May 17, 2017

RE: 2017 Session HB 3090A – House Bill regarding Hospital Protocols related to behavioral crises

Dear Honorable Chair Senator Gelser and members of the Senate Committee:

My first- and second-hand observations and experience serving as an advocate for my family as well as other families and individuals in communities across Oregon seeking help in the midst of a crisis has demonstrated that there is not much consistency across the hospital programs.

At the least, this amended version of House Bill 3090-A whereby hospitals must submit their protocols to OHA by January 2018 makes good sense as a starting point in moving towards a baseline or floor of services such as an assessment and safety plan.

Just consider the inconsistency of these hospital encounters for persons/families seeking help during a suicidal crisis (e.g. after a recent suicide attempt, or believing one is at imminent risk):

- Parent with child seeks help from Emergency Department after child discloses feeling suicidal with intent to harm. No formal assessment or evaluation. Emergency doctor tells child and parent "You shouldn't feel that way." Leaves the room never to return, sending child and parent home with nothing further except patient registration for signatures. Parent requests second opinion or further assistance from patient advocate and told no, there is nothing else available. Released without safety plan. No follow-up.
- Adult patient seeks help from Emergency Department after a suicide attempt. They are told "You have been here before. We are going to make your stay as uncomfortable as possible. Hospitalization is not therapeutic for you." Further, patient who had attempted suicide in a hospital inpatient unit previously, and is not getting any help, uses a phone to contact the suicide crisis hotline. Hospital staff threaten the patient that if they report what is happening at the hospital they will lose their phone privileges. Released. No follow up.
- Adult patient seeks help from Emergency Department. Admitted to hospital inpatient unit. Attempts suicide while admitted. Released and told not to return. No follow up.
- Adult patient (un/under-insured) seeks help from Emergency Department. Hospital staff threaten patient that they will be arrested for "Theft of Services" if they try to seek services at the hospital. No follow-up.
- Adult patient seeks help from Emergency Department after a suicide attempt. Explains to doctor intent to attempt/complete if released again. Released without safety plan.
- Adult patient seeks help from Emergency Department. A Qualified Mental Health Professional evaluates their safety and status, finds them to be an immediate danger. QMHP attempts to find an inpatient hospital bed for the individual but there are none available. Patient remains boarded and medicated in the emergency room and is re-evaluated in the morning after staff change during a shift and determined to no longer be at imminent risk, where there has been no intervention except sedating medication. Released without safety plan. No follow-up. Medication wears off. Individual arrested and sent to jail.
- Adult patient seeks help from Emergency Department. Admitted to inpatient unit. Told by provider the attempt wasn't serious enough or the patient would have been on a respirator. Released. No follow-up.
- Parent with young adult seeks help after a suicide attempt and finding "goodbye" letters handwritten indicating intent to die and practice hangman knotted ropes, blood on sheets and walls from self injury, etc. Emergency Department says not enough evidence to admit the young adult. Told to come back if something more serious happens. Released. No follow-up.

I could go on further, but this should be enough to illustrate the gap of consistency or services experienced by members of our communities in Oregon, regardless of the suffering individual's age (child, young adult, adult, older adult). Some of these hospitals even have awards for service quality but these examples leave much room for improvement.

My heart breaks. We must do better.

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