



Oregon Family Support Network

April 5, 2017

Dear Chair Greenlick and Honorable Members of the House Health and Human Services Committee:

My name is Sandy Bumpus, and I am here today to share my perspective and experience as a parent, and as the Director of Oregon Family Support Network – a parent-run organization that provides a range of family peer support services to parents who are currently raising a child experiencing serious mental health challenges.

This bill, while well intended is certainly challenging. As a parent, and in my work with OFSN, I understand the big challenges we have system-wide to support the mental health needs of children, youth and young adults.

However, I also share the concerns brought forward by other members of this panel.

I first got involved in children's mental health as a parent, when my oldest daughter was 3 years old. Thankfully, a preschool teacher alerted us to the fact that our daughter was experiencing significant challenges – knowing reality from make believe. While we thought some of what we heard about our daughter made us feel proud that she had such a creative imagination – we couldn't even begin to comprehend how challenging it would be over the years to gain the kind of help and treatment that she so desperately needed.

Over time our daughter's symptoms worsened, and by the time she was 8 years old, we needed to do more to help her. In an effort to be good parents, we took her to a child psychiatrist who was recommended to us, and learned that there were three possible diagnoses. More testing and medications were recommended and we were convinced it would be a good idea to try these in hopes that school would not be so challenging for her.

Unfortunately, it took a very long time to find the right medication. However, our daughter all of a sudden changed from a child who was very active, to one who complained frequently of headaches and not feeling good. Medications were changed and we were determined to find the right one.

However, that did not come easily. After she had developed a plan to end her life, we were fortunate enough to get her into a psychiatrist immediately to begin addressing her mood. Over the course of months, she also developed psychotic symptoms. For the first time, our psychiatrist introduced an anti-psychotic. We were shocked to learn that this medication not only addressed the psychosis, however also improved her depression. We felt like we had our child back. However, there were new concerns to consider – determining whether the medications she was taking were effective, and ensuring that no physical damage was occurring as a result of the medications she was taking. We were thankful to have a doctor who understood her diagnoses – and watched things carefully over time.

As a parent, I can say we waited much longer than we should have to get the proper medical treatment for our daughter. There is an access issue for adults and children that is undeniable, and it deserves our attention.

However, as it is currently written, I worry that HB3355 has the potential to cause irreparable harm to children, youth and young adults – certainly children up to the age of 18.

1. There is an important distinction that our children's mental health systems understand well, that 'children are not little adults'. The brain of a child is still developing, as we all know. It is comforting to know as a parent, that my child can get treatment from a licensed medical professional who understands this – and understands when it might make sense to take a calculated risk in prescribing a medication – knowing that close observation and lab testing, along with observing changes in behavior are critical to ensuring a healthy outcome for our kids.

2. As a parent, we need to know that those who are making decisions regarding medication know what the positive impact of the treatment can be as well as potential negative side effects. In our case, we had to rely on a doctor who understood how to provide medical treatment to ameliorate the negative side effects – and to properly manage the transition from one medication to another if that was needed.

3. Parents, and direct caregivers of children and youth who are experiencing significant mental health conditions, which warrant the consideration of medication, need to know how to make an informed decision about what medications to try. A certified, trained licensed medical professional already knows what to look for in terms of effective treatments, and can support a child, or youth to have options toward medication that really works for them.

For this reason, I fully support the recommendations made by other members of this panel, which is to expand capacity first by offering a training and certification program that can be available to ensure safe treatment practices.

These include:

- Development of a pilot program which utilizes a modified PA program, and competency based clinical training program with a focus on managing mental health conditions in primary care settings.

- Ensure that a pilot Modified PA program is developed by physicians who have worked with accredited training programs, and understand competency based medical education to ensure safe training and practice medicine within the context of primary care medical homes.

- Incentivize graduates to practice for a number of years in underserved populations where they can gain local perspectives and support through colleagues, learning the unique challenges for children, youth and families in these communities.

- Ensure oversight by the BME so that children, youth and families can fully trust that medications are being prescribed appropriately and in the safest manner possible.

Respectfully,

Sandy Bumpus
Executive Director of Oregon Family Support Network
1300 Broadway St. NE Suite 403
Salem, OR 97304
(503) – 363-8068