

REPORT OF THE
VIRGINIA DEPARTMENT OF HEALTH

**Annual Report on the
Virginia Youth Suicide Prevention Plan**

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY

COMMONWEALTH OF VIRGINIA
RICHMOND
2004

November 19, 2004

TO: The Honorable Mark Warner
 and
 The General Assembly of Virginia

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

This 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.
State Health Commissioner

Authority

This report is submitted pursuant to 32.1-73.7 of the Code of Virginia and constitutes the annual report of the Virginia Department of Health (VDH) on its youth suicide prevention activities.

Background

In Virginia one teenager per week continues to die as a result of suicide. In 2003, the latest year for which data are available, there were 797 suicides in the Commonwealth, or about two suicides per day for an adjusted rate of 10.7 suicide per 100,000 persons. It was the eleventh leading cause of death among all Virginians and the third leading cause of death for youth between the ages of 10 and 19. Almost twice as many youth die from suicide in Virginia as compared to homicides. VDH furnishes the leadership necessary to provide resources and training to allow communities to deliver suicide prevention awareness and response trainings and public awareness activities in order to decrease the number of self-inflicted injuries and deaths due to suicide.

Funding

The year the youth suicide prevention plan was proposed, the Virginia Department of Health and the Department of Mental Health Mental Retardation and Substance Abuse Services (DMHMRSAS) were appropriated \$75,000 each for youth suicide prevention activities. The original estimate to implement the youth plan was \$800,000. Due to the much smaller amount appropriated to VDH, the agency restricted its implementation of the plan's recommendations to the delivery of gatekeeper training and development and dissemination of youth suicide prevention information throughout the Commonwealth. At that time, DMHMRSAS had part of a full-time-equivalent staff person to coordinate its efforts around developing a network of trainers, providing training to Community Service Boards and supporting a statewide conference on suicide prevention. As a result of budget reductions from \$75,000 to \$21,000 at DMHMRSAS in 2002, DMHMRSAS limited its activities for youth suicide prevention by only providing gatekeeper training to targeted groups.

In addition to general fund appropriations, VDH received federal funding for suicide prevention through a Targeted Injury Cooperative Agreement from the Centers for Disease Control and Prevention (CDC) that began in 2002 and provided \$900,000 for 3 years. This funding has enabled VDH to have one full-time-equivalent staff position to manage its suicide prevention program and to evaluate its youth suicide prevention training, provide funding and technical assistance to suicide crisis centers and provide public awareness campaigns to targeted communities. VDH will need additional resources to sustain local suicide prevention capacity once the federal grant cycle is completed in October 2005.

Suicide Prevention Trainings

Suicide prevention training, i.e., gatekeeper training, continues to be the core suicide prevention strategy utilized by VDH. Two gatekeeper training models are used: Question, Persuade, Refer, (QPR) is a session designed to be presented

in 1-3 hours and is suitable for general audiences interested in suicide prevention. People trained in QPR learn how to recognize the warning signs that a person may be having thoughts of suicide and how to question, persuade, and refer that person to help. Applied Suicide Intervention Skills Training (ASIST), is a full two-day training usually taken by professionals and other caregivers such as counselors, social workers, nurses, crisis line workers, and others who may become directly involved in the treatment of one who is potentially suicidal.

Since January 2002, over 85% of the state's school divisions have hosted one or both of the training models. Over 450 QPR and 72 ASIST sessions have been provided. Since 2000, 1,728 people have been trained in the ASIST model and 22,500 have completed a session of the QPR model. VDH is able to complete so many training sessions around the state due to its development of a statewide network of over 250 individuals certified as QPR Trainers and 52 people who are certified ASIST trainers. This network of trainers presents the sessions in the local communities. VDH is able to facilitate this by receiving requests from community members and organizations for training and matching a certified trainer with the request. In May 2004, 24 of the ASIST Trainers became re-certified in the newly released *Version X* of the ASIST Suicide Prevention Model. Since then, trainers have conducted 15 prevention sessions using the new version of ASIST.

Public Awareness Activities

VDH distributes over 125,000 brochures to human service providers working with middle and high school youth and schools each year. These brochures are:

- ◆ *What are Friends for: Suicide is Not the Answer*
- ◆ *Depression: Learn the Facts*
- ◆ *Young People and Suicide: What You Should Know*
- ◆ *What Every Parent Should Know About Preventing Youth Suicide*
- ◆ *What Every Teacher Should Know About Preventing Youth Suicide*

Additionally, 6,000 copies of the revised *State Board of Education Suicide Prevention Guidelines (1999)* were printed and distributed to schools during the 2003-2004 school year.

VDH maintains updated information on activities related to youth suicide prevention as well as links to national prevention resources on the www.preventsuicideva.org website. In 2003 VDH contracted with the Virginia Association of Broadcasters to air, in May and September, suicide prevention radio spots aimed at teens. The 30 and 60 second spots were produced by the American Foundation for Suicide Prevention and had four basic messages:

1. Suicide is a serious public health problem.
2. Suicide is a preventable public health problem.
3. There are things that can be done to contribute to suicide prevention.
4. Help is available if you know of someone who may be suicidal.

5. Following these points, the 1-800-SUICIDE National Hotline number is given.

Airing of these radio spots prompted many of the stations running them to produce live call-in programs featuring the VDH Suicide Prevention Coordinator who explained Virginia's efforts to reduce teen suicide and promoted the availability of suicide prevention training.

Community Service Board/Crisis Center Involvement

VDH contracts with local suicide crisis centers in Arlington, Dumfries, Lynchburg, Bristol, and Norfolk. These centers provide training and other region-specific suicide prevention activities designed to promote awareness, education, resource sharing and linkages with mental health and substance abuse services.

An example of one community initiative is Lynchburg's development of new "Teen Talk" cards that contain the numbers of the local suicide crisis center along with suicide warning signs. These are given out by the local suicide crisis center during presentations and as part of direct outreach campaigns to over 20,000 middle and high school students in the areas served by the crisis center in Lynchburg. The crisis centers in Arlington and Dumfries have developed and distributed wallet cards with the suicide warning signs, key tags with the local suicide hotline number, metro bus prevention posters, prevention ads in local newspapers, and prevention posters for middle and high schools.

Additionally, VDH has been able to support other community groups that have officially organized to address the issue of suicide in their communities. A community suicide prevention project began at the request of the Rappahannock/Rapidan Community Service Board (RRCSB) after the loss of three youths to suicide in 2003. The RRCSB, a group of citizens called the *Coalition for a Healthy Culpeper*, VDH and others developed a community-wide prevention program that included gatekeeper training for middle and high school teachers, and an open house at the high school which also provided gatekeeper training for parents, clergy, police, and even students. The community is also conducting monthly teen rap sessions for teens dealing with depression and suicidal thoughts. Plans are underway to develop prevention bill boards and radio spots, on-going prevention training for teens and peer counseling sessions.

Lifespan Plan Development

In 2003, the General Assembly agreed to Senate Joint Resolution 312 requesting the Secretary of Health and Human Resources, in cooperation with the Secretaries of Education and Public Safety to formulate a comprehensive Suicide Prevention Across the Lifespan Plan for the Commonwealth. The General Assembly directed the VDH to develop the plan. A VDH consultant researched national and state resources and developed the plan with broad input from the

Interagency Suicide Prevention Committee which includes representatives from the Office of the Chief Medical Examiner, the Virginia Suicide Prevention Council, the Departments of Education, Correctional Education, Aging, Mental Health and local community services boards. The goals from the National Strategy for Suicide Prevention, developed by the United States Department of Health and Human Services in 2001, were adapted for Virginia and form the basis for the Virginia plan. This plan was submitted to the General Assembly for consideration during the 2005 session.

Conclusion

Virginia's suicide prevention program continues to provide leadership related to the issue of suicide prevention through public and professional awareness building, gatekeeper training, supporting communities in their prevention efforts, and funding regional suicide prevention initiatives through local suicide crisis centers. Through sustained programs and activities involving suicide prevention training to youth service providers who are in a position to identify those youth at-risk of suicide, provide counseling and referral and public awareness around the issue of suicide, self-inflicted injury and loss of life due to suicide can be greatly reduced.

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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](#). *Department 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.