



TO: The House Committee on Health Care
FR: Wendy Curtis, MA, LPC, and COPACT Secretary
DA: May 6, 2013
RE: Support for SB 491, Improving Access to Mental Health Services

Chair Greenlick, Members of the Committee:

My name is Wendy Curtis, and I'm a licensed professional counselor in private practice. I am also on the Board of COPACT and am here today to provide testimony in support of SB 491.

Prior to having my own private practice, I worked at a mental health agency for four years as a youth addictions counselor. I saw adolescents ages 13 through 18, along with their families, for issues such as substance abuse and dependence, mood disorders including depression, anxiety and other mental health issues that many adolescents struggle with.

Over my four years at a community mental health agency where teens 14 years of age or older can consent to their own treatment and/or in some were in a dependency proceeding, I saw hundreds of clients over half of whom came from families that did not include both biological parents married to one another. The youth I saw often came from families experiencing some type of turmoil, including such things as divorce, separation, abandonment by a parent, neglect, addiction, instability and more.

A portion of the population I served --children who did not have good relationships with their parents and whose parents were often a barrier to the client accessing services --sometimes did not get the help they needed or there was a significant delay. Unfortunately in a number of cases, my teen clients struggling with addiction were being enabled in their addiction by their own parent's substance use.

I also saw many teens in crisis that did not feel safe talking to their parents. Sometimes this was warranted --other times it was out of misplaced fear, but the opportunity to form a therapeutic alliance with the teen client and to help unpack what made them afraid to tell their parents allowed me to build trust and then a proper intervention in the cases where the client needed help coming out of isolation and engaging with their family, which we were able to make happen overtime.

SB 491 simply allows me to have parity among other licensed mental health care providers and helps to ensure access to mental health services for adolescents who are struggling. We know suicide is the leading cause of death among Oregonians aged 10 to 24. In 2007, nearly one in twelve 8th graders and one in sixteen 11th graders reported they had attempted suicide in the past 12 months (8.2% and 6.2% respectively)¹. It is of the utmost importance that we make sure teens have full access to quality mental health care.

I ask for your support for SB 491. Thank you for the opportunity to testify.

¹ Data Sources: Oregon Center for Health Statistics, electronic death files, 2006; Oregon Adolescent Suicide Attempt Data; Oregon Healthy Teens Survey 2007, Oregon Center for Health Statistics; Centers for Disease Control, National Center for Injury Prevention and Control, WISQARS 2008 (http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html)