REPORT OF THE
VIRGINIA DEPARTMENT OF HEALTH

Annual Report on the Virginia Youth Suicide Prevention Plan

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

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December 20, 2001

TO: The Honorable James S. Gilmore, III

and

The General Assembly of Virginia

The attached report is submitted in satisfaction of §32.1-73.7 of the *Code of Virginia*.

The report constitutes the annual report of the Virginia Department of Health on its youth suicide prevention activities.

Respectfully Submitted,

Robert B. Stroube, M.D., M.P.H.
Acting State Health Commissioner

Executive Summary

Youth suicide presents a serious, preventable health problem affecting the lives of young people across Virginia. Suicide is the second leading cause of death among young Virginians aged 10-24 (see Figure 1) and is the third leading cause of death in that age group nationally. On average, one Virginia teenager dies each week from suicide. The rate of suicide among Virginia youth aged 10 – 19 has increased 32% since 1975.

Overall, the age-adjusted suicide rate in Virginia is almost 6% higher than the national rate and more than twice the national Healthy People 2010 target for suicide. Medical costs resulting from hospitalizations in Virginia due to self-inflicted injuries total almost $30 million per year. While the number of deaths from suicide has been highest in some of the most highly populated areas of the state (see Figure 2), the rate of suicide when adjusted for size of population has been highest in some our least populated counties (see Figure 3).

Recent legislation required the Virginia Department of Health (VDH) to conduct a study of the issue of suicide in the Commonwealth (SD16, 2000) and directed the Virginia Commission on Youth "to develop a comprehensive youth suicide prevention plan" (HD29, 2001; see Appendix 3). In 2001, the legislature designated VDH as the "lead agency for youth suicide prevention," indicating that VDH "shall have the lead responsibility for the youth suicide prevention program within the Commonwealth." During the 2001-2002 biennium, the legislature made an initial budget appropriation of $75,000 per year each to VDH and to the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) for activities to be conducted during the development of the Youth Suicide Prevention Plan.

In addition to activities to support the development of the study and comprehensive Plan, VDH and DMHMRSAS, in collaboration with the Virginia Department of Education (DOE) and other public and private entities, have used these initial funds for efforts toward implementing the 14 recommendations contained in the Plan. VDH has created and filled a new full-time employee position of Youth Violence Prevention Consultant in the Center for Injury and Violence Prevention with responsibilities that include coordination, planning, implementation, and assessment of youth suicide prevention activities as outlined in the Youth Suicide Prevention Plan. In addition to establishing leadership by organizing a coordinating committee (see Appendix 2) and participating in local state and national events, VDH has used ⅓ of the allocated funds to provide grants of $5000 each to five community-based crisis centers located across the Commonwealth (see Figure 4).

VDH and DMHMRSAS have partnered to conduct a series of train-the-trainer workshops in research-based models to help "gatekeepers" (individuals who routinely have significant contact with youth) to recognize youth suicide warning signs, implement appropriate counseling intervention, and make appropriate referrals. Ongoing support is being provided to facilitate the dissemination of these trainings in local communities.

VDH has sought to increase public awareness concerning issues of childhood depression and youth suicide by obtaining, localizing, and distributing brochures on these topics and by creating a web page on its Center for Injury and Violence Prevention web site (www.vahealth.org/civp/dsprevent.htm), containing information on Virginia youth suicide prevention activities as well as links to other suicide prevention resources. DMHMRSAS worked with the Governor to declare May 8, 2001 as Childhood Depression Awareness Day and distributed 400 community action/press kits from the National Mental Health Association.

DOE has drafted, and is preparing to distribute to schools and school divisions, revised guidelines for follow-up with parents of students expressing suicidal intentions.

DMHMRSAS has continued its efforts to provide comprehensive mental health services for children, adolescents and their families through the development and implementation of its Comprehensive State Plan and, in order to provide priority treatment for suicidal youth, has added a criterion to its Child Mental Health Priority Populations which allows the inclusion of youth who have attempted or have a current plan to commit suicide.

VDH has issued two reports that include analyses of existing data on death and hospitalizations in Virginia due to self-inflicted injuries. Data is being gathered by VDH and DMHMRSAS for evaluations of gatekeeper training and community-based crisis center contract activities.

VDH has also conducted research concerning best practice models in statewide public awareness initiatives, responsible media reporting, school-based strategies, licensing and certification requirements, clinician education, and surveillance and evaluation techniques in order to fulfill all recommendations of the comprehensive Youth Suicide Prevention Plan as additional resources become available.

While additional funding will be needed to fully implement Virginia's comprehensive Youth Suicide Prevention Plan, initial progress has been made toward the implementation of each of the Plan's recommendations.

Ongoing efforts to implement the comprehensive Plan will enable Virginia to continue to apply national best practices designed to lower the risk of loss of life, injury, suffering, related health care and social costs, and the threat to healthy family and community functioning that result from attempted and completed youth suicides. Agencies, communities, and citizens at large will benefit from this coordinated effort to protect and improve the lives of all Virginians.

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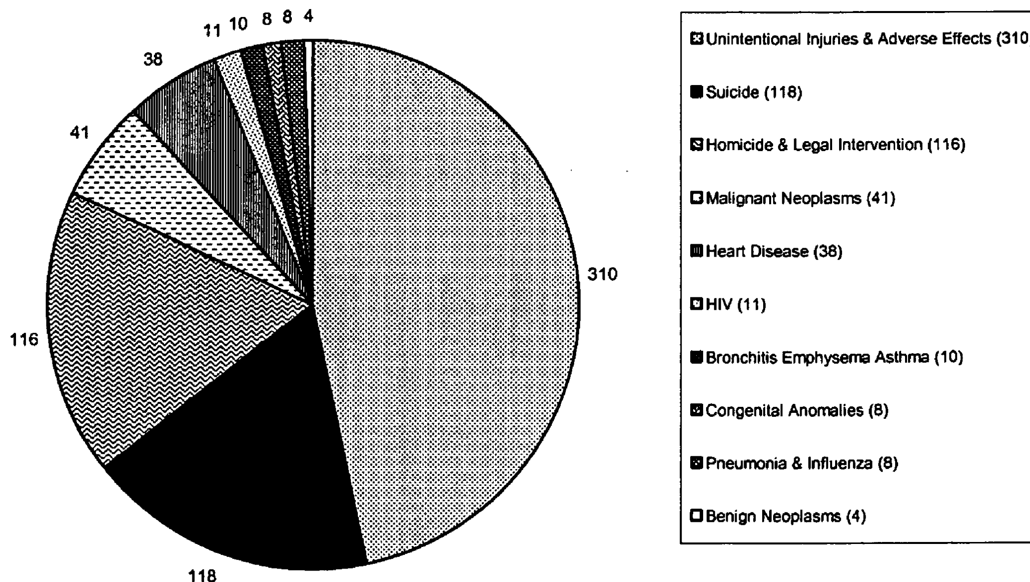
Background

Youth suicide presents a serious, preventable health problem affecting the lives of young people across Virginia. Suicide and suicide attempts exact enormous tolls in terms of loss of life, physical impairment and medical costs, grief and suffering, and disruption of families and communities. Suicide is the second leading cause of death among young people aged 10-24 in Virginia (see Figure 1) and is the third leading cause of death in that age group nationally[1]. On average, one Virginia teenager dies each week from suicide. The rate of suicide among Virginia youth aged 10 – 19 has increased 32% since 1975.[2] Depression, which is strongly associated with increased risk of suicidal behaviors, was the second leading cause of child and adolescent hospital admission in Virginia in 1995, at a cost of $51.5 million.[3]

Overall, the age-adjusted suicide rate in Virginia is almost 6% higher than the national rate[4] and more than twice the national Health People 2010 target for suicide. Medical costs resulting from hospitalizations in Virginia due to self-inflicted injuries total almost $30 million per year.[5] Research suggests that social stigma leads to inaccurate reporting; thus, these figures may not indicate the full extent of suicide attempts and completions. Added to the loss of life from completed suicides and the financial

Figure 1 - Virgina Leading Causes of Death, 10-24 Year Olds, 1998



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[1] Office of Statistics and Programming, National Center for Injury Prevention and Control, CDC, http://webapp.cdc.gov/sasweb/ncipc/leadcaus.html. Data Source: National Center for Health Statistics (NCHS) Vital Statistics System.

[2] Virginia Department of Health (2000). *A study of suicide in the Commonwealth.* Senate Document No. 16. Richmond, VA: Virginia Department of Health.

[3] Virginia Commission on Youth (2001). *Youth suicide prevention plan.* House Document No. 29. Richmond, VA: Virginia Commission on Youth.

[4] Seifen, Gerges (2001). *Injury in Virginia: a report on intentional injury deaths and hospitalizations for the calendar years 1996-1998.* Richmond, VA: Center for Injury and Violence Prevention, Virginia Department of Health.

[5] Ibid.

burden that results from suicide attempts is the effect on the health and functioning of families and communities imposed by the special suffering experienced when young people take their own lives.

Suicide presents an important health challenge across the Commonwealth. While the number of deaths from suicide has been highest in some of the most highly populated areas of the state (see Figure 2), the rate of suicide when adjusted for size of population has been highest in some our least populated counties (see Figure 3).[6]

Recognizing the importance of this issue nationally, the Surgeon General issued a "Call to Action to Prevent Suicide" in 1999, prioritizing suicide prevention as a serious national public health problem, followed by the publication in 2001 of the "National Strategy for Suicide Prevention," prepared by the U.S. Department of Health and Human Services in collaboration with the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, Office of the Surgeon General, Centers for Disease Control and Prevention, National Institutes of Health, Health Resources and Services Administration, the Indian Health Service, Public Health Service Regional Administrators, and private sector stakeholders.

Prior to this Federal activity, the Virginia legislature had already begun to lay the groundwork for suicide prevention efforts in the Commonwealth. In 1987, the legislature established a joint subcommittee (SJR 173, 1987; HJR 312, 1987) to study the causes of youth suicide and develop effective prevention strategies. This subcommittee issued a report (SD30, 1988) recommending a coordinated, multifaceted prevention effort. More recent legislation (SJR 382, 1999; SJR 148, 2000) required VDH to conduct a study of the issue of suicide in the Commonwealth (SD16, 2000) and directed the Virginia Commission on Youth "to develop a comprehensive youth suicide prevention plan" (HD29, 2001), respectively.

In 2001, in response to the recommendations of the Youth Suicide Prevention Plan, the legislature designated VDH as the "lead agency for youth suicide prevention," indicating that VDH "shall have the lead responsibility for the youth suicide prevention program within the Commonwealth." VDH responsibilities concerning youth suicide prevention as described in the *Code of Virginia* include "coordination of the activities of the agencies of the Commonwealth pertaining to youth suicide prevention in order to...[address] the promotion of health development, early identification, crisis intervention, and support to survivors" (§32.1-73.7). During the 2001-2002 biennium, the legislature made an initial budget appropriation of $75,000 per year each to VDH and to the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) for activities to be conducted during development of the Youth Suicide Prevention Plan. The upcoming 2003-2004 budget cycle will be the first since the Plan was completed and since VDH was designated by the legislature as lead agency for implementation of the Plan.

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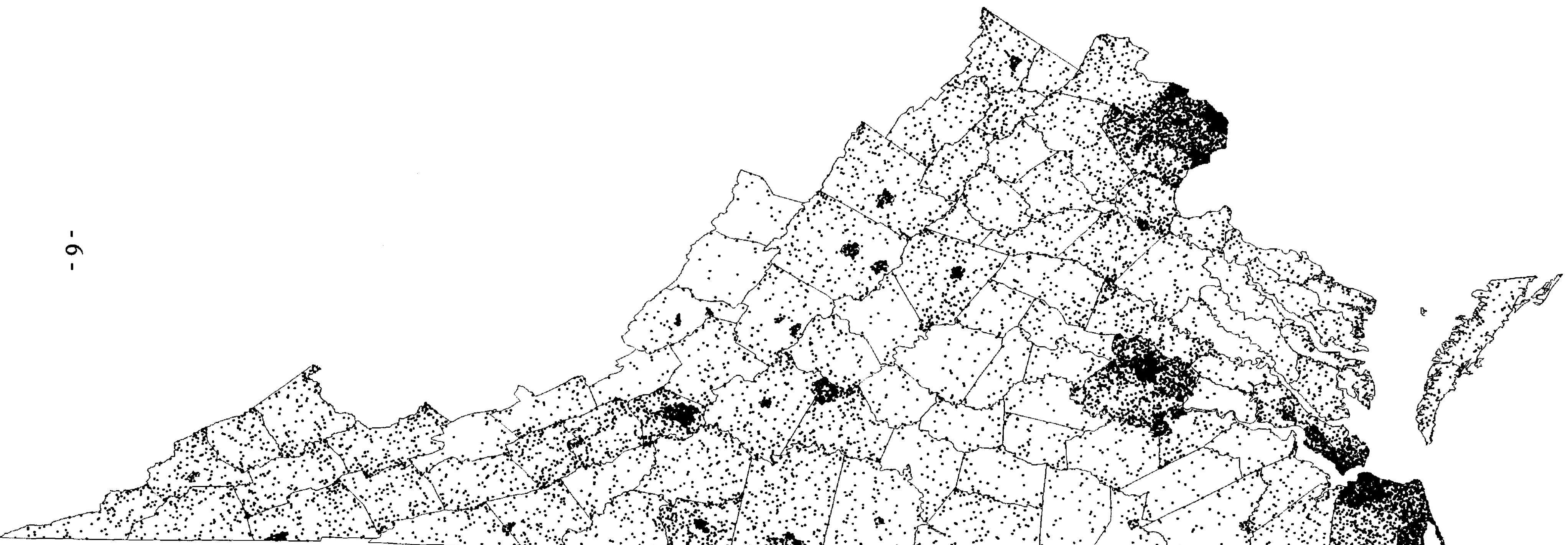
[6] Data Source: Office of Analysis and Epidemiology, National Center for Health Statistics, Centers for Disease Control and Prevention

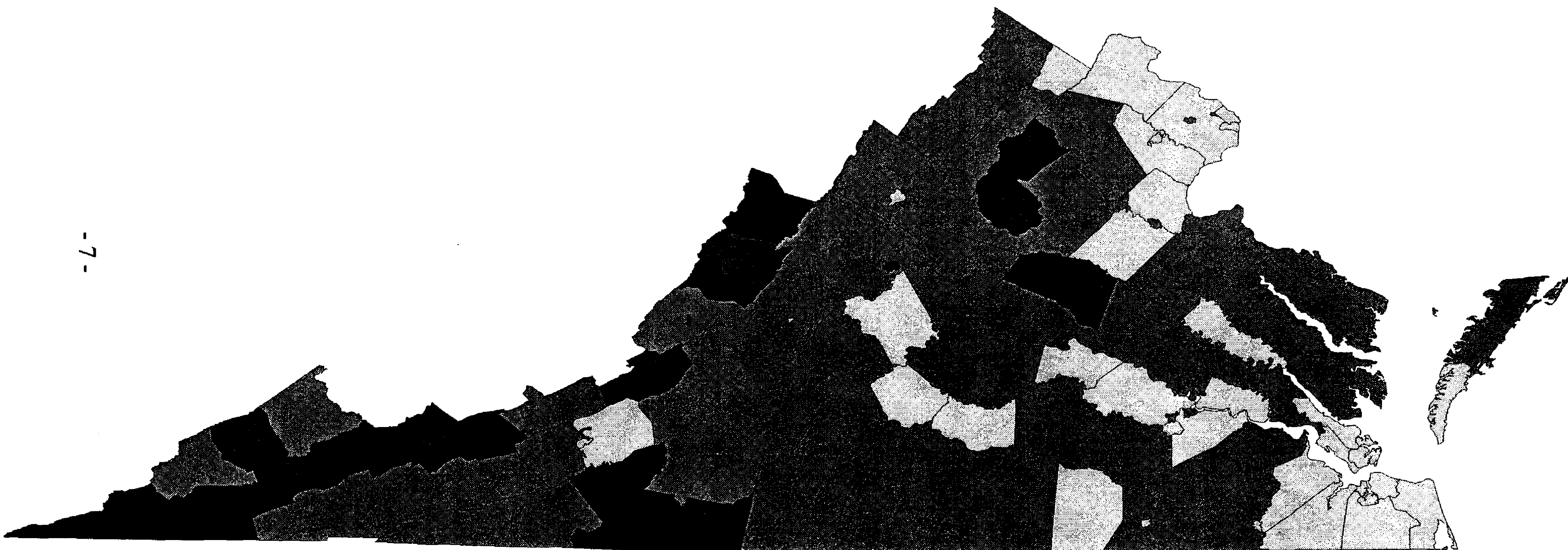
Figure 2 – Virginia Deaths by Suicide, 1979-1998



Legend - Death Count

1 Dot = 1

Figure 3 – Virginia Suicide Rate by County, 1979-1998



Legend - Crude Death Rate
- Missing or Excluded
- 5.66 to 12.21
- 12.22 to 18.76
- 18.77 to 25.30
- 25.31 and Above

Youth Suicide Prevention Plan Goals

The three overall goals of the Virginia Youth Suicide Prevention Plan as approved by the Commission on Youth are:

I. Prevent suicidal behavior among youth in Virginia.

II. Reduce the impact of suicide and suicidal behavior on individuals, families, and communities.

III. Improve access to and availability of appropriate prevention services for vulnerable individuals and groups of youth.

The 14 recommendations contained in the Youth Suicide Prevention Plan (House Document No. 29, 2001; see Appendix 3) call for:

1. Leadership by VDH in developing, implementing, and monitoring the overall efforts,
2. A statewide public awareness campaign with prime time media outreach,
3. Training for media professionals in responsible reporting of suicide,
4. School-based strategies for appropriate response when students express suicidal intentions,
5. "Gatekeeper training" which is designed to help individuals who routinely have significant contact with youth to recognize suicide warning signs and make appropriate referrals,
6. Appropriate suicide education licensing and certification requirements for youth-serving personnel, community-based crisis intervention and support services,
7. Comprehensive mental health services provided by the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS),
8. Community-based crisis intervention and support services for children, adolescents, and their families,
9. Comprehensive mental health services provided by DMHMRSAS for children and youth at risk for suicide,
10. Education for clinicians and others working with at-risk youth,
11. Design and implementation of a system to gather and analyze information concerning youth who attempt suicide,
12. Expansion and improvement of systems to gather and report on emergency medical information concerning youth suicide attempts and completions,
13. A comprehensive evaluation of all aspects of the suicide prevention program,
14. Appropriation of funds to VDH and other agencies to implement the youth suicide prevention initiatives described in the Plan.

Activities

Activities recommended in the Youth Suicide Prevention Plan address universal prevention strategies which are designed to raise public awareness and address large groups, selective prevention strategies which target groups known to be at risk for suicidal behavior, and indicated prevention strategies that target specific individuals who show serious warning signs. Plan recommendations also address leadership, surveillance and evaluation, and appropriation of funds.

To the extent possible given the initial funding provided by the legislature, VDH has begun to collaborate with DMHMRSAS and other public and private agencies to implement youth suicide prevention activities based on the Commonwealth's studies and Plan, the advice of national experts and the contributions of statewide stakeholders in youth suicide prevention, and in alignment with the National Strategy for Suicide Prevention.

Leadership

Recommendation 1 - VDH Lead Entity for Youth Suicide Prevention in Virginia

"Amend the Code of Virginia to designate the Virginia Department of Health (VDH) as the lead entity for youth suicide prevention in Virginia and require reporting to the Governor and the General Assembly on the status of suicide prevention initiatives."

On March 15, 2001, the *Code of Virginia* was revised to designate VDH as the "lead agency for youth suicide prevention," indicating that VDH "shall have the lead responsibility for the youth suicide prevention program within the Commonwealth" (see Appendix 1). VDH responsibilities concerning youth suicide prevention as described in the Code include "coordination of the activities of the agencies of the Commonwealth pertaining to youth suicide prevention in order to...[address] the promotion of health development, early identification, crisis intervention, and support to survivors" (§32.1-73.7).

Since receiving the designation of lead agency for youth suicide prevention in the Commonwealth, VDH has created and, as of July 25, 2001, filled a new full-time employee (FTE) position of Youth Violence Prevention Consultant in the Center for Injury and Violence Prevention. Charged with addressing issues of intentional injury, both interpersonal and self-inflicted, the responsibilities of the Youth Violence Prevention Consultant include coordination, planning, implementation, and assessment of youth suicide prevention activities as outlined in the Youth Suicide Prevention Plan.

VDH has consulted with representatives of the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS), the Virginia Department of Education (DOE), community services boards, and local health departments and has formed an ongoing Interagency Youth Suicide Prevention Coordinating Committee (see Appendix 2).

To support activities related to the mental health recommendations of the Plan, DMHMRSAS has formed its Virginia Youth Suicide Prevention Advisory Committee. In addition, both VDH

and DMHMRSAS participate regularly with the Virginia Suicide Prevention Council (VSPC), a public/private partnership designed to address issues of suicide prevention in the Commonwealth across the lifespan.

DMHMRSAS is serving as primary funding source for the VSPC's statewide Virginia Suicide Prevention, Intervention and Healing Conference, scheduled for spring 2002 in Virginia Beach, with additional funding provided by VDH. DMHMRSAS and VDH have also supported the Council in planning conference activities and promoting the conference statewide. The focus of the conference is on implementing the National Strategy for Suicide Prevention and the Virginia Youth Suicide Prevention Plan across the Commonwealth.

VDH and DMHMRSAS have also represented Virginia's youth suicide prevention activities at national, state, and local suicide prevention conferences and meetings, including the State Suicide Prevention Tool Bag Conference in Atlanta, August 2001, organized by the Suicide Prevention Advocacy Network, with sponsors including the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration.

Universal Prevention Strategies

Universal prevention programs target large groups of people by providing general awareness information and education.

Recommendation 2 - Statewide Public Awareness

"Increase funding for VDH and the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) for their development and/or adoption of materials and dissemination of youth suicide prevention information throughout the Commonwealth."

With the funds currently made available by the legislature, VDH has adopted and distributed through the Center for Injury and Violence Prevention Resource Center (800-732-8333) two publications related to youth suicide, "Children and Depression: Learn the Facts"[7] and "Young People and Suicide: What You Should Know."[8] VDH has customized both publications to include information on Virginia suicide prevention resources.

VDH also created a web page on its Center for Injury and Violence Prevention web site, containing information on Virginia youth suicide prevention activities as well as links to other national and international suicide prevention resources (www.vahealth.org/civp/dsprevent.htm).

With the funds currently made available by the legislature, DMHMRSAS has initiated efforts to raise public awareness of childhood depression, a contributing factor to youth suicide. DMHMRSAS worked with the Governor to declare May 8, 2001 as Childhood Depression Awareness Day and distributed 400 community action/press kits from the National Mental

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[7] Channing L. Bete Co., Inc. (1998). *Children and depression: learn the facts*. South Deerfield, MA: Channing L. Bete Co., Inc.

[8] Channing L. Bete Co., Inc. (1998). *Young people and suicide: what you should know*. South Deerfield, MA: Channing L. Bete Co., Inc.

Health Association, resulting in editorials and articles in a number of publications throughout the Commonwealth.

While VDH has conducted research on model suicide prevention awareness initiatives, current funding does not permit the broader public awareness campaign including "video and audio announcements to be presented as both public service announcements and paid prime time media" and wider "development and dissemination of suicide prevention materials (brochures, posters, bookmarks, inserts, etc.) for statewide distribution" that is recommended in the Plan.

Recommendation 3 - Media Training

"VDH should train media professionals throughout the Commonwealth to ensure responsible reporting of suicide in order to reduce the risk of subsequent suicides."

Research has shown that oversimplified or sensationalized reporting of suicidal acts can increase the likelihood of subsequent suicides, a phenomenon referred to as "suicide contagion."[9] In August, 2001, the American Association of Suicidology (AAS) and the Annenberg Public Policy Center of the University of Pennsylvania released the recommendations of a "national panel of experts in behavioral science, suicide, and the media," including representatives from the Centers for Disease Control and Prevention, the National Institute of Mental Health, the Office of the Surgeon General, and the Substance Abuse and Mental Health Services Administration. These guidelines, crafted after evaluating the guidelines previously developed by the public health community and synthesizing more recent research findings on contagion, are designed to "help reduce the copycat or contagion effect that media coverage of suicide may produce and also to provide accurate and helpful information to the public about suicide."[10] VDH has arranged to participate in the partnership of public and private organizations that will disseminate the recommendations to reporters, editors and producers in the Commonwealth as soon as printed copies of the guidelines become available.

In order to assess current Virginia media suicide reporting practices, VDH has contracted with Virginia Clipping Service, the Virginia affiliate of Burrelle's Information Services, to obtain copies of newspaper articles concerning suicide attempts and completions. Virginia Clipping Services reviews 33 daily and 160 non-daily newspapers across the Commonwealth. Burrelle's quotes a 89% accuracy rate in identifying all articles pertaining to a designated topic. VDH has received 22 clippings since August 9, 2001, and will analyze these articles in respect to the new media reporting guidelines.

More extensive outreach to and training of Virginia media professionals will be planned as appropriate funding is identified and secured.

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[9] O'Carroll, P.W. and Potter, L.B. (1994). Suicide contagion and the reporting of suicide: Recommendations from a national workshop. *Morbidity and Mortality Weekly Report, 43(RR-6), 9-19.*

[10] Annenberg Public Policy Center of the University of Pennsylvania. (2001). *Media Coverage of Suicide Can Contribute to the Problem: Public Health Community Issues New Recommendations for Media Coverage of Suicide.* (Press release.) Available: http://www.appcpenn.org [2001, October 30].

Recommendation 4 - School-based Strategies

"The Department of Education (DOE) should revise the *Suicide Prevention Guidelines* to include criteria for follow-up with parents of students expressing suicidal intentions after initial contact is made."

The Virginia Department of Education (DOE) has drafted revised guidelines which provide clarified criteria concerning appropriate procedures for school staff to follow in communicating with parents of students who have expressed suicidal intentions. The revised guidelines are currently being prepared for printed distribution to schools and school divisions. These guidelines will also be posted on the DOE web site. Permission has been given for schools to use Safe and Drug-Free Schools funding to attend specific research-based "gatekeeper training" workshops (see Recommendation 5). School nurse coordinators have been among those trained as trainers and are providing this training to school nurses in divisions that have expressed interest. Additional school-based youth suicide prevention activities are being conducted on the local school and division level.

Current funding has not permitted additional broad-based, coordinated school-based suicide prevention efforts to provide youth, parents, teachers, and other adults in school settings with information on "depression symptoms and manifestation in adolescents...suicide risk and protective factors, suicide warning signs, [and] available community resources," as outlined in the "Findings" section of Recommendation 4 of the Plan[11].

Selective Prevention Strategies

Recommendation 5 - Gatekeeper Training

"VDH and DMHMRSAS should develop and deliver Gatekeeper Training to designated audiences throughout the Commonwealth."

"Gatekeeper training" is designed for individuals who routinely have significant contact with youth in order to help these individuals recognize youth suicide warning signs and make appropriate referrals. VDH and DMHMRSAS have selected two research-based models that were identified in the Youth Suicide Prevention Plan: Applied Suicide Intervention Skills Training (ASIST) and Question, Persuade, Refer (QPR). While both training models provide participants with information on the prevalence of youth suicide, suicide warning signs, and appropriate responses to these warning signs, the ASIST model provides more intensive training in assessing the level of suicide risk, whereas the QPR model provides a less time-intensive training process that may allow for attendance by a wider range of individuals who are involved with youth.

VDH and DMHMRSAS have worked collaboratively to provide training for trainers in each of these models. In 2001, 46 trainers were provisionally certified as ASIST trainers through 5-day training sessions conducted by LivingWorks Education, Inc. of Calgary, Canada, developers of

[11] Virginia Commission on Youth (2001). *Youth suicide prevention plan.* House Document No. 29. Richmond, VA: Virginia Commission on Youth, 34-35.

the ASIST training model. These training sessions were jointly sponsored by VDH and DMRMRSAS. Since that time, the Virginia trainers who attended these sessions have reported conducting a total of approximately 30 trainings in their regions, reaching approximately 600 Virginia gatekeepers.

DMHMRSAS is providing ongoing technical assistance for Virginia ASIST trainers, including establishing and maintaining an electronic listserv and web-based calendar to support the training scheduling. DMHMRSAS is also serving as a public clearinghouse for information on available trainers and upcoming workshops. In addition, DMHMRSAS and VDH have obtained participants kits required for the ASIST training. DMHMRSAS is providing these kits to provisional and registered trainers for use in training of targeted priority groups.

Additionally, 23 trainers attended a one-day training for trainers from the QPR Institute of Spokane, Washington, developers of the QPR training model. As part of their training agreement, these trainers have agreed to be listed as local training contacts for the QPR model.

The five local crisis centers funded by VDH (see Recommendation 8) are conducting gatekeeper trainings in their regions as an element of their contracts.

As additional funds are secured, VDH and DMHMRSAS plan to promote and coordinate gatekeeper training workshops more widely across the Commonwealth.

Recommendation 6 - Licensing/Certification Requirement

"The Board of Health Professions and all state agencies responsible for licensing or certification of youth-serving personnel should require suicide prevention education as a requirement for licensure or certification."

VDH Center for Injury and Violence Prevention staff members have consulted about the potential impact of suicide prevention licensing and certification requirements with representatives of the Board of Health Professions, the Interagency Youth Suicide Prevention Coordinating Committee (see Appendix 2), and the DMHMRSAS Virginia Youth Suicide Prevention Advisory Committee. Based on the information received, VDH concluded that a more effective way to enhance suicide prevention education for youth-serving personnel was to focus current limited resources on gatekeeper training (see Recommendation 5) and clinician education (see Recommendation 10). Thus, VDH not yet directed its efforts toward actively promoting such licensing and certification changes.

Recommendation 7 - Comprehensive Mental Health Services

"DMHMRSAS should continue to develop and implement the plan to provide comprehensive mental health services for children, adolescents and their families."

DMHMRSAS has continued to work to improve the quality of life and self-sufficiency of people with serious mental illness, serious emotional disturbances, mental retardation, developmental delays, and alcohol and other drug addiction or abuse problems through the development and implementation of its Comprehensive State Plan, as required by §37.1-48.1 of the *Code of Virginia.*

Recommendation 8 - Crisis Intervention and Support

"DMHMRSAS and VDH should increase the capacity of local communities to provide community-based crisis intervention and support services for children, adolescents and their families."

In addition to crisis intervention and support services provided by the Community Service Boards (local government agencies responsible for mental health, mental retardation and substance abuse services for citizens in their communities), there are currently 13 Virginia agencies listed by the National Hopeline Network as offering telephone crisis hotline services (see Appendix 4). Through a public RFP process, VDH has contracted with the following five of these agencies, located across the state, providing $5,000 to each to enhance the agencies' ability to offer crisis intervention and support services in their local areas (see Figure 2):

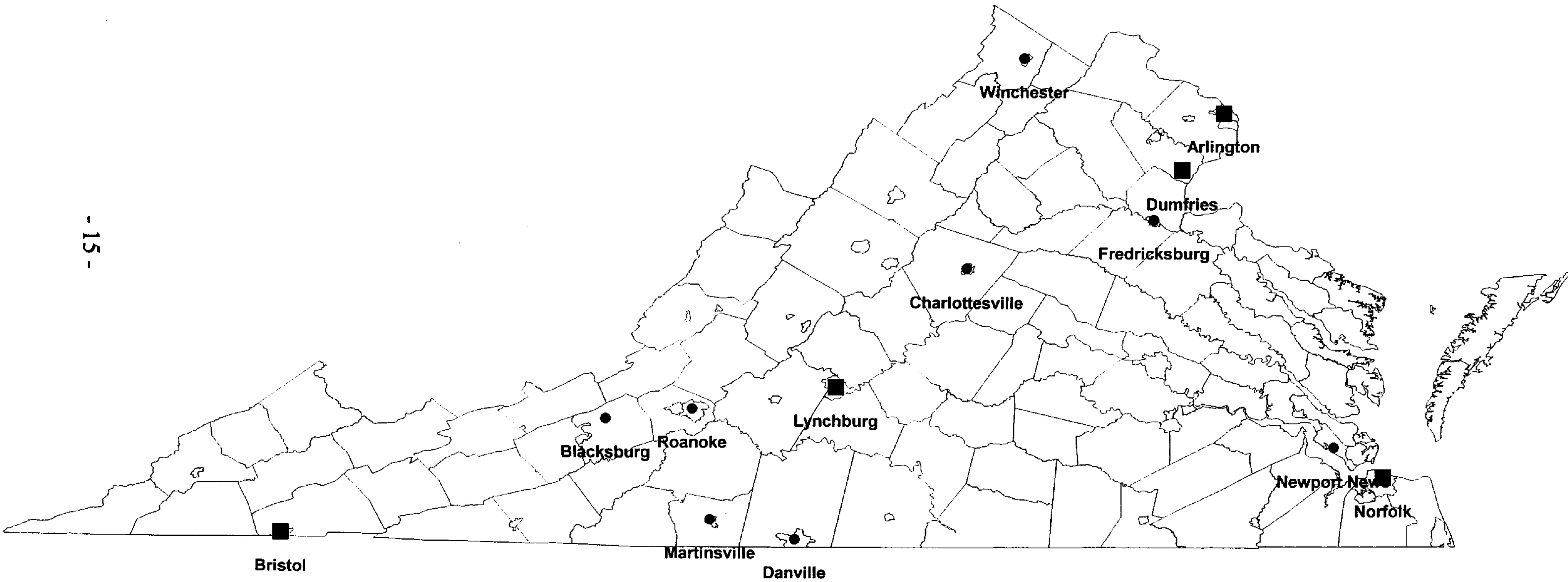
- CrisisLink of Arlington
- The Crisis Center (Bristol)
- ACTS, Inc. (Dumfries)
- The Crisis Line of Central Virginia (Lynchburg)
- The Planning Council (Norfolk)

In cases where the contracting agencies had not previously achieved certification from the American Association of Suicidology (AAS) regarding the demonstrated quality of their staff training, policies, and administrative structures, these contracts have supported the agencies' efforts to improve the quality of their crisis services and to work toward such certification. Telephone crisis lines that are AAS certificated are eligible to participate in the Hopeline National Network, which routes calls from the toll-free national 800-SUICIDE number to the closest member hotline which then provides referrals to appropriate local services. At the time the contracts were awarded, two of the five contracting agencies operated the only AAS certified hotlines in the Commonwealth; since the contract awards, an additional contractor agency has been certified and the other two agencies have made progress toward certification.

All of the contractor agencies have participated in the training of trainers in the ASIST and QPR "gatekeeper training" models (see Recommendation 5) and have provided training workshops on the prevention of suicide to individuals in their community who work with youth. Each contractor is providing process evaluation information concerning community education and training activities completed, training evaluation forms, and periodic data reports that include, but are not limited to, the numbers of depression and suicide-related calls and their disposition (action taken), with client confidentiality considered.

Current funding has not permitted VDH to provide support for the other 8 Virginia crisis centers.

Figure 4 – Location of Crisis Centers Operating Hotlines in Virginia



■ = Recipient of VDH Youth Suicide Prevention Partners contract.

Indicated Prevention Strategies

Recommendation 9 - At-Risk Mental Health Services

"DMHMRSAS should continue to expand the availability of comprehensive mental health services for children and youth at-risk for suicide, particularly helping localities to offer skill-building and support groups, school-linked mental health services and family support/survivor services."

The DMHMRSAS Priority Populations program, which was implemented in July 2000 pursuant to House Bill 428, provides criteria concerning which Virginians will receive publicly-funded services, in order to "ensure that individuals with the most serious mental illness, mental retardation, or alcohol or other drug abuse problems received the highest priority" (SJR153, 1998). To provide priority treatment for suicidal youth, a criterion was added to the DMHMRSAS Child Mental Health Priority Populations guidelines which allows the inclusion of youth who have attempted or have a current plan to commit suicide. Current and persistent suicidal ideation was added as a functional criterion.

Recommendation 10 - Education for Providers of Those At Risk

"DMHMRSAS and VDH, in cooperation with university medical centers, health sciences centers and professional organizations, should develop, implement and evaluate curriculum and training plans to increase the knowledge and skills of clinicians and others who work with youth at-risk for suicide and their families."

VDH has gathered information concerning clinician education models used in other states and has consulted with Virginia medical educators concerning possible strategies for providing appropriate clinician education in Virginia. Current available funding has not allowed additional activities to be undertaken in this area.

Surveillance and Evaluation Strategies

With current levels of funding, VDH has focused youth suicide surveillance and evaluation activities on analysis and reporting of existing data sources, and VDH and DMHMRSAS have begun collection of evaluation data from gatekeeper training and community-based crisis center initiatives.

Recommendation 11 - Adolescent Suicide Attempt Data Collection System

"VDH should design and implement an adolescent suicide attempt data collection system to determine the magnitude of the problem, as well as the following characteristics of youth who attempt suicide: demographics, service access and behavioral characteristics."

During 2001, VDH has released two reports, *Injury in Virginia, 1998-1999* and *Intentional Injury Death and Hospitalization Report, 1996-1998*, which include analyses of adolescent self-inflicted injury hospitalizations derived from injury-related hospital discharge data and information from Virginia Health Information, Inc. These analyses only address suicide attempts that required hospitalization, not those cases in which medical services were provided in an emergency room or outpatient context or in which no medical attention was provided. A number

of individual Virginia communities employ the Youth Risk Behavior Surveillance System (YRBSS), a voluntary system developed by CDC in collaboration with federal, state, and private-sector partners which gathers information from grade 9-12 high school students on depression, suicidal thoughts and plans, and suicide attempts; Virginia in not currently among the 41 states, along with the District of Columbia, that are conducting the YRBSS on a statewide basis.

VDH is participating on the Work Group for the Child and Adolescent Injury Surveillance System currently under development by the October Center for the Study and Prevention of Youth Violence. This system employs linked data sets as a surveillance tool in order to better understand, monitor and describe the location, causes, magnitude, costs and outcome of youth injuries in Richmond, including injuries resulting from suicide attempts. Once the system is operational, information concerning this model will be disseminated for possible adoption by other Virginia communities.

Current funding has not permitted the development of additional, more comprehensive systems for monitoring information on adolescent suicide attempts.

Recommendation 12 - External Cause of Injury Reporting

"VDH should improve the system for reporting external cause of injury (e-codes) by providing training to designated reporters and by requiring e-code reporting for emergency room admission in selected sites around the Commonwealth."

Current funding limitations have prevented progress in this area.

Recommendation 13 - Comprehensive Evaluation

"VDH should coordinate comprehensive evaluation of all aspects of suicide prevention program."

VDH is currently collecting evaluation information by obtaining suicide-related newspaper articles collected under the contract with Virginia Clipping Service (see Recommendation 3) and through information submitted by the contracting community-based crisis centers (see Recommendation 8).

DMHMRSAS has designed and is currently collecting data for a process and impact evaluation of the Applied Suicide Intervention Skills Training (ASIST) workshops (see Recommendation 5), which will assess changes in the workshop participant competencies related to suicide intervention and will be used to refine future training initiatives.

Current funding has not permitted a more comprehensive evaluation of all aspects of the suicide prevention program described in the Youth Suicide Prevention Plan.

Funding

Recommendation 14 – Appropriation of Funds

"The General Assembly should appropriate funds to the Department of Health, the Department of Mental Health, Mental Retardation, and Substance Abuse Services, and the Department of Education to implement the youth suicide prevention initiatives described in this plan."

For the budget period during which the Study of Suicide in the Commonwealth (SD16, 2000) was conducted and Youth Suicide Prevention Plan (HD29, 2001) was developed, the General Assembly appropriated $75,000 for each year of the biennium to VDH and $75,000 for each year of the biennium to DMHMRSAS for youth suicide prevention activities. The upcoming budget cycle will be the first since the Youth Suicide Prevention Plan has been completed.

While additional funding will be needed to fully implement Virginia's comprehensive Youth Suicide Prevention Plan, initial progress has been made toward the implementation of each of the previous 13 recommendations. Virginia's continued efforts to implement a comprehensive plan enhance the Commonwealth's ability to attract Federal and private funding that may become available to states that show leadership in suicide prevention.

As detailed in this report, initial activities undertaken by VDH in coordinating implementation of Virginia's Youth Suicide Prevention Plan have included the following:

- created and filled a new position to coordinate youth suicide prevention efforts;
- established an Interagency Youth Suicide Prevention Coordinating Committee;
- initiated a public awareness campaign with printed materials and a youth suicide web site;
- partnered with the Department of Mental Health, Mental Retardation, and Substance Abuse Services to provide research-based suicide prevention training to individuals who routinely have significant contact with youth; and
- contracted with five community-based crisis centers to increase regional suicide prevention, intervention, and support services activities across the Commonwealth.

Ongoing efforts to implement the comprehensive Plan will enable Virginia to continue to apply national best practices designed to lower the risk of loss of life, injury, suffering, related health care and social costs, and the threat to healthy family and community functioning that result from attempted and completed youth suicides. Agencies, communities, and citizens at large will benefit from this coordinated effort to protect and improve the lives of all Virginians.

Appendix 1 – Authorizing Legislation

VIRGINIA ACTS OF ASSEMBLY -- CHAPTER

An Act to amend the Code of Virginia by adding in Chapter 2 of Title 32.1 an article numbered 14, consisting of a section numbered 32.1-73.7, relating to youth suicide prevention.

[S 1190]

Approved March 15, 2001

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Chapter 2 of Title 32.1 an article numbered 14, consisting of a section numbered 32.1-73.7, as follows:

Article 14.

Youth Suicide Prevention.

§ 32.1-73.7. De*partment to be lead agency for youth suicide prevention.*

With such funds as may be appropriated for this purpose, the Department, in consultation with the Department of Education, the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Virginia Council on Coordinating Prevention, community services boards, and local departments of health, shall have the lead responsibility for the youth suicide prevention program within the Commonwealth. This responsibility includes coordination of the activities of the agencies of the Commonwealth pertaining to youth suicide prevention in order to develop a comprehensive youth suicide prevention plan addressing the promotion of health development, early identification, crisis intervention, and support to survivors. The plan shall be targeted to the specific needs of children and adolescents. The Department shall cooperate with federal, state and local agencies, private and public agencies, survivor groups and other interested individuals in order to prevent youth suicide within the Commonwealth. The Department shall report annually by December 1 of each year to the Governor and the General Assembly on its youth suicide prevention activities.

The provisions of this section shall not limit the powers and duties of other state agencies.

Appendix 2 - Interagency Youth Suicide Prevention Coordinating Committee

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Appendix 3 – Youth Suicide Prevention Plan: Summary of Recommendations

(Report of the Virginia Commission on Youth, House Document No. 29, 2001)

Leadership

1- VDH Lead Entity for Youth Suicide Prevention in Virginia

"Amend the Code of Virginia to designate the Virginia Department of Health (VDH) as the lead entity for youth suicide prevention in Virginia and require reporting to the Governor and the General Assembly on the status of suicide prevention initiatives."

Universal Prevention Strategies

2 – Statewide Public Awareness

"Increase funding for VDH and the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) for their development and/or adoption of materials and dissemination of youth suicide prevention information throughout the Commonwealth."

3 – Media Education

"VDH should train media professionals throughout the Commonwealth to ensure responsible reporting of suicide in order to reduce the risk of subsequent suicides."

4 – School-based Strategies

"The Department of Education (DOE) should revise the *Suicide Prevention Guidelines* to include criteria for follow-up with parents of students expressing suicidal intentions after initial contact is made."

Selective Prevention Strategies

5 – Gatekeeper Training

"VDH and DMHMRSAS should develop and deliver Gatekeeper Training to designated audiences throughout the Commonwealth."

6 – Licensing/Certification Requirement

"The Board of Health Professions and all state agencies responsible for licensing or certification of youth-serving personnel should require suicide prevention education as a requirement for licensure or certification."

7 – Comprehensive Mental Health Services

"DMHMRSAS should continue to develop and implement the plan to provide comprehensive mental health services for children, adolescents and their families."

8 – Community-based Crisis Intervention and Support Services

"DMHMRSAS and VDH should increase the capacity of local communities to provide community-based crisis intervention and support services for children, adolescents and their families."

Indicated Strategies

9 – Comprehensive Mental Health Services for At-Risk Children and Youth

"DMHMRSAS should continue to expand the availability of comprehensive mental health services for children and youth at-risk for suicide, particularly helping localities to offer skill-building and support groups, school-linked mental health services and family support/survivor services."

10 – Education for Clinicians/Other Working with At-Risk Youth and Their Families

"DMHMRSAS and VDH, in cooperation with university medical centers, health sciences centers and professional organizations, should develop, implement and evaluate curriculum and training plans to increase the knowledge and skills of clinicians and others who work with youth at-risk for suicide and their families."

Surveillance and Evaluation Strategies

11 – Adolescent Suicide Attempt Data Collection System

"VDH should design and implement an adolescent suicide attempt data collection system to determine the magnitude of the problem, as well as the following characteristics of youth who attempt suicide: demographics, service access and behavioral characteristics."

12 – External Cause of Injury Reporting

"VDH should improve the system for reporting external cause of injury (e-codes) by providing training to designated reporters and by requiring e-code reporting for emergency room admission in selected sites around the Commonwealth."

13 – Comprehensive Evaluation

"VDH should coordinate comprehensive evaluation of all aspects of suicide prevention program."

Funding

14 – Appropriating Funds

"The General Assembly should appropriate funds to the Department of Health, the Department of Mental Health, Mental Retardation, and Substance Abuse Services, and the Department of Education to implement the youth suicide prevention initiatives described in this plan."

Appendix 4 - Crisis Centers Operating Hotlines in Virginia Localities[12]

Contact Information	*Hotline Services*	*AAS Membership/Certification*
Arlington CrisisLink of Northern Virginia P.O. Box 7563 Arlington, VA 22207-0563 t)703.527.6603 f)703.516.6767 www.crisislink.org	Hotline 24 hours/7 days 703.527.4077 TTY & TTD	Certified *yes* Member *yes*
Blacksburg New River Valley Community Services-ACCESS Services 700 University City Blvd. Blacksburg, VA 24060 t)540.961.8400 f)540.961.8469	Hotline 24 hours/7 days 540.961.8400 888.717.3333 toll free	Certified *no* Member *no*
Bristol Crisis Center P.O. Box 642 Bristol, VA 24203 t)540.466.2218 f)540.466.5481	Hotline 24 hours/7 days 540.466.2312 540.628.7731 Washington Co.	Certified *no* Member *no*
Charlottesville Madison House 170 Rugby Rd. Charlottesville, VA 22903 t)804.977.7051 f)804.977.7339	Hotline 24 hours/7 days-school year 804.295.8255	Certified *no* Member *no*
Danville Contact Crisis Line Danville/Pittsylvania Cty P.O. Box 41 Danville, VA 24543-0041 t)804.793.4940 f)804.792.4359	Hotline 8am - 10pm 804.792.4357	Certified *no* Member *no*
Dumfries ACTS Helpline P.O. Box 74 Dumfries, VA 22026 t)703.368.4141 f)703.368.6544	Hotline 24 hours/7 days 703.368.4141 703.368.6544 Spanish M-F 6p-10p 703.368.8069 Teen Line	Certified *no* Member *yes*

[12] As of October 30, 2001. Sources: American Association of Suicidology, National Hopeline Network.

Contact Information	*Hotline Services*	*AAS Membership/Certification*
Fredricksburg Fredricksburg Area Hotline, Inc. P.O. Box 7132 Fredricksburg, VA 22404 t)540.371.1212	Hotline 24 hours/7 days 540.371.1212	Certified *no* Member *no*
Lynchburg The Crisis Line of Central VA P.O. Box 3074 Lynchburg, VA 24503 t)804.947.5921 f)804.947.5501	Hotline 24 hours/7 days 804.947.4357 888.947.9747 toll free 888.947.7277 teen talk 888.299.7277 teen talk	Certified *yes* Member *yes*
Martinsville Contact Martinsville-Henry Co. P.O. Box 1287 Martinsville, VA 24114-1287 t)540.638.8980 f)540.632.6133	Hotline 24 hours/7 days 540.632.7295 540.634.5005 teen line 540.694.2962 Patrick Co. 540.489.5490 Franklin Co.	Certified *no* Member *no*
Newport News Contact Peninsula P.O. Box 1006 Newport News, VA 23601 t)757.244.0594 f)757.245.4707	Hotline 24 hours/7 days 757.245.0041	Certified *no* Member *no*
Norfolk The Crisis Line of the Planning Counsel P.O. Box 3278 Norfolk, VA 23514-3278 t)757.622.1309 f)757.622.7259	Hotline 24 hours/7 days 757.622.1126	Certified *yes* Member *yes*
Roanoke Trust: Crisis Hotline & Shelter 404 Elm Ave. Roanoke, VA 24016 t)540.344.4691 f)540.344.4695	Hotline 7 days 540.344.1948 8a-12a 540.982.8336 teen line 6p-10p	Certified *no* Member *no*
Winchester Concern Hotline, Inc. P.O. Box 2032 Winchester, VA 22601 t)540.667.8208 f)540.667.8239	Hotline 24 hours/7 days 540.667.0145 Winchester Co. 540.459.4742 Shenandoah Co. 540.635.4357 Warren Co. 540.743.3733 Page Co.	Certified *no* Member *no*