



**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICE  
ADMINISTRATION (SAMSHA)**

**ISSUE: POLICY DESCRIPTION: LACK OF SUICIDE PREVENTATION  
EDUCATION AND AWARENESS IN SCHOOLS NATIONWIDE**

**POLICY DESCRIPTION:** For young Americans, suicide is one of the top three causes of mortality and thus one of the most pressing public health issues. For LGBT young people, there is a disproportionately higher rate of suicide attempts and completions.

*Comprehensive Suicide Prevention Education for All Students Nationwide*

**Goal:** To reduce the mortality associated with suicide in young Americans through comprehensive preventative education—including addressing groups at additional risk for suicide attempts, namely LGBT youth

***Current law:***

There are no current laws that mandate suicide prevention education in schools nationwide. 19 states have adopted legislation regarding youth suicide prevention while 4 states—like California—have specifically mandated a school curriculum (Metha et al 1998).

***Policy Recommendations:***

The Department of Education (DEd) and the Department of Health and Human Services (DHHS) should engage in a joint effort to mandate minimum standards for curriculums addressing suicide prevention in all states. These curriculums should address warning signs, ways that young people can help each other, and information for groups—like LGBT young persons—who are at an increased risk for suicide. In the 19 states that have adopted youth suicide prevention curriculums, none specifically deal with the increased risk and specific risk factors for LGBT youth. This is especially concerning given that LGBT youth are 3 to 5 times more likely to report having made a suicide attempt before the age of 18 than their heterosexual siblings and peers (Balsam et al 2005). Transgender youth are at an even higher risk for suicide.



**RECOMMENDATION FOR CHANGE:** The DEd should 1) mandate at the federal level that all states provide comprehensive suicide prevention education to all high school age students; 2) provide a model curriculum for states to use should they not want to design their own; and 3) mandate that the curriculum meet certain minimum standards—including a discussion of LGBT persons and they reasons that they are at an increased risk. With a comprehensive and effective curriculum in place, there should be a marked decrease in younger suicide attempters; and with adequate attention to the special needs of LGBT students, we should see a decrease in the disproportionately high rates of suicide in LGBT young people.

**DESCRIBE THE PROCESS BY WHICH YOUR RECOMMENDATION CAN BE IMPLEMENTED:** The Substance Abuse and Mental Health Services Administration (SAMHSA) of the DHHS and the DEd's Safe and Drug-Free Schools and Communities Advisory Committee should be responsible for implementing this policy change. The Acting Director of the Office of Program Services at SAMHSA Elaine Parry and US Secretary of Education Margaret Spellings are the best people in their respective agencies to address the problem outlined here.

**GRANT AND CONTRACT REVIEW COMMITTEES:** Funds given to School Administrators and Educators to increase suicide prevention resources and grow programming for youth in schools