Supporting House Bill 2315
Originally Submitted to Legislature: Dec. 15, 2020
Resubmitted Senate Committee on Human Services, Mental Health and Recovery: May 3, 2021

RE: OHA Report on Suicide-related train

Dear Chair Gelser, Vice-Chair Anderson and Committee Members:

We are writing on behalf of the Oregon Alliance to Prevent Suicide (Alliance) to support and amplify the conclusions of the Oregon Health Authority's October 2020 report to the Legislature, *Suicide-related training for medical and behavioral health* providers. [1]' This letter focuses on the need for behavioral health professionals to be required to receive continuing education on suicide assessment, intervention and management.

In 2019 suicide was the leading cause of death for Oregonians between ages 10 to 24 and Oregon's suicide rates have continued to rise across the lifespan. We know that well-trained counselors, peer providers, therapists and social workers can identify the signs of suicidality *and* support people through a suicidal crisis while building the skills to live a full life, yet

The core recommendation of the report is: "Physical and behavioral health providers that are confident, competent and equipped to provide the best care to those who experience suicide ideation is an essential part of Oregon's suicide prevention strategy. To ensure Oregon's workforce is meeting the needs of people most at-risk, the law should require suicide prevention education in professional training programs and continuing education for key professions."

Unfortunately, assessment and treatment for suicidality is not a standard part of either undergraduate or post-graduate training for behavioral health therapists, social workers, and counselors. OHA's 2020 legislative report indicates that without a mandate many behavioral healthcare providers received no recent training in suicide risk assessment or management. Only 33.8% of psychologists, 46.9% of social workers and 37.4% of counselors and therapists reported receiving any training. The Teachers Standards and Practices Commission which licenses school counselors had the highest rate of completed trainings at 74.9%. While this is an excellent start, the reality is that school counselors generally only assess suicidal students and count on being able to refer students to well-trained therapists or social workers. In short, most of Oregon's behavioral health workforce is unprepared to respond to a suicidal client. This means that, when an at-risk individual is referred to counseling, they may not get the help they need.

The 2020 report is a requirement of Senate Bill (SB) 48 (2017), which requires the licensing boards for physical and behavioral health providers to submit a summary of aggregate data to OHA annually on March 1st, SB48 was introduced in 2017 by members of the Alliance and OHA with the intention of requiring continuing education on suicide assessment, intervention and management; however, opposition, especially from the healthcare (specifically medical) sector, led to a compromise bill that simply required licensing board to document how many of their licensees were taking relevant courses, for OHA to publish the results and for OHA to post a list of available trainings.

[1] Oregon Health Authority, Public Health Division, Suicide-related training for medical and behavioral health providers: Data report to the Legislature. October 2020.

The Alliance is re-introducing legislation in 2021 to require that Oregon's behavioral health workforce receive continuing education units in suicide assessment, intervention, and treatment. We have looked to our neighboring state, Washington, for a model for developing this type of mandate.

We believe it is more important than ever that Oregon move forward with requiring continuing education on suicide prevention for behavioral healthcare providers, as people across Oregon navigate this traumatic time. Given the COVID-19 Pandemic and the multiple stressors on physical healthcare providers, this is not the right time to address the need for physical healthcare providers to receive continuing education. Our hope is that future SB48 reports will help us to assess whether the current voluntary approach to suicide training for physical health providers is achieving this goal.

On the other hand, behavioral healthcare workers are the designated "experts" to whom those who are experiencing suicidal ideation are referred. We would go so far as to say that it is unethical that counselors, therapists, social workers, and peer support specialists, who regularly interact with highly suicidal individuals often do not have a strong understanding of how to assess risk of suicide effectively, and how to engage with people through times of suicidal ideation. They also need to understand and convey to their clients that many people live full, productive lives despite living with chronic suicidal thoughts and to help their clients develop the skills to do so.

Preparing this workforce to meet these needs is essential. Requiring continuing education is the least we could do as a start. We look forward to ongoing work in partnership with OHA and the legislature to ensure that our professionals have the skills to identify suicide risk and help save lives.

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