

National Association of State Boards of Education

## → Developing Policy to Prevent Youth Suicide

By Megan Blanco

Between 2007 and 2017, the suicide rate among young people ages 10–24 increased by 56 percent, making it the second leading cause of death in the United States for this age group.<sup>1</sup> State boards of education must ensure that students have the supports, environments, and education necessary to thrive. To lay the foundation, these policymakers can collaborate on a model suicide prevention policy.

U.S. students face persistent pressures to juggle academics, social dynamics, and multiple responsibilities in addition to dealing with cyberbullying, social media, safety, and the availability of drugs and alcohol. As a result, many students may develop debilitating health conditions—anxiety, depression, sleep loss, substance use, and eating disorders—which can escalate to suicide ideation and attempts.

“While the causes of youth suicide are complex and determined by multiple factors, the goals of suicide prevention are simple: Reduce factors that increase the risk of suicide, and increase factors that promote resilience and encourage an effective community response to the risk,” according to the U.S. Department of Education.<sup>2</sup> State boards can play a key role. For example, the **Hawai'i State Board of Education** responded to its community needs by developing a working group to explore the policies and factors contributing to youth suicide.

### CROSS-SECTOR COLLABORATION

Because it is multifaceted, suicide prevention requires cross-sector collaboration between agencies in partnership with communities. In many states, the health department leads suicide prevention efforts. However, the education sector and health departments often miss the chance to connect on this shared priority. Consequently, generalized statewide prevention plans often provide only passing mentions of school-based populations and

contexts. Collaborating to create a targeted suicide prevention plan tailored to the unique needs of schools will better meet student needs and contribute to a broader whole child–focused policy agenda.

As the K-12 vision-setting body in their states, state boards should encourage collaboration between state entities by gathering community partners, contributing to goal setting for shared activities, monitoring implementation, and establishing a feedback loop between policymaker and policy implementer to shepherd continuous improvement.

### SUICIDE PREVENTION POLICIES

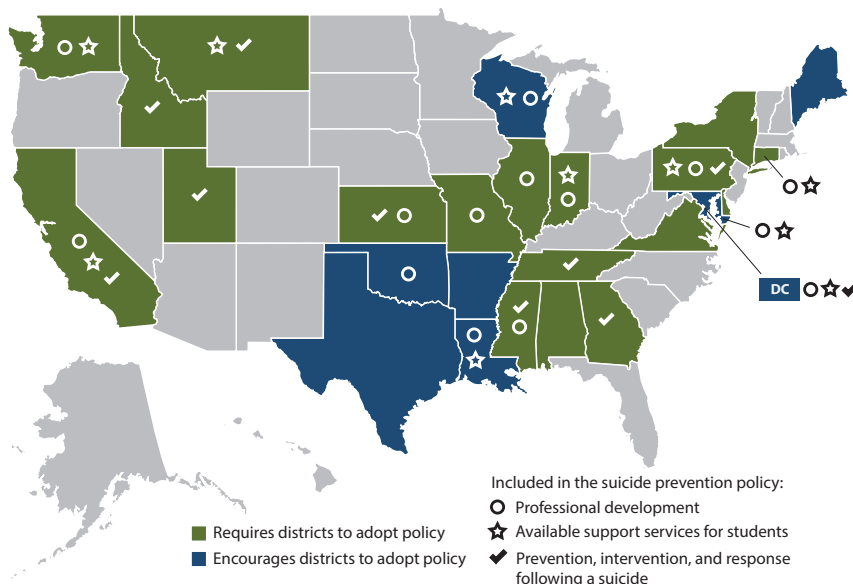
As of the 2017–18 school year, 25 states and the District of Columbia required or encouraged districts to adopt suicide prevention policies (figure 1), according to NASBE's State Policy Database on School Health. Of the 10 states with the highest youth suicide rates in the country,<sup>3</sup> only Kansas, Montana, and Utah have a suicide prevention policy in place at the state level.

State suicide prevention policies vary in how they direct or encourage districts. For example, eight states and the District of Columbia require their state education agency (SEA) to develop a model policy for optional adoption by districts.<sup>4</sup> Other SEAs offer a model policy, though law does not mandate they do so.

Louisiana, Utah, and Wisconsin instruct the SEA to work with one or more other state agencies to develop statewide suicide prevention policy. In Utah, the SEA must coordinate with the state health department and the state suicide prevention coordinator, a position mandated by state law. Meanwhile, California, Georgia, Mississippi, and Tennessee direct local education agencies to collaborate with community stakeholders, including mental health professionals, families, and educators, to develop local suicide prevention plans.

Five states make explicit reference to ensuring programming or services (e.g., counseling services) are available for families in addition to students and school staff,<sup>5</sup>

Figure 1. Suicide Prevention Policy by State, as of 2017–18



and the District of Columbia requires school staff to complete a youth behavioral health program every two years. Louisiana, Oklahoma, and Pennsylvania encourage classroom instruction on suicide awareness and prevention. States can support this instruction by shaping health education standards and offering research-based curricula guidance and sample instructional materials.<sup>6</sup>

## SURVEY DATA IN HAWAII

In November 2018, the Hawai'i state board's Student Achievement Committee reported on the results of the Youth Risk Behavior Survey, a statewide survey administered biannually to middle and high school students that garners information on student experience with bullying, mental health, suicide, and other wellness issues.<sup>7</sup> "What jumped out to us was the high statistic of students who had thought about suicide even in middle school," said Hawai'i State Board Chairperson Catherine Payne.

Spurred by the data, Payne established a working group to delve into the policies and system factors contributing to youth suicide in the state. Members include representatives from the SEA, health department, parents, pediatricians, school staff, and religious institutions. As the working group was taking shape, the Hawai'i state legislature passed Senate Bill 383, Act 270, in July 2019 requiring the SEA to develop a youth suicide awareness and prevention training program for all school personnel. The law contributed to the working group's momentum. "We can have a policy and have adults doing different things, checking boxes that they have done things, but we believe we need to take a deeper look. Suicide is not an issue in isolation," Payne said.

As such, the working group is examining other issues of health and wellness. "We need to have a policy that specifically speaks to youth suicide and ideation, but we must also address what leads up to it such as harassment, bullying, mental health," Payne said. "We must make connections within policy to break down silos." The working group plans to release a report detailing its findings and policy recommendations later this year.

## QUESTIONS TO ASK

State boards can help address youth suicide in their states by asking these questions:

- Does your state have a model youth suicide prevention policy specific to school settings, and can that policy be easily adapted to develop a local suicide prevention policy?
- Does your state offer recommendations on school staff professional development, medical services information for students and families, secure anonymous reporting systems (e.g., texting, online chat, or hotlines), suicide prevention curricula, and best practices for working with community stakeholders and partners?
- How are your state agencies collaborating to prevent youth suicide? How does this collaboration translate to supporting local education agencies with prevention, intervention, and response following a suicide?
- Is there a correlation between suicide rates and other variables (e.g., access to mental health services, school climate surveys, bullying rates, substance use prevalence)?
- Are there student subgroups with disproportionately high rates of suicide? If so, how can your state tailor resources and strategies to better support these students?

## RESOURCES

The American Foundation for Suicide Prevention, in partnership with other leading national organizations, has published a model policy for school districts with language, commentary, and resources to inform state suicide prevention policy.<sup>8</sup> The Suicide Prevention Resource Center, funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), provides a hub for research-based tools and recommendations, including a state infrastructure checklist, a six-step strategic planning guide, a suicide-response toolkit, and a regularly updated catalog of state success stories.<sup>9</sup>

State boards benefit from seeking knowledge and guidance of informed, trusted local experts through formal mechanisms such as a suicide prevention task force and community input during policy development, as modeled by the Hawai'i suicide prevention working group.

States can use funding under the U.S. Department of Education's flexible Student Support and Academic Enrichment Grant program, the U.S. Department of Justice's STOP School Violence Grant Program, and SAMHSA's

Garrett Lee Smith Grant Program to conduct suicide prevention activities in schools. State education policymakers should contact staff overseeing these and other grant programs in their state to determine if there is opportunity to partner and maximize efforts.

## CONCLUSION

State boards can address student wellness through myriad levers in partnership with their state education and health agencies, including updating health education standards, ensuring equitable access to health services and well-trained school health personnel, establishing crisis tip lines, refining antibullying policies, and educating and communicating with families. Developing research-informed suicide prevention policy grounded in sound implementation infrastructure pushes states one step closer to guaranteeing all students have safe, healthy, equitable learning environments. Most important, it saves lives.

*Megan Blanco is NASBE's director of safe and healthy schools.*

## NOTES

1 Sally C. Curtin and Melonie Heron, "Death Rates Due to Suicide and Homicide among Persons Aged 10–24: United States, 2000–2017," NCHS Data Brief (Hyattsville, MD: National Center for Health Statistics, 2019).

2 U.S. Department of Education, Office of Safe and Healthy Students, "Youth Suicide in the United States: A Factsheet for Schools" (Washington, DC, 2015), <https://www2.ed.gov/about/offices/list/oese/osh/oshasuicideprevfactsheet.docx>.

3 Arkansas, Colorado, Kansas, Montana, New Hampshire, New Mexico, North Dakota, South Dakota, Utah, and Wyoming. Centers for Disease Control and Prevention, "Wide-Ranging Online Data for Epidemiological Research," online database (Atlanta, N.d.), <https://wonder.cdc.gov/>.

4 Alabama, Arkansas, California, Illinois, Missouri, Pennsylvania, Utah, and Wisconsin.

5 California, Indiana, Louisiana, Maryland, and Utah.

6 State Policy Database, "Suicide Prevention Policy," web page (Alexandria, VA: NASBE), <https://statepolicies.nasbe.org>.

7 Hawai'i State Department of Education, Office of Curriculum Instruction and Design, Presentation on Youth Risk Behavior Survey and Hawai'i Youth Tobacco Survey Results for 2017, Honolulu, HI, 2018.

8 American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists, and The Trevor Project, "Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources (2nd Edition)" (New York: American Foundation for Suicide Prevention, 2019).

9 Resources are available at <https://www.sprc.org/>.