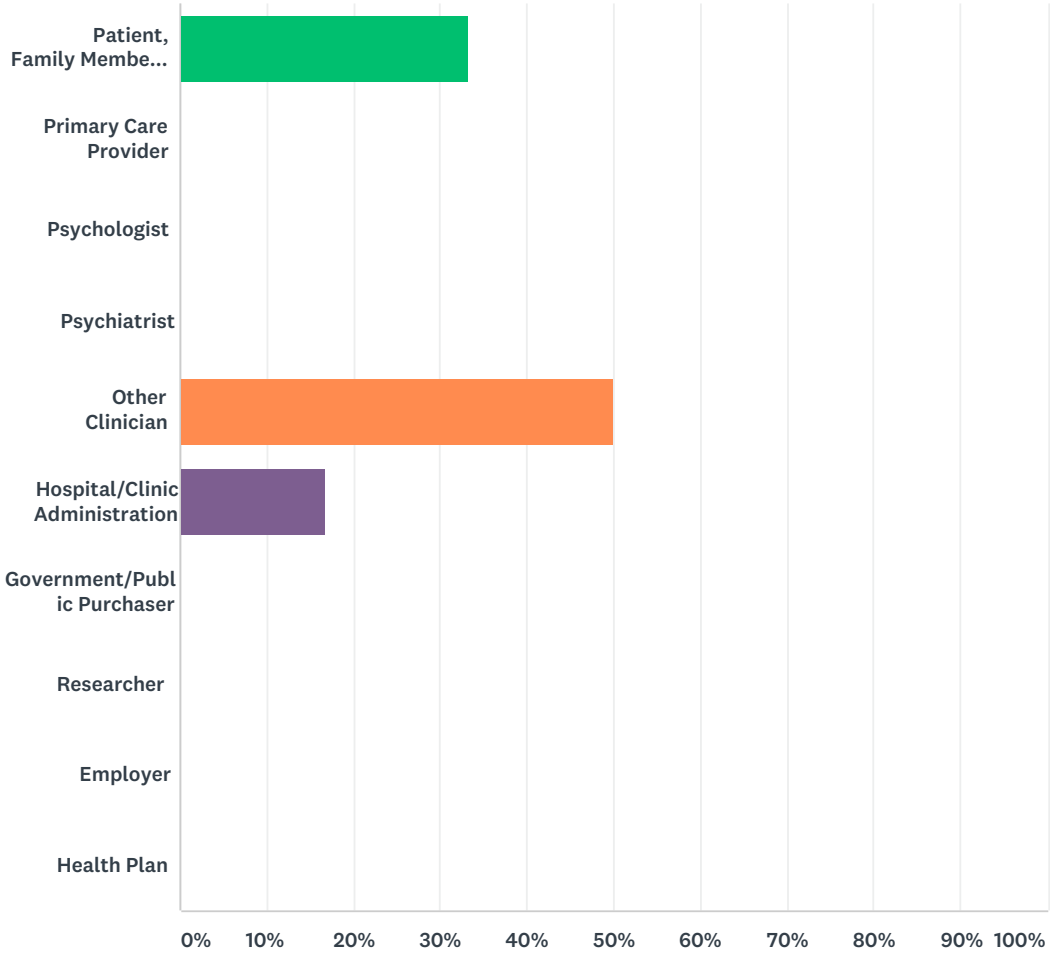
Q1 What sector do you represent? (Choose the option that is the best fit.)

Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES	
Patient, Family Member, Health Care Consumer	33.33%	2
Primary Care Provider	0.00%	0
Psychologist	0.00%	0
Psychiatrist	0.00%	0
Other Clinician	50.00%	3
Hospital/Clinic Administration	16.67%	1
Government/Public Purchaser	0.00%	0
Researcher	0.00%	0
Employer	0.00%	0
Health Plan	0.00%	0
TOTAL		6

#	OTHER (PLEASE SPECIFY)	DATE
1	I am a LAc, as well as loss survivor of a murder suicide	8/24/2018 3:23 PM
2	Member on several disability regional/statewide disability advisory boards	8/18/2018 2:19 PM
3	ED of Local Outreach to Suicide Survivors in Columbus Ohio	8/12/2018 9:15 AM
4	survivor of suicide attempt	8/1/2018 8:42 AM
5	VHA Suicide Prevention Coordinator, LICSW, JD	7/18/2018 9:07 AM

Q2 Do you have any comments on the purpose statement (pg 3)?

Answered: 6 Skipped: 0

#	RESPONSES	DATE
1	Support the initial statement that suicide is both a preventable outcome and a public health issues as well as the supporting documentation.	8/24/2018 3:55 PM
2	it is a good overview of the facts and the why you are doing this, very clear	8/24/2018 3:23 PM
3	“Suicide is both a preventable outcome and a public health issue....” reflects IGNORANCE re: the genuine (!!!) beyond heartfelt DESPAIR which many who contemplate/ attempt/ complete suicide actually, honestly KNOW to be true. This is OFFENSIVE. FRANKLY OFFENSIVE. Whoever wrote this us absolutely, deeply out of touch with those who’ve attempted suicide, experienced suicidal ideation AND HAVE BECOME ACTIVISTS in peer support. (Find NAASP’s report by Suicide Attempt Survivors. ... At the very least... foundationally... fundamentally... HONOR THIS REALITY. ===== Sometimes life truly, deeply... SUCKS. Who matters most here? (1) The life of the one who is in deep despair? Or (2) The life of the other - who fears the “what if ...?”. Society has gone from NOT talking about suicide (when my grandfather and father took their lives) to falsely assuming standardized ‘risk assessment”, hospitalization, etc., (standard suicide prevention by people who’ve taken MHFA, etc.) is sufficient. The deep despair? It’s being stuffed, because if “safety”. Read NAASP’s report. Connect with Western Massachusetts Recovery Learning Center’s “Alternatives to Suicide”. Learn what Intentional Peer Support is doinf.	8/18/2018 2:19 PM
4	no	8/12/2018 9:15 AM
5	I just wish there was more research and evidence on the "reasons" behind why someone commits suicide.	8/1/2018 8:42 AM
6	I think it would be clearer to call it a problem statement.	7/18/2018 9:07 AM

Q3 Do you have any comments on focus area one: Identification of Suicide Risk?

Answered: 6 Skipped: 0

#	RESPONSES	DATE
1	Support the identification of suicide risk. We recommend starting screening at age 12 per the American Academy Pediatrics and American Academy of Family Physicians. Support the use of validated instruments.	8/24/2018 3:55 PM
2	yes, i would lower the age to 11 or 12, kids in middle school are at high risk, and screening earlier, asking the questions about mental health, teaching them to look for things within as well as in their friends is imperative	8/24/2018 3:23 PM
3	Until this committee honors the reality of what suicide ideation us about, and what works/doesn't work... why discuss your thoughts when you've not even given serious thought to what WE know needs to be addressed?	8/18/2018 2:19 PM
4	no	8/12/2018 9:15 AM
5	I think an interesting study would be to see how responses are more or less concerning if the physician asks the questions on the assessments, vs. the patient just taking them alone in the room.	8/1/2018 8:42 AM
6	The statements seem very general I am sure this is intentional but that seems like it could create loopholes.	7/18/2018 9:07 AM

Q4 Do you have any comments on focus area two: Assessment of Suicide Risk?

Answered: 6 Skipped: 0

#	RESPONSES	DATE
1	Support structured suicide assessment using a validated instrument which include intent and active plan in order to guide provider assessment. Additionally recommend resources available like SAFE-T to help determine patient's protective and risk factors.	8/24/2018 3:55 PM
2	on top of pg 10. instead of just displaying preventative messaging around safe storage or firearms and meds, display as well as a brochure, like in 1st bullet point Identification and Assessment of Suicide Risk o Display crisis line information and suicide prevention materials. Give them to patients and their supporters at appointments or interventions relevant to suicide, including discharge after a suicide attempt.	8/24/2018 3:23 PM
3	See above	8/18/2018 2:19 PM
4	no	8/12/2018 9:15 AM
5	I wish that there was some way, if a patient with depression and/or apparent suicide warning signs came in and was seeing their provider, that they would be able to spend more time with them than the allotted 15 minutes. This is just not enough time.	8/1/2018 8:42 AM
6	Recommend a tool to screen risk universally used.	7/18/2018 9:07 AM

Q5 Do you have any comments on focus area three: Suicide Risk Management ?

Answered: 6 Skipped: 0

#	RESPONSES	DATE
1	Support collaborative safety planning with the recommended elements noted; warnings signs, lethal means availability, coping strategies, socialization, family/friend support/contact and professional agency contacts	8/24/2018 3:55 PM
2	very well thought out	8/24/2018 3:23 PM
3	See above	8/18/2018 2:19 PM
4	no	8/12/2018 9:15 AM
5	I believe that too much paperwork is given to patients. At my first doctors appointment I was given about 25 pieces of paper and I still haven't looked at them. I believe a magnet with multiple numbers of places/people to call would be great. ie: suicide hotline. Or, a small token to give them, I think a small gift would go a long way for someone that is feeling suicidal. even a small paper flower pin to wear, or a ribbon, or a small quote that they can hold in their pocket. or a worry stone.	8/1/2018 8:42 AM
6	There needs to be a legal section as providers are very impacted by fear related to suicide risk and there should be consultation with an attorney provided when someone is considered acute as to steps to take. Legal requirements, etc.	7/18/2018 9:07 AM

Q6 Do you have any comments on focus area four: Suicide Risk Treatment?

Answered: 6 Skipped: 0

#	RESPONSES	DATE
1	Support live contact but struggle with how to implement. Would appreciate additional insight on how this could be implemented. Support use of evidence based therapies, recommend this treatment be done by trained behavioral health providers. Support referral to behavioral health but not necessarily limited to specific therapeutic interventions listed.	8/24/2018 3:55 PM
2	very thorough	8/24/2018 3:23 PM
3	See above	8/18/2018 2:19 PM
4	no	8/12/2018 9:15 AM
5	I think follow up is extremely important. It is so incredibly hard for someone to even go to the dr. and admit their depression and ideation. even hearing a phone message (if the patient does not pick up the phone) that there is someone out there wanting to help will make a huge impact on that person's life. I also think integrating as much mental health specialists in a primary care setting is a fabulous idea.	8/1/2018 8:42 AM
6	No 'say the magic word' (I am feeling suicidal)guidelines. Many people are in acute mh crisis but are not suicidal yet.	7/18/2018 9:07 AM

Q7 Do you have any comments on focus area five: Follow-up and Support After a Suicide Attempt?

Answered: 6 Skipped: 0

#	RESPONSES	DATE
1	Agree with ongoing screening and assessment recommendations.	8/24/2018 3:55 PM
2	the only thing i would add here is a timeline. it is critical for follow up care to be immediate after an attempt as the risk for another attempt is extremely high. making sure the follow up is within 7 days?	8/24/2018 3:23 PM
3	See above	8/18/2018 2:19 PM
4	no	8/12/2018 9:15 AM
5	I think it is soooo important, after an attempt, or when a patient first comes in to the physicians office, to let them know that they are NOT alone. depression and thoughts of suicide can make you feel like you are the only one that feels this way, that the feelings inside of you are so individual and so strong and overcoming, that this is why they want to commit suicide. not because they want to die, but because they want the feelings to end.	8/1/2018 8:42 AM
6	Open insurance rules for mh tx for family members affected.	7/18/2018 9:07 AM

Q8 Do you have any comments on focus area six: Follow-up and Support After a Suicide Death?

Answered: 6 Skipped: 0

#	RESPONSES	DATE
1	Recommend proactive support for providers as asking for help is not part of the physician culture. Agree with support for family and friends however often these individuals do not come into provider offices. Additional education and awareness of support groups may be needed.	8/24/2018 3:55 PM
2	consider adding a caring contact. being a loss survivor, you are in a fog, and there are so many details following a death, often you are not thinking of yourself. if you add a caring contact as a reminder to get support, that would be the nudge and reminder for self care	8/24/2018 3:23 PM
3	See above	8/18/2018 2:19 PM
4	I think there's a lot of oppty to include more information here. I would be happy to speak with someone if you're interested. Here is my organization's website: www.franklincountyloss.org. There are a few other organizations that offer great postvention services as well such as www.allianceofhope.org. Several organizations are successfully offering trained suicide loss survivors to be part of LOSS Team's. There are also peer-based follow up programs being offered to survivors.	8/12/2018 9:15 AM
5	I think that there should be extra follow up by life insurance companies. they should also provide mental health support and possibly have case workers or nurses that can support family and friends.	8/1/2018 8:42 AM
6	Health care provider coverage for grief care.	7/18/2018 9:07 AM

Q9 Do you have any comments on recommendations for Patients and Family Members (pg 7)?

Answered: 6 Skipped: 0

#	RESPONSES	DATE
1	Agree with patients and family members being proactive about addressing behavioral health concerns with medical providers.	8/24/2018 3:55 PM
2	it is a rough section. when people are suicidal, they often hole up within themselves. encouraging them to be honest with how they are feeling with their providers, reminding them that with the proper help, they can get through these moments. also encourage them to sign the waivers neces for family members to talk to their docs so to be able to reach out for help	8/24/2018 3:23 PM
3	See above	8/18/2018 2:19 PM
4	no	8/12/2018 9:15 AM
5	sometimes spiritual care providers can help. reach out to people you know who can be with you and hold your words and support you. even if you aren't spiritual, there are many churches or places of worship where you can just call and talk to someone.	8/1/2018 8:42 AM
6	This is very complicated and there needs to be 1. release so providers can contact family members, if possible for high risk veterans. Training on legalities of duty to warn, HIPPA regs., contacting NOKs, etc.	7/18/2018 9:07 AM

Q10 Do you have any comments on recommendations for Primary Care Providers (pg 7-8)?

Answered: 6 Skipped: 0

#	RESPONSES	DATE
1	Support ongoing integration of behavioral health and primary care. Support changes in reimbursement for this to be more widely available.	8/24/2018 3:55 PM
2	change age 13 to 11 or 12	8/24/2018 3:23 PM
3	See above	8/18/2018 2:19 PM
4	no	8/12/2018 9:15 AM
5	look them in the eye. sit down with them. focus and listen, even if it is just them crying. don't be afraid to reach out and hold a hand, touch a shoulder, offer support. you may be the only one that has showed care or interest in months.	8/1/2018 8:42 AM
6	There needs to be more responsibility taken by PC on addressing mh needs. PC either needs to integrate mh into it or become experts on mh. A mathematical model could be used to find patients at higher risk so that providers can respond before they get a person in crisis. VA is doing this and it is helpful to assess risk as we know so little about who is going to attempt suicide and complete suicide.	7/18/2018 9:07 AM

Q11 Do you have any comments on recommendations for Specialty Care (e.g., Oncology) (pg 8)?

Answered: 6 Skipped: 0

#	RESPONSES	DATE
1	Recommend depression screening starting at age 12 as noted above. Recommend screening in all medical specialties that have ongoing relationship with patient like oncology, pulmonology, rheumatology, cardiology, nephrology, endocrinology etc. May also be helpful to do screening for patients planning elective surgery as better surgical outcomes are noted for patients who do not have depression/anxiety. Additional formal suicide, alcohol, drug, anxiety screening may not be appropriate in a specialty setting. Agree that if suicide risk is found immediate safety assessment occur and appropriate referral to Emergency department or primary care provider made.	8/24/2018 3:55 PM
2	change age from 13 to 11 or 12	8/24/2018 3:23 PM
3	See above	8/18/2018 2:19 PM
4	no	8/12/2018 9:15 AM
5	n/a	8/1/2018 8:42 AM
6	They need education on how to deal with a suicidal patient inpatient and outpatient.	7/18/2018 9:07 AM

Q12 Do you have any comments on recommendations for Care Settings (including Primary Care Practices, Hospitals, Health Systems) (pg 8-9)?

Answered: 6 Skipped: 0

#	RESPONSES	DATE
1	Agree with support for warm hand offs for transitions of care is ideal but not always able. Opportunity for state support of systems of communication/shared records, etc.	8/24/2018 3:55 PM
2	see answer 4	8/24/2018 3:23 PM
3	See above	8/18/2018 2:19 PM
4	no	8/12/2018 9:15 AM
5	integrate more social help/counselors/physiatrist into the care settings.	8/1/2018 8:42 AM
6	ERS should follow up with phone calls to suicidal veterans to see if they followed up with care recommendations referrals in communities. There is evidence this reduces suicide rates in ER discharges.	7/18/2018 9:07 AM

Q13 Do you have any comments on recommendations for Health Plans (pg 9)?

Answered: 6 Skipped: 0

#	RESPONSES	DATE
1	Adequate coverage for mental health services is needed. Concern for potential need to use only certified decision aids or screening tools would limit overall effectiveness. Certainly recommend use of evidence based tools.	8/24/2018 3:55 PM
2	no	8/24/2018 3:23 PM
3	See above	8/18/2018 2:19 PM
4	no	8/12/2018 9:15 AM
5	have dedicated case managers to follow up once results from dr. come through with diagnosis codes.	8/1/2018 8:42 AM
6	Yes, laxer rules on coverage for mh. They are too strict, and are not allowing for treatment of mh issues and there is discrimination for mh illness that there is not for other health issues.	7/18/2018 9:07 AM

Q14 Do you have any additional comments or is there anything our Recommendations are missing?

Answered: 6 Skipped: 0

#	RESPONSES	DATE
1	We found that the presentation of material was confusing and somewhat duplicative. Would have preferred to have both the recommendations and the details for the focus area to be discussed together. Recommendations for public health are missing.	8/24/2018 3:55 PM
2	again, lower the age from 13	8/24/2018 3:23 PM
3	See above	8/18/2018 2:19 PM
4	no	8/12/2018 9:15 AM
5	group support is the best thing I have ever done as a major depressive patient. I did outpatient treatment and it was extremely helpful. my pcp as the most helpful and I would say that he seriously saved my life, along with the group support and help programs.	8/1/2018 8:42 AM
6	I would have a bit more on veterans. Veterans and enlisted are only 8 percent of population but represent 18 of suicide deaths. Female veterans are twice as likely to die by suicide than female non veterans. I believe they need greater visibility in your report.	7/18/2018 9:07 AM

Q15 Do you have any comments or suggestions to help these recommendations be adopted across Washington State?

Answered: 6 Skipped: 0

#	RESPONSES	DATE
1	As 55% of patients who die have not seen primary care provider, would recommend additional focus on public health to help with both education and screening. Consider school based health programs as well. Improved coverage of mental health services Improve ability to share medical information between mental health and physical health providers of care.	8/24/2018 3:55 PM
2	no	8/24/2018 3:23 PM
3	Seriously? Make deeply genuine requests for people with “lived experience” of depression, despair, suicide attempts, etc., to hold a gathering. It can be led by people like Leah Harris or Sera Davidow. Ask Leah or Sera (or designee) to plan gatherings. All you Suicide “researchers” who gave jobs, degrees, etc? Stab do down. Sit down and shut up. And just STAY QUIET. Give those who’ve “been there/done that” re: suicidal experiences the opportunity to develop a working plan. The alternative? Just keep charting the risibg suicide rate...	8/18/2018 2:19 PM
4	no	8/12/2018 9:15 AM
5	please involve health insurance companies.	8/1/2018 8:42 AM
6	Note the cost of suicide economically to the state.	7/18/2018 9:07 AM

Q16 Name:

Answered: 5 Skipped: 1

#	RESPONSES	DATE
1	Kim Herner	8/24/2018 3:56 PM
2	Stephanie Willard	8/24/2018 3:23 PM
3	Sandy Goodwick	8/18/2018 2:20 PM
4	Denise Meine-Graham	8/12/2018 9:15 AM
5	Andrea O'Malley-Jones	7/18/2018 9:07 AM

Q17 Email Address:

Answered: 5 Skipped: 1

#	RESPONSES	DATE
1	kim_herner@valleymed.org	8/24/2018 3:56 PM
2	lifesnewnormal@gmail.com	8/24/2018 3:23 PM
3	sgoodwick@aol.com	8/18/2018 2:20 PM
4	denise@franklincountyloss.org	8/12/2018 9:15 AM
5	Andrea.O'Malley-Jones@va.gov	7/18/2018 9:07 AM

Q18 Organization:

Answered: 5 Skipped: 1

#	RESPONSES	DATE
1	Valley Medical Center	8/24/2018 3:56 PM
2	Life's New Normal	8/24/2018 3:23 PM
3	Disability Rights Washington, Salish BHO, Badass Teachers Association	8/18/2018 2:20 PM
4	Franklin County Local Outreach to Suicide Survivors. Keep up the good work, Washington!!	8/12/2018 9:15 AM
5	Veteran's Health Administration	7/18/2018 9:07 AM

Alicia Parris

From: Ginny Weir
Sent: Tuesday, July 10, 2018 8:00 AM
To: BREE Program
Subject: Fw: Suicide recommendations a couple comments
Attachments: Screenshot_20180710-073639.png; Screenshot_20180710-073712.png

Some early public comments to save and revisit with the workgroup

Ginny Weir, MPH

Program Director, Bree Collaborative

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www.breecollaborative.org

From: tuftejet1@yahoo.com <tuftejet1@yahoo.com>
Sent: Tuesday, July 10, 2018 7:54 AM
To: Ginny Weir
Subject: Suicide recommendations a couple comments

Dear Ginny,

I was reading over your suicide care report and recommendations and a couple things jumped out at me. I would recommend you think about adding or referring to somewhere in your report.

In the Suicide care report and recommendations short list you refer to recent stressful events to watch for, though recognition of triggers that might retraumatize an individual is not listed. (?) Dysthymia and PTSD are on going concerns that might slowly smolder and or cause an endless loop of negative thoughts that can cause suicide attempt when an individual just gets fed up. A number of individuals do not talk about these PTSD triggers and or Dysthymia thought threads, have never talked to anyone before a suicide attempt. I know this for sure. If in the report we might have a chance to better help individuals suffering in these ways, often trying to cope alone.

A very important opportunity that should be added as an example is crisistext, more and more people are preferring texting to calling when in crisis today. Especially youth and young adults. I think by not adding crisistext as an example and only including the call line you could miss an opportunity to educate many that this is available. I have read in #MH Twitter threads that texting 741741 has saved many lives, individuals sharing their personal stories of preferring text to calling. I know people who swear that crisis text contact method saved their lives. Some people prefer the appearance on anomynity some people prefer talking to 'a real person'. I truly think that crisistext should be added as an example. Thank you

I will be try and be on the call or attend the July 17th meeting if my schedule allows. I will look over the other reports

too.

Feel free to call if you like

Thank you

Sincerely

Janice Tufte
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@Hassanah2017
206.375.6706

Sent from my Huawei Mobile