

**OREGON ACADEMY OF FAMILY PHYSICIANS
CONGRESS OF THE MEMBERS
76th ANNUAL MEETING
April 15, 2023
Resolution #5**

**Introduced by: Gina Miller, MD; Conor Davenport COMP NW OMS3, Charles Antonowicz
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Subject: Suicide Prevention Training for Clinician and Healthcare Practitioners in Oregon

1 Whereas, there is evidence to suggest that, with improved suicide prevention education, the
2 rate of suicides and self-harm in the United States can be reduced significantly.

3 Whereas, according to the Oregon Health Authority, suicide is the leading cause of death
4 among Oregonians aged 10-24 and, statewide in 2020, 833 people died by suicide giving a rate
5 of 18.3 per 100,000. This makes Oregon's suicide rate the 13th highest in the country and the
6 ninth most common cause of death in the state.

7 Whereas, there is not currently a standardized suicide prevention training program for clinicians
8 and healthcare practitioners in Oregon State or nationally.

9 Whereas, this problem is not being assessed through the medical education system. Neither the
10 Liaison Committee on Medical Education (LCME) or Commission on Osteopathic College
11 Accreditation (COCA), boards that accredit current allopathic and osteopathic medical schools
12 respectively, consider mental health and suicide training as curricular requirements for
13 accreditation.

14 Whereas, the Accreditation Council for Graduate Medical Education (ACGME) does not require
15 mental health or suicide training for residency accreditation.

16 Whereas, according to the American Academy of Family Medicine, although the evidence
17 surrounding suicide prevention is still inconclusive, psychotherapy is proven to be the most
18 effective measure for reducing the risk of suicide.

19 Whereas, the US Preventive Service Task Force is considering making a recommendation for
20 screening for depression and suicide risk in adults and adolescents as a high priority.

21 Whereas, the National Strategy for Suicide Prevention calls for a comprehensive approach to
22 suicide prevention that includes action at individual, family, community, and societal levels.

23 Whereas, in 2016 the Joint Commission issued a Sentinel Event alert urging all primary,
24 emergency, and behavioral health clinicians take steps to prevent suicide.

25 Whereas, 45% of individuals who die by suicide make contact with a primary care provider in
26 the month prior to their death, and nearly 20% make contact within 1 day of their death.

27 Whereas, suicide is a public health problem and suicide prevention can be integrated into
28 routine primary care services, along with other preventive screenings and interventions and
29 leaders that help to equip care teams with the right training and tools can help to advance two
30 core beliefs of the Zero Suicide Approach: 1. Suicide can be prevented. 2. Zero suicides is an
31 ambitious and just goal.

32 Whereas, Washington State and the Washington Tracking Network have demonstrated the
33 effectiveness of suicide prevention training resulting in long term reduction in suicide related
34 deaths using a program that must include 90 minutes dedicated to guided suicide risk
35 assessment, 60 minutes to cover evidence-based management of people at risk of suicide, 30
36 minutes for military veterans, and minutes to identify and differentiate between lethal and non-
37 lethal self-harm.

38 Whereas, Washington State law RCW 43.70.442, passed in 2017, requiring all Washington
39 practitioners in acupuncture and alternative medicine, athletic trainers, counselors,
40 chiropractors, dentistry, dental hygienists, mental health professionals, licensed nurse
41 practitioners, registered nurses, naturopathic physicians, optometrists, osteopathic physicians,
42 allopathic physicians, pharmacists, physician assistants, psychologists, and social workers to
43 take a one-time training in suicide prevention.

44 Whereas, data from the Washington State Department of Health supports the effectiveness of
45 implementing suicide prevention training in the state of Washington in that, since the RCW
46 43.70.442 initiative was enacted in 2017, rates of firearm-related deaths by suicide have gone
47 down by 6%, rates of poisoning related deaths by suicide have continued to decline by 12%,
48 and rates of suffocation related deaths by suicide have decreased by 17%.

49 Whereas, with such a drastic drop in suicide-related deaths, Washington State serves as an
50 example of how introducing suicide prevention training in a state can have a significant effect on
51 rates of suicide in the area.

52 Whereas, to propose an effective regulation, RCW 43.70.442 can be used as an example, as
53 this initiative has now been in effect in Washington for four years and appears to be successful
54 in decreasing suicide related deaths, NOW THEREFORE BE IT

55 RESOLVED, that the Oregon Academy of Family Physicians support and advocate for a
56 mandatory, standardized, universal training program in suicide prevention for clinicians and
57 healthcare practitioners in Oregon, and be it further.

58 RESOLVED, that the American Academy of Family Physicians support and advocate for a
59 mandatory, standardized, universal training program in suicide prevention for clinicians and
60 healthcare practitioners in the USA.

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