HEALTH SERVICES
PUBLIC HEALTH

REPORTING YEARS
2000-2020

DESCHUTES COUNTY

SUICIDE DATA & TREND REPORT

Trends, Recommendations, and Resources

PREPARED BY
DESCHUTES COUNTY
SUICIDE PREVENTION PROGRAM

ACKNOWLEDGEMENTS

Deschutes County Health Services would like to thank the key community partners who regularly collaborate on suicide prevention, intervention, and postvention initiatives across Deschutes County and the Central Oregon region in order to lower our rates. While this is not an exhaustive list, these are key organizations who helped and supported the creation of this report:

- Central Oregon Suicide Prevention Alliance [COSPA]
- Deschutes County Behavioral Health
- Deschutes County Public Health
- High Desert Educational Service District [ESD]
- St. Charles Health System

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Deschutes County Suicide Data Trend Report Contact

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RESOURCES

988 Suicide & Crisis Lifeline

The Lifeline provides 24/7, free and confidential emotional support for anyone in need if experiencing a mental health and/or suicide related crisis.

CALL: 988
TEXT: 988
CHAT: https://988lifeline.org/chat/

988 Línea de Prevención del Suicidio y Crisis

988 Lifeline brinda apoyo gratuito y confidencial las 24 horas del día, los 7 días de la semana para personas que están pasando por momentos difíciles. También ofrecemos recursos de prevención y crisis para usted o sus seres queridos.

Llame: 988
TEXT: Envía "AYUDA" al 988
CHAT: https://988lifeline.org/chat/

Veterans Crisis Line

CALL: 988 then Press 1
TEXT: 838225
CHAT: veteranscrisisline.net/get-help-now/chat/

There is hope.

Deaf or Hard of Hearing

CALL: For TTY users, use our preferred relay service or dial 711 then 988.
TEXT: 988
CHAT: https://988lifeline.org/chat/

RESOURCES

The Trevor Project Lifeline

The Trevor Project, a crisis intervention and suicide prevention service for LGBTQ+, available 24/7.
TrevorLifeline, call:1-866-488-7386
TrevorText, text: 678678
TrevorChat, click here:
https://www.thetrevorproject.org/get-help/

YouthLine

YouthLine is a free teen-to-teen crisis support and help line available from 4:00pm-10pm daily. YouthLine is confidential to a point- while they will never share conversations, they are mandatory reporters.
CALL: 877-968-8491
TEXT: "teen2teen" to 93983
EMAIL: teen2teen@linesforlife.org

LOCAL MENTAL HEALTH AND SUICIDE PREVENTION RESOURCES

The Deschutes County Crisis Line

A local crisis line for anyone or any loved one experiencing a mental health crisis, available 24/7.
Dial: 541-322-7500, option 9

The Deschutes County Crisis Stabilization Center

The Crisis Stabilization is open 24/7 providing immediate access to a Master's level therapist for individuals experiencing a crisis. Open to people of all ages, regardless of ability to pay, in a safe and confidential environment. Walk-in preferred.
Located at 63311 NE Jamison Street, Bend, OR 97701

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Suicide is a complex health issue in which no culture, race, gender or age is immune to. A comprehensive public health approach to addressing suicide is key as there are many individual and contextual factors that can increase a person's risk to experience thoughts of suicide and suicide behaviors. Suicide continues to be a public health issue in Deschutes County and in the Central Oregon region, with tremendous loss and impacts on individuals, families, community members and groups, and organizations.

A variety of risk factors can contribute to a person's struggle with suicide, such as mental health, substance use and/or problem gambling, social isolation, childhood trauma, historical and/or generational trauma, systematic racism, financial difficulties, and access to lethal means (AFSP, 2022b). These risks can be lowered through increasing protective factors in one's life and environment as well as through comprehensive approaches such as leaning on community partnerships and collaborations with a focus on education and awareness to lower stigma. With an increased knowledge regarding suicide prevention, community members and partners can help lower suicide rates within our community.

This report presents details on current data and trends in the Deschutes County region based on data from years 2000 to 2020, recommendations for suicide prevention, best practices regarding language that helps de-stigmatize the health issue of suicide, and local as well as national resources.

Suicide is a multi-layered health issue, but it is not a hopeless one. If you or your loved one are needing emotional support regarding a mental health and/or suicide related crisis, please see pages ii or 53 for resources as well as below:

- **Deschutes County Community 24-hour Crisis Line:** 541-322-7500, ext. 9
- **Suicide and Crisis Lifeline:** call or text 988
- **YouthLine:** 877-968-8491 or text "teen2teen" to 83983

DEFINITIONS

CENTRAL OREGON
The Central Oregon region is defined as the geographical area that includes Crook, Deschutes, and Jefferson counties in the State of Oregon.

INTERVENTION
Intervention includes actions that public health engages in on behalf of individuals, families, communities, and systems to improve and/or protect health status. The aim is to increase life expectancy, reduce healthcare costs, and to improve quality of life (CDC, 2020).

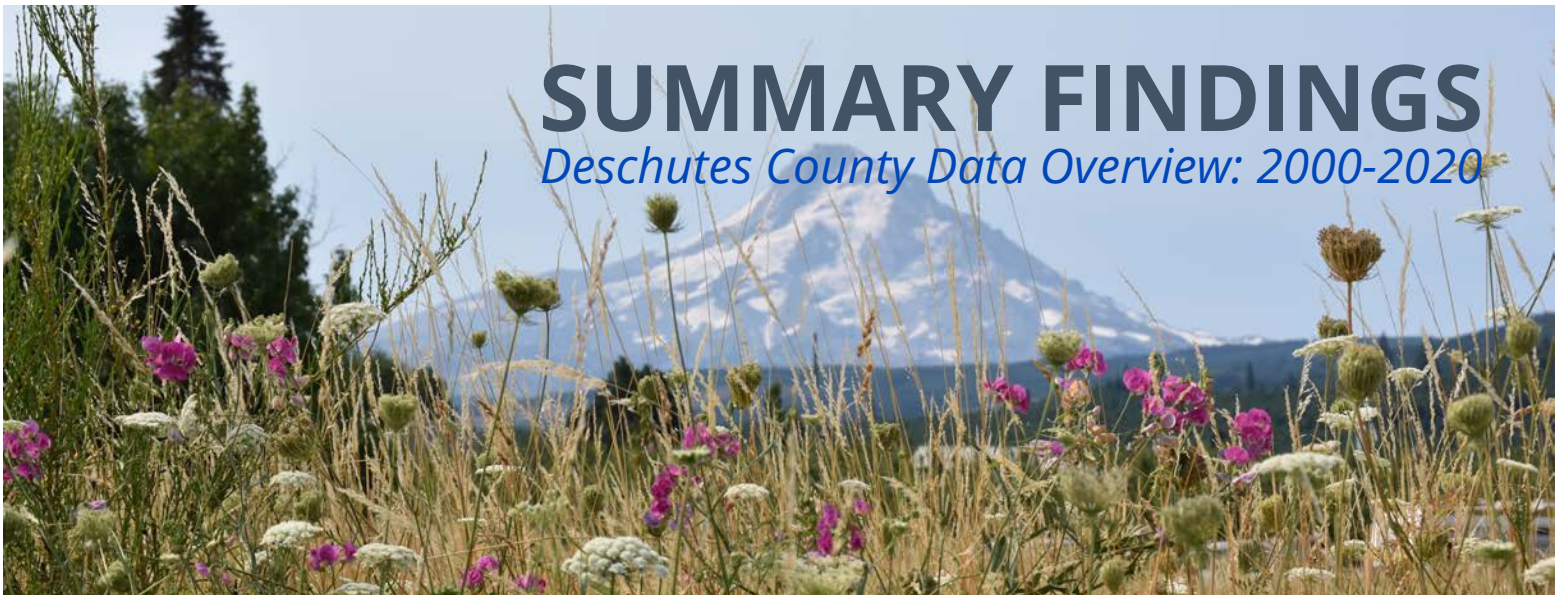
POSTVENTION
An organized public health response in the aftermath of a suicide to accomplish any one or more of the following: promote healing for individuals experiencing grief or distress from a suicide loss, prevent other suicides among individuals or communities who were exposed to a suicide, and/or to mitigate other negative impacts from the exposure to a suicide death (SPRC, 2020a).

PREVENTION
Public health action taken to decrease the chance of developing a disease or health condition. There are three types of prevention: primary prevention where intervening before health effects occur, secondary prevention where screening to identify diseases/conditions are occurring in the earliest stages, and tertiary prevention where management of disease or a health condition post diagnosis aims to slow or stop the condition. The goal of suicide prevention is to reduce factors that increase risk and to increase the factors that promote resilience (Kisling & Das, 2022; CDC, 2022a).

RESILIENCE
The process and outcome of positively adapting to difficult or challenging life experiences through flexibility and adaptability to internal and external demands, mentally and emotionally (APA, 2023).

SUICIDE CLUSTER
When there are more than the expected number of suicide deaths that have occurred in a group of people close in time and geographical region (CDC, 2022b).

SUICIDE CONTAGION
The exposure to suicide or suicidal behaviors within one's close social group, such as family or peer group, or also through media reports of suicide. This can result in an increase in suicide and suicidal behaviors (CDC, 2022b).



SUMMARY FINDINGS

Deschutes County Data Overview: 2000-2020

638

Deschutes County Residents died by suicide from 2000-2020

DEMOGRAPHICS

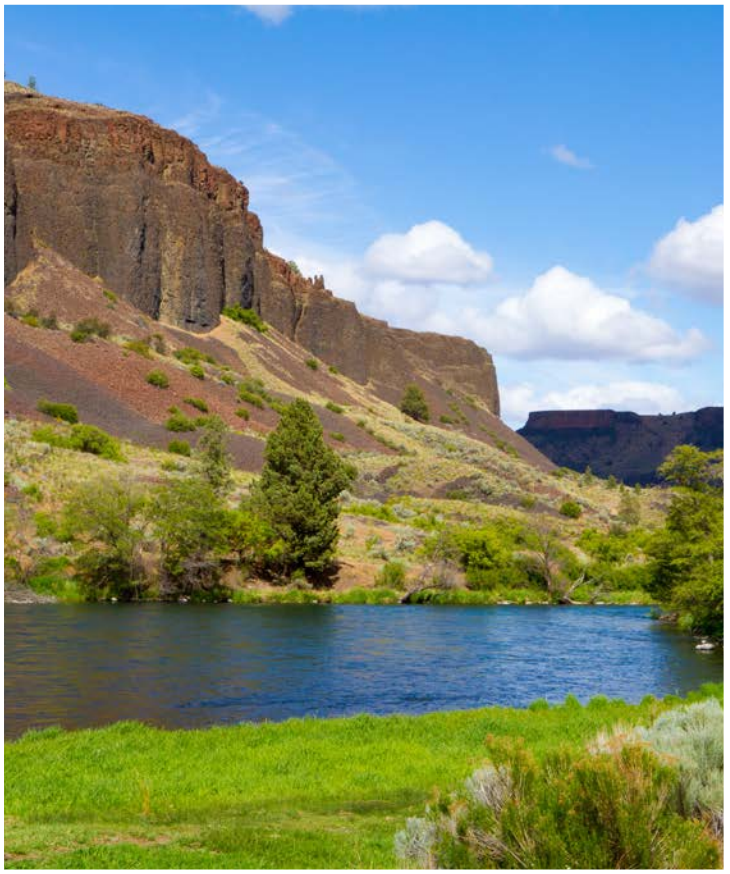
- **638 individuals** died by suicide
- The **majority** of suicide deaths were **male** (N=486)
- The suicide rate was **highest** among individuals **aged 45-64** in the last decade (2011-2020)
- **2017** was the year with the **highest suicide death count** (N=57) **and rate** (30.5 per 100,000) of suicide deaths
- **Suicide deaths** have remained **relatively consistent** in number since 2011, with the exclusion of 2017, at roughly 35 deaths annually
- Approximately **three individuals** die by suicide **per month**
- **33%** of Deschutes County residents who died by suicide were **married, in a civil union, or in a domestic partnership** followed by **32% who were never married**
- **31%** of those who died by suicide were a **High School or GED graduate**, **23%** graduated from **higher education**, and **12% did not graduate** from **High School**
- **25%** of individuals who died by suicide had a **current mental health diagnosis** while **33%** had **some type of mental health issue**
- **18%** of Deschutes County suicide deaths were individuals who had **identified as ever being a member of the Armed Forces**

SUMMARY FINDINGS

Deschutes County Data Overview: 2000-2020

YOUTH

- **58%** of all Deschutes County deaths among **10-17 year olds** were suicides, compared to 29% in the State of Oregon and 19% in the United States.
- **65%** of Deschutes County youth, **ages 10-17**, died by **suicide via firearm**.
- **57%** of Deschutes County young adults and youth, **ages 10-24**, died by **suicide via firearm**, followed by 25% via suffocation/hanging, 11% via other means (e.g. vehicular, fall, etc.), and 8% by drug overdose.
- **2011** and **2017** were the **highest years for youth suicide**, ages 24 and under, in Deschutes County for the reporting period 2000-2020.



CIRCUMSTANCES OF SUICIDE DEATHS

- **Firearm** was the **most commonly used method** of suicide in Deschutes County.
- Deschutes County **suicide death rates by firearms** (11.11 per 100,000) are **higher than** the State of **Oregon** (9.4 per 100,000) and the **United States** (6.4 per 100,000).
- **58%** of suicide deaths in Deschutes County were by **firearms.**
- **27%** of suicide deaths **suspected active alcohol use.**
- **25%** of suicide deaths included individuals **diagnosed with depression.**

INTRODUCTION

Deschutes County Data Overview: 2000-2020

Suicide continues to be a serious public health issue that can have a lasting harmful impact on individuals, families, tribes, organizations, and communities (CDC, 2022a). More than 700,000 individuals pass by suicide per year globally (WHO, 2021). From a national perspective, in 2019, the overall economic toll of suicide in the United States was more than $460 billion and self-harm at $26 billion (CDC, 2022c). In the United States, roughly 46,000 individuals died by suicide in 2020 and provisional 2021 national data is showing a 4% increase, when compared to 2020 data–with an estimated 47,000 individuals who passed by suicide in 2021(CDC, 2022d; CDC, 2022e).

When looking at suicide behavior in the United States, an estimated 12.2 million adults seriously thought about suicide–with roughly 3.2 million who had made a plan and approximately 1.2 million who attempted suicide in 2020 (CDC, 2022a). In 2020 within the United States, men died by suicide 3.8 times more than women, while white males accounted for roughly 69% of suicide deaths in 2020 (AFSP, 2022a).

Nationally, the largest increase in suicide rates was seen among males (aged 15-24)–showing an 8% increase in 2021 compared to 2020 (CDC, 2022e). In Oregon, suicide is the second leading cause of death for individuals aged 10-24 and the state remains above the national average for youth suicide rates (OHA, 2021a). However, in examining suicide deaths for youth ages 17 and under in Oregon, there was a decrease in 2021 compared to 2020, and among youth ages 18 to 24, the suicide death rate did not increase or decrease across these years (OHA, 2021a).

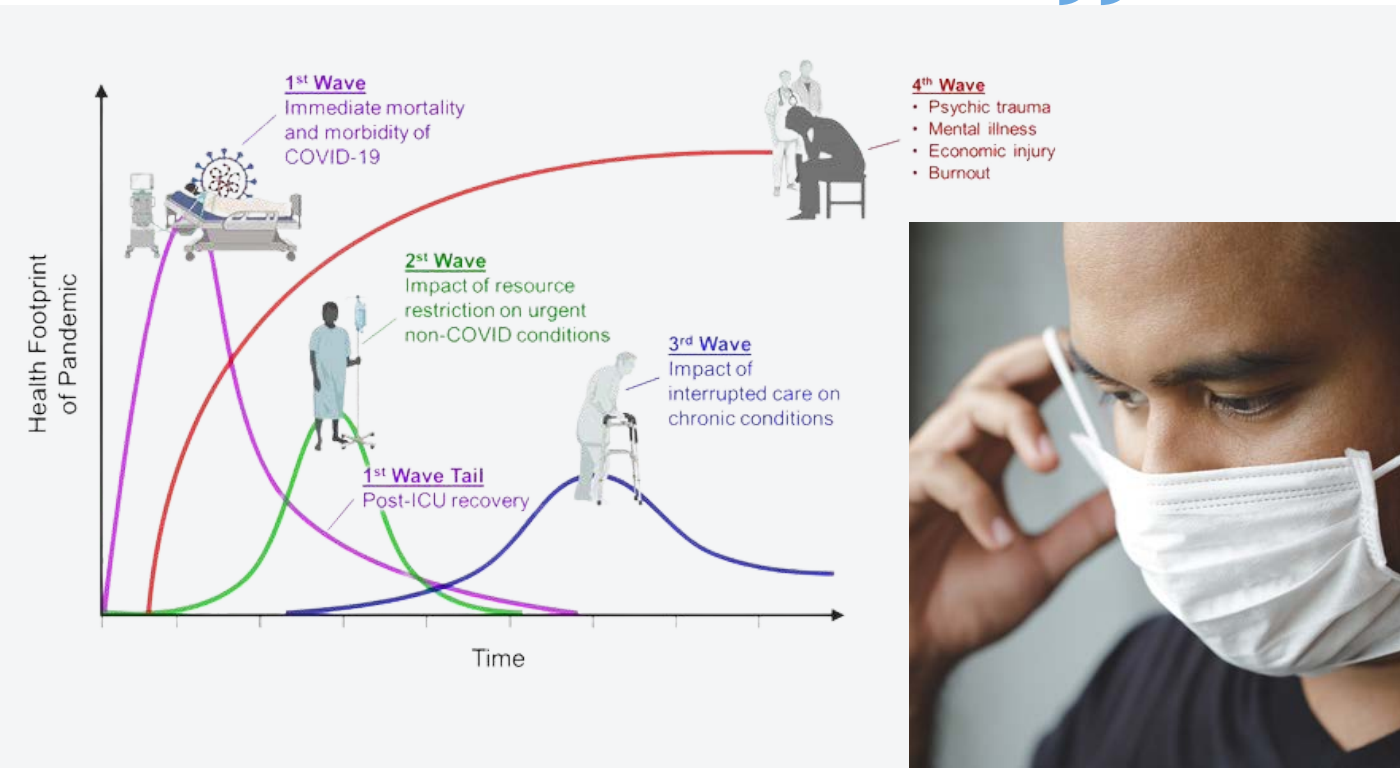
Nationally, in 2020...

- White males accounted for 69% of suicide deaths
- Men were 3.8 times more likely to die by suicide than women
- Approximately 3.2 million Americans made a suicide plan
- Approximately 1.2 Americans attempted suicide

COVID-19 IMPACTS

Many community members and systems have inquired about the impact of COVID-19 on suicide rates. Disaster related events, such as the COVID-19 pandemic, can increase mental health issues including suicidality after the event has occurred, sometimes years after (Botchway & Fazel, 2021). While the State of Oregon and Deschutes County did not see significant changes in suicide-related events when comparing 2020 to 2021, the health footprint of the pandemic (psychic trauma, mental illness, economic injury, and burnout) may extend decades after the immediate waves of the pandemic.

> Suicide can be a lagging indicator of psychosocial difficulties, influenced by medium-term and longer term disruptions to civic life and the economy.
>
> -Botchway & Fazel



As research has indicated, “suicide can be a lagging indicator of psychosocial difficulties, influenced by medium-term and longer-term disruptions to civic life and the economy” (Botchway & Fazel, 2021, p.552). Individual and social issues such as job losses, housing instability, relationship breakdowns, and more can further exacerbate the impact from a natural disaster like COVID-19 (Botchway & Fazel, 2021). This can result in an increased incidence of mental health and substance misuse issues (Botchway & Fazel, 2021). Community members, social organizations, service providers, and government programs need to remain vigilant for a potential time delayed impact on suicide rates due to the pandemic (Botchway & Fazel, 2021).

SUICIDE & HEALTH INEQUALITIES

When looking at health inequities, suicide related behaviors continue to exist, in part, due to systematic and historical events that have harmful effects impacting individuals, groups, and communities. Impacts from social risk factors, such as discrimination and oppression, are related to higher rates of suicide thoughts and behaviors among different groups, such as: individuals who identify as **transgender**, **gender non-conforming**, **non-binary**, **American Indian** and **Alaska Natives**, and people who identify as **gay**, **bisexual**, **asexual**, **pansexual**, **fluid**, **queer**, **lesbian**, **questioning**, etc. (Oh et al., 2019; Layland et al., 2020).

The higher rates of suicide are not related to how these community members identify, but rather the issues associated with discrimination, trauma, not having access to healthcare, and not being socially accepted, as well as other issues, which have impacts to individual's living their true, authentic lives.

Improvements in data collection methods and efforts continue to be a necessity for further reducing health disparities and inequities as we recognize that there are significant limitations to data reporting on minorities and other diverse populations. For example, the recent Institute of Medicine [IOM] Subcommittee on Standardized Collection of Race/Ethnicity Data for Healthcare Quality report emphasized that there are inadequacies in data on race, ethnicity, and includes language that lowers the likelihood of effective actions that aim at addressing health disparities (Agency for Healthcare Research and Quality [AHRQ], 2018).

SUICIDE & HEALTH INEQUALITIES

In Oregon, legislation was passed in order to improve such data collection and analysis limitations when it comes to race, ethnicity, language, and disability data, which you can learn about here. Such improvements will aid in more informed approaches that can help prevent suicide across the whole of the community.

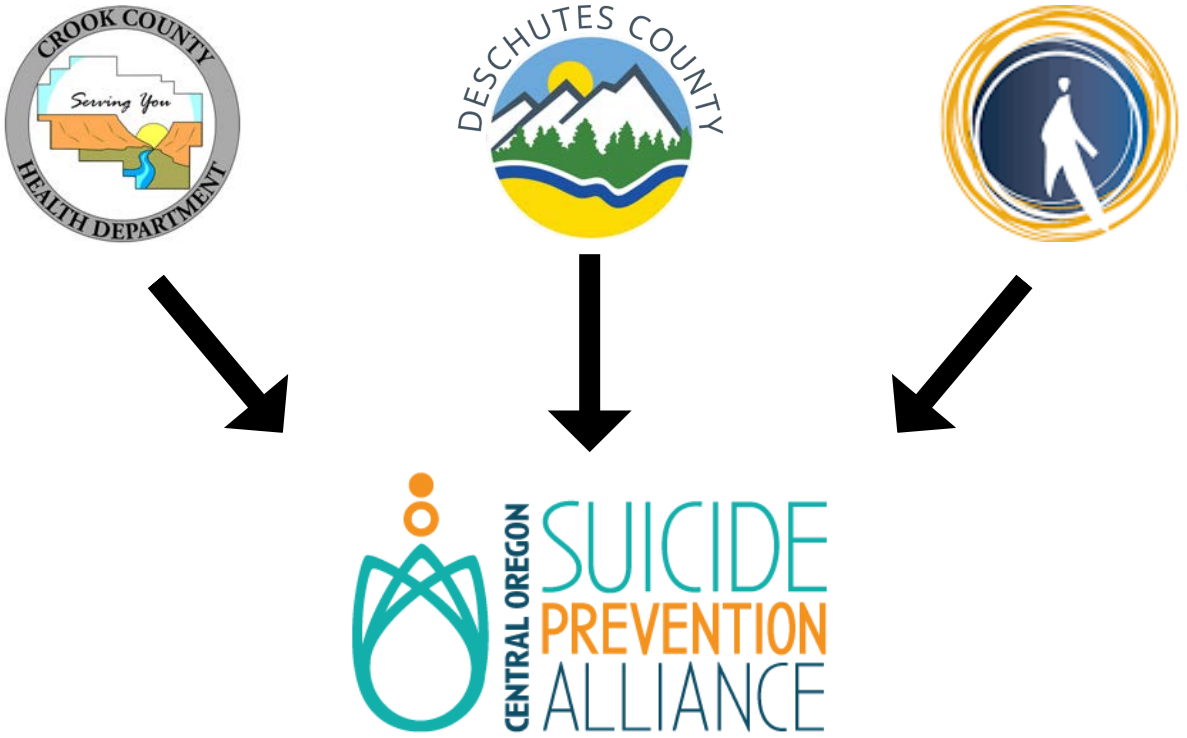
Lastly, we recognize that suicide is a complex health issue as there are several factors that contribute to suicide. Suicide prevention requires collaborative community approaches through comprehensive, preventive responses at a population, group, and individual level. A primary goal in suicide prevention is to reduce factors that increase risk and to promote the factors that protect individuals from suicide behaviors, which can result in resiliency development (CDC, 2022a). While we may not have the ability to mitigate negative life events that increase an individual's risk for suicide, we do have the ability to enhance, promote, and empower individuals to engage in components within their life that protect them from risks while increasing their resiliency. For further information on risk and protective factors as well as warning signs associated with suicide, please click here or visit afsp.org to learn more.

While we may not have the ability to mitigate negative life events that increase an individual's risk for suicide, we do have the ability to enhance, promote, and empower individuals to engage in components within their life that protect them from risks while increasing their resiliency.

To learn more about some of the suicide prevention work that has occurred in Deschutes County and the Central Oregon region, see below and please refer to page 37.

HISTORY OF SUICIDE PREVENTION

Suicide prevention in Deschutes County and the Central Oregon region has been a long-standing effort. Many of our community partners have been engaging in implementation efforts and initiatives within their own areas of work for years. In the mid-2010's, Deschutes County experienced an increase in youth suicide. While many organizations were already taking action within their own systems, a coordinated effort was needed. This resulted in bringing forward new changes and preventive measures, addressing gaps, and better communication to inform the community as to what is being done and where individuals can be active in the effort. It was identified that a unified group would need to clearly communicate the efforts in a coordinated way, pinpoint ways to build capacity and how to sustain the work, while capitalizing on skills and resources that already existed in our community.



As a result of this work, the Central Oregon Suicide Prevention Alliance [COSPA] was created in 2012. COSPA recognized that preventing suicide is not one entity's sole responsibility, but that it takes a network of collaborative community partners to come together and work strategically to lower suicide rates and behaviors within a community. COSPA is a regional alliance spanning across Crook, Deschutes, and Jefferson Counties, with professionals, advocates, experts, loss survivors, those with lived experiences, and many more to work toward suicide prevention and mental health wellness efforts in the Central Oregon region for all ages and populations.

HISTORY OF SUICIDE PREVENTION

Below are organizations and individuals who have been instrumental in the development of the Central Oregon Suicide Prevention Alliance [COSPA] and advocates in the work of suicide prevention:

- Bend La Pine Schools
- Bend Police Department
- Bestcare Treatment Services - Jefferson County Prevention Team
- Central Oregon Community College
- Central Oregon Health Council
- Central Oregon Public Safety Chaplaincy
- Community Volunteers and Experts (Cheryl Emerson, Susan Keys)
- Crook County Health Department
- Crook County School District
- Deschutes County Health Services
- Family Resource Center of Central Oregon
- High Lakes Health Care
- Mosaic Medical
- NAMI Central Oregon
- Oregon Health and Science University Community Hub
- OSU-Cascades
- PacificSource
- Redmond School District
- St. Charles Health System
- YouthLine

CENTRAL OREGON SUICIDE PREVENTION ALLIANCE

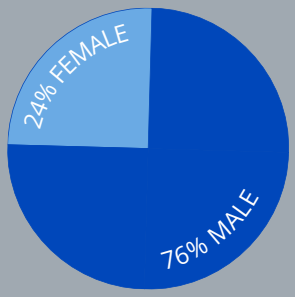
Part 1 Deschutes County Data Trends and Results

2000

2020

638
Individuals passed

3
Average suicide deaths per month



From 2000-2020, 638 individuals passed by suicide in Deschutes County, Oregon–with the majority being male (N= 486; 76%) and 24% female (N=152). When stratifying by age groupings across these two decades an increase in suicides was noted among youth (10-24 year olds) while a a decline was observed among those aged 65+. In 2020, an average of three people die by suicide per month (N=34). When averaging the number of suicides in the three years before and the three years after 2017, the expected number of suicides in Deschutes County was 35. With this information in mind, it is clear that 2017 had a high number of suicide deaths that do not match trends before or after it. Prior to 2017, Deschutes County saw the highest counts of suicide deaths in 2010 and 2014 (N=40 for both years). When reviewing the suicide deaths in Deschutes County for 2017, the community experienced an excess of 22 deaths compared to existing trends (~35 deaths annually).

A NOTE ABOUT 2017

While Deschutes County Public Health recognizes that the year of 2017 was high for suicide deaths, it remains an anomaly without a significant trend indicating why this occurred.

Any graphs and information delivered in this report including the year of 2017 does directly impact the rates and percentages.

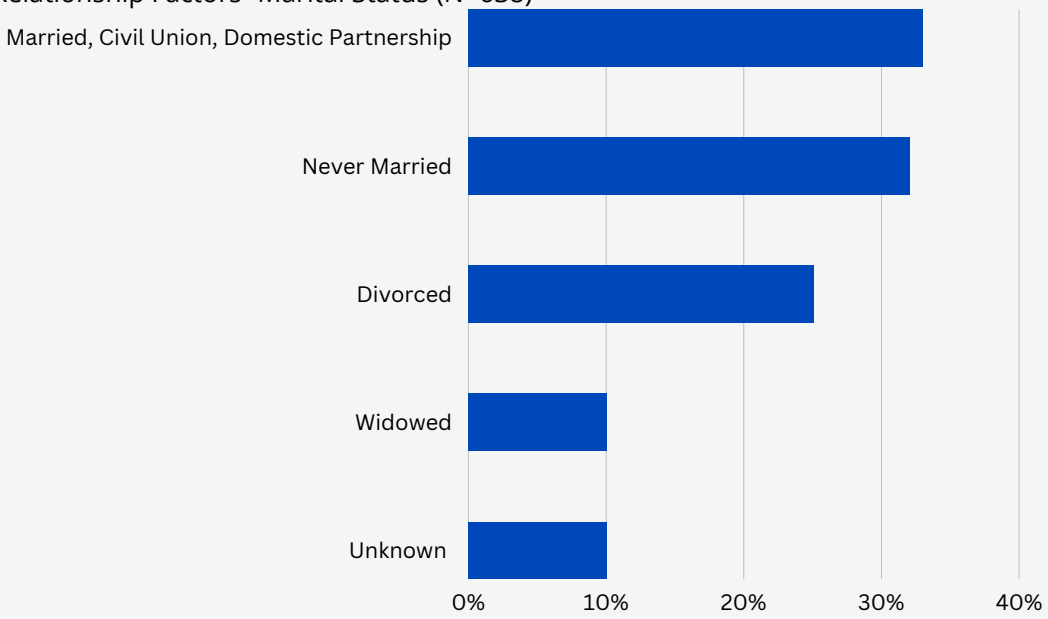
Part 1 Deschutes County Data Trends and Results

INDIVIDUAL AND RELATIONSHIP FACTORS

There are a variety of individual and relational factors in a person's life that may contribute to a person dying by suicide. It is not just one factor. Figures 1-3 (below) includes an overview of factors that were present for those who passed by suicide in Deschutes County from 2003-2020. Note: These figures are not an exhaustive list.

MARITAL STATUS

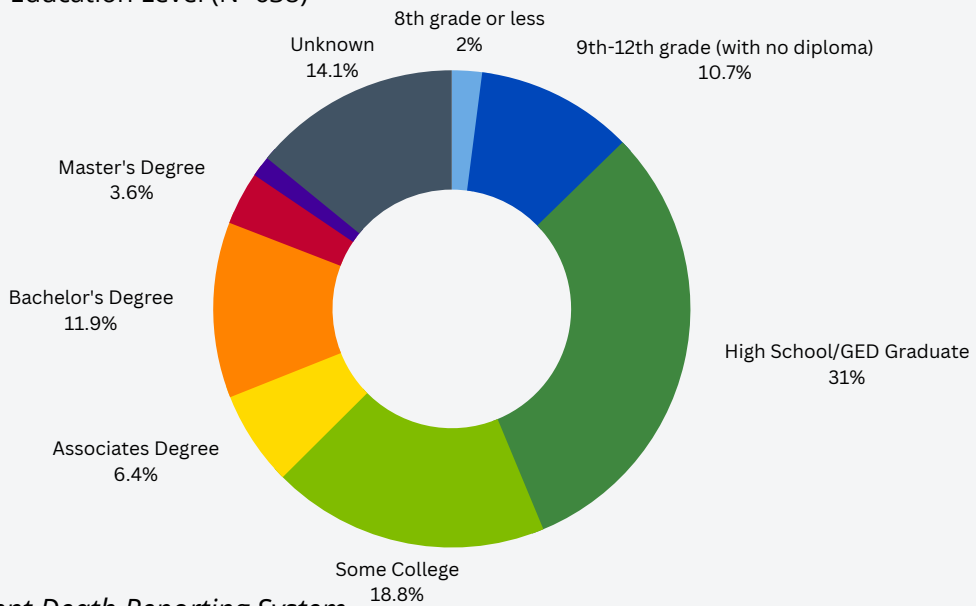
Figure 1: Relationship Factors- Marital Status (N=638)



Data Source: Oregon Violent Death Reporting System

EDUCATION LEVEL

Figure 2: Individual Factor- Education Level (N=638)



Data Source: Oregon Violent Death Reporting System

Part 1 ▶ Deschutes County Data Trends and Results

INDIVIDUAL AND RELATIONSHIP FACTORS

PSYCHO-SOCIAL ISSUES

Figure 3: Individual & Relationship Factors- Psycho-Social Issues

Psycho-Social Issues Total (N=638)	
Houselessness	
• Yes • No • Unknown/No Data Provided	• < 10% • 89% • < 10%
Mental Health Issues	
• Yes • No/Unknown/No Data Provided	• 33% • 66%
Alcohol Use	
• Yes • No • Unknown/No Data Provided	• 27% • 58% • 13%
Current Mental Health Diagnosis	
• Yes • No/Unknown/No Data Provided	• 25% • 74%
Mental Health Diagnoses	
• Anxiety/PTSD • ADHD • Bipolar • Depression • Schizophrenia • Other • Unknown/No Data Provided	• < 10% • < 10% • < 10% • 25% • < 10% • < 10% • 66%

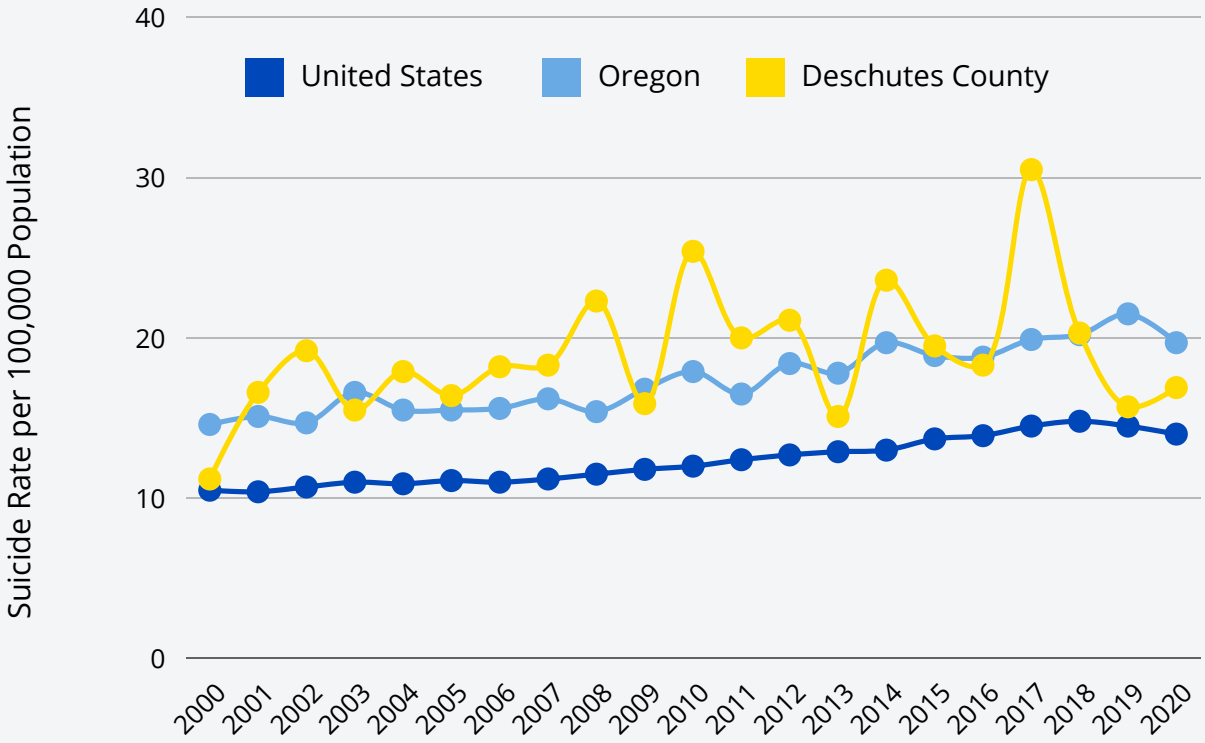
Data Source: Oregon Violent Death Reporting System

Part 1 Deschutes County Data Trends and Results

OVERALL RATES

The following data trends provide a picture of overall suicide rates and percentages, demographic suicide trends, suicide methods, and more for Deschutes County from 2000 to 2020 including discussions on contributing factors.

Figure 4: Overall Suicide Rates in the United States, Oregon, and Deschutes County, 2000-2020



Data Source: Oregon Public Health Assessment Tool & Center for Disease Control & Prevention WONDER

Figure 4 compares the United States, State of Oregon, and Deschutes County suicide death rates by year, from 2000 to 2020. While suicide is increasing nationally and statewide, Deschutes County is above the national and state suicide death rates. The United States had a significantly lower rate of suicide deaths, with an overall average of 12.3 suicide deaths per 100,000, than both the State of Oregon (17.4 per 100,000) and Deschutes County (18.9 per 100,000) within the entire report period. Deschutes County gradually increased in suicides from years 2000 to 2010, but then remained at a constant rate over the course of years 2011 to 2020 with the exception in 2017.

Part 1 Deschutes County Data Trends and Results

OVERALL RATES

2017

During the years of 2011 to 2020 the average suicide rate was 20.7 per 100,000. However, in the year 2017, Deschutes County saw the highest suicide rate within the reported years (30.5 per 100,000).

There is no substantiated information that has provided a clear understanding as to why Deschutes County had a higher suicide rate in 2017, but we will see the impact of this year across many of the following data sets throughout the remainder of this report.
What we do know is that suicide can be contagious.

Did You Know?

Did you know that the State of Oregon has legislation requiring a comprehensive response for suicide deaths, ages 24 and under?

This is to lower contagion of further suicide deaths, support those directly impacted by a suicide loss, resource share, and to promote healing.

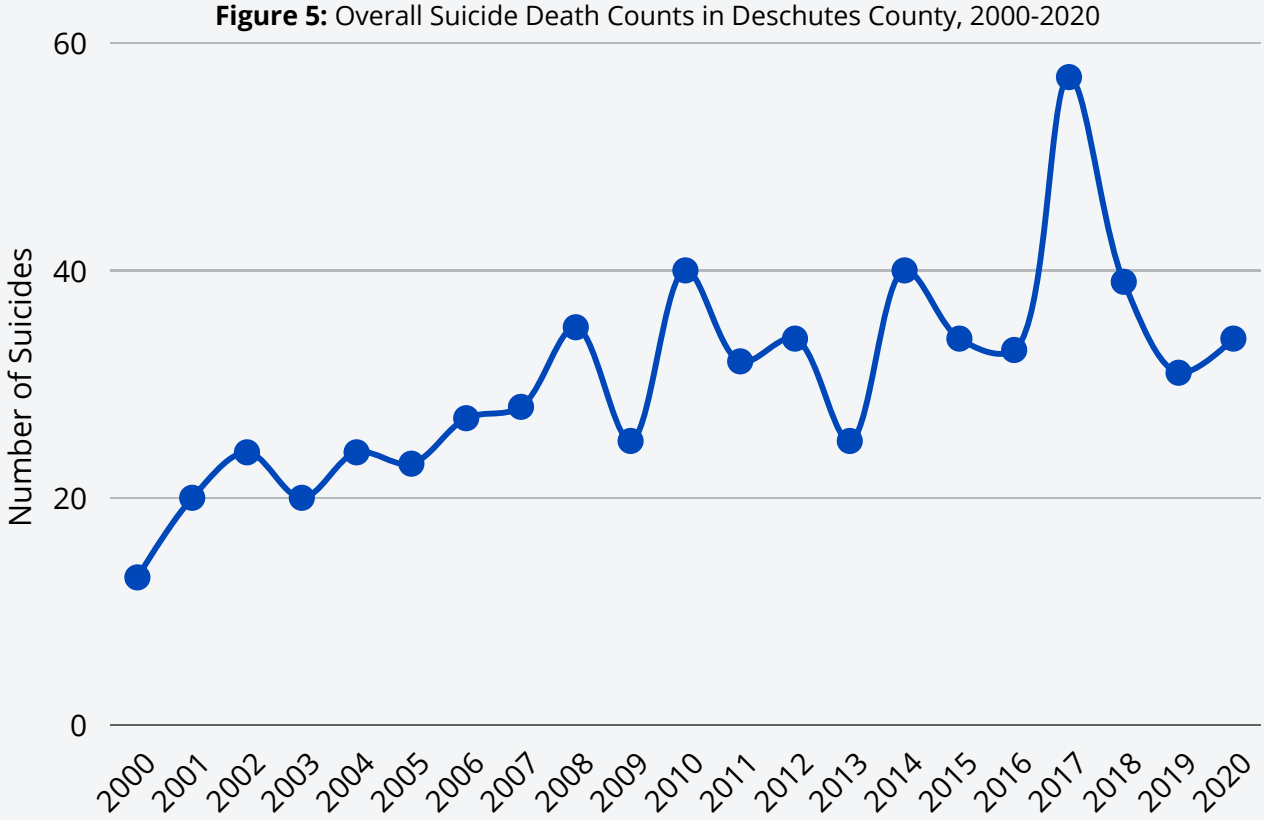
Suicide contagion can result among individuals who were strongly impacted by a suicide and loss of a significant person within their life.

A suicide cluster, different from suicide contagion, can result when multiple individuals are strongly affected by recent and/or nearby suicides. This may have occurred in Deschutes County in the year 2017. The specific circumstances are unknown.

Part 1 Deschutes County Data Trends and Results

OVERALL RATES

Figure 5: Overall Suicide Death Counts in Deschutes County, 2000-2020



Data Source: Oregon Public Health Assessment Tool & Center for Disease Control & Prevention WONDER

Figure 5 provides the count of suicide deaths in Deschutes County by year from 2000 to 2020. From 2000 to 2010, suicide deaths gradually increased in Deschutes County. However, there was overall no increase in the second decade, with the exception of 2017. The significant amount of suicide deaths in 2017 ultimately has impacted the average count and suicide death rates over the course of 2011-2020 in Deschutes County. Based on public health research, Deschutes County likely experienced a suspected cluster or contagion within the year of 2017. This can be defined as having more than expected number of suicide deaths occurring in a group of people, close in time or exposure to suicide within one's family, peer group, or through media reports on suicide (CDC, 2022b; U. S. Department of Health & Human Services, 2019).

Part 1 ▶ Deschutes County Data Trends and Results

OVERALL RATES

The expected number of suicides for 2017 would have been 35, however, Deschutes County experienced 57 suicide deaths that year, which is 22 suicide deaths above what was expected. Research indicates that "direct and indirect exposure to suicide behavior has been shown to precede an increase in suicidal behavior in persons at risk for suicide, especially in adolescents and young adults" (U.S. Department of Health & Human Services, 2019, para. 1). One possible conclusion for the high suicide death counts in 2017, is that some of the persons who passed by suicide may, themselves, have been directly impacted by a person close to them who also died by suicide.

Research has provided insights to the issue of being exposed to suicide. "Exposure to suicide is pervasive and occurs beyond family" as one study writes (Cerel et. al, 2016, p.100), indicating that we can be affected by suicide and in turn may experience our own suicide related behaviors (e.g. thoughts, intent, etc.) due to being impacted by a suicide death not only in our family, but even outside of our immediate social group. To the same point, a recent study finds that around 135 people are exposed to every suicide death (Cerel et. al, 2019) giving us a better picture that suicide has a large impact. To learn how we can mitigate the risk in those around us who have been impacted by suicide, please refer to page 44.

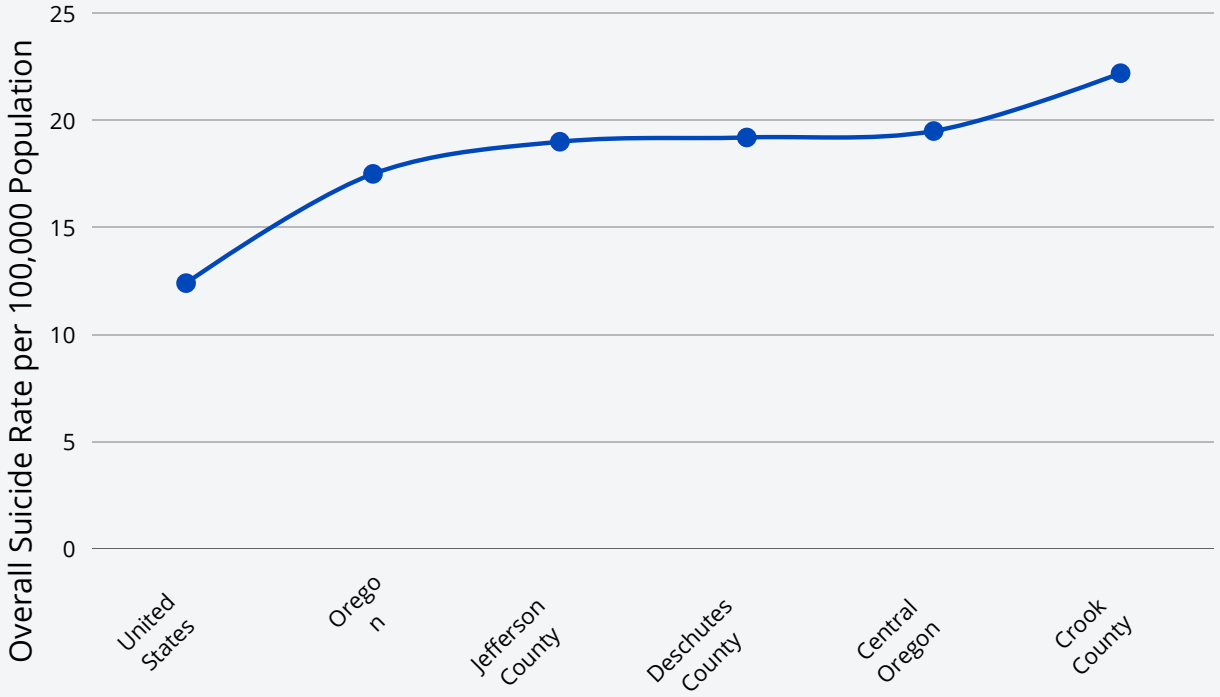
Did You Know?

Central Oregon Suicide Prevention Alliance [COSPA] accepts volunteers for their General Membership and/or Community Outreach workgroups? To learn more, contact the Deschutes County Suicide Prevention Program at deschutes.org/suicideprevention.

Part 1 ▶ Deschutes County Data Trends and Results

OVERALL RATES

Figure 6: Overall Suicide Rates in the United States, Oregon, Jefferson County, Deschutes County, Central Oregon, and Crook County, 2000-2020



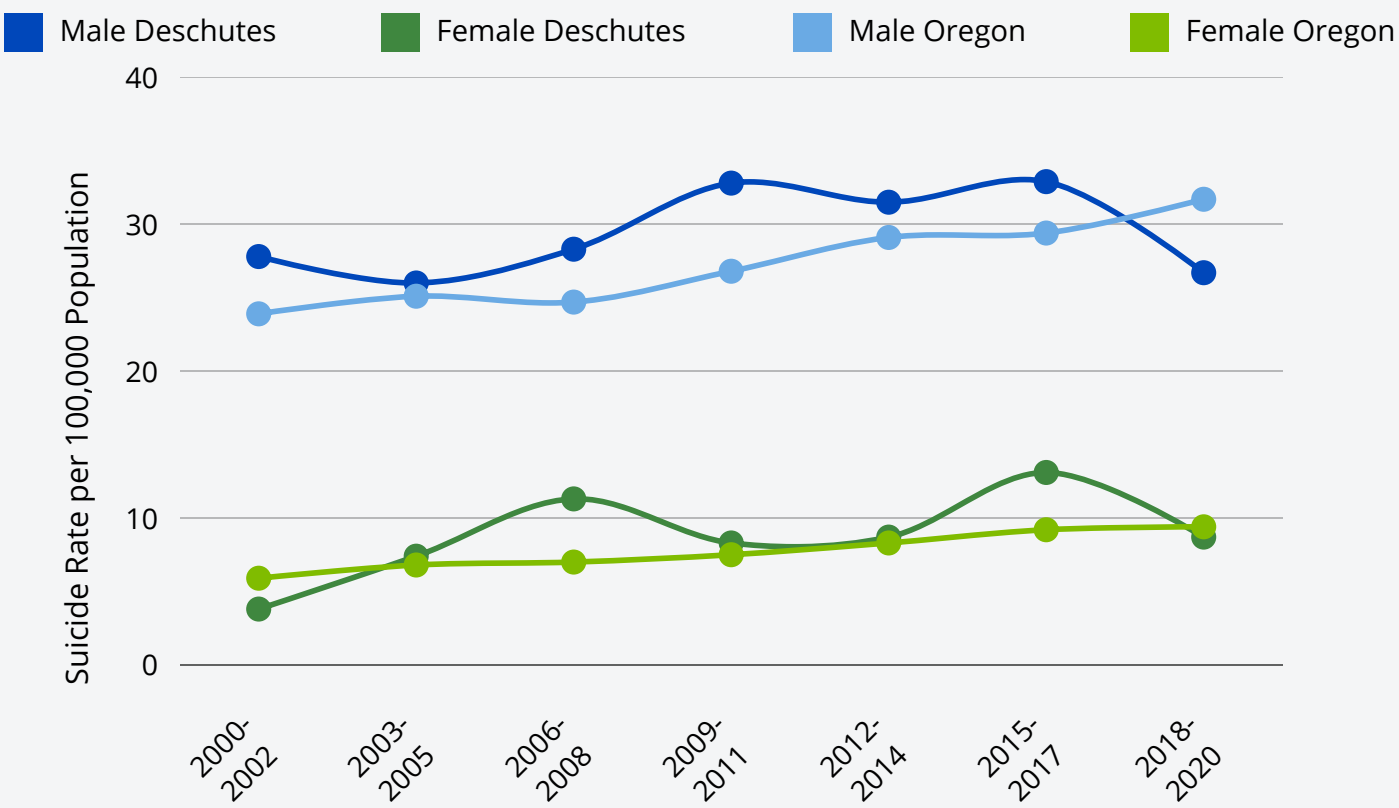
Data Source: Oregon Public Health Assessment Tool & Center for Disease Control & Prevention WONDER

Figure 6 displays and compares the overall suicide rate for the United States, State of Oregon, Jefferson County, Deschutes County, Central Oregon, and Crook County across the two decades (2000-2020) rather than by year. The Central Oregon region is defined as the geographical area that includes Crook, Deschutes, and Jefferson counties in the State of Oregon. Deschutes County overall suicide rate (19.2 per 100,000) is roughly similar to Central Oregon overall suicide rate (19.5 per 100,000). However, Crook County's suicide rate (22.2 per 100,000) was the highest when compared to national, state, regional, and neighboring county suicide rates. Research has shown that suicide rates are higher in more rural communities across the United States when compared to urban living with some research reporting at nearly twice as great (Rural Health Information Hub, 2022; Casant & Helbich, 2022). The difference between rural and urban areas for suicide rates in the United States has widened over the years from 1999-2019, showing an increase of 50% in rural areas compared to a 31% increase in urban areas (Rural Health Information Hub, 2022). Research has shown that some explanations as to why there are higher rates of suicide in rural communities may include, but are not limited to: increased social isolation, increased access to lethal means, stigmatization of mental health issues, and decreased access to mental health services (Casant & Helbich, 2022) compared to urban areas.

Part 1 ▶ Deschutes County Data Trends and Results

OVERALL RATES

Figure 7: Overall Suicide Rates for Males and Females in Deschutes County and State of Oregon, 2000-2020



Data Source: Oregon Public Health Assessment Tool & Center for Disease Control & Prevention WONDER

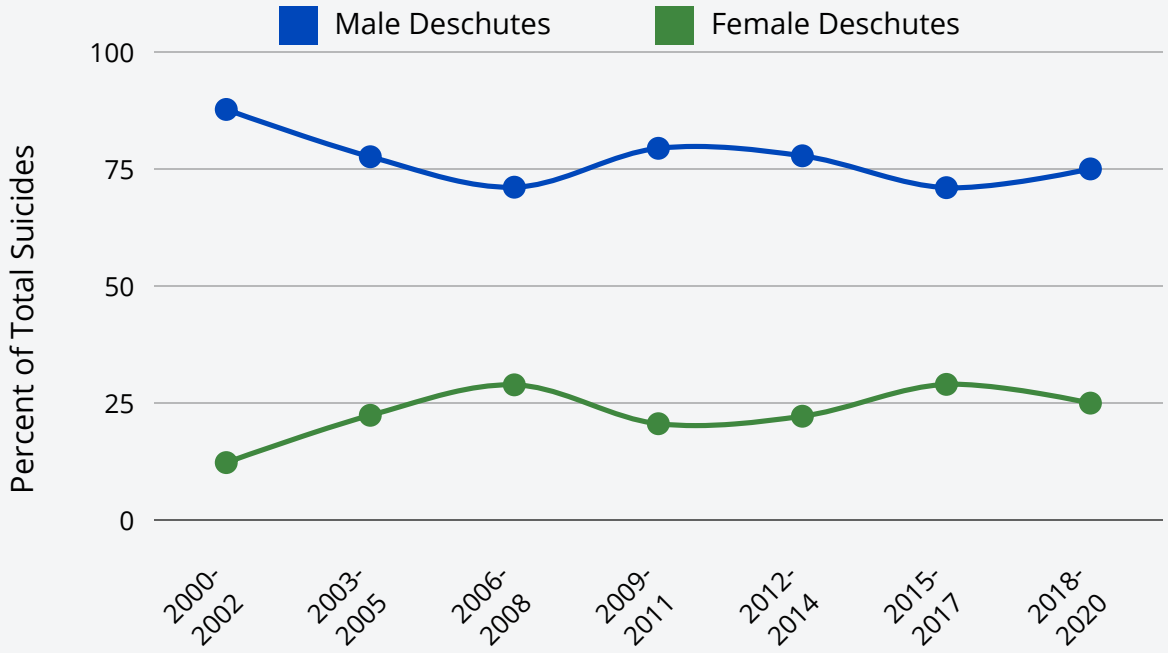
Figure 7 describes male and female suicide rates in three-year increments across 2000 to 2020 in Deschutes County and compares them against male and female suicide rates in the State of Oregon. As a reminder, 2017 showed a higher number of suicide deaths than our historical numbers have shown. Figure 7 does include 2017, which is why we see a peak in the 2015-2017 portion of the graph. Males in Deschutes County had a trend over the last two decades that were slightly higher than the trends for the State of Oregon. However, in the last two years, males in Deschutes County dropped below the State of Oregon rates. In regard to females in Deschutes County, there were two peaks, one during the 2017 year, but overall the suicide rates for females in Deschutes County are comparable to the State of Oregon rates, which shows a gradual increase for females dying by suicide.

Research has shown that men who live in rural areas are at greater risk of suicide when compared to men who live in more urban settings, which may explain why Deschutes County rates are higher than the state average (Rural Health Information Hub, 2022). Additionally, although the rates of suicide among women living in rural communities are lower compared to men, the rates are still significantly higher when compared to women living in urban areas (Rural Health Information Hub, 2022).

Part 1 ▶ Deschutes County Data Trends and Results

OVERALL RATES

Figure 8: Percentage of Overall Suicides in Deschutes County for Males and Females, 2000-2020



Data Source: Oregon Public Health Assessment Tool & Center for Disease Control & Prevention WONDER

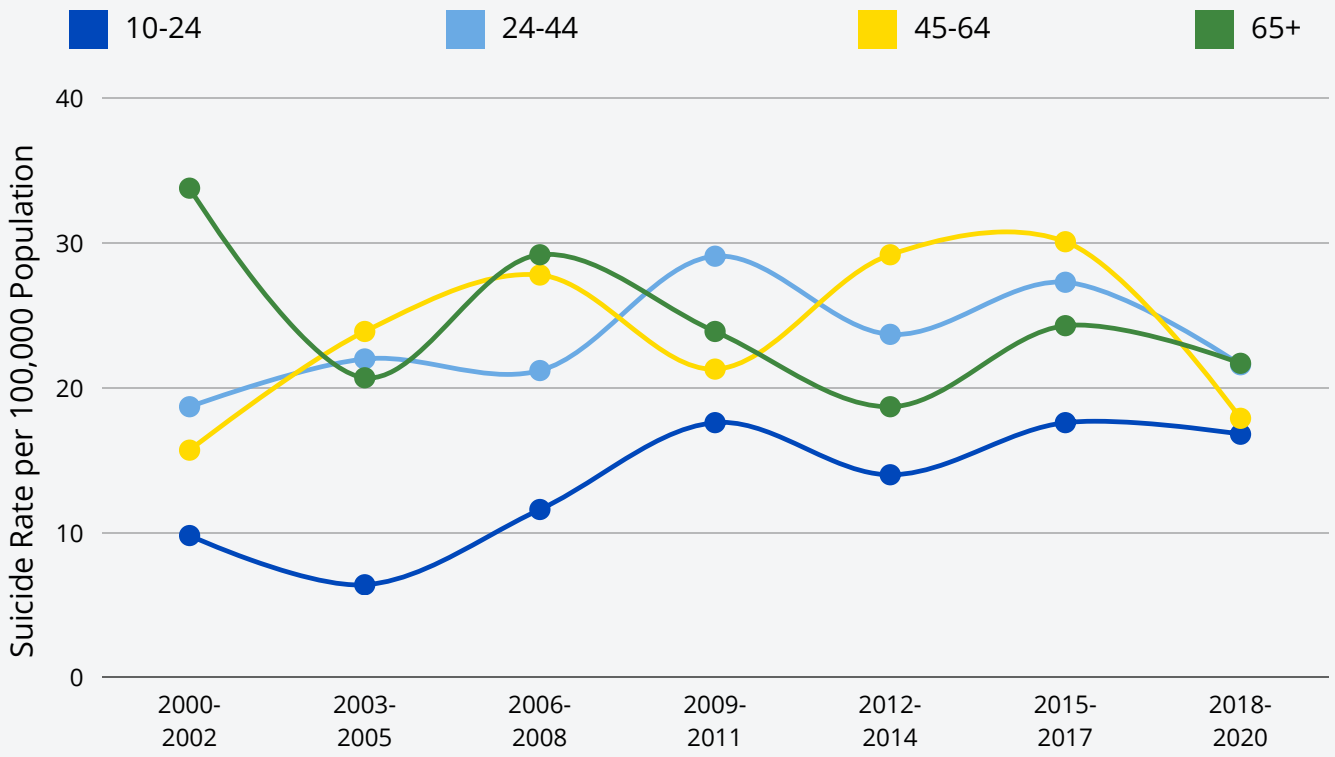
Figure 8 compares the percentage of suicides for males and females in Deschutes County from 2000 to 2020. The percentage of males who died by suicide during the years 2000 to 2002 were 7 times higher compared to females who died by suicide during the same years. However, the gap between percentage of males and females who died by suicide in more recent years (2018 to 2020) has diminished–with males three times more likely to die from suicide compared to females. The overall trend for males and females is that in 2000, roughly 88% of males died by suicide compared to 12% among females, whereas by 2020, roughly 75% of males died by suicide compared to 25% female suicide deaths in Deschutes County. Referring to Figure 7, we are seeing a gradual increase of suicide deaths among females within Deschutes County. These findings reflect similar trends to national data.

According to the Centers for Disease Control and Prevention [CDC], suicide rates for females increased from 2000 to 2015 with a decline in 2019 and 2020 (CDC, 2022f). Additionally, the CDC reported that suicide rates for males were 3 to 4 times the rate for females during 2000-2020 (CDC, 2022f). Previous research has shown that men are less likely than women to report they need help, access mental health treatment, or engage in help seeking behaviors, which can be contributing factors when looking at suicide rates across sex (Oliver, et al., 2005; CDC, 2022g; Staiger et al., 2020). Social supports, access to the appropriate health services, empowering a strong sense of cultural identity, and access as well as enrollment in educational programs are just some of the protective factors that can help protect a person who maybe struggling with thoughts of suicide. The same can be said across sex and gender.

Part 1 Deschutes County Data Trends and Results

RATES PER AGE GROUP

Figure 9: Deschutes County Suicide Rates per Age Group, 2000-2020



Data Source: Oregon Public Health Assessment Tool & Center for Disease Control & Prevention WONDER

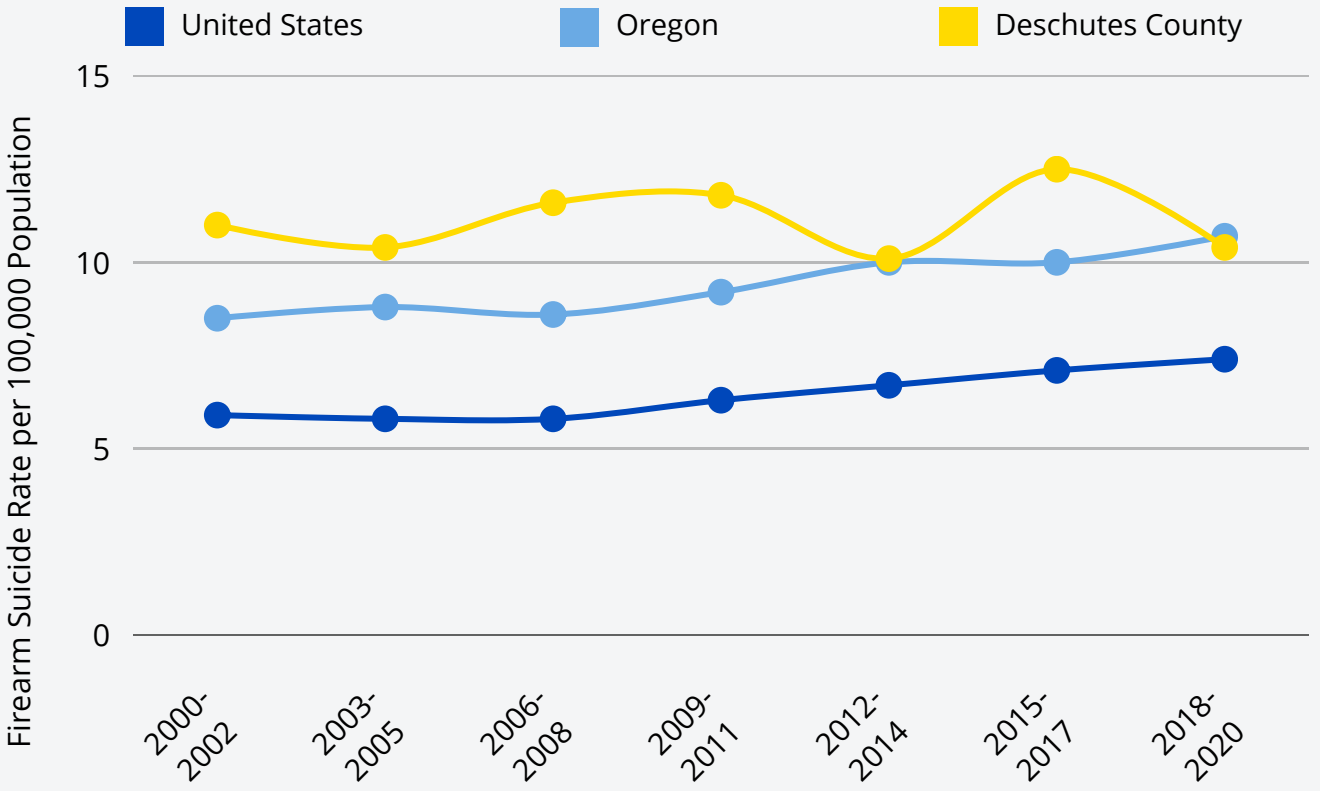
Figure 9 displays suicide death rates per age group in Deschutes County by three-year increments from 2000 to 2020. The year 2017 created an increase across all age groups, and if excluding 2017, all peaks during 2015-2017 would flatten. However, if excluding 2017, it would not change the trajectory for youth, ages 10-24, where we are seeing an increase in suicide deaths for this population in Deschutes County. When looking at Figure 9, we are seeing a convergence across the age groups by 2020 with a decline in all of the age groups except the 10-24 year old age group. With the decline in all age groups except for our youth population, statistically the increase of youth suicide deaths has canceled out the reduction in all other age groups resulting in no increase or decrease across the entirety of age groups.

A key take-away in this report is that among youth (10-24 yrs), suicide death rates are increasing gradually in Deschutes County. Given that Deschutes County saw a decline in suicide deaths across all age groups with the exception of young people, ages 10-24, this report will provide additional in-depth details dedicated to this age group in Part 2. These details will cover suicide as a health concern as well as what we can do to lower our rates for our young people when it comes to suicide related behaviors. To explore this data further within our youth population, please refer to Part 2 of this report. A key take-away from figure 9 that is hopeful is that there is a decline in suicide deaths for our older populations.

Part 1 Deschutes County Data Trends and Results

OVERALL FIREARM SUICIDE RATES

Figure 10: Overall Firearm Suicide Rates for United States, Oregon, and Deschutes County, 2000-2020



Data Source: Oregon Public Health Assessment Tool & Center for Disease Control & Prevention WONDER

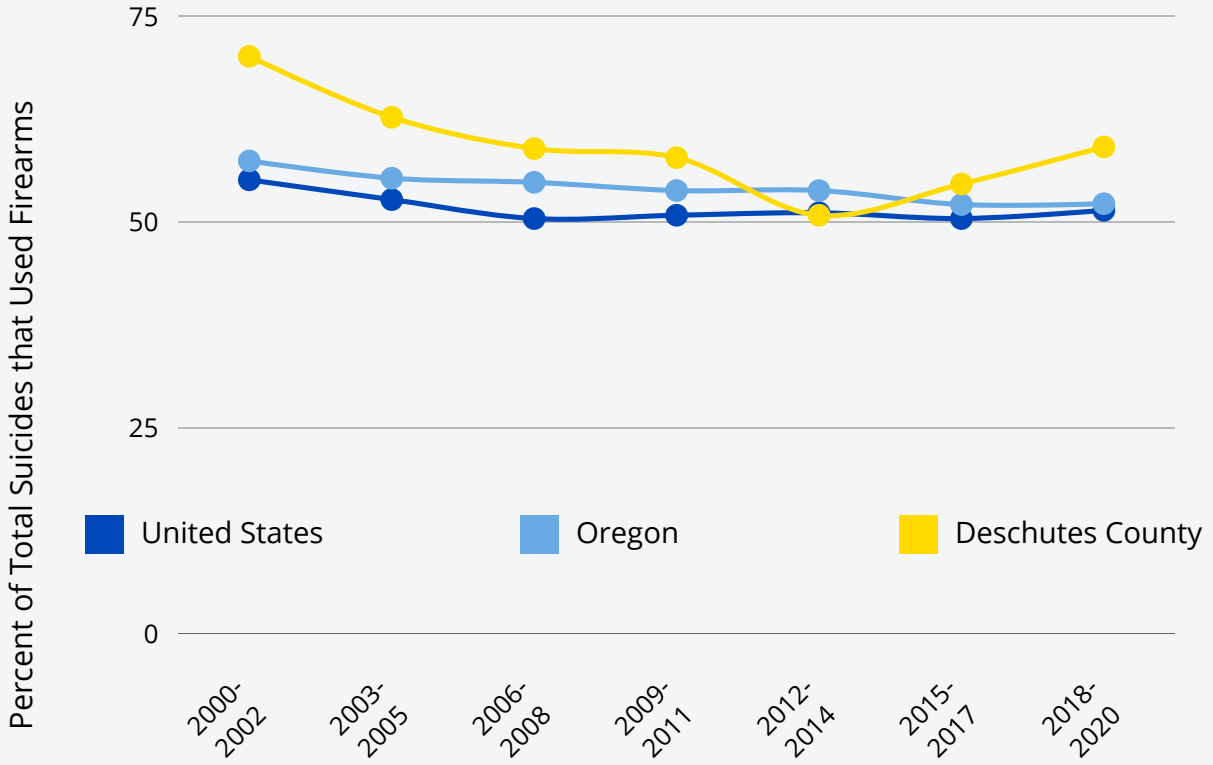
Figure 10 compares the United States, State of Oregon, and Deschutes County suicide death rates by firearms between the years 2000 to 2020 by three-year increments. The United States had a significantly lower suicide death rate by firearms (6.4 per 100,000) when compared to the State of Oregon (9.4 per 100,000) and Deschutes County (11.11 per 100,000) over the course of the entire reporting period. When reviewing Deschutes County suicide rates by firearms from 2012 to 2020 (with the exception of an increase in 2017), there were no significant changes in rates observed.

To learn more about secure firearm storage visit: safefirearmstorage.com

Part 1 Deschutes County Data Trends and Results

OVERALL FIREARM SUICIDE RATES

Figure 11: Percentage of All Firearm Suicides for United States, Oregon, and Deschutes County, 2000-2020



Data Source: Oregon Public Health Assessment Tool & Center for Disease Control & Prevention WONDER

Figure 11 shows the percentages of firearm related suicides, rather than rates as seen in figure 10, for the United States, State of Oregon, and Deschutes County for the years 2000 through 2020 by three-year increments. When averaging the percentage of firearm suicide deaths in Deschutes County from 2000 to 2020, the percentage averages around 58%. For these same years, the State of Oregon averaged around 54% for suicide deaths by firearm –while nationally the percent average was roughly 51%. From 2000-2002, 70% of suicide deaths in Deschutes County were by firearms compared to 59% in 2018-2020. Deschutes County did see a moderate decline from 2000 to 2014, but rates increased again after 2014. When reflecting on the overall trend of percentages of suicide deaths by firearms from 2000 to 2020, Deschutes County is experiencing a slight decrease.

Part 1 *Deschutes County Data Trends and Results*

OVERALL FIREARM SUICIDE RATES

WHY MEANS MATTER

It is important to examine how a person dies by suicide. Research has shown that rates of suicide drop when access to the most commonly used and lethal suicide methods is reduced (Zero Suicide Institute, 2017). Important suicide prevention trainings, such as Counseling on Access to Lethal Means (CALM) or Oregon CALM can be effective measures for any community member to be trained in. Increasing time and distance between a person in crisis and the lethal means is paramount. If you would like to learn more about how to have the conversation, as well as effective measures and training regarding increasing time and distance between someone and a lethal mean please visit:

- **National CALM**: a free online course focusing on how to reduce access to the methods that people use to kill themselves. Access this training at zerosuicidetraining.edc.org.

- **OCALM**: an Oregon-adapted curriculum of the National CALM that was developed to assist health care and direct service providers. Access more information about OCALM at aocmhp.org/oregoncalm.

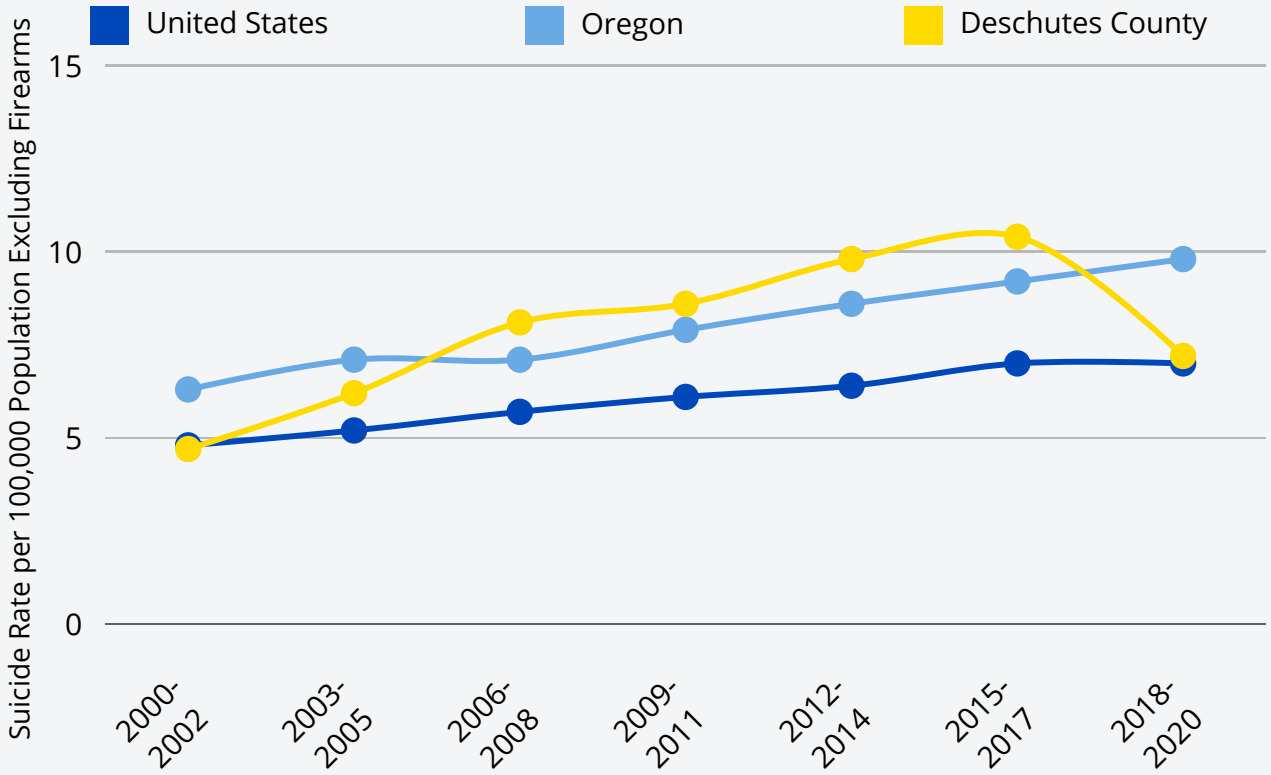
STATE OF OREGON POLICIES

Lastly, the State of Oregon has seen newer policies regarding firearms. Oregon's Red Flag Law or Extreme Risk Protective Order [ERPO] allows a concerned family member, household member, or law enforcement officer to ask the court for an ERPO, resulting in removal of the weapon from somebody who is at risk. Such legislation is a continued conversation in many communities across the State of Oregon and is ever evolving.

Part 1 Deschutes County Data Trends and Results

OVERALL NON-FIREARM MEANS

Figure 12: Overall Non-Firearm Means Suicide Rates for United States, Oregon, and Deschutes County 2000-2020



Data Source: Oregon Public Health Assessment Tool & Center for Disease Control & Prevention WONDER

Figure 12 displays United States, State of Oregon, and Deschutes County suicide rates by non-firearm means, between the years of 2000 to 2020, by three-year increments. Examples of non-firearm means of suicide deaths include: hanging, suffocation, poisoning, or vehicle-related deaths. Suicide cause of death by poisoning can be defined as acute drug toxicity, mixed drug toxicity, or where a person ingests a toxic level of a substance.

In Deschutes County, there was a steady increase in suicide rates by non-firearm means between 2000 to 2017, with a significant decline after 2017. Overall non-firearm suicide deaths in the United States and Oregon have increased. Deschutes County saw a steep increase until 2017 and a steep decrease after 2017. When comparing to the State of Oregon and the United States, all three data sets, including Deschutes County, has seen a gradual increase over the two decades for suicide deaths by non-firearm means.

Part 1 ▶ Deschutes County Data Trends and Results

OVERALL NON-FIREARM MEANS

When reviewing the steep decrease after 2017 for suicide rates by non-firearm means, there are a variety of items to account for, such as 2017 being our highest year of suicides that was significantly above our County's average as well as state-wide changes in certain lethal means, such as access to opioids and changes in guidance of prescribing opioids.

Such statewide changes may have aided in lowering suicide deaths by non-firearm means. One example is the development of the Oregon Health Authority's Opioid Prescribing Guidelines Task Force (Oregon Health Authority [OHA], n.d.). By November 2016, this task force approved the adoption of Oregon-specific prescribing guidelines for opiates, which is based off of the CDC Guideline for Prescribing Opioids for Chronic Pain (CDC, 2022h). These guidelines are available for issues related to chronic pain, acute pain, dentistry, and people who are pregnant. With stricter guidelines related to prescribing opioids, many communities across Oregon saw opiate related deaths decline, also impacting suicide deaths by poisoning. Nationally, in a recent CDC report comparing year 2019 suicide rates to year 2020 suicide rates (2022d), all other means excluding firearms also had a decrease.

Lastly, another significant statewide development that may help prevent suicide deaths associated with opiate related overdose with the intent to take one's life is increased access to Naloxone. Naloxone, also called Narcan, can quickly restore normal breathing patterns for a person whose breathing has slowed or stopped due to an overdose of prescription opioids or illicit opioids–including fentanyl and heroin. Community members can ask a healthcare provider or a pharmacist to be trained on how to use Naloxone and have access to this intervention if they believe someone they know may be at risk of an overdose by opiates.

LOOKING TO DISPOSE OF UNWANTED OR EXPIRED MEDICATIONS?

Safely dispose medications at

Deschutes County Medicine Disposal

Please click here or visit

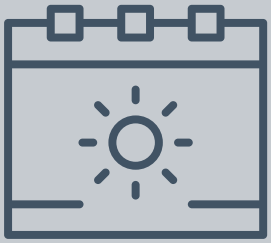
Deschutes.org/solidwaste/page/medicine-disposal

Part 2 *An In-Depth Data Focus on Youth Suicide in Deschutes County*

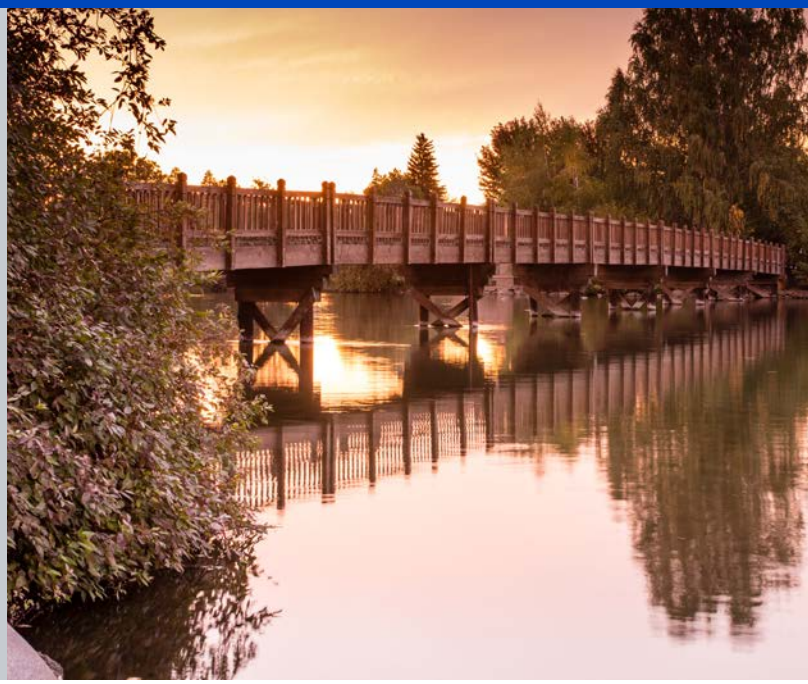
2011

Suicide is the 2nd leading cause of death for youth in Oregon.

June, July and August show the lowest number of Emergency Department visits for youth.



2020



Youth suicide rates are high in Deschutes County, Oregon (See Fig 13). Over the past decade from 2011-2020 youth suicide rates in Deschutes County were twice-as-high as Oregon youth statewide and three-times-as-high as youth nationally.

In addition, many youth who go to the Emergency Department in a suicide crisis in Deschutes County are unable to access mental and behavioral health services to prevent suicide. In some cases, youth spend days and even weeks waiting in the Emergency Department without appropriate options for mental and behavioral health services.

The following data will provide the scope of youth suicide rates in Deschutes County as well as some gaps within our community that contribute to these high rates.

A NOTE YOUTH SUICIDE RATES

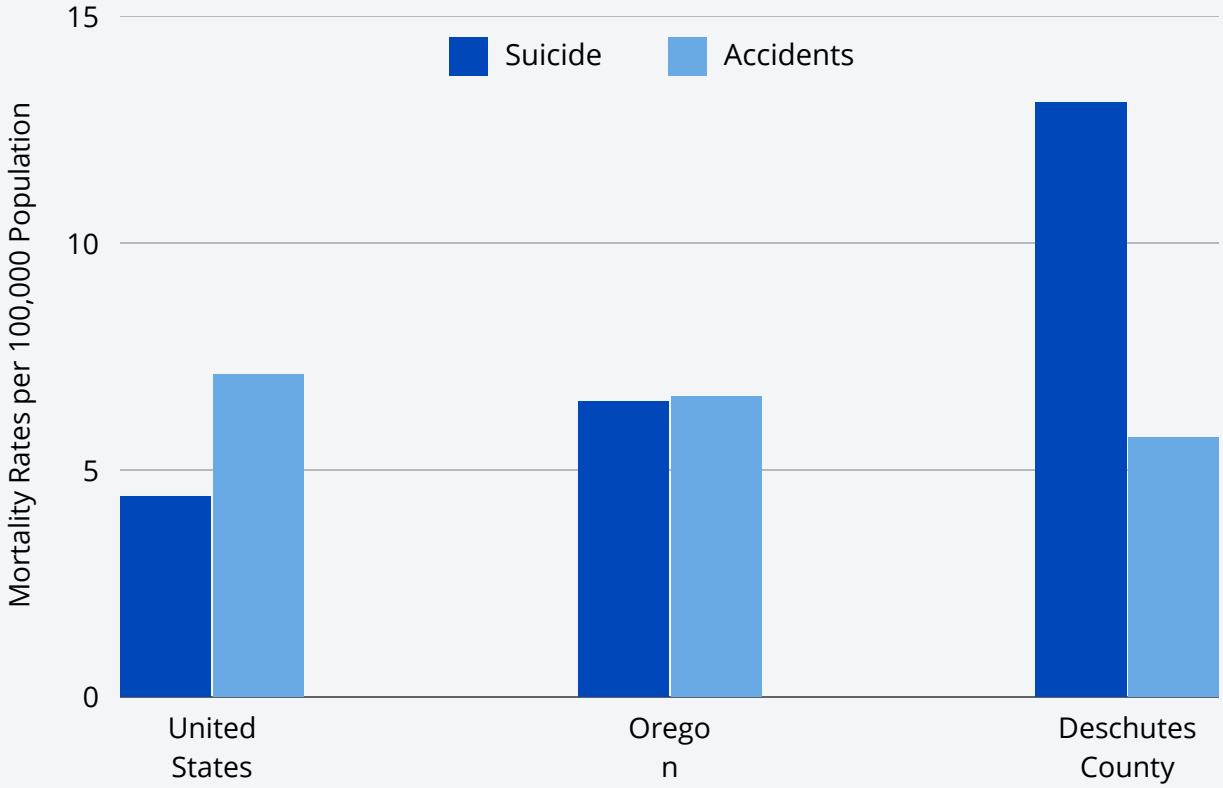
The below data associated with youth and young adult suicide in Deschutes County will be covered across the span of the years 2011 to 2020.

While Deschutes County suicide rates for youth is seeing an increase across these years, there are many tangible things we can do as a community to help lower rates. Please see page 44 to learn more.

Part 2 ▶ An In-Depth Data Focus on Youth Suicide in Deschutes County

RATES FOR THE TWO LEADING CAUSES OF DEATH AMONG DESCHUTES COUNTY YOUTH

Figure 13: Suicide Rates for the Two Leading Causes of Death Among Children & Teenagers, Ages 10-17, for United States, Oregon, and Deschutes County, 2011-2020



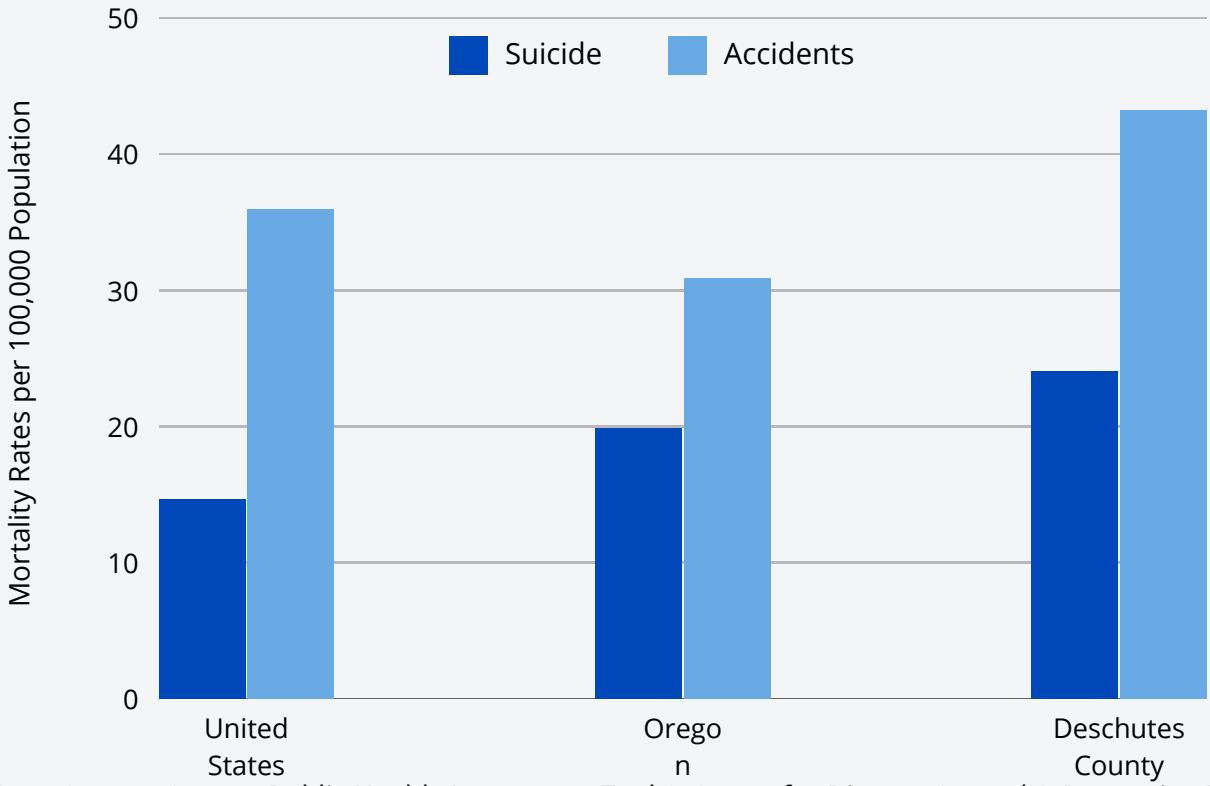
Data Source: Oregon Public Health Assessment Tool & Center for Disease Control & Prevention WONDER

Figure 13 shows rates among youth aged 10-17 years in the United States, State of Oregon, and Deschutes County between the years of 2011 to 2020 for the two leading causes of death. Suicide was the leading cause of death in Deschutes County among youth aged 10-17 years, in contrast to Oregon and the United States where unintentional accidents (e.g. motor-vehicle crashes, drug poisoning, and falls) were the leading cause of death from 2011-2020. 58% of all Deschutes County deaths among 10-17 year olds from 2011-2020 were suicides, compared to 29% in Oregon and 19% in the United States. To learn more about the preventive measures to help lower these rates, please refer page 44.

Part 2 ▶ An In-Depth Data Focus on Youth Suicide in Deschutes County

RATES FOR THE TWO LEADING CAUSES OF DEATH AMONG DESCHUTES COUNTY YOUTH

Figure 14: Two Leading Causes of Death Among Older Teenagers & Young Adults, Ages 18-24, Mortality Rates for the United States, Oregon, and Deschutes County, 2011-2020



Data Source: Oregon Public Health Assessment Tool & Center for Disease Control & Prevention WONDER

Figure 14 covers mortality rates per 100,000 individuals from years 2011 to 2020 for the United States, State of Oregon, and Deschutes County in ages 18-24. The overall trend is that teenagers and young adults (ages 18 to 24) die by accidents at a higher rate than suicide nationally, statewide, and locally–with Deschutes County having a higher accident mortality rate (43.2 per 100,000) compared to the United States (35.9 per 100,000) and the State of Oregon (30.8 per 100,000). Many factors impact the leading cause of death for this age group when compared to the leading cause of death for ages 10-17. Such factors include: legal drinking age, ability to drive, stages of development, and increased independence. Better understanding of how causes of death change over an individual's lifespan can provide insight into building targeted preventative measures within communities. Preventative measures can include, but are not limited to: substance use prevention/education and awareness regarding distracted driving (U.S. Department of Health and Human Services, Healthy People 2030, n.d.).

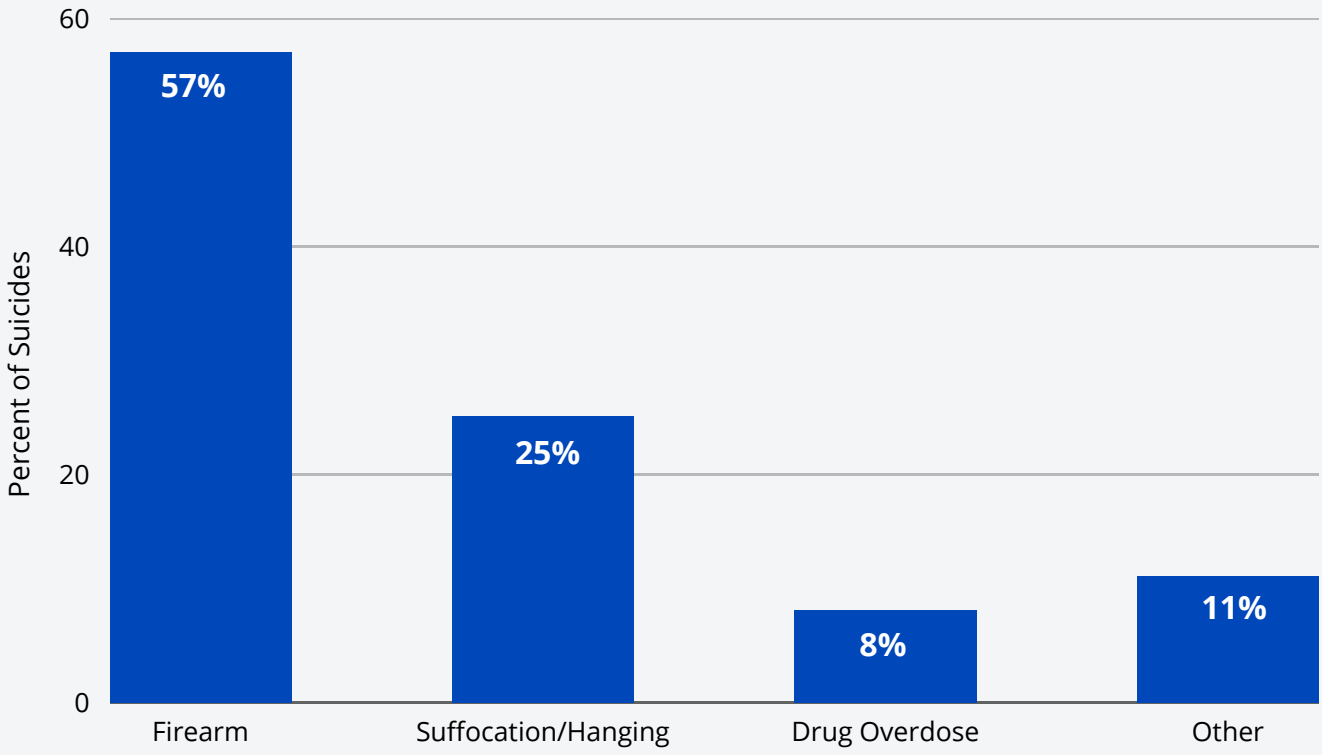
Preventative Measures Include:

- **Substance use prevention**
- **Substance use education**
- **Distracted driving education**

Part 2 ▶ An In-Depth Data Focus on Youth Suicide in Deschutes County

RATES FOR YOUTH SUICIDE RATES BY MEANS

Figure 15: Percent of Youth Suicide Deaths by Lethal Means, ages 10-24, in Deschutes County 2011-2020



Data Source: Oregon Public Health Assessment Tool & Center for Disease Control & Prevention WONDER

In **Figure 15**, the graph depicts percentages of youth suicide by lethal means from years 2011 to 2020 for ages 10 to 24 in Deschutes County. During this period, 57% of youth, ages 10-24, died by suicide via firearms.

Often when speaking about youth suicide, ages 10 to 17 are inquired about. If we narrow in on this age group to minors, aged 10-17, we see an 8% increase to 65% of suicides by firearm during this time period. Due to these suicide rates by firearm in youth, more is being done by the community. Please refer to page 37 on current efforts that are aimed directly at lowering suicide rates by firearm for all ages.

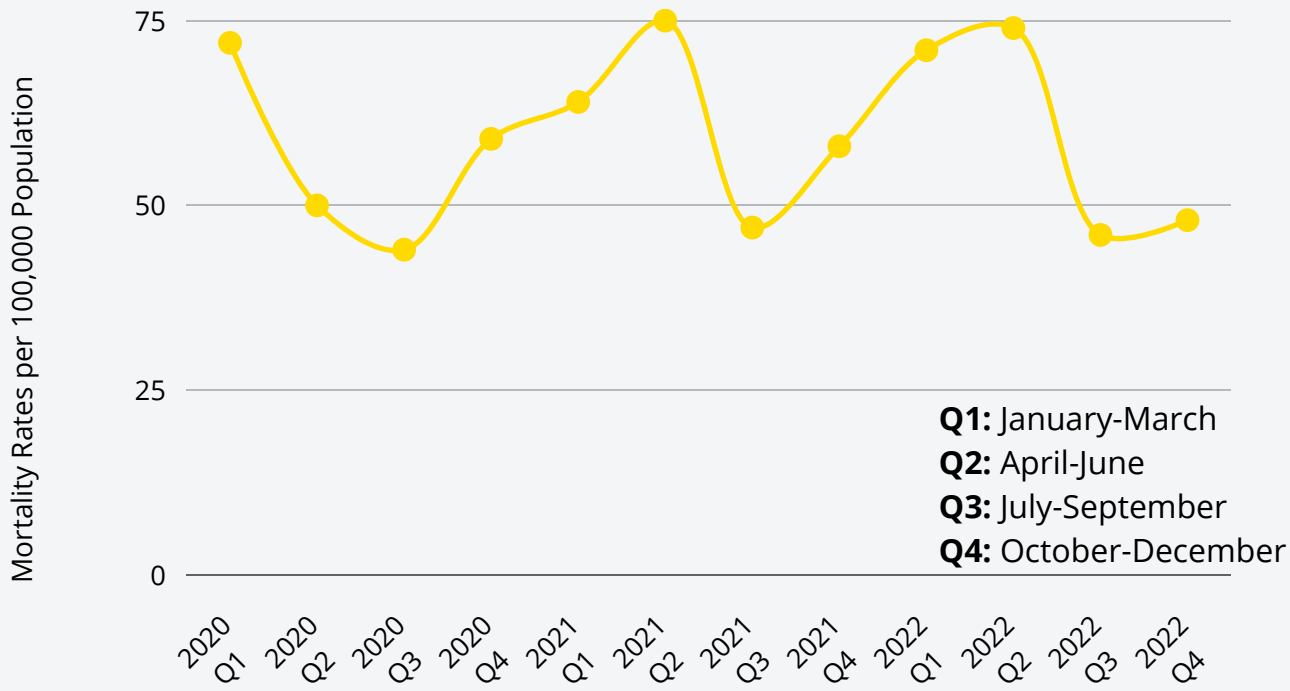
When looking at other means of suicide depicted in this graph, 25% of youth, ages 10-24 years, died by suicide via hanging or suffocation. 8% of Deschutes County youth (ages 10-24) died by suicide via a drug overdose and 11% used other means.

National research indicates that about 85% of attempts with a firearm are fatal, 82% of suicides for ages 17 and under died by using a firearm owned by a family member- often a parent- with two-thirds of the firearms stored in an unlocked location, and adolescents who died by suicide were twice as likely to have a firearm at home, resulting in firearm access being a risk factor for adolescents related to suicide (Harvard School of Public Health, 2023).

Part 2 ▶ An In-Depth Data Focus on Youth Suicide in Deschutes County

QUARTERLY ED VISIT PATTERNS FOR YOUTH & CHILDREN

Figure 16: Quarterly Pattern of Suicide- Related Emergency Department [ED] Visits for Youth, & Children, Ages 10-17, in Deschutes County, 2020-2022



Data Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics [ESSENCE]

Figure 16 displays quarterly Emergency Department [ED] data regarding suicide-related behaviors in youth, ages 10 to 17, who are seen in the ED within Deschutes County during the years of 2020 to 2022. This data covers suicide-related behaviors such as those being seen for thoughts of suicide, suicidal intent, or suicide attempts. This data provides Deschutes County with the number of ED visits across the three-year timespan per quarter. Consistently, across the three years, quarter three shows the lowest number of ED visits in Deschutes County for this population, which includes the months of July, August, and September. When looking at the peaks, we see over 70 ED visits in quarters one and two per year, while we see the lows of around 40 ED visits in every third quarter.

A NOTE ABOUT REPORTING YEARS

While the majority of this report covers trends from 2000-2020, the data discussed in this graph is from 2020-2022.

ESSENCE data is real time, unidentified data from emergency departments and is useful in monitoring real time trends to guide local work.

Part 2 ▶ *An In-Depth Data Focus on Youth Suicide in Deschutes County*

QUARTERLY ED VISIT PATTERNS FOR YOUTH & CHILDREN

This seasonal pattern appears to mirror the school year within Deschutes County. Additionally, the trends for suicide-related behaviors at the ED in Deschutes County for youth ages 10 to 17 is consistent with national research related to seasonality of suicide in youth as increased anxiety, stress and mental health related issues occur during the school months (Hansen & Lang, 2011; Black, 2022). There is also research that provides a variety of factors, such as: environmental factors that include geographic location, allergens, pollutants, temperature and demographic variables such as age, gender, and socioeconomic status as other potential themes as to why peaks might occur in spring and/or summer related to suicide (Woo et al., 2012). Lastly, for Deschutes County, the highest numbers of ED visits for suicide related behaviors in this population across the three-year time span was for suicidal intent.

Part 2 ▶ *An In-Depth Data Focus on Youth Suicide in Deschutes County*

DISCUSSION

The intent of this section of the report was to highlight the elevated rates in youth suicide within Deschutes County. Through this discussion section, the potential factors that may contribute to Deschutes County high rates of youth suicide will be explored. As stated above, there is not one singular factor that contributes to why a person may die by suicide, but rather many factors may be present.

BELONGINGNESS & CONNECTEDNESS

One potential factor that may be contributing to youth suicide rates in Deschutes County is regarding the lack of belongingness and connectedness. Having social support and connection are key protective factors against suicide and can help buffer some of the difficulties life can present (Suicide Prevention Resource Center [SPRC], 2020). Connectedness can be defined as "the degree to which a person or group is socially close, interrelated, or shares resources with other persons or groups" (SPRC, 2020). According to the most recent Oregon Student Health Survey (2020), for example, 13.9% of Deschutes County 11th graders reported being bullied in the past 30 days at school (in-person or via social media, phones, gaming) compared to 10.7% of 11th graders for all of the State of Oregon (Oregon Health Authority, 2020). Such experiences are risk factors that lower the sense of belongingness or connectedness, increase mental health issues such as anxiety and depression, and can create a culture of violence. This, in turn, could explain some of the seasonality Deschutes County ED's are seeing for youth that present in the ED with suicidality during school months opposed to the summer months when school is not in session. To learn more on how to counteract this issue, see page 44.

Part 2 An In-Depth Data Focus on Youth Suicide in Deschutes County

ACCESS TO LETHAL MEANS

Access to lethal means is another key contributing factor to suicide rates, including for youth populations. The firearms used in youth suicides frequently are owned by parents and simply having access to firearms is a risk factor for youth suicides (Harvard School of Public Health, 2023). Parents and guardians often determine by hiding firearms, that this is a sufficient preventive measure to youth accessing these lethal means. However, studies show that this is not an effective preventive measure as youth in homes frequently know where firearms are stored (Harvard School of Public Health, 2023). Furthermore, parents who own firearms, in one study, reported that their children had never handled a firearm at home, yet 22% of their children, when interviewed alone, stated they had (Baxley and Miller, 2006). Safe storage can make a difference in youth suicide.

Additionally, in Oregon, 40% of 8th and 11th graders could access a loaded firearm in less than 24 hours (Oregon Student Health Survey, 2020). Identifying safe storage locations in the community, such as gun clubs, to store firearms away from the home can help lower risk and prevent further youth suicides. To learn more about this topic, please refer to page 37.

Part 2 An In-Depth Data Focus on Youth Suicide in Deschutes County

OTHER FACTORS: SLEEP DEPRIVATION

There are a variety of other factors that research has contributed to youth suicides, such as sleep deprivation. For instance, established research findings have shown that insomnia, short sleep duration, sleep timing delays can increase suicidality in youth (Goldstein & Franzen, 2020; Fernandes, Zuckerman, Miranda, & Baroni, 2021). Further, developmentally sensitive outcomes from a lack of sleep can include intellectual ability, emotional regulation, as well as risk taking and injury in addition to physical and mental health impacts (Tarokh, Saletin, & Carskadon, 2016). Some methods for improving sleep habits in youth include engaging in a regular, consistent sleep schedule, creating a comfortable sleep environment, remove distractions, providers and educators talk with families about the importance of adequate sleep, and teach families about the negative effects of evening use of light-emitting screens on sleep (Mayo Clinic, 2023; Hale et al., 2018).

OTHER FACTORS: SOCIAL MEDIA

Additionally, recent research has shown exposure to social media and the internet has the potential to reinforce and/or suggest negative thoughts and behaviors (Sedgwick et al., 2019), while other research has shown that among adolescents at high risk for suicide, less engagement in social media may reflect social withdrawal that may heighten the risk for suicidal thoughts (Sedgwick et al., 2019; Hamilton et al., 2021). Research indicates that screen time use should be implemented in moderation.

In reflection on the factors above, it is important to understand that suicide prevention is multi-faceted– requiring the incorporation of a variety of strategies to implement. To learn more about ways you can help prevent suicide, please refer to page 44.

Part 2 An In-Depth Data Focus on Youth Suicide in Deschutes County

LACK OF BEHAVIORAL HEALTH SERVICES

Secondly, another contributing factor related to youth suicide rates in Deschutes County may be associated with the lack of higher acuity behavioral health care in the Central Oregon region. Currently, youth in Deschutes County presenting with suicide-related behaviors in the ED are having to remain in this clinical setting for long periods of time as the Central Oregon region does not have the appropriate services to address their needs. In ED settings, youth receive minimal behavioral health services and the ED is not equipped to provide the level of care that is needed to help youth address their behavioral health needs, in turn, lowering our ability to prevent suicide in the Central Oregon region. As the population in Deschutes County continues to rise (52% in the last 15 years), the long-standing need for crisis or short term residential behavioral health treatment services becomes more pronounced (Coleman, S., 2022). Combined with an increasing burden on local ED's throughout Central Oregon, there is a pronounced need for increased resourcing and capacity to address growing behavioral health needs in this region. In a recent medical chart analysis within the St. Charles Health System, it was found that roughly 91% of the patients reviewed (N=24) could have received crisis respite or sub-acute care rather than be housed in the ED for inappropriate amounts of time (Coleman, S., 2022).

While Deschutes County does have a crisis stabilization center that can help individuals of any age stabilize from a mental health crisis for 23 hours, it is clear Deschutes County and the Central Oregon region needs a more intensive level of behavioral health care. It has been determined the best level of higher acuity behavioral health care that is needed in the Central Oregon region would include sub-acute and crisis stabilization for 24 to 72 hours. Due to the lack of such programs within Deschutes County and the Central Oregon region, this is resulting in increased ED use and longer lengths of stay within the ED. Ultimately, providing increased services for at risk youth would provide much needed resourcing for preventing suicide deaths. See page 46 where healthcare professionals have provided their voices to this regional issue.

CONCLUSION

Deschutes County Data Overview: 2000-2020

CURRENT EFFORTS FOR SUICIDE PREVENTION IN DESCHUTES COUNTY

Preventing youth suicide and suicide prevention for the whole lifespan has long been a key public health effort in Deschutes County. Prior to legislative requirements that began as early as 2015 within the State of Oregon, Deschutes County has been engaged in youth suicide prevention efforts through pathways such as the work within COSPA (see page 37), within the youth serving organizations, through mental health education and awareness initiatives across the community, within schools through systems change, or through having a comprehensive, collaborative response in the event of a suicide death. Additionally, suicide prevention efforts for the whole lifespan that utilizes guiding principles to help promote widespread use of best practices in initiatives in order to lower suicide deaths and suicide related behaviors has been integral to the work. While this suicide data report reflects challenging information, it is also an opportunity to better understand targeted strategies for initiating and sustaining suicide prevention efforts. Below are a few key components that reflect these areas of work:

PREVENTION

Below are a few examples of preventive measures to intervene prior to the occurrence of suicide related behaviors.

COSPA SECURE FIREARM STORAGE PROJECT:

The Central Oregon Suicide Prevention Alliance [COSPA] has organized a sub-workgroup tasked with this project aiming to lower suicide rates by firearm in the Central Oregon region for all ages. This project will provide a public service announcement in order to provide education and awareness regarding suicide by firearm in the Central Oregon region, resources for firearm owning community members in order to increase safety, and more. This project is not involved in policies or legislative mandates to restrict 2nd amendment rights. This project's sole purpose is to support safety during a mental health crisis securely storing lethal means.

HEALTHY SCHOOLS:

A shared partnership between Deschutes County and Bend-La Pine Schools with a mission to provide public health services directly within schools and school communities. Collaborative, systemic, and integrative approaches are utilized so that students, families, and school staff have access to high quality health promoting programs. An example of some of the program goals include: increasing social, mental, emotional, and physical health supports in schools, increasing student's ability to reach the Positive Youth Development benchmark, reducing unmet physical and mental/emotional health needs, reducing disparities by race/ethnicity, gender/sexual orientation, and income levels, and increasing on-time graduation rates. To learn more about this program as well as to see the most recent annual report (2021-2022), visit deschutes.org/healthyschools . Currently, this program is only operating in a portion of the Bend-La Pine Schools

PRIMARY PREVENTATIVE MEASURES

- Educational, supplemental curriculums provided to public K-12 schools on mental wellness and ways for youth to see signs in themselves as well as in their peers if they are struggling with difficulties are currently an effort that operates within Deschutes County school districts. Such supplemental curriculums not only promote an avenue for children, youth, and adolescents to learn who trusted individuals are in their lives, but educational materials are also provided to help youth better understand ways to promote self-care amongst themselves and their peer groups as well as increase health-seeking behaviors.

- Suicide prevention and intervention trainings are provided to public K-12 school staff in order to learn how to see the warning signs in youth, risk and protective factors, as well as how to ask the question if a youth is struggling with suicide, how to help the youth feel ready to access the appropriate resource, and identifying the appropriate staff, services, and resources for on-going support. Currently, these upstream activities occur across all three school districts within Deschutes County with the goal of reducing youth suicide rates in these areas.

FORWARD PROJECT

Another regional suicide prevention effort that spans across Crook, Deschutes, and Jefferson Counties aiming to lower suicide deaths and attempts in the public K-12 education systems and focuses on: increasing access to care, creating/supporting systems that identify risk early, implementing primary prevention education and trainings, and collaborating within already established systems to better support students and families.

HOPE, HELP AND HEAL

A community annual event series meant for caregivers and families to learn about youth suicide prevention and mental health promotion. Previous event topics have focused on what is pertinent to the families in real-time. Some examples include: youth mental health issues, exploring how social media impacts youth, youth substance abuse, community resources, and more. This event series is free and is a collaborative effort between entities such as: YouthLine, Redmond School District, Bend- La Pine Schools, Sisters School District, High Desert ESD, and Deschutes County Health Services. To learn more about the next Hope, Help, and Heal event series, please contact your local school district in Deschutes County.

FIRST STEP APP

An app that is compatible with Android and Apple products, developed for ages 4+ in order to support the youth population in Deschutes County to be educated on mental health wellness as well as provide the ability to access information and resources related to crisis and on-going care services. The app is a collaborative effort spanning across education, law enforcement agencies, County health services, non-profit behavioral health organizations, and the State of Oregon systems. By supplying such a resource, it increases youth populations in seeking help and increasing positive connectedness within their community.

TRI-COUNTY SCHOOL RESPONSE TEAM

The Tri-County School Response Team, managed by the High Desert Education Service District, was created in 1990. The Tri-County School Response Team aids in the restoring of stability in the wake of a crisis and thus lower suicide risk factors within the community. Trained volunteers provide mental health triage, manage staff and student support rooms, and provide respite support to school staff to allow for self-care breaks during a crisis event response. The trained volunteers complete an evidence-based training that includes Question, Persuade, Refer [QPR], Applied Suicide Intervention Skills Training [ASIST], and Connect Postvention. Situations that this team provides assistance to can include: death or serious injury of a student(s) or staff member or a traumatic event, such as a natural disaster. To learn more about this community resource, please visit centraloregonschoolsafety.org.

VETERAN SUICIDE PREVENTION

One example is a Public Service Announcement that was developed and airs periodically with local Veterans, and individuals who served in the military, to highlight how and where to access local resources for support and services not only for those who served, but their families as well.

Additionally, COSPA members have been participants in supporting Veteran specific community events that have included other varying organizations and systems (Central Oregon Veterans Affairs, The Shield, DCHS Veterans Services, COSPA) on Veterans Day in order to share our community resources.

Through utilizing common messaging and resource sharing, this helps with increasing help-seeking behaviors and a greater sense of community connectedness for those who have served in the military and their families.

CURRENT EFFORTS FOR SUICIDE PREVENTION IN DESCHUTES COUNTY

INTERVENTION

Below are a few examples of efforts and trainings to help increase identification of suicide related behaviors in order to help individuals access the care and supports needed at the earliest stages of onset.

QUESTION, PERSUADE, REFER [QPR]

QPR provides any individual foundational information on suicide warning signs and clues, myths and facts regarding suicide, and national data regarding suicide. This evidence-based training also provides standardize skills on how to ask if a person is suicidal through direct, clear language, how to persuade them on to the appropriate care or resource, and the resources/services to refer that individual on.

APPLIED SUICIDE INTERVENTION SKILLS TRAINING [ASIST]

This training teaches participants to recognize the warning signs, provide a skilled intervention to those struggling with suicide, and develop a collaborative safe plan in order to keep that individual safe and alive.

COLUMBIA SUICIDE SEVERITY RATING SCALE [C-SSRS]

This is the most evidence-supported tool involving a simple series of questions that a provider or professional can use to identify suicide behaviors, the severity of symptoms, and a way to prevent suicide through identification in order to connect the individual to the care for any age.

CURRENT EFFORTS FOR SUICIDE PREVENTION IN DESCHUTES COUNTY

POSTVENTION

Below are a few examples of work within the community, after a suicide death, to promote healing, lower risk of contagion, and prevent further suicides from occurring.

ADI'S ACT/SENATE BILL 52

Oregon is the first state in the U.S. with legislation requiring a level of suicide prevention efforts aimed at those ages 24 and under. An example of such legislation is the Adi's Act or Senate Bill 52, which requires all public school districts for the K-12 student population to have a comprehensive suicide prevention, intervention, and postvention plan. These plans provide comprehensive policy and operational workflows regarding trainings and curriculums across the K-12 population, how school counseling staff might assess suicide risk and the referral process, as well as best practice protocols for school districts when responding to a suicide death. These collaborations and foundational networks help create a community of trained professionals who know how to identify warning signs, support youth who may be in crisis, and intervene when crisis situations arise.

ORS 418.735/SENATE BILL 561

Another example of suicide prevention legislation is ORS418.735, which requires a plan for increasing communication among Local Mental Health Authorities [LMHA] when a youth suicide death (<=24yrs) occurs. These communication plans must address community suicide response and postvention efforts to address loss and the potential of contagion risk. Postvention is an evidence-based outreach effort aimed at those directly impacted by a suicide death to promote healing and lower community risk. The State of Oregon postvention legislation that requires this level of coordinated outreach also indicates the requirement for LMHA's to collaborate with the school district or higher educational institution impacted by the death to support the student and family population while also aiming to lower risk of further suicide deaths within systems that were impacted.

CURRENT EFFORTS FOR SUICIDE PREVENTION IN DESCHUTES COUNTY

Although postvention legislation requires this level of response to suicide deaths (for <=24yr olds), the Deschutes County Health Services Suicide Prevention Program responds to the whole lifespan (i.e. suicide deaths for all ages within the county) of suicide deaths to ensure equitable public health practices are implemented for all of our community members. The aim in responding to all suicide deaths within Deschutes County is to identify any potential suicide-related contagion or clusters to lower risk within the community from further suicide deaths and ensure those who were directly impacted have the supports they need in order to heal and lower their risk. There are some limitations in the above-mentioned legislation, such as: the legislation not requiring this level of response for youth who had a parent pass by suicide as the youth impacted are at higher risk themselves if their immediate family member dies by suicide, postvention response for ages 25 and above, as well as the legislation only including public universities and not community colleges.

CONNECT POSTVENTION

This training is delivered from a community-based approach to help foster a comprehensive, consistent, evidence-based response in the event of a suicide or sudden death. This training highlights best practices on how to coordinate a safe and supportive response to a suicide, reduce the risk of suicide clusters or contagion, recommendations for funerals and memorials as well as safe messaging and communications of a suicide death, guidance for media, recommendations for organizational postvention protocols, resources for loss survivors and more.

While there are a variety of efforts, small and large, that help prevent suicide within Deschutes County, there is still more to be done. By identifying gaps and bolstering current evidence-based approaches, such as ensuring our community has the appropriate levels of care or increasing upstream primary prevention measures, we can collectively help lower suicide rates within the youth population of Deschutes County. Below is a variety of ways each community member and organization can help lower suicide within Deschutes County.

RECOMMENDATIONS: WHAT CAN WE DO AS A COMMUNITY

Suicide is not caused by any single factor and the preventive measures cannot be achieved by any single approach or strategy. A complex issue requires dynamic solutions and help from everyone. We find these solutions by working together in a community across multiple systems of influence. Below are some key ways individuals and organizations can help:

HOW TO HELP

Lower Stigma!

- Learn more about how to safely talk about suicide. See page 48.
- Know the resources available. See page 53.
- Talk about ways you have sought out help to normalize help-seeking in others.

Know the Signs!

- Learn the warning signs and risk factors. See page 49.
- Become trained in QPR. See page 41.
- Help educate others of the resources available.

Get Trained!

- Firearm owning communities- attend a local suicide prevention training.
- Utilize the People Who Love Guns, Love You resource for those who own firearms. See page 55.
- Identify a secure storage plan for homes that own firearms.

Get Youth Involved!

- Increase in-school prevention efforts, such as Healthy Schools, to help bolster youth suicide prevention work.
- Advocate for increased higher-acuity of behavioral health care for youth and families.
- Incorporate youth voices to youth mental health initiatives.

RECOMMENDATIONS: WHAT CAN WE DO AS A COMMUNITY

MORE WAYS TO HELP

- Help youth identify healthy sleep routines.
- Develop a family plan to moderate screen time.
- Ensure youth have access to the First Step App. See page 39.

- For organizations interested in bolstering or increasing their preventive measures related to suicide, visit deschutes.org/suicideprevention to connect with the Suicide Prevention Program.

- Learn about local suicide prevention & awareness community events (preventsuicideco.org)
- Get involved with PRIDE and Juneteenth events.
- Support students in their Gender & Sexuality Alliances.
- Get involved in your community.

APPENDIX 1: VOICES FROM THE FIELD

Provider & Healthcare Perspectives

Emergency Department and local private and public behavioral health provider quotes regarding the lack of higher acuity behavioral health care for Deschutes County youth and families describing the problem in clear and critical terms:

"Children and adolescents who are in mental health crises are at an immensely increased risk for harm to self or others without access to higher levels of care. Due to the lack of access, they languish in emergency rooms or are turned back out to lower levels of care in the community, which are ill equipped to be able to adequately manage and support these individual's needs. Additionally, parents and families are left with few answers as to how to get their child the necessary care, often forcing them to desperately seek care outside of the state, often at a great expense not covered by insurance. The lack of access to necessary and appropriate higher levels of care, poses a significant public health concern for our region's vulnerable children and adolescents." -Dr. Kyle Ahlf, PsyD., Peak Wellness Services & Central Oregon Association of Psychologists Member

"CDC data produced in 2020 shows suicide was the leading cause of death among Oregon youth ages 10-24. The absence of residential care for children in Central Oregon has been a long standing unmet need, resulting in inadequate support to rural populations, and increased suicide rates. As a community Deschutes County has come together to ensure a comprehensive children's continuum of care is available to divert hospitalizations and residential care whenever possible offering Day Treatment, Intensive Youth Services, MRSS, Intensive In Home Behavioral Health Therapy, Crisis Stabilization, Non-Law Enforcement Response and specialized care such as EASA, Wraparound, PCIT and GEN-PMTO. However, when community based interventions are clinically inappropriate and potentially lifesaving recommendations are made by trained professionals for acute and residential treatment the resources are insufficient, leaving children and families at risk." – Shannon Brister-Raugust, BA, QMHA-I, Program Manager, Deschutes County Behavioral Health

APPENDIX 1: VOICES FROM THE FIELD

Provider & Healthcare Perspectives

"Chronic systemic issues in Oregon's behavioral health system leave children and their families in crisis seeking safety in Emergency Departments. The shortage of psychiatric services, residential beds, and crisis placements has led to youth with severe behavioral health (BH) needs being held in inappropriate settings such as Emergency Departments (ED) exacerbating underlying trauma and leading to suboptimal treatment. Youth receive minimal BH services in ED settings. The population in Deschutes County alone has risen 52% in the last 15 years. Despite this and the longstanding need for crisis or short term residential BH treatment services, combined with the climbing burden on the ED's, there has been no expansion in Central Oregon regional capacity. For youth in crisis, there is insufficient capacity among high-acuity treatment programs capable of treating the level of aggression and suicidality we see in the ED. This safety-related behavioral circumstance directly increases the burden on the Emergency Department." -Dr. Shane Coleman, MD, MPH, Clinical Division Director for Psychiatry and Behavioral Health, St. Charles Health System

"The DC Stabilization Center has been a true gift to our community and helped me as a clinician be able to confidently recommend trauma-informed, 24-hour support to families experiencing mental health crises. Despite this dramatic improvement in our community services, I continue to see teens and tweens experiencing suicidal ideation and aggression that necessitate higher levels of care, including residential care, in order to keep themselves and their families safe. Unfortunately, with the nearest 24-hour program being in the Valley many families are unable or unwilling to have their child transported to the most appropriate level of care. Those youth who are able to be transported are often done so after waiting days or weeks in the emergency room and upon arrival to the program unable to receive the full benefits, as their family cannot participate while maintaining their work, home, and family obligations over 2 hours away. Were we to have regional residential mental health treatment, we would be able to keep youth in their home community and permit families to fully engage with the treatment, yielding better safety outcomes for our schools and community and minimizing trauma and disruption to the youth and their families." - Lindsey Overstreet, LCSW, Pediatric Behavioral Health Manager, Mosaic Community Health

APPENDIX 2: WHY LANGUAGE MATTERS

Safe Messaging Helps Save Lives

This report would like to emphasize that language matters and how we communicate about suicide can have significant impacts. When we utilize words that lack inclusivity and empathy, we may, inadvertently, invalidate a person's experience. Our language may have unintentional effects, potentially reinforcing negative stereotypes and stigma as well as potentially increasing the pain of those who were directly impacted by a suicide loss. Additionally, the words we chose may be offensive to those directly impacted by suicide, potentially increasing their susceptibility of feeling alone, increased feelings of shame and/or guilt, and could lead to an increase in suicide behavior (otherwise known as suicide contagion). While it may be easy to ignore or brush aside concerns regarding how we use certain words by trivializing it as a semantics issue, the language that we use regarding suicide has far-reaching ramifications. All individuals need to feel supported and safe when coming forward with their thoughts of suicide or suicide related behaviors as it will help increase a safe environment for seeking help. There are a variety of ways we all can improve upon our language that expresses our empathy, care, and support, as well as increase our social connectedness to one another. The following recommendations can help create a more supportive foundation for preventing suicide.

Safe Messaging Helps Save Lives

DESCHUTES COUNTY

SUICIDE PREVENTION PROGRAM

WARNING SIGNS AND SAFE MESSAGING

This document acts as a quick guide on how to recognize the warning signs, what to do about it, and how to speak to someone about suicide.

WARNING SIGNS AND ACTIONS

URGENT WARNING SIGNS AND ACTIONS

- Threatening or planning a way to kill or harm oneself
  - Seeking access to pills, weapons or other means
  - Searching online
- Talking, writing or expressing thoughts of death, dying or suicide

Call 9-1-1 or seek immediate help from a mental health provider when you hear or see any one of these behaviors.

NON-EMERGENT WARNING SIGNS AND ACTIONS

- Language and behavior that expresses a feeling of hopelessness, being burdensome, no reason for living; no sense of purpose in life
- Acting reckless or engaging in risky activities
- Feeling trapped—like there is no way out
- Increasing gambling or alcohol and/or drug use
- Withdrawing from friends, family or society
- Dramatic mood and/or sleep changes

Seek help by contacting a mental health professional or calling or texting 988 for a referral should you witness, hear, or see anyone exhibiting any one or more of these behaviors.

PROTECTIVE AND RISK FACTORS

PROTECTIVE FACTORS

- Effective, positive coping/problem-solving skills
- Strong sense of cultural identity
- Support from partners, family, friends
- Feeling connected to caring relationships
- Reduced access to lethal means
- Feeling connected to their school, community, and/or other social systems
- Providing opportunities for participation and contribution

RISK FACTORS

- Previous suicide attempt; losing someone to suicide
- Substance abuse/problem gambling
- Loss of a major relationship
- Significant unwanted life changes (e.g. unwanted move, financial issues, etc.)
- History of mental and physical health issues
- Stress acculturation
- Discrimination
- Stigma associated with help-seeking

To request this information in an alternate format, please call Deschutes County Suicide Prevention Program at 541-322-7534 or send an email to bethany.kuschel@deschutes.org.

Safe Messaging Helps Save Lives

LANGUAGE MATTERS

BEST PRACTICE LANGUAGE FOR SUICIDE PREVENTION	LANGUAGE TO AVOID
Died by suicide	Committed suicide (implies wrongdoing, continues stigma)
Killed him/her/themselves	Successful/completed suicide (implies the death was an achievement)
Took his/her/their own life	Chose to kill him/her/themselves (implies it was a rational choice when it may have been related to a crisis)
Suicide attempt	Failed/unsuccessful attempt (implies lack of success when surviving an attempt)
Increase in suicide	Suicide epidemic/skyrocketing suicide deaths (promotes a sense of panic)
Limit descriptions of suicide events and provide suicide prevention resources at events and in communications	Quoting from a suicide note, reporting on means, providing details of funerals/memorials, and/or a family's grief (can contribute to contagion)

SUICIDE PREVENTION DO'S AND DON'TS

- **DON'T** be afraid to talk about suicide. You will not plant the idea of suicide in someone's head if they aren't already thinking about it.
- **DO** take threats about suicide seriously.
- **DO** pay attention to changes in mood and behavior.
- **DON'T** ignore warning signs, and **DON'T** be afraid to talk about changes that you observe.
- **DO** make sure that access to items that might be lethal, such as guns and medicines, are locked away.

ADDITIONAL RESOURCES

Crisis Stabilization Center
63311 Jamison Street, Bend
Hours of Operation: 24/7
Non-Emergency: (541) 585-7210
24hr Crisis Line: (541) 322-7500 ext. 9

YouthLine
www.oregonyouthline.org

Suicide & Crisis Lifeline
www.988helpline.org
Call or Text 988

The Trevor Project
www.thetrevorproject.org

Safe Oregon
www.app.safeoregon.com

School Based Health Centers
www.deschutes.org/health/page/school-based-health-centers

APPENDIX 3: SAFE MESSAGING FOR MEDIA & GROUPS

Resources for Media Partners, Organizations, and Groups

reporting on suicide

Best Practices and Recommendations for Reporting on Suicide

Media Plays an Important Role in Preventing Suicide

1. Over 100 studies worldwide have found that risk of contagion is real and responsible reporting can reduce the risk of additional suicides.
2. Research indicates duration, frequency, and prominence are the most influential factors that increase risk of suicide contagion.
3. Covering suicide carefully can change perceptions, dispel myths and inform the public on the complexities of the issue.
4. Media reports can result in help-seeking when they include helpful resources and messages of hope and recovery.

Partner Organizations

These recommendations were established using a consensus model developed by SAVE. The process was led by SAVE and included leading national and international suicide prevention, public health and communication's experts, news organizations, reporters, journalism schools and internet safety experts. Collaborating organizations include:

American Association of Suicidology • American Foundation for Suicide Prevention • American Psychoanalytic Association • Annenberg Public Policy Center • Associated Press Managing Editors • Canterbury Suicide Project – University of Otago, Christchurch, New Zealand • Centers for Disease Control and Prevention • Crisis Text Line • Columbia University Department of Psychiatry • ConnectSafely.org • International Association for Suicide Prevention Task Force on Media and Suicide • Medical University of Vienna • National Alliance on Mental Illness • National Institute of Mental Health • National Press Photographers Association • The Net Safety Collaborative • National Suicide Prevention Lifeline • New York State Psychiatric Institute • The Poynter Institute • Substance Abuse and Mental Health Services Administration • Suicide Awareness Voices of Education • Suicide Prevention Resource Center • Vibrant Emotional Health

Recommendations: Following these recommendations can assist in safe reporting on suicide.

AVOID...	INSTEAD...
✗ Describing or depicting the method and location of the suicide.	✓ Report the death as a suicide; keep information about the location general.
✗ Sharing the content of a suicide note.	✓ Report that a note was found and is under review.
✗ Describing personal details about the person who died.	✓ Keep information about the person general.
✗ Presenting suicide as a common or acceptable response to hardship.	✓ Report that coping skills, support, and treatment work for most people who have thoughts about suicide.
✗ Oversimplifying or speculating on the reason for the suicide.	✓ Describe suicide warning signs and risk factors (e.g. mental illness, relationship problems) that give suicide context.
✗ Sensationalizing details in the headline or story.	✓ Report on the death using facts and language that are sensitive to a grieving family.
✗ Glamorizing or romanticizing suicide.	✓ Provide context and facts to counter perceptions that the suicide was tied to heroism, honor, or loyalty to an individual or group.
✗ Overstating the problem of suicide by using descriptors like "epidemic" or "skyrocketing."	✓ Research the best available data and use words like "increase" or "rise."
✗ Prominent placement of stories related to a suicide death in print or in a newscast.	✓ Place a print article inside the paper or magazine and later in a newscast.

For more information and examples of best practices when reporting on suicide, **visit ReportingonSuicide.org/Recommendations**

Resources for Media Partners, Organizations, and Groups

Checklist for Responsible Reporting

- ❑ **Report suicide as a public health issue.** Including stories on hope, healing, and recovery may reduce the risk of contagion.
- ❑ **Include Resources.** Provide information on warning signs of suicide risk as well as hotline and treatment resources. At a minimum, include the National Suicide Prevention Lifeline and Crisis Text Line (listed below) or local crisis phone numbers.
- ❑ **Use Appropriate Language.** Certain phrases and words can further stigmatize suicide, spread myths, and undermine suicide prevention objectives such as "committed suicide" or referring to suicide as "successful," "unsuccessful" or a "failed attempt." Instead use, "died by suicide" or "killed him/herself."
- ❑ **Emphasize Help and Hope.** Stories of recovery through help-seeking and positive coping skills are powerful, especially when they come from people who have experienced suicide risk.
- ❑ **Ask an Expert.** Interview suicide prevention or mental health experts to validate your facts on suicide risk and mental illness.

Reporting Under Unusual Circumstances

A mass shooting where a perpetrator takes his or her life is different from an isolated suicide. Recommendations for reporting on mass shootings can be found at **reportingonmassshootings.org**.

A homicide-suicide is also different from an isolated suicide. The circumstances are often complex in these incidents, as they are in suicide. To minimize fear in the community, avoid speculation on motive and cite facts and statements that indicate that such events are rare. Show sensitivity to survivors in your interviews and reporting. Highlight research that shows most perpetrators of homicide-suicide have mental health or substance use problems, but remind readers that most people who experience mental illness are nonviolent.

Crisis Resources to Include in Stories

988 SUICIDE & CRISIS LIFELINE

988 Suicide & Crisis Lifeline is a 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States.

CRISIS TEXT LINE | Text HELLO to 741741 Free, 24/7, Confidential

Crisis Text Line is a texting service for emotional crisis support. To speak with a trained listener, text **HELLO to 741741.** It is free, available 24/7, and confidential.

Helpful Side-Bar for Stories

Warning Signs Of Suicide

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated or recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

What to Do

- Do not leave the person alone
- Remove any firearms, alcohol, drugs, or sharp objects that could be used in a suicide attempt
- Call the National Suicide Prevention Lifeline at **1-800-273-TALK (8255)**
- Take the person to an emergency room, or seek help from a medical or mental health professional

For more information and examples of best practices when reporting on suicide, **visit ReportingonSuicide.org/Recommendations**

APPENDIX 4: DESCHUTES COUNTY LOCAL RESOURCES

Mental health and crisis related resources for Deschutes County

HEALTH SERVICES
PUBLIC HEALTH

Updated: September 2023

RECOMMENDED MENTAL HEALTH RESOURCES

CRISIS AND CALL LINES

Please note that if utilized, active rescue including first responders and law enforcement may be mobilized.

- **Deschutes County Community 24-hour Crisis Line:** 541-322-7500 ext. #9
- **24-hour Crisis Stabilization Center:** 541-585-7210 (Non– Emergency)
  Located at: 63311 Jamison Street, Bend (walk in)
- **Suicide & Crisis Lifeline:** Dial or text 988
  - **Español**: Llame 988 or envia "AYUDA" al 988
  - **Veterans:** Call 988 then press 1, or text 838225
  - **Deaf or Hard of Hearing:** Dial 711 then 988 or text 988
- **YouthLine:** 877-968-8491 or text "teen2teen" to 83983
- **Trans LifeLine:** 1-877-565-8860 (Limited Operating Hours) (Non– Emergency)
- **The Trevor Project (LGBTQ+ Youth):** 1-866-488-7386 or text "START" to 678678
- **Oregon Crisis Text Line:** Text HOME to 741741 to reach a Crisis Counselor

COUNSELING RESOURCES

- **Deschutes County Behavioral Health:** 541-322-7500
- **St. Charles Behavioral Health Services:** 541-706-2768
- **OSU–Cascades Free Counseling Clinic in Bend:**
  - Call 541-322-2047 or email cascades.counseling@osucascades.edu.
  - Online: osucascades.edu/webform/counseling-clinic-make-appointment
- **Best Care Treatment Services Outpatient Counseling:**
  - *Bend:* 541-617-7365
  - *Redmond:* 541-504-2218
  - *Madras:* 541-475-6575
  - *Prineville:* 541-323-5330

GRIEF SUPPORT

- **The Compassionate Friends:** A self help group for parents who have had a child of any age die of any cause; meets the first Tuesday of the month at 7:00pm (except December).
  Contact Carol Palmer at carolpalmer004@gmail.com or 541-480-0667
- **Individual Grief Support:** Partners in Care offers short-term individual support counseling sessions to those who have experienced a death of a loved one. Call Partners in Care at: 541-382-5882.
- **American Foundation for Suicide Prevention,** *Healing Conversations Program:* https://afsp.org/healing-conversations

To request this information in an alternate format, please call Deschutes County Suicide Prevention Program at 541-322-7534 or send an email to bethany.kuschel@deschutes.org.

Mental health and crisis related resources for Deschutes County

RECOMMENDED MENTAL HEALTH RESOURCES

REGIONAL RESOURCES

Deschutes County Suicide Prevention Program
www.deschutes.org/suicideprevention

Central Oregon Suicide Prevention Alliance
www.preventsuicideco.org

Jefferson County Public Health
Crisis Line: 541-475-6575

National Alliance of Mental Illness (NAMI)
www.namicentraloregon.org

Crook County Health Department
https://co.crook.or.us/health/page/mental-health
24-hour crisis line: 888-232-7192

Best Care Prevention (Jefferson County)
https://www.bestcareprevention.com/

YOUTH, TEENS & YOUNG ADULTS

YouthLine
www.oregonyouthline.org

The Trevor Project
www.thetrevorproject.org

First Step App
www.firststeporegon.org

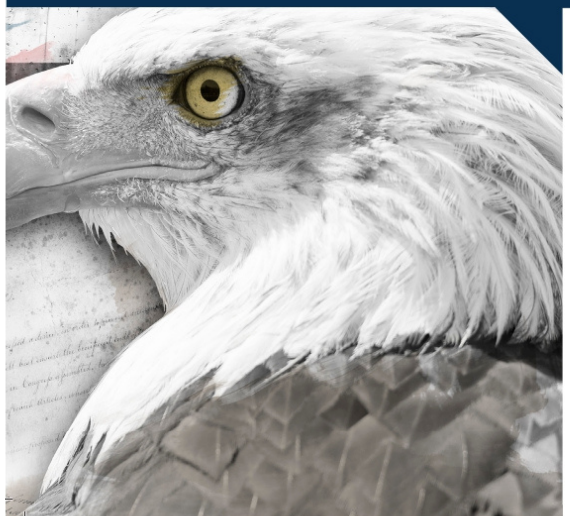
School Based Health Centers
www.deschutes.org/health/page/school-based-health-centers

To request this information in an alternate format, please call Deschutes County Suicide Prevention Program at 541-322-7534 or send an email to bethany.kuschel@deschutes.org.

Individuals who take their own lives do so in a number of ways, and firearms are the most common. Some individuals will harm themselves no matter what people do to help, but there is a group of people who, if they make it through the rough patch safely, will go on to live full and happy lives. Because of this, temporarily holding a gun for a loved one or friend can help that person get through stressful periods safely.

If you are the person who is going through a tough time, it may feel risky to give your guns to a friend for safekeeping. We know it's a big step, but it is just a temporary step until things get better.

Remember that people who love guns love you. Temporarily entrusting guns to a friend or family member might just save a life.



SUICIDE IS PREVENTABLE

Recognize the Warning Signs
Take Action

Call, text or chat the
Suicide & Crisis Lifeline,
available 24/7 at 988.

Call 988, press 1
or text **838255** to reach the
Veterans Crisis Line.

With Help Comes Hope

PEOPLE WHO LOVE GUNS

LOVE YOU

If you or someone you know is thinking about suicide, it's time to act.

With Help Comes Hope

We believe firearms are an American way of life - a constitutional right and a necessity in order to protect ourselves and our families.

And with this RIGHT to bear arms comes RESPONSIBILITY.

Everyone experiences tough times. During such times, some of us may not be in the right state of mind to be handling weapons.

Suicide is Preventable

Suicide affects us all—more than twice the number of people in America die from suicide than homicides, and more people die by suicide than car accidents each year.

RECOGNIZE THE WARNING SIGNS

These signs may mean that you or someone you know is at risk for suicide. Risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

- Talking about wanting to die or kill oneself.
- Looking for ways to kill oneself.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or being in unbearable pain.
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Withdrawing or feeling isolated.
- Displaying extreme mood swings.

TAKE ACTION

- Ask directly if your friend is thinking about suicide. Asking does not put them in danger.
- Be willing to listen. Allow expressions of feelings and accept those feelings.
- Be non-judgmental. Don't debate whether suicide is right or wrong, or whether feelings are good or bad. Don't lecture on the value of life.
- Remove means, such as guns or stockpiled pills, until the crisis passes.
- Check in with your friend regularly. Schedule times to talk in the next week so you can see how they are doing.
- You don't have to do this alone.Get help from other friends, family members, clergy, doctors and the Lifeline.
- Encourage (and offer to accompany) your friend to seek help and support from a crisis specialist, therapist, doctor, and/or clergy member.

Call, text or chat the
Suicide & Crisis Lifeline, available 24/7 at 988.

Call 988, press 1
or text **838255** to reach the Veterans Crisis Line.

With Help Comes Hope

REFERENCES

Agency for Healthcare Research and Quality [AHRQ]. (2018). Race, ethnicity, and language data: Standardization for health care quality improvement. Retrieved from: https://www.ahrq.gov/research/findings/final-reports/iomracereport/reldatapre.html#foreword

American Foundation for Suicide Prevention [AFSP]. (2022a). Suicide statistics. Retrieved from: https://afsp.org/suicide-statistics/

American Foundation for Suicide Prevention [AFSP]. (2022b). Risk factors, protective factors, and warning signs. Retrieved from: https://afsp.org/risk-factors-protective-factors-and-warning-signs

American Psychological Association [APA]. (2023). Resilience. Retrieved from: https://www.apa.org/topics/resilience

Baxley F, & Miller M. (2006). Parental misperceptions about children and firearms. Archives of Pediatric and Adolescent Medicine, 160(5). P. 542-547. https://doi.org/https://doi.org/10.1001/archpedi.160.5.542

Black, T. (2022). Children's risk of suicide increases on school days. Retrieved from: https://www.scientificamerican.com/article/childrens-risk-of-suicide-increases-on-school-days/#:~:text=Looking%20at%20the%20monthly%20data,typically%20peak%20in%20summer%20months

Botchway, S., & Fazel, S. (2021). Remaining vigilant about COVID-19 and suicide. The Lancet, 8(7), p. 552-553. https://doi.org/10.1016/S2215-0366(21)00117-6

Casant, J. & Helbich, M. (2022). Inequalities of suicide mortality across urban and rural areas: A literature review. International Journal of Environmental Research and Public Health, 19(2669), p.1-15. https://doi.org/10.3390/ijerph19052669

Centers for Disease Control and Prevention [CDC]. (2020). Programs and interventions. Retrieved from: https://www.cdc.gov/places/programs-interventions/index.html#:~:text=These%20programs%20and%20interventions%20promote,and%20reduce%20health%20care%20costs.

REFERENCES

Centers for Disease Control and Prevention [CDC]. (2022a). Suicide prevention. Retrieved from: https://www.cdc.gov/suicide/index.html

Centers for Disease Control and Prevention [CDC]. (2022b). Suicide, suicide attempt, or self-harm clusters. Retrieved from: https://www.cdc.gov/suicide/resources/suicide-clusters.html

Centers for Disease Control and Prevention [CDC]. (2022c). Suicide prevention resource for action: A compilation of the best available evidence. Retrieved from: https://www.cdc.gov/suicide/pdf/preventionresource.pdf

Centers for Disease Control and Prevention [CDC]. (2022d). Changes in suicide rates-United States, 2019 and 2020. Retrieved from: https://www.cdc.gov/mmwr/volumes/71/wr/mm7108a5.htm?s_cid=mm7108a5_w#F1_down

Centers for Disease Control and Prevention [CDC]. (2022e). Provisional numbers and rates of suicide by month and demographic characteristics: United States, 2021. Retrieved from: https://www.cdc.gov/nchs/data/vsrr/vsrr024.pdf

Centers for Disease Control and Prevention [CDC]. (2022f). Suicide mortality in the United States, 2000-2020. Retrieved from: https://www.cdc.gov/nchs/products/databriefs/db433.htm#:~:text=The%20suicide%20rate%20for%20females,during%20the%202000%E2%80%932020%20period.

Centers for Disease Control and Prevention [CDC]. (2022g). Mental health treatment among adults aged 18-44: United States 2019-2021. Retrieved from: https://www.cdc.gov/nchs/products/databriefs/db444.htm

Centers for Disease Control and Prevention [CDC]. (2022h). Opioids. Retrieved from: https://www.cdc.gov/opioids/providers/prescribing/guideline.html

Cerel, J., Maple, M., Van de Venne, J., Moore, M., Flagerty, C., Brown M. (2016). Exposure to suicide in the community: Prevalence and correlates in one U.S. State. Public Health Reports, 131(1), p. 100-107. https://doi.org/10.1177/003335491613100116

Cerel, J., Brown, M. M., Maple, M., Singleton, M., Van de Venne, J., Moore, M., & Flaherty, C. (2019). How may people are exposed to suicide? Not six. Suicide and Life-Threatening Behavior, 49(2), p. 529-534. https://doi.org/10.1111/sltb.12450

REFERENCES

Coleman, S. (2022). Youth ED services [Unpublished document]. St. Charles Health System.

Fernandes, S.N., Zuckerman, E., Miranda, R., & Baroni, A. (2021). When night falls fast: Sleep and suicidal behavior among adolescents and young adults. Child and Adolescent Psychiatric Clinics of North America, 30(1), p. 269-282. https://doi.org/10.1016/j.chc.2020.08.009

Goldstein, T. R., & Franzen, P. L. (2020). Sleep difficulties and suicidality in youth: Current research and future directions. Current Opinion in Psychology, 34, p. 27-31. https://doi.org/10.1016/j.copsyc.2019.08.021

Grigiene, D., Skruibis, P., Dadasev, S., Rimkeviciene, J., & Gailene, D. (2022). Gender self-confidence as a protective factor for suicide risk: Analysis of the sample of Lithuanian Men. Frontiers in Psychology, 13(863688), p.1-8. https://www.frontiersin.org/articles/10.3389/fpsyg.2022.863688/full

Hale, L., Kirschen, G.W., LeBourgeois, M. K., Gradisar, M., Garrison, M. M., Montgomery-Downs, H., Kirschen, H., McHale, S. M., Chang, A. M., & Buxton, O.M. (2018). Youth screen media habits and sleep: Sleep-friendly screen-behavior recommendations for clinicians, educators, and parents. Child and Adolescent Psychiatric Clinics of North America, 27(2), p. 229-245. https://doi.org/10.1016/j.chc.2017.11.014

Hamilton, J. L., Biernesser, C., Moreno, M. A., Porta, G., Hamilton, E., Johnson, K., Poling, K. D., Sakolsky, D., Brent, D.A., & Goldstein, T. G. (2021). Social media use and prospective suicidal thoughts and behaviors among adolescents at high risk for suicide. Suicide and Life-Threatening Behaviors, 51, p. 1203-1212. https://doi.org/10.1111/sltb.12801

Hansen, B., & Lang, M. (2011). Back to school blues: Seasonality of youth suicide and the academic calendar. Economics of Education Review, 30(5), p.850-861. https://doi.org/10.1016/j.econedurev.2011.04.012

Harvard School of Public Health. (2023). Means matter basics, firearm access is a risk factor for suicide, and youth access to firearms. Retrieved from: https://www.hsph.harvard.edu/means-matter/means-matter/

Kisling, L. A. & Das, J. M. (2022). Prevention strategies. Retrieved from: https://www.ncbi.nlm.nih.gov/books/NBK537222/

REFERENCES

Layland, E. K., Exten, C., Mallory, A. B., Williams, N. D., & Fish, J. N. (2020). Suicide attempt rates and associations with discrimination are greatest in early adulthood for sexual minority adults across diverse racial and ethnic groups. LGBT Health, 7(8), p. 439-447. https://doi.org/10.1089/lgbt.2020.0142

Mayo Clinic. (2023). Establish good sleep habits in your child. Retrieved from: https://mcpress.mayoclinic.org/parenting/establish-good-sleep-habits-in-your-child/

Oh, H., Stickley, A., Koyanagi, A., Yau, R., & DeVylder, J. E. (2019). Discrimination and suicidality amongst racial and ethnic minorities in the United States. Journal of Affective Disorders, 15(245), p. 517-523. https://doi.org/10.1016/j.jad.2018.11.059

Oliver, M.I., Pearson, N., Coe, N., & Gunnel, D. (2005). Help-seeking behavior in men and women with common mental health problems: Cross-sectional study. British Journal of Psychiatry, 186(4), p.297-301. https://doi.org/10.1192/bjp.186.4.297

Oregon Health Authority [OHA]. (n.d.). Opioid overdose and misuse. Retrieved from: https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/task-force.aspx

Oregon Health Authority [OHA]. (2021a). Youth suicide intervention and prevention plan annual report. Retrieved from: https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le8874_2021.pdf?utm_medium=email&utm_source=govdelivery

Oregon Health Authority [OHA]. (2021b). Oregon death with dignity act 2021 data summary. Retrieved from: https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year24.pdf

Oregon Student Health Survey. (2020). 2020 Oregon student health survey: State of Oregon report. Retrieved from: https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/Documents/SHS/2020/Reports/County/Deschutes%20County.pdf

Rural Health Information Hub. (2022). Suicide in rural areas. Retrieved from: https://www.ruralhealthinfo.org/toolkits/suicide/1/rural#:~:text=The%20suicide%20rate%20is%20nearly,100%2C000%20people%20in%20urban%20areas).

REFERENCES

Sedgwick, R., Epstein, S., Dutta, R., & Ougrin, D. (2019). Social media, internet use and suicide attempts in adolescents. Current Opinion in Psychiatry, 32(6), p. 534-541. https://doi.org/10.1097/YCO.0000000000000547

Staiger, T., Stiawa, M., Mueller-Siterlin, A.S., Kilian, R., Beschoner, P., Gundel, H., Becker, T., Frasch, K., Panzirsch, M., Schmaub, M., & Krumm, S. (2020). Masculinity and help-seeking among men with depression: A qualitative study. Frontiers in Psychology, 11(599039), p. 1-9. https://www.frontiersin.org/articles/10.3389/fpsyt.2020.599039/full

Suicide Prevention Resource Center [SPRC]. (n.d.). Risk and protective factors. Retrieved from: https://www.sprc.org/about-suicide/risk-protective-factors

Suicide Prevention Resource Center [SPRC]. (2020a). Provide for immediate and long-term postvention. Retrieved from: https://sprc.org/comprehensive-approach/postvention

Suicide Prevention Resource Center [SPRC]. (2020b). Promote social connectedness and support. Retrieved from: https://sprc.org/comprehensive-approach/social-connectedness

Tarokh, L., Saletin, J.M., & Carskadon, M. A. (2016). Sleep in adolescence: Physiology, cognition and mental health. Neuroscience & Biobehavioral Reviews, 70, p. 182-188. https://doi.org/10.1016/j.neubiorev.2016.08.008

United States Department of Health & Human Services. (2019). Suicide contagion. Retrieved from: https://www.hhs.gov/answers/mental-health-and-substance-abuse/what-does-suicide-contagion-mean/index.html

United States Department of Health & Human Services, Healthy People 2030. (n.d.) Retrieved from: https://health.gov/healthypeople/about/workgroups/injury-and-violence-prevention-workgroup#about

Woo, J. M., Okusaga, O., and Postolache, T. T. (2012). Seasonality of suicidal behavior. International Journal of Environmental Research and Public Health, 9(2), p. 531-547. https://doi.org/10.3390/ijerph9020531

World Health Organization [WHO]. (2021). Suicide. Retrieved from: https://www.who.int/news-room/fact-sheets/detail/suicide

Zero Suicide Institute. (2017). Engage: Reducing access to lethal means. Retrieved from: https://zerosuicide.edc.org/sites/default/files/ENGAGE%20LETHAL.pdf