



State Laws: Suicide Prevention in Schools (K-12)

Overview: According to the latest (2018) data from the Centers for Disease Control and Prevention (CDC), suicide is the second leading cause of death for young people ages 10-24 (Centers for Disease Control and Prevention, 2020). According to the 2017 Youth Risk Behavior Survey, more than 1 in 6 high school students in the U.S. reported having seriously considered attempting suicide in the 12 months preceding the survey, and more than 7% of students (about 1 in 13) reported having attempted suicide in the preceding 12 months (Centers for Disease Control and Prevention, 2018).

These statistics point to a serious, yet preventable public health problem. Ninety percent of young people who die by suicide have a mental health condition at the time of their deaths, although often these conditions are untreated, under-treated, or undiagnosed. In fact, over half (54%) of people who died by suicide had not been identified as having had a mental health condition despite the co-occurrence of mental health conditions and suicide. This highlights the need for more education. While most people with mental health conditions do not engage in suicidal behavior, treating underlying mental health conditions is a key component of suicide prevention by facilitating the capacity of people to use interventions that help manage suicidal ideation and behavior.

The first onset of mental illness typically occurs in childhood or adolescence, and as children and teens spend a significant amount of their young lives in school, schools have an important role to play in identifying students showing signs of a mental health condition or suicide risk, intervening with students presenting acute risk or who attempt suicide, and responding to completed suicides within the school community. Key tasks for schools in the areas of suicide prevention, intervention, and postvention are detailed below.

Prevention: There are 2 key tasks for schools in preventing youth suicide: (1) Schools can identify students at risk, and (2) Schools can work with parents and guardians to ensure students at risk are assessed and evaluated by a mental health professional (within or outside the school setting), according to school protocol or policy.

As children and teens spend a significant amount of their young lives in school, the personnel that interact with them on a daily basis are in a prime position to recognize the signs of mental health conditions and suicide risk and make the appropriate referrals for help. To be able to do this, they will need effective training to acquire the necessary skills and confidence to intervene with youth at risk, and mandated training is one way to ensure that all school personnel have a baseline understanding of suicide risk and the referral process.

Suicide prevention training for school personnel is targeted within the updated *2012 National Strategy for Suicide Prevention* (NSSP), which includes 4 strategic directives and a set of 13 goals and corresponding 60 objectives that recommend a variety of organizations and individuals become involved in suicide prevention. Specifically, Goal 7 of the revised NSSP is to “Provide training to community and clinical service providers on the prevention of suicide and

related behaviors.” These community-based and clinical prevention professionals include educators and school personnel, as their “work brings them into contact with persons with suicide risk,” and they should therefore be “trained on how to address suicidal thoughts and behaviors and on how to respond to those who have been affected by suicide.” Corresponding Objective 7.1 specifically indicates school counselors as persons “on the frontlines of suicide prevention” that should receive training, and recommends that schools, colleges, and universities “train relevant school staff to recognize students at potential risk of suicide and refer to appropriate services.” Several other objectives within the NSSP (Objectives 1.1, 3.1, and 5.2 specifically) also assert that suicide prevention should be integrated into the values, culture, leadership, and work of educational institutions, and that schools, colleges, and universities have a role to play in “training personnel who are in contact with individuals with suicide risk, and providing support to individuals in crisis,” (U.S. Department of Health and Human Services Office of the Surgeon General and National Action Alliance for Suicide Prevention [U.S. Dept. of HHS & Action Alliance], 2012).

Prevention efforts cannot be done in isolation. Preventive approaches like training school personnel to identify risk factors and warning signs should be built on a foundation that also responds to two serious issues currently facing schools – students at high risk of suicide and a death by suicide in the school community. With intervention and postvention policies in place to ensure students at risk receive appropriate services and that suicides in the school community are addressed safely, preventive approaches such as staff training will be even more likely to prevent suicide. This is why it is imperative that schools adopt comprehensive policies and procedures on suicide prevention, intervention, and postvention to support personnel and to provide them with a clear roadmap, accessible year-round, for how to prevent, intervene in, and respond to student suicidal behavior.

Intervention: Comprehensive policies and procedures that incorporate methods of suicide intervention in addition to preventive measures will ensure that educators have guidance around and are supported in intervening with students at high risk for suicide or who attempt suicide at school. With a comprehensive intervention policy in place, educators will be empowered to intervene appropriately and confusion over educator roles and the referral process will be eliminated. Many schools cannot directly provide mental health services for students at risk, nor should teachers be taking on that role. Therefore, it is important that in-school and community mental health service providers to whom students can be referred are identified during the development of school policy and that these service providers and parents be involved while developing intervention protocols. It is also critical to ensure that the mental health service providers receiving said referrals have been trained in suicide assessment, treatment, and management.

Postvention: The term “postvention” refers to the coordinated school response following a completed suicide in the school community. Suicide in a school community is tremendously sad, often unexpected, and can leave a school with many uncertainties about what to do next. Faced with students struggling to cope and a community struggling to respond, schools need concrete, pragmatic guidance on how to support both students and staff – *before* a crisis occurs. A comprehensive school policy that incorporates methods of postvention will ensure that educators know how to respond safely when a suicide occurs in the school community, avoiding

suicide contagion or “copycat” suicides, and that educators are equipped to support affected students and their families as well as fellow school staff. Research shows that effective postvention support can contribute toward overall preventive efforts.

Current State Laws:

State Mandated Annual Training (13 states)

There are currently thirteen states (Alaska, Delaware, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Maryland, Nebraska, New Hampshire, Tennessee, and Texas) that mandate annual suicide prevention training for school personnel. In Alaska, Georgia, Idaho, Kansas, Louisiana, Tennessee, and Texas, this mandate is titled the *Jason Flatt Act*.

- **Alaska** requires [an unspecified duration of] of training each year for teachers, administrators, counselors, and specialists who provide services to students [originally adopted 2012, amended 2015 and 2016]
- **Delaware** requires public school employees to receive 90 minutes of training each year; training materials must be evidence based and developed/approved by the Departments of Health and Social Services, Services for Children Youth and their Families, and Education [adopted 2015]
- **Georgia** requires annual training for all certificated public school personnel; the training must be provided within the framework of existing in-service training programs offered by the department of education or as part of required professional development offered by a local school system [adopted 2015]
- **Hawaii** requires 2 hours of training each year for all public school and charter school personnel who work directly with students in kindergarten through grade 12; training must be evidence-informed, developed/approved by the Department of Education and based on the Department of Health's existing curriculum and materials, and be periodically reviewed and updated as necessary [adopted 2019]
- **Idaho** requires the state board of education to adopt rules supporting annual suicide prevention and awareness training for public school personnel; training may be provided within existing inservice or professional development frameworks offered by the state board of education and state department of education [adopted 2018]
- **Iowa** requires annual, evidence-based training at least 1-hour in length for all school personnel who hold a license, certificate, authorization, or statement of recognition issued by the board of educational examiners and who have regular contact with students in kindergarten through grade 12 [adopted 2018]
- **Kansas** requires each school district board of education to provide suicide awareness and prevention programming to all school staff, including a minimum of 1 hour of training per calendar year [adopted 2016]

- **Louisiana** requires 2 hours of in-service training each year for public and approved nonpublic teachers, school counselors, principals, and other administrators “for whom such training is deemed beneficial” [adopted 2008, amended 2019]
- **Maryland** requires, beginning on or before July 1, 2018, that all certificated school personnel who have direct contact with students on a regular basis complete a training each year in the skills required to understand and respond to youth suicide risk and to identify professional resources to help students in crisis [amended 2017; Maryland’s original Lauryn’s Law, adopted in 2015, only applied to school counselors and was not an annual requirement]
- **Nebraska** requires at least 1 hour of training each year for all public school nurses, teachers, counselors, school psychologists, administrators, school social workers, and other “appropriate personnel”; also requires the department of education to collaborate with others in the state to develop a list of approved training materials that identify available mental health services and instruct on when and how to refer youth and their families to those services [adopted 2014]
- **New Hampshire** requires at least 2 hours of training each year for all school district and chartered public school staff, including contracted personnel; training may be accomplished within the framework of existing in-service training programs or offered as part of ongoing professional development activities, and self-training materials may be used [adopted 2019]
- **Tennessee** originally required 2 hours of in-service training each year for teachers and principals [adopted 2007]; effective 7/1/16, the expanded law requires 2 hours of in-service training each year for all school employees [adopted 2016]
- **Texas:**
 - Requires annual staff development for educators in suicide prevention; training must be based on best practice recommended by the Department of State Health Services in coordination with the Texas Education Agency and may be completed via independent online review [adopted 2015];
 - Requires that minimum academic qualifications for certified educators also require instruction regarding mental health, substance abuse, and youth suicide, provided through a program selected from the list of recommended best practice-based programs established under Texas Education Code §38.351 , and including effective strategies for teaching and intervening with students with mental or emotional disorders, including de-escalation techniques and positive behavioral interventions and supports [originally adopted 2013, amended 2015]

State Mandated Training, Not Annual (19 states, plus DC)

There are currently eighteen states plus DC (Arizona, Arkansas, Connecticut, DC, Illinois, Indiana, Kentucky, Maine, Mississippi, Nevada, New Jersey, Ohio, Pennsylvania, South Carolina, South Dakota, Utah, Virginia, Washington, West Virginia, and Wyoming) that mandate training in suicide prevention for school personnel but do not specify that the training must be annual. In Arkansas, Mississippi, Ohio, South Carolina, South Dakota, and Wyoming, the law is titled the *Jason Flatt Act*.

- **Arizona** requires, beginning in the 2020-2021 school year, all school guidance counselors, teachers, principals, and other school personnel who work with students in grades 6-12 to receive training in suicide prevention at least once every three years [adopted 2019]
- **Arkansas** requires 2 hours of professional development for licensed personnel [originally adopted 2011, amended 2013]
- **Connecticut** requires (an unspecified duration of) training once, as a condition of initial certification for beginning teachers; local boards of education must also provide an in-service training program for teachers, administrators, and pupil personnel that includes information on youth suicide prevention and response [adopted 2011]
- **District of Columbia** requires all teachers and principals in public schools and public charter schools and staff employed by child development facilities complete the DC Youth Behavioral Health Program (includes recognizing warning signs and risk factors for youth suicide and best practices for suicide prevention, intervention, and postvention) once every two years [adopted 2016]
- **Illinois** requires licensed school personnel and administrators who work with pupils in grades K-12, at least every 2 years, to be trained and taught appropriate intervention and referral techniques; the training must be provided within the framework of existing in-service training programs or required professional development activities [originally adopted 2009, amended 2018]
- **Indiana** requires that each school corporation, charter school, and state accredited nonpublic school require all principals, teachers, librarians, school counselors, school psychologists, school nurses, and school social workers employed at schools providing instruction to students in grades 5-12 participate in research based inservice youth suicide awareness and prevention training in a manner prescribed by the State Board of Education [amended 2017, 2018, and 2020; originally adopted 2011 to require unspecified duration of training for initial teaching licensure at any grade level; amended 2017 to require at least 2 hours of training every 3 years for all school personnel listed above in current statute; amended 2020 to eliminate length and frequency requirements and allow for State Board to make such determinations.]
- **Kentucky** requires at least 1 hour of in-person, live streaming, or video suicide prevention professional development training every other school year for all school employees who have direct contact with 6-12 grade students; also requires newly hired staff members to receive materials on suicide prevention when hired in a year training is

not provided [amended 2018 and 2019; originally [2010] required 2 hours of “self-study review of suicide prevention materials” each year for high school and middle school principals, guidance counselors, and teachers]

- **Maine** requires all elementary, middle, and high school personnel to receive a 1-2 hour inservice training module in suicide prevention awareness every 5 years, and at least two personnel in each school to take a more intensive one-day course in suicide prevention and intervention training every 5 years [adopted 2013]
- **Mississippi** requires (an unspecified duration of) training for all newly employed school district employees [originally adopted 2009, when training requirement only applied to licensed teachers and principals; amended in 2017 to include all school district personnel]
- **Nevada** requires training for teachers, pupils, and school resource officers concerning the prevention of suicide; training must include information on mental health services available in the community and individuals/organizations available to assist in responding to a suicide [adopted 2019]
- **New Jersey** requires 2 hours of training to be completed in each professional development period for public school teaching staff members; New Jersey is unique in that it specifies that a qualified trainer in the mental health community must administer the training [adopted 2006]
- **Ohio** requires that training in youth suicide, awareness, and prevention be incorporated into existing in-service training required for nurses, teachers, counselors, school psychologists, administrators, and any other “appropriate” personnel every 5 years [adopted 2012]
- **Pennsylvania** requires at least 4 hours of training every 5 years for professional educators in school buildings serving students in grades 6-12 [adopted 2014]
- **South Carolina** requires 2 hours of training every 5 years (consistent with the state’s existing licensure cycle) [adopted 2012]
- **South Dakota** requires a minimum of 1 hour of training for initial certificate and renewal certificate as a teacher, administrator, or other educational professional [adopted 2016]
- **Utah** requires 2 hours of training consistent with the state’s licensure cycle [adopted 2012]
- **Virginia** requires school counselors to complete training in the recognition of mental health disorders and behavioral distress, including depression, trauma, violence, youth suicide, and substance abuse, for initial licensure and license renewal [adopted 2017]
- In **Washington**, school social workers, school nurses, school psychologists, and school counselors are required to receive at least 3 hours of training as a condition of professional certification [adopted 2013]
- **West Virginia** requires “routine education” for professional educators, including principals, administrators, and those service personnel having direct contact with

students, under guidelines established by the State Board of Education [originally adopted 2012, repealed 2018, reenacted 2020 effective 9/1/2020]

- **Wyoming** requires at least 8 hours of suicide prevention education every 4 school years for all teachers and administrators using “suitable materials reviewed and recommended” by the state superintendent and the director of the department of education [adopted 2014]

State Encourages Training (15 states)

There are fifteen states (**Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Missouri, Montana, New York, North Dakota, Oklahoma, Oregon, Rhode Island, and Wisconsin**) with laws in place that encourage suicide prevention training for school personnel. In some states this means the provision of access to training as an option for professional development. In others, structures are put in place by the legislature to provide for the training, but school personnel are not required to make use of those training options. The state may allow grant funding to be used for suicide prevention training, but not require it. Or, the state may require training “subject to appropriation” without appropriating those funds.

School Policies & Programs on Suicide Prevention, Intervention, and Postvention (22 states, plus DC)

Twenty-two states plus DC (**Alabama, California, Connecticut, Delaware, DC, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Mississippi, Missouri, Montana, Nevada, New Hampshire, Oregon, Pennsylvania, Tennessee, Utah, and Washington**) require school suicide prevention, intervention, and postvention policies and or suicide prevention programming statewide; seven other states (**Arkansas, Louisiana, Maryland, New Jersey, Oklahoma, Texas, and Virginia**) encourage such policies and or programming.

Other (Unique) School Suicide Prevention Statutes

- **California, Kentucky, Louisiana, Maryland, Washington, and Wisconsin** require suicide prevention hotline number(s) be included on the back of student ID cards
- **Florida** and **Louisiana** designate schools that offer suicide prevention training/programming per statute as “Suicide Prevention Certified Schools”
- **Louisiana** randomly surveys school employees to ascertain their compliance with state-mandated suicide prevention training and reports survey findings to the legislature
- **New Jersey** requires teachers and licensed psychologists, social workers, marriage and family therapists, professional counselors, physicians, physician assistants, alcohol and drug counselors, registered nurses, and licensed practical nurses, as well as public health officials to report information obtained in the course of their employment about the attempted or completed suicide of a student

- **Oklahoma** requires teachers, counselors, principals, administrators, and other school personnel to immediately notify the parents or legal guardians of students determined to be at risk for attempting suicide
- **Utah** requires schools to notify a parent or guardian if their student threatens to complete suicide or is involved in a bullying incident and maintain a record of that notification; school boards are required to adopt a policy regarding the process for parent/guardian notification
- **Utah** also requires school districts to offer evening parent seminars at no cost that cover a variety of topics, to include substance use and prevention, bullying, mental health, depression, suicide awareness, suicide prevention, and internet safety
- **Virginia** requires all licensed administrative or instructional personnel to contact a student's parent "as soon as practicable" should they have reason to believe, as a result of direct communication from a student, that such student is at imminent risk of suicide

Current Advocacy Efforts: The American Foundation for Suicide Prevention (AFSP) recognizes that the training of school personnel and adoption of comprehensive school policies are crucial steps toward reducing the rate of suicide among young people in the U.S., and has therefore made mandated school policies and suicide prevention training for these key gatekeepers public policy priorities. Many states that currently mandate suicide prevention training for school personnel achieved this through adopting a bill titled *The Jason Flatt Act*, the hallmark piece of legislation for the not-for-profit organization, the Jason Foundation, Inc. (JFI). In most states, the *Jason Flatt Act* mandates 2 hours of suicide prevention training for school personnel, although in each state the requirements vary slightly. Recognizing this accomplishment, and to better address this public policy priority, AFSP joined efforts with JFI in 2011-2018 to actively support passage of the *Jason Flatt Act* in Alabama, Alaska, Idaho, Georgia, Kansas, Mississippi (expansion), North Dakota (since repealed), Ohio, South Carolina, South Dakota, Tennessee (expansion), Utah, and Wyoming. Notably, West Virginia also passed the *Jason Flatt Act* in 2012, but that law was repealed in 2018.

AFSP Model Legislation on Suicide Prevention in Schools: After working with JFI on several states in 2011-2012, AFSP wanted to promote this type of advocacy work in additional states where JFI has not introduced the Jason Flatt Act. For these states, AFSP has developed model legislation for use by AFSP Field Advocate volunteers, AFSP Chapter volunteers, and members of the general public who would like to propose this type of legislation to their own state lawmakers. In development of the model legislation, AFSP public policy staff consulted with members of AFSP's national Public Policy Council, referenced current empirical research and existing state laws, and incorporated feedback from staff and volunteers who were involved in the passage of suicide prevention training laws in their state. The model legislation is intended to serve as an ideal starting point with elected officials who are willing to consider sponsoring a suicide prevention in schools bill. **See page 10 of this document for the full model legislation.**

Training Resources: Every state has some form of suicide prevention training or awareness program available. However, the availability and accessibility of these programs vary. **The appeal of AFSP’s Model Legislation on Suicide Prevention in Schools, and of the Jason Flatt Act, is that their language is worded to allow flexibility within states to choose the training programs that will best fit the educational environment(s) within their state.**

AFSP offers several resources for schools that may be used to implement existing laws or to offset the cost of proposed legislation (fiscal note). This includes, but is not limited to, AFSP’s More than Sad educational program, AFSP’s online Signs Matter program, and the jointly released Model School District Policy on Suicide Prevention. Details can be found online at <http://afsp.org/our-work/education/>. All resources are offered either as a free download online or through local AFSP chapters. Seventy-five (75) AFSP chapters currently serve all 50 states across the U.S. Find your local chapter online at <http://afsp.org/ourwork/chapters/>.

References: The following resources were consulted for statistics and background information for this overview:

Andriessen, K. (2009). Can postvention be prevention? *Crisis*, 30(1), 43-47.

Centers for Disease Control and Prevention. (2019). National Center for Injury Prevention and Control: WISQARS Leading Causes of Death Reports, National and Regional, 1999-2017. Retrieved January 23, 2019 from <https://webappa.cdc.gov/sasweb/ncipc/leadcause.html>

Centers for Disease Control and Prevention. (2018). Vital Signs June 2018. Retrieved May 19, 2019 from <https://www.cdc.gov/vitalsigns/pdf/vs-0618-suicide-H.pdf>.

Centers for Disease Control and Prevention. 2017 Youth Risk Behavior Surveillance System Results. Retrieved May 19, 2019 from <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>

Kessler, Amminger, Aguilar-Gaxiola, Alonso, Lee, & Ustun (2007). Age of onset of mental disorders: a review of recent literature. *Current Opinion in Psychiatry*, 20(4), 359-364.

National Institute of Mental Health (NIMH), National Institutes of Health, U.S. Department of Health and Human Services. The Numbers Count: Mental Disorders in America. [online]. Available from URL: <http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-inamerica/index.shtml>

Substance Abuse and Mental Health Services Administration. Preventing Suicide: A Toolkit for High Schools. HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2012.

U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. (September 2012). 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action. Washington, DC: HHS. Retrieved September 11, 2012 from <http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/fullreport.pdf>.

AFSP Model Legislation: Suicide Prevention in Schools

- (1) Beginning in the 2020-2021 school year, the State *Board/Department* of Education shall adopt rules to require that all public school personnel receive at least 2 hours of suicide awareness and prevention training each year*. This training shall be provided within the framework of existing in-service training programs offered by the State *Board/Department* of Education or as part of required professional development activities.
- (2) The State *Board/Department* of Education shall, in consultation with *state agency/coalition charged with coordinating state suicide prevention activities, other stakeholders, and suicide prevention experts*, develop a list of approved training materials to fulfill the requirements of this Section.
 - (a) Approved materials shall include training on how to identify appropriate mental health services both within the school and also within the larger community, and when and how to refer youth and their families to those services.
 - (b) Approved materials may include programs that can be completed through self-review of suitable suicide prevention materials.
- (3)
 - (a) Each public school district shall adopt a policy on student suicide prevention. Such policies shall be developed in consultation with school and community stakeholders, school employed mental health professionals, and suicide prevention experts, and shall, at a minimum, address procedures relating to suicide prevention, intervention, and postvention.
 - (b) To assist school districts in developing policies for student suicide prevention, the Department of Education shall develop and maintain a model policy to serve as a guide for school districts in accordance with this section.
- (4)
 - (a) No person shall have a cause of action for any loss or damage caused by any act or omission resulting from the implementation of the provisions of this Section or resulting from any training, or lack thereof, required by this Section.
 - (b) The training, or lack thereof, required by the provisions of this Section shall not be construed to impose any specific duty of care.

*In those states where the legislature must amend section (1) to require training less often, for example, once every 5 years, or that remove a frequency requirement entirely, a new section will be added that states:

The State *Board/Department* of Education shall adopt rules to require that all newly employed public school personnel receive at least 2 hours of suicide awareness and prevention training within 12 months of their date of hire.