



OREGON PSYCHIATRIC
PHYSICIANS ASSOCIATION

Date: February 22, 2021

To: The Honorable Chair Tawna Sanchez
The Honorable Vice-Chair Andrea Salinas
The Honorable Vice-Chair Cedric Hayden
Members of the House Health Care Committee

From: Maya Lopez, MD
Daniel Nicoli, DO
Oregon Psychiatric Physicians Association

RE: Position statement on HB 3139 parental notification of suicide risk assessment

Chair Sanchez, Vice Chairs and members of the House Behavioral Health Committee:

My name is Dr. Daniel Nicoli. I'm a child and adolescent psychiatrist and I am here to testify on behalf of the Oregon Psychiatric Physicians Association (OPPA), a district branch of the American Psychiatric Association. OPPA serves as the organization for Oregon's medical doctors specializing in psychiatry who work together to ensure effective treatment for persons with mental illness, including substance use disorders, and compassion for them and their families.

We deeply appreciate the intention behind HB 3139, which requires notification when a minor receives a suicide risk assessment, intervention, treatment or support services. It's our understanding that when a bill such as this one is introduced it's because the family of the child who died by suicide want to spare other families from the same type of pain. We give our heartfelt condolences to the parents who asked for this bill to be introduced and for their willingness to work with us on amendments for this bill. We want to proceed in a way that includes experts on youth suicide prevention to support better communication, opportunities for family support and reduction of deaths by suicide.

In regard to the bill as written, OPPA members are concerned about a number of unintended consequences that might arise. By making the notification language a "shall," not "may", it creates a duty of notification for the evaluator in all instances of a suicide assessment being performed. Suicide assessments are becoming standard at nearly all mental health care appointments, emergency department visits, and appointments with primary care providers. The language in this bill would automatically require notification of a parent, even if the adolescent was not at risk. This will likely end up being too broad to be practical and create fears of liability that might, paradoxically, discourage such an assessment without a sense of obvious risk. It could also detour reliable reports from youth aware that their responses would immediately be shared with their guardians. This runs counter to the intentions of this bill.

My colleagues and I have seen cases in a variety of settings where kids receiving a suicide risk assessment would have been harmed by their parents or other family members if they knew their child sought help. This was typically older teenagers, including LGBTQI+ teens and victims of abuse in the home. Any

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disclosure to parents needs to be done on a case-by-case basis and allow for clinical judgment and standards of care. It is important to consider that children presenting for an emergency evaluation of suicidal ideation are more likely than the general population to be from a home that is abusive or not supportive. There should always be flexibility to make exceptions, such as if there is abuse in the home.

Many of us are parents and we do not dare imagine the grief of losing a child to suicide. We, too, would likely go through a process of trying to find answers to what else could have been done and how the outcome could have been different. We would also think about how we would have done anything to save our child. We thank the sponsors of this bill for bringing this important issue forward.

OPPA is looking forward to working with Rep. Noble, the Wilson family and other stakeholders on amendments and efforts that could make a difference--for children and for families.

Thank you for the opportunity to provide our perspective on this bill.