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February 8, 2017

Senate Human Services Committee  
900 Court Street NE  
Salem, OR 97301

RE: **Written Testimony submitted in SUPPORT OF SB48 – Training For Providers On Suicide Assessment, Treatment & Management – During the 2017 State of Oregon Legislative Session**

Honorable Senator Chair, Co-Chair and Members of the Senate Human Services Committee:

I am submitting this written testimony in lieu of live testimony at today's public hearing on Senate Bill 48 (SB48) regarding training for providers on suicide assessment, treatment and management.

**I am asking you to SUPPORT SB48.**

Our families and communities are suffering tragic loss when it comes to suicide. We need "all hands on deck." We need to ask the questions and have important conversations. We need up-to-date information on what works. And supporters need supporters. This is an opportunity to enhance understanding, networking, discussion, and strategic response on the topic of suicide – prevention, intervention and postvention.

My name is Laura Rose Misaras and I have served as a consumer and family advocate in various roles. I serve on the Oregon Consumer Advisory Council, the Children's System Advisory Council, the Youth Suicide Prevention Subcommittee, the Suicide Prevention Alliance, the Oregon Consumer Survivor Coalition, the Oregon Peer Delivered Services Coalition, and related initiatives. I have had years of experience assisting individuals, young adults, family members and community members who have experienced suicidal crises, ideation, attempts, and losses through family and peer support, advocacy, and day-to-day living. I have accompanied individuals to emergency rooms, psychiatric crisis centers, support groups, funerals, and other settings. And at times, I have been accompanied by others in the journey of seeking help for myself, a family member, or community member.

I have seen time and time again, in the midst of a crisis, when an individual or family member finally musters the courage and energy to seek help from the system, they get turned away, dismissed, and/or labeled with terms such as:

Frequent Flyer  
Attention Seeker  
Repeat Caller  
Self Destructive  
Borderline

I understand the need is huge, and that systems and budgets are stretched.

I understand that many doctors and nurses suffer compassion fatigue and burnout.

But sometimes that frustration gets transferred to the person(s) who in that vulnerable state hear overwhelmingly that within parameters little if anything can be done which is at odds with their career pursuits of healthcare and Hippocratic oath to do no harm. It is a known fact that one of the riskiest times is immediately after a hospital stay discharge. There are people who have explicitly vocalized to emergency room doctors "If I leave from here, I am going to hurt myself," who still get discharged without treatment, resource referrals, safety plans, etc. And there are doctors who stare at their patients who seem at a loss on what to say or do. We must do better.

A psychiatrist told a community member "Your attempts aren't really serious or you'd be on a respirator." Guess what that leaves the person feeling like? Do they have to end up on a respirator before their suffering reaches a level to be considered serious enough to warrant help? Or will the next attempt be the fatal one.

A provider told the parent of a 2nd grader "Why are you bringing your child here? You should be able to take care of your child." The next day, the child stabbed their classmate with a pencil and intent to harm.

The hospital said to the parent who brought their teenager in for evaluation, along with photos and evidence of their daughter's practice hangman knots, goodbye notes to friends, and sharp instruments that their child was fine to go home and there wasn't anything they could do at the time. It took three attempts before the young adult was admitted to inpatient care to receive a full evaluation and treatment. In this case the local doctor had worked with the family and the outpatient mental health providers for nearly a year trying to get an evaluation for psychiatric treatment, but the local provider kept saying they had no one available to prescribe medications and it was the primary care doctor's responsibility.

A mother brought her child who had been screaming expressing suicidal intent to the local hospital. The doctor said to the child in front of the parent "You shouldn't feel that way," left the room and never returned. The mother said to the hospital staff her child needed an evaluation and she requested a second opinion, requested to see the patient advocate, and was refused and sent home with a hospital bill totaling more than \$1,000.

A local psychiatric crisis center told a patient "You are hypomanic, therefore we can't help you." That's exactly why the person was seeking help.

Parents asking for help with safety planning for their children in a suicidal crisis have been told come back in a week, when a social worker might be available. By then, it could be too late.

***"The whole field of prevention is so young, maybe 10, 15 years old," she says... "One of the things that's sadly true, doctors, nurses, social workers, mental health practitioners, none of these people get adequate training."***

SOURCE:

Stabler, David. "Why Oregon's Suicide Rate is Among the Highest in the Country." Oregonian.

Last viewed on 2014 Feb 23 at:

[http://www.oregonlive.com/living/index.ssf/2013/05/why\\_oregons\\_suicide\\_rate\\_is\\_am.html](http://www.oregonlive.com/living/index.ssf/2013/05/why_oregons_suicide_rate_is_am.html)

When hospital, medical, and outpatient providers are trained, aware, and responsive the results are more promising.

I will never forget the day a 2nd grade boy announced detailed plans to assemble, load, and bring his father's handgun (which the father kept under his bed) to school the next day with the intent to shoot kids on his school bus. Asked what he would do if the cops showed up, he responded "I'll just shoot them too!" A young parent, I called and called multiple local agencies, trying to find someone to talk with me and my daughter, to help strategize safety. Finally, it wasn't until I spoke with a friend who was a mayor in another town that I came to realize the situation was emergent in real time...

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that young boy could have had an accident with the gun long before he would even get to the school bus the next day. Not one of those agencies put someone on the phone or offered direct same-day assistance. Finally, after ten or so calls, one asked if I had heard of Oregon Family Support Network, and it was another parent who helped us navigate the school system that same evening. Every minute can count in such situations and agency staff need better skills, training and plans to respond effectively.

**MYTH:**

**Confronting a person about suicide will only make them angry and increase the risk of suicide.**

SOURCE:

OHA Web Media. "Breaking the Silence." Last viewed on 2014 Feb 23 at:  
<http://www.youtube.com/watch?v=GvWPQ7jD7Fs&feature=youtu.be>. 13min 43sec.

**FACT:**

**Asking someone directly about suicidal intent lowers anxiety, opens up communications and lowers the risk of an impulsive act.**

SOURCE:

OHA Web Media. "Breaking the Silence." Last viewed on 2014 Feb 23 at:  
<http://www.youtube.com/watch?v=GvWPQ7jD7Fs&feature=youtu.be>. 13min 43sec.

**Please support this bill, SB48.**

Thank you,

/s/

Laura Rose Misaras  
Consumer and Family Advocate