ANALYSIS OF THE WALLA WALLA SUICIDE PREVENTION WORK GROUP

MENTAL HEALTH SURVEY



Survey and report contributors:

The Walla Walla County Suicide Prevention Work Group

Phoebe Nguyen and Mary Tabb, Whitman College

Jessalyn Waring Bruce, Walla Walla County Department of Community Health

Katie Christianson, Willow Public School

Stan Ledington, The Health Center

Morgan Linder, Walla Walla County Department of Community Health

Each year, **44,965** Americans die by suicide.

On average, one person dies by suicide every **8** hours in Washington state.

Walla Walla County's suicide rate is **7%** higher than Washington state's suicide rate.

Suicide is the 1st leading cause of death for ages 16–14, and 2nd leading cause of death for ages 15–34 in Washington state.

The rate of hospitalization for self-inflicted injuries is **50%** higher in Walla Walla than in Washington state.

WALLA WALLA CRISIS HOTLINE 509-524-2999

CRISIS TEXT LINE
741741
TEXT "HOME"

NATIONAL SUICIDE PREVENTION LIFELINE 1-800-273-8255

ANALYSIS OF THE WALLA WALLA COUNTY SUICIDE WORK GROUP 2017 COMMUNITY SURVEY

EXECUTIVE SUMMARY

In 2016, a group of stakeholders formed the Suicide Prevention Work Group (SPWG) to explore the community issue of the high number of attempted and completed suicides in Walla Walla County. The stakeholders include organizations, businesses, care providers, and community members who share the common concern about increased suicide activity and the common goal to reduce suicide attempts and deaths in Walla Walla County. The Walla Walla County Suicide Prevention Work Group is partnering with the larger community to explore and examine the variables that contribute to someone contemplating, attempting, and completing a suicide. SPWG's goals are to increase awareness of mental health issues, decrease stigma, and ultimately prevent suicide in the Walla Walla area through training, community outreach, and data collection and analysis.

One of this group's first initiatives was to release a survey to the public to gauge community members', providers', and educators' awareness, perceptions, and concerns about the current state of mental health resources in Walla Walla and their thoughts surrounding suicide and mental health issues. The survey asked students, community members, medical providers, and mental health providers to anonymously respond to questions on various topics including, but not limited to: perceptions of services, mental health issues and suicide prevention, and suicide prevention training. The following report outlines the results of that survey. Survey analysis is generally divided between educators and medical or mental health providers, and community members such as parents or students. The results of this report will be used to shape and direct future trainings, community events and other programs in an effort to decrease suicide in Walla Walla County.

Through open and closed-ended questions, this survey highlights what the community believes needs to change within the mental healthcare system and the discourse surrounding suicide in Walla Walla. This voluntary survey garnered nearly two thousand responses, and a number of findings stood out immediately. Respondents indicated that trusted mental health providers, medical providers, and educators are some of the best resources to reach out to when

someone is feeling suicidal, but in Walla Walla, respondents feel these sources can be hard to find and sometimes even harder to utilize. Respondents from the community reported that they find many providers are not accessible and are too expensive. Additionally, many respondents who work in education, medical and mental health fields reported lack of training as a huge barrier. Furthermore, less than half of provider and educator respondents reported having a suicide prevention curriculum in place or a suicide prevention protocol active in their organization. Finally, when asked to indicate their opinion as to which populations needed the most attention, most educators and providers reported that they believe transitional age youth and children under 18 are in the most need of resources.

When asked about resources for community members struggling with suicide, the survey data showed that many respondents are aware of resources such as 911 and the National Suicide Hotline, but are not as aware of local therapy and mental health services. Many respondents believe that there are not enough resources available, and the resources that are present are not always accessible; long wait times or insurance coverage commonly prevented access to resources. Along with insurance coverage, cost is a limitation for many respondents in accessing care; those who can afford services noted that without their income or insurance, accessing resources would be difficult. When asked about other reasons people may not seek help, common responses include embarrassment, shame, and stigma surrounding mental health and suicide.

Overall, community members and providers alike stress the importance of an open dialogue through increased public education, as well as the importance of qualified, affordable, and accessible resources. The Walla Walla County Suicide Prevention Work Group will continue to collect and analyze data on the issue of suicide. The Work Group is committed to sharing this data and furthering this important dialogue.

KEY FINDINGS

Medical or Mental Health Care Providers and Educators

Approximately 20% of respondents identified themselves as mental health and medical care providers or educators. These respondents identified some common themes, including a lack of training and organizational preparation, gaps in existing services, and perceptions of highest risk.

- Over 40% of care providers and educators said they are not very confident or not confident
 at all in their ability to provide direct intervention to clients, students, or patients exhibiting
 risk factors for suicide.
- Almost 30% of these respondents have not asked their clients about suicidal thoughts in the past year
- 38% of respondents in this category do not have a suicide prevention curriculum in place at their organization and are not aware of plans to implement a curriculum in the future.
- 43% of respondents do not have or are unaware of a suicide prevention protocol at their organization.
- 68% of educators and mental health or medical providers believe that transitional age youth and children under 18 are in most need of services.
- When asked to elaborate on the unmet needs of their clients, students, and patients, many
 respondents indicated they believe providers need to increase accessibility, quality and
 reliability of mental health services and treatment they provide, especially for those suffering
 from substance abuse.
- Many educators, mental health or medical providers feel that awareness of the services available, especially in school settings, was paramount to successful intervention.

KEY FINDINGS

Community Members

A wide range of community members responded to the survey, including 220 college students and 198 high school students. Community members indicated less awareness of potential resources for mental health and suicide ideation than educators and mental health providers. Additionally, respondents perceived an insufficient number of mental health services, alcohol and drug use treatment services, and crisis intervention services in Walla Walla County. Over half of respondents to the question "Are there enough of these services and providers in the county of Walla Walla?" reported more of all these services are needed.

- 77% of community members acknowledged 911 and 57% acknowledged the National Suicide
 Hotline as available resources for suicide prevention, but expressed less knowledge of local
 resources.
- 80% of respondents reported a belief that mental health services can keep someone from attempting suicide.
- Private therapists were used by 64% of respondents who were consumers of mental health services.
- In the past 12 months, 42% of respondents with a household income less than \$20,000 did not get the mental health treatment or counseling they needed.
- Respondents believe that increasing the visibility and awareness of resources and mental health and suicide prevention services and providing more public education could improve access to resources.
- Inpatient mental health treatment was an intervention that respondents saw as most needed and least accessible to people in need of mental health care.
- Stigma, embarrassment, shame, and fear were some of the respondents' main reasons for community members not participating in suicide prevention programs or seeking help. In fact, 47% of mental health consumers reported that embarrassment or shame kept them from seeking help.

NEXT STEPS

The Suicide Prevention Work Group will use this report in a number of ways. With the help of Tangent Media, the group is developing a public education campaign entitled "Reach Out", which includes a website (www.reachoutww.org) and social media campaign to increase general awareness of suicide and resources to prevent suicide. To further increase public awareness, the group will present this report to the public in an open meeting format. Further, the SPWG is drafting a 2018 training calendar to address, in part, the concerns expressed by survey respondents and some common misperceptions. The group is working to make a clearinghouse of information, resources, training, and support available to the community with the fewest barriers possible.

While the SPWG recognizes the large number of responses to this survey, the group also acknowledges a number of shortcomings in both the creation and distribution of the survey. From this data, it is clear to the group that we are missing information from key components of our community, and that we need to find ways to include more voices in this vital conversation. The SPWG will continue to request feedback from the community annually to determine any changes and to direct future activities and to request feedback about trainings. In 2018, the group will start the year with a strategic planning session to develop a clear mission and goals.

The members of the Walla Walla County Suicide Prevention Work Group believe that even one death by suicide is one too many, and they are individually and collectively working to change the alarming trend of suicide attempts and deaths in Walla Walla County. If you are interested in participating in this effort, please contact the Walla Walla County Department of Community Health at 509.524.2650 or healthed@co.walla-walla.wa.us.

The Walla Walla County Suicide Prevention Workgroup would like to acknowledge the following participants, recognizing that this is not a complete list:

Julie Sievertsen Suzanne Timms

Children's Home Society
Catholic Charities
City of Walla Walla
Comprehensive Healthcare
Providence St. Mary's Medical Center
Tangent Media Group
The Health Center
Trilogy Recovery Community
Walla Walla Clinic
Walla Walla Community College
Walla Walla Public Schools
Walla Walla University
Walla Walla Veterans Administration
Whitman College
Willow Public School

If you are interested in participating in this effort please contact the Walla Walla County Department of Community Health (509) 524-2650 healthed@co.walla-walla.wa.us