

Gregory K. Klima  
306 West River Road N  
Elyria, OH 44035  
(440) 258-8498

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Mr. Dave Burke  
Chair, Health, Human Services and Medicaid Committee of The Ohio Senate

Dear Senator Burke:

My name is Gregory Klima and I am a resident of Elyria, Ohio. I am writing to provide written testimony in support of SB 126, specifically for the proposed language changes that will expand Ohio Revised Code 5122.04 to include children under age 14, who are now dying by suicide at double the rate they did a decade ago.

Suicide is now the leading cause of death among Ohioans ages 10 to 14 and the second leading cause of death among Ohioans ages 15 to 34. Alarming, the Ohio Department of Health reports that the suicide rate continues to climb within these age ranges. We can no longer stand by silently and allow this tragic situation to remain unaddressed.

The lack of availability of crisis services for young persons effected my own life in a significant way. I currently live with Bipolar Disorder Type II. I began to manifest symptoms of this disorder very early in my life and distinctly remember the confusion, pain, and angst that I experienced in connection with those symptoms. As a twelve-year-old, I contemplated ending my own life as a means of escaping from those uncomfortable feelings. I may not have had the clinical vocabulary to express what was happening to me, but I did talk with guidance counsellor at school about my inability to control my mood.

I informed the counselor that my family would not be supportive of any medical efforts to address my condition. My parents were Jehovah's Witnesses when I was a child and I was raised in that religion. At the time, the Jehovah's Witnesses did not believe in accessing psychiatric services through medical means and were firmly against the use of psychopharmacology. Instead of getting me the help I sought, the counselor instead alerted my parents about the things we discussed, and my parents chose to address my mental health issues with a faith-based approach. These efforts did not improve my symptoms or my condition.

My symptoms became more pronounced and I soon turned to cannabis and illegal street drugs as a way of alleviating my discomfort. This approach resulted in severe addiction issues which plague me for the following thirty years. I also believe that leaving my Bipolar Disorder untreated until late in my twenties greatly increased the severity of my disease and lengthened the time required for my recovery from both my substance abuse and mental health issues. I firmly believe that if I could have received an assessment from a doctor or clinician that professional may have been able to discuss my condition with my parents in a reasonable and

responsible manner and my parents may have chosen a different course of action to address my symptoms.

I strongly support the reasonable step of expanding Ohio Revised Code 5122.04 to allow for children younger than 14 who may be suicidal to receive a crisis risk assessment, even if parents are not immediately available to provide consent. The proposed update keeps the important language for youth ages 14 and older, and also allows for a crisis assessment for younger children when there is evidence that the child may be suicidal. The child's safety and well-being can be assessed by a professional while the professional continues to make a good-faith effort to connect with the parent or guardian.

We cannot wait to respond to a child in crisis. I truly believe that all Ohioans would agree that we must take all reasonable affirmative steps to try to stem this trend of younger people dying by suicide. The updates to the ORC affected by SB 126 are one small reasonable step that make it possible to save younger lives.

Thank you for considering my testimony today.

Gregory K. Klima