Opposition for HB 3139 – Requires parental disclosure when minor receives suicide risk assessment, intervention, treatment or support services.

March 10, 2021

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

FROM: Jennifer Fraga, MSW

SUBJECT: Opposition for HB 3139 – Requires parental disclosure when minor receives suicide risk assessment, intervention, treatment or support services.

My name is Jennifer Fraga. My educational background is in social work, and I received my Master's in Social Work from Portland State University in 2019. In my previous job, I have provided direct care for youth and young adults experiencing a mental / behavioral healthcare crisis such as an increase in suicidal ideation or a suicide attempt. While I understand the desire behind HB 3139, I think a change in statute like this requires more work with community members, especially youth and young adults. I think this bill should be worked on more and we should prioritize training behavioral healthcare providers, like passing HB 2315, before this bill becomes statute.

I was happy to hear that a variety of groups came together to work on amendment 1 to the original bill language and, while some of them were youth serving agencies, I did not hear any youth or young adult specific people / community members present on this workgroup. I highly encourage and stress the importance of involving youth and young adults in the creation of legislation or bills, especially when that legislation will directly impact them. Their voice is extremely important and shouldn't be left out of this process.

A specific concern I have with the amendment-1 of HB 3139 is the language, "imminent and serious risk." I have heard many instances of people in crisis who shared that they were thinking of suicide and were hospitalized when that was not an appropriate action to take. Over reactions and under reactions happen due to our workforce not being trained in how to work with someone experiencing suicidal ideation.

In my previous job, an agency that provides intensive in-home services to youth and their families, a survey was distributed to clinicians to gauge their level of competence around working with youth who were experiencing suicidal ideation. This survey showed us these clinicians had never been taught how to work with someone experiencing suicidal ideation, either passive or active. They had never been taught how to ask the question, how to listen if the answer was yes, or how to appropriately respond.

These clinicians are not alone in their experience.

During my undergraduate program in social work and my Master's program, suicide was mentioned once. This is during 3 years of education in 2 different social work programs.

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This lack of training leads to many gaps in care, one of which being an incorrect response to someone when they express suicidal ideation. Providers do not seem to know that there is a difference between passive and active ideation and treat any mention of suicide as a serious risk and an imminent threat to health. I am one example that this is not the case. I experience suicidal ideation daily. It is my state of life, something that I live with. Hospitalizing me would have only exacerbated my mental health care state and this happens to people on a regular basis.

My experience is not the only one like this. Many are fearful of sharing their ideation with providers because of how the provider will respond. It is extremely difficult to find someone who can work with them in their suicidality. I think that education for providers is an important first step before putting something like this into statute.

Involving parents and family members in a youth or young adults safety planning process is sometimes the right course of action and is vital in their treatment. There are also times when involving parents will exacerbate the issue. In my work experience, I have seen a parent's indifference to their child's state, complete denial of any concern, and parents who treat their child worse after learning that they are contemplating suicide. I wish I could say that these situations only happened once or twice but they happened regularly.

For clinicians to make the right decision in knowing when and how to involve parents, guardians, family members, they need to be trained. They need to learn about suicide prevention, intervention, assessment, and management. Without this training or education, this can make so many situations worse for the youth already in crisis.

I think that, before a bill like becomes statute, we need to work to educate our workforce and we need from youth and young adults on what they need and what helps. Youth experts and parents are important resources and voices to have but nothing is more important and necessary than hearing directly from the youth themselves. They are the best source of information for their story.

Thank you for your time.