

SB506 Suicide Prevention Programming

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SB506 Suicide Prevention Programming is 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. The bill contains the following components:

State Suicide Prevention Coordinator

The Division of Mental Health and Addictions 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.

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 be aware of the heightened risk that the young adults on their campuses face for suicide. They 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.

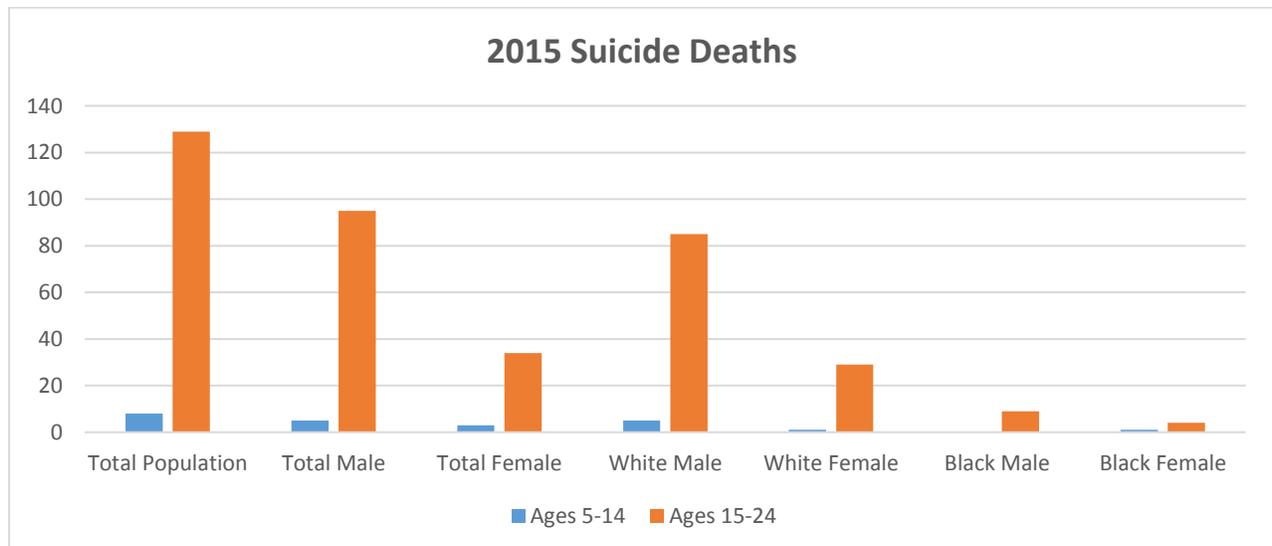
Medical and Behavioral Health Professional Training

Require all existing and newly licensed professionals to complete an evidence-based training program in suicide assessment, treatment, and management recommended by the Suicide Prevention Resource Center (SPRC) as part of their continuing education, continuing competency or certification, and recertification requirements.

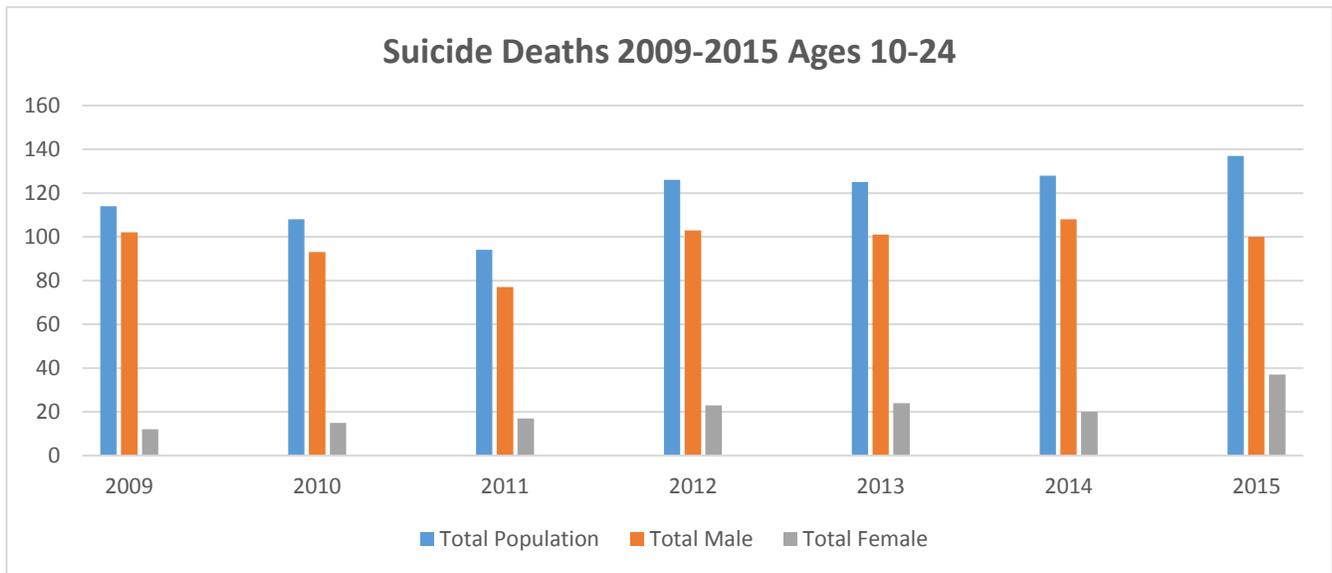
Youth Deaths by Suicide in Indiana

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. Indiana has the **highest rate** of youth who **contemplate suicide** (19%) in the country and the **2nd highest rate** of youth who **attempt suicide** (11%).

A snapshot of 2015 data from the Indiana State Department of Health (ISDH):

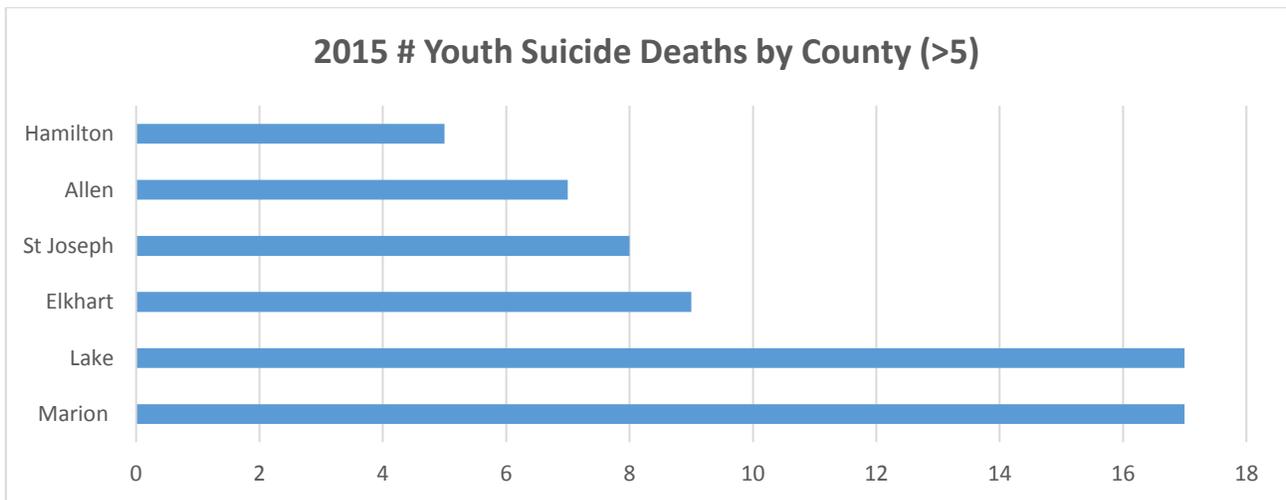


Data from 2009 to 2015 shows an upward trend with some fluctuations:



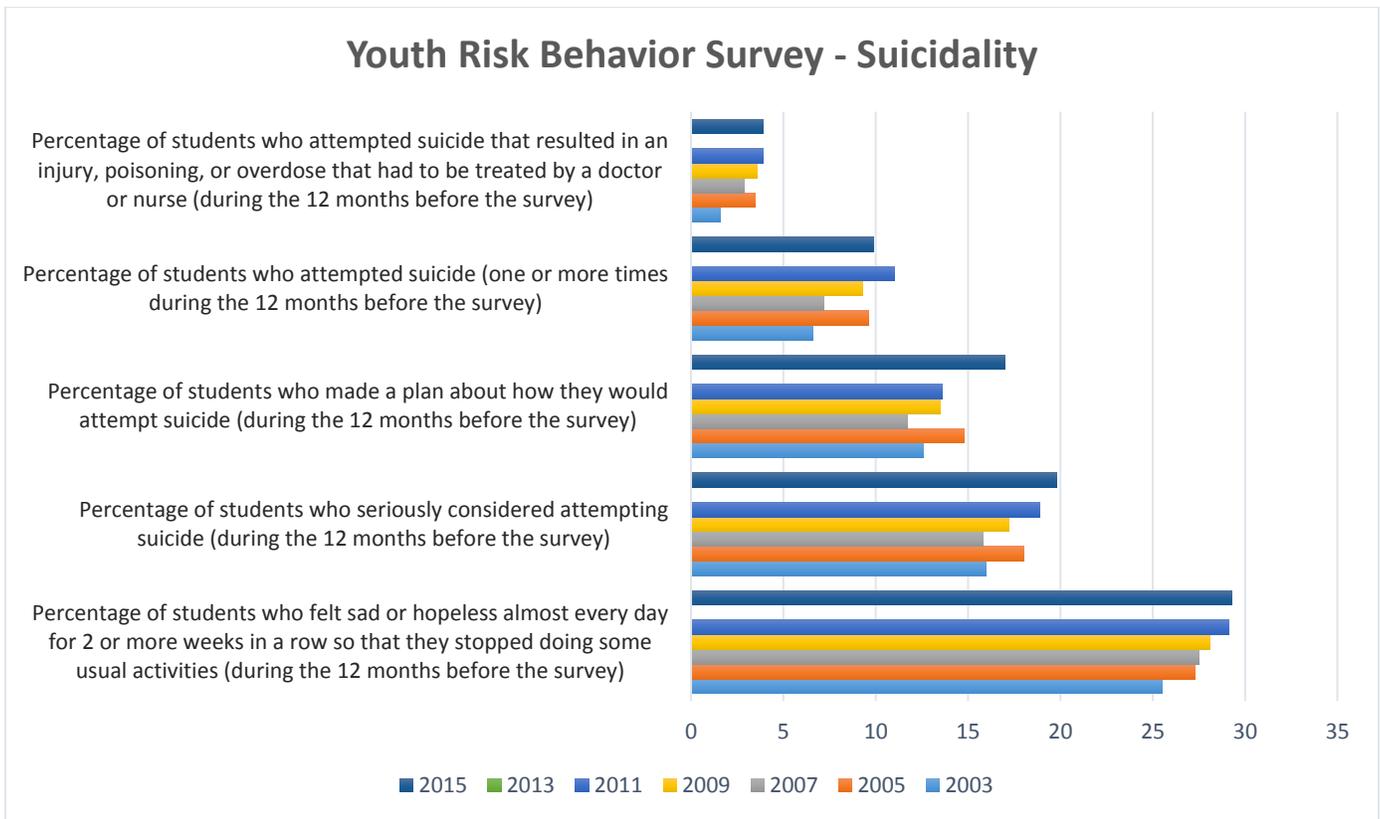
Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team.
 Indiana State Department of Health. Indiana Mortality Report, State and County Data 2015. Published December 2016
<http://www.in.gov/isdh/19096.htm>

The ISDH also reports that in 2015, 49 out of 92 Indiana counties (53%) had at least one young person die by suicide, which is up from 2014 which was at 48%, and the following counties had five or more suicides:



According to the 2016 Indiana Kids Count Data Book published by the Indiana Youth Institute, one in 20 children have a behavior or conduct problem (5.3%), four percent have a problem with anxiety and 3.1 percent have experienced depression. The 2015 Youth Risk Behavior Survey indicates that Hoosier youth are more likely than their peers nationally to have been treated by a medical professional as a result of a suicide attempt in the past year. One in six Indiana high school students have considered attempting suicide, and one in eight have made a plan for attempting suicide.

Results from the biennial Youth Risk Behavior Survey, administered by the Indiana State Department of Health (ISDH) and the Centers for Disease Control and Prevention (CDC) indicate upward trends in suicidal thoughts and attempts over the period of twelve years:



*2013 does not show any data as not enough schools/students participated to provide a reliable weighted sample

Understanding Suicide

According to *2011 Indiana State Suicide Prevention Plan*, suicide is a complex problem with many factors including biological, psychological, environmental, social and/or cultural at its root. Known risk factors for suicide include:

- Previous suicide attempt(s)
- History of depression or other mental illness
- Alcohol or drug abuse
- Family history of suicide or violence
- Financial or relationship losses
- Lack of social support
- Barriers to health and mental health care
- Physical illness
- Feeling alone
- Access to lethal suicide attempt methods

Protective factors also exist to help prevent a person from considering suicide including:

- Problem-solving & conflict resolution skills
- Strong family and community connections
- Access to effective clinical care for mental, physical, and substance use disorders
- Lack of access to lethal suicide attempt methods

For teenagers and young adults, thoughts of suicide may be precipitated by mental health problems such as anxiety or depression, or by life changes such as parental divorce or moving. Youth who are targets of bullying or who are struggling with understanding their sexual orientation or gender identity may also be at higher risk for considering suicide especially when these youth are concurrently feeling sad or hopeless. A child who is the victim of physical, sexual, or emotional abuse is at greater risk of attempting suicide.

Several barriers exist that can hinder effective suicide prevention methods. Barriers include stigma associated with mental illness, geographic barriers, insufficient numbers of qualified professionals, and a lack of awareness of community suicide prevention methods or how to provide help to individuals at risk. It is important to also consider that persons who need treatment for mental health issues may not be willing to seek treatment due to the perceived stigma from family and friends. Additionally, they may be unable to afford mental health treatment due to a lack of insurance coverage and/or because they may not live close enough to a mental health professional or facility.

The current statutes relating to suicide prevention include the Suicide Prevention law (SEA4) authored by State Senator Patricia Miller in 2011 and the Mental Health Matters law (HEA1269) authored by State Representative Ed Clere in 2015. SEA4 requires that all new teachers who apply for a license after July 1, 2013 be required to receive training in suicide prevention and awareness and HEA1269 requires that the State Department of Health's (ISDH) Division of Mental Health and Addiction (DMHA) create a Mental Health Matters training for teachers and other professionals and that schools may enter into Memoranda of Understanding (MOU) with local mental health providers or centers as treatment referral options for students. School corporations also have school safety specialists, school counselors and school social workers who can all be trained in suicide prevention, awareness, and postvention support for schools.

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