



Testimony in support of SB 48 – Suicide prevention CEU requirements

February 8, 2017

Dear Chair Gelser and Members of Senate Human Services Committee,

On behalf of the Association of Oregon Community Mental Health Programs (AOCMHP) I would like to express our strong support for SB 48, requiring health professionals to complete continuing education units (CEUs) related to suicide risk assessment, treatment and management. Given that suicide is the tenth leading cause of death for all age groups and the second leading cause of death for age groups 10-24 and 25-34 (CDC, 2016), we must engage in many different strategies to deter this tragic trend.

One key strategy is to require a minimum amount of continuing education to health professionals who regularly provide services for people who are at risk of suicide. Required training should be in suicide assessment, treatment, and risk management. While mental health professionals are key participants, we also support the inclusion of primary care providers, who prescribe 59% of all psychotropic drugs (Mark, Levit & Buck, 2009), in the requirement. Additionally, a majority (77%) of individuals who die by suicide have visited their primary care provider within the last year (Abed Faghri, Bosvert, & Faghri, 2010).

We have a lot of work to do in Oregon to curtail the disturbing number of suicides among our youth and in groups with increased risk for suicide (i.e., attempt and loss survivors, LGBTQ persons, Native Americans, older adult males, individuals in the Justice and Child Welfare systems, and Military members, veterans and their families). Requiring suicide prevention and treatment CEUs for health professionals is one concrete strategy to move our state toward a proactive policy to identify suicide warning signs and risk factors, preventing tragic consequences.

Thank you for the opportunity to provide testimony in support of SB 48.

Sincerely,

Cherryl L. Ramirez
Director, AOCMHP

Centers for Disease Control and Prevention, Office of Statistics and Programming. WISQARS Fatal Injury Data (2014).

Mark, T.L., Levit, K.R., & Buck, J.A. (2009). Datapoints: Psychotropic drug prescriptions by medical specialty. *Psychiatric Services*, 60: 1167.

Abed Faghri, N.M., Boisvert, C.M., & Faghri, S. (2010). Understanding the expanding role of primary care physicians to primary psychiatric care physicians: Enhancing the assessment and treatment of psychiatric conditions. *Mental Health in Family Medicine*, 7(1), 17-25.