



April 22, 2019

TO: The Honorable Representative Doherty, Chair
and members of the House 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 Doherty, 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. I am here today in support of Senate Bill 52, Adi's Act, requiring each Oregon school district to adopt a student suicide prevention policy.

Our message to kids who are thinking about suicide is that life gets better, but the statistics are getting worse. We have a mental health crisis with tomorrow's adults.

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 hope or resilience from a lifetime of toxic stress, shame, racism.

OPS is part of our state Alliance to Prevent Youth Suicide. We have developed continuing medical education to train pediatric medical providers and clinics on how to screen and assess for suicide risk, provide lethal means counseling, create safety plans, and make behavioral health referrals. The good news is that with increased universal screening by physicians and nurses, many more youth who are at risk for suicide are being identified and helped. And yet, on average, pediatric providers see 70% of adolescents only once a year, for 15 to 30 minutes. It's not enough time. Tragically, 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.

Schools, families, medical offices, counseling services, and faith communities can provide a safety net for suicidal youth as long as we work together.

Since children and youth spend most of their waking hours for most of the year in school, with teachers and their peers, schools are a crucial component of youth suicide prevention. Teachers have unique access to and relationships with youth. They can provide guidance, empathy, accountability and reporting. We must equip teachers and school staff 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.

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 pediatrician members of the Oregon Pediatric Society can provide further details and answer any questions. Thank you for your time and consideration.