



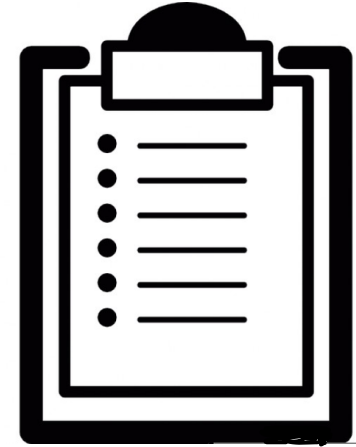
Live Through It: Suicide Risk and Prevention in COVID-19

September 25, 2020

We will get started shortly. Your lines are muted upon entry. This event will be recorded.

Welcome!

- Today's event is being recorded
- All participants are muted on entry
- Ask questions using the Q&A Box
- Please fill out satisfaction survey



About Oregon Health Forum



- Advancing health policy solutions through meaningful community dialogue
- Affiliate organization of The Lund Report
- Nonprofit supported by ticket sales, donors, sponsorships
- OregonHealthForum.org/make-a-donation

How Will It End: The Promise of a COVID-19 Vaccine

October 1 | 10 am

Recent scientific developments put us closer to ending the COVID-19 pandemic. Learn about research efforts and hear from experts about the potential for vaccine success, vaccine acceptance and how the global pandemic may end.



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NEWPORT HEALTHCARE

— Empowering Lives. Restoring Families.™ —

As the parent company of two of the preeminent mental health programs in the United States, Newport Healthcare's behavioral healthcare services are dedicated to treating teens, young adults, and families who are struggling with depression, anxiety, and trauma-related issues. As a primary mental health treatment program, we also work with young people who have co-occurring issues, such as eating disorders and substance use disorders, as well as issues with social media and other technology-related addictions.

Learn more at newporthealthcare.com.

Today's Program

Live Through It: Suicide Risk and Prevention in COVID-19

Moderator:

Lillian Shirley, MPA, MPH Director, Oregon Health Authority Public Health Division

Panelists:

- **Michael Sorensen, MPA**, Director of Business Development, Cedar Hills Hospital and Outpatient Services
- **Nirmala Dhar, LCSW**, Operations & Policy Analyst, Oregon Health Authority
- **Divina Davidds-Garrido**, Newport Academy Program Alumna and student at Santa Monica College
- **Emily Moser, MPA, MAT**, Youth Line Director, Lines for Life



Lillian Shirley, MPA, MPH

Director, Oregon Health Authority Public
Health Division



Michael Sorensen, MPA

Director of Business Development,
Cedar Hills Hospital and Outpatient
Services





LIVE THROUGH IT: SUICIDE RISK & PREVENTION IN COVID-19

September 25, 2020

Michael Sorensen, MPA



LIVED EXPERIENCE



- 14 year old incoming freshman:
 - Internalized homophobia, strict religion, inflexible expectations of self, isolation
- What made the difference:
 - 30 day hospital stay and aftercare
 - Medication for stabilizing
 - Accommodations at school
 - Caring adults

This lived experience informs my work and my perspective on mental health care



ABOUT

CEDAR HILLS HOSPITAL & UNIVERSAL HEALTH SERVICES



- Cedar Hills Hospital is the only UHS-affiliated facility in Oregon
 - CHH has served adults facing acute behavioral health crises related to mental health, substance abuse or co-occurring disorders since 2009
 - CHH also offers outpatient day treatment for adults with mental health and substance use disorders
-
- Universal Health Services is one of the nation's largest hospital management companies
 - More than 350 acute care hospitals, behavioral health facilities and ambulatory centers
 - Largest facility-based behavioral health care provider in the country
 - Ready to grow Oregon presence to meet the demand for mental health services

THE CRISIS ISN'T NEW



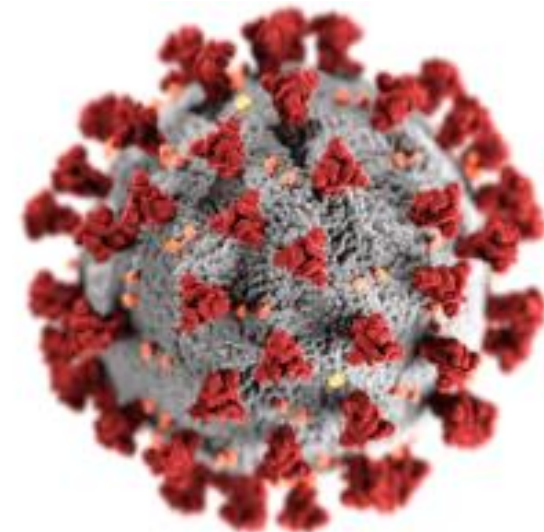
- Oregon is 50th down from 47th in the nation for access to behavioral health services and prevalence of mental illness (Mental Health America).
- Total inpatient capacity is one-third of recommended per capita level (Treatment Advocacy Center)
- Existing inpatient facilities continue to operate at max capacity.
- Oregon has cut \$69 million from behavioral health budget for 2021.
- Sec. State audit findings: Oregon Failing Young People Struggling With Mental Health.



MENTAL HEALTH & SUBSTANCE USE DISORDERS EXACERBATED BY COVID-19



- Isolation
- Lack of human touch
- Changes in routine/ stability
- Loss of job/ school/ sense of purpose
- Cyber Struggles
- More...



2020 CALLER/ PATIENT DATA



- CHH Assessment Center is open 24 hours and offers free Mental Health and SUD assessments.
- Of the 6,300 calls so far this year, 32%, 2021 people, presented with Suicidal Ideation. An increase of 5% or 318 people over 2019. When focused on the past three months, the increase is over 15%.
- Substance use disorder first time calls have risen as have calls for help from former patients.
- 82% of the callers in the past three months that we had to turn away need crisis stabilization – the most intense care we offer.
- Anxiety, no hope, loss of resources, human connection, feeling unsafe.
- CHH is at capacity most days and CHOP have moved to a telemed platform

PATIENT CARE



- Each patient is different and has different strengths and needs but the average length of stay is about 8 days
- Patient's outside care team and family are included when permitted and are available in both treatment planning and discharge planning.
- Discharge is the most vulnerable time.
 - Each patient leaves with medical, treatment and community provider appointments as well as family supports all within the first 7-Days- when the patient allows.
 - A safety plan is also collaboratively created.
 - Follow up phone calls to the patient at 24 and 72 hours and 8 days post discharge - when the patient allows.



UHS IS WILLING TO INVEST

Increase the system capacity for:

INPATIENT PROGRAMS WILL INCLUDE:

GENERAL PSYCHIATRIC SERVICES
CHEMICAL DEPENDENCY
CRISIS STABILIZATION
WOMEN'S PROGRAM
PAIN MANAGEMENT PROGRAM

OUTPATIENT PROGRAMS WILL INCLUDE:

PARTIAL HOSPITALIZATION
TRADITIONAL OUTPATIENT COUNSELING
CHEMICAL DEPENDENCY
MEDICATION-ASSISTED TREATMENT
CO-OCCURRING DISORDERS PROGRAM
WOMEN'S PROGRAM
CHRONIC PAIN PROGRAM



- **It's a \$40 million private investment made by UHS – construction and operation will not be subsidized by the state**
- **All permits have been processed and approved by local jurisdiction – it's shovel-ready**
- **If approved, the facility could be up and operating by the end of 2021**
- **<https://www.willamettebehavioralhealthaction.com/>**

OREGON: WHAT YOU CAN DO



- Connect with loved ones through video calls, phone calls, texts or social media.
- Stay informed with accurate, reliable information from trusted sources.
- Avoid social media accounts and news outlets that promote fear or rumors.
- Take care of yourself and monitor the physical health needs of your loved ones. Eat healthy, drink plenty of water and get enough rest.
- Unless you are showing signs of illness or have tested positive for COVID-19, going outside to exercise and walk pets is okay.
- Practice social distancing by keeping at least 6 feet away from others and wearing a cloth face covering when in public.



Thank You

Nirmala Dhar, LCSW

Operations & Policy Analyst, Oregon
Health Authority



Oregon Health Forum Live Through It: Suicide Risk and Prevention in COVID-19

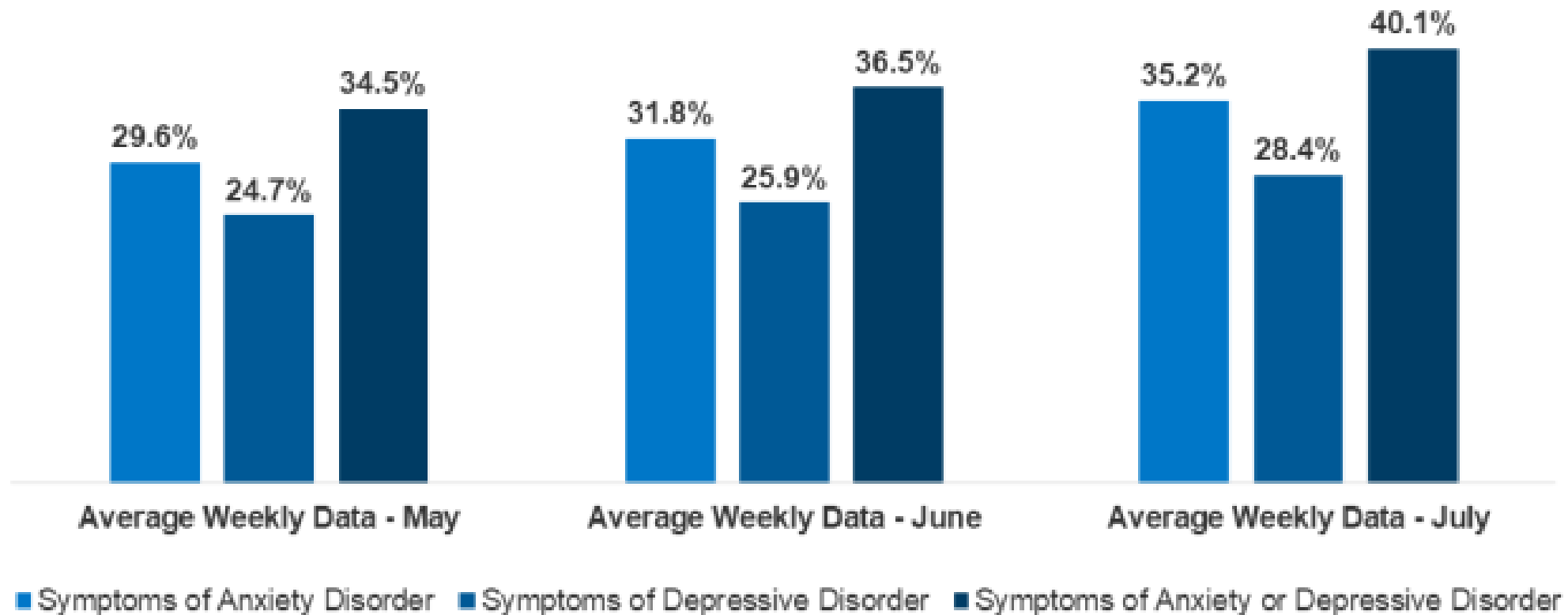
Friday September 25th, 2020

Nirmala Dhar, LCSW

Oregon Health Authority

Figure 1

Average Share of Adults Reporting Symptoms of Anxiety or Depressive Disorder During the COVID-19 Pandemic, May-July 2020



NOTES: These adults, ages 18+, have symptoms of anxiety or depressive disorder that generally occur more than half the days or nearly every day. Data presented for "symptoms of anxiety or depressive disorder" also includes adults with symptoms of both anxiety and depressive disorder. Data presented for May is the average of the following weeks of data: May 7-12, May 14-19, May 21-26, May 28-June 2; for June, data is the average of June 4-9, June 11-16, June 18-23, and June 25-30; for July, data is the average of July 2-7, July 9-14, and July 16-21 (last week of published data).

SOURCE: U.S. Census Bureau, Household Pulse Survey, 2020.

During late June, 40% of U.S. adults reported struggling with mental health or substance use*

ANXIETY/DEPRESSION SYMPTOMS



TRAUMA/STRESSOR-RELATED DISORDER SYMPTOMS



STARTED OR INCREASED SUBSTANCE USE



SERIOUSLY CONSIDERED SUICIDE†



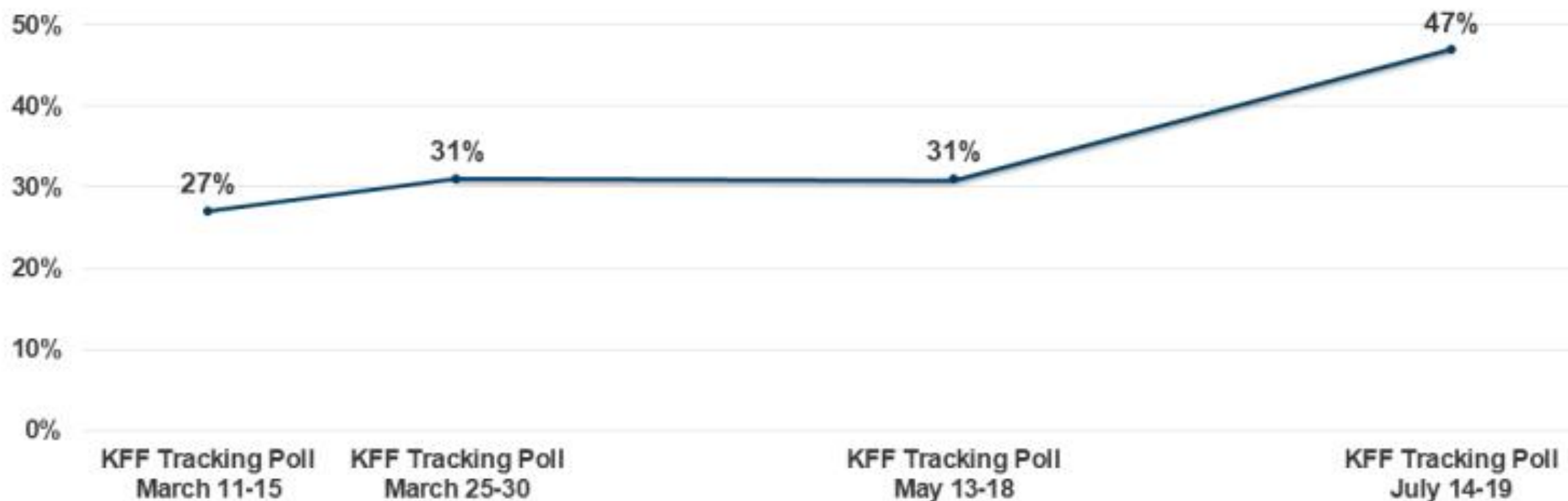
*Based on a survey of U.S. adults aged ≥18 years during June 24-30, 2020

†In the 30 days prior to survey

For stress and coping strategies: bit.ly/dailylifecoping

Figure 4

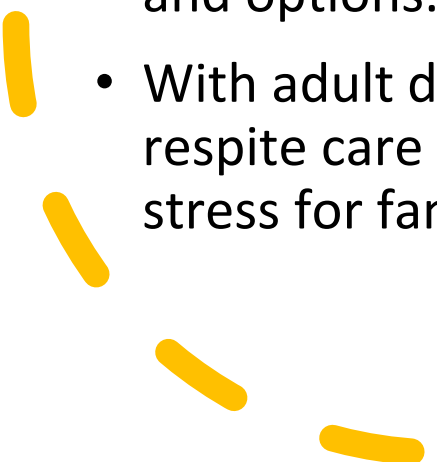
Percent of Older Adults (Ages 65 and Up) Who Say Worry or Stress Related to the Coronavirus Has Had a Negative Impact on Their Mental Health



SOURCE: KFF Tracking Poll (conducted March 11-15, March 25-30, May 13-18, and July 14-19, 2020).



Caregivers' health and mental health during the pandemic

- Caregivers play an important role in the U.S. healthcare system. They are an often unpaid and invisible workforce.
 - The commitment of time, labor and emotional support this role requires can have a substantial impact on caregivers' physical, behavioral and emotional well-being.
 - The pandemic has increased caregiver responsibilities and providing care is even more emotionally, physically and financially difficult – largely due to interrupted access to care and options.
 - With adult day centers closed or operating at limited capacities, and the availability of respite care and outside activities reduced, COVID-19 is causing significant, additional stress for family caregivers.
- 

Health and Behavioral Health Impacts for Caregivers During the Pandemic

- **CAREGIVERS HAVE HIGHER RATES OF SERIOUS HEALTH CONDITIONS**

57% reported clinically significant levels of anxiety and depression and other health conditions including hypertension, obesity and smoking

- **CAREGIVERS HAVE HIGHER RATES OF HEALTH SERVICES UTILIZATION** Caregivers visited the ER more often and were hospitalized at a higher rate than the benchmark population

- **CAREGIVERS REPORT FEELINGS OF ISOLATION AND LONELINESS**

Over 50% of caregivers reported COVID 19 related isolation and loneliness. Past studies have shown that prolonged isolation has a profound negative effect on health and wellbeing -- as much as smoking 15 cigarettes a day.

- **CAREGIVERS' HEALTH VARIES BASED ON RACE, ETHNICITY AND INCOME**

The health impact of caregiving is much larger in communities with a majority Black population and, to a lesser degree, in communities with a majority Hispanic population when compared to communities with a majority white population

OHA's Monthly Suicide Surveillance Update

- Statewide summary:
- After a sharp decline in all visits to emergency departments and urgent care centers (EDs and UCCs) in March 2020, total visits have gradually rebounded.
- The number of suicide-related visits to EDs and UCCs has decreased in 2020 compared to the same time period in 2019.
- As total visits have decreased, the percentage of suicide-related visits has increased.
- The number and percentage of suicide-related calls to the Oregon Poison Center in 2020 is similar to 2019.
- Lines for Life call volume has increased annually since 2016; the increased number of calls in 2020 aligns with this trend.

Number of Suicides - Oregon 2020

- *“Based on preliminary data, Oregon has not seen an increase in the number of suicides for the first seven months of 2020 when compared to the same time period in 2019. This is also true when compared to the average number between 2016 and 2019. Until more data (finalized data) become available, it is premature to identify any changes since the start of the COVID-19 pandemic.”*
- **Source:** National Violent Death Reporting System (NVDRS). NVDRS includes combined and abstracted data from medical examiner, death certificate and law enforcement.

RESOURCES

- <https://www.bcbs.com/the-health-of-america/reports/the-impact-of-caregiving-on-mental-and-physical-health>
- http://www.caregiving.pitt.edu/wp-content/uploads/2020/07/Full_Report_Final.pdf
- <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>
- <https://www.alz.org/media/Documents/alzheimers-facts-and-figures-infographic.pdf>
- <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SAFELIVING/SUICIDEPREVENTION/Pages/index.aspx>

Divina Davidds-Garrido

Newport Academy Program Alumna
and student at Santa Monica College



Preteen - High School

- **Age 12-14:** Developed anxiety, depression, an eating disorder and self harm behaviors
- Academic pressures of starting high school
- Peer group pressures with social media



High School and Newport Academy

- **Age 14-16:** Start of high school
- Self-Image
- Academics, sports, extracurriculars
- Junior year: Academic pressures with college
- Trichotillomania
- Getting Help – What worked, what didn't
- Newport Academy



Post Newport Academy – Present Day

- Service in recovery – Tanzania trip
- Starting college
- Recovery in COVID-19
- You are worth fighting for!

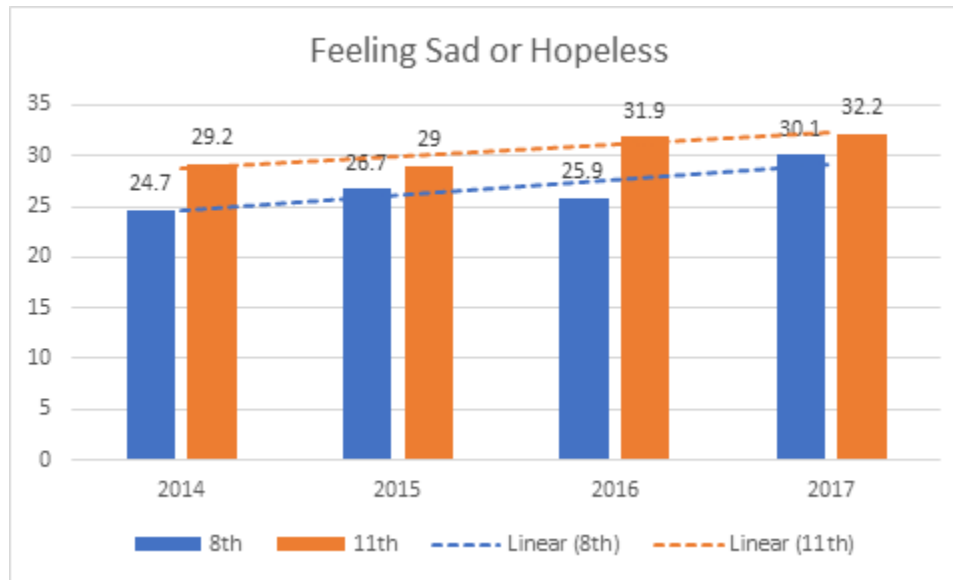


Emily Moser, MPA, MAT
Youth Line Director, Lines for Life



Suicide in Oregon: What We Know

- Suicide is the leading cause of death in Oregon for youth (10-24)
- About a third of teens in Oregon report feeling sad or hopeless for two weeks or more (2019, OHTS)



Recognizing the signs of suicide and knowing how to respond can help change outcomes in Oregon.

*Research shows that the presence of **one trusted adult** in a young person's life reduces the risk of suicide dramatically*

“Based on preliminary data, Oregon has not seen an increase in the number of suicides for the first seven months of 2020 when compared to the same time period in 2019. This is also true when compared to the average number between 2016 and 2019. Until more data (finalized data) become available, it is premature to identify any changes since the start of the COVID-19 pandemic.”

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Oregon YouthLine

Teen-to-teen mental health support and crisis hotline for youth across the US. Youth can call, text, chat, or email to talk to a trained peer.



- YouthLine has experienced a 30% increase in contact volume this year
- Common issues that youth reach out about are family/friend issues, academics, relationship issues, and mental health concerns (including suicidal ideation and self-harm)
- **During the COVID-19 pandemic, contacts regarding isolation, loneliness, and family issues have increased**



What you can do to help

Major concerns right now for our youth are lack of natural supports and a gap in social-emotional learning

The most impactful thing you can do for young people in your life is to notice that they might be struggling and be willing to talk about it

Common signs that a young person could be having thought of suicide:

- Talking about suicide or death
- Withdrawal from social relationships/activities
- Giving away possessions
- Major change in behavior/academic performance/hygiene
- Sleeping too much/not enough
- Terminal statements (“The world would be better without me”)
- **You have a gut feeling that something is wrong**

What Oregon is doing to help

**School districts don't
need to tackle this
difficult work on their
own**

Lines for Life's School Suicide Prevention and Wellness Program, a partnership with state and Oregon's Educational Service Districts (ESDs)

- Adi's Act (SB 52)
- Prevention, intervention, and postvention training
- Regionalized suicide prevention support
- Student Suicide Assessment Line
- Student curriculum in mental wellness
- **Mini-grants for school districts (up to \$1,500)**

Want to learn more?

Emily S. Moser MPA, MAT
Director of YouthLine Programs
Pronouns: she,her,hers

Lines *for* Life

*Preventing substance abuse and suicide, and promoting
mental wellness*

5100 SW Macadam Ave, Suite 400 | Portland, OR 97239
Office 971.244.1365

**“Never doubt that a
small group of
thoughtful,
committed, citizens
can change the
world. Indeed, it is
the only thing that
ever has.”**

Margaret Mead

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Question and Answer:
Please enter your question into the
Q&A Box

Thank You!