Indiana Suicide Prevention Statute 2018 Update

In 2018, the Indiana General Assembly updated the suicide prevention statutes via SEA230 Suicide Prevention to do the following:

- Changes language from "evidence" to "research" based training programs that are demonstrated to be effective or promising
    - *Rationale: Do not want to omit programs currently being used in Indiana that are promising programs but have not yet reached "evidence-based" status*
- Removes the national program registries of Suicide Prevention Resource Center (SPRC) and National Registry of Evidence-based Programs and Practices (NREPP) of the Substance Abuse and Mental Health Services Administration (SAMHSA)
    - *Rationale: SPRC requested to be removed from our statute and NREPP no longer exists within SAMHSA*
- Replaces SPRC and NREPP with the Indiana Suicide Prevention Network Advisory Council (ISPNAC) and references that they are the entity to work with the Division of Mental Health and Addiction and the Department of Education to determine what suicide prevention programs to recommend to schools and communities
    - *Rationale: ISPNAC is a state-wide entity comprised of stakeholders who work in the field of suicide prevention and intervention and have in-depth knowledge of programs and practices that are effective in addition to implementing those programs within their local communities*

HEA1430 Suicide Awareness and Prevention (2017)

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Senate Sponsor: Senator Randall Head

The following provisions are the result of over a year of research into best practices in suicide prevention, intervention, and postvention (after a suicide occurs) policies conducted by the Mental Health and Substance Abuse Task Force of the Commission on Improving the Status of Children and in partnership with other local and state organizations and coalitions addressing suicide prevention.

Required, On-going Teacher Training

After June 30, 2018, each school corporation, charter school and accredited nonpublic schools shall require teachers (including superintendents, principals, school counselors, school social workers, & school nurses) of students in grades 5-12 to participate in at least two hours of evidence-based youth suicide awareness and prevention training every three years. Schools may also require other employees as appropriate. Training may be done in-person or on-line and counts as professional development. Training must be evidence-based and schools may partner with any qualified local or state agency to administer the training.

State Suicide Prevention Coordinator

The Division of Mental Health and Addiction (DMHA) shall employ a State Suicide Prevention Coordinator who is responsible for ensuring that training, awareness, programming, and services are coordinated among the regional suicide prevention task forces and coalitions. The coordinator shall be a resource to professionals and the public on information, resources, and funding opportunities that exist to facilitate prevention and intervention activities.

Development of Training for Health Care Providers

The DMHA will develop and provide evidence-based training programs for health care providers, including mental and behavioral health providers, in suicide assessment, training, and management listed as approved by the Suicide Prevention Resource Center (SPRC) or the National Registry for Evidence-based Programs and Practices (NREPP). The suicide prevention coordinator will also study and make recommendations about what licensed medical professionals should be required to receive suicide prevention and assessment training and how to fund the training.

Training for Emergency Medical Professionals

Licensed emergency medical professionals are required to complete evidence-based training in suicide assessment, treatment, and management as approved by SPRC or NREPP.

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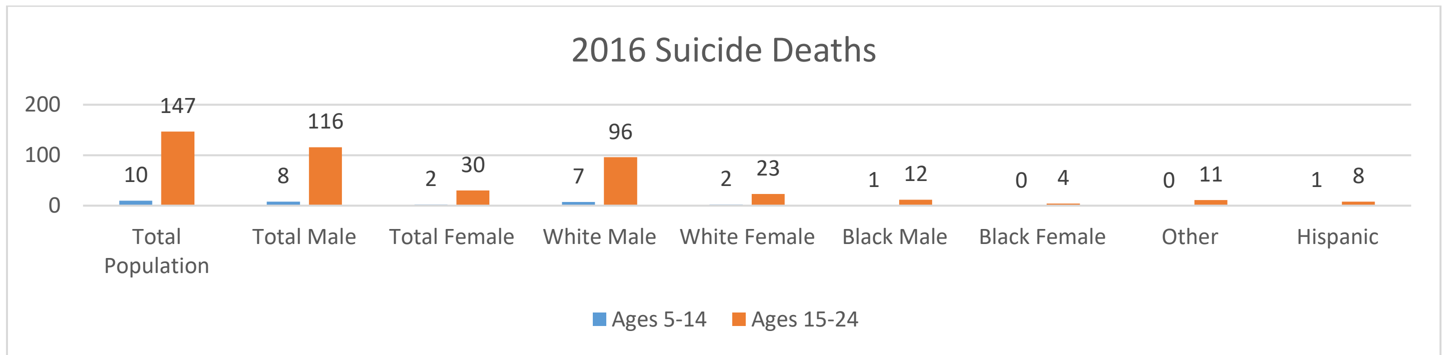
School Policies and Student Education
Schools shall develop and implement evidence-based policies and standards to prevent student suicide that include training and programming for staff and students, family involvement, partnerships with community mental health providers, and plans for intervention and postvention activities for students identified with suicide ideation or when a student dies by suicide.

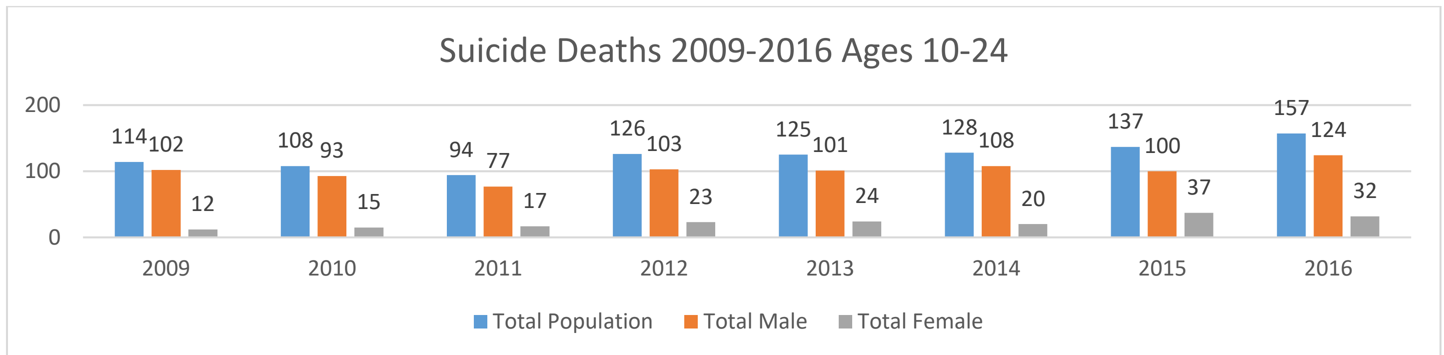
Public and Private Higher Education Institutions
Colleges and universities across Indiana should develop and implement policies to advise students and staff on suicide prevention programs available on and off campus that include access to information, resources, and services designed to provide a supportive learning environment for students. Crisis intervention and counseling services should be made available to all students and information about how to access those services should be communicated across the higher education institution's information platforms.

The full bill can be viewed at https://iga.in.gov/legislative/2017/bills/house/1430#document-6045e31d

Youth Deaths by Suicide in Indiana
In 2015, suicide was the **4th leading cause of death** for youth **under the age of 14** and suicide has been the **2nd leading cause of death** for **youth ages 15-24** in Indiana since 2009. According to the 2015 Youth Risk Behavior Survey, Indiana has the **4th highest rate** of youth who **seriously consider suicide** (20%) in the country and the **4th highest rate** of youth who **make a plan to attempt suicide** (17%). Hoosier youth are more likely than their peers nationally to attempt suicide or have been treated by a medical professional as a result of a suicide attempt in the past year. Indiana ranks 26th in its age-adjusted death rate for overall suicides. A snapshot of 2016 data from the Indiana State Department of Health (ISDH):



Data from 2009 to 2015 shows an upward trend with some fluctuations:



According to the *2017 Indiana Kids Count Data Book* published by the Indiana Youth Institute, one in 20 children have a behavior or conduct problem (5.3%), 4 percent have a problem with anxiety and 3.1 percent have experienced depression. Nearly 1 in 8 children over the age of 5 received treatment or counseling from a mental health professional in the last year (12%).

Sources:
2017 Kids Count Data Book, Indiana Youth Institute, https://s3.amazonaws.com/iyi-website/data-book/2017_Data-Book.pdf?mtime=20170227080137
Indiana State Department of Health, Indiana Mortality Report, State and County Data 2016. Published October 2017 http://www.in.gov/isdh/19096.htm

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