

Recommendation as to the need for a **statewide** survey on mental health **climate**:

The Data and the Evaluation Committee of the Oregon Alliance to Prevent Suicide is advancing a formal recommendation to the Oregon Health Authority to conduct a statewide representative self-reported survey at least every 5 years in order to monitor overall climate generally and more specifically public awareness, attitudes, access, behaviors, etc. related to mental health. This survey would be used to track progress over time and identify regional and demographic gaps to address in order to provide data our communities can use to work together to allocate resources and assure that no individuals and groups are “falling through the cracks.”

The survey is needed to monitor progress toward four key performance goals:

- (1) Strengthening public awareness of and commitment to supporting community mental health of everyone (decreasing oppressive attitudes and normalizing help-seeking).
- (2) Increasing individual comfort with and participation in public and community conversations around mental health and suicide.
- (3) Increased knowledge and availability of mental health services.
- (4) Fewer barriers and hesitations to accessing mental health services.

Existing data sources are not sufficiently specific (for example, BRFSS depression screener data from 2007) or with sufficient sample to stratify by populations of interest beyond gender/age (National Survey on Drug Use and Health, NHANES).

The Committee has reviewed existing national surveys and has prioritized some examples of topic domains and questions in the attached chart. This chart is intended as a launching pad for a formal RFP to an academic or contract research partner who can initiate a formal process to summarize currently available statewide metrics and gather feedback from culturally and regionally diverse consumers about what complementary/supplemental topics a custom survey might contain. Their goal would be to first narrow to items that will best produce actionable insights, set performance targets and provide comparisons useful for evaluation and then conduct and analyze the survey.

The following are also recommended:

- That the survey – which aims to understand statewide climate – is geared across the life course and not aimed at youth only.
- That the survey be conducted as soon as possible to best align with the cycle of YSIPP development and updates.
- That the survey meet the methodological standards of the American Association of Public Opinion Research for a representative sample and be conducted in a way that over-samples demographic populations at higher statistical risk.
- The survey be limited in length and include detailed demographic data.
- That this survey be conducted with a media partner who can help disseminate findings to all Oregonians and work with local coalitions to support coverage of community café-style discussions about results.
- **That** the survey be conducted at least every 5 years.

Commented [JF1]: Legislative ask as there needs to be a money ask; could be included in POP for ASIPP? Link this survey to tracking the YSIPP and ASIPP? This may be the only way to track some of those elements

Commented [JF2]: This is also a needs assessment to see where resources are going to make sure they are going to the right place / where they are needed

Commented [JF3]: Frame as policy memo?

Commented [JF4]: Time survey with YSIPP and ASIPP renewals? At beginning not end of plans

Example Surveys:

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://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 National/Regional Covid Impact Survey

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

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"> • I could not get a loaded gun • I could not get a loaded gun • Less than 10 minutes • 10 or more minutes, but less than an hour • 1 or more hours, but less than 4 hours • 4 or more hours, but less than 24 hours • 24 or more hours 	Suicide Risk – Lethal Means Access	Oregon Healthy Teens Survey
<p>Please list the names and phone numbers of any community programs or mental health services that you would know to call if you, a friend or family member were having suicidal thoughts.</p>	Access to Care	Suggested in an OHA Meeting
<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"> • Yes • No 	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"> • Primary care physician • Medical specialist (e.g. cardiologist, endocrinologist) • Nurse or nurse practitioner • OB/GYN • Psychiatrist • Psychologist • Other mental health counselor or therapist • Other health care provider • None 	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"> • List of Trainings • None of the above 	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"> • Strongly disagree • Somewhat disagree • Somewhat agree • Strongly agree 	<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"> • Not at all comfortable • Not very comfortable • Somewhat comfortable • Very comfortable 	<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"> • I don't know the right words to say. • Don't feel I have enough knowledge. • I'm not comfortable with the topic. • Fear of negative impact on me or my Reputation. • I haven't had the opportunity. • Other 	<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 health 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>

Oregon Alliance To Prevent Suicide

Data and Evaluation Committee

Address

Address

Oregon Health Authority

Child and Family Behavioral Health

Adult Mental Health

Injury and Violence Prevention Section

Address

Address

Suicide Prevention Programs Staff,

The Oregon Alliance to prevent suicide is charged with advising the implementation and evaluation of the Youth Suicide Intervention and Prevention Plan (YSIPP). To that end, the Data and Evaluation Committee of the Alliance has identified several metrics relevant to the evaluation of the “Big River” trainings - key strategies and areas of significant investment for the YSIPP. These trainings include:

- Sources of Strength
- Mental Health First Aid
- Youth Save
- Question, Persuade Refer (QPR)
- Applied Suicide Intervention Skills Training (ASIST)
- Counseling on Access to Lethal Means (CALM)
- Connect Postvention
- Advanced Clinical Training – Assessing and Managing Suicide Risk (AMSR), Collaborative Assessment and Management of Suicidality (CAMS), Cognitive Behavioral Therapy and Dialectical Behavioral Therapy

Some of the metrics recommended below are already being tracked by all or some of the OHA staff and contracted organizations responsible for the state-wide coordination of these trainings. The Data and Evaluation Committee recommends that these metrics be recorded for all trainings when possible so that YSIPP stakeholders can identify who is delivering trainings, who is being trained, where people are being trained and the outcomes of these trainings related to participant experience and ultimately how these trainings influence suicidal crises in the state of Oregon. The Data and Evaluation Committee would be happy to discuss these recommendations further with relevant staff members to advise them on the development of systems to capture these data and appropriate analyses.

We thank you for your consideration of these recommendations and look forward to discussing them with relevant staff to ensure that the evaluation of the YSIPP and the Big River programs is robust and informative.

Signature

Commented [JF1]: Add language around collective impact for why it's important to do these things

Commented [JF2]: Is there a money ask?

Commented [JF3]: Oregon CALM

Recommended Data Elements and Analyses

Category	Variables	Rationale
<u>Trainers</u>	Type of Trainings Certified in For each training type <ul style="list-style-type: none"> • Year first Certified • Year last Certified • Number of Trainings/Year REALD – Race, ethnicity, language disability SOGI – Sexual orientation, gender Lived experience Age Education Occupation and Employer Organizational affiliations Counties host organization serves County of residence	Track trainer availability Track rate of trainer entry/exit Assess demographic and regional gaps in trainer availability to guide recruitment of new trainers Know which organizations and types of organizations are the most active partners
<u>Trainings</u>	Trainer(s) training Date of training Location of training Host offering training # of participants Language of delivery Type of training Fidelity Form when possible?	Track numbers trained Assess demographic and regional gaps relative to risk Describe group composition (size, heterogeneity, etc.)
<u>Participants</u>	REALD – Race, ethnicity, language disability SOGI – Sexual orientation, gender Lived experience Age Sector/Profession Baseline knowledge/confidence Motivation for attending Referral/recruitment source County of Residence Location(s) of Skill Application Training acceptability Post knowledge/confidence Likely referrals to...	Describe who is trained Assess participation gaps relative to risk Describe group composition Inform recruitment efforts Monitor fidelity Measure effectiveness
<u>Those Supported by Participants</u>	Skills applied Referral rates Increased access/use of services No increase in ED admissions No increase in suicide rates	Number reached Skills used to reach others Number referred where Number accessing services Suicide related outcomes