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**Testimony in support of SB686**  
**to the Senate Committee on Human Services,**  
**Mental Health, and Recovery**  
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**I would like to emphasize that this bill offers *choice*: choice between in-person and telepsychiatry. As the Committee considers amendments to this bill, I urge the committee to keep the spirit of the bill: *to give as many patients, as possible, this choice between in-person and telepsychiatry.***

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I'd like to speak about why in-person psychiatry so important to youth. In fact, I asked my friends to help. We come from the perspectives of a young adults with a mental health conditions. My friends are marginalised in many ways. We often have few supports but each other. I think we represent the face of the youth mental health crisis.

Now I'm going to tell you three stories. I hope they'll give you a taste of life inside our shoes as young adults, navigating the mental health system. Most importantly, they stress that young adults like us, living through a mental health crisis, deserve to have the extra support of a psychiatrist in person. And that we should make every effort to make in-person supports available, in the urban centers, that youth like us end up in.

I hope we'll convince you of the importance of SB 686.

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For example, I am 25. I took years off college due to crippling anxiety, OCD, and depression. I come from an Asian family. They knew nothing about supporting my mental health condition. As a result, I am estranged from my parents. My mental health peers and clinicians in Portland are my only supports.

ut when I have contemplated suicide, I feel worthless, and get exhausted of feeling worthless. I just want to wrap up my business in this world and move on.

What if I was hospitalised after an attempt? Well, do you think a psychiatrist from behind a screen would make me feel like I was worth something? No, of course not. I'd feel as if the system was doing the bare minimum to keep me alive.

We are aware of how youth suicide rates are on the rise, especially since this pandemic started. I think we'll agree that, while Oregon is building up the capacity of its health system, in-person psychiatry is a quick intervention to support youth.

Also, it's strange, but for someone with anxiety and depression, medications give me hope. And I think everyone with a mood disorder has the feeling of hoping that the next medication will finally lift this burden off us. Seeing a psychiatrist in person makes that hope tangible. And, in a real crisis that leaves us hospitalised, a psychiatrist on screen makes us think we're set up to fail.

That's why I personally support SB 686.

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Now I'll move on to my friends' reasons for in-person psychiatry.

But let me first tell you about them, my community of young mental health peers. They are working-class, they are gender non-conforming, they come from cultures that can't talk to parents about mental health. We support each other, because we have no choice. We end up in the Medicaid sector, navigating the world of sliding scale clinics, and often only have each other in crises.

What do they say? As people with few resources, seeing a psychiatrist in person will give us the contact and accountability that we rarely get.

A peer of mine, with experience with psychosis, says that she found seeing a psychiatrist in-person grounding – even necessary. When she was hospitalised, she experienced messages coming from screens, from everywhere. That would have only been aggravated by telepsychiatry, a psychiatrist locked behind a screen. For those of us experiencing extreme states, the constant grounding provided by a psychiatrist in person is crucial.

Here's another one. A friend of mine, who considers themselves gender-nonconforming, left unsupportive parents to start a new life in Portland. They say that there are a thousand little ways that youth like them, who don't fit in any of the usual gender boxes, are hurt by the mental health system. For example, psychiatrists rarely know how hormone therapies and psychiatric drugs react. In fact, clinicians often get defensive about this.

Also, they've that they fear being put on a psych hold. Why? Because it's not clear who they'd feel comfortable with in a double room. What combination of body expression and gender identity.

So what did they say about in-person psychiatry? That, at the very least, seeing a psychiatrist in person would make the psychiatrist more accountable to them. It's easy for a psychiatrist on a screen to walk away from a client that isn't receiving the emotional care they need.

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Anyway, now let me wrap up. What do all these stories tell us? They tell us that, as youth, wrapped up in this current youth mental health crisis, we deserve at least the choice of an in-person psychiatrist. A physical presence provides a crucial support that us youth rarely get. A

physical presence grounds us. A physical psychiatrist makes us youth feel like we finally have someone to hold accountable.

That's why, as a youth mental health advocate, I urge you all to support SB 686. Thank you.