

DATE: March 5, 2021

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

FROM: Gordon Clay, Suicide Awareness and Prevention Activist, director of ZeroAttempts.org P.O. Box 12, Brookings, OR 97415-0001 541-469-5124

SUBJECT: Support for HB 2315 - Suicide prevention training for the Oregon Behavioral Health Workforce

I support the reasoning the Oregon Pediatric Society and the Oregon Alliance to Prevent Suicide used to ensure that the state's behavioral health workforce receives continuing education on suicide screening, assessment and treatment. I would like to add the following considerations:

CDCs 50 Leading Causes of Death

In 2017, the CDC broke down the 50 leading causes of death. Of 8 age categories, there were four (15-54) where suicide was the leading cause of death for Oregonians. There were no states with more than three categories, and 28 that had no age category where suicide was the leading cause. <https://bit.ly/2Ry1fqO>
Youth Suicide Warning Signs

A panel of international experts* convened to better understand the way youth think, feel and behave prior to making life-threatening suicide attempts and determine what changes immediately preceded those attempts that are supported by research and rooted in clinical practice. Released September 9, 2015, it showed, for the first time, the suicidal warning signs at risk youth might demonstrate. <https://bit.ly/3bnrtrp>

Traveling throughout Curry County the following year, I couldn't find any clinicians that knew of these youth warning signs nor knew the crisis text line 741741 which thousands of Oregon youths have used as their preferred form of communication when they are in crisis, not talking on the phone. In August of 2016 I decided to produce crisis wallet cards that included youth warning signs on the back and have since distributed literally thousands of these cards to clinicians and students in Curry County. All these years later, both aspects still are not universally used in Oregon, as far as I can tell.

The Suicide Watch Monthly Report

In 2017 and 2018, I wanted to track how much literature, videos, abstracts, and evidence based research was being produced for the Behavioral Health community. I sent out a monthly Suicide Watch newsletter to over 300 legislators and community health care workers, linking these new resources to their source. I combined the monthly listings into a 27 page document to demonstrate to you just how much is happening in the field of suicidality in the hope to expose the crisis that Oregonians are going through and encourage legislators to enact bills like HB-2315 to improve clinicians skill-sets. <https://bit.ly/2Zm6qOL>

Conclusion

HB 2315 asks that our behavioral health workforce learn or refresh their skills taking at least two hours of continuing education in suicidality every two years. I urge the members of this committee and the Oregon legislature to vote yes on HB 2315. Thank-you for your consideration

*The experts included

Aavidum
American Association of Suicidology
Columbia University
Duke University Medical Center
George Mason University
Indian Health Service
National Center for the Prevention of Youth Suicide
National Institute of Mental Health
Substance Abuse and Mental Health Services Administration
Society for the Prevention of Teen Suicide
Suicide Awareness Voices of Education
The Trevor Project
Thomas Jefferson University
University of British Columbia
University of Chicago
University of Colorado, Denver Veterans Administration
University of Michigan
University of Tel Aviv, Israel
Weill Cornell Medical College