

Youth Suicide Prevention in Texas Schools and Communities

Opportunities for the Legislature to Reduce the Rising Rates of Youth Suicide Attempts in Texas

Following the mass shooting at Santa Fe High School in 2018, school safety and student mental health are among the top priorities for the Texas Legislature in 2019. Legislative actions to keep Texas students healthy and safe must include policy strategies to prevent and address youth suicide, including strategies that focus on actions in our schools, our communities, and our state agencies. Fortunately, the Legislature is considering several bills and funding proposals, as highlighted in the Recommendations section of this brief, that will effectively address this urgent problem.

For the vast majority of students in Texas, the biggest threat to their health and safety comes not from someone seeking to commit mass violence in their schools but in the form of violence or harm that is self-inflicted — including suicide. In fact, the U.S. Secret Service describes school violence as “the tip of the iceberg” of pain, despair, and isolation that many youth deal with on a daily basis. Youth suicide data for Texas provide disturbing confirmation of that “iceberg”: in 2017, one out of eight high school students (12 percent) in Texas reported attempting suicide at least once in the previous year. This rate has increased in recent years and is higher than the national average for suicide attempts among high school students.


While youth who consider suicide pose the greatest danger to themselves, it is also true that successful efforts to prevent and address suicidal thoughts and behaviors among youth can help prevent the highly rare but tragic incidents of violence targeted at others. The U.S. Secret Service reports that four out of five perpetrators of mass school violence had attempted or seriously considered suicide prior to their attacks.

To address these challenges, a range of efforts are needed to promote mental and emotional well-being among young people; provide youth with knowledge and skills to avoid risky or harmful behaviors (including drug or alcohol use); and prevent and respond to suicidal and related behaviors when they happen.

Suicide and Suicide Attempts Among Texas Youth

Hundreds of youth in Texas die by suicide each year. Based on information reported on death certificates, about 1,000 young people in Texas (ages 10-24) died by suicide in 2014 and 2015.¹ Research suggests that only half of suicides are reported because of stigma around suicide and incomplete data, particularly for teens and people of color.² The number of children who die by suicide in Texas is likely to be much higher than the numbers officially reported in any given year.


Suicide attempts are frighteningly common among youth in Texas. In 2017, one out of eight high school students in Texas (12 percent) reported attempting suicide *at least once* in the previous 12 months, 1.5 times the national rate of reported suicide attempts among high school students.³ The Texas rate was an increase from 2013, the last time statewide data was collected, when one in 10 high school students (10 percent) reported at least one suicide attempt in the previous year.⁴ An alarming 34 percent of students reported symptoms of depression in 2017,⁵ which not only threatens their mental health and education but also increases their risk of suicide.



NEARLY 1 IN 8 TEXAS HIGH SCHOOL STUDENTS ATTEMPTED SUICIDE IN 2017.

Mental health challenges are widespread in our schools.

The state should help districts implement school-wide practices that support all students' mental well-being and help them develop skills for managing depression, anxiety, anger, and conflict.


Source: Centers for Disease Control and Prevention (CDC) - Texas High School Youth Risk Behavior Survey 2017

High School Students Reporting for Previous 12 Months	2013	2017
Symptoms of Depression	28%	34%
Seriously Thought About Suicide	17%	18%
Made a Plan	16%	15%
Attempted Suicide	10%	12%

The Texas Department of State Health Services regularly partners with the Centers for Disease Control and Prevention (CDC) to conduct the *Texas Youth Risk Behavior Surveillance Survey* (YBRSS) to monitor behaviors linked to the leading causes of death, disability, and social problems in youth and adulthood.⁶ Students'

anonymous responses are weighted to provide valid and reliable data representative of students in grades 9-12 across the state. The most recent YBRSS data for Texas was released in 2018 and reflects data collected in 2017. Previously, the YBRSS data reflected data from 2013.

Suicides rates among all ages in Texas are increasing, up by 23 percent since 2000.⁷ The overall suicide rate in Texas was 12 suicide deaths per 100,000 from 2011 to 2015, but with wide variation between different parts of the state.⁸

Suicide affects youth of all backgrounds, but some groups are at higher risk than others. Texas follows national trends in which girls are more likely to report attempting suicide than boys. However, suicide attempts by boys are more likely to require medical attention.⁹ Boys are also more likely to die from suicide. In Texas, Black high school students are 1.5 times more likely to report at least one suicide attempt in the past year than White or Hispanic high school students.¹⁰ Gay and lesbian youth are more than three times as likely to report a suicide attempt compared to the overall rate of Texas high school students who reported a suicide attempt. Youth in foster care or the juvenile justice system are also at higher suicide risk. National research suggests youth in foster care are four times more likely to have attempted suicide than those who had never been in foster care,¹¹ and youth who have been involved with the juvenile justice system have up to a four times higher rate of suicide than youth who have not been in contact with the juvenile justice system.¹² Additionally, any youth who has attempted suicide in the past is at greater risk of attempting suicide in the future.¹³

Children and youth are affected by suicides that occur within their families, neighborhoods, and communities. Young people exposed to suicide are more likely to act upon their own suicidal thoughts, even if they did not have a personal connection to the person who died. However, the risk is higher when the death by suicide happens to someone close. Youth who have lost a parent to suicide are at higher risk of developing major depression, post-traumatic stress disorder, and suicidal behaviors themselves.¹⁴

Among Texans of all ages, rural communities have consistently higher suicide rates than in urban areas.¹⁵ This pattern follows a national trend and may be influenced by economic hardship, lack of opportunities, and stigma that prevents people in distress from reaching out for help — or a lack access to mental health services when they do reach out.¹⁶

Risk and Protective Factors of Suicide

While certain factors contribute to suicidal thoughts and behaviors, there is no one individual trigger that independently causes a person to attempt suicide. Suicide is much more complex and is influenced by

multiple factors that interact with one another.¹⁷ Some factors increase the risk of suicide, such as experiencing a painful loss, feeling hopeless, being bullied, or struggling with behavioral health challenges such as depression, anxiety, or substance use.¹⁸

Other factors act as a buffer that shield a person from suicide risks. Protective factors for suicide include feeling connected to family, friends, and school; having healthy problem solving and coping skills to navigate challenges and adversities; and having access to mental health care and other types of supports when they're needed.

Understanding the influence of both risk and protective factors that are associated with suicide provides an opportunity for schools, communities, and the state to reverse the disturbing rise of suicidal behavior among youth and help young people grow up to be healthy, resilient adults.

Preventing Youth Suicide is a Shared Responsibility

Reducing suicide among youth will take engagement and efforts across multiple agencies, organizations, and private groups at both the state and local levels.¹⁹ Anyone who regularly interacts with youth — including teachers, students, coaches, families, faith leaders, and others — should have information on the warning signs of suicidal behavior and where a person in distress can go for help.²⁰

Just as suicide has no one single cause, there is no single activity that will prevent suicide. A range of efforts are needed to promote mental and emotional well-being among young people; provide youth with knowledge and skills to avoid risky or harmful behaviors (including drug or alcohol use); and prevent and respond to suicidal and related behaviors when they happen.²¹

Fortunately, comprehensive suicide prevention does not require building entire new systems or separate programs. Instead, resources that are already available in schools, communities, and state agencies can be leveraged to better support the prevention of suicide and related problems among youth. Often, what's most needed is for individuals, organizations, and communities to have up-to-date knowledge on best practices in suicide prevention and a plan and process in place to put those practices into action.

Schools Have a Critical Role to Play in Preventing Youth Suicide

Children spend a significant amount of their time in schools, making schools a natural setting to help prevent and address youth problems like suicide, substance abuse, and violence. Schools are also becoming increasingly proactive in addressing these problems through prevention and early intervention strategies

because they do not want small challenges among students to grow into bigger problems that disrupt students' education.

Comprehensive school-based suicide prevention includes strategies to:

- Help students develop skills they need to tackle everyday challenges and stressors.²² Research shows that students who can manage their emotions and behavior and have healthy coping and problem-solving skills are less likely to have suicidal or related behaviors.²³
- Foster safe, supportive, and respectful school climates, including building positive relationships between students and caring adults in their school and community.
- Educate both adults and students within the school about mental health, suicide, and recognizing and assisting individuals who may be in crisis.
- Connect students who are struggling with mental health or other challenges with services in both school and community settings to prevent small problems from growing into bigger ones.
- Support students affected by suicide, including students returning to school after a suicide attempt and students who have experienced a loss to suicide.

An important part of prevention in schools is having plans and procedures in place to implement after a suicide to prevent further suicides from happening.²⁴ Young people exposed to a suicide are at increased risk of becoming suicidal themselves, a phenomenon known as suicide contagion. There are practices schools can use following a suicide that have been shown to prevent further suicides among students, including providing supports and services to students who may need them. There are also practices schools may use in well-intentioned attempts to help students that actually increase the likelihood that additional suicides will occur by inadvertently simplifying or glamorizing the student or his or her death.²⁵

However, only about half of Texas schools districts surveyed reported using best practice suicide prevention programs during the 2016-2017 academic year.²⁶ Resources are available to assist schools in preparing a comprehensive plan to guide their efforts to prevent suicides and respond to suicide attempts and deaths. A *Texas Suicide Safer Schools* toolkit, developed in partnership between the Texas Department of State Health Services (DSHS) and the *Texas Suicide Prevention Council*, provides schools in Texas with best practice information and practical steps they can take to increase suicide awareness among students and staff, reduce suicide risk among students, and know what to do when a student is considering or has died by suicide.

Community Engagement Beyond Schools Is Needed to Prevent Suicide

Reducing suicide attempts and deaths in Texas requires many public and private groups to come together at the local level and use a range of different strategies to prevent suicide. Social services, mental health

providers, medical providers, faith-based organizations, colleges and universities, law enforcement, and businesses all have a role to play, and suicide prevention efforts are more likely to succeed when multiple strategies that work together are combined to prevent suicide.²⁷

Community groups can contribute to suicide prevention in various ways, such as:²⁸

- Supporting social connections among community members.
- Helping identify persons who may be at risk for suicide and connecting them to appropriate sources of assistance and care.
- Ensuring effective crisis services are available.
- Developing linkages with health and mental health care providers and programs in the community.
- Reducing access to lethal means for those in suicidal crisis.
- Providing support to people who have lost someone to suicide.

When communities want to reduce suicides in their regions but do not know where to start or what to do,²⁹ they can turn to the *Texas Suicide Prevention Council*. The Council is a nonprofit collaborative resource that offers guidance and assistance to communities and groups on implementing suicide prevention strategies shown to work. The Council brings together local coalitions, statewide partners, military and veteran organizations, and colleges and universities to collaborate with one another and spread the use of research-based suicide prevention practices across the state. In the past, the Council has partnered with DSHS to develop resources to help individuals, groups, and agencies recognize and respond to suicide risks. Those resources include a state suicide prevention plan, in-person and online trainings, a mobile app, and a toolkit for schools. The state has relied on federal grants to fund suicide prevention efforts, which are sporadic and often focus on narrow populations and/or activities. The state does not provide funding to support the Council's ongoing efforts to promote effective suicide prevention practices in communities and settings across the state.

Despite the engagement of over 50 local and state partners, the Council lacks a presence in many areas of the state where suicide prevention efforts are acutely needed, especially in rural communities where suicide rates are high and services are limited. Operating on a largely volunteer basis, the Council lacks the capacity to expand its efforts to underserved areas of the state.

The State Has a Patchwork Approach to Suicide Prevention

Each service delivery system within the state works with populations who are affected by suicide. Health and human services, public and higher education, military and veterans, and justice and law enforcement agencies all serve various populations at heightened risk for suicide.

State-level suicide prevention and intervention is addressed through a patchwork of laws, policies, programs, and initiatives that vary across agencies. This makes it very difficult for policymakers within state agencies and the Legislature to have a clear picture of the statewide impact of suicide in Texas; what is currently being done to address it; and the effect of state activities aimed at preventing suicide among youth, families, communities, and the state. Determining the state resources and efforts already in place can help identify opportunities for coordination and collaboration among state agencies to enhance suicide prevention policy, practices, and procedures to reduce suicide across ages and populations.

In 2015, the Texas Legislature created the *Statewide Behavioral Health Coordinating Council* to coordinate behavioral health programs and services across state agencies. The five-year strategic plan that guides the Coordinating Council's work acknowledges that military servicemen and persons with a substance use disorder are at increased risk of suicide. However, it does not mention the rising rates of suicidal behavior among all groups, including children and youth. Furthermore, the strategic plan does not include any specific goals or strategies to reduce suicide attempts or completions among any group.

Legislative Recommendations

The Legislature has the opportunity to strengthen and support suicide prevention efforts that are needed in schools, communities, and across the various state agencies and systems that interact with children and youth at risk of suicide.

School-Based Suicide Prevention

1. **Strengthen school district planning related to suicide prevention and intervention.** Districts in Texas are currently required to have suicide prevention strategies in their district improvement plans and provide suicide prevention training for new employees based on best practices. However, existing school employees are not required to receive any follow-up training, so over time they are likely to forget critical information and skills and miss out on the latest research and practice. **SB 1390 by Senator Jose Menendez** and **HB 4193** and **HB 3411 by Representative Steven Allison** require school districts to have plans in place to address suicide prevention, intervention, and postvention (i.e., actions taken in the aftermath of a suicide). The bills also require educators to receive suicide prevention training on a recurring basis to avoid the "fade out" of knowledge and skills needed to recognize students who may be suicidal and to know how they should respond.
2. **Expand the use of school-based programs, practices, and policies that protect students from suicide risk.** Two bills to improve student mental health support in schools, **HB 18** and **HB 19** by

Representative Four Price, promote conditions known to reduce suicide risk and risky behaviors associated with suicide such as bullying and substance abuse. These bills would (1) create safe and healthy school climates that are trauma-informed; (2) promote the social and emotional development of students; and (3) connect students to prevention, intervention, and treatment services and supports in the school or community when they are needed.

3. **In the conference committee report finalizing the state budget, adopt HB 1's Texas Education Agency (TEA) Budget Rider 74, which funds TEA's *Safe and Healthy Schools Initiative*.** The Initiative includes several strategies that would assist schools in identifying and using different practices that promote safe and supportive school climates and address mental health challenges among students. While the House budget bill provides \$54 million for the Initiative, the Senate bill provides only tentative funding for this Initiative in Article XI.

Community-Based Suicide Prevention

4. **In the conference committee report finalizing the state budget, adopt HB 1's Health and Human Services Commission (HHSC) Budget Rider 160, which funds suicide prevention.** Rider 160 includes \$1 million per year to help establish and expand the capacity of local collaborations across the state that work to prevent suicides within their communities. This rider would help communities identify and address their local needs using best practices in suicide prevention, intervention, and postvention. This approach is especially important in rural regions of the state where services are limited and access to evidence-based information and trainings may be lacking. To provide the \$1 million, the Rider directs multiple state agencies that work with populations at risk of suicide to contribute \$125,000 to this effort. The budget bill as passed by the Senate does not fund suicide prevention.

State-Level Suicide Prevention

5. **Ensure state agencies are taking collaborative steps to reduce suicides among youth and adults and raising awareness about the prevalence of suicide and effective ways to address it at the state and local levels.** **SB 1176 by Senator Jose Menendez** and the companion bill, **HB 3980 by Representative Todd Hunter**, direct HHSC and DSHS to produce for the Texas Behavioral Health Coordinating Council a summary report of available data on the prevalence rates of suicide-related events in Texas and state statutes, rules, policies, and initiatives related to suicide. The Texas Behavioral Health Coordinating Council would be required to (1) make recommendations to the Legislature to improve statewide and regional data collection on suicide-related events; (2) use data to guide and inform decisions and policy development relating to suicide prevention; and (3) decrease suicide in this state.

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