

March 16, 2021

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
Washington, DC 20515

The Honorable Frank Pallone
Chairman
House Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

The Honorable Cathy McMorris Rodgers
Ranking Member
House Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

Dear Speaker Pelosi, Minority Leader McCarthy, Chairman Pallone, and Ranking Member McMorris Rodgers:

On behalf of the undersigned Mental Health Liaison Groups (MHLG) member organizations, we express our strong support for Congressmen Scott Peters' (D-CA-52) and Gus Bilirakis' (R-FL-12) bipartisan H.R. 586, the Suicide Training and Awareness Nationally Delivered for Universal Prevention (STANDUP) Act, and urge the Committee to bring forth the legislation on suspension as was done in the 116th Congress. This legislation will expand student suicide awareness and prevention training for grades six through twelve.

Since 2010, suicide has been the second-leading cause of death for young Americans ages 10-24. Particularly disturbing is the number of suicides of children aged 10-14, which has nearly tripled since 2007.¹ From 2007 to 2015, the number of children and teens visiting the emergency room for suicide-related injuries doubled.² In 2017, 517 Americans aged 10-14 and 6,252 aged 15-24 died by suicide.³ A study by Trust for America's Health and Well Being Trust published in October 2019 found that adolescent suicide rates for young people ages 12-19 increased by 87% from 2007 to 2017.⁴

COVID-19 has only exacerbated our youth mental health and suicide crisis. Mental Health America's 2021 State of Mental Health Report showed youth ages 11-17 who accessed the screening were more likely than any other age group to score for moderate to severe symptoms of anxiety and depression, and 77,470 youth reported experiencing frequent suicidal ideations, with over one third identifying as LGBTQ+.⁵

As the youth suicide crisis has worsened over the past decade, certain communities have borne the brunt of this tragic escalation. Trust for America's Health and Well Being Trust report that suicide rates among American Indian and Alaskan Native adolescents (ages 15-19) are 60% higher than the national average for all teenagers.⁶ 48% of LGBTQ+ adolescents report considering or attempting suicide.⁷ Suicide and suicidal behaviors for Black youth suicide are also rising; Black boys (ages 5 to 12 years old) are twice as likely to die by suicide as compared to their white peers.⁸

Before suicides occur, there are often warning signs present. Research shows that 70% of those who die by suicide

¹ Ten Leading Causes of Death and Injury Charts, Center for Disease Control and Prevention. Available at <https://www.cdc.gov/injury/wisqars/LeadingCauses.html>

² Ashley Welch, ER visits for suicidal thoughts, attempts doubled among youth in recent years, study finds. CBS News, April 9, 2019. Available at <https://www.cbsnews.com/news/er-visits-for-suicidal-thoughts-attempts-doubled-among-youths-in-recent-years-studyfinds/>

³ Ibid (1)

⁴ Olson, G., De Biasi, A., Ilakkuvan, V., & Auerbach, J. (2019). Addressing a Crisis: Cross-Sector Strategies to Prevent Adolescent Substance Use and Suicide. Available at https://www.tfah.org/wp-content/uploads/2019/10/TFAH2019TeensPainRptFINAL10_24.pdf

⁵ Mental Health America. (2021). *The State Of Mental Health In America*. MHA. Retrieved from <https://mhanational.org/get-involved/download-2021-state-mental-health-america-report>

⁶ Ibid (5)

⁷ Ibid (5)

⁸ Bridge, J., Horowitz, L., Fontanella, C., Sheftall, A., Greenhouse, J., Kelleher, K., & Campo, J. (2018). Age-Related Racial Disparity in Suicide Rates Among US Youths From 2001 Through 2015. *JAMA Pediatrics*, 172(7), 697. doi: 10.1001/jamapediatrics.2018.0399

tell someone beforehand or give another warning sign.⁹ Given the high prevalence of warning signs, suicide awareness and prevention trainings may mitigate youth suicides. For example, a randomized control study found a 40% drop in suicide attempts in schools that implemented the Signs of Suicide Prevention Program.¹⁰ By educating and empowering students to recognize the signs of suicidal ideation in themselves and their peers, these trainings can help schools and adolescents within them identify at-risk individuals, connect them to care, and avert tragedy.

The STANDUP Act encourages more SEAs, TEAs, and LEAs to implement life-saving policies by conditioning the receipt of Substance Abuse and Mental Health Services Administration (SAMHSA) 520A discretionary grant Project AWARE on the grantee committing to create and implement student suicide awareness and prevention training policies within three years of award receipt. The legislation provides flexibility in implementing these policies while encouraging their broader adoption by setting minimum standards for the policies based on evidence-based standards. Additionally, in order to ensure grantees are adequately supported, SAMHSA is required to provide ongoing best practices, training, and technical assistance to local, state, or tribal education agencies implementing suicide awareness and prevention training policies.

We appreciate your commitment to keeping America's youth safe and expanding the use of policies that are proven to save lives. We urge the Committee and House Leadership to act quickly on H.R. 586 and bring the bill forward on suspension.

Sincerely,

American Art Therapy Association
American Association for Marriage and Family Therapy
American Association for Psychoanalysis in Clinical Social Work
American Association of Child and Adolescent Psychiatry
American Association of Suicidology
American Counseling Association
American Dance Therapy Association
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Mental Health Counselors Association
American Psychiatric Association
American Psychoanalytic Association
American Psychological Association
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Association for Behavioral Health and Wellness
Children and Adults with Attention-

Deficit/Hyperactivity Disorder
Clinical Social Work Association
Depression and Bipolar Support Alliance
Eating Disorders Coalition
Education Development Center
Families USA
Global Alliance for Behavioral Health and Social Justice
International OCD Foundation
The Jewish Federations of North America
The Kennedy Forum
Mental Health America
National Association for Rural Mental Health
National Association of County Behavioral Health & Development Disability Directors
National Alliance on Mental Illness
National Alliance to Advance Adolescent Health
National Association for Children's Behavioral Health
National Association of School Psychologists

⁹ Robins, E., Gassner, S., Kayes, J., Wilkinson, R.H., & Murphy, G.E. (1959). The communication of suicidal intent: A study of 134 consecutive cases of successful (completed) suicide. *Am J Psychiatry*, 115(8), 724-733.

¹⁰ Aseltine RH, Jr, DeMartino R. An outcome evaluation of the SOS suicide prevention program. *Am J Public Health* (2004) 94:446– 51.10.2105/AJPH.94.3.446

National Association of Social Workers
National Association of State Mental Health
Program Directors
National Board for Certified Counselors
National Eating Disorders Association
National Federation of Families
National Register of Health Service Psychologists
Postpartum Support International
Residential Eating Disorders Consortium
RI International
Sandy Hook Promise
SARDAA Schizophrenia and Related Disorders
Alliance of America
School Social Work Association of America
SMART RECOVERY
Treatment Communities of America
The Trevor Project
Well Being Trust