

HB 4124

Youth suicide bill aims to help kids in crisis



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SALEM — Rep. Sara Gelser fully supports the theory of “upstream prevention,” the idea that the best way to fix a problem is to never let it start.

But when it comes to youth suicide, the Corvallis Democrat doesn’t want to leave all state resources upstream.

Not with 2012 statistics showing suicide as the second-highest cause of death among Oregonians ages 15 to 34. Not when 13.6 percent of eighth-graders who responded to the 2011 Oregon Healthy Teens survey said they had seriously considered attempting suicide, and 3.5 percent actually tried.

And especially not considering the mid-valley lost five people between the ages of 10 and 24 to suicide in 2012, and at least three between October and December of last year.

Gelser is introducing a bill in this legislative session she hopes will strengthen the state’s ability to intervene with kids in crisis.

House Bill 4124 would add “intervention” to the title and job description of the state’s youth suicide prevention coordinator, move the position from public health to mental health, and require regular updates to lawmakers on both prevention and intervention plans.

The Chair of Human Services and Housing has scheduled it for a hearing and possible work session on the Monday, the first day of the new session.

Facts and figures

- Rank of suicide as a cause of death for Oregonians ages 15 to 34: second (vehicular death is first).
- Percentage of Oregon eighth-graders who said they had seriously considered attempting suicide, according to the 2011 Healthy Teens survey: 13.6.
- Percentage who actually tried: 3.5.
- Percentage of adolescent males who died by suicide between 2003 and 2010 who first told someone they planned to kill themselves: 29.
- Percentage of those males who had a previous attempt: 12.
- Percentage of adolescent females who died by suicide between 2003 and 2010 who first told someone they planned to kill themselves: 41.
- Percentage of those females who had a previous attempt: 27.
- Rise in the suicide rate for Oregon as a whole since 2000: 21 percent.
- Rate of suicides in Oregon per 100,000 population as of 2010: 17.1, or 41 percent higher than the national average.
- Last time the Oregon Youth Suicide Prevention Plan was updated: 1997.
- Number of people total between the ages of 10 and 24 who died by suicide in Linn and Benton counties in 2012: 5.
- Number who died last year: 3, anecdotally. Data is still being compiled.
- Number of years in which nobody between the ages of 10 and 24 died by suicide in either Linn or Benton counties since 2003: 0.

As a discussion topic, suicide is emotionally devastating, Gelser acknowledged. Deaths in Corvallis, Philomath and Albany this past fall nearly caused her to back off from the proposed legislation to avoid further anguish for local families.

But not talking about it hasn't made it go away.

"Unless we can talk about it, it's very hard to find solutions to it," she said.

By the numbers

The rate of suicides among Oregonians of all ages has jumped 21 percent since 2000, according to a 2012 report by the Oregon Health Authority.

As of 2010, the suicide rate here was 41 percent higher than the national average. Youth suicide trends are a little more hopeful. Although Oregon's rate still surpasses the national average, it began dropping between 1991 and 2009 and has held more or less steady since.

In Linn and Benton counties, most of the people who die by suicide are older than 24, according to statistics collected by the Oregon Violent Death Reporting System. On average, however, records for the past decade show between three and six younger people between the two counties take their own lives each year.

The Oregon Health Authority's report for 2003-2010 indicates roughly a third of Oregon's adolescent suicides told someone they were planning to kill themselves. Twelve percent of the males and 41 percent of the females had made previous attempts.

To Gelser, that means the decision to die didn't come without warning.

"We know who they are," she said. "That means we can do better. We can save some of these kids. And if we can save some of these kids, it's worth the effort we put into it."

The bill's particulars

Gelser's bill doesn't claim to change the statistics. She's looking instead to shine a light on them and to improve access to services for people in immediate crisis.

If passed, the bill would accomplish three things. First, it would change the job description of the state's current youth prevention coordinator position to add an emphasis on intervention.

It would also move the position from public health, which focuses on long-term preventive measures, to mental health, where the emphasis is on people currently in crisis.

Third, the bill would require an update of the state's youth suicide intervention and prevention plan every five years, with an update on the first plan due next January.

Although various reports on suicide have been released in recent years, Oregon's youth suicide prevention plan hasn't been updated since the late 1990s.

That plan recommends identifying barriers to receiving crisis services and finding ways to improve those services. It also advocates for low- or no-cost services and more insurance coverage for behavioral health treatment.

However, its overall focus is upstream prevention: public education campaigns, professional training opportunities, skill-building support groups, efforts to reduce bullying and harassment. Gelser's bill also would identify the service barriers and recommend improvements.

It would report the suicide demographics by age, gender, race and other factors, and document the manner and method of completed and attempted suicides, as well as self-inflicted injuries. It would list the number of completed suicides where the youth had previously been hospitalized for an attempt, or had been the subject of a request for intervention services.

It would include suggestions for depression screenings and intervention opportunities through social media, among other recommendations. And it would detail the intervention and prevention strategies used by states with low rates of youth suicide.

'Out of the shadow'

No cost estimates come with the bill, although Gelser acknowledged there will be some expense.

It will take extra time and skills to collect and analyze whatever information the bill requires that isn't already documented, for instance. And ideally, Gelser said, the state would add an intervention position in mental health rather than simply moving the prevention position from public health, which would add to the cost.

However, she added, Oregon can train any number of people to identify youth in crisis. It doesn't help if there's nowhere to send them.

"If you're looking at limited resources and you have an existing position, I think the greatest need right now really is building up that intervention system and better understanding how we can be there and meet the emergency, immediate needs of kids who are depressed and suicidal," Gelser said.

Gelser said anguished constituents call her, desperately looking for help for the troubled young people in their lives. But she knows others stay silent for fear of being stigmatized. That, she said, is perhaps the most important reason for the bill.

"It's important to talk about the issue so we can bring the issue out of the shadow," she said, "so people can realize they're not alone and there's nothing wrong with them for asking for help. "There is nothing wrong with asking for help."