

**HB 3139 Youth
Focus Group
Findings**

This PowerPoint

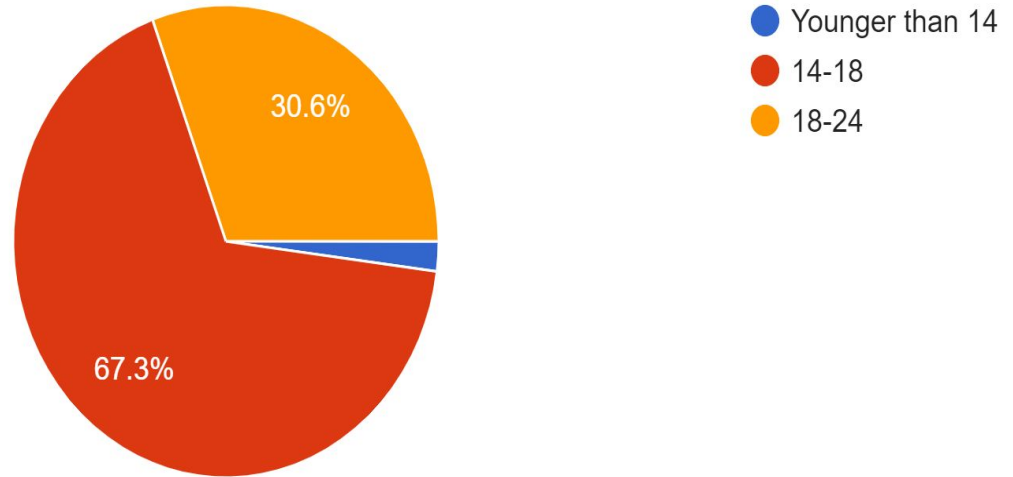
- Has overall themes pulled from what youth shared
 - Some are word-for-word
 - Others are combined and summarized if multiple youth said the same thing
- Has the exact answers from youth copy / pasted

Attendees

31 Participants out of 52 registrants.
Folks let me know they couldn't attend in advance.

Meetings offered at varying days / times during the week

*One 13-year-old signed up at the request of her mom



Format of Meeting

Time	Topic	Additional Details
15 minutes	Welcome, Purpose of Meeting, Gift Card Reminder, Overview of Think Tank, Ice Breaker	If you could be any kind of potato, what kind would you be?
5 minutes	Bill summary, Group Word Cloud	What (if anything) about this bill do you like? What are your concerns? PollEv.com/jfraga000 OR Text JFraga000 to 22333
10 minutes	Group discussion / Jamboard	Pros and Cons of HB 3139 Jamboard Here
5 minutes	Individual Brainstorming	If you could design your own safety plan, who would you list? How would you want them to support you during your crisis?
5 minutes	Share out Brainstorm	
5 minute break		
10 minutes	Grounding Exercise, Safe Messaging Reminder, Group discussion	If you were in a situation where you were having thought of suicide, would you feel safe talking to your counselor knowing that this bill exists? If no , what would be some concerns you would have in talking to your counselor?
10 minutes	Jamboard	What do you think would be important for providers to know? Jamboard Here
10 minutes	Jamboard	What do you think would be important for parents to know? Jamboard Here
10 minutes	Roundtable	
5 minutes	Closing Exercise, thank participants	

Overall Themes

- Concerns about therapists being untrained in suicidality
 - Knowledge of active and passive suicidality
 - Least restrictive treatment
 - How they screen for suicidality, CSSR-S or other tool
 - All providers, including school counselors, need annual training in suicide assessment, treatment, and management. A one time training doesn't work; the field of suicidality is evolving as we learn more about what works and what doesn't
- It's good to have parents involved when *clinically appropriate and safe*
 - Not just when but how to involve parents
 - Always tell youth when you're going to involve parents
 - Include youth in the process when safe
- Safety planning process - the importance of this and how often it's not done correctly
- Making sure youth are aware of this requirement, informed consent
- Foster care youth adds another level of nuance that needs to be delved deeper into for better guidance for therapists working with this population
- This seems to center around the nuclear family makeup but many families don't follow this structure, the language around trusted adult needs to be clarified

Initial Concern

If this already passed, why are you talking to us now? Shouldn't we have been involved in the process before it went to legislators and during the legislative session?

Initial Responses to the Bill

Seems important to have in place with the given exceptions

Seems to provoke good change

The exceptions to the bill are good and in the child's best interest for safety and privacy

Needs more clarification

Reassuring to hear of a safety plan with TRUSTED adults

Built on good intentions but there are some important things that weren't addressed

Nice to know they don't have to tell parents - that's my biggest fear with talking to a therapist is them talking to my parents about my issues

It would be nice if parents get involved and help their child

Seems like a poorly thought out way to take advantage of minors' privacy without their consent but the reasoning behind it is solid

Depends on the family whether or not the parents will be a good or bad thing

I'm glad that parents will be involved. Parents can have a big impact on the family.

Your trusted adult isn't always your parents - it can actually make things worse if parents don't take it seriously or on the other hand turn into helicopter parents that monitor everything.

Initial Responses to the Bill

I'm concerned as to how much we are taking the best interest of the child because personally my parents took little engagement

I think this is a good start to crisis help and suicide prevention which are two tricky circumstances to help in. I think this will help resources have better guidelines and come up with different ways to help youth. I hope there will be more growth from here

I think it's great

It's poorly thought out. The lack of legislation about emancipated minors and foster children is worrying to say the least. I've been through the mental health system and spent time in mental facilities, abusive parents are a MASSIVE concern

I think it's very good

It has really great potential to decrease death by suicide in this age group as long as it is used consistently across providers

Everything said is a great idea however having people trained on how to screen for suicide and take the correct actions to help the person successfully would definitely be something that I would like to see here. I also don't entirely agree with it being up to the decision of the doctor/therapist due to the fact that some people have different opinions and views of what is more or less dangerous, so I think a written scale with clear guidelines would be helpful

I personally don't let my parents be involved in my therapy

I like the idea of this bill, especially how it gives providers more leeway in who they inform in the event of imminent threat. However, there should be a standardized measure that providers use

It's a very fine line to balance the risk of suicide and having a trusting relationship with a counselor

Initial Responses to the Bill

I like how youth friendly the explanation of the bill info was

Excited for safety plan impacts

Concerned that providers will misinterpret the bill and think they are obligated to tell parents regardless of the safety of the underage patient

Concern about people who don't function on the nuclear family system which is mostly POC. Legal guardians aren't always who matter in those situations

Concerned about abusive parents

In all honesty I agree but also have mixed feelings. I feel that youth will most likely not speak truthfully about how they feel. This would mislead therapists about their patients

I think it sounds good. The biggest part was making sure there are exceptions like if you feel the youth is at risk in the home. I agree that most youth probably don't know about that and people may not speak freely with those rules in place

I like the bill but I feel like we need to make sure it is equitable especially when looking in marginalized communities to ensure they are able to get treatment if information is disclosed to their parents

How are youth supposed to know about the bill once it's in place? All of this information is meant for the youth but the majority don't know about it

When does it make sense to break confidentiality?

- There is no one answer to use across the board with all clients - it needs to be individualized
 - Easier to assess when know the youth better - be direct and specifically ask youth if they are feeling suicidal
 - MOST fundamentally you need to ask in the first two to three sessions about who are safe people in your life
 - It is not always going to be parents – but could be a brother or friend. But there should be designated safe people that can be included or informed if there is a risk. It may be that a lot of the issues actually stem from the relationship with the parents related to sexuality, gender identity or ideology
 - Suggest previewing with the client what would happen if they ever made a report – so it would feel more predictable and understand that just saying your suicidal doesn't mean you'll immediately be taken away to a hospital
 - Have conversations before, during, and after a disclosure

Pros of HB 3139

How do you think this helps youth ages 14-17?

It depends on the circumstances with the minor in order to build an effective safety plan all details about home life school life etc need to be talked about

Parents not having to be involved, might help kids reach out for help more

It would allow the Therapist to do more if they believe their patient is in need of support

It could be helpful in those few cases where minors aren't open with their parents about their emotions but are suicidal (assuming the parents are not a reason behind this, etc)

It's a good start to help start the discussion of suicide and make teens more comfortable speaking up

Could help teens get further help by potentially giving them more support people since the guardians are made aware

Adults have had more life experience can help people who are having these thoughts. Having a stable relationship with your parents is really nice.

It benefits parents who wish to control their children and know the intimate thoughts which are shared in therapy.

Allows youth to feel safe disclosing information without fear of parents opinions. Also having safe guards in place so that youth in abusive homes aren't reported is super important.

is another avenue for parents to better understand the issues their child is experiencing

I think stability is different than having a good enough connection to talk about your emotions to this extent

school counselors build more rapport with students and the student may be more open sharing their SI

Is perhaps a step in the right direction in regard to informed consent when it comes to treating a minor

I think it will help people who have a good bond with their parents, and people with stable especially emotional stable environments

Increase provider discretion in mandatory reporting

I like how it differs from mandatory reporting

Can help youth who have good relationships with their parents get help; trusted adults get involved.

Having that layer of confidentiality if the child is possibly at risk

allow parents to be involved with their child's mental health treatment

less fear of talking to a therapist, I know my friends have avoided talking to therapist for fear of being punished by their parents

That minors voices matters when it comes to their safety plan.

Pro: Getting minors more involved with Trusted adults and safety planning

It takes into account neglectful situations, making reaching out quote on quote easier

Can help youth to feel like they have someone to trust and ask for support

Trusted adults can help provide better support systems

It includes detoxing as well as in case of mental health crisis

better preparation and makes youth feel safer

closes gaps in crisis care; makes less holes for suicidal patients to fall through

Minors get to choose their trusted adult (right?)

Lays out the guidelines of reporting

Cons of HB 3139

What are some unintended consequences for youth ages 14-17?

<p>If the therapist did not know about abuse in the household, it could be dangerous</p>	<p>put youth at a higher risk</p>	<p>Also the youth would most likely not speak freely and push to the side their actual concerns in regards to their mental health</p>	<p>just because you SH does not mean its suicidal SH it could be to keep you alive</p>	<p>how do we decide if a parent would apply to the exception</p>	<p>Parents taking child out of treatment because they're afraid of stigma or are abusive or misunderstanding</p>	<p>fear of opening up due to parents finding out or getting involved</p>	<p>Counselor jumping on the "report to parents" train too early, before they've had the chance to understand their patient's situation, because legislation makes it seem so serious</p>	<p>The possibility of going to a facility prevents people from speaking out</p>
<p>keeps youth from seeking help</p>	<p>It doesn't include as many definitions as I would and many would to fluently use this bill for its intended purposes</p>	<p>I didn't a mention of eating disorder treatment/help for youth in crisis.</p>	<p>Triggering dangerous events in abusive households</p>	<p>parent can become angry with youth.</p>	<p>It doesn't state that when the providers consult with parents about a child mental health state and their worry towards that if the provider will let the child know</p>	<p>doesn't define neglectful</p>	<p>It doesn't seem like it didn't address everything or even a lot of things clearly</p>	<p>Youth aware of this bill could no longer talk about their ideation for fear of parental involvement</p>
<p>I wish that they would elaborate on detoxing (aa, support groups with same age ext.)</p>	<p>Lack of trust with therapists</p>	<p>last straw if reported</p>	<p>Just because parents are informed doesn't mean they will do anything let alone anything positive</p>	<p>I feel like the safety planning should be done with parent and child not just parent</p>	<p>Unclear guidelines, not too safe if parents are abusive</p>	<p>unclear on what the time frame should be for reporting</p>	<p>Might take it the wrong way.</p>	<p>The ease with which abusive parents are able to control their child's mental health treatment</p>
<p>if it's not explained properly it could cause a lot of confusion</p>	<p>I feel as though it will be misused more than used properly</p>	<p>Like you said I think a lot of social work people aren't trained in suicide prevention, so I think they will not follow the exception rules</p>	<p>Lack of standardized measure for suicide threat, lack of clear language on passive or active ideation</p>	<p>hospitalization could tip them over the edge</p>	<p>the bill doesn't help people who don't want help</p>	<p>also another thing is that sometimes putting a youth into a facility can actually further the feelings as their input is not asked for</p>	<p>Not all minors have trusted adults in their community, or have abusive or dangerous adults in their lives</p>	<p>unclear</p>
<p>It seems like there are a lot of gaps</p>	<p>Confidentiality would look different as parents would increasingly be involved</p>	<p>just because you have thoughts does not mean you have actions</p>	<p>That is a conflict in a nutshell as the communication between the 2 is different and the therapist may assume their status at times</p>	<p>It could prevent youth for seeking treatment at all, in fear they would say something to warrant needing parent intervention</p>	<p>If the report doesn't go to parents it goes to your guardian (case worker) and sometimes that ends you up in a worse situation/in a place where they make they accentuate them</p>	<p>The bill is centered around a nuclear ideology; that there is 1-2 people who are legally in charge of you. This doesn't work for many people, especially indigenous people</p>	<p>sent to crisis center sometimes and then hospitalized also sometimes and that can make a youth not talk</p>	<p>It seems like another way to break patient-provider confidentiality at the discretion of the provider.</p>

Cons of HB 3139

What are some unintended consequences for youth ages 14-17?

Needs a baseline for when parents need to be involved, like in my case no matter what I say I do not want my parents involved because it would only worsen my mental health.

It's up to the mental health professional when it is time to tell a guardian and that could be abused.

It's too subjective, guidelines aren't in place when they should be. Issues with clarification and consent.

The lack of effective safety planning for minors (like Anthony said) and the inability of most minors to trust therapists who go behind their back and tell parents things.

Sort of a confidentiality violation if parents are prone to sharing with others when the child wouldn't want them to

Chilling effect: youth too afraid to talk to mental health professionals for fear of parents finding out

Where does the line end? Does the therapist only share that the patient is at risk for suicide? Do they share details behind the risk? Do they answer questions the adults ask?

unclear instruction regarding if the provider deems when parent's involvement necessary.

a therapist talking about suicide in a positive / grandiose manner

High Level Safety Plan Themes

If you could design your own safety plan, who would you turn to and how would they help?

- Parents and partner – people I spend the most time with. They'd encourage me to leave the house and do activities, practice self care, and eat regular meals.
- Parents would not be on the plan. Therapists need to be prepared to have that part of the conversation
- Don't know. I shut down and don't talk to anybody when I am in crisis. I wouldn't turn to anyone.
- No law enforcement. Ever.
- Counselor/therapists
- Siblings
- Someone who is not a mandated reporter
- It would be cool if school-based health centers had mental healthcare available

Themes: every plan will be different and needs to give the person who is struggling autonomy. Any safety plan template needs to be flexible to truly tailor to the person who will be using it.

- Not everyone wants their parent on their safety plan for a variety of reasons which reinforces that every safety plan needs to be individualized and co-created with the person the plan is being made for
- Crisis hotlines were not part of safety plans, people wanted personal connections without judgement and with understanding, compassion

Specific Safety Plan Answers

If you could design your own safety plan, who would you turn to and how would they help?

- Parents and partner – people I spend the most time with. They'd encourage me to leave the house and do activities, practice self care, and eat regular meals.
- If I say no, check again once, but don't keep pushing
- Don't know. I shut down and don't talk to anybody when I am in crisis. I wouldn't turn to anyone.
- Friend and our usual activities. Being alone also helps me. Supporters would not pressure me into getting help or doing things.
- If I needed to talk to someone, my easiest resource would be a school counselor but they don't help with emotional things. I'd get a referral instead, but my school district resource is so backed up, my referral never came through before things shut down from COVID. Resources need to be available and actually helpful!
- It would be cool if school-based health centers had mental healthcare available (++ agrees)

Specific Safety Plan Answers

If you were having thoughts of suicide, would you feel comfortable talking to a therapist?

- Strong belief that school counselors are not well trained
 - School counselors suck, are not well trained and too many students per counselor
 - Rural school – School Counselors can be too familiar
- School based health centers are a better option, but not enough of them
 - They are the same place you get birth control and medical stuff, so that's weird
- Don't like trite phrases like "it gets better" or "hang in there" is not helpful
- Yes, but it is so hard to find a therapist right now and the intake paperwork is emotionally exhausting.
- I don't always have the right words to describe what I'm feeling so I'm worried that what I say might not be taken in the way I intend them.
- Bad experiences have left me with a lack of trust in counselors
- Need to think about systems youth may be involved with when considering their safety

What do you think would be important for providers to know? (Social workers, therapists, counselors, doctors, etc.)

who is in their support system is, if they have one.

Not everyone has supportive parents

Talking to patients before telling parents is crucial

if youth's response is immediately no and against telling, explore that

they need to understand self-harm behaviors and harm reduction

engaging parents - talk with youth first: how do you want to have this convo? it has to happen, etc. option of clt telling them or provider telling them. if it's not safe, make a safety plan for clt to go for the night where they can be safe

Group homes and foster homes are normally horrid and can end up making situations worse. Back round check homes and keep in contact with child

Group homes and foster homes are normally horrid and can end up making situations worse. Back round check homes and keep in contact with child

That every youth's needs vary from others and accomadations are expected to be considered

Not all people are the same

The difference between safe and neglectful

how is the conversation going to go, who is going to have that conversation

active vs. passive suicidal thoughts

Communication between provider and child are key, ask the child's needs, create reasonable goals with child, communicate when reaching out to parents

active vs. passive suicidal ideation

your past experience with this kind of thing (if any) so they know if you've had a bad experience before or a good one

It takes time, don't rush

consider minor's input (care should be individualized)

I didn't tell my therapist about my parents about abuse because of mandatory reporting. This bill is a huge oversight of cases such as this

how to implement these new procedures

also that there should be a variety/diverse collection of resources and therapy options are available

Knowing that mental health struggles are not always seen to the naked eyes

Suicidal thoughts does not equal suicidal actions

SI means there is a need that needs to be met. this is an opportunity to have a conversations with how your youth is and what is needed as support

PLEASE make sure to fully understand the patient's situation before reaching out to parents and COMMUNICATE with them

Who I Need

It is valid for the patient to be upset that you had to tell a guardian

safety planning, implementing, CALM

The history of the person specifically regarding mental health

Also that there needs to be proper communication between the provider and their patient about protocol

What my baseline is, and who my support group is

What do you think would be important for providers to know? (Social workers, therapists, counselors, doctors, etc.)

What my baseline is, and who my support group is

sometimes you don't want people to spend time worrying about you

This can infringe upon our trust with healthcare providers

Being cautious of not telling parents too quickly out of fear

Make me feel safe

This does not mean it is right to tell parents you may be this patient's only 'safe' person to talk to. Minors are still people, and are still worthy of protecting

Know what suicidal ideation is and understand.

Not all parents are safe / trusted adults for a minor

If clients are hesitant to disclose abuse to therapists due to mandatory reporting, who's to say that the therapist would even be aware of abuse to begin with?

Laws can't be one size fits all

It's important to understand the scope and consequences of this law BEFORE you encounter this situation

My parents are abusive. My extended family is not

Just because a patient hasn't disclosed parental abuse after a solid amount of time in treatment, doesn't mean it's not happening

Just because a youth hasn't disclosed abuse it doesn't mean it's not going on so that could be dangerous so I think that should be clarified

That ideation is extremely individual to the person and that there is a big difference between passive and active ideation

We also don't always recognize abuse or neglect especially at a young age

Telling parents can damage client / provider rapport

Telling parents the situation is not worth ruining/ending your relationship with the patient

Indigenous families do not have mom and dad as their sole guardians. Little mothers, little fathers, and grandmothers still play a large role, often larger than the legal parents

how to interact with people that have thoughts of suicide

How much this affects our privacy

You may be acting within the confines of the law, but be prepared to hear about clients leaving due to this bill, be prepared to have parents pull clients because you tell them

Not every situation is the same. Not every treatment protocol works for everyone.

Next Steps

- Create materials for youth by youth about this requirement
 - Explain purpose and key points
 - “How to self-advocate when it comes to your treatment”
 - What to ask for when it comes to a safety plan
 - Many youth talk about how they don’t know how to describe what they are feeling so give ideas for how to start these conversations

Questions?

Jenn Fraga

jfraga@aocmhp.org