



February 6, 2019

TO: The Honorable Senator Wagner, Chair
Senate Committee on Education

FROM: Julie Scholz, Executive Director
Oregon Pediatric Society

SUBJECT: SB 52, Adi's Act, requiring each school district to adopt a student
suicide prevention policy

Chair Wagner, please accept this testimony for the record from the Oregon Pediatric Society (or OPS), which is the state chapter of the American Academy of Pediatrics. I am Julie Scholz, the OPS Executive Director. Our pediatric clinician members are committed to improving the health and well-being of all Oregon children by advocating for beneficial cross-sector system policies and collaborating with change makers and communities. We strongly support Senate Bill 52, Adi's Act, requiring each Oregon school district to adopt a student suicide prevention policy.

If our message to kids who are thinking about suicide is to have hope, life gets better, they aren't hearing or believing it. The statistics in Oregon are getting worse.

The youth suicide rate is increasing and Oregon is well above the national average. It's the second leading cause of death for Oregonians ages 10 to 24. The Oregon Healthy Teens Survey reveals that more eighth graders than 11th graders are attempting suicide here, with rates at 25% or more for kids identifying as lesbian, gay, bisexual or transgender.

While we know some student populations are at highest risks for suicide—including LGBTQ, African and Native Americans, foster care youth, those struggling with depression and substance use disorders—any demographic is susceptible: the teen whose heart is broken over a romance, the kid who is being

bullied, someone without much resilience from a lifetime of toxic stress, shame, or racism. In just the last ten years, school shootings are becoming common. Ubiquitous smartphones and social media encourage digital friendships, less downtime, increased anxiety, as well as hate speech. There is a heightened climate of political, cultural, and economic polarization and harassment.

OPS is part of our state Alliance to Prevent Youth Suicide. We train pediatric providers and clinics on how to screen for suicide risk, provide lethal means counseling, and make mental health referrals. This is significant because with increased universal screening by trusted physicians and nurses, many more youth who are at risk for suicide are being identified. And yet, on average, pediatric providers see 70% of adolescents only once a year, for 15 to 30 minutes. It's not enough time. About a quarter of people younger than 35 who die by suicide were seen by their primary care provider within one month before their death.

Since children and youth spend most of their waking hours during most of the year in school with teachers and their peers, schools are a crucial component of youth suicide prevention. We must equip school staff, teachers, nurses, and school based health centers with the tools, resources, and confidence to recognize suicide warning signs and respond appropriately. Oregon can look at best practices from the 47 other U.S. states with regulations in statute to create district-wide suicide prevention policies and procedures.

Schools, families, medical offices, counseling services, and faith communities can provide a stronger safety net for suicidal youth as long as we work together. OPS calls on the Oregon legislature to pass SB 52, and also support proven mental health interventions in schools.

Please let me know if I or the clinician members of the Oregon Pediatric Society can provide further details and answer any questions. Thank you for your time and consideration.