

STUDENTS

Continued from Page A1

people can get help," said junior Maria Tejada. "I don't see (information) anywhere until someone does something."

There are instantly-available resources for anyone seeking help for depression, suicidal thoughts, grief or other mental health issues. Lifeways, which provides mental health services to Hermiston and surrounding communities, has a 24/7 crisis line at 541-276-6207 or 866-343-4473. The National Suicide Prevention Lifeline is 1-800-273-8255 and suicideprevention-lifeline.org. The Oregon Youth Line can be accessed at 877-968-8491 or by texting "teen2teen" to 839863.

Not everyone knows about those resources, however. Fisher said she has primarily seen discussions about suicide prevention and mental health in health classes. Students have a few health classes throughout high school, but the students said they'd like to see those discussions become more pervasive.

"I feel that in some cases, people may be embarrassed to say they are struggling," Wells said. "We need to make it ok to go talk to someone, whether it's a small problem or a large one."

Similarly, students said they feel that the encouragement to talk, or "safe spaces," are mostly evident in reaction to a crisis.

"I find it only seems to happen when somebody passes," said sophomore Isabelle Rivera.

English teacher Tammy Fisher, in whose class Wells and Karyssa Fisher wrote the opinion pieces, said there are some opportunities to discuss mental health in school, but it largely depends on the class.

"In English class, sometimes it's a bit different," she said. "In lots of articles this year, we've read about teen stress on the rise, and as teachers this year, more than ever, we seem to be getting a clearer picture of the things teens are experiencing."

She said the staff also recently completed a training called "Character Strong," which encourages



Lifeways provides mental health services to Hermiston and other Eastern Oregon communities.

Staff photo by E.J. Harris

teachers to approach their relationships with students holistically, rather than just focusing on teaching for content.

In 2017, 17% of eighth graders and 18% high school juniors in Oregon reported considering suicide in the past 12 months in an Oregon Health Authority survey.

Wells said she would like to see a regular focus on mental health and suicide in the schools.

"Just acknowledging these kinds of issues would mean a lot to people in our school, too," said Karyssa Fisher.

Fisher said while there are posters all around the school advertising suicide hotlines, many are unlikely to ever utilize them.

"Many feel they're really impersonal," she said. "A lot of students find them really inaccessible in my experience."

"Which makes sense," Tejada said. "For something so personal, you wouldn't want to call if you can't even see them."

Many said they would like

to see more access to therapists — especially for people who are low-income.

"Money is a problem," said Tejada. "A lot of people can't afford it. So they don't have a chance to go and talk to a professional."

Tammy Fisher said even if that's not the case for a family, many students are afraid to even ask their parents if they can afford a visit to a therapist, or if they have insurance. "I think there are a lot of barriers, real or perceived," she said. "Maybe if there was more awareness about what's available."

"Normalizing asking for help," she said. "That's a step we're still really far away from as a society, not just at HHS."

Community resources

There are resources available in the community and statewide for people who are experiencing suicidal thoughts. Lifeways provides community mental health care for Hermiston and surrounding areas.

Often community members experiencing depression or suicidal thoughts end up having contact with other organizations first, however. Those organizations include nonprofits, schools, law enforcement and hospitals — all of which are being increasingly trained to handle situations where mental health is a factor.

Judi Gabriel, emergency department assistant manager for Good Shepherd Health Care System, said in an email that patients who arrive at the emergency room in a mental health crisis or after an overdose are evaluated as high, low and moderate risk to themselves and others and for their risk of "elopement" from the hospital.

High or moderate risk patients are placed in a safe room with someone to supervise them until a county-designated mental health provider arrives. The provider will meet with the patient and either find them inpatient treatment somewhere or draw up a safety agreement and discharge plan that

will include a "lay caregiver" such as a family member to help them stay safe until their follow-up appointment.

"At discharge, the patient will also be given a brochure that will have the appointment date and time," Gabriel said, noting it has not only crisis hotlines for suicide prevention but also resources for addictions, domestic violence, sexual assault and other things that can be contributing factors to a crisis.

In addition to its crisis hotline, Lifeways offers ongoing outpatient therapy, medicine management, skills training and peer services, according to licensed social worker and Umatilla executive director Micaela Cathey.

Cathey said when people have their basic needs met — housing, food, etc. — it can help head off a crisis and increase resiliency. Friends and family can also be alert for warning signs.

Those warning signs include a significant change in mood. Sometimes, Cathey said, going from depressed to happy can actually be a sign that the person has made up their mind. Rapid mood swings, becoming isolated, giving away prized possessions, erratic behavior and increased drug or alcohol use can also be signs something is seriously wrong.

If someone has a concern that a loved one or acquaintance is exhibiting such signs, they should contact a mental health professional or reach out to the person's support system for assistance.

For those who are experiencing suicidal thoughts or depression, there is hope. Treatment for depression is available, as are mental health professionals and support groups that can help people developing coping skills. Even among those who attempt suicide, a majority of survivors go on to lead long lives that do not end in suicide.

"No matter how low someone feels, there are resources to help," Cathey wrote. "You CAN overcome these feelings of depression and hopelessness. No matter what one might believe, people do care about you."

Hansell votes no on daylight saving bill

By ANTONIO SIERRA
STAFF WRITER

State Sen. Bill Hansell said he doesn't care if Oregon abolishes "springing forward" and "falling back" for the rest of time. He just wants the voters of Oregon to make the decision.

That's the reasoning the Athena Republican put behind his vote against Senate Bill 320, a bill that would make daylight saving time in Oregon permanent.

Hansell made clear that he was agnostic toward changing the biannual tradition of switching clocks an hour forward in the spring and an hour back in the fall.

"I don't care if it's daylight or standard," he said.

But when an amendment stripped language from the bill that would have referred the issue to a statewide election, Hansell decided to oppose it.

In an otherwise contentious legislative session, the bill enjoyed broad bipartisan support.

The chief sponsors of the bill were two Republicans and a Democrat, and when Hansell voted against SB 320, he was joined only by state Sens. Elizabeth Steiner Hayward, D-Portland, Betsy Johnson, D-Scappoose, and Alan Olsen, R-Canby.

If the bill becomes law, Oregon wouldn't "fall back" the first Sunday of each November and would stay in the daylight saving time period year-round. Most of Malheur County, which observes Mountain time

instead of Pacific time like the rest of the state, is exempted from the bill.

But the bill faces obstacles beyond the state legislative process.

Oregon's foray into permanent daylight saving time wouldn't begin until California and Washington pass laws that do the same.

Both states are well on their way: California voters approved a daylight saving measure last November and the Washington Legislature has already passed a bill through its house of representatives that would put the issue up for a vote in the next general election.

If all three states agree to permanent daylight saving time, the trio would also have to get federal approval from Congress.

That's not an automatic given that Florida is still waiting for congressional approval for a bill in 2018 that established a permanent daylight saving time.

But the quest to eliminate standard time — the "fall back" period from November to March — has some powerful, if unlikely, allies.

President Donald Trump tweeted on March 11 that permanent daylight saving time was "O.K with me!"

And Oregon Gov. Kate Brown, a Democrat, has also voiced support for the proposal.

Before the concept behind SB 320 goes before the governor's desk and possibly the president's, it will need to pass the Oregon House of Representatives.

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