

## **LifeLink – a Link to Suicide Prevention: Executive Summary**

The healthcare industry is facing a critical challenge with alarmingly high suicide rates among its professionals, (Dutheil et al., 2019). A confluence of factors including moral injury, compassion fatigue, easy access to substances, isolation, significant stress, and mental health challenges exacerbates this issue, (Kleinpell et al., 2020). These compounding elements underscore an urgent need for a robust and effective suicide prevention model within Oregon Health & Science University (OHSU). Addressing this crisis is imperative to safeguard the well-being of healthcare workers and ensure the sustainability of high-quality patient care. High suicide rates among healthcare workers in the United States, driven by multiple stressors and mental health challenges, demand an urgent and effective prevention model within OHSU. To fully understand the gravity of this crisis and the necessity for a tailored intervention, it is essential to explore the underlying factors and the current state of mental health support for healthcare workers in the industry and at OHSU.

### **Background**

Healthcare workers at OHSU are vulnerable to poor mental health that may result in suicide. Healthcare professionals experience vicarious trauma and demanding workloads, which contribute to poor mental health, and an increased risk for suicide, (Badrfam et al., 2023; Portoghese et al., 2014; *What Is Vicarious Trauma*, 2023). The impact of the COVID-19 pandemic has further exacerbated these issues, placing additional strain on already overburdened staff, (Vogel, 2023). OHSU's efforts to improve mental health support through the Trauma-Informed Care Program are not sufficient to address the need for a suicide prevention program. A gap exists in the systematic tracking of staff suicide deaths. There have been thirteen known suicides between 2017 and 2024, a number likely underreported, (Osilla-Reyes, 2024). Postvention efforts vary by department and are implemented only upon management's request, highlighting the inconsistency in postvention support for staff. Poor mental health, substance use, vicarious trauma, demanding workloads, and insufficient support provided by OHSU collectively create a high-risk environment for mental health crises among healthcare staff and an increased risk of suicide. An in-depth assessment of these issues will pave the way for creating a robust framework to support the mental well-being of healthcare workers at OHSU.

### **Assessment**

Primary and secondary research was conducted through literature review and interviewing suicide prevention leaders within healthcare, construction, and veterinary industries, and local governments. There are three common themes among these suicide prevention programs: peer support through normalizing conversations around mental health, staff training on how to engage in conversations about mental health and suicidal ideations, and evaluation methods to ensure appropriate and effective resources are available. Peer support is based on the idea that people have a better mental state with supportive peers who show them they are not alone through understanding and processing experiences,

(Providence & Well Being Trust, 2022). Training is accessible to all and tiered to best support the needs of the people or teams and accommodate the time available, (MATES in Construction, 2022). Trained individuals are identifiable through a registry, badge, or other identification methods, (MATES in Construction, 2022; Providence & Well Being Trust, 2022). Effective evaluation tools are needed to ensure the program effectively meets the organization's needs. Measures include the satisfaction of people who reach out for resources to ensure their needs are met, the number of people who have accessed the resources or completed training, or the number of resources provided, (Ey et al., 2016; Providence & Well Being Trust, 2022). For a new suicide prevention program, you must understand the needs and barriers of the community to develop appropriate and accessible resources to address the needs of all.

### **Recommendations**

To effectively address mental health challenges, the first step is to conduct a Community Readiness Assessment to identify gaps and avoid one-size-fits-all programs that leave out pertinent employee groups. Involving stakeholders from various sectors at OHSU, such as healthcare, education, and public safety, will help achieve a comprehensive understanding. The next step involves allocating a Full-Time Equivalent (FTE) position with a \$300,000 operating budget to oversee operations and ensure resources are accessible. Implementing comprehensive staff training programs, including QPR (Question, Persuade, Refer), ASIST (Applied Suicide Intervention Skills Training), and other mental health first aid, will help achieve a supportive culture within OHSU. A strategic marketing campaign will enhance visibility and credibility through partnerships and promotional activities. Finally, dedicated campaigns will normalize mental health discussions, increase participation, and help encourage acceptance of the program, addressing both immediate and long-term needs.

### **Team members**

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