



Suicide Prevention Training in the Workplace

Interview with Galli Murray, Suicide Prevention Coordinator Clackamas County

Introduction

The Oregon Alliance to Prevent Suicide is part of a movement galvanized to help all young people embrace life. Our vision is to connect efforts across Oregon to:

- Promote a sense of **hope** and highlight resilience
- Make it safe to ask for **help** and to ensure that the right help is available at the right time
- Engage communities in the **healing** process after an attempt or suicide loss in order to prevent contagion

This paper, one in a series on suicide prevention training related to the workplace, is part of the ongoing work of the Alliance Workforce Development Committee. The Alliance wishes to express its appreciation to Galli Murray for sharing her experiences and lessons learned about implementing suicide prevention efforts within Clackamas County Health, Housing, and Human Services.

Galli Murray, Suicide Prevention Coordinator

Office of the Director

Clackamas County Health, Housing, and Human Services

Clackamas County Health, Housing and Human Services (H3S) has seven divisions dedicated to ensuring healthy families and strong communities. Approximately 600 staff provide behavioral and physical health, community development, housing, and social services for communities across Clackamas County. <https://www.clackamas.us/h3s>

Galli Murray, a Licensed Clinical Social Worker, is the Suicide Prevention Coordinator for Clackamas County Health, Housing, and Human Services. Galli is a specialist in crisis trauma and suicide prevention and works within Health, Housing and Human Services and across systems to reach the county's goal of zero suicide. Prior to serving in this position, Galli led a team of clinicians and case managers working towards addressing the critical mental health needs of Clackamas County residents.

Thanks, Galli, for taking time to share with us about Clackamas County's suicide prevention training efforts. Before we talk about the training program, can you give us some context for our conversation.

One of our top priorities at the Departmental level is suicide prevention. The leadership and support of our director, Richard Swift, has been and continues to be so important since we adopted Zero Suicide as our philosophy in 2016. Director Swift is committed to improving our internal systems and strengthening community partnerships. Additionally, in 2018 we were awarded a SAMHSA Zero Suicide grant. The grant is a system wide initiative to eliminate suicide attempts and deaths within our patient population and raise awareness of suicide prevention in the larger community. It's not just a top down administrative support and engagement approach though. At the community level, we have developed a Suicide Prevention Coalition, we have collaborative relationships with schools, law enforcement, the medical examiner's office and others, we have a community that is eager and ready to be a part of this



work. In short, the success of our suicide prevention efforts is best reflected by the combined commitment of our leadership within Clackamas County Health, Housing, and Human Service, the employees who work here who go above and beyond and our community who is ready to be a part of the work.

Let's take a look now at Clackamas County's suicide prevention training program. Tell us about participants, curriculum, and trainers.

Clackamas County Health, Housing and Human Services has over 600 employees. Our employees have a wide variety of job responsibilities and various levels of contact with people seeking and receiving services. Some of our employees like nurses, clinicians, medical assistants, case managers and, provide direct services. Others provide essential indirect services such as health promotion and prevention, policy and data analysis, billing, administrative support, customer service, and abuse investigation. Suicide prevention training is required for all employees regardless of their job responsibilities. We believe that everyone has a part to play in this work.

There have been instances where someone who really didn't think they needed to go through suicide prevention training, came forward afterwards with "I used it last night with a neighbor." Sharing this experience . . . goes a long way to dispel concerns around how useful and necessary suicide prevention training is.

Employees participate in specific trainings based on their job responsibilities. Training requirements for directors, managers and supervisors are the same as the highest level of staff they supervise. The various trainings we provide include Mental Health First Aid, QPR (Question, Persuade, Refer), ASIST (Applied Suicide Intervention Skills Training) and CALM (Counseling on Access to Lethal Means). An employee's job position determines the type of training they receive, however, all staff attend Mental Health First Aid training. (See page 4 training model information)

For trainers, we have in-house trainers for our Mental Health First Aid and QPR components and currently contract out for the ASIST training. Thanks to Meghan Crane, Zero Suicide Program Coordinator with OHA's Public Health team, a CALM train the trainer will be coming to Oregon and we will be sending folks there to get trained and, ideally, have in house trainers for CALM as well.

We also provide no cost mental health awareness and suicide prevention training for community members and regularly train school district employees, law enforcement officers, veterinary clinics, faith based communities and others. A partnership between Clackamas, Multnomah and Washington counties has resulted in the amazing gettrainedtohelp.com website which provides detailed information about various trainings and allows free registration to anyone who lives or works in the tri-county area. <https://gettrainedtohelp.com/en/>

How was the idea of suicide prevention training received across the agency - by administration, managers, supervisors, staff? Any resistance or opposition to the idea of suicide prevention training or concerns about how it would be received?

As I mentioned earlier, we are so fortunate to have strong support from our director, Richard Swift, and other leaders within the Department. We have so many varying lines of business with the Department including Veteran's Service Officers, environmental health services, energy assistance, community development and housing. The majority of the work our Department does is not clinical in nature and

asking that all staff take suicide prevention or mental health awareness training, dispels the belief that the work of suicide prevention belongs solely to mental health professionals. We believe the work belongs to all of us and, as a result, we believe that everyone should be trained to help.

There have been instances where someone who really didn't think they needed to go through suicide prevention training, came forward afterwards with "I used it last night with a neighbor." Sharing this experience, especially with staff who aren't so sure they need the training, goes a long way to dispel concerns around how useful and necessary suicide prevention training is.

We also found sharing this concept is helpful: If we happen upon someone who appears to be having a physical health crisis like chest pain, the average human will do three things; 1) We ask if they are ok; 2) we call for professional help, and; 3) we stay with them until help arrives. As human beings we are programmed to help in a situation where there is physical health issue, we all have 911 in our brains. We need to respond to people who we encounter who are emotionally struggling in this same way. Suicide prevention training is a way to help folks understand that you don't have to be a clinician to help someone having a mental health crisis just like you don't have to be a doctor to help someone having a chest pains. Simply being able to check in with someone, ask them if they are ok and if they aren't ok, staying with them until professional help arrives is important.

Without leadership buy-in it would have been really, really hard to do this work. Our agency director is very active in moving suicide prevention forward within H3S and the community.

Has implementing suicide prevention training changed organizational policy and practices?

Absolutely. Within the 4 years of the Zero Suicide initiative we have changed both at the practice and policy level. Requiring suicide prevention training for all Health, Housing and Human Services staff and offering training at the community level was a change in practice and in policy. At the practice level, staff now have the tools and resources to help someone who may be struggling.

Improving practice is and should be a work in progress. We're always working towards a more seamless suicide safer care practice within our organization and with our community partners. Our practices are modeled on the Zero Suicide approach to safe suicide care. This approach is designed around protocols for smooth and uninterrupted care transitions. Our Behavioral Health Division and Health Centers Division have developed standardized practices to ensure suicide risk is addressed at every visit.

Since 2016, we have offered postvention support to anyone who is impacted or bereaved from a death by suicide. We don't care when the death occurred or where it occurred – we simply want to make sure that folks who need support have access to it. These phone calls are made to: 1) create space for existing emotions; hold space for those impacted; 2) inform individuals about various resources that exist if and when they should want or need them; assist with linking to resources if needed; 3) inquire about anyone else who may need postvention support so calls can be made; 4) assess risk of suicide.

In terms of lessons learned – what would you like to share with someone considering suicide prevention training for employees in their organization?

What really stands out for me is, make sure staff know why they are being asked to take suicide prevention training. In 2016 when we first adopted Zero Suicide, Mental Health First Aid training became a requirement for all staff. With any new requirements and organizational changes, the

messaging to staff is critical. We fell short on telling staff why suicide prevention training is important and how it relates to their daily work. In hindsight, we could have framed it in a way that let staff know they may encounter someone who is struggling and we want to give them the tools and resources to deal with that type of situation.

Without leadership buy-in it would have been really, really hard to do this work. Our agency director is very active in moving suicide prevention forward within the Department and the community. Our division directors, managers and supervisors have also been key to successful implementation. More often than not the only concern we get from them is related to timing. Trying to fit in suicide prevention training along with other trainings while trying to do the day to day work can be a challenge to staff schedules. In some instances we have been asked to hold off on a training session for just awhile.

Another lesson learned was a “boots on the ground” one. When we first started doing this work, it was pretty easy to find lots of information online especially at the national level. The difficult part was finding a boots on the ground, practical application type of person to turn to for information – someone to ask, “How did you do this? What was your workflow?” It would have been enormously helpful to be able to talk with someone about their experiences and draw on their lessons learned. Just being able to have some insight into what we should be aware of would have made a difference. Now that the Oregon Alliance to Prevent Suicide is in place, I have a place to connect with other people around the state who are doing this work which is so helpful.

Is there anything else you would like to add?

Suicide prevention training in the workplace is so important. I hope what I’ve shared is helpful to those who are in the process of planning and those who are already providing staff training. For those who are considering a suicide prevention training, I encourage them to take the leap – it is well worth the effort.



Resources

Please note, as mentioned in the interview, the links below are for the training curriculums Clackamas County is using as of February 12, 2020. You may also want to explore training curriculums developed for specialized occupations such as law enforcement, education and health care.

Mental Health First Aid

Mental Health First Aid teaches how to help someone who may be experiencing a mental health or substance use challenge. The training helps a person identify, understand and respond to signs of addictions and mental illnesses.

<https://www.mentalhealthfirstaid.org/>

Question, Persuade, Refer (QPR)

QPR training focuses on how to question, persuade and refer someone who may be suicidal; it also covers common causes of suicidal behavior, warning signs and how to get help for someone in crisis.

<https://qprinstitute.com>

Applied Suicide Intervention Skills Training (ASIST)

ASIST curriculum teaches participants to recognize when someone may have thoughts of suicide and how to work with them to create a plan that will support their immediate safety.

<https://www.livingworks.net/programs/asist>

Counseling on Access to Lethal Means - CALM

This course focuses on how to reduce access to the methods people use to kill themselves. It covers how to: (1) identify people who could benefit from lethal means counseling, (2) ask about their access to lethal methods, and (3) work with them—and their families—to reduce access.

<https://www.sprc.org/resources-programs/calm-counseling-access-lethal-means>

For additional information about suicide prevention training in the workplace:

Suicide Prevention Resource Center (SPRC)

SPRC is the federally supported resource that offers an array of information on topics such as the role of managers and co-workers in suicide prevention and a manager's guide to suicide postvention in the workplace. Resources cover a wide range of occupations.

<https://www.sprc.org/settings/workplaces>

Suicide Prevention Training for the Oregon Workforce

The Oregon Alliance to Prevent Suicide produced this general guide on how to plan, develop and implement a suicide prevention training program in the workplace. It may be found at:

<https://oregonalliancetopreventsuicide.org/>

For information about suicide prevention training in Clackamas, Multnomah, and Washington Counties

The mental health programs in Clackamas, Multnomah and Washington counties have joined together to create a one-stop gateway where community members can go to learn about and register for free mental health first aid and other suicide prevention trainings.

<https://gettrainedtohelp.com/en/>