

Executive Summary

YSIPP Communication Plan

Introduction

The purpose of the Oregon Alliance to Prevent Suicide is to reduce youth suicides in the state of Oregon by supporting implementation of a five-year Youth Suicide Intervention and Prevention Plan. An element of the YSIPP is to develop a ~~clear~~ statewide approach for communicating and sharing information about suicide prevention, intervention and postvention.

The Alliance's Communication Plan is organized around a national framework and specific goals in the YSIPP ~~that are detailed below~~. Embedded throughout is a belief that it is crucial to support Oregon's youth and families by:

- Promoting a sense of **hope** and highlighting resilience.
- Normalizing **help**-seeking behaviors, and supporting individuals and systems to provide help
- Engaging individuals and communities in the **healing** process after an attempt or suicide

Background

The Oregon Alliance to Prevent Suicide formed a Communications Workgroup to execute Strategic Direction 1, Goals 2 and 3 of YSIPP. Strategic Direction 1- Healthy and Empowered Individuals, Families and Communities - and Goals 2 and 3 promote general health and resilience to reduce the risk of suicidal behaviors. This approach is the basis for the Communication Plan.

The Communications Workgroup, with input from the field, established goals and action steps to increase continuity of messaging to promote resilience, hope and healing and to unify the youth suicide prevention and intervention field across Oregon. The call to action is centered on a coordinated and systematic communication strategy that connects youth suicide prevention and intervention efforts across the state.

The ~~YSIPP~~-communication plan is informed by the [National Action Alliance for Suicide Prevention's Framework for Successful Messaging](#), ~~created by the National Action Alliance for Suicide Prevention.~~ [The Framework](#) is a resource to help people messaging about suicide to develop content that is strategic, safe, positive, and makes use of relevant guidelines and best practices.

Planning Process

In addition to the Communication Workgroup, planning included discussions with U of O Suicide Prevention Lab; conferring with Alliance members; consultation with experts from the field; interviews with key contacts within public and private agencies; and, guidance from OHA Health Systems and Public Health divisions. Participants represented stakeholders from state agencies, county governments, private organizations, rural and urban communities, and non-profit organizations serving at-risk youth.

The participatory process identified four priority areas for action based on an analysis of challenges, needs, opportunities, and strengths. The four priority areas are:

- 1) Broader awareness of youth suicide prevention and intervention efforts being implemented in local communities across the state; and, a systematic communication process for sharing lessons learned, practice and communication resources, and subject matter expertise.

- 2) Increase dialogue across geographic areas and use suicide-related messaging to unify the field. Readily available communication materials such as talking points, fact sheets, one-page notes from the field (highlighting stories of hope, help and healing), promising practices and policy directions, and a resource list of subject matter experts all designed with Oregon communities in mind.
- 3) Design communication materials to support development of allies and champions at community, county and state levels. Materials should inform and engage decision and policy makers to promote public policy that aligns with best practice and potentially secures future funding.
- ~~2) for outreach, advocacy, and expertise.~~
- 3)4) Work with Oregon media to increase their understanding of and commitment to safe messaging. Develop relationships with media to support non-crisis driven coverage that promotes protective factors, de-stigmatizes help-seeking and highlights the preventable nature of suicide. Support development of innovative social media tools and work with youth to identify ways to meaningfully and appropriately engage and respond to struggling youth.

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Goals

Four strategic communication goals, plus one goal to measure the impact of the action steps, were developed to address the priority action areas. The goals and highlights of the action steps are:

Goal A. *Develop a communication strategy that fosters a more well-connected and effective youth suicide prevention and intervention field in Oregon.*

Action Steps include scan of regional/local youth suicide prevention and intervention coalitions to develop communication hubs across the state; collaborate with state agencies on communication processes.

Goal B. *Develop an online presence for the Oregon Alliance to Prevent Suicide.*

Action Steps include: create a website to promote Alliance activities, facilitate communication among members and partners, and disseminate communication materials; collaborate with Public Health, Lines for Life and U of O to align efforts related to online dissemination of suicide prevention and intervention information; develop communication materials and messaging relevant to YSIPP priorities.

Goal C. *Establish an approach to participate in national initiatives such as Suicide Prevention Month and to respond to emergent situations and crises.*

Action Steps include: align communication materials with and support national and regional campaigns such as Suicide Prevention Walks and Mental Health Awareness month. Establish a communication response team to provide support and information during emergent or crisis situations.

Goal D. *Support a nimble and effective communication strategy to respond to and promote policy change in alignment with the YSIPP.*

Action Steps include: identifying types and recommending general content of communication materials to support Alliance work in the area of policy response and development.

Goal E. *Measure utilization and impact of activities recommended by the Oregon Youth Suicide Prevention Communication Plan.*

Action Steps include: U of O will coordinate with Outreach and Awareness and Data and Evaluation Committees to develop an evaluation strategy and submit to the Executive Committee for approval.

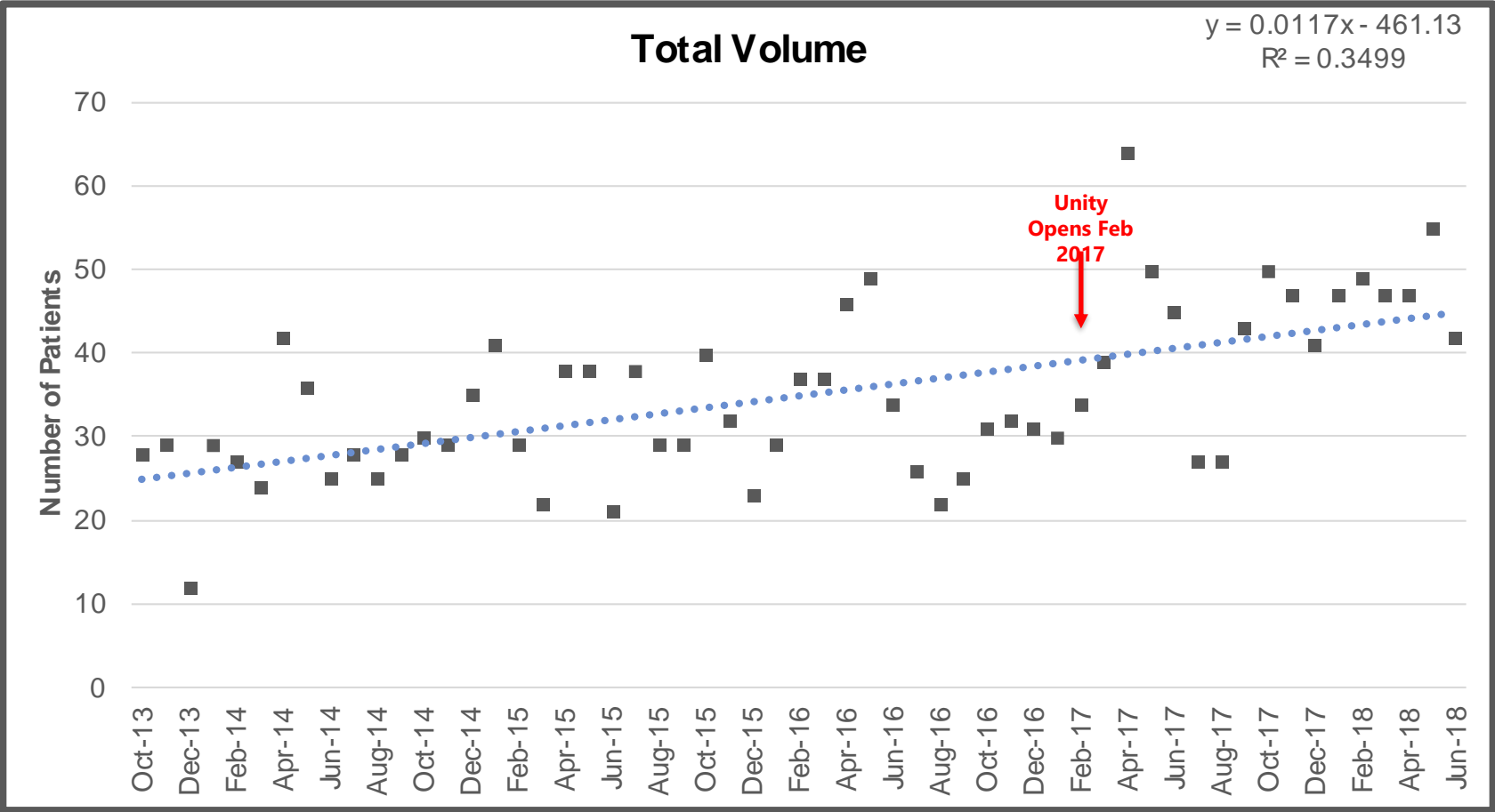
July 12, 2019



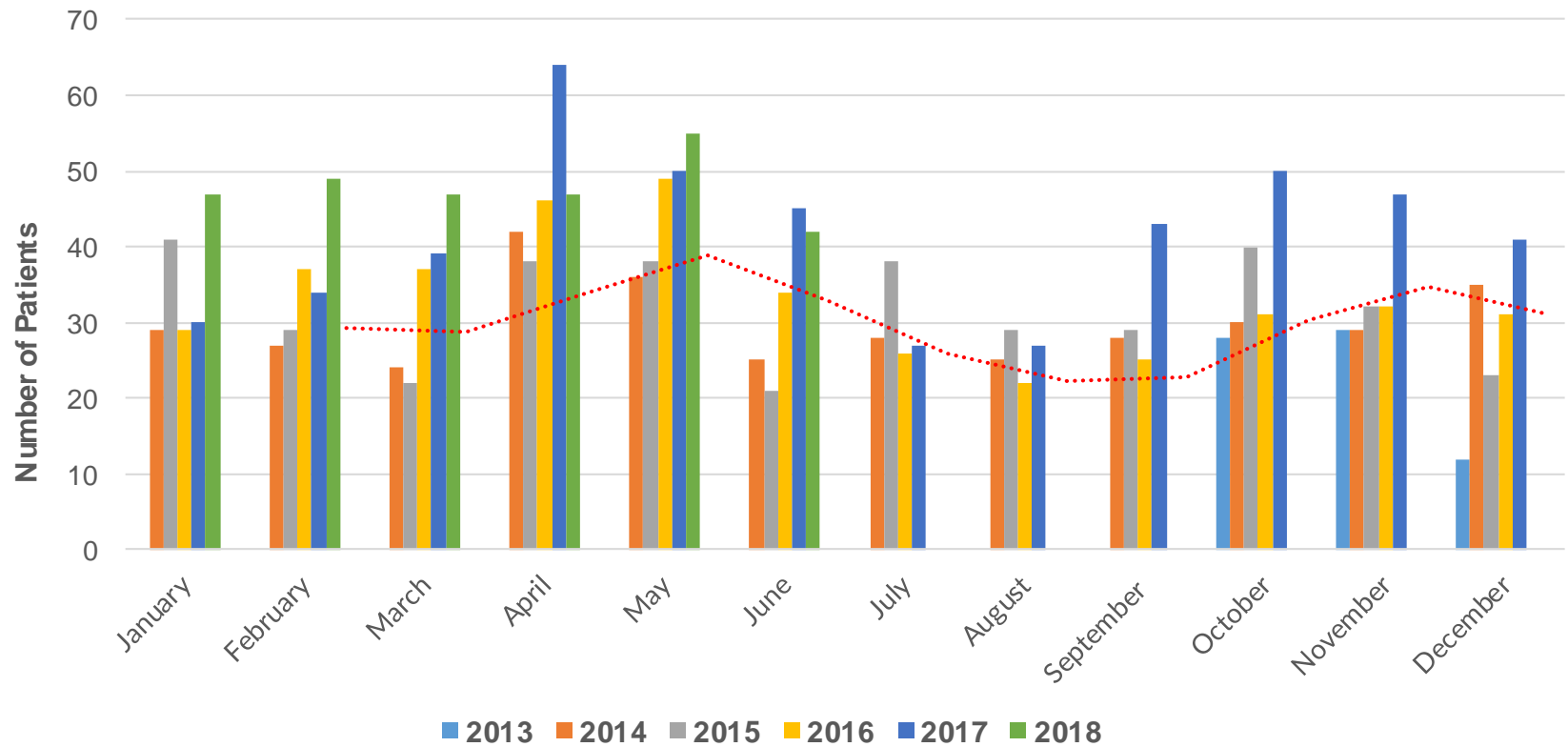
OHSU CAP Inpatient Consultation Liaison Program

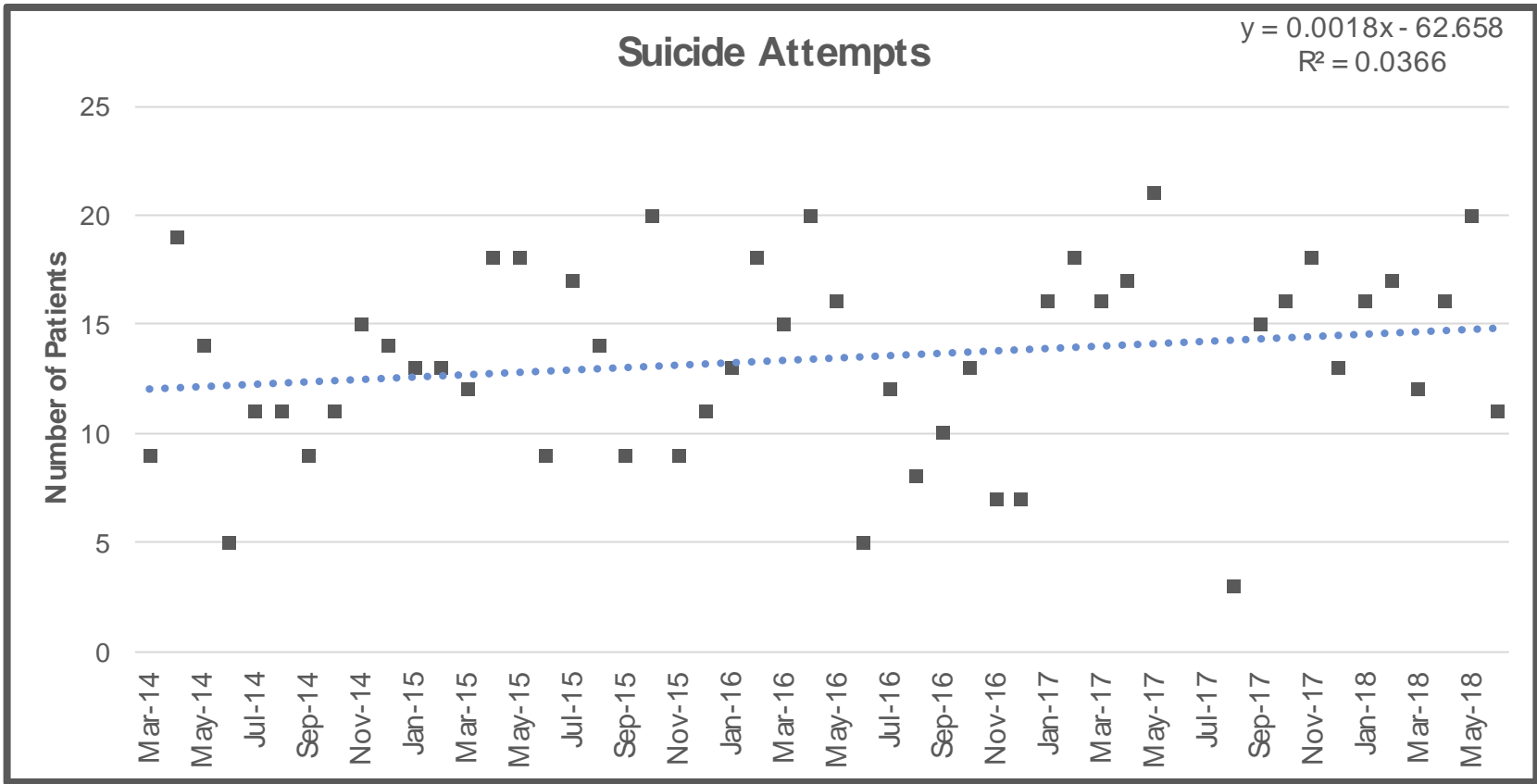
Oregon Alliance to Prevent Suicide Meeting
July 24, 2018

June 2018	2018 YTD
42 cases	287 cases
26% of cases were suicide attempts	32% of cases were suicide attempts
82% of suicide attempts were overdoses	92% of suicide attempts were overdoses
10 lockboxes provided to families	46 lockboxes provided to families
45% of cases were from the ED	48% of the cases were from the ED
19% of cases went to inpatient 7% went to subacute 0 went to residential 74% were discharged to outpatient 0 were other	15% of cases went to inpatient 7% went to subacute 2% went to residential 76% were discharged to outpatient 0 were other
29 patients were female 13 patients were male 0 patients were trans: feminine 0 patients were trans: masculine	61% of patients were female 36% of patients were male 0.5% patients were trans: feminine 2.5% of patient were trans: masculine

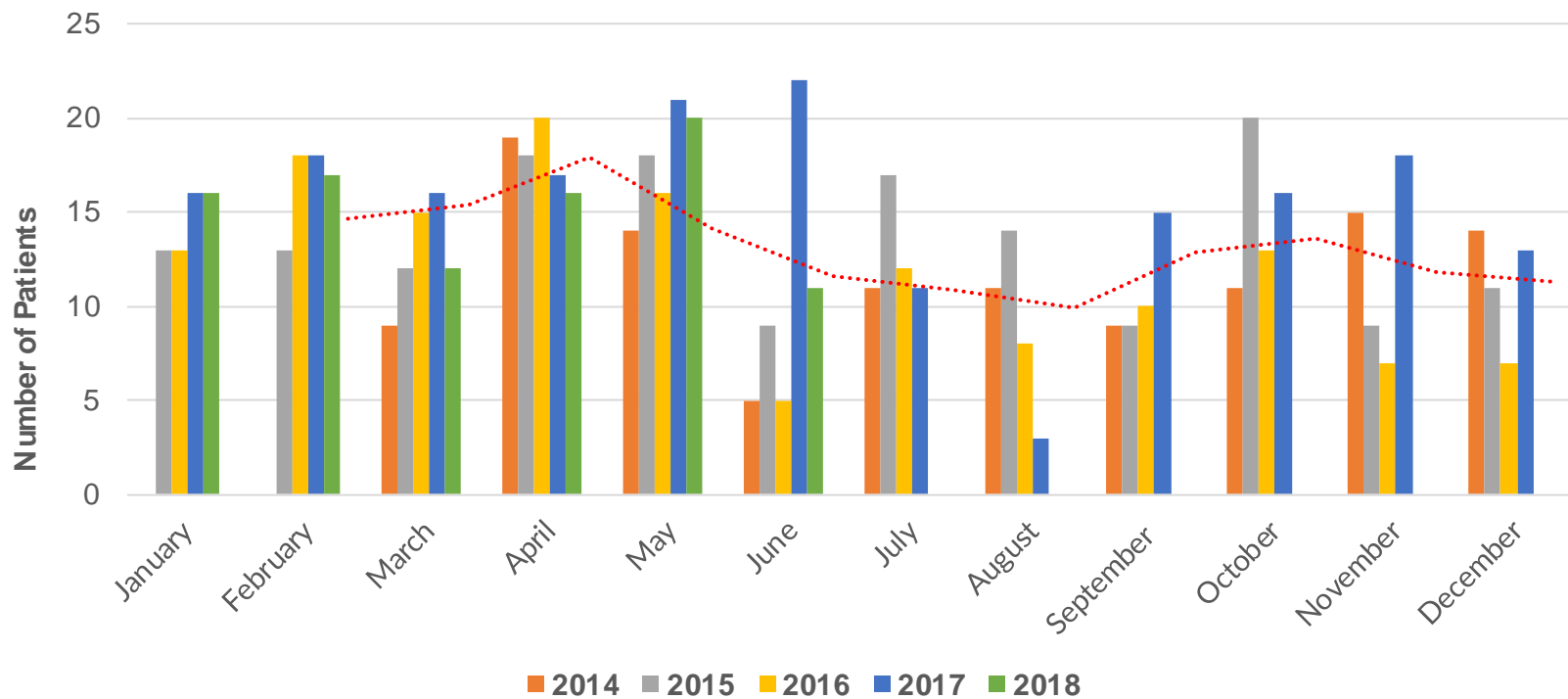


Total Volume by Month





Suicide Attempts by Month

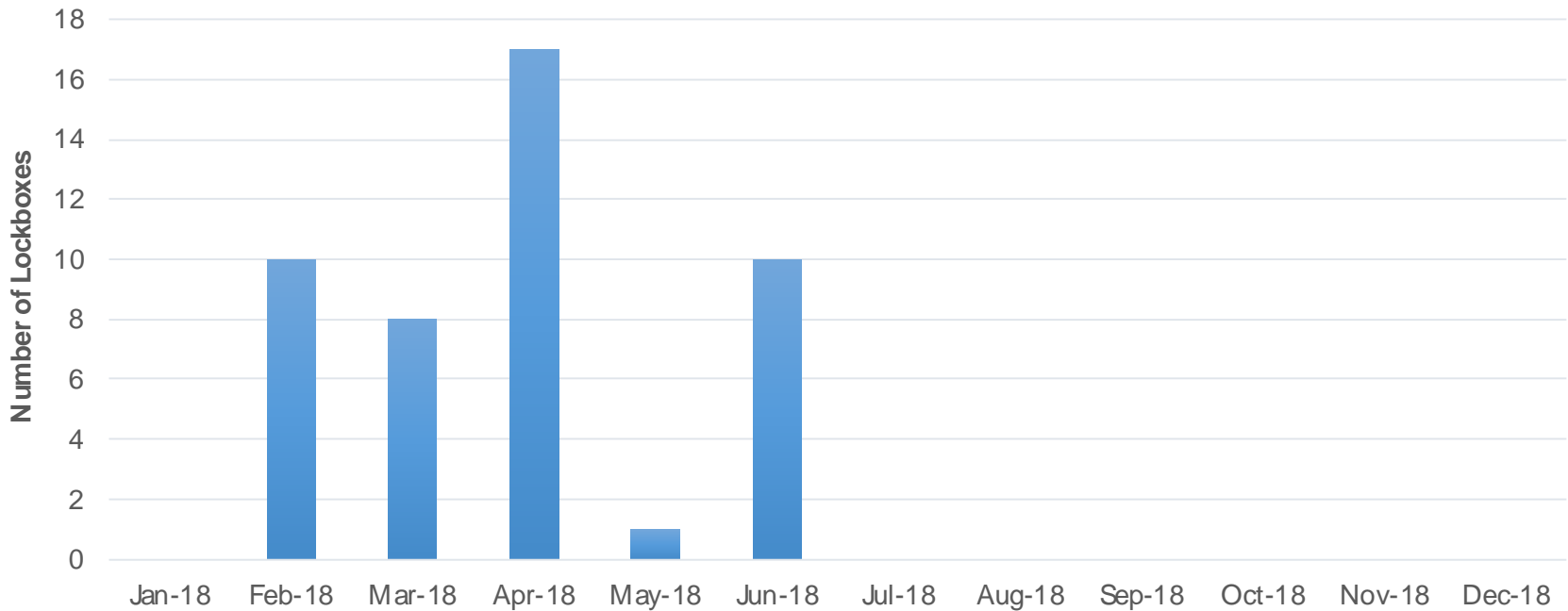


Medication Lockboxes

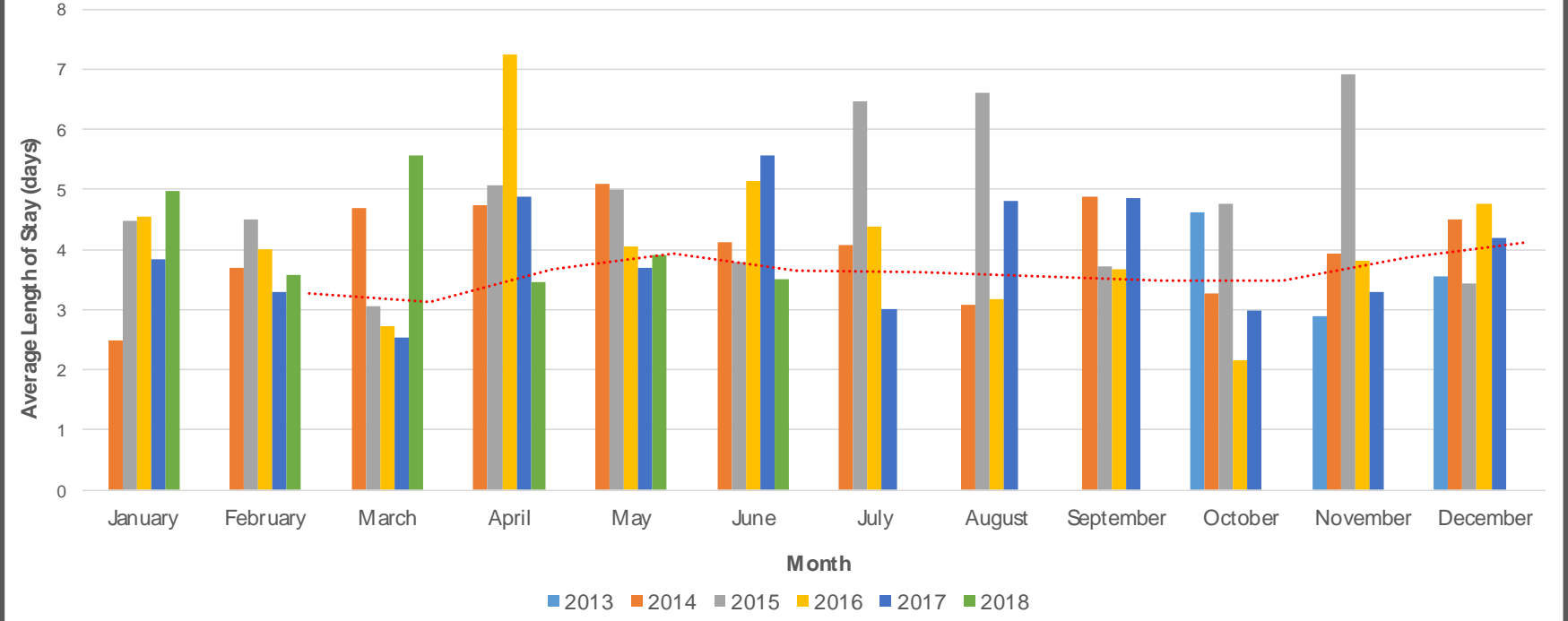


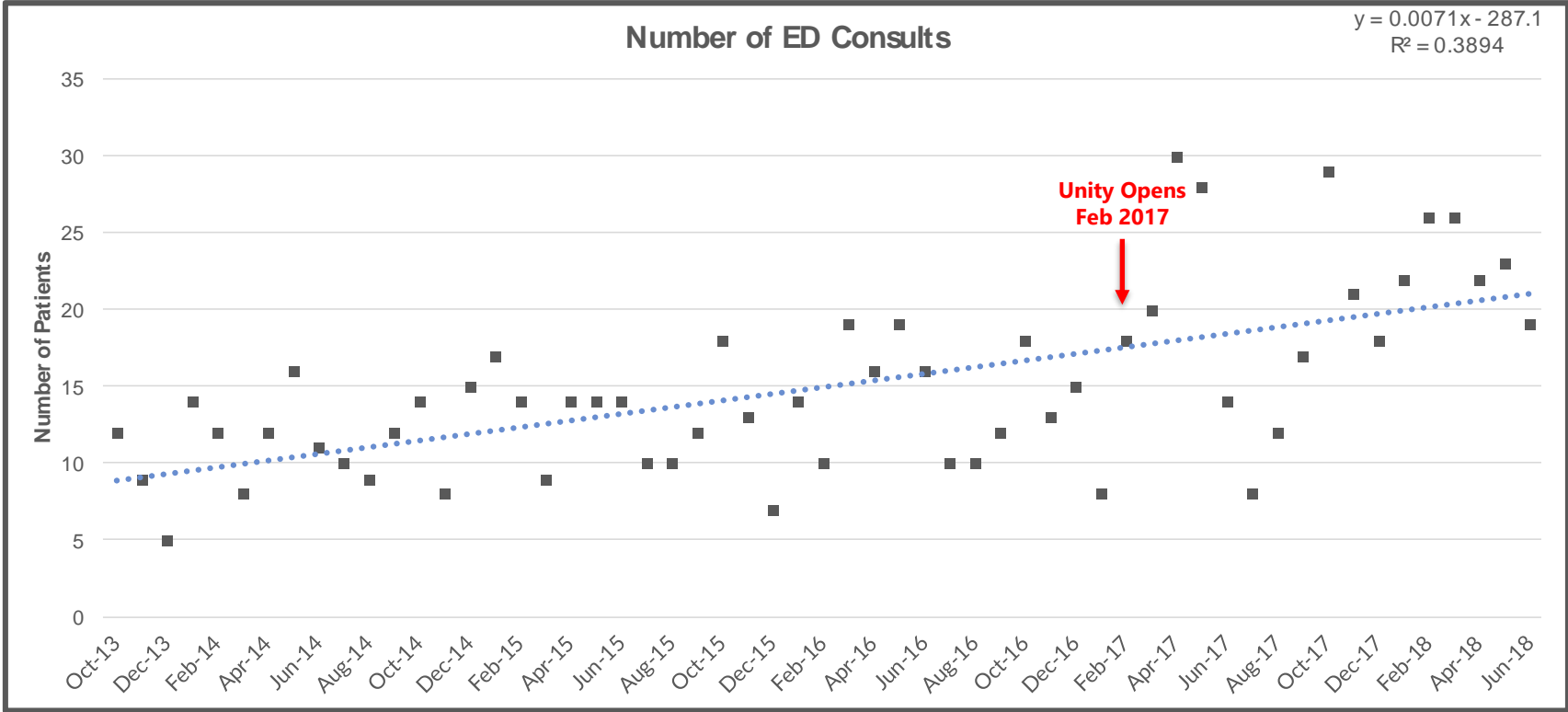
<http://www.lockmed.com>

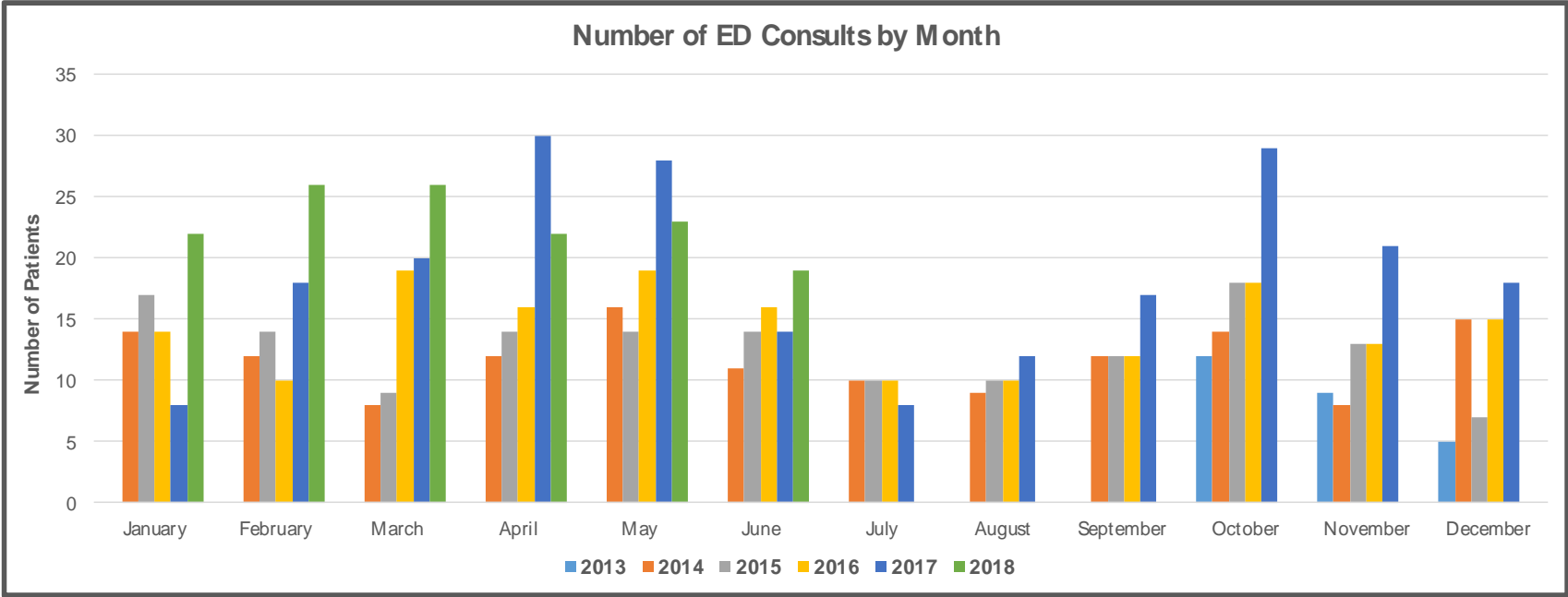
Number of Lockboxes Given to Families 2018



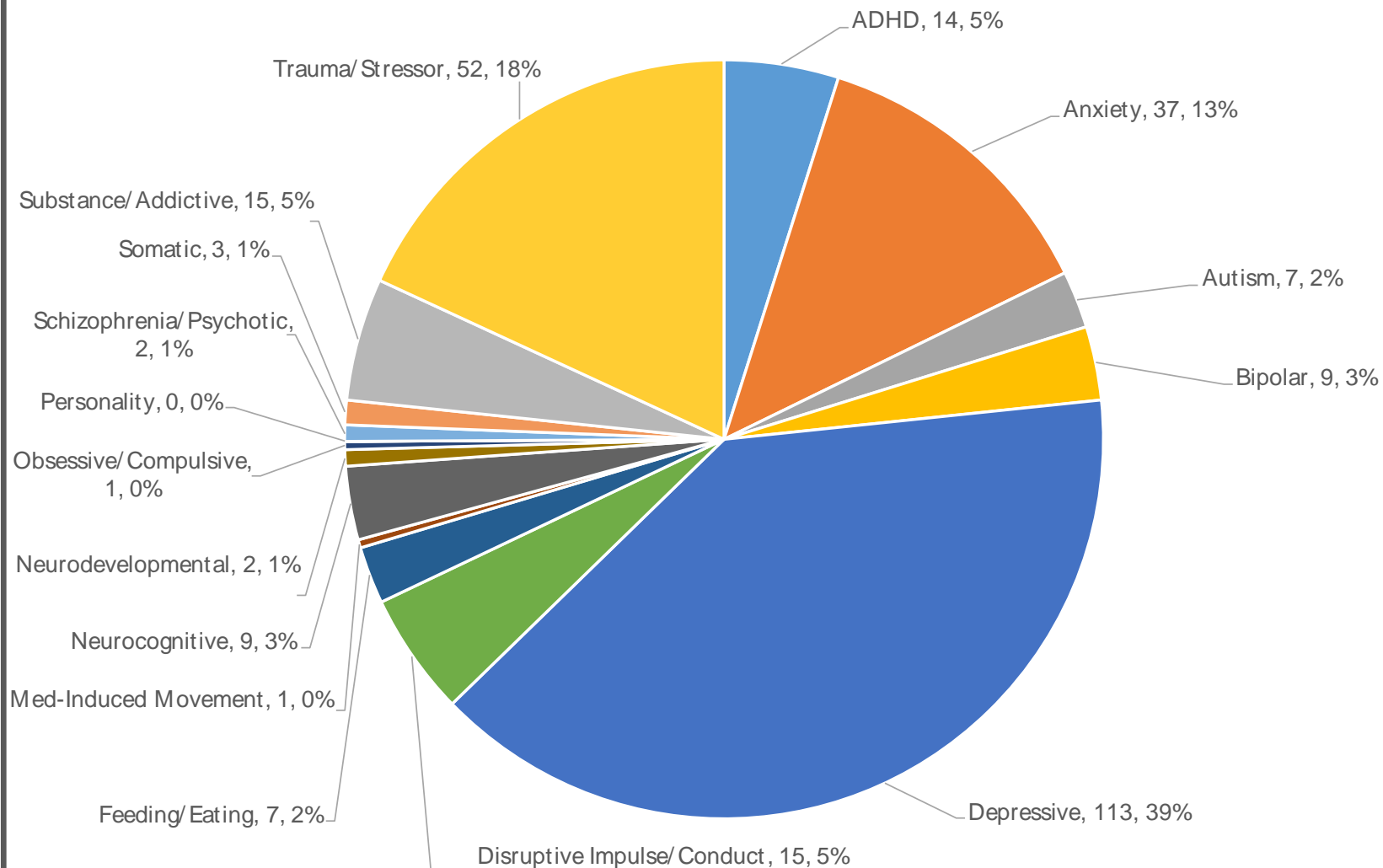
Length of Stay by Month



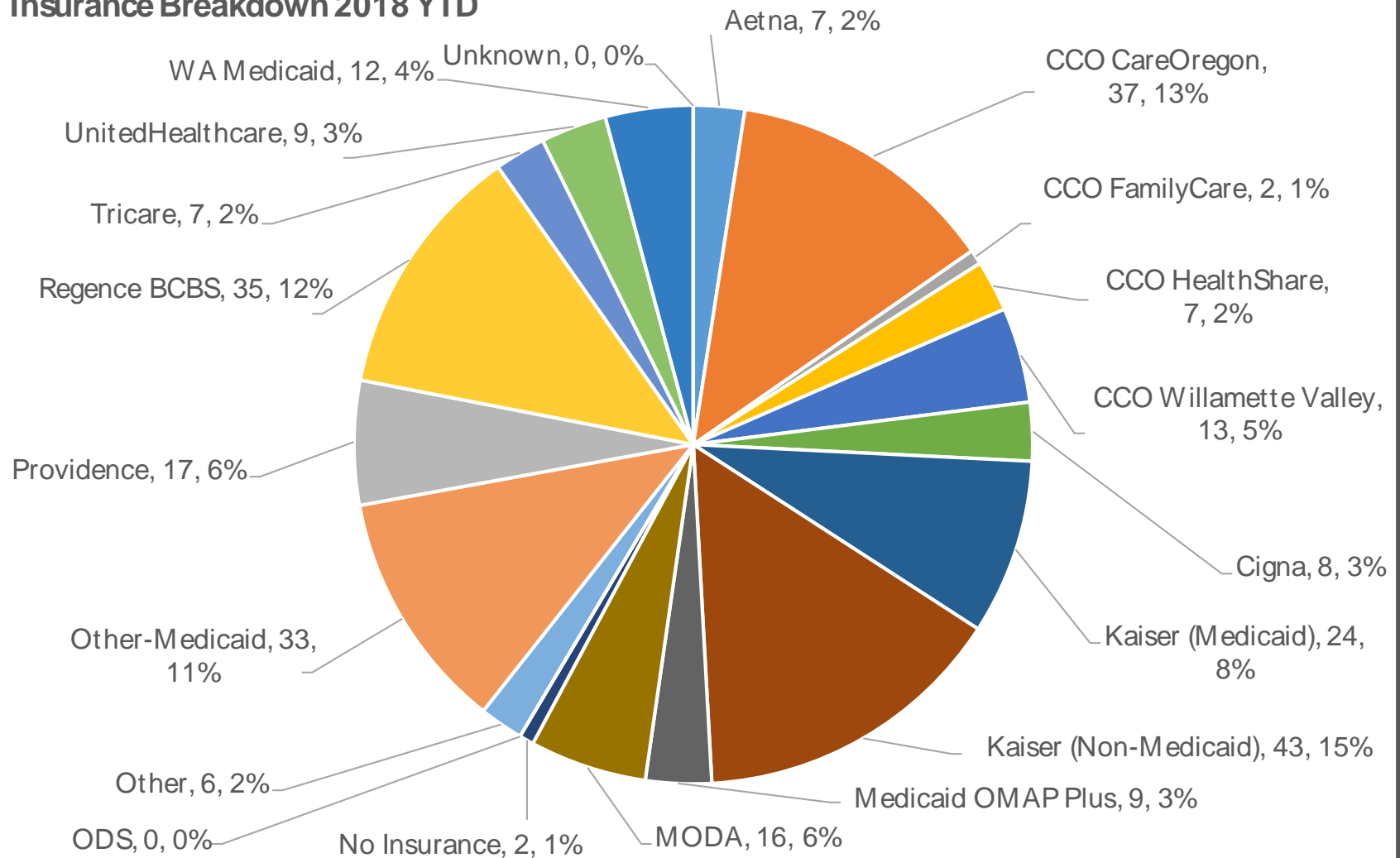




Disorder Breakdown 2018 YTD



Insurance Breakdown 2018 YTD





School Surveys: Scanning the Suicide Prevention Efforts in K-12

General School Survey

Athletic Staff Survey

School Survey Overview

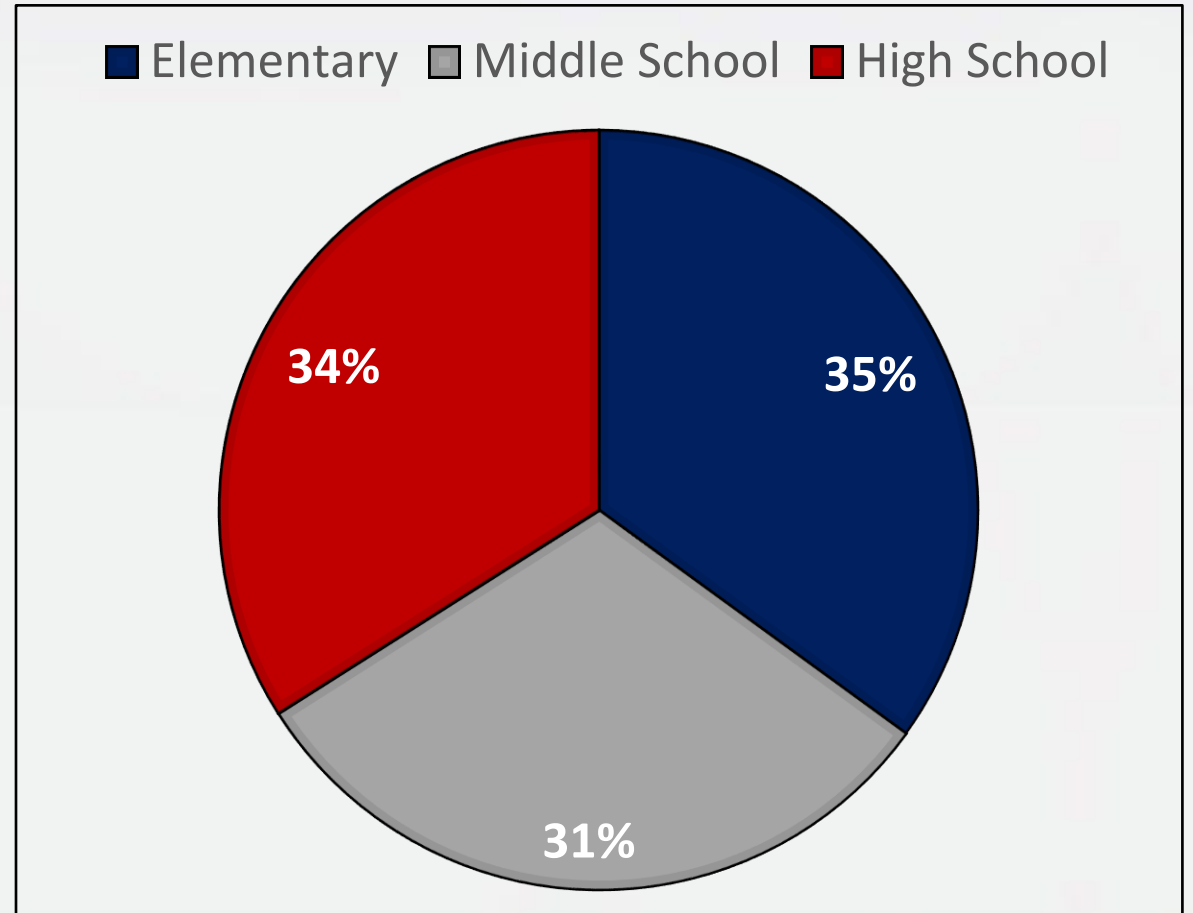
- **Background:** Survey was designed to help identify and track what suicide prevention evidence-based programs are being implemented in schools across the state.
- Survey information will help in three key areas:
 - **1)** Establish suicide prevention **baseline** data for schools to help establish whether growth occurs.
 - **2)** Ability to draw **correlations** between local suicide attempt and completion data with prevention efforts in schools.
 - **3)** Help determine **patterns across regions** (rural vs urban) and where immediate implementation support efforts are needed.

Survey Status

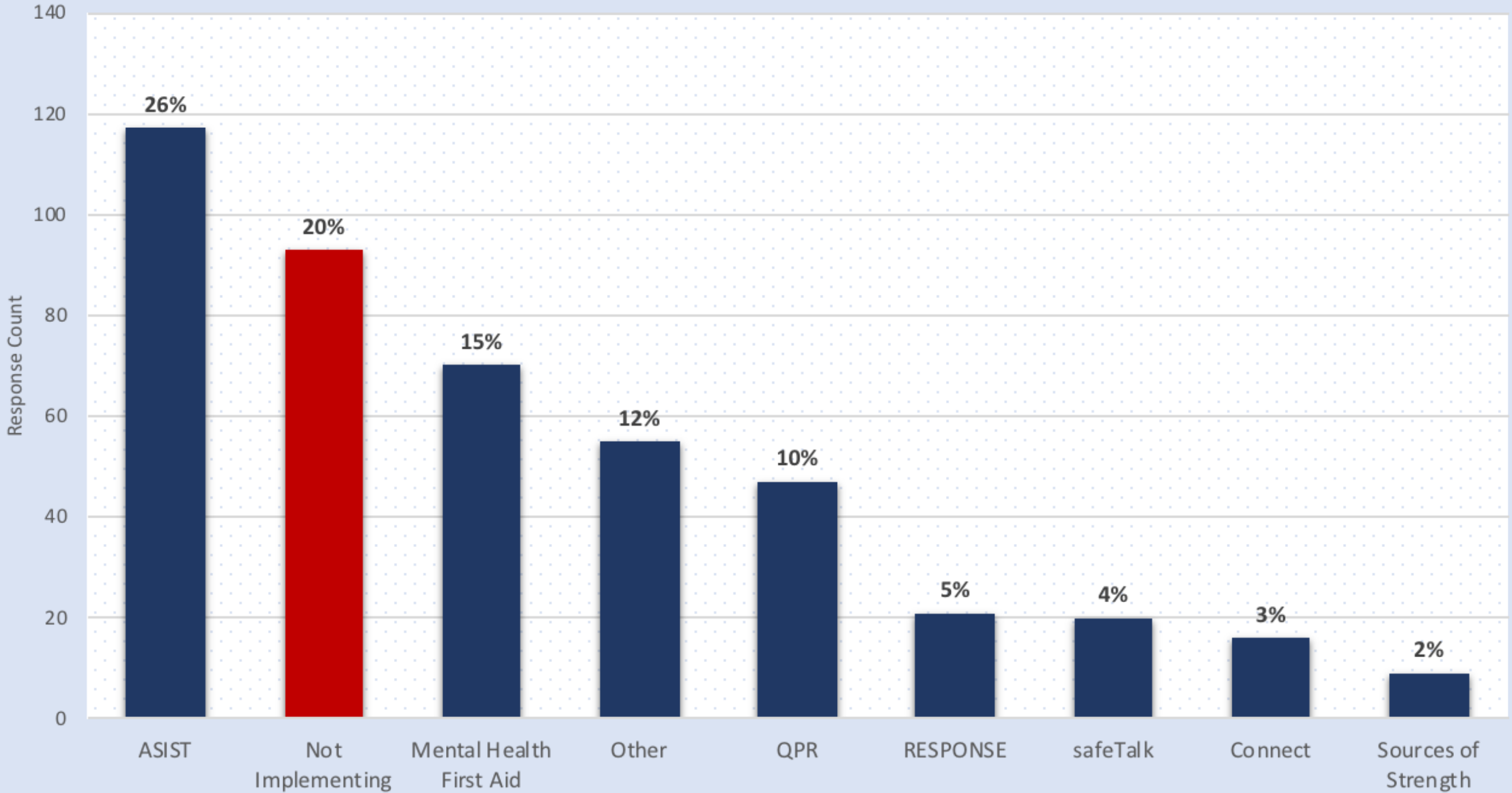
- **Initial dissemination** occurred in early June using the ODE listservs for administrators, school counselors, and schools nurses.
 - Also had professional associations conduct a follow-up distribution (Confederation of Oregon School Administrators & Oregon School Counselor Association)
- Currently, **330** schools have fully completed the survey, which is roughly $\frac{1}{4}$ (25%) of Oregon public schools.
- A secondary protocol has begun to follow up with schools who did not respond and full report on all results will be available in **September**.

Survey Response Distributions

- Distribution of responses across school levels (high school, middle school, elementary) was even.
- Survey was mainly filled out by school counselors (**50%**) and administrators (**32%**).



Program Inventory



What else is taking place?

- Roughly **30%** of reporting schools use some form of school-based suicide prevention curriculum
- **A quarter** (25%) of reporting schools do *not* have a clear procedure for identifying and referring students at-risk of suicide
- Most responding schools (**61%**) have a **postvention plan**
- Of the schools, **40%** reported they were *uncomfortable* with suicide prevention efforts at their school
- **90%** of schools are interested in assistance and **77%** of schools would like to be contacted by the Alliance for follow-up support.

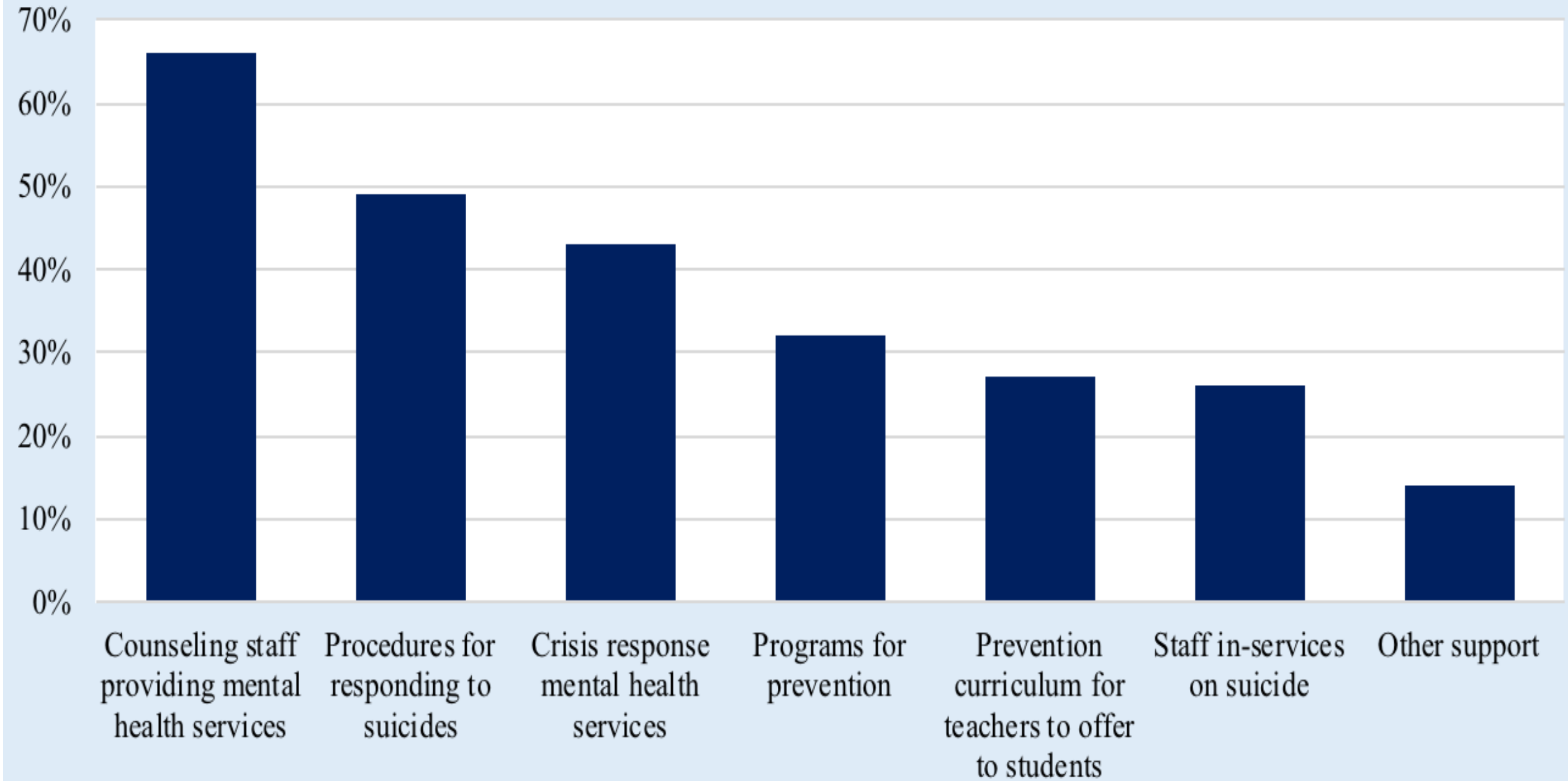
Looking forward

- What is going on in the schools that **did not respond**?
 - Attempt to address through continued follow-up
 - Are schools that need the most support not responding?
- Further analyze data by school level, region, and job title.
 - **What patterns appear?**
- Follow-up with schools looking for assistance
 - School committee is working to determine how this will look (especially across different levels of *need*).

Athletic Staff Survey

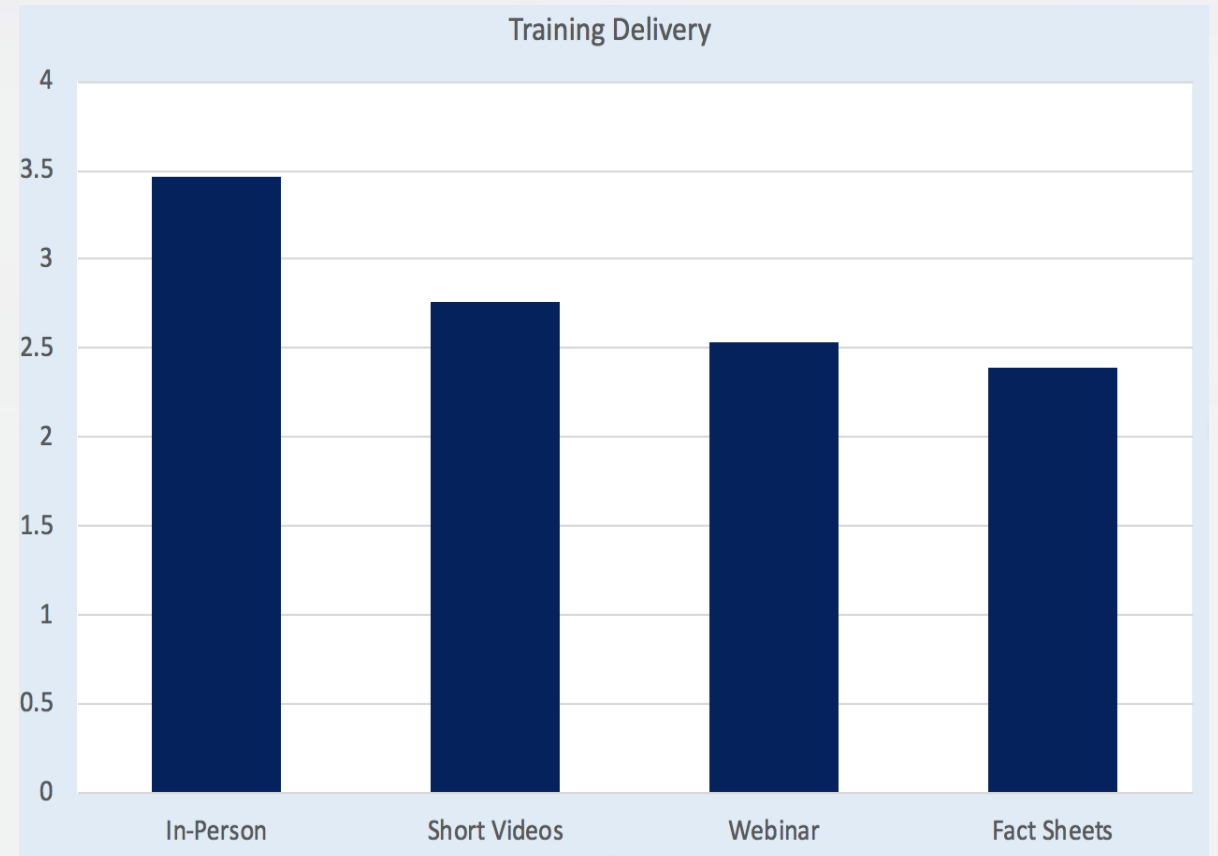
- **Background:** Workgroup created this survey to assess athletic staff's current experience with suicide prevention.
- A total of **732** participants completed the survey.
- **Coaches** (67%) and **teachers** (32%) were the most frequent respondents.
- Most responses (64%) indicated they were employed **full-time** at their school or district.

Current Suicide Efforts Taking Place



Major findings continued

- Topics that training is most needed on
 - **Tips for talking to at-risk youth** (Avg. = 3.59)
 - **Warning signs and symptoms** (Avg. = 3.52)
 - **How to develop a suicide safe school** (Avg. = 3.46)



Next steps

- Ensure that the information being collected translates into actionable steps for Alliance and schools.
- Develop networks of stakeholders and practitioners to collect more detailed on site-data and share it across contexts.
- Continue to collect data that helps address obstacles facing statewide suicide prevention and the Alliance efforts.