

A COMPREHENSIVE GUIDE TO **MENTAL HEALTH & SUICIDE-PREVENTION RESOURCES**

for First Responders, Law Enforcement, Military,
Veterans, Loss Survivors and Underserved Groups
in Washington State

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BH CORE
BEHAVIORAL HEALTH
CRISIS OUTREACH
RESPONSE AND EDUCATION



**Criminal Justice Training
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SCHOOL OF SOCIAL WORK
UNIVERSITY of WASHINGTON

About BHCore

Established in 2024, BHCore serves the crisis response community in Washington state by providing training opportunities, funding innovative programs, supporting workforce development, and collecting data that helps shape policy and improve service delivery systems.

The center supports all frontline responders including law enforcement, firefighters, emergency medical services, co-responders, social workers, mental health counselors, dispatchers, peers, and others delivering effective and humane assistance to people in crisis.

The University of Washington School of Social Work administers the state-funded initiative, which is informed by a wide range of subject-matter experts in behavioral health and first response—and by the individuals who have articulated and shared their behavioral health challenges and triumphs.

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Acting Fast in a Suicide Emergency

If you are in an immediate crisis or having a suicide emergency, call 911.

You may need to go to the local emergency room.

If you are not in acute crisis but are experiencing thoughts of suicide, call 988, the crisis and suicide lifeline. Visiting your local ER may not be needed. Talking with a 988 professional will provide support and help you determine appropriate next steps.

Many people have thoughts of suicide without ever acting on these thoughts. It's important to buy yourself time until the negative thoughts abate and to remove access to means for self-harm.

If anyone you know expresses thoughts of suicide, react with compassion, kindness and respect. After talking with 988, you may turn to doctors, nurses, counselors and faith leaders in your community for support.

988 SUICIDE AND CRISIS LIFELINE

This national service provides free confidential clinical support 24/7 for people in crisis and their family members.

- Dial 988 and then
- Press 1 if you are a veteran
- Press 2 if you are Spanish speaking
- Press 3 for LGBTQI+ youth, ages 13–24
- Press 4 for Native and Strong (in Washington state)
- You can also send a text to 988, or visit 988lifeline.org

FOR INDIVIDUALS USING AMERICAN SIGN LANGUAGE (ASL)

Go to 988lifeline.org

Select “For Deaf & Hard of Hearing”

Choose “ASL Now”

FOR INDIVIDUALS WHO DO NOT SPEAK ENGLISH OR SPANISH

Call the 988 Lifeline and specify the language you need; you have an electronic choice from more than 240 options.

TEEN LINK: 1-866-833-6546

Teen Link is a peer-to-peer support line. If you are experiencing a mental health crisis, we encourage you to dial 988 any time, day or night.

WASHINGTON DEPARTMENT OF HEALTH & WELFARE SUICIDE PREVENTION PROGRAM: 1-866-833-6546

Using Life-saving Interventions *when counseling is not an option*

Although mental health counseling, medication and other treatments may be highly effective in reducing and eliminating suicidal thoughts and actions, some individuals may need a more immediate approach.

When someone is in a crisis, coping becomes difficult and the usual methods of managing stress may feel strained. To survive a high-risk suicidal crisis, it may be necessary to find alternative options for suicidal behavior rather than tackling the root of emotional pain through counseling.

If you or someone you are close to is prone to moments of crisis like this, it's helpful to create a plan using one or more of these methods.

SAFETY PLAN

A safety plan is personalized and looks different for everyone. It's typically constructed between an individual and a mental health provider or someone who is a trusted source. The goal of a safety plan is to help individuals identify the thoughts or feelings that occur before a decline in their mental health so that they can fall back on a variety of coping options.

According to the American Foundation for Suicide Prevention, a safety plan includes:

- Warning signs that a suicidal crisis may be developing.
- Specific things—activities and/or places—that may distract a person from focusing on suicidal thoughts.
- Individuals who may distract a person's focus on suicidal thoughts.
- People with whom a person can discuss their distress and suicidal thoughts, where they feel both heard and supported.
- Professionals available for consultation.
- Emergency resources such as the 988 Suicide & Crisis Lifeline and the Crisis Text line (text 'TALK' to 741741).
- A plan to reduce access to lethal means in the home or immediate environment.
- A list of the person's hopes for the future and reasons for living.

There are apps available to help build safety plans so that people can personalize and access them anytime on their cell phones.

LETHAL MEANS COUNSELING (LMC)

Lethal Means Counseling helps individuals, peers and families reduce the means that a suicidal person has for committing suicide.

When someone is in suicide crisis, the situation can escalate quickly. The individual may develop tunnel vision from pain and their access to lethal means, such as weapons or harmful substances, can play a crucial role in committing suicide. LMC helps families and individuals remove lethal means so that an individual can make it through a crisis. Research shows that if people make it through these painful moments, they are more likely to consider coping strategies.

The American Foundation for Suicide Prevention defines the LMC steps as:

- Express concern for the individual's safety.
- Let them know what they can do to create a safe environment.
- Remove or secure any type of lethal means from the home or work environment, such as firearms, medications (prescribed and over the counter), toxic substances such as cleaning supplies, and sharp objects.
- Explain to the potentially suicidal person that lethal-means safety reduces the risk of suicide during moments of acute crisis.
- If an attempt does occur, other methods are likely to be less lethal.
(People usually don't switch quickly to different methods because their thinking is less flexible during a crisis.)

Identifying the Right Treatment Approach *when counseling is an option*

The mental health field has made significant strides in developing approaches and interventions for individuals at risk for suicide. In addition to assisting individuals and families with broad life, behavioral and emotional changes, counseling may also help reduce and manage suicidal behavior and thoughts.

When contacting providers, ask about their experience and credentials in supporting individuals with thoughts about suicide. Washington state law requires training in suicide care, so most providers you contact should be able to provide support although the level of expertise in treating suicidal behaviors may vary.

Here is a list of treatment approaches that have been found to measurably assist with anxious, depressive or suicidal thoughts along with substance use and occupational and life experiences.

- **Collaborative Management and Assessment of Suicidality (CAMS)** CAMS assists individuals to identify the problems that cause suicide thoughts, called *suicide drivers*. Working together, the client and therapist can explore the roots of the suicidal thoughts and behaviors and develop a plan to manage the drivers and identify coping mechanisms.

CAMS also facilitates a discussion of risk factors, ways to reduce risk factors, and how to create a stabilization plan. This approach is highly collaborative and involves hard work to create and maintain a plan that identifies reasons to live and builds hope for the future.

- **Cognitive Behavioral Therapy (CBT) & Cognitive Behavioral Therapy—Suicide Prevention (CBT-SP)** In this form of therapy, the counselor and client work together to restructure the client's thoughts about suicide. In this treatment, suicidal behavior is viewed as a maladaptive coping mechanism that a person develops to resolve emotional pain. The behavior is not viewed as a psychological disorder or as a symptom of one.

The CBT or CBT-SP approach provides a safe place for individuals to view and evaluate thought patterns and to develop other ways of thinking, coping and living. CBT is used to treat depression and anxiety, reducing automatic negative self-talk, maladaptive belief patterns and disruptive behaviors. Typically, treatment includes three main phases (Acute, Skill Building and Continuation Post Acute) and a safety plan with specific action steps to take in a crisis.

- **Dialectical Behavioral Therapy (DBT)** Talk therapy based on CBT, is specifically designed to help individuals who experience emotions in a very intense way. "Dialectical" refers to combining opposite ideas. In this case, the opposite ideas consist of helping people

accept the reality of their lives and their behaviors as well as helping them learn how to change their lives and their unhelpful behaviors.

In an emotionally charged situation, two opposing points of view compete. The goal of this therapy is to bring the two points of view together, increasing the integration of views and emotions and reducing reactivity. Some of these dialectics include: solving a problem vs. accepting a problem; improving yourself vs. accepting yourself as you are; regulating feelings vs. feeling what you feel; quiet and meditative vs. immediate action; and being independent vs. accepting that sometimes people are dependent.

DBT helps individuals view their lives as worth living while simultaneously learning new adaptive skills to weather and cope with crises. Often DBT is used to treat self-harm ideations, suicidal behavior, post-traumatic stress disorder, substance use disorder, eating disorders, depression, anxiety and borderline personality disorder.

- **Prolonged Grief Therapy (PGT)** This form of therapy helps individuals and families cope with and process a deep personal loss. Grief is a complicated and highly personal experience, especially if it is experienced with trauma and confusion. Sometimes people feel “stuck” in their grief and find it difficult to enjoy aspects of life, heal and move forward. When someone is experiencing prolonged, intense and unrelenting grief, PGT is a beneficial therapeutic process in helping them get “unstuck” and begin healing.

A therapist using PGT helps clients process grief and heal, using a variety of techniques and treatment strategies that include learning about grief, balancing grief with coping skills, and addressing trauma and loss.

- **Attachment-Based Family Therapy (ABFT)** This therapy was developed to reduce suicide risk among adolescents and is often used in family treatment settings.

ABFT focuses on bringing empathy, perspective-taking and problem-solving skills for families to nurture an individual’s attachment to family. Increased family attachment supports an adolescent’s sense of self and forms a model for healthy relationships.

In ABFT, suicidal behavior in adolescents is often viewed as a coping response to stress and difficulty regulating intense emotions. This often happens when family attachment is weak and adolescents experience symptoms such as depression, reactivity and disruptive emotional regulation.

ABFT works to identify the feelings and situations that produce distressful family relationship patterns. In turn, individuals and families can begin to more openly discuss difficult feelings and build skills for emotional expression. Through compassionate and informative conversations, the counselor works with the adolescent and parents separately and together to build a more secure, informed and communicative family attachment.

- **Eye Movement Desensitization and Reprocessing (EMDR)** EMDR is a neuro-scientifically backed therapeutic process that assists people in reducing the effects and disturbances of trauma. Through a structured process, a client will be guided through the traumatic memory while simultaneously experiencing bilateral stimulation (typically eye movement or finger tapping).

The combination of these movement simulations and the memory it conjures help the individual reduce the vividness of the emotion associated with the trauma. In essence, it is a way to process difficult memories and experiences while re-wiring your brain to experience less disturbance and diminish symptoms. People often find EMDR useful as it is highly structured and typically works faster than talk therapy. While EMDR is not a method used to treat acute suicidal thoughts and actions, it has been shown to be helpful to those suffering from PTSD, anxiety, depression, OCD, chronic pain, addictions and other traumatic or distressing events.

For more details on these methods, please visit the [American Foundation for Suicide Prevention](#) website where you can view the summary of therapy options for those struggling with loss or thoughts of suicide.

Finding a Mental Health Counselor

It's difficult to know where to begin when looking for a mental health counselor who will be a good fit. Fortunately, there are several resources available that can assist in this process. When starting your search, it can be helpful to use a search database to narrow the criteria, such as a therapist's specialty, location, and insurance coverage or payment methods.

Remember to trust your gut: If you do not connect well with a therapist, it's okay to find someone who is better suited for you and your situation.

A great place to start your search is [Psychology Today](#). This extensive search engine allows you to search by different categories: therapists, psychiatrists, treatment centers and support groups by location. You can also filter for a variety of categories, such as telehealth or in-person sessions, type of therapy or specialty, gender, age, price, insurance, ethnicity, language, faith and sexuality. Once you have selected the criteria that fit your preferences, a list of matches will appear for you to review in more depth.

Additionally, [Healthline](#) offers resources on different modalities and considerations for finding a therapist. They include step-by-step processes for defining your goals, consulting insurance and identifying financial questions, exploring community and peer resources, using a variety of databases, identifying helpful organizations, and navigating online therapy options.

Understanding Alternatives to Counseling

Therapy is a great resource for many people. However, some may find that they would prefer alternative options or options that can be used in addition to mental health counseling. Below are several options that should be discussed and assessed with a qualified professional to determine if they are a good fit.

- **Medication:** When using medication to treat a mental health condition, it is vital to work with a qualified professional, such as a psychiatrist, to ensure the risks and benefits are carefully evaluated. This discussion should cover details about a person's experience, how their condition or symptoms impact their life, and the different options for treatment that exist. Despite potential risks and side effects from taking medication, choosing not to treat symptoms, like suicidal thoughts, can also come with its own set of risks. The [American Foundation for Suicide Prevention](#) website explains how to explore medication as an option, including a list of medications that have been found to measurably assist with depression and suicide prevention.
- **Transcranial Magnetic Stimulation (TMS):** This noninvasive procedure uses magnetic fields to stimulate nerve cells in the brain, alleviating some of the symptoms of major depression. TMS is often used for those who have found talk therapy and/or medication to be ineffective in treating depression, smoking, migraines and obsessive-compulsive disorder. Currently, TMS is approved for use by the U.S. Food and Drug Administration (FDA); the full extent of the method's abilities to help various conditions is still being studied. For more information on TMS, its uses, outcomes and side effects, go to the [Mayo Clinic's review of the treatment](#).
- **Ketamine/Esketamine Treatment:** In 2019, the FDA approved a nasal spray called Esketamine, a derivative of Ketamine, as an alternative approach to helping with treatment-resistant depression. While it is in the early stages of research, scientists have found certain treatments that involve Ketamine can measurably help fight major depression. For more information on the treatment, go to Yale Medicine or The National Institute of Mental Health.
- **The Stellate Ganglion Block (SGB):** This intervention involves an injection of medication into nerves at the base of the neck for chronic pain condition and has been found to help with mental health conditions such as depression and PTSD. For more information, please visit the [Cleveland Clinic's page on SGB](#).
- **Holistic options:** There are many holistic options that researchers have found measurably improve quality of life and can pair well with any of these approaches. Here is a list developed by the [Cleveland Clinic on holistic alternatives and additives to therapy/medication](#).

National Resources for Suicide Prevention

[Suicide Prevention Resource Center](#)

This national organization provides resources, guides, trainings and information on suicide and suicide prevention. Additionally, SPRC provides a virtual learning platform designed to assist community and state-level partnerships to construct and improve effective suicide prevention methods.

[National Online Support Groups and Forums](#)

The Alliance of Hope is an online group created in 2008. Its international online forum operates 24/7 and hosts more than 22,000 members. AOH offers information for mental health professionals and includes a section for families with children and teens.

[National Action Alliance for Suicide Prevention](#)

The Action Alliance, a nonpartisan and independent national partnership for suicide prevention, collaborates across public and private sectors. It has a unified vision and strategy to identify and organize efforts to enhance the national response to suicide, focusing on:

- Strengthening accountability
- Aligning messaging
- Convening collaborative partners
- Exploring shared policy solutions
- Standing for equity
- Tracking progress

[American Association of Suicidology](#)

The American Association of Suicidology (AAS) is the oldest and largest membership-driven suicide prevention organization in the world. Its mission is to advance research on suicide and its prevention, conduct public awareness initiatives, and provide education and training for both professionals and volunteers.

[Mental health resources for historically underserved communities](#)

The American Foundation for Suicide Prevention provides a list of national resources that have been reviewed for accuracy, mental health and community content, and ease of use. The resources are grouped by different ethnicity groups, culture and communities.

[The Jed Foundation](#)

The Jed Foundation is a nonprofit organization that supports emotional health and prevents suicide for teens and young adults in the United States. It provides resources for coping, support, volunteering, assisting others and seeking help.

[QPR Institute](#)

The QPR Institute, which stands for Question, Persuade, Refer, aims to reduce suicidal actions and preserve lives by delivering innovative, pragmatic and proven suicide-prevention instruction.

Resources for Law Enforcement, First Responders & Military Personnel

Law enforcement officers, first responders and members of the military work in stressful and unpredictable environments and often find themselves in volatile and hazardous circumstances. Whether responding to emergencies, assisting with a crisis, conducting investigations or maintaining public order, these professionals navigate a landscape riddled with potential danger, stress and trauma.

As a result, this community and their loved ones may need help, including mental health support, resources for coping with loss and transition, or immediate crisis support. Please refer to the earlier section of this guide for help in navigating mental health resources.

To manage the specific challenges faced by individuals in the law enforcement community, law enforcement agencies should prioritize comprehensive preparation and training initiatives that equip officers with the skills and resources necessary to address any scenario they may encounter in the line of duty. The [Suicide Prevention, Intervention & Postvention resource](#) provides training and suggestions.

LAW ENFORCEMENT AND THEIR FAMILY MEMBERS

Resource	Location	Services	Contact
Cpline	Nationwide	International Law Enforcement Officers' hotline for mental health crisis.	1-800-267-5463
Grief and Loss in Law Enforcement	Nationwide	Resource guide from the International Association of Chiefs of Police for dealing with grief and loss in the law enforcement community.	
Blue H.E.L.P.	Nationwide	Training and resources for law enforcement and families to cope with the suicide of a loved one.	contact@1sthelp.org
Red H.E.L.P.	Nationwide	Training and resources for fire fighters and families to cope with the suicide of a loved one.	
Law Enforcement Family Resources	International	Guides, tools and resources for the family members of law enforcement.	707-836-6767
Family Support for Police Line-of-Duty Deaths	Nationwide	Resource for supporting children and family survivors of police line-of-duty deaths.	
Suicide Prevention Resource Center: The Role of Law Enforcement Officers in Preventing Suicide	Nationwide	This fact sheet provides law enforcement with resources and details on how to identify and respond to people in suicidal distress.	1-877-483-7772 Info@sprc.org
Department of Justice Report on Best Practices to Address Law Enforcement Officer Wellness	Nationwide	A report on best practices to address law enforcement officer wellness, including support for officers experiencing substance use disorders, mental health issues, or trauma-related symptoms.	
Comprehensive Framework for Law Enforcement Suicide Prevention	Nationwide	A report identifying recommendations and considerations for policing professionals as it relates to suicide prevention efforts in an agency or department.	

FIRST RESPONDERS AND THEIR FAMILY MEMBERS

Resource	Location	Services	Contact
Code4 Northwest	Maple Valley, Wash.	A non-profit volunteer helpline and crisis services organization for first responders.	425-243-5092 Help@Code4NW.org
Safe Call Now	Nationwide	24-hour crisis referral service for public safety employees and emergency services personnel and their family members nationwide.	206-459-3020
First H.E.L.P.	Nationwide	Training and resources for first responders and families to cope with the suicide of a loved one.	
Washington State Council of Firefighters	Statewide	A community dedicated to local peer support team development, creating educational and mentorship partnerships, establishing a Clinician Response Team, and fostering communication.	360-943-3030
Brothers in Healing	Nationwide	Education and resources for first responders to work through healing and traumatic experiences.	brothersinhealing@gmail.com
First Responder Support Network	West coast	An organization that offers retreats, training, and resources for first responders and their families to cope with and move through trauma.	415-721-9789
Concerns of Police Survivors (C.O.P.S.)	Nationwide	An organization that offers resources for training, counseling, education and other programs for those who have lost a loved one in the line of duty.	573-346-4911 cops@nationalcops.org
First Responders Children's Foundation	Nationwide	Provides financial support to children who have lost a parent in the line of duty as well as families enduring significant financial hardship due to tragic circumstances.	646-822-4236 Info@1stRCF.org

MILITARY MEMBERS, VETERANS AND THEIR FAMILIES

Resource	Location	Services	Contact
Veterans Crisis Line	Nationwide	Call and text support 24/7 for veterans who are in crisis.	Call 988 (press 1) Or 1-800-273-8255 Or text 838255
TAPS 24/7 National Military Survivor Helpline	Nationwide	A hotline for members of the military or veterans who are experiencing thoughts of suicide	1-800-959-TAPS (8277)
Tragedy Assistance Program for Survivors (TAPS)	Spokane, Seattle, Puyallup and Shelton, Wash.	Monthly in-person support groups for families and friends of U.S. military/veterans who have died by suicide	1-800-959-8277
Vets4Warriors	Nationwide	A 24/7 military peer support program staffed by veterans that provides immediate, confidential, ongoing support to every member of the U.S. military community.	Call or Text: 1-855-838-8255
Vet Center Call Center	Nationwide	A confidential call center with 24/7 access to counseling call services for veterans and their families.	1-877-927-8387

[The Washington State Department of Veterans Affairs](#) offers a comprehensive guide and resources to identify and find mental health support for veterans and their families. The website includes information on types of services and treatment offered, who qualifies, and how costs are covered.

[Veterans Affairs Puget Sound Health Care](#) connects individuals experiencing thoughts of suicide to support services. The group collaborates with behavioral health providers and community organizations to support veterans navigating emotional or mental health crises. They provide suicide prevention care coordinators, suicide prevention case managers, safety toolkits, gun safety locks and other resources.

[Washington State Resources for Veterans, Families & Caregivers](#) provides an extensive fact sheet with resources for veterans and military mental health support across Washington state. The list includes contact information, descriptions, regions and populations served.

[The American Foundation for Suicide Prevention](#) website offers resources, statistics and education about suicide and mental health in the veteran community. Some of these resources include confidential helplines, text lines and access to crisis responders for veterans or their families.

Resources for Underserved Communities

If you identify as a member of an underserved community and would like to seek therapy from those who provide inclusive services for specific cultural, ethnic or vocational background, there are resources that can help.

[The American Foundation for Suicide Prevention](#) provides a list of national resources that have been reviewed for accuracy, mental health and community content, and ease of use. The resources are grouped by different ethnic groups, cultures and communities to help users find a group or resource that fits their needs.

Black, Indigenous and people of color

[Mental Health America](#) provides resources for BIPOC communities, organized by different cultural and ethnic backgrounds. This source provides mental health resources, information, statistics and education on historically underserved communities which include Black, Indigenous, Latinx/Hispanic, Asian American, Pacific Islander, Arab, Middle Eastern, South Asian and other multicultural and religious communities.

Asian Americans, Native Hawaiians and Pacific Islanders

[The National Asian American Pacific Islander Mental Health Association](#) has a nationwide list of mental health and behavioral services for Asian Americans, Native Hawaiians and Pacific Islanders. The list is organized by state, and contains names, cities, addresses and contact information for each resource.

LGBTQ+

The [Trevor Project](#) provides LGBTQ+ community and family members with extensive resources, including research and information on suicide and interventions in the LGBTQ+ community, resources for supporting LGBTQ+ members, information on safety, and guides for finding [LGBTQ-specific mental health support](#).

The American Foundation for Suicide Prevention provides a comprehensive list for LGBTQ+ [related hotlines and resources](#). These include text and call hotlines, LGBTQ+ support services, and LGBTQ+ organizations. Additionally, they provide research and more [in-depth information](#) about the LGBTQ+ community and the challenges it faces.

Resources for Suicide-Loss Survivors in Washington

It's important to seek help after a loss to suicide as the grief can be difficult and complicated.

Individuals, families and close friends who are bereaved by suicide may first experience several days of shock. For many, the question *why?* haunts them. Others find peace without an answer. Some worry that suicide will bring shame to their family. Others will speak openly of suicide in hopes of bringing new awareness about the risk and emotional cost of suicide.

Your county or community may have a suicide prevention group or coalition that can help you and your loved ones cope with your grief. It's important to find one or more forms of support where you feel safe to talk about your feelings without judgment and where you can learn more so that you can heal and avoid self-blame or other destructive behaviors.

[Washington State Department of Health](#)

This Washington State Department of Health website has information on grief resources statewide, including resources for responding to a suicide at school or at work.

[American Foundation for Suicide Prevention](#)

The immediate aftermath of a loved one's suicide is a difficult, bewildering and agonizing period. This resource includes guidance to assist individuals in navigating the first few days after losing someone to suicide, providing insight into the challenges friends or family members are likely to encounter.

[I've Lost Someone](#)

The American Foundation for Suicide Prevention offers videos and other resources for individuals and families who have lost a loved one to suicide.

ADULT LOSS-SURVIVOR SUPPORT

Resource	Location	Services	Contact
T.A.P.S. Tragedy Assistance Program for Survivors	Nationwide	Offers compassionate care to those grieving the loss of a loved one who died while serving in our Armed Forces or because of their service.	Survivors 1-800-959-TAPS (8277)
Auburn Survivors of Suicide	King, Pierce and Thurston counties, Wash.	Support groups for suicide loss survivors specializing in trauma and grief.	support@auburnsos.com 206-384-5114
Whatcom Suicide Survivors Support Group	Bellingham, Wash. & online	Online suicide loss support groups.	jpmouse@ix.netcom.com 360-671-4950
SOS Eastside	Redmond, Wash. & online	Suicide loss support meetings and helpful Suicide related resources.	
Swedish Edmonds Survivors of Suicide Support Group	Edmonds, Wash.	Eight-week groups for suicide loss survivors.	bereavement@swedish.org 425-640-4404 <i>Intake Interview Required</i>
King County Crisis Connections	Online	Suicide loss support group: Meets twice a month	206-461-3210
North Idaho Suicide Loss Survivor Support Group	Hayden, Idaho and Spokane, Wash.—online and in-person	Suicide loss support group, meeting first Wednesday of the month	jainsworth@phd1.idaho.gov 208-691-9007
Olympia Survivors of Suicide	Olympia, Wash.—in-person	Suicide loss support group, meeting third Thursday of the month	support@auburnsos.com 360-866-2509
Spokane Valley SOLOS	Spokane, Wash.—online and in-person	Adult and teen suicide loss support group, meets twice a month.	509-951-3713
Seattle: The Healing Center	Online	Suicide loss groups for spouses, partners, children and adults.	hello@healingcenterseattle.org 206-523-1206

SUICIDE-LOSS SUPPORT FOR CHILDREN AND ADOLESCENTS

Resource	Location	Services	Contact
Eluna	Camp locations in Seattle, Everett and Tacoma	A free national network of grief camps for kids, teens, and families who have experienced the death of a significant person in their lives.	Eluna request form
Bridges Center for Grieving Children	73 locations in Washington state	Family suicide loss support groups for children, teens and adults.	lduke@multicare.org amy.vanzandt@multicare.org 1-800-5221419 Intake interview required
Dougy Center	Nationwide	A national resource center for families in grief.	help@dougy.org 503-775-5683
Alliance of Hope for Suicide Loss Survivors	Nationwide	Resources and group support for suicide loss recovery.	
American Foundation for Suicide Prevention	International	A resource for finding suicide bereavement support groups around the world.	