

4/20/2021

Senate Committee on Human Services, Mental health, and Recovery

Ref: HB 3037

Chair Gelser, Vice-Chairs Anderson and Lieber, and Committee Members:

Thank you for your consideration of HB 3037 and for this opportunity to testify. For the record, my name is Tait Butterfield, and I am speaking in support of this bill on behalf of YouthLine's legislative committee. This measure, if passed, would lead to improved, statewide postvention work, clearer communication between mental health organizations, and accurate data collection. With this in place, we could have a better understanding of youth suicide, react in a more informed and efficient manner to help bereaved communities, and prevent more lives from being lost due to contagion.

YouthLine is a teen-to-teen crisis and support line that speaks with teenagers from around the world about problems ranging from suicide to relationship issues. Along with our crisis line, we also do outreach, including rapid response postvention after a suicide occurs in a community. This bill is especially important to us because it directly relates to our ability to do the work we do. As teens, these are our peers that are being affected by bills like this one. Through the work we do, we understand their needs and have the power to help. This bill would give us the information we need to direct our attention to the communities that need it most, and show up for them faster.

CDC data shows that in 2018, suicide was the leading cause of death in Oregon for youth between 10 to 24 years old. Oregon has the 11th highest youth suicide rate in the nation. This is a widespread problem and as things are now, there is no uniform way for clear communication between mental health organizations and rapid, life saving postvention to take place in bereaved communities if they are not the ones in which the young person has died. When reports are not made to a young person's community after their death, community members may be further hurt or traumatized by hearing about the suicide by word of mouth or social media. Further adding to the confusion, mental health organizations may not be working with accurate data about youth suicides. Many young people, 19 to 24 year olds in particular, do not live at their home of record, skewing data to the wrong communities. Completed suicides are counted where death occurs, often hospitals, rather than where they were caused. Accurate data would help mental health organizations identify where to put their efforts and money to make the most difference and ultimately save lives.

Stigma is one of the most common issues that comes up for contacts on our crisis line. The isolation that comes with stigma can be especially pronounced in communities where a suicide has recently occurred. We acknowledge that because of stigma, having a death by suicide be reported can be difficult for some families. We also know that more accurate information about suicide in our age group and more openness about suicide in our state could alleviate some of the isolation that stigma adds to the already difficult experience of losing someone to suicide.

Good work is already being done in suicide postvention in Oregon. Through this bill, more coordinated, informed, standardized, and timely efforts could take place to support the communities who need it most.

Respectfully,

YouthLine Volunteer Legislative Committee