Oregon Alliance to Prevent Suicide
Hope • Help • Healing

Presentation Guidelines

September 2023

Preface

Who We Are

The Oregon Alliance to Prevent Suicide (Alliance) is a statewide advocacy and advisory group in Oregon working to prevent youth suicide and strengthen suicide intervention and postvention services. It was established in 2016 when the Youth Suicide Intervention and Prevention Plan (YSIPP) was submitted to the legislature by the Oregon Health Authority (OHA). The Alliance is charged with advising OHA on statewide youth suicide prevention and intervention policy and implementation of the YSIPP. Members are appointed by OHA and include leaders from the public and private sectors, legislators, subject matter experts, suicide attempt and loss survivors, and young people from across the state of Oregon.

Our Mission

The Alliance advocates and works to inform and strengthen Oregon's suicide prevention, intervention and postvention policies, services and supports to prevent youth and youth adults from dying by suicide.

Our Vision

In Oregon all young people have hope, feel safe asking for help, can find access to the right help at the right time to prevent suicide, and live in communities that foster healing, connection and wellness.

Equity Statement

To achieve our vision, we acknowledge the impact of white supremacy, institutionalized racism, and all forms of oppression. The Alliance endeavors to make Oregon a place where suicide reduction and prevention is achieved for people of all ages, races, ethnicities, abilities, gender identities, sexual orientations, socioeconomic status, nationalities and geographic locations.

What We Do

The Alliance

- Spreads Hope by partnering with other organizations to shade messages of hope and resiliency and build the capacity of community members to provide hope through a variety of evidence-based trainings such as Mental Health First Aid and CONNECT.
- Advocates for a future where people can find the right Help at the right time by helping to pass legislation such as Adi's Act (SB52) which requires Oregon schools to have suicide prevention plans in place to ensure help is available.
- Helps communities foster Healing by supporting effective postvention services and supports and through positive mental health promotion.
- To promote hope, help and healing, the Alliance connects the field by promoting collaboration among Regional Suicide Prevention Coalitions, community organizations and state agencies to reduce youth suicide.

Hope
Promote a sense of hope and highlight resilience.

Help
Make it safe to ask for help and ensuring that the right help is available at the right time.

Healing
Work with individuals and communities in the healing process after an attempt or suicide.

Introduction

Thank you for speaking to the Alliance and taking time with us to share your area of interest related to suicide prevention. Guest presentations like yours inform our advocacy and policy work as well as deepen our understanding of suicide prevention, intervention, and postvention. We welcome speakers to help us better understand the complexities of suicide and promote best practices in our prevention work.

This guide provides information on developing and delivering a presentation for the Alliance. Our goal is to ensure a positive experience for both you and our attendees. Please be aware many attendees will have lived experience and/or may represent a community at higher risk of suicide. At the opening of our convenings we remind attendees about self-care, such as moving around to be comfortable (i.e., standing, walking, stretching), taking a break if needed, having a snack or beverage handy, or leaving the meeting if necessary. The Alliance also has staff available to talk with someone who may be having a difficult time. We welcome your participation and ask that you contribute in ways that honor our efforts to maintain a safe space.

The Alliance staff is available to answer questions, offer resource information, and review data you may be interested in including in your talk.

Alliance Group Agreements

Alliance members and affiliates developed the group agreements below and they are included in this guide to provide information about how we communicate when we get together and how we create a safe space. These agreements grew out of our equity commitment and understanding that our organization is part of the larger world and that racism and oppression do exist. We use our forum to interrupt racism and oppression which we believe ultimately contributes to suicide prevention.

- We value being a community of care. Reach in and reach out.
- Be in the growth zone. All Teach and All Learn.
- Challenge oppression and racism.
- Intent does not always equal impact.
- Replace judgment with wonder.
- Be aware of how much you are speaking.
- Create space for others.
- Check for understanding.
- Speak your truth and be aware of the ways you hold privilege.
- Strive for suicide-safer messaging and language

Guidelines for Presentation Content

The “first do no harm” most often relates to the physical and behavioral health fields. We at the Alliance believe this approach also applies to our settings. Suicide and suicide prevention are sensitive subjects and can be very personal. As mentioned earlier, many attendees will have lived experience and/or may represent a community at higher risk of suicide. Our “do no harm” approach means honoring privacy and respecting that some individuals may find it difficult to cope with suicide and suicide prevention information.

We at the Alliance follow the *Action Alliance* “Framework for Successful Messaging” when messaging the public and promote these practices with the press and other media. It is a research-based resource that outlines four critical issues to consider when messaging to the public about suicide. The four areas are:

Strategy – involves planning and focusing messages so they are as effective as possible.

Positive Narrative – means ensuring that the collective voice of the field is "promoting the positive" in the forms of actions, solutions, successes, or resources.

Guidelines – means using any specific guidance or best practices that apply.

Safety – is avoiding content that is unsafe or undermines prevention.

The **positive narrative** and **safety** components have application for presentations at Alliance convenings. Please keep in mind the following as you develop and deliver your presentation.

A positive narrative increases "promoting the positive" about suicide prevention and promotes hope, connectedness, social support, resilience, treatment, and recovery. The focus includes that:

- there are actions that people can take to help prevent suicide
- prevention works
- resilience and recovery are possible
- effective programs and services exist, and
- help is available

The safety component focuses on avoiding potentially harmful content. Certain types of messages about suicide can increase the likelihood that at-risk individuals will consider or attempt suicide themselves. Examples of unsafe content include portraying suicide as a common or acceptable response to adversity or presenting simplistic explanations for suicide. It is rarely necessary to specifically describe how someone attempted or died by suicide and such descriptions can be harmful to people who are feeling vulnerable or who have experienced a similar loss.

Content can also cause harm by undermining prevention and by being counterproductive to prevention goals. For example, communications may unintentionally convey negative stereotypes about people with mental illnesses or reinforce stigma rather than countering it. Avoiding messages that interfere with prevention goals is also part of messaging safely. The *Action Alliance* published "Messaging Don'ts: Practices to Avoid in Public Communications", it is attached and provides examples for safe messaging (Attachment 1).

For more information about the framework see https://suicidepreventionmessaging.org/

The attached summary of risk factors, warning signs and protective factors is a useful reference. For more information see AFSP at https://afsp.org/risk-factors-and-warning-signs and CDC for information on protective factors https://www.cdc.gov/suicide/factors/index.html (Attachment 2)

The Alliance intentionally does not use the **"Myth"** and "**Truth"** format as many people remember the "Myth" as the truth.

Data Use

Data Sources

In Oregon, there are several resources that can be of assistance when gathering information about suicide prevention, intervention and postvention. Statewide resources for Oregon residents are:

- The Oregon Alliance to Prevention Suicide https://oregonalliancetopreventsuicide.org/

- Lines for Life https://www.linesforlife.org
- American Foundation for Suicide Prevention (AFSP) https://afsp.org/chapter/oregon
- Oregon Health Authority https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/Youth-Suicide-Prevention.aspx and https://visual-data.dhsoha.state.or.us/t/OHA/views/ORVDRS/Suicide?%3Aembed=y&%3AisGuestRedirectFromVizportal=y

At the county and community level, local coalitions or suicide prevention coordinators are valuable resources for information about suicide prevention, intervention and postvention. To connect with a local coalition or suicide prevention coordinator check the Alliance website https://oregonalliancetopreventsuicide.org/regional-suicide-prevention-coalitions/ for contact information.

Recommendations for Using Data

As a standard rule, a presentation should include citations and sources for data. Please make clear whether you are sharing the researcher's conclusions or if the conclusions are drawn from your review of the data. **Whenever possible, include data that indicates differences in demographics particularly in gender, race, and sexual orientation.**

Data Limitations

Just like other fields, there are a variety of reasons data related to suicide and suicide prevention may not reflect the full picture. The Alliance encourages presenters to acknowledge any limitations related to the data being quoted and how the limitations influence generalizing the findings or how the data is interpreted. For example, data limitations might include a limited sample size, findings maybe preliminary, data may be based on self-reporting or antidotal information, or there may be design flaws in a study. In the field of research, there are two key and common understandings about data limitations: 1) having limitations doesn't mean the data isn't important or useful and 2) it is important to be clear about data limitations to safe guard against drawing conclusions that may be inaccurate or may be misinterpreted.

Presentation Process and Materials

PowerPoint

The Alliance staff is available to assist with PowerPoint slides during your presentation. If possible, please submit your slides one week prior your presentation to Alliance staff. Your slides will be included in the meeting materials packet and posted on the Alliance website with the meeting minutes.

Links

The Alliance meeting minutes will summarize your presentation and provide links to sources you have quoted during your presentation. It is helpful if your slide presentation includes citations and links to key sources and/or resources you may be sharing with attendees.

Panel Presentations and Activities

If your presentation includes an activity or small group breakout, please be sure it is well-planned and safe guards the well-being of attendees. For example, a break-out activity that aims to generate discussion could focus on potential solutions to a particular area of concern such as community resources or a brainstorm of prevention options rather than using a self-disclosure process that may leave a participant feeling vulnerable. Our goal is for attendees to have a positive and worthwhile learning experience. Please review any proposed activities and/or small group break out with the Alliance staff before your presentation.

If your presentation includes a panel component or you are a member of a panel, please consider getting together with members of the panel prior to the presentation to determine sequence of speakers, supporting tools such as PowerPoint slides, and content. The Alliance staff is available to work with a panel and individual members on their presentations.

Q & A

Alliance staff will check in with you on your preference on how to handle questions from the audience. For example, some speakers prefer attendees hold their questions until the end of the presentation. Other speakers are comfortable fielding questions during their presentation. Attendees will also have the option to submit questions via the online chat feature. Alliance staff will monitor the chat and collect questions for you. Before you begin your presentation, Alliance staff will inform the audience of the Q & A process you have identified as your preference.

Meeting Records

The full Alliance meets on a quarterly basis and these convenings are recorded/posted on YouTube. To be sure our audience is aware the meeting is being recorded, attendees are reminded the beginning of the meeting that it is being recorded. Meeting minutes and materials (including PowerPoint presentations) are posted on the Alliance website after the convening.

Our committee and advisory group meetings, however, are rarely recorded unless there is a specific reason. For example, if a member of the committee has asked to have the meeting recorded due to being absent. Like our quarterly meetings, minutes and materials from committee meetings are posted on the Alliance website.

Conclusion

We recognize the time and energy you have taken to develop and deliver a presentation for us, thank you. We value this opportunity to learn from you, please continue to join us in our statewide suicide prevention advocacy and policy efforts.

Safety

Messaging "Don'ts"

Practices to Avoid in Public Communications

The following are practices to avoid because they can be (1) **Unsafe**, by increasing risk for vulnerable individuals; or (2) **Unhelpful**, by reinforcing problematic norms, conveying negative stereotypes or otherwise undermining prevention.

Don't show or describe suicide methods or locations.

Pictures or detailed descriptions of how or where a person died by suicide can encourage imitation or serve as a "how-to" guide.

Don't include personal details of people who have died by suicide.

Vulnerable individuals may identify with the personal or situational details of someone who died by suicide, encouraging them to end their own lives.

Don't glorify or romanticize suicide.

Portraying suicide as a heroic, romantic, or honorable act may encourage vulnerable people to view it more positively or lead them to desire the positive attention garnered by someone who has died by suicide.

Don't portray suicidal behavior as more common than it is or as a typical way of coping with adversity.

While we don't want to minimize the magnitude of the suicide problem, we also don't want to imply that suicidal behavior is **what most people do** in a given circumstance. The vast majority of people who face adversity, mental illness, and other challenges—even those in high risk groups—do not die by suicide, but instead find support, treatment, or other ways to cope.

Don't use data or language that suggests suicide is inevitable or unsolvable.

Describing suicide as an "epidemic," using terms like "bullycide," or providing extensive statistics about suicide without solutions or action steps are examples of messaging that can make suicide seem too overwhelming to address. These practices may also contribute to an overall negative narrative about suicide by implying that nothing can be done about it.

Don't oversimplify causes.

Suicides result from a complex interplay of factors. Therefore:

- **Avoid attributing suicide to a single cause or circumstance** (e.g., job loss, break-up, bullying, high stress, or being a military veteran, gay youth, or Native American). Presenting suicide as an understandable or inevitable response to a difficult situation or membership in a group can create a harmful "social script" that discourages other ways of coping.
- **Avoid portraying suicide as having NO cause.** Describing suicidal behavior as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the person who died and convey that suicide can't be prevented. It's also a missed opportunity to educate the public about warning signs and how to respond to them.

Don't reinforce negative stereotypes, myths, or stigma related to mental illnesses or suicidal persons.

This may shift beliefs, attitudes, and behaviors in the wrong direction.
Examples:

- Messages linking particular groups with high rates of suicide or mental illness, especially without examples of effective interventions or stories of recovery, may inadvertently increase negative beliefs or discriminatory behaviors towards that group.
- Messaging themes such as “breaking the stigma of mental illness” or other language that reiterates the extent to which stigma is a problem may serve to reinforce stigma, rather than countering it.
- Adjectives like “successful” suicide, “unsuccessful” suicide,” and “failed attempt” inappropriately define a suicide death as a success and a nonfatal attempt as a failure. Terms such as “committed suicide” (associated with crimes), can reinforce stigmatizing attitudes about people who die by suicide.

Source:
https://www.suicidepreventionmessaging.org/action-alliance-framework-successful-messaging

Warning Signs, Risk and Protective Factors for Suicide

The following information has been adapted from American Foundation for Suicide Prevention (AFSP) and the Centers for Disease Control (CDC). For more information see AFSP at https://afsp.org/risk-factors-and-warning-signs and CDC for information on protective factors https://www.cdc.gov/suicide/factors/index.html

There's no single cause for suicide. Suicide most often occurs when stressors and health issues converge to create an experience of hopelessness and despair. Depression is the most common condition associated with suicide, and it is often undiagnosed or untreated. Conditions like depression, anxiety, and substance problems, especially when unaddressed, increase risk for suicide. Yet it's important to note that most people who actively manage their mental health conditions go on to engage in life.

Suicide Risk Factors are characteristics or conditions that increase the chance a person may try to take their life.

Risk Factor – Health

- Mental Health Conditions
  - Depression
  - Substance use problems
  - Bipolar disorder
  - Schizophrenia
  - Personality traits of aggression, mood changes and poor relationships
  - Conduct disorder
  - Anxiety disorders
- Serious Physical Health Conditions Including Pain
- Traumatic Brain Injury

Risk Factor – Environmental

- Access to lethal means including firearms and drugs
- Prolonged stress, such as harassment, bullying, relationship problems or unemployment
- Stressful life events, like rejection, divorce, financial crisis, other life transitions or loss
- Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide

Risk Factor – Historical

- Previous suicide attempts
- Family history of suicide
- Childhood abuse, neglect or trauma

Suicide Warning are things to look out for when concerned a person may be suicidal. A change in behavior or the presence of entirely new behaviors is of sharpest concern particularly if the new or changed behavior is related to a painful event, loss, or change. Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.

Warning Sign – Talk: If a person talks about:

- Killing themselves

- Feeling hopeless
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain

Warning Sign – Behavior: Behaviors that may signal risk, especially if related to a painful event, loss or change:

- Increased use of alcohol or drugs
- Looking for a way to end their lives, such as searching online for methods
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression
- Fatigue

Warning Signs – Mood: People who are considering suicide often display one or more of the following moods:

- Depression
- Anxiety
- Loss of interest
- Irritability
- Humiliation/Shame
- Agitation/Anger
- Relief/Sudden Improvement

Protective Factors for Suicide

The CDC is the source for the following https://www.cdc.gov/suicide/factors/index.html

Protective factors buffer individuals from suicidal thoughts and behavior. To date, protective factors have not been studied as extensively or rigorously as risk factors. Identifying and understanding protective factors are, however, equally as important as researching risk factors. Protective factors are:

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help-seeking
- Family and community support (connectedness)
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation