

>> Suicide-related training for medical and behavioral health providers

Data report to the Legislature



Oregon
Health
Authority

PUBLIC HEALTH DIVISION

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Executive summary

Suicide is one of Oregon's most persistent, yet largely preventable public health problems. The rate of suicide in Oregon has increased annually since 2011. In 2018, there were 844 suicides in Oregon. Oregon also had the 11th highest youth suicide rate in the country that year. Oregon's age-adjusted rate of suicide deaths is 19.02 per 100,000 people, while the national rate is 14.21. **Suicide is now the leading cause of death for Oregonians ages 10-24.** (1)

In 2019, 18% of 11th graders and 20% of 8th graders reported seriously considering suicide in the past 12 months. (2) The percentage of students that have seriously considered suicide has risen every year since 2015.

People do not always seek professional help from behavioral health providers who:

- Experience suicidal thoughts
- Intend to harm themselves, and
- Have suicidal actions.

For example, health care organizations have a unique opportunity to help prevent suicide. People at risk of suicide are often seen in health care settings. In a study about large health systems, over 80% of those who died by suicide had been seen by a professional in the prior year. Most did not have a mental health diagnosis. Almost 40% of those who died by suicide had an emergency department visit without a mental health diagnosis (3).

The Oregon Health Authority (OHA) uses a multilayered approach to address suicide across the lifespan. Key components to an effective suicide prevention strategy:

- Equip a broad workforce to recognize signs of suicide

Oregon's medical and behavioral health professionals generally do not receive training in suicide assessment, treatment and management in their advanced degree programs. Thus, these professionals need continuing education (CE) to ensure care to the public focuses on suicide safety. In 2017, as part of this effort, OHA proposed a bill to require physical and behavioral health professionals to take continuing education in suicide assessment, treatment and management. Workforce development is a major initiative of the Oregon Alliance to Prevent Suicide (the Alliance). Members of the Alliance testified in favor of the bill. However, the final bill made continuing education optional. The bill instructs OHA to report on results in September of each even-numbered year.

- Know where to refer a person at-risk for suicide, and
- Ensure behavioral and physical health providers feel confident and competent to treat suicidality with best practices.

The following report details the history of Senate Bill (SB) 48 (2017). It also details data from licensing boards self-reported continuing education for suicide prevention data from licensing boards. Data are shown by licensing board and by county. This information was mostly unavailable for the September 2018 report, which only had data from medical doctors and naturopathic physicians.

OHA continues to recommend a legislative mandate requiring CE and continuing medical education in suicide prevention best practices for re-licensure. Currently, this is optional. Many other states have these requirements in law. With these requirements, all types of providers could play a key role to save lives.

Introduction

Suicide continues to be a largely preventable cause of death. Suicide is an incredibly difficult experience for Oregon communities. A well-trained workforce is a key component of Oregon's strategy to reduce suicide deaths. OHA's suicide prevention team and the Oregon Alliance to Prevent Suicide have increased access and availability to best practices in suicide prevention training. However, this need continues to represent a gaping hole in suicide prevention for Oregon.

OHA proposed a bill in 2017, supported by the Oregon Alliance to Prevent Suicide. The proposal was to require physical and behavioral health professionals to take continuing education (CE) in suicide assessment, treatment and management. The final version of the bill made continuing education optional. The bill instructed OHA to report on results in September of each even-numbered year.

The first biennial report in 2018 included limited data. It includes data from providers licensed by the:

- Board of Medicine, and
- Board of Naturopathic Physicians.

This report is legislatively mandated. It includes all the licensing boards listed in Senate Bill 48 (2017).

Background

The strategy of a well-trained workforce is recommended widely. It includes support from:

- U.S. Surgeon General
- National Action Alliance for Suicide Prevention (Action Alliance)
- National Strategy for Suicide Prevention (National Strategy) — A joint effort by the Office of the U.S. Surgeon General and the Action Alliance.
- American Association of Suicidology
- American Foundation for Suicide Prevention (AFSP)
- Youth Suicide Intervention and Prevention Plan (YSIPP), and
- Oregon Alliance to Prevent Suicide.

In 2017, OHA addressed this national consensus. OHA asked for legislation in Oregon to require physical and behavioral health professionals and school counselors to complete continuing education in suicide:

- Assessment
- Treatment, and
- Management.

The legislature revised the bill to encourage licensed providers to take such training. However, they did not require it. If providers take these optional courses, licensees self-report it to their licensing boards at license renewal. Licensing boards are required to report a summary of aggregate data to OHA by March 1 each year. Based on OHA research, Oregon remains the only state to adopt a voluntary basis CE to address provider education. Many other states require certain professionals to take courses in suicide prevention. This approach is supported by national suicide prevention organizations and experts.

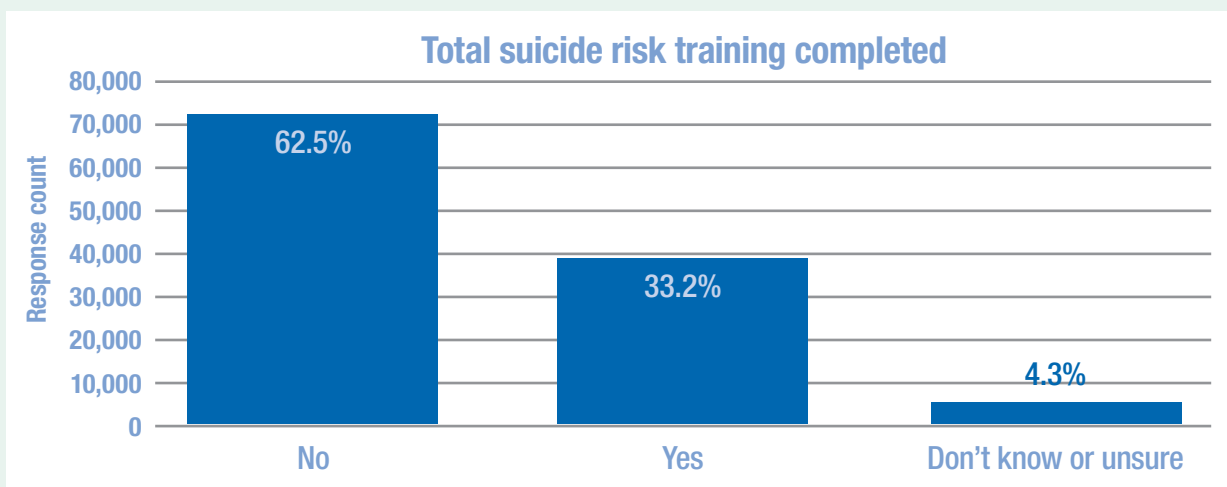
Professions and boards addressed in SB 48

Physicians	Oregon Medical Board
Physician assistants	Oregon Medical Board
Nurses and nurse practitioners	Oregon State Board of Nursing
Naturopathic physicians	Oregon Board of Naturopathic Medicine
Social workers	Oregon Board of Licensed Social Workers
School counselors	Teacher Standards and Practices Commission
Licensed counselors	Oregon Board of Licensed Professional Counselors and Therapists
Occupational therapists	Occupational Therapy Licensing Board
Physical therapists	Oregon Board of Physical Therapy
Chiropractic physicians	Oregon Board of Chiropractic Examiners
Psychologists	Board of Psychology

Findings overview

Based on the surveys to the professions and boards addressed in SB 48, 33% of all reporting licensing boards' licensees (38,060 out of 114,748) reported they took a course in suicide assessment, treatment or management (see Figure 1).

Figure 1: Total reported continued education in suicide assessment, treatment or management by all licensing boards' licensees.



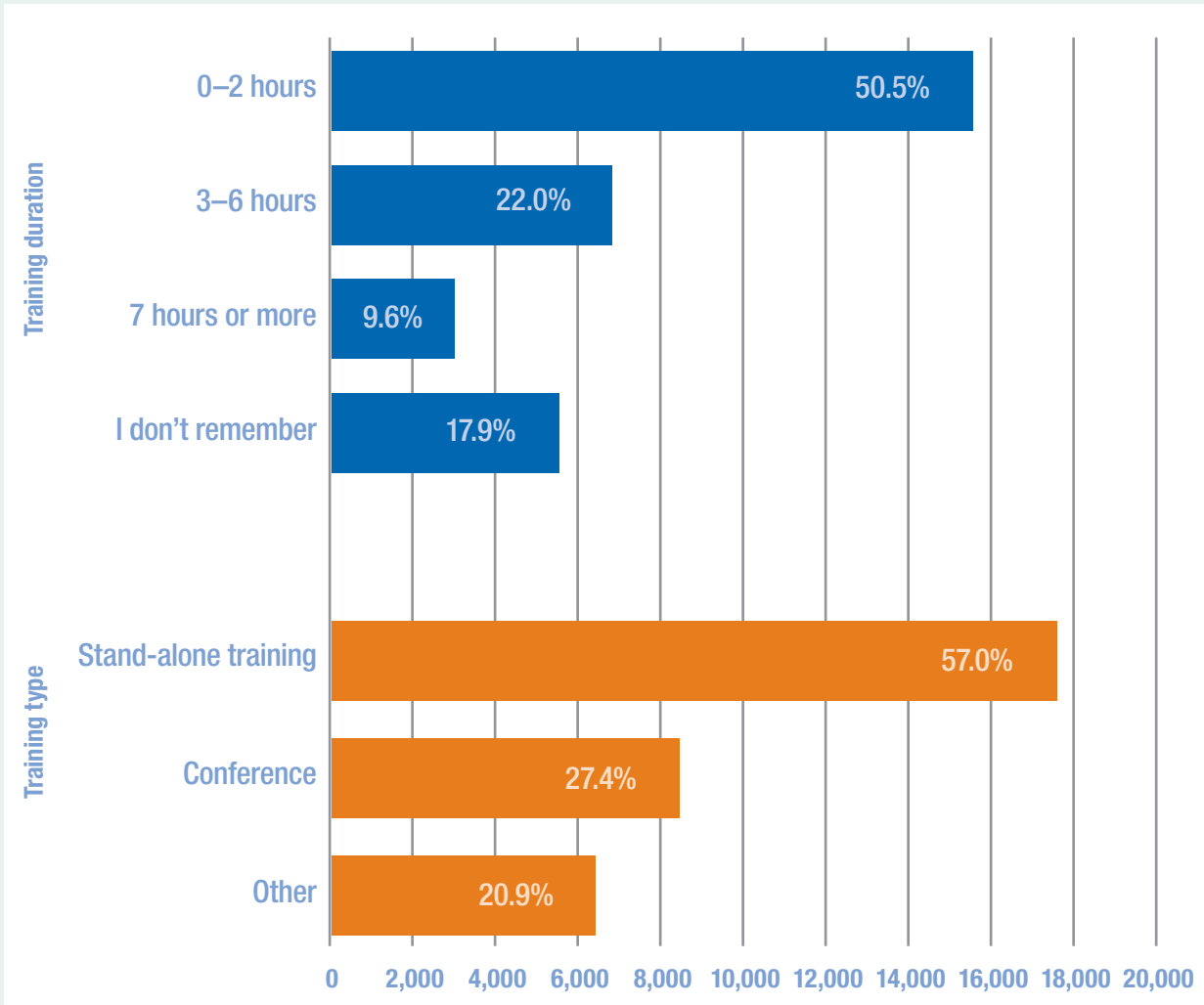
The Teacher Standards and Practices Commission (TSPC) and Oregon Medical Board gathered and submitted their data to OHA in 2020. These data were not included in the collection of data during the 2018 and 2019 license renewal periods by the Health Care Workforce Reporting Program (HCWRP). The professions and boards included in HCWRP data are:

- Chiropractic Examiners (DC)
- Counselors and Therapists (COU)
- Naturopathic Medicine (ND)
- Nursing (CNA, CNS, CRNA, LPN, NP and RN)
- Occupational Therapy (OT and OTA)
- Physical Therapy (PT and PTA)
- Psychology (PSY), and
- Social Work (CSWA, LCSW, and NonCl_SW).

Among the licensing boards reporting to HCWRP, approximately:

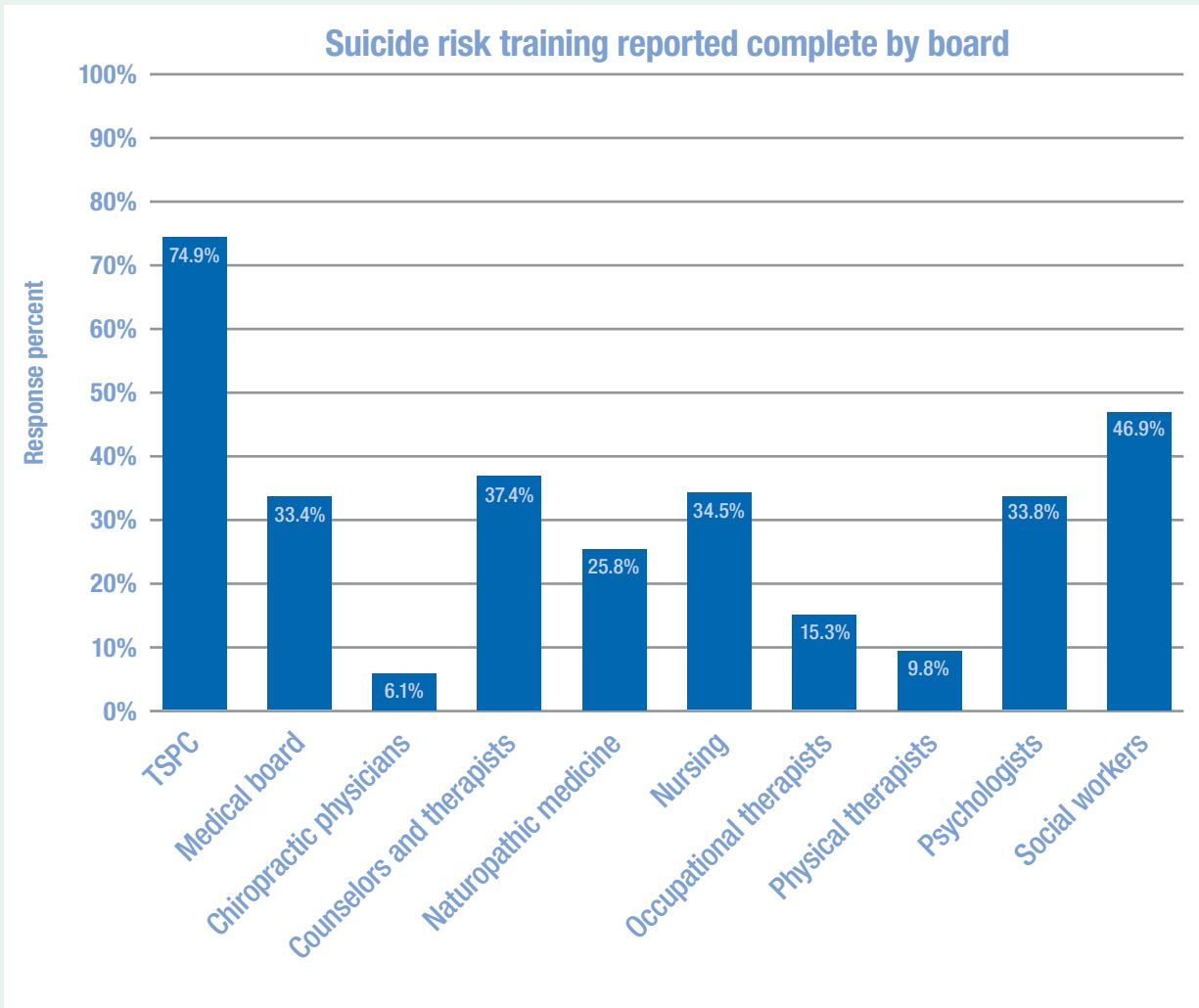
- 57% of all trainings were reported as stand-alone training, and
- 50% of all trainings were less than two hours long (see Figure 2).

Figure 2: Total reported training type and duration by licensing boards' licensees to Health Care Workforce Reporting Program.



As shown in Figure 3, TSPC had the highest percentage of licensees completing continuing education on suicide risk assessment, treatment and management. The chiropractic examiner board reported having the least percentage of licensees having taken a relevant course.

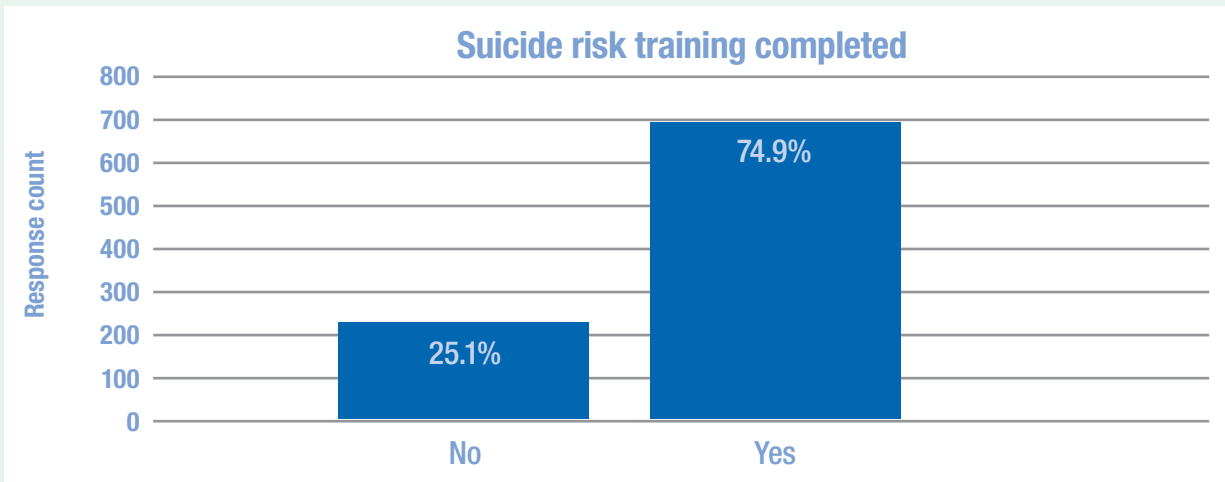
Figure 3: Percentage of licensees reporting completion of continued education in suicide assessment, treatment or management by licensing boards.



Teachers Standards and Practices Commission (TSPC) School counselors

Approximately 75% of TSPC reporting (697 out of 931) said they had taken a relevant course in suicide risk training (see Figure 4).

Figure 4: Total Teachers Standards and Practices Commission licensees reporting continuing education on suicide risk assessment, treatment and management.



TSPC from 36 counties reported taking trainings in assessment, treatment or management (see Table 1).

Table 1. Teachers Standards and Practices Commission trainees by county.

County	Count
Baker	4
Benton	16
Clackamas	69
Clatsop	5
Columbia	7
Coos	8
Crook	3
Curry	3

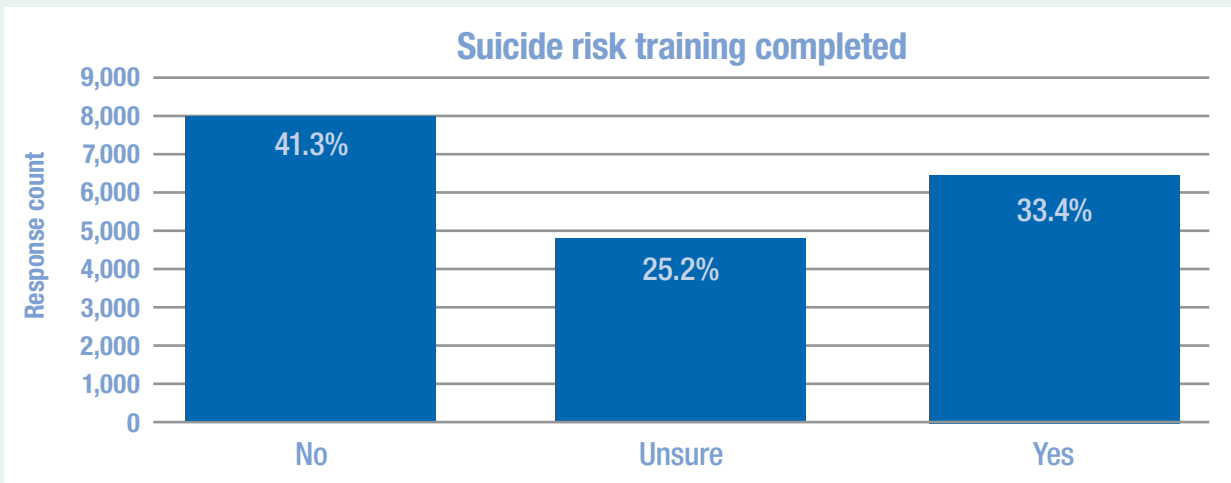
County	Count
Deschutes	28
Douglas	10
Gilliam	0
Grant	1
Harney	0
Hood River	5
Jackson	8
Jefferson	7
Josephine	1
Klamath	4
Lake	2
Lane	39
Lincoln	5
Linn	21
Malheur	4
Marion	65
Morrow	1
Multnomah	115
Polk	14
Sherman	0
Tillamook	7
Umatilla	11
Union	4
Wallowa	0
Wasco	3
Washington	122
Wheeler	0
Yamhill	13
N/A	52

County	Count
Out of state	20
Virtual – more than two counties	8
Foreign	9
Total	694

Physicians

Approximately 33% of physicians (MD and DO, physician assistants and others licensed by the Oregon Medical Board) reporting (6,470 out of 19,353) said they took a course in suicide assessment, treatment or management (see Figure 5).

Figure 5: Total physicians at 2019 license renewal reporting continuing education in suicide assessment, treatment or management.



Physicians from 35 counties reported taking trainings in assessment, treatment or management (see Table 2).

Table 2. Physician trainees by county.

County	Count
Baker	27
Benton	177

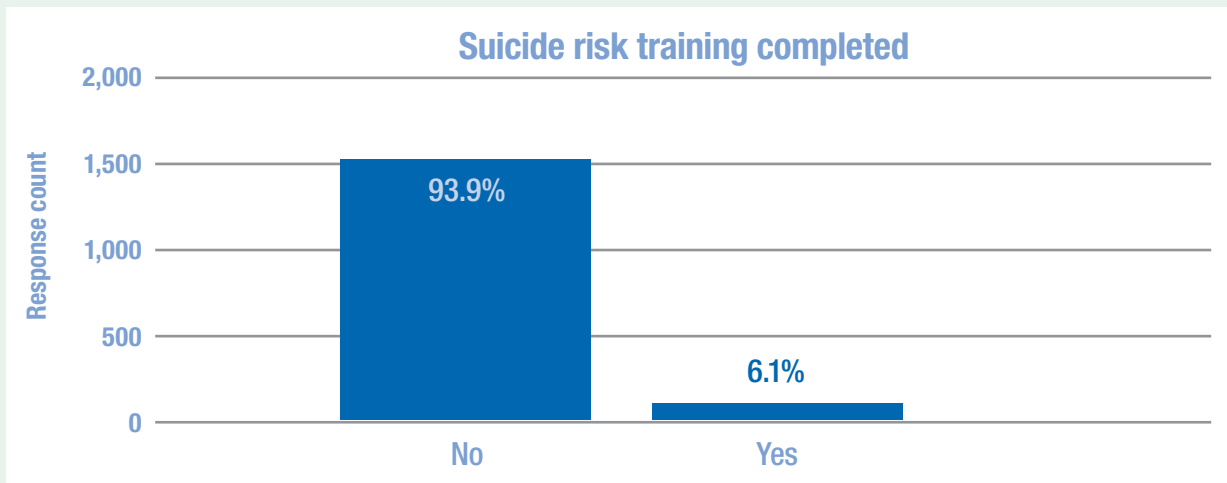
County	Count
Clackamas	475
Clatsop	39
Columbia	24
Coos	54
Crook	10
Curry	33
Deschutes	324
Douglas	108
Grant	7
Harney	4
Hood River	50
Jackson	247
Jefferson	33
Josephine	57
Klamath	50
Lake	18
Lane	378
Lincoln	50
Linn	101
Malheur	69
Marion	340
Morrow	4
Multnomah	2110
Not Applicable - do not practice in Oregon	861
Polk	34
Sherman	1
Tillamook	21
Umatilla	66
Union	18

County	Count
Wallowa	6
Wasco	31
Washington	562
Wheeler	1
Yamhill	80
Total	6470

Chiropractic physicians

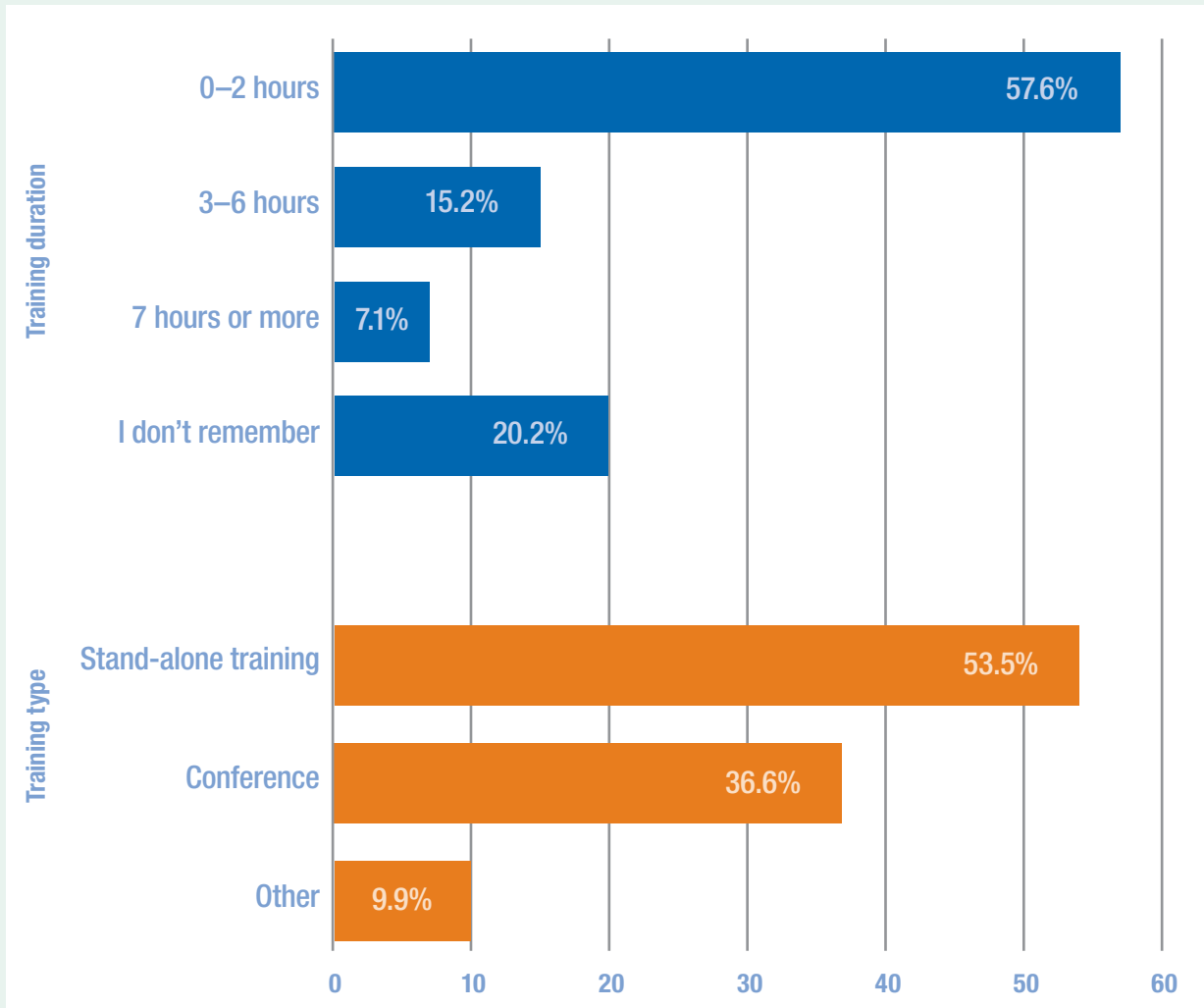
Six percent of chiropractic physicians reporting (99 out of 1,626) said they took a course in suicide assessment, treatment or management (see Figure 6).

Figure 6: Total chiropractic physicians reporting continuing education on suicide risk assessment, treatment and management.



About 54% of chiropractic physicians reported their trainings were stand-alone training. Fifty-eight percent reported the trainings they had taken lasted two hours or less (see Figure 7). Trainings were taken at conferences about 37% of the time.

Figure 7: Chiropractic physician training type and duration.



Chiropractic physicians from 17 counties reported taking trainings in assessment, treatment or management (see Table 3).

Table 3. Chiropractic physician trainees by county.

County	Count
Benton	3
Clackamas	9

County	Count
Columbia	1
Curry	2
Deschutes	4
Douglas	1
Hood River	1
Jackson	5
Josephine	1
Lane	7
Lincoln	2
Marion	2
Multnomah	27
Tillamook	1
Wasco	1
Washington	16
Yamhill	2
(blank)	14
Total	99

Counselors and therapists

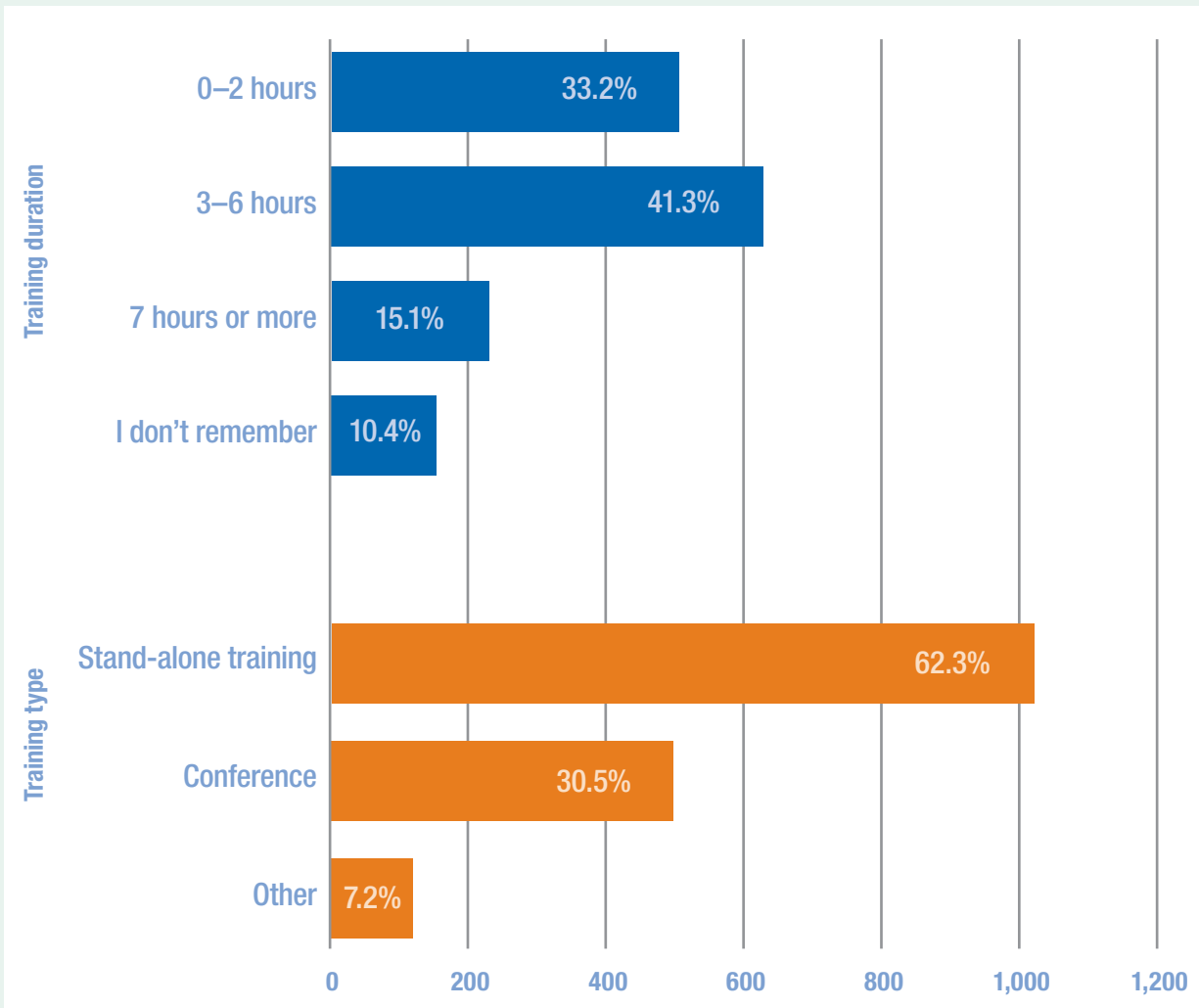
Thirty-seven percent of counselors and therapists reporting (1532 out of 4100) said they took a course in suicide assessment, treatment or management (see Figure 8).

Figure 8: Total counselors and therapists reporting continuing education regarding suicide risk assessment, treatment, and management.



About 62% of counselor and therapists reported their trainings were stand-alone training. Forty-one percent reported the trainings they had taken lasted three to six hours (see Figure 9). Trainings were taken at conferences about 30% of the time.

Figure 9: Counselor and therapist training type and duration.



Counselor and therapists from 32 counties reported taking trainings in assessment, treatment or management (see Table 4).

Table 4. Counselor and therapist trainees by county.

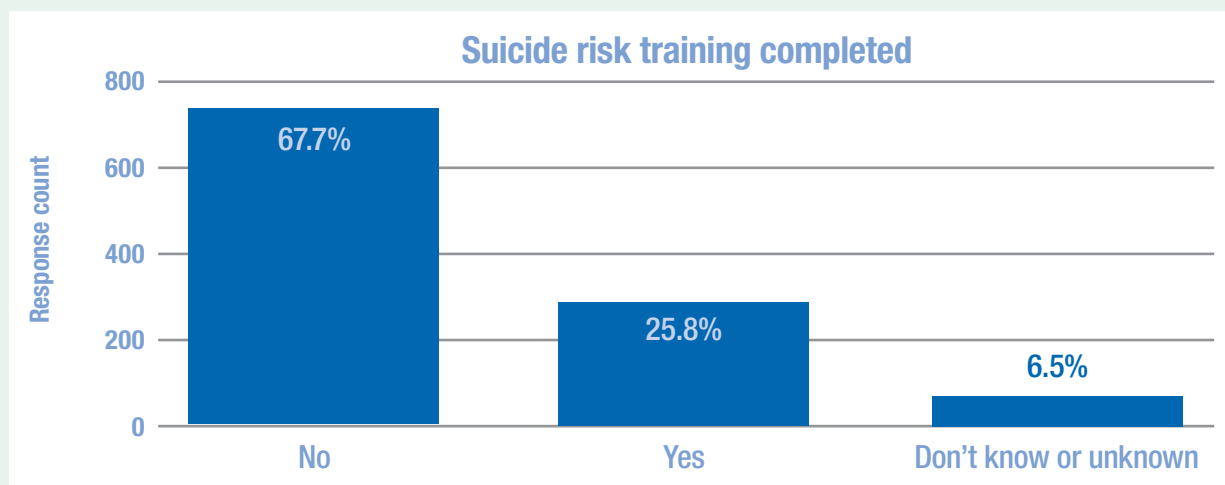
County	Count
Baker	5
Benton	25
Clackamas	131
Clatsop	13
Columbia	7

County	Count
Coos	14
Crook	5
Curry	4
Deschutes	96
Douglas	8
Grant	2
Harney	3
Hood River	1
Jackson	80
Jefferson	6
Josephine	31
Klamath	14
Lake	2
Lane	114
Lincoln	17
Lincoln	19
Malheur	7
Marion	121
Multnomah	366
Polk	20
Tillamook	4
Umatilla	8
Union	3
Wallowa	2
Wasco	7
Washington	177
Yamhill	27
(blank)	193
Total	1532

Naturopathic physicians

About 26% of naturopathic physicians reporting (279 out of 1,080) said they took a course in suicide assessment, treatment or management (see Figure 10).

Figure 10: Total naturopathic physicians reporting continuing education on suicide risk assessment, treatment and management.



About 49% of naturopathic physicians reported their trainings were stand-alone training. Seventy-seven percent reported the trainings they had taken lasted two hours or less (see Figure 11). Trainings were taken at conferences about 32% of the time.

Naturopathic physicians from 17 counties reported taking trainings in assessment, treatment or management (see Table 5).

Figure 11: Naturopathic physician training type and duration.

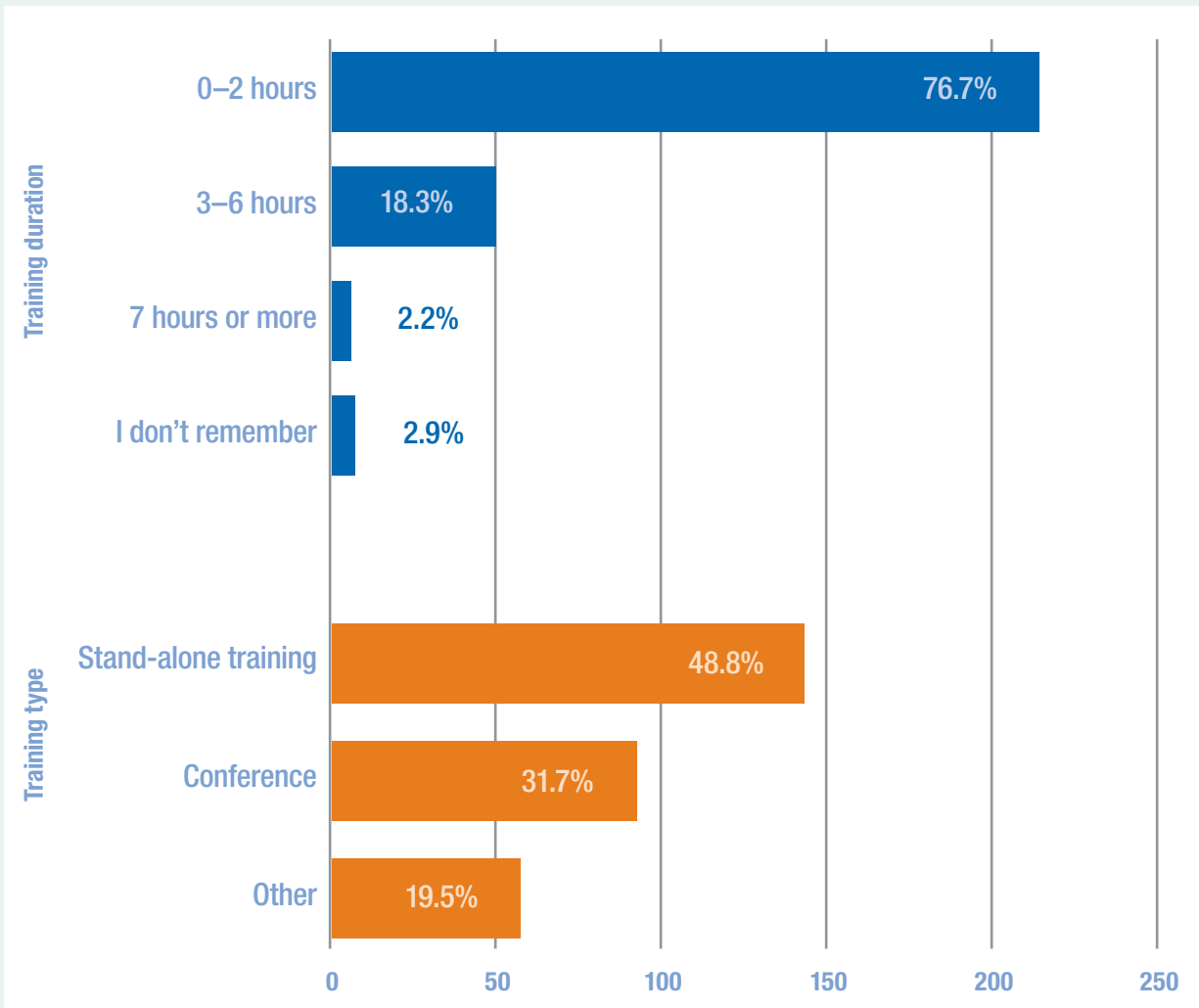


Table 5. Naturopathic physician trainees by county.

County	Count
Benton	1
Clackamas	23
Clatsop	2
Deschutes	12
Douglas	1
Hood River	1
Jackson	6

County	Count
Josephine	1
Lane	9
Lincoln	1
Linn	1
Marion	4
Multnomah	132
Umatilla	1
Wasco	1
Washington	35
Yamhill	4
(blank)	44
Total	279

Nursing

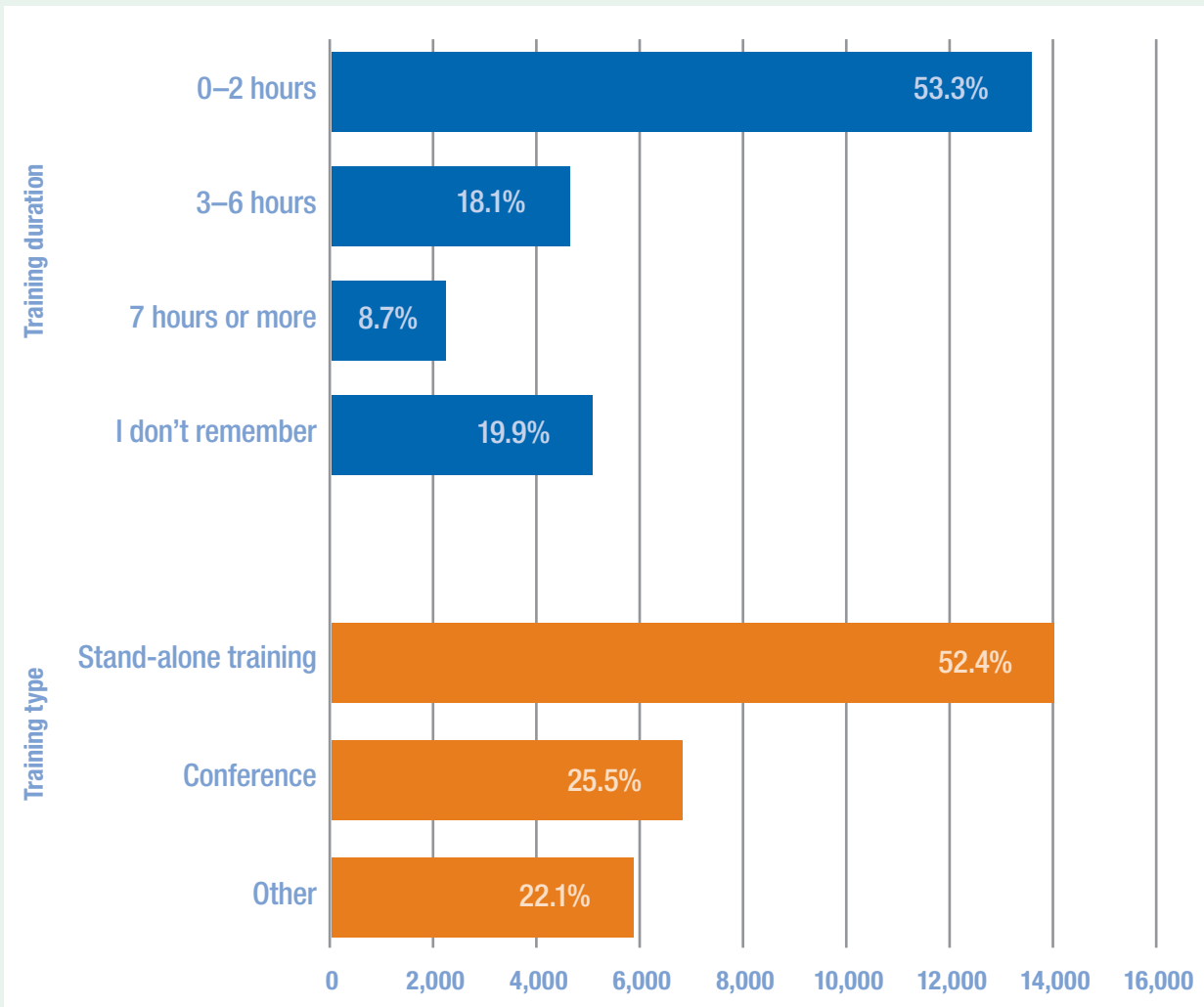
About 35% of nursing licensees reporting (25,345 out of 73,496) said they took a course in suicide assessment, treatment or management (see Figure 12).

Figure 12: Total nursing licensees reporting continuing education regarding suicide risk assessment, treatment, and management.



About 52% of nursing licensees reported their trainings were stand-alone training. Fifty-three percent reported the trainings they had taken lasted two hours or less (see Figure 13). Trainings were taken at conferences about 26% of the time.

Figure 13: Nursing training type and duration.



Nursing licensees from 35 counties reported taking trainings in assessment, treatment or management (see Table 6).

Table 6. Nursing trainees by county.

County	Count
Baker	70
Benton	473
Clackamas	1409
Clatsop	147
Columbia	37

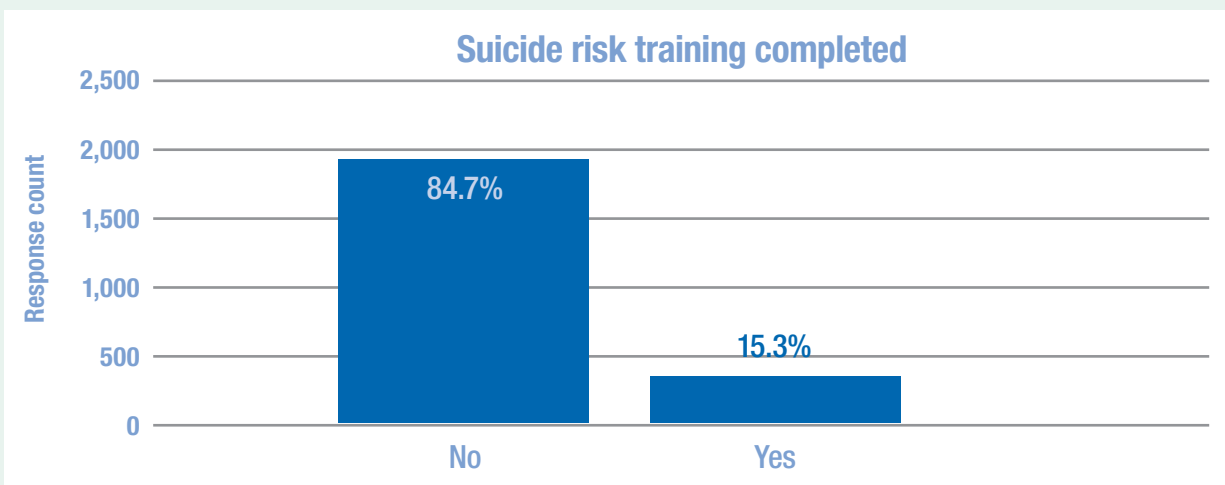
County	Count
Coos	312
Crook	52
Curry	52
Deschutes	1076
Douglas	519
Gilliam	1
Grant	26
Harney	23
Hood River	128
Jackson	1218
Jefferson	72
Josephine	303
Klamath	186
Lake	29
Lane	1464
Lincoln	163
Linn	361
Malheur	112
Marion	2052
Morrow	14
Multnomah	5632
Polk	145
Tillamook	71
Umatilla	292
Union	73
Wallowa	17
Wasco	145
Washington	2309
Wheeler	3

County	Count
Yamhill	350
(blank)	6009
Total	25345

Occupational therapists

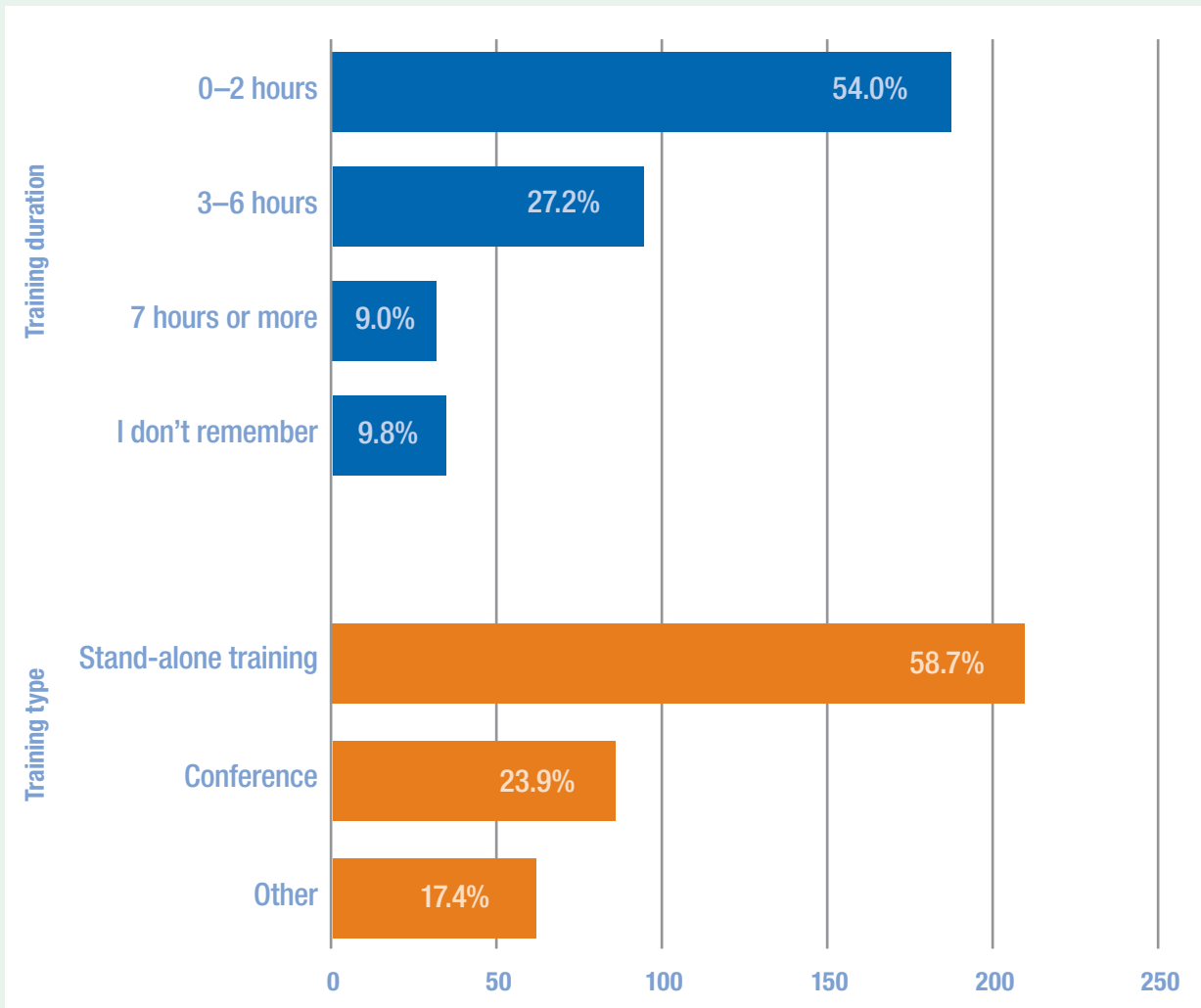
Fifteen percent of occupational therapists reporting (346 out of 2260) said they took a course in suicide assessment, treatment or management (see Figure 14).

Figure 14: Total occupational therapists reporting continuing education regarding suicide risk assessment, treatment, and management.



About 59% of occupational therapists reported their trainings were stand-alone training. Fifty-four percent reported the trainings they had taken lasted two hours or less (see Figure 15). Trainings were taken at conferences about 24% of the time.

Figure 15: Occupational therapist training type and duration.



Occupational therapists from 21 counties reported taking trainings in assessment, treatment or management (see Table 7).

Table 7. Occupational therapist trainees by county.

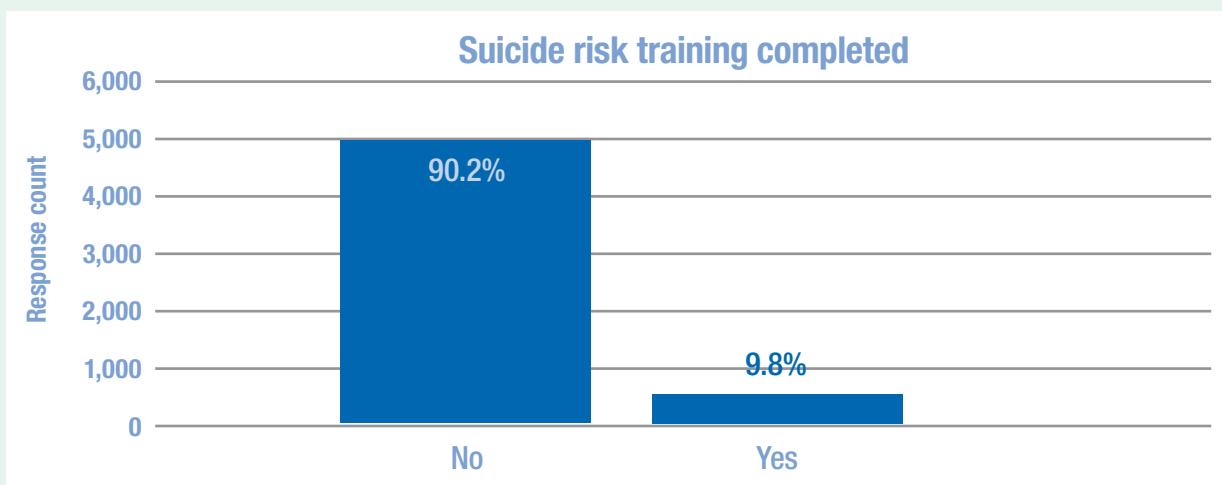
County	Count
Baker	1
Clackamas	12
Clatsop	5
Columbia	1
Coos	2

County	Count
Deschutes	15
Douglas	6
Hood River	1
Jackson	9
Josephine	2
Lane	10
Lincoln	1
Linn	5
Marion	40
Multnomah	63
Polk	2
Tillamook	2
Umatilla	2
Wasco	5
Washington	38
Yamhill	4
(blank)	120
Total	346

Physical therapists

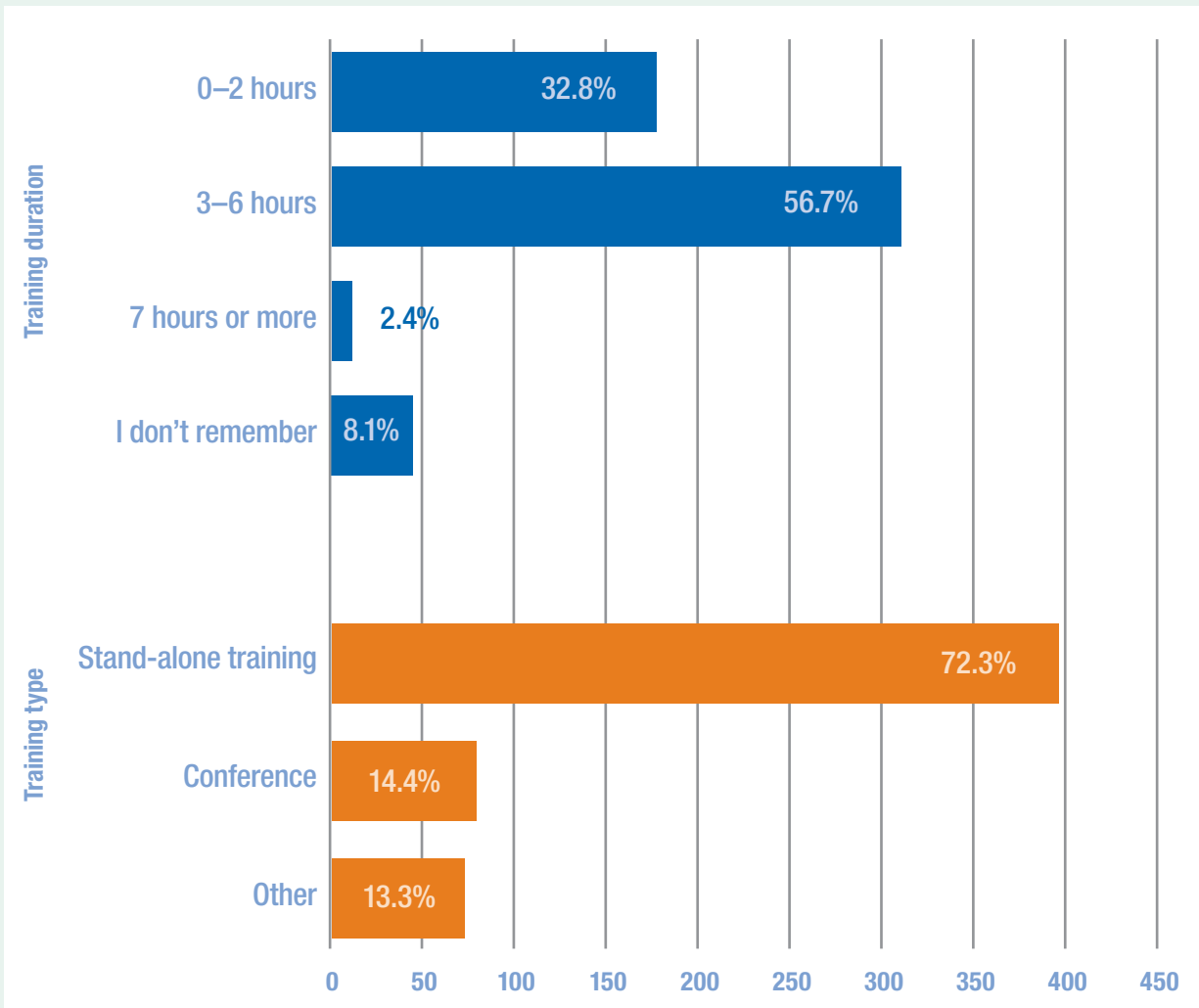
About 10% of physical therapists reporting (543 out of 5535) said they took a course in suicide assessment, treatment or management (see Figure 16).

Figure 16: Total physical therapists reporting continuing education regarding suicide risk assessment, treatment, and management.



About 72% of physical therapists reported their trainings were stand-alone training and 57% reported the trainings they had taken lasted three to six hours (see Figure 17). Trainings were taken at conferences about 14% of the time.

Figure 17: Physical therapist training type and duration.



Physical therapists from 26 counties reported taking trainings in assessment, treatment or management (see Table 8).

Table 8. Physical therapist trainees by county.

County	Count
Baker	1
Benton	4
Clackamas	32
Clatsop	3
Coos	1

County	Count
Crook	1
Curry	1
Deschutes	15
Douglas	5
Grant	1
Hood River	5
Jackson	7
Josephine	1
Klamath	2
Lane	7
Lincoln	7
Linn	4
Malheur	2
Marion	15
Multnomah	96
Polk	2
Tillamook	3
Umatilla	8
Wasco	12
Washington	32
Yamhill	8
(blank)	268
Total	543

Psychologists

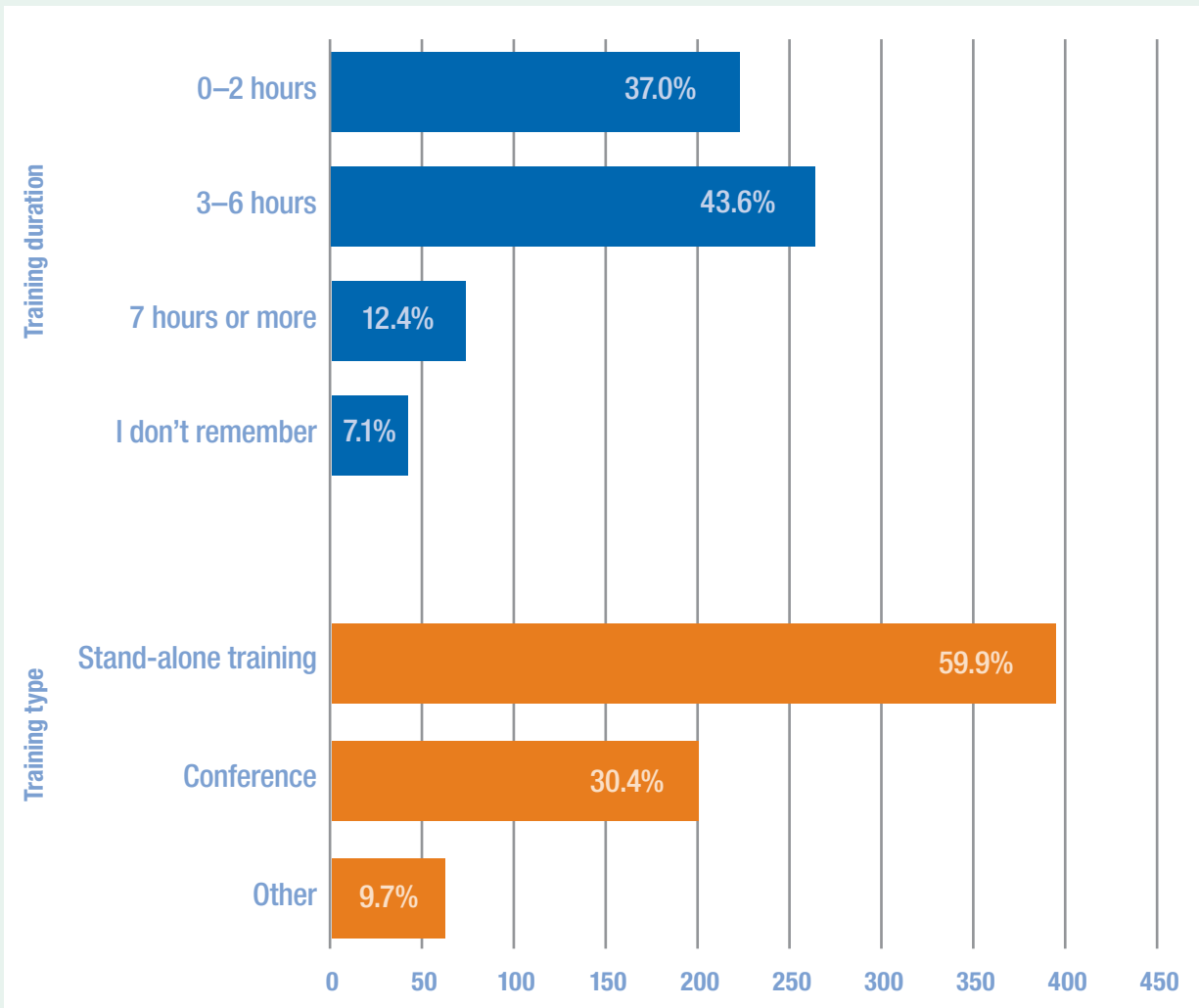
About 34% of psychologists reporting (606 out of 1794) said they took a course in suicide assessment, treatment or management (see Figure 18).

Figure 18: Total psychologists reporting continuing education on suicide risk assessment, treatment and management.



About 60% of chiropractic physicians reported their trainings were stand-alone training. Forty-four percent reported the trainings they had taken lasted three to six hours (see Figure 19). Trainings were taken at conferences about 30% of the time.

Figure 19: Psychologist training type and duration.



Psychologists from 21 counties reported taking trainings in assessment, treatment or management (see Table 9).

Table 9. Psychologist trainees by county.

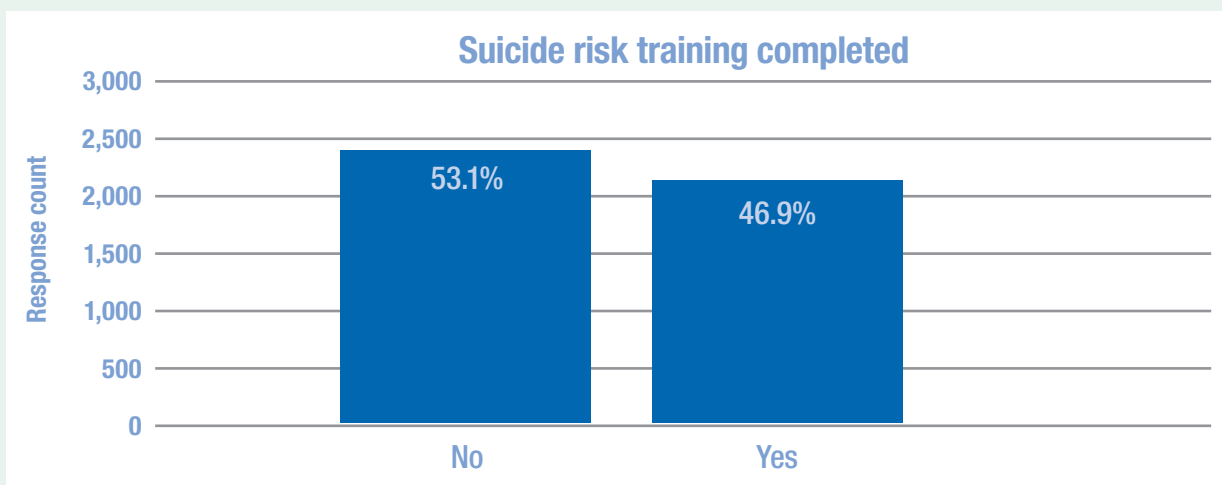
County	Count
Benton	17
Clackamas	43
Columbia	1
Coos	2
Crook	1

County	Count
Curry	1
Deschutes	19
Douglas	2
Hood River	2
Jackson	19
Jefferson	1
Josephine	3
Lane	68
Lincoln	2
Linn	3
Marion	50
Multnomah	196
Polk	4
Union	2
Washington	78
Yamhill	14
(blank)	78
Total	606

Social workers

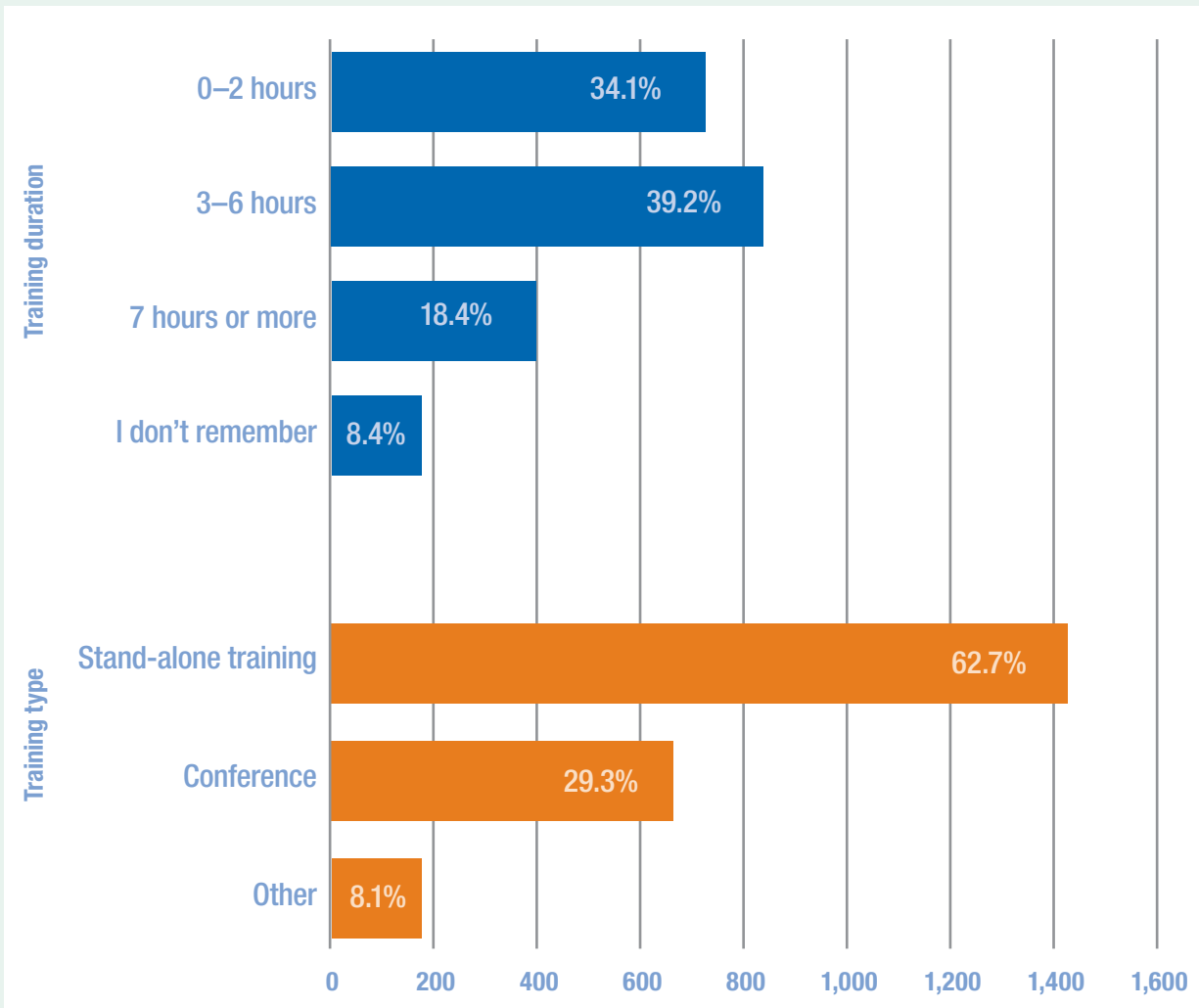
About 47% of social workers reporting (2,143 out of 4,573) said they took a course in suicide assessment, treatment or management (see Figure 20).

Figure 20: Total social workers reporting continuing education regarding suicide risk assessment, treatment, and management.



About 63% of social workers reported their trainings were stand-alone training and 39% reported the trainings they had taken lasted three to six hours (see Figure 21). Trainings were taken at conferences about 29% of the time.

Figure 21: Social worker training type and duration.



Social workers from 32 counties reported taking trainings in assessment, treatment or management (see Table 10).

Table 10. Social worker trainees by county.

County	Count
Baker	7
Benton	38
Clackamas	146
Clatsop	12
Columbia	7

County	Count
Coos	15
Curry	2
Deschutes	106
Douglas	31
Grant	2
Harney	3
Hood River	11
Jackson	84
Jefferson	2
Josephine	21
Klamath	19
Lake	1
Lane	161
Lincoln	13
Linn	30
Malheur	8
Marion	126
Morrow	3
Multnomah	669
Polk	15
Tillamook	10
Umatilla	22
Union	10
Wallowa	3
Wasco	9
Washington	192
Yamhill	22
(blank)	343
Total	2143

Course offerings

SB 48 requires OHA to develop a list of suggested courses that address suicide assessment, treatment and management. OHA posted the list on the OHA website on Nov. 2, 2017. OHA makes annual updates. The 2019-2020 list is available [here](#).

OHA has current contracts for statewide access to the [Big Six Programs](#) best-practices trainings for suicide prevention, intervention and postvention (response after a suicide death). These trainings include:

- [Sources of Strength](#) – a peer-led upstream prevention program for middle school, high school and college campus populations.
- [Mental Health First Aid](#) – A broad overview training to teach skills to recognize the early signs of mental illness, mental health problems and substance use.
- [Question, Persuade, Refer](#) – A 1.5 hour online or in-person training program for ages 16+ that teaches three easy steps to identify signs someone is thinking about suicide and how to connect them with help.
- [safeTALK](#) – A half-day in-person training program that teaches ages 15+ how to recognize and engage individuals who might be having thoughts of suicide and how to connect them with community resources.
- [Applied Suicide Intervention Skills Training \(ASIST\)](#) – A two-day workshop designed for anyone 16+ to learn to provide skilled intervention and safety planning with someone having suicidal thoughts.
- [Connect: Postvention](#) – This course teaches adult service providers the best practices to respond in a coordinated and comprehensive way in the aftermath of a suicide.

Through grant dollars, OHA is currently able to offer the below courses. These courses have limited availability and are free to behavioral health providers:

- [Collaborative Assessment and Management of Suicidality \(CAMS\)](#) – An evidence based, suicide-focused treatment framework backed by 30 years of clinical research and 5 randomized controlled trials.
- [Assessing and Managing Suicide Risk \(AMSR\)](#) – A training that teaches best practices recommended by the nation’s leading experts in the research and delivery of suicide care.

Additionally, under its contract with the [Oregon Pediatric Society \(OPS\)](#), OHA funded development and implementation of:

- Training about suicide risk, treatment and management, and

- Technical assistance for quality improvement processes.

Since 2018, OPS has been delivering the suicide prevention module to:

- Family practice physicians
- Family practice physicians' clinic staff, and
- School-based health centers.

CME units are provided by OPS.

Conclusion

This report is presented to the legislature in compliance with SB 48 (2017). It reports data for all boards listed in SB 48 on licensees who self-reported at license renewal that they took a course in suicide assessment, treatment or management in the previous period of licensure.

Physical and behavioral health providers that are confident, competent and equipped to provide the best care to those who experience suicide ideation is an essential part of Oregon's suicide prevention strategy. To ensure Oregon's workforce is meeting the needs of people most at-risk, the law should require suicide prevention education in professional training programs and continuing education for key professions.

Endnotes

1. Broker Version 9.4 (Build 1366) [Internet]. Webappa.cdc.gov. 2020 [cited 9 October 2020]. Available from: <https://webappa.cdc.gov/cgi-bin/broker.exe>
2. Oregon Health Authority Healthy Teens Survey, 2019 [Internet]. Oregon Health Authority [cited 9 October 2020]. Available from: <https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/OREGONHEALTHYTEENS/Documents/2019/2019%20State%20of%20Oregon%20Profile%20Report.pdf>
3. Ahmedani et al. Health Care Contacts in the Year Before Suicide Death., 2014. [cited 9 October 2020]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4026491/>
4. National Center for Health Statistics [Internet]. Centers for Disease Control and Prevention; 2018 [cited 2018 Aug 3]. Available from: <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>.
5. Transforming Health Systems Initiative Work Group Washington, DC: Education Development Center, Inc. Recommended Standard Care for People with Suicide Risk: Making Health Care Suicide Safe. National Action Alliance for Suicide Prevention [Internet] 2018. [cited 2018 Aug 3] Available from: <http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/Action%20Alliance%20Recommended%20Standard%20Care%20FINAL.pdf>



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