

Dear [name]

The Oregon Health Authority, in collaboration with Comagine Health, would like to invite you to participate in a facilitated discussion session about suicide data. You are being invited to participate in this discussion session because of your role in suicide prevention at [organization].

If you agree, you will be asked to participate in a **60-minute** online discussion with other staff in your organization about ways in which you are currently using suicide data sources and what types of information and would be useful for your program. Your participation is a one-time occurrence that will end after completion.

**The purpose of this facilitated discussion is to better help OHA understand:**

- What suicide data are currently being used in prevention planning, including state-level and national-level data;
- What improvements to suicide data, including availability and breakdown, would be useful for prevention programming and planning;
- What dashboard features would be most helpful for displaying suicide data, including preference for aggregating small numbers and trend visualizations; and
- How the availability and timeliness of data impacts suicide prevention programming and planning efforts.

We would like to invite you to attend an online focus group to be conducted via Zoom. You will be asked to answer a series of open-ended questions about topics such as data sources your organization is using, suggestions to improve existing data sources, timeliness and availability of data, specific types of data to serve the unique needs of your community.

**Please follow this link to select times you are available for a 60-minute discussion:  
(insert link here)**

If you are not the best person to participate in this discussion, please reach out to Kyn Kappesser (kkappesser@comagine.org) to share the email address of the correct person to contact for the facilitated discussion.

Thank you and please let me know if you have any questions.

Sincerely,  
Kyn Kappesser

Example Surveys:

[https://theactionalliance.org/sites/default/files/2018\\_public\\_perception\\_survey\\_results.pdf](https://theactionalliance.org/sites/default/files/2018_public_perception_survey_results.pdf)

[https://theactionalliance.org/sites/default/files/suicide\\_and\\_mental\\_health\\_public\\_perception\\_survey\\_final\\_report\\_august\\_2020.pdf](https://theactionalliance.org/sites/default/files/suicide_and_mental_health_public_perception_survey_final_report_august_2020.pdf)

<https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/OREGONHEALTHYTEENS/Documents/2019/2019OHT11thSurveyEN.pdf> -- Oregon Healthy Teens Survey

[https://static1.squarespace.com/static/5e8769b34812765cff8111f7/t/5ee11863221ddf08b0284c20/1591810150212/covid\\_w3\\_topline\\_national\\_web.pdf](https://static1.squarespace.com/static/5e8769b34812765cff8111f7/t/5ee11863221ddf08b0284c20/1591810150212/covid_w3_topline_national_web.pdf) National/Regional Covid Impact Survey

<https://www.cdc.gov/nchs/covid19/pulse/mental-health-care.htm> CDC household pulse survey covid

Discussion Notes:

How often? Every five years

Compare to? – training participants from post-surveys? National data?

Possibilities regarding a representative survey of Oregonians

Begin at age ?

Oversample: Rural, Native American, Men, Hispanic, African-American, Other?

Collect demographics:

- race/ethnicity,
- sexual orientation,
- gender identity,
- occupational sector,
- zip code,
- education,
- age,
- marital status

The committee requested additional time to consider and review the surveys above and to further consider which topics were in the top 6-8 questions to prioritize.

This is a preliminary list based on an initial discussion at the September 2 Committee Meeting.

DRAFT List of Most Relevant Questions

Topic or Question wording?	Domain	Source
<p>How long would it take you to get and be ready to fire a loaded gun? The gun could be yours or someone else's and it could be located in your home or care or someone else's home or car?</p> <ul style="list-style-type: none"> <li>• I could not get a loaded gun</li> <li>• I could not get a loaded gun</li> <li>• Less than 10 minutes</li> <li>• 10 or more minutes, but less than an hour</li> <li>• 1 or more hours, but less than 4 hours</li> <li>• 4 or more hours, but less than 24 hours</li> <li>• 24 or more hours</li> </ul>	Suicide Risk – Lethal Means Access	Oregon Healthy Teens Survey
<p>During the past 12 months, did you have any <u>emotional or mental health</u> care needs that were <u>not</u> met? (Count any situation where you thought you should see a counselor, social worker or other mental health professional.)</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Barriers to Care	Oregon Healthy Teens Survey
<p>At any time in the last 4 weeks, did you take prescription medication to help you with any emotions or with your concentration, behavior or mental health?</p> <p>At any time in the last 4 weeks, did you receive counseling or therapy from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker? Include counseling or therapy online or by phone.</p> <p>At any time in the last 4 weeks, did you need counseling or therapy from a mental health professional, but did not get it for any reason?</p>	Mental Health Care Utilization and Barriers to Care	<p>CDC Household Pulse Survey</p> <p>Note – This last question is relatively high for OR vs. other states, second only to D.C. 12-15% of respondents</p>
<p>Which of the following health care providers did you see in the last 12 months? Please select ALL that apply.</p> <ul style="list-style-type: none"> <li>• Primary care physician</li> <li>• Medical specialist (e.g. cardiologist, endocrinologist)</li> <li>• Nurse or nurse practitioner</li> <li>• OB/GYN</li> <li>• Psychiatrist</li> <li>• Psychologist</li> <li>• Other mental health counselor or therapist</li> <li>• Other health care provider</li> <li>• None</li> </ul>	Care Utilization	Public Perception Survey – do we need to include peer specialists or pastoral care?
<p>Have you learned how to help someone who may be suicidal by taking any of the following trainings? Check all that apply.</p> <ul style="list-style-type: none"> <li>• List of Trainings</li> <li>• None of the above</li> </ul>	Reach of training programs	Committee suggested this question which was adapted from the Public Perception Survey

<p>How much do you agree or disagree with the following statement? I can tell when someone is suicidal</p> <ul style="list-style-type: none"> <li>• Strongly disagree</li> <li>• Somewhat disagree</li> <li>• Somewhat agree</li> <li>• Strongly agree</li> </ul>	<p>Ability to recognize warning signs</p>	<p>Public Perception Survey – Suggested that a question from a training post-test might be better worded</p>
<p>How comfortable do you feel... Being there for or helping a loved one who might be struggling or having thoughts of suicide Talking to a clinician (primary care doctor, mental health professional) if you have or are struggling with thoughts of suicide Talking to a friend or loved one if you have or are struggling with thoughts of suicide Discussing suicide with your friends and loved ones Talking openly in public about mental health Talking openly in public about suicide</p> <ul style="list-style-type: none"> <li>• Not at all comfortable</li> <li>• Not very comfortable</li> <li>• Somewhat comfortable</li> <li>• Very comfortable</li> </ul>	<p>Comfort/Stigma</p>	<p>Public Perception Survey</p>
<p>Which of the following would prevent you from talking about suicide with others? Please select ALL that apply.</p> <ul style="list-style-type: none"> <li>• I don't know the right words to say.</li> <li>• Don't feel I have enough knowledge.</li> <li>• I'm not comfortable with the topic.</li> <li>• Fear of negative impact on me or my Reputation.</li> <li>• I haven't had the opportunity.</li> <li>• Other</li> </ul>	<p>Hesitations</p>	<p>Public Perception Survey</p>
<p>Something like this Pew question? Now I am going to read you a list of problems that may cause <b>health</b> issues in your community. As I read each one, please tell me if you think it is a very big problem, a moderately big problem, a small problem or not a problem at all: [This list needs to be revised] Hunger Housing Suicide and mental health Substance use and addiction Quality of drinking water Cost of fruits and vegetables Access to health care</p>	<p>Need some sense of how big a priority mental health is relative to other issues</p>	<p>No source – Elissa added</p>

Example Surveys:

[https://theactionalliance.org/sites/default/files/2018\\_public\\_perception\\_survey\\_results.pdf](https://theactionalliance.org/sites/default/files/2018_public_perception_survey_results.pdf)

[https://theactionalliance.org/sites/default/files/suicide\\_and\\_mental\\_health\\_public\\_perception\\_survey\\_final\\_report\\_august\\_2020.pdf](https://theactionalliance.org/sites/default/files/suicide_and_mental_health_public_perception_survey_final_report_august_2020.pdf)

<https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/OREGONHEALTHYTEENS/Documents/2019/2019OHT11thSurveyEN.pdf> -- Oregon Healthy Teens Survey

[https://static1.squarespace.com/static/5e8769b34812765cff8111f7/t/5ee11863221ddf08b0284c20/1591810150212/covid\\_w3\\_topline\\_national\\_web.pdf](https://static1.squarespace.com/static/5e8769b34812765cff8111f7/t/5ee11863221ddf08b0284c20/1591810150212/covid_w3_topline_national_web.pdf) National/Regional Covid Impact Survey

<https://www.cdc.gov/nchs/covid19/pulse/mental-health-care.htm> CDC household pulse survey covid

Discussion Notes:

How often? Every five years

Compare to? – training participants from post-surveys? National data?

Possibilities regarding a representative survey of Oregonians

Begin at age ?

Oversample: Rural, Native American, Men, Hispanic, African-American, Other?

Collect demographics:

- race/ethnicity,
- sexual orientation,
- gender identity,
- occupational sector,
- zip code,
- education,
- age,
- marital status

The committee requested additional time to consider and review the surveys above and to further consider which topics were in the top 6-8 questions to prioritize.

This is a preliminary list based on an initial discussion at the September 2 Committee Meeting.

DRAFT List of Most Relevant Questions

Topic or Question wording?	Domain	Source
<p>How long would it take you to get and be ready to fire a loaded gun? The gun could be yours or someone else's and it could be located in your home or care or someone else's home or car?</p> <ul style="list-style-type: none"> <li>• I could not get a loaded gun</li> <li>• I could not get a loaded gun</li> <li>• Less than 10 minutes</li> <li>• 10 or more minutes, but less than an hour</li> <li>• 1 or more hours, but less than 4 hours</li> <li>• 4 or more hours, but less than 24 hours</li> <li>• 24 or more hours</li> </ul>	Suicide Risk – Lethal Means Access	Oregon Healthy Teens Survey
<p>During the past 12 months, did you have any <u>emotional or mental health</u> care needs that were <u>not</u> met? (Count any situation where you thought you should see a counselor, social worker or other mental health professional.)</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Barriers to Care	Oregon Healthy Teens Survey
<p>At any time in the last 4 weeks, did you take prescription medication to help you with any emotions or with your concentration, behavior or mental health?</p> <p>At any time in the last 4 weeks, did you receive counseling or therapy from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker? Include counseling or therapy online or by phone.</p> <p>At any time in the last 4 weeks, did you need counseling or therapy from a mental health professional, but did not get it for any reason?</p>	Mental Health Care Utilization and Barriers to Care	<p>CDC Household Pulse Survey</p> <p>Note – This last question is relatively high for OR vs. other states, second only to D.C. 12-15% of respondents</p>
<p>Which of the following health care providers did you see in the last 12 months? Please select ALL that apply.</p> <ul style="list-style-type: none"> <li>• Primary care physician</li> <li>• Medical specialist (e.g. cardiologist, endocrinologist)</li> <li>• Nurse or nurse practitioner</li> <li>• OB/GYN</li> <li>• Psychiatrist</li> <li>• Psychologist</li> <li>• Other mental health counselor or therapist</li> <li>• Other health care provider</li> <li>• None</li> </ul>	Care Utilization	Public Perception Survey – do we need to include peer specialists or pastoral care?
<p>Have you learned how to help someone who may be suicidal by taking any of the following trainings? Check all that apply.</p> <ul style="list-style-type: none"> <li>• List of Trainings</li> <li>• None of the above</li> </ul>	Reach of training programs	Committee suggested this question which was adapted from the Public Perception Survey

<p>How much do you agree or disagree with the following statement? I can tell when someone is suicidal</p> <ul style="list-style-type: none"> <li>• Strongly disagree</li> <li>• Somewhat disagree</li> <li>• Somewhat agree</li> <li>• Strongly agree</li> </ul>	<p>Ability to recognize warning signs</p>	<p>Public Perception Survey – Suggested that a question from a training post-test might be better worded</p>
<p>How comfortable do you feel... Being there for or helping a loved one who might be struggling or having thoughts of suicide Talking to a clinician (primary care doctor, mental health professional) if you have or are struggling with thoughts of suicide Talking to a friend or loved one if you have or are struggling with thoughts of suicide Discussing suicide with your friends and loved ones Talking openly in public about mental health Talking openly in public about suicide</p> <ul style="list-style-type: none"> <li>• Not at all comfortable</li> <li>• Not very comfortable</li> <li>• Somewhat comfortable</li> <li>• Very comfortable</li> </ul>	<p>Comfort/Stigma</p>	<p>Public Perception Survey</p>
<p>Which of the following would prevent you from talking about suicide with others? Please select ALL that apply.</p> <ul style="list-style-type: none"> <li>• I don't know the right words to say.</li> <li>• Don't feel I have enough knowledge.</li> <li>• I'm not comfortable with the topic.</li> <li>• Fear of negative impact on me or my Reputation.</li> <li>• I haven't had the opportunity.</li> <li>• Other</li> </ul>	<p>Hesitations</p>	<p>Public Perception Survey</p>
<p>Something like this Pew question? Now I am going to read you a list of problems that may cause <b>health</b> issues in your community. As I read each one, please tell me if you think it is a very big problem, a moderately big problem, a small problem or not a problem at all: [This list needs to be revised] Hunger Housing Suicide and mental health Substance use and addiction Quality of drinking water Cost of fruits and vegetables Access to health care</p>	<p>Need some sense of how big a priority mental health is relative to other issues</p>	<p>No source – Elissa added</p>

# CRISIS TEXT LINE |

October 2021



# Table of Contents

1. How Crisis Text Line works
2. Our Data
3. Oregon Partnership



# How it works

# Crisis Text Line

Crisis Text Line envisions an empathetic world where nobody feels alone.

We provide free, 24/7, high-quality text-based mental health support and crisis intervention.

Anyone in the US can text 741741 or message us on Facebook.

# Three Levels of Support

- ① Crisis Counselor**  
Our volunteer Crisis Counselors engage in active collaboration with the texter to de-escalate and determine healthy next steps.
- ② Clinical Staff**  
Our Supervisors monitor every conversation, give feedback in real-time, and provide additional support when necessary.
- ③ Machine Learning and Triage Algorithm**  
Our ML Algorithm, TaTeR, reads the first messages to identify texters at high risk of imminent harm and ensures they are moved to the front of the queue to receive support in under 1 min.

# How it Works: Texting In



**A person texts 741741 or sends a message to Crisis Text Line on Facebook Messenger.** The texter will get an automated response to let them know they've reached Crisis Text Line and ask them to share a bit more about their crisis.

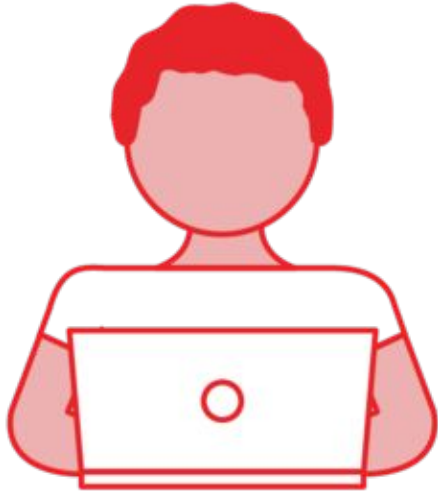
# How it Works: Triageing by Severity



Based on the texters first few messages, our texter triage algorithm will **determine high-risk texters and move them to the top of the queue**, kind of like a mental health emergency room.

We reach high-risk texters in about 8 seconds and aim to connect all texters with a Crisis Counselor in less than 5 minutes.

# How it Works: Volunteer Crisis Counselors

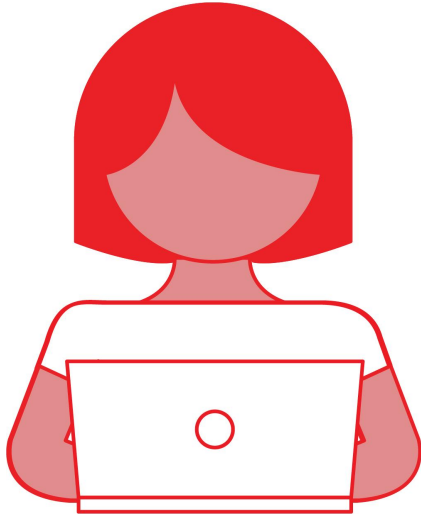


**The texter is then connected with a volunteer Crisis Counselor** who will help the texter sort through their feelings by asking questions, empathizing, and actively listening. The goal of any conversation is to get the texter to a calm, safe place. Sometimes that means providing a referral to further help, and sometimes it just means being there and listening.

---

We've trained over 41,000 Crisis Counselors to date and have about 6,00 of them active online each month.

# How it Works: Supervisors



Every conversation is overseen by a clinical staff Supervisor. They provide support to the Crisis Counselor and help determine the best referral or next steps for the texter.

In less than 1% of all conversations, a Supervisor may determine that the texter is in a life-threatening imminent risk situation and needs support from emergency services (which could include first responders of EMT, Fire, Police or Mobile Crisis Units).



# Resources

Crisis Counselors share a link to a resource with a texter in about 1/3 of our conversations. We have vetted a list of over 200 resources that fall into these three categories:

- In the moment support, like [a breathing gif from Calm](#).
- Self-help guides, such as [antidepressant skills worksheet](#).
- Databases where people can find ongoing care and other resources, such as [211](#) and [Aunt Bertha](#).
- Online groups where people can connect with others experiencing a similar issue, such as [LiveWell Foundation](#) and [SAVE](#).

# Privacy & Trust: Priority #1

FREE

Users are not charged standard messaging rates if they have plans with Verizon, Sprint, AT&T or T-Mobile.



“741741” does not appear on texters’ phone bills.



We adhere to Stringent GDPR-compliant internal data privacy & security standards.

# Our Data

# Crisis Text Line: The Largest Crisis Texting Service in the U.S

6.3 Million Conversations

3 Million Texters

85.6k Suicidal De-Escalations

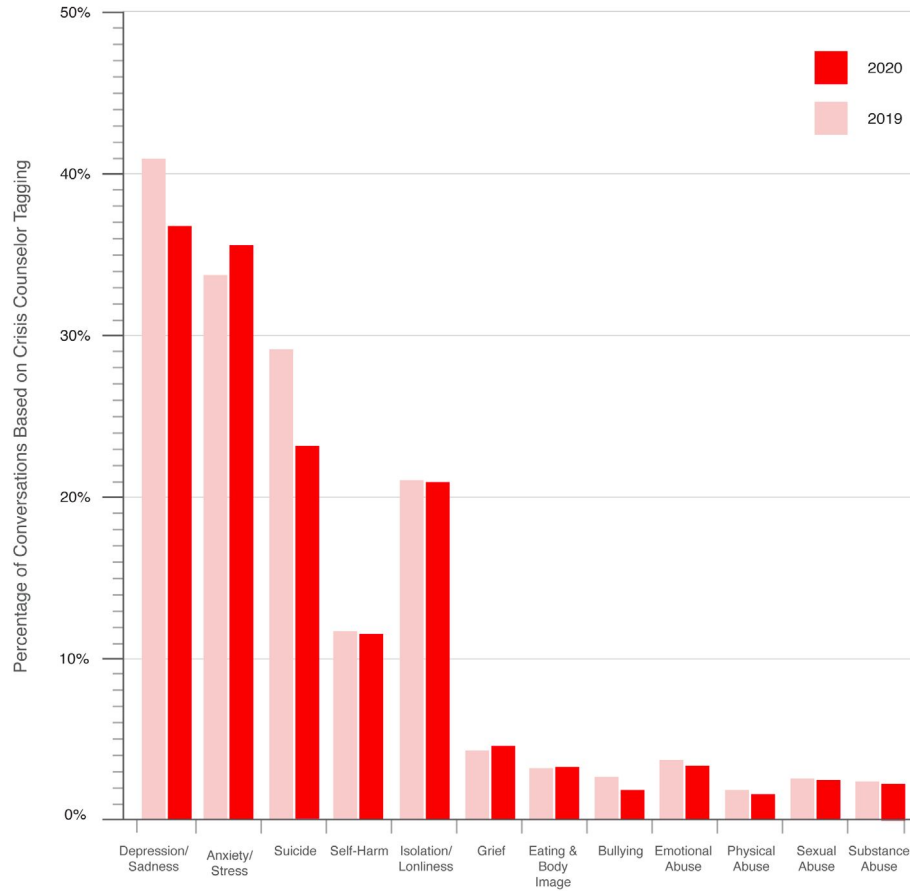
60% Of Texters Share Something New

87% Of Texters Found The Conversation Helpful

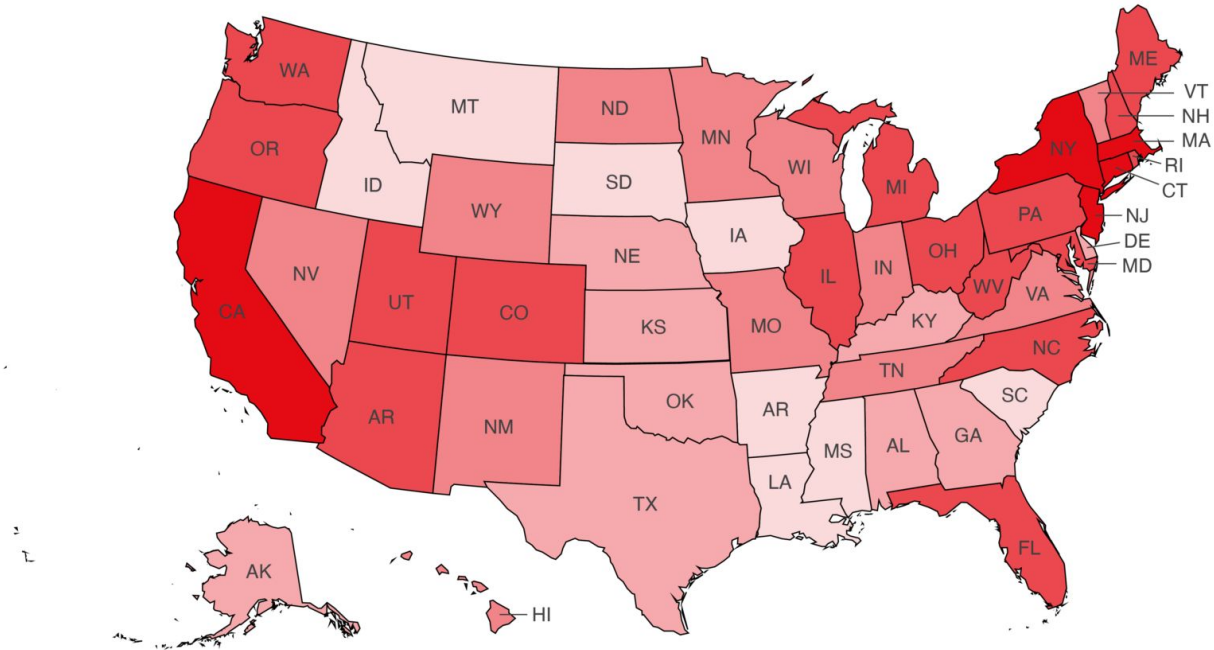
---

# Mental Health Issues in U.S. Conversations in 2019 and 2020

2019 Sample Size: 719,627 Conversations; 2020 Sample Size: 931,385 Conversations



Source: [Everybody Hurts 2020](#)

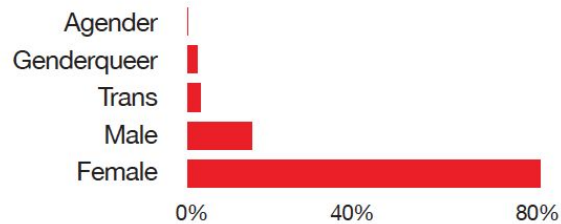


*This map represents the percentage of conversations about anxiety and stress with texters from each state as categorized by a Crisis Text Line Crisis Counselor.*

# 2020 Texter Demographics

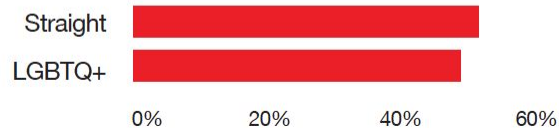
Percentage of Conversations by Self-Identified Gender Based on Voluntary Post-Conversation Survey. Sample Size: 94,733 Conversations.

## Gender



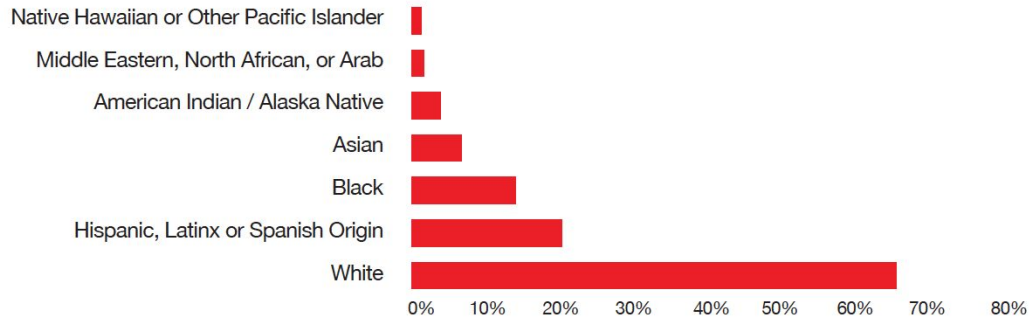
Percentage of US Conversations by Self-Identified Sexual Preference. Sample Size: 90,772 Conversations.

## Sexual Orientation



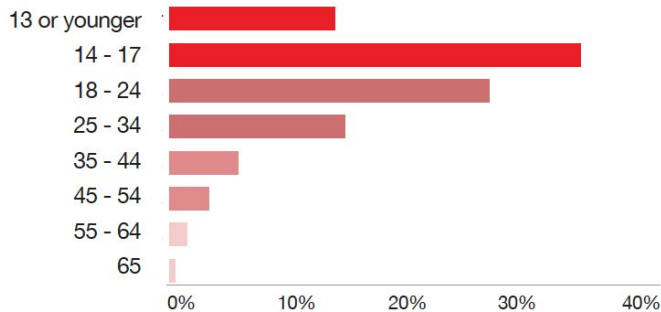
Percentage of US Conversations by Self-Identified Race Based on Voluntary Post-Conversation Survey.  
Sample Size: 93,178 Conversations.

### Race



Percentage of US Conversations by Age Group Based on Voluntary Post-Conversation Survey.  
Sample Size: 93,162 Conversations.

### Age



# 2020 Texter Demographics



# Data Can Save Lives

**Real Language, Real-Time.** Unlike other large-scale datasets on mental health and crisis, our data has incredible volume, velocity, and variety.

**Crisis Trends.** Our data tells us who is texting (74% are under age 24), their race, gender, and sexual identity (44% identify as LGBTQ), where they are texting from, the time of day they need help (late night), and what issues are provoking their crisis (depression, relationships, anxiety).

**Public Health.** We use our data to make our service smarter and we share it to support smarter research, policy, and public health.

# Our Data Methodology

We think Crisis Text Line has an important perspective to add to the national conversation, but it's important to note that our data is not representative of all people in the U.S., nor is it representative of what all people in crisis are experiencing.

Issue data is reported by volunteer Crisis Counselors after approximately 95% of conversations. Demographic data is self-reported by texters after a conversation, in a mobile-web survey. Surveys are completed by texters for approximately 21% of conversations.

We have always used data to help us improve our service to texters in crisis, and regularly have third parties advise and verify that our processes are informed by best practices. We are engaging additional third parties to further review our data practices to ensure that they are proper, private, secure and as rigorous as possible.

# Oregon Partnership

# Our Partnerships

We work with over 130 non-profit, government, and education partners through co-branded text lines.

For example, text OREGON to 741741, like in our Oregon partnership.

Texts to these lines go directly to Crisis Text Line — no need to train additional volunteers or set up a new system.

We provide partners back with anonymized and aggregated trends about how their line is being used.

## TEXTER FEEDBACK

Thank you, [scrubbed]. The resources you gave me look like theyll help both for this and in other problems I've been having, I really appreciate it.

### AT A GLANCE



10,343

TEXTERS  
IN CRISIS



18,253

CONVERSATIONS



62%

FIRST-TIME  
SHARING



189

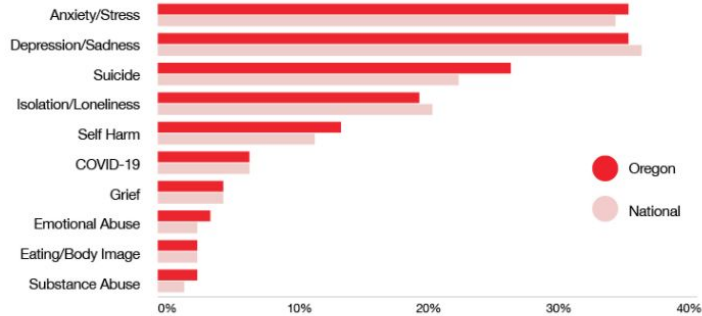
ACTIVE  
RESCUES



295

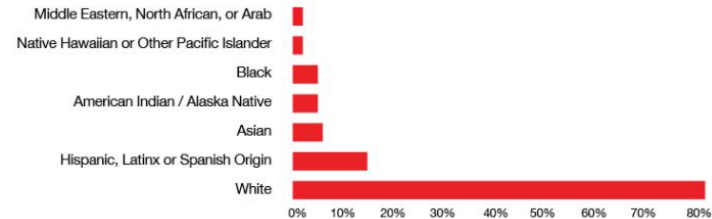
SUICIDE  
DE-ESCALATIONS

### ISSUES

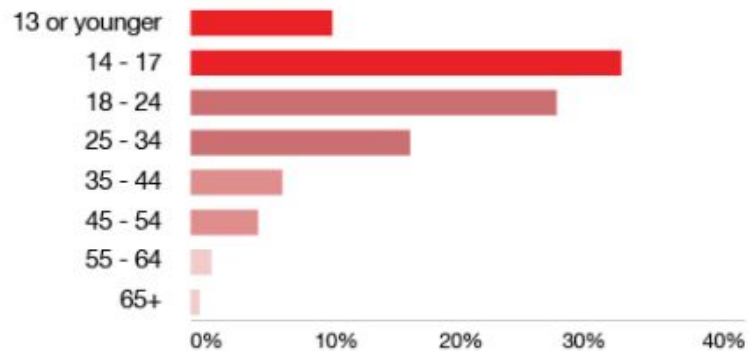


### DEMOGRAPHICS

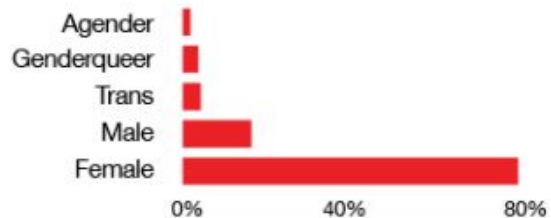
#### Race



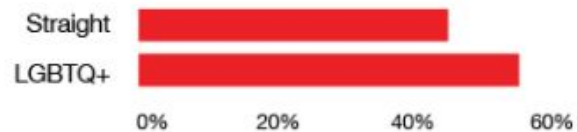
## Age



## Gender



## Sexual Orientation



# OREGON Keyword Data

498 Conversations

261 Texters

11 Suicidal De-Escalations

51% Of Texters Share Something New

88% Of Texters Found The Conversation Helpful

# We Are Here to Help!

To see updated data trends, [follow our blog](#) and visit [crisistrends.org](https://crisistrends.org).

We're on [Facebook](#), [Instagram](#), [Twitter](#), [LinkedIn](#), [Tiktok](#), and Snapchat!

Feel free to email: [jfrench@crisistextline.org](mailto:jfrench@crisistextline.org)

**CRISIS TEXT LINE |**

---

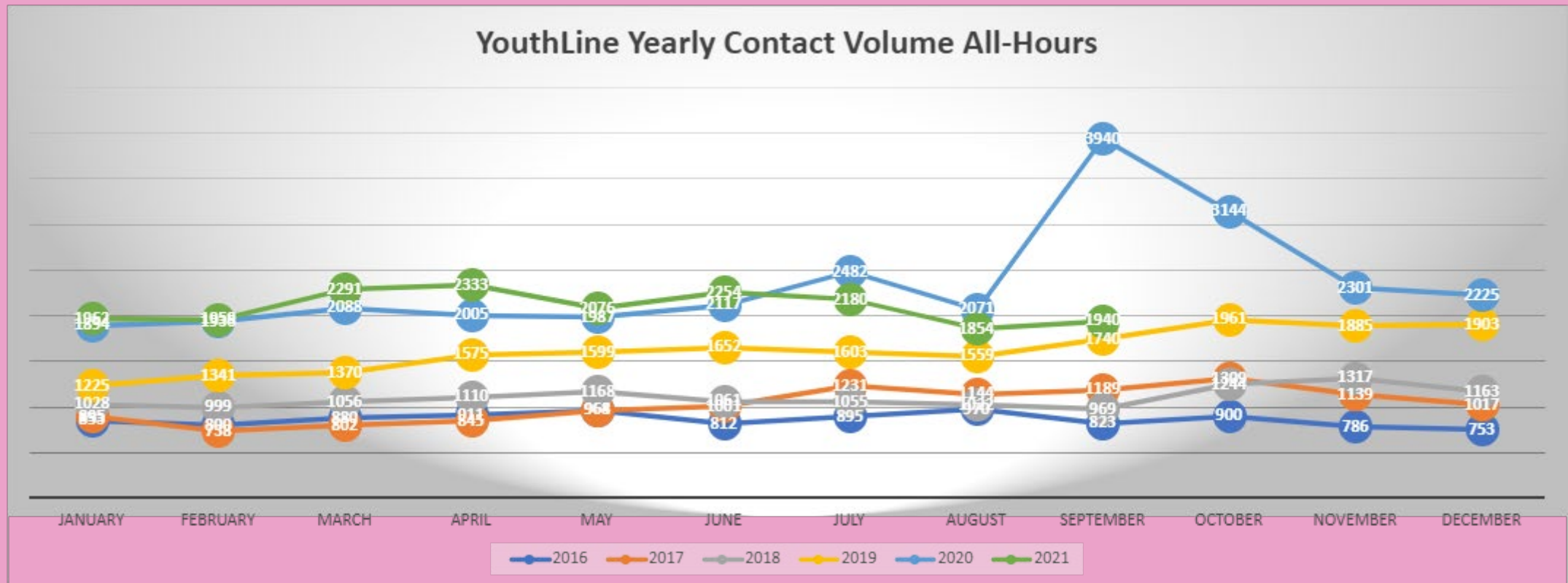


---

+  
•  
○ YouthLine  
Programs Data

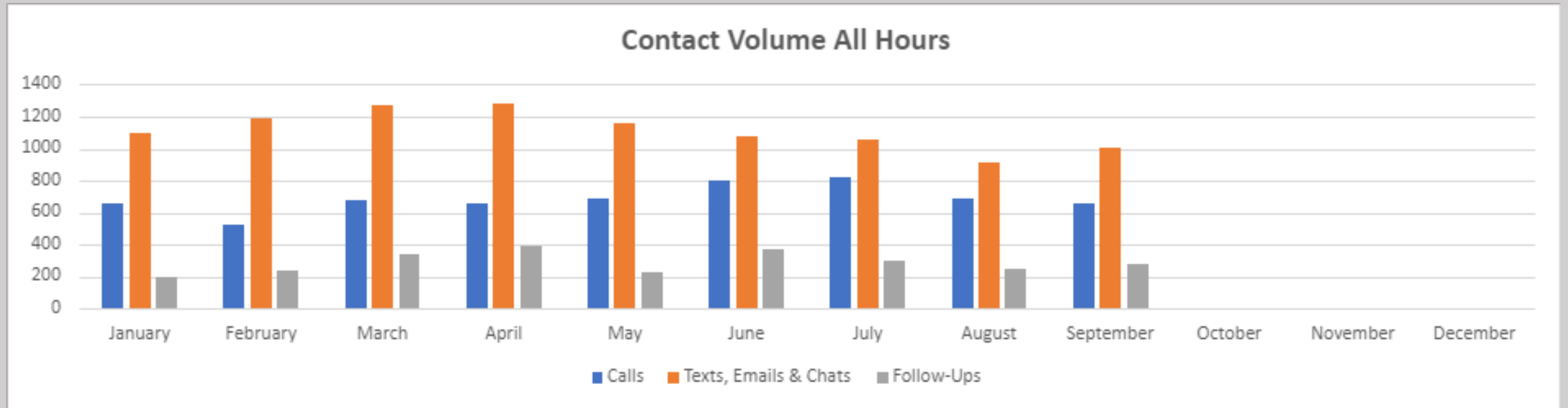
October 7, 2021

# YouthLine Five Year Snapshot

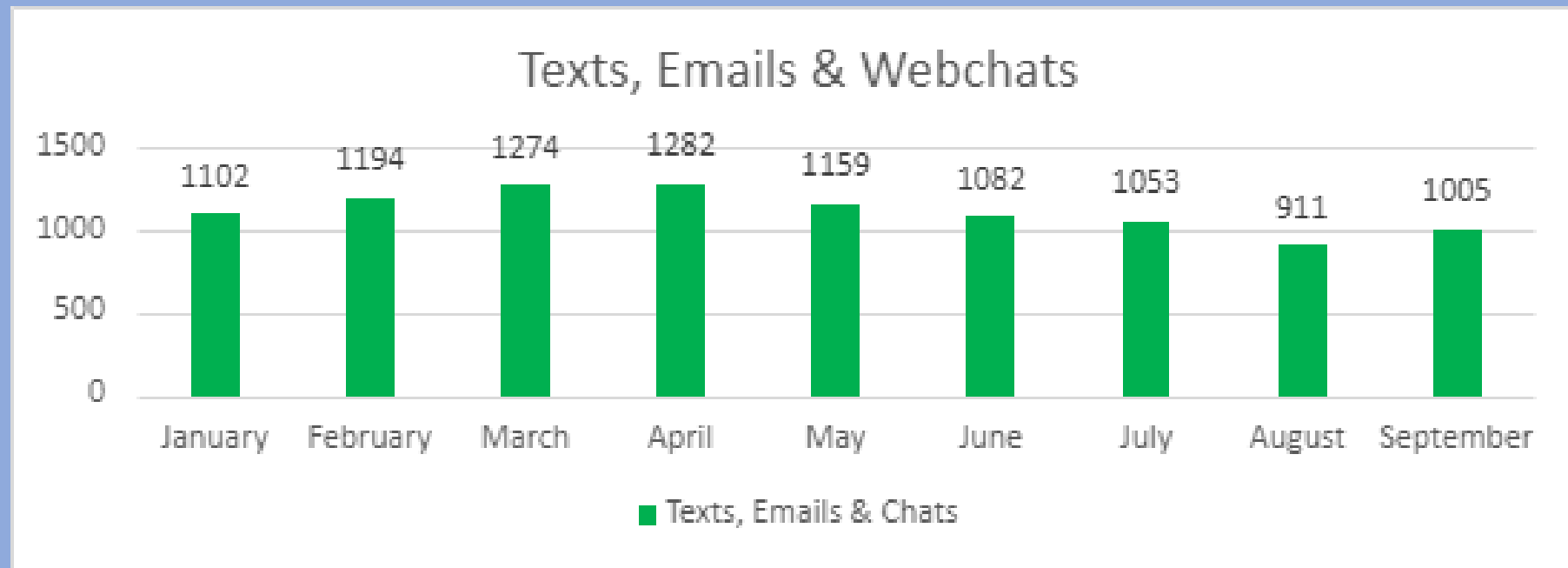


# Contact Volume

All hours



# Texts, Emails, and Webchats in 2021

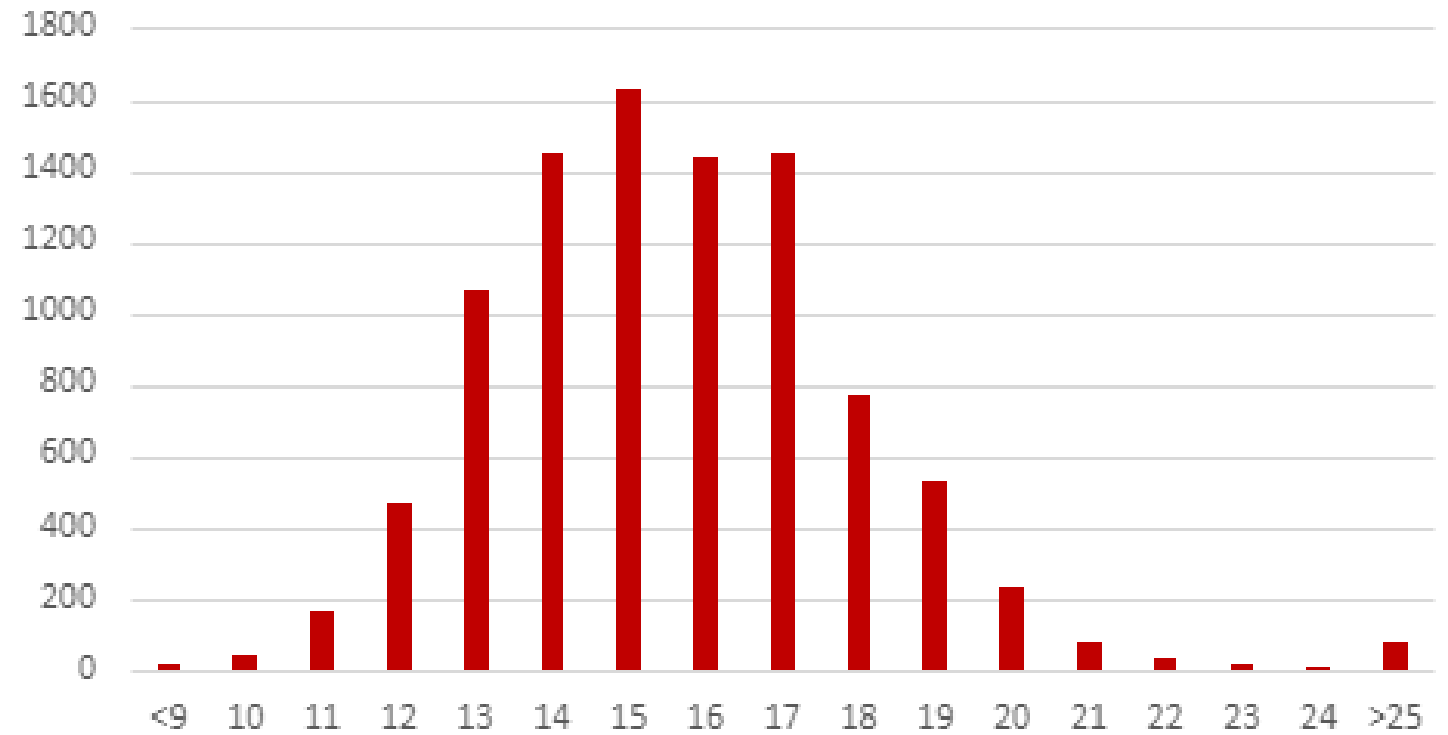


# Our Contacts

An average YouthLine contact is between 15 and 16 years old.



## YouthLine Contacts by Age



# Caller Issues

## Top 6

Issues	2020	2021
Family Issues	4420	4220
Friend Issues	2410	2237
Loneliness/Isolation	2091	3069
Mental Health Issues	4634	6598
Relationship Issues	2385	2114
Suicide	2388	2507

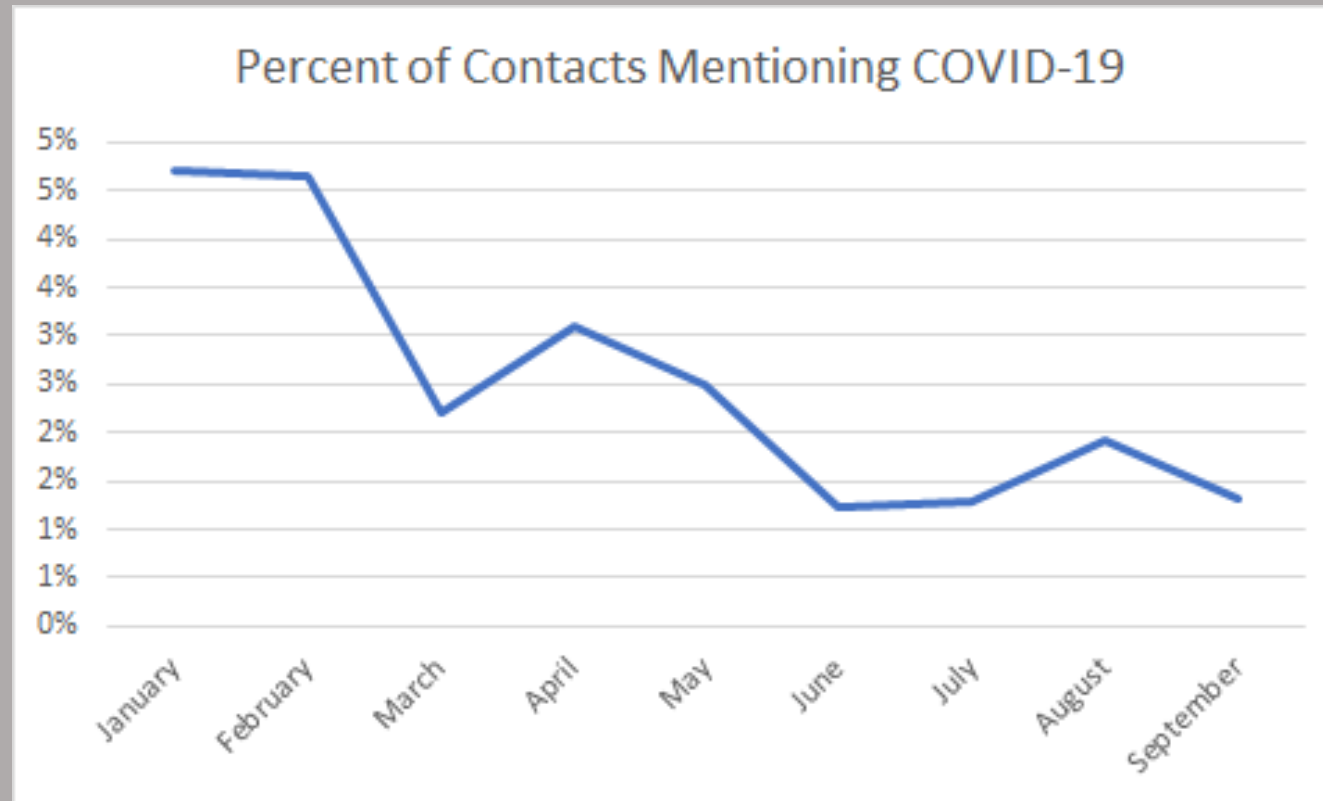
## Trends

- 47% increase in Loneliness/Isolation from 2020
- 42% increase in mental health issues in Mental Health Issues from 2020
- 5% Increase in Suicidality
- 14% of YouthLine contacts in 2021 have been high acuity



# Covid Trends on YouthLine

The percent of contacts that mention Covid is decreasing



# De-escalation

All Hours Deescalation of Acute Contacts



All Hours Deescalation of All Contacts



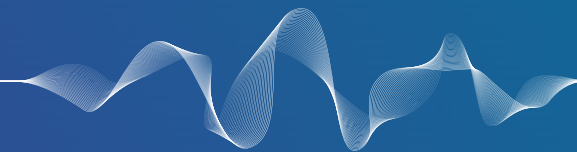
During YouthLine hours (3-10pm), de-escalation rates are at 95% for acute contacts and 99% for all contacts





# Meeting Teens Where They Are: Online

- The Pew Research Center reported in 2018 that 95% of teens aged 13 to 17 own a smartphone or have access to one, and 45% say they are online “nearly constantly.”
- While social media can foster community, technology has developed faster than regulations and safety nets.





# Safe Social Spaces

Crisis Intervention for Teens Online





Talk Life



Wisdo



Amino



## The Apps We Monitor

We monitor posts on TalkLife, Wisdo, and Amino – all public forums focused on mental health.

## The Monitoring Process

Crisis workers look for posts by youth discussing suicide or self-harm, then send direct messages to those youth.

## Encouraging Teens to Get Help

We help in 3 ways: message-based support and safety planning, resource referral, and if necessary, asking apps to send emergency services.



# Impact



587 Youth Contacts Reached  
(Average age: 17)



272 Responses



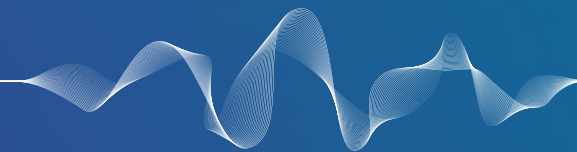
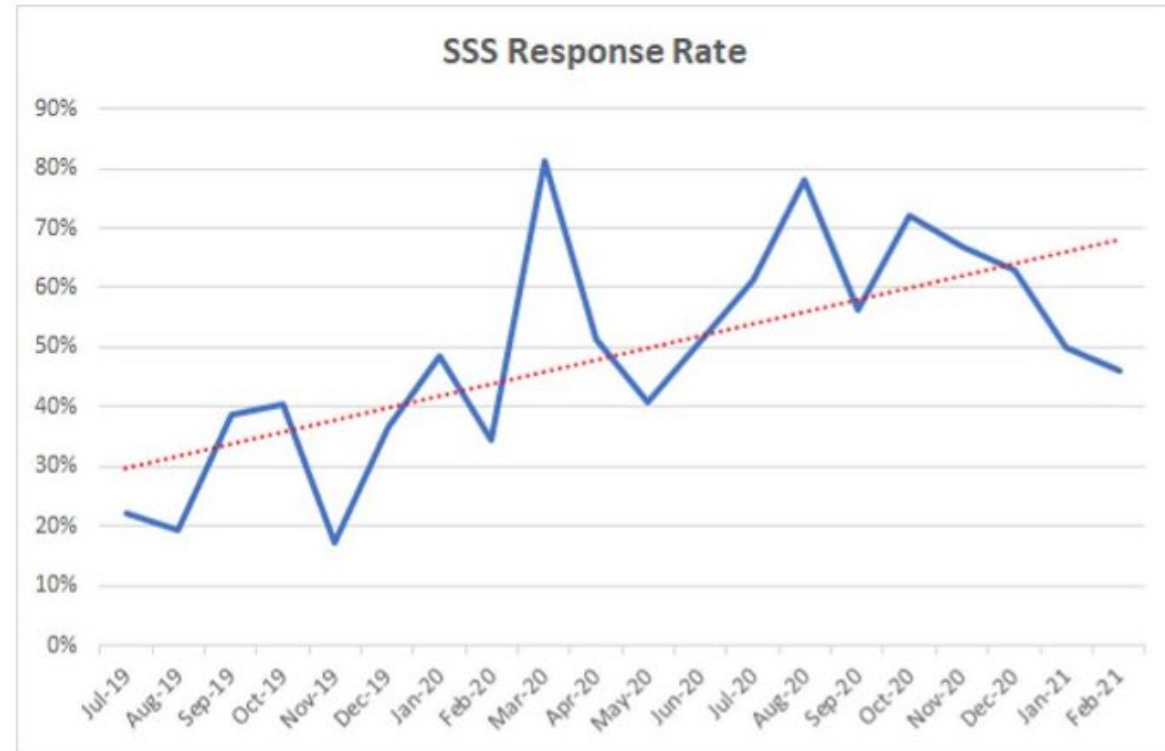
De-escalated **11** suicidal youth and **24** youth considering self-injury



Conducted **4** rescues



64% Response Rate



Questions?  
Thank you!



Emily Moser [emilym@linesforlife.org](mailto:emilym@linesforlife.org)

Director of YouthLine Programs

Angie Nielsen [angien@linesforlife.org](mailto:angien@linesforlife.org)

Assistant Director YouthLine Operations, Portland