

Youth Suicide in Oregon

Annette Marcus, Suicide Prevention Policy Manager,
Oregon Alliance to Prevent Suicide
2019

In 2017 Oregon lost 107 youth, age 10 to 24, to suicide¹. When asked in the Healthy Teens Survey if they had seriously considered suicide in the past year, a sobering 17% of 8th graders answered yes. Due to stigma and discrimination, one-half of Oregon’s lesbian, gay, bisexual, and transgender 8th graders reported considering suicide. In 2017:

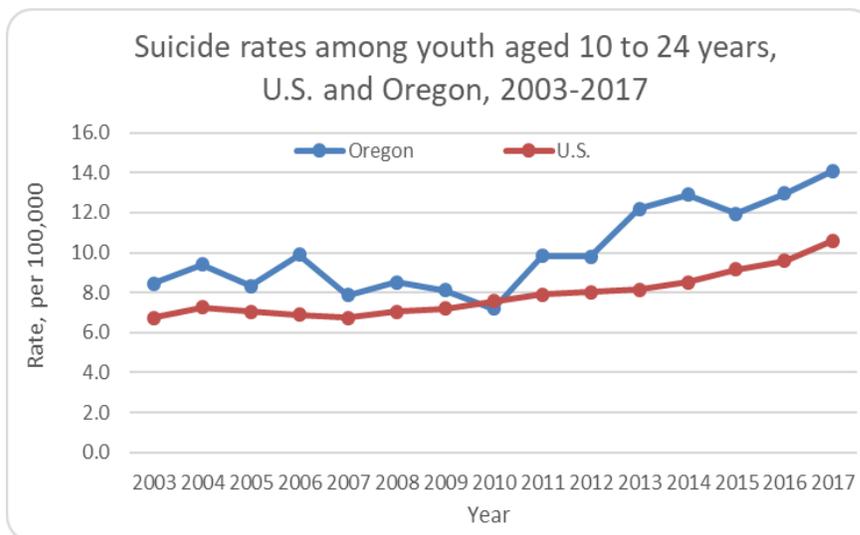


Figure 1: Source: CDC WISQARS and OPHAT, YSIPP Annual Report 2018

- ▶ Oregon experienced the 17th highest youth suicide rate in the United States (15th in 2016)
- ▶ More than 750 Oregon youth ages 10 to 24 years were hospitalized for self-inflicted injury or attempted suicide
- ▶ Oregon females were far more likely to be hospitalized for suicide attempts than males.
- ▶ Final data reported 107 suicides occurred among Oregon youth aged 10 to 24 years. Most suicides occurred among males (80 percent), White (87 percent) and those aged 20 to 24 years (54 percent).
- ▶ Forty-seven of the deaths were among students ages 10 – 19.¹

Each young person’s death by suicide leaves a grieving family, friends, and community.

¹ Oregon Health Authority. Youth Suicide Intervention and Prevention Plan Annual Report: 2018

The Oregon Alliance to Prevent Suicide is part of a movement that is galvanized to help all young people embrace life by:

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

In 2014, the Oregon State Legislature mandated development of a 5-year-plan to address Oregon’s high rate of suicide among individuals age 10 through 24 years old. The Oregon Youth Suicide Intervention and Prevention Plan 2016-2020 (www.oregonalliancetopreventsuicide.org/ysipp) was signed by the Oregon Health Authority and submitted to the Legislature in January 2016. The next five-year plan will be developed in FY19/20. The Oregon Alliance to Prevent Suicide advises OHA on implementation of the plan.

In 2018, the Alliance and the University of Oregon’s Suicide Prevention Lab conducted a statewide survey that assessed the current level of needs and preparedness regarding suicide prevention efforts in schools. A quarter of schools responding reported having no protocol and more than a third rated themselves uncomfortable with how to address suicide. Tellingly, the more suicide prevention programs a school had in place; the higher school staff ranked their comfort level around engaging in suicide prevention activities. While the sample of schools in the 10 Oregon counties with six or fewer people per square mile, was small, a worrisome 78% of these frontier schools reported having no programming at all in place

Table 3. The characteristics of youth suicides, Oregon 2017

| | | Deaths* | % of total |
|--------------------|---------------------------|---------|------------|
| Age | 10-14 | 10 | 10% |
| | 15-19 | 37 | 36% |
| | 20-24 | 56 | 54% |
| Sex | Male | 82 | 80% |
| | Female | 21 | 20% |
| Race**/Ethnicity | White | 90 | 87% |
| | African American | 5 | 5% |
| | Am. Indian/Native Alaskan | 6 | 6% |
| | Asian/Pacific Islander | 5 | 5% |
| | Multiple race | 5 | 5% |
| | Other/Unknown | 3 | 3% |
| | Hispanic | 9 | 9% |
| Student status | Middle School | 6 | 6% |
| | High School | 28 | 27% |
| Mechanism of death | Firearm | 48 | 47% |
| | Hanging/Suffocation | 38 | 37% |
| | Poisoning | 9 | 9% |
| | Other | 8 | 8% |
| Other | Veteran | 7 | 7% |

* Four out-of-state deaths are not included because their death certificate information is not accessible.

**Includes any race (one or more, any mention) and ethnicity mention. Race categories will not sum to the total since multiple race selections could be made for each decedent.

Source: Oregon Violent Death Reporting System

Note: According to the center for health statistics, OHA, there were 107 suicides aged 10 to 24 in 2017.

to address suicide prevention.²

Yet, the survey showed that schools are hungry for additional resources with almost 90% indicating they would like more information and support. These findings provide us with a critical glimpse into the landscape of suicide prevention in Oregon public schools. It should be noted that 70% of schools did *not* report their suicide prevention activities in this survey, which leaves us with the question: How are these schools addressing suicide?

Hope and Help

The need to address mental health and wellness in schools for all students was a key theme of Oregon's 2019 legislative session, with several significant pieces of legislation passed. Adi's Act ([SB52](#)) for example, requires that each school district adopt "a policy requiring a comprehensive district plan on student suicide prevention for students in kindergarten through grade 12." The passage of the Student Success Act (HB3427), represents a significant new investment in schools, with elements that address suicide prevention and mental health promotion. The legislature additionally allocated \$10 million dollars for the biennium to OHA to support the previously unfunded Youth Suicide Intervention and Prevention Plan, as well as additional school-based mental health services.

Many Oregon schools are working to prevent suicide by partnering with community organizations to provide suicide prevention training to staff and students. Lines for Life, for example, reached more than 10,000 students in a classroom setting during 2018 to talk about mental wellness and suicide. Youth also are reaching out for support. Oregon's Youthline Crisis Help and Support Line, which provides peer-to-peer crisis support, fielded more than 13,750 phone calls, texts, chats and emails from youth.

Healing

How a school and community respond after a suicide, or other traumatic death, can promote healing and minimize the potential for contagion. Over the past biennium, fourteen counties (Columbia, Coos, Clackamas, Marion, Klamath, Lane, Linn, Benton, Deschutes, Jackson, Umatilla, Malheur, Jefferson) participated in CONNECT, the national best-practice postvention protocols developed by NAMI NH. Each of these

² In August 2019, the Alliance and the UO Suicide Prevention Lab will release a report to schools that contains: a) a summary of the survey results, b) an overview of key areas that can be included in a suicide prevention plan, and c) a list of state and national suicide prevention resources.

county's has local CONNECT postvention trainers available to train school staff and community partners about how to develop an action plan based on national best practices to help reduce risk after a suicide.

Oregon is the only state to have legislation on the books addressing the need for support and information after a suicide. Known as SB561, the bill was designed to ensure that expertise in suicide, prevention, intervention and postvention is available to communities in a timely manner. It directs local mental health authorities (LMHAs) and allied local systems to share information with OHA within 7 days of a suspected or confirmed suicide involving individuals who are 24 years of age or younger. It requires each county to develop a local Communication and Suicide Response Protocol. Participation by school systems in developing these postvention plan has been highly variable. While strong partnerships exist in some counties, in others coordination has been minimal. This has resulted in gaps in reporting, planning and coordinated response. Schools, colleges, and universities are essential partners in this process. [SB485](#) was passed in 2019 to address this gap, and requires schools, colleges, and universities to collaborate with LMHA's to develop community plans for communication and response after a suicide occurs.