Legislative EDucation Study Committee

Hearing Brief

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Youth Suicide Prevention

Suicide and suicidal behavior among youth is a growing public health crisis in New Mexico and the United States. The federal Centers for Disease Control (CDC) reported suicide is the second leading cause of death for youth and young adults (age 10-24 years). The CDC also reports in a 2023 briefing that from 2007 through 2021, suicide rates for people ages 10-24 increased by 62 percent. In 2021, 9 percent of high school students reported attempting suicide in the previous 12 months.

The Public Education Department (PED) reports the state leads the nation in suicide rates among youth between ages 10-17 years, with suicide being the second leading cause of death in New Mexico among that age group.

The American Academy of Pediatrics (AAP) notes that while the triggers for suicide are complex, it is also often preventable. Adults working with youth in school settings, families, and peers can play a critical role in identifying and supporting youth at risk for suicide.

Youth Suicide and Suicidal Behavior Is Increasing

Data shows suicidal ideation, suicide attempts, and suicide rates are increasing among youth. The New Mexico Youth Risk and Resiliency Survey (NM-YRRS) is a tool to assess the health risk behaviors and resiliency of New Mexico middle and high school students through a survey administered to a selection of schools in each school district in the fall of odd-numbered years. The NM-YRRS is part of the national CDC Youth Risk Behavior Surveillance system, allowing for comparisons between New Mexico and national data. The CDC released the most recent Youth Risk Behavior Survey Data Summary & Trends Report in 2023, which provides key trend data from 2011 to 2021.

The report shows nearly all indicators of poor mental health and suicidal behavior increased from 2011 to 2021. In 2021, 42 percent of high school students experienced feelings of sadness or hopelessness almost every day for at least two weeks in a row, with these feelings so persistent that they stopped doing their usual activities.

There was an increase in persistent feelings of sadness or hopelessness across every racial and ethnic group. However, the report notes that increases in suicidal behaviors were not evenly distributed. Lesbian, gay, bisexual, questioning, or another non-heterosexual identity (LGBQ+);

Key Takeaways

New Mexico has the highest suicide rate among youth 10-17 years old in the nation.
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Schools can play a key role in reducing suicide and suicidal behavior, in addition to other adolescent health risks, through the delivery of effective health education.
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The three levels of intervention for suicide prevention at school sites are skill building, resource building, and linking to appropriate services.
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State policy actions regarding suicide prevention generally center on health education, professional development for suicide prevention, and requiring the development of suicide prevention policies.
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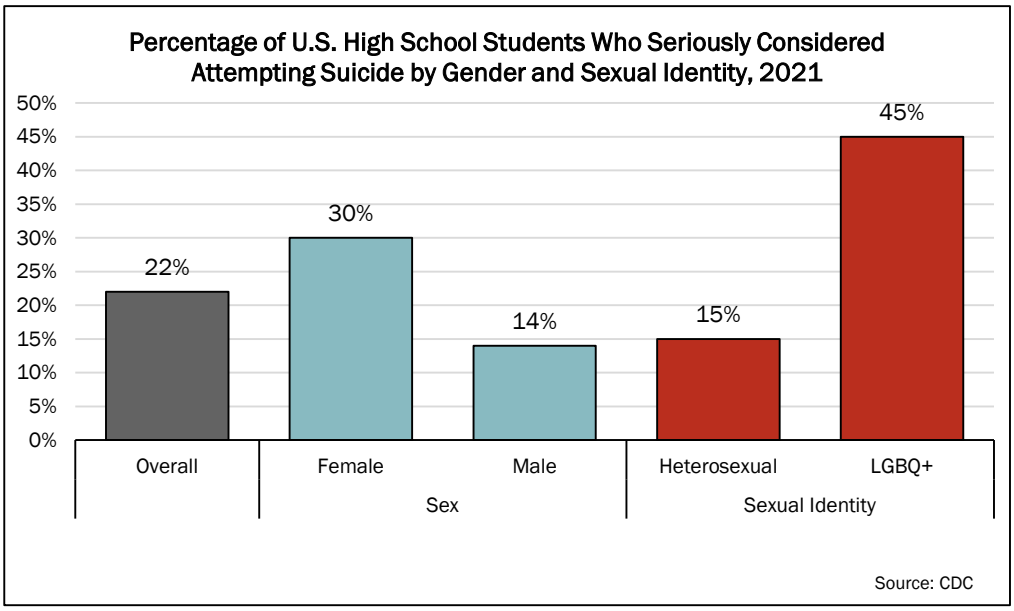
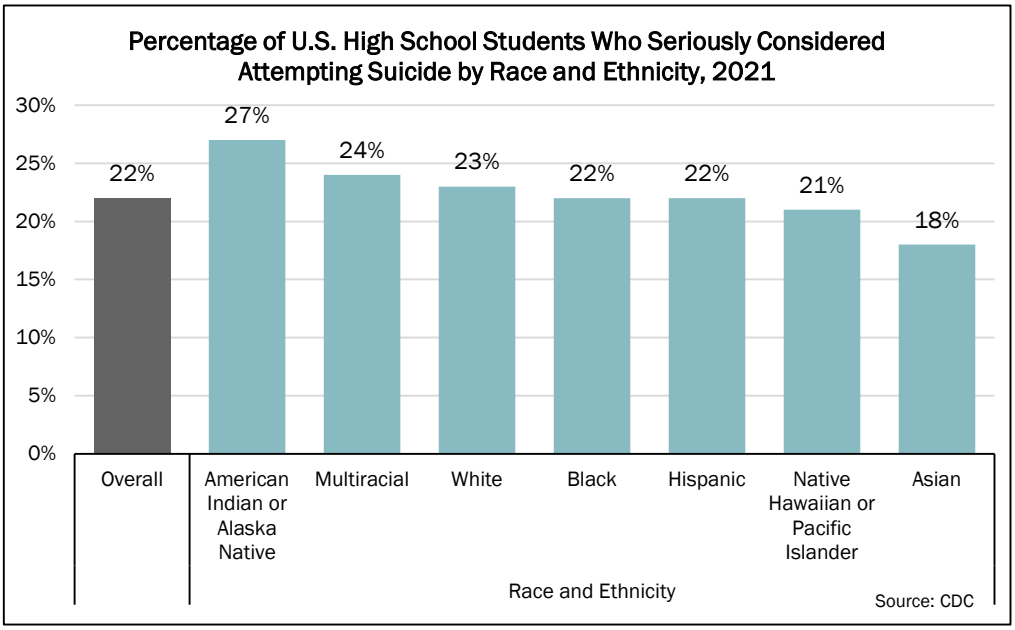
Female; and Black students were more likely to attempt suicide. Female, Black, Hispanic, Native American or Pacific Islander, and LGBQ+ students were also more likely to be injured in a suicide attempt. As shown in the graph below, in 2021, 22 percent of high school students nationwide seriously considered attempting suicide.



As illustrated above, high school LGBQ+ students were most likely to consider attempting suicide at 45 percent. It is important to note that the 2021 Youth Risk and Behavior Survey Data Summary and Trends Report did not include a question assessing gender identity, so the report does not include specific data on students who identify on transgender, which is why the "T" is not included in the commonly used LGBTQ+ acronym.



As shown by the graph above, the percentage of high school students in the United States who seriously considered suicide differs by race and ethnicity. The report notes that from 2011 to 2021, the percentage of Black, Hispanic, and White students who seriously

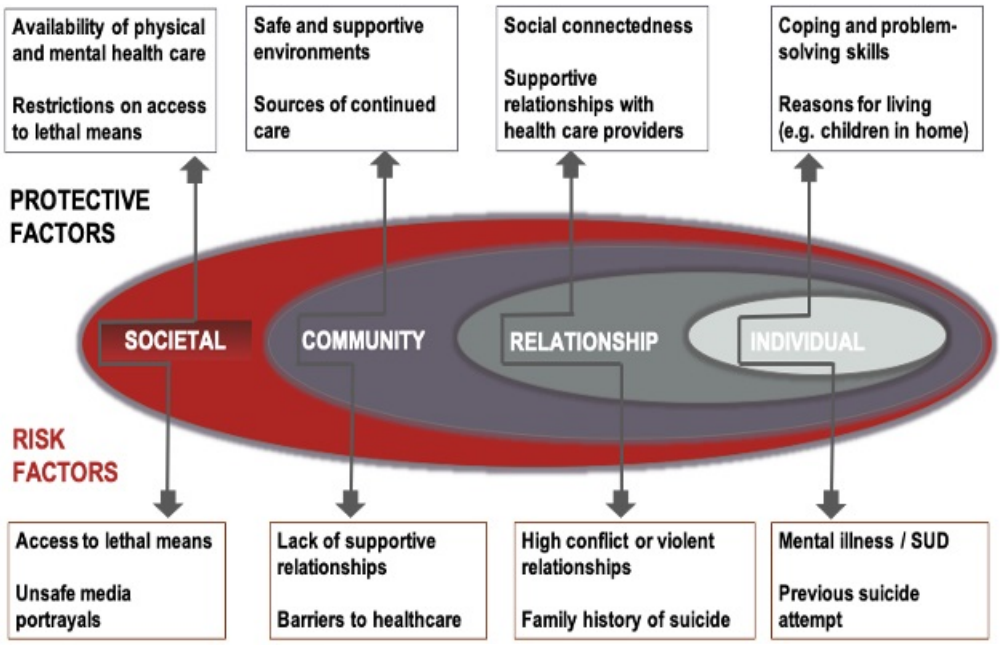
considered attempting suicide increased, and the percentage of Asian and multiracial students who seriously considered attempting suicide did not change.

Causes and Protective Factors

Suicide is a complicated issue that requires a multi-faceted approach, as noted by the Suicide Prevention Resource Center. While there are many causes of suicide, certain behavioral issues can heighten risk. For example, adverse childhood experiences (ACES) defined as 10 potentially traumatic experiences that fall into the categories of abuse, neglect, and other household challenges that occur before a child reaches their 18th birthday, may lead to increased suicidality and suicide attempts in adulthood. In the United States, ACEs are unfortunately common. Nationally, more than half of adults have reported one ACE, and 13 percent of adults have reported four or more ACEs. In New Mexico, the prevalence of children with one or more ACEs significantly outpaces the nation, as data from the Child and Adolescent Health Measurement Initiative shows 49 percent of children in New Mexico have at least one ACE compared with 39.8 percent of children nationally. However, research suggests early interventions can mitigate long-term consequences of trauma.

New Mexico's high suicide rate imposes a heavy financial burden on the state, as the LFC noted in its 2020 *Action Plan: Suicide Prevention* report, estimating the total cost of 2019 suicides at over $684.7 million.

Individual factors can both contribute to risk of and protect against suicide, as illustrated by the graphic below. The Legislative Finance Committee (LFC)'s *Action Plan: Suicide Prevention* notes that factors such as social connection, coping skills, and availability of physical and mental health care can protect against suicide.



Source: Alabama Commission on the Evaluation of Services adapted from the CDC

New Mexico's Approach to Youth Suicide Prevention

Schools play a critical role in suicide prevention. In recognition of this reality, New Mexico middle and high schools provide suicide prevention information through required health

education courses. In addition to health courses, which are the primary avenue for youth across New Mexico to receive information about suicide prevention, PED and the Department of Health (DOH) also engage in active efforts to prevent youth suicide.

Health Education Standards

Schools can play a key role in reducing suicide and suicidal behavior, in addition to other adolescent health risks, through the delivery of effective health education. State law, through Section 22-13-1 NMSA 1978, requires health education in fourth through eighth grades, as well as a health education course required for high school students to earn a high school diploma. As with all courses offered in New Mexico, these must meet academic content and performance standards. To meet the requirements of state law, PED has developed health education standards for all grades. Health standards for grades 5-6, 7-8, and 9-12 each include three standards related to suicide prevention as articulated in NMAC 6.29.6.9. As shown in the box below, standards related to suicide prevention "spiral," building on previously-learned concepts to promote retention, as well as building on each other to provide new content.

Health Education Standards Related to Suicide Prevention

Grades 5-6:

- Identify and recognize risk behaviors in situations that may lead to negative physical, social or emotional health consequences (i.e., abuse, bullying, sexual assault, mental health, depression, suicide, domestic violence, STI/HIV, etc.)
- Identify situations related to a health crisis and formulate solutions to intervene or prevent the crisis (i.e., a friend tells you he is thinking about suicide; a friend tells you he is smoking, etc.)
- Describe health messages peers give in the areas related to sexuality; nutrition; alcohol, tobacco and other drug use; physical activity; personal safety; mental, social and emotional well-being (i.e., abstinence messages, drug, alcohol, tobacco use messages, suicide ideation, etc.)

Grades 7-8:

- Analyze risk behaviors in situations that may lead to negative physical, social or emotional health consequences (i.e., abuse, bullying, sexual assault, mental health, depression, suicide, domestic violence, STI/HIV and other risky behavior, etc.)
- Role play and discuss situations related to a health crisis and formulate solutions to intervene or prevent the crisis (i.e., a friend tells you he is thinking about suicide; a friend tells you she may be pregnant, etc.)
- Describe health messages peers give in the areas related to sexuality; nutrition; alcohol, tobacco and other drug use; physical activity; personal safety; mental, social and emotional well-being (i.e., sexual activity messages, drug, alcohol, tobacco use messages, suicide ideation, etc.)

Grades 9-12:

- Describe the relationship between actions and consequences in the areas related to sexuality; nutrition; alcohol, tobacco and other drug use; physical activity; personal safety; mental, social and emotional well-being and the impact on mental, emotional, social and physical health throughout life (i.e., unintended pregnancy, STI/HIV, chronic diseases, addiction, intentional and unintentional injuries, depression, suicide, etc.)
- Prepare a plan of action for risk behaviors in situations that may lead to negative physical, social or emotional health consequences (i.e., abuse, bullying, sexual assault, mental health, depression, suicide, domestic violence, teen pregnancy, STI/HIV, etc.)
- Analyze situations related to health crises and formulate solutions to intervene or prevent the crisis (i.e., a friend tells you he is thinking about suicide; a friend tells you he is smoking, a friend tells you she is pregnant, etc.)

State Agency Efforts

Both PED and DOH provide supports, as well as accountability measures, to school districts and charter schools in an effort to prevent youth suicide. PED's Safe and Healthy Schools Bureau includes resources on its website, including information on creating safe and supportive learning environments, building a grief-sensitive school community, behavioral health, social emotional learning (SEL), and self-advocacy.

Wellness Policy. A wellness policy is a written document meant to guide the establishment of a school environment that serves the whole child through a school culture that promotes students' health, well-being, and ability to learn. All local education agencies (LEAs) are required by both the state and federal government to have a wellness policy in place. PED in administrative code (NMAC 6.12.6) requires all LEAs to develop a wellness policy that includes a plan to address the health and behavioral needs of students. PED released the Wellness Policy Formation and Implementation Guide in 2020 to advise and guide LEAs in the formation, revision, and implementation of a wellness policy. Federal law and state rule require wellness policies to, at a minimum, establish leadership responsible for ensuring each school complies with the LEA's wellness policy; permit public involvement in the wellness policy; mandate triennial assessments of the wellness policy by both the LEA and the state; and make any updates to the wellness policy, as well as information from the triennial assessment, available to the public. As part of the wellness policy requirements articulated in administrative code, each school building must have a school saftey plan focused on supporting healthy and learning environments; these plans must include recommended procedures for supporting potentially suicidal students as well as a referral network for suicide assessment and intervention.

School Health Manual. Every school staff member plays an important role in the emotional and social development of each student. DOH, in consultation with PED, prepared a School Health Manual written by medical professionals that includes model policies and guidance, including content on suicidal ideation, suicide, and suicide prevention.

Schools play a vital role in supporting the mental health of children and adolescents.

The mental health chapter of the manual notes there are three levels of intervention for prevention of the major causes of mortality and morbidity among children and adolescents, including suicide:

- **Primary prevention (skill building)** focuses on providing children with the skills and resources to cope with complex life situations so students gain compentence and self-worth, which is critical to social and emotional well-being. An example of primary prevention is SEL interwoven throughout the school day, like a lesson on problem-solving skills in an elementary classroom, and strong student/teacher relationships.
- **Secondary prevention (resource buildling)** consists of identifying and providing appropriate services for children who are at risk of developing social and emotional concerns that may interupt academic progress. An example of secondary prevention is a student support group lead by a trained professional that focuses on helping students, identified by attentive teachers, learn positive coping strategies.
- **Tertiary prevention (linking to appropriate services)** means providing services or service referral to children demonstrating social and emotional concerns that warrant further assessment. An example of tertiary prevention is providing a

referral to a licensed mental health professional in the community or having trained school staff provide services in-house.

Professional Guidelines. PED has also developed professional guidelines for school counselors and school nurses, both of which are required to respond to health and mental health needs related to suicide and suicide prevention. School counselors are required to provide information and facilitate guidance activities for students, staff, and parents on suicide prevention strategies, among other current issues, per NMAC 6.69.6.8 (evaluation of school counselor performance) and NMAC 6.63.6.9 (competencies for school counselors for licensure). School nurses are required to respond to health issues, provide preliminary counseling and crisis intervention, and offer reference services related to suicide, among other areas, when required per NMAC 6.63.2.11.

Research indicates school nurses are well-positioned to assist in assessment, early identification, and suicide interventions.

State Policy Options

States, schools, and communities have been working to address youth suicide for years. Comprehensive policy options to prevent youth suicide are multifaceted, often incorporating supports for both youth and adults, as well as adequate resources and funding. As LFC outlined in its 2020 *Action Plan: Suicide Prevention*, New Mexico should set a goal to reduce suicide by 10 percent over the next five years, and take targeted action, regularly monitor data, and routinely meet to determine if its moving toward its goal. LFC notes that if the state implements a combination of evidence-based programs targeted toward schools, the state may be able to not only meet, but exceed the goal of reducing suicides by 10 percent in five years. The National Association of State Boards of Education (NASBE) maintains a state policy database on existing state statutory and regulatory language on student health, including suicide prevention. NASBE notes state actions regarding suicide prevention generally center on health education, professional development for suicide prevention, and requiring the development of suicide prevention policies.

Health Education

New Mexico currently addresses suicide prevention in the health standards for grades K-12, as mentioned earlier in this brief. As is the case with all instructional materials, adoption of primary and supplementary curriculum is under the purview of LEAs. However, PED's Instructional Materials Bureau vets instructional materials by subject area every six years through a review process where materials are assessed for alignment with state standards and rigor. At the end of the review process, PED publishes a list of recommended materials that LEAs may use when adopting curriculum. Health education instructional materials were part of the 2023 review process and the recommended core materials list shows only two curriculums, one for kindergarten through grade six and one for ninth through 12th grade, were recommended.

Professional Development for Suicide Prevention

NASBE reports that New Mexico has only a non-codified policy regarding professional development for suicide prevention. According to NASBE, 37 states require training for school personnel to recognize signs of youth suicidality. Lawmakers may want to consider requiring educator professional development for suicide prevention, or in-service teacher preparation content on youth suicide prevention.

Required Development of Suicide Prevention Policies

NASBE reports New Mexico has only a non-codified policy requiring the development of suicide prevention policies. As mentioned earlier in this brief, New Mexico does require school safety plans that address suicide prevention as part of the wellness policy articulated in administrative code. According to NASBE, 26 states require LEAs to adopt suicide prevention policies. Lawmakers may want to consider codifying the requirement for LEAs to adopt suicide prevention policies.

Reduce Suicide Through Evidence-Based Initiatives

LFC notes that if New Mexico reduced its suicide rate by 10 percent, or by 52 deaths, in five years, it would no longer be among the 10 states with the highest rates in the country (assuming other state rate increases remain constant), which would lead to a smaller social, emotional, and economic burden for the state. In its report, LFC recommends targeting investments to reduce suicide through evidence-based programs in schools shown to work, noting this could help the state not only meet but exceed the goal of reducing suicide by 10 percent in five years. For example, the QPR Gatekeeper Training Certification Course is an evidence-based approach to train individuals and schools to effectively intervene and prevent suicide. Similarly, Zero Suicide, a commitment to suicide prevention using a specific set of strategies and tools, has shown a 60 to 80 percent reduction in suicide rates among organizations that have used that approach. To get results, New Mexico must ensure programs are evidence-based and implemented with fidelity.

If you are in crisis, please call, text, or chat with the Suicide and Crisis Lifeline at 988, or contact the Crisis Text Line by texting TALK to 741741. You can also access the New Mexico Crisis and Access Line 24 hours a day, 7 days a week at 1-855-NMCRISIS.

As LFC's *Action Plan: Suicide Prevention* recommends, PED and school districts should increase access to mental health professionals and increase suicide prevention trainings in schools. School districts should hire all allocated mental health personnel, prioritizing schools with high suicidality and no school-based health center. The Legislature should invest in the pipeline to increase the recruitment and retention of mental health professionals to ensure schools are able to meet the mental health needs of all students. Schools may want to think about how to leverage telehealth or the community school model to meet the mental health needs of all students. PED should work with school districts to expand or require evidence-based suicide prevention training for school personnel, targeting high suicidality areas, and require suicide prevention programming in middle and high schools.