



## Equipping physicians and nurses with accurate information about how to identify and support a suicidal patient is one of the most effective ways to prevent suicide.

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Doctors and nurses across the country report being overwhelmed by the number of patients they are seeing with behavioral health issues including suicidality. Many nurses and doctors say they have not received adequate training in suicide assessment, lethal means counseling, and safety planning. Even when patients fill out a very basic assessment, we are hearing from people from around Oregon that doctors and nurses fail to ask them about suicidality or provide guidance on suicide prevention strategies. Unfortunately, due to the under resourced behavioral health



**The Oregon Alliance to Prevent Suicide is a statewide advisory group to the Oregon Health Authority. We are subject matter experts, state leaders, young adults, and suicide attempt and loss survivors from around the state. We work closely with local suicide prevention coalitions across the state. The role of the Alliance is to advise OHA on all matters related to youth and young adult suicide.**

workforce, even when a healthcare provider identifies suicide risk, they often are not able to get a patient an appointment with a therapist. This is why they not only need to know how to recognize suicide warning signs but also have skills to help patients survive, stabilize, and get support through a potential life-threatening suicidal crisis. In fact, healthcare providers themselves are at a heightened risk of suicide and need these skills to support colleagues as well.

During the 2025 long session we hope to introduce legislation requiring that healthcare providers receive training on how to recognize suicide risk and provide life-saving support and referrals to their patients. We believe this also will have a positive impact on medical providers ability to support their own colleagues who may be considering suicide.

### Why This Matters

- More than 60% of people who die by suicide have seen a healthcare professional in the month prior to their death. The National Strategy for Suicide Prevention concludes that equipping physicians and nurses with accurate information about how to identify and support a suicidal patient is one of the most effective ways to prevent suicide.

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<sup>1</sup> National Strategy for Suicide Prevention



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HEALTH PROGRAMS

- Most people who die by suicide had contact with the health care system in the year before their deaths – but only about one-third have received mental health services. This means that primary care and emergency room doctors, nurses and other specialists may be more often positioned to evaluate a person in crisis. (University of Washington)
- The Oregon Health Authority's recently released *Suicide Prevention for Medical and Behavioral Health Providers* (a report initiated with 2017's SB 48), noted that approximately 31% of Oregon Medical board licensees (physicians, physician assistants, acupuncturists) reported taking suicide risk assessment, treatment, or management training from 2019 through 2021. About 39% of nursing licensees said they took suicide prevention coursework. This is a start, but still leaves the majority of healthcare professionals without training in preventing and managing suicide.

#### **Concept Goals: Healthcare Providers with Skills and Confidence to Address Suicide and Save Lives**

- We will plan for state level coordination of suicide prevention training(s) that is relevant to healthcare professionals. This is one step towards creating a healthcare workforce equipped to respond to patients considering suicide. Progress towards this goal will be measured by SB48(2017), which requires a report to be submitted to the legislature. The report, *Suicide Prevention Training for Medical and Behavioral Health Providers Report*, is submitted every two years.
- The legislation will be designed to ensure easy access to a relevant and high-quality training for healthcare professionals, a critical first step in equipping healthcare professionals with the skills to assess, safety plan and most importantly prevent suicide.

**WE ARE SEEKING LEGISLATORS TO WORK WITH US AS WE DEVELOP THE LEGISLATION AND SPONSOR THIS IMPORTANT WORK. WE WILL BE REACHING OUT TO YOU AFTER THE SHORT SESSION ENDS.**

**If you have questions or might be interested in this effort, please contact Annette Marcus - [amarcus@aocmhp.org](mailto:amarcus@aocmhp.org)**

## Listening Session

Goal Date for the Listening Session (?):

### Key Components

- Legislative champions (ideas: Rob Nosse, Rep Travis Nelson RN)
- Champions within medical community (ideas: board members/licensing board members, Christi Nicks/Keny-Guyer?, chiropractors)
- What is the scope of our ask? One ideal and two pragmatic fallbacks.
- Rough draft of the legislation so folks can review it during listening session
- Considerations:
  - In-person vs zoom
  - Date or dates for sessions, number of sessions
  - Outreach to folks outside of our social network, method of outreach
  - Considering usefulness of other related trainings (e.g. pain or overdose trainings)

### Plan

- Intro, they “why,” stats/data
- Framing
  - Who these trainings are for (not just clients, but also colleagues)
  - Would it make sense to focus solely on nurses (vs. medical providers - PA, DO, MD, PCP, PHN’s) since they are the screen/triage
- Participants:
  - Medical boards, society members? Loss survivors, mixed medical professionals

**Next Steps:** Email to John and Jill – time for interviews paid by OHA?

1. Reach out to Forefront – **Stephanie**
2. Reach out to chiropractors professional organization and licensing board. Reach out to either ED or chair of board. We believe there was no bill – so one of the questions is what was the process to get this adopted? **Who: Annette**
3. Meet with Rep. Travis Nelson – his support would be very strategic, he has close relationship with Nurses board. Julie says we might want a multi-prong approach, get nurses on board first? He is in north/northeast Portland (who on the Alliance is in his district?) Get a meeting with Travis Nelson soon after the short session is done. **Who: Annette this week!!**
4. Ten or more individual interviews
  - Get some key names of potential champions from the Zero Suicide Systems – **Who: Julie will send email**

Sarah wonders if there is any benefit to involving schools for pre-service conversation – might it be beneficial. Perhaps include in our focus group(s) from the beginning.

Engage the Nursing Colleges: Lane – Sarah, Suzie: Umpqua College  
<https://oregoncenterfornursing.org/nursing-degrees/#nursingprograms>

Sarah/Julie: Have pool of residents that they've interviewed regarding suicide training

Start with individual Interviews:

## Questions

\*no yes/no questions

- What about suicide prevention trainings do you think are useful, beneficial, or needed?
  - Does knowing 85% of your peers think these trainings are needed change your answer...?
  
- What are the biggest barriers for taking suicide prevention trainings as a medical professional?
  - What might alleviate these barriers?
  - What are the biggest facilitators for taking suicide prevention trainings?
  
- What do you think your role is in suicide prevention? For example, screening, risk assessment, treatment, referral, etc.
  
- Are there some medical professions or groups that are more important to train than others?
  - PAs/MAs?
  
- Would it be better to create policies targeted at organizations or at individuals? (Question: are there examples where there are requirements?) Clarification: this question gets at moving responsibility from individuals to systems.
  - For example, would it be better to require all medical providers to receive trainings as part of license renewals OR would it be better to require organizations to provide SP trainings to employees?
  
- For those who have taken trainings, which trainings felt most relevant and helpful to your work?
  - What are the components or elements of those trainings that were most helpful
  - What about suicide prevention would be helpful or valuable to learn for your work?
  
- How do you think your colleagues would respond if they were required to receive SP trainings, and why?
  - This question may need to be more specific - speculation may not be rigorous or as valuable as more specific questions

- Behavioral workforce made a commitment to this training and it took place legislatively. We are looking for your expertise for how we can build capacity in the healthcare workforce. One of the national ideas is to have a legislative mandate so there is consistent knowledge across the state.
- Was the pain management requirement helpful to you in your work?
- Would it be helpful for you if this requirement could also fit in the ethics requirement? (example of the firearm suicide prevention meeting cultural competency requirement because firearm owners is it's own culture)

<https://zerosuicide.edc.org/sites/default/files/suicidesaferecareguideforprimarycareproviders.pdf>;  
<https://www.aap.org/en/patient-care/blueprint-for-youth-suicide-prevention/>

[https://theactionalliance.org/sites/default/files/action\\_alliance\\_recommended\\_standard\\_care\\_financial.pdf](https://theactionalliance.org/sites/default/files/action_alliance_recommended_standard_care_financial.pdf)

Talking Points: Get clear talking points re current attempts to build the behavioral health workforce.

Response to the dilemma – want the skills, but also are unable to take time to provide support when risk high, system broken. Get clear regarding does asking the question increase their liability?

Profession	Licensing Board
Registered Nurse	Oregon State Board of Nursing
LPN	Oregon State Board of Nursing
CAN	Oregon State Board of Nursing
Nurse Administrator	Oregon State Board of Nursing
Medication Aid	Oregon State Board of Nursing
Certified Registered Nurse Anesthetist	Oregon State Board of Nursing
Clinical Nurse Specialist	Oregon State Board of Nursing
Nurse Practitioner	Oregon State Board of Nursing
Medical Doctors	Oregon Medical Board
Doctors of Osteopathic Medicine	Oregon Medical Board
Dr. Podiatric Medicine	Oregon Medical Board
Physician Assistants	Oregon Medical Board
Acupuncturists	Oregon Medical Board
Chiropractor	
Naturopaths	











