



# Oregon Pediatric Society

A Chapter of the American Academy of Pediatrics. Incorporated in Oregon

DATE: February 13, 2023

TO: Committee Chair Senator Patterson, Vice Chair Hayden,  
and Members of the Senate Committee on Health Care

FROM: Julie Scholz, Executive Director of the Oregon Pediatric Society  
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SUBJECT: Support for SB 818 – Suicide Prevention education for Oregon Medical  
Providers

The Oregon Pediatric Society (OPS) is the state chapter of the American Academy of Pediatrics. Our membership of pediatricians, pediatric nurse practitioners, medical students, and other health practitioners is committed to improving and protecting the health and well-being of all children in Oregon, as well as those who care for them. To further that goal, OPS endorses SB 818, which would make it easier for medical providers to access quality continuing medical education (CME) in order to build skills and confidence on suicide screening, assessment, lethal means counseling, and safety planning.

Unfortunately, the majority of Oregon's medical workforce is not adequately trained or prepared to address and treat suicidal patients. Most practicing physical healthcare practitioners did not receive direct training on suicide prevention in their medical education programs. Without training, most medical professionals say they are not comfortable or skilled in asking direct key questions about whether someone – a patient, a colleague – is thinking about suicide.

We see in the Oregon Health Authority's recently released ORS 676.860 *Suicide Prevention for Medical and Behavioral Health Providers* (a report initiated with 2017's SB 48 legislation), that approximately 31% of Oregon Medical board licensees (physicians, physician assistants, acupuncturists) reported taking suicide risk assessment, treatment, or management training from 2019 through 2021. About 39% of nursing licensees said they took suicide prevention coursework. The Oregon Board of Chiropractic Examiners is so committed to increasing suicide prevention education for Doctors of Chiropractic, that they now require licensees to take relevant coursework.

That's a great start, and how can Oregon increase those percentages? And logistically thinking, what would happen if the tens of thousands of medical providers in our state



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were all to take suicide prevention coursework? Would there be enough appropriate education opportunities that matched their roles with patients and a cohesive training system for them to access? The Oregon Alliance to Prevent Suicide, charged with overseeing the state's suicide prevention and intervention plans, has studied what other states have done, especially our neighbor, Washington. It is clear to us that a coordinated, statewide system is needed for a task of this magnitude and importance.

In choosing to take CME in suicide prevention, medical providers need to think there is a problem. They do. In Oregon, accelerated by the pandemic, all medical providers know that accessing mental health services is very challenging. In 2021, the U.S. Surgeon General joined child medical organizations in declaring a state of emergency in youth mental health. In our polls, OPS members say behavioral health is the #1 concern pediatricians have about their patients. The old medical model of patient screening and referral to behavioral health experts is not sufficient for getting people the timely care they need, especially those in life-threatening mental health crises.

So, if medical providers understand that they have to take a more active role in patient suicide prevention, they also want the continuing medical education they take to be meaningful, skill-building, and easy to access and understand. It is perhaps telling that more than 26% of OMB licensees were unsure if they had taken suicide prevention CME in the previous three years. Figuring out how to make the time necessary for people at risk of suicide in a full clinical schedule is an important piece of the education. Along with training how to incorporate suicide assessments into routine or emergency patient visits, understanding clinic workflows is also necessary.

SB 818 empowers the Oregon Health Authority to build on their successful *Big River* lifespan suicide prevention programming work in order to increase the capacity of Oregon's professional education infrastructure. The OHA suicide prevention staff are uniquely positioned to analyze and collate what training is available and appropriate for various medical roles and responsibilities. By working with the medical boards, OHA can coordinate, develop, and promote a range of equity-based suicide prevention education. With OHA's leadership, we will also be able to prove the effectiveness of this approach to see if by providing new and more accessible quality training, Oregon can increase the numbers of physicians, nurses, and allied medical professionals who get trained in suicide prevention. Because physicians have some of the highest suicide rates of any profession, this training also has the potential to be protective for them or their colleagues who are at risk of suicide.



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The good news is that receiving relevant suicide prevention education is highly effective. OPS has been training child health medical providers in suicide screening and safety planning since 2015. In 2020, in response to pandemic needs, OPS coordinated the development of a youth suicide prevention training module to be delivered virtually. More than a thousand Oregon professionals have been trained. The University of Oregon Suicide Prevention Research Lab has analyzed trainees' reported changes after taking this training, and the increase in knowledge and confidence is substantial.

SB 818 asks the Oregon legislature to prioritize supporting Oregon medical providers as they learn or refresh their skills with patient suicide prevention. The Alliance to Prevent Suicide and the Oregon Pediatric Society urge you to vote yes to these life-saving capacity-building investments. Thank you for your service and consideration.