

Submitter: Rhea Wolf
On Behalf Of:
Committee: Senate Committee On Health Care
Measure: SB514

Dear Chair and Members of the Senate Committee on Health Care,

I am testifying as a member of the public in support of SB514. I am someone with lived experience of mental health challenges and a consumer of behavioral health services through the Oregon Health Plan. I have personal experience dealing with suicidal ideation in my own life and have also experienced the grief of losing multiple friends and family members through suicide. I currently work as a Peer Wellness Specialist at a large behavioral healthcare organization in Portland, OR and serve as a member on the Oregon Consumer Advisory Council.

As Oregon moves forward with the “hard rollout” of 988 crisis lines and mobile community response systems, we desperately need to develop a trauma-informed, culturally responsive, strategic, intentional, and equitable approach to suicide prevention. Having a dedicated Adult Suicide Prevention Coordinator at the Oregon Health Authority and an advisory council made up of people with lived experience are necessary if we are going to address the crisis of suicide being the #2 cause of death for people aged 18-44 in Oregon.

It is imperative that the OHA and other organizations affiliated with suicide prevention center the voices of those who have direct lived experience of mental health challenges, suicidal ideation, and/or loss due to suicide. Further, people who have the power to create and implement policies must not only listen to but actually act on the recommendations provided by those who are consumers of behavioral health services, those who have family members who are, and those who have experienced both suicidal ideation or lost a loved one through suicide.

We are at a crossroads in this state and nationwide. We must have leadership that takes bold action to transform the mental healthcare system, which is currently failing the people suffering from extreme emotional or psychological distress. We need a system fully cognizant that people have been traumatized, that experiences of trauma are one of the main factors in someone developing “mental illness,” and, most of all, how they are often re-traumatized by the very institutions that are supposed to help them.

Having called crisis lines myself when experiencing intense suicidal ideation, I have first-hand experience of call responders who were very supportive and call responders who exacerbated my distress. No one in such a state of mind should be shamed, judged, or offered platitudes by those they are reaching out to for help.

I strongly urge you to pass SB514, and then make sure that the people entrusted with the tasks outlined by the bill are guided by those with lived experience and a vision that puts trauma-informed care, cultural awareness, and health equity at the center. We simply cannot afford to roll out the same old policies and procedures. They are not working.

Thank you so much for considering this legislation. I hope you see the incredible public support for this bill and you use your own power and vision to help us shape a way forward toward truly healing and compassionate suicide prevention strategies.

Peace,
Rhea Wolf
Portland, OR