Policy Brief

To: Betsy DeVos, Department of Education

From: Chaya Newfield, PA Student, York College

Date: 1.20.2020

Re: Adolescent and Teenage Suicide Prevention

Statement of Issue:

What actions can the Department of Education take to decrease the rate of teenage and adolescent suicidal ideations and suicides?

Background

In recent years, the number of Americans who die by suicide has been increasing, making it an alarming public health concern. Suicide is defined as “death caused by self-directed injurious behavior with intent to die as a result of the behavior.”[[1]](#footnote-1) The Center for Disease Control and Prevention reports that in 2017 suicide was the tenth leading cause of death in the United States, with 47,000 people dying by suicide. This issue is even more concerning in the adolescent and teenage population, with suicide being the second leading cause of death for those aged 10-34. [[2]](#footnote-2) In addition, for every teen suicide that is carried out there are 100-200 attempts. [[3]](#footnote-3)A Youth Risk Behaviors Survey from 2017 estimated that 7.4% of youths in grade 9-12 had made at least one suicide attempt in the past year. Female students attempted suicide twice as often as male students, and black students had the highest rate of suicide attempts. 2.4% of students reported making suicide attempts that required treatment by a medical professional.[[4]](#footnote-4)

Layout and Key Stakeholders

**LGBTQ youths are more likely to commit suicide**: LGBTQ adolescents and teens face many health disparities. Among them, suicidal ideations and rates of suicide are higher than in the average population. 29.4% of lesbian, gay, and bisexual high school students attempted suicide in the past year (compared to 6.4% of heterosexual student who attempted suicide.)[[5]](#footnote-5) There is not yet substantial data on the rates of transgender youth suicide, but school-based surveys from urban areas suggest that the suicide attempt rate can be as high as 35% for that population.[[6]](#footnote-6) Studies have shown that stigma and the stress of being in this minority group may be driving these negative health outcomes. Labeling, stereotyping, marginalization, and discrimination against LGBTQ youths are all factors that affect the mental and physical health of this population. LGBTQ youths who perceive that they are being discriminated against because of their identities have higher levels of symptoms of depression and are more likely to report suicidal ideations than their counterparts. [[7]](#footnote-7) This makes the young members of the LGBTQ community particularly at risk, and key stakeholders in this problem.

**Bullying increases the risk for suicide:** Bullying is defined as repeated, intentional aggression, done by a more powerful individual or group against a less powerful victim. Direct bullying can be physical or verbal, while cyber bullying is more difficult to identify. [[8]](#footnote-8)A meta-analysis of the link between involvement in bullying (bullying victimization, bullying perpetrator, and bully or victim status) and suicidal ideations and suicidal behaviors found that involvement in bullying in any capacity is associated with suicide, although being the bully victim is correlated with the greatest risk. [[9]](#footnote-9) Boys who are bullied are over twice as likely to have suicidal ideations than those who are not bullied, and girls who are bullied are four times as likely. [[10]](#footnote-10)Another study done on pediatric patients in the emergency department found that the odds of screening positive for suicide risk were significantly higher for patients who reported being the victim of recent bullying. [[11]](#footnote-11) Adolescents and teens who are involved in school or cyber bullying are particularly vulnerable and are key stakeholders in the policies for suicide prevention.

**Mental illness is the leading risk factor for suicide:** Across the population in the United States, studies have shown that suicide victims are more likely to have mental health problems. 21%-44% of suicide victims have documented mental health problems or have had psychiatric treatment for mental illness.[[12]](#footnote-12) Non-Hispanic white victims are the demographic group most likely to have reported mental illness. According to a meta-analysis study, standardized mortality ratios for suicide are 10-20 for bipolar disorder and depression, and 13 for schizophrenia spectrum disorder.[[13]](#footnote-13) This link between mental illness and suicide can be explained by the desire to cause self-harm (which can be an aspect of certain mental illnesses) or the concurrent abuse of substances. In addition, specific psychological symptoms such as hopelessness also are linked to suicide. Individuals with psychosis or bipolar disorder may also have concurrent depressive symptoms. [[14]](#footnote-14) Young people with mental illness are also central to the cause of reducing suicide and suicidal ideations.

**Association between technology use and suicide:** Information spread through the media and social media also influence suicide rates, and how the suicides are carried out. Studies show that the media reports are suicide (and fictional portrayals on television) will influence the method that is used. Because some methods are more likely to cause death, these influences can affect the rate of fatal suicides. [[15]](#footnote-15) Young people have reported that they were encouraged to consider suicide as a problem-solving strategy by certain online web forums. “Suicide pacts” among strangers who connected on these internet sites are also a growing trend. A study on four different search operators (such as Google and Bing) show that it is very easy to obtain detailed technical information on how to commit suicide. [[16]](#footnote-16)

Policy Options :

Because of the powerful influence of message board sites and the ease to which youths can access information regarding suicide methods online, certain restrictions and monitoring on technological devices would be appropriate. The Department of Education has control over school-issued devices, which most teenagers use with increasing frequency.

Advantages: Because most students would not proactively seek help from school counselors on their own, if their devices were being monitored for disturbing searches or posts, intervention would be able to more effectively target those who need it. This monitoring system may already be in place, because schools may want to guard their students from sharing too much personal information over the internet, or to stop students from visiting lewd (pornographic) sites. Therefore, it would not be too difficult to direct the software to pick up any searches related to suicide, and therefore identify early warning signs. [[17]](#footnote-17)

Disadvantages: This method would not apply to any schools that do not issue internet connected devices. There may also be concerns regarding lack of privacy for the students, which raised ethical concerns regarding “spying” on students.[[18]](#footnote-18) Also, students may simply choose to conduct their searches regarding suicide on their personal home computers (which are not under the school’s control to monitor.)

Because discrimination against LGBTQ youths has been shown to be a factor in these students attempting suicide, programs that are aimed at increasing acceptance for these students may be helpful. For example, having Department of Education mandated policies or instituting clubs designed to reduce sexual orientation prejudices can help these students feel less alone and marginalized.

Advantages: Studies have already shown that improving the school climate through clubs like Gay-Straight Alliances or Gender-Sexuality Alliances (GSAs) can be effective in increasing inclusivity, reducing bullying, and therefore more positive health outcomes. [[19]](#footnote-19)

Disadvantages: These policies must be fully implemented and enforced by the school staff members in order for them to remain effective. Even if the DOE mandates these policies, if the school staff is not supportive of them (which is unfortunately a reality in many areas of this country) they will not have the desired effect. In addition, these policies would only be helpful for students in the LGBTQ community who have suicidal ideations but will not target vulnerable students who are not in that group.

Mandatory workshops for school staff to educate them regarding school-based suicide prevention.

Advantages: By instituting workshops for school staff to discuss awareness of early risk factors, best practices for talking to students who express suicidal ideations, and methods in how to develop connectedness among students, the staff will feel more empowered to work collaboratively to increase suicide safety in the school. A study done with school-based mental health professionals working in low-mixed socioeconomic schools in New York State found that participants had improved attitudes about school-based suicide intervention and perception of administrative support after attending these types of workshops. [[20]](#footnote-20)

Disadvantages: Even if the staff has increased awareness regarding suicide among students because of these workshops, there may still be barriers that hinder implementation of changes in practice. There may be insufficient time to meet with students who need additional support, or stigma among the students regarding talking to a staff member about suicide. Merely changing the attitude among the staff may not be enough.

Policy Recommendation: Suicide among adolescents and teenagers is a growing concern in the United States. This issue particularly affects students who are bullied, in the LGBTQ community and/or have mental health issues. The internet is increasingly playing a role in exposing young people to suicide methods, and message boards about suicide. In my opinion, the most effective policy, which would help the largest number of students, would be to institute mandatory workshops for staff regarding suicide. By training the teachers, mental health counselors, and other staff members to notice signs of increased suicide risk and develop tools to communicate with these students, the staff will feel more empowered to deal with this issue head-on. In addition, the school atmosphere is made in a top-down manner, so if the staff is more open to discussing these concerns, then hopefully there will be less of a stigma regarding it among the students and they will feel more comfortable to seek help.

1. <https://www.nimh.nih.gov/health/statistics/suicide.shtml> [↑](#footnote-ref-1)
2. <https://webappa.cdc.gov/sasweb/ncipc/leadcause.html> [↑](#footnote-ref-2)
3. <https://www.cdc.gov/violenceprevention/suicide/resources.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Fsuicide%2Fstatistics.html> [↑](#footnote-ref-3)
4. <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf> [↑](#footnote-ref-4)
5. Kann, Laura, et al. "Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors among Students in Grades 9-12--United States and Selected Sites, 2015. Morbidity and Mortality Weekly Report. Surveillance Summaries. Volume 65, Number 9." *Centers for Disease Control and Prevention* (2016). [↑](#footnote-ref-5)
6. Perez-Brumer, Amaya, et al. "Prevalence and correlates of suicidal ideation among transgender youth in California: Findings from a representative, population-based sample of high school students." *Journal of the American Academy of Child & Adolescent Psychiatry* 56.9 (2017): 739-746. [↑](#footnote-ref-6)
7. Almeida, Joanna, et al. "Emotional distress among LGBT youth: The influence of perceived discrimination based on sexual orientation." *Journal of youth and adolescence* 38.7 (2009): 1001-1014. [↑](#footnote-ref-7)
8. <https://vpn.york.cuny.edu/pmc/articles/PMC3766526/,DanaInfo=www.ncbi.nlm.nih.gov,SSL+> [↑](#footnote-ref-8)
9. <https://vpn.york.cuny.edu/pmc/articles/PMC4702491/,DanaInfo=www.ncbi.nlm.nih.gov,SSL+> [↑](#footnote-ref-9)
10. Kim, Young Shin, and Bennett Leventhal. "Bullying and suicide. A review." *International journal of adolescent medicine and health* 20.2 (2008): 133-154. [↑](#footnote-ref-10)
11. <https://vpn.york.cuny.edu/pmc/articles/PMC4808508/,DanaInfo=www.ncbi.nlm.nih.gov,SSL+> [↑](#footnote-ref-11)
12. Karch D.L., Barker L., Strine T.W. Race/ethnicity, substance abuse, and mental illness among suicide victims in 13 US states: 2004 data from the National Violent Death Reporting System. Inj Prev. 2006;12:ii22–ii27 [↑](#footnote-ref-12)
13. Ösby U., Brandt L., Correia N., Ekbom A., Sparen P. Excess mortality in bipolar and unipolar disorder in Sweden. Arch Gen Psychiatry. 2001;58:844–850. [↑](#footnote-ref-13)
14. Hawton K., Sutton L., Haw C., Sinclair J., Harriss L. Suicide and attempted suicide in bipolar disorder: a systematic review of risk factors. J Clin Psychiatry. 2005;66:693–704. [↑](#footnote-ref-14)
15. Hawton K, Williams K. Influences of the media on suicide. BMJ 2002;325:1374-5. [↑](#footnote-ref-15)
16. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2292278/> [↑](#footnote-ref-16)
17. <https://www.rand.org/content/dam/rand/pubs/technical_reports/2012/RAND_TR1317.pdf> [↑](#footnote-ref-17)
18. <https://www.eff.org/wp/school-issued-devices-and-student-privacy> [↑](#footnote-ref-18)
19. <https://vpn.york.cuny.edu/pmc/articles/PMC6265963/,DanaInfo=www.ncbi.nlm.nih.gov,SSL+> [↑](#footnote-ref-19)
20. <https://vpn.york.cuny.edu/pmc/articles/PMC6617090/,DanaInfo=www.ncbi.nlm.nih.gov,SSL+> [↑](#footnote-ref-20)