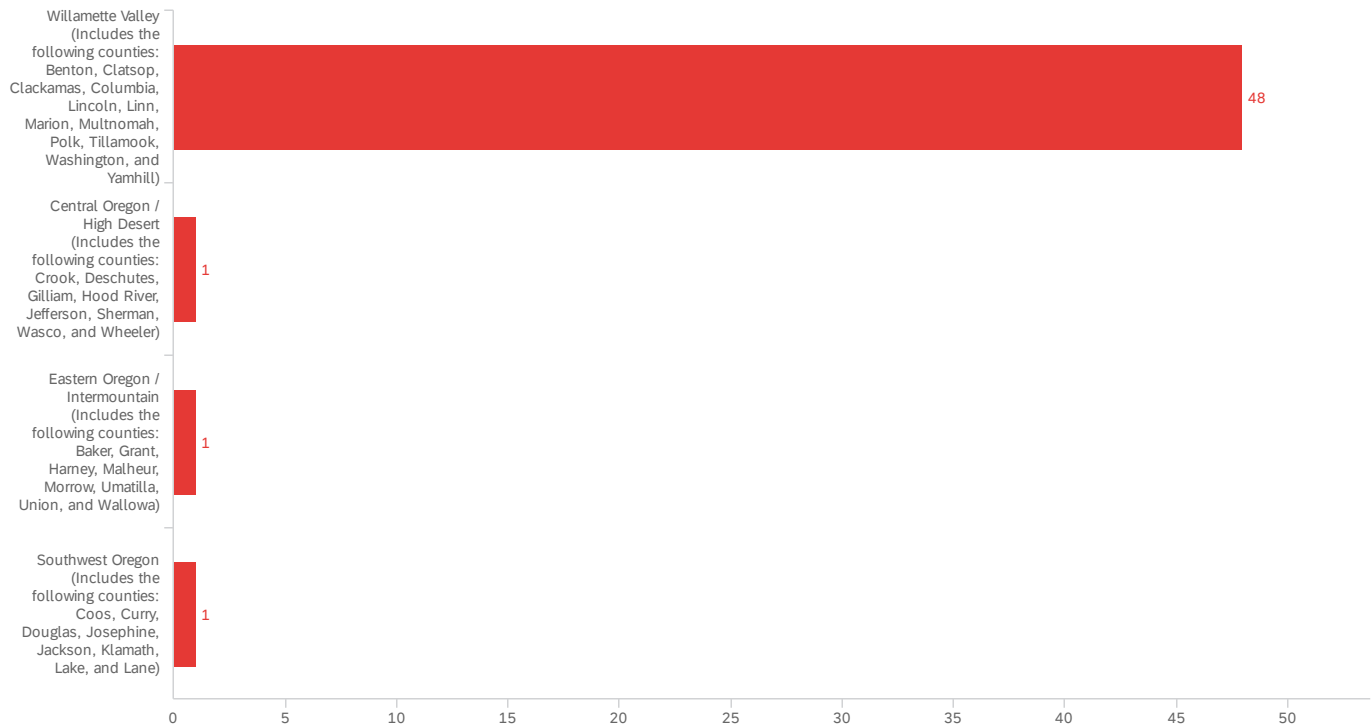# Alliance Lived Experience Survey Report

Alliance Lived Experience Survey for YSIPP 2.0

February 19, 2021 10:40 AM PST

REGION - 1. In what region of Oregon do you currently live? Please select one of the following:

#	Field		Choice Count
1	Willamette Valley (Includes the following counties: Benton, Clatsop, Clackamas, Columbia, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Washington, and Yamhill)	94.12%	48
4	Southwest Oregon (Includes the following counties: Coos, Curry, Douglas, Josephine, Jackson, Klamath, Lake, and Lane)	1.96%	1
3	Eastern Oregon / Intermountain (Includes the following counties: Baker, Grant, Harney, Malheur, Morrow, Umatilla, Union, and Wallowa)	1.96%	1
2	Central Oregon / High Desert (Includes the following counties: Crook, Deschutes, Gilliam, Hood River, Jefferson, Sherman, Wasco, and Wheeler)	1.96%	1
			51

Showing rows 1 - 5 of 5

AFFILIATION - 2. Do you have any connection, involvement or direct interaction with one or more of the following groups or organizations? Please select all that apply.
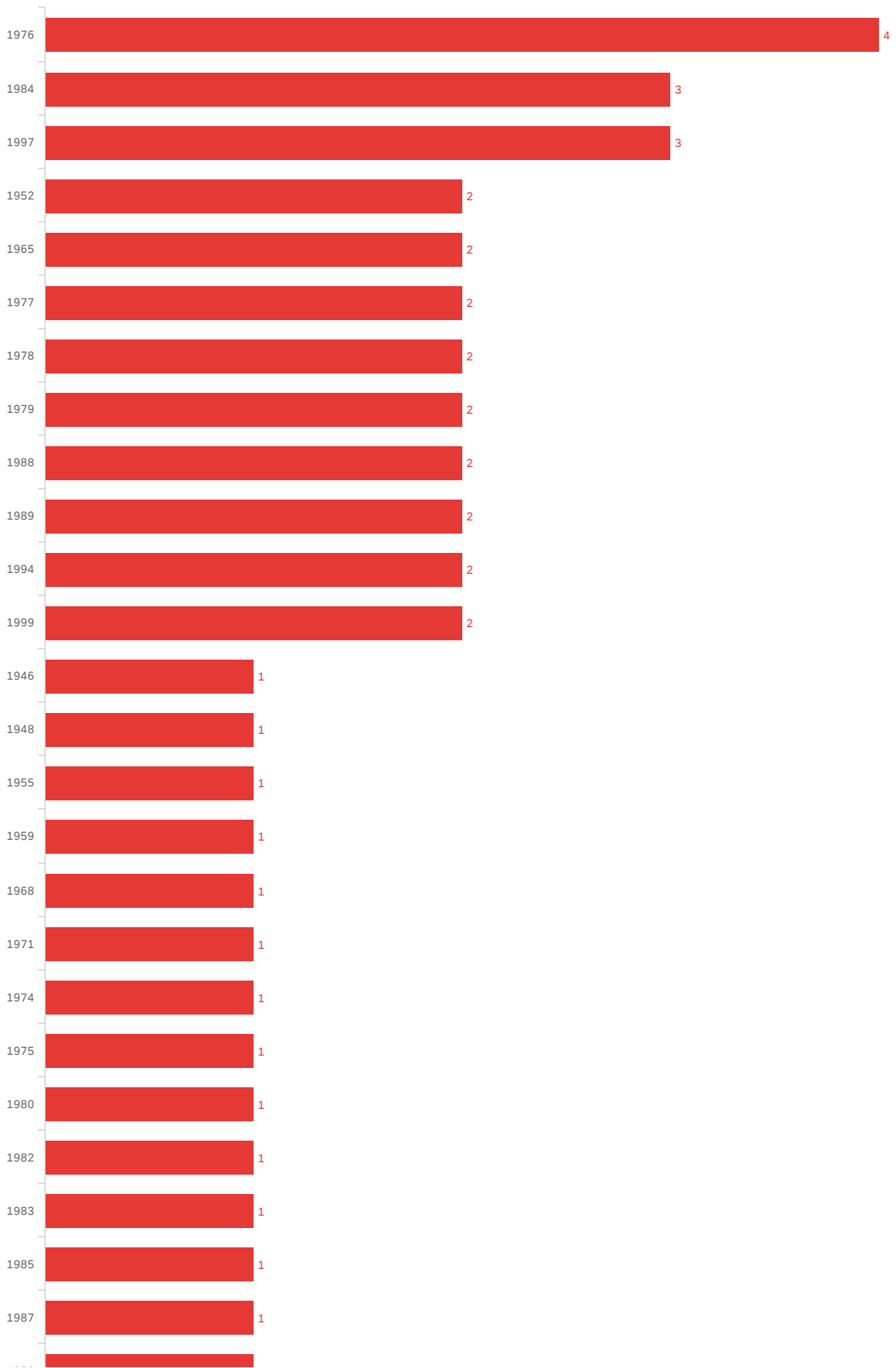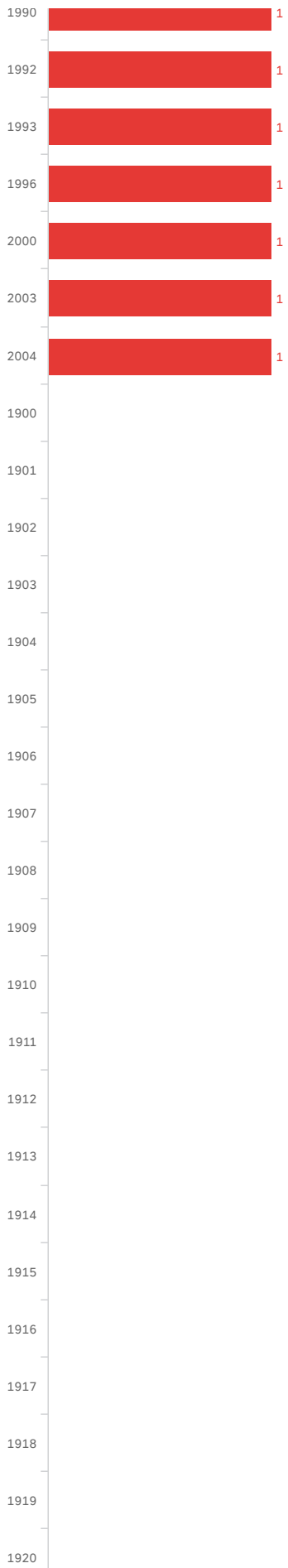

#	Field	Choice Count	
1	AFSP (American Foundation for Suicide Prevention)	8.74%	9
2	CSAC (Children's System Advisory Council)	7.77%	8
3	EASA (Early Assessment and Support Alliance)	5.83%	6
4	Fifth Corner Academy	1.94%	2

#	Field		Choice Count
5	Healthy Transitions	2.91%	3
6	NAMI (National Alliance on Mental Illness)	9.71%	10
7	OFSN (Oregon Family Support Network)	6.80%	7
8	Oregon Alliance to Prevent Suicide	14.56%	15
9	YALC (Young Adult Leadership Council)	1.94%	2
10	Youth Era	7.77%	8
11	YYEA (Youth and Young Adult Engagement Survey)	6.80%	7
12	Other (please specify):	8.74%	9
13	None	16.50%	17
			103

Showing rows 1 - 14 of 14

DOB#2 - 3.   What is your date of birth (month and year)? - Year

Year	Count
1976	4
1984	3
1997	3
1952	2
1965	2
1977	2
1978	2
1979	2
1988	2
1989	2
1994	2
1999	2
1946	1
1948	1
1955	1
1959	1
1968	1
1971	1
1974	1
1975	1
1980	1
1982	1
1983	1
1985	1
1987	1

Year	Value
1990	1
1992	1
1993	1
1996	1
2000	1
2003	1
2004	1
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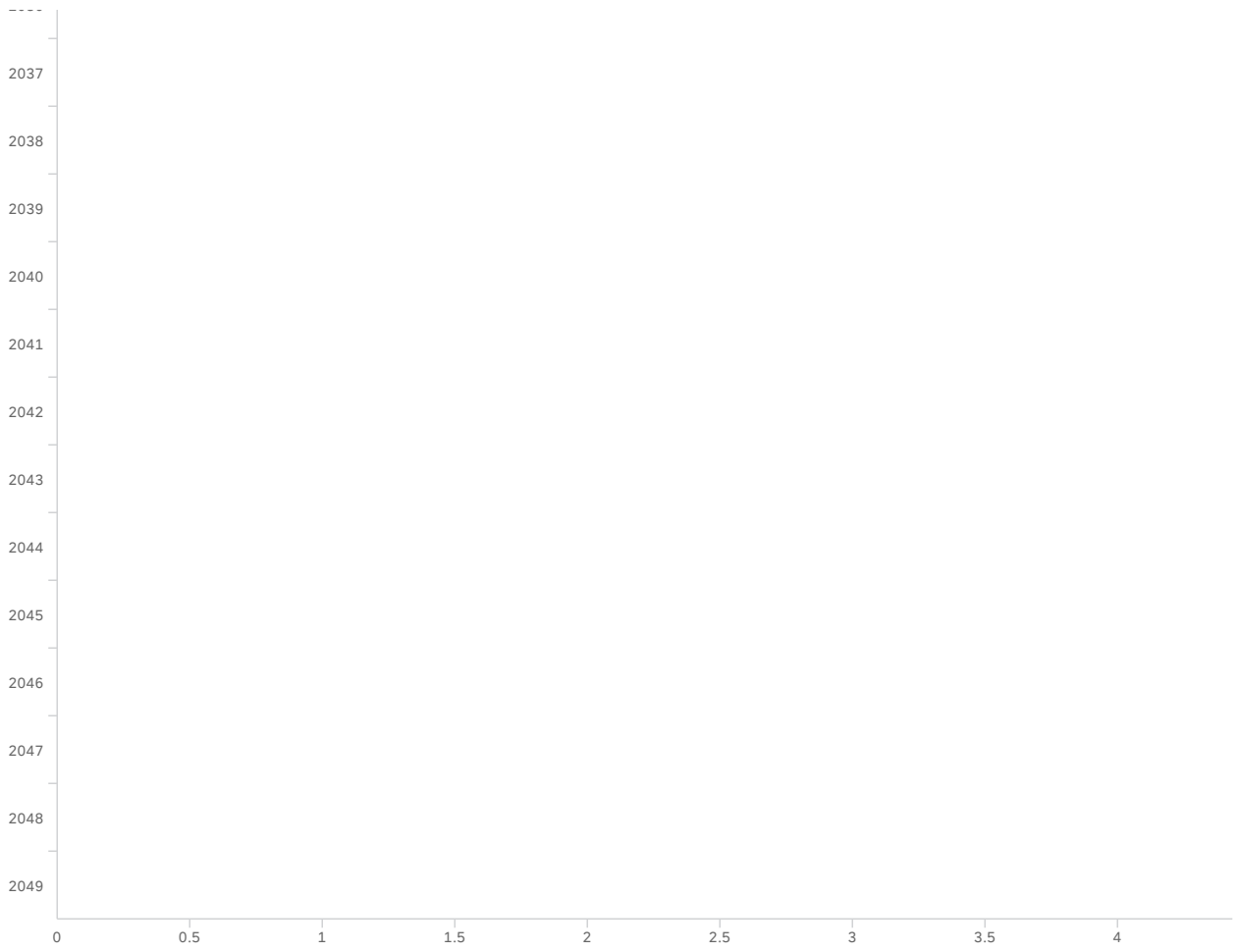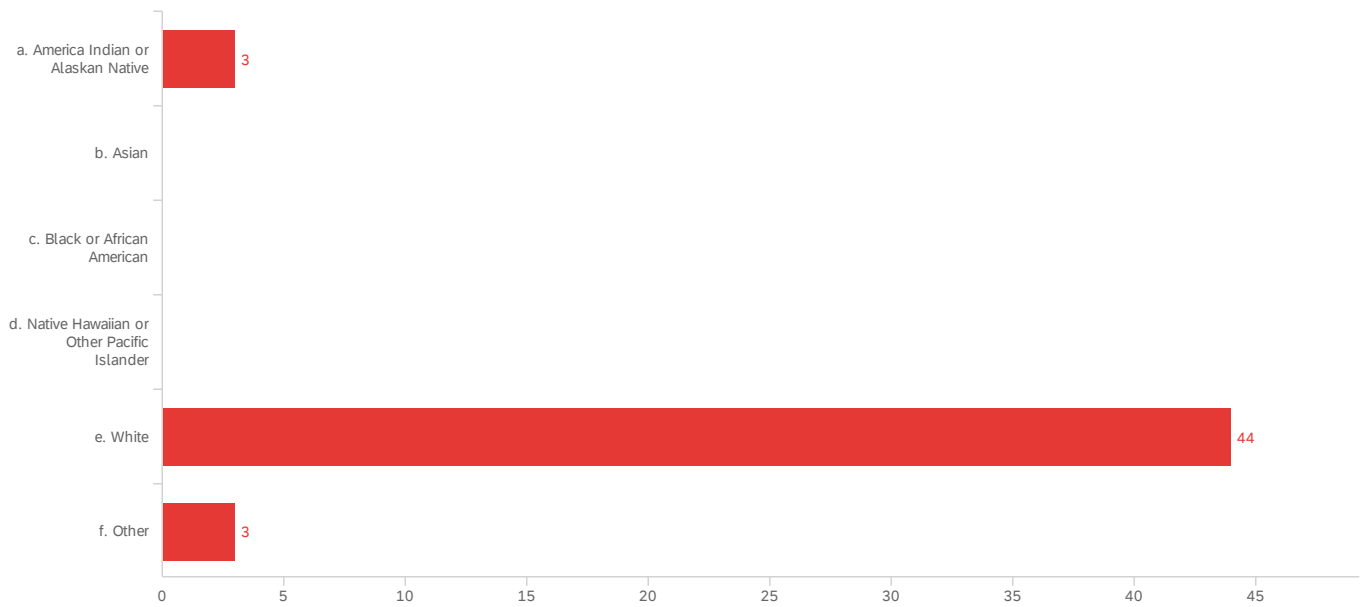2024
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2026
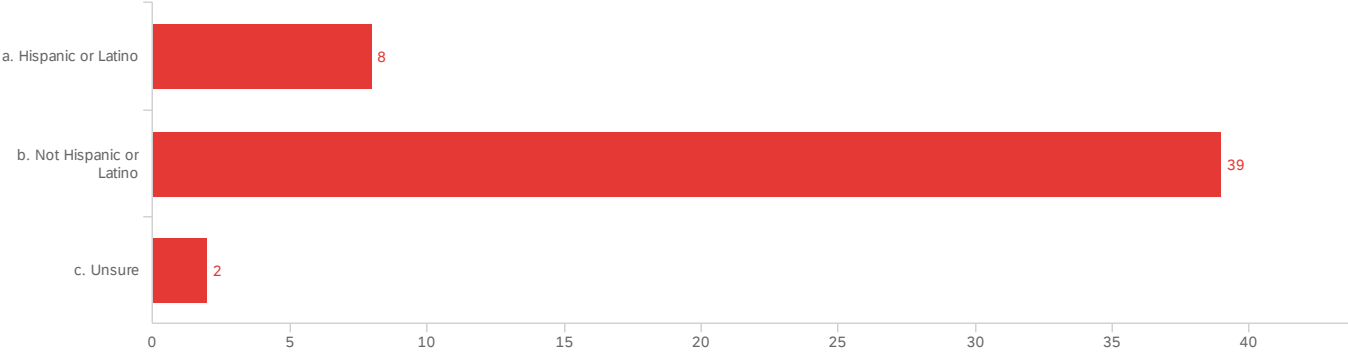2027
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2036

0   0.5   1   1.5   2   2.5   3   3.5   4

race - 4. What is your race?

#	Field	Choice Count	
1	a. America Indian or Alaskan Native	6.00%	3
2	b. Asian	0.00%	0
3	c. Black or African American	0.00%	0
4	d. Native Hawaiian or Other Pacific Islander	0.00%	0
5	e. White	88.00%	44
6	f. Other	6.00%	3
			50

Showing rows 1 - 7 of 7

ethnicity - 5. What is your ethnicity?

#	Field	Choice Count	
1	a. Hispanic or Latino	16.33%	8
2	b. Not Hispanic or Latino	79.59%	39
3	c. Unsure	4.08%	2
			49

Showing rows 1 - 4 of 4

sex - 6. What was your sex assigned at birth?
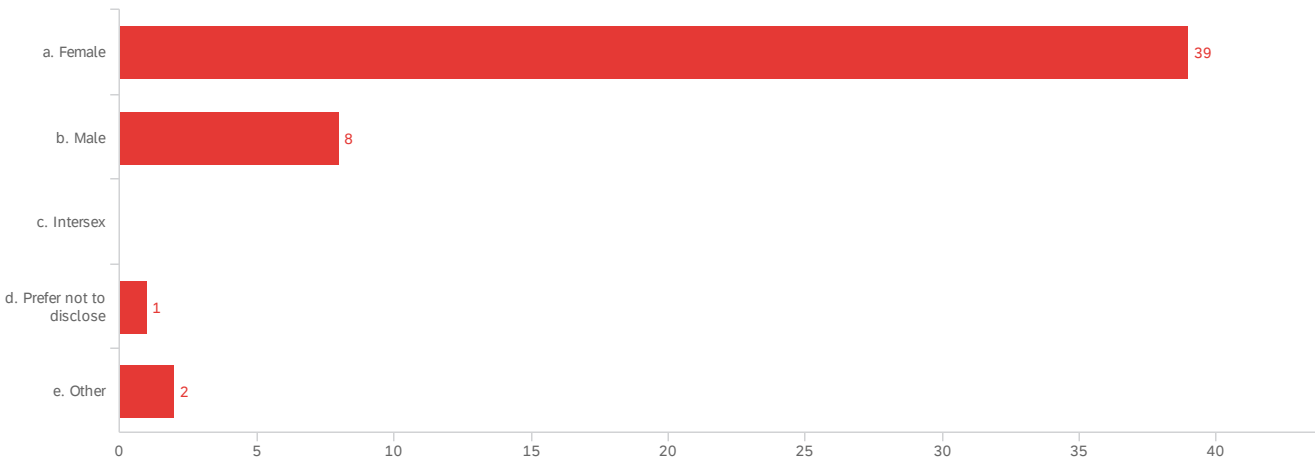
#	Field		Choice Count
1	a. Female	78.00%	39
2	b. Male	16.00%	8
3	c. Intersex	0.00%	0
4	d. Prefer not to disclose	2.00%	1
5	e. Other	4.00%	2
			50

Showing rows 1 - 6 of 6

support - 8. I am a caregiver or ally (a friend, a family member, or natural support) to someone with lived experience (using definition of lived experience as defined above).
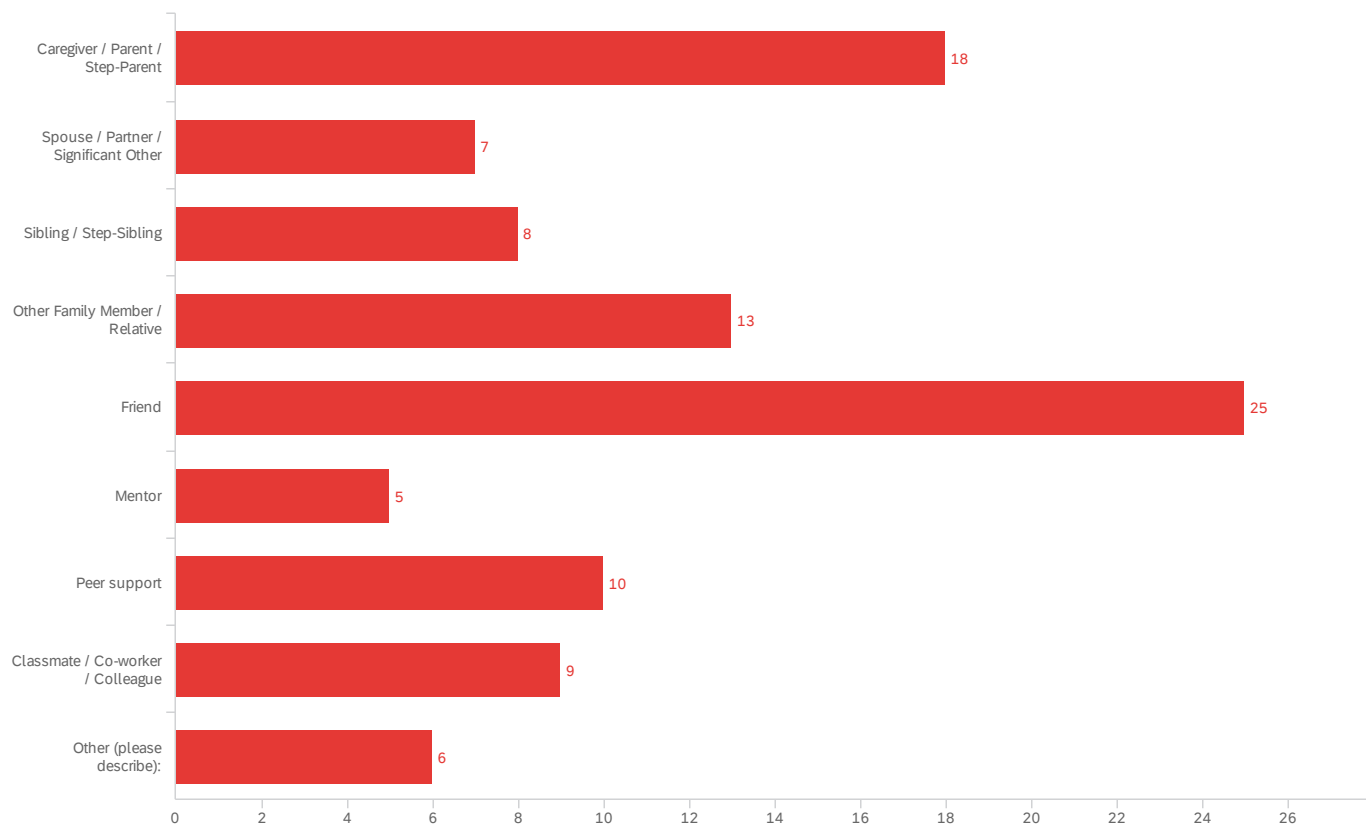
| Yes | 43 |
| No | 7 |
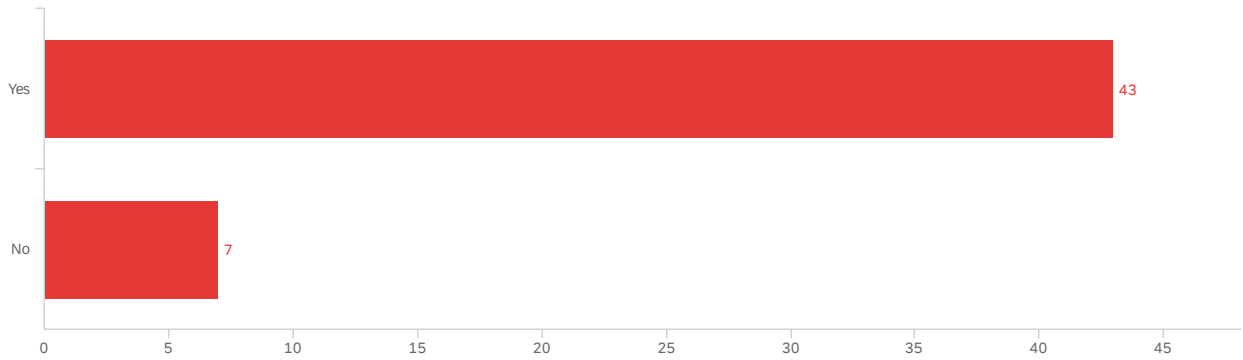
#	Field		Choice Count
1	Yes	86.00%	43
2	No	14.00%	7
			50

Showing rows 1 - 3 of 3

role - 8a. What are your primary roles with the person(s) you support who have lived experience? Please select all that apply:

#	Field	Choice Count	
1	Caregiver / Parent / Step-Parent	17.82%	18
2	Spouse / Partner / Significant Other	6.93%	7
3	Sibling / Step-Sibling	7.92%	8
4	Other Family Member / Relative	12.87%	13
5	Friend	24.75%	25
6	Mentor	4.95%	5
7	Peer support	9.90%	10
8	Classmate / Co-worker / Colleague	8.91%	9
9	Other (please describe):	5.94%	6
			101

Showing rows 1 - 10 of 10

role_9_TEXT - Other (please describe):

Other (please describe):

Community Advocate

Is that enough

I have lost clients to suicide.

Licensed Psychologist and Certified School Psychologist

Students I work with.

case manager

lived experience - 7. Are you a person with lived experience. For the context of this survey, we define "lived experience" as having experienced suicidal thoughts, survived a suicide attempt, cared for someone through suicidal crisis, or been bereaved by suicide. This definition may include: Suicidal Thoughts, Urges/Impulses, and Behaviors Suicidal Crises and Intensity Suicide Attempts Suicide Loss and Bereavement Has historically or are currently receiving mental health treatment through therapy or in an emergency department / hospital / residential setting "Lived Experience" applies whether the experience is or has been: Past and Current Ongoing (e.g. chronic / persistent / long term) and/or Episodic (e.g. brief / short-term) Addressed and/or Unresolved Experience(d) directly by you and/or experience(d) by person(s) you supported in your role(s) and/or relation(s) such as spouse / partner, parent / family member / relative / caregiver, close friend, natural support and/or ally.
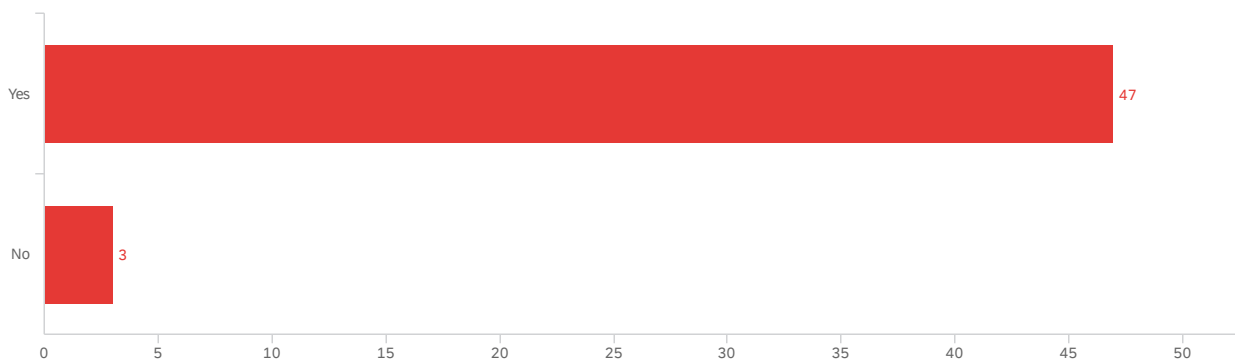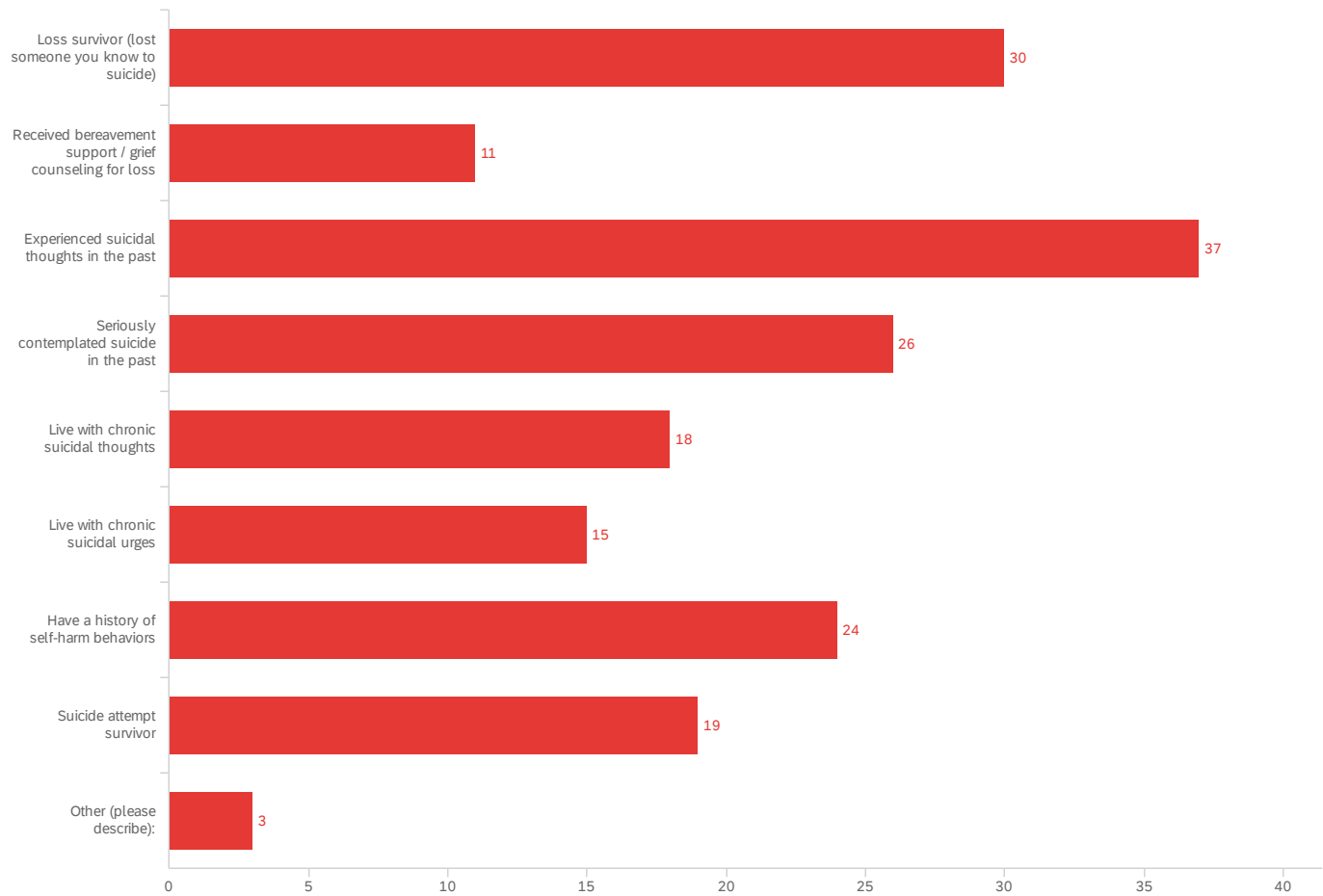

#	Field	Choice Count
1	Yes	94.00% 47

#	Field		Choice Count
2	No	6.00%	3
			50

Showing rows 1 - 3 of 3

lived experience_2 - 9. My lived experience with suicidality includes: Please select all that apply:

#	Field	Choice Count	
1	Loss survivor (lost someone you know to suicide)	16.39%	30
2	Received bereavement support / grief counseling for loss	6.01%	11
3	Experienced suicidal thoughts in the past	20.22%	37
4	Seriously contemplated suicide in the past	14.21%	26
5	Live with chronic suicidal thoughts	9.84%	18
6	Live with chronic suicidal urges	8.20%	15
7	Have a history of self-harm behaviors	13.11%	24
8	Suicide attempt survivor	10.38%	19
9	Other (please describe):	1.64%	3

| | | 183 |

Showing rows 1 - 10 of 10

lived experience_2_9_TEXT - Other (please describe):

Other (please describe):

Live with teen who has made several attempts. Spent time in hospital caring for her. Lost 21 yr. old son to suicide

Holy crow everyone experiences these the problem is you advertise normal reactions as these illness terms and because of that people do not move beyond it

Worked with many suicidal children and teens and adults

lived experience_3 - 10. My lived experience with treatment includes: Please select all that apply:
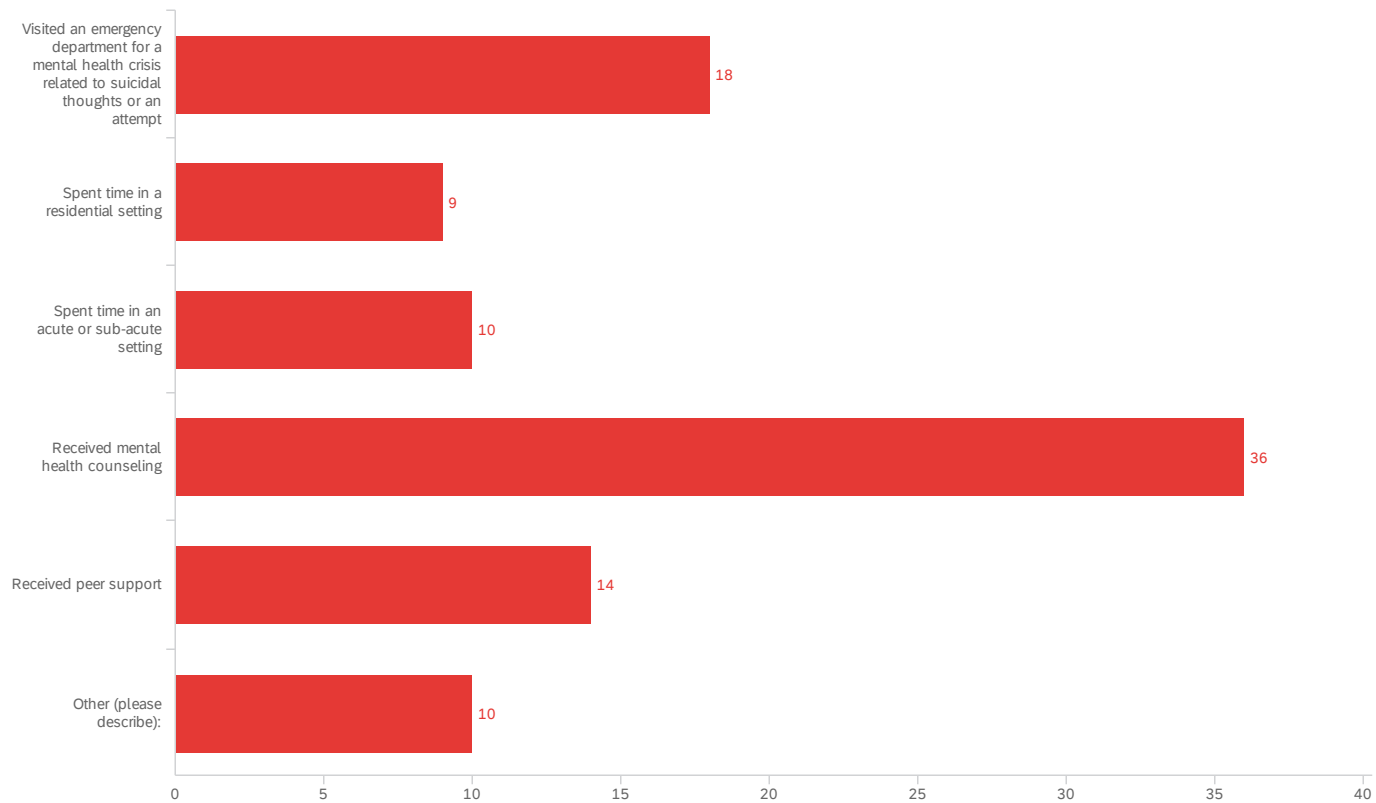
#	Field	Choice Count	
1	Visited an emergency department for a mental health crisis related to suicidal thoughts or an attempt	18.56%	18
2	Spent time in a residential setting	9.28%	9
3	Spent time in an acute or sub-acute setting	10.31%	10
4	Received mental health counseling	37.11%	36
5	Received peer support	14.43%	14
6	Other (please describe):	10.31%	10
			97

Showing rows 1 - 7 of 7

lived experience_3_6_TEXT - Other (please describe):

Other (please describe):

Other (please describe):

inpatient hospitalization, is that subacute or acute

None

Received family support

visited teen in acute treatment facility; took class to understand treatment plan and philosophy

Finally divorced the mental illness industrial complex and voted for Bernie love his mittens

When I was in crisis in the past I never sought or received professional help. When my son attempted suicide I knew more and was able to reach out and work in concert with Linn County to make sure he had the help he needed. Grateful that I lived in Linn County rather than Benton County where I work.

My dad died this way and it was a very difficult time for the family.

I evaluate suicidal individuals for risk of harm and provide mental health support

Received no mental health treatment because my parents said I wasn't serious enough to complete a suicide attempt.

Graduated from Dialectical Behavioral Therapy

access - 1. In this moment, how confident do you feel about knowing where and/or how to access support for mental health concerns? Please select your confidence level:
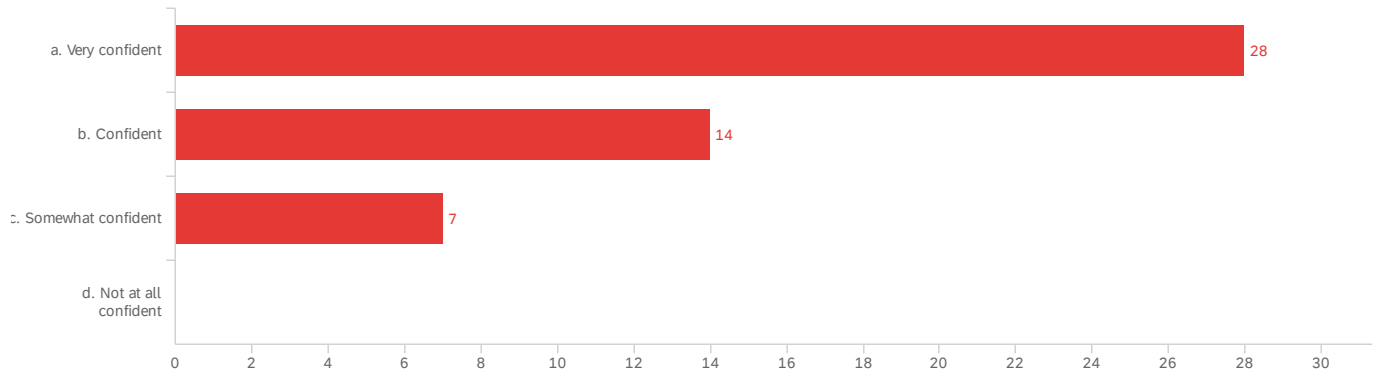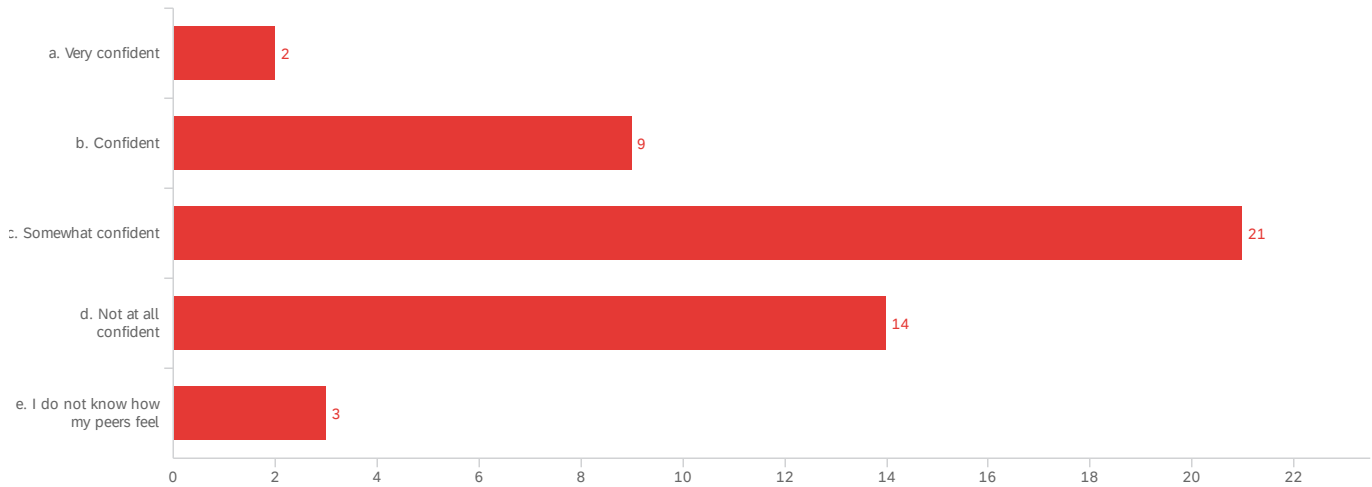

#	Field		Choice Count
1	a. Very confident	57.14%	28
2	b. Confident	28.57%	14
3	c. Somewhat confident	14.29%	7
4	d. Not at all confident	0.00%	0
			49

Showing rows 1 - 5 of 5

peer access - 2. In this moment, how confident do you believe your peers feel about knowing where and/or how to access support for mental health concerns? Please select your confidence level:
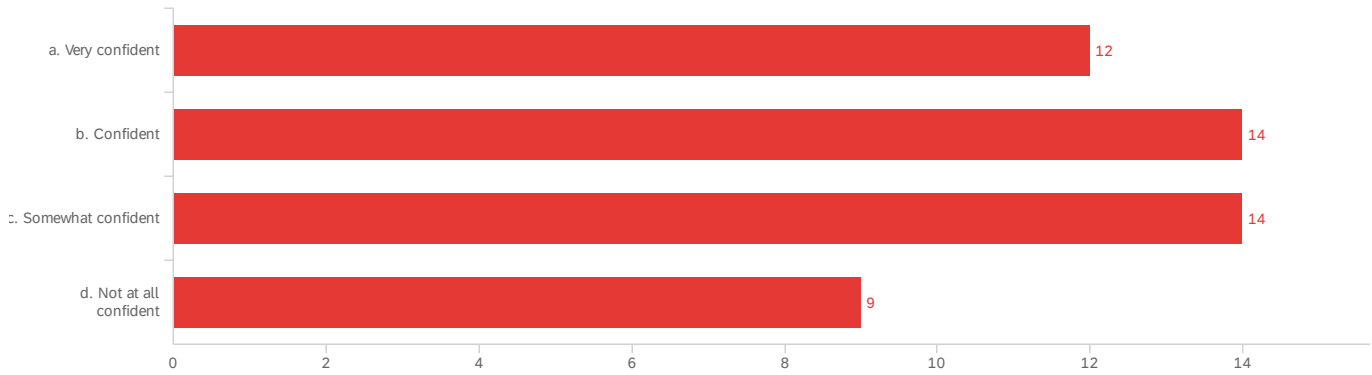

#	Field		Choice Count
1	a. Very confident	4.08%	2
2	b. Confident	18.37%	9
3	c. Somewhat confident	42.86%	21
4	d. Not at all confident	28.57%	14
5	e. I do not know how my peers feel	6.12%	3
			49

Showing rows 1 - 6 of 6

correct access - 3. How confident do you feel that you could access the right support(s) at the right time for mental health concerns? Please select your confidence level:
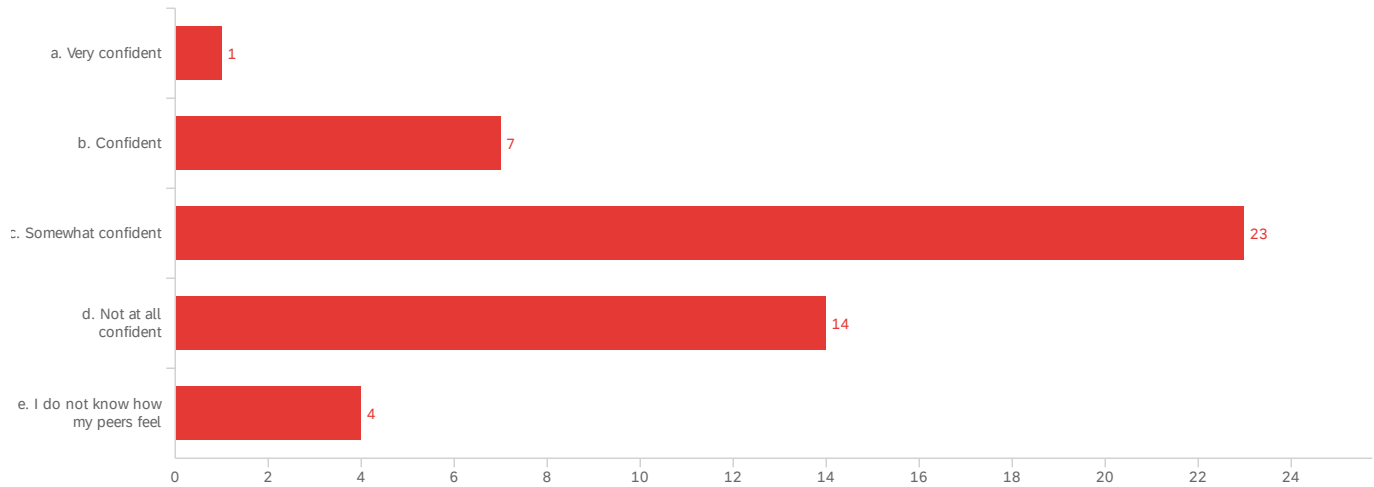

#	Field		Choice Count
1	a. Very confident	24.49%	12
2	b. Confident	28.57%	14
3	c. Somewhat confident	28.57%	14
4	d. Not at all confident	18.37%	9
			49

Showing rows 1 - 5 of 5

peer correct access - 4. How confident are you that your peers could access the appropriate support(s) at the right time for mental health concerns? Please select your confidence level:
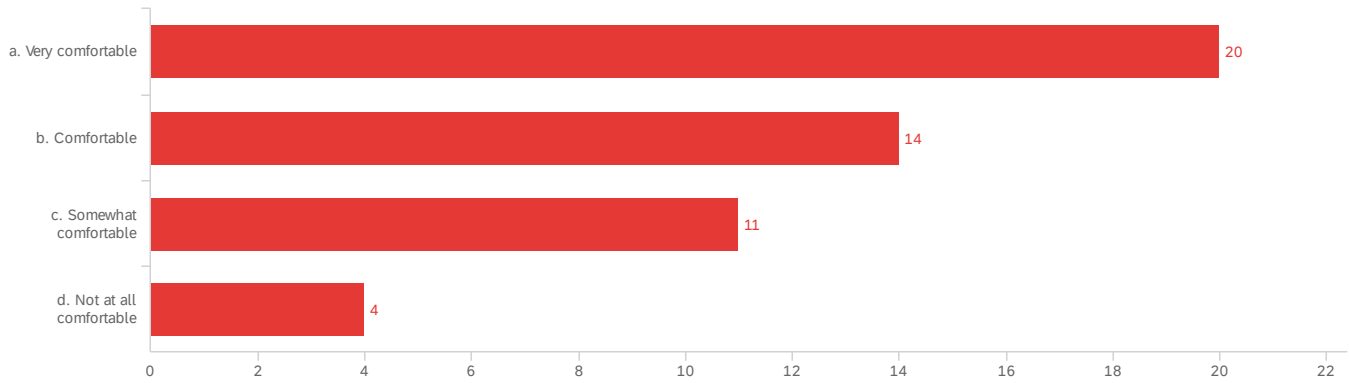

#	Field		Choice Count
1	a. Very confident	2.04%	1
2	b. Confident	14.29%	7
3	c. Somewhat confident	46.94%	23
4	d. Not at all confident	28.57%	14
5	e. I do not know how my peers feel	8.16%	4
			49

Showing rows 1 - 6 of 6

seeking - 5. In this moment, how comfortable do you feel with accessing support for mental health concerns? Please select your comfort level:
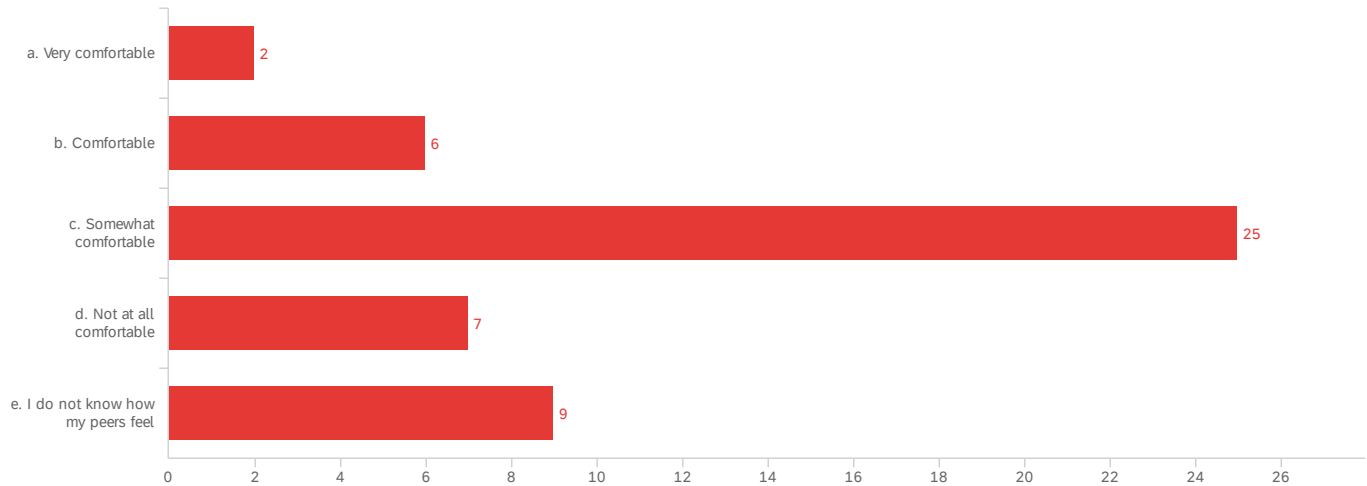

#	Field		Choice Count
1	a. Very comfortable	40.82%	20
2	b. Comfortable	28.57%	14
3	c. Somewhat comfortable	22.45%	11
4	d. Not at all comfortable	8.16%	4
			49

Showing rows 1 - 5 of 5

peer seeking - 6. In this moment, how comfortable do you believe your peers feel with accessing support for mental health concerns? Please select your comfort level:

#	Field		Choice Count
1	a. Very comfortable	4.08%	2
2	b. Comfortable	12.24%	6
3	c. Somewhat comfortable	51.02%	25
4	d. Not at all comfortable	14.29%	7
5	e. I do not know how my peers feel	18.37%	9
			49

Showing rows 1 - 6 of 6

voice - 7. How has your voice been heard if / when you have sought support from your family, home, school, workplace, or community setting? For example, you received help when you asked for it, your needs were met at school when you talked with a teacher, etc. Please describe:

7. How has your voice been heard if / when you have sought support fro...

my workspaces have been mostly supportive, giving me time to seek help and assistance in finding help. one of my family members has taken an active role in supporting me with my mental healthcare, especially during times when I am struggling

My voice has only every been heard when I put myself into a situation where I make my voice heard, especially when it comes to mental health matters.

family supportive. School was no help even in 2020 with new services publicized for distance learning mental health class support, no call backs, no follow through.

My wife is also surviving the loss of our daughter and she very much supports me in my grief. Other family and friends want to be supportive; however, with one or two exceptions, they lack the skills to provide effective support. My workplace response was varied, with my boss not at all being supportive. His response was primarily responsible for my quitting the job.

Somewhat indifferent. My family does not understand my mental health challenges, believe that it is a phase or that it is solely due to medical chronic pain. They are convinced that I can "snap" out of it.

It varies depending on the state I was in. My family is not big talkers in general and having these conversations were non existent when I was younger. In middle or high school it wasn't something that was really discussed either. When I went to college I think this is where I really felt supported by my professors and counselors at school. Expressing the feelings I was experiences around suicide, why I thought the things that I thought, why I focused so much on my self worth and the emotional trauma that I didn't realize I was experiencing until someone pointed it out to me. This led to me seeking additional mental health counseling after college so that I could continue to repair the trauma I had experienced. In the work place it doesn't seem to be addressed at an employee level despite working for a health care office. We are referred to our EAP resources but beyond that its not something that our leadership can focus on and seems to brushed aside like "oh ok, thats nice, here is your EAP resources, lets move on."

In seeking support at home my family often didn't believe me or do anything different. At work, I would receive write-ups stemming from my depression even after explaining my suicidality. I quickly learned not to bring it up or talk about it with anyone.

My current work is in suicide prevention and my workplace is very supportive. Previous workplaces have been less supportive, even though they were "trauma-informed" mental health organizations. My family doesn't talk about such things and don't really know how to be supportive.

varies depending on who i reach out with, at times, it's been met with disinterest, or apathy, other times it can escalate my crisis, if the other person is not educated or prepared with what to do, or where to access help

My voice has been heard most significantly from my spouse for my own personal experience. My voice was heard and I had tremendous support from my family, workplace and community when my daughter was in crisis with suicidality.

got a lot of sympathy but people not real aware of resources or have understanding of the trauma attempts cause

While I have faced pushback trying to see a psychiatrist and financial status has always been a barrier, i got access to therapy and peer support when I asked for it

I have not recently sought support from these sources because it did not feel safe to do so.

Not at all no alternatives where given accept the medical model and drugging additionally threats of civil commit where made or a long wait to see a therapist but an appt with a prescriber was available spill offered before a person to talk too and a label given for billing purposes

i was received well at first. people wanted to help me and to help me find help. over time, the patience and willingness to help seems to wane or dwindle.

My family, therapist and partner are very supportive when I share what thoughts I have. Work has not been supportive or helped with the anxiety that has been related to my OCD. I have brought my concerns and asked for help to multiple levels of management, the union and HR. There was not any progress. I had to leave my position and move to a different job.

it has varied a lot. I am afraid of having the police called.

My parents always listen and offer support. They have helped me find a therapist.

They have been met by professors, family, co-workers, and employeers

When I was very depressed and had SI, no know knew or noticed it. I sought out mental health counseling on my own and began seeing a psychiatrist.

Family support, in childhood school counselor very supportive and worked with my friends and parents to get support for me. Initially parents said it was a phase and cry for attention which felt very dismissive, even if elements of truth.

When my son attempted suicide we had a close relationship with some teachers, a principle and several coaches at his school. People rallied around him and I didn't feel alone as a parent.

I was growing up in Europe, the culture there is a community, people are reaching to each other, so my family received a lot of support.

I personally was supported by family, friends and colleagues. I provide suicide prevention talks in high school classes

Meh. Lukewarm.

Very heard

with peer support we felt hopeful

My needs were met from family and friends. When I was able to express the need

A school counselor noticed a change in my attitude and behavior. My mom worked at the school, and they had a conversation about me. My mom helped me set up mental health counseling outside of school because I was embarrassed to be dealing with a mental health crisis in a small school where everybody knew who I was. I also received great support from my friends who listened.

When my child was in middle school and having a hard time, they did connect with the school counselor. I feel that while the intention was good, we as parents were not contacted. I believe the school was following confidentiality guidelines - but it made it harder to coordinate with my child's established therapist and harder to support them at home. Long story short - yes my child did receive some support, but I don't necessarily believe it was the best kind in that moment.

Hard to find a therapist with availability.

A friend listened to me and informed my parents.

I dont really talk to people about it. I just push through it on my own. When I did ask, I was hospitalized and it made it worse so I dont talk about it with anyone any more.

Support from family, friends, and mental health practitioner(s) helped me get my needs met at school.

Very difficult to find appropriate support for my daughter

I don't think I fully received the help I needed when I reached out for help.

8. How has your voice been heard if / when you have sought support fro...

---

i've had two counselors who could meet me where i was on any given day and could help me expand my understanding of my mental health and struggles. they held space for me instead of problem solving, diagnosing, or judging.

I have unfortunately experienced negative interactions with a counselor that has really put me off seeking support from a counselor

very limited with doctor, struggle with counselor. crisis line supportive.

My doctors and counselors have listened, showed empathy, and provided effective support.

My PCP and Psychiatrist have been very understanding and supportive. Open to trying different therapies, medications and strategies that can be helpful or be taken as a learning opportunity.

I think when I was younger, it was never brought up with health care professionals or even like a school counselor. In my adult life I think my voice has been heard in a variety of way. I think from the doctors perspective the answer was medication. Again navigating and realizing what was actually happening to me I think that was the right choice despite how it made me feel, not myself. When I started seeing a counselor it was heard by helping me navigate the root cause and develop healthy coping mechanisms to recognize when I am felling down and depressed and moving towards thoughts of suicide.

My doctor took me very seriously and acted quickly on my concerns. Previous counselors have overreacted when I brought up my chronic suicidality and made the situation worse in various ways including pressuring me into medications I wasn't comfortable with. My experience with crisis lines is mixed. I've been hung up on twice and waited for operators to be available for what felt like hours. However, Jay at the Trevor Project saved my life and I'm very thankful for him. That was the only time I've ever actually gotten through to a crisis line.

It's been heard a little. However, because I am articulate and appear put together on the outside, I have had professionals minimize my concerns.

Not great, often disregards my voice, not being heard about barriers i may have to care- and following through with medical care- like money, transportation, or not having privacy during pandemic to received mental health care-

I have had a hard time finding a good fit in a counselor. I have a psychiatrist I meet with at Kaiser, and I wish she could be my counselor, she is so helpful beyond med management. I do not feel supported by doctors. I have an excessive fear doctor and dental appointments and unfortunately have found that even as I've learned skills and how to advocate for myself, doctors and dentists are not trained in how to interact with people who have experienced trauma, have PTSD related anxiety--I do not feel like my voice is heard in that space. Specific to having a child who started expressing ideation in 5th grade--counselors wouldn't meet with us for more than a session, didn't seem to take it seriously, would say it seemed like I was doing all the right things as a parent. It wasn't until she had an attempt that led to a multiday hospitalization that I started to feel like she was being seen and heard for how difficult she was struggling and we started getting the support that was needed.

excellent and open to fielding all my questions

I have been listened to and believed

I have a mental health provider who is works with me to address my needs. I feel heard and supported by this person.

Not listened to but heard with a hummmm we don't offer that but this is available kind of answer

somewhat aggressive or intensely. i feel like i've been put into a lot of situations that feel like an overreaction (ie being sent to the ER for being depressed) and have caused trauma for me and have made it more difficult for me to want to seek professional help.

I have been extremely supported and heard. They allow me to have the freedom to talk about what I'm comfortable with and what is most critical at the time.

that has varied a lot.

I have not sought mental health support from any of the above.

listened to

I felt heard and seen, but I didn't understand how the mental health system worked at all.

Supportive, although as I am now a mental health professional I tend to access support independently

Re: my son. Having a face/voice in this community helped when he was in trouble. Legal charges were levied when he made his attempt that resulted in a probation period through Linn County Juvenile. Because I knew leadership I was able to ask for an appropriate person as his probation officer and side step addiction tx referrals and gain a mental health counselor. All well today. He is married for past 10 years and has an almost 2 year old daughter. He is also a combat vet who deals with his issues head on.

Later in life I met with counselor who helped me to make a closure with my dad and accept the loss.

Received counseling and meds

Yes, but with some bias and misinformation/gaslighting.

Very heard and supported

sometimes listened to but more often wanting "to fix" the person rather than listening

somewhat heard. My experience with therapy following a loss was not a positive one

This one is more difficult. Even though I was grateful that people cared and my mom was willing to set up a meeting with a counselor for me, I chose not to continue counseling. I had a stigma around me that seeking help for mental health crisis was weak. I believed I could handle it on my own. In retrospect, I think it would've been very helpful to continue mental health counseling although I did work through a lot of things on my own. It just took a lot longer.

My child was connected with mental health resources at the start of their adoption. I feel like when we've reached out for help and support directly from the people we were connected with, there was a good response and we received a lot of support. I feel that there has been some pushback/questioning from their PCP in regards to the treatment plan - they were not included when this plan was developed.

positive experiences

Back when I was attempting suicide, I did not receive professional help. Now, when I notify providers of my history of suicide attempts, it is noted in my file.

It hasn't

My doctor listened and responded appropriately

I don't believe my voice has been heard when I have reached out for help in the past.

9. Do you feel your voice made a positive difference in your treatment...

unsure

I do not, I decided to terminate the only treatment I have received due to homophobic remarks.

not really much. provider wrote treatment plan without agreed services and supports and wanted it signed. service access was delayed. multiple barriers.

Yes.

Yes, my PCP and Psychiatrist are very inclusive towards me and the entire treatment plan operates around my thoughts, opinions and needs. They are incredibly helpful to me. I am extremely fortunate in this regard.

Absolutely. One of the things we worked on was actually listening to the negative things that I was saying to myself or thought about myself. if I didn't hear that and learn to advocate for myself and recognize the negative thought and stop myself from spiraling, I would be telling a different story. It really was up to me to make the conscious decision to do something about how I was feeling. my support system was non existent and it has taken a while for me to build a community I can rely on to hold myself accountable to.

No. Most of the time the planning is not individualized. Everyone uses the same suicide prevention plan paperwork and doesn't seem to understand when I tell them I've already completed the same prevention planning sheets many times and that I need counseling to help me what to live instead of just delaying my ability to attempt. So most of the time I felt like no one cared and I was just treated as a cookie-cutter case, despite using all the words I was able to explain what I needed. I rarely felt heard.

Yes. I think because of working within systems of care has helped me understand how to advocate.

I am getting better at this, but it's still confined by policy, insurance, and a culture of toxic positivity, and accessing mental health support- can be hugely challenging in Oregon- espeically trying to find the right provider, with the right services available.

Sometimes in counseling, yes. As mentioned above, not in any other medical setting.

I did not agree with the treatment plan for my teen but it was overridden and I am glad because it turned out to be beneficial even when we were fearful

I never could have recovered if my voice had not been heard and I didn't have the support I needed to advocate for myself

Yes, I have been fortunate enough to find a provider who listens to me and allows me to drive my own care.

No get real if the person suggests something other than the "norm" they are labeled again

i feel like my voice has been listened to when i am approaching mental health concerns calmly. i feel like once i get visibly upset or mention that i am feeling suicidal that suddenly i have very little autonomy or control over my treatment plans. this is very difficult. i would like to be treated with respect whether i'm crying or not.

Yes

yes

I have not had a treatment plan

I do

yes- I got help.

yes, the more skills I developed and the more safe I felt talking about my challenges as a youth the better I was able to advocate for myself.

I do believe my voice had positive impact in this situation but I worry for those who don't have the ability or the respect of parties that can interfere rather than intervene effectively. I enjoy working with people to make sure they are heard and able to put a plan in motion that supports the person having problems.

I was happy I was able to talk to someone like a counselor about my feelings and make a peace in my heart about the loss.

yes. without it I would not have gotten help

Yes, but I am very assertive in these circumstances. If I was less assertive, I don't believe it would have been positive.

Yes

,mostly yes but required a lot of repeated effort

yes

I do not.

I do feel that my voice had a positive impact for my child's treatment plan. My child was included in helping establish the plan, but my partner and I were listened to in regards to what we thought would be a good fit and beneficial.

na

I basically treated myself through my own self-motivated means of seeking positive messages and faith-based, personal encouragement. So, my voice was the primary and sole difference in treatment.
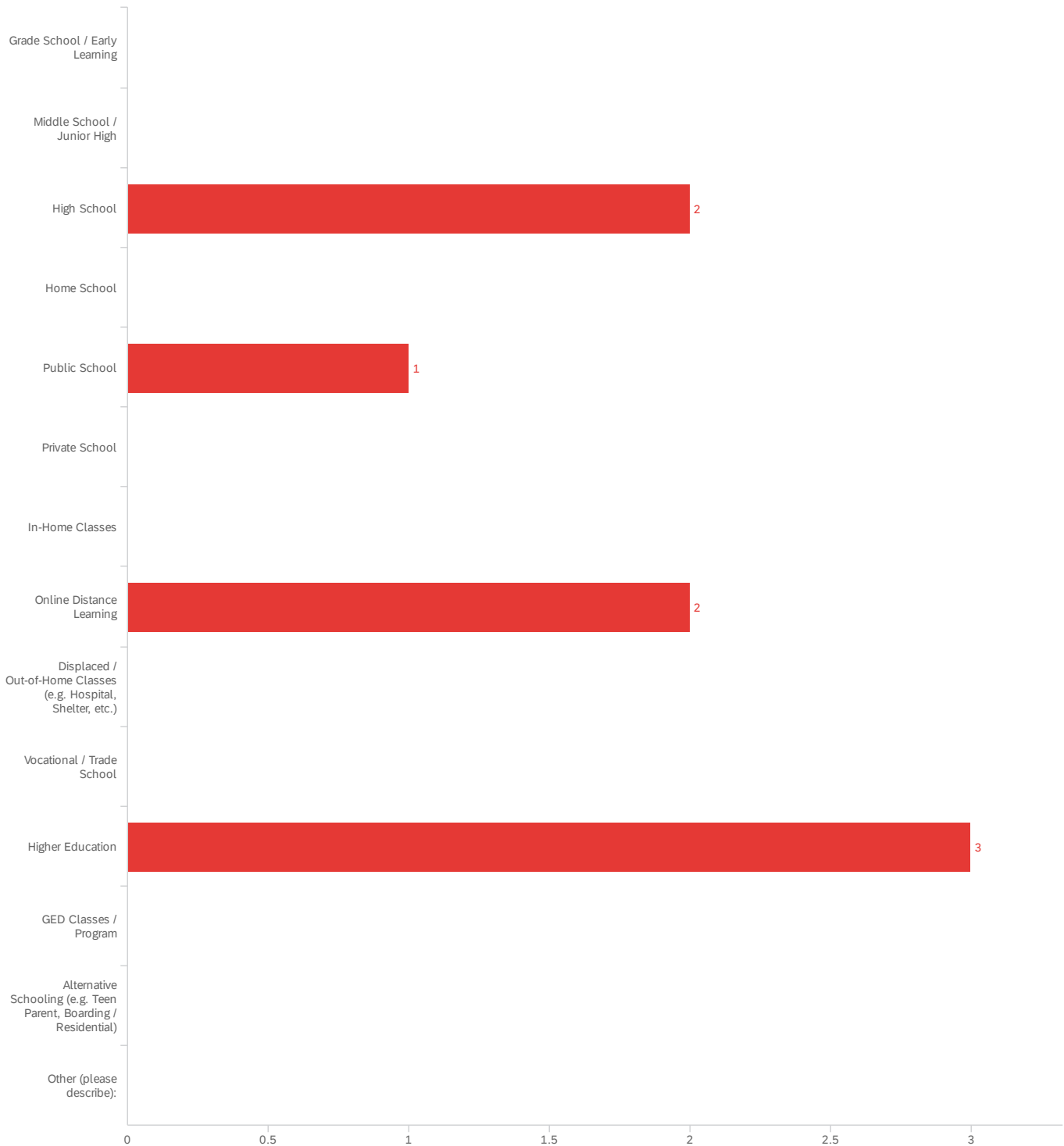
No

Yes

No. I have seen multiple counselors and my needs were not met. Treatment plans were made but counselors forgot what the plan was session to session. I would say I was ready for something and this was ignored.

attend - 1. Do you currently attend school?
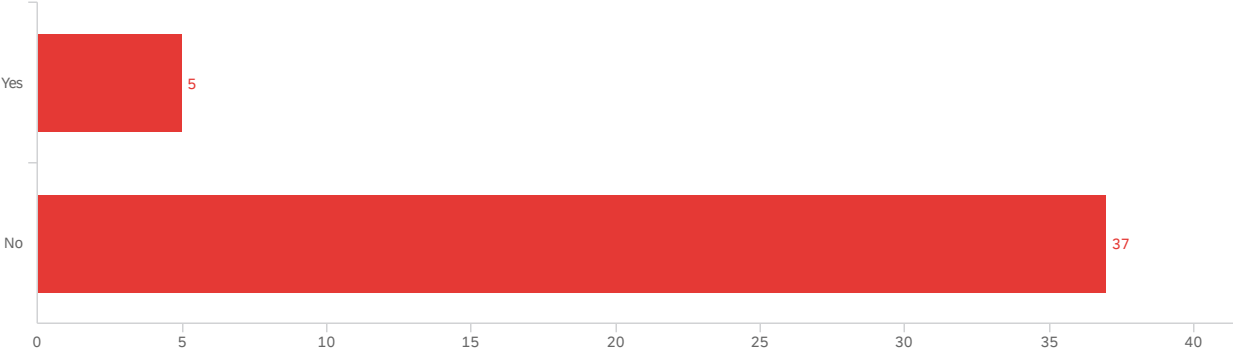
#	Field		Choice Count
1	Yes	11.90%	5
2	No	88.10%	37
			42

Showing rows 1 - 3 of 3

schooling - 1a. Please mark all that apply

#	Field	Choice Count
1	Grade School / Early Learning	0.00% 0
2	Middle School / Junior High	0.00% 0

#	Field	Choice Count	
3	High School	25.00%	2
4	Home School	0.00%	0
5	Public School	12.50%	1
6	Private School	0.00%	0
7	In-Home Classes	0.00%	0
8	Online Distance Learning	25.00%	2
9	Displaced / Out-of-Home Classes (e.g. Hospital, Shelter, etc.)	0.00%	0
10	Vocational / Trade School	0.00%	0
11	Higher Education	37.50%	3
12	GED Classes / Program	0.00%	0
13	Alternative Schooling (e.g. Teen Parent, Boarding / Residential)	0.00%	0
14	Other (please describe):	0.00%	0
			8

Showing rows 1 - 15 of 15

useful school - 2. How useful are mental health support services in your school for improving student well-being?
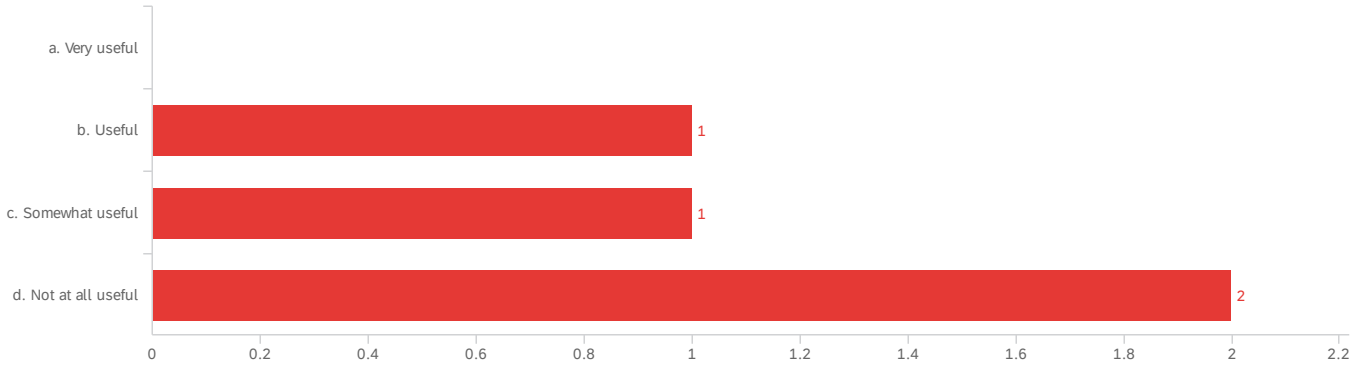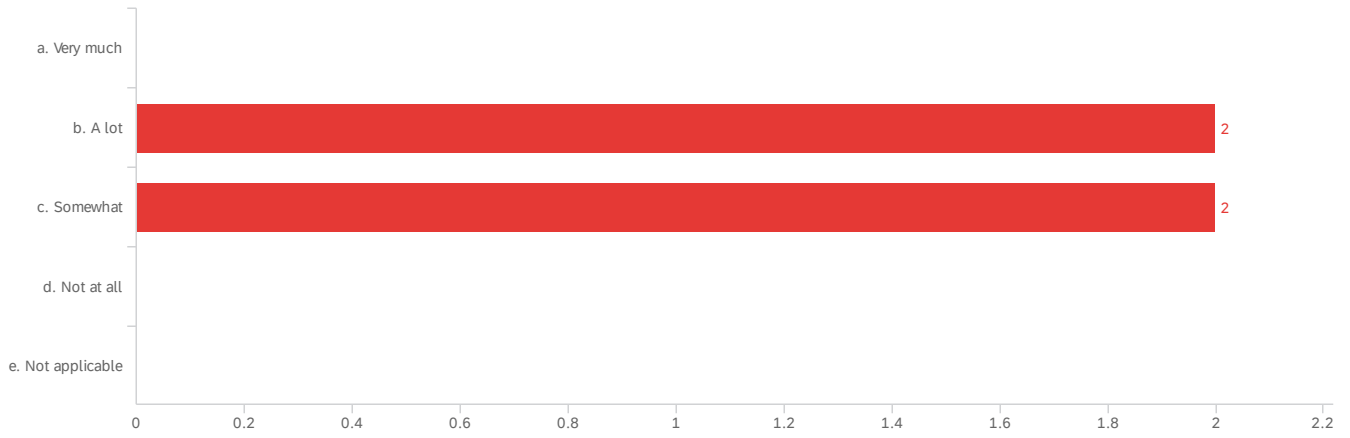

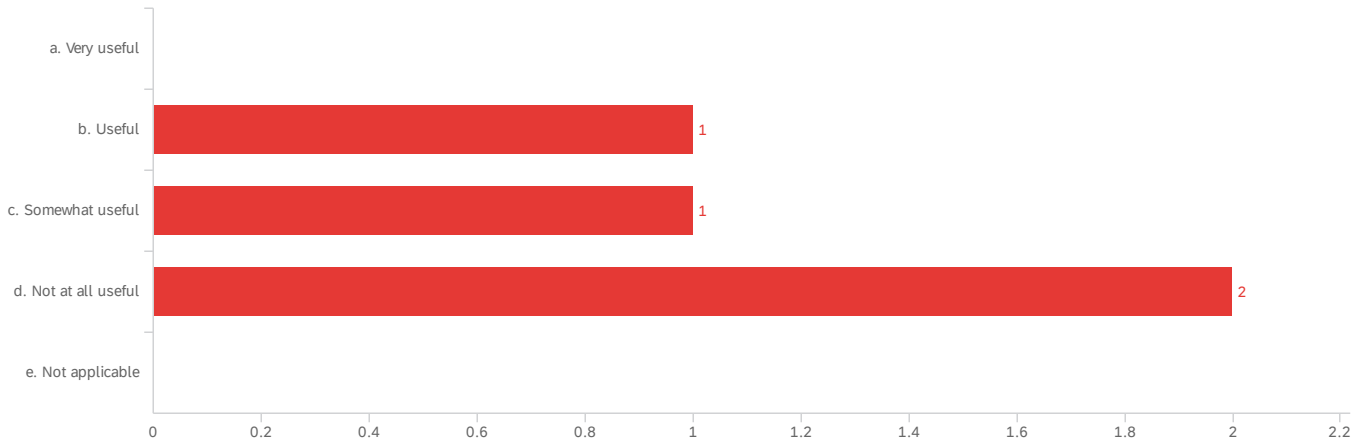| #	Field		Choice Count
1	a. Very useful	0.00%	0
2	b. Useful	25.00%	1
3	c. Somewhat useful	25.00%	1
4	d. Not at all useful	50.00%	2
			4

Showing rows 1 - 5 of 5

school priority - 3. How much do you think your school cares about improving the mental health of students?

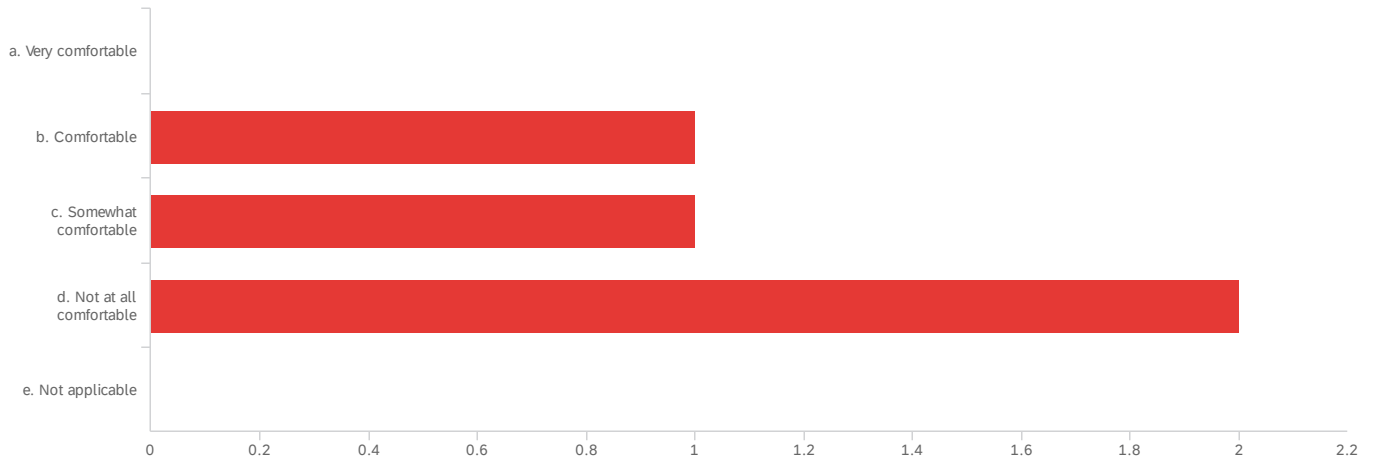| #	Field		Choice Count
1	a. Very much	0.00%	0
2	b. A lot	50.00%	2
3	c. Somewhat	50.00%	2
4	d. Not at all	0.00%	0
5	e. Not applicable	0.00%	0
			4

Showing rows 1 - 6 of 6

school services - 4. Since COVID-19 began, how useful have your school's mental health services been for improving student well-being?

#	Field		Choice Count
1	a. Very useful	0.00%	0
2	b. Useful	25.00%	1
3	c. Somewhat useful	25.00%	1
4	d. Not at all useful	50.00%	2
5	e. Not applicable	0.00%	0
			4

Showing rows 1 - 6 of 6

school faculty - 5. How comfortable do you believe school administrators, counselors, and teachers are with talking to youth about suicide?

#	Field		Choice Count
1	a. Very comfortable	0.00%	0
2	b. Comfortable	25.00%	1
3	c. Somewhat comfortable	25.00%	1
4	d. Not at all comfortable	50.00%	2
5	e. Not applicable	0.00%	0
			4

Showing rows 1 - 6 of 6

6. Briefly describe how your school helps students access school servi...

Resources are only available if you repeatedly ask for them and counselors are slow to act (and sometimes hardly act at all) on reports of students self harming or being suicidal

they send out newsletters with wellness tips. I believe there is counseling offered through student services.

not sure. I

school accessibility - 7. What should be changed to make the support more accessible in your school? For example, offer transportation, internet access, accommodations for persons with disabilities. Please describe:

7. What should be changed to make the support more accessible in your...

Internet access, easier access to counselors, more tanning for teachers and other staff

I'm unsure.

Make info about getting support more well known and build positive experiences with students using supports.

8. What do you think are the beliefs or attitudes toward suicide where...

It's not taken seriously

I'm unsure, I have not seen or heard it discussed.

Not talked about. Self-care week is the closest it gets to talking about suicide. Leadership does some things around suicide but their work only reaches students with in leadership for the most part.

9. What do you believe increases someone's risk for suicide where you...

Very little access to support or mental health education

Stress, isolation, being a member of a marginalized group.

Big school--hard to stay connected and be noticed by overwhelmed teachers and staff. Principal and students do not have enough say on homework load and mental health and how teachers recognize current event stressors.

where access - 1. Do you feel confident that you know where to access support for mental health concerns in your community(s)?
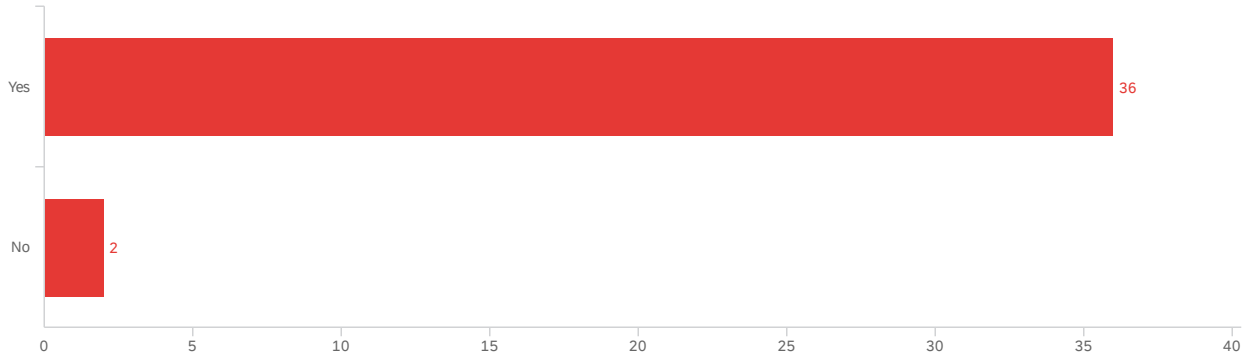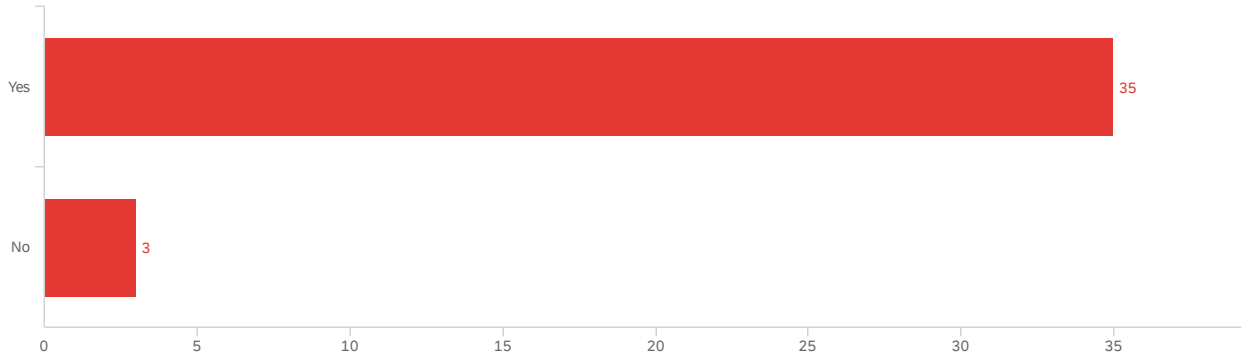

#	Field		Choice Count
1	Yes	94.74%	36
2	No	5.26%	2
			38

Showing rows 1 - 3 of 3

how access - 2. Do you feel confident that you know how to access support for mental health concerns in your community(s)?
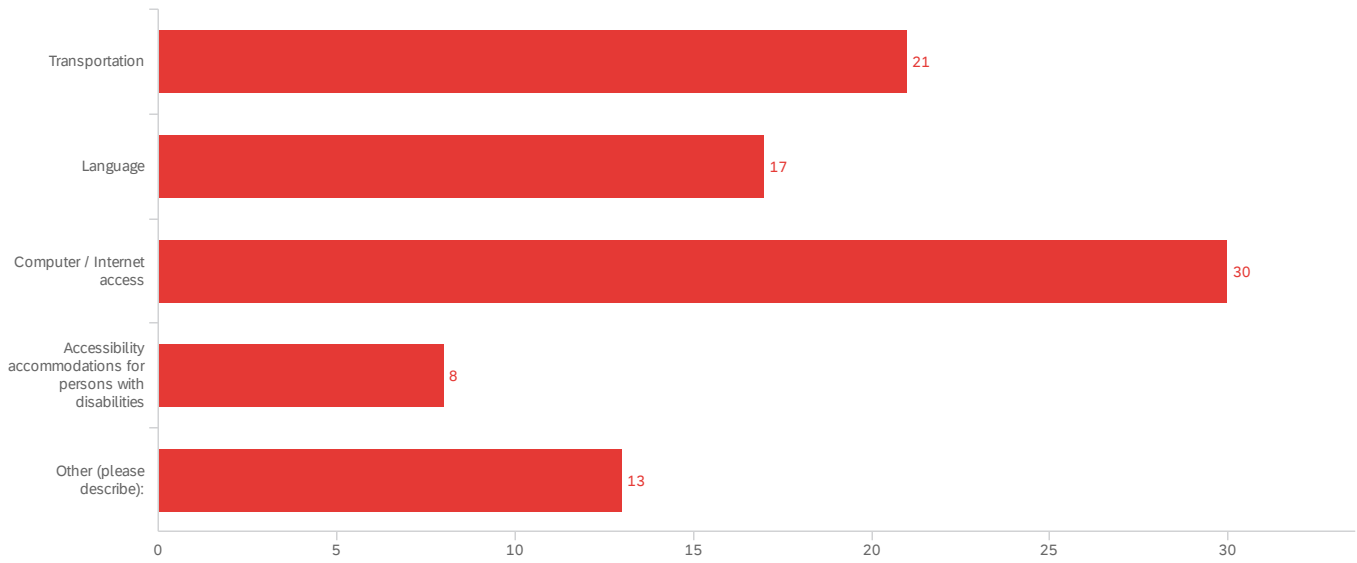

#	Field	Choice Count	
1	Yes	92.11%	35
2	No	7.89%	3
			38

Showing rows 1 - 3 of 3

why accessible - 3. What makes the support accessible?

#	Field	Choice Count	
4	Transportation	23.60%	21
5	Language	19.10%	17
6	Computer / Internet access	33.71%	30
7	Accessibility accommodations for persons with disabilities	8.99%	8
8	Other (please describe):	14.61%	13
			89

Showing rows 1 - 6 of 6

WIDGET_ERROR.MISCONFIGURED

more accessible - 4. What should be changed to make the support more accessible in your location?
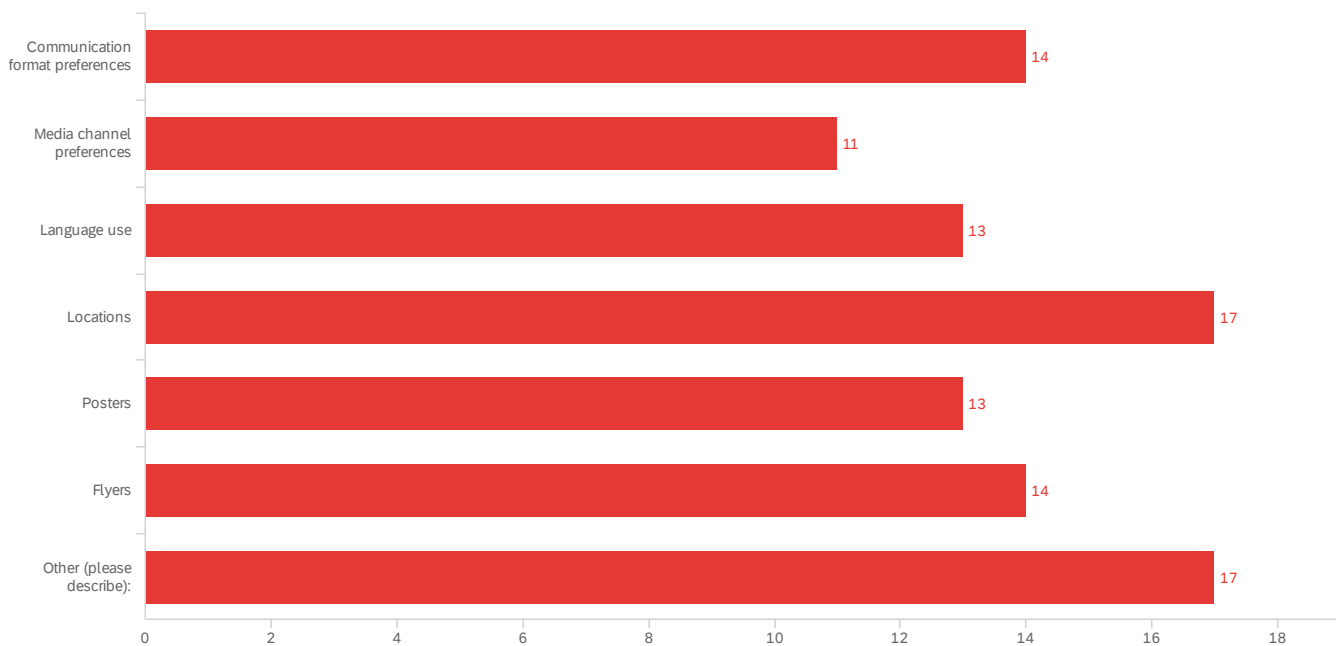
#	Field		Choice Count
4	Communication format preferences	14.14%	14
5	Media channel preferences	11.11%	11
6	Language use	13.13%	13
7	Locations	17.17%	17
8	Posters	13.13%	13
9	Flyers	14.14%	14
10	Other (please describe):	17.17%	17
			99

Showing rows 1 - 8 of 8

Other (please describe):

I'm new where I am and don't yet know what is/isn't available locally

more frequent communication about wait times, waiting lists, delays. returning phone calls. accessible restrooms. inviting supportive language and decor. trauma informed care.

Other (please describe):

I am not sure.

Peer Support

We live in on outlying community and have to travel a ways for resources (20 - 30 miles)

Dumb

Availability of providers- my child was recently going through a crisis and it took 2 months to get in with a therapist that could seem them weekly, even with private health insurance.

We need to do what we need to do to diminish stigma.

Not everyone know about that help is available for everyone regardless of the insurance coverage. We need to advocate more so we can reach to more people in needs.

Reputations of community mental health programs, known for working with clients, known for taking a person first and led stance, belief in choice and autonomy. Known for not demeaning and denigrating folks with mental health issues.

provider time or beds

Removing stigma

I think getting people connected and having the opportunity to have casual conversations with mental health workers would help reduce the stigma and allow them to be more comfortable opening up and having real conversations with these professionals who can help them. I think that that comes from access to the individuals themselves

more insurance blind therapists. hard to find a therapist under Kaiser and commercial insurance. OHP counselors have a high turnover. more spanish speaking therapists

More social media information

Availability

Advertisements discussing mental health / suicide in a safe way and in different languages to make this a more normal practice and to help people get used to seeing it so they can feel more comfortable discussing it.

comfort - 5. In general, how comfortable are you with talking to others your age about mental health issues? Please select one of the following:
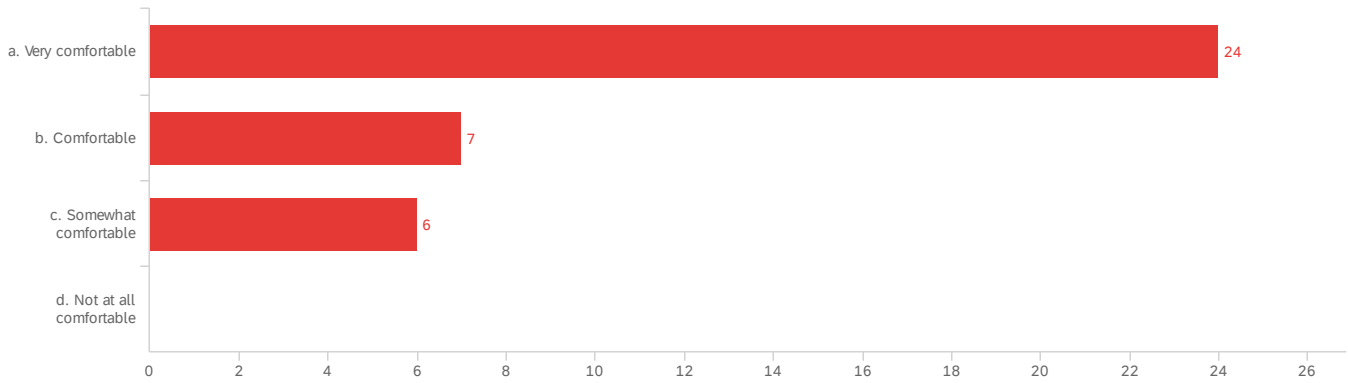
#	Field		Choice Count
1	a. Very comfortable	64.86%	24
2	b. Comfortable	18.92%	7
3	c. Somewhat comfortable	16.22%	6
4	d. Not at all comfortable	0.00%	0
			37

Showing rows 1 - 5 of 5

peer comfort - 6. In general, how comfortable are others your age with talking to each other about mental health issues? Please select one of the following:
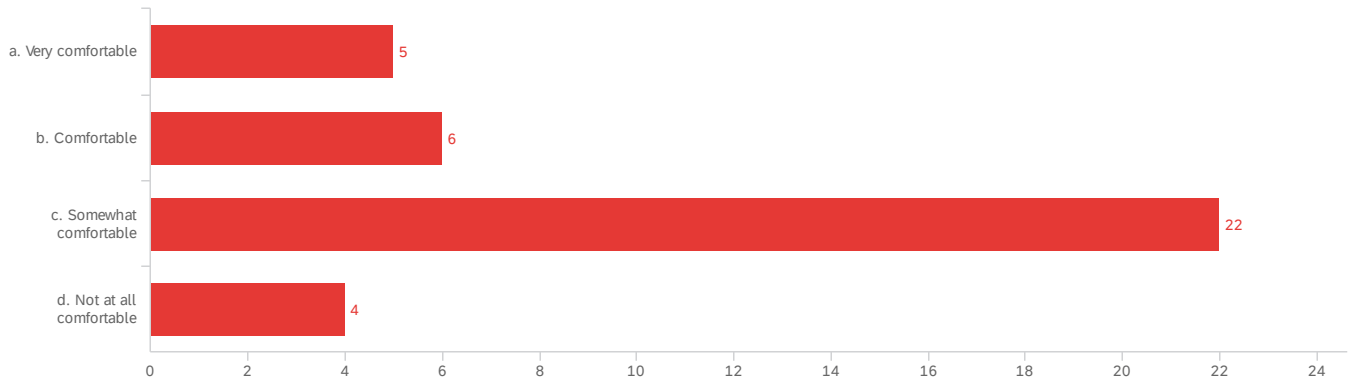

#	Field	Choice Count	
1	a. Very comfortable	13.51%	5
2	b. Comfortable	16.22%	6
3	c. Somewhat comfortable	59.46%	22
4	d. Not at all comfortable	10.81%	4
			37

Showing rows 1 - 5 of 5

7. Briefly describe the beliefs or thoughts about suicide that exist w...

---

some think its selfish, some think nothing can be done about it, some hold great compassion for those who have died by suicide and for the folks who are left behind

people will go to hell if they commit it, eternal miserable separation, maybe fire burning indefinite. talking about it might cause it. contagion is inevitable. isolate families, limit social engagement. the system is designed to fail, to deny, to shame, etc. "If you wanted to die you would be dead so you are just attention seeking and deserve a punitive response." Be silent. don't talk. death casualties just to be expected as part of the statistics rather than looking to improve organizations after someone dies. person seeking help isn't worth helping since they are just a mess and not productively contributing to tax base. cops are trained a certain way so if you call them and there is a death or an arrest that's just the way it is. system help is often traumatizing.

I often feel that suicide is perceived by many in my community as a defect that is associated with shame.

The individual is weak. They need to "man up" or "get over it". That everyone struggling with suicide is the same and should be treated the same.

Several of my friends just don't understand how that could ever be an option and think it's selfish. Others have or are currently feeling suicidal but we tend to talk around it more because it's kinda hard to feel like anyone will actually be able to do anything about it.

My friends don't like to talk about it even though they have experienced a lot of loss by suicide in our community.

I think in general my community is very understanding and supportive of others who are experiencing suicidality with a spectrum of confidence in how to respond. On the other end, I get a sense that my community, in general, is hesitant to reach out if they are the individual experiencing suicidality.

Suicide means you go to hell; drugs cause the problem; its mostly a problem for youth or really sick people

It is a problem, but one people don't know how to approach and don't want to talk about

That if you go get help you will be labeled for life it's better to support each other and stay away from the local counseling service seriously no joke

i think that the people in my community find suicide to be a deeply upsetting affair, and this often makes individuals who don't have personal experience with it somewhat uncomfortable when discussing more than just surface level details.

I believe that suicide is a pandemic that is taking the lives of people that are lost, confused and broken. It is something that I will always fight to bring more awareness and positive communication about.

somewhat talked about but not everyone is informed about it besides the general idea and suicidal invitations (warning signs). Stigma is talked about but now much action is taken at my school.

That everyone has a brush with suicide either through personal thoughts and ideations or through a close connection to someone who has these thoughts and/or has completed suicide. That talking about it is important to help create a web of support.

that it's selfish and short-sighted

Varies between not understanding how "it can get that bad" and being a selfish choice to complete and total understanding

I believe in parent groups there is a degree of comfort shared by parents speaking with parents. I am not as sure that people of a certain age (seniors) always feel comfortable talking about suicide. In my work with adolescents at YES House (residential SUD treatment) I have found that the residents are fairly open to discussing suicide. We have developed policies and protocols to open the conversation and every young person in care (and parents in their own group) received QPR training.

Simultaneously that people do it for attention and that it's extremely serious and should immediately go to the hospital.

My community is a mix of immigrants, native Oregonians, young and older people. People are not open to talk about this unless they are struggling.

I am a school psychologist in a suburban Portland High School. I evaluate students at risk for suicide and provide suicide prevention talks to all students every year in all Health 1 classes.

*shameful *if one experiences thoughts of suicide, they are less than. *people experiencing mental health challenges aren't valuable, aren't deserving of autonomy and choice. *suicide is inevitable and mysterious *nothing can be done to prevent suicide *thoughts of suicide implies weakness *suicide is a crime *suicide only impacts certain people

why do they do it when there is so much to live for

we generally do not discuss SI in my personal community. However, in my work community it is a regular part of discussion

I think there is still a lot of stigma around suicide, talking about suicide, and those that attempt/complete suicide- as in "types" of people who do.

When my friends committed suicide in college, I heard a lot of comments about how he was weak and how they would never forgive him for the impact that this left on his friends. I had a very difficult time with that, and I think the stigma continues to be the suicide is a selfish act. However, I always believed differently given my past experience.

I think there are 2 clear sides right now - "yes, it's a problem, what are we going to do?" and "it's not really a problem and people are over reacting." There does not seem to be much middle ground.

stigma, you can plant the seed of suicide by talking about it. parents minimize suicide thoughts

It is a tragic (and selfish) action of a person who wasn't listening to Christ's truth of who they are and weren't finding their identity in Jesus. It can be prevented if you trust God more.

I believe it's the last straw, that when someone commits suicide that they just couldn't hold on any more. They were put on an earth that they could not hold on in any more. They needed to go because they couldn't see life worth living any more.

Still stigma, uncomfortable about talking openly

That it should not be talked about. That if you have suicidal ideation that you must be crazy and need to be put into a residential setting. People don't realize that you can live with those thoughts we just have to be taught how.

8. Briefly describe the attitudes or actions toward suicide that exist...

---

discomfort

suicide is a selfish act of anger. people forget that someone was suffering and crying out for help for a long time or holding it inside with the struggle afraid to talk. the need is too big to address. informed people finally are starting to focus on living, how to live, social emotional learning, distress tolerance, social injustice, social determinants of health, most challenging moments like divorce, job loss, evictions, etc. a lot of people want to help and are not sure how. people let fear get in the way of setting up support groups for attempt survivors but delayed help results in more deaths without benefit. reframing is very beneficial yet people including professionals are afraid and seem to attack the messenger rather than listen to the message because the messenger spoke candidly about it. awareness is getting better. the people suffering are often the most kind, sensitive, giving souls that need recovery support by people who have lived through the experiences and kept alive and found a way to live, to stay alive, to heal.

In the three years since our loss, I'm surprised by the degree of avoidance. If we had experienced other loss (say, a bankruptcy or burned-down house), I would expect much more discussion and active support. My community (including friends), mostly never speak of my daughter despite sharing so much history.

I think its something that people still really have a hard time talking about it so their actions are to ignore it or brush over it or talk negatively about it.

Despite us all vaguely being aware of each other's crumbling mental health we don't talk about suicidality much. We have to hide any cuts from one friend or they will get very upset and yell about how our friendship must be meaningless if we are willing to 'leave them'. Several people who cut in the past are open to talking about it but seem to minimize the feelings about it.

Even though I am keenly aware of risk factors and preventative opportunities, I think most still believe that there's nothing that can be done when someone makes the decision.

I'm a school counselor and I feel like people in my work community and home community will reach out to me. I am very open about my own experiences and I know I am an individual that most people trust to come to with concern or worry--I feel like it skews how I see attitudes and actions, I think attitudes are generally supportive, but I still get a sense that people often don't know what action to take, and will try to find somebody they know who they believe might be able to help.

panic, sympathy, fear, avoidance

Few actions, a lot of people treat mental health problems as exaggerated

fear, uncertainty about how to support people

People kill themselves because they got on the meds zombies

i see signs on the bridges telling people not to jump.

I grew up in a Christian faith community and the belief was that if you talk about it, it's not an issue. And that if you do commit suicide you will go to hell.

Open discussion of experience, encouragement to seek help, communication of care toward each other. More and more there is a movement to dissipate the taboo of experiencing mental illness and crises as well as conversations around mental health needs.

people don't want to talk about it. It's stigmatized

unknown

Albany is a fairly blue collar community that is involved with their children through sports, and other extra-curricular activities. As I was raising my youngest two kids in this community I found a lot of support and also felt like no topic was off the table in the groups I was involved in: professional groups, school groups, and sports.

Lots of social media mental health support, but in person people don't really care or do anything about it.

I am glad we have a lot of resources and help through the county. People need to be more open to help each other, be able to listen, visit and stay connected. People need to be more united together then they are so we can get through everything together by supporting each other in difficult times.

Many concerns and willingness to help prevent suicide and improve students mental health from adults, parents to teens

*destruction of homes for people experiencing homelessness in St. John's. Direct belief that homelessness, mental health concerns, substance use disorders all equate to danger and must be destroyed, not entertained, not assisted with, etc. *people doing everything possible to ignore/disrespect/destroy people experiencing mental health concerns/suicidality. *people being hospitalized against their will after experiencing periods of unstable mental health/suicidal thoughts instead of helping them when these issues first started. *lawmakers and other policy folks making laws/decision/etc. for and about people experiencing thoughts of suicide/mental health issues without having them at the table and giving them a voice in the process *people dying by suicide in our community and when doing investigative work after the day, seeing all the ways the system alienated and helped add to the person's negative experiences which then added to their suicidality *negative attitudes expressed in media, by our political leaders locally, state level and nationally about people with thoughts of suicide and/or mental health issues *unwillingness to discuss suicide *willingness to chalk up suicide to be dealt with by professionals and not society, but only when society takes it up will we see change.

can't do anything to stop it or just take them to the hospital

I fell, generally, attitudes regarding SI is one of concern or supportive. On occasion folks who have never (or cannot admit they have) experienced SI may not fully understand how someone could feel that ending their life is the only way to end pain and suffering

I think a lot of people avoid the topic of suicide thinking that talking about it more will urge others to do something harmful to themselves. So I think a lot of the action is inaction

I believe the community is trying to increase awareness and supports available.

Encouragement to read the Bible more, speak to a pastor, don't talk about it.

Lots of people see it as attention seeking, shameful, selfish

Lots of work happening from separate silos but not all connecting to make a bigger impact

It is ignored.

9. What do you believe increases someone's risk for suicide (thought,...

lack of resources to meet basic needs and to thrive-- can be financial, healthcare related, relational, etc. family rejection / societal rejection feeling helpless/hopeless about the social and political climate

food, housing, and other financial or survival insecurities. coming change, like job loss, divorce, foreclosure, eviction, car breakdown, death, witnessing violence, experiencing trauma, disease, trouble accessing healthcare, exhaustion, too many barriers to timely affordable help. staff turnover. delays for accessing or maintaining peer support for as long as needed until person suffering feels safe, accepts self, internalizes positive beliefs such as the right to live and breathe and exist, the sense of belonging in social community even if it is a subcommunity

I believe my daughter struggled to accept herself as a trans person and her lack of acceptance by others increased her inability to see a positive future for herself. Undetected drug and alcohol dependency further increased her risk.

I think this will be different for every individual but probably the thought. Words mean something to me and how someone talks to me, what they say and in addition to that how I talk to myself and the words I use toward myself have an impact.

Being lonely and not being able to talk about what's going on so feeling that way isn't normalized and you feel like you are going through it all alone. Along with social pressures about where they should be in life, being openly queer, being bullied, living in rural/small communities, and not having an accepting family (queer, what career path you want etc.)

Trauma Not getting appropriate support.

Loss of friend, family, or hero. Substance abuse. A traumatic event. Divorce. Isolation/Loneliness. Environmental/Cultural distress.

Feeling alone, feeling like they are unable to talk about suicide/not having a pathway for talking to somebody who can help, unresolved/unrecognized trauma

isolation; disappointment; blocked goals; unrealistic expectations; copy cat actions

Lack of support, lack of knowledge about coping skills and mental health, isolation, stigma

stress, isolation, being a member of a marginalized group

Medication

isolation.

Isolation, past abuse, mental health issues with anxiety disorders and feeling alone in that.

poverty and loneliness

Solitude, isolation, ridicule, feelings of failure, and alienation.

isolation, lack of positive vision for the future, loneliness, physical impairments

isolation, lack of people in their life that understand and are safe to talk to, incredible difficult access appropriate MH services. I have a patients with OHP that can only be seen monthly in community mental health settings even when actively suicidal.

Loneliness; lack of connections; risk taking that can lead to an accidental suicide.

Having no where to turn, no one asks the question directly, extreme societal stress and pressure.

negative thoughts, strange behavior are symptoms for suicide risk and of course planning and attempting is suicide requires immediate help with counseling sessions.

plan and access to a means

*people being dismissive *people being stigmatizing *society not having enough actual helpful supports in place and easily accessible without shame (free, low barrier, easy to access, culturally responsive, good reputation in community, known to value choice of consumer, etc.) *the myth that thoughts of suicide are rare/uncommon *shame around having thoughts of suicide *overreaction on the part of providers/systems when someone says they are experiencing thoughts of suicide: instead of working with the person through these feelings, they make them bigger, start pulling out/kicking in various policies/procedures, worried about legal issues, liability, etc. instead of being in the moment with the person and helping them move through it. *when you experience and talk about thoughts of suicide, people get scared and they start doing to you, not with you. They take away control, autonomy and threaten commitment/police involvement/commitment/etc. This creates a climate where people don't feel safe talking about their thoughts of suicide. *if you are someone known in the community, there's even more pressure and stigma around having thoughts of suicide and it's even more likely that these folks with suffer alone and not seek help. The system is not safe for anyone and folks with high visibility know this in a way that others may not.

Being houseless and feelings of worthlessness

plan and isolation

lack of community. loss of connection

Many things can increase someone's risk, isolation or feeling lonely, bullying, racism, inequities in general, violence, biological factors, loss,

I think it is a lack of connection to a person who cares or notices a change in behavior. When a person feels connected to somebody close to them whether a friend or mentor or family member, generally they will say something or present symptoms of suicide. So I believe not being connected increase of someone's risk for suicide

Right now - it's the isolation. In "normal" times - we have a decent unemployment rate and a fair amount of meth.

having terrible insurance or not being able to get an appointment because therapists are full. Lack of basic suicide prevention and mental health knowledge in immigrant communities and in parents in general.

A lifestyle that goes against the morals in the Bible, lack of family support, not taken seriously

I feel that once they have the suicide planed out they have hit the end point where you just cant hold on any longer. Peoples harsh words, the atmosphere they are in, loss of a loved one, really anything that they were living for leaving or finding that living for the person or thing isnt enough or they would be better off with out them there

Anything at any given moment for any individual. Everyone is different and affected differently. I think the highest risk right now is how hard it is to actually obtain services like counseling

People not talking about suicide and, when they do, talking about suicide in an unsafe manner. Services not accessible to all due to insurance, language barriers, capacity, not enough resources.

community resources - 10. If a mental health crisis were to occur, do you feel that you could access the right community resources when you need them?
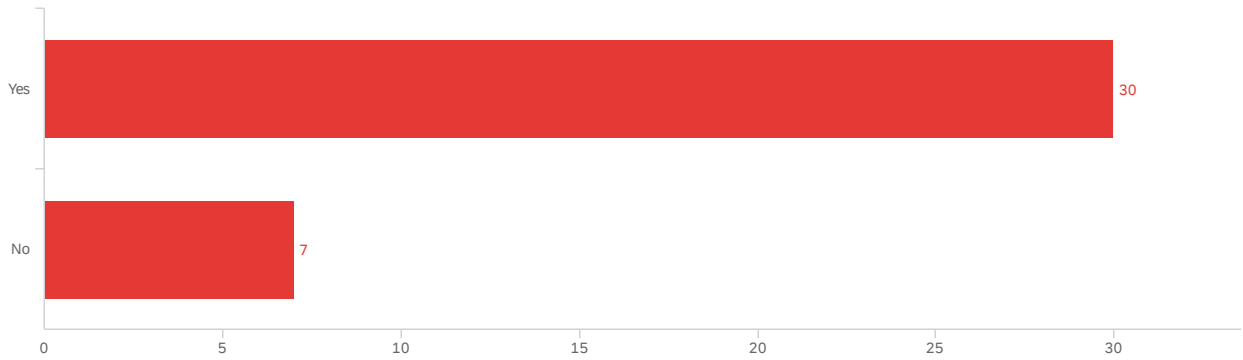
#	Field		Choice Count
1	Yes	81.08%	30
2	No	18.92%	7
			37

Showing rows 1 - 3 of 3

COVID - 10a. Has access to these resources changed during the pandemic (COVID-19)? Please describe:

Don't know.

I think access to these resources are easy for me because I provide them to others in my work. I think there has been an increase in access to these resources during the pandemic. The problem I don't think where to find these resources or how to use them, its a matter of the individuals activation towards wanting to change and those barriers or preconceived notions about mental health that prevent them from acting on it.

Yes, I'm afraid to go to the ER because I know the workers are exhausted and I'd be taking away from the limited room they have and would be more likely to be exposed to covid.

I don't feel like it has changed for me, but I believe it has for others.

If anything, they feel more accessible due to the increase of virtual meetings/appointments.

Not really. I am still able to connect families I work with to the same resources we had before (Washington County Crisis Line, Hawthron Walk-In clinic)--the services might look a little different, but access doesn't seem to be an issue.

More virtual contacts which are not as helpful as in-person

Yes, much harder to access now

I am reluctant to go to medical offices or hospitals. I would wait until the crisis was more acute before seeking this kind of help.

yes, it's much harder to find mental health care because there seems to be a higher demand for it. as someone who has struggled with mental health issues pre-pandemic but didn't have time to seek help until being unemployed during covid, it was very difficult to even find someone qualified to provide me with help.

No, my clinic Mind Matters has been very supportive and flexible in making it work for me.

yes. It is harder to meet face to face.

Less obvious resources in school

I am lucky in that I have supportive friends and family as well as reliable health insurance. It is because of this that I can answer that it hasn't. I have many friends and family members who do not have reliable connection to resources with because the mechanism of contacting these services has changed or their insurance status has.

telehealth is now widely available, no need to worry about transportation.

unknown

Maybe. Less opportunity for 1:1 yet, ZOOM also opens doors.

Yes. Almost no counselors have availability nor do they call you back.

I don't know but I think the crisis line will always help.

yes, more difficult to access in person help

Yes

Yes.

Not to my knowledge.

Yes - I feel that while having direct access to a treatment team is harder and is taking longer to process, the local crisis response team has been made available to everyone, not just those connected with their services.

in general, video counseling was easier than in person. for a while, there was a lot of availability with community mental health, but now everyone is full

Yes. In person services are not provided. Virtual therapy visits can feel impersonal.

Not sure

10b. What would be helpful for you to access community resources when you n...

I need to know what they are. Information doesn't seem readily available and feels highly tied to insurance coverage. There are more wrong doors to knock on for getting help than not.

policies that are trauma informed. immediate access to someone who can respond, listen, encourage, check in about basic needs even sleep, food, housing, etc. identify social connection. help identify soothing or coping strategies. identify reasons to live and get through. reassurance a better life is possible. someone to hold the hope for someone until they can hold it for themselves. follow-up for accountability, check in, signaling care. warm handoff. sometimes its too complex for an individual to think when stress or exhaustion is at an extreme. an advocate who can listen, assist, break things into smaller steps. even reminders to breathe and just get through a moment. all so helpful.

Not accessing them saves lives

Culturally competent services that are inclusive, welcoming, work with people where they are at and on what they identify as important, not having to explain foundational information about identity (whether it's race, ethnicity, sexual orientation, gender identity, class, etc.) *available 24/7 *easy to access with various points of access (for example: telephone, chat/internet, walk in, easy to access geographical location with lots of transportation options available, low cost/no cost, no wrong door mentality, does with the person and is known for that.

having trained providers

Counseling, rehabs, a multitude of resources that are currently lacking

More resources. There are not enough beds or competent emergency department workers that can help someone through a mental / behavioral health crisis. We need to strengthen the workforce we have and then add more to it.

11. What do you think promotes good mental health and prevents suicide...

good social connections, acceptance, ability to make a change/have voice heard

social connections. community activities. understanding unmet needs in the community and ways to address those at the local level. education about values, citizenship, lifelong learning. acceptance of talking about suicide. awareness. resources promoted and communicated with reduced barriers to access. hope for the future. amplify stories of youth success and positive impact including environmental, a source of concern for many. teach entrepreneurship as a possible pathway out of poverty that does not need advanced education or local employers especially for remote rural communities where jobs may be few yet the internet offers more options for remote work. encourage change of scenery, like outdoor field trip, fresh air, grounding, walks, dance, nature time. knowing someone cares. have a way mentors, adults, teachers can identify as willing to talk but also reinforce safety practices like not meeting alone with no one present, but with visibility, expectations for when the young person will return and knowing where and when they plan to meet, a plan if they do not return home as expected, recent photo on hand, etc. general safeguards.for safety.

An affirming and accepting community that celebrates differences, including those related to gender and sexual identity.

Having more natural supports and opening conversations about suicidality and depression. having easy access to a larger community outside of school and places to go outside the home. Someplace casual to show up when everything feels hopeless rather than having to face larger, confusing, systems like therapy and hospitalization.

Caring adults. Safe spaces.

Positive relationships, normalizing wellness as a practice that takes a lot of practice...normalizing 'typical' anxiety and developing a community awareness of anxiety that could need more support than an individuals efforts in their wellness plan and access to the information about how to connect self or a friend/peer/family member to additional support.

Adults who listen vs condemn; keeping communication lines open; asking hard questions; getting good exercise and having supportive friends

Community support, education, free and accessible mental health services, mentorship

I'm unsure

Talking to them not diagnose them build drop in centers and youth support not pill support

having a strong sense of community. having a place within that community. eating well, spending time outside, and exercising. having hobbies that make those rainy days feel like they take up less of the year.

Having a non judge mental approach to how you listen and care for them. Talking to them about your own experience and how you daily manage to maintain your mental health. Too often services are seen as a quick fix or a one and done type of resource. It should be looked at as a health condition that needs ongoing maintenance and check ins to continue on a road to health.

Discussions of mental health, acceptance of the myriad mental health experiences of many, having trusted and safe adults/ mentors to talk to, access to mental health treatment, erasing the taboo and vilification of mental health needs

social connections, job/school/life opportunities available

education, skill building/coping tools/strategies, daily activity- especially outdoor time, connections with peers/friends, safe home environment, access to healthy nutrition

Training. Love QPR. Opens doors in communication with little time investment. During this past year I have found I always can find an hour or two....but maybe not a day for training, although I have completed First Aid mental Health and ASSIST in the past.

Being connected with a caring community of peers, mentors, and adults.

The basic 5 components: enough of sleep, good food and nutrition, plenty of water, exercises and positive emotions. A lot of self care, learning something new, spending time with family, friends, pets, in the nature, etc. Very important to establish a healthy habits and make them part of life. Learn how to change negative thoughts into positive (cognitive thinking) this will save lives because every actions starts from the thought.

Awareness of the problem and step to take to help someone in need

Wiping out racism, poverty, etc. Decreasing/destroying the roots of ACES A society built and meant for every person to live a healthy life and thrive Opportunity: education, employment, community involvement, purpose. Healthy social norms Caring, trustworthy adults from all walks of life to provide support/mentorship/safety for youth and young adults

Crisis line Peer support

community for young people to do things together, parents who are not stressed and less pressure/bullying in school

Access to services. Removing stigma and making conversations about mental health common place and acceptable

Involvement in the community- sports, clubs, health, positive relationships, community support, access to resources

I think teaching kids about self-care, giving them strategies to manage stress and other difficult emotions, and reducing possibilities of trauma in their lives will help prevent suicide but more importantly promote good mental health.

I feel like enough of the right people are interested and trying to find ways to reach out and connect.

connection to others, reducing stigma about suicide and mental health, good systems in schools and medical offices to screen for suicide thoughts.

Peer support groups, education for churches and other faith-based organizations, support from schools

Community, people checking up/in in them, paying attention to loved ones excluding themselves, not enjoying what once they always wanted to do.

NA

I am not sure.

12. Describe any new sources of comfort or encouragement that have bec...

online support groups, learning options outside of schools

safe and strong helpline. youthline. 741741. online peer support groups and activities. alliance lived experience meetings. SLOP. family to family. reach out oregon. peergalaxy.

Meeting with friends virtually even when they are far away and joining more support groups. Staying with new hobbies such as music, reading, pets, plants, games etc.

Virtual therapy appointments and support groups.

My whole community seems so gracious right now. It's like we are all in this together and I find that people are more kind, grateful and weirdly connected than we were before. I hope that continues when in-person school resumes.

All online services

online resources, social activities, and support groups

Get mental health drugs and do out of school

it was nice to see the community actively reminding each other that they care and that they're available for help. wearing a mask to protect others when you might be sick, or even when you know you're not.

I don't have any information related to this

zoom groups, and peer support people that contact me,

The many Covid mental health support call lines.

more feelings of we're all experiencing this together, validation of depressed feelings

ability for virtual visits, a barrier for children is parents transportation, ability to take time off of work for appointments

Would love to see QPR in schools on all levels.

Youth centers that have stayed open have become critical lifelines. I hope schools can learn from them.

There are a lot of new recourses are available online these days. Everyone found what suit best for them. After studying about human behavior I developed a program with stress management techniques different for everyone. I use my techniques and sharing with others to reduce stress and stay healthy and happy. Happy to share with anyone. It would be very useful for youth to learn something new establishing new healthy habits.

use of the Sources of Strength curriculum

A new and more directed focus on behavioral health. A new and more directed focus on at-risk/high risk youth. Being able to access behavioral health services through an online/virtual platform, which translates to less missed appointments and ability to attend appointments even if transportation and other things aren't available. More openness in society around mental health/more conversations about it/more resources put towards it.

access to counselors and peer support through internet and social media

Access to supports have been more accessible with things going online. Transportation issues have become less problematic. However, access to internet may now be taking it's place as a barrier

???

counseling on video platforms, workshops and education on suicide and mental wellness on video platforms.

Ability to do virtual visits for those who desire. Virtual support groups for those who desire.

Not sure

NA

Things have moved virtual which increases accessibility for people. I hope this continues.

13. How do the internet and social media play a role in improving ment...

aids in getting connected to social/support community, allows for some privacy (parents/guardians may not know their young person is accessing support, and that may be protective depending on the situation) -- gives education, empowerment, autonomy if the right resources and communities are found.

positive memes. connecting people. talkshows. podcasts. gaming sites with supports. community event announcements like afsp. stories featuring topics and covering lived experience survivors. statistics sharing boosts knowledge of issues, what works what doesnt work. shares of music, poetry, dance, art, videos can help.

Destigmatizing anxiety and depression and providing access to others who share life experiences.

TikTok and youtube have done wonders for allowing me to see more people who feel the same way as me and role models who have ideas about how to accept yourself and mental illness and improve your life. Finding and connecting with more folks who are having the same struggles and finding ways out and also the internet is just a really great distraction for when everything seems to much- turns our British comedy shows are great!

They play a huge role.

I don't know the answer to this yet. I haven't been able to get there--I see so many adverse affects of social media and internet--maybe things like the Calm app/virtual appointments to improve access to services...

I think they contribute to the problem. bullying increases and kids don't get true feelings from peers or they read about others' struggles and take it upon themselves. Live personal interaction is more needed and real.

Building a sense of community, fighting stigma

opportunities to engage with one another and socialize online, opportunities for education and support

It doesn't really

it can create communities. it can introduce people to new patterns of thought, or habits.

TV shows that depict true stories, instagram posts about suicide awareness and community outreach

zoom groups.

Lots of info on resources and Instagram stories with short blurbs about mental and suicide prevention info. Chatlines such as youth line or online friends/resources/telehealth that make connection easier. Social media provides a platform that allows people to fins someone like them when they thought they were alone.

By allowing access to the wider world and its possibilities. The ability to find a larger supportive peer group who might not be available locally and in person.Allowing access to a large net of education and connection to resources.

It's the primary hub for connecting with others now

access to information, potential groups or texting support

Social media can be an ugly beast when you are an "outsider". Young people, for a variety of reasons, act out in cruel ways. Improvement in mental health and suicide prevention can be facilitated by avenues for education and connection with others.

Feeling like they aren't alone or so isolated.

It doesn't... Looking at the screen all day young people don't do other activities like exercises, not receiving positive emotions by spending time with family, friends and pets, don't sleep enough and in many cases don't eat nutrition meals. Social media provoke bad manners, bad behavior, bad news, separation, etc. Internet is helpful to find resources but decreasing mental and physical health and NOT preventing suicide at all, in fact it is opposite. (there are stories behind this...)

Provides info and resources

Helping normalize mental health concerns. Connecting people. Providing a place where people can actually "see" in real time when someone might be struggling. More ways to access support on behalf of someone struggling. More exposure to mental health education and resources. Ability to join peers that experience mental health issues in a more anonymous and oftentimes accessible way.

more access without having to get/pay for transportation

They can play a part in access to support but can also play a role in SI. Particularly in young people. Bullying on social media is an issue. I have heard young people who call themselves friends in real life treat each other horribly on social media.

I am not sure, I have seen it negatively impact students frequently. I know that there are some positive resources within social media but have not heard of many people I know students or outside of school that access them.

I think there are a lot of great resources for connecting kids to individuals who can help them. Whether this is a hotline or a counseling office or even just a meditation app or something similar, students have more access than ever before to the tools that can help improve their mental health

I believe it can be a positive factor, my child started following a group that shared a ton of positive messaging and they connected with it and were happy to show me.

don't have to commute to counseling. Education and reducing stigma

Provide access to knowledge of resources, provide social outlet (generally, though, I do NOT agree internet and social media play very little positive role in improving mental health.

Lots of cyber bullying happens, it's a place to post all your feelings yet sometimes your peers don't take it seriously

Unfortunately I do not believe that it improves mental health or suicide prevention. The negative outweighs the positive and overall decreases communication

Things can be discussed but they need to be discussed in a safe manner.

14. Do you feel that your voice has been heard and your thoughts aroun...
▼

I am vocal and share our story willingly and openly. I ask for help and support. Most people ask more questions for task what has helped us.

I can't answer - I haven't put my voice out there in regards to this. If my child decides to, I will support them, but I feel that ultimately it's not my story to tell.

I feel I often don't share my thoughts or my voice out of fear of social media backlash, trolls, and adults who've dismissed me as 'just being a typical teen' or 'not bad enough'

I feel my voice has been heard, as I've had the ability to share our story and help produce change in culture and policy, including legislation.

I use my experiences with suicide and mental health crises to inform how I talk with others, volunteer my time, and plan community activities/ events. This is the best way I can think to honor those who I have loved and lost to suicide and to help show loved ones who wrestle with thoughts and ideation to know that I am someone who they can be open with their discussions. My family and therapist acknowledge my experience.

In my own growth and ability to share my voice, yes. I feel like sharing my voice allows others to feel brave enough to share theirs, and I can't think of anything that feels more like my thoughts and voice are heard and honored.

In my personal life yes. In my work life, no.

My experience was largely swept under the rug. Because of my connection to the school where I grew up, it was not possible for me to have a crisis that a small town would hear about and inevitably talk about. This combined with the stigma within my own family made it difficult for me to express my sadness.

My voice can only be heard if I'm brave enough to open up

No, but sometimes the quietest voice wont be heard over everyone else till they are ready to listen.

No. I don't think that people have heard what I need when I voice my own experiences.

No. I have been dismissed, shamed, gaslit, devalued and even made fun of. I have had well meaning providers say damaging things about mental health/suicidality in general and in direct reference to me. I have had providers who have a different value system than mine tell me that the reason that I was experiencing hardship had to do with my values and that if I adopted their values, everything would be better and easier.

Over all yes. My nephew died by completed suicide 1.5 yrs ago and I did not get much support from work or other family because they didn't know or feel comfortable talking about it, unlike when someone's family dies by other means. In my office people send around cards when someone dies but they didn't for this- just a small example of the difference.

Sometimes yes, sometimes no. It's hard to find places where it's safe to be open and honest about my experiences and what they have meant to me.

Years ago, when Linn/Benton County had highest numbers in state in youth suicide, I acted in bold ways and brought the topic up in state level meetings. When I was asked by a state representative what would it take for me to shut up I countered with "how many dead kids does it take for the state to take notice and get behind doing something. Not pretty and I lost most of the social capitol I had up to that point. Didn't care. About a year later the Alliance was born. I stay active on the Alliance and subcommittees.

14. Do you feel that your voice has been heard and your thoughts aroun…

Yes

Yes they have

Yes, but I have had to fight for that respect

Yes, my voice is heard, but my voice is not enough. All of us are enough to make a change, I hope all of us can say out loud how we can make a difference and what we are willing to do. We have to be connected together to be strong and make this shift.

Yes. However, my employment puts me in this position

Yes. I have had the opportunity to speak my story to youth in personal and group settings.

for the most part, i feel my voice is being heard. I do not thing the voice of immigrants from Mexico and central america are being heard.

getting cell phones for OHP recipients and having school finally hear the need to have safe spaces and counselors to teach normal stress reduction

i don't really trust that i'm not going to be locked up in inpatient if i'm totally honest, so i don't think so. i feel like the collective trauma of covid coincided with some of my greater mental traumas, and the timing of the two events made it challenging to have my voice heard.

yes

yes

yes, for the most part.

yes. a good number of people acknowledge that there is a special understanding through lived experience that can be extremely valuable to improve support for all. messaging. outreach. planning. shared decision making. some things persist despite repeat communication at some levels, so it feels like there is a miss at times. last minute delays, reschedules, very short notice. sometimes this happens with legislation, too. waking up to find something different was legislated at the last minute despite prior understandings.

16. What do you think could be done to improve how the state of Oregon...

support local peer support offerings and trainings through peer run organizations. including online support groups, drop in centers, youthline, etc. support transition services from young adult to adult, preparing ahead of time, lining up supports. more training and a standard practice protocol for teachers. always aim to elevate and include voice of youth, young adults and family / natural supports with lived experience for planning, feedback, improvement, etc. consider lead time, school schedules, child care arrangements, and other accessibility factors. stipends and reimbursements can help. promote statewide even national networking on topics of bullying and suicide prevention. grow the infrastructure of responsive school based health centers. a number to leave a message and not hear back from anyone in time at a school district is not good enough. we must do better. targeted timely support for postvention for families as well as classrooms at risk in the aftermath of traumatic events. children should not have to cope with bullets coming through their windows due to drive by shootings, where are the police at with addressing gang like activity. continue successful work in progress such as post hospital discharge care coordination, coalition building, Alliance, partnerships, cross agency coordination, and the rest. .

Implement a more proactive approach for identifying and supporting at-risk youth. We must find and support them rather than relying on them finding us or other support.

Creating an easy to read resource list of ALL the organizations and groups that can be reached out to for ANY mental health concern, and making it clear that you don't have to be immediately at risk to receive services. Making it accessible in schools as well as including mental health as a topic taught in school just as important as health and PE to open the communication pathways and destigmitize talking about depression etc.

More intervention when attempts are made

Normalize, Support, give people vocabulary to help us navigate this as a community (I think Washington County is doing some incredible work around this...more of that!!)

Don't think it is a state problem as much as local families and schools. Neighbors caring about neighbors

More focus on prevention and building up school and community supports

Center the voices of people with lived experience. Create a more youth-driven system of supports.

mental health screenings like physical checkups. more graphic knowledge on the realities of suicide (show em what that body looks, or honestly, smells like after a few days). make them think about that reality.

Promoting help as if suicide were a health crisis. Ongoing empathy and awareness of where people are coming from is a huge part that is missing.

Make the actions being taken more well known. Come into schools and make presentations.

Continuing campaigns to normalize mental health needs and mental health crises support. That is is not something to be ashamed of, that it can be addressed, that someone is not broken or less than because they are having mental health concerns. That there is a wide spectrum of experience of mental health

ERs are not trauma informed. Some higher levels of care reject youth whose suicide attempts weren't lethal enough.

More access to resources, consistent therapists that have the ability to do non traditional therapy- getting outside of the clinical environment, affordability- no co-pays for mental health

Don't ever forget those we have lost. Mandate suicide prevention and intervention education in any field that works with people.

I think the state currently does so little that anything would be helpful. The only way to actually improve it, though, is to address and fix the underlying systematic issues this state does not face head-on; insecure employment, high housing costs, high childcare costs, systematic racism, childhood poverty, inaccessible mental health resources, hunger... All leading to stressed out households, stressed out kids, and the nations highest rates of youth substance use, adult substance use, homelessness, mental illness, ACEs, high school drop out, and domestic violence. Addressing suicide alone won't work--that's a symptom, not a cause, a coping mechanism for a lifetime of stress and trauma.

It's a huge stigma around word "suicide", "mental health", "counseling" ect. I believe we need to start teaching kids at school about behavior health, about emotions, thoughts, how to manage stress load, how to overcome any difficult situations, ect. If we don't teach this at schools then they will never learn and won't be prepared for real life after schools. If we do teach students at schools these basic knowledge about emotions, stress, etc. we will have a much healthier and successful community in the future.

Educate students about the issues-utilize sources of strength curriculum in all schools

Address suicide across the lifespan, not only for youth. Address upstream disparities that lead to suicide (capitalism/poverty, white supremacy and racism, abelism, misogyny, classism, homophobia, transphobia, othering in general).

more mental health promotion in elementary school and more youth peer support and safe spaces in each building. Having trained "short term" mental health counselor who teach CBT or DBT skills and not just "talk therapy"

Involve youth and young adults in the process. Get in the schools and remove the stigma. Make talking about mental health as common as talking about safe sex practices.

I think that Adi's Act is and will help with prevention more efforts in prevention and decreasing stigma would be helpful- a lot of times that means money, but can also just mean emphasis in the community.

I personally don't believe that not talking about suicide is the best way to deal with it. It seems that with everything else knowledge is power and yet with suicide we fear that by talking about it we will encourage others to do it. So many people are affected when a person takes their life and I feel like their personal stories would be very impactful.

I love that Oregon is actively addressing this. I believe the whole picture is so big, it's not going to be fixed with an awesome program and support. I believe it goes back to what we expect of our teens/YAs, what their school experience is and how they are interacted with. Less pity and more resilience building will go a long way I believe.

more insurance blind, bilingual mental health treatment offered on weekends.

Provide access to in-patient facilities that are affordable for middle income families. Force medical insurance providers to cover treatment (especially in and out-patient treatment) at 100% with no maximum day limit.

Having suicide survivors speak at schools, talk independently with kids, etc

Add parents to the education loop, build more peer support programs, encourage youth to interact with this topic.

Increase access to services. Continue to have an option of virtual services and gatherings. Increase conversations for people to talk in a safe place like how youth era has their weekly discord rooms for youth. Train the workforce to be competent. Increase wages for the workforce. Make suicide prevention trainings a requirement. Have suicide prevention be a course taught in K-12 school that is age appropriate. So talking about emotions at a younger age and how to work with people / interact with people. Talk about differences among people, from physical to developmental to mental. Help to normalize these things so people know they can go to someone if they need it.

15. Do you feel that you could get your voice heard in a way that coul...

definitely.

If I felt safe sharing about it then I know I could. I've reached hundreds of thousands of people on tik too but I don't feel putting myself out there to the mercy of trolls is worth the invisible impact I would see by sharing my voice.

maybe

I absolutely believe that and live that in my day to day.

It is a person to person interest and awareness and willingness to be vulnerable with people.

Yes, and I have through legislative advocacy

Unsure.

no

Yes, I have white knuckled my anxiety disorder and suicidal thoughts for 20+ years before I got help and felt safe enough to say my suicidal thoughts out loud.

I don't know.

Yes, because I am apart of the Alliance and YYEA.

Being on the Washington County Suicide and Lonliness Prevention Taskforce is a way that I work towards suicide preventions as well as holding regular suicide prevention trainings, peer-led mental health discussion groups, and one-on-one peer connecting conversations

I think I can make an impact on a one-on-one level

not sure

I am a plain speaker but I have learned some charm school etiquette over the past few years. I am not an expert but I have brought education (QPR) into our treatment system and support our staff in accessing training on the issue.

Yes, I am here to serve to my community and help those in need.

yes. I do this work daily

Yes, but more in a professional way. Coming at it from a personal/peer stance, I see professionals discount, discourage and dismiss me and others, but when I come at it as a professional (without sharing my lived experience), I am taken more seriously, my opinion has more weight.

suicide has been pathologized as mental illness rather than stress and pressure too perform

15. Do you feel that you could get your voice heard in a way that coul...

Yes.

I feel that the best way that my voice will be heard as to share my own personal story and encourage others to make different decisions than I did.

I'm not sure.

yes

Absolutely.

I hope

Yes, but only because of connections and work surrounding the topic

Sometimes. It depends on the situation.

End of Report