

November xx, 2019

The Honorable Lamar Alexander
Chairman
Committee on Health, Education, Labor, and
Pensions
United States Senate
455 Dirksen Office Building
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Committee on Health, Education, Labor, and
Pensions
United States Senate
154 Russell Senate Office Building
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray:

On behalf of the undersigned national organizations, we express our strong support for Senator Cory Gardner (R-CO) and Senator Doug Jones's (D-AL) bipartisan S. 2492, the Suicide Training and Awareness Nationally Delivered for Universal Prevention (STANDUP) Act. This legislation will help prevent suicides by encouraging local, state, and tribal education agencies to implement student suicide awareness and prevention training policies for grades six through twelve.

Since 2010, suicide has been the second-leading cause of death for young Americans ages 10-24, and the trend for children aged 10-14 is particularly disturbing, with the number having 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 completed suicide.³ A recent study by the Trust for America's Health and the Wellbeing Trust published in October 2019 found that adolescent suicide rates for young people ages 12-19 increased by 87% from 2007 to 2017.⁴

As the youth suicide crisis has worsened over the past decade, certain communities have borne the brunt of this tragic escalation. The Trust for America's Health and the Wellbeing Trust report that suicide rates among American Indian/Alaskan Native adolescents (ages 15-19) is 60 percent higher than the national average for all teenagers.⁵ Meanwhile, 48 percent of gay, lesbian, and bisexual adolescents report considering or attempting suicide.⁶

Before suicides occur, there are often warning signs present. Research has found that seventy percent of those who complete suicide tell someone beforehand or give another warning sign.⁷ Given the data on these warning signs, suicide awareness and prevention trainings can help prevent youth suicides. By educating and empowering students to recognize the signs of suicidal ideation in themselves and their peers, these trainings can help schools and the young people in them identify at-risk individuals and connect them to

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-study-finds/>

³ Ten Leading Causes of Death and Injury Charts, Center for Disease Control and Prevention. Available at <https://www.cdc.gov/injury/wisqars/LeadingCauses.html>

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 Ibid.

⁶ Ibid.

⁷ 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.

the care they need before a tragedy occurs. For example, a randomized control study found that there was a 40 percent drop in suicide attempts in schools that implemented the Signs of Suicide Prevention Program.⁸

The STANDUP Act encourages more SEAs, TEAs, and LEAs to implement these life-saving policies by conditioning the receipt of Substance Abuse and Mental Health Services Administration's (SAMHSA) 520A discretionary grants that are implemented within schools, including Project AWARE, on grant recipients committing to implement suicide awareness and prevention training policies for grades 6-12 within 3 years of award receipt. The legislation provides flexibility in implementing these policies while helping encourage their broader adoption by setting minimum standards for the policies, without requiring specific delivery methods or hours of training. Additionally, the legislation would create a listing of programs that can be used to fulfill these requirements, including programs that are available at no cost, and 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 under this legislation.

We appreciate your commitment to keeping America's youth safe and expanding the use of policies that are proven to save lives, and this legislation would do just that. We urge the Committee to act on S. 2492 and bring the bill forward for consideration.

Sincerely,

⁸ 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