

**RE: SUPPORT of Senate Bill 52**  
**("Adi's Act" School Suicide Prevention)**

April 17, 2019

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**Chairwoman Doherty and House Committee on Education:**

SB 52 is a critical, lifesaving measure that will positively impact all students in Oregon. Named after Adi Staub, a transgender student who died by suicide, this legislation would positively impact all students in Oregon.

According to the latest (2017) data from the Centers for Disease Control and Prevention (CDC), suicide is the second leading cause of death for young people ages 15-24 in Oregon (CDC, 2019). According to the most recent 2017 Youth Risk Behavior Survey, in the 12 months preceding the survey, more than 1 in 5 high school students (22.1%) in the U.S. seriously considered attempting suicide, 1 in 6 (17.1%) made a plan about how they would attempt suicide, and nearly 1 in 10 (9.3%) actually attempted suicide (CDC, 2017).

There are two key tasks for schools in preventing youth suicide: (1) Schools can identify students at risk, and (2) Schools can refer students at risk to a mental health professional for assessment and evaluation (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). 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."

Teachers and other school personnel must not only be well-equipped to identify and communicate with their students about suicidal behaviors, but they must also be able to accurately discuss these issues with each other. While school staff and faculty should not be expected to make clinical diagnoses, they should be able to recognize developing signs and symptoms associated with suicide risk, mental health conditions, and substance abuse. Providing these professionals with the skills, vocabulary, and techniques to be comfortable with these issues through specific training "could enhance these

providers' ability to provide support to individuals at risk and make appropriate referrals," (U.S. Dept. of HHS & Action Alliance, 2012).

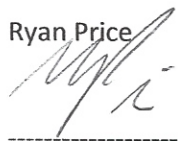
The American Foundation for Suicide Prevention, The National Association of School Psychologists, The American School Counselor Association and the Trevor Project have collaborated to create a "Model School Policy on Suicide Prevention – Model Language, Commentary and Resources" and have made it available for free (<https://afsp.org/our-work/education/model-school-policy-suicide-prevention/>). Schools can use this model policy to create their own policy.

Furthermore, The American Foundation for Suicide Prevention as well as other nonprofits across the state are prepared to offer free suicide prevention training for school personnel at no cost. AFSP's Program "More than Sad" can easily be scaled across the state and would train school personnel in 2 hours of suicide prevention education.

This issue is too important to ignore. You must help get this legislation passed to ensure no more families suffer the loss of a child to suicide. Suicide is preventable and young lives can be saved.

Thank you for your time and consideration.

Ryan Price



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 from <https://webappa.cdc.gov/sasweb/ncipc/leadcause.html>.

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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 from <http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full-report.pdf>.