

## Testimony for Emergency Department Release Act (HB 3090)

Chair Gelsler, Vice-chair Olsen, Members of the Committee

My name is Jerry Gabay. I am on the board of NAMI Oregon and am a member of the Alliance to Prevent Youth Suicide; however I am testifying on my own behalf today. A study was reported in the April 29, 2017 electronic version of the Journal of the American Medical Association *Psychiatry*. The summary of that article below was reported this month in the Spark publication of the American Association of Suicidology. The study indicates that a few relatively simple interventions in an ED can have significant impact in reducing suicide attempts over a one year period.

One would think these interventions would be standard operating procedure in all EDs. Unfortunately they are not. Please consider this study when you vote on HB 3090.

"New research suggests that a combination of brief emergency department interventions administered during and after a visit can reduce future suicidal behavior among high-risk patients. The Emergency Department Safety Assessment and Follow-up Evaluation (ED-SAFE) study enrolled nearly 1,400 emergency department patients with a recent history of suicide attempts or suicidal ideation. Researchers compared standard care to a multifaceted intervention that consisted of suicide risk screening, safety planning resources, and periodic follow-up calls after discharge. They found that patients who received the intervention had a 20 percent reduced relative suicide attempt risk compared to those who received treatment as usual. The findings were published in *JAMA Psychiatry* and accompanied by an editorial that praised investigators "for conducting a rigorous test of an innovative screening and intervention strategy to help reduce suicide risk in adult ED patients." The authors of the editorial wrote, "Now, we must ensure that the implicit message to patients at risk for suicide is that they are as welcome in the ED as patients with chest pain or broken bones and are equally deserving recipients of standard, algorithm-driven care."