



June 9, 2025

Senate Health Committee
221st Legislature

Re: Concerning Senate bill 4050

Dear Senate Health Committee Members,

New Jersey Family Policy Center is a pro-family organization that is part of a vibrant national alliance of 40 state family policy councils across the nation that advances pro-family policy at our state capitols. We represent hundreds of churches in New Jersey and hundreds of thousands of New Jerseyans who believe thriving families are the building blocks of a prosperous society.

We urge you to vote NO on Senate bill 4050 unless amendments are made to require parental notification.

The New Jersey Family Policy Center opposes this bill based upon well-documented evidence that for teenagers facing mental health struggles and emotional disorders to have a successful outcome of treatment, more parental involvement is necessary - not less.

Senate bill 4050, Section 2 states:

(New section) An operator of the New Jersey Suicide Hopeline who receives and responds to a telephone call from a minor who is 16 years of age or older for counseling and support and the **operator identifies as at a high risk of committing suicide** shall place follow-up calls to the minor, as appropriate, **without the necessity of obtaining parental consent or authorization** pursuant to subsection b. of section 1 of P.L.1968, c.238 (C.9:17A-4).

We are deeply concerned about instances where parents are not notified that their child has been classified as 'high risk for committing suicide' by a suicide hotline operator. While a follow-up phone call to anyone who contacts a suicide hotline seems like common sense, it raises questions when the individual is a minor living with their parent, yet the law does not require notifying the parent. Clearly, if a 16-year-old has been identified as 'high risk for committing suicide', shouldn't the State prioritize notifying the parent, regardless of the minor's wishes? After all, the parent, as the person living with the child, would be the first line of defense in ensuring their safety—such as removing access to weapons in the home or medications that could pose a risk.

The State has a responsibility to check on someone who has called the New Jersey Suicide Hopeline to ensure public safety and to protect the life of the individual in crisis. We do not object to lowering the age to 16 for a follow-up phone call. However, the bill specifies that a follow-up phone call will be made without parental consent if the operator determines that the minor is at 'high risk of committing suicide.' In such cases, the minor has expressed an intent to harm themselves or others, warranting a breach of confidentiality laws due to the severe and immediate danger posed. **At a minimum, the bill should be amended to require parental notification each time a call is made.**

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The Society for the Prevention of Teen Suicide clearly states that suicide is more preventable when parents are involved in their child's life. Their website offers parents numerous resources to talk to their children about depression and suicide and how to be aware of the warning signs of suicide.

The National Institute of Mental Health, which is the lead federal agency for research on mental disorders, references a September 2022 study titled, *"Family-Based Intervention Lowers Long-Term Suicide Risk in Youth"* that found family-based intervention on suicide risk of youth has risk reduction benefits up to ten years later.

*"Evidence shows that interventions focused on improving family processes, such as improving conflict resolution and encouraging supportive parenting strategies, can reduce long-term suicide risk in youth—even if the intervention does not specifically target suicidal thoughts or behaviors."*¹

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Furthermore, the National Institute of Mental Health documents programs like the Family Check-Up (FCU) have shown success in reducing suicide risk by enhancing positive parental support and problem-solving skills. These approaches recognize that family-level factors play a crucial role in the development and prevention of self-injurious behaviors during adolescence.

In closing, the safety and well-being of our children must be a shared responsibility between parents, mental health professionals, and the community. **When a child is identified as being at high risk for suicide, parents—who are often the first line of defense—deserve to be notified so they can take immediate action to safeguard their child's life.** Ensuring parents are informed means empowering families to provide critical support, create a secure home environment, and work alongside mental health services.

By prioritizing parental notification, we honor the vital role families play in preventing tragedy and fostering healing. I urge you to consider the profound impact this can have on saving lives and protecting our future. Thank you for your time and commitment to this important issue.

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The State has a responsibility to check on someone who has called the New Jersey Suicide Hopeline to ensure public safety and to protect the life of the individual in crisis. We do not object to lowering the age to 16 for a follow-up phone call. However, the bill specifies that a follow-up phone call will be made without parental consent if the operator determines that the minor is at 'high risk of committing suicide.' In such cases, the minor has expressed an intent to harm themselves or others, warranting a breach of confidentiality laws due to the severe and immediate danger posed. **At a minimum, the bill should be amended to require parental notification each time a call is made.**

1977 N. Olden Avenue, Suite 241, Trenton, NJ 08618
NJFPC.org • info@NJFPC.org • 908-561-2015

Our vision is a state where families thrive, life is cherished, and parental rights are protected – so that God is honored.

We strongly believe any effort to remove parents from the mental and emotional health care of their child does not prevent suicide; it puts more children at risk. Parents are the ones that can provide immediate and long-term support by paying attention to behavioral changes such as withdrawal, mood swings, changes in eating, sleeping, or academic performance. Since the suicide hotline operator cannot directly observe these red flags, it becomes crucial to inform and involve the parent to protect the child's life.

The Society for the Prevention of Teen Suicide clearly states that suicide is more preventable when parents are involved in their child's life. Their website offers parents numerous resources to talk to their children about depression and suicide and how to be aware of the warning signs of suicide.

The National Institute of Mental Health, which is the lead federal agency for research on mental disorders, references a September 2022 study titled, *"Family-Based Intervention Lowers Long-Term Suicide Risk in Youth"* that found family-based intervention on suicide risk of youth has risk reduction benefits up to ten years later.

*"Evidence shows that interventions focused on improving family processes, such as improving conflict resolution and encouraging supportive parenting strategies, can reduce long-term suicide risk in youth—even if the intervention does not specifically target suicidal thoughts or behaviors."*¹

The National Institute of Mental Health

Furthermore, the National Institute of Mental Health documents programs like the Family Check-Up (FCU) have shown success in reducing suicide risk by enhancing positive parental support and problem-solving skills. These approaches recognize that family-level factors play a crucial role in the development and prevention of self-injurious behaviors during adolescence.

In closing, the safety and well-being of our children must be a shared responsibility between parents, mental health professionals, and the community. **When a child is identified as being at high risk for suicide, parents—who are often the first line of defense—deserve to be notified so they can take immediate action to safeguard their child's life.** Ensuring parents are informed means empowering families to provide critical support, create a secure home environment, and work alongside mental health services.

By prioritizing parental notification, we honor the vital role families play in preventing tragedy and fostering healing. I urge you to consider the profound impact this can have on saving lives and protecting our future. Thank you for your time and commitment to this important issue.

We urge you to Vote NO on Senate bill 4050, unless amendments are made to require parents be notified each time a call is made.

Sincerely,



Shawn Hyland
Director of Advocacy

¹ <https://www.nimh.nih.gov/news/science-news/2022/family-based-intervention-lowers-long-term-suicide-risk-in-youth#:~:text=In%20a%20recent%20study%20supported,up%20to%2010%20years%20later.>



June 9, 2025

Senate Health Committee
221st Legislature

Re: Concerning Senate bill 4050

Dear Senate Health Committee Members,

New Jersey Family Policy Center is a pro-family organization that is part of a vibrant national alliance of 40 state family policy councils across the nation that advances pro-family policy at our state capitols. We represent hundreds of churches in New Jersey and hundreds of thousands of New Jerseyans who believe thriving families are the building blocks of a prosperous society.

We urge you to vote NO on Senate bill 4050 unless amendments are made to require parental notification.

The New Jersey Family Policy Center opposes this bill based upon well-documented evidence that for teenagers facing mental health struggles and emotional disorders to have a successful outcome of treatment, more parental involvement is necessary - not less.

Senate bill 4050, Section 2 states:

(New section) An operator of the New Jersey Suicide Hopeline who receives and responds to a telephone call from a minor who is 16 years of age or older for counseling and support and the **operator identifies as at a high risk of committing suicide** shall place follow-up calls to the minor, as appropriate, **without the necessity of obtaining parental consent or authorization** pursuant to subsection b. of section 1 of P.L.1968, c.238 (C.9:17A-4).

We are deeply concerned about instances where parents are not notified that their child has been classified as 'high risk for committing suicide' by a suicide hotline operator. While a follow-up phone call to anyone who contacts a suicide hotline seems like common sense, it raises questions when the individual is a minor living with their parent, yet the law does not require notifying the parent. Clearly, if a 16-year-old has been identified as 'high risk for committing suicide', shouldn't the State prioritize notifying the parent, regardless of the minor's wishes? After all, the parent, as the person living with the child, would be the first line of defense in ensuring their safety—such as removing access to weapons in the home or medications that could pose a risk.

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