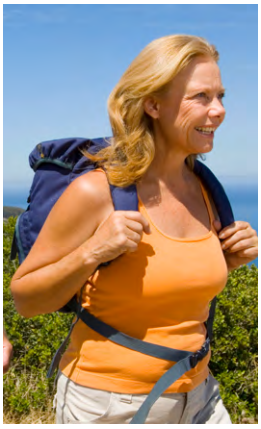
September 2018

Suicide-related training for medical and behavioral health providers

Data report to the Legislature per SB 48








Oregon Health Authority
HEALTH SYSTEMS DIVISION

Contents

Executive summary

The rate of suicide in Oregon has been increasing since 2011. There were about 772 suicides in Oregon in 2016. Oregon's rate of suicide deaths is 17.8 per 100,000 people, while the national rate is 13.5. Suicide is the second leading cause of death for Oregonians between the ages of 15 and 34. Over 2,000 state residents are seen in the hospital for suicidal behaviors each year. In 2015, 16 percent of 11th graders reported seriously considering suicide in the past 12 months. (1)

The Oregon Health Authority (OHA) uses a multifaceted approach to address suicide. As part of this effort, OHA proposed a bill in 2017 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 (Alliance). Members of the Alliance testified in favor of the bill. However, the final bill makes continuing education optional and instructs OHA to report on results in August of each even-numbered year.

Over 80 percent of Americans who die by suicide see a medical or behavioral health professional in the year before death. Many of them see a professional in the month before death. To bring down Oregon's high suicide rate, it is crucial that medical and behavioral health professionals are confident and competent in assessing suicide risk and treating suicidal individuals. Currently, these professionals largely do not receive training in suicide assessment, treatment and management in their advanced degree programs. Thus, they need continuing education to ensure care to the public focuses on suicide safety.

"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 within large health systems, over 80 percent 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 percent of those who died by suicide had an emergency department visit without a mental health diagnosis (Ahmedani et al., 2014). In another review (Luoma, Martin, & Pearson, 2002) reported that close to one-half of those who died by suicide visited a primary care provider in the month before their death. In response, and due to advances in research and the development of new tools to assist in addressing suicide, health care organizations have begun to prioritize suicide prevention." (2)

The following report details the history of Senate Bill 48, the implementation and the initial data OHA has collected from medical doctors and naturopathic physicians.

Based on results of initial surveys given to those licensed by the Oregon Medical Board and Oregon Board of Naturopathic Medicine, a minority of all licensees reported taking courses specified in SB 48. According to Oregon Medical Board data only 22.7 percent of the 18,261 responding (MD, DO, physician assistants and others licensed by the board) took a course relevant to SB 48. Among the 1,021 naturopaths responding, only 16.2 percent took such a course. On follow-up, those who took courses found them:

- Beneficial
- Relevant to their work and
- Contributing to improving their skills in identifying suicidal individuals.

OHA looks forward to seeing increased participation in suicide assessment training. All types of providers could play a pivotal role in saving lives.

Introduction

Over 80 percent of Americans who die by suicide see a medical or behavioral health professional in the year before death. Many of them see a professional in the month before death.

OHA proposed a bill in 2017 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 (Alliance). Members of the Alliance testified in favor of the bill. However, the final bill makes continuing education optional and instructs OHA to report on results in August of each even-numbered year.

This report is legislatively mandated. The report tells what work has been done to carry out Senate Bill (SB) 48 in the first year (2017). Data collected for this 2018 biennial report includes providers licensed by the:

- Board of Medicine and
- Board of Naturopathic Physicians.

Other licensing boards specified in legislation will start gathering information in 2018.

Background

To address the rising rate of suicide across the nation, training in suicide prevention and treatment for physical and behavioral health providers and school personnel is encouraged by the:

- U.S. Surgeon General
- National Action Alliance for Suicide Prevention (Action Alliance)
- National Strategy for Suicide Prevention (the National Strategy) — A joint effort by the Office of the U.S. Surgeon General and the National Action Alliance for Suicide Prevention
- American Association of Suicidology
- American Foundation for Suicide Prevention and
- It is an objective of the Oregon Youth Suicide Intervention and Prevention Plan.

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 (CE) in suicide:

- Assessment
- Treatment and
- Management.

The legislature revised the bill to encourage licensed providers to take such training, but not require it. If providers take these optional courses, licensees must 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 of each year. Based on OHA research, Oregon is the only state to adopt voluntary basis CE to address provider education. Other states require certain professionals to take the courses.

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	Physical Therapist Licensing Board
Chiropractic physicians	Oregon Board of Chiropractic Examiners
Psychologists	Oregon Board of Psychologist Examiners

Findings and conclusions

Based on results of initial surveys given to those licensed by the Oregon Medical Board and Oregon Board of Naturopathic Medicine, a minority of all licensees reported taking courses specified in SB 48. According to Oregon Medical Board data only 22.7 percent of the 18,261 responding (MD, DO, physician assistants and others licensed by the board) took a course relevant to SB 48. Among the 1,021 naturopaths responding, only 16.2 percent took such a course. On follow-up, those who took courses found them:

- Beneficial
- Relevant to their work and
- Contributing to improving their skills in identifying suicidal individuals.

It is doubtful that courses taken were uniformly best practices in suicide assessment, treatment and management. Many classes were reported as short and delivered at conferences. Available best practice trainings are generally several hours or more.

Note that this is an initial sample and a starting point. The bill didn't go into effect for reporting for physicians and naturopaths before November 2017. Other licensing boards will begin reporting data in 2018.

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 plans to make annual updates. The 2017-2018 list is available at: https://tinyurl.com/y96gnxf6

Additionally, under its contract with the Oregon Pediatric Society (OPS), OHA funded development and implementation of training about suicide risk, treatment and management. In January 2018, OPS began delivering the suicide prevention module to:

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

Continuing medical education (CME) units are provided by OPS.

OHA also funded a low-cost offering of the best practice Question, Persuade, Refer-Triage (QPRT-T) course at the March 2018 Oregon Suicide Prevention Conference in Portland. The course addresses assessment and treatment issues. CE credits were available. OHA asked licensing boards to promote this training to their licensees. Four nurses and 12 behavioral health professionals attended the training.

Senate Bill 48 does not require dental professionals to report CE at license renewal. Yet, the Oregon Board of Dentistry promoted trainings to their licensees. In December 2017, the Oregon Board of Dentistry newsletter promoted information on the SB 48 initiative. The article told of:

- Practice changes for suicide prevention and intervention
- Courses that meet the outline of SB 48 and
- Workplace wellness programs to address the high rate of suicide among dentists.

Data collection

The implementation date for SB 48 was Jan. 1, 2018. Only licensees of the medical and naturopathic boards were surveyed in 2017. Data on additional groups of licensees will be reported to OHA in March 2019. That data will be available for the next legislative report scheduled for August 2020. Results for the two licensing boards' licensees are below.

OHA, at request of the licensing boards, distributed survey questions to all licensees for which OHA collects data at license renewal. Licensees up for license renewal in 2017 (naturopathic physicians) were surveyed. Additional data collection among other remaining groups of licenses through these OHA surveys are planned in 2018-2020 and beyond.

The Teachers Standards and Practices Commission, which licenses school counselors, began distributing surveys on Jan. 1, 2018.

Physicians are not routinely surveyed at license renewal by OHA; the Oregon Medical Board surveyed them. Those results are below.

Physicians

Twenty-seven percent of physicians (MD and DO, physician assistants and others licensed by the Oregon Medical Board) reporting (4,894 out of 18,261) said they took a course in suicide assessment, treatment or management. (Table 1 and 2)

Table 1. Total physicians reporting at 2017 license renewal and percentage of those reporting continuing education in suicide assessment, treatment or management.

Percentage	Count	Self-report suicide CME
48%	8674	No
26%	4693	Unsure
27%	4894	Yes
100%	**18,261**	**Total**

Table 2. Report by county of physicians receiving continuing education in suicide assessment, treatment or management.

County	Count
Harney	2
Hood River	45
Jackson	212
Jefferson	15
Josephine	45
Klamath	63
Lake	4
Lane	306
Lincoln	40
Linn	75
Malheur	54
Marion	277
Morrow	3
Multnomah	1931
Polk	37
Sherman	1
Tillamook	21
Umatilla	53
Union	17
Wallowa	12
Wasco	36
Washington	452
Yamhill	77
Total	**4894**

Naturopathic physicians

Data collected during 2017 license renewal period (primarily Nov-Dec 2017)

Active licensees as of Dec. 30, 2017	1030
Number of licensees who completed the workforce survey*	1012
Number of survey takers who completed any CE described in SB 48	164
Percent of survey takers who completed any CE described in SB 48*	16%

*Non-survey takers are primarily new licensees

About 43 percent of naturopathic physicians reported that their training occurred at a conference (Table 3). Stand-alone courses were taken about 38 percent of the time.

Table 3. Naturopathic physician training types

Training type	Count	Percent
Conference	72	44%
Stand-alone course	63	38%
Other	29	18%
Grand total	**164**	**100%**

More than three-quarters of trainings taken lasted two hours or less. (Table 4) Most best practice trainings in suicide assessment, treatment and management last a day or more.

Table 4. Naturopathic physician training duration

Course length	Count	Percent
0-2 hours	125	76%
3-6 hours	24	15%
7 hours or more	7	4%
I don't remember	8	5%
Grand Total	**164**	**100%**

Naturopathic physicians from 15 counties reported taking trainings in assessment, treatment or management.

Table 5. Naturopath trainees by county

County	Count	Percent
Did not list	23	14%
Benton	1	1%
Clackamas	17	10%
Clatsop	2	1%
Columbia	1	1%
Coos	1	1%
Deschutes	4	2%
Jackson	4	2%
Josephine	2	1%
Lane	4	2%
Linn	1	1%
Marion	5	3%
Multnomah	77	47%
Wasco	2	1%
Washington	17	10%
Yamhill	3	2%
Grand Total	**164**	**99%**

Surveys on course content and satisfaction

Boards and OHA sent surveys to licensees up for license renewal in 2017. Licensees were asked if they would be willing to share with OHA the content and knowledge gained because of courses taken. The Medical Board provided spreadsheets to OHA showing those willing to share input. OHA prepared a short online questionnaire for licensees. It was distributed to 4,894 physicians and 164 naturopathic physicians by the University of Oregon. The University of Oregon analyzed the results and reported them in detail. University of Oregon data reports are in Appendix I (medical board licensees) and Appendix II (naturopathic physicians).

Conclusion

This report is presented to the legislature in compliance with SB 48. It reports data for the medical and naturopathic boards on licensees who reported at license renewal in 2017 they took a course in suicide assessment, treatment or management in the previous period of licensure. Data for additional licensees referenced in the legislation will be reported as required in August 2020.

Report Overview

In alignment with the efforts of Senate Bill 48, the University of Oregon (UO) and the Oregon Health Authority (OHA) distributed an informative survey to medical practitioners who had participated in a suicide-related training as part of their relicensure process. The survey aimed to determine what type of suicide training medical professionals were participating in and whether these courses were deemed useful. Of the 2,740 practitioners who indicated they would be willing to provide training feedback, 378 individuals (D.O. = 6.6%, D.P.M. = 0.5%, M.D. = 83.3%, Volunteer M.D. = 0.3%, P.A. = 9 %) responded to at least part of the survey and 323 practitioners completed the entire survey. The response rate (13.8%) may be due to several contextual factors. Roughly 30 practitioners responded to the survey that they either had not been trained or were unsure of what training they participated in. Additionally, because responses were voluntary, practitioners may not have seen participation as necessary.

Training Content and Impact

An overarching aim of the survey was to ascertain what type of suicide-related content was being presented during trainings and whether or not that information was useful for practitioners. Research on professional development and training has demonstrated that measuring outcomes related to how participants received a training helps determine if information learned will impact daily practice. Thus, several survey questions were designed to assess the appropriateness, utility, and acceptability of the suicide-related training that practitioners received. Additionally, practitioners were questioned on what content their training covered and what topics they are interested in learning more about.

Training Topics

Many of the suicide-related trainings covered multiple topics that were limited to eight major domains. The four most frequently covered topics included *suicide warning signs* (16.2%), *suicide-risk assessment* (16.2%), *risk and protective factors* (15.3%), and *safety planning* (13.2%). The remaining topics included *treatment strategies for suicidal patients* (11.9%), *managing suicidal patients* (11.7%), *provider self-care* (7.0%) and *lethal means counseling*

(6.8%). Less than 2% of practitioners took a training that covered a topic outside of these eight topics. Additionally, the frequent selection of multiple topics may denote a pattern of trainings being concentrated on broad overviews rather than more specialized content.

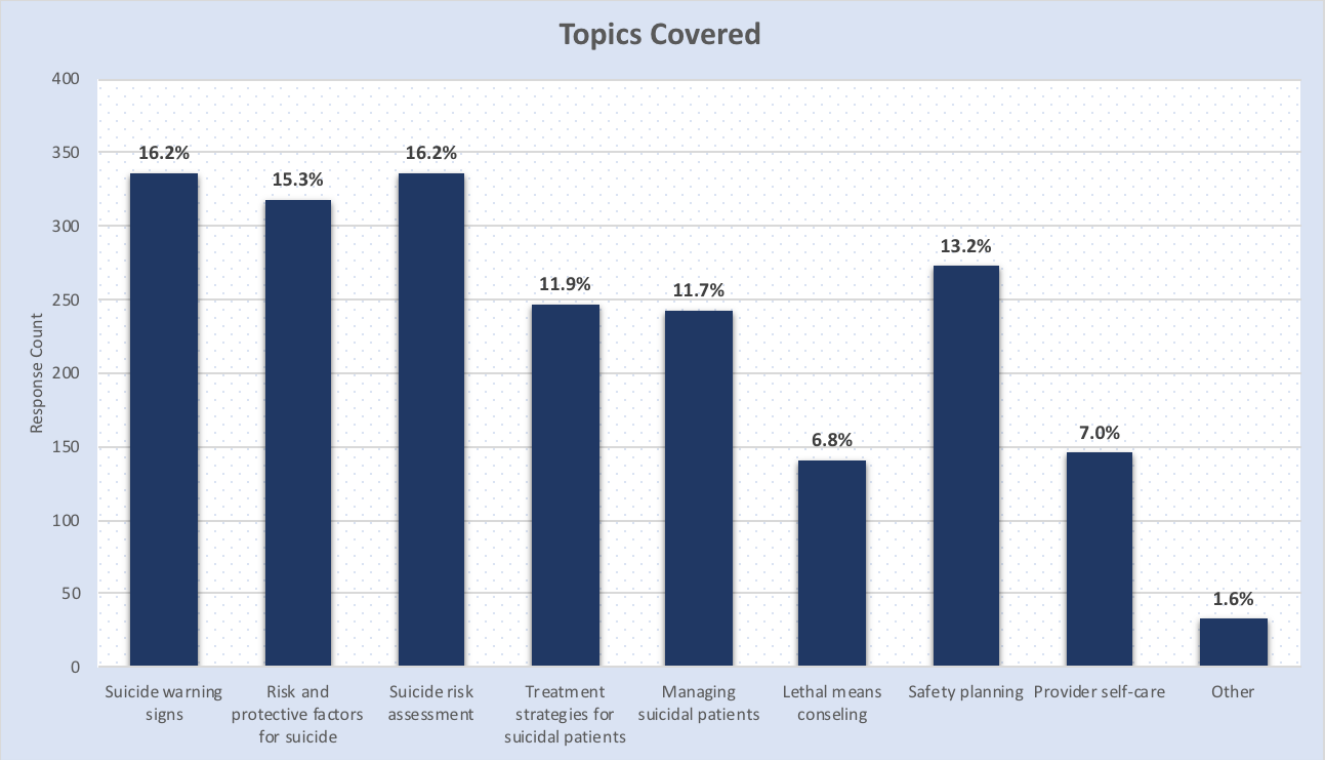


Figure 1. Summary of topics covered during trainings

As was the case with topics covered, most practitioners were interested in pursuing future trainings in multiple content domains. The highest interest was in t*alking to patients and families about suicide* (13.7%), *treatment strategies for suicidal patients* (13.4%), *managing suicidal patients* (13.1%), and *provider self-care* (12.8%). The high interest in self-care contrasts against the low percentage of trainings that covered that topic, which indicates a possible shortage in the trainings available on a subject area identified as highly valuable to practitioners.

Figure 2. Summary of additional topics of interest

Impact of Training

Practitioners found the majority of trainings to be effective, useful, appropriate to their practice, and overall satisfactory. For gains in knowledge and skills, most practitioners either agreed (50.2%) or somewhat agreed (44.0%) that the training was effective. The same was true for increased ability to identify patients at-risk of suicide, where over 93% of practitioners agreed or somewhat agreed to their ability being increased. Additionally, five survey questions were designed to measure outcomes related specifically to how the training would translate into actual practice. Across all five of these measures, practitioners overwhelming agreed that the training had a positive impact. Participants agreed or somewhat agreed most with the statements that the training was satisfactory (95.3%) and that the content was well-suited for the topic covered (98%). For all questions related to training impact, please refer to Table 1. Furthermore, a summary of all responses across the seven training impact questions is presented in Figure 3.

Table 1. Overall impact of training on practitioners

	Percent Endorsed (%)				
	Disagree (1)	Somewhat Disagree (2)	Somewhat Agree (3)	Agree (4)	Average Score
Knowledge was gained	1.6	4.1	44	50.3	3.43
Increased ability to identify at-risk patients	1.9	4.6	42.5	51	3.43
Content was useful to practice	3.6	5.5	32.1	58.9	3.46
Training was relevant to client population	3.3	4.4	25.7	66.7	3.56
Content helped with suicide safer changes to practice	4.9	9.3	42.6	43.2	3.24
Format and content was suited to topic covered	0.6	1.4	32.2	65.8	3.63
Training was satisfactory	1.1	3.6	27.1	68.2	3.62

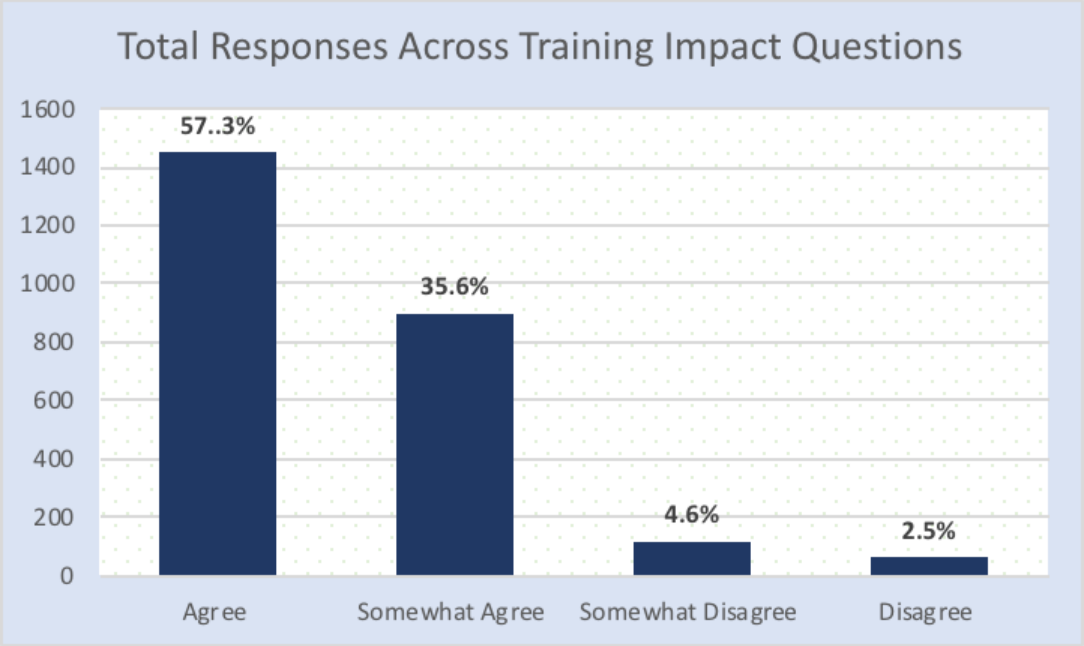


Figure 3. Summary of responses across training impact questions

Training Context and Logistics

Prior to survey dissemination, little was known regarding how medical practitioners received suicide-related training. Thus, a section of the survey was dedicated to collecting logistical data on (a) how trainings were delivered, (b) training cost, (c) who provided the training, (d) whether Continuing Medical Education (CMEs) credits or Continuing Education Units (CEUs) were provided, and (e) training duration.

Format and Cost

Trainings were mainly delivered through the *online* (52.6%) or *conference format* (30.1%), with the remainder occurring either *in-person* (7.6%), both *online and in-person* (3.1%), or *other* (6.7%). The majority of participants that selected "other" for training delivery used some form of information readings as the main training input. For training cost, most trainings were *free* (71.3%) or *below $50* (7.8%); however, a small percentage of trainings were *over $300* (8.8%).

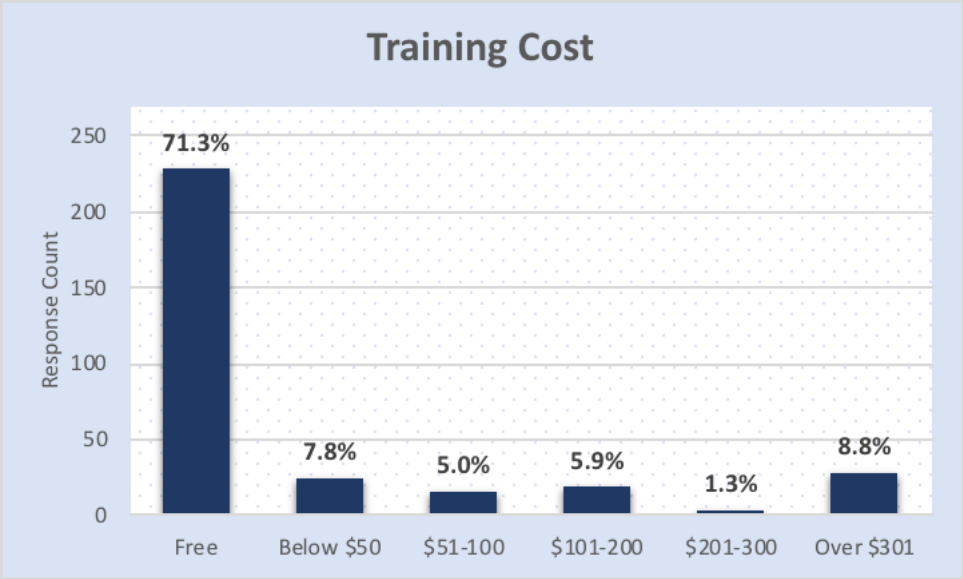


Figure 4. Summary of training costs

Training Provider

Professional associations (e.g., American Psychological Association, Kaiser Permanente) provided 38.4% of the trainings. The second most frequent provider was "Other" at 27.2%. The remainder of participants took courses provided by the *licensing board* (6.8%), *course developer* (16.5%), *university* (7.8%), or a *behavioral health agency* (3.2%). An analysis of provider names found five agencies that were listed most frequently: (a) Kaiser Permanente Continuing Medical Education, (b) OHA, (c) OHSU, (d) VA, and (e) Washington State Psychiatric Association.

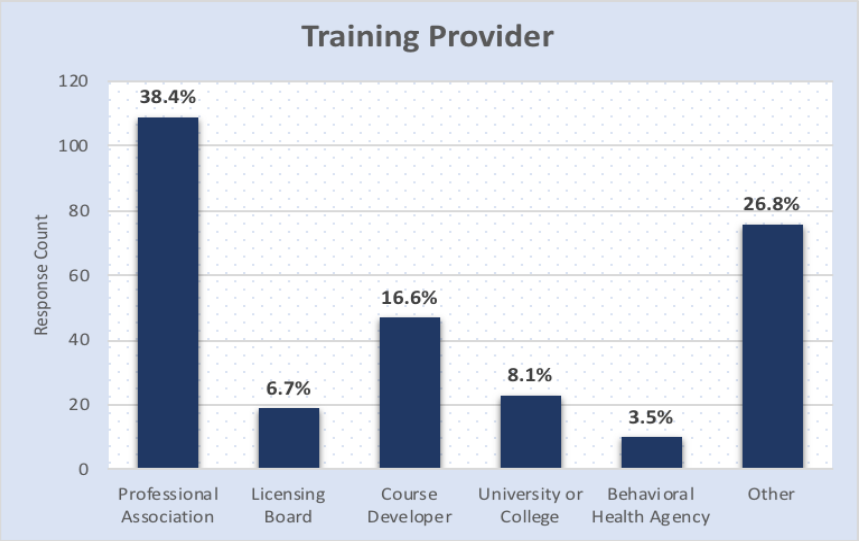


Figure 5. Breakdown of providers for trainings

CMEs and CEUs

Participants were mostly *unsure* (53.5%) whether CEUs were provided at the training. Roughly a quarter of participants (28.2%) believed CEUs were *not* provided and 18.4% stated that CEUs were provided. There was higher clarity regarding CMEs. Of the 323 responses, 63% of practitioners stated that trainings offered CMEs and 37% believed they were not offered. Additionally, participants were asked how important CMEs or CEUs were in their decision to attend the training. A majority of practitioners stated that CMEs or CEUs were either *very important* (22.9%), *important* (34.5%), or *somewhat important* (31.3%). Only a small percentage of participants stated that CMEs or CEUs were *not important* (11.0%).

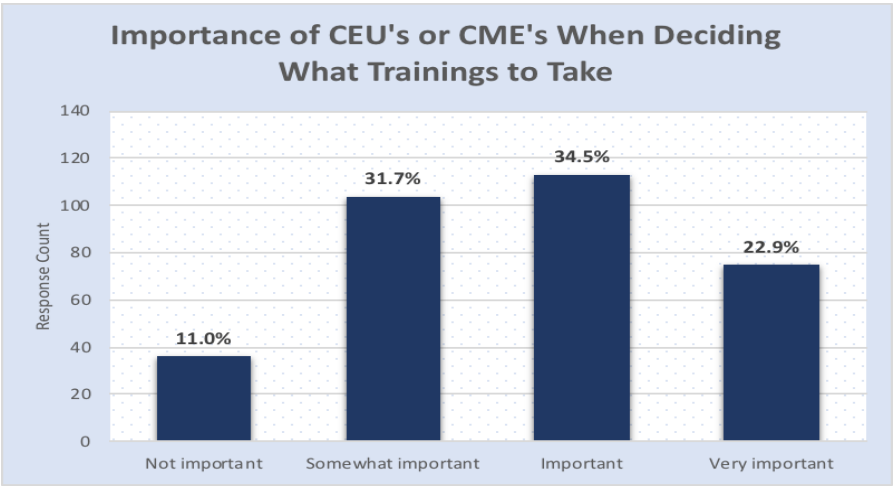


Figure 6. Summary of CEU or CME importance

Duration

Overall, trainings tended to be relatively short in length with over half (55.3%) being under 2-hours. However, there was a subsection of practitioners who participated in a training lasting six or more hours (22.5%).

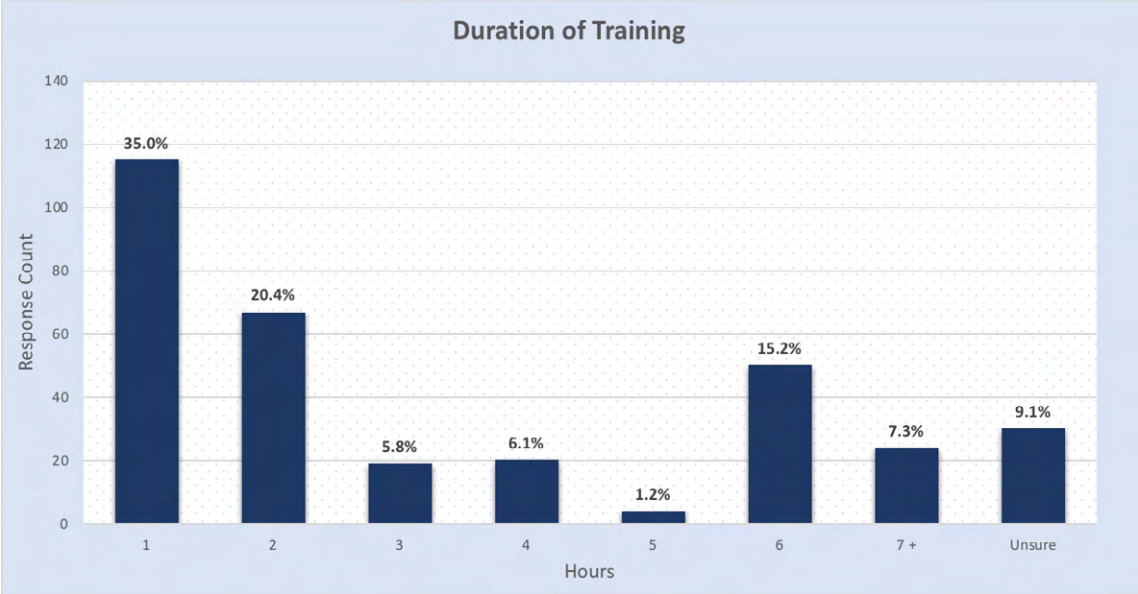


Figure 7. Breakdown of duration for trainings

Summary

The medical practitioner survey resulted in a better understanding of what type of suicide-related trainings practitioners are participating in as part of their relicensure process. Trainings tended to be relatively short, free of charge, and delivered either online or during a conference. Most courses covered multiple topics; however, the subject of provider self-care was the least frequently covered subject even though practitioners were highly interested in learning more about the topic. Overall, practitioners seemed to be receptive to the trainings and agreed that the courses were appropriate, useful, and effective in increasing knowledge and skills.

Provided by the University of Oregon
Prevention Science Lab

Report Overview

In order to support the efforts of Senate Bill 48, the University of Oregon (UO) and the Oregon Health Authority (OHA) distributed an informative survey to naturopathic practitioners who had participated in a suicide-related training as part of their relicensure process. The aim of the survey was to determine what type of suicide training that naturopathic professionals were participating in and whether those courses were deemed useful. Of the 22 practitioners who indicated they would be willing to provide training feedback, there were five individuals (N.D. = 100%) who responded to the survey. The response rate (22.7%) may be due to several contextual factors. Two practitioners responded to the survey that they either had not been trained or were unsure of what training they participated in. Additionally, because responses were voluntary, practitioners may not have seen participation as necessary.

Training Content and Impact

An overarching aim of the survey was to ascertain what type of suicide-related content was being presented during trainings and whether or not that information was useful for practitioners. Research on professional development and training has demonstrated that measuring outcomes related to how a training is received by participants helps determine if information learned will impact daily practice. Thus, several survey questions were designed to assess the appropriateness, utility, and acceptability of the suicide-related training that practitioners received. Additionally, practitioners were questioned on what content their training covered and what topics they are interested in learning more about.

Training Topics

Many of the suicide-related trainings covered multiple topics that were limited to eight major domains. The five most frequently covered topics included suicide warning signs (18.5%), suicide-risk assessment (18.5%), risk and protective factors (14.8%), safety planning (14.8%),

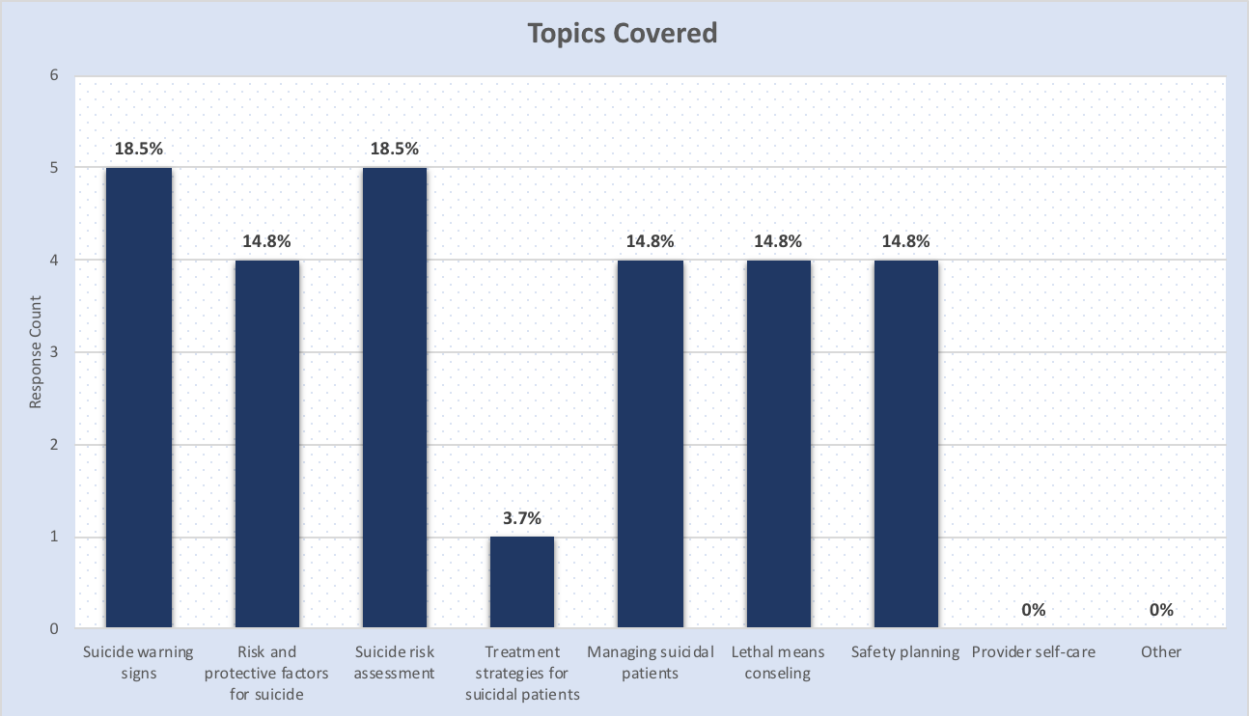


Figure 1. Summary of topics covered during trainings

As was the case with topics covered, most practitioners were interested in pursuing future trainings on multiple content domains. The highest interest was in managing suicidal patients (25%) and provider self-care (25%). The high interest in self-care contrasts against the low percentage of trainings that covered that topic, which indicates a possible shortage in the trainings available on a subject area identified as highly valuable to practitioners.

Impact of Training

Practitioners found the majority of trainings to be effective, useful, appropriate to their practice, and overall satisfactory. For gains in knowledge and skills, all practitioners either *agreed* (n = 3) or *somewhat agreed* (n = 2) that the training was effective. The same was true for increased ability to identify patients at-risk of suicide, where 100% of practitioners agreed or somewhat agreed to their ability being increased. Additionally, five survey questions were designed to measure outcomes related specifically to how the training would translate into actual practice. Across all five of these measures, practitioners overwhelming agreed that the training had a positive impact. Participants agreed most with the statements that the training was satisfactory (100%) and that the content was well-suited for the topic covered (100%). For all questions related to training impact, please refer to Table 1.

Table 1. Overall impact of training on practitioners

	Participant Count				
	Disagree (1)	Somewhat Disagree (2)	Somewhat Agree (3)	Agree (4)	Average Score
Knowledge was gained	0	0	2	3	3.60
Increased ability to identify at-risk patients	0	0	2	3	3.60
Content was useful to practice	0	0	0	5	4.00
Training was relevant to client population	0	0	1	4	3.80
Content helped with suicide safer changes to practice	0	0	2	3	3.60
Format and content was suited to topic covered	0	0	0	5	4.00
Training was satisfactory	0	0	0	5	4.00

Training Context and Logistics

Prior to survey dissemination, little was known regarding how medical practitioners received suicide-related training. Thus, a section of the survey was dedicated to collecting logistical data on (a) how trainings were delivered, (b) training cost, (c) who provided the training, (d) whether Continuing Medical Education (CMEs) credits or Continuing Education Units (CEUs) were provided, and (e) training duration.

Format and Cost

Trainings were mainly delivered through the online (n = 2) or conference format (n = 2) with the remaining practitioners taking a course in-person. For training cost, 4 participants received a free training and 1 participant took a course below $50.

Training Provider

Professional associations (i.e., NetCE, Oregon Pediatrics Society, and Philadelphia Transgender Health Conference) provided 3 of the trainings. ZOOM Care and the Kaiser Foundation provided training for the other two practitioners.

CMEs and CEUs

Two participants were unsure whether CEUs were provided at the training and 2 participants believed CEUs were provided. There was higher clarity regarding CMEs, where all 5 practitioners stated CMEs were provided. Additionally, the survey asked participants how

important CMEs or CEUs were in their decision to attend the training. For this question, practitioners responded evenly across the choice categories with 1 participant selecting “Not Important,” 1 selecting “Somewhat Important,” 1 selecting “Important,” and 2 selecting “Very Important.”

Duration

Overall, trainings tended to be either relatively short in length or significantly longer in duration. Two participants took a 1-hour training, while the remaining three participated in a 6-hour or longer training.

Summary

The naturopathic practitioner survey resulted in a better understanding of what type of suicide-related trainings practitioners are participating in as part of their relicensure process. Trainings tended to be relatively short, free of charge, and delivered either online or during a conference. Overall, practitioners seemed to be receptive to the trainings and agreed that the courses were appropriate, useful, and effective in increasing knowledge and skills.

Provided by the University of Oregon
Prevention Science Lab

Endnotes

1. 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.

2. 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

Oregon Health Authority
HEALTH SYSTEMS DIVISION
Child and Family Behavioral Health Unit
Phone: 503-945-5778
Fax: 503-947-5546
Email: CHELSEA.HOLCOMB@dhsoha.state.or.us

For questions or comments about this report, or to request this publication in another format or language, please contact Chelsea Holcomb at 503-945-5778 or CHELSEA.HOLCOMB@dhsoha.state.or.us.
We accept all relay calls or you can dial 711.

OHA 2889 (09/2018)