

Report to the Legislature

Suicide Prevention Data and Outcomes

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Prepared by the
Prevention and
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Report Mandate

Washington State’s 2025-27 biennial state operating budget ([ESSB 5167](#)) requires the Department of Health (DOH) to provide an updated suicide prevention plan, to include a report on completed activities, planned activities, and outcomes from implementation, which shall include, but not be limited to:

- Trends in suicide among service members, agricultural workers, youth, and incarcerated persons;
- Outcomes of implemented public awareness campaigns; and
- Outcomes of trainings with first responders, including the number of trainings.

This report accompanies the [2025 Washington State Suicide Prevention Plan](#), published in May 2025. The 2025 Washington State Suicide Prevention Plan represents more than 30 years of learning, planning, and connecting across Washington. It is guided by community engagement and Government-to-Government consultation with Tribal Nations and Native communities. Four key strategic directions are embedded within the 2025 10-year plan, including:

- Healthy and Connected Individuals, Families, and Communities
- Multi-Sector Suicide Prevention
- Treatment and Crisis Services
- Data Collection, Quality Improvement and Research

This document contains information about suicide that may be upsetting or triggering for some readers. If you or someone you know is having thoughts of suicide, please reach out to 988 for help: call, text, or chat online ([chat.988lifeline.org](https://www.988lifeline.org)).

Background

Washington's Suicide Prevention Program is built with a Shared Risk and Protective Factor (SRPF) foundation and is part of the Injury and Violence Prevention (IVP) section at DOH. Injuries and violence such as car crashes, opioid overdoses, suicide, child abuse, and domestic violence are some of the leading causes of death and harm in our communities. Many programs try to prevent each of these issues separately. While developing issue specific prevention programs is valuable and sometimes necessary, it can also result in treating issues in isolation instead of looking at the bigger picture.

The SRPF framework provides a more holistic approach by identifying conditions that either increase the likelihood of harm (risk factors) or foster resilience and well-being (protective factors). By addressing these shared factors, public health programs can achieve broader and more sustainable impacts across multiple areas of injury and violence prevention.

Effective suicide prevention requires understanding and shaping the risk and protective factors that correlate with suicide in communities before crisis interventions are needed at an individual level. By focusing on upstream prevention strategies supported by national partnerships, tribal and community engagement, and a growing evidence-base, DOH ensures that statewide implementation partners have the tools to succeed.

The process of updating the Washington Suicide Prevention Plan was a comprehensive and deeply collaborative effort, designed to ensure that the final document truly represents the diverse voices, experiences, and needs of Washington's communities. From the onset, DOH was committed to a process of deep and authentic engagement that would place the voices of those most affected by suicide at the center of the work.

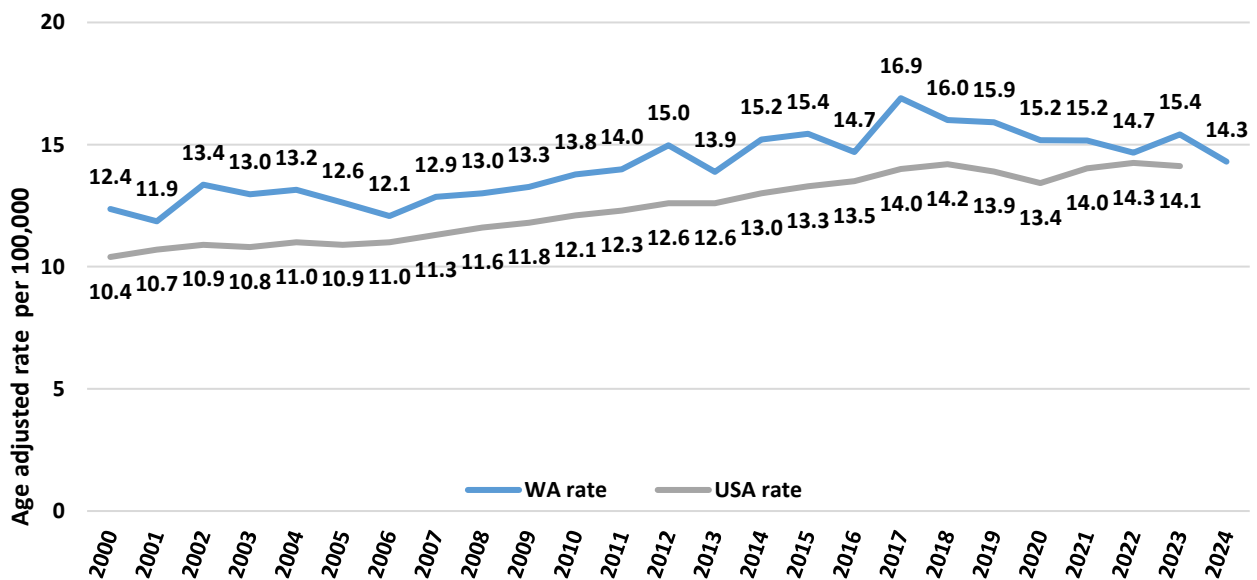
Moving forward, DOH remains committed to the principles of inclusive engagement that guided this process. The Washington Suicide Prevention Plan is not a static document. Through its periodic action plan and updates, it should be a living roadmap that will continue to evolve as we learn, grow, and work together to prevent suicide in our communities.

Suicide Data and Trends

Suicide is a leading cause of death, particularly among young people, veterans, incarcerated individuals, middle-aged men, and American Indian and Alaska Natives (AI/AN). Between 2017 and 2024, more than 1,200 Washington residents died by suicide each year, making it the eighth leading cause of death in the state. The rate of suicide deaths in Washington state has been higher than the national rate for over two decades and continues to remain so. In Washington:

- Suicide rates are higher among males; males ages 35-64 account for 36% of all suicides.
- Firearms, suffocation, and poisoning remain the top methods of suicide for all ages and make up 90% of all suicides.
- Two thirds of Washington state counties have suicide rates that are higher than the statewide average (rates from 2019-2023).

Figure 1. Washington Suicide Rates vs. National Suicide Rates, 2000-2024



WA Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data.

USA Data Source: CDC WISQARS.

DOH collects suicide data for a number of populations via the [Washington State Violent Death Reporting System \(WA-VDRS\)](#). The information below highlights trends in suicide

from 2017 to 2024 among service members and veterans, agricultural workers, youth, and incarcerated persons.

Table 1. Suicide Counts and Rates Among High-Risk Populations in WA State (2017-2024)

		2017-2018	2019-2020	2021-2022	2023-2024
		N= 2,546	N= 2,474	N= 2,462	N= 2,493
Agricultural Workers*	Count	70	60	63	46
	Crude Rate per 100,000	0.7	0.6	0.6	0.4
Youth (10-19yrs)	Count	174	140	153	129
	Age-Specific Rate per 100,000	9.2	7.3	7.8	6.5
Veterans & Service Members*	Count	488	476	491	425
	Crude Rate per 100,000	46.2	47.3	51.1	46.2
Incarcerated Persons*	Count	21	25	24	18
	% of Total Suicides	0.8%	1.0%	1.0%	0.7%

WA Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data. Data last updated: 10/9/2025.

N= total suicide counts per time period.

**Agricultural worker mortality is defined by a death certificate with any of the following census industry titles: crop production, animal production and aquaculture, forestry except logging, support activities for agriculture and forestry, animal food, grain and oilseed milling, sugar and confectionery products, fruit and vegetable preserving and specialty food, manufacturing, dairy product manufacturing, animal slaughtering and processing, farm product raw material merchant wholesalers or farm supplies merchant wholesalers. Agricultural Rates are calculated using working age population estimates (Ages 16-65yrs).*

**Veteran Rates/Service Member rates are calculated using Veteran population estimates from American Community Survey (ACS).*

**Incarcerated persons include both prison populations and jail populations. Rates are unable to be calculated for incarcerated persons at this time due to inconsistent annual population estimates for incarcerated persons.*

Trends related to suicide data for these populations include:

- Agricultural workers:
 - Suicide rates among agricultural workers have remained steady over the last eight years, with this population making up less than 3% of all suicide cases in the state.

- 61% of agricultural worker suicides involved a firearm.
- 33% had a known mental health problem.
- Youth:
 - From 2017-2023 there has been an overall 19% decrease in suicide rates for youth 10-19. However, there was a substantial increase from 2020 to 2021 during the COVID-19 pandemic.
 - Over a third of youth/adolescents had a history of suicidal thoughts, plans or attempts (36.4%).
 - 44.3% had a known mental health problem at the time of death and 29.2% were perceived by themselves or others as having a depressed mood at the time of injury.
- Veterans and service members:
 - For the last eight years, service members and veterans had higher rates of suicide than overall WA state data.
 - A substantially higher percent of veteran suicides utilized firearms (66%), compared to the civilian population (43%).
 - Veterans also reported more physical health problems that contributed to their death by suicide (31%), especially when comparing to the civilian population (17%).
- Incarcerated persons:
 - This population makes up 1% or less of total suicides in Washington state.
 - Suffocation, including hanging and strangulation, is the mechanism most used in incarcerated suicides (86.7%).
 - 39% had a known mental health concern; 34% had a non-alcohol related substance use problem; and 30% had a history of mental health or substance use treatment.

In addition to the populations above, trends from other groups at high-risk of suicide include:

- 2SLGBTQIA+:
 - In over two thirds of 2SLGBTQIA+ deaths by suicide, the person was struggling with a mental health concern, and half had a history of suicidal thoughts, plans, and/or attempts.
 - 36.8% of 2SLGBTQIA+ deaths by suicide involved suffocation (including hanging and strangulation) which is higher than statewide averages (20%).
- Older Adults:
 - Suicide is the third leading cause of injury deaths for Washington residents age 65 and over.
 - For the last 10 years, older adults in Washington have had higher rates of suicide compared to national rates. While rates dropped in 2020, they have

risen again and remain higher than national. From 2022-2024 there was a 19% decrease in WA older adult suicide rates.

- American Indian/Alaska Natives – Non Hispanic (AIAN-NH):
 - Rates for Washington AIAN-NH the highest among any other racial/ethnic group in Washington.
 - In 2023, 36.8% of AIAN-NH individuals in Washington who committed suicide were affected by substance use. 31.6% had an alcohol dependence or related concern.

Outcomes of Implemented Campaigns

Social marketing is a prevention strategy proven to be effective at influencing behavior and promoting public health. DOH suicide prevention media campaigns promote social connection and help seeking behavior, connect people to services and supportive programs in local communities, and ensures our most critical public health information reaches customers, the public and groups that benefit most from suicide prevention resources.

In the last year, suicide prevention awareness campaigns facilitated by DOH have generated more than 139 million advertising views.

Table 2. DOH Suicide Prevention Awareness Campaigns & Outcomes

Suicide Prevention Awareness Campaign	Outcomes
Native & Strong Campaign	
The Native & Strong media campaign increases awareness within tribal communities about suicide prevention and helps to advance Native American suicide prevention efforts throughout the state of Washington.	The following campaign outcomes are from July 1, 2024 – June 30, 2025: <ul style="list-style-type: none"> • 1,784,396 total advertising views per month (digital and print publications). • 14,965,821 combined advertising views for social media including Snapchat, YouTube and other digital mediums (streaming audio, podcasts, digital display).

Find Your People Campaign

The [Find Your People campaign](#) was designed to strengthen social support and connection for Washingtonians age 55 and older, including veterans.

The following campaign outcomes are from July 1, 2024 – June 30, 2025:

- 20,065,557 total advertising views per month.
- 7,601,200 T.V. impressions that reached 1,104,330 people averaging 6.88 exposures per person.
- 12,464,357 combined advertising views for social media including Facebook, YouTube and Native Video.
- The campaign reached 1,288,986 total people at an average frequency of 15.57 exposures per person.
- The campaign averaged a 60.03% video completion rate (a video advertisement viewed all the way through) which is considered a high rate.

988 Suicide & Crisis Lifeline: Anytime, Anywhere Campaign

The Anytime, Anywhere campaign promotes the 988 Suicide & Crisis Lifeline which launched in 2022. The campaign goal is to increase awareness, understanding and usage of the 988 Suicide & Crisis Lifeline in Washington.

The following campaign outcomes are from the August 1, 2024 – July 31, 2025:

- 112,139,006 total advertising views for the year.
- 68,920,764 combined advertising views for social media including Snapchat, TikTok, Meta, YouTube and other digital mediums (streaming audio, podcasts, digital display).

Outcomes of First Responder Trainings

DOH partners with several organizations to facilitate first responder trainings. Different types of trainings are supported to increase the capacity and readiness of communities for suicide prevention across the state. Funded partners facilitate “train the trainer” sessions that are customized to each agency, department, group and profession. DOH also supports Gatekeeper trainings, which teach participants to identify and assist people who are showing warning signs of suicide risk and to help them get the services they need.

In addition, [RCW 43.70.442](#) established that all healthcare professionals in Washington are required to complete a suicide prevention training course from the Washington Model List. DOH actively maintains the model list and supports training, continuing education,

and competency development among healthcare providers, social workers, and connected fields.

An average of 70,000 health professionals in Washington complete suicide prevention training each year.

Outcomes from first responder trainings include increased understanding of suicide prevention protective factors, risk factors, warning signs, and stigma. As a result, individuals increase their likelihood to act and provide assistance to their colleagues and community members when they notice warning signs.

From 2023-2025, DOH partnered with several first responder groups. Outcomes of these partnerships include:

- 80 first responders established competencies to become suicide prevention trainers within their departments.
- 340 professionals from law enforcement, fire departments, military installations, and first response organizations completed Lethal Means Safety (LMS) training, LEARN Suicide Prevention training or Combating Stigma training.
- 988 Lifeline materials were distributed across 86 correctional facilities in multiple languages.

At the time of this report, additional first responder training courses are being planned based on recommendations from the [Washington Law Enforcement Officer Mental Health & Wellness Task Force](#).

Additional Activities and Outcomes

Statewide Infrastructure for Suicide Prevention

We facilitate and continually engage with Washington’s Action Alliance for Suicide Prevention, a cross-sector partnership working together to align prevention efforts and advance strategies detailed in the Suicide Prevention Plan. Action alliance members regularly convene, host presentations about ongoing work, review data, collaborate on best practices, and share successes and resources to grow our impact across the state.

Additionally, we lead suicide prevention activities by funding core staff positions across state agencies, as well as through partnerships with community organizations across the state.

Core partners include:

- Washington State Department of Veterans Affairs (WDVA)
- Washington State Department of Corrections (DOC)
- University of Washington (UW) Forefront Suicide Prevention
- Washington State University (WSU) Agricultural Suicide Prevention Pilot Program
- Crisis Text Line
- Office of Superintendent of Public Instruction (OSPI)
- Additional organizations coordinating through the Action Alliance for Suicide Prevention

Suicide prevention activities are conducted across all 39 Washington counties, reaching over 2500 participants a year.

Youth Prevention

DOH maintains a focus on youth suicide prevention based on unique factors influencing mental and behavioral health needs of children in Washington communities. As of 2024, prevention contracts were established with 12 community-based organizations (CBOs) to strengthen youth resilience and well-being in underserved communities across the state.

Youth-serving partners collaborate with 22 schools to create protective environments where all youth can thrive. This has resulted in:

- Created 15 crisis response plans in schools through UW Forefront
- Strengthened local & statewide coordination among school-based coalitions
- Trained 306 Peer Leaders and 83 Adult Advisors through Sources of Strength
- Increased use of trauma-informed suicide prevention activities with children in schools

Tribal Nations and Urban Indian Organizations (UIO)

Over the years, DOH has participated in and supported tribal suicide prevention by:

- Participating in monthly meetings of Tribal 988 Subcommittee & Tribal Centric BH Advisory Board (TCBHAB), monthly meetings with the Northwest Portland Area Indian Health Board Tribal Suicide Prevention team, the Idaho State and Oregon State Suicide Prevention teams and the Northwest Portland Area Indian Health Board.
- Participation in tabling events and presentations at tribally focused conferences.
- Implementation of the Native & Strong Lifeline and corresponding awareness campaign.
- Hosting the inaugural Wellness and Resiliency Gathering in May 2021 with the Cowlitz Tribe. Approximately 150 people attended.

- Supporting convening efforts of the Suquamish Tribe for the 2nd and 3rd Wellness and Resiliency Gatherings in May 2022 and May 2023. Approximately 150 attendees in 2022 and approximately 125 attendees in 2023.
- Actively planning a Tribal Youth Prevention Summit in 2025/2026.

Conclusion and Future Planning

Looking ahead, DOH continues to align suicide prevention work with the Washington state suicide prevention plan’s vision:

In 10 years, community connections thrive, overall resilience and well-being are strengthened, and preventable suffering related to mental health and suicide is eliminated. People have access to timely, affordable, culturally resonant, and trauma-informed health resources and services, which respect autonomy and reflect their strengths, needs, and goals.

Planned activities for DOH include but are not limited to:

- (1) Coordinate implementation and evaluation of the Strategic Directions in the State Suicide Prevention Plan which includes additional trainings and events with first responders, building upon recommendations from the Washington Law Enforcement Officer Mental Health & Wellness Task Force, (
- (2) Increase public awareness of upstream suicide prevention programs as well as the 988 Suicide & Crisis Lifeline,
- (3) Support for community and tribal suicide prevention
- (4) Build capacity for data collection, analysis, and evaluation, and
- (5) Facilitate the Multi-agency Youth Suicide Prevention Workgroup.

As shown in this report, suicide is a growing public health crisis that impacts every community in Washington. Upstream suicide prevention activities are nationally recognized as essential to save lives. DOH, Washington’s Action Alliance for Suicide Prevention, partners, and allies in the field are rising together to carry out the 10-year state plan and deliver services built with Washington residents.

