

## Testimony for SB 48 Mandatory Suicide Training

Chair Gelser, Vice-chair Olson, Members of the Senate Human Services Committee

My name is Jerry Gabay. I am on the board of NAMI Oregon and am a member of the Oregon Alliance to Prevent Youth Suicide; however I am testifying on my own behalf today. Many of you may remember me from 2015, when I drafted the initial concepts for HB 2948 and 2023, both of which later became law. As you may remember my story, I'll be brief...which usually draws a smile from the Chair.

My daughter Susanna was 21 when she had a psychotic breakdown while a student at Clark Honors College at the UofO. She was held at Sacred Heart Hospital on a 48 hour police hold, then admitted to the secure psychiatric unit for 8 days. The first days she was on suicide watch, but the hospital did not tell us that. They told us almost nothing. The psychiatrist said blithely, that she had had a psychotic episode. She might have others, she might never have another. That was it. You passed the Susanna Blake Gabay Act in 2015 to help address such failures – for which her mother and I are deeply grateful.

It is our belief that the head psychiatrist was not adequately trained to assess and analyze suicide risk, nor adequately trained on how to prevent suicide. I expect you, like us, have no idea how that could have been the case. But I have read in journals, and been told directly by psychiatric colleagues, that many mental health professionals are neither adequately trained nor comfortable dealing with suicide.

There were earlier experiences that even more strongly demonstrated lack of preparation. When Susanna was a junior in high school, she was at the home of a friend who called to say she was catatonic. We immediately went to that house, and truly she was catatonic. We had to carry her to the car to transport her to the emergency department. The hospital staff approached the situation totally from the perspective of a drug reaction. They tested her thoroughly and found no drugs whatsoever in her system. She was not a drug user. She had been receiving meds for depression for over a year, and a poorly trained primary care physician had just changed her prescription, doubling the dosage irresponsibly in too short a time frame. But the ED did not treat her as a potential suicide risk.

Susanna visited the ED in Eugene at least once if not twice while attending college there. They let her go once at 5 am in the morning to walk back to her dorm in order to go on a field trip for environmental science class that Saturday morning. She had gotten there late Friday night or early Sat morning. She had been judged at risk for self-harm way back her senior year in high school, yet the poorly trained providers somehow did not link these events, or as I earlier suggested, were not comfortable in addressing them.

This bill will go far to address these short-comings, and may well save lives. I cannot imagine that they will not save lives. Three to six hours of training appears to me to be a small price to pay in order to reduce the death rate by suicide in Oregon, which at over 17/100,000 is well over the CDC definition of an epidemic. Thank you for your consideration.