

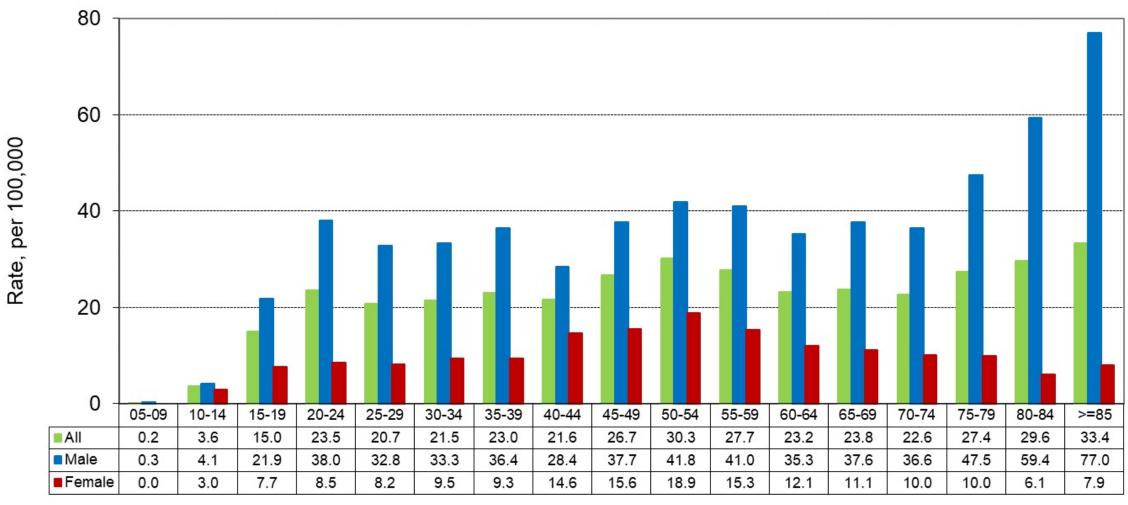


Public Health Division
Injury and Violence Prevention Program

What we know about 2020 and 2021

- Oregonians are experiencing high levels of stress and mental distress due to compounding traumas. (Source: CDC Household Pulse <u>survey</u>)
- Stress and mental distress do not automatically result in increased suicide activity.
- Based on preliminary data, Oregon has not seen an increase in the number of suicides in 2020 when compared to the same time period in 2019. Suicide deaths in 2021 (through May) are similar to corresponding months in 2020 and 2019.
- Suicide-related visits to EDs and Urgent Care Centers in 2020 and 2021 are similar to 2019, besides a dramatic decrease between March and June 2020 related to the pandemic. This decrease was also seen for total visits for all health concerns.
- We need to continue increasing protective factors and decreasing risk factors in order address the time of increased risk we are in.

Age-specific rate of suicide by sex, Oregon 2015-2019

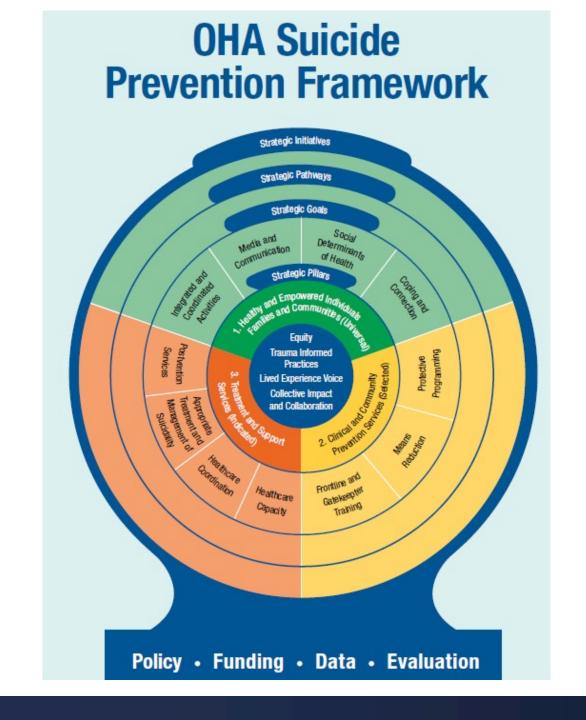


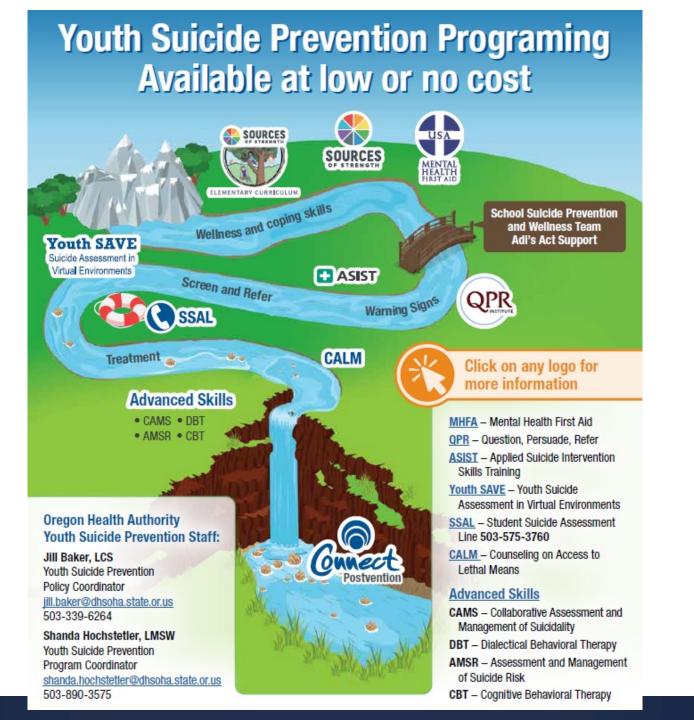
Age group, years

Source: CDC WISQARS

A Strategic Mental Health and Public Health Approach to Suicide Prevention

- Population focus
- Data informed
- Spectrum of prevention
- Voice of Lived Experience
- Safe and Effective Messaging and Reporting
- Evidence Informed Practices
- Cultural and Linguistical Services and Providers

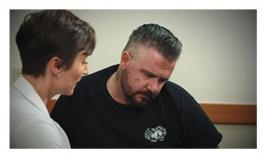




How to Address Firearm Safety with the Rural Client at Risk of Suicide: A Course for Healthcare Providers in Rural Areas



HOW TO ASK ABOUT FIREARMS WITH A
PATIENT AT RISK OF SUICIDE



CREATING A SAFETY PLAN WITH A RURAL SUICIDAL PATIENT WHO OWNS FIREARMS



PATIENT IN RURAL AMERICA ABOUT
ACCESS TO FIREARMS



WORKING WITH A PATIENT WHO WON'T ENGAGE WHEN ASKING ABOUT ACCESS TO GUNS

- Increase understanding that suicide prevention is more than assessing risk;
- Increase understanding of rural firearm culture and implications for messaging related to limiting access to lethal means;
- Help providers develop better communication skills, comfort and confidence when having conversations about firearm safety with patients at risk of suicide living in rural areas.

Individuals who take their own lives do so in a number of ways, and firearms are the most common. Some individuals will harm themselves no matter what people do to help, but there is a group of people who, if they make it through the rough patch safely, will go on to live full and happy lives. Because of this, temporarily holding a gun for a loved one or friend can help that person get through stressful periods safely.

If you are the person who is going through a tough time, it may feel risky to give your guns to a friend for safekeeping. We know it's a big step, but it is just a temporary step until things get better.

guns love you. Temporarily entrusting guns to a friend or family member might just save a life.



RECOGNIZE THE WARNING SIGNS
TAKE ACTION

PEOPLE WHO LOVE GUNS

LOVE YOU

If you or someone you know is thinking about suicide, it's time to act.



Call the National Suicide Prevention Lifeline, available 24/7 at

1-800-273-TALK (8255)

With Help Comes Hope

for more information, please visit: oregonfirearmsafety.org/firearm-safety/ We believe firearms are an American way of life—a constitutional right and a necessity in order to protect ourselves and our families.

And with this RIGHT to bear arms comes RESPONSIBILITY.

Everyone experiences tough times. During such times, some of us may not be in the right state of mind to be handling weapons.



Suicide is Preventable

Suicide affects us all—more than twice the number of people in America die from suicide than homicides, and more people die by suicide than car accidents each year.

RECOGNIZE THE WARNING SIGNS

These signs may mean that you or someone you know is at risk for suicide. Risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

- Talking about wanting to die or kill oneself.
- · Looking for ways to kill oneself.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or being in unbearable pain.
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- · Withdrawing or feeling isolated.
- Displaying extreme mood swings.

TAKE ACTION

- Ask directly if your friend is thinking about suicide. Asking does not put them in danger.
- Be willing to listen. Allow expressions of feelings and accept those feelings.

- Be non-judgmental. Don't debate whether suicide is right or wrong, or whether feelings are good or bad.
 Don't lecture on the value of life.
- Remove means, such as guns or stockpiled pills, until the crisis passes.
- Check in with your friend regularly.
 Schedule times to talk in the next week so you can see how they are doing.
- You don't have to do this alone.
 Get help from other friends, family members, clergy, doctors and the Lifeline.
- Encourage (and offer to accompany) your friend to seek help and support from a crisis specialist, therapist, doctor, and/or clergy member.

If you or someone you know are thinking of suicide, call the National Suicide Prevention Lifeline, available 24/7 at

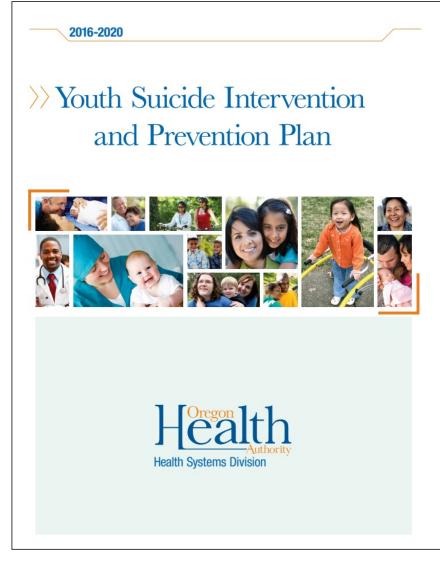
1-800-273-TALK (8255)

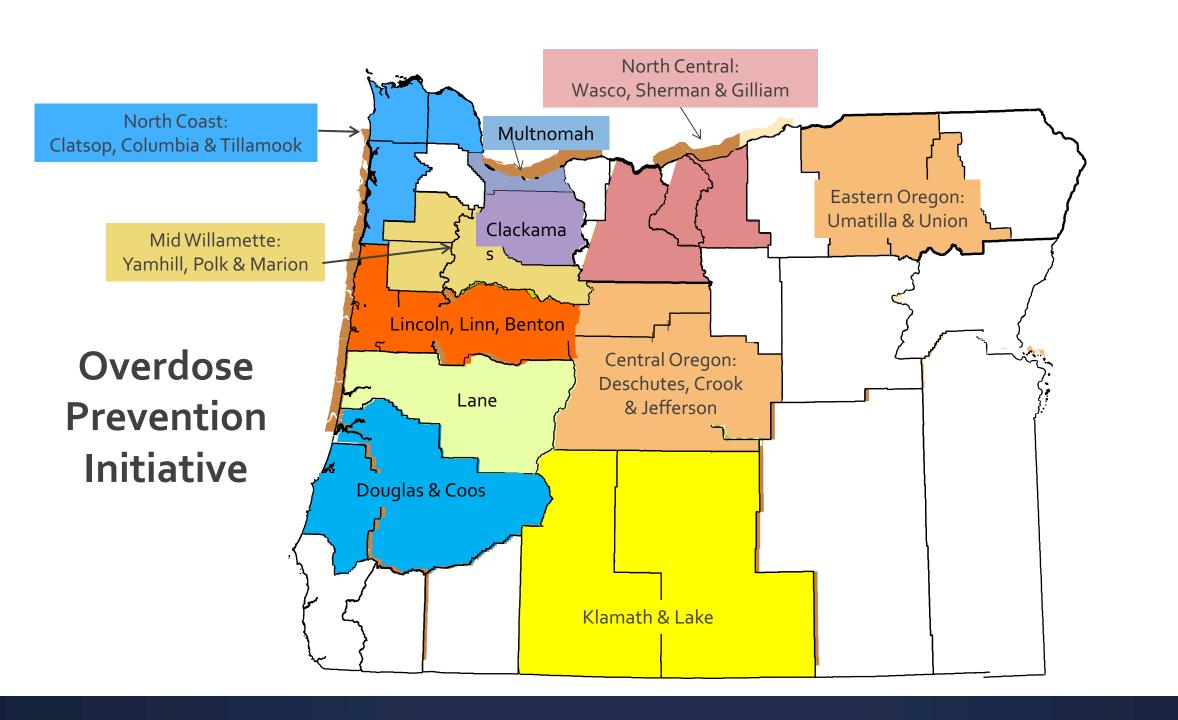
With Help Comes Hope

Firearm Safety Brochure for Clients

Current Work

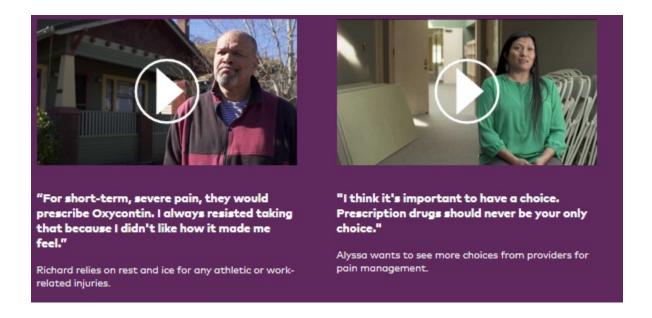
- Connection with Local and Regional Suicide Prevention Coordinators and Coalitions
- Revision of the Youth Suicide Intervention and Prevention Plan
- Development of an Adult Suicide Intervention and Prevention Plan
- Grants Supporting Youth Suicide Prevention Positions and Coalitions to Tribes and select Counties
- Zero Suicide in Health Systems work focused on age 25+ and targeted work with older adults, people with serious mental illness and veterans/served in the military
- Development of 988, national 3-digit behavioral health support line and system (Launch in mid-July 2022)*





- First-person narratives from diverse Oregonians
- Focus is positive, on safe healing from acute pain rather than the negative threat of opioids
- Target audience: American Indian/Alaska Native; African American; Latino/a; People living in rural communities
- Change Advisory Team of thought partners representing impacted communities met for 18 months
- Heal Safely Research findings
 - Lived experience is key to effective messaging strategies that drive behavior change
 - Lived experience influences how people understand pain.
 - People need to see and hear from others like themselves to connect emotionally and for the message to have genuine impact.





OPCG OREGON PAIN GUIDANCE

The Oregon state resource for healthcare professionals treating pain



Welcome to the Pain Education Toolkit. This toolkit provides pain management education for patients about how they can improve their health and better manage their pain. Choose a topic to access these tools to help with pain.

















- Real patient stories
- Partnership with Oregon
 Pain Management
 Commission





COVID-19 and Managing Pain Flareups
Michelle Marikos
Certified Peer Support Specialist at Oregon Pain Guidance

Patients with Lived Experience of Pain



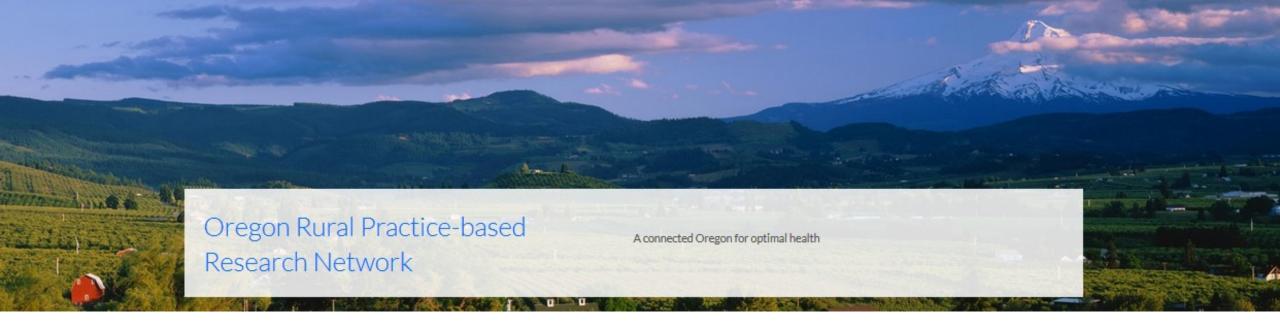
The educational content is greatly enhanced by the stories and contributions from seven patients who shared their experiences with pain and what helped them.

(names withheld pending permission)









Clinical Dissemination

PINPOINT collaborative

- •QI project in 60 primary care clinics to improve pain management and opioid prescribing
- •Practice facilitators and academic detailers work with clinics to incorporate provider education module and patient pain toolkit into clinical workflows
- •Designing suicide prevention module as part of program

ReverseOverdose.org

- Oregon campaign to empower employers and bystanders to respond to overdose in the workplace
- Naloxone administration, training, purchasing, Oregon law, and other topics



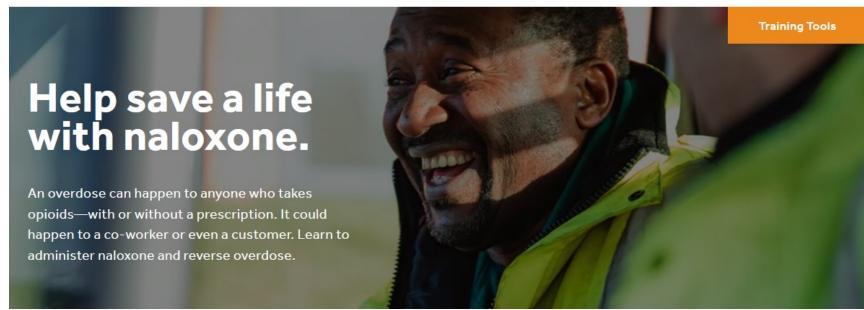
What is Naloxone?

Get Started

Resources

Media

Español



2021 Signs of Hope Campaign

https://oregonalliancetopreventsuicide.org/2021-signs-of-hope-campaign/



We're excited to partner with Regional Suicide Prevention Coalitions across the state on our first multi-group suicide prevention campaign for this September's Suicide Prevention Awareness month with a Day of Hope on Sept. 9th, 2021. Your coalition or organization are invited to hold your own signs event and we have the attached media packet to help you prepare for the event and provide ideas for how you can participate in a way that works best for you, your coalition, your organization, and your community.

Stay tuned for more information on what Coalitions will be involved, how you can participate, and photos from the different events.

Do you want to purchase your own signs? Please visit **Don't Give Up Signs** for more information on their group, history, and how to order signs and other great materials.

Coalition Participation

The following coalitions are participating in our 2021 Campaign:

- 1. Suicide Prevention Coalition in Clackamas County
- 2. Central Oregon Suicide Prevention Alliance (Crook County)
- 3. Suicide Awareness and Prevention Council of Curry County
- 4. Gorge Wellness Alliance (Hood River, Sherman, Wasco Counties)
- 5. Jackson County Suicide Prevention Coalition
- 6. You Matter to Klamath
- 7. Suicide Prevention of Lane County
- 8. Linn County Suicide Prevention
- 9. Malheur County Suicide Prevention (Malheur County)
- 10. Mid-Valley Suicide Prevention Coalition (Marion & Polk Counties)



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Text OREGON to 741741

YouthLine 1-877-968-8491 (text teen2teen at 839863)

Resources

- Sign up for the OHA Suicide Prevention Network: <u>http://listsmart.osl.state.or.us/mailman/listinfo/yspnetwork</u>
- OHA Monthly Suicide-Related Report
- OHA Violent Death Data Dashboards
- OHA Youth Suicide Prevention Programming/Big River Program Overview with links
- Oregon Alliance to Prevent Suicide
- <u>2016-2020 Youth Suicide Intervention and Prevention Plan</u> and <u>Youth Suicide Intervention and Prevention Plan</u> <u>2020Annual Report</u> (includes youth suicide data)
- Oregon Veterans Behavioral Health Services Improvement Study
- Overdose-Related Services and Projects Summary by Oregon County
- OHA <u>Prescribing and Overdose Data Dashboard</u>
- OHA <u>Monthly Opioid Overdose Data Report</u>
- Behavioral Health Crisis Response System and 988

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