

Suicide Prevention

Impact of Covid 19 on Families, Holidays, Stress,
and Addiction/Recovery

Ann Gray M.Ed

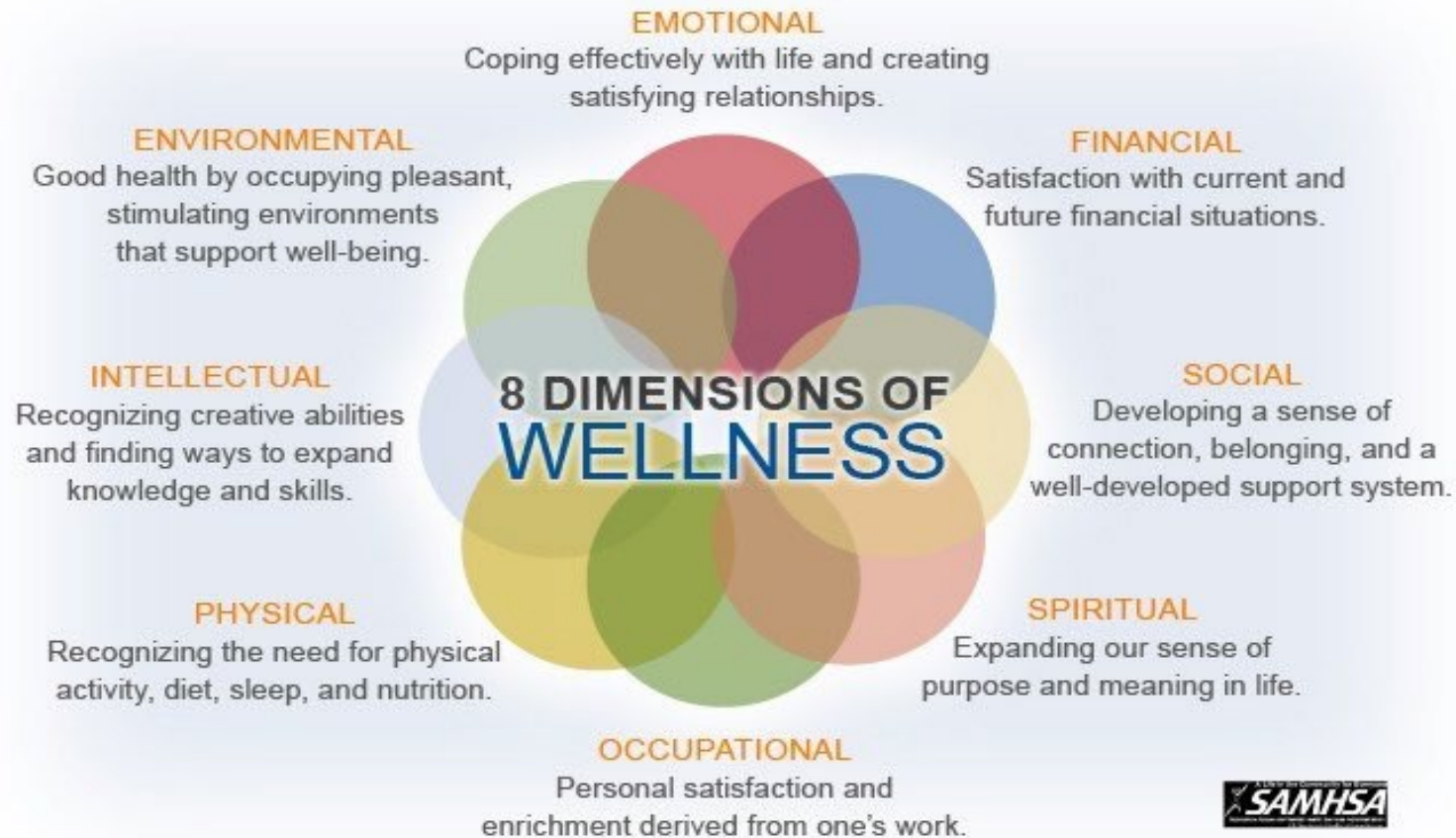
Welcome! A little about myself

- Program supervisor for Suicide Prevention and Behavioral Health at OSPI.
- Thirty- Five years of service as a public-school educator, teacher/counselor/principal/district administrator.
- Former Problem Gambling Program Manager at The Washington State Health Care Authority.
- Personal experience with gambling addiction and recovery.
- Former ECPG board member.

Self Care During Covid -19

- On a scale from one to five, what is your level of self care currently... during a pandemic and a unique and somewhat challenging holiday season.
- What one word describes your emotional state of being?

Antidote to stress and fatigue is self care



Stress, Holidays and Addiction

- The holidays are often challenging for individuals struggling with addiction and/or in recovery.
- It is a time that often elicits intensified feelings of guilt, shame, sadness and regret.
- Families often struggle with worry regarding the emotional well-being of their loved one who struggles with addiction and/or in recovery.

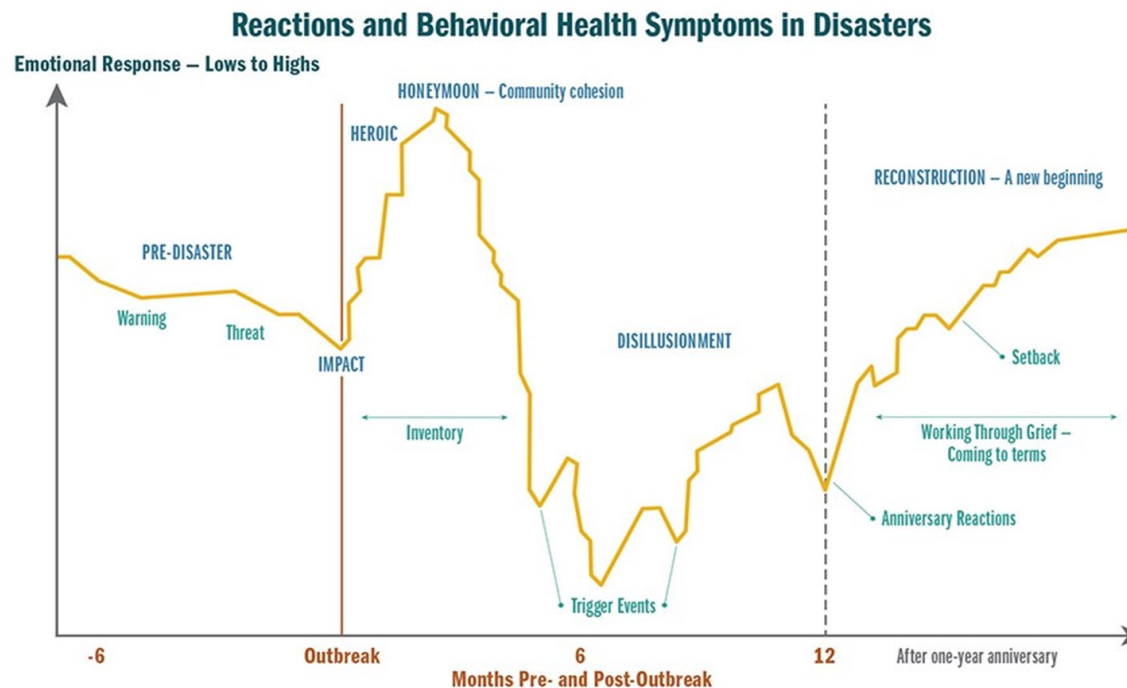
Then we add Covid-19

Emotional impacts are complex

- Parents and caring adults
 - ❖ Financial worry
 - ❖ Caring for their own parents
 - ❖ Working/teaching from home
- Teens and children
 - ❖ Worry about the future
 - ❖ Missing their friends ; Missing activities
 - ❖ Anxiety about engaging in new learning platforms
 - ❖ May feel unsafe ; May regress
 - ❖ May experience physical symptoms such as stomach aches

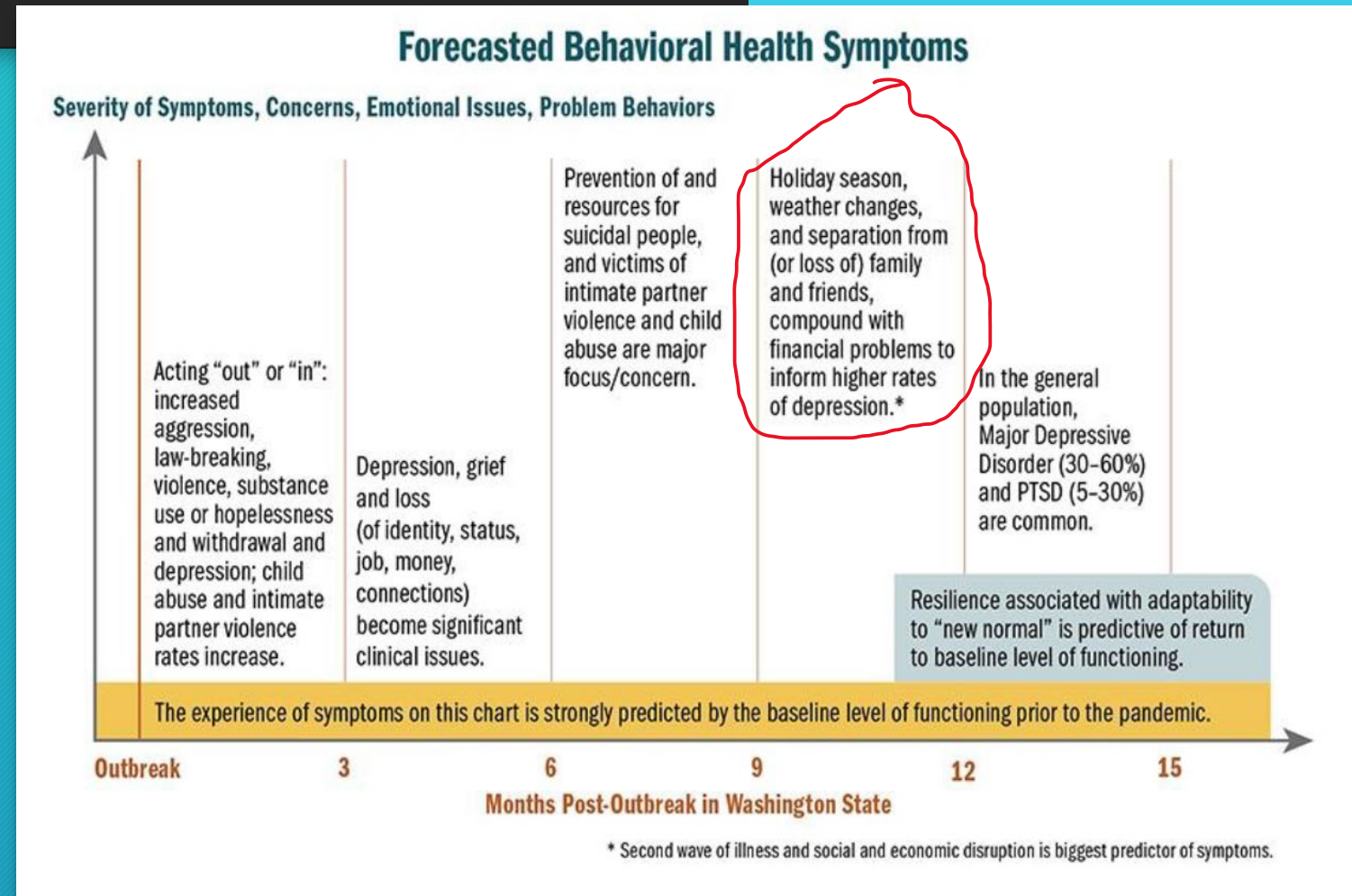
Source: the Department of Health Family toolbox for more information

Forecasted Behavioral Health Impacts from Covid -19



From: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/BHG-COVID19StatewideSummaryForecastofBHImpacts-Aug2020Update.pdf>

Covid- 19 pandemic is impacting the behavioral health of many Washingtonians



Mental Health and Suicidal Ideation

- *Is there a difference between having suicidal thoughts and being suicidal? Yes, there is a difference.*
- *Suicidal ideation is a term that refers to thoughts relating to suicide. "Ideation" can be "active" or "passive". Passive ideation means a person has "thoughts" that they wish to die. These are thoughts only. Active ideation includes "actions." These actions mean that they've got their plan and they mean to go through with it.*

Understanding Suicide

- *There is no single cause of suicide.*
- *Suicide occurs at the intersection of stressors such as:*
 - *A lack of belonging*
 - *Feeling burdensome*
 - *Health issues such as depression or anxiety*
 - *substance use*
 - *A recent traumatic event.*

Suicide Warning Signs: These may show up through talk, actions, or state of mind.

- Aggression/Irritability
- Depression
- Anxiety
- Loss of Interest
- Relief or Sudden Improvement
- Changes in Sleep
- Saying their Goodbyes
- Giving away Possessions
- Humiliation/Shame
- Talking about Killing Oneself
- Feelings of Hopelessness
- Feeling Trapped
- Unbearable Pain
- Increases in Substance Use
- Researching Methods of Suicide
- Stopping Normal Activities
- Isolation

Risk and Protective Factors

In the chat, please list one risk factor for suicide, then list one protective factor!

Risk and Protective factors

Risk Factors that contribute to increased risk for suicide. This may be one or a combination of health, environmental, and historical factors.

- *Mental Health Conditions*
- *Physical Health Conditions; Pain*
- *Traumatic Brain Injury*
- *Exposure to another person's suicide*
- *Access to firearms and drugs*
- *Harassment/Bullying*
- *Relationship Problems*
- *Previous Suicide Attempts*
- *Abuse/Neglect*

Risk and Protective Factors

Protective factors—skills and characteristics that lessen the impact of risk—do not necessarily make risk factors go away. Instead, they may give a person the skills or supports to get through difficulties with their health and wellness intact.

- *Problem solving skills*
- *Family Connections*
- *Community supports*
- *On-going medical and mental health care relationships*
- *Access to interventions and support for help seeking*
- *Restricted access to lethal means*
- *Cultural and Religious beliefs that discourage suicide and promote self preservation.*

Prevention/Intervention/Postvention

Plan for recognition, screening, and response to emotional or behavioral distress.

[RCW 28A.320.127](#)

Starting in the 2013-14 School Year

**Prevention:
Identification of training
opportunities for staff**

- In recognition, screening, and referral of students experiencing emotional or behavioral distress including **substance abuse, violence, suicide, and sexual abuse.**
- How to use the expertise of district staff who have been trained in recognition, screening, and referral
- Plans for annual training of all staff

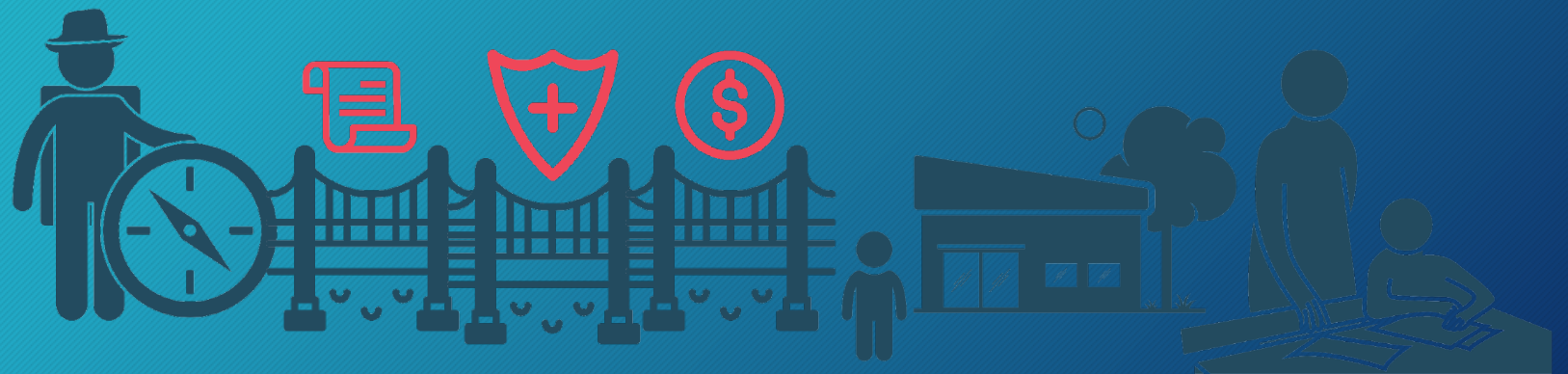
**Intervention:
How staff should respond
to suspicions, concerns,
or warning signs**

- Establish internal referral systems for all staff to use when concerned about a student
- Development of partnerships with community organizations and agencies for referral of students to primary care, behavioral health, and social support services, including development of at least one memorandum of understanding
- How staff should respond to a crisis situation where a student is in imminent danger to himself or herself or others

**Postvention:
Communication Protocols
and Supports**

- Protocols and procedures for communication with parents;
- How the district will provide support to students and staff during and after a crisis
- Student re-entry and safety planning
- Debrief and Process improvement

Educational Service District Behavioral Health System Navigators



Brief History

- The Children's Behavioral Health Workgroup, formed in 2016 by the legislature, was tasked with identifying barriers to children's behavioral health services.
- Their recommendations to the legislature included strategies for improving access and coordination in early learning, K-12 education, and health care systems.
- One of the workgroup's recommendations created the OSPI Children's Regional Behavioral Health Pilot Project authorized by [RCW 28A.630.500](#).
- A legislative report in December 2019 [Legislative Report](#) addresses the pilot learnings.
- Positions established in all 9 ESDs in HB 1216, School Safety and Student Wellbeing (2019). Funded in the 2020 budget.

Goal

To increase equitable access to behavioral healthcare and services for students in need through state and regional cross-system collaboration with schools and communities.

Purpose

To investigate the benefits of a dedicated staff person networking with regional partners and K-12 school districts for the coordination of behavioral health services to students and families who are eligible for Medicaid.

Role of the Navigator

The Navigator is *not* a direct service provider, rather the Navigator designs their approach to the work using the following guiding principles:

Coordination of behavioral health resources, supports, service providers, schools, school districts, and communities in the ESD region.

Facilitation of partnerships across the multiple systems of behavioral healthcare services and supports for children and families.

Ensuring the adequacy of systems level supports for students in need of behavioral health services through the integration of various service delivery models appropriate for the school setting.

Collaboration with ESDs, OSPI, districts, schools, community partners, and other stakeholders to increase access to behavioral healthcare services and supports.

Mental Health Crisis Lines by County

Spokane County BHO

Adams 509-488-4611
Ferry 1-866-268-5105
Lincoln 1-888-380-6823
Okanogan 509-826-6191 or 1-866-826-6191
Pend Oreille 1-866-847-8540
Spokane 509-838-4428 or 1-877-678-4428
Stevens 1-888-380-6823

North Central BHO

Chelan 1-800-852-2923 or 1-509-662-7105
Douglas 509-662-7105 or 1-800-852-2923
Grant 509-662-7105 or 1-800-852-2923

North Sound BHO

Island 1-800-584-3578
San Juan 1-800-584-3578
Skagit 1-800-584-3578
Snohomish 1-800-584-3578
Whatcom 1-800-584-3578

Salish BHO

Clallam 1-360-452-4500 or 1-800-843-4793
Jefferson 360-385-0321 or 1-877-410-4803
Kitsap 360-479-3033 or 1-800-843-4793

King County BHO
 1-866-427-4747

Optum Health Pierce County
 1-800-576-7764

Clark County Youth Mobile Crisis
 360-696-9560

Beacon Health Options
Clark & Skamania 1-800-626-8137

Thurston-Mason BHO
Mason 1-800-270-0041 or 1-360-754-1338
Thurston 1-800-270-0041 or 1-360-754-1338

Great Rivers BHO
Cowlitz 360-425-6064
Grays Harbor 1-800-685-6556
Lewis County 1-800-559-6696
Pacific 1-800-884-2298
Wahkiakum 1-800-635-5989

Greater Columbia BHO

Asotin 1-888-475-5665
Benton 1-800-783-0544
Columbia 1-866-382-1164
Franklin 1-800-783-0544
Garfield 1-888-475-5665
Kittitas 1-800-572-8122 or 1-509-925-4168
Klickitat 509-773-5801 or 1-800-572-8122
Walla Walla 509-524-2999
Whitman 1-866-871-6385
Yakima 509-575-4200 or 1-800-572-8122

CRISIS TEXT LINE |

Text **HEAL** to 741741.



Native Youth Crisis Hotline:
 1-877-209-1266

Teen Link:
 1-866-833-6546



Behavioral Health Resources

- [Youth Suicide Prevention, Intervention, & Postvention | OSPI](#)
- [Behavioral Health Supports and Resources](#)
- [Resources to Support Student Well-Being & School Safety.](#)
- [SEL Webpage.](#)
- [CARE](#)
- DOH Resource for [Suicide Prevention in the workplace](#)

Thank you!

- Ann Gray
- Program Supervisor for Behavioral Health and Suicide Prevention
- Ann.gray@k12.wa.us

- Q and A