



OREGON  
**HEALTH**  
AUTHORITY

Behavioral Health Division  
Child and Family Behavioral Health

**2024**

# **Suicide Prevention Training for Medical and Behavioral Health Providers**

**Data report to the Legislature**



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# Executive summary

Oregon's suicide rate remains above the national average. Workforce training in suicide prevention is an essential part of Oregon's overall strategy to reduce suicide.

Since 2017, Oregon has recommended behavioral and medical health care workforces get training in suicide prevention. In July 2022, Oregon began to require suicide prevention training for several behavioral health care workforces upon license renewal. Medical providers continue to get recommendations for this training. However, it is not a requirement. Boards for the named workforces are required to submit data to the Oregon Health Authority (OHA) about how many licensees reported taking a suicide prevention course or training. OHA is required to maintain a list of course options for licensees to take about suicide prevention.

This report shows:

- Among the licensing boards reporting, 45.1 percent of licensees took a course in suicide risk assessment, treatment or management.
- In the 2021–2023 reporting period:
  - 60.6 percent of licensees reported taking required suicide prevention training.
  - 42.4 percent of licensees not legislatively required to take training reported suicide prevention training. These results include data from chiropractors. Chiropractors have a self-imposed requirement for suicide prevention training.
- House Bill (HB) 2315 of 2021 has required and recommended licensing board reporting.
  - For reported training from 2019–2021 to 2021–2023 survey period:
    - Required boards saw an increase of about 10 percent.
    - Recommended boards saw an increase of about 8 percent.
  - For the 2021–2023 survey period
    - Licensees from required boards reported taking suicide risk training 19 percent more often than recommended boards.
- Concerning continuing education for chiropractors on suicide risk assessment, treatment or management:
  - For the first time since OHA has tracked this data, they had the highest percentage of licensees with training (93.9 percent). This is due to a self-imposed requirement that began in July 2021.
  - They reported the lowest percentages with training (6.1 percent) in 2020.

- In previous years, the following had the highest percentages of licensees completing continuing education on suicide risk assessment, treatment or management:
  - School counselors
  - School psychologists
- The physical therapist board reported having the lowest percentage of licensees taking a relevant course in the 2021–2023 reporting period (10.2 percent).

OHA recommends adding a requirement for medical health care providers to take suicide prevention training for relicensure. OHA also recommends increasing workforce training evaluation efforts to determine:

- Which courses increase provider confidence, and
- Competence by provider role.

# Introduction

The effects of suicide in Oregon are profound and far-reaching. In 2022, there were 883 suicides in Oregon. Suicide deaths in Oregon remain above the national average. Oregon's 2022 age-adjusted rate of suicide deaths was 19.3 per 100,000 people, while the national rate was 14.2. Oregon had the 12th-highest youth suicide rate in the country that year. Suicide remains the second leading cause of death for Oregonians ages 10–24.

Since 2019, Oregon's suicide prevention leaders have [made significant progress](#) in prevention, intervention and postvention efforts. This includes progress in workforce training. While Oregon's suicide rate remains above the national average, the youth suicide rate decreased in 2019, 2020 and 2021. In 2022, the youth suicide rate increased. This represents the first year-to-year increase in youth suicide in four years. Initial 2023 data indicate there will not be an additional increase in youth suicides in 2023.

The following report details the self reported suicide prevention-related training in the license renewal period of Jan. 1, 2021–Dec. 30, 2023, by:

- Profession
- Workforce, and
- County.

This report is presented to the legislature in compliance with [Oregon Revised Statute \(ORS\) 676.860\(6\)](#).

The authority, on or before August 1 of each even-numbered year, shall report to the interim committees of the Legislative Assembly related to health care on the information submitted to the authority under subsection (5) of this section. The authority shall include in the report information about initiatives by boards to promote awareness about suicide risk assessment, treatment and management and information on how boards are promoting continuing education described in subsection (2) of this section to licensees.

**An essential part of Oregon's strategy is to equip the workforce to prevent suicide. This is outlined in the Oregon Suicide Prevention Framework.**

**The training findings from this report can help inform OHA's larger strategy.**

**More information about Oregon's Suicide Prevention Framework is in the Youth Suicide Prevention and Intervention Plan.**

This report contains data from all boards listed in the following ORS:

- 676.860
- 675.140
- 675.597
- 675.805
- 676.860
- 676.863

Licensees self-report at license renewal when they have taken a course in suicide assessment, treatment or management in the previous period. This is how OHA gathers the data.

# Training recommendations and requirements

In 2017, Oregon passed Senate Bill (SB) 48. This bill recommended medical and behavioral health workforces have training related to suicide prevention. It **did not require** training related to suicide prevention.

In 2021, Oregon passed HB 2315. This bill required training for suicide risk assessment, treatment or management for some behavioral health workforces as of July 1, 2022. These workforces and their boards are listed on page 8 of this report. Training in suicide prevention for the medical health workforces listed in the 2017 legislation remains a recommendation. It is not a requirement.

OHA will report to the legislature in odd-numbered years on the required suicide prevention training completed by the workforces listed in HB 2315. OHA anticipates that workforces with suicide prevention training required will report more completed training than those with only recommended training.

**Oregon does not currently require most medical providers to take suicide prevention training for relicensure.**

**People at risk for suicide are often seen in health care settings.**

**Over 80 percent of those who die by suicide have been seen in a physical health care setting in the prior year. (1)**



**Table 1. Workforces and boards with recommended training before July 1, 2022**

<b>Workforce</b>	<b>Board</b>
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	Oregon Board of Physical Therapy
Chiropractic physicians	Oregon Board of Chiropractic Examiners
Psychologists	Board of Psychology

**Table 2. Workforces and boards that still have training recommended as of July 1, 2022**

<b>Workforce</b>	<b>Board</b>
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
Occupational therapists	Occupational Therapy Licensing Board



<b>Workforce</b>	<b>Board</b>
Physical therapists	Oregon Board of Physical Therapy
Chiropractic physicians*	Oregon Board of Chiropractic Examiners

**Table 3. Professions and boards that still have training required as of July 1, 2022**

<b>Workforce</b>	<b>Board</b>
Qualified Mental Health Associate	Oregon Health Authority
Qualified Mental Health Professional	Oregon Health Authority
Certified Alcohol and Drug Counselor	Oregon Health Authority
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
Prevention Specialist	Oregon Health Authority
Problem Gambling Provider	Oregon Health Authority
Recovery Mentor	Oregon Health Authority
Traditional Health Workers (8 workforces)	Oregon Health Authority's Traditional Health Worker Program

\* As of July 1, 2021 the Oregon Board of Chiropractic Examiners require 1 hour of suicide prevention training annually for relicensure.

## Course offerings

[ORS 676.863](#) requires OHA to develop a list of suggested courses that address suicide assessment, treatment and management. These are to support the workforce training recommendations and requirements. OHA posted the list on the OHA website on Nov. 2, 2017. OHA makes annual updates. The current list is on the [Children and Family Behavioral Health – Youth Suicide Prevention web page](#).

OHA has current contracts for statewide access to the [Big River menu of programming](#), which includes best practice training for suicide:

- Prevention
- Intervention, and
- Postvention (response after a suicide death).

OHA funding supports these training options. Training is available statewide at low or no cost. There are currently 14 training options included in the Big River programming. Since the last report in 2023, OHA has added the below training options:

- [Suicide Prevention: Responding with Care](#)  
A three-hour online, self-paced training for traditional health workers. The training is designed to build knowledge and skills that traditional health workers need to:
  - Screen for suicide risk
  - Ask about suicide directly
  - Refer to services, and
  - Follow up with clients.

Training is offered in English, with a case example in Spanish.

- [Suicide Prevention and Intervention for Latine Communities](#)  
A three-hour online, self-paced English course for providers working with Latinx community members.

# Findings overview

Below is an overview of the results of all reporting workforces and boards covered by ORS 676.866 for the 2021–2023 reporting period. It also includes a longitudinal comparison of boards required and recommended to have training per HB 2315. These results are then shown individually by each reporting board.

Eight licensing boards submitted data to OHA through a survey collected from 2021–2023 to the Health Care Workforce Reporting Program ([HWRP](#)). The workforces and boards included in the HWRP data are:

- Oregon Board of Chiropractic Examiners
- Counselors and therapists
- Naturopathic medicine
- Nursing
- Occupational Therapy
- Physical Therapy
- Psychology, and
- Social Work

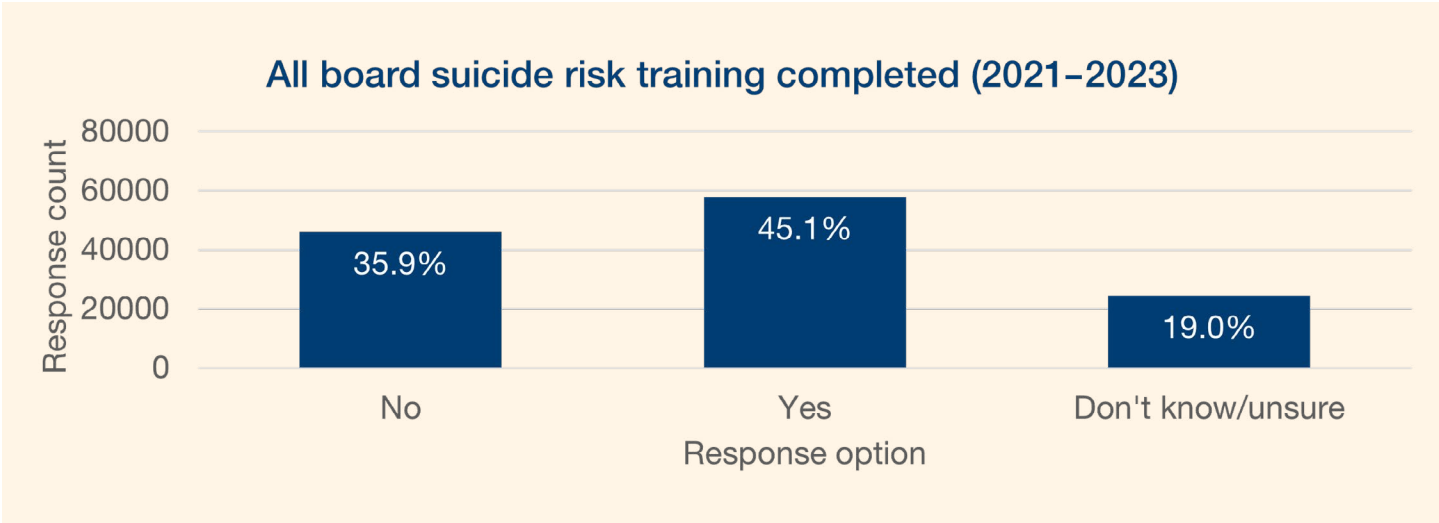
Limitations:

- The Teacher Standards and Practices Commission (TSPC) submitted data during 2022–2023.
- The Traditional Health Workers (THW) Commission reported data collection from July 2023 to December 2023.
- The Oregon Medical Board submitted data to OHA in 2024; however, the data collected dates were not included.

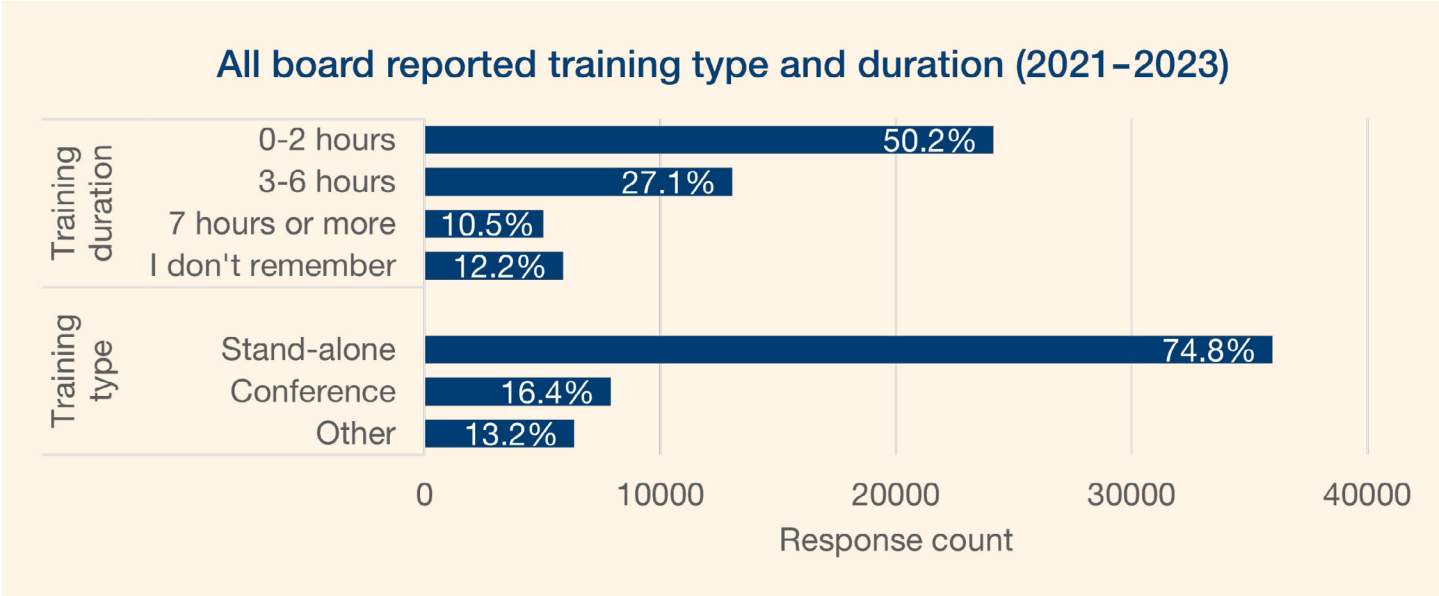
## Findings overview – all reporting boards

The following section includes 2021–2023 data collected from all licensing boards. There were surveys of the workforces and boards addressed in ORS 676.866. From those, 45.1 percent of all reporting licensing boards' licensees (57,813 out of 128,133) reported taking a course in suicide risk assessment, treatment or management.

**Figure 1. Percent of all Health Care Workforce Reporting Program licensees reporting continuing education in suicide risk assessment, treatment or management during the 2021–2023 survey period**

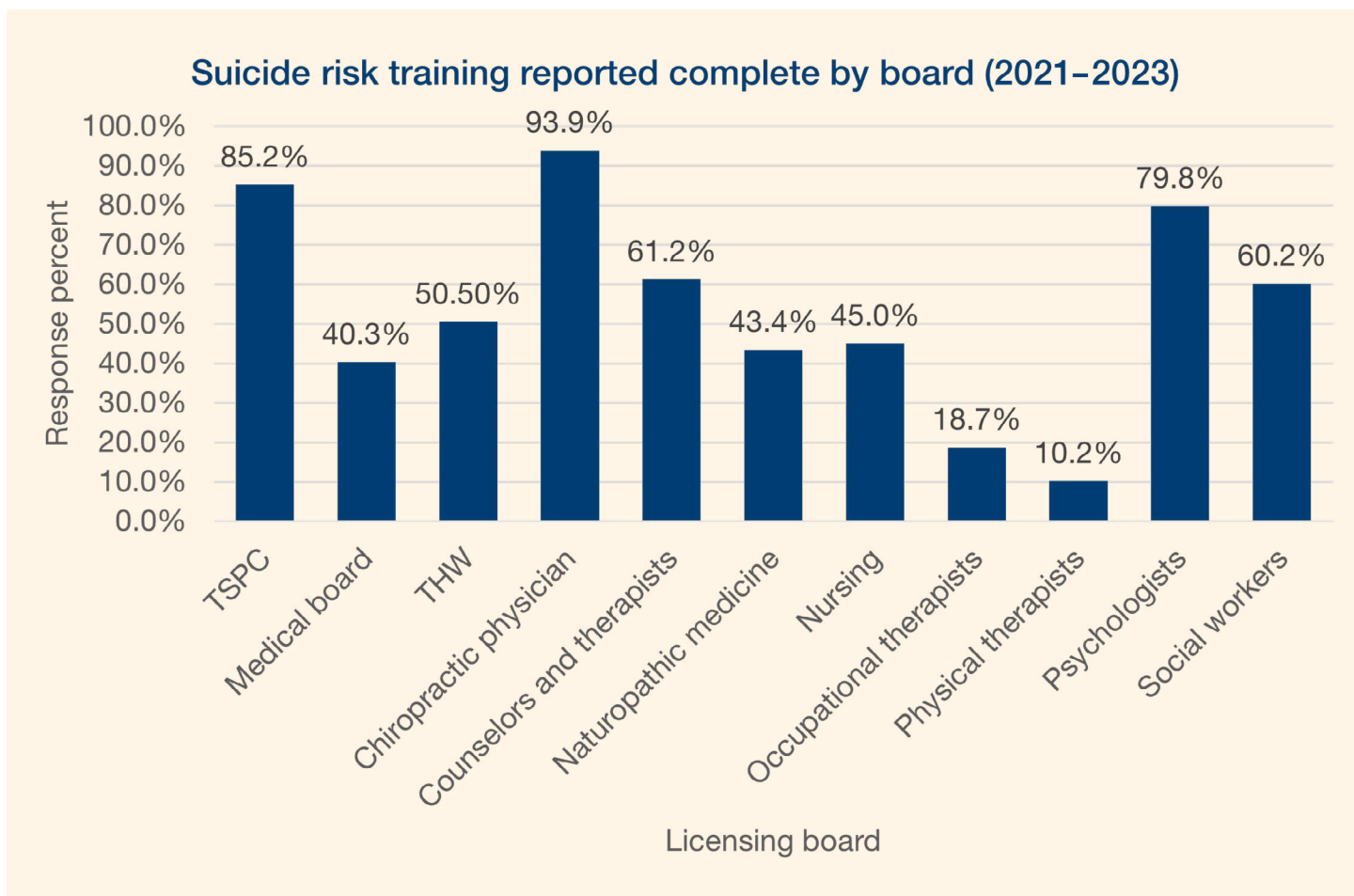


**Figure 2. Percent of Health Care Workforce Reporting Program licensees reported by training type and length during the 2021–2023 survey period**



Respondents could select all training types that applied. Therefore, training types added up to more than 100 percent.

**Figure 3. Comparison of Health Care Workforce Reporting Program licensees by board reporting completion of training in suicide risk assessment, treatment or management by licensing board during the 2021–2023 survey period**



Of licensees reporting completion of continuing education on suicide risk assessment, treatment or management:

- Chiropractic physicians had the highest percentage (about 94 percent).
- The physical therapist board reported the lowest percentage (about 10.2 percent).

## HB 2315 longitudinal comparison

In 2021, Oregon passed HB 2315. This bill required training for suicide risk assessment, treatment and management for some behavioral health workforces starting July 1, 2022. The workforces and boards covered in this report that remain recommended to receive training are:

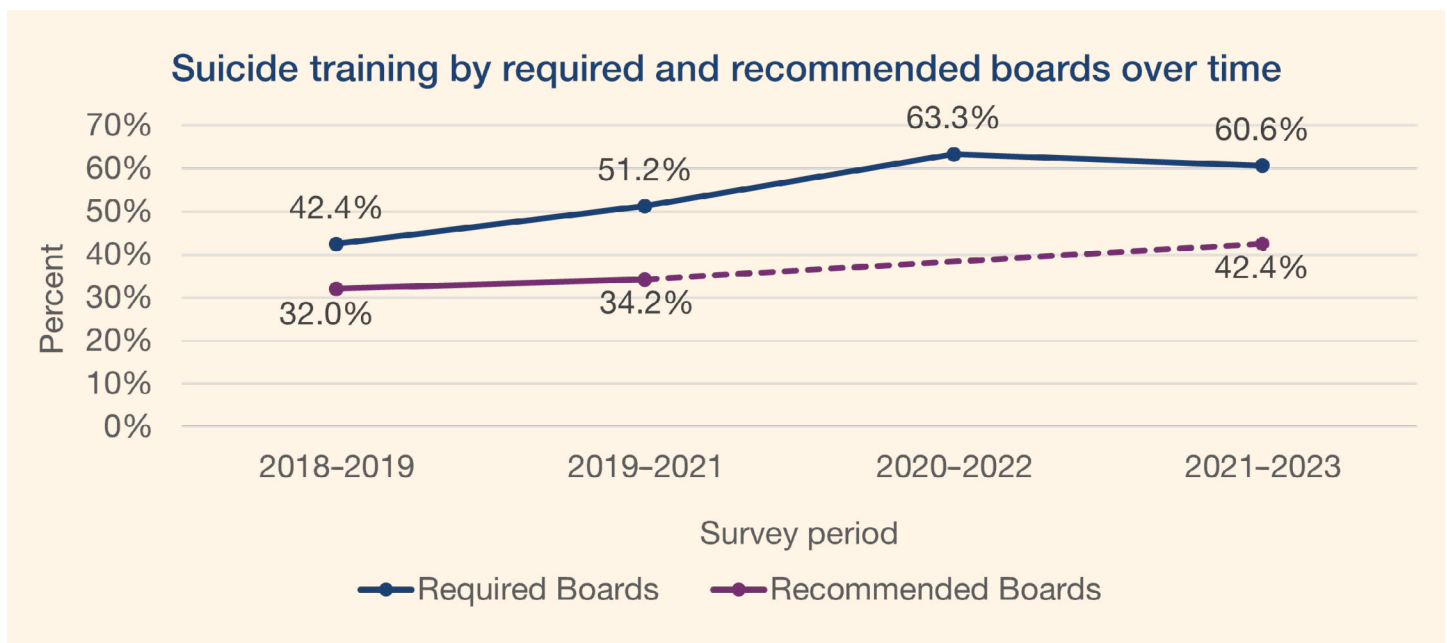
- Physicians and physician assistants
- Nurses and nurse practitioners
- Naturopathic physicians

- Occupational therapists
- Physical therapists, and
- Chiropractic physicians.

The workforces and boards covered in this report required to receive training are:

- Social workers
- School counselors
- Counselors and therapists, and
- Traditional health workers (THW).

**Figure 4. Percent of licensees reporting continued education in suicide risk assessment, treatment or management to HB 2315 required and recommended boards during each survey period. Recommended boards did not have to report during the 2020–2022 survey period**



Following the passing of HB 2315 in 2022 in reported training from 2019–2021 to 2021–2023 survey period:

- Required boards saw an increase of about 10 percent.
- Recommended boards saw about an 8 percent increase.

Overall, during the 2021–2023 survey period, about 19 percent more licensees from required boards reported having taken suicide risk training than those from recommended boards.

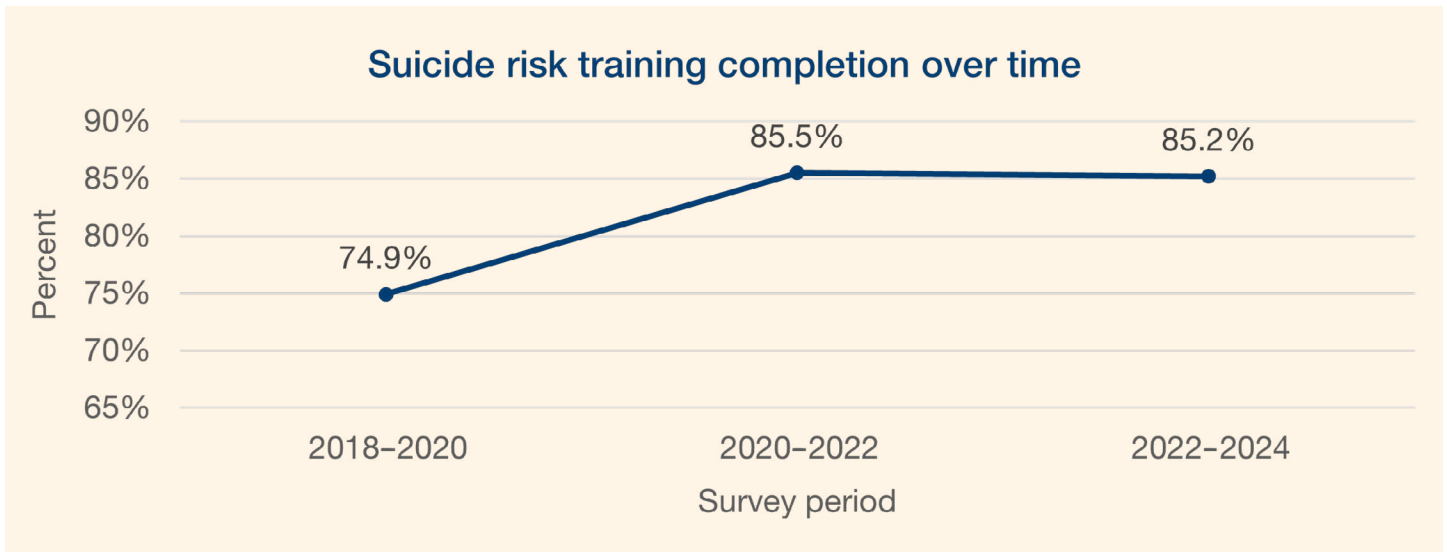
# Teachers Standards and Practices Commission (TSPC) School counselors (2022–2023)

Figure 5. Total TSPC licensees reporting continued education on suicide risk assessment, treatment, or management during the 2022–2023 survey period



Of TSPC licensees reporting, about 85 percent (867 out of 1018) said they took a course in suicide risk assessment, treatment or management.

Figure 6. Percent of TSPC licensees reporting continuing education in suicide risk assessment, treatment or management during each survey period



There was about a 10 percent increase in licensees reporting suicide risk training across survey periods:

- For 2018–2020, there was about 75 percent.
- For 2020–2022, there was about 85 percent. This was about the same for 2022–2023.



**Table 4. Number of TSPC licensees from 33 counties who reported taking training in suicide risk assessment, treatment or management**

County	Count	County	Count
Baker	1	Lincoln	4
Benton	15	Linn	31
Clackamas	85	Malheur	8
Clatsop	9	Marion	100
Columbia	9	Morrow	2
Coos	8	Multnomah	162
Crook	3	Polk	12
Curry	2	Tillamook	8
Deschutes	49	Umatilla	18
Douglas	11	Union	3
Foreign	8	Wasco	1
Grant	1	Washington	150
Hood River	8	Wheeler	1
Jackson	14	Yamhill	23
Jefferson	7	Did not indicate county	46
Josephine	10	Out of State	15
Klamath	5	Virtual practitioner (more than two counties)	13
Lake	1		
Lane	70	<b>Total</b>	<b>913</b>

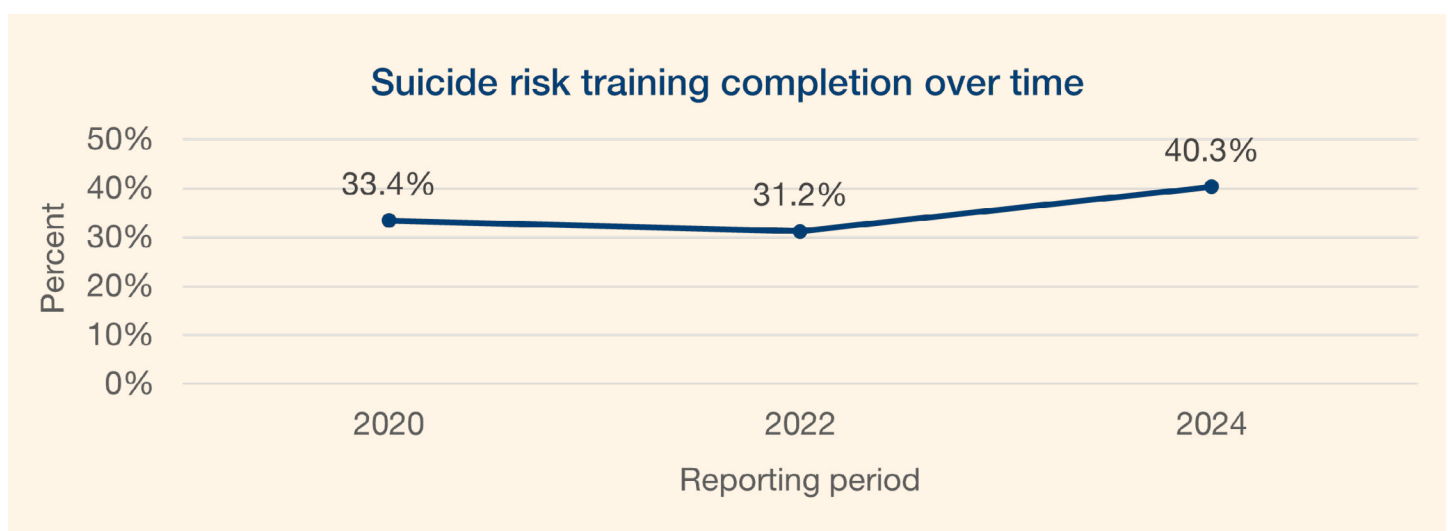
## Physicians (2023)

Figure 7. Percent of physicians at 2023 license renewal reporting continuing education in suicide risk assessment, treatment or management



Of physicians (MD and DO, physician assistants and others licensed by the Oregon Medical Board) reporting, about 40 percent (8,781 out of 21,776) said they took a course in suicide risk assessment, treatment or management.

Figure 8. Percent of physicians reporting continuing education in suicide risk assessment, treatment or management during each reporting period



**Table 4. Number of TSPC licensees from 33 counties who reported taking training in suicide risk assessment, treatment or management**

County	Count	County	Count
Baker	31	Lane	510
Benton	214	Lincoln	71
Clackamas	596	Linn	109
Clatsop	62	Malheur	75
Columbia	20	Marion	381
Coos	76	Morrow	11
Crook	9	Multnomah	2,557
Curry	25	Polk	39
Deschutes	374	Sherman	2
Douglas	105	Tillamook	26
Gilliam	3	Umatilla	68
Grant	6	Union	21
Harney	9	Wallowa	14
Hood River	62	Wasco	37
Jackson	331	Washington	696
Jefferson	22	Yamhill	79
Josephine	88	Not Applicable - Do not practice in Oregon	1,977
Klamath	68		
Lake	7	<b>Total</b>	<b>8,781</b>

## Traditional Health Workers (July 2023–December 2023)

Figure 9. Percent of TSPC licensees reporting continued education in suicide risk assessment, treatment or management during the July 2023–December 2023 survey period



Of THW reporting, about half (51 out of 101) said they took a course in suicide risk assessment, treatment or management.

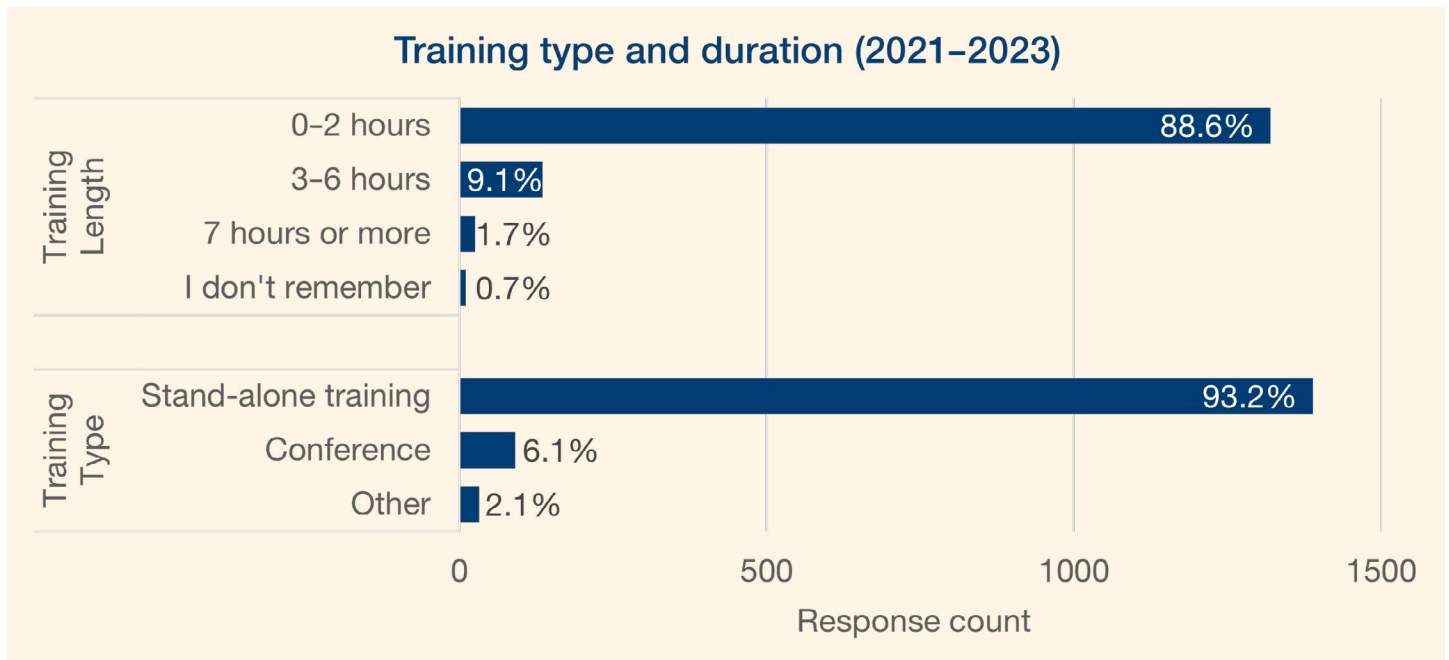
## Chiropractic physicians (2021–2023)

Figure 10. Percent of chiropractic physicians reporting continued education on suicide risk assessment, treatment or management during the 2021–2023 survey period



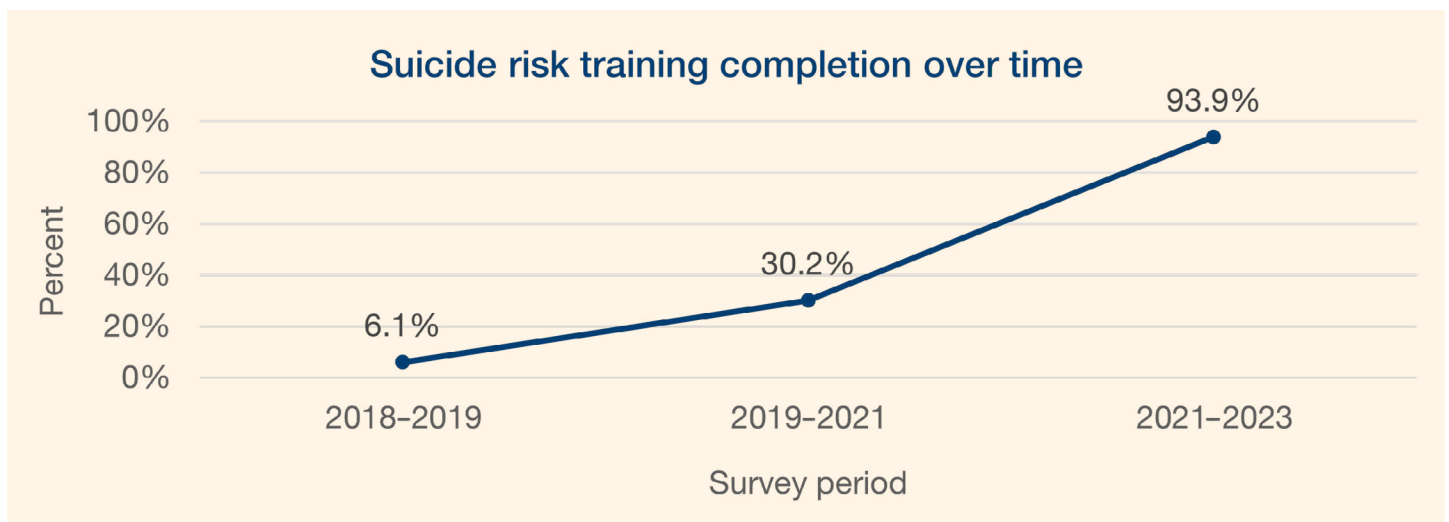
Of chiropractic physicians reporting, about 94 percent (1,490 out of 1,587) said they took a course in suicide risk assessment, treatment or management.

**Figure 11. Percent of chiropractic physicians training by type and length during the 2021–2023 survey period**



Respondents could select all training types that applied. Therefore, training types add up to more than 100 percent.

**Figure 12. Percent of chiropractic physicians reporting continuing education in suicide risk assessment, treatment or management during each survey period**



There was about a 24 percent increase in chiropractic physician licensees reporting suicide risk training across survey periods:

- For 2018–2019, there was about 6 percent.
- For 2019–2021, there was about 30 percent.
- For 2021–2023, there was about 94 percent.

**Table 6. Number of chiropractic physicians from 33 counties who reported taking training in assessment, treatment or management**

County	Count	County	Count
Baker	3	Lake	1
Benton	16	Lane	76
Clackamas	151	Lincoln	6
Clatsop	10	Linn	19
Columbia	5	Malheur	3
Coos	9	Marion	90
Crook	8	Morrow	1
Curry	6	Multnomah	414
Deschutes	113	Polk	8
Douglas	13	Tillamook	6
Grant	1	Umatilla	16
Harney	2	Union	10
Hood River	17	Wallowa	2
Jackson	70	Wasco	10
Jefferson	1	Washington	219
Josephine	16	Yamhill	27
Klamath	15	Did not indicate county	126
		<b>Total</b>	<b>1,490</b>

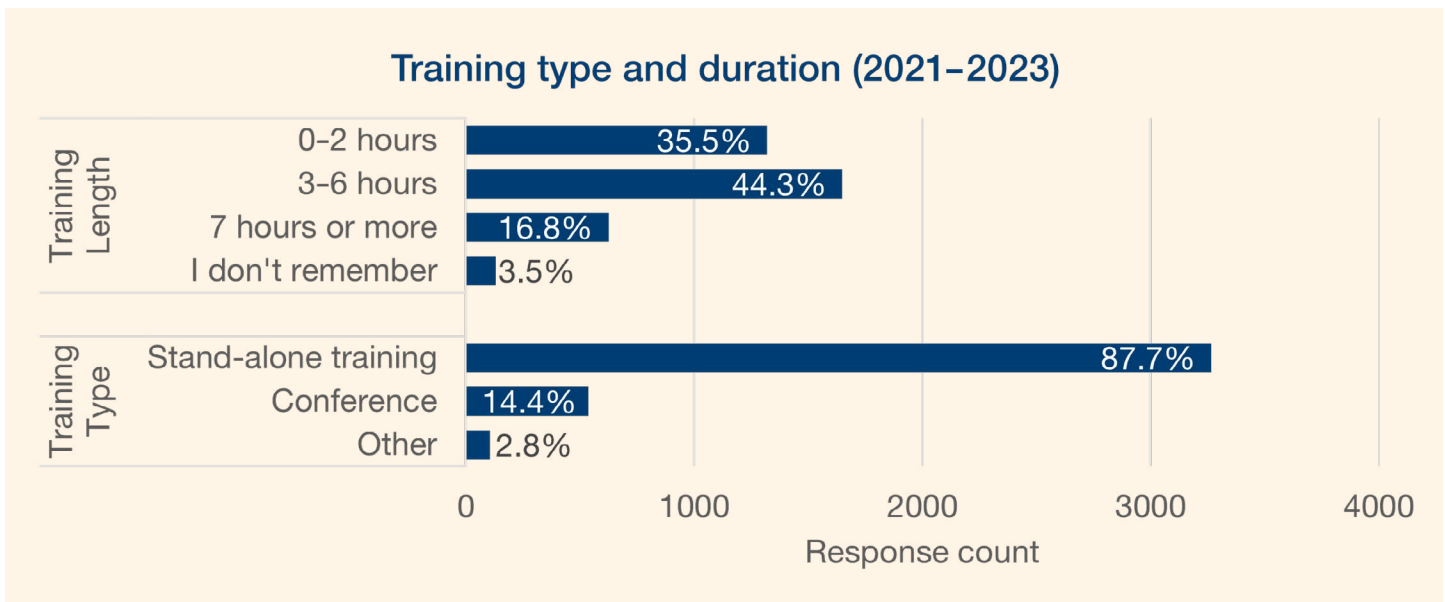
## Counselors and therapists (2021–2023)

**Figure 13. Percent of counselors and therapists reporting continuing education on suicide risk assessment, treatment or management during the 2021–2023 survey period**



Of counselors and therapists reporting, about 61 percent (3,723 out of 6,082) said they took a course in suicide risk assessment, treatment, or management.

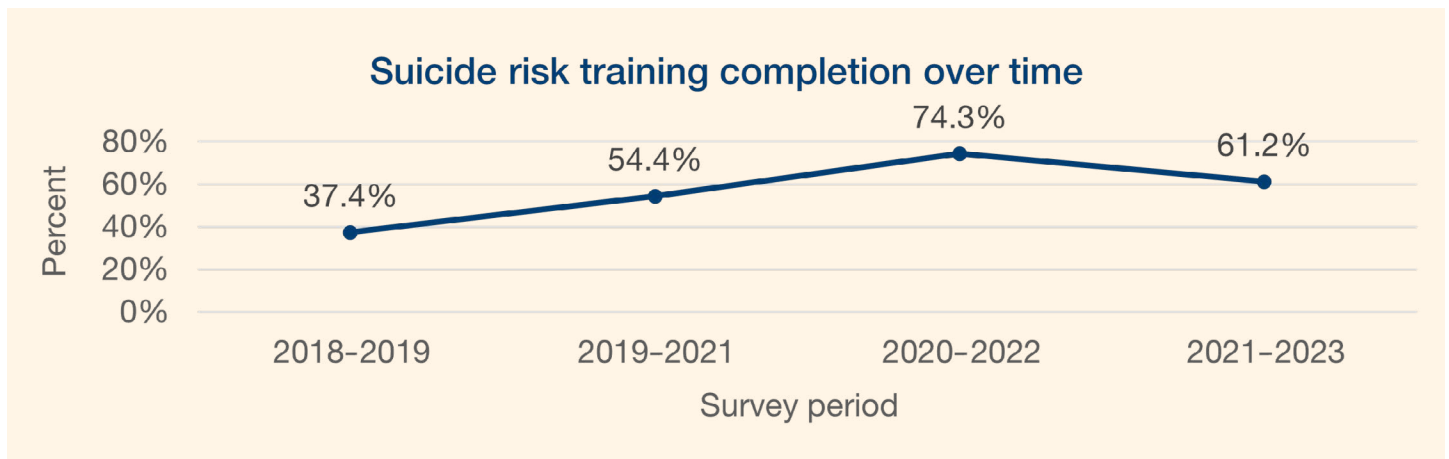
**Figure 14. Percent of counselors and therapists training by type and length during the 2021–2023 survey period**



Respondents could select all training types that applied. Therefore, training types add up to more than 100 percent.



**Figure 15. Percent of counselors and therapists reporting continuing education in suicide risk assessment, treatment or management during each survey period**



Comparing counselor and therapist licensees who reported having taken suicide risk training across survey periods:

- For 2018–2019 to 2019–2021, there was about a 17 percent increase. It went from approximately 37 percent to about 54 percent.
- For 2020–2022, there was about a 20 percent increase. It went up to about 74 percent.
- For 2021–2023, there was about a 13 percent decrease. It went down to about 61 percent.

**Table 7. Number of counselor and therapist trainees from 34 counties who reported taking training in assessment, treatment or management**

<b>County</b>	<b>Count</b>	<b>County</b>	<b>Count</b>
Baker	13	Lane	337
Benton	63	Lincoln	28
Clackamas	299	Linn	44
Clatsop	23	Malheur	12
Columbia	19	Marion	236
Coos	30	Morrow	2
Crook	12	Multnomah	1,020
Curry	7	Polk	35
Deschutes	260	Sherman	1
Douglas	41	Tillamook	11
Grant	5	Umatilla	18
Harney	4	Union	10
Hood River	15	Wallowa	4
Jackson	182	Wasco	18
Jefferson	10	Washington	357
Josephine	49	Yamhill	51
Klamath	30	Virtual practitioner (more than two counties)	472
Lake	5	<b>Total</b>	<b>3,723</b>

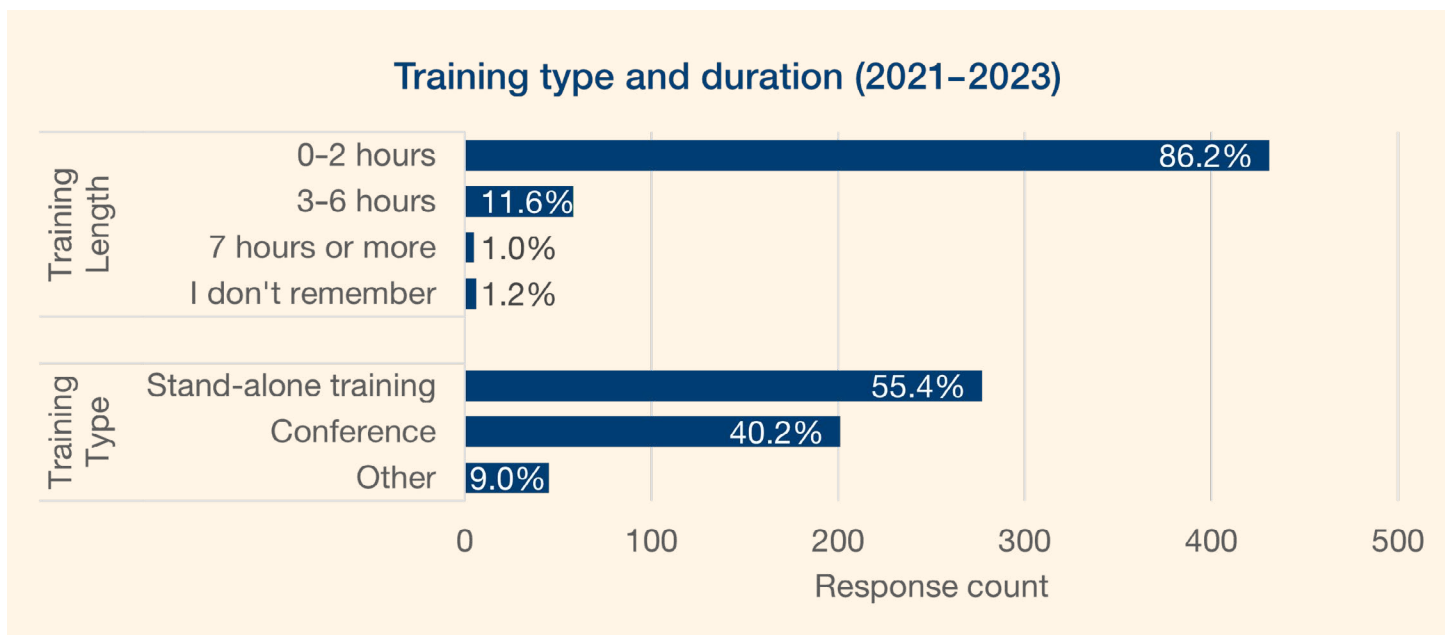
## Naturopathic physicians (2021–2023)

Figure 16. Percent of naturopathic physicians reporting continuing education on suicide risk assessment, treatment or management during the 2021–2023 survey period



Of naturopathic physicians reporting, about 43 percent (500 out of 1,153) said they took a course in suicide risk assessment, treatment or management.

Figure 17. Percent of naturopathic physicians training by type and length during the 2021–2023 survey period



Respondents could select all training types that applied. Therefore, training types add up to more than 100 percent.

**Figure 18. Percent of naturopathic physicians reporting continuing education in suicide risk assessment, treatment or management during each survey period**



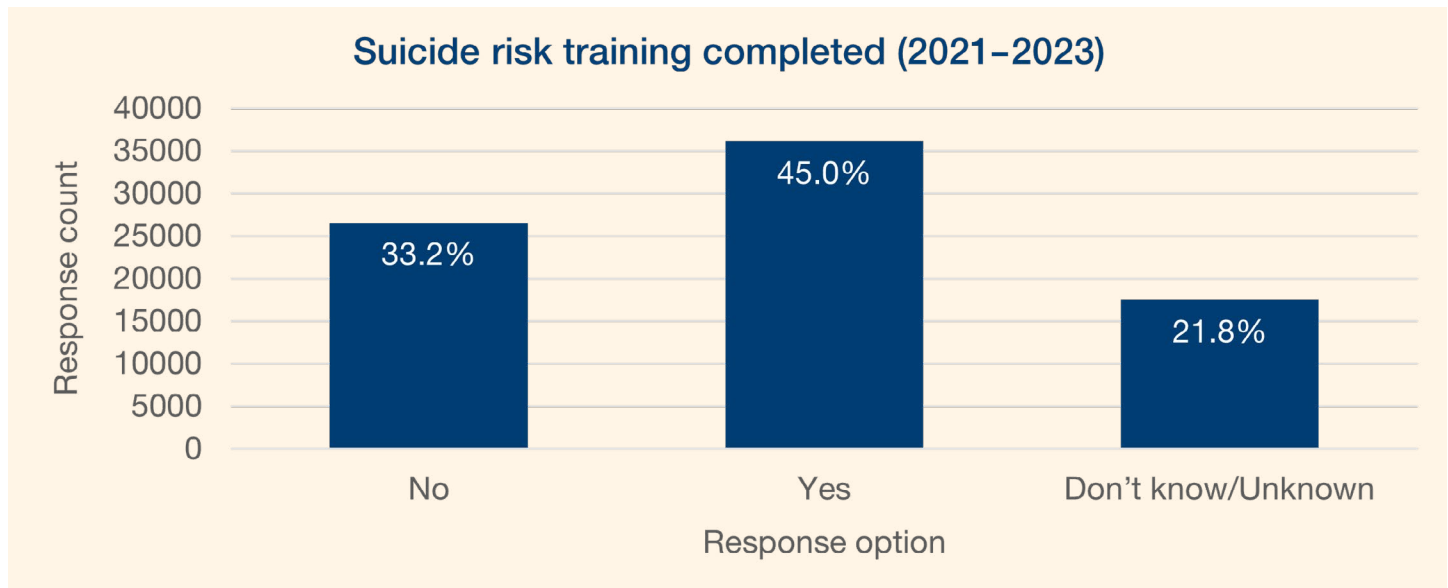
Naturopathic physicians from 22 counties reported taking trainings in suicide risk assessment, treatment, or management (see Table 5).

**Table 8. Number of naturopathic physicians from 22 counties who reported taking training in suicide risk assessment, treatment or management (all other counties did not have a representative from this workforce)**

County	Count	County	Count
Baker	1	Linn	2
Benton	2	Marion	16
Clackamas	39	Multnomah	196
Clatsop	4	Polk	2
Columbia	2	Tillamook	1
Deschutes	25	Umatilla	2
Douglas	4	Union	2
Hood River	6	Wasco	1
Jackson	7	Washington	61
Josephine	3	Yamhill	11
Lane	16	Did not indicate county	94
Lincoln	3	<b>Total</b>	<b>500</b>

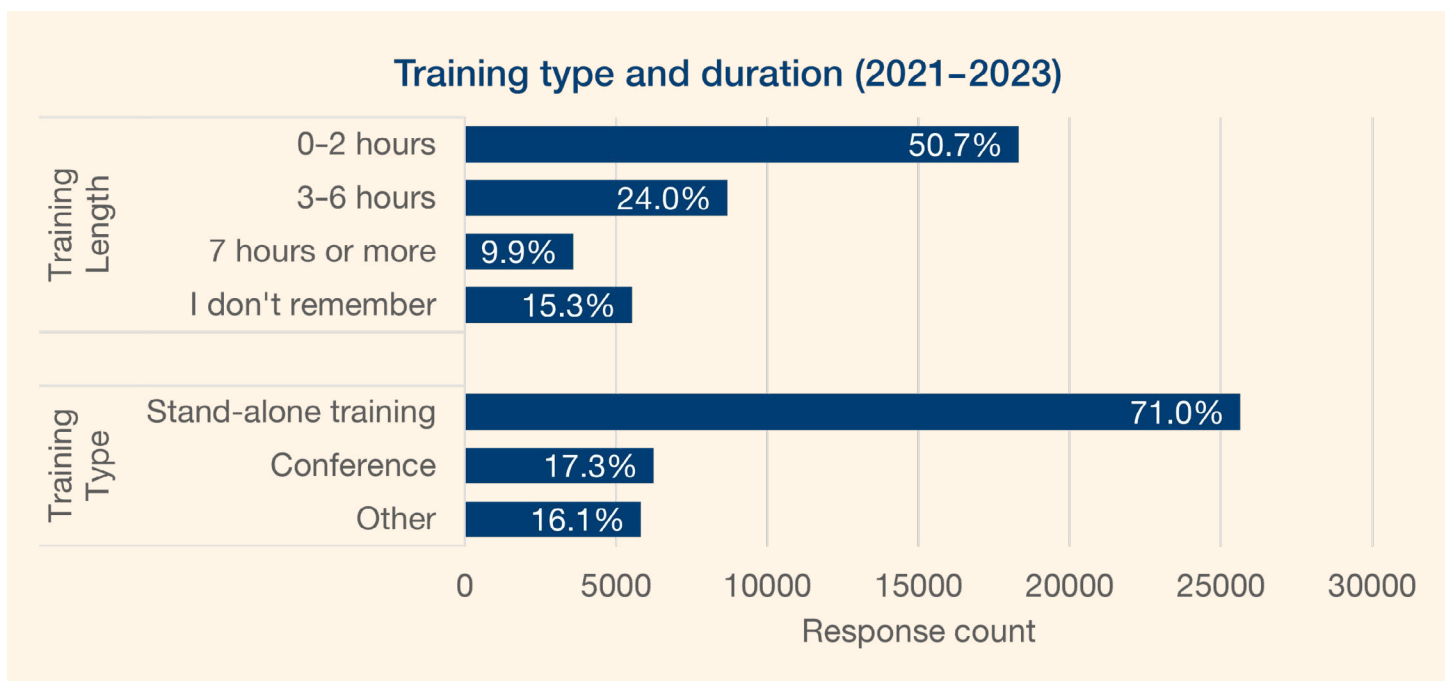
## Nursing (2021–2023)

**Figure 19. Percent of nursing licensees reporting continuing education on suicide risk assessment, treatment or management during the 2021–2023 survey period**



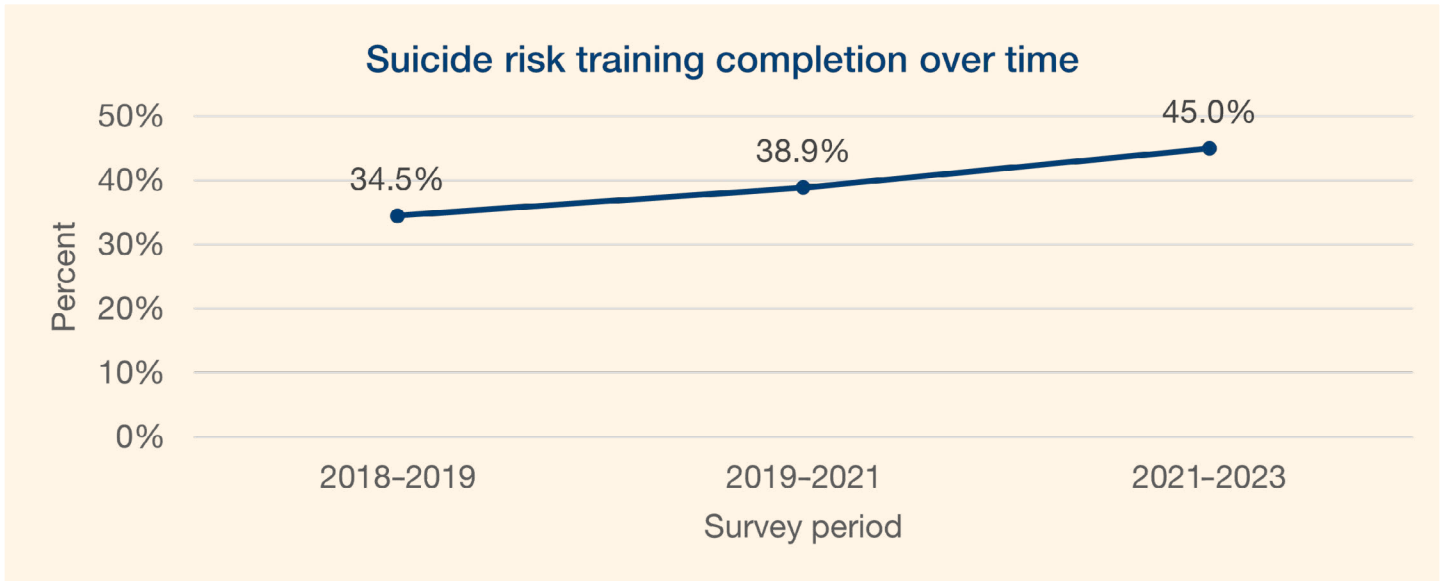
Of nursing licensees reporting, about 45 percent (36,105 out of 80,164) said they took a course in suicide risk assessment, treatment or management.

**Figure 20. Percent of nursing licensees training by type and length during the 2021–2023 survey period**



Respondents could select all training types that applied. Therefore, training types add up to more than 100 percent.

**Figure 21. Percent of nursing licensees reporting continuing education in suicide risk assessment, treatment or management during each survey period**



Comparing nursing licensees who reported having taken suicide risk training across survey periods:

- For 2018–2019 to 2019–2021, there was about a 4 percent increase. It went from 35 percent to 39 percent.
- For 2021–2023, there was about 45 percent.

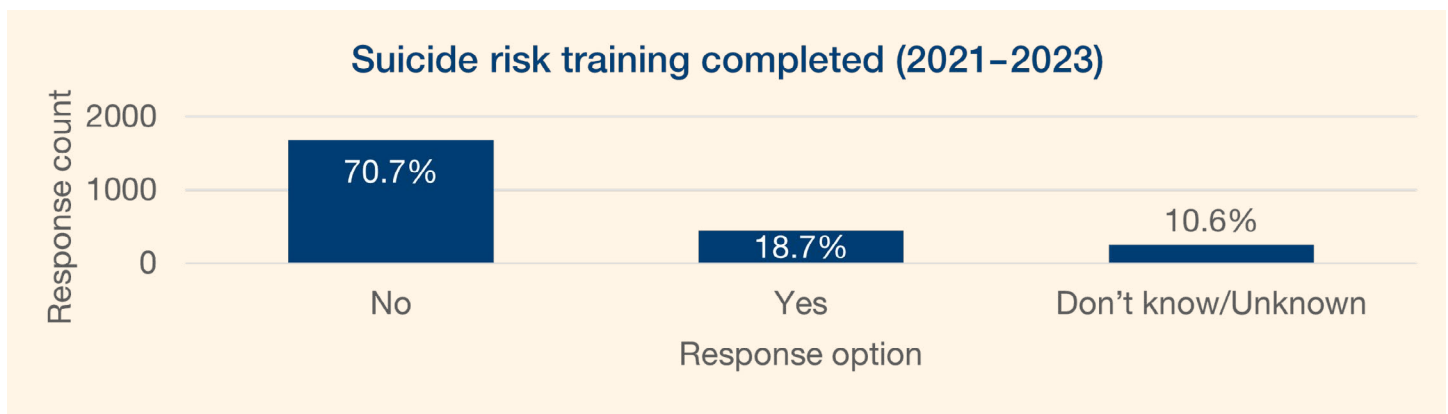
**Table 9. Number of nursing licensees from counties 36 who reported taking training in suicide risk assessment, treatment or management**

County	Count	County	Count
Baker	619	Lane	2,179
Benton	642	Lincoln	259
Clackamas	1,989	Linn	581
Clatsop	225	Malheur	213
Columbia	139	Marion	2,371
Coos	394	Morrow	22
Crook	93	Multnomah	8,014
Curry	76	Polk	239
Deschutes	1,459	Sherman	5
Douglas	679	Tillamook	141
Gilliam	9	Umatilla	384
Grant	51	Union	146
Harney	42	Wallowa	39
Hood River	180	Wasco	198
Jackson	1,628	Washington	3,286
Jefferson	109	Wheeler	3
Josephine	423	Yamhill	457
Klamath	282	Did not indicate county	8,466
Lake	63	<b>Total</b>	<b>36,105</b>



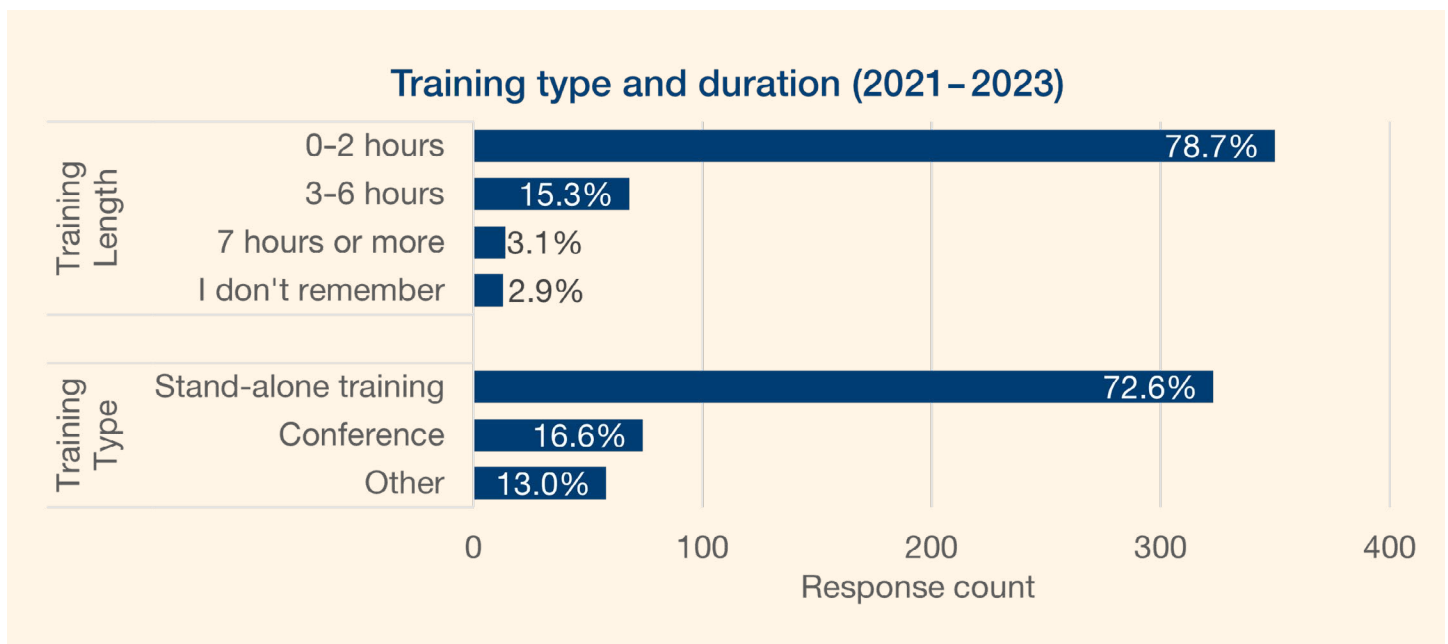
## Occupational therapists (2021–2023)

**Figure 22. Percent of occupational therapists reporting continued education on suicide risk assessment, treatment or management during the 2021–2023 survey period**



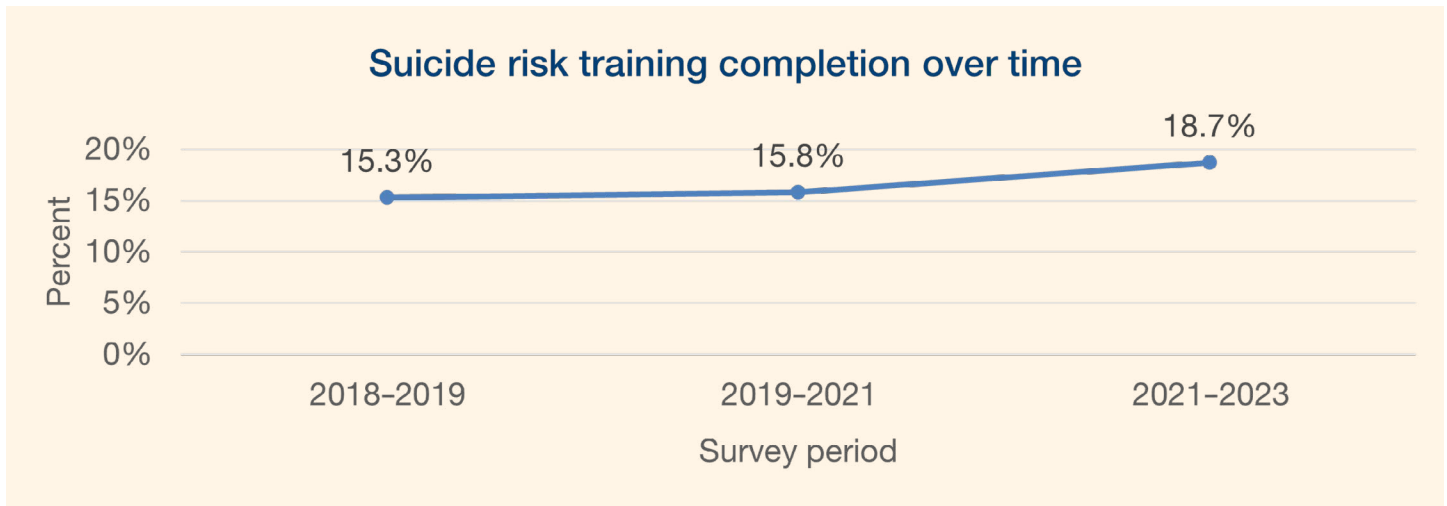
Of occupational therapists reporting, about 19 percent (445 out of 2,376) said they took a course in suicide risk assessment, treatment, or management.

**Figure 23. Percent of occupational therapists training by type and length during the 2021–2023 survey period**



Respondents could select all training types that applied. Therefore, training types add up to more than 100 percent.

**Figure 24. Percent of occupational therapists reporting continuing education in suicide risk assessment, treatment or management during each survey period**



Comparing occupational therapists who reported having taken suicide risk training across survey periods:

- For 2018–2019 to 2019–2021, there was about a 1 percent increase. It went from about 15 percent to about 16 percent.
- For 2021–2023, there was about 19 percent.

**Table 10. Number of occupational therapists from 28 counties reported taking training in suicide risk assessment, treatment or management (all other counties did not have a representative from this workforce)**

County	Count	County	Count
Baker	2	Lane	18
Benton	2	Lincoln	1
Clackamas	28	Linn	7
Clatsop	2	Marion	33
Columbia	5	Morrow	1
Coos	3	Multnomah	107
Crook	1	Polk	2
Curry	1	Umatilla	3
Deschutes	20	Union	2
Douglas	3	Wallowa	1
Grant	1	Wasco	4
Hood River	4	Washington	44
Jackson	16	Yamhill	9
Jefferson	1	Did not indicate county	118
Josephine	6	<b>Total</b>	<b>445</b>

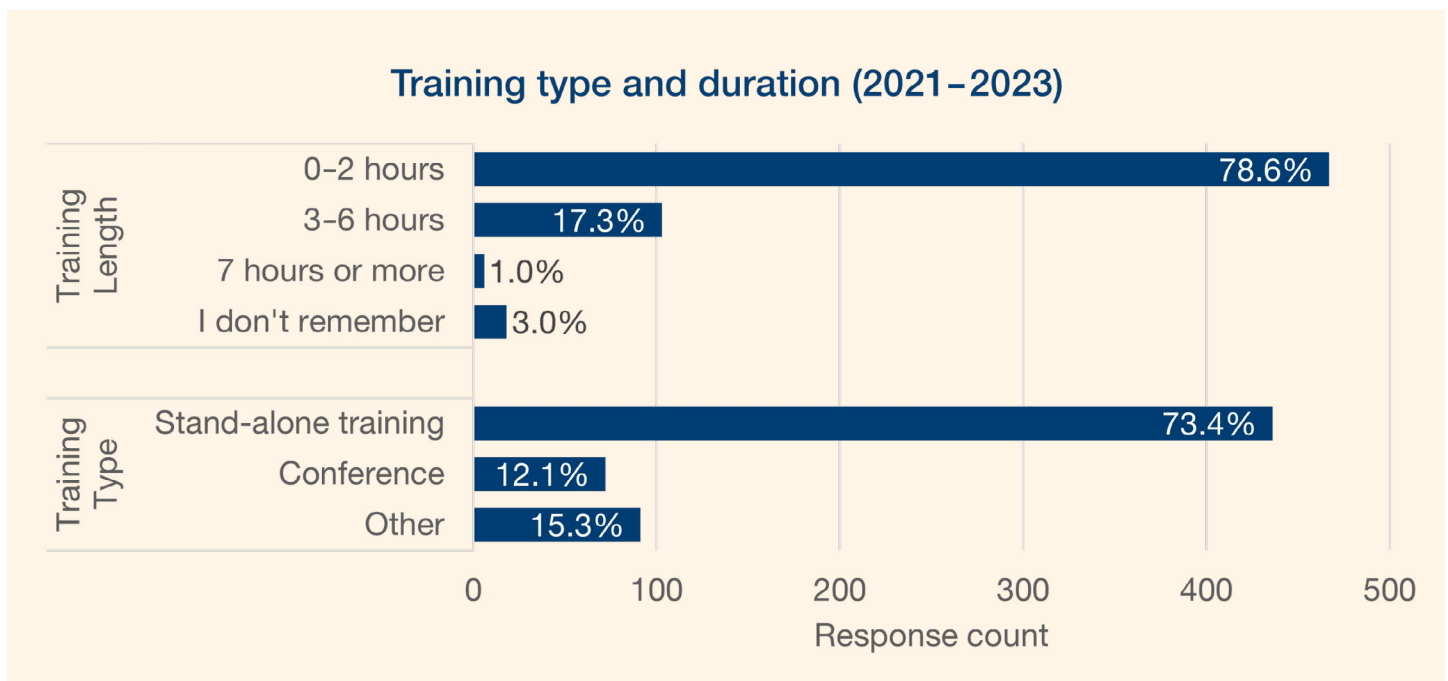
## Physical therapists (2021–2023)

**Figure 25. Percent of physical therapists reporting continued education on suicide risk assessment, treatment or management during the 2021–2023 survey period**



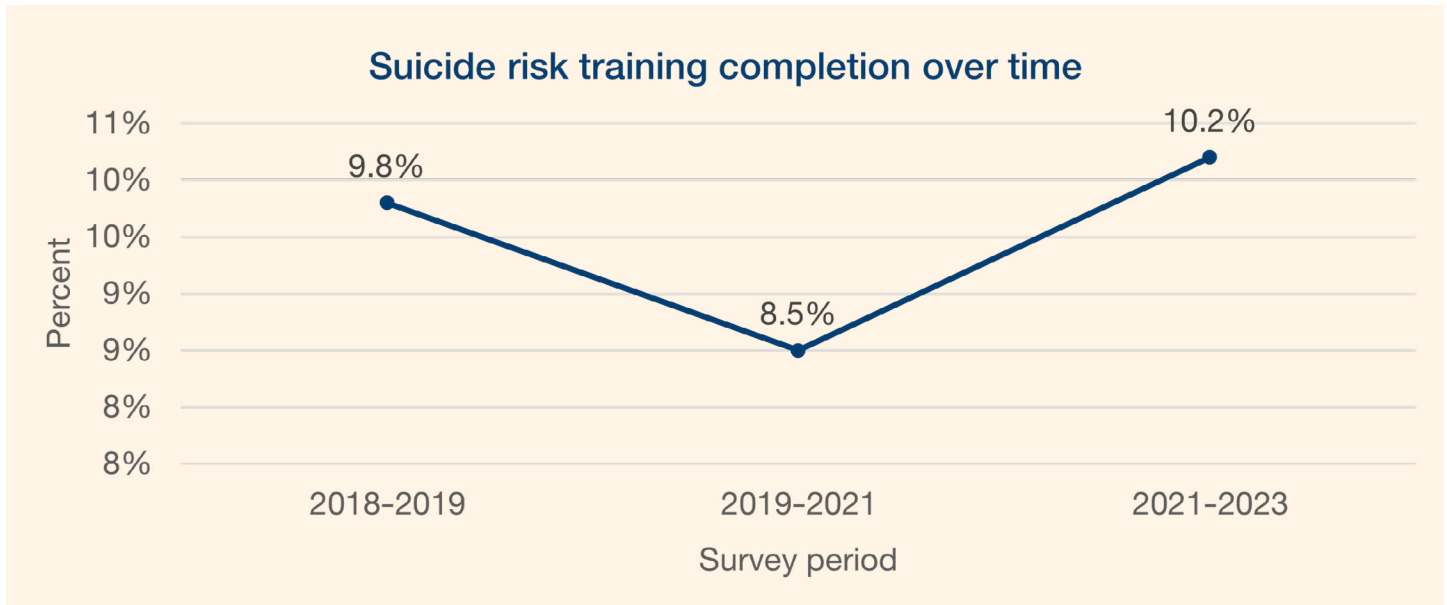
Of physical therapists reporting, about 10 percent (594 out of 5,825) said they took a course in suicide risk assessment, treatment or management.

**Figure 26. Percent of physical therapists training by type and length during the 2021–2023 survey period**



Respondents could select all training types that applied. Therefore, training types add up to more than 100 percent.

**Figure 27. Percent of physical therapists reporting continuing education in suicide risk assessment, treatment or management during each survey period**



Comparing physical therapist licensees who reported having taken suicide risk training across survey periods:

- For 2018–2019 to 2019–2021, there was about a 1 percent decrease. It went from 10 percent to 9 percent.
- For 2021–2023, there was about 10 percent.

**Table 11. Number of physical therapists from 31 counties who reported taking training in suicide risk assessment, treatment or management (all other counties did not have a representative from this workforce)**

<b>County</b>	<b>Count</b>	<b>County</b>	<b>Count</b>
Baker	2	Lake	2
Benton	3	Lane	22
Clackamas	46	Lincoln	2
Clatsop	5	Linn	7
Columbia	4	Malheur	1
Coos	7	Marion	39
Crook	3	Multnomah	106
Curry	3	Polk	1
Deschutes	20	Tillamook	4
Douglas	16	Umatilla	4
Grant	2	Union	8
Hood River	6	Wallowa	1
Jackson	23	Wasco	7
Jefferson	1	Washington	61
Josephine	9	Yamhill	10
Klamath	5	Did not indicate county	164
		<b>Total</b>	<b>594</b>

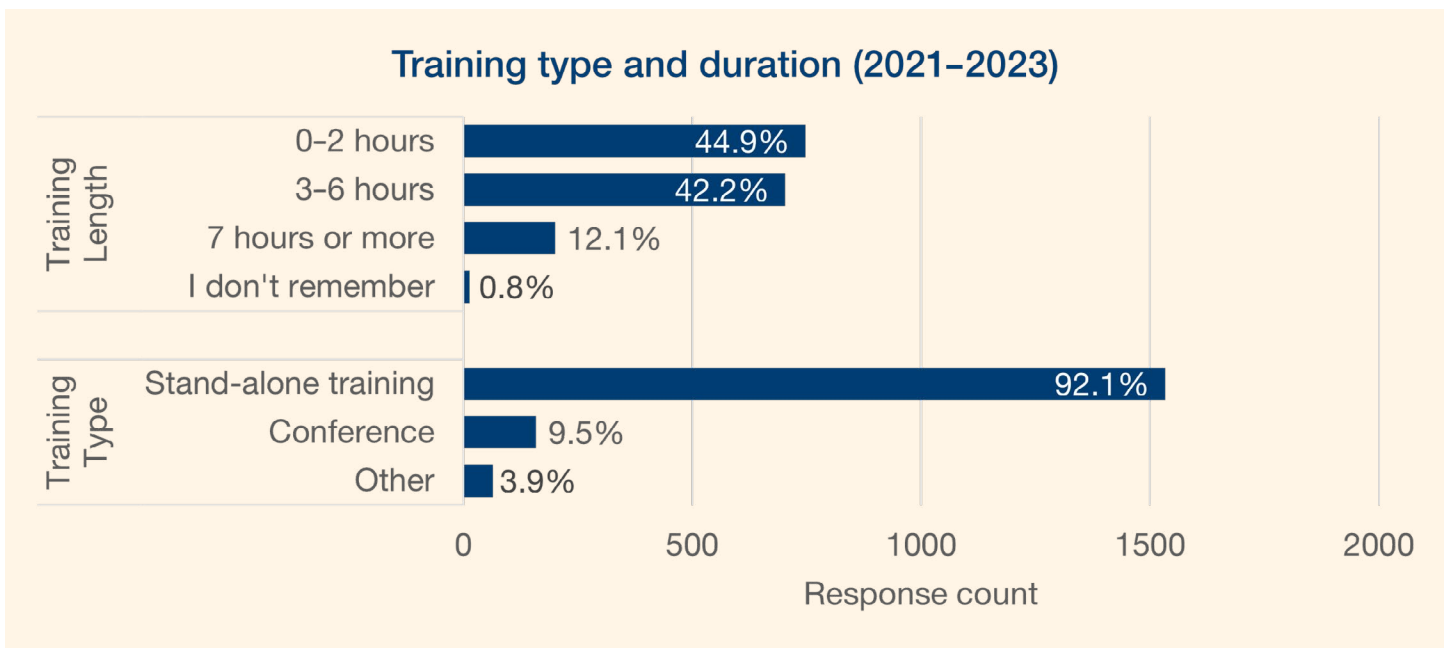
## Psychologists (2021–2023)

Figure 28. Percent of psychologists reporting continued education on suicide risk assessment, treatment or management during the 2021–2023 survey period



Of psychologists reporting, about 80 percent (1,664 out of 2,085) said they took a course in suicide risk assessment, treatment or management.

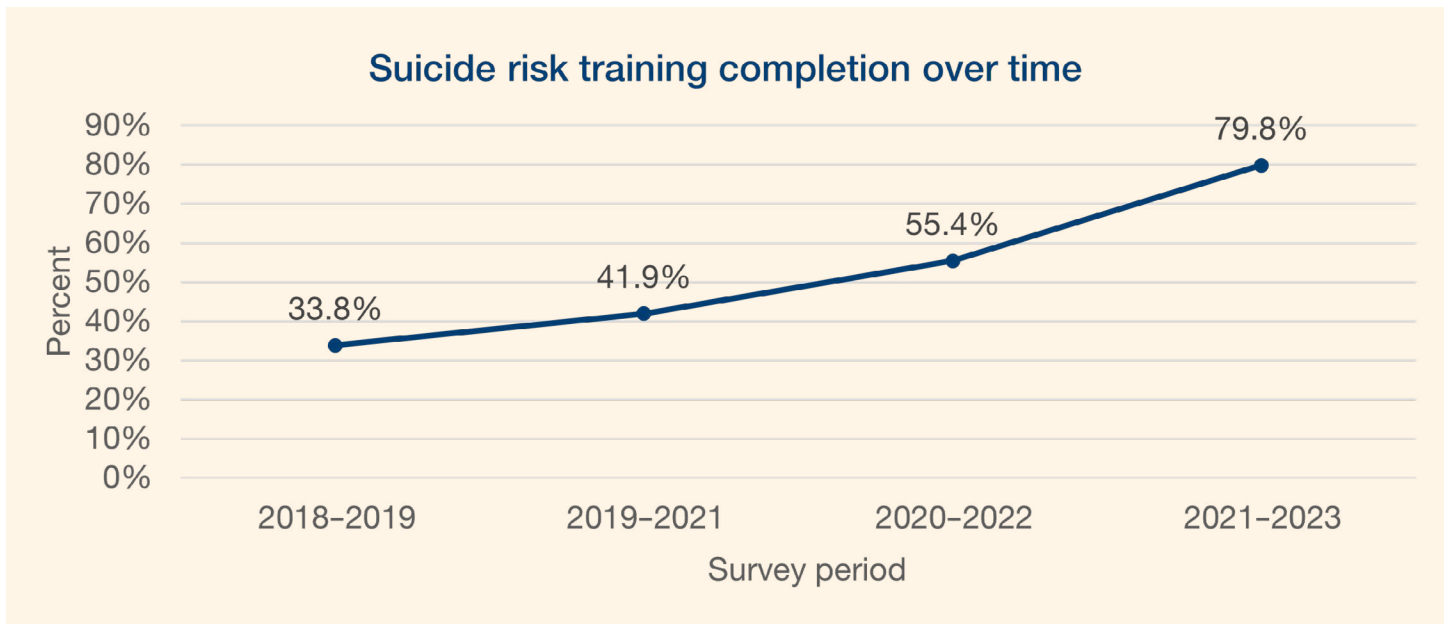
Figure 29. Percent of psychologists training by type and length during the 2021–2023 survey period



Respondents could select all training types that applied. Therefore, training types add up to more than 100 percent.



**Figure 30. Percent of psychologists reporting continuing education in suicide risk assessment, treatment or management during each survey period**



Comparing psychologist licensees who reported having taken suicide risk training across survey periods:

- For 2018–2019 to 2019–2021, there was about an 8 percent increase. It went from 34 percent to 42 percent.
- For 2020–2022, there was about 55 percent.

**Table 12. Number of psychologists from 29 counties reported who reported taking training in suicide risk assessment, treatment or management.**

County	Count	County	Count
Baker	3	Lane	179
Benton	46	Lincoln	4
Clackamas	137	Linn	11
Clatsop	4	Malheur	1
Columbia	2	Marion	109
Coos	1	Multnomah	571
Curry	5	Polk	6
Deschutes	72	Tillamook	1
Douglas	9	Umatilla	6
Gilliam	1	Union	2
Hood River	7	Wallowa	1
Jackson	53	Wasco	3
Jefferson	1	Washington	205
Josephine	4	Yamhill	40
Klamath	2	Did not indicate county	178
		<b>Total</b>	<b>1,664</b>

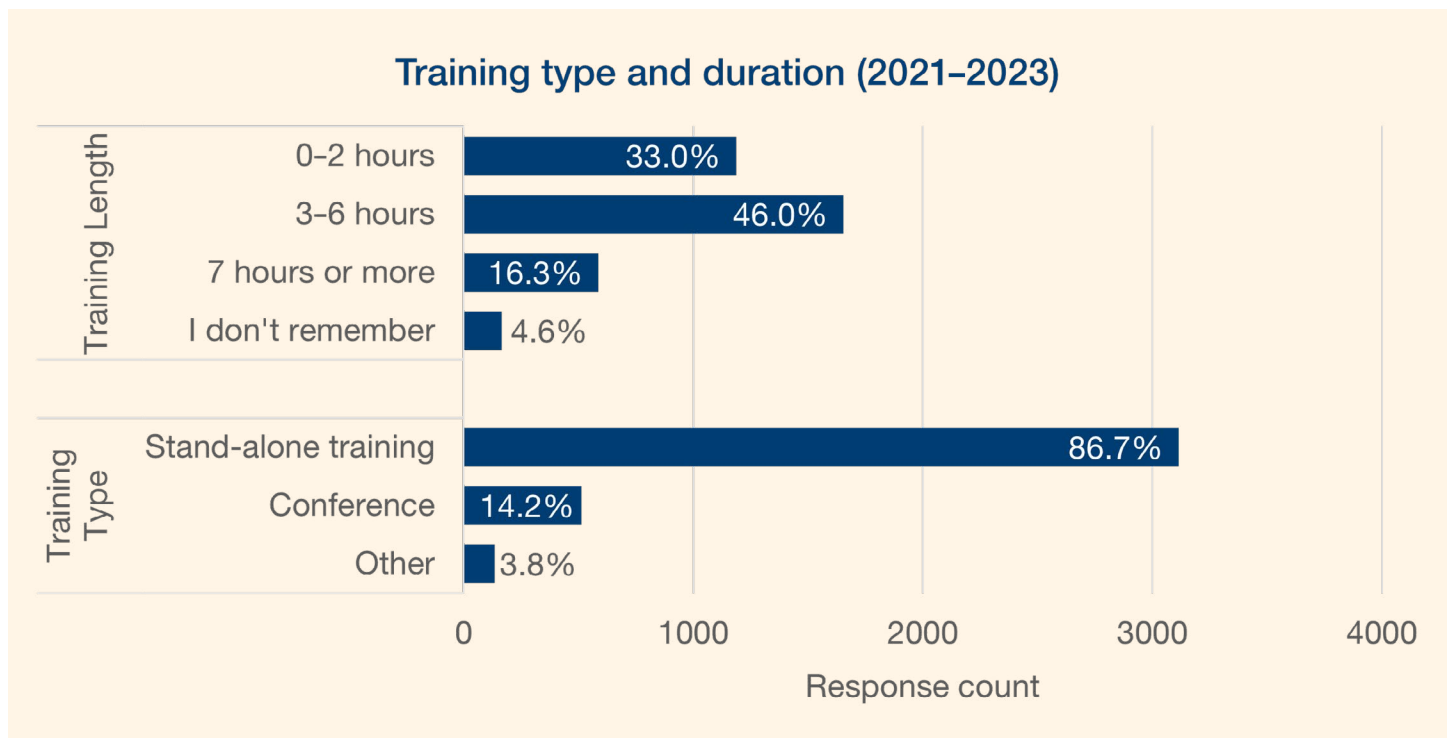
## Social workers (2021–2023)

**Figure 31. Percent of social workers reporting continued education on suicide risk assessment, treatment or management during the 2021–2023 survey period**



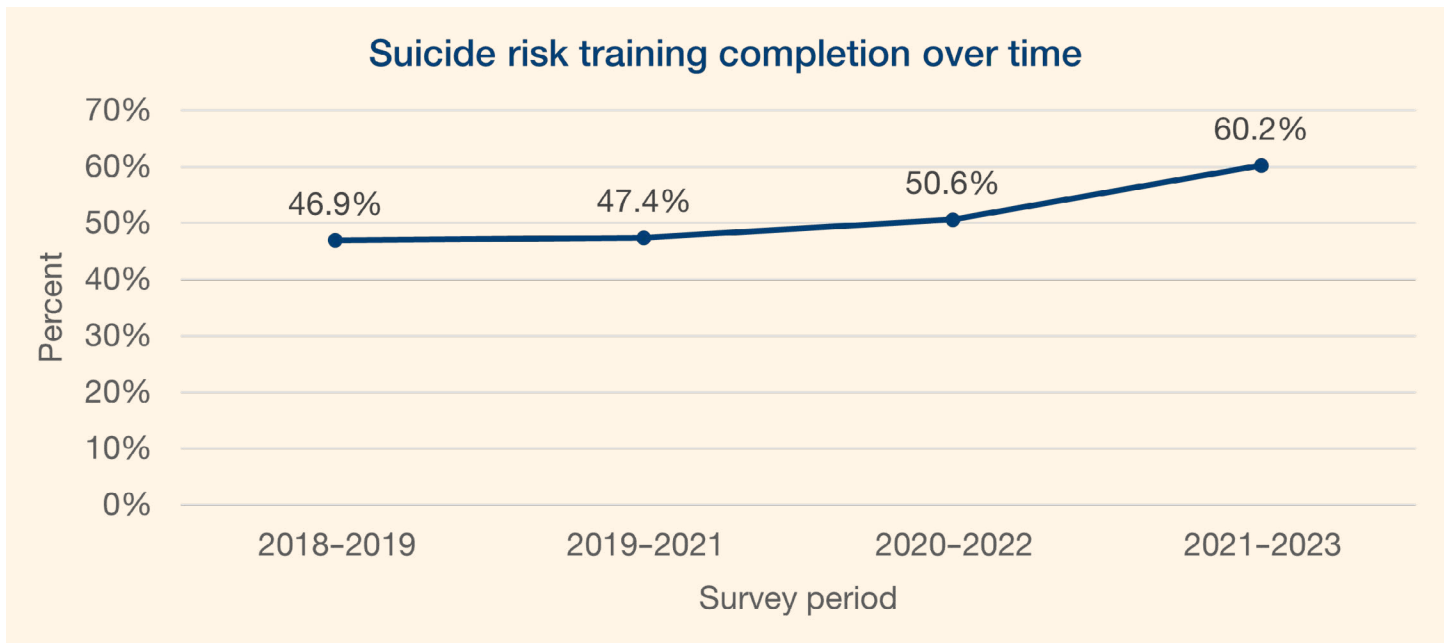
Of social workers reporting, about 60 percent (3,593 out of 5,966) said they took a course in suicide risk assessment, treatment or management.

**Figure 32. Percent of social worker training by type and length during the 2021–2023 survey period**



Respondents could select all training types that applied. Therefore, training types add up to more than 100 percent.

**Figure 33. Percent of social workers reporting continuing education in suicide risk assessment, treatment or management during each survey period**



Comparing social workers who reported having taken suicide risk training across survey periods:

- From 2018–2019 to 2019–2021, responses remained consistent about 47 percent.
- For 2020–2022 survey period, 51 percent of licensees reported taking training, although this number increased to 60 percent during the 2021–2023 survey period.

**Table 13. Number of social workers from 32 counties who reported taking training in suicide risk assessment, treatment or management**

County	Count	County	Count
Baker	17	Lane	291
Benton	67	Lincoln	20
Clackamas	261	Linn	41
Clatsop	28	Malheur	18
Columbia	17	Marion	188
Coos	31	Morrow	5
Crook	4	Multnomah	1,183
Curry	2	Polk	28
Deschutes	160	Tillamook	20
Douglas	58	Umatilla	27
Grant	4	Union	10
Harney	2	Wallowa	5
Hood River	21	Wasco	18
Jackson	137	Washington	306
Jefferson	4	Yamhill	46
Josephine	37	Did not indicate county	510
Klamath	27	<b>Total</b>	<b>3,593</b>

# Conclusion

A well-trained workforce is a vital part of Oregon's suicide prevention strategy. Legislation and policies that require suicide prevention training are a very effective way to increase the amount of training providers receive. For example, the Oregon Board of Chiropractors amended their Oregon Administrative Rules about continuing education requirements in July 2021. They now include a one-hour suicide intervention training. As a result, chiropractors who reported taking suicide intervention training rose dramatically. They went from 6 percent in the 2020 report to nearly 94 percent in this reporting period. (Figure12).

Adi's Act legislation, SB 52 (2019), has also increased suicide prevention training. Adi's Act requires school districts to have a suicide prevention, intervention and postvention plan. This includes relevant training requirements for school staff. In this 2024 report, over 85 percent of school counselors reported being trained. This is up from 74.9 percent in 2020.

Several behavioral health workforces are now required to get suicide prevention training. However, medical health care providers only have a recommendation for such training. Oregon needs health care providers who are confident, competent, and equipped to:

- Recognize warning signs
- Assess risk
- Create safety plans, and
- Take part in treating suicidality.

This need is outlined in the Oregon Suicide Prevention Framework. The framework is within the Youth Suicide Prevention and Intervention Plan. Experts widely support this requirement. (3) These experts include:

- The American Academy of Pediatrics (2)
- The American Foundation for Suicide Prevention, and
- The National Institute of Mental Health.

Many other states have this requirement in law.

OHA continues to recommend the following:

- A legislative mandate that requires continuing medical education in suicide prevention best practices for re-licensure for medical health providers. With this requirement, all types of health providers could play a key role in saving lives.
- A more robust evaluation process to determine which training results in increased levels of competence in the various workforces listed in this report.

# Endnotes

1. Ahmedani BK, Simon GE, Stewart C, Beck A, Waitzfelder BE, Rossom R, et al. Health Care Contacts in the Year Before Suicide Death. J Gen Intern Med [Internet]. 2014. [cited 9 October 2020]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC402649/>
2. Suicide: Blueprint for Youth Suicide Prevention [Internet]. AAP.org. [cited 2024 Aug 13]. Available from: <https://www.aap.org/en/patient-care/blueprint-for-youth-suicide-prevention/>
3. Recommended Standard Care for People with Suicide Risk: Making Health Care Suicide Safe [Internet]. theactionalliance.org. [cited 2018 Aug 3] Available from: <http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/Action%20Alliance%20Recommended%20Standard%20Care%20FINAL.pdf>

For questions or comments about this report, or to request this publication in another format or language, please contact Chelsea Holcomb at [kids.team@odhsoha.oregon.gov](mailto:kids.team@odhsoha.oregon.gov) or (971) 719-026. We accept all relay calls.

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