

“When it comes to suicide and mental illness, the **GAP between **what we know** and what we do is **LETHAL**.”**

David Satcher, MD, PHD, 16th U.S. Surgeon General, who spearheaded the 2001 National Strategy for Suicide Prevention (NSSP)



Bob Musick, MSW/LCSW
Executive Director

Patrick Tenney, BA
Suicide Prevention
Coordinator

Lora Lowdermilk, BS
Administrative Assistant

August 12, 2008

From the Director:

The growth this past year (2007) has been the largest in the history of the Suicide Prevention Program. We had more workshop attendees than ever before. We had to add a training in Morgantown to meet the amount of requests we received and we will start our 2009 workshops in the fall for the first time due to the amount of requests we already have for the 2009 training year.

In our workshops this past year, we added two new speakers who traveled with us for the majority of the workshops. Ms. Stephanie Belford, Program Director for the ASPEN project, presented a section on "Adolescence and Suicide" and Dr. Robert Bossarte presented a section on "Domestic Violence and Suicide." Both workshops received very high evaluations from our groups and we will be looking to add something new for the 2009 year.

Our year end report will show all of the components that make up the Suicide Council and a look at our "Goals and Objectives" for the next three years. Plus, we will look at several new areas our board would like us to review and start presenting workshops in 2009-2010.

Our Board of Directors is currently working with Commissioner John Bianconi on having the West Virginia Council for the Prevention of Suicide becoming a line item budget by 2010. Our board is a group of volunteers from various parts of state government, academia, parent groups, consumer advocacy groups, police department, and education to name a few. These volunteers give their time and knowledge to support the overall direction of our activities throughout the year. Mr. Chuck Thayer, a board member from the Department of Public Health, donated \$22,000.00 to our project to assist us with our marketing program. We have several board members that are survivors and will travel with Patrick and myself around West Virginia to assist us with our workshops. Our program is very fortunate to have the quality of professionals working with us in this program.

The National Suicide Lifeline continues to grow with the amount of calls it receives each week. In 2007-08, the Lifeline recorded 2,398 calls. There is a more in-depth report within this year end report.

West Virginia Council for the Prevention of Suicide

National Suicide Prevention Lifeline 1-800-273-TALK

Funded by the West Virginia Department of Health & Human Services

301 Scott Ave Morgantown, WV 26508-8804 Phone (304) 296-1731 ext. 4269 Fax (304) 225-2288

www.wvsuicidecouncil.org



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The Suicide Conference in June 2008 was outstanding and our conference evaluations were exceptional. The quality of our speakers and workshops were absolutely the best we have had in the past four years. I look forward to the 2010 conference and the quality of speakers we are now attracting to West Virginia.

Once again, another one of our instruments, %Suicide for Older Adults Protocol+(SOAP) has been published. This is our third instrument we have had published since the inception of our program. Dr. William Fremouw and his staff are to be congratulated in developing all of our instruments that we are currently using across the United States.

Our Council ended FY 2008 on a very high note and we are hitting the ground running in 2009. We are working off the adrenaline from our conference and energy from our state officials, board members, staff, and our citizens to start planning a number of new initiatives for 2009 and 2010. Our service men and women returning from war zones are high on our list as well as our police officers. We will be planning a one or two day workshop sometime in the spring of 2009 for our police officers across West Virginia. We will continue to work our Older American population and our adolescent group.

In closing, I want to thank the staff at the Bureau for Behavioral Health and Health Facilities, Dave Majic, Elliott Birckhead, Steve Mason, and Commissioner John Bianconi for their continued support not only financially but also programmatically.

I look forward to the day when our citizens of any age have the opportunity to obtain %Suicide Counseling for the entire family+and we can prevent a suicide. I believe with the work we are all doing, this is an achievable goal.

Sincerely,

Bob Musick, MSW/LCSW
Executive Director

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The Vision of the West Virginia Council for the Prevention of Suicide is that we will improve the health and wellness of West Virginians by reducing suicide and its devastating effect on individuals, families, and communities.

SUICIDE PREVENTION

West Virginia Council for the Prevention of Suicide Year End Report – July 2007 to June 2008

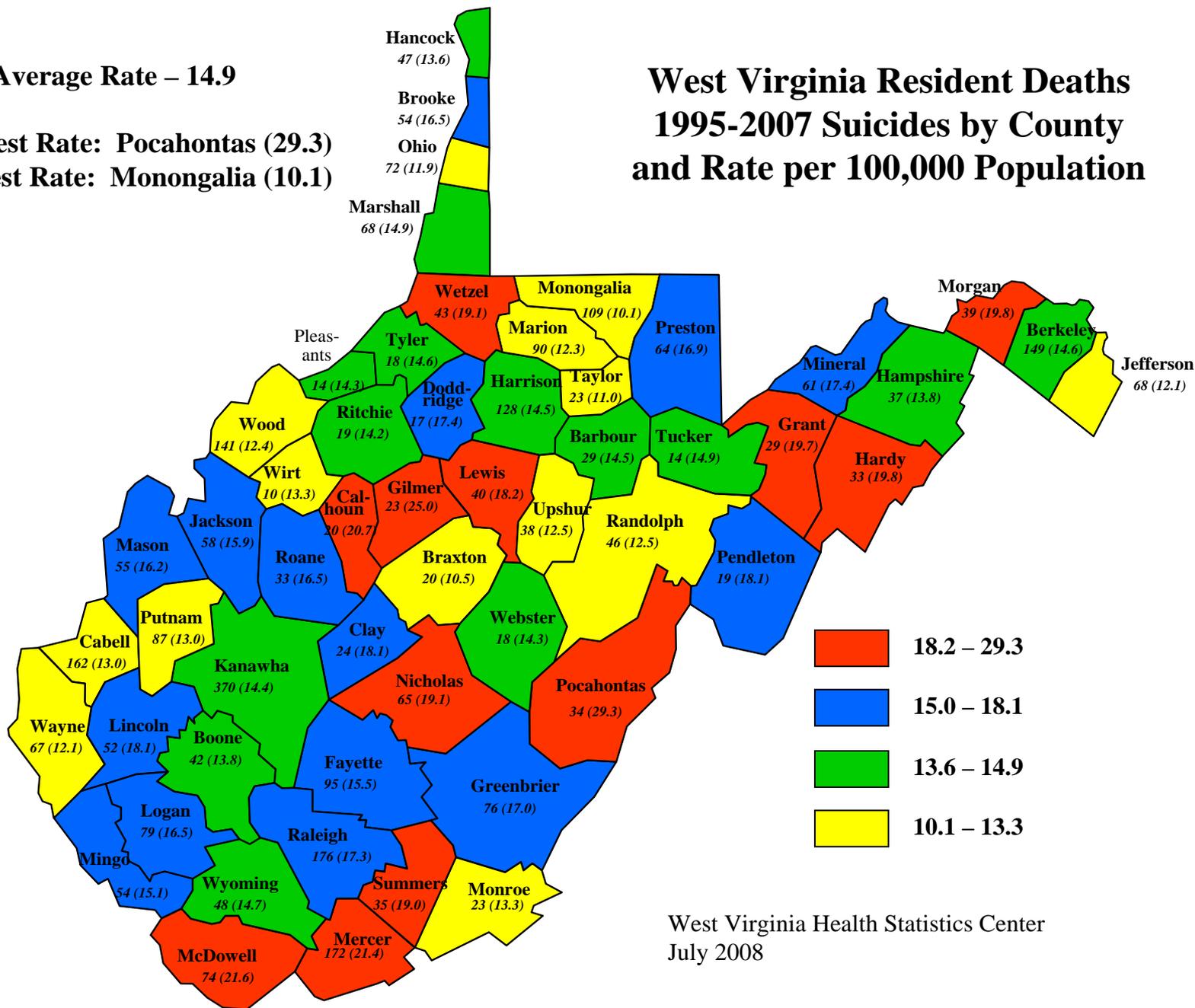
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WV Average Rate – 14.9

Highest Rate: Pocahontas (29.3)

Lowest Rate: Monongalia (10.1)

West Virginia Resident Deaths 1995-2007 Suicides by County and Rate per 100,000 Population



West Virginia Health Statistics Center
July 2008

Highlights from FY 2007-2008

- The Council hosted a state wide conference at the Charleston Civic Center on June 11th and 12th. The theme for this year's conference was "Suicide: A Concern for All Ages", and the focus was on suicide across the lifespan. It was tremendously well received and the attendance and evaluations exceeded our high expectations. This year the conference hosted two national speakers, Dr. Jerry Reed Executive Director of SPAN USA in Washington, DC and Ms. Barbara Rubel, the Executive Director of Griefwork Center Inc in New Jersey. Dr. Reed provided the keynote address this year entitled "Suicide Prevention: A National and State Imperative", and Ms. Rubel presented a three hour workshop titled "Postvention: Supporting Grieving Older Suicide Survivors and Their Families." First Lady Gayle Manchin was also in attendance to provide the opening address on the second day of the conference. A three hour workshop was also provided by Dr. Amy Fiske from WVU entitled "Older Persons and Suicide". In addition, there were six breakout sessions covering the topics of survivors of suicide, adolescents and suicide, drugs and alcohol and suicide, the Suicide Older Adult Protocol (SOAP) assessment instrument, veterans and suicide, and domestic violence and suicide.
- In addition to the conference, Council staff were invited to present workshops at Camp Dawson in Kingwood, WV for the West Virginia National Guard, West Preston Middle School in Masontown, WV for the PTA, United Hospital Center, Westover Rotary, 3 classes for the WVU School of Social Work, Primary Care Association, and the WVU Nursing Symposium, the Governors Summit on Aging, and National Association of State Mental Health Program Directors. Joining us for the presentation at Camp Dawson was the Commissioner of Behavioral Health and Health Facilities, Mr. John Bianconi.
- Patrick Tenney has facilitated a monthly Survivors of Suicide group in Morgantown, WV for individuals who have lost someone to suicide.
- This past year, the Council has set up tables for community awareness at the Disability Awareness Fair, the Senior Caregivers Expo, and the NCR Collaborative Fair in Morgantown. The Council also had a table at the West Virginia State Social Work Conference in April, as well as a Veterans Services fair in Beckley, WV. Council staff also staffed a table at the Capitol for legislative awareness day in January.
- The Council was also invited to be a part of the Jason Foundation Dinner in Huntington, WV. The Jason Foundation is one of the largest suicide prevention organizations in the United States.
- In October, the Council sponsored the Out of Darkness Suicide Prevention Walk in Huntington. This was the first event of this type to be held in West Virginia and it was attended by over 200 people. Patrick Tenney was invited to speak on

behalf of the Council and to talk about the efforts that were being done in West Virginia.

- This year, the Council staff along with Dr. William Fremouw and his staff developed a third suicide assessment instrument, Suicide Older Adult Protocol (SOAP). This instrument was published in the book *Innovations in Clinical Practice*. This is the third instrument that the Council has had published in collaboration with Dr. Fremouw.
- A Lifespan curriculum was developed and presented by the Council. This curriculum covers suicide and depression across the life span.
- On April 14th, the Board of Directors held a retreat in Charleston, WV. The purpose of the retreat was to establish goals for the next three years. Some of the goals are as follows:
 - Target community awareness of suicide prevention for these three groups- police officers and firemen, kids and parents, and seniors.
 - Provide brochures and magnets with hotline information to servicemen in West Virginia.
 - Begin exploring mental health internet assistance for kids based on the results of three focus groups.
 - Become a line item in the state budget by 2010.
 - Prepare and present to interim committee meetings legislative action for required teacher training on suicide prevention.
 - At least one person in each school-based health clinic will have training in suicide prevention for QPR certified trainer.
- In September, Bob Musick organized a suicide awareness day at the Governor's Summit on Aging. Dr. Amy Fiske presented on medical illness and suicide in late life. Also, presenting at the Summit were Dr. John Vanin and Dr. Eric Rankin on behalf of the council.
- Council staff attended two national conferences in the past year. Bob Musick attended the national SPAN USA conference in Washington D.C. While in Washington, Bob met with Congressman Alan Mollohan and with representatives from Sen. Jay Rockefeller's office and Sen. Robert Byrd regarding the continuation of the Garrett Lee Smith Memorial Act. In September, Patrick Tenney attended the SAMSHA National Suicide Lifeline Call Centers conference in New Orleans, LA. The conference focused on the Lifeline call centers and issues surrounding it.
- Bob Musick along with the Council Executive Board have worked on the Council becoming a line item budget in the State's budget for 2010 and to have the Governor recognize the Council as a state program.

Scope of the Problem

The Surgeon General's Report 2002 calls suicide "***the Silent Epidemic***". In 2005, a report from the Center on Disease Control in Atlanta shows the ten leading causes of death in West Virginia and for the age groups 10-14, 15-24, 25-34, suicide is the second leading cause of death behind unintentional injuries. While in the United States, for age groups 10-14 and 15-24 suicide is the third leading cause of death.

Prior to the development of the HOTT Coalition (Helping Our Teens Thrive), West Virginia did not have a state plan for the prevention of suicide. The HOTT Coalition began as a grass roots program to address the seriousness of suicide. Nationally, for those ages 14-25, suicide is the third leading cause of death. In West Virginia, suicide is the second leading cause of death for this age group.

From 1995-2007, 3,491 suicides have been reported in West Virginia for all ages. The leading counties for suicide in this nine year period were Kanawha with 370, Raleigh with 176, Mercer with 172, Cabell with 162 and Berkeley with 149. If you go by rates per 100,000, then Pocahontas had the highest rate with 29.3, followed by Gilmer at 25.0, McDowell at 21.6, Mercer, 21.4, and Calhoun at 20.7. If you would like additional detailed information including a breakdown by age and county, please contact the West Virginia Council for the Prevention of Suicide at (304) 296-1731, ext 4181 or ext 4197.

According to the most recent statistics, in 2005 West Virginia is ranked 16th in terms of the overall rate of suicide in the United States. This is down from 2001 when West Virginia was ranked 7th. However, with a rate of 14.0 per 100,000 and 255 reported suicides, this is still high above the national rate of 11.0 per 100,000.

In the New Freedom Commission on Mental Health report, the President talks about suicide when he states, "***Suicide is a serious public health challenge that has not received the attention and degree of national priority it deserves. Many Americans are unaware of suicide's toll and its global impact. It is the leading cause of violent deaths worldwide, outnumbering homicide or war-related deaths***".

The New Freedom Commission on Mental Health states, "***Suicide is the leading cause of violent deaths worldwide***". In the United States, suicide claims an average of 30,000 lives each year. Overall, suicide was the eleventh leading cause of death among Americans in 2005 with 32, 639. Suicide was also ranked as the eleventh leading cause of death in 2005 in West Virginia, equal to the rating for homicides.

The excerpts from the New Freedom Commission and the Surgeon General's Report show how devastating suicide is in our communities, schools, offices, churches and our families. Remember, on average, every sixteen minutes in the United States someone completes a suicide, leaving an average of ten survivors having to deal with the suicide. For every 30,000 suicides, there is an average of 300,000 survivors trying to understand and make sense of this tragedy and cope with the loss of a loved one.

West Virginia's Prevention Strategy will accomplish four things:

Develop broad-based support for suicide prevention among providers of behavioral health and health care services.

Promote public and professional awareness that suicide is a public health problem that is preventable

Establish activities to decrease prejudice toward receiving services for mental health or substance abuse issues, reduce ready access to self-destructive materials, and assure supports for families and friends of persons who commit suicide.

Assure that health care, behavioral health, social service providers, and the general public are aware of the latest information concerning suicide and suicide prevention.

Board Development

The Suicide Prevention Project in West Virginia was first known as The HOTT COALITION, (Helping Our Teens Thrive). It is now known as The West Virginia Council for the Prevention of Suicide. The council has a board of directors who took office officially on July 1, 2005. The council elected its first board president, Mr. Brian Crist, who is the Chief Executive Officer at Lincoln Primary Care Center in Hamlin, West Virginia. The Vice-President is Ms. Fredericka %Freddie+White, who is with the WV Bureau of Senior Services. The secretary is Ms. Brandy Blankenship, who is the Community Outreach Coordinator, Southern West Virginia for the National Alliance for the Mentally Ill (NAMI). Dr. George Lilley, Retired Chief Executive Officer with Valley HealthCare System in Morgantown, West Virginia, assisted the Council in developing its %Plan of Operations,+which were adopted and passed by the board.

The Council plans on adding several new members in the upcoming year. The West Virginia Council for the Prevention of Suicide will be adding members from faith based organizations, the law enforcement community, senior citizens, survivors of suicide, (the Council has three members now but plans to add at least two more), and a legislative member.

Executive Director

Bob Musick

WV Council for the Prevention of Suicide
Executive Director

Patrick Tenney

WV Council for the Prevention of Suicide
Suicide Prevention Coordinator

Lora Lowdermilk

WV Council for the Prevention of Suicide
Administrative Assistant

Stephanie Belford

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ASPEN (Adolescent Suicide Prevention and Early Intervention)

Board President

Brian K. Crist

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Chief Executive Officer

Board Vice President

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Board Secretary

Brandy A. Blankenship
NAMI-WV
Community Family Outreach Coordinator

Board Members

David Majic
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Director, Children’s Mental Health Division

Elliott Birckhead
BHFF/OBHS
Director, Adult MH and Community Rehab Services

Lisa Bruer
BHFF/Division on Alcoholism and Drug Abuse
Adolescent and Treatment Coordinator

Jane McCallister
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Director of Children and Adult Services

Chuck Thayer
Injury Prevention Program

Wayne Coombs, PhD
WV Prevention Resource Center
Director

Monica McFarland
WV Prevention Resource Center

Judy Dillon
Roane County Family Healthcare
Director of Community Development

Debbie Gurtis
West Virginia PTA
Secretary

Carolyn Nelson

Retired

Linda Ferrise

WVU . Division of Social Work
BSW Program Director

David Sanders

WV Mental Health Consumers Association
Consumers Affairs Executive Assistant

Linda Watts

Mountain State Family Alliance
Project Director

Christi Flynn

Elkins Mountain Schools
Treatment Director

Sheriff Elect Al Kisner

Monongalia County Sheriff's Department

Tamatha "Tammy" Miller

VA Hospital
Suicide Prevention Coordinator

Dr. William "Bill" Mullett

Kanawha County Schools
Director of Counseling and Testing

Gus Nelson

National Training Coordinator

Quewanncoii Casanova Stephens Sr

Department of Juvenile Services
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WVU . Department of Psychology

Amy Fiske, PhD

Assistant Professor
WVU . Department of Psychology

Jeff Coben, MD

Professor of Emergency Medicine & Community Medicine Director
Center for Rural Emergency Medicine
WVU, Robert C. Byrd Health Sciences Center

Workshops

The WV Council for the Prevention of Suicide offered **16** workshops throughout the state with **927** participants. The full day workshops awarded CEUs to the following disciplines: Social Work, Licensed Professional Counselors, Certified Addiction Counselors, and Nursing and Health Education (CHES). The Full workshop was approved for 5.5 hours of continuing education units (CEU). The year the Council collaborated with the West Virginia Prevention Resource Center to provide CEUs for the workshop and the conference.

County Training Occurred	Date	Sponsoring Agency	Number Participating
Kentucky	August	National Association of State Mental Health Program Directors	50
Preston	September 9, 2007	WV National Guard Camp Dawson	17
Hancock	September	Governor's Summit on Aging	350
Preston	October 23, 2007	West Preston Middle School	4
Monongalia	February 26, 2008	WVU School of Social Work	25
Kanawha	March 4, 2008	WVU School of Social Work	6
Monongalia	March 7, 2008	Life Span Awareness and Prevention Workshop	59
Monongalia	March 17, 2008	WVU School of Social Work	20
Upshur	April 11, 2008	Life Span Awareness and Prevention Workshop	42
Monongalia	May 1, 2008	WVU Nursing Symposium	10
Kanawha	May 7, 2008	Primary Care Association	40
Monongalia	May 21, 2008	Life Span Awareness and Prevention Workshop	35
Harrison	May 27, 2008	United Hospital Center	53
Monongalia	May 28, 2008	Westover Rotary	23
Kanawha	June 11-12, 2008	Conference Suicide: A Concern for All Ages	150
Raleigh	June 27, 2008	Life Span Awareness and Prevention Workshop	43
Total	16 workshops		927

National Suicide Prevention Lifeline

In March 2006, West Virginia joined the National Suicide Prevention Lifeline network, and Valley HealthCare System in Morgantown was chosen by the Council's Board of Directors to house the project. Mr. Mark Musick, Regional Director of Crisis Services for Valley, oversees the project.

Each month, Valley receives a report from the Lifeline office in New York City showing the number of calls each month along with dates, times, and length of call. In September of this year, Valley changed the way in which it was collecting data due to Lifeline policy changes. Mark Musick and Patrick Tenney collaborated to create a Lifeline assessment survey which would help the listener to better judge if the caller was suicidal. The assessment was approved in September by the Lifeline staff and Valley staff began using the assessment. A copy of the assessment is located on the next page.

Summary of Data

This year, Valley HealthCare has continued to see an increase in calls to the Lifeline. This speaks to the effectiveness of the marketing and publicity efforts that are being done by the Council throughout the state on behalf of the Lifeline. From July 2007 to June 2008, Valley HealthCare answered 2,632 calls, and had a total of unanswered calls of 184 for the year. Valley had a call answer rate of 93.5% which is in the upper tenth percentile of all call centers. Valley averaged 219 calls per month over this time frame with the highest volume of calls coming in July 2007 with 287 calls. The month with the lowest number of calls was in February 2008 with 164. Each caller to the Lifeline is asked three questions at the beginning of each call:

- 1.) Are you currently thinking of suicide?
- 2.) Have you thought about suicide in the last 2 months?
- 3.) Have you ever attempted suicide?

Of the total number of calls over the year, 169 individuals stated that they were currently thinking of suicide. This population made up 6.4% of the total calls. One hundred forty one individuals stated that they had thought of suicide in the last two months which accounted for 5.3% of total calls, and 92 individuals stated that they attempted suicide in the past which accounted for 3.5% of the calls.

Demographic information of callers continues to follow trends from last year. The majority of callers this year were male. Mental health issues continued to be the number one reason that individuals call, with most of these calls referring to depression. This year, there were also a number of calls asking questions regarding to substance abuse and substance abuse treatment. The majority of callers continued to call for themselves, with those calling for family members (spouse, child, or parent) being the next largest category.

SUICIDE RISK ASSESSMENT

Phone Worker/Listener _____

Name _____ Address _____

Zip Code _____ Phone # _____ Age _____ Sex _____

Date _____ Time of Call ___ Morning (6 am . 11:59 am) ___ Afternoon (12 pm . 5:59 pm) ___ Night (6 pm . 11:59 pm) ___ Overnight (12 am . 5:59 am)

Calling for ___ Self ___ Child ___ Friend ___ Spouse/Significant Other ___ Parent ___ Sibling ___ Patient ___ Other

How did you hear about us? _____

What prompted the call? _____

History of mental health/substance treatment? _____ Victim of Katrina? _____ Veteran? _____

Prompt Questions (asked of every Lifeline caller; if any question answered %yes, proceed with full assessment):

Q1: Are you thinking of suicide? **Q2:** Have you thought about suicide in the last two months? **Q3:** Have you ever attempted to kill yourself?

Y N

Y N

Y N

ASSESSMENT RATINGS:	CIRCLE APPLICABLE RATING AREAS		
	LOW	MEDIUM	HIGH
Suicidal Desire			
On a scale of 1-10, how much hurt, anguish, or misery are you feeling?	1 2 3 4	5 6 7	8 9 10
SUICIDAL IDEATION	Passing thoughts of suicide and/or homicide	Increasing thoughts	Constant thoughts of suicide and/or homicide
HOPELESSNESS	Can see many other solutions	Sees few other solutions	Sees no other possible solution
HELPLESSNESS	Feels in control of situation	Feels some control over his/her situation	Feels situation is out of his/her control
PERCEIVED BURDEN ON OTHERS	Connected with friends and family and understands the impact this loss would have on them	Ambivalent about burdensomeness	Feels that family, friends, etc would be better off without them
FEELING TRAPPED	Doesn't feel trapped	Feels somewhat trapped	Feels incredibly trapped
FEELING ALONE	Feels connected to others	Feels distances from others	Feels intolerably alone
Suicidal Capability			
NUMBER/LETHALITY OF ATTEMPTS	None or one of low lethality	Many low lethality or one of moderate lethality, history of repeated threats	One high or multiple attempts of moderate lethality
WHEN	Over two years ago	6 months . 2 years	Within last 6 months
SUICIDE SURVIVORSHIP	Has never lost anyone to suicide	Has lost someone, but wasn't that close or much time has passed	Lost someone significant and/or the loss is recent
VIOLENCE TO OTHERS	None	Isolated incident(s) of violence	Repeated violence to others
AVAILABILITY OF MEANS	Not available, will have to obtain	Available, have close by	Have in hand or in progress
CURRENTLY INTOXICATED	No	Has begun drinking/using drugs	Is drunk/stoned
SUBSTANCE ABUSE	No history	Past history	Past and current history
MOOD STABILITY	Stable	Some mood change	Recent, dramatic change in mood
ANXIETY	Mild, feels some discomfort	Moderate, discomfort is increasing but not overwhelming	High, feels overwhelmed, may panic
SLEEP PATTERN	OK	Some disturbances	Difficulty sleeping
AGGRESSION	None	Increased aggression	Violent aggression
OUT OF TOUCH	Seems to be in touch with reality	Somewhat in touch with reality	Seems out of touch with reality

Suicidal Intent			
ATTEMPT IN PROGRESS	Has not done anything	Has means in hand or nearby	Has already attempted
DETAILS	Vague, no plan	Some specifics	Very specific, knows how, when, where
TIME	No specific time or in the future	Within a few hours	Immediately or in progress
PREPARATORY BEHAVIORS	None	Has thought about it or a few in progress	Many, has made will, funeral arrangements, etc.
EXPRESSED INTENT TO DIE	None	Some expressed intent	%want to die,+etc.
Buffers/Connectedness			
IMMEDIATE SUPPORTS	Others present	Others nearby, expected	No one nearby, isolated
SOCIAL SUPPORTS	Frequent positive interaction with more than one significant other	Positive interaction with at least one significant other	Little and/or poor interaction with significant others
PLANNING FOR THE FUTURE	Has future plans (further than a week ahead of time)	Has plans for a few days ahead of now	Has no future plans
ENGAGEMENT WITH HOTLINE WORKER	Good rapport; caller open, honest, and willing to answer questions/talk	Some hesitation in conversation	Caller not willing to tell Hotline worker anything or let him/her help
AMBIVALENCE FOR LIVING	Can think of reasons for living immediately	Has difficulty coming up with reasons to live	Sees no reason for living
CORE VALUES/BELIEFS	Feels that life is valuable or that suicide is bad/evil	Has ambivalent feelings on the value of life	Sees no value in human life
SENSE OF PURPOSE	Feels that his/her life has a purpose and can name that purpose	Has difficulty seeing purpose in his/her life	Sees no purpose

Summarize/check: We've been talking for several minutes, do you want to talk about your feelings now? On a scale from 1 to 5, how likely are you to kill yourself?+ -----1-----2-----3-----4-----5-----
 Definitely will not Definitely will

Action Taken: Emergency personnel contacted Agreed to seek professional help
 Caller refused assistance (no way to identify) Other: _____
 Support personnel contacted

Number of referrals 0 1 2-4 5 or more

WV Council for the Prevention of Suicide July 2007-June 2008

The WV Council for the Prevention of Suicide focused on suicide across the lifespan this year. The Council will provide comprehensive workshops covering depression, alcohol/drug problems and early signs of suicide, where to go for assistance, crisis hotlines, and family groups throughout the state.

Demographics/Services

Quarter 1

There were three workshops scheduled for the first quarter, at the WV National Guard at Camp Dawson where 17 were in attendance, the National Association of State Mental Health Program Directors in Kentucky where 50 were in attendance, and the Governor's Summit on Aging in Chester, WV where 350 were in attendance. Additionally, the Council focused on the following activities:

- A new web portal was launched at www.preventsuicidewv.org. This portal was developed by Blaine and Turner and is interactive with "suicide risk" questionnaire and information on the signs of suicide.
- An information postcard was sent to churches in WV in August requesting that they include suicide prevention information in their church bulletin's on Sunday September 9th.
- Posters were purchased by the council and are currently being distributed throughout the state.
- 3000 Yellow Suicide Wrist Bands were purchased and currently being distributed throughout the state.
- Flyers were sent out advertising the groups in Charleston and in Morgantown. Bob Musick and Patrick Tenney were guests on Morgantown Am, a local talk show, to discuss the Survivor's Group and National Suicide Prevention Week. Bob Musick and Stephanie Belford were guests on Metro News to discuss the groups in Charleston and the ASPEN program.
- The Council held their first Survivors of Suicide group on September 11th and had two individuals attend.
- Bob Musick attended the Suicide Prevention Action Network (SPAN) Conference in Washington DC on July 18-20th. During the conference Bob visited Capitol Hill and was able to meet Congressman Mollohan and representatives for Senator Byrd and Senator Rockefeller regarding the continuation of the Garret Lee Smith Memorial Act which provides the funding for the ASPEN project in Charleston. All parties stated their continued support.

Quarter 2

There was one scheduled workshop in this quarter which was held at the West Preston Middle School for the PTA. Additionally, the Council worked to:

- The Council explored two grant opportunities this quarter. Both grants were from SAMSHA. One grant dealt with youth suicide prevention, and was provided throughout the Garrett Lee Smith Act; Patrick Tenney took part in a conference call and was told that WV did not qualify due to already being a grantee recipient from this ACT. The other dealt with suicide on college campuses, and colleges and universities were only eligible to apply. The council attempted to collaborate with other universities, but found no one interested.
- The council has met with representatives from East Ridge regarding the LifeLine. They were very receptive to distribution information on the LifeLine to their consumers and staff. Once the letter has been sent by the Council, then we will begin scheduling meetings with other centers in conjuncture with Mark Musick, who is the director of Crisis Services at Valley HealthCare and supervises the LifeLine staff.
- The Council set up booths with information on October 5, 2007 at the Morgantown Mall for a Disability Awareness Day, and on October 27, 2007 at a Care Giver's Expo at the Morgantown Mall that focused on treatment for elderly Americans.
- The Council also began preparation for workshops in spring of 2008, and started marketing and accepting registration for workshops.
- Patrick Tenney and Mark Musick of Valley HealthCare developed a new phone assessment for the National Suicide Life Line that was approved for use by the Life Line.
- The Council also focused this quarter on developing and completing a lifespan curriculum.

Quarter 3

This quarter, there were three workshops scheduled: WVU School of Social Work in Morgantown, and at the WVU School of Social Work in Kanawha County and a Life Span Awareness and Prevention Workshop in Morgantown. In addition, the Council focused on the following activities:

- The council has met with representatives from WV 211 and Rape and Domestic Violence Center. They discussed the importance of referring suicidal callers to the Life Line. They reported that they had received the information on the Life Line and had passed it on to their staff.
- The Council held the Suicide Prevention Awareness Day on January 24th at the Capitol Rotunda at the state capitol in Charleston, WV.

- The Council is still in the planning stages for the June 2008 Conference. All of the speakers have been confirmed along with the facilities. The speakers have sent in all of their presentations, and staff is currently working to put them on disk for distribution at the Conference.
- Patrick Tenney met with school counselors from Monongalia County in February to discuss the Suicide Assessment Protocols and distribute Life Line information. Patrick also met with Board representatives in from the Taylor County Board of Education regarding integration of the Life Line information into their schools. These meetings are ongoing regarding this issue.
- The Council continued to hold a monthly Survivors of Suicide group.
- This quarter, Bob Musick and the Executive Board of the Council met with Commissioner Bianconi to discuss sustainability issues for the council. Bob and the Executive Board discussed with the Commissioner about the Council becoming a line item in the 2010-2011 budget.

Quarter 4

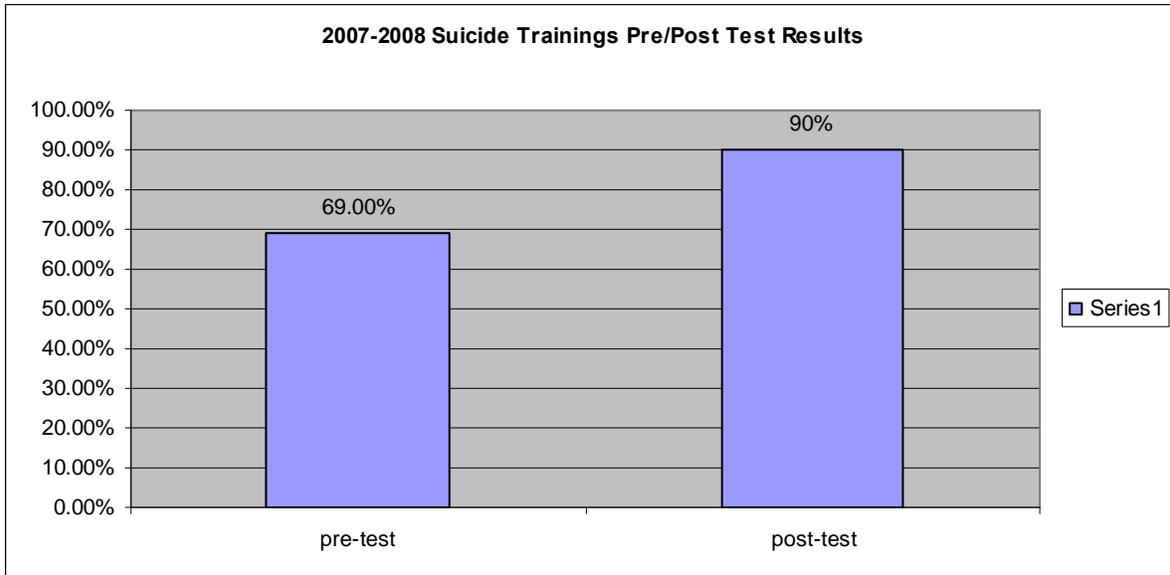
This quarter, there were eight scheduled workshops, 3 Life Span Awareness and Prevention Workshops, the WVU Nursing Symposium, the WV Primary Care Association, at United Hospital Center, the Westover Rotary, and the state Suicide Prevention Conference %Suicide: A Concern for All Ages+. The Council also focused on:

- Council staff along with staff from Valley HealthCare System staff took part in a series of conference calls regarding a grant opportunity through SAMHSA for the National Suicide Lifeline. Council staff then collaborated with Valley HealthCare System to write a proposal.
- The Council was also invited to Broadus Hospital in Philippi, and this will be scheduled for late July or early August of 2008. Staff were also invited to present at Eastridge Health System and Monongalia General Hospital and these will be scheduled for Summer and Fall of 2008.
- The Council hosted the statewide conference on June 11th and 12th at the Charleston Civic Center. The conference was attended by 150 individuals. Each individual was given a bag with the Suicide Prevention logo on the side, and contained a notebook with all the presenters information
- The Council furnished 200 yellow bracelets with the Lifeline number to the Roane County Family HealthCare Center for their Children's Day.
- The Council also took part in three health fairs; one in Beckley at the VA, and two in Morgantown, one at the North Central Community Collaborative Resource Fair, and the other at Stepping Stones in Morgantown.
- The Council developed a television commercial that aired throughout West Virginia raising awareness for the Lifeline and the Conference.

- This quarter, the Council held a board retreat in Charleston, WV. During this retreat, the Board identified goals and objectives for the coming years. The areas of emphasis that the board chose to become more involved in was Veterans and Suicide, Law Enforcement and Suicide, and Children and Suicide.
- Patrick Tenney participated this quarter in the Disaster Summit held in Flatwoods West Virginia.

Workshop Assessments

When presenting workshops or trainings to the public, the trainer begins with a pre-test to assess the participants knowledge levels. These same tests are re-distributed at the end of the training. From these pre-tests and post-tests, the Council is able to demonstrate the effectiveness of their trainings. The following chart illustrates the average level of increased knowledge.



Conference

In June, the Council hosted the third Bi-Annual Suicide Prevention Conference in Charleston, WV. The theme for this year's conference was "Suicide: A Concern for All Ages". The conference spanned a day and a half and was attended by 150 individuals.

The Conference opened on Wednesday June 11th with a welcome from Bob Musick, the Executive Director of the Council. Bob's welcome was followed by an invocation from Pastor Kevin Cain from the Westover EMC Church in Westover, WV. Following the invocation, Bob introduced Mr. Brian Crist, CEO of Lincoln Primary Care, Board President of the Council, Ms. Cheryl Perone was introduced as the Acting CEO of Valley HealthCare System in Morgantown, WV, and Dr. Sandra Vanin, Commissioner for the Bureau of Senior Services was also introduced by Bob and gave some opening remarks. Following this John Bianconi, Commissioner of the Bureau of Behavioral Health and Health Facilities, provided the opening remarks to the conference.

The Council presented four distinguished awards. A plaque was presented to Steve Mason for his retirement, thanking him for his support over the years, Governor Joe Manchin and First Lady Gayle Manchin in recognition of their support for suicide prevention in the state of West Virginia. Dave Majic was presented the award for the Outstanding Council Person of the Year.

The Conference this year hosted two national speakers, Dr. Jerry Reed, Executive Director of the Suicide Prevention Action Network (SPAN), and Ms. Barbara Rubel, the Executive Director of Griefwork Center Inc in New Jersey. Dr. Reed presented the Keynote Address for the Conference entitled "Suicide Prevention: A National and State Imperative". This session provided an overview of suicide in America and West Virginia, and what is being done in the executive and legislative branches of our national government to advance suicide prevention activities. Ms. Rubel presented a three hour workshop entitled "Bereavement: Supporting Grieving Older Suicide Survivors and Their Families". The session provided information on public attitudes towards older individuals bereaved by suicide and how this has been a low priority for researchers and clinicians in suicidology. This workshop also focused on the older person's compounded, disenfranchised, and traumatic grief after a suicide.

In addition to the national speakers, a three hour workshop was offered by Dr. Amy Fiske from the West Virginia University School of Psychology. Dr. Fiske's workshop was entitled "Older Persons and Suicide", and focused on the most current research on late life suicide, and psychological, biological, and social factors associated with risk across the lifespan as well as those that emerge as significant in older adulthood. The workshop also provided information on strategies for assessment and intervention in primary care, long term care and community settings.

The Conference offered six concurrent workshops. A survivors group was facilitated by Patrick Tenney. This workshop featured family members who have lost someone to a completed suicide. The members of the panel discussed their reactions and how they coped with the loss of their loved one. Dr. William Fremouw and Katrina McCoy presented a workshop entitled "Suicide Older Adult Protocol (SOAP)". This workshop focused on the development of the Suicide Older Adult Protocol (SOAP), and the empirical research with older adults that was done in the development of the instrument. Tammy Miller presented a workshop entitled "Veterans and Suicide". The focus of this workshop was on suicide prevention efforts in the Veterans Administration and the role of the Veterans Administration's Suicide Prevention Coordinators. The workshop also offered information on services/supports that are available for veterans as well as some of the mental health issues that some of the returning veterans are facing. Sara Jane Gainor presented a workshop entitled "Alcohol, Suicide, and Older Adults". The workshop explored alcoholism and depression in older Americans, as well as, the knowledge, skills, and attitudes necessary for identifying, screening, assessing, and treating older patients, and the risk of suicide for this population. Stephanie Belford presented a workshop entitled "Children and Adolescent Depression". This workshop discussed the prevalence of depression among adolescents and children, and how participants will be able to identify the manifestation of depression in this population. Ekta Choudrey and Lori Thompson presented a workshop entitled "Domestic Violence and Suicide". This workshop provided information to familiarize the audience with the associations between domestic violence and the risk for suicide with a special emphasis on the effect of domestic violence on older adults.

This year, the conference also hosted exhibits from Chestnut Ridge Hospital, Southwood Hospital, River Park Hospital, Military One Source, Valley HealthCare System, Child Help, NAMI, and the Bureau for Senior Services.

HSC Statistical Brief No. 24

The Center for Disease Control released data in February of 2008 reporting a significant increase in completed suicide among middle aged Americans. The West Virginia Department of Health and Human Resources Health and Human Resources Health Statistics Center examined the state data to discover if West Virginia was following the national trend. The Health Statistics Center discovered that West Virginia had a higher rate of suicide especially in the age group of 20-24. The West Virginia Department of Health and Human Resources released their findings in June of 2008 at the Suicide Prevention Conference in Charleston, WV. The full report is located in Appendix A.

Council Path

The West Virginia Council for the Prevention of Suicides Board met on April 14, 2008 to develop a PATH. This process was facilitated by Carol Newlon from the Center for Excellence in Disabilities at West Virginia University. The purpose of the PATH is to establish goals for the next three years for the Council. Some of the goals identified were as follows:

- Target community awareness of suicide prevention for these three groups- police officers and firemen, kids and parents, and seniors.
- Provide brochures and magnets with hotline information to servicemen in West Virginia.
- Begin exploring mental health internet assistance for kids based on the results of three focus groups.
- Become a line item in the state budget by 2010.
- Prepare and present to interim committee meetings legislative action for required teacher training on suicide prevention.
- At least one person in each school-based health clinic will have training in suicide prevention for QPR certified trainer.

The full PATH is located in Appendix B.

**ASPEN Report
October 2007- June 2008**

ASPEN works collaboratively with Kanawha County Schools and local service providers to implement a quick response team model for adolescents at risk for suicide in Kanawha County. The county has an enrollment of over 27,963 students from 70 schools, all of whom are potentially eligible for the ASPEN services. Core ASPEN services include: suicide assessment, supportive counseling, psychotherapy, case management, mental health assessment, and crisis intervention. Clients and families are encouraged to participate in the treatment through the informed consent process, the gathering of psychosocial history and family treatment planning sessions. The goal of the ASPEN program is to provide individualized interventions to teens (and their families) in need of support for suicidal issues.

Focus Groups:

11 and 12-07	Focus group with Kanawha County School counselors
5-08	Focus group with school based mental health counselors
5-08	Focus group with children's liaisons
6-08	Focus group with McKinley Middle School students regarding using technology to help meet youth mental health needs

Training:

10-17-07	Kanawha County Collective SA/MH sub-committee	20
11-27-07	Natural Helpers Training	25
12-6-07	Natural Helpers Training	25
1-18-08	Kanawha African American Pastoral Association After-school Programs staff	30
1-26-08	Church of Latter Day Saints	45
2-8-08	Jackson County Schools Crisis Debriefing Team	20
4-08	National Association Social Workers, WV Chapter conference	100
6-08	Governor's Care Net Conference	20
6-08	WV Council for the Prevention of Suicide Biannual Conference	55
6-08	Department of Education, School Health Conference	110
6-08	Youth QPR training to Kanawha County African American Pastoral Association's peer counselors	20

Marketing:

1. ASPEN moved forward with its marketing plan by developing two commercials to advertise the Suicide Lifeline Number within Kanawha County and surrounding areas. The commercials air on the most watched television station in Kanawha County each morning between 5:30-9:00. This time slot was chosen because marketing research shows that during this time, more families are getting ready

for their day, watching the morning weather and/or news, and will see the commercial.

2. Posters with the suicide lifeline number were delivered to every Kanawha County school. Additionally, we are in the process of delivering a poster to every West Virginia school. We want the suicide lifeline number to be readily available to all WV youth and the schools are the best method for delivering this message
3. Marketed Lifeline Number in the programs of all 14 State Sports Youth Tournaments.
4. Radio spot discussing depression and the National Suicide Lifeline number during the girls and boys state basketball tournaments
5. Continued to advertise the Suicide Lifeline number and the ASPEN program in the Flipside magazine each month

Other Information:

Ami Campbell, therapist, started with the ASPEN team in October 2007. Her first few weeks were spent in training and orientation with the program, but she quickly picked up a caseload and began serving children.

A Kanawha County oversight committee has been developed. This committee consists of the lead school counselors for Kanawha County as well as evaluation and program staff. This committee will be looking at improved ways to integrate the ASPEN program into Kanawha County after grant funding has ceased. We are trying to expand the membership of this committee to other county representatives.

We began offering weekly survivor of suicide groups in October 2007. The groups meet each Thursday and are co-led by a professional staff and by a survivor. The attendance has been minimal to date, with the highest attendance being 5 individuals. We are continuing to market the group to the community.

Staff has participated in several awareness activities. On October 31, 2007, four staff participated in a health fair at Riverside High School. Information on recognizing signs of suicide; suicide lifeline magnets; and ASPEN brochures were distributed to the junior and senior students of this school. One staff participated in a parent teacher conference night at Herbert Hoover High School. Information about recognizing signs of depression and suicide, the suicide lifeline number and ASPEN brochures were distributed. Approximately 200 parents attended the event.

Katie Wootten, Prevention Specialist, SPRC, visited West Virginia on November 1, 2007. She met with the WV Council for the Prevention of Suicide as well as the ASPEN staff to discuss EBP and sustainability efforts.

David Majic, Director of Children's Mental Health Services, and Stephanie Belford, Director of the ASPEN Project, attended the annual Garrett Lee Smith Memorial Grantee meeting in Portland, Oregon in December 2007.

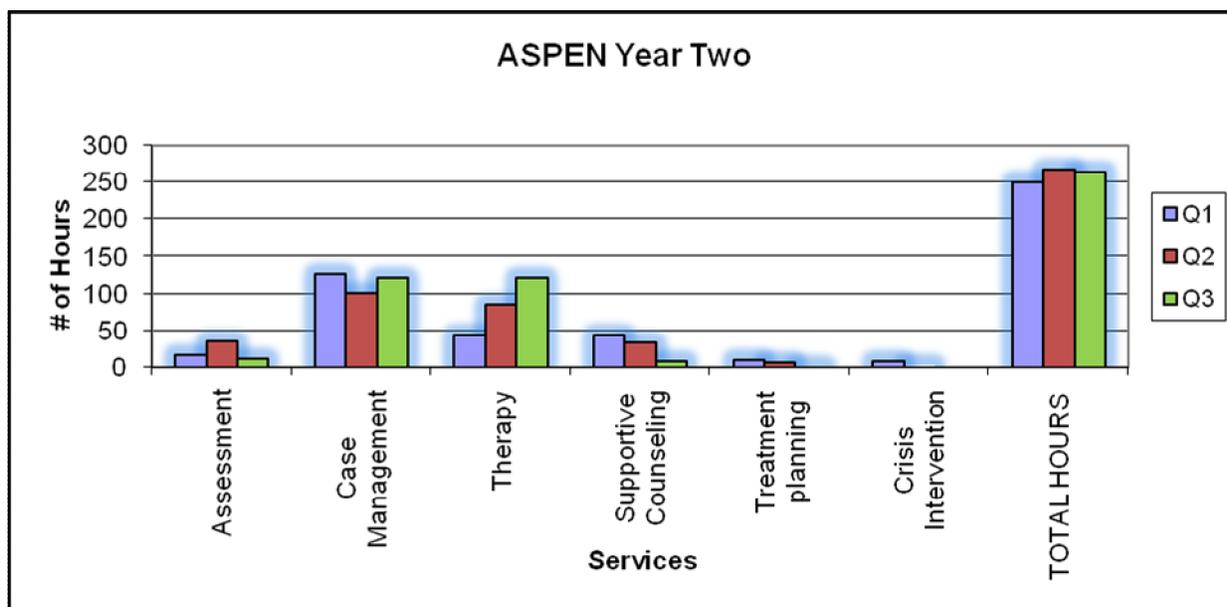
Hope Siler and Ami Campbell, ASPEN therapists, attended Bridging the Divide, Suicide Awareness and Prevention Summit in Denver, CO in May 2008.

Ryan Greenlee, ASPEN case manager, attended the AFSP Support Group Facilitator Training Program in Tennessee in May 2008.

Total Served

<u>Referrals</u>	Oct-Dec. 07 Qtr 1	Jan-Mar. 08 Qtr 2	April- June 08 Qtr 3	July-Sept. 08 Qtr 4	Total Year 2
Referrals Enrolled	18	22	16		56
Referrals not enrolled due to receiving services elsewhere / not needed / refused / or referred out	5	16	3		24
Referral Totals	23	38	19		80

This chart shows the total hours of service for the first 3 quarters of Year Two.



APPENDIX A

HSC Statistical Brief No. 24

HSC Statistical Brief No. 24

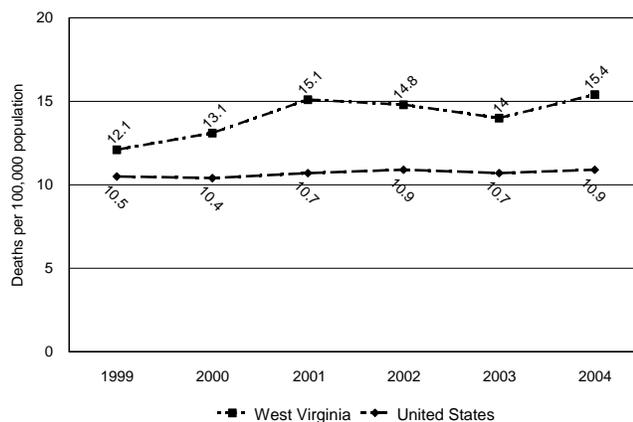
Selected Data on Suicides by Age Group West Virginia and the United States, 1999-2004

Suicide is a major cause of death in both West Virginia and the United States. Approximately 31,000 people die by suicide each year in the nation, while the state loses an average of 265 residents to suicide annually. Over 80% of suicides occur among males, both nationally and statewide. *The Surgeon General's Call to Action to Prevent Suicide*, published in 1999 by the U.S. Centers for Disease Control and Prevention (CDC), recognizes suicide as a significant public health problem.

The CDC released data in February 2008 showing a significant increase in the rate of suicide among middle-aged Americans from 1999 through 2004. The West Virginia Health Statistics Center examined state data from this same time period to determine if the state was following the national trend. Instead, a marked increase in suicides among West Virginia's younger residents, especially those in their early twenties, was found¹. This brief presents these findings, which are quite different than those for the nation as a whole.

Suicide Overview. West Virginia has traditionally had higher rates of suicide than the United States. As Figure 1 indicates, the overall state rate exceeded the comparable national rate during each of the study years. In addition, while the overall U.S. age-adjusted rate remained relatively stable, from 10.5 suicides per 100,000 population in 1999 to 10.9 in 2004, the West Virginia age-adjusted rate increased 27.3% over the period, from 12.1 in 1999 to 15.4 in 2004.

Figure 1. Annual Suicide Rates*, All Ages
West Virginia and United States, 1999-2004

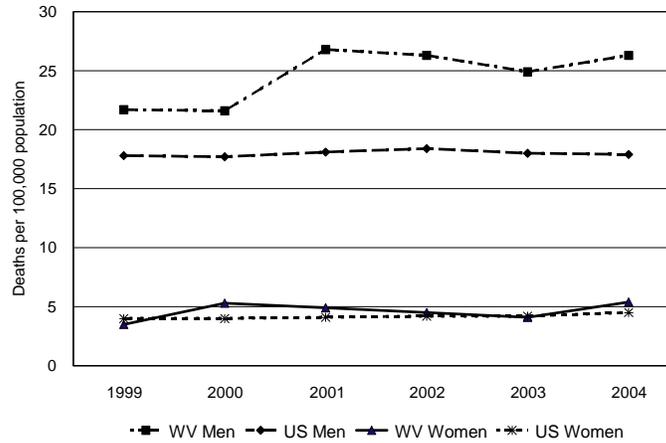


*Rates are age adjusted to the 2000 U.S. standard population.

¹ All data in this brief were obtained from the CDC, National Center for Injury Prevention and Control, WISQARS (Web-based Injury Statistics Query and Reporting System), available online at www.cdc.gov/NCIPC/WISQARS.

The annual number and age-adjusted rate for suicides from 1999 through 2004 are presented by gender in Figure 2 and Table 1 below. Little difference in national and state rates is noted for women. The rates for men are significantly higher than those for women both nationally and statewide, with male rates in West Virginia consistently exceeding those in the country as a whole.

Figure 2. Annual Suicide Rates* by Gender, All Ages
West Virginia and United States, 1999-2004



*Rates are age adjusted to the 2000 U.S. standard population.

	West Virginia		United States	
	Number	Rate	Number	Rate
Males				
1999	195	21.7	23,458	17.8
2000	194	21.6	23,618	17.7
2001	240	26.8	24,672	18.1
2002	235	26.3	25,409	18.4
2003	226	24.9	25,203	18.0
2004	236	26.3	25,566	17.9
Females				
1999	34	3.5	5,741	4.0
2000	51	5.3	5,732	4.0
2001	46	4.9	5,950	4.1
2002	41	4.5	6,246	4.2
2003	40	4.1	6,281	4.2
2004	49	5.4	6,873	4.5

*Deaths per 100,000 population. Rates are age adjusted to the 2000 U.S. standard population.

Suicide Rates by Major Age Group and Gender, 1999-2004.

Aggregated suicide rates for the six years in the study period are presented in Figure 3, broken into four major age groups (adolescents, young adults, middle-aged adults, and older adults). Overall rates were higher in the state than in the nation for all four age groups. As illustrated in Figure 4, state and national female rates did not differ greatly, with the exception of ages 10-19; the state rate of 3.3 suicides per 100,000 population among female adolescents in West Virginia was nearly double the comparable national rate of 1.7. Suicide rates among males of all ages, however, were markedly higher in West Virginia than in the United States as a whole.

Figure 3. Suicide Rates by Major Age Group, Both Sexes
West Virginia and United States, 1999-2004

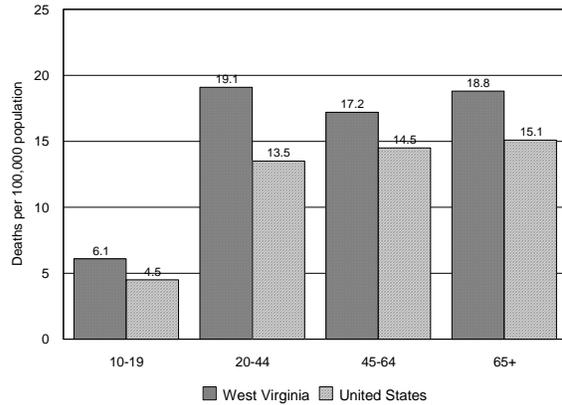
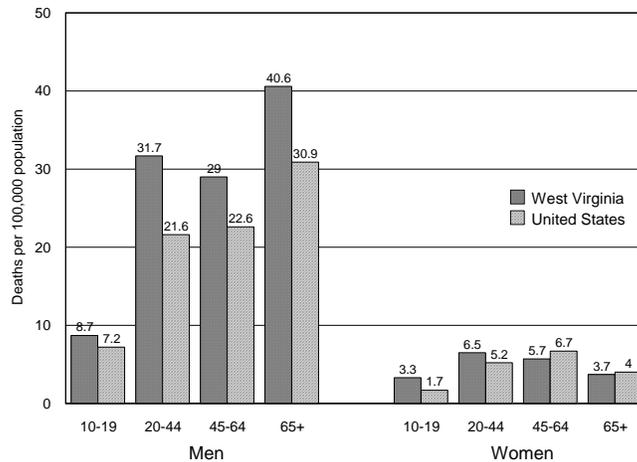


Figure 4. Suicide Rates by Major Age Group and Gender
West Virginia and United States, 1999-2004



Changes in Suicide Rates by Major Age Groups, 1999-2001 and 2002-2004. Table 2 and Figures 5 and 6 present the changes in suicide rates between the first three years of the study period (1999-2001) and the latter three years (2002-2004) in West Virginia and the United States. Distinct differences are noticeable between the state and the nation. The national increase in middle-aged suicides is evident, as is a small increase in suicides among younger adults and small decreases in suicides among adolescents and older adults. A decrease in rates among older adults was also noted in the state; however, while West Virginia rates among middle-aged adults and adolescents showed slight increases, there was a notably larger increase among adults aged 20-44. (Rates are not presented by gender because of small numbers and unstable rates for women in the state by three-year aggregates.)

Table 2. Number of suicides by major age group, both sexes West Virginia and United States, 1999-2001 and 2002-2004								
	West Virginia				United States			
	1999-2001		2002-2004		1999-2001		2002-2004	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
10-19	41	5.7	46	5.6	5,661	6.4	5,487	5.7
20-44	320	42.2	382	46.2	41,650	46.7	42,890	44.9
45-64	233	30.7	252	30.5	25,618	28.7	31,167	32.6
65+	165	21.7	147	17.8	16,188	18.2	15,994	16.7
Total	759	100.0	827	100.0	89,117	100.0	95,538	100.0

Figure 5. Suicide Rates by Major Age Group West Virginia, 1999-2001 and 2002-2004

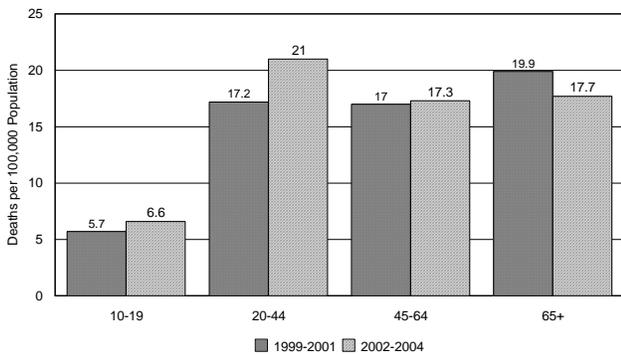
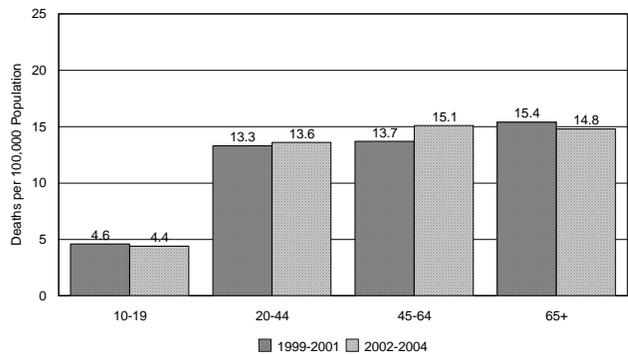


Figure 6. Suicide Rates by Major Age Group United States, 1999-2001 and 2002-2004



Changes in Suicide Rates by Five-Year Age Groups, 1999-2001 and 2002-2004. The four major age groups were reexamined in five-year age groups to more precisely determine which individuals were most likely to die of suicide over the time period. Figures 7 and 8 illustrate the changes between 1999-2001 and 2002-2004 among adolescents and young adults nationally and statewide. (Suicides among those aged 10-14 are not included due to small numbers and unstable rates in the state.) Little difference is seen in national rates for these six age groups between 1999-2001 and 2002-2004. Increases occurred, however, among all adolescent and young adult age groups in the state, with the largest increase found among 20- through 24-year-old residents.

Figure 7. Suicide Rates among Adolescents and Young Adults West Virginia, 1999-2001 and 2002-2004

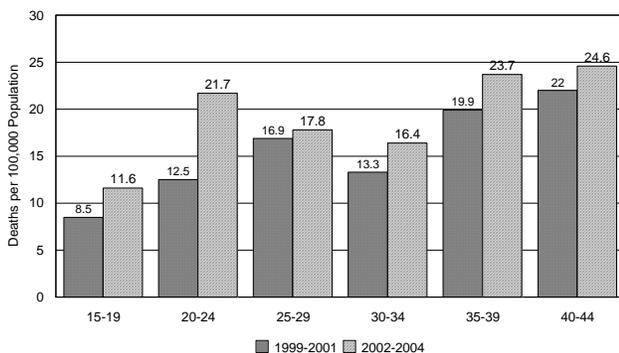
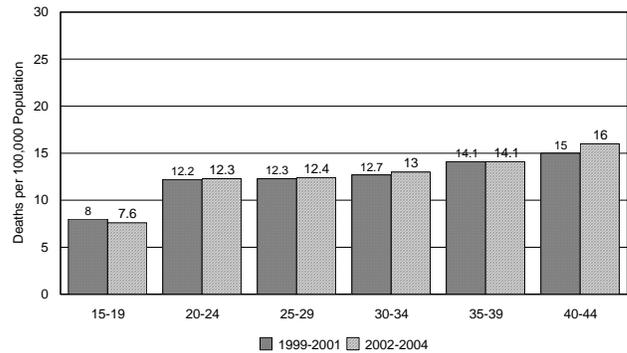


Figure 8. Suicide Rates among Adolescents and Young Adults United States, 1999-2001 and 2002-2004



Figures 9 and 10 illustrate the difference in suicide trends among middle-aged and older adults in West Virginia and the United States. With the exception of ages 55-59, rates decreased among these six age groups in the state. In the nation, on the other hand, suicide rates increased among all ages from 45 through 64, after which there were slight declines.

Figure 9. Suicide Rates among Middle-Aged and Older Adults West Virginia, 1999-2001 and 2002-2004

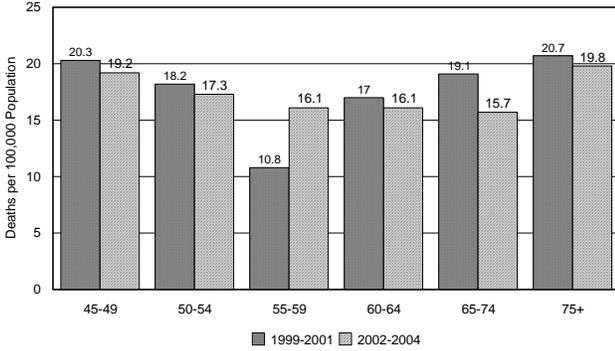
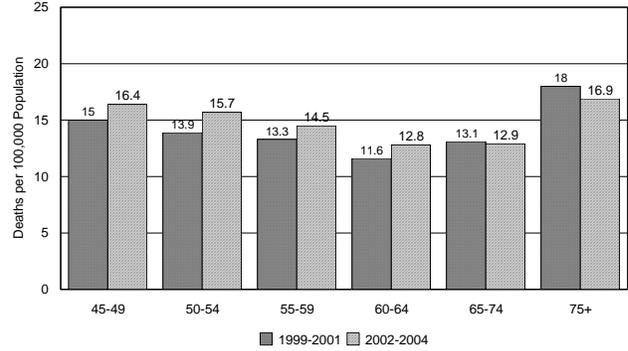


Figure 10. Suicide Rates among Middle-Aged and Older Adults United States, 1999-2001 and 2002-2004



Discussion. An examination of suicide by age from the years 1999 through 2004 revealed different trends in the state than those occurring in the nation over the time period. While middle-aged suicides increased nationally, notable increases occurred instead among adolescents and young adults in West Virginia, with the largest increase seen among residents aged 20-24. Families, state health professionals, and policymakers need to work together to determine how to address the factors putting our younger residents at risk.

For information on the identification of those at risk for suicide and prevention strategies, as well as the schedule for and location of suicide prevention workshops around the state, contact the West Virginia Council for the Prevention of Suicide at (304) 296-1731.



West Virginia Health Statistics Center
 350 Capitol Street, Room 165
 Charleston, WV 25301-3701
 Phone: (304) 558-9100 Fax: (304) 558-1787
 Web: <http://www.wvdhhr.org/bph/oehp/hsc/default.htm>

APPENDIX B

Council PATH

⋮

Center for Excellence in Disabilities-
WVU



PATH for
WV Council for Prevention of
Suicide

Facilitated by Carol R. Newlon, MA LPC LSW

April 14, 2008

PATH for WV Council for Prevention of Suicide

April 14, 2008



Touching the Dream -

Our Vision is “that our state does not lose one citizen to suicide.”



- Make Council a line item in state budget by Fiscal Year 2010.
- Include more staff in this budget.
- Do even more community awareness with media campaign, free stuff like pens and magnets with hotline number, school involvement.



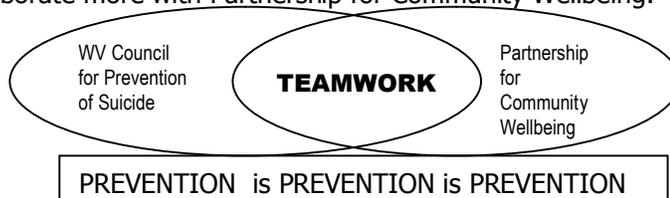
- Get info on suicide prevention to all returning vets in WV and/or their families.
- Reach more youth by expanding ASPEN “My Space” or providing mental health assistance over Internet.



- Get ASPEN Program in all counties.



- Train home health aides and other providers to recognize suicide as a problem for seniors.
- Collaborate more with Partnership for Community Wellbeing.





- Train all school-based health clinic staff as gatekeepers.



- Develop statewide safety protocol for monitoring certain psychotropic medications correlated with suicide for teens.
- Propose legislative action requiring teachers to have suicide prevention training to keep license.
- Develop network of survivors in WV using AFSP model.



- Get info to professionals like law enforcement, funeral directors, and doctors on how to get help for family members of suicide victims.
- Make suicide prevention training a requirement for staff in behavioral health licensing reviews.
- Make suicide prevention training mandatory at BSW and MSW levels.
- Collect data to prove Council impact.

NOW

- Conference already planned for June 11-12 called "Suicide: A Problem for All Ages"
- Suicide Prevention Counselor at Veterans' Hospital already working on committee putting together a Veterans Resource Manual that will include info on suicide prevention – expect to disseminate in 2009
- Already getting involved in mental health for state troopers and police officers
- Saving lives in untold numbers

OUR STORY – THE BEST OF WHAT WE HAVE DONE IN THE PAST

2001 First funded as the Helping Our Teens Thrive (HOTT) Coalition

2005 Became Council for Prevention of Suicide

2006 State Plan adopted

2006 Started Website-really reaching people

2007 Started ASPEN project – 90% of kids report improvement

Published 3 assessment instrument protocols

Partnership with Suicide Prevention Lifeline

Set up Survivors of Suicide groups in 2 areas in WV

First "Out of Darkness" Community Walk

First television commercial – June 18, 2007

Increased awareness throughout WV with more than 12 workshops, advertising at 14 SSAC tournaments, radio spots, newspaper ads, theater ads

Got attention of SAMSHA so now seen as model state – Bob presented to 5 different state meetings

Made data available nationally

Gave out free stuff like pens, magnets to call attention to suicide prevention

Identifying People to Enroll on the Journey

Bob Musick	Patrick Tenney	Representative from Prevention Resource Center
Brian K. Crist	Stephanie Belford	Representative from National Council of Churches
Brandy Blankenship	Pat Kelley	Representative from Military Child Education Coalition
Jane McCallister	Lisa Bruer	
Tammy Miller	Freddie White	
Al Kisner	Linda Ferrise	
Barbara Ashcraft	Quewanncōi Casanova Stephens, Sr.	



Coach "The Nudge" will be Brandy Blankenship.

Recognizing Ways to Strengthen Team

- Make sure funds are available to cover any costs for members who attend meetings



- Get funds to pay for QPR training
- Get information about providing confidential assistance over the Internet

Sensing the Focus – Positive, Possible Goals to reach by June 30, 2009

1. Target community awareness of suicide prevention for these three groups – police officers and firemen, kids and their parents, and seniors – with marketing freebies, brochures, speaking at professional meetings, newspaper and radio ads.

2. Make sure brochures and magnets with hotline get to families of servicemen in WV before end of 2008.
3. Begin exploring mental health Internet assistance for kids based on results of at least three focus groups.
4. Executive Committee will get Council on state budget for Fiscal Year 2010, and budget will include one more staff specifically for children.
5. At least one person in each school-based health clinic will have training in suicide prevention for QPR certified trainer.
6. Prepare and present to interim committee meetings legislative action for required teacher training on suicide prevention.

Committing to First Steps – by April 30, 2008

- 1.
2. Q will call General Tackett's office and make an appointment.
3. Stephanie will select three counties to set up focus groups.
- 4.
5. A subcommittee made up of Lisa, Stephanie, and Tammy will schedule a time to meet.
- 6.

Next Month's Work – by May 31, 2008

1. Al will get dates and contact information to Patrick for law enforcement and firemen state conferences. Freddie will get dates and contact information to Patrick for home health conference and Aged & Disabled Waiver meetings.
2. Q will have met with General Tackett and arranged to disseminate materials either to families or to military family support groups in the state.
3. Focus groups Stephanie identifies will have held one-time meeting and made recommendations for Internet assistance.
- 4.
5. Subcommittee will have met and decided how to arrange needed funding from Division on Alcohol & Drug Abuse, how to divide state to provide training to 56 schools in 22 counties, and who to train as QPR trainers.
6. Bob and Brian will compile information from the 9 states that already have laws for required teacher training on suicide prevention.
7. Lisa and Brandy will make sure an interested representative from Prevention Resource Center attends next meeting.

Charting Actions – by August 31, 2008

1. Patrick will use contact information to offer speakers, exhibit, and passouts to these conferences and meetings.
- 2.
3. Stephanie will present recommendations from focus groups to next scheduled meeting of Board.
- 4.
5. Identified trainers will have been trained and begun process of training school-based health clinic staff.
6. Bob and Brian will be on Education Committee schedule for interim meeting.

The Four Goals and Nine Objectives identified in the Council’s plan “Preventing Suicide in West Virginia: a plan to address a silent epidemic” will remain in place. These strategies and activities which were placed on a top ten list for completion in Fiscal Year 2008 will continue because they either tie in with goals in this PATH or are required for funding.

INFRASTRUCTURE

Objective 1.5 Develop and sign memoranda of agreements between provider organizations and state agencies and the West Virginia Council for the Prevention of Suicide, supporting implementation of this plan with the Council as lead agency and pledging organizational and resource support. – Bob reported memoranda are ready so if each Board member just gets signed by his/her respective agency, that will cover most agencies.

Objective 2.1 The West Virginia Council for the Prevention of Suicide will create a committee to develop a sustainability plan, including the identification of federal and state grants which, if awarded, would support the goals and objectives of the Council.

Objective 2.2 The West Virginia Council for the Prevention of Suicide will work with key legislators and other state government officials to obtain direct funding through the annual state budget.

2.1 and 2.2 both relate to current goal

AWARENESS

Objective 1.4 Conduct a “Suicide Prevention Awareness Day” at the Capitol during a legislative session to distribute educational materials, including the state plan. – necessary to get the word out about other goals

Objective 2.1 Continue and expand suicide prevention workshops for health, behavioral health, and social service providers. – will be doing more specific training this year

Objective 2.4 Provide workshops and written information to educators, behavioral health providers, and health care providers to encourage use of assessment instruments and protocols developed in West Virginia. – recommended to do as one mass email

Objective 3.4 Increase public awareness of peer-supported warm lines, crisis intervention services and the availability of hot lines for suicide prevention services. – ongoing with distribution of passouts

Objective 3.8 Collaborate with WV-211 and Mountain AIRS to assure crisis intervention services, suicide prevention hot lines, and peer-supported warm lines are accurately listed. – Patrick handles on a constant basis.

IMPLEMENTATION

Objective 1.6 Develop and implement a public relations campaign using newspaper articles, billboards, and radio advertising to provide basic information or attention grabbing facts. – ongoing

Objective 3.3 Develop and implement a training program for medical, fire, and law enforcement personnel who respond to attempted and completed suicides. – relates to current goal

METHODOLOGY – none identified

If you would like more information regarding the Council, please visit our website or contact Patrick Tenney at ptenney@valleyhealthcare.org or 304-296-1731 ext 4197.

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