

Date of Hearing: April 24, 2019

ASSEMBLY COMMITTEE ON EDUCATION
Patrick O'Donnell, Chair
AB 1767 (Ramos) – As Amended April 22, 2019

SUBJECT: Pupil suicide prevention policies

SUMMARY: Requires the adoption of suicide prevention policies by local education agencies (LEAs) serving pupils in grades Kindergarten (K) through grade six. Specifically, **this bill:**

- 1) Requires the governing board or body of a LEA that serves pupils in kindergarten and grades one to six, to adopt a policy on pupil suicide prevention, applicable to kindergarten through grade six, before the beginning of the 2020-21 school year.
- 2) Requires that the suicide prevention policy be adopted at a regularly scheduled meeting of the governing board or body.
- 3) Requires that the policy be developed in consultation with school and community stakeholders, school-employed mental health professionals, and suicide prevention experts and must, at a minimum, address procedures relating to suicide prevention, intervention, and postvention.
- 4) Requires the policy to be age appropriate and to be delivered and discussed in a manner that is sensitive to the needs of young pupils.
- 5) Requires the policy to specifically address the needs of high-risk groups, including youth bereaved by suicide; youth with disabilities, mental illness, or substance abuse disorder; youth experiencing homelessness or in out-of-home settings, such as foster care; lesbian, gay, bisexual, transgender, or questioning youth.
- 6) Requires the policy to address any training to be provided to teachers of pupils in kindergarten through 6th grade on suicide awareness and prevention.
- 7) Requires that materials approved by the LEA for training include how to identify appropriate mental health services, both at the schoolsite and within the larger community, and when and how to refer youth and their families to those services.
- 8) Requires that the policy is written to ensure that a school employee acts only within the authorization and scope of their credential or license, and prohibits the policy from authorizing or encouraging a school employee to diagnose or treat mental illness unless the employee is specifically licensed and employed to do so.
- 9) Requires the LEA to review the pupil suicide policy adopted pursuant to these provisions, at a minimum every fifth year, and if necessary update the policy.
- 10) Defines LEA for the purposes of this section as a county office of education, school district, state special school, or charter school.

EXISTING LAW:

- 1) Requires the governing boards of school districts, county offices of education, the state special schools, and charter schools which serve students in grades 7 to 12 to adopt, before the beginning of the 2017–18 school year, a policy on student suicide prevention for students in those grades. (EC 215)
- 2) Requires that these policies address, at a minimum, procedures relating to suicide prevention, intervention, and postvention.
- 3) Requires the policies to be developed in consultation with school and community stakeholders, school-employed mental health professionals, and suicide prevention experts.
- 4) Requires that the policies specifically address the needs of high-risk groups, including youth bereaved by suicide, youth with disabilities, mental illness, or substance use disorders, youth experiencing homelessness or in out-of-home settings, students in foster care, and lesbian, gay, bisexual, transgender, or questioning youth.
- 5) Requires that the policy address any training to be provided to teachers of students in grades 7 to 12 on suicide awareness and prevention.
- 6) Requires that materials approved by an LEA for training include how to identify appropriate mental health services, both at the schoolsite and also within the larger community, and when and how to refer youth and their families to those services.
- 7) States that materials approved for training may also include programs that can be completed through self-review of suitable suicide prevention materials.
- 8) Requires the policy to be written to ensure that school employees act only within the authorization or scope of their credential or license.
- 9) Requires the CDE, to assist LEAs in developing policies for student suicide prevention, to develop and maintain a model policy to serve as a guide for LEAs.
- 10) Require an LEA serving pupils in grades 7 to 12 to review its policy on pupil suicide prevention at least every five years and to update the policy if necessary.

FISCAL EFFECT: The Office of Legislative Counsel has keyed this bill as a possible state-mandated local program.

COMMENTS

Need for the bill. According to the author, “AB 1767 is part of a package of bills to address the mental needs of students. Youth at a much younger age are taking their own lives. Between 1999 and 2015, more than 1,300 children between the ages of 5 and 12 committed suicide in the United States – a figure which equates to one child 12 years old or younger dying by suicide every five days. Thoughts of self-harm and suicide may be fueled by bullying in the classroom and over the Internet. As a response, this bill requires the governing boards of LEAs to adopt a

policy on pupil suicide prevention in kindergarten and grades 1-6 that is age appropriate and provided in ways that are sensitive to a student's needs.”

Youth suicide. According to the Lucile Packard Foundation for Children's Health:

“Youth suicide and self-inflicted injury are serious social and public health concerns. Approximately 157,000 youth ages 10-24 are treated for self-inflicted injuries in emergency rooms every year. Self-inflicted injuries are not necessarily the result of suicide attempts; in fact, self-harm without the intent to die is more prevalent than self-harm with such intent.

Some groups are at a higher risk for suicide than others. Males are more likely than females to commit suicide, but females are more likely to report attempting suicide. Among racial/ethnic groups with data, American Indian/Alaska Native youth have the highest suicide rates. Research also shows that lesbian, gay, and bisexual youth are more likely to engage in suicidal behavior than their heterosexual peers. Several other factors put teens at risk for suicide, including a family history of suicide, past suicide attempts, mental illness, substance abuse, stressful life events, low levels of communication with parents, access to lethal means, exposure to suicidal behavior of others, and incarceration.

In 2014, there were 3,575 hospitalizations for non-fatal self-inflicted injuries among children and youth ages 5-20 in California.

Rates of suicide among young children. In 2015, 495 California children and youth ages 5-24 were known to have committed suicide: 23 of these were between the ages of 5-14.”

According to figures from the U.S. Centers for Disease Control (CDC), from 1999 through 2015 more than 1,300 children ages 5 to 12 took their own lives in the United States. There was a 54 percent increase in suicides of 11 and 12-year-olds from 2013 to 2015. From 1999 to 2015, the CDC reports there were deaths due to suicide among very young children, including two among five-year-olds, four six-year-olds, and eight for seven-year-olds. Overall, the rate of suicide among children from 5 to 12 years of age is low compared to other age groups at 0.31 suicides per 100,000 children over the past 17 years, compared to 7.04 per 100,000 for youth between 13-18.

A study published in *Pediatrics* in 2016 (Sheftall et al) noted that suicide in elementary school-aged children is not well studied despite a recent increase in the suicide rate among U.S. black children. The study analyzed national data and found that children who died by suicide were more commonly male, black, died by hanging/strangulation/suffocation, and died at home. The researchers suggested there is a need for developmentally-specific suicide prevention strategies during the elementary school-aged and early adolescent years.

Recommendations that school districts adopt suicide prevention policies. Former SPI Tom Torlakson convened a Student Mental Health Policy Workgroup, with funding from the California Mental Health Services Authority (CalMHSA), with the goals of assessing the current mental health needs of California students and gathering evidence to support its policy recommendations to the SPI and to the California Legislature. The Workgroup has issued several recommendations. Among them, the Workgroup recommends that:

School district governing boards should direct district superintendents to plan and evaluate the districts' policies and strategies for suicide prevention, intervention, and postvention procedures. The evaluation process should involve school health professionals, school counselors, school social workers, and other school staff, as well as parents/guardians/caregivers, students, local health agencies and professionals, and community organizations. The board policies and administrative regulations for youth suicide prevention should align with each school's Comprehensive School Safety Plan.

The state's "Strategic Plan for Suicide Prevention," published by the Department of Mental Health in 2008, notes the important role schools play in suicide prevention. The plan states: "Because school is where many youth spend a large part of their days, school staff are in the position to detect the early stages of mental health problems and potential suicide risk...Mental health and suicide prevention programs that are school-based can be successful in encouraging students at risk to seek help, and to follow through on referrals to mental health services. The programs can also be successful in developing protocols to handle a suicide crisis that minimizes the chances of a contagion effect."

Suicide policies legislation in other states. Six other states (Pennsylvania, Georgia, Maine, Connecticut, Utah, and Washington) have enacted legislation requiring school districts to adopt suicide prevention policies. Many other states provide model suicide prevention policies for their school districts, as this bill requires.

Importance of school suicide prevention policies. This bill does not mandate specific programs or practices to prevent student suicides, but leaves these decisions up to LEAs to determine in the development of their policies. Research points to several practices shown to reduce suicide risk, including creating a safe and supportive school climate with a focus on social-emotional learning; promoting school-based programs which foster connections to caring adults; and training school personnel to recognize warning signs and make appropriate referrals for suicide and self-injury.

According to the Suicide Prevention Resource Center, "It is never too early to start reducing risk factors for suicide and increasing the protective factors in children's lives. Comprehensive approaches that support mental health, develop life skills, and promote the development of positive relationships with caring adults may help protect children from suicide and support a healthy transition into adulthood." They note that "schools are a key setting for suicide prevention. Teachers, mental health providers, and all other school personnel who interact with students can play an important role in keeping them safe." They cite the following reasons why it is important for schools to address suicide prevention:

- Maintaining a safe school environment is part of your school's overall mission.
- Students' mental health can affect how well they perform in school.
- Suicide can affect the entire school community.

The Suicide Prevention Resource Center reports that the best way to prevent suicide is to use a comprehensive approach that includes these key components:

- Promote emotional well-being and connectedness among all students.

- Identify students who may be at risk for suicide and assist them in getting help.
- Be prepared to respond when a suicide death occurs.

California school district policies on suicide prevention. A recent report from the Trevor Project found that nearly 90 percent of California school districts have suicide prevention policies in place, following the passage of legislation in 2016 requiring schools serving pupils in grades 7 to 12 to have such policies.

Prior and related legislation.

AB 2639 (Berman) Chapter 437, Statutes of 2018 requires the CDE to identify and make available an online training program in suicide prevention that an LEA can use to train school staff and pupils, consistent with the LEA's policy on suicide prevention.

AB 2246 (O'Donnell) Chapter 642, Statutes of 2016 requires LEAs to adopt policies for the prevention of student suicides, and requires the CDE to develop and maintain a model suicide prevention policy.

AB 739 (Lowenthal) of the 2011-12 Session would have required the SBE and the Curriculum Development and Supplemental Materials Commission to include suicide prevention instruction and mental illness awareness instruction in the health education framework for pupils in grades 7 to 12 during the next revision of the framework. The bill would have authorized a school district, commencing with the 2012–13 school year, to provide suicide prevention instruction and mental illness awareness instruction to pupils in grades 7 to 12. This bill was held in the Assembly Appropriations Committee.

REGISTERED SUPPORT / OPPOSITION:

Support

None on file

Opposition

None on file

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