



## Discussing traumatic events and suicide in public meetings<sup>1</sup>

Trauma Informed Care informs us about the impact of trauma on individuals and communities to provide predictable, consistent, safe and welcoming environments incorporating the voices of those with lived experiences. It is not uncommon for personal stories of trauma, such as suicide, abuse, systemic oppression, or other events, to be shared during meetings. Sharing personal experiences can impact the audience and the person sharing in ways that are healing, and in ways that may increase distress. Sharing personal experiences can motivate policy and system change and is best done in a manner that shares insights and minimizes trauma to listeners. These recommendations are offered as assistance for preparing, facilitating and responding in a meeting when sharing personal experiences that may cause distress and trauma, to reflect a trauma informed approach.

**How to talk about suicide:** Evidence-based recommendations for safe and effective messaging about

Basic guidelines for disclosing about suicide include:

1. Let participants know about help available locally, and encourage them to seek help if they need it. Make sure they know that the National Suicide Prevention Lifeline is available anytime, 24/7, 365 days per year at 1-800-273-TALK (8255).
2. Avoid discussing details of a suicide. It can increase risk of contagion and distress people who are at risk or who have attempted suicide.
3. Get permission in advance from those involved before any disclosure –from the person or from relative and significant others, regardless of age. Obtain their permission, including children, to share at a public meeting-- and acknowledge the risk that the story will be repeated.
4. Realize that everyone involved directly or indirectly with a suicide or attempt experiences trauma, including guilt and shame. Focus your discussion on what was helpful to you, and how a better-functioning system might have helped you. Be mindful to avoid statements that single out individuals or entities and could be perceived as blaming. Offering ideas and suggestions for improvement assists with problem solving for improved outcomes.

suicide suggest there are risks to vulnerable individuals and to those who are grieving, when suicide is disclosed. The following recommendations aim to reduce distress for the person disclosing and for meeting participants. Disclosure could lead to *contagion*, an increased risk that listeners could attempt suicide themselves, and it is particularly acute for youth.

**Meeting Procedures:** If you are facilitating a meeting where a **disclosure is planned**, it's important to provide a physically and emotionally safe environment that is predictable, consistent and transparent so that meeting members and guests can be as present and engaged as possible.

- Assess how the physical space conveys a safe and welcoming

environment. Is there enough space to move around or stand? Avoid arranging chairs so close together that it is hard to leave. Make sure the exit is clearly marked. Identify a place at the site

where individuals may go (e.g. hallway, restroom, a vacant meeting room, etc.) if they identify a need to take space and take care of themselves. Ensure this space is accessible for people with disabilities. Consider providing water, snacks or fidget toys. Facilitators can ease the group by communicating this information in advance.

- Let meeting participants know in advance of the meeting that suicide will be discussed to allow them to make an informed decision about attending or to arrange for self-care. Let them know they can leave at any time. Ask them to pay respectful attention and limit distractions – silence and put away phones, stop typing, etc.
- Provide the speaker with guidelines for safe disclosure. These can include:
  - ✓ Do share the purpose of your disclosure within the time allowed.
  - ✓ Please do not share specific details about the event. Do share your thoughts and feelings, but avoid blaming.
  - ✓ Please let us know if you need anything from listeners in the room.
  - ✓ Please respect the privacy of people involved in the disclosure, especially the individual who attempted or completed suicide. This is especially important for children or youth who may feel the ramifications of the disclosure into adulthood.
  - ✓ Listeners, remember that you may leave any time and a space is available for self-care.
- At the group's next meeting, acknowledge the challenges from the previous meeting, encourage self-care and provide the National Suicide Prevention Lifeline number. Invite discussion of the impacts the disclosure had on meeting participants within a time limit, with options for further follow-up outside the meeting as needed.

#### **When disclosure is unplanned:**

- The facilitator should compassionately interrupt: *"I want to apologize but it seems you are getting ready to share a personal experience that is important to you. As the facilitator, I need to check in with the group about safety. We have guidelines for when personal experiences are shared to care for those sharing and those listening. The guidelines are..."*
- Encourage participants to ground themselves after the disclosure, using these activities:
  - Taking a brief stretch break.
  - Practicing deep abdominal breathing which is facilitated by clasping one's hands behind the back, as able.
  - Quietly name to oneself: 5 things you can feel, 5 things you hear outside the room, 5 things you smelled today, and 5 things you tasted today.
- Acknowledge that participants may have a delayed reaction to disclosure. Have a list of resources available to support individuals in their self-care.

#### **Resources:**

- [Strategic Sharing](#) – Casey Family Programs Foster Care alumni
- [Youth Leadership Tool Kit on Strategic Sharing](#) – National Resource Center for Youth Development
- [Speaking Out About Suicide](#) – American Foundation for Suicide Prevention flier

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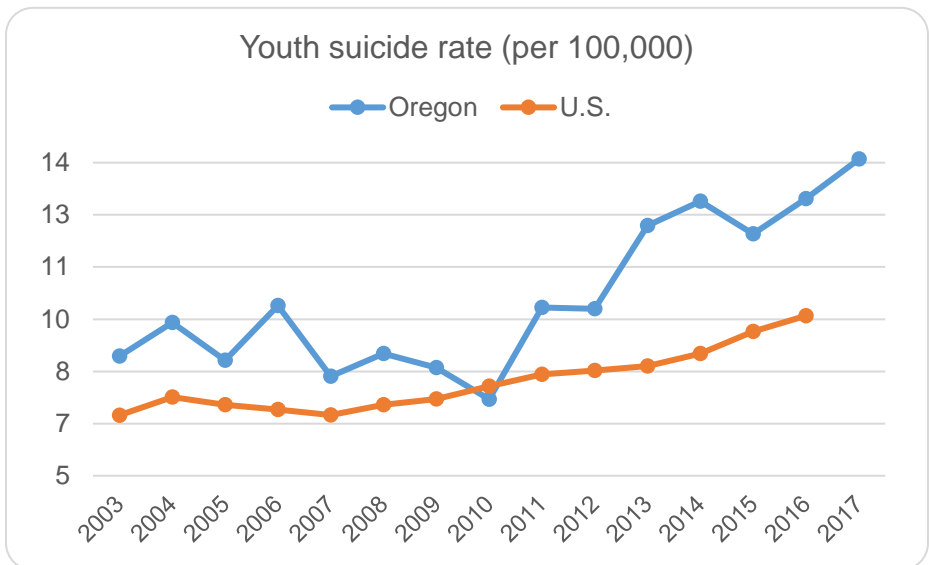
<sup>1</sup> This resource was developed in collaboration with Trauma Informed Oregon to guide discussions by the Children's System Advisory Committee and other state or local public groups when discussing traumatic events, specifically suicide.

## Youth Suicide Intervention and Prevention Plan (YSIPP) 2016-2020 edition

Since 2011, suicide rates for youth aged 10 to 24 years have been rising nationwide.

Oregon's rate continues to exceed the national rate, as shown in the chart at right.

To address the many issues contributing to this problem, the Oregon Health Authority worked with 100 experts in suicide prevention, intervention and children's behavioral health to develop the Youth Suicide Intervention and Prevention Plan.



### Oregon's goals

Modeled after the National Strategy for Suicide Prevention, the Plan moves in four strategic directions, shown below. The Oregon Alliance to Prevent Suicide oversees implementation of the Plan, evaluates the effectiveness of prevention programs, monitors risk factors and advises OHA regarding public policy agenda priorities for suicide prevention across Oregon.

#### Direction 1: Healthy and empowered individuals, families and communities

1. Coordinate integrated prevention activities across multiple sectors and settings
2. Use research-informed communications to change knowledge, attitudes and behaviors and support prevention
3. Share ways to protect youth from suicidal behaviors and promote wellness and recovery

#### Direction 2: Clinical and community preventive services

4. Develop, implement and monitor effective programs that promote wellness and prevention
5. Promote efforts to address means safety (reducing youth access to potentially lethal methods for suicide)
6. Deliver prevention training for community and clinical providers

#### Direction 3: Treatment & support services

7. Promote suicide prevention as a core component of health care services
8. Promote and implement effective practices for assessing and treating youth at risk for suicidal behaviors
9. Promote healing for individuals affected by suicide deaths and attempts through care, support and community strategies to help prevent further suicides

#### Direction 4: Surveillance, research and evaluation of suicide prevention work

10. Improve use of national suicide prevention surveillance systems to collect, analyze and use data for timely, relevant actions
11. Evaluate the effectiveness of prevention efforts and share findings

## Oregon's progress

To date, OHA has completed many activities :

- ▶ Assessment of workforce competency and training (ongoing)
- ▶ Policymaking support
- ▶ Programs we are supporting: Sources of Strength, CONNECT, Mental Health First Aid, PAX Good Behavior Game, QPR, MHFA, safeTALK, ASIST
- ▶ Education for families (ED Guide, Family Acceptance Project work)
- ▶ Training for pediatricians and family practice providers (Oregon Pediatric Society)
- ▶ Supporting safe online spaces (contract with Lines for Life and Youth Era)
- ▶ Providing post-suicide intervention and death reporting under Senate Bill 561
- ▶ Development of a youth outreach and awareness plan to include social media strategies. (Alliance work group and contract with Lines for Life)

## Oregon's priorities moving forward

- ▶ With increased funding for youth suicide prevention, these are our priorities:
  - Peer-lead prevention efforts
  - Coordinated statewide access to suicide prevention, intervention and postvention programs and services supported by OHA
  - Fully funding the statewide crisis line
  - Increasing funding for the statewide youth crisis and text line
  - Supporting school districts and Educational Service Districts to adopt a comprehensive policy on student suicide work
- ▶ Develop the YSIPP 2021-2026 with the goal of meaningful, effective, and comprehensive suicide prevention, intervention and postvention work statewide

## Funding

Before July 1, 2019: \$1.75 million funds OHA's current efforts. \$1 million was one-time funding through the Budget Note for House Bill 5201 (2018), which funded the Sources of Strength, Rapid Response and safe online spaces programs, as well as University of Oregon's evaluation of Oregon's YSIPP implementation.

As of July 1, 2019: Funding increased in the four strategic directions by the following amount:

- ▶ Direction 1: \$250,000
- ▶ Direction 2: \$1.18 million
- ▶ Direction 3: \$3.44 million
- ▶ Direction 4: \$700,000
- ▶ Other funded areas of focus:
  - LGTBQ youth support
  - Tribal mini-grants
  - Suicide attempt and loss survivors
  - Adult Suicide Prevention Coordinator (1.0 FTE)
  - Youth Suicide Prevention staff (2.0 FTE – increased by 1.0 FTE)

## Program contact

Jill Baker, Youth Suicide Intervention and Prevention Coordinator  
503-339-6264; [jill.baker@dhsosha.state.or.us](mailto:jill.baker@dhsosha.state.or.us)

## Committee Updates – Oregon Alliance to Prevent Suicide – 12/13/2019

Committee/Advisory Committee	Area of Focus FY 19-20	Progress July – Dec 2019
<b>Executive Committee</b> <b>Chair-David Westbrook,</b> <b>Vice-Chair-Galli Murray</b>	<ol style="list-style-type: none"> <li>1. Oversight of Alliance activities and organizational development</li> <li>2. Coordinate Alliance policy work</li> <li>3. Ensure Alliance work aligns with YSIPP</li> </ol>	<ul style="list-style-type: none"> <li>• Revised by-laws to align with SB707 and submit for vote by members</li> <li>• Established workgroup to address Lethal Means Access</li> <li>• Established workgroup to address needs of attempt and loss survivors and people living with suicidal ideation</li> <li>• Reviewed and approved Committee priorities and SMART goals</li> <li>• Reviewed evaluation feedback from Alliance members and attenders for quality improvement</li> </ul>
<b>Outreach and Awareness</b> <b>Chair, Ryan Price</b>	<ol style="list-style-type: none"> <li>1. Foster a more well-connected field; engage regional coalitions</li> <li>2. Develop materials for press, legislators using Hope, Help and Healing Framework and panel of subject matter experts to respond to media.</li> </ol>	<ul style="list-style-type: none"> <li>• Outreach to coalitions across state to schedule interviews to establish ongoing working relationships and assess initial needs; presentations scheduled for Spring</li> <li>• Alliance overview materials revised</li> <li>• Developing media materials and protocols</li> <li>• Updated list of suicide prevention coalitions in Oregon</li> </ul>
<b>Schools</b> <b>Chair, Kimberlee Jones-</b>	<ol style="list-style-type: none"> <li>1. Support implementation of Adi's Act – SB52</li> </ol>	<ul style="list-style-type: none"> <li>• Gathered key stakeholders; in process of developing guidance documents for schools</li> <li>• Attended rules hearings and provided feedback on SB52</li> <li>• Alliance and UO Suicide Prevention lab sent suicide prevention resource list to all 197 school districts</li> </ul>
<b>Workforce</b> <b>Chair, Donald Erickson</b>	<ol style="list-style-type: none"> <li>1. Lay the groundwork for passage of legislation to require behavioral health professionals to receive suicide prevention/intervention training.</li> <li>2. Disseminate (and develop Oregon if needed) resources to employers of youth on suicide prevention training</li> </ol>	<ul style="list-style-type: none"> <li>• Working with legislators to establish legislative workgroup on CEU's</li> <li>• Provided updated list of suicide prevention courses to be listed on OHA website</li> <li>• Finalize "Making the Case for Suicide Prevention Training" paper and focus interviews on successful workforce training initiatives with Don Erickson, Julie Scholz and Galli Murray to be posted on website in January</li> </ul>
<b>Transitions of Care</b> <b>Co-Chairs: Julie Magers,, Galli Murray</b>	TBD – In Process	<ul style="list-style-type: none"> <li>• Currently engaged in root cause analysis to identify key priorities for this year and recommendations for next YSIPP.</li> <li>• Continuing to monitor implementation of care transition legislation</li> </ul>
<b>Advisory-Youth/Young Adult Engagement</b>	<ol style="list-style-type: none"> <li>1. Increase youth and young adult engagement with the Alliance.</li> </ol>	<ul style="list-style-type: none"> <li>• Develop draft youth engagement strategy</li> <li>• Recruited more youth to participate in Alliance</li> <li>• Presentation to Alliance on HARTS Ladder</li> </ul>
<b>LGBTQ Advisory</b>	<ol style="list-style-type: none"> <li>1. Family Acceptance Project implementation</li> <li>2. Promote policies to youth-serving systems to support LGBTQ youth</li> </ol>	<ul style="list-style-type: none"> <li>• Promoted Alliance work at Basic Rights Summit</li> <li>• Developed resource list of local LGBTQ organizations/groups</li> </ul>

**Committee Updates – Oregon Alliance to Prevent Suicide – 12/13/2019**

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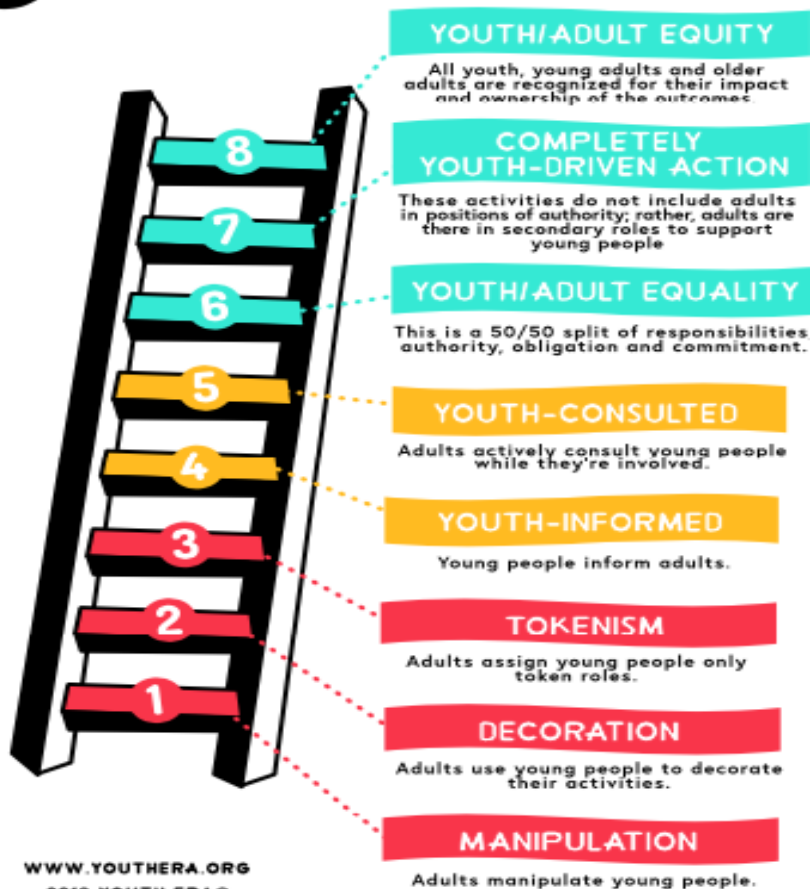
# Youth/ Young Adult Engagement Strategy

— ENHANCING YOUTH VOICE ON —  
THE ALLIANCE

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# LADDER OF YOUTH VOICE





# Objectives:

- Elevate and integrate authentic, relevant youth voice across all Alliance projects and priorities
- Promote the mental health and well-being of those participating by using suicide safer messaging and honoring lived-experience
- Youth engaged with the Alliance feel supported by adult allies to be effective advocates

# Juanita's Tips

- Brief us on the bigger picture, catch us up so we can jump in
- Provide and review materials with us beforehand
- Involve us in projects and conversations, give us clear pathways to participate
- Ask us specific questions
- Let us know expectations and give us feedback as things progress
- We need open and frequent communication with more Alliance members. Not just with Annette
- Attend the Youth and Young Adult Engagement (YYEA) meetings with specific things you want youth/ young adult perspective on

# Exercise - Table Discussions

1. Looking at Alliance current priorities, where would it be most beneficial and feasible to involve Youth Voice?
1. Youth/ Young Adults want to be involved in meaningful work for the Alliance. What are some short and long terms tasks or projects that they could work on in partnership with Alliance members, or could lead with adult support?
1. How can the Alliance progress to the top rungs of Hart's ladder where young people lead change and share decision making?  
What needs to change?

**DRAFT – 8/27/19**

## **Alliance Youth/Young Adult Engagement Proposal**

### **Guiding objectives, model, principles and strategy**

### **Introduction**

Youth engagement is an integral value driving the Oregon Suicide Prevention Alliance (Alliance). We recognize that to achieve the Alliance’s mission of reducing youth suicides across Oregon we must develop policy and services in partnership with young people and actively seek out youth/young adult voice. The goal of this document is to give the Alliance members and young people both the strategic and operational approach to youth engagement with the Alliance.

### **Framework of Youth Engagement Strategy**

#### **Objectives**

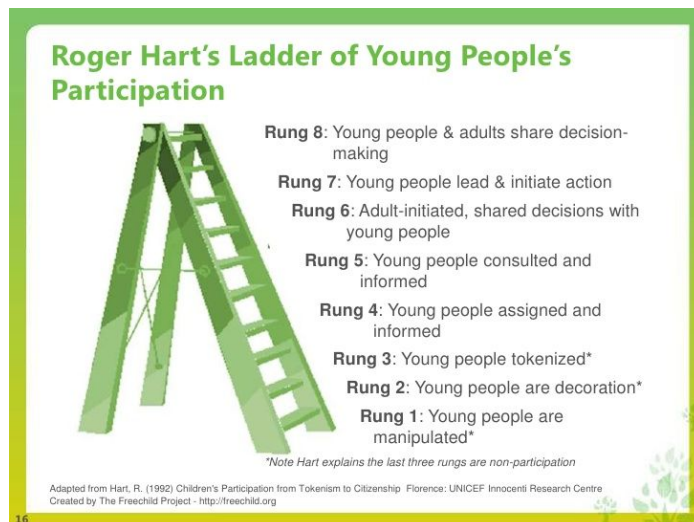
The Alliance youth engagement strategy has three core objectives:

1. Elevate and integrate authentic, relevant youth voice across all Alliance projects and priorities
2. Promote the mental health and well-being of those participating by using suicide safer messaging and honoring lived-experience
3. Youth engaged with the Alliance feel supported by adult allies to be effective advocates

#### **Model**

There are many models that can be used when engaging youth. The model proposed to the Alliance is Roger Hart’s Ladder of Participation.

### **Hart’s Ladder of Youth Participation**



A model where activities are defined by how youth are utilized in a program or by an organization. The model identifies seven levels of youth participation on a ladder. The highest levels of engagement at the top rung of the ladder are activities that are “youth initiated and directed” to the bottom rungs of the ladder that are seen as non-participation or the lowest

engagement (e.g. tokenism, decoration, and manipulation) (Hart, 1992).

The Alliance will apply this model by being proactive in attempts to engage youth in the higher levels of participation by providing youth with **real opportunities** to be involved in activities that will influence Alliance outcomes, and affect statewide community change. The Alliance will utilize tools to identify what rung youth involvement activities are at in order to progress up to the higher rungs of Hart's ladder, as well as get rid of non-participation practices when necessary. The Alliance's goal is to ensure that youth-adult partnerships fall above rung three on Hart's ladder, we will use evaluation and program planning to ensure that young people are not tokenized, decoration or manipulated (Hart, 1992).

### Guiding Principles

The following principles also contribute to create the framework for the Alliance's youth engagement model. The guiding principles of youth engagement are an important reference and instruction for how we work with young people in order to reach our core objectives. The below ten guiding principles were identified by Alliance members in the Youth Engagement Planning Meeting on August 27, 2019, as well as from Pereira (2007), as essential elements of youth engagement:

- 1) **Meaningful engagement:** work has a purpose.
- 2) **Beyond meeting participation:** youth involved at all stages of planning, if possible.
- 3) **Provide resources:** youth have access to staff and funding to ensure they feel confident, supported and organized with their efforts.
- 4) **Organizational Commitment:** alliance members are expected to actively involve and engage youth. The executive team will develop and implement processes and structures that support youth and young adult participation.
- 5) **Inclusiveness:** Acceptance and embracing of diversity including opinion, religion, gender, race/ethnicity, sexual orientation, ability, geography and mental health.
- 6) **Valuing youth/young adults:** seeing youth and young adults as assets and subject matter experts.
- 7) **Youth-adult partnerships:** adult support and training is needed to help youth/young adults to build skills and also provide opportunities to influence.
- 8) **Communicate openly and often:** Clearly defined roles and expectations outlined for adults and for youth/young adults. Transparent, relevant and frequent communication through a key contact.

9) **Realistic expectations:** important to take youth development into consideration; balance between current strengths of youth/young adults and helping them to build new skills.

10) **Flexible and responsive:** participation opportunities should take into consideration the youth's lifestyles, comfort level, schedules and geographic location. Provide a range of options to get involved for different youth needs.

(Personal communications with Youth Engagement Team on August 27, 2019, and Pereira 2007)

### Existing Framework/Infrastructure:

#### Youth and Young Adult Engagement Advisory (YYEA)

YYEA is a group of passionate young people with lived experience who meet monthly and are dedicated to amplifying youth & young adult voices in decision-making across all local and Oregon state agencies involved in behavioral health. YYEA's role is to advise the Alliance, Children's System Advisory Council, the Healthy Transitions Steering Committee, and other system partners on important behavioural health issues that matter to youth. Currently, the YYEA is staffed at 10 hrs/week.

### Brainstorm/Goals for increasing capacity:

#### Goals to enhance youth engagement with the Alliance:

As noted above, YYEA is a resource to the Alliance and we can help to enhance their capacity and engage them in new ways if we are committed to doing so. At the September Alliance Quarterly Meeting YYEA members created four SMART goals.

#### **SMART Goals Youth Created:**

1. By December 2019 quarterly meeting YYEA will have at least one youth participating in two committees
2. Have a process in place for youth to become a voting member and at least two appointed within six months (March 2020)
3. To have two youth on the executive Alliance team by January 2020
4. Ask the Alliance to help YYEA with recruitment of youth with lived experience within 6 months (March 2020)

On August 27, 2019, some Alliance members met to discuss a vision for youth engagement for the Alliance. The following ideas were generated as goals for review and input.

- **Clarify youth roles and responsibilities on the Alliance**
  - > Establish specific meeting roles and all associated expectations for youth. Provide coaching for meeting participation before and after from one key person for each youth/young adult.

- **Recruit diverse youth with lived experience for YYEA**
  - > Devise a recruitment plan in collaboration with Alliance members. Possible partners could include: Youth ERA, Lines for Life, School Based Health Centers, Oregon Association of Student Council (OASC) and Sources of Strength Peer Leaders
- **Provide skills, leadership development and self-care training to youth**
  - > Devise an Alliance specific training program for YYEA members who will be active on the Alliance. Lines for Life and Youth ERA could collaborate on this.
- **Work on education and buy-in among Alliance members**
  - > Share Hart's ladder and other youth engagement best practice resources, and consider providing training at a quarterly meeting
- **Have more youth members on the Alliance**
  - > Recruit and retain 1-3 youth to be regular Alliance members. It is in statute that there be 1 regular youth on Alliance (currently not happening). Consider recruiting 1 more youth executive member also.
- **Alliance members mentor YYEA members who are active on the Alliance**
  - > Create a mentoring program and assign adult staff to support youth
- **Provide more resources for logistical support for YYEA and youth attendance at meetings.**
  - > Consider youth needs such as transport, stipends, preparation and debrief needs and who is responsible for this
- **Modify meeting practices so they are youth friendly**
  - > Consider current meeting practices and processes that may need adjustment in response to youth/young adult involvement. For example: meetings may need to run slower, be at different times, have breaks, share power by giving youth facilitation roles or space to contribute
- **Consider creative ways to include youth voice**
  - > In addition to attending Alliance meetings, think of other strategies to include youth/young adult voice. For example: youth panels on specific topics, focus groups, adults attending YYEA meetings with specific questions, projects/assignments offered to YYEA
- **Building youth/young adult capacity**
  - Consider forming an Alliance specific Youth Advisory Group or Permanent Youth Subcommittee. One or two youth/young adult representatives from this group could connect with YYEA to provide updates/ collect input.
- **Consider new youth incentives**
  - Give youth stipends for going above and beyond meeting requirements. Consider establishing relationships with schools for school credit.

Consider Alliance staffing needs to support this growth.

## References

Hart, R. (1992). Children's Participation: from Tokenism to Leadership. Florence: UNICEF Innocenti Research Centre.

Pereira, Nancy. (2007). Ready... Set... Engage! Building Effective Youth/Adult Partnerships for a Stronger Child and Youth Mental Health System. Children's Mental Health Ontario & Ottawa: The Provincial Centre of Excellence for Child and Youth mental health at CHEO.



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# 2019 Oregon Healthy Teens Data Results and Information on Student Health Survey

Meghan Crane  
Zero Suicide Program Coordinator  
Public Health Division



# Oregon Healthy Teens Survey

- Representative sample of Oregon's 8<sup>th</sup> and 11<sup>th</sup> graders
- Historically, conducted in Spring of odd years
- In 2020, moving to Fall of even years, adding 6<sup>th</sup> grade (Student Health Survey)
- 2019: ~27,000 students, 600 schools surveyed
- Provides state and county level data
- Questions range: general, oral, and mental health topics, resilience, behavior, and perceptions of peer and parental attitudes.

For more on the Survey:

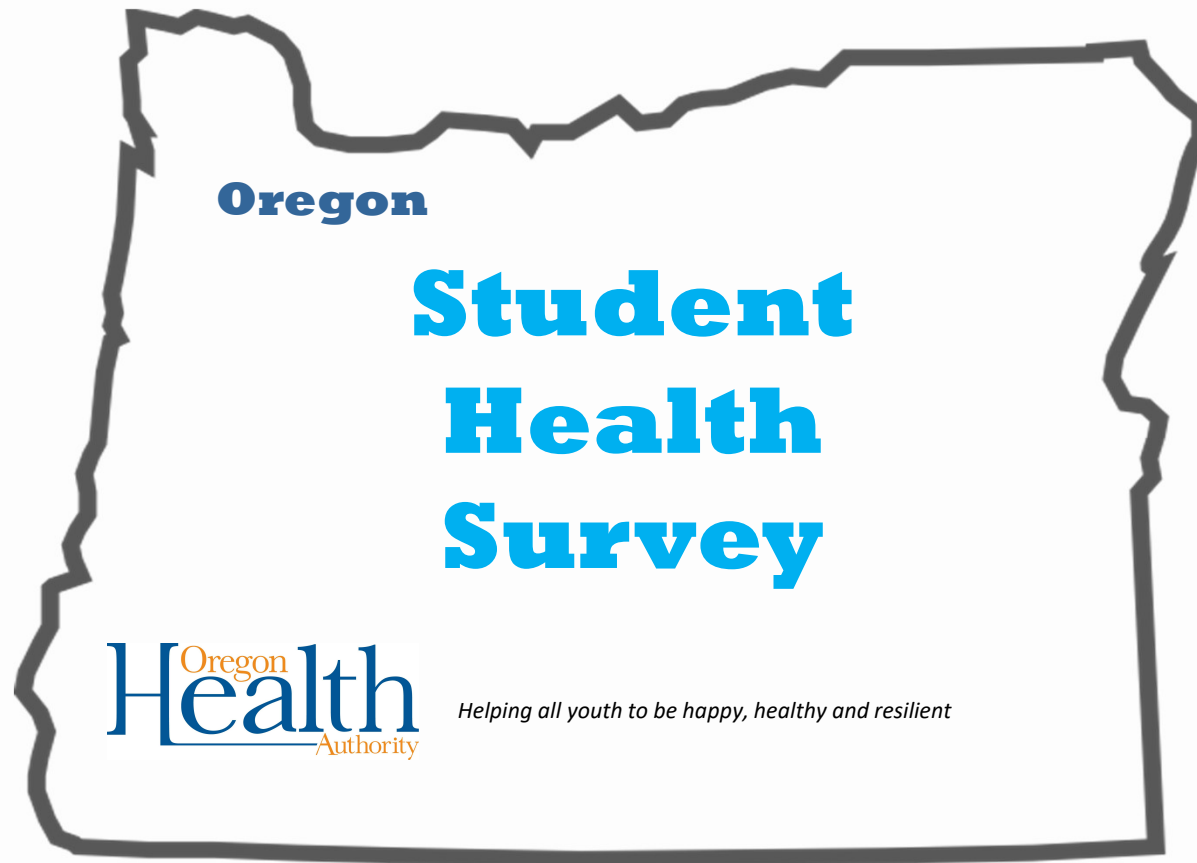
<https://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Pages/index.aspx>

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**Coming in Fall 2020...**



# Findings from youth and educational partner engagement sessions

(Phase 1)

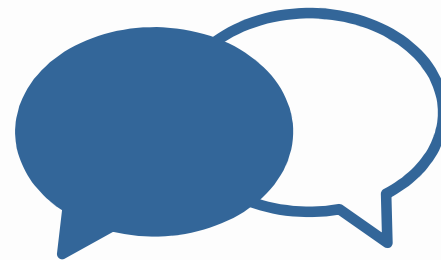


## Who did we talk to?

**1** Youth

**2** School Administrators

**3** Youth serving organizations



# Youth

## Important content:

- Mental health & suicide
- Resilience, assets, & aspirations
- Friendships & relationships
- Outside resources, education

## Less important:

- Alcohol, tobacco, & substance use
- Sexual health questions (younger students)
- Nutrition questions

## Concerns:

- Lack of explanation/buy-in
- Privacy & anonymity
- Time, pressure, and comfort
- Lack of crisis resources

# School Administrators

## Uses:

- Reporting
- Presentations
- Program & curriculum development

## Important content:

- School climate & culture
- Mental/behavioral health & suicide
- Alcohol and substance use

## Concerns:

- Length of the survey (time & resources)
- Lack of principal & teacher buy-in
- Lack of info on how to use data & what the data is used for

## Takeaway: BUY IN, BUY IN, BUY IN

- 1** Ask questions that are relevant to youth
- 2** Provide consistency and better communication
- 3** Make the data easy to access and easy to use
- 4** Meet Logistical needs of schools





## Improvements to 2020 Survey

- 1** Added Q's on youth assets & social media; refined Adverse Childhood Experiences survey (ACEs) q's
- 2** Made survey shorter: cut drug/alcohol q's
- 3** Creating data tools for districts to have timely and easy access to data
- 4** Refining survey scripts, providing resource sheets for youth
- 5** Fall survey administration

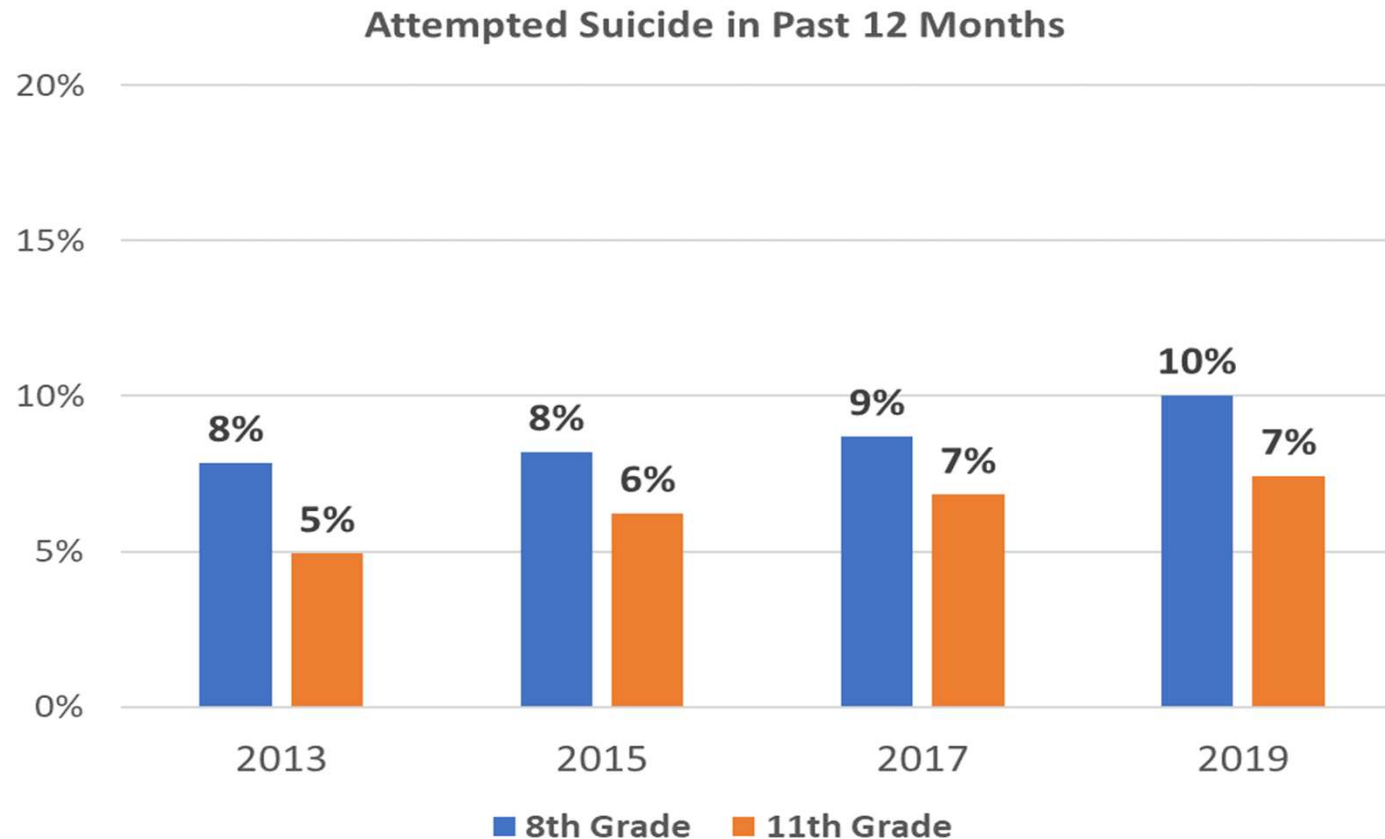
## The goal is to **build a system** for collecting and sharing data from youth that:

- Has buy-in from all partners
- Easy to understand and use
- Reliable and consistent
- Better links Education and Public Health
- Valid and representative of the population(s)



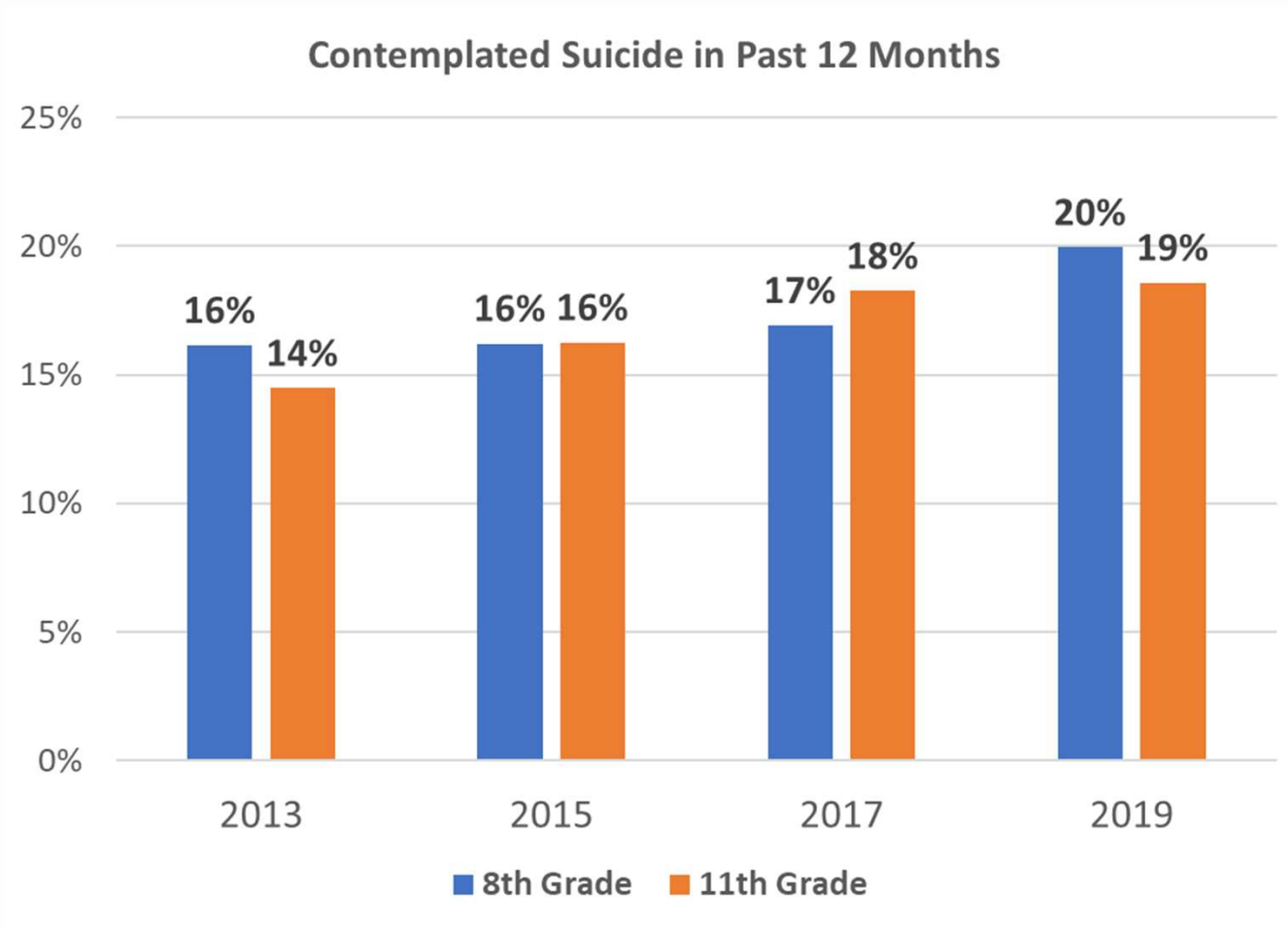
# 2019 OHT Results

# Adolescent Suicide



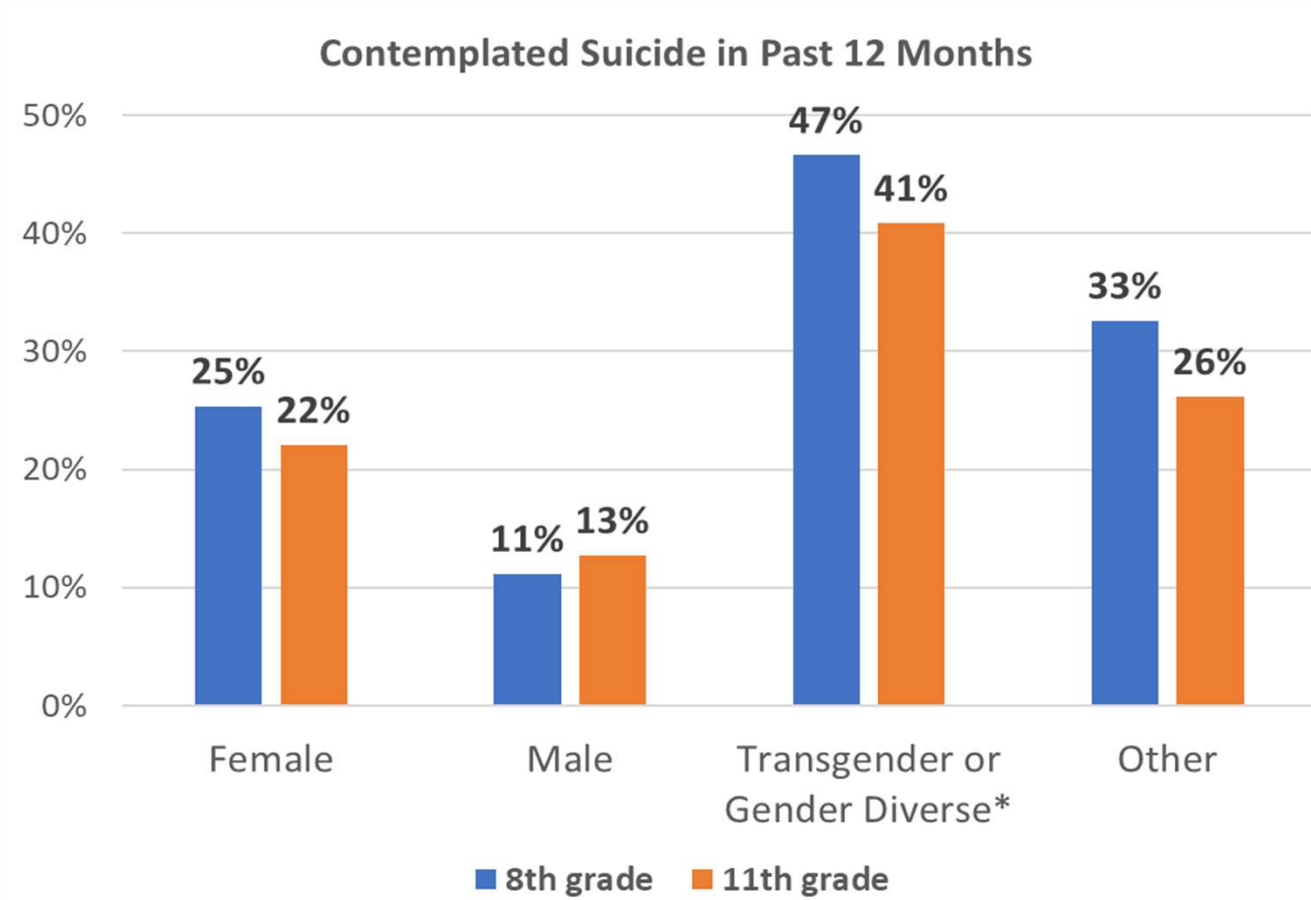
*Source: Oregon Healthy Teens Survey, 2013-19*

# Adolescent Suicide



Source: Oregon Healthy Teens Survey, 2013-19

# Adolescent Suicide

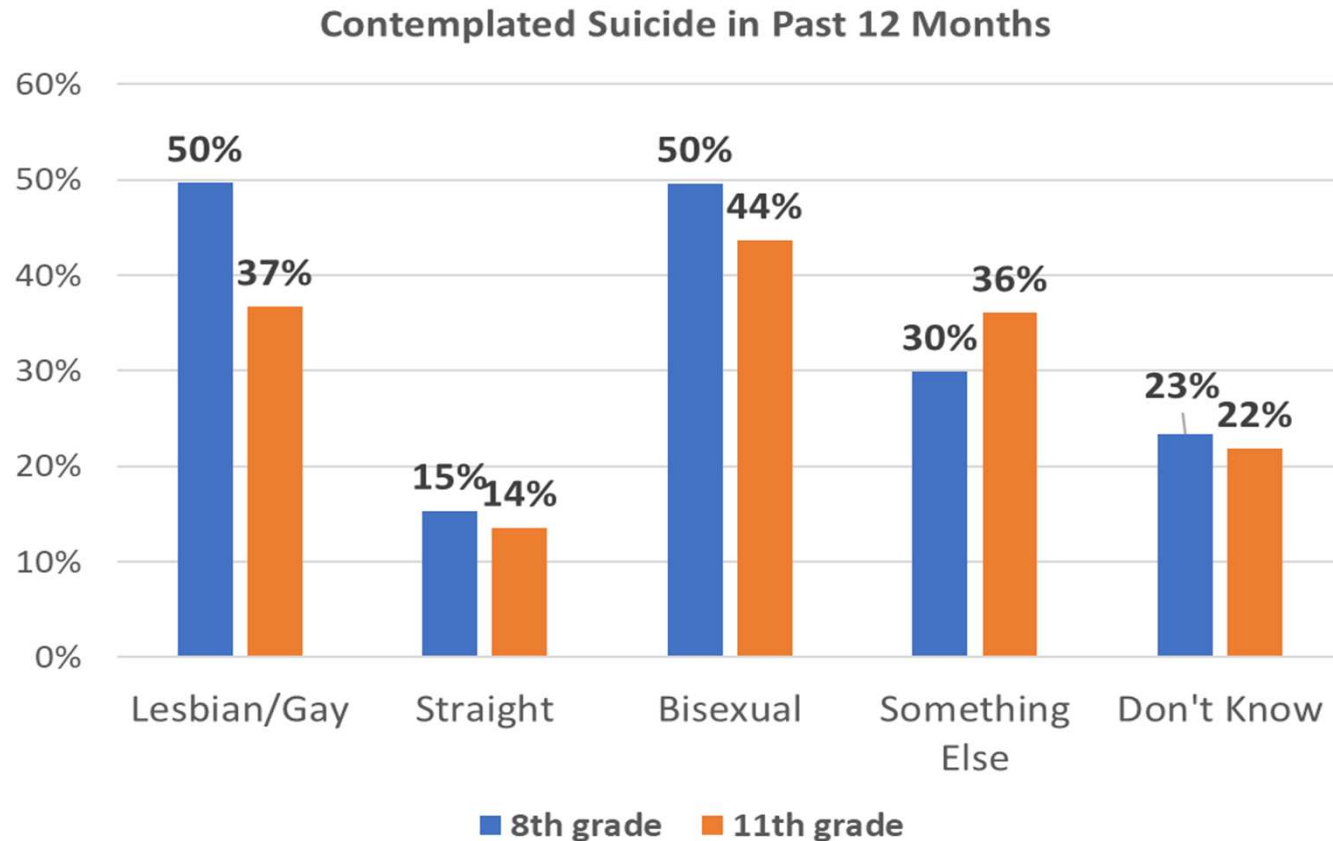


Source: 2019 Oregon Healthy Teens Survey

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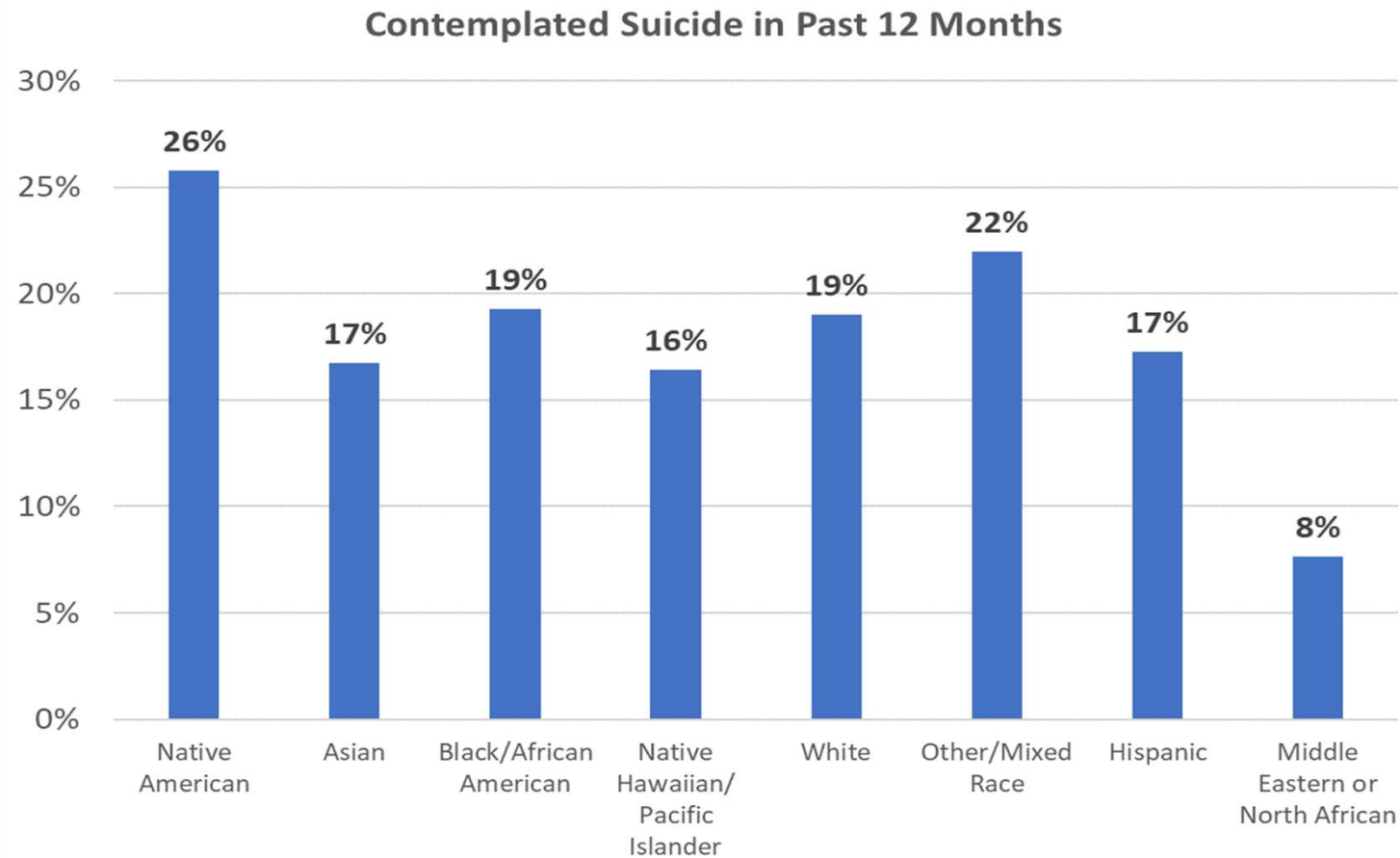
*\*Includes those who identify as transgender male or transgender female, gender fluid/genderqueer, gender nonconforming, agender, multiple responses, "not sure of gender", and those whose gender identity response differs from their birth sex response.*

# Adolescent Suicide



Source: 2019 Oregon Healthy Teens Survey

# Adolescent Suicide



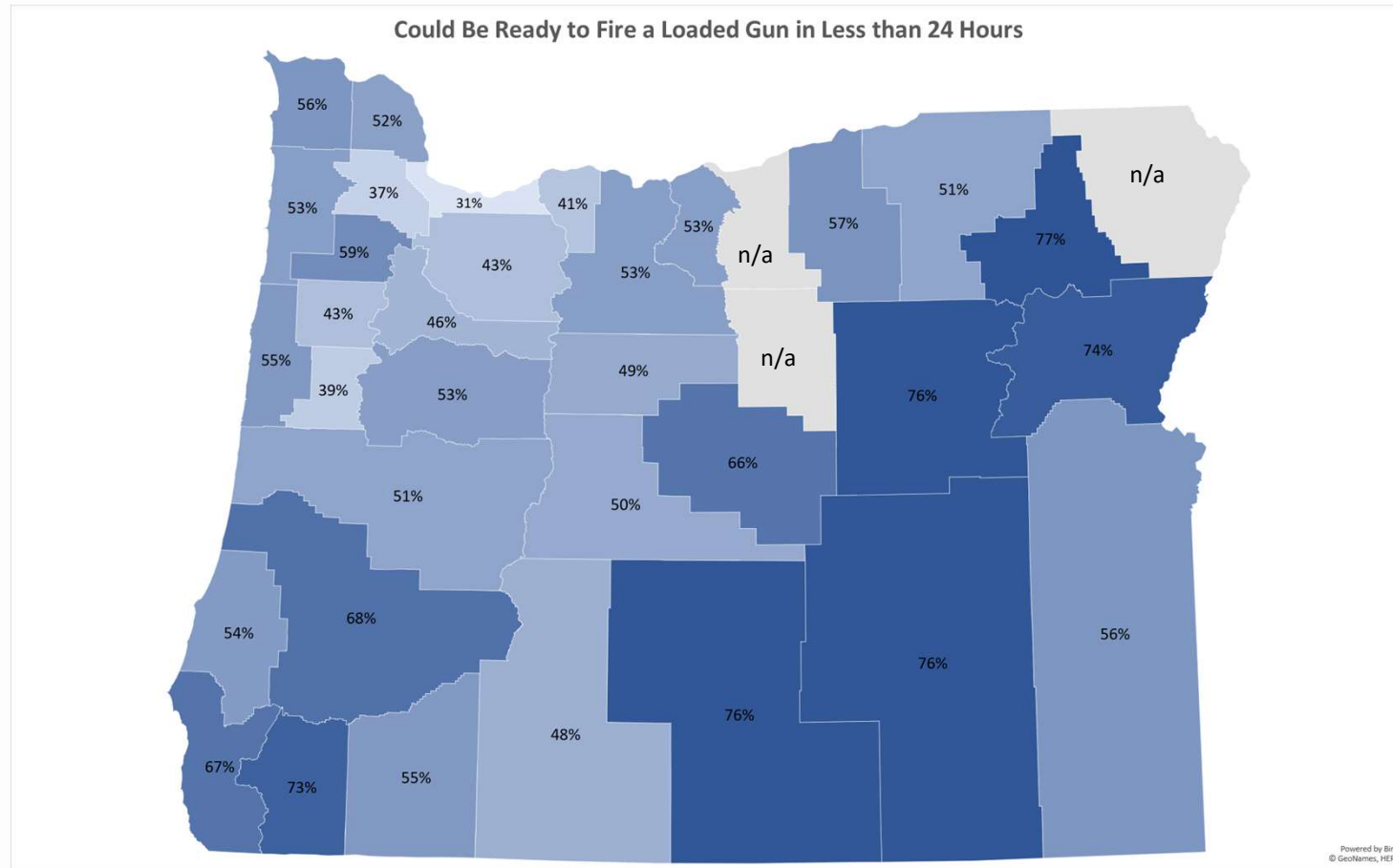
*Source: 2019 Oregon Healthy Teens Survey (11<sup>th</sup> grade)*

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# Access to a Weapon

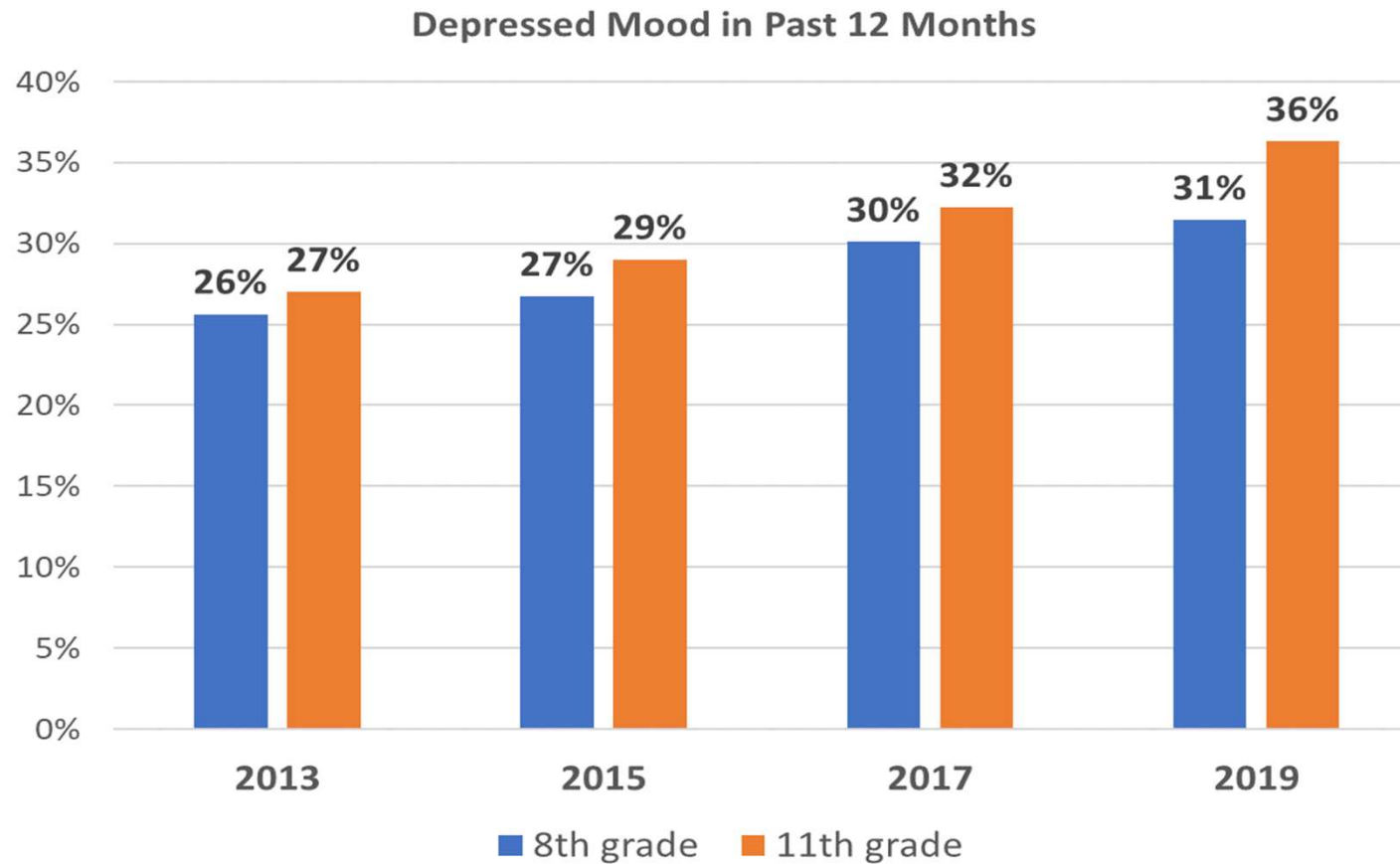


Source: 2019 Oregon Healthy Teens Survey (11<sup>th</sup> grade)

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# Adolescent Mental Health



Source: Oregon Healthy Teens Survey, 2013-19

# Positive Youth Development Benchmark

- Uses Oregon Healthy Teens questions to measure strengths and attributes that can buffer the impact of stress and obstacles young people face.
- Supporting PYD often requires a shift from viewing adolescents as trouble makers who exhibit risky behavior to seeing youth as positive change agents, willing and able to contribute to society.
- The PYD benchmark that is reported is calculated based on responses to six questions in the survey related to well-being and social connectedness

# Positive Youth Development Benchmark: Questions Incorporated in Benchmark

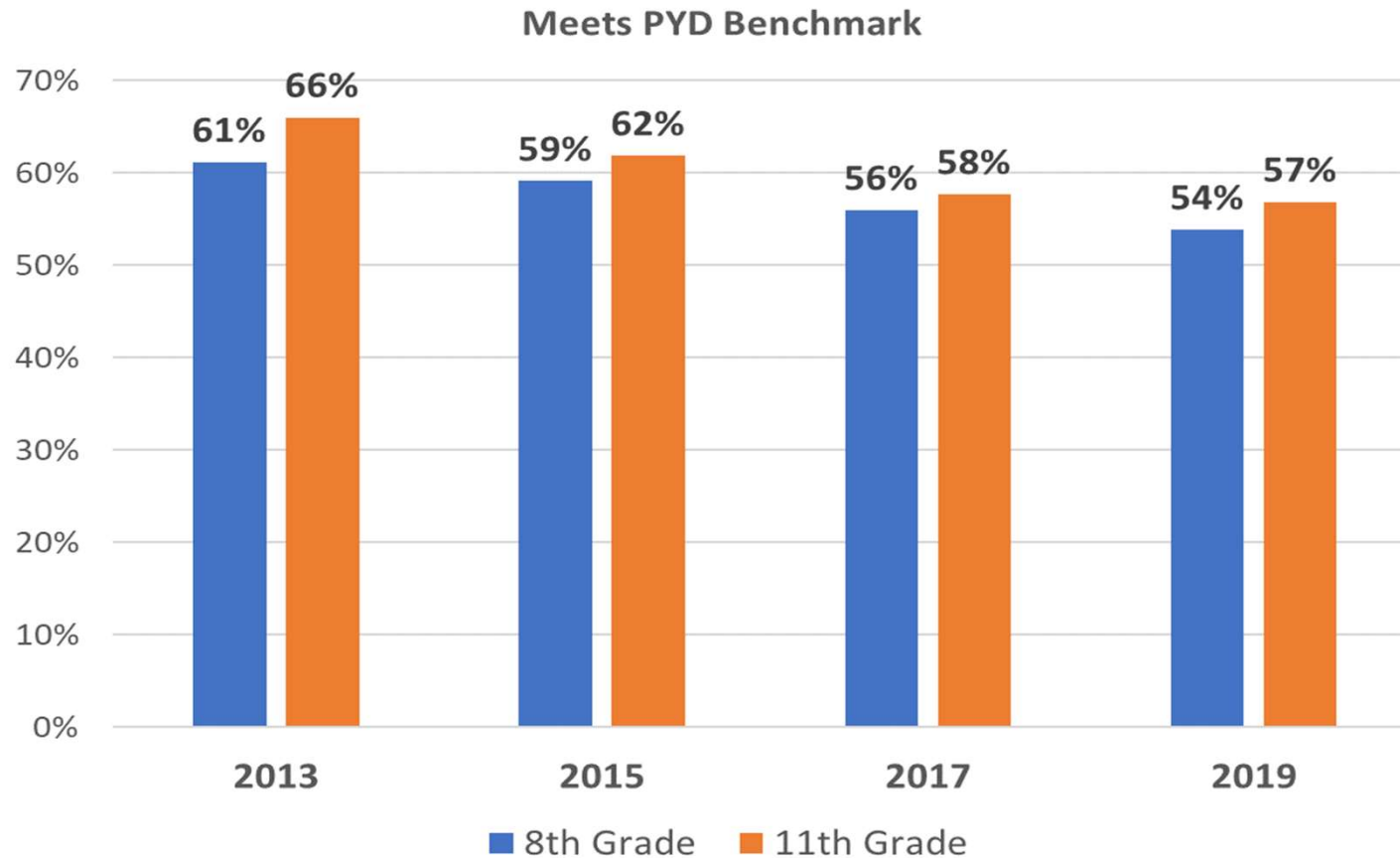
## Rate Poor, Fair, Good, Very Good, Excellent

1. Would you say that in general your *physical health* is?
2. Would you say that in general your *emotional and mental health* is?

## Mark how true you feel each statement is to you

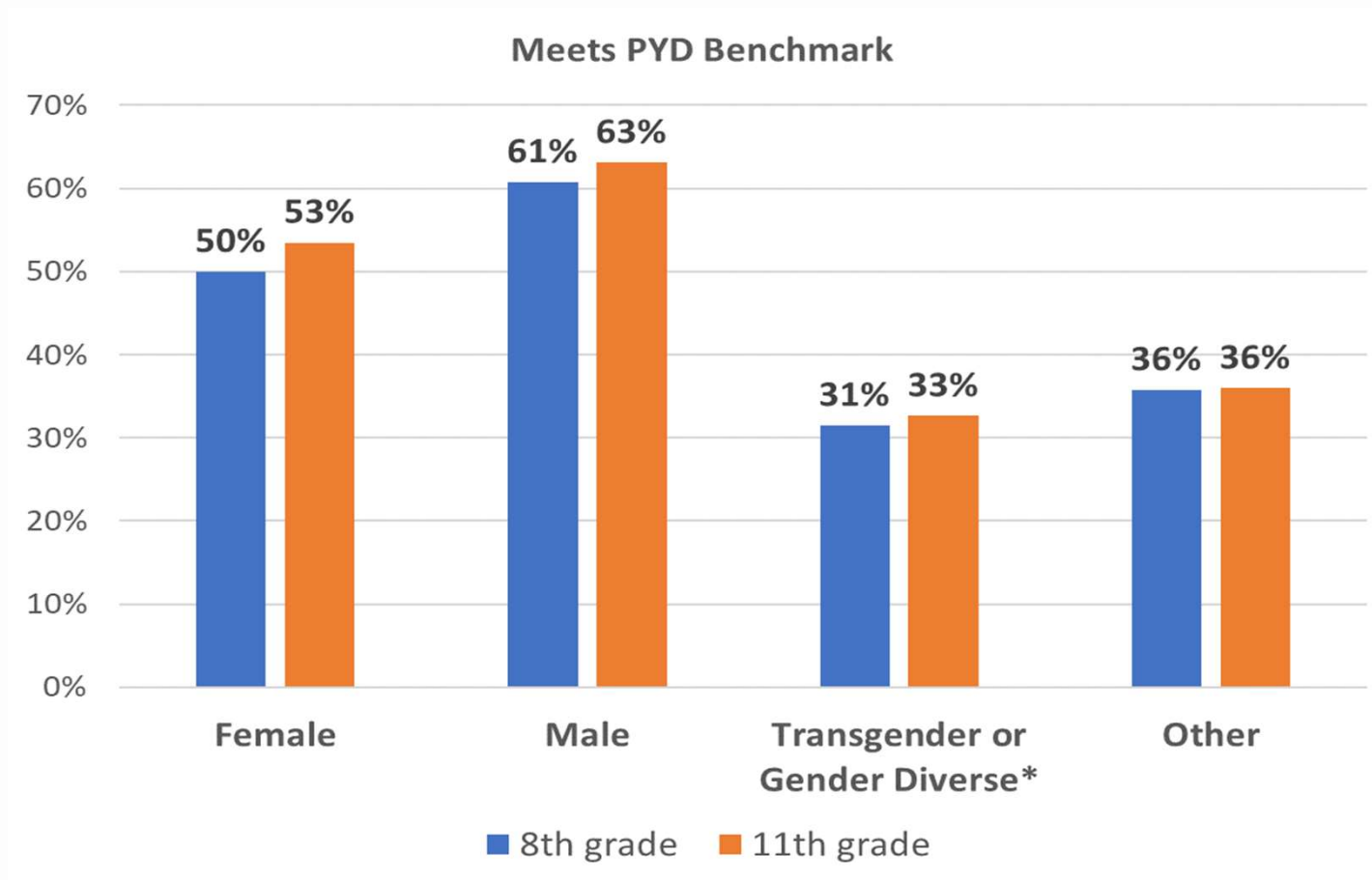
1. I can do most things if I try
2. I can work out my problems
3. There is at least one teacher or other adult in my school that really cares about me
4. I volunteer to help others in my community.

# Adolescent Resilience



Source: Oregon Healthy Teens Survey, 2013-19

# Adolescent Resilience



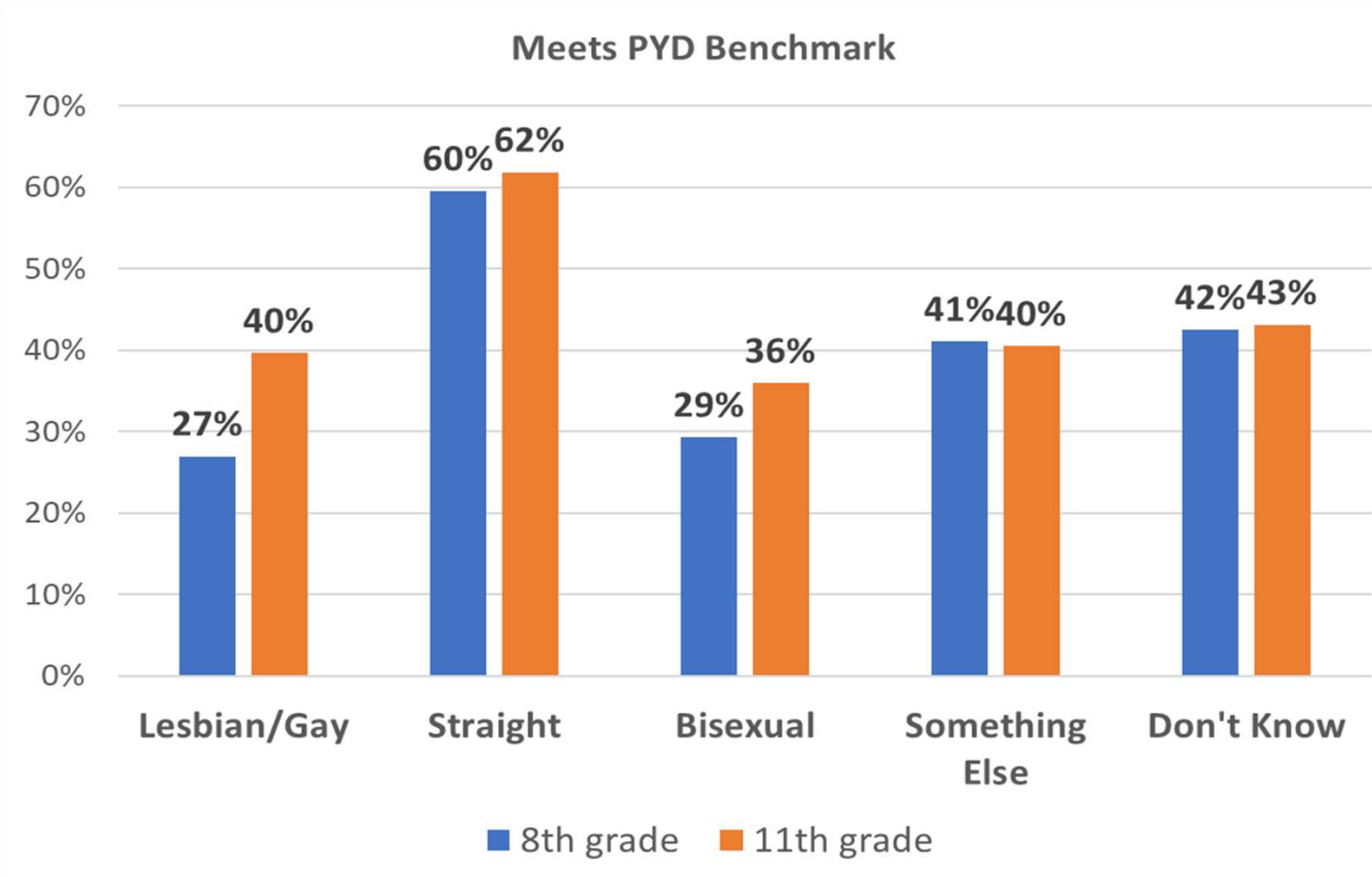
Source: 2019 Oregon Healthy Teens Survey

PUBLIC HEALTH DIVISION  
Adolescent and School Health

Note: "Transgender or gender.." includes those who identified as transgender, gender fluid, genderqueer, gender nonconforming, intersex/intergender, multiple responses, and "not sure of gender"

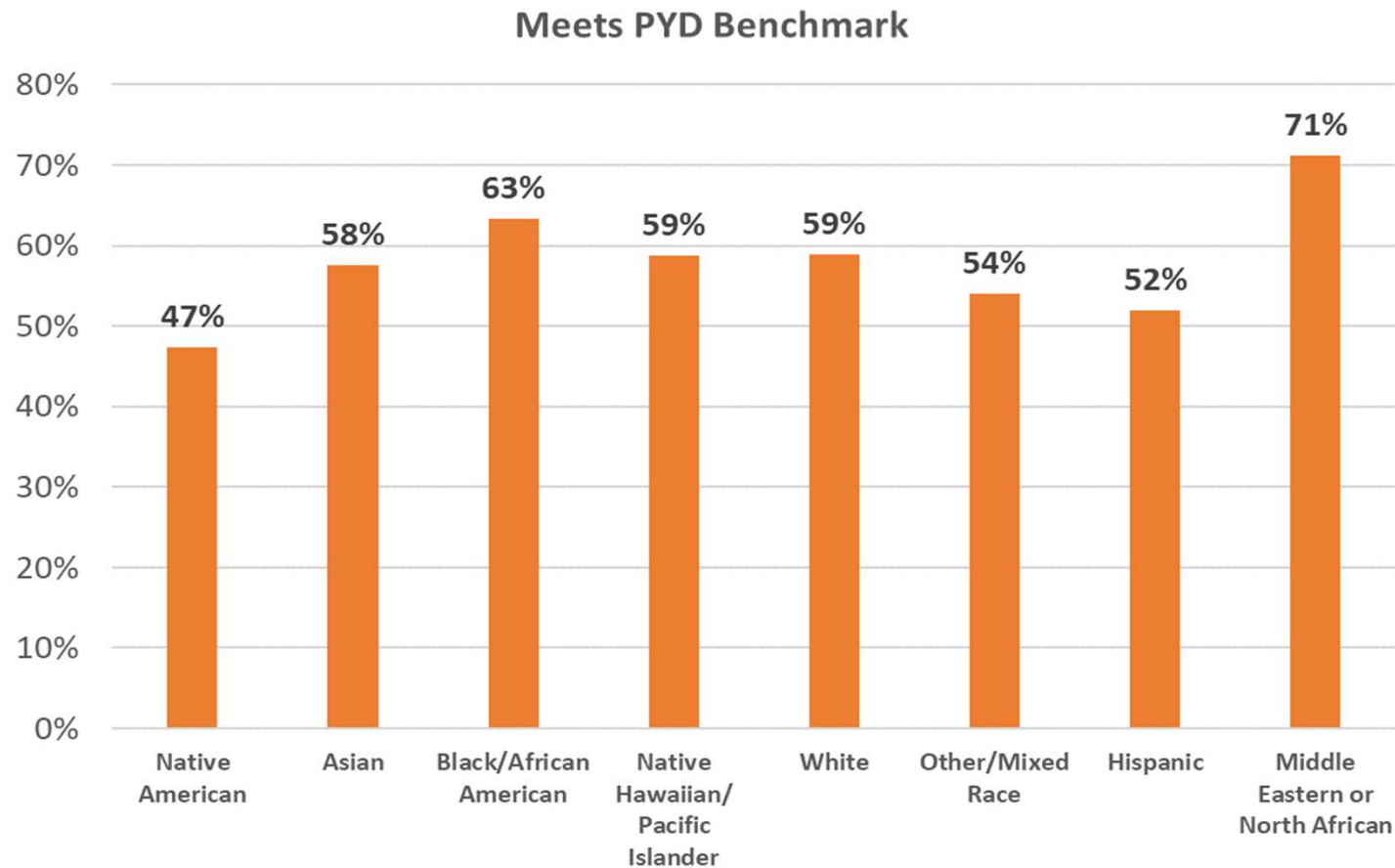
Oregon  
Health  
Authority

# Adolescent Resilience



Source: 2019 Oregon Healthy Teens Survey

# Adolescent Resilience



*Source: 2019 Oregon Healthy Teens Survey*

PUBLIC HEALTH DIVISION  
Adolescent and School Health





YouthLine

1-877-968-8491

(text teen2teen at 839863)



## Resources

- **Sign up for the OHA Suicide Prevention Network:**  
[http://listsmart.osl.state.or.us/mailman/listinfo/ysp\\_network](http://listsmart.osl.state.or.us/mailman/listinfo/ysp_network)
- [OHA Oregon Healthy Teens](#)
  - [2019 Statewide report:](#)
  - [County specific reports and district participation](#)
- [Oregon Violent Death Data Dashboards](#)
- [2016-2020 Youth Suicide Intervention and Prevention Plan](#) and [Youth Suicide Intervention and Prevention Plan 2018 Annual Report](#) (including youth suicide data)

**Meghan Crane, MPH**

**Zero Suicide Program Coordinator**

OREGON HEALTH AUTHORITY

Public Health Division

Injury and Violence Prevention Program

p: 971-673-1023

e: [meghan.crane@dhsosha.state.or.us](mailto:meghan.crane@dhsosha.state.or.us)

## Survey Questions:

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School Health Epidemiologist/Economist

Adolescent & School Health Program

OHA Public Health Division

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OR

**Renee Boyd**

State Survey Coordinator

Program Design & Evaluation Services

[Renee.K.Boyd@state.or.us](mailto:Renee.K.Boyd@state.or.us)

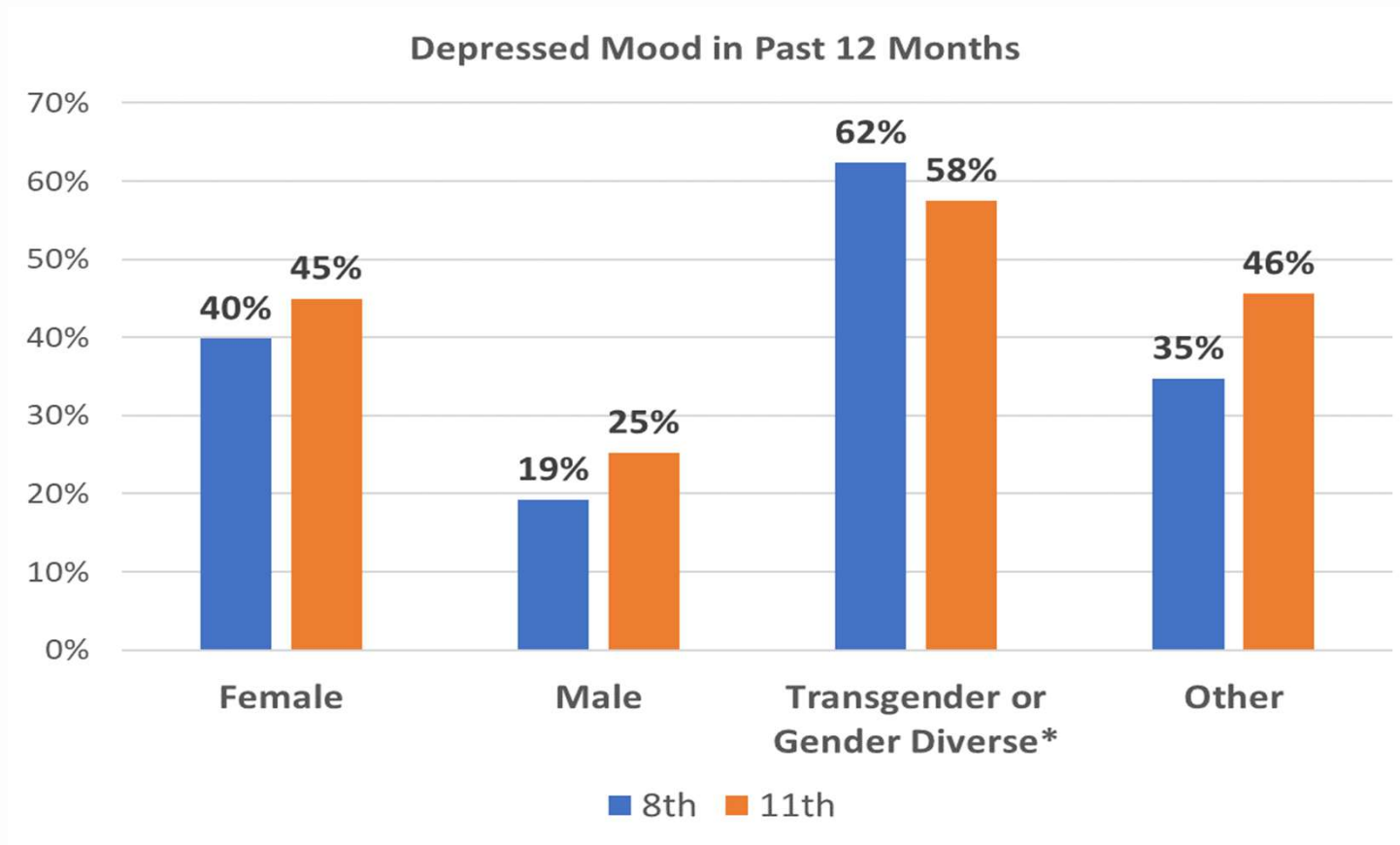
PUBLIC HEALTH DIVISION

Injury and Violence Prevention Program



# Additional 2019 OHT Results

# Adolescent Mental Health

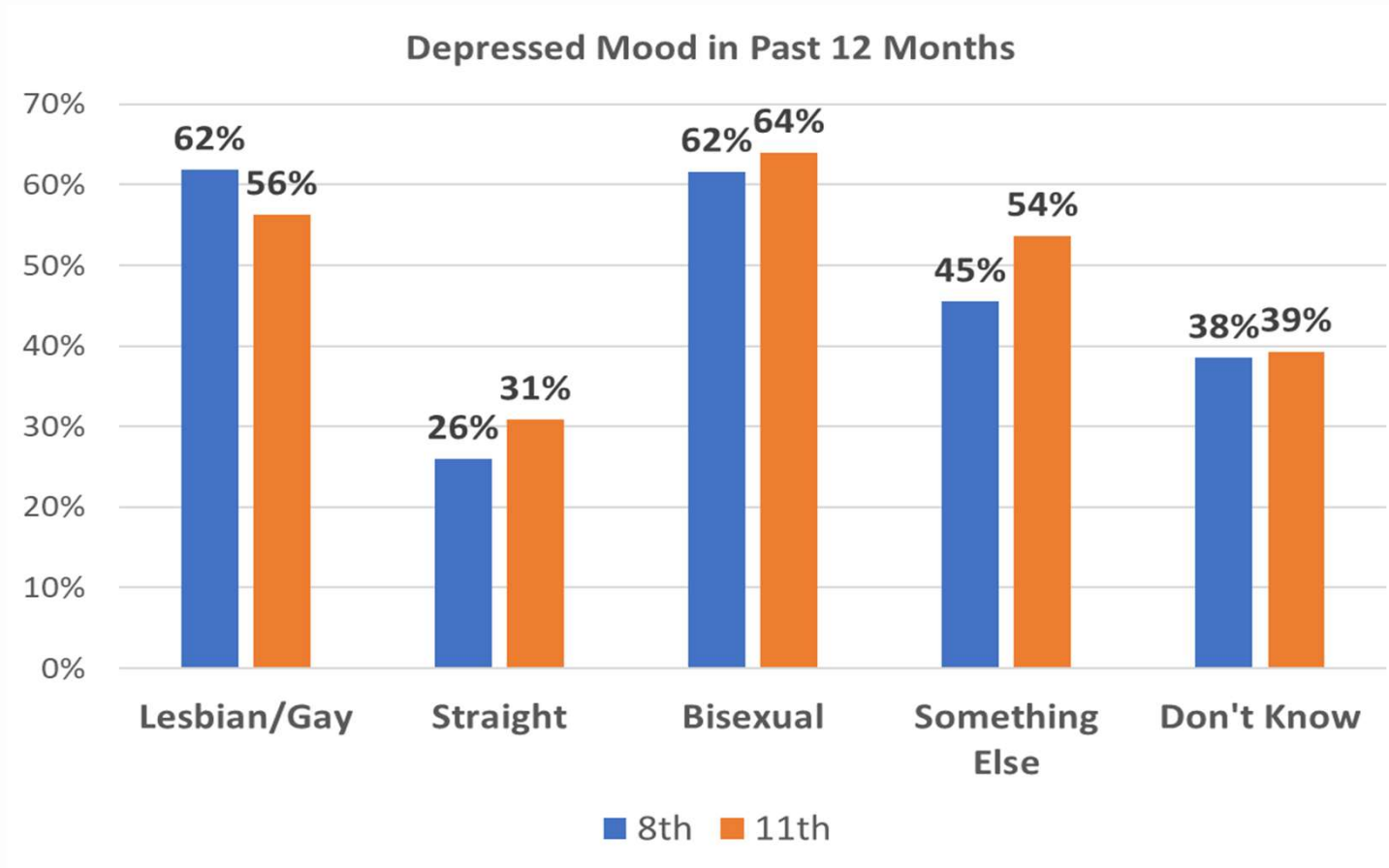


Source: 2019 Oregon Healthy Teens Survey

PUBLIC HEALTH DIVISION  
Adolescent and School Health

*\*Includes those who identify as transgender male or transgender female, gender fluid/genderqueer, gender nonconforming, agender, multiple responses, "not sure of gender", and those whose gender identity response differs from their birth sex response.*

# Adolescent Mental Health

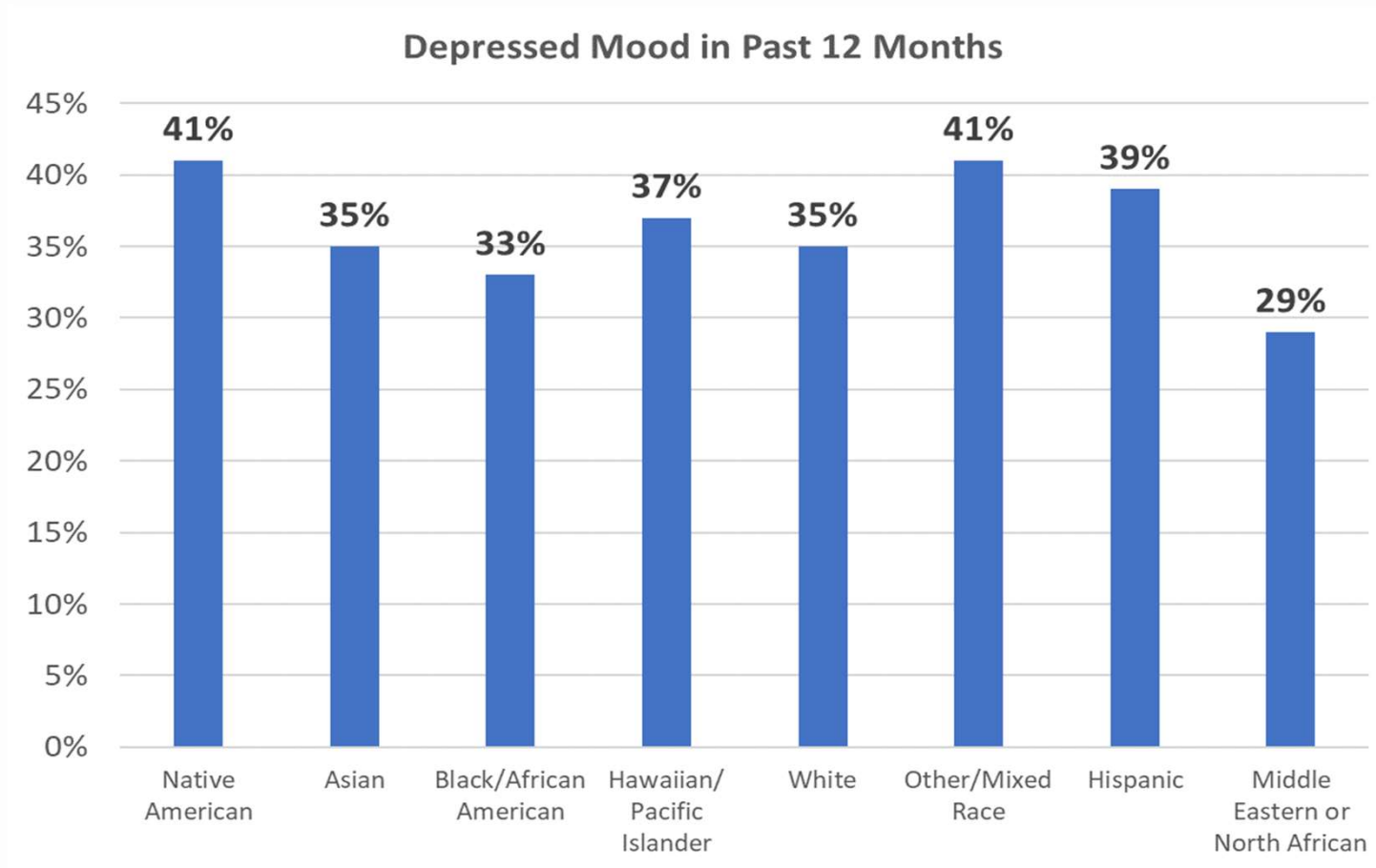


Source: 2019 Oregon Healthy Teens Survey

PUBLIC HEALTH DIVISION

Adolescent and School Health

# Adolescent Mental Health



Source: 2019 Oregon Healthy Teens Survey (11<sup>th</sup> grade)

PUBLIC HEALTH DIVISION

Adolescent and School Health



## *When Post-vention Becomes Prevention: Suicide Surveillance and Fatality Review to Transform Suicide Victims' Stories into Stronger Community Responses*

Kimberly Repp, PHD, MPH  
RAID (Research, Analytics, Informatics, Data) Program Supervisor  
Medical Examiner's Office Supervisor

Debra Darmata, M.S  
Suicide Prevention Coordinator

Oregon Action Alliance to Prevent Suicide

December 13<sup>th</sup> 2019



**Public Health**  
Prevent. Promote. Protect.

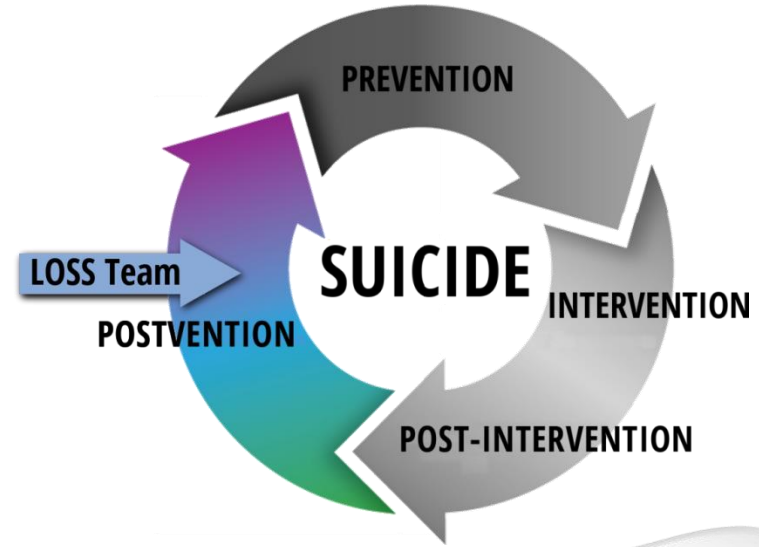


# Postvention to prevention

\*Can take many forms such as suicide fatality reviews

\*Research

Psychological autopsies





# Three “main players”

**Epidemiologist  
(Epi)**



**Suicide  
Prevention  
Coordinator**



**Medicolegal Death  
Investigator (MDI)**



## Collaboration Formation

all work for Public Health  
all in same building





The fantasy...



# The reality...





# WASHINGTON COUNTY

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## OREGON

Please indicate if any of the follow circumstances were present in the months or years prior to death and you believe they may have contributed to the death. If you would mention it in your report it's considered contributory. Point event crises will be collected later.

Y ? N

Social isolation

☐ ☐ ☐

Addiction other than alcohol  
or substance abuse

☐ ☐ ☐

Physical health problem

☐ ☐ ☐

Intimate partner problem

☐ ☐ ☐

Family relationship stress

☐ ☐ ☐

# Suicide Fatality Review







# SFR meeting

## Meeting structure

Meets four times yearly for two hours

Five cases reviewed per session

Prior to each review, team members sent case files and CRAP form

## Case review procedure

MDI reviews case file

Team members share their own case-specific information

Clarifying questions

Protective and Risk Factors Modular Approach

# The matrix approach

NAME:

	<i>PROTECTIVE FACTORS</i>						
<i>RISK FACTORS</i>	Effective clinical care for mental, physical, and substance use disorders	Easy access to a variety of clinical interventions and support for help-seeking	Restricted access to highly lethal means of suicide	Strong connections to family and community support	Support through ongoing medical and mental health care relationships	Skills in problem solving, conflict resolution & nonviolent handling of disputes	Cultural and religious
Physical health							



49%

healthcare contact

within two weeks of death

69%

within 30 days



# 15%

Eviction or loss of housing problem

## EVICTIION NOTICE

To: \_\_\_\_\_

We are terminating your tenancy and want to evict you from the following property:

\_\_\_\_\_

Our reason for evicting you is because

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You must move from the property or remedy our reason for evicting you by the following date:





# 72

major crisis in the previous two weeks

# %

# 28%

criminal and/or civil legal problems

# Hotels, Animal Shelters and Evictions



# What's the Impact?



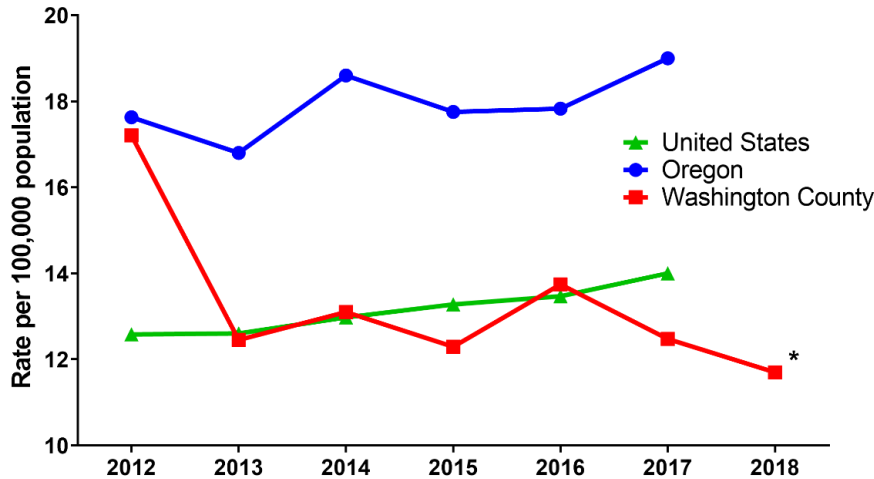
Adam Knapp, Washington  
County MDI

Detection of clusters by  
death investigators

Data-driven decision making  
including targeted trainings

# Our Work is Making a Difference

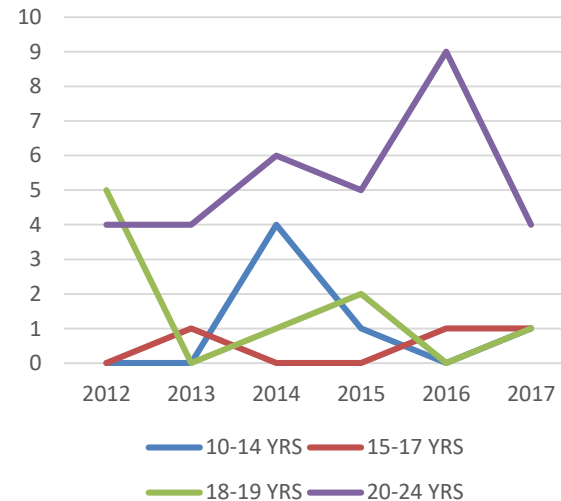
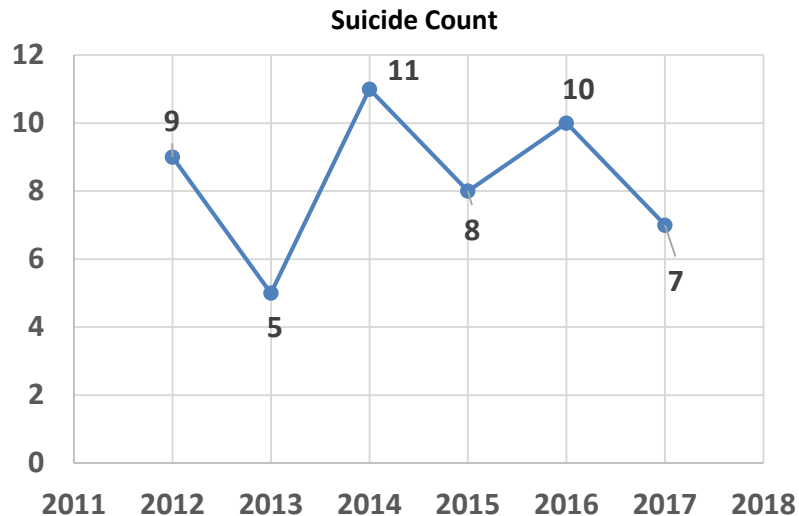
Age-adjusted suicide rate by year



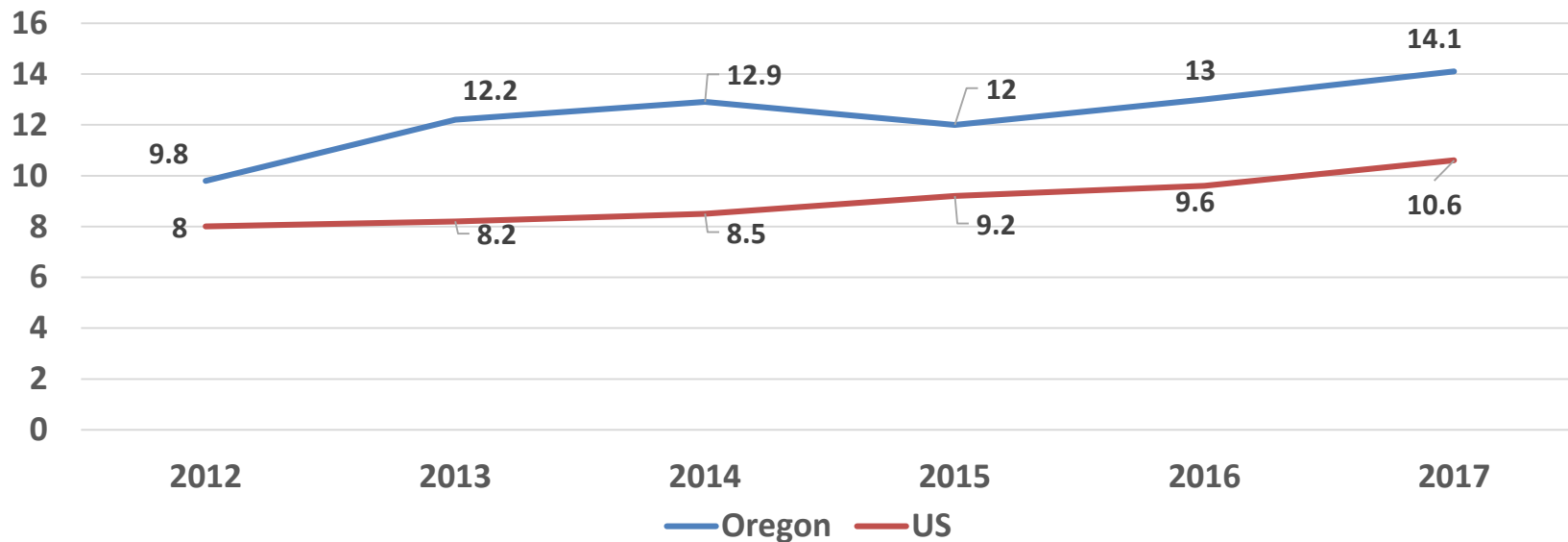
\* 2018 data are preliminary

40% drop in  
the suicide  
rate since  
2012

# Number of Youth Suicides in Washington County by Age Group: 2012-2017



# Youth Suicide Rates: Oregon and US





# Thank you!

**Debra Darmata**

Suicide Prevention Coordinator

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(503) 846-4748

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Medical Examiner's Office Supervisor

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