

Youth Mental Health

Updates effective 01/01/2022

WRITTEN BY THE OREGON ALLIANCE TO PREVENT SUICIDE WITH
INPUT FROM YOUTH AGES 14-17 ACROSS OREGON

**CONTENT WARNING: INFORMATION DISCUSSES SUICIDAL
IDEATION, SUICIDALITY, WORKING WITH THERAPISTS / PARENTS
AROUND YOUTH SUICIDAL IDEATION, AND ABUSE / NEGLECT**



DISCLAIMER:

**THIS DOCUMENT IS NOT MEANT TO SERVE AS LEGAL ADVICE BUT TO
ANSWER QUESTIONS ABOUT THE LAW THAT WERE ASKED BY YOUTH.**

Table of Contents

Page 2 One pager / summary of information

Page 2: Mental health care for youth ages 14-17 about HB 3139

Page 3: What if there is a safety concern if the parent or guardian were to be involved or notified?

Page 3: What does "reasonably believe" mean?

Page 4: What does it mean to have "imminent risk"?

Page 4: What does it mean to "disclose relevant information"?

Page 5: Who does this [HB 3139] specifically impact?

Page 5: Who is a mental health provider?

Page 6: How can I talk about my concerns with a Mental Health Provider?

Page 7: What should I know about Safety Plans and the Safety Planning Process?

Page 8: How can I talk with my parent(s), guardian(s), or trusted adult(s) about any thoughts of suicide I'm having?

Page 9: Are there any resources for my parents I could share with them?

Page 9: Are there resources for me?

Youth Mental Health

Updates effective 01/01/2022



Mental Health for 14-17-year-olds

In Oregon, youth are able to make decisions about their mental health in an outpatient setting without parental consent starting at 14-years-old. While youth can access mental health services without parental consent, in most cases providers have to engage the youth's adult(s) before the end of treatment.



Imminent Risk of a Suicide Attempt

While they can engage in these services without parental consent, providers are required to notify others when there is imminent risk of a suicide attempt to help keep the youth safe.



Who they can Notify

When a provider is concerned about an imminent suicide attempt, they can contact individuals the provider believes may be able to prevent or lessen the risk of a suicide attempt including a parent, guardian, or a trusted adult of the youth.

When they are not required to share

Providers don't have to share with a parent when: The youth has been or may be abused or neglected or the parent has subjected them to domestic violence; If disclosure of the information to the parent could endanger the youth; and when it's determined that it's not in the minor's best interest to disclose the information to the parent.



Mental Health for youth ages 14-17

In Oregon, youth are able to make decisions about their mental health in an outpatient setting without parental consent starting at 14-years-old.

While youth can engage mental health services without parental consent, Mental Health Providers have always been required to notify the appropriate people when there is imminent risk of a suicide attempt. When there is imminent risk, notifications need to be made and a safety plan should be created.



During the 2021 Oregon Legislative Session, House Bill 3139 (HB 3139) successfully passed into law. This doesn't change existing rules but reinforces what providers should do in the case of imminent suicide risk of a 14 to 17-year-old.

This legislation says:

Providers may involve the parent(s), legal guardian, or trusted adult of a minor in their treatment when the provider believes the minor needs inpatient treatment or detoxification in a residential or acute care facility.

If the provider does not think the minor needs inpatient treatment BUT believes that the minor is at serious and imminent risk of a suicide attempt:

The provider shall disclose relevant information about the minor and engage in safety planning with the minor's parent(s), legal guardian, or other individuals the provider believes may be able to prevent or lessen the risk of a suicide attempt.

The provider may also disclose relevant information about minor's treatment to organizations like schools and social service entities that will support the minor.

What if there is a safety concern if the parent or guardian were to be involved or notified?

HB 3139 provided some exceptions to this requirement which means that a behavioral health provider is not required to share this information if they reasonably believe any of the following:

1. The parent or guardian has abused or neglected or may abuse or neglect the minor or has subjected them to domestic violence;
2. Disclosure of the minor's information to the parent or guardian could endanger the minor; or
3. Determines it is not in the minor's best interest to disclose the information to the individual (parent or guardian)

A decorative graphic consisting of several small, colorful rectangular pieces (confetti) in shades of pink, orange, and light blue, scattered across the page.

What does "reasonably believe" mean?

This not a complete list but is meant to show examples.

Examples of what it could mean to reasonably believe include:

1. The Mental Health Provider thinks abuse is occurring in the home due to what information is shared by the minor during therapy
2. The minor specifically shares with their Mental Health Provider that there they are experiencing abuse by their parent or guardian
3. The Mental Health Provider sees signs of abuse or neglect on the minor during therapy
4. The Mental Health Provider has read previous treatment notes for the minor that reports abuse

What does it mean to have "imminent risk"?

When someone is at an imminent risk of attempting suicide, they are having more than thoughts of suicide and desires to die. Imminent means, "about to happen" which means an imminent suicide risk means that a suicide attempt is about to happen.

An example is that a person has the desire to die, a plan to attempt, and access to their identified means to attempt. Imminent risk puts someone in a very high risk category and mental health providers will need to take action to protect the person at risk. Mental health providers are required by law to use least restrictive means and treat clients in the least restrictive setting. An example of this: if it is safe to send the person home, the person can engage in safety planning, and they can engage in treatment at home, then they go home.

What does it mean to "disclose relevant information"?

Mental health providers should not share every part of your treatment with your parent(s), legal guardian, or trusted adult when including them in your safety planning. Relevant information means sharing whatever is directly connected to your current imminent risk of suicide.


Examples include, but are not limited to: history of suicide attempts, the plan to attempt, identified means to attempt, how to keep you safe, safety plan measures to take, and any crisis supports that can be utilized if needed.

Who does this specifically impact?

Youth ages 14-17 are allowed to make decisions regarding their mental health without parental permission. This means that, when there are no safety concerns present, a provider and the youth should talk about how to include the parent(s) or legal guardian(s) in youth's treatment. Sometimes, youth might be asked to sign a release of information, also called an ROI.

When there is an imminent risk of a suicide attempt, mental health providers are allowed to involve adults in the minor's life for safety considerations **WITHOUT** youth's permission.

Mental Health Providers should still inform youth of their decision to include a parent, guardian, or trusted adult of the imminent risk before doing so.

A cluster of colorful confetti pieces in shades of pink, orange, and light blue is scattered on the left side of the page.

Who exactly is a mental health provider?

Currently, the following professions are listed in Oregon law under the umbrella of a **Mental Health Provider**:

- A Physician,
- Physician Assistant,
- Psychologist,
- Nurse Practitioner,
- Clinical Social Worker,
- Professional Counselor,
- Marriage and Family Therapist,
- Naturopathic Physician,
- Community Mental Health Programs

How can I talk about my concerns with a Mental Health Provider?

This not a complete list but is meant to show examples.

1. When you feel safe with your Mental Health Provider, talk with them about any suicidal ideation you experience, if any. It is important for them to know if you have these thoughts on a regular basis so they know where your baseline is. If they know where your baseline is, they will know when and if you have a crisis in the future.
2. Ask what their policy and / or practice is around safety planning and crisis response. Does their organization require them to do certain things when there is a risk for a suicide attempt?
3. What do your natural supports look like? Friends, teachers, coaches, pastor, siblings, cousins, etc.
4. Talk with them about who your trusted adults are. If it is not safe for parent(s) or guardian(s) to be involved in your treatment, what adult in your life could be included if the need arose? If you can't think of one, ask your Mental Health Provider to help you think about this and problem solve around it.
5. If you are experiencing abuse or neglect at home, talk about this with your provider when you feel safe to do so. It is important to know that Mental Health Providers are Mandatory Reporters and have to report any type of abuse or neglect to Child Protective Services (CPS). Talk with your Mental Health Provider about any safety measures that you can take if a report does have to be made to CPS.

What should I know about Safety Plans and the Safety Planning Process?

This not a complete list but is meant to show examples.

1. Creating a Safety Plan should be a group effort. Your Mental Health Provider should not make one for you. At the very least, you and your Mental Health Provider should work on this together. The best and most thorough safety plans are created when the Mental Health Provider, minor, and key adults in the minor's life are included. Typically, this means whoever the minor lives with because they will need to know what safety precautions to take.
2. Safety Plans should be shared with key people in the minor's life, including places where the minor will spend a lot of their time. Examples include teachers and / or staff at school, and adults of the homes the minor will be staying at.
3. At the very least, Safety Plans should cover the following elements:
 - a. Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing.
 - b. Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity).
 - c. People and social settings that provide distraction and support.
 - d. People you can ask for help.
 - e. Professionals or agencies you can contact during a crisis.
 - f. How you can make your environment safe.
 - g. One thing you have to live for.

How can I talk with my parent(s), guardian(s), or trusted adult(s) about any thoughts of suicide I'm having?

This not a complete list but is meant to show examples.

It is important to note that talking with a parent, guardian, or even trusted adult about any suicidal thoughts you are having can be difficult for a variety of reasons.

The following ideas may make it easier for you when talking to them:

1. Bring a trusted friend or adult to the conversation.
2. Practice what you want to share with a safe support, like a Mental Health Provider, friend, teacher, family member, etc.
3. If you are currently in therapy or counseling, ask if your parent, guardian, or trusted adult can join you for a therapy session to talk with them.

It is also important to note that how your parent, guardian, or trusted adult responds to you sharing this is not your fault or responsibility. We can only be responsible for our reactions and feelings, not others.

When talking with your parent, guardian, or trusted adult, the following may be helpful:

1. Schedule a meeting in a time and place where you are comfortable and plan what you want to say beforehand.
2. Write a letter if you are not as comfortable with a conversation. A letter allows you to express exactly what you want to say without the pressure of an immediate response.
3. Explain to your parents that you are struggling and believe you would benefit from extra support.

Are there any resources for my parents I could share with them?

This not a complete list but is meant to show examples.

YES! Below are some resources you can share with your parent(s), guardian(s), or trusted adult.

- 1. Reach Out Oregon: A Support Team of Families and Friends, Parent-to-Parent - www.reachoutoregon.org OR call 833.732.2467**
- 2. Oregon Family Support Network - www.ofsn.org/**
- 3. American Foundation for Suicide Prevention - <https://afsp.org/teens-and-suicide-what-parents-should-know>**
- 4. 988 Suicide & Crisis Lifeline: Call 988**

Are there any resources for me?

This not a complete list but is meant to show examples.

YES! Below are just some resources you can use when you feel a crisis coming or during a crisis:

- 1. 988 Suicide & Crisis Lifeline: Call 988**
- 2. National Crisis Text Line: Text 'Oregon' to 741741**
- 3. National Suicide Prevention Lifeline: 1-800-273-TALK**
- 4. Lines for Life Youthline: Call 877-968-8484 OR Text 'teen2teen' to 839863 available from 4:00 PM - 10:00 PM PST**
- 5. Ayuda En Español: Llama a este numero 888-628-9454**
- 6. The Trevor Project for LGBTQ+ Youth: Call 866-488-7386 OR Text 'START' to 678-678**
- 7. For those with hearing loss, are hard of hearing or deaf: For TTY Users: Use your preferred relay service or dial 711 then 1-800-273-8255**