

Equipping Oregon Doctors with Suicide Prevention Skills



Steve Schneider
Combat Veteran

March 11, 2025

Tough Topics

**These topics are difficult.
Please take care of your needs.**

*Also- we are here today because
these topics are tough and we
need to discuss them.*

*We all want to see the best
outcomes for our Veterans.*

**Call or text 988 to speak
with a kind counselor who
can offer you support**

**For Veterans, [press 1](#) to connect
with a specially trained counselor**

Oregon Veterans face a Disproportionate Risk for Suicide

Only around 6.3% of Oregon's population has served

Military service takes a toll on the body, mind, and spirit

Families and Caregivers Serve, too

MST

PTSD

Brain Injury

Moral Injury

Chronic Pain: neck, back, joints

Respiratory and Mobility

Substances & Alcohol

=

Can increase rates of suicidality

Addressing Veteran Suicide in Oregon

What's the big picture?

Like anyone, Veterans want housing and economic stability, quality healthcare & safety in their communities.

Healthcare and Treatment Options should work for Veterans:

Vets are a **diverse population** with a vast range of healthcare needs

Suicide prevention requires a broad set of efforts **at all levels**

Addressing Veteran Suicide in Oregon

So, let's focus on high-impact areas:

1

Support low-barrier access to the healthcare option that works best for the individual Veteran

Quality healthcare is key to suicide prevention

2

Support State and Community-level Efforts

- a) Anxiety around federal funding
- a) Peer support and non-profits

3

Ensure that those providing healthcare to Veterans have the training and skills they need!

Research shows that Primary Care Providers (PCPs) have an important opportunity to help prevent suicide

Most who die from suicide have seen a Primary Healthcare Provider:

- 85% in previous year
- 45% in the past 30 days
- 30% in the past week

*Yet, less than half of Veterans and Service members who die from suicide had a mental health diagnosis or had seen a mental health provider**



Therefore: Efforts for Suicide Prevention must focus on Primary Care

Where are the knowledge gaps?

Suicide Prevention Training

- Since 2022, mental health providers in Oregon are required, yet PCPs are only recommended (since 2017)
- Most who die by suicide only see primary care providers—only chance to counsel?

Especially: Cultural Competency

- Across Oregon, many PCPs lack understanding of military service & lifelong health impacts
- Veterans and Service members report feeling misunderstood and disrespected

Especially: Lethal Means Counseling

- Many providers report lack of confidence to discuss certain lethal means i.e. firearms
- **PCPs need training to respectfully counsel and effectively safety plan**

Solution: Training for Oregon Doctors & Providers

Clinical Skills

Suicide Risk Assessment (SAFE-T or similar)

Especially: Lethal Means Counseling (LMC) is a patient-centered, flexible strategy that involves discussing ways to reduce access to lethal means and co-developing a plan to keep someone safer.

Cultural Competency

Firearm Cultural Competency– *Knowing how to talk confidently about sensitive topics and **normalizing** them in the patient setting.*

Oregon Laws and Secure Storage Options

Military Culture– *Understanding how and why military service influences many lifelong health, social, and other outcomes*

Lethal Means Counseling Saves Lives

Training → Utilization → Support → Normalization of topic

- *An important recent study found that lethal means assessment reduces the risk for suicide attempt or death within 180 days by 75% ¹*
- When healthcare physicians speak respectfully and in a culturally competent manner with patients, they are much more likely to consider temporary storage of lethal means, such as firearms, during a difficult time ²
- Lethal means counseling and distribution of secure storage devices changed secure storage behaviors for National Guard members ³
- Families of high-risk youth who received lethal means counseling were more likely to limit, remove or secure lethal means than those who did not receive counseling ⁴

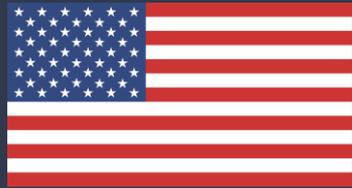
What Veterans in Oregon Need from You

1. **Support HB 2538** – Directs the Oregon Medical Board to require physicians and physician associates to complete continuing education regarding lethal means counseling. *Let's figure out the best way to accomplish our shared goal of getting this training to our Oregon doctors and PCPs!*
2. **Support Veterans with multiple approaches to reducing suicide:**
 - a. HB 2537 | HB 3773 | HB 3460 | HB 2845
 - b. Funding and staffing at ODVA, OHA, VSOs, & County organizations
 - c. Peer Support, Housing, and Workforce Development

Next, you will hear from more Veterans, Experts, and Advocates on why this training is important for doctors to have.

We thank you for this opportunity

Together, we can save lives.



References

1. Brenner LA, Capaldi V, Constans J, et al. Assessment and Management of Patients at Risk for Suicide: Synopsis of the 2024 U.S. Department of Veterans Affairs and U.S. Department of Defense Clinical Practice Guidelines. *Ann Intern Med*. Published online February 4, 2025. doi:[10.7326/ANNALS-24-01938](https://doi.org/10.7326/ANNALS-24-01938)
2. Boggs JM, Beck A, Ritzwoller DP, Battaglia C, Anderson HD, Lindrooth RC. A Quasi-Experimental Analysis of Lethal Means Assessment and Risk for Subsequent Suicide Attempts and Deaths. *J Gen Intern Med*. 2020;35(6):1709-1714. doi:[10.1007/s11606-020-05641-4](https://doi.org/10.1007/s11606-020-05641-4)
3. Ahmedani BK, Westphal J, Autio K, et al. Variation in Patterns of Health Care Before Suicide: A Population Case-Control Study. *Prev Med*. 2019;127:105796. doi:[10.1016/j.ypmed.2019.105796](https://doi.org/10.1016/j.ypmed.2019.105796)
4. Betz ME, Miller M, Barber C, et al. Lethal Means Access and Assessment Among Suicidal Emergency Department Patients. *Depression and Anxiety*. 2016;33(6):502-511. doi:[10.1002/da.22486](https://doi.org/10.1002/da.22486)
5. Bandyaly A, Herrera N, Weissman M, Scheidt P. Use of lethal means restriction counseling for suicide prevention in pediatric primary care. *Prev Med*. 2020;130:105855. doi:[10.1016/j.ypmed.2019.105855](https://doi.org/10.1016/j.ypmed.2019.105855)
6. [Boggs, et al., 2022](#)
7. [Marino, et al., 2018](#); [Wolsko, et al., 2019](#)