Due to our consistently high rate of suicide, the recent death by suicide of 5 adolescents in unrelated events in Lane County and concerns about possible future contagion, Lane County Public Health wishes to inform local healthcare providers of suicide-related statistics, warning signs, and resources that can make a difference.

Background information

- Suicide is the second leading cause of death among Oregonians aged 10 to 24 years (2016)
- Lane County’s suicide rate is 42% higher than the national rate. Lane County averages more than one suicide per week.
- Reports from multiple crisis providers suggest the suicide attempts have increased recently as well.
- People who die by suicide are more likely to have seen their primary care provider in the month before their death than other healthcare resources.

The good news is that suicide is preventable. However, it takes being aware of the risk factors and warning signs and knowing how to help someone who might be at risk. Healthcare providers can play a big part in addressing suicide because for many patients a visit to their primary care provider is the last opportunity to intervene.

Risk Factors

Suicide is a complex issue; frequently a number of risk factors are involved. These include factors related to one’s health, environment, life events and individual or family histories. Some of the major risk factors include:

- Family history of suicidal behavior
- Previous suicide attempt(s)
- History of mental disorders, particularly depression or bipolar disorder
- Alcohol and other drug abuse
- Feelings of hopelessness, isolation
- Stressful life events and losses (relational, social, work-related, financial)
- Any involvement in bullying
- Physical illness
- History of trauma/abuse
- Easy access to lethal methods
Warning Signs
The earlier warning signs are identified, the more likely interventions to support the person will be successful. New or altered behaviors are a significant concern. Some of the most common warning signs are:

- Talking about being a burden, feeling trapped, killing themselves, or having no reason to live
- Withdrawing from usual activities, family and friends; loss of interest
- Giving away prized possessions
- Increased anxiety, aggression, irritability
- Significant changes in sleep and/or eating habits

While observing these signs does not necessarily mean a person is suicidal, it does mean there may be life issues needing attention. In any case, asking directly and nonjudgmentally if someone is thinking about suicide can indeed be a lifesaver. Such questioning provides an opportunity to explore current and past risks and identify what can be done to help the person through a period of increased suicide risk. Most importantly, research consistently demonstrates that asking about suicide does not promote suicidal behavior.

Taking Action
Here are suggestions from the Suicide Prevention Resource Center:

- Establish protocols for screening, assessment, intervention, and referral
- Train all staff in suicide prevention, care practices and protocols, including safety planning and reducing access to lethal means (e.g., opiates, firearms)
- Create agreements with behavioral health practices for patient referrals
- Ensure continuity of care by transmitting patient health information to emergency care and behavioral health care providers to create seamless transitions
- Follow up with at-risk patients by phone between visits

Resources
There are a number of free resources available for providers and their clients.

- Suicide Safe mobile app—this free app from the Substance Abuse and Mental Health Services Administration (SAMHSA) equips providers with resources to assess patient suicide risk, how to communicate effectively with clients and their loved ones, and determine next steps and referrals. http://bit.ly/1NR7CuS
- National Suicide Prevention Lifeline crisis line: 1-800-273-TALK (8255)
- Counseling on Access to Lethal Means (CALM)—a free online course for medical and behavioral health providers designed to reduce risks for people in crisis.
• Suicide Prevention Toolkit for Primary Care Practices (SAMHSA)
  https://www.sprc.org/settings/primary-care/toolkit
• Question, Persuade, Refer (QPR) Suicide Prevention Training - Lane County Public Health is available to provide QPR training for medical providers. To schedule a QPR training please call Roger Brubaker at (541) 682-8731 or roger.brubaker@co.lane.or.us

For more information about suicide prevention and additional resources, visit Lane County Public Health’s Preventionlane website at: https://preventionlane.org/prevention-topics/suicide-prevention

If you or someone you know is in need of support or help, don’t hesitate to call the National Suicide Prevention Lifeline or other help line (listed on the Preventionlane website at www.preventionlane.org/suicide-resources).