A Path Forward:
Suicide Prevention Training for Oregon Medical Care Providers

January 2025

Oregon Alliance to Prevent Suicide
Hope • Help • Healing

OREGON ALLIANCE TO PREVENT SUICIDE
WORKFORCE SUBCOMMITTEE

Acknowledgments

The role of the Alliance is to advise the Oregon Health Authority on all matters related to youth and young adult suicide. During the Spring of 2024, the Alliance conducted interviews with healthcare professionals in Oregon about suicide prevention training. This report is based in part on those interviews and the Alliance wants to acknowledge the professionals who participated and shared their insights, experiences, and suggestions with us. Thank you for helping us better understand the challenges within the healthcare system and the need for high quality training that is tailored to your profession.

The Alliance also thanks Marielena McWhirter Boisen, Suzie Stadelman, and Sarah Spafford at the University of Oregon, Suicide Prevention Lab and members of the Workforce Subcommittee, for developing the interview tool and the qualitative analysis of the key informant interviews. The analysis contributed to this paper and going forward will be a point of reference for our work.

Thanks to the Workforce Subcommittee members past and present: Don Erickson, Julie Scholz, Stephanie Willard, Tanya Pritt, Meghan Crane, Steve Schneider, Angela Perry, Gordon Clay, Erin Porter, and Lindsay Wills.

Also contributing to this paper Annette Marcus, Jennifer Fraga, and Linda Hockman.

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Executive Summary

The Oregon Alliance to Prevent Suicide has identified equipping medical providers with the skills needed to assess and manage suicide as a high priority to achieve the goal of reducing suicides in Oregon. To achieve this, the Alliance recommends that the Oregon Health Authority increase **statewide coordination** of suicide prevention training for medical care providers. The Alliance also supports OHA's own conclusion in their annual report on training for healthcare providers that suicide prevention training should be **mandated** for the healthcare workforce.

The Alliance is a statewide advisory group to OHA. 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 to center community voice in our suicide prevention efforts. The role of the Alliance is to advise OHA on all matters related to youth and young adult (5 - 24 years) suicide prevention, intervention, and postvention.

The Alliance Workforce Subcommittee advocates for policies and practices to ensure Oregon's workforce who serve children and youth are well equipped with suicide prevention resources and training. The subcommittee also collaborates with advocates across Oregon to increase awareness of suicide prevention within the workplace.

In the spring of 2024, the Alliance conducted interviews with 10 medical care providers in Oregon about suicide prevention training. This paper draws on their insights, experiences, and suggestions, and is also based on research regarding related practice and policy across the US.

Opportunity and Barriers: Provider Need and Resistance

During the interviews we encountered differing views on whether suicide prevention training should be mandated or simply easily accessible. Several interviewees stressed that they see the need for the training and that they believe that the only way to get consistent participation is for either health systems to require the training or for the training to be mandated for licensure. Others felt that medical providers are already overloaded with "meaningless" trainings and emphasized the need for trainings that are short, clearly link to the practice setting and scope of those taking the training and have institutional support such as paid time to attend the training. There was general acknowledgment that suicide prevention training for medical providers would benefit patients and providers (who in the current, stressed healthcare system are also at risk of suicide.) Finally, some practitioners emphasized a general resistance to addressing mental health in physical healthcare settings.

In 2022, the Alliance coordinated with OHA to successfully advance HB2315 through the Oregon legislative process. The bill mandates that licensed and certified behavioral health providers receive suicide assessment and management training prior to re-licensure. Our focus now is to ensure medical care providers, **the people most likely to see someone in the months before a suicide attempt**, are also required to take assessment, management, and treatment training.

"And then within the field of medicine, I think there's another really big barrier, which is that everyone feels annoyed by having to deal with mental health. A lot of people who go into medicine want to diagnose things. And treat them. And it's not to say that they aren't kind people, but they are annoyed by having people in the hospital or in their clinic, who have a really complicated problem that they can't quickly diagnose and treat and manage."

- Psychiatrist, Alliance Interview

This paper offers a strategic pathway of policy and legislative actions that would support a robust system of training. The Alliance encourages OHA to build on current efforts by prioritizing these recommendations. The three components of the strategic pathway area:

1. **Training Tailored to Medical Care Professions** that is relevant, role specific and covers at a minimum the competency areas below. The Alliance recommends that OHA works to reduce barriers to help medical care providers attend and engage in training. OHA should support ongoing education with a resource bank of publication, guides and toolkits, options for training and learning experiences, and OHA produced materials focused on specific areas such as Extreme Risk Protection Orders, warning signs and protective factors, and safe storage of lethal means.

    - Risk factors, protective factors, and warning signs of suicide
    - Risk screening and assessment
    - Safety planning and lethal means counseling including firearm culture
    - Treatment and management
    - Collaboration with community providers for ongoing care
    - Provider safety and well-being

2. **Legislation** that is modeled on HB2315 to mandate training for medical care providers across a wide spectrum of professions. Conduct an evaluation to ensure training is increasing competence and confidence of providers.

3. **Healthcare Systems Change**. While training can equip individual medical care providers with skills and build their confidence to help a patient who is at risk of suicide, we heard a repeated theme about the need for healthcare systems and state policies to actively support training and practice. For example, the Zero Suicide initiative takes a system wide approach, which includes training, to integrate suicide safer practice into healthcare systems. The Alliance looks to the OHA Youth Suicide Prevention, Intervention, and Postvention team to take a leadership role in promoting suicide prevention policies, procedures, and practices that ensure patient and medical provider safety and well-being.

The benefit of this strategic pathway will be increased provider and patient well-being and safety.

Recommendation

OHA sponsor legislation to support state level coordination and fund suicide prevention training that is relevant to medical care professionals.

Recommendation

OHA sponsor legislation to require continuing medical education in suicide assessment, management, and treatment for re-licensure for medical health providers. Evaluate to measure effectiveness of training.

> *". . .this has to be a top-down initiative, it cannot be implemented without leadership support."*
>
> *- Psychiatrist, Alliance Interview*

A Path Forward:
Suicide Prevention Training for Oregon Medical Care Providers

Background

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 to ensure community voice in our suicide prevention efforts. The role of the Alliance is to advise OHA on all matters related to youth and young adult suicide prevention, intervention, and postvention. One focus area is the workforce who care for youth and young adults. Along with youth serving organization, there are also young adults in the workforce who need access to suicide prevention resources. There is general agreement in the national literature that equipping medical providers with the skills to address suicide saves lives. To that end the, Alliance Workforce Subcommittee developed this set of recommendations for suicide prevention training for medical care providers.

Research, Action, Interviews

The Workforce Subcommittee supported passage of legislation HB2315 (2022) requiring suicide prevention training for behavioral health providers, provided subject matter expertise to inform other legislative efforts, and annually monitors the Suicide Prevention Training for Medical and Behavioral Health Providers Report prepared by OHA. The subcommittee also developed and oversees the Small Steps project, an outreach project to employers to provide suicide prevention information in the workplace.

We have scanned national organizations, other states, and professional organizations to learn more about suicide prevention training for the medical care workforce. To get a better understanding of the Oregon context, we interviewed ten key informants who are medical care providers. We found there is general agreement regarding the importance of suicide prevention assessment and management training for medical providers (see sidebar) and the need for systems change to support providers as they put newly learned skills into practice.

Oregon does not currently require most medical providers to take suicide prevention training for relicensure.

People at risk for suicide are often seen in health care settings.

Over 80 percent of those who die by suicide have been seen in a physical health care setting in the prior year.

- Suicide Prevention Training for Medical and Behavioral Health Providers Report 2024

What we found

Doctors and nurses across the country report being overwhelmed by the number of patients they are seeing with behavioral health issues including suicidality. Oregon interviews confirmed that many nurses and doctors say they have not received adequate training in suicide assessment, lethal means counseling, and safety planning. Medical care providers recognize they need to know how to identify suicide warning signs, as well as have the skills to help patients survive, stabilize, and get support through a potential life-threatening suicidal crisis. In fact, medical care providers themselves are at a heightened risk of suicide (see endnote, #6) and these skills could support colleagues as well. Yet, we are hearing from people across Oregon that doctors and nurses fail to ask them about suicidality or provide guidance on suicide prevention strategies even when patients fill out a basic screening.

"National organizations and governments concur training healthcare professionals is a critical suicide prevention strategy for patient safety and provider well-being."

- National Strategy for Suicide Prevention

In fact, there is agreement across federal departments and federally funded organizations, professional organization, and private not-for-profit advocacy groups that suicide prevention training for medical care providers is critical to saving lives.

The Alliance for Safe Oregon, Firearm Suicide Prevention Program, had numerous conversations and formal interviews with Primary Care Providers (PCPs) in rural Oregon. They found that a lack of firearm cultural competency is often the main barrier keeping a PCP from discussing firearm safety with their patients. The PCPs reported they are afraid of saying something wrong that could impact their relationship of trust with their patients who might misperceive their discussion of firearms. Training could address this concern. When a PCP's confident about how to talk about firearms it allows them to speak more authentically about this highly sensitive topic, leading to actionable safety planning and lives saved. Essentially, this is an evidence-based approach to reducing suicides by firearm.

During our review of states, we found a variety of approaches to suicide prevention training for medical care providers. Some states have passed legislation to address this training need. This varies from encouraging suicide prevention training to requiring it. What that means:

Encourage - training isn't required but is recommended, licensing boards may track access, suicide prevention training may meet CEU requirements or may be used in place of other required training. Licensing and/or renewal is not contingent upon completing suicide prevention training.[i]

Selected Professions Only Mandated - such as nurses or EMT's are required to complete training for licensure and/or license renewal; for other healthcare professions, suicide prevention training remains optional. Frequency, duration, and topics vary across states.[ii]

All medical care Providers Mandated - medical care professionals are identified within the legislation and broadly represent the medical care field. The duration, frequency, and topics vary based on professions and by state. [iii]

A broad range of suicide prevention and intervention training options exist, but in Oregon, aside from chiropractors whose board voluntarily mandated completion of a course in suicide prevention for re-licensure, the majority of medical providers never get trained. While over the most recent reporting period 45% of nurses reported they received suicide prevention training. The **Suicide Prevention Training for Medical and Behavioral Health Providers Report 2024** state report does not give us data to determine what percent of physicians are accessing suicide prevention training.

In general, access, availability, and cost are determined by the entity providing training while for continuing medical education (CEU/CME's) licensing boards generally decide if a training qualifies for credit. Training is provided through state sponsored courses and contracted services, national and professional organizations, and private and non-profit agencies. Formats include online training, in-person venues such as conferences, classes, and workshops, webinars presented by experts in the field, and learning communities where providers engage in ongoing opportunities to share experiences and learn from peers.

Taking Suicide Prevention Training

"I would be happy to do it . . . it's something that makes you nervous every single time because this is somebody who is feeling hopeless. . .The more practice I have, the more confident I feel. . ."

- Nurse Educator, Alliance Interview

Most Medical Providers Feel Ill Prepared to Address Suicide Care

"I think one of the barriers [is] that I hear a lot from providers is I don't want to make things worse. 'I don't know, right? Like, I don't know what questions to ask' "

- Psychiatrist, Alliance Interview

Our review focused on key features of suicide prevention training programs offered in Oregon. Highlights of our findings include:

- A series of OHA sponsored trainings known collectively as the "Big River" are available; they range from basic trainings designed for a broad audience including the general public, to a smaller number of advanced trainings largely designed for behavioral health providers and not specific to medical care providers. Advanced evidence-based models, like Collaborative Assessment and Management of Suicidality (CAMS) generally require a full day commitment to attend. Online information is available for state sponsored as well as non-state sponsored training. https://www.oregon.gov/oha/EI/SiteAssets/Pages/Suicide-Prevention-Training/Suicide%20Prevention%20Training.pdf

  The Alliance appreciates OHA's webpage dedicated to the support of healthcare providers. The *Healthcare Provider Mental Health and Crisis Support* webpage offers helplines, ready-to-use tools, webinars, and other resources to support physical and mental health. However, it is unclear if providers are aware of the resources and/or are accessing them. https://www.oregonsuicideprevention.org/professionals/healthcare-provider-mental-health-and-crisis-support-resource-page/

  Some states have addressed provider well-being and safety through suicide prevention training courses and pre-service training programs. In Kentucky, for example, nurse pre-service training programs include a segment on provider well-being and suicide prevention. Once licensed they are required to take suicide prevention training for re-licensure. The pre-service training covers chronic toxic stress and secondary traumatic stress because these factors potentially increase the incidence of suicide amongst nurses; importantly, their plan also includes a **confidential and standardized pathway to care for nurses** that addresses screening, assessing, safety planning, referrals, and follow-up for nurses at risk for suicide. The Alliance recommends that OHA incorporates this type of information into tailored trainings for medical care providers.**Other sources of information on healthcare provider risk of suicide and system support for them can be found through professional organizations. The American Medical Association and the Joint Commission websites have extensive resources related to suicide prevention within the medical care workforce.

- The Zero Suicide sponsored **Counseling on Access to Lethal Means (CALM)**, a 2-hour training available on-demand online. The course is free of charge and is designed to equip participants with skills on how to help someone at risk of suicide create physical safety by reducing access to potential lethal means such as firearms or medication. While it is not specific to medical care providers, it is relevant to safety planning with a patient and their family. Oregon has also developed a 6 hour in depth training called OCALM that expands the training. While the longer training does a more thorough job, the shorter one is more easily accessed by medical providers who often are looking for "bite size" bits of information that can fit more easily into a provider's day. Learning about putting time and space between someone experiencing suicidal thoughts and their access to lethal means reduces the risk of harm and can save lives.

Contributing Factors to Healthcare Provider Risk of Suicide

"Hospital, primary care, and mental health providers, first responders and other professionals experience intense, sometimes stressful situations at work. They work long shifts that keep them from time with loved ones and adequate rest. They may witness or hear about suffering or trauma, which over time takes a toll:
- Oregon Health Authority

"Our nurses really need a lot more support and they're sometimes the ones in crisis even you know, at work, and we don't really have a great system to be able to support them."

- Nurse, Alliance Interview

- **Oregon is implementing Zero Suicide** with federal funding from by the Garret Lee Smith Suicide Prevention Initiative. Zero Suicide is a national model that provides a combination of systemic pathways for suicide safer care along with suicide prevention training for implementation sites. This model is a framework for system-wide health and behavioral health care systems and is based on patient safety, a culture of support for care providers, and organizational leadership commitment and engagement. Information about Oregon's Zero Suicide project and related online resources including training and can be found at https://www.oregonsuicideprevention.org/zero-suicide/training/

  One clear path forward for Oregon would be to rollout Zero Suicide across all large health and behavioral health systems. We recommend that Oregon this option. In Colorado, the legislature[iv] encouraged large health and behavioral health systems in their state to adopt Zero Suicide.

- **The Alliance for a Safe Oregon** is an advocacy organization focused on ending gun tragedies in our communities that is also working towards a goal of better equipping medical providers with information relevant to suicide prevention – that is safe storage of firearms. Based on interviews with primary care providers in rural Oregon counties, the organization recently collaborated with OHSU and Dr. Katie Iossi to develop a risk assessment, firearm secure storage, and safety planning training tailored to rural primary care physicians. Training is generally in person (occasional hybrid sessions) and includes opportunity for discussion and peer interactions.

  The training curriculum is designed to quickly increase the confidence and cultural competence in providers regarding safe storage and includes an overview of firearms and Oregon laws, use of an assessment tool[i], and role playing/conversation strategies with patients. The Alliance for a Safe Oregon recognizes rural communities have limited behavioral/mental health services. As a result, rural primary care physicians often serve as the entry point to behavioral health services, and these providers play a critical role in suicide prevention. Physicians who participated in interviews and these training sessions have shared the importance of a physician feeling confident to screen for risk and having competence to help patients stay safe. www.alliancesafeoregon.org/

- **The Saint Charles Health System** is the largest provider of medical care in Central Oregon. They offer an online training course that addresses firearm safety for those in rural communities – "Addressing Firearm Safety with Patients at Risk of Suicide." This training is designed to recognize key elements of rural culture that impact conversations about firearms; identify communication skills to use when speaking with patients at risk of suicide about firearm safety; create a suicide prevention safety plan specific to firearms; identify skills specific to working with a patient who becomes defensive; identify actions steps when a patient becomes hostile and won't engage with the provider; understanding the contributions to suicide risk; and awareness of emerging trends in suicide risk and prevention. https://stcharleshealthcare.org/news/addressing-firearm-safety-patients-risk-suicide

Recommendations to the Oregon Health Authority

> *"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."*
>
> *- National Strategy for Suicide Prevention*

The Alliance developed this set of policy recommendations to advise Oregon Health Authority on creating a comprehensive suicide prevention training program for medical care professions in Oregon. The centerpiece of this strategic pathway is provider and patient well-being and safety.

Strategic Pathway Components

Training Tailored to Medical Care Professions

- Data and Analysis
- Reduce Training Barriers
- Strong State Coordination Across Agencies

Legislation

- State Level Training Coordination
- Required Suicide Prevention Training and Evaluation

Healthcare Systems Change

- Supporting Suicide Prevention in Healthcare Systems
- State Policy

Training Tailored to Medical Care Professions

The OHA is the primary funder of suicide prevention training in Oregon. In addition to providing state contracted training services, OHA has online information about other training options. **While OHA funded development of a successful training for pediatricians through the Oregon Pediatric Society, what is missing are a range of role specific training's for medical care professionals.** This OPS Project demonstrated the effectiveness of medical care provider role specific training with health system support for implementation. This training provided opportunity for discussion and role play within the in-person training setting and offered consultation to support implementation of newly learned skills after the training.

Training should include culturally responsive approaches, especially around the culture of firearm owners since firearms are used in the majority of suicides in Oregon. Considering the high rates of firearm ownership and high rates of firearm suicide in Oregon, it is key to include a specific competency area around firearm cultural competency. This component would serve to increase knowledge of firearm culture and identity, Oregon law, and secure firearm storage.

The Alliance calls on OHA to identify the specific needs of medical care providers by role, assess how current training could be modified to meet identified needs, and either coordinate bringing training resources to Oregon or fund the development of role specific, easily accessible training.

The American Academy of Pediatrics encourages medical care providers to be aware that suicide is complex, with many different factors contributing to an individual's risk of suicide. "Suicide often does not have one direct cause and youth who attempt or die by suicide often have a mix of risk and protective factors in their life." https://www.aap.org

To support a deeper understanding about suicide and working with at risk patients, at a minimum OHA sponsored training should include trainings tailored to the roles and responsibilities of medical care professions. It was clear from the key informant interviews conducted by the Alliance, that training should incorporate lecture, group/peer discussion, role play, and demonstrations of "how to". People learn in different ways. Combining a variety of teaching modalities with opportunity to practice newly learned skills, will facilitate the learning process.

> *"One of the barriers that I hear a lot from providers is 'I don't want to make things worse'."*
>
> *- Psychiatrist, Alliance Interview*

Recommendation

Assess current suicide prevention training content to determine if offerings are sufficiently tailored to specific medical care professions. Adjust current curriculum and/or identify new curriculum relevant to medical care providers that covers at a minimum these competency areas:

- Risk factors, protective factors, and warning signs of youth suicide
- Risk screening and assessment
- Safety planning, lethal means counseling, and firearm culture
- Treatment and management
- Collaboration with community providers for ongoing care
- Provider safety and well-being

Data and Analysis

The Suicide Prevention Training for Medical and Behavioral Health Providers Report 2024[v] provides information about the number of behavioral health and medical care licensees taking a suicide prevention course or training. Licensing boards collect this data for those workforces named in SB48 (2017) and are required to submit the data to OHA for a report to the legislature. The OHA is also required to maintain a list of course options for licensees regarding suicide prevention.

The Alliance Workforce Subcommittee believes a more detailed analysis of the data is needed to better understand which specific professions, such as general practitioners, pediatricians, emergency room (ER) staff and trauma physicians, registered nurses (RNs), nurse practitioners to name a few, are accessing training. A more detailed analysis would also provide information about training topics and formats accessed more frequently and by which medical care profession. Developing more comprehensive data and analysis informs efforts to tailor training to specific healthcare professions that is relevant, helpful to provider's role, and develops needed skills or knowledge.

The Workforce Subcommittee asks OHA to coordinate with licensing boards to develop a plan with timelines, and milestones on gathering the additional data and completing an analysis. A plan is requested from OHA by September 2025 and quarterly progress reports beginning December 2025.

Recommendation

Coordinate with licensing boards to gather and analyze additional data on medical care providers accessing suicide prevention training.

Reduce Barriers to Training

The Alliance asks OHA to implement strategies that reduce barriers and help healthcare providers attend and engage in training and learning experiences that are accessible and affordable. The Alliance encourages OHA to support ongoing education with a resource bank of publications, guides and toolkits, virtual learning experiences, and peer learning communities.

In our interviews, providers were divided on whether these trainings should be mandated yet there was agreement that more training in suicide prevention and management was needed.

Barriers identified by key informants include:

Financial burden for individual practitioners required to obtain training outside of the workplace; for healthcare organizations to implement suicide safer practices and training.

Providers face severe time constraints. Providers prioritize medically focused mandated trainings such as new IV insertion techniques and may see suicide prevention training as less directly related to their scope and role.

Relevancy of trainings/accessibility of content (is it doctor-specific? ER-specific?), trainings are burdensome (clicking through screens for hours) and are not meaningful.

No translation from training to real-world settings (role-play, practice, on-site supervision, and support by other trained staff); difficult to balance the accessibility of doing trainings online with the quality/practice of having in-person role-play and opportunities to ask questions.

Fear of making things worse if they get trained to ask questions but still don't know what to do with the answers.

No supports for trained individuals - especially when many medical professionals have lost coworkers to suicide.

> *"We want to give [providers} what they can practically do... How does that training translate into healthcare system policy, which translates into actionable steps, so providers can then engage in this important work?"*
>
> *- Psychologist, Alliance Interview*

Recommendation

Identify strategies that help medical care providers access, attend, and engage with training for suicide prevention. Incorporate identified strategies into coordination of statewide training and measure effectiveness.

Recommendation

Provide an array of training options and learning experiences that are accessible and affordable. Support ongoing education with a resource bank of publications, guides and toolkits, and virtual learning experiences.

Strong State Coordination Across Agencies and Licensing Boards

The OHA is the primary funding source of suicide prevention training in Oregon. They provide suicide prevention training information online that includes both state contracted services and training options outside of their offerings. The OHA needs to identify specific medical care provider training needs and coordinate training resources to bring to Oregon if training doesn't exist. If role specific training does not exist or is not available, OHA should fund development of medical care provider specific training. The Alliance recognizes this will require coordination across OHA units and licensing boards. The OHA Suicide Prevention Intervention and Postvention team (SPIP), which is an interagency leadership group should assign one of its members to liaison with the licensing boards to facilitate coordination and encourage the boards to voluntarily require suicide prevention training. If the boards do not move from recommending to requiring training on suicide prevention, OHA should advocate for legislation to do so. The OHA is positioned to provide leadership in advocating that licensing boards become partners in problem solving rather than using administrative burden as a reason to oppose mandates to suicide prevention training.

Without dedicated state level coordination, the training landscape for medical care providers will remain fragmented and incomplete. Given the national consensus regarding the critical need to train and support medical care providers, especially primary care providers (PCPs), Oregon should dedicate state dollars to this coordination. To achieve this, OHA will need to include this as a priority in their Policy Options Packages (POP) and OHA government relations will need to prioritize this as a high need. In the absence of such efforts, the suicide prevention community should explore introducing legislation both to support coordination and dedicated funding for role specific training for medical care providers.

Recommendation

Collaborate across OHA departments, state agencies, and licensing boards to mandate suicide assessment, treatment, and management training for medical care providers.

Recommendation

Sponsor legislation to support state level coordination and fund suicide prevention training that is relevant to medical care professionals.

Legislation

"A well-trained workforce is a vital part of Oregon's suicide prevention strategy. Legislation and policies that require suicide prevention training are a very effective way to increase the amount of training providers receive."

- Suicide Prevention Training for Medical and Behavioral Health Providers, Data Report to the Legislature 2024

Required Suicide Prevention Training

The Alliance concurs with the recommendations the Oregon Health Authority put forward in its Suicide Prevention Training for Medical and Behavioral Health Providers, 2024: Data Report to the Legislature. OHA continues to recommend:

- A legislative mandate that requires medical training in suicide prevention training, all types of health providers could play a key role in saving lives.

Evaluation

OHA also continues to recommend:

- A more robust evaluation process is needed to determine which training results in increased levels of competence in the healthcare workforce.

Recommendation

Sponsor legislation to require continuing medical education in suicide assessment, management, and treatment for re-licensure for medical health providers. Evaluate to measure effectiveness of training.

Easy Access is Key

"I think it would be. . .helpful to have. . .more accessible resources at the hospital level."

- Nurse, RN, Alliance Interview

"If [providers] felt like training was protected time, it was free…I think people would be much more ok with it [getting training]."

- Psychiatrist, Alliance Interview

Healthcare Systems Change

Supporting Suicide Prevention in Healthcare Systems

Relevant and high-quality training is essential to suicide prevention within the healthcare system. While training can equip healthcare providers with skills and build their confidence to help a patient at risk of suicide, it is also essential that healthcare systems and state policies support their efforts. For example, the Zero Suicide initiative takes a system wide approach, which includes training, to integrate suicide safer practice into healthcare systems.

The Alliance looks to the OHA Suicide Prevention, Intervention, and Postvention team to take a leadership role in promoting suicide prevention strategies within healthcare systems as they are with Zero Suicide. Zero Suicide includes engagement with health system leadership to implement policies, practices, and training to ensure patient and provider safety and well-being within healthcare and behavioral healthcare settings.

Recommendation

Promote organizational policies, procedures, and best practices to support suicide prevention within healthcare settings that ensure patients and medical provider safety and well-being.

The Need for Guidelines and Systems Support

"We have put together . . . guidelines for care, suicide care, and prevention and screening for adolescents... guidelines are one thing, implementation and policy is another... We do have a wonderful support top-down leadership where there is now tools in EPIC that will auto-assign the PHQ-9, positive scores will automatically cascade to the Columbia [rating scale]."

- Psychologist, Alliance Interview

State Policy

Policy helps set the standard, policy ensures everyone is doing the same thing (standardize). Education alone doesn't necessarily lead to a change in practice, policy, or procedure.

- a reoccurring theme, Alliance Interviews

As indicated earlier in this paper, one path forward is to expand Oregon's rollout of Zero Suicide across large health and behavioral health systems. The Zero Suicide framework is in place and tested with healthcare organizations in the state and is showing progress in large systems as well as rural sites. In contrast to individual one-off training independent of system supports, Zero Suicide embeds the training within a context of the healthcare system which facilitates providers applying the skills in their practice.

Zero Suicide operationalizes the core components necessary for health care systems to transform suicide care. Training is one key component of Zero Suicide implementation:

Lead system-wide culture change committed to reducing suicides

Train a competent, confident, and caring workforce

Identify patients with suicide risk via comprehensive screenings

Engage all individuals at-risk of suicide using a suicide care management plan

Treat suicidal thoughts and behaviors using evidence-based treatments

Transition individuals through care with warm hand-offs and supportive contacts

Improve policies and procedures through continuous quality improvement

Recommendation

Expand rollout of Zero Suicide to all large healthcare and behavioral health care systems in Oregon.

Conclusion

Many of these policy recommendations will require coordination efforts within OHA and between state agencies. It is critical that suicide prevention training is relevant by role and easily accessible to medical care providers across Oregon. The Alliance believes the policy shifts we are presenting are within reach and will continue to need active leadership and guidance from OHA staff.

The Alliance recommends pursuing legislative action to support new training mandates and funding for coordination of training relevant to medical care provider. The Alliance encourages OHA to move forward now on the legislative recommendations to prepare for the 2027 legislative session. The Alliance is eager to support OHA Government Relations in making the case for this important legislation.

We look forward to OHA's response to our policy and legislative recommendations.

Endnotes

[i] Example of state encourage/recommend training for medical care providers. Oregon: ORS § 676.860. Requires boards who license medical care providers to collect and report data related to completion of continuing education regarding suicide assessment, treatment, and management. Training remains recommended not required as of December 2024.

[ii] Example of a state that mandates training for selected medical professions: Connecticut:

Registered nurses and licensed practical nurses actively practicing in Connecticut and applying for license renewal after January 1, 2022, and once every six years thereafter, are required to complete two contact hours of training or education on (1) screening for conditions such as post-traumatic stress disorder, risk of suicide, depression and grief, and (2) suicide prevention training. One contact hour is defined as at least 50 minutes of instruction.
https://www.cga.ct.gov/2021/act/pa/pdf/2021PA-00046-R00SB-00002-PA.pdf

[iii] Example of states that mandate suicide prevention training, all providers (Nevada, Washington)

Nevada initial legislation recommended medical care providers take suicide prevention training; the state amended (AB105 2017)
https://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB93_EN.pdf to require suicide prevention training; see full text https://www.leg.state.nv.us/Session/79th2017/Bills/AB/AB105_EN.pdf

Washington has 11 Washington state laws supporting suicide prevention through a range of approaches: establishing and refining training requirements for health care providers, reducing access to items like medications and firearms.

[iv] Colorado, Zero Suicide future goal.
https://cdpsdocs.state.co.us/safeschools/Legislation/2016/sb-147.pdf

[v] Suicide Prevention Training for Medical and Behavioral Health Providers Report to the Legislature 2024
https://www.oregon.gov/oha/ERD/SiteAssets/Pages/Government-Relations/200-354350%20Suicide%20Prevention%20Workforce%20Training%20Report%20v6_2024.pdf

Additional Sources

1. The American Hospital Association (AHA) on Sept. 27, 2024, released a Suicide Prevention Guide in Action webpage, featuring successful strategies from hospitals and health systems that participated in its recent suicide prevention learning collaborative with the Centers for Disease Control and Prevention. The guide includes strategies to reduce the stigma associated with seeking treatment; improve access to behavioral health resources; and mitigate the effects of job-related stressors.
   Guide and related infographic.
   https://www.aha.org/suicideprevention/health-care-workforce/guide-in-action
   https://www.aha.org/system/files/media/file/2023/09/suicide-prevention-collab-infographic.pdf

2. The Joint Commission – Information on policy/procedures and resources re: healthcare organizations and suicide prevention. A new study, funded by Pew Charitable Trusts, in The Joint Commission Journal on Quality and Patient Safety (JQPS), evaluated the prevalence of four suicide prevention activities following hospital discharge among Joint Commission-accredited hospitals. The site also provides information on training and resource.
   Study Evaluates Prevalence of Four Recommended Practices for Suicide Prevention Following Hospital Discharge

3. The American Medical Association: Preventing Physician Suicide
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