Oregon Pediatric Society

A Chapter of the American Academy of Pediatrics. Incorporated in Oregon

DATE: March 5, 2021

TO: Representative Tawna Sanchez, Chair
Representatives Moore-Green and Nosse, Vice Chairs
and Members of the House Committee on Behavioral Health

FROM: Julie Scholz, Executive Director of the Oregon Pediatric Society
julie.scholz@oraap.org

SUBJECT: Support for HB 2315 – Suicide Prevention training for the Oregon Behavioral Health Workforce

The Oregon Pediatric Society (OPS) is the state chapter of the American Academy of Pediatrics. Our membership is committed to improving and protecting the health and well-being of all children in Oregon, as well as those who care for them. The OPS Board of Directors, staff, and Advocacy Committee endorse HB 2315, which would ensure that the state's behavioral health workforce receives continuing education on suicide screening, assessment, and treatment.

I'd like to start with the Good News, especially given this extraordinarily stressful past year: the youth suicide rate declined in 2019 for the first time since 2015, and it doesn't appear to have increased in 2020. OPS celebrates the collective work of the many individuals, family members, organizations, communities, health workers, and policy makers who have contributed to this tremendous public and private health victory. The Oregon Health Authority has prioritized a tremendous amount of work in youth suicide prevention over the last few years, and it shows in every life saved. School, community, and health care sector trainings in mental health interventions and suicide prevention have expanded across the state. State laws like 2019's Adi's Act (SB 52) requiring school districts to develop plans for student suicide prevention bring resources, protocols, and higher attention to the issue.

But then there is the Bad News: Oregon's death by suicide rate across all ages increased in 2019 to be the **ninth highest** in the nation. It is widely acknowledged, anecdotally and with quantitative data, that the COVID-19 pandemic has dramatically increased anxiety levels and mental health challenges. The volume of calls to crisis lines is overflowing. Virtual telehealth visits can help, but we don't have enough trained practitioners or in-patient beds to keep up with the demand for behavioral health counseling.

When we polled OPS members, mental health is the #1 concern pediatricians have now about their patients. Primary Care providers – who understand that helping someone with a high suicide risk is one of the most important life or death issues they face as clinicians -- do the best they can in screening and assessing their patients for suicidality. For ongoing support, physical health providers rely on referring suicidal and clinically depressed patients to behavioral health professionals who, it is assumed, have the expertise and confidence to treat individuals at danger to themselves.

Unfortunately, overall the behavioral health workforce is not adequately trained or prepared to address and treat suicidal patients. Most Master-degree behavioral health practitioners did not receive direct training in their graduate programs on suicide prevention, nor continuing professional educational as they practice. Most would even say they are not comfortable with asking the question – "Are you having thoughts of killing yourself?"

To keep their licenses, continuing education is something common and accepted—albeit sometimes with a bit of grumbling—among physical, behavioral, and mental health practitioners. In 2017, OPS expanded our in-person physician-led whole-clinic trainings on depression and substance abuse into new modules on youth suicide screening tools and assessment, safety planning, and lethal means counseling. (In 2020, we converted these modules into online trainings, and have developed curriculum about how to virtually screen youth for suicide). We have seen steady improvement by child health providers in incorporating routine suicide questions in standard pediatric visits and clinical workflows. When busy clinicians initially worried about how to routinely fit the suicide screening into their packed patient visits, we discussed the value of spending a minute or two (or more time if risk was indicated) to possibly save a life. One doctor replied, "It's not one more thing on the plate; it is the plate."

HB 2315 asks that our behavioral workforce, the ones who are most likely to treat people who are suicidal, learn or refresh their skills with suicide prevention. Would you spend two hours every two years to save someone's life? If so, OPS urges the members of this committee and the Oregon legislature to vote yes on HB 2315. Thank you for your service and consideration.