**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 COMP NW OMS3**

**Subject: Suicide Prevention Training for Clinician and Healthcare Practitioners in Oregon**

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

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

**WHEREAS,** there is not currently a standardized suicide prevention training program for clinicians and healthcare practitioners in Oregon State or nationally, and

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

**WHEREAS,** the Accreditation Council for Graduate Medical Education (ACGME) does not require mental health or suicide training for residency accreditation, and

**WHEREAS,** according to the American Academy of Family Medicine, although the evidence surrounding suicide prevention is still inconclusive, psychotherapy is proven to be the most effective measure for reducing the risk of suicide, and

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

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

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

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

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

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

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

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

**WHEREAS,** with such a drastic drop in suicide-related deaths, Washington State serves as an example of how introducing suicide prevention training in a state can have a significant effect on rates of suicide in the area, and

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

**RESOLVED,** that the Oregon Academy of Family Physicians support and advocate for a mandatory, standardized, universal training program in suicide prevention for clinicians and healthcare practitioners in Oregon, and BE IT FURTHER.

**RESOLVED,** that the American Academy of Family Physicians support and advocate for a mandatory, standardized, universal training program in suicide prevention for clinicians and healthcare practitioners in the USA. **Adopted as submitted.**

**References**

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